

# A Methodology for Ultrasound Product Development

Applications in HIFU and High Frequency

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# Outline

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- Ultrasound Medical Devices – the Challenges
- Device Development Process
- Outline of a Project
- Case Study: HIFU for fat ablation
- Case Study: High Frequency for Imaging
- Case Study: Ranging Catheter
- What we've learned - 3 lessons

# Ultrasound Medical Devices – the Challenges

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- Disposable vs. capital equipment
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- Reproducibility of results
- Other technologies: RF, drugs, MRI, video
- Regulatory hurdles
- The market, reimbursement, funding ...

Ultrasound Medical Device Challenges

# Adoption by Clinicians

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- No time to learn new tricks
- Minimal change from current procedure
- Anything that will make it easier is OK

# The “Quick’n Dirty” Catch

## Dilemma:

1. Concept requires quick and cheap proof
2. Build prototype – cheap. Undesirable features will be fixed later.
3. Having prototype, do animal tests
4. Go for FDA approval (510k or PMA)
5. Go to production – any changes will require redoing animal tests for FDA.

(Oops!)

# Regulatory

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## Fundamental

- Bioeffects
  - Efficacy
  - Safety
- Design Control
- Process Control

## Bureaucratic

- Documentation
- Design Control
- Process Control
- PMA or 510k backup

# Development Project Outline

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Goal: **Risk Reduction!**

- Lay out the ground work
- Develop device and evaluate
- File patents
- Set up manufacturing
- ... wait for business success!

# Laying out the ground work

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- The IP landscape
- The biology landscape
- Modeling tools
- Prototyping available
- Measurements available
- Technology landscape

# The IP Landscape

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- Information search
  - Patents database
  - Literature – journal articles
  - Awareness – networking
- Legal determinations
  - Freedom to operate
  - Technology protection

# The Biology Landscape

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- Tissue properties
  - Acoustic
  - Thermal
  - Irreversible changes
- Ranges of variations – model and human
  - Anatomical
  - Physiologic
  - In vitro vs. in vivo
- Transferability across species
  - Animal model not available for all conditions
  - Diet matters
  - Size matters

# Project outline: **Biology first and last**

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1. Determine the **effect** sought
2. Understand the tissue
3. Model the interaction
4. Design and model the beam
5. Design the transducer and system (Des. Control)
6. Test on repeatable (phantom) model
7. Measure
8. Iterate from 3 until confident with the physics
9. Test in tissue
10. Iterate from 2 until confident with the biology
11. Test in humans
12. Iterate from 2 until confident with the **results**

# Modeling Sound in Tissue

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- Experimental
  - Live and excised tissue are very different
  - Interceding tissue
    - Bone (e.g. for brain)
    - Fat
    - Muscle layers
- Modeling issues
  - Non-linearity (KZK)
  - Acoustics affects thermal affects acoustics ...
  - If heat matters, boundary conditions are key
    - Beam entrance
    - Perfusion

