



NSF Engineering Research Center
for Computer Integrated Surgical
Systems and Technology

**WHITING
SCHOOL OF
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THE JOHNS HOPKINS UNIVERSITY

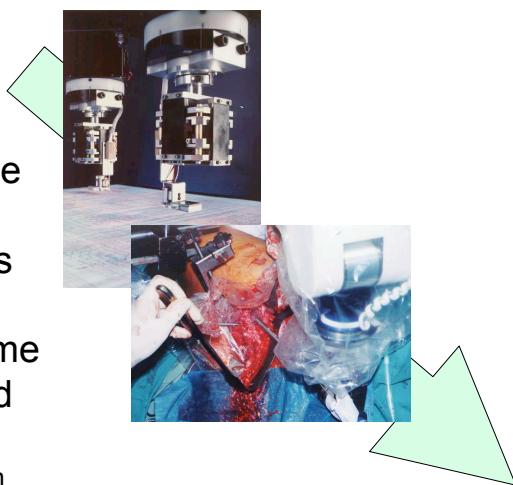
Computer-Integrated Interventional Medicine: Integrating Imaging, Intervention, and Informatics to Improve Patient Care

Russell H. Taylor

**Professor of Computer Science, with joint appointments
in Mechanical Engineering, Radiology & Surgery
The Johns Hopkins University
rht@jhu.edu**

Prediction

A partnership between human clinicians and computer-based technology will fundamentally change the way surgery and interventional medicine is performed in the 21st Century, in much the same way that computer-based technology changed manufacturing in the 20th Century

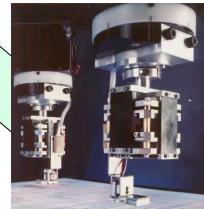


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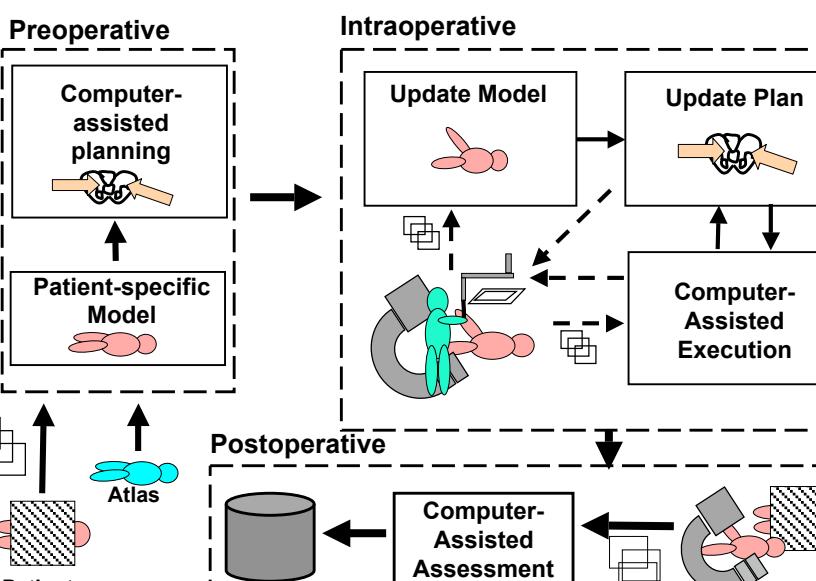


What will drive this change?

- New capabilities that **transcend human limitations** in surgery
- Increased **consistency and quality** of surgical treatments
- **Better outcomes** and more **cost-effective** processes in surgical practice

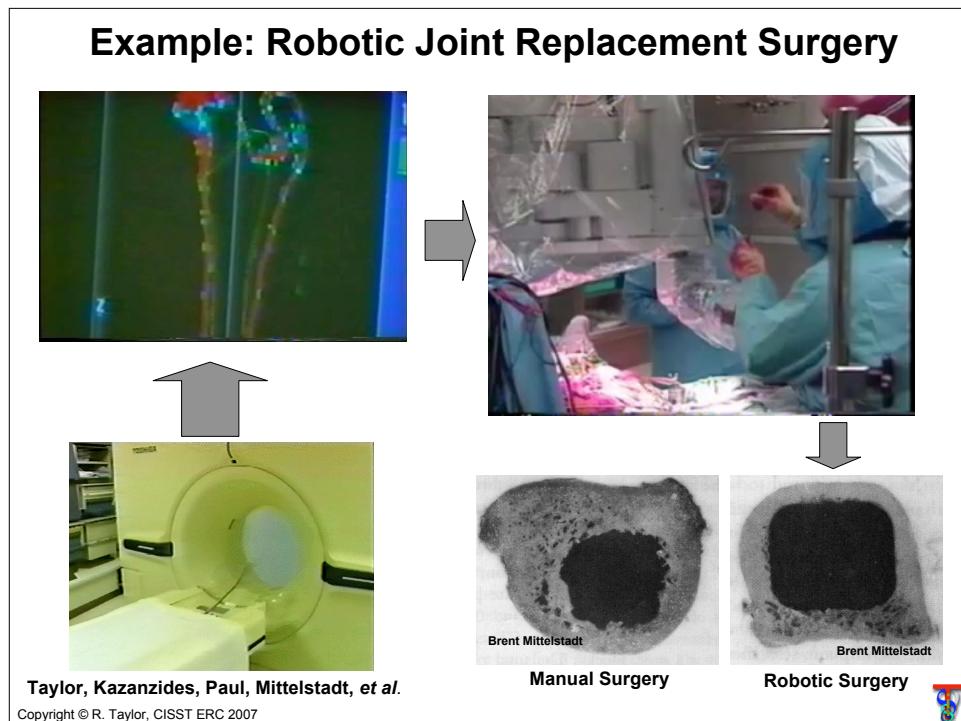
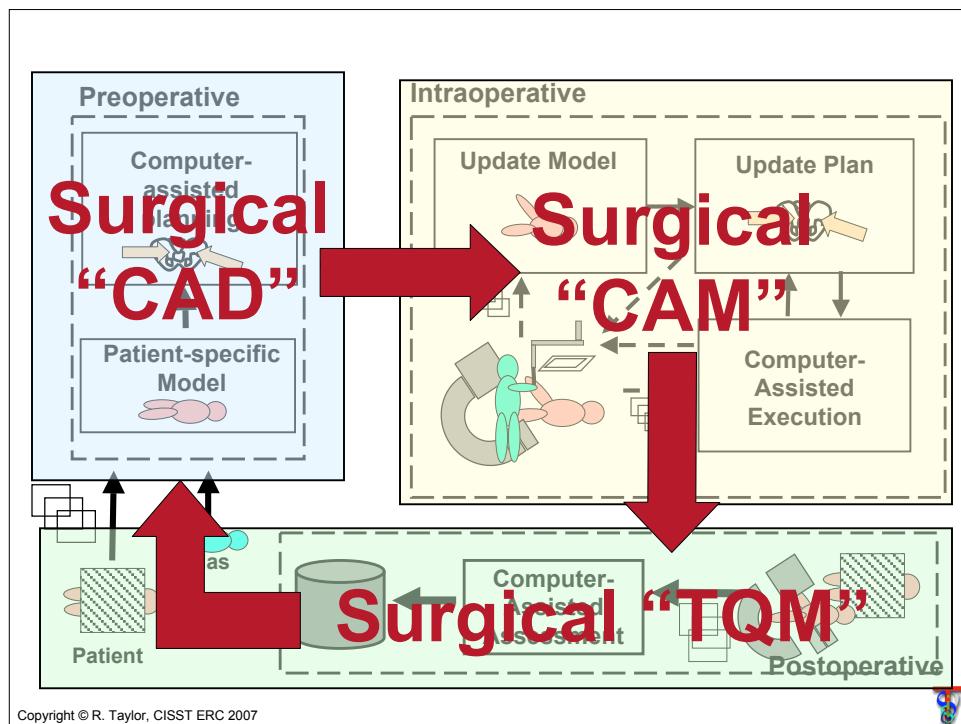


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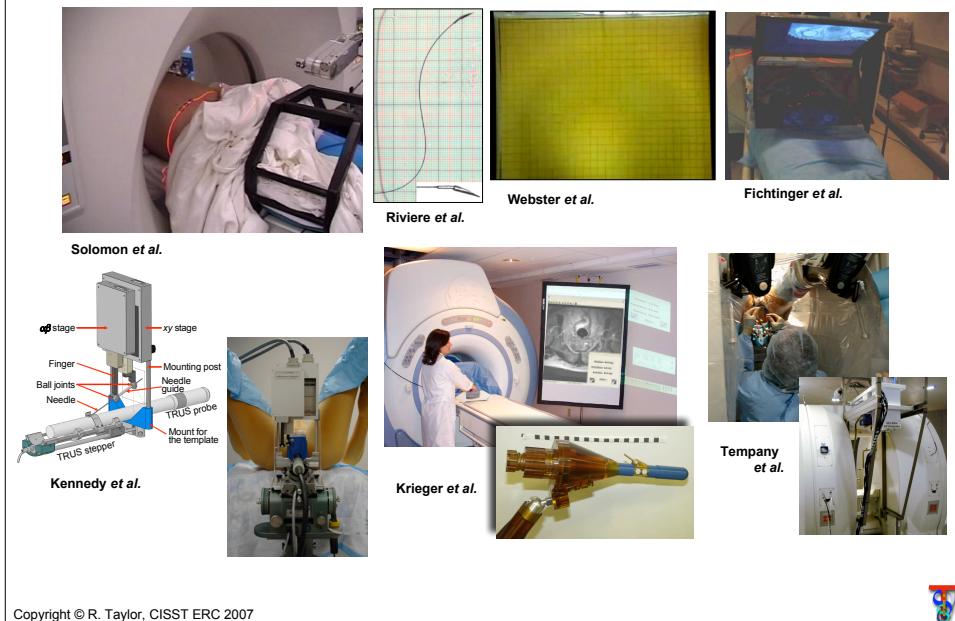


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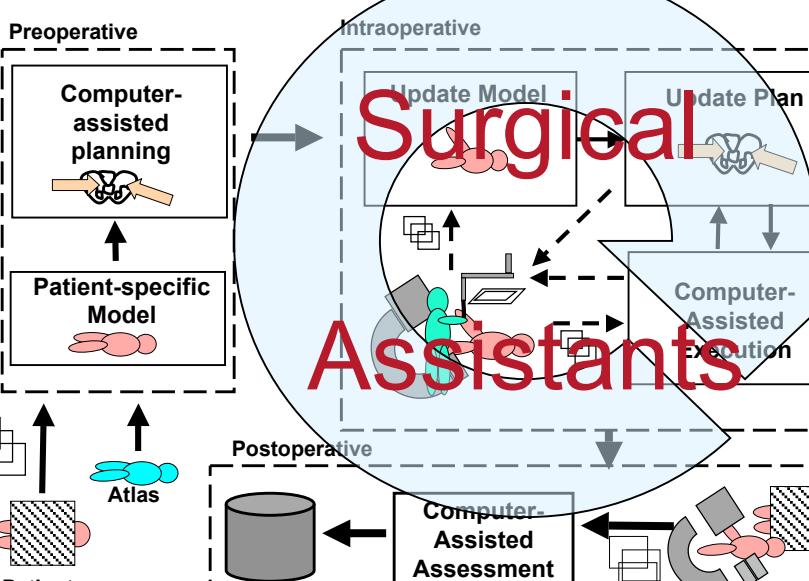




Example: In-imager Needle Placement



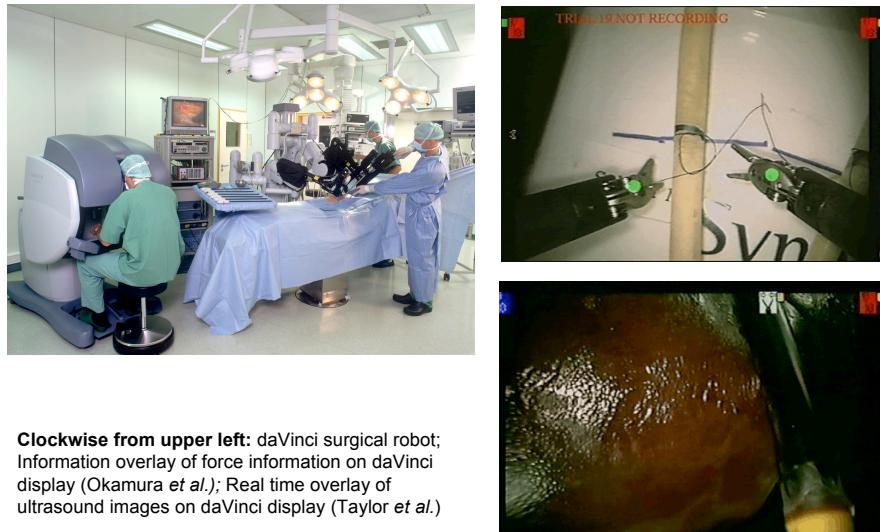
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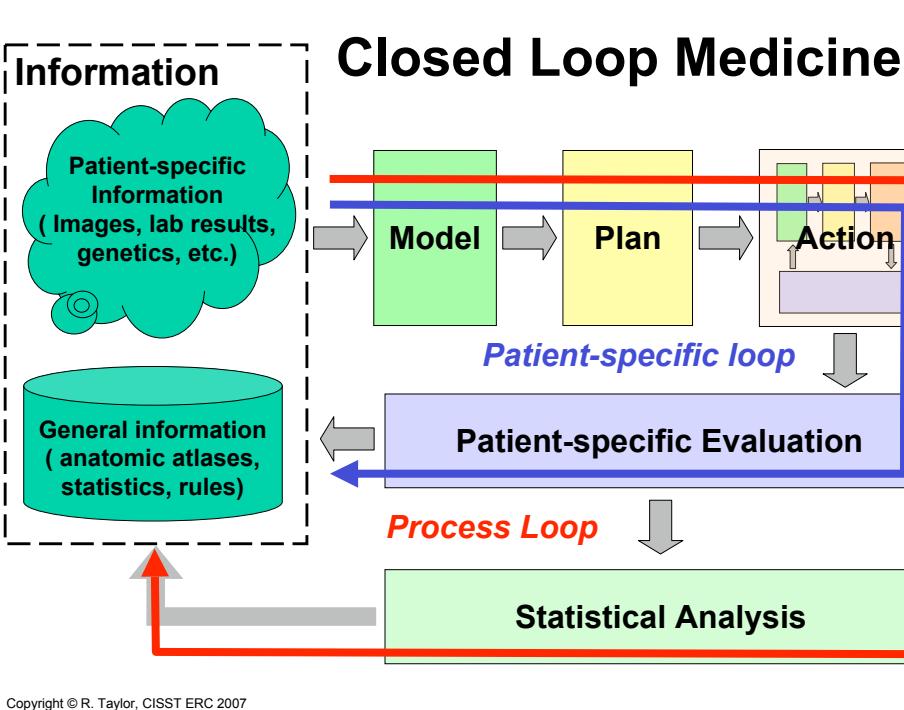
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Example: Augmented Reality in Robot-Assisted Surgical Systems



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Multidisciplinary Integration is Crucial

Modeling & analysis

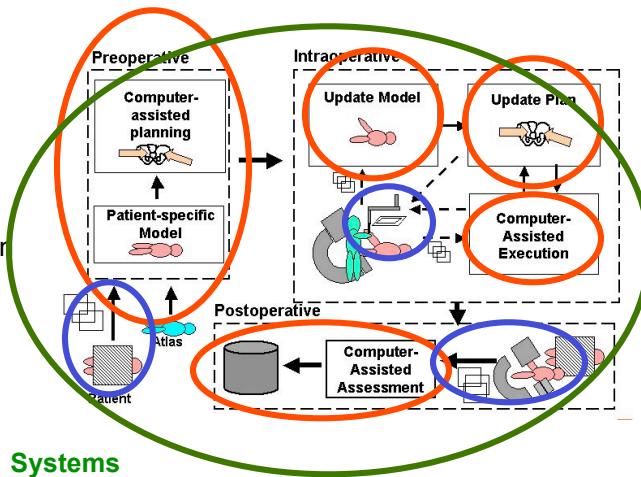
- Segmentation
- Registration
- Atlases
- Optimization
- Visualization
- Task characterization
- etc.

Interface Technology

- Sensing
- Robotics
- Human-machine interfaces

Systems

- Safety & verifiability
- Usability & maintainability
- Performance and validation



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Engineering Research Center for Computer Integrated Surgical Systems and Technology (CISST ERC)



The CISST ERC is developing a family of surgical systems that combine innovative algorithms, robotic devices, imaging systems, sensors, and human-machine interfaces to work cooperatively with surgeons in the planning and execution of surgical procedures.



Areas of Research

- Robotic surgical assistants
- Image-guided interventional systems
- Focused interdisciplinary research in algorithms, imaging, robotics, sensors, human-machine systems



Institutions

- Johns Hopkins, MIT, CMU, BWH, Harvard, Penn, Morgan State, Columbia, Georgetown, ...

Funding

- Year 9: Core NSF Grant = \$2.7M; Total = \$6.8M
- Year 10: Core NSF Grant = \$1.8M; Total = \$8.2M
- Years 1-10: Core NSF Grant = \$30.2M; Total = ~\$62M

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1998

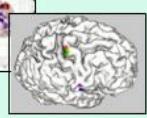
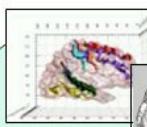
Engineered Systems & Applications



Enabling core technology



Fundamental Knowledge



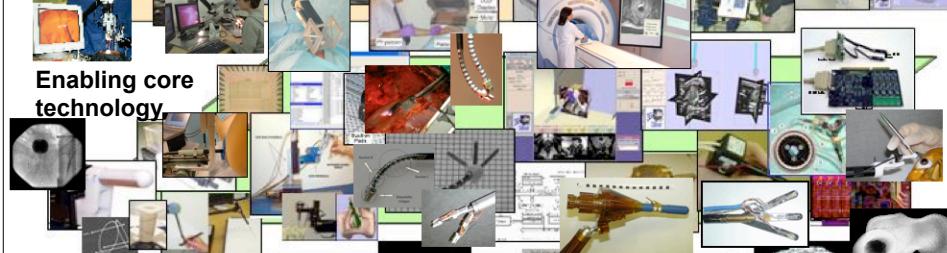
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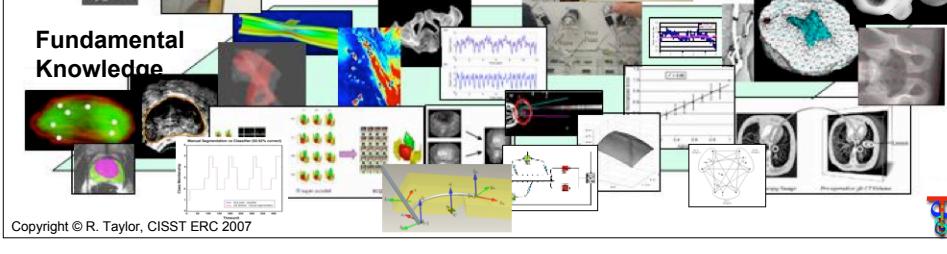
Engineered Systems & Applications



