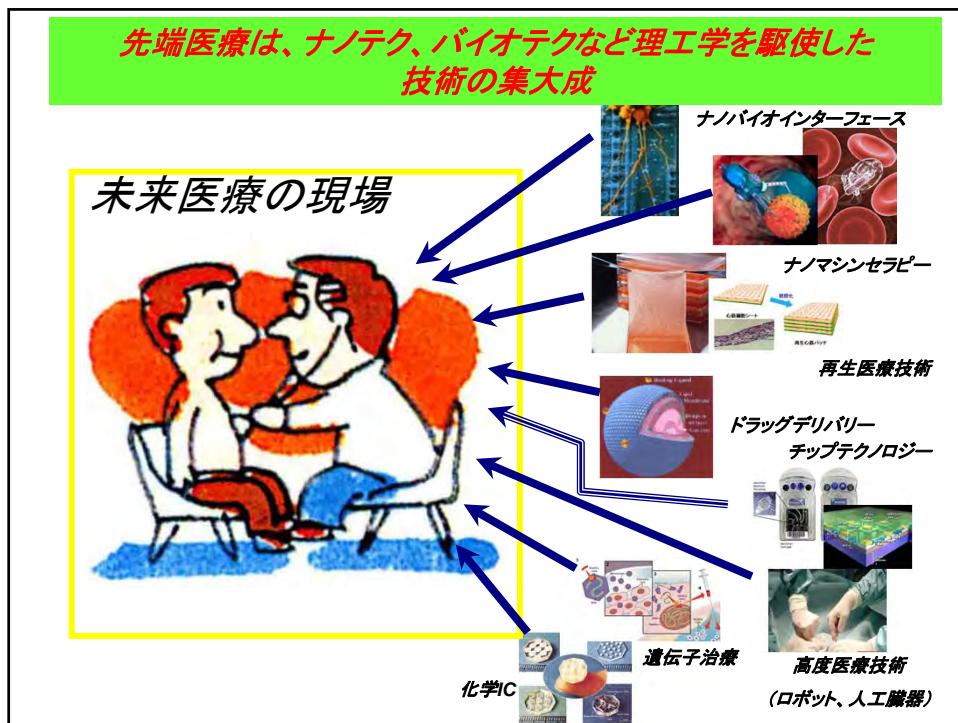




EBM:
Evidence Based Medicine
(ガイドライン)

v.s.

もうひとつのEBM
Another EBM:
Engineering Based Medicine
(医工融合)



脳外科領域

● コンピュータ支援手術の普及度

術中MRI

滋賀医大(2000)、女子医大(2000)、国立癌センター(2005)、東海大学(2006)、名古屋大学(2006)、名古屋セントラル病院(2006)、山形大学(2008)、鹿児島大学(2009)、太田記念病院(2010)

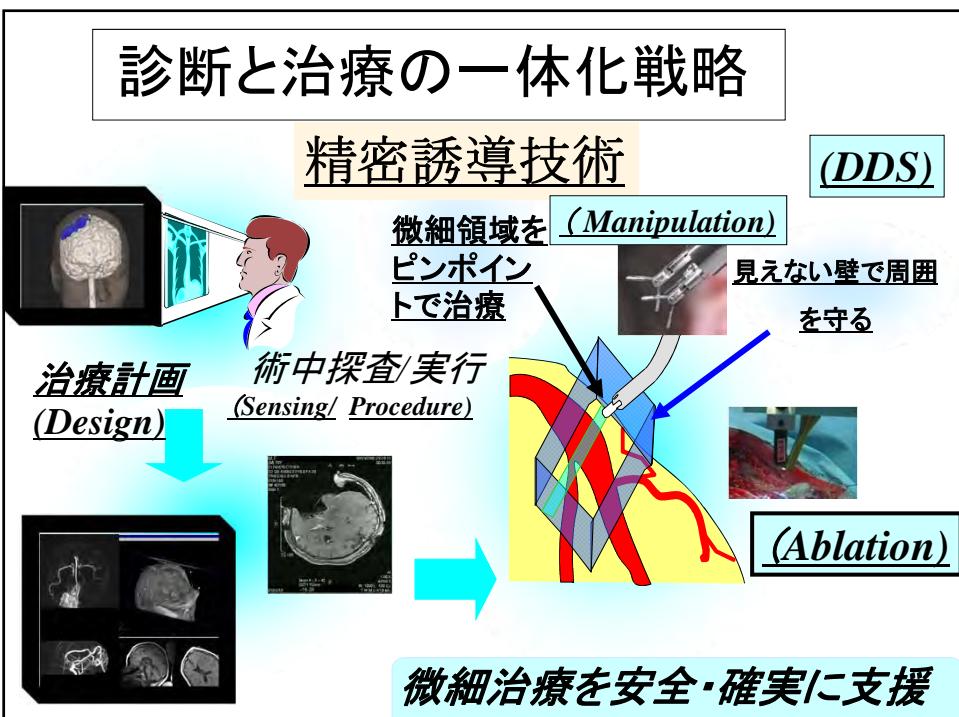
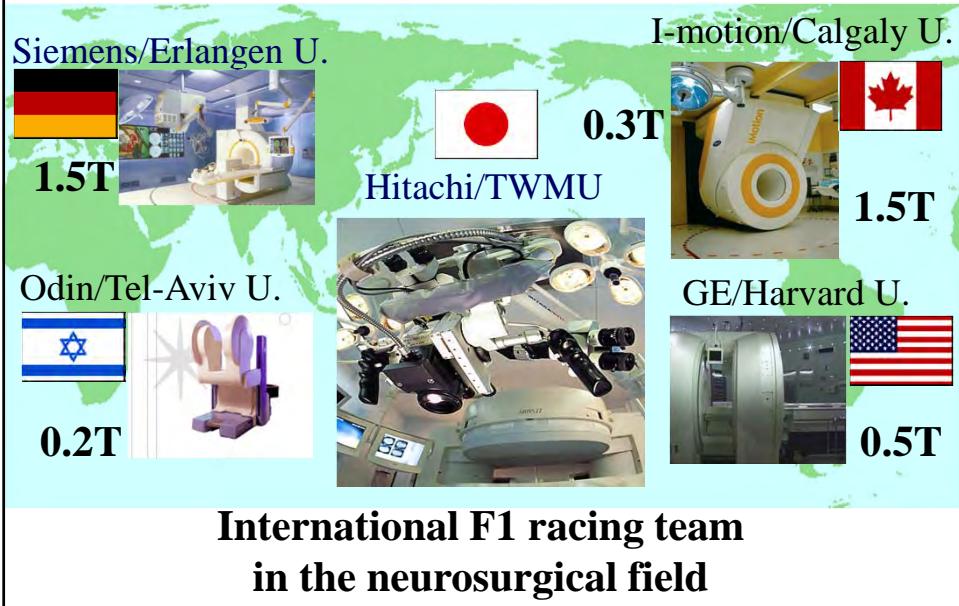
● 阻む障害

- 職人芸、保険点数、コスト、稼働率

● 今後の展望

- 手術プロセスマネージメント(デジタル手術)、戦略デスク、予測制御型医療

MRI operating theater



悪性脳腫瘍(Glioma)

最大限の摘出 と 最小限の侵襲 による QOTの高い手術治療

悪性脳腫瘍(グリオーマ)摘出のジレンマ 境界不鮮明・周囲正常脳損傷による重篤な合併症

・拡大摘出
生存率↑
合併症↑

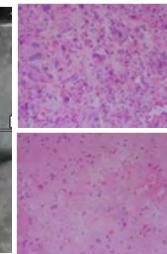
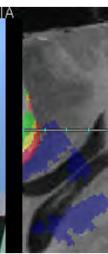
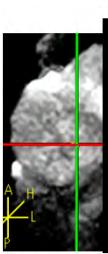
・理想的な摘出
生存率↑
合併症↓

・縮小摘出
生存率↓
合併症↓

失語症・片麻痺
言語野・言語神経・運動神経

客観的(可視化)・再現性

適切な術中情報



Controversy of Radical Glioma Resection

- 1990's paper about radical removal and good prognosis

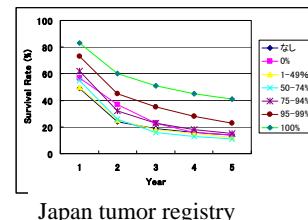
6 papers YES 3 papers NO
selection bias, methodological flaws
different method to evaluate removal extent – surgeon?, CT?,
MRI?

