

Turbid tissue optics III: Instrumentation and measurements

Andrew Berger

Abbe lecture #4

21.01.2014



Roadmap from last time

review of basic concepts from last time

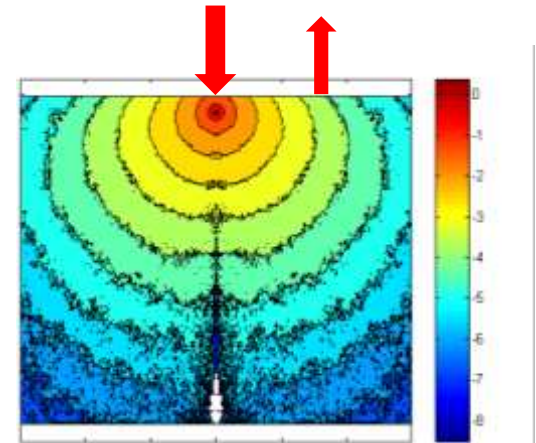
the Virtual Tissue Simulator

reflectance measurements: three types

steady-state

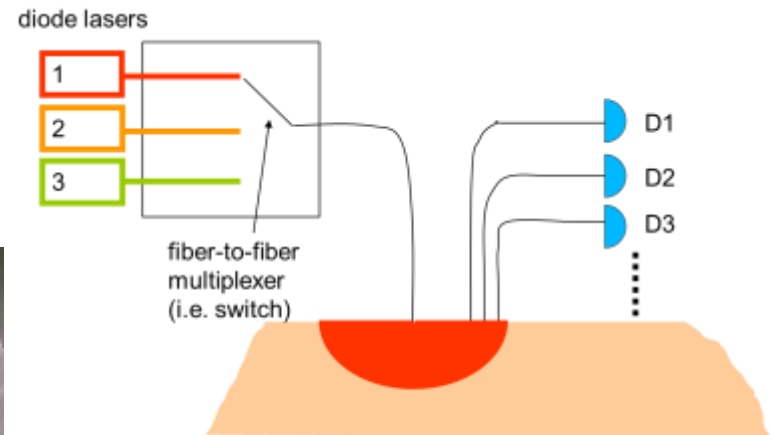
pulsed

sinusoidally-modulated (*"frequency domain"*)



instrument design considerations

various applications



Roadmap for today

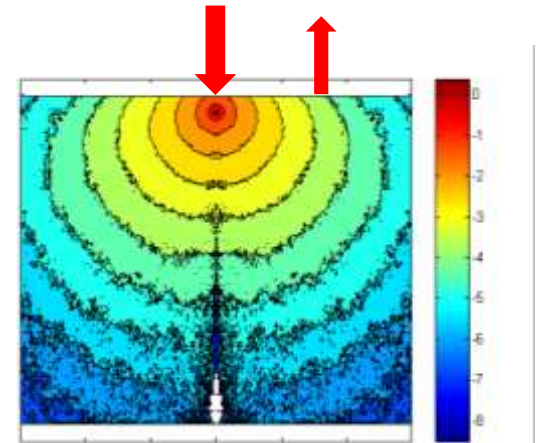
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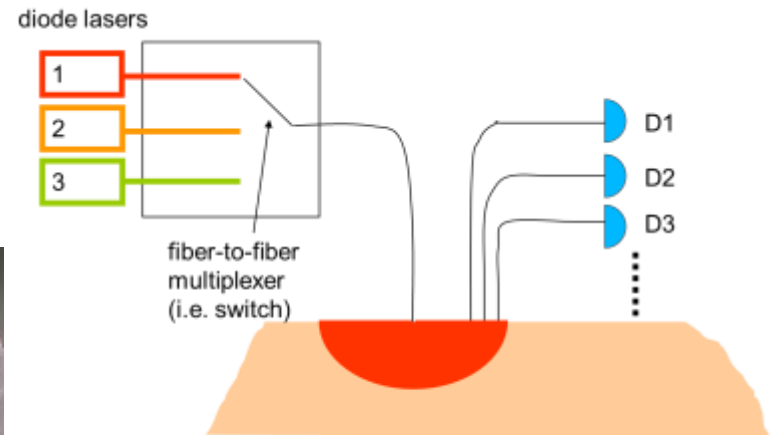
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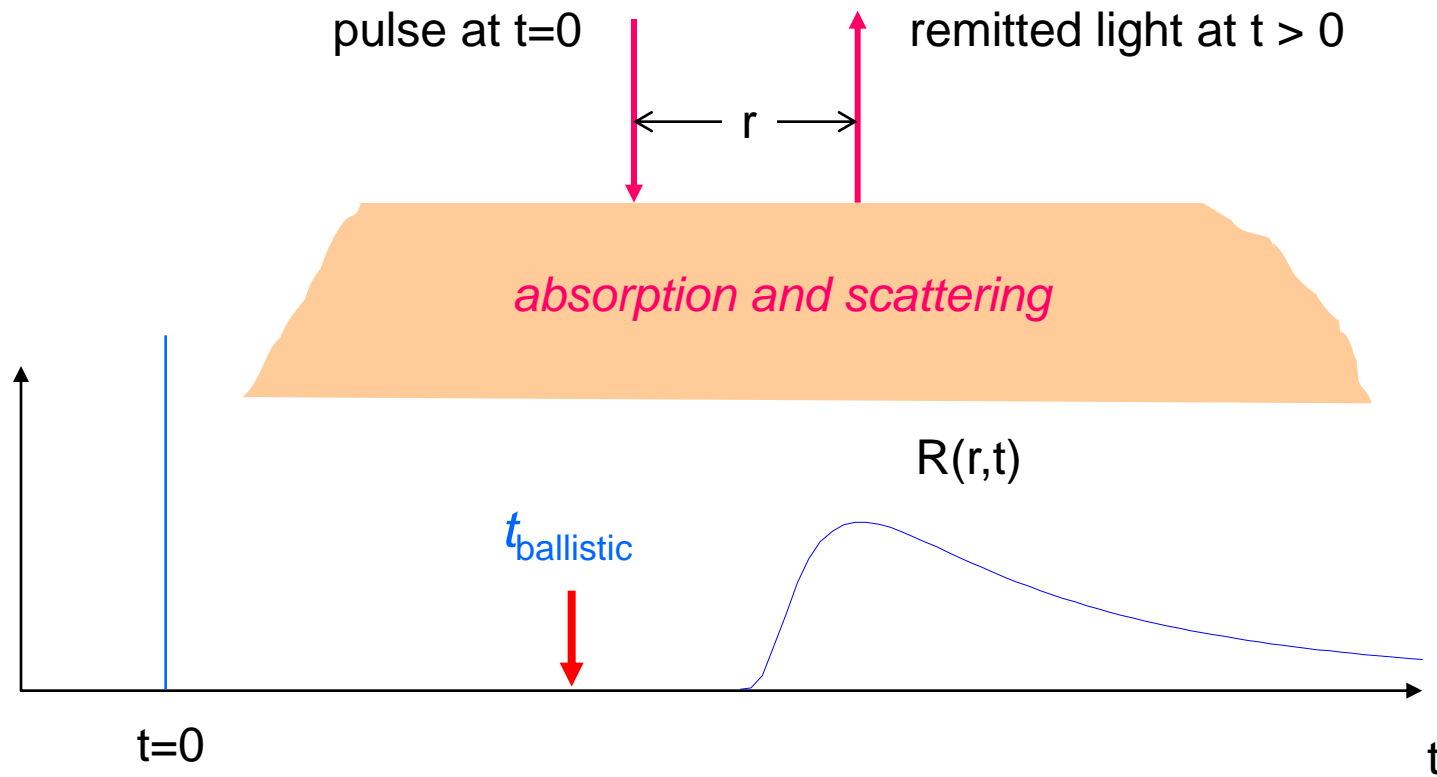


instrument design considerations

various applications



Time-resolved measurements



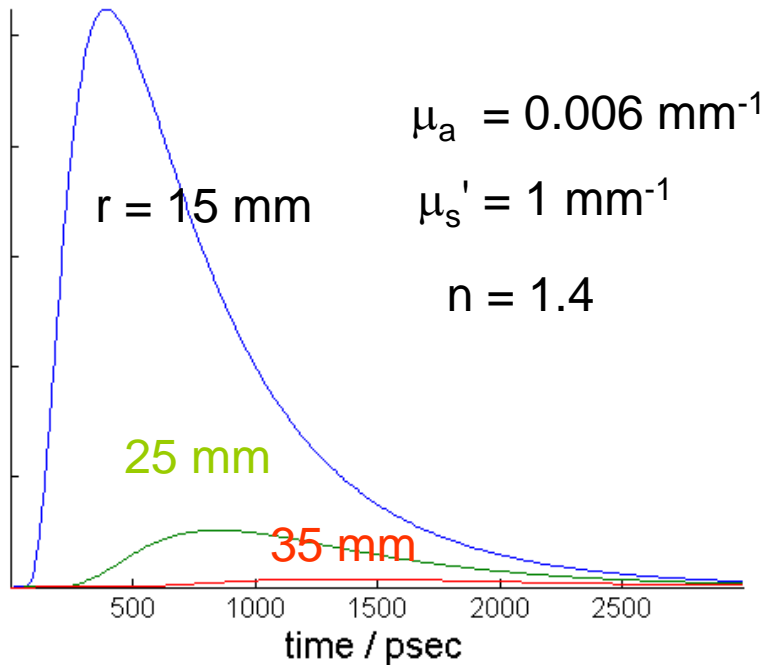
Infinite geometry:
$$\Phi(\mathbf{r}, t) = c(4\pi Dct)^{-3/2} \exp\left(-\frac{r^2}{4Dct} - \mu_a ct\right)$$

Time-resolved measurements

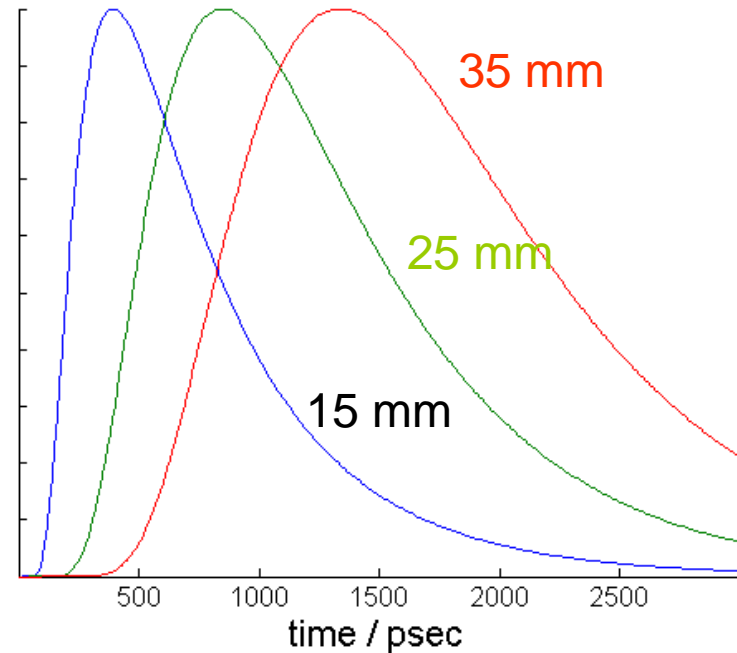
Infinite geometry:
$$\Phi(\mathbf{r}, t) = c(4\pi Dct)^{-3/2} \exp\left(-\frac{r^2}{4Dct} - \mu_a ct\right)$$

(similar curves for semi-infinite reflectance)

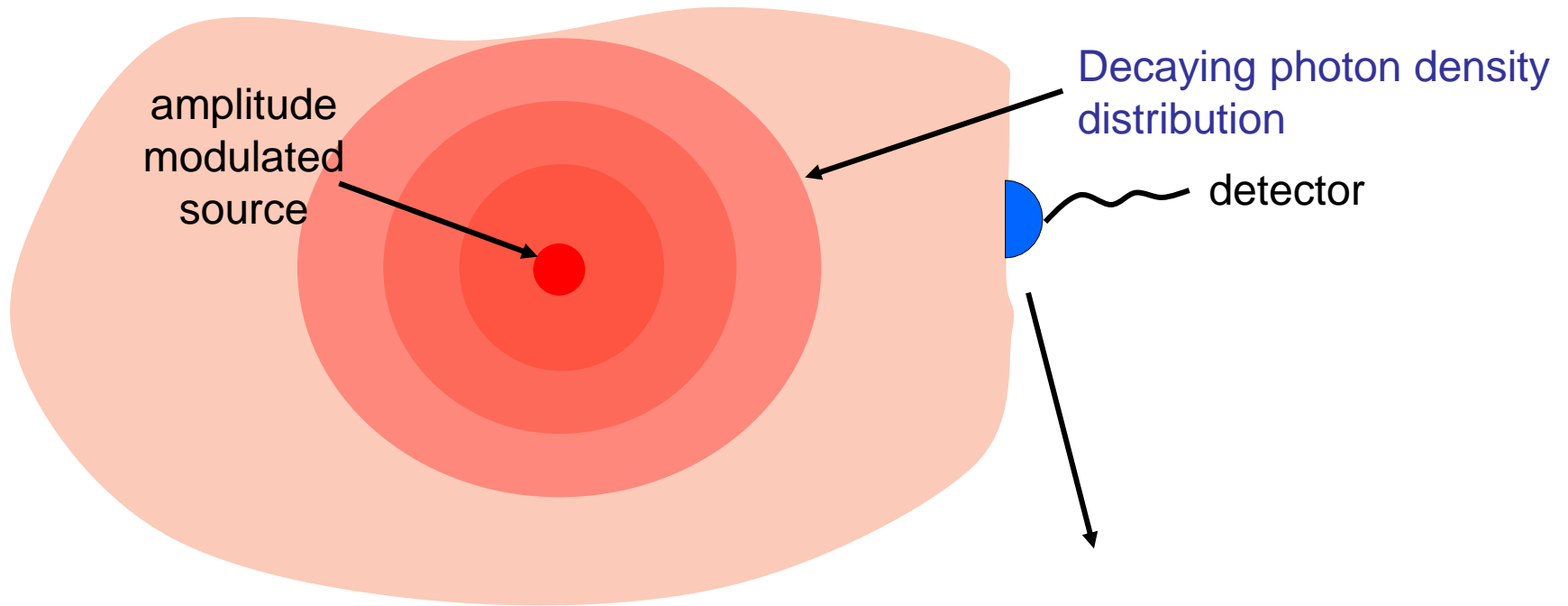
different source-detector separations



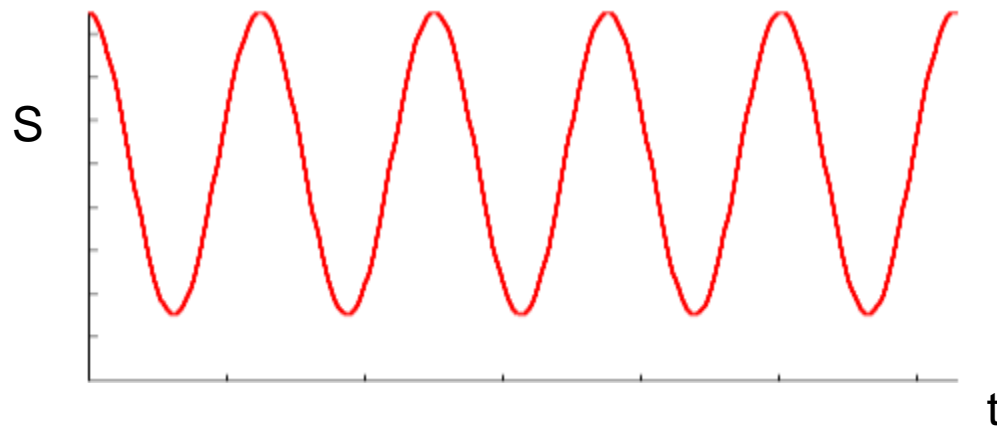
normalized



Frequency domain diffusion



detected signal:

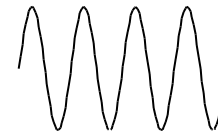
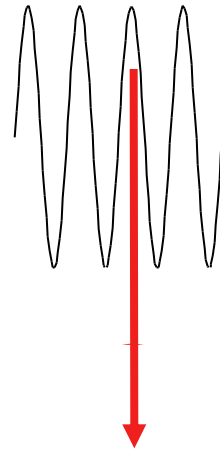


Frequency domain diffusion

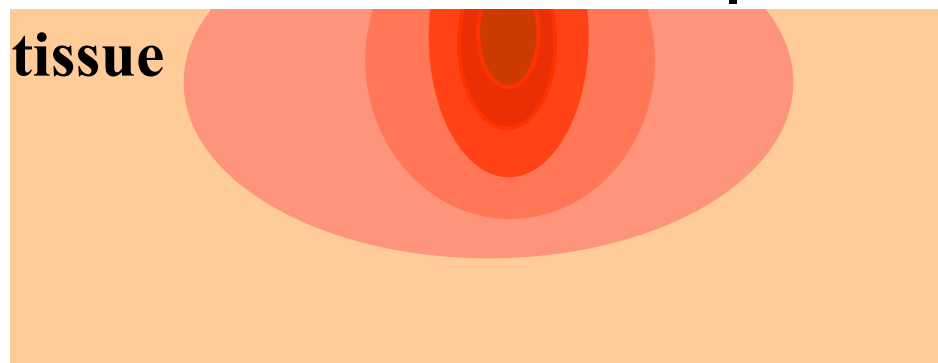
amplitude modulated

source

Amplitude
modulation
50 MHz - 1000 MHz



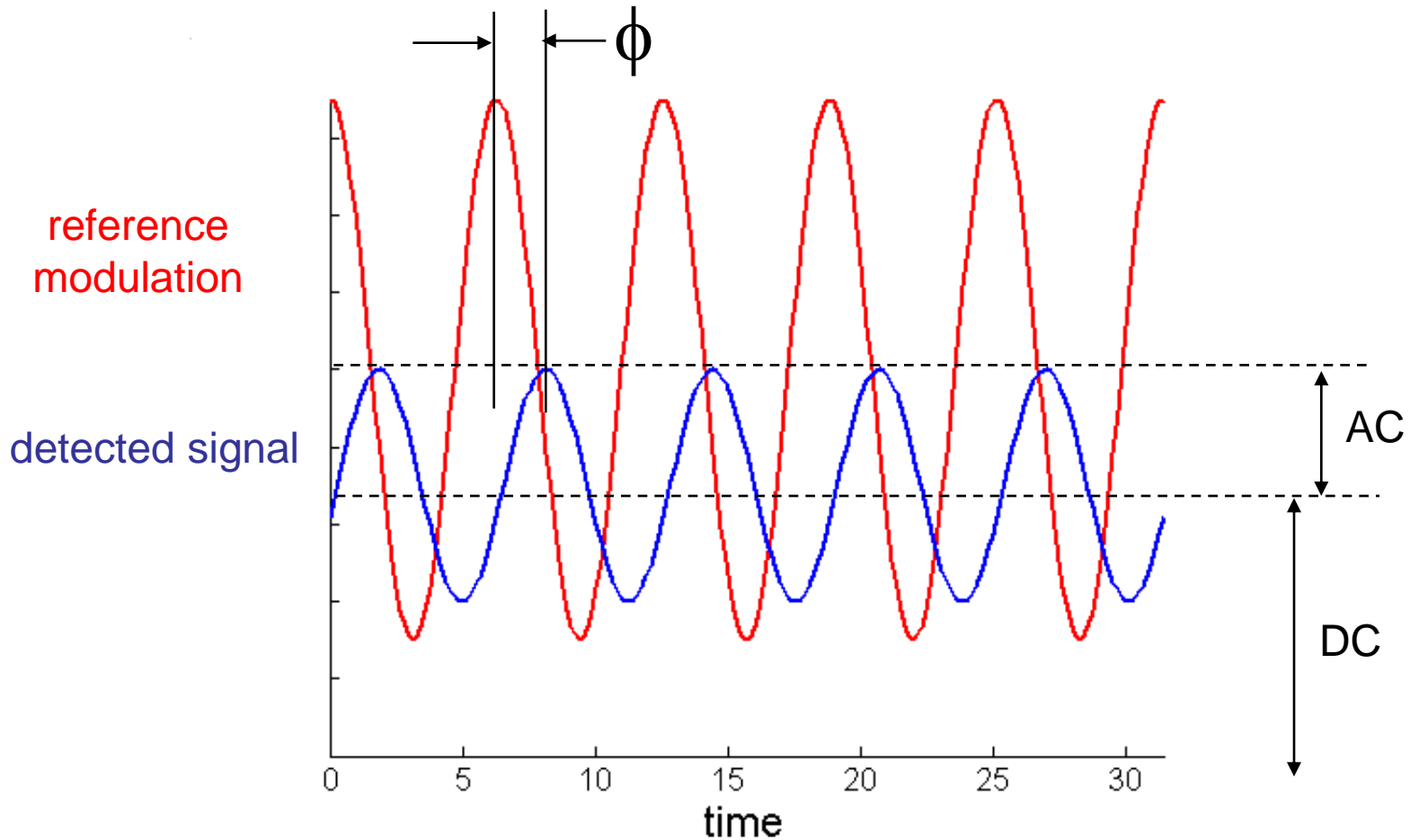
$\Phi(\omega, r_1)$
detected intensity



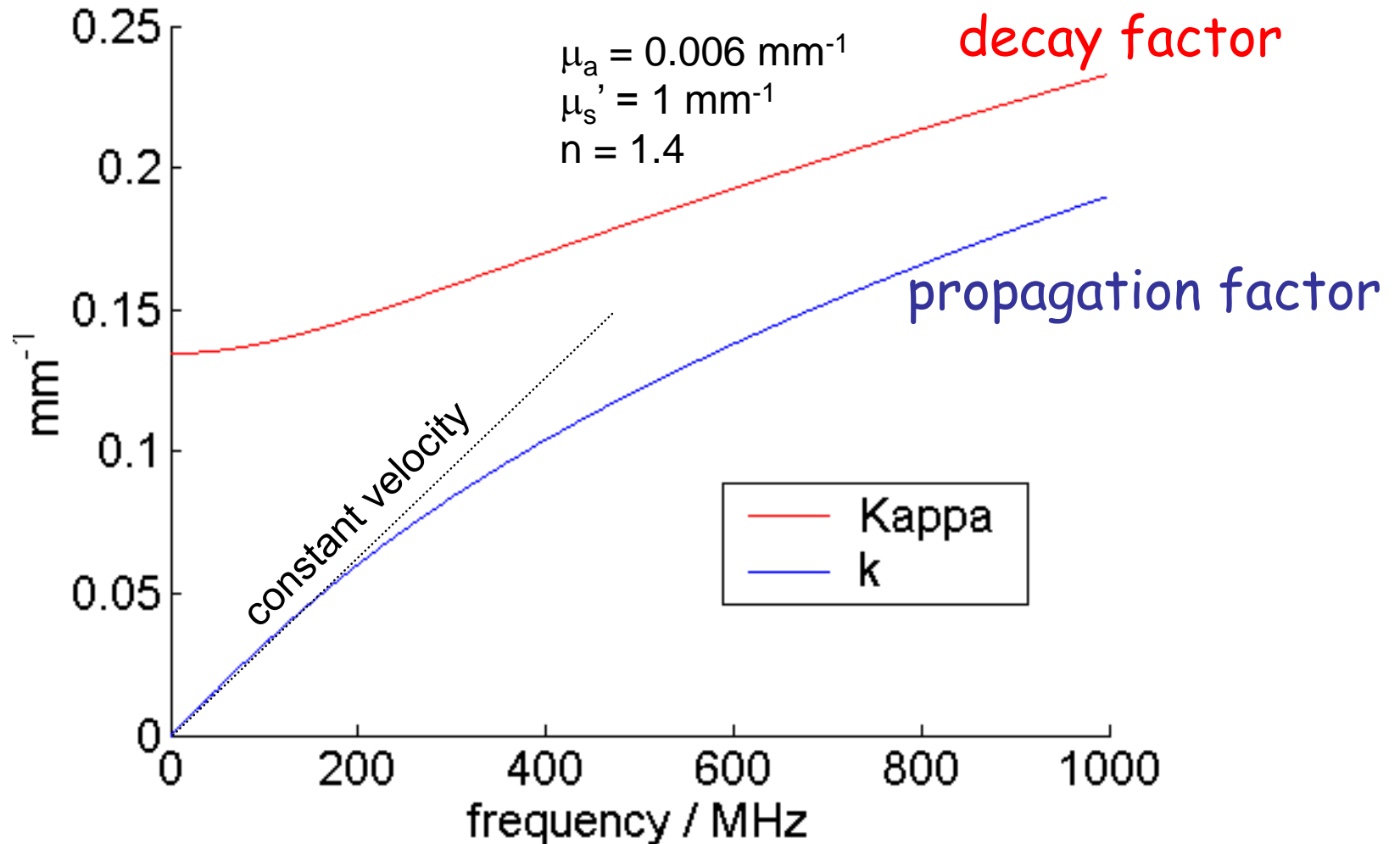
tissue

Frequency-resolved

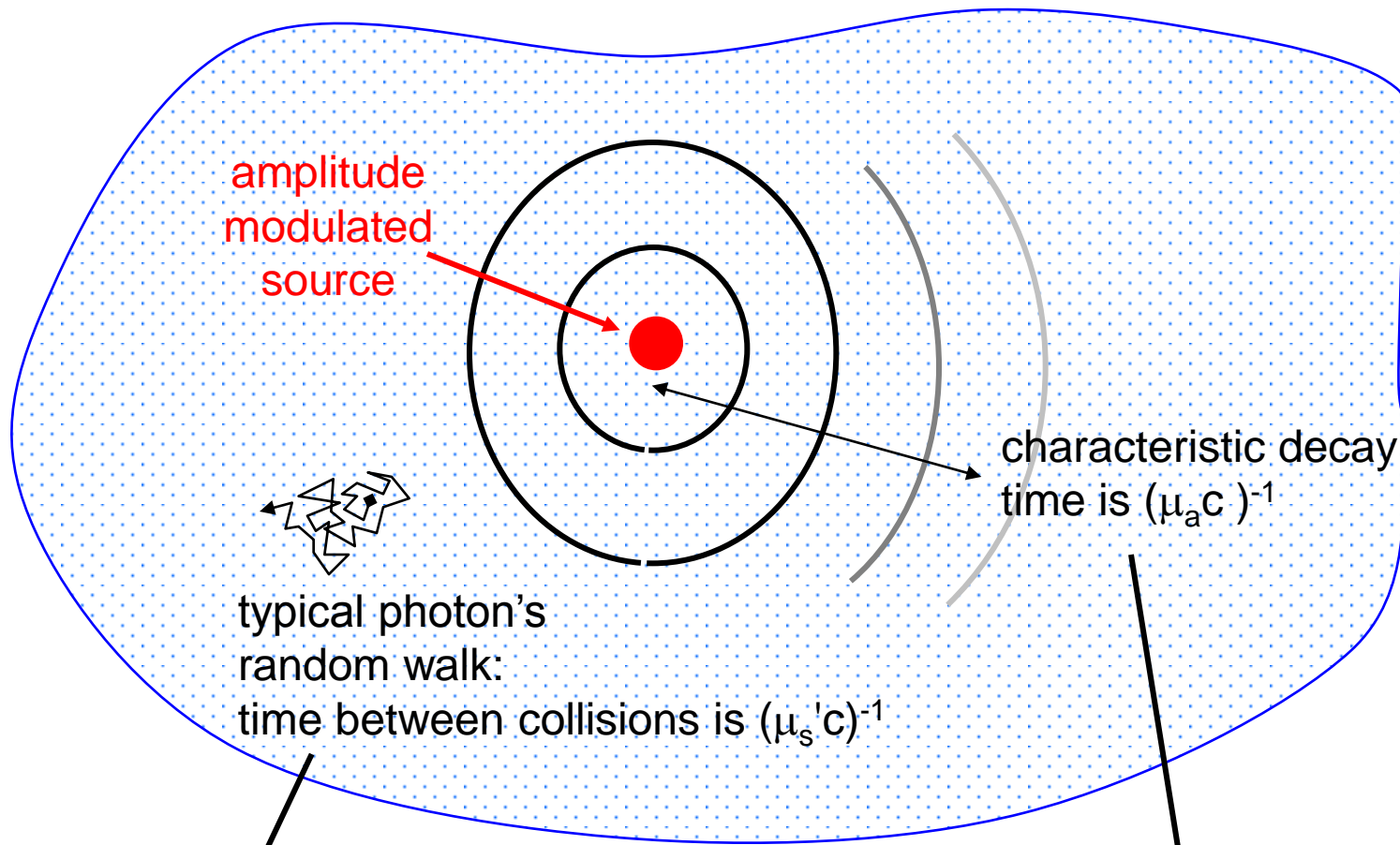
The observables:



Frequency-dependent wave properties: i.e, dispersion!



