

Computer-Integrated Surgery (CIS) I
October 4, 2022
Hackerman B17

Bringing “the sixth sense” for surgeons using light and sound

Jeeun Kang, Ph.D.

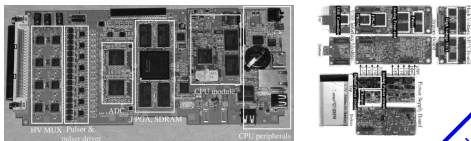


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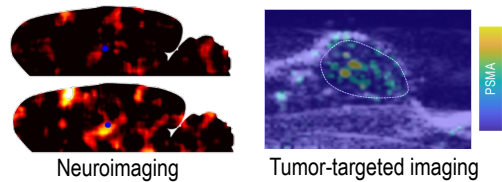
Evolution of my personal interest



- One-dimensional advances towards smaller clinical ultrasound (US) imaging

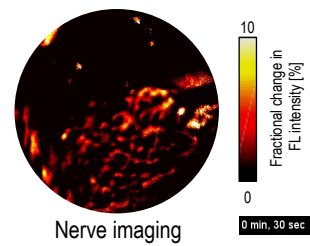
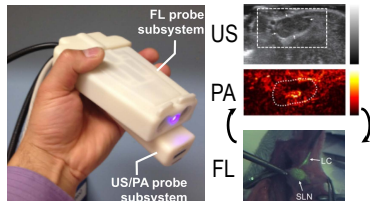


- Higher spatiotemporal-spectral contrast



Could be more colorful?

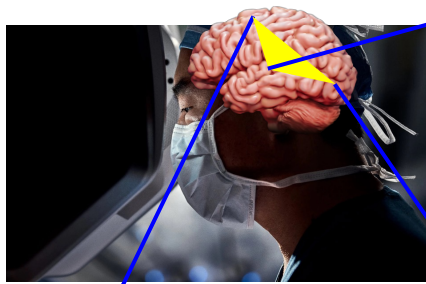
- Multi-modal imaging



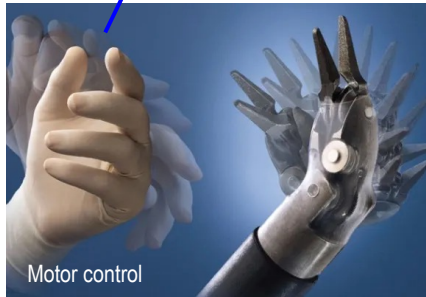
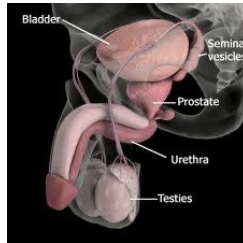
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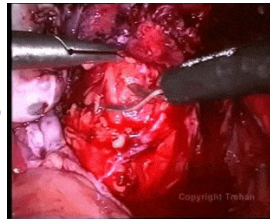
Defining the right form of “the sixth sense”



Knowledge in human anatomy & body memory of surgical procedures



Vision: a dynamic input



Crisp perception is a must for the new sixth sense

- High spatiotemporal resolution
- High contrast resolution
- Wide volumetric field-of-view
- Real-time feedback
- No surgical interruption

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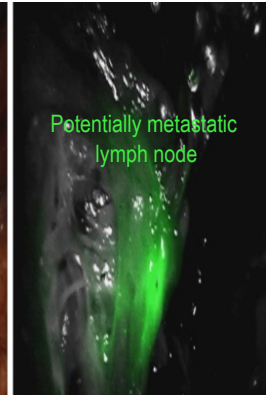
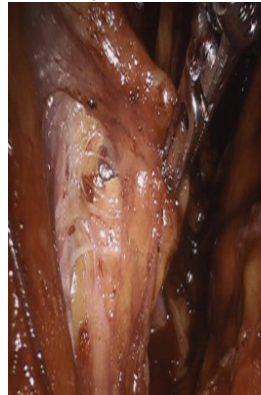
3

Current state-of-the-art in intra-operative guidance



White light

Fluorescence



Transverse plane

† Manny, T. B., Patel, M. & Hemal, A. K. *Eur Urol* 65, 1162–1168 (2014).

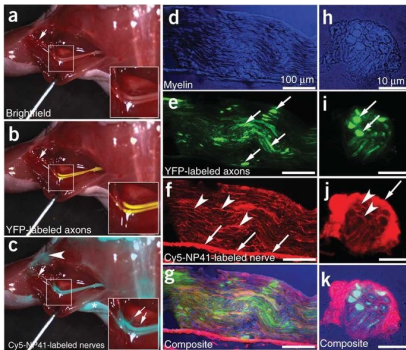
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Current state-of-the-art in intra-operative guidance

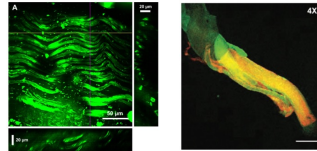


Fluorescence imaging †



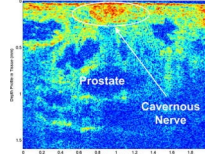
- Only 2-dimensional perception with *en face* imaging FOV

Confocal / multiphoton microscopy & Raman spectroscopy



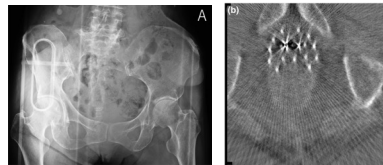
- Slow imaging
- Limited imaging depth & FOV

Optical coherence tomography (OCT) ‡



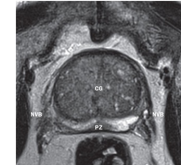
- Small FOV in few mm diameter
- Limited contrast resolution

X-ray §



- Ionizing effect
- Interrupt the surgical procedure

Prostate MRI §

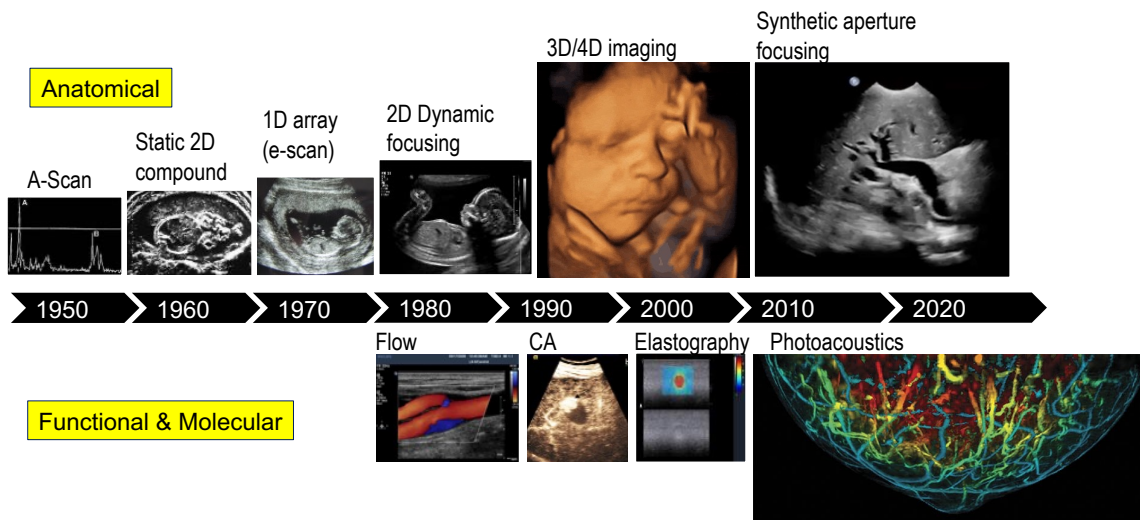


- Challenging for intra-operative use

† Whitney, M. A. et al. Nat Biotechnol 29, 352-356 (2011).
 ‡ Chitchian, S., et al., J. Biomed. Opt. 14, 014031-14-6 (2009).
 § A. L. Burnett, Nat. Rev. Urol. 12, 451-460 (2015).

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Medical ultrasound



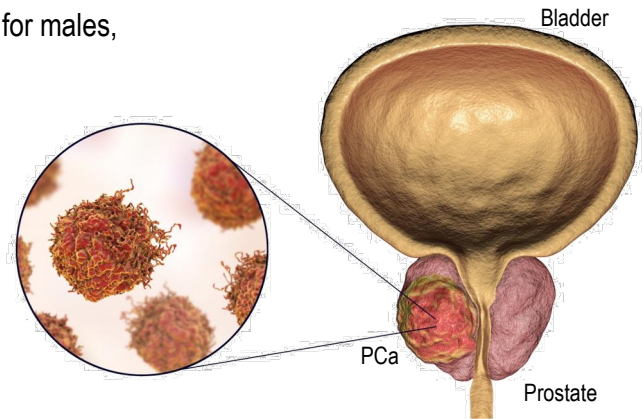
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Prostate Cancer (PCa)



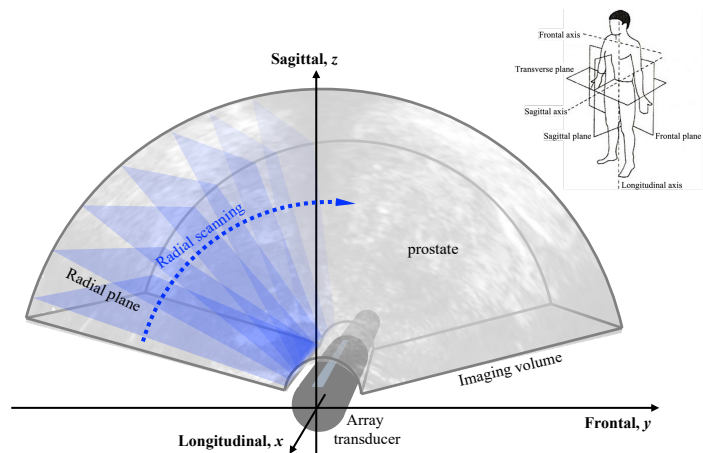
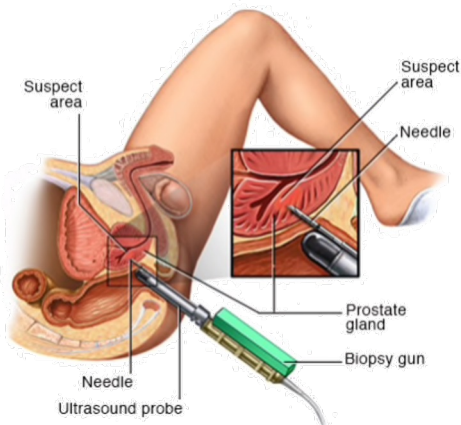
- PCa is a **leading organ for new cancer cases** for males, (21% in total cancer diagnosis) resulting **second highest cancer deaths** †
- High survival rate when localized, but **survival rate drops with metastasis**
- **Early PCa detection & accurate surgery for negative tumor margin** are the best defense strategy



† Siegel, R. L., et al., Cancer statistics, 2016. *CA: A Cancer Journal for Clinicians* 66, 7 30 (2016).

