

Low-intensity Transcranial Ultrasound Stimulation

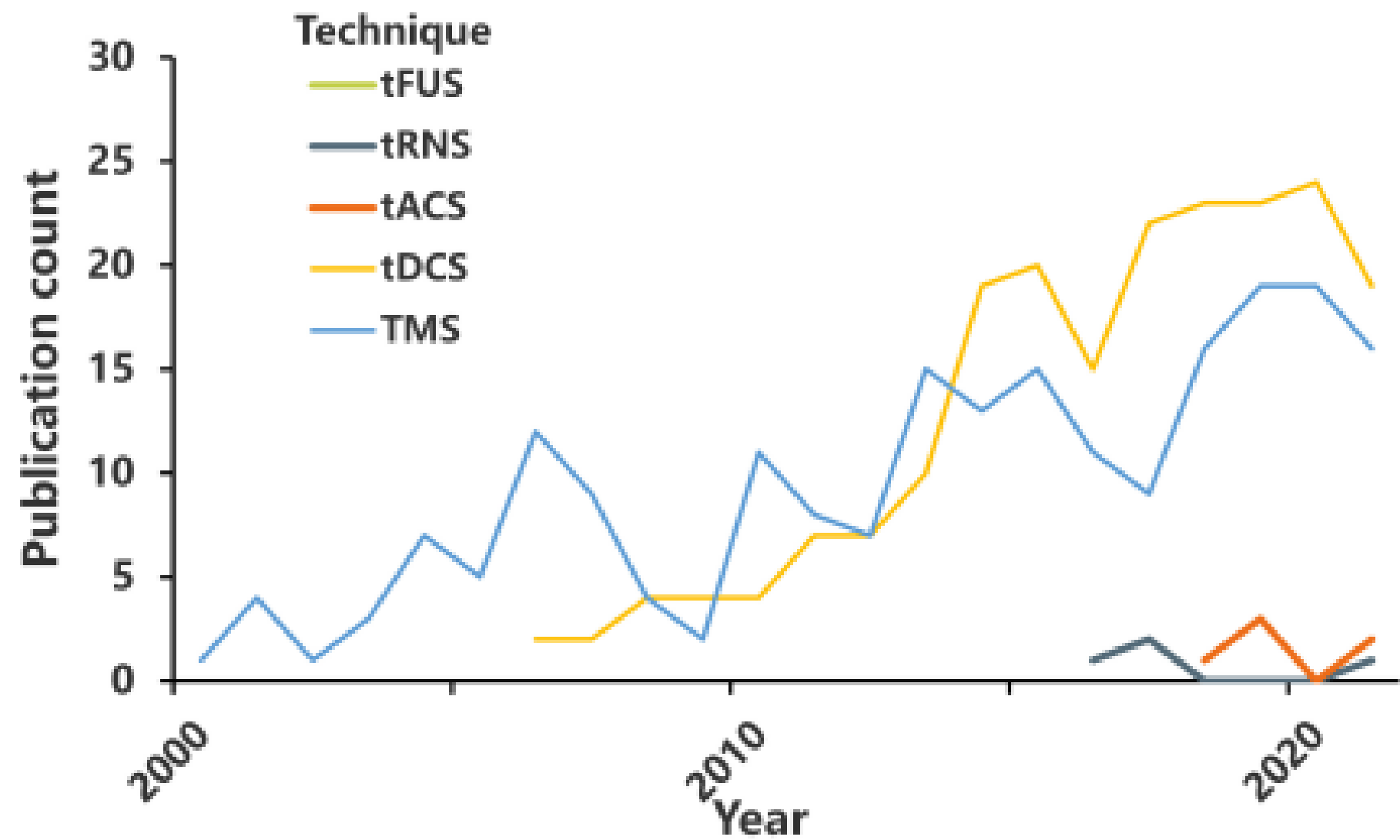
Estelle Raffin, PhD



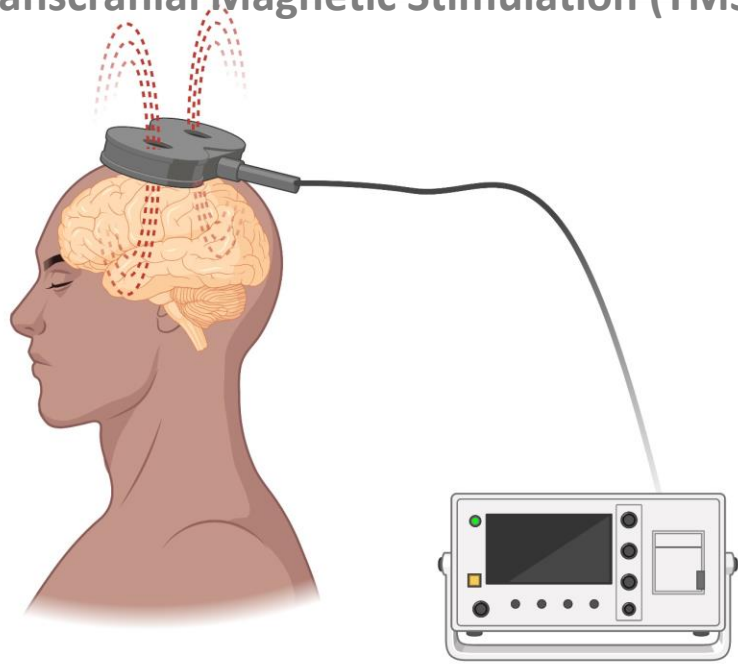
Outline

- The conventional NIBS techniques & their limitations
- Other opportunities to remotely transfer energy?
- Historical developments of TUS
- Mechanisms of TUS
- TUS for Neuromodulation (online & offline applications)
 - Animal work
 - Human work
- Clinical applications
- Designing experiments

The conventional NIBS techniques and their limitations

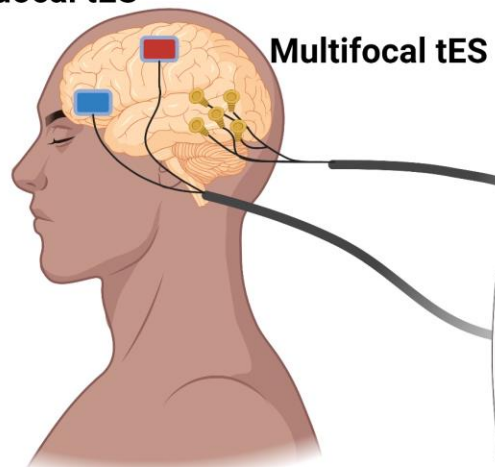


Transcranial Magnetic Stimulation (TMS)



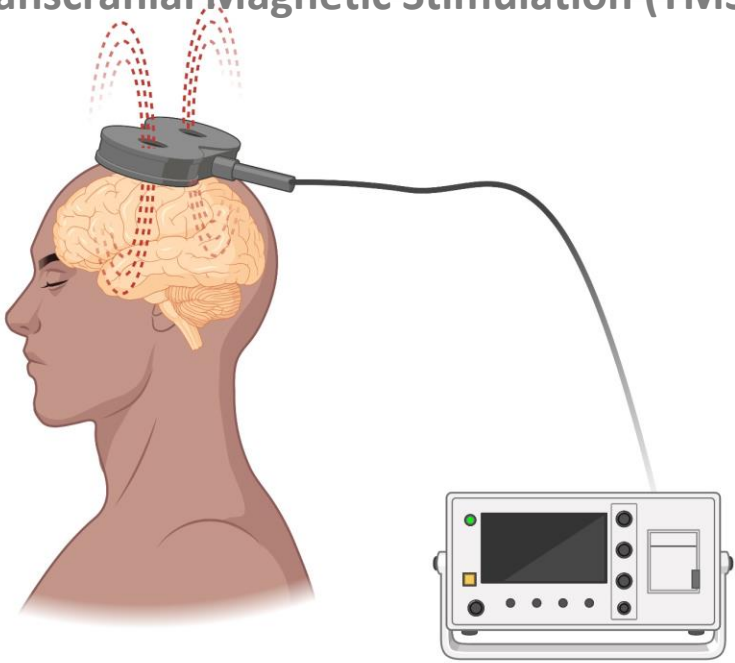
Transcranial Electric stimulation(tES)

Bidocal tES



Conventional non-invasive brain stimulation techniques

Transcranial Magnetic Stimulation (TMS)



Single pulse

Probe corticospinal excitability

Double pulse

Probe cortical excitation/inhibition

DIAGNOSTIC TOOL

Repeated

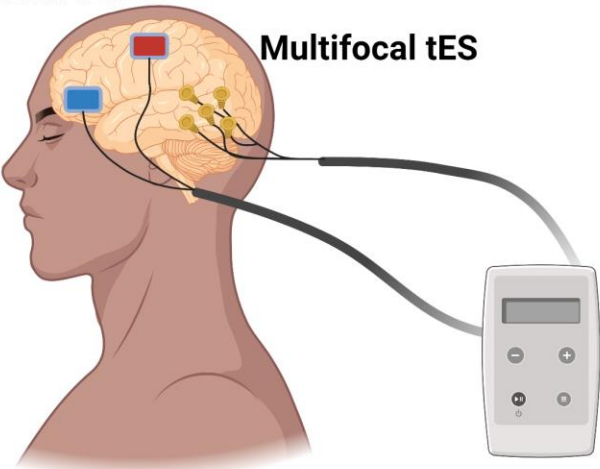
Modulate brain activity

Low frequency: Inhibitory - LTD-like
High frequency : Excitatory - LTP-like

THERAPEUTIC TOOL

Transcranial Electric stimulation(tES)

Bidocal tES



tDCS

Continuous current
Anodal: Excitatory
Cathodal: Inhibitory

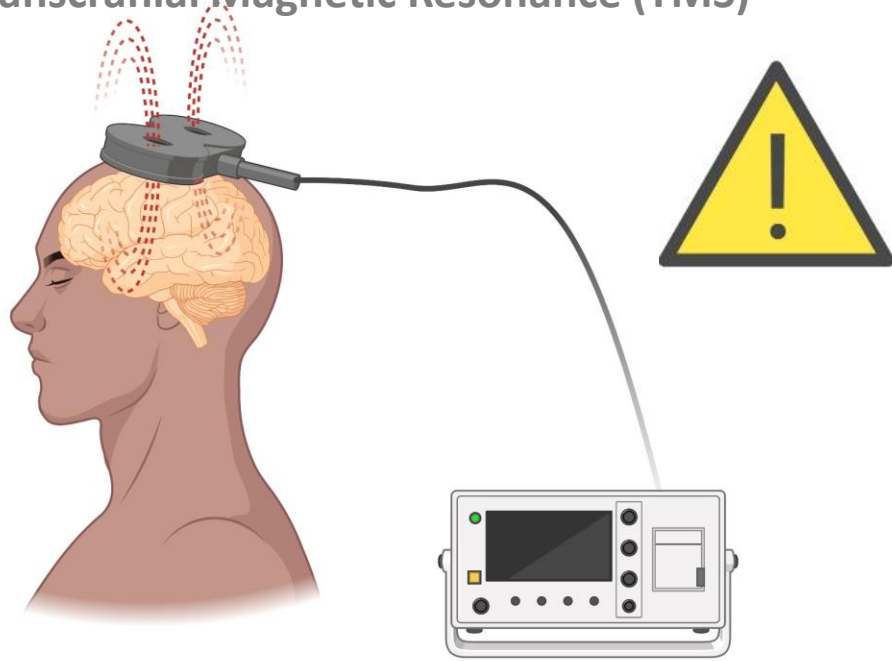
tACS

Alternative current
Frequency-dependent effects (Hz)

tRNS

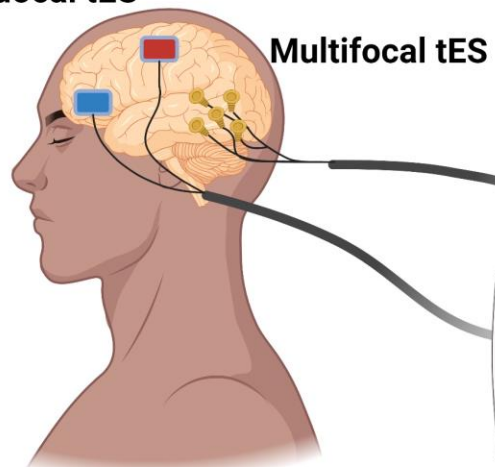
Alternative current
Random frequencies (1-640Hz)

Transcranial Magnetic Resonance (TMS)

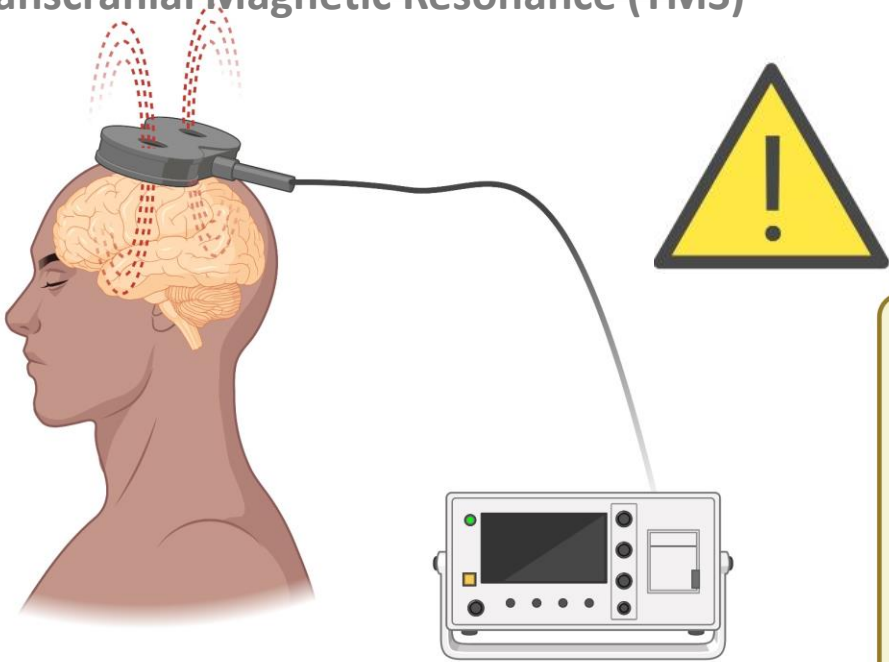


Transcranial Electric stimulation(tES)

Bidocal tES

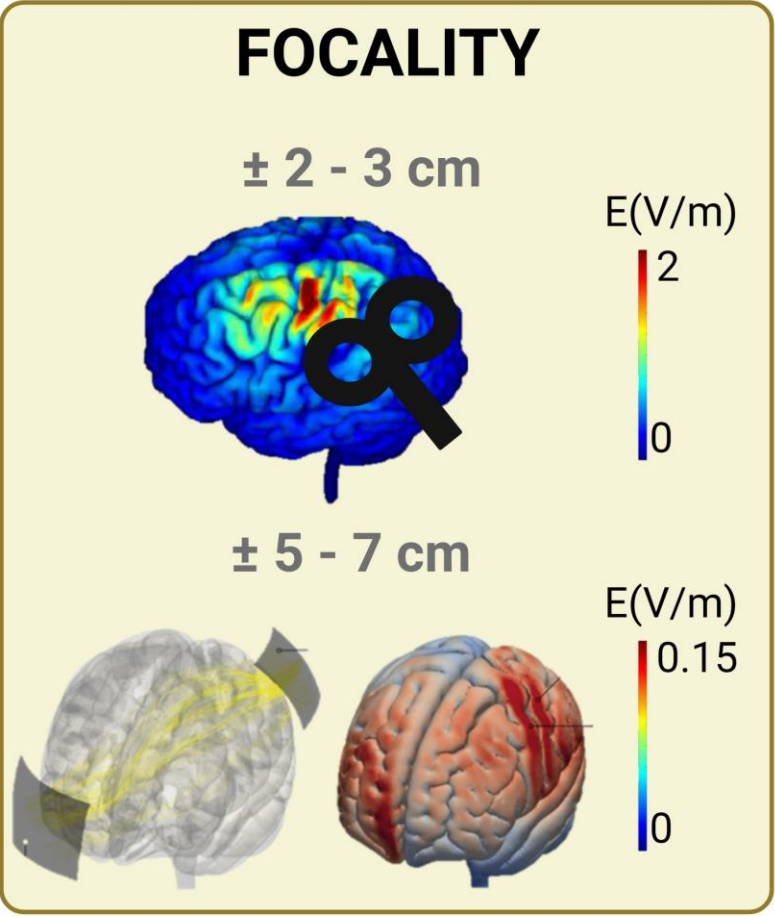
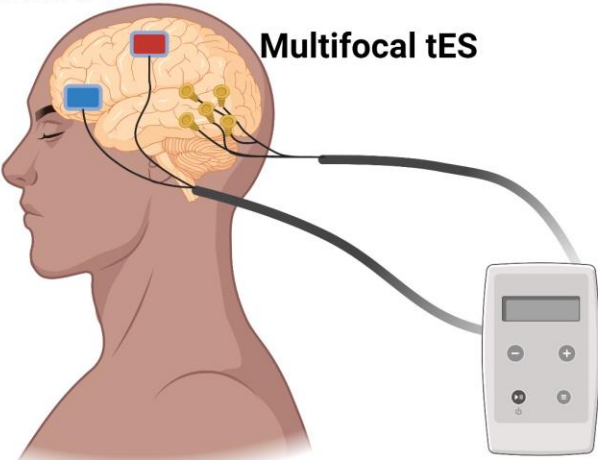


Transcranial Magnetic Resonance (TMS)



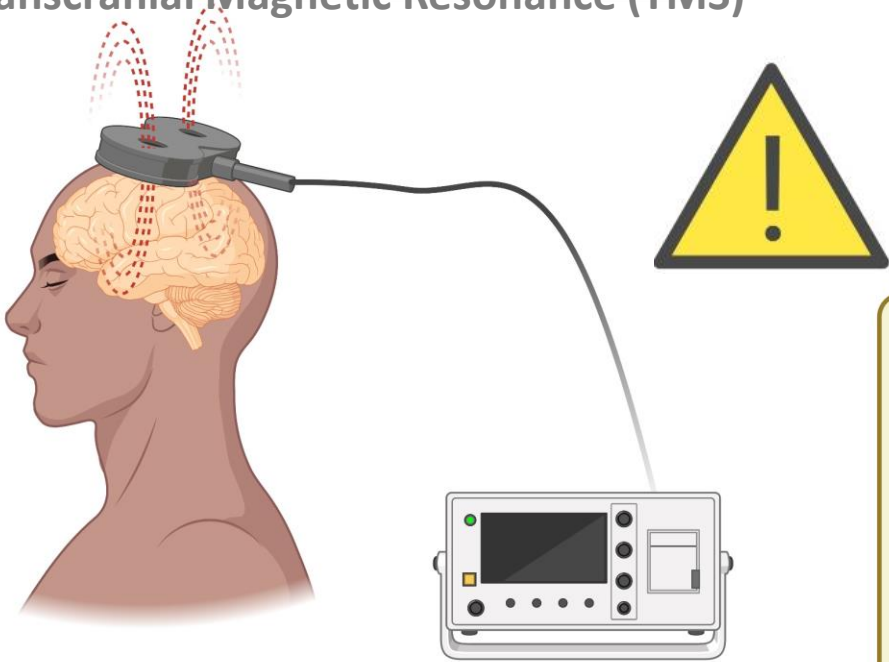
Transcranial Electric stimulation(tES)

Bidocal tES



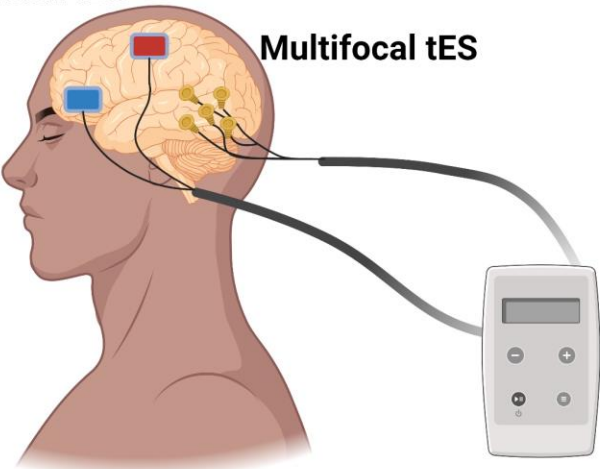
Conventional non-invasive brain stimulation techniques

Transcranial Magnetic Resonance (TMS)



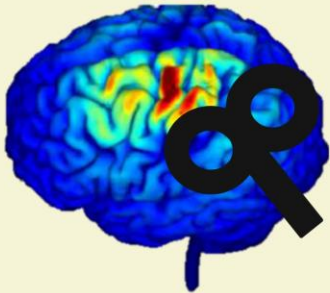
Transcranial Electric stimulation(tES)

Bidocal tES

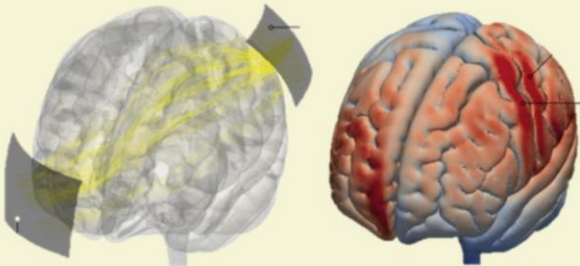


FOCALITY

$\pm 2 - 3 \text{ cm}$

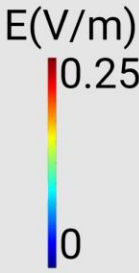
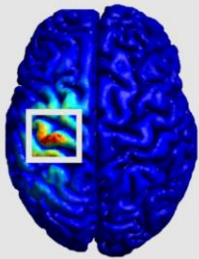


$\pm 5 - 7 \text{ cm}$

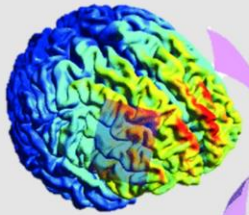


PENETRABILITY

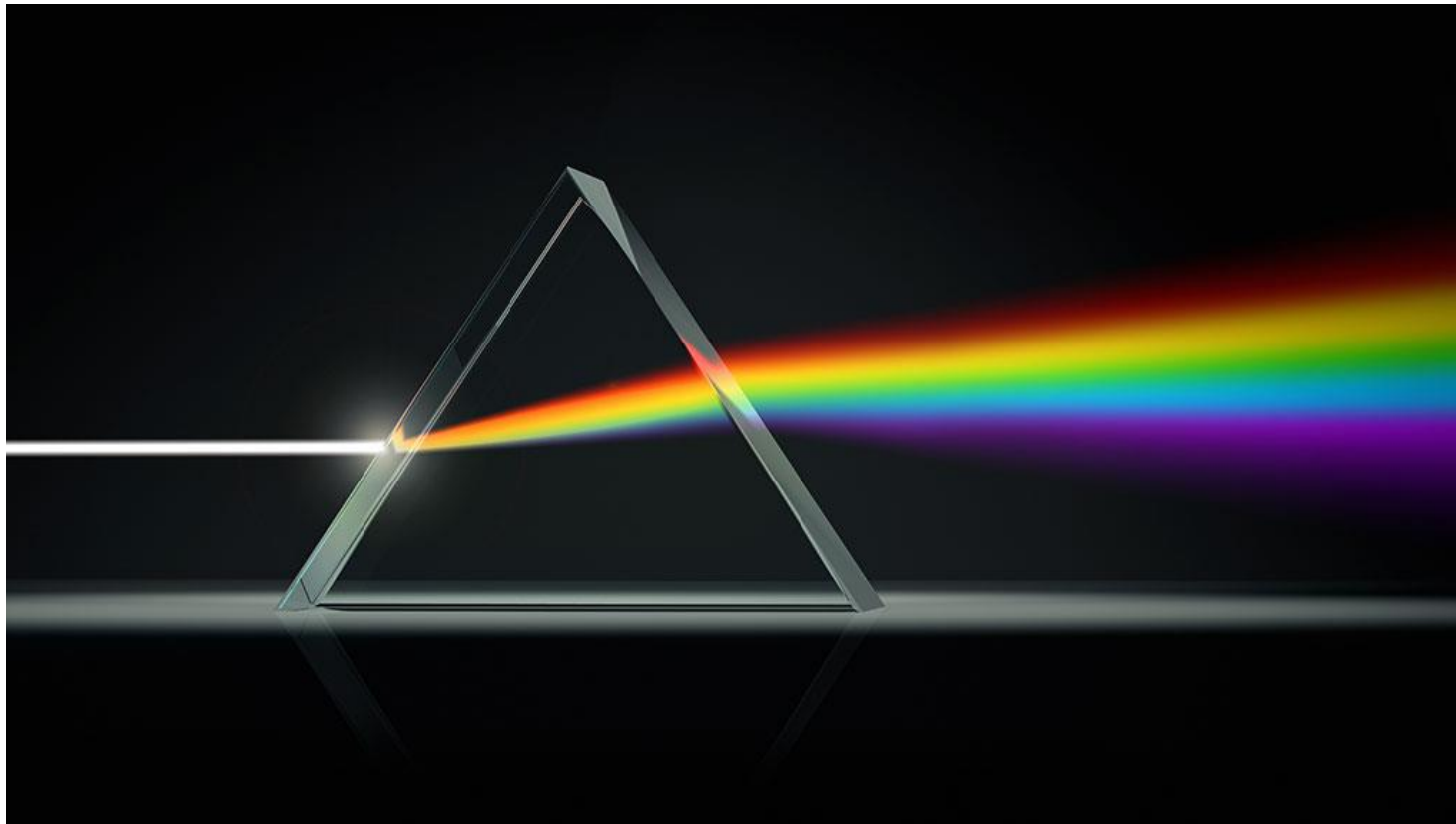
$\pm 0.5 - 2 \text{ cm}$



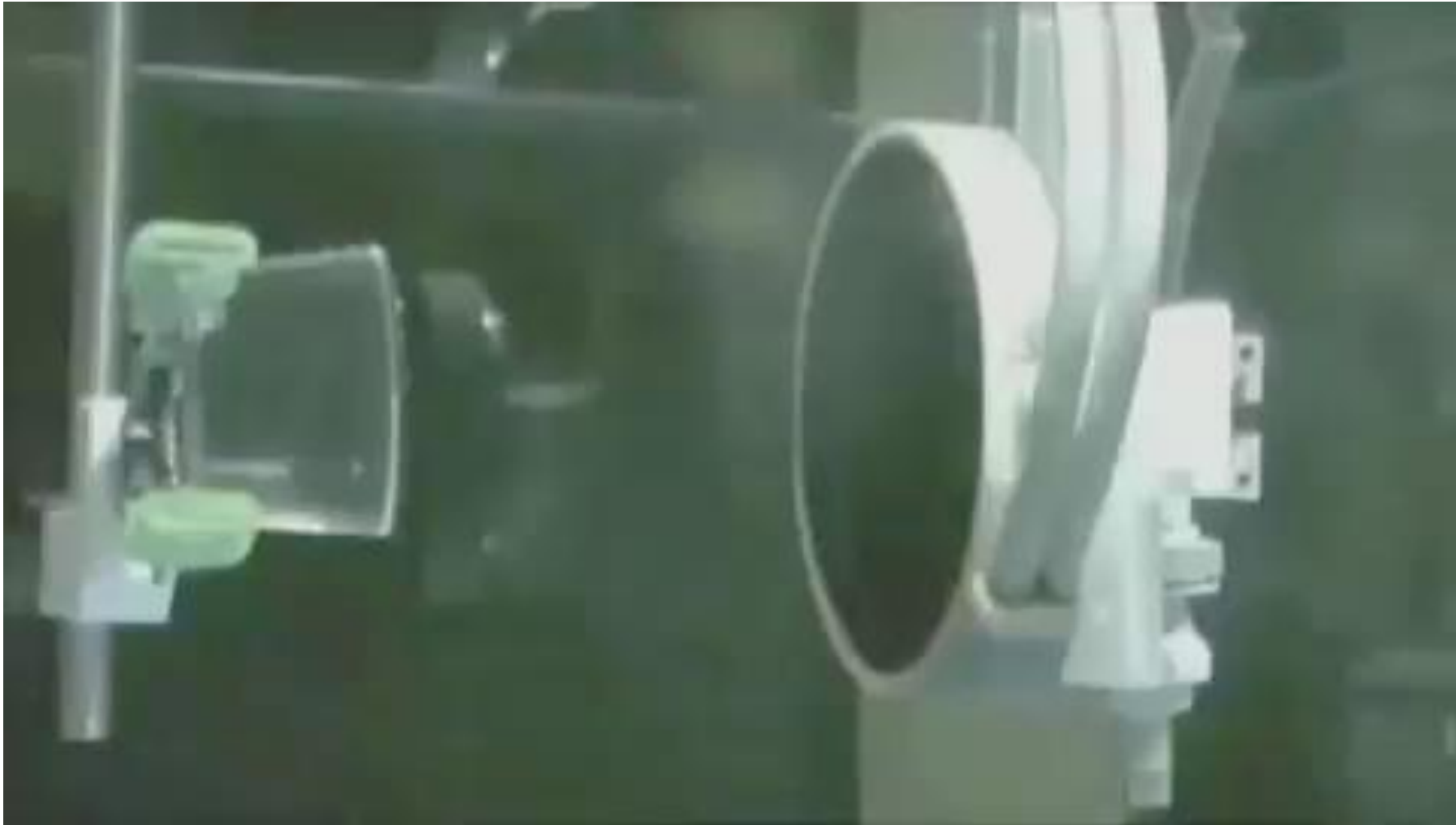
$\pm 0.5 - 1.5 \text{ cm}$



Other opportunities to remotely transfer energy









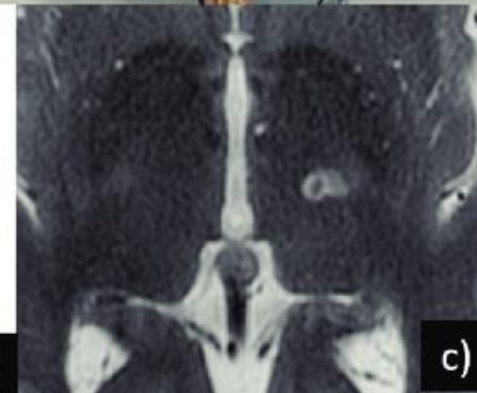
High-intensity TUS for thalamotomy



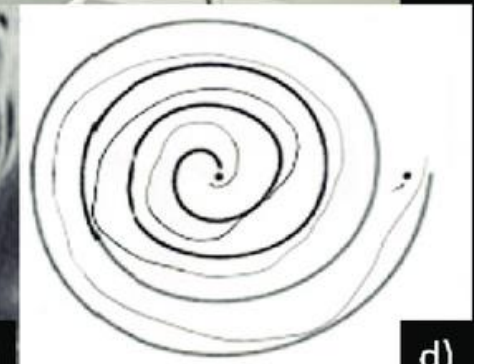
Palombo et al., 2021,



b)



c)



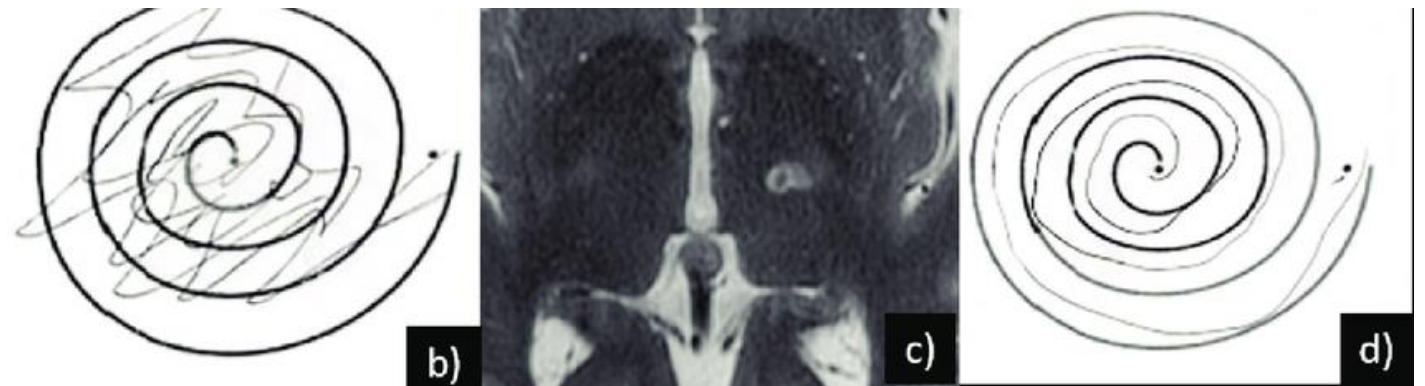
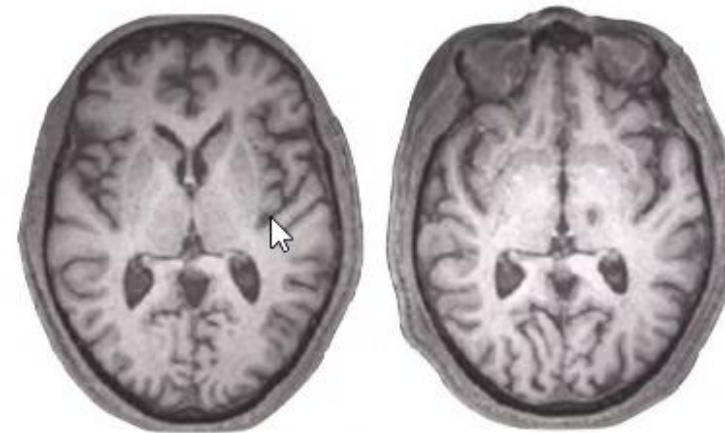
d)

High-intensity TUS for thalamotomy



Palombo et al., 2021,

high intensity focused ultrasound
thalamotomy



High-intensity TUS



Other applications of ultrasound

Applications	US parameters
Neurosurgery	High-intensity
Opening Blood-Brain Barrier (BBL)	Low-intensity + micro-bubbles
Drug delivery	Lipid/Nano containers
Sonogenetics	Viral expression od ion-channels
Functional imaging	High-speed, computational, bubbles
Neuromodulation	Low-intensity

Different names for pretty much the same thing...

FUS

fUS

tFUS

LIPUS

LIFUP

LILFU

TPS

FUN

TUS

...

Historical developments of TUS

Late 50's



Surgery

Low intensity

High intensity

Intensity

?

Late 50's



Neuromodulation

Surgery

Low intensity

High intensity

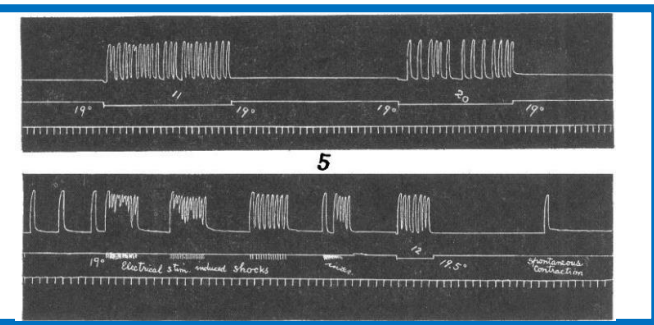
Intensity

THE EFFECT OF HIGH FREQUENCY SOUND WAVES ON HEART
MUSCLE AND OTHER IRRITABLE TISSUES

E. NEWTON HARVEY

*From the Loomis Laboratory, Tuxedo Park, N. Y. and the Physiological Laboratory,
Princeton University*

Received for publication July 19, 1929



1929

1950

1960-90s

2010

2014

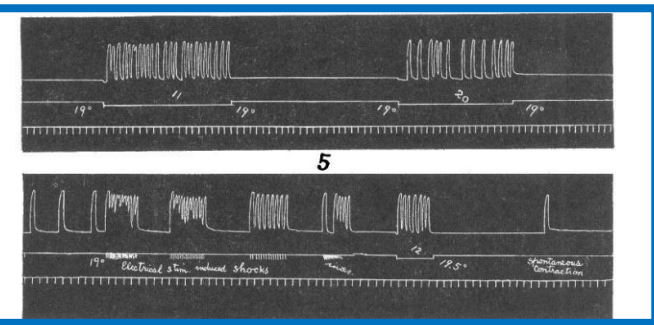
US can excite
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isolated turtle
and frog muscle

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Science • Volume 127, Issue 3289, Pages 83 - 84 • 1958

Production of reversible changes in the central nervous system by ultrasound

Fry E.J.^a, Ades H.W.^b, Fry W.J.^a
[Save all to author list](#)

^a Bioacoustics Laboratory, University of Illinois, Urbana, IL

^b Division of Neurophysiology and Acoustics, U.S. Naval School of Medicine, Pensacola, FL



Fig. 1. Cortical potentials evoked by a flash of light (left) before irradiation, (middle) at the termination of irradiation, (right) 30 minutes after irradiation.

1929

US can excite nerve fibers in isolated turtle and frog muscle

1950

US transiently suppresses amplitude of VEP in cats

1960-90s

2010

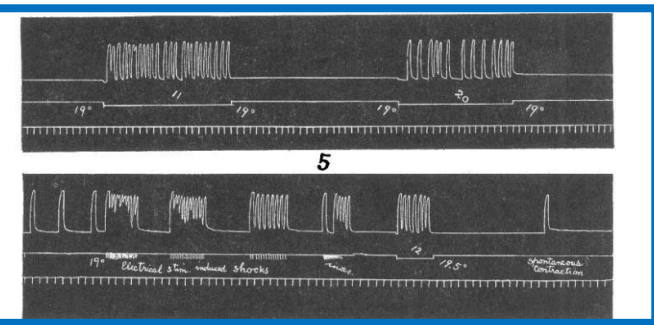
2014

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1929

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1950

US transiently suppresses amplitude of VEP in cats

1960-90s

Stimulation of inner ear structures and auditory nerve

2010

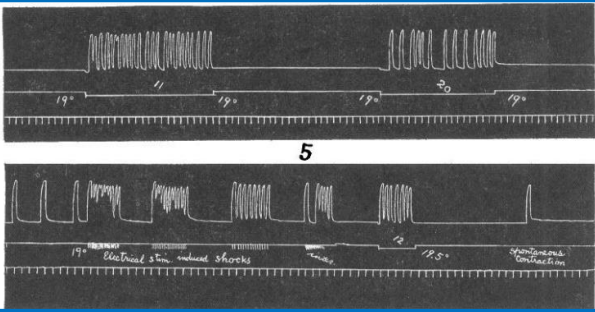
2014

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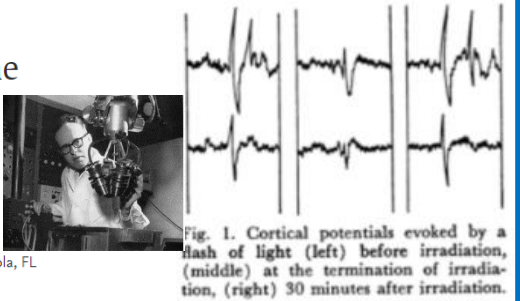
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1929

1950

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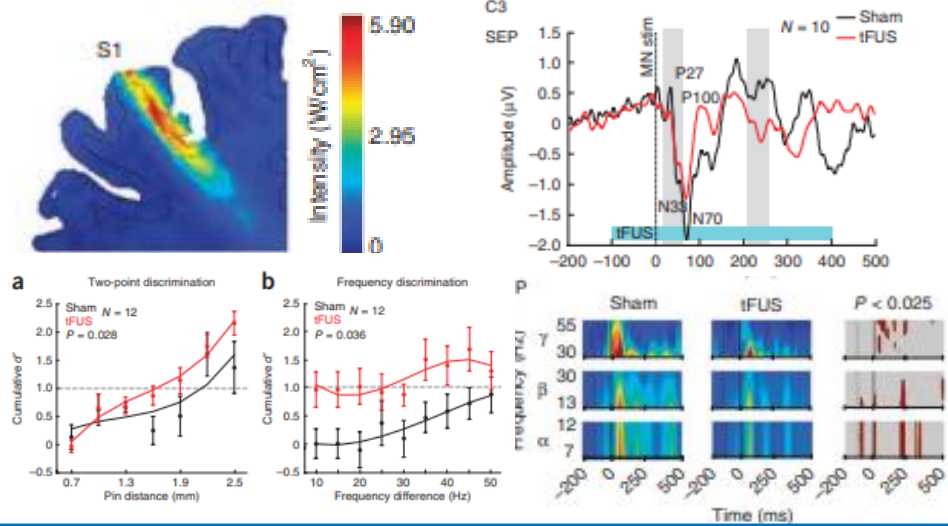
2014

TECHNICAL REPORTS

nature
neuroscience

Transcranial focused ultrasound modulates the activity of primary somatosensory cortex in humans

Wynn Legon¹, Tomokazu F Sato¹, Alexander Opitz^{1,2}, Jerel Mueller³, Aaron Barbour¹, Amanda Williams¹ & William J Tyler^{1,3,4}



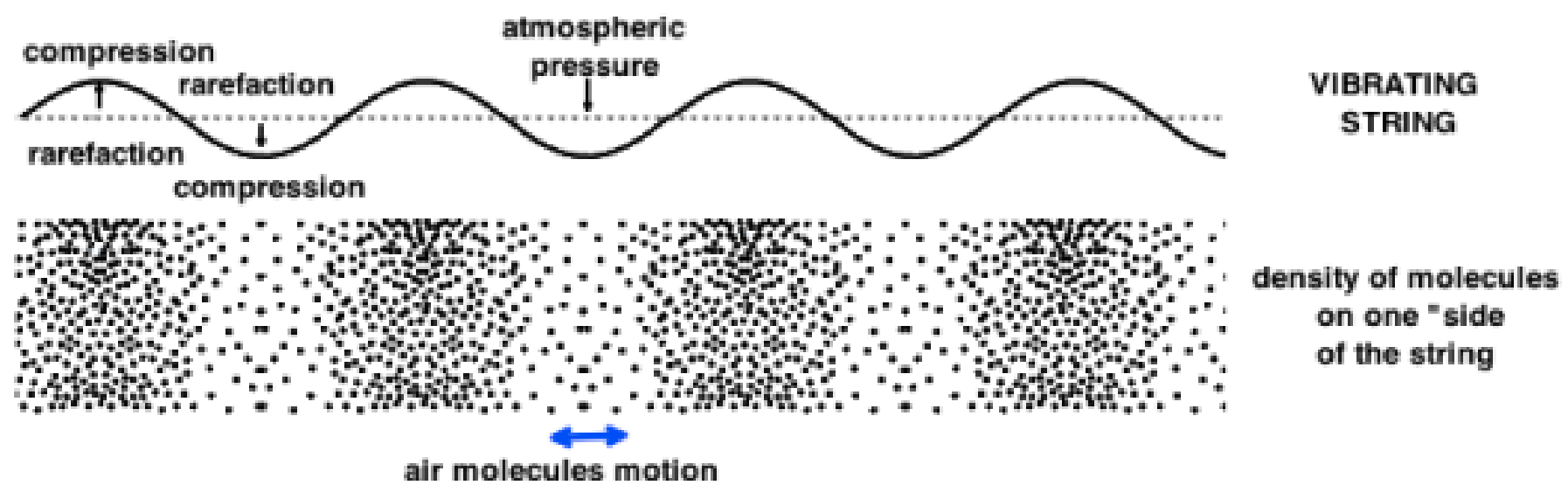
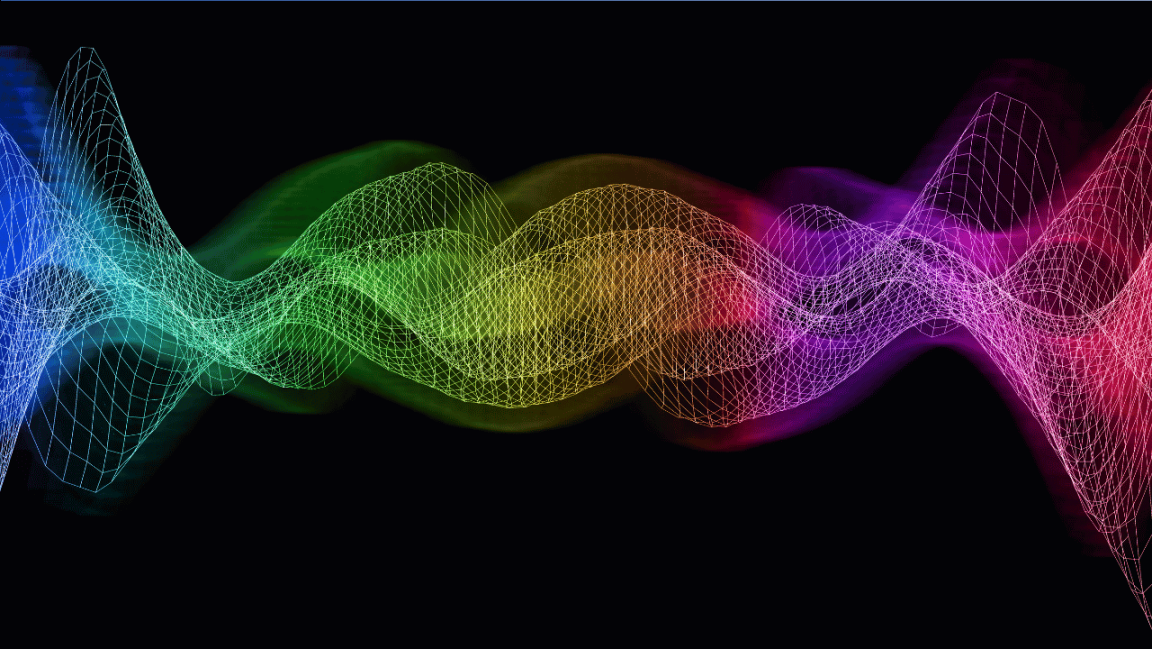
US can excite nerve fibers in isolated turtle and frog muscle

US transiently suppresses amplitude of VEP in cats

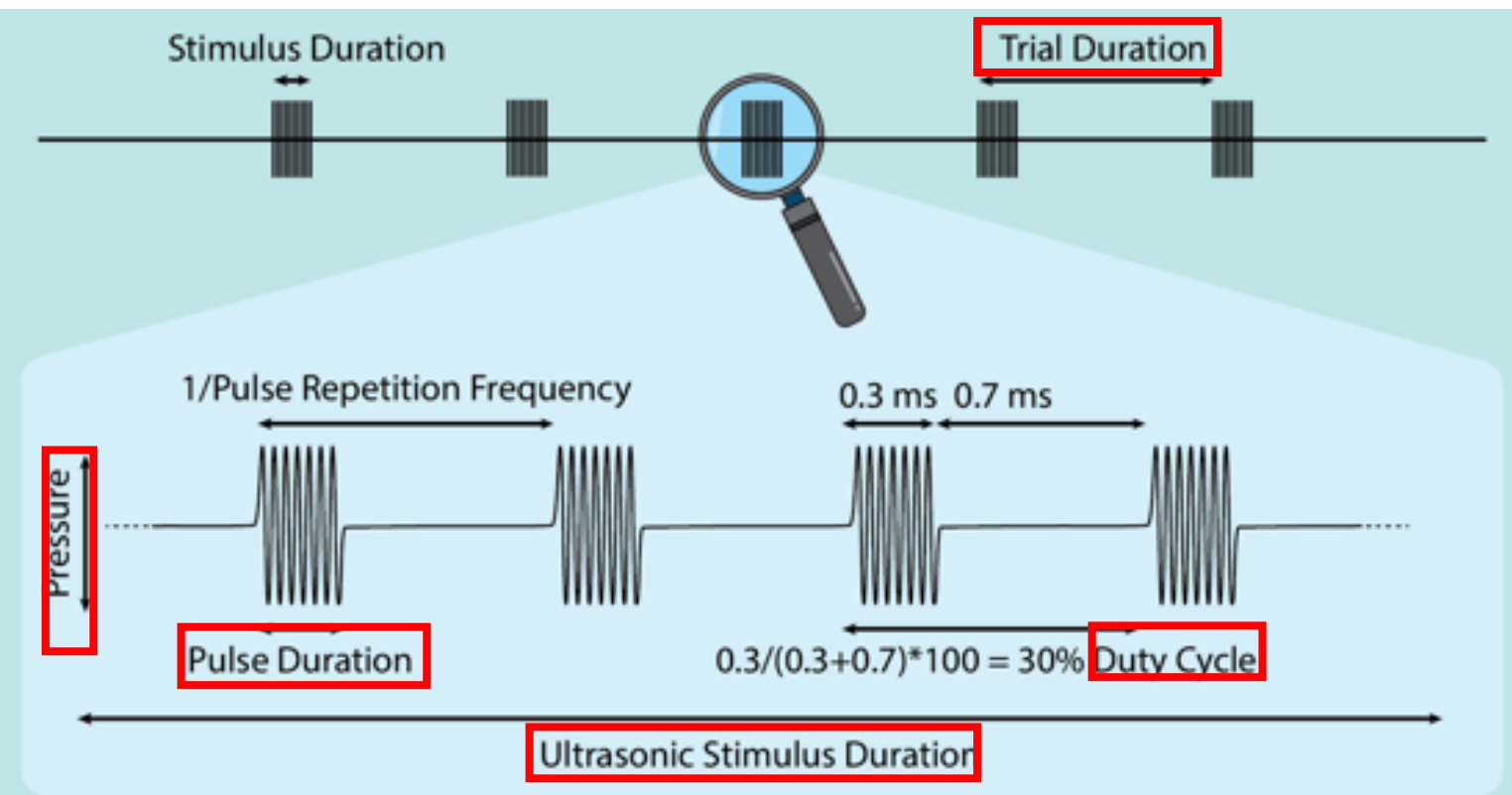
US excited neural activity of hippocampus and motor cortex in rat