Validity of photon density wave picture



if photon scatters only once during a source modulation cycle, diffusion model does not approximate reality (>10 GHz)

if launched photons "survive" for less than an oscillation cycle, AC effects are no different from DC effects (<10 MHz)

Roadmap for today

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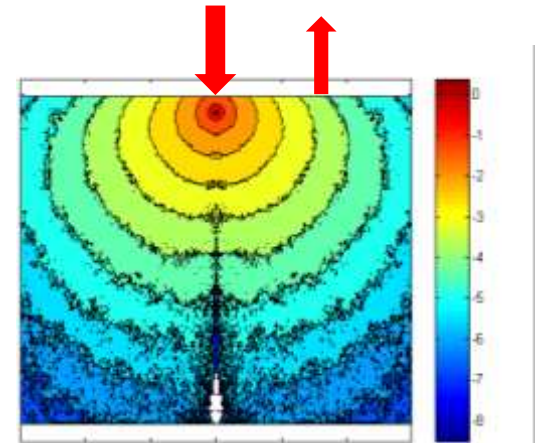
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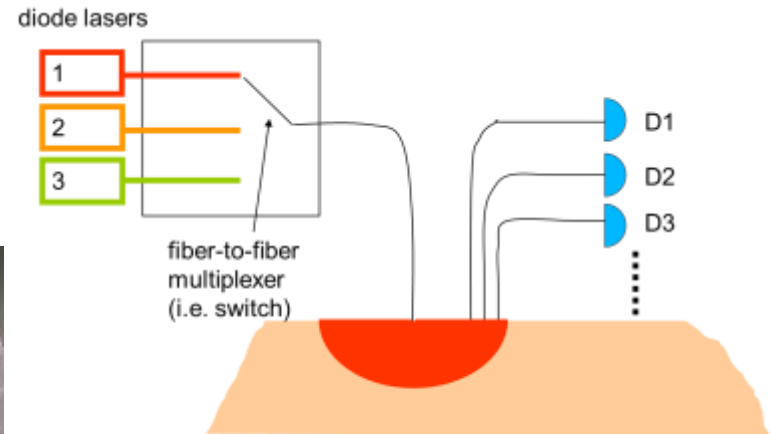
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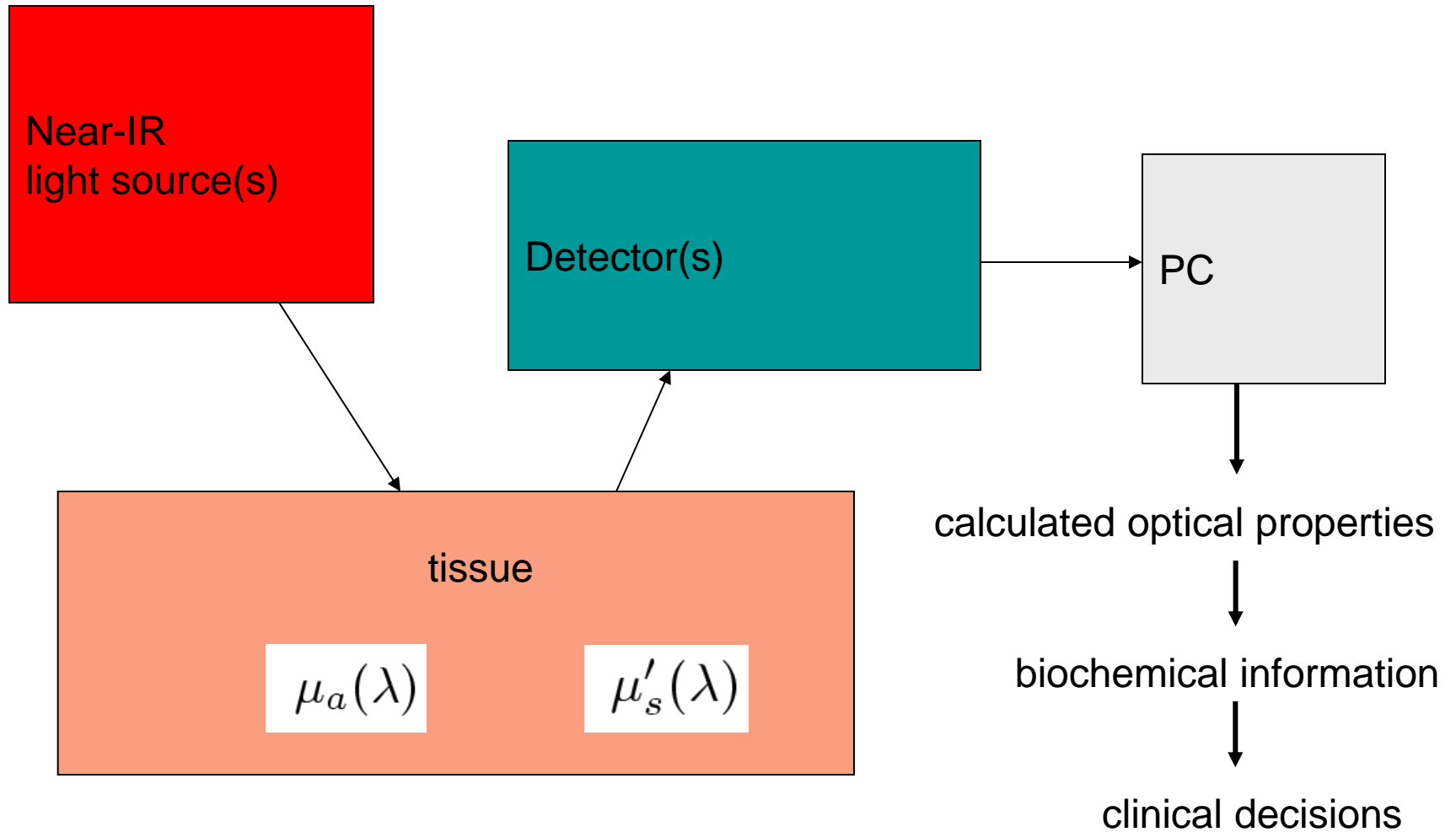


 instrument design considerations

various applications



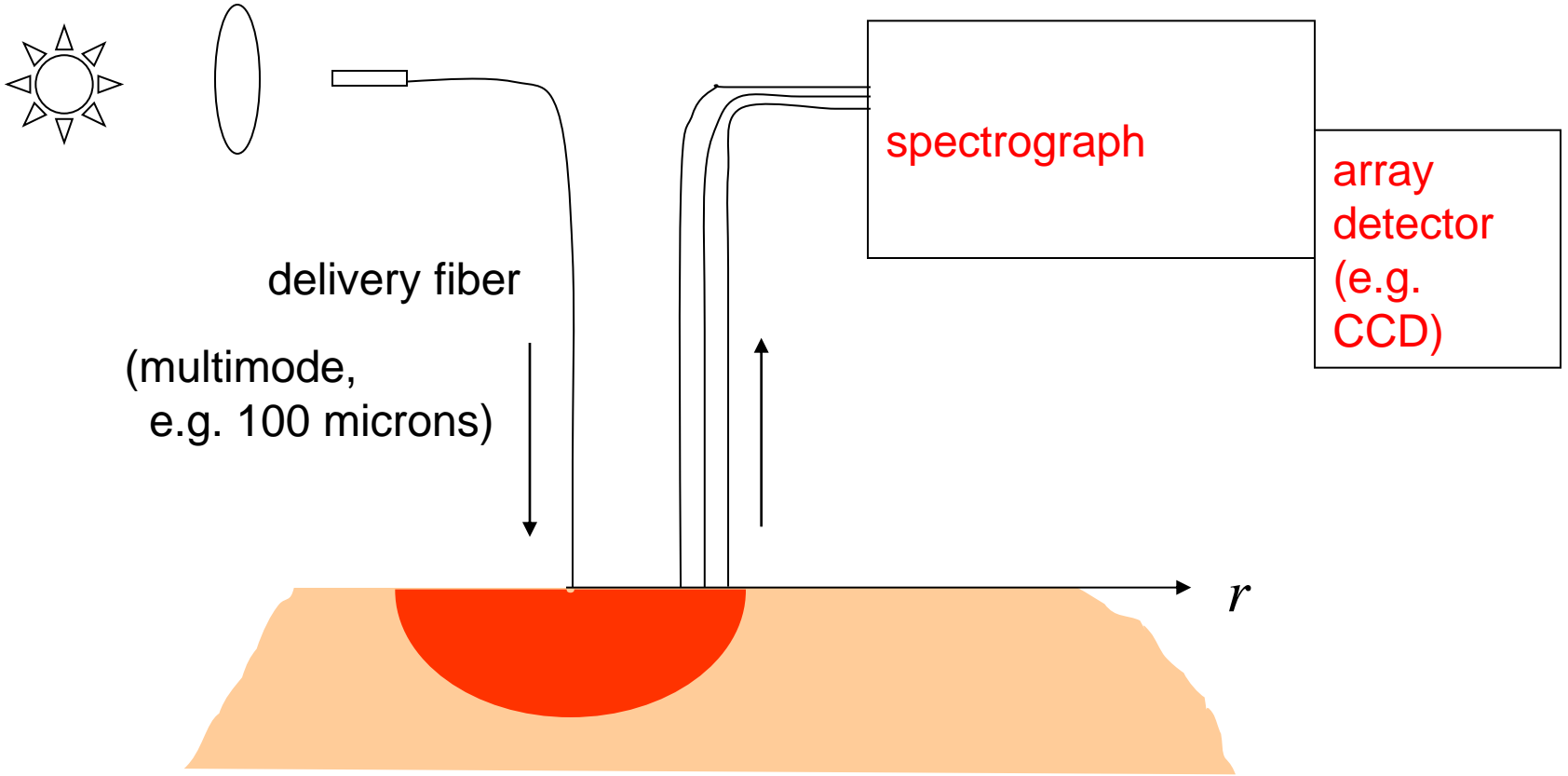
Basic instrumentation for all cases



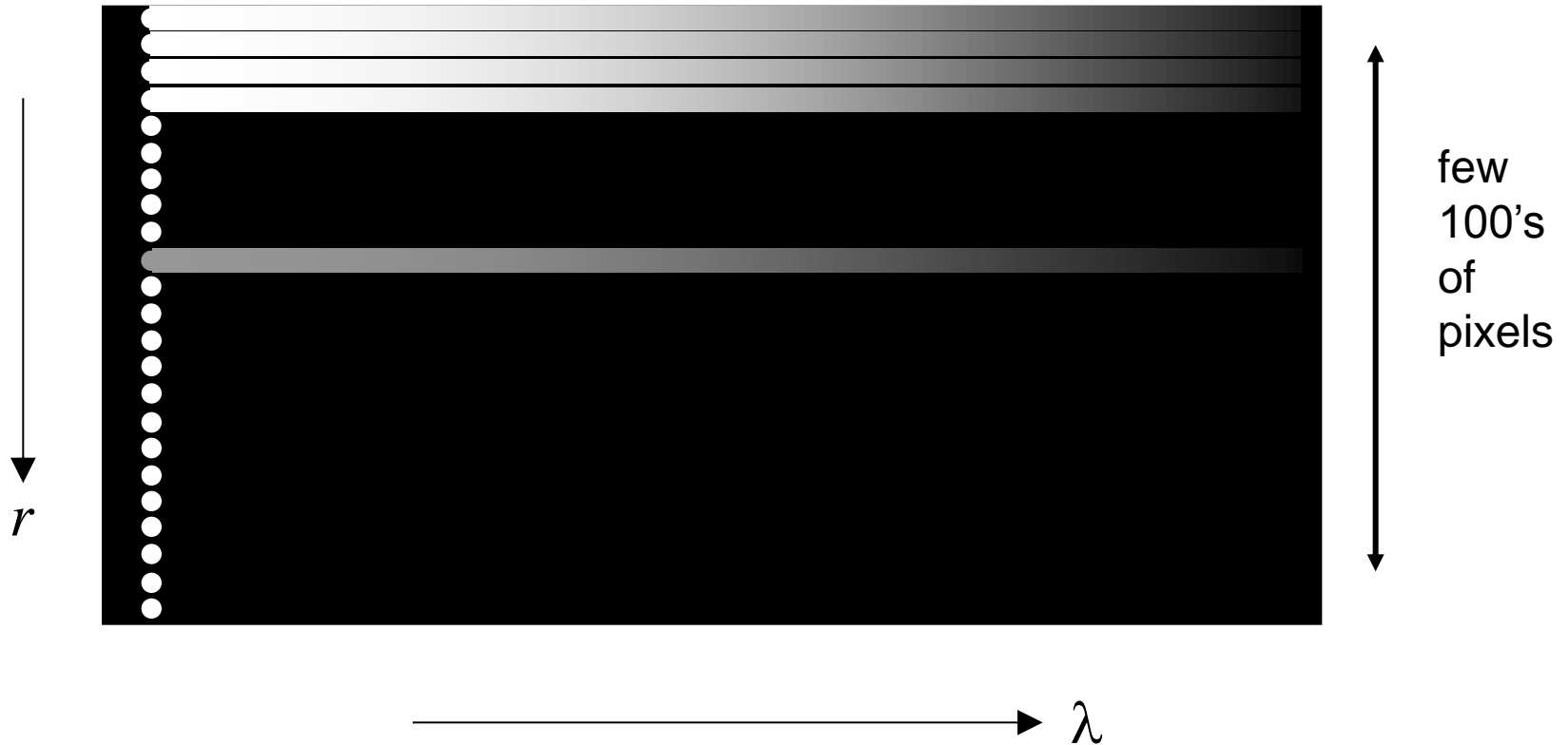
Steady state (“CW”) + spectrometer

broadband source (lamp)

~250 $\mu\text{W}/10\text{nm}$



Spectrographic CCD display

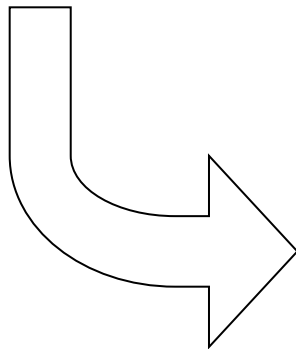
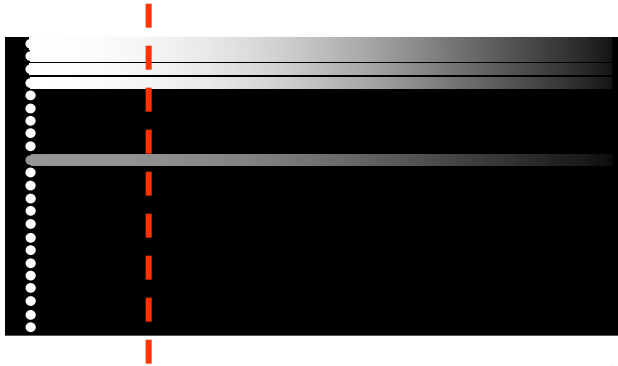


fiber image: $\frac{150 \mu\text{m}}{\text{fiber}} \cdot \frac{1 \text{ pixel}}{25 \mu\text{m}} = 6 \text{ pixels/fiber}$

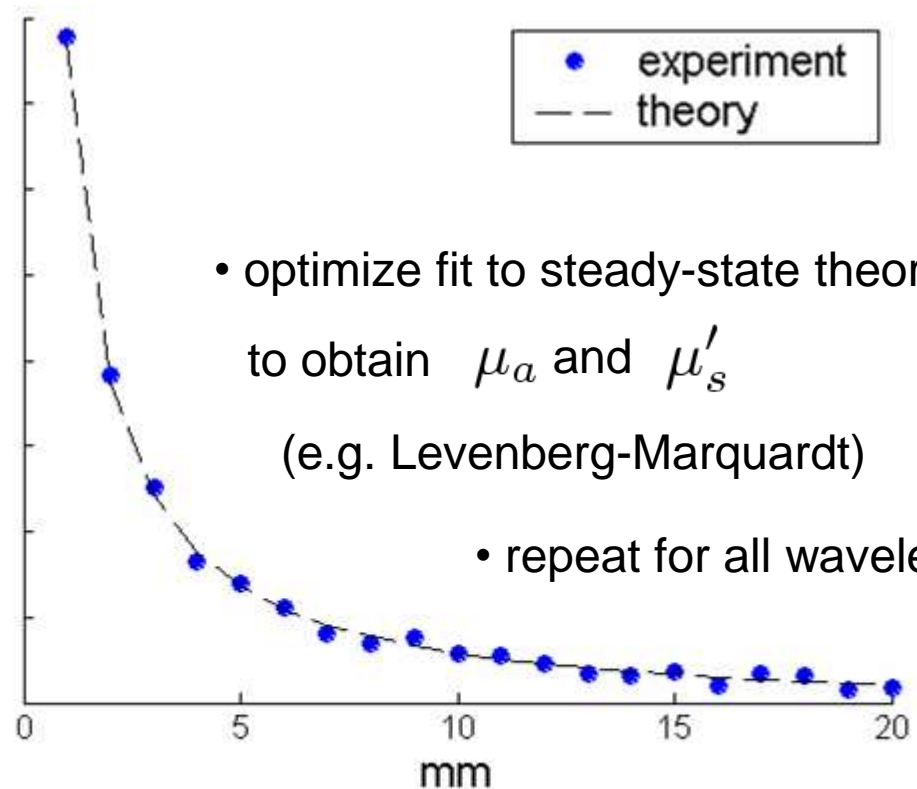
integration time: 10's of seconds

calibration: shine equal light into all channels

Steady state reflectance data

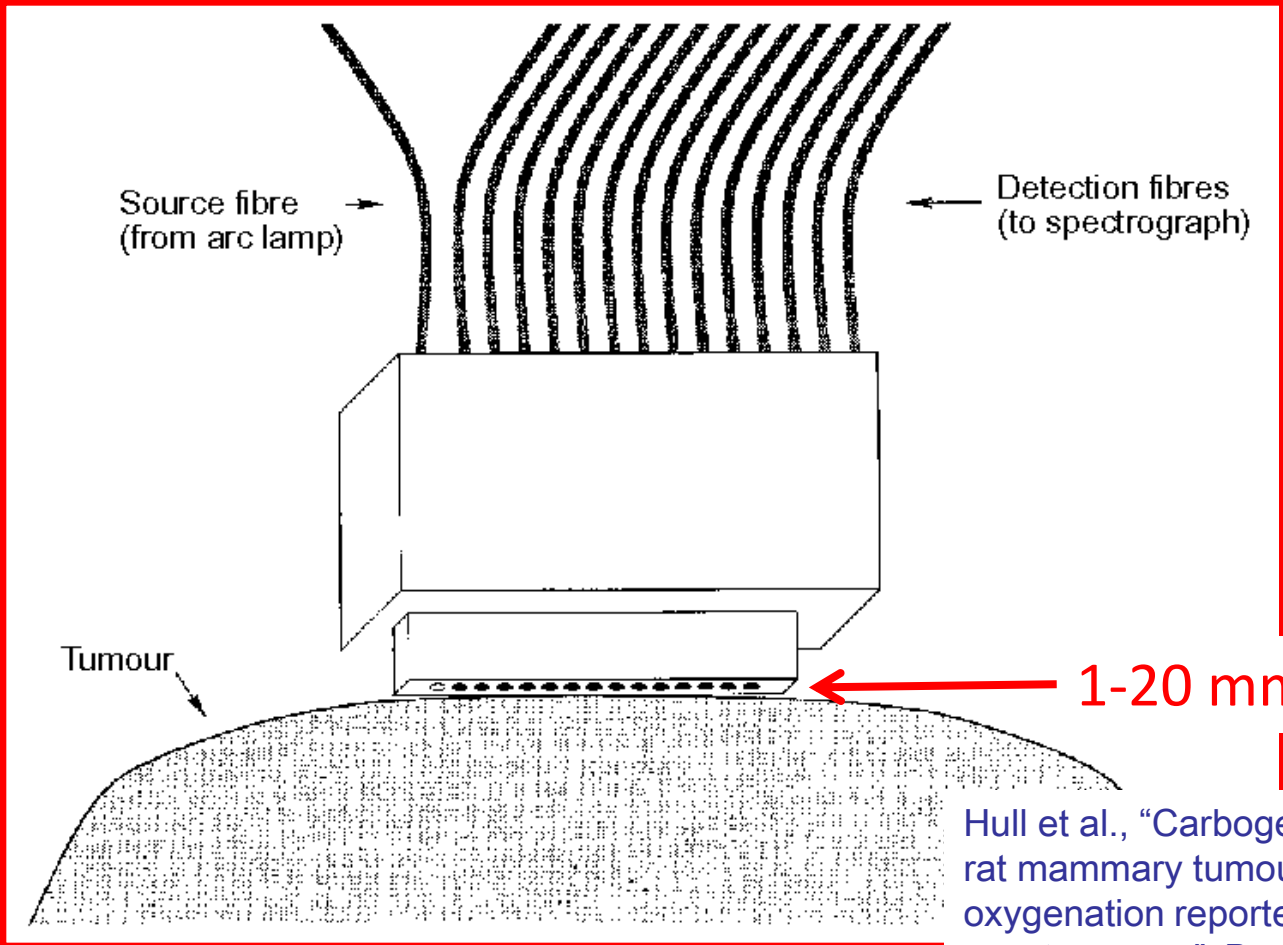


R
(arb.
units)



- optimize fit to steady-state theory to obtain μ_a and μ'_s (e.g. Levenberg-Marquardt)
- repeat for all wavelengths

Linear probe for *in vivo* diffuse reflectance spectroscopy



Hull et al., "Carbogen-induced changes in rat mammary tumour oxygenation reported by near infrared spectroscopy," *Br. J. Cancer*, 79(11/12), 1709-1716 (1999).

Seeing blood oxygenation change

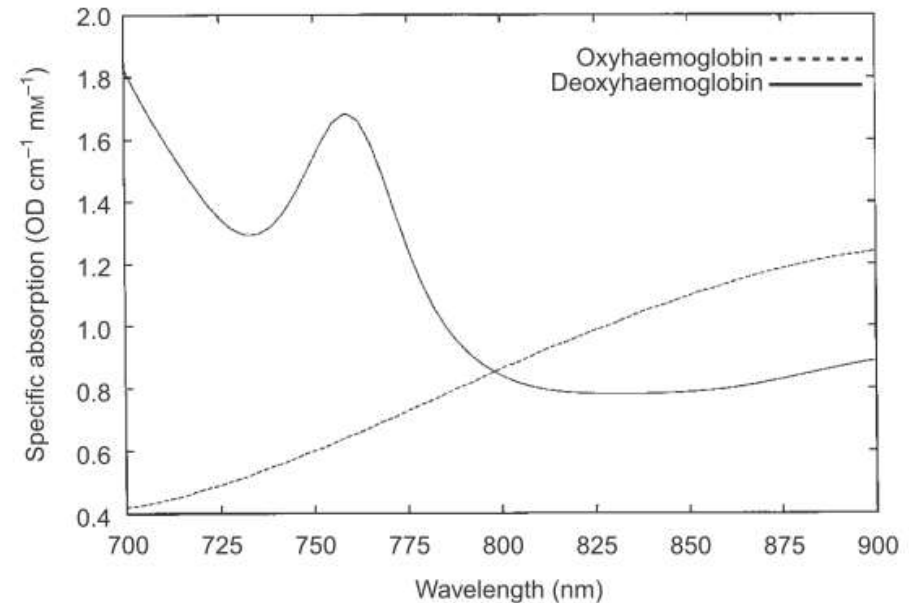
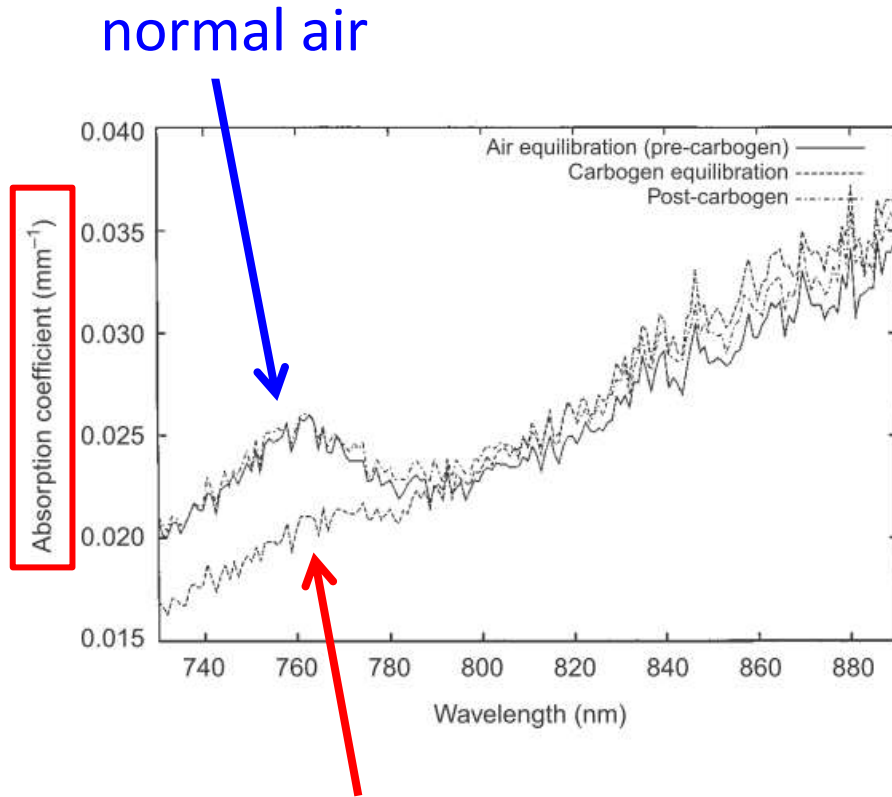
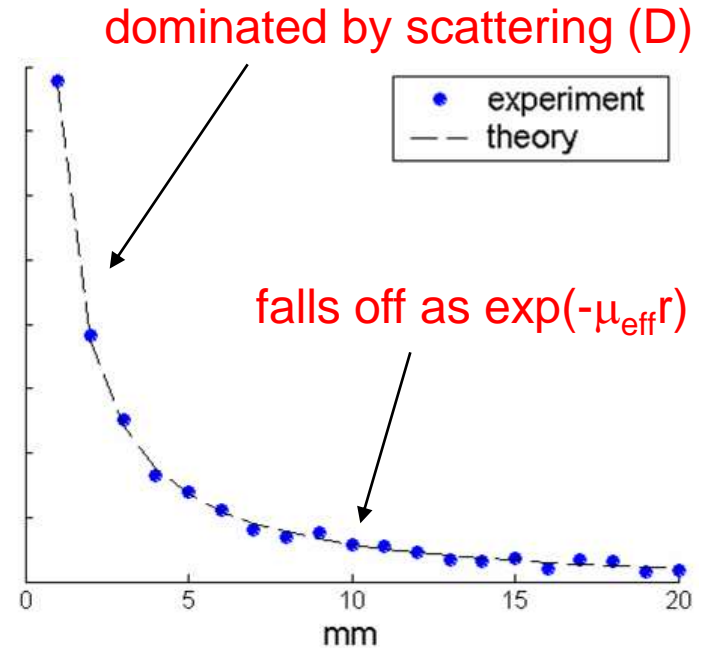
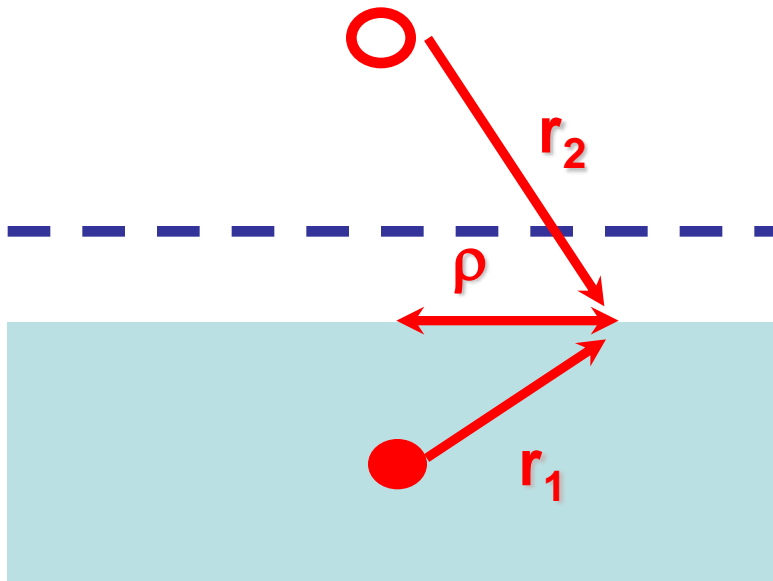


Figure 2 Near infrared absorption spectra of deoxy- (—) and oxyhaemoglobin (---). The oxyhaemoglobin spectrum is from Wray et al (1988); the deoxyhaemoglobin spectrum is from Matcher et al (1995)

Hull et al., *Br. J. Cancer*, **79**(11/12),
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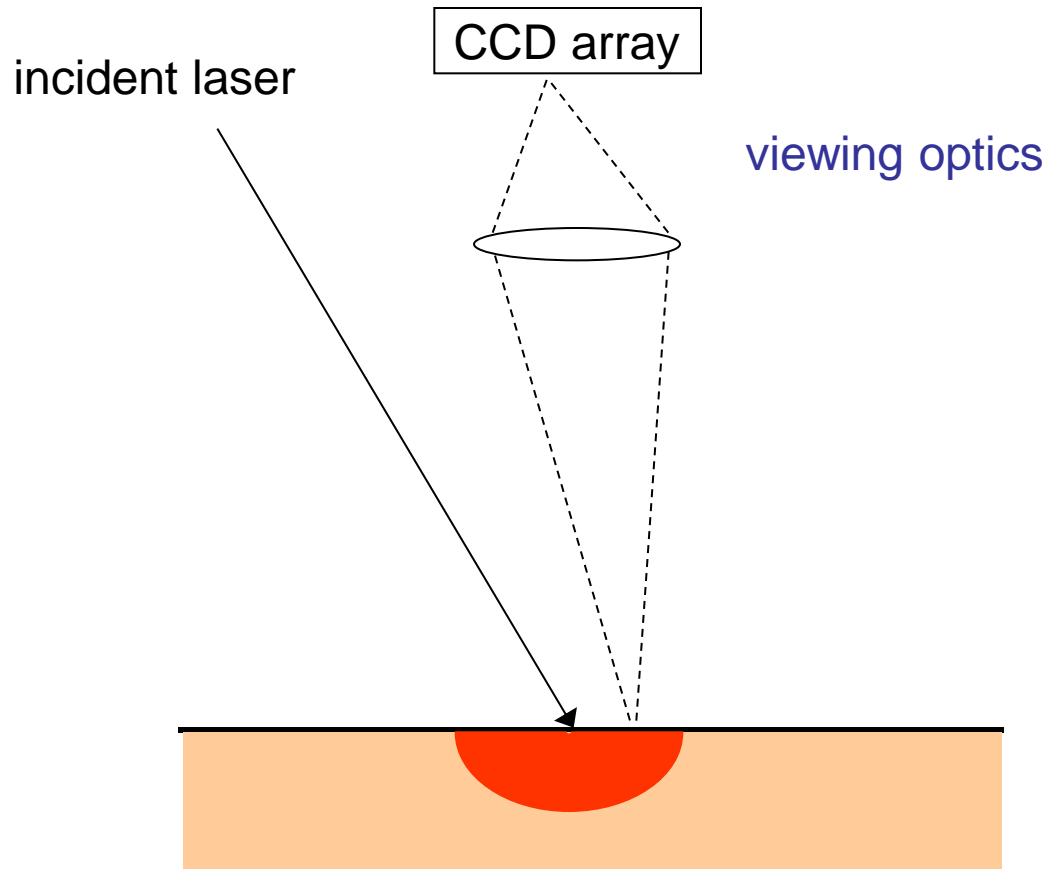
Need to measure both “near” and “far”



$$\Phi(\rho) = \frac{1}{4\pi D} \left(\frac{\exp(-\mu_{eff} r_1(\rho))}{r_1(\rho)} - \frac{\exp(-\mu_{eff} r_2(\rho))}{r_2(\rho)} \right)$$

Dynamic range requirements: VTS calculations

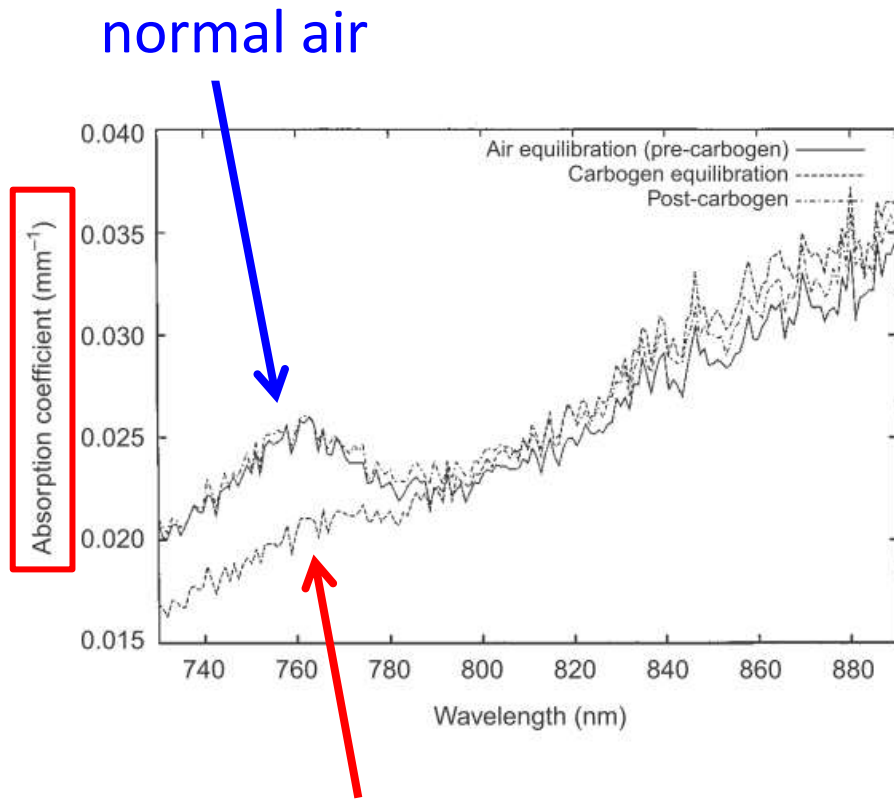
Non-contact alternative



- absolute reflectance measurable
- fit shape AND height of reflectance curve

Typical power levels: VTS/Matlab calculation

Not so many wavelengths are needed!



