

Adaptive and Quantitative Contrast-free 2D Ultrasound Microvessel Imaging for Evaluation of Tumor Angiogenesis

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INTRODUCTION

Neangiogenesis, the growth of new capillaries from preexisting blood vessels are signs of **infiltrating brain tumor** growth. **Brain tumor surgery** is usually guided by MRI neuronavigation and perioperative echography. However, this imaging techniques do not allowed a clear boundary between tumors and healthy parenchyma. Therefore, **Ultrasound microvessel imaging (UMI)** is a recent **quantitative imaging tool** for tumor characterization that may be useful for perioperative imaging.

OBJECTIVES

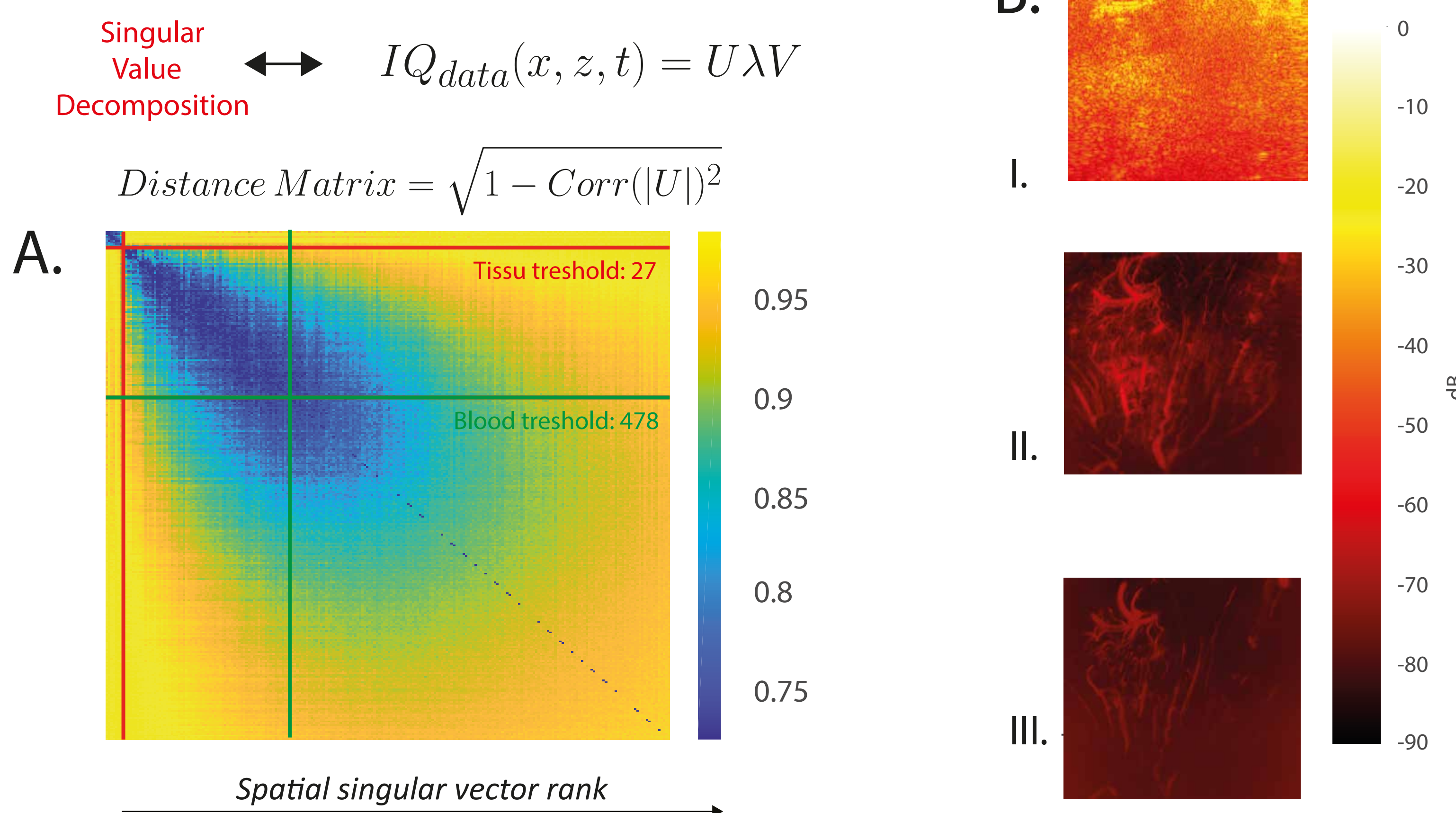
- Develop **new automatic UMI method** which includes:
 - new adaptative **robust clutter filtering**
 - a new viable **noise bias suppression** which conserves Time Gain Compensation effect
 - a new method to **compensate tissue movement** during acquisition
- This new method will be compared to recent references
- This new method is used in the frame **ELASTOGLI** clinical project