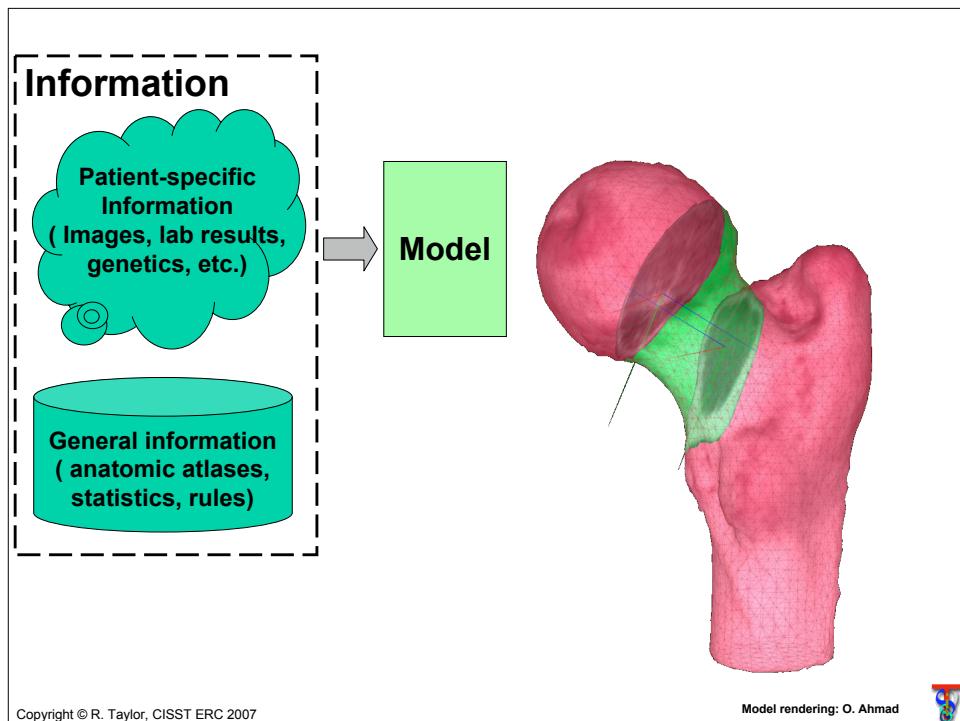
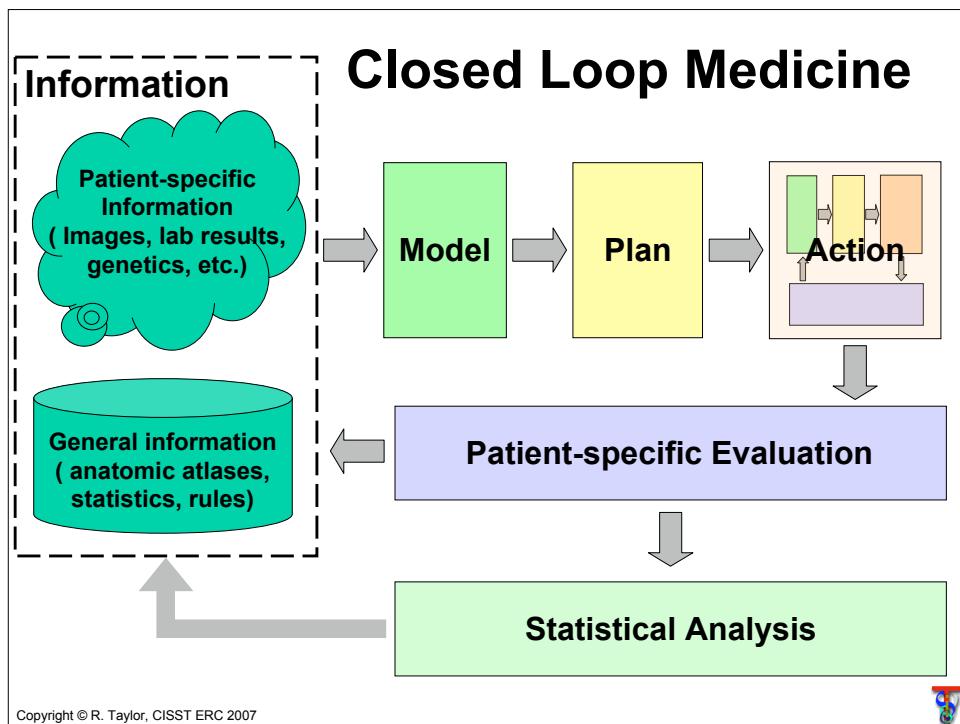
Enabling core technology



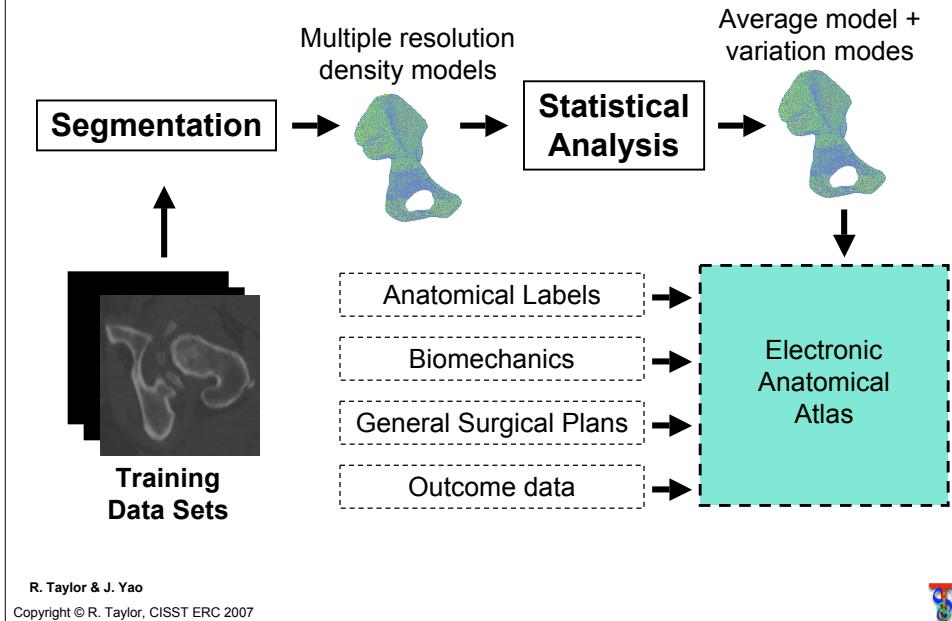
Fundamental Knowledge



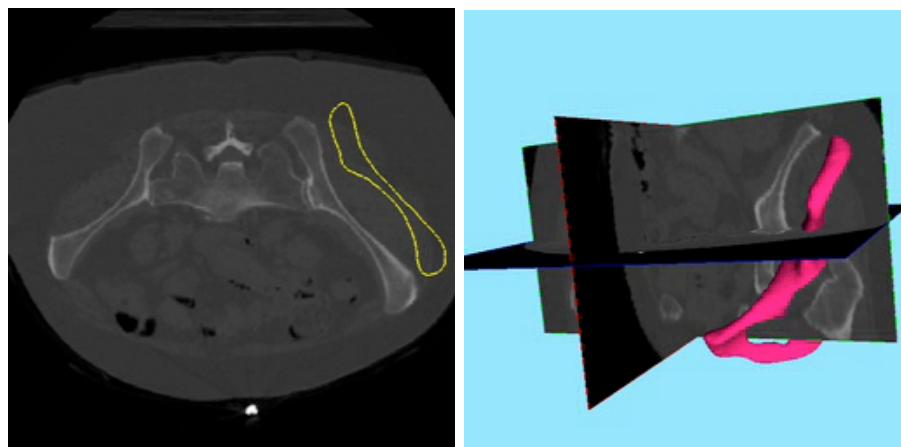
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Statistical Atlases of Patient Anatomy

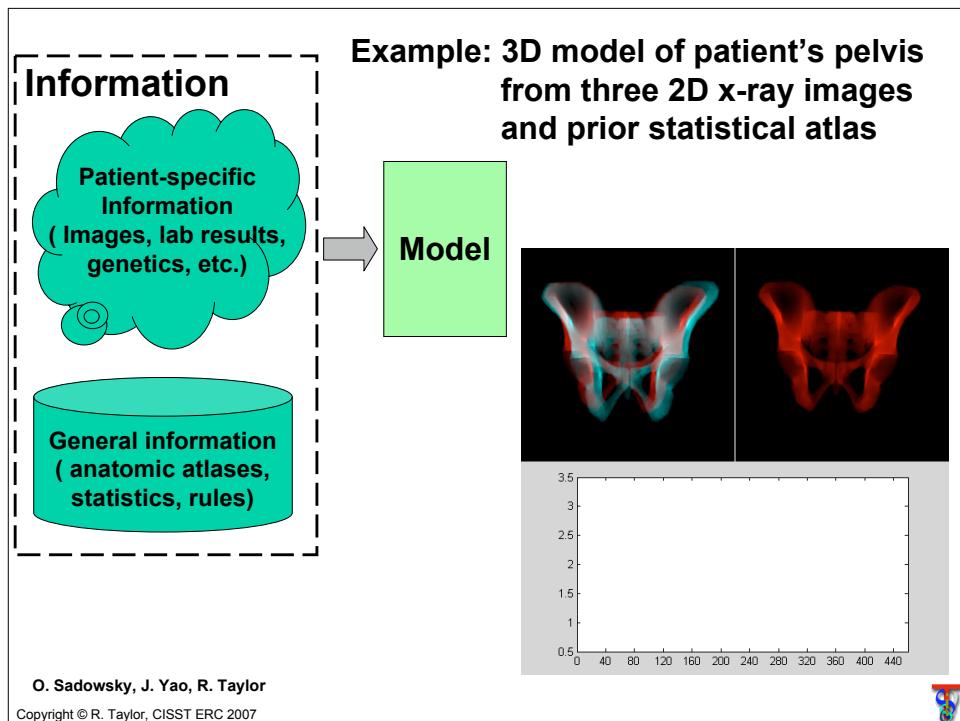
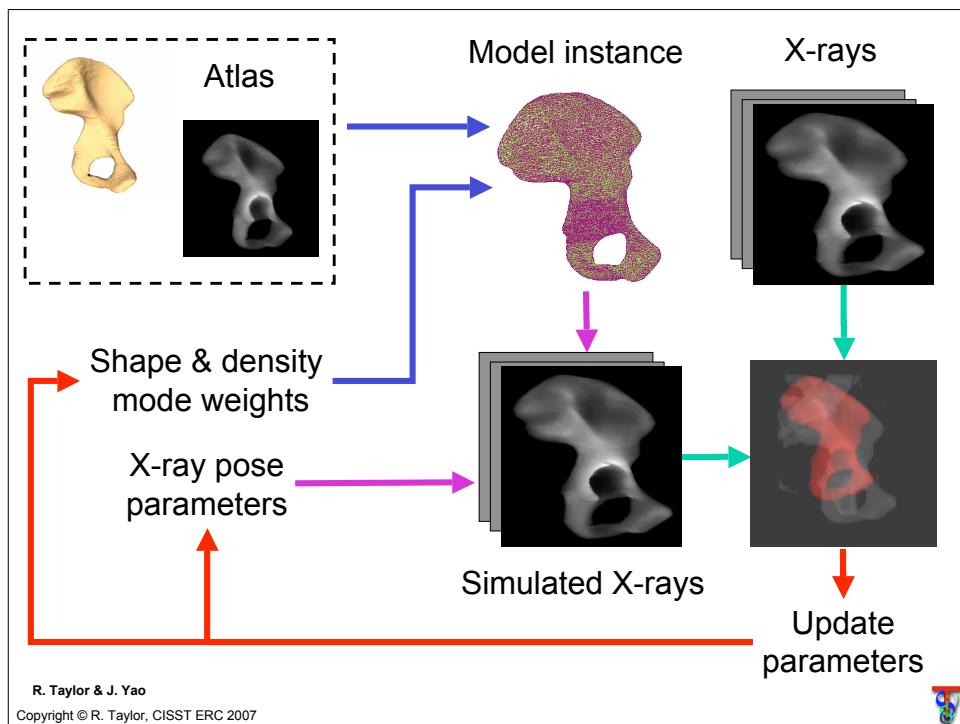


Deformable Atlas-to-CT Registration (3D-3D)

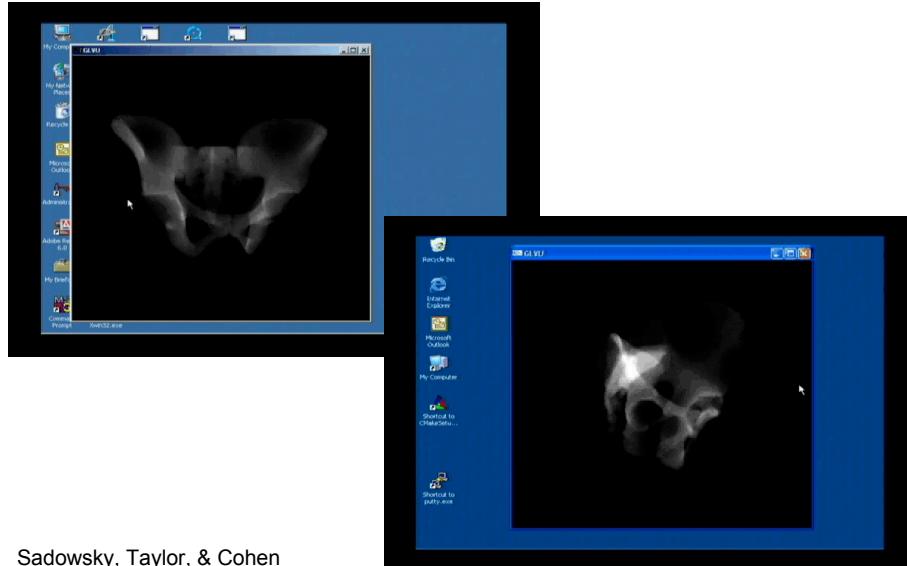


Jianhua Yao

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Fast simulated x-rays from deforming model

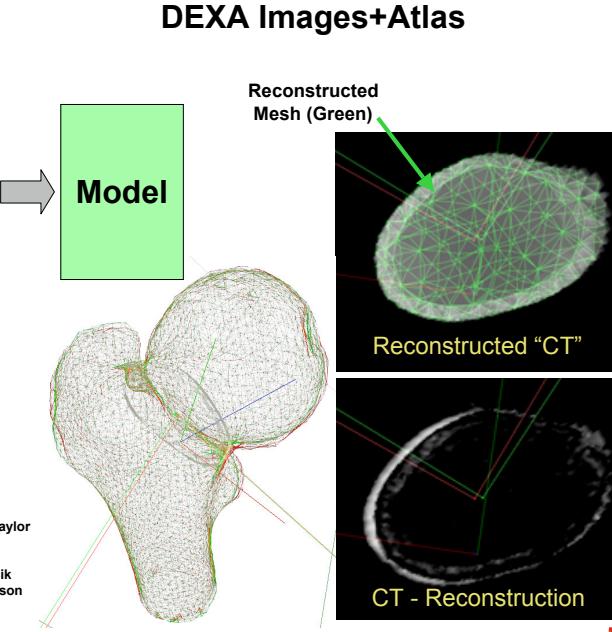
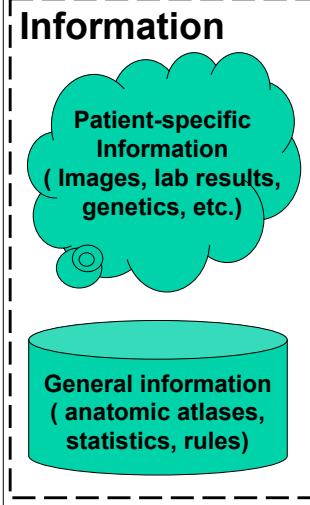


Sadowsky, Taylor, & Cohen

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Example: 2D-3D Reconstruction from 3 DEXA Images+Atlas

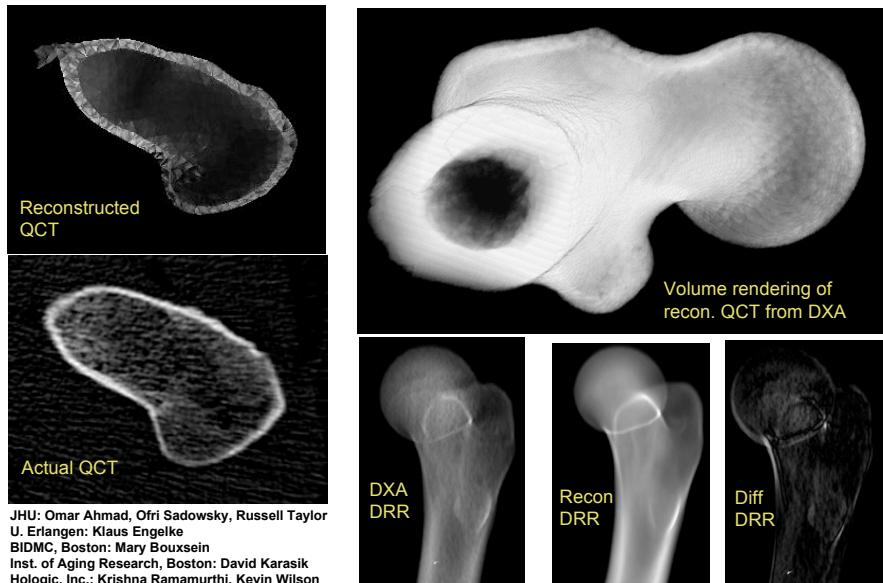


JHU: Omar Ahmad, Ofri Sadowsky, Russell Taylor
U. Erlangen: Klaus Engelke
BIDMC, Boston: Mary Bouxein
Inst. of Aging Research, Boston: David Karasik
Hologic, Inc.: Krishna Ramamurthi, Kevin Wilson

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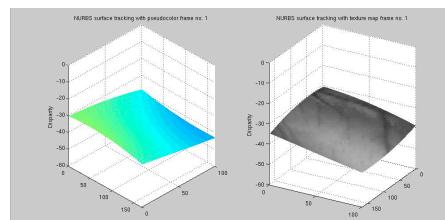
Results



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Real-time Video Techniques

Hager/Thakor/Yuh/Lau (JHU)

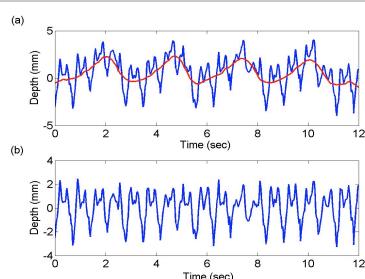


Problem: Construct dynamically tracked models of deformable surfaces

Solution: Optimize a parametric surface from stereo imagery

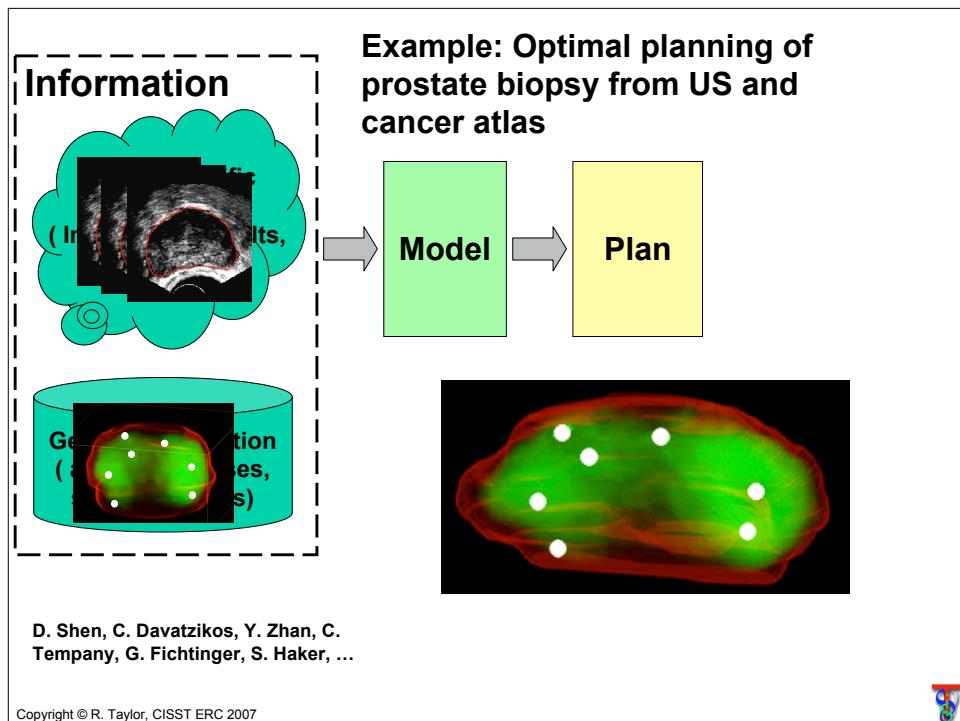
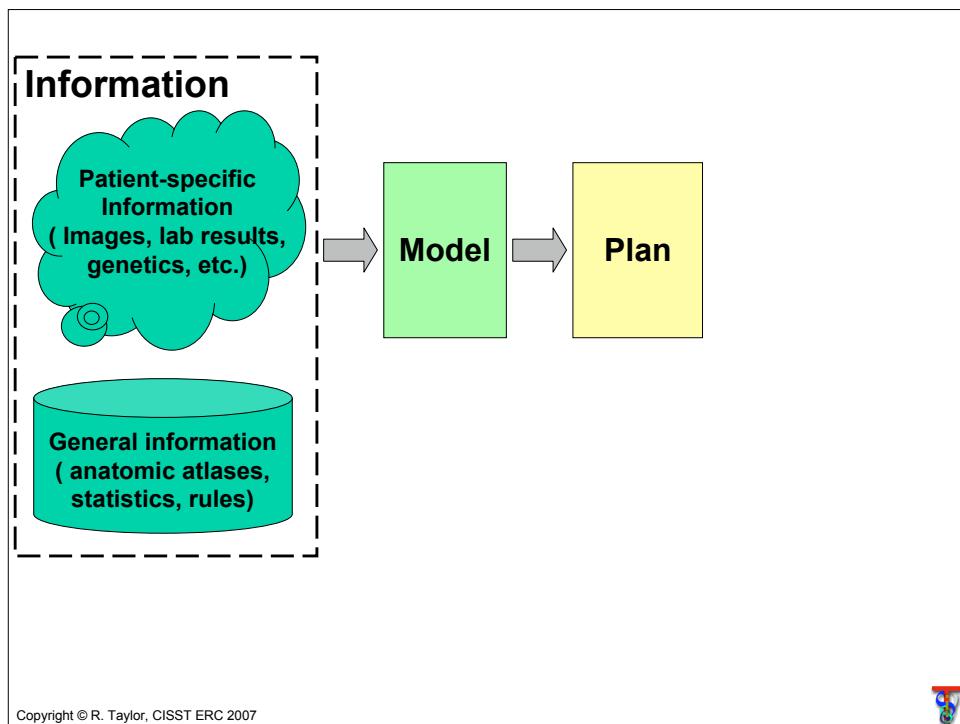
Results: Real-time tracking of a beating heart with:

1. Real-time performance
2. Extremely high accuracy (< 1/10 pixel)
3. Generalization to many imaging devices and applications



Stereo tracking of in-vivo beating heart using Intuitive Stereo Endoscope

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Example: Biomechanical Simulation of Medical Needle Insertion

Ron Alterovitz, Ken Goldberg (UC Berkeley)

Jean Pouliot, I-Chow Hsu (UCSF)

- Goal: Reduce radioactive seed placement error in prostate cancer brachytherapy treatment using biomechanical simulation
- Developed 2D dynamic finite element model of needle insertion in tissue
- Interactive simulation: 24 fps on a 750MHz PC
- Applications: Physician training and treatment planning



Tissue deformations cause seed placement error



Planner computes offsets to compensate for simulated tissue deformations

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Information

Patient-specific
Information
(Images, lab results,
genetics, etc.)

