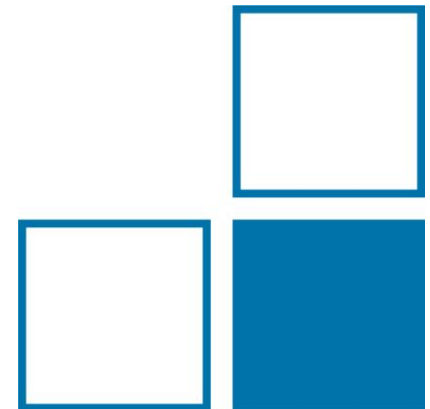


Open Source Medical Devices for Innovation, Education and Global Health

Case Study of Open Source Magnetic Resonance
Imaging

Lukas Winter



Overview



- Introduction to magnetic resonance imaging (MRI)
- MR developments and state of the art
(high field) MR research
- Affordable low field MR systems
- Open source ecosystem

Introduction to MRI

Magnetic moment:

$$\vec{\mu} = \gamma \vec{J}$$

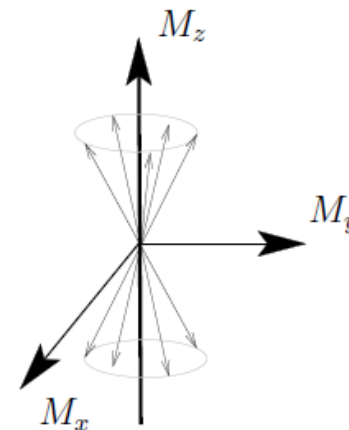
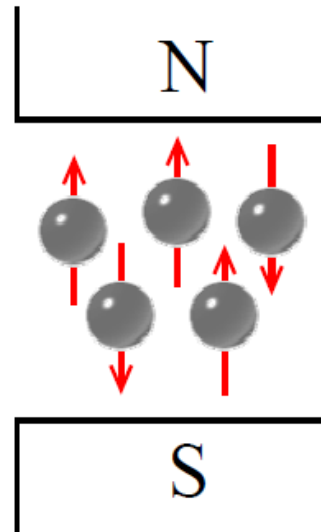
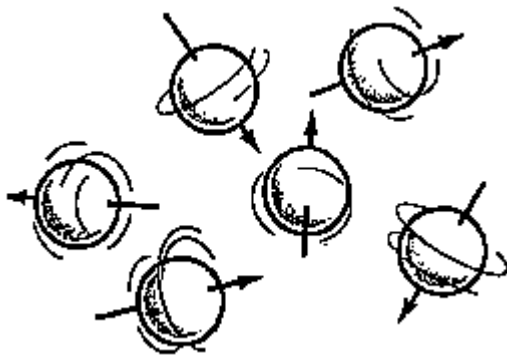
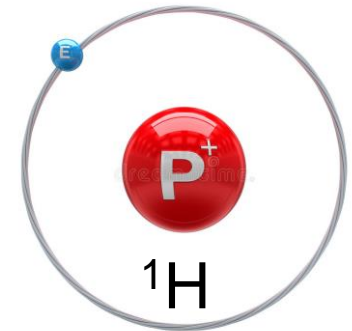
Total angular momentum

Gyromagnetic ratio:

$$\gamma = \frac{\omega_0}{B_0}$$

Larmor precession

Static magnetic field



Spin ensemble

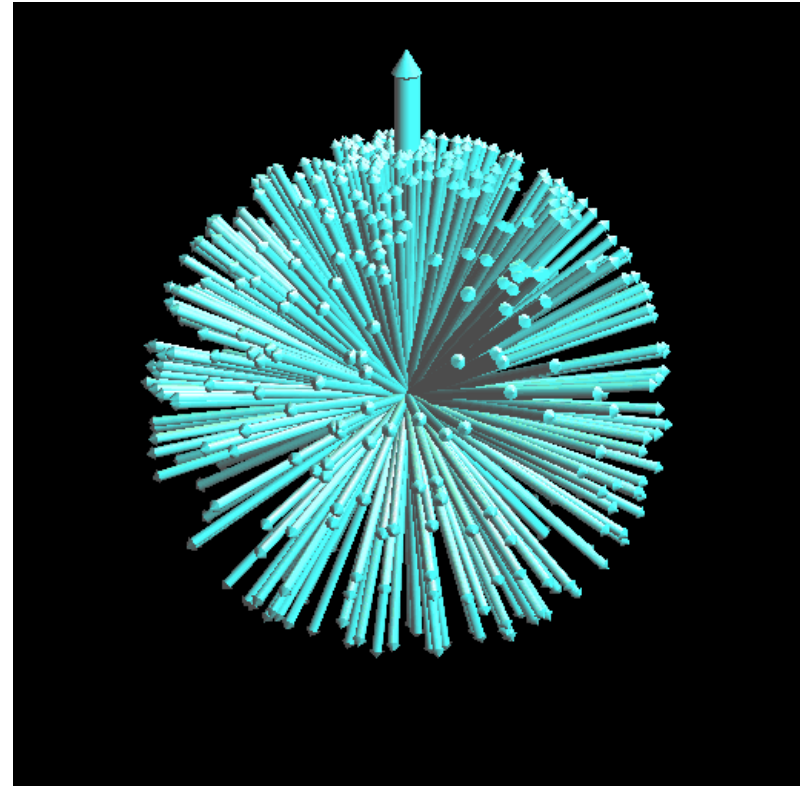
Boltzman distribution:

$$\frac{N_+}{N_-} = \exp\left(\frac{\hbar\omega_0}{k_B T}\right)$$

Longitudinal magnetization:

$$M_0 \approx \frac{1}{4} \rho_0 \frac{\gamma^2 \hbar^2}{k_B T} B_0$$

↑
Spin density
per unit volume

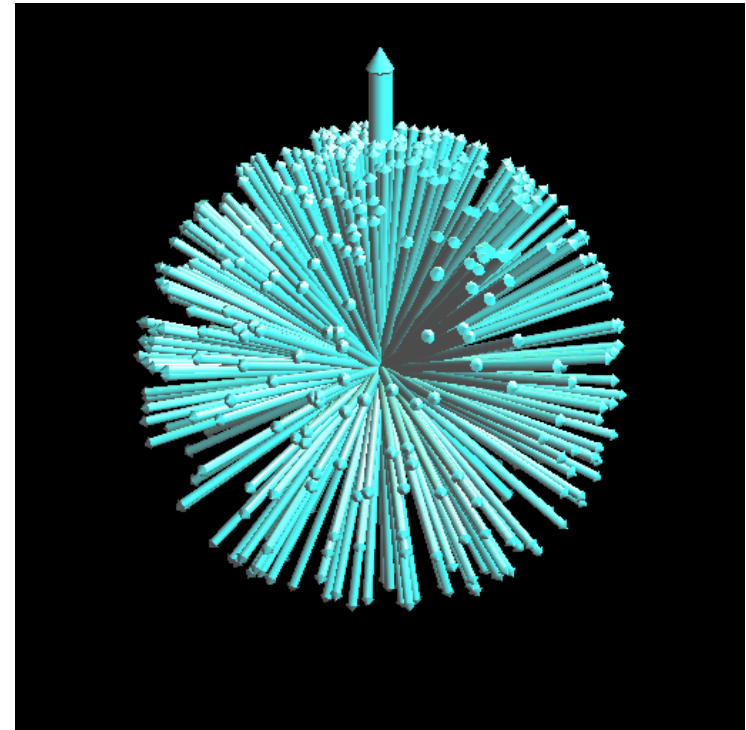


Animation from: Hanson LG, drcmr.dk/mmce2011

Radiofrequency Excitation

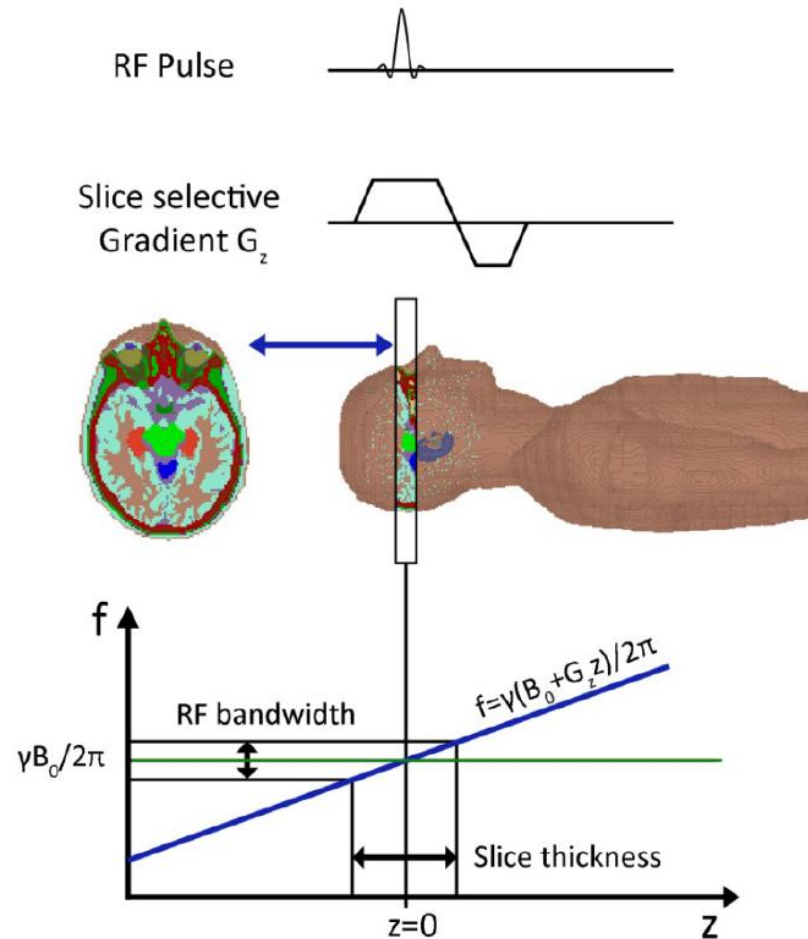
Bloch equation:

$$\frac{d\vec{M}}{dt} = \gamma \vec{M} \times \vec{B}_{ext} + \frac{1}{T_1} (M_0 - M_z) \vec{e}_z - \frac{1}{T_2} \vec{M}_{xy}$$



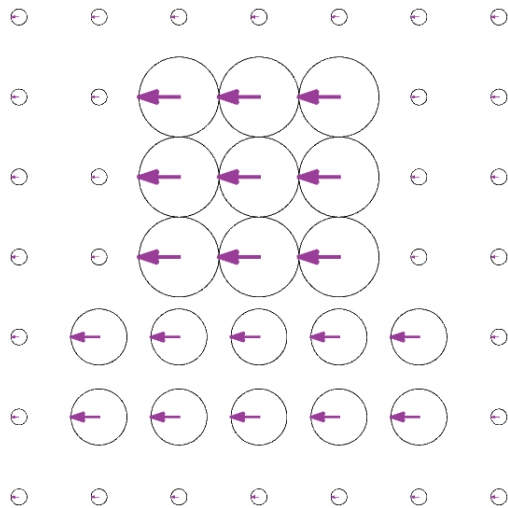
Animation from: Hanson LG, drcmr.dk/mmce2011