METHOD

Echographic parameters	Frequency (MHz)	PRF (kHz)	Tilted plane waves	Duration of acquisition (s)	Resolution (um) (width/length)	Ultrafast ultrasound device
	5.625	3	[-5°, 0°, +5°]	1	200/140	Aixplorer Supersonic Imagine (France)

→ In Quadrature complex data are obtained after SSI beamforming from perioperative imaging during brain surgery

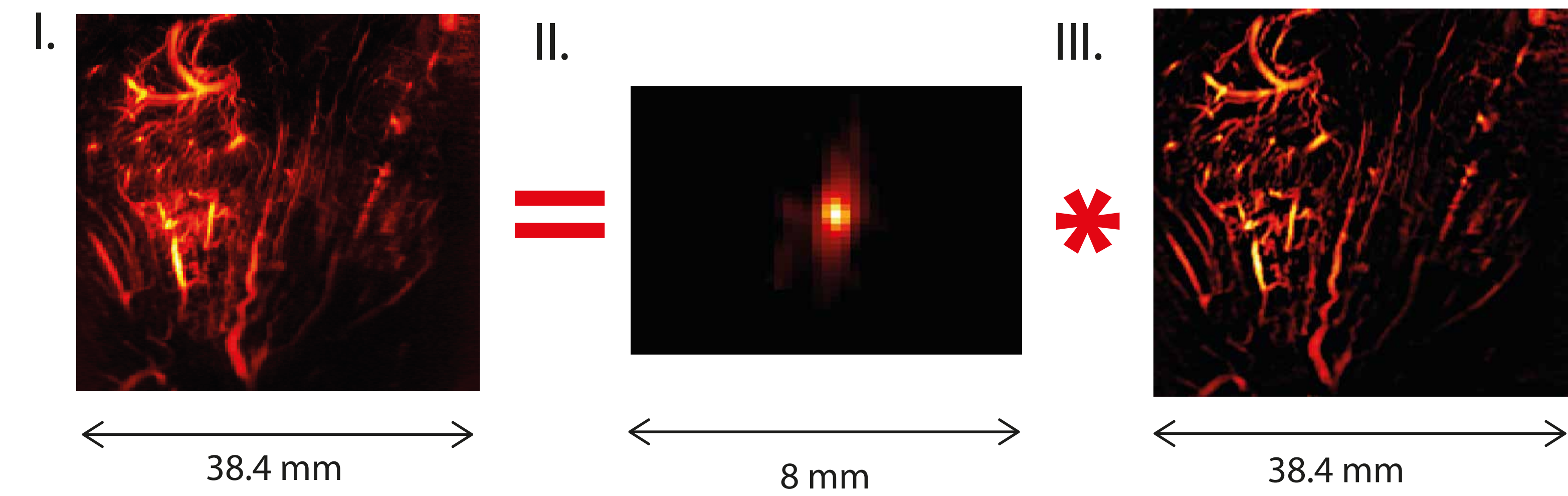
Step 1 : Hierarchical Clustering



Step 2 : Noise bias compensation



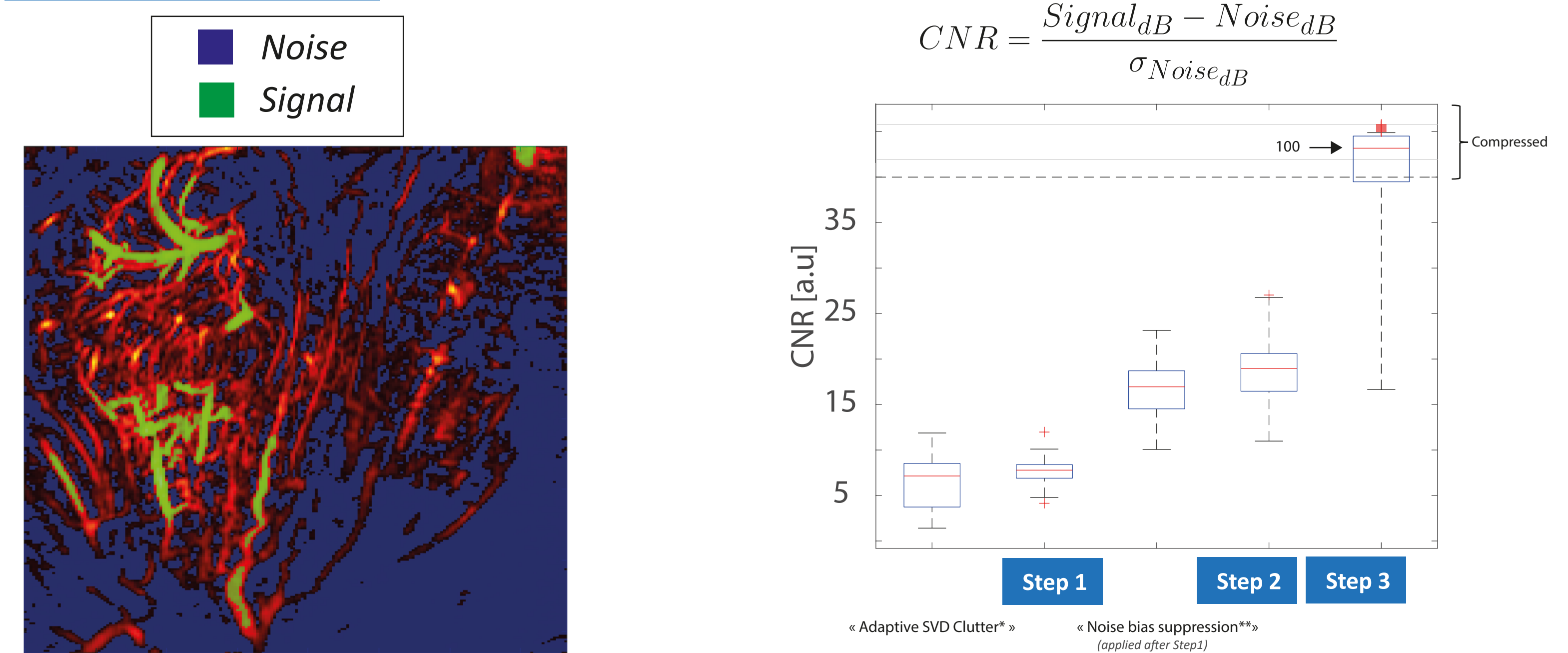
