

Chap. 8-1



HIFU Therapeutic Technology

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重点和难点

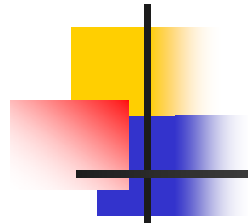
1. HIFU的原理、技术的特征。
2. HIFU治疗机制。
3. HIFU 治疗设备。
4. 影响聚焦超声换能器的参数，如何影响。
5. 影响HIFU生物学效应的因素，如何影响。
6. 监控HIFU的影像技术有哪些，监控的基础是什么。
7. 临床方案。



Thermal therapies

“Those diseases that medicines do not cure are cured by knife. Those that the knife does not cure, are cured by **fire**, and those that fire does not cure must be considered incurable”

Hippocrates (400 B.C.)

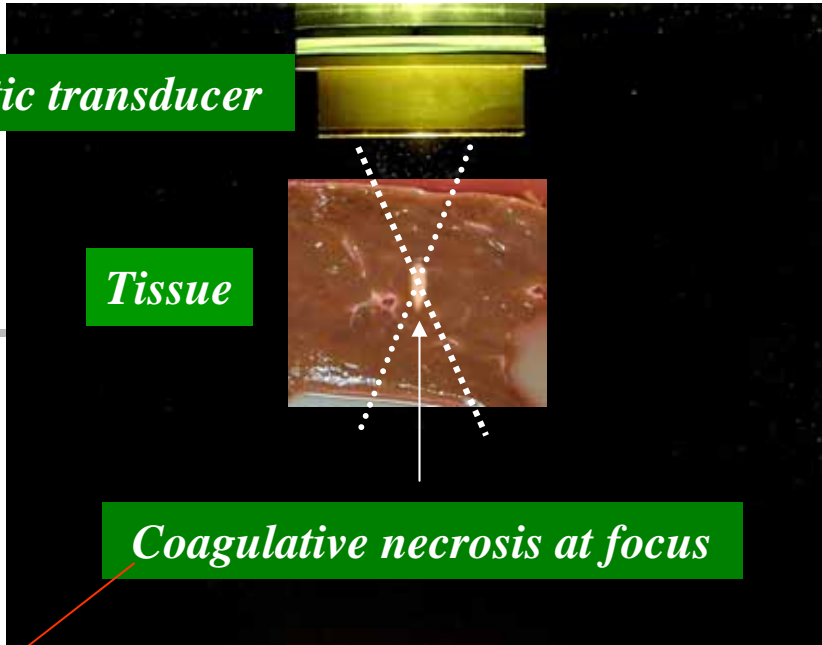


HIFU noninvasive ablation of tumor lesion

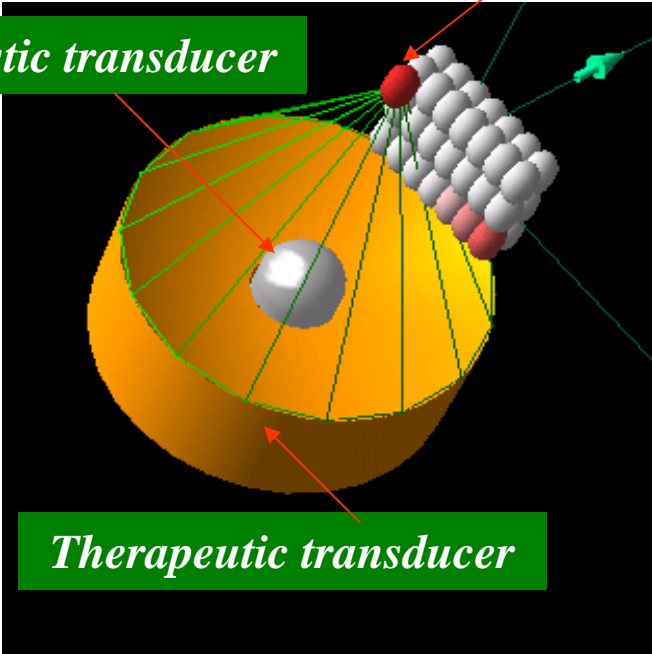
Therapeutic transducer

Tissue

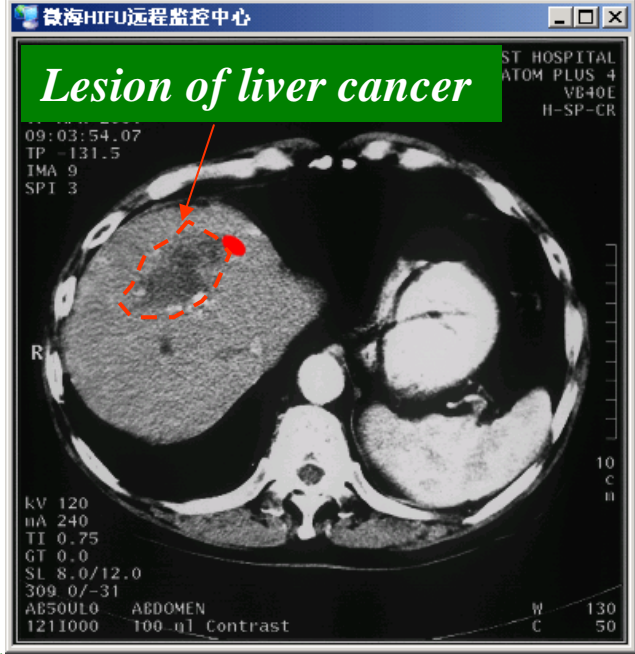
Coagulative necrosis at focus



Diagnostic transducer



Therapeutic transducer





History of HIFU

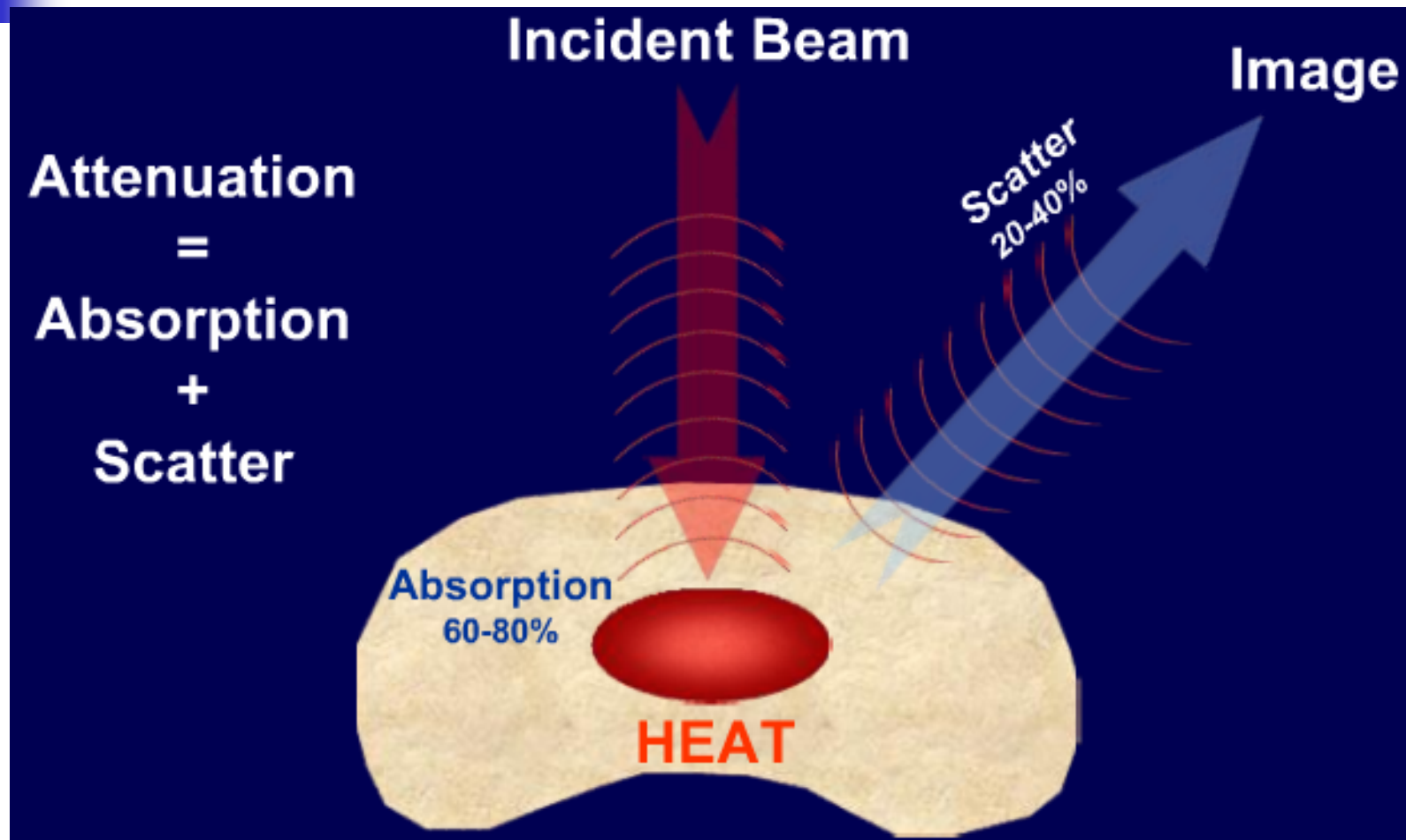
- ❑ 1927–Wood and Loomis: biological effects of high-intensity ultrasound
- ❑ 1942–Lynn et al: potential applications of HIFU
- ❑ 1954–William Fry *et al*: lesions in brains of cats and monkeys
- ❑ 1958–Frank Fry: system for treatment Parkinson’s disease
-----interest in HIFU then diverted to other applications.
- ❑ 1956–Burov: high-intensity ultrasound as cancer treatment
-----For 3 decades -much independent research into wider applications.
- ❑ 1993/4–First reports of clinical use to target prostate (BPH/Ca)
- ❑ 1997 –First clinical treatment of liver cancer, breast cancer, bone tumour in China.

Technical Aspects of HIFU

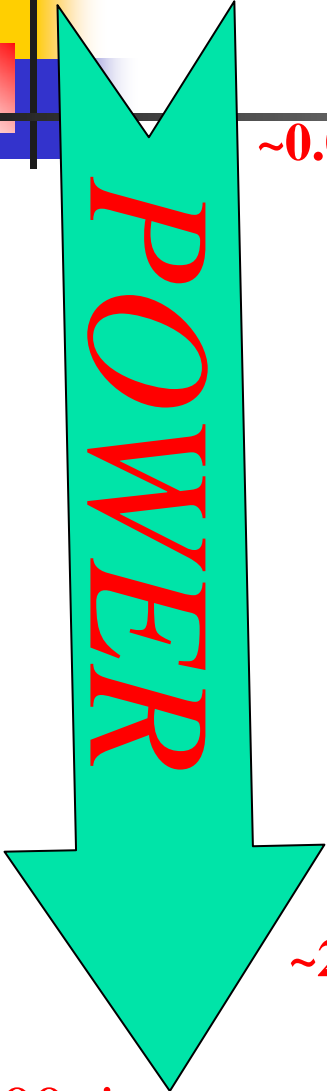
What is HIFU?

- **High energy (intensity) ultrasound beam.**
- **Brought to tight focus at a distance from source.**
- **Absorption of energy leads to tissue heating.**
- **Causes very localized temperature rise at focus.**
- **Sharply demarcated area of coagulative necrosis.**
- **No damage to overlying and surrounding tissue.**
- **Ideal for manipulation as noninvasive tool.**

Ultrasound (in tissue)



Ultrasound (Intensity or Power)

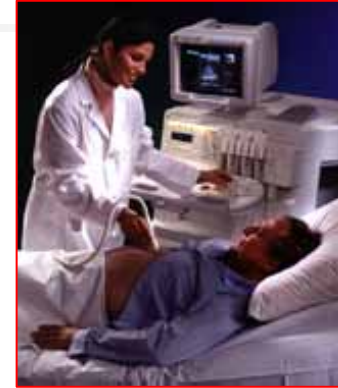


POWER

~0.02W

DIAGNOSIS:

Tissue information
Without biological effect



THERAPY:

Deliberate (beneficial)
biological effect
(reversible or irreversible)
Functional modification



~200W

SURGERY:

Cell killing

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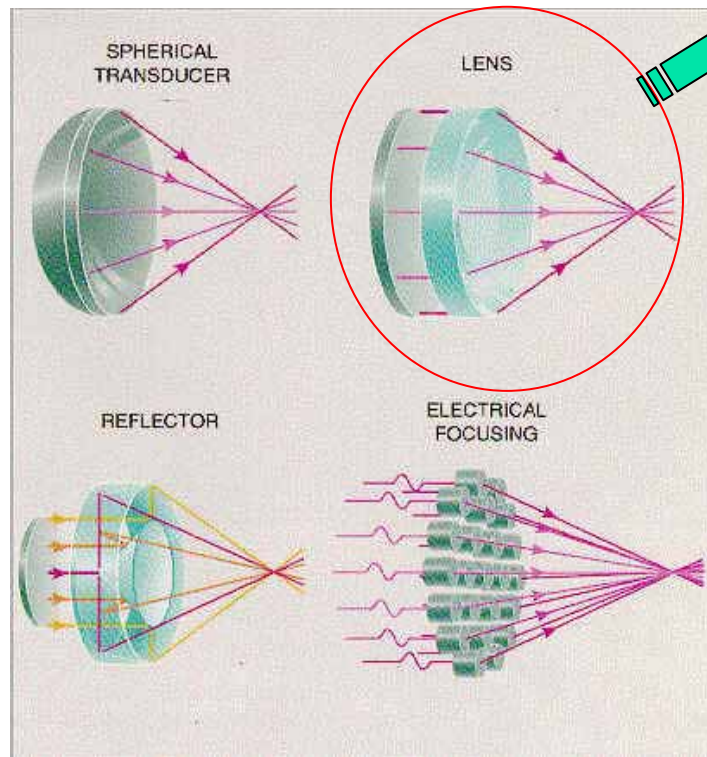
10,000 times more energy

Table 14.1 Output characteristics of ultrasound devices

Equipment Type	Frequency range (MHz)	Typical source area (mm ²)	Typical duty factor	Power (mW)	external probes		intra-cavitary probes	
					Spatial peak, temporal average Intensity I_{spta} (mW cm ⁻²)	peak negative acoustic pressure p^- (MPa)	spatial peak, temporal average intensity I_{spta} (mW cm ⁻²)	peak negative acoustic pressure p^- (MPa)
<i>Diagnostic</i>								
Pulse-echo								
B-mode	1-20	100-3000	0.001	4-256(64)	1-1330(175)	0.45-5.54(2.09)	0.8-284(64.60)	0.66-3.5(2.32)
M-mode	1-20	100-3000	0.001	0.5-213(46)	4.2-6.04(127)	0.45-5.54(2.09)	2.0-210(62.7)	0.66-3.5(2.32)
Doppler								
Fetal heart detector	2-4	100	1	5-30		0.01		
Pulsed Doppler	5-10	100	0.01	11-324(144)	36-9080(1570)	0.67-5.32(2.18)	97.1-1440(747)	0.97-3.53(2.26)
Colour flow	5-10	100	0.01	35-295(138)	21-2150(429)	0.46-4.25(2.41)	0.97-3.53(2.26)	1.14-3.04(2.47)
<i>Therapeutic</i>								
Physiotherapy								
Continuous wave	0.75-3	300	1	0-15000				
Pulsed	0.75-3	300	0.2	0-3000	500	0.5		
Surgery	0.5-10	5000	1	200000		5		

Source: from Henderson et al.(1995) and Whittingham (2000).

Ultrasound (Focusing)



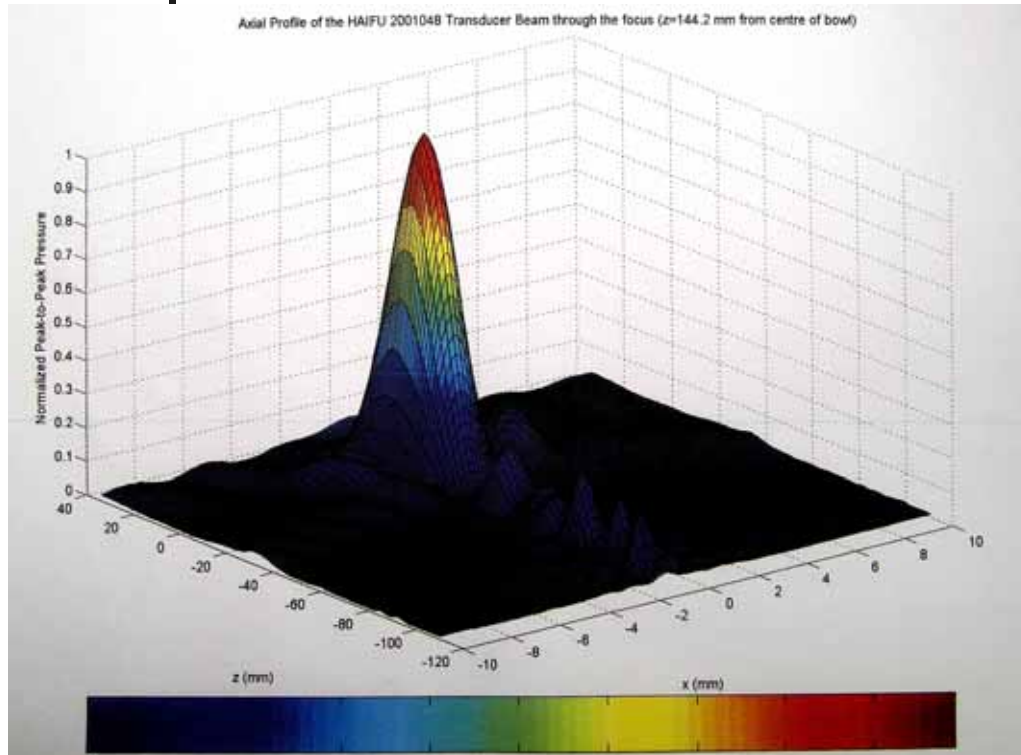
Ultrasound beams may be focused by curving the piezoelectric plate or by interposing a lens or reflector between a flat plate and the target. A phased array of transducers is focused electronically.



Transducer

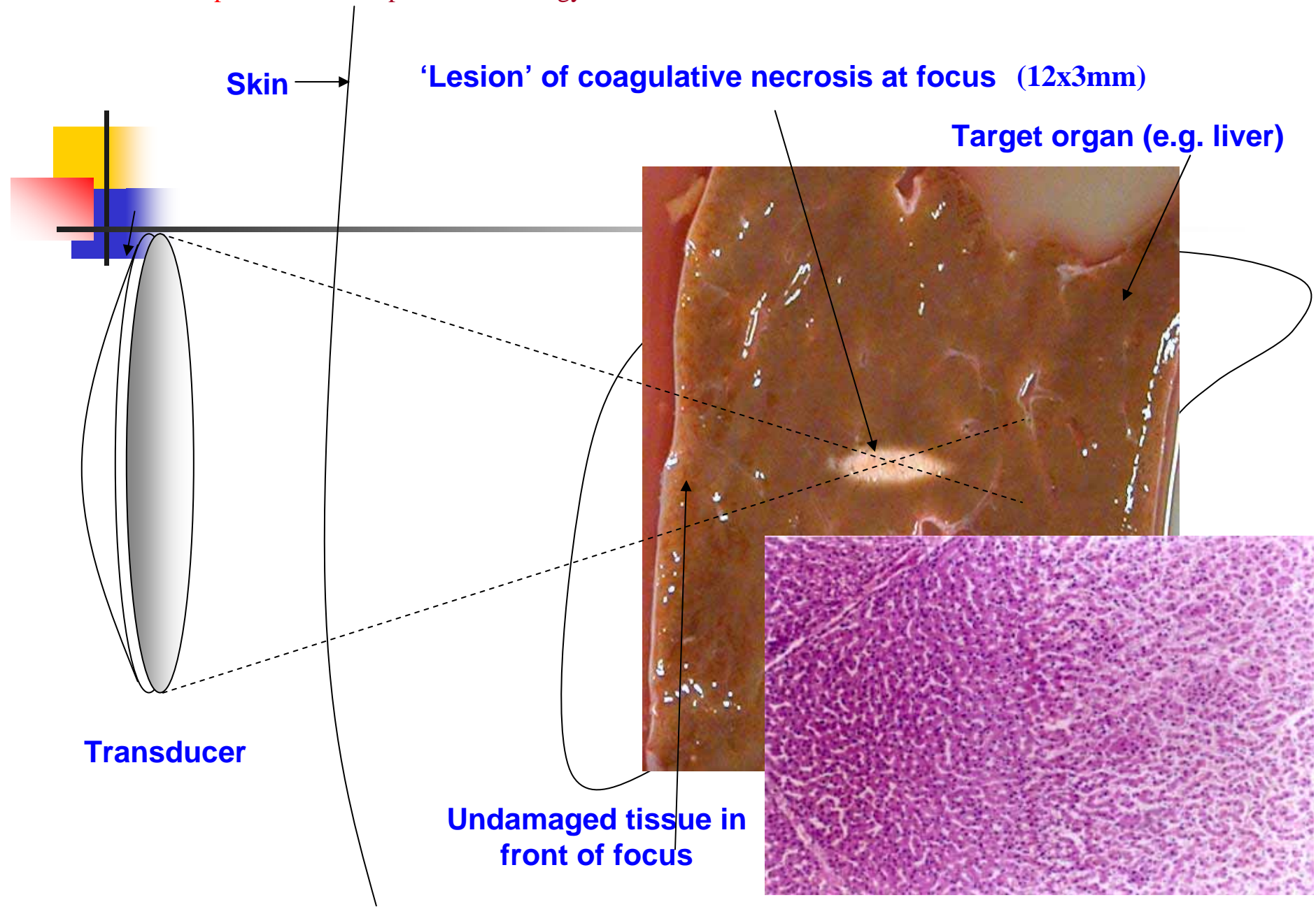
Acoustic focal region

**HIFU is like focusing sunlight through
a magnifying glass onto a dry leaf**



0.8MHz 120mm 135mm



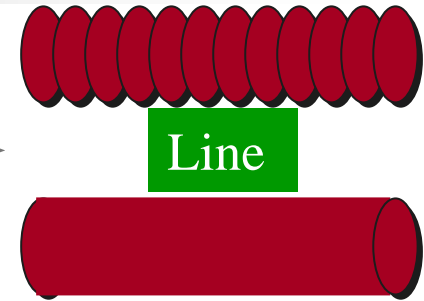


HIFU 3D therapeutic plan

One pulse of HIFU exposure



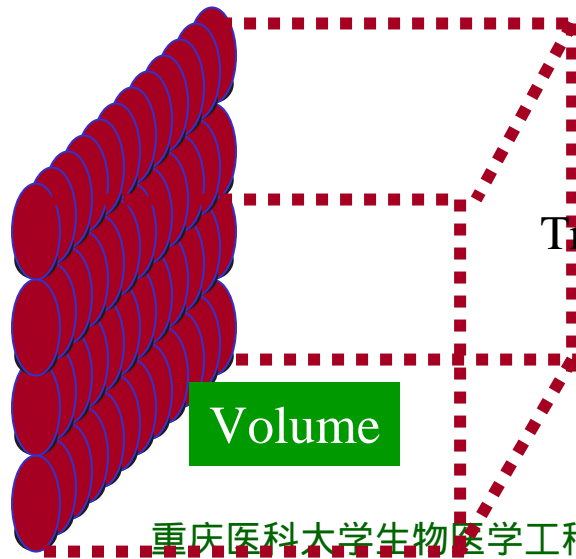
Multiple-pulse
Linear scanning



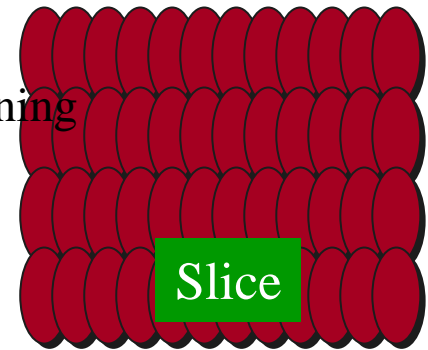
Line

Treatment planning

Treatment planning

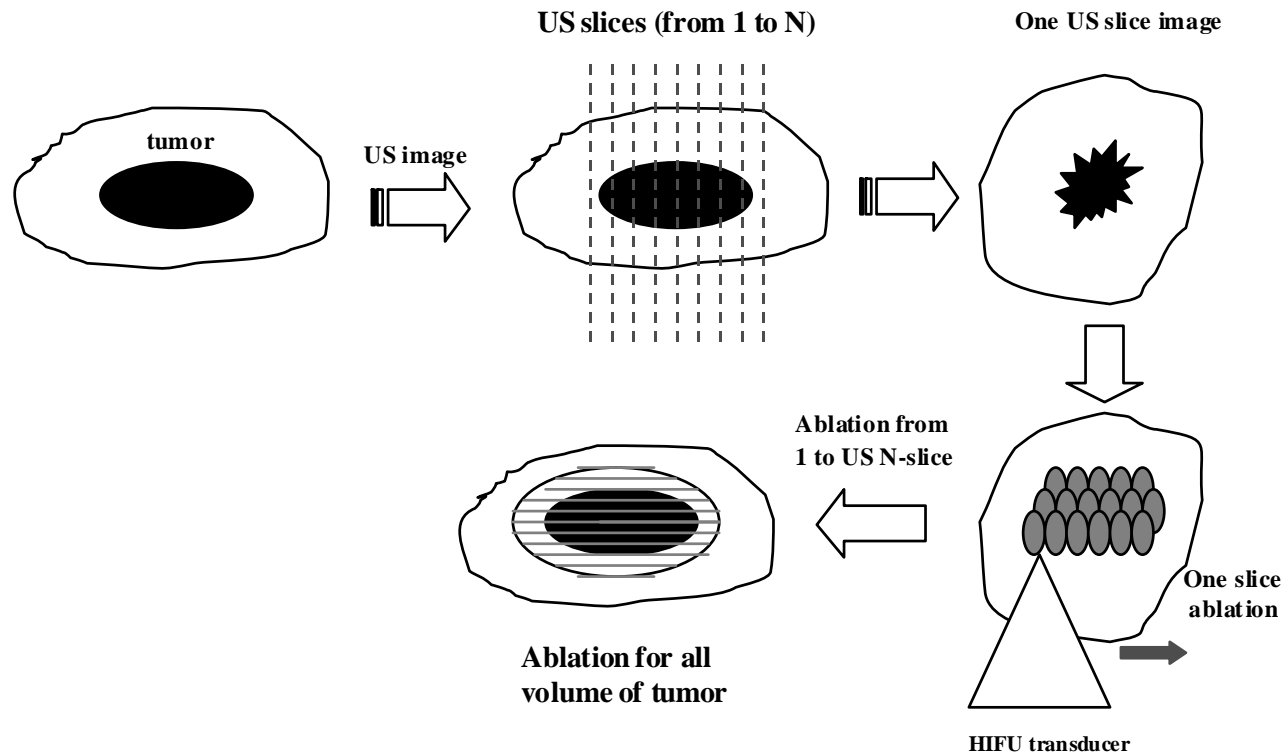


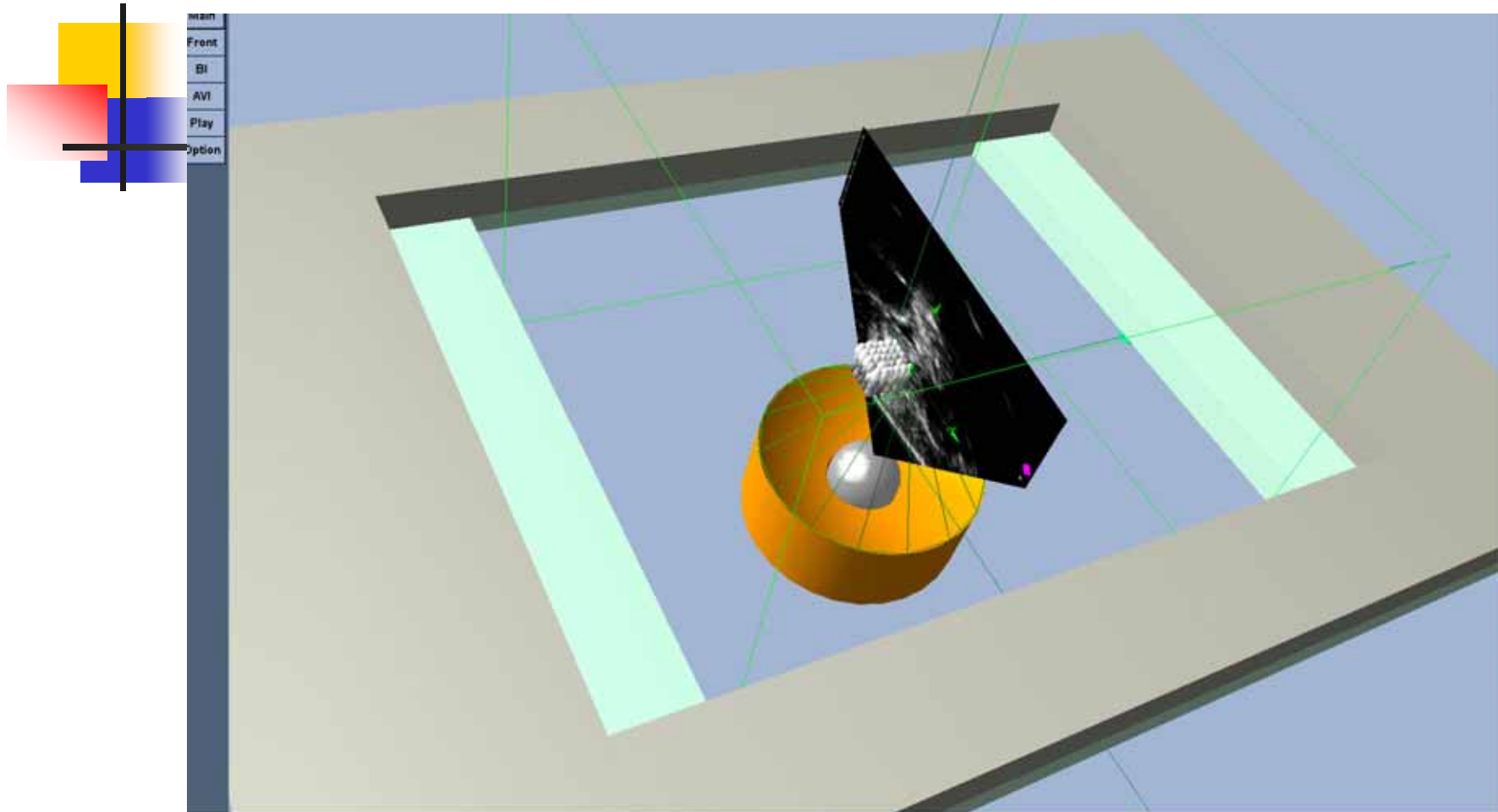
Volume



Slice

HIFU 3D Conformal Ablation





3D Reconstruction of Scanning Tracks of BFR



Movie of BFR → Line → Slice → Volume



Image Guidance

- ❑ Planning
- ❑ Targeting
- ❑ Monitoring
- ❑ Controlling
- ❑ Assessing tumour response



Image Monitoring

- ❑ US imaging (Hyperechoic change within ablated tissue)
- ❑ MRI (Temperature measurement within ablated tissue)

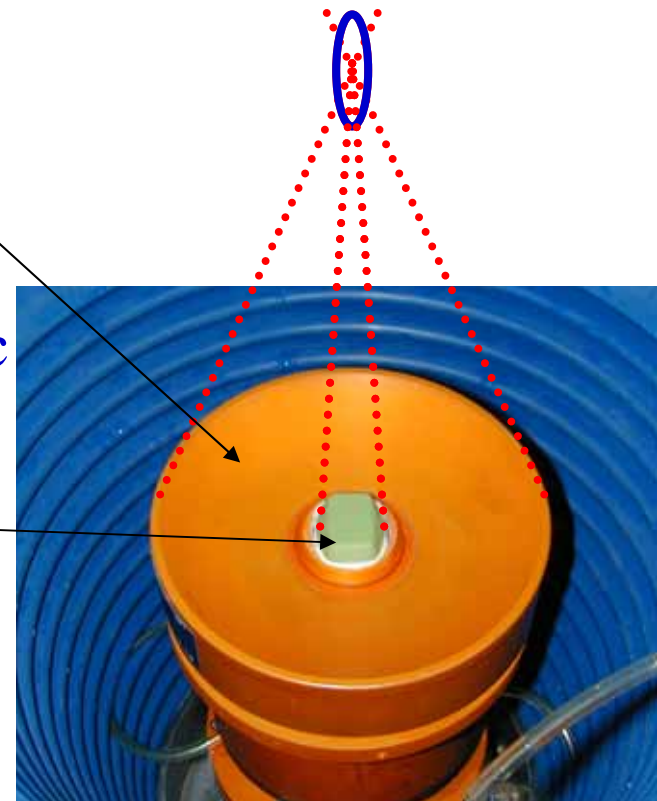
Real-time ultrasound-guided HIFU system

Transducer

- Plane transducer with integral aluminium lens

Imaging

- Built-in coaxial 3.5 MHz diagnostic transducer
- Real-time imaging of treated area
(using computer assisted analysis of grey-scale changes)



Real Time US Image Monitoring

Before HIFU

Immediately after HIFU

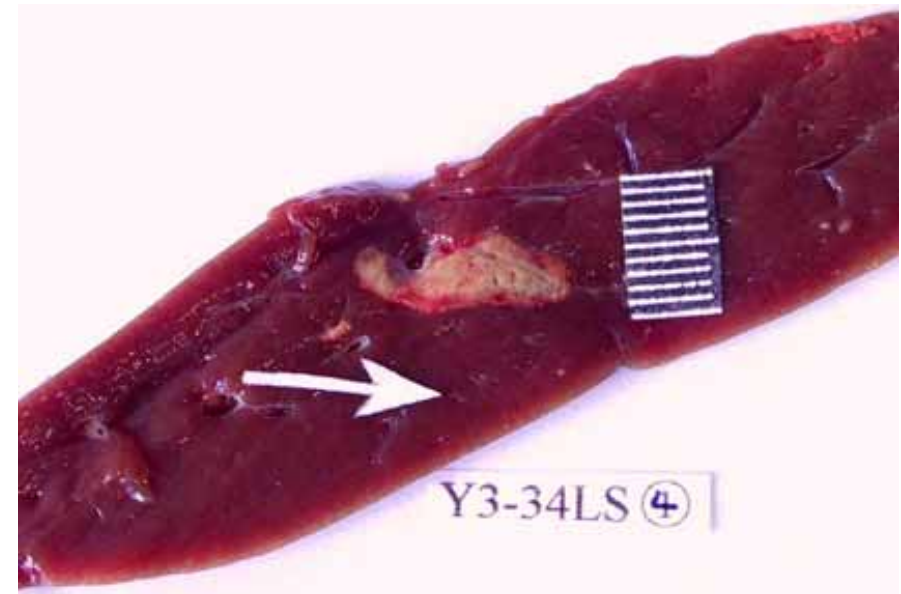
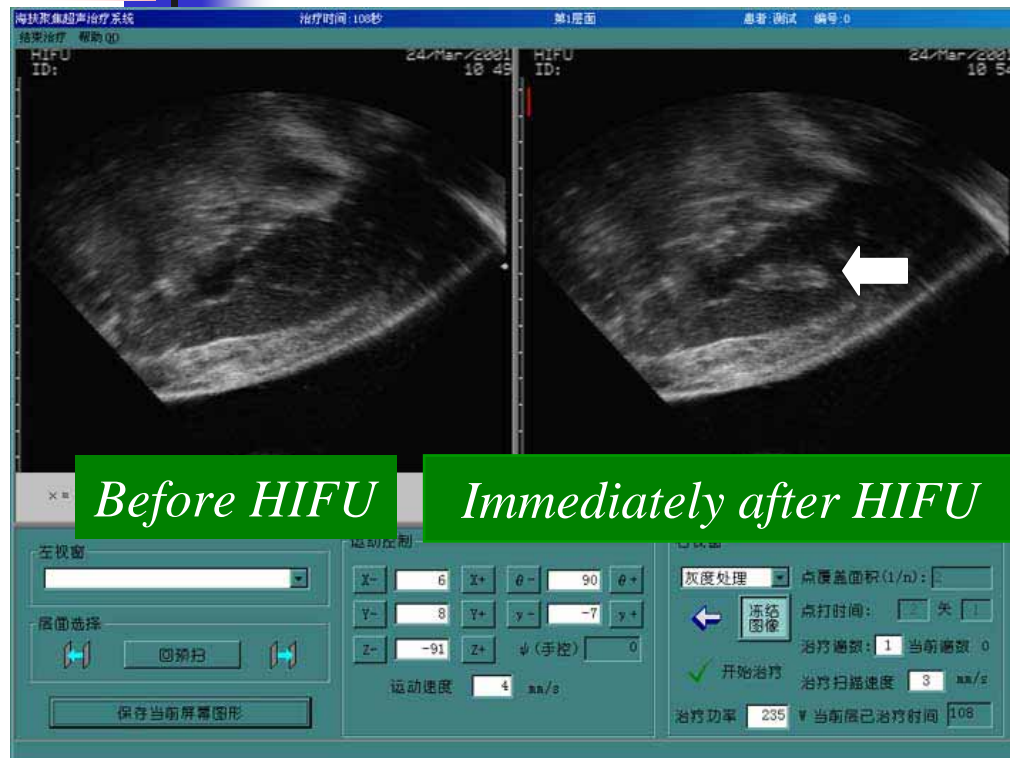
Average Difference of Gray Scale

Region Size (mm) 36x7 Ave. Echo Difference 62(144-92) Sketch Square

No	L_AVG	R_AVG	AVG_D	L_MAX	R_MAX	MAX_D	L_MIN	R_MIN	MIN_D
All	82	144	62	254	254	0	28	61	33
1	59	114	55	81	175	94	37	68	32
2	62	174	112	101	254	153	26	75	47
3	65	95	27	97	143	46	37	61	24
4	95	125	29	223	184	-39	33	84	51
5	76	181	105	111	254	143	46	92	46
6	74	117	43	110	178	68	38	67	29
7	112	151	39	54	243	-11	38	104	66
8	89	151	62	18	254	136	61	93	32
9	83	162	79	110	216	106	65	116	51

Computer assisted quantitative analysis of gray-scale changes

Real Time US Image Monitoring



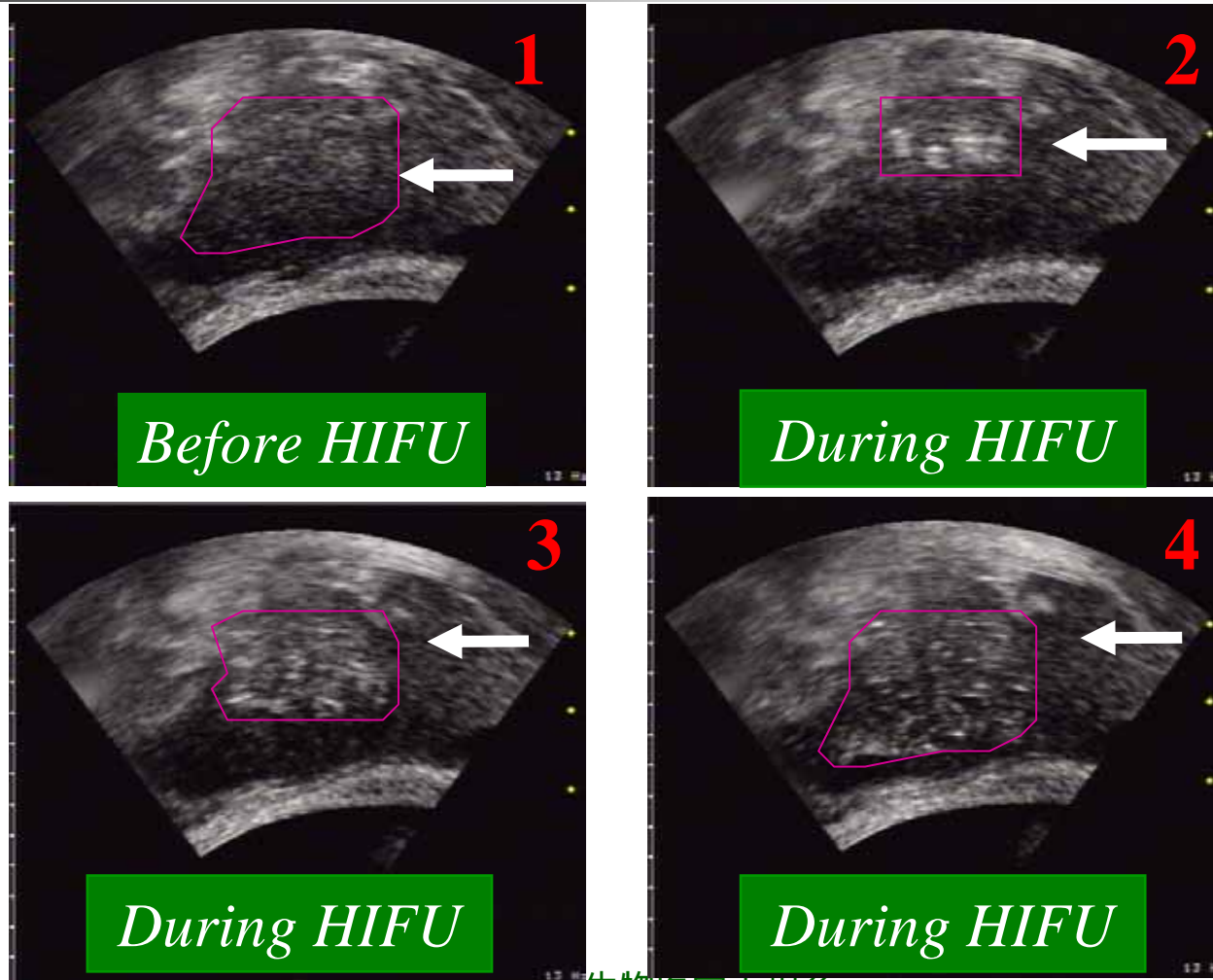
Real time visualization of coagulative necrosis in *in vivo* goat liver on the US image immediately after one linear HIFU scanning

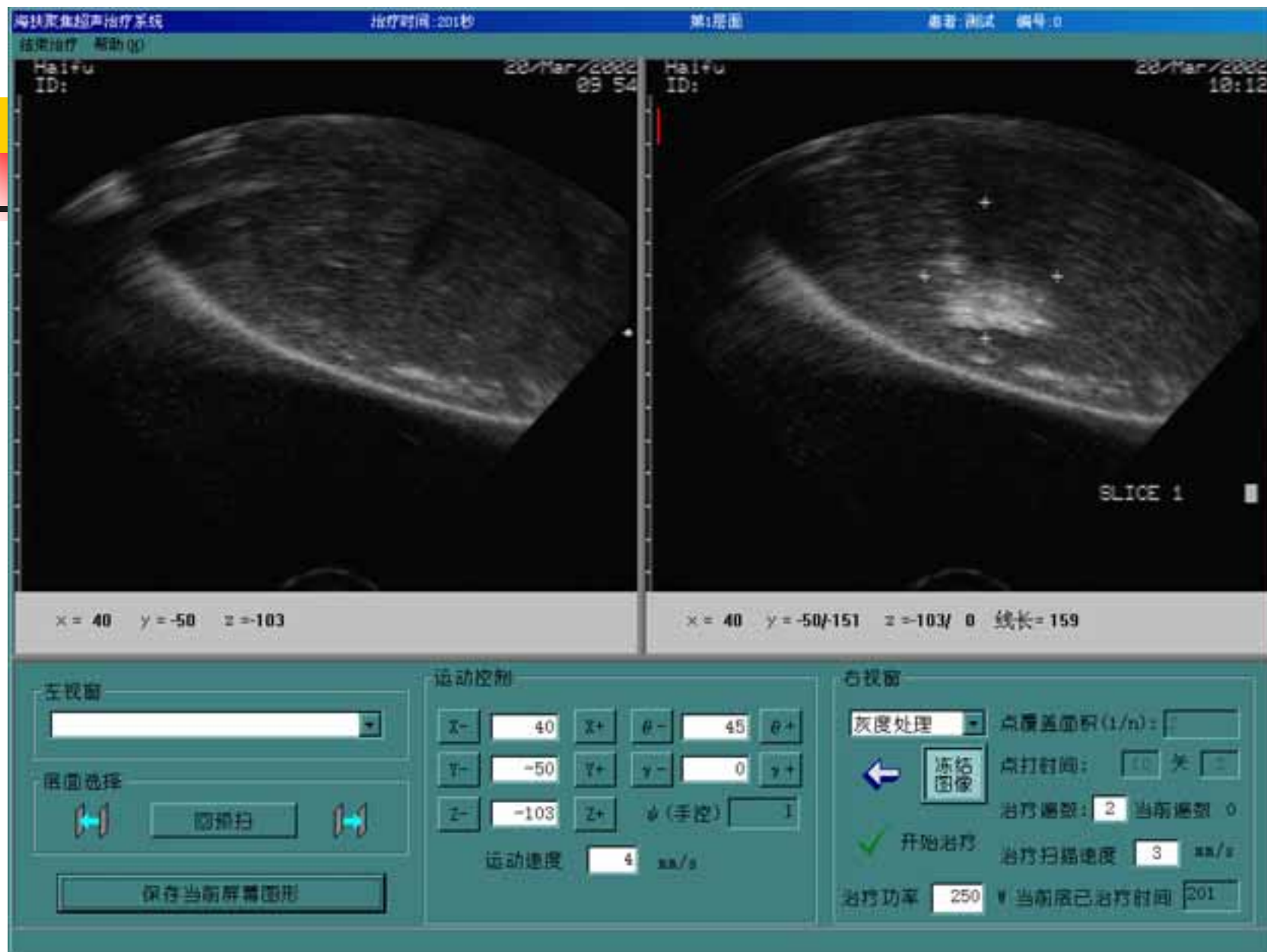
Real Time US Image Monitoring



Real time visualization of coagulative necrosis in *in vivo* goat liver on the US image immediately after multiple linear HIFU scanning

Real Time US Image Monitoring

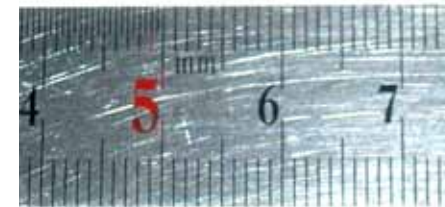
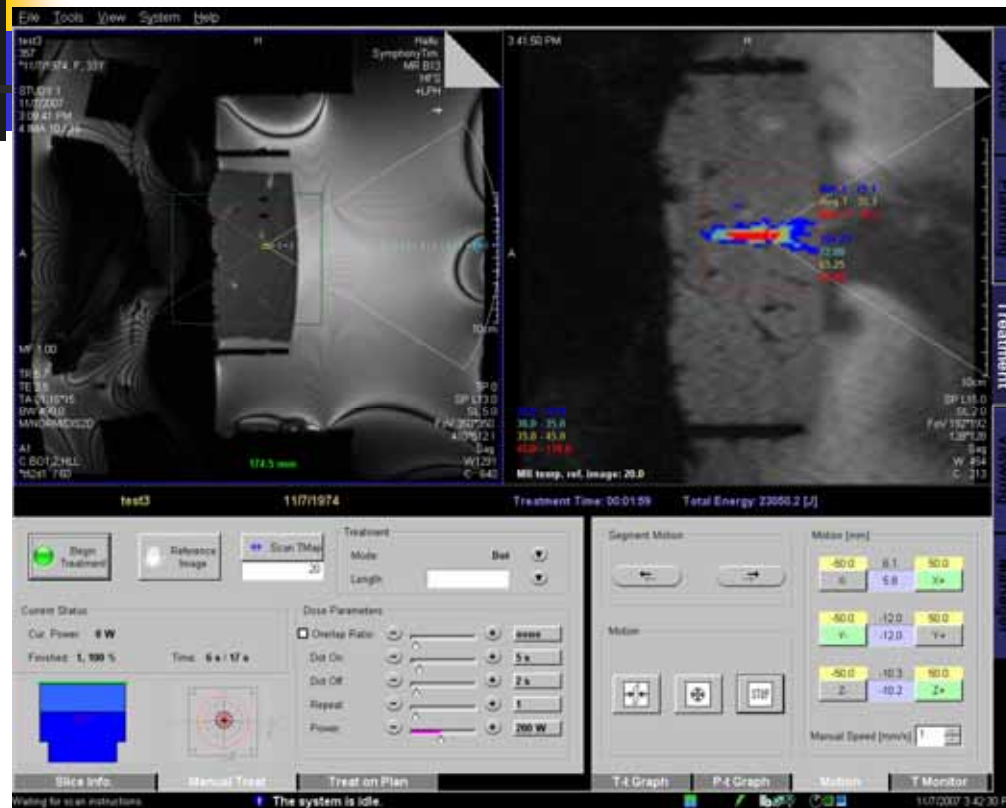




A Prototype MRgHIFU Therapeutic System



Real Time MRI Monitoring



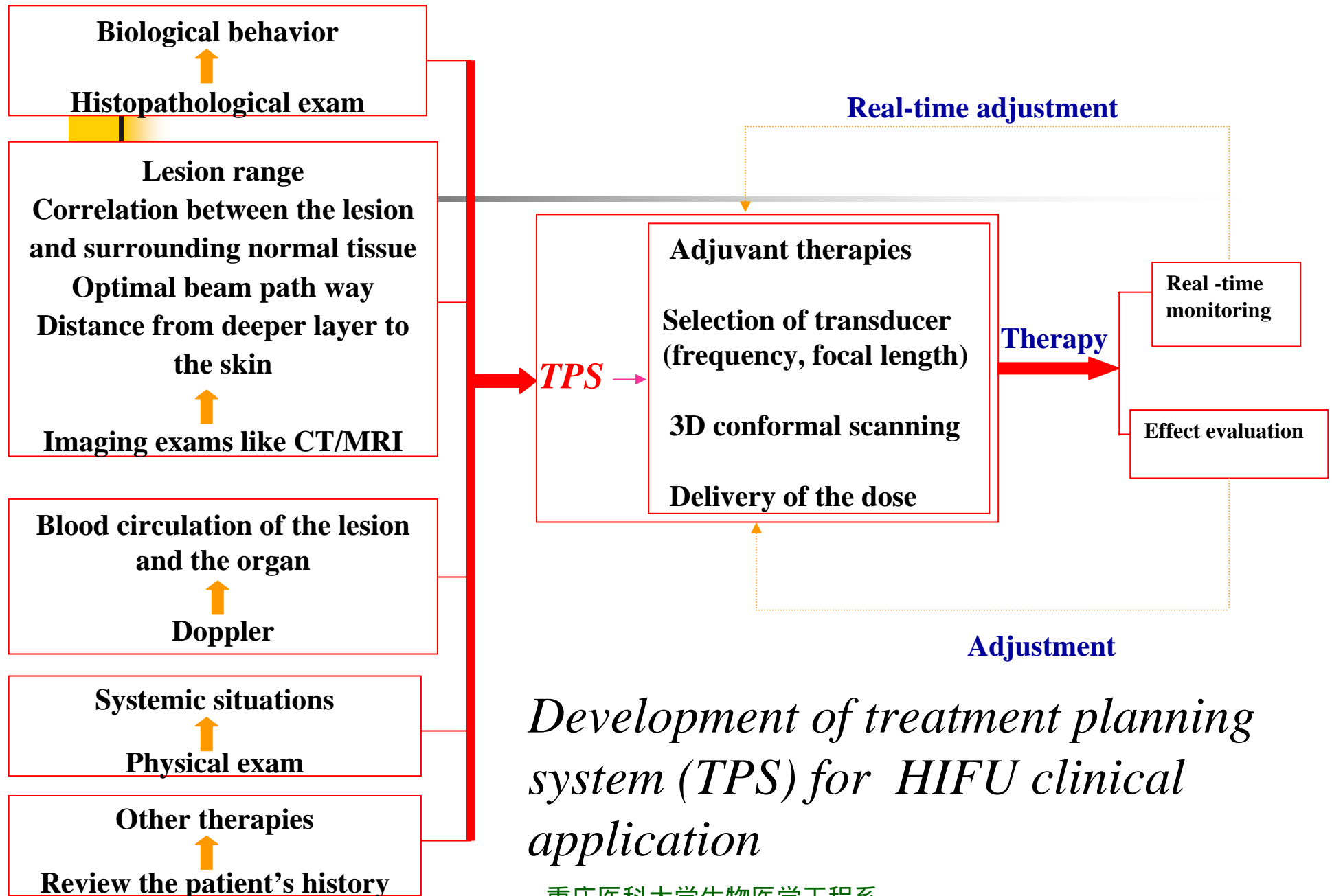
Real time visualization of a single lesion in *in vitro* ox liver on the MRI T-map imaging during HIFU



Features



	US	MRI
Cost effective	■	
3D anatomic information for exact tumor targeting	■	■
Beam path visualization for safe treatment	■	■
Real time thermometry to achieve planned outcome	■	■
Post-treatment contrast imaging for evaluating treatment outcome	■	■
Motion robust (correction, tracking)	■	■





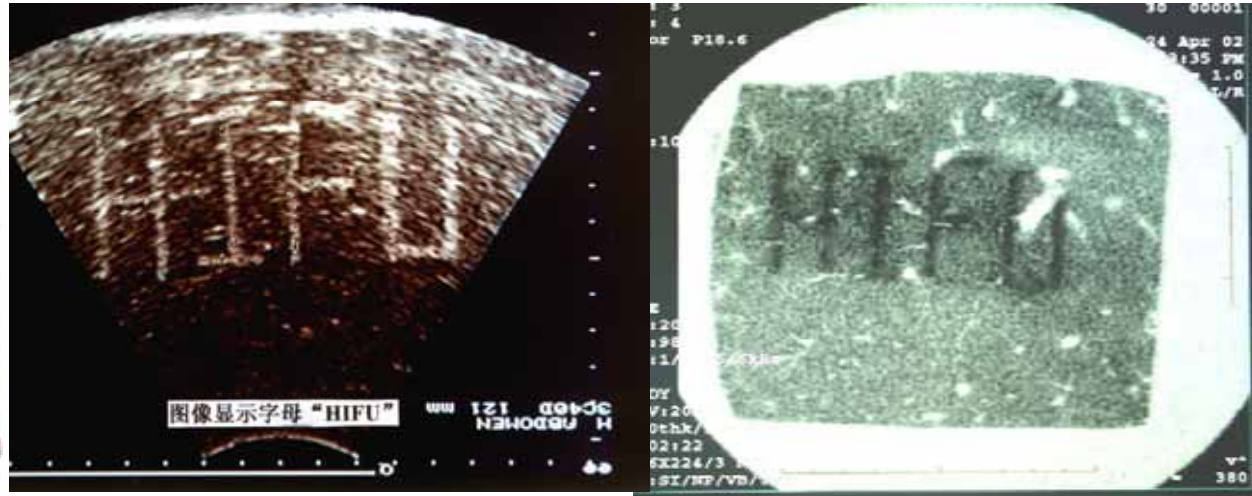
Three Characteristics of HIFU Tumor Ablation

- Noninvasive thermal ablation
- Thermal ablation of tumor at any shape
- Real-time imaging monitoring

That is HIFU!