General information
(anatomic atlases,
statistics, rules)

Model

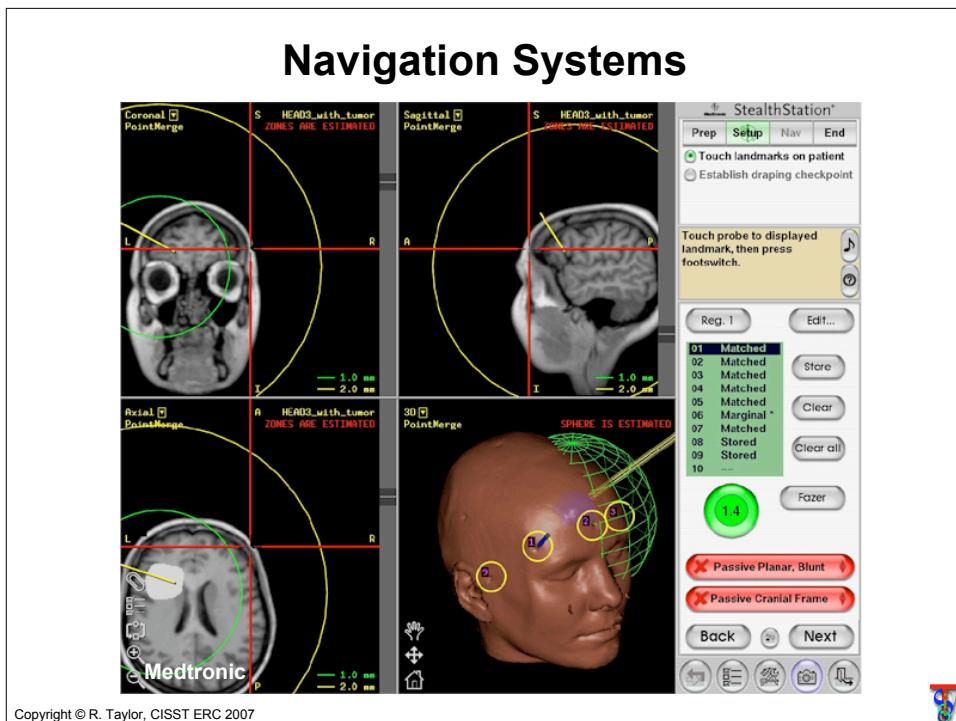
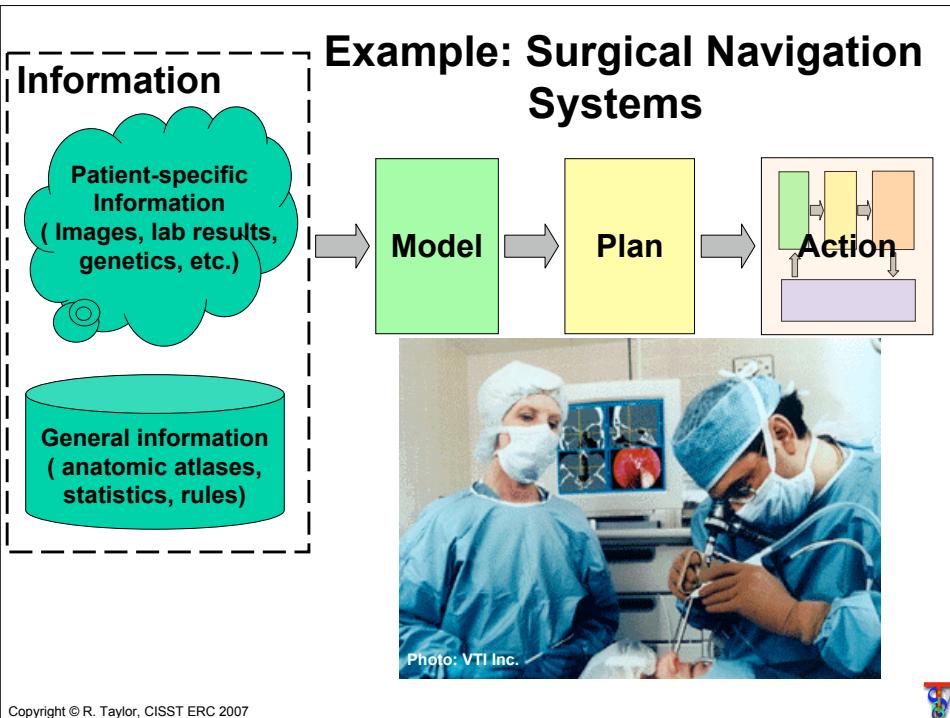
Plan

Action

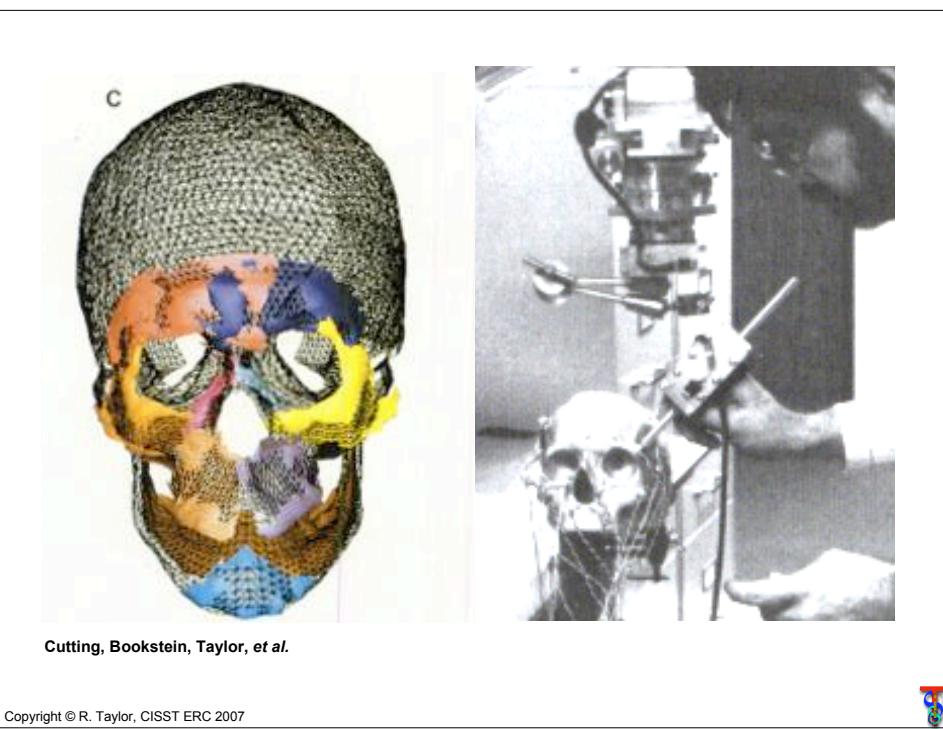
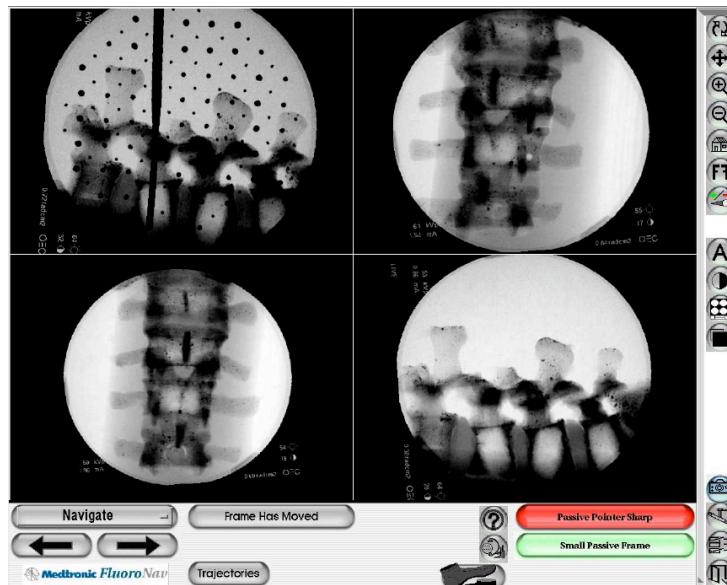
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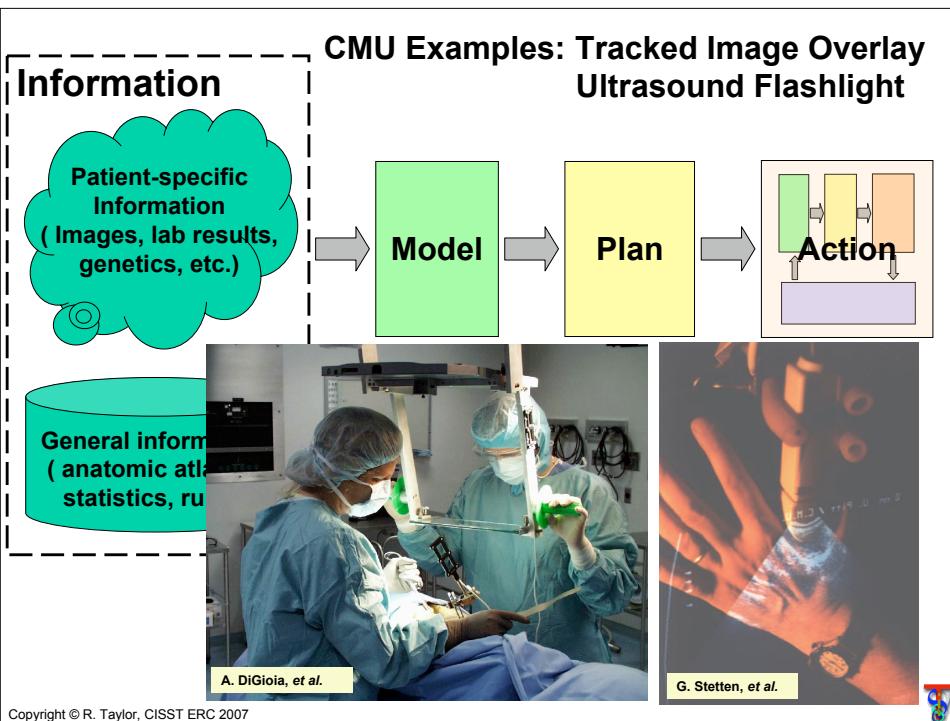
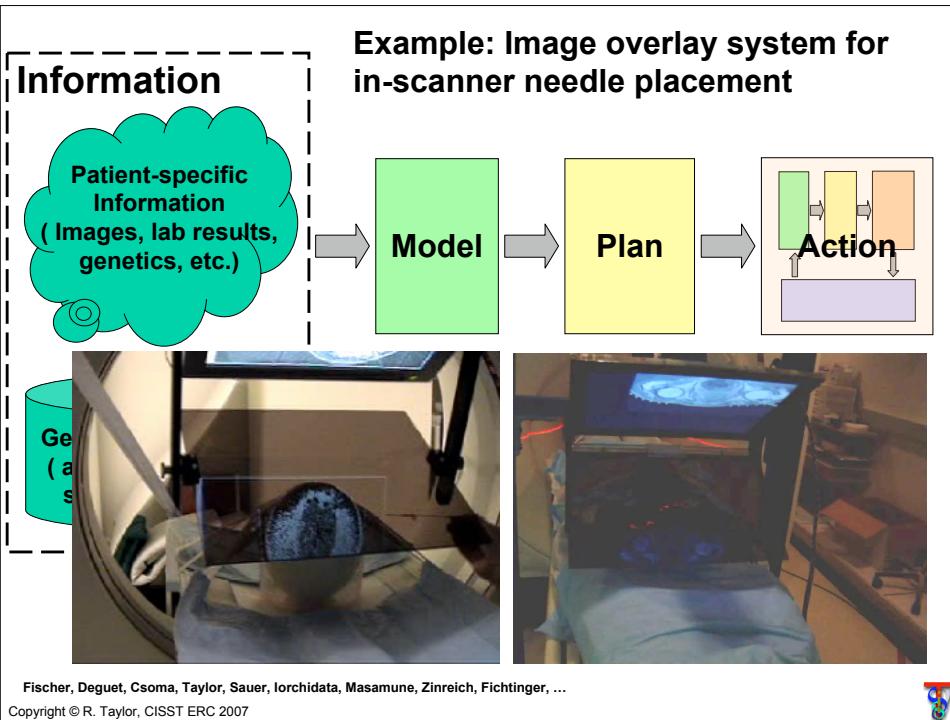
Figure: R. Taylor



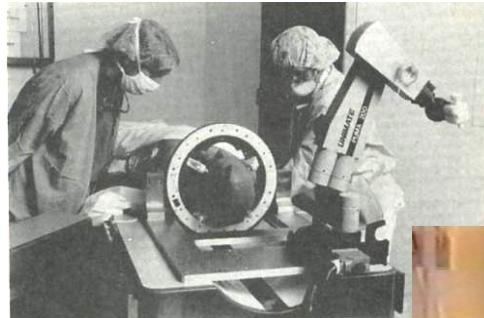


Navigation Systems



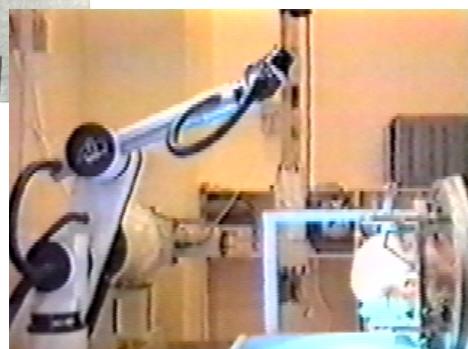


Robotic Needle Guidance



Kwoh, et al. 1988

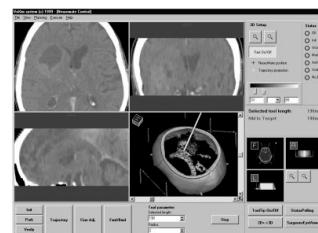
Lavallee, Troccaz, et al. 1989



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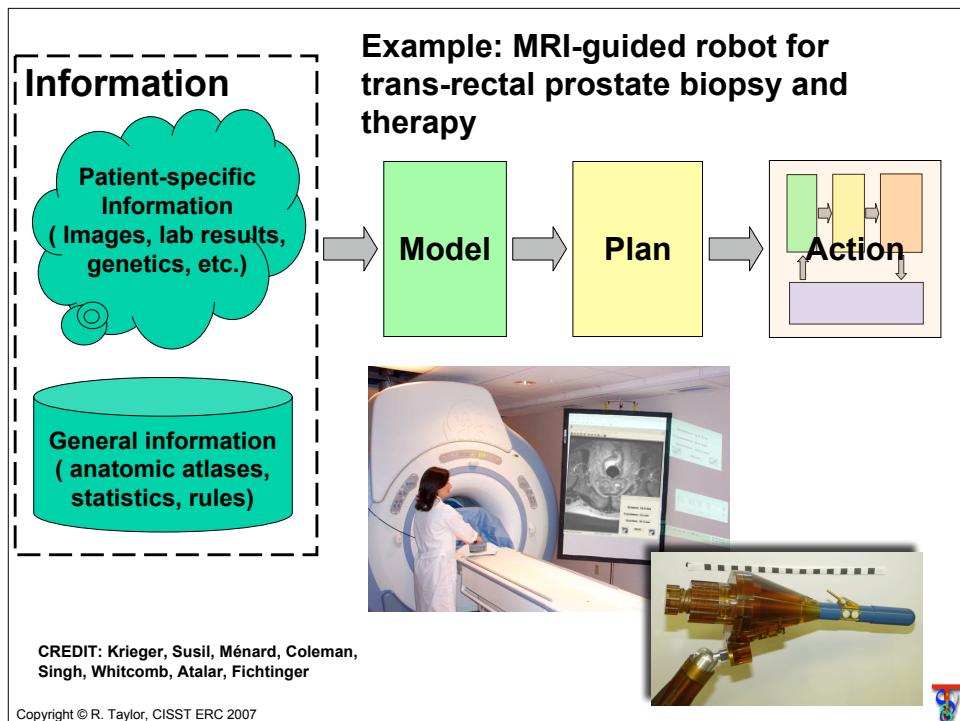
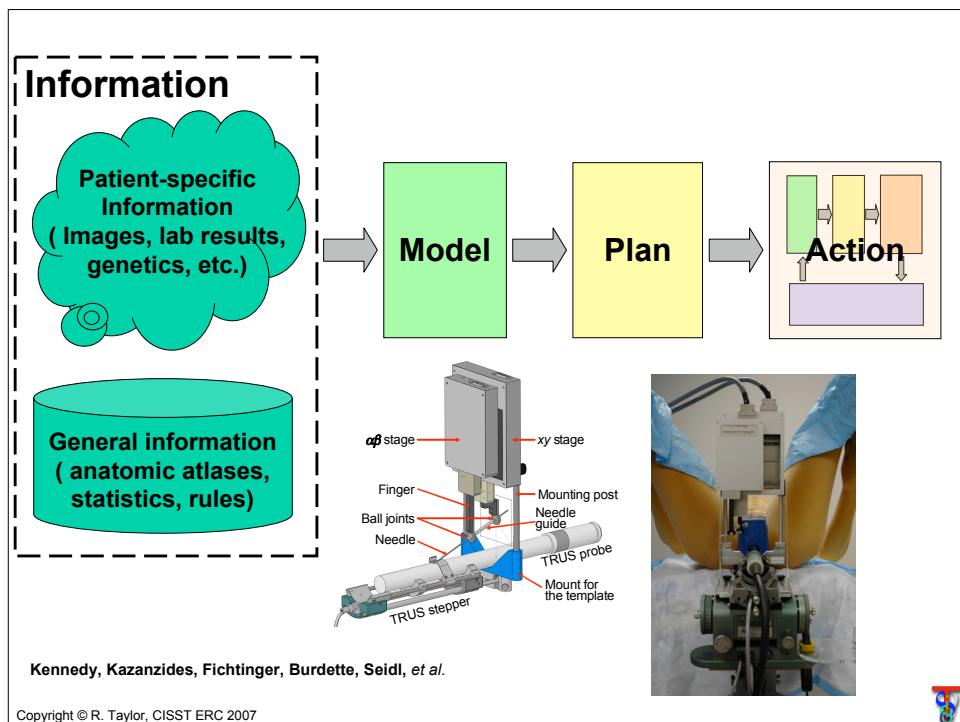
Robotic Needle Guidance

