

Diagnostic Imaging in the Medical Support Of the Future Missions to the Moon

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Educational Objectives

- **1) Update the audience on the current experience in ultrasound imaging in space flight**
 - **2) Discuss the unique aspects of conducting ultrasound imaging on ISS, interplanetary transit, and lunar surface operations**
 - **3) Review preliminary data obtained in simulations of medical imaging in lunar surface operations**
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Pre-lecture test

- What imaging experience on ISS do we have?
- Which clinical imaging applications are currently available to the ISS Surgeon on console?
- Are there any obvious differences among 0G, 1/6G, and 1G imaging anatomy?
- How does the ISS experience relate to Exploration?
- What are the design options for putting and operating an ultrasound system in a spacecraft or habitat on the lunar surface?

LEO Ultrasound

Of the many imaging modalities, ultrasound has been the only one found suitable for use in low-Earth orbit.

NASA/TTP-2006-213731



The International Space Station Ultrasound Imaging Capability Overview for Prospective Users

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ISS Ultrasound Operations

	Hours of Operation
MedOps / HRF	20
Research	85
Total	105

ISS Ultrasound Overview

Ultrasound imaging has been placed among the ISS operational medical requirements; Most clinical applications are considered feasible, although evidence is partial or indirect.

ISS evidence with healthy subjects

KC-135 (or C-9) data with healthy subjects

KC-135 (or C-9) data on animal models of disease and trauma

Quality and completeness of ISS

ultrasound data have been judged acceptable for diagnostic purposes

Principles of Remote Ultrasound

Distributed Expertise

between crew, ground experts, and digital resources

Common Knowledge Base

pre-mission training material

just-in-time training material

general procedures

application-specific focused protocols

target views and images

terminology

demonstrations photo and video, tips and hints

Principles of Remote Ultrasound

Clear Identification of Responsibility

between crew and ground experts

Clinical and Operational Subordination

studies are ordered by the Crew Surgeon when clinically indicated and operationally practical

imaging experts are subordinated to the ISS Crew Surgeon

Principles of Remote Ultrasound

Focused Examination

Imaging follows a pre-defined and strictly prioritized sequence of clinical questions

Information obtained can be just one critical image or a full-fledged set of frames and video loops

Illustration on the next slide

Example: Renal Obstruction

Thorough evaluation of Ipsilateral and Contralateral Kidneys

- Complete protocol
- Other stones?
- Nature of Obstruction
- Level of Obstruction
- Degree of Obstruction and secondary Signs
- Presence of Obstruction

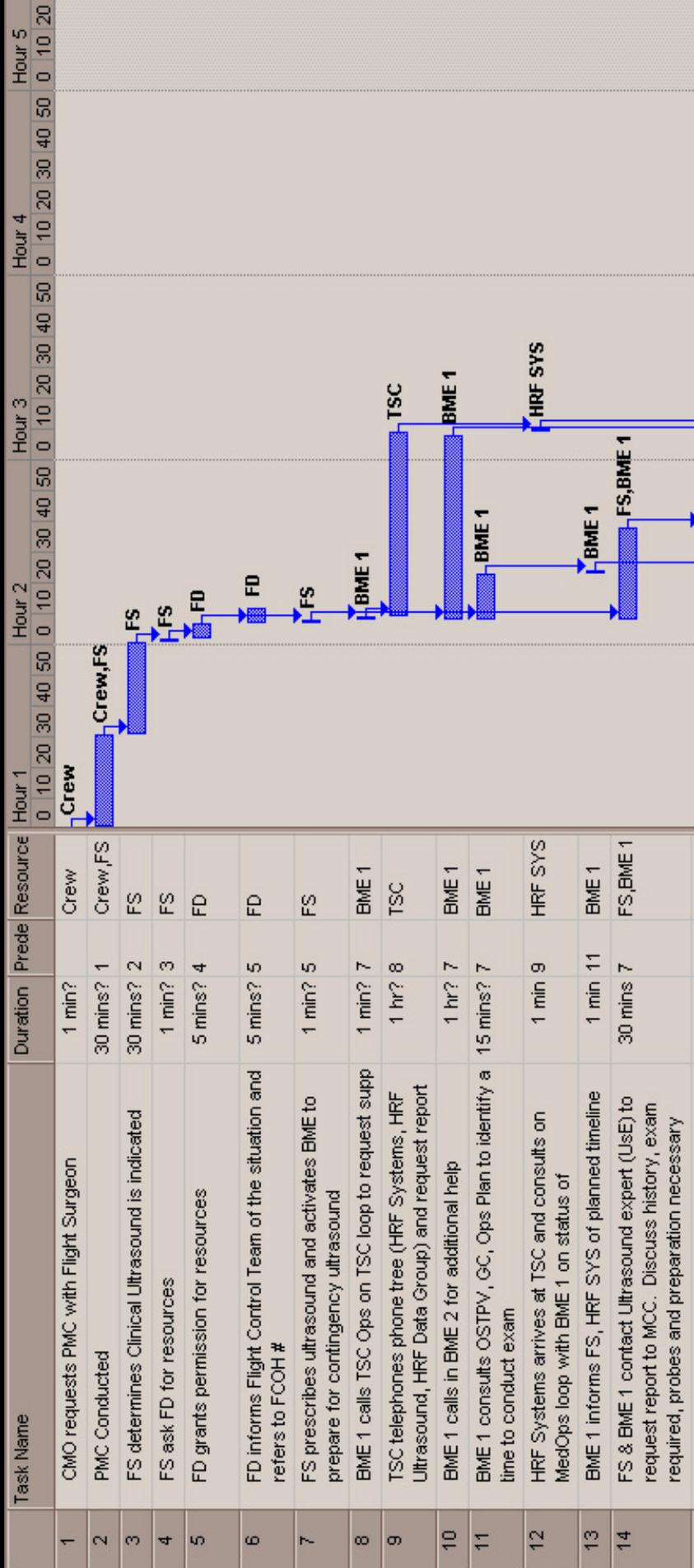
Focused evaluation
of ureter
And bladder