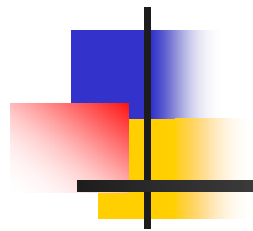


**Gross shape of “HIFU”
with basic units of
HIFU-induced BFR**



**The ultrasound-imaging
of “HIFU”**

**The MRI –imaging
of “HIFU”**



HI FU Therapy Device

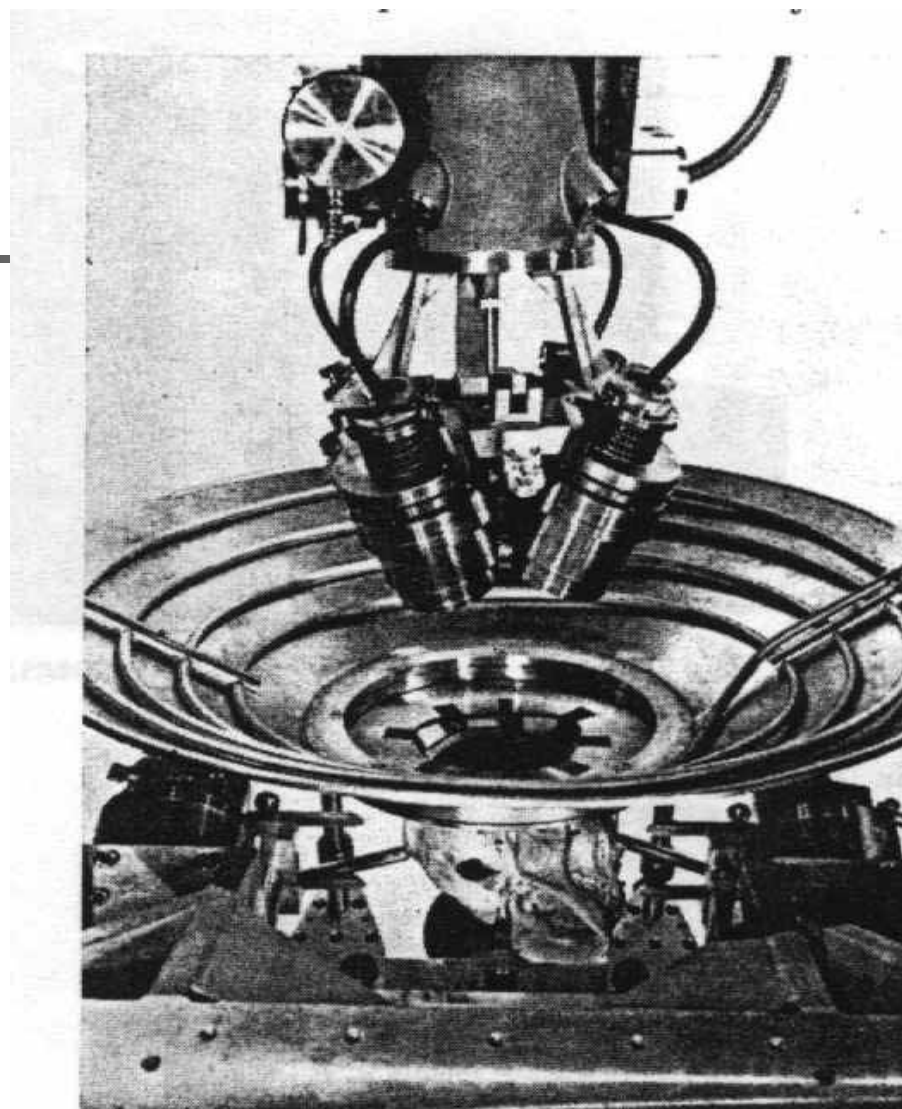
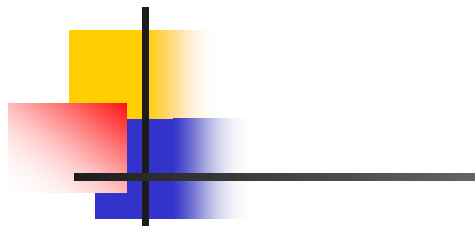
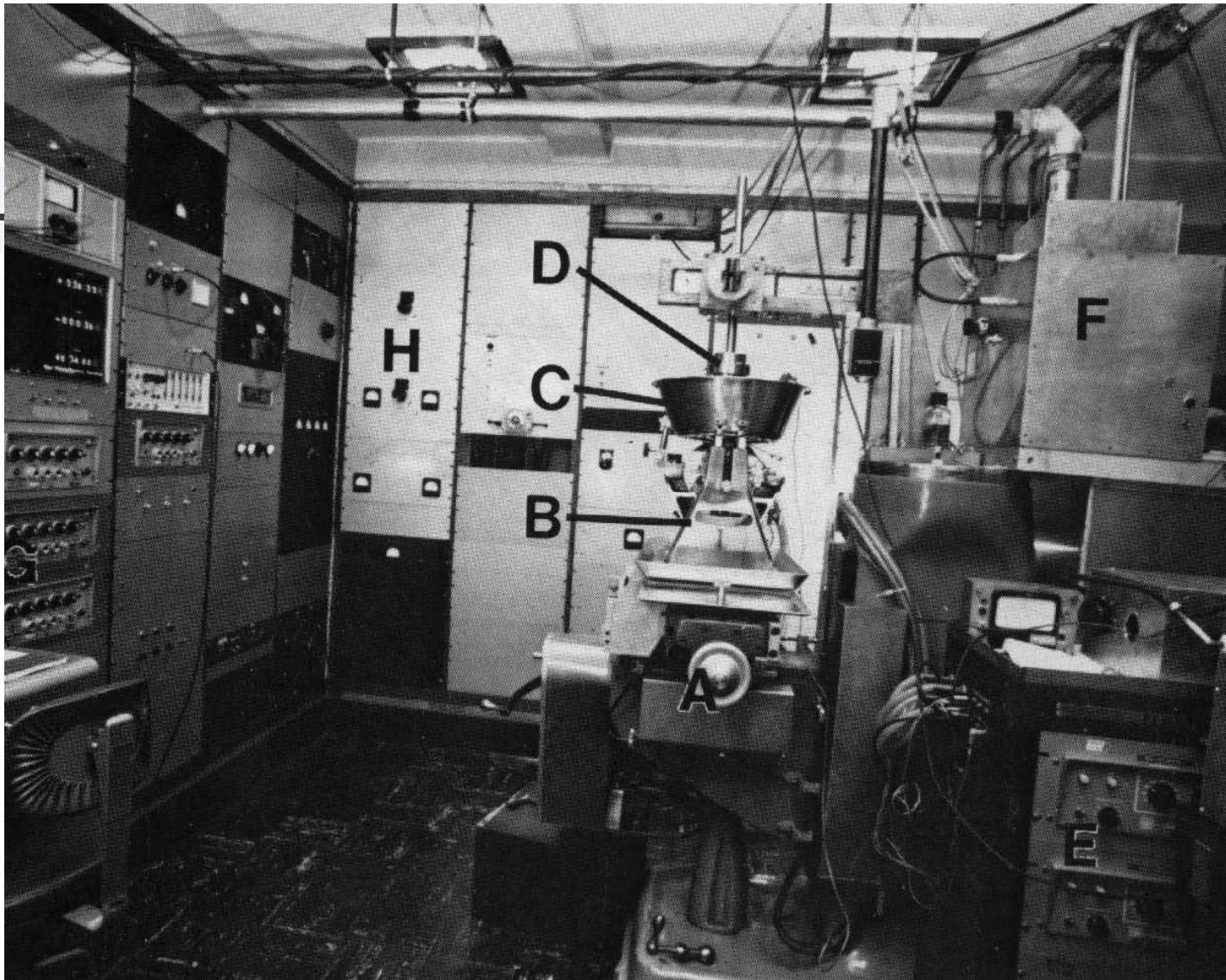
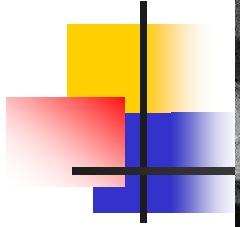


FIG. 4. 4-Beam focusing transducer for use in human neurosurgery.

Fry et al

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Experimental system used by Fry and Fry in Illinois

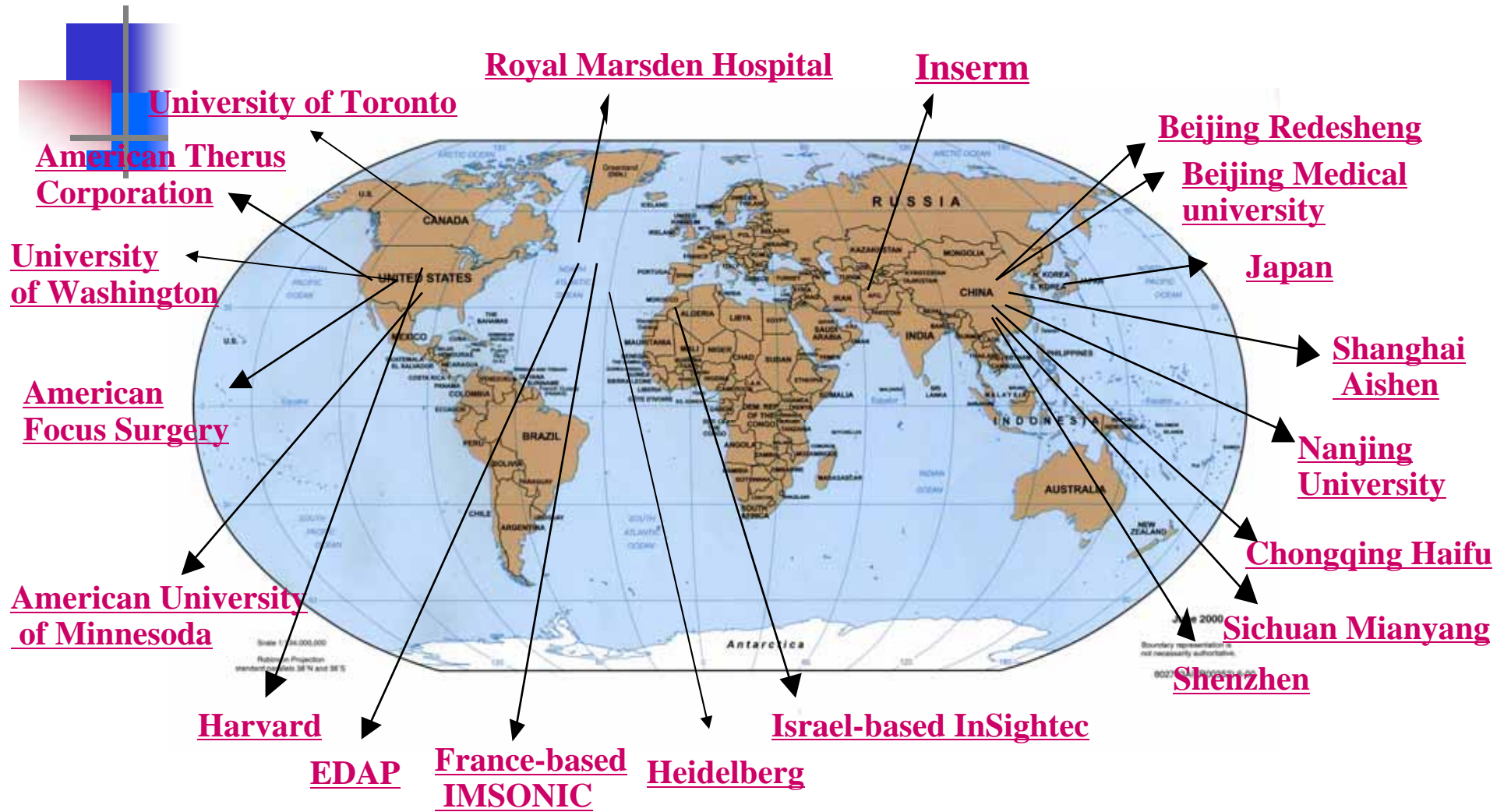
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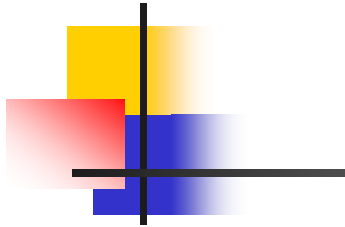


Types of Device

Transrectal / Extracorporeal

Ultrasound / MRI guidance





First Experiment Device
1988



Second Experiment Device
1992



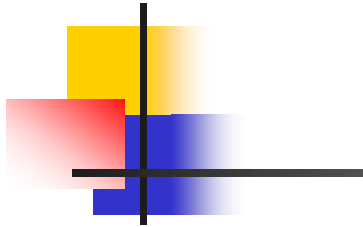
Third Experiment Device
1994



The Prototype
1996



The Commercialized Machine
1999



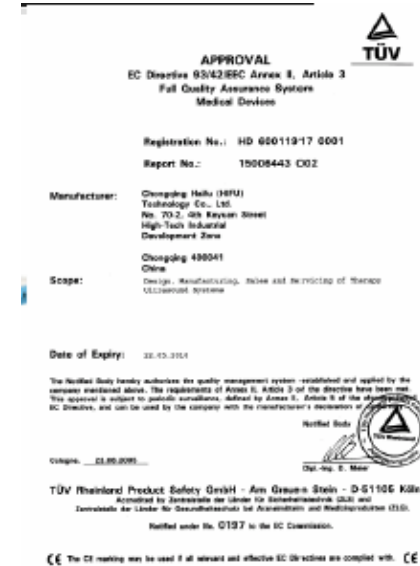
Model JC Focused Ultrasound Tumor Therapeutic System



Obtained production license in 1999



Obtained ISO9001 and EN46001 quality system attestation which is awarded by laiyin co. of **重庆医科大学生物医学工程系**



CE approval

Obtained international patents



Canada



Russia



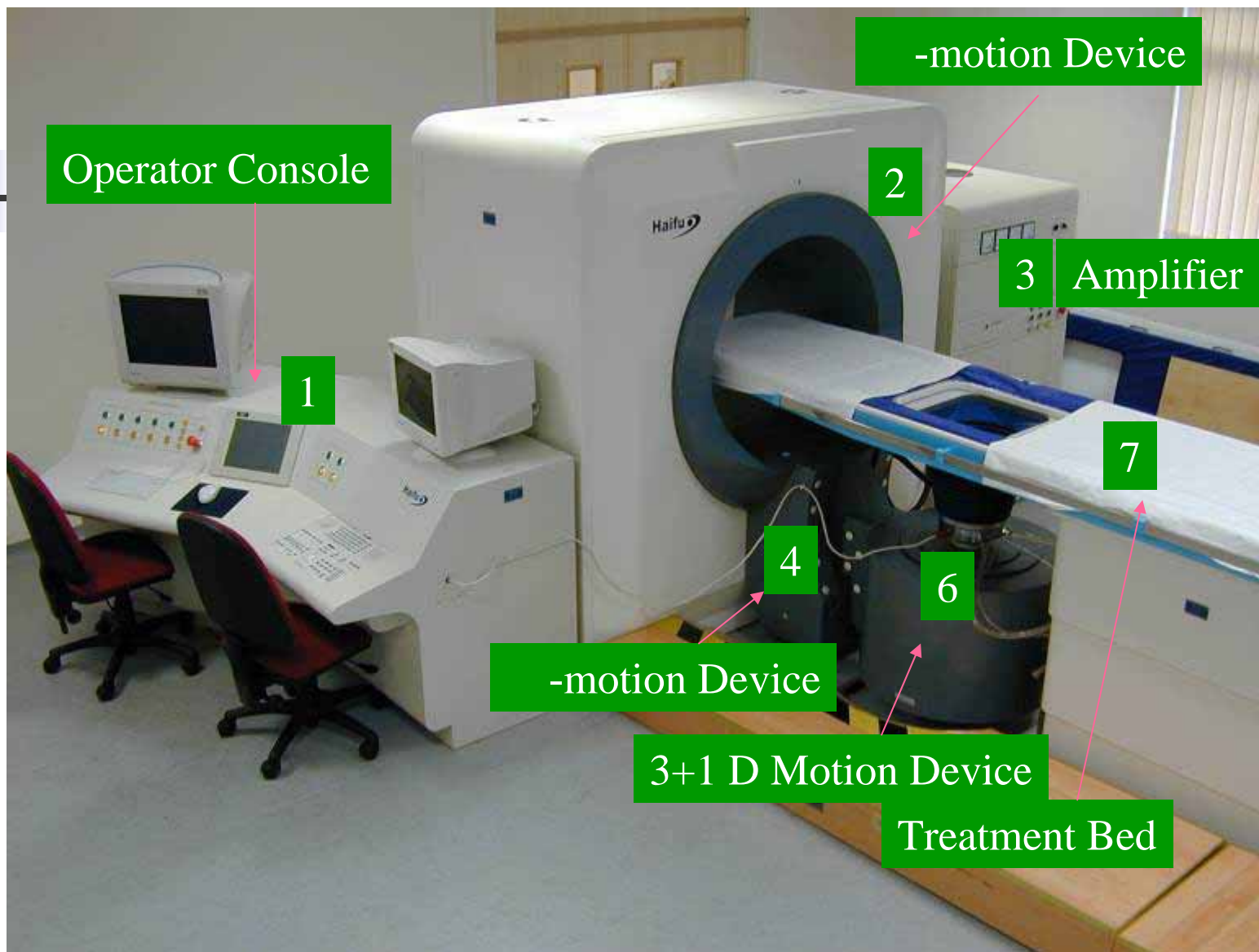
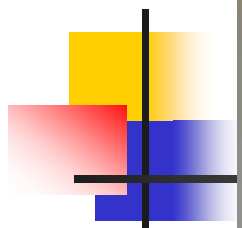
USA

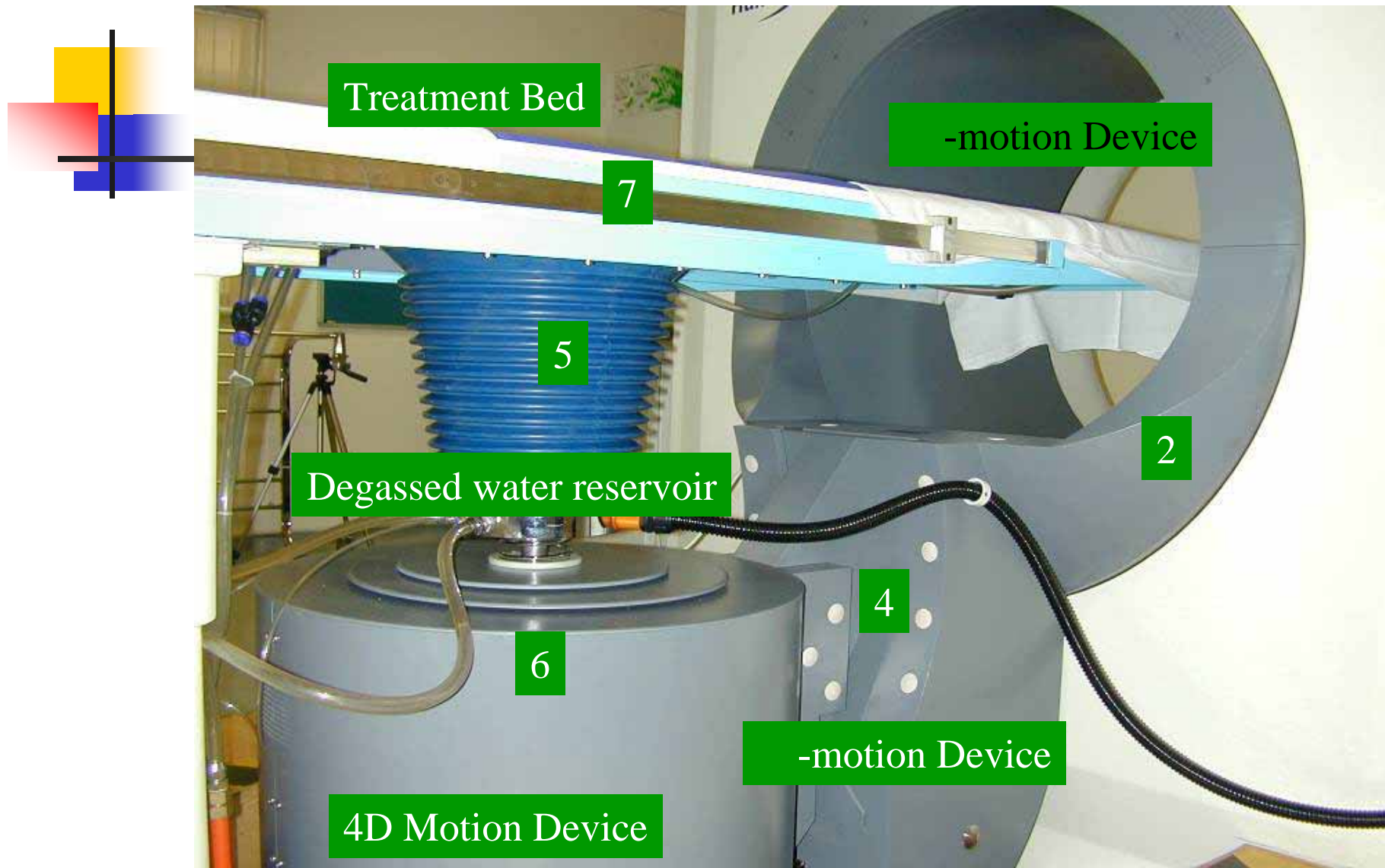


Singapore



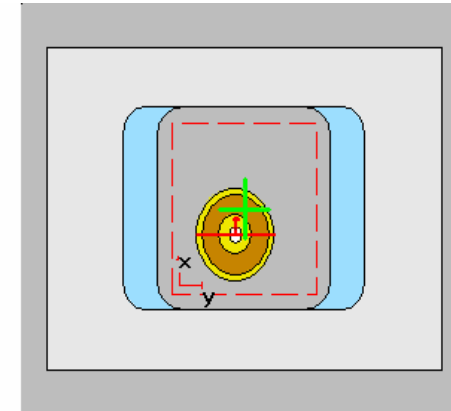
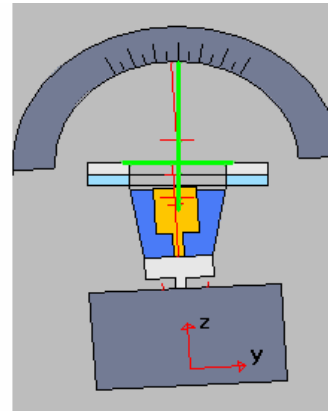
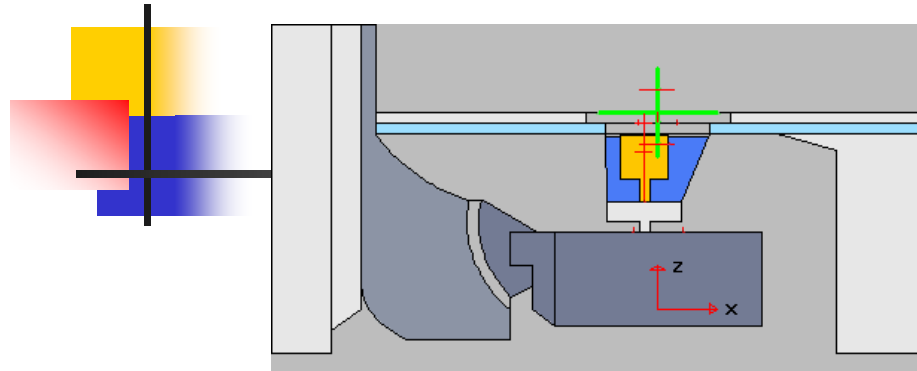
Japan



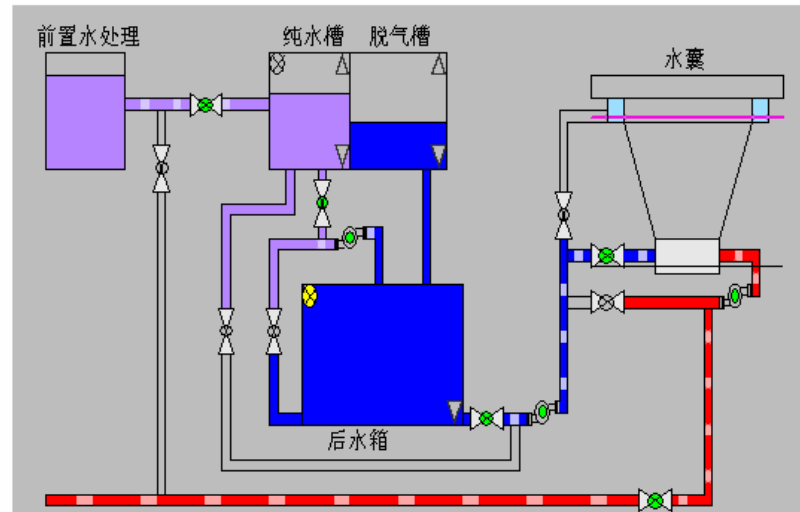


Integrated Treatment Transducer (diagnostic US probe and HIFU transducer) in degassed water reservoir





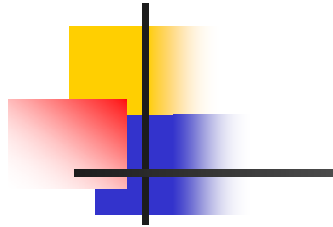
上电故障标志位	通讯状态位	B超功率源状态	
	位置	状态1	状态2
X	-45		
Y	-17		
Z	-105		
θ	90		
ψ	-3		
ϖ	0		
床体水平x	0		
床体水平y	0		
床体升降	0		
功率源	138		
后水箱温度	0		
后水箱温度设定值	0		
水囊水位	2		
水囊水位设定值	0		



6-Dimension Motion system & Water Treatment System

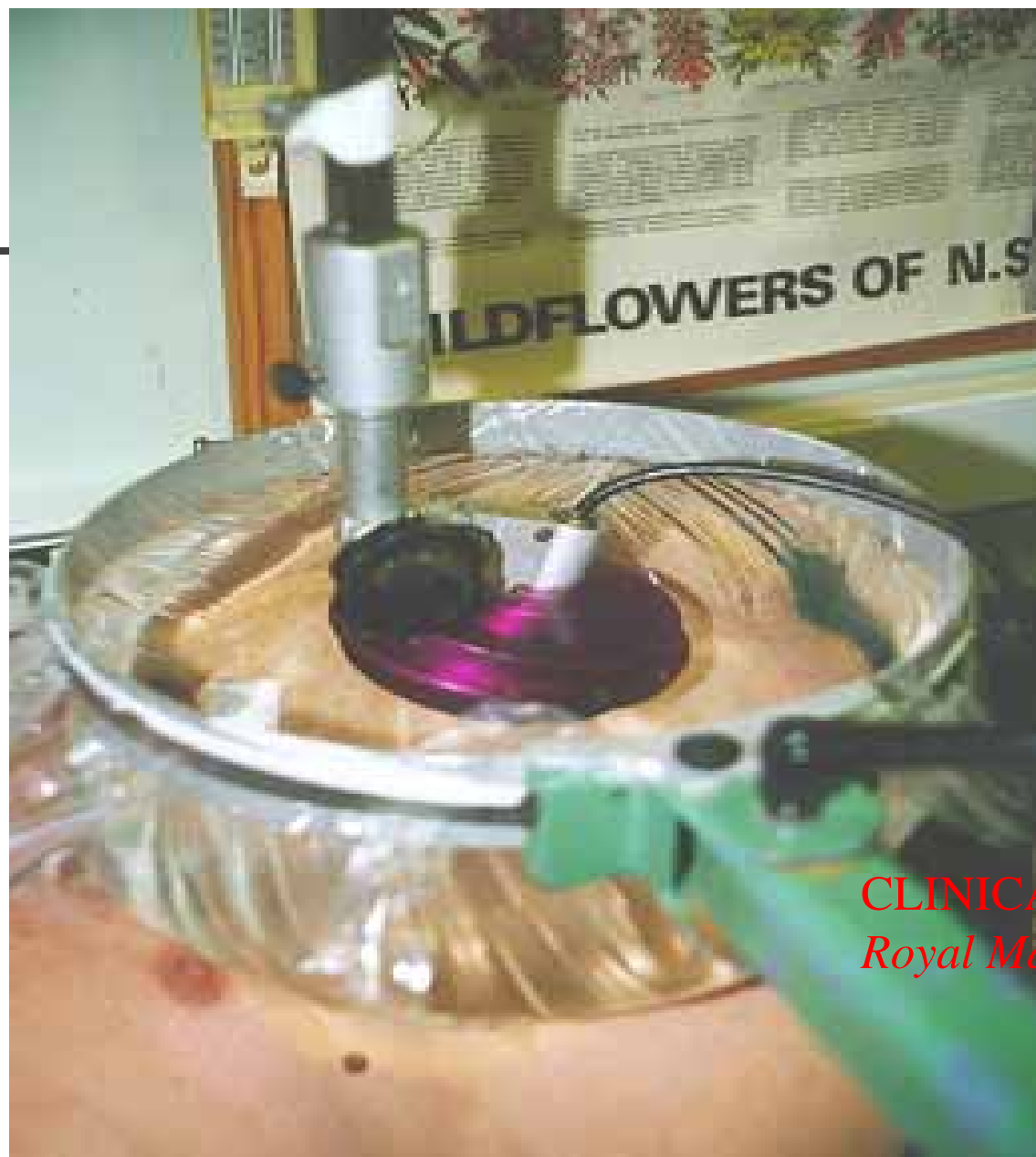
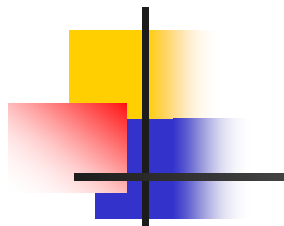
Haifu series products (Now and Future)





MR guided Focused
Ultrasound Surgery

“FDA expedited review of the device because it offers significant advantages over existing treatments for uterine fibroids.” – from FDA talk paper



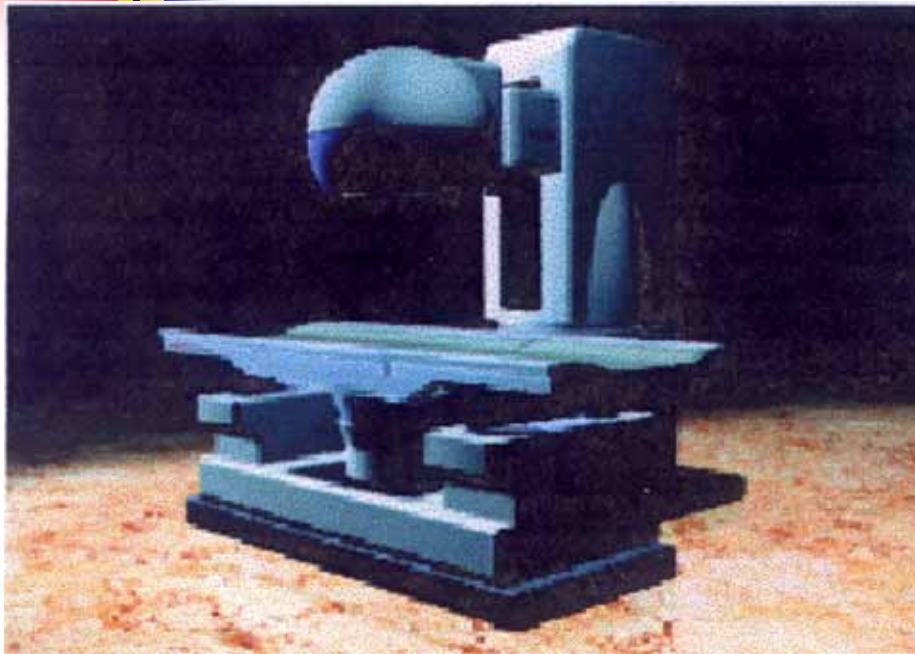
CLINICAL PROTOTYPE
Royal Marsden Hospital, UK



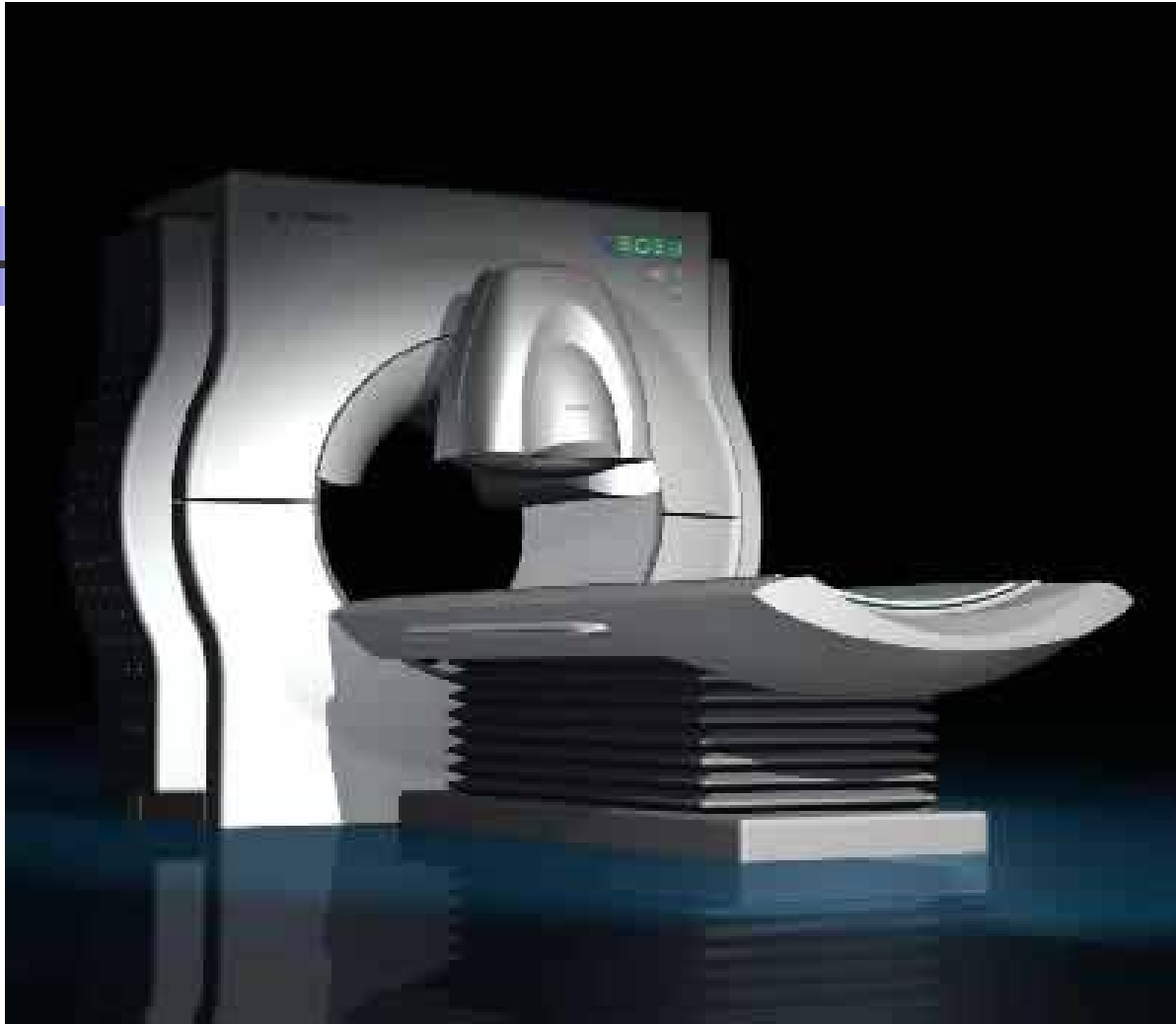
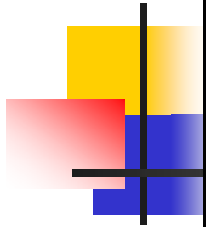
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Beijing Yuande



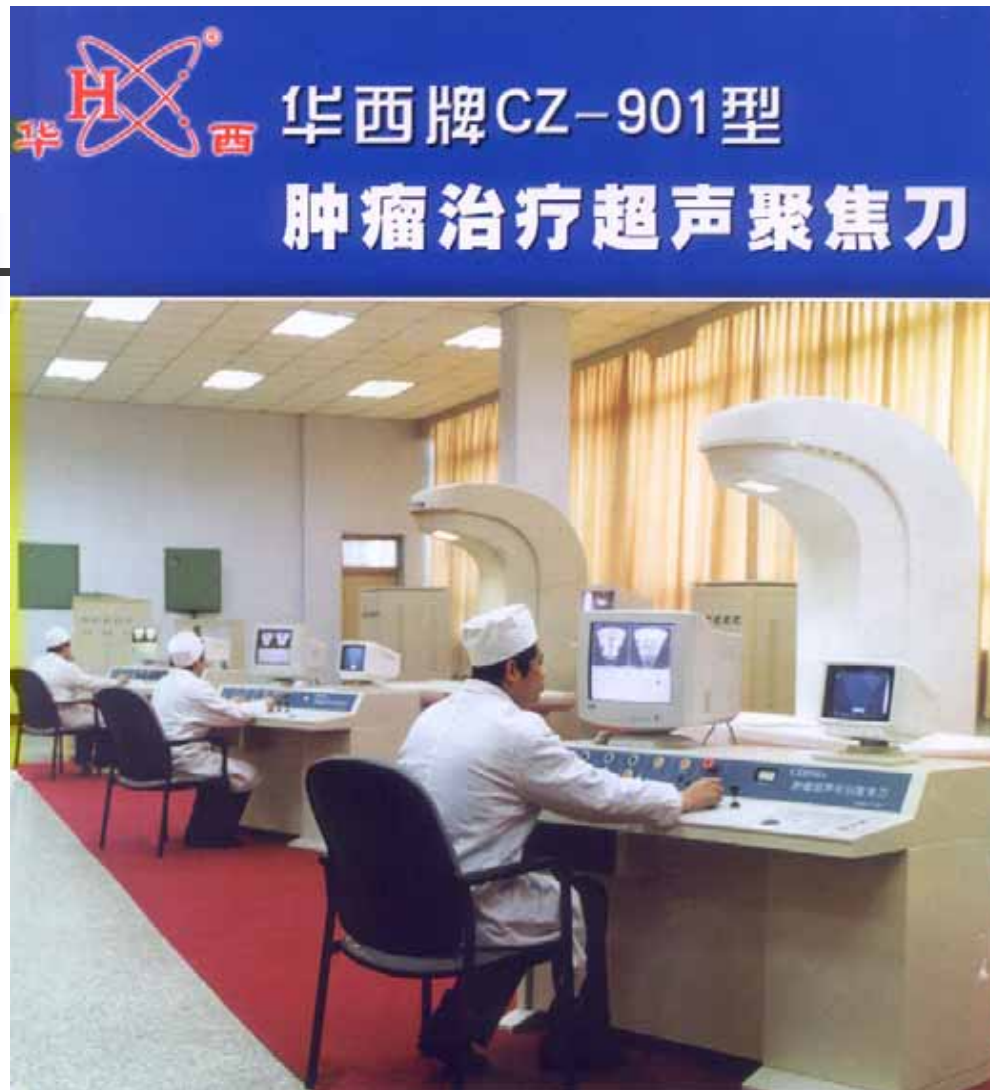
FEP-BY01 High Energy Focused US Tumor Treatment Device reportedly has a operating frequency of 1 MHz under US monitoring. The US source emitting upward at present.



Shanghai Aishen

The HIFUNIT-9000 Aishen US Focused Tumor Ablation has reportedly 9 free-movement, 6 transducer emanating US downward. Each transducer has focal length of 8-14 cm and operating frequency of 1.0 MHz.

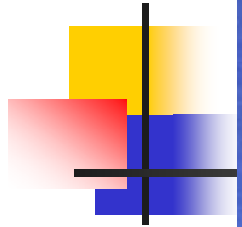
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Sichuan Mianyang

Mianyang Sonic Electric Co., Ltd. developed CZ-901 Tumor Treatment US Knife. It is said to use in clinical application.

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RDS HIFU Tumor Therapy Device developed by Redesheng Science & Technology Co., Ltd.

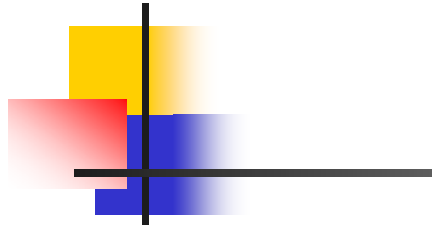
Shenzhen Xifukang



HIFU-2000立体定位高强聚焦超声肿瘤治疗系统由超声系统、治疗主机、电气控制系统、立体定位系统、HIFU-TPS治疗规划系统和水处理系统六部分组成。

**HIFU-2000 Cubic Localization
HIFU Tumor Treatment System.**

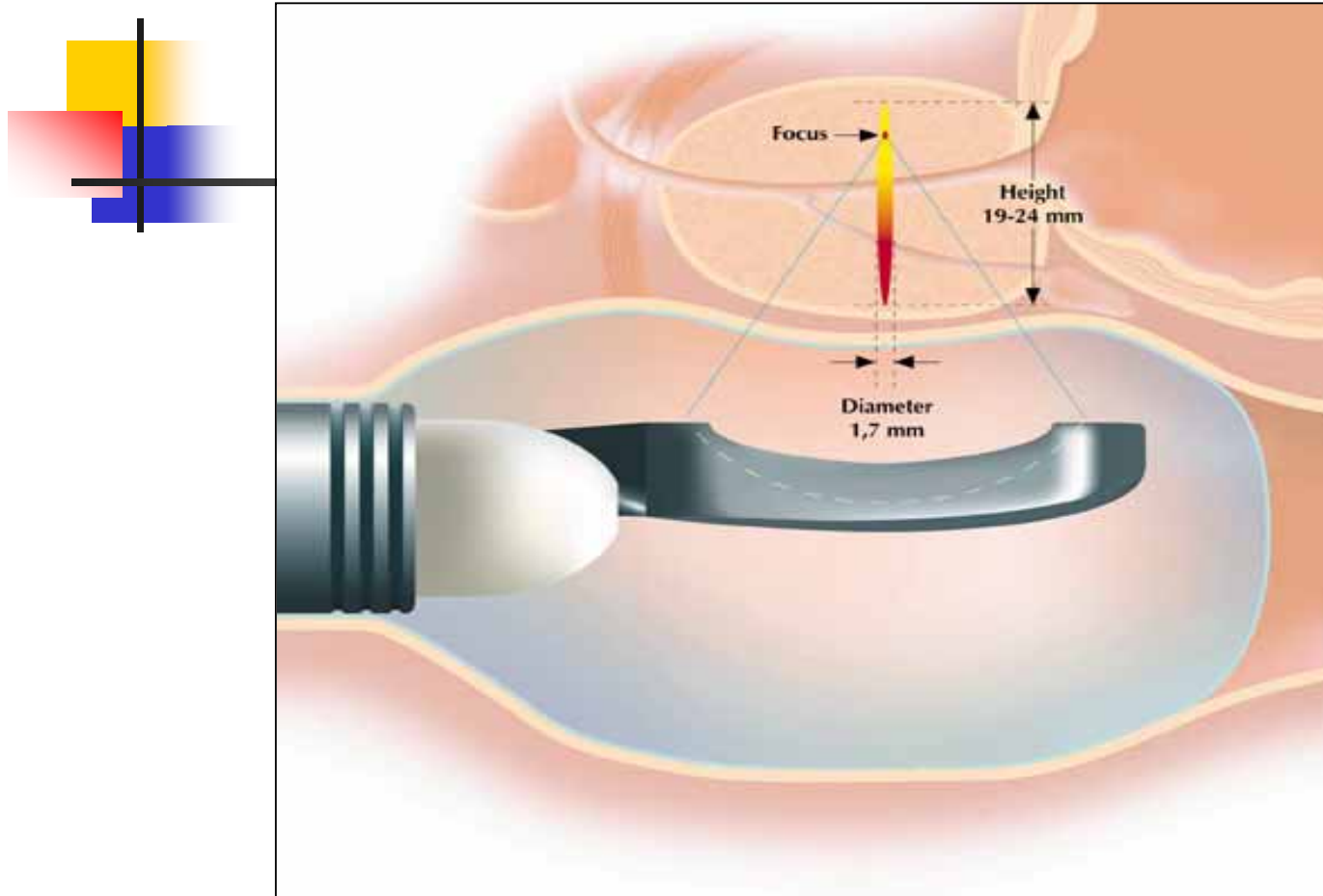
**Operating Frequency: 0.8-5MHz
Peak Intensity: 1000W/cm²**



French EDAP-Technomed Inc. and Inserm

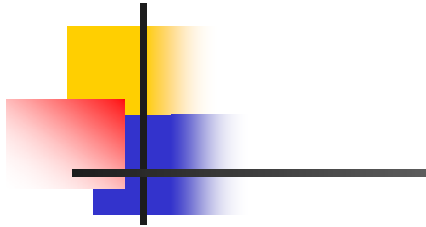
They have developed **Ablatherm** system for prostate cancer. It is reported that this machine has been used to treat more than 2000 patients since 1993.

