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Inventor(s)	Garcia; Paulo A. et al.

System and method for estimating tissue heating of a target ablation zone for electrical-energy based therapies

Abstract

Systems and methods are provided for modeling and for providing a graphical representation of tissue heating and electric field distributions for medical treatment devices that apply electrical treatment energy through one or a plurality of electrodes. In embodiments, methods comprise: providing one or more parameters of a treatment protocol for delivering one or more electrical pulses to tissue through a plurality of electrodes; modeling electric and heat distribution in the tissue based on the parameters; and displaying a graphical representation of the modeled electric and heat distribution. In another embodiment, a treatment planning module is adapted to generate an estimated target ablation zone based on a combination of one or more parameters for an irreversible electroporation protocol and one or more tissue-specific conductivity parameters.

Inventors: **Garcia; Paulo A. (Somerville, MA), Arena; Christopher B. (Blacksburg, VA), Sano; Michael B. (Cary, NC), Davalos; Rafael V. (Blacksburg, VA)**

Applicant: **Virginia Tech Intellectual Properties Inc.** (Blacksburg, VA)

Family ID: **1000008763352**

Assignee: **Virginia Tech Intellectual Properties, Inc. (Blacksburg, VA)**

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6692493	12/2003	Mcgovern et al.	N/A	N/A
6694979	12/2003	Deem et al.	N/A	N/A
6694984	12/2003	Habib	N/A	N/A
6695861	12/2003	Rosenberg et al.	N/A	N/A
6697669	12/2003	Dev et al.	N/A	N/A
6697670	12/2003	Chomenky et al.	N/A	N/A
6702808	12/2003	Kreindel	N/A	N/A
6712811	12/2003	Underwood et al.	N/A	N/A
D489973	12/2003	Root et al.	N/A	N/A
6733516	12/2003	Simons et al.	N/A	N/A
6753171	12/2003	Karube et al.	N/A	N/A
6761716	12/2003	Kadhiresan et al.	N/A	N/A
D495807	12/2003	Agbodoe et al.	N/A	N/A
6795728	12/2003	Chornenky et al.	N/A	N/A
6801804	12/2003	Miller et al.	N/A	N/A
6812204	12/2003	McHale et al.	N/A	N/A
6837886	12/2004	Collins et al.	N/A	N/A
6847848	12/2004	Sterzer et al.	N/A	N/A
6860847	12/2004	Alferness et al.	N/A	N/A
6865416	12/2004	Dev et al.	N/A	N/A
6881213	12/2004	Ryan et al.	N/A	N/A
6892099	12/2004	Jaafar et al.	N/A	N/A
6895267	12/2004	Panescu et al.	N/A	N/A
6905480	12/2004	McGuckin et al.	N/A	N/A
6912417	12/2004	Bernard et al.	N/A	N/A
6927049	12/2004	Rubinsky et al.	N/A	N/A
6941950	12/2004	Wilson et al.	N/A	N/A
6942681	12/2004	Johnson	N/A	N/A
6958062	12/2004	Gough et al.	N/A	N/A
6960189	12/2004	Bates et al.	N/A	N/A
6962587	12/2004	Johnson et al.	N/A	N/A
6972013	12/2004	Zhang et al.	N/A	N/A
6972014	12/2004	Eum et al.	N/A	N/A
6989010	12/2005	Francischelli et al.	N/A	N/A
6994689	12/2005	Zadno-Azizi et al.	N/A	N/A
6994706	12/2005	Chornenky et al.	N/A	N/A
7011094	12/2005	Rapacki et al.	N/A	N/A
7012061	12/2005	Reiss et al.	N/A	N/A
7027869	12/2005	Danek et al.	N/A	N/A
7036510	12/2005	Zgoda et al.	N/A	N/A
7053063	12/2005	Rubinsky et al.	N/A	N/A
7054685	12/2005	Dimmer et al.	N/A	N/A
7063698	12/2005	Whayne et al.	N/A	N/A
7087040	12/2005	McGuckin et al.	N/A	N/A

7097612	12/2005	Bertolero et al.	N/A	N/A
7100616	12/2005	Springmeyer	N/A	N/A
7113821	12/2005	Sun et al.	N/A	N/A
7130697	12/2005	Chornenky et al.	N/A	N/A
7211083	12/2006	Chornenky et al.	N/A	N/A
7232437	12/2006	Berman et al.	N/A	N/A
7250048	12/2006	Francischelli et al.	N/A	N/A
D549332	12/2006	Matsumoto et al.	N/A	N/A
7257450	12/2006	Auth et al.	N/A	N/A
7264002	12/2006	Danek et al.	N/A	N/A
7267676	12/2006	Chornenky et al.	N/A	N/A
7273055	12/2006	Danek et al.	N/A	N/A
7291146	12/2006	Steinke et al.	N/A	N/A
7331940	12/2007	Sommerich	N/A	N/A
7331949	12/2007	Marisi	N/A	N/A
7341558	12/2007	Torre et al.	N/A	N/A
7344533	12/2007	Pearson et al.	N/A	N/A
D565743	12/2007	Phillips et al.	N/A	N/A
D571478	12/2007	Horacek	N/A	N/A
7387626	12/2007	Edwards et al.	N/A	N/A
7399747	12/2007	Clair et al.	N/A	N/A
D575399	12/2007	Matsumoto et al.	N/A	N/A
D575402	12/2007	Sandor	N/A	N/A
7419487	12/2007	Johnson et al.	N/A	N/A
7434578	12/2007	Dillard et al.	N/A	N/A
7449019	12/2007	Uchida et al.	N/A	N/A
7451765	12/2007	Adler	N/A	N/A
7455675	12/2007	Schur et al.	N/A	N/A
7476203	12/2008	DeVore et al.	N/A	N/A
7520877	12/2008	Lee et al.	N/A	N/A
7533671	12/2008	Gonzalez et al.	N/A	N/A
D595422	12/2008	Mustapha	N/A	N/A
7544301	12/2008	Shah et al.	N/A	N/A
7549984	12/2008	Mathis	N/A	N/A
7565208	12/2008	Harris et al.	N/A	N/A
7571729	12/2008	Saadat et al.	N/A	N/A
7632291	12/2008	Stephens et al.	N/A	N/A
7655004	12/2009	Long	600/103	A61B 1/06
7674249	12/2009	Ivorra et al.	N/A	N/A
7680543	12/2009	Azure	N/A	N/A
D613418	12/2009	Ryan et al.	N/A	N/A
7718409	12/2009	Rubinsky et al.	N/A	N/A
7722606	12/2009	Azure	N/A	N/A
7742795	12/2009	Stone et al.	N/A	N/A
7765010	12/2009	Chornenky et al.	N/A	N/A
7771401	12/2009	Hekmat et al.	N/A	N/A
RE42016	12/2009	Chornenky et al.	N/A	N/A
D630321	12/2010	Hamilton	N/A	N/A
D631154	12/2010	Hamilton	N/A	N/A
7871406	12/2010	Nields	606/34	A61B 6/4464
RE42277	12/2010	Jaafar et al.	N/A	N/A
7918852	12/2010	Tullis et al.	N/A	N/A
7937143	12/2010	Demarais et al.	N/A	N/A
7938824	12/2010	Chornenky et al.	N/A	N/A
7951582	12/2010	Gazit et al.	N/A	N/A
7955827	12/2010	Rubinsky et al.	N/A	N/A
RE42835	12/2010	Chornenky et al.	N/A	N/A
D647628	12/2010	Helfteren	N/A	N/A
8048067	12/2010	Davalos	606/32	A61B 18/1233
8055323	12/2010	Sawyer	600/407	A61N 5/1049
RE43009	12/2010	Chornenky et al.	N/A	N/A
8109926	12/2011	Azure	N/A	N/A
8114070	12/2011	Rubinsky et al.	N/A	N/A

8162918	12/2011	Ivorra et al.	N/A	N/A
8187269	12/2011	Shadduck et al.	N/A	N/A
8221411	12/2011	Francischelli et al.	N/A	N/A
8231603	12/2011	Hobbs et al.	N/A	N/A
8240468	12/2011	Wilkinson et al.	N/A	N/A
8251986	12/2011	Chornenky et al.	N/A	N/A
8267927	12/2011	Dalal et al.	N/A	N/A
8267936	12/2011	Hushka et al.	N/A	N/A
8282631	12/2011	Davalos et al.	N/A	N/A
8298222	12/2011	Rubinsky et al.	N/A	N/A
8348921	12/2012	Ivorra et al.	N/A	N/A
8361066	12/2012	Long et al.	N/A	N/A
D677798	12/2012	Hart et al.	N/A	N/A
8403925	12/2012	Miller et al.	N/A	N/A
8425455	12/2012	Nentwick	N/A	N/A
8425505	12/2012	Long	N/A	N/A
8454594	12/2012	Demarais et al.	N/A	N/A
8465464	12/2012	Travis et al.	N/A	N/A
8465484	12/2012	Davalos et al.	N/A	N/A
8506564	12/2012	Long et al.	N/A	N/A
8511317	12/2012	Thapliyal et al.	N/A	N/A
8518031	12/2012	Boyden et al.	N/A	N/A
8562588	12/2012	Hobbs et al.	N/A	N/A
8603087	12/2012	Rubinsky et al.	N/A	N/A
8632534	12/2013	Pearson et al.	N/A	N/A
8634929	12/2013	Chornenky et al.	N/A	N/A
8647338	12/2013	Chornenky et al.	N/A	N/A
8670816	12/2013	Green	600/424	A61B 17/221
8715276	12/2013	Thompson et al.	N/A	N/A
8753335	12/2013	Moshe et al.	N/A	N/A
8814860	12/2013	Davalos et al.	N/A	N/A
8835166	12/2013	Phillips et al.	N/A	N/A
8845635	12/2013	Daniel et al.	N/A	N/A
8880195	12/2013	Azure	N/A	N/A
8903488	12/2013	Callas et al.	N/A	N/A
8906006	12/2013	Chornenky et al.	N/A	N/A
8926606	12/2014	Davalos et al.	N/A	N/A
8958888	12/2014	Chornenky et al.	N/A	N/A
8968542	12/2014	Davalos et al.	N/A	N/A
8992517	12/2014	Davalos et al.	N/A	N/A
9005189	12/2014	Davalos et al.	N/A	N/A
9078665	12/2014	Moss et al.	N/A	N/A
9149331	12/2014	Deem et al.	N/A	N/A
9173704	12/2014	Hobbs et al.	N/A	N/A
9198733	12/2014	Neal, II	N/A	A61B 18/12
9283051	12/2015	Garcia et al.	N/A	N/A
9414881	12/2015	Callas et al.	N/A	N/A
9598691	12/2016	Davalos	N/A	N/A
9700368	12/2016	Callas et al.	N/A	N/A
9764145	12/2016	Callas et al.	N/A	N/A
9867652	12/2017	Sano et al.	N/A	N/A
9943599	12/2017	Gehl et al.	N/A	N/A
10117701	12/2017	Davalos et al.	N/A	N/A
10117707	12/2017	Garcia et al.	N/A	N/A
10154874	12/2017	Davalos et al.	N/A	N/A
10238447	12/2018	Neal et al.	N/A	N/A
10245098	12/2018	Davalos et al.	N/A	N/A
10245105	12/2018	Davalos et al.	N/A	N/A
10272178	12/2018	Davalos et al.	N/A	N/A
10286108	12/2018	Davalos et al.	N/A	N/A
10292755	12/2018	Davalos et al.	N/A	N/A
10448989	12/2018	Arena et al.	N/A	N/A
10470822	12/2018	Garcia et al.	N/A	N/A

10471254	12/2018	Sano et al.	N/A	N/A
10537379	12/2019	Sano et al.	N/A	N/A
10694972	12/2019	Davalos et al.	N/A	N/A
10702326	12/2019	Neal et al.	N/A	N/A
10828085	12/2019	Davalos et al.	N/A	N/A
10828086	12/2019	Davalos et al.	N/A	N/A
10959772	12/2020	Davalos et al.	N/A	N/A
11254926	12/2021	Garcia et al.	N/A	N/A
11272979	12/2021	Garcia et al.	N/A	N/A
11311329	12/2021	Davalos et al.	N/A	N/A
11382681	12/2021	Arena et al.	N/A	N/A
11406820	12/2021	Sano et al.	N/A	N/A
11453873	12/2021	Davalos et al.	N/A	N/A
11607271	12/2022	Garcia et al.	N/A	N/A
11607537	12/2022	Latouche et al.	N/A	N/A
11638603	12/2022	Sano et al.	N/A	N/A
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11890046	12/2023	Neal et al.	N/A	N/A
11903690	12/2023	Davalos et al.	N/A	N/A
11925405	12/2023	Davalos et al.	N/A	N/A
11950835	12/2023	O'Brien et al.	N/A	N/A
11952568	12/2023	Neal, II et al.	N/A	N/A
11974800	12/2023	Sano et al.	N/A	N/A
12059197	12/2023	Davalos et al.	N/A	N/A
12173280	12/2023	Neal, II et al.	N/A	N/A
12214189	12/2024	Lorenzo et al.	N/A	N/A
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Primary Examiner: Peffley; Michael F

Attorney, Agent or Firm: New River Valley IP Law, P.C.

Background/Summary

CROSS-REFERENCE TO RELATED APPLICATIONS (1) The present application is a Continuation of U.S. patent application Ser. No. 16/152,743 filed Oct. 5, 2018, which published as U.S. Patent Application Publication No. 2019/0029749 on Jan. 31, 2019 and which issued as U.S. Pat. No. 11,272,979 on Mar. 15, 2022, which application is a

Continuation of U.S. patent application Ser. No. 14/558,631 filed Dec. 2, 2014, which published as U.S. Patent Application Publication No. 2015/0088120 on Mar. 26, 2015, and which issued as U.S. Pat. No. 10,117,707 on Nov. 6, 2018. The '631 application is a Continuation-in-Part (CIP) of U.S. patent application Ser. No. 14/012,832, filed on Aug. 28, 2013, which published as U.S. Patent Application Publication No. 2013/0345697 on Dec. 26, 2013 and issued as U.S. Pat. No. 9,283,051 on Mar. 15, 2016. The '832 application relies on and claims the benefit of the filing date of U.S. Provisional Application No. 61/694,144, filed on Aug. 28, 2012. The '832 application is also a CIP of U.S. application Ser. No. 12/491,151, filed on Jun. 24, 2009, which '151 application published as U.S. Patent Application Publication No. 2010/0030211 on Feb. 4, 2010 and issued as U.S. Pat. No. 8,992,517 on Mar. 31, 2015. The '151 application relies on and claims the benefit of the filing dates of U.S. Provisional Patent Application Nos. 61/171,564, filed on Apr. 22, 2009, 61/167,997, filed on Apr. 9, 2009, and 61/075,216, filed on Jun. 24, 2008. The '151 application is also a CIP of U.S. patent application Ser. No. 12/432,295, filed on Apr. 29, 2009, which '295 application published as U.S. Patent Application Publication No. 2009/0269317 and issued as U.S. Pat. No. 9,598,691 on Mar. 21, 2017. The '295 application relies on and claims the benefit of the filing date of U.S. Provisional Patent Application No. 61/125,840, filed on Apr. 29, 2008. The '631 application also relies on and claims priority to and the benefit of the filing date of U.S. Provisional Application No. 61/910,655, filed Dec. 2, 2013. The Ser. No. 16/152,743 application is also a CIP Application of U.S. patent application Ser. No. 14/808,679 filed Jul. 24, 2015, which published as U.S. Patent Application Publication No. 2015/0327944 on Nov. 19, 2015 and which issued as U.S. Pat. No. 11,655,466 on May 23, 2023. The '679 application is a Divisional application of U.S. patent application Ser. No. 12/906,923 filed Oct. 18, 2010, which published as U.S. Patent Application Publication No. 2011/0106221 on May 5, 2011 and issued as U.S. Pat. No. 9,198,733 on Dec. 1, 2015. The '923 application claims priority to and the benefit of the filing date of U.S. Provisional Application No. 61/252,445 filed Oct. 16, 2009. The '923 application is a CIP of the '151 application. The '923 application is also a CIP of U.S. patent application Ser. No. 12/609,779 filed Oct. 30, 2009, which published as U.S. Patent Application Publication No. 2010/0331758 on Dec. 30, 2010 and issued as U.S. Pat. No. 8,465,484 on Jun. 18, 2013. The '923 application is also a CIP of U.S. patent application Ser. No. 12/757,901 filed Apr. 9, 2010, which published as U.S. Patent Application Publication No. 2010/0261994 on Oct. 14, 2010 and issued as U.S. Pat. No. 8,926,606 on Jan. 6, 2015. The '901 application claims priority to and the benefit of the filing date of U.S. Provisional Application Nos. 61/285,618 filed Dec. 11, 2009 and 61/167,997 filed Apr. 9, 2009. The '679 application is a CIP of U.S. patent application Ser. No. 13/332,133 filed Dec. 20, 2011, which published as U.S. Patent Application Publication No. 2012/0109122 on May 3, 2012 and issued as U.S. Pat. No. 10,448,989 on Oct. 22, 2019. The '133 application is a CIP of the '901 application. The '133 application claims priority to and the benefit of the filing date of U.S. Provisional application No. 61/424,872 filed Dec. 20, 2010. The disclosures of these patent applications are hereby incorporated by reference herein in their entireties.

FIELD OF THE INVENTION

(1) The present invention is related to medical therapies involving the administering of electrical treatment energy. More particularly, embodiments of the present invention provide systems and methods for modeling and providing a graphical representation of tissue heating and electric field for a medical treatment device that applies electrical treatment energy through a plurality of electrodes defining a target treatment area. Embodiments of the present invention also provide systems and methods providing a graphical representation of a target ablation zone based on one or more electrical conductivity parameters that are specific for the tissue to be treated.

DESCRIPTION OF RELATED ART

(2) Electroporation-based therapies (EBTs) are clinical procedures that utilize pulsed electric fields to induce nanoscale defects in cell membranes. Typically, pulses are applied through minimally invasive needle electrodes inserted directly into the target tissue, and the pulse parameters are tuned to create either reversible or irreversible defects. Reversible electroporation facilitates the transport of molecules into cells without directly compromising cell viability. This has shown great promise for treating cancer when used in combination with chemotherapeutic agents or plasmid DNA (M. Marty et al., "Electrochemotherapy—An easy, highly effective and safe treatment of cutaneous and subcutaneous metastases: Results of ESOPE (European Standard Operating Procedures of Electrochemotherapy) study," European Journal of Cancer Supplements, 4, 3-13, 2006; A. I. Daud et al., "Phase I Trial of Interleukin-12 Plasmid Electroporation in Patients With Metastatic Melanoma," Journal of Clinical Oncology, 26, 5896-5903, Dec. 20 2008). Alternatively, irreversible electroporation (IRE) has been recognized as a non-thermal tissue ablation modality that produces a tissue lesion, which is visible in real-time on multiple imaging platforms (R. V. Davalos, L. M. Mir, and B. Rubinsky, "Tissue ablation with irreversible electroporation," Ann Biomed Eng, 33, 223-31, February 2005; R. V. Davalos, D. M. Otten, L. M. Mir, and B. Rubinsky, "Electrical impedance tomography for imaging tissue electroporation," IEEE Transactions on Biomedical Engineering, 51, 761-767, 2004; L. Appelbaum, E. Ben-David, J. Sosna, Y. Nissenbaum, and S. N. Goldberg, "US Findings after Irreversible Electroporation Ablation: Radiologic-Pathologic Correlation," Radiology, 262, 117-125, Jan. 1, 2012). Because the mechanism of cell death does not rely on thermal processes, IRE spares major nerve and blood vessel architecture and is not subject to local heat sink effects when using a specific protocol that does not exceed the thermal damage threshold. (B. Al-Sakere, F. Andre, C. Bernat, E. Connault, P. Opolon, R. V. Davalos, B. Rubinsky, and L. M. Mir, "Tumor ablation with irreversible electroporation," PLoS ONE, 2, e1135, 2007). These unique benefits have translated to the successful treatment of several surgically "inoperable" tumors (K. R. Thomson et al., "Investigation of the safety of irreversible electroporation in humans," J Vasc Intery Radiol, 22, 611-21, May 2011; R. E. Neal II et al., "A Case Report on the Successful Treatment of a Large Soft-Tissue Sarcoma with Irreversible Electroporation," Journal of Clinical Oncology, 29, 1-6, 2011; P. A. Garcia et al., "Non-thermal irreversible electroporation (N-TIRE) and adjuvant fractionated radiotherapeutic multimodal therapy for intracranial malignant glioma in a canine patient," Technol Cancer Res Treat, 10,

73-83, 2011).
(3) In EBTs, the electric field distribution is the primary factor for dictating defect formation and the resulting volume of treated tissue (J. F. Edd and R. V. Davalos, “Mathematical modeling of irreversible electroporation for treatment planning,” Technology in Cancer Research and Treatment, 6, 275-286, 2007 (“Edd and Davalos, 2007”); D. Miklavcic, D. Semrov, H. Mekid, and L. M. Mir, “A validated model of in vivo electric field distribution in tissues for electrochemotherapy and for DNA electrotransfer for gene therapy,” Biochimica et Biophysica Acta, 1523, 73-83, 2000). The electric field is influenced by both the geometry and positioning of the electrodes as well as the dielectric tissue properties. Because the pulse duration is typically much longer than the pulse rise/fall time, static solutions of the Laplace's equation incorporating only electric conductivity are sufficient for predicting the electric field distribution. In tissues with uniform conductivity, solutions can be obtained analytically for various needle electrode configurations if the exposure length is much larger than the separation distance (S. Corovic, M. Pavlin, and D. Miklavcic, “Analytical and numerical quantification and comparison of the local electric field in the tissue for different electrode configurations,” Biomed Eng Online, 6, 2007; R. Neal II et al., “Experimental Characterization and Numerical Modeling of Tissue Electrical Conductivity during Pulsed Electric Fields for Irreversible Electroporation Treatment Planning,” Biomedical Engineering, IEEE Transactions on, PP, 1-1, 2012 (“Neal et al., 2012”)). This is not often the case in clinical applications where aberrant masses with a diameter on the order of 1 cm are treated with an electrode exposure length of similar dimensions. Additionally, altered membrane permeability due to electroporation influences the tissue conductivity in a non-linear manner. Therefore numerical techniques may be used to account for any electrode configuration and incorporate a tissue-specific function relating the electrical conductivity to the electric field distribution (i.e. extent of electroporation).
(4) Conventional devices for delivering therapeutic energy such as electrical pulses to tissue include a handle and one or more electrodes coupled to the handle. Each electrode is connected to an electrical power source. The power source allows the electrodes to deliver the therapeutic energy to a targeted tissue, thereby causing ablation of the tissue.
(5) Once a target treatment area is located within a patient, the electrodes of the device are placed in such a way as to create a treatment zone that surrounds the treatment target area. In some cases, each electrode is placed by hand into a patient to create a treatment zone that surrounds a lesion. The medical professional who is placing the electrodes typically watches an imaging monitor while placing the electrodes to approximate the most efficient and accurate placement.
(6) However, if the electrodes are placed by hand in this fashion, it is very difficult to predict whether the locations selected will ablate the entire treatment target area because the treatment region defined by the electrodes vary greatly depending on such parameters as the electric field density, the voltage level of the pulses being applied, size of the electrode and the type of tissue being treated. Further, it is often difficult or sometimes not possible to place the electrodes in the correct location of the tissue to be ablated because the placement involves human error and avoidance of obstructions such as nerves, blood vessels and the like.
(7) Conventionally, to assist the medical professional in visualizing a treatment region defined by the electrodes, an estimated treatment region is generated using a numerical model analysis such as complex finite element analysis. One problem with such a method is that even a modest two dimensional treatment region may take at least 30 minutes to several hours to complete even in a relatively fast personal computer. This means that it would be virtually impossible to try to obtain on a real time basis different treatment regions based on different electrode positions.
(8) In IRE treatments, the electric field distribution is the primary factor for dictating defect formation and the resulting volume of treated tissue (See J. F. Edd and R. V. Davalos, “Mathematical modeling of irreversible electroporation for treatment planning,” Technol Cancer Res Treat, vol. 6, pp. 275-286, 2007; D. Sel, et al., “Sequential finite element model of tissue electropermeabilization,” IEEE Trans Biomed Eng, vol. 52, pp. 816-27, May 2005). The electric field is influenced by both the geometry and positioning of the electrodes as well as the dielectric tissue properties. The application of an electric field across any conductive media will result in some degree of resistive losses in which energy is dissipated as heat. Though cell death in IRE is attributed to non-thermal mechanisms, it is possible to inadvertently elevate tissue temperatures above thermal damage thresholds if parameters are not chosen carefully. Since a major advantage of IRE is the ablation of tissue without deleterious thermal effects and the therapy is often applied in regions which cannot clinically sustain thermal injury, it is important to identify safe operating parameters. Transient heating of tissue in proximity to the electrode can result in the denaturing of the extracellular matrix, scar formation, or damage to local blood vessels and nerves. To avoid these effects, it is important to understand the extent and geometry of tissue heating.
(9) Therefore, it would be desirable to provide an improved system and method to predict a treatment region that avoids electrical and thermal overexposure and damage in order to determine safe and effective pulse protocols for administering electrical energy based therapies, such IRE.