Multiple Views of Renal
Pelvis, Ureter

Ureteral Jets

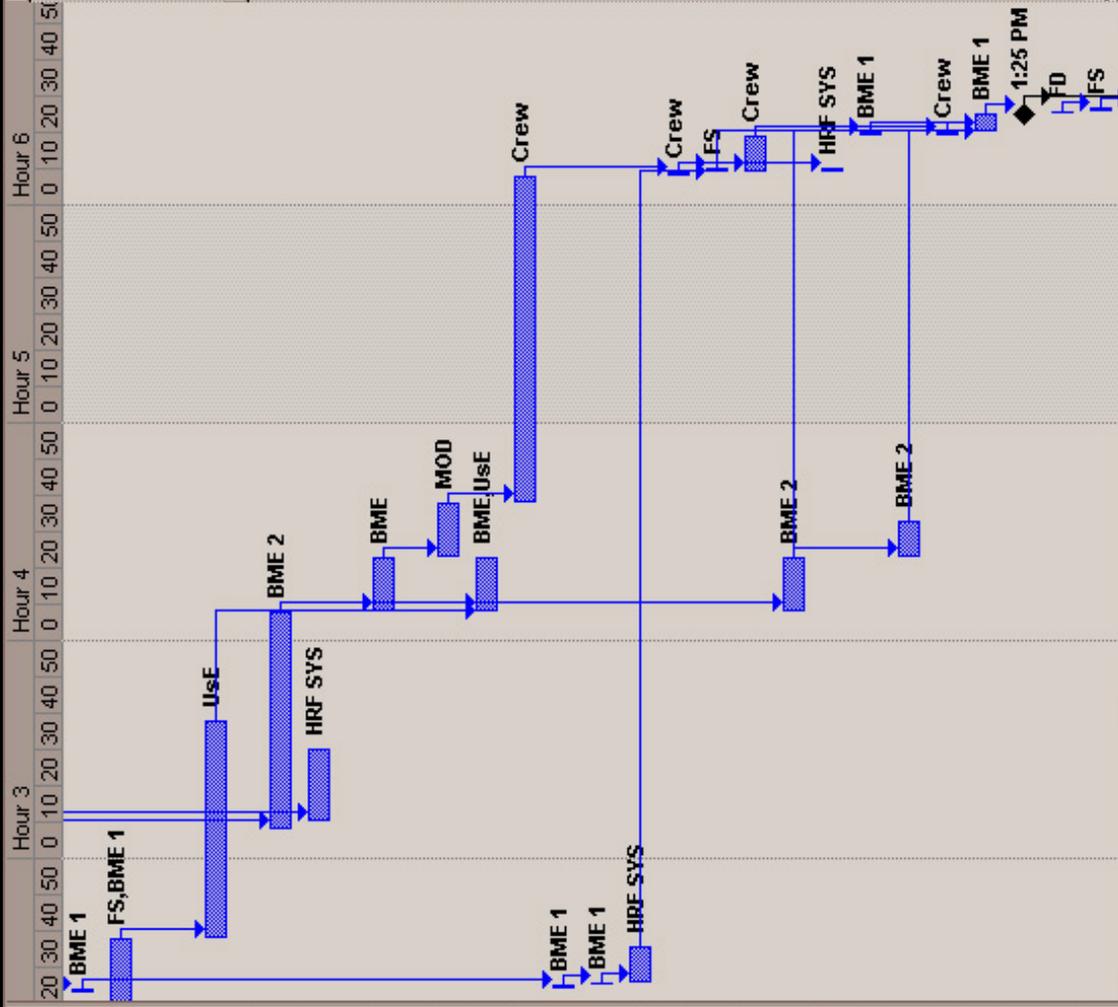
Kidney
Structure

ISS Ultrasound Estimated Timeline - 1

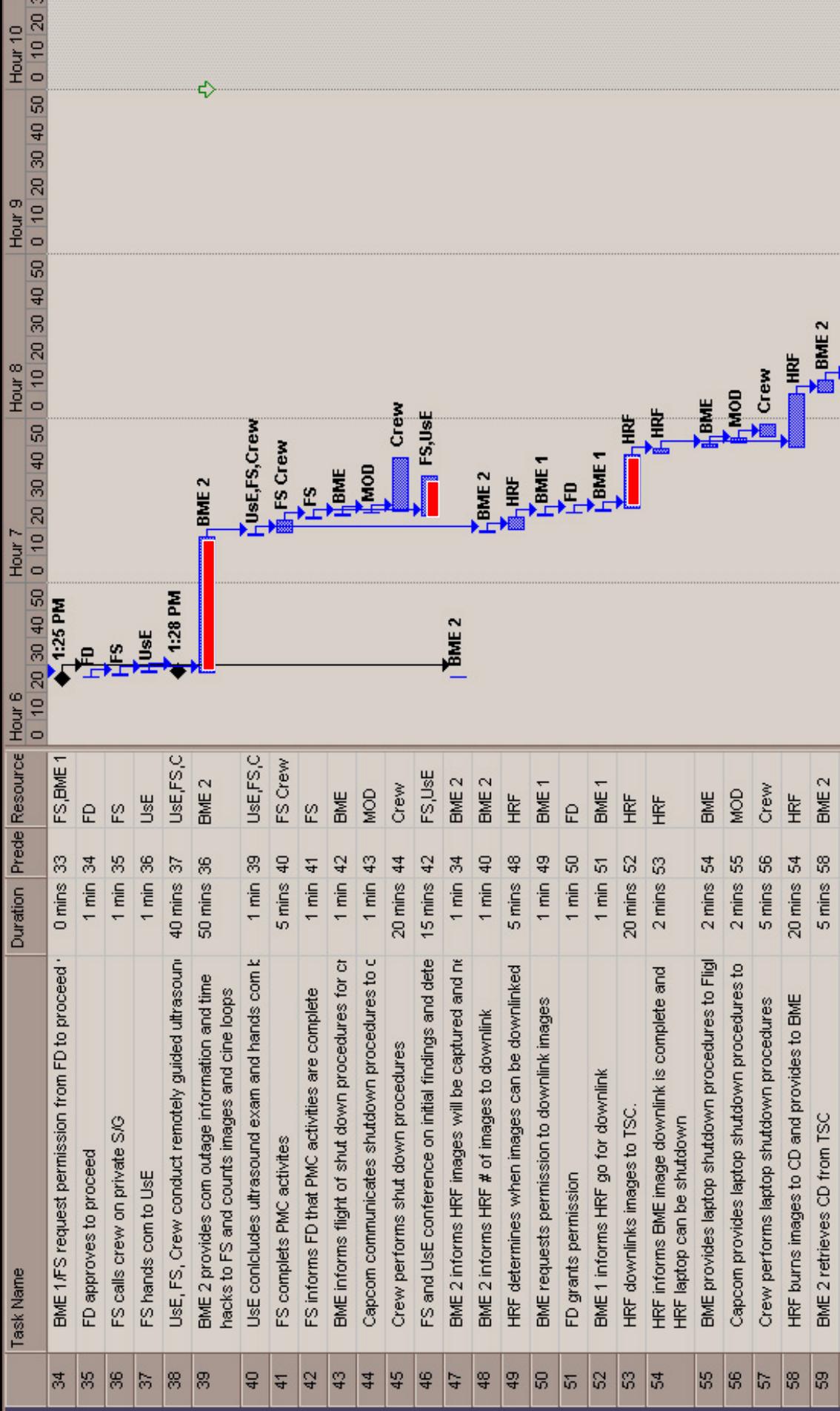


ISS Ultrasound Estimated Timeline - 2

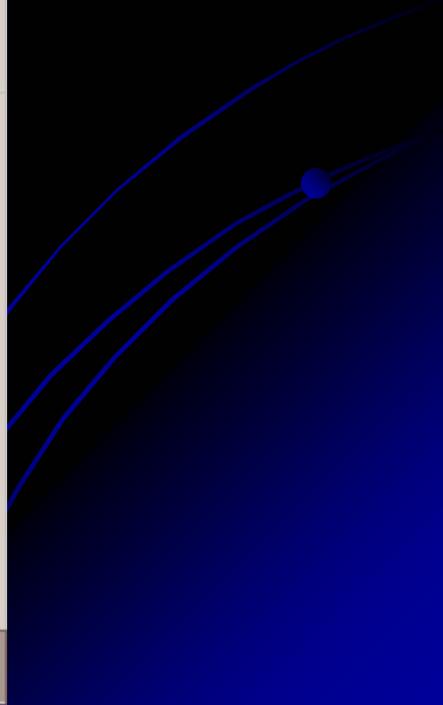
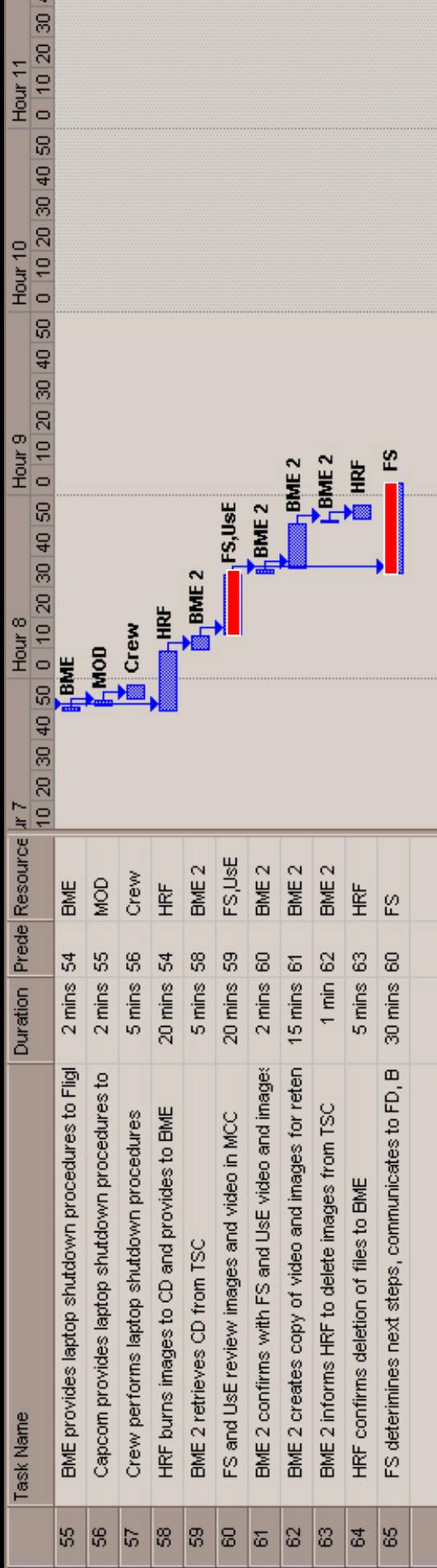
Task Name	Duration	Prede	Resource
BME 1 informs FS, HRF SYS of planned timeline	1 min 11		BME 1
FS & BME 1 contact Ultrasound expert (Use) to request report to MCC. Discuss history, exam required, probes and preparation necessary	30 mins 7		FS,BME 1
Use arrives at MCC	1 hr? 14		Use
BME 2 Arrives	1 hr? 10		BME 2