Hess J NeuroOncol (42) 227-231 1999

- 416 GBM, MRI volumetry
untreated cases \geq 98% : <98%
all cases \geq 89%

Lacroix et al. J Neurosurg 95:190-198, 2001

- 6395 malignant glioma, 5-year survival
total (40%) > 95% (22%) > other



悪性脳腫瘍の生存率を20ポイント向上させるには

- 通常手術 (50 - 75%摘出)
95%未満摘出
5年生存率 8-15%
- 術中MRIと形態ナビゲーション
95%以上摘出
5年生存率 20%
- 5ALAと蛍光HivisCASの
化学ナビゲーション
100%摘出
5年生存率 40%



Patho-biological aspects of malignant glioma

Glioblastoma: The Past, the Present, and the Future

Wilson CB: Clin Neurosurg 38, 1992

TABLE 3.1
Assumptions Regarding the Ratio of Tumor Cells to Total Cells at Various Sites and Cell Density in Tumor and Normal Brain

General Assumptions

1 g of tumor = 10^8 cells

1 g of normal brain = 10^8 cells

Whole brain = 1400 g

All tumor cells are viable

Fewer than 1% of tumor cells are clonogenic

Recurrence is a probability function directly related to cell number but modified by local factors, e.g., extracellular matrix.

Assumptions about Tumor Cell to Normal Cell Ratio (T/N)

Enhancing tumor = 1.0

Brain adjacent to tumor (BAT)

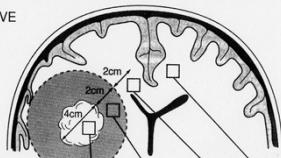
0-2 cm = $\frac{1}{10}$

2-4 cm = $\frac{1}{100}$

>4 cm = $\frac{1}{1000}$

†Alvord's explanation (1) does not explain this; i.e., patients with GBM do not die before the distal cells obtain a footing.

PRE OPERATIVE



A Ratio of tumor cells to total cells

1:1 92%

1:10 6%

1:100 1.8%

1:1000 0.2%

A Percentage of tumor cell population

92% 6% 1.8% 0.2%

B Ratio of tumor cells to total cells

1:10 77%

1:100 21%

1:1000 2%

B Percentage of tumor cell population

77% 21% 2%

POST OPERATIVE

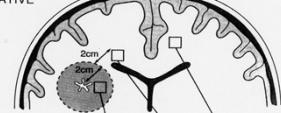


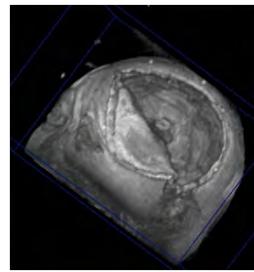
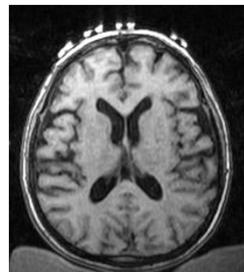
FIGURE 3.1. Information from biopsy and postmortem examinations provides the basis for estimations of the ratio of tumor cells to normal cells and the percentage of the total tumor cell population before (A) and after (B) nearly total removal of a glioblastoma.

**intraoperative open MRI
advanced Vision**

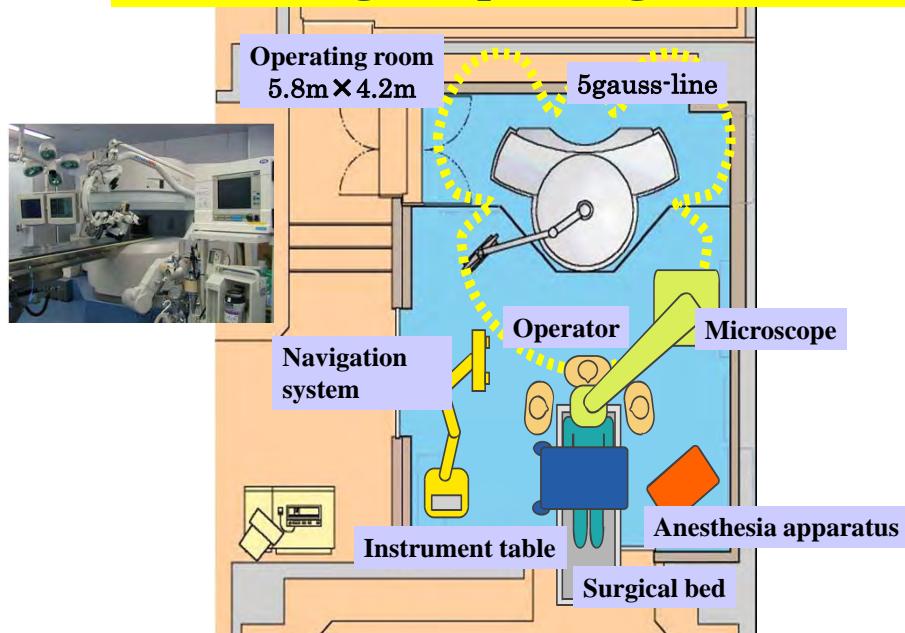
Open configuration MRI

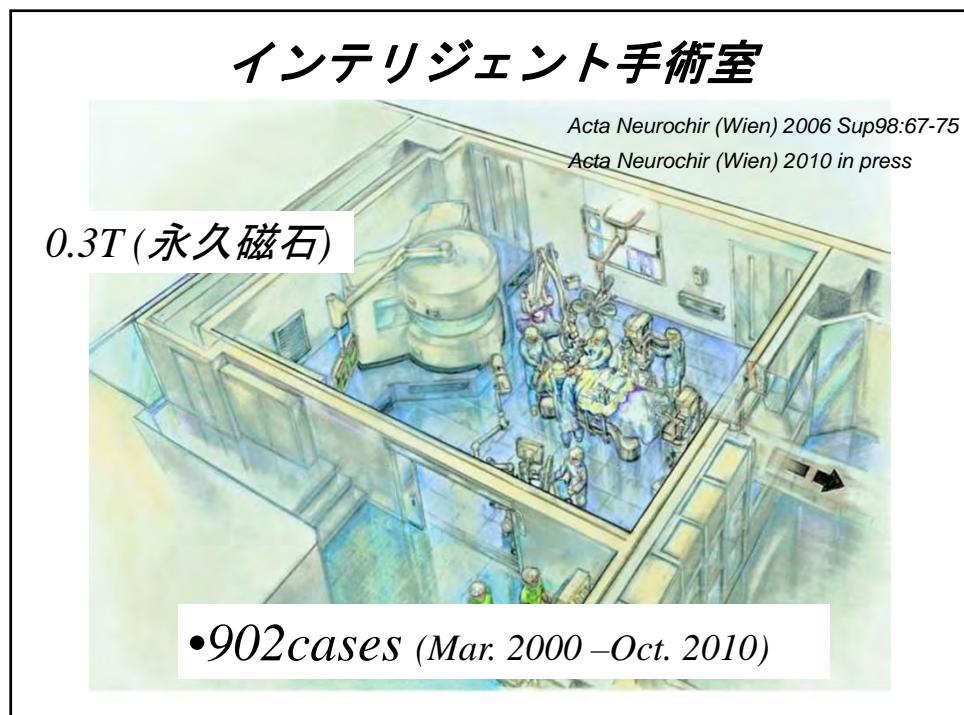
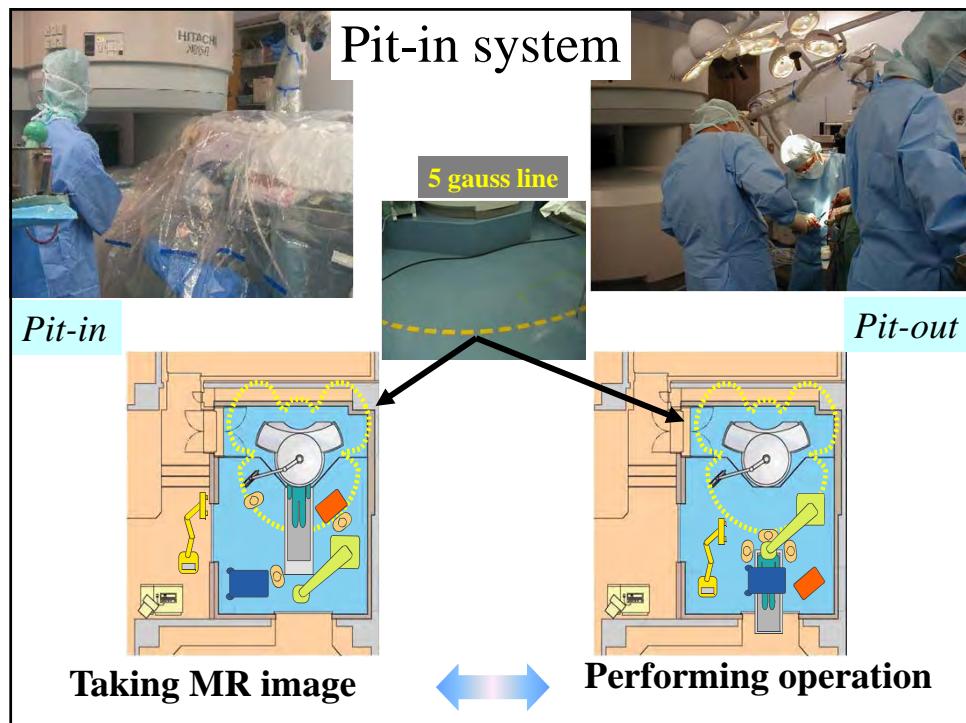
Open MRI (AIRIS II, 0.3 T, Hitachi)

