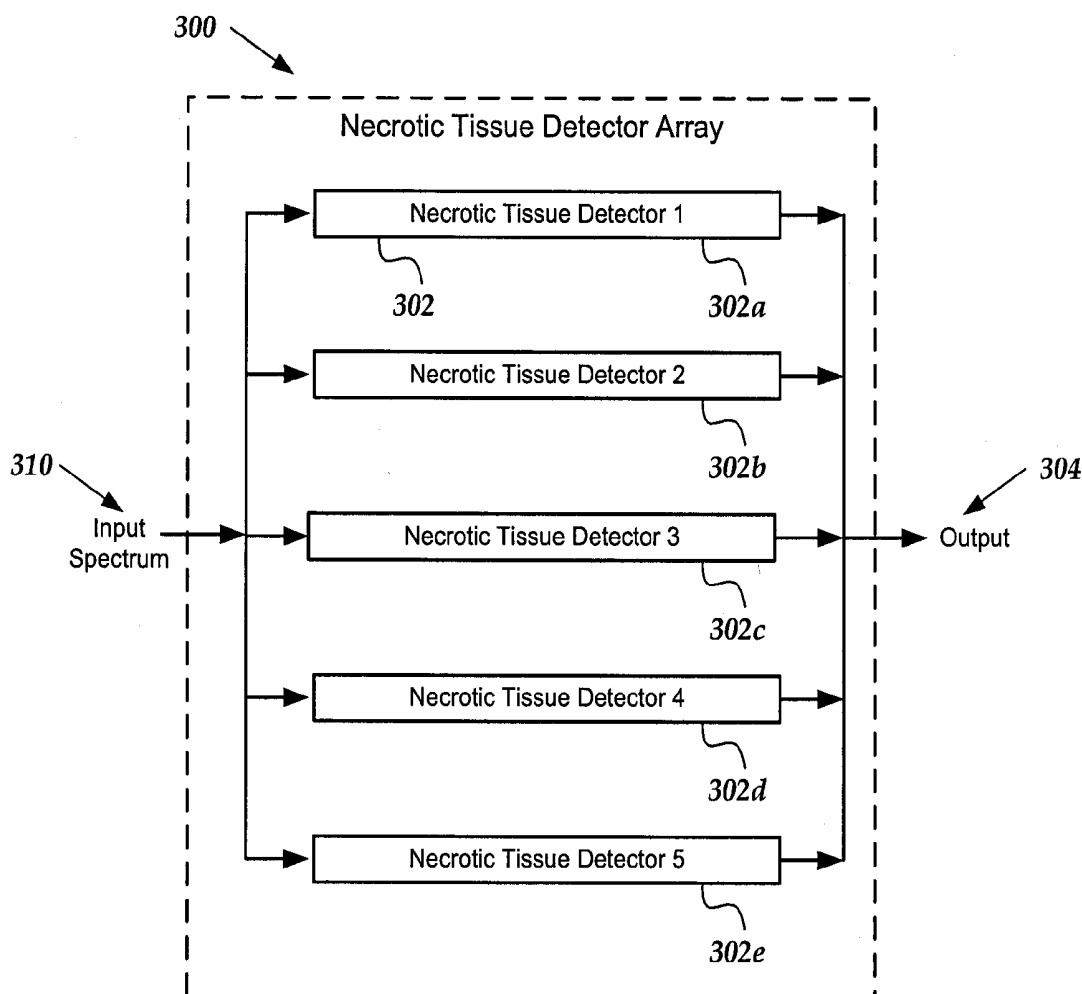




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Sathyanarayana(10) **Pub. No.: US 2009/0270731 A1**(43) **Pub. Date: Oct. 29, 2009**(54) **METHODS, SYSTEMS, AND DEVICES FOR
TISSUE CHARACTERIZATION BY
SPECTRAL SIMILARITY OF
INTRAVASCULAR ULTRASOUND SIGNALS****Publication Classification**(51) **Int. Cl.**
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(52) **U.S. Cl.** 600/443(75) **Inventor:** **Shashidhar Sathyanarayana,**
Pleasanton, CA (US)(57) **ABSTRACT****Correspondence Address:**
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A method of characterizing a tissue type of a tissue region includes providing a tissue classifier comprising multiple detector arrays for each of multiple tissue types. Each detector array comprises multiple detectors and each detector comprises multiple tissue type-assigned intravascular ultrasound (IVUS) spectra. A plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types. For each of the detector arrays, an input IVUS spectrum of the tissue region is compared to the tissue type-assigned IVUS spectra of each of the detectors in the detector array. For each of the detectors, it is determined whether the input spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector. For each of the detector arrays, results of the detectors of the detector array are combined to produce an array result. The array results for the detector arrays are combined to provide a tissue characterization of the tissue region from the multiple tissue types.

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Maple Grove, MN (US)(21) **Appl. No.:** **12/429,005**(22) **Filed:** **Apr. 23, 2009****Related U.S. Application Data**(60) **Provisional application No. 61/047,575, filed on Apr. 24, 2008.**