HRF Sys prepares commands to configure HRF rack for ultrasound use	20 mins? 12		HRF SYS
BME 2 Provides procedures for hardware configuration to Flight	15 mins? 16		BME
Capcom calls procedures to crew	15 mins 18		MOD
BME2 confirms headset, monitor, cue cards with L	15 mins 16,15		BME,Use
Crew begins HW setup	30 mins 19		Crew
BME1 request permission from FD to command rack	1 min 13		BME 1
BME 1 Give HRF Sys go to command rack	1 min 22		BME 1
HRF Sys command rack config and reports rack status	10 mins? 23		HRF SYS
Crew call FS for "go" for rack power up	1 min? 21		Crew
FS give crew go for power up and tells crew when ready	1 min 25,24		FS
Crew completes Ultrasound set up and CMRS set	10 mins? 25		Crew
BME 2 coordinates private video and voice with HRF Sys	15 mins? 16		BME 2
HRF Sys reports status of ultrasound to BME	1 min 25		HRF SYS
BME 1 confirms video displayed	1 min 27		BME 1
BME 2 confirms video and audio recording preparation	10 mins 28		BME 2
Crew calls FS ready to begin scanning	1 min 27		Crew
BME 1 Confirms all ready to go for Remote Guidance	5 mins? 32,31		BME 1
BME 1/FS request permission from FD to proceed	0 mins 33		FS,BME 1
FD approves to proceed	1 min 34		FD
FS calls crew on private S/G	1 min 35		FS