Spatial information: Slice selection

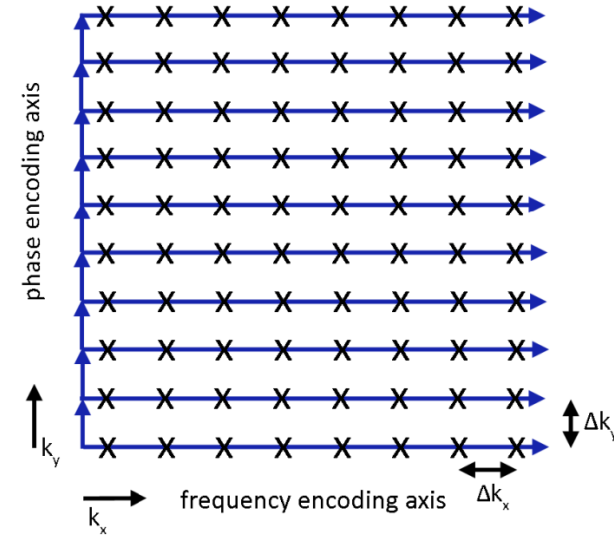
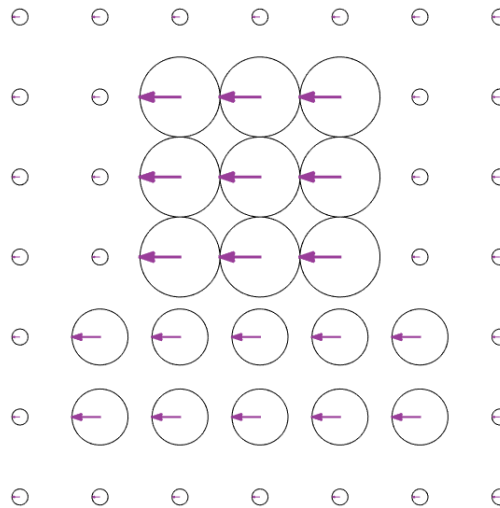


Spatial encoding in a 2D slice

No gradient



Gradient along x



Spatial encoding

k-Space

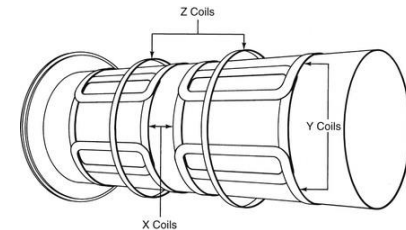
Image



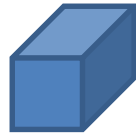
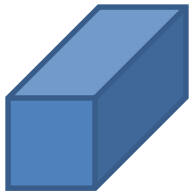
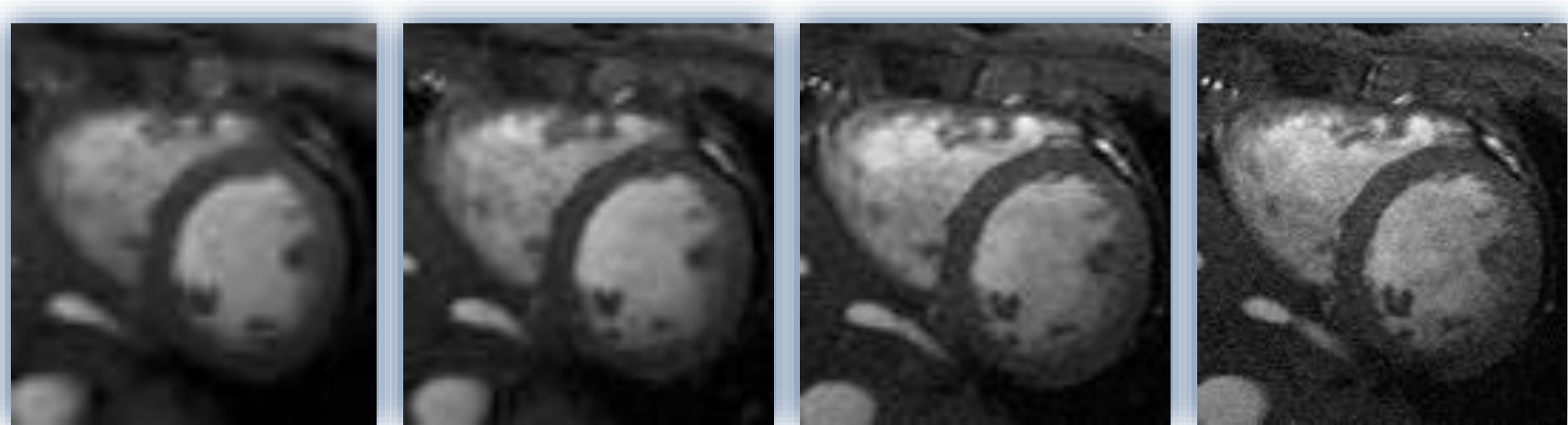
*courtesy Sebastian Schmitter

Summary: For MRI we need...

- Strong static magnetic field B_0
- Varying magnetic field B_1 perpendicular to B_0
- Small varying magnetic field G_x , G_y , G_z for spatial encoding
- And some mathematics, computer science, engineering, biology, medicine...



Increasing spatial resolution



$(1.8 \times 1.8 \times 6) \text{ mm}^3$

$(1.4 \times 1.4 \times 4) \text{ mm}^3$

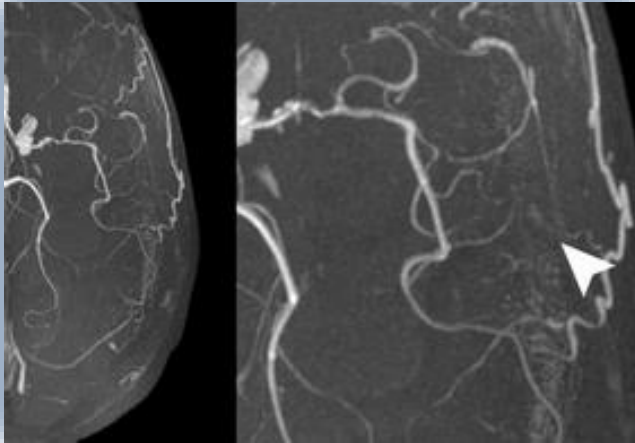
$(1.1 \times 1.1 \times 2.5) \text{ mm}^3$

$(0.8 \times 0.8 \times 2.5) \text{ mm}^3$

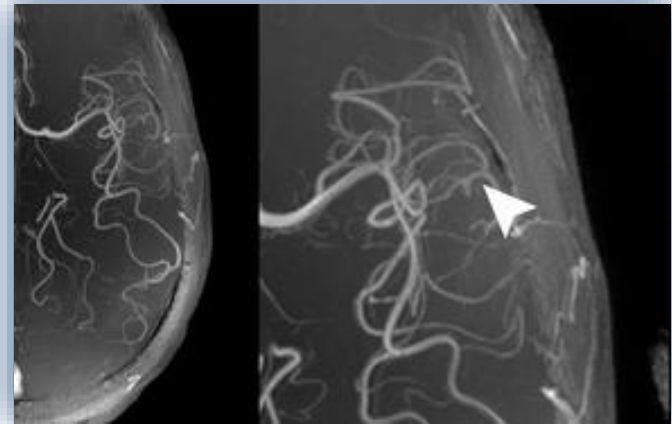
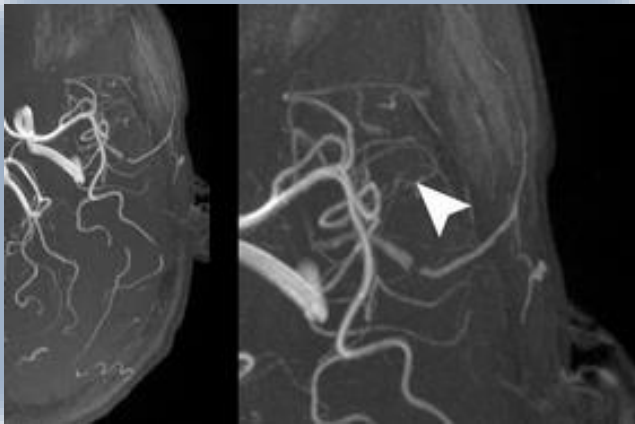
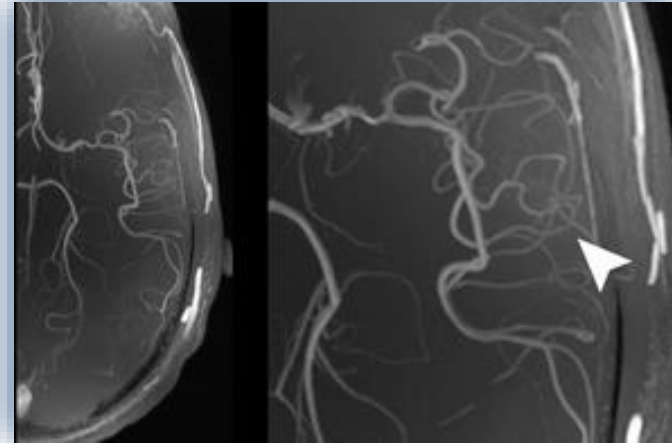
*courtesy Celal Özerdem

Ultra-high field MRI

3.0 Tesla



7.0 Tesla



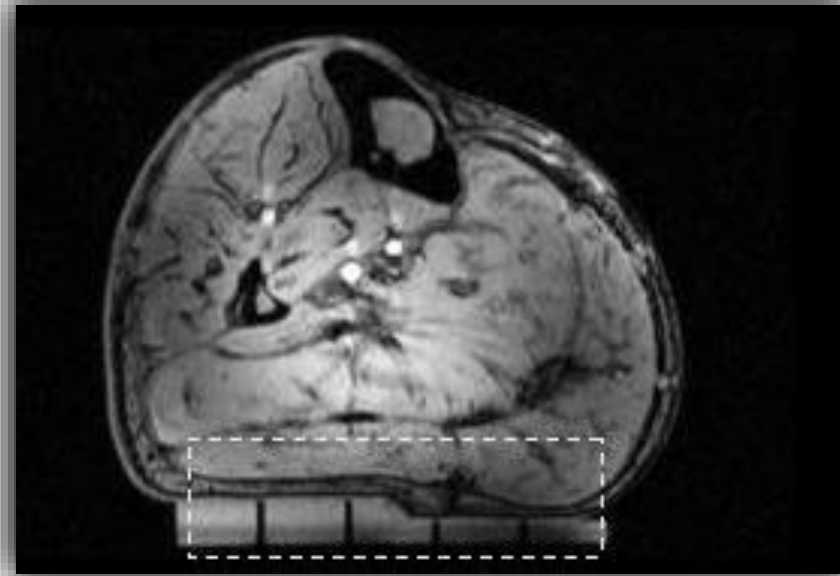
V. Madai et.al. , PLoS One 7(5):e37631. (2012)