US modulates the activity in human S1

Mechanisms of TUS

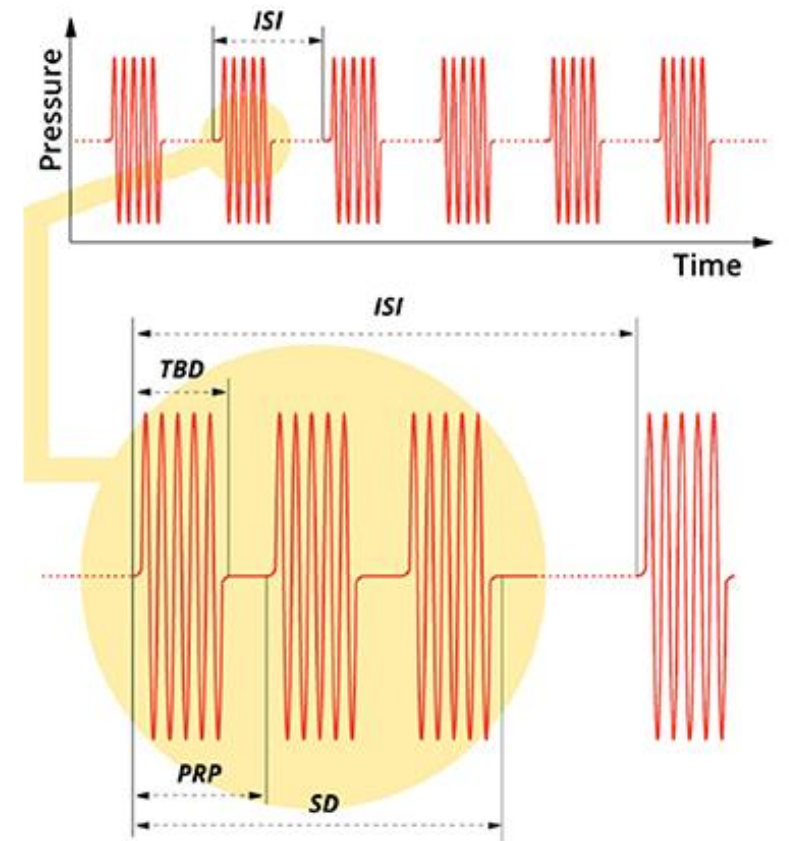


US mechanisms



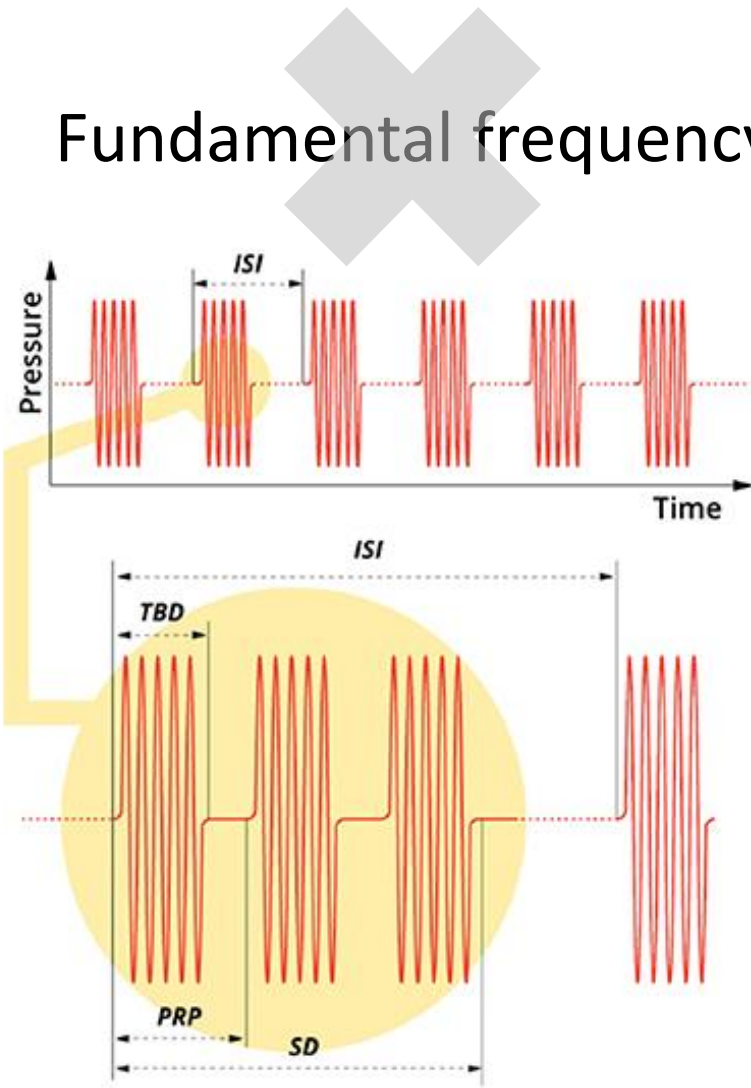
Parameter (Abbreviation)	Unit	Synonym
Fundamental frequency (FF)	kHz, MHz	Center frequency (f_c)
Pulse duration (PD)	ms	Tone burst duration (TBD), Pulse length (PL)
Pulse repetition interval (PRI)	ms	Pulse repetition period (PRP)
Pulse repetition frequency (PRF)	Hz, kHz	-
Duty cycle (DC)	%	Duty factor (DF), as a ratio between 0 and 1
Sonication duration (SD)	ms, s	Burst duration (BD)
Inter-stimulation interval (ISI)	s, min	Burst interval (BI) – Sonication duration (SD)
Peak rarefactional pressure (P_r)	kPa, MPa	Peak negative pressure (PNP)
Spatial-peak pulse-average intensity (I_{SPPA})	W/cm ²	-
Spatial-peak temporal-average intensity (I_{SPTA})	mW/cm ²	-
Mechanical index (MI)	(unitless)	-

Fundamental frequency



Amplitude envelope

Fundamental frequency



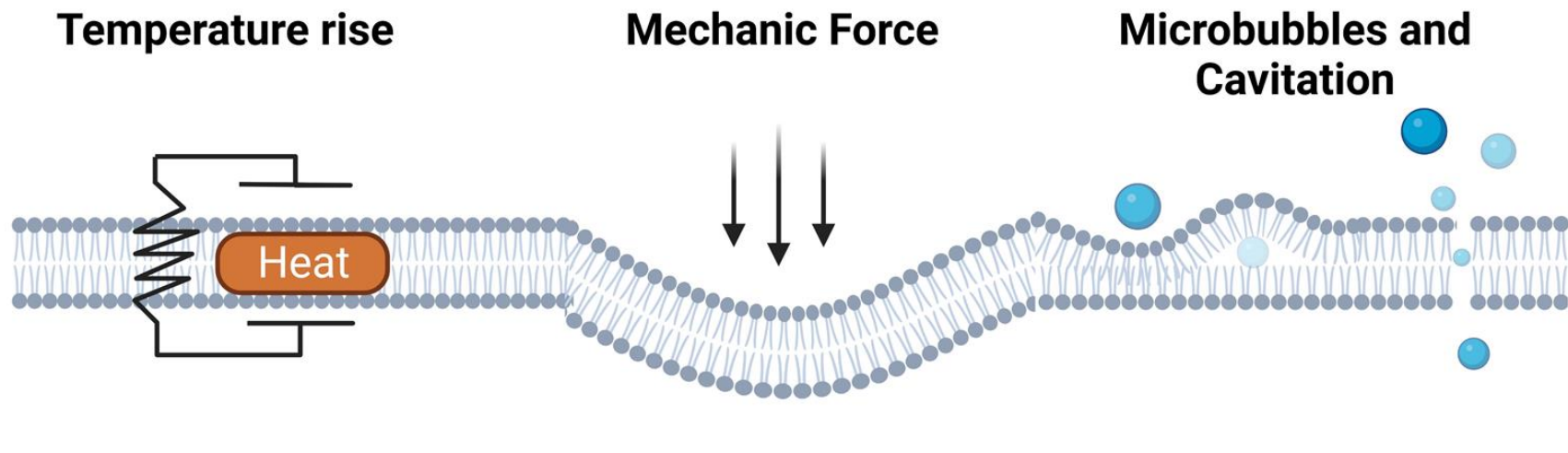
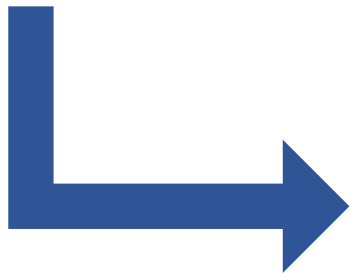
Acoustic Radiation Force (ARF) ← Amplitude envelope Fundamental frequency

→ Physical phenomenon
resulting from the **interaction of
an acoustic wave with an
obstacle** placed along its path

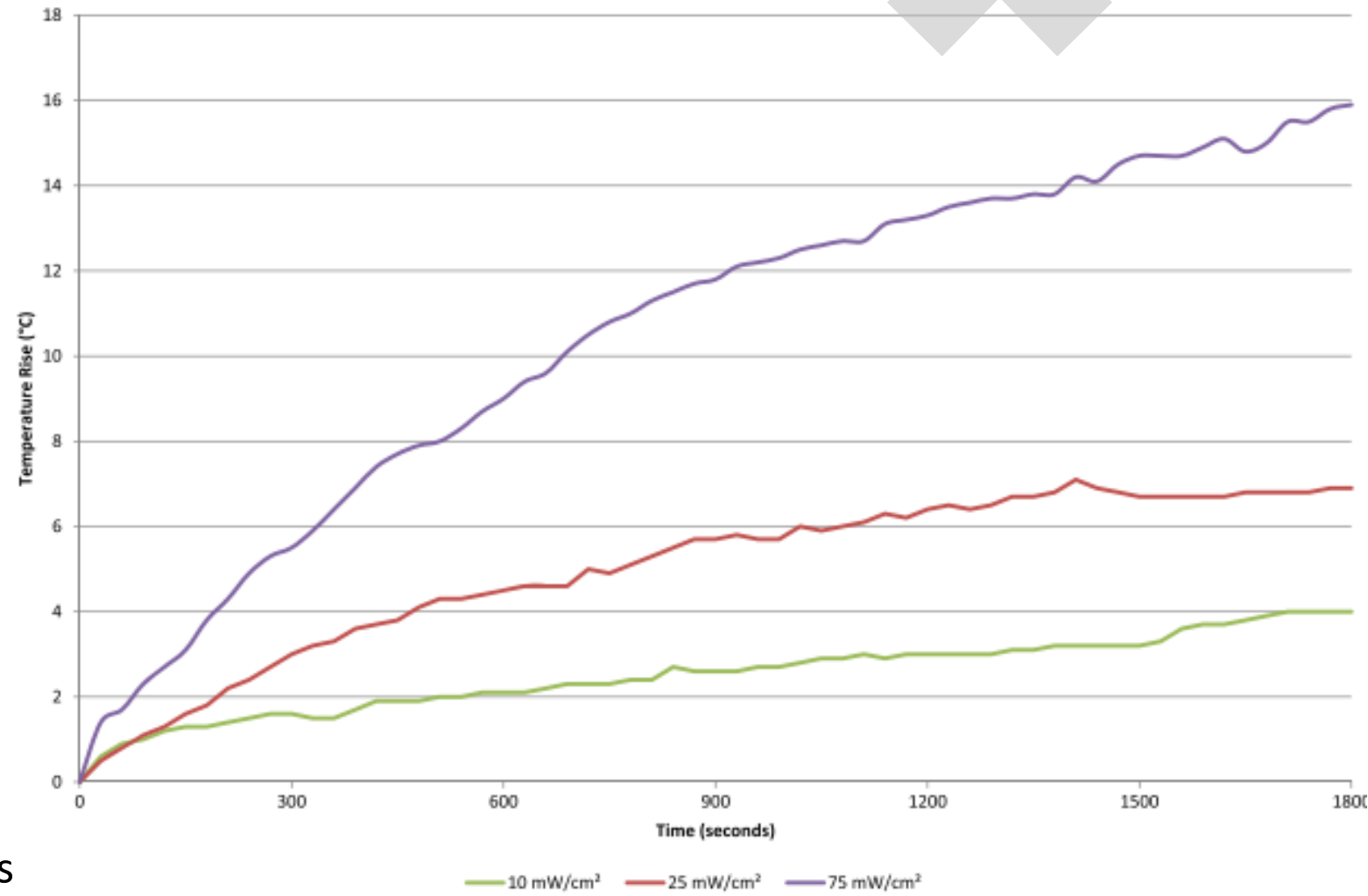


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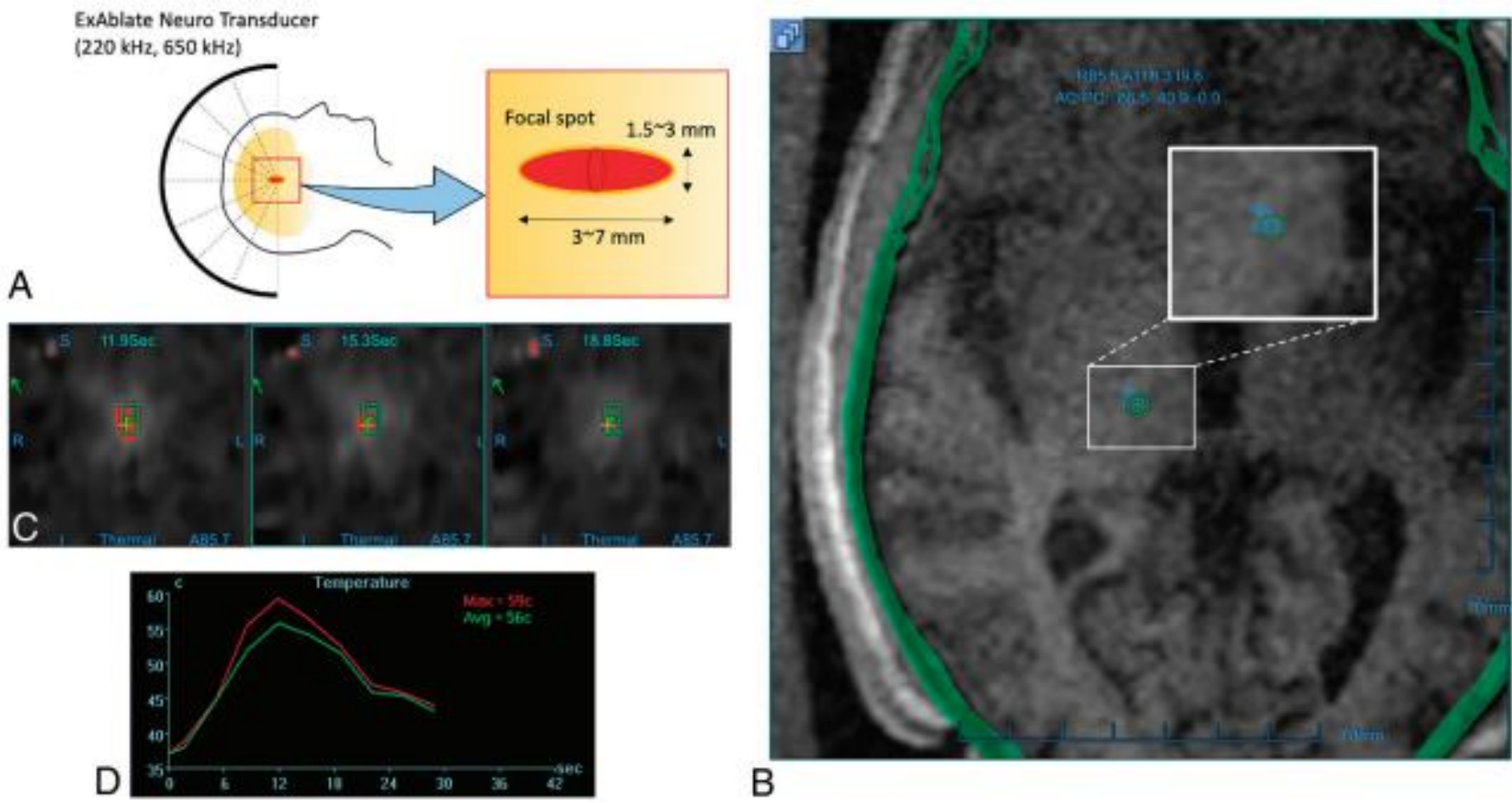
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Acoustic Radiation Force (ARF) ← Amplitude envelope Fundamental frequency



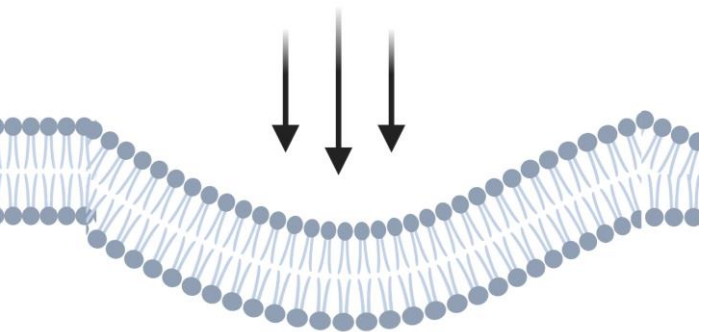
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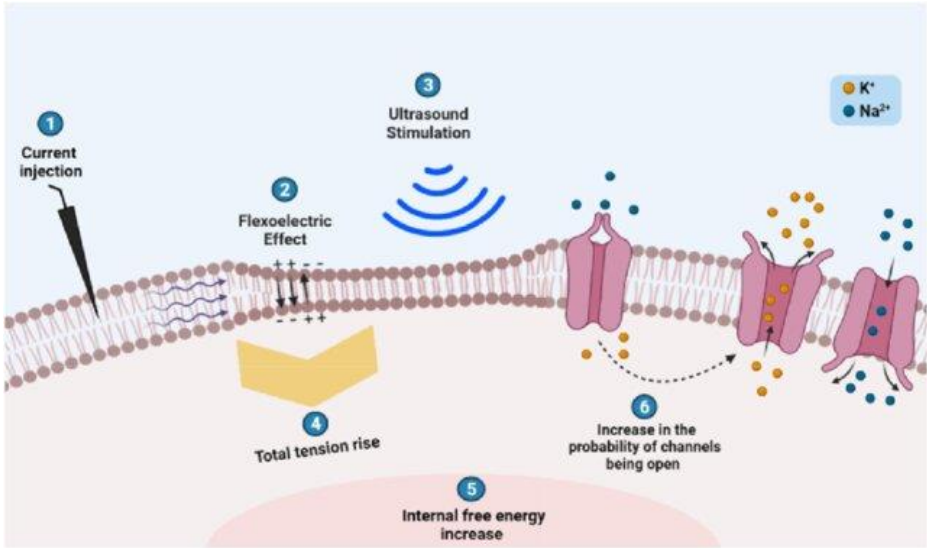


Mechanic Force



→ Flexoelectricity:
curvature-induced
membrane polarization

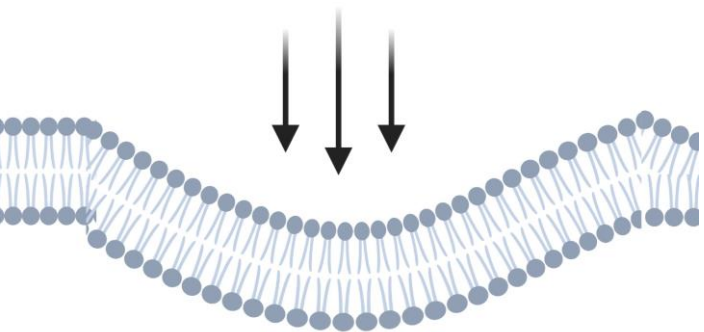
Hypothesis 1: US compresses the neural membrane bilayers and leads to a capacitive current which activates neurons



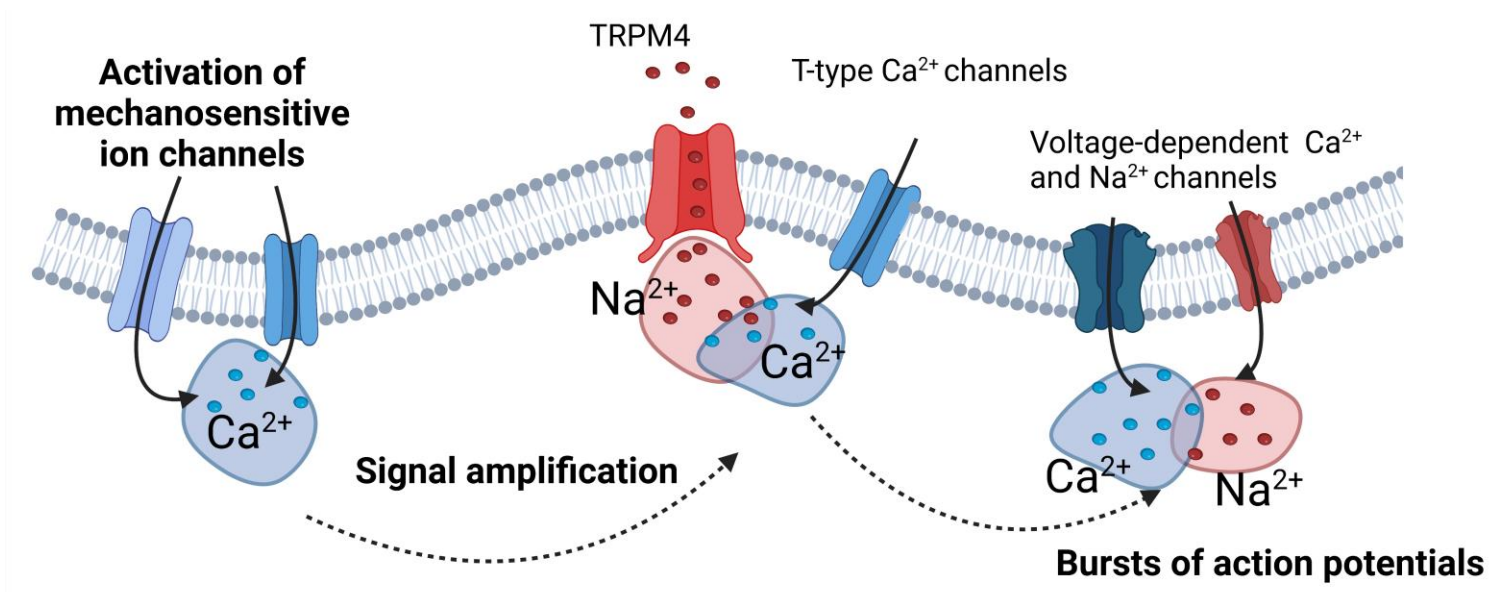
Acoustic Radiation Force (ARF) ← Amplitude envelope Fundamental frequency



Mechanic Force



Hypothesis 2: US indirectly manipulates mechanosensitive calcium channels in the membrane

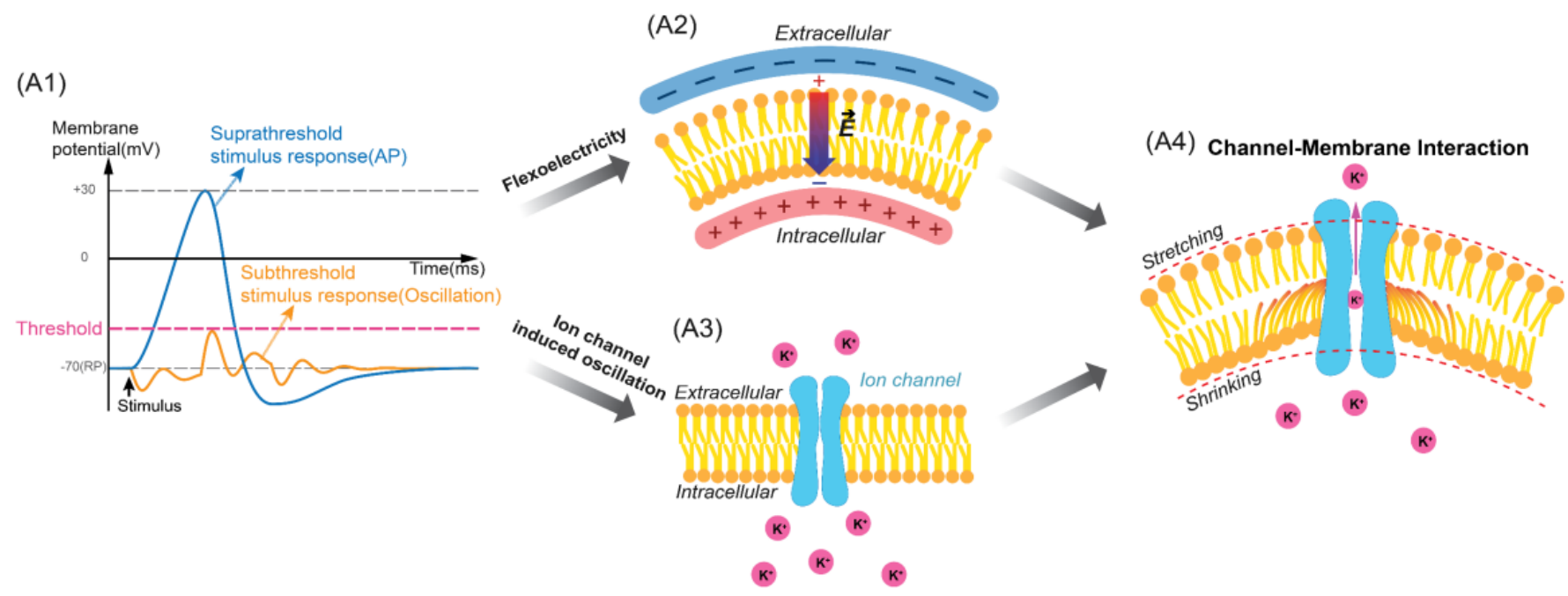
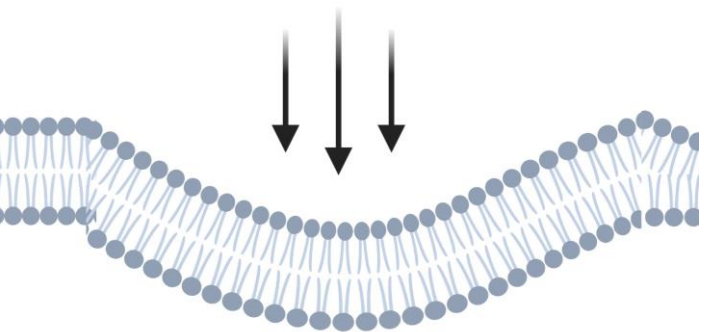


Acoustic Radiation Force (ARF) ← Amplitude envelope Fundamental frequency

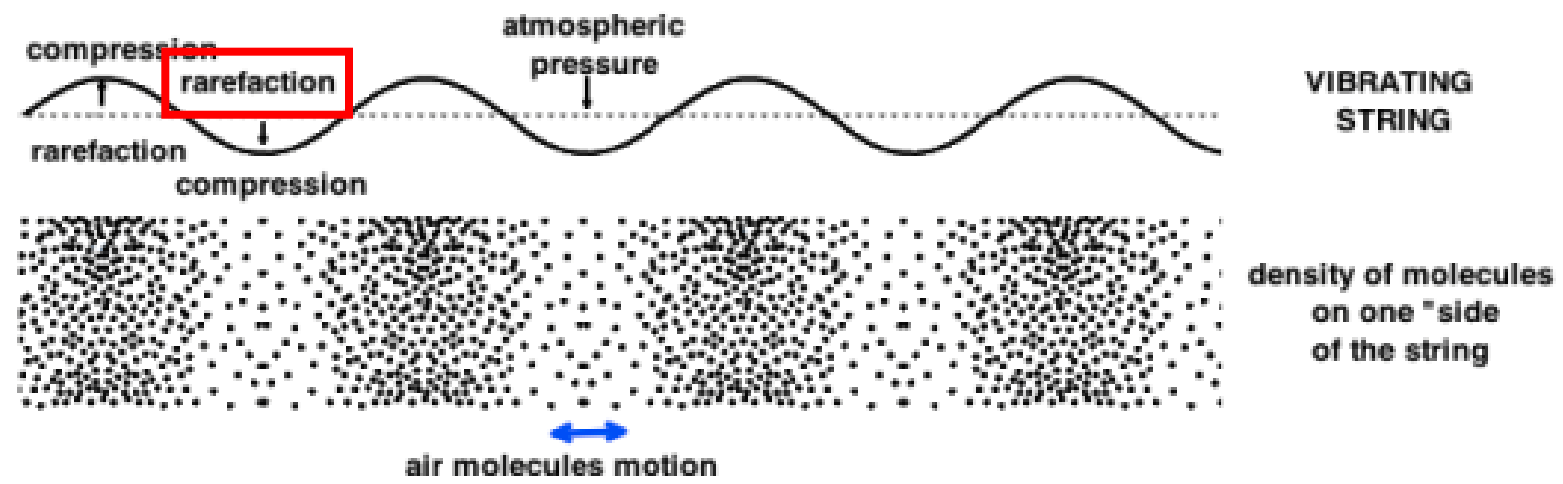
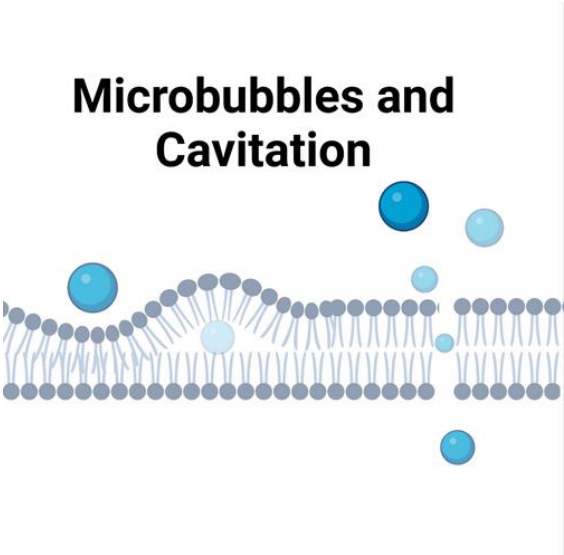


The Channel-membrane interaction (CMI) hypothesis

Mechanic Force



Acoustic Radiation Force (ARF) ← Amplitude envelope Fundamental frequency



➔ Caused by the ultrasonic **negative pressure** during the rarefaction phase of an acoustic wave propagation

SPECIALTIES ▼TOPICS ▼MULTIMEDIA ▼CURRENT ISSUE ▼LEARNING/CME ▼AUTHOR CENTERPUBLICATIONS ▼

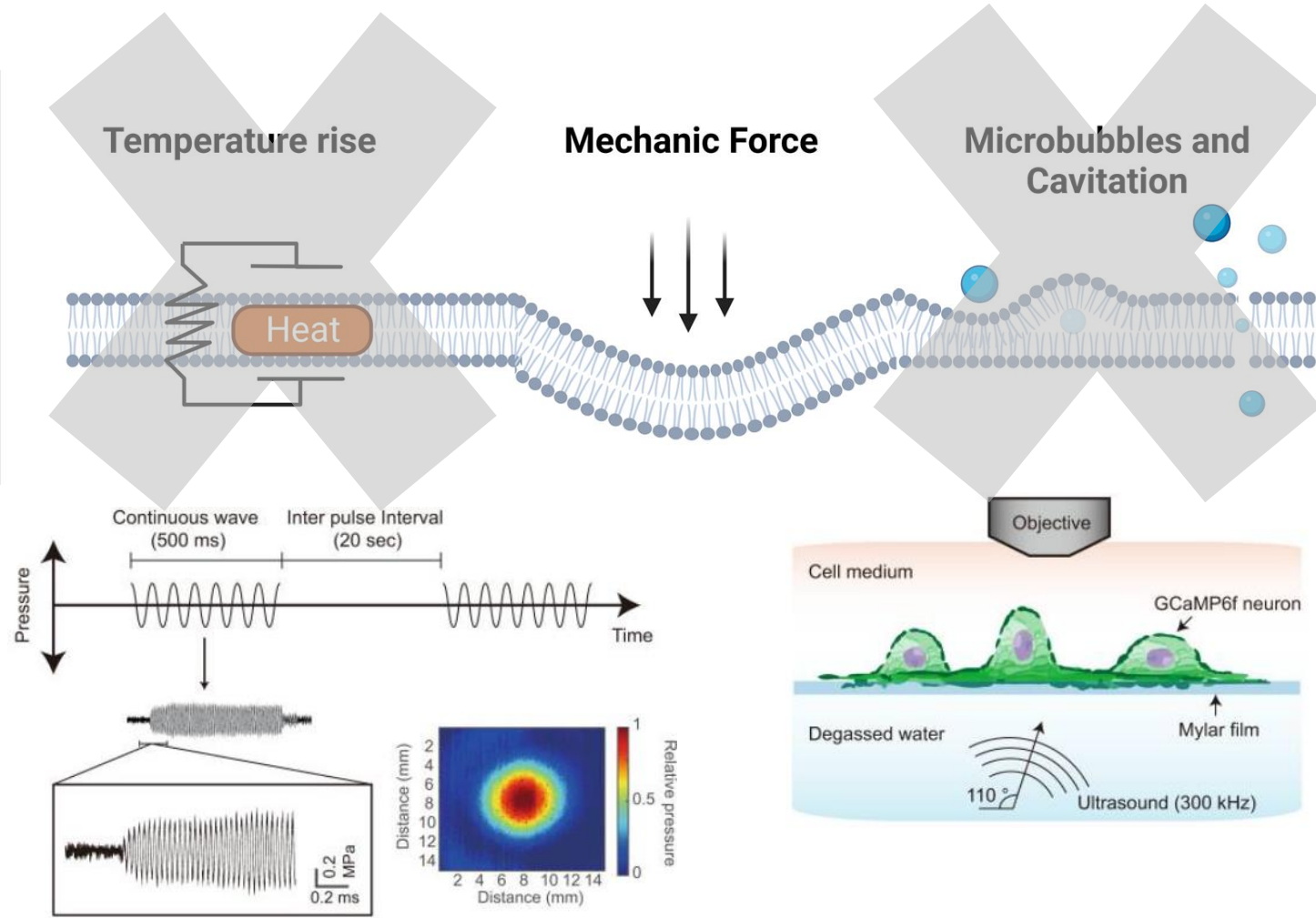
ORIGINAL ARTICLE | BRIEF REPORT

fXinE

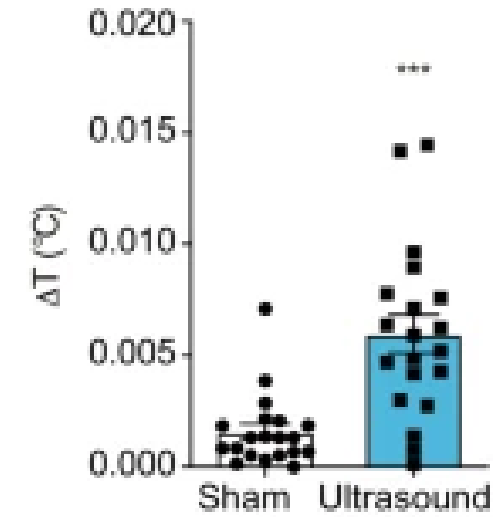
Ultrasound Blood–Brain Barrier Opening and Aducanumab in Alzheimer’s Disease

Authors: Ali R. Rezai, M.D., Pierre-Francois D’Haese, Ph.D., Victor Finomore, Ph.D., Jeffrey Carpenter, M.D., Manish Ranjan, M.B., B.S., Kirk Wilhelmsen, M.D., Rashi I. Mehta, M.D., and Marc W. Haut, Ph.D. [Author Info & Affiliations](#)

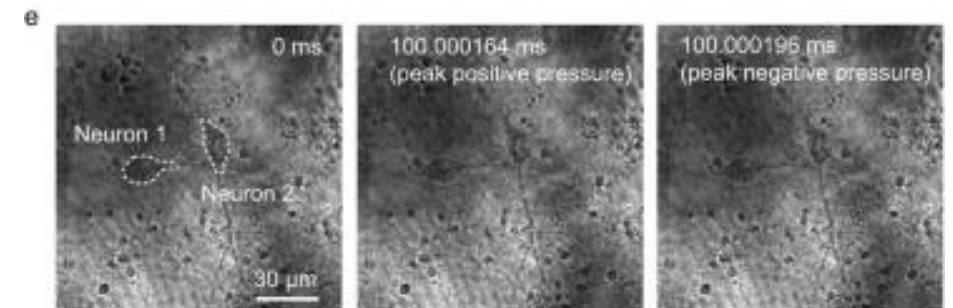
Published January 3, 2024 | N Engl J Med 2024;390:55-62 | DOI: 10.1056/NEJMoa2308719 | VOL. 390 NO. 1

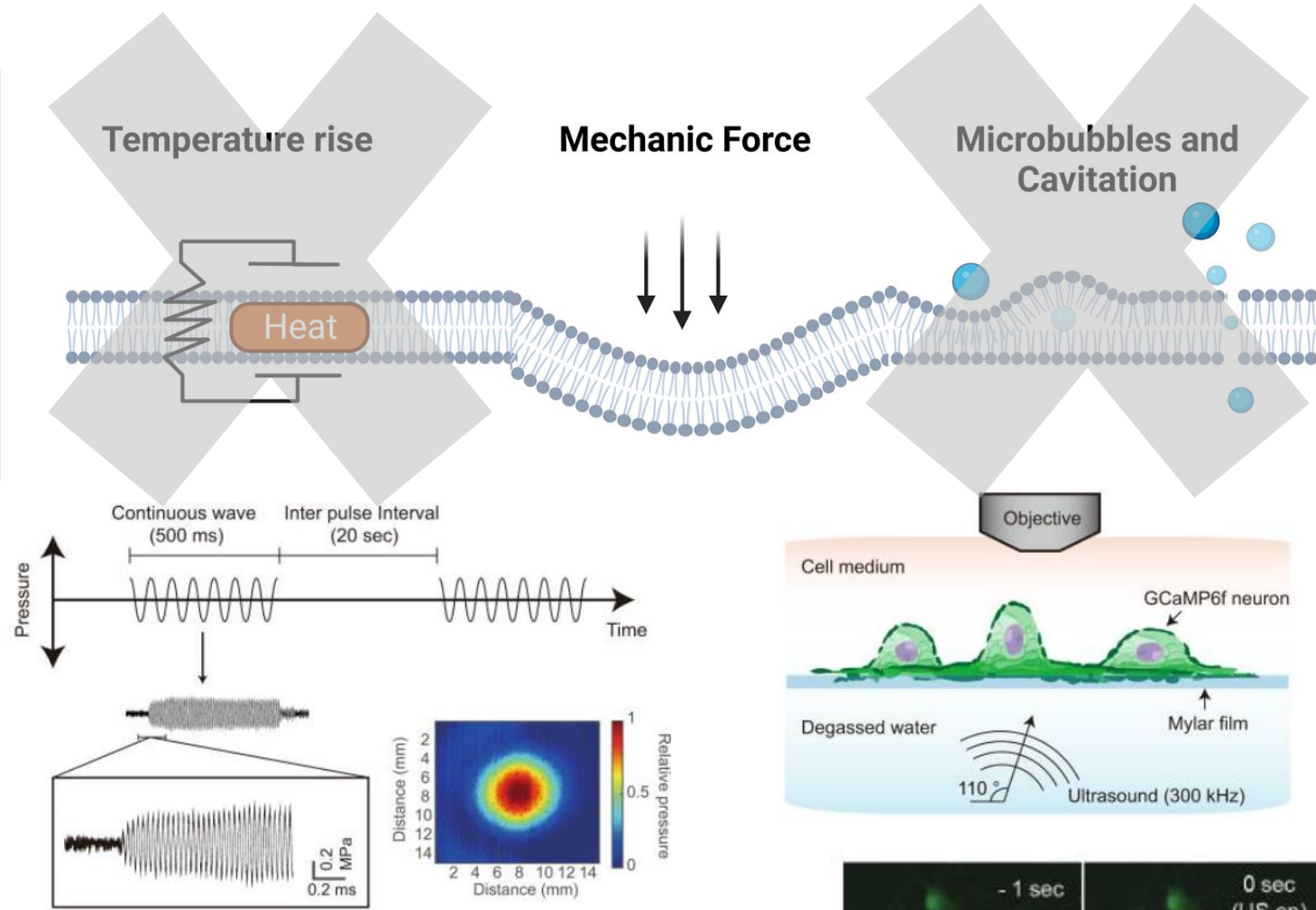


Fiber optic thermometer

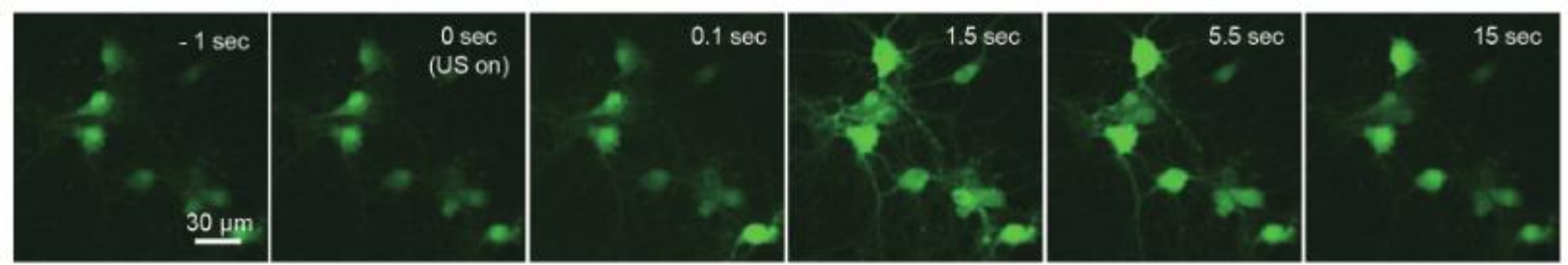
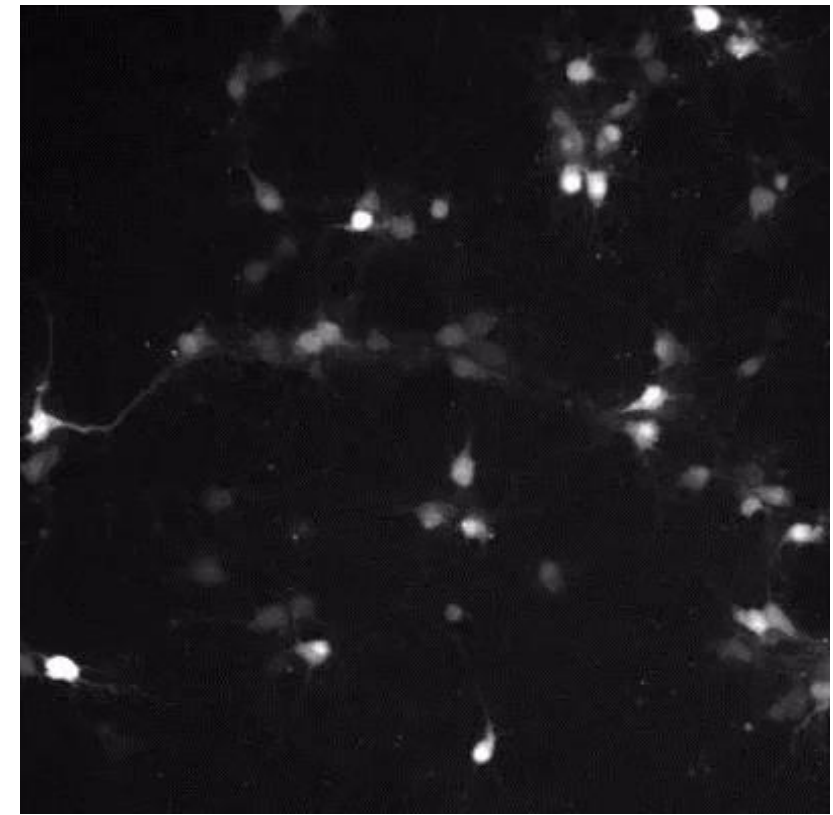


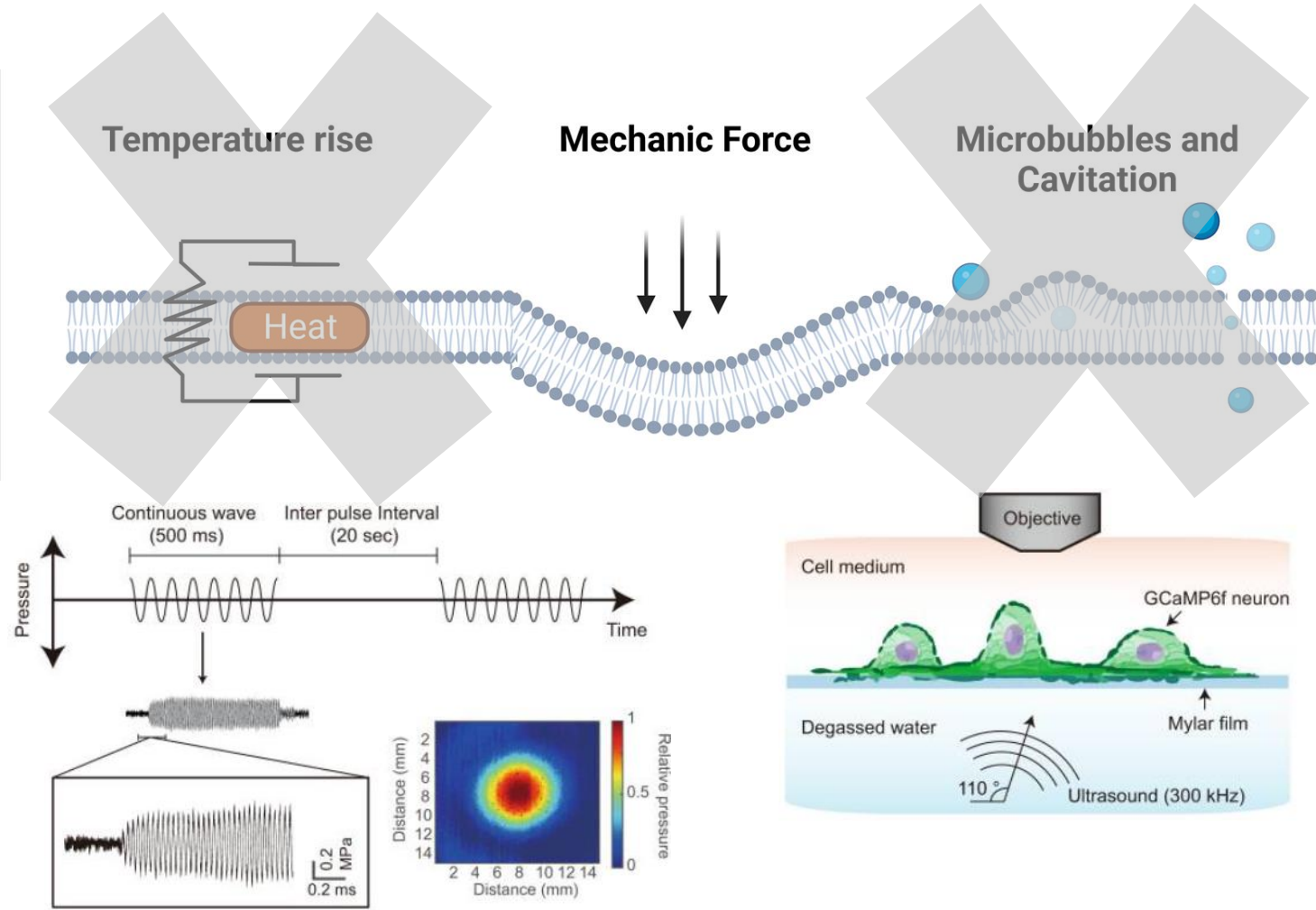
Fiber optic thermometer & Ultra-high speed camera