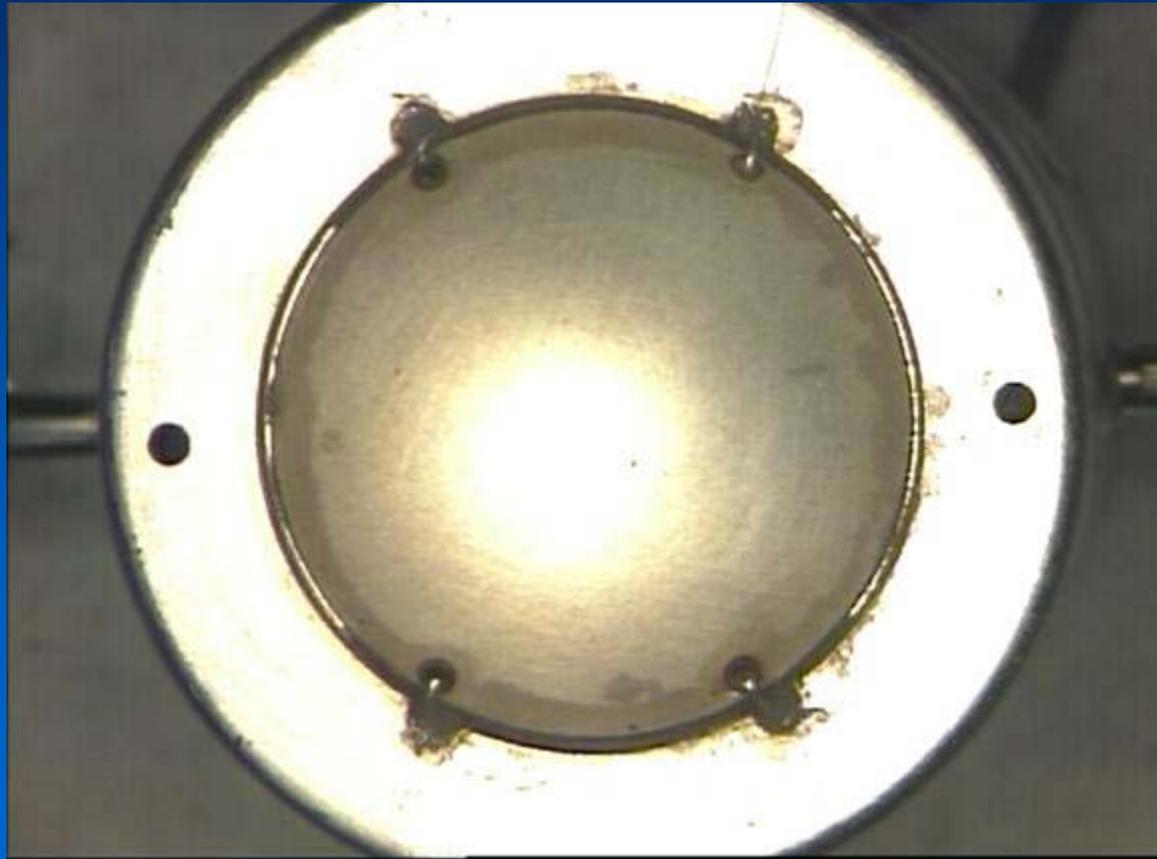
# Case Study: HIFU for Fat Ablation

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- Goal: Dissolve fat under skin
- IP status: patentable
- Biology: very complicated
  - Tissue: skin, fat, muscle
  - Success determined by heat, damage, resorption
  - Huge anatomical variability
- Physics: Heat tissue to 50C, 4 seconds, 15-25 mm deep
- Beam: F/1.2, 3 to 4 MHz, 30W max
- Transducer: water standoff for coupling and cooling
- Tests: phantom had to be developed

Case Study: HIFU

# Transducer Modeled and Built



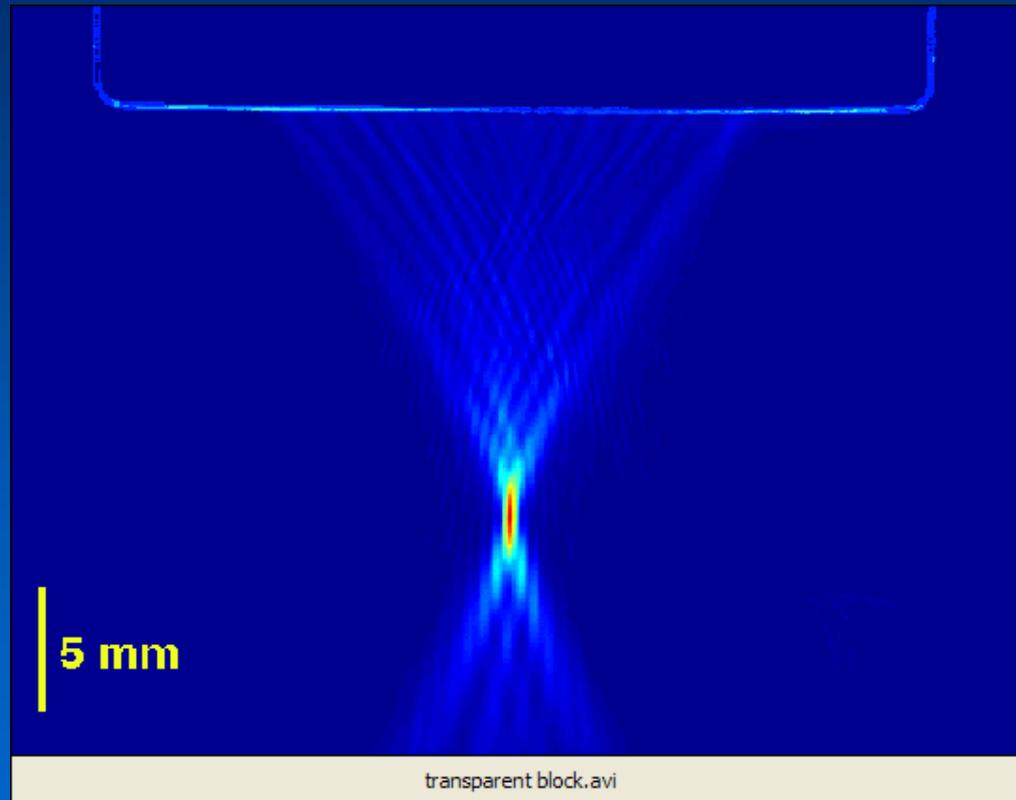
## Case Study: HIFU

# Location Problems



## Case Study: HIFU

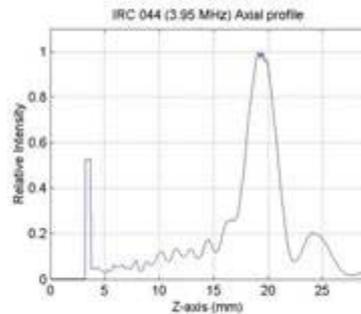
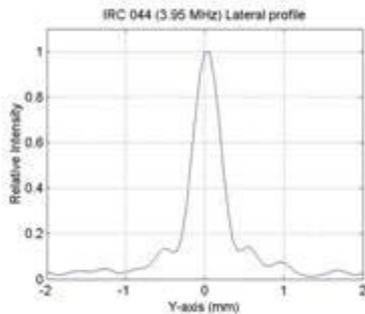
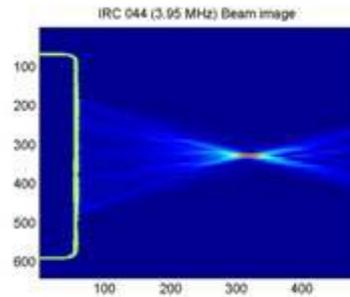
# Tissue Modeling, Effects on Gel