- 永久磁石
 - 満足できる画像レベルと機能
 - T1,T2,FLAIR, MRA, 3D, DWI
 - 5ガウスライン外で一般手術道具の使用可能

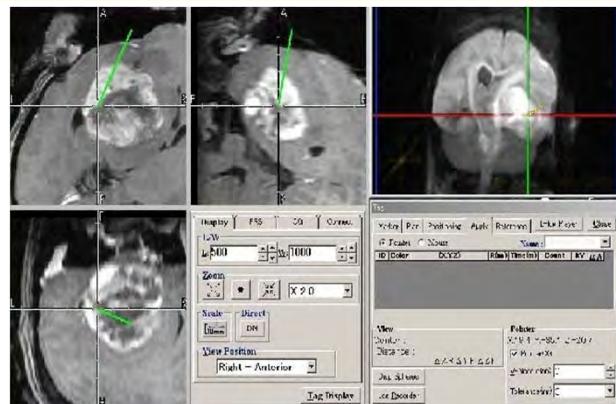


Intelligent operating theater



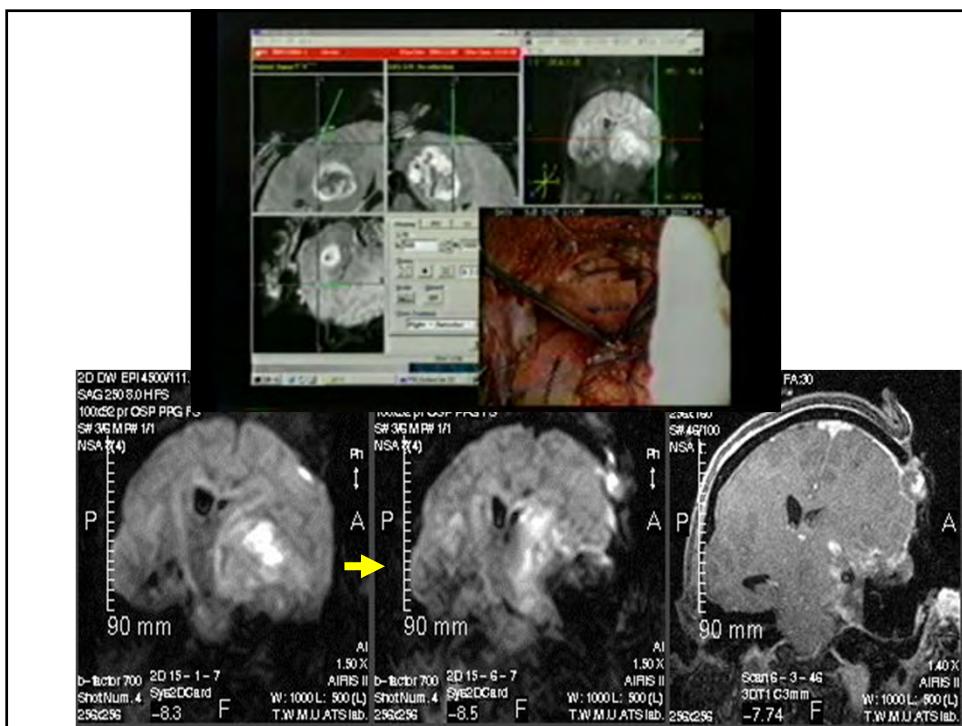


DWI navigation



拡散強調画像(DWI)による錐体路の術中確認

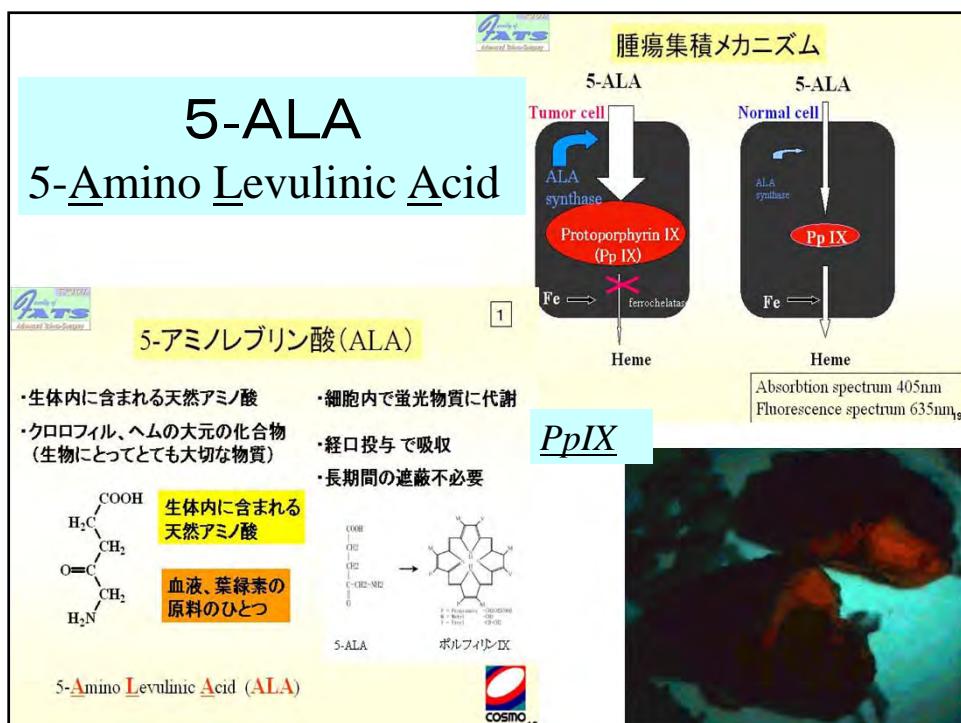
Real time update navigationとの連動



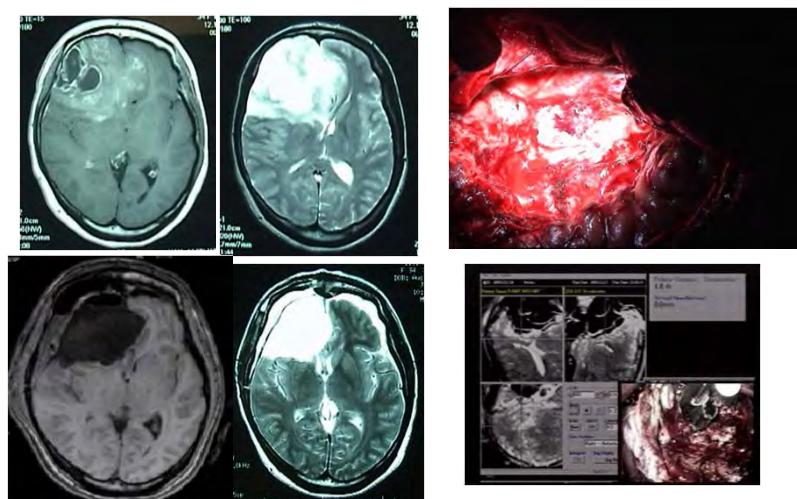
Chemical navigation

5-ALAによるPDD(photo-dynamic diagnosis)
NPe6によるPDT(photo-dynamic therapy)