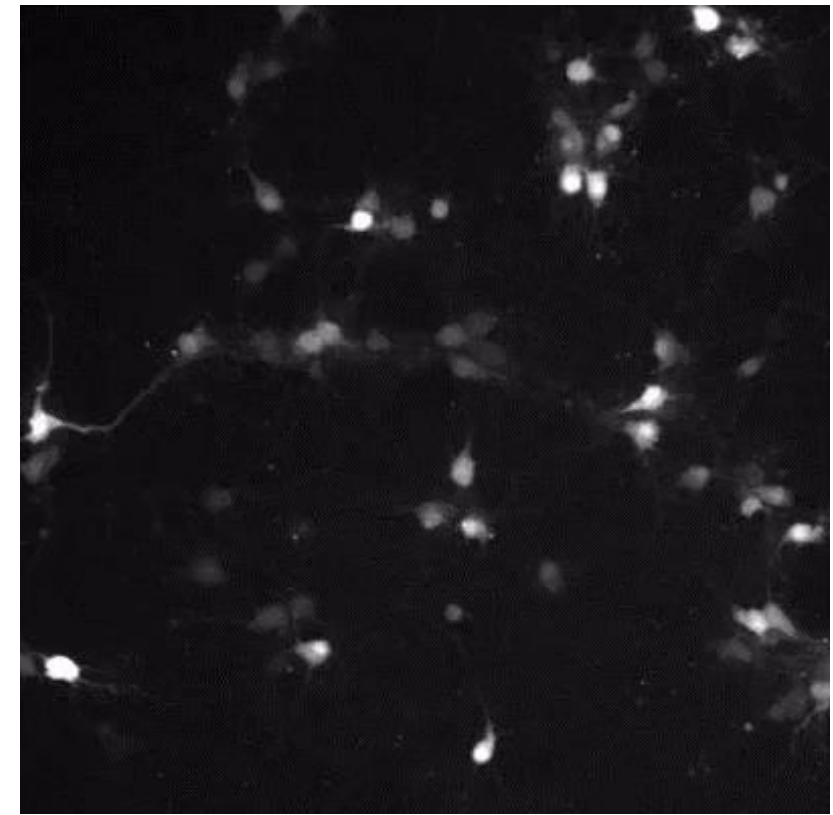


Neural calcium response, recorded by epifluorescence imaging

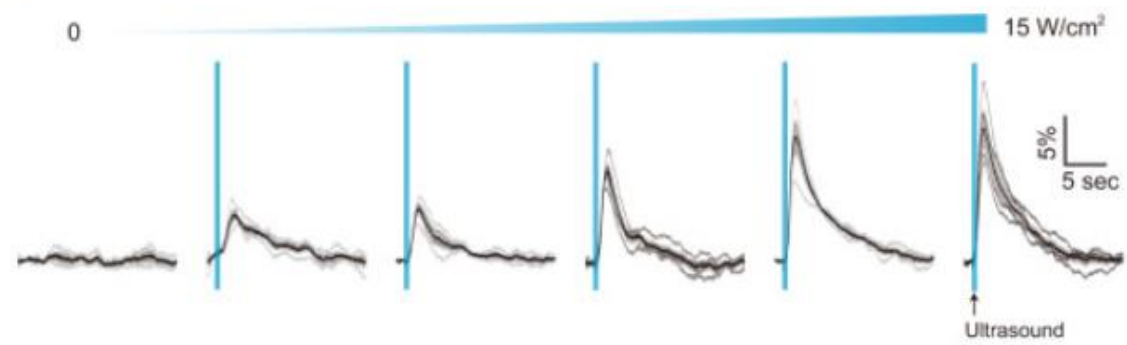




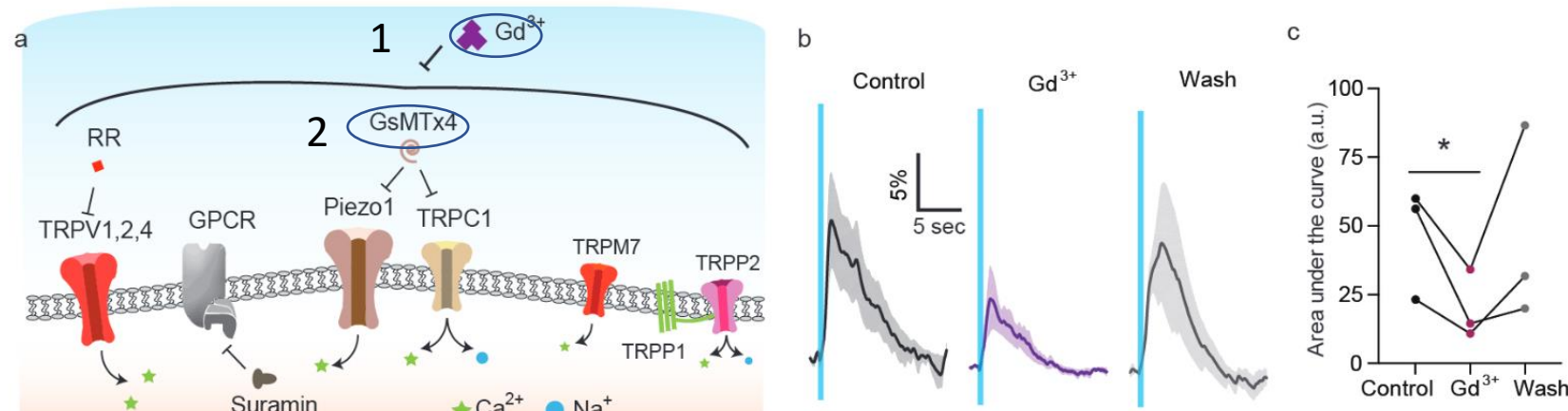
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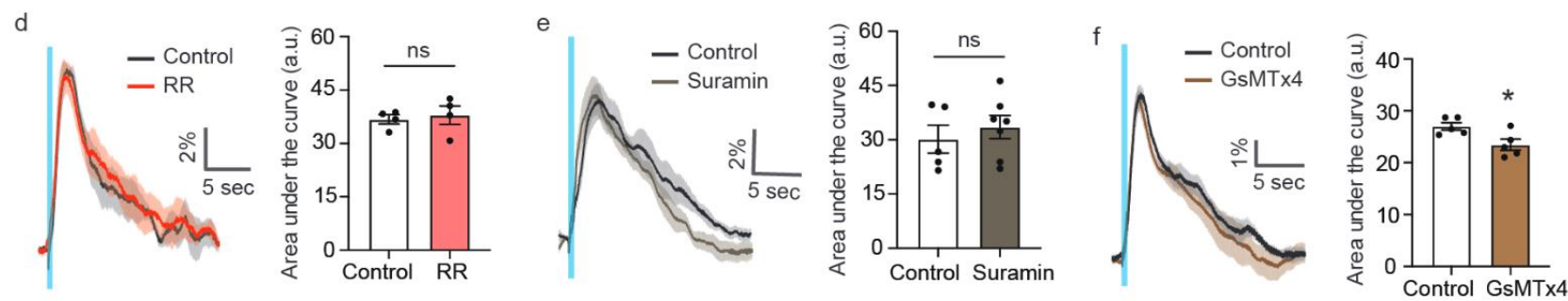
Quantification of calcium responses as function of ultrasound intensity



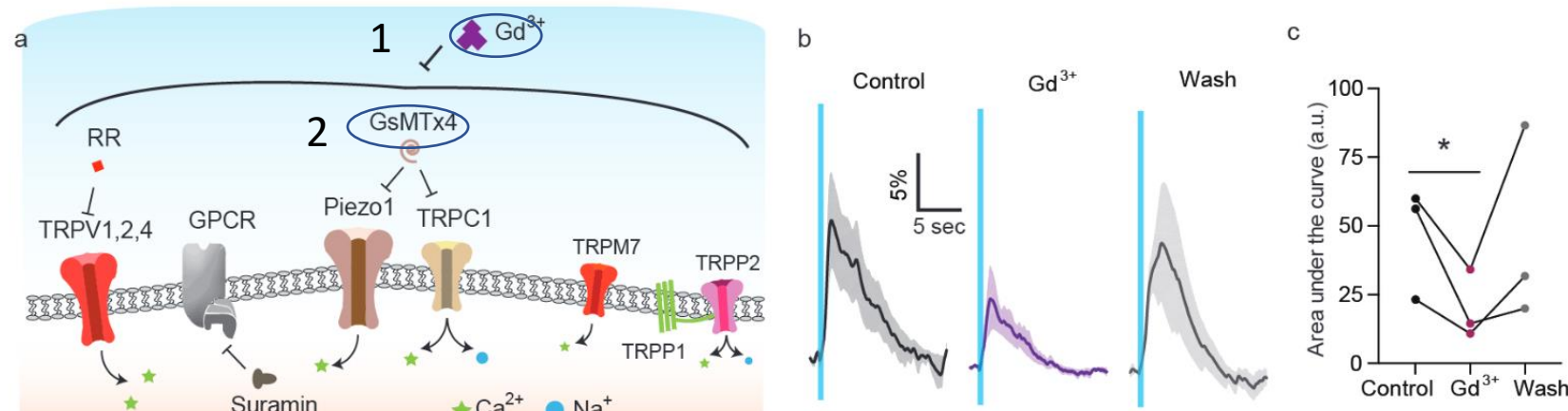
Pharmacological inhibition of mechanosensitive receptors



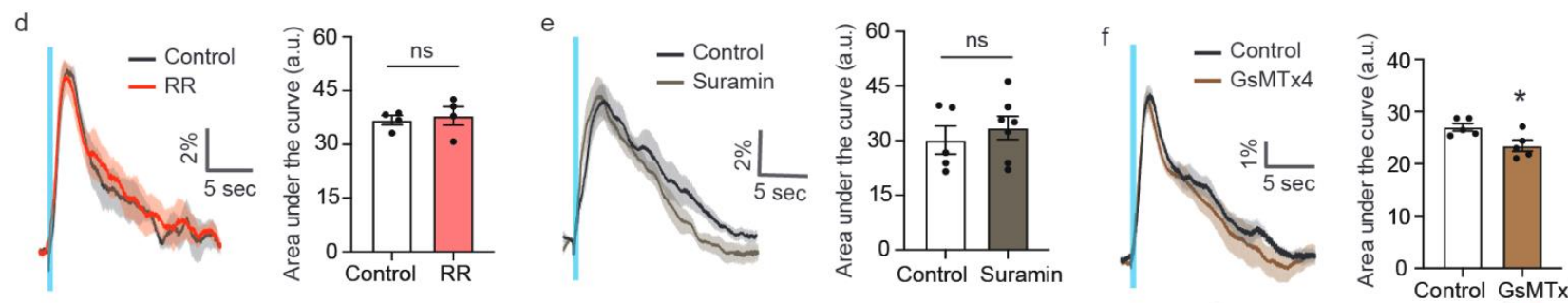
➔ Mechanosensitive Ca²⁺ channels



Pharmacological inhibition of mechanosensitive receptors

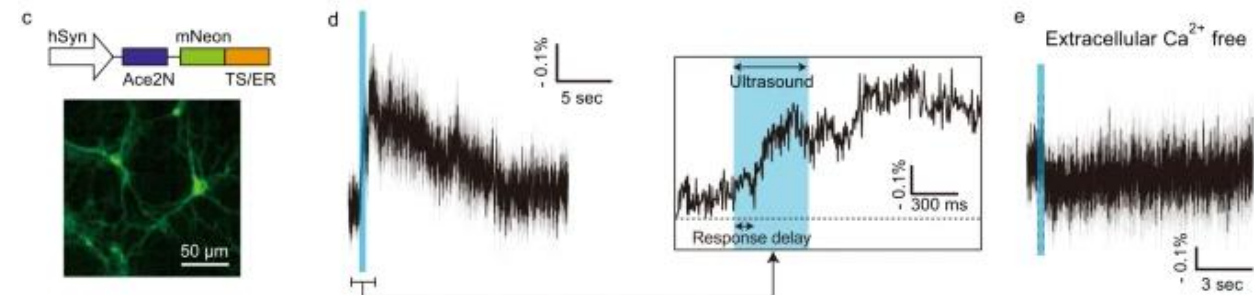


➔ Mechanosensitive Ca²⁺ channels

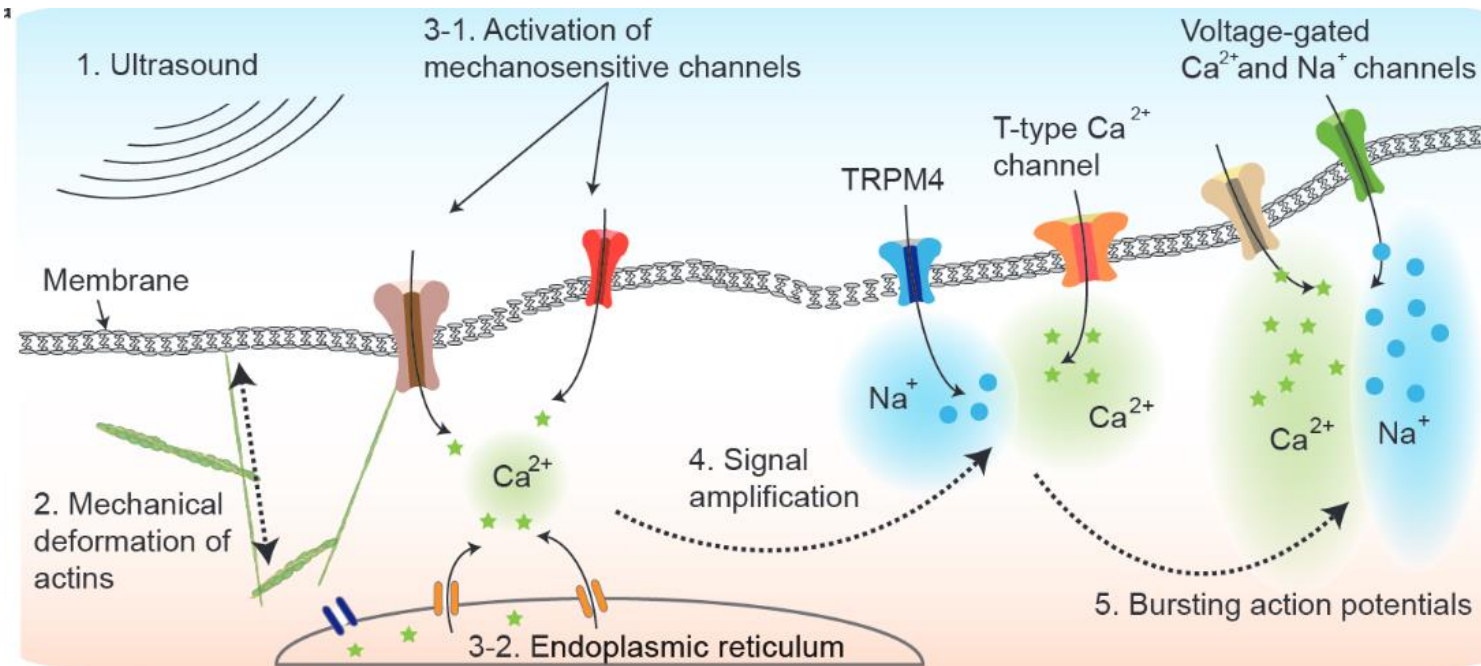


Transmembrane voltage imaging using the genetically encoded voltage indicator Ace2N

Yoo et al., 2022

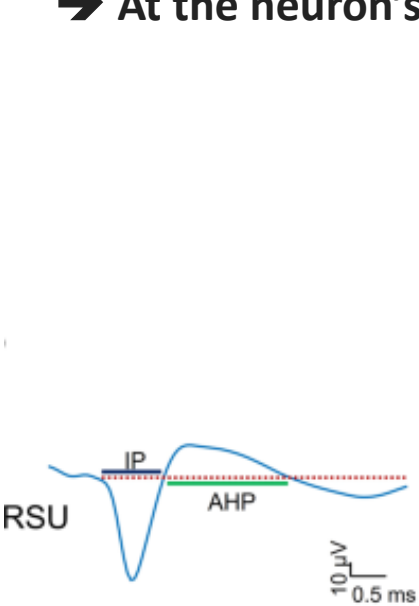


➔ Role of mechanosensitive Ca^{2+} channels, amplified by Voltage-dependent Ca^{2+} and Na^{2+} channels

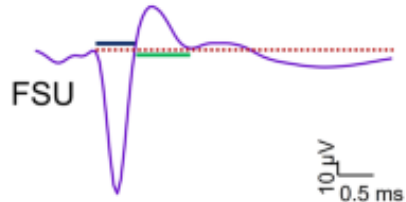


- Opening of specific **calcium-permeable mechanosensitive ion channels**.
- Calcium ions accumulate until they trigger the opening of **calcium-sensitive sodium channels**.
- This leads to depolarization of the cell membrane and the opening of **voltage-gated calcium channels**,
- Leading to the large responses observable by GCaMP6f imaging

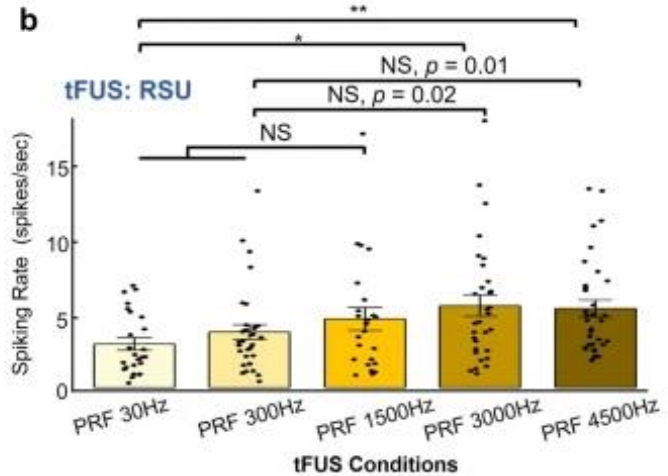
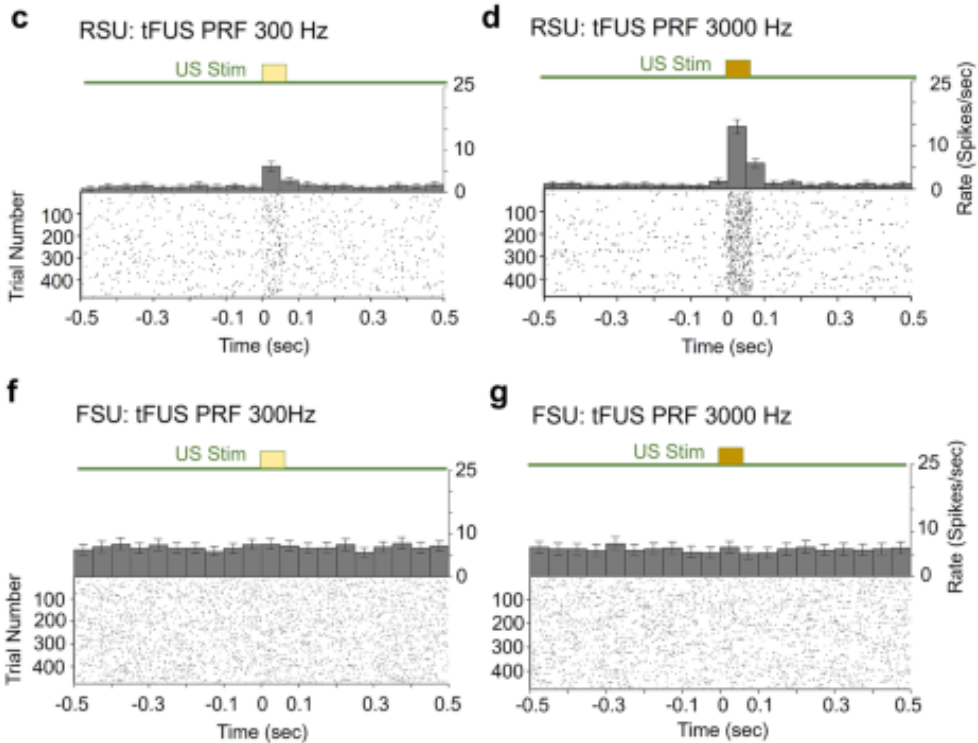
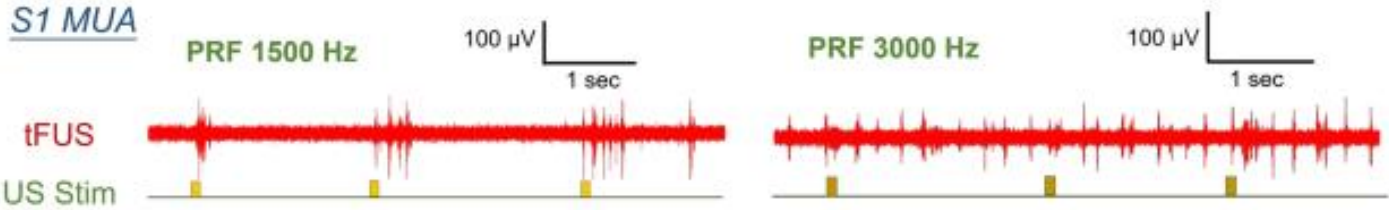
➔ At the neuron's level



➔ Excitatory



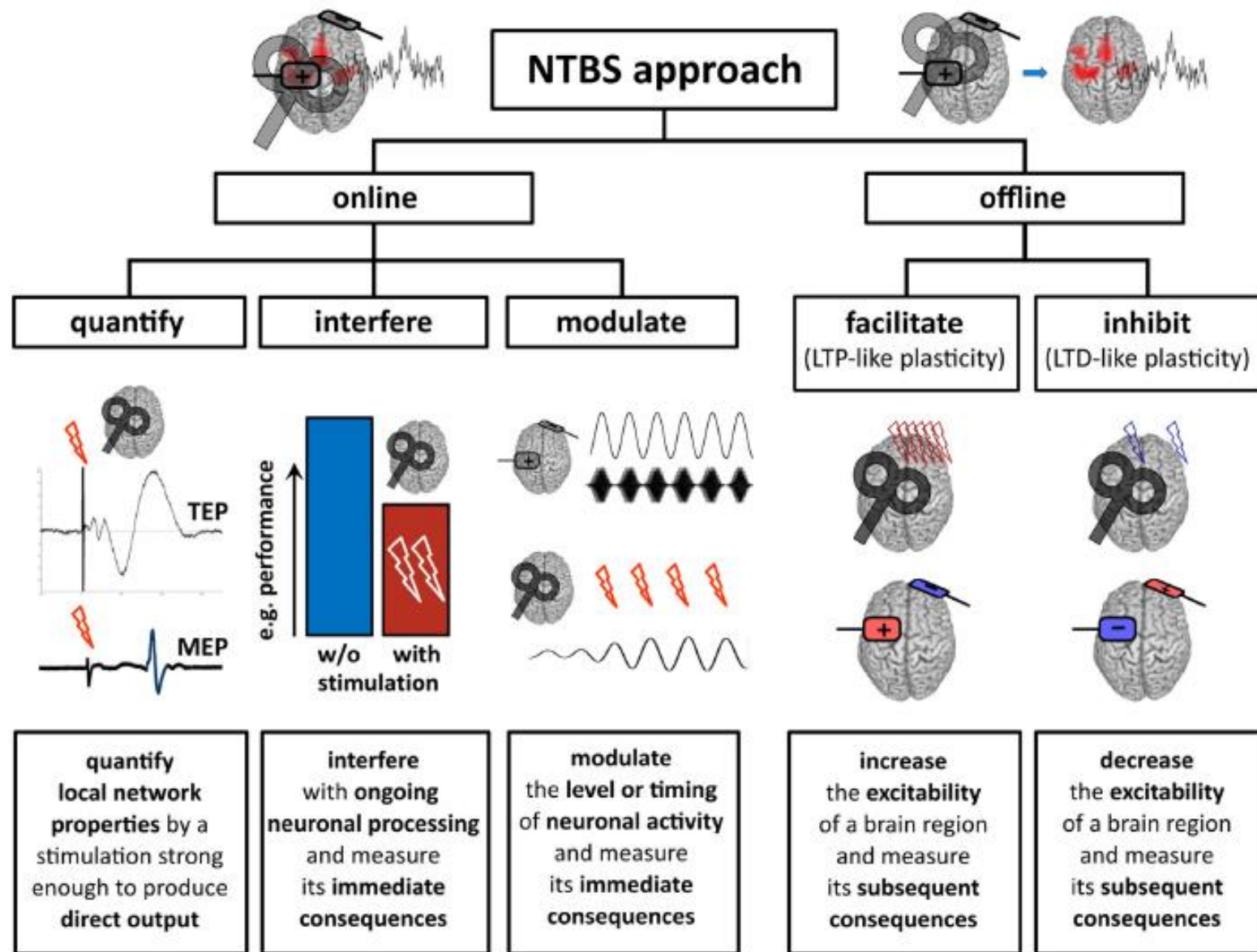
➔ Inhibitory



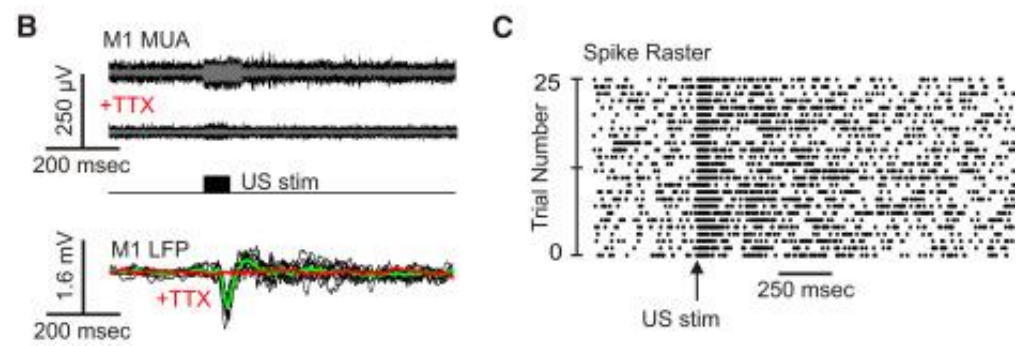
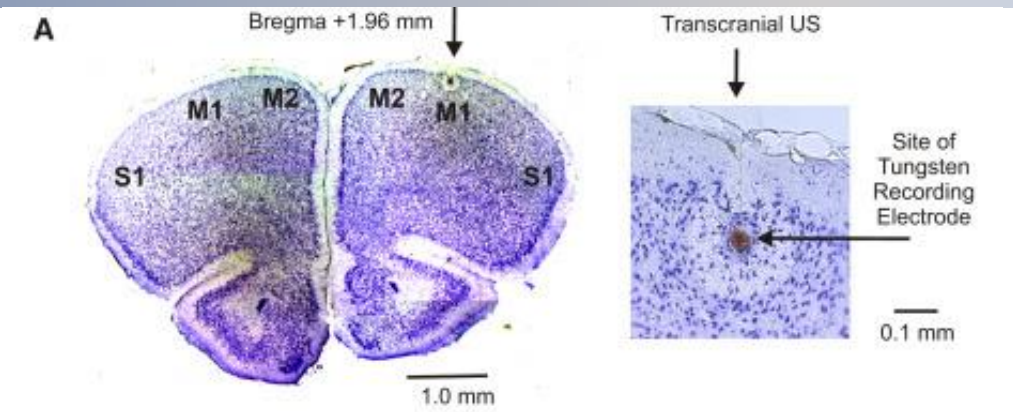
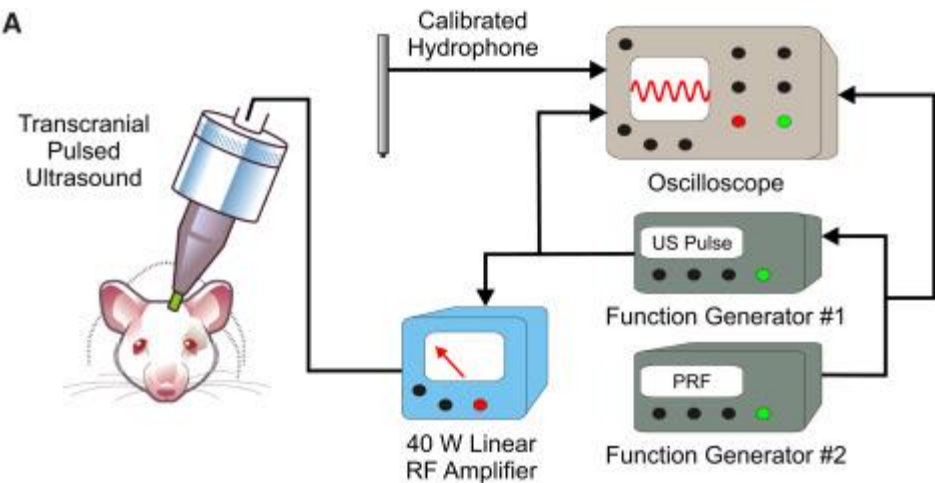
- RSU responses are time locked to TUS, FSU are delayed
- RSU spiking rates increase with increasing PRF

TUS for Neuromodulation

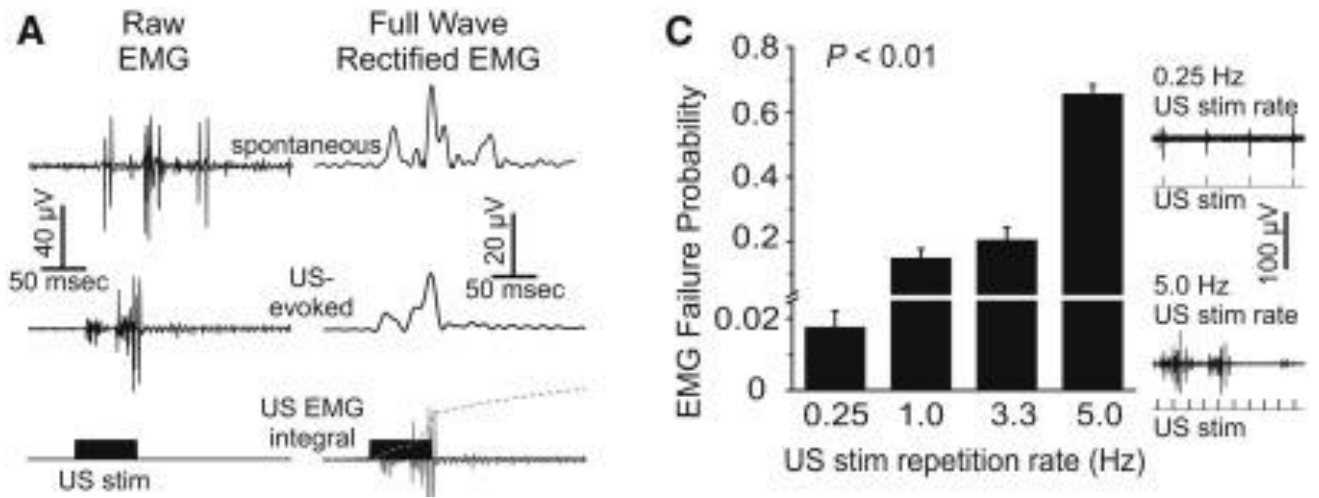
In vitro & Animal work



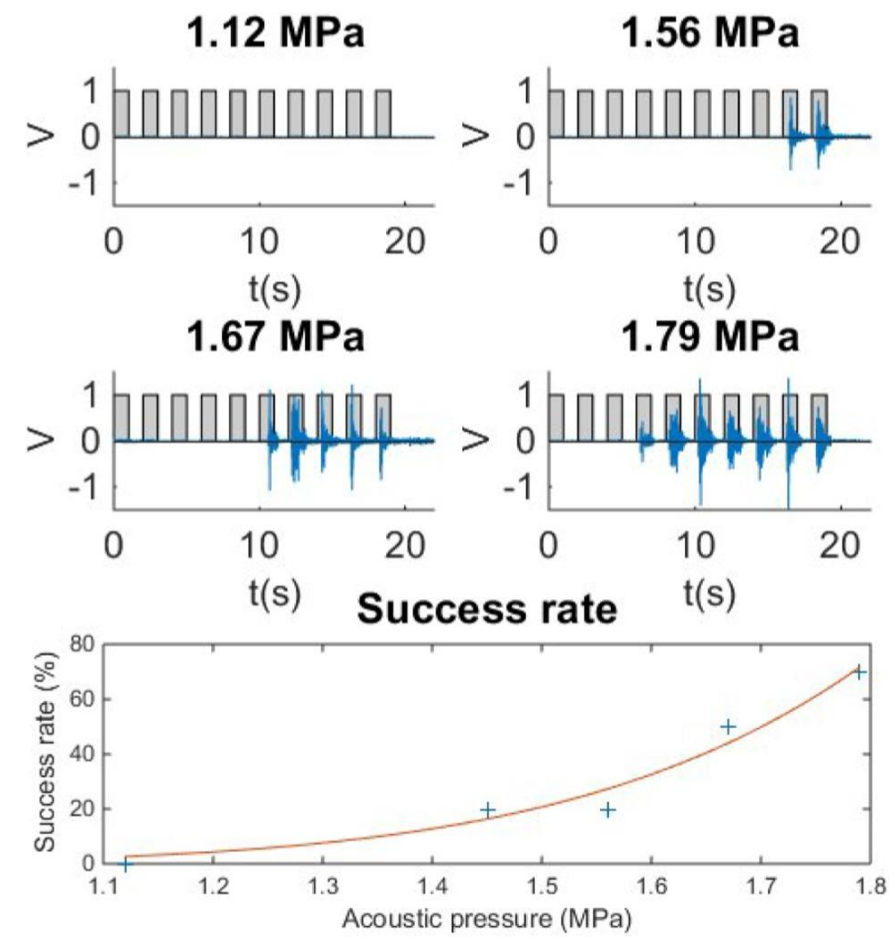
Online protocols



➔ Pulsed US triggers cortical action potentials to drive peripheral muscle contractions

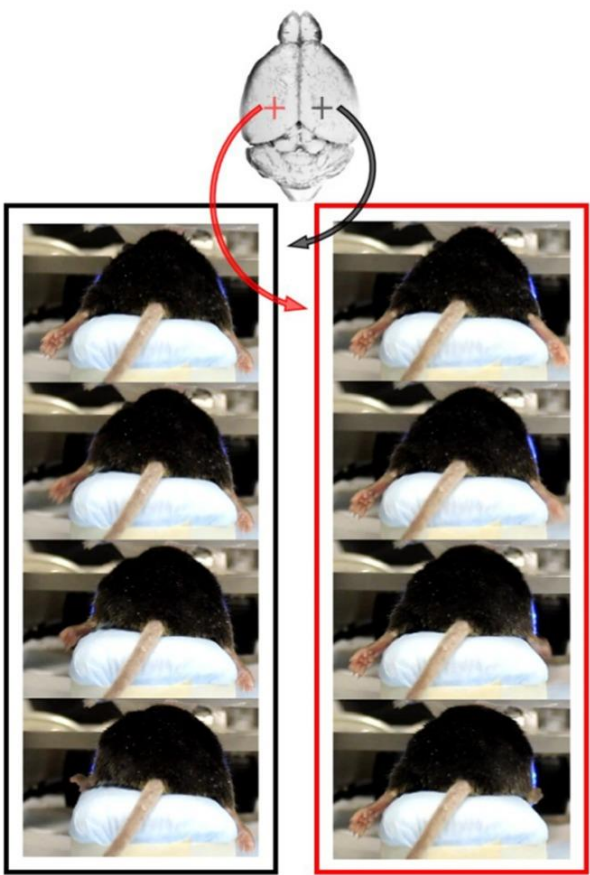


Online protocols

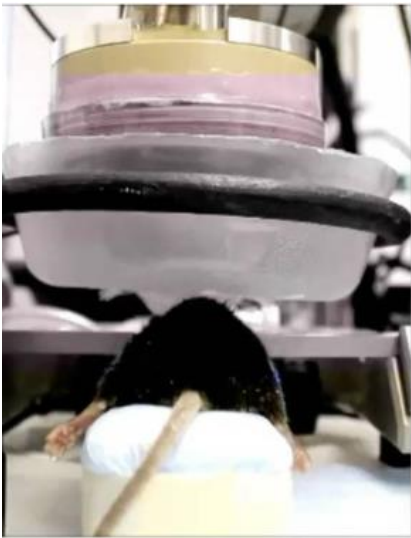


(a)

US MEP?

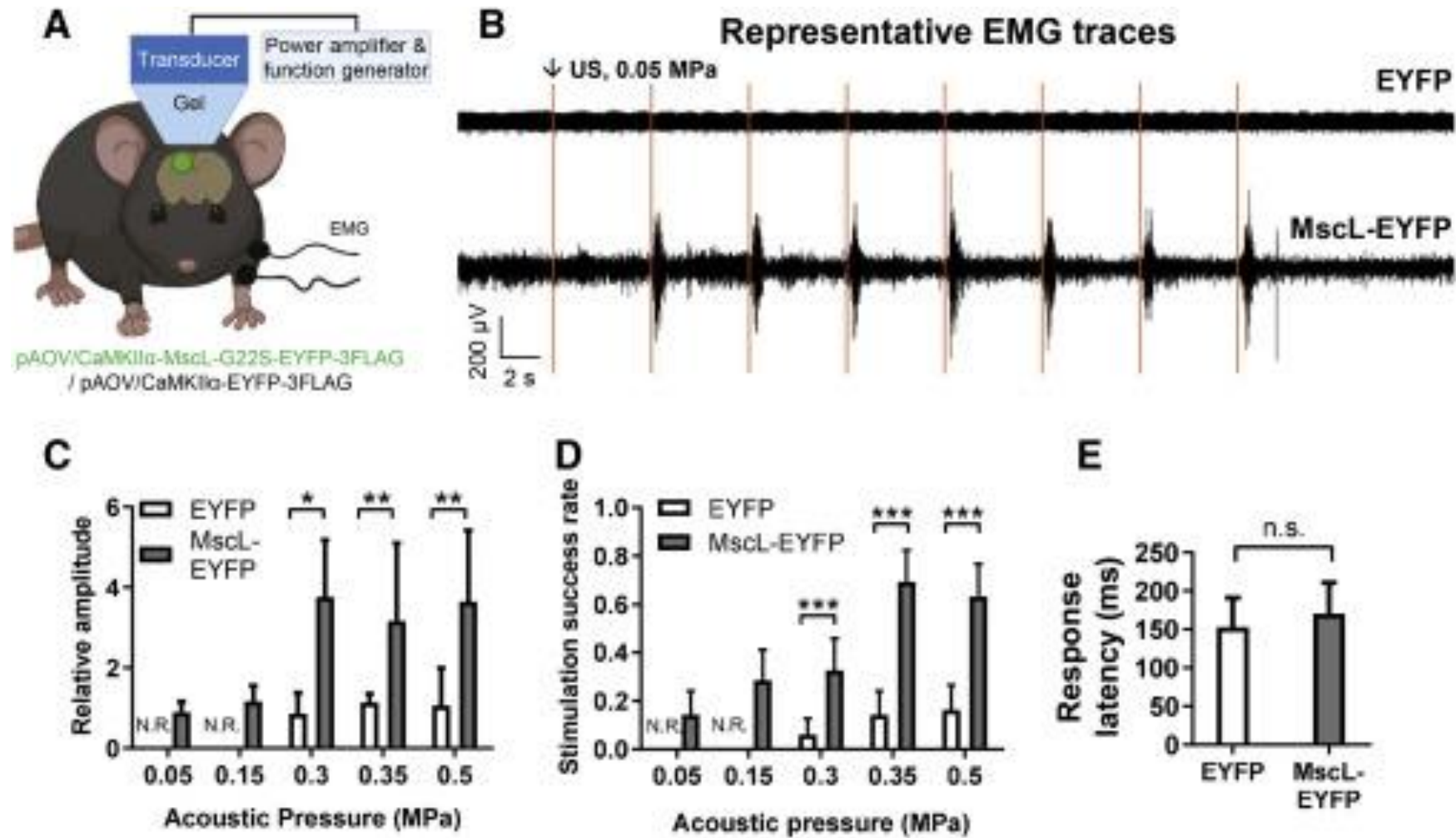


(b)



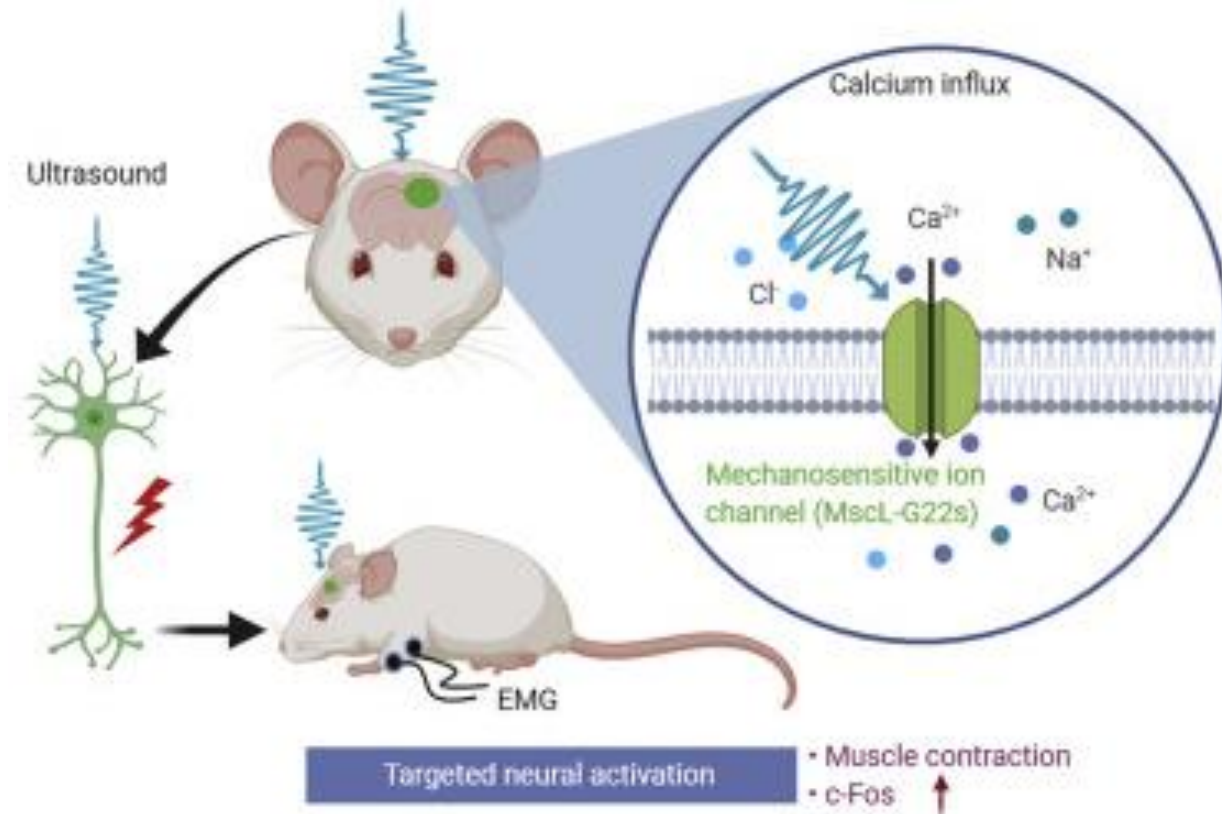
FUS sonications were carried out at 1.9 MHz with 50% duty cycle, pulse repetition frequency of 1 kHz, and duration of 1 s

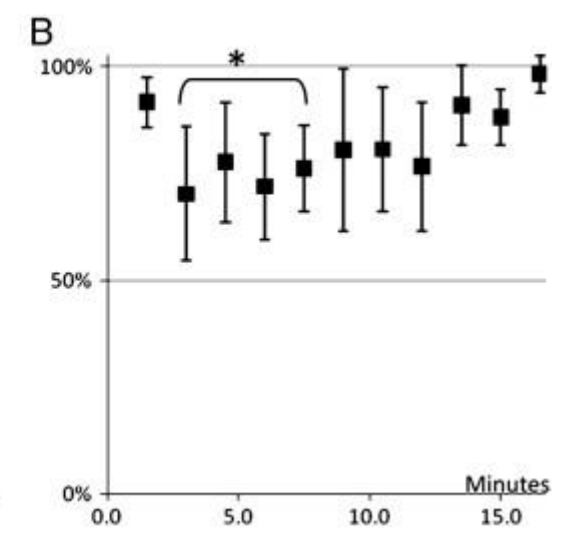
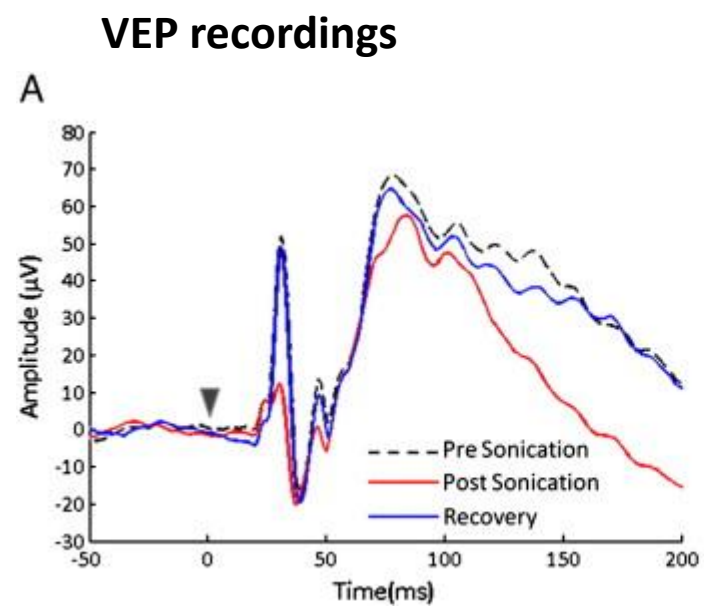
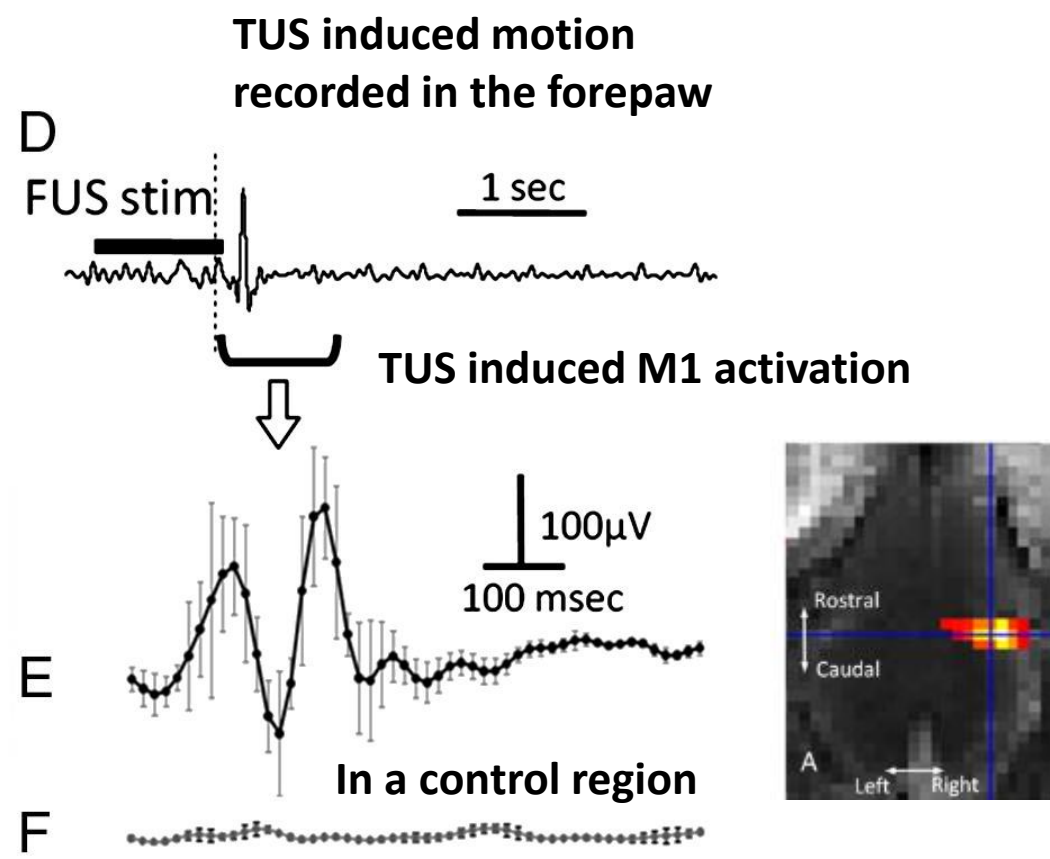
Online protocols

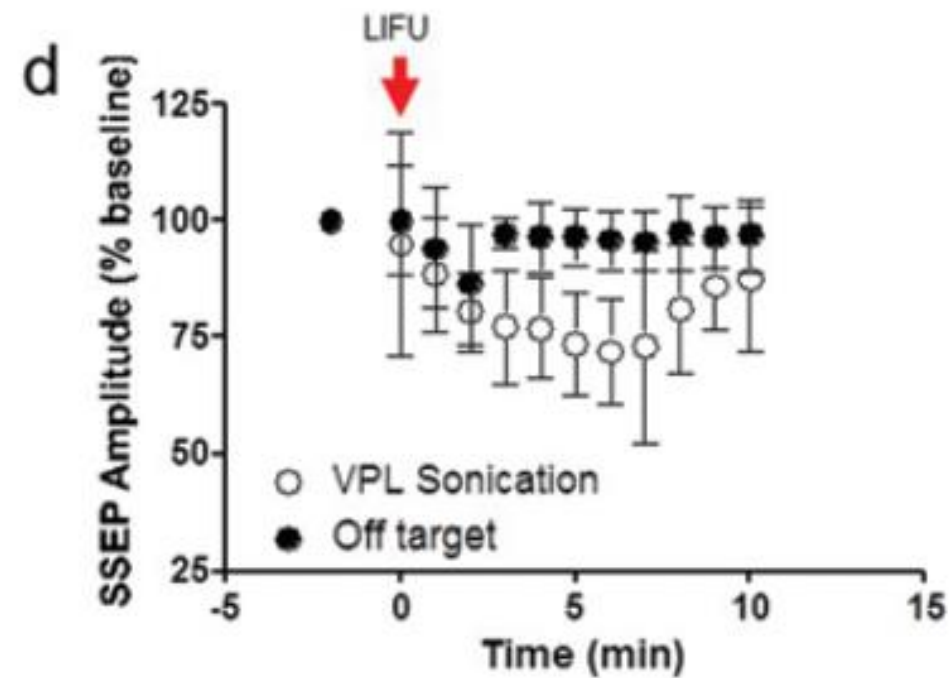
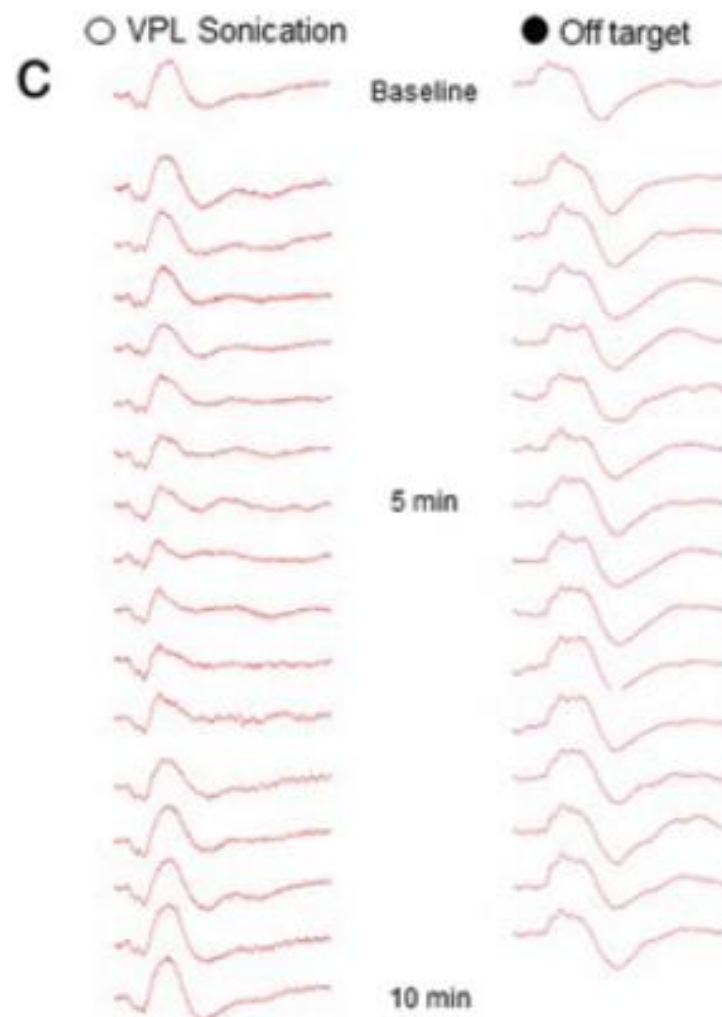
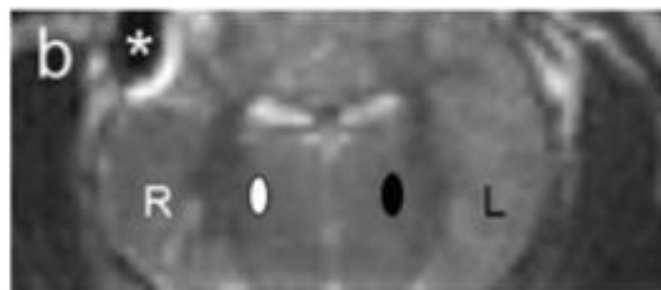
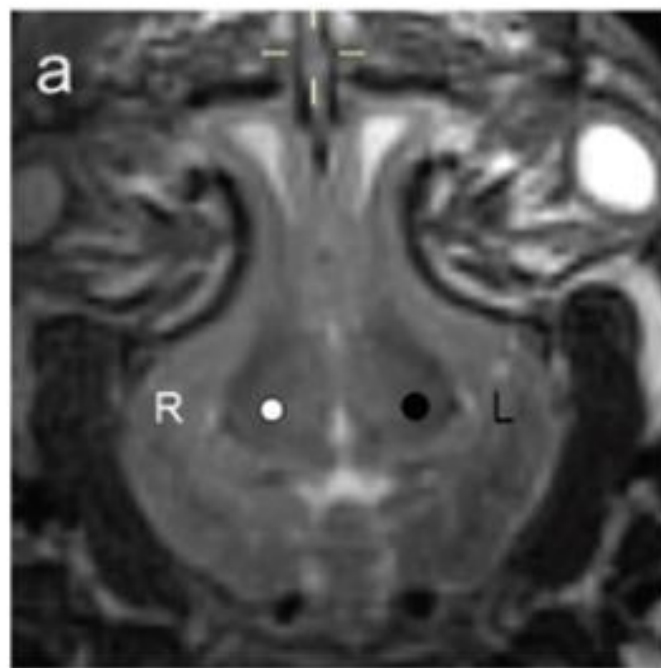


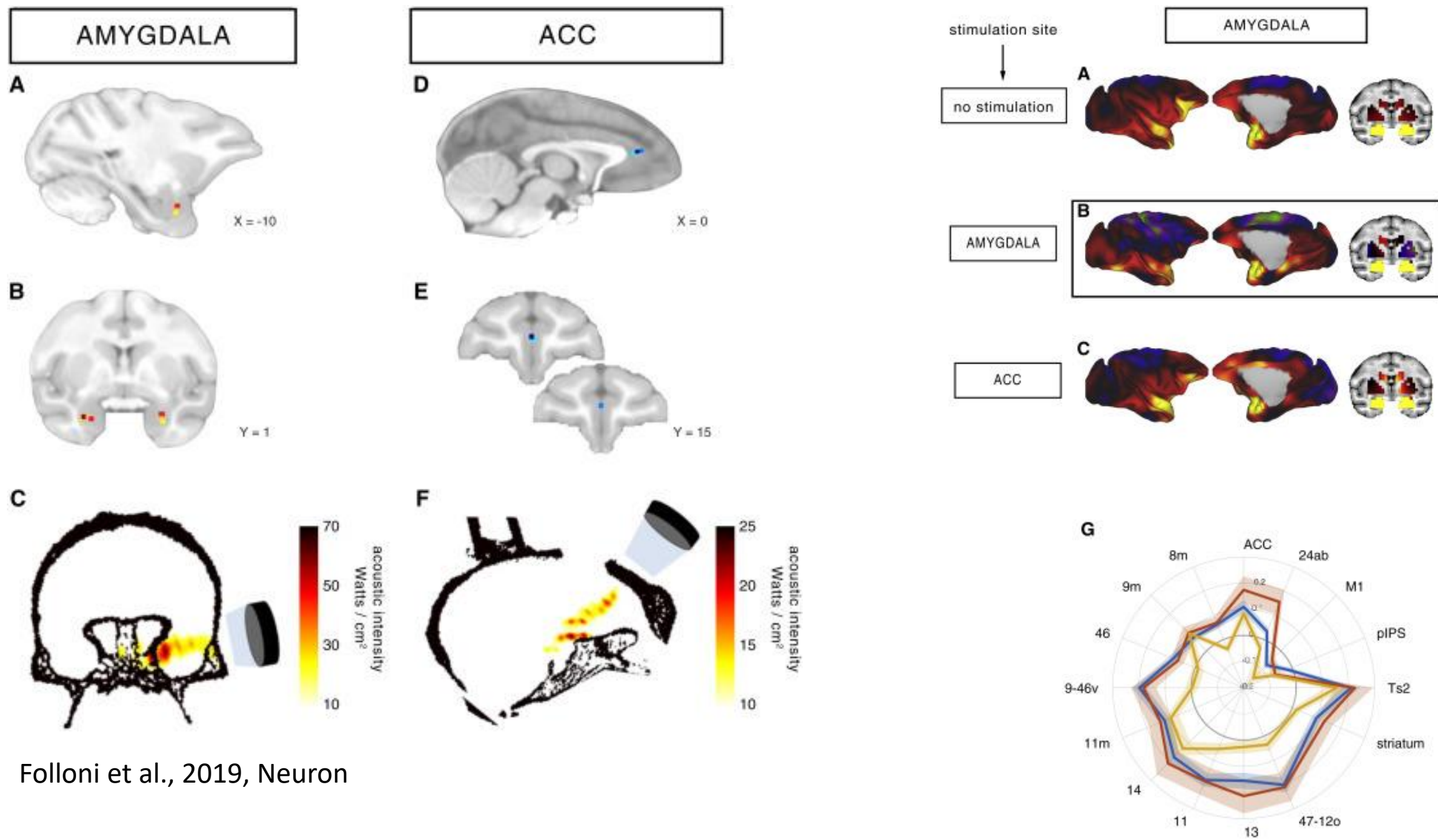
Can ultrasound EMG response be associated with a motor evoked potential?