when rat is breathing 95% O₂

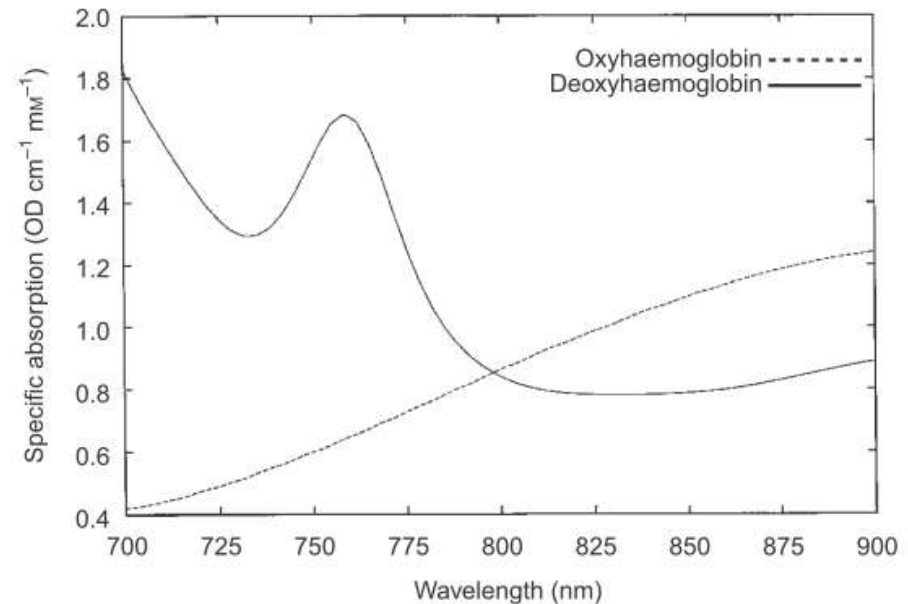
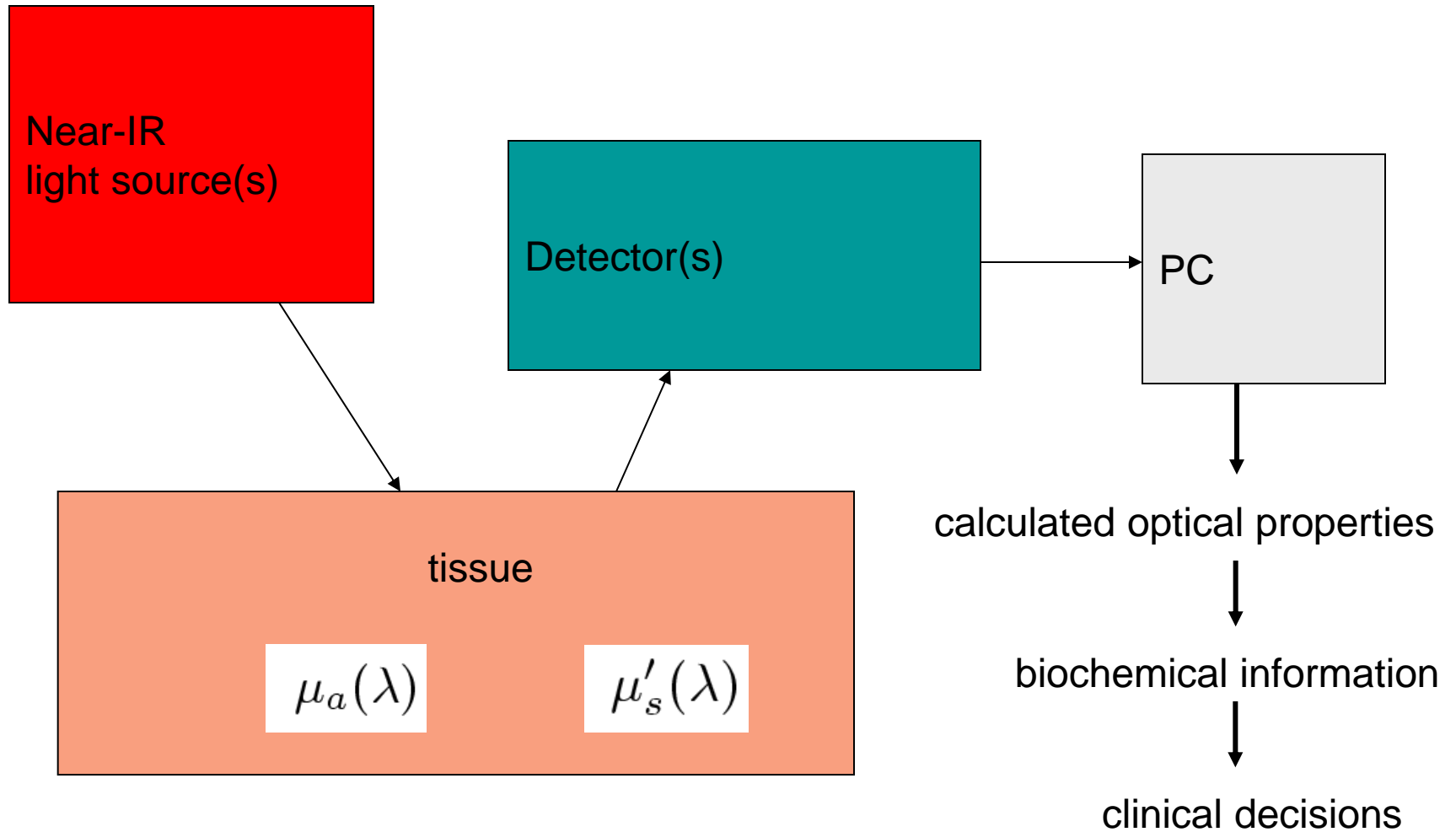


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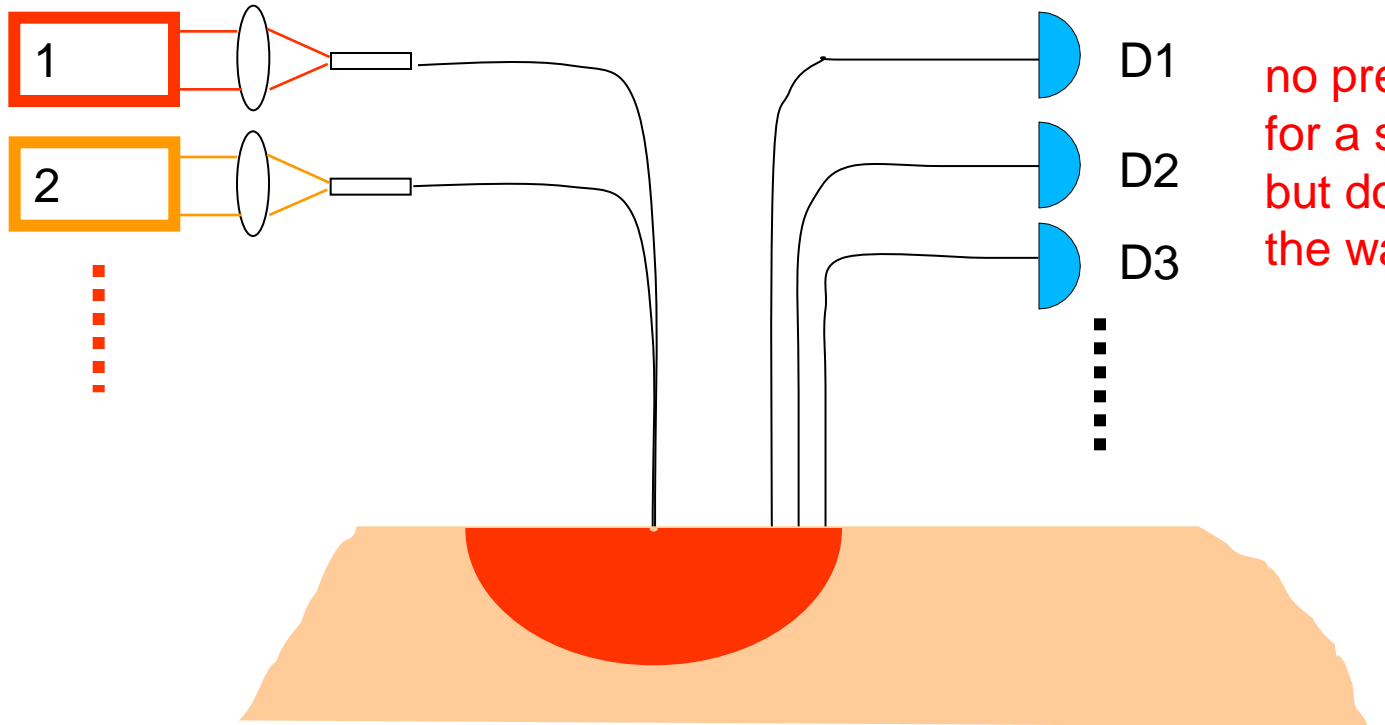
Basic instrumentation for all cases



Steady state measurements: no spectrometer

diode lasers

5-50 mW

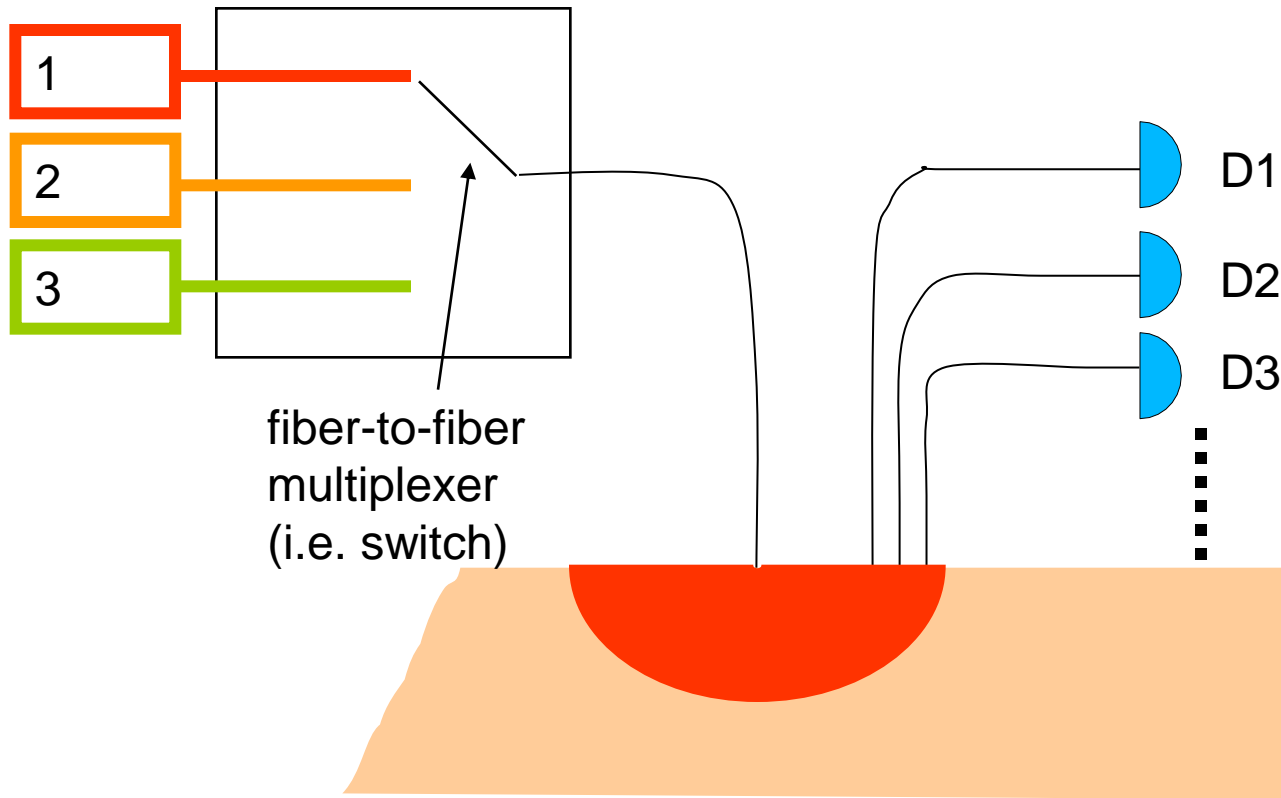


no pressing need
for a spectrometer,
but do need to resolve
the wavelengths

- much brighter: deeper penetration, or faster acquisition
- fewer wavelengths: less chemical information

Resolving wavelengths: time-sharing

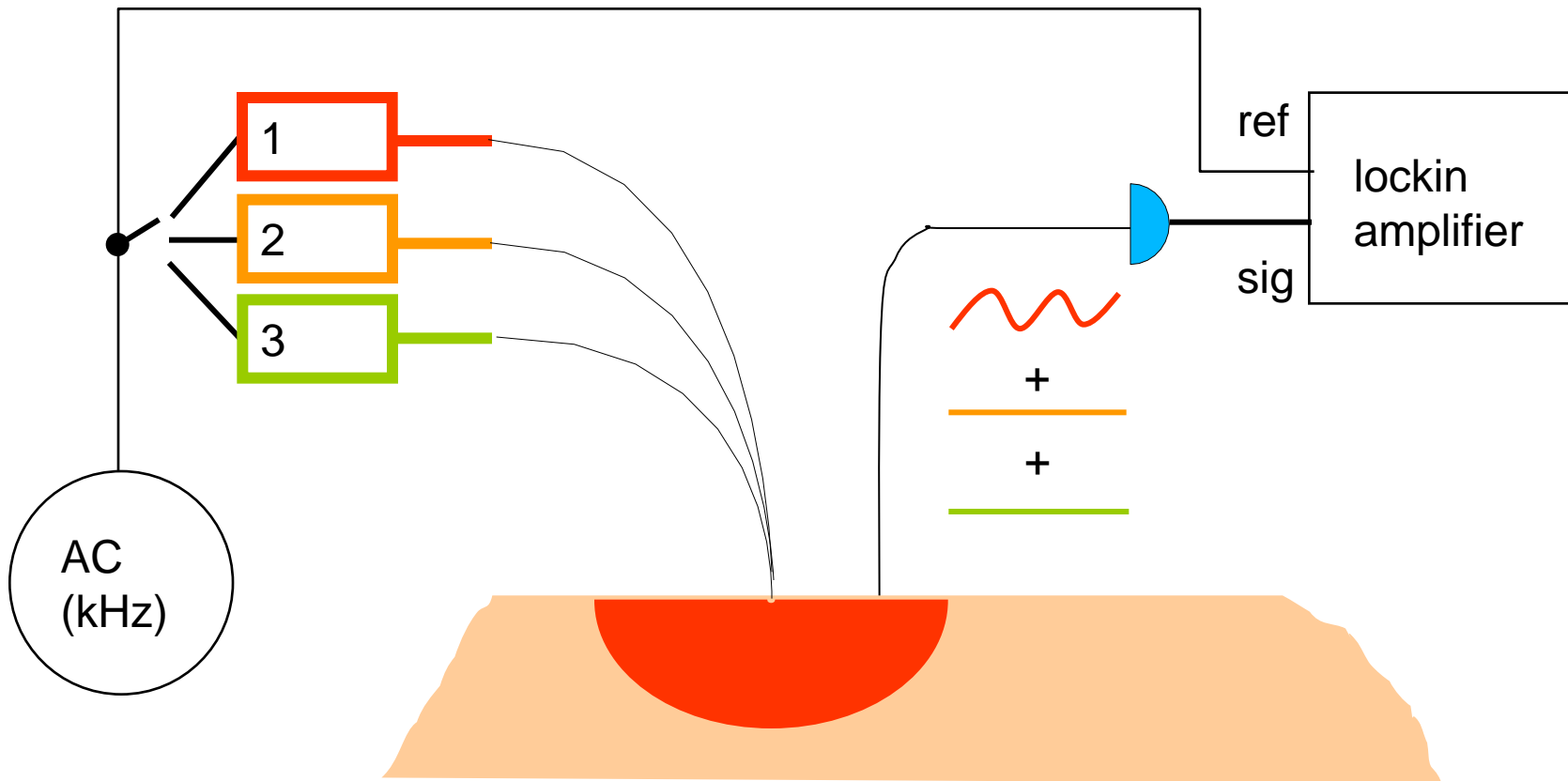
diode lasers



Time-sharing: tissue sees only 1 wavelength at a time

- uses full dynamic range of detector(s)

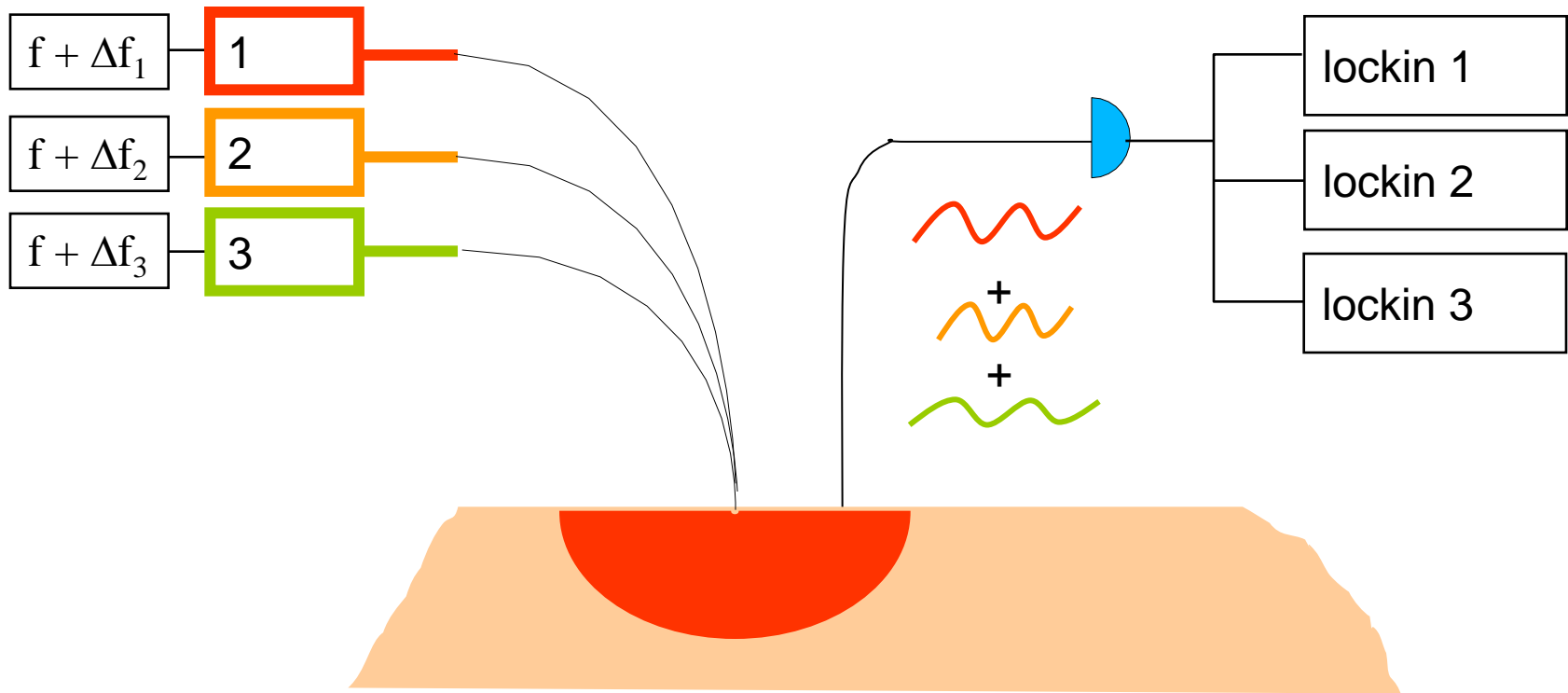
Resolving wavelengths: serial modulation



Time-sharing: all lasers on, but only 1 wavelength modulated

- reduced dynamic range
- robust against background light
- higher throughput (multimode fiber switches usually lossy)

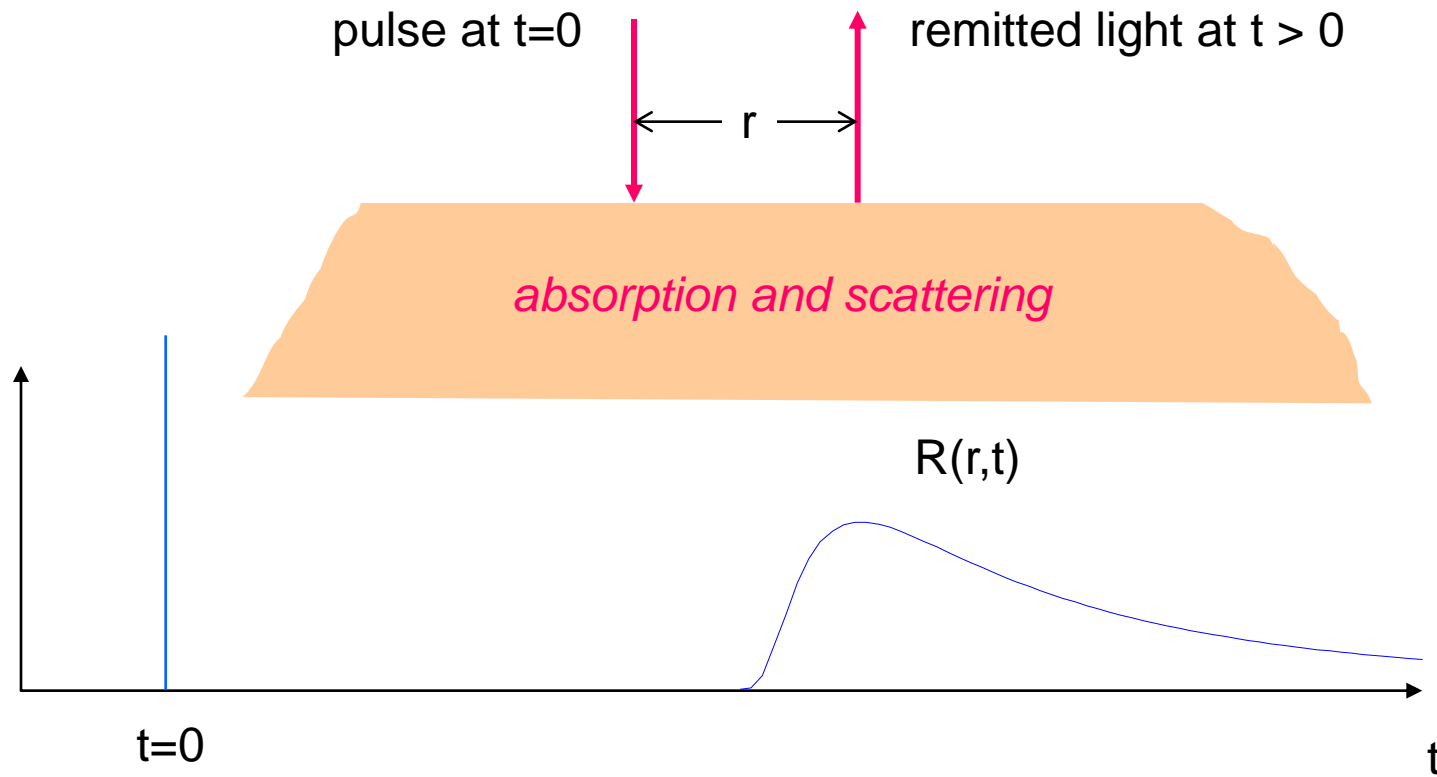
Resolving wavelengths: parallel modulation



Frequency-encoding: multiple wavelengths detected simultaneously

- good for higher time-resolution
- greater demand on instrumentation or signal processing

Time-resolved measurements



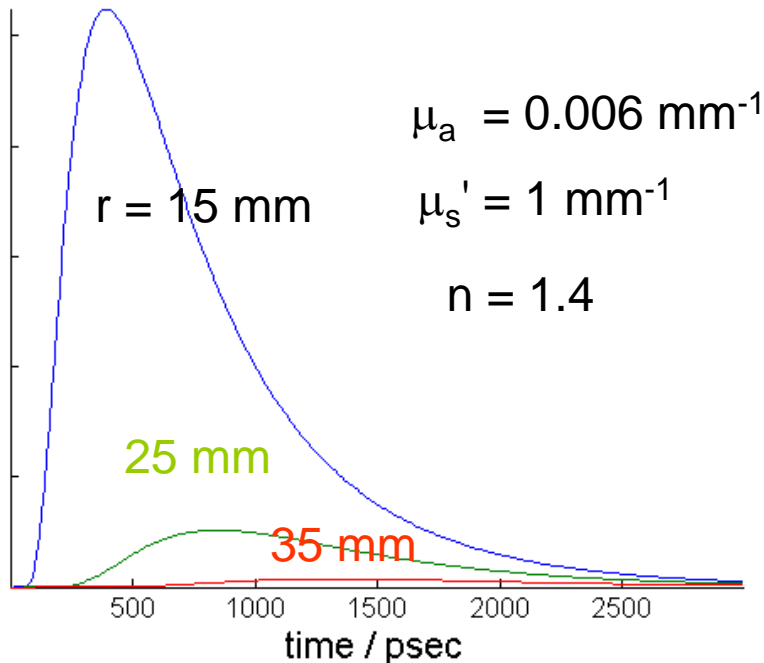
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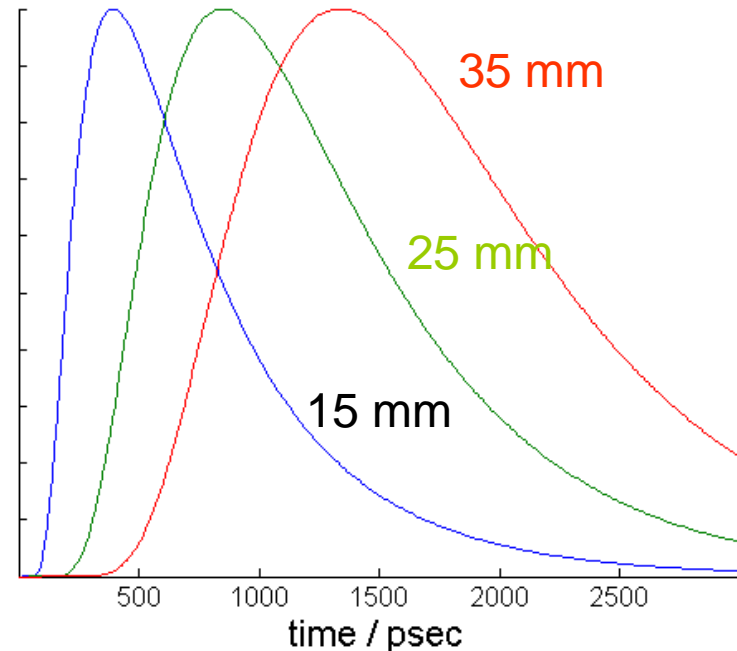
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(similar curves for semi-infinite reflectance)

different source-detector separations

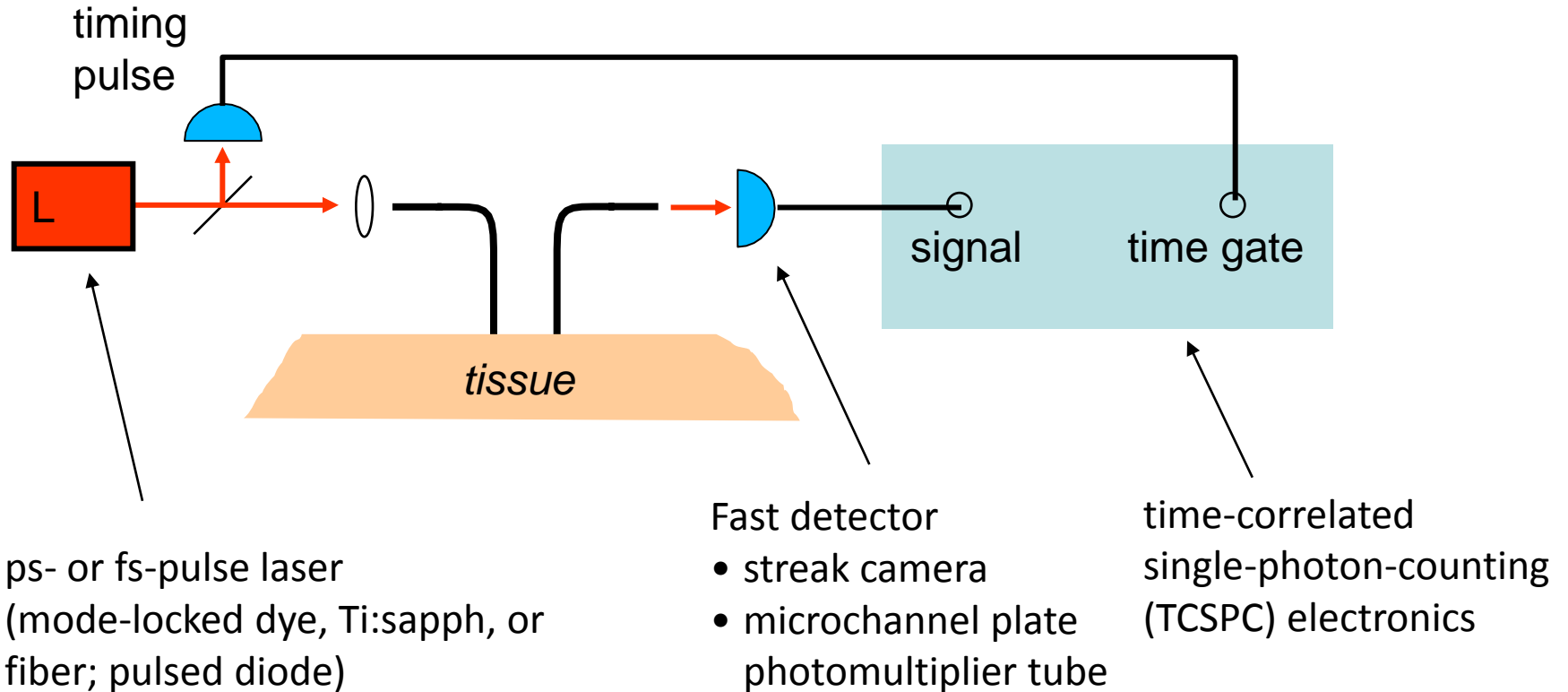


normalized

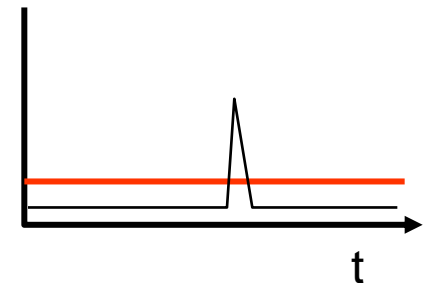


time resolution needed: psec scale; integration time needed: 100's-1000's of psec

Time-resolved measurements



- many pulses, builds up a histogram
- typical integration time: $\sim 0.1-1.0$ sec



Multi-wavelength, time-domain data

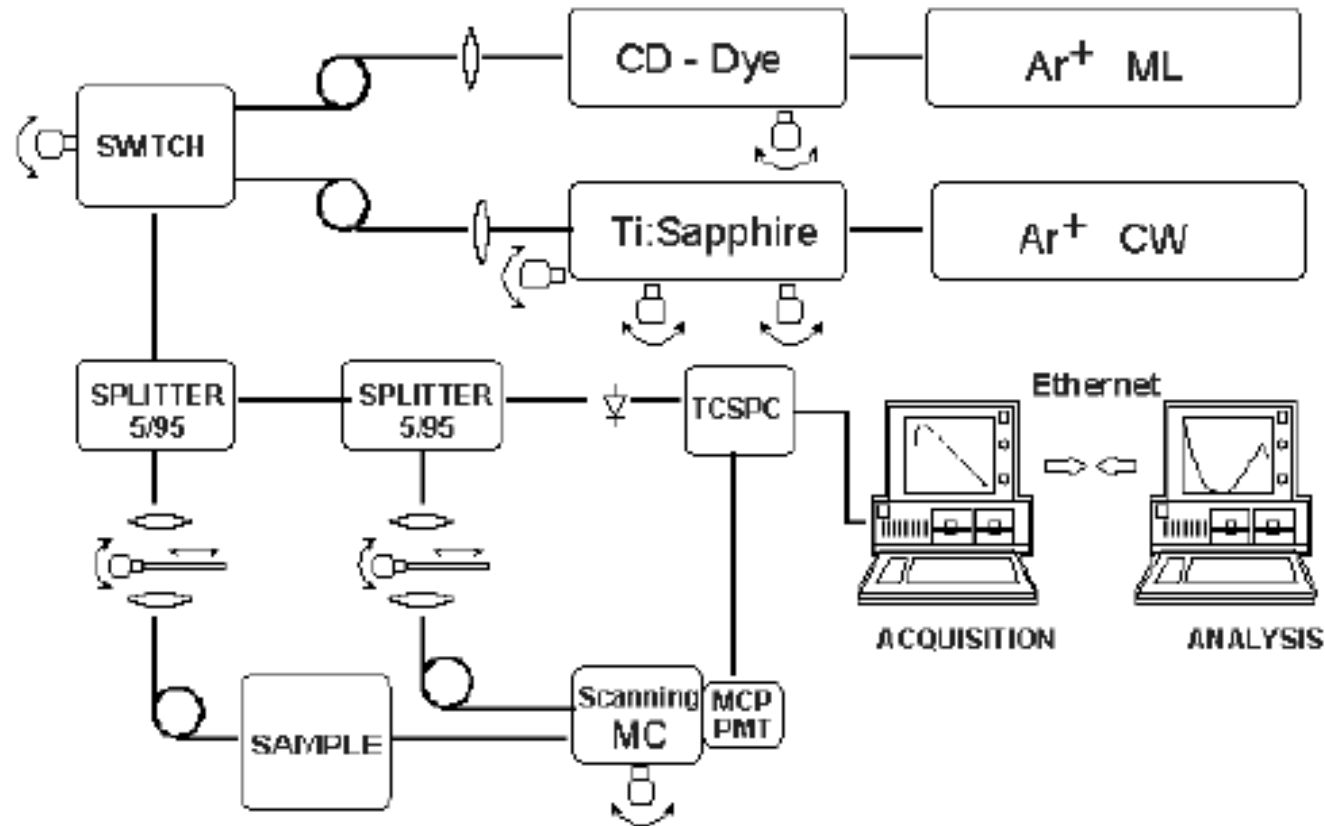


Figure 1. Schematic diagram of the system set-up. CD, cavity-dumped; ML, mode-locked; CW, continuous wave; TCSPC, time-correlated single-photon counting; MC, monochromator; MCP-PMT, microchannel plate photomultiplier.