ISS Ultrasound Estimated Timeline - 3



ISS Ultrasound Estimated Timeline - 4



Real-time Remote Guidance (Minimal Crew Autonomy)



Primary for Medical Operations:
Biomed MPSR (JSC Bldg. 30S)



Alternative for Medical Operations:
Telescience Center (JSC Bldg. 30)

Computer-Assisted Freehand Ultrasound Imaging (Maximal Crew Autonomy)

- Protocol-Specific Just-in-time Training
- Loading Protocol-Specific Target Views and Images
- Loading Protocol-specific Computer Assistance

Modules

- Data acquisition without ground control
 - Transparent Data downlink
 - Ground intervention if necessary and possible
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Ultrasound Hardware - ISS

- Modified Philips/ATL 5000
- Part of Human Research Facility
- Arrived March 2001
- Hardware Tested on 10 Expeditions 2 -11
- Ultrasound sessions conducted on seven ISS Expeditions: 5 - 11



ISS ultrasound is the first high-definition permanent imaging capability in space



ISS009E14217

It may also be our last opportunity to answer many questions in space medicine and space physiology

Lunar Ultrasound System

- **Imaging hardware**
 - Highly Portable Ultrasound
 - Computer control
 - Computer guidance
 - Accessories
 - Gel, Wipes
 - Electrodes
- **Space Comm Assets**
 - Video downlink with variable compression
 - Standard duplex voice
- **Ground Support Assets**
 - Voice consoles
 - Video Monitors
 - Status monitoring from onsite computer programs
 - Recording capabilities

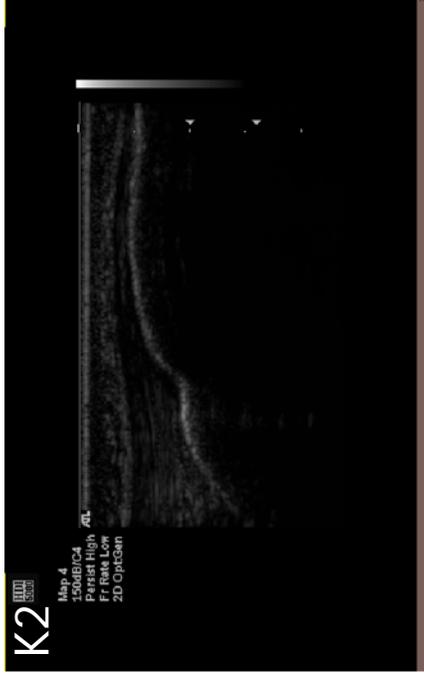
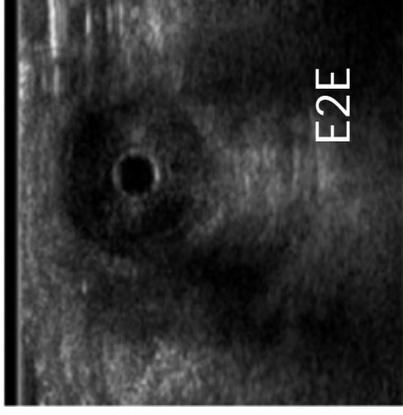
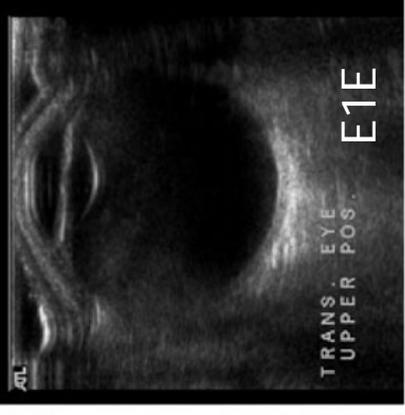
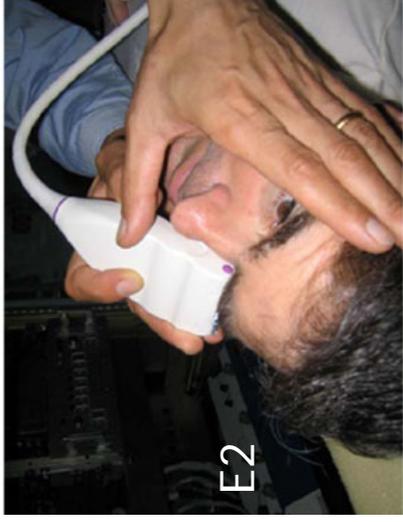
Ultrasound Hardware - Lunar