- EMG onset is at 40-200ms
- Studies looked at EMG success rate or threshold rather than amplitude
- EMG success rate varies with
 - Intensity
 - Duty cycle
 - Tone burst duration

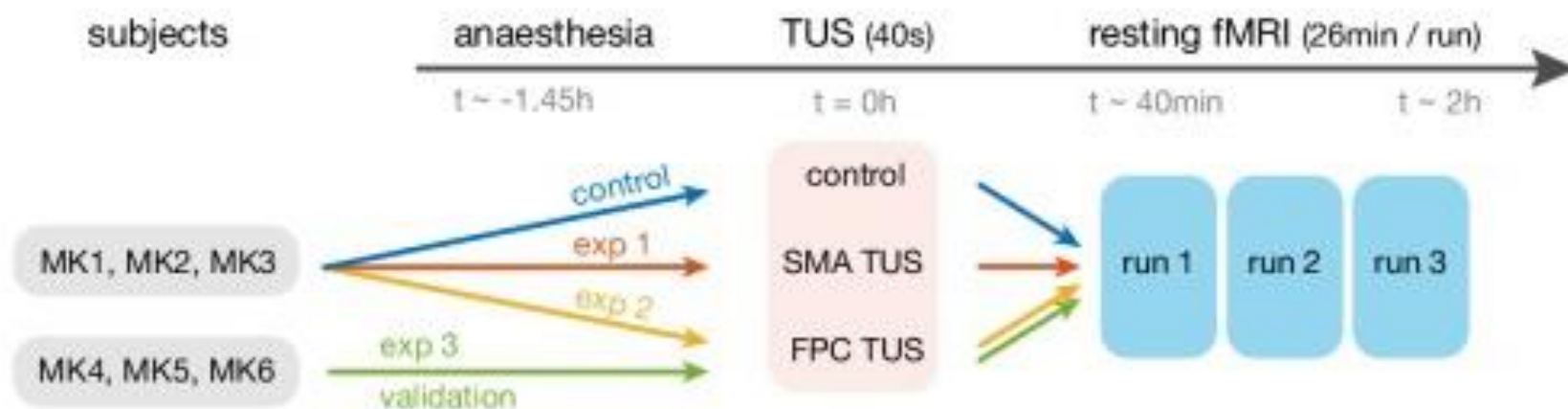




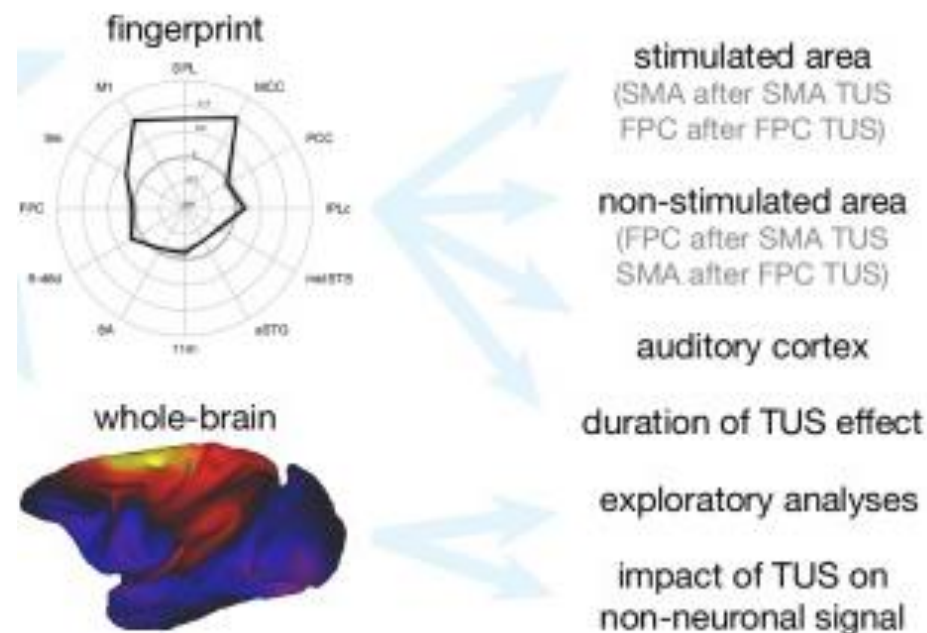


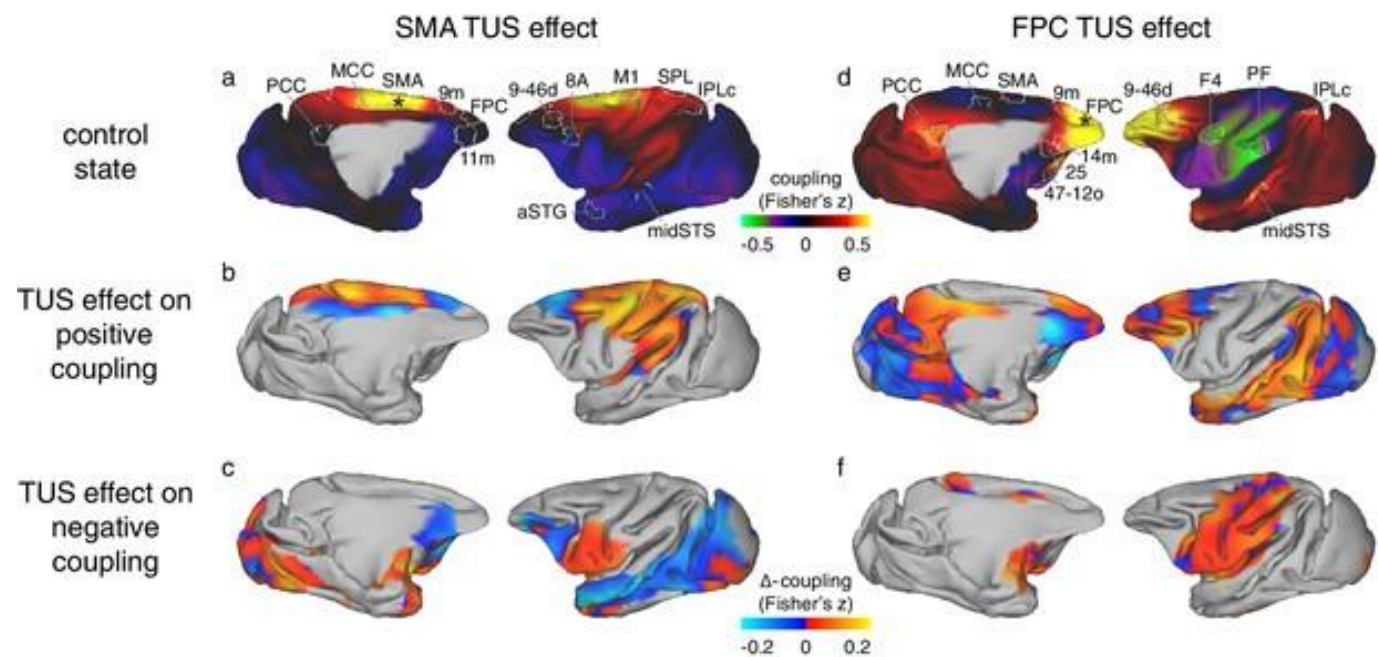
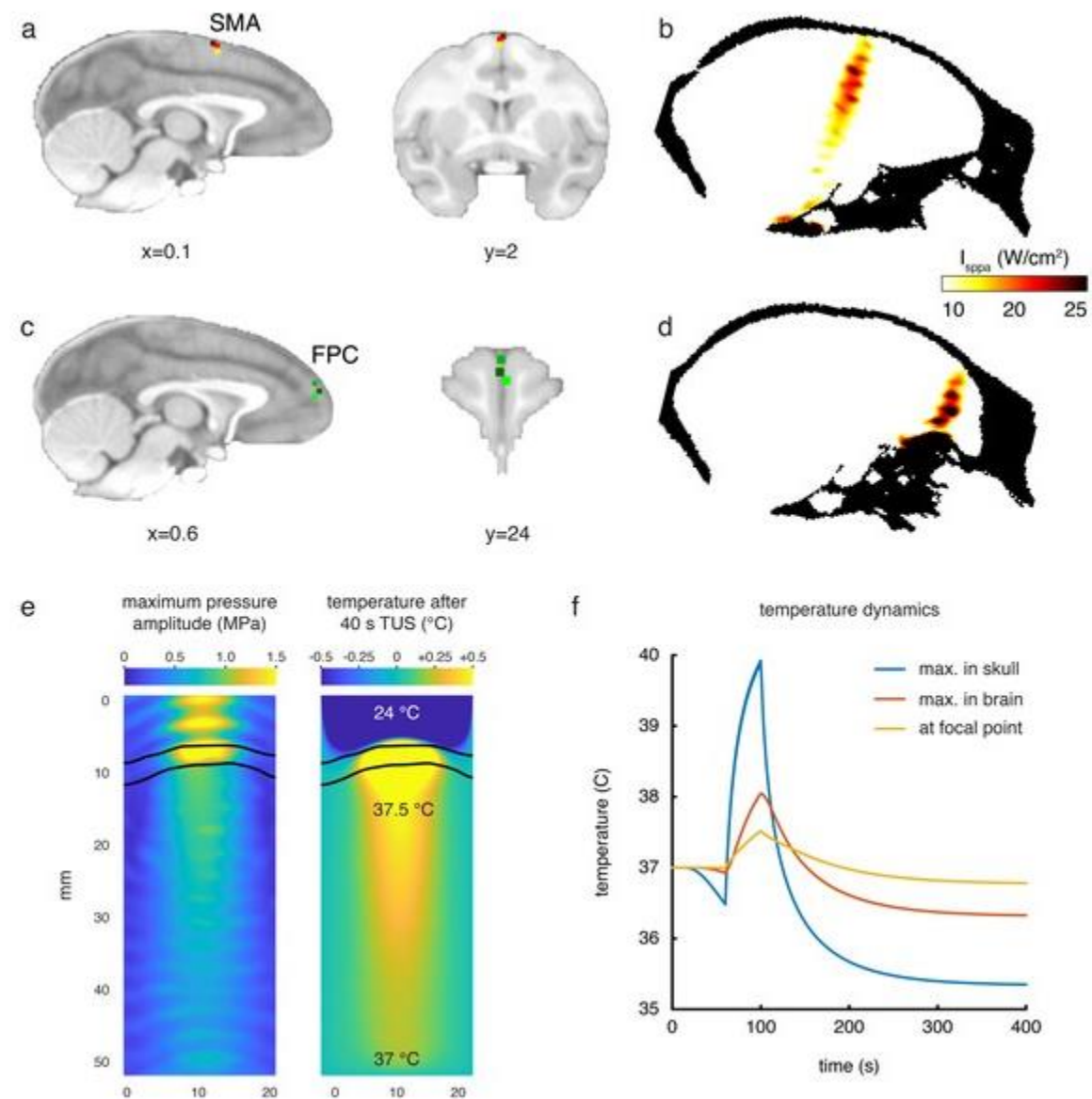


experimental design and timing



seed-based connectivity analyses





TUS for Neuromodulation

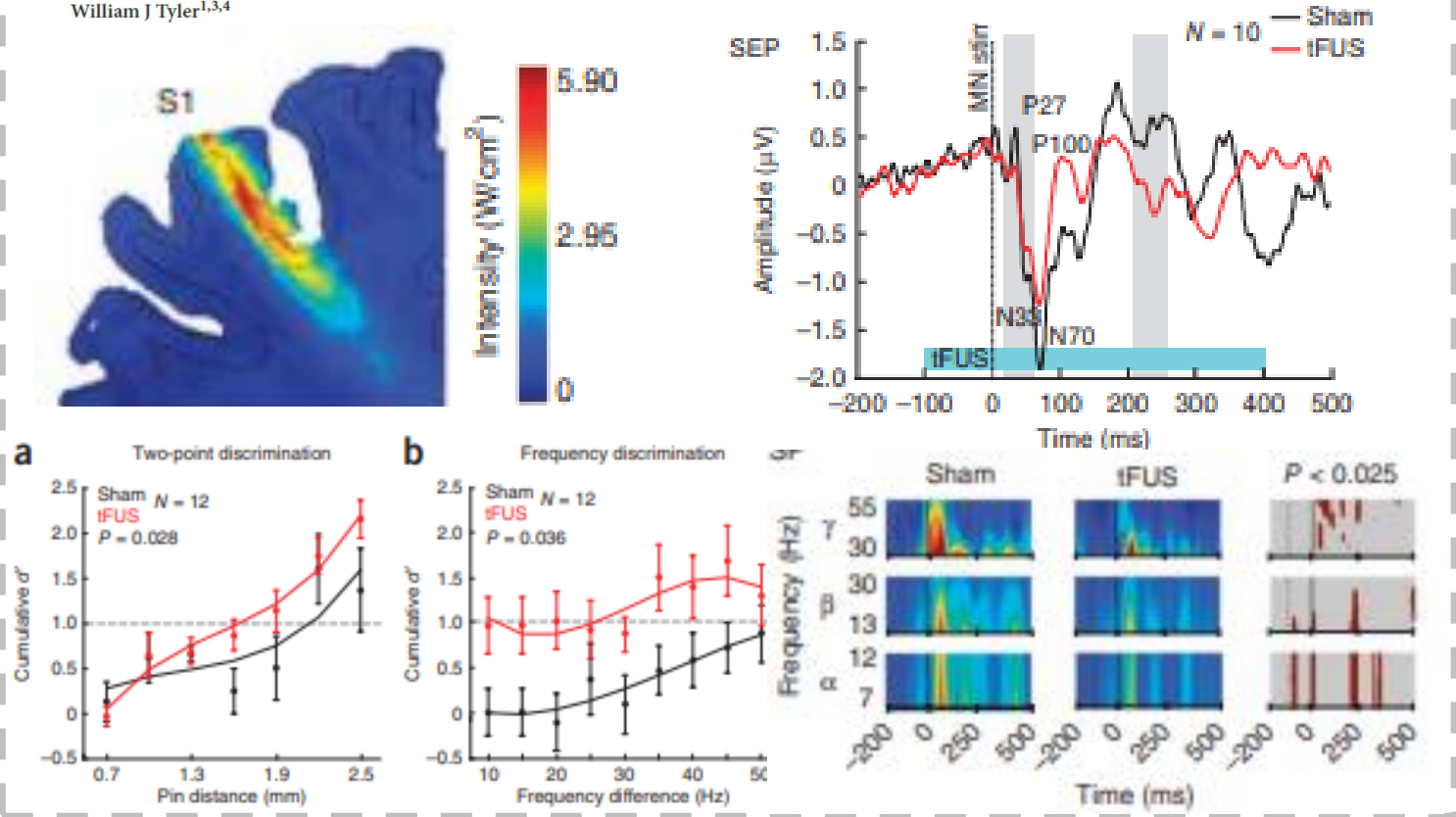
Human work

TECHNICAL REPORTS

nature
neuroscience

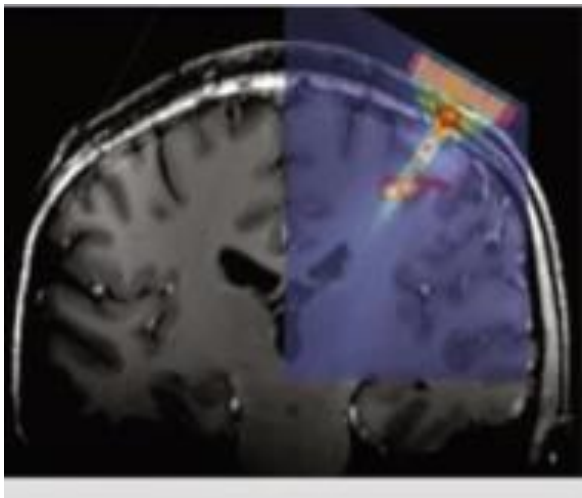
Transcranial focused ultrasound modulates the activity of primary somatosensory cortex in humans

Wynn Legon¹, Tomokazu F Sato¹, Alexander Opitz^{1,2}, Jerel Mueller³, Aaron Barbour¹, Amanda Williams¹ & William J Tyler^{1,3,4}

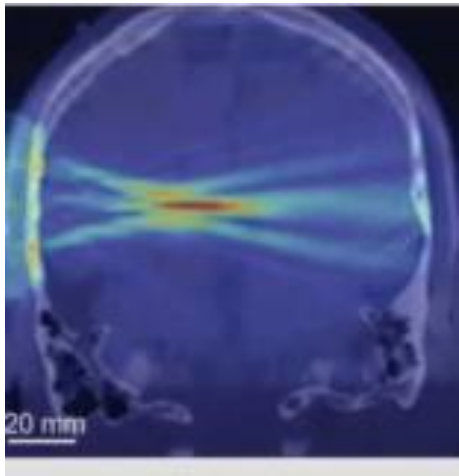


Legon et al., 2014, Nature Neurosc.

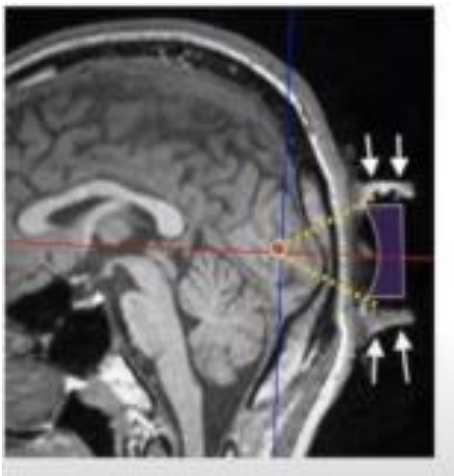
Primary motor cortex

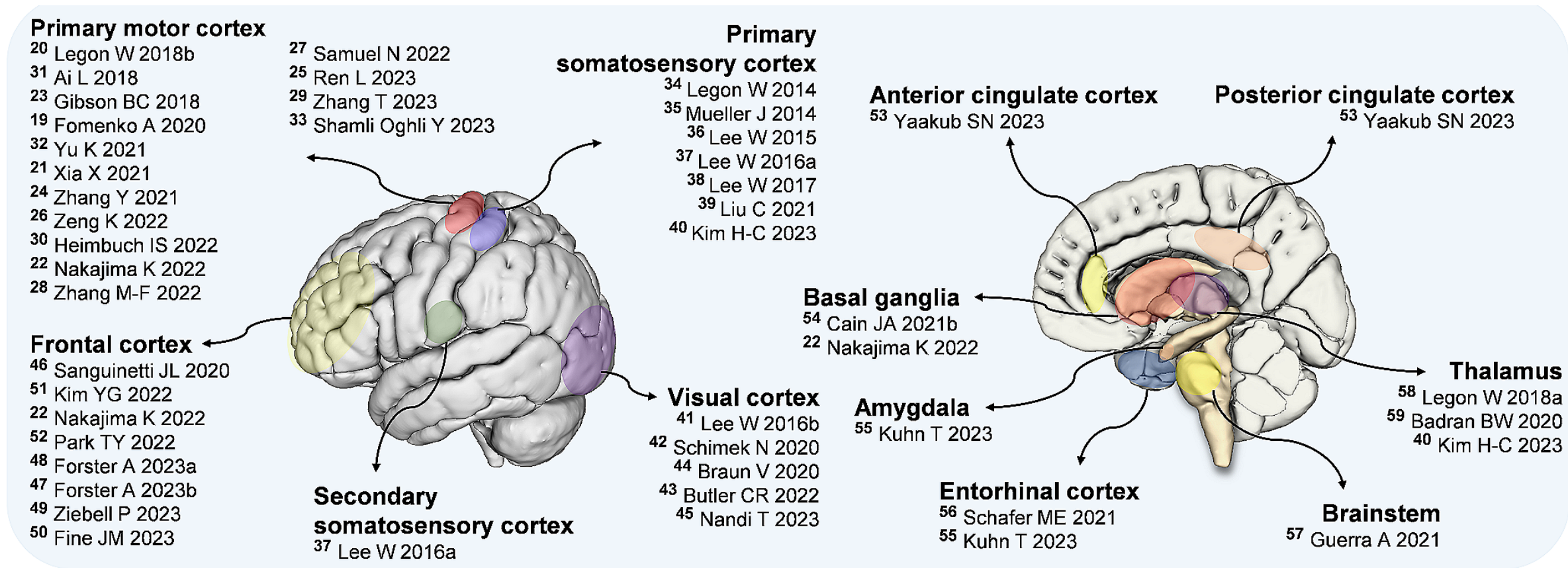


Thalamus

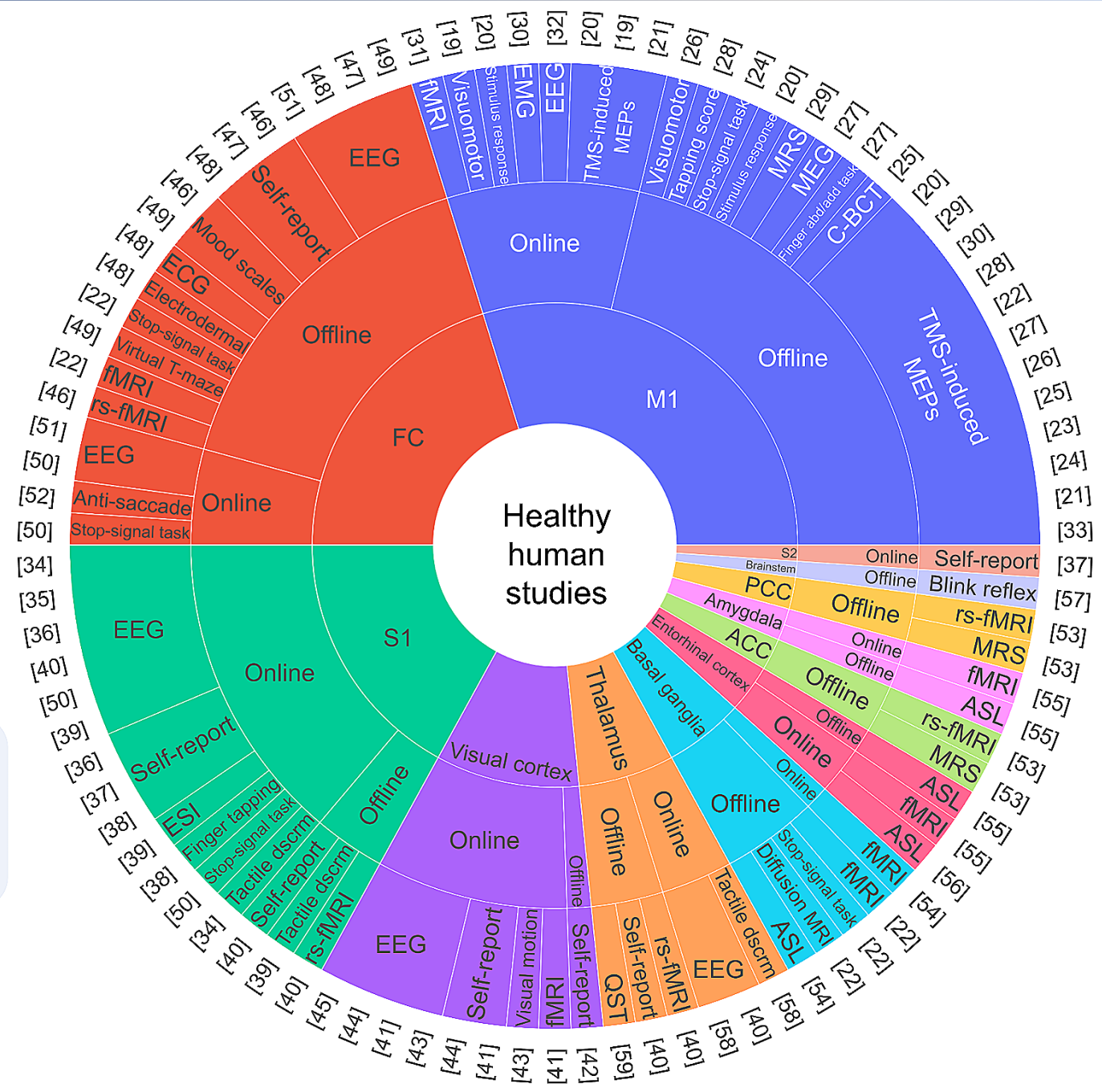


Primary visual cortex

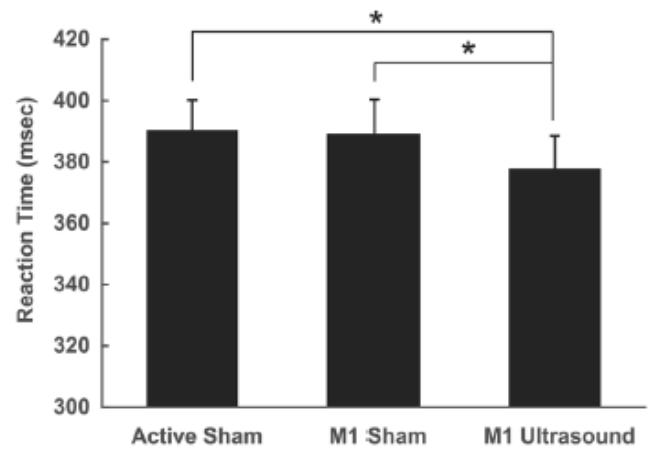
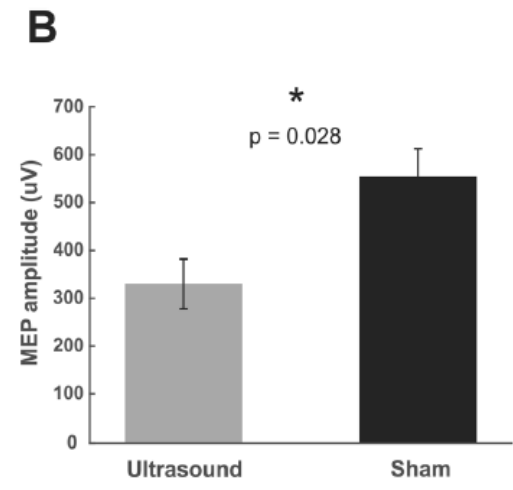
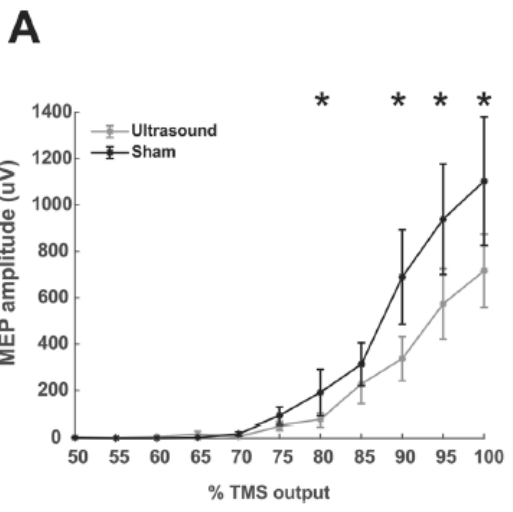
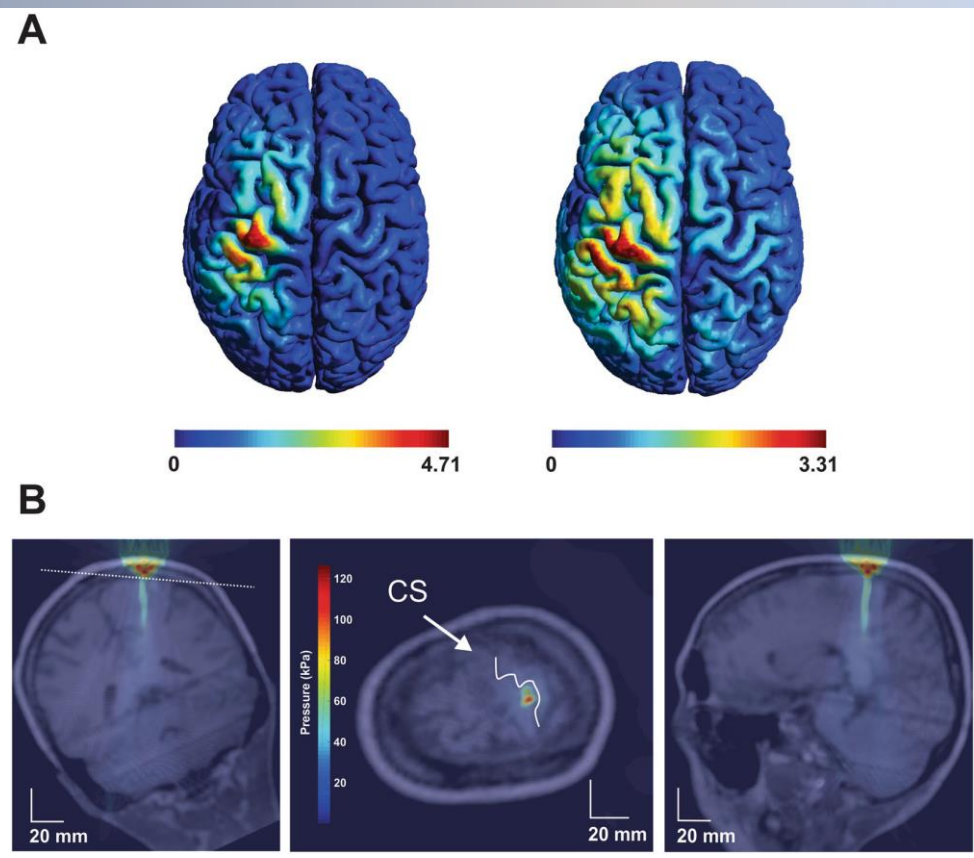
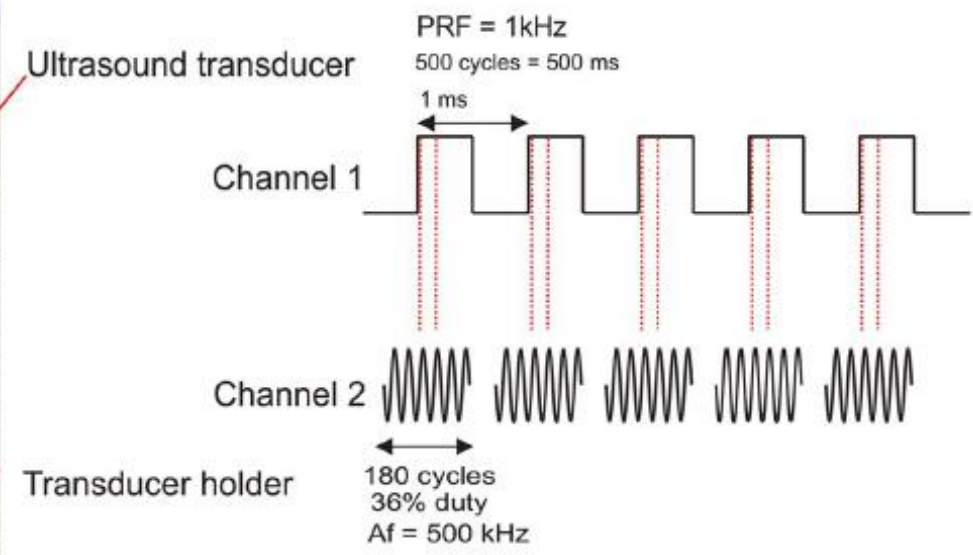
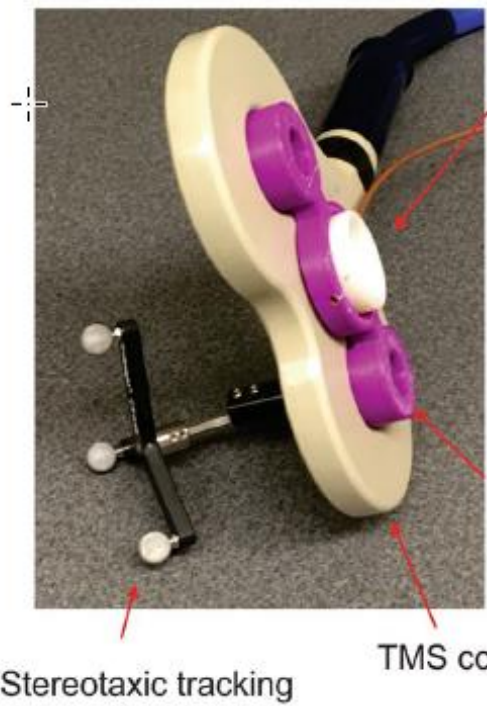




US in humans



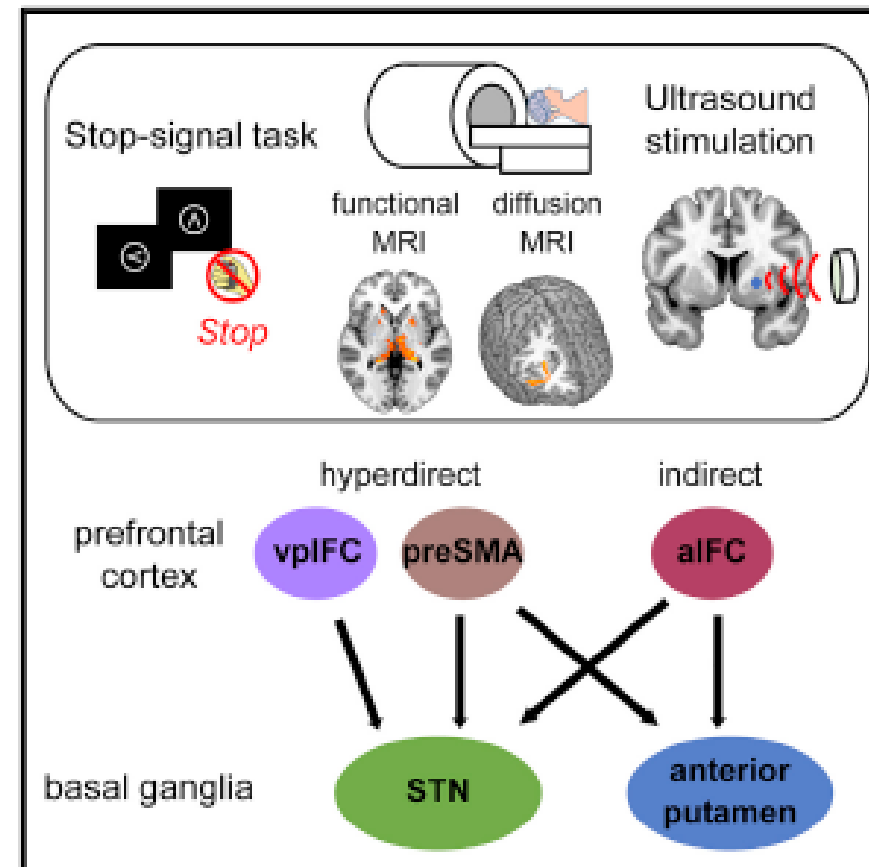
34	Ligon W 2014	23	Gibson BC 2018	57	Guerra A 2021	28	Zhang M-F 2022	40	Kim H-C 2023
35	Mueller J 2014	46	Sanguinetti 2020	32	Yu K 2021	52	Park TY 2022	33	Shamli Oghli 2023
36	Lee W 2015	42	Schimek 2020	21	Xia X 2021	27	Samuel N 2022	49	Ziebell P 2023
37	Lee W 2016a	44	Braun V 2020	24	Zhang Y 2021	25	Ren L 2023	53	Yaakub SN 2023
41	Lee W 2016b	59	Badran 2020	26	Zeng K 2022	45	Nandi T 2023	50	Fine JM 2023
38	Lee W 2017	19	Fomenko 2020	30	Heimbuch 2022	48	Forster A 2023a		
58	Ligon W 2018a	56	Schafer 2021	51	Kim YG 2022	55	Kuhn T 2023		
20	Ligon W 2018b	39	Liu C 2021	22	Nakajima 2022	47	Forster A 2023b		
31	Ai L 2018	54	Cain JA 2021b	43	Butler CR 2022	29	Zhang T 2023		



Cell Reports

A causal role of anterior prefrontal-putamen circuit for response inhibition revealed by transcranial ultrasound stimulation in humans

Graphical abstract



Authors

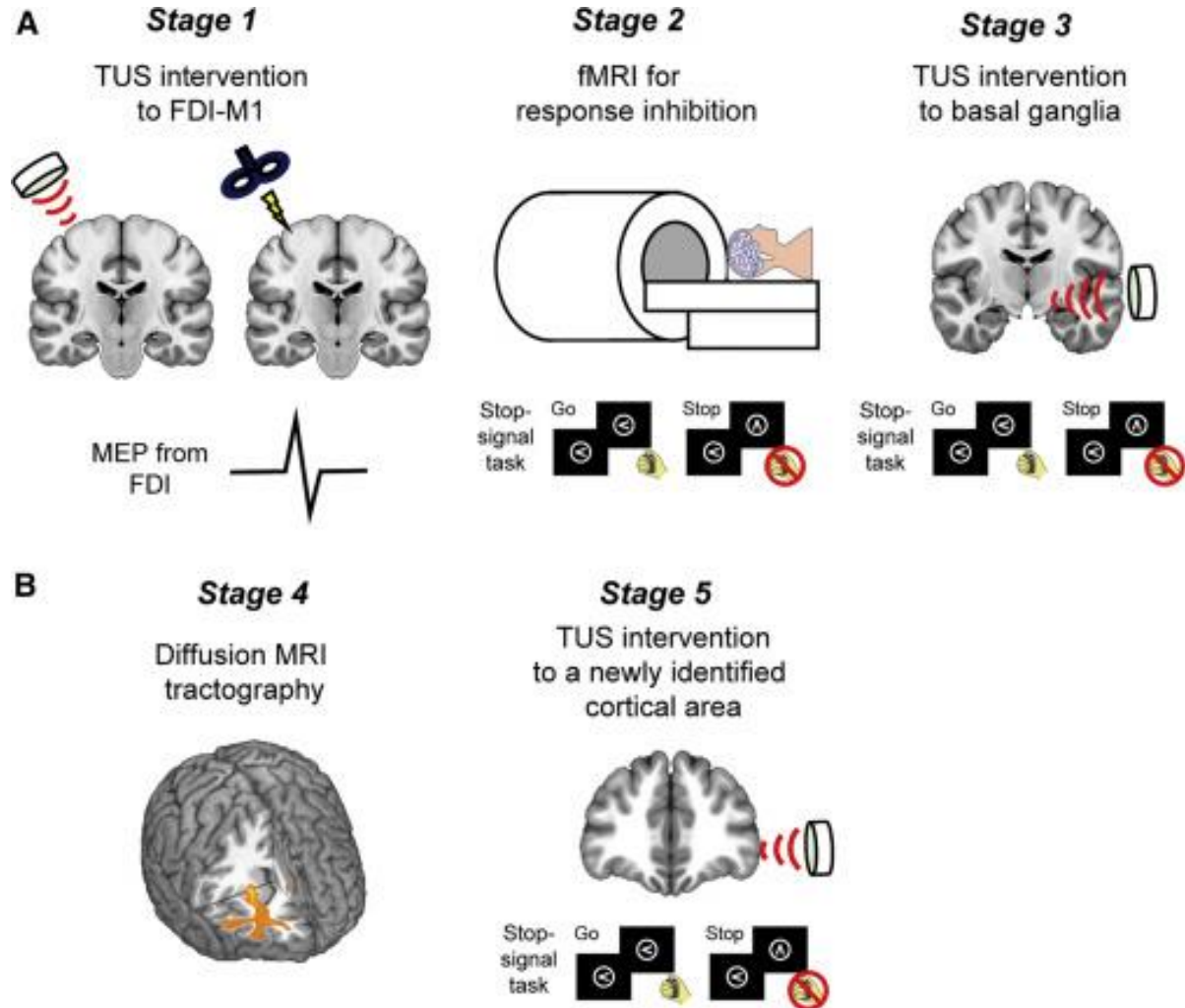
Koji Nakajima, Takahiro Osada, Akitoshi Ogawa, ..., Yasushi Oshima, Sakae Tanaka, Seiki Konishi

Correspondence

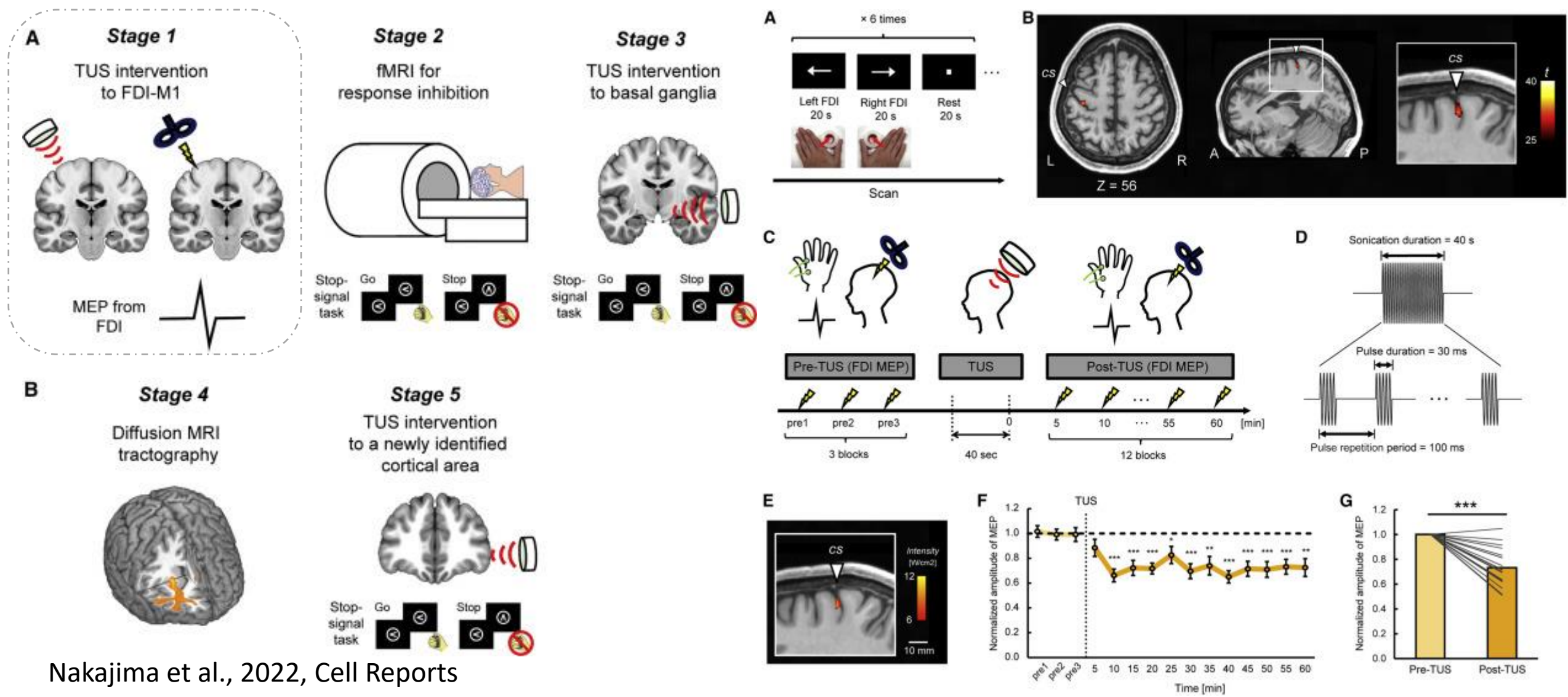
tosada@juntendo.ac.jp (T.O.), skonishi@juntendo.ac.jp (S.K.)