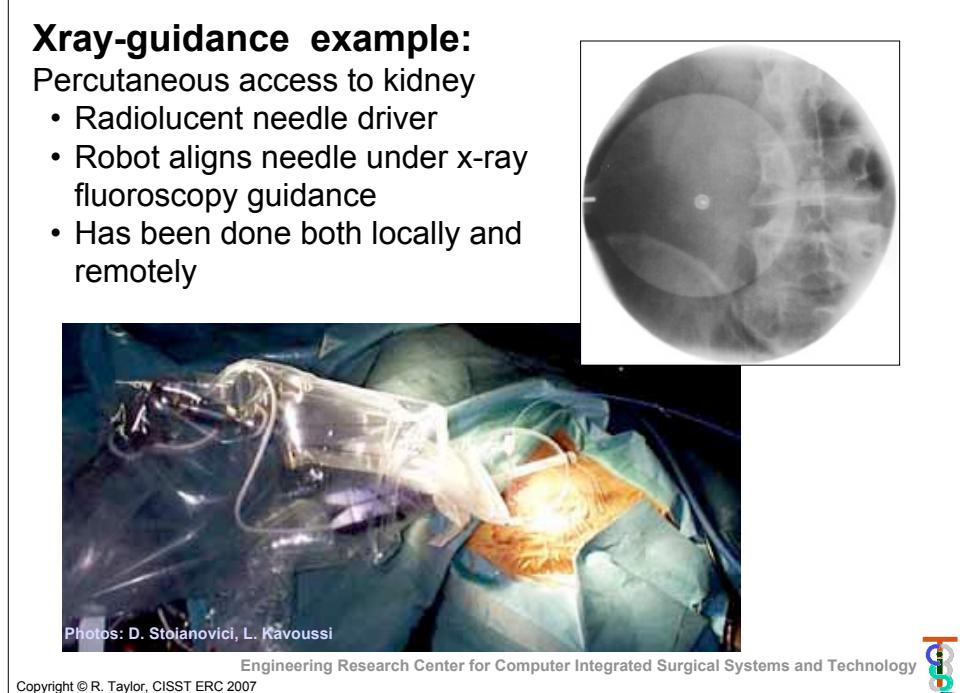
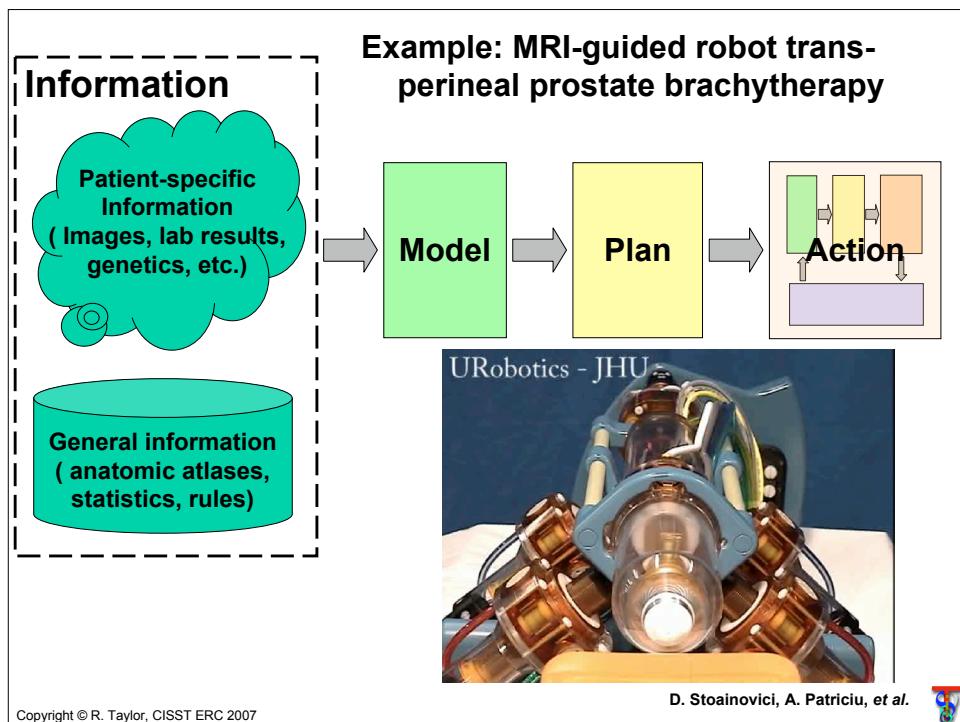


Courtesy: Integrated Surgical Systems

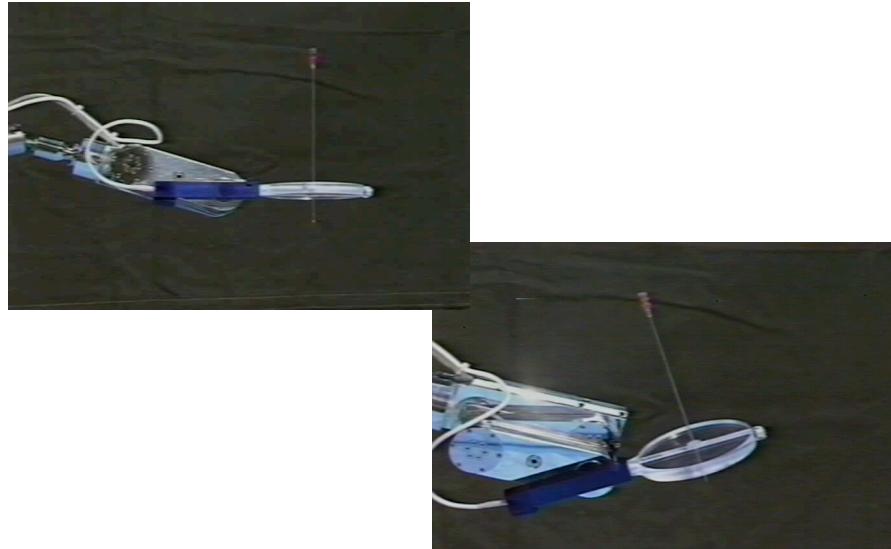
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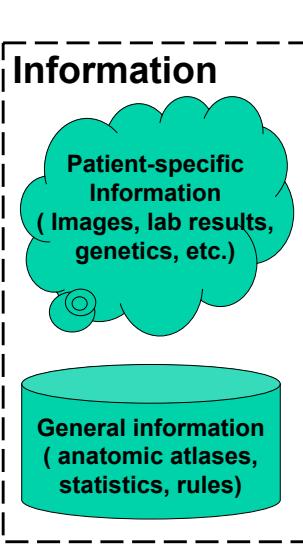


RCM Robot with Radiolucent Needle Driver



Stoianovici, Taylor, Whictomb, et al.

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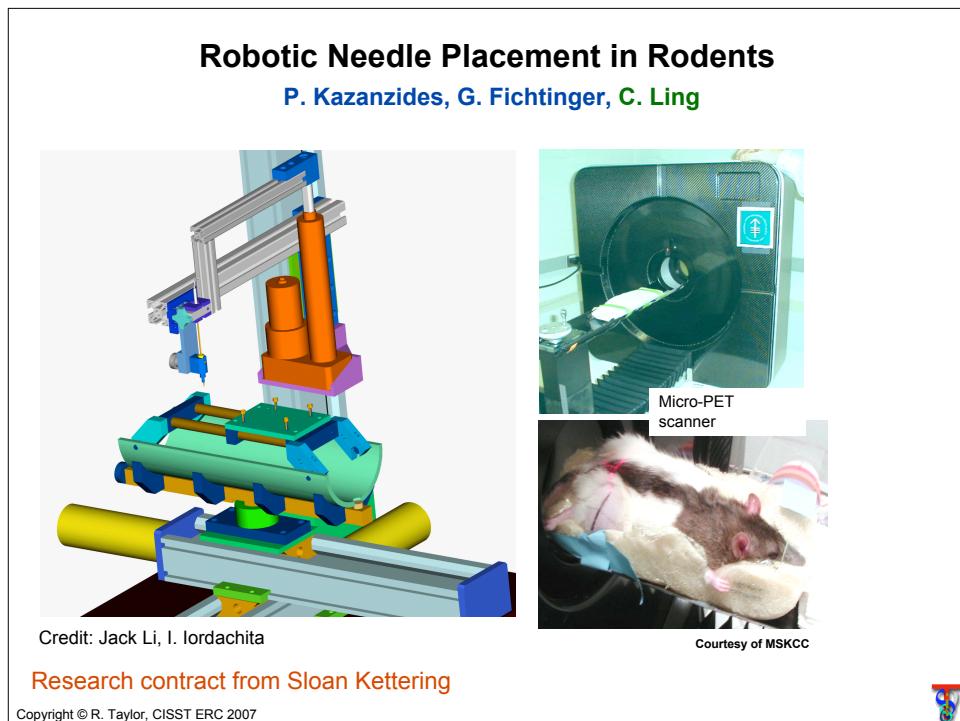
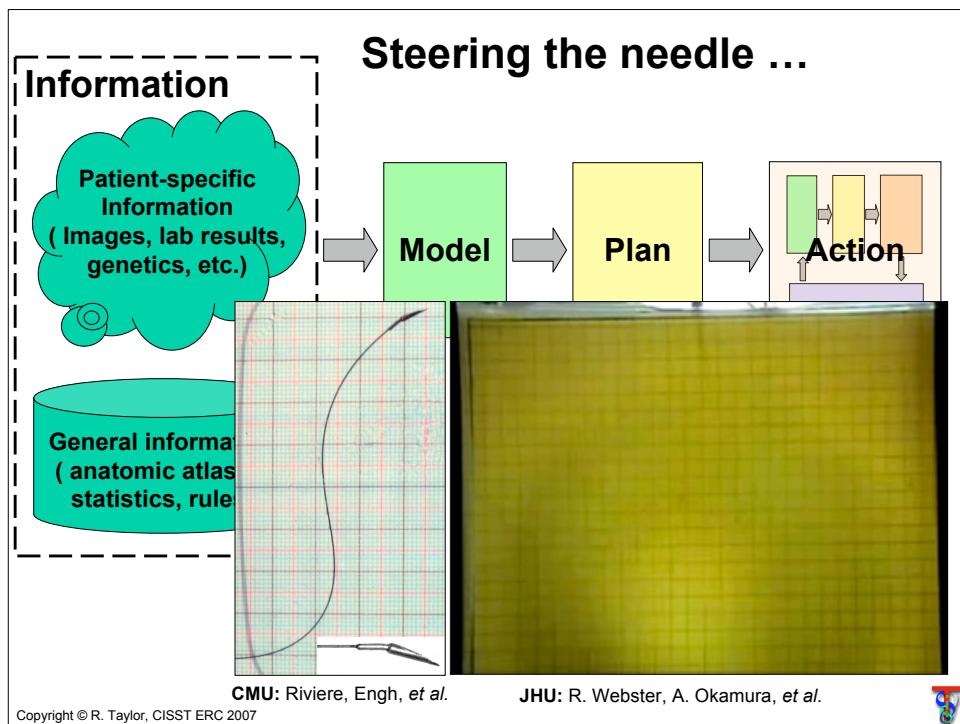


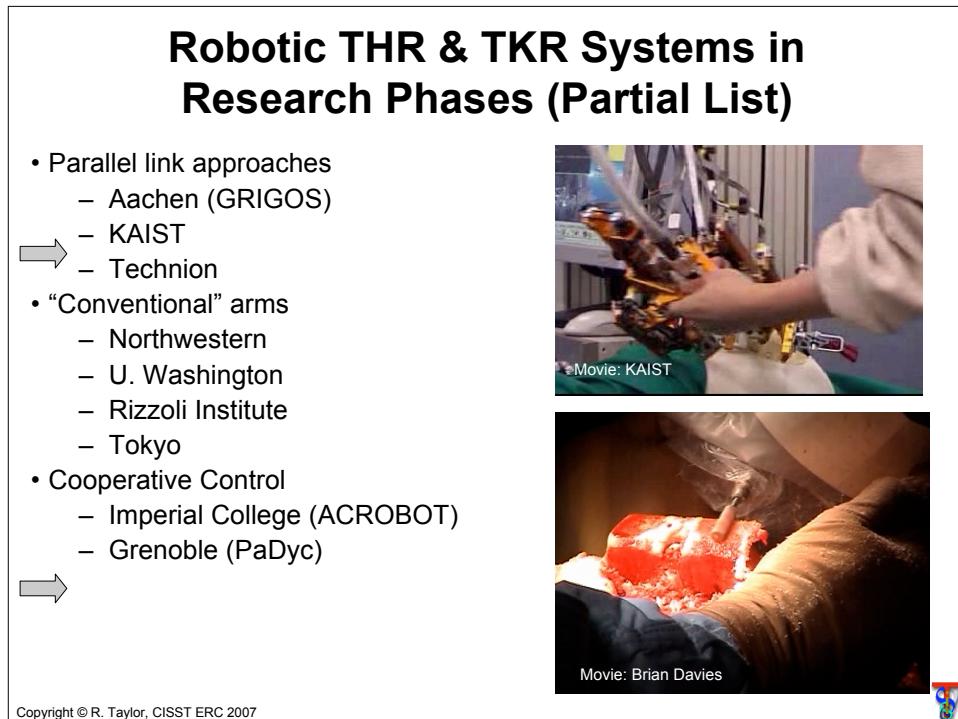
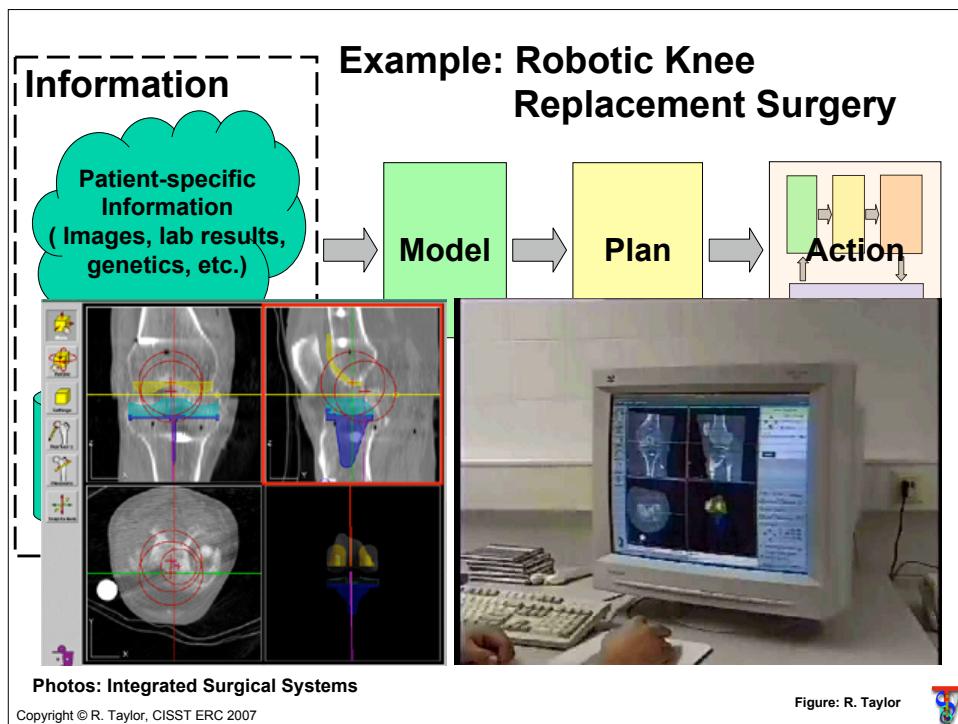
Example: CT-guided robot for biopsy and therapy

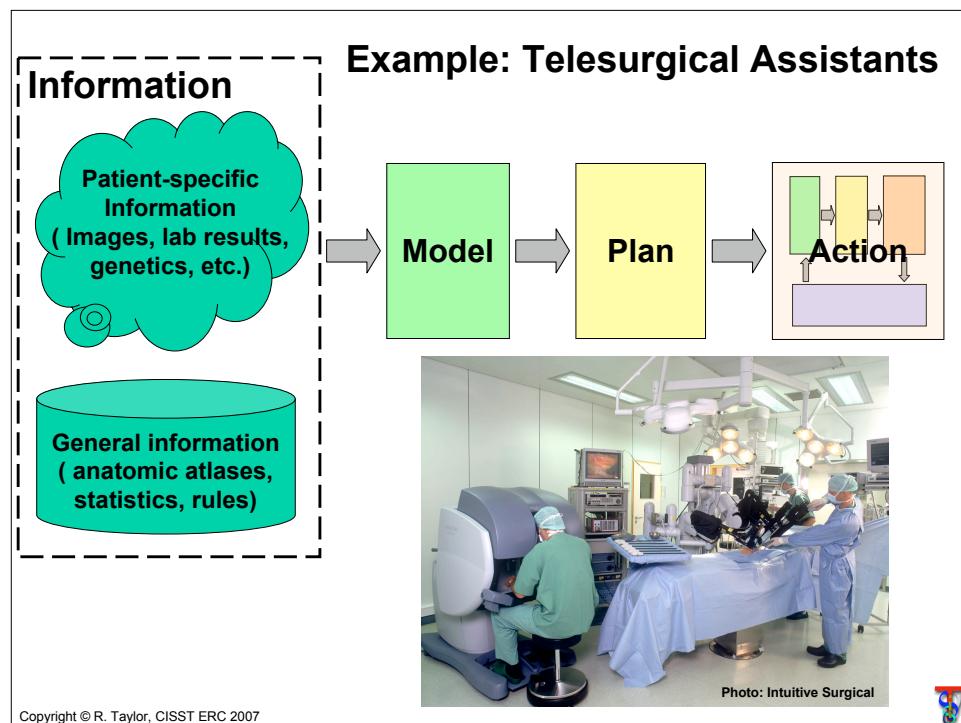
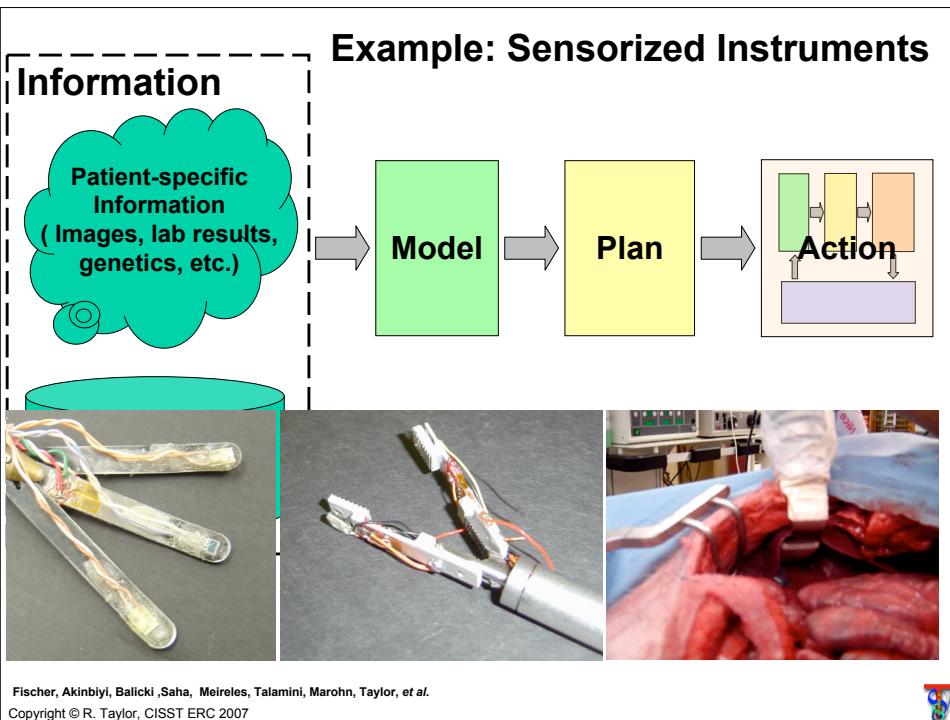
D. Stoianovici, L. Kavoussi, A. Patriciu, S. Solomon (JHU Bayview); R. Suil, L. Whitcomb, G. Fichtinger, K. Masamune, R. Taylor (JHU WSE)

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Robotic “Third Hand” Assistants

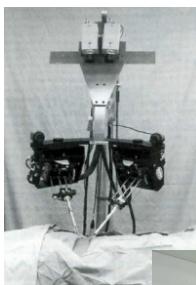
- Limb positioners
- Retractors
- Endoscope holders
 - Aesop
 - IBM/JHU LARS
 - etc.
- Can incorporate sophisticated HMI, voice, vision, etc.