SUMMARY OF THE INVENTION

(10) In one embodiment, the invention provides a system for treating a tissue, which system applies electrical treatment energy through one or more electrodes, such as a plurality of electrodes, defining a target treatment area of the tissue. The system comprises a memory, a display device, a processor coupled to the memory and the display device, and a treatment planning module stored in the memory and executable by the processor. In one embodiment, the treatment planning module is adapted to generate an estimated heat distribution and/or electrical field distribution in the display device based on one or more parameters for an electrical energy based protocol, such as an irreversible electroporation (IRE) protocol. In another embodiment, the treatment planning module is adapted to generate an estimated target ablation zone based on a combination of one or more parameters for an electrical energy based protocol, such as an IRE-based protocol, and one or more tissue-specific conductivity parameters.
(11) In another embodiment, the invention provides a method of treating a tissue with a medical treatment device that applies

electrical treatment energy through a one or more or a plurality of electrodes defining a target treatment area of the tissue and comprises a display device. The method may be executed partially or completely using the system of the invention. In a specific embodiment, one or more steps are executed through the treatment planning module.
(12) In embodiments, the treatment planning module can be used to determine a temperature distribution to determine tissue heating at or around a target ablation zone prior to or during treatment. The treatment planning module can be used to graphically display contour lines which represent a specific temperature of tissue heating. In one embodiment, the treatment planning module estimates the temperature rise within tissue due to Joule heating effects, and plots a contour line according to a temperature specified by a user. Further, the treatment planning module may further plot a contour line representing an electric field intensity such that temperature and electric field intensity can be correlated. The treatment planning module may plot the temperature distribution and electric field distribution for a bipolar and single needle electrodes. This capability may allow a user (e.g. treating physician) to determine heating to surrounding tissues during treatment planning and adjust parameters to prevent thermal damage to critical surrounding structures such as nerves and blood vessels. In one embodiment, the contour lines are Cassini oval approximations performed according to the equations and procedure in Example 7.
(13) In embodiments, the treatment planning module can be used to provide the electric field distributions using different configurations of bipolar probes and include the dynamic change in electrical conductivity from the non-electroporated baseline tissue electrical conductivity. The treatment planning module may plot contour lines representing electric field distributions based on a specific combination of electrode length, separation distance, and applied voltage. The treatment planning module may incorporate the dynamic change in electrical conductivity from the baseline during treatment to account for treatment-related changes in conductivity for particular tissues such as liver, kidney, brain, etc. This capability may allow the treating physician to determine electric field distributions and zones of ablation based on the capacity for a specific target tissue to change in conductivity during treatment. In one embodiment, the contour lines are Cassini oval approximations performed according to the equations and procedure in Example 7.
(14) In embodiments, the treatment planning module can be based on a parametric study of the dynamic conductivity curve so that variables related to the dynamic conductivity could be used to fit tissue specific behavior. In embodiments, the treatment planning module may provide input for one or more electrical conductivity parameters such as the baseline (e.g., non-electroporated) conductivity, change in conductivity, the transition zone (how rapidly the conductivity increases), the electric field at which the change in conductivity occurs, and the electric field at which irreversible electroporation occurs. These parameters may be experimentally derived for different tissues and stored in a database. This capability may allow the treating physician to account for different conductivity parameters as they apply to different target tissues when designing a treatment protocol. Thus, when considering a specific tissue, the treating physician may optimize the calculation of an ablation zone for that tissue by inputting one or more of the tissue-specific conductivity parameters for the tissue of interest.

Description

BRIEF DESCRIPTION OF THE DRAWINGS
(1) The accompanying drawings illustrate certain aspects of embodiments of the present invention, and should not be used to limit or define the invention. Together with the written description the drawings serve to explain certain principles of the invention.
(2) FIG. **1** is a schematic diagram of a representative system of the invention.
(3) FIG. **2** is a schematic diagram of a representative treatment control computer of the invention.
(4) FIG. **3** is schematic diagram illustrating details of the generator shown in the system of FIG. **1**, including elements for detecting an over-current condition.
(5) FIG. **4** is a schematic diagram showing IRE zones of ablation nomenclature (see E. Ben-David, et al., “Characterization of Irreversible Electroporation Ablation in In Vivo Porcine Liver,” Am J Roentgenol, vol. 198, pp. W62-W68, January 2012).
(6) FIG. **5** is a graph of the asymmetrical Gompertz function showing tissue electric conductivity as a function of electric field.
(7) FIG. **6** is a graph showing a representative 3D plot of current [A] as a function of Z (σ.sub.max/σ.sub.o) and voltage-to-distance ratio (W) for a separation distance of 1.5 cm and an electrode exposure length of 2.0 cm as used by Ben-David et al.
(8) FIGS. **7**A and **7**B are graphs showing representative contour plots of current [A] as a function of electrode exposure and separation distance using 1500 V/cm for Z=1 (FIG. **7**A) and Z=4 (FIG. **7**B).
(9) FIGS. **8**A and **8**B are tables showing Whole Model Parameter Estimates and Effect Tests, respectively.
(10) FIG. **8**C is a graph showing a plot of Actual Current vs. Predicted Current.
(11) FIGS. **9**A-**9**F are graphs showing the representative (15 mm gap) correlation between current vs. exposure length and electrode radius for maximum electrical conductivities (1×-6×, respectively).
(12) FIG. **10**A is a table showing experimental validation of the code for determining the tissue/potato dynamic from in vitro measurements, referred to as potato experiment #1.
(13) FIG. **10**B is a table showing experimental validation of the code for determining the tissue/potato dynamic from in vitro measurements, referred to as potato experiment #2.
(14) FIGS. **11**A and **11**B are graphs plotting residual current versus data point for analytical shape factor (FIG. **11**A) and statistical (numerical) non-linear conductivity (FIG. **11**B).
(15) FIGS. **12**A-**12**C are graphs showing representative contour plots of the electric field strength at 1.0 cm from the origin

using an edge-to-edge voltage-to-distance ratio of 1500 V/cm assuming z=1, wherein FIG. **12**A is a plot of the x-direction, FIG. **12**B is a plot of the y-direction, and FIG. **12**C is a plot of the z-direction.
(16) FIGS. **13**A-**13**C are 3D plots representing zones of ablation for a 1500 V/cm ratio, electrode exposure of 2 cm, and electrode separation of 1.5 cm, at respectively a 1000 V/cm IRE threshold (FIG. **13**A), 750 V/cm IRE threshold (FIG. **13**B), and 500 V/cm IRE threshold (FIG. **13**C) using the equation for an ellipsoid.
(17) FIG. **14**A is a schematic diagram showing an experimental setup of an embodiment of the invention.
(18) FIG. **14**B is a schematic diagram showing dimension labeling conventions.
(19) FIG. **14**C is a waveform showing 50 V pre-pulse electrical current at 1 cm separation, grid=0.25 A, where the lack of rise in intrapulse conductivity suggests no significant membrane electroporation during pre-pulse delivery.
(20) FIG. **14**D is a waveform showing electrical current for pulses 40-50 of 1750 V at 1 cm separation, grid=5 A, where progressive intrapulse current rise suggests continued conductivity increase and electroporation.
(21) FIGS. **15**A and **15**B are electric field [V/cm] isocontours for non-electroporated tissue (FIG. **15**A) and electroporated tissue (FIG. **15**B) maps assuming a maximum conductivity to baseline conductivity ratio of 7.0×.
(22) FIGS. **16**A and **16**B are representative Cassini Oval shapes when varying the ‘a=0.5 (red), 0.6 (orange), 0.7(green), 0.8 (blue), 0.9 (purple), 1.0 (black)’ or ‘b=1.0 (red), 1.05 (orange), 1.1 (green), 1.15 (blue), 1.2 (purple), 1.25 (black)’ parameters individually. Note: If a>1.0 or b<1.0 the lemniscate of Bernoulli (the point where the two ellipses first connect (a=b=1) forming “∞”) disconnects forming non-contiguous shapes.
(23) FIG. **17** is a graph showing NonlinearModelFit results for the ‘a’ and ‘b’ parameters used to generate the Cassini curves that represent the experimental IRE zones of ablation in porcine liver.
(24) FIG. **18** shows Cassini curves from a ninety 100-μs pulse IRE treatment that represent the average zone of ablation (blue dashed), +SD (red solid), and −SD (black solid) according to a=0.821±0.062 and b=1.256±0.079 using two single needle electrodes.
(25) FIG. **19** is a representation of the Finite Element Analysis (FEA) model for a 3D Electric Field [V/cm] Distribution in Non-Electroporated (Baseline) Tissue with 1.5-cm Single Needle Electrodes at a Separation of 2.0 cm and with 3000 V applied.
(26) FIGS. **20**A-D are representations of the Electric Field [V/cm] Distributions from the 3D Non-Electroporated (Baseline) Models of FIG. **19**, wherein FIG. **20**A represents the x-y plane mid-electrode length, FIG. **20**B represents the x-z plane mid-electrode diameter, FIG. **20**C represents the y-z plane mid-electrode diameter, and FIG. **20**D represents the y-z plane between electrodes.
(27) FIG. **21** is a representation of the Finite Element Analysis (FEA) model for a 3D Electric Field [V/cm] Distribution in Electroporated Tissue with 1.5-cm Single Needle Electrodes at a Separation of 2.0 cm and 3000 V applied assuming σ.sub.max/σ.sub.0=3.6.
(28) FIGS. **22**A-**22**D are representations of the Electric Field [V/cm] Distributions from the 3D Electroporated Models with 1.5-cm Electrodes at a Separation of 2.0 cm and 3000 V (cross-sections) assuming σ.sub.max/σ.sub.0=3.6, wherein FIG. **22**A represents the x-y plane mid-electrode length, FIG. **22**B represents the x-z plane mid-electrode diameter, FIG. **22**C represents the y-z plane mid-electrode diameter, and FIG. **22**D represents the y-z plane between electrodes.
(29) FIG. **23** is a representative Cassini curve showing zones of ablation derived using two single needle electrodes and the pre-pulse procedure to determine the ratio of maximum conductivity to baseline conductivity. For comparison purposes the baseline electric field isocontour is also presented in which no electroporation is taken into account.
(30) FIGS. **24**A-**24**D are representative surface plots showing finite element temperature calculations at different electrode spacings. The surface plots show temperature distributions at t=90 seconds (Ninety pulses of 100 μs each) for 3000 V treatments with (A) 1.0 cm, (B) 1.5 cm, (C) 2.0 cm, and (D) 2.5 cm electrode spacing. Contour lines show approximate electric field correlating to T=45° C. (A) 900 V/cm, (B) 1075 V/cm, (C) 1100 V/cm, and (D) 1080 V/cm.
(31) FIGS. **25**A-**25**D are representative surface plots showing Cassini Oval Approximations at different electrode spacings. The surface plots show the temperature distribution at t=90 seconds (Ninety pulses of 100 μs each) for 3000 V treatments with (A) 1.0 cm, (B) 1.5 cm, (C) 2.0 cm, and (D) 2.5 cm electrode spacing. Red dashed lines show the Cassini oval correlating to T=45° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(32) FIGS. **26**A-**26**D are representative surface plots showing Cassini Oval Approximations at different times. The surface plots show the temperature distribution at (A) t=10 seconds, (B) t=40 seconds, (C) t=90 seconds, and (D) t=200 seconds. Treatment parameters were held constant at 3000 V, 1.5 cm exposure, and 2.5 cm electrode spacing. Red dashed lines show the Cassini oval correlating to T=45° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm. The pulses were programmed with 100 μs duration.
(33) FIGS. **27**A-**27**D are representative surface plots showing Cassini Oval Approximations at different temperatures. The surface plots show the temperature distribution at A) T=37.2° C., B) T=40° C., C) T=45° C., and D) T=50° C. Treatment parameters were held constant at 3000V, 1.5 cm exposure, and 2.5 cm electrode spacing at a time=90 seconds (Ninety pulses of 100 μs each). Red dashed lines show the Cassini oval correlating to the specified temperatures and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(34) FIG. **28** is a screenshot of the Cassini Oval Approximation Tool using the following parameters: Voltage=3000 V, Gap=10 mm, Time=90 seconds (Ninety pulses of 100 μs each), Temperature=50° C., and Electric Field=500 V/cm. The red dashed line shows the Cassini oval correlating to 50° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(35) FIG. **29** is a screenshot of the Cassini Oval Approximation Tool using the following parameters: Voltage=3000 V, Gap=10 mm, Time=90 seconds (Ninety pulses of 100 μs each), Temperature=40° C., and Electric Field=500 V/cm. The red

dashed lines show the Cassini oval correlating to 40° C. and the black dotted line show the Cassini oval correlating to 500 V/cm.
(36) FIGS. **30**A-**30**D are representative surface plots showing Cassini Oval Approximations at different temperature thresholds. The surface plots show the temperature and electric field distribution at A) T=40° C., B) T=45° C., C) T=50° C., and D) T=55° C. The other parameters are the same as those for FIGS. **28** and **29**. The red dashed lines show the Cassini oval correlating to the specified temperatures and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(37) FIGS. **31**A-**31**D are representative surface plots showing Cassini Oval Approximations at different voltages. The surface plots show the temperature and electric field distribution at A) 3000 V, B) 2000 V C) 1500 V and D) 1000 V. Other parameters were Gap=10 mm, Time=90 seconds (Ninety pulses of 100 μs each), Temperature=40° C., and Electric Field=500 V/cm. The red dashed lines show the Cassini oval correlating to 40° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(38) FIGS. **32**A-**32**D are representative surface plots showing Cassini Oval Approximations at different electric field thresholds. The surface plots show the temperature and electric field distribution at A) 500 V/cm, B) 1000 V/cm, C) 1500 V/cm, and D) 2000 V/cm. Other parameters were Voltage=3000 V, Gap=10 mm, Time=90 seconds (Ninety pulses of 100 μs each), Temperature=40° C. The red dashed lines show the Cassini oval correlating to 40° C. and the black dotted lines show the Cassini oval correlating to the specified electric field thresholds.
(39) FIGS. **33**A-**33**D are representative surface plots showing Cassini Oval Approximations at different electrode spacings. The surface plots show the temperature and electric field distribution at an electrode spacing of 5 mm, 10 mm, 15 mm, and 20 mm. Other parameters were Voltage=3000 V, Time=90 seconds (Ninety pulses of 100 μs each), Temperature=40° C., and Electric Field=500 V/cm. The red dashed lines show the Cassini oval correlating to 40° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(40) FIGS. **34**A-**34**D are representative surface plots showing Cassini Oval Approximations at different times. The surface plots show the temperature and electric field distribution at A) 90 seconds (Ninety pulses of 100 μs each), B) 60 seconds (Sixty pulses of 100 μs each), C) 30 seconds (Thirty pulses of 100 μs each), and D) 10 seconds (Ten pulses of 100 μs each). Other parameters were Voltage=3000 V, Gap=10 mm, Temperature=40° C., and Electric Field=500 V/cm. The red dashed lines show the Cassini oval correlating to 40° C. and the black dotted lines show the Cassini oval correlating to 500 V/cm.
(41) FIG. **35** is a representation of the COMSOL three-dimensional finite element domain and mesh used to calculate Cassini Oval values for the electric and thermal curves.
(42) FIGS. **36**A-**36**C show a representation of a visualization tool providing the 650 V/cm electric field distributions using different configurations of bipolar probes and includes dynamic change (3.6×) in electrical conductivity from the non-electroporated baseline for runs **7**, **8**, and **9** of the visualization.
(43) FIG. **36**D is a table showing parameters of runs **7**, **8**, and **9** including electrode length, separation distance (insulation), and applied voltage.
(44) FIG. **36**E is a table showing lesion dimensions for runs **7**, **8**, and **9**. The results show that as the length of the bipolar electrode increases the size of the zone of ablation increases.
(45) FIG. **37** is a graph showing electrical conductivity (S/m, y-axis) plotted against electric field strength (V/cm, x-axis). FIG. **37** shows the conductivity changes from 0.1 to 0.35 at an electric field centered at 500 V/cm.
(46) FIG. **38**A is a representative contour plot showing the "Goldberg" data (red dashed line) vs a calculated threshold (solid black line) based on the parameters shown in FIG. **38**C. The x and y axes represent distance [cm].
(47) FIG. **38**B is a representative contour plot showing the conductivity (blue dotted line) vs. a calculated threshold (solid black line) based on the parameters shown in FIG. **38**C. The x and y axes represent distance [cm].
(48) FIG. **38**C is a table showing the parameters used to generate the contour plots of FIGS. **38**A and **38**B.
(49) FIGS. **39**A-**39**C are representative contour plots showing the "Goldberg" data (red dashed line) and calculated threshold (solid black line) and FIGS. **39**D-**39**F are contour plots showing the conductivity (blue dotted line) and calculated threshold (solid black line) for conductivities of 2, 3, and 4, respectively. The other parameters are the same as those in the table of FIG. **38**C. The x and y axes represent distance [cm].
(50) FIGS. **40**A-**40**C are representative contour plots showing the "Goldberg" data (red dashed line) and calculated threshold (solid black line) and FIGS. **40**D-**40**F are contour plots showing the conductivity (blue dotted line) and calculated threshold (solid black line) for conductivity multipliers of 2, 3, and 4, respectively. Other parameters used to generate the plots of FIGS. **40**A-**40**F include an IRE Threshold of 600 V/cm, a transition zone of 0.4, a Voltage of 700 V, an E-Field of 700 V/cm, and a Sigma (baseline electrical conductivity) of 0.20 S/m. The x and y axes represent distance [cm].
(51) FIGS. **41**A-**41**C are representative contour plots showing the "Goldberg" data (red dashed line) and calculated threshold (solid black line) and FIGS. **41**D-**41**F are contour plots showing the conductivity (blue dotted line) and calculated threshold (solid black line) for conductivity multipliers of 2, 3, and 4, respectively. Other parameters used to generate the plots of FIGS. **41**A-**41**F include an IRE Threshold of 1000 V/cm, transition zone of 0.2, Voltage of 2700 V, E-Field of 700 V/cm, and Sigma (baseline electrical conductivity) of 0.20 S/m. The x and y axes represent distance [cm].
(52) FIG. **42** is a representative contour plot of the electric field distribution assuming a static electrical conductivity using a bipolar probe. The model assumes an applied voltage of 2700 V with 7 mm long electrodes separated by an 8 mm insulation shaft.
(53) FIGS. **43**A-**43**D are representative contour plots of post-IRE cell viability predictions with the colored curves illustrating different cell viability levels. The model assumes using ninety 100-μs pulses at a rate of one pulse per second with 2700 V, and a viability value of 0.1% (S=0.001) as the complete cell death due to IRE exposure.
(54) FIG. **44** is a graph showing the dynamic electric conductivity function of liver tissue undergoing electroporation. The

sigmoid function includes a baseline of 0.067 S/m and maximum conductivity of 0.241 S/m.
(55) FIG. **45** is a representative contour plot showing the electric field distribution assuming a dynamic electrical conductivity using the bipolar probe with 3000 V with 7 mm long electrodes separated by an 8 mm insulation shaft.
(56) FIGS. **46**A-D are representative contour plots showing post-IRE cell viability, wherein A) corresponds to 20 pulses at 2000 volts, B) corresponds to 20 pulses at 3000 volts, C) corresponds to 100 pulses at 2000 volts, and D) corresponds to 100 pulses at 3000 volts.
(57) FIGS. **47**A and **47**B are representative contour plots showing post-IRE cell viability after three hundred (FIG. **47**A) and three hundred and sixty (FIG. **47**B) 100-μs pulses at a rate of one pulse per second with an applied voltage of 3000 V.
(58) FIGS. **48**A and **48**B are a table showing the results of a parametric study on bipolar electrode configuration as a function of electrode length, separation distance, and diameter in the resulting IRE area and volume.
(59) FIG. **49** is a table showing the results of a parametric study on bipolar electrode configuration as a function of applied voltage and pulse number in the resulting IRE area and volume with 7 mm long electrodes separated by an 8 mm insulation shaft.
(60) FIG. **50** is a table showing the results of a parametric study on bipolar electrode configuration as a function of pulse number in the resulting IRE area and volume with an applied voltage of 3000 V with 7 mm long electrodes separated by an 8 mm insulation shaft.
(61) FIGS. **51**A-C are schematics of representative electrode geometries.
(62) FIGS. **51**D-F are representative contour plots showing the resulting electric field distribution corresponding to the electrode geometries of FIGS. **51**A-C.

