



Putting Confidence in
Ultrasound

Field characterization of HIFU / HITU devices

C. Zanelli, S. Howard

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ONDA Corporation

What is HIFU / HITU?

**High Intensity Focused Ultrasound and/or
High Intensity Therapeutic Ultrasound**

- Intensities / Pressures typically higher than diagnostic or physiotherapy limits, e.g.:

FDA diagnostic limits: $I_{\text{spta}.3} < 720 \text{ mW/cm}^2$, $MI < 1.9$

IEC limit on effective intensity: $I_{\text{eff}} < 3.0 \text{ W/cm}^2$

- Usually designed to create long-lasting changes to biological tissue

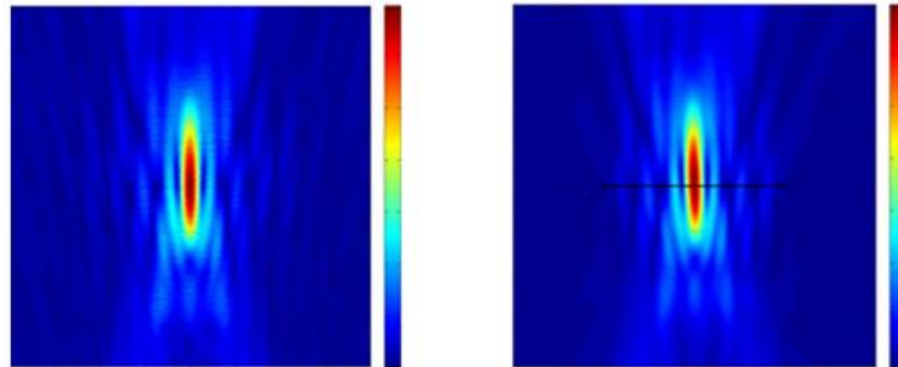
Why Measure HITU Fields

- Determine effectiveness at the targeted treatment site (e.g. treatment planning for thermal or cavitation dose)
- Assess safety (e.g. pre-focal maxima or sidelobes)
- Show compliance with a standard, like

IEC 60601-2-62 Medical Electrical Equipment, Part 2-62: Particular requirements for the basic safety and essential performance of high intensity therapeutic ultrasound (HITU) equipment.

Why is HIFU / HITU difficult to Measure?

- High pressures/intensities are often damaging to hydrophones
- High pressures/intensities may create cavitation screening
- High pressures lead to high nonlinearities in water
 - errors due to artificially high nonlinearity of water compared to tissue (i.e. nonlinear loss and acoustic saturation)
 - errors due to hydrophone bandwidth and size



Solution: Extrapolate from low-level measurement (IEC 62556)

- **Method 1 (Linear Scaling):** Measure field intensities at low levels and scale linearly with output power, which can be measured by RFB at low and high powers.
- **Method 2 (Mathematical Modelling):** Measure field at pre-focal plane (where levels are low) and use math to predict the field in the focal plane, sidelobes, etc.

IEC 62556 Extrapolation Protocol

- Make measurements at safe levels for hydrophones, at nonlinearity $\sigma_q < 0.5$, and with decreased duty factor to avoid cavitation screening
- Use an intensity metric that is robust to extrapolation: $I_{SAL} = P_6 / A_{b,6}$

$A_{b,6}$ = -6 dB beam area at beam maximum ($z = z_p$)