In vivo optical characterization of human tissues from 610 to 1010 nm by time-resolved reflectance spectroscopy

Experimental time-resolved photon diffusion measurements on biological tissue

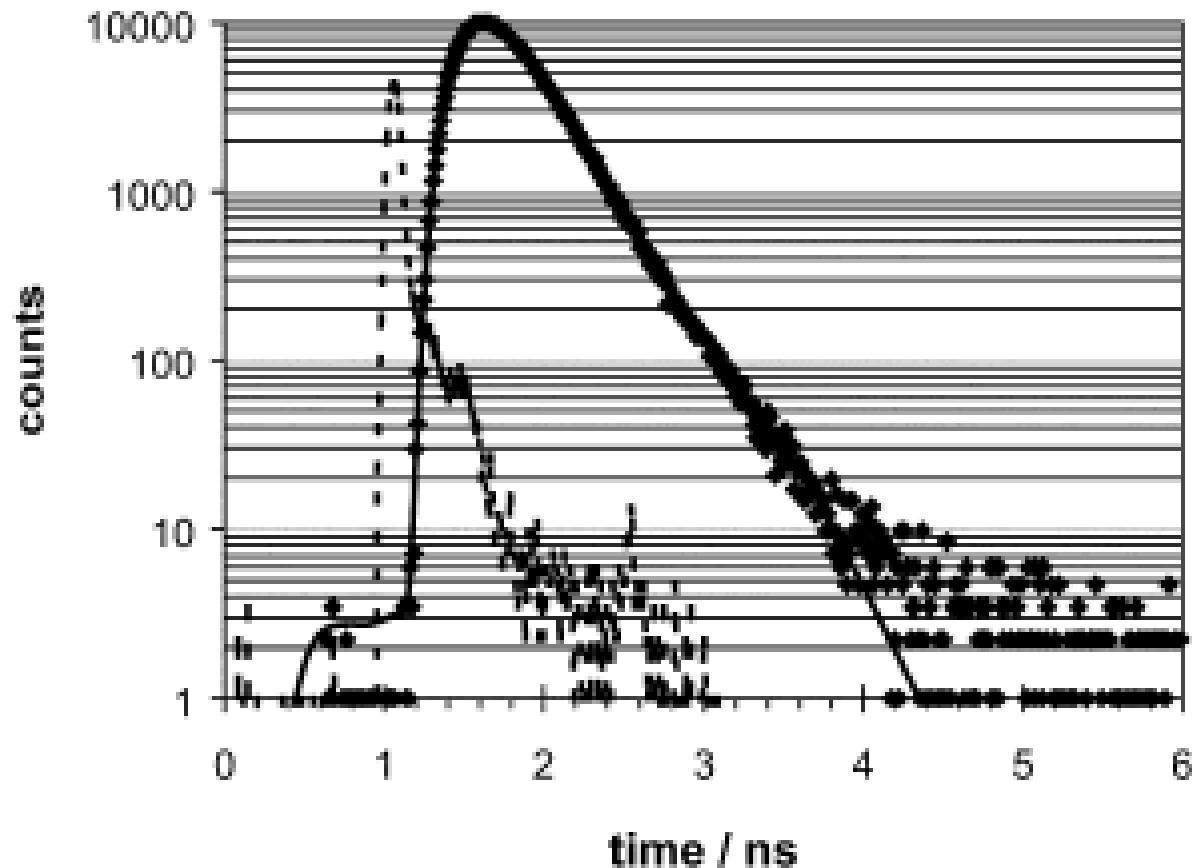
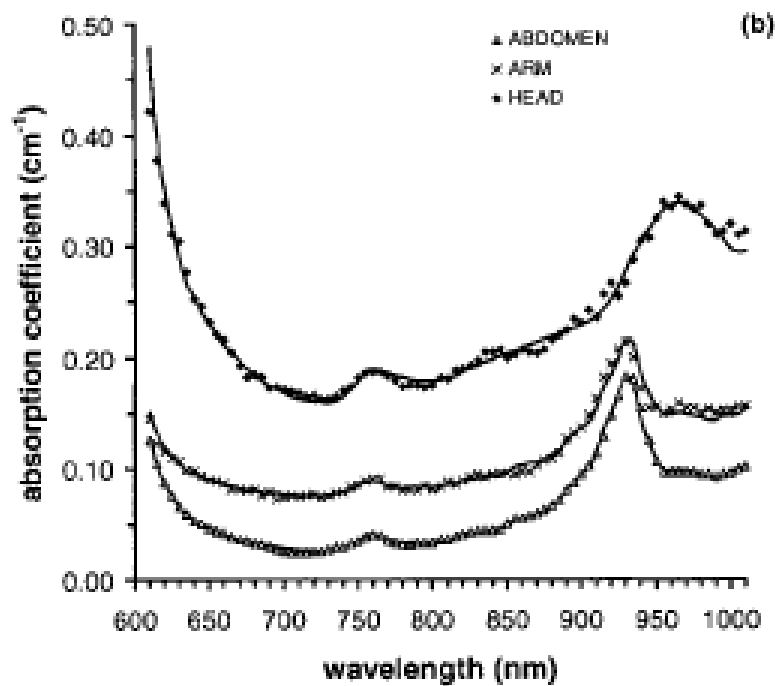
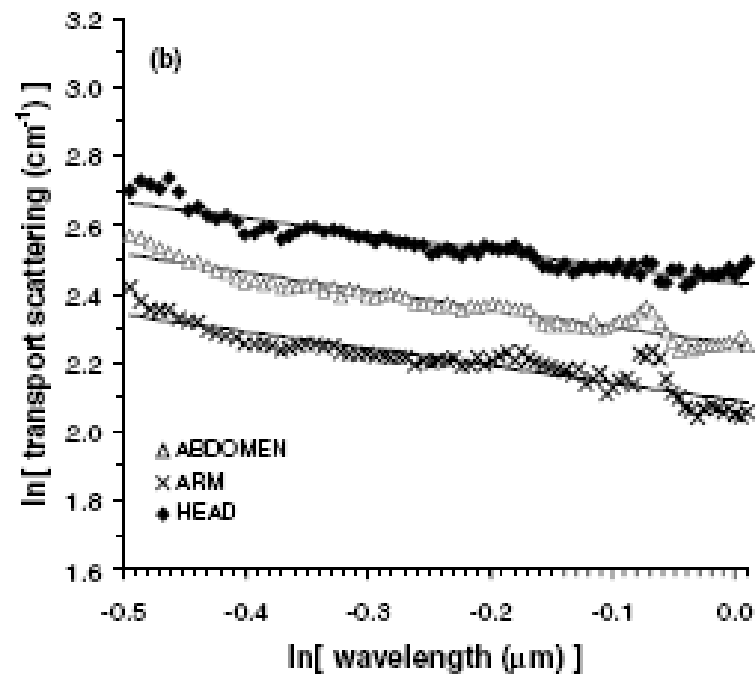


Fig. 1 Typical best fit of time-resolved reflectance data. The experimental data (◆) are fitted with the convolution (—) of the instrumental transfer function (---) with the theoretical curve (not shown).

Absorption and scattering spectra extracted from fitting time-resolved data to theory

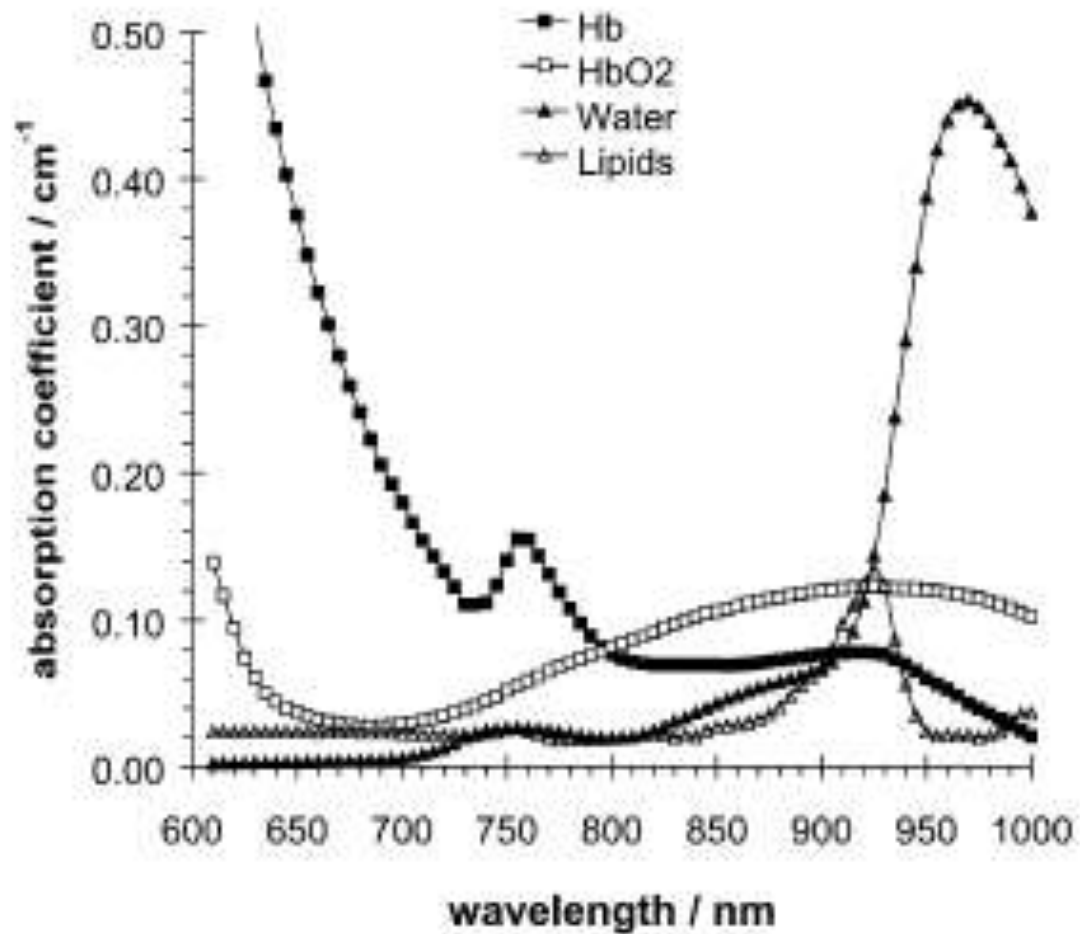


absorption



scattering

Important chemical absorbers in tissue



Calculating chemical concentrations

Table 1 Concentration of absorbers in the female breast

Subject	Hb + HbO ₂ /μM	Y (%)	Water (%)	Lipid (%)
1 (44 years)	37	78	13	86
2 (24 years)	71	75	46	29

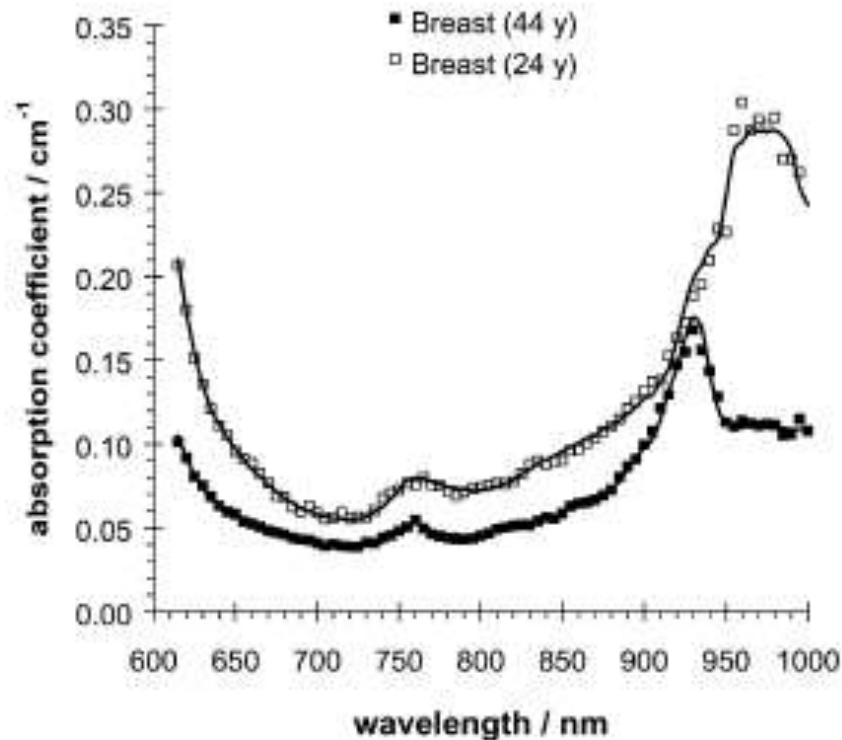
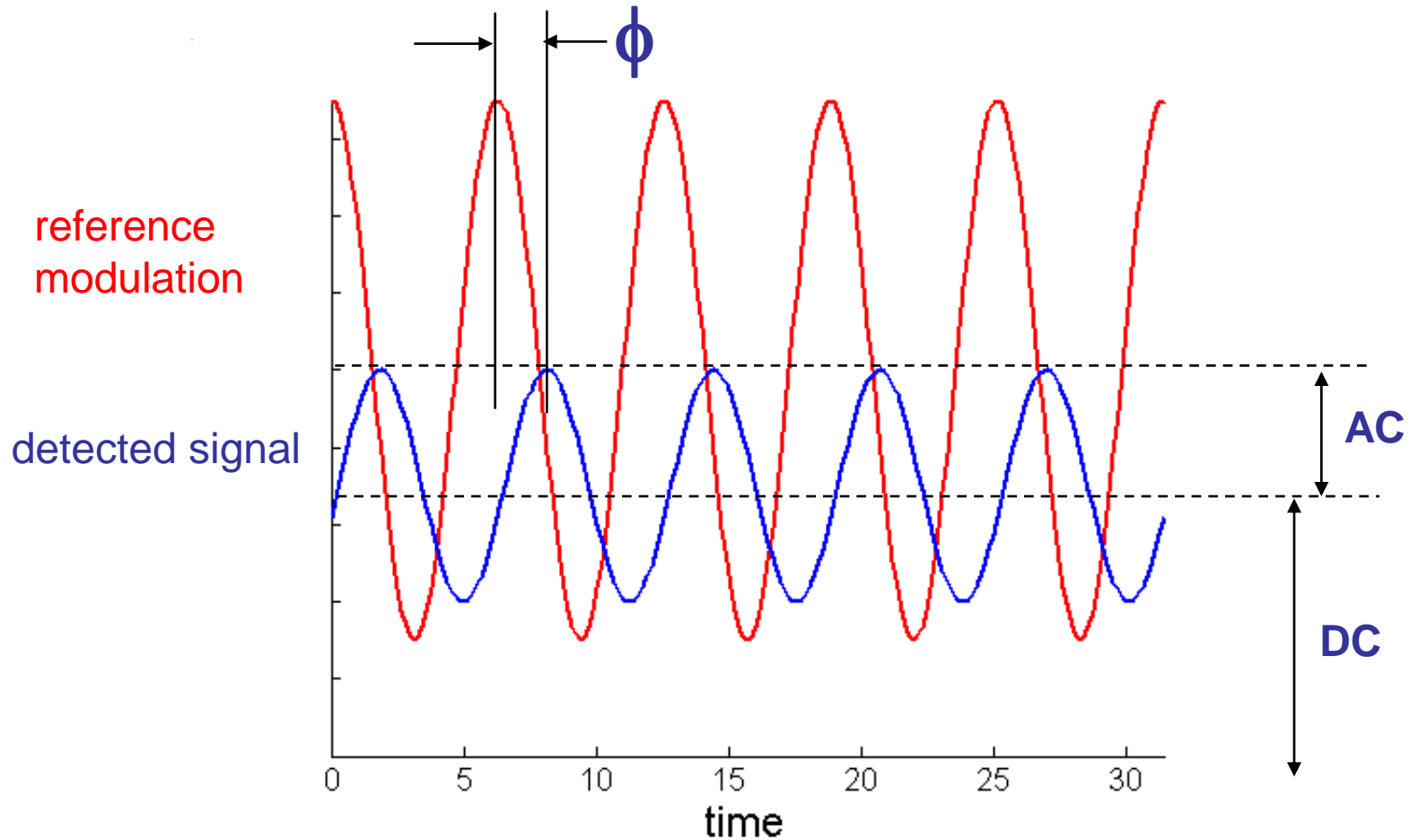


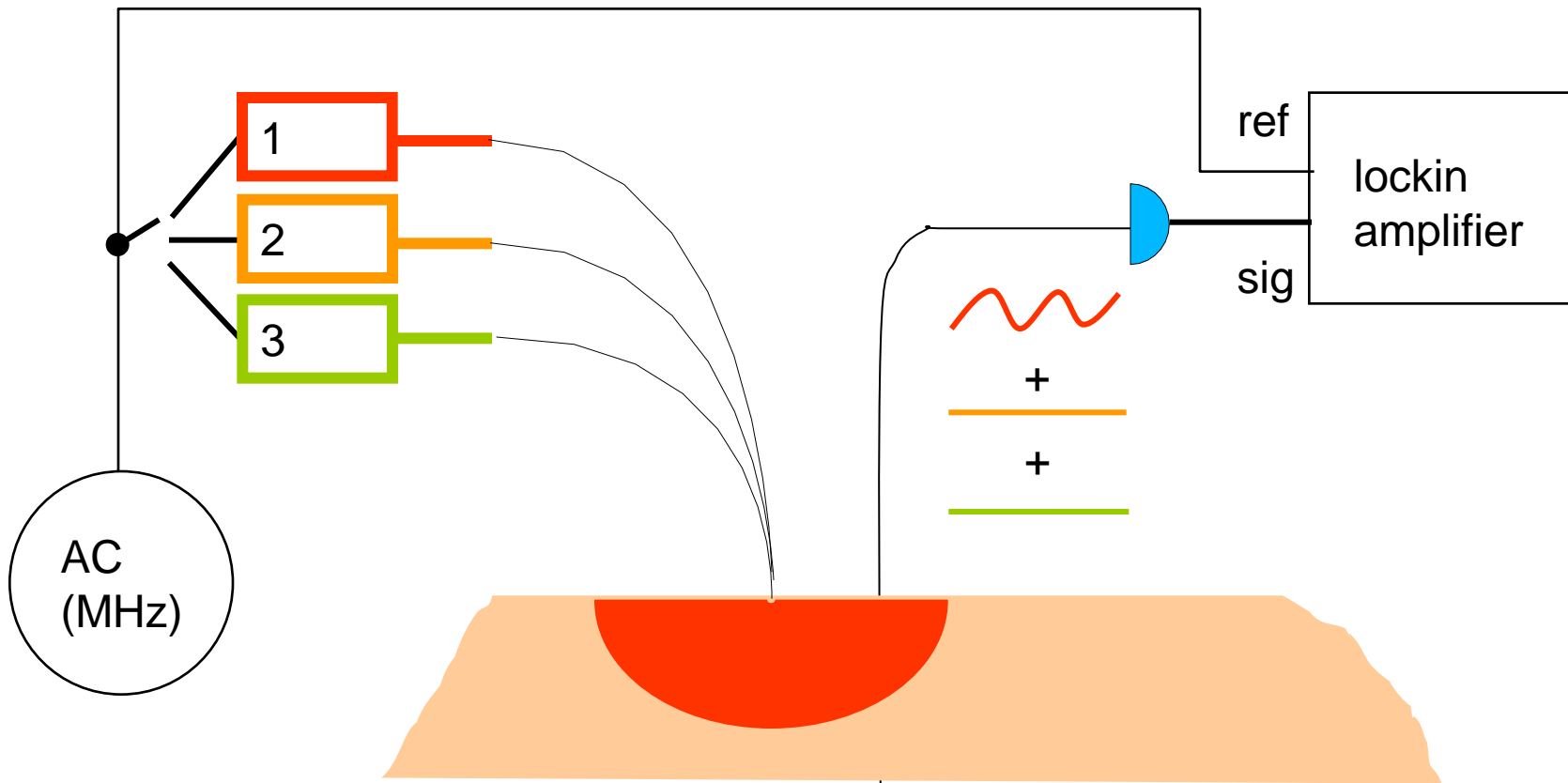
Fig. 3 Absorption spectra of the female breast on 44 year (■) and 24 year (□) old volunteers. The water and lipid content vary appreciably with age.

Frequency-resolved method

Reminder of the observables:

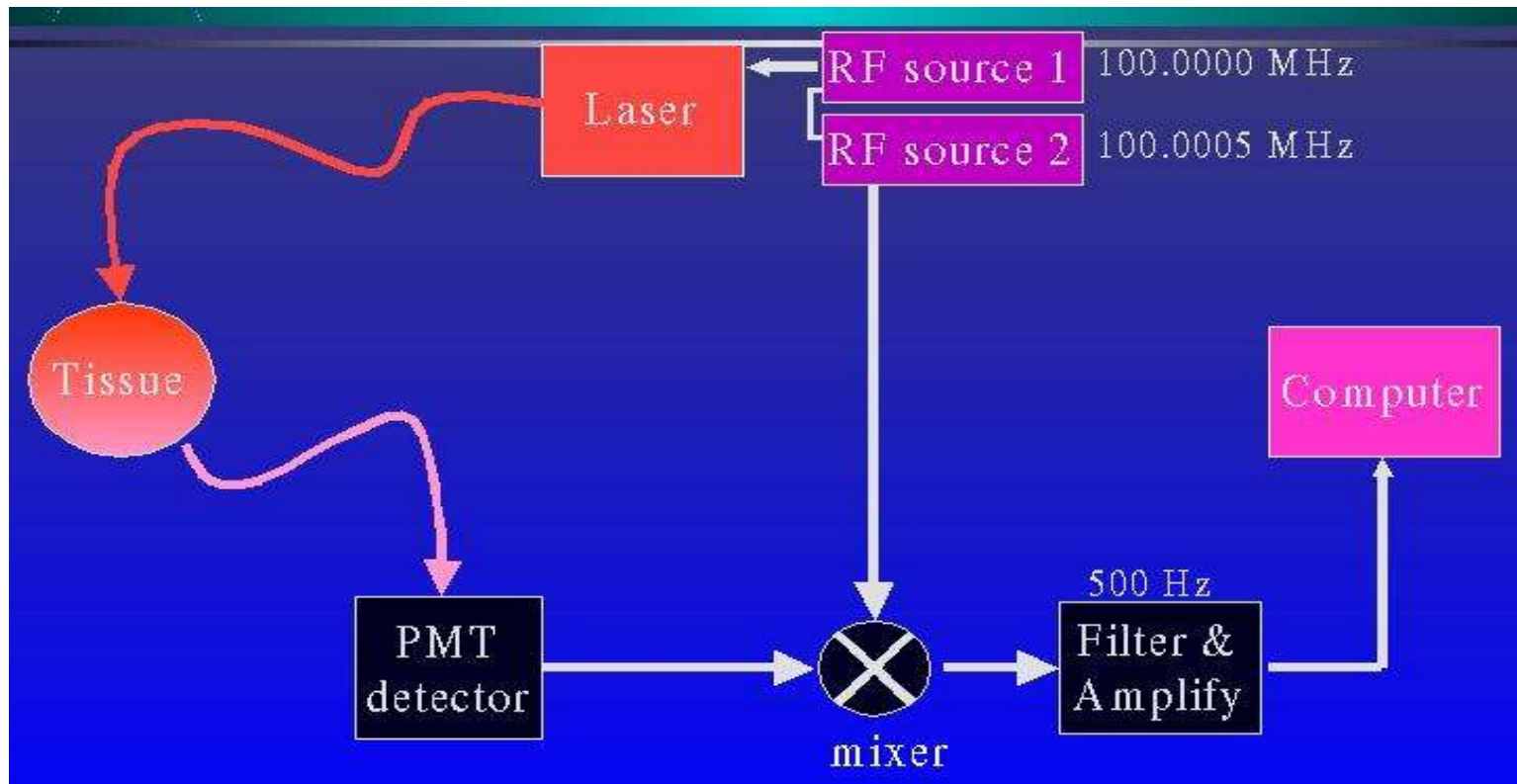


Frequency-resolved instrumentation



Frequency-resolved instrumentation: heterodyning

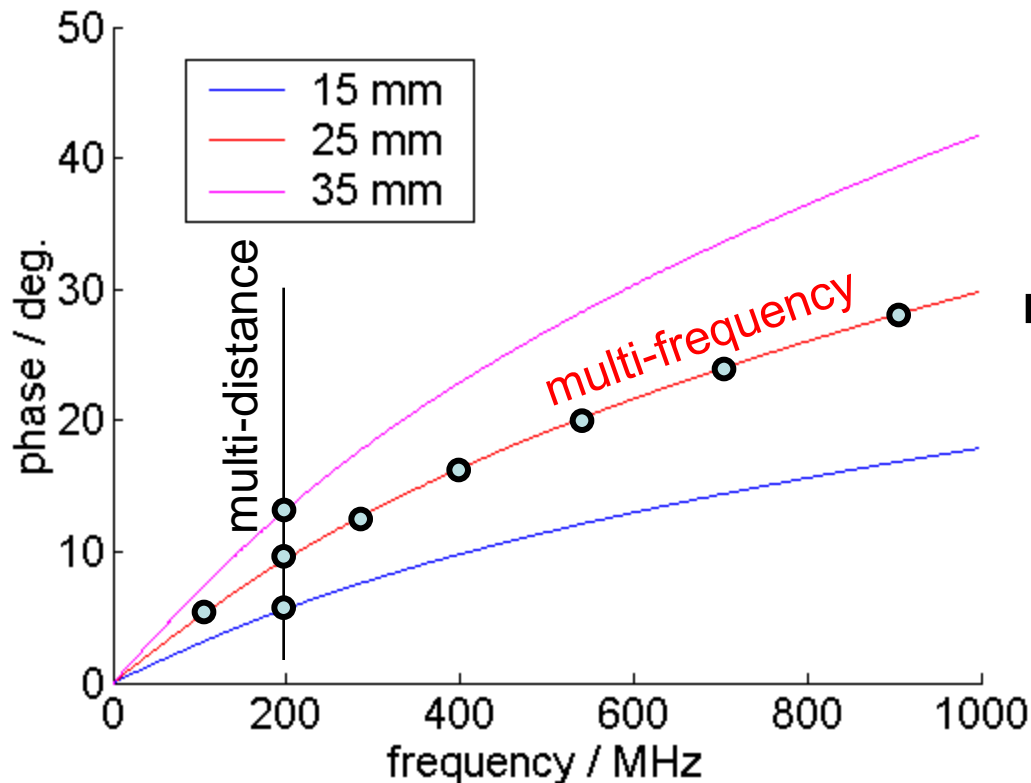
takes RF frequency → low frequency (better detection electronics)



Frequency domain: optical geometries

Ways to measure:

- 1) phase and/or amplitude vs. distance
- 2) phase and/or amplitude vs. frequency