Ablatherm system uses a 3 MHz transrectal transducer under US guidance.



Ablatherm

Trans-rectal imaging & therapy probe

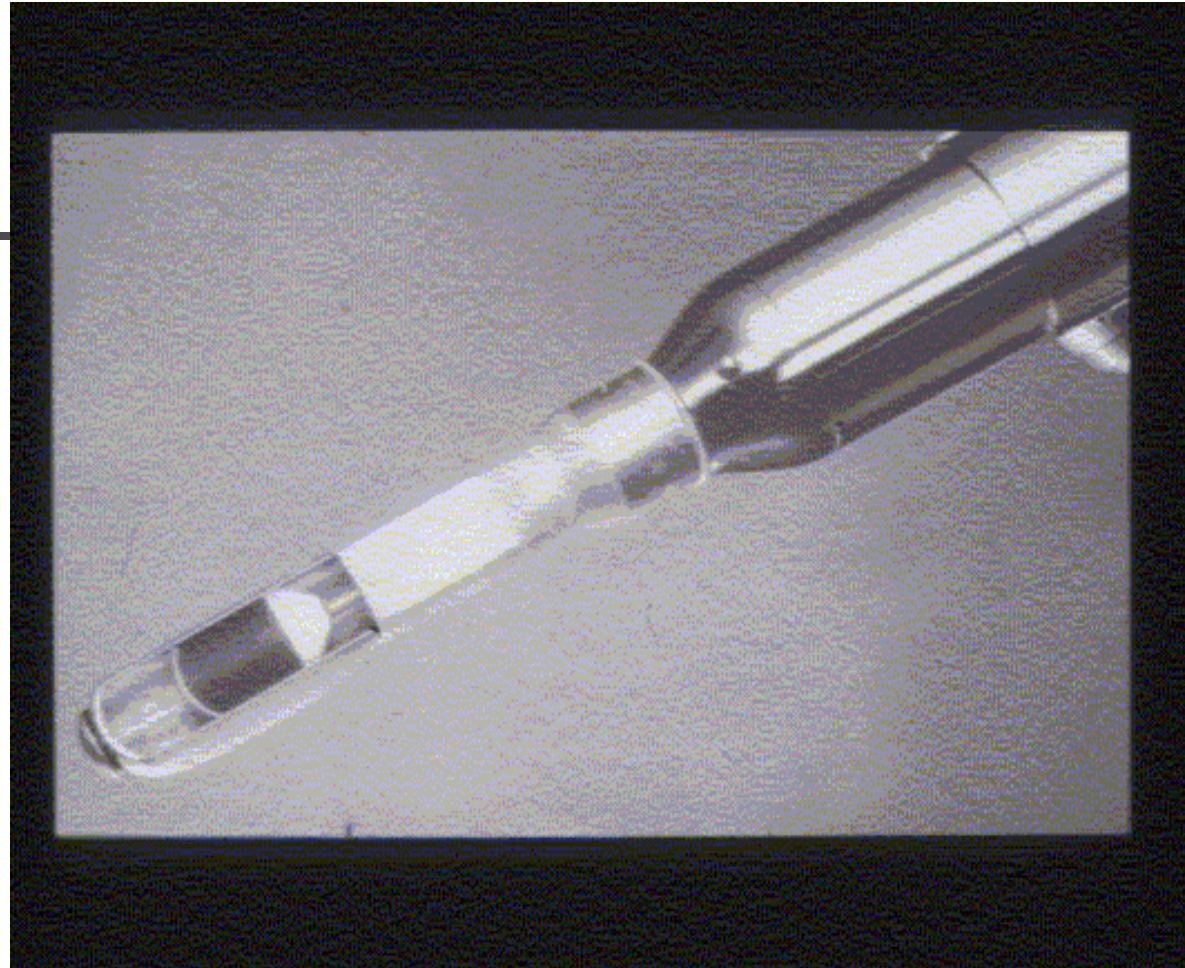
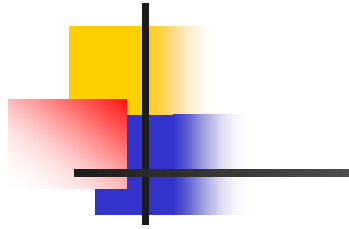


American Focus Surgery, Inc.

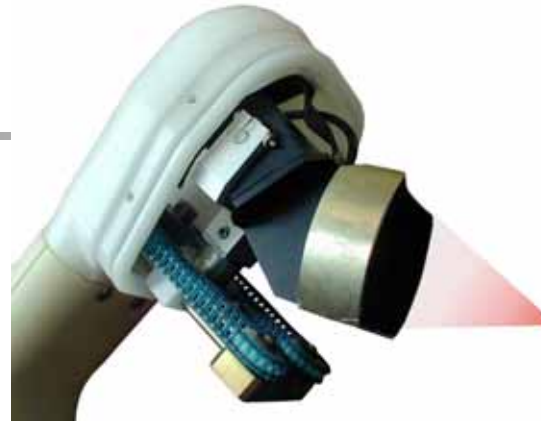
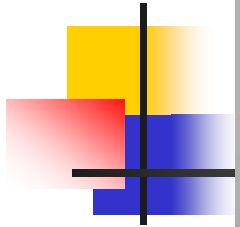
developed Sonablate® series devices for treating benign prostate hyperplasia (BPH). The system has gained phase clinical trial approval from FDA at present.

Sonablate®500, using diagnostic US for monitoring.

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Trans-rectal imaging & therapy probe



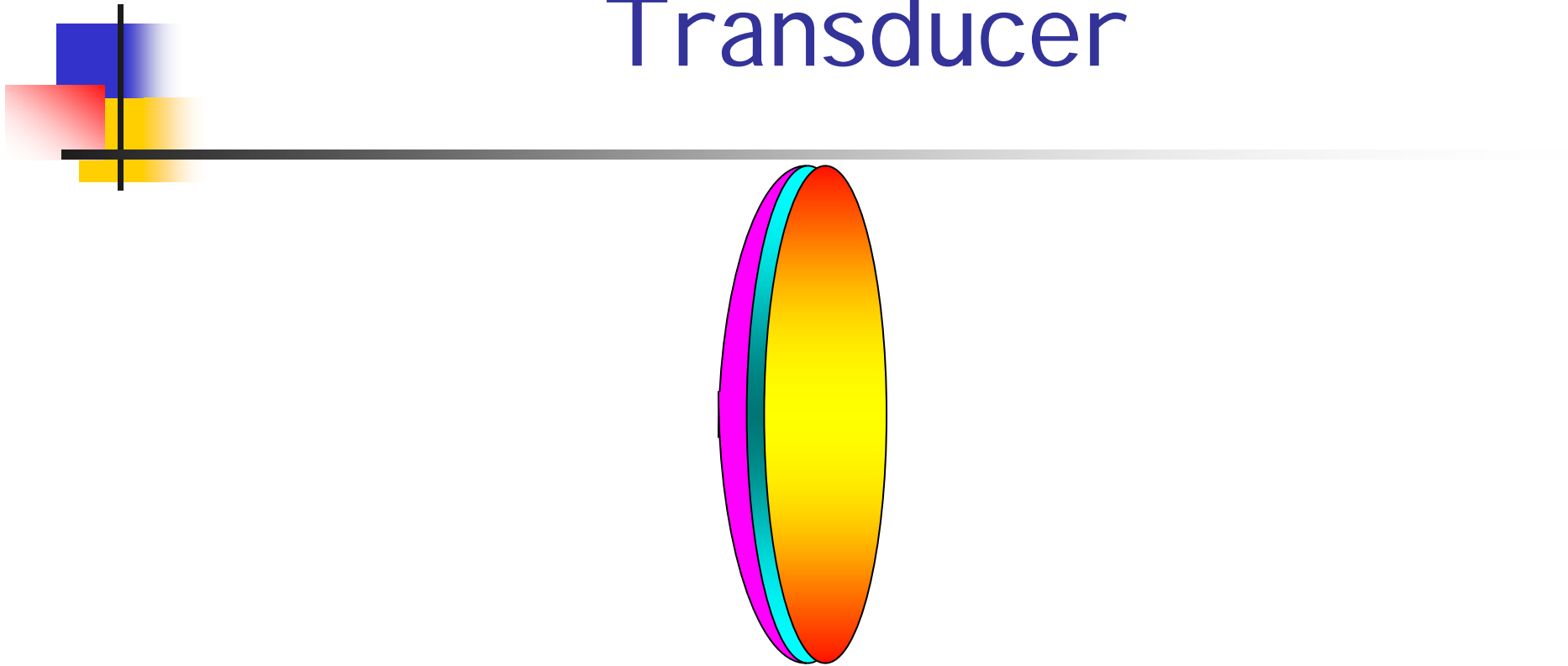
American Therus Co., undertakes the research and development of hemostasis using HIFU and has manufactured a device (Zhang 2001).

The Hemostasis Device produced by Therus Corporation. The transducer used has a diameter of 4.7 cm, focal length of 5.8 cm and operating frequency of 4.39MHz

Some reports (Lele, 1987 ;Ye,2002) pointed out that a HIFU surgical system should have the following characteristics:

- ❑ The focusing or convergence of US beams, which induces evident coagulative necroses in tissue.
- ❑ Ultrasound beams of appropriate frequencies and high power heat only the region of interest, avoiding overheat at normal tissues in vicinity.
- ❑ Ultrasound energy possibly distributes on the whole target tissue, and a proper scanning speed and focused energy ensure the rapid elevation of temperature to what it is required.
- ❑ A convenient and adjustable scanning locus enables to heat target tissue of different shapes and to achieve ideal combination of coagulative necroses.
- ❑ Precisely selective destruction of target tissue and real-time monitoring to therapeutic effect are ensured.
- ❑ Due to the different tissue thickness of treating area, power compensation should be realized to protect those surrounding normal tissues sensitive to heat.

Therapeutic Ultrasound Transducer



Transducer geometries for therapy fields



1. Plane
2. Plane + lens
3. Shaped – spherical bowl
truncated bowl
4. Arrays
5. Multiple transducers



Bowl

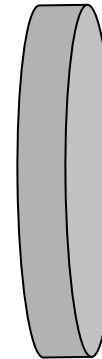
Plane

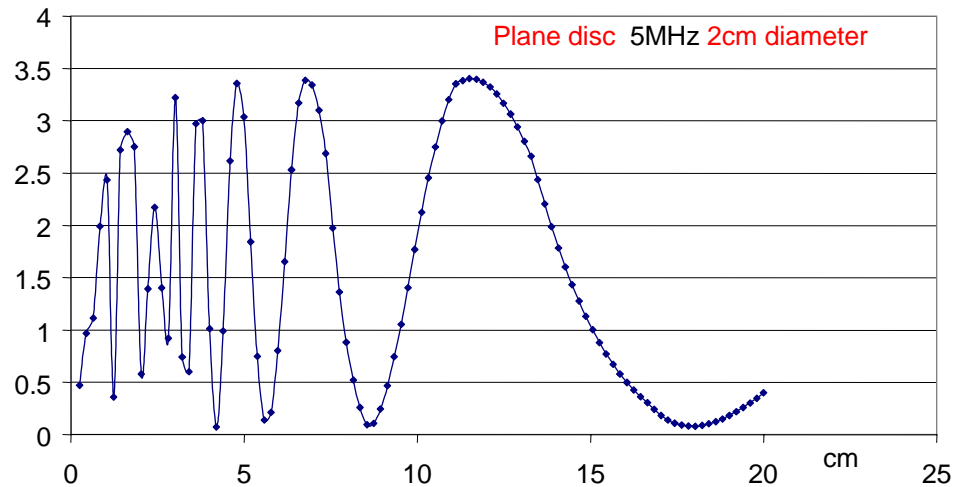
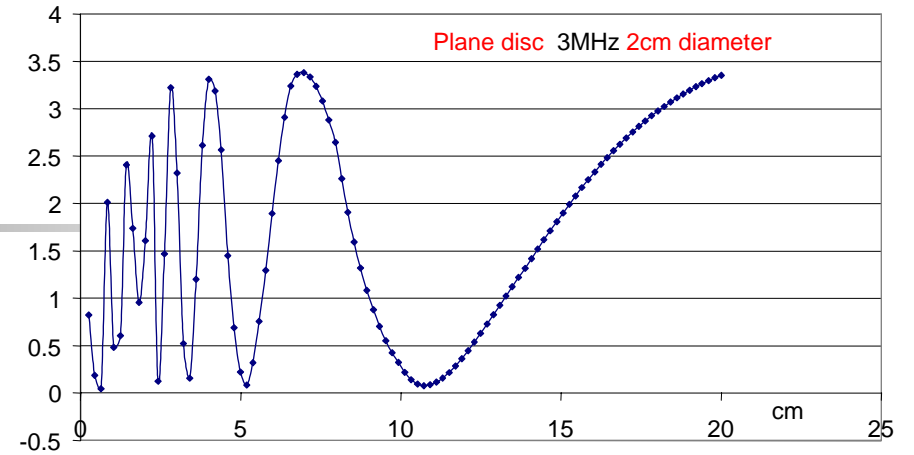
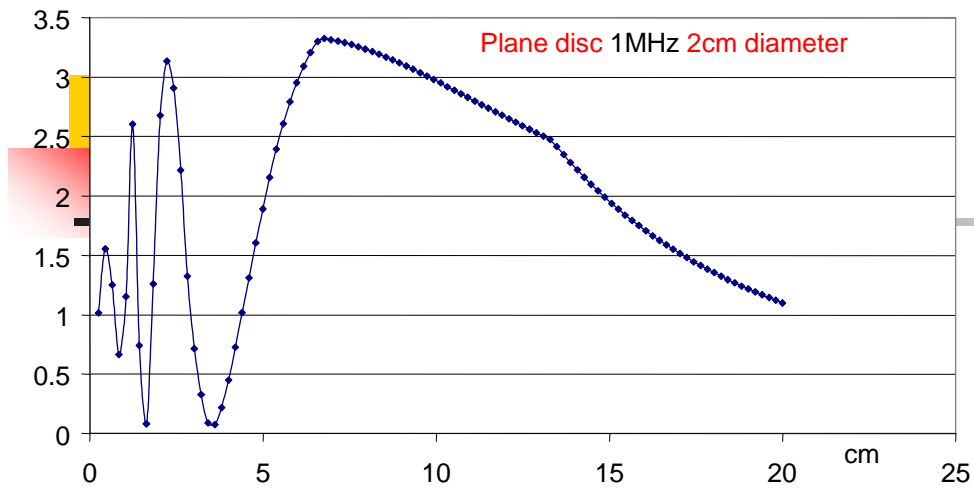
Lens + plane



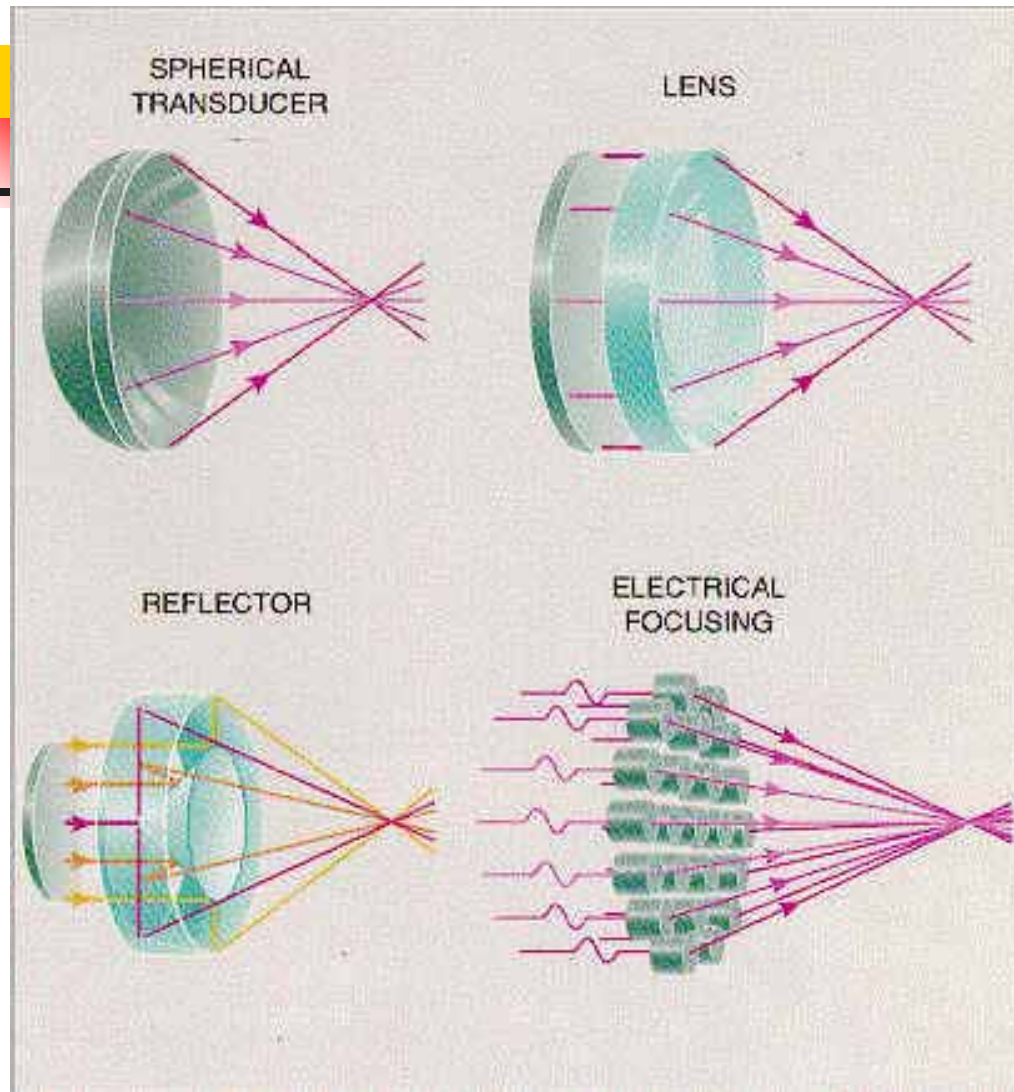
Plane Transducers

Flat disc, no focusing



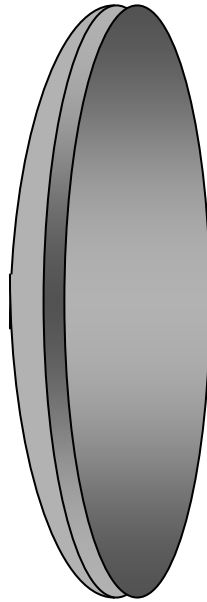


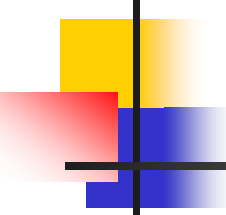
Near Field
extends
 r^2/λ
from transducer face



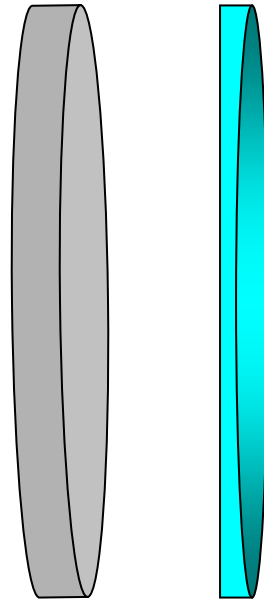
Ultrasound beams may be focused by curving the piezoelectric plate or by interposing a lens or reflector between a flat plate and the target. A phased array of transducers is focused electronically.

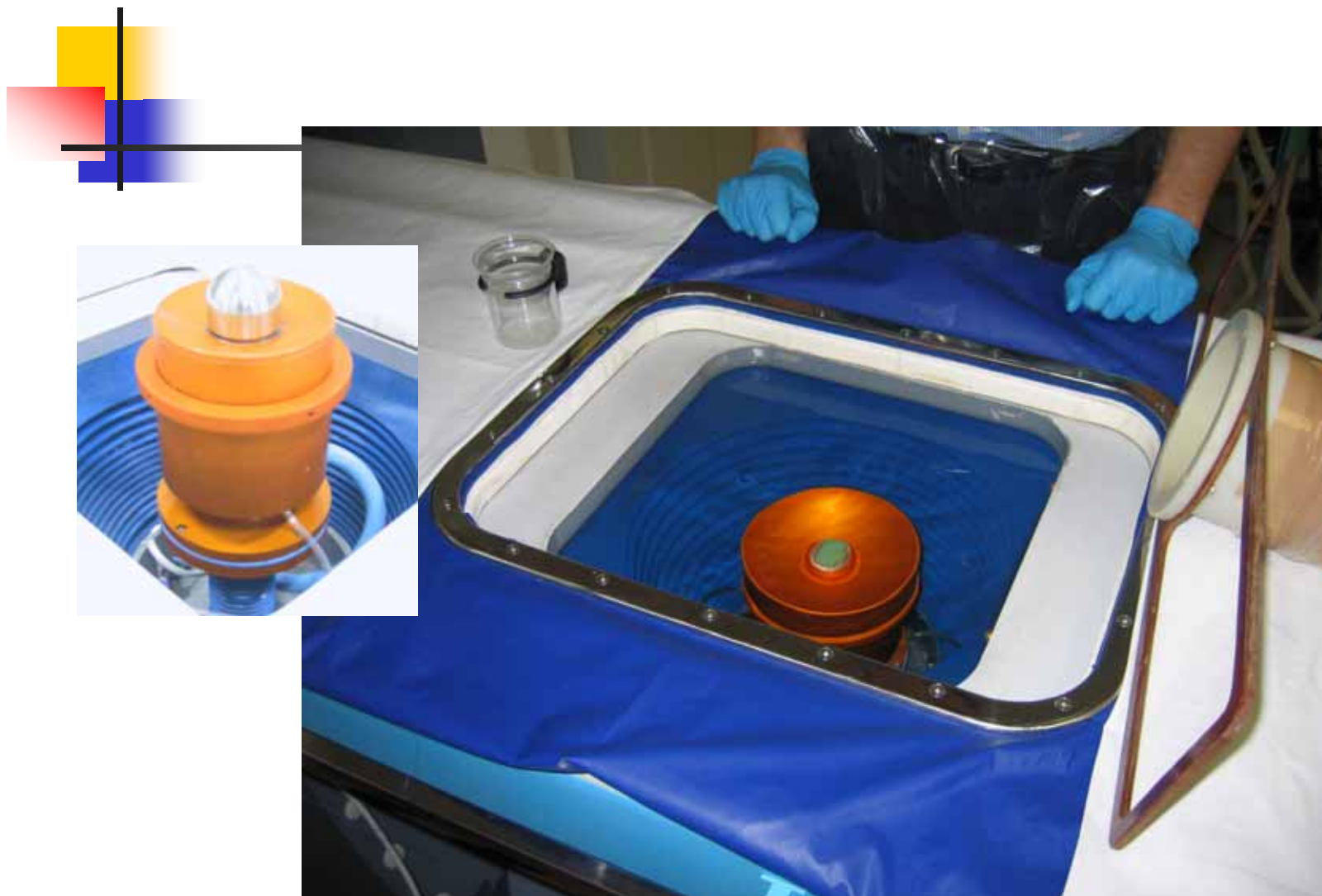
Single element Focused Bowls



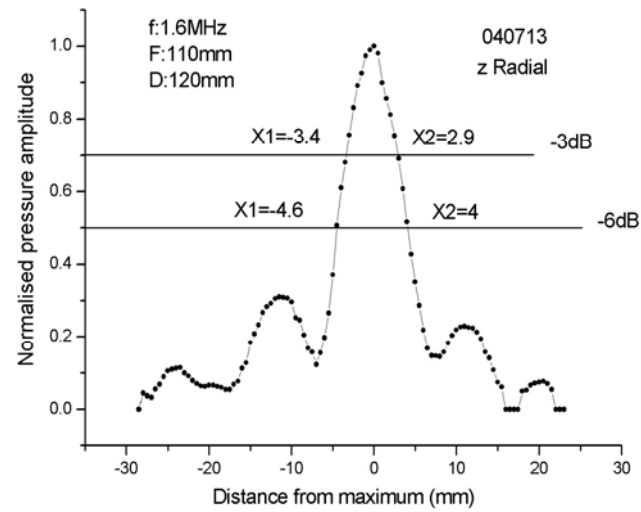
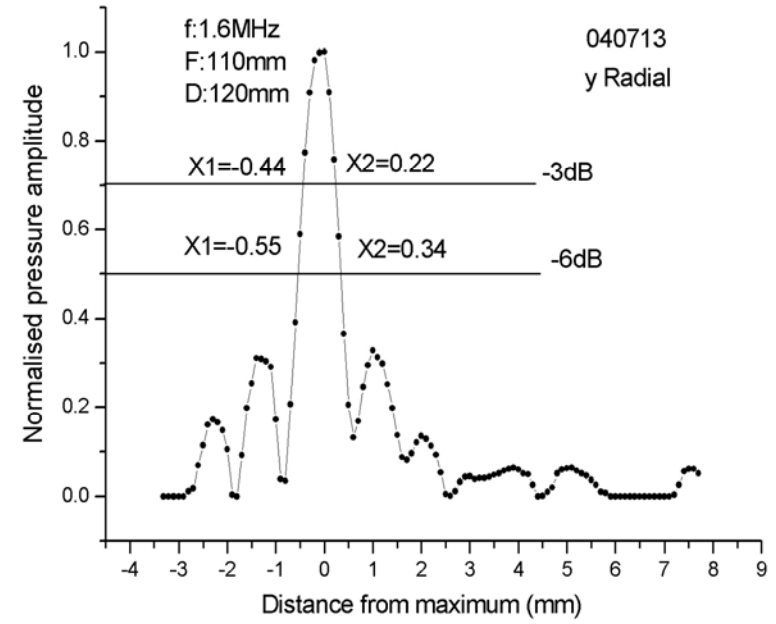
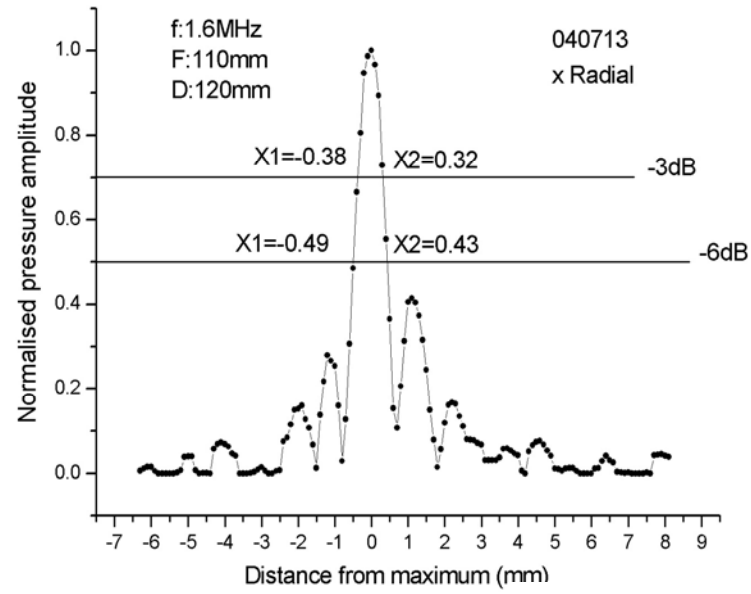


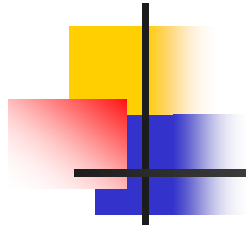
Plane transducers with a lens





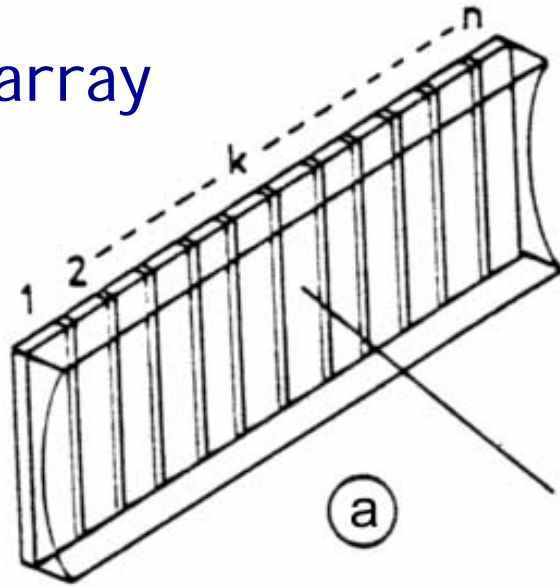
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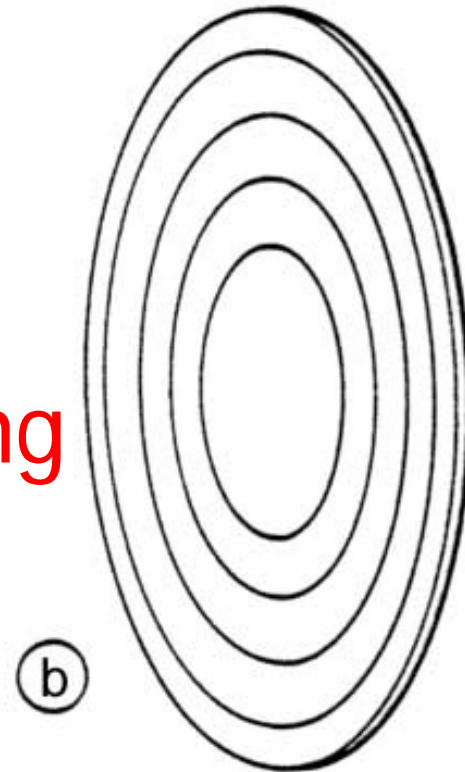
Array Transducers

Linear array

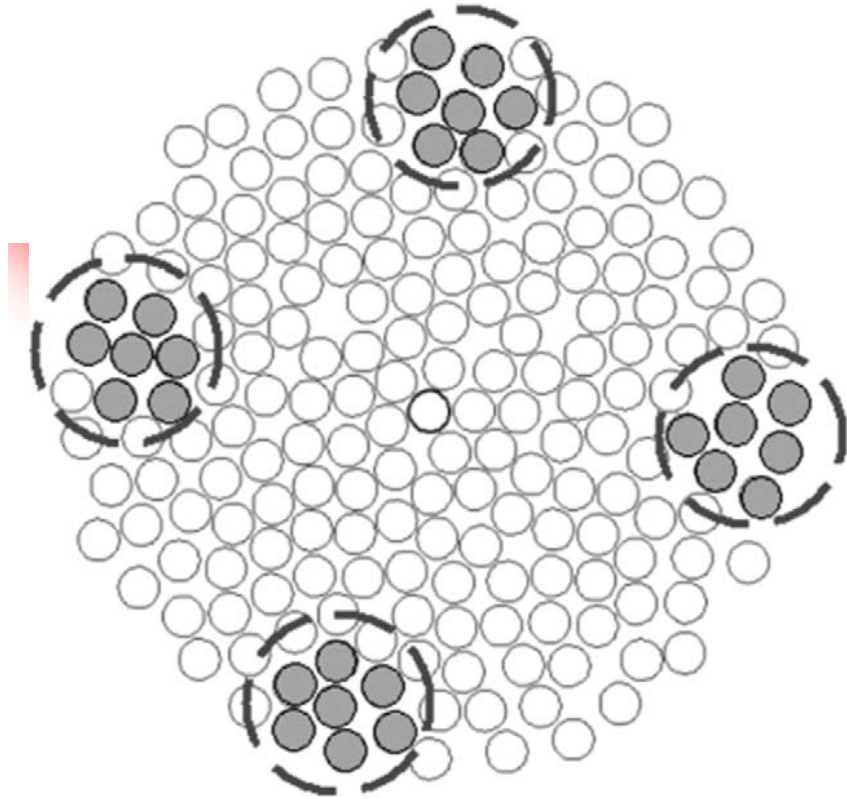


Allows steering laterally

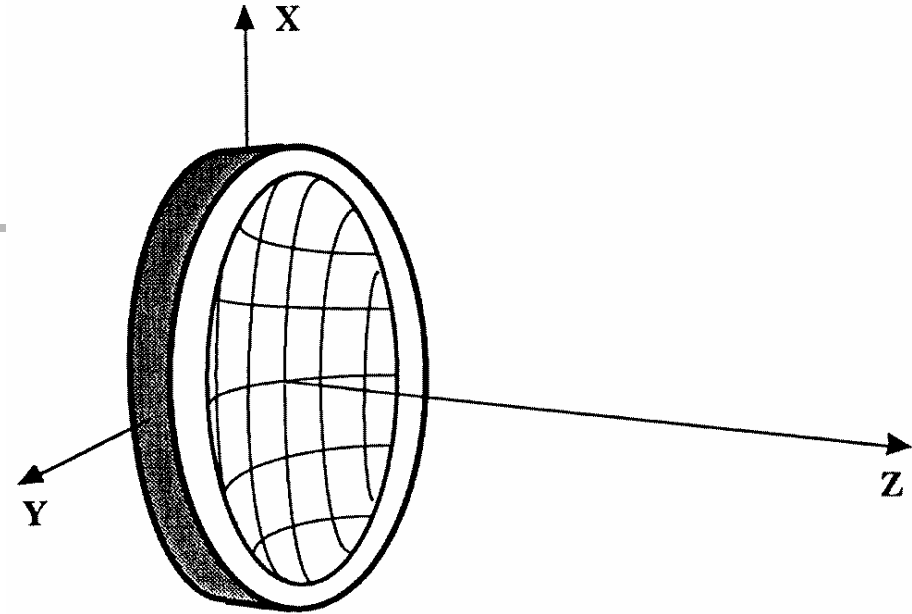
Allows steering along axis



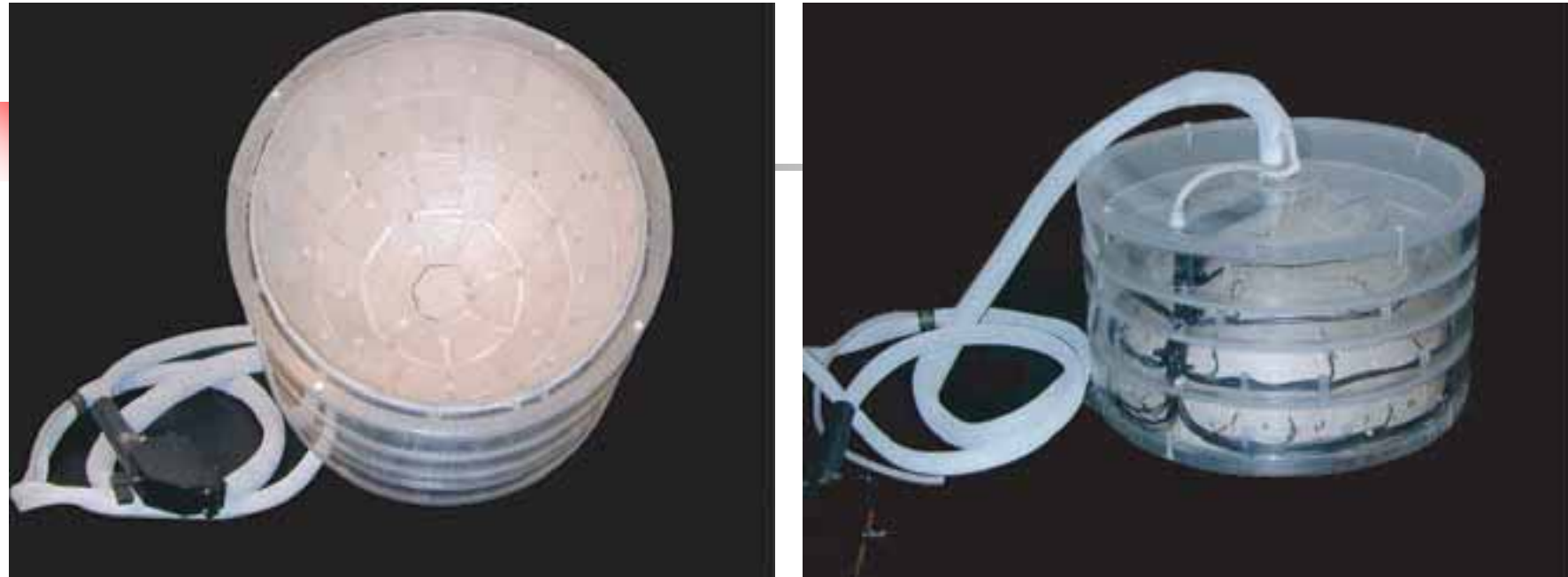
Annular array



Array used by Paris group



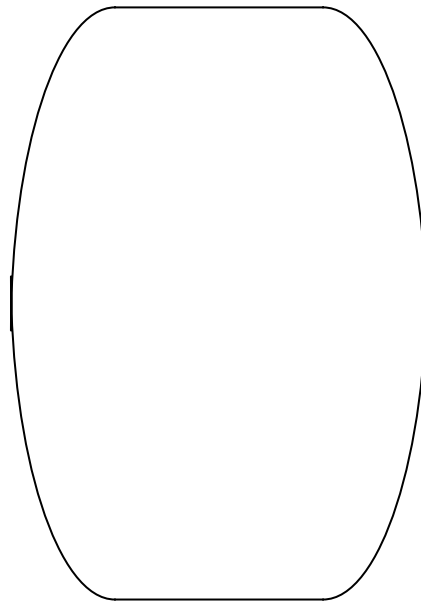
Boston group's array



Hemispherical Bowls used for Brain HIFU by Boston group

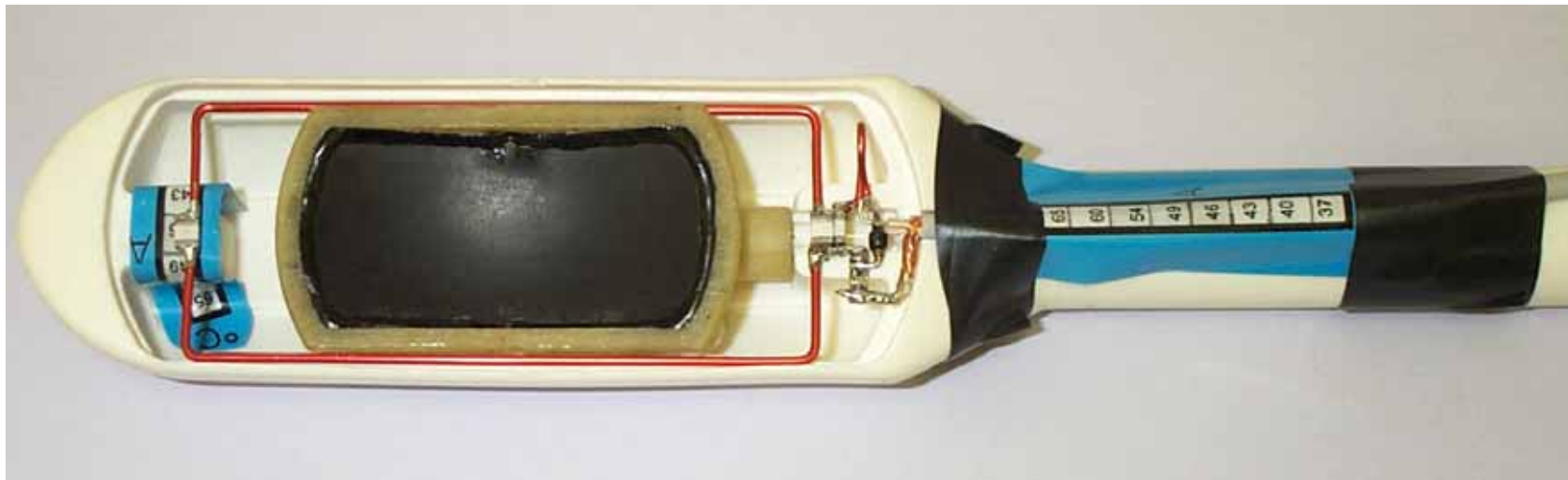


Truncated bowls



Transrectal (Imasonic) transducer

1.7 MHz, 4.3 x 2.1 cm “diameter”, 4.0 cm focal length



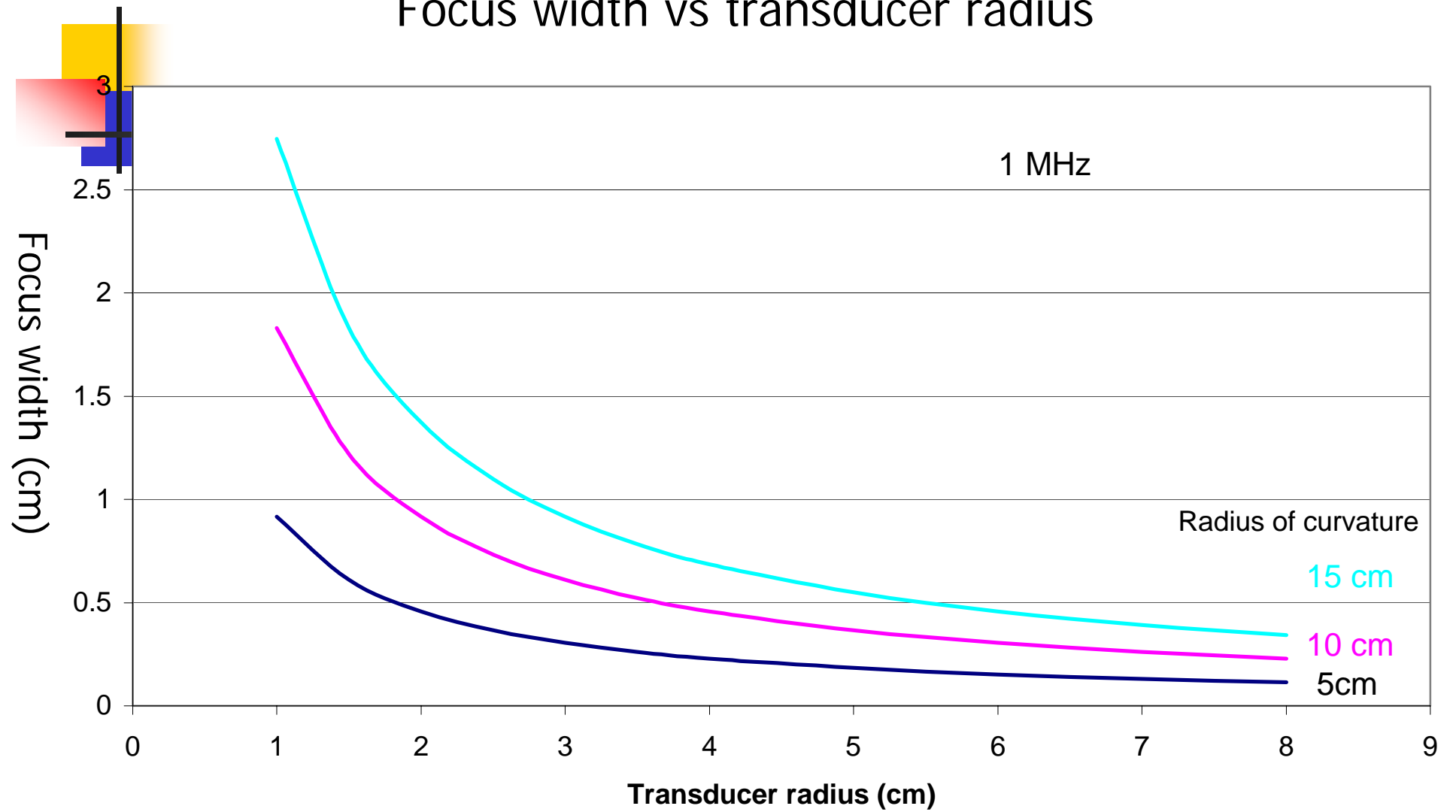
Focal (6dB) size: 3 x 2 mm dia. x 8 mm



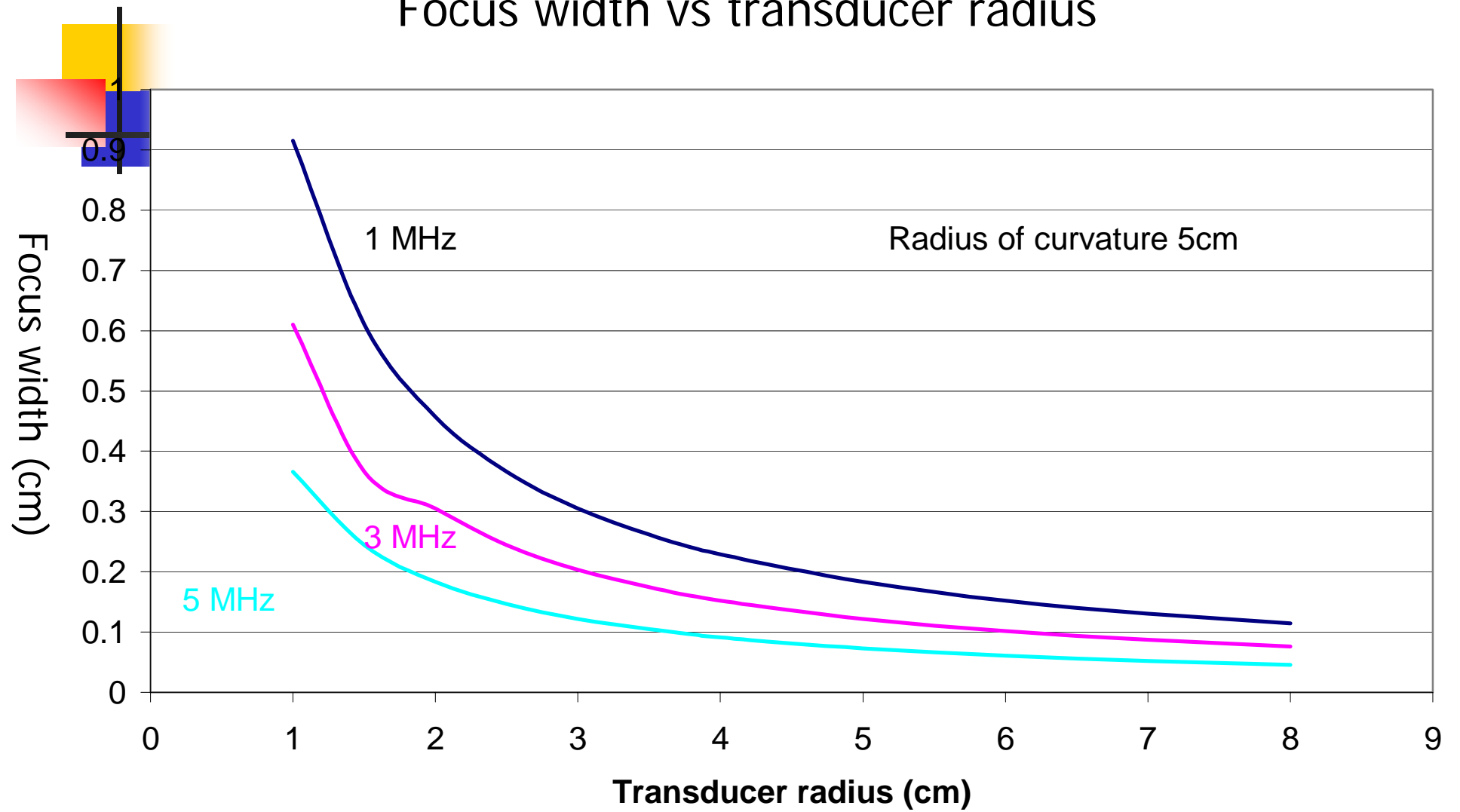
Design of a HIFU transducer

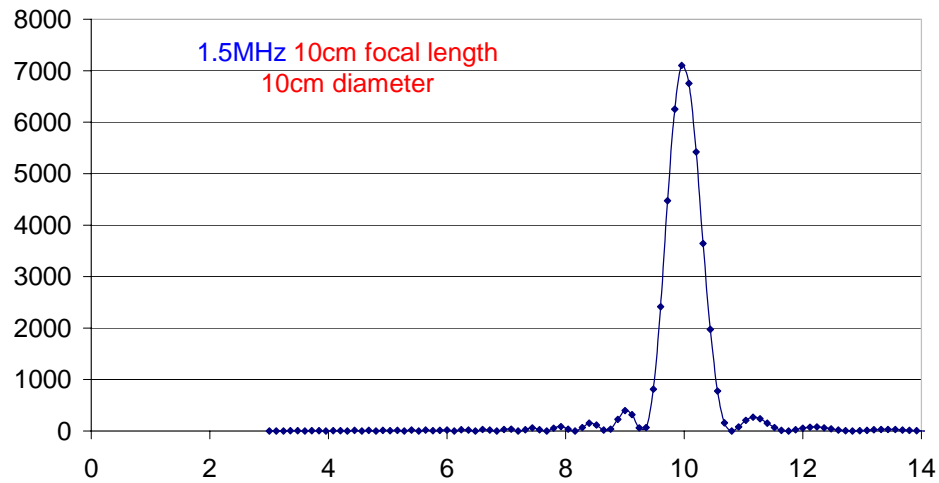
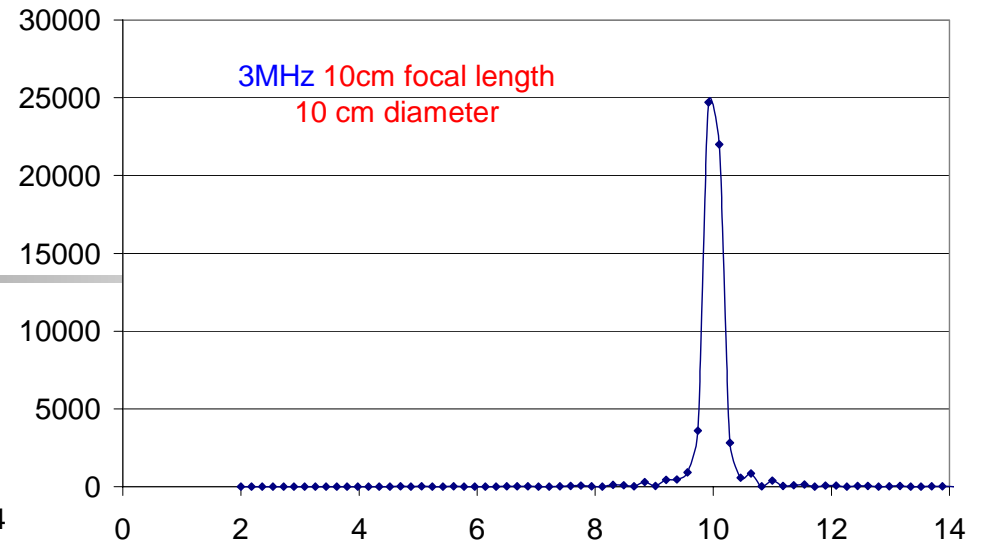
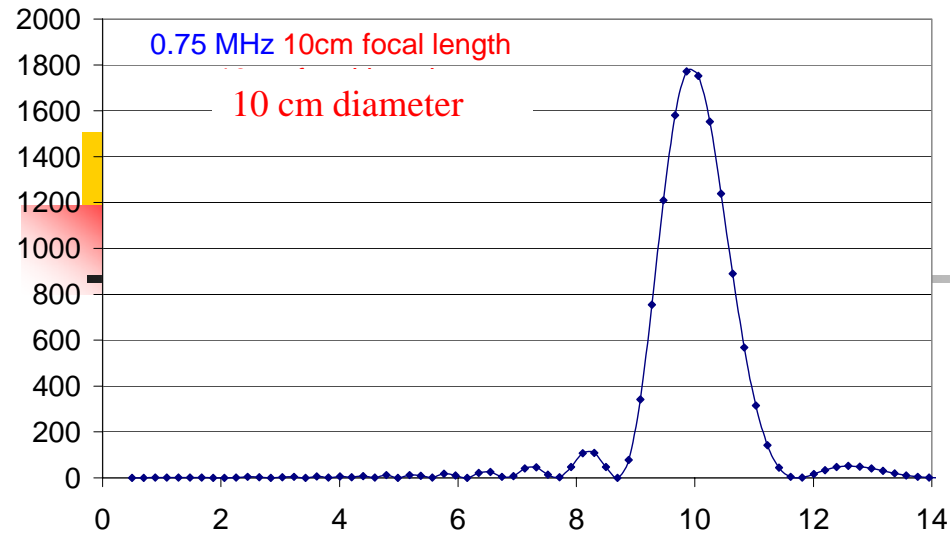
- To optimize :
 - Focal length (distance)
 - Focus length
 - Focus diameter (width)
 - F number
 - Side lobe level
 - Efficiency
 - Cooling
- By :
 - Frequency
 - Geometry
 - Type of material
 - Backing
 - Electrical matching
 - Acoustical matching

