

Minimally invasive imaging of microstructure and function in living subjects Opportunities for real-time informatics

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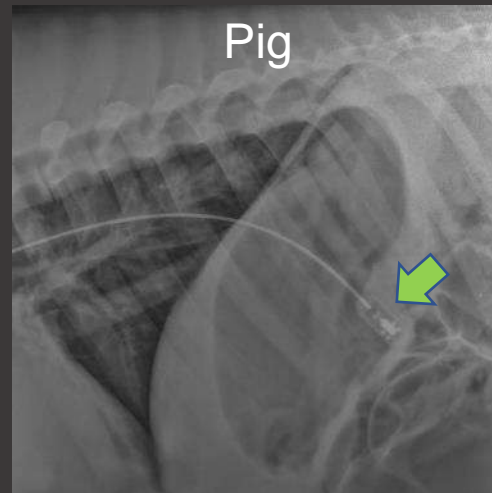
My background

- Biomedical engineer (autonomous robotics at Duke)



Fiber optic imaging system

- Electrical engineer (photonics and optical imaging at MIT)

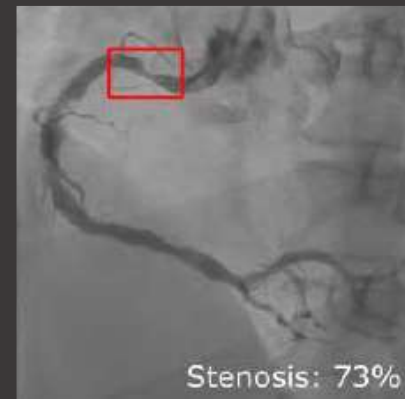


Medical device design and pre-clinical validation



Clinical imaging team at VA Boston (Harvard teaching hospital)

- Clinical researcher (assisted in >200 endoscopies)



Led new cardiology AI project

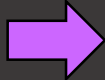
- Machine learning postdoc at BII

Surgery and biopsies require tissue microscopy

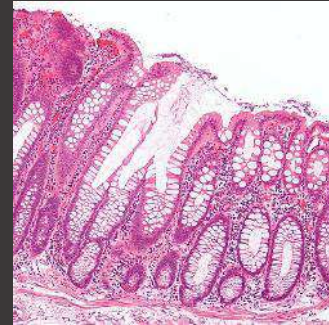
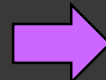
- Small samples of excised tissue are assessed, down to cell nuclei
- In surgery, must ensure malignant tissue is all removed



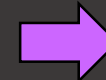
Biopsy/Resection



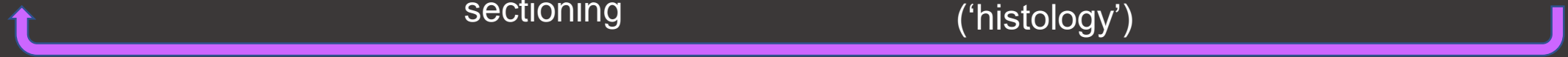
Fixing, embedding,
sectioning



H&E-stained tissue
(‘histology’)



Pathologist reading



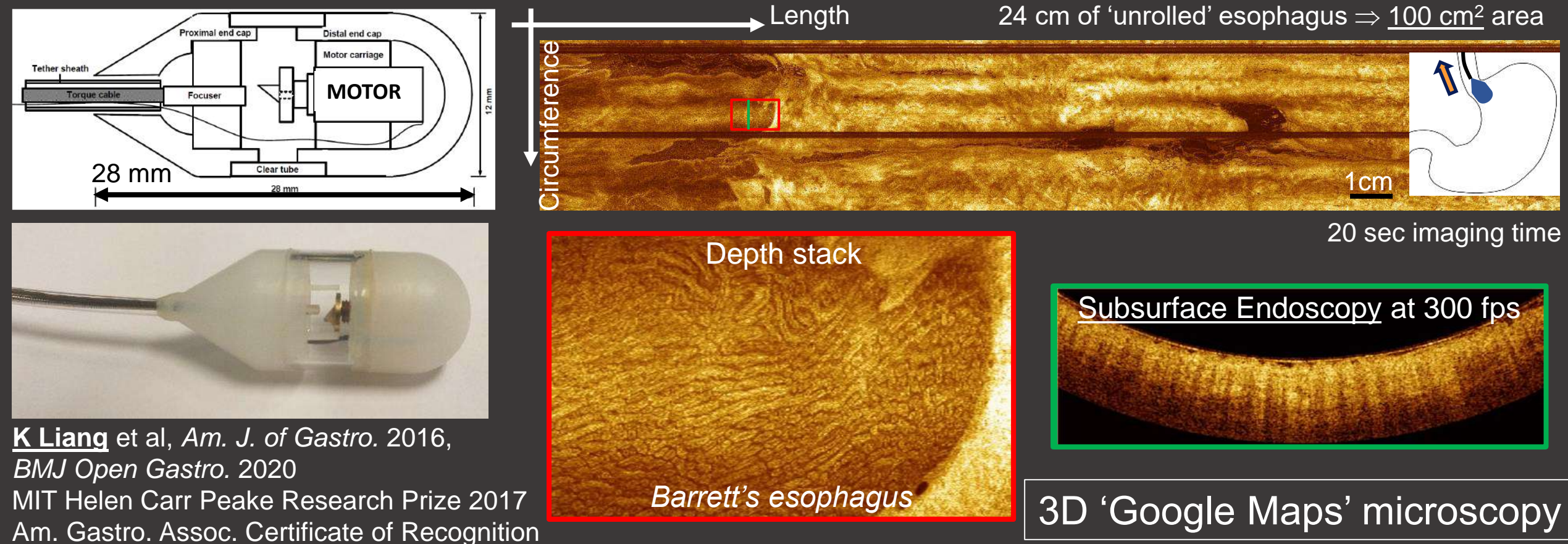
Slow! Usually 1-2 days. For some surgeries, wait 30-60 min. for frozen sections