5-ALAによる術中蛍光診断 スペクトログラムでの高感度測定

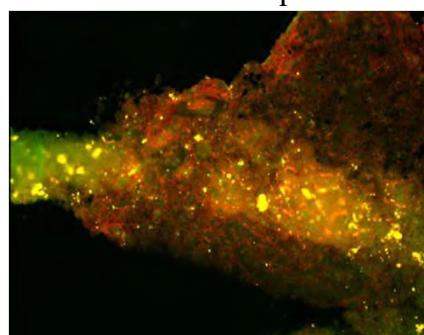


34 y.o. anaplastic astrocytoma
SEP, 5ALA , iMRI, RUnavigation

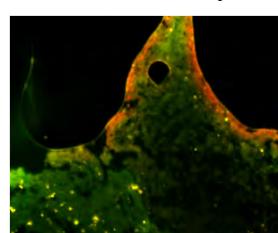


TV(pr) 198ml, TV(po) 0ml, RR 100%

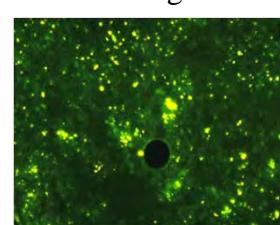
5-ALA fluorescence positive

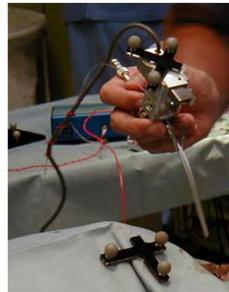


5-ALA boundary

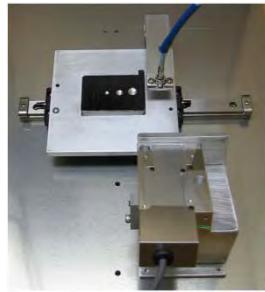


5-ALA negative

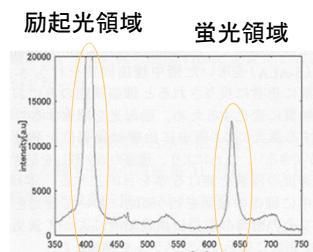




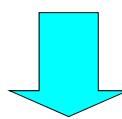
ポイントでの
蛍光分光計測



摘出組織の
蛍光分光計測



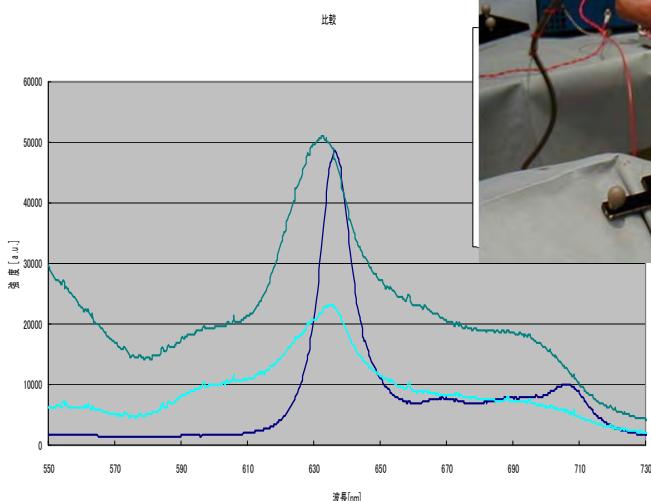
分光光度計による波長分析



高感度かつ分解能の高い腫瘍同定
(空間・波長)

absorption spectrum: 405nm

fluorescence spectrum: 635nm

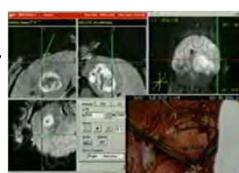


PDT

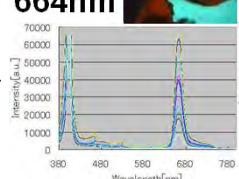
PD-レーザ Talaporfin レザフィリン®

悪性脳腫瘍に対する新治療戦略

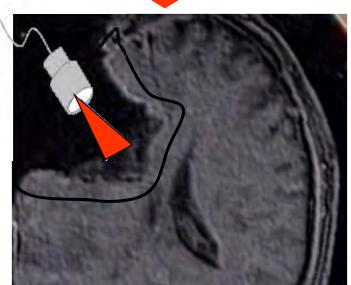
- 術中MRIと
(DWI)ナビゲーション
95%以上摘出



- Talaporfin PD-LASER 664nm
(PDD・PDT)
化学ナビゲーション
100%摘出



- Talaporfin PD-LASER 664nmによるPDT
border zone 内の残存腫瘍細胞
レーザーの到達深度 数mm

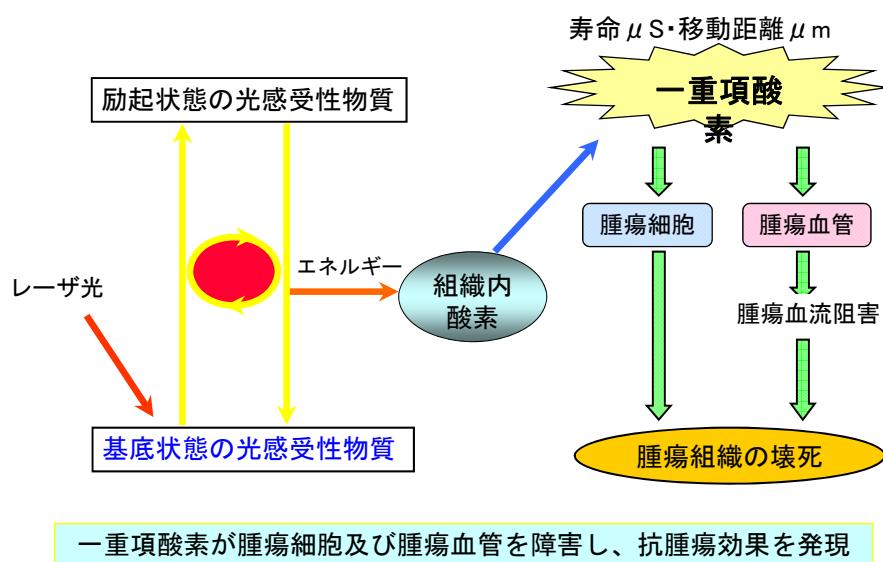


PD-レーザ+Talaporfin レザフィリン®

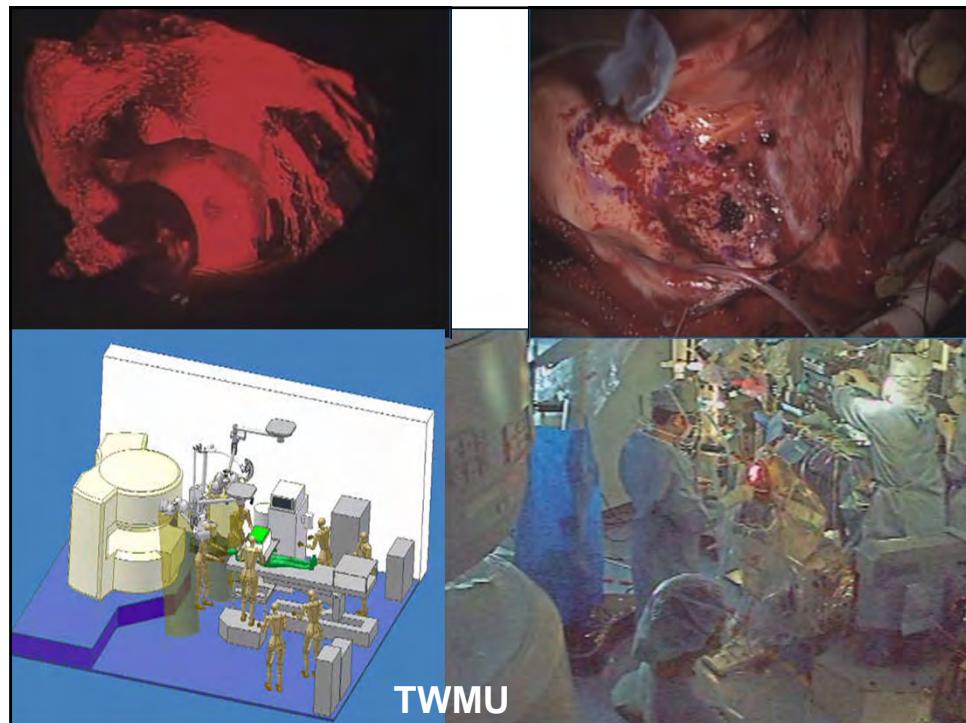
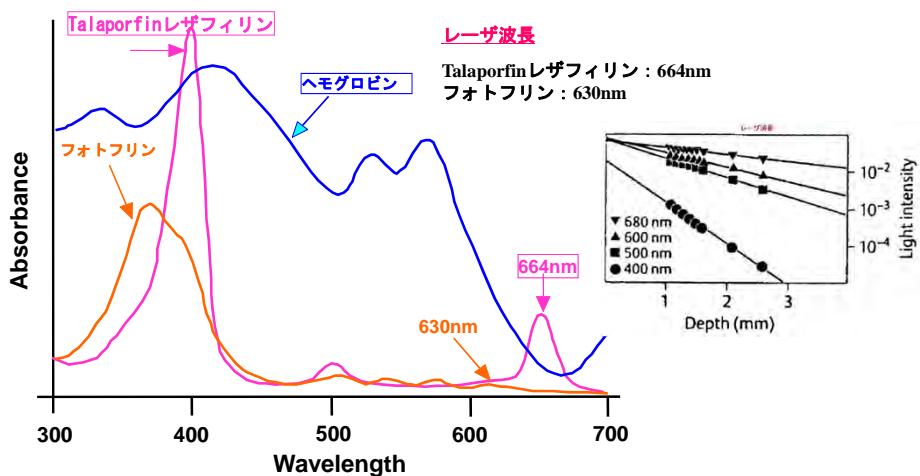