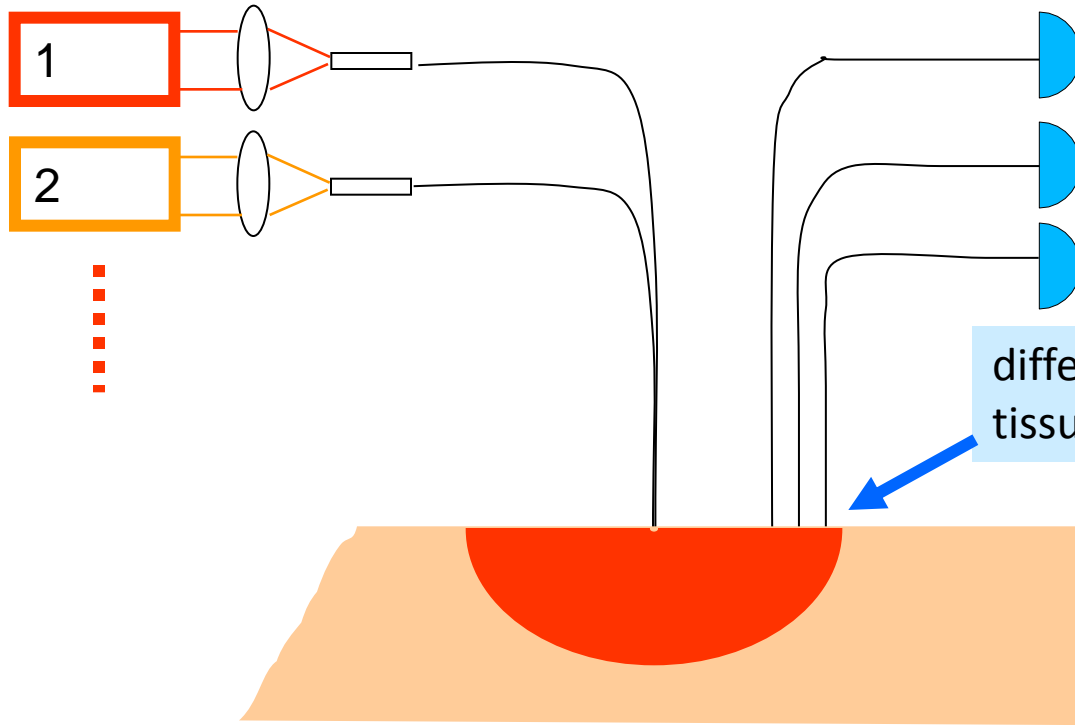


fit to a model
to get absorption
and scattering
coefficients

Multidistance vs. multifrequency

Multidistance

single modulation frequency =
optimized impedance matching,
simpler design



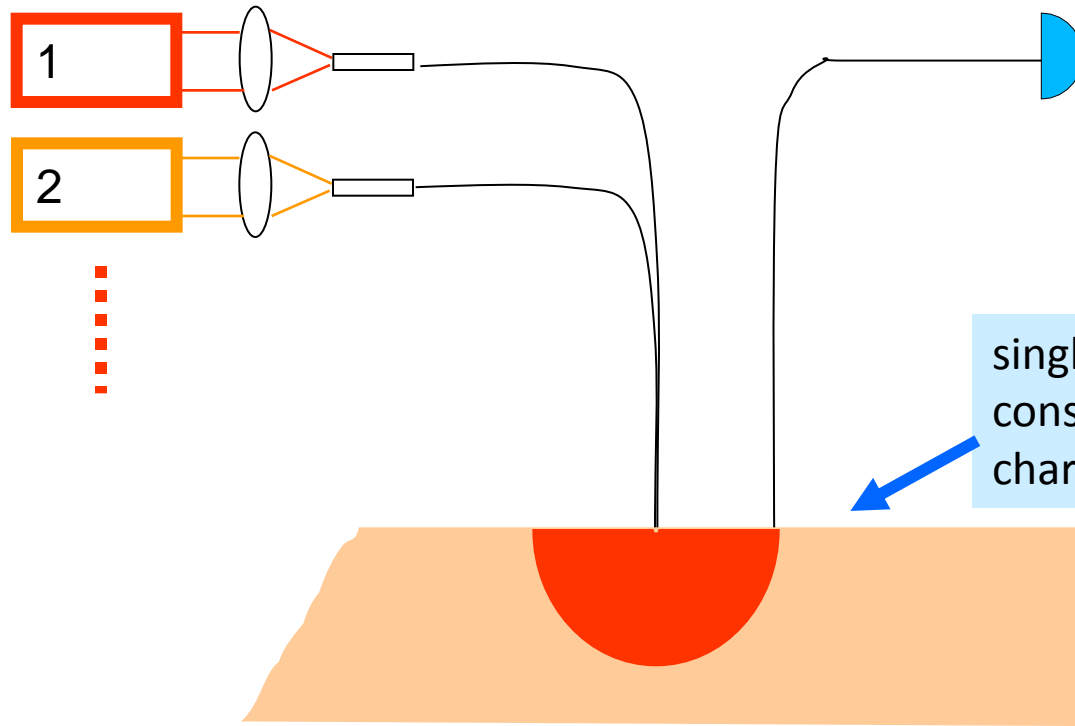
multiple detectors =
measurements in
parallel

different distances = different
tissue volumes (at least slightly)

Multidistance vs. multifrequency

Multifrequency

multiple modulation frequencies
= lossier, more complex design



single detector:
measurements in series

single distance: more
consistent tissue volume
characterized

Roadmap for today

review of basic concepts from last time

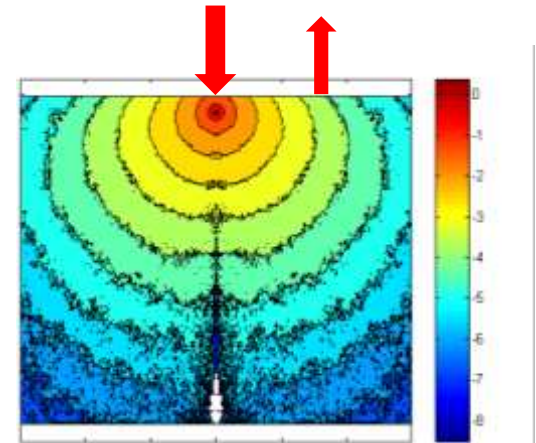
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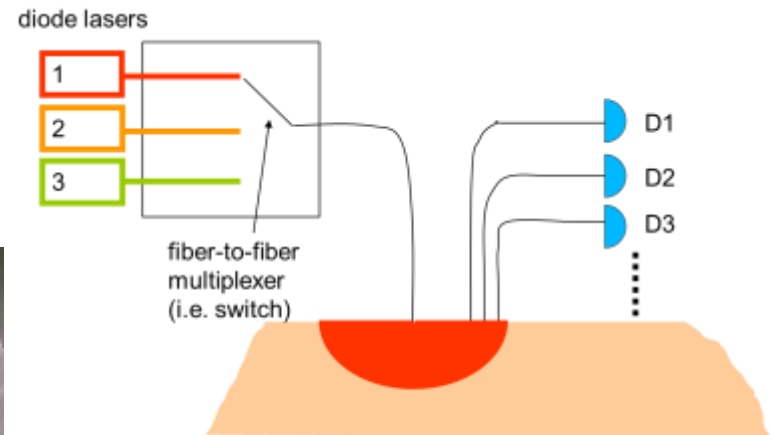
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sinusoidally-modulated (*"frequency domain"*)

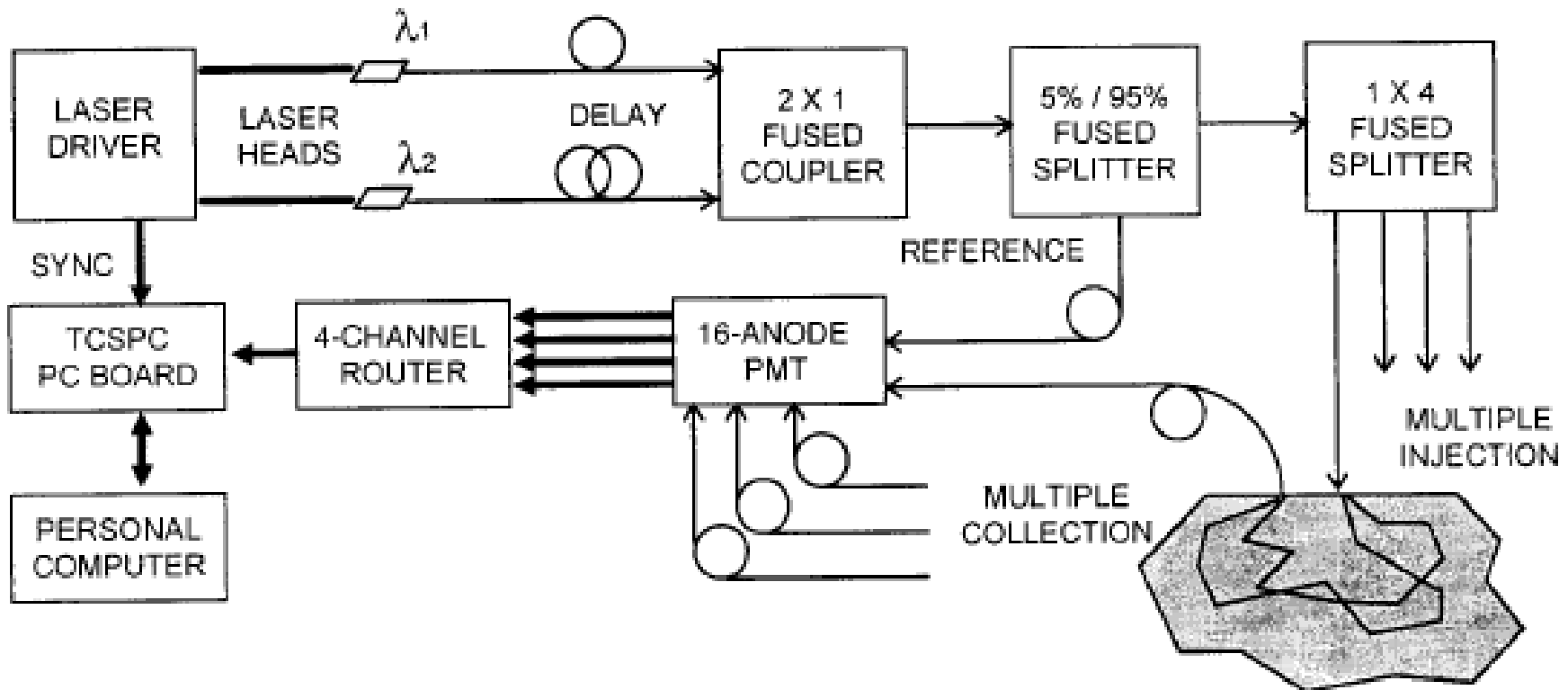


instrument design considerations

→ various applications



Application #1: time-domain tissue oximetry

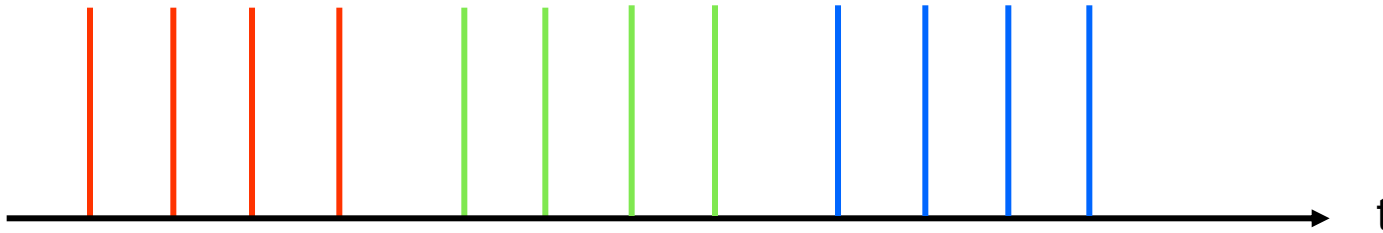


R. Cubeddu et al., "Compact tissue oximeter based on dual-wavelength multichannel time-resolved reflectance," *Appl. Opt.* 38(16), 3670-3680 (1999).

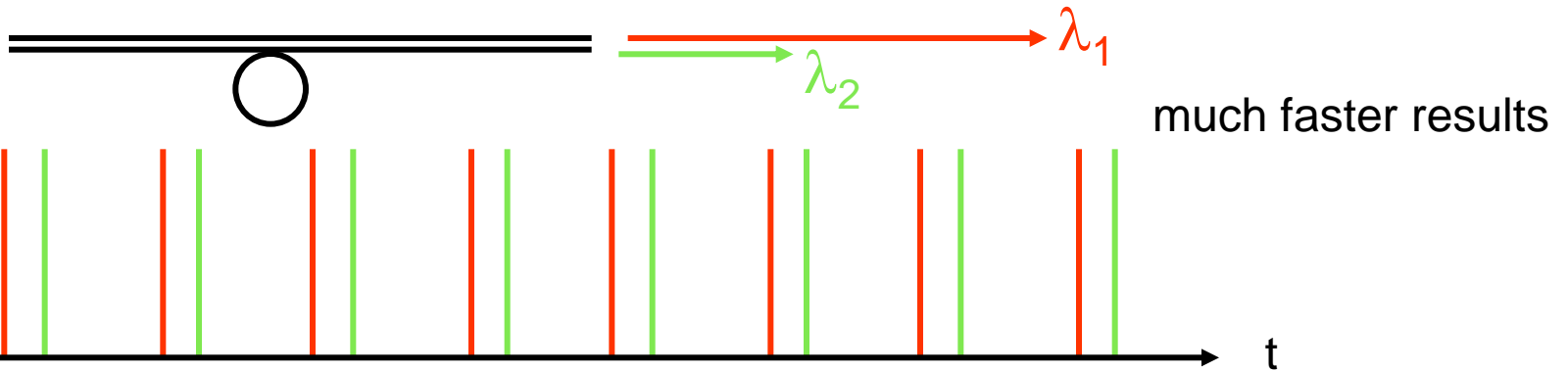
Time-resolved measurements

Resolving wavelengths

Tunable mode-locked laser (many wavelengths):



Simultaneous pulses with delay line (2 wavelengths):



2-wavelength tissue oximeter

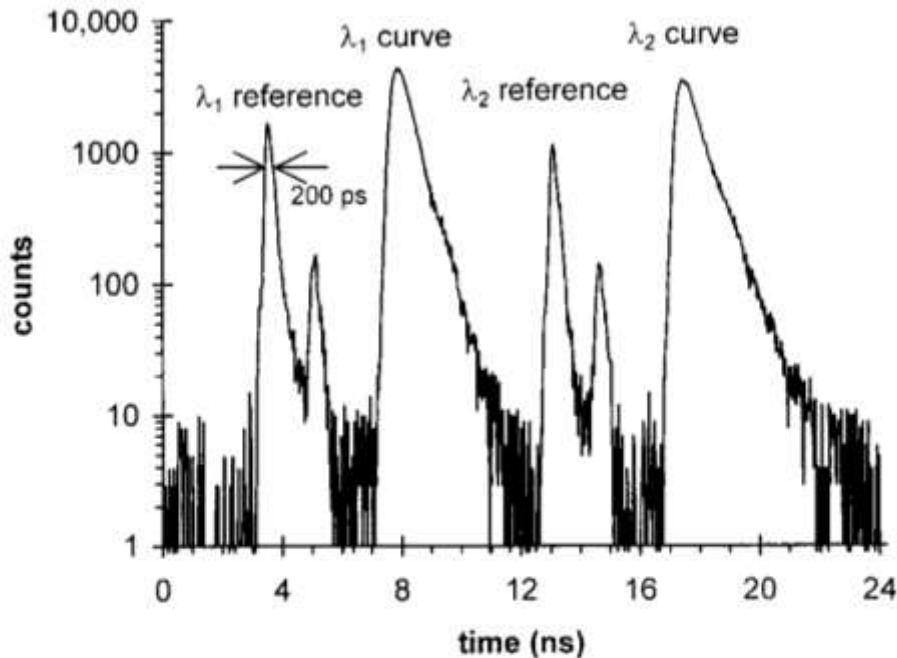


Fig. 2. Typical time-resolved reflectance curves and reference pulses. Note, in each reference pulse, the presence of the characteristic afterpulse of the PMT. The arrows mark a FWHM of 200 ps.

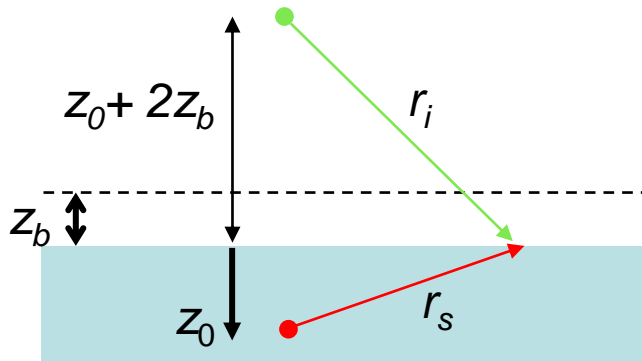
- multianode photomultiplier
- 672 & 818 nm diode lasers, 100 ps pulses
- 1 mW average power
- TCSPC board, 80 MHz acquisition
- integration time \geq 100 msec

R. Cubeddu et al., "Compact tissue oximeter based on dual-wavelength multichannel time-resolved reflectance," *Appl. Opt.* 38(16), 3670-3680 (1999).

2-wavelength tissue oximeter

$$R_f = \frac{1}{2}(4\pi Dc)^{-3/2}t^{-5/2} \exp(-\mu_a ct) \left[z_o \exp\left(-\frac{r_s^2}{4Dct}\right) + (z_o + 2z_b) \exp\left(-\frac{r_i^2}{4Dct}\right) \right]$$

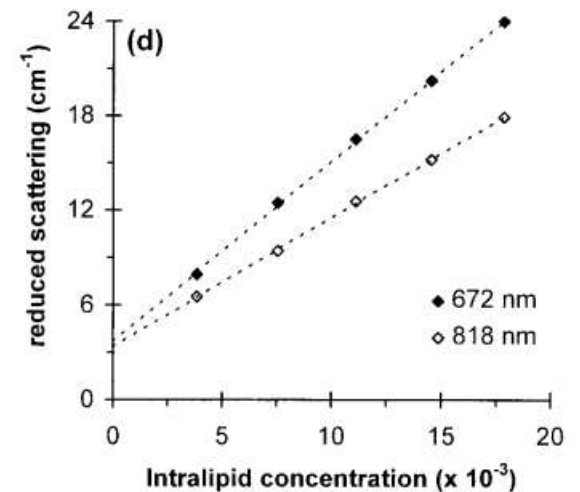
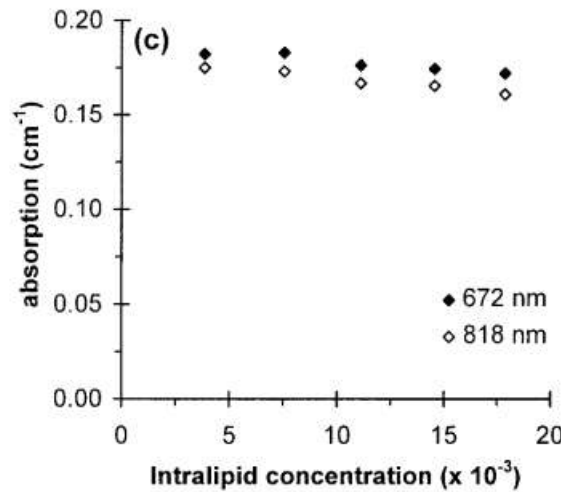
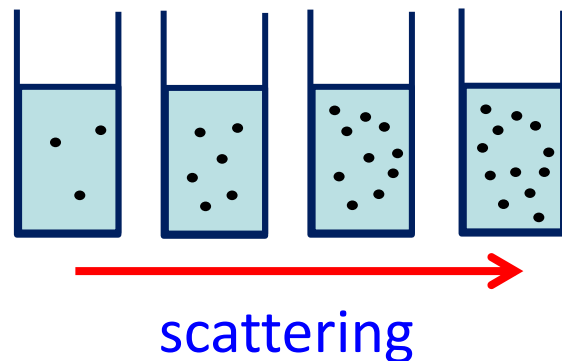
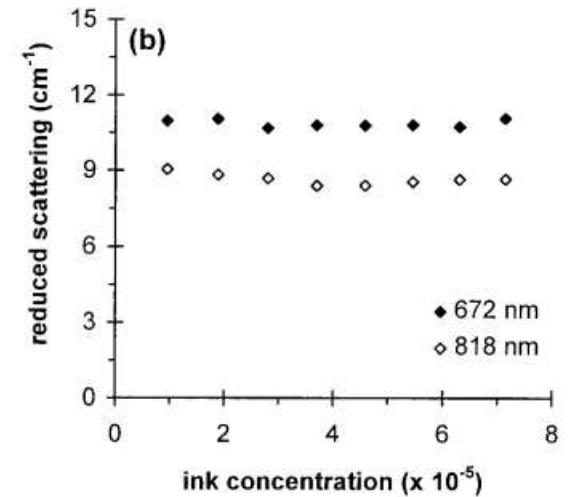
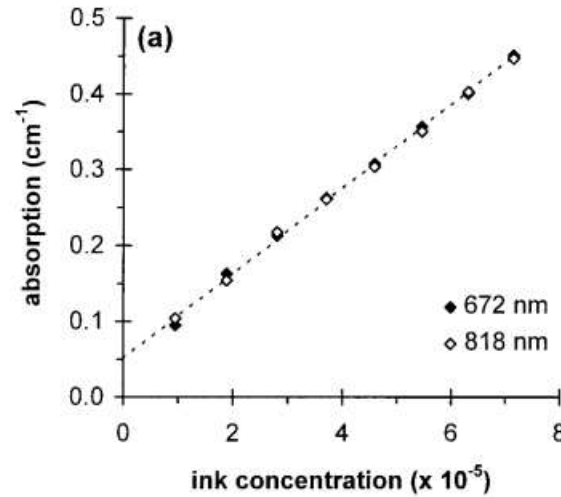
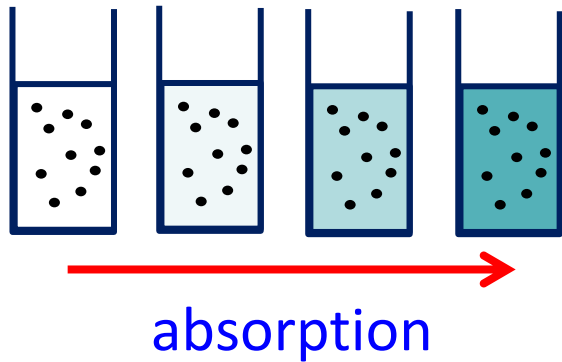
from previous lecture



$$R(\rho, t) = \frac{1}{2} (4\pi vD)^{-3/2} t^{-5/2} \exp(-\mu_a vt) \exp\left(-\frac{\rho^2}{4Dvt}\right) \times \left\{ z_o \exp\left(-\frac{z_o^2}{4Dvt}\right) - (z_o + 2z_e) \times \exp\left[-\frac{(z_o + 2z_e)^2}{4Dvt}\right] \right\}, \quad (2)$$

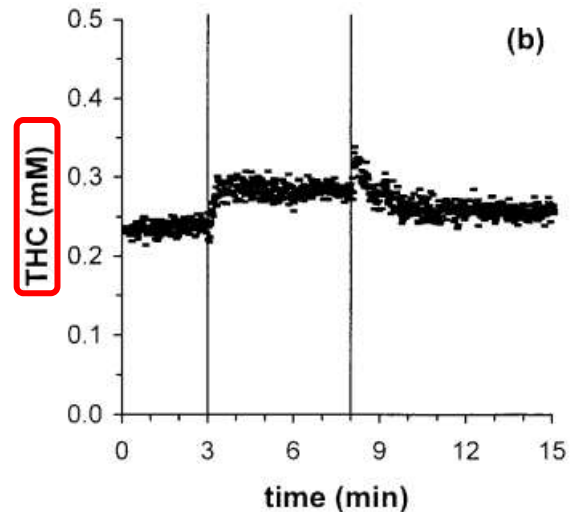
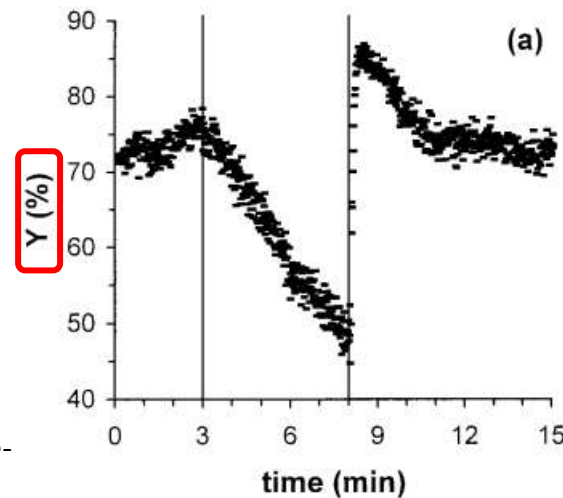
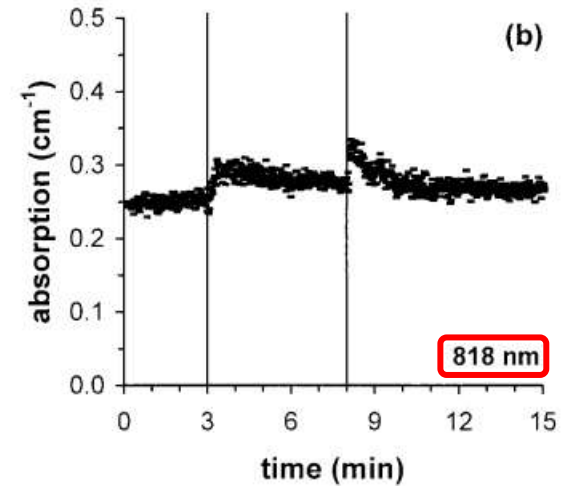
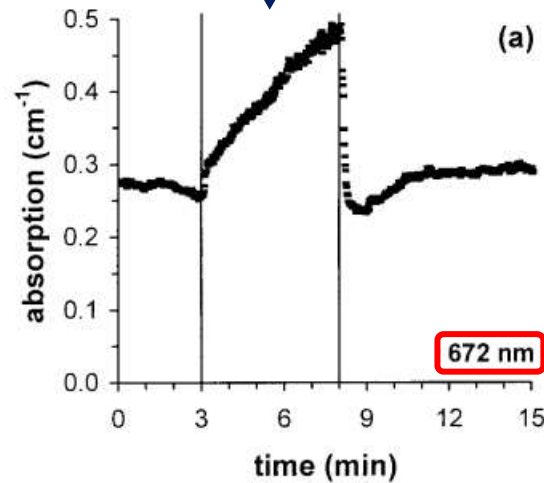
where v is the speed of light in the medium, z_o [$=(\mu_s')^{-1}$] is the effective mean-free path, D ($=z_o/3$) is the diffusion coefficient, z_e [$=2D(1 + r_d)/(1 - r_d)$] is the extrapolated distance, and r_d can be approximated by $r_d = -1.440n^{-2} + 0.710n^{-1} + 0.668 + 0.0636n$, with indices of refraction of $n = 1.33$ for the experiments on phantoms and $n = 1.4$ for the *in vivo* measurements.

Validation: unmixing absorption & scattering



Time domain *in vivo* blood measurements

pressure cuff on



Application #2: Breast tissue

Breast tissue analysis

Clinical goals:

- Flag abnormal tissue (i.e. tumors)
- Coregister with higher-resolution imaging modalities (e.g. mammographic x-ray)

Instrumentation goals:

- Absorption spectroscopy of breast
- Tomographic reconstructions in breast with tumors



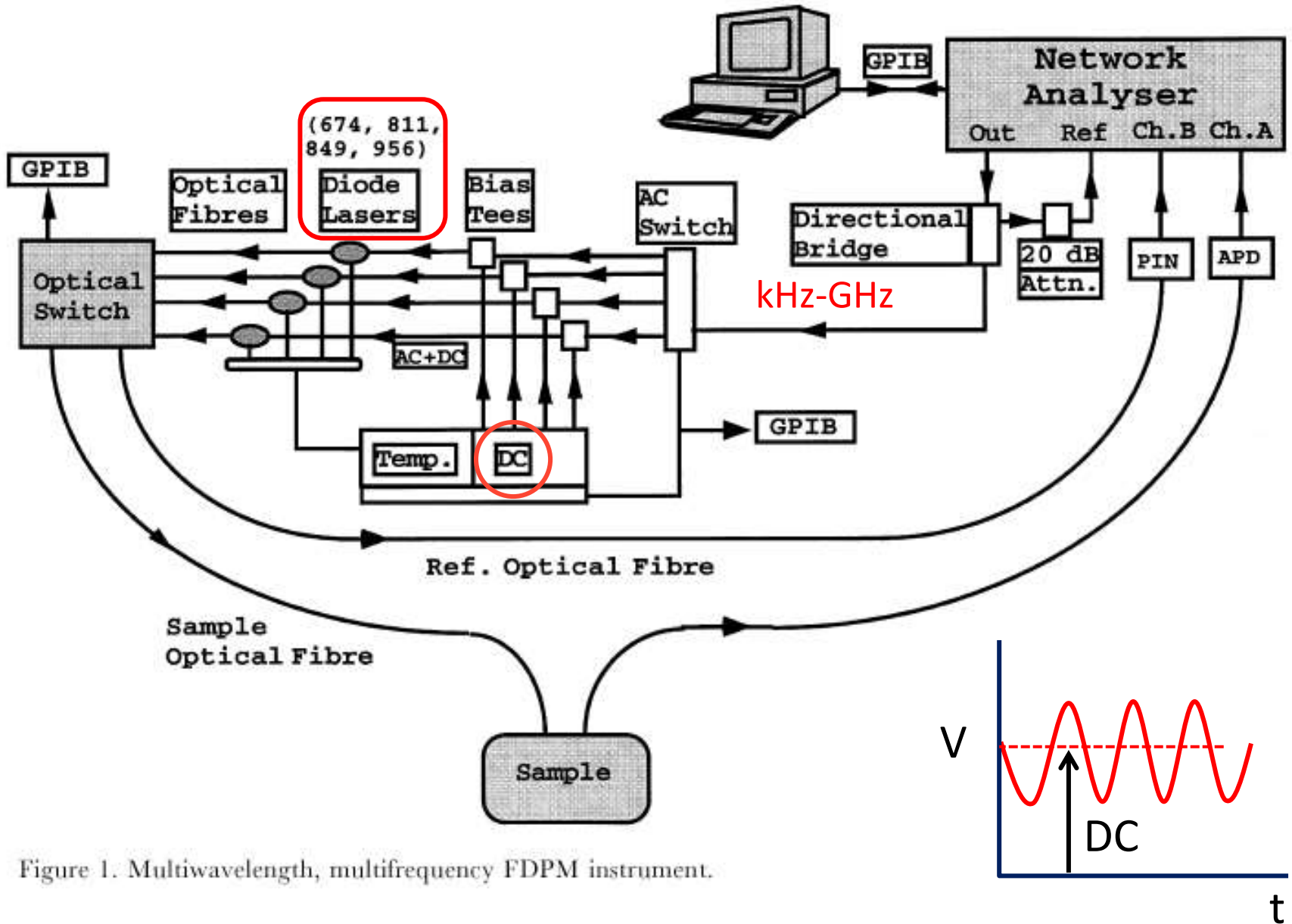
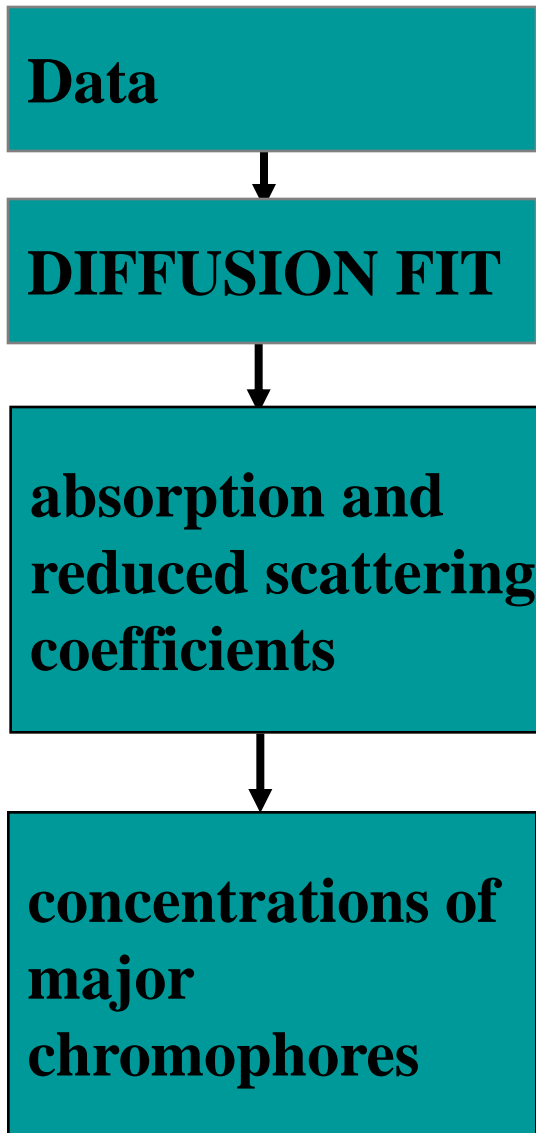
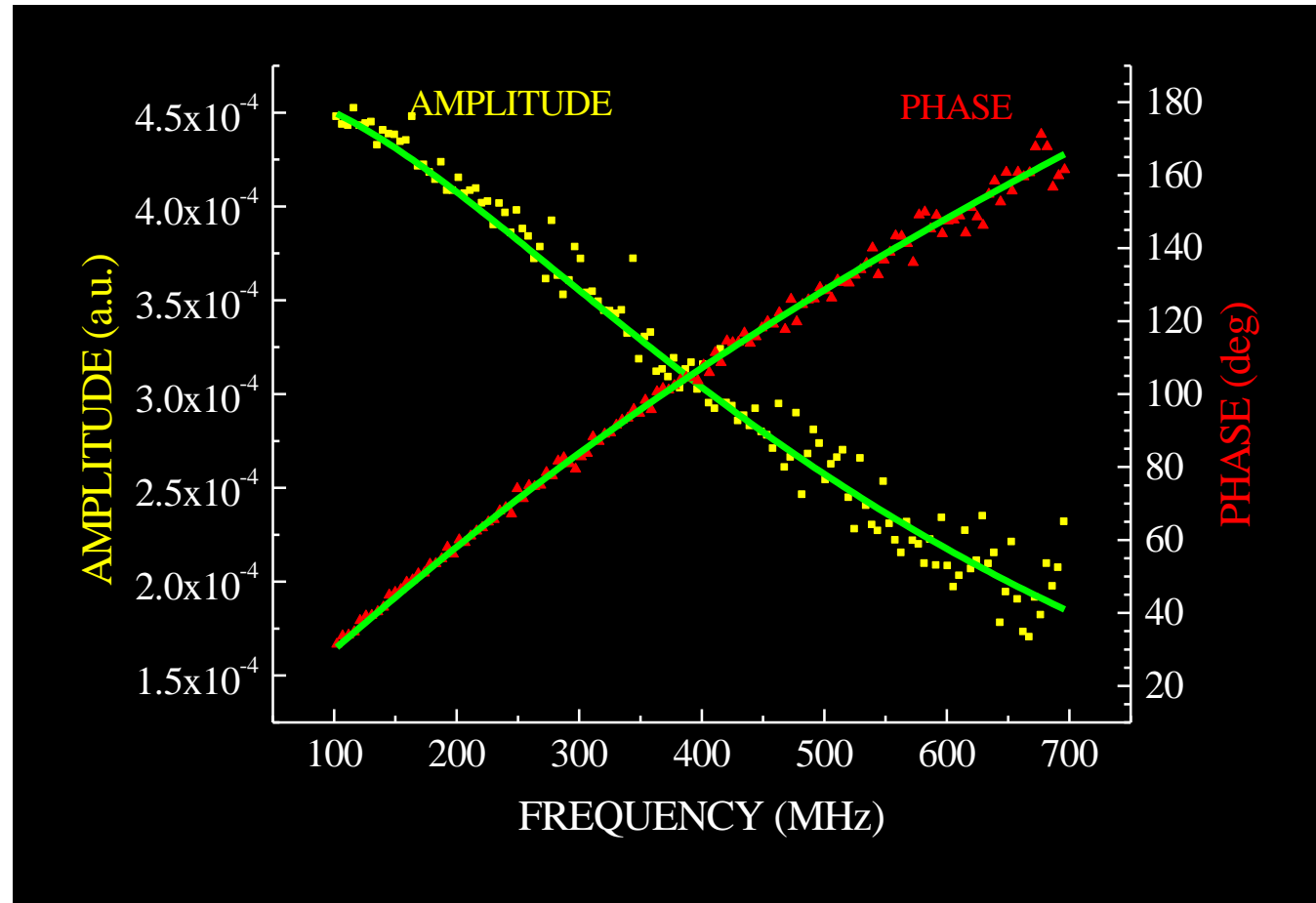


Figure 1. Multiwavelength, multifrequency FDPM instrument.