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Clinical US imaging of PCa

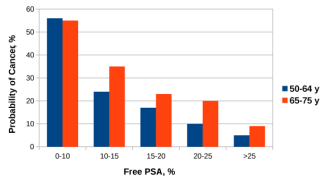


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PCa management in healthcare



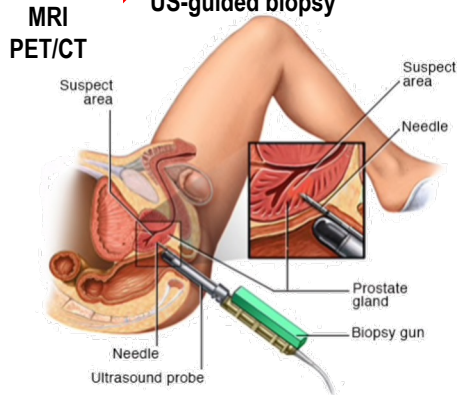
Prostate-Specific Antigen (PSA) †



- High false-positive rate (75%) †

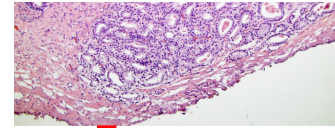
† Catalona W, et al., *JAMA*. 279 (19): 1542 – 7 (1998).
 ‡ Slatkoff S., et al., *J. Fam. Pract.* 60 (6): 357 – 60 (2011).
 § Piao D., et al., *IEEE J. Selec. Topics in Quantum. Electron.*, 16 (4): 715 – 29 (2009).

Transrectal
US-guided biopsy



- The prevalence of nearly invisible PCa on TRUS ranges from 25 to 42% §

Histopathology



Prostatectomy
guidance



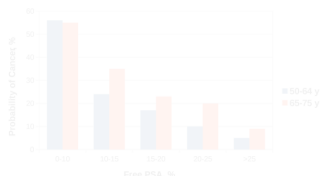
- Post-operative complications: erectile dysfunction (59.9% at 18M); incontinence (8.4% at 18M)

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Mission



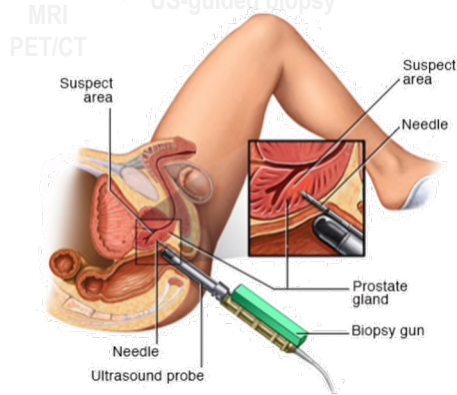
Prostate-Specific Antigen (PSA) †



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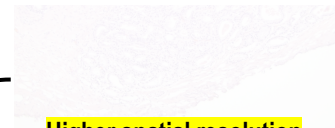
† Catalona W, et al., *JAMA*. 279 (19): 1542 – 7 (1998).
 ‡ Slatkoff S., et al., *J. Fam. Pract.* 60 (6): 357 – 60 (2011).
 § Piao D., et al., *IEEE J. Selec. Topics in Quantum. Electron.*, 16 (4): 715 – 29 (2009).

Transrectal
US-guided biopsy



- The prevalence of nearly invisible PCa on TRUS ranges from 25 to 42% §

Histopathology



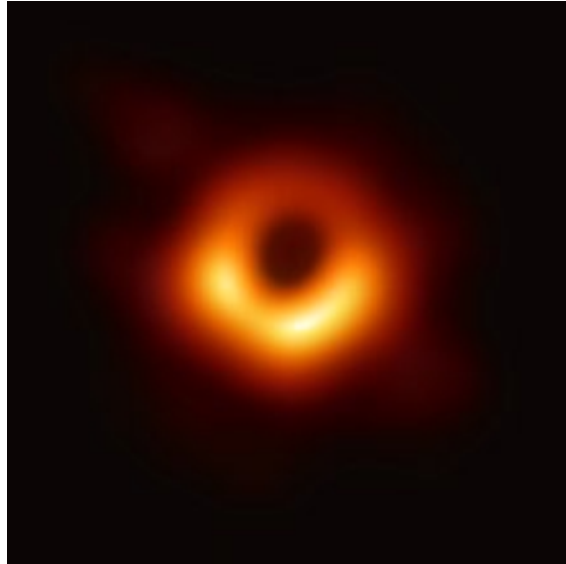
Prostatectomy
guidance



- **Higher spatial resolution**
- **Molecular contrast**
- Post-operative complications: erectile dysfunction (59.9% at 18M); incontinence (8.4% at 18M)

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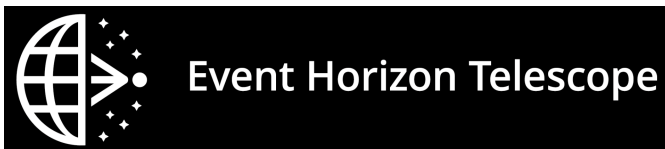
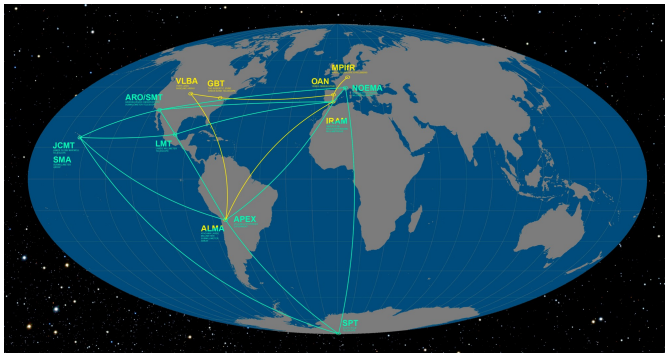
Limited aperture, but desire to see more – What shall we do?



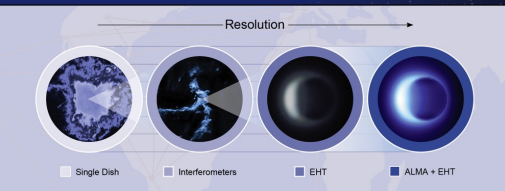
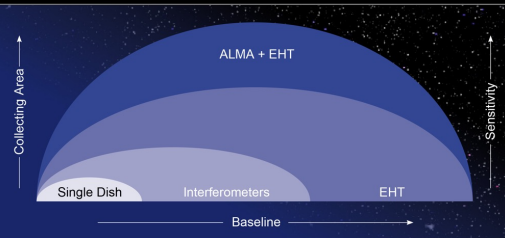
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Synthetic aperture focusing?



Tracing the Image of a Black Hole



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Synthetic "lateral" aperture focusing in medical ultrasound

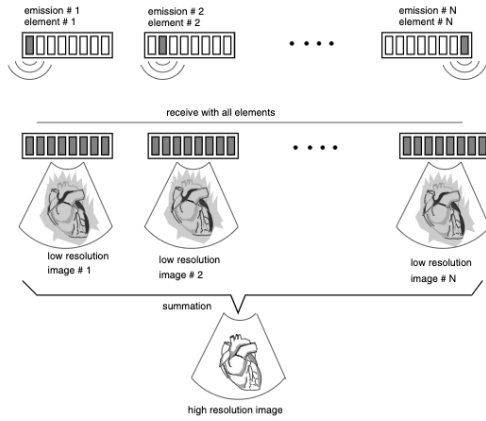
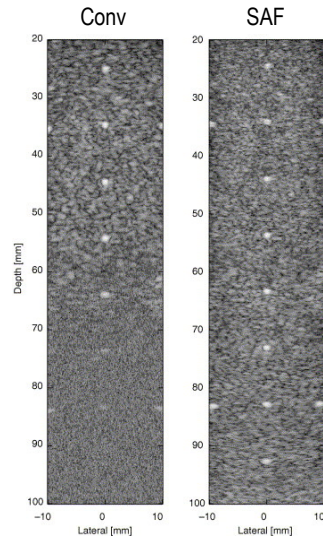


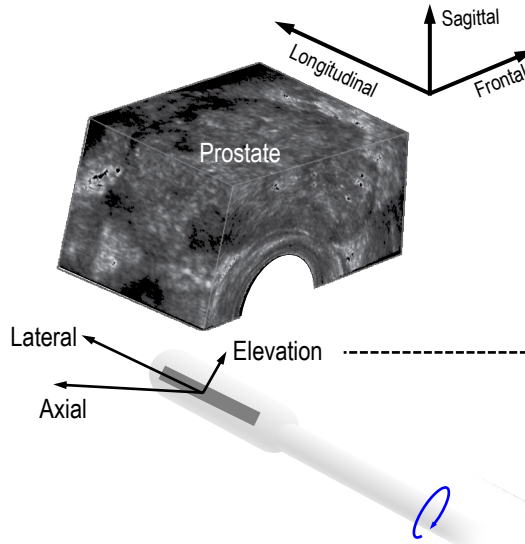
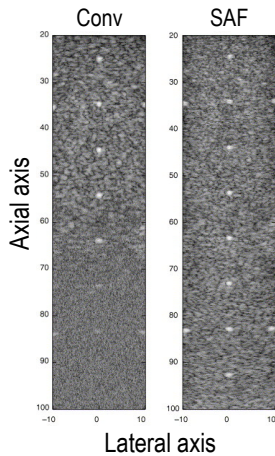
Fig. 1. Basic principle of synthetic aperture ultrasound imaging (from [25]).



† Bae, S., Kim, P., Song, T. K., *J Acou Soc Am* **144**(5), 2627-2644 (2018).
 Chang, J. H., Song, T. K., *IEEE Trans Ultrason Ferroelect, Freq Control* **58**(2), 327-337 (2011).

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Forget about something?

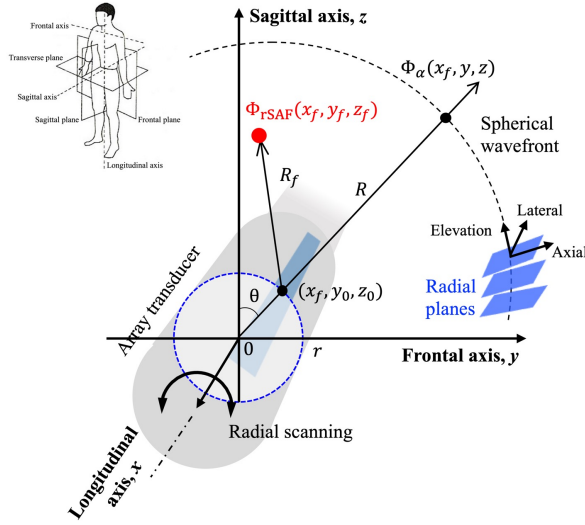


Analytically describable?
 What are critical parameters?
 How to optimize?