松下電器産業株式会社 明治製薬株式会社

PDTの原理・作用機序

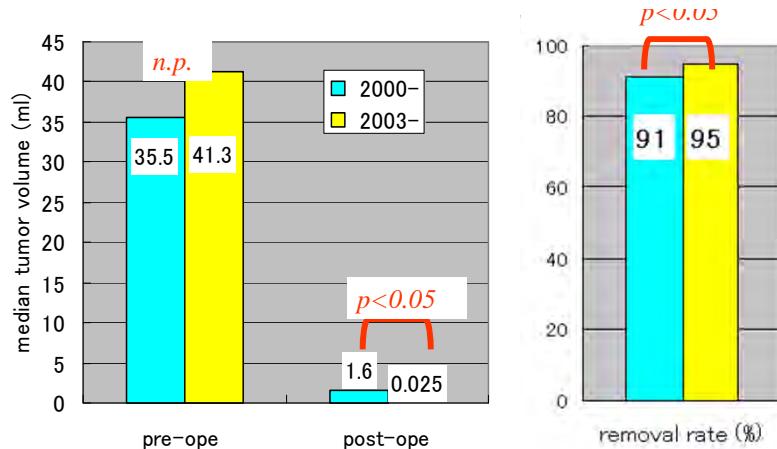


吸収スペクトルの比較

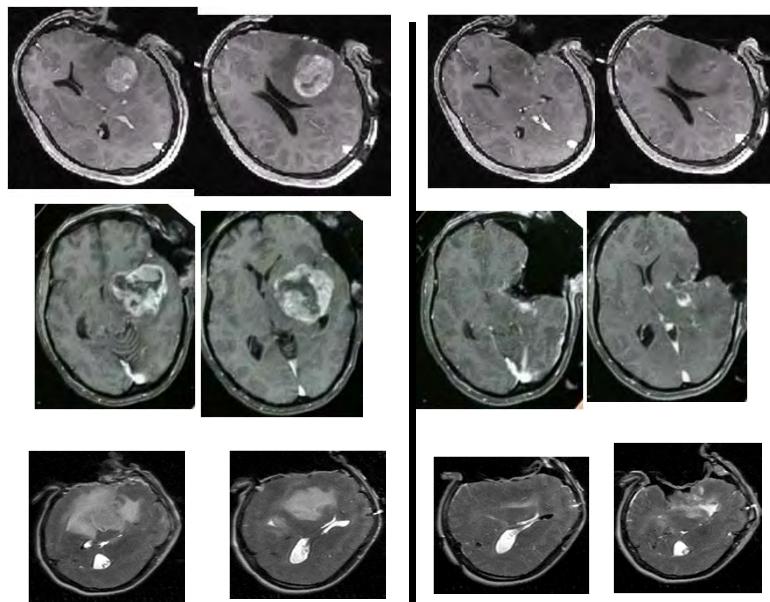


結果 グリオーマの腫瘍量と摘出率

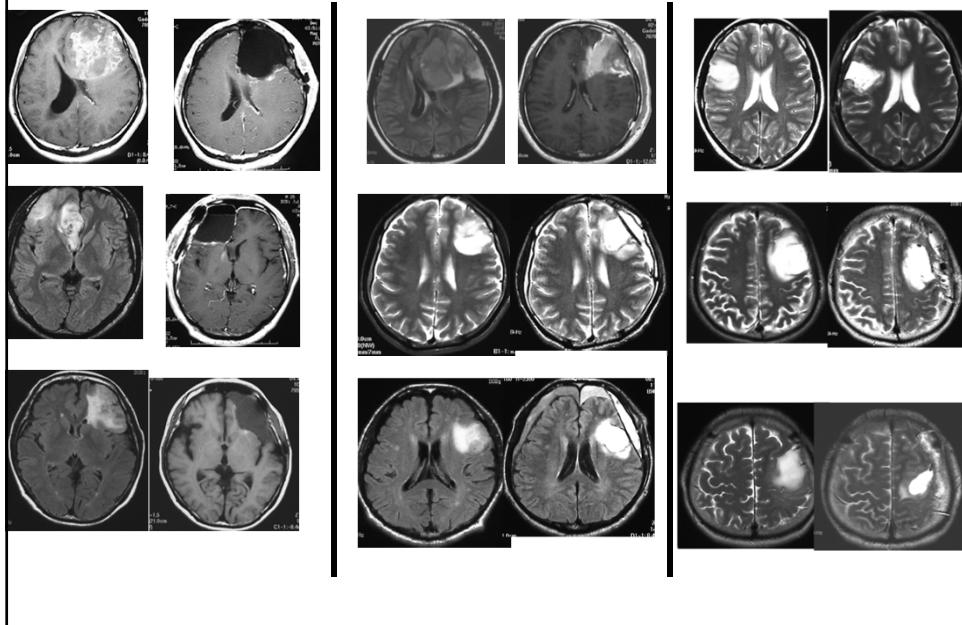
平均腫瘍量	36.5 ml (28.7-43.9)
平均残存腫瘍量	0.17 ml (0-0.96)
平均摘出率	93%
全摘症例	46% (44/96)