Calculations



simultaneous fit



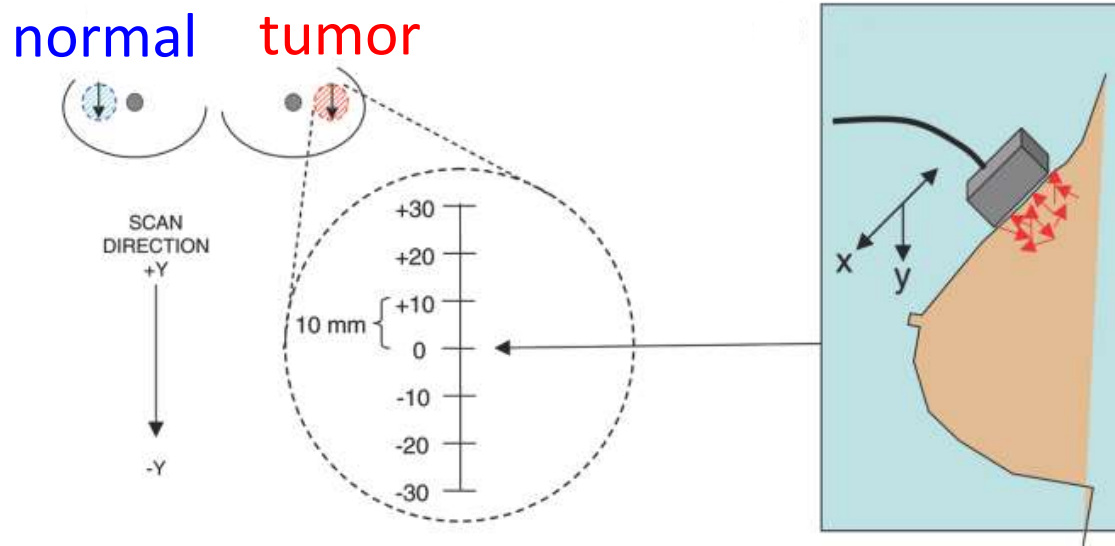
(courtesy F. Bevilacqua)

Optical scanning of breast tissue

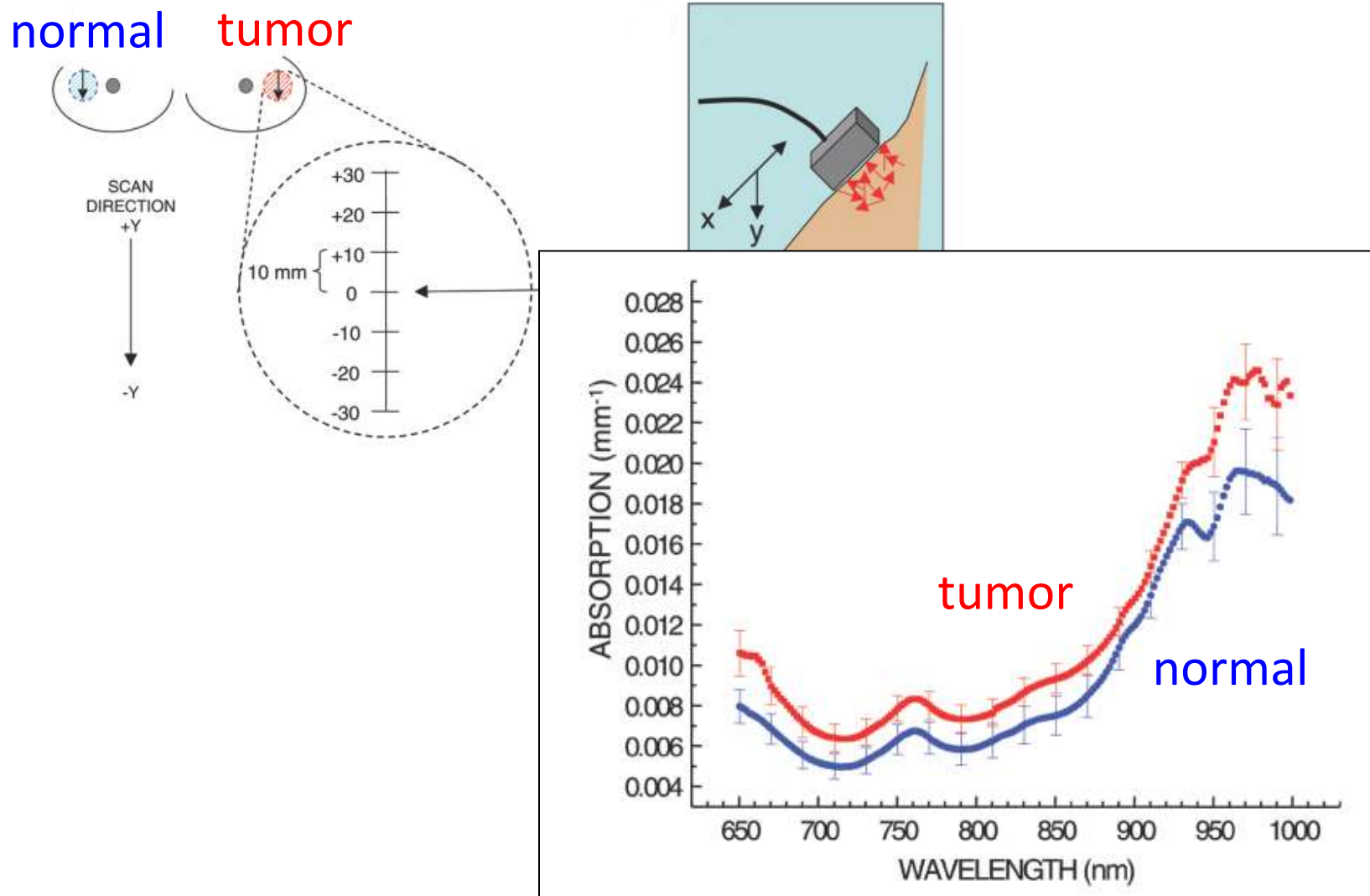


Pham, TH., et al. Review of Scientific Instruments, 71, 1 – 14, (2000).
Bevilacqua, F., et al. Applied Optics, 39, 6498-6507, (2000).
Jakobowski et al., J. Biomed. Opt., 9(1), 230-238 (2004).

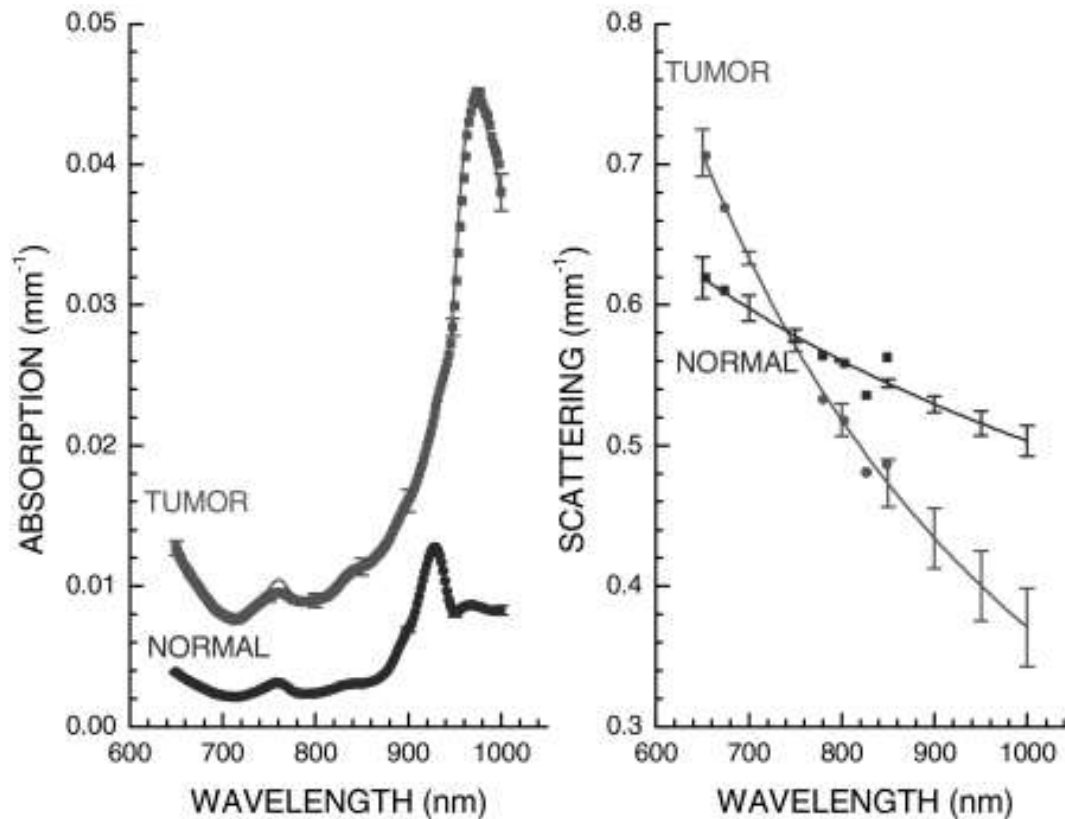
Diffuse optical scanning of tumor vs. normal



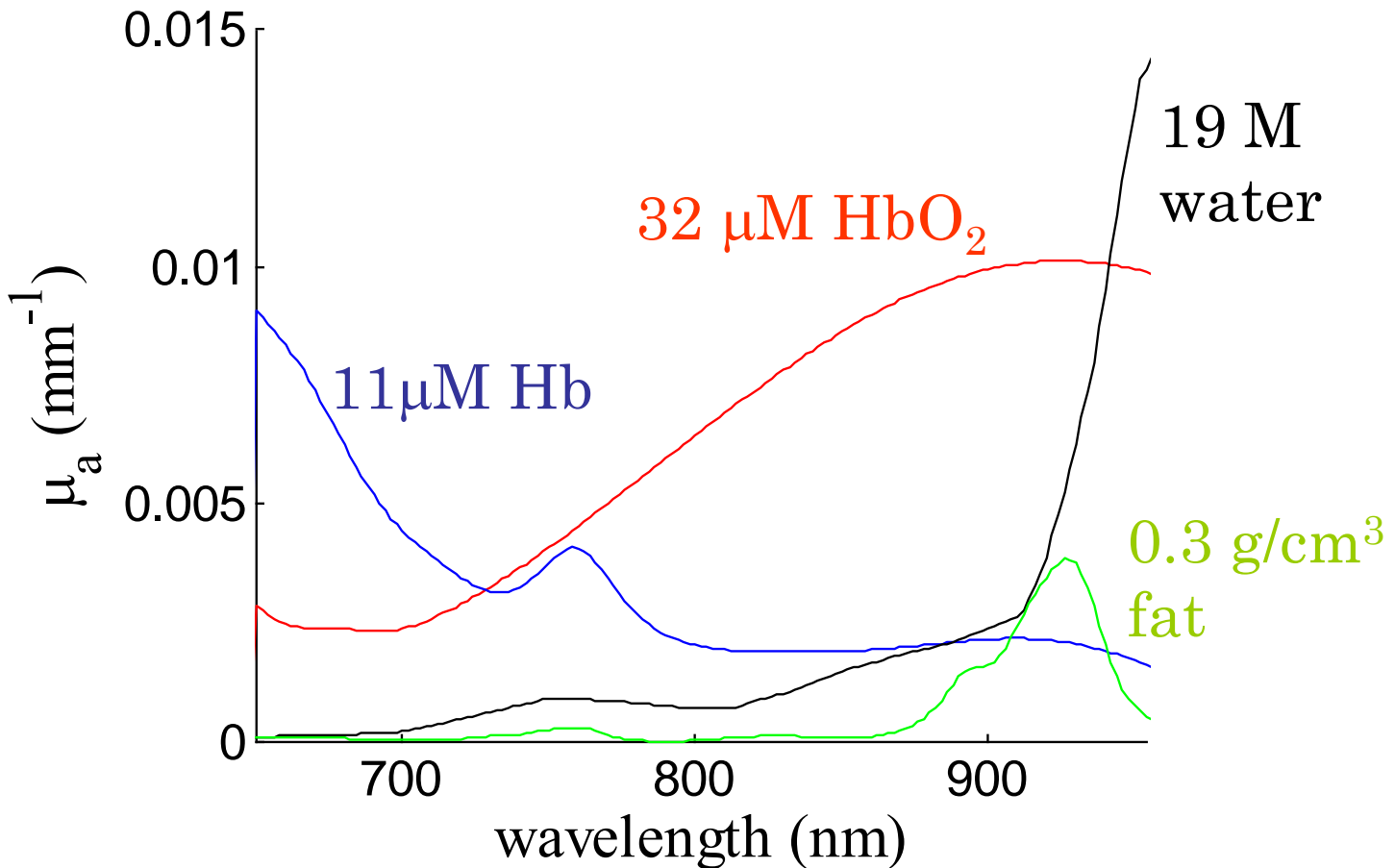
Diffuse optical scanning of tumor vs. normal



Tumor vs. normal: contrast in both modalities



Physiological components of fit



Choosing the most diagnostic parameters

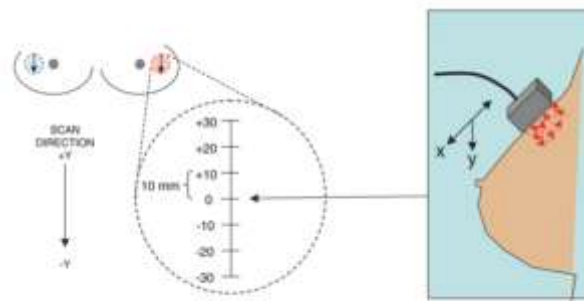


Table 1

Physiological properties of normal breast and malignant tumors (12 subjects, aged 30–39 years)

Parameter	Normal		T _{PEAK}		P Wilcoxin
	Mean	Median	Mean	Median	
ctHHb	6.73 ± 2.08	6.57	15.3 ± 8.16	12.6	0.005
ctO ₂ Hb	18.6 ± 6.9	18.9	33.3 ± 12.0	32.9	0.002
%Lipid	55.5 ± 8.7	54.9	30.6 ± 13.7	24.2	0.0003
%H ₂ O	27.5 ± 12.1	25.4	49.9 ± 25.4	44.2	0.014
Scatter power	0.800 ± 0.362	0.830	1.17 ± 0.503	1.22	0.065

ctHHb, deoxygenated hemoglobin concentration; ctO₂Hb, oxygenated hemoglobin concentration; T_{PEAK}, peak tumor values.

Pre and post-menopausal breast examples

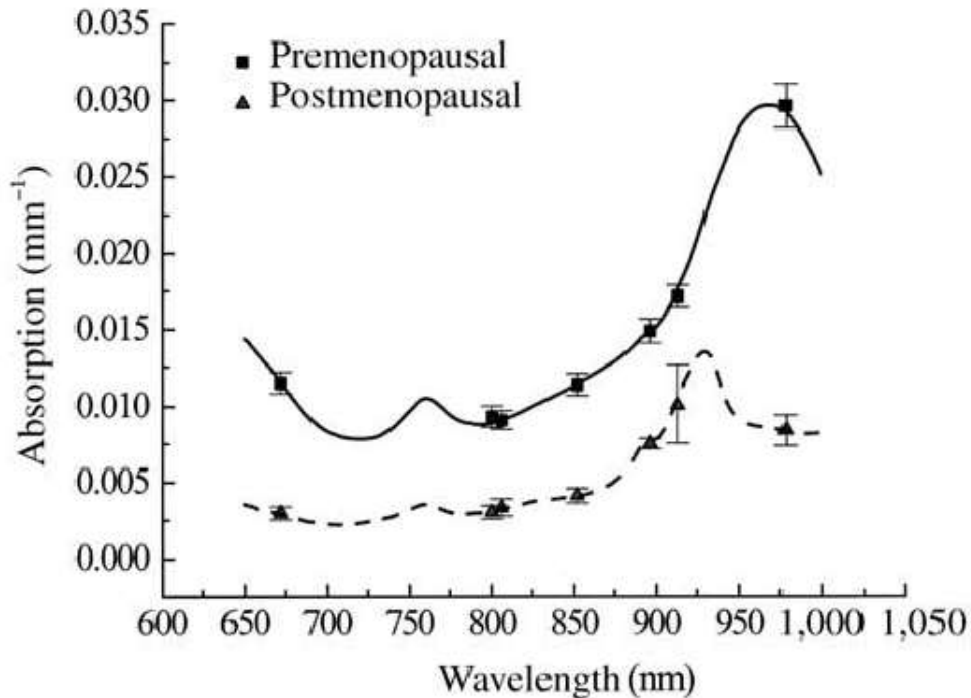
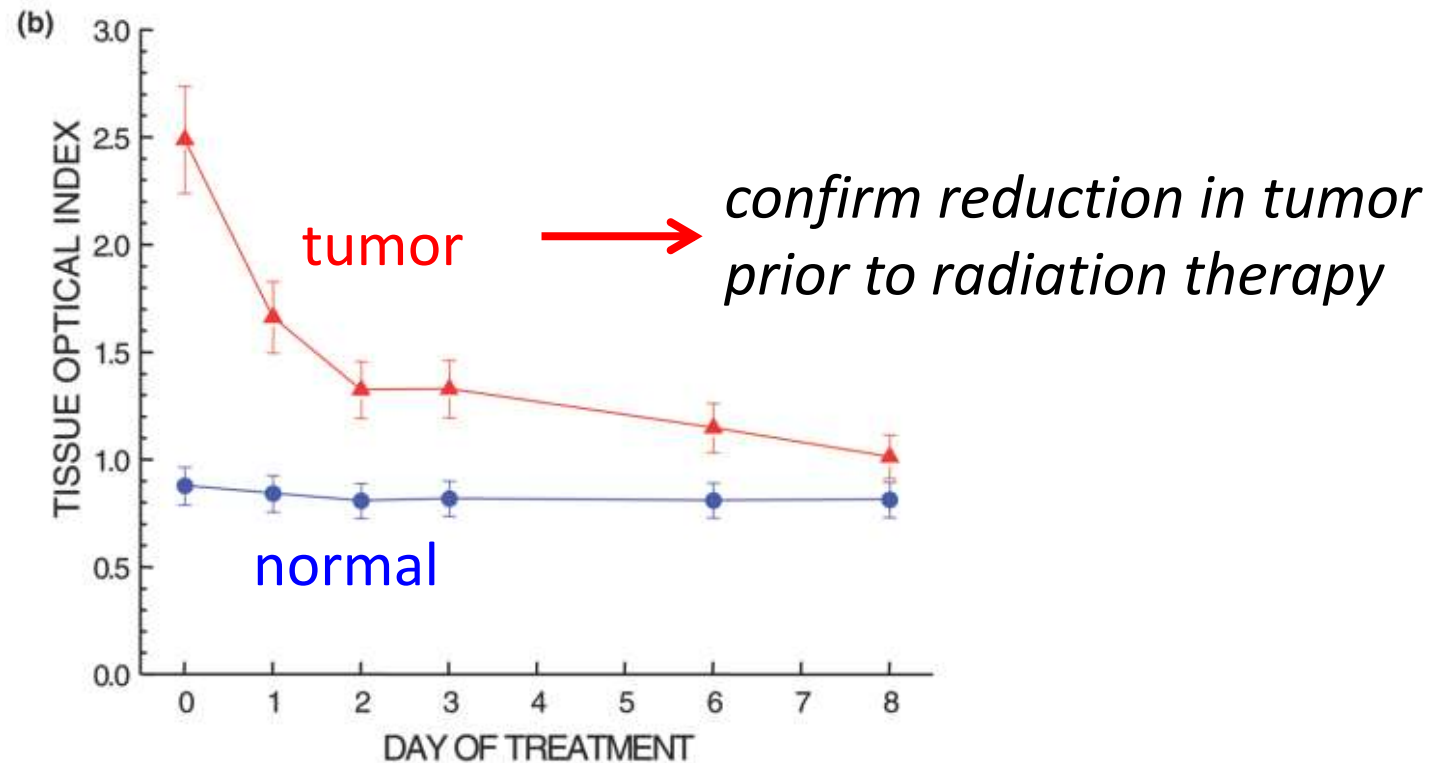


Figure 2. Measured absorption spectra for a 32-year-old premenopausal subject (■, solid line) and a 54-year-old postmenopausal subject (▲, dashed line). Points represent the average of several measurements, and lines represent a least-squares fit (extrapolated to all wavelengths) based on the assumption that breast absorption is due only to Hb-R, Hb-O₂, H₂O, and lipids.

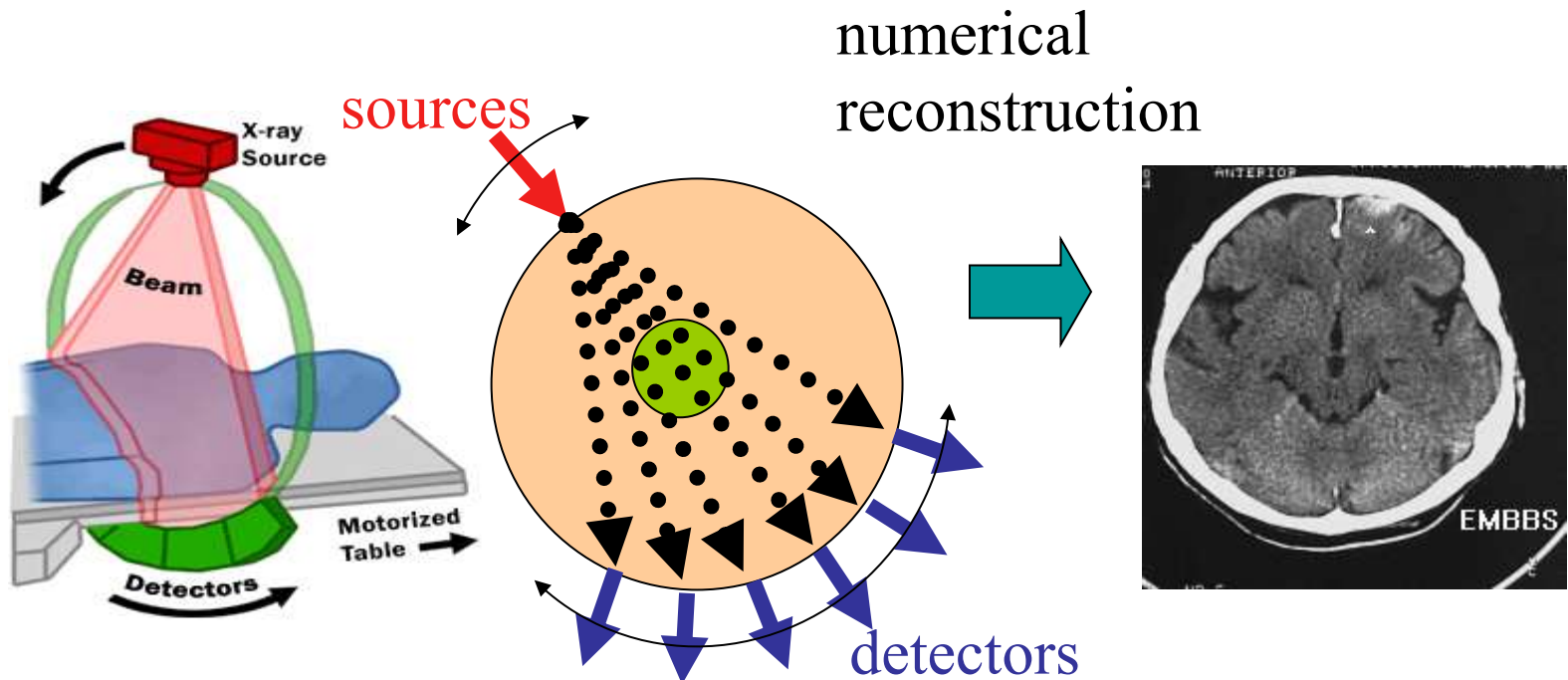
A. E. Cerussi, D. Jakubowski, N. Shah, F. Bevilacqua, R. Lanning, A. J. Berger, D. Hsiang, J. Butler, R. F. Holcombe, and B. J. Tromberg, Spectroscopy enhances the information content of optical mammography, **Journal of Biomedical Optics**, 7(1), 60-71 (Jan. 2002).