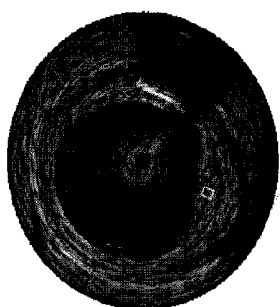


FIG. 1A

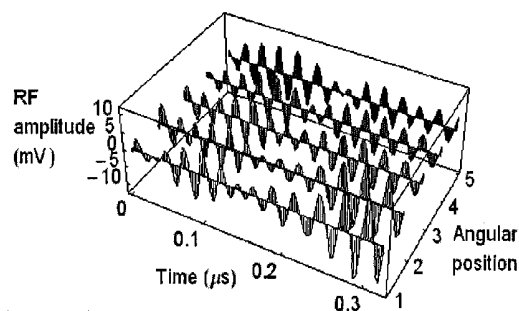


FIG. 1B

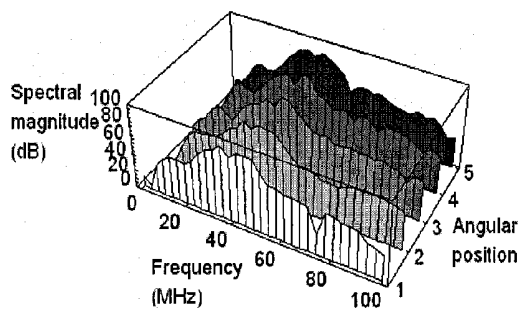


FIG. 1C

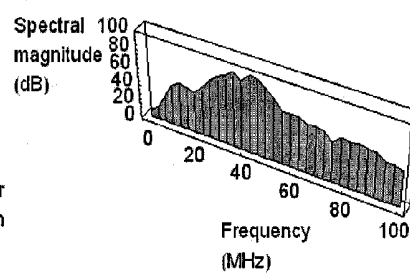


FIG. 1D

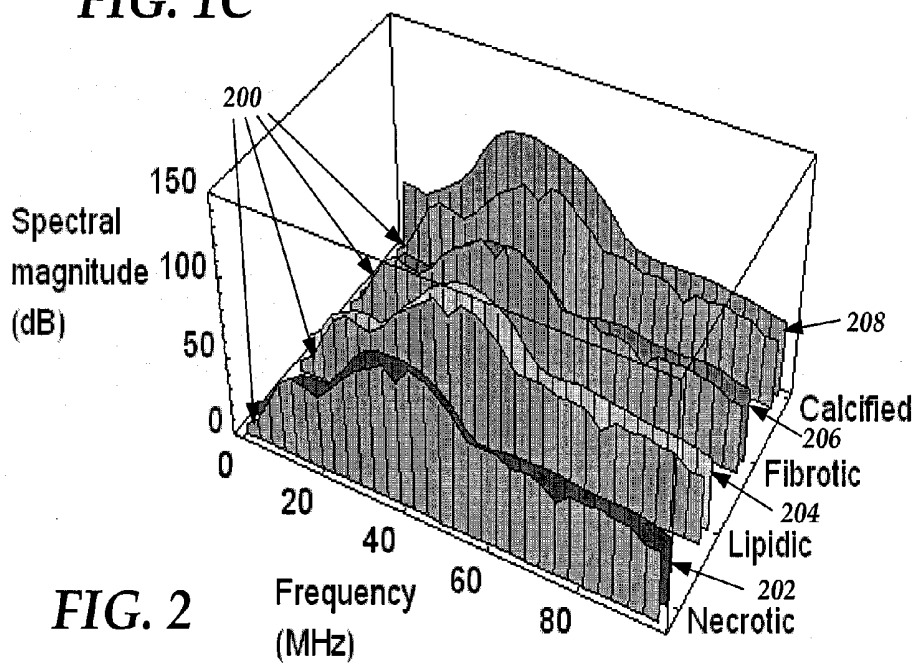
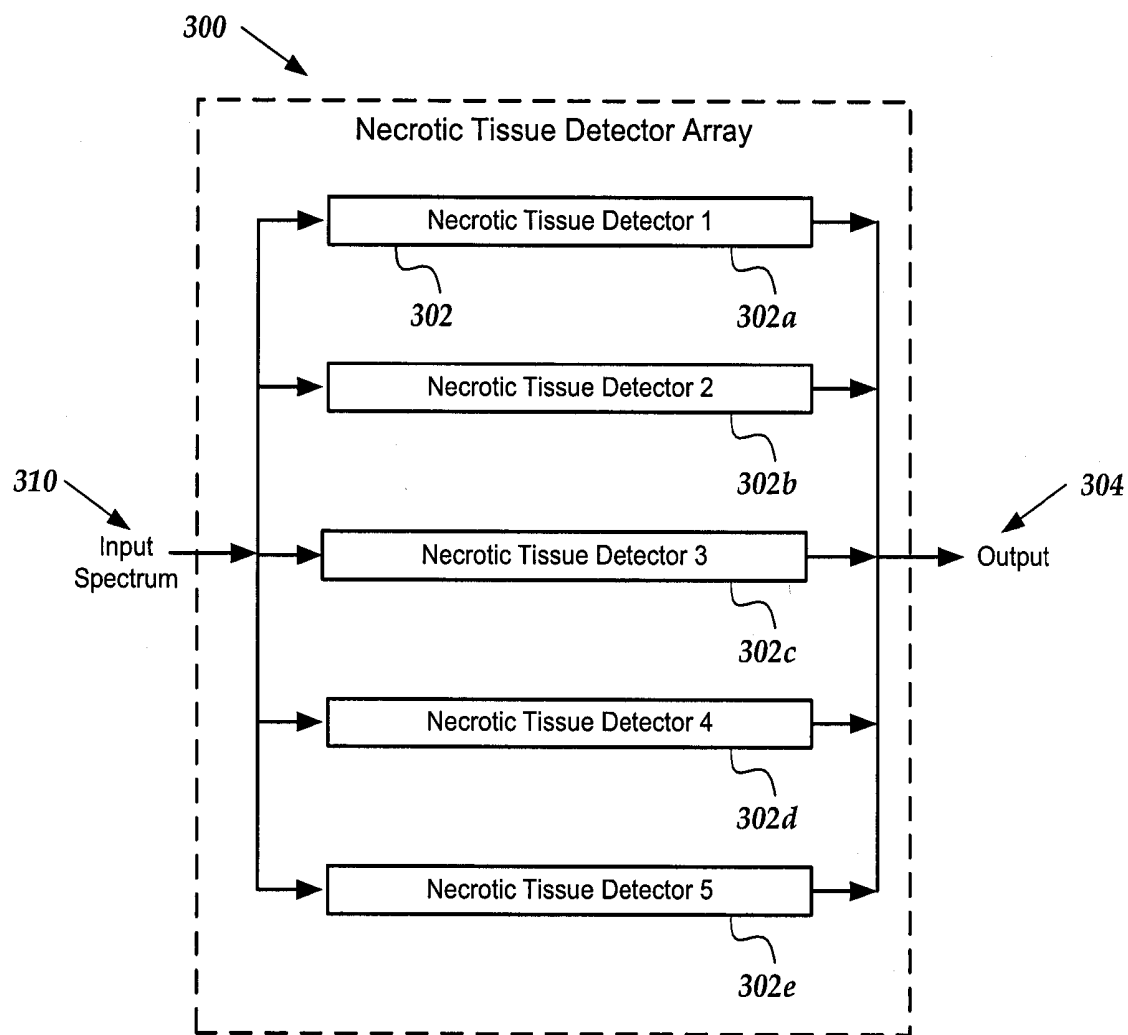