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Telerobotic Surgical Augmentation



SRI telesurgery system, circa 1992

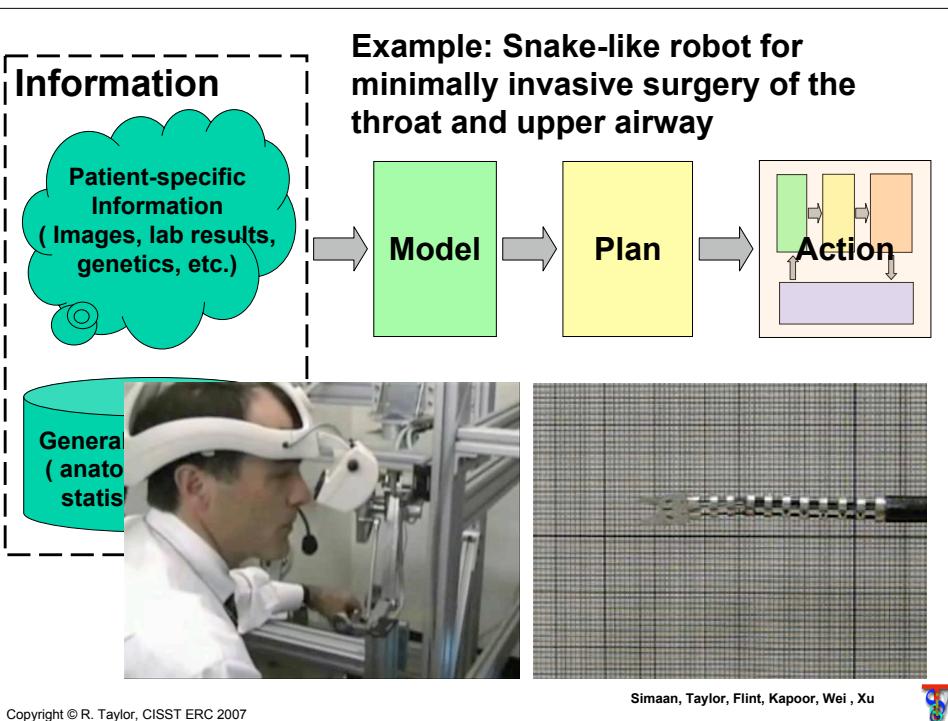
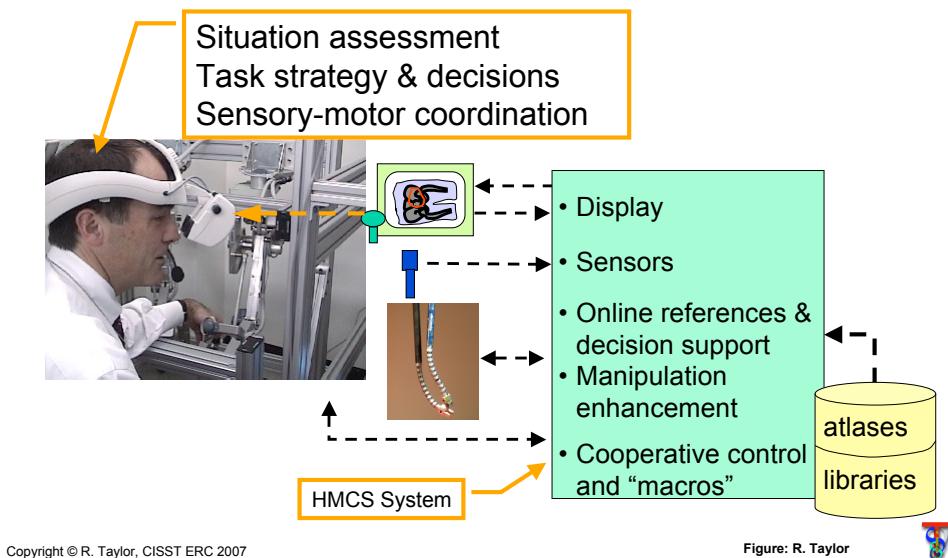
ISI daVinci system

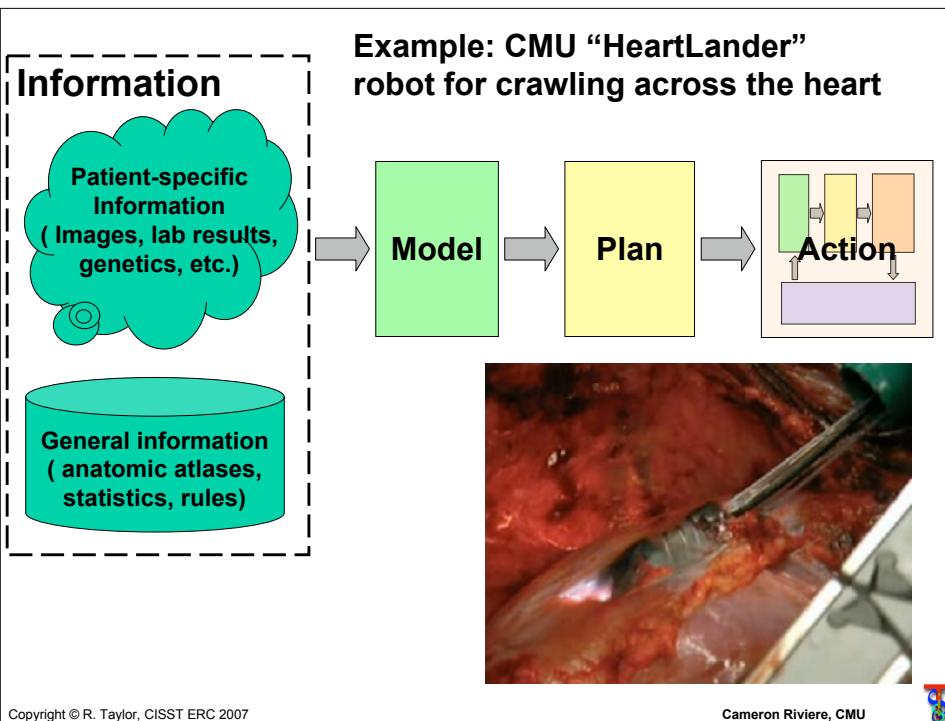
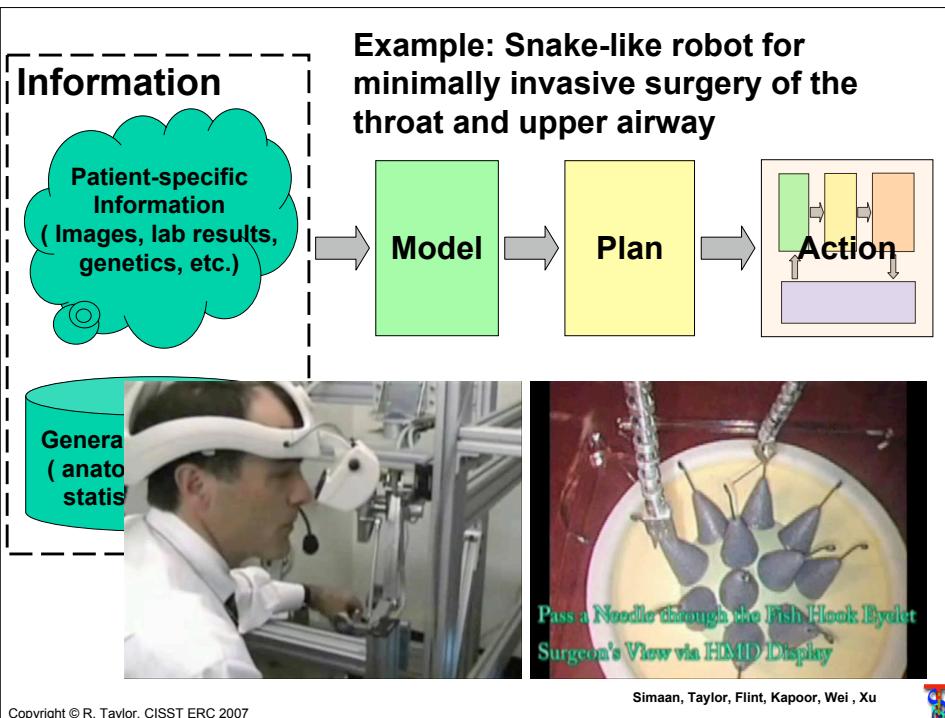


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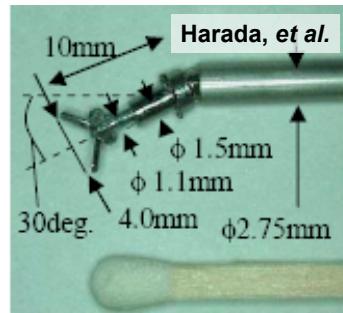
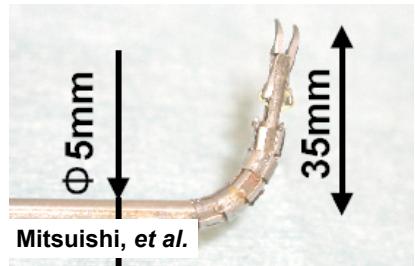
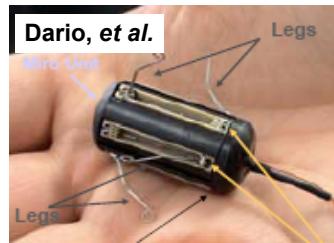
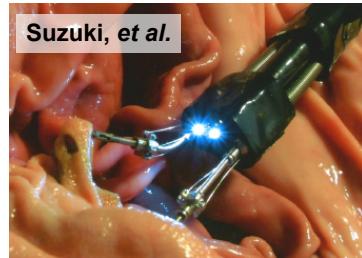


Human-machine cooperative manipulation in surgery





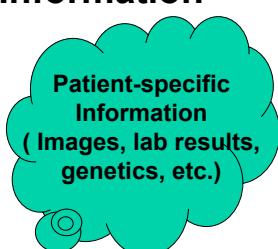
Other examples



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Information

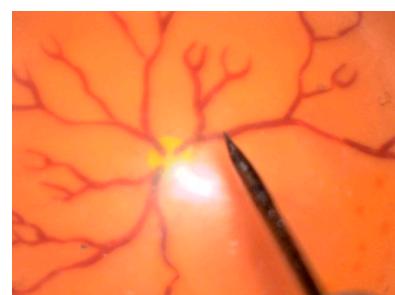


Example: Steady-hand robot for microsurgery

Model

Plan

Action

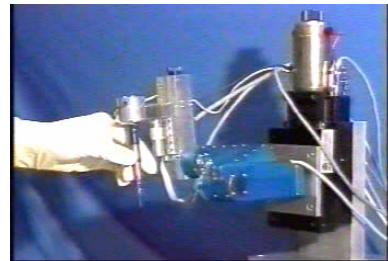


Taylor, Iordachita, Kapoor, Handa, Mitchell, Fleming, Gehlbachet et al.

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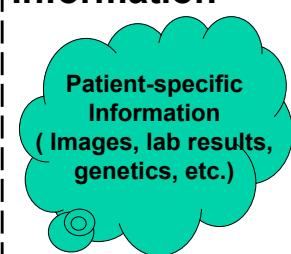
Steady Hand Guiding for Microsurgery



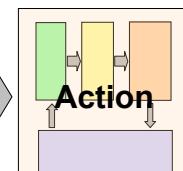
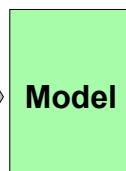
R. Taylor, L. Whitcomb, P. Jensen, R. Kumar, et al.
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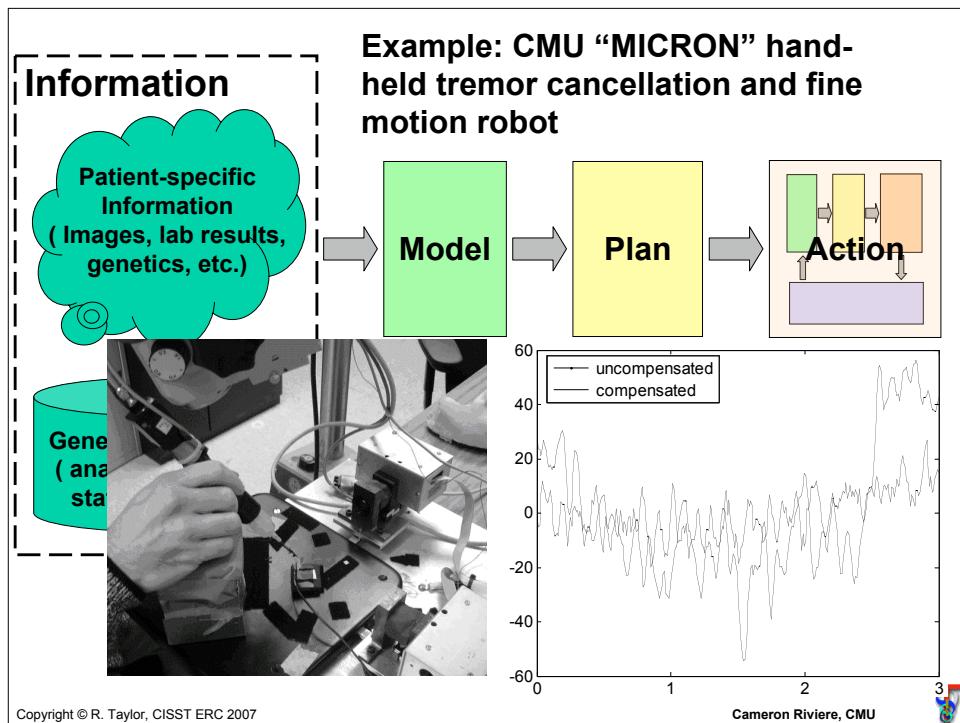
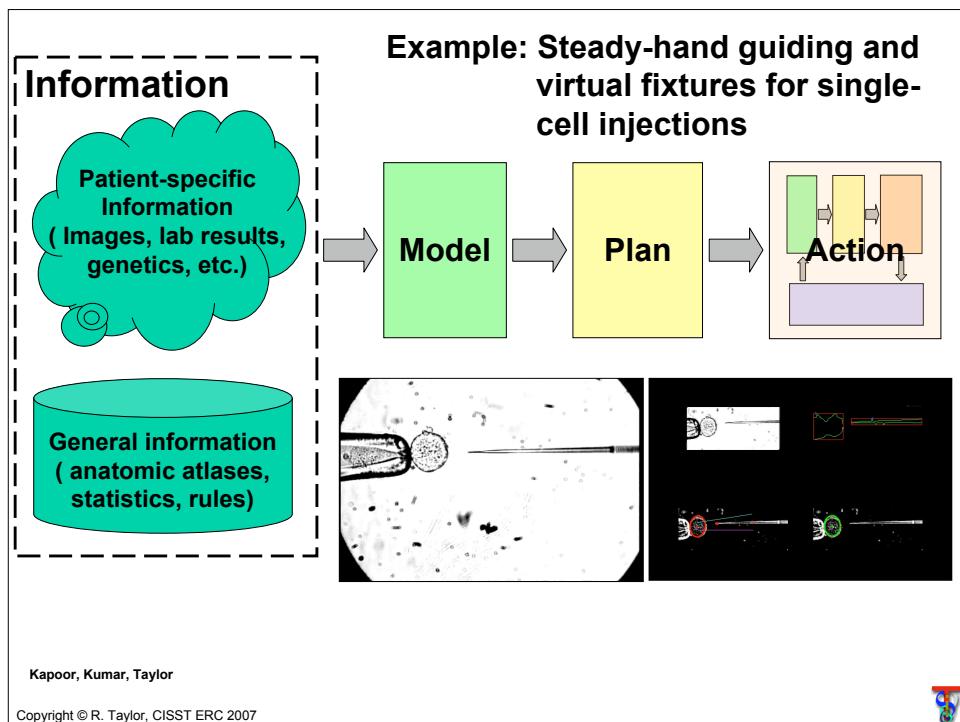
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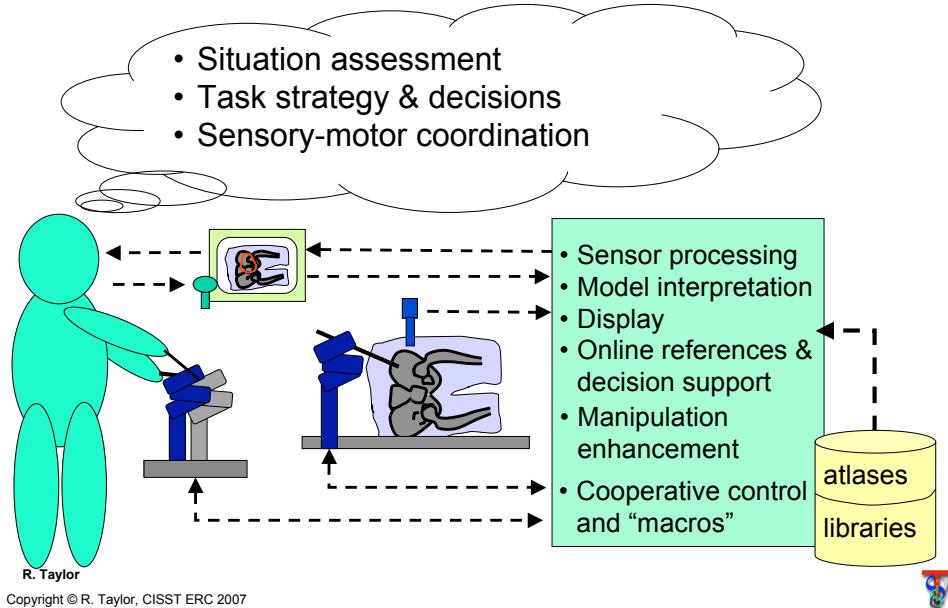
Taylor, Iordachita, Kapoor, Handa, Mitchell, Fleming, Gehlbachet et al.



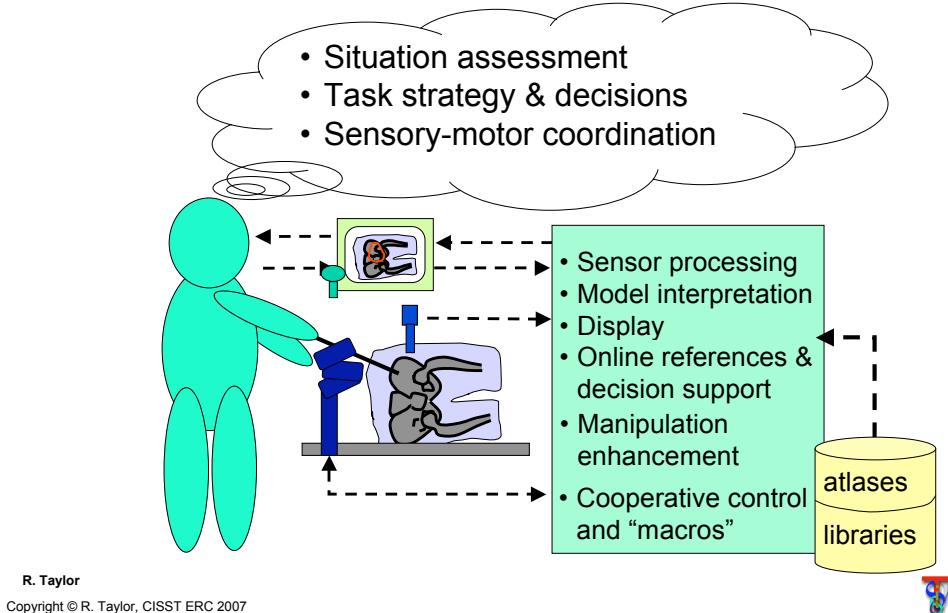
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Evolution to human-machine partnership

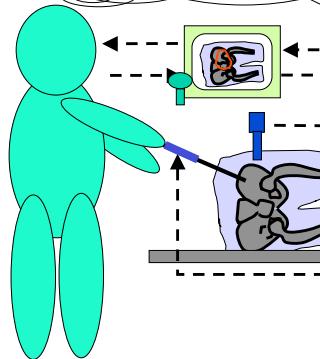


Evolution to human-machine partnership

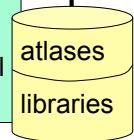


Evolution to human-machine partnership

- Situation assessment
- Task strategy & decisions
- Sensory-motor coordination



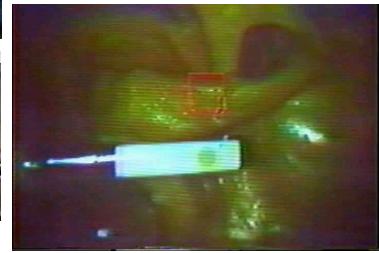
- Sensor processing
- Model interpretation
- Display
- Online references & decision support
- Manipulation enhancement
- Cooperative control and “macros”



R. Taylor

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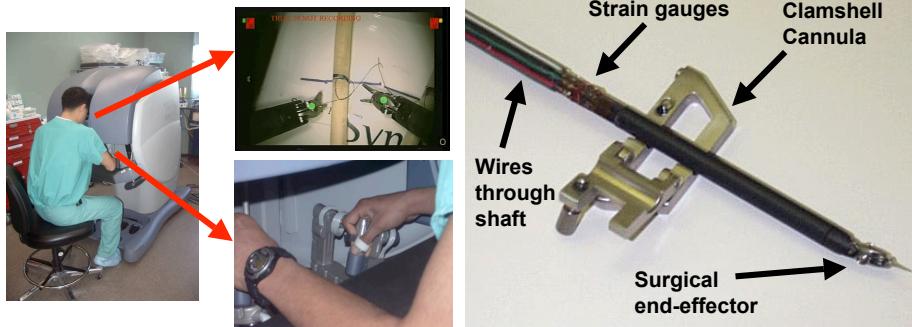
Enhanced Interfaces for Surgical Robots



IBM/JHU LARS, circa 1993-4

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Dynamic Augmented Reality for Sensory Substitution in Robot-Assisted Surgical Systems



Sensory substitution of force information improves performance:

Metric	p-value	Significant
Number of broken sutures	.0111	Y
Standard deviation of forces	.0414	Y
Average peak applied force	.0539	*
Number of loose knots	.0667	*
Average task completion time	.7934	N

A. Okamura, T. Akinbiyi, et al.

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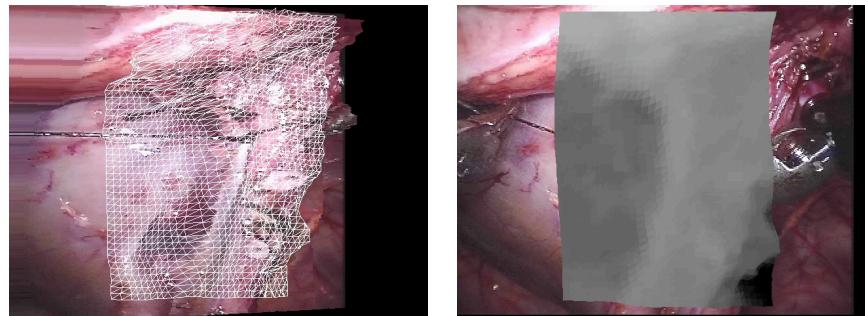


Joshua Leven, Xiangtian Dai, Darius Burschka, Greg Hager, and Russell Taylor; Michael Marohn, Mike Awad, and Michael Choti; Steve Blumenkrantz, Gary Zhang, Rajesh Kumar, and Chris Hassner

Core NSF CISST/ERC EEC9731748, NIH-STTR Grant R41-RR019159

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Real Time Deformable Registration and Overlay



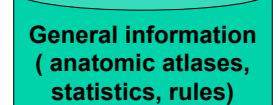
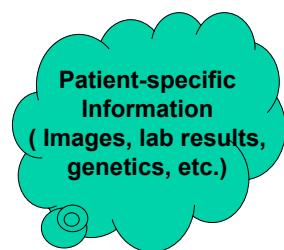
Final registration error of < 1mm except
for the area where the tool enters the image

Vagvolgyi, Hager, et al.