# Case Study: HIFU Uniformity Problems

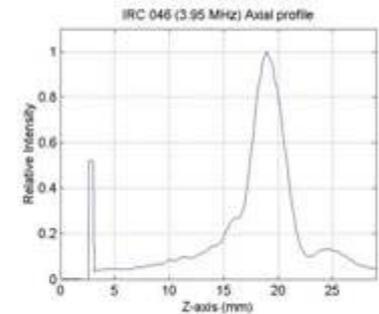
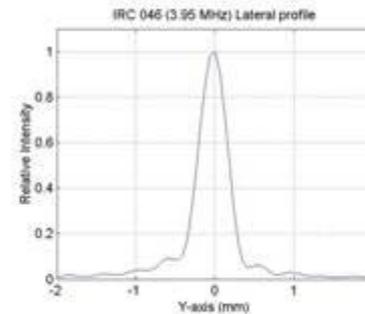
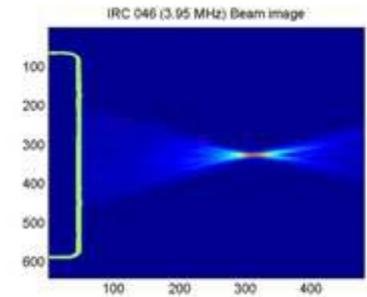
Transducer IRC 044 (3.95 MHz) - 8 Oct 2002

Y-width = 0.58073 mm  
Measured focal length = 18.3634 mm  
Area = 0.26485 mm<sup>2</sup>  
Transducer index (120/Area) = 453.041



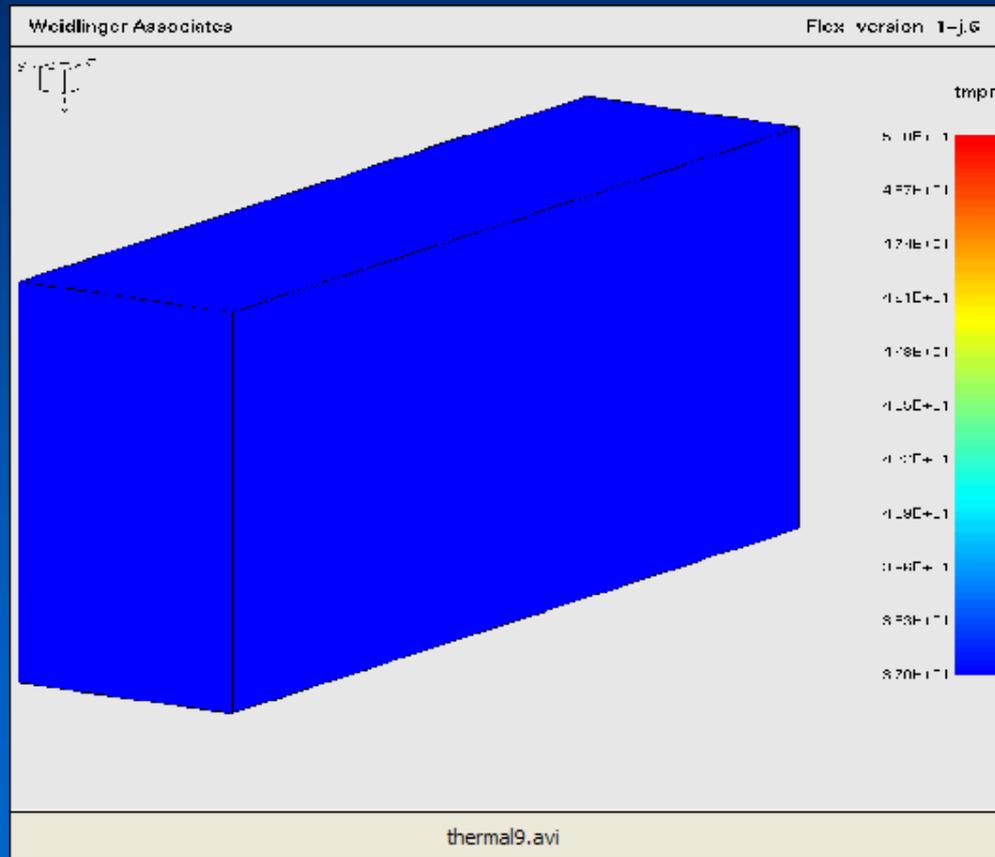
Transducer IRC 046 (3.95 MHz) - 11 Oct 2002

Y-width = 0.58189 mm  
Measured focal length = 18.9105 mm  
Area = 0.26503 mm<sup>2</sup>  
Transducer index (120/Area) = 451.2388