- Small, lightweight, possibly with control from a general purpose computer
- Feeding digital stream to an onboard video processing unit
- Low-power, maintenance-free, and unobtrusive
- Software on the onboard general purpose computer:
 - Just-In-Time training
 - Real-time video analysis for computer-assisted operator guidance
 - Data compression, storage, transmission
 - Relaying intervention from the ground

Payload Development Laboratory (PDL, NASA JSC Bldg. 9)



**Reference
Target Image
sets
and videos
Procedure
Video clips
photos**



Just-In-Time training

MAIN MENU

- Mandatory
- Recommended
- Optional

- INTRODUCTION
- EXPERIMENT OVERVIEW
- BRAIN GYM
- HARDWARE SETUP
- ANATOMY
- PRINCIPLES OF ULTRASOUND
- PRINCIPLES OF REMOTE GUIDANCE
- DATA ACQUISITION

CARDIAC

- CARDIAC
- THORACIC
- ABDOMINAL
- BONE
- EXERCISES
- BLOOPERS
- CONCLUSIONS

ULTRASOUND

Max 3
STROBAC 3
1000 Hz
20 DYN/CM
Fr R/Rough

100%
P4-C Acq/PTM
100 Hz
100 x 200 mm

APICAL LONG

DETAIL

POSITION DESCRIPTION

PLACE THE PROBE IN THE C2 POSITION POINTING UPWARDS IN THE DIRECTION OF THE RIGHT SHOULDER. THE MARKER SHOULD BE ROTATED TO THE 11 O'CLOCK POSITION.

3 OF 13 CARDIAC: APICAL LONG-AXIS

BACK SPACE NEXT SPACE

PREVIOUS SECTION
SHIFT ↑

VOLUME 67%

VIEW REMOTE GUIDANCE CARD

ESC QUIT

NEXT SECTION
SHIFT ↓

VIEW REMOTE GUIDANCE CARD

ESC QUIT

SWITCH USER

MAIN MENU

- Mandatory
- Recommended
- Optional

- INTRODUCTION
- EXPERIMENT OVERVIEW
- BRAIN GYM
- HARDWARE SETUP
- ANATOMY
- PRINCIPLES OF ULTRASOUND
- PRINCIPLES OF REMOTE GUIDANCE
- DATA ACQUISITION

ABDOMINAL

- ABDOMINAL
- THORACIC
- BONE
- EXERCISES
- BLOOPERS
- CONCLUSIONS

ULTRASOUND

Max 3
STROBAC 3
1000 Hz
20 DYN/CM
Fr R/Rough

100%
P4-C Acq/PTM
100 Hz
100 x 200 mm

APICAL LONG

DETAIL

POSITION DESCRIPTION

NOTE:
- GELS ARE APPLIED FROM A2 (LEFT SIDE) TOWARDS A1 AND A4.
- STARTING POINT POSITION: ALIGN MARKER TOWARDS THE MIDDLE OF THE LEFT FOOT AND THEN ROTATE AS SHOWN.
- ALL IMAGING PLANES ARE STRICTLY SAGITTAL (PARALLEL TO EACH OTHER), NO TILTING OR ROTATING.
- MAY NEED TO PAN (NORMALLY CABLE END TOWARDS FITT).
- PRESS JUST ENOUGH TO MAINTAIN GOOD CONTACT. TOO MUCH PRESSURE MAY AFFECT MEASUREMENTS.

LIVER: VIEW 1 OF 4

BACK SPACE NEXT SPACE

PREVIOUS SECTION
SHIFT ↑

VOLUME 67%

VIEW REMOTE GUIDANCE CARD

ESC QUIT

NEXT SECTION
SHIFT ↓

VIEW REMOTE GUIDANCE CARD

ESC QUIT

SWITCH USER

ISS and Lunar Techno-challenges

- Hardware set up— up to 45 min (ISS); c.15 min (L)
- Data transmission- 2s delay (ISS), 2-7s (L)
 - Simultaneous AV link- small blocks (20-50 min (ISS), continuous (L))
- Video
 - No Video Compression (ISS), variable (L)
 - Some degradation of video

Ultrasound Protocols Demonstrated in Og

- Echocardiography
- Stress Echocardiography (limited)
- Thoracic: Hemo- and pneumothorax R/O
- Abdominal
 - Spleen, Liver, Biliary System, Pancreas
 - AA, IVC
- GU
 - Kidneys
 - Bladder
 - Prostate
 - GYN
- Musculoskeletal
 - Rotator Cuff
 - Knee, ankle, elbow, wrist, thoracic cage
- Thyroid
- Dental (limited)
- Sinus (limited)
- Eye
- Vasculature
 - Carotid/Jugular
 - Valsalva/Mueller Maneuvers
 - DVT R/O
- Other (e.g., peripheral nerves)

Reviewer Comments

“I reviewed all of the other images you sent. As you stated, they are all mildly blurry due to the capture process from videotape. If I ignore this degradation, I believe that all of the images are equal in quality to those we use everyday in our hospitals. We use two different types of units: (1) Philips HDI 5000 with the latest software, including XRES image processing and Sono-CT real-time compound imaging, and (2) Siemens Acuson Sequoia. The images you sent are equal in quality to what I see daily on the above units.”