Tumor response to neoadjuvant therapy



Breast imaging: Computed Tomography

CT-scan (x-ray)

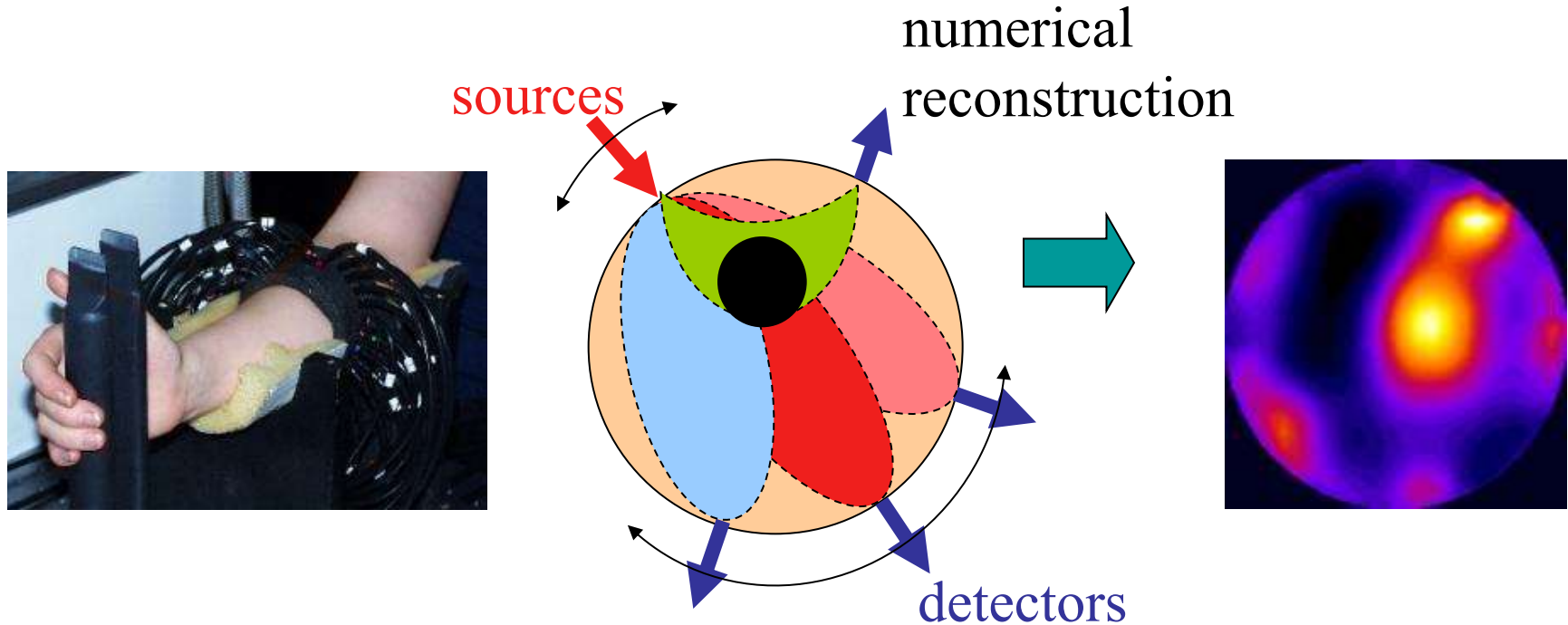


scattering \ll absorption \Rightarrow paths = straight lines

(courtesy F. Bevilacqua)

Breast imaging: *Optical* Computed Tomography

near-infrared light



scattering \gg absorption \Rightarrow broad probability of paths
 \Rightarrow challenges: ill-posed problems (non-unique solution)
poor resolution

(courtesy F. Bevilacqua)

Tomography in the frequency domain

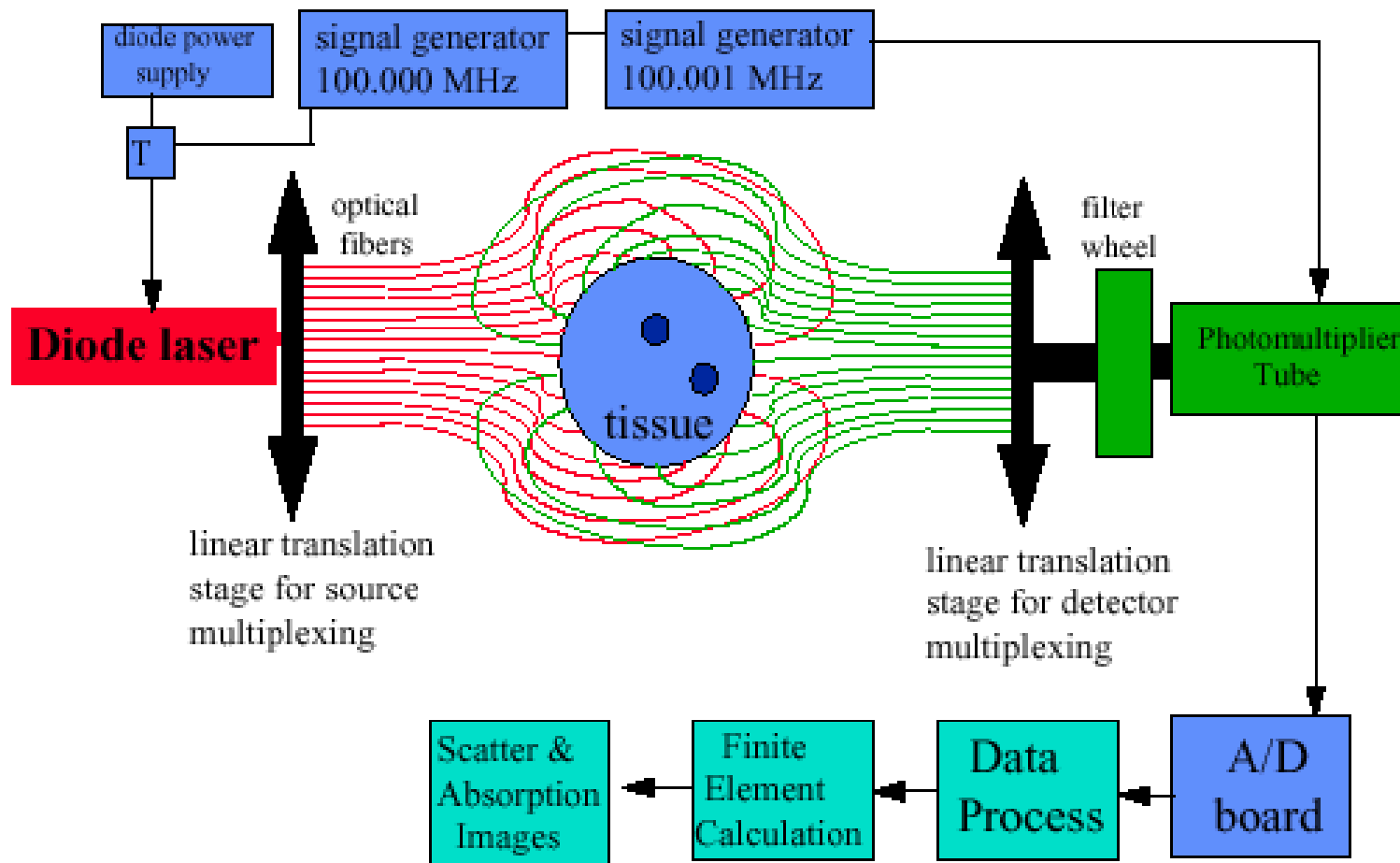
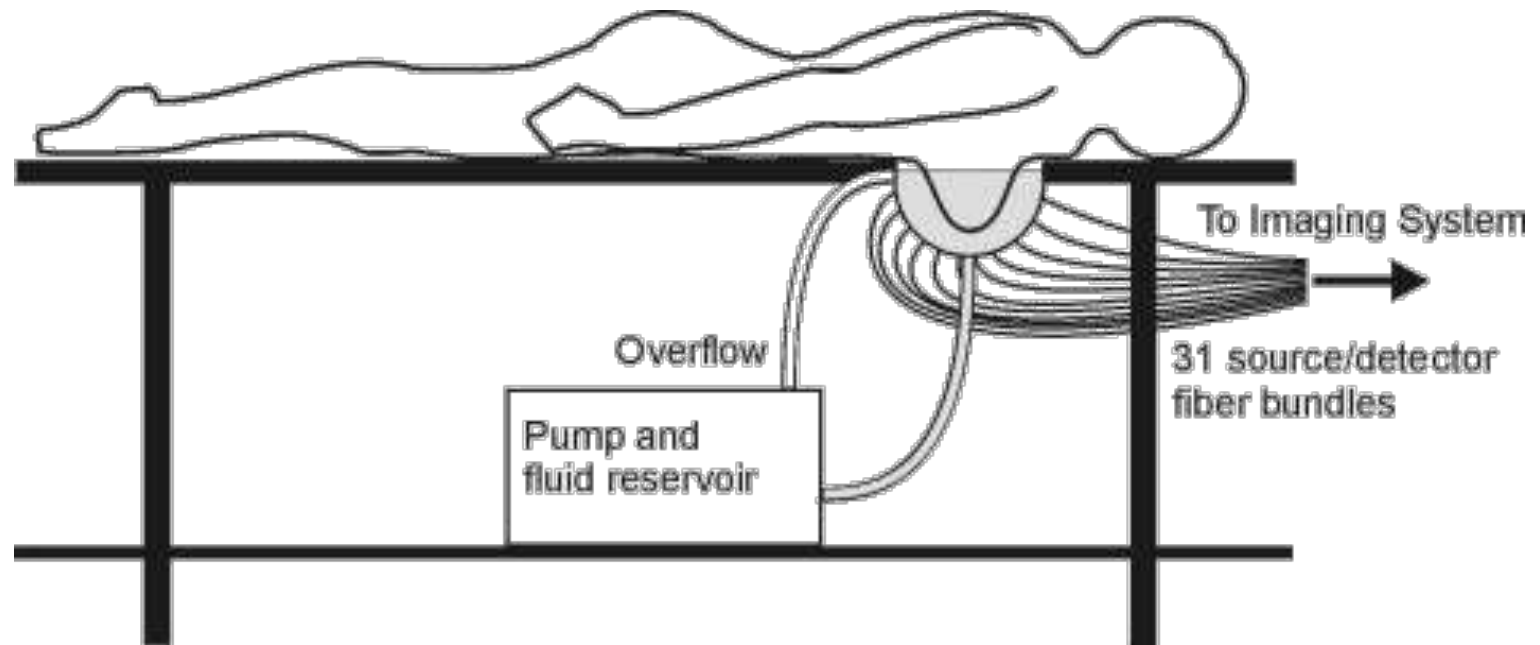
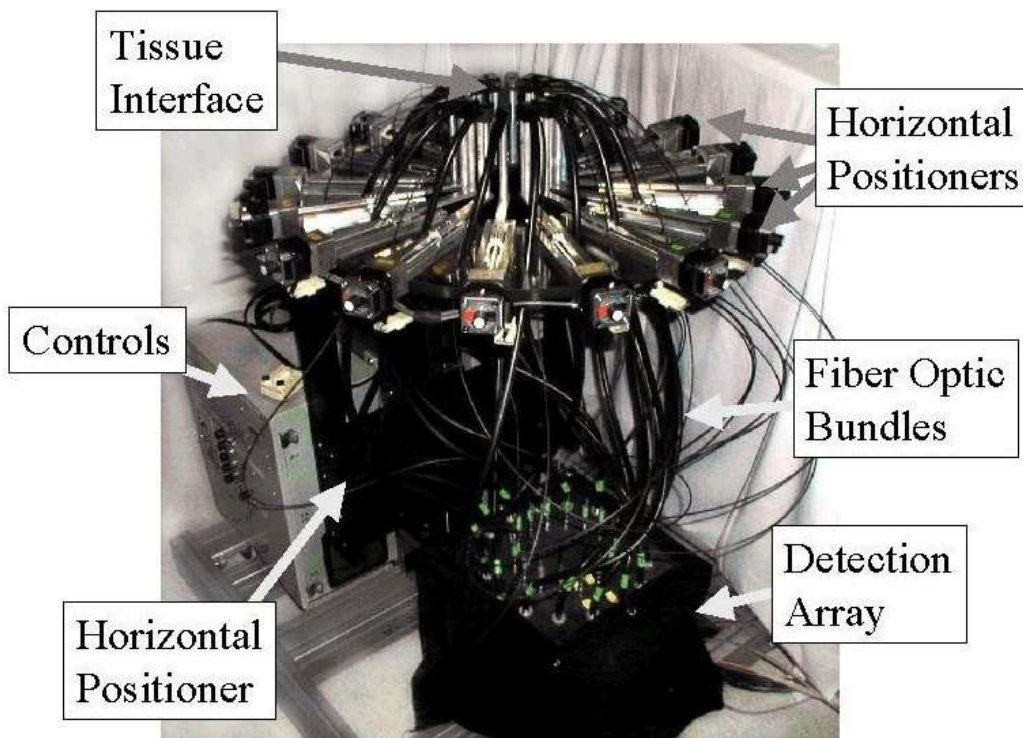


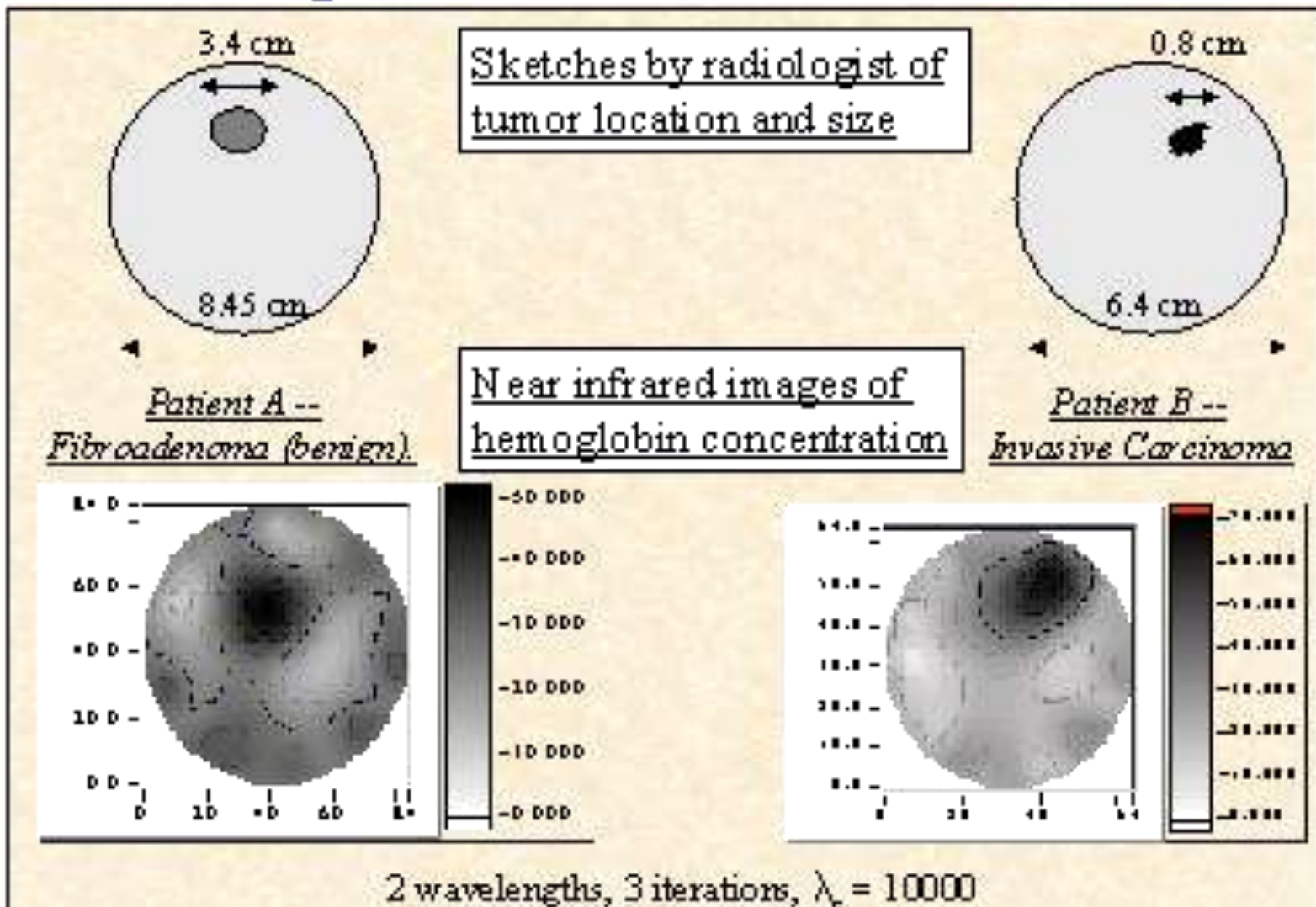
Fig. 1. Schematic of the automated imaging instrument including hardware and software processing. Source optical fibers are indicated in red and detector optical fibers in green.

Optical mammography: diffuse imaging

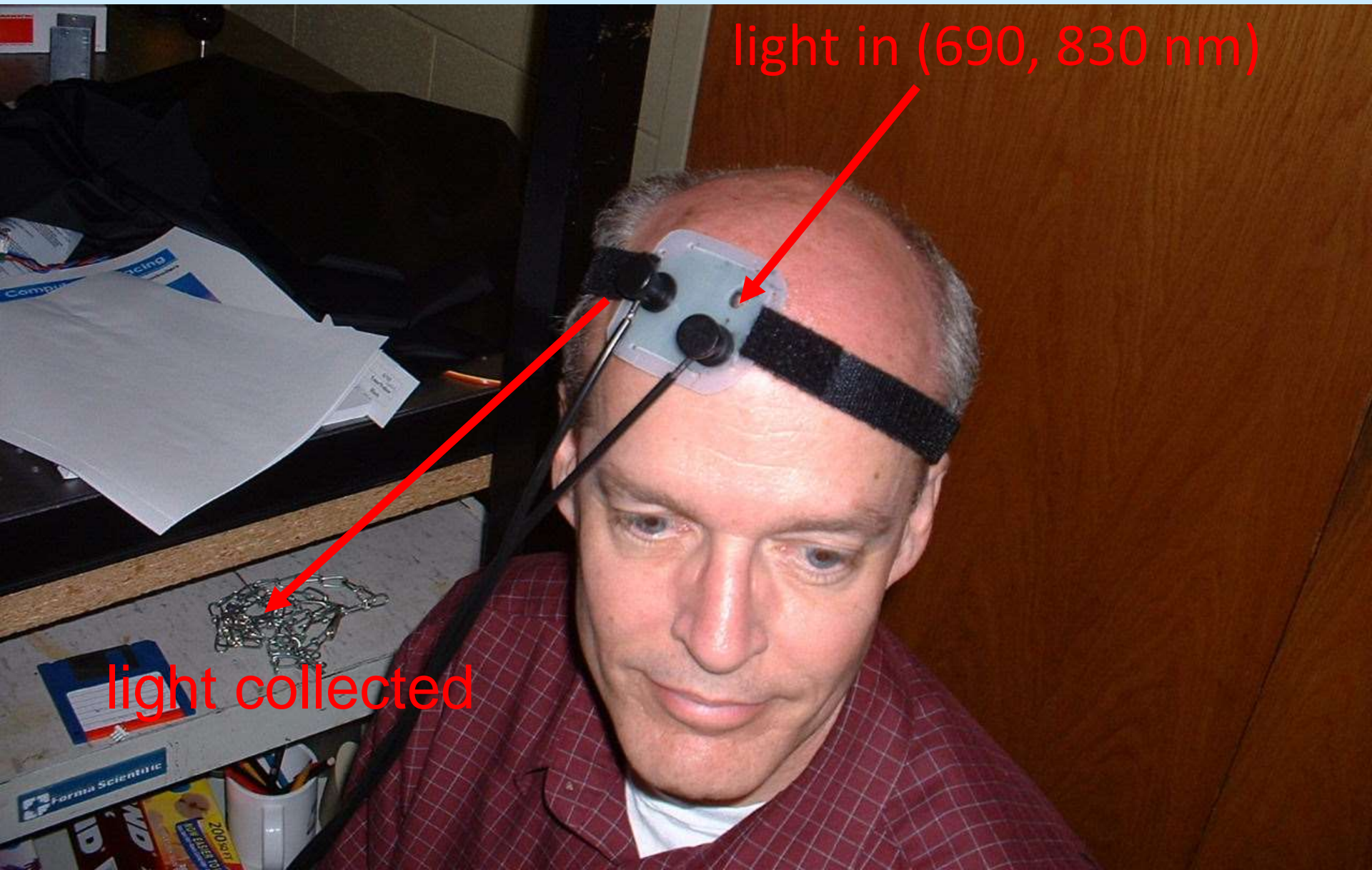




NIR Images of Volunteers with tumors



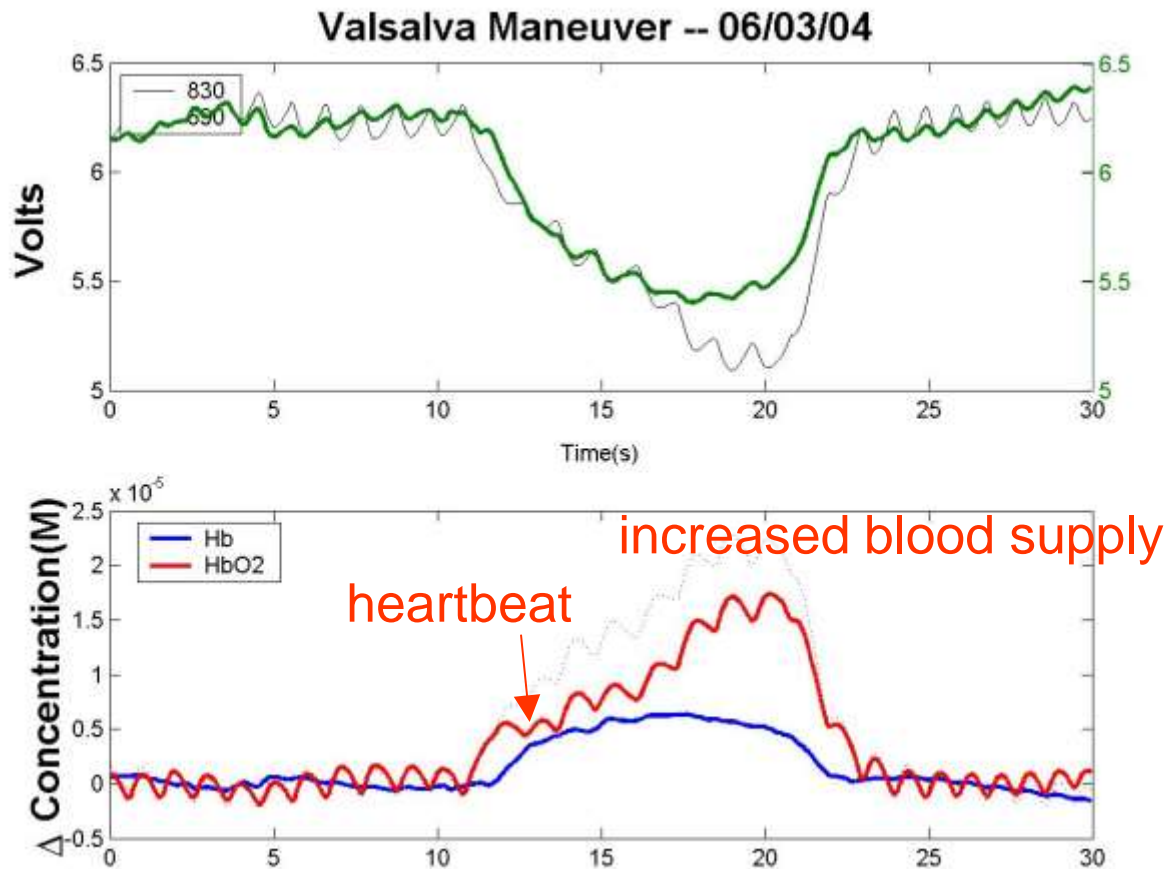
Application #3: brain hemodynamics



light in (690, 830 nm)

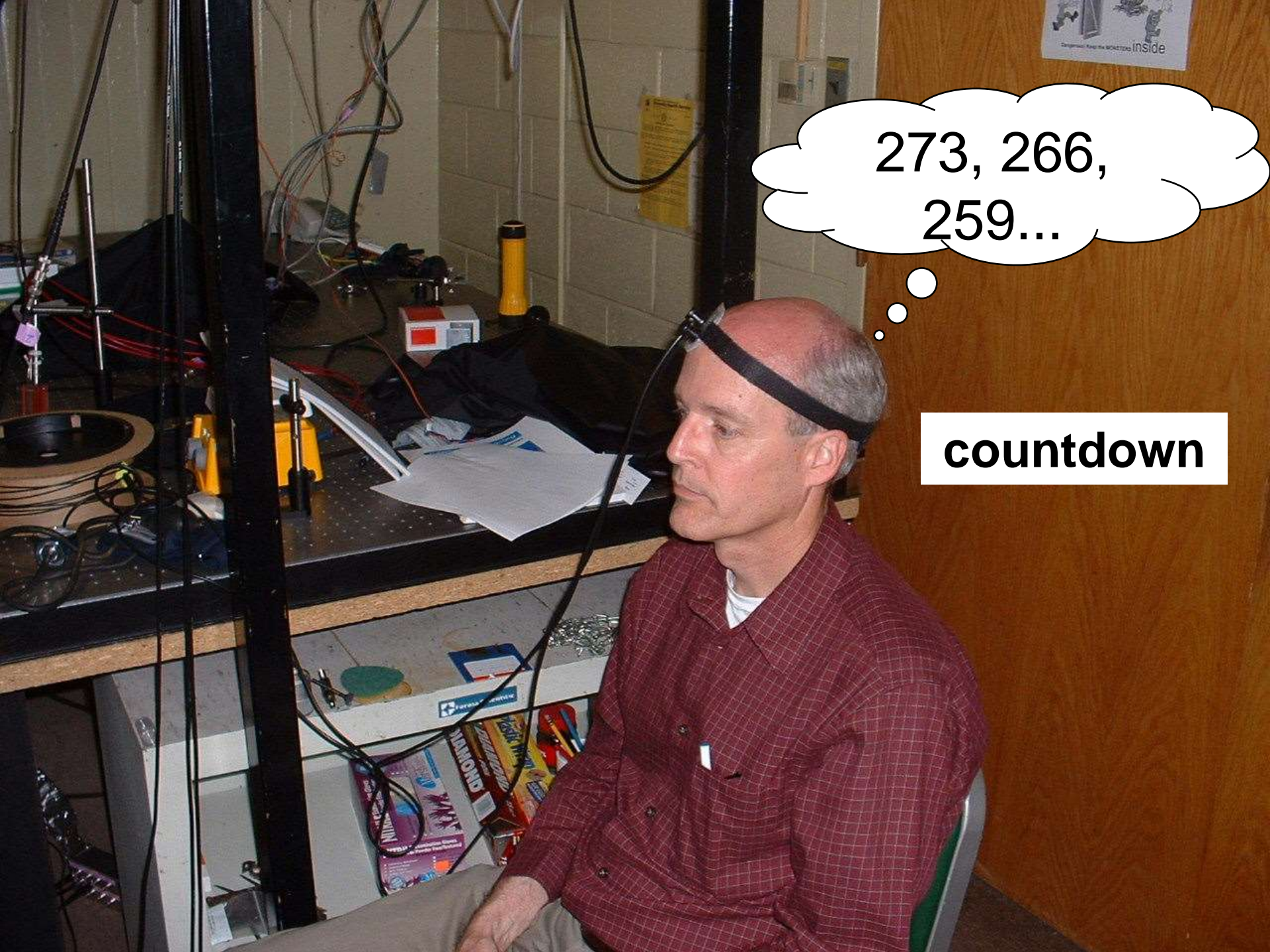
light collected

Noninvasive monitoring of hemodynamics



optical power
measurements

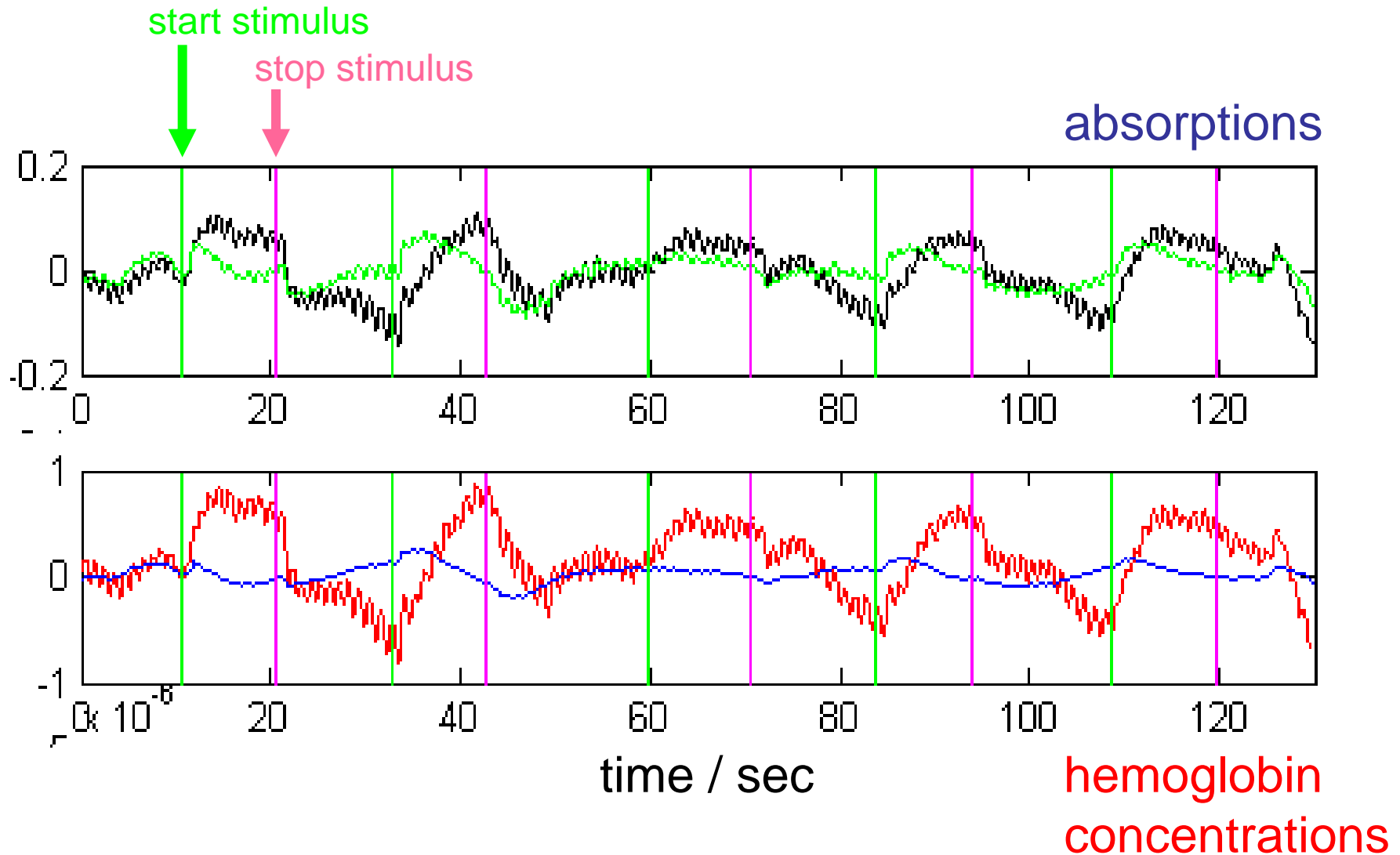
oxy- and deoxy-
hemoglobin
concentration
changes



273, 266,
259...

countdown

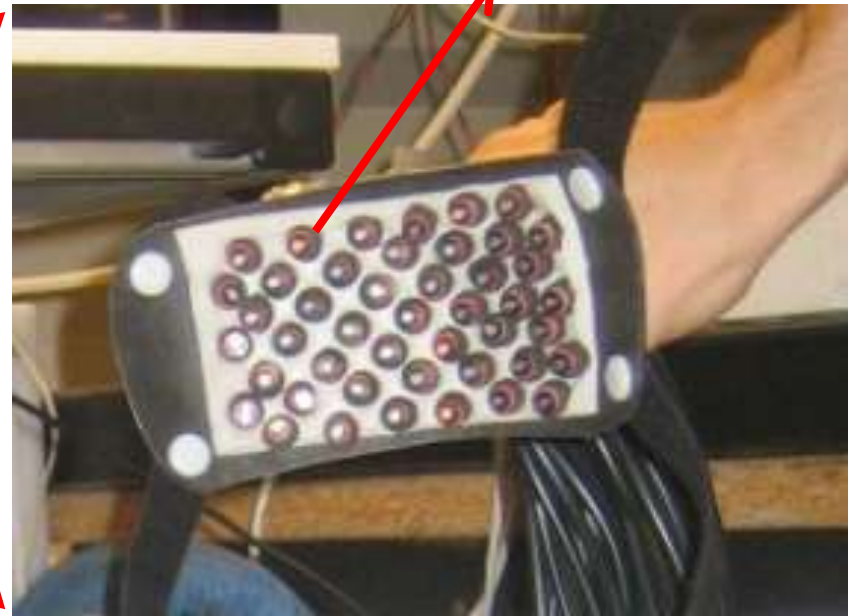
Single subject countdown timecourse



Typical headpiece for adults



optical fiber bundles



First Nearest Neighbors 1.3 cm

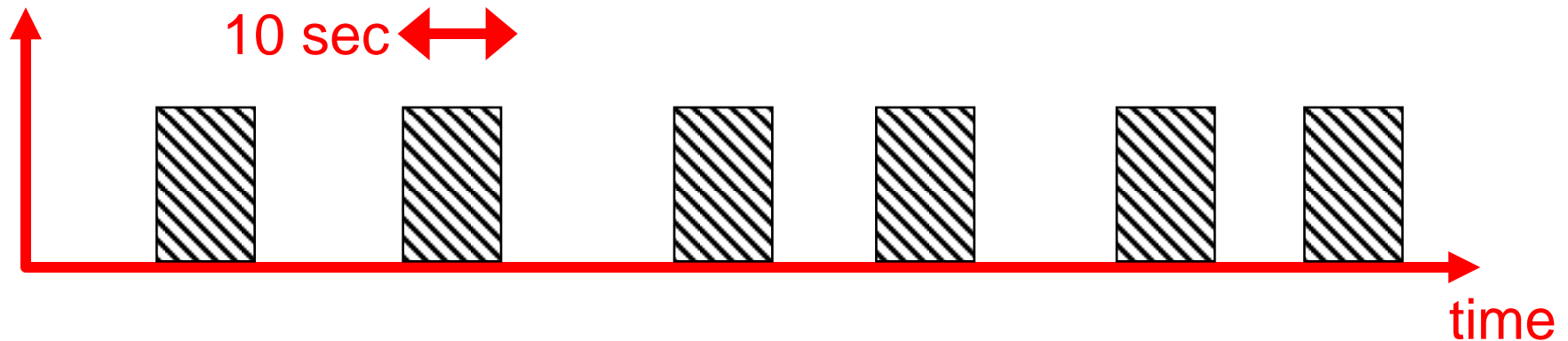
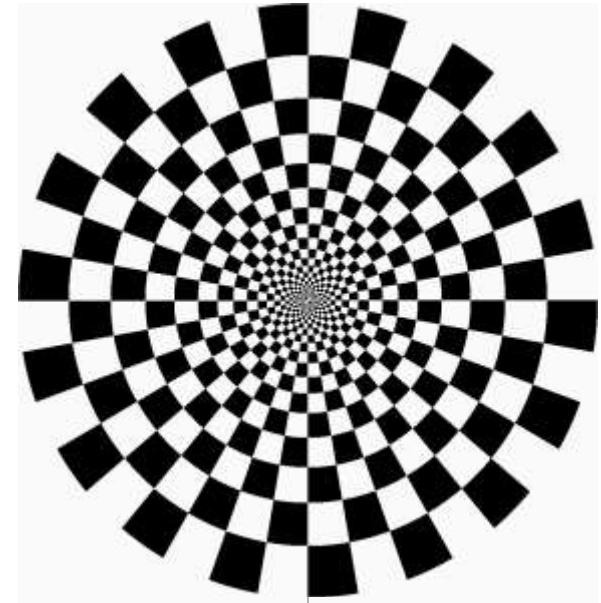
Second Nearest Neighbors 3 cm