Focus width vs transducer radius

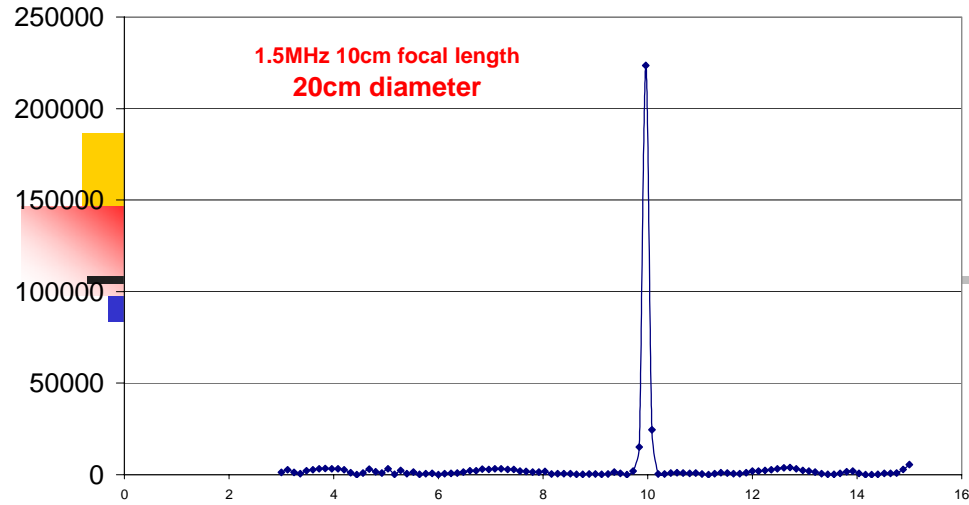


Focus width vs transducer radius

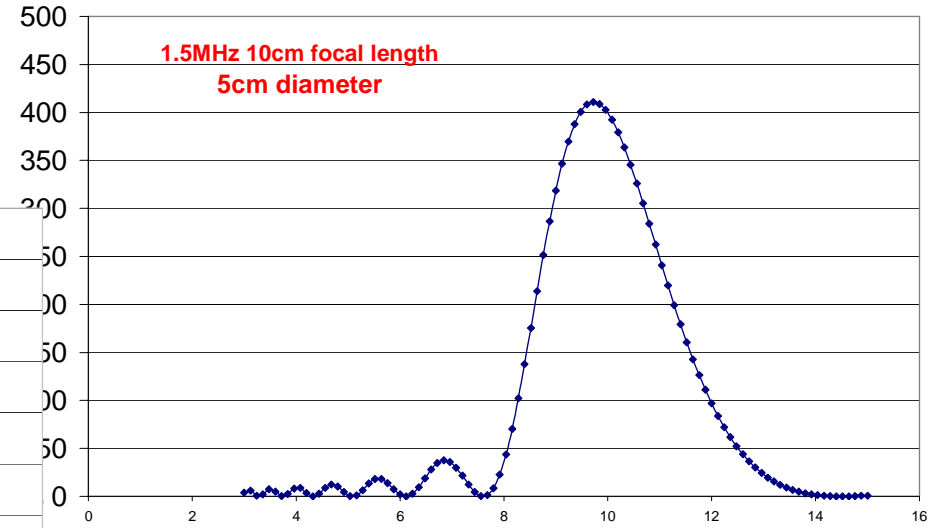
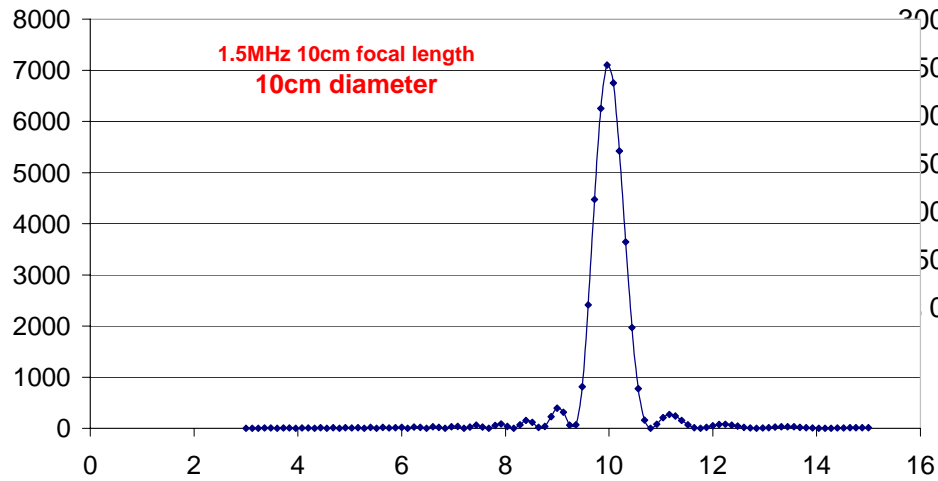


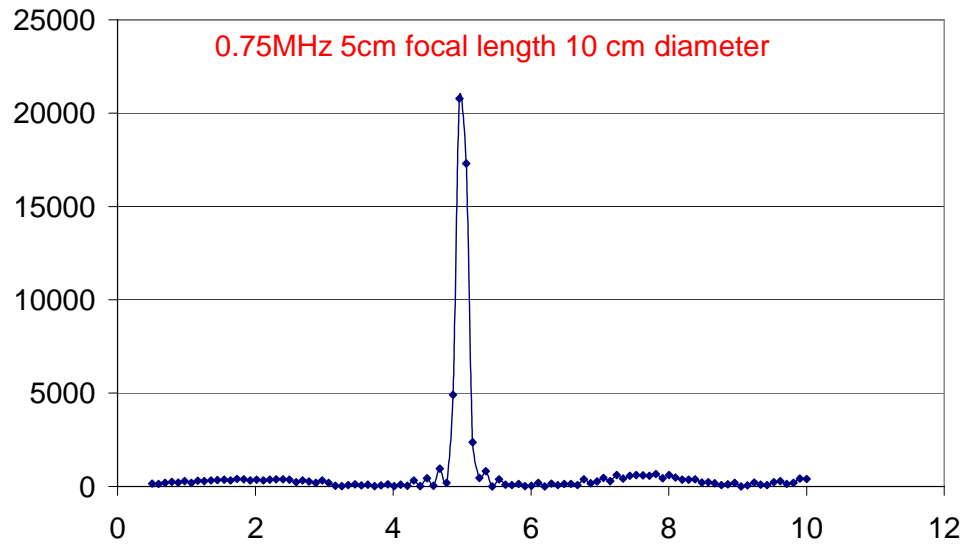
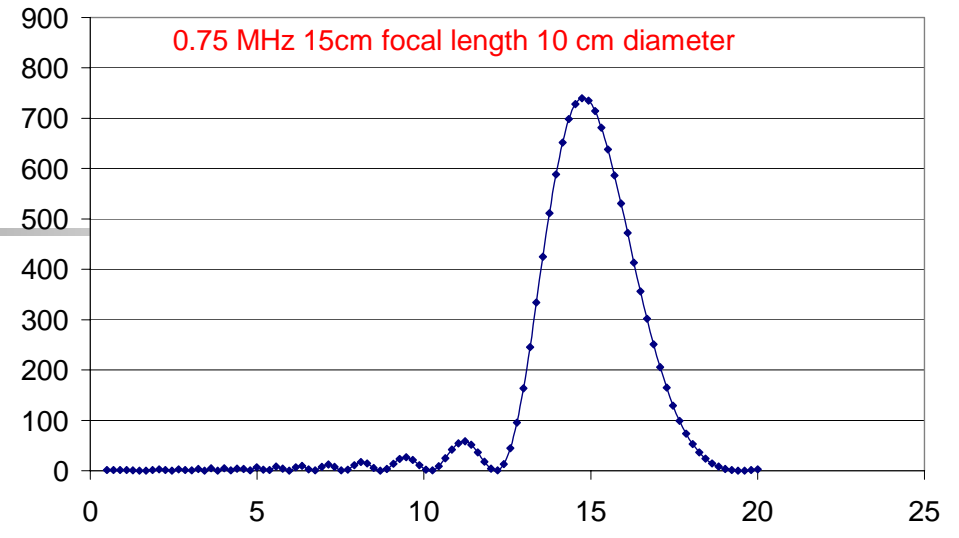
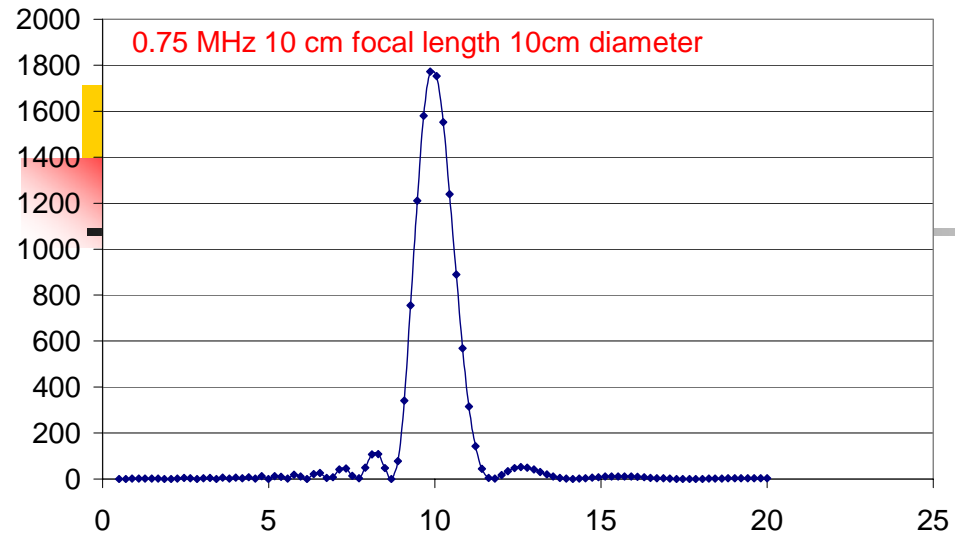


Effect of frequency



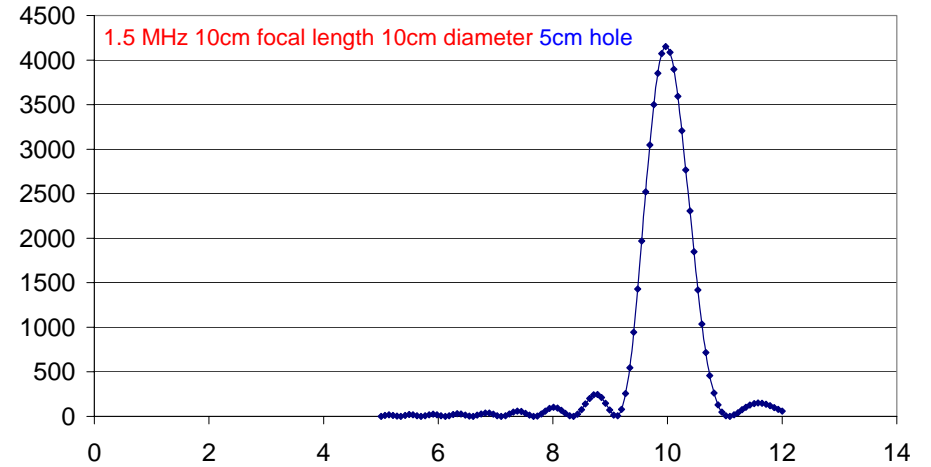
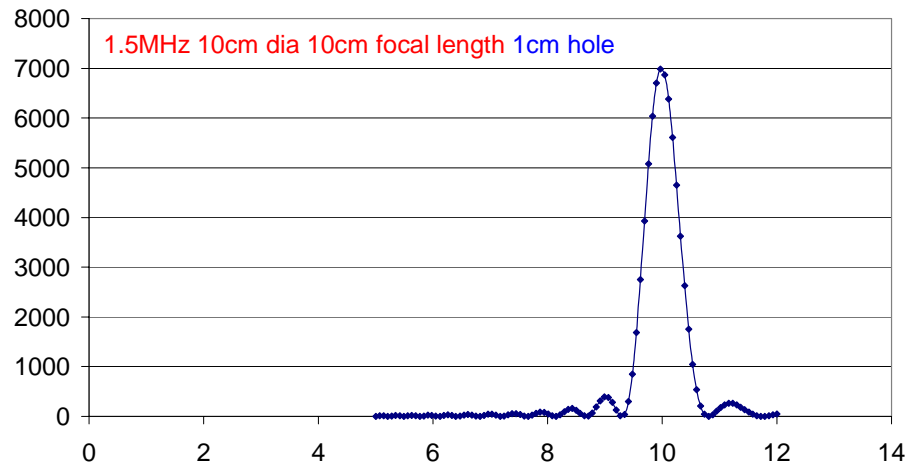
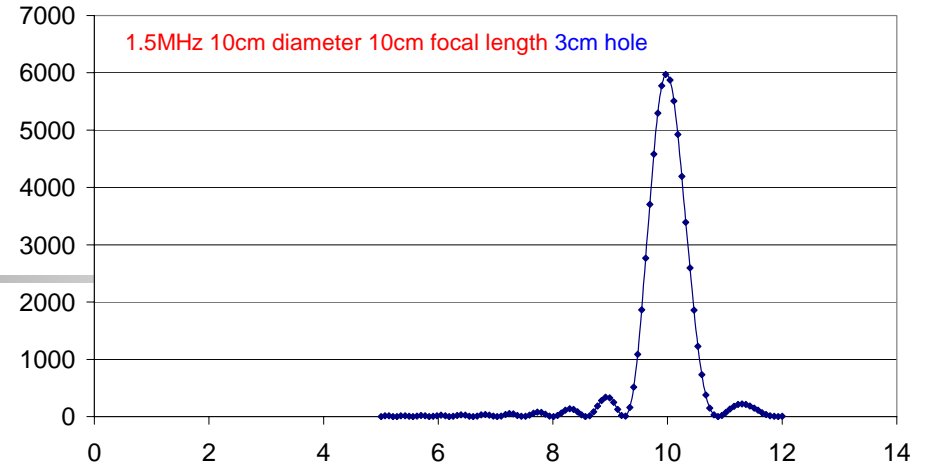
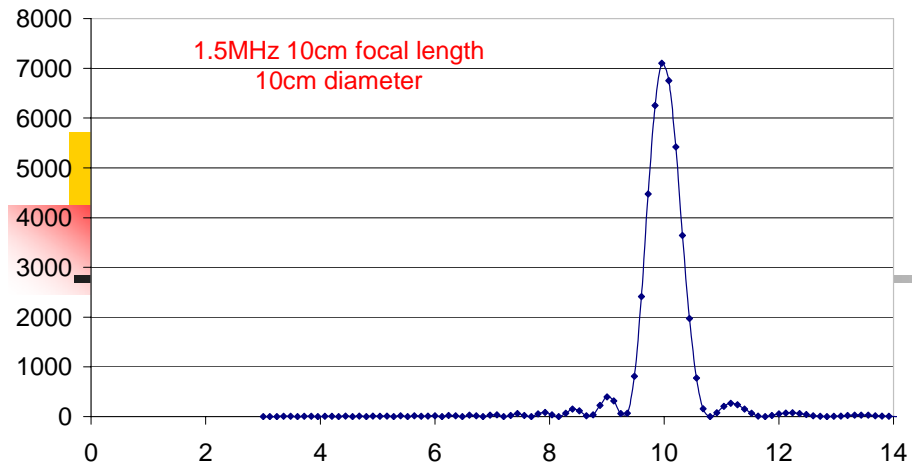
Effect of transducer diameter





Change in focal length

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Effect of central hole size

Impedance matching

Matching the electrical impedance
of the transducer
to its driving electronics
(*usually 50 Ω*)



Coupling Media



Coupling Media :requirements

1. Low reflectivity, high transmission
2. Ability to conform to skin surfaces
3. Ability to move the treatment head
within it/in contact with it
4. Low gas content



Coupling Media :requirements

5. Controllable temperature
6. Ability to be contained
7. Plentiful and cheap
8. Sterility
9. Inert
10. Low attenuation coefficient

water is pretty good coupling media

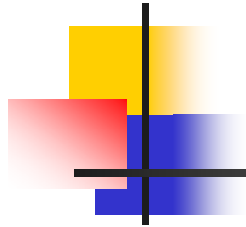
Chap.8-2

The foundation of HIFU treatment cancer

——Biological effects of different tissues/tumor

Li Faqi

Department of Biomedical Engineering
Institute of Ultrasonic Engineering in Medicine
Chongqing Medical University



The investigate on HIFU biological effects is
the base of HIFU treatment tumour.

Feasibility

Safety

Effectiveness



The physical mechanisms of HIFU biological effects

■ Thermal

□ Mechanical effect

-56°C 1s

■ Cavitation

-Complex, and unpredictable

-Mechanical damage

-Tissue vibrate

-Stable cavitation and inertial cavitation

-Dependent on frequency, negative pressure amplitude and intensity

-May damage tissue

-May enhance heating

-May aid imaging

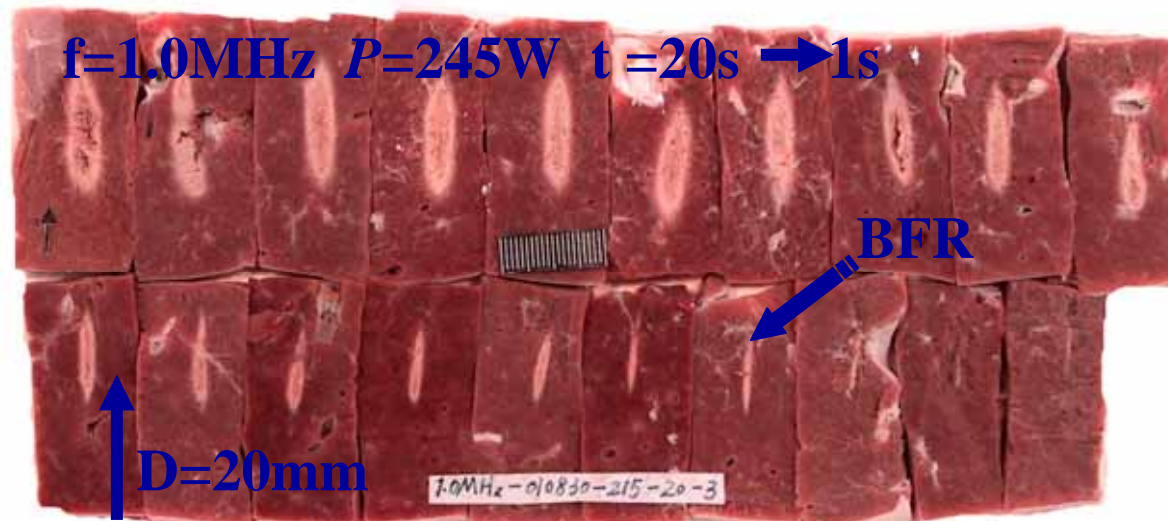
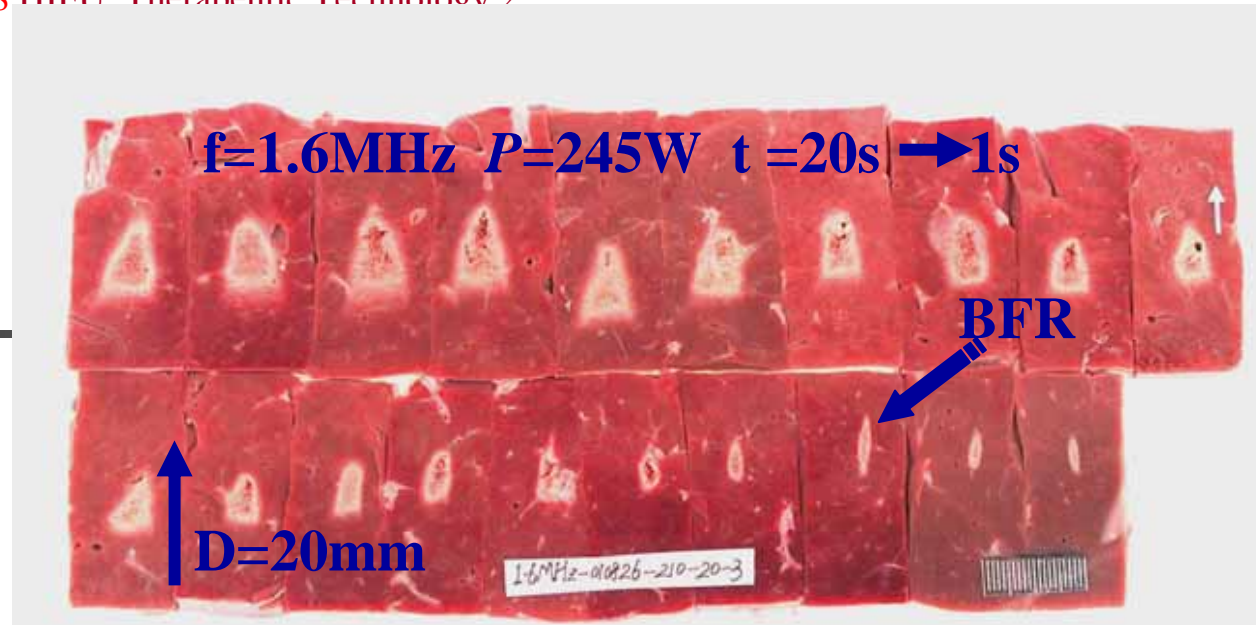
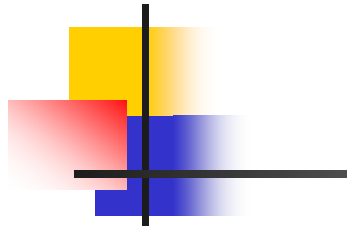


Approaches

- Objects
 - Cell、Phantom、in vitro tissue 、in vivo animal、Bearing-tumour animal
- Characteristics of test system
 - Acoustic field 、output (frequency、 waveform、acoustic power) 、focal length
- Evaluating methods
 - Macrography、histopathology、molecular biology、imaging



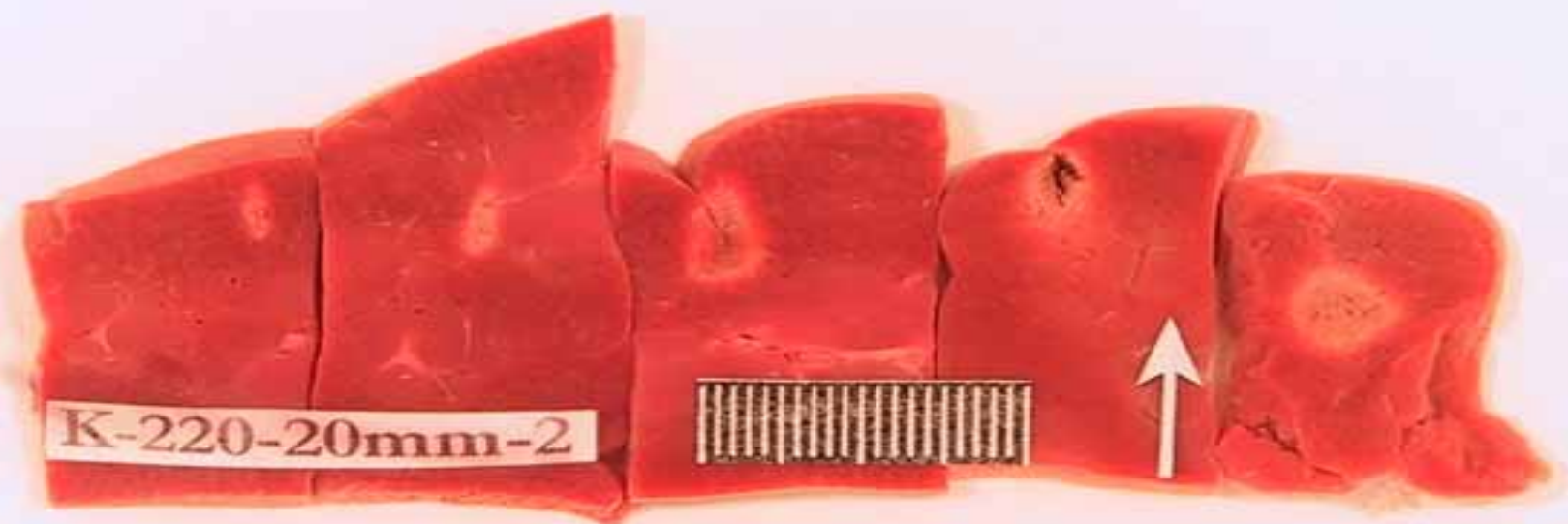
Biological effects of HIFU in *in vitro* tissue



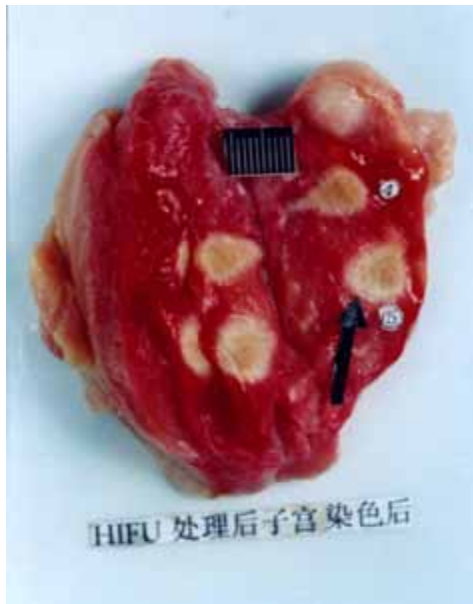
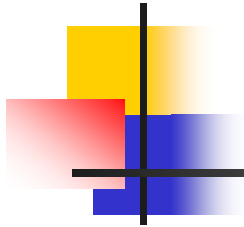
For a same acoustic power and at a same focal depth in tissue, BFR induced in ox liver with HIFU of different frequency and exposure time.



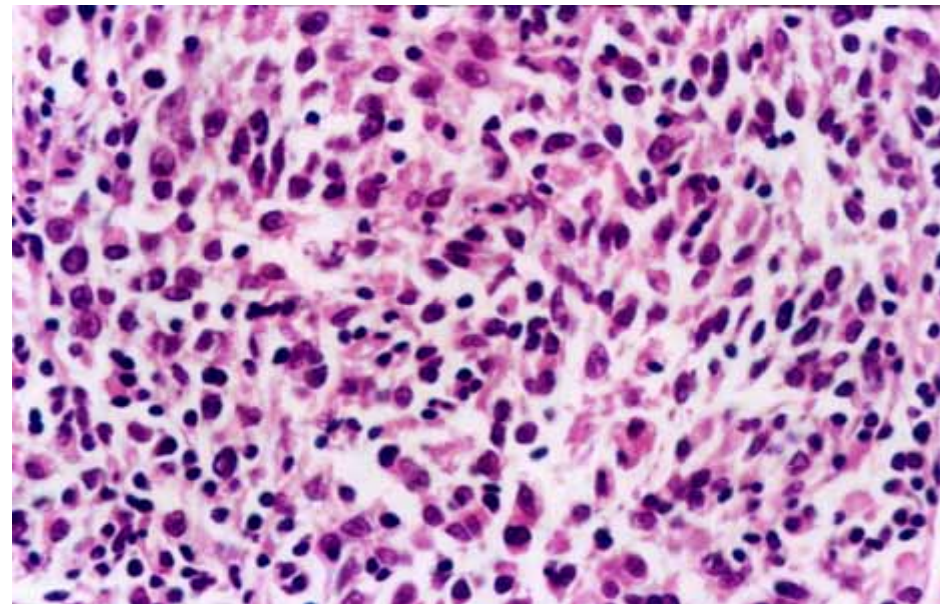
in vitro muscle



in vitro kidney



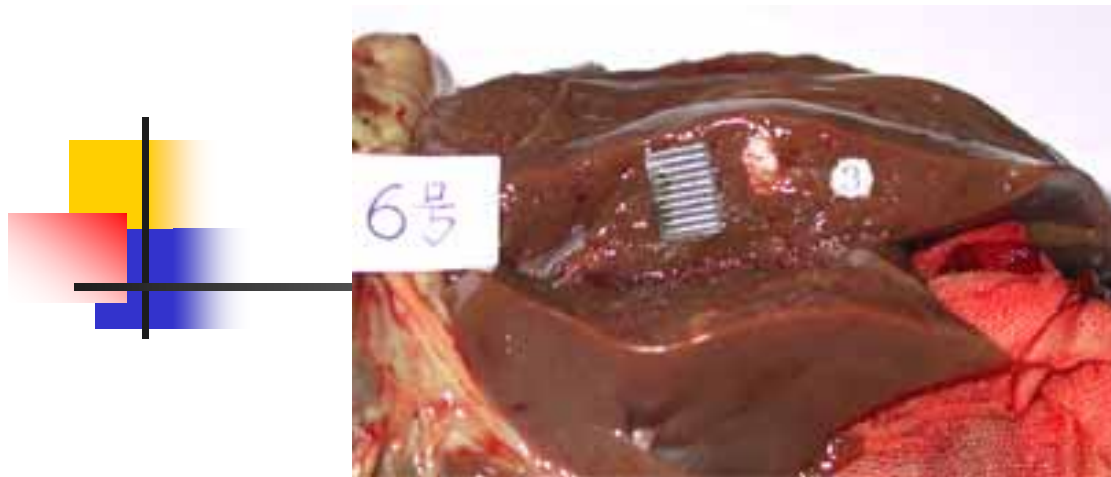
The human uterus sample



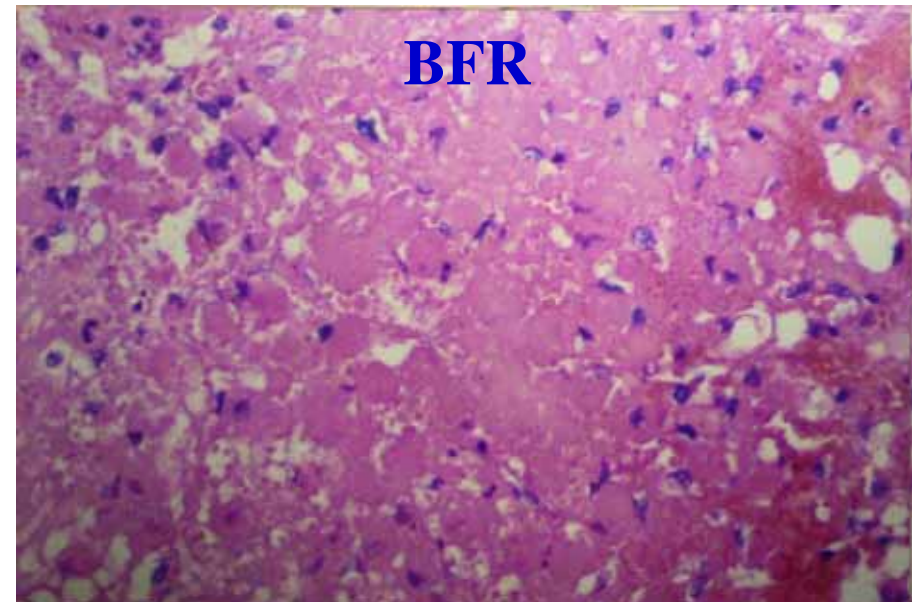
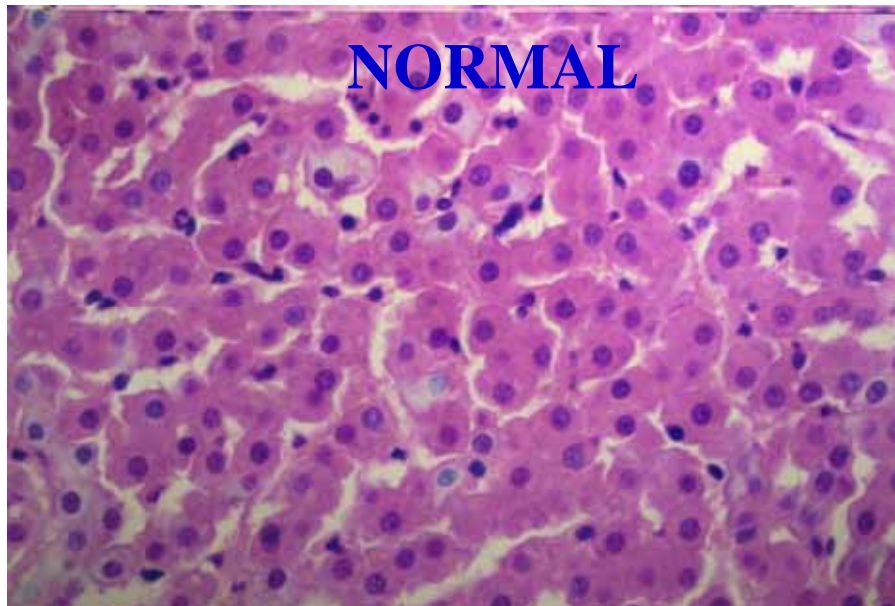
Histopathological change after HIFU (HE × 400)



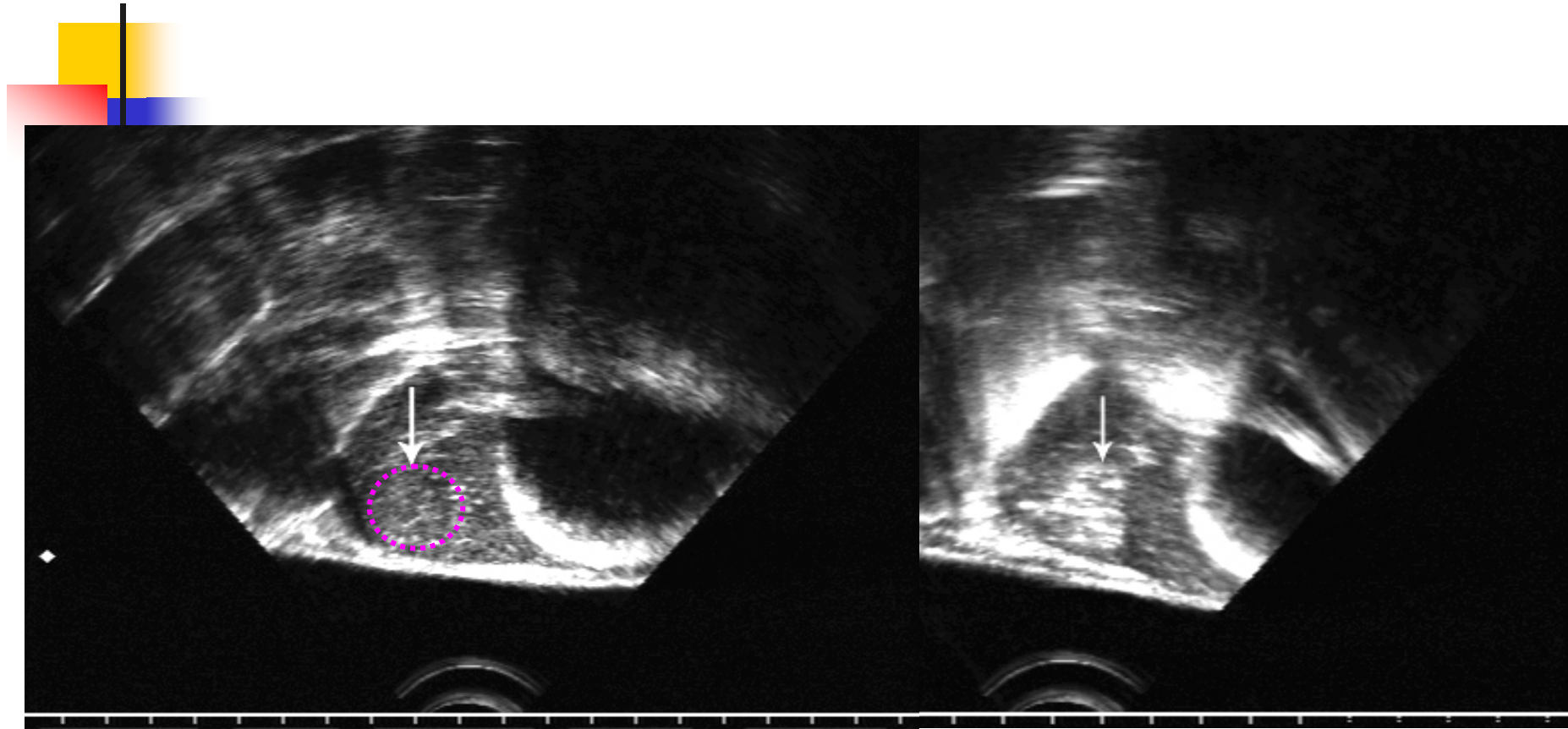
Biological effects of HIFU in *in vivo* tissue/tumor



Coagulative necrosis induced in pig liver by HIFU



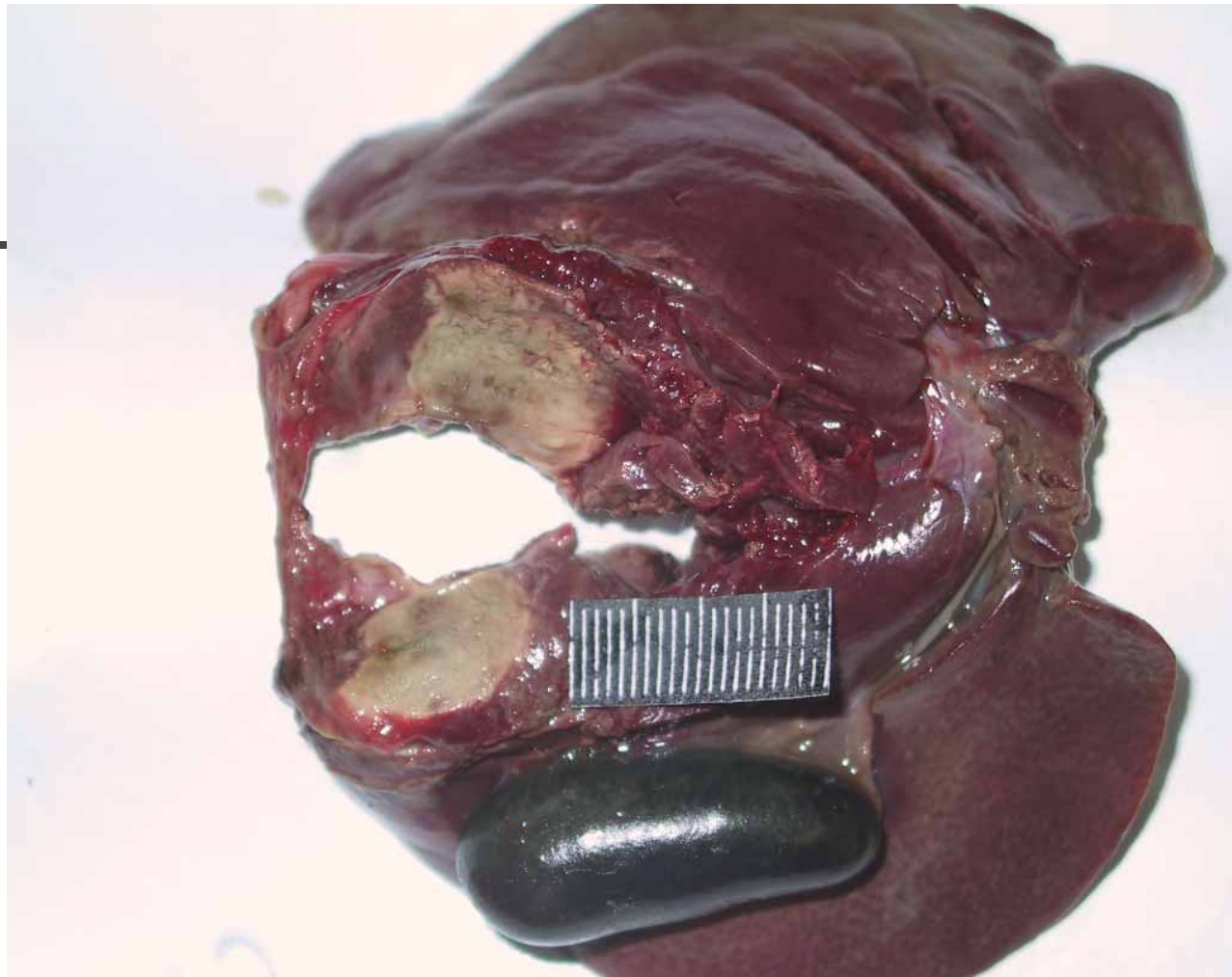
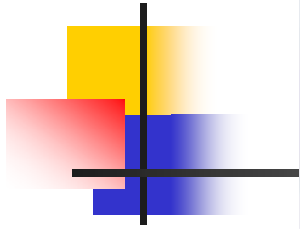
Histopathological change of the normal and coagulative necrosis induced in pig liver by HIFU (HE \times 400)



Before HIFU

After HIFU

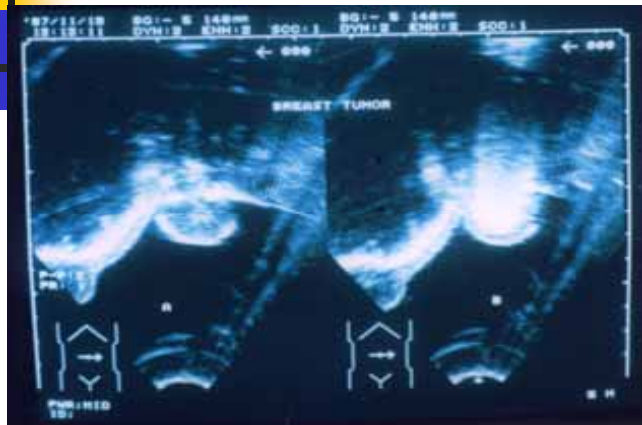
Real time ultrasound monitoring HIFU therapy of rabbit's liver tumor



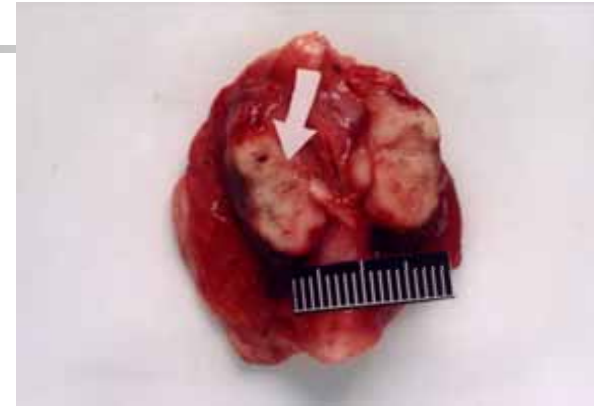
Rabbit liver tumor treated by HIFU (TTC staining)



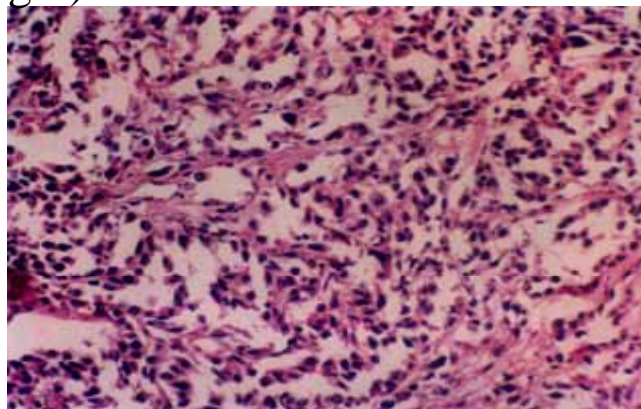
Implanted breast cancer of rabbit



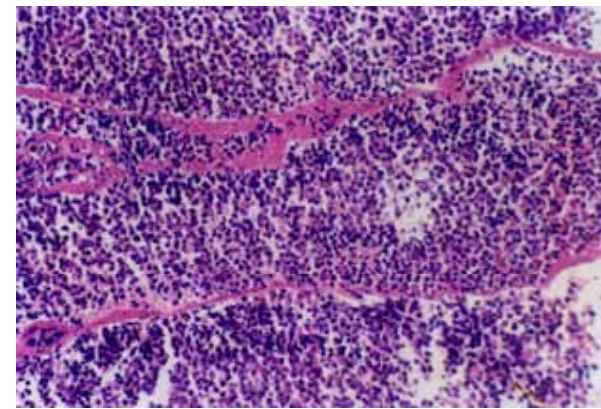
US image before (left) and after (right) HIFU treatment



