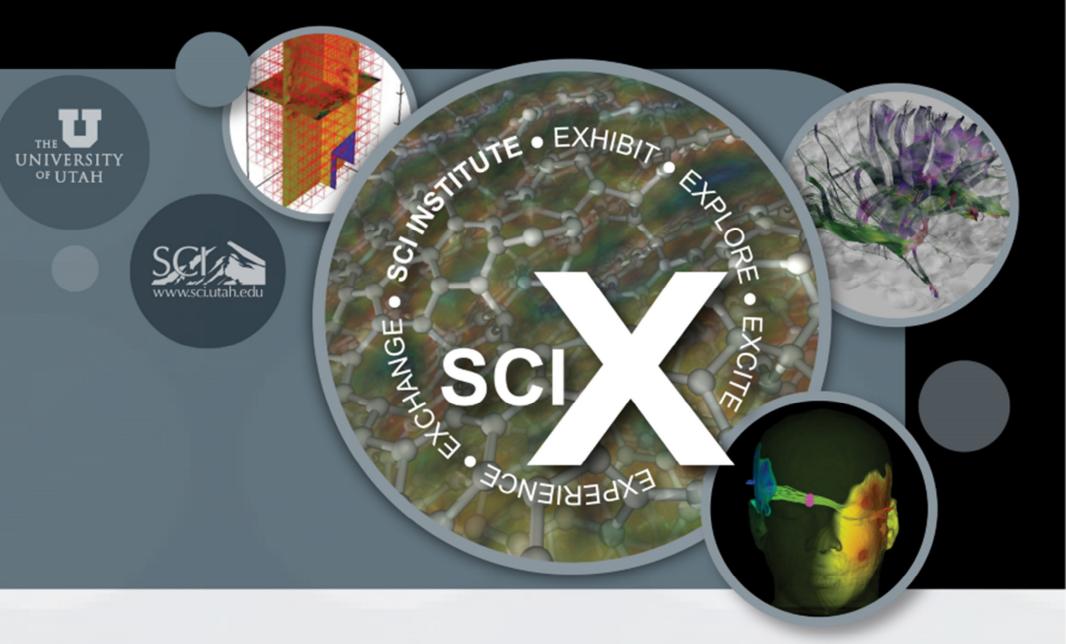
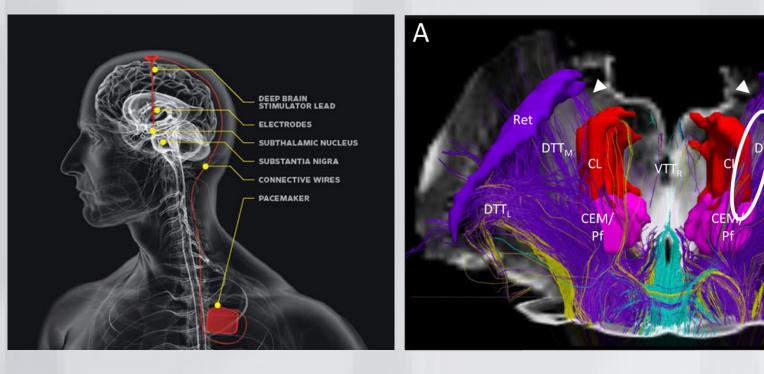
Patient-Specific Computational Modeling Aids Deep Brain Stimulation Therapies

Andrew Janson, Johannes Vorwerk PhD, Christopher R. Butson PhD



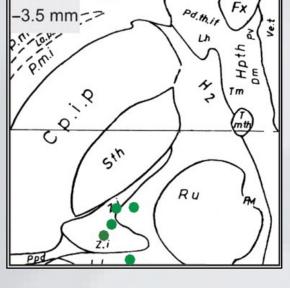
Can we use computational models to guide the clinical application of deep brain stimulation (DBS) therapy?

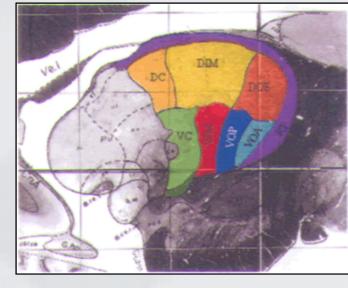
What is the Stimulation Target?