FIG. 2

**FIG. 3**

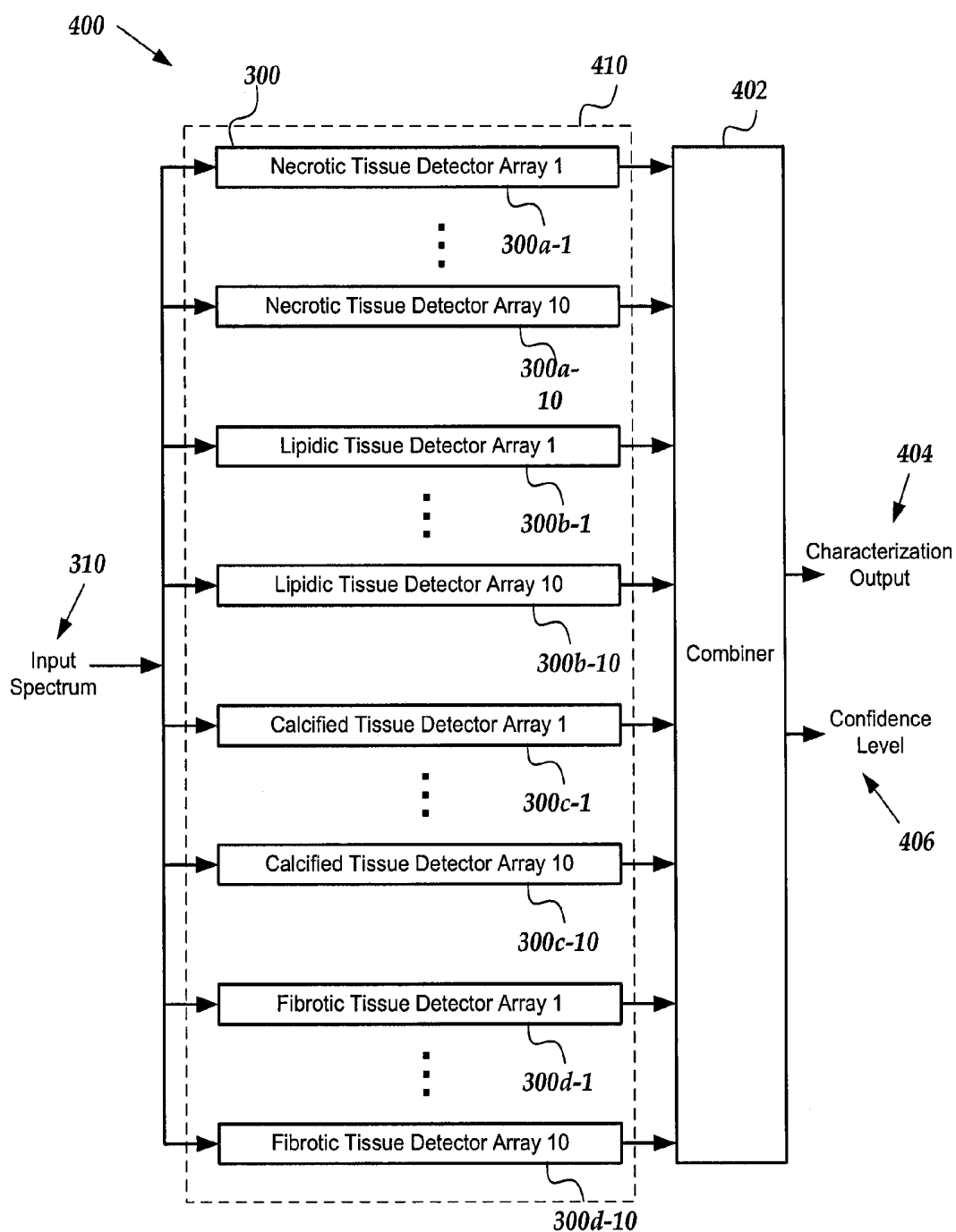


FIG. 4

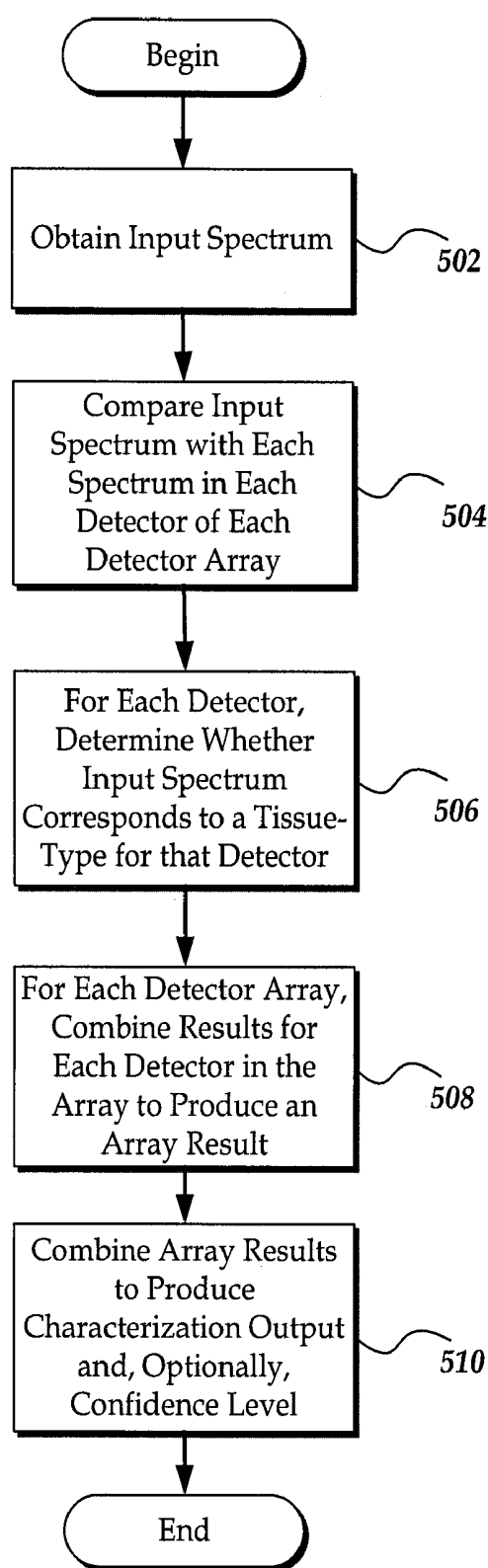


FIG. 5

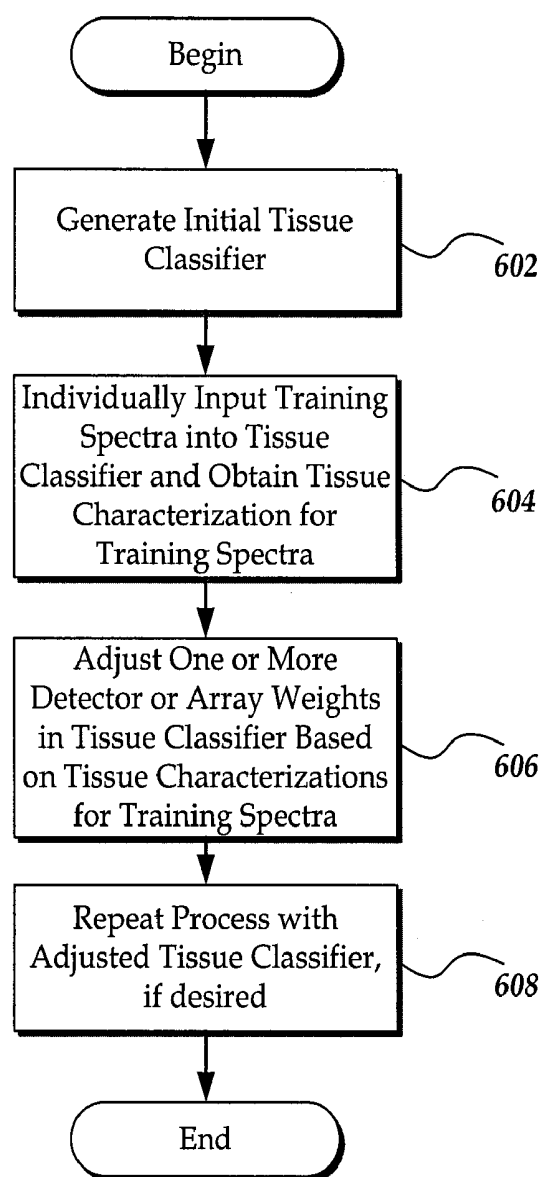
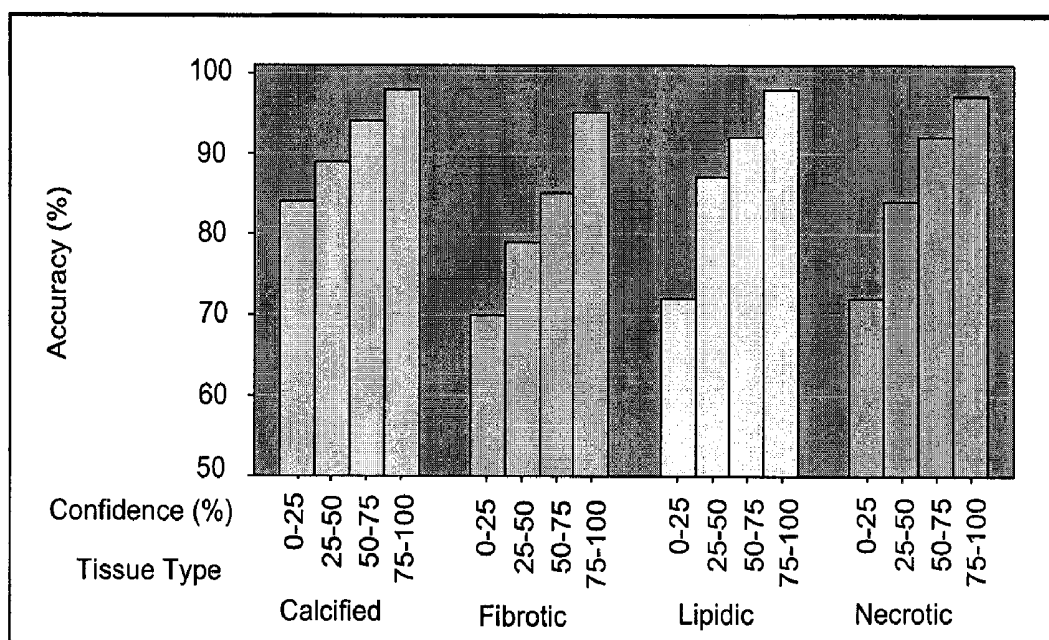
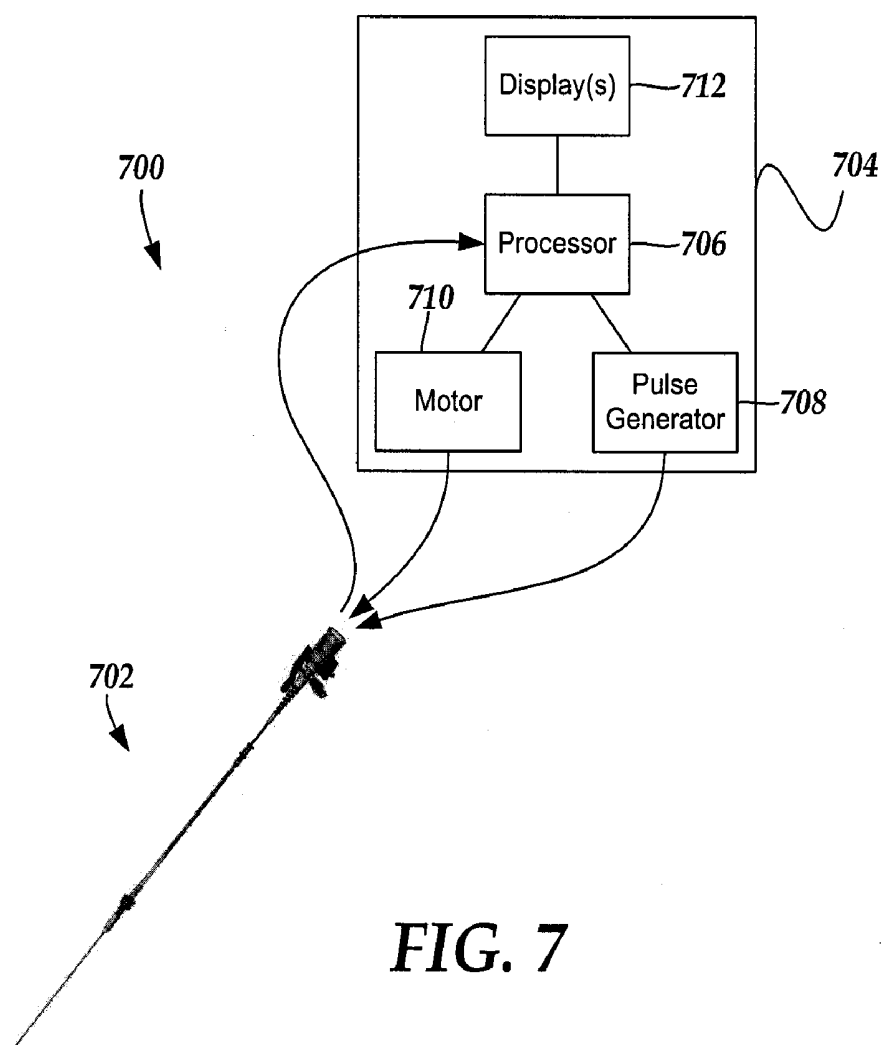