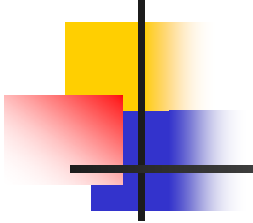
Implanted breast cancer of rabbit treated by HIFU



Histopathology after HIFU treatment implanted breast cancer (HE \times 200)



Histopathology 10 days after HIFU treatment implanted breast cancer (HE \times 400)



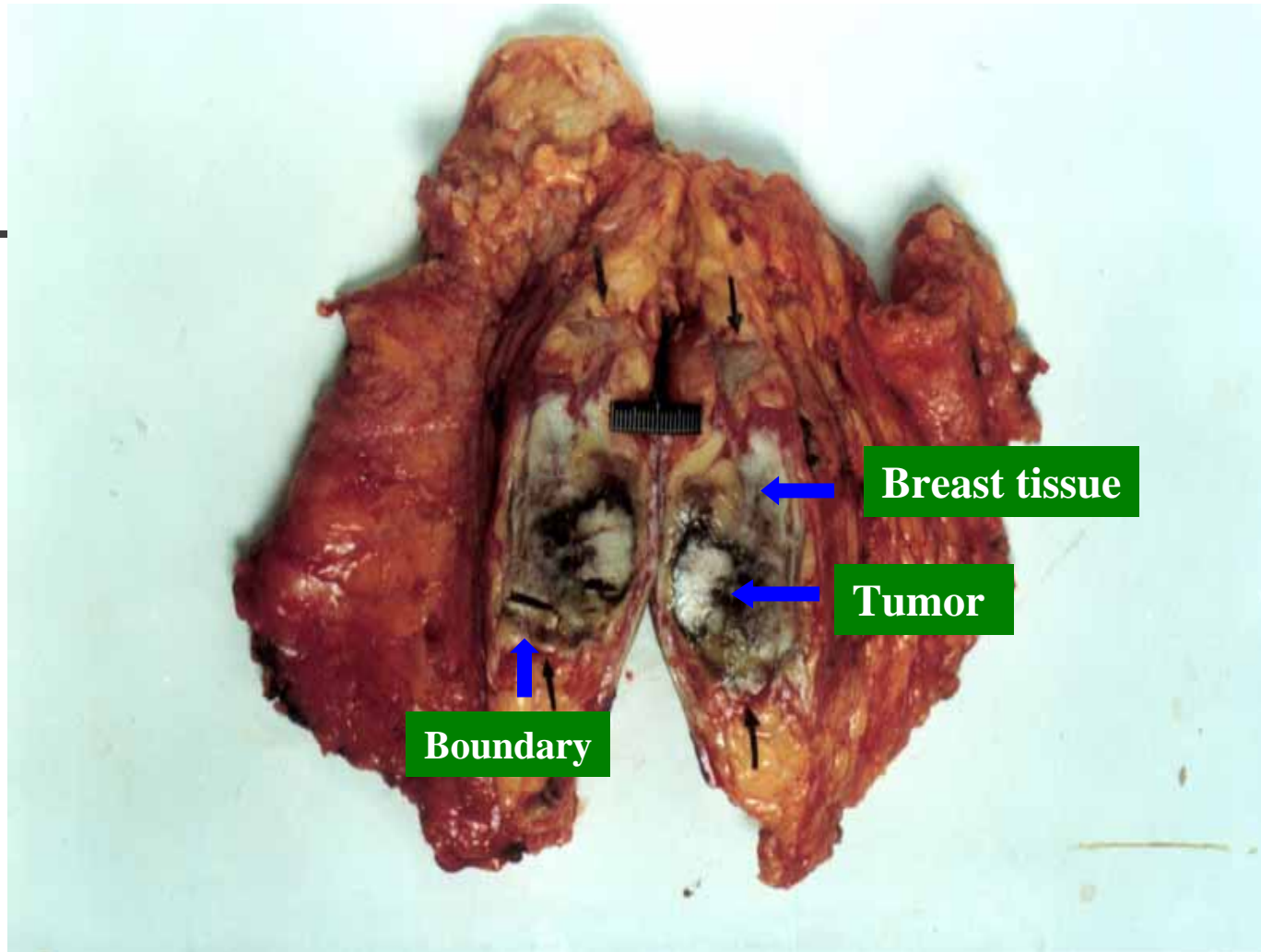
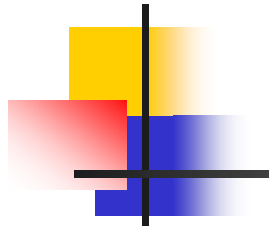
Survival, recrudescence and metastasis after HIFU treatment implanted breast cancer of rabbit

Group	Survival data (d)	Livability in 8 month %	Recrudescence rate %	Metastasis rate %
HIFU	190.6 ± 79.8*	70*	20*	20*
Surgery	174.4 ± 87.7* §	60* §	30* §	30* §
Control	62.2 ± 18.2 §	0 §		100 §

*HIFU compared with Surgery $p < 0.05$

HIFU compared with Control $p < 0.05$

§ Surgery compared with Control $p < 0.05$

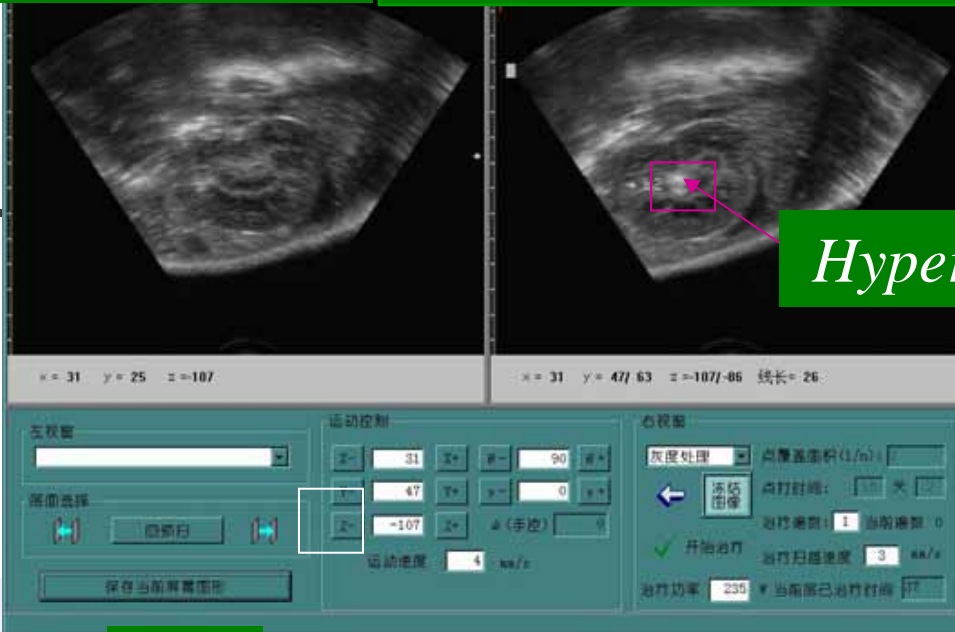


Sample got by surgery after HIFU treatment **human breast cancer** in over- range (1.5-2.0 cm)

Before HIFU

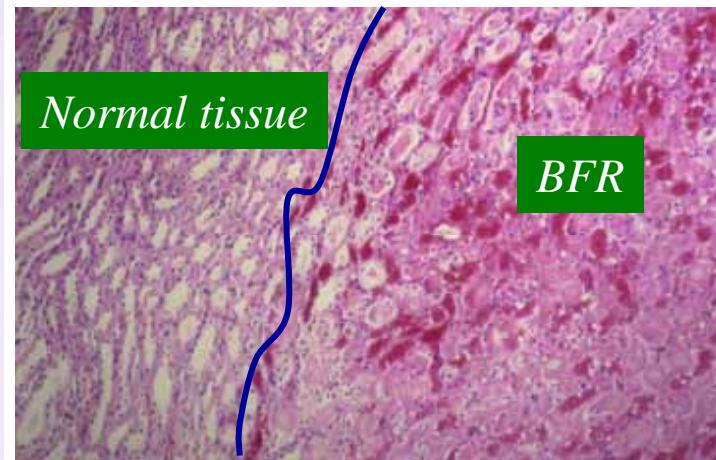
Immediately after HIFU

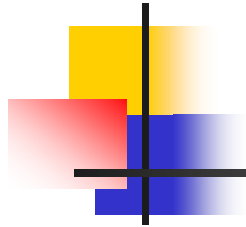
Goat kidney



Hyperechoic region

BFR

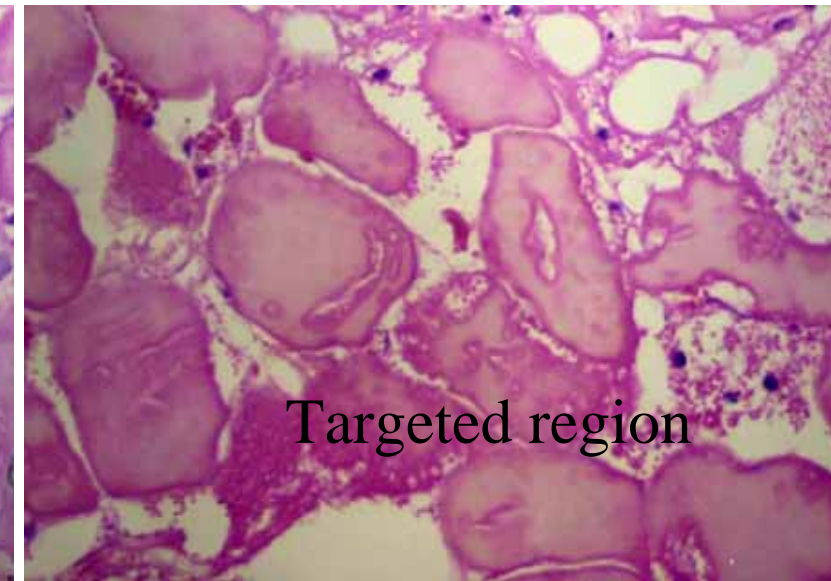
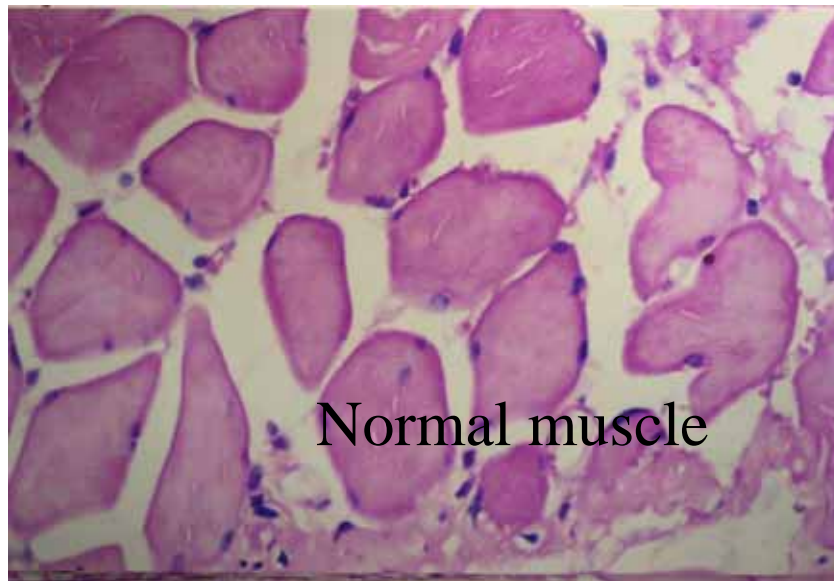
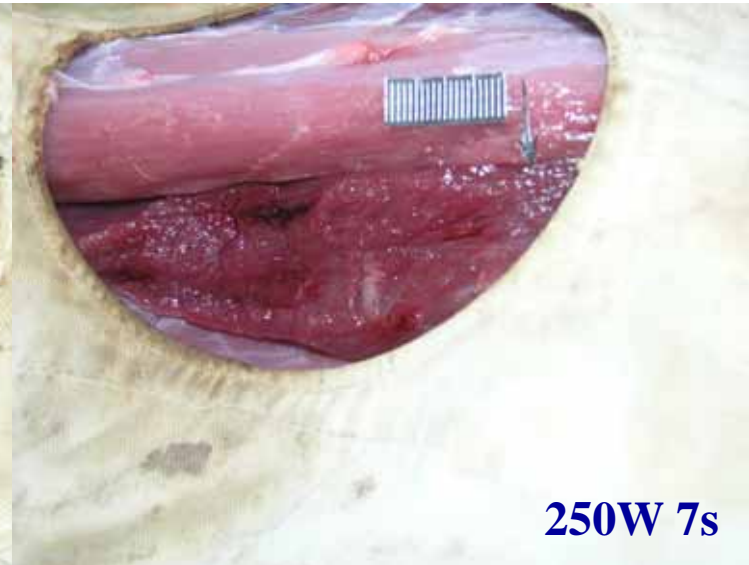
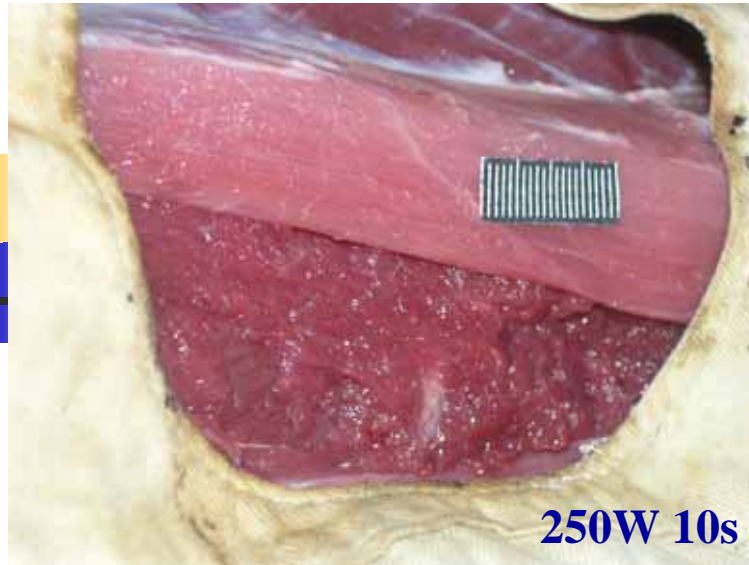
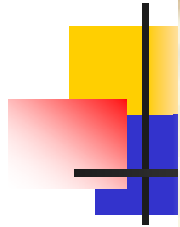




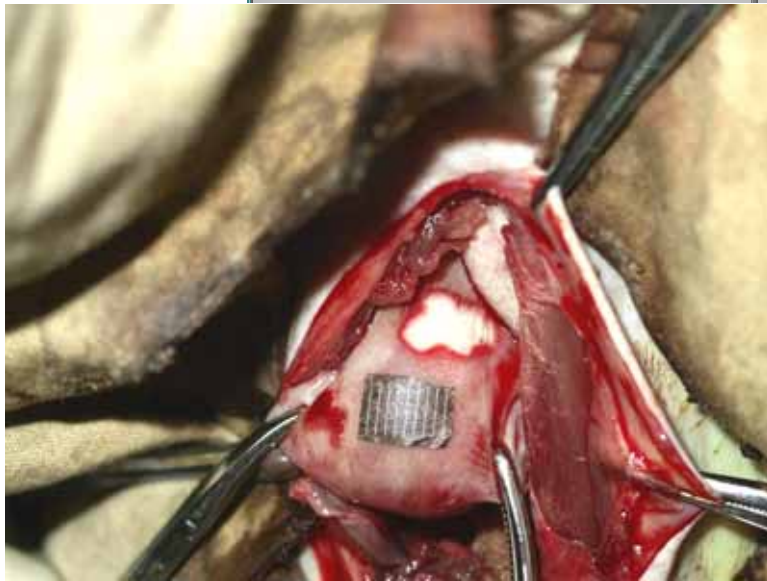
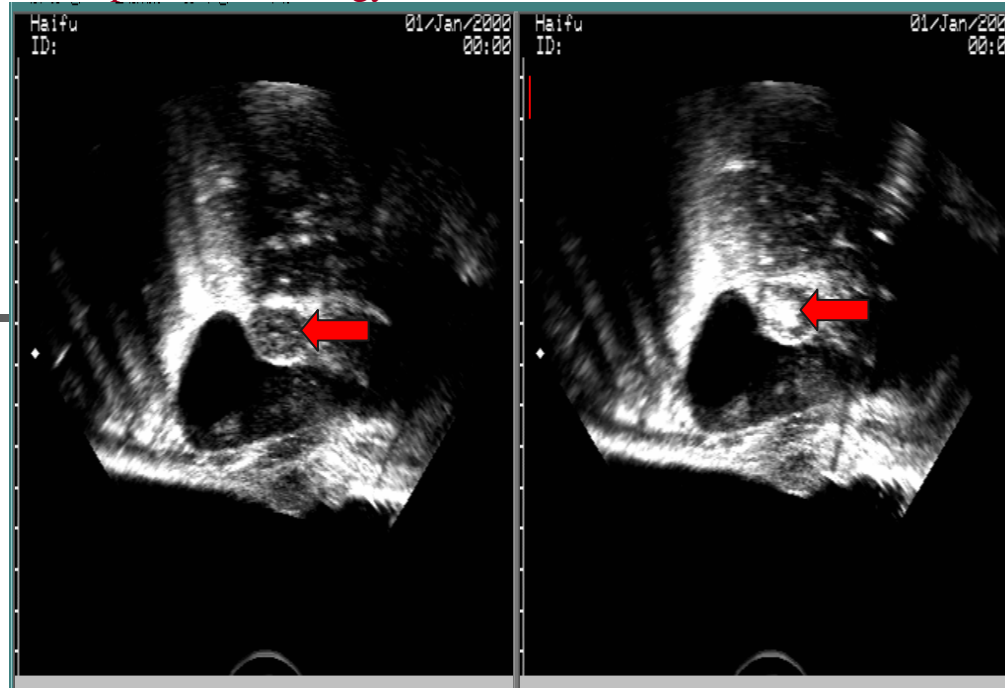
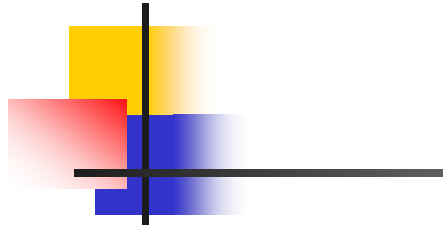
Case of pulmonary metastasis after HIFU treatment implanted VX2 kidney cancer of rabbit

Object	Control	treatment
Recrudescence rate %	100	33*
Number of metastasized nodus	51.69±34.09	6±4.24*

* $p < 0.05$

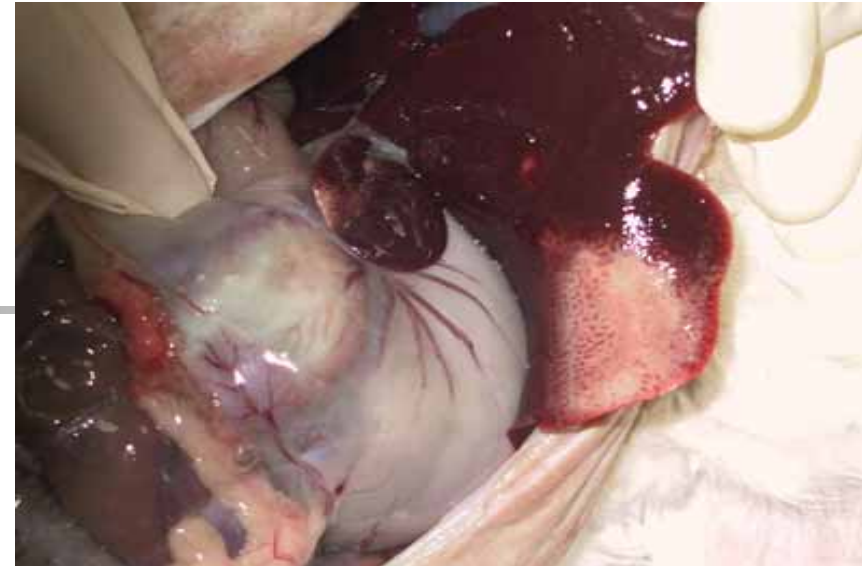
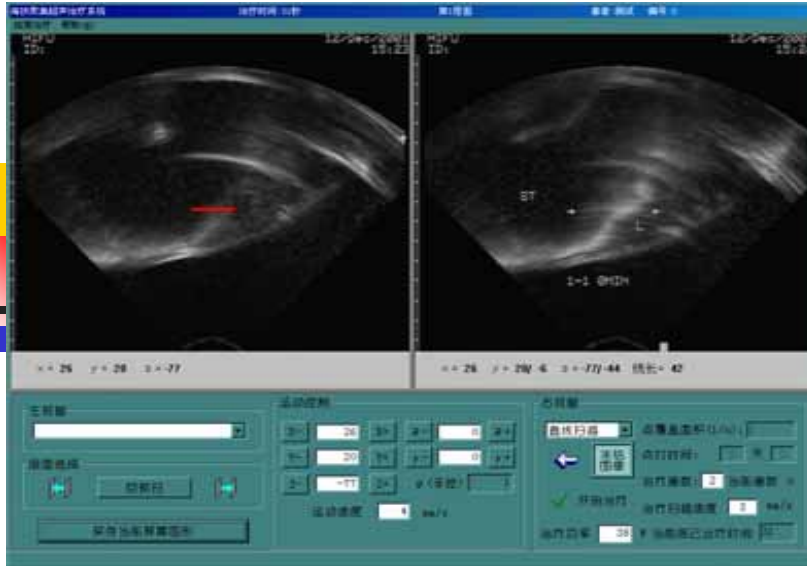


Coagulative necrosis induced in goat muscle by HIFU (top) and histopathology (bottom)



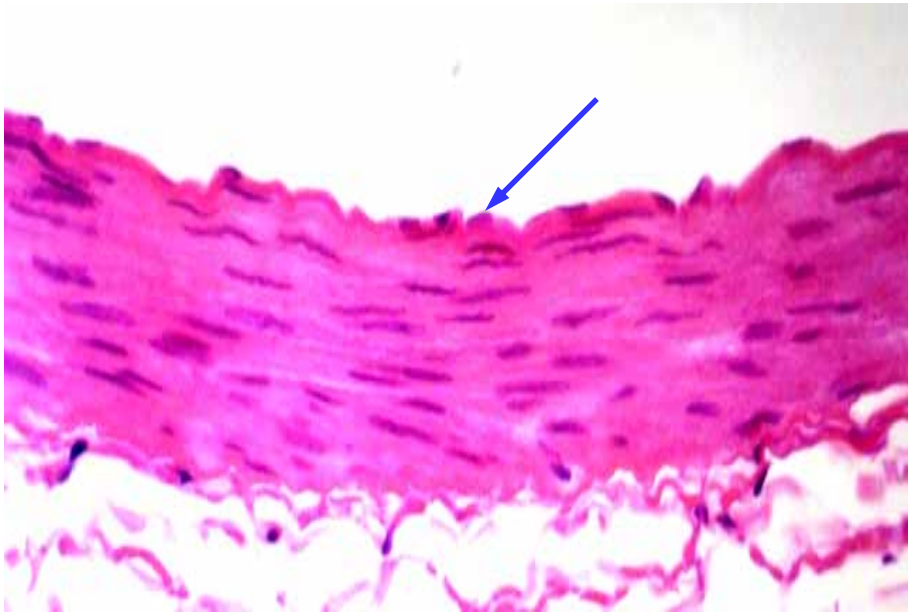
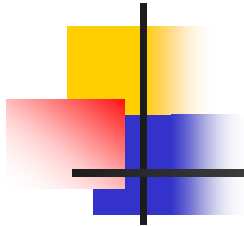
US image before and after HIFU damage the like leiomyoma hyperplasia of mokey's uterus and coagulation necrosis

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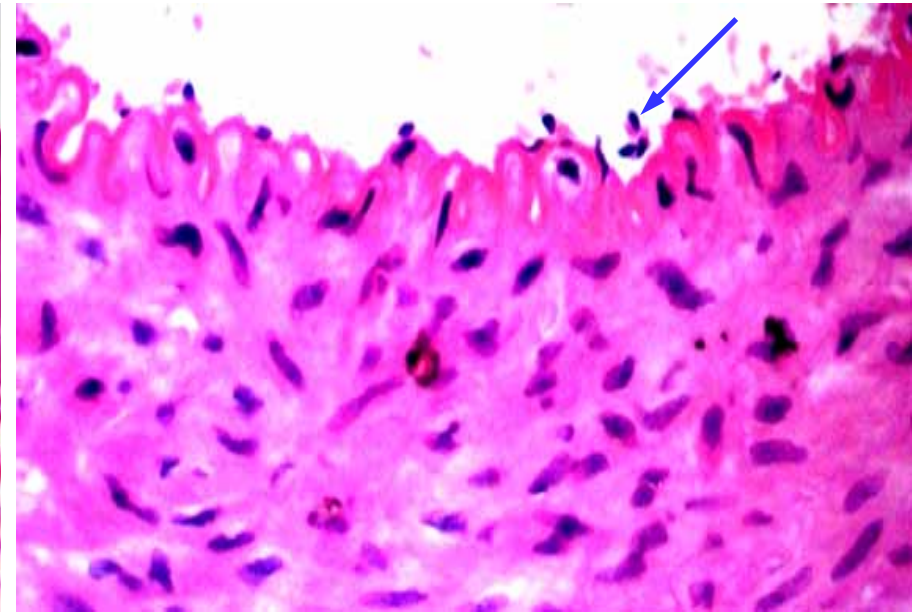


Stomach wall tissue in targeted region
(left :mucosa side, right: serosa side)

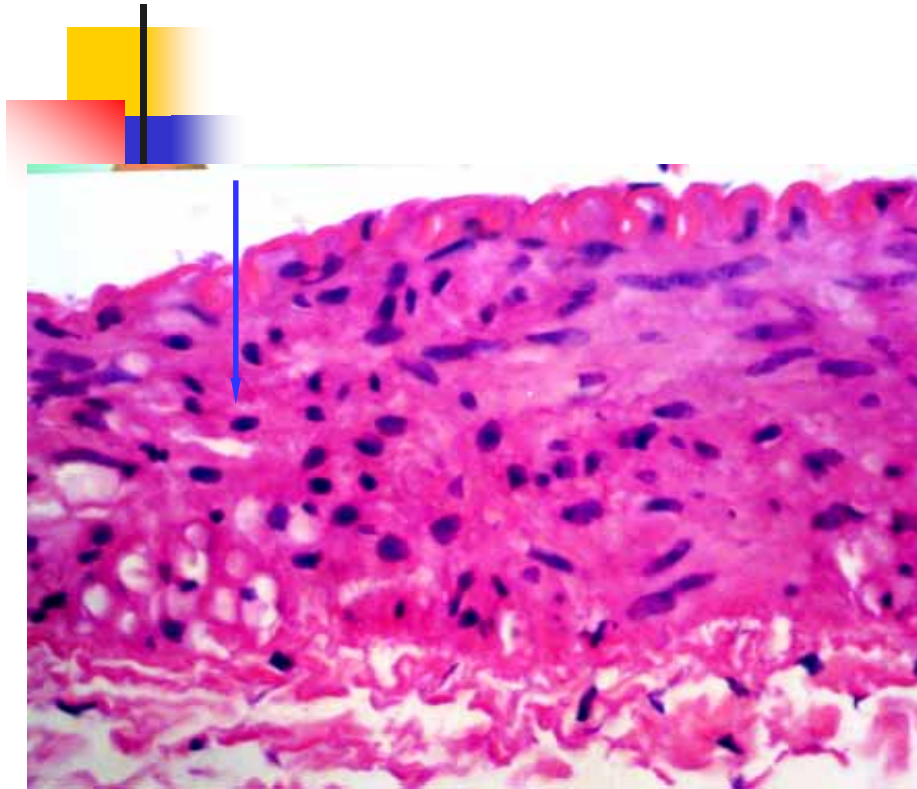
The targeted region tissue tend to be trespis



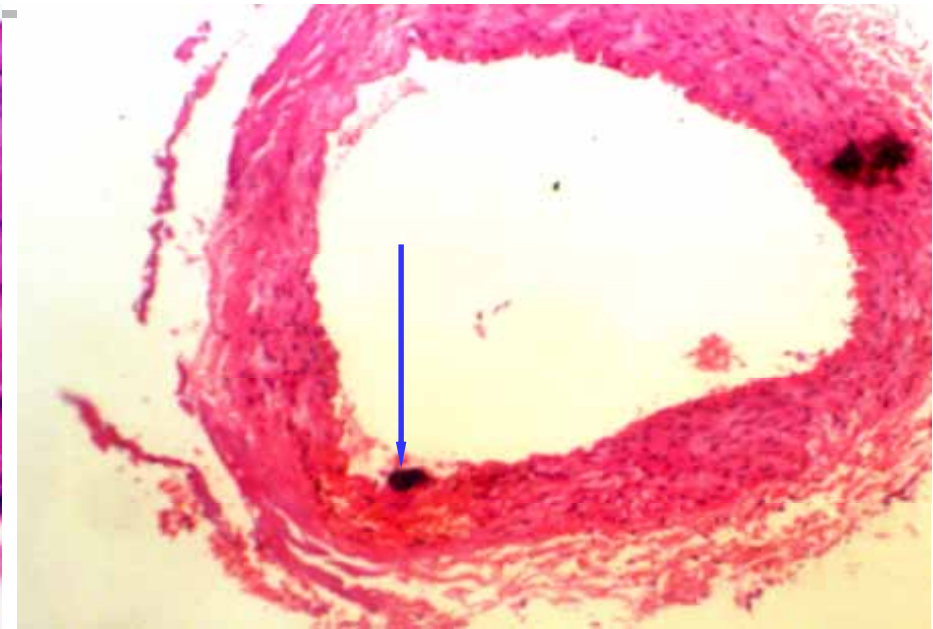
The structure of endothelial cells were integral before HIFU, HE, × 400



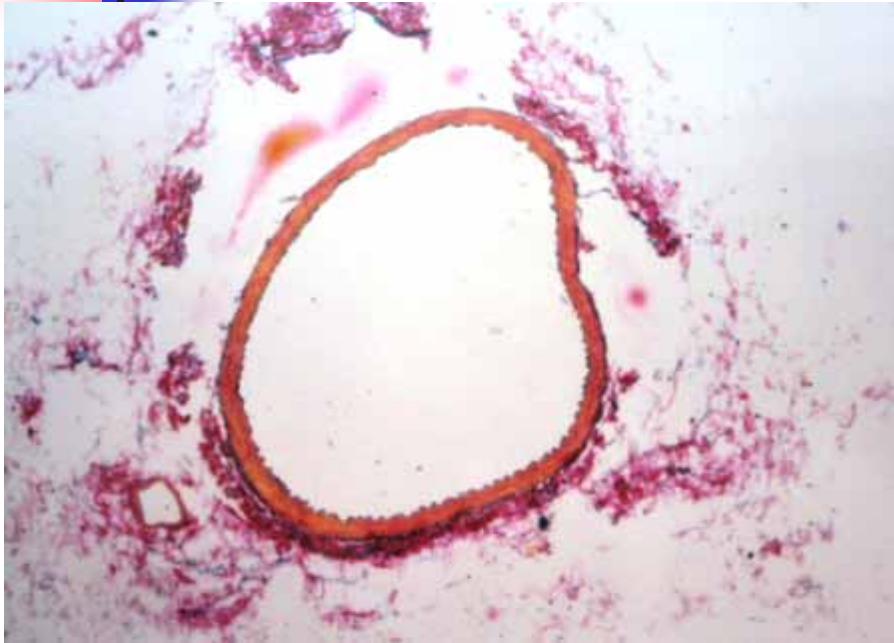
After HIFU irradiation, all endothelial cell were disappeared, HE, × 400



Pyknosis of smooth muscle cells
HE, $\times 400$



Tiny thrombosis and formed calcification
were observed, HE, $\times 100$



vascular elasticity fibrin was normal before HIFU, $\times 40$



vascular elasticity fibrin collapsed after HIFU , $\times 40$

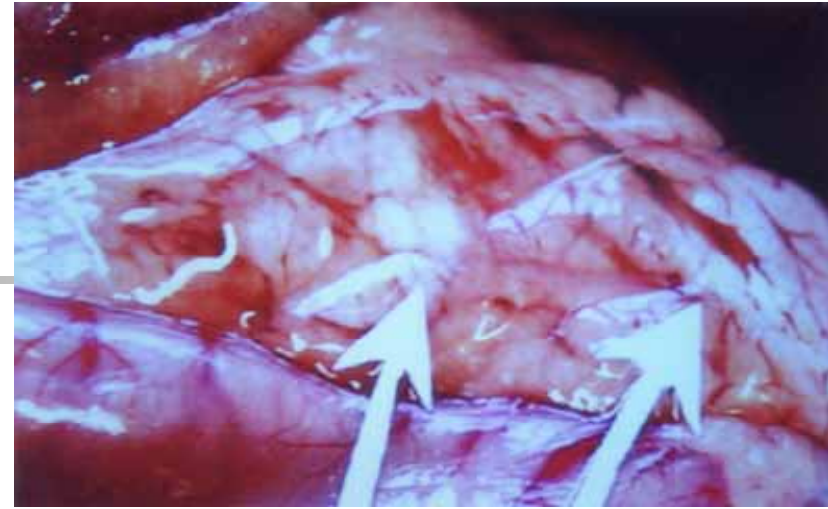


Blood flow was blocked after HIFU immediately, $10000\text{W}/\text{cm}^2$

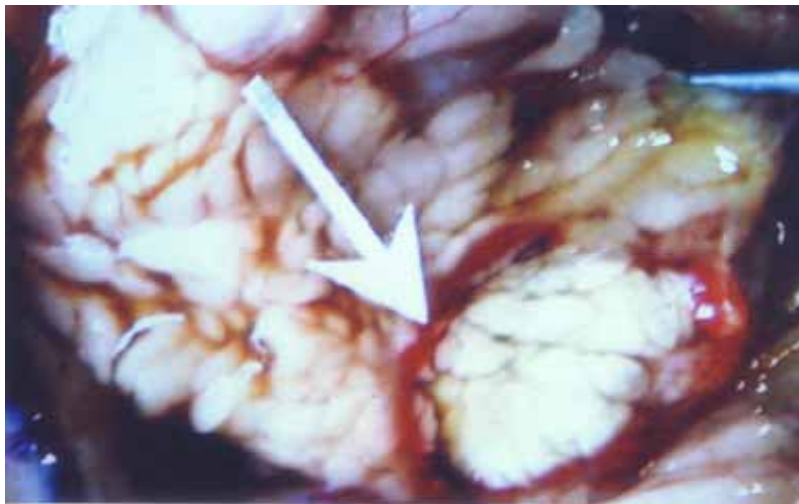
Blood flow obviously after HIFU 3rd, $10000\text{W}/\text{cm}^2$



Normal pancreas



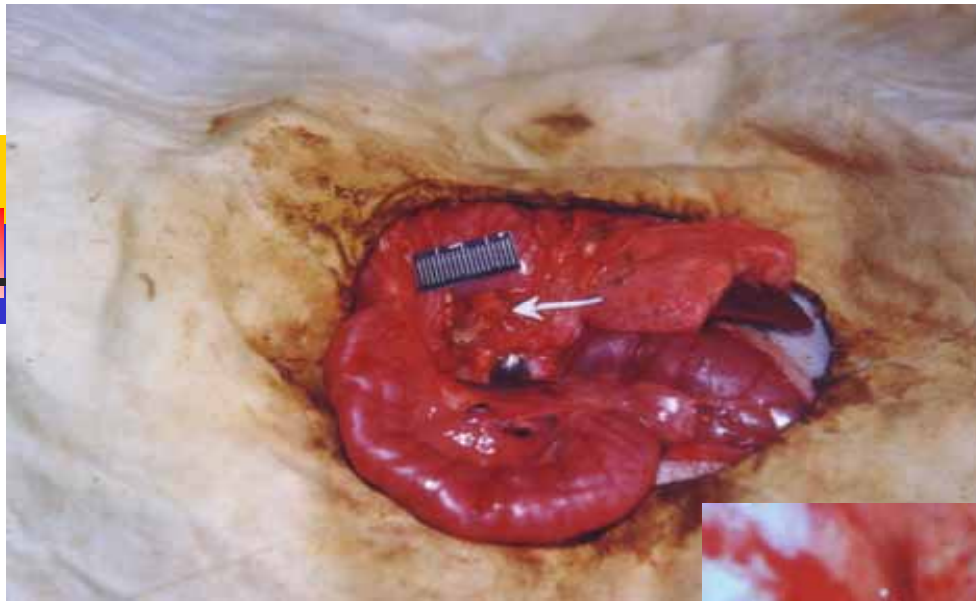
Immediately after HIFU



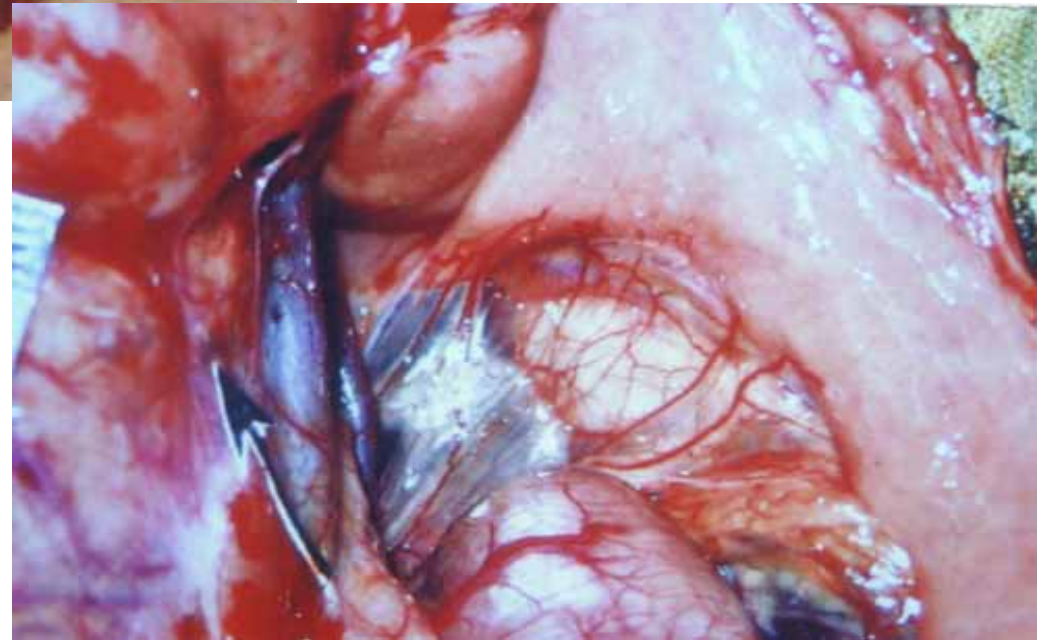
3 days after HIFU treatment



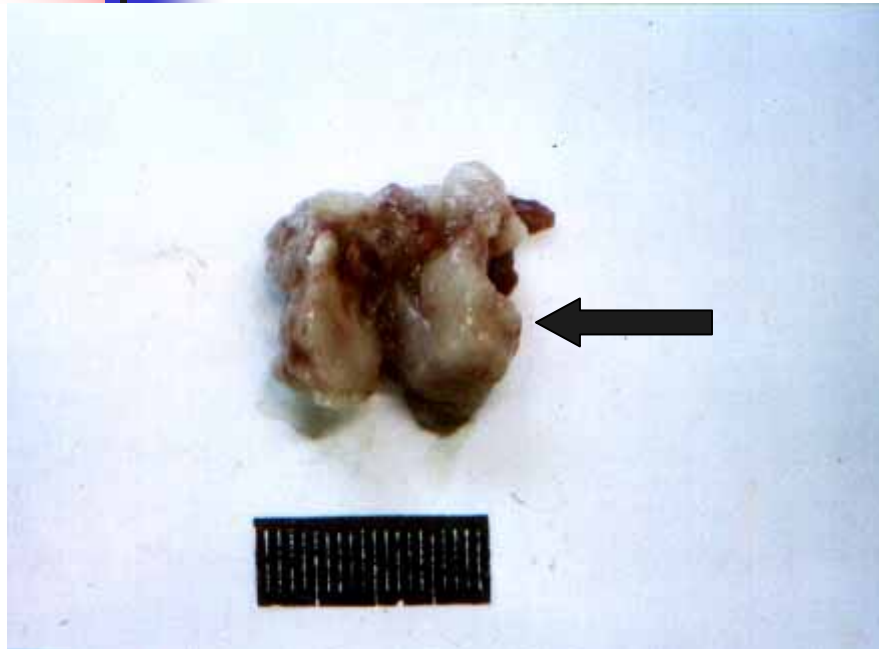
7 days after HIFU



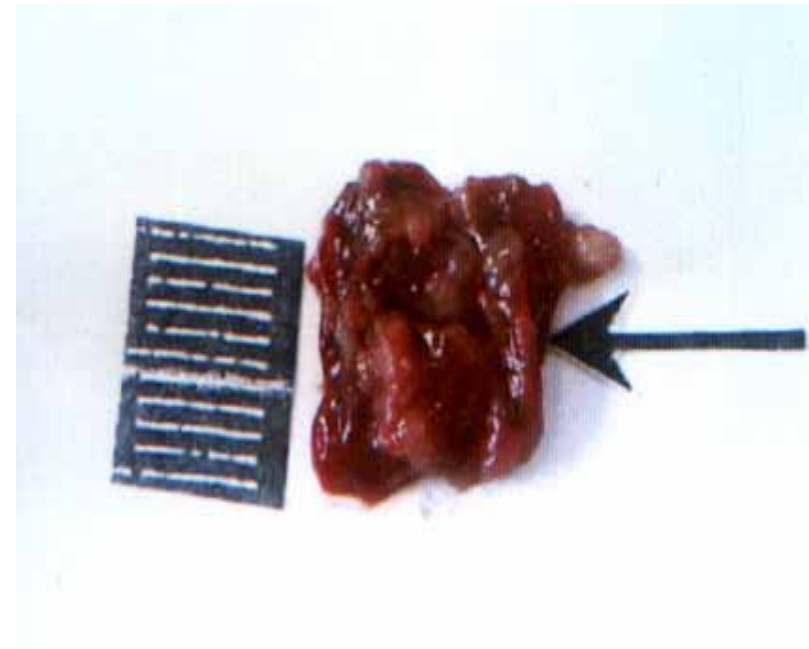
14 days after HIFU



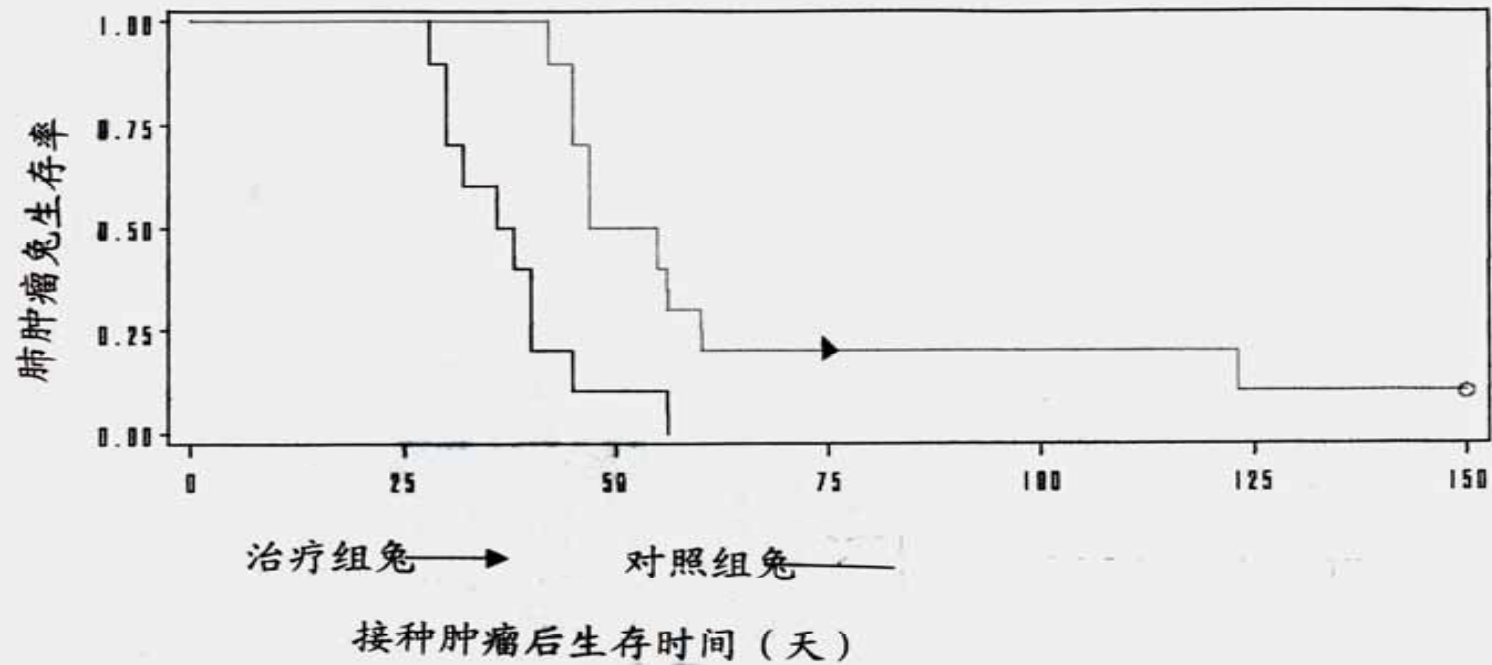
21 days after HIFU



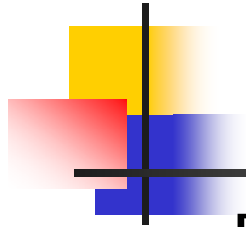
Implanted pulmonary tumour



24h after HIFU



The survival curve of rabbit treated by HIFU and control rabbit



- Bone tumor
- Prostate carcinoma
- Prostate hyperplasia
- Testicle tumor
- Melanoma
- Brain tumor
- Heart
- Spermaduct
- -----



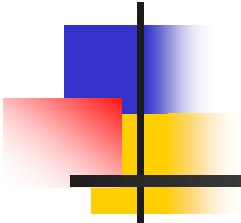
The mechanism of HIFU treatment tumour

- Thermal effect
- Cavitation effect
- Mechanical effect
- Destroy nutrition vessle of tumor
- Enhance immunity



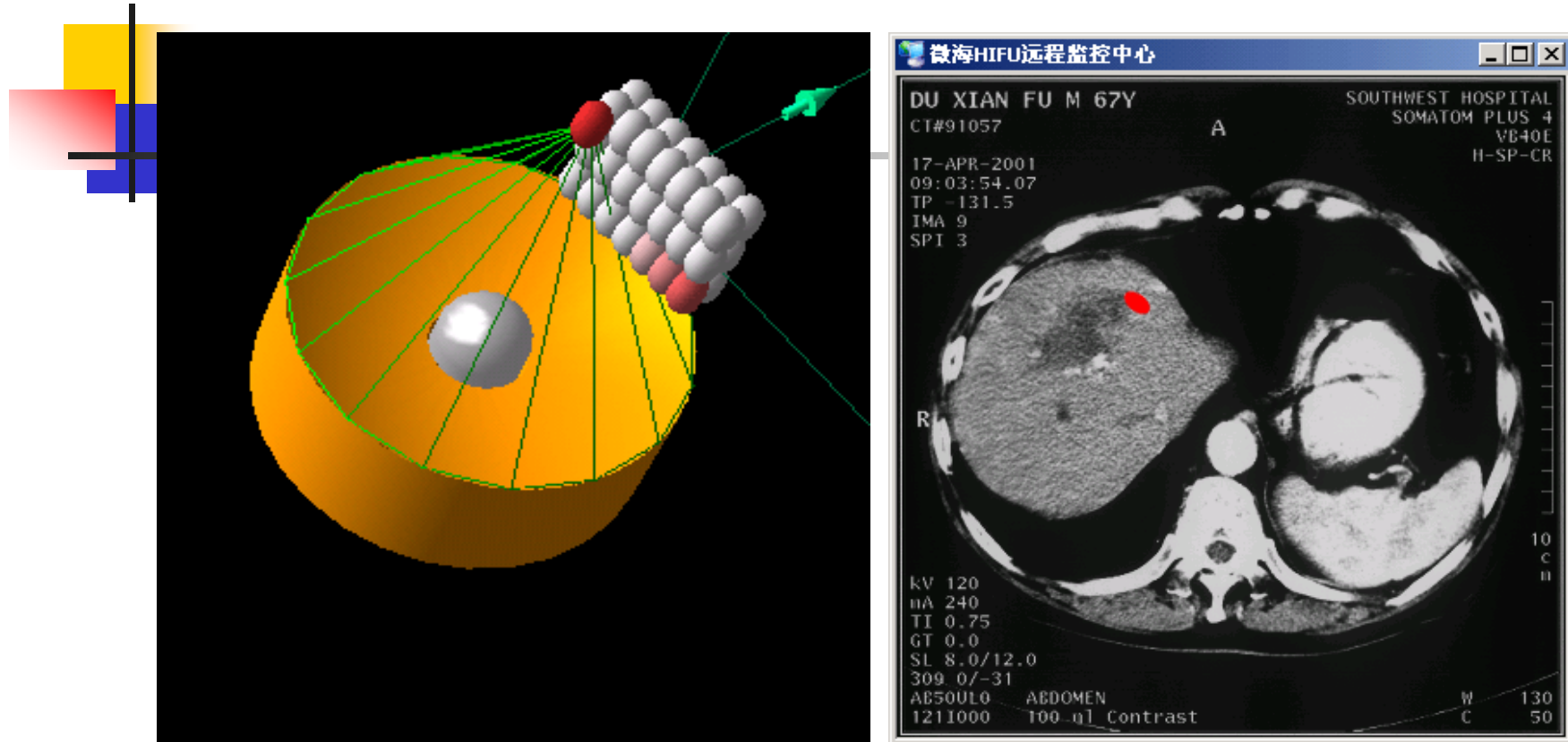
Objective of the study

- Therapeutic dosage (select parameters)
- Biological effects
- feasibility, safety, and effectiveness
- Treatment planning in clinic
- optimization of device



Chap.8-3
Foundation of dosage delivery
for HIFU treatment

Li Faqi
Department of Biomedical Engineering
Institute of Ultrasonic Engineering in Medicine
Chongqing Medical University

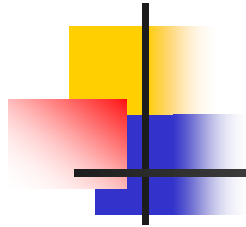


HIFU noninvasive ablation of tumor lesion



Key Technologies of HIFU Ablation of Tumour

- ❑ Form a well defined and selective coagulative necrosis at focus (Biological Focal Region, BFR)
- ❑ Move BFR for complete ablation of a targeted tumour at any shape and evaluation of therapeutic dosage
- ❑ Imaging guided therapy procedure
- ❑ Clinical protocols



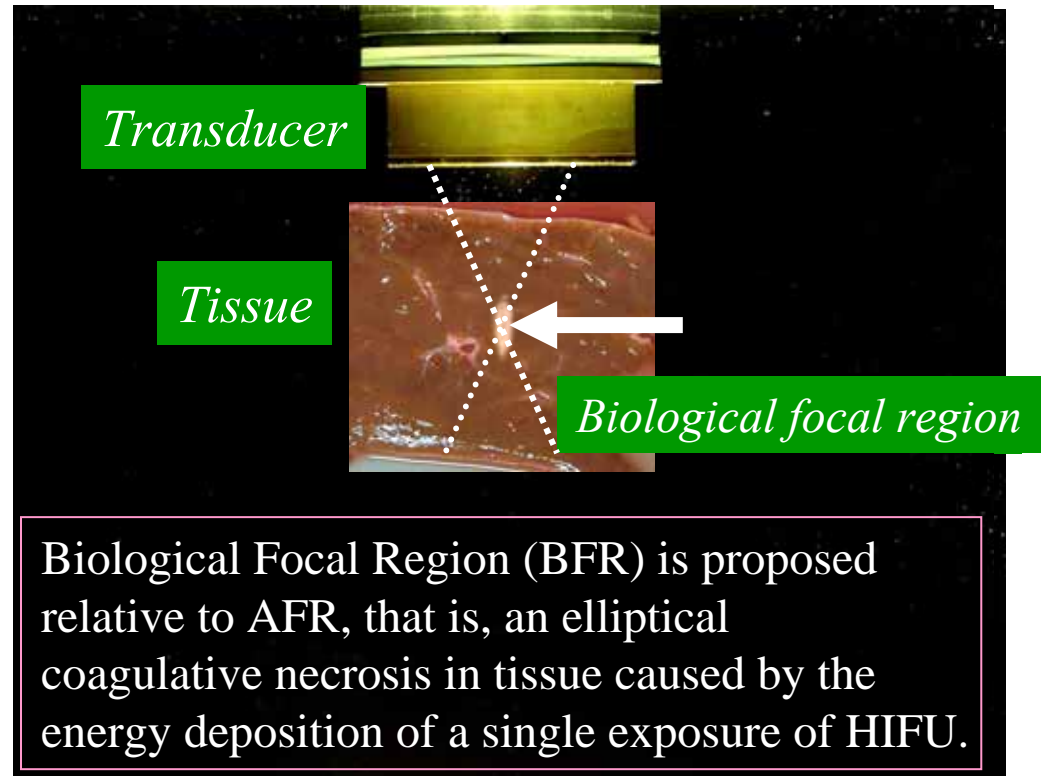
Study on Biological Focal Region (BFR) of HIFU

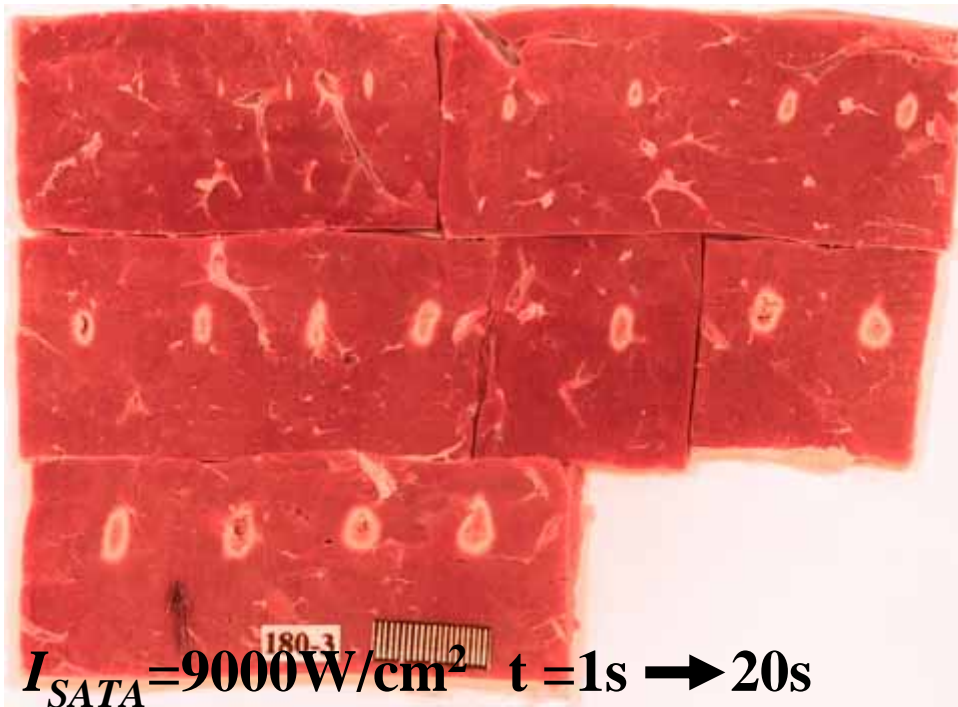
➤ Study of biological effect of ultrasound in **1988**.