DETAILED DESCRIPTION OF VARIOUS EMBODIMENTS OF THE INVENTION

(63) Reference will now be made in detail to various exemplary embodiments of the invention. Embodiments described in the description and shown in the figures are illustrative only and are not intended to limit the scope of the invention. Changes may be made in the specific embodiments described in this specification and accompanying drawings that a person of ordinary skill in the art will recognize are within the scope and spirit of the invention.
(64) Throughout the present teachings, any and all of the features and/or components disclosed or suggested herein, explicitly or implicitly, may be practiced and/or implemented in any combination, whenever and wherever appropriate as understood by one of ordinary skill in the art. The various features and/or components disclosed herein are all illustrative for the underlying concepts, and thus are non-limiting to their actual descriptions. Any means for achieving substantially the same functions are considered as foreseeable alternatives and equivalents, and are thus fully described in writing and fully enabled. The various examples, illustrations, and embodiments described herein are by no means, in any degree or extent, limiting the broadest scopes of the claimed inventions presented herein or in any future applications claiming priority to the instant application.
(65) Embodiments of the invention include a method for visualization of heat and electric field distribution within a target treatment area, the method comprising: selecting as inputs an applied voltage, electrode spacing, and treatment duration corresponding to a desired treatment protocol for a target treatment area; using the inputs in a Cassini approximation of data, wherein the data comprises measured voltage, electrode spacing, and time of actual treatment protocols, and determining an expected temperature distribution and expected electric field distribution of the target treatment area; and displaying a graphical representation of a selected temperature and a selected electric field of the expected temperature and electric field distributions. Such methods can further comprise as inputs one or more of a baseline conductivity for the target treatment area, a change in conductivity for the target treatment area, or a conductivity for a specific tissue type.
(66) Such methods can include a method of treatment planning for medical therapies involving administering electrical treatment energy, the method comprising: providing one or more parameters of a treatment protocol for delivering one or more electrical pulses to tissue through one or more or a plurality of electrodes; modeling heat distribution in the tissue based on the parameters; and displaying a graphical representation of the modeled heat distribution.
(67) One embodiment of the present invention is illustrated in FIGS. **1** and **2**. Representative components that can be used with the present invention can include one or more of those that are illustrated in FIG. **1**. For example, in embodiments, one or more probes **22** can be used to deliver therapeutic energy and are powered by a voltage pulse generator **10** that generates high voltage pulses as therapeutic energy such as pulses capable of irreversibly electroporating the tissue cells. In the embodiment shown, the voltage pulse generator **10** includes six separate receptacles for receiving up to six individual probes **22** which are adapted to be plugged into the respective receptacle. The receptacles are each labeled with a number in consecutive order. In other embodiments, the voltage pulse generator can have any number of receptacles for receiving more or less than six probes.
(68) For example, a treatment protocol according to the invention could include a one or more or a plurality of electrodes. According to the desired treatment pattern, the plurality of electrodes can be disposed in various positions relative to one another. In a particular example, a plurality of electrodes can be disposed in a relatively circular pattern with a single electrode disposed in the interior of the circle, such as at approximately the center. Any configuration of electrodes is possible and the arrangement need not be circular but any shape periphery can be used depending on the area to be treated, including any regular or irregular polygon shape, including convex or concave polygon shapes. The single centrally located electrode can be a ground electrode while the other electrodes in the plurality can be energized. Any number of electrodes can be in the plurality such as from about 1 to 20. Indeed, even 3 electrodes can form a plurality of electrodes where one ground electrode is disposed between two electrodes capable of being energized, or 4 electrodes can be disposed in a manner to provide two electrode pairs (each pair comprising one ground and one electrode capable of being energized). During treatment, methods of treating can involve energizing the electrodes in any sequence, such as energizing one or more

electrode simultaneously, and/or energizing one or more electrode in a particular sequence, such as sequentially, in an alternating pattern, in a skipping pattern, and/or energizing multiple electrodes but less than all electrodes simultaneously, for example.

(69) In the embodiment shown, each probe **22** includes either a monopolar electrode or bipolar electrodes having two electrodes separated by an insulating sleeve. In one embodiment, if the probe includes a monopolar electrode, the amount of exposure of the active portion of the electrode can be adjusted by retracting or advancing an insulating sleeve relative to the electrode. See, for example, U.S. Pat. No. 7,344,533, which is incorporated by reference herein in its entirety. The pulse generator **10** is connected to a treatment control computer **40** having input devices such as keyboard **12** and a pointing device **14**, and an output device such as a display device **11** for viewing an image of a target treatment area such as a lesion **300** surrounded by a safety margin **301**. The therapeutic energy delivery device **22** is used to treat a lesion **300** inside a patient **15**. An imaging device **30** includes a monitor **31** for viewing the lesion **300** inside the patient **15** in real time. Examples of imaging devices **30** include ultrasonic, CT, MRI and fluoroscopic devices as are known in the art.

(70) The present invention includes computer software (treatment planning module **54**) which assists a user to plan for, execute, and review the results of a medical treatment procedure, as will be discussed in more detail below. For example, the treatment planning module **54** assists a user to plan for a medical treatment procedure by enabling a user to more accurately position each of the probes **22** of the therapeutic energy delivery device **20** in relation to the lesion **300** in a way that will generate the most effective treatment zone. The treatment planning module **54** can display the anticipated treatment zone based on the position of the probes and the treatment parameters. The treatment planning module **54** may also display a zone of temperature heating according to cutoff values inputted by the treating physician and correlate this with a value for the electric field distribution. The treatment planning module may also allow the treating physician to display the anticipated treatment zone, or target ablation zone, according to one or more tissue-specific conductivity parameters inputted by the treating physician. The conductivity parameters may include the baseline conductivity of the tissue to be treated, the ratio of the baseline conductivity to the maximum conductivity of the tissue that is reached during treatment, the rate at which the conductivity increases from the baseline to the maximum conductivity, and/or the electric field at which the conductivity changes during treatment.

(71) The treatment planning module **54** can display the progress of the treatment in real time and can display the results of the treatment procedure after it is completed. This information can be displayed in a manner such that it can be used for example by a treating physician to determine whether the treatment was successful and/or whether it is necessary or desirable to re-treat the patient.

(72) For purposes of this application, the terms “code”, “software”, “program”, “application”, “software code”, “computer readable code”, “software module”, “module” and “software program” are used interchangeably to mean software instructions that are executable by a processor. The “user” can be a physician or other medical professional. The treatment planning module **54** executed by a processor outputs various data including text and graphical data to the monitor **11** associated with the generator **10**.

(73) Referring now to FIG. **2**, the treatment control computer **40** of the present invention manages planning of treatment for a patient. The computer **40** is connected to the communication link **52** through an I/O interface **42** such as a USB (universal serial bus) interface, which receives information from and sends information over the communication link **52** to the voltage generator **10**. The computer **40** includes memory storage **44** such as RAM, processor (CPU) **46**, program storage **48** such as ROM or EEPROM, and data storage **50** such as a hard disk, all commonly connected to each other through a bus **53**. The program storage **48** stores, among others, a treatment planning module **54** which includes a user interface module that interacts with the user in planning for, executing and reviewing the result of a treatment. Any of the software program modules in the program storage **48** and data from the data storage **50** can be transferred to the memory **44** as needed and is executed by the CPU **46**.

(74) In one embodiment, the computer **40** is built into the voltage generator **10**. In another embodiment, the computer **40** is a separate unit which is connected to the voltage generator through the communications link **52**. In a preferred embodiment, the communication link **52** is a USB link. In one embodiment, the imaging device **30** is a standalone device which is not connected to the computer **40**. In the embodiment as shown in FIG. **1**, the computer **40** is connected to the imaging device **30** through a communications link **53**. As shown, the communication link **53** is a USB link. In this embodiment, the computer can determine the size and orientation of the lesion **300** by analyzing the data such as the image data received from the imaging device **30**, and the computer **40** can display this information on the monitor **11**. In this embodiment, the lesion image generated by the imaging device **30** can be directly displayed on the grid (not shown) of the display device (monitor) **11** of the computer running the treatment planning module **54**. This embodiment would provide an accurate representation of the lesion image on the grid, and may eliminate the step of manually inputting the dimensions of the lesion in order to create the lesion image on the grid. This embodiment would also be useful to provide an accurate representation of the lesion image if the lesion has an irregular shape.

(75) It should be noted that the software can be used independently of the pulse generator **10**. For example, the user can plan the treatment in a different computer as will be explained below and then save the treatment parameters to an external memory device, such as a USB flash drive (not shown). The data from the memory device relating to the treatment parameters can then be downloaded into the computer **40** to be used with the generator **10** for treatment. Additionally, the software can be used for hypothetical illustration of zones of ablation, temperature thresholds or cutoffs, and electrical field thresholds or cutoffs for training purposes to the user on therapies that deliver electrical energy. For example, the data can be evaluated by a human to determine or estimate favorable treatment protocols for a particular patient rather than programmed into a device for implementing the particular protocol.

(76) FIG. **3** illustrates one embodiment of a circuitry to detect an abnormality in the applied pulses such as a high current, low current, high voltage or low voltage condition. This circuitry is located within the generator **10** (see FIG. **1**). A USB connection **52** carries instructions from the user computer **40** to a controller **71**. The controller can be a computer similar to the computer **40** as shown in FIG. **2**. The controller **71** can include a processor, ASIC (application-specific integrated circuit), microcontroller or wired logic. The controller **71** then sends the instructions to a pulse generation circuit **72**. The pulse generation circuit **72** generates the pulses and sends electrical energy to the probes. For clarity, only one pair of probes/electrodes are shown. However, the generator **10** can accommodate any number of probes/electrodes (e.g., from 1-10, such as 6 probes) and energizing multiple electrodes simultaneously for customizing the shape of the ablation zone. In the embodiment shown, the pulses are applied one pair of electrodes at a time, and then switched to another pair. The pulse generation circuit **72** includes a switch, preferably an electronic switch, that switches the probe pairs based on the instructions received from the computer **40**. A sensor **73** such as a sensor can sense the current or voltage between each pair of the probes in real time and communicate such information to the controller **71**, which in turn, communicates the information to the computer **40**. If the sensor **73** detects an abnormal condition during treatment such as a high current or low current condition, then it will communicate with the controller **71** and the computer **40** which may cause the controller to send a signal to the pulse generation circuit **72** to discontinue the pulses for that particular pair of probes. The treatment planning module **54** can further include a feature that tracks the treatment progress and provides the user with an option to automatically retreat for low or missing pulses, or over-current pulses (see discussion below). Also, if the generator stops prematurely for any reason, the treatment planning module **54** can restart at the same point where it terminated, and administer the missing treatment pulses as part of the same treatment. In other embodiments, the treatment planning module **54** is able to detect certain errors during treatment, which include, but are not limited to, “charge failure”, “hardware failure”, “high current failure”, and “low current failure”.

(77) General treatment protocols for the destruction (ablation) of undesirable tissue through electroporation are known. They involve the insertion (bringing) electroporation electrodes to the vicinity of the undesirable tissue and in good electrical contact with the tissue and the application of electrical pulses that cause irreversible electroporation of the cells throughout the entire area of the undesirable tissue. The cells whose membrane was irreversible permeabilized may be removed or left in situ (not removed) and as such may be gradually removed by the body's immune system. Cell death is produced by inducing the electrical parameters of irreversible electroporation in the undesirable area.

(78) Electroporation protocols involve the generation of electrical fields in tissue and are affected by the Joule heating of the electrical pulses. When designing tissue electroporation protocols it is important to determine the appropriate electrical parameters that will maximize tissue permeabilization without inducing deleterious thermal effects. It has been shown that substantial volumes of tissue can be electroporated with reversible electroporation without inducing damaging thermal effects to cells and has quantified these volumes (Davalos, R. V., B. Rubinsky, and L. M. Mir, Theoretical analysis of the thermal effects during in vivo tissue electroporation. Bioelectrochemistry, 2003. Vol. 61(1-2): p. 99-107).

(79) The electrical pulses used to induce irreversible electroporation in tissue are typically larger in magnitude and duration from the electrical pulses required for reversible electroporation. Further, the duration and strength of the pulses for irreversible electroporation are different from other methodologies using electrical pulses such as for intracellular electro-manipulation or thermal ablation. The methods are very different even when the intracellular (nano-seconds) electro-manipulation is used to cause cell death, e.g. ablate the tissue of a tumor or when the thermal effects produce damage to cells causing cell death.

(80) Typical values for pulse length for irreversible electroporation are in a range of from about 5 microseconds to about 62,000 milliseconds or about 75 microseconds to about 20,000 milliseconds or about 100 microseconds±10 microseconds. This is significantly longer than the pulse length generally used in intracellular (nano-seconds) electro-manipulation which is 1 microsecond or less—see published U.S. application 2002/0010491 published Jan. 24, 2002.

(81) The pulse is typically administered at voltage of about 100 V/cm to 7,000 V/cm or 200 V/cm to 2000 V/cm or 300V/cm to 1000 V/cm about 600 V/cm for irreversible electroporation. This is substantially lower than that used for intracellular electro-manipulation which is about 10,000 V/cm, see U.S. application 2002/0010491 published Jan. 24, 2002.

(82) The voltage expressed above is the voltage gradient (voltage per centimeter). The electrodes may be different shapes and sizes and be positioned at different distances from each other. The shape may be circular, oval, square, rectangular or irregular etc. The distance of one electrode to another may be 0.5 to 10 cm, 1 to 5 cm, or 2-3 cm. The electrode may have a surface area of 0.1-5 sq. cm or 1-2 sq. cm.

(83) The size, shape and distances of the electrodes can vary and such can change the voltage and pulse duration used. Those skilled in the art will adjust the parameters in accordance with this disclosure to obtain the desired degree of electroporation and avoid thermal damage to surrounding cells.

(84) Additional features of protocols for electroporation therapy are provided in U.S. Patent Application Publication No. US 2007/0043345 A1, the disclosure of which is hereby incorporated by reference in its entirety.

(85) In one aspect, the systems and methods may have the capability for estimating a volume of tissue that will be heated at or above a cutoff value and a volume of tissue that will receive an electric field at or above a cutoff value for the above medical treatment device. The cut-off values may be user-specified values determined by a treating physician or technician. The systems and methods are provided so that the treating physician may recognize treatments that produce overheating in the vicinity of the electrodes of the treatment device. This additional capability of the treatment device may be based on the Joule heating equations of Example 8. The values may be plotted as contour lines which may be displayed with a graphical representation of the estimated treatment volume above. In one embodiment, the contour lines are Cassini oval approximations performed according to the equations and procedure in Example 7.

(86) In another aspect, the systems and methods may have the additional capability for providing the electric field distributions using different configurations of bipolar probes and include the dynamic change in electrical conductivity from the baseline non-electroporated tissue. The systems and methods may allow a user to incorporate tissue-specific values for the dynamic change in conductivity in estimating a treatment volume. This additional capability is further described in Example 9. In one embodiment, the contour lines are Cassini oval approximations performed according to the equations and procedure in Example 7.
(87) In another aspect, the systems and methods may have the additional capability for inputting or adjusting one or more variables related to the dynamic conductivity so that tissue-specific behavior can be accounted for when estimating a treatment volume. In embodiments, the treatment planning module may provide input for parameters such as the baseline conductivity, change in conductivity, the transition zone (how rapidly the conductivity increases), the electric field at which the change in conductivity occurs, and the electric field at which irreversible electroporation occurs. These parameters may allow the treating physician to fine-tune the ablation zone based on the conductivity characteristics of the target tissue. The present inventors have recognized that the conductivity characteristics of the tissue, such as baseline and maximum conductivities, should be determined before the therapy in order to determine safe and effective pulse protocols. This additional capability is further described in Example 10.
(88) The numerical models and algorithms of the invention, as provided in the Examples, such as Cassini Oval equations of Example 7 and the Joule Heating Model equations of Example 8, can be implemented in a system for estimating a 3-dimensional treatment volume for a medical treatment device that applies treatment energy through one or more or a plurality of electrodes defining a treatment area. In one embodiment, the numerical models and algorithms are implemented in an appropriate computer readable code as part of the treatment planning module **54** of the system of the invention. Computing languages available to the skilled artisan for programming the treatment planning module **54** include general purpose computing languages such as the C and related languages, and statistical programming languages such as the "S" family of languages, including R and S-Plus. The computer readable code may be stored in a memory **44** of the system of the invention. A processor **46** is coupled to the memory **44** and a display device **11** and the treatment planning module **54** stored in the memory **44** is executable by the processor **46**. Treatment planning module **54**, through the implemented numerical models, is adapted to generate a graphical display of an estimated temperature or electric field or target ablation zone in the display device **11**.
(89) In one embodiment, the invention provides for a system for estimating and graphically displaying a thermal and/or electric field value for a medical treatment device that applies treatment energy through one or more or a plurality of electrodes **22** defining a treatment area, the system comprising a memory **44**, a display device **11**, a processor **46** coupled to the memory **44** and the display device **11**, and a treatment planning module **54** stored in the memory **44** and executable by the processor **46**, the treatment planning module **54** adapted to generate one or more isocontours representing a value of a temperature and/or electric field for display in the display device **11** based on modeling of the temperature distributions or electrical field distributions according to one or more parameters defining an electrical energy based protocol (e.g., irreversible electroporation). The results of modeling the temperature distributions and electrical field distributions may be stored in a database or calculated in real-time. The treatment planning module may generate the isocontours based on the modeling results.
(90) In another embodiment, the invention provides for a system for estimating a target ablation zone for a medical treatment device that applies treatment energy through one or more or a plurality of electrodes **22** defining a treatment area, the system comprising a memory **44**, a display device **11**, a processor **46** coupled to the memory **44** and the display device **11**, and a treatment planning module **54** stored in the memory **44** and executable by the processor **46**, the treatment planning module **54** adapted to generate a target ablation zone in the display device **11** based on a combination of one or more parameters for a treatment protocol for irreversible electroporation and one or more tissue-specific conductivity parameters.
(91) The foregoing description provides additional instructions and algorithms for a computer programmer to implement in computer readable code a treatment planning module **54** that may be executable through a processor **46** to generate an estimated temperature or electrical field for display in the display device **11** based on modeling of a tissue according to one or more parameters for electroporation, such as IRE. The computer readable code may also estimate a temperature value and an electric field value according to equations described in Example 8 and graphically display these value as contour lines in the display device. In one embodiment, the contour lines are Cassini oval approximations performed according to the equations and procedure in Example 7. The computer readable code may also provide for input on one or more conductivity parameters for estimating the target ablation zone as described in Examples 9 and 10.
(92) FIG. **4** is a schematic diagram showing a three-dimensional zone of ablation occurring during irreversible electroporation. The width and depth of this zone of ablation may be modeled two-dimensionally using the Cassini oval equation. Further, the mathematical fit of the zone of ablation has similar shape characteristics as the actual and simulated electric field and temperature values. For example, a typical single bi-polar probe will be configured to have a first and second electrode spaced apart from each other at the distal end of the single probe. Since the lesion formed by this bi-polar arrangement closely resembles the 8-like shape of the electric field, the method of the invention can be used to accurately predict the electric field and temperature contours. FIGS. **16**A and **16**B show variations of 'a' and 'b' parameters that will closely resemble the 8-like shape of the electric field according to the Cassini Equation.
(93) The method of the invention fits data extracted from numerical simulations to both the 'a' and 'b' parameters from the Cassini Equation, providing the flexibility to match potentially any shape of electric field created by the specific pulse parameters employed. Also, as illustrated in FIGS. **16**A and **16**B since the 'a' or 'b' parameters are not related to the separation distance or geometry of the electrodes, the electric field and temperature contours of the bi-polar probe can be