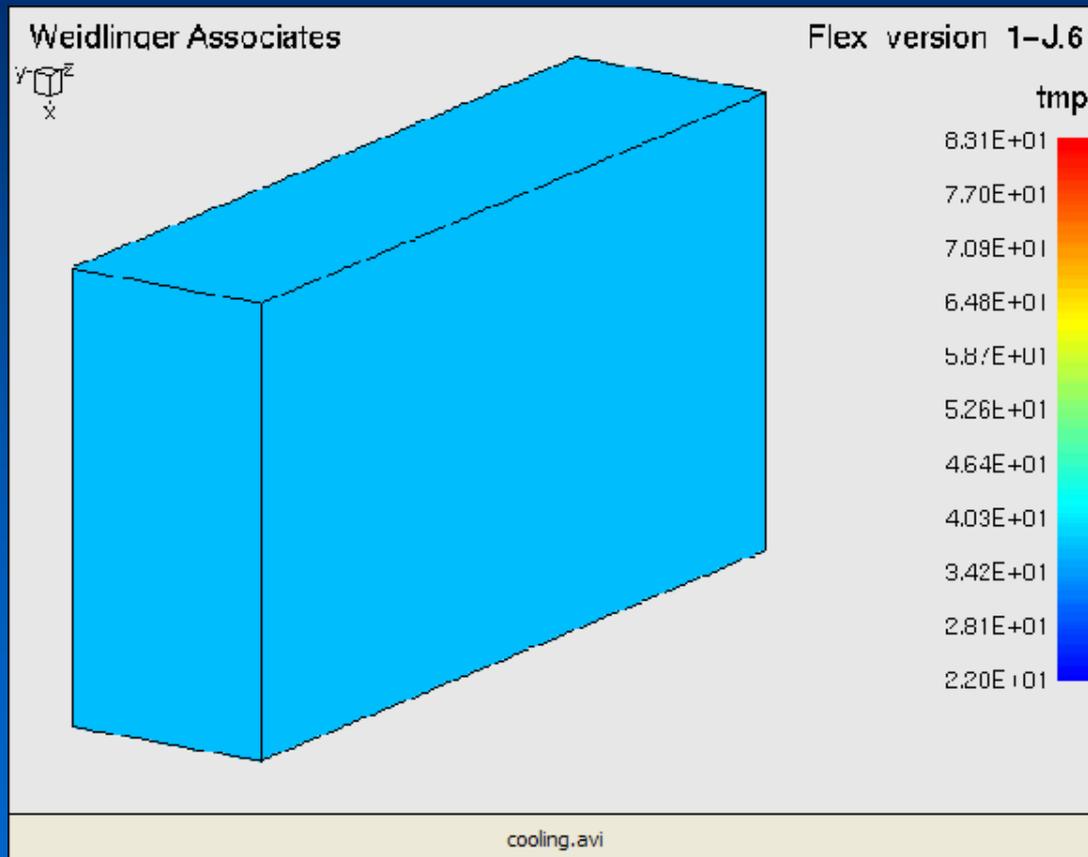
# Case Study: HIFU

## Problem – Beam Entrance Heating

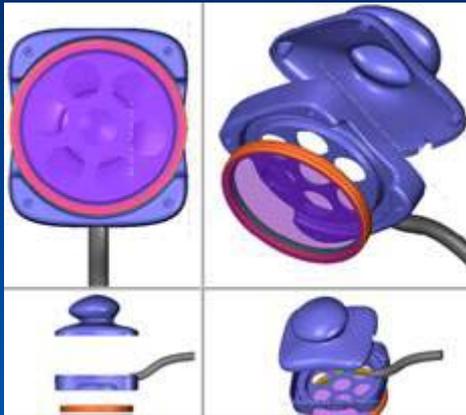


# Case Study: HIFU

## Surface Cooling

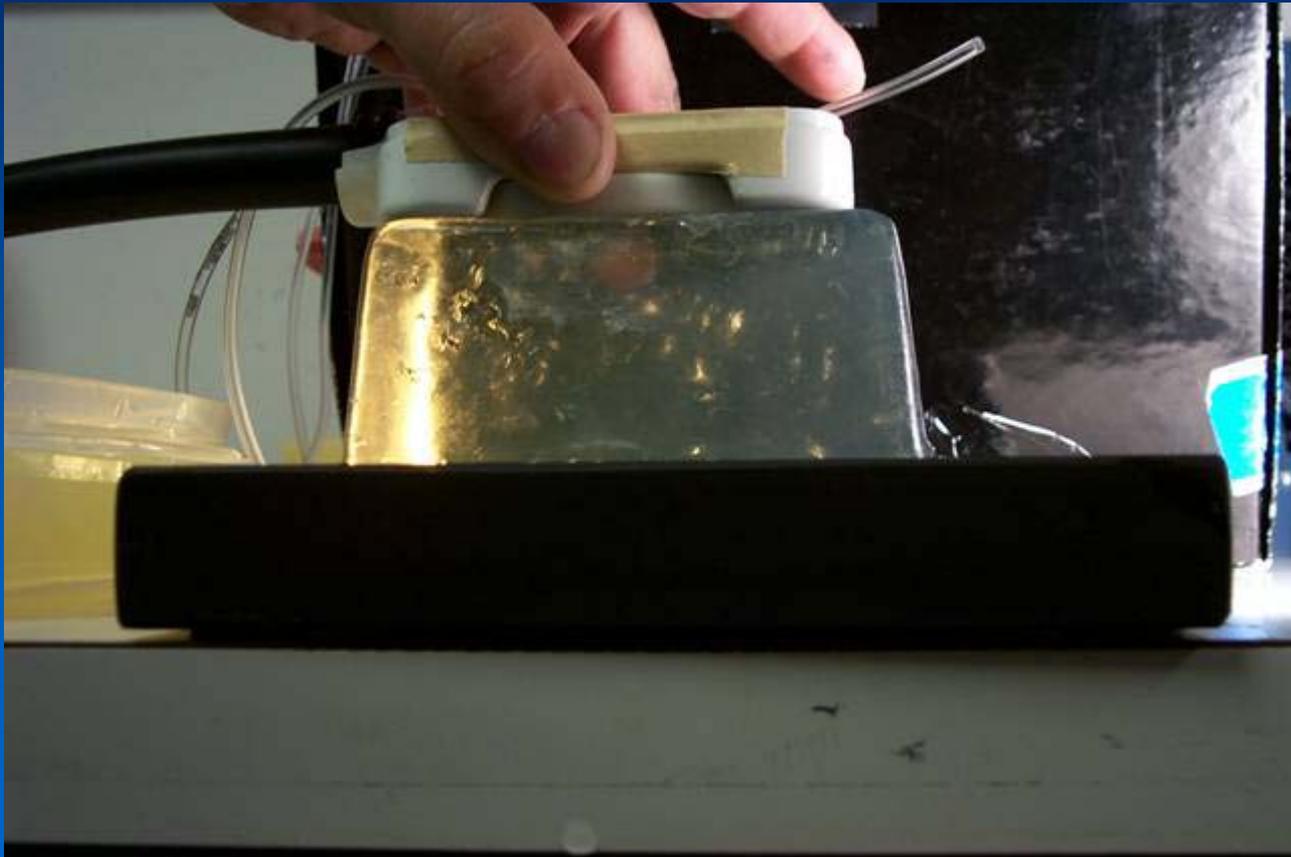


# Case Study: HIFU Transducers and Drivers - Prototype



## Case Study: HIFU

# Gel Burns



## Case Study: HIFU

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## Case Study: HIFU

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## Case Study: HIFU