- Biopsies can miss areas of disease
- Limited amounts of tissue can be removed

Real time ‘intra-operative’ imaging of tissue **before and right after** excision: Thorough coverage, rapid feedback, better patient outcomes!

My specialty – Ultra-high speed OCT

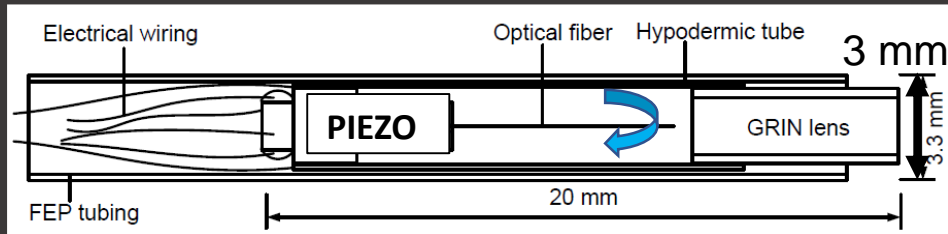
- Optical Coherence Tomography (OCT): non-invasive, $\sim 10\ \mu\text{m}$ resolution
- Real-time 3D endoscopic imaging *in vivo*. Millions of depth scans per second!
- Awake Endoscopy: unlimited ‘optical biopsies’ in patients *without sedation*



Technologies – Microscanning

Competitive edge: ultracompact scanners for all-modality endoscopic microscopy

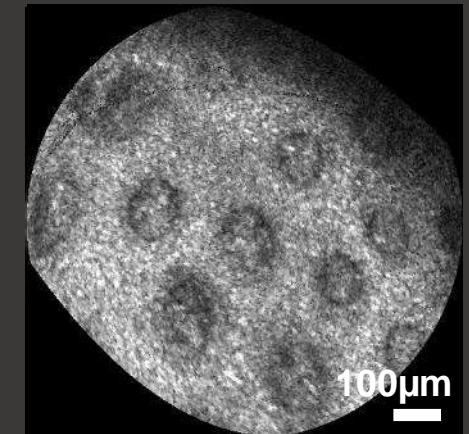
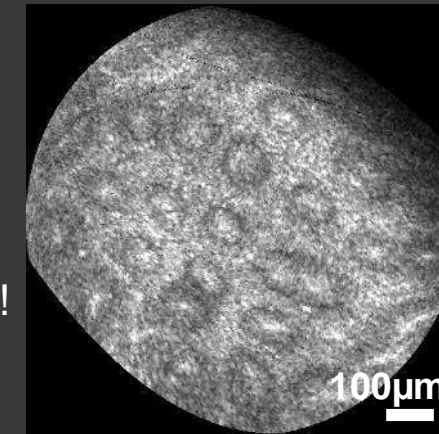
In a **forward viewing** fiber optic probe (w/ piezo actuator)