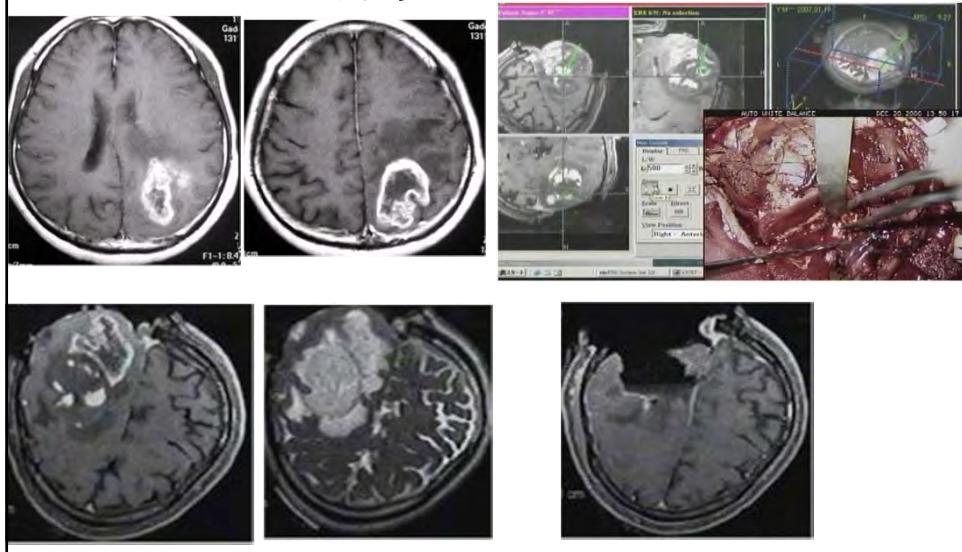
Glioma in Insular and basal ganglia



Glioma near language area

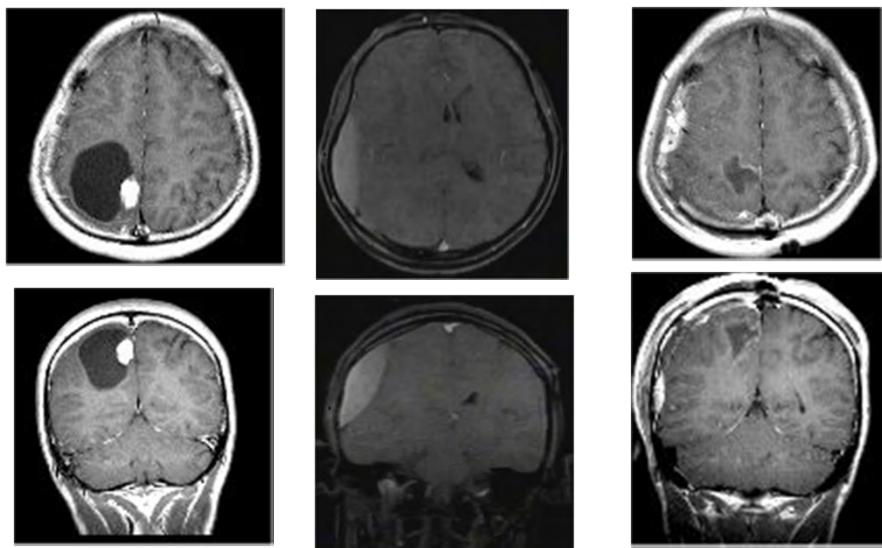


65歳男性 GBM



腫瘍内出血を術中MRIで同定

20歳男性 astrocytoma



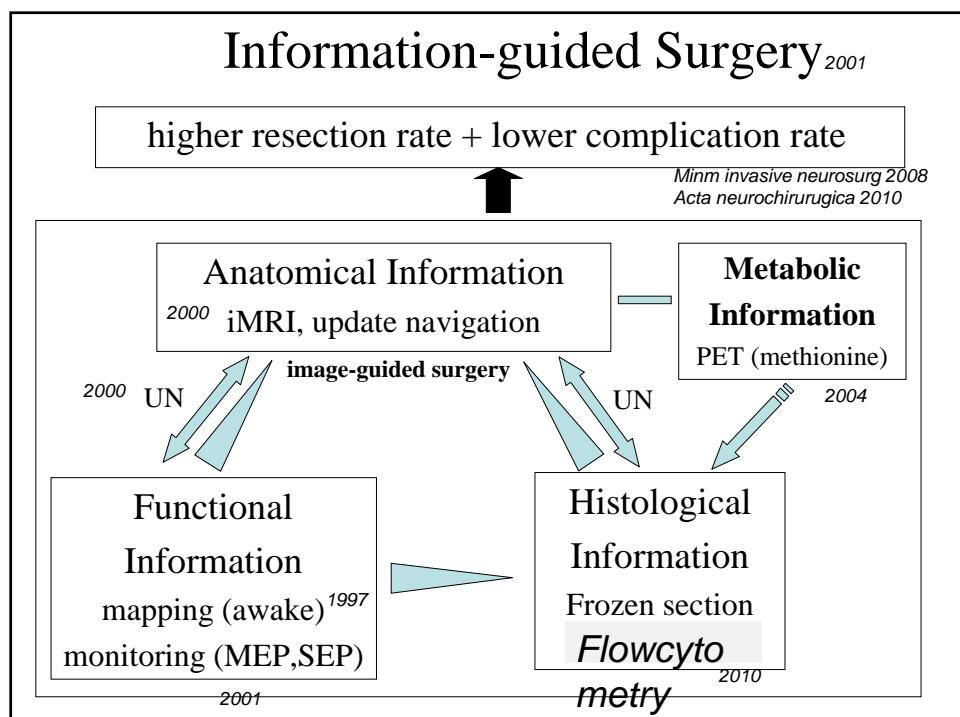
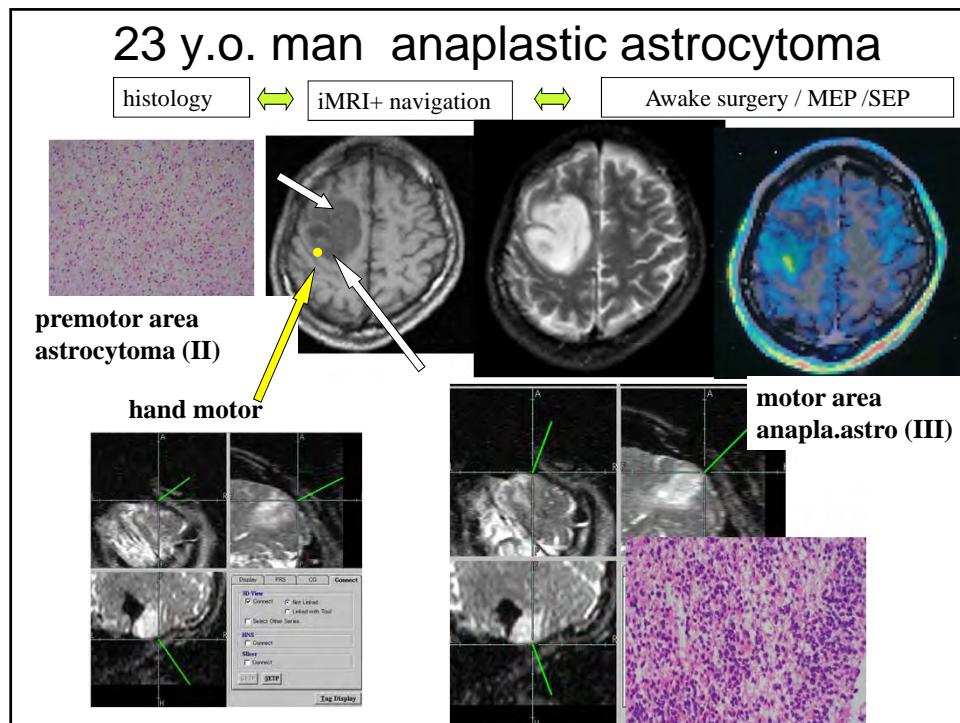
開頭範囲外硬膜外血腫が術中MRIで同定

Survival Rates of Glioma Patients

WHO grade	N	1年	2年	3年	4年	5年
I	5	100	100	100	100	100
II	56	98	98	90	90	90 69
III	44	95	90	86	78	78 25
IV	44	62	28	13	13	13 7
III+IV	88	78	59	50	42	42 18

astro+oligo+ependy

Japan tumor registry (1990-95)



Open MRI guided robotic surgery

精密誘導手術



Advanced Hands

Computer-aided surgery (CAS)

- Late '80s - now
- Computer integrated
 - Diagnosis
 - Surgical planning
 - Navigation
- Intra-operative imaging
(advanced vision)
- Robotic surgery
(advanced hands for surgeon)
- Strategy desk: Objective assessment & monitoring
(advanced brain)



Robotic surgery

based on W cube(W3)&I

- Wetware (Human)**
- Hardware**
- Software**

Precision-guided surgery

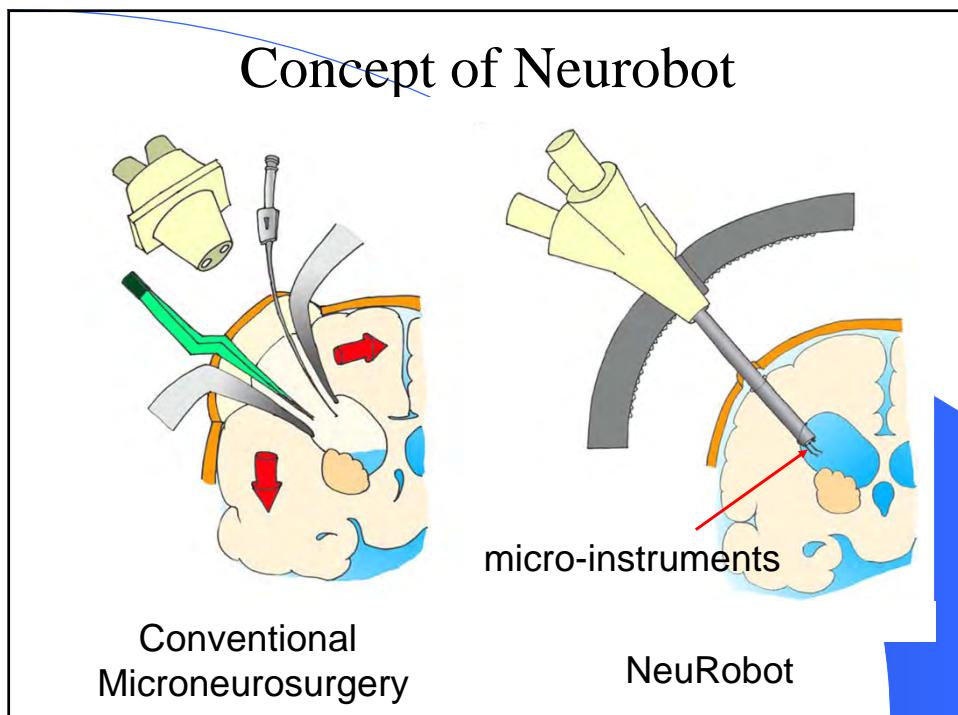
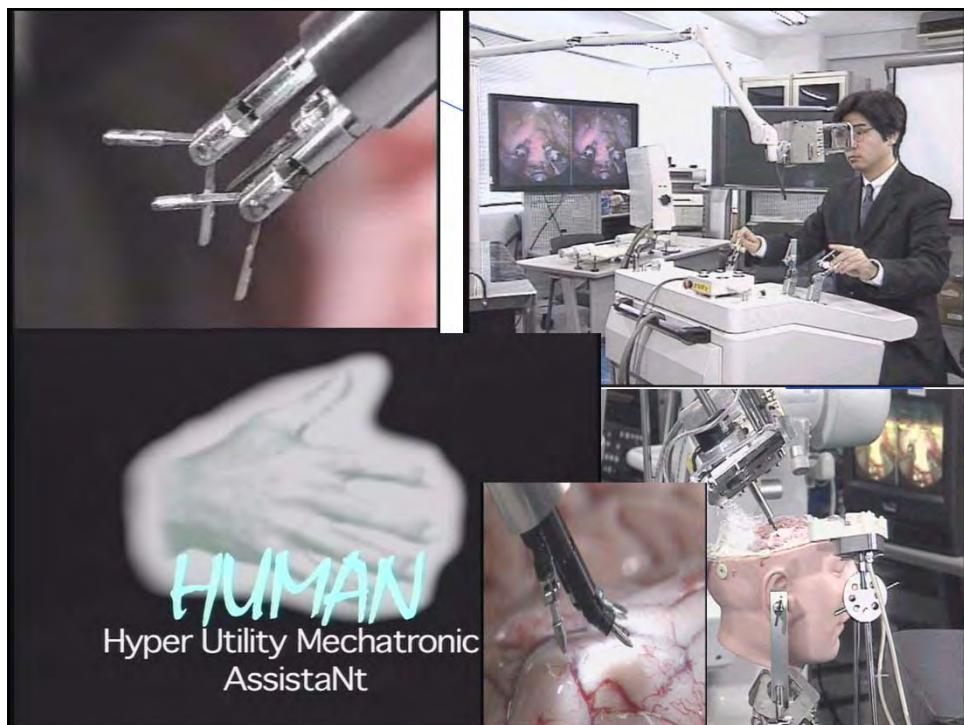
Advanced hands