FIG. 6



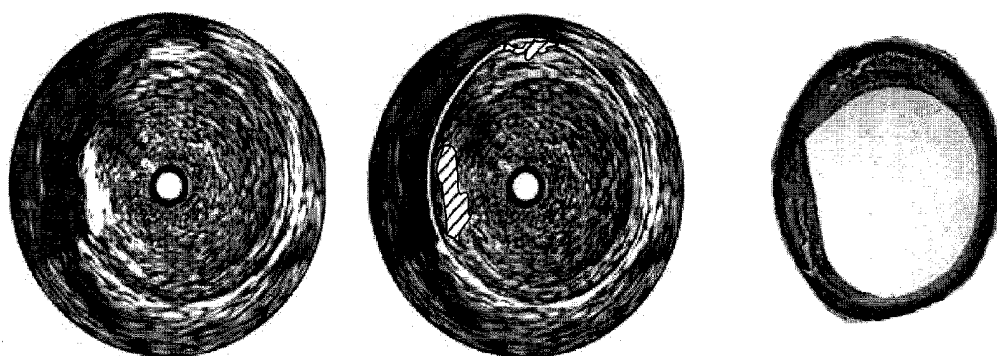


FIG. 9

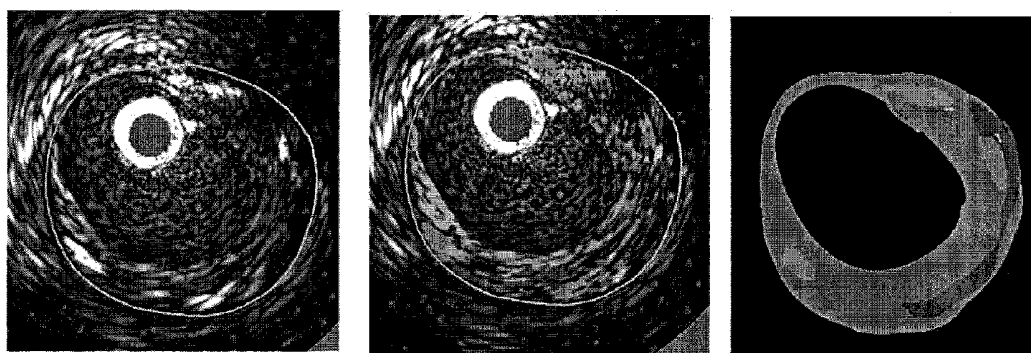


FIG. 10

**METHODS, SYSTEMS, AND DEVICES FOR
TISSUE CHARACTERIZATION BY
SPECTRAL SIMILARITY OF
INTRAVASCULAR ULTRASOUND SIGNALS**

RELATED APPLICATIONS

[0001] This application claims the benefit of U.S. Provisional Application No. 61/047,575, filed Apr. 24, 2008, the entire contents of which is incorporated by reference.

TECHNICAL FIELD

[0002] The present invention is directed to the area of intravascular ultrasound (IVUS) imaging systems and devices and methods of making and using the systems and devices. The present invention is also directed to methods, systems, and devices for tissue characterization using IVUS signals.

BACKGROUND

[0003] Intravascular ultrasound ("IVUS") imaging systems have proven diagnostic capabilities for a variety of diseases and disorders. For example, IVUS imaging systems have been used as an imaging modality for diagnosing blocked blood vessels and providing information to aid medical practitioners in selecting and placing stents and other devices to restore or increase blood flow. IVUS imaging systems have been used to diagnose atheromatous plaque build-up at particular locations within blood vessels. IVUS imaging systems can be used to determine the existence of an intravascular obstruction or stenosis, as well as the nature and degree of the obstruction or stenosis. IVUS imaging systems can be used to visualize segments of a vascular system that may be difficult to visualize using other intravascular imaging techniques, such as angiography, due to, for example, movement (e.g., a beating heart) or obstruction by one or more structures (e.g., one or more blood vessels not desired to be imaged). IVUS imaging systems can be used to monitor or assess ongoing intravascular treatments, such as angiography and stent placement in real (or almost real) time. Moreover, IVUS imaging systems can be used to monitor one or more heart chambers. IVUS imaging systems have been developed to provide a diagnostic tool for visualizing a variety of diseases or disorders. An IVUS imaging system can include a control module (with a pulse generator, an image processor, and a monitor), a catheter, and one or more transducers disposed in the catheter. The transducer-containing catheter can be positioned in a lumen or cavity within, or in proximity to, a region to be imaged, such as a blood vessel wall or patient tissue in proximity to a blood vessel wall. The pulse generator in the control module generates electrical pulses that are delivered to the one or more transducers and transformed to acoustic pulses that are transmitted through patient tissue. Reflected pulses of the transmitted acoustic pulses are absorbed by the one or more transducers and transformed to electric pulses. The transformed electric pulses are delivered to the image processor and converted to an image displayable on the monitor.

BRIEF SUMMARY

[0004] One embodiment is a method of characterizing a tissue type of a tissue region. The method includes providing a tissue classifier comprising multiple detector arrays for each of multiple tissue types. Each detector array comprises multiple detectors and each detector comprises multiple tissue

type-assigned intravascular ultrasound (IVUS) spectra. A plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types. For each of the detector arrays, an input IVUS spectrum of the tissue region is compared to the tissue type-assigned IVUS spectra of each of the detectors in the detector array. For each of the detectors, it is determined whether the input spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector. For each of the detector arrays, results of the detectors of the detector array are combined to produce an array result. The array results for the detector arrays are combined to provide a tissue characterization of the tissue region from the multiple tissue types.

[0005] Another embodiment is a computer-readable medium having processor-executable instructions for characterizing tissue. The processor-executable instructions when installed onto a device enable the device to perform the method described above.

[0006] Yet another embodiment is a tissue classifier that includes multiple detector arrays for each of multiple tissue types. Each detector array comprises multiple detectors and each detector comprises multiple tissue type-assigned intravascular ultrasound (IVUS) spectra. A plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types. The tissue classifier also includes a processor for executing processor-readable instructions that enable actions including the following: For each of the detector arrays, an input IVUS spectrum of the tissue region is compared to the tissue type-assigned IVUS spectra of each of the detectors in the detector array. For each of the detectors, it is determined whether the input spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector. For each of the detector arrays, results of the detectors of the detector array are combined to produce an array result. The array results for the detector arrays are combined to provide a tissue characterization of the tissue region from the multiple tissue types.

[0007] A further embodiment is an imaging device that includes the tissue classifier described above, as well as a catheter for insertion into a patient; a transducer disposed on the catheter to produce ultrasound signals and receive backscattered signals; and a processor coupled to the transducer to receive the backscattered signals from the transducer and to generate an image from the backscattered signals.

BRIEF DESCRIPTION OF THE DRAWINGS

[0008] Non-limiting and non-exhaustive embodiments of the present invention are described with reference to the following drawings. In the drawings, like reference numerals refer to like parts throughout the various figures unless otherwise specified.