† Bae, S., Kim, P., Song, T. K., *J Acou Soc Am* **144**(5), 2627-2644 (2018).
 Chang, J. H., Song, T. K., *IEEE Trans Ultrason Ferroelect, Freq Control* **58**(2), 327-337 (2011).

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Synthetic "radial" aperture focusing (rSAF)



Acoustic field expression of single transmission

$$\Phi_{\alpha}(y, z, t) = \frac{e^{-j\omega t}}{j\lambda \|R\|_2} \Psi_{\alpha}(y, z)$$

Continuous transmit beam pattern at a depth of R

$$\Psi_{\alpha}(y, z) = e^{jkR} = e^{jk\sqrt{(y-r\alpha)^2 + (z-r\beta)^2}}$$

Transducer parameters	$r = \sqrt{y_0^2 + z_0^2}$	Scanning parameters	$\theta = \sin^{-1} \alpha$
	$k = 2\pi/\lambda$		$\beta = \cos \theta$

Synthetic transmit aperture focused beam pattern at (y_f, z_f)

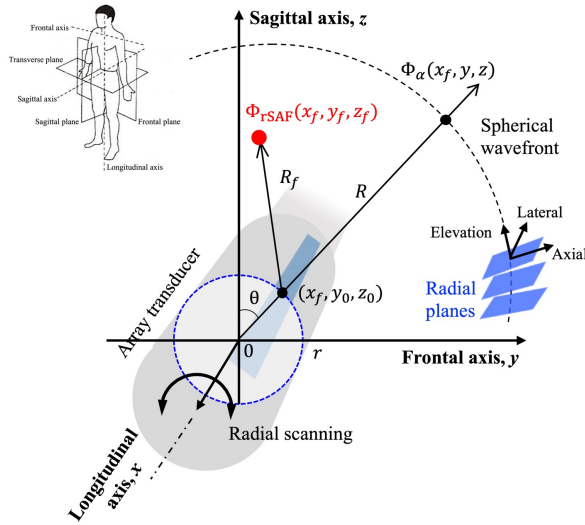
$$\Psi_{rSAF}(y_f, z_f) = c_0 \int_{-\infty}^{\infty} p_s(\alpha) \tau(\alpha) \Psi_{\alpha}(y, z) d\alpha$$

Scale factor
 $c_0 = \frac{1}{j\lambda \|R\|_2}$

Synthetic focusing delay
 $\tau(\alpha) = e^{-jk\sqrt{(y_f-r\alpha)^2 + (z_f-r\beta)^2}}$

† H. Song, J. Kang*, J Comput Des Eng 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

Analytical solution for synthetic radial aperture focusing (rSAF)



Synthetic transmit aperture focused beam pattern

$$\Psi_{rSAF}(y_f, z_f) = c_0 \int_{-\infty}^{\infty} p_s(\alpha) \tau(\alpha) \Psi_{\alpha}(y, z) d\alpha,$$

$$\tau(\alpha) = e^{-jk\sqrt{(y_f-r\alpha)^2 + (z_f-r\beta)^2}}$$

$$\Psi_{\alpha}(y, z) = e^{jkR} = e^{jk\sqrt{(y-r\alpha)^2 + (z-r\beta)^2}}$$

$$\Psi_{rSAF}(y_f, z_f) = c_0 \int_{-\infty}^{\infty} p_s(\alpha) e^{jk(R-R_f)} d\alpha.$$

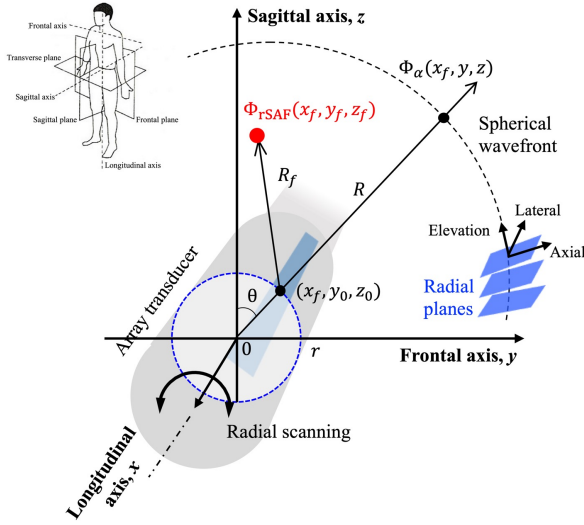
Fresnel approximation

$$R - R_f = \frac{y^2 - y_f^2}{2z_f} + \frac{r(y - y_f)}{z_f} \alpha$$

$$\Psi_{rSAF}(y_f, z_f) = c_0 e^{jk\frac{y^2 - y_f^2}{2z_f}} \mathcal{F}[p_s(\alpha)]_{f_y = \frac{ry'}{\lambda z_f}} \quad y' = y - y_f$$

† H. Song, J. Kang*, J Comput Des Eng 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

Analytical solution for synthetic radial aperture focusing (rSAF)



Discrete synthetic transmit aperture focused beam pattern

$$\Psi_{rSAF}(y_f, z_f) = c_0 e^{jk \frac{y^2 - y_f^2}{2z_f}} \mathcal{F}[p_s(\alpha)]_{f_y = \frac{ry'}{\lambda z_f}}$$

$$p'_s(\alpha) = \sum_{n=0}^{N-1} \delta(\alpha - \alpha_n)$$

$$\Psi_{rSAF}(y_f, z_f) = c'_1 \frac{\sin \pi \frac{rN\Delta\alpha}{\lambda z_f} y}{\sin \pi \frac{r\Delta\alpha}{\lambda z_f} y}$$

Revised scale factor

$$c'_1 = c_0 \cdot e^{jk \frac{y^2 - y_f^2 + r\alpha_{max} y}{2z_f}}$$

Null-to-null beam width

$$y'_{sML} = \frac{\lambda z_f}{rN\Delta\alpha} = \frac{\lambda z_f}{r\alpha_{max}}$$

Grating lobe positions

$$y'_{sGL} = \frac{\lambda z_f}{r\Delta\alpha} n \quad (n = 1, 2, \dots)$$

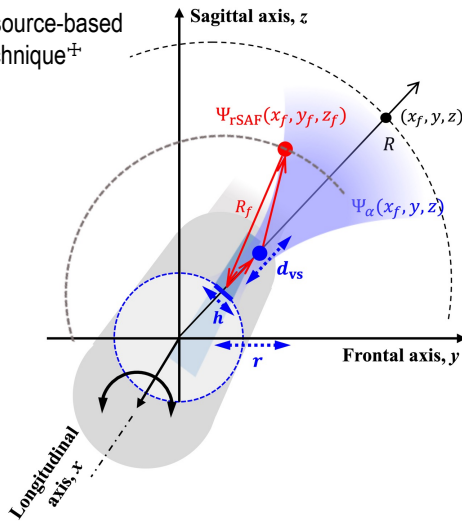
† H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

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Practical implementation strategy



Virtual source-based SAF technique[‡]



Synthetic aperture focusing delay calculation

$$\begin{aligned} \text{Transmit } d_t(i, z) &= d_{VS} + d_{tf}(i, z) \\ \tau_t(i, z) &= d_t(i, z)/c \\ \text{Receive } \tau_r(z) &= d_r(z)/c \quad (\text{i.e., } R_f) \end{aligned}$$

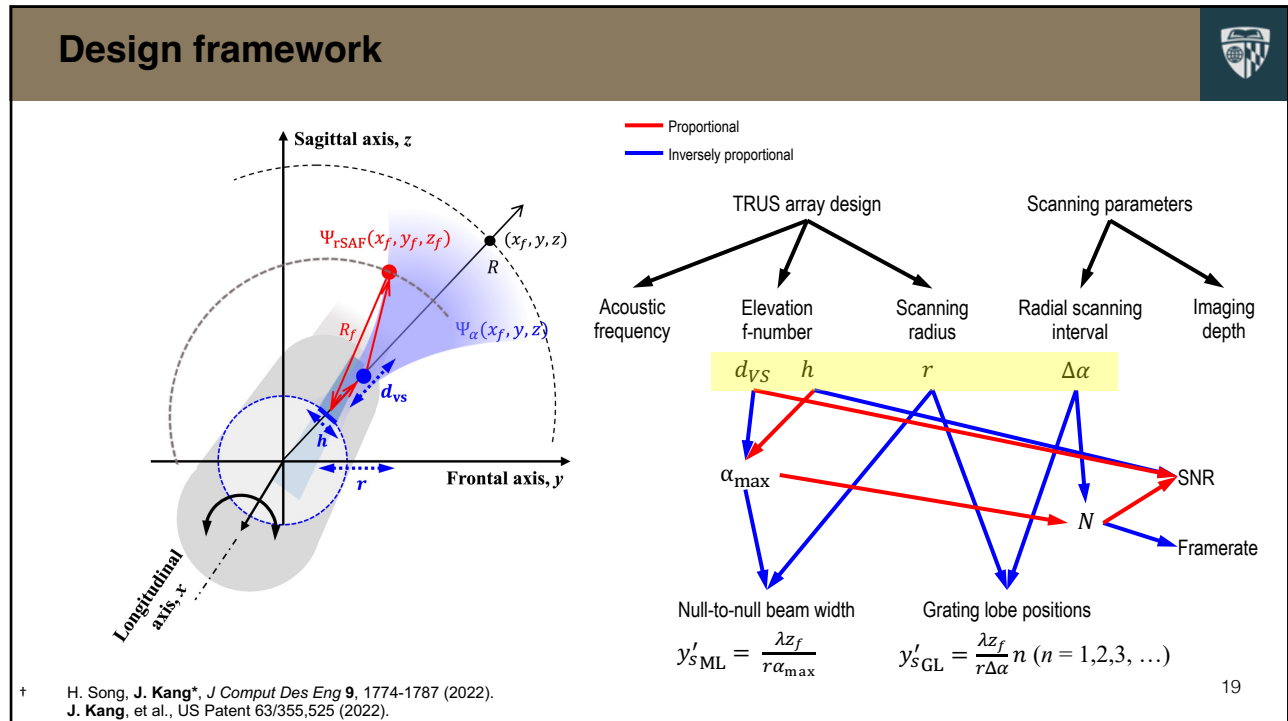
$$\tau_f(i, z) = \tau_t(i, z) + \tau_r(z)$$