In brief

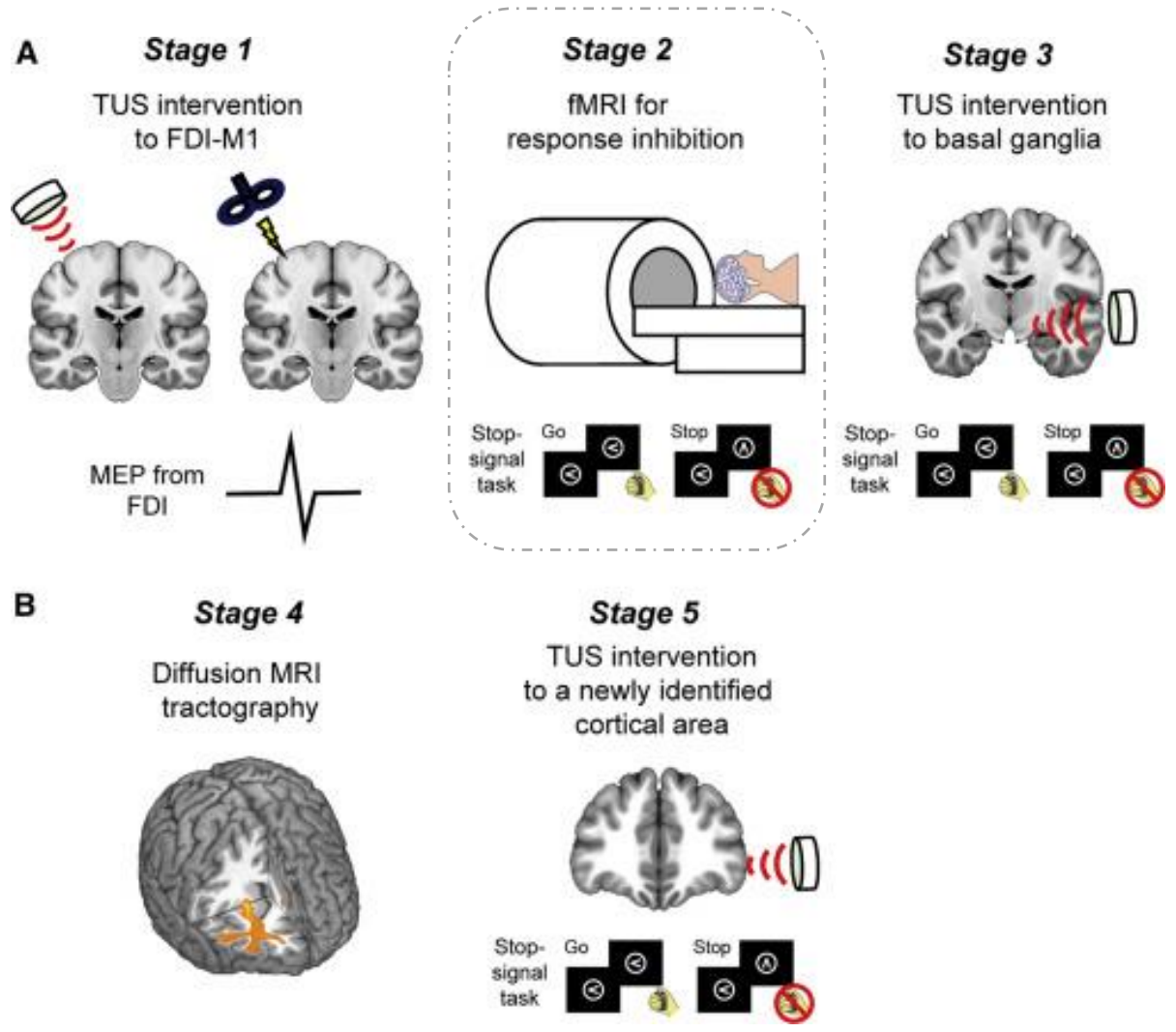
Nakajima et al. find that ultrasound stimulation to the right anterior putamen and the right anterior inferior frontal cortex (aIFC), a cortical counterpart of the anterior putamen, elicits impaired stopping performance. The aIFC-anterior putamen circuit in the indirect pathway serves as an essential route for stopping.



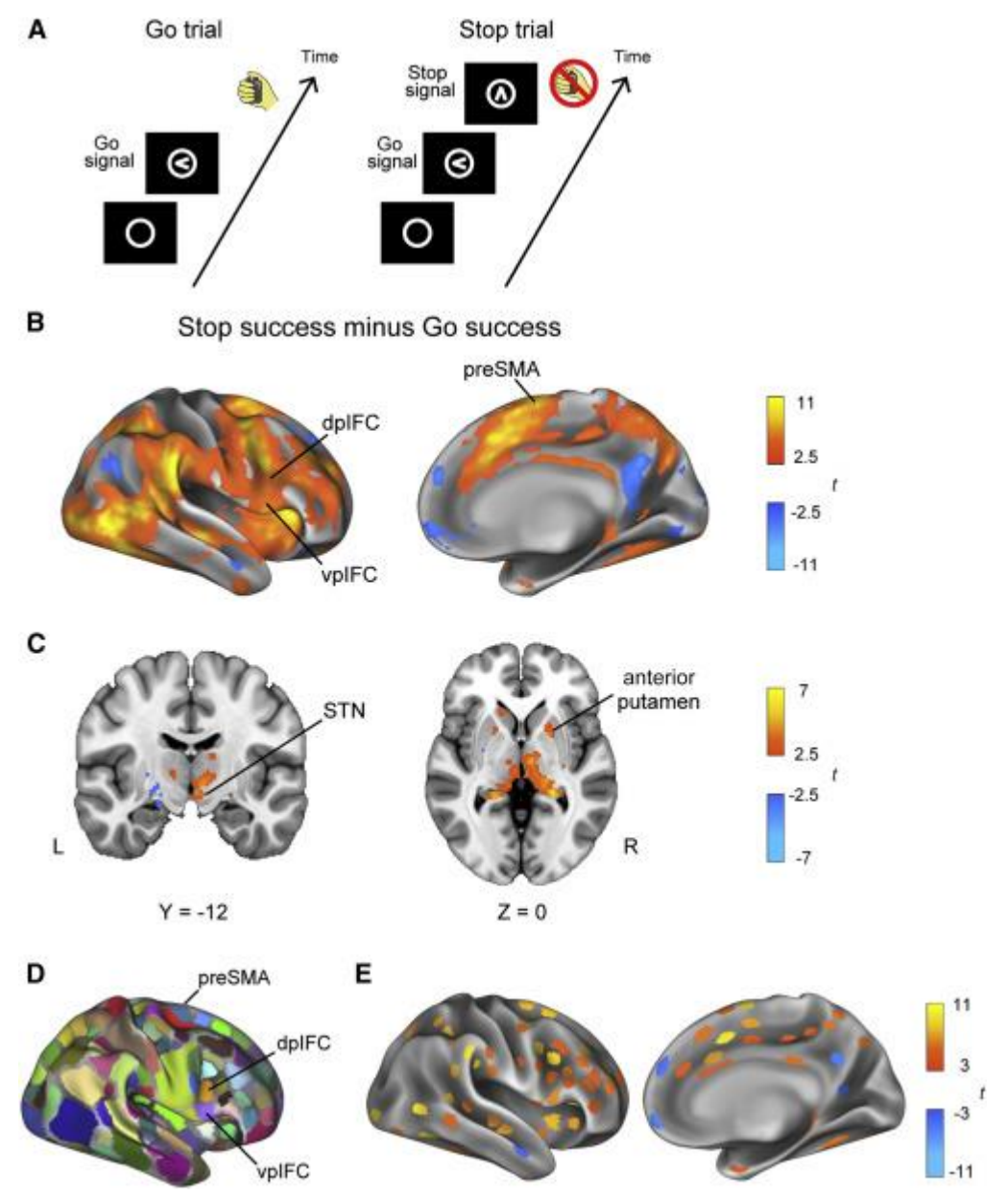
Towards offline neuromodulation

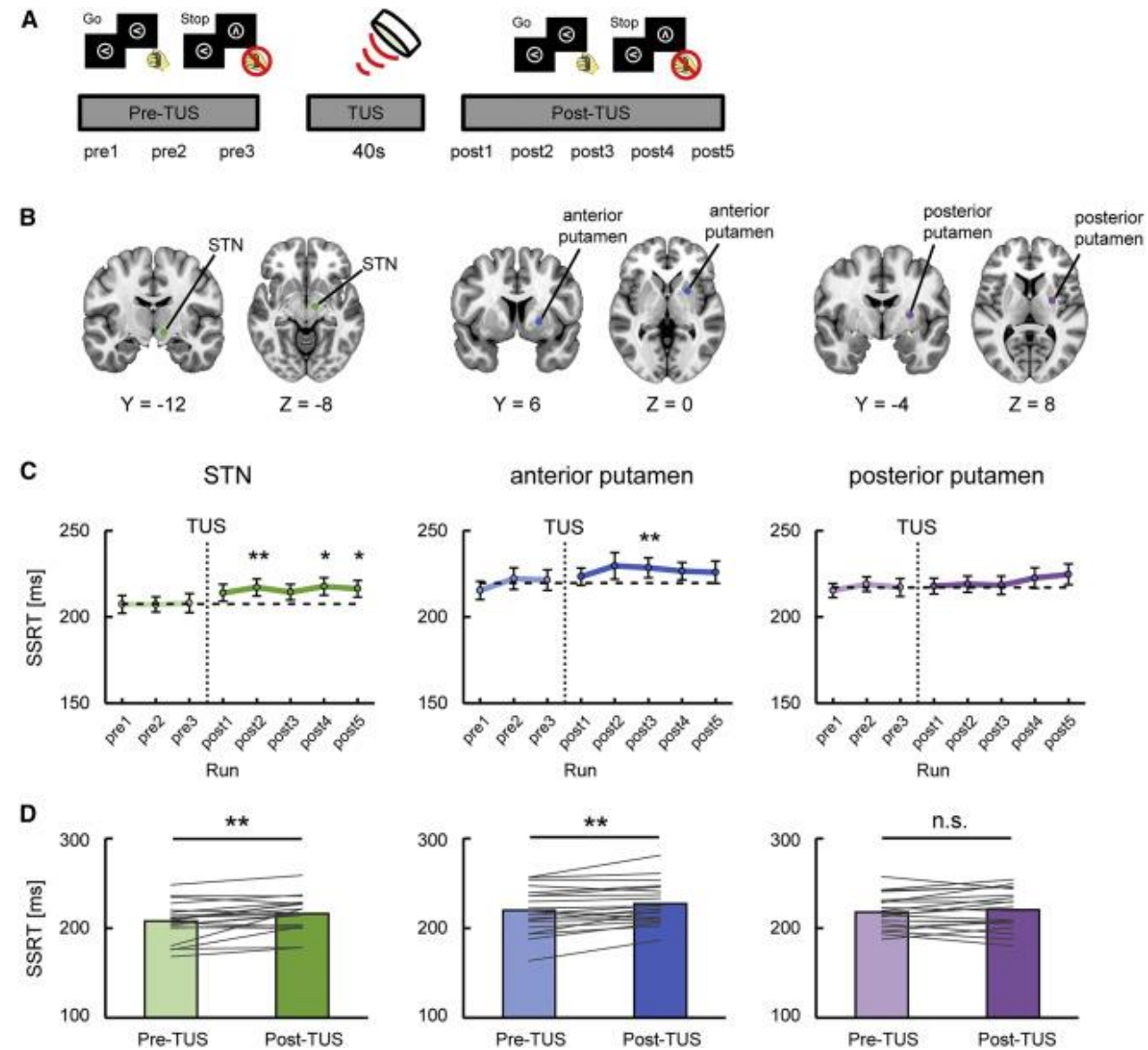
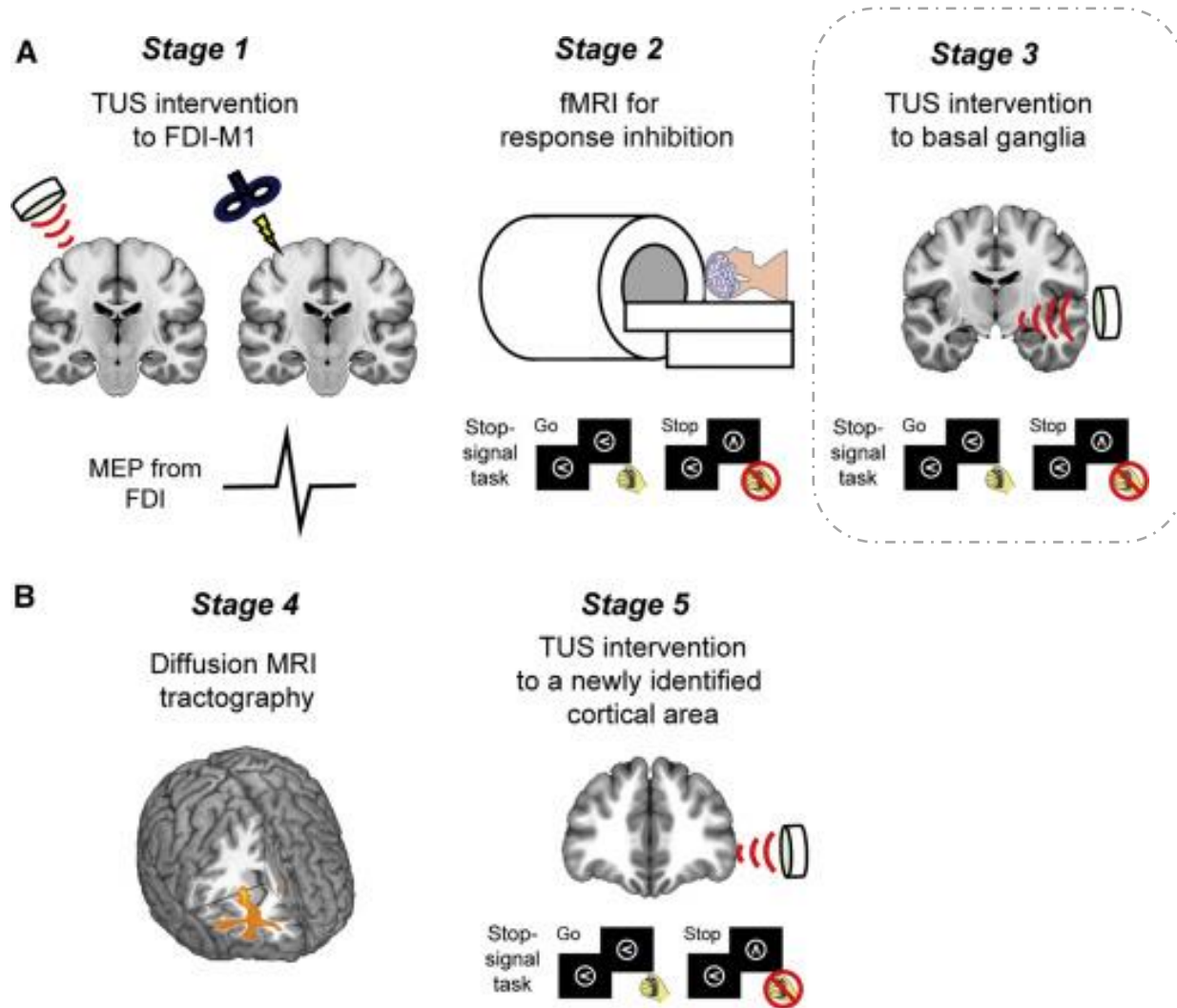


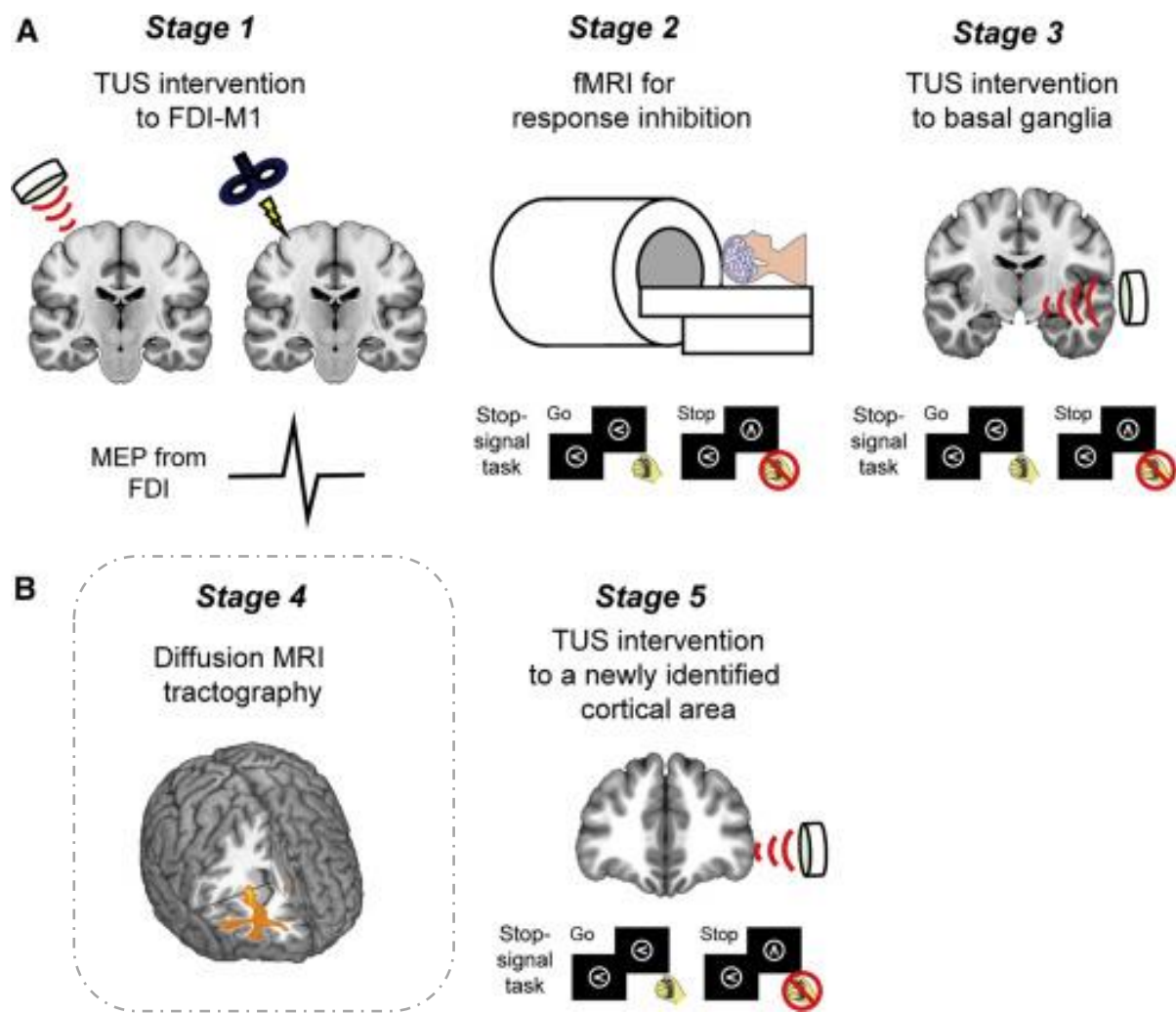
Nakajima et al., 2022, Cell Reports



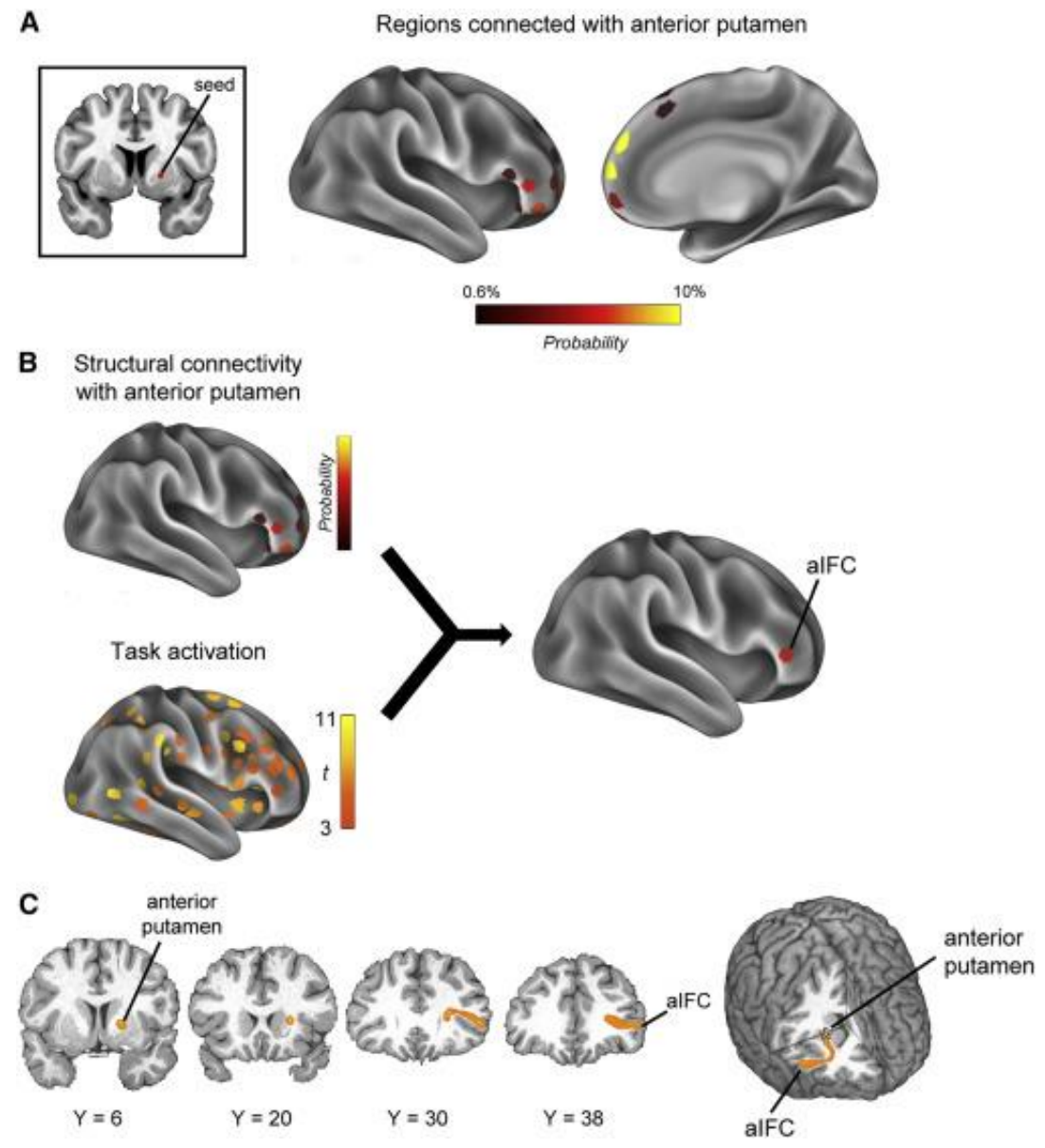
Nakajima et al., 2022, Cell Reports

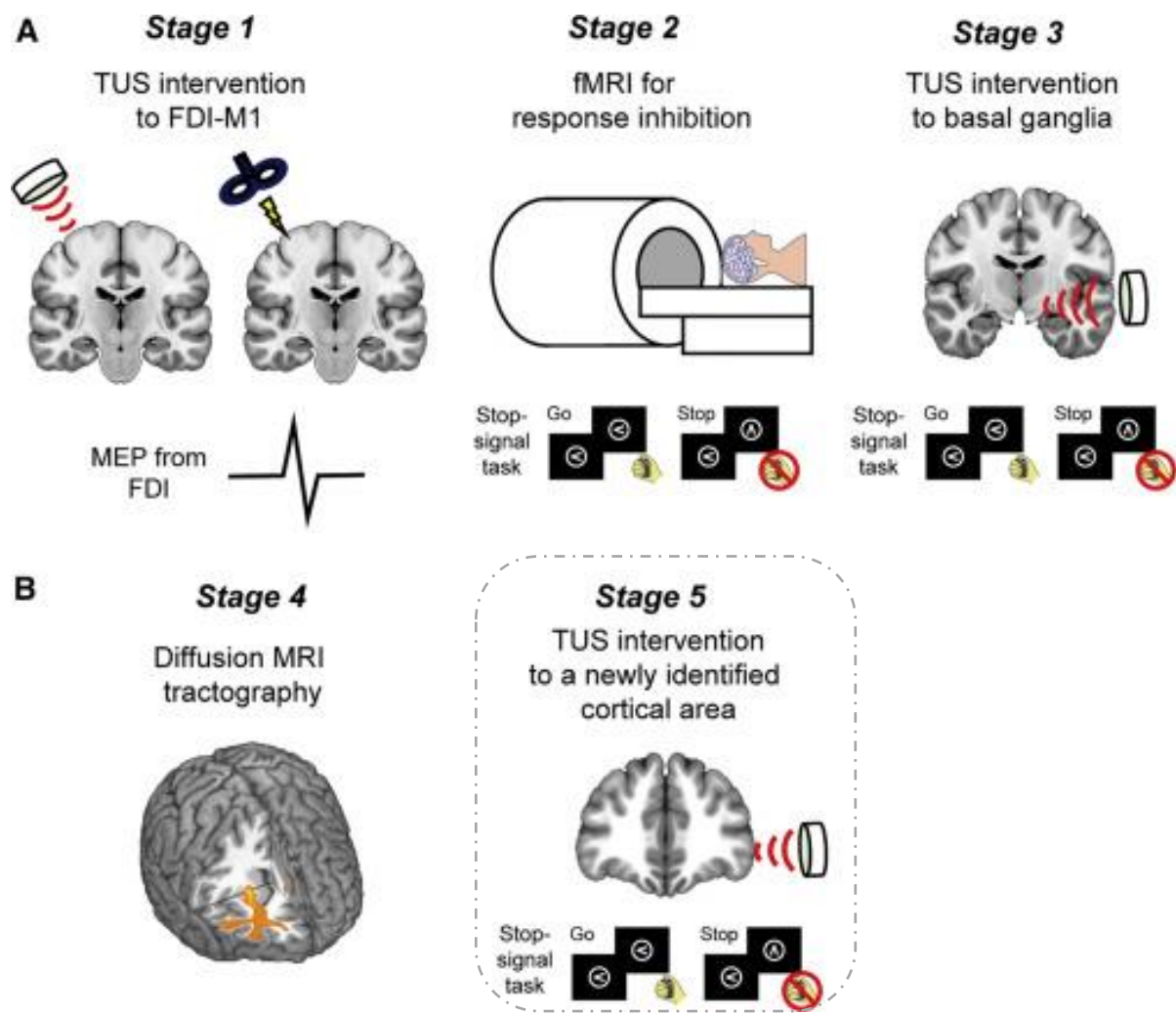




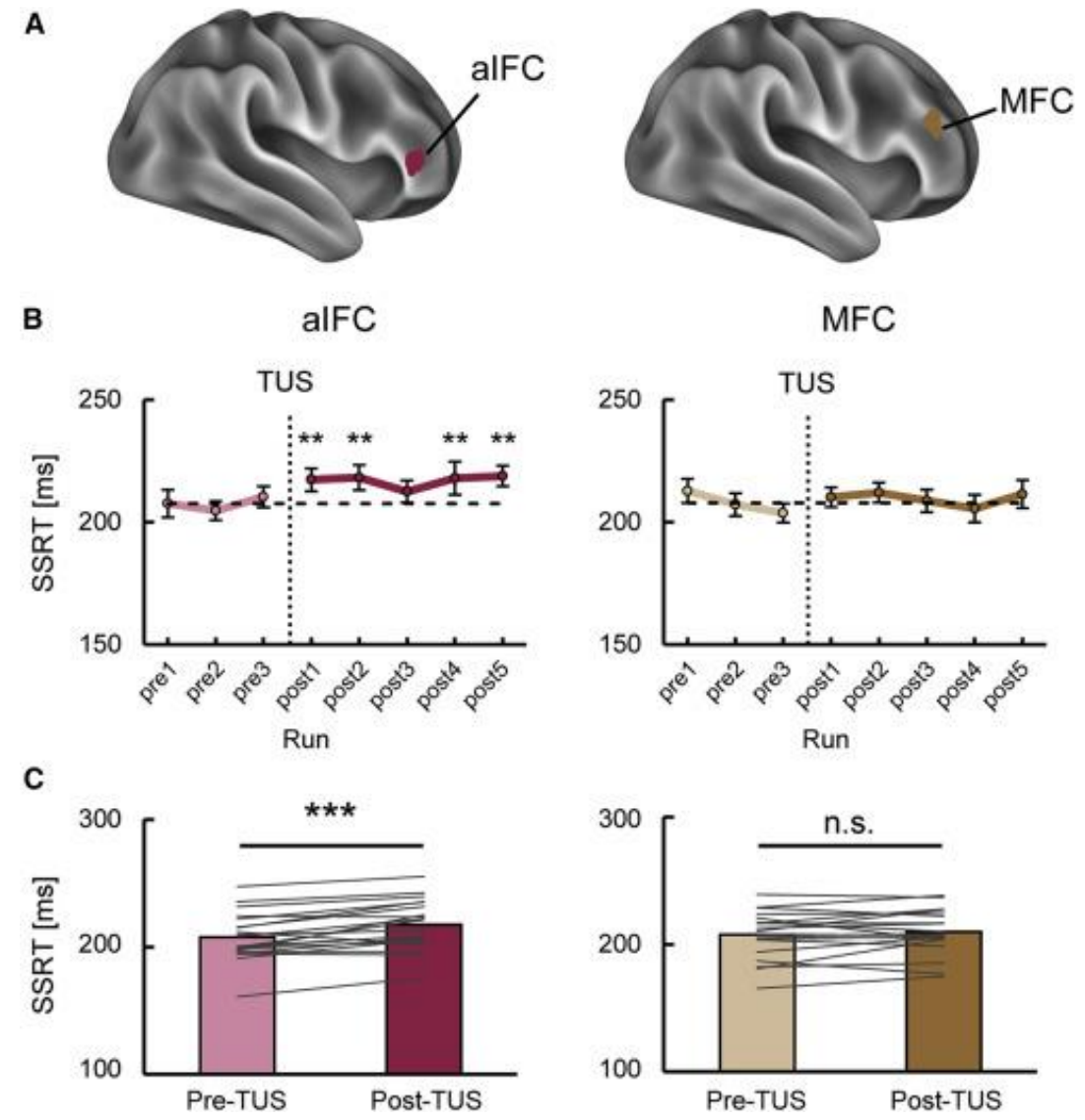


Nakajima et al., 2022, Cell Reports





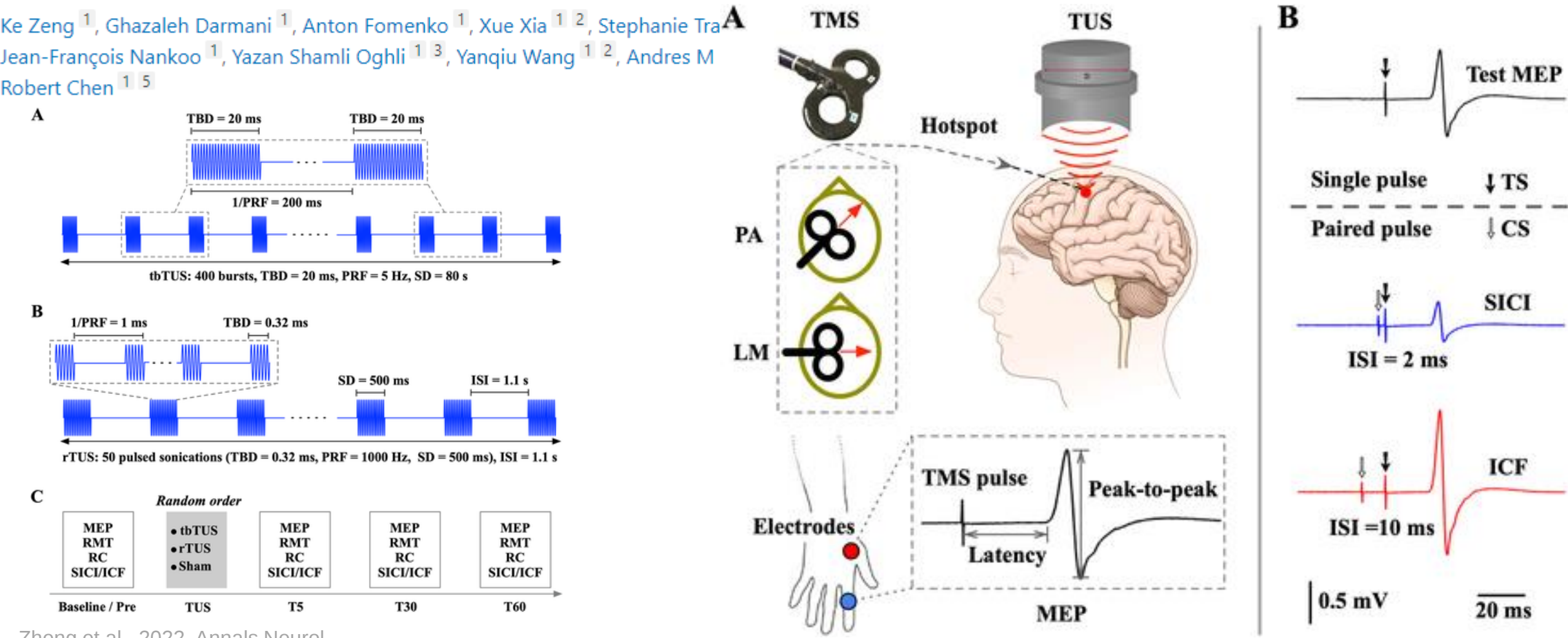
Nakajima et al., 2022, Cell Reports



> Ann Neurol. 2022 Feb;91(2):238-252. doi: 10.1002/ana.26294. Epub 2022 Jan 12.

Induction of Human Motor Cortex Plasticity by Theta Burst Transcranial Ultrasound Stimulation

Ke Zeng¹, Ghazaleh Darmani¹, Anton Fomenko¹, Xue Xia^{1 2}, Stephanie Tra^A
Jean-François Nankoo¹, Yazan Shamli Oghli^{1 3}, Yanqiu Wang^{1 2}, Andres M
Robert Chen^{1 5}



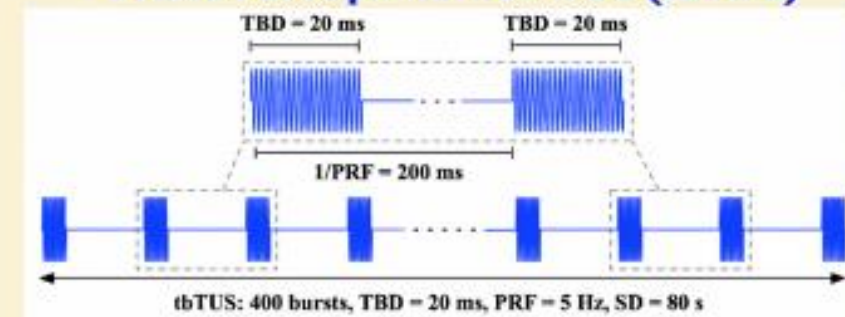
► Ann Neurol. 2022 Feb;91(2):238-252. doi: 10.1002/ana.26294. Epub 2022 Jan 12.

Induction of Human Motor Cortex Plasticity by Theta Burst Transcranial Ultrasound Stimulation

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Repetitive TUS protocols

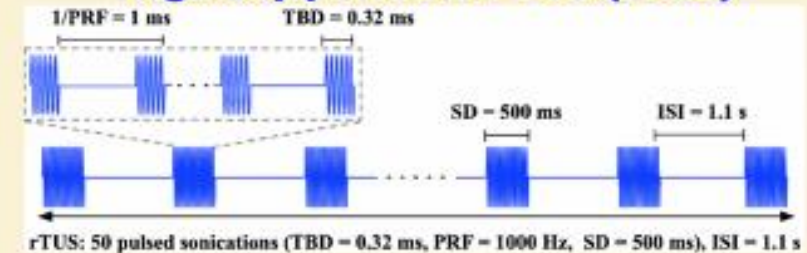
Theta burst patterned TUS (tbTUS)



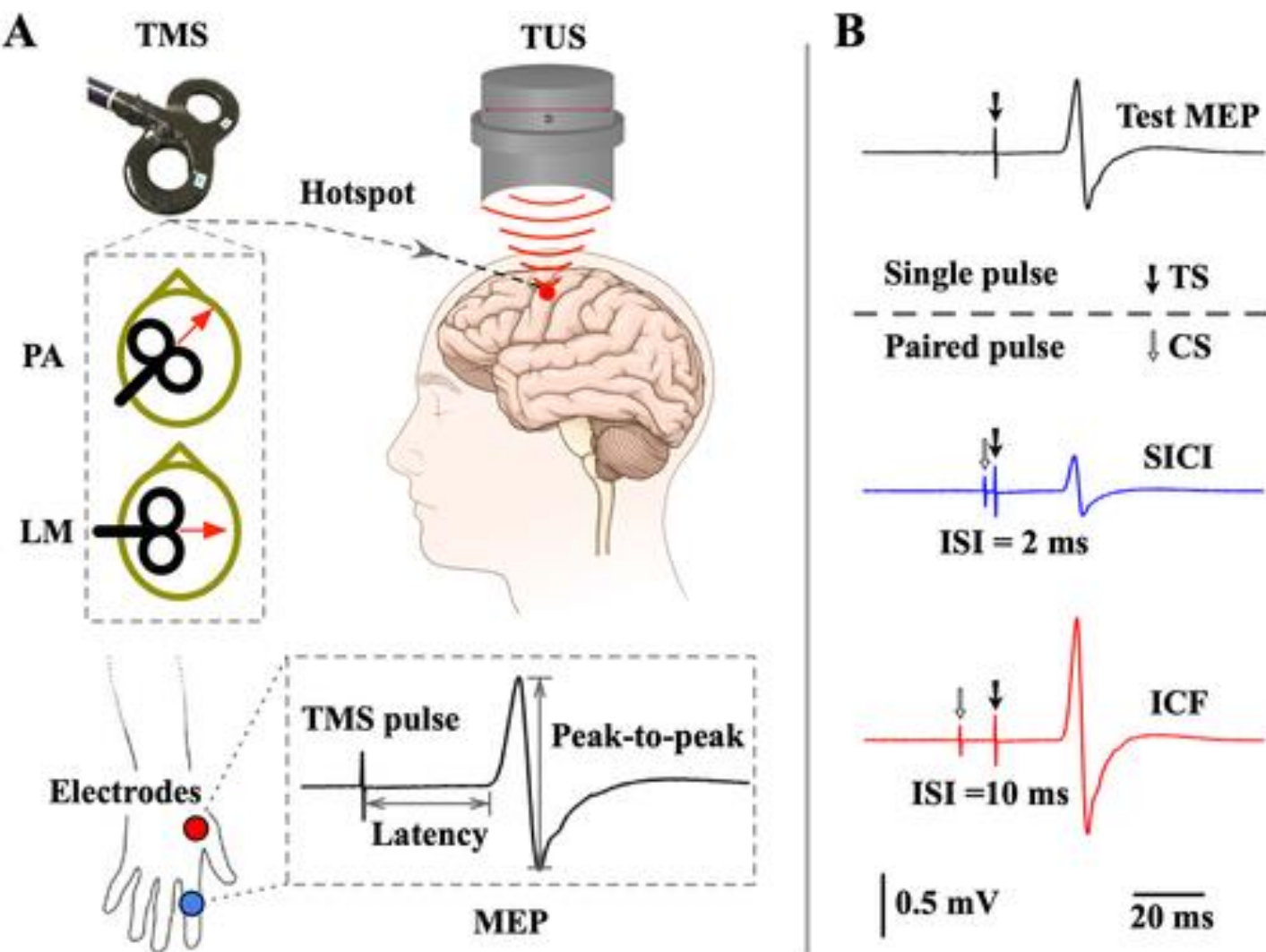
TBD: tone-burst duration
SD: sonication duration

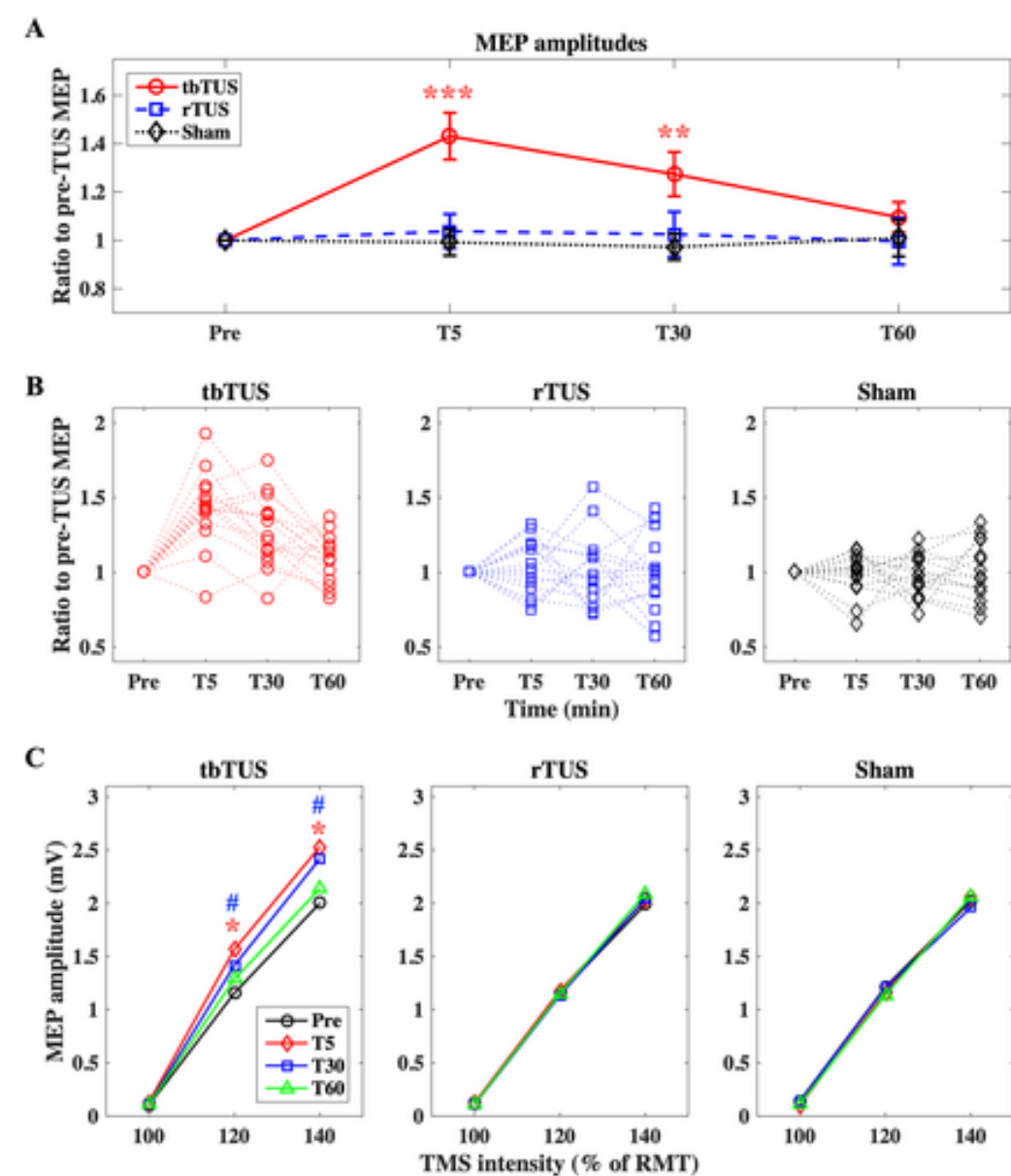
PRF: pulse repetition frequency
ISI: interstimulus interval

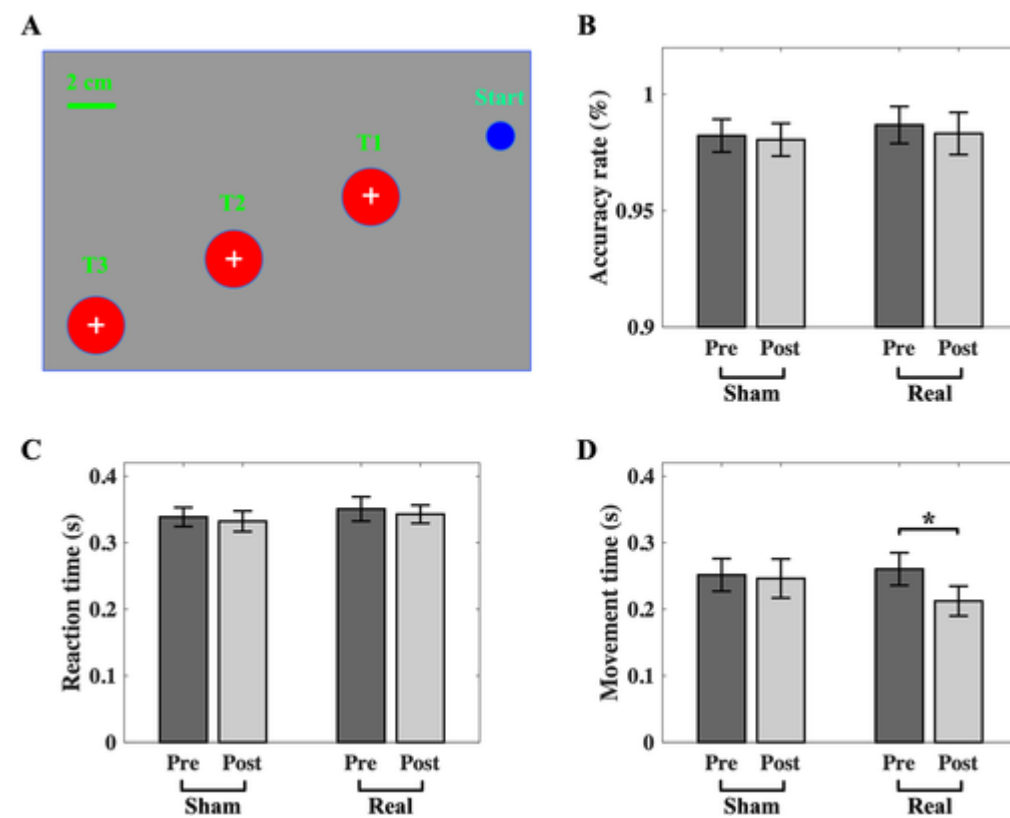
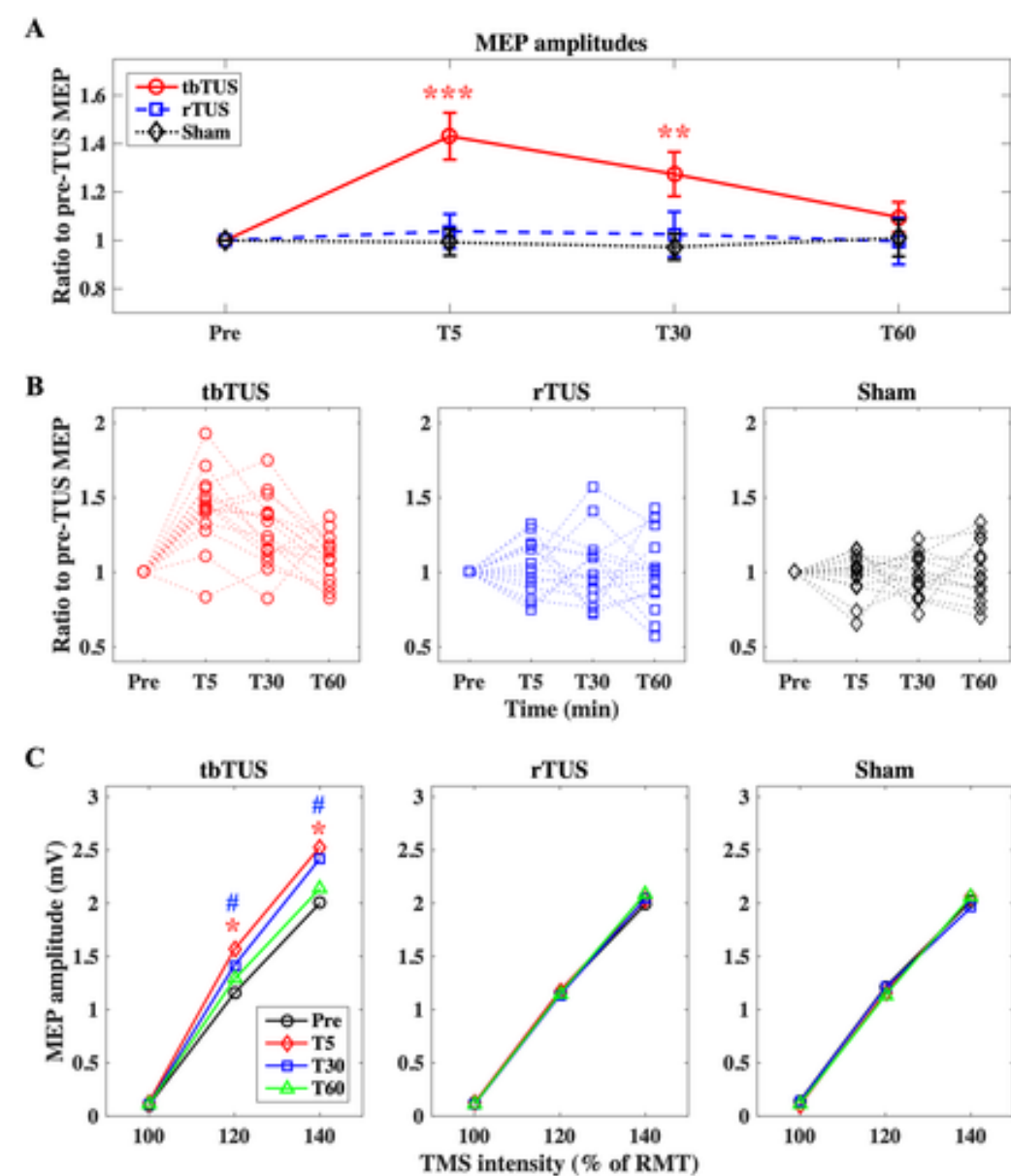
Regularly patterned TUS (rTUS)



The rTUS consisted of much shorter burst (0.32 ms) and higher repetition frequency (1000 Hz), and had the same total sonication duration (8 s) and protocol time (80 s) as tbTUS.