X-nuclei MRI

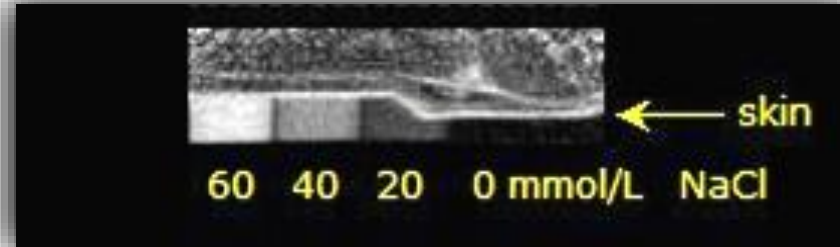
male, 25 years

male, 68 years

^1H
 ^1H



^{23}Na
 ^{23}Na

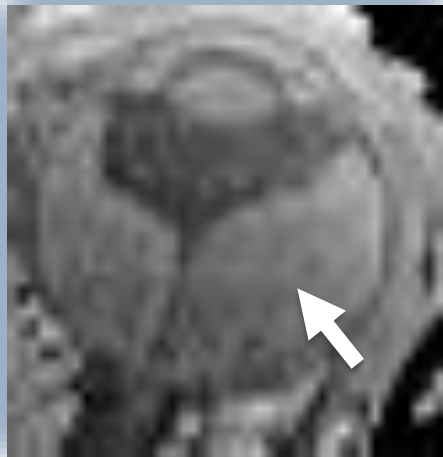


Linz P, et al., NMR in Biomed, 2015, 28(1):54-62

Varying contrasts

in vivo @ 3.0 T

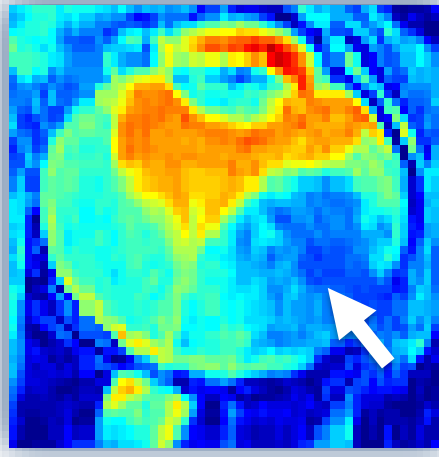
T₁-weighting
(FLASH)



spatial resolution
(0.5 x 0.5 x 0.2)mm³

in vivo @ 3.0 T

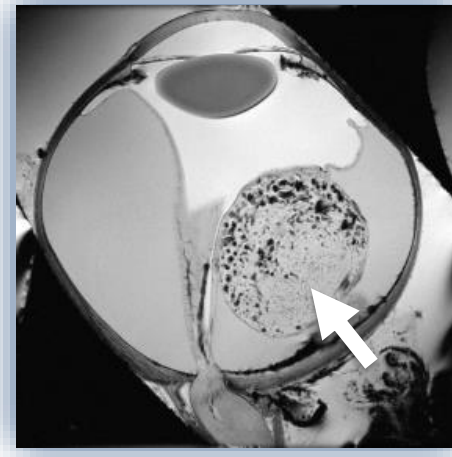
Diffusion
(RARE)



spatial resolution
(0.5 x 0.5 x 5.0)mm³

ex vivo @ 9.4 T

T₁-weighting
(FLASH)



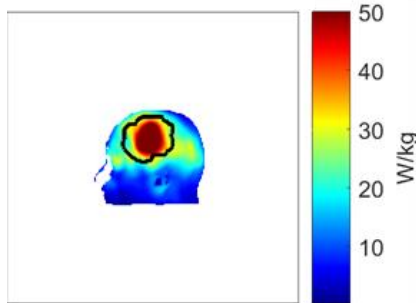
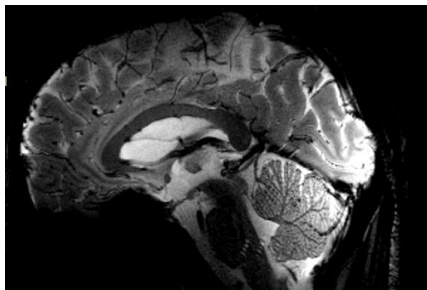
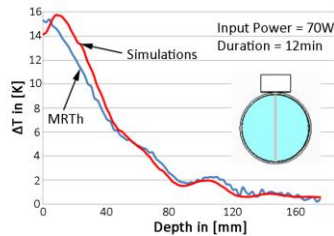
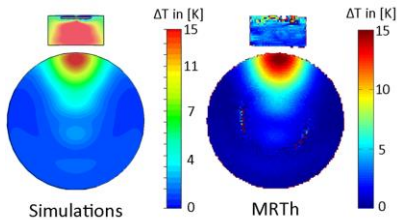
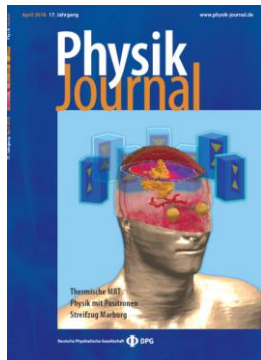
spatial resolution
(0.05 x 0.05 x 0.25)mm³

*courtesy Thoralf Niendorf

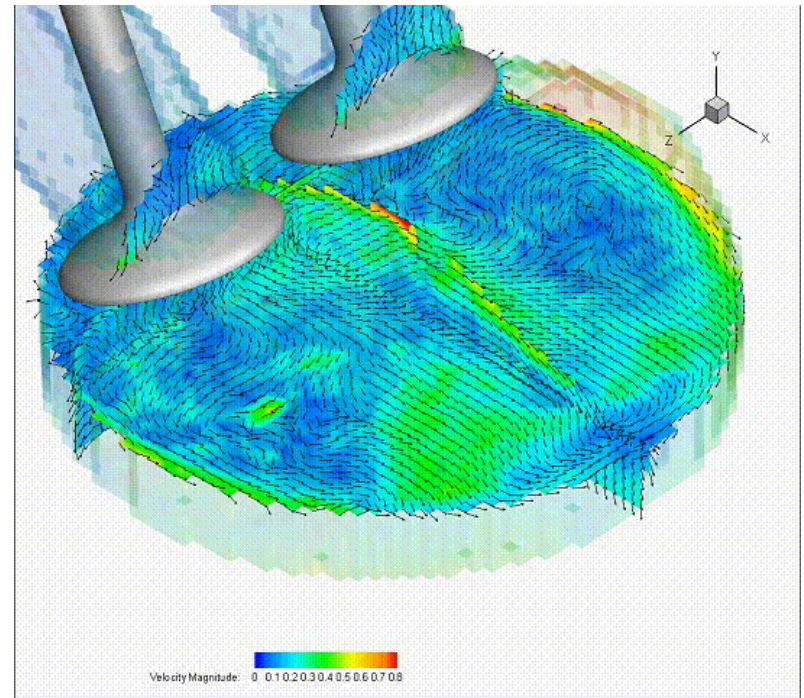
Paul K, et al., Invest Radiol, 2015, 50(5):309-321

Other MR applications

Thermal magnetic resonance



Complex flow investigations



*Lehrstuhl Strömungsmechanik, Universität Rostock

Winter L, et al, PLOS ONE, 2013, 8(4):e61661

Oberacker E, Winter L and Niendorf T, Physik Journal, 2018

Summary so far

MRI offers:

- Multitude of imaging contrasts (relaxation, susceptibility, diffusion, perfusion, temperature, flow, functional...)
- Non-invasive and safe (no ionizing radiation) whole body diagnostics
- High spatial (and application dependent high temporal) resolution imaging
- Multitude of clinical diagnostic and therapeutic applications (thermal magnetic resonance, targeted drug delivery, interventional applications etc.)
- Multitude of non-clinical applications (material science, biology, engineering, etc.)

Sitting inside my (black) box



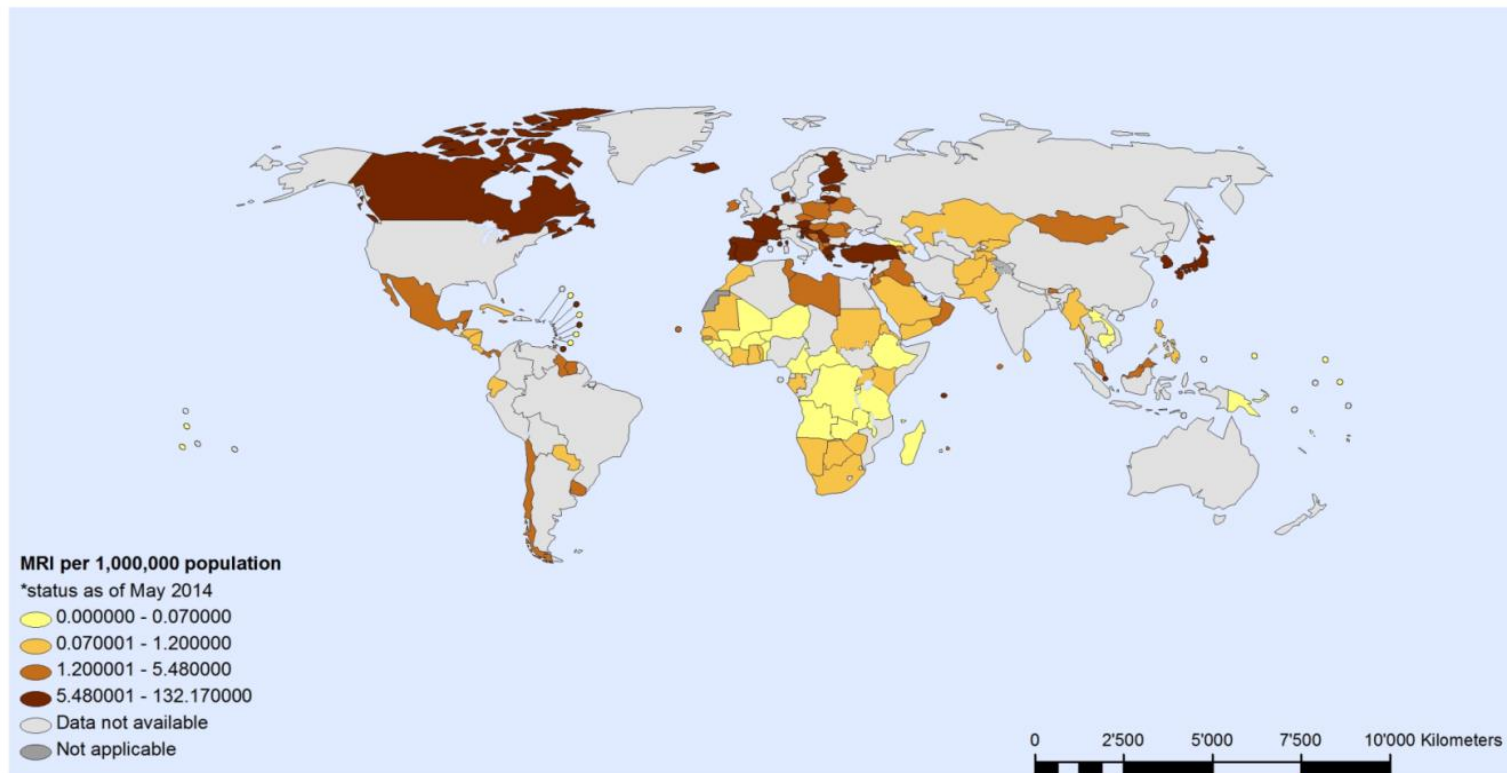
Looking outside the (black) box



Global perspective

Magnetic Resonance Imaging (MRI) is an essential medical diagnostic tool that is beyond the reach of many patients throughout the world¹