Step 3 : Blind deconvolution



RESULTS

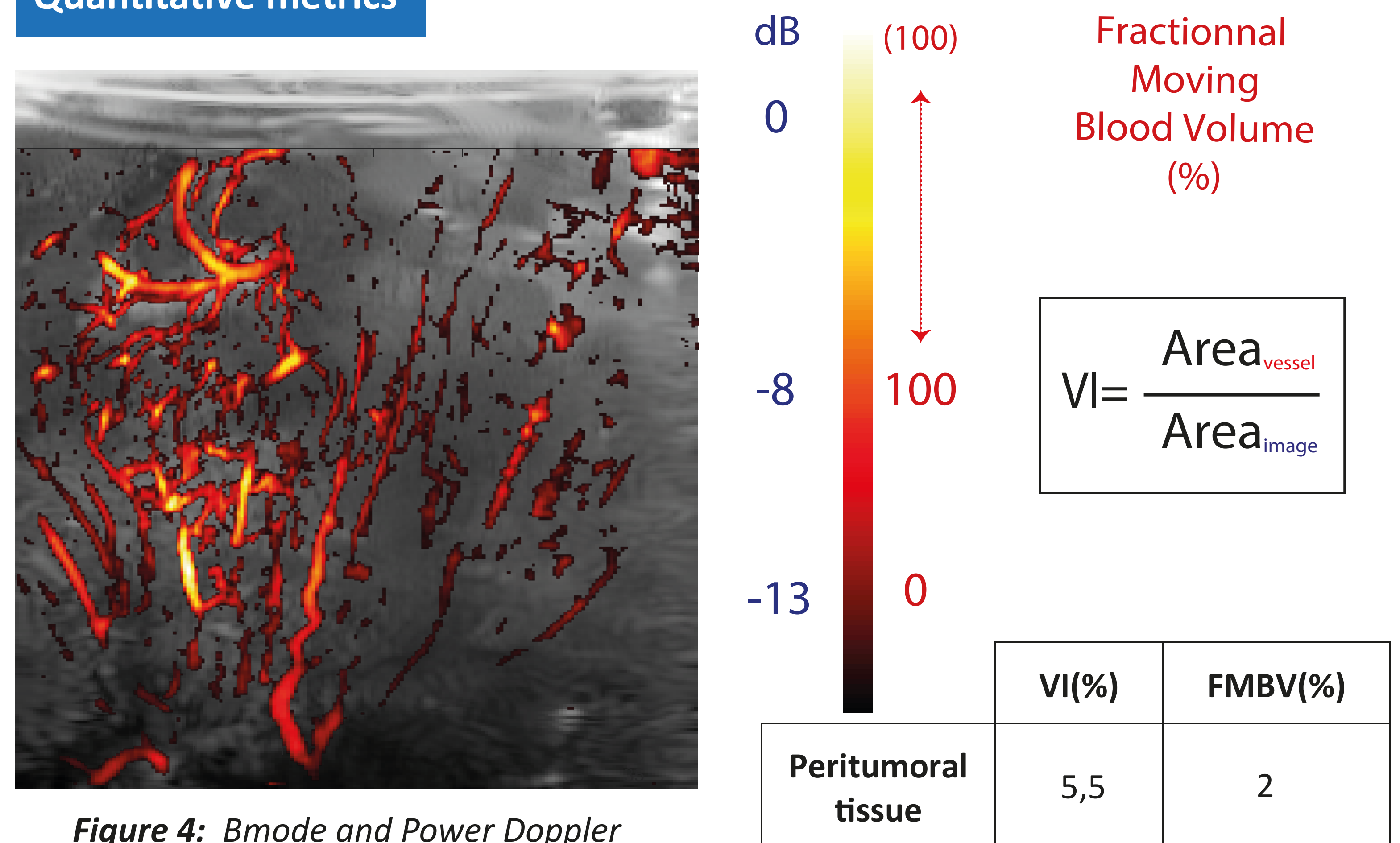
Qualitative metrics

→ Calculated with the 47 first **ELASTOGLI** echographies of ELASTOGLI



Quantitative metrics

Metrics defined in Huang, Chengwu, Matthew R. Lowerison, Fabrice Lucien, Ping Gong, Diping Wang, Pengfei Song, et Shigao Chen, « Noninvasive Contrast-Free 3D Evaluation of Tumor Angiogenesis with Ultrasensitive Ultrasound Microvessel Imaging », Scientific Reports 2019



CONCLUSIONS

- The proposed **new automatic UMI** superior show superior CNR compared to reference
 - clutter filtering is more robust than reference (works on all ELASTOGLI patients)
 - noise bias suppression is more viable as conserve TGC factor
- This method will allow to assess quantitative parameters (**vascularization index** and **fractional moving blood volume**) to differentiate **infiltrating tumor** from **tumor** and **healthy parenchyma** among **ELASTOGLI** patients