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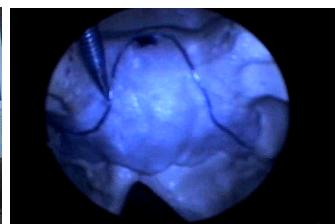
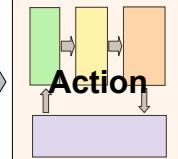
Information



Example: “Virtual fixtures” for safety and surgical assistance

Model

Plan



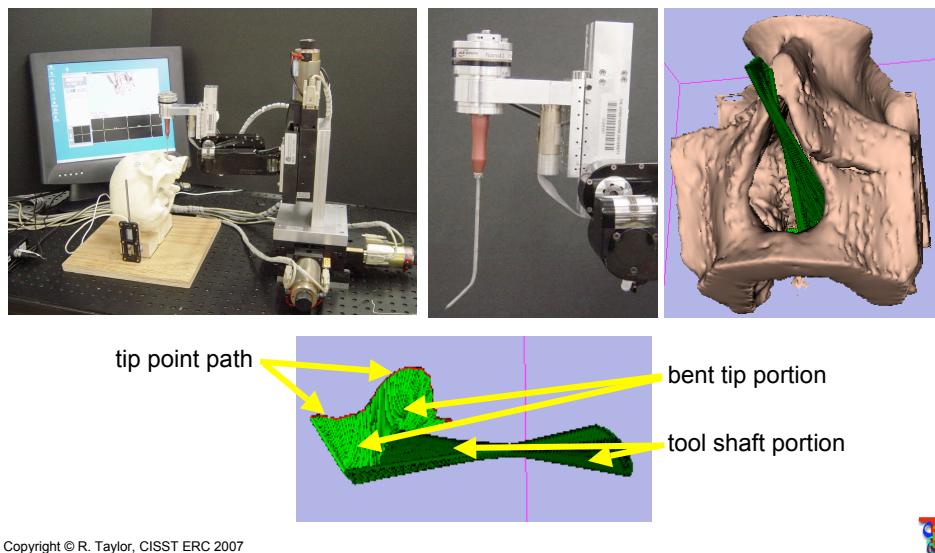
M. Li; R. Taylor; ICRA 2005

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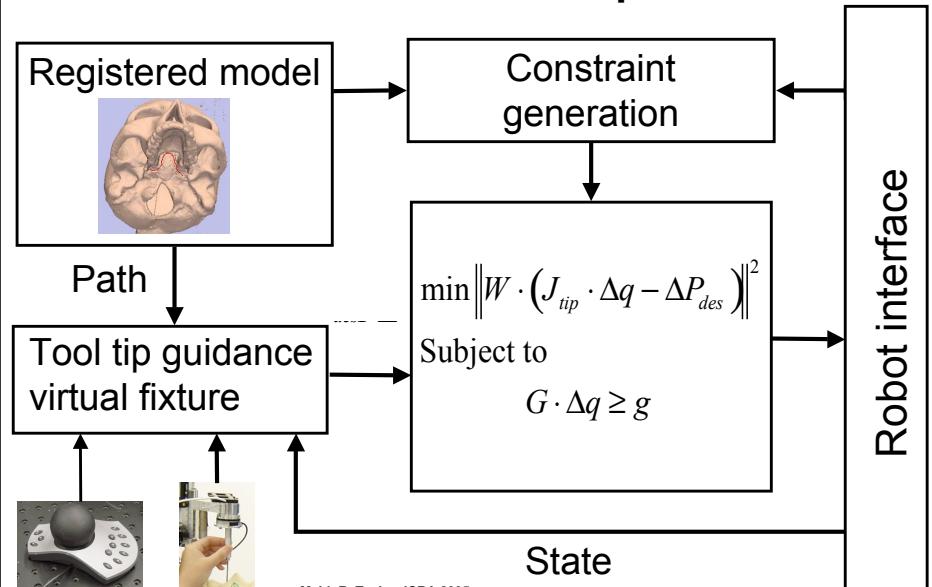


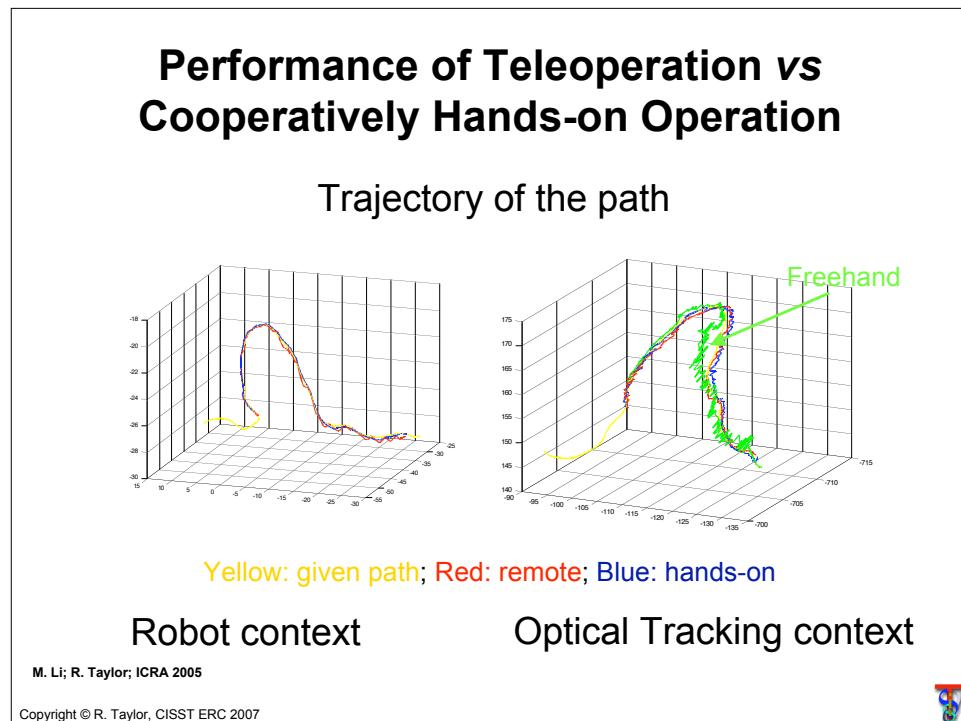
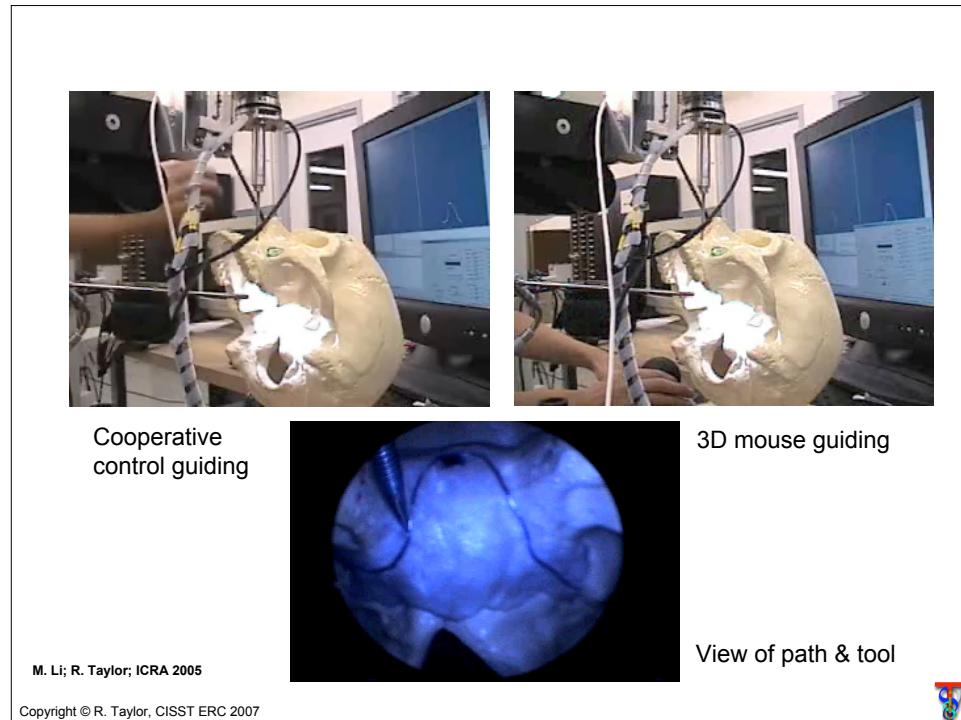
Steady-hand sinus surgery with virtual fixtures derived from CT models

Ming Li, Russell Taylor



Virtual Fixture Online Implementation





Combine constraints

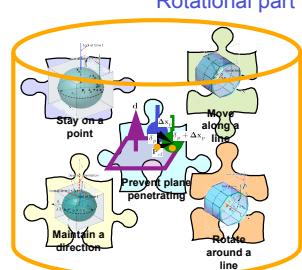
- Single frame

$$\begin{bmatrix} H_p \\ H_r \end{bmatrix} J(\mathbf{q}) \Delta \mathbf{q} \geq \begin{bmatrix} h_p \\ h_r \end{bmatrix}$$

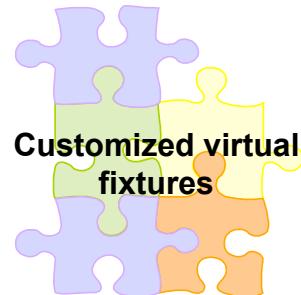
Translational part
Rotational part

- Multiple frames

$$\begin{bmatrix} H_1 & 0 \\ \vdots & \vdots \\ 0 & H_k \end{bmatrix} \begin{bmatrix} J_1(\mathbf{q}) \\ \vdots \\ J_k(\mathbf{q}) \end{bmatrix} \Delta \mathbf{q} \geq \begin{bmatrix} h_1 \\ \vdots \\ h_k \end{bmatrix}$$



Select one or more



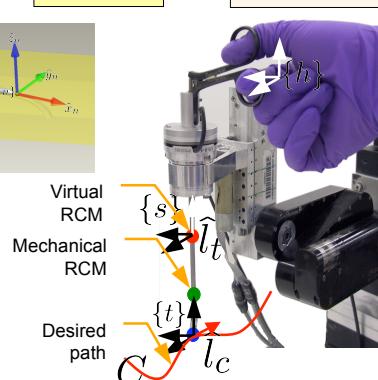
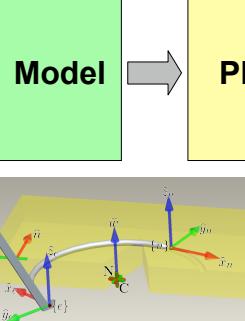
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Information

Patient-specific Information
(Images, lab results, genetics, etc.)

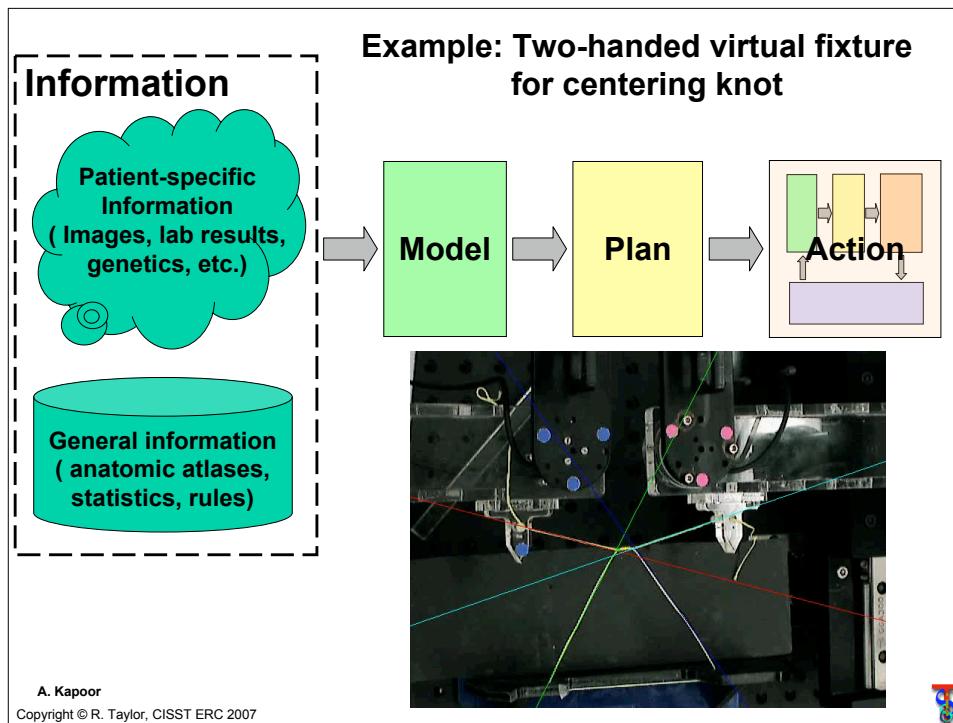
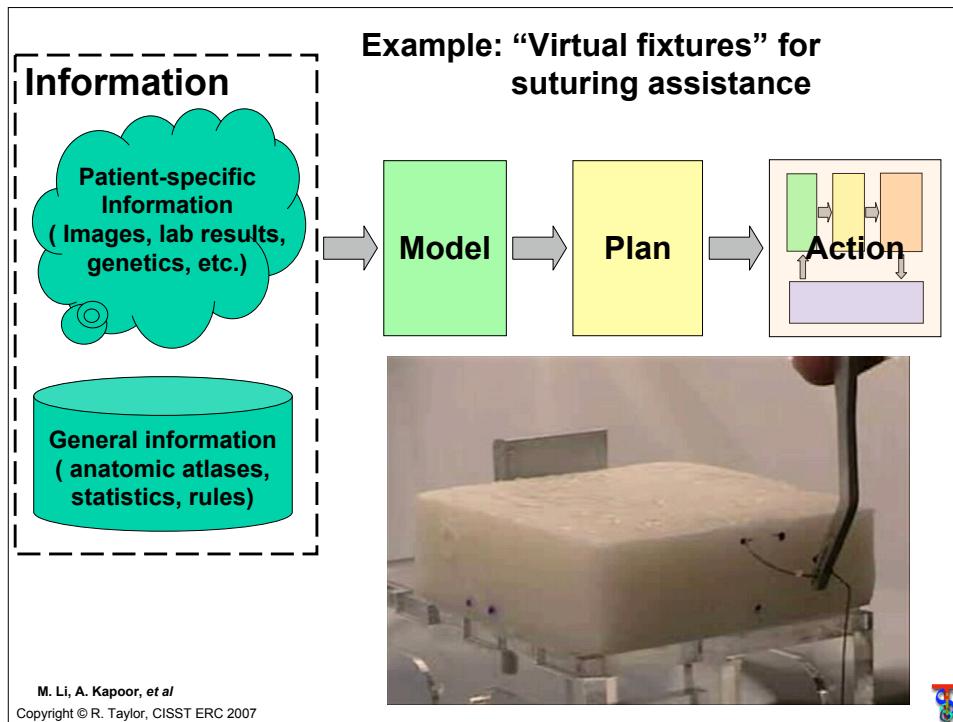
General information
(anatomic atlases, statistics, rules)

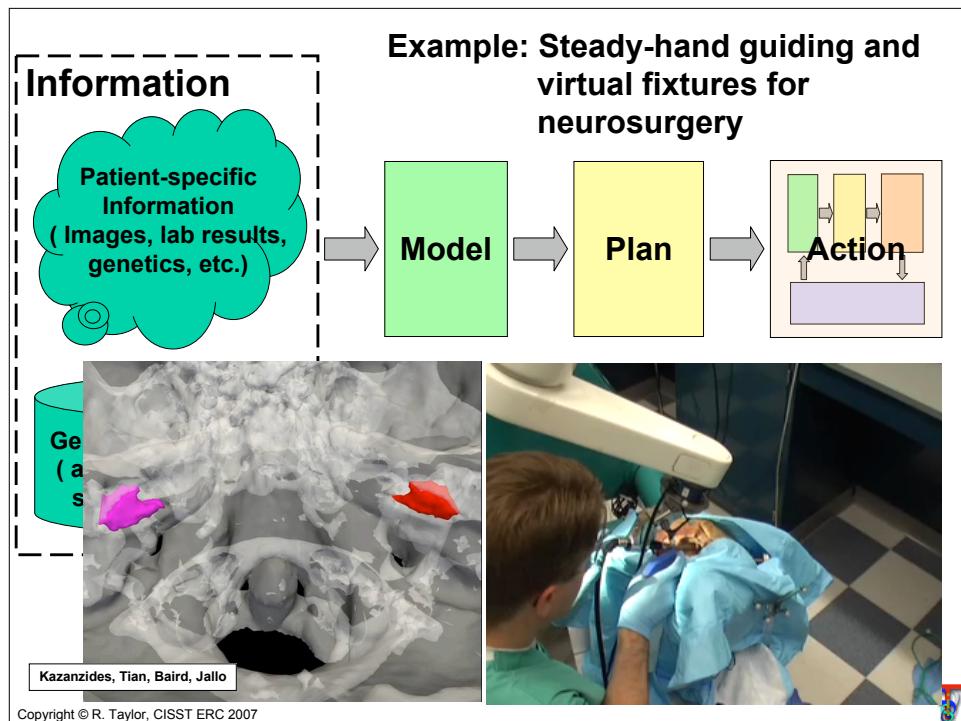
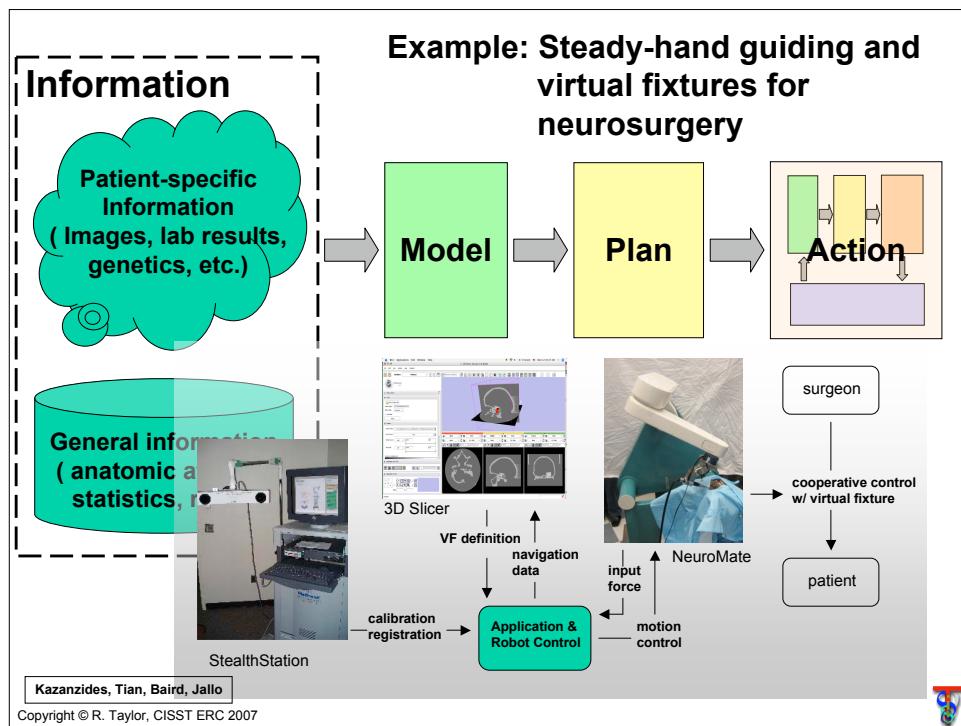
Example: “Virtual fixtures” for suturing assistance