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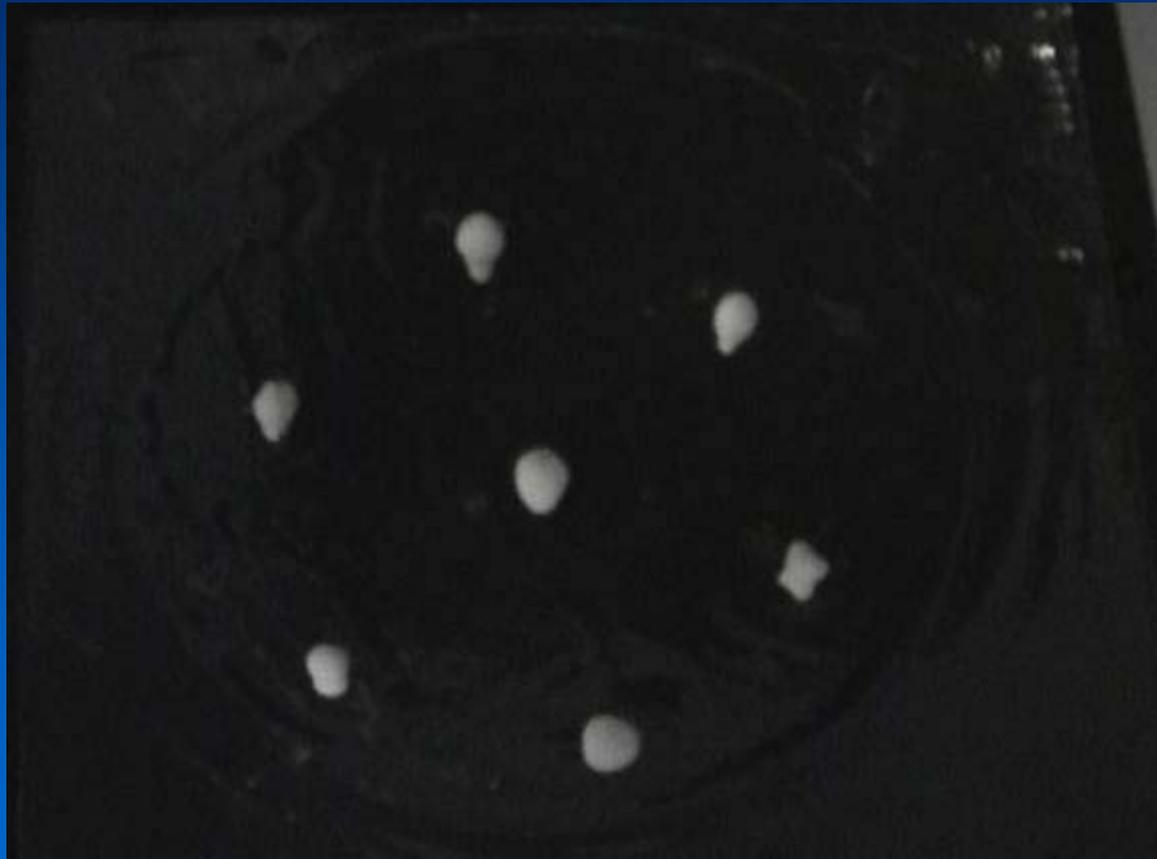
## Case Study: HIFU

# Gel Burns



## Case Study: HIFU

# Gel Burns



## Case Study: HIFU

# Conclusions

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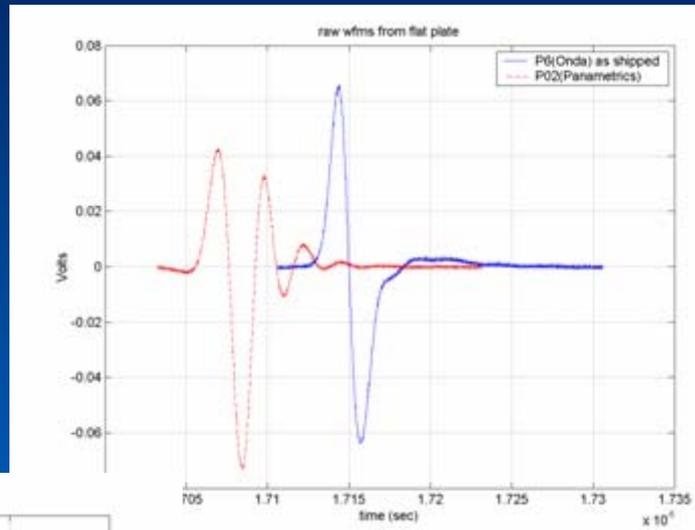
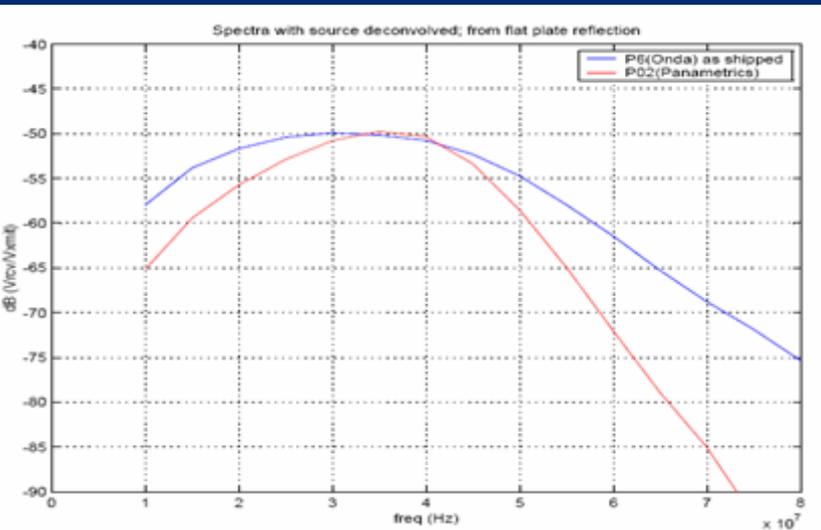
- Tested in animal model
- Raised \$27M
- Transferred for development in house
- Evolved, about to market 4 years later

