

Central Europe Call for Proposals

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- Projects focussing on research demonstrating the translation of outputs into concrete and sustainable results
- CENTRAL EUROPE includes:
 - All regions from Austria, Croatia, the Czech Republic, Hungary, Poland, Slovakia and Slovenia,
 - Eight Länder from Germany (Baden-Württemberg, Bayern, Berlin, Brandenburg, Mecklenburg-Vorpommern, Sachsen, Sachsen-Anhalt, Thüringen)
 - Nine regions from Italy (Emilia-Romagna, Friuli Venezia Giulia, Liguria, Lombardia, Piemonte, Provincia Autonoma Bolzano, Provincia Autonoma Trento, Valle d'Aosta, and Veneto
 - Project proposals for step 1 of this call must be submitted through the eMS at the latest by Monday 13 April 2015, 18.00 CET



General Description

- CooperProposal Type/size
 - at least three financing partners, from at least three countries and - being at least two of the partners located in CENTRAL EUROPE regions
 - The recommended financial size is in the range of EUR 1 to 5 mil total cost.
 - The maximum size of a partnership should not exceed 12
 - The following co-financing rates shall apply:
 - Up to 85 % for applicants of Croatia, the Czech Republic, Hungary, Poland, Slovakia, Slovenia;
 - Up to 80 % for applicants of Austria, Germany, Italy;
 - Up to 80 % for applicants located in EU regions outside the Interreg CENTRAL EUROPE Programme area.
 - The recommended project duration is 30 to 36 months





- AWARD CRITERIA
- The selection of proposals is based on the assessment of received applications following a standardised procedure, which safeguards the principles of transparency and equal treatment.
- Step 1 Following a formal/administrative compliance check, each proposal which has positively passed the formal/administrative check is assessed on its contents against the following two strategic assessment criteria:
- - Relevance
- - Partnership
- Each criterion is composed of several sub-criteria measured according to scores (1 to 5). The number of applications pre-selected within step 1 shall ensure an adequate competition in step 2 of the call.





Priority axis 1 - Cooperating on innovation to make CENTRAL EUROPE more competitive	Priority axis 2 - Cooperating on low- carbon strategies in CENTRAL EUROPE	
Specific objectives:	Specific objectives:	
1.1 To improve sustainable linkages among actors of the innovation systems for strengthening regional innovation capacity in central Europe	2.1 To develop and implement solutions for increasing energy efficiency and renewable energy usage in public infrastructures	
1.2 To improve skills and entrepreneurial competences for advancing economic and social innovation in central European regions	2.2 To improve territorially based low- carbon energy planning strategies and policies supporting climate change mitigation	
	2.3 To improve capacities for mobility planning in functional urban areas to lower CO ₂ emissions	
Priority axis 3 - Cooperating on natural and cultural resources for sustainable growth in CENTRAL EUROPE	Priority axis 4 - Cooperating on transport to better connect CENTRAL EUROPE	
Specific objectives:	Specific objectives:	
3.1 To improve integrated environmental management capacities for the protection and sustainable use of natural heritage and resources	4.1 To improve planning and coordination of regional passenger transport systems for better connections to national and European transport networks	
3.2 To improve capacities for the sustainable use of cultural heritage and resources	4.2 To improve coordination among freight transport stakeholders for increasing multimodal environmentally-friendly freight solutions	
3.3 To improve environmental management of functional urban areas to make them more liveable places		



- SO 1.1 To improve sustainable linkages among actors of the **innovation systems** for strengthening regional innovation capacity in central Europe
- SO 1.2 To improve skills and entrepreneurial competences for advancing economic and social innovation in central European regions
- Incubator design
- Professional skill courses
- Entrepreneurship camps





- SO 2.1 To develop and implement solutions for increasing energy efficiency and renewable energy usage in public infrastructures
- SO 2.2 To improve territorially based low-carbon energy planning strategies and policies supporting climate change mitigation
- SO 2.3 To improve capacities for mobility planning in functional urban areas to lower CO2 emissions





- SO 3.1 To improve integrated environmental management capacities for the protection and sustainable use of natural heritage and resources
- SO 3.2 To improve capacities for the sustainable use of cultural heritage and resources
- SO 3.3 To improve **environmental management** of functional urban areas to make them more liveable places
- Monument management and protection





- SO 4.1 To improve planning and coordination of regional passenger transport systems for better connections to national and European transport networks
- SO 4.2 To improve coordination among freight transport stakeholders for increasing multimodal environmentally-friendly freight solutions
- Logistics planning





Medical Robotics – Born in space

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The Early Promoters

> DARPA

- Military desire to save soldier lives without endangering medical personnel
- Need to quickly stabilize injured soldiers

> NASA

- Support Astronauts during EVA missions
- Enable Earth-based space medicine
- > IBM
 - New computer applications



Richard Satava, UW - DARPA

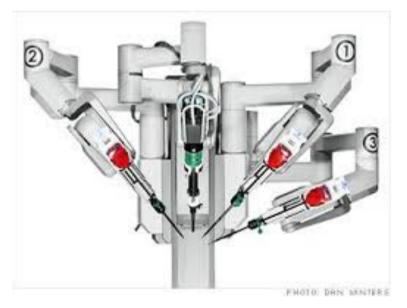


Antal Bejczy, NASA - JPL



Russell Taylor IBM-JHU

Results of Their Research







Intuitive Surgical Da Vinci robot Computer Motion Zeus robot Curexo Robodoc robot

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Evolution of General Surgery



→

Open Surgery



Laparoscopic Surgery

• Better layout

- Better treatment
- Less fatigue

•

Robotic Surgery





There are basically two main advantages: perception and

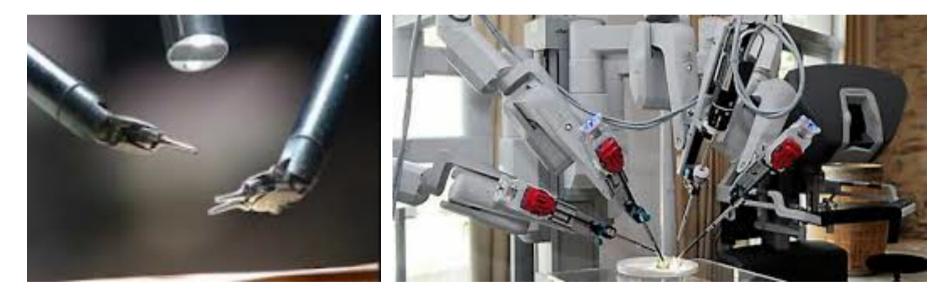




A surgical robot combines the small instrument size of laparoscopic surgery, with the hand dexterity and visual perception of open surgery.



The surgical robot is the carrier of the instruments and all the "value" of the system lies in the instruments and in the stereo camera



All the rest is supporting hardware that should be minimized.



- So... where should we go?
 - Sensors
 - Perception and processing
 - Minimization
 - Cognition
 - Autonomy
 - Support to medical staff



Sensor Processing

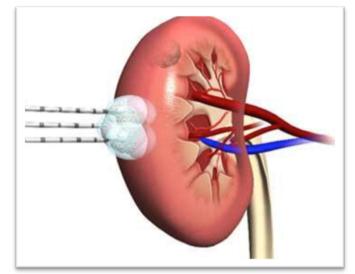
- Modern minimally invasive surgical procedure could greatly benefit from the adoption of image guided navigation
- Between different medical image types, Ultrasound (US) is a very attractive modality for many reasons:
 - Harmless for the patient
 - High frame rate
 - Compact dimensions of the device
 - Inexpensive
- But it suffer of two main limitations:
 - US produces mainly 2D images



• Lower image quality (contrast & resolution) compared with other modalities

Percutaneous cryoablation

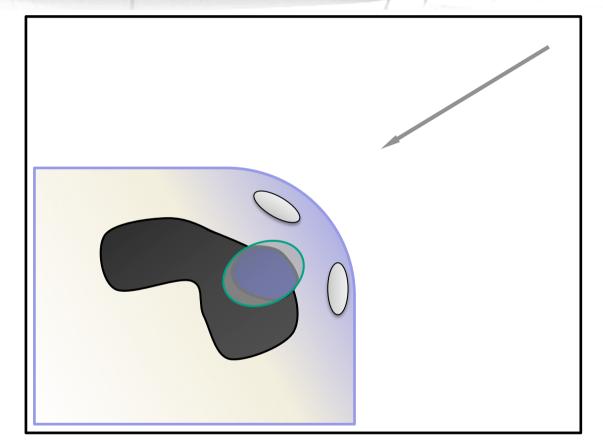
- Percutaneous cryoablation (CA) is a minimally invasive approach
- This approach is widely used in many structures for treatment of small tumors.
- Solution CA requires image guidance.
- Ultrasound (US) guidance is commonly used in percutaneous needle based procedures





Problems of cryoablation

- Localizing target area
- Correct positioning the ablation tool
- Monitoring and verification of the full coverage of the ablated zone



All these points are fundamental to improve the actual outcome of the approach.