$\sim 1 \text{ mm}^2$ field of view
20x more than commercial instruments

K Liang et al,
Optics Letters 2017

Normal colon vs polyp in human patient



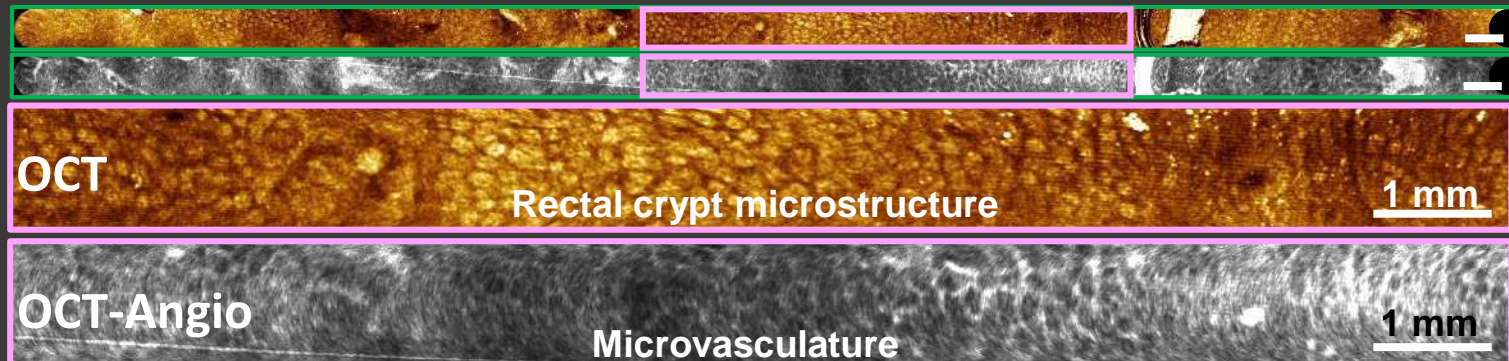
3D stacks!

Then a **tethered capsule** with larger field of view (piezo + motor)



Tubular strip \Rightarrow 40 mm^2 field of view
800x more than commercial instruments