Medical Equipment:
Magnetic Resonance Imaging (MRI) units per million population



¹ World Health Organization (WHO), (2013, 25. Feb.), *Essential Health Technologies: Medical Equipment – Data by Country*; Available: http://gamapserv.who.int/gho/interactive_charts/health_technologies/medical_equipment/atlas.html

Open Source Hardware Development



MR Technology ($\sqrt{-1}$ + €)

- Clinical MR systems ($B_0 \geq 1.5T$)
 - Superconducting magnets
 - Liquid helium
 - Supervision system



- Low field (0.2T) systems
 - Permanent magnets
 - Good diagnostic accuracy¹⁻¹⁰



[1] Breitsenseher, M., et al., Radiologe, 1997. 37(10): p. 812-818 [2] Ejbjerg, B., et al., Ann rheumat dis, 2005. 64(9): p. 1280-1287 [3] Kersting-Sommerhoff, B., et al., Eur Radiol, 1996. 6(4): p. 561-565. [4] Kladny, B., et al., arch ortho trauma surg, 1995. 114(5): p. 281-286 [5] Merl, T., et al. Eur J Radiol, 1999. 30(1): p. 43-53 [6] Pääkkö, E., et al., Eur Radiol, 2005. 15(7): p. 1361-1368 [7] Parizel, P.M., et al., Eur J Radiol, 1995. 19(2): p. 132-138 [8] Savnik, A., et al., Eur Radiol, 2001. 11(6): p. 1030-1038 [9] Shellock, F.G., et al., J Magn Res Imaging, 2001. 14(6): p. 763-770 [10] Zangos, S., et al., Eur Radiol, 2005. 15(1): p. 174-182. [11] Wu Z, et al., PLOS ONE, 2016. 11(5):e0154711

Strategy



Affordable research toy:
Desktop MR



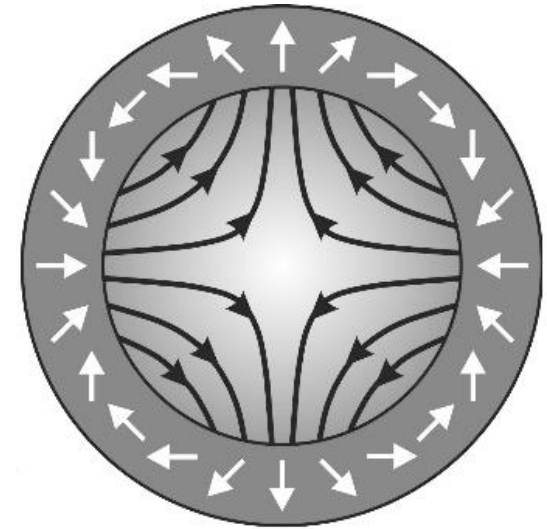
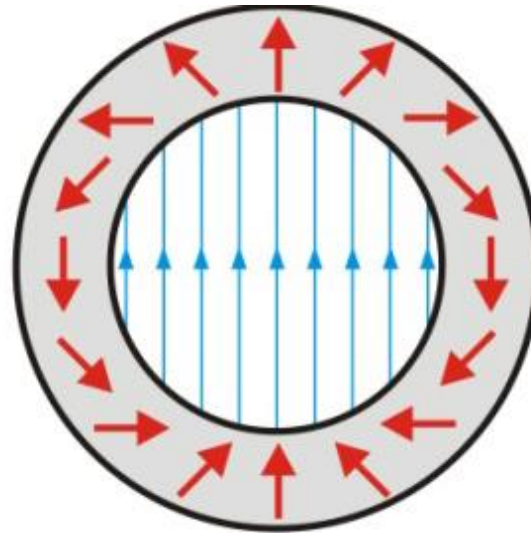
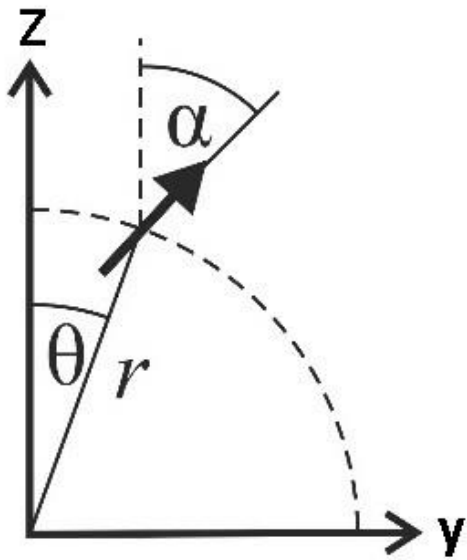
Clinical system ($B_0 \sim 0.2T$)
For dedicated applications



Whole body universal
workhorse

Focus on modularity, reproducibility and scalability

Halbach Multipoles



$$\alpha = (1 + N)\theta$$

$$\text{Dipole: } B(z_0) = Br * \ln\left(\frac{r_1}{r_2}\right), \text{ for } N = 1$$

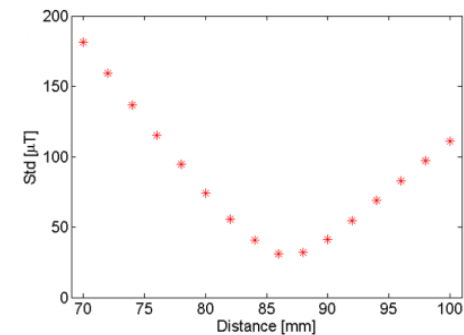
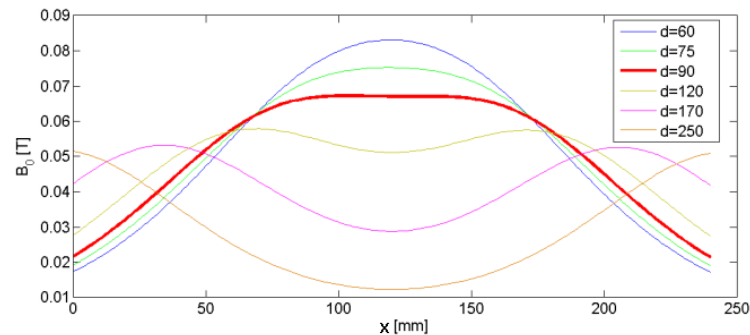
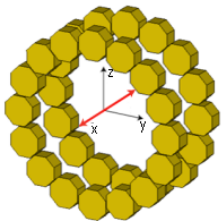
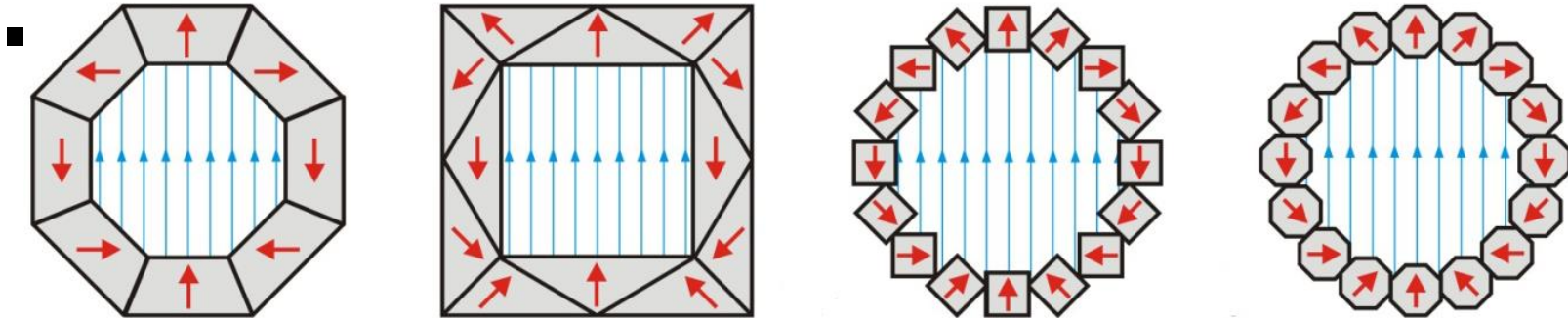
$$\text{Multipole: } B(z_0) = Br * \left(\frac{z_0}{r_1}\right)^{N-1} \frac{N}{N-1} \left[1 - \left(\frac{r_1}{r_2}\right)^{N-1}\right], \text{ for } N \geq 2$$

[9] Soltner, H. and Blümler, P., Conc Magn Res Part A, 2010, 36(4):211-222.

[10] Blümler, P. Conc Magn Reson Part B, 2016.

Homogeneous Halbach Magnets

■ Mandhala (Magnet Arrangements for Novel Discrete Halbach Layout)



[9] Soltner, H. and Blümler, P., *Conc Magn Res Part A*, 2010, 36(4):211-222.

[10] Blümler, P. *Conc Magn Reson Part B*, 2016.

[11] Baarghorn, A, BSc Thesis, TU-Berlin, 2015

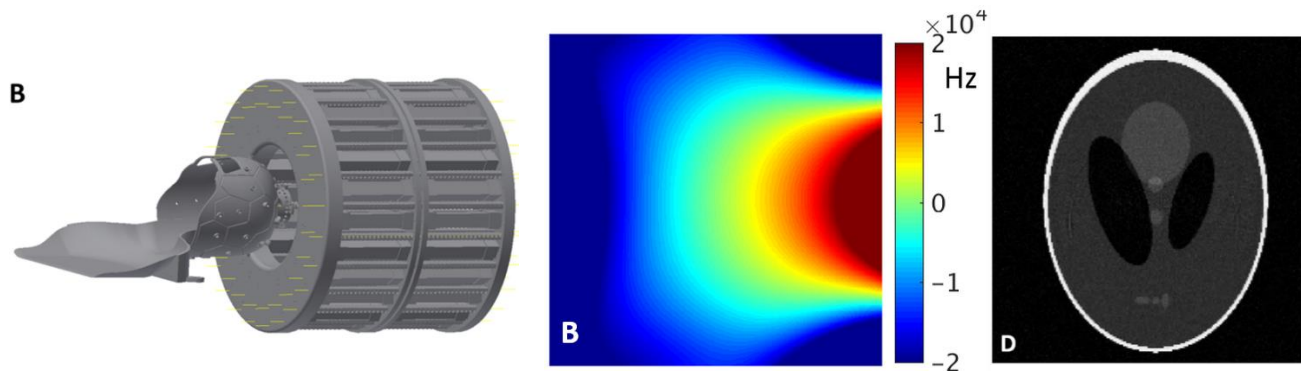
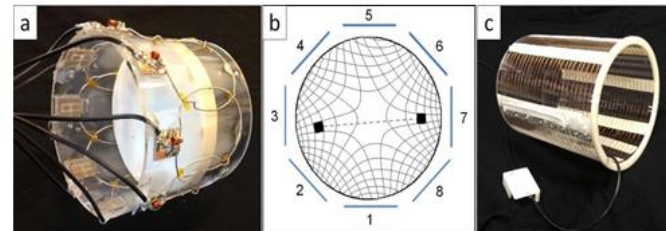
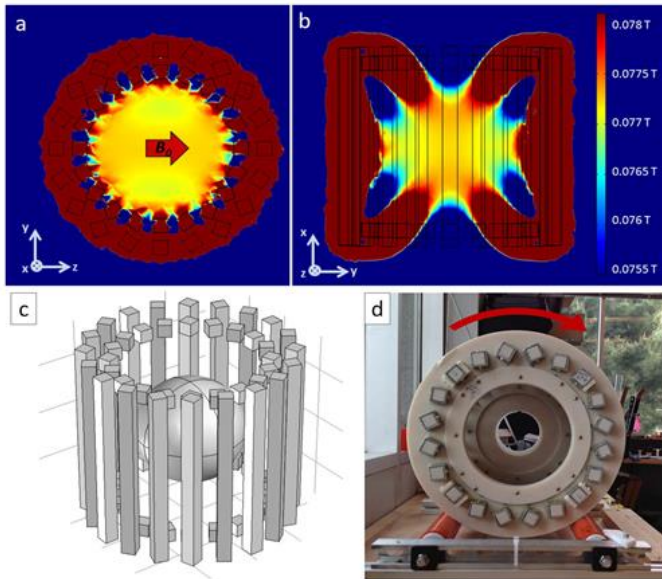
Spatial encoding without gradient coils