[0009] For a better understanding of the present invention, reference will be made to the following Detailed Description, which is to be read in association with the accompanying drawings, wherein:

[0010] FIG. 1A is an IVUS image illustrating, within a small box, a tissue region of interest;

[0011] FIG. 1B is a schematic graphical representation of the raw IVUS signal for five adjacent scan lines for the tissue region in FIG. 1A;

[0012] FIG. 1C is a schematic graphical representation of the frequency spectra of the five IVUS signals of FIG. 1B;

[0013] FIG. 1D is a schematic representation of an averaged frequency spectrum of the five spectra of FIG. 1C;

[0014] FIG. 2 is a schematic graphical representation of comparisons between an input spectrum and four tissue-type assigned spectra (input spectrum is positioned in front of each tissue-type assigned spectrum), according to the invention;

[0015] FIG. 3 is a schematic diagram of one embodiment of a tissue detector array, according to the invention;

[0016] FIG. 4 is a schematic diagram of one embodiment of a tissue classifier, according to the invention;

[0017] FIG. 5 is a flow-chart of one embodiment of a method of characterizing tissue, according to the invention;

[0018] FIG. 6 is a flow-chart of one embodiment of a method of training a tissue classifier, according to the invention;

[0019] FIG. 7 is a schematic representation of an IVUS imaging system, according to the invention; and

[0020] FIG. 8 is a bar graph of accuracy percentage versus confidence level for each tissue type, the bar graph was generated using ex vivo human tissue samples and the methods described herein and showing that for tissue regions characterized with the highest confidence (75-100%) the accuracy ranges from 95% to 98%.

DETAILED DESCRIPTION

[0021] The present invention is directed to the area of intra-vascular ultrasound (IVUS) imaging systems and devices and methods of making and using the systems and devices. The present invention is also directed to methods, systems, and devices for tissue characterization using IVUS signals. It will be understood that the methods described herein can also be applied to imaging techniques other than IVUS.

[0022] Conventional tissue characterization methods include those that deduce and present information on tissue type using mathematical algorithms that operate directly on radiofrequency (RF) ultrasound data. For example, some techniques are based on analyzing the frequency content of RF data.

[0023] In contrast, a process, system, or device, incorporating a tissue classifier as described herein, can be used to infer tissue type from an input spectrum based on comparison to spectra from a large number of samples of each tissue type of clinical interest. The process, system, or device can characterize tissue type on the basis of differing spectral signatures which are caused by differences in acoustic properties of tissue which in turn could arise from differing pathology. Different tissue types typically absorb and backscatter the various frequencies of ultrasound energy differently, giving rise to different frequency spectra.

[0024] The tissue characterization techniques described herein include preparing a tissue classifier for testing an input spectrum for spectral similarity to known tissue type-assigned spectra. The tissue classifier may be calibrated (trained) against spectra of known tissue types that have been determined through, for example, histological analysis. In at least some embodiments, a color-coded tissue map can be generated with the various tissue types labeled in specific colors. Other methods for providing the tissue classification to a practitioner can also be used.

[0025] Preparation of an IVUS tissue characterization system or device includes obtaining or preparing a set of ultrasound spectra that have been established to have originated from tissue of known type. A tissue classifier can be prepared, as disclosed herein, to classify any selected number of tissue types including, for example, two, three, four, five, six, seven, eight, ten, or more types of tissue. A specific example for four types of tissue (necrotic, lipidic, calcified, and fibrotic tissue) will be described herein to illustrate the methods and systems. It will be understood that the methods, devices, and systems described herein can be used with other selections of tissue types.

[0026] The spectrum of the radiofrequency backscatter signal corresponding to a location on an IVUS image is used to determine tissue type. Any technique for obtaining an IVUS image, or the corresponding IVUS backscatter signals, can be used. In at least some embodiments, the IVUS image is obtained using a transducer disposed in a catheter that is introduced into the blood vessel or other tissue that is to be imaged. The transducer is coupled to a control unit that directs the transducer to emit an ultrasonic pulse of energy. The ultrasonic energy travels to the tissue where a portion of the energy is backscattered. The backscattered energy is detected by the transducer as the IVUS signal. The temporal dimension of the IVUS signal is used to locate the tissue as a function of distance from the transducer. The further the tissue is away from the transducer, the longer it will take for the ultrasound signal to travel to the tissue and be scattered back to the transducer. A temporally windowed portion of the backscattered signal that corresponds to a desired location can then be selected and used to determine the frequency spectrum of the tissue at that location. The frequency spectrum can be determined from the IVUS backscatter signal using, for example, fast Fourier transform techniques or the like.

[0027] Typically, the transducer directs the ultrasound pulse, and obtains an IVUS signal, for only a relatively small region of the surrounding tissue at any given time. After receiving the backscattered signal from one region of a vessel or tissue, the transducer is rotated (e.g., by an amount in the range of, for example, 0.5 to 2 degrees) to obtain the IVUS signal from the next region. By rotating completely around a circle in this manner, a 360° IVUS image can be generated. Each position of the transducer produces an IVUS signal which is may be referred to as a "scan line". The ongoing rotation of the transducer allows the generation of "real-time" IVUS images. In at least some embodiments, the IVUS transducer rotates at least one, twice, three times, five times, ten times, twenty times, or thirty times per second. Other rotation rates may also be used.

[0028] If the tissue region extends over multiple scan lines, the frequency spectrum for any particular tissue region can be obtained from an average of a windowed section of the IVUS signal over two or more scan lines (e.g., over one, two, three, four, five, six, seven, eight, nine, or ten scan lines). The frequency spectrum may also be computed from an average of two or more (e.g., two, four, 10, 16, 25, 32, 50, 64, 100, 128, or more) samples of each scan line. Either the IVUS signals or the corresponding frequency spectra can be averaged. In some instances, the average may be a weighted average of the individual spectra, particularly if the tissue region of interest only overlaps a portion of the region represented by a particular scan line.

[0029] As an example, FIG. 1A illustrates an IVUS image with a particular tissue region indicated by the small box on the image. FIG. 1B schematically illustrates the IVUS signal for the particular tissue region which is covered by five scan lines. FIG. 1C schematically illustrates the spectra calculated for these five scan lines at this tissue location. FIG. 1C schematically illustrates an average of the five spectra.

[0030] The entire frequency spectrum of a sample region, or only a portion of the frequency spectrum, can be used as the input spectrum for the tissue classifier. The frequency spectrum may include any suitable range of frequencies. In one embodiment, the range of frequencies is 0 to 100 MHz or 0 to 60 MHz or 0 to 80 MHz or 20 to 60 MHz. Preferably, the tissue characterization uses the entire usable frequency spectrum, for example, from 0 to 100 MHz. While this approach may involve more mathematical calculations than algorithms using reduced or summarized data/spectra, it typically increases the chances of correctly recognizing tissue type by avoiding discarding any potentially useful information.

[0031] The input spectrum is used to infer tissue type on the basis of spectral similarity to a library of spectra corresponding to known tissue types (i.e., tissue type-assigned spectra) using the structure of the tissue classifier. A comparison can be performed using any known method of assessing spectral similarity. For example, the concept of Euclidean distance can be used to mathematically define a measure of similarity between the input spectrum and a tissue type-assigned spectrum. For example, the amount of overlap of between the two spectra or the amount of non-overlap of the two spectra can be used to define spectral similarity. Other methods for assessing spectral similarity include, for example, the average absolute difference in spectral energy at one or more preselected frequencies. FIG. 2 schematically illustrates a comparison of an input spectrum 200 (copied four times) with a necrotic tissue spectrum 202, lipidic tissue spectrum 204, calcified tissue spectrum 206, and fibrotic tissue spectrum 208. In this example, the input spectrum is seen to be most similar to the fibrotic tissue spectrum.

[0032] Generally, the comparison of an input spectrum with only one spectrum for each type of tissue is not sufficiently robust to provide confidence in accurate tissue classification. Accordingly, a tissue classifier can be developed that includes arrays of tissue detectors and a combiner that combines the results of the detector arrays to generate a characterization output and, optionally, a confidence level for that tissue characterization.

[0033] FIG. 3 is a schematic diagram of one detector array 300 of a tissue classifier. Each detector array 300 is arranged to provide an output indicative of whether, based on the output of detectors in the array, the input spectrum 310 belongs to a particular tissue type or not. In the example illustrated in FIG. 3, the detector array 300 is arranged to provide an output indicative of whether, based on the output of detectors in the array, the input spectrum corresponds to necrotic tissue or not.

[0034] The detector array 300 includes multiple detectors 302 (detectors 302a, 302b, 302c, 302d, and 302e). The detectors are specifically tuned to the particular tissue type associated with the detector array. For example, the detector 302a is labeled "Necrotic Tissue Detector #1" because it is designed to test whether, based on spectra of the detector, the input spectrum represents necrotic tissue or not. The detector array 300 may include any number of detectors. For example, a detector array may include two, three, four, five, six, seven,

eight, nine, or ten detectors. Moreover, each detector array in the tissue classifier can have the same number of detectors or detector arrays in the tissue classifier may have different numbers of detectors.