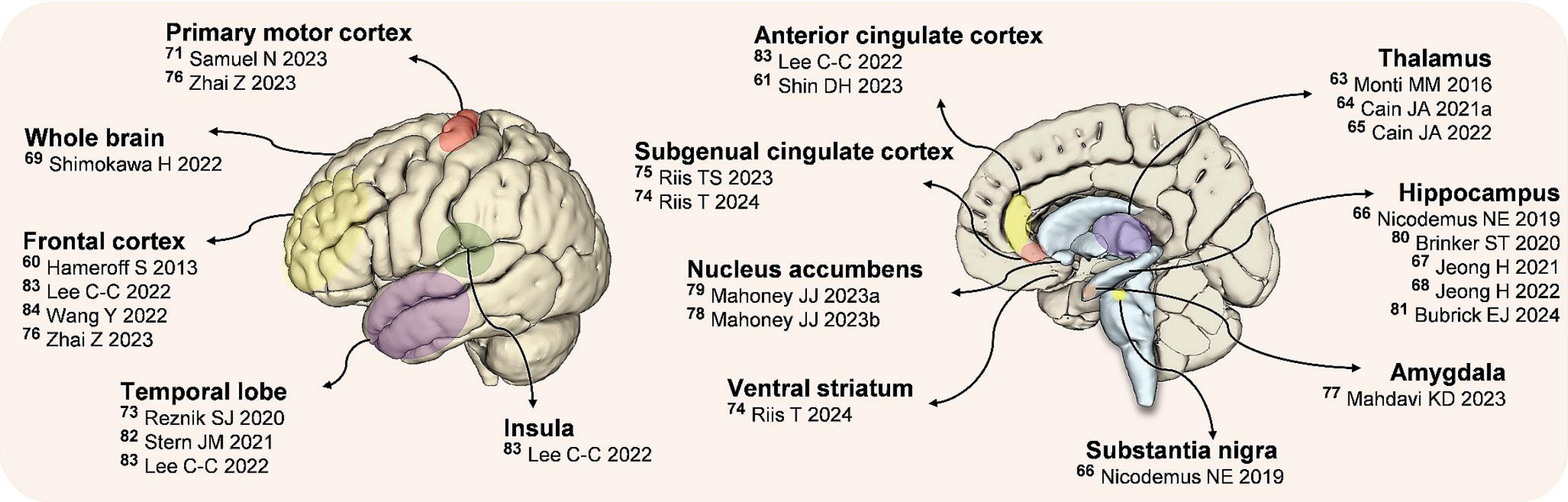




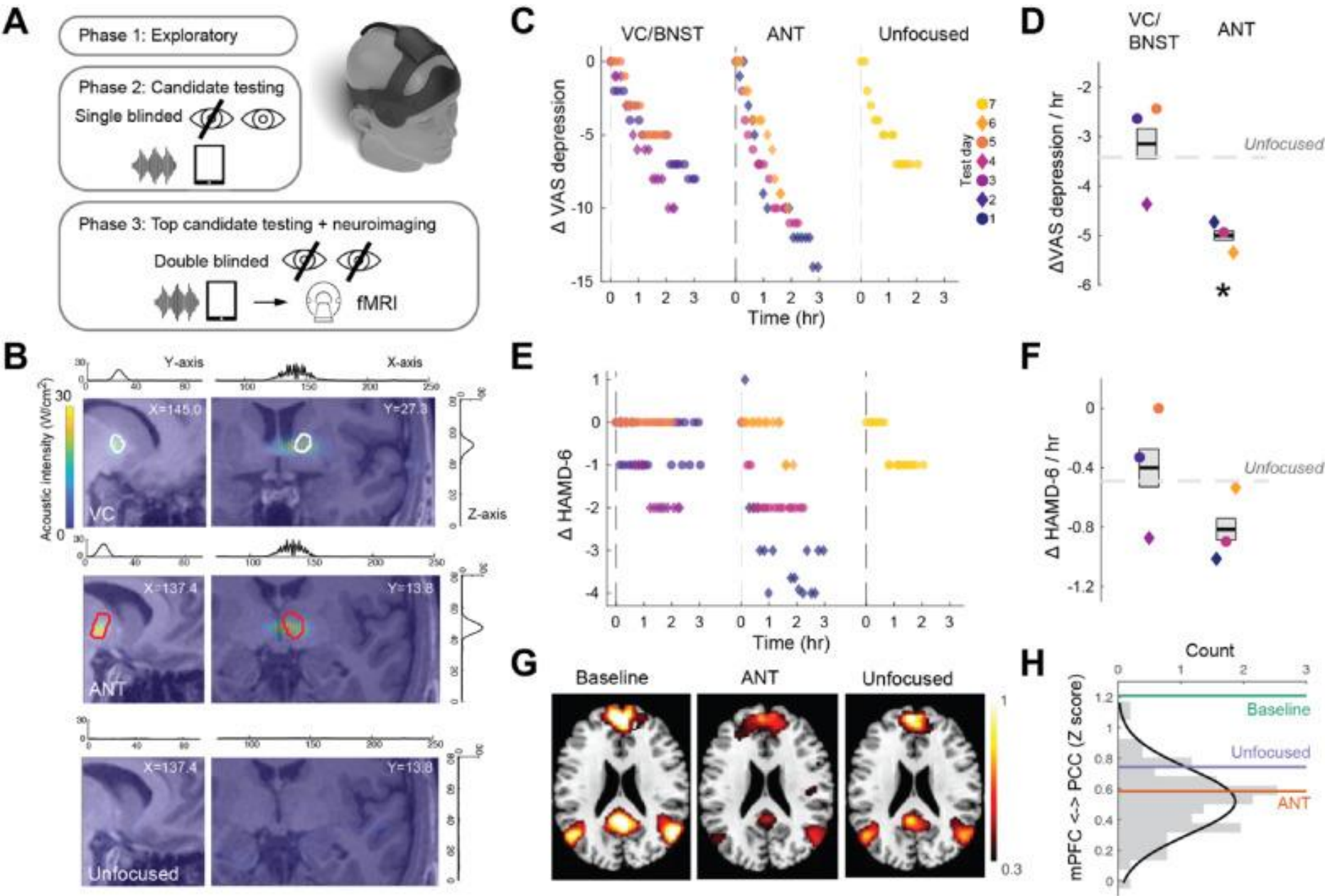


Clinical applications

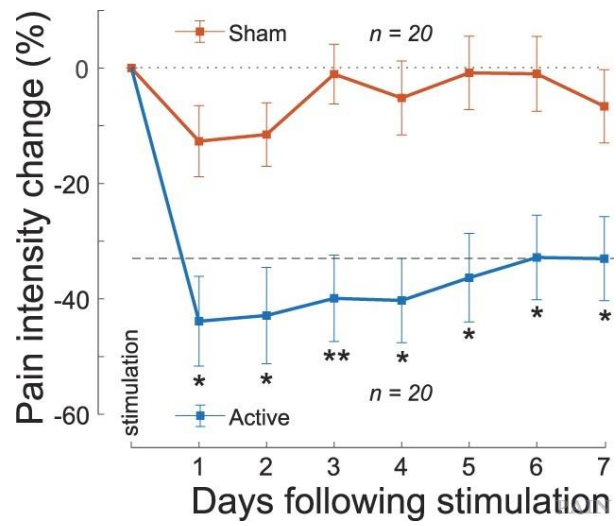
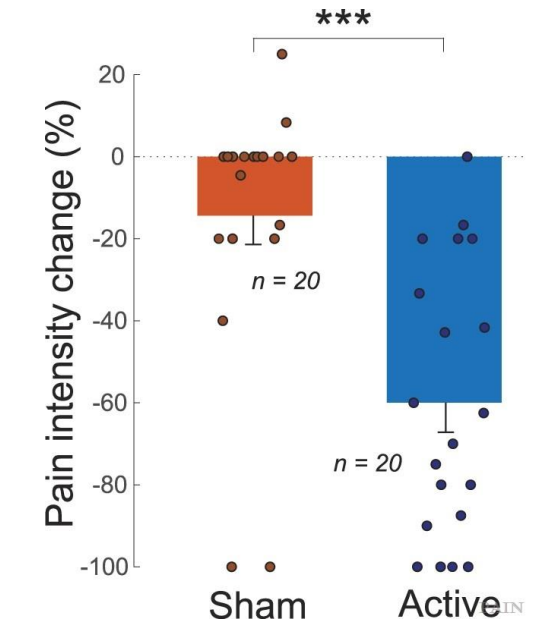
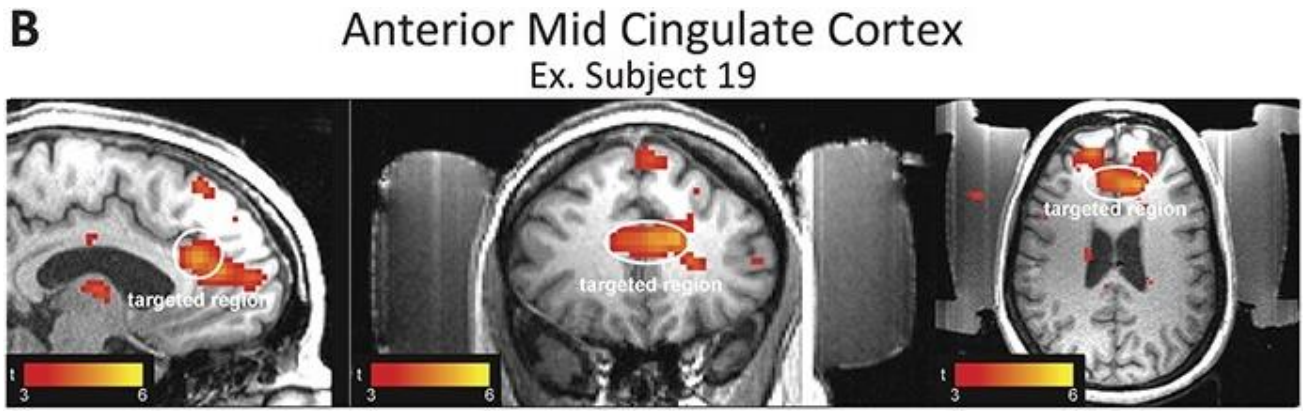
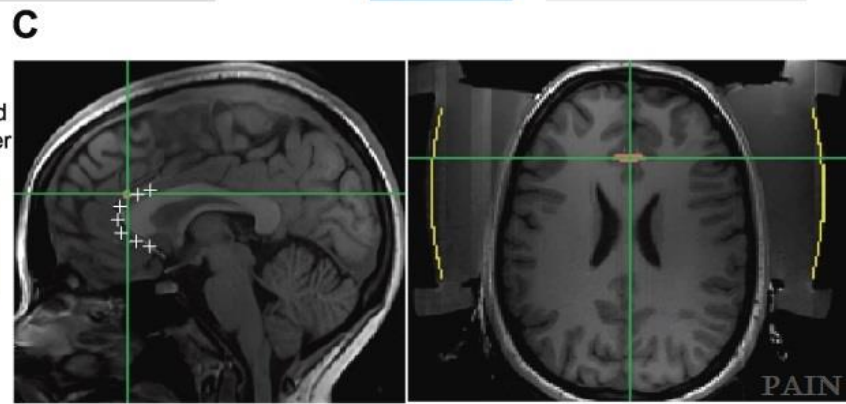
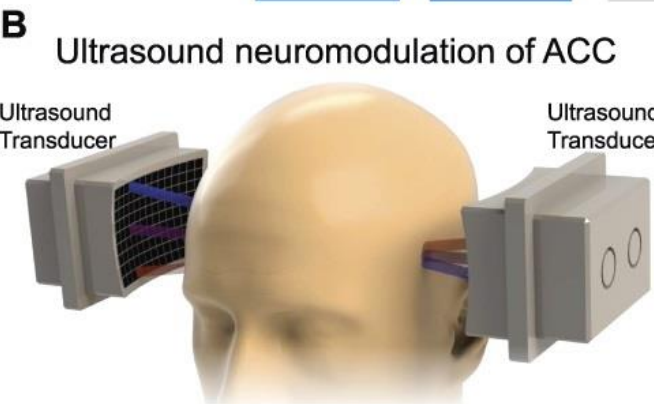
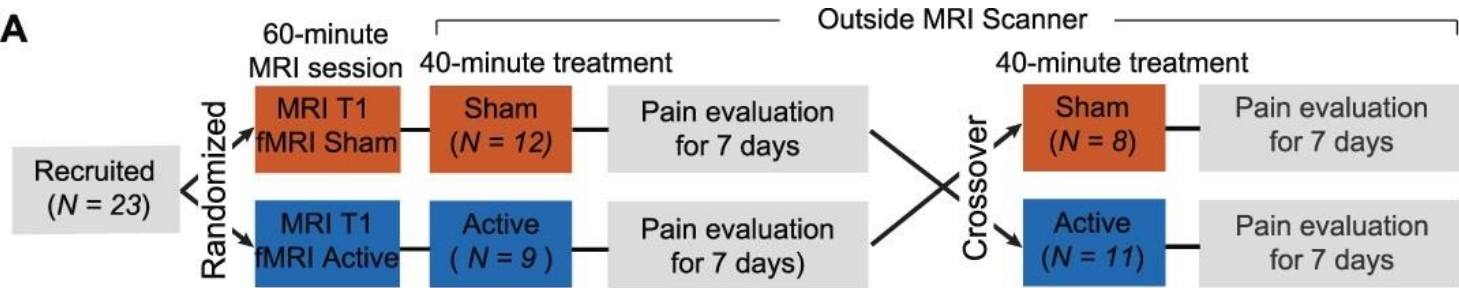
Clinical studies



TUS for depression



TUS for chronic pain

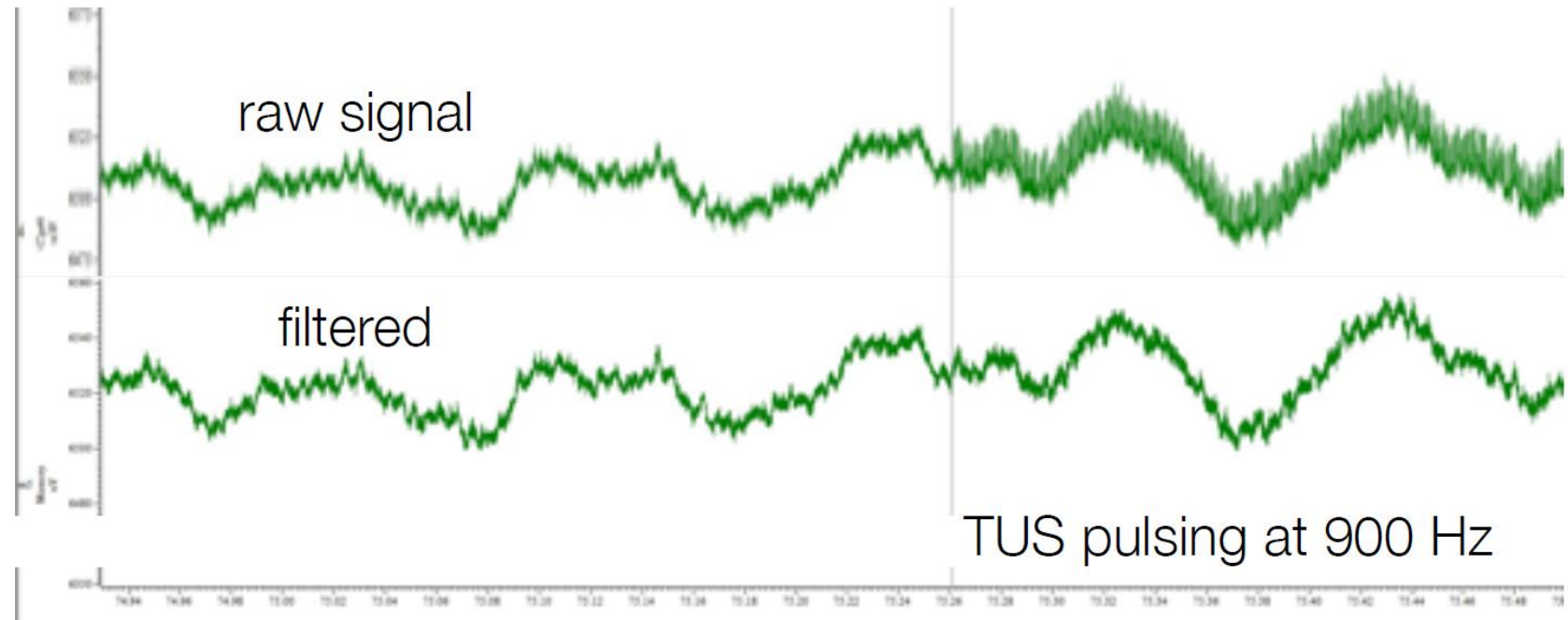


Multimodal experiments

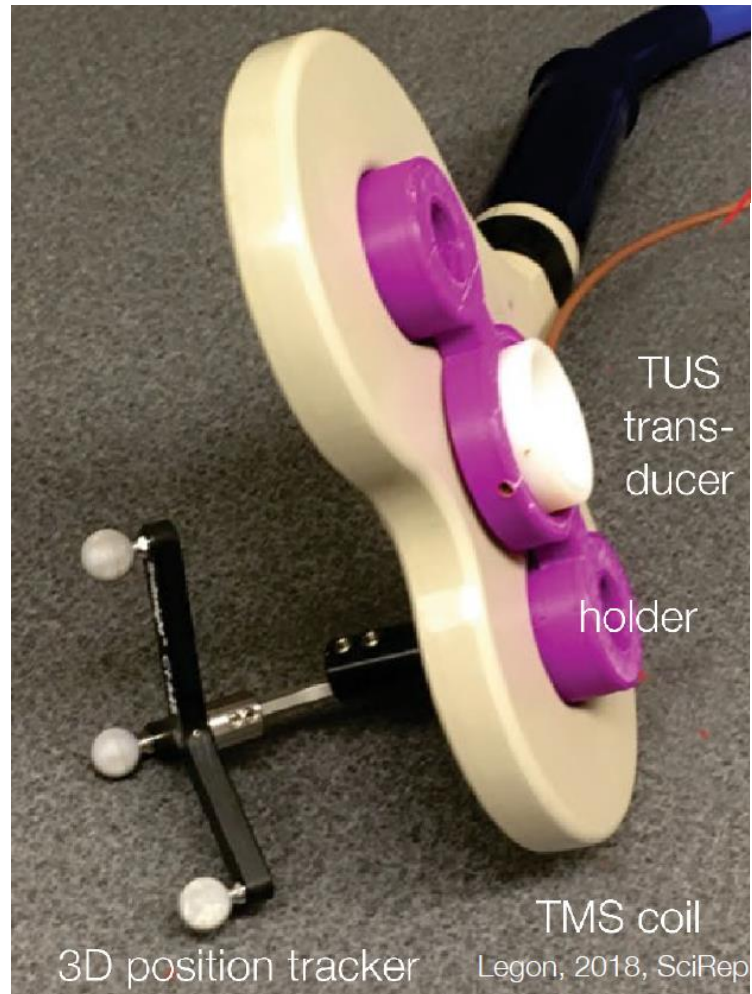
Combining TUS with EEG



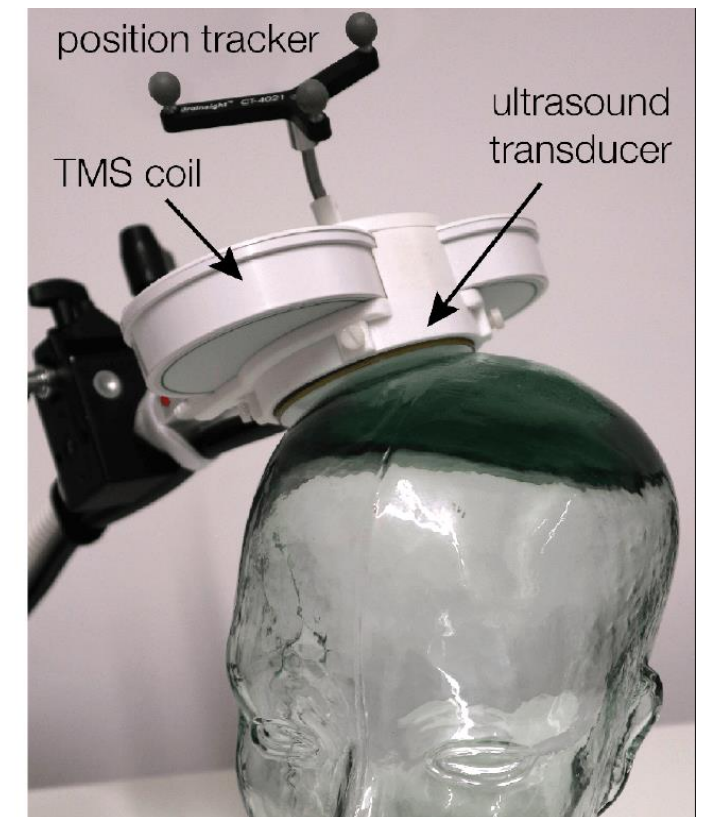
TUS pulsing artefact on EEG

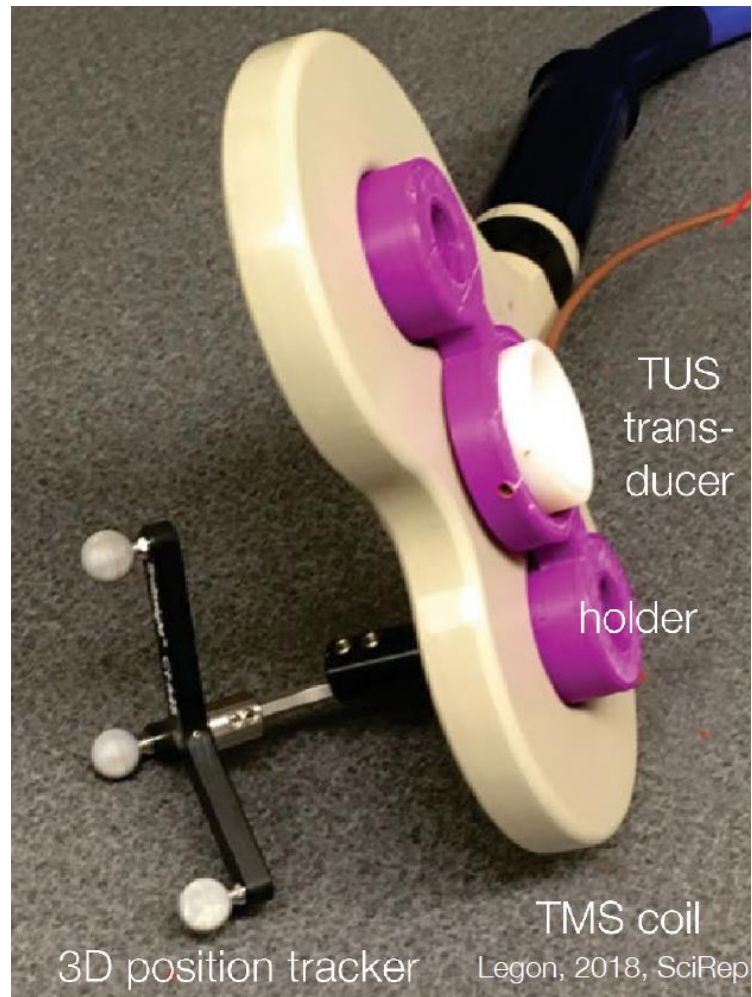


Combining TUS with TMS

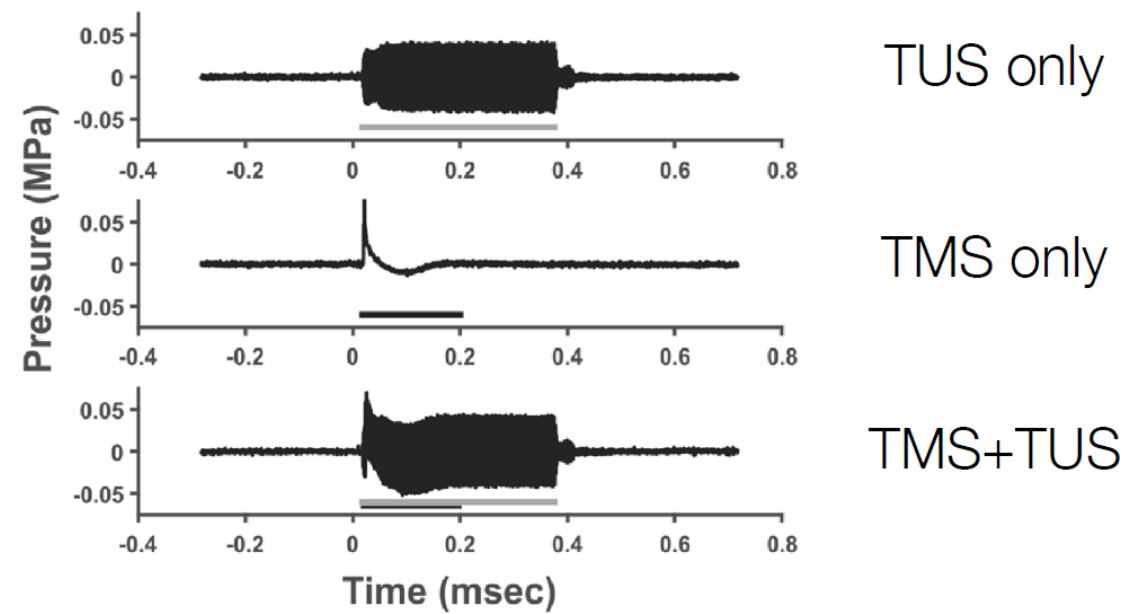


NeuroFUS + TMS Brainbox system





TMS artefact on TUS pressure measurement



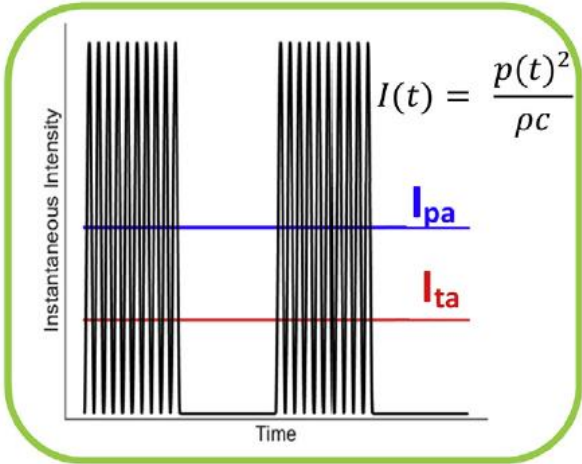
Designing experiments

- Safety
- The coupling method
- The auditory confound
- The parameters' space
- Delivering the proposer dose
- Targeting
- Simulations
- Reporting
- The control condition
- Etc...

Safety

Risk of cavitation

- I_{sppa} (spatial peak pulse average intensity) is the pulse average intensity, calculated at the position of the spatial maximum
- MI (mechanical index) gives an estimation of the likelihood of inertial cavitation



Risk of thermal bio-effects

- I_{spta} (spatial peak temporal average intensity) is the temporal average intensity, calculated at the position of the spatial maximum
- TI (thermal index) is the steady-state temperature increase in soft tissue during ultrasound sonication
- TIC (thermal index for cranial bone) is a modification of TI, when the skull is close to the transducer face

Table 1
Allowed limits for MI, TI, I_{spta} and I_{sppa} according to the FDA guidelines for diagnostic ultrasound. The limit for TI also applies to TIC when bone is close by.

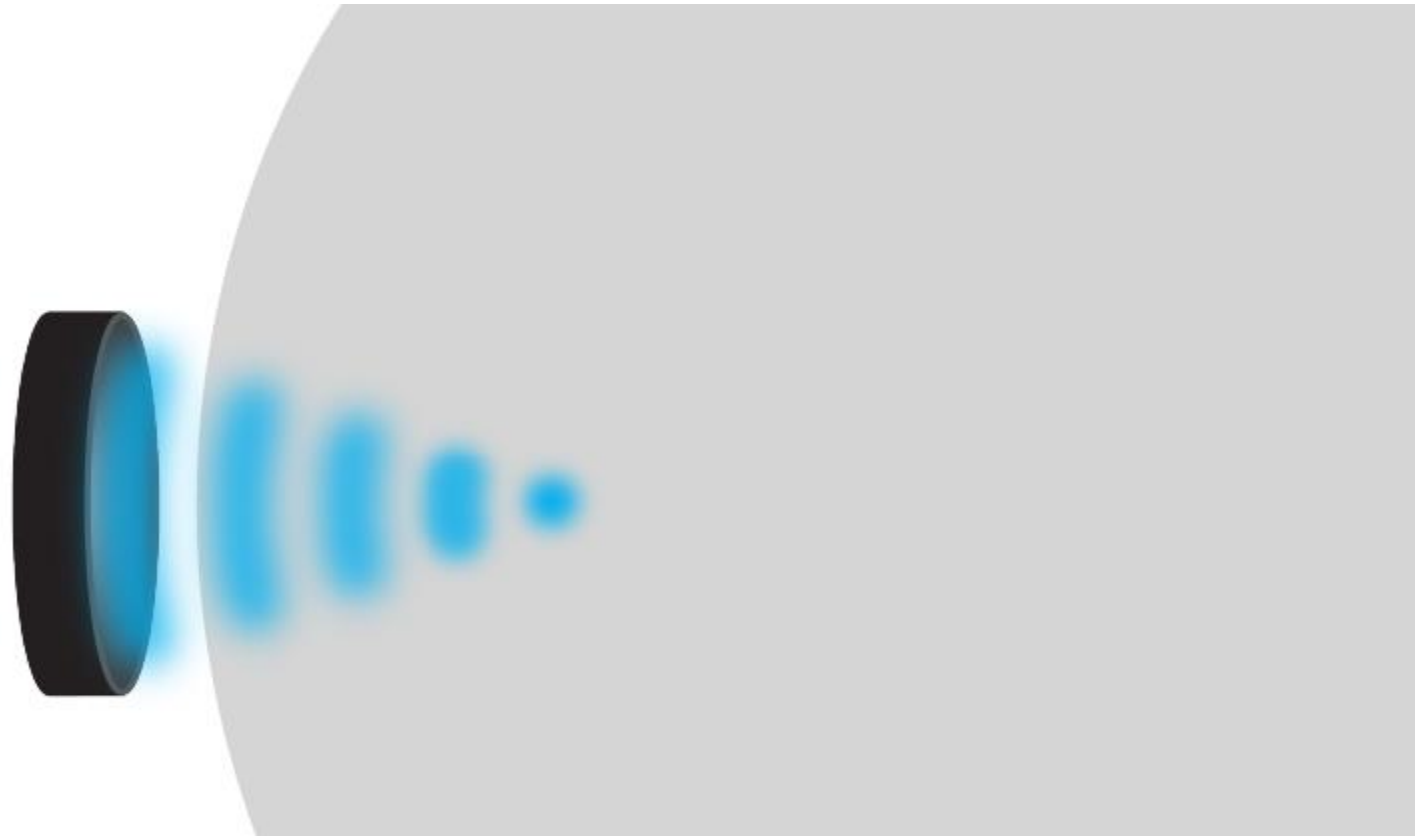
I_{spta} (mW/cm ²)	I_{sppa} (W/cm ²)	MI	TI
720	190	1.9	6

($I_{spta} < 3\text{W/cm}^2$ from IEC standard 60601-2-5 for physiotherapy US equipment)

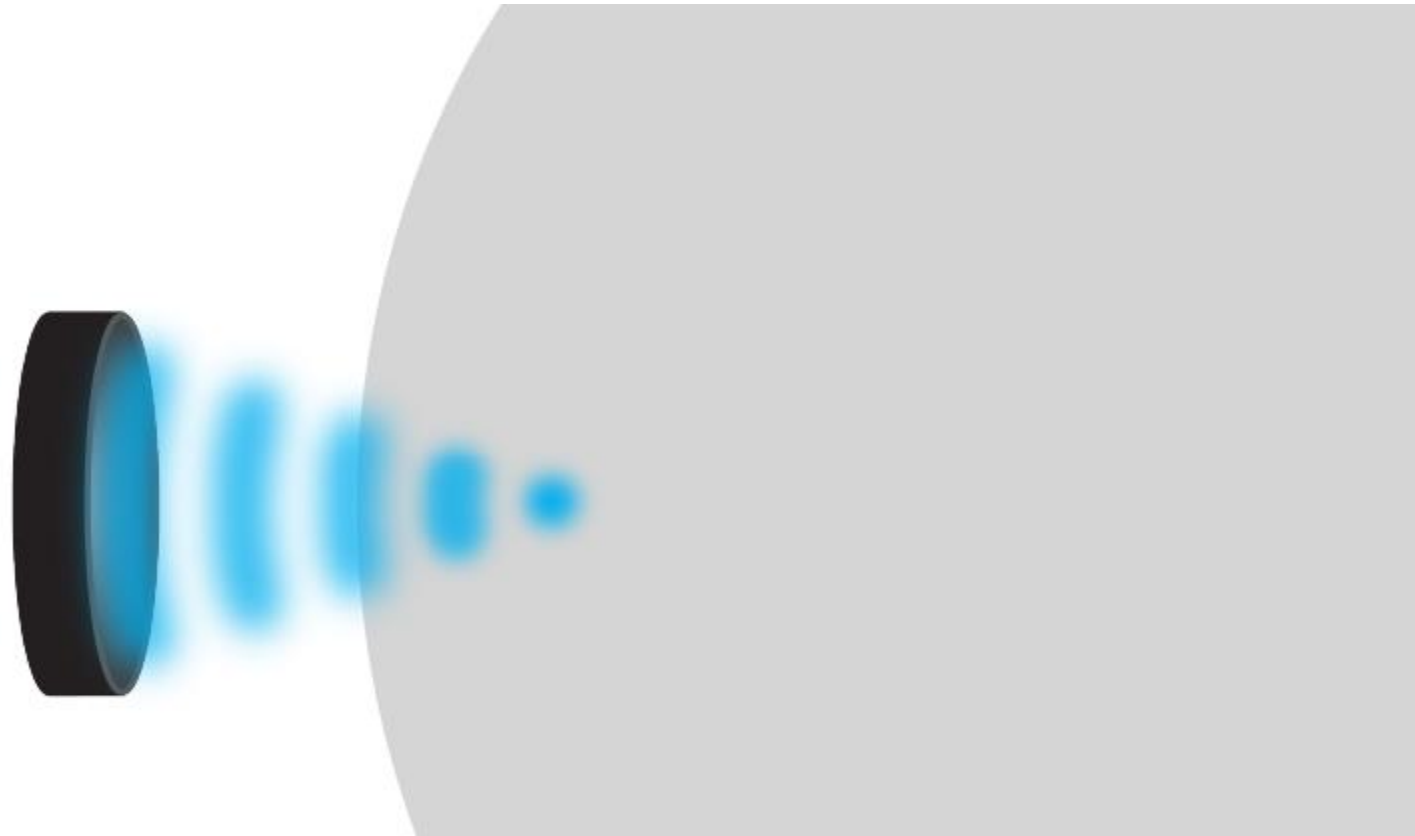
Bioeffects	ITRUSST parameters and levels
Mechanical	
	MI or $MI_{lc} \leq 1.9$ in the brain and in the skin
Thermal	Any of:
	Maximum exposure time depending on the level of TIC*:
	80 min $1.5 < TIC \leq 2.0$
	40 min $2.0 < TIC \leq 2.5$
	10 min $2.5 < TIC \leq 3.0$
	160 sec $3.0 < TIC \leq 4.0$
	40 sec $4.0 < TIC \leq 5.0$
	10 sec $5.0 < TIC \leq 6.0$
	Temperature rise due to ultrasound $\leq 2^\circ$ Celsius at any time in soft tissue
	Thermal dose ≤ 0.25 CEM43 in soft tissue

Table 1: Summary of the parameters and levels considered by iTRUSST to be safe. * It is the responsibility of the operator/manufacturer to determine which thermal index corresponds best to the configuration: TIS, TIB, TIC (see section 2.2.A.).

The coupling method



The coupling method



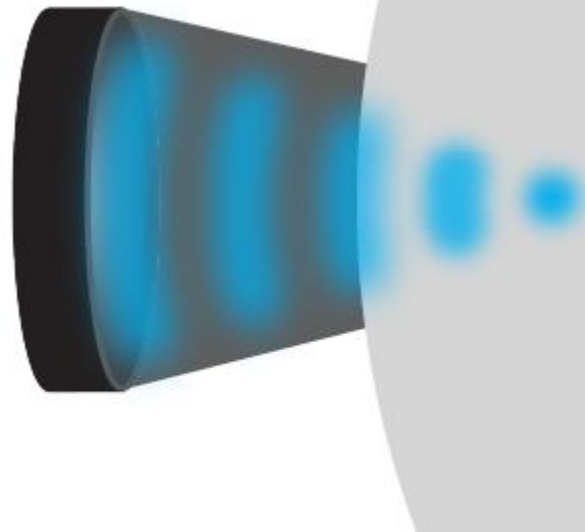
The coupling method

acoustic impedance: air interface reflects
nearly 100% of ultrasonic waves



The coupling method

eliminate interface
ensure coupling
maintain acoustic properties



The coupling method



Lime et al, 2017, ResBiomedEng

Ultrasound stimulation

A single element ultrasound transducer (H115-MR, diameter 64 mm, Sonic Concept, Bothell, WA, USA) with 51.74 mm focal depth was used with a coupling cone filled with degassed water and sealed with a **latex membrane (Durex)**. The resonance frequency of the ultrasonic wave was set at 250 kHz with 30 ms bursts of ultrasound generated every 100 ms, controlled through a digital function generator (Handyscope HS5, TiePie engineering, Sneek, The Netherlands). The stimulation

The coupling method



The coupling method



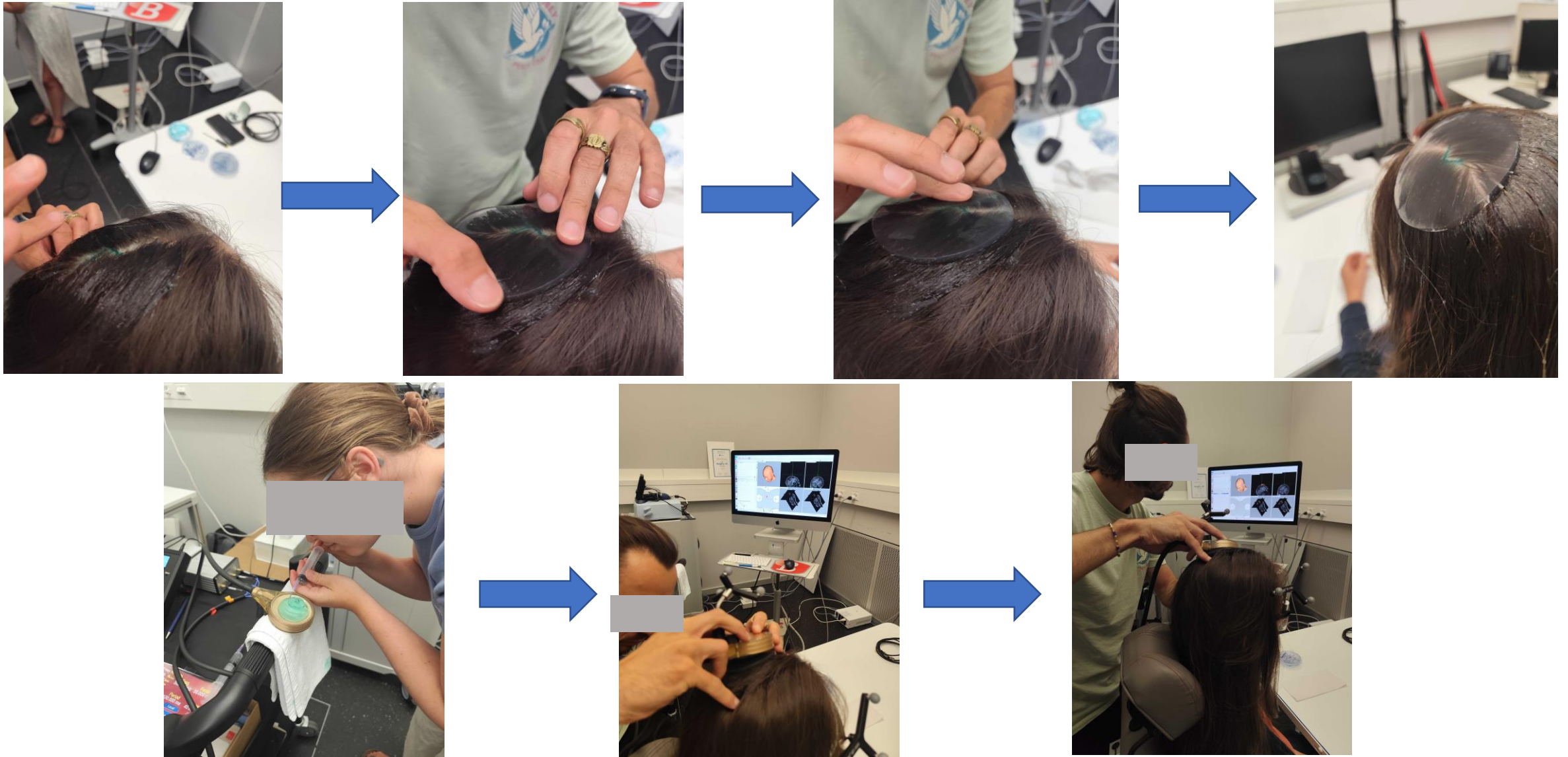
The coupling method

coupling media: safety + efficacy

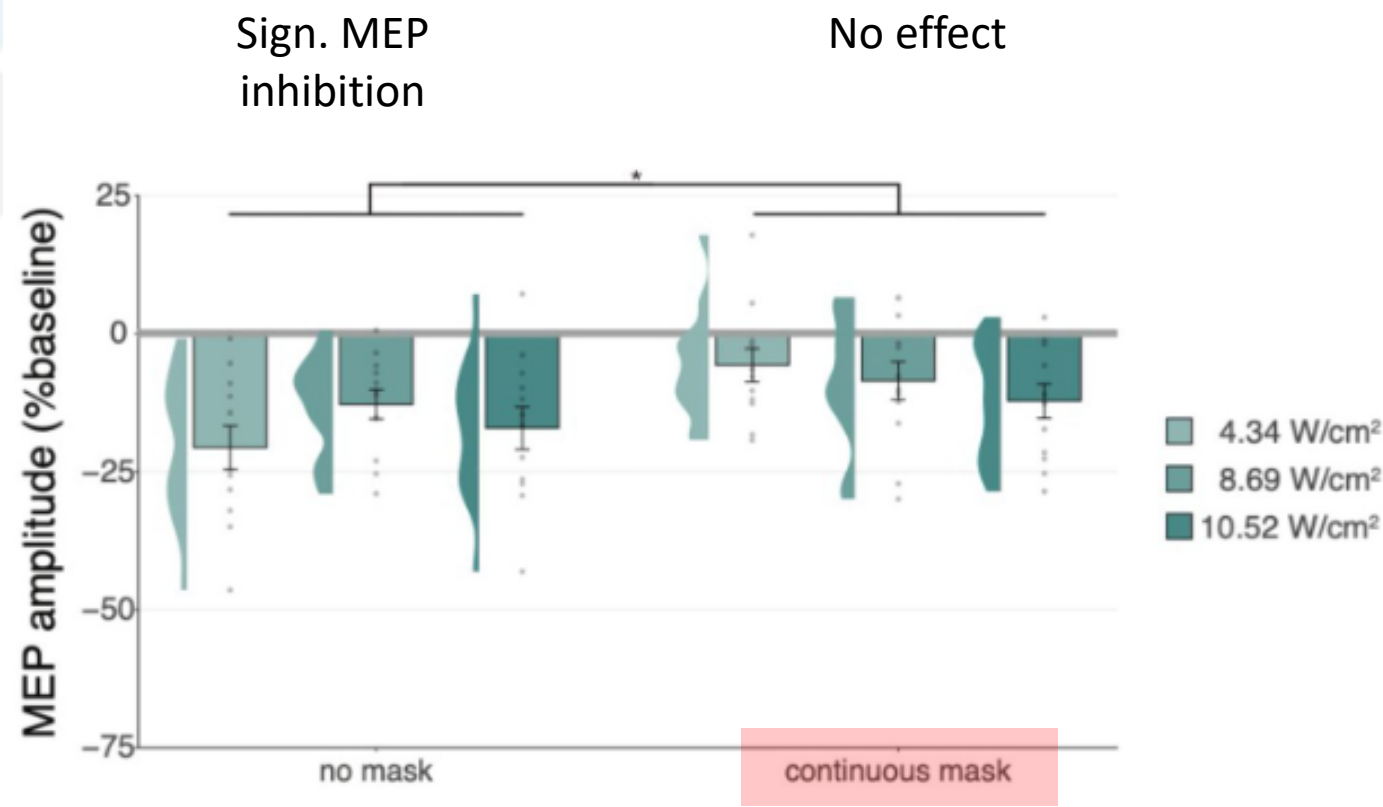
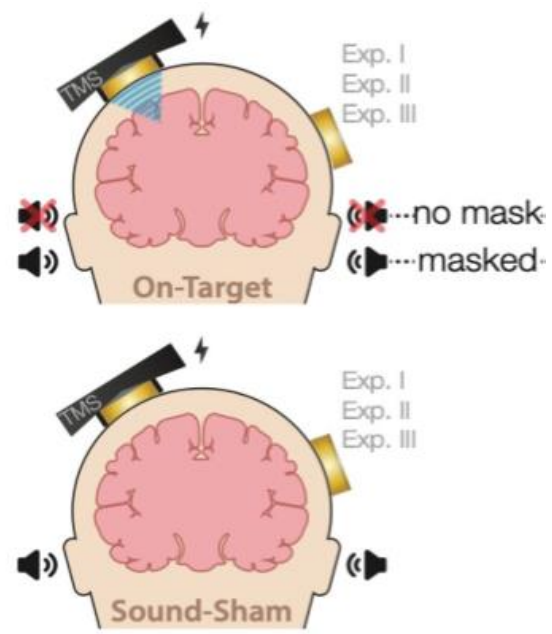
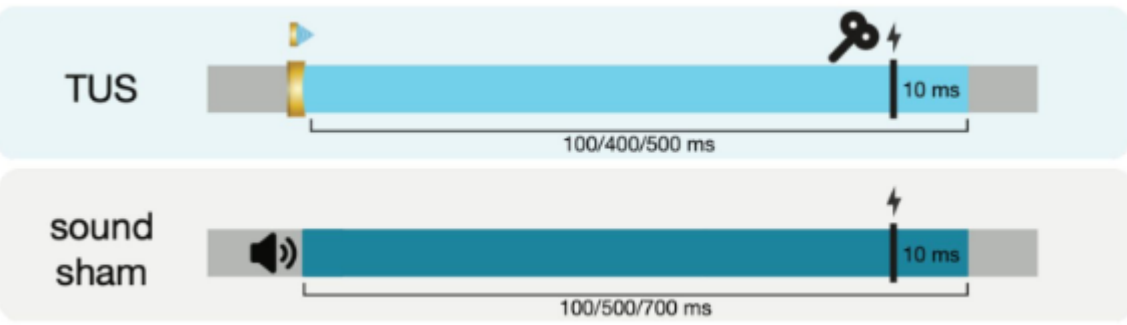
- ▶ low absorption
- ▶ acoustic impedance similar to, or higher than, that of treated tissue
- ▶ low cost (consumable)
- ▶ durable
- ▶ hypo-allergenic
- ▶ disinfectable
- ▶ heat conductive



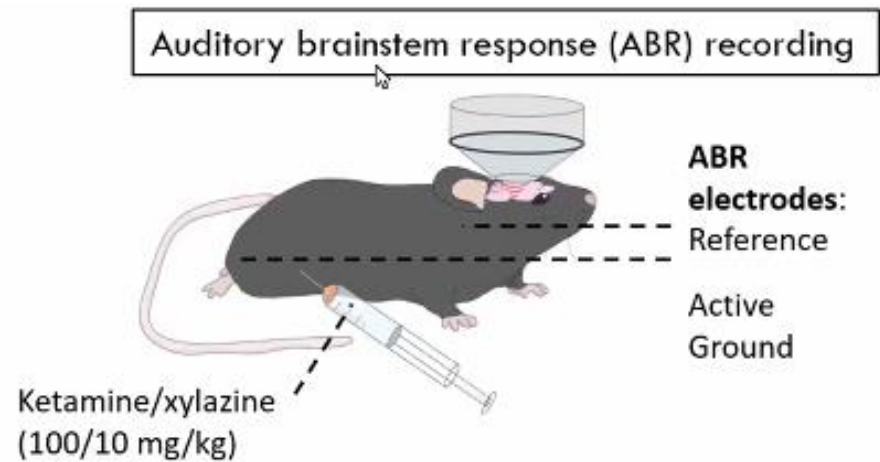
The coupling method



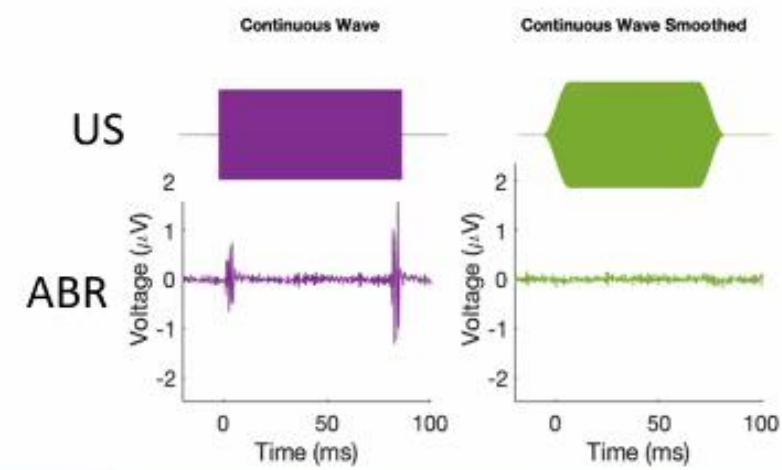
The auditory confound



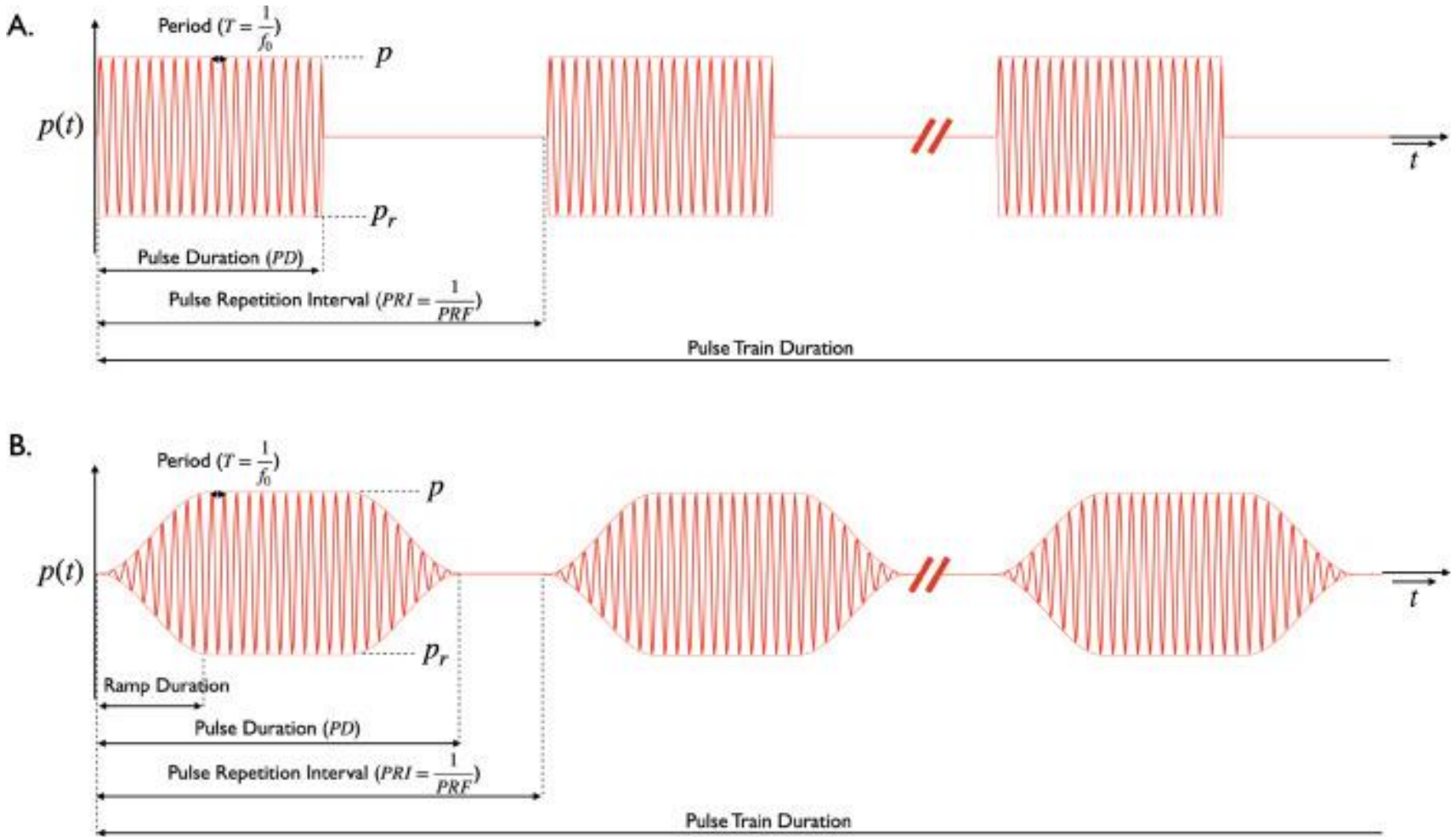
The auditory confound → can be eliminated with smoothed wave