HARDWARE AND INSTRUMENTATION
- Full Papers

Magnetic Resonance in Medicine 73:872-883 (2015)

Two-Dimensional Imaging in a Lightweight Portable MRI Scanner without Gradient Coils

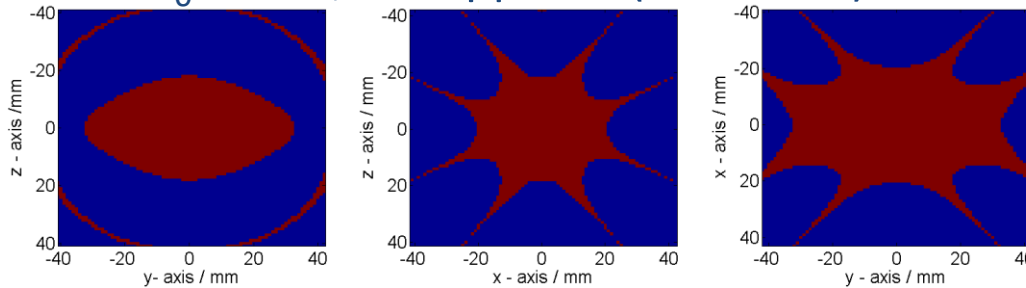
Clarissa Zimmerman Cooley,^{1,2*} Jason P. Stockmann,^{1,3} Brandon D. Armstrong,^{1,3} Mathieu Sarracanie,^{1,3} Michael H. Lev,^{4,5} Matthew S. Rosen,^{1,3,5} and Lawrence L. Wald^{1,5,6}



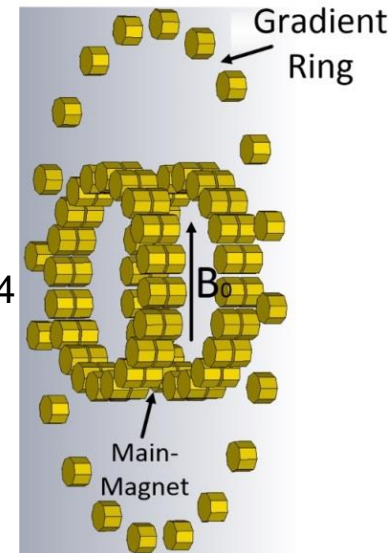
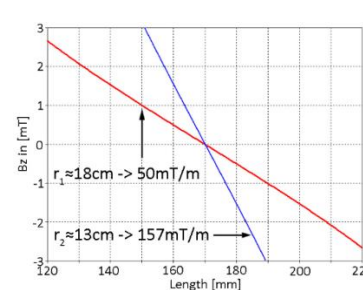
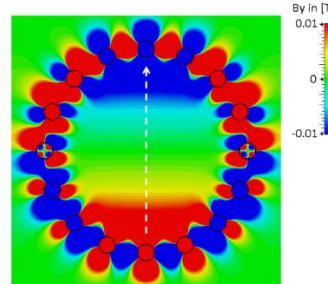
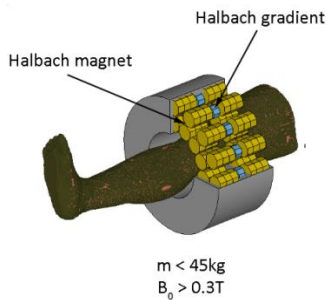
Magnet development

- Magnetostatic field simulations of Halbach magnets
- Homogeneous main magnet

$B_0 = 0.09\text{T}$, 1000ppm $\rightarrow (40 \times 64 \times 36)\text{mm}^3$



- Rotated linear Halbach gradient for spatial encoding¹⁻⁴

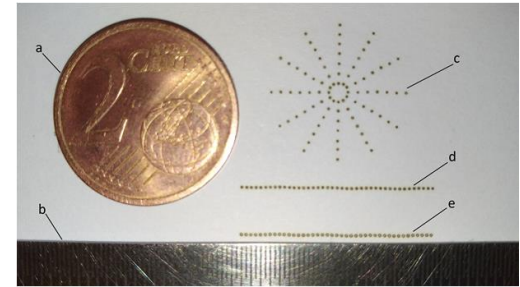
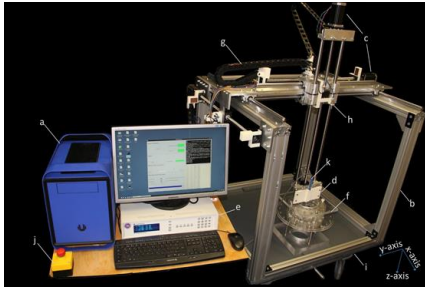


- Validation measurements: simulation vs. experiment

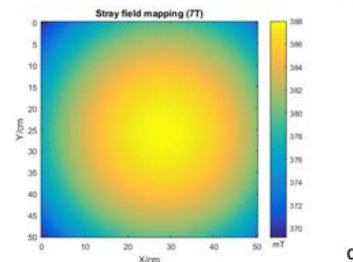
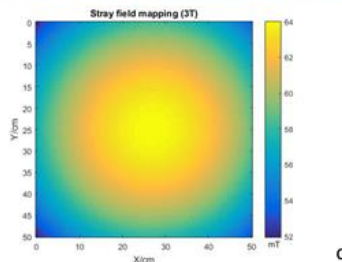
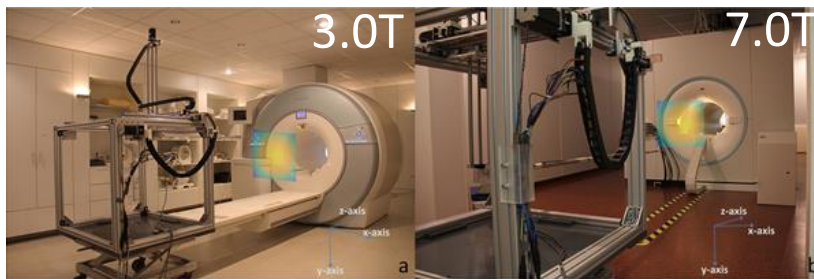
[1] Cooley CZ, et al., Magn Reson Med, 2015, 73:p872-883 [2] Cooley CZ, et al., ISMRM, 2016, #3556
[3] Winter L, et al., ISMRM, 2016, #3586 [4] Blümler P, Concepts Magn Reson Part B Magn Reson Eng, 2016

Open source lab equipment

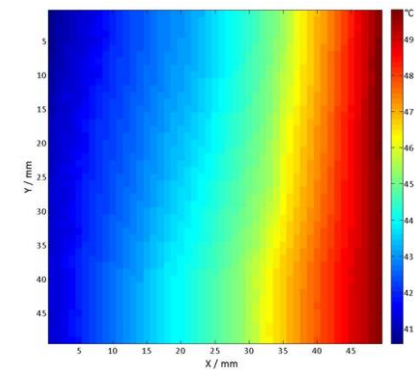
- 3D multipurpose measurement system with submillimeter precision



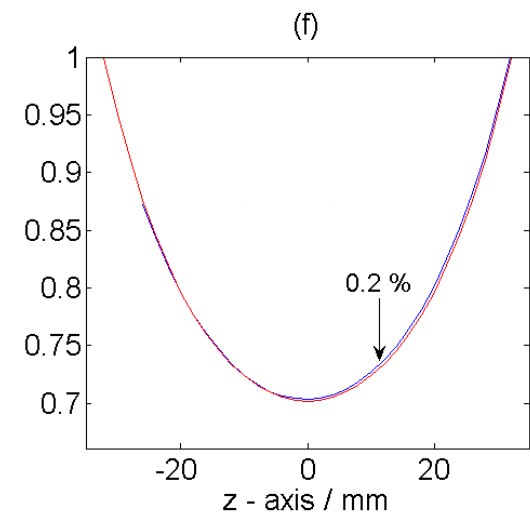
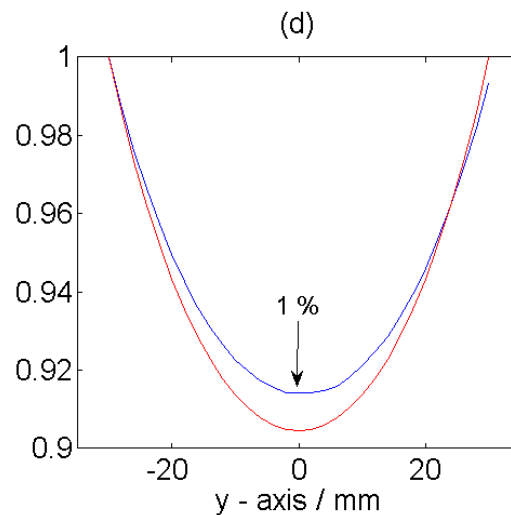
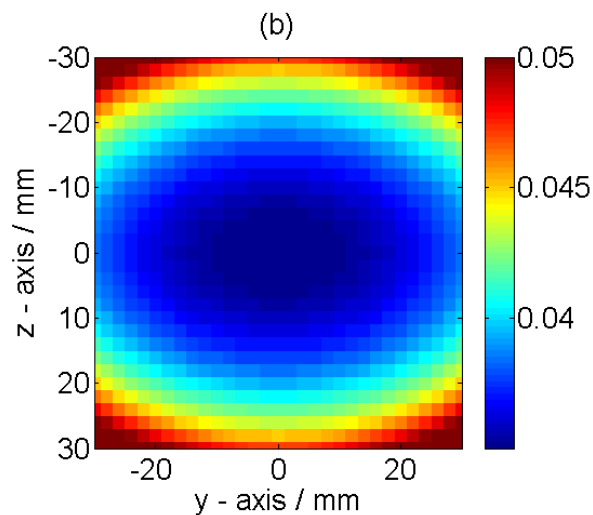
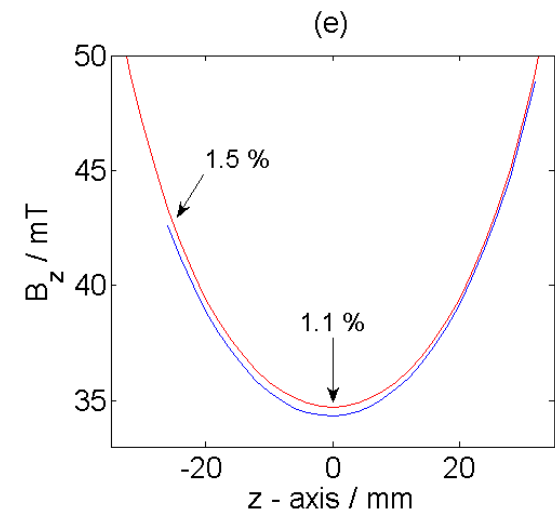
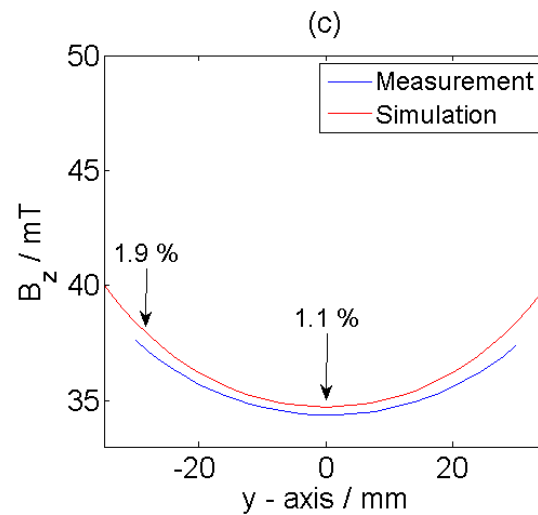
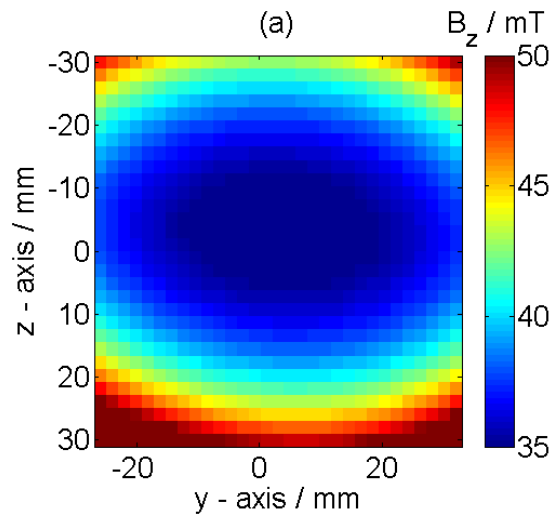
- Adjustable to various research applications