[0035] Each detector contains a library of spectra corresponding to the tissue type of the detector and to other tissue types. For example, detector 302 includes spectra corresponding to necrotic and non-necrotic tissue. The detector 302 has the ability to perform spectral similarity comparisons between the input spectrum and each of the library spectra. A detector will typically include multiple spectra corresponding to the tissue type of the detector and multiple spectra corresponding to other tissue types. Preferably, the detector includes samples of each type of tissue in the classification.

[0036] A detector may have any number of spectra in its library. For example, the library may include three, four, five, six, seven, eight, ten, 12, 16, 20, 24, 32, or more spectra. Each detector may have the same number of spectra or the number of spectra for detectors can be different. Spectra may also be identified as belonging to saline-filled vessels or tissue or blood-filled vessels or tissue and the detector, array, or classifier (or any combination thereof) may account for variations due to saline and blood.

[0037] By determining the spectral similarity between the input spectrum and the spectra in the library of the detector 302, the detector provides an output regarding whether, based on the spectra of the library, the input spectrum is likely to correspond to the tissue type of the detector or not. As indicated above, any method for determining spectral similarity can be used. In at least some embodiments, the detector may determine whether the input spectrum is more similar to one or more of the spectra corresponding to the tissue type of the detector or more similar to one or more of the spectra of the other tissue types. In some embodiments, the output of a detector can be a binary output (e.g., +1, if the detector determines that the input spectrum corresponds to the tissue type of the detector; -1, otherwise). In other embodiments, the output of the detector can be a numerical output indicating the likelihood that the input spectrum corresponds to the tissue type of the detector.

[0038] The outputs of the detectors 302 of the detector array 300 are then combined to provide an array output 304. The outputs of the detectors 302 can be combined with or without weighting those outputs. In at least some embodiments, the outputs of the detectors 302 may be individually weighted. In at least one embodiment, a weighted combination of the five outputs of the five detectors 302 in FIG. 3 can be arranged (e.g., trained) so that it rises above zero when the detector array 300 is presented with a spectrum from necrotic tissue and falls below zero when presented with a spectrum from one of the other types. In at least some embodiments, the output of an array is not a binary number even if the outputs of the individual detectors were binary.

[0039] Any suitable method for determining the weights can be used. In one embodiment, the weights for the detectors can be determined by using the classifier, individual arrays, or individual detectors to characterize spectra of known tissue type. This is one method of training the classifier, array, or detector. For example, the weighting of each detector 302 can be based on the accuracy with which the detector determines whether the known spectra (i.e., "training spectra") belong to the tissue type of the detector or not. Other methods of determining weights can be used including general mathematical optimization techniques.

[0040] A tissue classifier includes multiple detector arrays for each tissue type. The number of detector arrays for each tissue type can be the same or can be different. It is often advantageous to design a tissue classifier with several arrays for each tissue type by letting each array be built utilizing randomly selected subsets of spectra. FIG. 4 schematically illustrates a tissue classifier **400** with a bank **410** of detector arrays including arrays for each of four tissue types: necrotic tissue detector arrays **302a-1** to **302a-10**, lipidic tissue detector arrays **302b-1** to **302b-10**, calcified tissue detector arrays **302c-1** to **302c-10**, and fibrotic tissue detector arrays **302d-1** to **302d-10**. Any number of detector arrays can be used. In FIG. 4, the illustrated embodiment of the tissue classifier **400** includes 40 detector arrays arranged in four groups of ten. Essentially, the bank **410** of detector arrays takes an input spectrum **310** and processes it to yield a set of 40 outputs. As an example, when presented with an input spectrum from lipidic tissue, the bank **410** of detector arrays of the tissue classifier **400** preferably produces an output in which elements **11** through **20** are stronger than the others.

[0041] The classifier **400** includes a combiner **402** that takes the outputs of the bank **410** of detector arrays and makes a final characterization **404** of tissue type based on those outputs. Any method of characterizing the tissue type from the outputs of the detector arrays can be used. In one embodiment, the combiner **402** can accomplish the characterization by checking which of the numbers in the set are positive and which are negative (assuming that positive outputs indicate that the tissue is of the tissue type of the detector array and negative outputs indicate that the tissue is not of the tissue type of the detector array). In another embodiment, the combiner **402** uses a Bayesian-type classifier. Other types of classifiers include, but are not limited to, simple majority voting and Fisher's Linear Discriminant. The combiner **402** may also individually weight the outputs of the detector arrays. The individual weights may be based, for example, on training of the tissue classifier using spectra of known tissue type as the input spectrum.

[0042] In addition to characterizing the tissue, the combiner **402** optionally also determines a measure of the level of confidence in that characterization. A confidence level **406** can be computed using any suitable method. In one embodiment, the confidence level is computed within the combiner **402** by comparing a degree of similarity between the outputs from the bank of detector arrays and ideal expected patterns corresponding to the recognized tissue type or patterns identified during training with spectra of known tissue type.

[0043] Accordingly, the methods, devices, and systems disclosed herein can not only classify tissue into categories but they may also provide a measure of the confidence in the characterization of each region of interest, if desired. As an example, the confidence level feature may distinguish between the characterization of two regions both being recognized as lipidic—but with one region whose spectral properties make it slightly closer to lipidic than necrotic (and, therefore, the confidence level in the tissue characterization would be expected to be lower), and another region whose spectral properties are clearly those of lipidic tissue (with an expectation of a relatively high level of confidence in the tissue characterization). In one embodiment, the system adjusts the transparency, or other characteristic, of color on the characterized image according to the confidence level.

[0044] The tissue characterization **404** can be presented to a practitioner or other viewer in any suitable manner, includ-

ing numerically, graphically, or using one or more images. In one embodiment, tissue type can be presented in conjunction with an IVUS image by coloring regions of the IVUS image (or presenting a colored representation next to an IVUS image) based on the tissue characterization. For example, each type of tissue could be represented by a different color, gray-scale shade, or pattern. A legend can also be presented with the image to indicate the colors, shades, or patterns corresponding to the tissue types.

[0045] Optionally, the confidence level can also be represented by varying a characteristic of the colored portion. Examples of characteristics that can be varied include transparency, brightness, hue, color, shade, texturing, and the like. As an example, regions with a higher confidence level for the tissue characterization can be shown with more solid color.

[0046] As an example of the characterizing tissue, one embodiment of a method using the tissue classifier described above is illustrated in the flow chart of FIG. 5. An input spectrum is obtained (step **502**). The input spectrum is compared with each spectrum in the library of each detector of each detector array of a tissue classifier (step **504**). It will be recognized that, in some embodiments, a subset of detectors or a subset of detector arrays may be used by the tissue classifier. The comparison can include, for example, comparing the spectral similarity between the input spectrum and library spectra of the tissue detector. Each detector then provides an output indicating whether, based on the comparisons with the detector spectra, the input spectrum corresponds to the tissue type for the detector or not (Step **506**). The output of each of the detectors in a detector array is combined to provide an array result (step **508**). This combination may be weighted or unweighted for each detector. The array results are then combined to produce a tissue characterization output and, optionally, a confidence level in the characterization (step **510**). Again, the array results can be weighted or unweighted.

[0047] The flow chart of FIG. 6 illustrates one embodiment of a method of training a tissue classifier using spectra of known tissue type. First, a tissue classifier, with arrays and detectors as described above, is generated using a library of spectra (step **602**). Alternatively, a previously generated (or even trained) tissue classifier can be used. Next, training spectra are individually input into the tissue classifier and a tissue characterization is obtained (step **604**). The training spectra are typically spectra of a known tissue type. After obtaining the tissue characterizations of one or more training spectra, the weights of one or more detectors or arrays can be adjusted based on the tissue characterization(s) (step **606**). This process can be repeated, as desired, with more training spectra and using the adjusted tissue classifier (step **608**).

[0048] This approach characterizes the tissue type in a direct way by comparing the spectrum from an area on a vessel to entries in a library of spectra corresponding to known tissue types. By comparing spectra directly, tissue type is not inferred using secondary derived features whose discriminating properties have not been established. This approach can also employ an extensive library of spectra which includes data acquired from vessels filled with blood in addition to those more conventionally obtained from saline-filled vessels. The spectrum altering properties of blood are generally well-known and the method can take this into account so that the tissue characterization system calibrated using in vitro data will work correctly in vivo.