Radial aperture synthesis

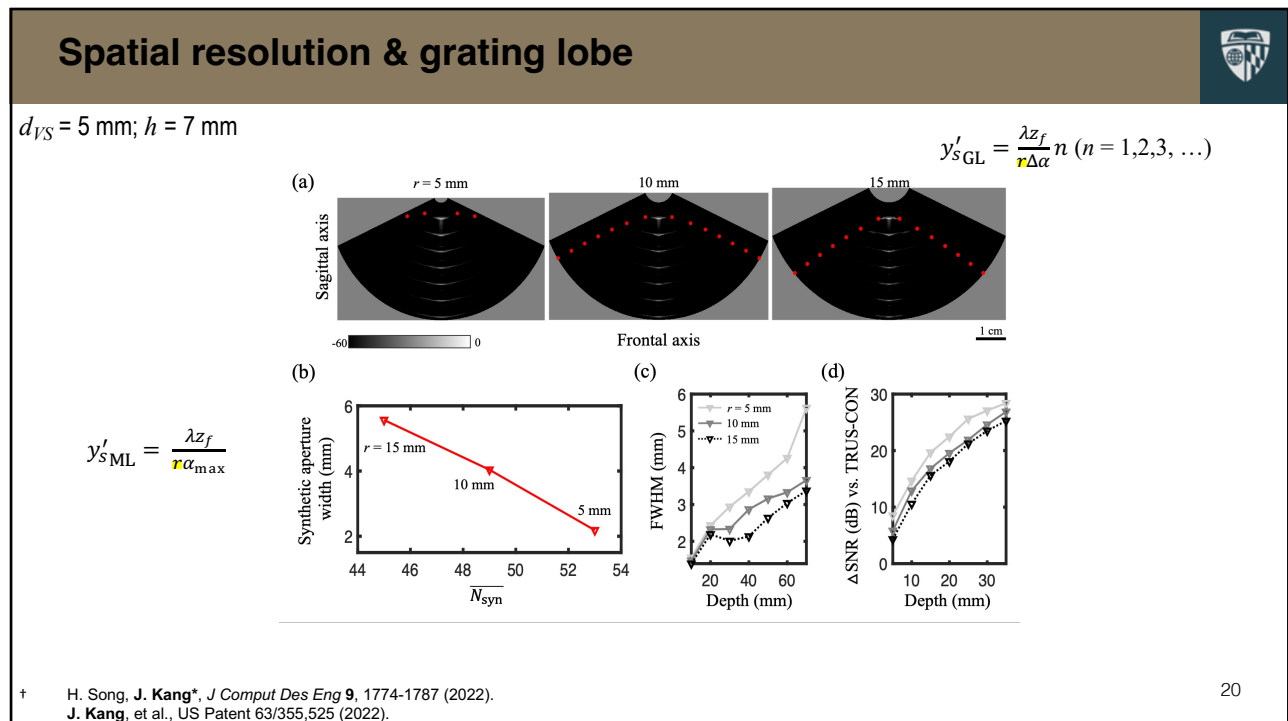
$$I_{rSAF}(\theta_n, z) = \frac{1}{N_{syn}(z)} \sum_{i=n-N_{syn}(\theta_n, z)/2+1}^{n+N_{syn}(\theta_n, z)/2} I_i(\theta_n, \tau_f(i, z))$$

† H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).
 ‡ Frazier C. H., et al., *IEEE Trans Ultrason Ferroelect Freq Control*, 45(1), (1998)

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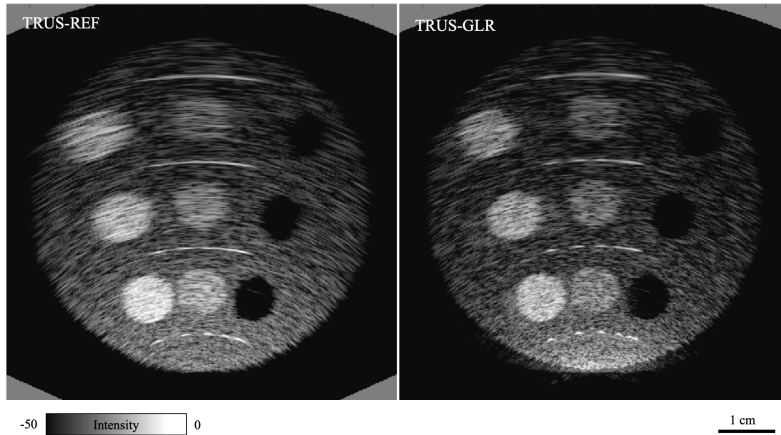
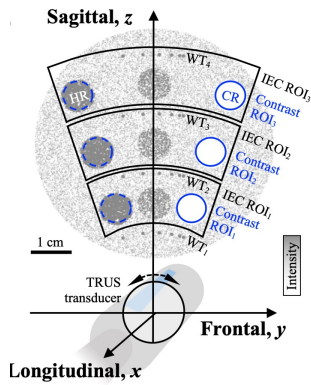


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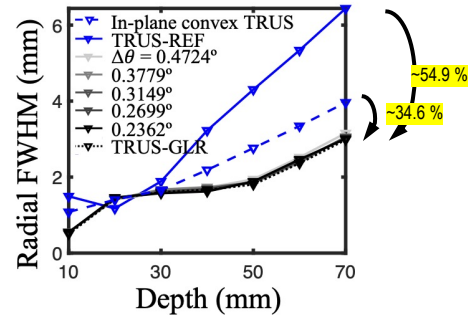
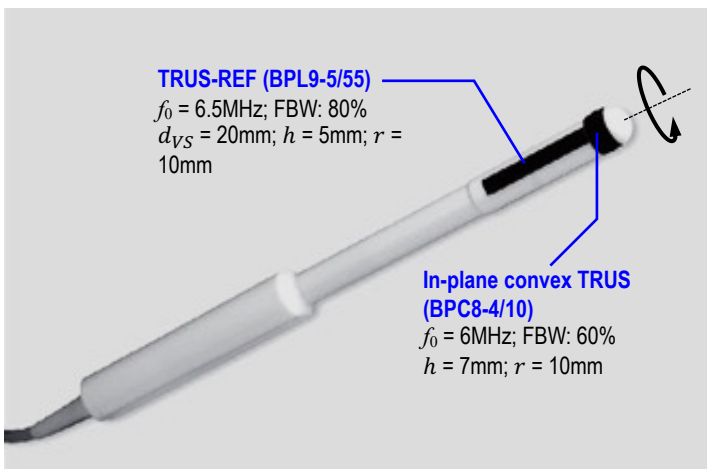
2D Field-II simulation – Frontal-sagittal plane



† H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

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Comparison to clinical standard



† H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

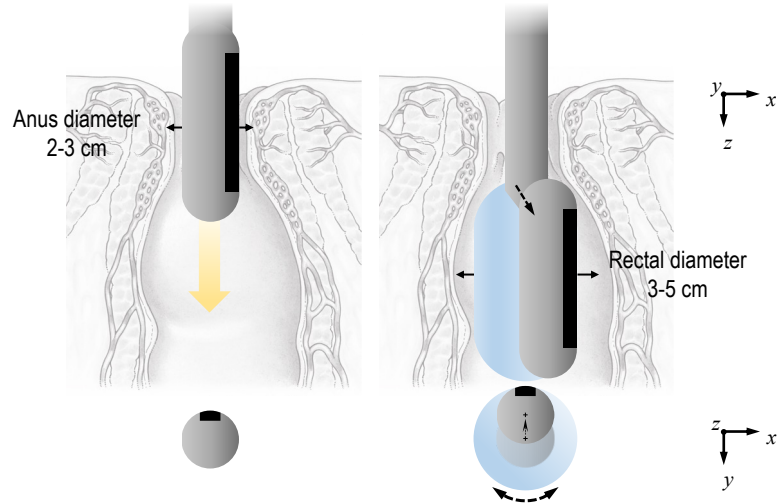
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What's next?



Null-to-null beam width

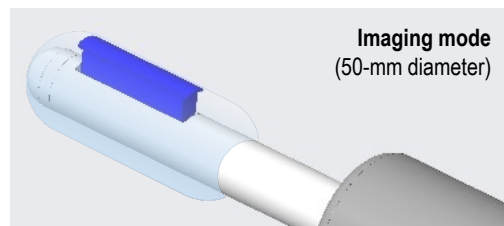
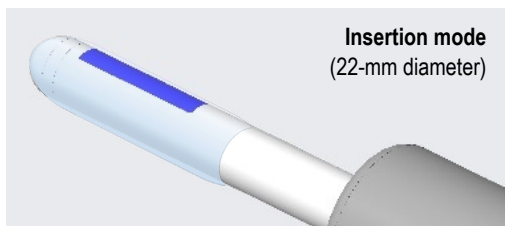
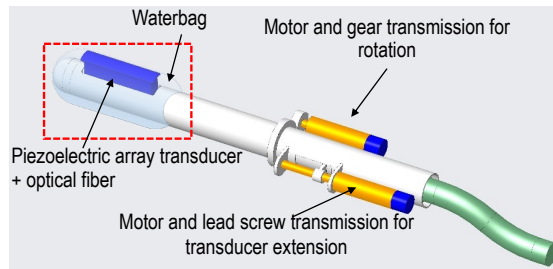
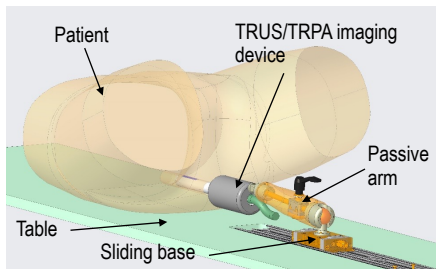
$$y'_{sML} = \frac{\lambda z_f}{r \alpha_{max}}$$



† H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

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What's next?



Courtesy of Dr. Iulian Iordachita
 † H. Song, J. Kang*, *J Comput Des Eng* 9, 1774-1787 (2022).
 J. Kang, et al., US Patent 63/355,525 (2022).

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Summary



- TRUS-rSAF technique can provide **unprecedented volumetric spatial resolution** higher than clinical convex/linear TRUS array transducer
- Analytical description and optimization framework were developed
- Mechatronic implementation will provide a next-generation TRUS imaging for higher sensitivity and specificity to detect and diagnose PCa
- Further works: prototyping & clinical translation

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Mission



Prostate-Specific Antigen (PSA) † → MRI/PET/CT → Transrectal US-guided biopsy → Histopathology

• High false-positive rate (75%) ‡

• The prevalence of nearly invisible PCa on TRUS ranges from 25 to 42% ¶

• Post-operative complications: erectile dysfunction (59.9% at 18M), incontinence (8.4% at 18M)

• Higher spatial resolution

• Molecular contrast

Prostatectomy guidance

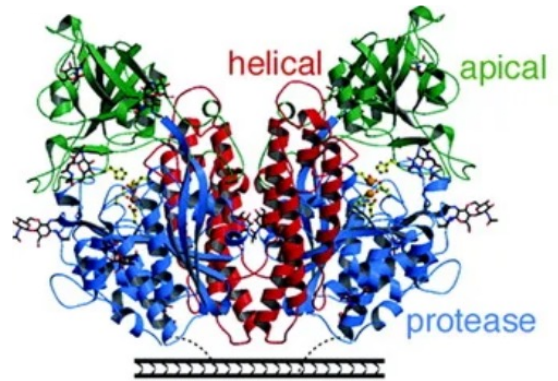
† Catalona W, et al., *JAMA*, 279 (19): 1542 – 7 (1998).
 ‡ Slatkoff S., et al., *J. Fam. Pract.* 60 (6): 357 – 60 (2011).
 ¶ Piao D., et al., *IEEE J. Selec. Topics in Quantum. Electron.*, 16 (4): 715 – 29 (2009).