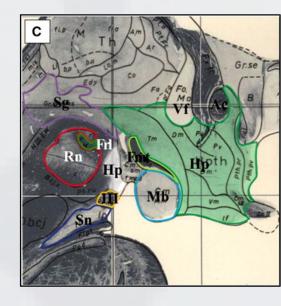


Each disorder treated by DBS has a different target in the brain and new applications of DBS are targeting fiber pathways.

Atlas-Based Surgical Planning







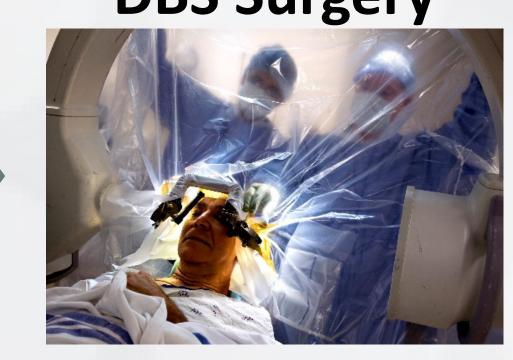
The current approach for determining surgical placement of the electrode relies on atlases that do not necessarily represent the patient.

Pre-surgical Planning



1. Pre-surgical planning to identify where to place the DBS lead, integrating existing knowledge of stimulation targets.

DBS Surgery



2. Surgical implantation of the DBS lead at the location identified in the pre-surgical plan.

Post-Operative Care



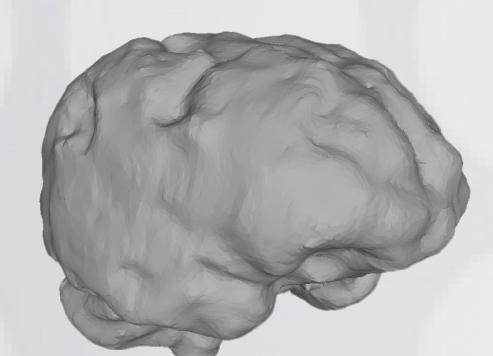
3. Post-operative programming of the device to provide therapeutic effect.

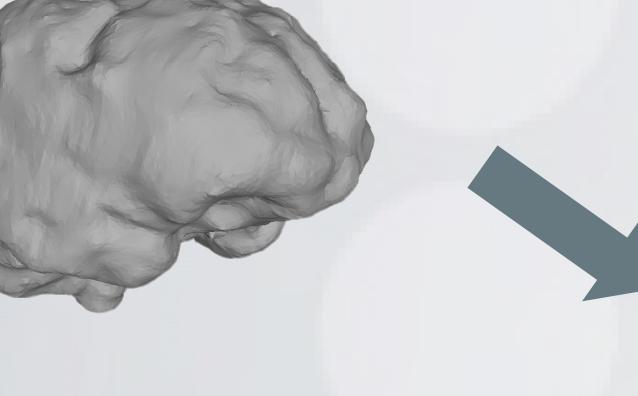
Patient-Specific Computational Modeling Pipeline

3D Reconstruction of the Patient's Brain

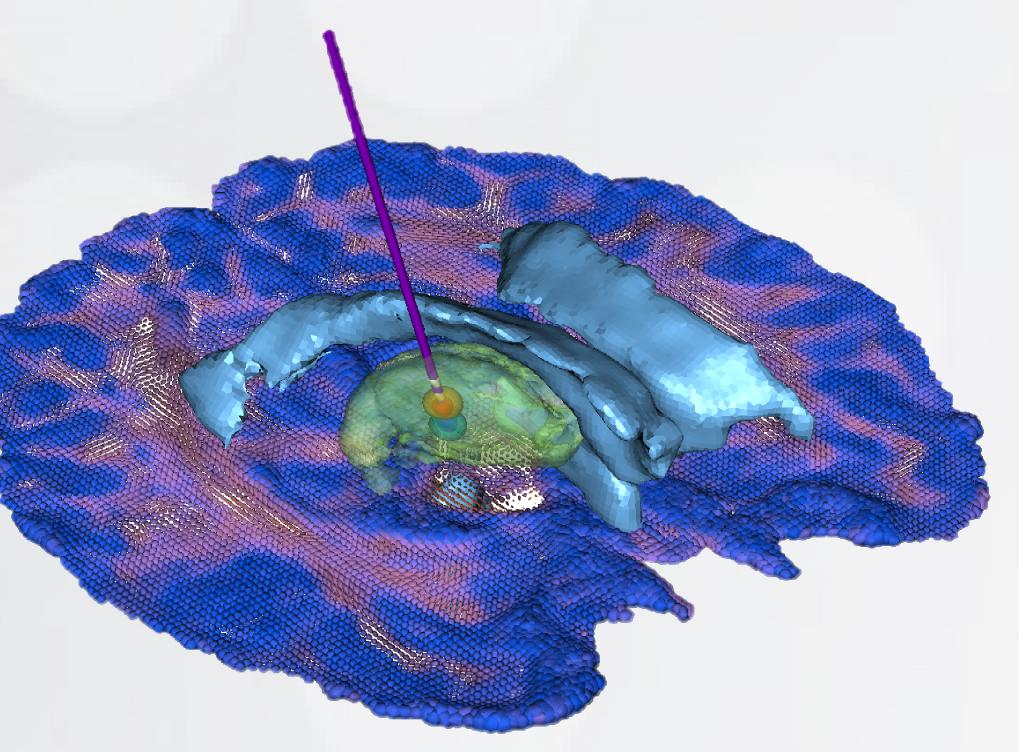
Diffusion Tensor Imaging and Tractography