➤ First proposed the hypothesis of biological focal region (BFR) of HIFU on fifth symposium of “Academic Association of Sonochemistry of Europe” in **1996**.

➤ Wang Zhibiao et al .Targeted damage effect of high intensity focused ultrasound (HIFU) on liver tissues of Guizhou Province miniswine. *Ultrasonics Sonochemistry*.**1997**;4:181-182

➤ Wang Zhibiao et al . Study of a “Biological Focal Region”of High Intensity Focused Ultrasound . *Ultrasound in Medicine and Biology* . **2003**;29(4):749-754





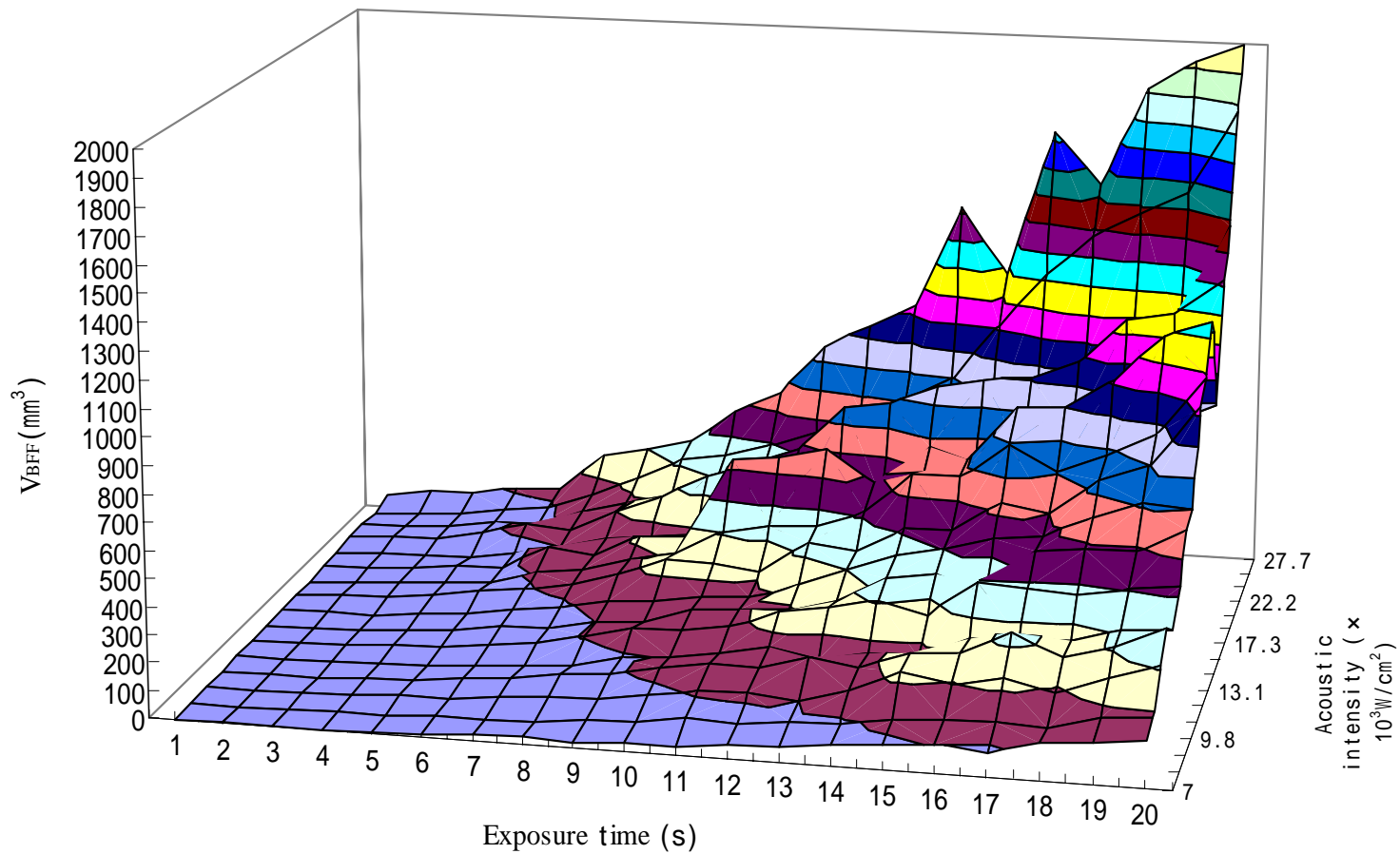
$I_{SATA}=9000\text{W}/\text{cm}^2$ $t=1\text{s} \rightarrow 20\text{s}$

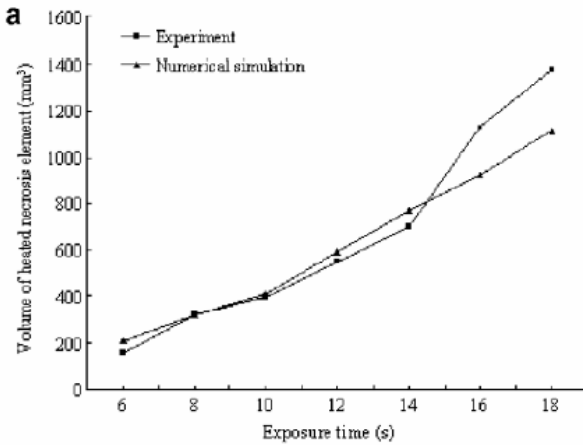
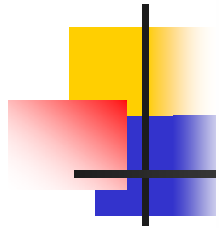


$I_{SATA}=25400\text{W}/\text{cm}^2$ $t=1\text{s} \rightarrow 20\text{s}$

ious focal fields. Second, after coagulative necroses were produced within tissues by HIFU, the attenuation coefficient and acoustic velocity of coagulative necrosis were greater than those of surrounding tissues; moreover, when the temperature *in situ* is higher than 50°C, the attenuation and absorption coefficients increase (Bush et al. 1993). These cause the volume of coagulative necrosis induced by sequential exposures to expand and tissue temperature to rise, thus leading to real-time dynamic change of the acoustic environment. Third, when HIFU leads to coagulative necrosis in tissue, with the occurrence of cavitation and vaporization, boiling of water within tissues and cells, microbubbles are produced in tissue (Sibille et al. 1993b; Yang et al. 1993). The acoustic environment thereafter undergoes real-time dynamic changes with the formation of microbubbles. The exist-

Effect of acoustic intensity and exposure time on BFR





y 3

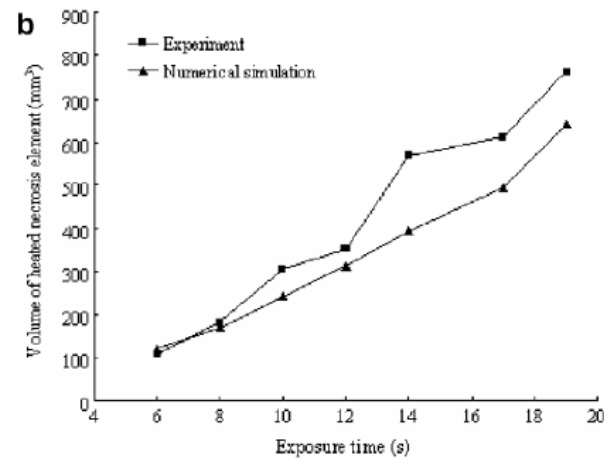
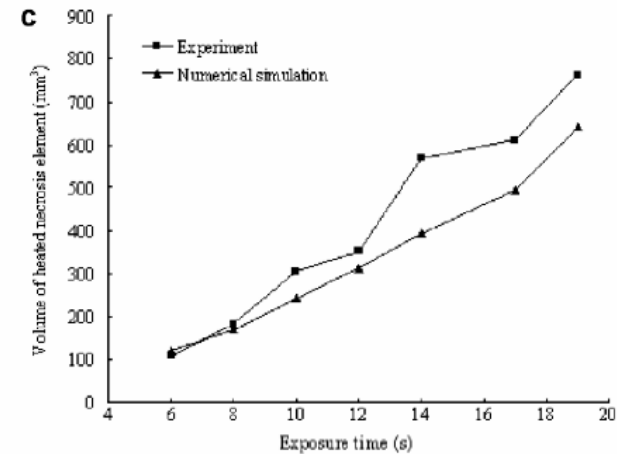
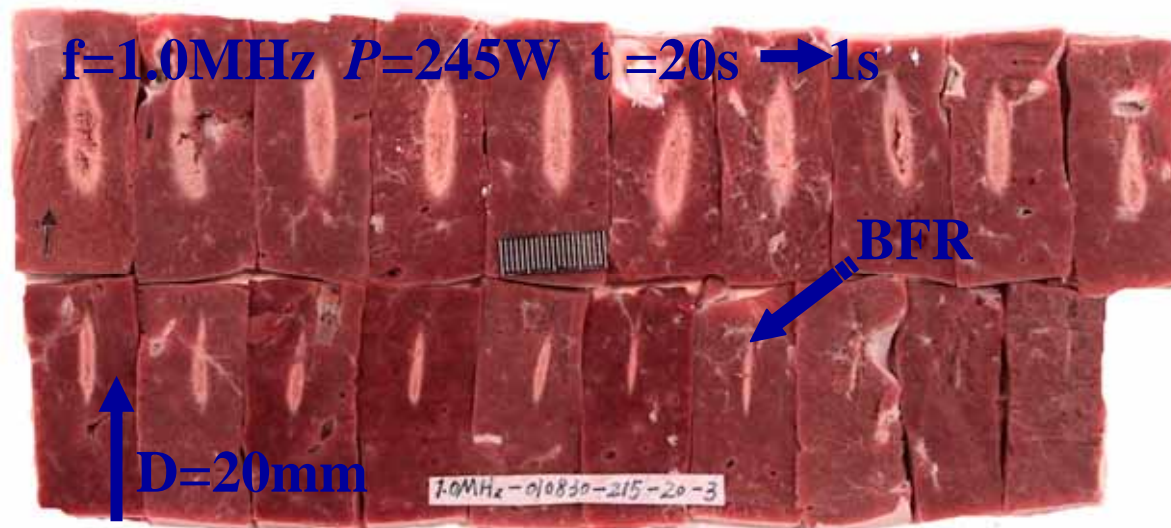
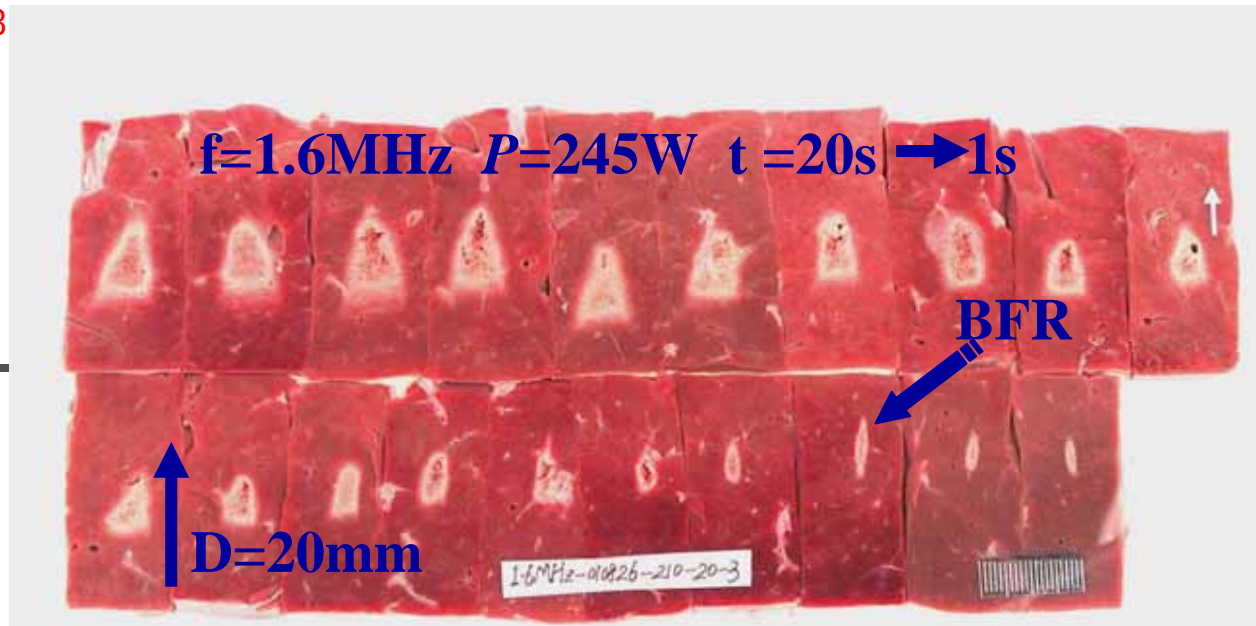
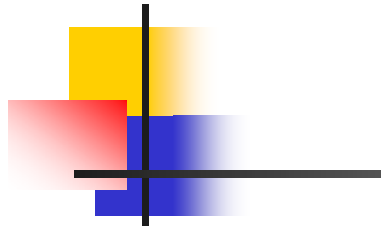


Fig. 2. Comparison between experiment and numerical simulation for the volume of the heated necrotic element induced by HIFU at 2 cm focal depth in in vitro bovine liver. (a) Acoustic intensity $I = 25.4 \times 10^3 \text{ W/cm}^2$; (b) acoustic intensity $I = 17.3 \times 10^3 \text{ W/cm}^2$; (c) acoustic intensity $I = 7 \times 10^3 \text{ W/cm}^2$.

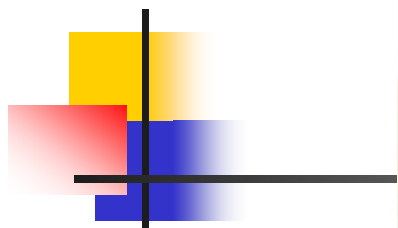
4. Conclusions

- (1) The relationship between the heated necrotic element induced by HIFU and the exposure dose can be predicted theoretically, and the theoretical prediction is largely in agreement with the experimental data for low exposures. We can therefore research the HIFU dosimetry using a numerical simulation method.
- (2) For accurately predicting the volume and shape of the heated necrotic element, nonlinear sound wave propagation, cavitation should be considered in the numerical simulation.
- (3) The nonlinear acoustic effects occurred in HIFU exposure are worthy of further study in both theory and application.





For a same acoustic power and at a same focal depth in tissue, BFR induced in ox liver with HIFU of different frequency and exposure time.

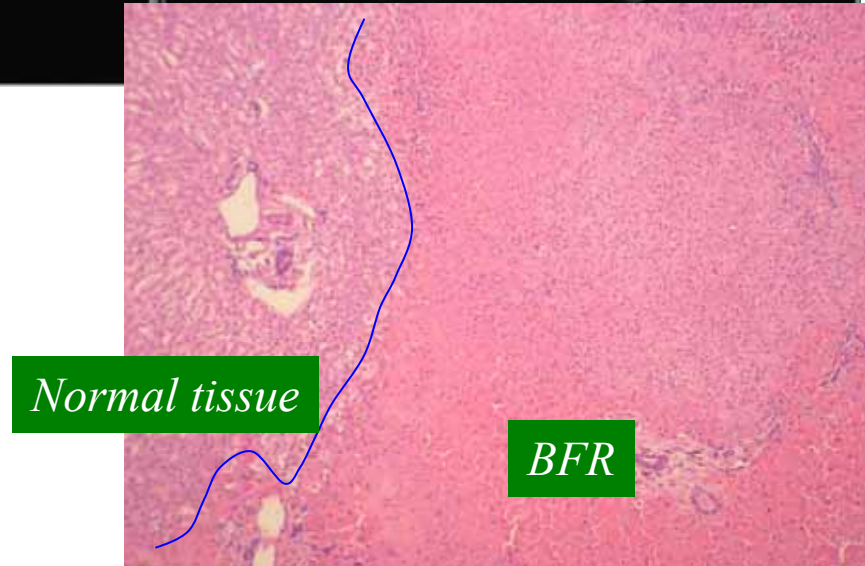
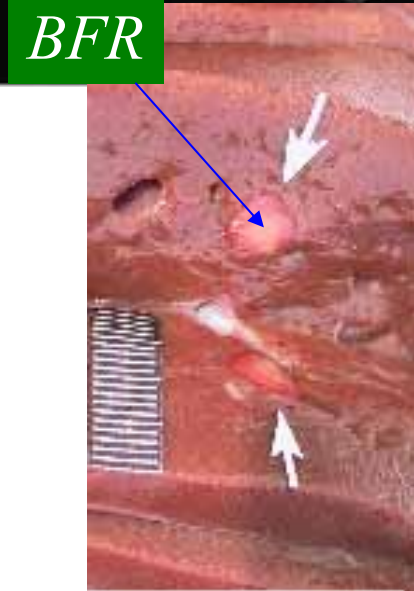
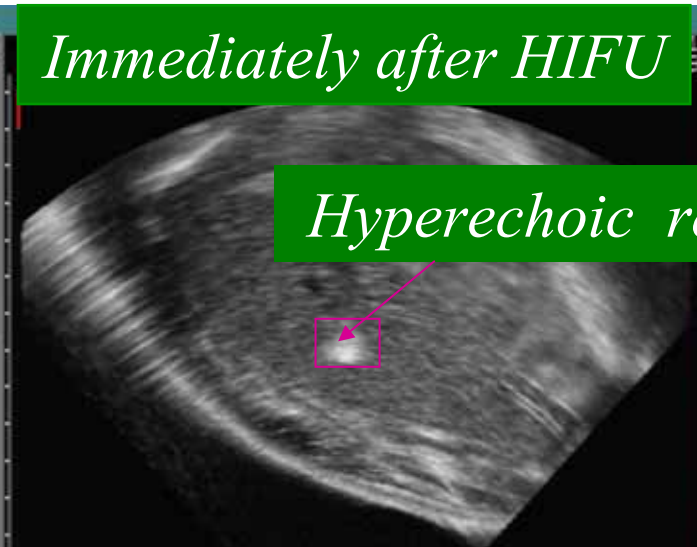
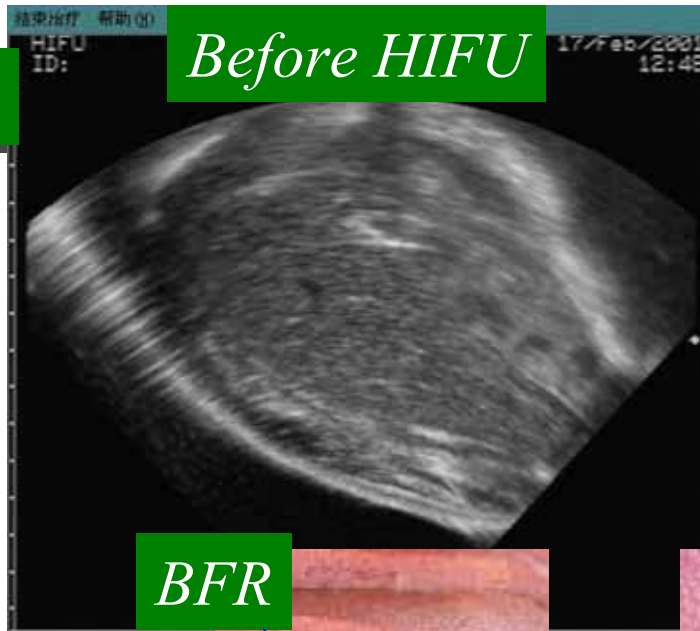


BFR in different focal depth
in tissue

Effect of focal depth in tissue on BFR

Volume of BFR (mm ³) Focal depth (mm) Exposure time(s)	20	30	40	50	60
1	13.62 ± 1.0	8.74 ± 0.94			
5	55.12 ± 8.91	28.01 ± 3.67	9.36 ± 2.12		
20	805.98 ± 136.1 8	551.84 ± 22.3 4	436.49 ± 65.8 2	352.47 ± 68.9 4	145.56 ± 15.25
40	3431.8 ± 308.5	1947.0 ± 69.9 3	1486.5 ± 248. 1	982.3 ± 215.7	586.5 ± 154.9
60	7069.46 ± 345. 2	5091.2 ± 309. 5	3198.2 ± 406. 2	1870.7 ± 222. 7	1233.4 ± 197.4

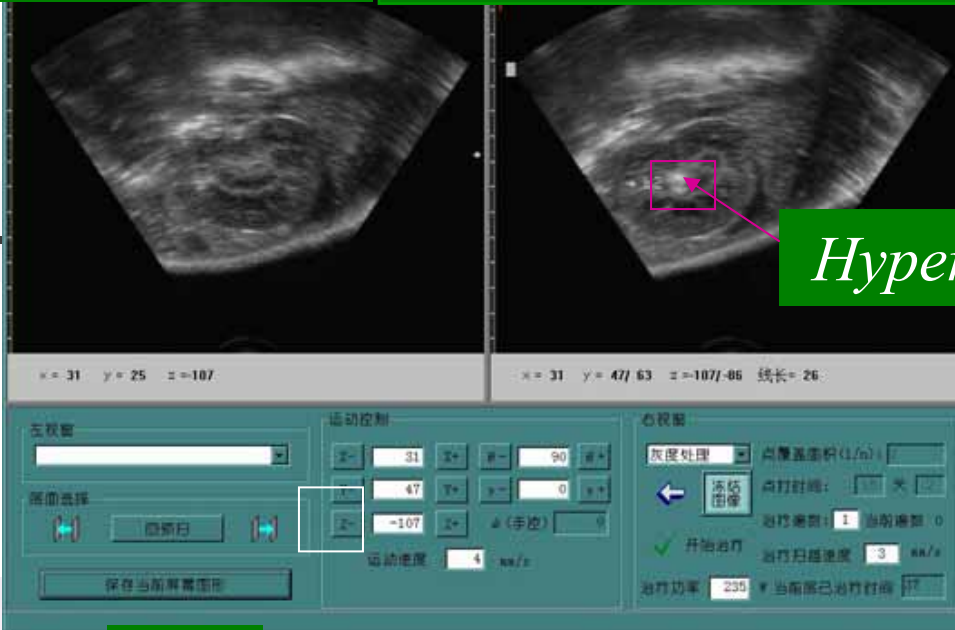
Goat liver



Before HIFU

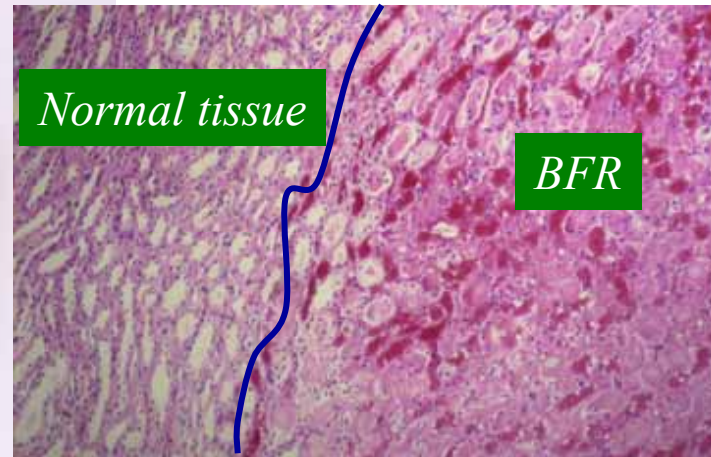
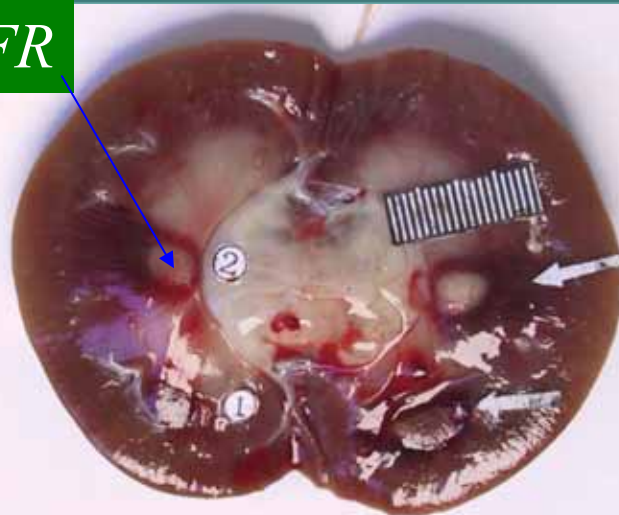
Immediately after HIFU

Goat kidney



Hyperechoic region

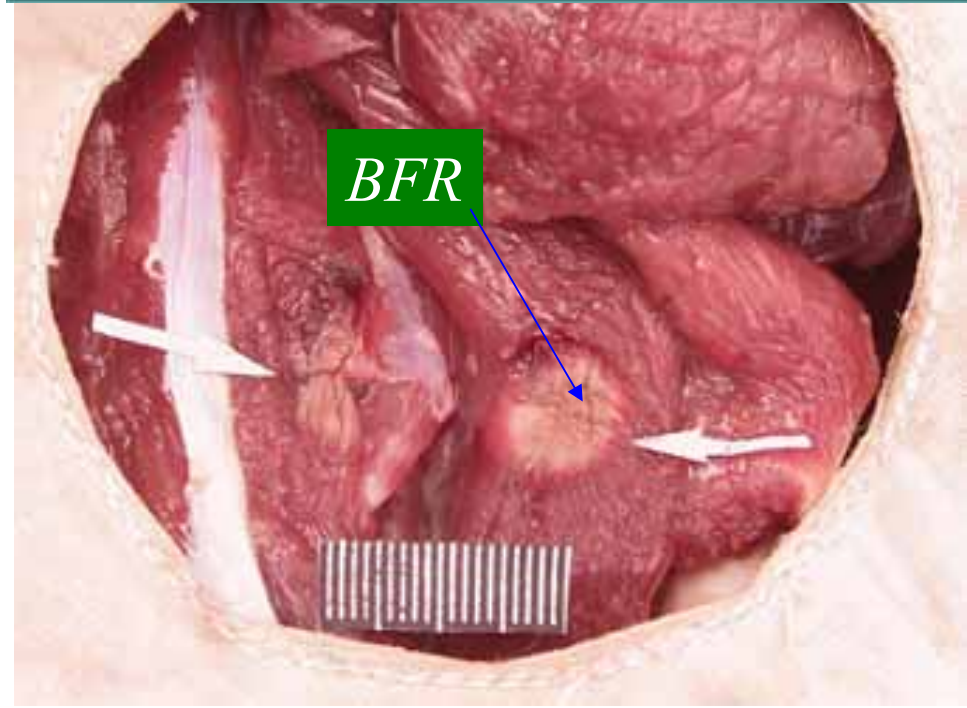
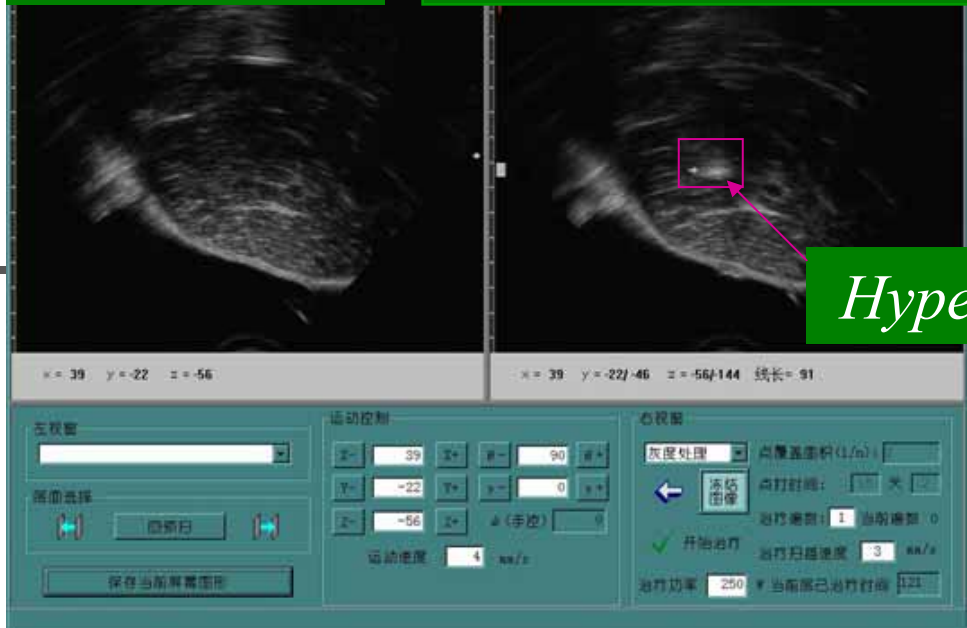
BFR



Before HIFU *Immediately after HIFU*

Goat muscle

Hyperechoic region



Effect of tissue type on BFR

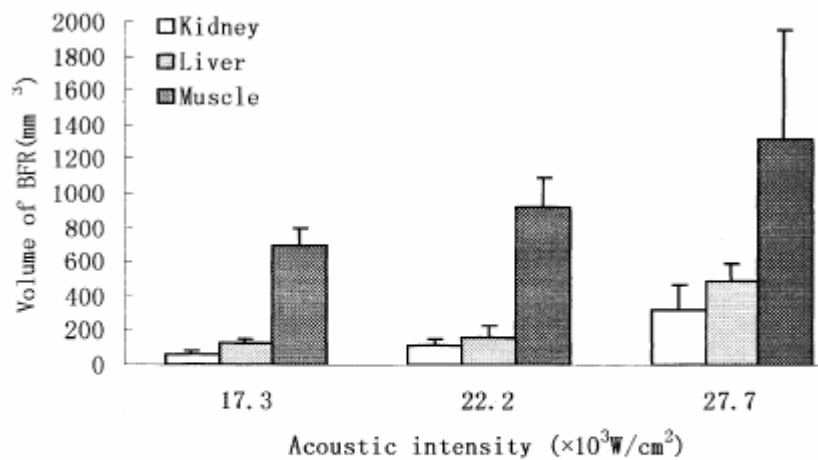
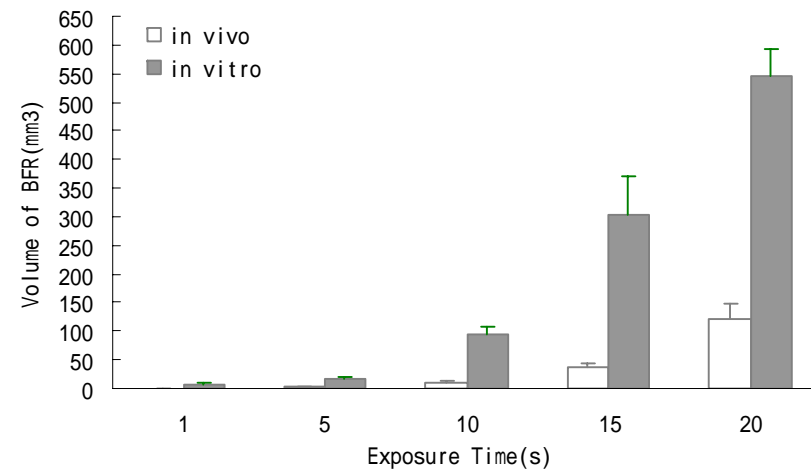
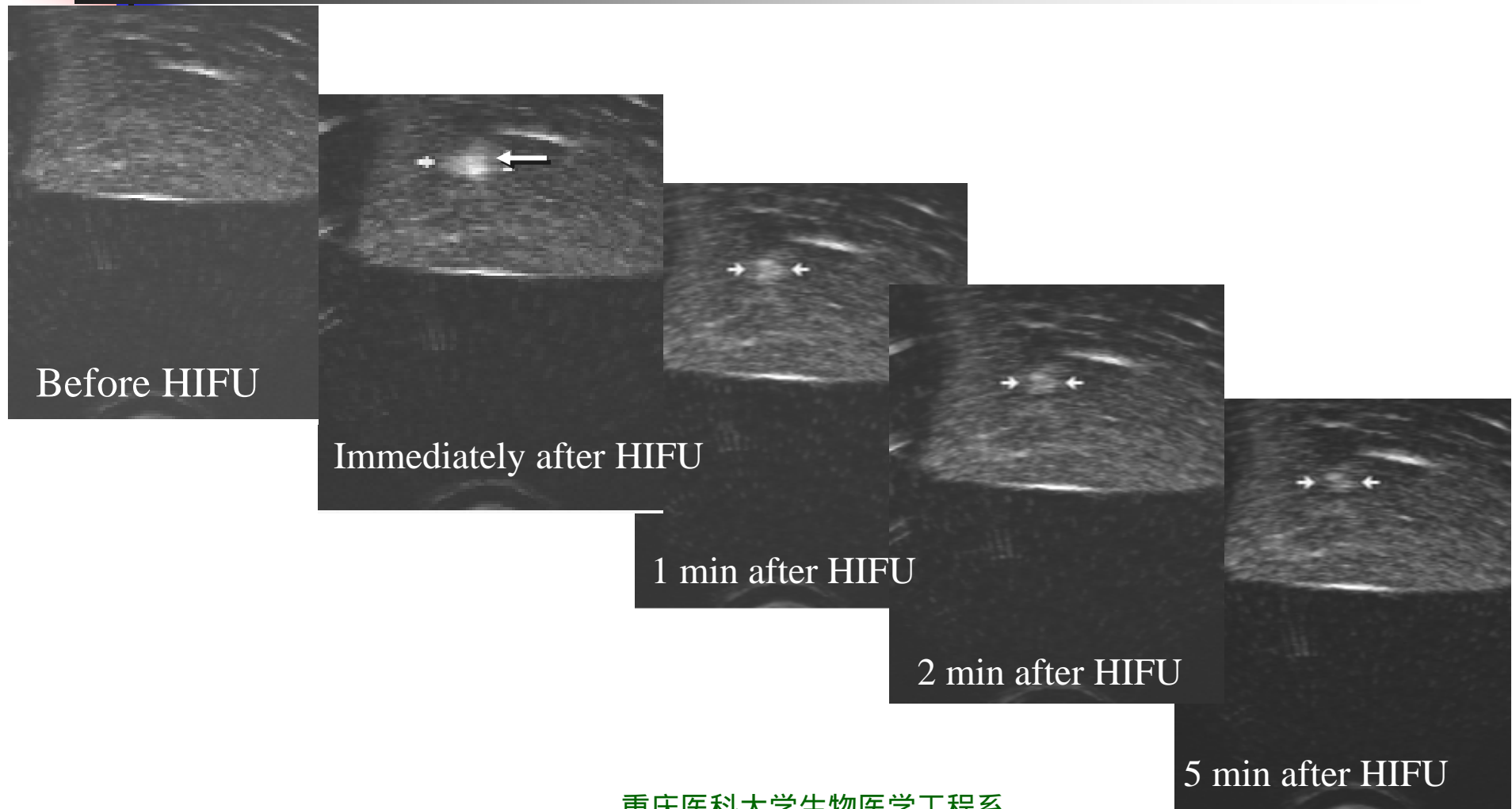



Fig. 6. Volumes of BFRs produced at the same irradiation depth of 40 mm in pig liver, kidney and muscle *in vivo* for different acoustical intensities (17.3×10^3 , 22.2×10^3 , 27.7×10^3 W/cm²) and a constant exposure time of 20 s.



Volume of BFRs produced at the same irradiation depth of 40mm in *in vitro* and *in vivo* liver for same intensity 17.3×10^3 W/cm² and different exposure time.

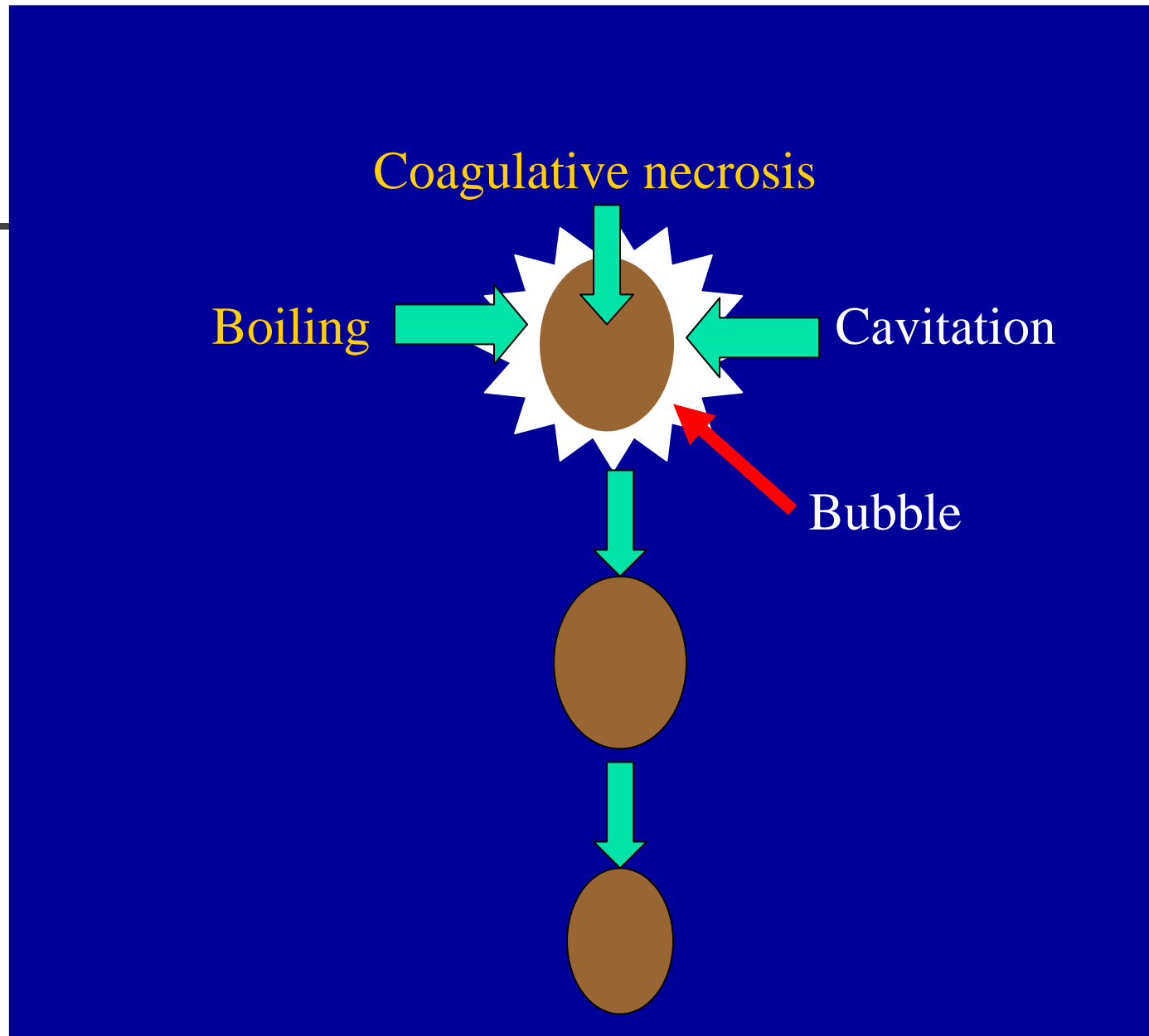
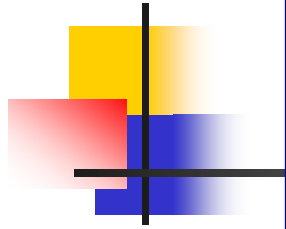
Real time US monitoring of BFR

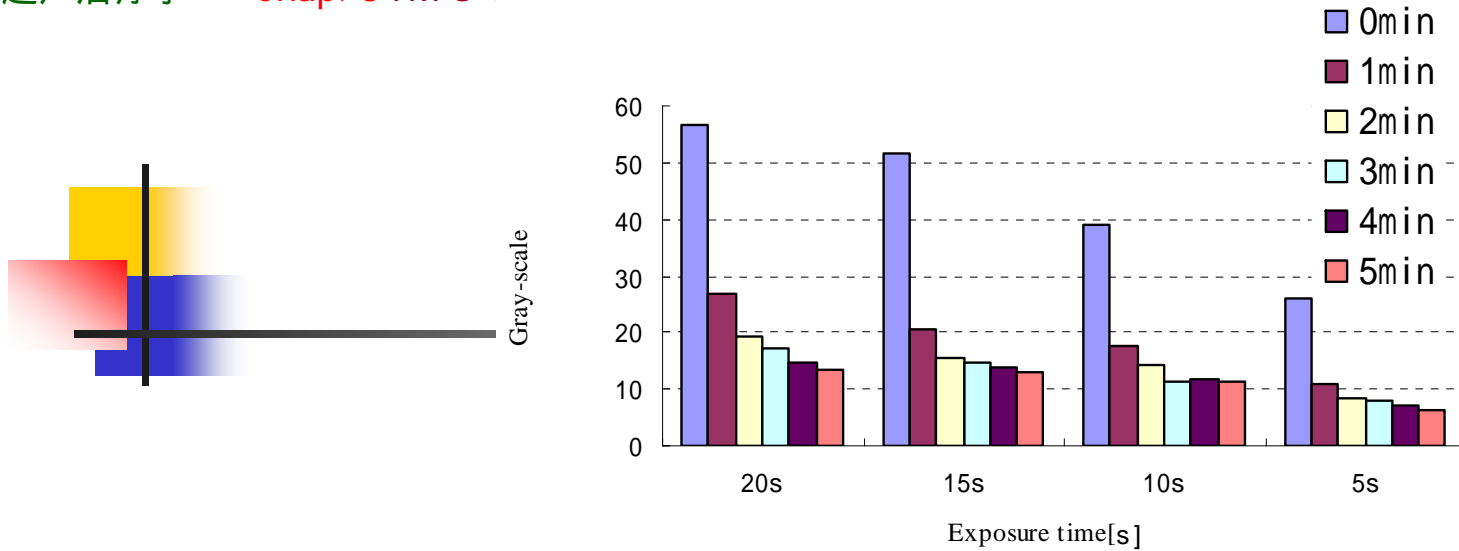




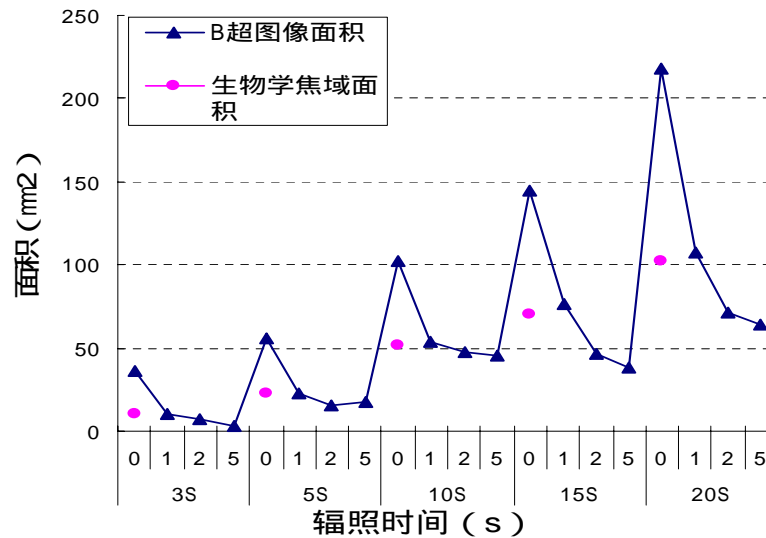
Acoustic basic of monitoring using US image

- Coagulative necrosis
- Temperature rise
- Bubble resulted from boiling and cavitation





The gray values of 1min, 2min, 3min, 4min, 5min after HIFU



The relationship between area of ultrasound imaging and BFR after HIFU



● *Original Contribution*

STUDY OF A “BIOLOGICAL FOCAL REGION” OF HIGH-INTENSITY
 FOCUSED ULTRASOUND

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 GUIHUA XU,* PING MA,* NIANGANG YIN,* WENZHI CHEN,* FENG WU* and RUO FENG†

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(Received 29 May 2002; in final form 25 November 2002)

BFR is determined by the geometry of the incident AFR, acoustic intensity, exposure time, irradiation depth, tissue structure and the functional status of tissue. It is a basic unit for HIFU ablation of tumor volume. That is to say,

$$BFR = f(AFR \cdot I \cdot t \cdot D \cdot T_s \cdot T_f), \quad (1)$$

where BFR is the volume of a biologic focal region, AFR refers to acoustic focal region; I is acoustic intensity; t is exposure time; D is irradiation depth; T_s is the tissue structure and T_f is the functional status of tissue. From

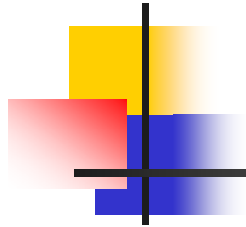
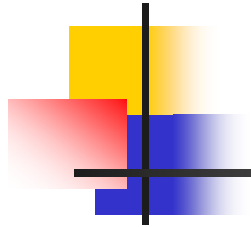


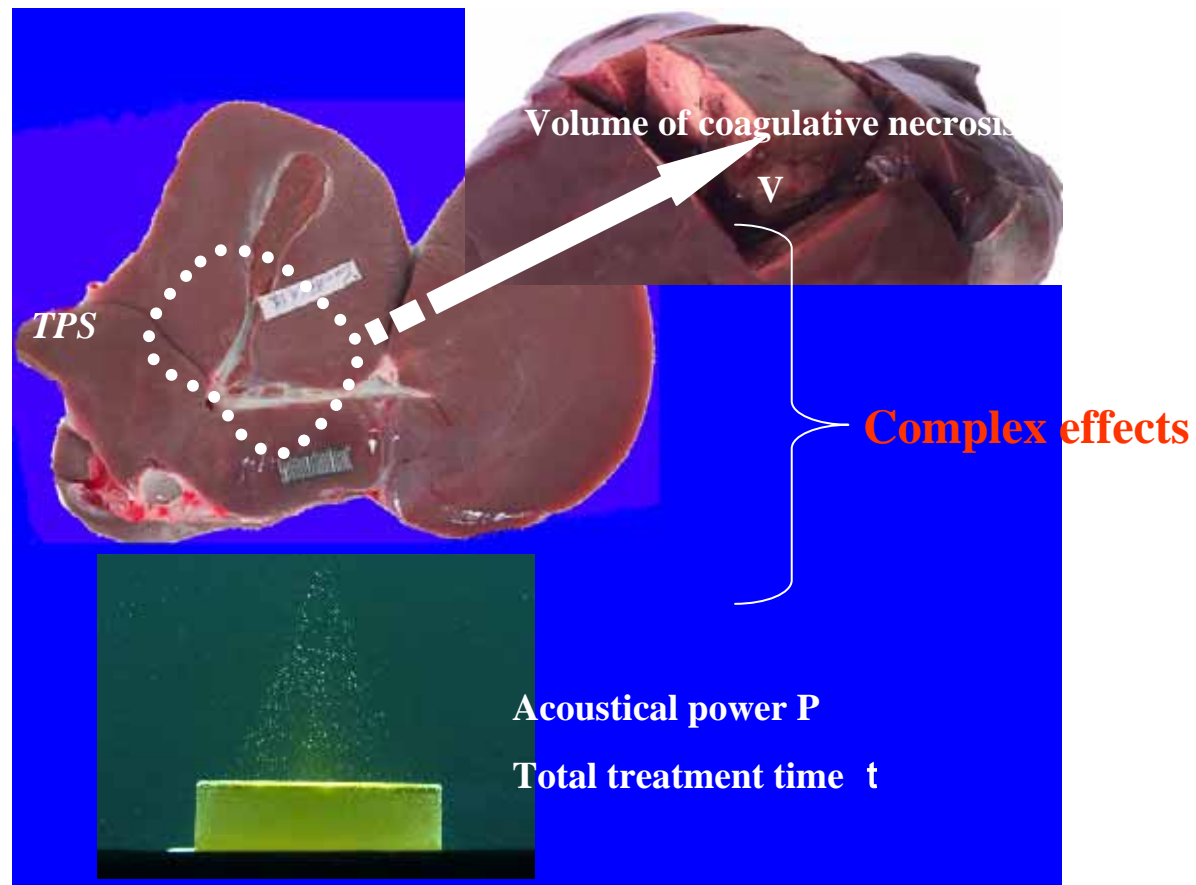
Table 1. Comparison between AFR and BFR induced by HIFU within tissues

	AFR	BFR
Definition	Space contained within the surface defined by -3 dB peak compressional acoustic pressure contours measured around the focus; a concept for energy convergence.	Individual ellipsoid-shaped coagulative necroses induced by a single exposure in tissue. The integral expression of interactions between AFR, acoustic intensity, irradiation depth, exposure time and tissue structure and its functional status; a concept for biological effects
Medium	Free acoustic field (in degassed water)	Various biological tissues <i>in vitro</i> and <i>in vivo</i>
Shape and volume	Constant	Variable
Correlation with exposure time	No correlation	Positive correlation
Detection mode	Measurable using recognized acoustic techniques	B-mode US scanner, MRI, CT, bare eye inspection, and histopathological evaluation
Significance	Important factor in the formation of BFR	Basic unit for tumor ablation



The Dose for the Use of HIFU in the Extracorporeal Ablation of Tumour: Energy-Efficiency Factor (EEF)

How can we evaluate the therapeutic dose of ablation tumour with HIFU?



