

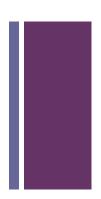
Tissue Fragment Injection System

Emma Weinberger Ashley Quinn Andrew Osterbauer JD Dorrance Octotober 21st, 2011

Points of Interest

- Client Information
- Problem Statement
- Background: Vx-2
- Current Methods: Surgical & Questions
 Percutaneous
- Design Criteria
- Design Alternatives
- Design Matrix

- Final Design
- Future Work
- Conclusions





- Dr. Chris Brace
- UW-Madison, Department of Radiology and Biomedical Engineering

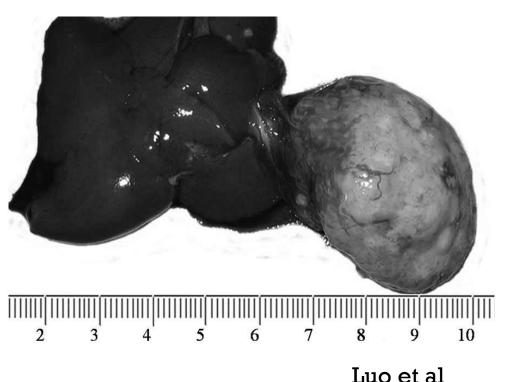




- Injection of Vx-2 carcinoma tumor cells in rabbit livers
- Percutaneous less invasive than surgical
- Limitations
 - Suturing
 - Unwanted seeding
 - Backflow
- Eliminate limitations and lower technical skill required

+ Vx-2 Carcinoma Tumor Model

- Liver is most common site for metastases
- Used in rabbits to study liver cancer growth and develop treatments
- Similar characteristics to human liver tumors





Most common implantation method

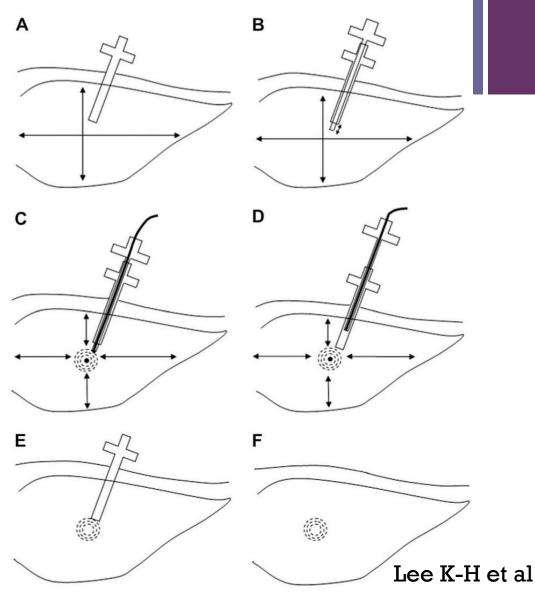
Advantages

- Easy access to implantation site
- Accurate cell placement
- Minimal unwanted seeding in abdominal cavity
- Limitations include
 - Long recovery time
 - Anesthetic complications
 - Length of procedure

Dr. Brace's current protocol is surgical

Existing Percutaneous Method

- I6-gauge needle with a 14-gauge sheath
 - Wire used to push out tumor cells
 - Guided by ultra sound imaging



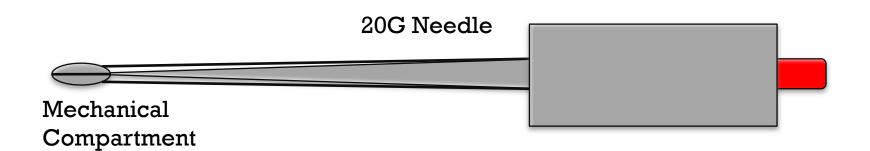


- Seed tumor cells to the liver
- Prevent unwanted tumor cell seeding
- Decrease procedure time
- Decrease technical skill
- Biocompatible materials
- 18-gauge needle
- 5 cm insertion depth
- Ergonomics



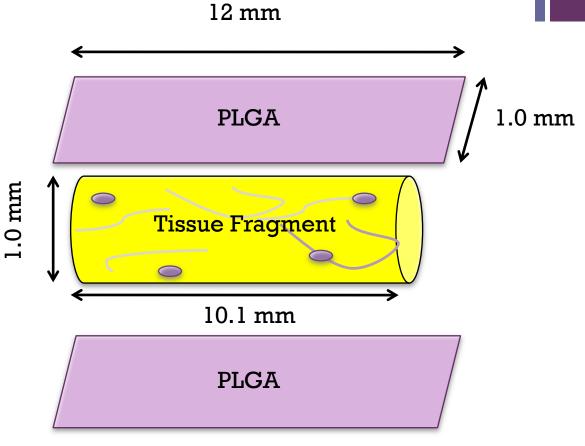
Design Alternatives: Cellular Delivery Mechanism (CDM)