Main Aspects

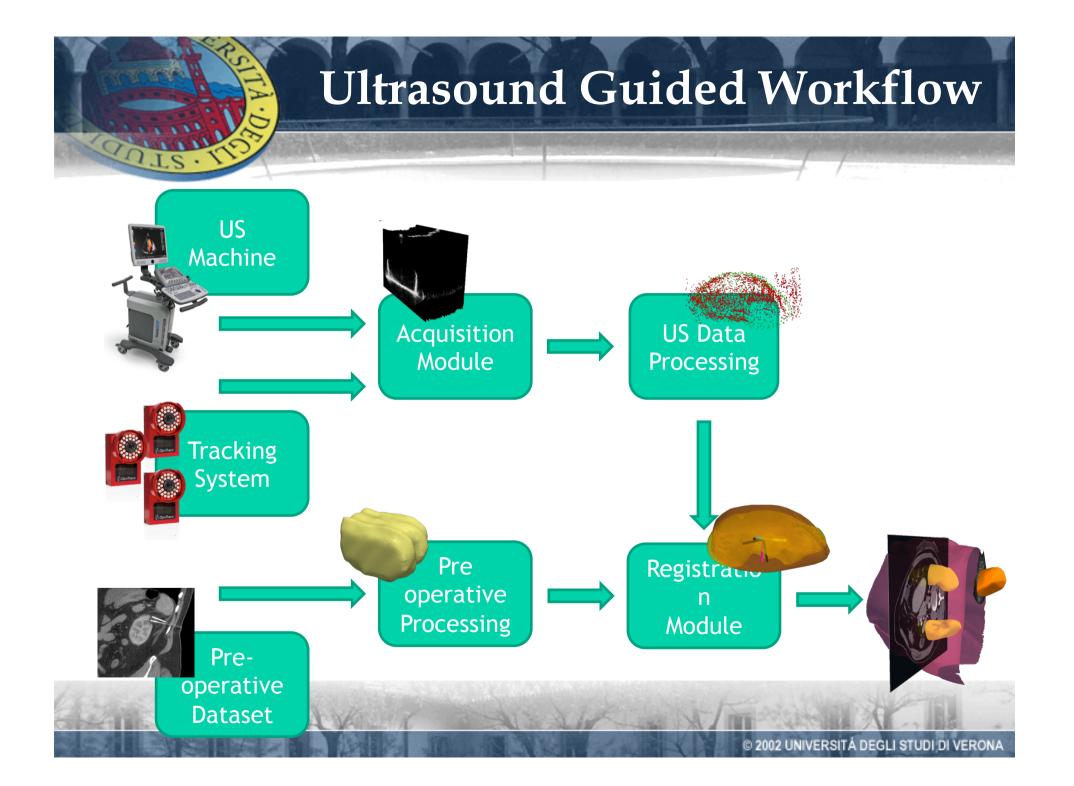
Localizing target area in the US images used for guiding the procedure

- Tracked US freehand system for 3D reconstruction
- US feature points detector and descriptor

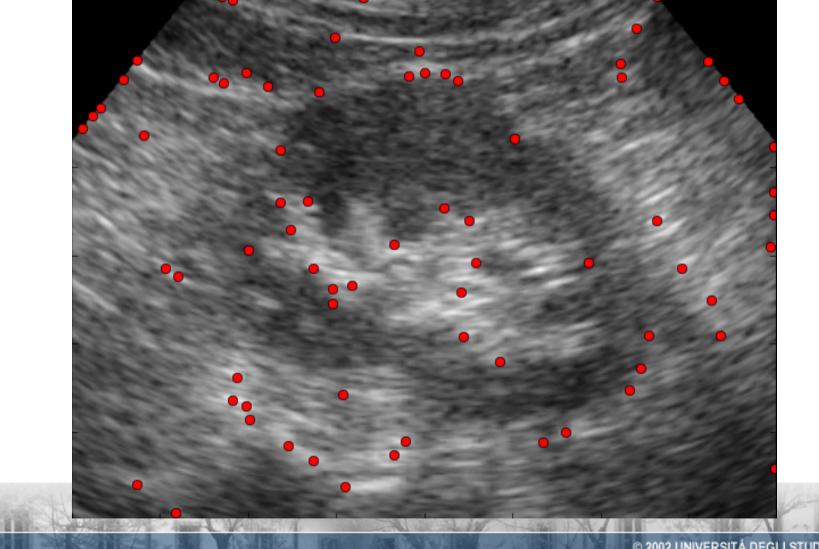
Correct positioning the ablation tool inside the pathological region