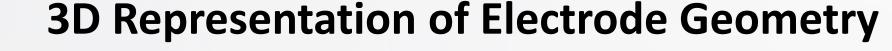


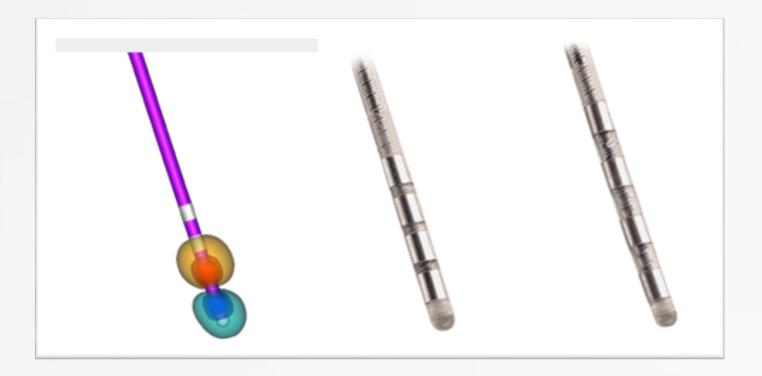




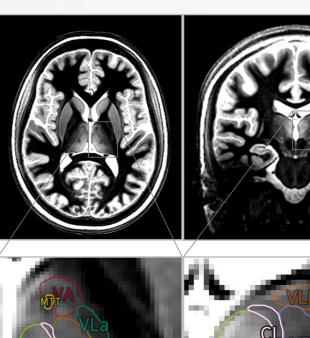
Biophysical Model of DBS



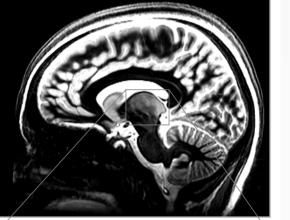


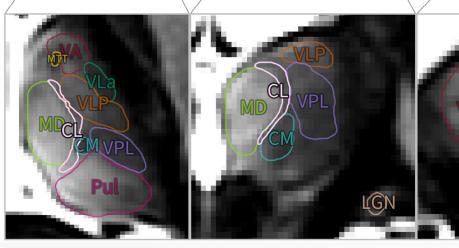


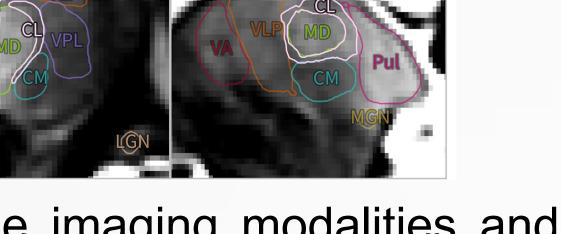
Patient-Specific Anatomical Segmentation