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Prostate-Specific Membrane Antigen (PSMA)



- Type-II integral cell-surface membrane protein †
- Overexpressed in nearly all solid tumors (e.g., breast, bladder, pancreatic, testicular, or colorectal cancers) ‡
- **High correlation to PCa aggressiveness**, implying its functional role in PCa biology ‡



Ribbon diagrams of side view of PSMA †

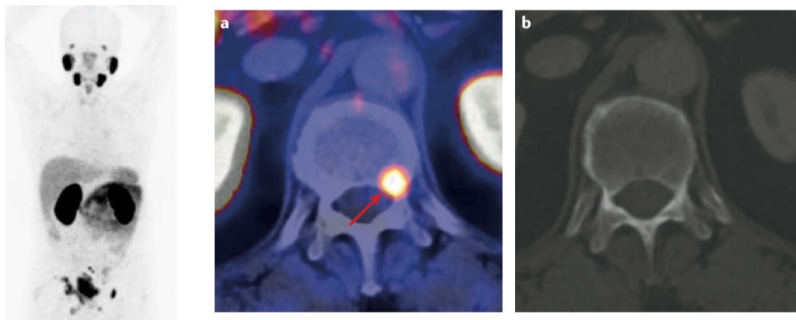
† Davis M.I., et al., *PNAS* **102** (17): 5981 – 86 (2005); Balk S.P., et al., *J. Clin. Oncol.* **21** (2): 383–91 (2013).
 ‡ Neuman B. P., et al., *Clin. Cancer Res.* **21** (4): 771 – 80 (2014).
 ‡ Minner S., et al., *Prostate* **71** (3), 281 – 8 (2011).

Targeting PSMA for early-PCa detection



PET/MRI/CT †

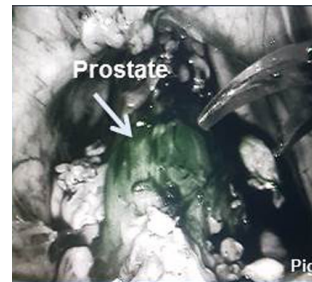
Pros: Wide field-of-view across whole-body; High specificity
 Cons: Iodizing effects; Slow imaging speed; expensive



Extensive clinical trials stages I and II: NCT02282137, NCT02611882, NCT02488070, NCT02048150, NCT01173146 ...

Optical imaging †

Pros: Real-time; easy to use
 Cons: Superficial sensing depth

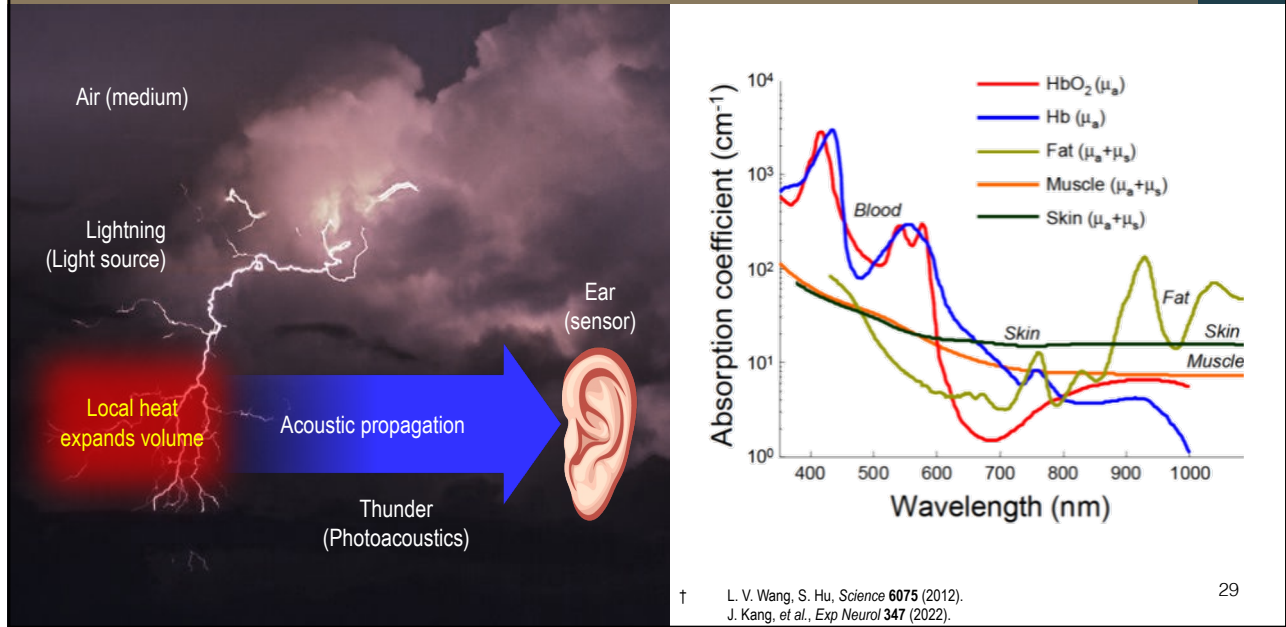


● Fluorescence Signal

Clinical trials in IND stage:
 NCT01173146, NCT02048150

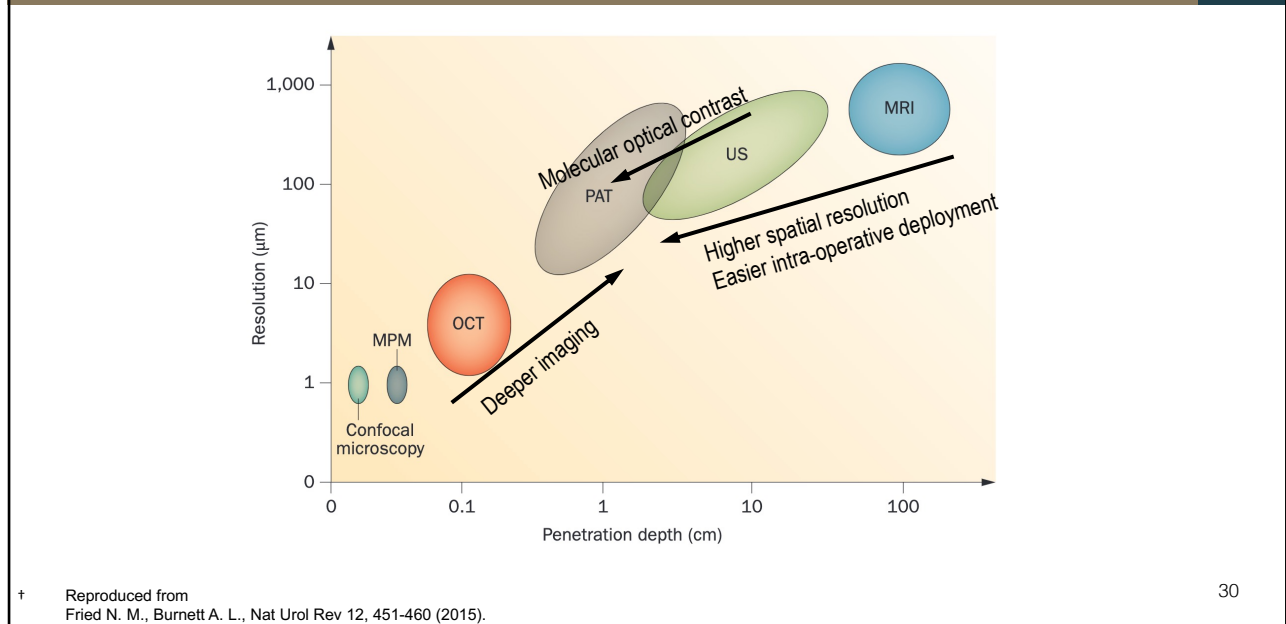
† Maurer T., et al., *Nat. Rev. Urol.* **13**: 226 – 35 (2016).
 † Zhang R.R., et al., *Nat. Rev. Clin. Oncol.* **14** (6): 347 – 64 (2017); Baranski A.-C., et al., *J. Necl. Med.*, **59** (4): 639 – 45 (2018).

Adding light: biomedical photoacoustics



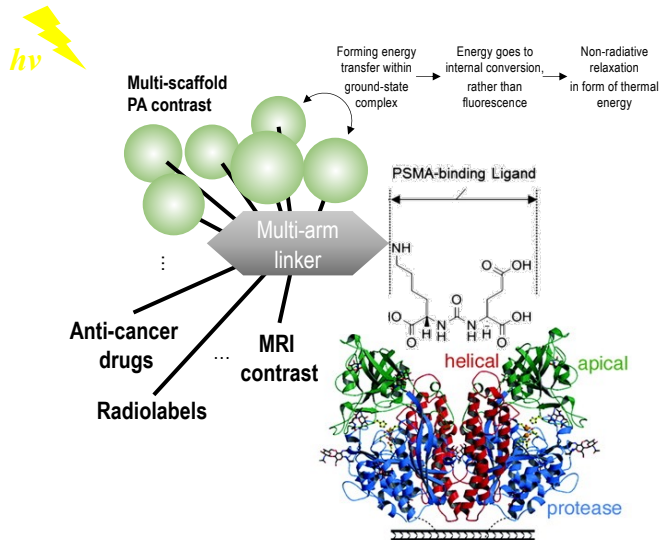
29

Competitive analysis



30

Multi-functional PSMA-targeted platform

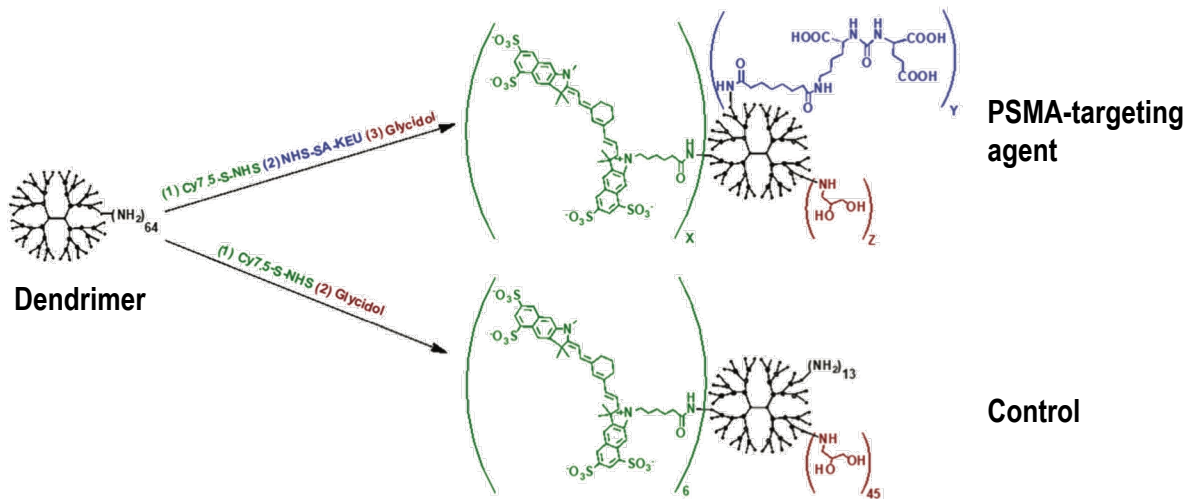


† [Zhang H.K., Chen Y., J. Kang, et al., *J. Biophotonics* 11:e201800021 (2018).
[Lesniak, W., Wu, Y., J. Kang, et al., *Nanoscale* 13(20), 9217-9228 (2021).