Reviewer Comments

“The images you sent were all normal and I expect that you will have no trouble diagnosing disease when it arises.”



Sample Application List for Ordering

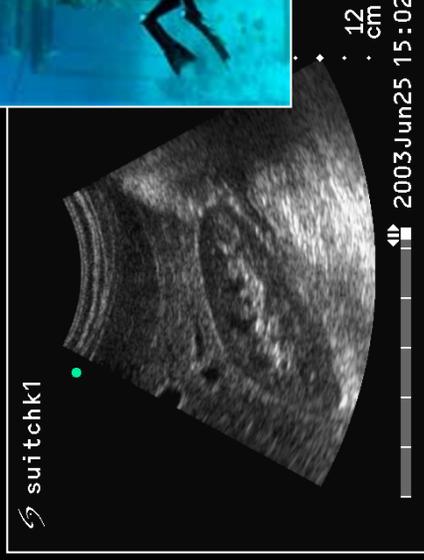
HEAD NECK AND FACE

APPLICATION TITLE	TYPE	NOTES / SCOPE	Done with remote guidance ?	Performed on ISS?
Ophthalmic Sonography Complete	Complete (Standard)		Y	Y
Salivary Gland Sonography Complete	Complete (Standard)		Y	N
Thyroid Sonography Complete	Complete (Standard)		D	Y
Carotid Duplex Sonography Complete	Complete (Standard)		Y	D
Paranasal Sinus Sonography	Focused and Limited	Specify	Y	Y
Dental / oral Sonography	Focused and Limited	Extraoral, limited	Y	Y
Salivary Gland Sonography Ltd	Focused and Limited	Specify	Y	N
Ophthalmic Sonography - Limited	Focused and Limited	Unilateral or F/U	Y	Y
Ophthalmic Sonography - PLR	Focused and Limited	Pupillary Reflex	Y	D
Jugular Vein Sonography Specific	Focused and Limited	Specify Scope	Y	D
Image-Guided Vascular Access (Internal Jugular Vein)	Image-guided manipulations		N	N

Remote/Isolated locations

In this example
(NEEMO):

- Engineer Operator
- Real-time guidance through Video Conferencing Unit ~364K
- Digital Images post exam (~1 hour)



Crew Medical Officer

In this example (Detroit Redwings):

- Operator – Athletic Trainer
- Real-time remote guidance through Internet connection - DSL
- Internet videoconferencing
- Raw data sent near-real-time to radiology
- Review / manipulation of 3D raw data sets during and post examination