 Compact navigation system for guiding percutaneous procedures











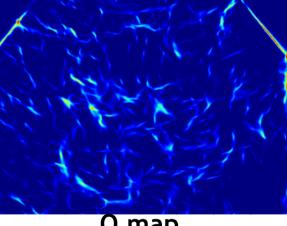
Phase Congruency outputs



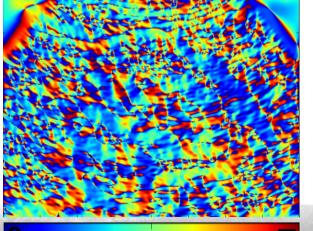


Input Image

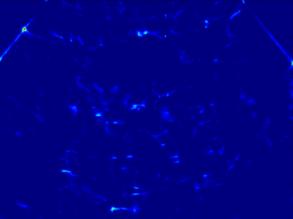
DESCRIPTOR



Q map Maximum moments M

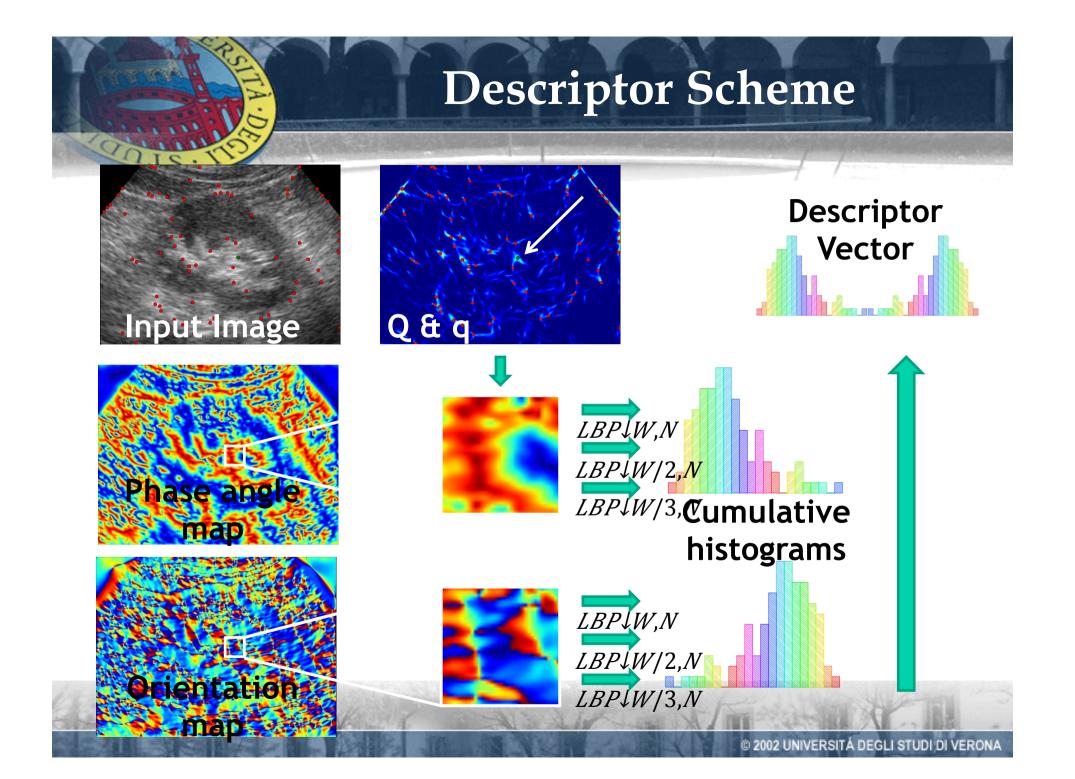


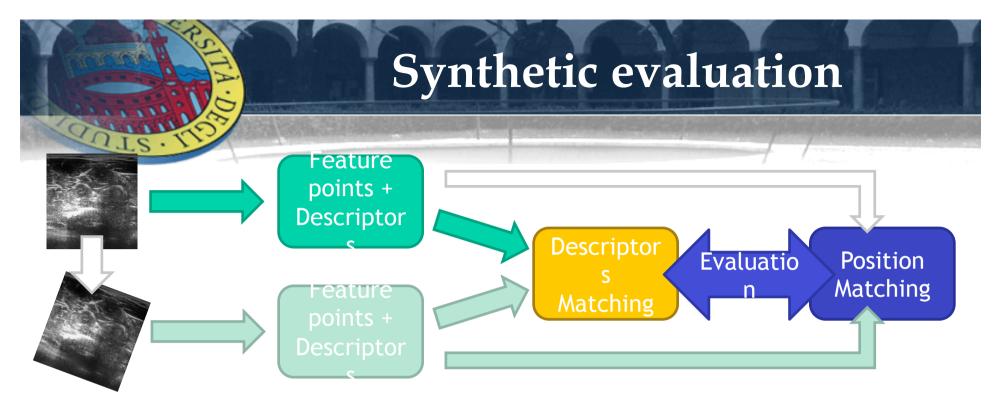
Orientation map



q map minimum moment m

Phase angle map verona



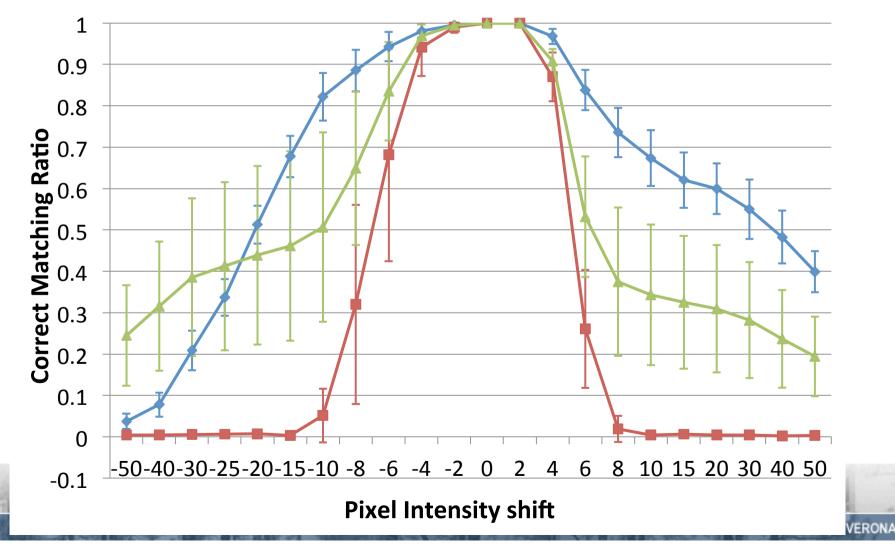


- Image: Second secon
- To evaluate the performance of the method we consider the correct matching ratio:

We compare the results with SIFT and SURF methods.