First-in-human study

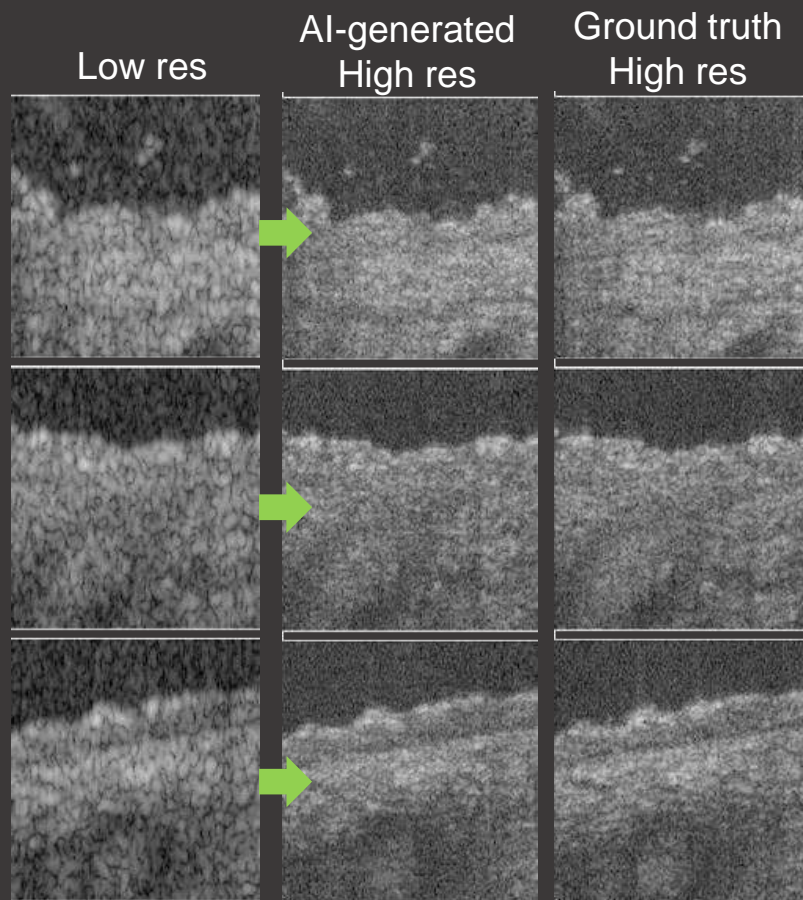


K Liang et al, *Optica* 2018, *Biomedical Optics Exp.* 2015, Two US Patent Apps

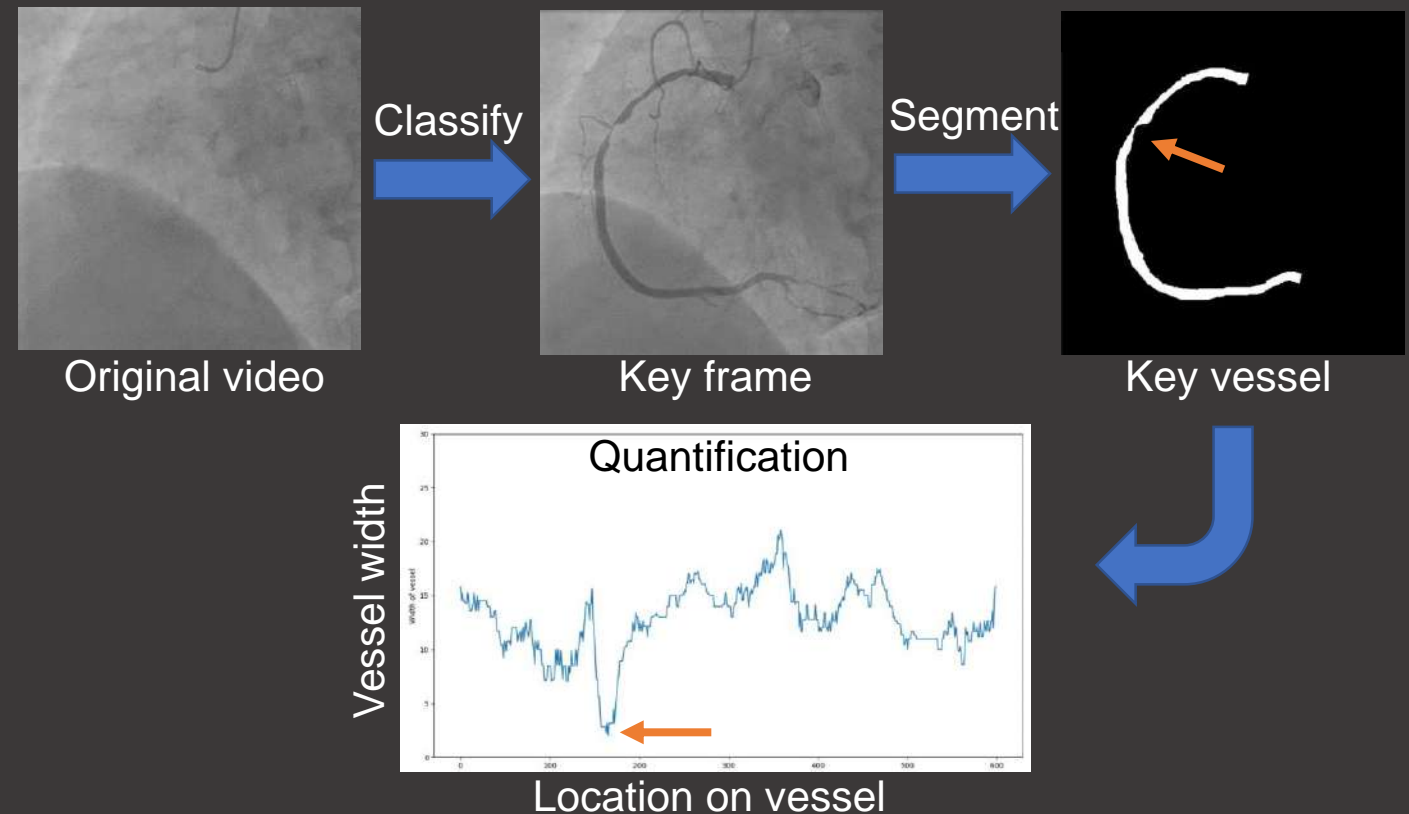
Technologies – AI for imaging

Deep learning for optics and medical imaging

Enhancing OCT resolution



Analyzing coronary artery imaging video sequences



What's next?

C. Zhou et al., HK Lee, K Liang
A*STAR AI Seed Grant (PI: K Liang)

Ongoing projects

Challenge: *margins of surgical resections are qualitatively assessed on the macro-scale, often requiring repeat surgeries*

Extreme miniaturization of endoscopic microscopes

- <1.5mm diameter with few-micron resolution, compatible with keyhole surgery and laparoscopy (and pre-clinical imaging!)
- Use case: identifying margins of invasive brain glioblastoma at cellular level (collaborator: Dr. Aaron Foo, NUH Neurosurgery)

Algorithms and optical tech for quantitative fluorescence at the margins

- Objective real-time assessment of uptake of clinical fluorescence dyes
- Use case: liver cancer margins with indocyanine green (collaborator: Dr. Alvin Tan, Sengkang Hospital General Surgery)

Emerging topics

Challenge: *3D cultures are known to develop microstructure, but cannot be visualized longitudinally without destructive staining*

OCT as non-destructive assay for organoid morphology and necrosis

- High speed volumetric screening of viability
- Use case: selecting organoids for orthotopic implantation (collaborator: Dr. Jamie Mong, IBB)

OCT as quality control of cultured food

- Structure and cellular organization is critical to texture and sensation in the mouth
- Use case: studying food microstructure (collaborators: Prof. Harry Yu, IBB, Dr. Andrew Wan, SIFBI)

Thank you!
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