

Improving Localization of Chemo Ports

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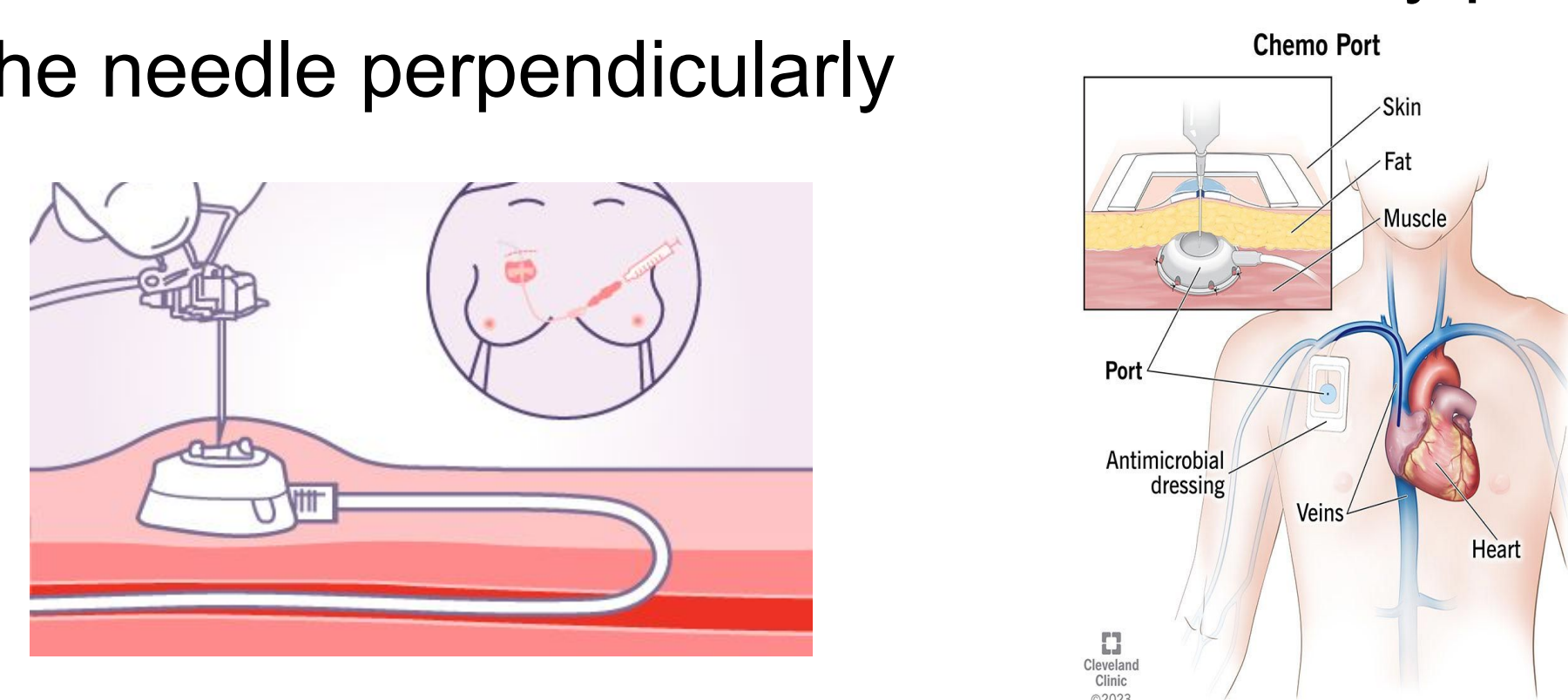


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Background

- Patients who need chemotherapy or other infusions/medications on a regular basis have chemo ports implanted into their chest
- This eliminates the need for multiple IV sticks, which increase discomfort, risk of infection and skin irritation, and is a less effective mode of medication delivery
- The chemo port can begin to flip, turn, and migrate in the patient's daily life
- Manual tissue palpation is the current standard of practice for healthcare staff who administer medication; they palpate the port to insert the needle perpendicularly