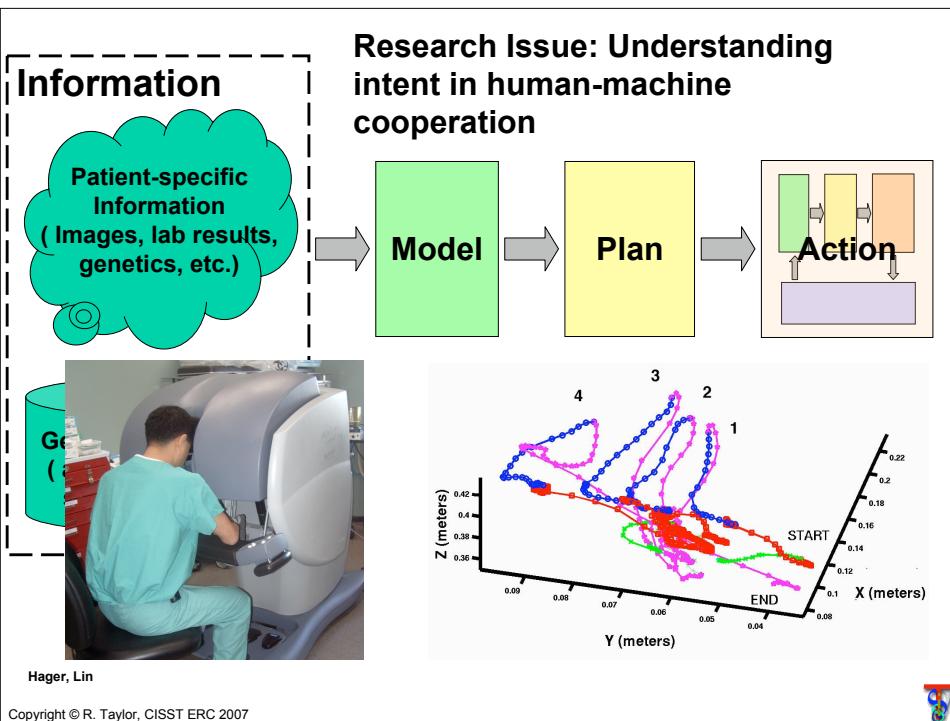
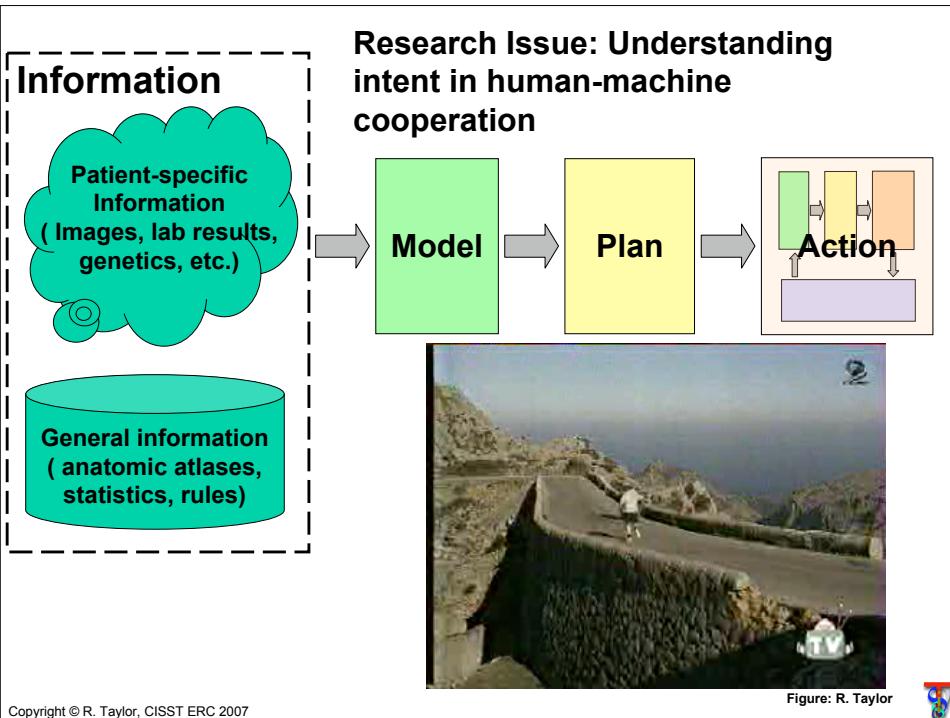


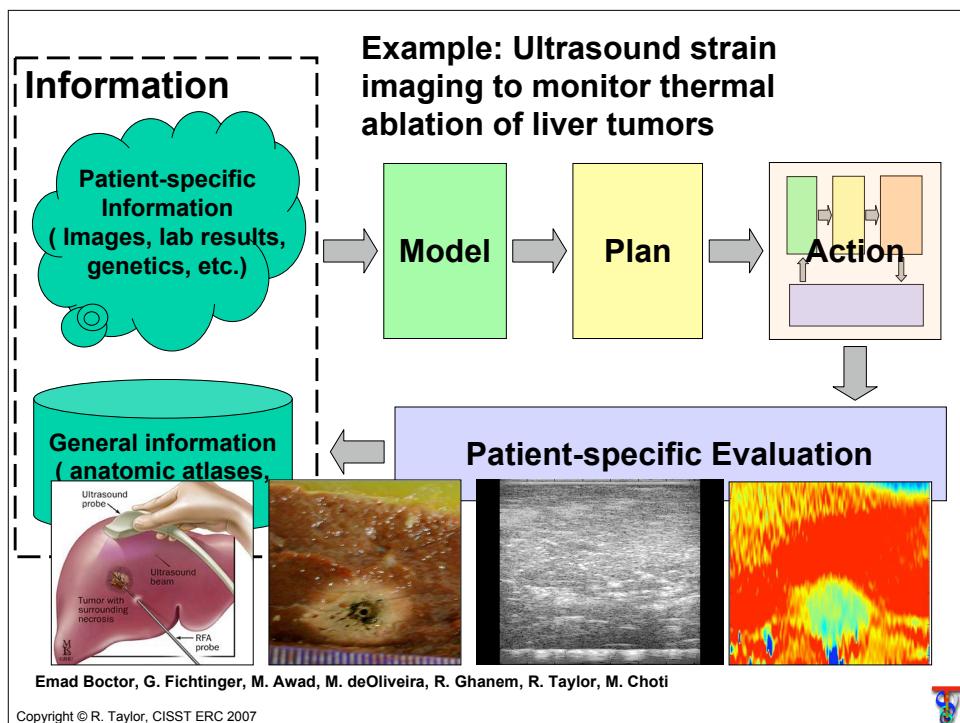
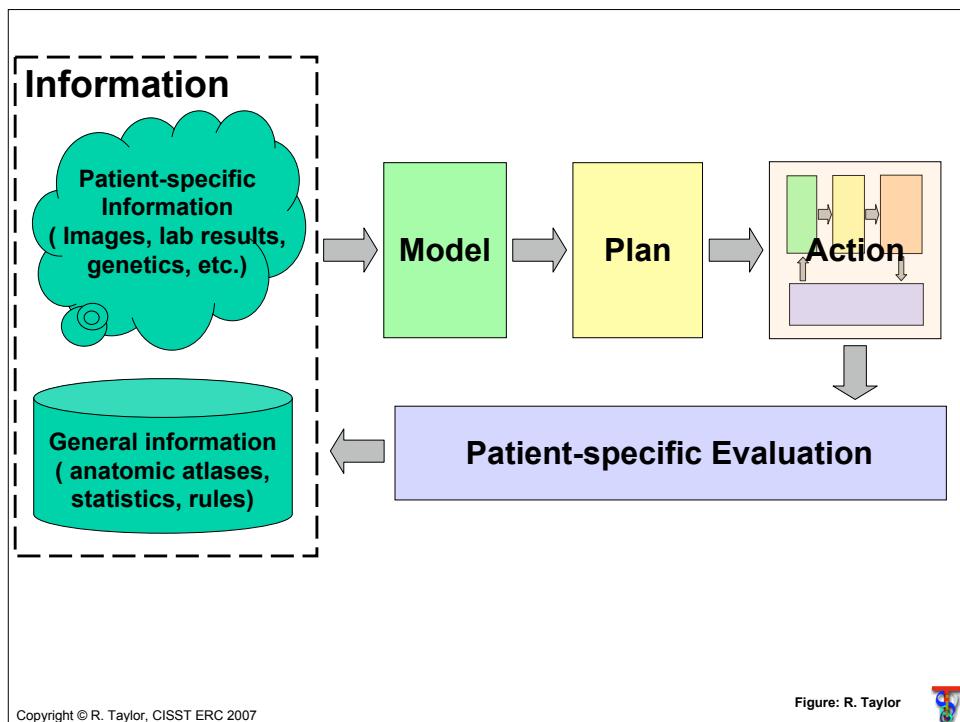
Error (mm)	Entry	Exit
Robot VF	0.63 ± .12	0.77 ± .37
Manual	--	2.1 ± 1.2

M. Li, A. Kapoor, et al
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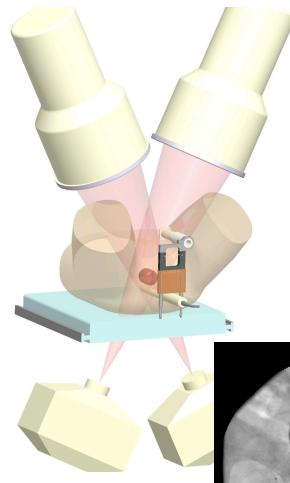




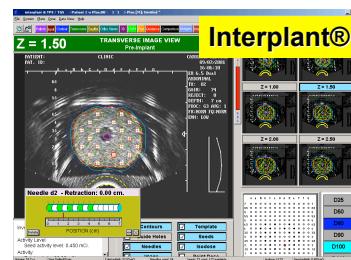
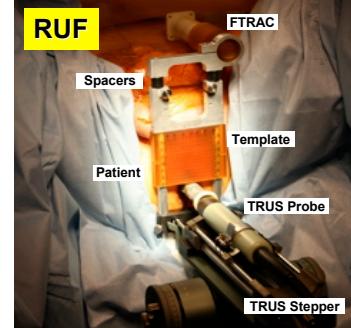




Fluoroscopic Assessment of Brachytherapy



Jain et al, MICCAI 2007



Interplant®

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X-ray based registration for THR

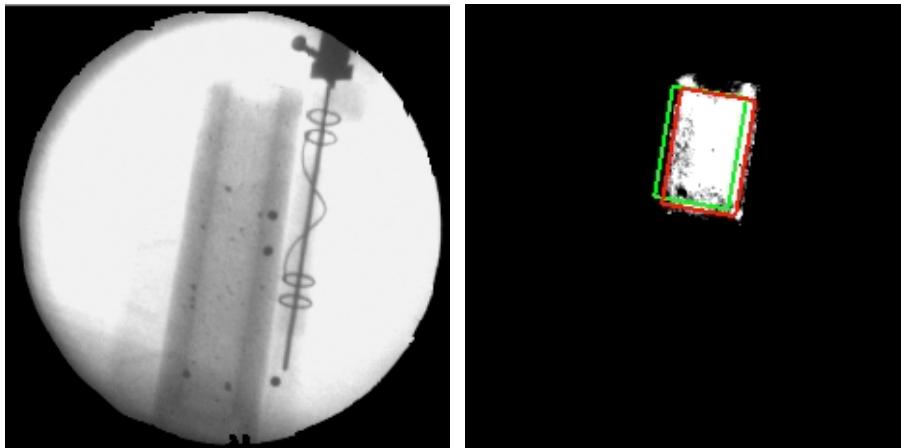


R. Taylor



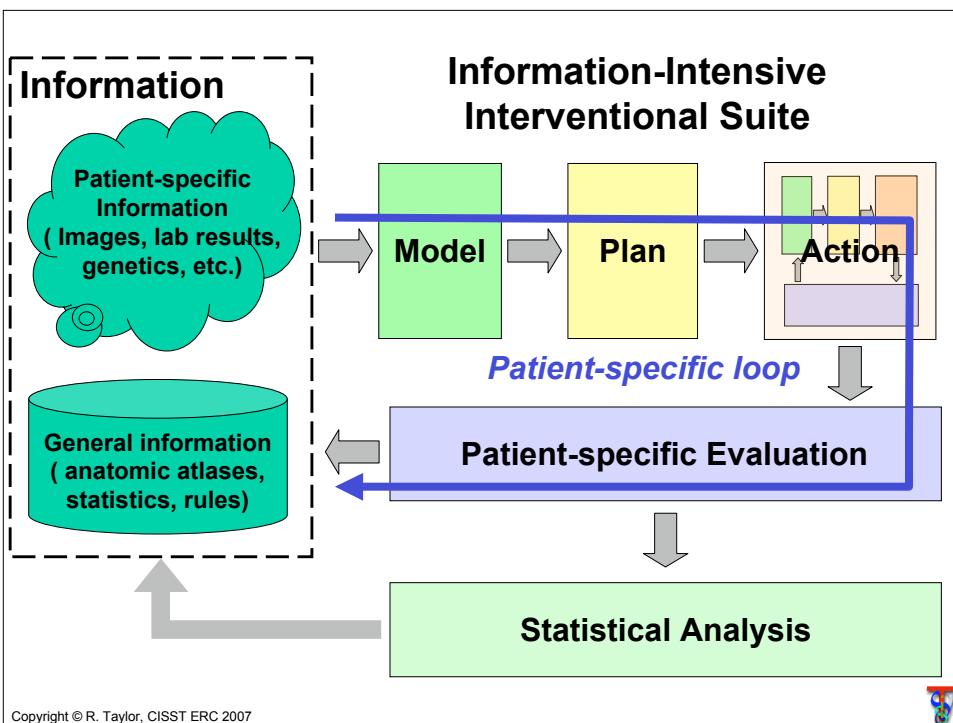
Copyright © R. Taylor, CISST ERC 2007

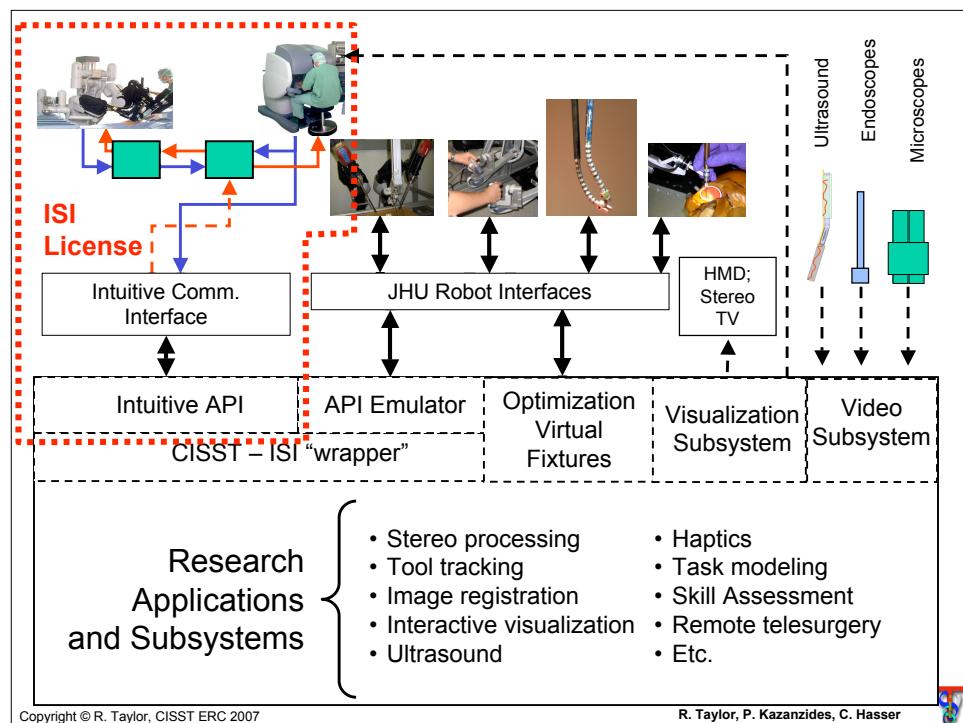
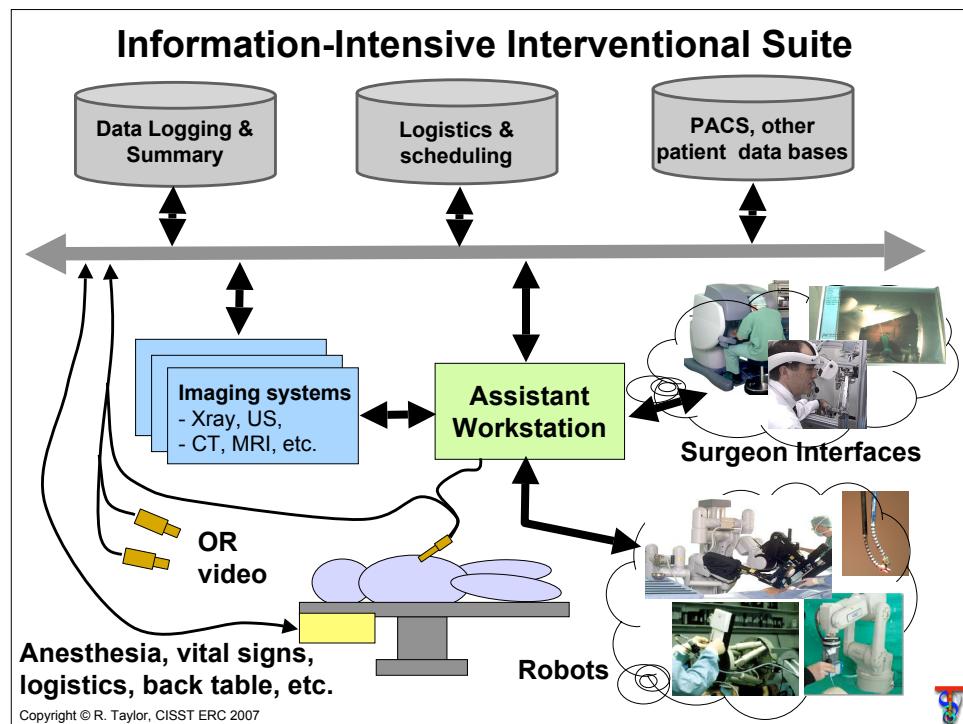
Iterative Cutting to Improve Accuracy