[0049] The tissue classifier disclosed herein may include one or more features intended to enhance tissue characterization. For example, the tissue classifier may combine the directness and accuracy of similarity-based methods with the ability of model-based methods to understand the training data (i.e., spectra of known tissue type used to test the system or determine weights for detectors or detector arrays) to classify new data. Having a large and diverse collection of independently designed classifiers can produce a more accurate classifier. It will be understood that the methods, devices, systems, and tissue classifiers disclosed herein can be useful in characterizing tissue using other (non-ultrasound) data including spectra or other data obtained using other imaging techniques. In particular, the methods and classifiers can be used to distinguish between subtly different object types whose difference in properties is not easily quantifiable.

[0050] The development of a reliable and accurate tissue characterization system can be useful in a variety of diagnostic and treatment settings. For example, tissue characterization can be used to study plaques.

[0051] Plaque rupture is the most common type of plaque complication, accounting for around 70% of fatal acute myocardial infarctions and/or sudden coronary deaths. The goal of treatment of coronary arterial disease is the prevention of acute coronary syndrome. Intravascular ultrasound (IVUS) is commonly used in conjunction with angiography as an assessment tool to guide treatment of coronary arterial disease. IVUS images, in their traditional grayscale form, significantly add to diagnostic information provided by angiography especially in determining coronary vessel dimensions and borders of plaques. Research initiatives in tissue characterization seek to develop methods that complement the information provided by IVUS in assessing the composition of plaques such as fibrofatty tissue, necrotic tissue and various stages of thrombus. For example, there would be clinical value in developing a method to distinguish between loose fibrous plaques classified as American Heart Association (AHA) type II or III and atheroma with a lipid core classified as AHA type IV or Va.

[0052] Tissue classification, using the methods and tissue classifier disclosed herein, can be useful to classify plaques with the highest probability of spontaneous rupture. The information obtained from tissue characterization in combination with an understanding of the natural history of coronary artery disease may translate into a meaningful treatment protocol that decreases patient morbidity and mortality.

[0053] Suitable intravascular ultrasound ("IVUS") imaging systems include, but are not limited to, one or more transducers disposed on a distal end of a catheter configured and arranged for percutaneous insertion into a patient. Examples of IVUS imaging systems with catheters are found in, for example, U.S. Pat. Nos. 7,306,561 and 6,945,938; as well as U.S. Patent Application Publication Nos. 20060253028; 20070016054; 20070038111; 20060173350; and 20060100522, all of which are incorporated by reference.

[0054] FIG. 7 illustrates schematically one embodiment of an IVUS imaging system 700. The IVUS imaging system 700 includes a catheter 702 that is coupleable to a control module 704. The control module 704 may include, for example, a processor 706, a pulse generator 708, a motor 710, and one or more displays 712. In at least some embodiments, the pulse generator 708 forms electric pulses that may be input to one or more transducers disposed in the catheter 702. In at least some embodiments, mechanical energy from the motor 710

may be used to drive an imaging core disposed in the catheter 702. In at least some embodiments, electric pulses transmitted from the one or more transducers may be input to the processor 706 for processing. The processor 706 may also include a tissue classifier as described herein. Alternatively or additionally, the tissue classifier may be provided with any suitable processor including, but not limited to, a computer that is connected to, or separate from, the IVUS imaging system.

[0055] The tissue classifier, systems, and methods described herein may be embodied in many different forms and may be embodied as methods, systems, or devices. Accordingly, the tissue classifier, detector arrays, detectors, systems, and methods disclosed herein may take the form of an entirely hardware embodiment, an entirely software embodiment or an embodiment combining software and hardware aspects.

[0056] It will be understood that each block of the flowchart illustrations, and combinations of blocks in the flowchart illustrations, as well as any portion of the tissue classifier, detector arrays, detectors, systems and methods disclosed herein, can be implemented by computer program instructions. These program instructions may be provided to a processor to produce a machine, such that the instructions, which execute on the processor, create means for implementing the actions specified in the flowchart block or blocks or described for the tissue classifier, detector arrays, detectors, systems and methods disclosed herein. The computer program instructions may be executed by a processor to cause a series of operational steps to be performed by the processor to produce a computer implemented process. The computer program instructions may also cause at least some of the operational steps to be performed in parallel. Moreover, some of the steps may also be performed across more than one processor, such as might arise in a multi-processor computer system. In addition, one or more processes may also be performed concurrently with other processes, or even in a different sequence than illustrated without departing from the scope or spirit of the invention.

[0057] The computer program instructions can be stored on any suitable computer-readable medium including, but not limited to, RAM, ROM, EEPROM, flash memory or other memory technology, CD-ROM, digital versatile disks (DVD) or other optical storage, magnetic cassettes, magnetic tape, magnetic disk storage or other magnetic storage devices, or any other medium which can be used to store the desired information and which can be accessed by a computing device.

EXAMPLES

Example 1

Ex Vivo Human Data Collection

[0058] IVUS AND HISTOLOGY: Atlantis SR PRO 40 MHz single-element mechanically rotating catheters (Boston Scientific Corp, Fremont, Calif.) were used to acquire cross-sectional ultrasound images of excised human arteries at a pullback speed of 0.5 mm/s and a frame rate of 30 frames per second. The data was from twenty five hearts that were obtained within twenty four hours of autopsy. After being dissected and mounted in a tissue fixture filled with phosphate buffered saline (PBS) at physiologic pressure, the arteries were imaged from distal end to proximal end by an automatic catheter pullback procedure. This procedure was repeated

with human blood circulating within the lumen at physiologic pressure. The RF data were digitized using a two-board 12-bit Acqiris system [Monroe, N.Y.] at a sampling rate of 400 MHz. The RF data was cataloged and stored for subsequent analysis. The vessel tissue samples were then fixed in formalin and sections for histological analysis were prepared every 2 mm using standard laboratory techniques. The sections were stained with Hematoxylin & Eosin, and Movat Pentachrome to delineate areas of collagen, calcifications, and lipid.

[0059] The available data amounted to 120 cross sections representing left anterior descending, left circumflex, and right coronary arteries of which 75 cross sections were imaged through saline and 45 cross sections were imaged through blood. Care was taken to use a number of different catheters in order to add variation in the data.

Example 2

In Vivo Animal Data Collection

[0060] **DIABETES-INDUCED ATHEROSCLEROSIS** A porcine model involving the administration of streptozotocin in conjunction with a diet high in fat and cholesterol was used to induce atherosclerosis. The protocol was approved by Harvard's Institutional Animal Care and Use Committee.

[0061] **IVUS AND HISTOLOGY** Once plaque formation was established, pullback data was acquired as described above in Example 1. Coronary arteries from the pigs were harvested and preserved at -80°C . The arteries were frozen cut at the middle of the subsegments of interest and cryosectioned (7 μm sections). Verhoeff's elastin-stained cryosections were stained with oil red O solution. Infiltration of inflammatory cells into intima was assessed by immunostaining using monoclonal antibody (clone 2A5, BD Biosciences Inc., San Jose, Calif.) against pig CD45 leukocyte common antigen. Picrosirius red staining was applied to detect collagen types I and III. Olympus BX41 microscope with an Olympus DP70 digital camera was used for the digitization of oil red O—and CD45-stained sections, whereas picrosirius red sections were digitized by polarization microscopy (Nikon-Optiphot-2 microscope with Nikon polarizer lenses and Sony DFW-SX900 digital camera).

Example 3

Ex Vivo Validation

[0062] As described above, the local spectrum of the radiofrequency signal corresponding to a location on the IVUS image was used as the predictor of tissue type. The local spectrum was computed by averaging the magnitude of the windowed spectrum from 128 RF samples over 5 adjacent A-lines (see, FIGS. 1A-1D). These regions-of-interest (ROIs) were uniformly distributed over all plaque regions that could be identified. The first 32 frequency bins representing a range of frequencies from 0 to 100 MHz were retained. The last element of the spectra was replaced with a 0 for saline or 1 for blood. A set of about 12000 spectra along with their known tissue type labels (classes) were available for classifier design and accuracy assessment. This set was randomly partitioned into a training set and a testing set containing 75% and 25% of the predictors, respectively. The number of training and testing predictors grouped by tissue type and lumen medium is given in Table 1.