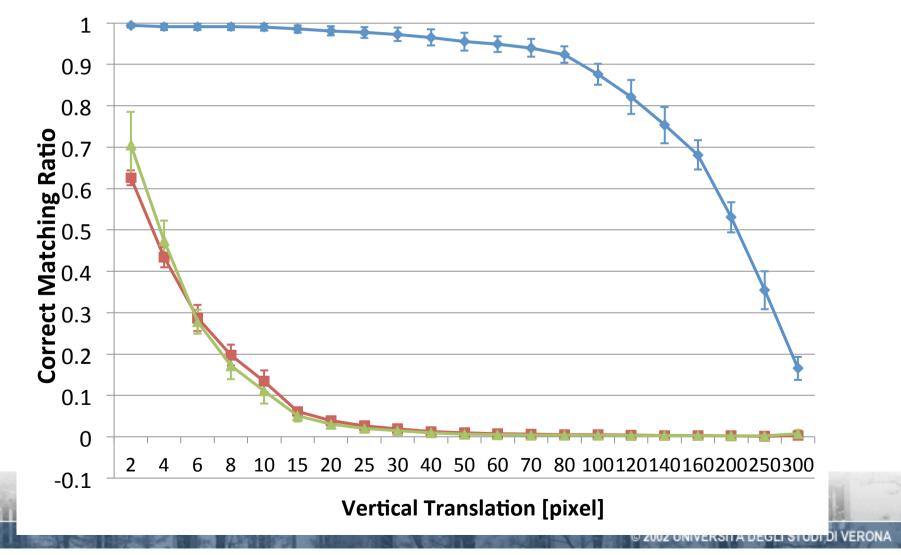
Intensity variation

Proposed Method —SIFT —SURF



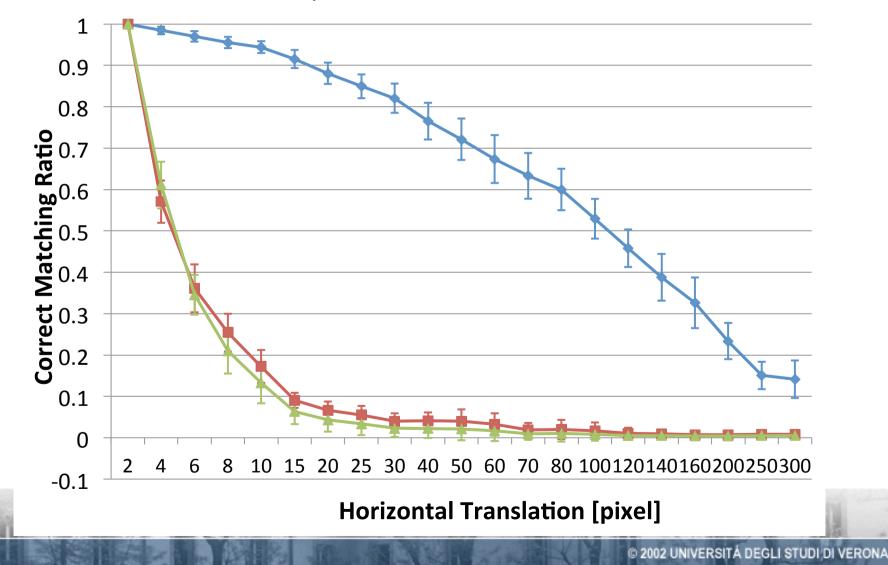
Vertical Translation

Proposed Method —SIFT —SURF



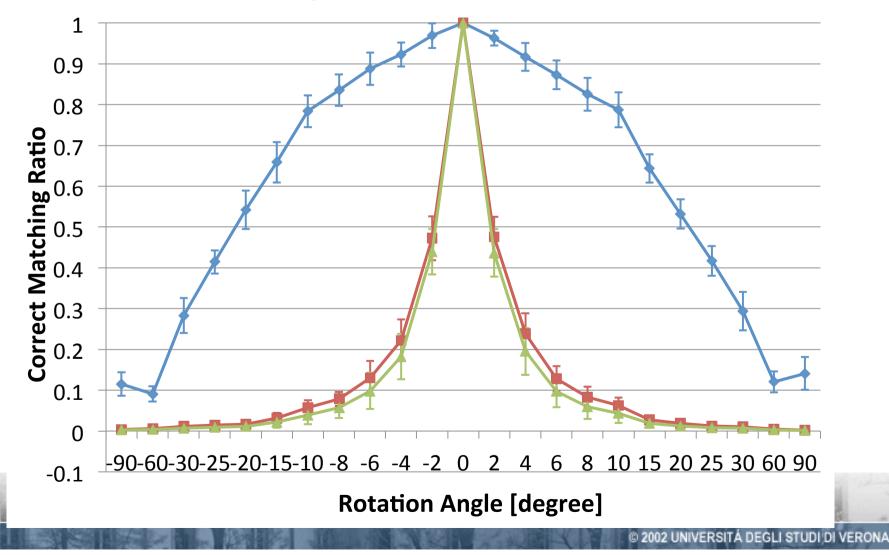
Horizontal Translation

Proposed Method —SIFT —SURF



In-plane Rotation

Proposed Method —SIFT —SURF





Problem Statement

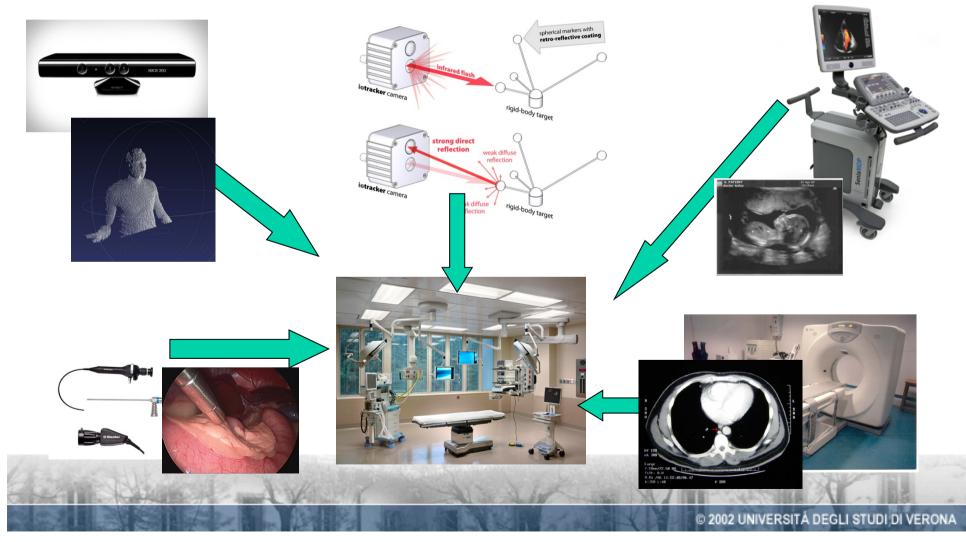




Image registration is the procedure of aligning two or more images of the same scene taken from different viewpoints, at different time, and/or by different sensors, so that corresponding features can be easily related.

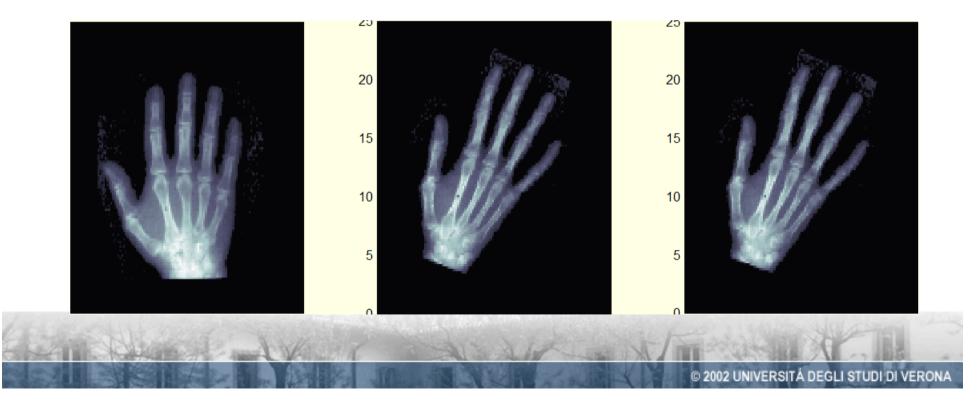
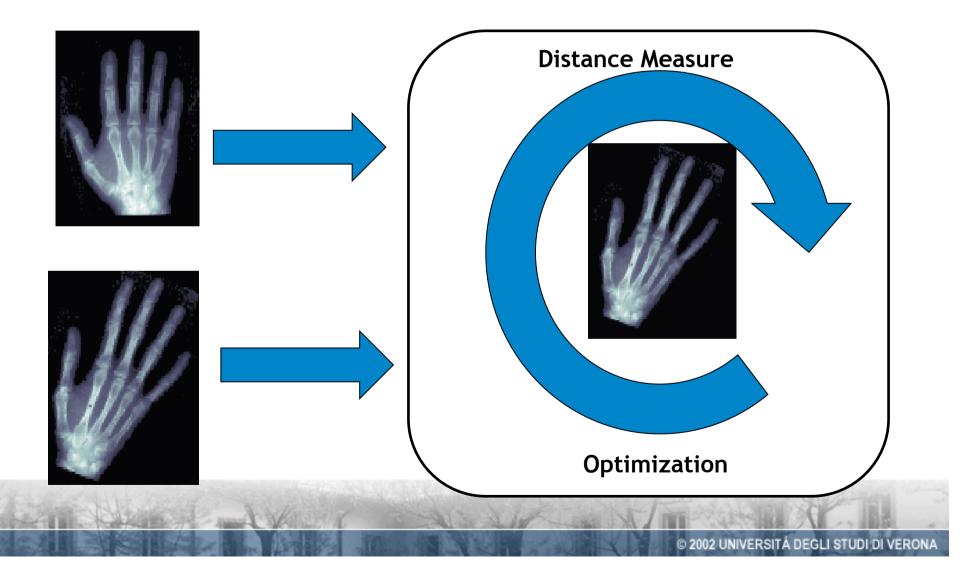
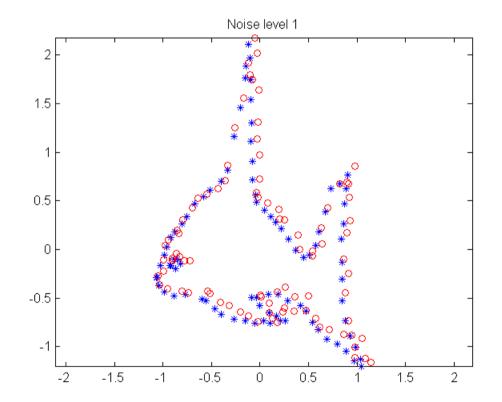




Image registration as an optimization problem











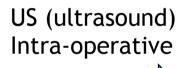
Computation of correspondences: results

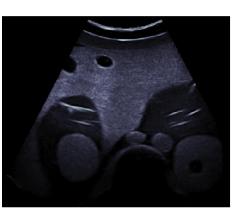
	Test no-points no	Noise level	Good corresp.	
	1-34	1%	88%	
	1-34	2%	76%	Synthetic test, noise level 1 Synthetic test, noise level 5
	1-34	3%	65%	
	1-34	4%	56%	
	1-34	5%	41%	
	2-38	1%	89%	
	2-38	2%	70%	
	2-38	3%	62%	10 20 30 40 50 60 70 80 90 100 110 10 20 30 40 50 60 70 80 90 100 110
	2-38	4%	53%	
	2-38	5%	44%	Noise level 5
	fish-91	1%	72%	
	fish-91	2%	65%	
	fish-91	3%	58%	
	fish-91	4%	37%	
	fish-91	5%	34%	
	face 3D-392	1%	65%	
	face 3D-392	2%	48%	
	face 3D-392	3%	37%	
	face 3D-392	4%	35%	
	face 3D-392	5%	24%	
1	and Manual	K SS	- ALLEND	