captured according to the techniques described above.
(94) Additionally, by adding the cumulative effects of electrode pairs, the electric field and thermal contours of alternative multi-electrode arrangements of three or more probes can be determined. For example, a four single probe electrode box can be captured by calculating treatment regions based on each combination of electrode pairs for the fit according to the techniques described above. Thus, for example, if the four probe electrode box is configured for treatment using pulses that cycle through probe combinations 1-2, 3-4, 1-3, 2-4, 2-3 and 1-4 the approximation tool can find electric field and temperature contours for each probe combination, then superimpose the results to display the cumulative effect of that particular pulse protocol in the treatment region.
(95) In one embodiment, the treatment planning module **54** provides for a method for modeling and graphical display of tissue heating according to a set of parameters defining a treatment protocol. In a specific embodiment, the set of parameters correspond to a treatment protocol for inducing irreversible electroporation in a tissue.
(96) The treatment planning module **54** may provide one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or more or a plurality of electrodes.
(97) The treatment planning module **54** may model a heat distribution in a tissue surrounding the one or more or the plurality of electrodes based on the one or more parameters.
(98) The treatment planning module **54** may provide a graphical representation of the heat distribution based on the modeled heat distribution.
(99) The treatment planning module **54** may allow a user to optionally modify one or more of the parameters of the treatment protocol through input devices **12**, **14** based on the graphical representation of the heat distribution.
(100) The treatment planning module **54** may be in operable connection with a controller **71** capable of delivering one or more electrical pulses to the tissue based on the one or more parameters stored in the treatment planning module **54**.
(101) The treatment planning module **54** may model the heat distribution in the tissue based on the Joule heating in the tissue.
(102) The treatment planning module **54** may calculate the heat distribution as:
(103) $C_p \frac{\partial T}{\partial t} = \nabla$ .Math. $(k\nabla T) + Q_{\text{jh}} [\frac{W}{m^3}]$
(104) where ρ is the density, C.sub.p is the heat capacity, k is the thermal conductivity, and Q.sub.jh are the resistive losses
(105) $Q_{\text{jh}} = J$ .Math. $E[\frac{W}{m^3}]$
(106) where J is the induced current density
(107) $J =$ $E[\frac{A}{m^2}]$
(108) and σ is the tissue conductivity and E is the electric field
(109) $E = -\nabla$ $[\frac{V}{m}]$
(110) The treatment planning module may further calculate the resistive losses as
jh.Qrh=((*jh.Jix*+*jh.Jex*)*duty_cycly**jh.Ex*+(*jh.Jiy*+*jh.Jey*)*duty_cycle**jh.Ey*+(*jh.Jiz*+*jh.Jez*)*duty_cycle**jh.Ez*)*(*t*<=90)+0*(*t*>90)
according to the Joule Heating Model described in Example 8.
(111) The treatment planning module **54** may allow a user to specify a heat distribution value (i.e. temperature) and may provide a graphical representation of the temperature as an isocontour line.
(112) The treatment planning module **54** may model an electric field distribution in a tissue surrounding the one or more or a plurality of electrodes based on the one or more parameters of the treatment protocol.
(113) The treatment planning module **54** may provide a graphical representation of the electric field distribution based on the modeled electrical field distribution.
(114) The treatment planning module may calculate the electric field distribution as:
∇.sup.2ϕ=0
(115) where ϕ is the electric potential, this equation is solved with boundary conditions:
(116) {right arrow over (n)}.Math.{right arrow over (J)}=0 at the boundaries
(117) ϕ=V.sub.in at the boundary of the first electrode
(118) ϕ=0 at the boundary of the second electrode
(119) wherein {right arrow over (n)} is the normal vector to the surface, {right arrow over (J)} is the electrical current and V.sub.in is the electrical potential applied.
(120) The treatment planning module **54** may allow a user to specify a value for an electrical field distribution and provide a graphical representation of the electrical field distribution value as an isocontour line.
(121) The treatment planning module **54** may display isocontour lines representing the heat and electrical field distributions by calculating a Cassini oval according to Example 7. The Cassini oval may be calculated by first modeling the temperature and electrical field distributions, storing the values in a database, and then calculating the specific Cassini oval based on parameters chosen by the user.
(122) The treatment planning module **54** may allow a user to specify the one or more parameters of a treatment protocol including voltage, gap between electrodes, duration, pulse width, and electric field intensity.
(123) Alternatively, or in addition, the treatment planning module **54** may allow a user to input one or more of the tissue-specific conductivity parameters described herein and model the electric field distribution and tissue heating. The treatment planning module **54** may then provide graphical representations of one or more values of the electrical field intensity and tissue temperature.
(124) The treatment planning module **54** may provide a graphical representation of an electrical field distribution and a heat

distribution through a variety of modes of operation. First, the treatment planning module **54** may model the electrical field distribution and heat distribution for each set of parameters that are entered through input devices **12**, **14**. Thus, every time the treating physician altered one or more parameters of the treatment protocol, the treatment planning module **54** software would model the electrical field and heat distributions according to those parameters and then graphically display them on the display device **11**. In a second approach, the software would first run the modeling of the heat and electrical field distributions for a wide range of parameter combinations and store the resulting distributions in the database stored in memory **44**. In this approach, when the treating physician enters a particular combination of parameters, the treatment planning module **54** retrieves the heat distribution and electrical field distribution from values stored in the database. These values are then used as a basis for Cassini oval calculations to determine specific contours for the particular combination of parameters. The Cassini oval calculations are performed according to the equations and procedure described in Example 7. The Cassini ovals are then graphically displayed on the display device **11** in real time. In embodiments, specific contours are provided according to values for temperature or electrical field intensity set by the user.

(125) The treatment planning module **54** may model the heat and electric field distributions according to mathematical formulas. In a specific embodiment, the treatment planning module **54** may model the heat distribution and the electrical field distribution according to the formulas in Example 8.

(126) In another embodiment, the invention provides a system for treating a tissue, which system applies electrical treatment energy through one or more or a plurality of electrodes defining a target treatment area of the tissue. The system comprises a computer **40** comprising: a memory **44**, a display device **11**, a processor **46** coupled to the memory **44** and the display device **11**; and a treatment planning module **54** stored in the memory **44** and executable by the processor **46**. In this embodiment, the treatment planning module **54** is adapted to: provide one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or more or a plurality of electrodes; model a heat distribution in a tissue surrounding the at least electrode based on the one or more parameters; provide a graphical representation of the heat distribution on the display device **11** based on the modeled heat distribution. The system further comprises input devices **12**, **14** in operable connection with computer **40**, which input devices are capable of modifying the one or more parameters of the treatment protocol in the treatment planning module **54**. The system further comprises a generator **10** in operable connection with the computer through a controller **71**, which controller **71** is capable of instructing the generator **10** to deliver the one or more electrical pulses to the target tissue through the one or more or the plurality of electrodes **22** based on the one or more parameters of the treatment protocol stored in the treatment planning module **54**. The system may further comprise one or more databases stored in the memory **44** for storing the modeled heat distributions or modeled electric field distributions for a plurality of sets of parameters for a treatment protocol.

(127) In another embodiment, the treatment planning module **54**, in addition to providing one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or more or a plurality of electrodes, may also provide one or more conductivity parameters specific for the tissue to be treated.

(128) The treatment planning module **54** may estimate the target ablation zone based on the one or more parameters of the treatment protocol and the one or more electrical flow characteristics. The treatment planning module may also display a graphical representation of the estimation in the display device **11**.

(129) The treatment planning module **54** may optionally allow for modification of one or more of the parameters of the treatment protocol through input devices **12**, **14** based on the graphical representation of the target ablation zone.

(130) Additionally, the treatment planning module **54** may be in operable communication with a controller **77** and provide one or more parameters to the controller for delivering one or more electrical pulses to the tissue.

(131) The treatment planning module **54** may provide one or more parameters of a treatment protocol comprise voltage, gap between electrodes, duration, pulse width, and electric field intensity.

(132) Additionally, the one or more conductivity parameters provided by the treatment planning module **54** may comprise the baseline conductivity of the tissue to be treated, the ratio of the baseline conductivity to the maximum conductivity of the tissue that is reached during treatment, the rate at which the conductivity increases from the baseline to the maximum conductivity, or the electric field at which the conductivity changes during treatment.

(133) Additionally, one or more conductivity parameters for a plurality of tissues may be provided in a database stored in memory **44**.

(134) In another embodiment, the invention provides a system for treating a tissue, which system applies electrical treatment energy through one or more or a plurality of electrodes **22** defining a target treatment area of the tissue. The system may comprise a computer **40** comprising a memory **44**, a display device **11**, a processor **46** coupled to memory **44** and the display device **11**, and a treatment planning module **54** stored in the memory **44** and executable by the processor **46**. The treatment planning module **54** may be adapted to provide one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or more or a plurality of electrodes, provide one or more conductivity parameters specific for the tissue to be treated, estimate the target ablation zone and display a graphical representation of the estimation in the display device based on the one or more parameters of the treatment protocol and the one or more conductivity parameters. The system may further comprise input devices **12**, **14** in operable connection with the computer **40**, which input devices **12**, **14** are capable of allowing a user to modify the one or more parameters of the treatment protocol in the treatment planning module **54**. The system may further comprise a generator **10** in operable connection with the computer **40** through a controller **71**, which controller **71** is capable of instructing the generator **10** to deliver the one or more electrical pulses to a tissue through the one or more or the plurality of electrodes **22** based on the one or more parameters of the treatment protocol stored in the treatment planning module **54**. Additionally, the system may comprise a database of conductivity parameters for a plurality of tissues stored in the memory **44**.

(135) The systems of the invention may be further configured to include software for displaying a Graphical User Interface in the display device with various screens for input and display of information, including those for inputting various parameters or display of graphical representations of zones of temperature, electrical field, and ablation. Additionally, the Graphical User Interface (GUI) may allow a user to input one or more values related to an irreversible electroporation protocol and tissue-specific conductivity measurements through the use of text fields, check boxes, pull-downs, sliders, command buttons, tabs, and the like.
(136) In one embodiment, the invention provides a method of treating a tissue with a medical treatment device that applies electrical treatment energy through one or more or a plurality of electrodes defining a target treatment area of the tissue and that comprises a display device. The method may comprise providing one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or more or a plurality of electrodes, modeling a heat distribution in a tissue surrounding the at least electrode based on the one or more parameters, displaying a graphical representation of the heat distribution based on the modeled heat distribution in the display device, modifying one or more of the parameters of the treatment protocol based on the graphical representation of the heat distribution, and implanting one or a plurality of electrodes in the tissue and delivering one or more electrical pulses to the tissue through the electrodes based on the one or more modified parameters.
(137) In an exemplary implementation of the method, a treating physician identifies a target treatment area in a tissue of a patient. For example, the target treatment area may be a tumor that is unresectable by conventional surgical methods. The treating physician then uses input devices **12**, **14** such as a keyboard or mouse to interact with the treatment planning module **54** to select and input one or more parameters for designing an irreversible electroporation treatment protocol for ablating the tumor. The treating physician then selects a temperature value to graphically display a temperature contour profile in the target treatment area on the display device **11**. For example, the treating physician may select a value of 50° C. The treating physician then may correlate this temperature contour with imaging from the treatment area, by overlaying the temperature contour with the imaging on the display device **11**. By visualizing the temperature contour relative to the imaging, the treating physician then may identify structures surrounding the treatment area such as nerves and blood vessels that may be subject to thermal damage. The treating physician then may modify the irreversible electroporation parameters so that the temperature contour no longer indicates that critical structures may be subject to overheating. Irreversible electroporation parameters that may be modified include the voltage, distance between electrodes, electrode diameter, period of treatment, pulse width, number of pulses, and electric field. Similarly, the treatment planning module **54** may allow the treating physician to visualize a temperature contour relative to an electric field contour. Through one or more iterations of adjustment of the irreversible electroporation parameters and visualization of the temperature contour and electric field contour on the display device, the treating physician may ultimately select a final set of irreversible electroporation parameters to be used for treatment. The treating physician may then implant a pair of electrodes at the target treatment area in the tissue and deliver a plurality of electrical pulses to the treatment area based on the final set of irreversible electroporation parameters.
(138) Thus, one embodiment of the method may comprise one or more of: 1. identifying a target treatment area in a tissue of a patient; 2. selecting and inputting one or more parameters for designing an irreversible electroporation treatment protocol for the target treatment area; 3. selecting a temperature value to graphically display a temperature contour in a simulation of the target treatment area; 4. correlating the temperature contour with imaging from the treatment area; 5. Identifying structures within or surrounding the target treatment area such as nerves and blood vessels that may be subject to thermal damage based on the temperature contour; 6. modifying the irreversible electroporation parameters through one or more iterations so that the temperature contour no longer indicates that critical structures may be subject to overheating; 7. selecting a final set of irreversible electroporation parameters to be used for treatment; and 8. implanting a pair of electrodes at the target treatment area in the tissue and delivering a plurality of electrical pulses to the treatment area based on the final set of irreversible electroporation parameters.
(139) The target treatment area may be imaged through a variety of imaging modalities including Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, Positron Emission Tomography (PET), and the like. The imaging devices may be operably connected with the display device **11** so that results of the imaging may overlap or otherwise be available for comparison with the graphical display of the temperature and electric field contours.
(140) In another embodiment, the invention provides a method of treating a tissue with a medical treatment device that applies electrical treatment energy through one or more or a plurality of electrodes defining a target treatment area of the tissue, which medical treatment device comprises a display device. The method may comprise providing one or more parameters of a treatment protocol for delivering one or more electrical pulses to a tissue through one or a plurality of electrodes, and one or more conductivity parameters specific for the tissue to be treated, estimating the target ablation zone and displaying a graphical representation of the estimation in the display device based on the one or more parameters of the treatment protocol and the one or more conductivity parameters, modifying one or more of the parameters of the treatment protocol based on the graphical representation of the target ablation zone, and implanting one or a plurality of electrodes in the tissue and delivering one or more electrical pulses to the tissue through the electrodes based on the one or more modified parameters. In the context of this specification, when referring to implanting an electrode, one or more of the electrode(s) can alternatively or in addition be placed near, or contact, or otherwise be operably disposed in a manner to administer electrical energy to the tissue.
(141) In an exemplary implementation of the method, a treating physician identifies a target treatment area in a tissue of a patient. For example, the target treatment area may be a tumor that is unresectable by conventional surgical methods. The treating physician then uses input devices **12**, **14** such as a keyboard or mouse to interact with the treatment planning module

54 to select and input one or more parameters for designing an irreversible electroporation treatment protocol for ablating the tumor. The treatment planning module **54** then graphically displays an ablation zone on the display device **11** based on the one or more parameters of the irreversible electroporation treatment protocol. The treating physician then selects one or more conductivity parameters based on the type of tissue to be treated. The one or more conductivity parameters may be tissue-specific values based on experimental data that is stored in a database in memory **44** or may be obtained by the physician and entered into the treatment planning module **54** using the keyboard or other input, such as a hands-free input. In embodiments, tissue-specific conductivity values may be provided for heart, kidney, liver, lung, spleen, pancreas, brain, prostrate, breast, small intestine, large intestine, and stomach.

(142) The one or more conductivity parameters may include the baseline conductivity, change in conductivity, the transition zone (how rapidly the conductivity increases), the electric field at which the change in conductivity occurs, and the electric field at which irreversible electroporation occurs. After selecting the one or more conductivity parameters, the treatment planning module **54** may display a modified ablation zone on the display device **11** based on the tissue-specific conductivity characteristics inputted by the physician. The treating physician then may alter the one or more parameters of the irreversible electroporation protocol to modify the target ablation zone on the display device **11** to fit a desired area of treatment. The treating physician may then strategically place (e.g., implant) a pair of electrodes at the target treatment area in the tissue and deliver a plurality of electrical pulses to the treatment area based on the final set of irreversible electroporation parameters.

(143) Thus, one embodiment of the method may comprise one or more of: 1. identifying a target treatment area in a tissue of a patient; 2. selecting and inputting one or more parameters for designing an irreversible electroporation treatment protocol for the target treatment area; 3. displaying a graphical representation of a target ablation zone on a display device; 4. selecting and inputting one or more conductivity characteristics based on the specific tissue to be treated; 5. displaying a modified graphical representation of the target ablation zone based on the tissue-specific conductivity characteristics; 6. modifying the one or more parameters of the irreversible electroporation protocol to fit a desired area of treatment; and 7. disposing/implanting a pair of electrodes at the target treatment area in the tissue and delivering a plurality of electrical pulses to the treatment area based on the modified IRE parameters.

(144) As will be apparent to a skilled artisan, the systems and methods described above may be compatible with a variety of bi-polar and mono-polar probe combinations and configurations. Additionally, the calculations may be extended to not only display an electric field and temperature but also using that information to calculate an electrical damage and thermal damage component which take into account the time of exposure to the electric field and temperatures and can be tissue-specific such as for liver, kidney, etc. The systems and methods may be capable of displaying information such as “electric damage” or “thermal damage” once the electric field and temperature contours are determined, based on predetermined values for electric damage and thermal damage in the given tissue type. “Electric damage” and “thermal damage” regions can be visualized in place of or in combination with electric field and temperature as isocontour lines, shaded or highlighted areas, or other forms of graphical representation. In addition, the inclusion of tissue-specific in-vivo derived data including blood flow, metabolic heat generation, and one or more conductivity parameters such as tissue conductivity and ratios of changing conductivity can be included to reflect dynamic changes within a specific tissue type.

(145) Additional details of the algorithms and numerical models disclosed herein will be provided in the following Examples, which are intended to further illustrate rather than limit the invention.

(146) In Example 1, the present inventors provide a numerical model that uses an asymmetrical Gompertz function to describe the response of porcine renal tissue to electroporation pulses. However, other functions could be used to represent the electrical response of tissue under exposure to pulsed electric fields such as a sigmoid function, ramp, and/or interpolation table. This model can be used to determine baseline conductivity of tissue based on any combination of electrode exposure length, separation distance, and non-electroporating electric pulses. In addition, the model can be scaled to the baseline conductivity and used to determine the maximum electric conductivity after the electroporation-based treatment. By determining the ratio of conductivities pre- and post-treatment, it is possible to predict the shape of the electric field distribution and thus the treatment volume based on electrical measurements. An advantage of this numerical model is that it is easy to implement in computer software code in the system of the invention and no additional electronics or numerical simulations are needed to determine the electric conductivities. The system and method of the invention can also be adapted for other electrode geometries (sharp electrodes, bipolar probes), electrode diameter, and other tissues/tumors once their response to different electric fields has been fully characterized.

(147) The present inventors provide further details of this numerical modeling as well as experiments that confirm this numerical modeling in Example 2. In developing this work, the present inventors were motivated to develop an IRE treatment planning method and system that accounts for real-time voltage/current measurements. As a result of this work, the system and method of the invention requires no electronics or electrodes in addition to the NANOKNIFE® System, a commercial embodiment of a system for electroporation-based therapies. The work shown in Example 2 is based on parametric study using blunt tip electrodes, but can be customized to any other geometry (sharp, plate, bipolar). The numerical modeling in Example 2 provides the ability to determine a baseline tissue conductivity based on a low voltage pre-IRE pulse (non-electroporating ˜50 V/cm), as well as the maximum tissue conductivity based on high voltage IRE pulses (during electroporation) and low voltage post-IRE pulse (non-electroporating ˜50 V/cm). Two numerical models were developed that examined 720 or 1440 parameter combinations. Results on IRE lesion were based on in vitro measurements. A major finding of the modeling in Example 2 is that the electric field distribution depends on conductivity ratio pre- and post-IRE. Experimental and clinical IRE studies may be used to determine this ratio. As a result, one can determine e-field thresholds for tissue and tumor based on measurements. The 3-D model of Example 2 captures depth, width, and height e-field distributions.

(148) In Example 3, as a further extension of the inventors work, the inventors show prediction of IRE treatment volume based on 1000 V/cm, 750 v/cm, and 500 V/cm IRE thresholds as well as other factors as a representative case of the numerical modeling of the invention.
(149) In Example 4, the inventors describe features of the Specific Conductivity and procedures for implementing it in the invention.
(150) In Example 5, the inventors describe in vivo experiments as a reduction to practice of the invention.
(151) In Example 6, the inventors describe how to use the ratio of maximum conductivity to baseline conductivity in modifying the electric field distribution and thus the Cassini oval equation.
(152) In Example 7, the inventors describe the Cassini oval equation and its implementation in the invention.
(153) In Example 8, the inventors describe mapping of electric field and thermal contours using a simplified data cross-referencing approach.
(154) In Example 9, the inventors describe visualization of electric field distributions using different configurations of bipolar probes.
(155) In Example 10, the inventors describe a method for determining the IRE threshold for different tissues according to one or more conductivity parameters.
(156) In Example 11, the inventors describe correlating experimental and numerical IRE lesions using the bipolar probe.

EXAMPLES

Example 1

(157) Materials And Methods

(158) The tissue was modeled as a 10-cm diameter spherical domain using a finite element package (Comsol 4.2a, Stockholm, Sweden). Electrodes were modeled as two 1.0-mm diameter blunt tip needles with exposure lengths (Y) and edge-to-edge separation distances (X) given in Table 1. The electrode domains were subtracted from the tissue domain, effectively modeling the electrodes as boundary conditions.

(159) TABLE-US-00001 TABLE 1 Electrode configuration and relevant electroporation- based treatment values used in study. PARAMETER VALUES MEAN W [V/cm] 500, 1000, 1500, 2000, 1750 2500, 3000 X [cm] 0.5, 1.0, 1.5, 2.0, 2.5 1.5 Y [cm] 0.5, 1.0, 1.5, 2.0, 2.5, 3.0 1.75 Z [cm] 1.0, 1.25, 1.5, 2.0, 3.0, 2.96875 4.0, 5.0, 6.0

(160) The electric field distribution associated with the applied pulse is given by solving the Laplace equation:

$$\nabla.\mathrm{Math.}(\sigma(|E|)\nabla\varphi)=0 \qquad (1)$$

(161) where σ is the electrical conductivity of the tissue, E is the electric field in V/cm, and φ is the electrical potential (Edd and Davalos, 2007). Boundaries along the tissue in contact with the energized electrode were defined as φ=V.sub.o, and boundaries at the interface of the other electrode were set to ground. The applied voltages were manipulated to ensure that the voltage-to-distance ratios (IN) corresponded to those in Table 1. The remaining boundaries were treated as electrically insulating, ∂φ/∂n=0.

(162) The analyzed domain extends far enough from the area of interest (i.e. the area near the electrodes) that the electrically insulating boundaries at the edges of the domain do not significantly influence the results in the treatment zone. The physics-controlled finer mesh with ˜100,000 elements was used. The numerical models have been adapted to account for a dynamic tissue conductivity that occurs as a result of electroporation, which is described by an asymmetrical Gompertz curve for renal porcine tissue (Neal et al., 2012):

$$\sigma(|E|)=\sigma.\mathrm{sub.0}+(\sigma.\mathrm{sub.max}-\sigma.\mathrm{sub.0})\exp[-A.\mathrm{Math.}\exp[-B.\mathit{Math.}E] \qquad (2)$$

(163) where σ.sub.o is the non-electroporated tissue conductivity and σ.sub.max is the maximum conductivity for thoroughly permeabilized cells, A and B are coefficients for the displacement and growth rate of the curve, respectively. Here, it is assumed that σ.sub.o=0.1 S/m but this value can be scaled by a factor to match any other non-electroporated tissue conductivity or material as determined by a pre-treatment pulse. In this work the effect of the ratio of maximum conductivity to baseline conductivity in the resulting electric current was examined using the 50-μs pulse parameters (A=3.05271; B=0.00233) reported by Neal et al. (Neal et. al., 2012). The asymmetrical Gompertz function showing the tissue electric conductivity as a function of electric field is, for example, shown in FIG. **5**.