2D fiber optic temperature mapping

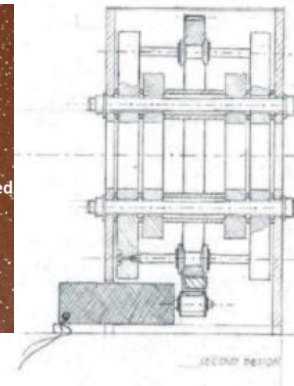
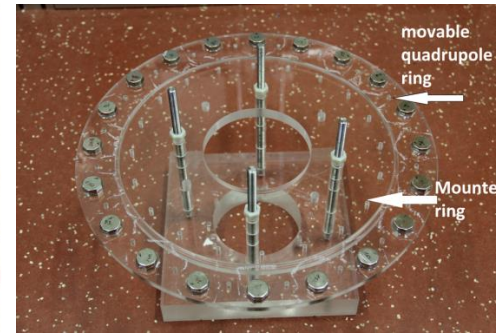
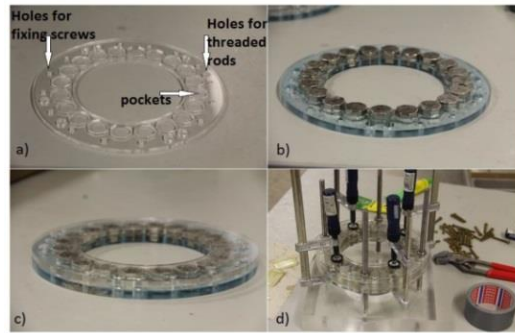


Single Halbach Ring validation



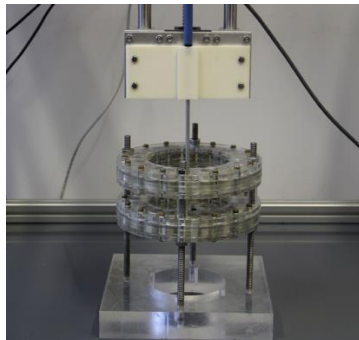
Magnet development process

■ Magnet construction



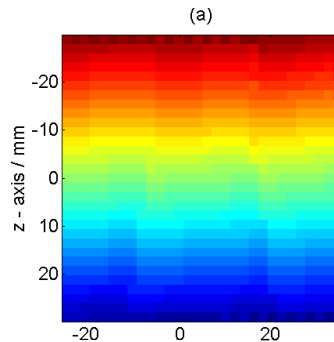
■ 3D Validation measurements

Linear Halbach gradient

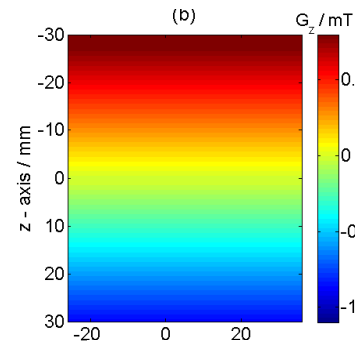


z - axis / mm

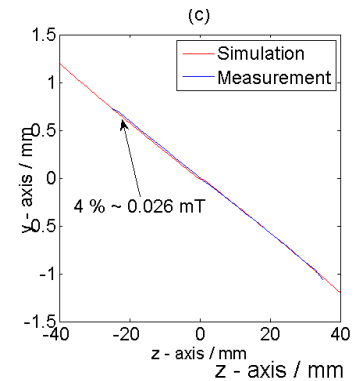
simulation



measurement

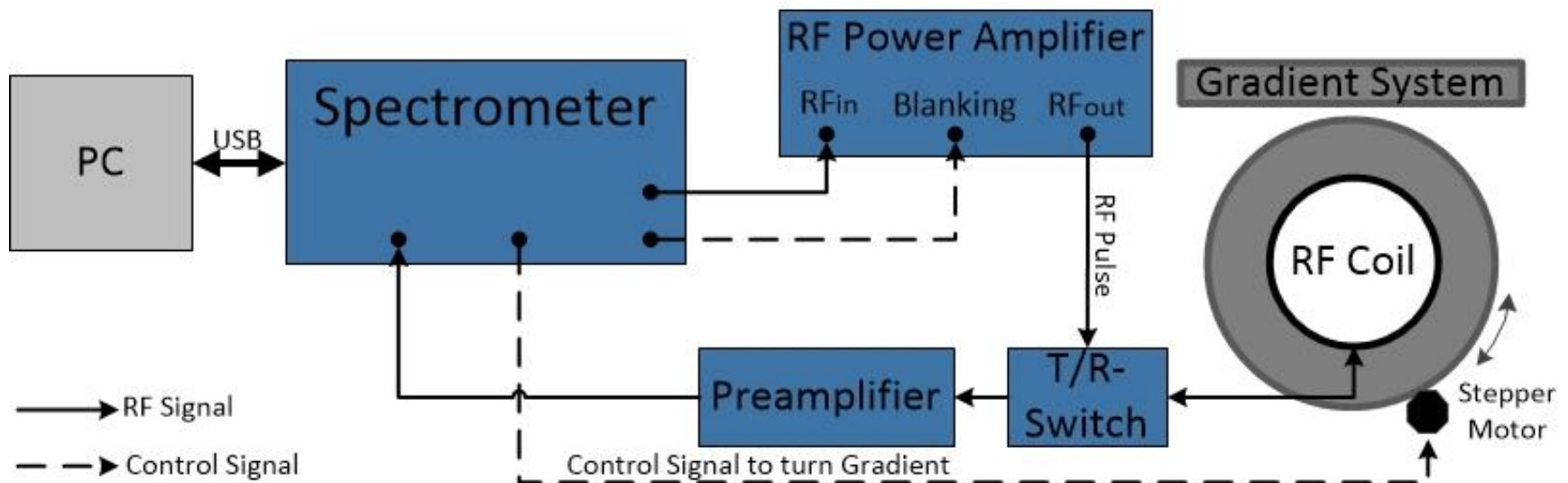


simulation



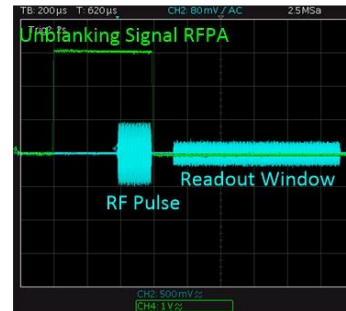
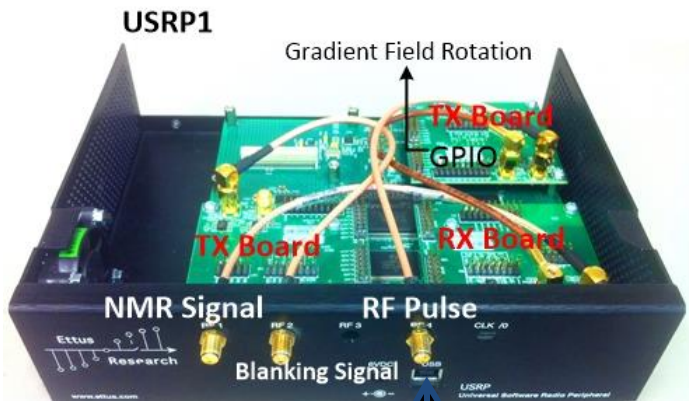
Transmitter Architecture

- Spectrometer (RF-pulse, signal reception, gradient rotation)
- RF power amplifier
- RF coil
- T/R switch
- Low noise preamplifier

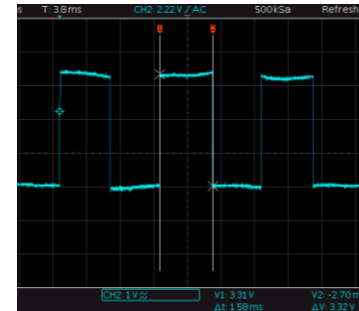


Spectrometer

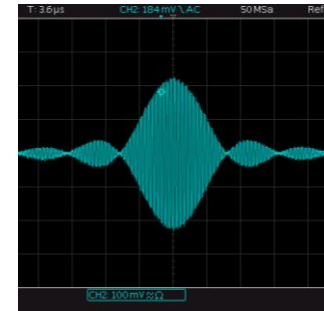
- Using GNUradio¹ compatible software defined radios (SDR) enables hardware independent pulse sequence developments in an OS-framework such as gr-MRI² or Pulseq³
- USRP1⁴ together with gr-MRI² and extended the setup to drive rotating spatial encoding schemes