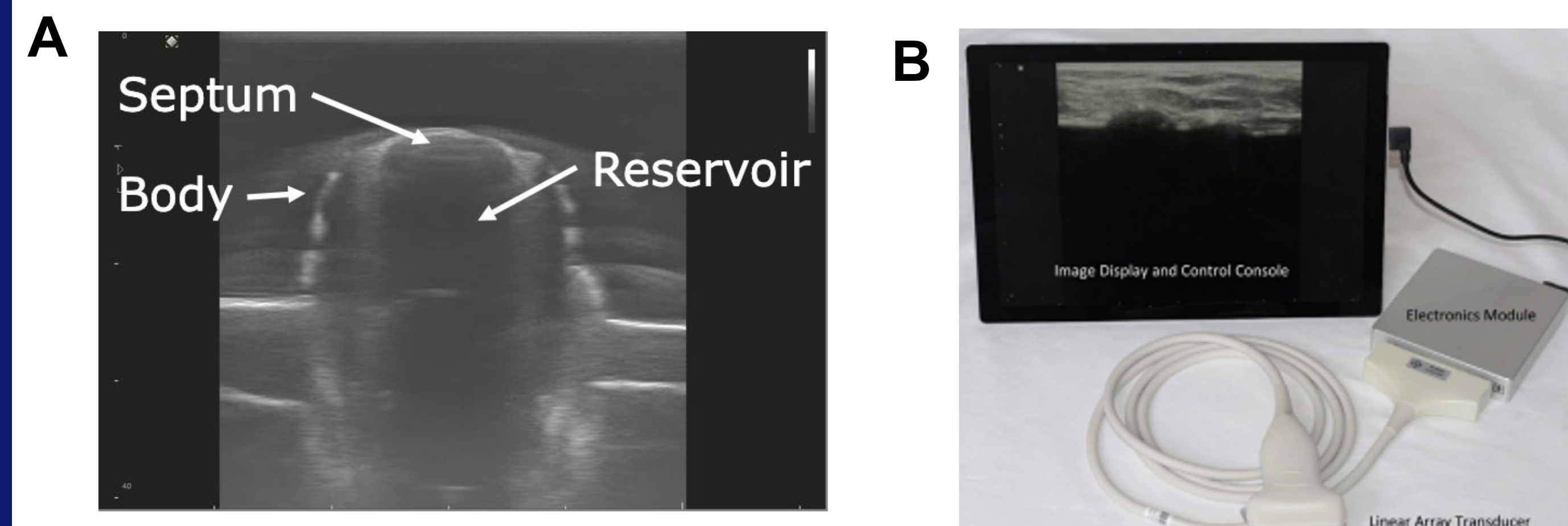


Objective

Use ultrasound technology to quantify chemo port location, depth, and angle for effective medication delivery in patients of all body types

Solution

Our modified ultrasound transducer allows a portable solution for providers to visualize the titanium chemo port and needle placement in real time



- (A) Can visualize center of the port, depth range, and angular position
- (B) Easily cleaned, reusable, portable device