Third Nearest Neighbors 3.9 cm

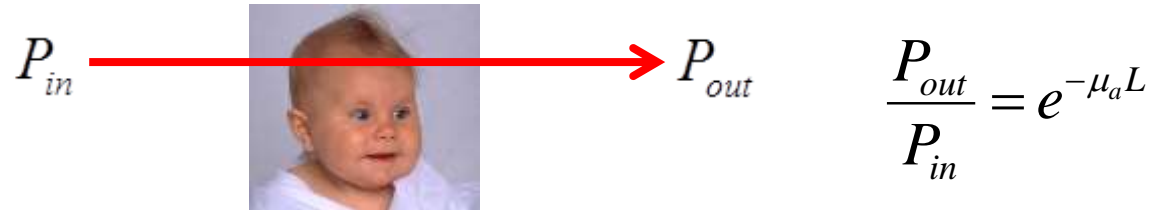
Visual Stimulation Protocol

- 6 stimulus periods of pattern reversal at 10 Hz

based upon code by Brian White and Joseph Culver, Washington University (St. Louis)



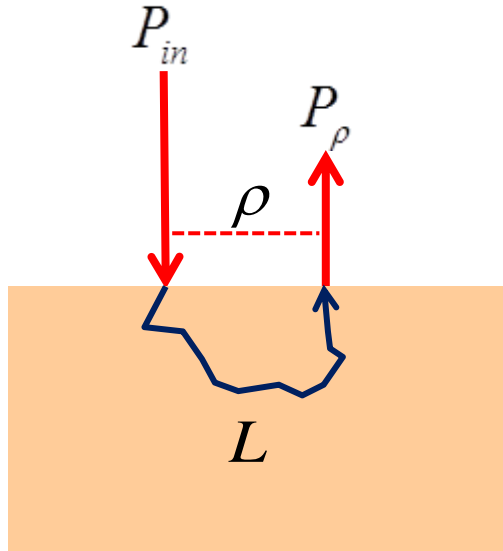
Simplified model of reflectance vs. time



Simplified model of reflectance vs. time



$$\frac{P_{out}}{P_{in}} = e^{-\mu_a L}$$



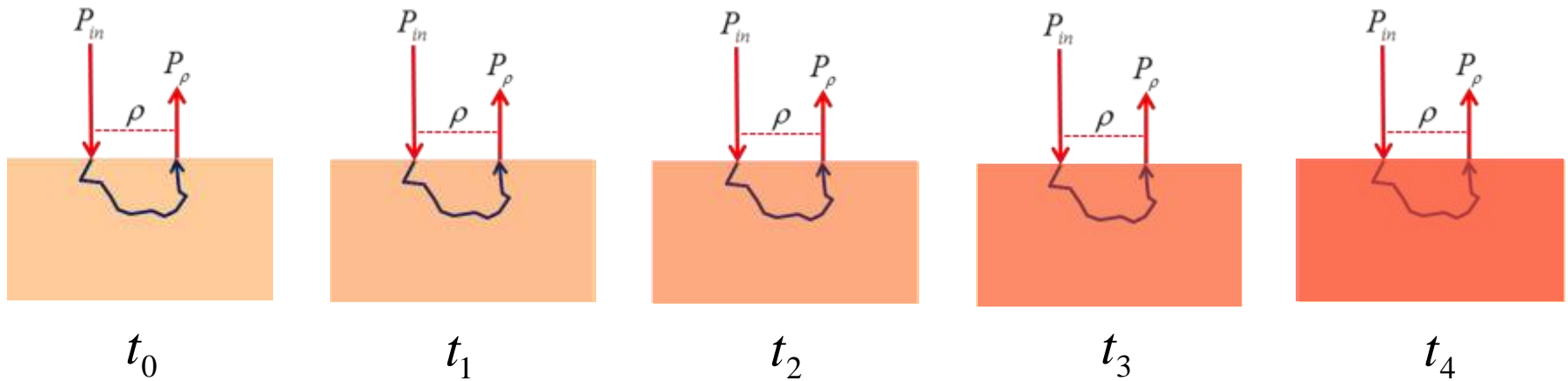
$$\begin{aligned} \frac{P_\rho}{P_{in}} &= G(\mu_a, \mu'_s, \rho) e^{-\mu_a \langle L \rangle} \\ &= \underbrace{G(\mu_a, \mu'_s, \rho)}_{\text{"geometry factor"}} e^{-\mu_a [DPF \cdot \rho]} \end{aligned}$$

"geometry factor"

$$\langle L \rangle \approx DPF \cdot \rho$$

e.g. $DPF = 6$

Simplified model of reflectance vs. time



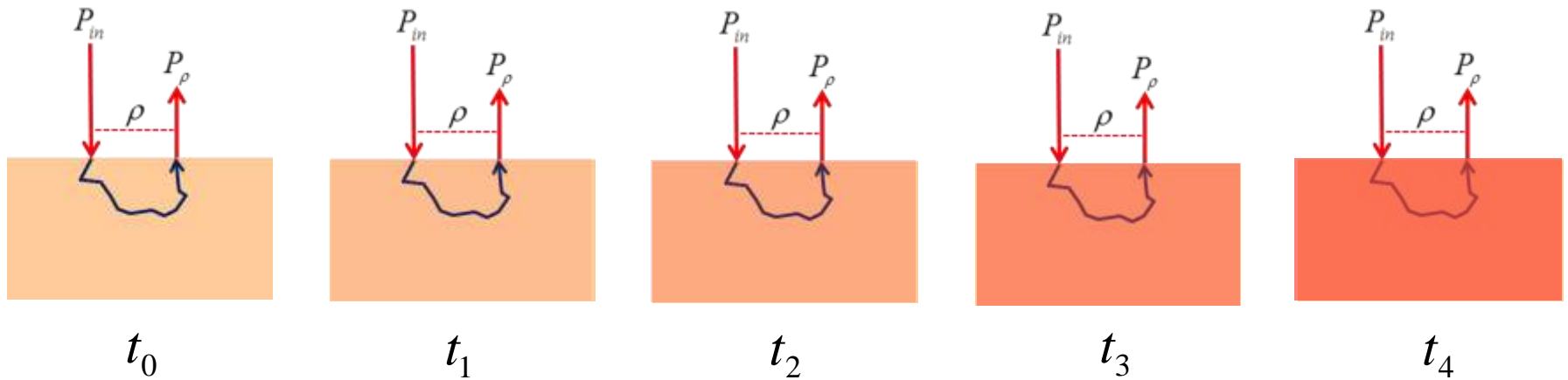
sequential measurements:

$$\frac{P_\rho(t)}{P_{in}} = G(\mu_a, \mu'_s, \rho) e^{-\mu_a(t)[DPF \cdot \rho]}$$

changes between measurements:

$$\begin{aligned} \frac{P_\rho(t)}{P_\rho(t_0)} &= e^{-[\mu_a(t) - \mu_a(t_0)][DPF \cdot \rho]} \\ &= e^{-\Delta\mu_a(t)[DPF \cdot \rho]} \end{aligned}$$

Simplified model of reflectance vs. time



$$\frac{P_{\rho}(t)}{P_{\rho}(t_0)} = e^{-\Delta\mu_a(t) \cdot [DPF \cdot \rho]}$$



“Modified Beer-Lambert Law (MBLL)”

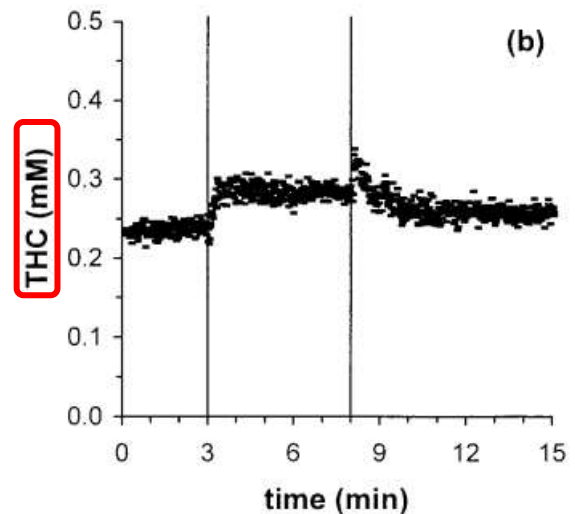
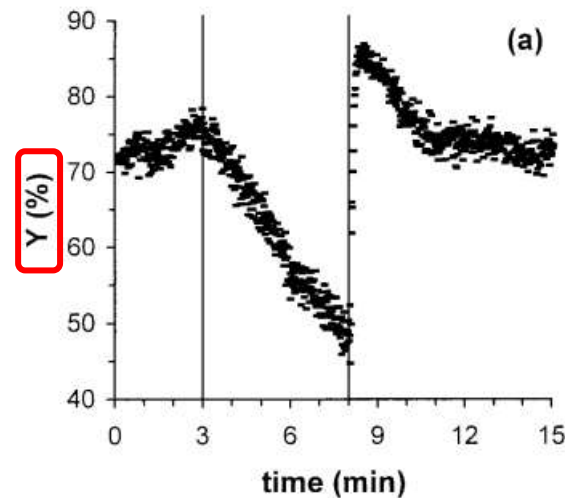
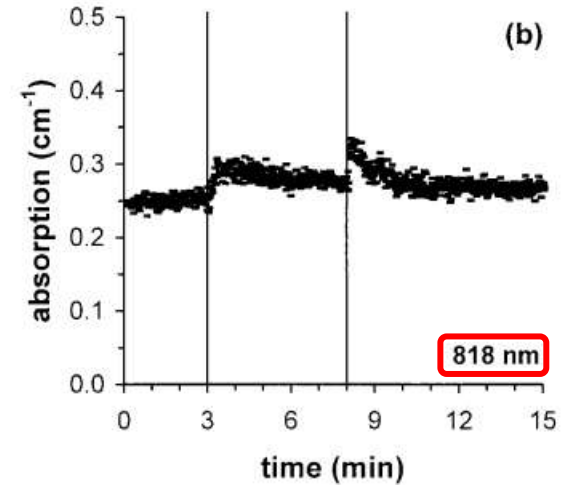
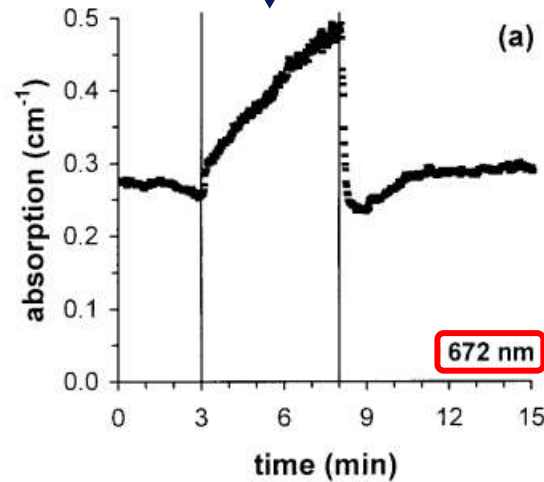
$$\frac{P_{out}}{P_{in}} = e^{-\mu_a L}$$

Reminder: time domain *in vivo* blood measurements

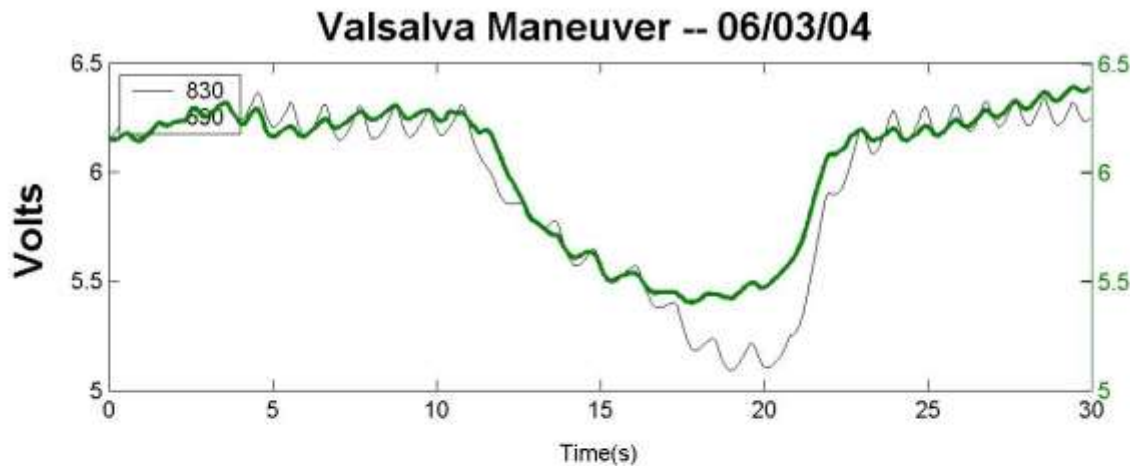
pressure cuff on



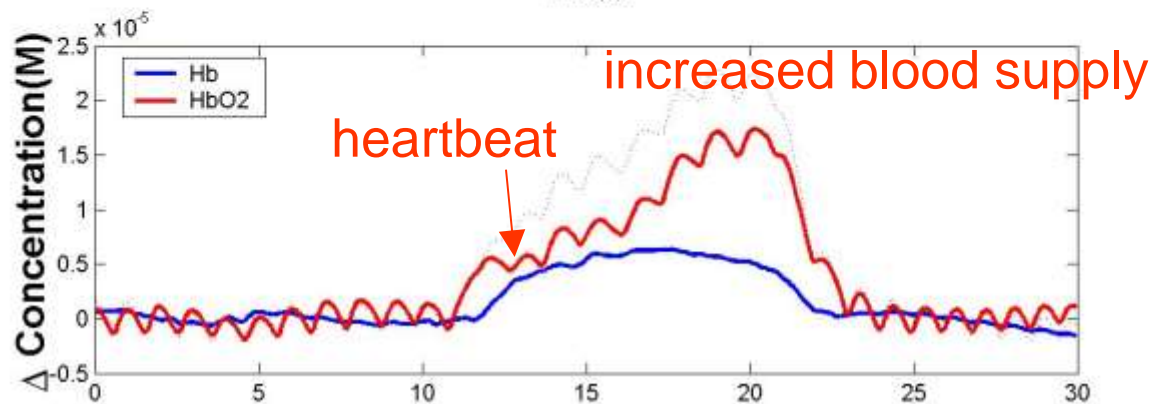
absolute
measurements



Reminder: CW *in vivo* measurements



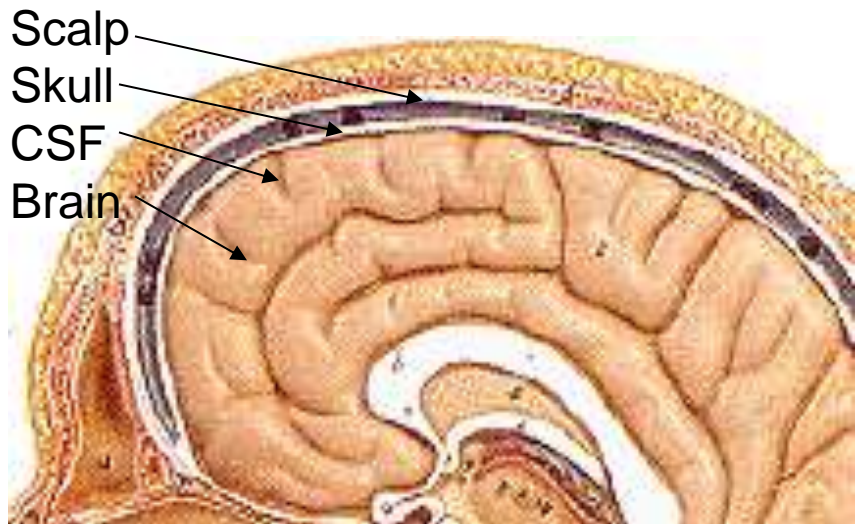
optical power
measurements



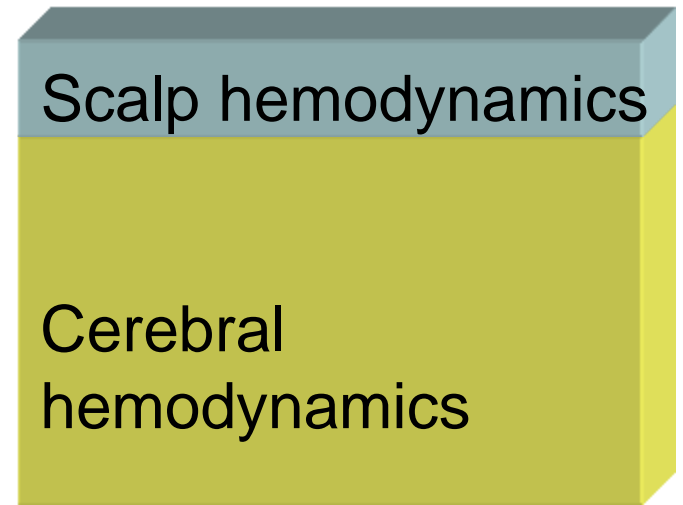
oxy- and deoxy-
hemoglobin
concentration
changes

The optical geometry

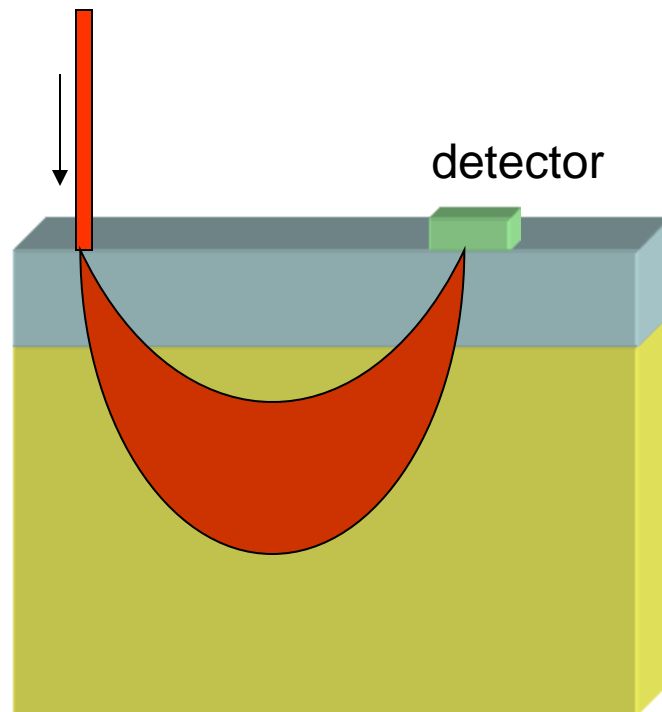
A real head



A physicist's head



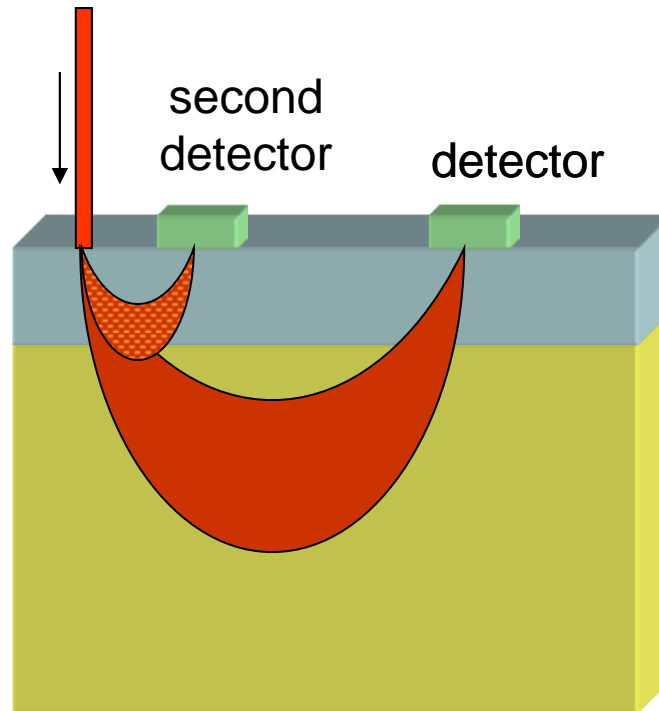
Problem: not all blood is in the brain!



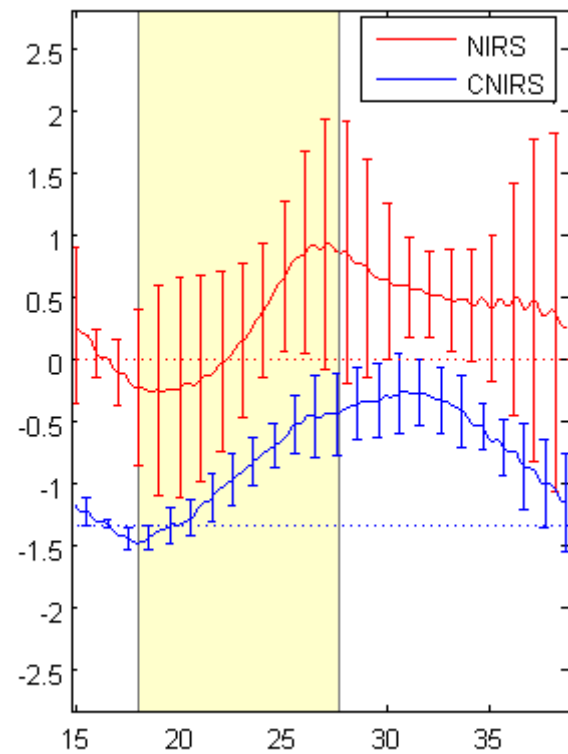
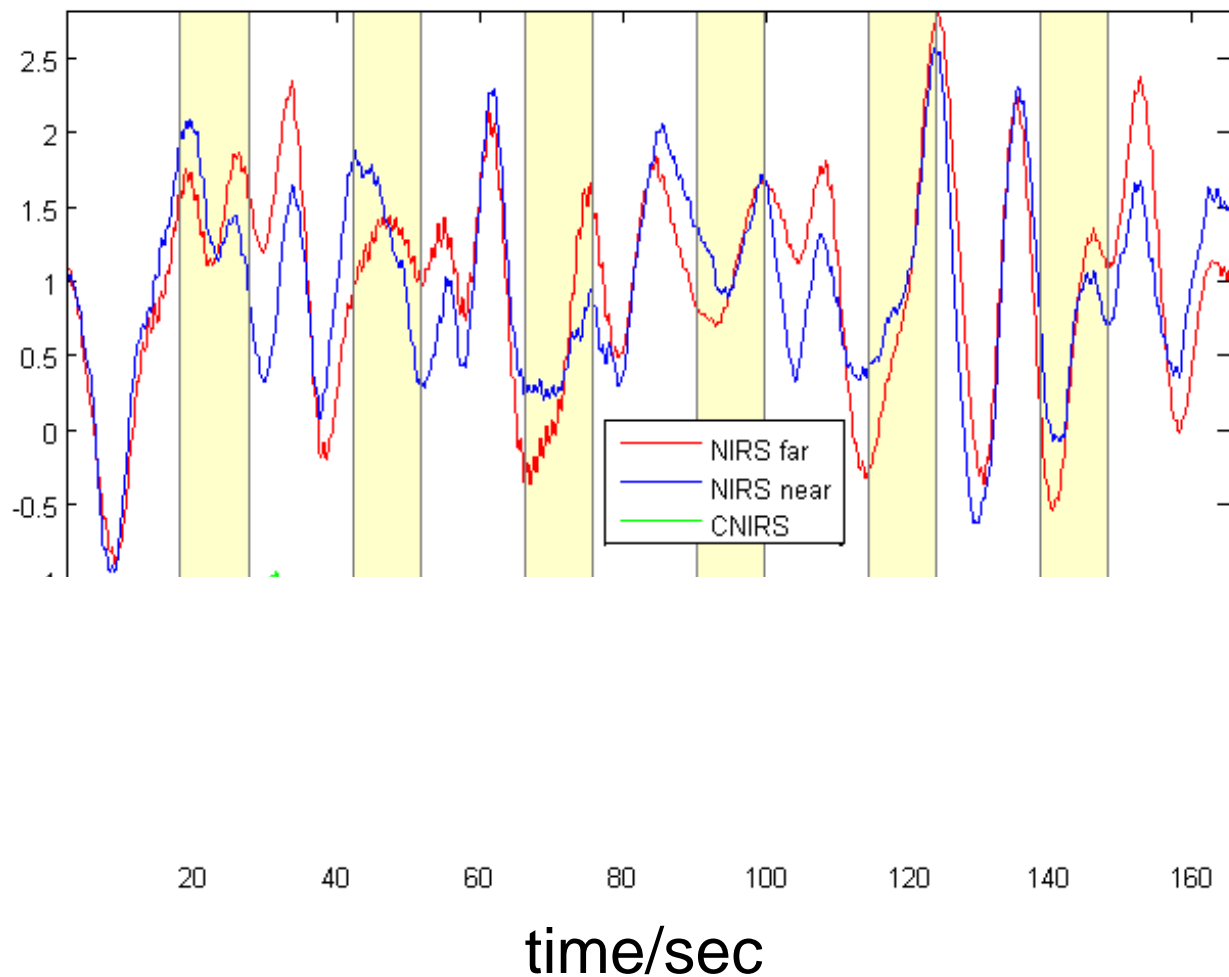
Measurement sensitive to both
scalp and **brain** hemodynamics

Want to isolate **brain-specific**
trends

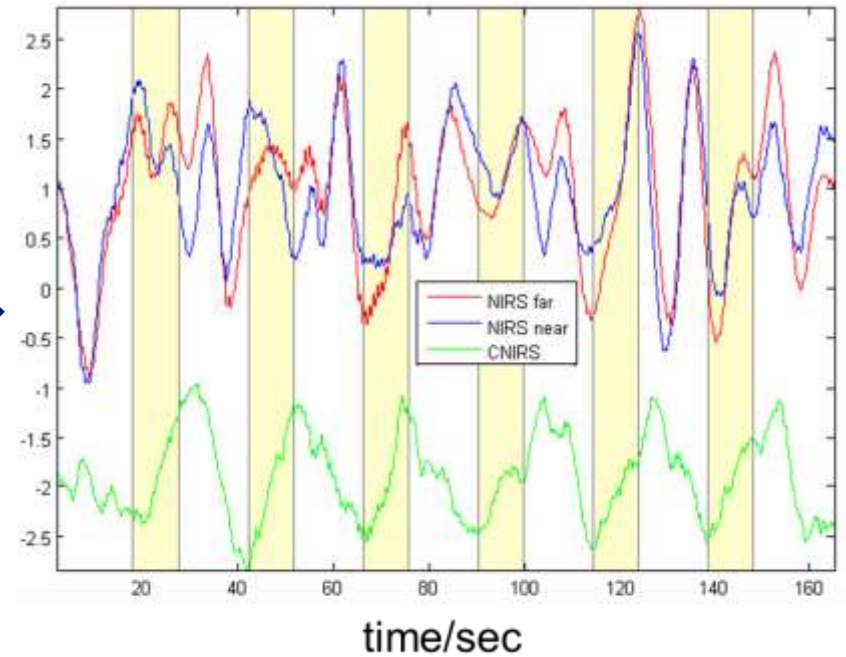
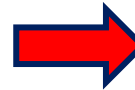
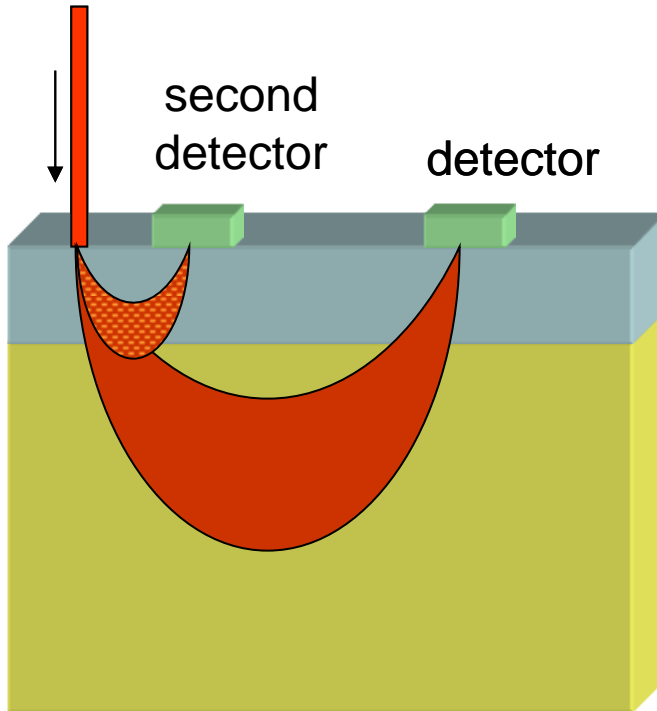
2 detectors, 2 different depths probed!



Improving signal-to-noise by subtracting “scalp” signal



Good summary case for diffuse spectroscopy



Reviewing the roadmap

review of basic concepts from last time

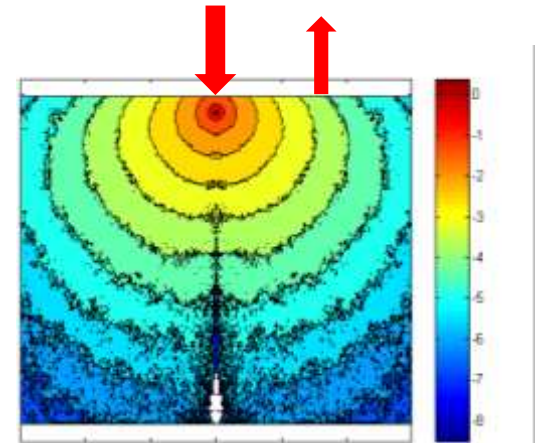
the Virtual Tissue Simulator

reflectance measurements: three types

steady-state

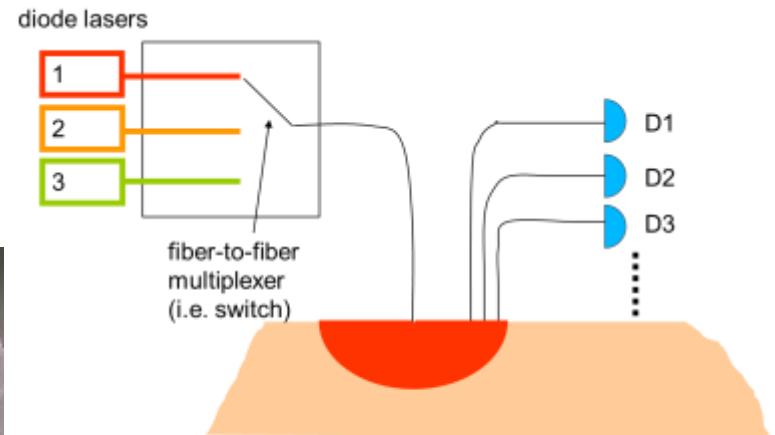
pulsed

sinusoidally-modulated (*"frequency domain"*)



instrument design considerations

various applications



To learn more

Tuesdays in January (7.1, 14.1, 21.1, 28.1), 2:00 pm, IPHT
Sitzungssaal

Lecture 2 - **Turbid tissue optics I: *Introduction***

Lecture 3 - **Turbid tissue optics II: *Instrumentation and measurements***

Lecture 4 - **Turbid tissue optics III: *(More) Applications***

Lecture 5 - **A different view of turbidity: *elastic scattering analysis***