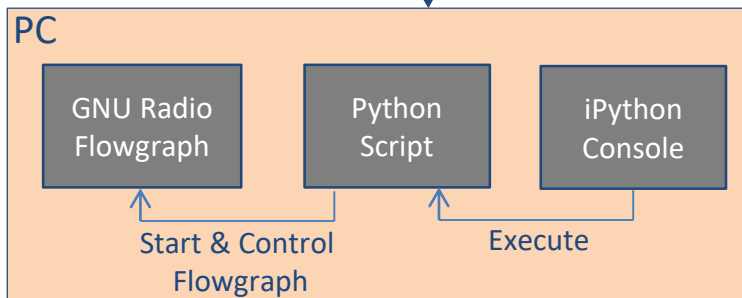
RF-pulse, unblanking and readout window



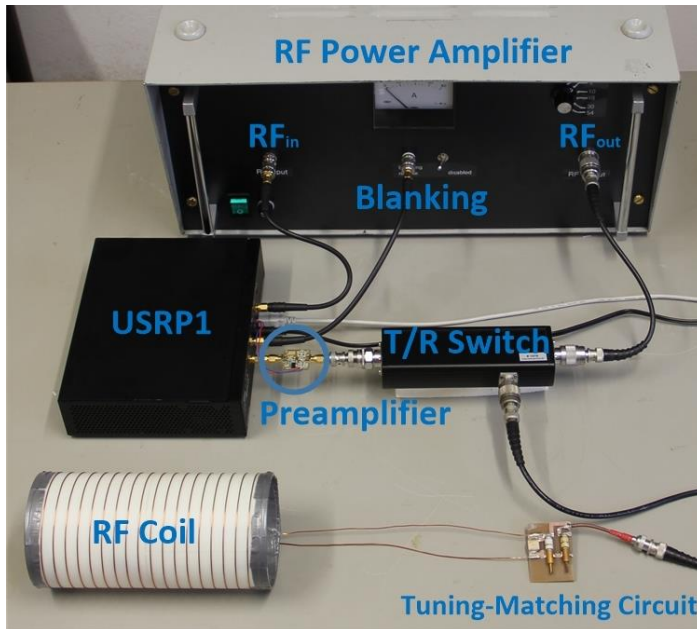
Stepper motor control signal



Sinc-pulse

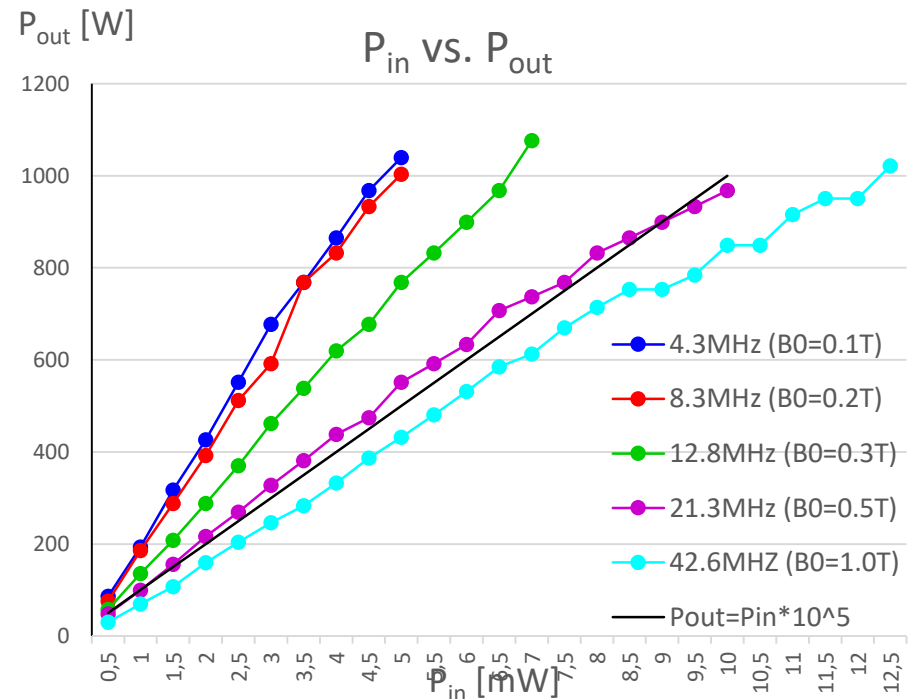
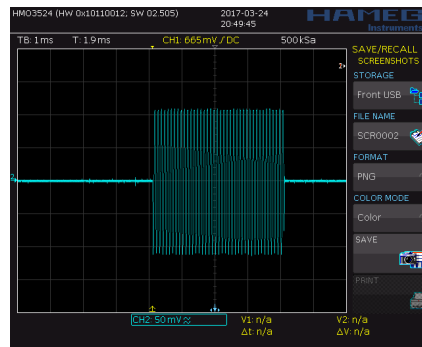
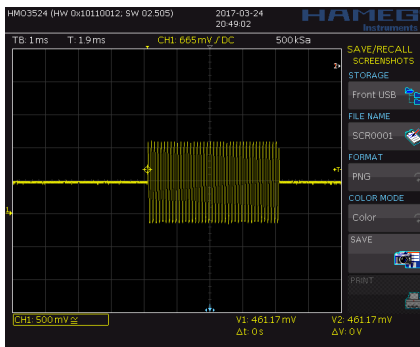


RF power amplifier



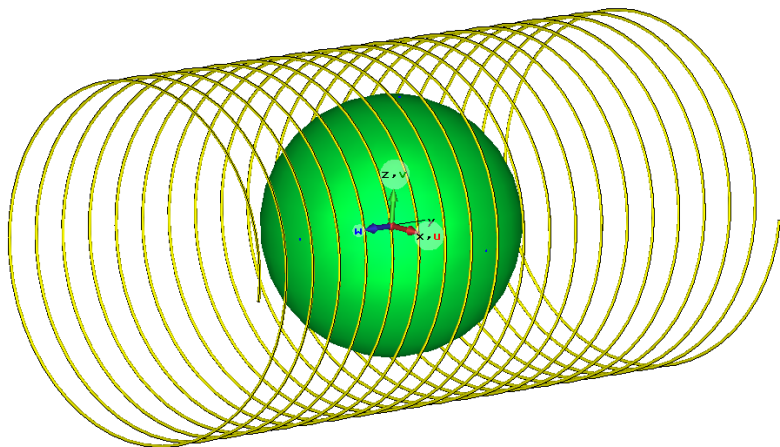
RF power amplifier (RFPA):

- Frequency range 1.8-54MHz ($B_0=0.042-1.27T$)
- $P_{out}=1kW$ (peak)
- Blanking/unblanking circuit

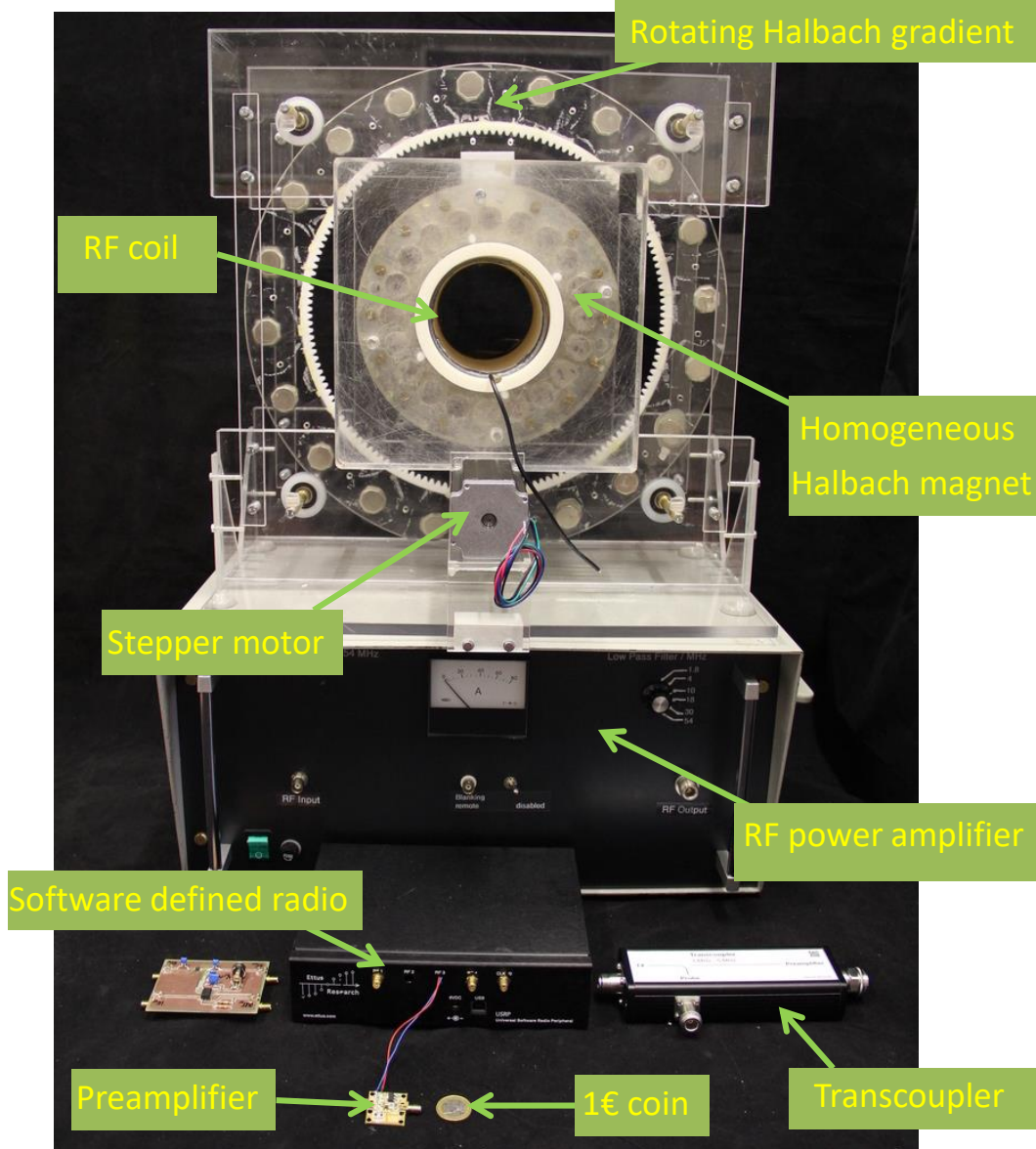


Radiofrequency (RF) Coil

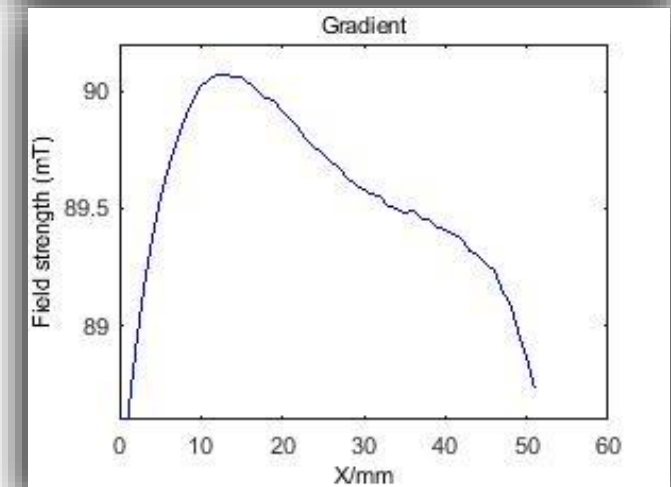
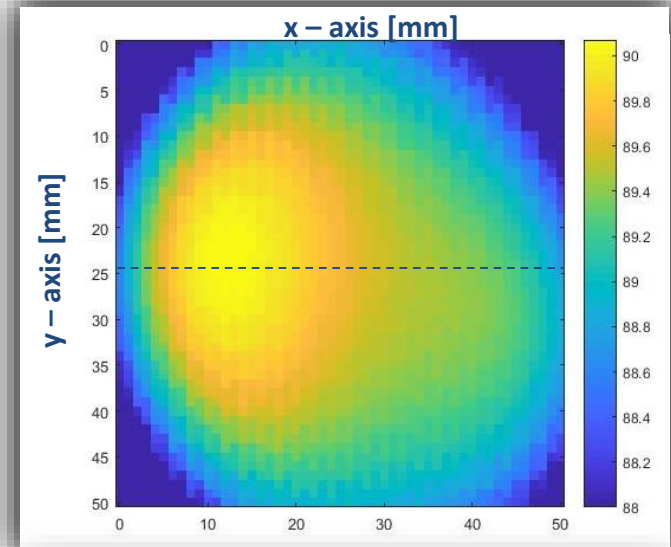
- Electromagnetic simulations (CST MWS 2012)
- Solenoid RF coil to adapt to Halbach B₀ field distribution
- Adaptation of RF coil length (l) and number of turns (N) in order to reach a homogeneous B₁⁺ field distribution within a sphere (d=70mm)
- f=3.63MHz, d_{inner}=96mm based on prototype Halbach magnet
- AWG 20 copper wire as an electrical conductor
- Final design: l=200mm, N=20