Verification & Validation

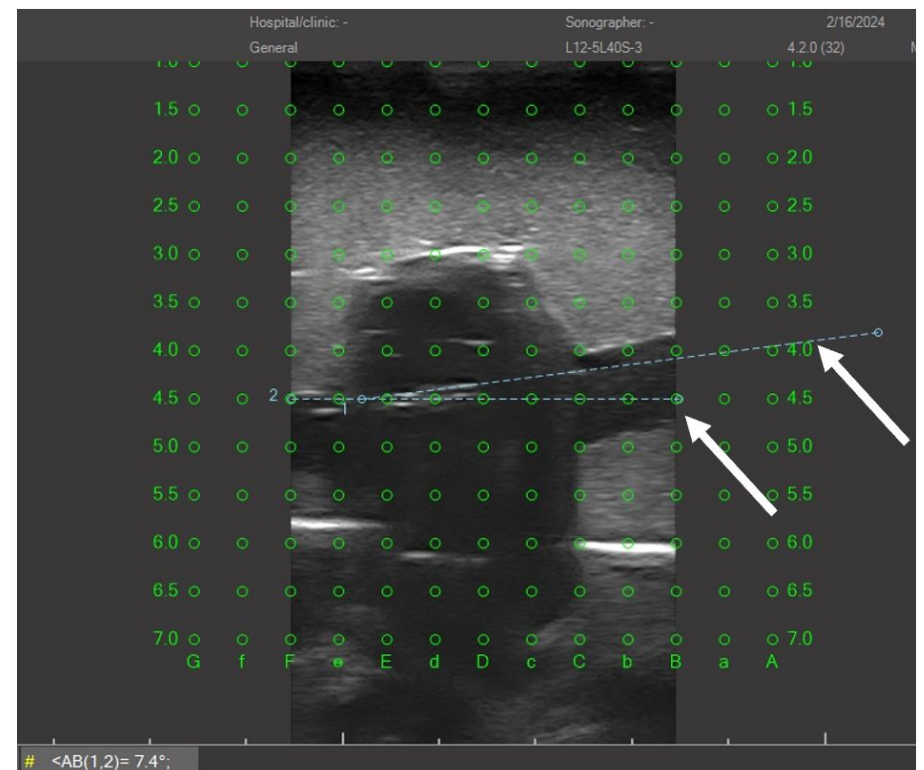
T1 - Depth Detection

Use ultrasound software to measure port depth

T2 - Angle Detection

Use ultrasound software to measure port angle

- 10°: 75-85% accurate
- 5°: 33.5-59.5% accurate



Conclusion

Our prototype provides a low-cost, portable, and more effective alternative to conventional chemo port location modalities and will better serve the needs of diverse patient populations

Societal and Economic Impact

TAM \$975M

Global obese adult population estimated at **650 million adults**, cancer in obese adults estimated at **5% prevalence**, chemo port usage estimated at **60% of chemotherapy patients**: estimated **10% market penetration**. Product pricing estimated at **\$500 unit price** based on budget constraints

SAM \$487M; SOM \$48.7M

50% of applicable healthcare facilities and 10% initial capture rate

Constraints

- 1.1 Time:** 9 months
- 1.2 Budget:** \$750
- 1.3 Policies:** Federal Government and Hospital Policies
- 1.4 Biocompatibility:** Materials must be USP Class VI, ISO 10993, or known safe material used in multiple-use medical device (USP)
- 1.5 MRI Hindrance:** Must not hinder or interfere with MRI imaging; patient plan of care

Requirements

- 2.1 Multi-use Medical Device:** USP class VI, ISO 10993
- 2.2 Location Detection:**
 - 2.2.1: Smart Port Standard: ± 5.97 mm
 - 2.2.2: BioFlo Port Standard: ± 6.35 mm
 - 2.2.3: Smart Port Low Profile: ± 5.12 mm
- 2.3 Depth Detection:** 5-38 mm
- 2.4 Angled Position Detection:**
 - 2.4.1: Smart Port Standard: 15°
 - 2.4.2: BioFlo Port Standard: 16°
 - 2.4.3: Smart Port Low Profile: 13°

Working Models & Prototype

- (I) Phantoms to mimic breast tissue
- (II) Alterations to existing transducers
- (III) Ultrasound software to determine accurate chemo port depth and angular tilt



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References:

- [1] Dr. Tim Niesen (2023). 'Need for chemo port locating device'. Minutes of Dr. Tim Niesen and team 24 meeting 16 October 2023, Zoom.
- [2] Rothenberg, K.A., Gologorsky, R.C., & Kim, S. (2020). Dermal securement of port catheters in obese patients. *Journal of Pediatric Surgery*, 55(3), 570-572. <https://doi.org/10.1016/j.jpedsurg.2019.09.013>
- [3] Schafer, M.E. (2021). Fundamentals of High-Resolution Ultrasound in Breast Implant Screening for Plastic Surgeons. *Clinics in Plastic Surgery*, 48(1), 59-69. <https://doi.org/10.1016/j.cps.2020.08.001>