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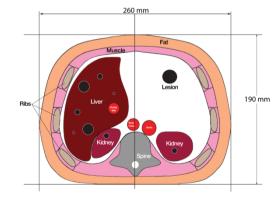
Feature based and intensity based algorithms for image registration



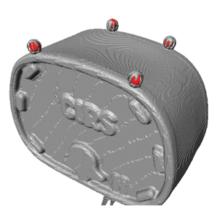




CT (computed tomography) Pre-operative



The structure of the phantom

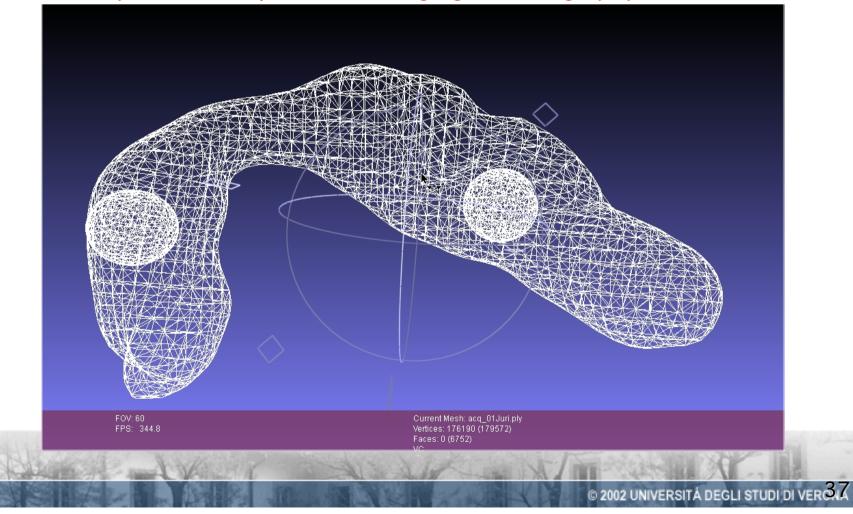


3D reconstruction of the phantom

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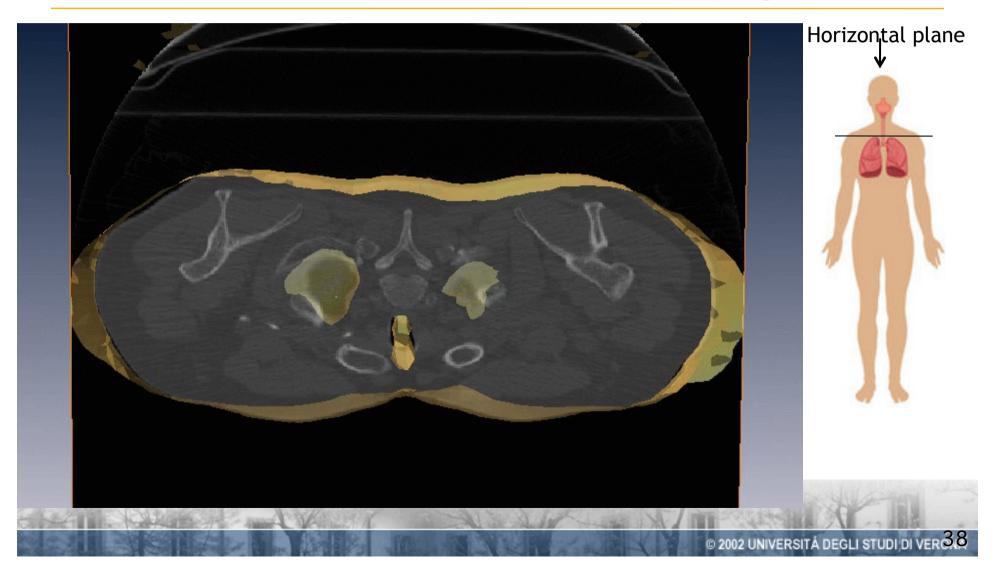


Move from a synthetic setup to a real image-guided surgery system.





Computation of correspondences: test on medical images



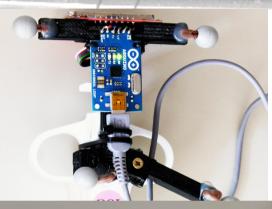


- Localizing target area in the US images used for guiding the procedure
- Correct positioning the ablation tool inside the pathological region



Miniaturized Needle Guidance

- Light and compact device for interventional radiology attached to a standard needle.
- Fast and simple to calibrate, therefore easy to be integrated in the operating room scenario.
- Provides navigation information in an intuitive and ergonomic way.
- The system helps the user to execute the procedure with high accuracy and precision.





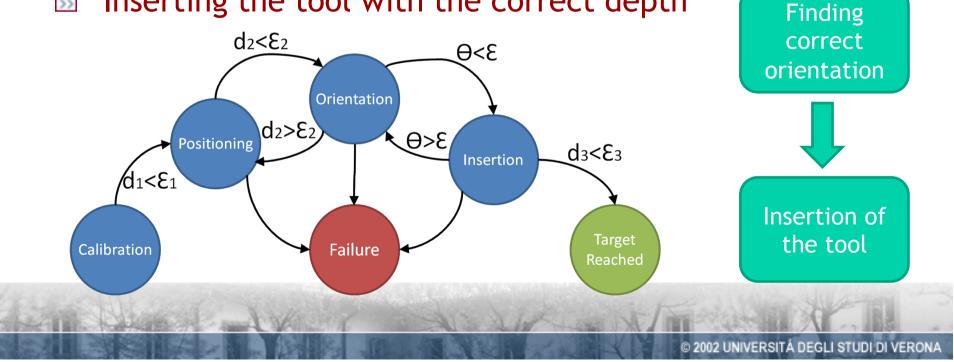
Ablation tool guidance

Entry point

Localization

It could be subdivided in 3 phases:

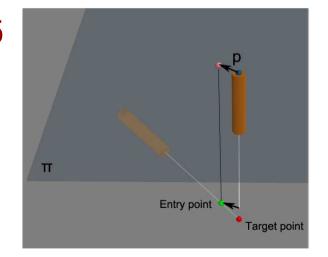
- Finding entry point on the patient skin >>
- Finding the correct orientation to reach >> the target
- Inserting the tool with the correct depth >>