# Case Study: HF transducer for imaging

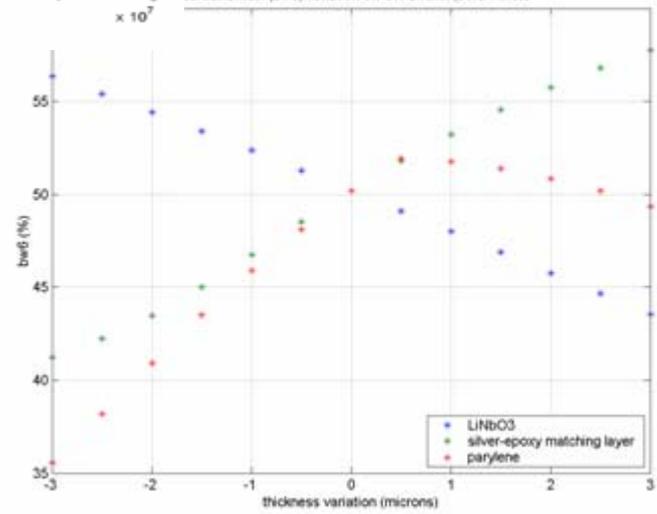
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- Goal: transducer for imaging at 30  $\mu\text{m}$  axial res.
- Tissue: eye
- Beam: F/2    25-45 MHz    3mm diameter
- Transducer: water standoff for coupling
- Tests: water echo

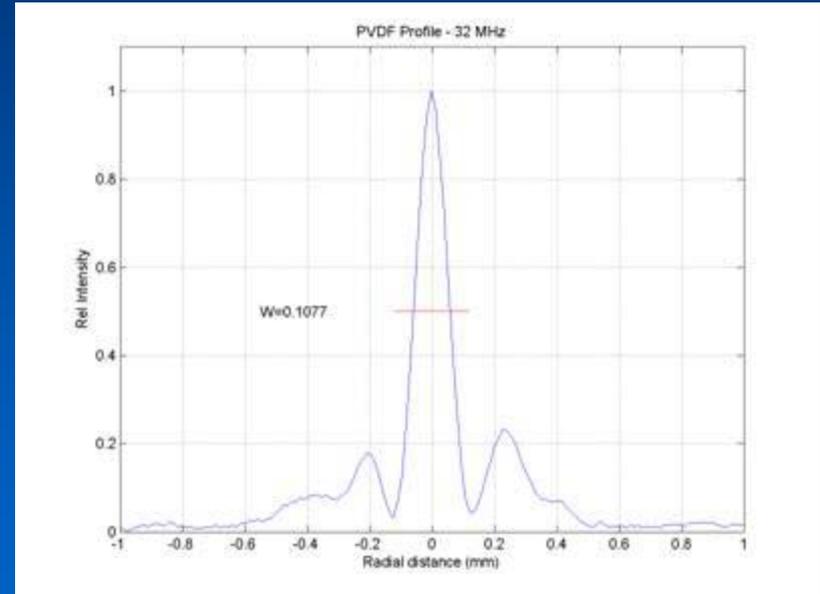
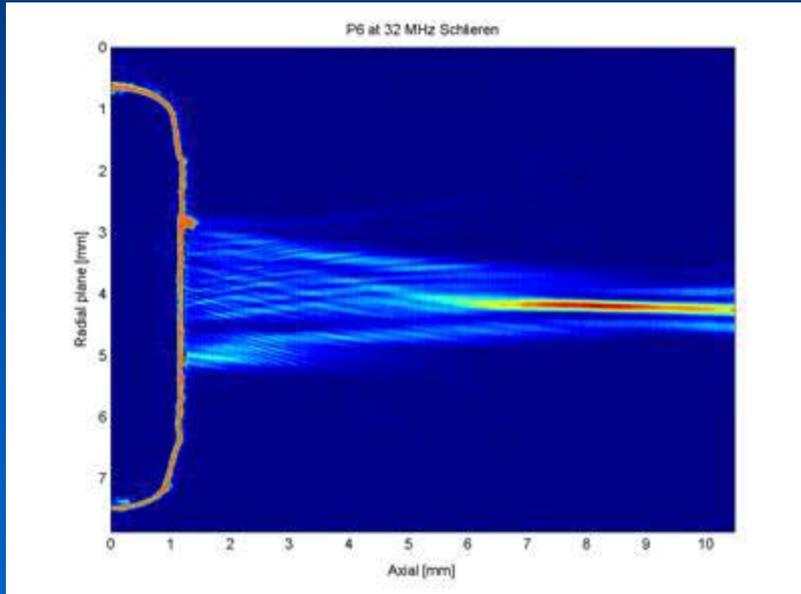
# Case Study: High Frequency Imaging Modeling the Transducer