(164) The current density was integrated over the surface of the ground electrode to determine the total current delivered. A regression analysis on the resulting current was performed to determine the effect of the parameters investigated and their interactions using the NonlinearModelFit function in Wolfram Mathematica 8.0. Current data from the numerical simulations were fit to a mathematical expression that accounted for all possible interactions between the parameters:

$$I=\mathrm{factor.Math.}[aW+bX+cY+dZ+e(W-W)(X-X)+f(W-W)(Y-Y)+g(W-W)(Z-Z)+h(X-X)(Y-Y)+i(X-X)(Z-Z)+j(Y-Y)(Z-Z)+k(W-W)(X-X)(Y-Y)+l(X-X)(Y-Y)(Z-Z)+m(W-W)(Y-Y)(Z-Z)+n(W-W)(X-X)(Z-Z)+o(W-W)(X-X)(Y-Y)(Z-Z)+p] \qquad (3)$$

(165) where I is the current in amps, W is the voltage-to-distance ratio [V/cm], X is the edge-to-edge distance [cm], Y is the exposure length [cm], and Z is the unitless ratio σ.sub.max/σ.sub.o. The W, X, Y, and Z are means for each of their corresponding parameters (Table 1) and the coefficients (a, b, c, . . . , n, o, p) were determined from the regression analysis (Table 2).

(166) Results.

(167) A method to determine electric conductivity change following treatment based on current measurements and electrode configuration is provided. The best-fit statistical (numerical) model between the W, X, Y, and Z parameters resulted in Eqn. 3 with the coefficients in Table 2 (R.sup.2=0.999646). Every coefficient and their interactions had statistical significant effects on the resulting current (P<0.0001*). With this equation one can predict the current for any combination of the W, Y, X, Z parameters studied within their ranges (500 V/cm≤W≤3000 V/cm, 0.5 cm≤X≤2.5 cm, 0.5 cm≤Y≤3.0 cm, and 1.0≤Z≤6.0).

Additionally, by using the linear results (Z=1), the baseline tissue conductivity can be extrapolated for any blunt-tip electrode configuration by delivering and measuring the current of a non-electroporating pre-treatment pulse. The techniques described in this specification could also be used to determine the conductivity of other materials, such as non-biological materials, or phantoms.

(168) TABLE-US-00002 TABLE 2 Coefficients (P < 0.0001*) from the Least Square analysis using the NonlinearModelFit function in Mathematica. ESTIMATE a .fwdarw. 0.00820 b .fwdarw. 7.18533 c .fwdarw. 5.80997 d .fwdarw. 3.73939 e .fwdarw. 0.00459 f .fwdarw. 0.00390 g .fwdarw. 0.00271 h .fwdarw. 3.05537 i .fwdarw. 2.18763 j .fwdarw. 1.73269 k .fwdarw. 0.00201 l .fwdarw. 0.92272 m .fwdarw. 0.00129 n .fwdarw. 0.00152 o .fwdarw. 0.00067 p .fwdarw. −33.92640

(169) FIG. **6** shows a representative case in which the effect of the W and Z are studied for electroporation-based therapies with 2.0 cm electrodes separated by 1.5 cm. The 3D plot corroborates the quality of the model which shows every data point from the numerical simulation (green spheres) being intersected by the best-fit statistical (numerical) model. This 3D plot also shows that when Z is kept constant, the current increases linearly with the voltage-to-distance ratio (W). Similarly, the current increases linearly with Z when the voltage-to-distance ratio is constant. However, for all the other scenarios there is a non-linear response in the current that becomes more drastic with simultaneous increases in W and Z.

(170) In order to fully understand the predictive capability of the statistical (numerical) model, two cases in which the current is presented as a function of the exposure length and electrode separation are provided. FIG. **7**A shows the linear case (Z=1) in which the current can be scaled to predict any other combination of pulse parameters as long as the pulses do not achieve electroporation. For example, one can deliver a non-electroporation pulse (˜50 V/cm) and measure current. The current can then be scaled to match one of the W values investigated in this study. By using Eqn. 3 and solving for the factor, the baseline electric conductivity of the tissue can be determined and used for treatment planning. FIG. **7**B is the case in which the maximum electric conductivity was 0.4 S/m (Z=4) after electroporation. The trends are similar to the ones described in FIG. **5** in that if exposure length is constant, the current increases linearly with increasing electrode separation and vice versa. However, even though the conductivity within the treated region increases by a factor of 4, the current increases non-linearly only by a factor of 3. This can be seen by comparing the contours in FIG. **7**A with those in FIG. **7**B which consistently show that the curves are increased by a factor of 3.

Example 2. Determining the Relationship Between Blunt Tip Electrode Configuration and Resulting Current after IRE Treatment

(171) Model Assumptions:

(172) Gompertz Conductivity: Pulse duration=50 μs, Ex-vivo kidney tissue

(173) Baseline Conductivity: σ=0.1 S/m

(174) Spherical Domain: diameter=10 cm

(175) Applied Voltage: Voltage=1000 V

(176) Parametric Study:

(177) Total Combinations: 720 models

(178) Maximum Conductivity: 1.0×, 1.25×, 1.5×, 2×, 3×, 4×, 5×, 6× the baseline

(179) Edge-to-edge Distance: 5, 10, 15, 20, 25 mm

(180) Electrode Exposure: 5, 10, 15, 20, 25, 30 mm

(181) Electrode Radius: 0.5, 0.75, 1.0 mm

(182) The output of statistical analysis software (JMP 9.0) used to fit model and determine the coefficients for all parameter combinations is shown in the tables of FIGS. **8**A and **8**B and the plot of FIG. **8**C.

(183) Parameters of Best Fit for Dynamic Conductivity Changes Between 1×-6× the Baseline Conductivity (R.sup.2=0.96):

(184) a=−1.428057; (*Intercept Estimate*)

(185) b=−0.168944; (*Gap Estimate*)

(186) c=2.1250608; (*Radius Estimate*)

(187) d=0.2101464; (*Exposure Estimate*)

(188) e=1.1114726; (*Factor Estimate*)

(189) f=−0.115352; (*Gap−Radius Estimate*)

(190) g=−0.010131; (*Gap−Exposure Estimate*)

(191) h=−0.067208; (*Gap−Factor*)

(192) i=0.0822932; (*Radius−Exposure Estimate*)

(193) j=0.4364513; (*Radius−Factor Estimate*)

(194) k=0.0493234; (*Exposure−Factor Estimate*)

(195) l=−0.006104; (*Gap−Radius−Exposure Estimate*)

(196) m=0.0165237; (*Radius−Exposure−Factor Estimate*)*)

(197) n=−0.003861; (*Gap−Exposure−Factor Estimate*)

(198) o=−0.041303; (*Gap−Radius−Factor Estimate*)

(199) p=−0.002042; (*Gap−Radius−Exposure−Factor Estimate*)

(200) Analytical Function for Dynamic Conductivity Changes Between 1×-6× the Baseline Conductivity (R.sup.2=0.96):

(201) 5 mm<gap=x<25 mm, 0.5 mm<radius=y<1.0 mm,

(202) 5 mm<exposure=z<30 mm, 1<factor=w<6

(203) Default conductivity of 0.1 S/m and 1000 V which can be scaled for dynamic conductivities. The function is a linear combination of all iterations examined in the parametric study:

$$\text{Current}(w,x,y,z)=a+bx+cy+dz+ew+f(x+bb)(y+cc)+g(x+bb)(z+dd)+h(x+bb)(w+e\ e)+i(y+cc)(z+dd)+j(y+cc)$$

$(w+ee)+k(z+dd)(w+ee)+l(x+bb)(y+cc)+m(y+cc)(z+dd)(w+ee)+n(x+bb)(z+dd)(w+ee)+o(x+bb)(y+cc)(w+ee)+p(x+bb)(y+cc)(z+dd)(w+ee)$

(204) FIGS. **9**A-**9**F show the representative (15 mm gap) correlation between current vs. exposure length and electrode radius for maximum conductivities (1×-6×, respectively).

(205) FIGS. **10**A and **10**B are tables showing experimental validation of the code for determining the tissue/potato dynamic conductivity from in vitro measurements.

(206) Determining the Relationship Between Blunt Tip Electrode Configuration and e-Field Distribution after IRE Treatment

(207) Model Assumptions:

(208) Gompertz Conductivity: Pulse duration=50-μs, Ex-vivo kidney tissue

(209) Baseline Conductivity: σ=0.1 S/m

(210) Spherical Domain: diameter=10 cm

(211) Electrode Radius: r=0.5 mm

(212) Parametric Study:

(213) Total Combinations: 1440 models

(214) Maximum Conductivity: 1.0×, 1.25×, 1.5×, 2×, 3×, 4×, 5×, 6× the baseline

(215) Edge-to-edge Distance: 5, 10, 15, 20, 25 mm

(216) Electrode Exposure: 5, 10, 15, 20, 25, 30 mm

(217) Voltage-to-distance Ratio: 500, 1000, 1500, 2000, 2500, 3000 V/cm

Example 3

(218) Comparison of analytical solutions with statistical (numerical) model to calculate current and explanation of procedure that results in 3D IRE volume.

(219) The process of backing-out the electrical conductivity using the analytical solutions and the one proposed in the "Towards a Predictive Model of Electroporation-Based Therapies using Pre-Pulse Electrical Measurements" abstract presented in the IEEE Engineering in Medicine and Biology Conference in Aug. 28, 2012 in San Diego, California were compared. A method to determine the predictive power of the equations to calculate current is analyzing the residuals of the 1440 combinations of parameters examined. In the context of this specification, a residual is the difference between the predicted current and the actual current. As can be seen in FIGS. **11**A and **11**B with increasing non-linear change in conductivity due to electroporation and increasing applied electric field there is an increase in the residual for both cases. The main message though is that using the shape factor (analytical) method the maximum residual is 11.3502 A and with the statistical (numerical) model the maximum is 1.55583 A. This analysis suggests that the shape factor method may be inadequate to predict the non-linear changes in current that occur during electroporation and for reliable predictions the statistical (numerical) method may be better.

(220) In terms of the prediction of the volume treated a representative method is to map out the electric field 5 cm in the directions along the (x,0,0), (0,y,0), and (0,0,z) axes from the origin. In addition, the electric field can be extracted along a line that starts at the origin and ends at 3 cm along each of the axes. These plots contain the information for determining the distances at which a particular IRE threshold occurs. In embodiments, 1440 different parameter combinations were simulated that resulted in data sets of 28,692 (x-direction), 20,538 (y-direction), 27,306 (z-direction), and 25,116 (xyz-direction) for homogeneous conductivity. Even though these simulations only include dynamic conductivity changes due to electroporation, it is believed that an identical analysis for simulations that also include the changes in conductivity due to temperature could also be performed. In this manner, it would be possible to determine irreversible electroporation thresholds as a function of temperature and electroporation. Manipulating these large data sets is challenging but it provides all the necessary information to study the effect of electrode separation, electrode length, dynamic conductivity factor, and voltage-to-distance ratio for any position along the described paths. In order to be able to manipulate the data and extract the distance for different IRE thresholds, the function NonlinearModelFit (Mathematica) was used in order to come up with analytical expressions that would closely match the electric field. A different function was used for each of the directions studied in the positive directions along the Cartesian coordinate system. The Micheilis Menten function was used along the x-direction (R.sup.2=0.978978), the analytical solution to the Laplace equation along the y-direction (R.sup.2=0.993262), and the Logistic equation in the z-direction (R.sup.2=0.983204). Each of those functions was scaled by a 3rd order polynomial function that enabled the fit to incorporate the electrode separation and electrode exposure as well. Even though the described functions were used to fit the data from the numerical data, there might be other functions that are also appropriate and this will be explored further in order to use the most reliable fit. In FIGS. **12**A-**12**C provided are representative contour plots of the electric field strength at 1.0 cm from the origin using an edge-to-edge voltage-to-distance ratio of 1500 V/cm assuming a z=1 which is the case for non-electroporated electrical conductivity. It is important to note that in this case the y and z data are starting from (0, 0, 0) and the x-data starts outside the external electrode-tissue boundary. One representative case is presented, but any of the 1440 parameters combinations that were disclosed in the conference proceeding could be plotted as well.

(221) The following functions describe the electric field [V/cm] distributions along the x-axis (E.sub.x), y-axis (E.sub.y), and z-axis (E.sub.z) as a function of voltage-to-distance (W), edge-to-edge separation between the electrodes (X), exposure length (Y), maximum conductivity to baseline conductivity (Z), and distance in the x-direction (xx), y-direction (yy), and z-direction (zz).

(222) Micheilis Menten Equation (Electric Field in the x-Direction)

E.sub.x$(W,X,Y,Z,xx)=W*(a*\mathrm{Exp}[-b.Math.xx]+c)*(dX$.sup.3$+eX$.sup.2$+fX+gY$.sup.3$+hY$.sup.2$+iY+j)+k$

(223) The coefficients for the NonlinearModelFit are given below:

(224) a=−0.447392, b=8.98279, c=−0.0156167, d=−0.0654974, e=0.468234, f=−6.17716, g=0.326307, h=−2.33953, I=5.90586, j=−4.83018, k−9.44083
(225) Laplace Equation (Electric Field in the y-Direction)
(226)
$E_y(W,X,Y,Z,\text{yy}) = a + (X^3 + X^2 + \text{bX} + \text{cY}^3 + \text{dY}^2 + \text{eY} + f) * (h + \frac{(\text{gWXZ})}{2} * (\frac{1}{\text{Log}[\frac{X+0.1}{0.05}]) *}) * \text{Abs}[\frac{1}{\text{i .Math. yy} - \frac{X}{2} - 0.05} - \frac{1}{\text{i .Math. yy} + \frac{X}{2} + 0.05}$
(227) The coefficients for the NonlinearModelFit are given below:
(228) a=−56.6597, b=−42.9322, c=6.66389, d=−50.8391, e=141.263, f=138.934, g=0.00417123, h=0.184109
(229) Logistic Equation (Electric Field in the z-Direction)
(230) $E_z(W,X,Y,Z,\text{zz}) = a + \frac{\text{bWZ}}{1 + c \text{ .Math. Exp}[d \text{ .Math. } (\frac{2zz}{y} - e)]}$ .Math. $(\text{fX}^3 + \text{gX}^2 + \text{hX} + i)$ .Math. $(\text{jY}^3 + \text{kY}^2 + \text{lY} + m)$
(231) The coefficients for the NonlinearModelFit are given below:
(232) a=49.0995, b=−0.00309563, c=1.39341, d=4.02546, e=1.24714, f=0.276404, g=−1.84076, h=4.93473, I=−9.13219, j=0.699588, k=−5.0242, l=12.8624, m=19.9113.
(233) In order to visualize the predicted IRE shape the equation of an ellipsoid was used and the semi-axes were forced to intersect with the locations at which the IRE threshold wants to be examined. Therefore, the provided functions can be adjusted in real-time to display the IRE volume for any electric field threshold. This is important since different tissues have different IRE thresholds that depend on the temperature, dielectric properties of the tissue, the electrode configuration, and the pulse parameters used. Once again, even though the equation for an ellipsoid is used to represent the IRE volume, other functions may be evaluated that may also be appropriate to replicate the morphology of the zones of ablation being achieved experimentally such as the Cassini curve. A 1500 V/cm was used as the voltage-to-distance ratio, electrode exposure 2 cm, and electrode separation 1.5 cm to generate 3 different IRE zones using 1000 V/cm, 750 V/cm, and 500 V/cm as the IRE thresholds with z=1.
(234) From the 3D plots representing the zones of ablation shown in FIGS. **13**A-**13**C it can be seen that if the IRE threshold is reduced from 1000 V/cm to either 750 V/cm or 500 V/cm, the volume becomes larger. This is representative of how different tissues may have different thresholds and this code may provide the ability to simulate the fields in a broad/generic manner that can then be applied to any tissue. Incorporating the xyz-data that was extracted from the parametric study will help modify the “roundness” of the current depictions of the zone of IRE ablation in order to more realistically replicate the experimental results. However, to the best of the inventors' knowledge there is no such adaptable code currently available to provide a 3D IRE volume as a function of measured current, electrode length, electrode exposure, applied voltage-to-distance ratio, and customizable electric field threshold so it is believed that this will greatly help the medical community in planning and verifying the clinical treatments of patients being treated with the IRE technology.
Example 4
(235) Specific Conductivity
(236) Specific conductivity can be important in embodiments for treatment planning of irreversible electroporation (IRE). For many applications, especially when treating tumors in the brain, the volume (area) of IRE should be predicted to maximize the ablation of the tumorous tissue while minimizing the damage to surrounding healthy tissue. The specific electrical conductivity of tissue during an irreversible electroporation (IRE) procedure allows the physicians to: determine the current threshold; minimize the electric current dose; decrease the Joule heating; and reduce damage to surrounding healthy tissue. To measure the specific conductivity of tissue prior to an IRE procedure the physician typically performs one or more of the following: establishes the electrode geometry (shape factor); determines the physical dimensions of the tissue; applies a small excitation AC voltage signal (1 to 10 mV); measures the AC current response; calculates the specific conductivity (σ) using results from the prior steps. This procedure tends to not generate tissue damage (low amplitude AC signals) and will supply the physician (software) with the required information to optimize IRE treatment planning, especially in sensitive organs like the brain which is susceptible to high electrical currents and temperatures. Thus, the IRE procedure is well monitored and can also serve as a feedback system in between series of pulses and even after the treatment to evaluate the area of ablation.
(237) Special Cases for electrode geometry
(238) Nomenclature (units in brackets):
(239) V.sub.e=voltage on the hot electrode (the highest voltage), [V]
(240) G=electroporation voltage gradient (required for electroporation), [V/m]
(241) R.sub.1=radius of electrode with highest voltage (inner radius), [m]
(242) R.sub.2=radius at which the outer electrodes are arranged (outer radius), [m]
(243) i=total current, [A]
(244) L=length of cylindrical electrode, [m]
(245) A=area of plate electrode, [m.sup.2]
(246) σ=electrical conductivity of tissue, [S/m]
(247) ρ=density
(248) c=heat capacity
(249) Case 1
(250) Electrical conduction between a two-cylinder (needle) arrangement of length L in an infinite medium (tissue). It is important to note that this formulation is most accurate when L>>R.sub.1, R.sub.2 and L>>w. The electrical conductivity can be calculated from,
(251) $= \frac{i \text{ .Math. } S}{V_e}$

(252) where the shape factor (S) corresponding to the electrode dimensions and configuration is given by,

(253) $$\frac{2\ .\mathrm{Math.}\quad .\mathrm{Math.}\ L}{\cosh^{-1}\left(\frac{4\ .\mathrm{Math.}\ w^2-(2\ .\mathrm{Math.}\ R_1)^2-(2\ .\mathrm{Math.}\ R_2)^2}{8\ .\mathrm{Math.}\ R_1\ .\mathrm{Math.}\ R_2}\right)}$$

Case 2

(254) Cylindrical arrangement in which the central electrode is a cylinder (needle) with radius R.sub.1 and the outer electrodes are arranged in a cylindrical shell with a shell radius of R.sub.2 (not the radius of the electrodes). The voltage on the central electrode is V.sub.e. The voltage distribution in the tissue may be determined as a function of radius, r:

(255) $$V = V_e \frac{\ln\frac{r}{R_2}}{\ln\frac{R_1}{R_2}}$$

(256) The required voltage on the central electrode to achieve IRE:

(257) $$0V_e = GR_2 \ln\frac{R_2}{R_1}$$

(258) The required current on the central electrode:

(259) $$i = \frac{2\quad L\quad V_e}{\ln\frac{R_2}{R_1}}$$

(260) The specific conductivity (σ) of the tissue can be calculated since the voltage signal (V.sub.e) and the current responses (i) are known.

(261) Explanation of electrical concepts.

(262) By using the bipolar electrode described previously in US Patent Application Publication No. 2010/0030211 A1, one can apply a small excitation AC voltage signal (for example from about 1 to 10 mV),

V(*t*)=*V*.sub.0 Sin(ω*t*)

(263) where V(t) is the potential at time t, V.sub.0 is the amplitude of the excitation signal and ω is the frequency in radians/s. The reason for using a small excitation signal is to get a response that is pseudo-linear since in this manner the value for the impedance can be determined indicating the ability of a system (tissue) to resist the flow of electrical current. The measured AC current (response) that is generated by the excitation signal is described by

I(*t*)=*I*.sub.0 Sin(ω*t*+0)

(264) where I(t) is the response signal, lo is the amplitude of the response (I.sub.0≠V.sub.0) and θ is the phase shift of the signal. The impedance (Z) of the system (tissue) is described by,

Z=(*V*(*t*))/(*I*(*t*))=(*V*.sub.0 Sin(ω*t*))/(*I* .sub.0 Sin(ω*t*+θ))=*Z*.sub.0(Sin(ω*t*))/(Sin(ω*t*+θ))

(265) It is important to note that the measurement of the response is at the same excitation frequency as the AC voltage signal to prevent interfering signals that could compromise the results. The magnitude of the impedance |Z.sub.0| is the electrical resistance of the tissue. The electrical resistivity (Ωm) can be determined from the resistance and the physical dimensions of the tissue in addition to the electrode geometry (shape factor). The reciprocal of the electrical resistivity is the electrical conductivity (S/m). Therefore, after deriving the electrical resistivity from the methods described above, the conductivity may be determined.

(266) As described in U.S. Patent Application No. 61/694,144 the analytical solution (Table 4) assumes that the length of the electrodes is much larger than the electrode radius or separation distance between the electrodes. Additionally, the analytical solution is not capable of capturing the non-linear electrical response of the tissue during electroporation procedures. The proposed statistical algorithm (Table 3) is preferably used in order to capture the response in treatments that are being conducted clinically and show how the analytical overestimates the baseline and maximum current that uses the experimental data.