TABLE 1

	Training		Testing	
	Saline	Blood	Saline	Blood
Necrotic	626	350	208	116
Lipidic	542	322	180	108
Fibrotic	3458	1588	1152	530
Calcified	1063	1143	354	381

[0063] Validation of the spectral similarity algorithm was performed using a five-step process:

[0064] 1. Mean spectra were computed for ROIs of histologically determined type

[0065] 2. The spectra were randomly partitioned into test and training sets: 75% of the spectra were used for training the spectral similarity algorithm and the remaining 25% were used as the test set

[0066] 3. The spectral similarity algorithm was then used to classify the test set

[0067] 4. Steps 2 and 3 were repeated four times to reduce possible bias from the test set selection

[0068] 5. The accuracy of the algorithm was computed by comparing the characterization of each sub-region against the known histological tissue type.

[0069] FIG. 8 shows an example of ex vivo tissue characterization of human coronary artery infused with blood. The accuracy of the similarity algorithm in characterizing each of the four tissue types is shown grouped by confidence measure. For tissue regions characterized with the highest confidence (75-100%) the accuracy ranges from 95% to 98%. Even at the lowest confidence (0 to 25%) the accuracy is above 70%. The accuracy increases monotonically with confidence, confirming that the confidence measure computed by the algorithm may provide an estimate of the probable accuracy of the classification on a pixel-by-pixel basis.

[0070] To locate the correct cutting points, two to three major readily visible side branches were identified on the IVUS pullbacks and used as references for the determination of the location of the cross sections of interest. The same branches were also identified on the harvested arteries, by visual inspection. These branches were used as landmarks to correlate histology images and their corresponding IVUS counterparts.

[0071] The IVUS and histology images were examined side-by-side and regions corresponding to necrotic, lipidic, calcified, and fibrotic tissue were marked on the IVUS image using image editing tools. A color-coded tissue map was then generated with the various tissue types labeled in specific colors. A comparison between a histological sample and the tissue classifications determined using the above-described methods showed good correlation.

Example 4

In Vivo Animal Study

[0072] Using the animal data available, qualitatively verification of the correctness of the predicted tissue types was made. A comparison between a histological sample and the tissue classifications determined using the above-described methods showed good correlation.

[0073] The above specification, examples and data provide a description of the manufacture and use of the composition of the invention. Since many embodiments of the invention

can be made without departing from the spirit and scope of the invention, the invention also resides in the claims hereinafter appended.

What is claimed as new and desired to be protected by Letters Patent of the United States is:

1. A method of characterizing a tissue type of a tissue region, the method comprising:

providing a tissue classifier comprising a plurality of detector arrays for each of a plurality of tissue types, wherein each detector array comprises a plurality of detectors and each detector comprises a plurality of tissue type-assigned intravascular ultrasound (IVUS) spectra, wherein a plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types;

comparing an input IVUS spectrum of the tissue region to the tissue type-assigned IVUS spectra of each of the plurality of detectors for each of the plurality of detector arrays;

determining, for each of the plurality of detectors of each of the plurality of detector arrays, whether the input spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector;

for each of the plurality of detector arrays, combining results of the plurality of detectors of the detector array to produce an array result; and

combining the array results for the plurality of detector arrays to provide a tissue characterization of the tissue region from the plurality of tissue types.

2. The method of claim 1, wherein combining results of the plurality of detectors for the detector array to produce an array result comprises, for each of the plurality of detectors of each of the plurality of detector arrays, combining results for each of the plurality of detectors using a weight assigned to each of the plurality of detectors.

3. The method of claim 2, wherein the weights for the detectors are determined using spectra of known tissue type.

4. The method of claim 1, further comprising combining the array results for the plurality of detector arrays to provide a confidence level associated with the tissue characterization.

5. The method of claim 1, further comprising displaying the tissue characterization of the tissue region.

6. The method of claim 5, wherein displaying the tissue characterization of the tissue region comprises displaying the tissue characterization on an IVUS image comprising the tissue region.

7. The method of claim 6, wherein displaying the tissue characterization comprises coloring the tissue region on the IVUS image with a color assigned to a tissue type corresponding to the tissue characterization.

8. The method of claim 7, further comprising reflecting a confidence level associated with the tissue characterization by selecting a display characteristic of the coloring of the tissue region.

9. The method of claim 8, wherein the display characteristic is selected from transparency, brightness, hue, color, shade, and texture.

10. The method of claim 1, wherein determining, for each of the plurality of detectors, whether the input spectrum corresponds to the tissue type of the detector comprises providing a binary output, wherein a first value indicates that, according to the detector, the input spectrum corresponds to the tissue

type and a second value indicates that, according to the detector, the input spectrum does not correspond to the tissue type.

11. The method of claim 1, wherein, each detector comprises at least one tissue type-assigned IVUS spectrum for each of the plurality of tissue type.

12. A computer-readable medium having processor-executable instructions for characterizing tissue, the processor-executable instructions when installed onto a device enable the device to perform actions, comprising:

providing a tissue classifier comprising a plurality of detector arrays for each of a plurality of tissue types, wherein each detector array comprises a plurality of detectors and each detector comprises a plurality of tissue type-assigned intravascular ultrasound (IVUS) spectra, wherein a plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types;

comparing an input IVUS spectrum of the tissue region to the tissue type-assigned IVUS spectra of each of the plurality of detectors for each of the plurality of detector arrays;

determining, for each of the plurality of detectors of each of the plurality of detector arrays, whether the input spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector;

for each of the plurality of detector arrays, combining results of the plurality of detectors of the detector array to produce an array result; and

combining the array results for the plurality of detector arrays to provide a tissue characterization of the tissue region from the plurality of tissue types.

13. The computer-readable medium of claim 12, wherein the actions further comprise displaying the tissue characterization of the tissue region.

14. The computer-readable medium of claim 13, wherein displaying the tissue characterization of the tissue region comprises displaying the tissue characterization on an IVUS image comprising the tissue region.

15. The computer-readable medium of claim 13, wherein the actions further comprise reflecting a confidence level associated with the tissue characterization by selecting a display characteristic of the coloring of the tissue region.

16. A tissue classifier, comprising

a plurality of detector arrays for each of a plurality of tissue types, wherein each detector array comprises a plurality of detectors and each detector comprises a plurality of tissue type-assigned intravascular ultrasound (IVUS) spectra, wherein a plurality of the tissue type-assigned IVUS spectra of each detector correspond to a tissue type of the detector and a plurality of the tissue type-assigned IVUS spectra correspond to other tissue types; and

a processor for executing processor-readable instructions that enable actions, including:

comparing an input IVUS spectrum of the tissue region to the tissue type-assigned IVUS spectra of each of the plurality of detectors for each of the plurality of detector arrays;

determining, for each of the plurality of detectors of each of the plurality of detector arrays, whether the input

spectrum corresponds to the tissue type of the detector based on the comparisons of the input spectrum to the tissue type-assigned spectra for that detector;

for each of the plurality of detector arrays, combining results of the plurality of detectors of the detector array to produce an array result; and

combining the array results for the plurality of detector arrays to provide a tissue characterization of the tissue region from the plurality of tissue types.

17. The tissue classifier of claim **16**, wherein the actions further comprise displaying the tissue characterization of the tissue region.

18. An imaging device, comprising:

a catheter configured and arranged for insertion into a patient;

a transducer disposed on the catheter and configured and arranged to produce ultrasound signals and receive backscattered signals;

a processor coupled to the transducer and configured and arranged to receive the backscattered signals from the transducer and to generate from the backscattered signals an image; and

the tissue classifier of claim **16**.

19. The imaging device of claim **18**, wherein the processor coupled to the transducer is also the processor of the tissue classifier.

20. The imaging device of claim **18**, further comprising a display configured and arranged to display the image from the processor coupled to the transducer and to display the tissue characterization of the tissue classifier.

* * * * *

专利名称(译)	通过血管内超声信号的光谱相似性进行组织表征的方法，系统和设备		
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摘要(译)

表征组织区域的组织类型的方法包括提供组织分类器，其包括用于多种组织类型中的每一种的多个检测器阵列。每个探测器阵列包括多个探测器，并且每个探测器包括多个组织类型指定的血管内超声（IVUS）光谱。每个检测器的多个组织类型分配的IVUS光谱对应于检测器的组织类型，并且多个组织类型分配的IVUS光谱对应于其他组织类型。对于每个探测器阵列，将组织区域的输入IVUS光谱与探测器阵列中每个探测器的组织类型指定的IVUS光谱进行比较。对于每个检测器，基于输入光谱与该检测器的组织类型指定光谱的比较，确定输入光谱是否对应于检测器的组织类型。对于每个探测器阵列，探测器阵列的探测器的结果被组合以产生阵列结果。将探测器阵列的阵列结果组合以提供来自多种组织类型的组织区域的组织表征。