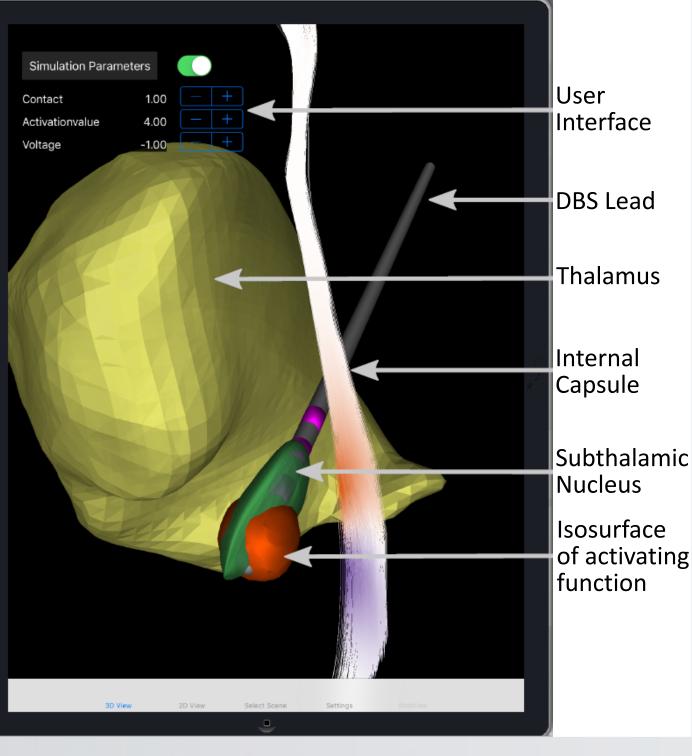
Patient-specific models incorporate both the anatomy and physical properties of the patient's brain. We incorporate multiple imaging modalities and physical representation of electrode geometries to simulate the effects of DBS. These models help determine where to place the lead before it is implanted in the patient, as well as aid clinicians in selecting therapeutic stimulation settings by visualizing the effects of stimulation.

Clinical Studies

Remote Management of DBS Patients

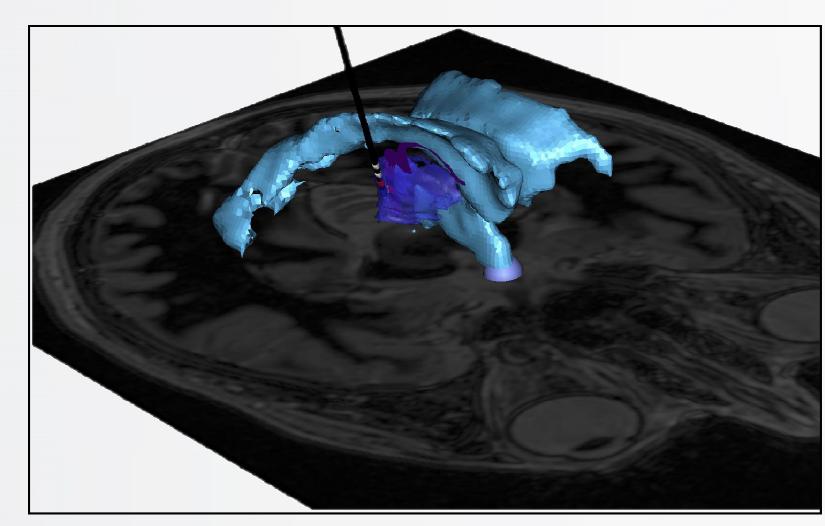
ACKNOWLEDGEMENTS: NSF US IGNITE, 10037840

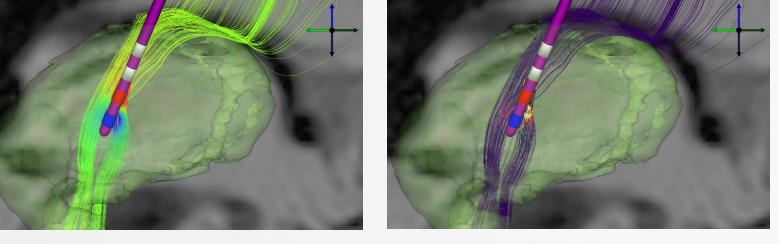




The goal of this study is to DBS improve access programming using a mobile decision support system over the Utah Education & Telehealth Network (UETN) to help clinicians at remote hospitals to patients who are manage receiving DBS therapy. It is costly for patient's to travel to DBS centers and this system allows them to be programmed closer to home.

Central Thalamic DBS for Traumatic Brain Injury





The goal of this study is to target specific fiber pathways responsible for arousal regulation in patients with cognitive deficiencies. This is a novel therapy and these targets are difficult to identify. Our models aid in determining placement of the electrode prior to surgery to give DBS therapy the best chance of success. These models will also guide post-operative programming to determine the best therapeutic stimulation settings.

NIH UH3, NS095554 https://clinicaltrials.gov/show/NCT02881151