(267) TABLE-US-00003 TABLE 3 Determination of conductivity using the statistical model and in vivo data from pre-pulse and IRE pulses in canine kidney tissue using identical electrode configuration that the experimental one described below. Current Voltage Volt-2-Dist Conductivity Z = [A] [V] [V/cm] [S/m] σ.sub.max/σ.sub.min Pre-Pulse 0.258 48 53 0.365 — IRE-Pulse 20.6 1758 1953 1.037 2.841 IRE-Pulse 23.7 1758 1953 1.212 3.320 IRE-Pulse 23.6 1758 1953 1.207 3.305 Avg. IRE 22.6 1758 1953 1.150 3.150 IRE-Pulse 10.4 1259 1399 0.727 1.990 IRE-Pulse 11.1 1257 1397 0.789 2.162 IRE-Pulse 11 1257 1397 0.781 2.138 Avg. IRE 10.8 1257 1397 0.763 2.090 Pre-Pulse 0.343 73.3 52 0.341 — IRE-Pulse 23.6 2262 1616 1.007 2.952 IRE-Pulse 24.3 2262 1616 1.041 3.051 IRE-Pulse 25.4 2262 1616 1.094 3.207 Avg. IRE 24.5 2262 1616 1.050 3.080

(268) TABLE-US-00004 TABLE 4 Determination of conductivity using the analytical model and in vivo data from pre-pulse and IRE pulses in canine kidney tissue using identical electrode configuration than the experimental one described below. Assumption: Length >> radius, Length >> width, 2 cylindrical electrodes in an infinite medium. Current Voltage Volt-2-Dist Shape Factor Conductivity [A] [V] [V/cm] [m] [S/m] Pre-Pulse 0.258 48 53 0.01050 0.512 IRE-Pulse 20.6 1758 1953 0.01050 1.116 IRE-Pulse 23.7 1758 1953 0.01050 1.284 IRE-Pulse 23.6 1758 1953 0.01050 1.279 Avg. IRE 22.6 1758 1953 0.01050 1.225 IRE-Pulse 10.4 1259 1399 0.01050 0.787 IRE-Pulse 11.1 1257 1397 0.01050 0.841 IRE-Pulse 11 1257 1397 0.01050 0.834 Avg. IRE 10.8 1257 1397 0.01050 0.819 Pre-Pulse 0.343 73.3 52 0.00924 0.506 IRE-Pulse 23.6 2262 1616 0.00924 1.129 IRE-Pulse 24.3 2262 1616 0.00924 1.163 IRE-Pulse 25.4 2262 1616 0.00924 1.215 Avg. IRE 24.5 2262 1616 0.00924 1.172

Example 5

(269) In Vivo Experiments

(270) 1) Animals.

(271) IRE ablations were performed in canine kidneys in a procedure approved by the local animal ethics committee. Male canines weighing approximately 30 kg were premedicated with acetylpromazine (0.1 mg/kg), atropine (0.05 mg/kg), and morphine (0.2 mg/kg) prior to general anesthesia induced with propofol (6 mg/kg, then 0.5 mg/kg/min) and maintained with inhaled isofluorane (1-2%). Anesthetic depth was monitored by bispectral index monitoring (Covidien, Dublin, Ireland) of

EEG brain activity. After ensuring adequate anesthesia, a midline incision was made and mesenchymal tissue was maneuvered to access the kidney. Pancuronium was delivered intravenously to mitigate electrically mediated muscle contraction, with an initial dose of 0.2 mg/kg, and adjusted if contractions increased.

(272) 2) Experimental Procedure.

(273) Two modified 18 gauge needle electrodes (1.0 mm diameter and 1.0 cm in exposure) were inserted as pairs into the superior, middle, or inferior lobe of the kidney, with lobes being randomly selected. A BTX ECM830 pulse generator (Harvard Apparatus, Cambridge, Mass.) was used to deliver an initial 100 μs pre-pulse of 50 V/cm voltage-to-distance ratio (center-to-center) between the electrodes to get an initial current able to be used to determine baseline conductivity. Electrical current was measured with a Tektronix TCP305 electromagnetic induction current probe connected to a TCPA300 amplifier (both Tektronix, Beaverton, OR). A Protek DSO-2090 USB computer-interface oscilloscope provided current measurements on a laptop using the included DSO-2090 software (both GS Instruments, Incheon, Korea). A schematic of the experimental setup can be found in FIG. **14**A. Following the pre-pulse, a series of 100 pulses, each 100 μs long, at a rate of 1 pulse per second was delivered, reversing polarity after 50 pulses. A five second pause was encountered after pulses 10 and 50 to save data. A schematic diagram showing dimension labeling conventions is shown in FIG. **14**B. Representative current waveforms from a pre-pulse and experimental pulse can be found in FIGS. **14**C and **14**D, respectively. Electrode exposure lengths were set to 1 cm for all trials. The separation distance between electrodes and applied voltage may be found in Table 5. After completing pulse delivery, the electrodes were removed. Two additional ablations were performed in the remaining lobes before repeating the procedure on the contralateral kidney, resulting in a total of three ablations per kidney and six per canine.

(274) TABLE-US-00005 TABLE 5 KIDNEY EXPERIMENT PROTOCOLS IN CANINE SUBJECTS Voltage- Separation, Voltage, Distance Setup cm V Ratio, V/cm n 1 1 1250 1250 4 2 1 1750 1750 4 3 1.5 2250 1500 6

(275) 3) Kidney Segmentation and 3D Reconstruction.

(276) Numerical models provide an advantageous platform for predicting electroporation treatment effects by simulating electric field, electrical conductivity, and temperature distributions. By understanding the electric field distribution, one can apply an effective lethal electric field threshold for IRE, EIRE, to predict ablation lesion dimensions under varying pulse protocols (electrode arrangements and applied voltages). However, in order to do so, these models should first be calibrated with experimental data. Here, the numerical simulation algorithm developed from porcine kidneys was expanded that accounts for conductivity changes using an asymmetrical sigmoid function (R. E. Neal, 2nd, et al., “Experimental characterization and numerical modeling of tissue electrical conductivity during pulsed electric fields for irreversible electroporation treatment planning,” IEEE Trans Biomed Eng., vol. 59, pp. 1076-85. Epub 2012 Jan. 6, 2012 (“R. E. Neal, 2.sup.nd, et al., 2012”)). The model is calibrated to the experimental lesions to determine an effective electric field threshold under the three experimental setups used. In addition, static and linear conductivity functions are also correlated to the lesion dimensions. The three functions are used to evaluate which numerical technique will result in better accuracy in matching lesion shapes and resulting current from actual IRE ablations in mammalian tissue, particularly for kidney.

(277) The imaging-based computational model domains were constructed from a magnetic resonance imaging (MRI) scan of a kidney from a canine subject of similar size to those in the study. The scans were scaled by 1.21 times in all directions to better match the experimental kidney dimensions while maintaining the anatomical characteristics. Mimics 14.1 image analysis software (Materialise, Leuven, BG) was used to segment the kidney geometry from the surrounding tissues. The kidney was traced in each of the two-dimensional (2D) MRI axial slices, which were then integrated into a three-dimensional (3D) solid representation of the kidney volume which was refined and exported to 3-matic version 6.1 (Materialise, Leuven, BG) to generate a volumetric mesh compatible with Comsol Multiphysics finite element modeling software (Comsol Multiphysics, v.4.2a, Stockholm, Sweden).

(278) Electrodes were simulated as paired cylinders, each 1 cm long and 1 mm in diameter, and separated by 1 or 1.5 cm to represent the two experimental conditions. The pairs were inserted into the 3D kidney mesh in two configurations, representing both experimental approaches that used either the superior/inferior (vertical) or middle (horizontal) lobe of the kidney, both with tips 1.5 cm deep. The finite element model simulated the electric field distribution in the kidney, which was used to determine cell death EIRE by correlating the electric field values with the average in vivo lesion height and width dimensions.

(279) 4) Electric Field Distribution and Lethal EIRE Determination.

(280) The electric field distribution is determined according to

$$-\nabla.\mathrm{Math.}(\sigma(|E|)\nabla\phi)=0 \qquad (1)$$

(281) where σ is the electrical conductivity of the tissue, E is the electric field in V/cm, and ϕ is the electrical potential. Tissue-electrode boundaries for the cathode and anode were defined as ϕ=V.sub.o and ground, respectively. The remaining boundaries were treated as electrically insulating, dϕ/dn=0, since the kidneys were isolated from the surrounding mesenchymal tissue during the experimental procedures. The current density was integrated over a mid-plane parallel to both electrodes to determine simulated electric current.

(282) The model was solved for the vertical and horizontal electrode configurations, each considering three electrical conductivity tissue responses. These responses included a homogeneous static conductivity (σ.sub.0) as well as two that accounted for electroporation based conductivity changes in tissue that result from cell membrane permeabilization. The dynamic models are based on a relationship between a minimum baseline and a maximum conductivity. The static conductivity model was used to determine the baseline conductivity, σ.sub.0, by matching simulated electrical current with the pre-pulse experimental data, where the field strength should be below that able to permeabilize any cells in the tissue. The maximum conductivity, σ.sub.max, occurs when the number of cells electroporated in the tissue has saturated, and the

cellular membranes no longer restrict the extent of interstitial electrolyte mobility. The statistical model discussed in (P. A. Garcia, et al., "Towards a predictive model of electroporation-based therapies using pre-pulse electrical measurements," Conf Proc IEEE Eng Med Biol Soc, vol. 2012, pp. 2575-8, 2012 ("P. A. Garcia, et al., 2012")) was used to predict σ.sub.max from previously characterized tissue response to pre-pulse σ.sub.0 and electrical data.
(283) The σ.sub.0 and σ.sub.max values provide the required parameters to define the electric field-dependent conductivity, σ(|E|), of renal tissue in vivo. One model assumed a linear relationship that grew between the minimum and maximum conductivities over a range from 200 to 2000 V/cm, σ.sub.L(|E|), and the second used an asymmetrical sigmoid Gompertz curve, σ.sub.S(|E|), derived from the work described in (R. E. Neal, 2nd, et al., 2012) using the equation:
σ.sub.s(|*E*|)=σ.sub.0+(σ.sub.max−σ.sub.0).Math.exp[−*A* .Math.exp(−*B.Math.E*] (2)
(284) where A and B are unitless coefficients that vary with pulse length, t(s). This function was fit using curve parameters for a 100 μs long pulse, where A=3.053 and B=0.00233 (R. E. Neal, 2.sup.nd, et al., 2012)
(285) The electric field distribution along a width and height projection based at the midpoint length of the electrodes was used to determine the electric field magnitude that matched experimental lesion dimensions. This was performed for all three conductivity scenarios in all three experimental protocol setups in order to determine which model best matched the IRE ablations, providing the optimum conductivity modeling technique for mammalian tissue.
(286) 5) Results: In Vivo Experiments.
(287) Electrical Currents.
(288) All animals survived the procedures without adverse event until euthanasia. Electrical pre-pulse currents were 0.258±0.036 A (mean±SD) for the 1 cm electrode separation trials and 0.343±0.050 A for the 1.5 cm separation trials. Electrical currents from the trials for pulses 1-10, 40-50, and 90-100 are reported in Table 6. Although currents are typically reported to increase with consecutive pulses, there is no statistically significant correlation between pulse number and measured current. Therefore, all numerical calibrations to match electrical current and determine σ.sub.max used the average current from all captured pulses for each experimental setup.
(289) TABLE-US-00006 TABLE 6 EXPERIMENTAL ELECTRIC CURRENTS TO CALIBRATE NUMERICAL MODELS Average Separation, Delivered Pulse Average Electric Setup cm Voltage, V Number Current, A* Pre 1 1 48 1750 0.258 (0.036) Pre 2 1.5 73 1250 0.343 (0.050) 1 1 1258 1-10 10.4 (1.7) 40-50 11.1 (1.1) 90-100 11.0 (1.7) 2 2 1758 1-10 20.6 (3.2) 40-50 23.7 (5.1) 90-100 23.6 (3.8) 3 1.5 2262 1-10 23.6 (1.47) 40-50 24.3 (3.25) 90-100 25.4 (3.27) *Currents given as "average (standard deviation)"
(290) 6) Determination of Dynamic Conductivity Function.
(291) Pre-pulse electrical current was used to calculate the baseline conductivity, σ.sub.0, used in the static numerical simulation. In addition, the baseline and maximum, σ.sub.max, electrical conductivities required for generating the asymmetrical sigmoid and linear dynamic conductivity functions were calculated according to the procedure outlined in (P. A. Garcia, et al., 2012) and are provided in Table 7. The ratio between these conductivities was calculated and demonstrates an increase in conductivity between 2.09 and 3.15 times, consistent with values determined in the literature for other organs (N. Payselj, et al., "The course of tissue permeabilization studied on a mathematical model of a subcutaneous tumor in small animals," IEEE Trans Biomed Eng, vol. 52, pp. 1373-81, August 2005).
(292) TABLE-US-00007 TABLE 7 BASELINE AND MAXIMUM ELECTRIC CONDUCTIVITIES Gap, V/d Ratio, Setup cm V/cm σ.sub.0 σ.sub.max σ.sub.max/σ.sub.0 1 1 1250 0.365 0.763 2.09 2 1 1750 0.365 1.150 3.15 3 1.5 1500 0.341 1.050 3.08
Example 6
(293) How to Use the Ratio of Maximum Conductivity to Baseline Conductivity in Modifying the Electric Field Distribution and Thus the Cassini Oval Equation.
(294) Irreversible electroporation (IRE) is a promising new method for the focal ablation of undesirable tissue and tumors. The minimally invasive procedure involves placing electrodes into the region of interest and delivering a series of low energy electric pulses to induce irrecoverable structural changes in cell membranes, thus achieving tissue death. To achieve IRE, the electric field in the region of interest needs to be above a critical threshold, which is dependent on a variety of conditions such as the physical properties of the tissue, electrode geometry and pulse parameters. Additionally, the electric conductivity of the tissue changes as a result of the pulses, redistributing the electric field and thus the treatment area. The effect of a dynamic conductivity around the electrodes where the highest electric fields are generated was investigated in order to better predict the IRE treatment for clinical use.
(295) The electric field distribution associated with the electric pulse is given by solving the governing Laplace equation, ∇.Math.(σ∇φ)=0, where σ is the tissue electrical conductivity (baseline 0.2 S/m) and φ the electrical potential (3000 V). The dynamic changes in electrical conductivity due to electroporation were modeled with the flc2hs Heaviside function within the finite element modeling software used in the study (Comsol Multiphysics 3.5a, Stockholm, Sweden). The dynamic conductivity factor ranged between 2.0-7.0 times the baseline value in the regions exceeding 3000 V/cm. The total electrical current, volumes, and lesion shapes from the IRE treatment were evaluated.
(296) FIGS. **15**A and **15**B display the electric field distributions for the non-electroporated (baseline conductivity) and electroporated (maximum/baseline conductivity) maps, respectively. The electric field from using the baseline conductivity resulted in a "peanut" shape distribution (FIG. **15**A). By incorporating the conductivity ratio between σ.sub.max/σ.sub.0, there is a redistribution of the electric field and thus the volumes, currents and lesion shapes are modified as well. The electric field distribution for a 7.0× factor (FIG. **15**B), shows a more gradual dissipation of the electric field and a rounder predicted IRE lesion.
(297) A method to predict IRE lesions and incorporate the dynamic changes in conductivity due to electroporation around the

electrodes is presented in this example. This procedure provides additional tools to better approximate the electric field distributions in tissue and thus help to generate more reliable IRE treatment planning for clinical use using Finite Element Analysis (FEA) models.

(298) Specifically in order to adapt the Cassini Oval to match experimental lesions or electric field distributions the following procedure should be used:

(299) In IRE treatments, the electric field distribution is the primary factor for dictating defect formation and the resulting volume of treated tissue (J. F. Edd and R. V. Davalos, "Mathematical modeling of irreversible electroporation for treatment planning," Technol Cancer Res Treat, vol. 6, pp. 275-286, 2007; D. Sel, et al., "Sequential finite element model of tissue electropermeabilization," IEEE Trans Biomed Eng, vol. 52, pp. 816-27, May 2005; S. Mahnic-Kalamiza, et al., "Educational application for visualization and analysis of electric field strength in multiple electrode electroporation," BMC Med Educ, vol. 12, p. 102, 2012 ("S. Mahnic-Kalamiza, et al., 2012")). The electric field is influenced by both the geometry and positioning of the electrodes as well as the dielectric tissue properties. Additionally, altered membrane permeability due to electroporation influences the tissue conductivity in a non-linear manner. Therefore numerical techniques are preferably used to account for different electrode configurations and incorporate tissue-specific functions relating the electrical conductivity to the electric field distribution (i.e. extent of electroporation). The inventors are currently using imaging-based computational models for IRE treatment planning that use the physical properties of the tissue and patient-specific 3D anatomical reconstructions to generate electric field distributions (P. A. Garcia, et al., "Non-thermal irreversible electroporation (N-TIRE) and adjuvant fractionated radiotherapeutic multimodal therapy for intracranial malignant glioma in a canine patient," Technol Cancer Res Treat, vol. 10, pp. 73-83, 2011 ("P. A. Garcia, et al, 2011")).

(300) Oftentimes in clinical practice, there is need to rapidly visualize the estimated zone of ablation without relying on complex and time consuming numerical simulations. As an alternative, analytical solutions are powerful techniques that provide valuable insight and offer the ability to rapidly visualize electric field distributions (S. Mahnic-Kalamiza, et al., 2012). However, these analytical solutions assume infinitely long electrodes which are not the case in clinical practice and do not incorporate the non-linear changes in tissue conductivity due to electroporation. Therefore, there is a need for simple, quick, and accurate methods to provide physicians with predicted IRE zones of ablation during surgery when one of the pulse parameters needs to be adjusted. To this end, the inventors have adapted the Cassini curve in an effort to provide researchers and physicians with a graphical representation of IRE zones of ablation, for example, in in vivo porcine liver. The goal of this work is to provide a correlation between experimentally produced zones of ablations in in vivo porcine liver tissue with the corresponding IRE pulse parameters and electrode configuration. These Cassini curves are calibrated to experimental IRE ablations, and incorporate the dynamic changes in tissue conductivity, a limitation of the analytical approach.

(301) The Cassini oval is a plane curve that derives its set of values based on the distance of any given point, a, from the fixed location of two foci, q.sub.1 and q.sub.2, located at (x.sub.1, y.sub.1) and (x.sub.2, y.sub.2). The equation is similar to that of an ellipse, except that it is based on the product of distances from the foci, rather than the sum. This makes the equation for such an oval

$$\left[(x.\text{sub}.1-a).\text{sup}.2+(y.\text{sub}.1-a).\text{sup}.2\right] .\text{Math}. \left[(x.\text{sub}.2-a).\text{sup}.2+(y.\text{sub}.2-a).\text{sup}.2\right]=b.\text{sup}.4 \qquad (3)$$

(302) where b.sup.4 is a scaling factor to determine the value at any given point. For incorporation of this equation into shapes that mimic the electric field distribution, it is assumed that the two foci were equidistantly located on the x-axis at (±x,0). The flexibility of the Cassini curve is crucial since it allows for fitting a wide range of shapes by adjusting the 'a' and/or 'b' parameters from Equation 3 simultaneously and fitting them to the experimental lesion dimensions or the locations at which a particular electric field value results from the computational simulations. The new approach in this analysis is that it is not assumed that the parameter 'a' is related to the separation distance between the electrodes used in IRE treatments for example but will be a second parameter to match the width/depth of any distribution thus allowing for more flexibility between the shapes achieved with the Cassini Oval as can be seen in FIGS. **16**A and **16**B.

(303) The in vivo experimental data in porcine liver was provided from published studies performed at the Applied Radiology Laboratory of Hadassah Hebrew University Medical Center (P. A. Garcia, et al., 2011). All experiments were performed with Institutional Animal Care and Use Committee approval from the Hebrew University Medical Center. The treatments were performed with a two-needle electrode configuration, 1.5 cm center-to-center separation, 2.0 cm electrode exposure, and an applied voltage of 2250 V. In this paper we only evaluate the effect of pulse number and pulse duration on the resulting 'a' and 'b' parameters required to fit the IRE zones of ablation with the Cassini curve. The NonlinearModelFit function in Wolfram Mathematica 9 was used to determine the 'a' and 'b' parameters (average±standard deviation) for each pulse parameter resulting in three curves for each condition. This same technique can be used to fit the 'a' and 'b' parameters to match the electric field shape at any particular electric field value as well thus providing an avenue to capture the shape for any IRE lesion independent of the tissue or patient.

(304) The NonlinearModelFit results for the 'a' and 'b' parameters to generate the Cassini curves are provided in FIG. **17**. The 'a' parameter ranged from 0.75-1.04 and the 'b' from 1.06-1.35 for the average IRE zones of ablation in the in vivo porcine liver. From these data it can be seen that each pulse parameter used results in a unique 'a' and 'b' combination except for the twenty 100-μs pulses and ninety 20-μs pulses which overlap since they had identical IRE ablations. Therefore, consideration should be given to pulse length and total number of pulses when planning treatments to ensure maximum accuracy when using Cassini curves to rapidly predict treatment zones.

(305) FIG. **18** provides a representation of the average IRE zone of ablation and also includes the experimentally achieved standard deviations. This Cassini curve is the most clinically relevant as ninety 100-μs pulses is the recommended setting by the manufacturer that is currently being used by physicians to treat several types of cancer. The Cassini curves in FIG. **18**

were generated using two single needle electrodes with a=0.821±0.062 and b=1.256±0.079 that corresponded to IRE ablations that were 3.0±0.2 cm in width and 1.9±0.1 cm in depth (P. A. Garcia, et al., 2011). The results suggest that the Cassini curve is a viable method to represent experimentally achieved IRE zones of ablation. These curves can be used to provide physicians with simple, quick, and accurate prediction of IRE treatments. The parameters generated in this study were achieved from porcine liver ablations data. The parameters for other tissues and/or tumors can be determined in a similar manner. Cassini curve parameters should be re-calibrated if the pulse parameters or electrode configuration (i.e. separation or exposure) deviate from the typical protocols in Ben-David et al. Additionally, there is a need to calibrate these Cassini curves to electric and temperature distributions in order to take advantage of the relatively simple curves in representing simulated solutions that account for other pulse parameters and electrode configuration including different electrode separations, diameter, exposure, and voltages. A method to represent IRE zones of ablation in a computationally efficient manner and based on experimental data is thus presented. Such methods can be used to predict IRE ablation in liver in order to provide physicians with an immediate tool for treatment planning.