31

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Second-generation PSMA-targeting agent

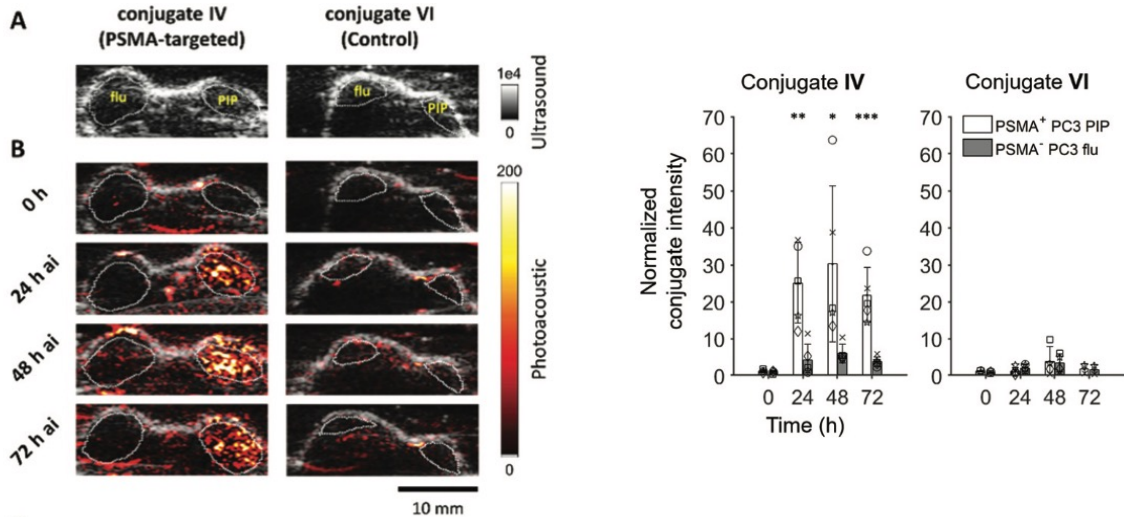


† [Zhang H.K., Chen Y., J. Kang, et al., *J. Biophotonics* 11:e201800021 (2018).
[Lesniak, W., Wu, Y., J. Kang, et al., *Nanoscale* 13(20), 9217-9228 (2021).

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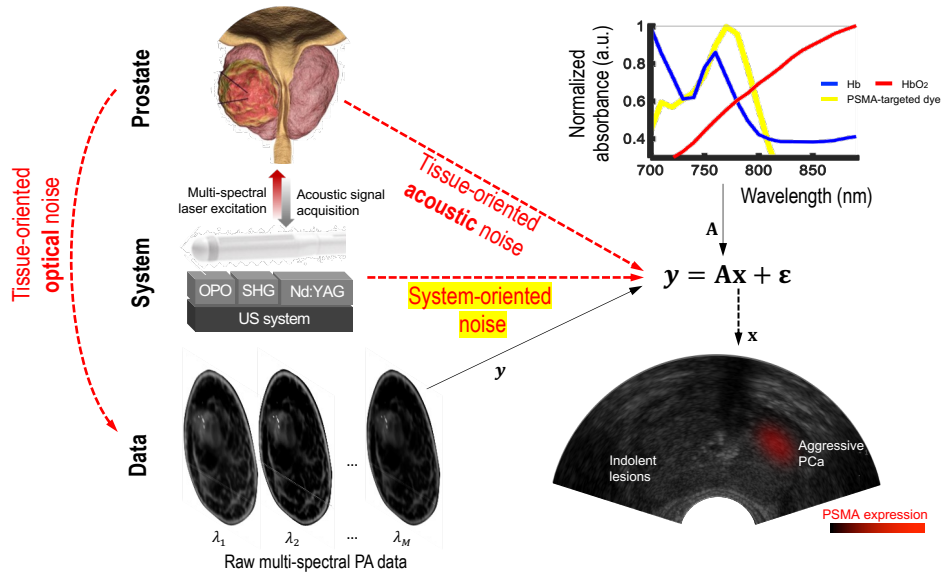
In vivo PA-based PSMA-targeted imaging



† [Lesniak, W., Wu, Y.], J. Kang, et al., *Nanoscale* 13(20), 9217-9228 (2021).

33

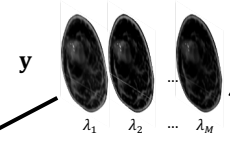
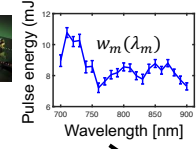
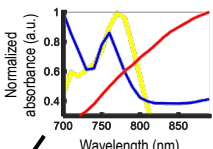
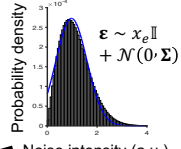
Potential engineering pitfalls



† [Wu, Y., Kang, J.], *Photoacoustics* 27, 100378 (2022).

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Spectral system noise segregation

$y = Ax + \epsilon$

Non-negative least squares (NNLS) using quadratic programming techniques

$$\arg \min_{x \geq 0} \left(\frac{1}{2} x^T A^T A x - y^T A x \right)$$

$y = W^{-1}y = W^{-1}(s + \epsilon)$

$y = [A \mid v] \begin{bmatrix} x \\ x_e \end{bmatrix} + \epsilon = Qx + \epsilon$

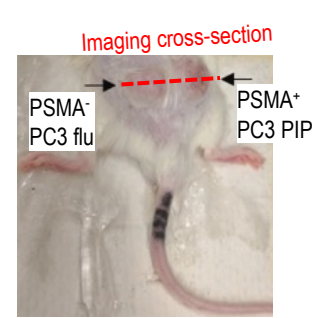
$\text{diag}(v) = W^{-1}$ $x \in \mathbb{R}^{N+1}$
 $\epsilon \sim \mathcal{N}(0, \Sigma)$

$$\arg \min_{x \geq 0} \left(\frac{1}{2} x^T Q^T Q x - y^T Q x \right)$$

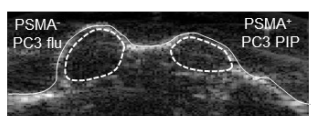
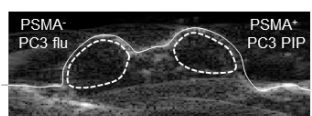
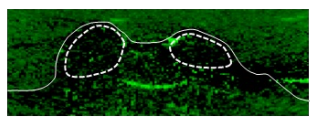
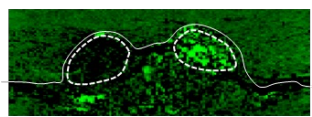
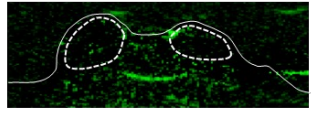
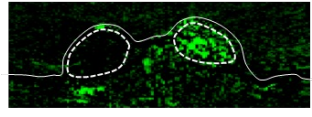
† [Wu, Y., Kang, J.], *Photoacoustics* 27, 100378 (2022).

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In vivo validation



a

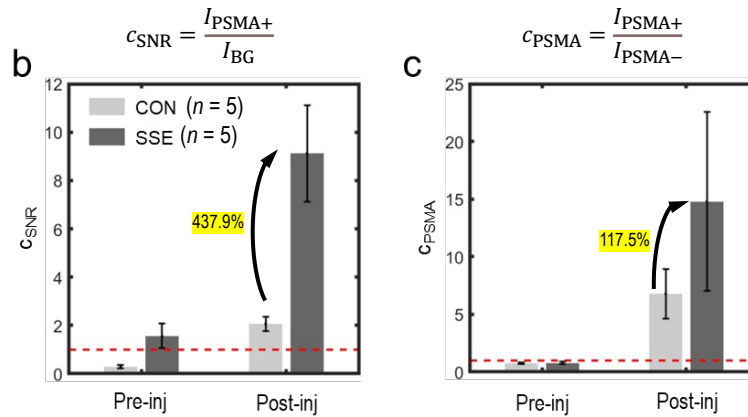
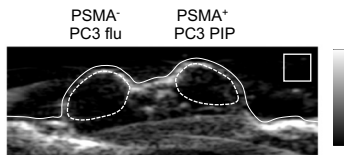
	Pre-injection	Post-injection	
Conventional scheme			Ultrasound 0 to 1e4
SSE segregation scheme			Unmixed contrastagent 0 to 1e4
			Unmixed noise 0 to 1e4

10 mm

† [Wu, Y., Kang, J.], *Photoacoustics* 27, 100378 (2022).

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In vivo validation



† [Wu, Y., Kang, J.], *Photoacoustics* 27, 100378 (2022).

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Summary



- PSMA-targeted imaging may endow new possibility to provide **molecular contrast exclusively on aggressive PCa using TRUS/PA imaging**
- **Dedicated signal processing algorithms** (spectral system noise, wavelength optimization, frame averaging) will enhance the clinical sensitivity and specificity
- Further works
 - Multi-functional (theranostics), multi-modal (PA/US + MRI or PET) imaging capability will be developed.
 - Multi-institutional team for animal model and clinical testing is in preparation (NIH, Hopkins).