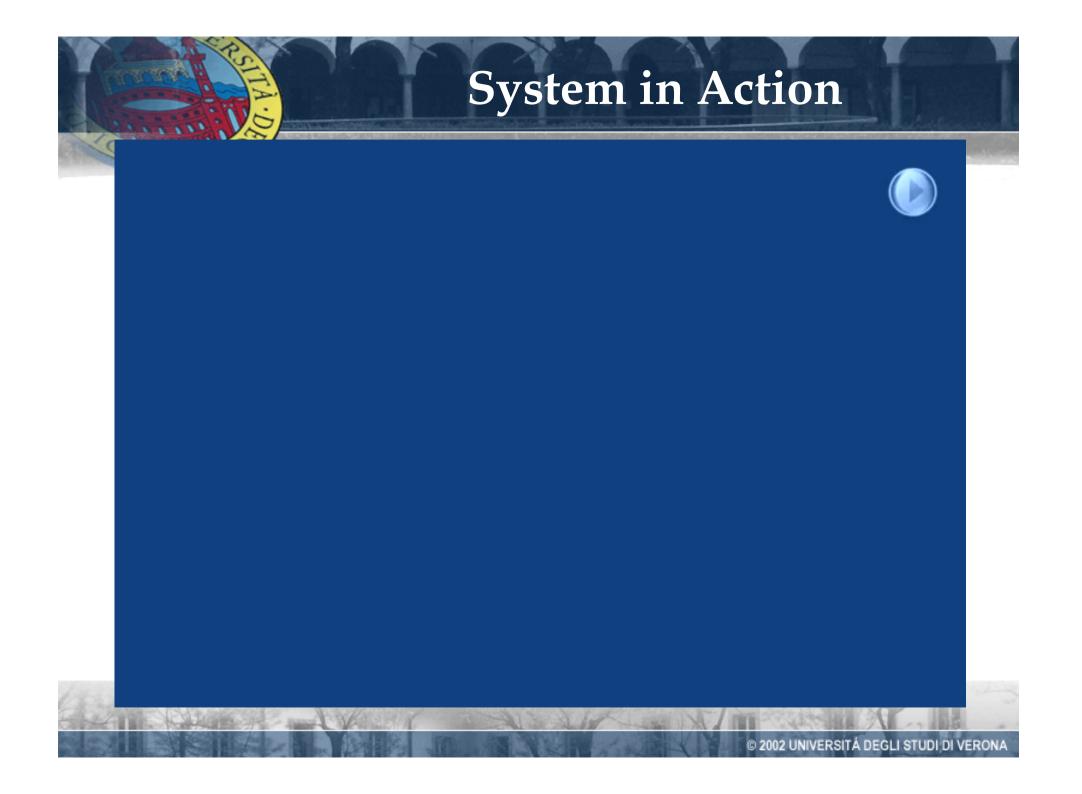


Experimental Evaluation

- Synthetic phantom
- Fixed target point position in common reference system
- Image: 5 pre-defined entry point positions →
 5 planned insertion orientations
- 6 user without previous experience, 5 insertion for each entry points
- **Two experimental setups:**
 - Proposed navigation system
 - Standard navigation system (external display with 3d navigation information)









Preliminary Tests

Work in progress

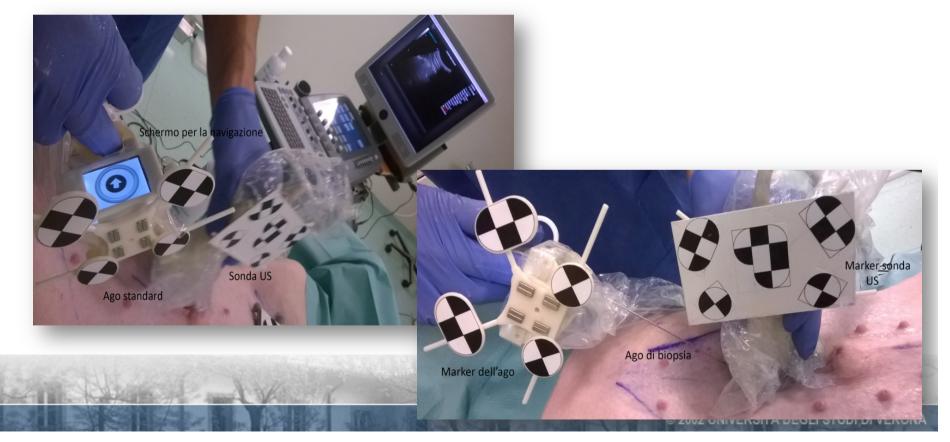
Re-design of the compact navigation system

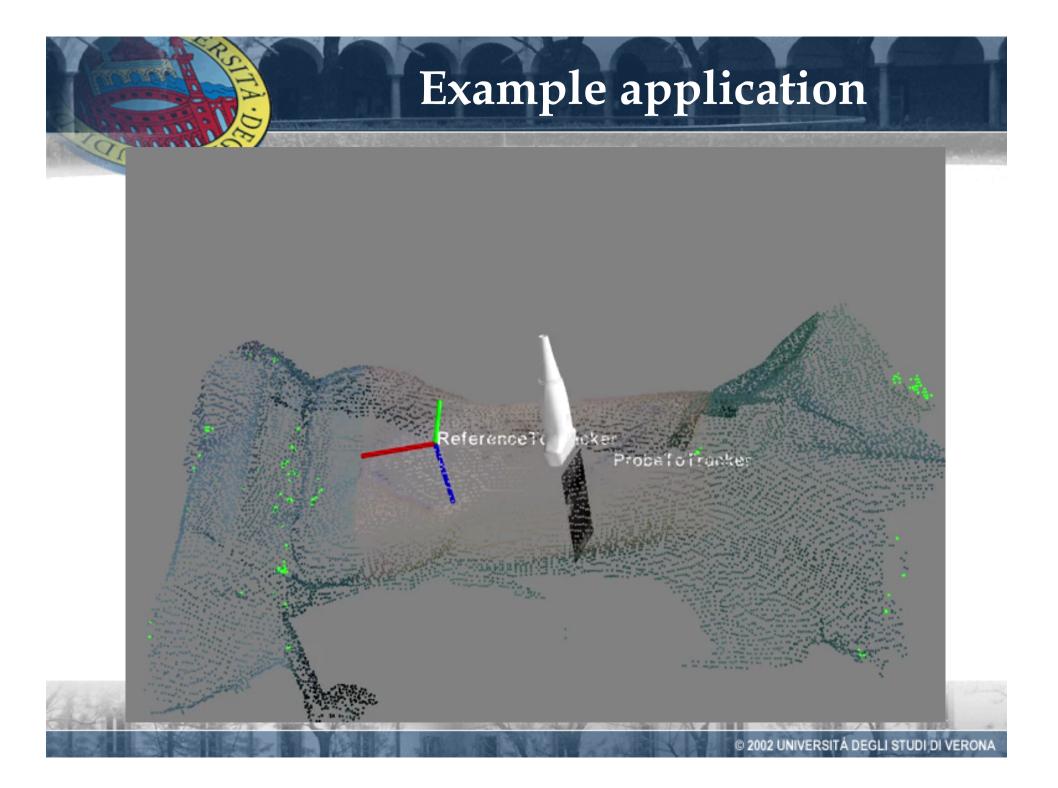
- Modular and ergonomic design
- High resolution color display
- Sterile environment compliant





Pre-clinical evaluation (animal trials) of the compact navigation







- **Tracker registration point precision** ≤ 0.7 mm
- Rigid registration between point cloud (Bogdan) and tracker error: 0.467 ± 2.227 mm
- ▶ Needle calibration error: <u>0.864±0.629</u>
- US probe calibration error: 0.733 ± 0.397
- Needle tip localization error from tracked
 - US images:
 - <u>3.421 ± 2.772</u>





A cognitive surgical robot architecture needs the following technologies:

> New methods for representing the *medical knowledge* relevant to soft organ surgery,

> New methods for the interactive planning of surgery in *deformable environments*,

> New designs of dexterous, sensorized *instruments* for robotic surgery,

> New methods for *intervention* execution and monitoring,

> New methods for real time data processing and medical *situation awareness*,

> New *communication* methods between the robotic instrument and the operating surgeon.



We have designed and implemented a new control and coordination framework for the automation of surgical tasks