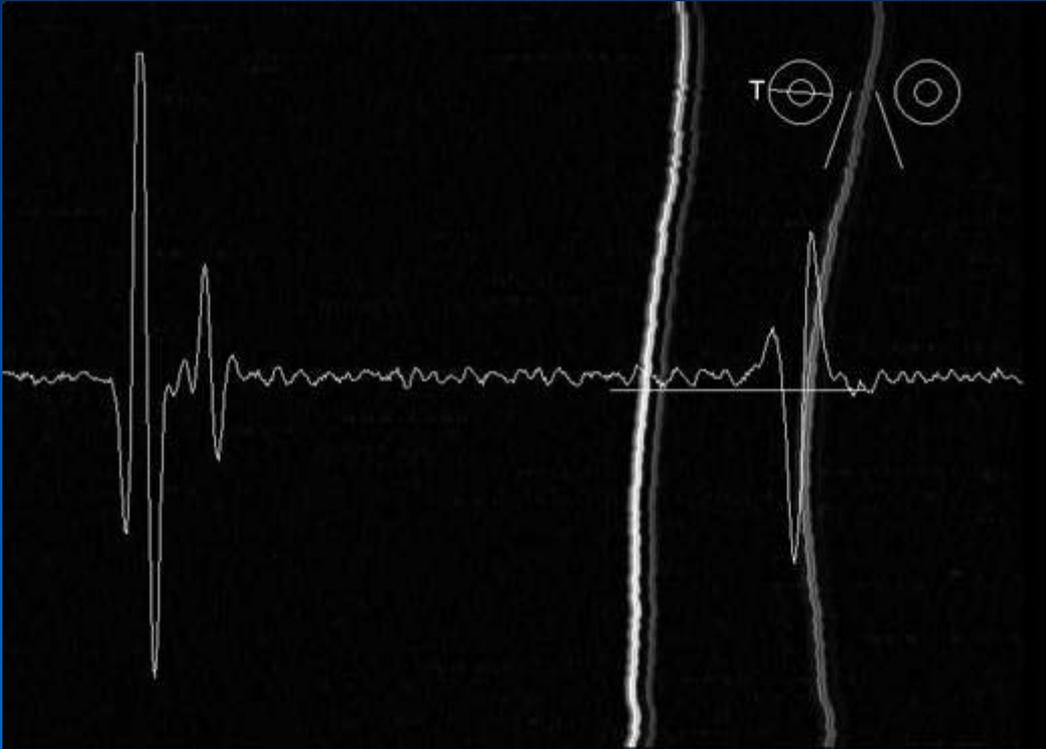
dB bandwidth (bw6) variation off of nominal (36.8/4.8/6.5)



# Case Study: High Frequency Imaging Generated Beam



# Case Study: High Frequency Imaging Transducer and Image



# Conclusions

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- Device improves over previous type
- Funds unavailable
- On hold

# Case Study: Ranging Catheter

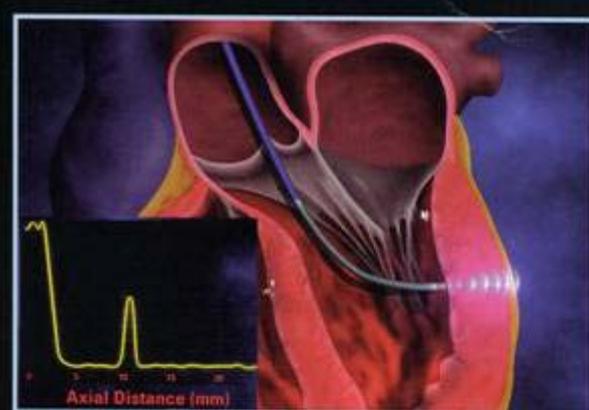
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- Goal: transducer on a catheter for axial ranging, 250 um axial res.
- Tissue target: pericardium
- Beam: defocused 12-15 MHz 2.5mm diameter
- Transducer: direct contact with tissue
- Tests:
  - Water is (acoustically) good enough
  - Animals, humans

# Case Study: Ranging Catheter Application

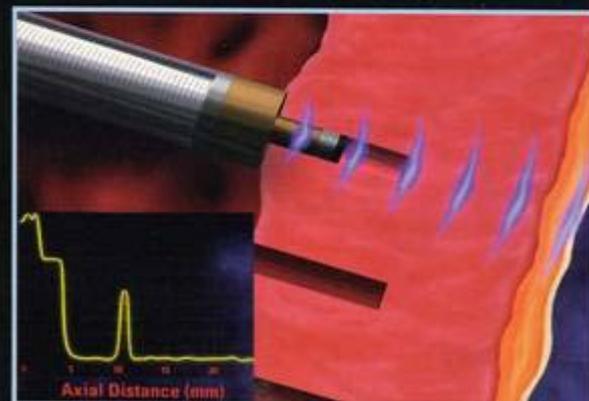
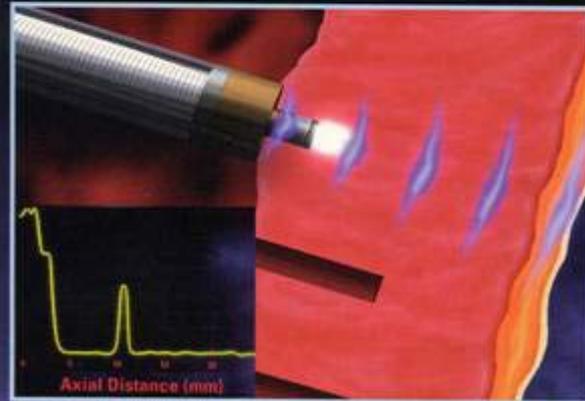


PTMR catheter approaching the endocardial surface.