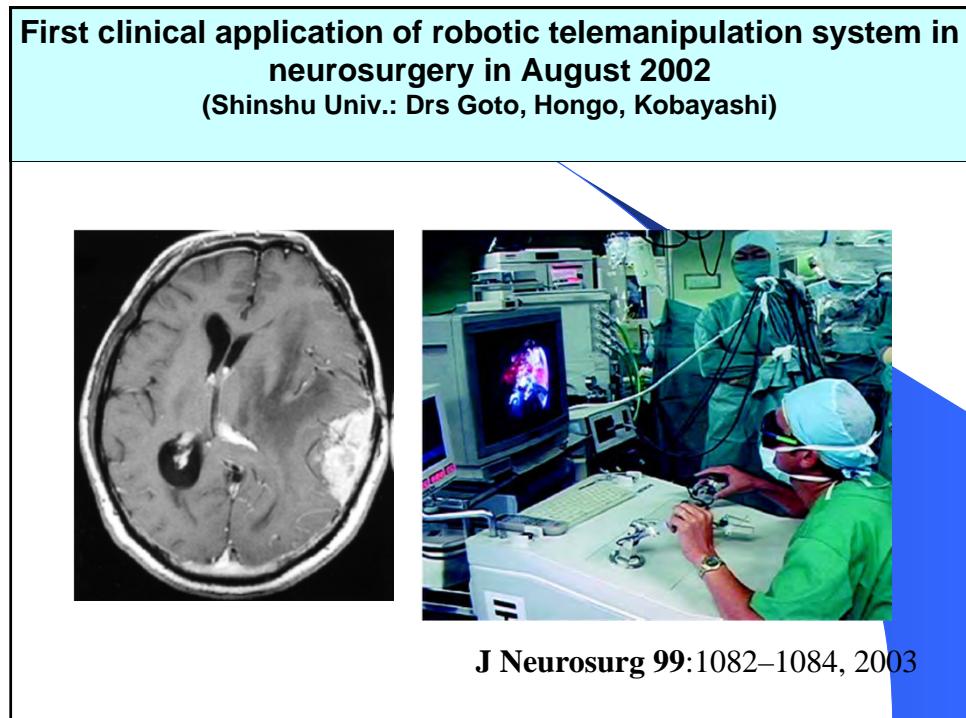
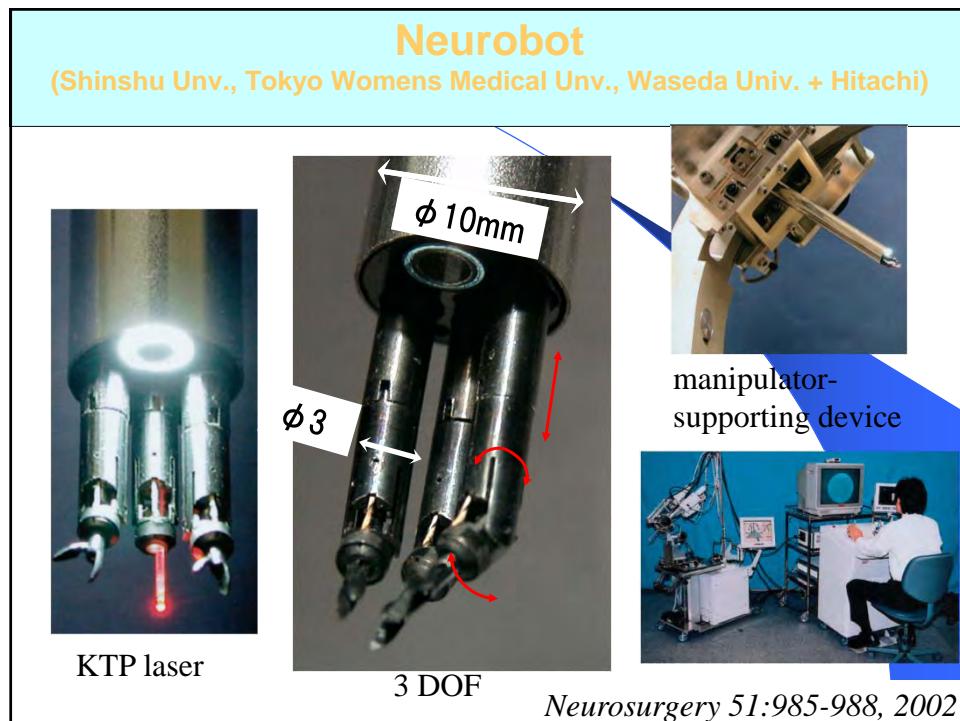
**In
Neurosurgical field**



VS

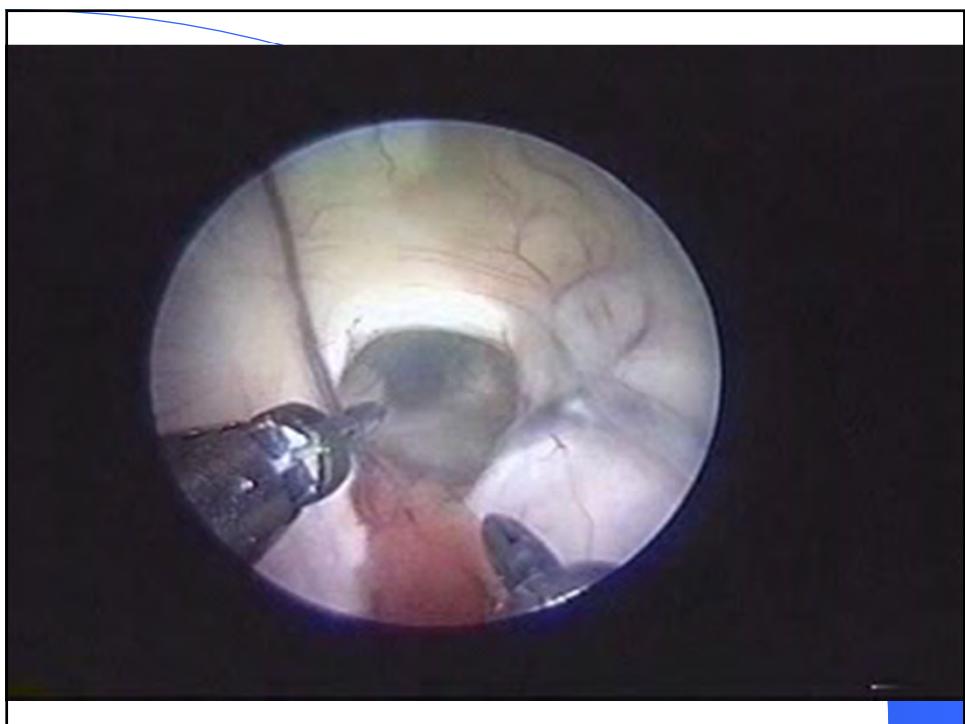
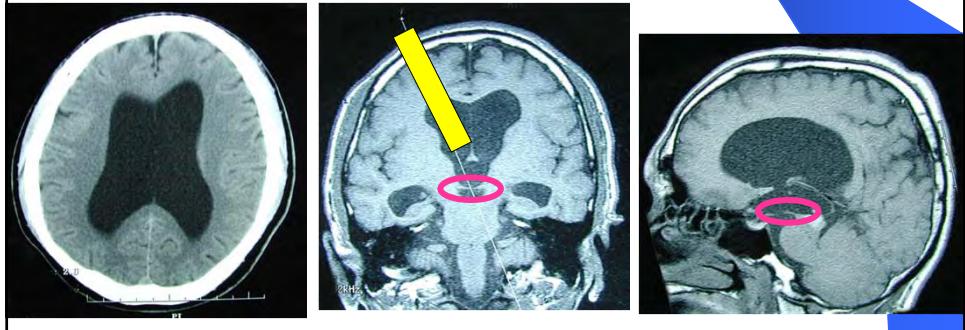
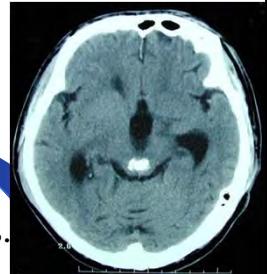






