

# TATRC Programs in Image-Guided Therapy

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**The views expressed in this briefing are those of the author and do not reflect official policy or position of the Department of the Army, Department of Defense or the U.S. Government**



# TATRC: Our Community and its Needs



**Tricare**  
(Active, Retired, Beneficiaries)



**Healthcare**  
(Cancers, Circulatory Disease)

**Soldier Performance**  
(Psychological/Physiological)



**Prevention, Detection,  
Diagnosis and Treatment**

**Trauma Care**  
(PTSD/TBI, Bleeding,  
Amputations, Burns)



**Combat Casualty Care**  
"Boots on the ground"



# Conventional Technologies: Detection and Diagnosis

- Nondestructive
- Functional Imaging
- High Resolution
- Penetrates All Tissues

**MRI/S**  
(soft tissue)

**CT/XRAY**  
(bone)

- Ferromagnetic interference**
- Not Portable**
- Limited to 3T for humans**

- Functional Imaging (PET)**
- High Resolution**
- Penetrates All Tissues**

**Ultrasound**  
(combination)

- Ionizing Radiation**
- PET requires radiotracers**
- CT can require contrast agents**

- Nondestructive**
- Highly Portable**
- Functional Imaging**
- Monitor Tissue Properties**

- Images can be hard to acquire/interpret**
- Sensitive to gas/bone**
- Requires Skin Contact**
- Poorer Spatial Resolution**



# Medical Imaging Technologies: Roadblocks for Trauma Care

## In the Combat Support Hospital:

- One tool “to do it all”
- Ease of use
- Morbidity of combat-related injuries
- Portability, Maintainability, Reliability



## Limitations of Imaging Techniques:

- What more can we do with current technologies using photons, particles and sound waves?
- Where are the standards and models? (acquisition-related, post-processing, instrumentalational,...TISSUE)
- How do we get a tool with sub-millimeter spatial resolution and deep-tissue penetration?



# Optical Imaging:

## Pathologies:

- Burn (Monstrey et al.)
- Wound (Singer et al.)
- Neuroimaging (Arenth et al.)
- Infection (Naumann et al.)
- Bone (Camacho et al.)

## Limits of Current Studies:

- Tissue modeling in terms of photonic properties
- Developing a consensus amongst established researchers for image acquisition parameters and experimental conditions for each pathology

## Efforts @ TATRC:

- Terahertz imaging of burn
- Hyperspectral imaging for detection and treatment of skin cancers
- SBIR/STTR topics