- Mechanical release
- Uses two coaxial needles
 - 20-gauge and 18-gauge
- The 20-gauge has a specialized end
- Cells directly loaded into compartment



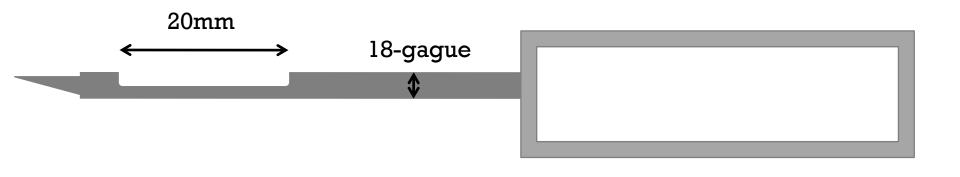
Design Alternatives: PLGA Capsule

- Polylactic-coglycolic acid
- Biodegradable
- Biocompatible
- Mechanical flexibility
- Dye-casting





- Biopsy needle
- Tissue fragment notch
- Retractable sheath



Design Alternatives: PLGA Covering with N-IPAAm Plug

■ 3 Needles

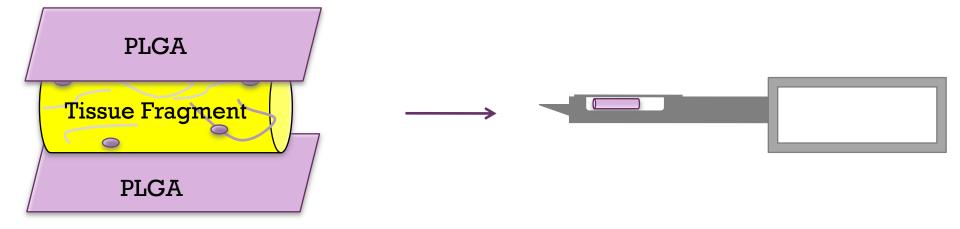
- 18-gauge guide needle
- Two 20-gauge needles
 - 1st: PLGA needle tip & cells
 - 2nd: N-IPAAm
- Uses cell suspension

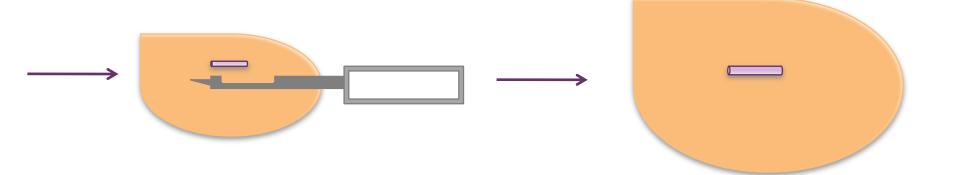




| Criteria | Weight Value | PLGA Capsule | PLGA covering and N-IPAAm Plug | CMD |
|----------------------|-----------------|-----------------|-----------------------------------|-----|
| Cost | 10 | 6 | 5 | 7 |
| Ease of use | 20 | 15 | 12 | 12 |
| Bio compatibility | 20 | 10 | 8 | 15 |
| Ergonomics | 10 | 7 | 7 | 7 |
| Reliability | 30 | 18 | 22 | 6 |
| Ease of production | 10 | 8 | 6 | 4 |
| Total | 100 | 64 | 60 | 51 |









- Testing with PLGA
- Testing with biopsy needle
- Method of PLGA encapsulation
 - "Sandwich" between two sheets
 - Encapsulate in pellet form
- RARC Certification



- Decreased technical skill required
- Procedure time reduced
- Minimal unwanted seeding
- Minimal backflow of cells



Dr. Chris Brace - Client

Dr. Randolph Ashton - Advisor



- Brace, Chris. Person interview. September 9, 2011.
- Georges et al. Two Shope papillomavirus-associated VX-2 carcinoma cell lines with different levels of keratinocyte differentiation and transplantability. Journal of Virology vol. 55:346-350, July 1985.
- Lee K-H et al. Percutaneous US-guided implantation of vx-2 carcinoma into rabbit liver: A comparison with open surgical method. J Surg Res 155:95-99, 2009.
- Moore DH, Stone RS, Shope RE, et al. Ultrastructure and site formation of rabbit papilloma virus. Proc Soc Exp Biol Med Jul;1959 101:575. [PubMed: 13675323]
- Luo et al. Role of sonography for implantationand sequential evaluation of a VX2 rabbit liver tumor model. J Ultrasound Med 2010; 29:51–60.

+ -