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Remarks



Transformable TRUS/PA imaging

PSMA-targeted imaging

TRUS/PA diagnostics & interventional guidance

- Expanded role in PCa diagnostics
- Microtumor detection (3-5 mm → 1-2 mm)
- High-accuracy biopsy guidance, targeting PSMA expression

Signal processing algorithm

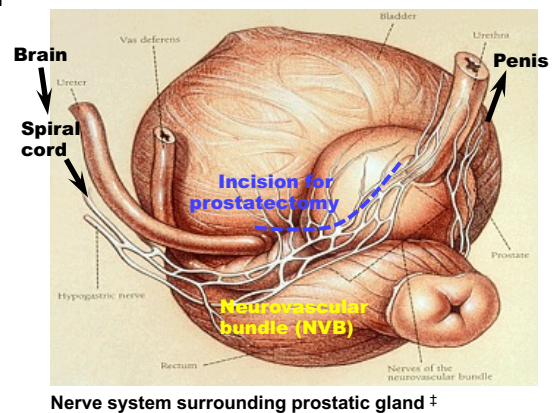
$$\arg \min_{\mathbf{x} \geq 0} \left(\frac{1}{2} \mathbf{x}^T \mathbf{Q}^T \mathbf{Q} \mathbf{x} - \mathbf{y}^T \mathbf{Q} \mathbf{x} \right)$$

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Complication of radical prostatectomy



- **Erectile dysfunction** is a post-operative complication of radical prostatectomy
- Current nerve-sparing techniques only consider neurovascular bundle (NVB), excluding cavernous nerve branches
- **Only 60-85% of PCa patients recover erectile function, and early recovery is uncommon (up to 2 years) †**



† A. L. Burnett, *JAMA* 293(21), 2648--2653 (2005).
 ‡ <https://www.virginiamason.org/radical-prostatectomy>

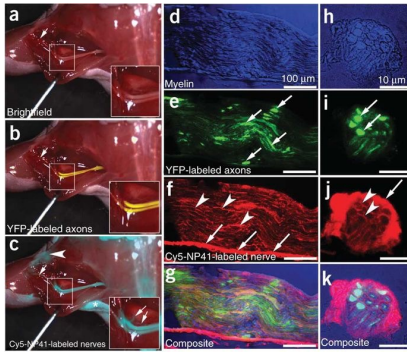
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Current state-of-the-art

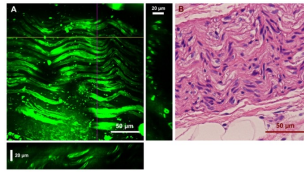


Fluorophore-based fluorescence imaging †



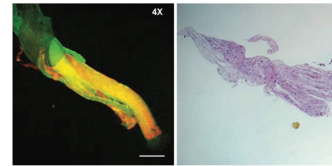
- Concern on tissue toxicity
- Long staining time (2hr – 14 days)

Coherent anti-Stokes Raman spectroscopy



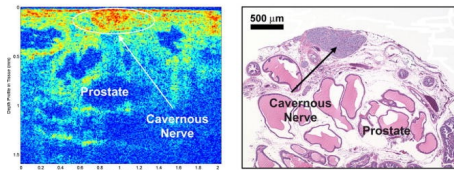
- Slow imaging
- Limited imaging depth

Confocal and Multiphoton microscopy



- Not optimized for intra-operative use
- Limited imaging depth

Optical coherence tomography (OCT) ‡



- Lack of nerve-specific contrast
- Limited contrast resolution due to speckle artifacts

Prostate MRI §



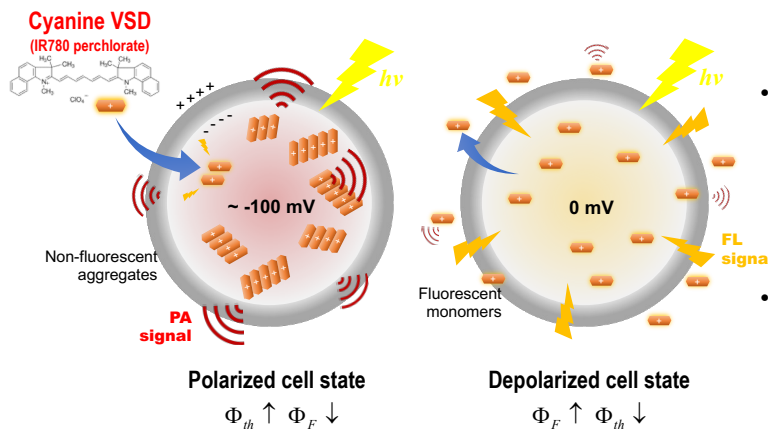
- Slow speed
- Not portable

† M. A. et al. *Nat Biotechnol* 29, 352–356 (2011).
 ‡ ChiWhitneytchian, S., et al., *J. Biomed. Opt.* 14, 014031-14-6 (2009).
 § A. L. Burnett, *Nat. Rev. Urol.* 12, 451-460 (2015).

Near-infrared VSD mechanism



- Transmembrane redistribution mechanism †‡



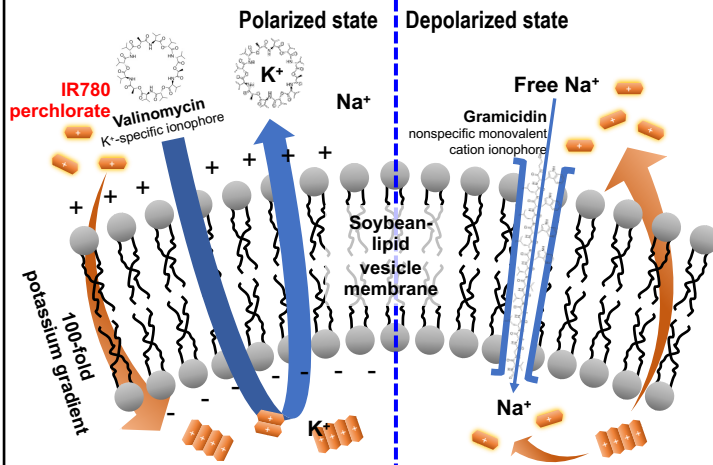
- **Polarized cell state**
 - Cyanine dye positively charged is attracted into cell membrane
 - The aggregation of VSD leads to fluorescence (FL) quenching, which **increases PA efficiency**
- **Depolarized cell state**
 - Dispersion of VSD gives **high FL efficiency**

† Zhang, H. K., Kang, J., et al. *J. Biomed. Opt.* 22, 045006 (2017).

Near-infrared VSD characterization

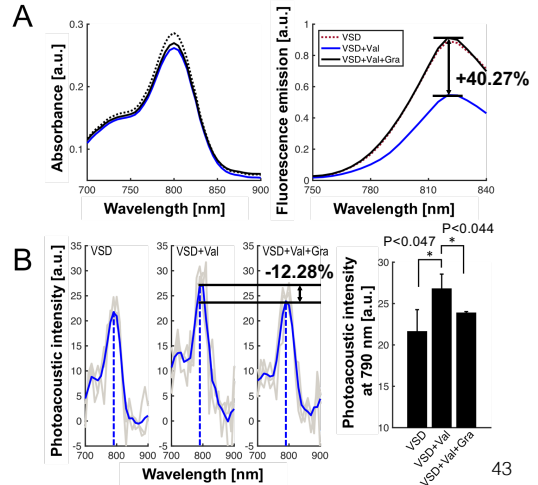


- Artificial membrane diffusion potential model †,‡



† Gross, E., et al. *Biophys. J.* **67**, 208-216 (1994)
 ‡ Zhang, H. K., J. Kang, et al. *J. Biomed. Opt.* **22**, 045006 (2017).
 § J. Kang, et al., *Front Neurosci* **13**(579), 1-14 (2019)

In vitro VSD characterization (6 μ M). (A) Absorbance and fluorescence emission spectrum of near-infrared VSD. (B) Photoacoustic spectrum and intensity change at the 790 nm of peak absorbance. §

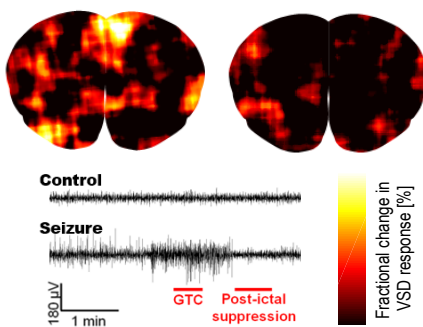


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Preliminary evidence of neural sensing

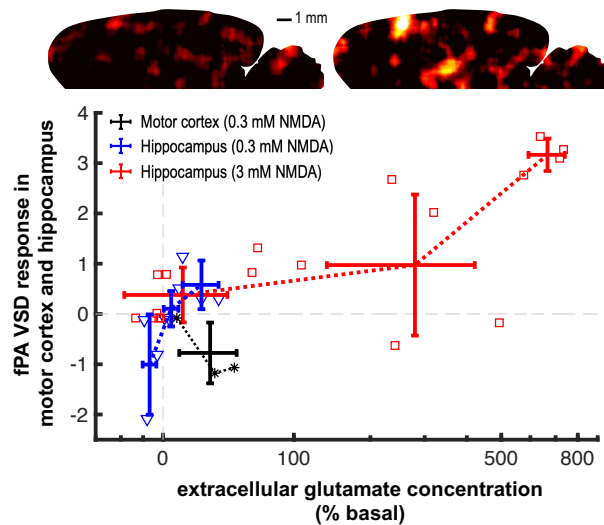


Non-invasive epileptic seizure detection †



† J. Kang, et al., *Front Neurosci* **13**(579), 1-14 (2019)
 ‡ J. Kang, et al., *J Neural Eng* **17**(2), 025001 (2020).