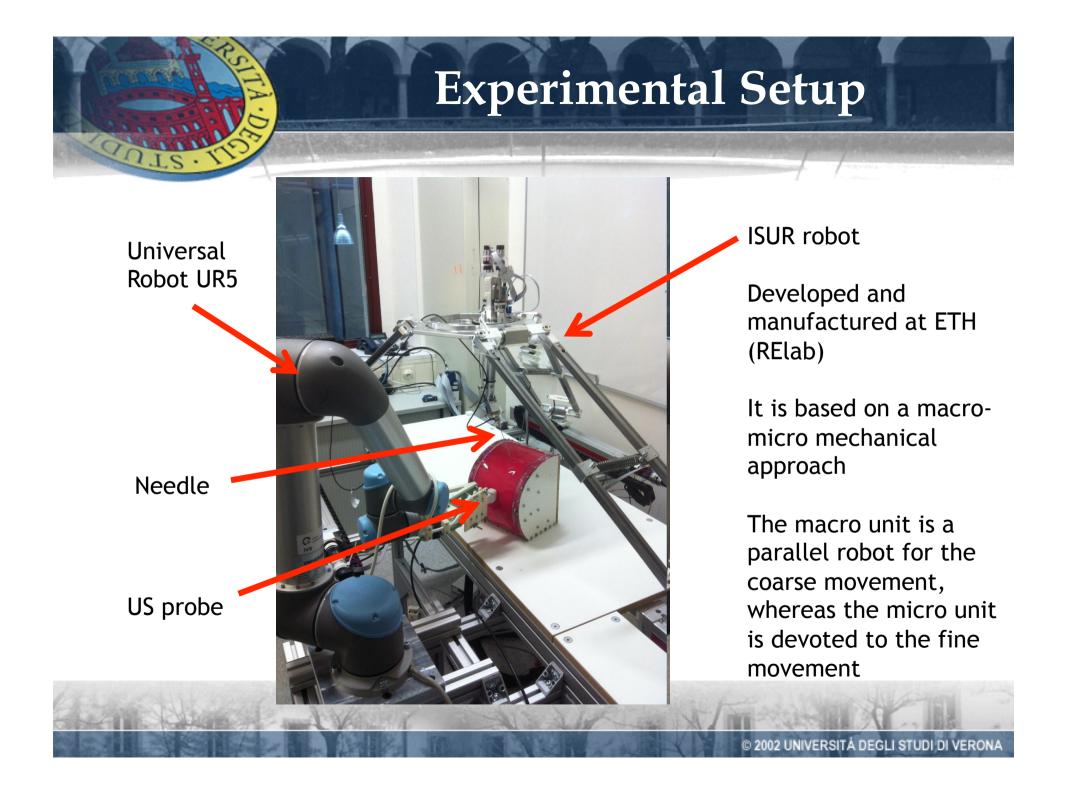
The selected surgical tasks are

- US-guided/supervised insertion of a needle (i.e. puncturing for cryoablation)
- Suturing with an endostich

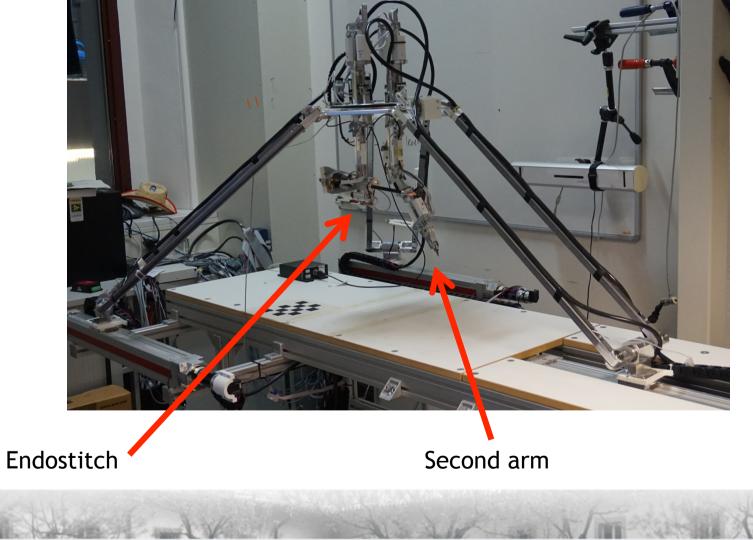
Key elements:

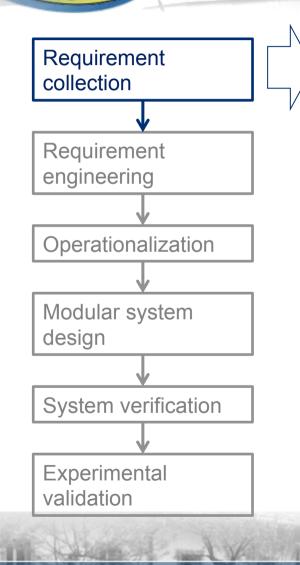
- 1. rigorous assessment of surgical requirements,
- 2. formal specification of robotic system behavior (e.g. multiple arm coordination and human/system interaction),
- 3. control software development with state-of-the-art componentbased technologies.







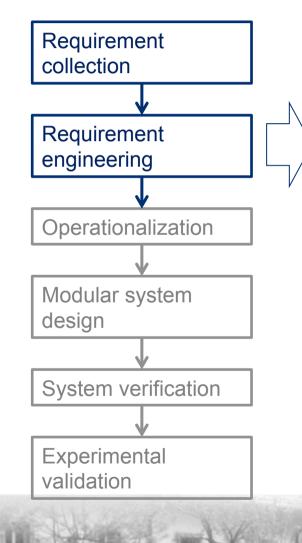




Interviews with surgeons to understand the surgical procedure and the critical events



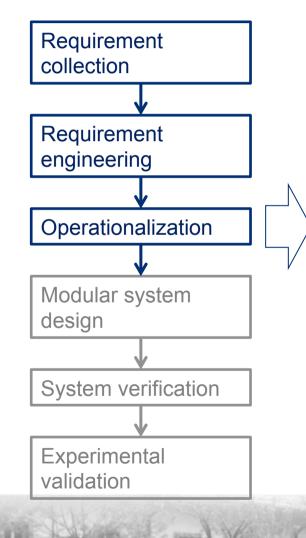




Surgical requirements expressed using a goaloriented methodology.

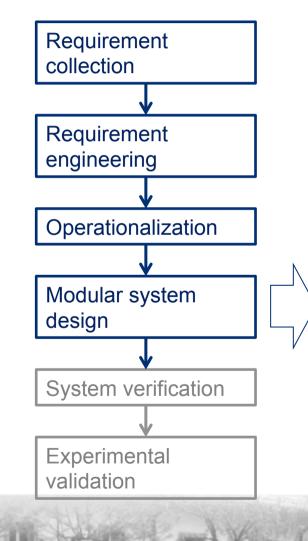
First-Order Logic (FOL) and Linear Temporal Logic (LTL) are used to formally describe the surgical task





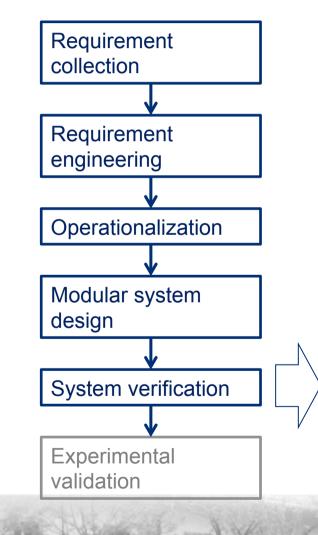
The goal model is transformed into a sequence of operations and adaptations satisfying the requirements





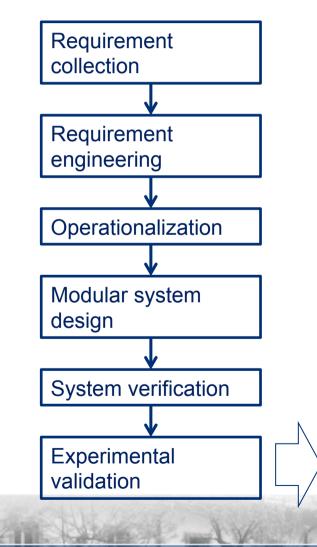
The sequence of operations and adaptations are refined and partitioned into the subsystems implementing a collaborative and coordinate behavior





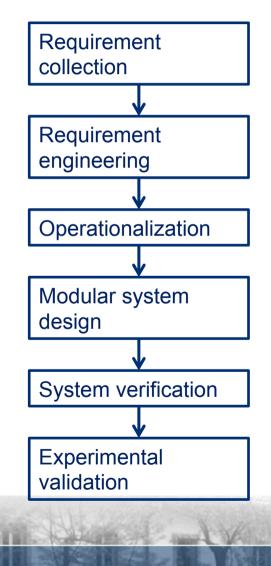
Model checking techniques are applied to verify that the system model preserves the requirements of the goal model