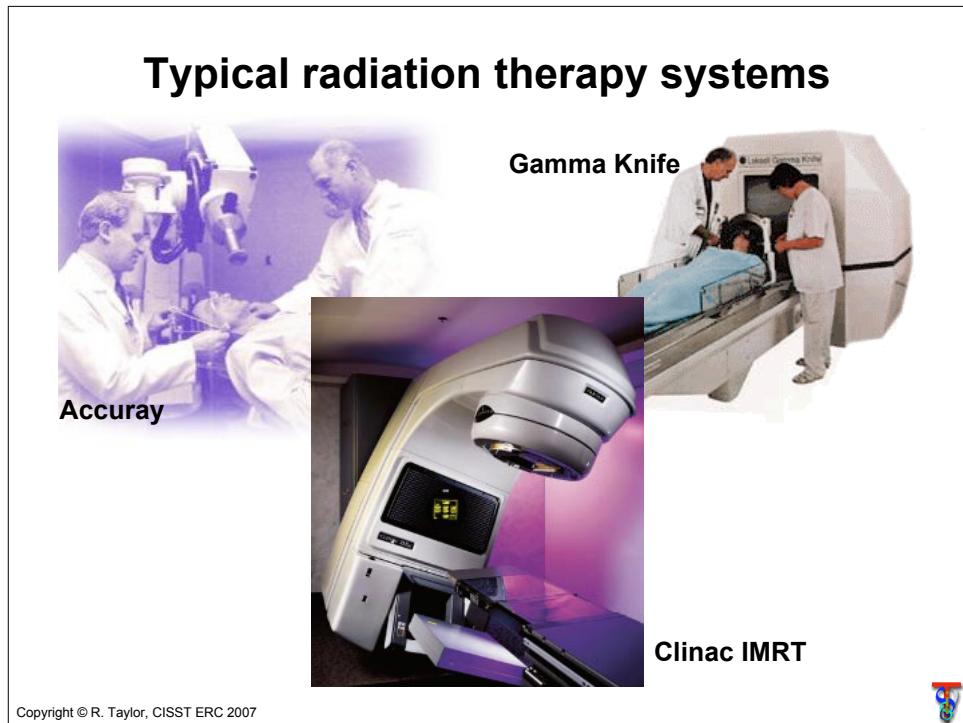
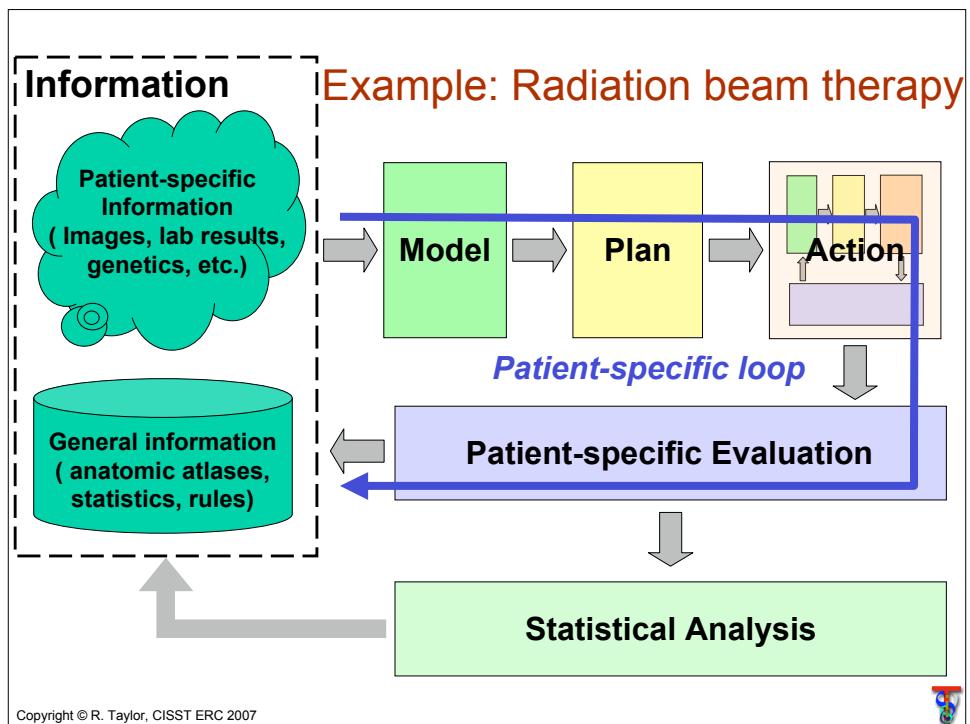


R. Taylor, R. Kumar, R. Goldberg & J. Yao

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External Beam Radiotherapy

PLANNING (once)



Planning CT

TREATMENT (x40)



aSi portal image

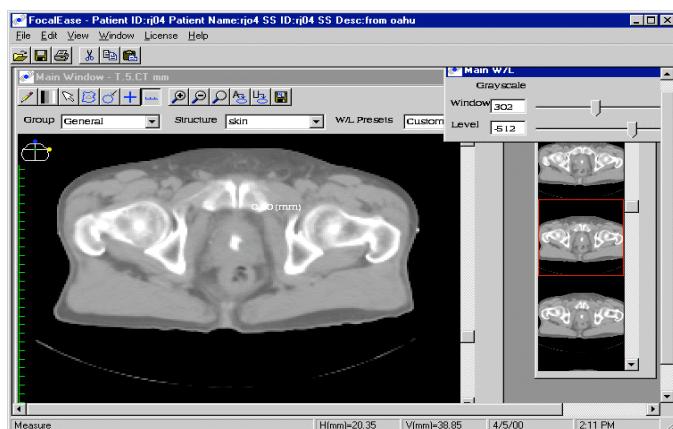
**65,000 patients
2.6 million treatments**

Copyright © R. Taylor, CISST ERC 2007

Figure: G. Fichtinger



Problem: Dancing Prostate



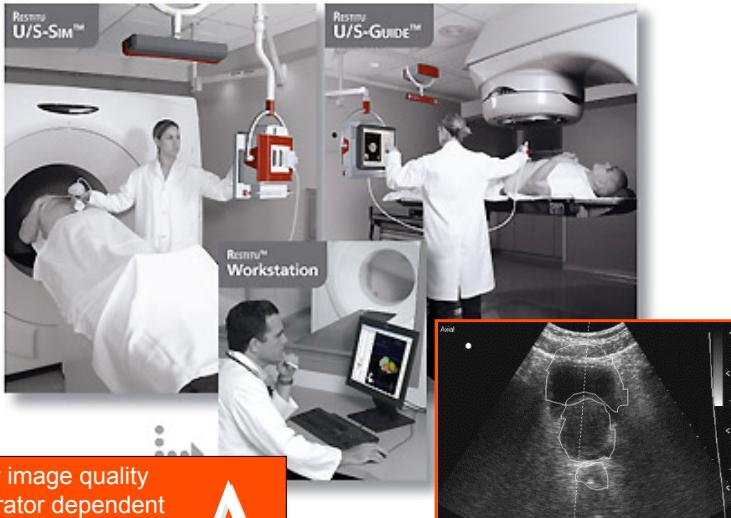
Inter-fractional Motion from Serial CT – Movement AP ~1cm*

Credit: Andrew Zitman, MD, (MGH)

Copyright © R. Taylor, CISST ERC 2007



US Based Prostate Localization?



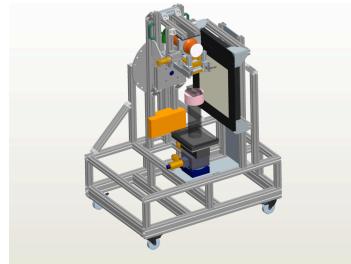
CREDIT: Resonant, RESTITU™ platform

Copyright © R. Taylor, CISST ERC 2007

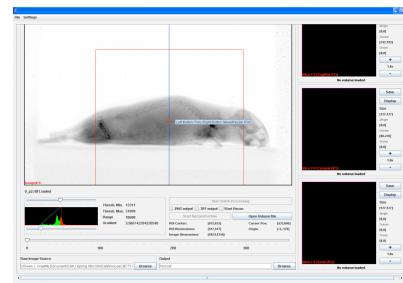
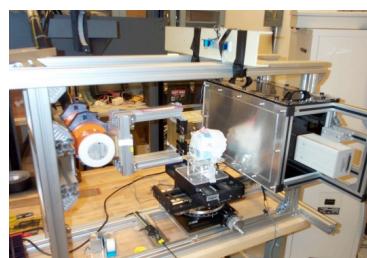


Small Animal Radiation Research Platform

John Wong (PI), Peter Kazanzides, et al.

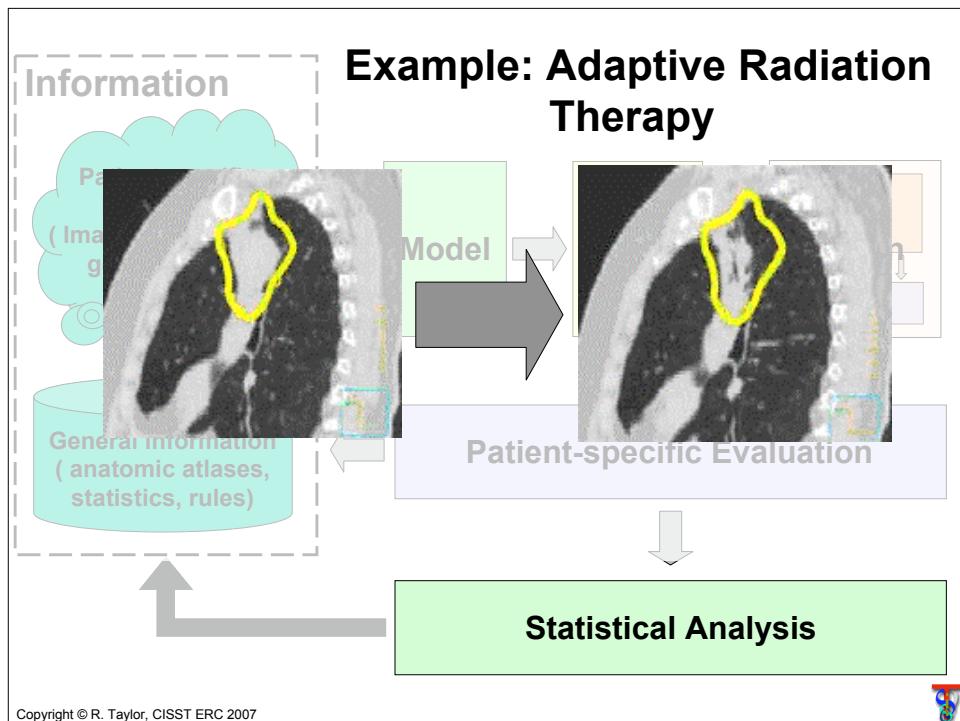
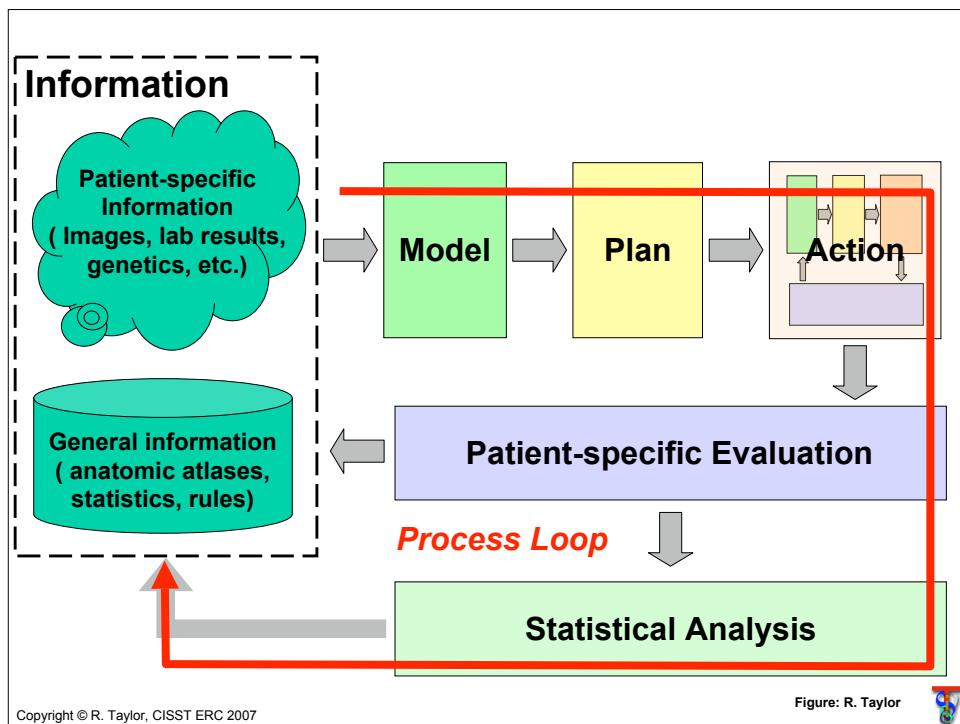


- Prototype, self-contained, very compact imaging and radiation therapy research platform for small animals
- In development as collaboration between JHU Radiation Oncology and CISST ERC



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Strategy for evolution at JHU

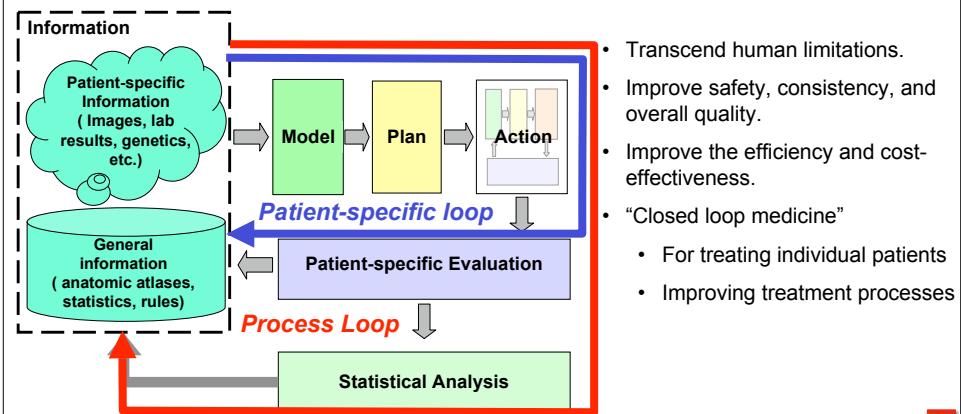
- Joint venture of medical & engineering schools with medical school as senior partner
- Strong presence on both campuses
- Home for engineers, permanent staff
- Education & training initiatives
- Outreach & with other institutions

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Evolution: Integrating Imaging, Intervention, and Informatics in Medicine (I⁴M)

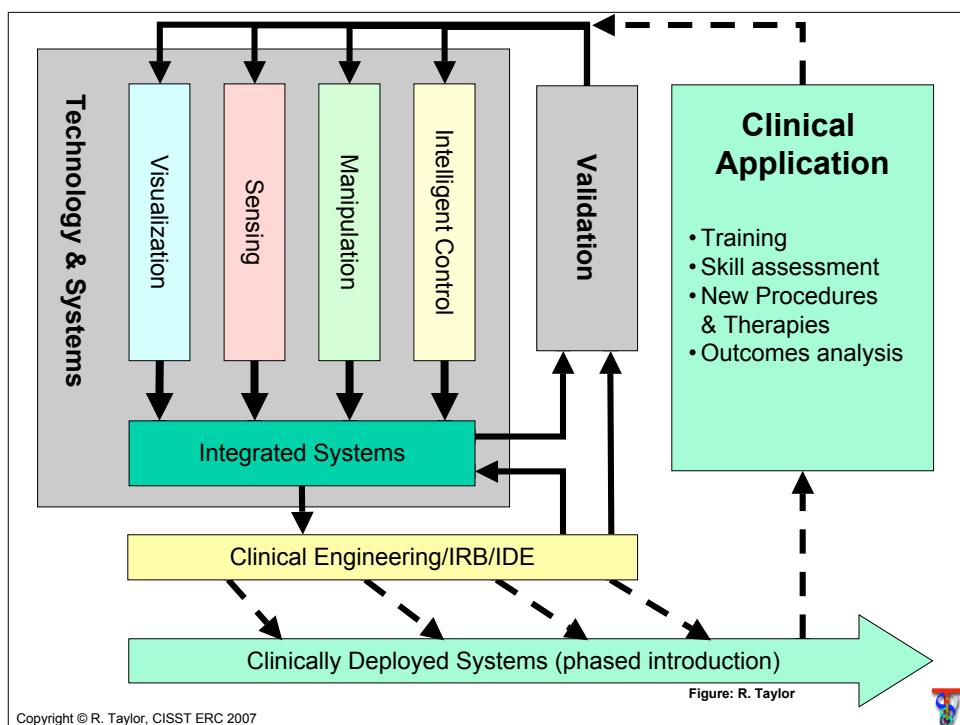
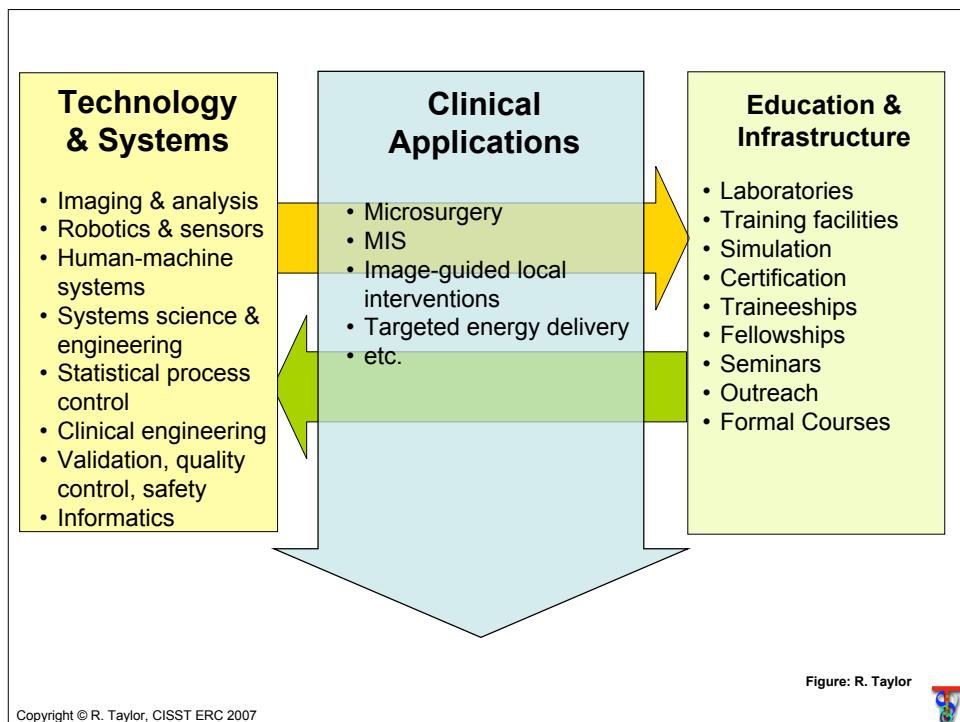
Strategy: develop comprehensive program to address the technological, clinical and educational challenges that need to be met in order to fundamentally transform interventional medicine in the same ways that computer-integrated systems have transformed manufacturing and other sectors of our society.



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Figure: R. Taylor





The real bottom line: patient care

- Provide new capabilities that **transcend human limitations** in surgery
- Increase **consistency and quality** of surgical treatments
- Promote **better outcomes** and more **cost-effective** processes in surgical practice



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How can we get there?

Strong and committed teams

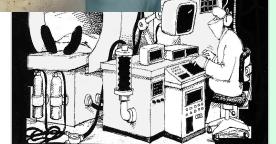
- Surgeons
- Engineers
- Industry



Focus on systems that address important needs



Rapid iteration with measurable goals



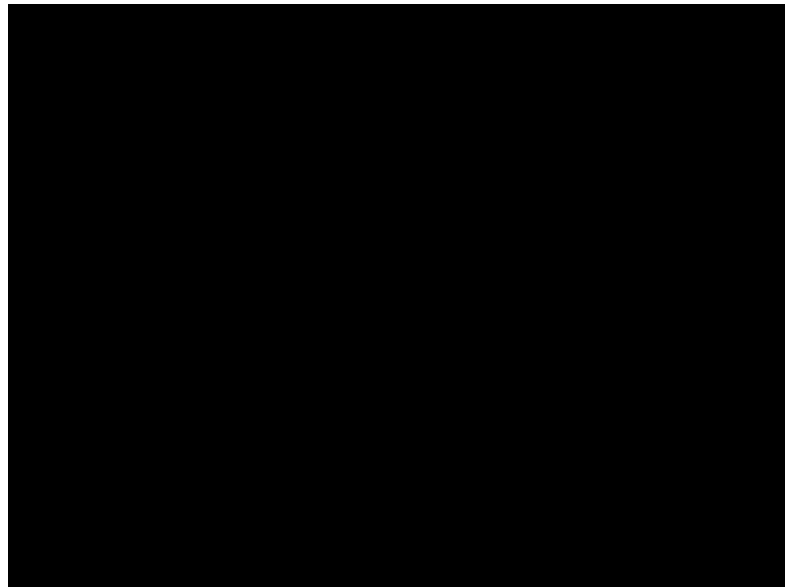
Have fun!

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R. Taylor



What working with surgeons is really like



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Discussion



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NSF Engineering Research Center
for Computer Integrated Surgical
Systems and Technology

**WHITING
SCHOOL OF
ENGINEERING**
THE JOHNS HOPKINS UNIVERSITY

Computer-Integrated Interventional Medicine: Integrating Imaging, Intervention, and Informatics to Improve Patient Care

Russell H. Taylor

Professor of Computer Science, with joint appointments in Mechanical
Engineering, Radiology & Surgery
The Johns Hopkins University
rht@jhu.edu