Energy-Efficiency Factor (EEF) may be understood as the energy in joules required to produce coagulative necrosis per cube millimeter in tissue with HIFU.

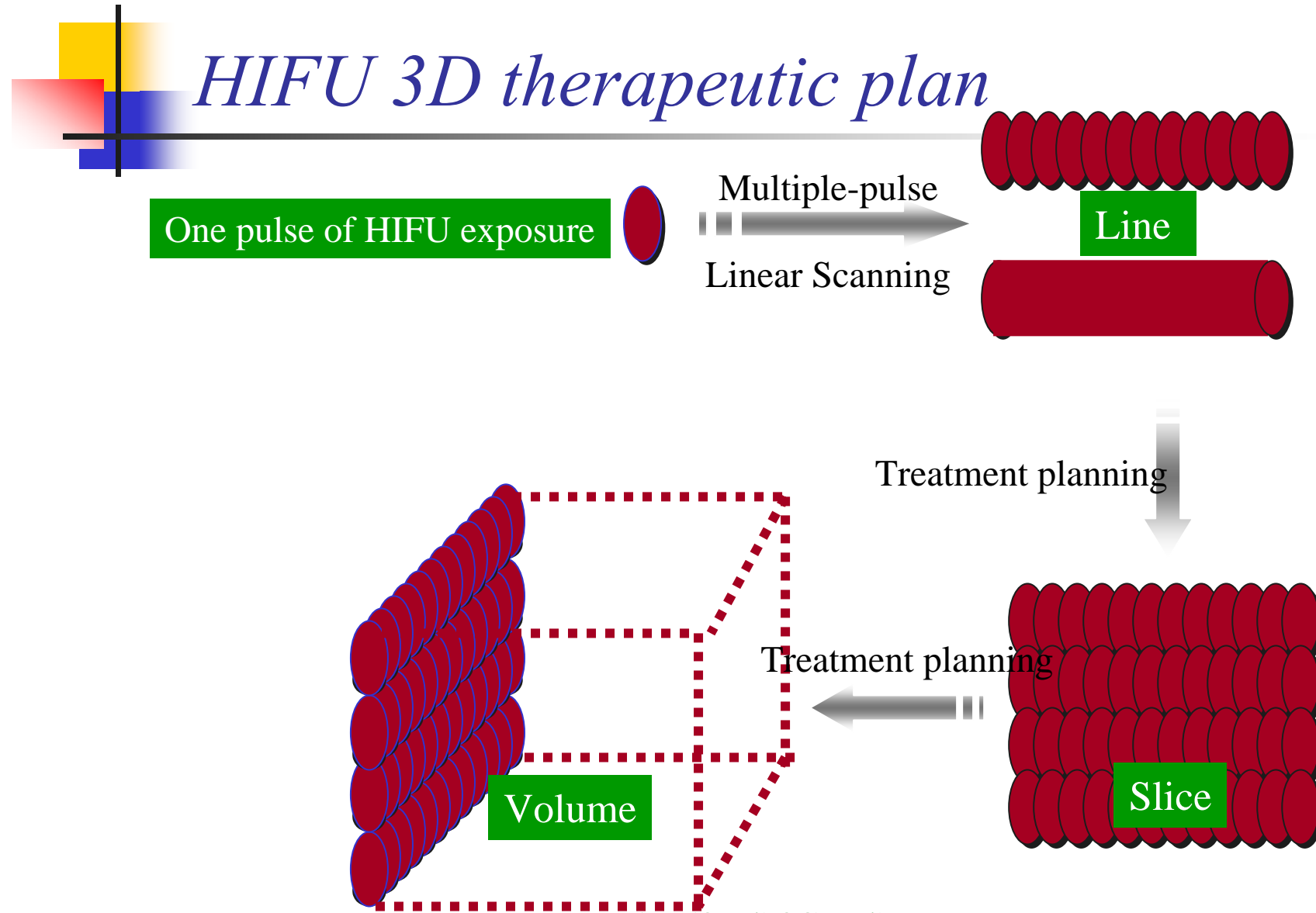
$$EEF = \frac{\eta Pt}{V} \quad (\text{J/mm}^3)$$

Where η —focusing coefficient of HIFU transducer, which reflects the focusing ability to ultrasound beams of HIFU transducer.

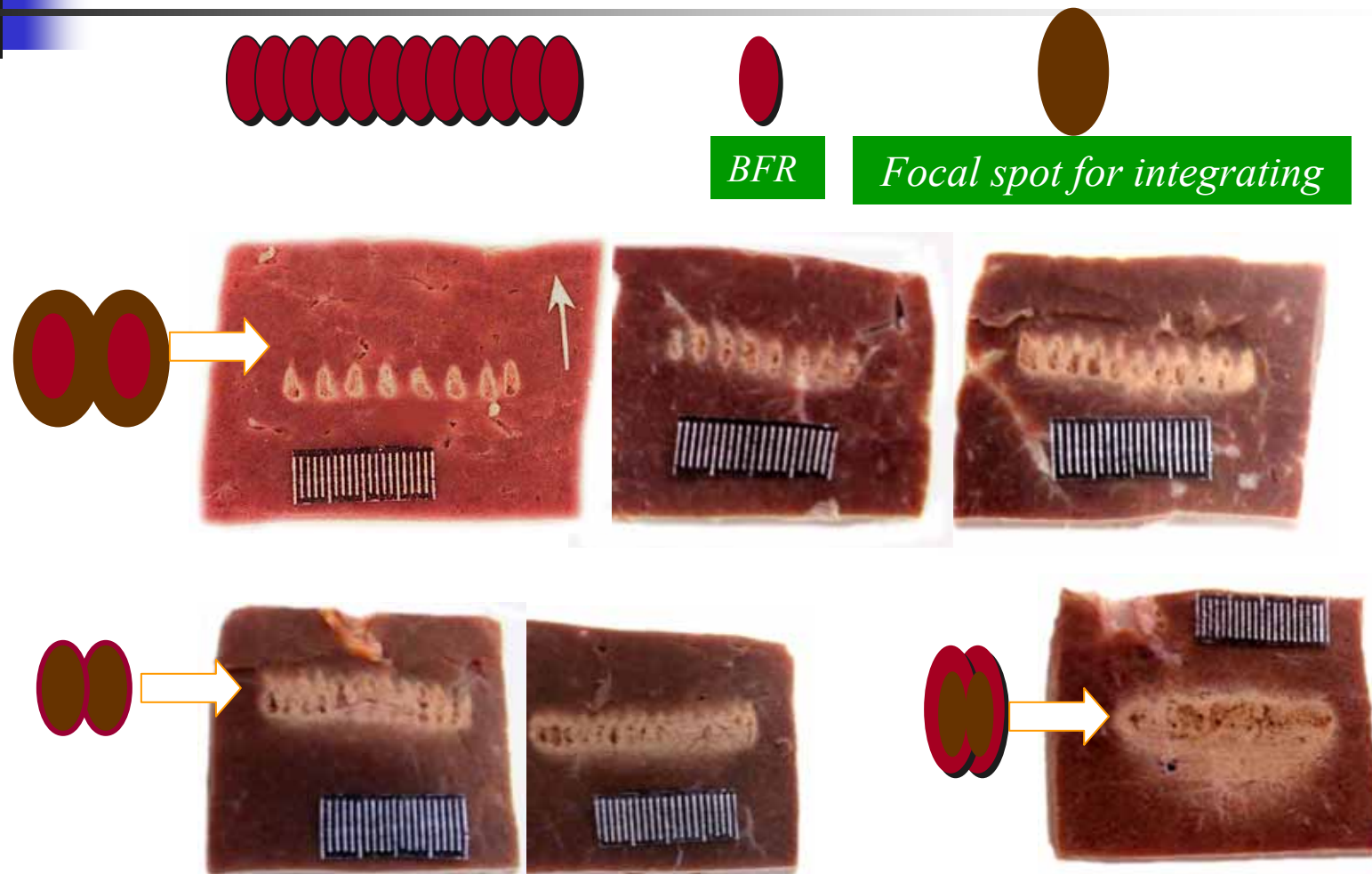
P —Acoustic output power(W).

t —Total treatment time (s).

V —Ablated volume (mm^3).



Line lesion formed inside ox liver using multiple pulse



Line lesion formed inside ox liver using linear scanning



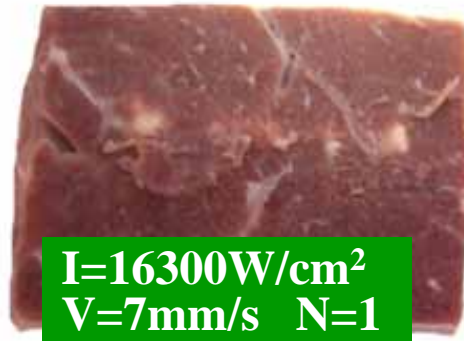
BFR



**I=16300W/cm²
V=2mm/s N=2**



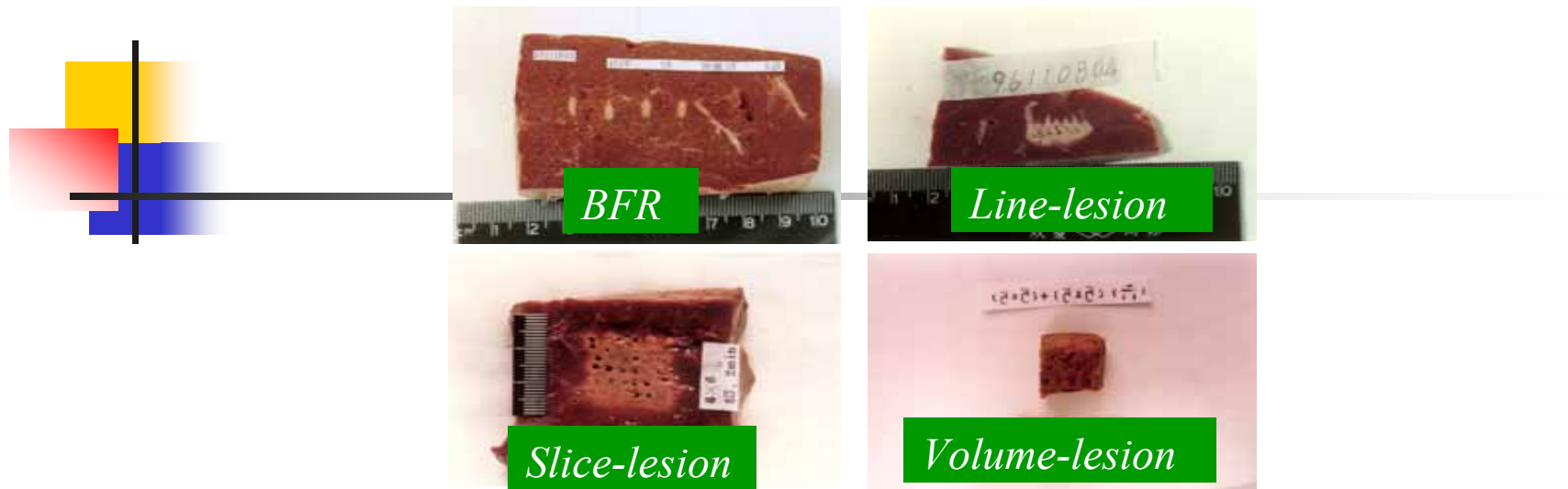
**I=16300W/cm²
V=3mm/s N=1**



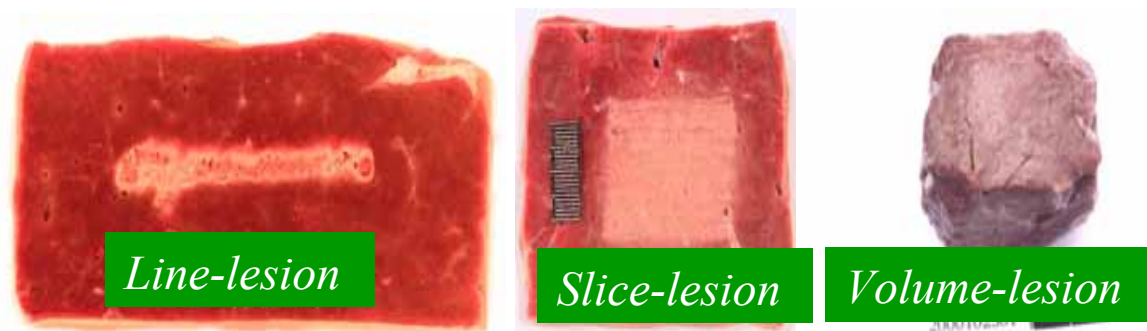
**I=16300W/cm²
V=7mm/s N=1**



**I=16300W/cm²
V=6mm/s N=1**



BFR, line lesion, slice lesion and volume lesion induced in ox live using multiple pulse



Line lesion, slice lesion and volume lesion induced in ox liver using linear scanning

For one transducer, EEF needed to form line lesion at different depth, slice lesion and volume lesion inside ox liver in vitro with HIFU.

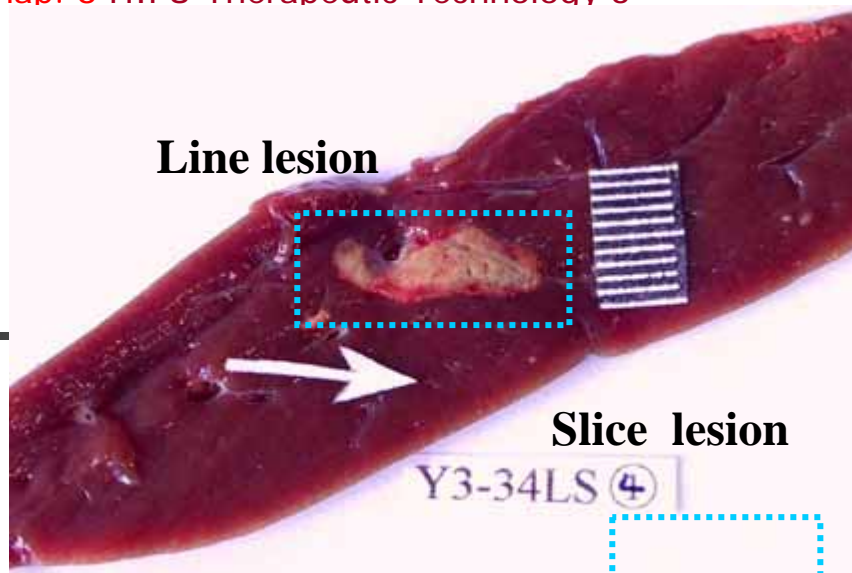
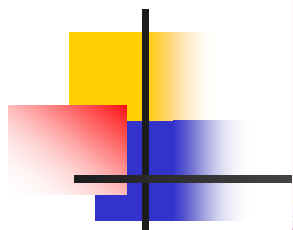
	<i>EEF</i> (J/mm ³)		
	Exposure Depth (mm)	Multiple pulse	Linear scanning
Line	20mm	14.36 ± 6.55	8.41 ± 4.77
	30mm	17.31 ± 6.34	10.83 ± 5.65
	40mm	18.73 ± 6.63	11.96 ± 5.17
	50mm	23.33 ± 5.77	
Sclice	(starting exposure depth 40mm)		2.71 ± 0.85
Volume	(starting exposure depth 40mm)		1.73 ± 0.39

$$EEF_{Lines} > EEF_{Slices} > EEF_{Volume} .$$

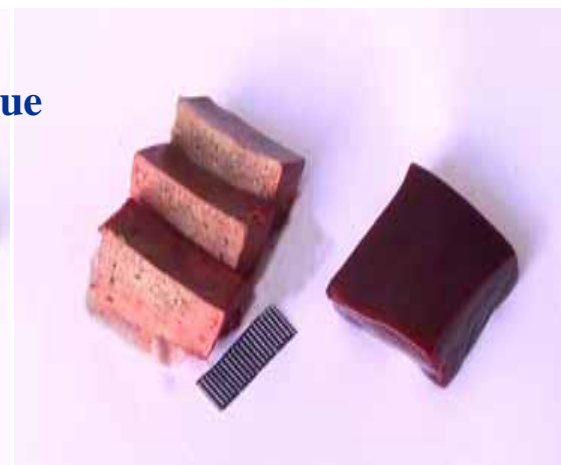
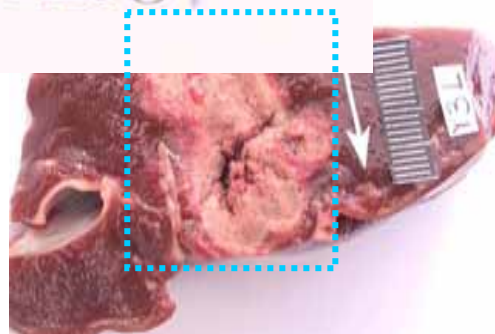
$$EEF_{Slices} = EEF_{Line1} + EEF_{Line2} + EEF_{Line3} + \dots$$

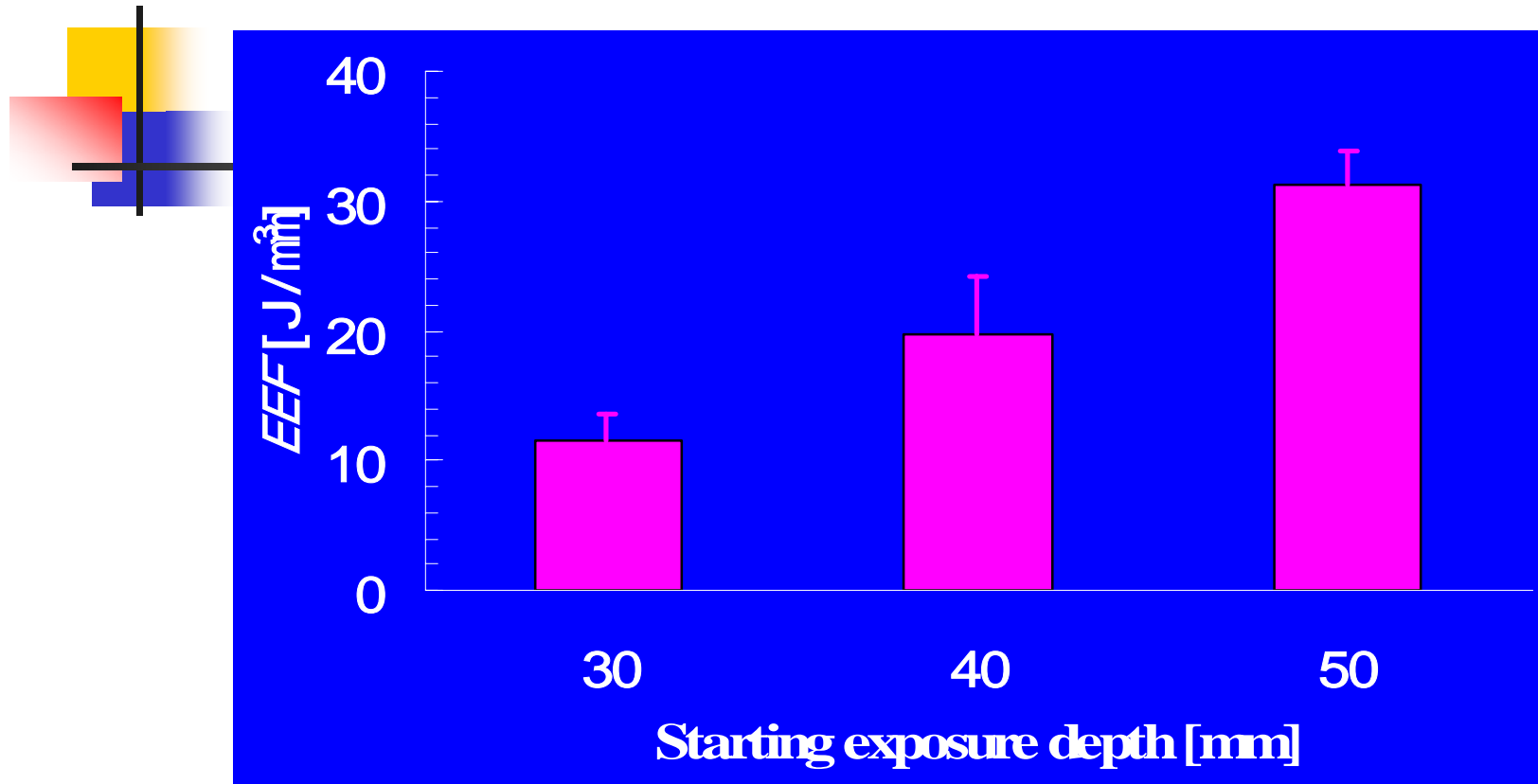
$$EEF_{Volume} = EEF_{Slice1} + EEF_{Slice2} + EEF_{Slice3} + \dots$$

Dynamic Acoustic Environment in Tissue

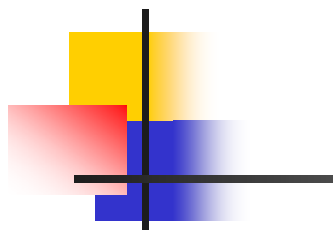


Goat liver

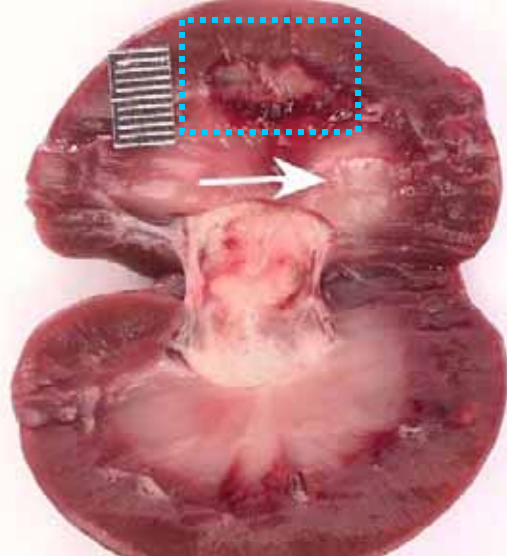




For one transducer, EEF needed to form volume lesion at different starting exposure depth in goat liver *in vivo* with HIFU.

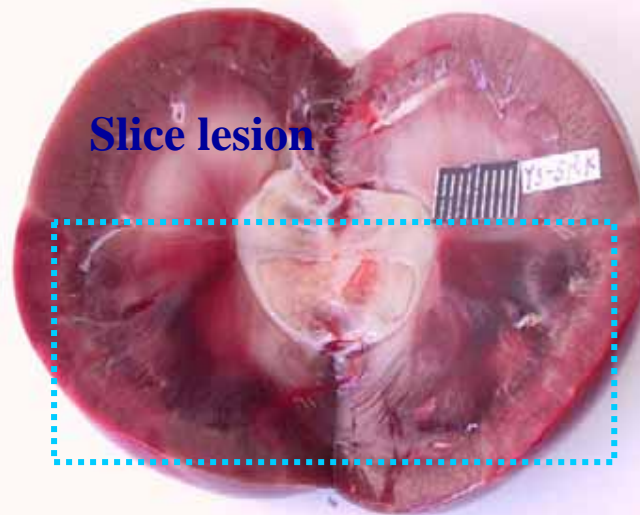


Line lesion

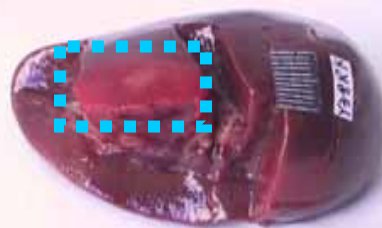
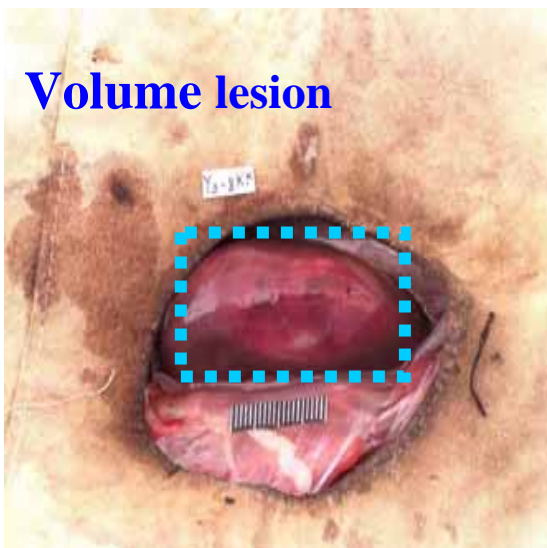


Goat kidney

Slice lesion

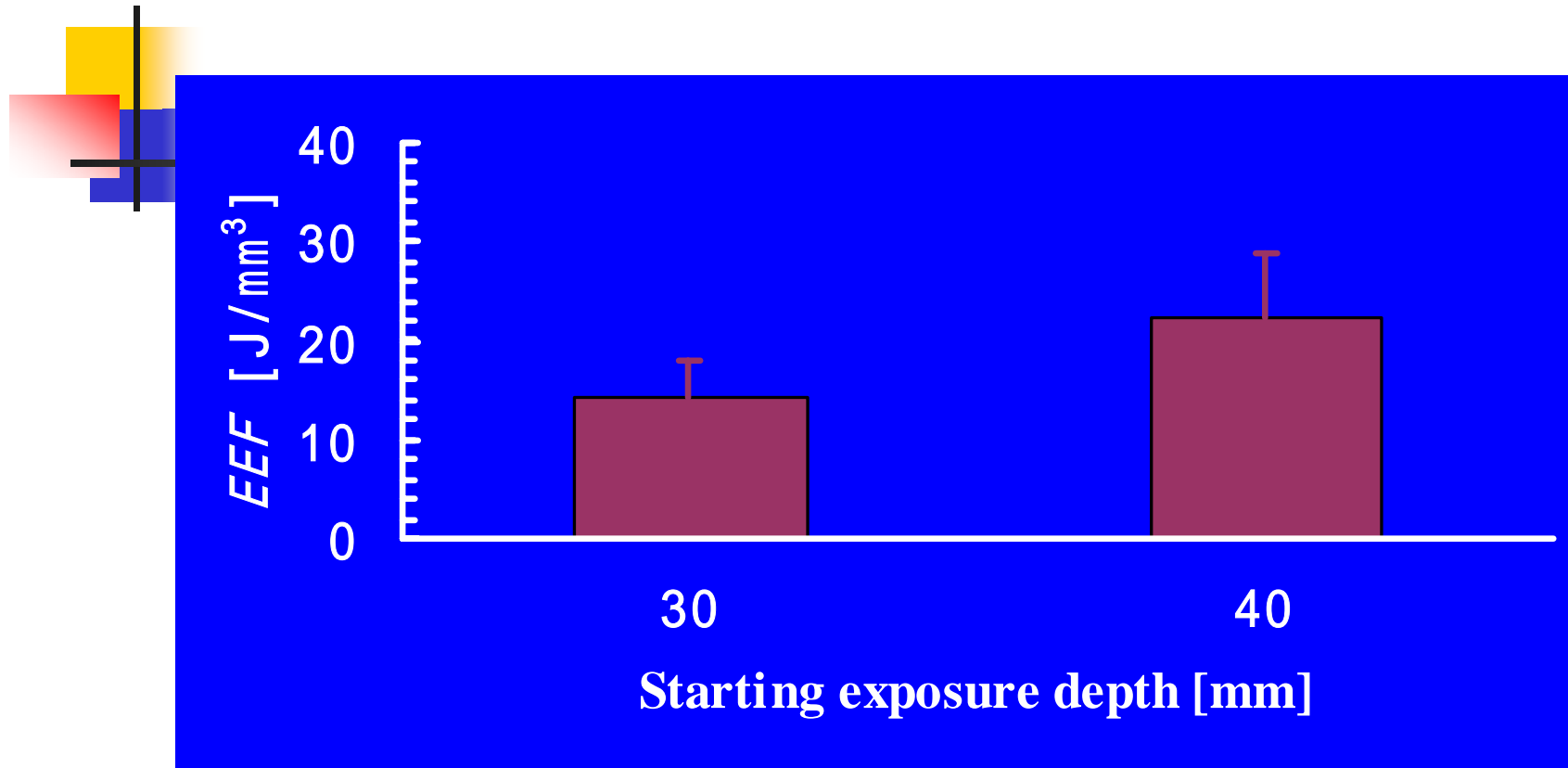


Volume lesion

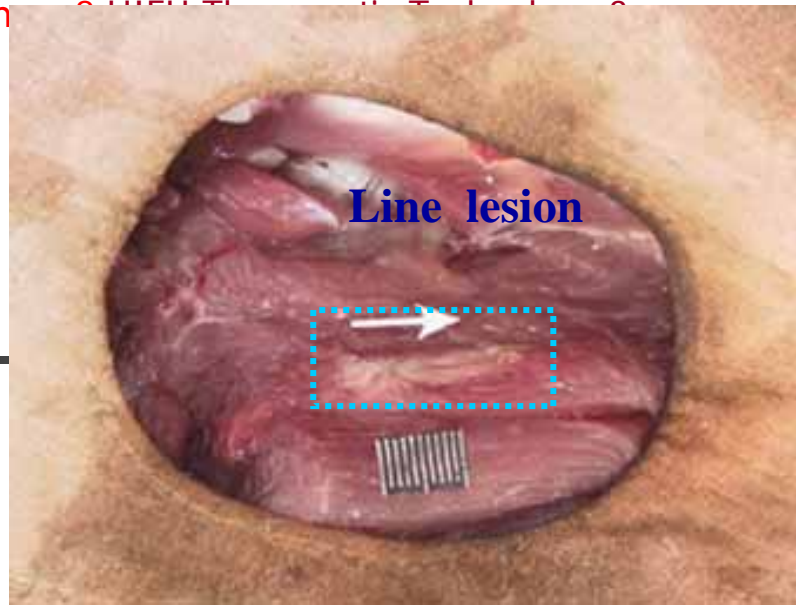
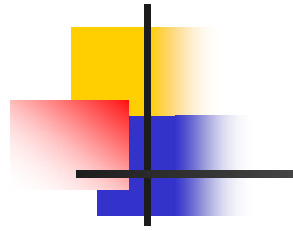


Normal kidney tissue





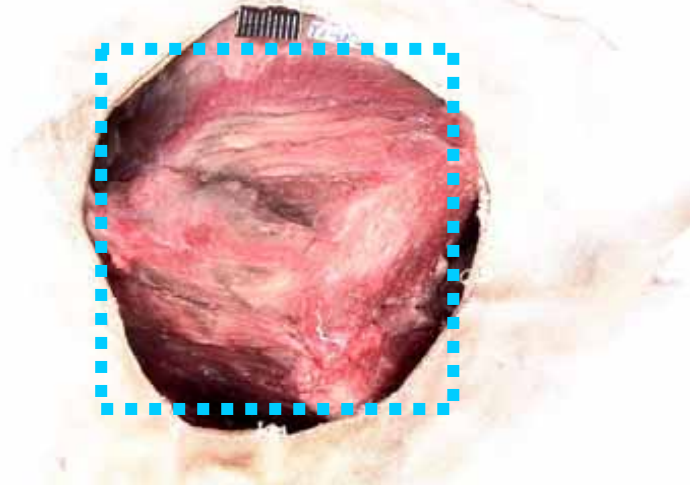
For one transducer, EEF needed to form volume lesion at different starting exposure depth in goat kidney *in vivo* with HIFU.



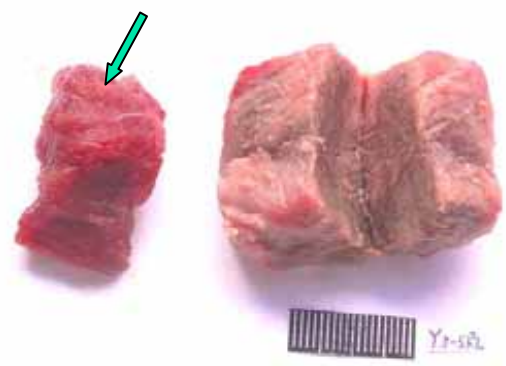
Goat muscle

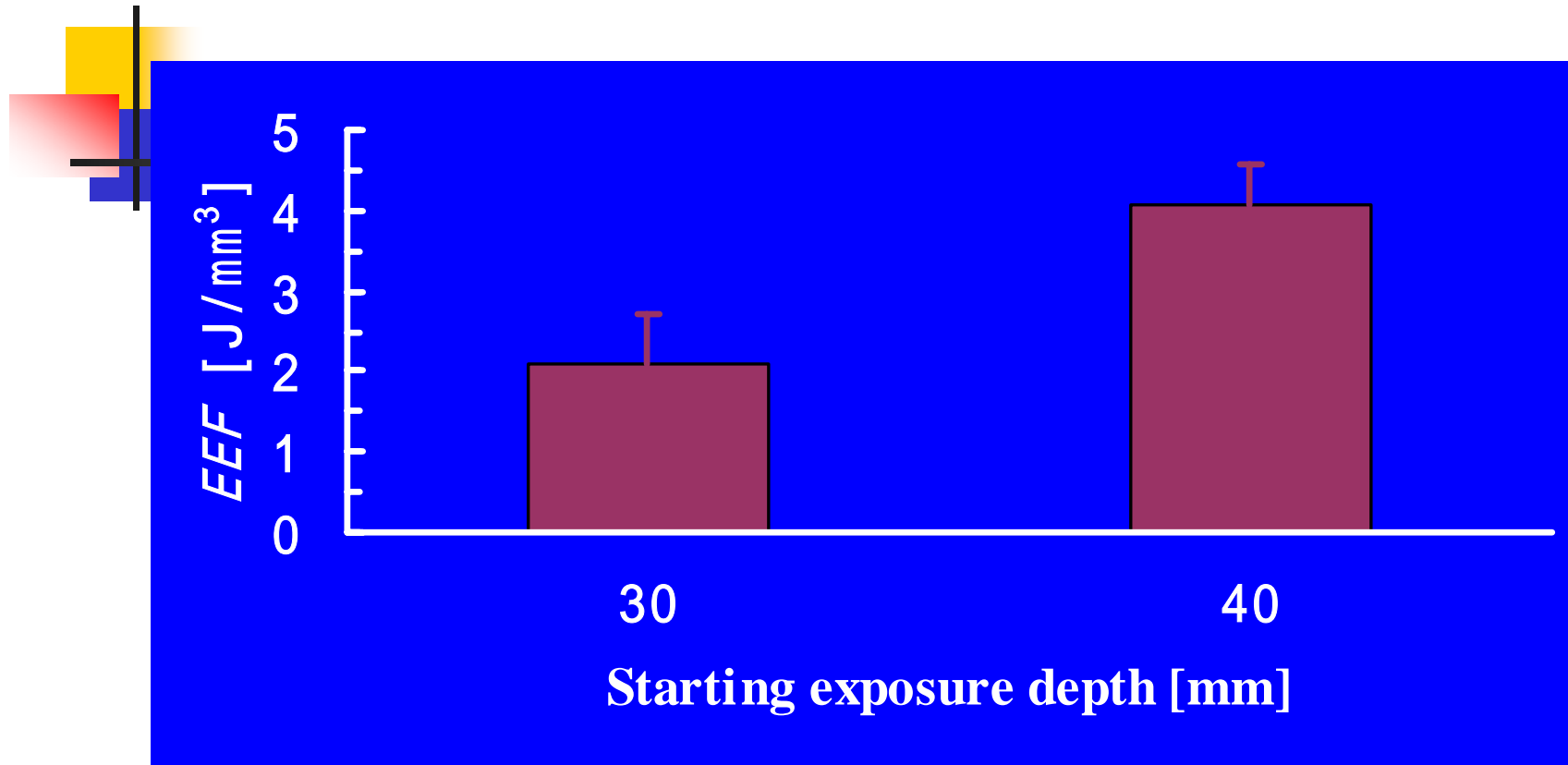


Volume lesion

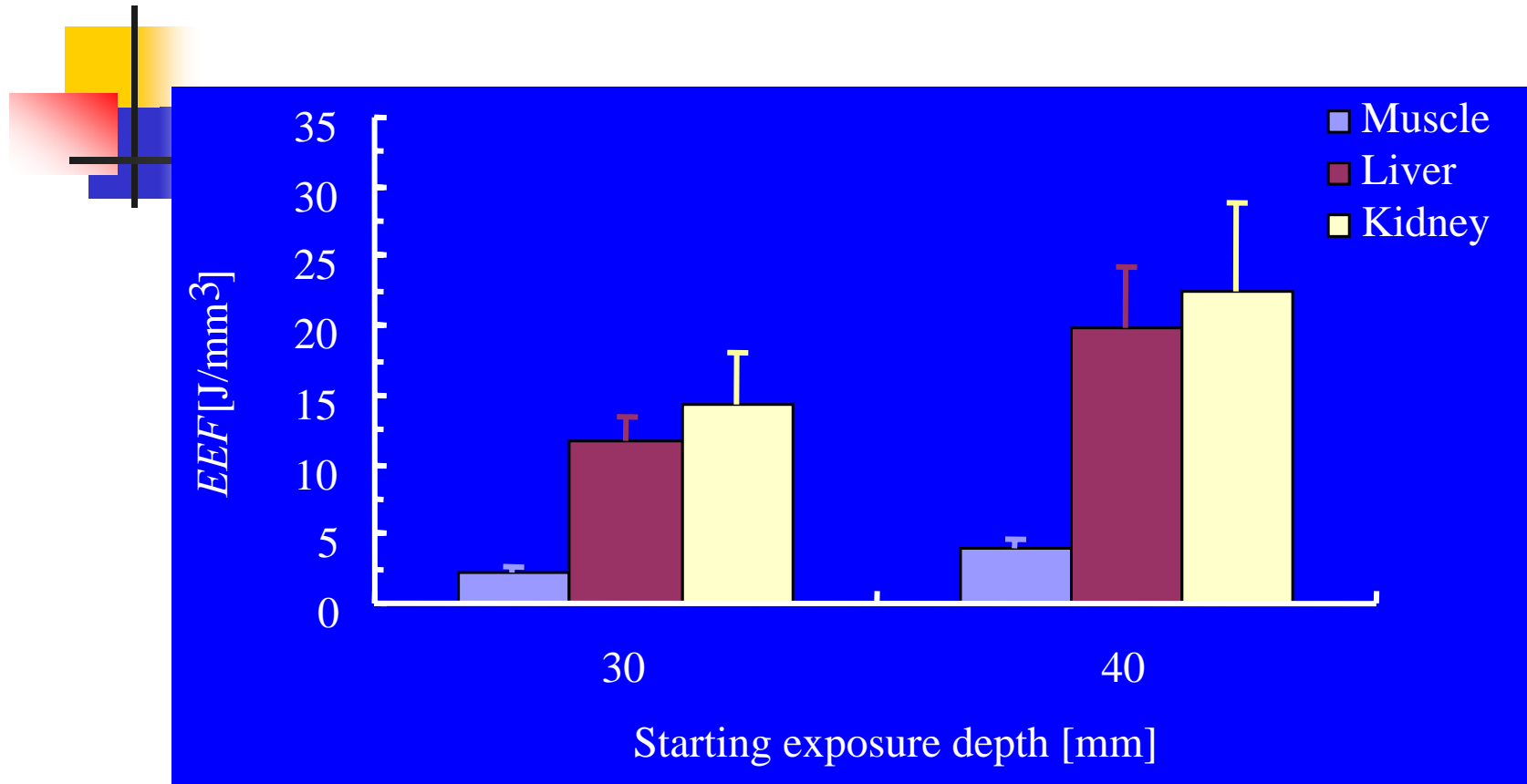


Normal muscle tissue





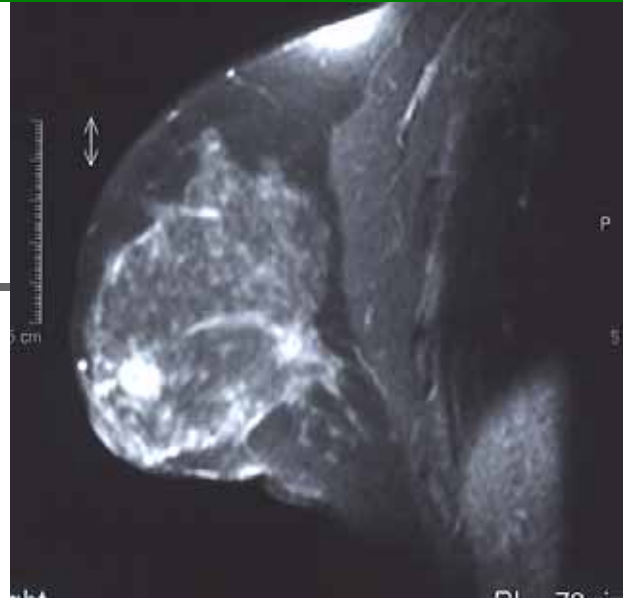
For one transducer, EEF needed to form volume lesion at different starting exposure depth in goat muscle *in vivo* with HIFU.



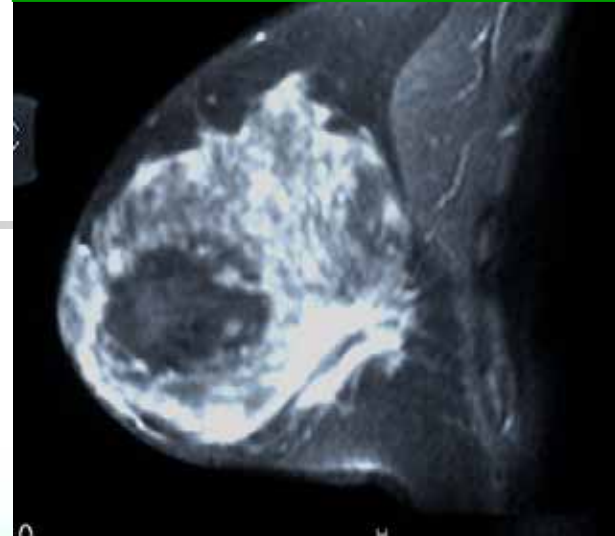
For one transducer, *EEF* comparison for ablation of goat liver, kidney and muscle tissue *in vivo* with HIFU.