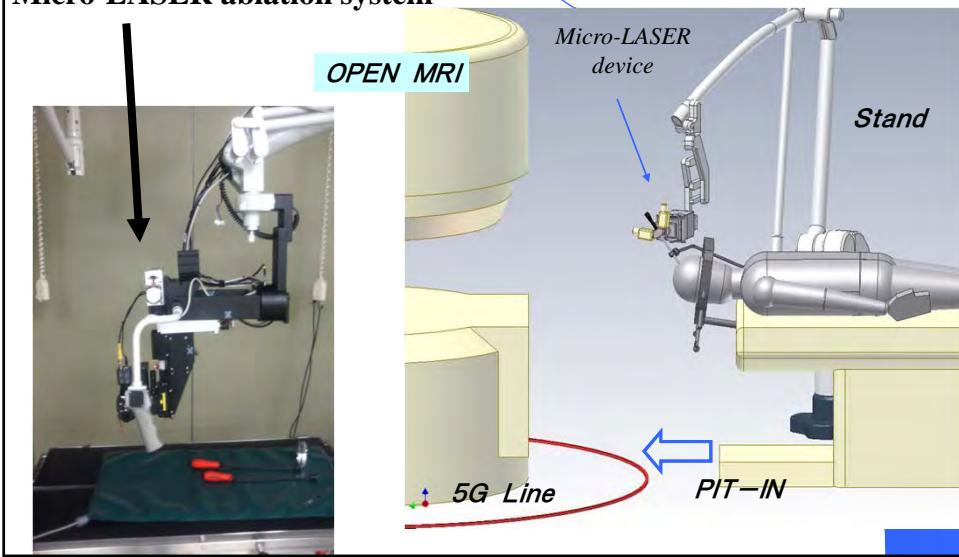
Third case of robotic neurosurgery

- hydrocephalus
- Third ventriculostomy
 - to open the membrane between IIIrd ventr. and subarachnoid space
- Neurobot compete all surgical procedures.



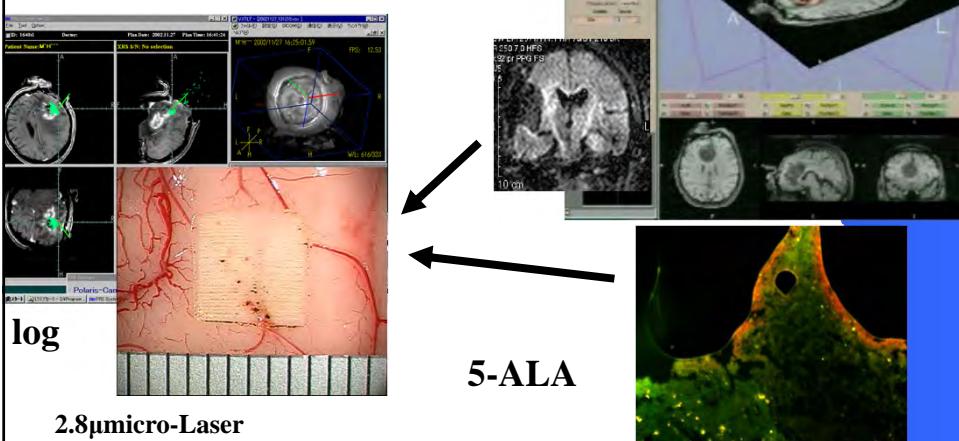
MRI-guided digital surgery

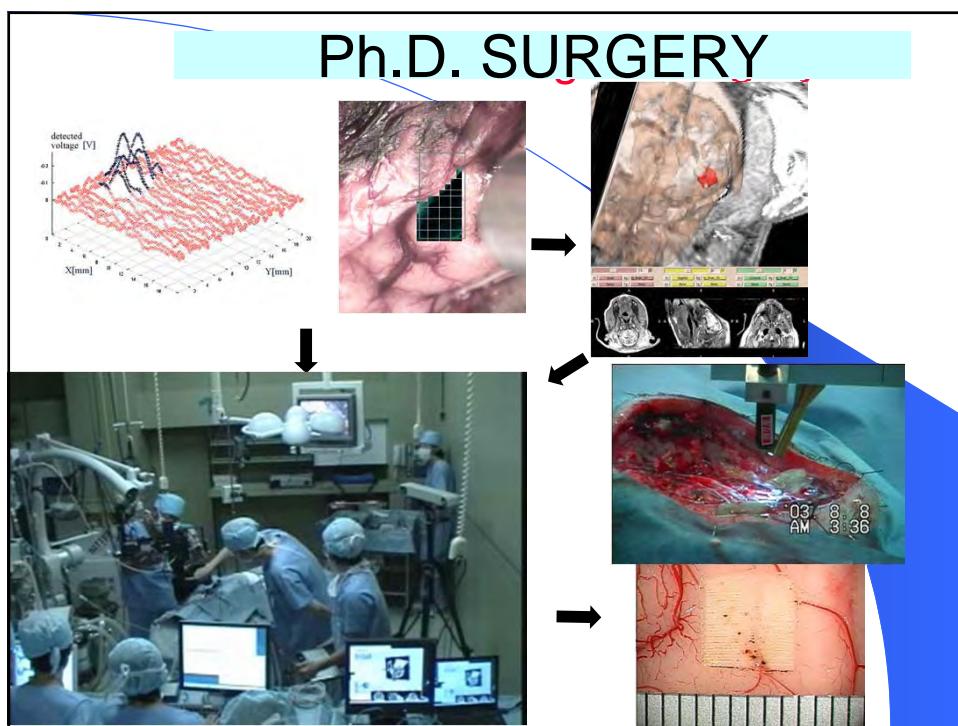
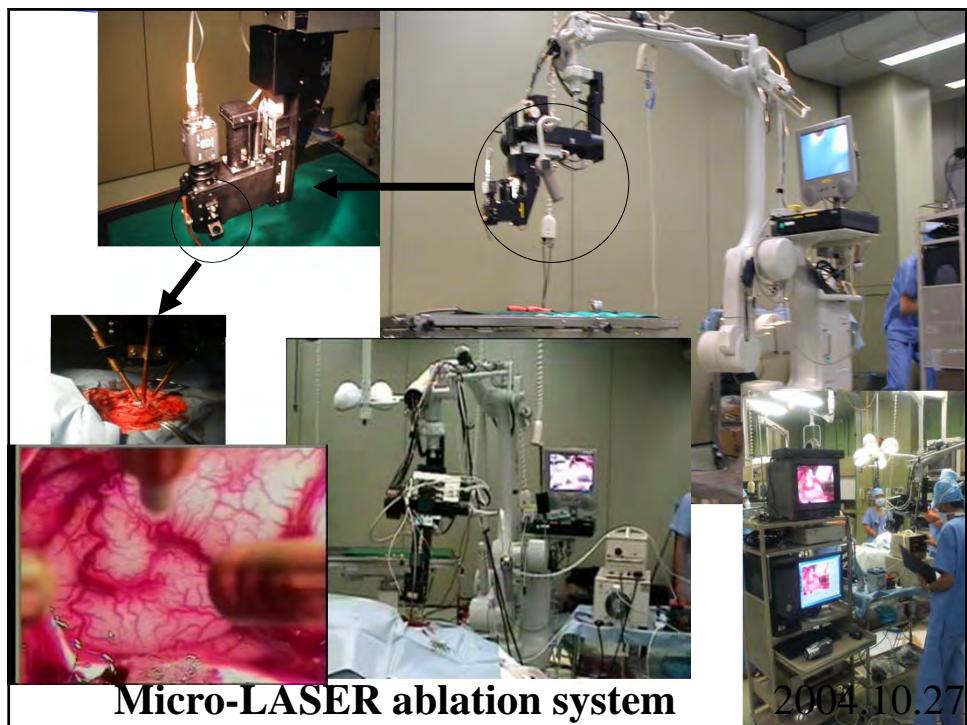
Micro-LASER ablation system



Precision-guided LASER Surgery System

real time segmentation





Tele-robotic surgery

Under
radioactive circumstances