- Smoothed wave can eliminate the auditory effects

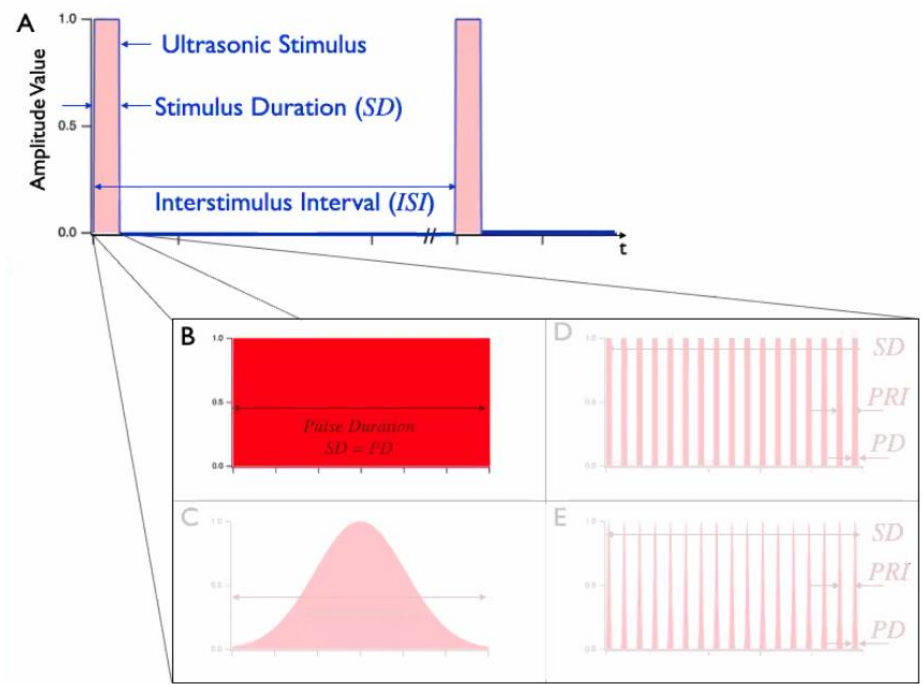


The auditory confound



The parameters' space

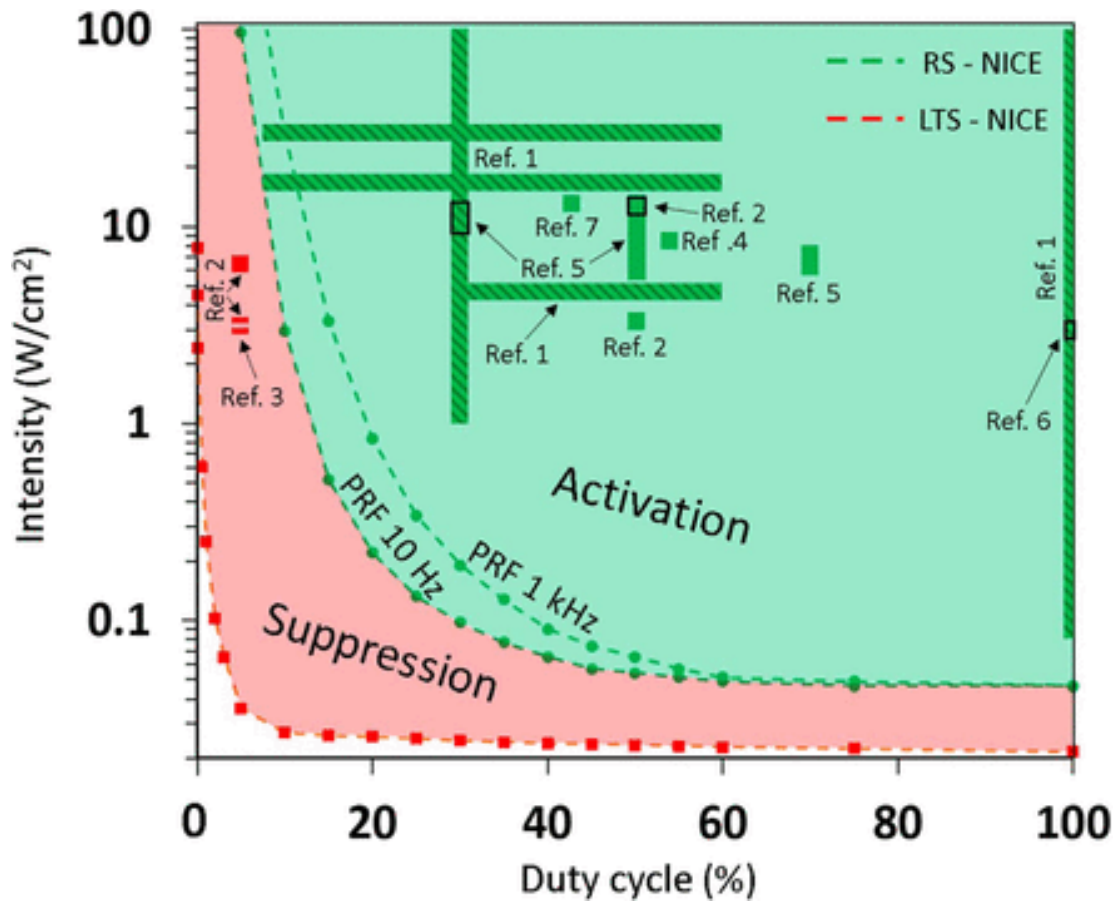
Temporal characteristics



Intensity characteristics

Table 1
Allowed limits for MI, TI, I_{spca} and I_{spga} according to the FDA guidelines for diagnostic ultrasound. The limit for TI also applies to TIC when bone is close by.

I_{spca} (mW/cm ²)	I_{spga} (W/cm ²)	MI	TI
720	190	1.9	6



Delivering the proper dose

Deliver deterministic intensity (through the skull)

Skull aberrations:

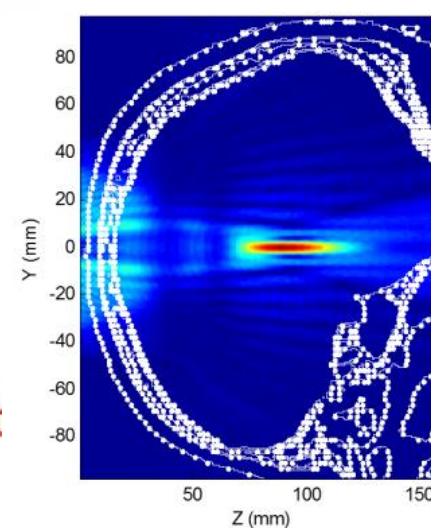
Dephasing

- compensation critical for sharp focus
- compensation possible if CT scans available

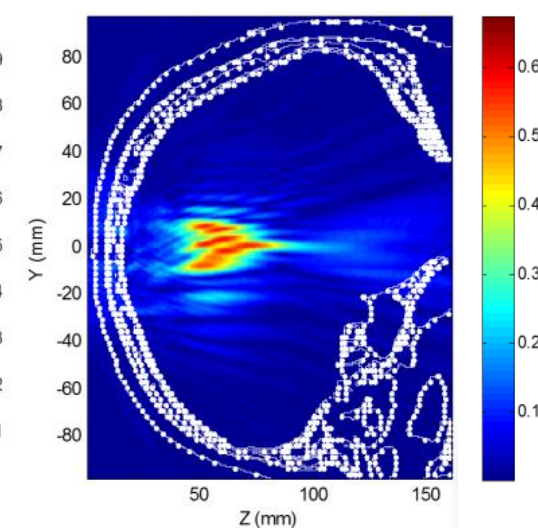
Attenuation

- compensation critical for deterministic intensity at target
- existing CT-based approaches incapable to address

Homogeneous beam

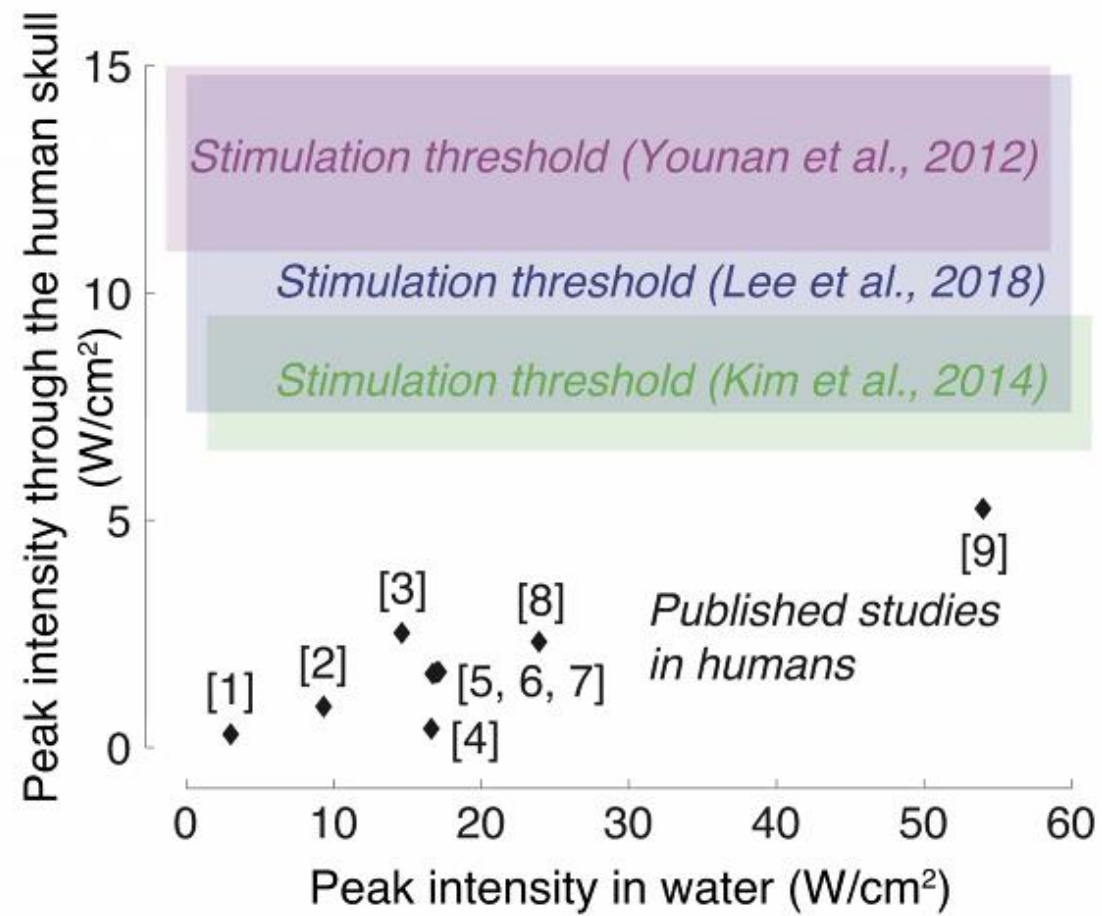


Skull aberrated beam



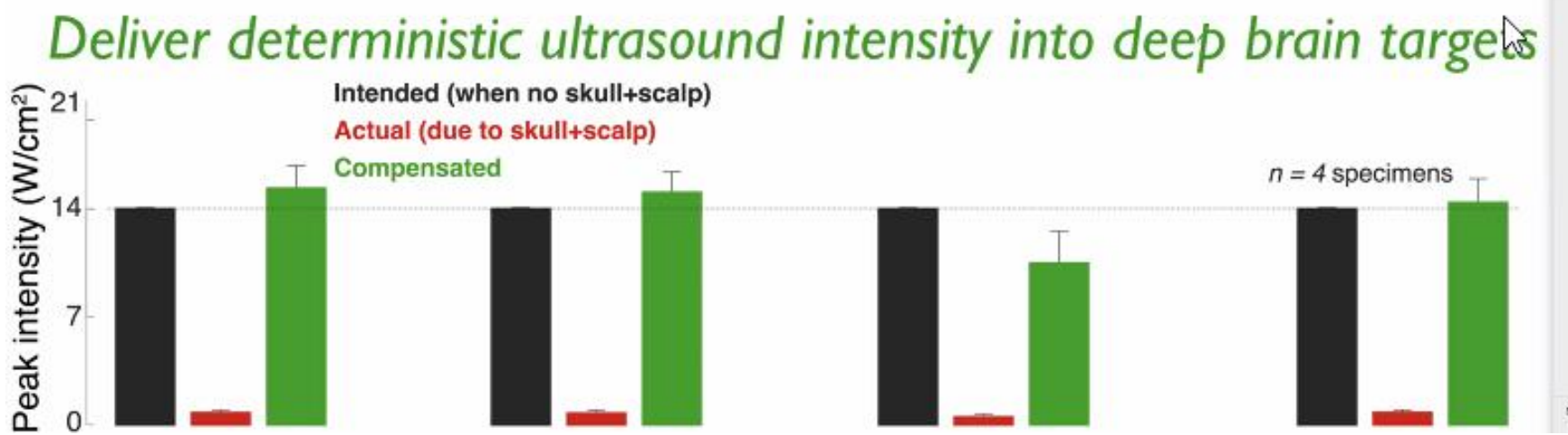
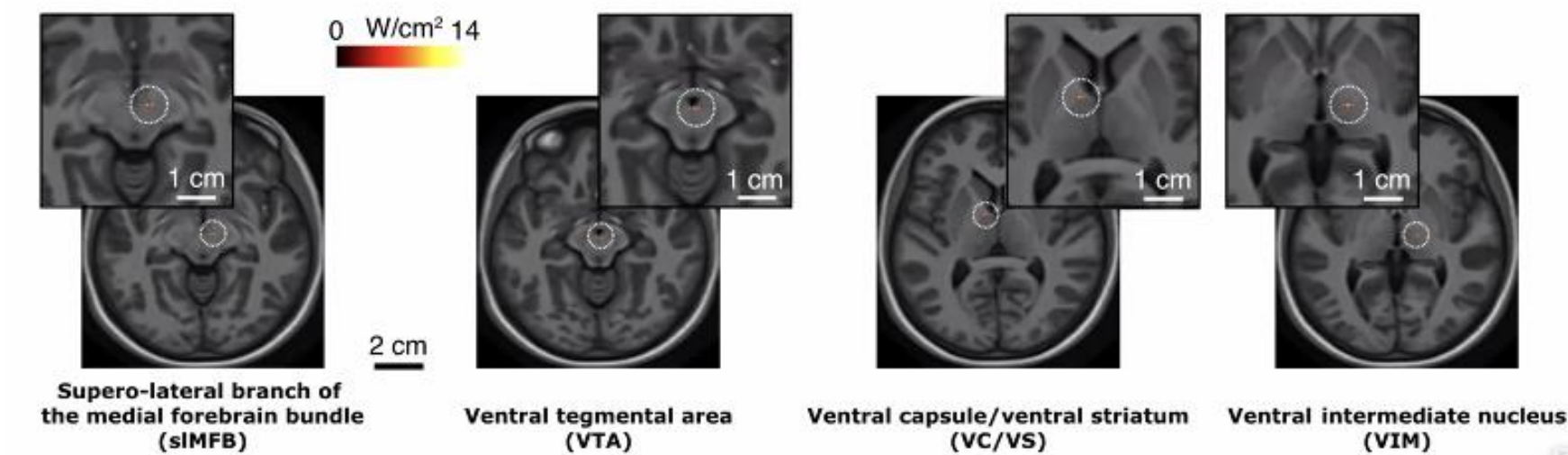
Delivering the proper dose

➔ TUS studies in humans have delivered inadequate intensity



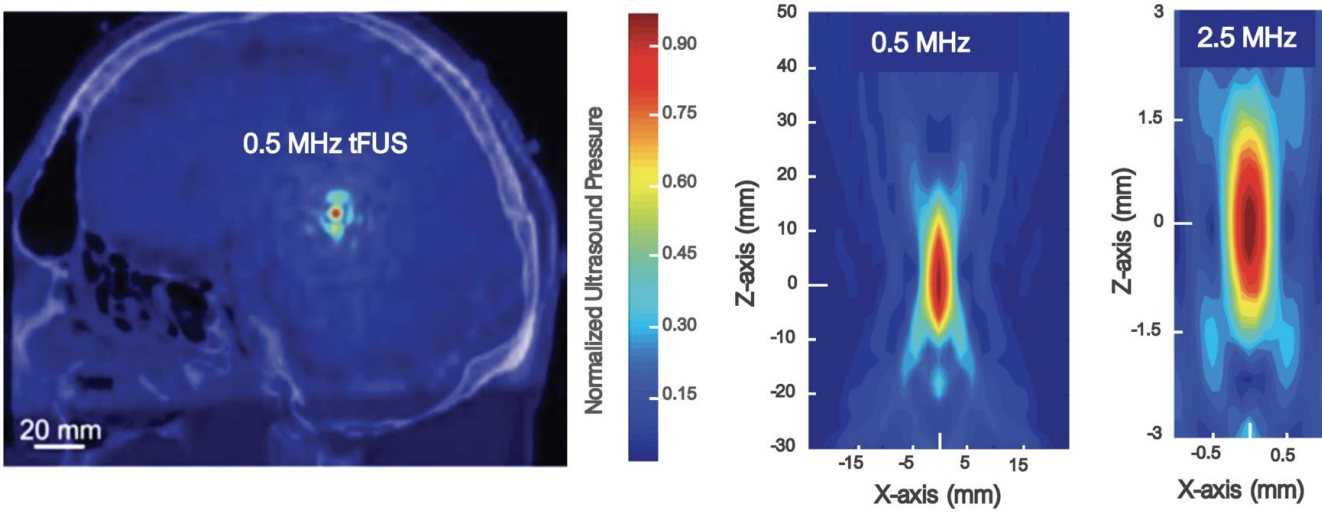
Delivering the proper dose

➔ Human system that compensates for attenuation accurately

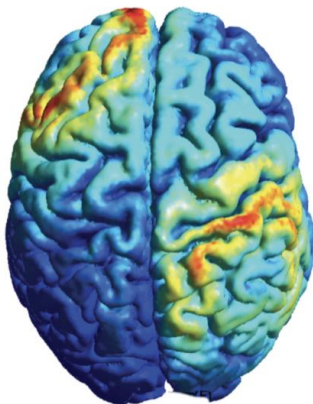


Targeting

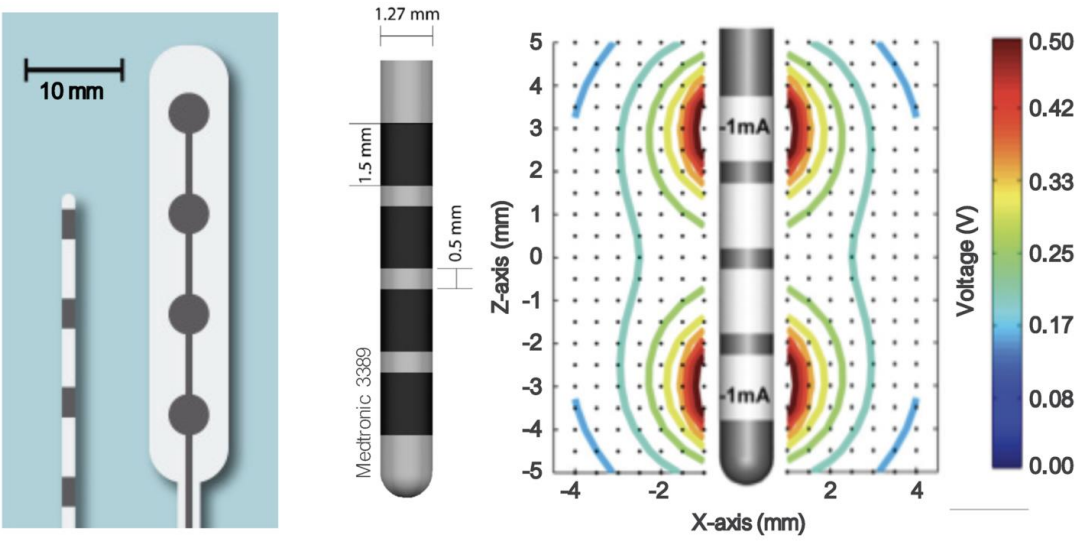
Noninvasive Neuromodulation by Focused Ultrasound



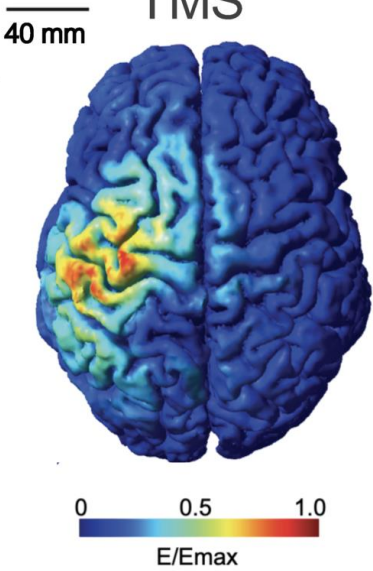
tDCS



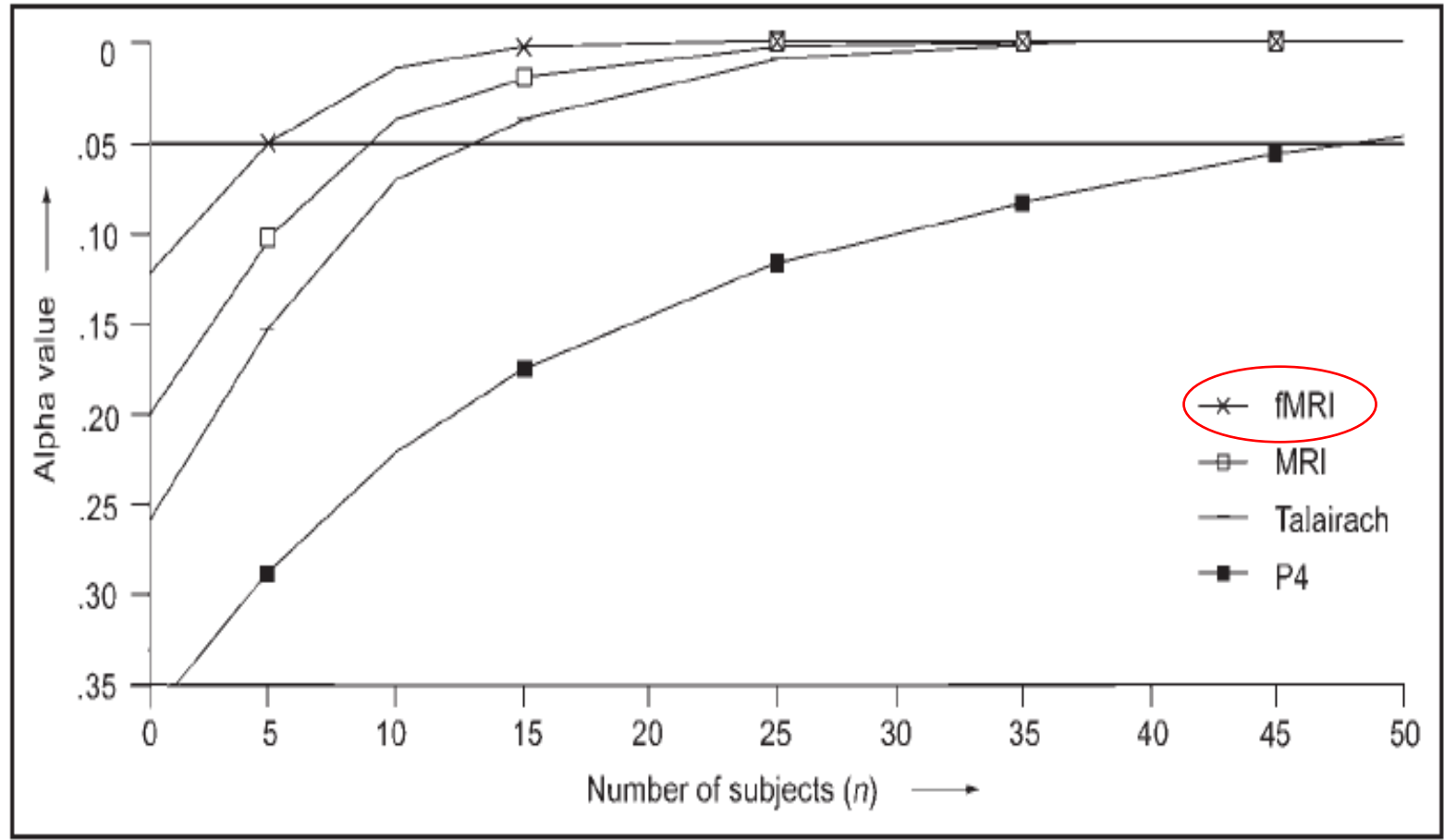
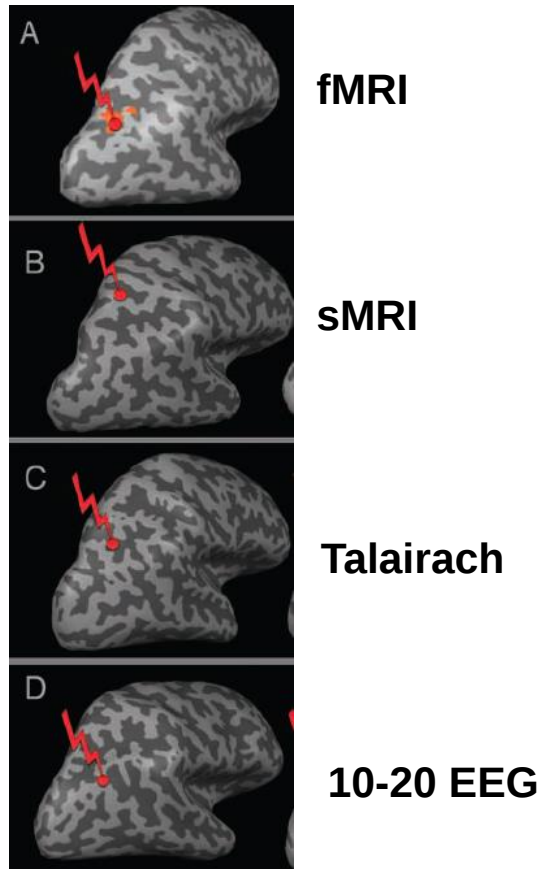
Surgically Implanted SCS and DBS Electrodes



TMS

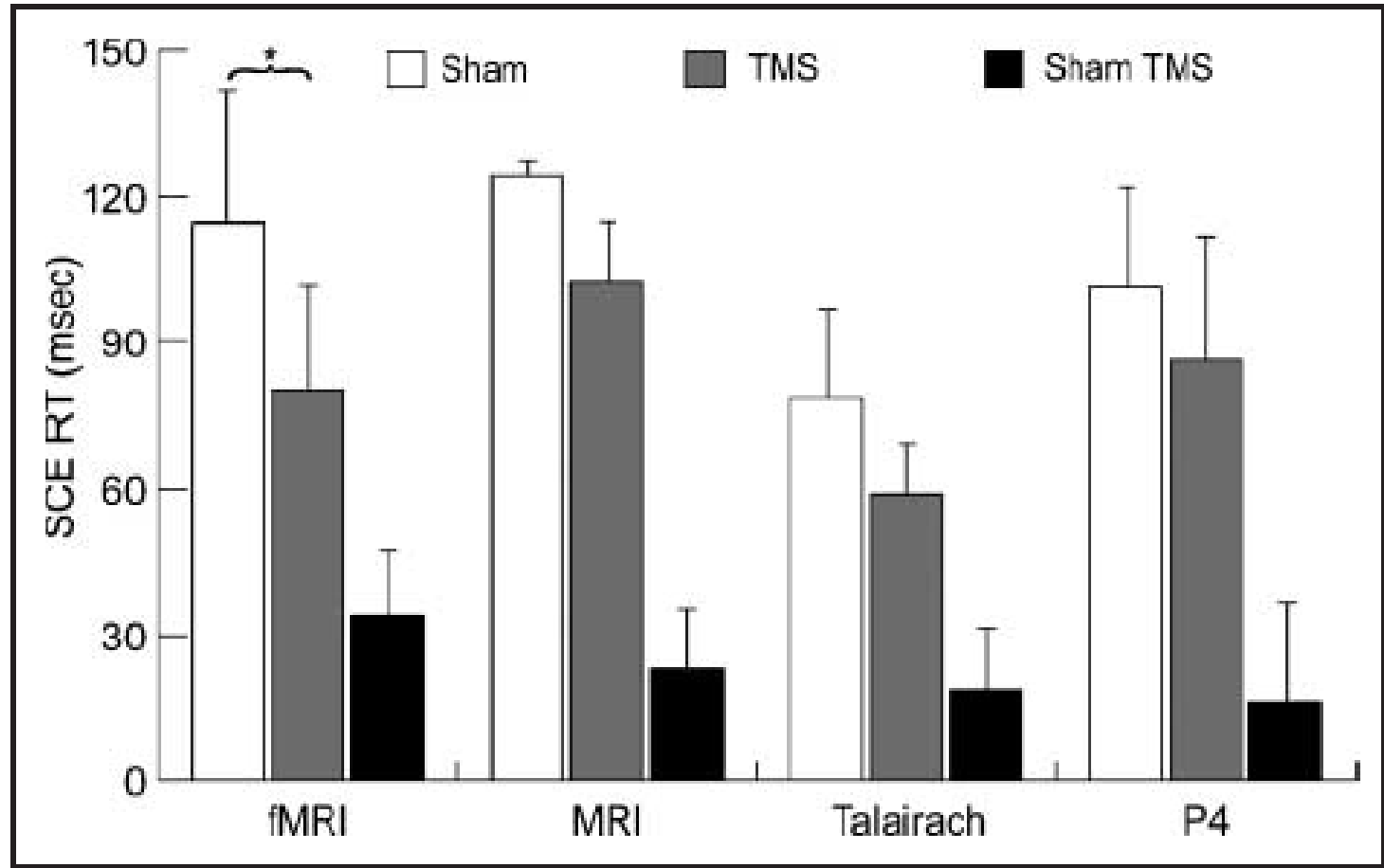
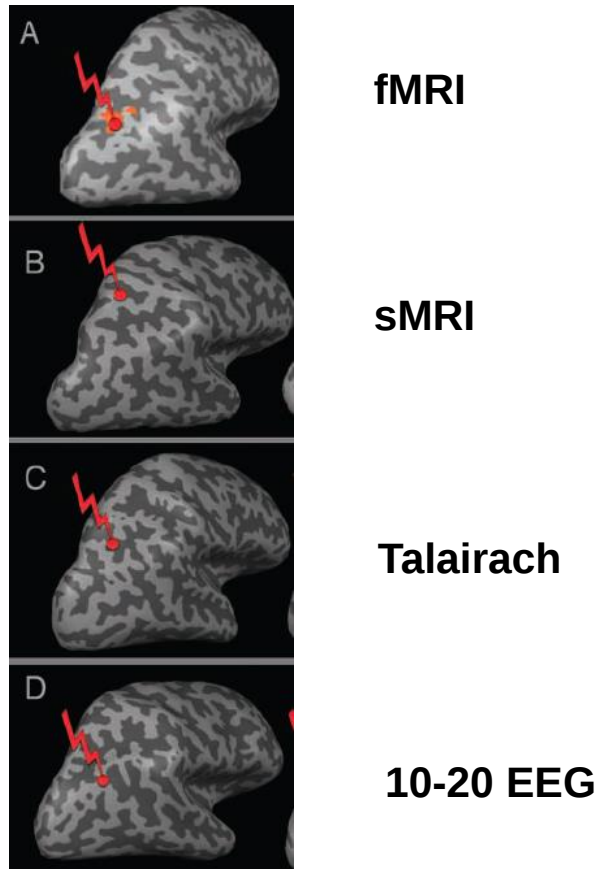


Targeting: Anatomic/Functional planning



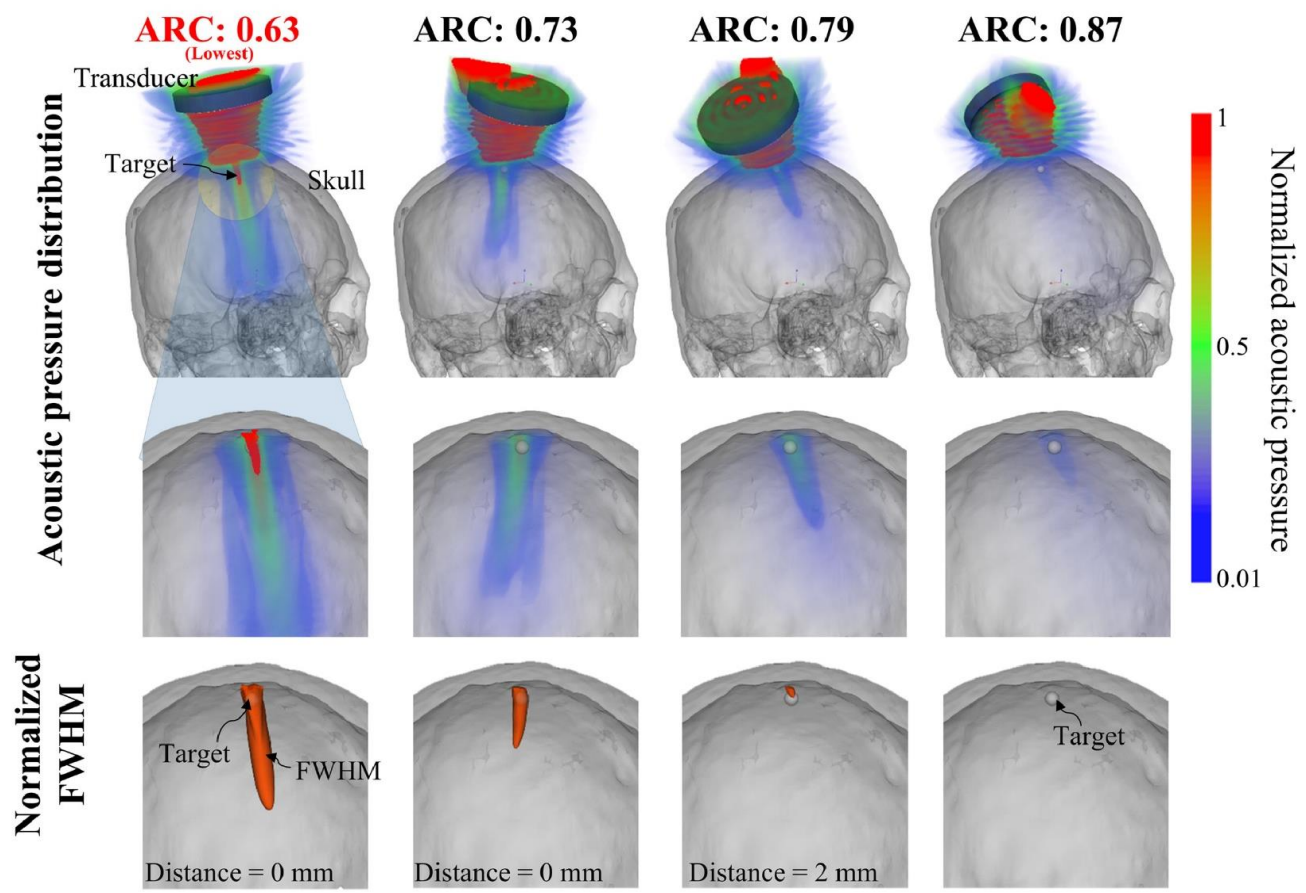
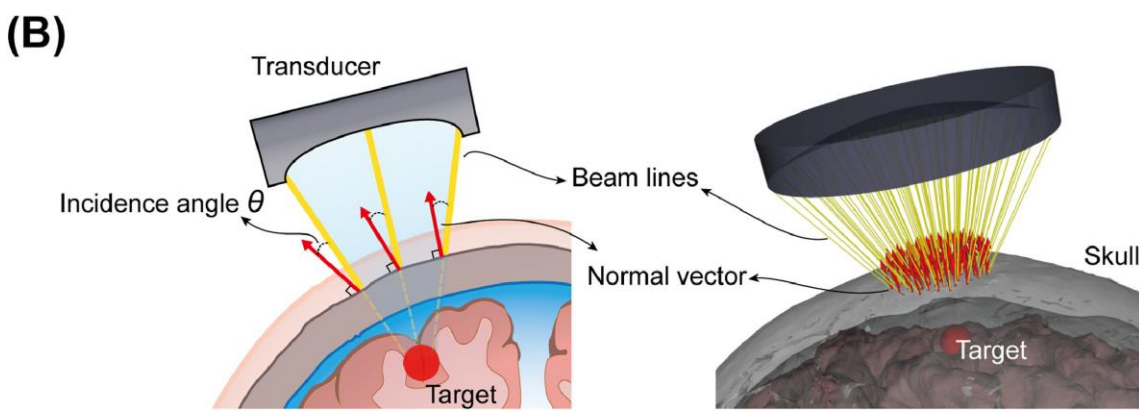
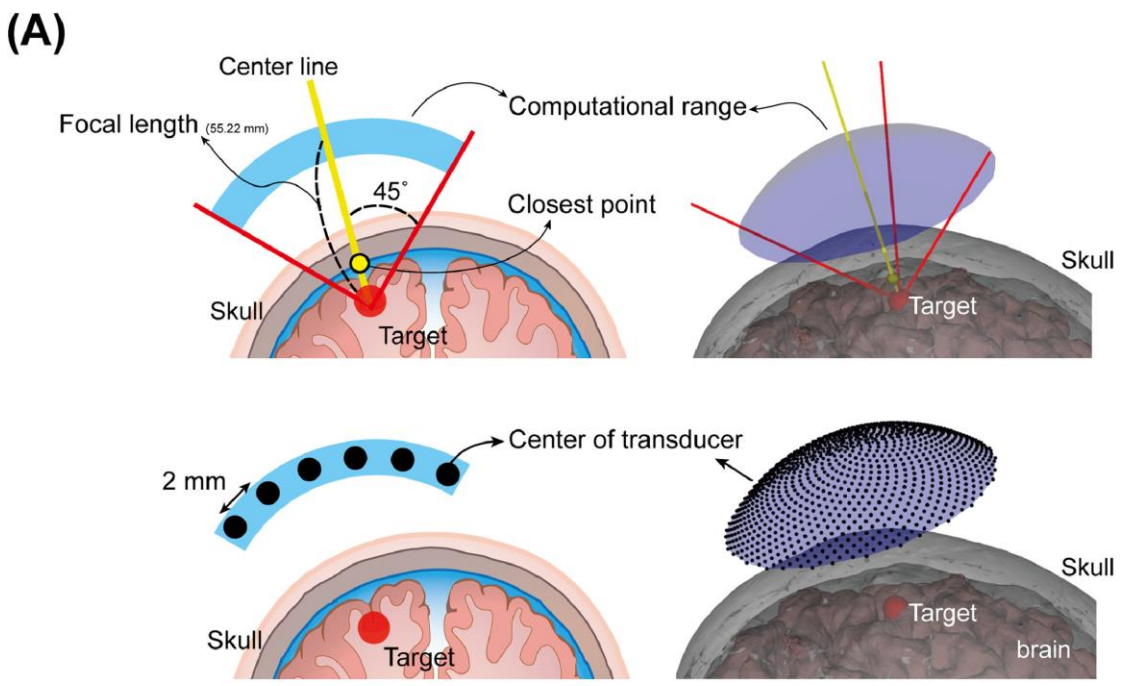
Individual placement based on neuronavigation and **individual functional activity peaks** improves **study power**.

Targeting: Anatomic/Functional planning

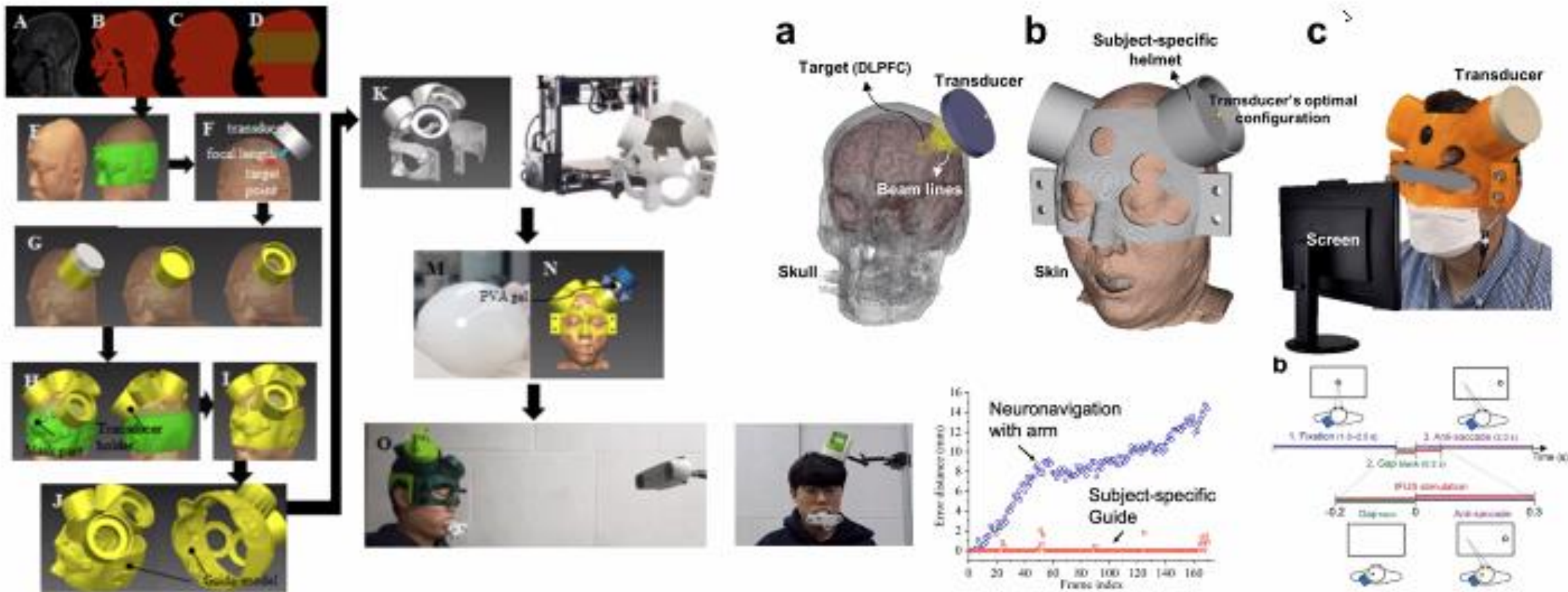


Individual placement based on neuronavigation and individual functional activity peaks improves **study power**.