Breast cancer

T1W MRI imaging Before HIFU



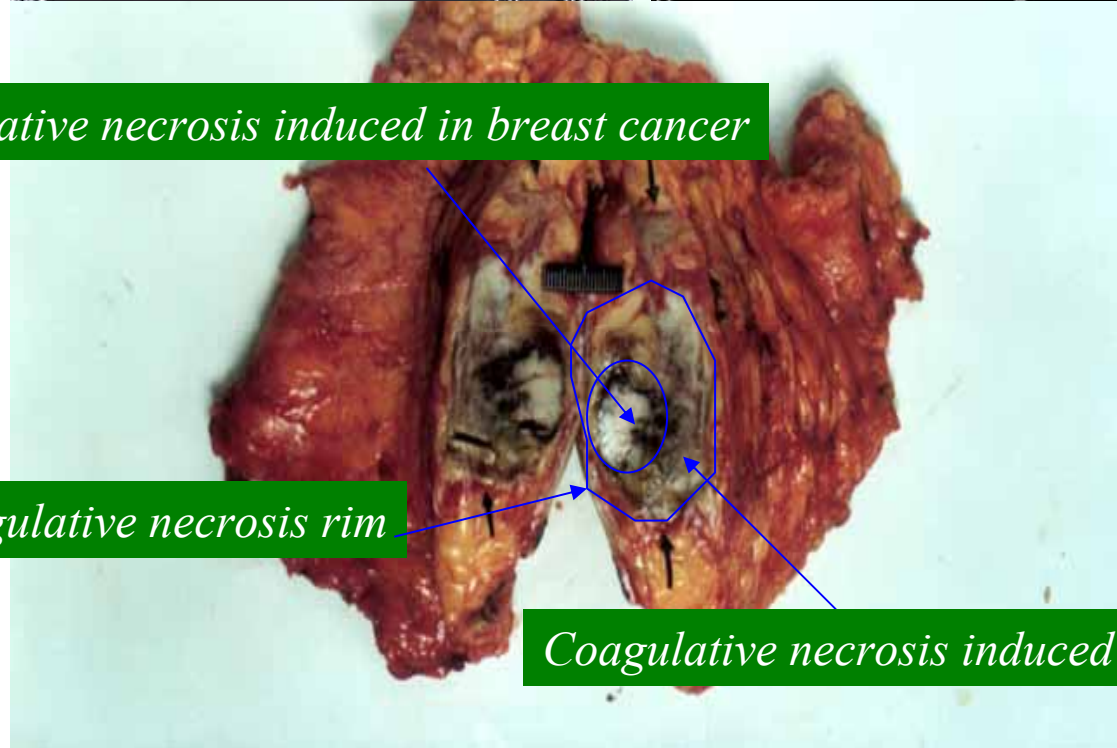
T1W MRI imaging 1 month After HIFU

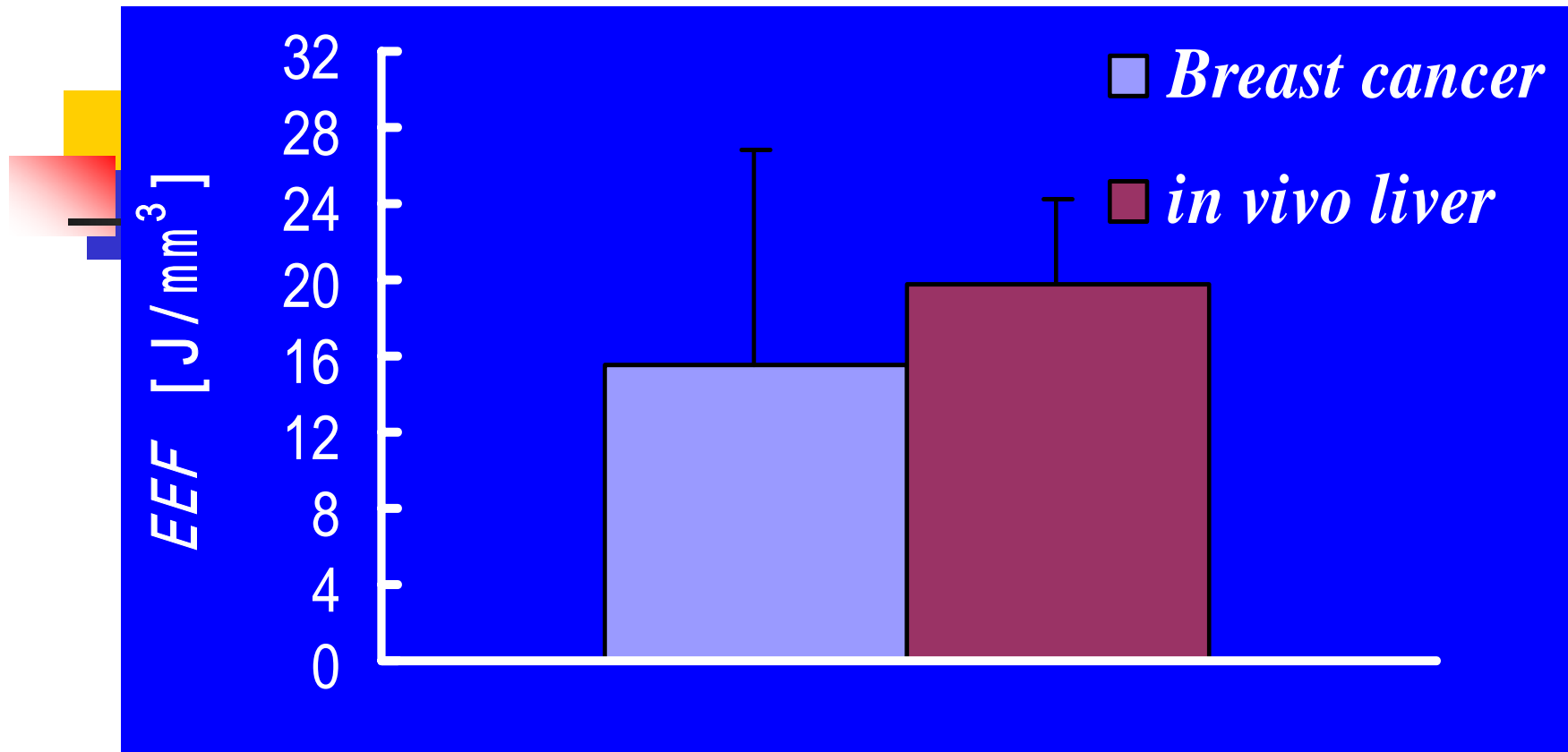


Coagulative necrosis induced in breast cancer

Coagulative necrosis rim

Coagulative necrosis induced in breast tissue





EEF for treating breast cancer and forming volume-shaped lesion inside goat liver at starting exposure depth 40mm with HIFU.

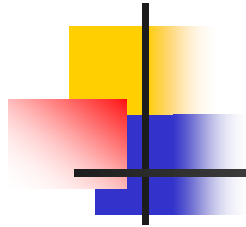
Application of EEF: To predict in advance the total treatment time for HIFU ablation of tumour in clinic in terms of experimental data.

The experimental results showed EEF was $31.3\text{J}/\text{mm}^3$ for forming volume lesion at starting exposure depth 5cm in goat liver with HIFU. So we can evaluate the total treatment time needed for extra-corporeal ablation tumour of $(2\text{cm})^3$ at a starting exposure depth of 5cm with HIFU.

$$EEF = \frac{\eta Pt}{V} \quad (\text{J}/\text{mm}^3)$$

Where EEF is $31.3\text{J}/\text{mm}^3$. η is 0.7, which reflects the focusing ability of ultrasound beams of HIFU transducer, Acoustic power P used in clinic is 200W , volume of tumour V is 8000mm^3 .

Therefore total treatment time needed for ablating a tumour of $(2\text{cm})^3$ with HIFU is 30min.



*Study on AET (Acoustic Environment
in Tissue) and RAET (Remolding
Acoustic Environment in Tissue) of
HIFU treatment tumors*



Challenge

- Tumors in deeper
- Large tumors
- Hepatic tumors shielded by ribs in HIFU beam pathway



Inspiration

- Difference of BFR and EEF between liver, kidney and muscle
- HIFU treatment bone tumour
- TAE



Acoustic Environment in Tissue

AET (Acoustic Environment in Tissue, AET) may be understood as the biological structure, function and acoustic properties in tissue before, during and after being treated with HIFU.

The favorable AET are: first, the target tissue has as much as possible energy deposition comparing to that of surrounding tissue; second, there is a reflecting interface behind the target region.

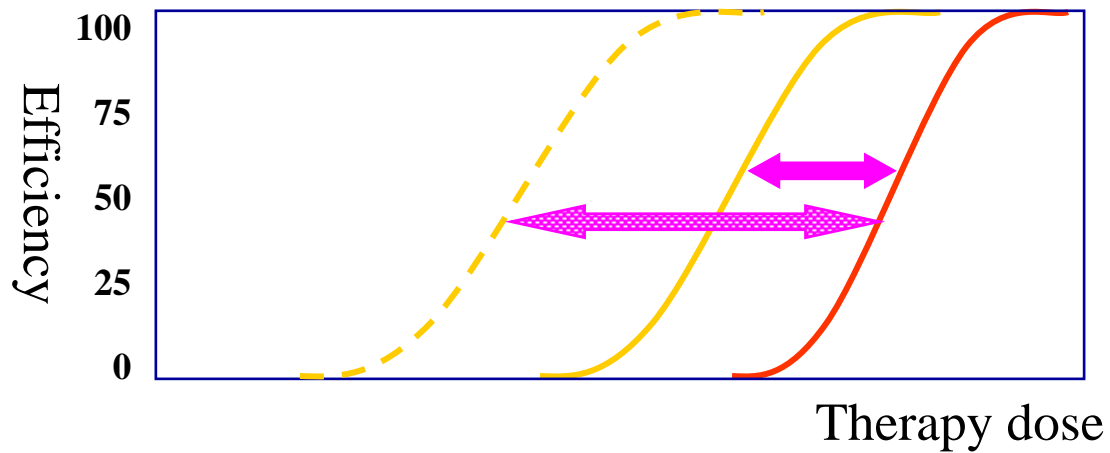
Wang Zhibiao et al. 3rd International Symposium on Therapeutic Ultrasound, 22-25 June 2003, Lyon, France, P68



Remolding Acoustic Environment in Tissue

RAET may be understood as developing some approaches to change tissue structure and function for speeding up delivery of ultrasound energy.

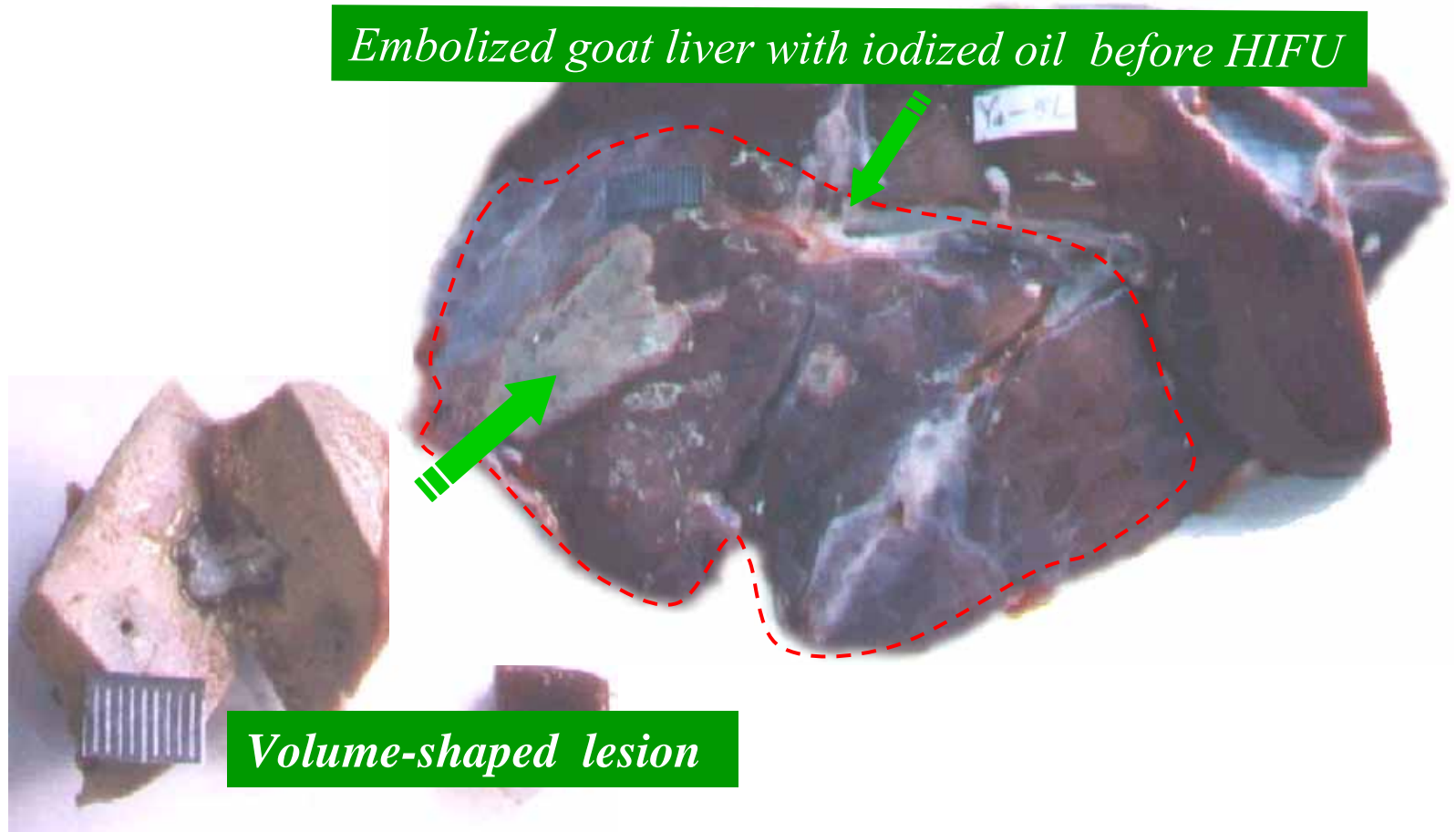
Aims

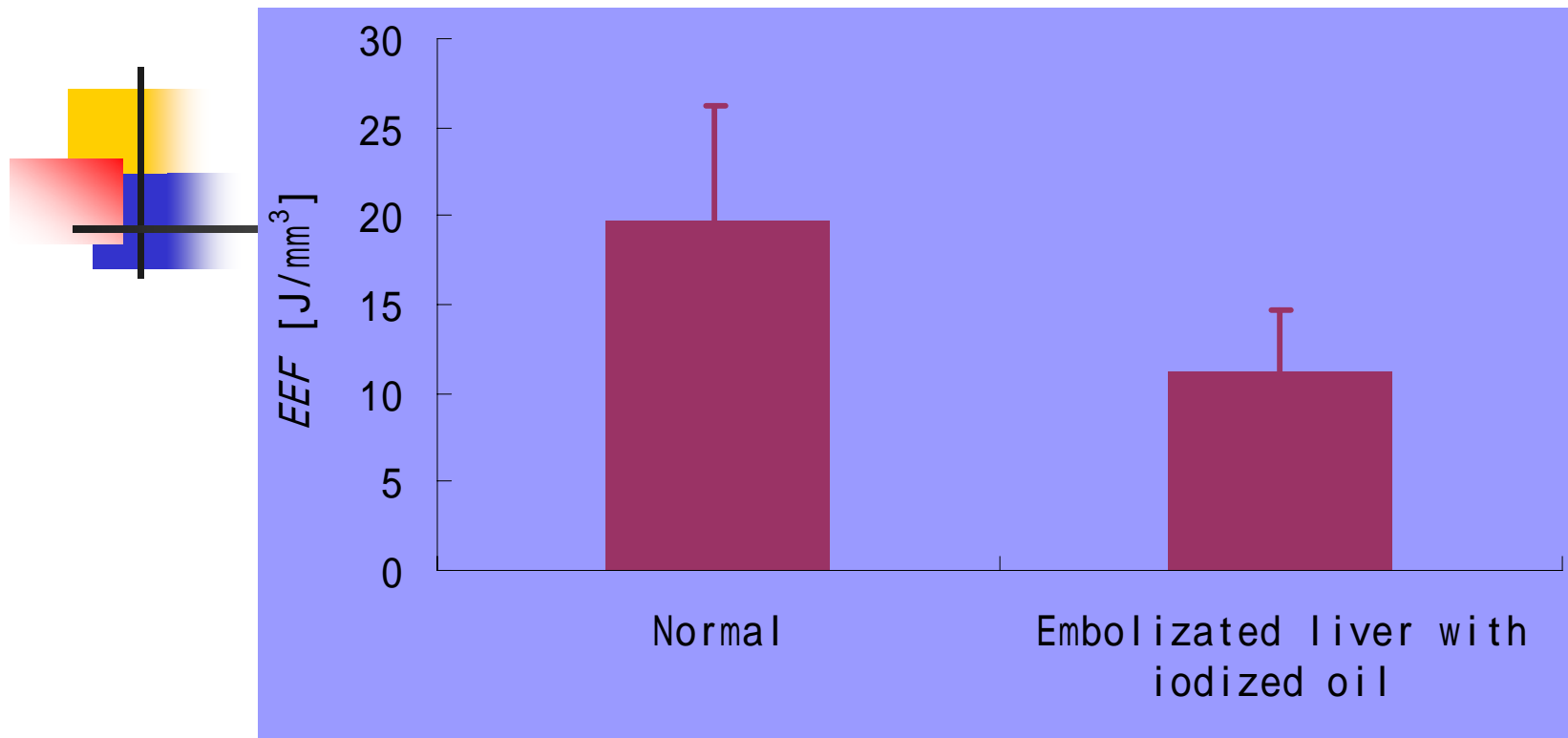


- Effective dose for RAET
- Effective dose for current therapy methods
- Safety dose

RAET : Embolized goat liver with iodized oil

Embolized goat liver with iodized oil before HIFU



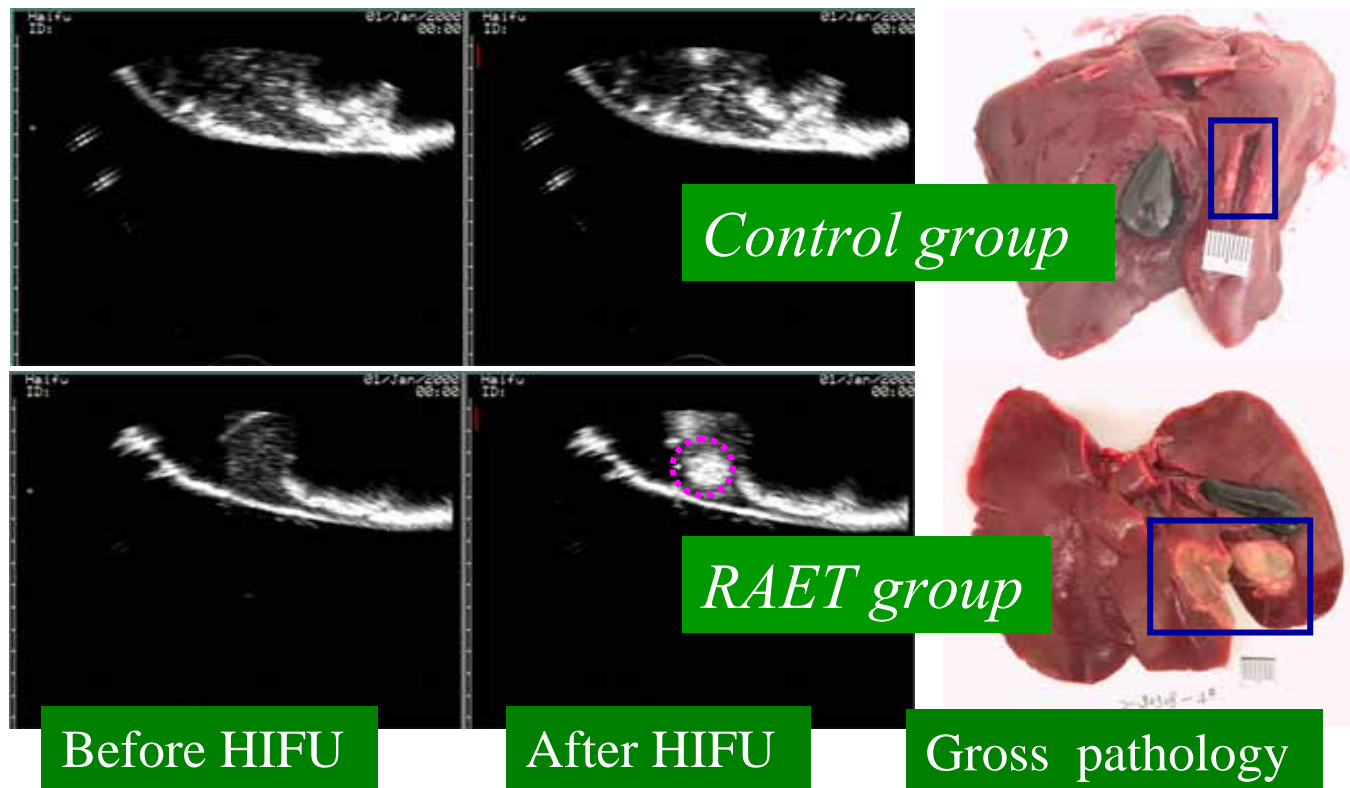


* **Embolized liver with iodized oil vs. Normal** $p < 0.05$

* **Starting irradiation depth 40mm**

Comparison of *EEF* needed between normal and embolized liver with iodized oil ablated by HIFU.

A promising method of RAET: IV injection of Microbubble agents

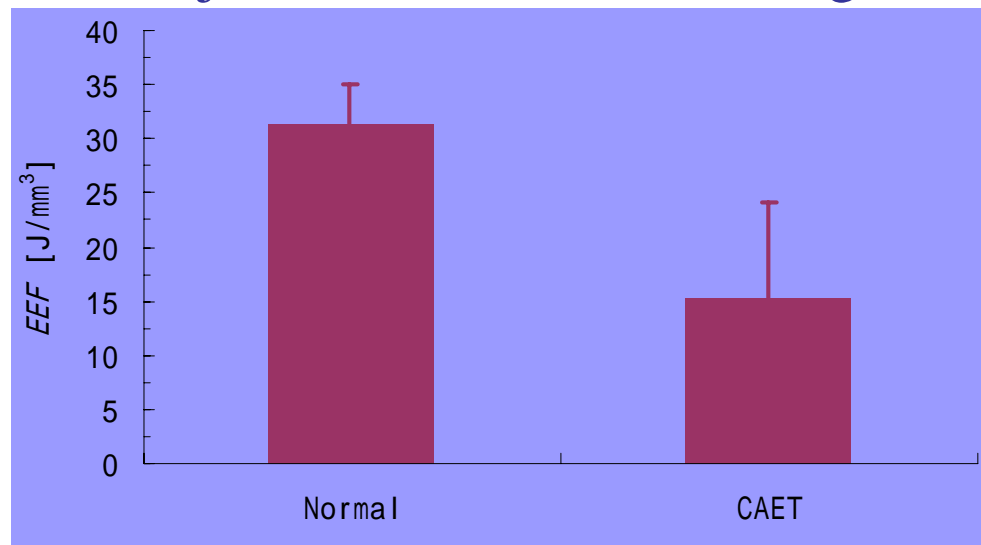


Goat liver

9

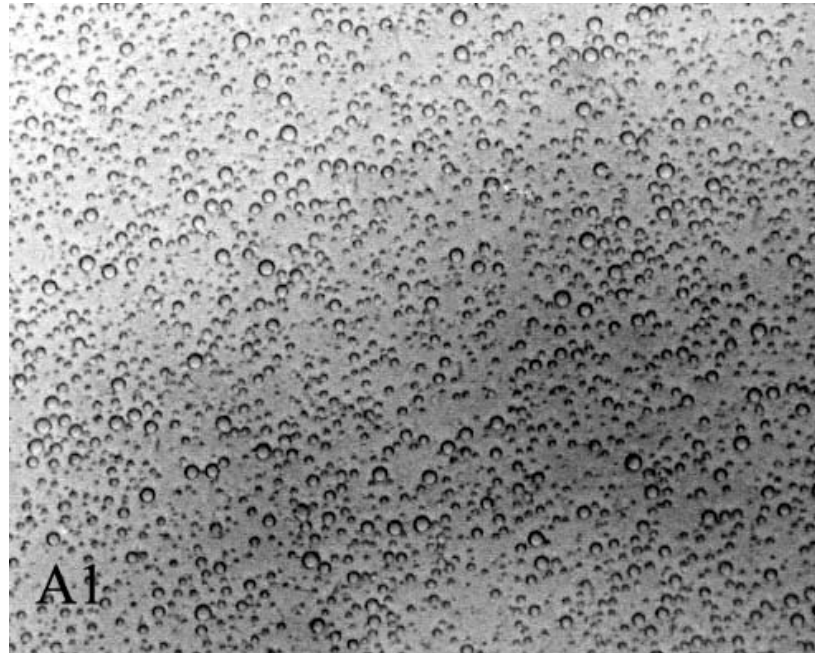


IV injection of microbubble agent

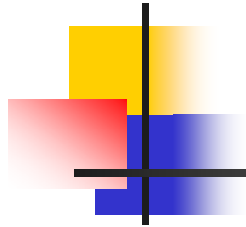


Comparison of *EEF* between control and goat liver of RAET ablated by HIFU

*RAET : Using phase shift
perfluoropentane emulsion (PSPE)*



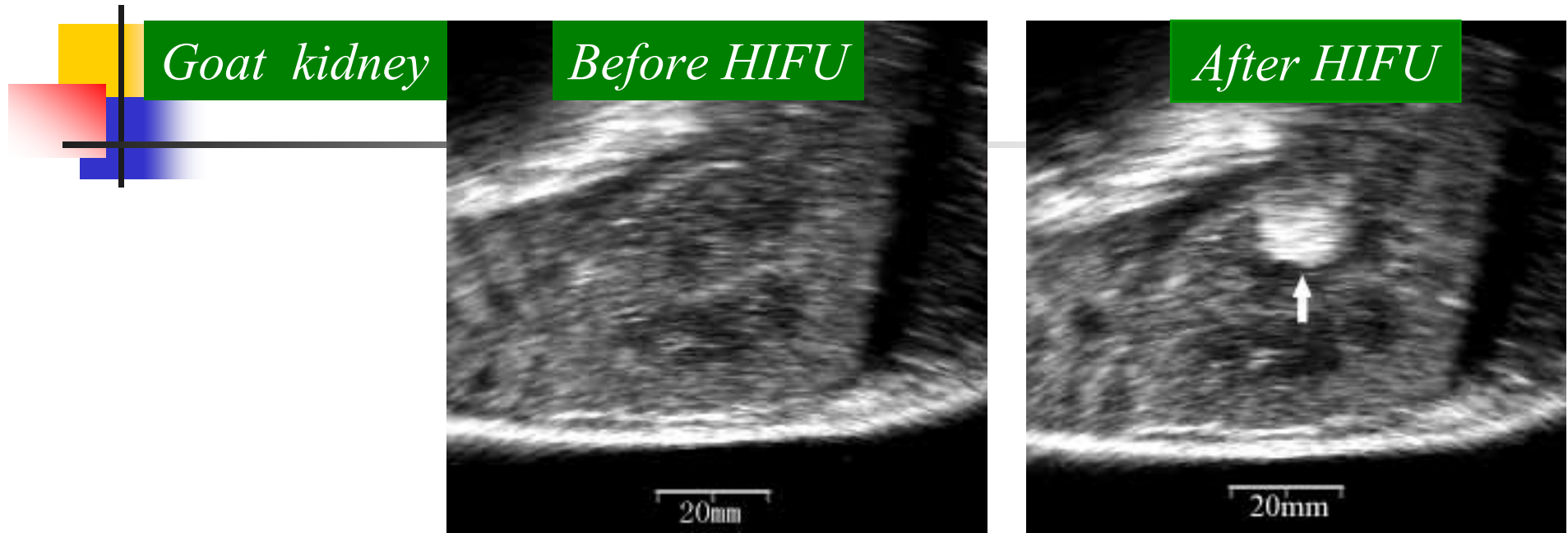
PSPE droplets (4 hours after preparation, diluted 100 times, $\times 400$)



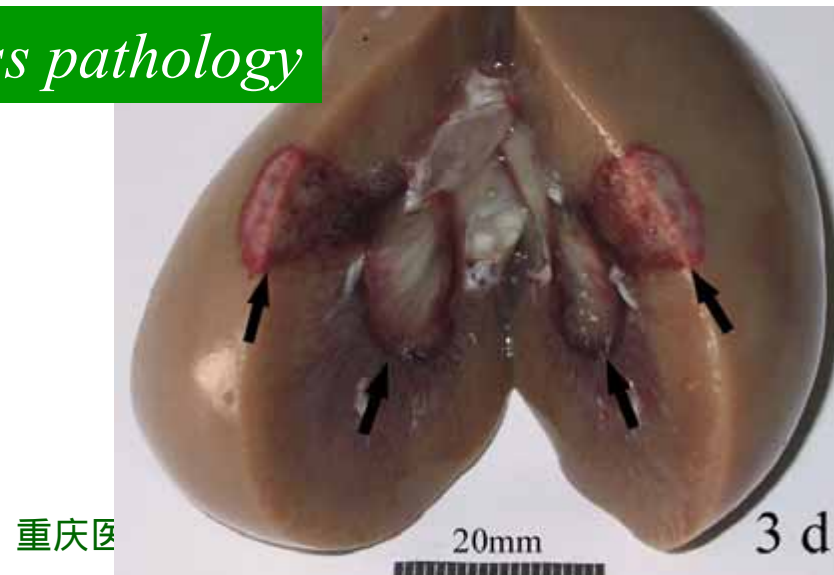
EEF of HIFU ablation control and RAET rabbit liver

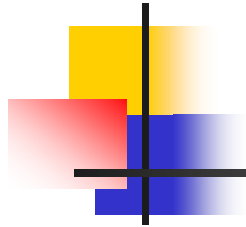
	Control group	RAET group	p
V (mm ³)	219.91	554.18	0.001
EEF (J/mm ³)	5.15	1.35	0.000

HIFU combined with PSPE



Gross pathology



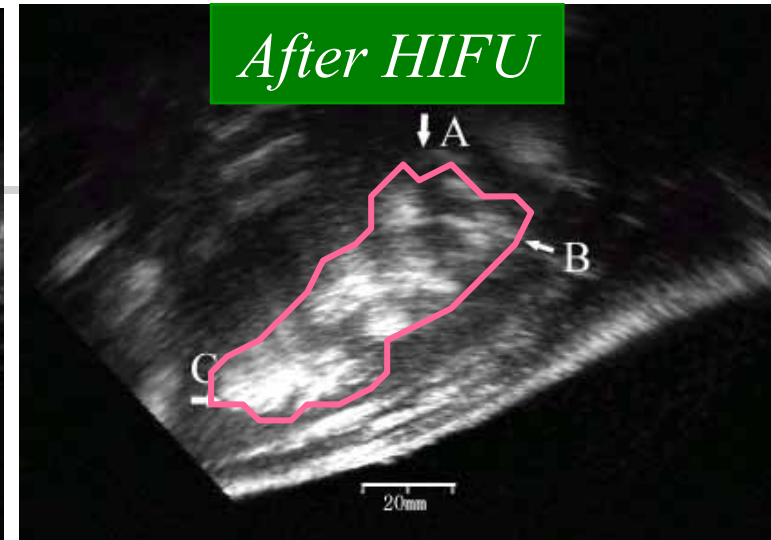
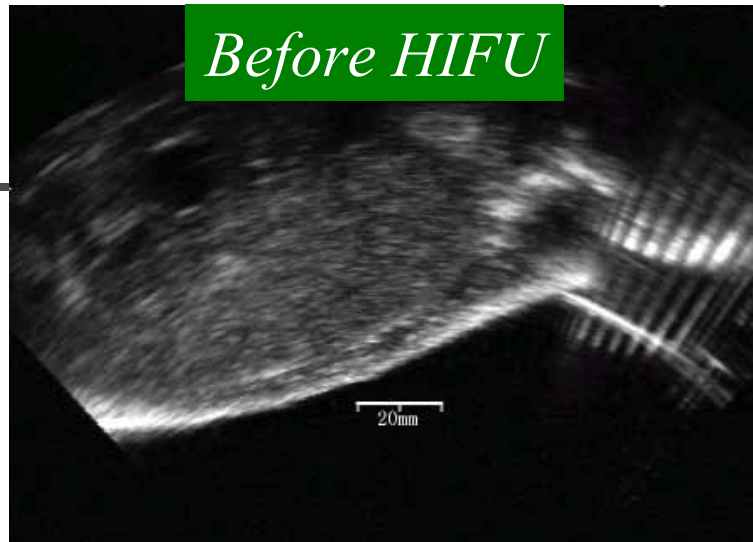
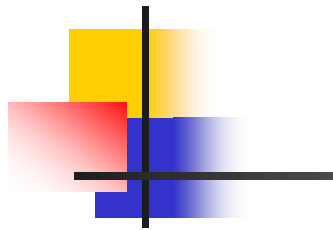


EEF of HIFU ablation control and RAET goat kidney

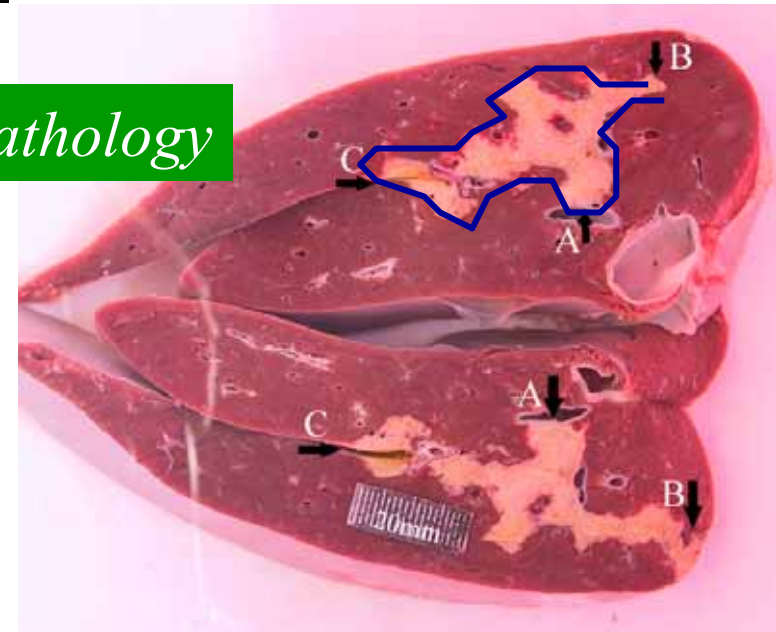
Group	N	EEF (J/mm ³)	<i>P</i>
Control	15	169.04	0.000
RAET	15	8.74	

Goat Liver

HIFU combined with PSPE

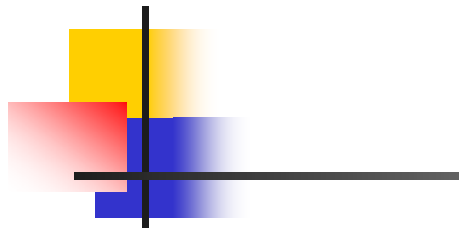


Gross pathology

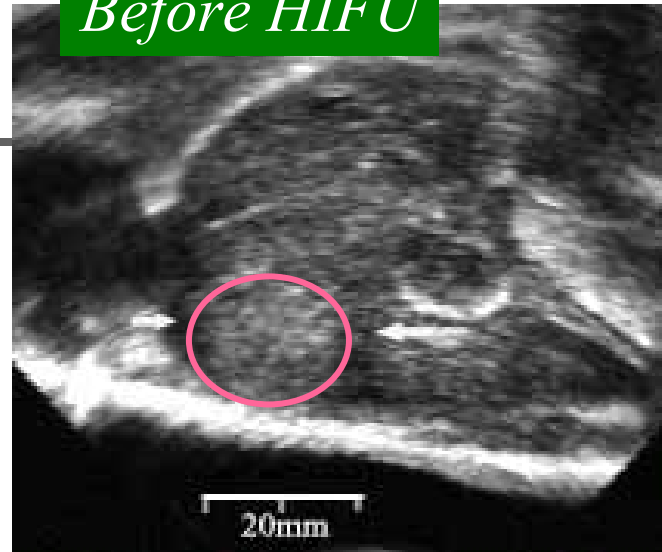


Rabbit VX2 liver tumour

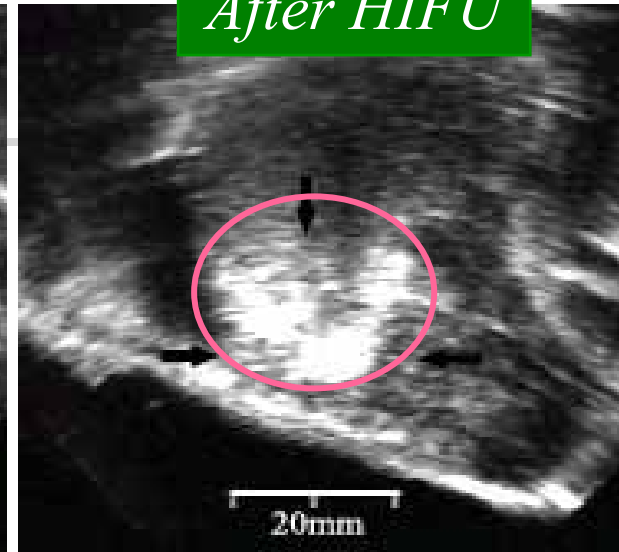
HIFU combined with PSPE



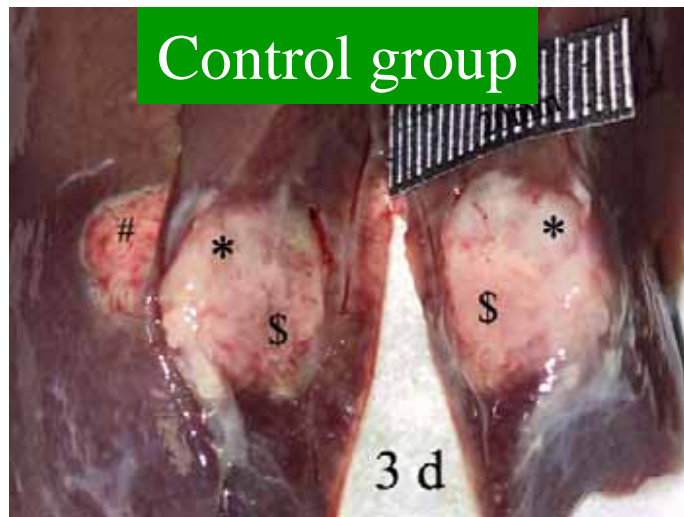
Before HIFU



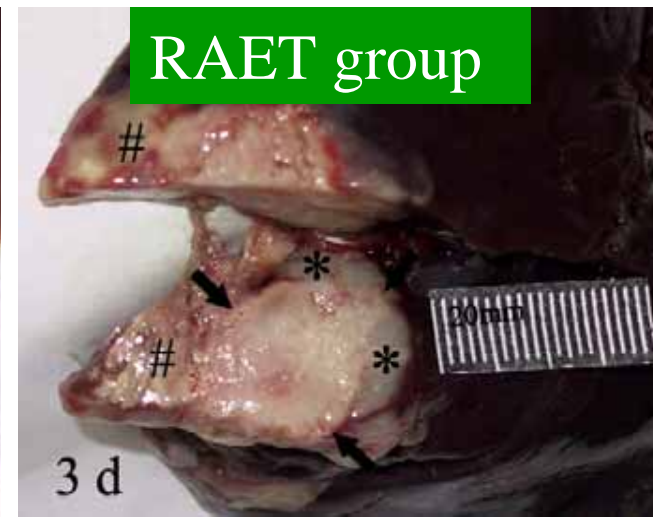
After HIFU



Control group



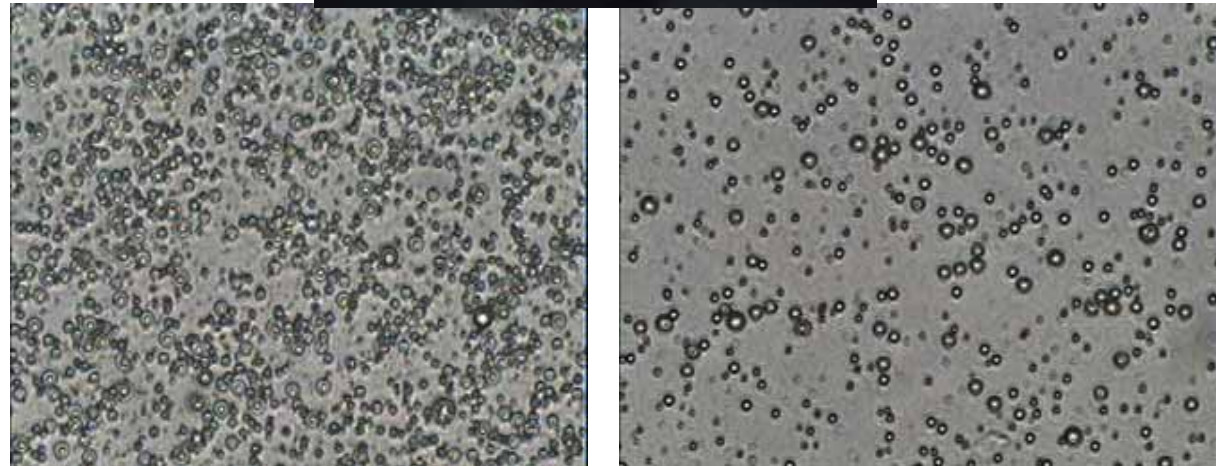
RAET group



RAET : Using HL-2

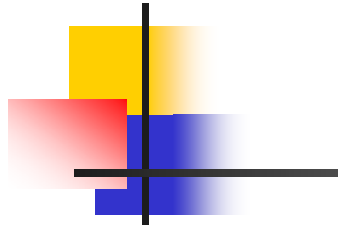


HL-2



The light microscopic image of HL-2 ($\times 400$), 10 fold diluted (Left) and 100 fold diluted (Right)

Rabbit Liver HIFU combined with HL-2



Before HIFU *After HIFU*

5/21/04 02:16 Hahu HIFU Tumor Therapeutic System Total Exposure Time: 54s
5/21/04 02:16 Hahu HIFU Tumor Therapeutic System Total Exposure Time: 61s Slice: 5 Patient: Test No.: 0
5/21/04 02:25 Hahu HIFU Tumor Therapeutic System Total Exposure Time: 71s Slice: 6 Patient: Test No.: 0
5/21/04 02:45 Hahu HIFU Tumor Therapeutic System Total Exposure Time: 104s Slice: 8 Patient: Test No.: 0

X: -35 Y: -33 Z: -140 [94: -79] X: -35 Y: -33 Z: -140 0 Line Length: 78

Motion Control Image Mapping Time: 0.000s [0: 0: 0] Single Pulse Exposure: 0
Selection Slices Back to Previous
Save Current Screen Gray-scale Analog Display Incident Angle

RAET group

cycle 1 Time 3 Repeat 4
speed 1 Time: 15

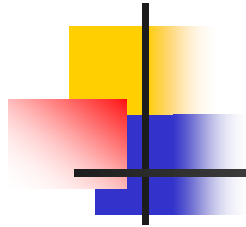
Before HIFU *After HIFU*

03-12-16 10:5 公共管理科: 156号
04-2-8 04:00 海林美康超声肿瘤治疗系统 总治疗时间: 01:00 第14组
04-2-8 04:00 海林美康超声肿瘤治疗系统 总治疗时间: 01:00 第14组
04-2-8 04:00 海林美康超声肿瘤治疗系统 总治疗时间: 01:00 第14组
04-2-8 04:00 海林美康超声肿瘤治疗系统 总治疗时间: 01:00 第14组

an 18.0 yr. 3. an=144. 10yr 38. 2. an=113 an 3. yr. 37. 8. an=162. 6. 2. an=125

运动控制 治疗中暂停 图像颜色与调整 点阵点打 点阵点打
原图选择 自锁印 位置跟踪时间 点打时间
保存当前屏幕图像 再次处理 重复治疗时间
显示跟踪声场范围 本组治疗时间

Control group



EEF of HIFU ablation control and RAET rabbit liver

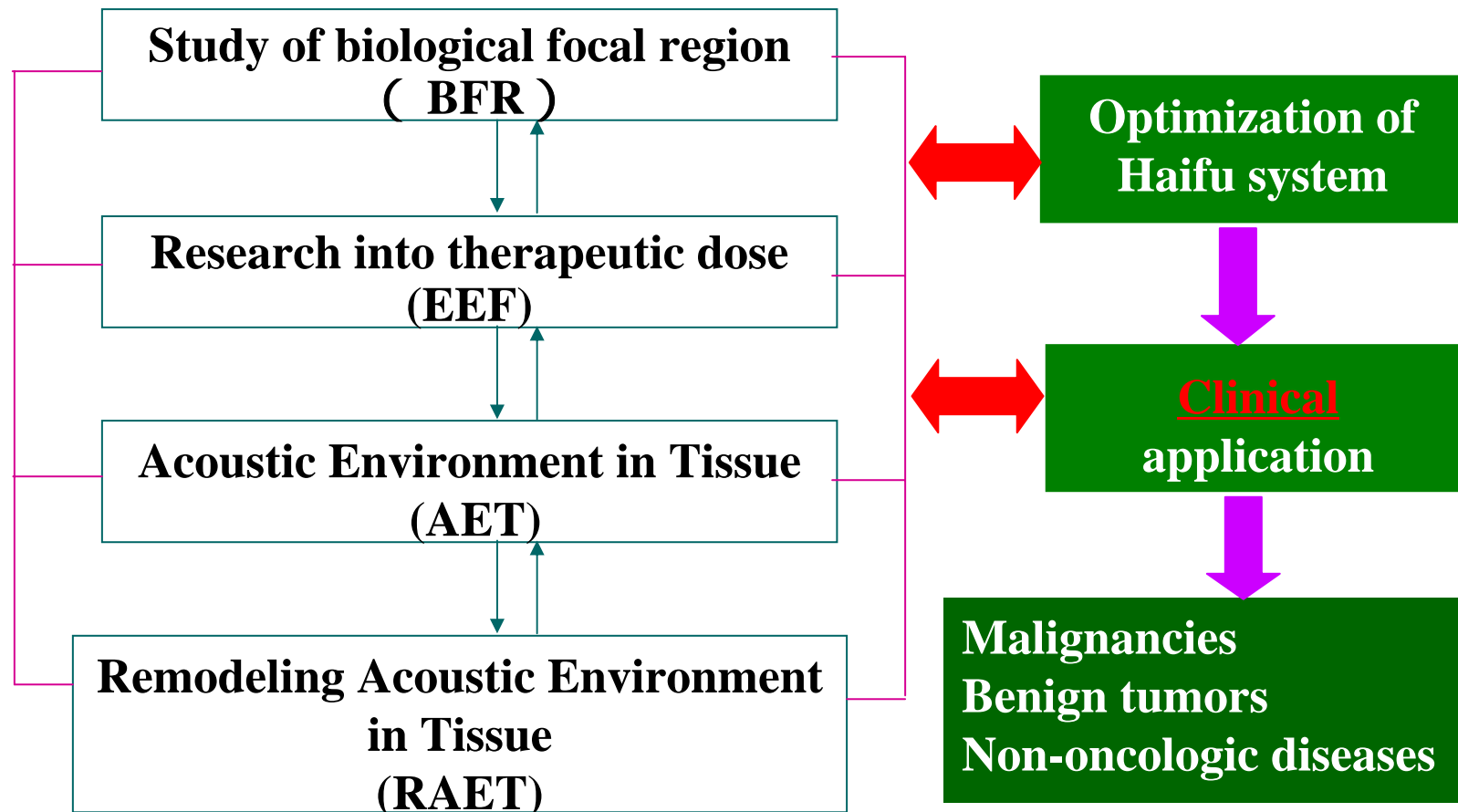
分组	n	EEF (mean \pm s)
HL-2	48	7.16 \pm 1.38
NS	15	31.05 \pm 2.68
P		<0.001



Unknown

- Mechanism
- Effect of type of microbubble agents on improvement of treatment efficiency
- Optimal treatment protocol for HIFU combination with microbubble agents
- Toxicity of microbubble agents exposed to HIFU
-

The General Scheme for the Research of HIFU Technologies



Clinical application of HIFU

Malignancies

Liver cancer
Breast cancer
Malignant bone tumors
Renal cancer
Soft tissue tumors
Pancreatic cancer
Melanoma
Lymphomas

Benign tumors

Mammary fibroma
Hysteromyoma
Lipoma
Fibroma
Fibromatosis

Non-oncologic diseases

White lesions of vulva
condyloma acuminata
Cervicitis

Future

In Feb. 2004, the US congress gathered 30 top scientists of the world to discuss the frontier sciences, therapeutic ultrasound (HIFU technology) was discussed for the first time.





Paper published in Nature on 05

- Samir Mitragotri . Innovation: Healing sound: the use of ultrasound in drug delivery and other therapeutic applications. *Nature Reviews Drug Discovery* 4, 255-260 (01 Mar 2005)
- James E. Kennedy. Innovation: High-intensity focused ultrasound in the treatment of solid tumours .*Nature Reviews Cancer* 5, 321-327 (01 Apr 2005)
- Christian Chaussy, Stefan Thüroff, Xavier Rebillard, Albert Gelet. Technology Insight: high-intensity focused ultrasound for urologic cancers. *Nature Clinical Practice Urology* 2, 191-198 (01 Apr 2005)