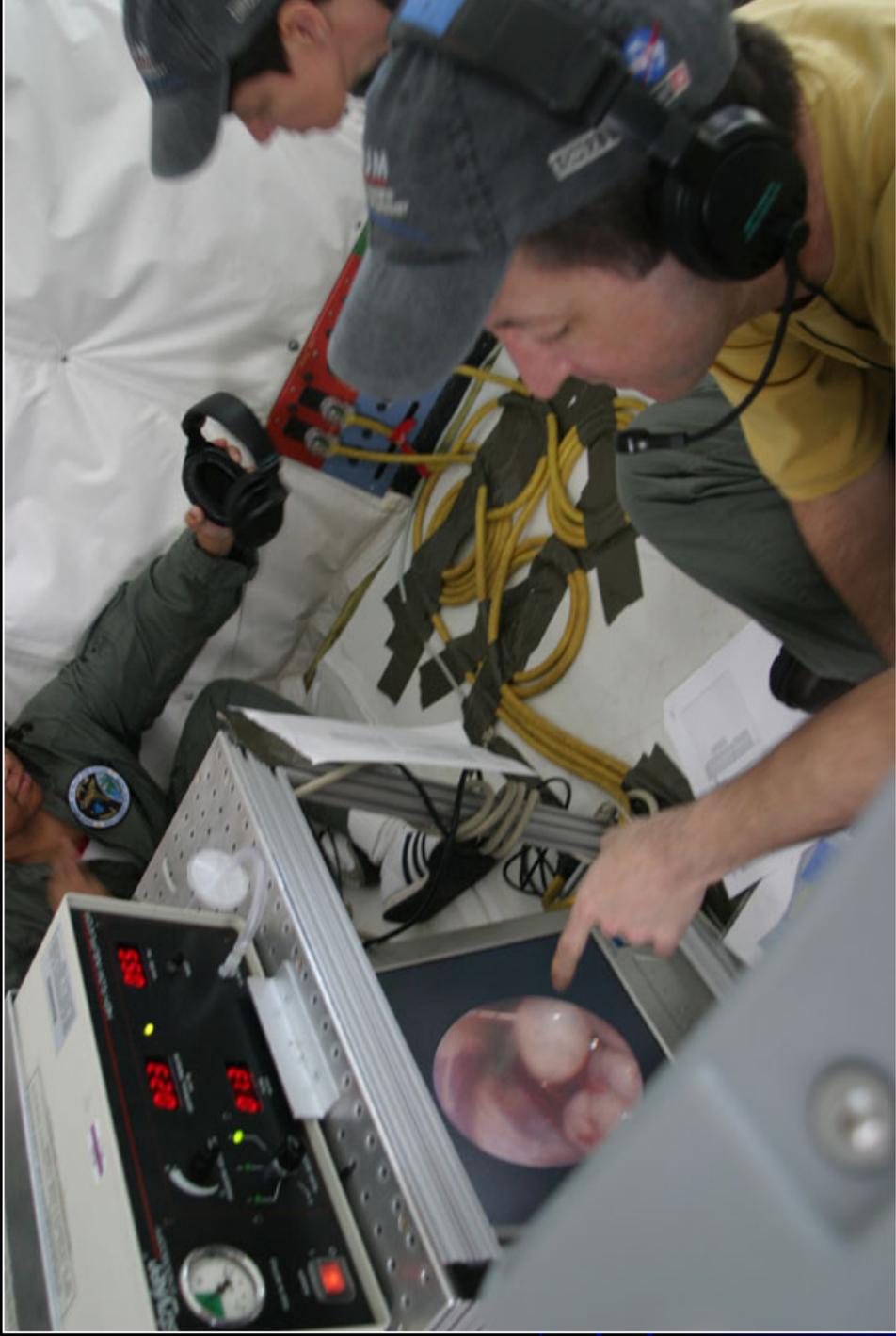
Physician On-site

In this example
(South Pole):

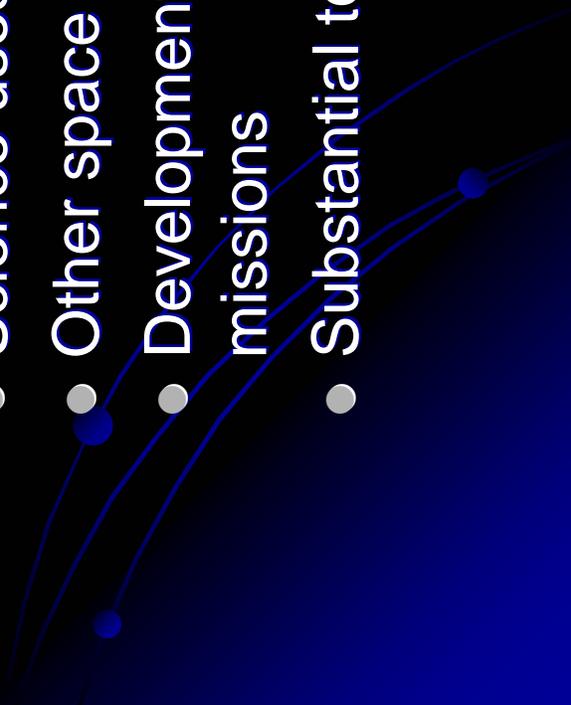
- GP operator
- Monitoring of radial Fx healing



Methodology for Other medical Procedures Example: Micro-Laparoscopy



CONCLUSIONS

- A wide array of ultrasound applications is available for the Surgeon to order on ISS
 - Joint efforts of Space Medicine and HRF, enhanced by the ADUM experiment, provide strong methodology for:
 - Science uses of ISS ultrasound
 - Other space medical procedures
 - Development of medical systems for future missions
 - Substantial terrestrial applications
- 

CONCLUSIONS - 2

- The ISS has allowed to clearly identify challenges of remote ultrasound and devise solutions to technical and procedural challenges
 - Lunar ultrasound solutions are seen as a series of upgrades to the ISS ultrasound system, with the following common principles:
 - Minimally trained operator
 - Distributed expertise
 - Adaptive expertise delivery
 - Focused examinations with prioritized procedural sequences
- 

Questions?