Non-invasive characterization of excitatory neurotransmittance at rat hippocampus ‡

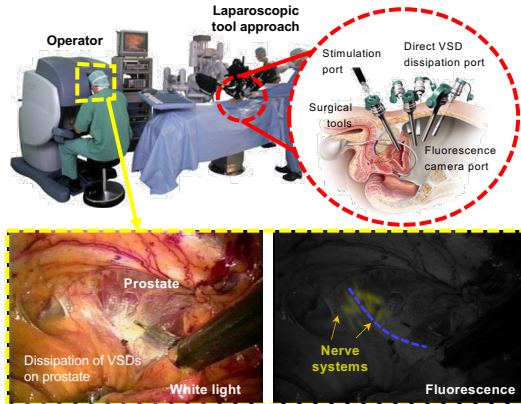


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Proposed image-guided nerve-sparing laparoscopic radical prostatectomy



- **Objective:** Image-guided nerve guidance with:
 - (1) **Real-time functional nerve localization** with high specificity,
 - (2) **Short VSD staining duration** (~10 min)
 - (3) **Wide field-of-view** familiar with surgeons, and
 - (4) **Near-infrared imaging** for better transfascial nerve localization



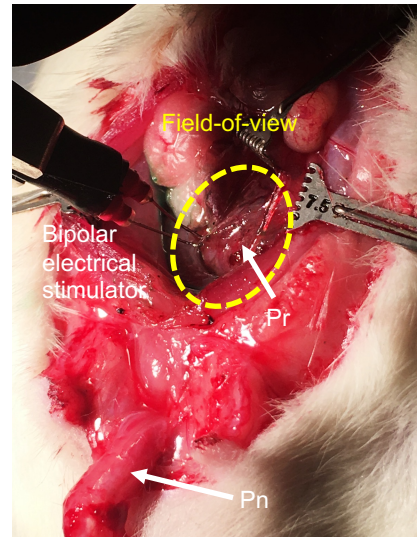
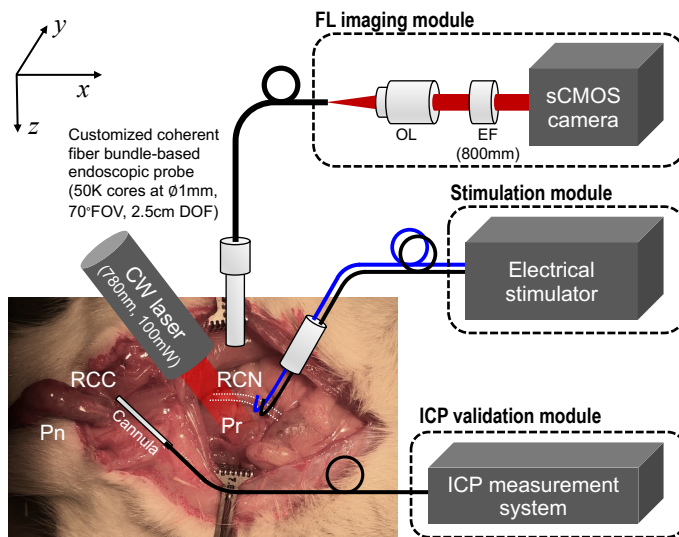
- Step 1:** Robotic tool approach through the ports on the abdominal incisions,
- Step 2:** Direct transfascial VSD staining within a time limit up to 10 min,
- Step 3:** Flushing out of the VSD on the prostate surface which is not bound at tissue membrane,
- Step 4:** Nerve stimulation for nerve-selective VSD contrast, and
- Step 5:** Nerve-sparing prostatectomy with the augmented nerve map using intra-operative FL imaging solution

† J. Kang, et al., *Sci Rep* 10, 6618 (2020).

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In vivo experimental setup: Imaging system and animal preparation



† J. Kang, et al., *Sci Rep* 10, 6618 (2020).

Pr: prostate; Pn: penis; CN: cavernous nerve; RCC: right corpus cavernosum; ICP: Intracavernosal pressure

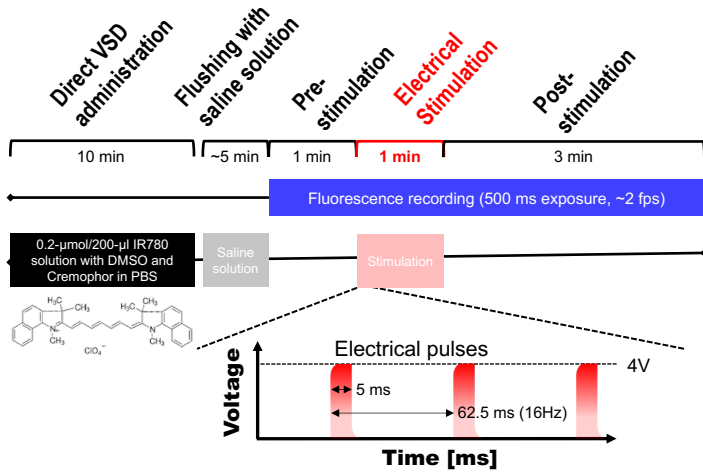
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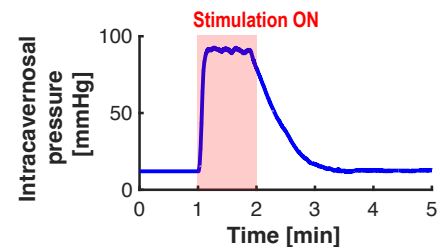
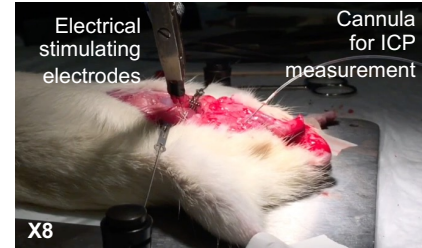
In vivo experimental setup: Imaging and stimulation protocol



- Experimental protocol



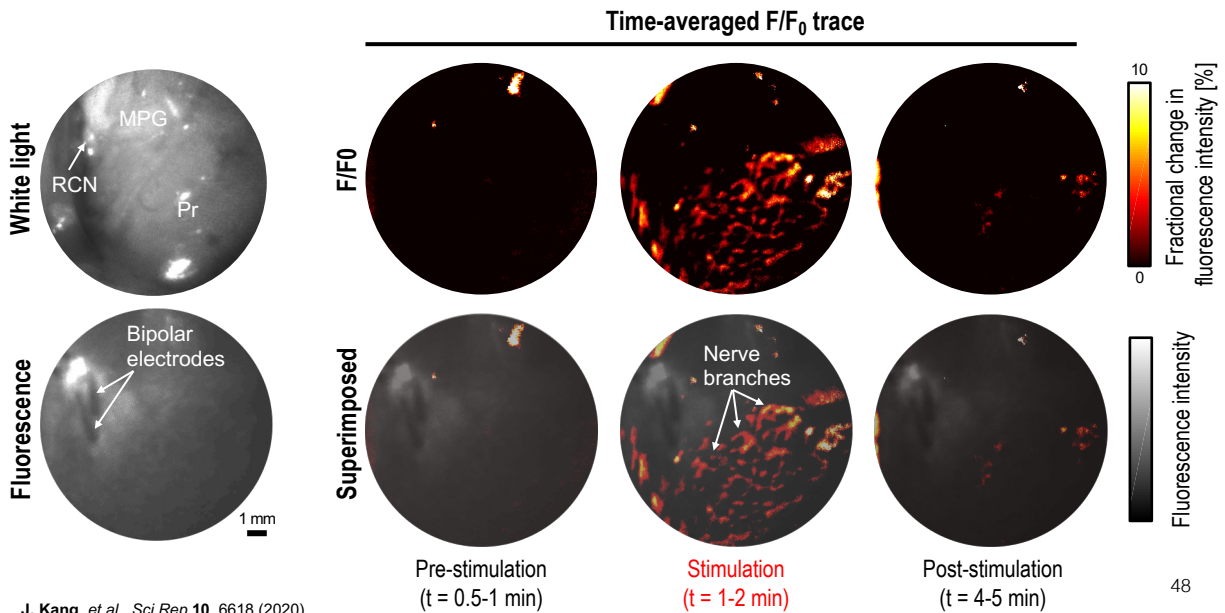
Validation of erectile stimulation



† J. Kang, et al., *Sci Rep* 10, 6618 (2020).

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Real-time trans-fascial functional prostate nerve mapping *in vivo*



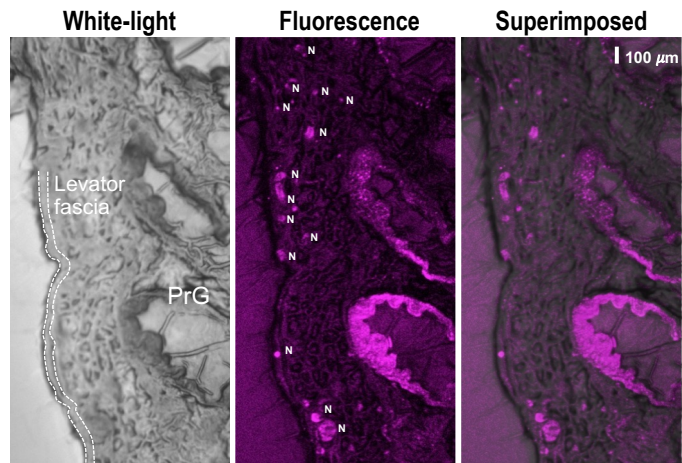
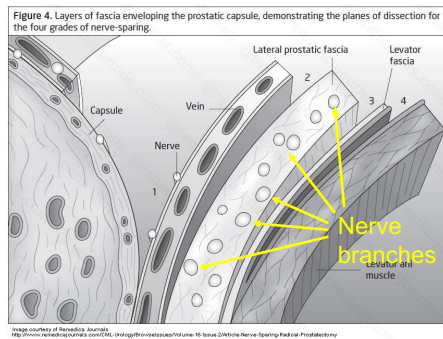
† J. Kang, et al., *Sci Rep* 10, 6618 (2020).

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Histological validation of direct VSD delivery



- Successful direct VSD staining on nerve layer below prostatic fascia



† J. Kang, et al., *Sci Rep* 10, 6618 (2020).

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Discussion





- We presented the preliminary results of real-time nerve guidance using dual-modal VSD and near-infrared FL imaging
- Our further works will be focused on
 - Collecting more data for statistical rigor
 - Toxicity study and efficiency evaluation with various VSD concentrations
 - Advance experimental setup to induce selective cavernous nerve blocking
 - Developing pulsed laser-based dual-modal intra-operative guidance system
 - *In vivo* large-scale animal study for evaluating clinical outcome (post-operative erectile dysfunction with functional guidance vs. no imaging guidance)

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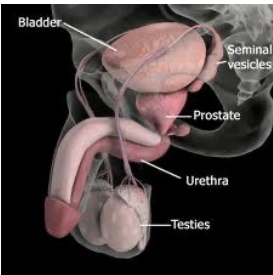
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Defining the right form of “the sixth sense”

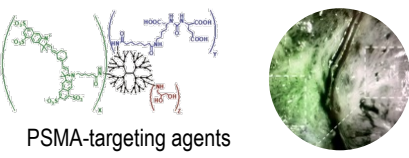





Knowledge in anatomy & surgery



Bladder
Seminal vesicles
Prostate
Urethra
Testies




PSMA-targeting agents

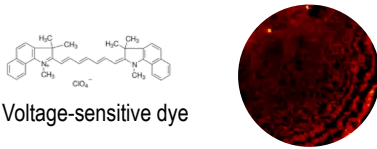


Motor control


Vision: a dynamic input



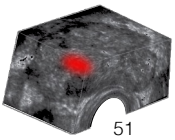
Aggressive tumor
Erectogenic nerve
Anatomical context



Voltage-sensitive dye



Transformable TRUS/PA
x signal processing



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Acknowledgement

- CDMRP PCRP W81XWH-18-1-0188 (PI)
- NIH Blueprint MedTech Pilot program (PI)
- NIH R41 EB033758 (MPI)
- NIH R01 HL139543; R24 MH106083
- Discovery award, Johns Hopkins University



National Institutes of Health
Turning Discovery Into Health



CDMRP

Thank you





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