(306) FIG. **19** is a representation of the 3D Electric Field [V/cm] Distribution in Non-Electroporated (Baseline) Tissue with 1.5-cm Single Needle Electrodes at a Separation of 2.0 cm and 3000 V applied.

(307) FIGS. **20**A-D are representations of the Electric Field [V/cm] Distributions from the 3D Non-Electroporated (Baseline) Models with 1.5-cm Electrodes at a Separation of 2.0 cm and 3000 V (cross-sections), wherein FIG. **20**A is a representation of the x-y plane mid-electrode length, FIG. **20**B is a representation of the x-z plane mid-electrode diameter, FIG. **20**C is a representation of the y-z plane mid electrode diameter, and FIG. **20**D is a representation of the y-z plane between electrodes.

(308) FIG. **21** is a representation of the 3D Electric Field [V/cm] Distribution in Electroporated Tissue with 1.5-cm Single Needle Electrodes at a Separation of 2.0 cm and 3000 V applied assuming σmax/σ.sub.0=3.6.

(309) FIGS. **22**A-**22**D are representations of the Electric Field [V/cm] Distributions from the 3D Electroporated Models with 1.5-cm Electrodes at a Separation of 2.0 cm and 3000 V (cross-sections) assuming σ.sub.max/σ.sub.0=3.6, wherein FIG. **22**A is a representation of the x-y plane mid-electrode length, FIG. **22**B is a representation of the x-z plane mid-electrode diameter, FIG. **22**C is a representation of the y-z plane mid electrode diameter, and FIG. **22**D is a representation of the y-z plane between electrodes.

Example 7: The Cassini Oval Equation

(310) In mathematics, a Cassini oval is a set (or locus) of points in the plane such that each point p on the oval bears a special relation to two other, fixed points q.sub.1 and q.sub.2: the product of the distance from p to q.sub.1 and the distance from p to q.sub.2 is constant. That is, if the function dist(x,y) is defined to be the distance from a point x to a point y, then all points p on a Cassini oval satisfy the equation:

dist(*q*.sub.1,*p*)×dist(*q*.sub.2,*p*)=*b*.sup.2 (2)

where b is a constant.

(311) Nevertheless, in embodiments the ‘b’ parameter can be modified to manipulate the shape of the Cassini curve and illustrate the desired electric field distribution. Therefore, the ‘b’ is a variable parameter that is determined based on the specific location (distance) of a particular electric field threshold to be displayed.

(312) The points q.sub.1 and q.sub.2 are called the foci of the oval.

(313) Suppose q.sub.1 is the point (a,0), and q.sub.2 is the point (−a,0). Then the points on the curve satisfy the equation:

((*x*−*a*).sup.2+*y*.sup.2)((*x*+*a*).sup.2+*y*.sup.2)=*b*.sup.4 (3)

(314) The equivalent polar equation is:

r.sup.4−2*a*.sup.2*r*.sup.2 cos 2θ=*b*.sup.4−*a*.sup.4 (4)

(315) The shape of the oval depends on the ratio b/a. When b/a is greater than 1, the locus is a single, connected loop. When b/a is less than 1, the locus comprises two disconnected loops. When b/a is equal to 1, the locus is a lemniscate of Bernoulli.

(316) The Cassini equation provides a very efficient algorithm for plotting the boundary line of the treatment zone that was created between two probes on grid **200**. By taking pairs of probes for each firing sequence, the first probe is set as qi being the point (a,0) and the second probe is set as q.sub.2 being the point (−a,0). This original Cassini oval formulation was revised by modifying the assumption of the ‘a’ parameter being related to the position of the electrodes. In the revised formulation the ‘a’ is a variable parameter that is adjusted depending on the width and length of the Cassini oval in order to intercept the zone of ablation in the x- and y-directions.

(317) In summary, the ‘a’ and ‘b’ variable parameters should be determined in order to have the ability to generate a Cassini curve that could fit the shape of any electric field isocontour. Specifically from the electric field simulations or experimental irreversible electroporation zones of ablation the user should determine the distance along the x-axis and y-axis that the Cassini curve should intersect.

(318) For example in the case of a Finite Element Analysis (FEA) simulation using two 1-mm in diameter electrodes, separated by a center-to-center distance of 2.0 cm, 1.5 cm in exposure, and an applied voltage of 3000 V to one electrode and ground to the other electrode the distances from the point in between the electrodes to a specific electric field contour is given below (Table 8 for the baseline (non-electroporated) and σ.sub.max/σ.sub.0=3.6 (electroporated) models.

(319) TABLE-US-00008 TABLE 8 E-field Baseline Baseline σ.sub.max/σ.sub.0 = 3.6 σ.sub.max/σ.sub.0 = 3.6 [V/cm] (p.sub.1x, 0) [cm] (0, p.sub.2y) [cm] (p.sub.3x, 0) [cm] (0, p.sub.4y) [cm] 300 1.97 0.92 2.38 1.39 400 1.81 0.69 2.17 1.18 500 1.70 0.49 1.99 1.01

(320) Using the 500 V/cm electric field isocontour as an example it can be determined that the Cassini oval using the baseline model will intersect the points (1.70,0) and (0,0.49) and the model using σ.sub.max/σ.sub.0=3.6 will intersect the point (1.99,0) and (0,1.01). Using the two points that will be intersected by the Cassini oval of each specific model type (non-electroporated vs. electroporated) allows for determination of the ‘a’ and ‘b’ variable parameter and still satisfy the

mathematical condition outlined above in the first paragraph of this section by way of least square fits such as the NonlinearModelFit function in Mathematica or via interpolation tables as the one presented below.

(321) The interpolation method involves assuming values for the 'a' parameter from 0.00 cm to 3.00 cm in steps of 0.01 cm and calculating the 'b' parameter using the specific points from the previous paragraph. The distance and steps were arbitrarily chosen and can vary depending on the specific Cassini oval that is being developed. In the case of Table 9 the point p1x=(1.70 cm, 0 cm) and the point p2y=(0 cm, 0.49 cm) and the corresponding distances to either q1 (−a,0) or q2 (a,0) are calculated.

(322) TABLE-US-00009 TABLE 9 d(q1, d(q2, d(q1, d(q2, p1x) = p1x) = p2y) = p2y) = d1*d2/ 'a' d1 d2 d1*d2 d3 d4 d3*d4 d3*d4 1.04 0.66 2.74 1.808 1.150 1.150 1.322 1.37 1.05 0.65 2.75 1.788 1.159 1.159 1.343 1.33 1.06 0.64 2.76 1.766 1.168 1.168 1.364 1.30 1.07 0.63 2.77 1.745 1.177 1.177 1.385 1.26 1.08 0.62 2.78 1.724 1.186 1.186 1.407 1.23 1.09 0.61 2.79 1.702 1.195 1.195 1.428 1.19 1.1 0.60 2.80 1.680 1.204 1.204 1.450 1.16 1.11 0.59 2.81 1.658 1.213 1.213 1.472 1.13 1.12 0.58 2.82 1.636 1.222 1.222 1.495 1.09 1.13 0.57 2.83 1.613 1.232 1.232 1.517 1.06 1.14 0.56 2.84 1.590 1.241 1.241 1.540 1.03 1.15 0.55 2.85 1.568 1.250 1.250 1.563 1.00 1.16 0.54 2.86 1.544 1.259 1.259 1.586 0.97 1.17 0.53 2.87 1.521 1.268 1.268 1.609 0.95 1.18 0.52 2.88 1.498 1.278 1.278 1.633 0.92 1.19 0.51 2.89 1.474 1.287 1.287 1.656 0.89 1.2 0.50 2.90 1.450 1.296 1.296 1.680 0.86 1.21 0.49 2.91 1.426 1.305 1.305 1.704 0.84 1.22 0.48 2.92 1.402 1.315 1.315 1.729 0.81 1.23 0.47 2.93 1.377 1.324 1.324 1.753 0.79 1.24 0.46 2.94 1.352 1.333 1.333 1.778 0.76

(323) In the baseline case analyzed above when the variable parameter 'a' was 1.15 cm the calculated b.sup.2 were 1.568 and 1.563 for the d1*d2 and d3*d4, respectively. The last column calculates the ratio of both b.sup.2 values in order to determine the location at which they are the same (or closest) which happens when (d1*d2)/(d3*d4)=1.00.

(324) Once it is determined that 'a'=1.15 cm provides the closest ratio to one, the average of the d1*d2 (1.568) and d3*d4 (1.563) quantities is calculated and used to determine the corresponding 'b' parameter by taking the square root as shown in the equation below.

(325) $b = \sqrt{\frac{(d1^{*}d2)+(d3^{*}d4)}{2}} = \sqrt{\frac{1.568+1.563}{2}} = \sqrt{1.5655} = 1.2512$ (5)

(326) Once the 'a' and 'b' parameters are determined then any plotting software can be used to illustrate the Cassini curve in Cartesian coordinates using the modified equation

y=±√{square root over (−*a*.sup.2−*x*.sup.2±√{square root over (*b*.sup.4+4*a*.sup.2*x*.sup.2)})} (6)

(327) The steps outlined in the previous paragraphs just above can also be used to determine the 'a' and 'b' parameters using the same methodology and with points p3x=(1.99 cm, 0 cm) and p4y=(0 cm, 1.01 cm) and results in 'a'=1.21 cm and 'b'=1.578 cm as the Cassini parameters for the electroporated model when σ.sub.max/σ.sub.0=3.6.

(328) TABLE-US-00010 TABLE 10 d(q1, d(q2, d(q1, d(q2, p3x) = p3x) = p4y) = p4y) = d5*d6/ 'a' d5 d6 d5*d6 d7 d8 d7*d8 d7*d8 1.1 0.89 3.09 2.750 1.493 1.493 2.230 1.23 1.11 0.88 3.10 2.728 1.501 1.501 2.252 1.21 1.12 0.87 3.11 2.706 1.508 1.508 2.275 1.19 1.13 0.86 3.12 2.683 1.516 1.516 2.297 1.17 1.14 0.85 3.13 2.661 1.523 1.523 2.320 1.15 1.15 0.84 3.14 2.638 1.531 1.531 2.343 1.13 1.16 0.83 3.15 2.615 1.538 1.538 2.366 1.11 1.17 0.82 3.16 2.591 1.546 1.546 2.389 1.08 1.18 0.81 3.17 2.568 1.553 1.553 2.413 1.06 1.19 0.80 3.18 2.544 1.561 1.561 2.436 1.04 1.2 0.79 3.19 2.520 1.568 1.568 2.460 1.02 1.21 0.78 3.20 2.496 1.576 1.576 2.484 1.00 1.22 0.77 3.21 2.472 1.584 1.584 2.509 0.99 1.23 0.76 3.22 2.447 1.592 1.592 2.533 0.97 1.24 0.75 3.23 2.423 1.599 1.599 2.558 0.95 1.25 0.74 3.24 2.398 1.607 1.607 2.583 0.93 1.26 0.73 3.25 2.373 1.615 1.615 2.608 0.91 1.27 0.72 3.26 2.347 1.623 1.623 2.633 0.89 1.28 0.71 3.27 2.322 1.630 1.630 2.659 0.87 1.29 0.70 3.28 2.296 1.638 1.638 2.684 0.86 1.3 0.69 3.29 2.270 1.646 1.646 2.710 0.84

(329) In FIG. **23**, it can be seen that with the implementation of the pre-pulse concept to determine the ratio of maximum conductivity to baseline conductivity one can derive a Cassini curve representing zones of ablation. In this case the 500 V/cm isocontour was specified but this technique could be used for any other isocontour that perhaps could represent the lethal IRE threshold for any other tissue/tumor type.

(330) The polar equation for the Cassini curve could also be used because since it provides an alternate method for computation. The current Cartesian coordinate algorithm can work equally as well by using the polar equation of the Cassini curve. By solving for r.sup.2 from eq. (4) above, the following polar equation was developed:

r.sup.2=*a*.sup.2 cos(2*theta)+/−sqrt(*b*.sup.4−*a*.sup.4 sin.sup.2(2*theta)) (5)

(331) and the 'a' and 'b' parameters should be determined as previously described in this application.

Example 8: Mapping of Electric Field and Thermal Contours Using a Simplified Data Cross-Referencing Approach

(332) This method can be used to identify the volume of tissue which will be elevated above a specific temperature (e.g. 45° C.) for specific treatment parameters. This contour can then be correlated with electric field intensity. This data in turn can be used to fit a contour using the Cassini oval software in the NANOKNIFE® System.

(333) Methods: A mathematical model was built with COMSOL Multiphysics (Version 4.2a, Comsol Inc., Burlington, MA, USA) to estimate the temperature rise within tissue due to Joule heating effects. The electric field distribution within the simulation domain was solved using the Joule Heating module, as described by the Laplace Equation:

∇.sup.2ϕ=0

(334) where ϕ is the electric potential, this equation is solved with boundary conditions:

(335) {right arrow over (n)}.Math.{right arrow over (J)}=0 at the boundaries

(336) ϕ=V.sub.in at the boundary of the first electrode

(337) ϕ=0 at the boundary of the second electrode

(338) wherein {right arrow over (n)} is the normal vector to the surface, {right arrow over (J)} is the electrical current and V.sub.in is the electrical potential applied. Heat transfer in the solid domain was calculated as:

(339) $C_p \frac{\partial T}{\partial t} = \nabla$ .Math. $(k\nabla T) + Q_{\mathrm{jh}} [\frac{W}{m^3}]$

(340) where ρ is the density, C.sub.p is the heat capacity, k is the thermal conductivity, and Q.sub.jh are the resistive losses
(341) $Q_{\text{jh}} = J$ .Math. $E[\frac{W}{m^3}]$
(342) where J is the induced current density
(343) $J =$ $E[\frac{A}{m^2}]$
(344) and σ is the tissue conductivity and E is the electric field
(345) $E = -\nabla$ $[\frac{V}{m}]$
(346) To account for the pulsed nature of the applied electric field, the Joule heating term in COMSOL was adjusted by adding in a duty cycle term equal to 100×10-6, the pulse duration (100 μs) (See P. A. Garcia, et al., "A Parametric Study Delineating Irreversible Electroporation from Thermal Damage Based on a Minimally Invasive Intracranial Procedure," Biomed Eng Online, vol. 10, p. 34, Apr. 30 2011).
(347) In the Joule Heating Model equation view, the equation for resistive losses was modified to:
jh.Qrh=((*jh.Jix*+*jh.Jex*)*duty_cycle**jh.Ex*+(*jh.Jiy*+*jh.Jey*)*duty_cycle**jh.Ey*+(*jh.Jiz*+*jh.Jez*)*duty_cycle**jh.Ez*)*(*t*<=90)+0*(*t*>90)
(348) The resulting behavior was to calculate Joule heating only for the first 90 seconds (Ninety pulses of 100 μs each) of the simulation, after which, heat was allowed to dissipate within the tissue domain without additional heating. The parameters used in the simulations are provided in Table 11 below.
(349) TABLE-US-00011 TABLE 11 Parameters used in COMSOL finite element model Parameter Value Unit Description r_e 0.0005 [m] electrode radius l_e 0.15 [m] electrode length l_t 0.15 [m] tissue radius h_t 0.1 [m] tissue thickness gap 0.015 [m] center-to-center spacing epsi_e 0 — electrode permittivity epsi_i 0 — insulation permittivity epsi_t 0 — tissue permittivity sigma_e 2.22E+16 [S/m] electrode conductivity sigma_i 6.66E−16 [S/m] insulation conductivity sigma_t 0.2 [S/m] tissue conductivity rho 1080 [kg/m3] tissue density Cp 3890 (J/(kg*K)] tissue heat capacity k 0.547 [W/(m*K)] tissue thermal conductivity duty_cycle 1.00E−04 — pulse duty cycle
(350) Results: The COMSOL model was used to solve for temperature distributions at times between 0 and 900 seconds (10 second increment 0-100 s, 100 second increment 100-900 seconds). Electric Field and Temperature distributions were exported along lines on the x- (width) and y-axis (depth) with 100 micrometer spacing between data points. These values were imported into Excel and used as the basis for the Cassini oval calculations. FIGS. **24**A-D shows the temperature distributions determined in COMSOL at 90 seconds (Ninety pulses of 100 μs each) for 3000 V treatments with 1.0 cm, 1.5 cm, 2.0 cm, and 2.5 cm electrode spacing and an electrode exposure of 1.5 cm. Contours on this figure show an approximate electric field which corresponds to tissue temperatures greater than 45° C. Simulations of each parameter required approximately 30 minutes to complete for a total computational duration of 15 hours.
(351) FIGS. **25**A-D shows the Cassini oval approximations for the temperature and electric field distributions based on the finite element simulation results. Iso-contour lines correspond to the tissue with temperature elevated above 45° C. and electric field above 500 V/cm, at the end of a 90 second IRE treatment (Ninety pulses of 100 μs).
(352) The Cassini oval spreadsheet has been programmed so that the user can plot contour lines for specified voltages (500, 1000, 1500, 2000, 2500, 3000 V), electrode separations (0.5, 1.0, 1.5, 2.0, 2.5 cm), Simulation times (0-900 seconds), Temperatures (37-Tmax ° C.), and electric field intensities (0-infinity V/cm). FIGS. **26**A-D shows the temperature distributions for a 3000 V, 2.5 cm spacing treatment at 10, 40, 90, and 200 seconds. The simulation accounts for Joule heating up to 90 seconds. After 90 seconds, Joule heating is no longer calculated and the temperature dissipates over time since the ninety-pulse delivery is completed.
(353) The Cassini oval approximation can also be used to investigate the contours of any temperature. FIG. **27**A-D shows the volumes of tissue that have been heated by at least 0.2, 3.0, 8.0, and 13.0° C. At 3000V, 1.5 cm exposure, and 2.5 cm electrode spacing at a time=90 seconds (Ninety pulses of 100 μs each), only a very small volume of tissue outside the ablation zone (500 V/cm) experiences any temperature increase.
(354) The Cassini oval approximation tool provides a rapid method for determining the temperature distribution expected for a given set of treatment parameters (FIGS. **28** and **29**). Voltage, Electrode Spacing (Gap), Time, Temperature, and Electric Field can be selected by moving the slider or editing values in the green boxes. In embodiments, baseline conductivity of the target treatment area, and/or a conductivity for a specific tissue type, and/or a change in conductivity for the target treatment area can also, and/or alternatively, be selected. Voltage is selectable in 500 V discrete steps between 500 and 3000 V. Electrode Spacing (Gap) is selectable in 5.0 mm discrete steps between 5.0 mm and 25 mm. Time is selectable in 10 second discrete steps between 0 and 100 seconds and 100 second discrete steps between 100 and 900 seconds. The temperature contour line is selectable for any value between 37° C. and T.sub.max, where T.sub.max is the maximum temperature in the tissue at a given treatment time. Additionally, the electric field distribution within the tissue can be set for any value.
(355) Additional examples of usage of the Cassini oval approximation tool are shown in the following figures. FIGS. **30**A-D show temperature contour lines for 40° C. (FIG. **30**A), 45° C. (FIG. **30**B), 50° C. (FIG. **30**C), and 55° C. (FIG. **30**D) for a 90 second IRE treatment (Ninety pulses of 100 μs each) with a voltage of 3000 V and electrode spacing of 10 mm. An electric field contour line of 500 V/cm is shown for comparison. As can be seen, the figures show a temperature gradient that expectedly increases from the 500 V/cm contour line toward the electrodes.
(356) FIGS. **31**A-D show contour lines representing a 40° C. temperature and a 500 V/cm electric field for a 90 second IRE treatment (Ninety pulses of 100 μs each) and electrode spacing of 10 mm at different voltages (3000V (FIG. **31**A), 2000V (FIG. **31**B), 1500V (FIG. **31**C), and 1000V (FIG. **31**D)). The figures show that the size of the electric field and heated area decreases in proportion to the decrease in voltage.
(357) FIGS. **32**A-D show electric field contour lines for 500 V/cm (FIG. **32**A), 1000 V/cm (FIG. **32**B), 1500 V/cm (FIG.

32C), and 2000 V/cm (FIG. **32**D) fora 90 second IRE treatment (Ninety pulses of 100 μs each) with a voltage of 3000 V and electrode spacing of 10 mm. As can be seen, the figures show an electric field gradient that expectedly increases from the 40° C. contour line toward the electrodes.

(358) FIGS. **33**A-D show contour lines representing a 40° C. temperature and a 500 V/cm electric field for a 90 second IRE treatment (Ninety pulses of 100 μs each) and voltage of 3000V at different electrode spacings (5 mm (FIG. **33**A), 10 mm (FIG. **33**B), 15 mm (FIG. **33**C), 20 mm FIG. **33**D)). As can be seen, increasing the electrode distance up to 15 mm widens the electric field and temperature contour. At an electrode distance of 20 mm, the electric field contour line widens and narrows, but the area heated to at least 40° C. is limited to a radius around each electrode.

(359) FIGS. **34**A-D show contour lines representing a 40° C. temperature and a 500 V/cm electric field for an IRE treatment of 3000V and an electrode spacing of 10 mm at different durations of treatment (90 seconds (Ninety pulses of 100 μs each) (FIG. **34**A), 60 seconds (Sixty pulses of 100 μs each) (FIG. **34**B), 30 seconds (Thirty pulses of 100 μs each) (FIG. **34**C), 10 seconds (Ten pulses of 100 μs each) (FIG. **34**D)). The graphs show that decreasing the durations of treatment reduces the area heated at least 40° C., but not the area of the electric field.