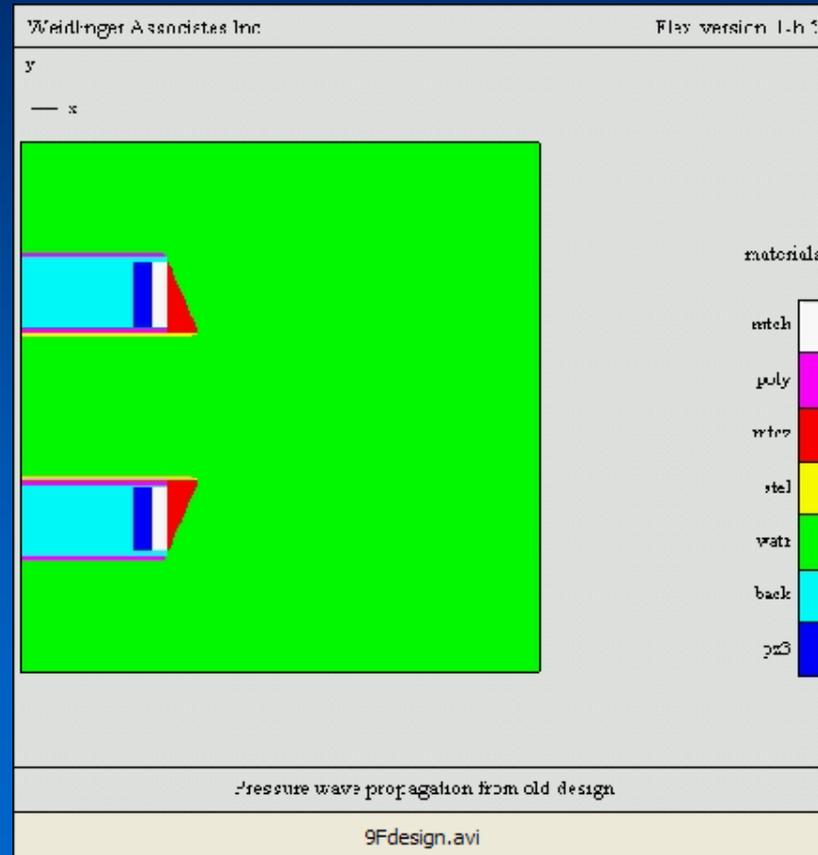


Contact with the heart wall confirmed, displaying wall thickness and wall motion characteristics.

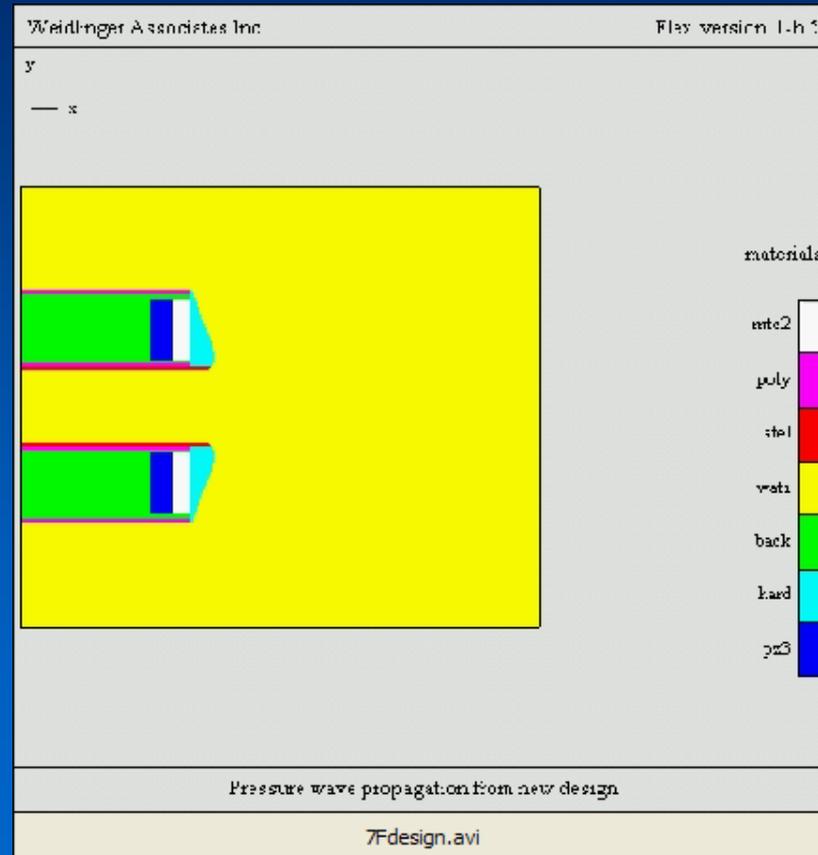
PROVIDES REAL-TIME INFORMATION



# Case Study: Ranging Catheter Application



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## Case Study: Ranging Catheter

# Conclusions

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- “Enabling technology”
- Successfully tested in humans
- Company merged with its competitor
- TMR technology fell in disfavor
- Product cancelled

# What we've learned - 1

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Lesson:

Follow a disciplined product development  
*and integrate all the details.*

# What we've learned - 2

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- A good medical device requires doing the homework, yet successful medical products are rare.

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Lesson:

Do not discount the cost of development  
based on speculation of future sales

# What we've learned - 3

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Medical device developers expect IP as part of the engineering work *because* IP is the most precious commodity, embodied in the engineering work.

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Lesson:

IP is valuable, don't give it away.

Thank you !