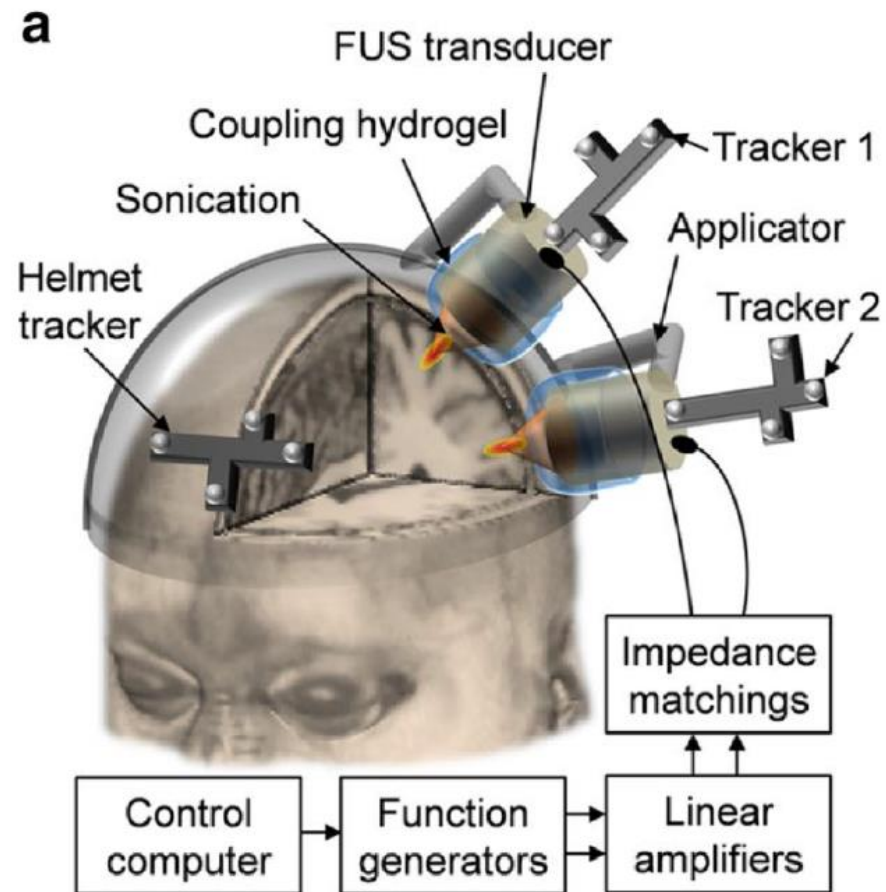
Targeting: Optimal Sonication Path



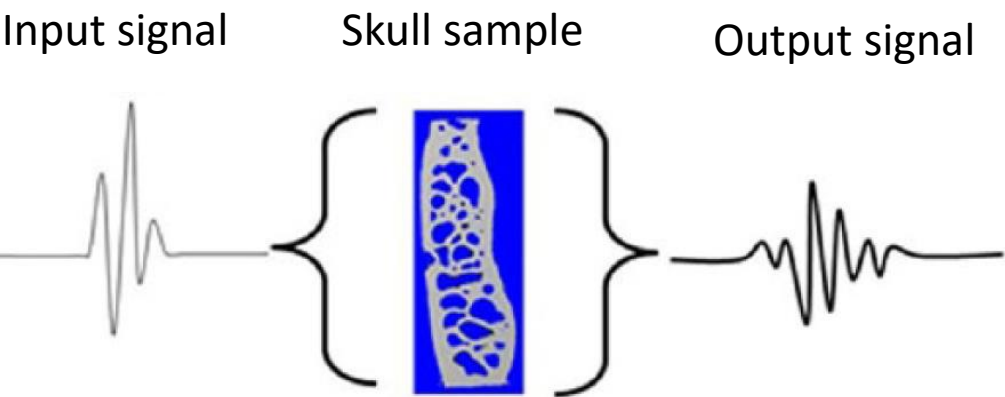
Navigation: 3D printed Helmet-type Guide



Navigation: 3D printed Helmet-type Guide



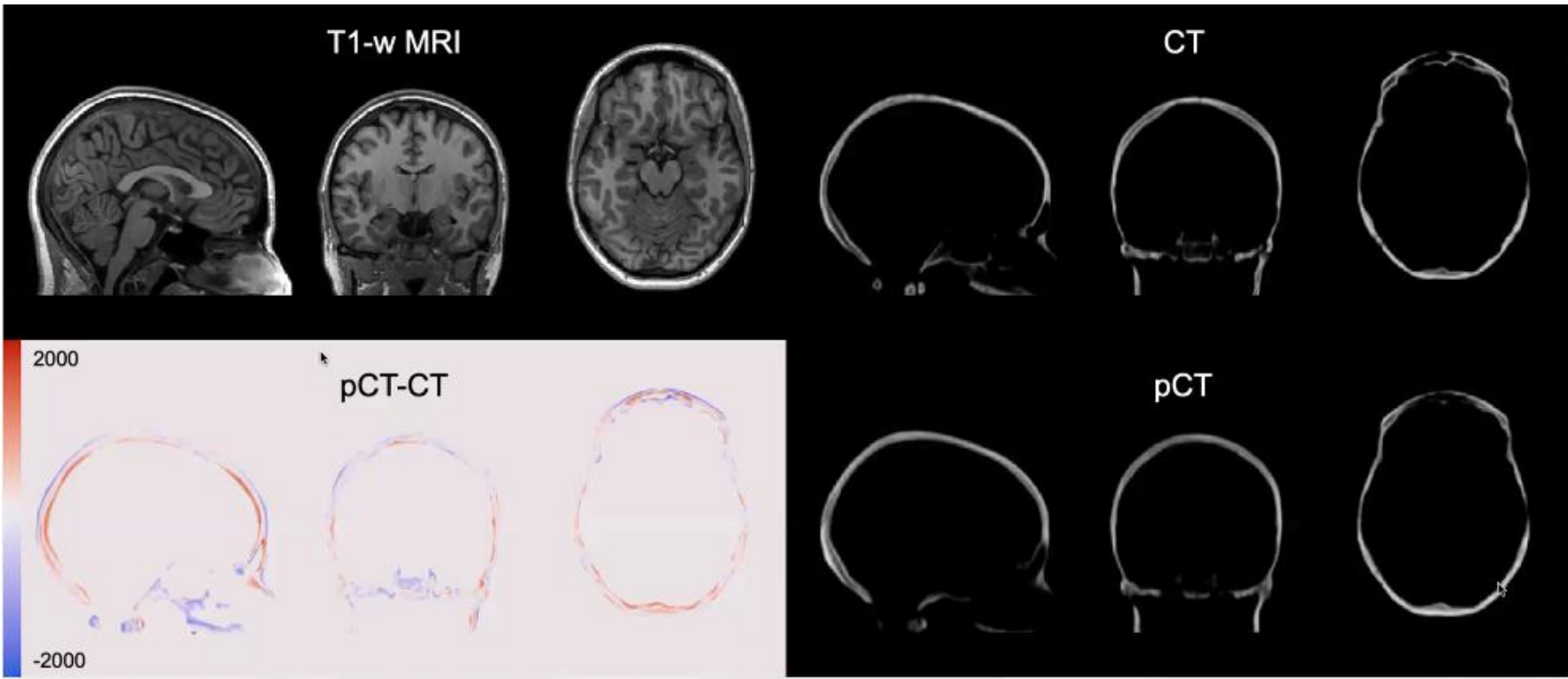
US simulations: to estimate dose + target



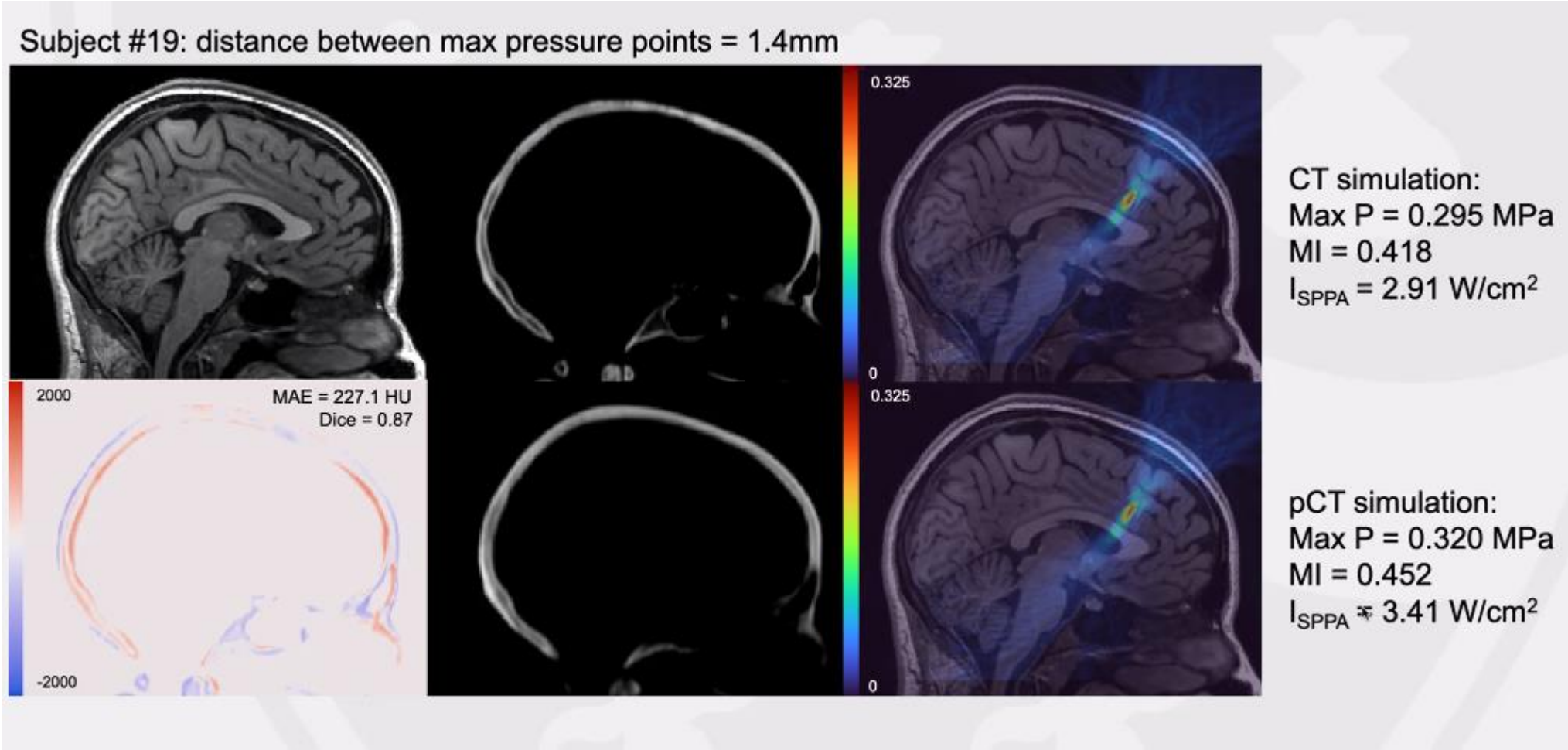
Variation in tissue composition and thickness

Methods to image the skull:

- Ultra-short echo time (UTE) MRI to image bone
- Methods to generate pseudo-CT (pCT) from MRIs:
 - Multi-atlas co-registration
 - Convolutional neural networks



US simulations: to estimate dose + target



US simulations: to estimate dose + target

Acoustic simulations in k-Wave

Skull acoustic properties linearly mapped from CT HU

Non-skull: treated as water

$$\rho = \rho_{min} + (\rho_{max} - \rho_{min}) \frac{HU - HU_{min}}{HU_{max} - HU_{min}}$$

$$c = c_{min} + (c_{max} - c_{min}) \frac{\rho - \rho_{min}}{\rho_{max} - \rho_{min}}$$

$$\alpha = \alpha_{min} + (\alpha_{max} - \alpha_{min}) \left(1 - \frac{HU - HU_{min}}{HU_{max} - HU_{min}}\right)^{0.5}$$

Density (kg/m ³)	Sound speed (m/s)	Absorption (dB/MHz ² cm)
$\rho_{min} = 1000$	$c_{min} = 1500$	$\alpha_{min} = 1.9$
$\rho_{max} = 1900$	$c_{max} = 3100$	$\alpha_{max} = 18.1$
		$\alpha_{water} = 0.0022$

Transducer: Brainbox NeuroFUS CTX-500

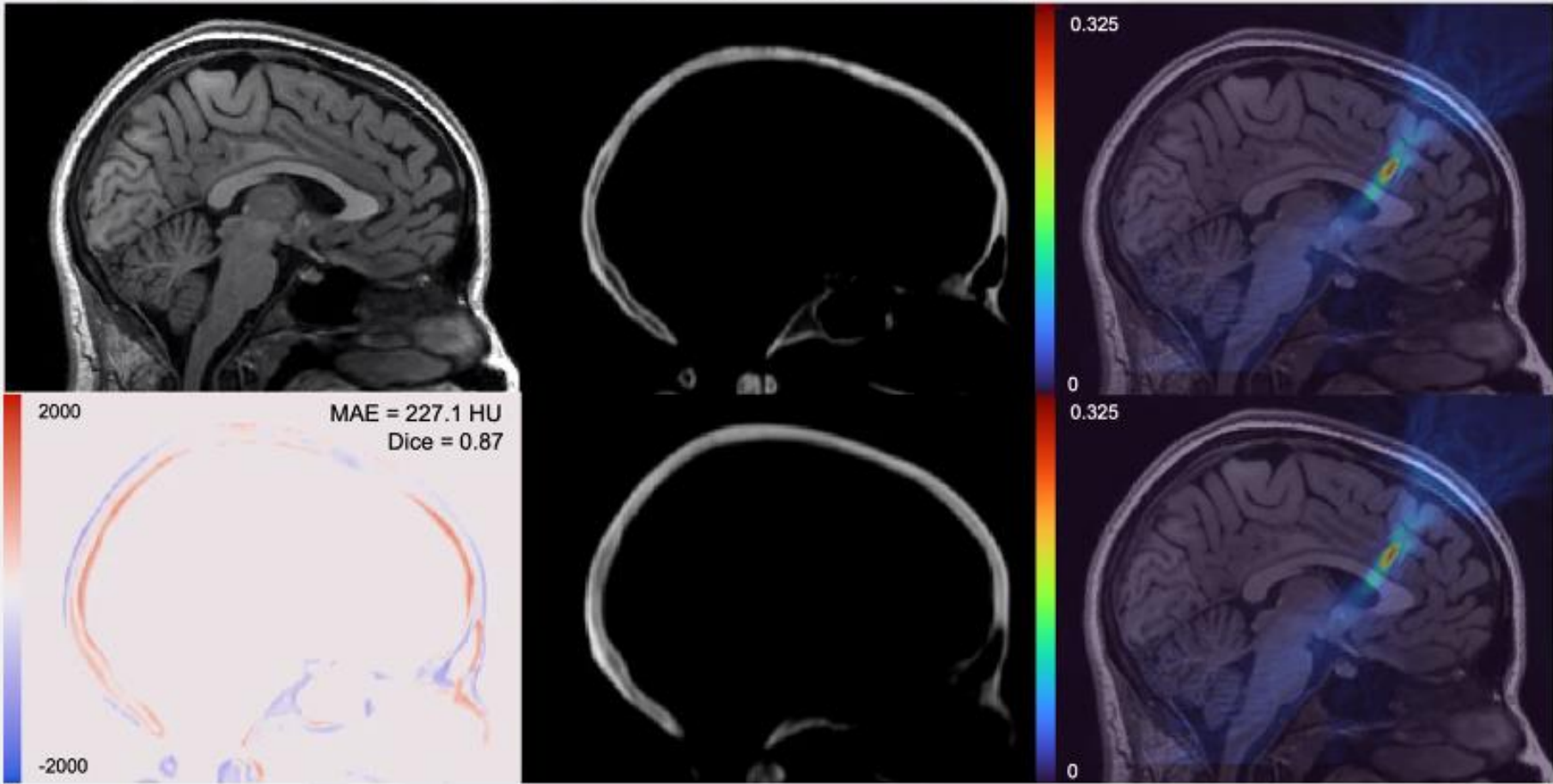
- 500 kHz 4-element annular transducer defined with kArray
- Pulse length = 20 ms
- Pulse repetition frequency = 5 Hz

k-Wave grid:

- Grid size 256 × 256 × 256
- Grid spacing set to $\lambda/3 = 1$ mm

US simulations

Subject #19: distance between max pressure points = 1.4mm

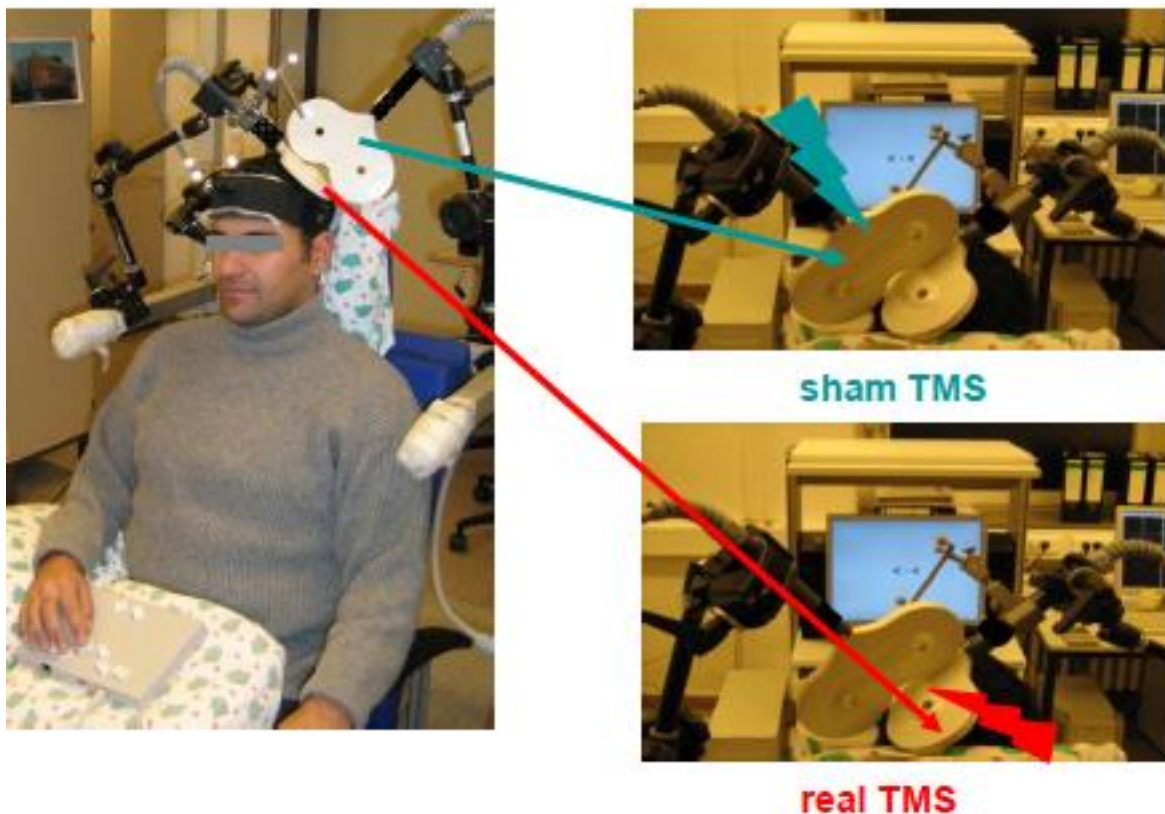


CT simulation:
Max P = 0.295 MPa
MI = 0.418
 $I_{SPPA} = 2.91 \text{ W/cm}^2$

pCT simulation:
Max P = 0.320 MPa
MI = 0.452
 $I_{SPPA} \approx 3.41 \text{ W/cm}^2$

The importance of a control condition

A sham TUS should control for noise, sensations, attention, placebo effects...



- Active Control site (demonstrating anatomical specificity)
- Time Control (demonstrating temporal specificity)

Clear and standardised reporting in papers:

Transducer and drive system description

- ☐ Transducer manufacturer and model number (Section 'Transducer Description')
- ☐ Transducer centre frequency (Section 'Transducer description')
- ☐ Transducer geometry (e.g., radius of curvature and aperture diameter) (Section 'Transducer description')
- ☐ Drive system components, including manufacturer and model number (e.g., signal generator and amplifier or integrated driving system) (Section 'Drive system description')

Drive system settings (Section 'Drive system settings')

- ☐ Operating frequency
- ☐ Output level settings
- ☐ Focal position settings
- ☐ Description of transducer coupling method

Free field acoustic parameters (Section 'Parameters to report')

- ☐ Reference position for measurements
- ☐ Spatial-peak pressure amplitude
- ☐ Position of spatial-peak pressure amplitude (relative to reference position)
- ☐ Size of focal volume (−3 dB and −6 dB axial and lateral widths)

Clear and standardised reporting in papers:

- Position of centre of focal volume (centre of -3 dB relative to reference position)
- Description of how free field parameters were obtained (including details of measurement equipment)

Pulse timing parameters (Section 'Pulse timing parameters')

- Pulse timing table

In situ estimates of exposure parameters

- Estimated *in situ* spatial-peak pressure amplitude (Section 'Estimated *in situ* pressure amplitude')
- Estimated *in situ* pressure amplitude at the target (Section 'Estimated *in situ* pressure amplitude')
- Estimated *in situ* mechanical index (Section 'Estimate of *in situ* mechanical index')
- One of the following thermal metrics: temperature rise, thermal index, or thermal dose (Section 'Thermal metrics')
- Description of how *in situ* estimates were obtained (Section 'Estimated *in situ* pressure amplitude')

Intensity parameters (optional)

- Spatial-peak pulse-average intensity (Section 'Spatial-peak pulse-average intensity')
- Spatial-peak time-average intensities (Section 'Spatial-peak time-average intensities')
- The acoustic impedance used for the conversion (Section 'Spatial-peak pulse-average intensity')

Clear and standardised reporting in papers:

Transducer and drive system description

-  Transducer manufacturer and model number (Section 'Transducer Description')
-  Transducer centre frequency (Section 'Transducer description')
-  Transducer geometry (e.g., radius of curvature and aperture diameter) (Section 'Transducer description')
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Brain stimulation wish-list

- Non-invasive ✓
- Focal ✓
- Surface & Deep ✓
- Long-lasting ✓
- Robust & effective ✓
- Measurable ✓
- Relevant for behaviour ✓

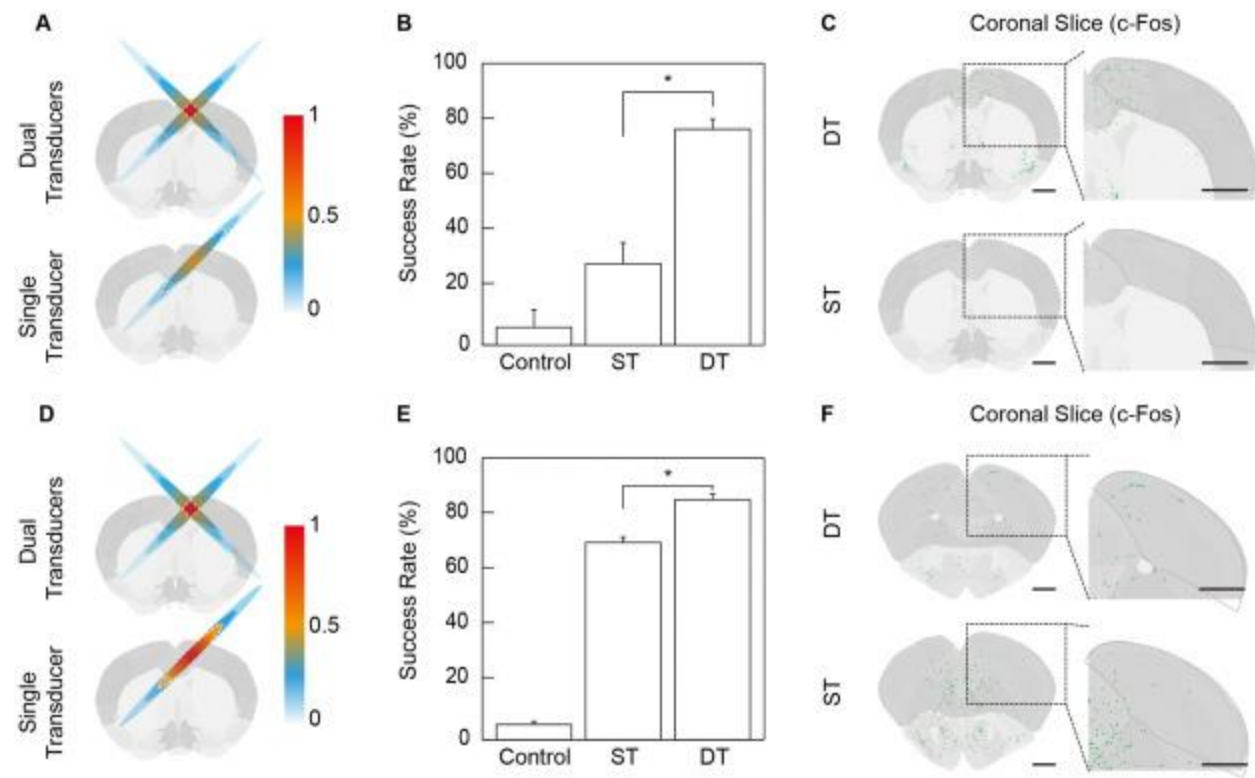
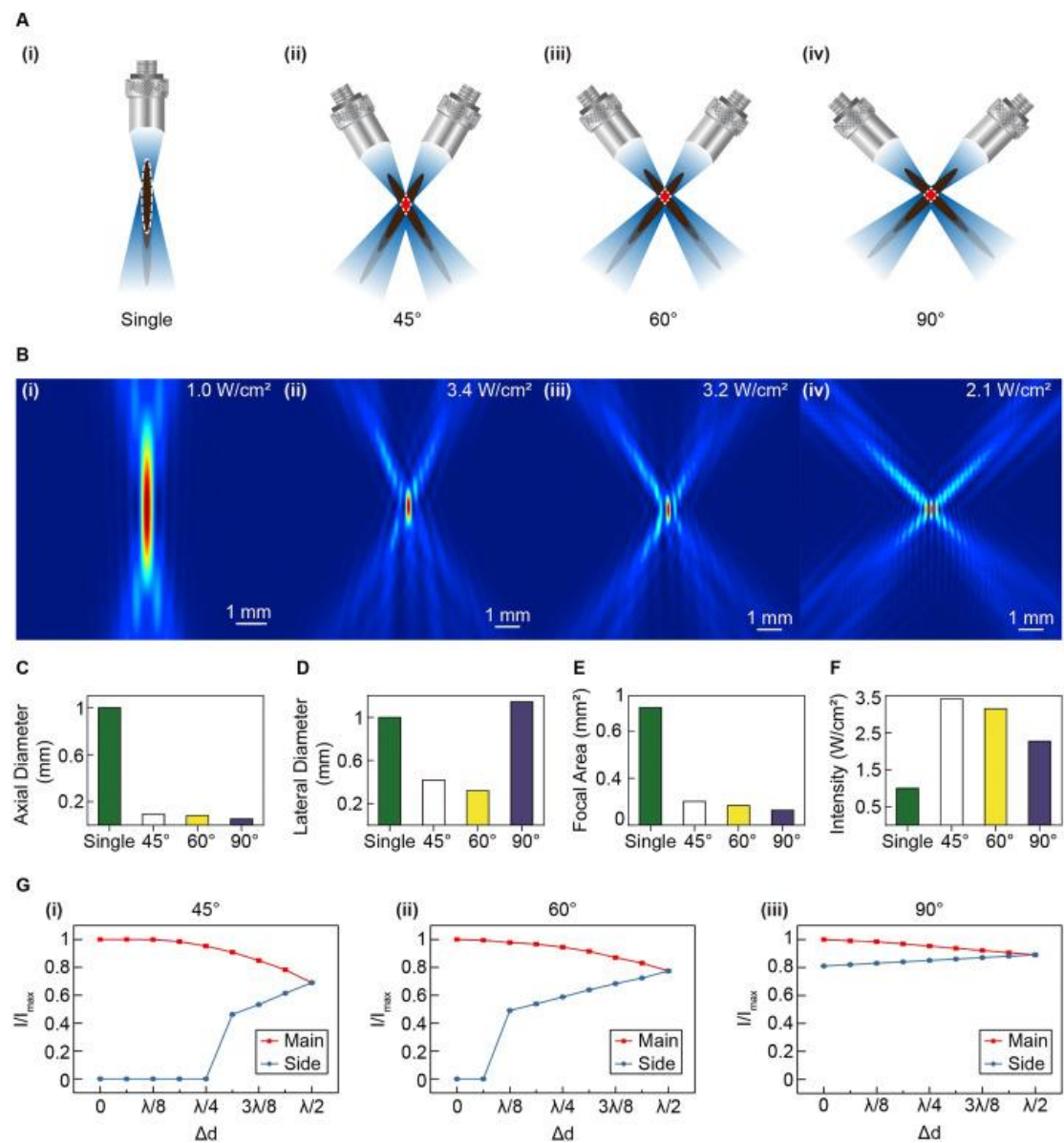
Brain stimulation wish-list

- | | | | |
|--------------------------|---|--------------------------|----|
| - Non-invasive | ✓ | - Mechanisms | ?! |
| - Focal | ✓ | - Physiology | ?! |
| - Surface & Deep | ✓ | - Species differences | ?! |
| - Long-lasting | ✓ | - Temporal specificity | ?! |
| - Robust & effective | ✓ | - Sham control | ?! |
| - Measurable | ✓ | - Oscillatory modulation | ?! |
| - Relevant for behaviour | ✓ | - Targeted connectivity | ?! |

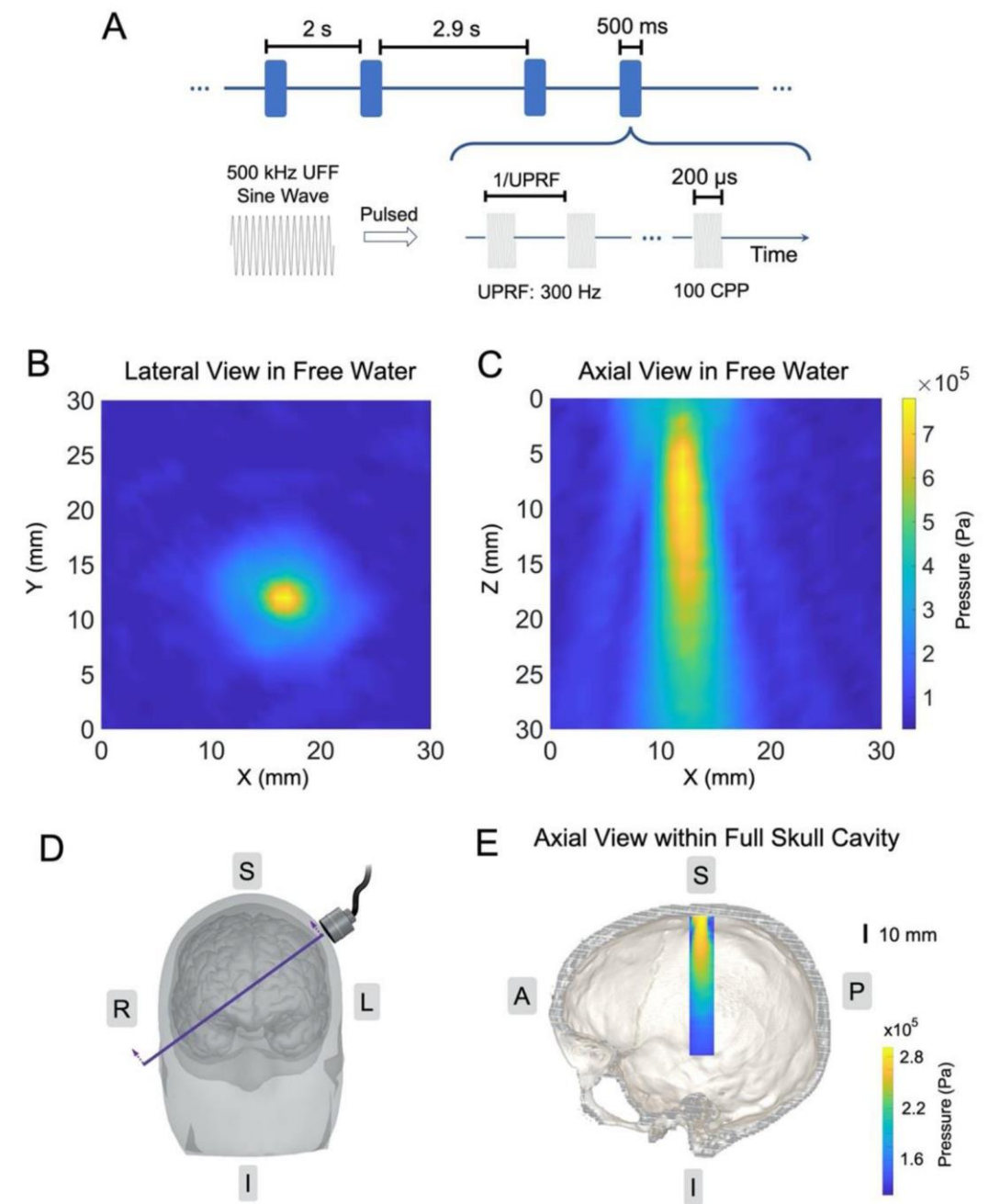
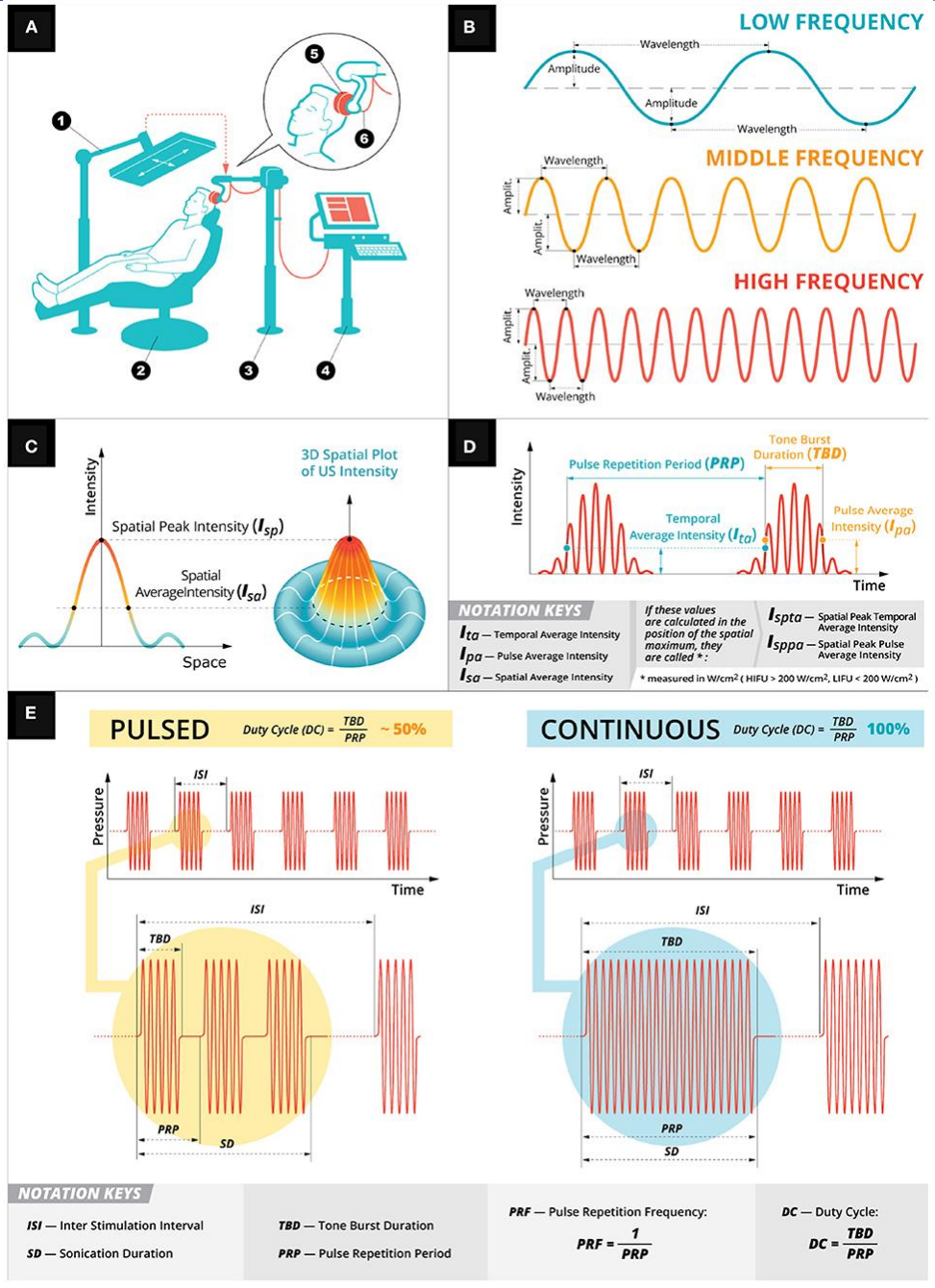
Thank you

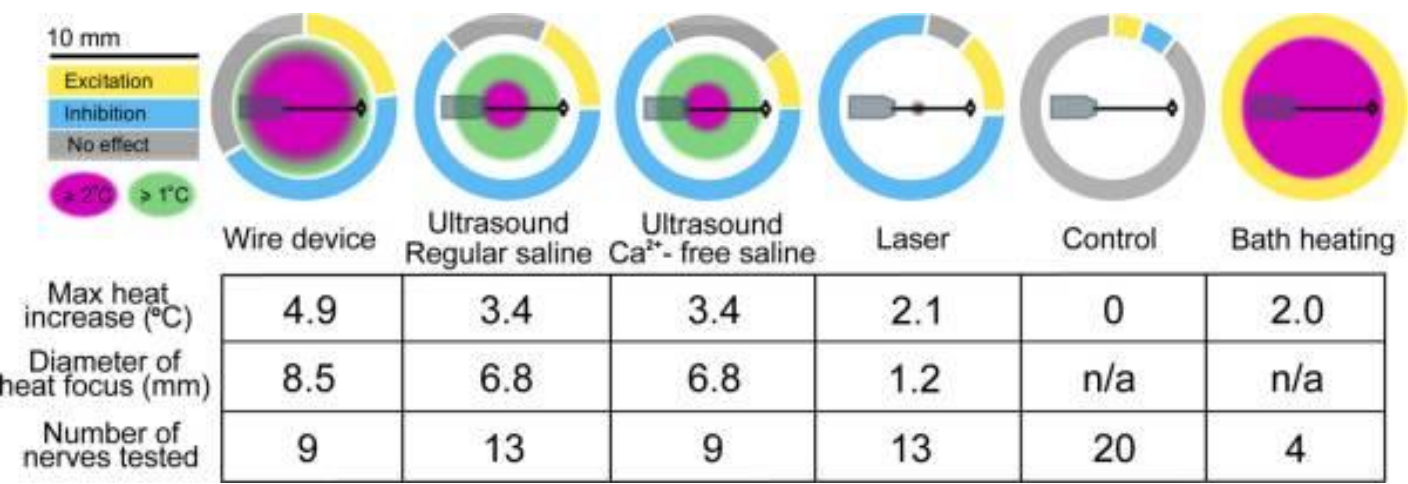
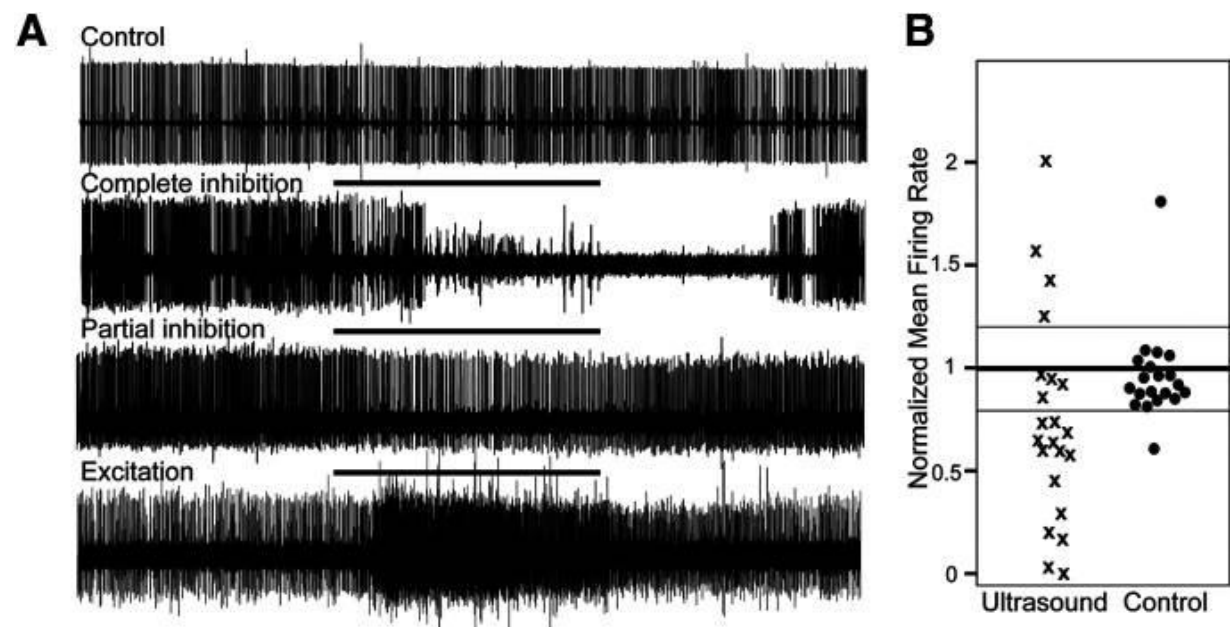
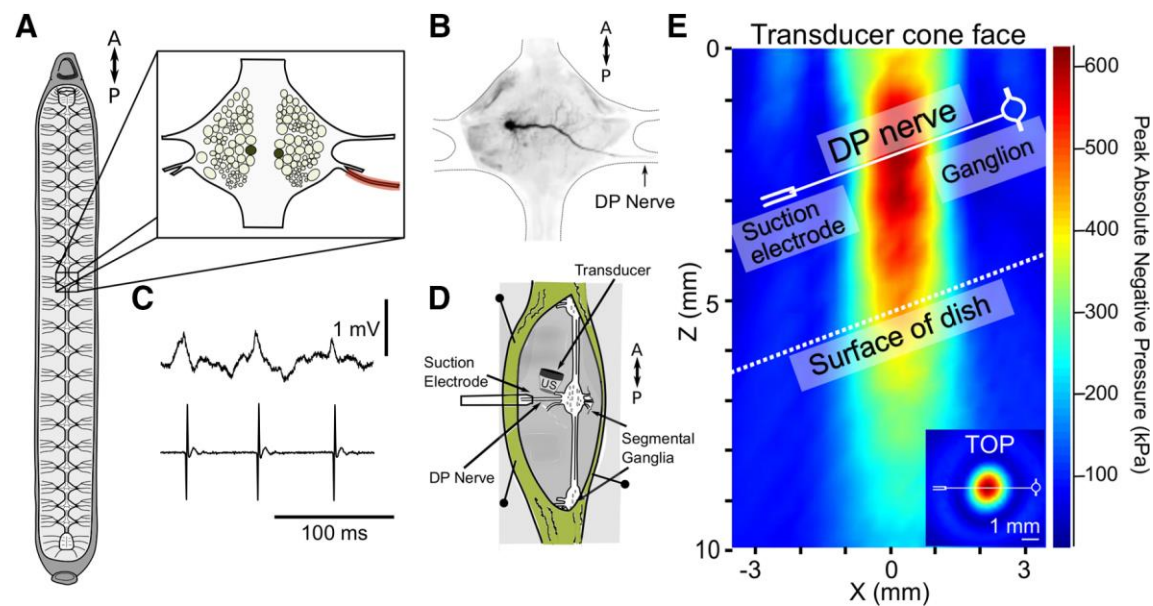


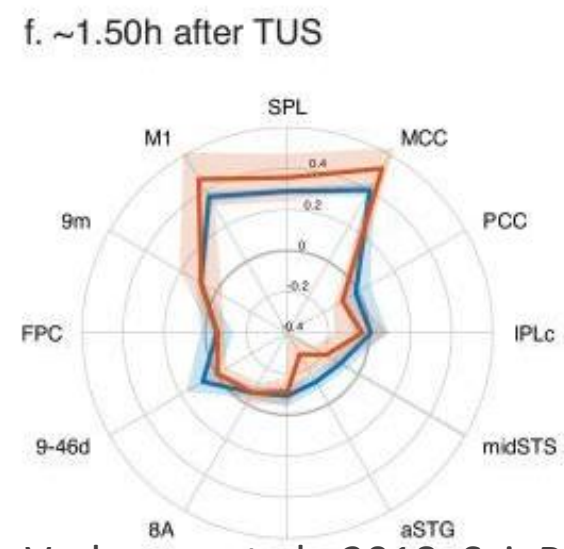
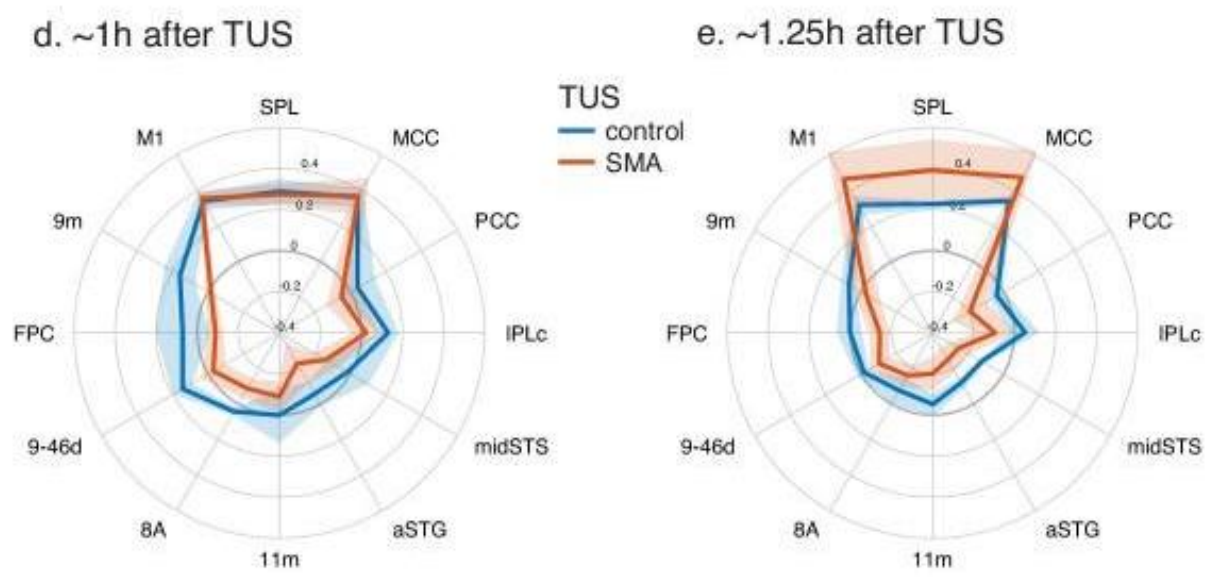
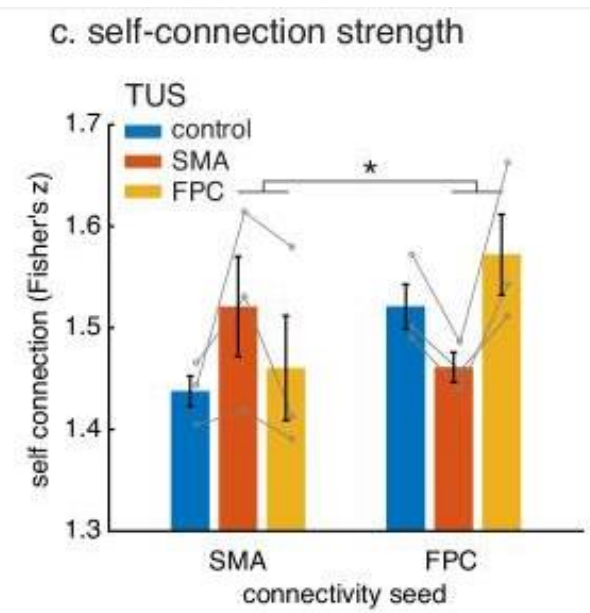
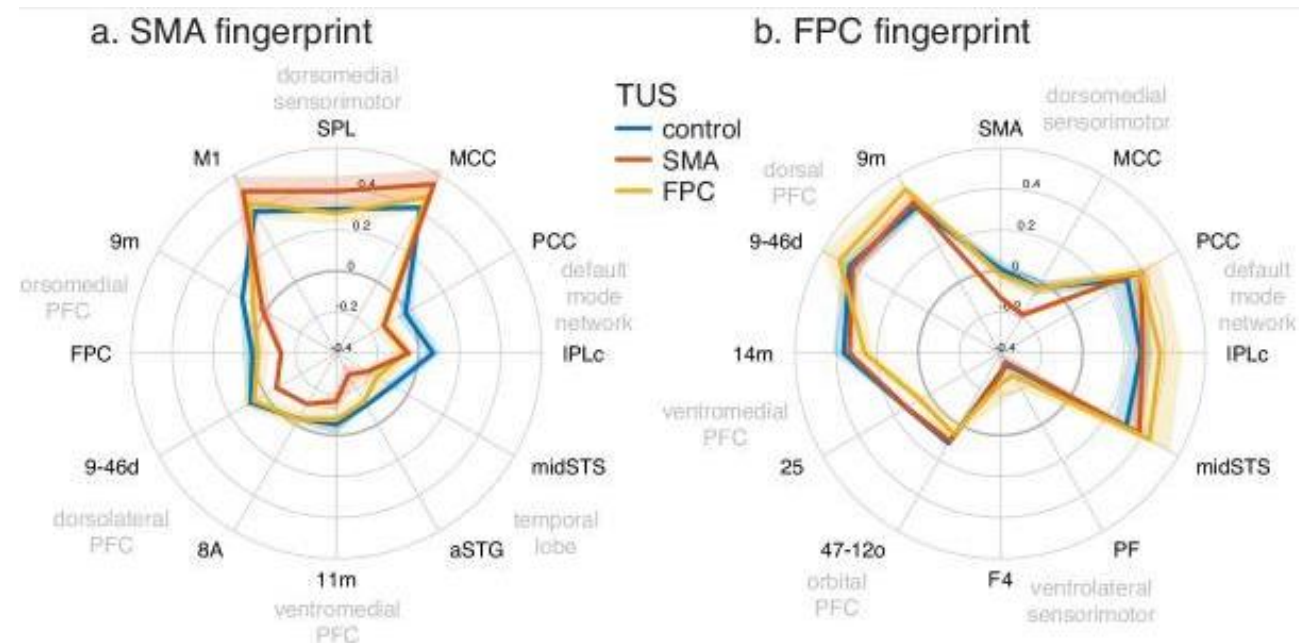
Current challenges



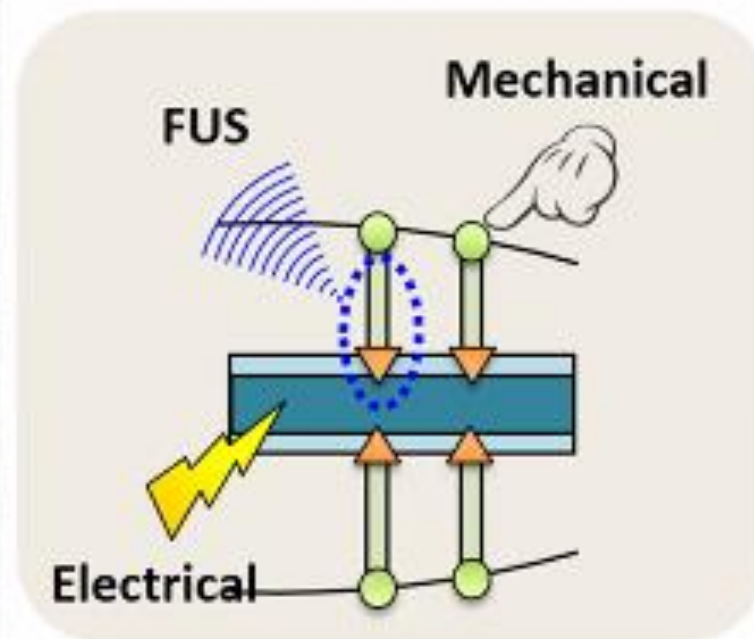
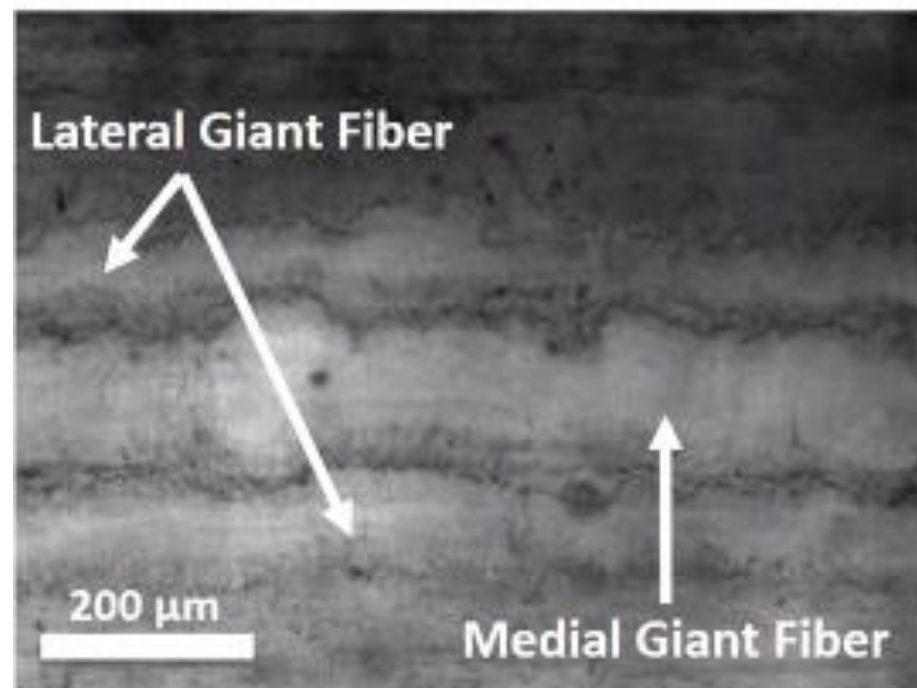
Kim et al., 2021, Brain Stim.







FUS-induced APs in *in-vivo* giant axons^{5,6}



FUS Parameters

- $f = 1.1$ MHz
- Single- & Repetitive- Pulses
- Pulse duration: 20 - 640 μ s
 - PRF: 25-125 Hz
 - $p = 2.5 - 7.3$ MPa