# Neurotrauma: The Military Challenges

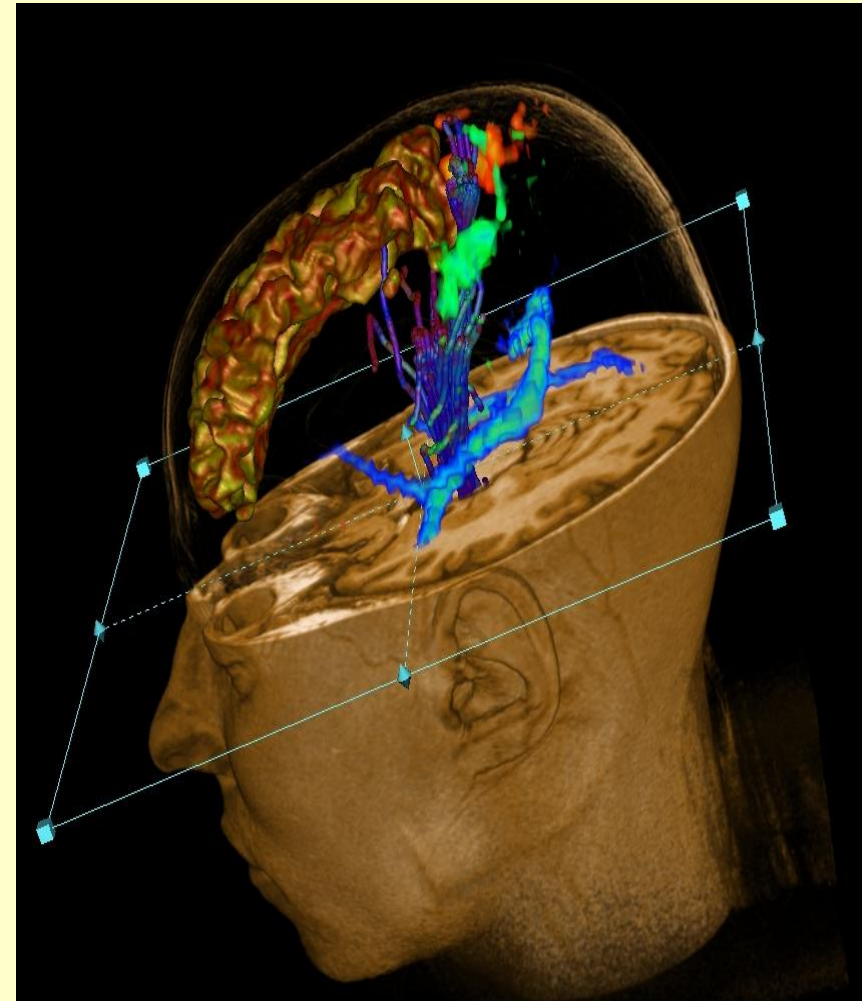
- **Co-existence of TBI and PTSD; but no clear association**
- **Links of mTBI to other diseases such as PD (Bower 2003) and AD (Plassman 2000)**

**“We want to help you come all the way home” –  
BG Sutton 2009**

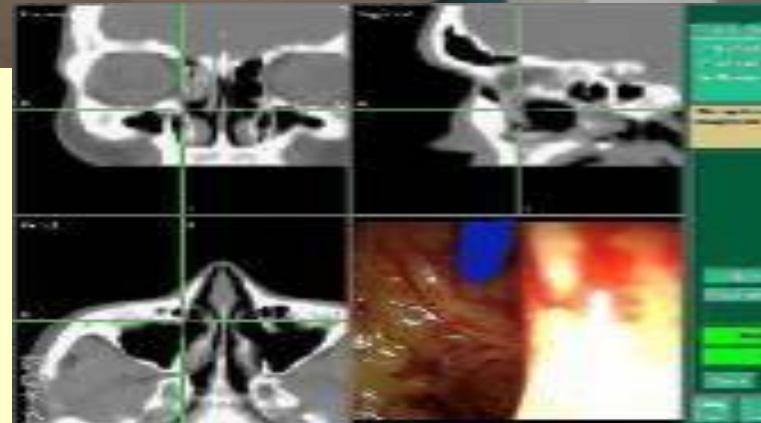


# From Symptoms to Classification; Standardization:

- Dr. Vannier of the University of Chicago is focused on developing acquisition and post-processing standards for DTI
- TATRC has worked with the DVBIC, Siemens and the American College of Radiology to develop new visualization software that uses an XIP format for image processing with anatomical data for a telemedicine application (Right: DTI/MRI/Anatomically co-registered image from a thumb tapping experiment)



# Medical Imaging Technologies: Cancers





# TATRC Imaging Roadmap 2015:

## PORTABLE IMAGING AND IMAGE GUIDED THERAPIES

- Portable X-Ray
- Ultrasound
- Portable EEG
- Advanced surgical camera

## HIGH PERFORMANCE RADIOLOGY

- Higher sensitivity CT and PET designs
- Higher sensitivity MR Coils/instrumentation
- Radiological and anatomical standards
- Better small molecule tracers

## ADVANCED SURGICAL CAMERA

- Incorporate new materials
- Algorithm development (post-processing)
- Spectral libraries based on anatomy/pathology
- Deep tissue models of targeted pathologies

## COMPUTER ASSISTANCE IN DIAGNOSIS

- Treatment planning and simulation (controls: patient movement, procedure to procedure, patient to patient)
- Development of open software platforms for image registration/segmentation



# Questions:

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