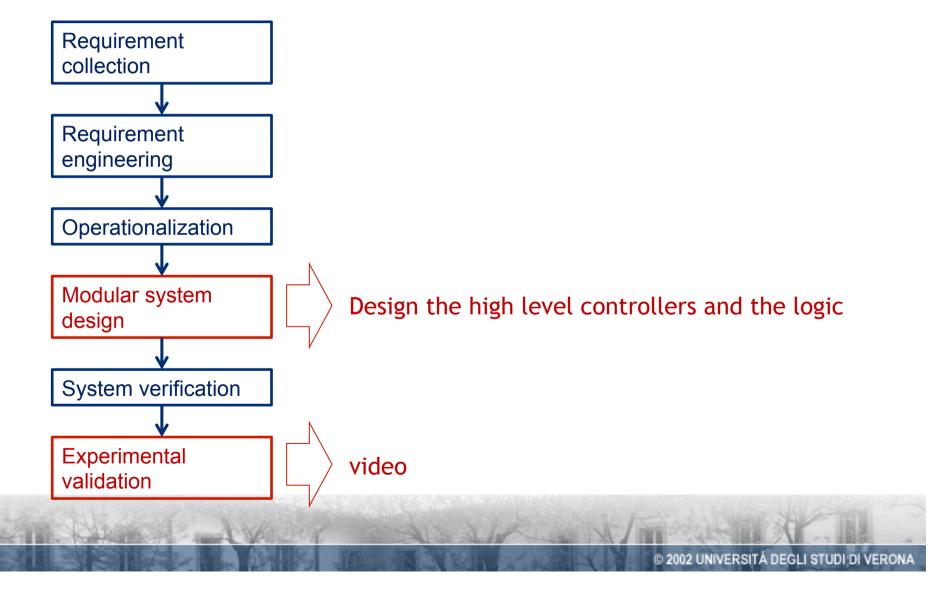
Test the surgical robotic platform in realistic scenarios

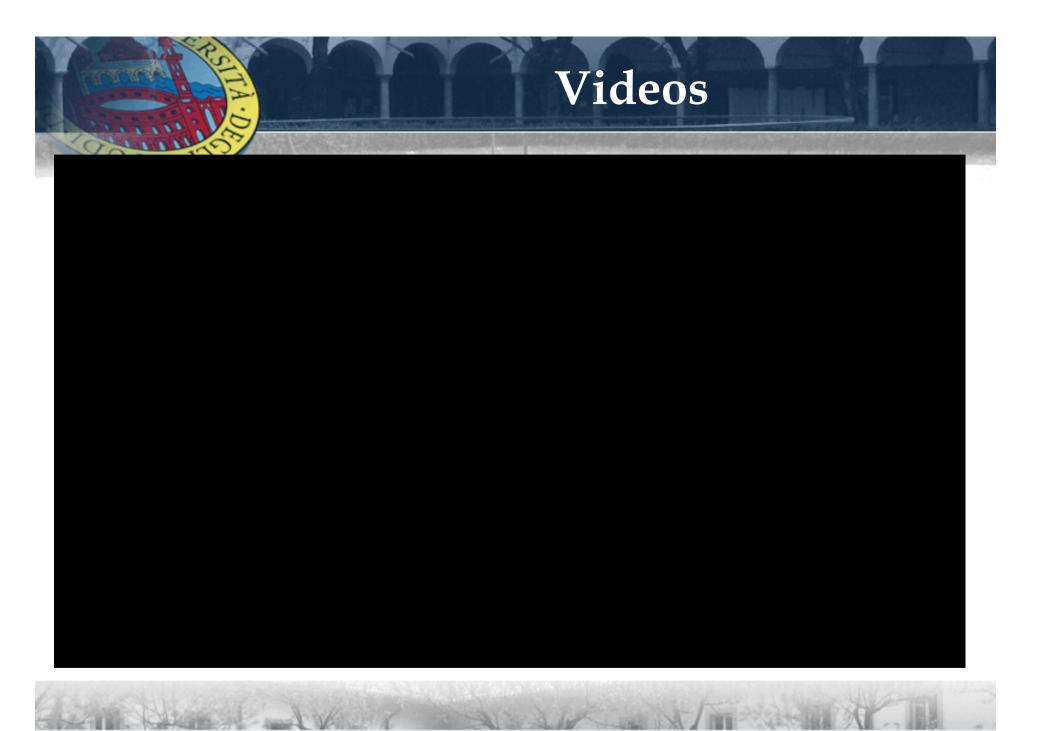




!!!
SW tools are available to perform
these operations in a straightforward
manner
!!!



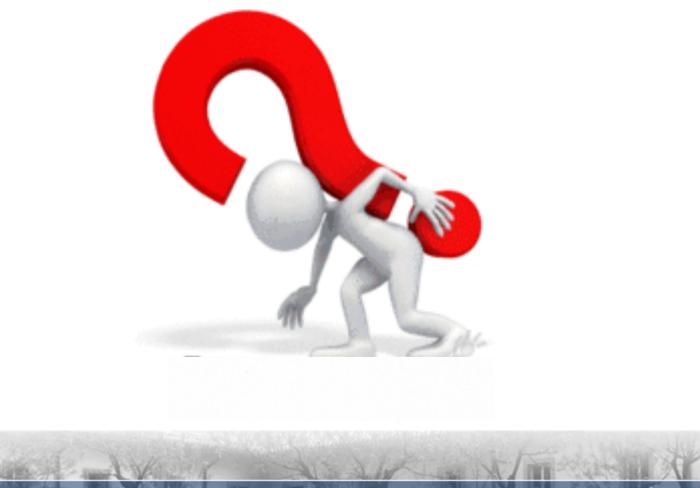














Robotics Tomorrow in Central Europe: Trends and Challenges

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Central Europe Common Elements

- Big disparities among different regions
- "Islands of innovation" in certain areas, next to
- Rural regions/areas with low or no technology
- Different financing and innovation opportunities for SME's.
- These differences are intensified by the economic crisis

The dynamism of regions must be exported to other areas through networks in a regional globalisation process





New investments are justified by services to the Citizens:

- Health care
- Energy
- Environment
- Mobility

Through:

- Importing working models
- Creating opportunities
- Education and training
- Addressing legal and ethical issues of innovation



- Robotics is "technolgies and systems" that can work across different domains
- Robotics can help solve problems in many domains
- However it is difficult to make it into a sustainable business
- The main challenges will be to find an approach that solves the mixture of technical and non technical problems and reach the market in a short time.
- We are competing with geographical areas, (e.g. Silicon Valley, Israel) that have a different culture of some European areas.



Trends & Challenges

- Key elements are:
 - Benefits to users (people-centered design)
 - Reduced risk to investors
 - Shorter time to market
 - "Personalized" business model
- Trends & Challenges:
 - Surgical robotics, an example



- Robotic surgery is a reality and is the current trend in operating room procedures
- Medical personnel and patients are "sold" on the use of robots in surgery (thanks Intuitive © !)
- Hundreds of European laboratories are generating ideas and prototypes
- Algorithms and controls are demonstrated successfully
- System validation and animal tests are carried out everywhere
- However no European surgical robot is on the market!!
- Is this a challenge or a message?



- Key Factors:
 - Benefits to users (people-centered design)
 - Reduced risk to investors
 - Shorter time to market
 - "Personalized" business model
- Robotic surgery → benefit to patients?
 - Not all the time:
 - Need better training
 - Need new professional figures



- Key Factors:
 - Benefits to users (people-centered design)
 - Reduced risk to investors
 - Shorter time to market
 - "Personalized" business model
- Robotic surgery → reduced risk to investors?
 - Not at all, unless:
 - Validated projects are selected
 - Investment is proportional to risk



- Key Factors:
 - Benefits to users (people-centered design)
 - Reduced risk to investors
 - Shorter time to market
 - "Personalized" business model
- Robotic surgery \rightarrow shorter time to market?
 - Not at, all unless:
 - Certification carefully planned
 - Simple/niche markets are addressed

Challenges

- Key Factors:
 - Benefits to users (people-centered design)
 - Reduced risk to investors
 - Shorter time to market
 - "Personalized" business model:
 - Use "results" of European research not "ideas"
 - Design an investment plan proportional to the risk
 - Identify markets not in conflict with big players
 - Stay away from Venture Capital (we want to create industries and not speculations)
 - Invest on training:
 - Develop an entrepreneurship culture
 - Develop/find start-up manager figures
 - Develop the robotic "profession"



- Robotics can be an engine of technological development and economical growth
- We need to leverage on Central Europe strengths:
 - Great role models (e.g. DLR)
 - Strong work ethics
 - Common cultural background and heritage
- We need to avoid the myths of high tech start-up's
- We must adapt "any" approach to the specific needs of each area to leverage on (and bypass) the local strengths