P_6 = power contained within $A_{b,6}$

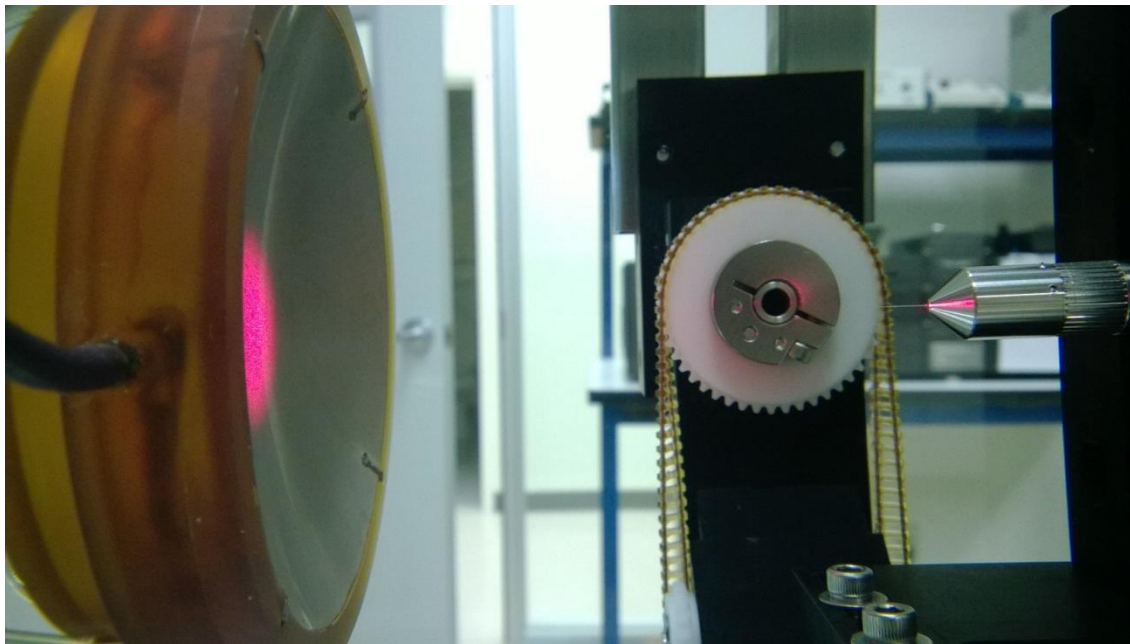
$A_{b,6}$ determined from $A_{b,6,q}$ via either transaxial hydrophone scans or from numerical projection

P_6 should be determined for actual clinical driving levels from RFB measurements

Ref: C.R. Hill, I. Rivens, M.G. Vaughan, and G. R. ter Haar, Lesion Development Focused Ultrasound Surgery: a General Model. *Ultrasound in Med & Biol.* 20,3 (1994) pp. 259-269

Example

Source: 100mm focus F/1, 1.45 MHz
Pressures P_+ ~ 60 MPa / P_- ~10 Mpa



Example: I_{SAL} from Scaling

Planar scans:
conventional PVDF hydrophone at
17 V_{RMS} yields:
Local distortion $\sigma_q = 0.37$
 $A_{b,6,q} = 1.76 \text{ mm}^2$
 $P_{q,6} / P_q = 0.69$

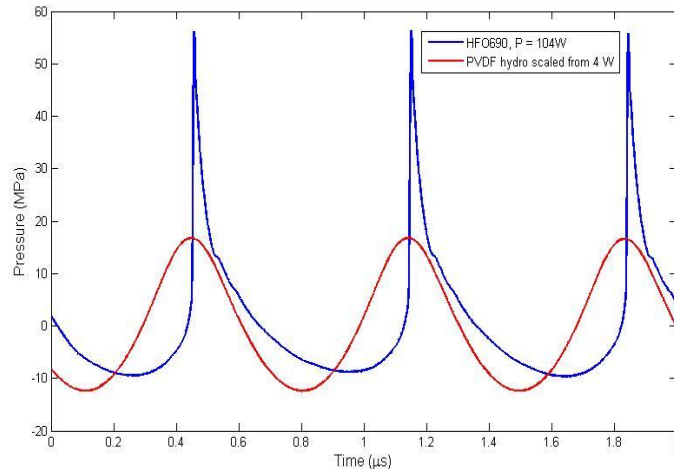
Radiation force balance
measurements:

At 17 $V_{RMS} \Rightarrow P_q = 4.18 \text{ W}$

At 98 $V_{RMS} \Rightarrow P_c = 104.5 \text{ W}$

$$I_{SAL} = (P_{q,6} / P_q) * P_c / A_{b,6,q}$$
$$= 3962 \text{ W / cm}^2$$

Comparison of methods to Direct Measurement with Optical Hydrophone

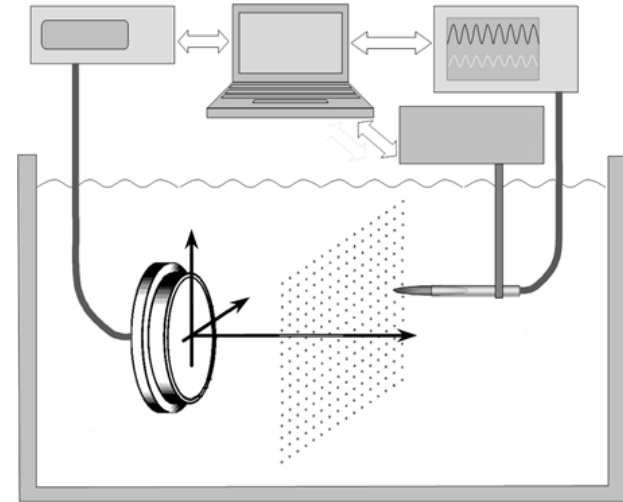


- High nonlinearity at 104 W: $\sigma_q = 4.2$
- Although peak values are off, agreement is not bad for I_{SAL} , which is the emphasis for IEC TS 62556

	Scaling	HFO690	% diff
P^+ (Mpa)	16.7	56.3	<u>-70%</u>
P^- (Mpa)	12.4	9.67	<u>28%</u>
I_{spta} (W/cm ²)	7092	9575	<u>-26%</u>
I_{sal} (W/cm ²)	3962	4490	<u>-12%</u>

Projection Method

- Select pre-focal plane satisfying safety and linearity criteria
- Perform planar scan, capturing magnitude and phase



- Calculate field by either

- (i) Rayleigh Integral
$$p(x, y, z > z_0) = -\frac{1}{2\pi} \iint p(x', y', z_0) \frac{\partial}{\partial n} \left(\frac{e^{ikR}}{R} \right) dx' dy'$$

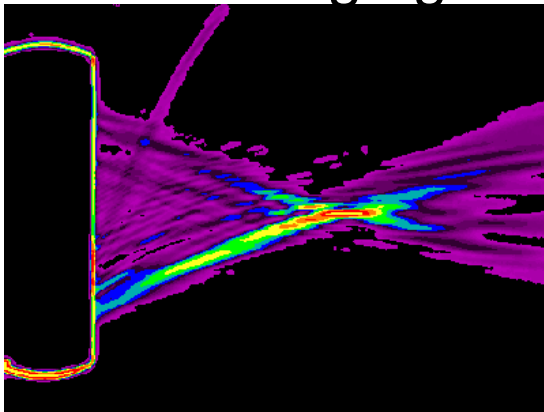
- (ii) Fourier Projection
$$p(x, y, z) = \frac{1}{(2\pi)^2} \iint F(k_x, k_y) e^{ik_z(z-z_0)} e^{i(k_x x + k_y y)} dk_x dk_y$$

- ***Linear Projection only is currently well-established —full non-linear projection is under development.***

Sidelobes and Pre-focal Maxima

Options from IEC 62556

- Numerical Projection
- Detailed Hydrophone Search
 - search transaxial planes from beam entry point to focus
 - planes should capture -20 dB contour
 - planes separation < one wavelength
 - => *time consuming!*
- Other Means: optical, thermal imaging—Example:
Schlieren imaging to find location of sidelobes:



--Use image to identify location and quantify sidelobe levels with hydrophone

Future Developments at IEC

- **Nonlinear Projection**

Make measurements at pre-focal plane, use as input to full non-linear simulation of the field to predict field values *in tissue* (this is a new work proposal in IEC TC 87).

- **Direct Measurements**

Compliment non-linear modelling with measurements with new robust hydrophones (such as **fiber-optic** probe) at clinical pressure levels in water, at least to validate non-linear modelling (this is also a new work proposal in IEC TC 87).

Thank you !