(360) Model Limitations: This model was designed to give a rapid approximation for the temperature distribution within a volume of tissue without the need for complex finite element simulations. The data used to fit the Cassini oval curves uses values calculated assuming a constant conductivity of 0.2 S/m. This represents an approximate conductivity of human tissue, though conductivities of tissue vary between patients, tissue types, locations, and pathologies. Changing conductivity due to temperature increases or electroporation effects were not included. FIG. **35** shows the COMSOL three-dimensional finite element domain mesh used to calculate the electric field and temperature information to create the Cassini Oval values and curves.

(361) The effects of blood flow and perfusion through the tissue, metabolic heat generation, or diffusion of heat at the tissue domain boundaries were not considered. It is anticipated that these effects will result in lower temperatures. Therefore, the visualization tool provides a conservative (worst case scenario) estimate as to the zones exposed to critical temperatures. The effects of changing conductivity and conductivities other than 0.2 S/m were not considered. Elevated conductivities are anticipated to result in higher temperatures within the tissue. Blood flow, metabolic heat generation, tissue conductivity, and ratios of changing conductivity are tissue type specific and will require the inclusion of in-vivo derived data.

(362) Conclusions: In this Example, a real time visualization package plots the isocontour lines for an arbitrary temperature and electric field based on applied voltage, electrode spacing, and time. This data can be used to build intuition and instruct clinicians on reasonable expectations of temperature increases to prevent damage to critical structures of organs in the proximity of the treatment.

Example 9: Visualization Of Electric Field Distributions Using Different Configurations Of Bipolar Probes

(363) FIGS. **36**A-**36**C show a representation of a visualization tool providing the 650 V/cm electric field distributions using different configurations of bipolar probes and includes dynamic change (3.6×) in electrical conductivity from the non-electroporated baseline for runs **7**, **8**, and **9** of the visualization. FIG. **36**D is a table showing parameters of each run including electrode length, separation distance (insulation), and applied voltage. FIG. **36**E is a table showing lesion dimensions for runs **7**, **8**, and **9**. The results show that as the length of the bipolar electrode increases, the size of the zone of ablation increases.

Example 10: Determining the IRE Threshold for Different Tissues According to Conductivity

(364) In this Example, as shown in the following figures, the “Goldberg” data (red-dashed line), is from pre-clinical data for a particular treatment (2700V, 90 pulses, 100 μs energized per pulse). By adjusting one or more treatment parameters, a user can determine the electric field threshold for these types of tissues (black-solid line).

(365) An important aspect of this model is that the tissue conductivity is allowed to change as a function of electric field to simulate what happens when the tissue becomes irreversibly electroporated. This function is ‘sigmoidal’ or ‘S’ shaped and increases from a baseline (non-electroporated) to a conductivity multiplier (electroporated). This transition happens at a specific electric field intensity.

(366) In FIG. **37**, the conductivity changes from 0.1 to 0.35 at an electric field centered at 500 V/cm. A user can change/shift all of the values in this curve to fit the experimental data. FIG. **38**A is a contour plot comparing the “Goldberg” data (red dashed line) with a calculated threshold (solid black line) based on the parameters shown in FIG. **38**C, explained below. FIG. **38**B is a contour plot comparing the conductivity (blue dotted line) with a calculated threshold (solid black line) based on the parameters shown in FIG. **38**C.

(367) IRE Threshold [V/cm]: This parameter is the electric field at which the change in conductivity occurs for the sigmoidal curve. By changing this value, the sigmoidal curve shifts to the left or right. A value of 500 V/cm has been found to fit the data best.

(368) Transition zone: This is the ‘width’ of the transition zone. By changing this value, the rate at which the conductivity increase changes. In FIG. **37**, this value is set to 0.49, the widest transition possible. It has been found that a transition of 0.2 matches the experimental data best.

(369) Sigma: This is the baseline conductivity before treatment. It has been found that a value of 0.067 (or 0.1) works well.

(370) Conductivity Multiplier: This is how much the conductivity increases by when the tissue has been irreversibly electroporated. A 3.6× increase has been found experimentally for liver and fits the data well.

(371) E-Field: This is the parameter that is adjusted to find the in-vivo irreversible electroporation threshold. With the values set for the other parameters above, it has been found that IRE should occur at a threshold of 580 V/cm to match the lesions found in-vivo.

(372) The following figures show how modifying the conductivity of the tissue changes the calculated zone of ablation.

FIGS. **39**A-**39**F were performed according to the parameters in FIG. **38**C, except the conductivity of the tissue was modified. FIGS. **39**A-**39**C show the "Goldberg" data and calculated threshold and FIGS. **39**D-**39**F show the conductivity and calculated threshold for conductivity multipliers of 2, 3, and 4, respectively. As can be seen, the calculated ablation zone increases in comparison to the Goldberg preclinical data as conductivity increases.

(373) FIGS. **40**A-**40**F were performed for an IRE Threshold of 600 V/cm, a transition zone of 0.4, a Voltage of 700 V, an E-Field of 700 V/cm, and a Sigma (electrical conductivity) of 0.20 S/m. FIGS. **40**A-**40**C show the "Goldberg" data and calculated threshold and FIGS. **40**D-**40**F show the conductivity and calculated threshold for conductivity multipliers of 2, 3, and 4, respectively.

(374) FIGS. **41**A-**41**F were performed for an IRE Threshold of 1000 V/cm, a transition zone of 0.2, a Voltage of 2700 V, an E-Field of 700 V/cm, and a Sigma (electrical conductivity) of 0.20 S/m. FIGS. **41**A-**41**C show the "Goldberg" data and calculated threshold and FIGS. **41**D-**41**F show the conductivity and calculated threshold for conductivity multipliers of 2, 3, and 4, respectively.

(375) As can be seen, the calculated ablation zone increases in comparison to the Goldberg preclinical data as the conductivity multiplier increases.

Example 11: Correlating Experimental And Numerical IRE Lesions Using The Bipolar Probe

(376) Purpose: To establish a function that correlates experimentally produced zones of ablations in in vivo porcine tissue with the corresponding IRE pulse parameters (duration, number, strength) and single needle electrode configuration.

(377) A mathematical function was developed that captures the IRE response in liver tissue as a function of applied voltage, pulse number, and pulse duration for the bipolar electrode configuration. It is important to note that the inventors used a rate equation that was fit to the 1.5 cm×2.9 cm IRE zone of ablation but this has not been validated experimentally (See Golberg, A. and B. Rubinsky, *A statistical model for multidimensional irreversible electroporation cell death in tissue*. Biomed Eng Online, 2010. 9(1): p. 13). The results below provide insight as to the effect of different pulse parameters and electrode/insulation dimensions in the resulting zone of IRE ablation in order to optimize the bipolar probe electrode for clinical use. In order to perform a computationally efficient study, the models were constructed in a 2-D axis-symmetric platform which generates results that are representative of the 3-D space.

(378) Part 1: The work from Part 1 determined the electric field threshold for 0.7 cm electrodes with a 0.8 cm insulation to be 572.8 V/cm assuming a static electric conductivity (Table 12). This threshold is the average between the width (349.5 V/cm) and length (795.1 V/cm) electric field thresholds that matched the experimental lesion of 1.5 cm (width) by 2.9 cm (length). It is important to note that due to the mismatch between the electric field thresholds, the predicted width will be underestimated and the predicted length will be overestimated when using the average value of 572.8 V/cm. The model assumes an applied voltage of 2700 V, ninety 100-μs pulses, at a repetition rate of 1 pulse per second, and a viability value of 0.1% (S=0.001) as the complete cell death due to IRE exposure (FIG. **42**). The rate equation used in the analysis is given by S=e.sup.−k.Math.E.Math.t where S is the cell viability post-IRE, E is the electric field, t is the cumulative exposure time, and k is the rate constant that dictates cell death. Specifically during this Part, it was determined that k=1.33996 assuming an E=572.8 V/cm, S=0.001, and t=0.009 s (90×100-μs). The k parameter was scaled by the duty cycle of the pulses (0.0001 s) in order to reflect the cell viability in the time scale in which the pulses were delivered (i.e. one pulse per second).

(379) TABLE-US-00012 TABLE 12 Electric field thresholds for the static modeling approach from experimental IRE lesions in liver. Lesion E-field Average Threshold Conductivity Dimensions [V/cm] [V/cm] [V/cm] Static - x = 1.5 cm 349.5 349.5 572.8 σ.sub.0 Static - y = 2.9 cm 796.2 795.1 σ.sub.0 (distal) Static - y = 2.9 cm 795.6 σ.sub.0 (proximal)

(380) A parametric study was constructed in order to explore the effect of electrode diameter (18G=1.27 mm, 16G=1.65 mm, 14G=2.11 mm), electrode spacing (0.4 cm, 0.8 cm, 1.2 cm, 1.6 cm), and electrode length (0.5 cm, 0.75 cm, 1.0 cm, 1.25 cm, and 1.5 cm). In order to provide a comprehensive analysis of all iterations we computed the volumes of tissue that would achieve a cell viability, S<0.001, and these results are reported in the table of FIG. **48**A-B. The results with the specific minimum and maximum parameters from Part 1 are presented in Table 13 and demonstrate that with increasing probe diameter and electrode length a larger area/volume of IRE ablation is achieved for ninety 100-μs pulses delivered at 2700 V at a repetition rate of one pulse per second. FIGS. **43**A-D shows the predicted regions of post-IRE cell viability isocontour levels with the solid white curve illustrating the 0.1%, 1.0%, and 10% cell viability levels. Of importance is the fact that if the electrodes are spaced too far apart, the resulting IRE zone of ablation is not contiguous and the treatment would fail between the electrodes as shown with Runs **60** and **10**, respectively.

(381) TABLE-US-00013 TABLE 13 Predicted IRE lesion dimensions for the min. and max. parameters investigated in Part 1. Spac- Vol- Diam- ing Length Area ume Run eter (cm) (cm) (cm.sup.2) (cm.sup.3) x(cm) y(cm) x:y 60 14 G = 1.6 1.5 2.705 6.232 0.311 5.550 0.056 2.11 mm 10 18 G = 1.6 0.5 1.042 1.689 0.227 3.390 0.067 1.27 mm 49 18 G = 0.4 1.5 2.242 4.626 1.257 4.210 0.299 1.27 mm 3 14 G = 0.4 0.5 1.120 2.241 1.221 2.190 0.558 2.11 mm

(382) In an effort to better understand the effects of the electrode geometry on the ablation region an extra set of values (Table 14) was generated. The closest outputs to a 1.5 cm×2.9 cm lesion size from parameters in Table 13 were modified to better approximate the targeted lesion. Considering all 60 different runs, number **15** is closest to the targeted values with a lesion geometry of 1.301 cm×2.84 cm.

(383) TABLE-US-00014 TABLE 14 Predicted IRE lesion dimensions for parameters approximating a 1.5 cm × 2.9 cm ablation region. Spac- Vol- Diam- ing Length Area ume Run eter (cm) (cm) (cm.sup.2) (cm.sup.3) x(cm) y(cm) x:y 3 14 G = 0.4 0.5 1.120 2.241 1.221 2.190 0.558 2.11 mm 1 18 G = 0.4 0.5 0.943 1.590 1.037 2.170 0.478 1.27 mm 15 14 G = 0.4 0.75 1.483 3.215 1.301 2.840 0.458 2.11 mm 18 14 G = 0.8 0.75 1.680 3.652 1.181 3.250 0.363 2.11 mm

(384) Part 2: In Part 2 the electric field distribution assuming a dynamic electric conductivity was used to determine the threshold of cell death due to IRE exposure. Specifically during this Part, a sigmoid function (FIG. **44**) with a baseline (0.067

S/m) and maximum (0.241 S/m) conductivity values was used (see Sel, D., et al., *Sequential finite element model of tissue electropermeabilization*. IEEE Trans Biomed Eng, 2005. 52(5): p. 816-27). This published function assumes that reversible electroporation starts at 460 V/cm and is irreversible at 700 V/cm as reported by Sel. et al. Using the dynamic conductivity function resulted in a more consistent electric field threshold between the width (615.7 V/cm) and the length (727.4 V/cm); therefore, using the average (670.1 V/cm) provides a better prediction of the IRE lesions being achieved in vivo versus the ones predicted in Part 1 that assume a static conductivity (Table 15). The electric field threshold for IRE using the dynamic conductivity approach resulted in a revised k=1.14539 assuming an E=670.1 V/cm, S=0.001, and t=0.009 s (90×100 μs). The k parameter was scaled by the duty cycle of the pulses (0.0001 s) in order to reflect the cell viability in the time scale in which the pulses were delivered (i.e. one pulse per second).

(385) TABLE-US-00015 TABLE 15 Electric field thresholds for the dynamic modeling approach from experimental IRE lesions in liver. IRE E-field Threshold Conductivity Dimension [V/cm] Average [V/cm] Dynamic - x = 1.5 cm 615.7 615.7 670.1 σ(E) Dynamic - y = 2.9 cm 720.7 727.4 σ(E) (distal) Dynamic - y = 2.9 cm 734.0 σ(E) (proximal)

(386) In Part 2, the effect of pulse strength (2000 V, 2250 V, 2500 V, 2750 V, 3000 V) and pulse number (20, 40, 60, 80, 100) was explicitly investigated and the results of the parametric study are provided in the table of FIG. **49** and a representative plot provided in FIG. **45**. The results with the specific minimum and maximum parameters from Part 2 are presented in Table 16 and demonstrate that with increasing pulse strength and pulse number a larger volume of IRE ablation is achieved at a repetition rate of one pulse per second (FIGS. **46**A-D). In order to compare the results to the electric field threshold, both areas/volumes were computed and are provided as well. Similar to the results from Part 1, the white solid curve represents the 0.1%, 1.0%, and 10% cell viability isocontour levels due to IRE. For all voltages investigated, delivering one hundred 100-μs pulses covers a greater area/volume than the prediction by the 670.1 V/cm electric field threshold assumed with the dynamic conductivity function.

(387) TABLE-US-00016 TABLE 16 Predicted lesion dimensions for the minimum and maximum parameters investigated in Part 2. Volt- Vol- E- E- age Num- Area ume Field Field Run (V) ber (cm.sup.2) (cm.sup.3) (cm.sup.2) (cm.sup.3) x(cm) y(cm) x:y 3 2000 20 0.080 0.050 0.970 1.575 0.216 2.350 0.092 6 2000 100 1.209 2.238 0.970 1.575 0.646 1.630 0.396 27 3000 20 0.209 0.170 1.493 3.171 0.221 1.800 0.123 30 3000 100 1.900 4.604 1.493 3.171 0.946 1.130 0.837

(388) Part 3: In this Part the exposure of liver tissue to **300** (5×60) and **360** (4×90) pulses were simulated at an applied voltage of 3000 V, 100-μs pulses, at a repetition rate of one pulse per second. From the cell viability plots in FIG. **47**A-B it can be seen that with increasing number of pulses, larger zones of IRE ablation are achieved with the corresponding areas and volumes included in Table 17 and the table of FIG. **50**. It is important to note that in this case the simulation assumes that there is sufficient thermal relaxation time between sets of pulses; thus preventing any potential thermal damage from Joule heating which is not simulated in this work.

(389) TABLE-US-00017 TABLE 17 Predicted lesion dimensions for the 5 × 60 and 4 × 90 IRE pulses investigated in Part 3. Vol- Vol- E- E- tage Num- Area ume Field Field Run (V) ber (cm.sup.2) (cm.sup.3) (cm.sup.2) (cm.sup.3) x(cm) y(cm) x:y 16 3000 5 × 6.135 27.282 1.493 3.171 2.877 4.900 0.587 60 19 3000 4 × 6.950 33.202 1.493 3.171 3.287 5.540 0.593 90

(390) Models with exploratory geometries were developed that include multiple voltage sources and current diffusers (balloons). FIGS. **51**A-C present images of the raw geometries being tested and FIGS. **51**D-F show the corresponding electric field distribution. In general, the most influential parameter remains the size of the electrodes and insulation. According to the values generated from these simulations, it seems like substantial helps to achieve more spherical lesions.

(391) TABLE-US-00018 TABLE 18 Predicted IRE lesion dimensions for exploratory models in Appendix D. Spac- Vol- Diam- ing Length Area ume Run eter (cm) (cm) (cm.sup.2) (cm.sup.3) x(cm) y(cm) x:y 61 0.211 0.4 0.5 1.453 1.807 1.201 2.850 0.421 62 0.211 0.4 1 1.617 2.129 1.321 3.670 0.360 63 0.211 0.4 1 2.008 3.041 1.241 2.955 0.420 64 0.211 0.4 0.5 1.389 1.929 1.261 2.810 0.449 65 0.211 0.4 0.5 0.976 1.142 1.421 2.000 0.711

(392) The present invention has been described with reference to particular embodiments having various features. In light of the disclosure provided, it will be apparent to those skilled in the art that various modifications and variations can be made in the practice of the present invention without departing from the scope or spirit of the invention. One skilled in the art will recognize that the disclosed features may be used singularly, in any combination, or omitted based on the requirements and specifications of a given application or design. Other embodiments of the invention will be apparent to those skilled in the art from consideration of the specification and practice of the invention.

(393) It is noted in particular that where a range of values is provided in this specification, each value between the upper and lower limits of that range is also specifically disclosed. The upper and lower limits of these smaller ranges may independently be included or excluded in the range as well. The singular forms “a,” “an,” and “the” include plural referents unless the context clearly dictates otherwise. It is intended that the specification and examples be considered as exemplary in nature and that variations that do not depart from the essence of the invention fall within the scope of the invention. In particular, for method embodiments, the order of steps is merely exemplary and variations appreciated by a skilled artisan are included in the scope of the invention. Further, all of the references cited in this disclosure are each individually incorporated by reference herein in their entireties and as such are intended to provide an efficient way of supplementing the enabling disclosure of this invention as well as provide background detailing the level of ordinary skill in the art.

Claims

1. A method comprising: obtaining an image of a patient tissue; identifying a target treatment area in the image of the patient tissue; modeling an estimated treatment zone in the target treatment area based on one or more electrical energy treatment

parameters and one or more tissue-specific conductivity parameters, wherein the tissue-specific conductivity parameters include a measured baseline electrical conductivity, a change in electrical conductivity, a rate at which electrical conductivity changes, an electric field at which the change in electrical conductivity occurs, and/or an electric field at which irreversible electroporation occurs; providing a graphical representation of the estimated treatment zone; providing a treatment protocol based on the modeling; and administering electrical pulses to the target treatment area of the patient tissue according to the treatment protocol.

2. The method of claim 1, wherein the graphical representation is a 3D graphical representation of the estimated treatment zone.

3. The method of claim 2, wherein the image and/or the 3D graphical representation includes one or more of cells, organs, vessels, heart, kidney, liver, lung, spleen, pancreas, brain, prostrate, breast, small intestine, large intestine, stomach, or mesenchymal tissue.

4. The method of claim 1, wherein the identifying of the target treatment area in the image of the patient tissue is performed automatically by software; and/or wherein the target treatment area is modified by a user.

5. The method of claim 1, wherein the graphical representation comprises the estimated treatment zone and a safety margin.

6. The method of claim 1, wherein the change in electrical conductivity is due to temperature.

7. The method of claim 1, wherein the electrical energy treatment parameters are chosen from one or more of voltage, electrode spacing, electrode diameter, electrode length, number of pulses, treatment duration, pulse width, electric field intensity.

8. The method of claim 1, wherein the graphical representation comprises a modeled electrical field distribution derived from Cassini oval calculations.

9. The method of claim 1, wherein the graphical representation is an image generated from Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound imaging, Positron Emission Tomography (PET) or fluoroscopic imaging.

10. The method of claim 1, wherein the modeling comprises virtual placement of one or more electrodes.

11. The method of claim 10, further comprising determining a lethal electric field threshold for IRE (E.sub.IRE).

12. A method comprising: obtaining an image of a patient tissue; identifying a target treatment area in the image of the patient tissue; segmenting the target treatment area from surrounding tissue; modeling an estimated treatment zone in the target treatment area based on one or more treatment parameters and one or more tissue-specific conductivity parameters, wherein the tissue-specific conductivity parameters include a measured baseline electrical conductivity, a change in electrical conductivity, a rate at which electrical conductivity changes, an electric field at which the change in electrical conductivity occurs, and/or an electric field at which irreversible electroporation occurs; providing a graphical representation of the estimated treatment zone; identifying one or more area within the estimated treatment zone that may be subject to thermal damage based on the modeling; modifying one or more of the treatment parameters through one or more iterations to provide modified treatment parameters capable of preventing thermal damage within the one or more area of the estimated treatment zone; and providing a modified graphical representation of the estimated treatment zone based on the modified treatment parameters and providing a treatment protocol based on the modeling that prevents thermal damage within the one or more area within the estimated treatment zone.

13. The method of claim 12, wherein the graphical representation and/or the modified graphical representation is a 3D graphical representation.

14. The method of claim 12, wherein the identifying of the target treatment area in the image of the patient tissue is performed automatically by software; and/or wherein the target treatment area is modified by a user.

15. The method of claim 12, wherein the graphical representation and/or the modified graphical representation comprises the estimated treatment zone and a safety margin.

16. The method of claim 12, wherein the treatment parameters and/or the modified treatment parameters are chosen from one or more of voltage, electrode spacing, electrode diameter, electrode length, number of pulses, treatment duration, pulse width, electric field intensity, a baseline electrical conductivity for the target treatment area, or an electrical conductivity for a specific tissue type.

17. The method of claim 12, wherein the graphical representation or the modified graphical representation is derived from Cassini oval calculations.

18. The method of claim 12, further comprising administering the treatment protocol to the patient.

19. A method comprising: obtaining an image of a patient tissue; identifying a target treatment area in the image of the patient tissue; virtually placing one or more simulated electrodes in the target treatment area; modeling an estimated treatment zone in the target treatment area based on one or more treatment parameters, the virtually placed electrodes, and one or more tissue-specific conductivity parameters, wherein the tissue-specific conductivity parameters include a measured baseline electrical conductivity, a change in electrical conductivity, a rate at which electrical conductivity changes, an electric field at which the change in electrical conductivity occurs, and/or an electric field at which irreversible electroporation occurs; providing a graphical representation of the estimated treatment zone; providing a treatment protocol based on the modeling; placing one or more electrodes into the target area based on the treatment protocol; and administering the treatment protocol to the patient.