Current progress

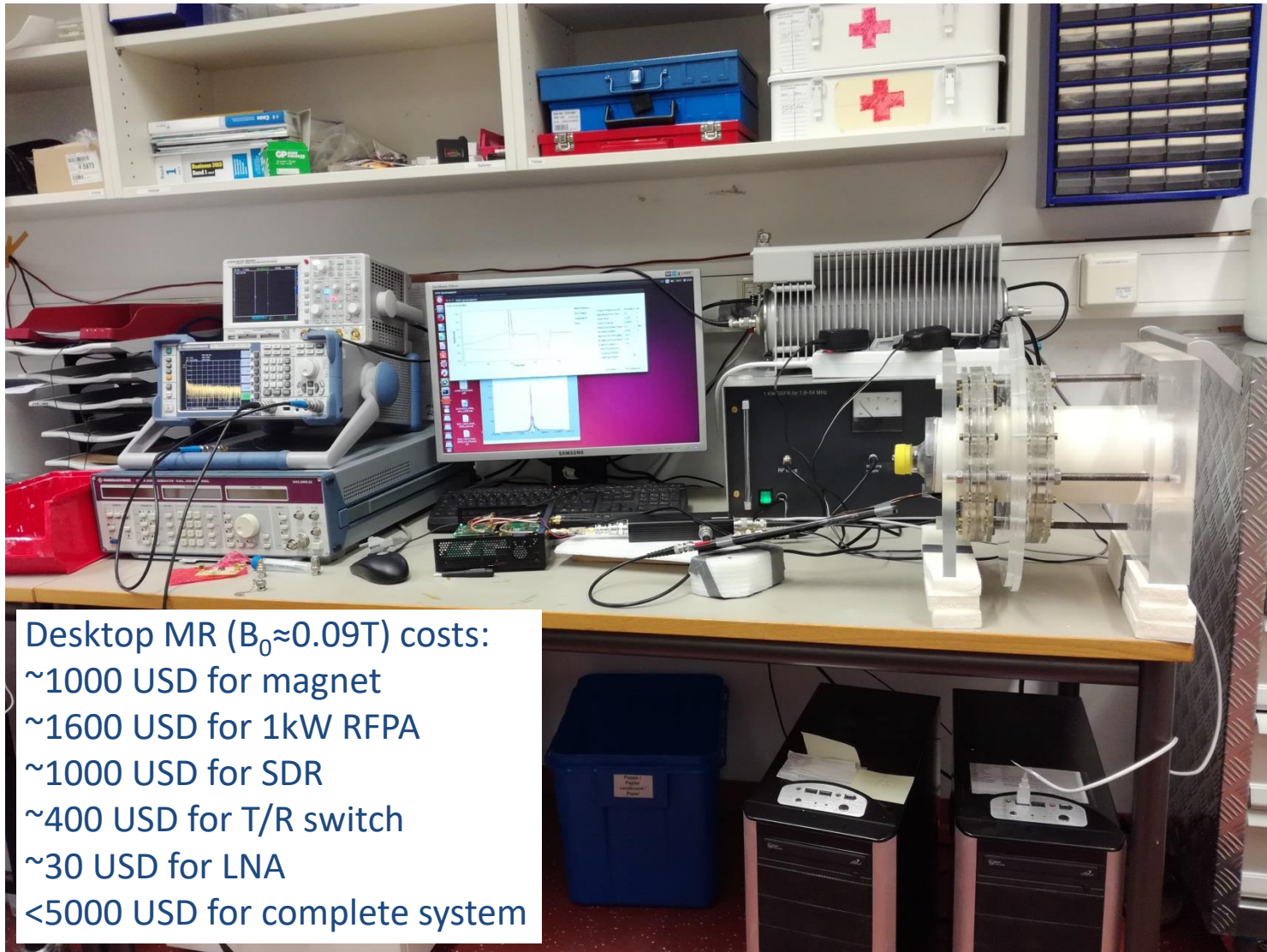


Magnetic field at 0°



Eva Behrens, Bachelor thesis, TU-Berlin, 2018

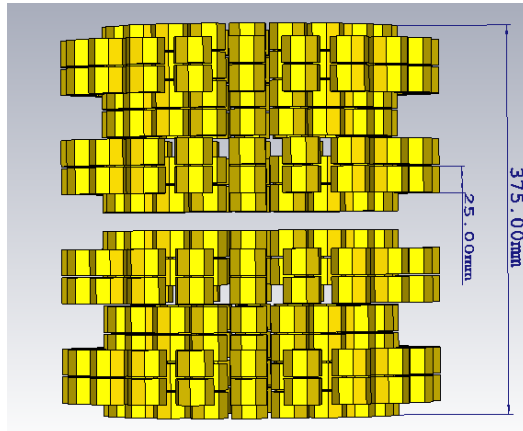
Towards an open source desktop MR



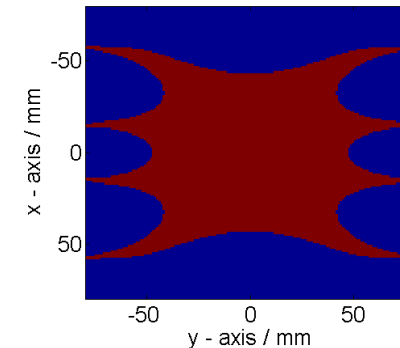
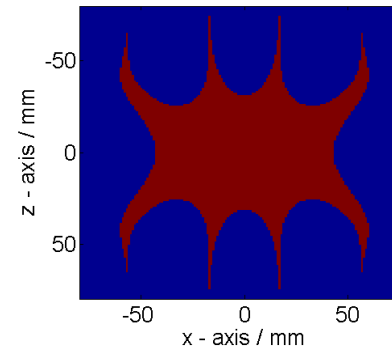
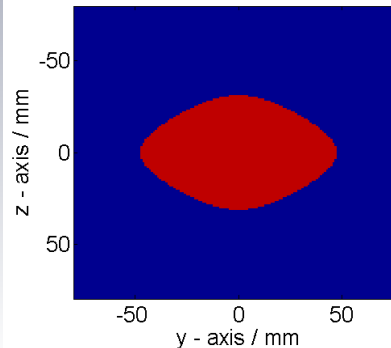
Desktop MR ($B_0 \approx 0.09\text{T}$) costs:
~1000 USD for magnet
~1600 USD for 1kW RFPA
~1000 USD for SDR
~400 USD for T/R switch
~30 USD for LNA
<5000 USD for complete system

Scalability: Magnetic field simulations

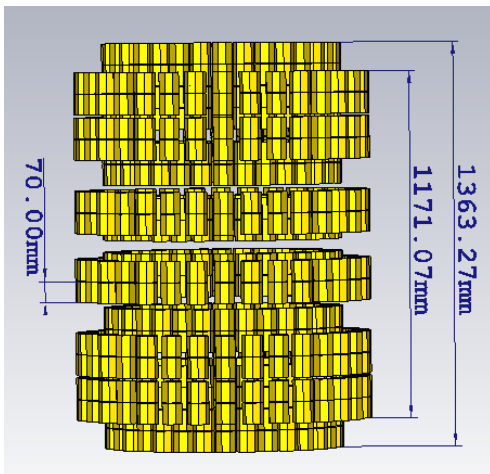
- Extremity MR Magnet:
 $B_0=0.26\text{T}$, bore=22cm, ~72kg, ~\$2400



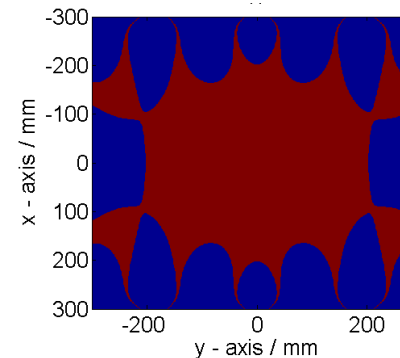
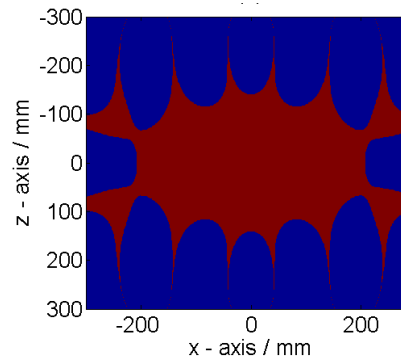
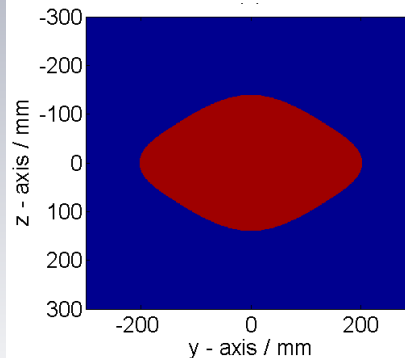
Field of view (1000ppm) = $(9 \times 9 \times 6)\text{cm}^3$



- Whole Body MR Magnet:
 $B_0=0.2\text{T}$, bore=67cm, ~1700kg, ~\$50000



Field of view (1000ppm) = $(41 \times 40 \times 28)\text{cm}^3$



Moritz R, Master thesis, TU-Berlin, 2017

It is an international effort!

Current Driver for B0-shimming¹



Towards an affordable OS MR for Uganda

Open Mind 2016: Goedkope MRI voor het opsporen van waterhoofden

Met een uitgeklede, maar krachtige versie van de huidige MRI-apparaten moet het mogelijk zijn om ook in arme gebieden de diagnose waterhoofd te stellen. Een drietal onderzoekers ontving voor dat idee een Open Mind-beurs van 50.000 euro. Het team bestaat uit Martin van Gijzen (Technische Universiteit Delft), Rob Remis (Technische Universiteit Delft) en Andrew Webb (LUMC).

Van Gijzen: 'Een waterhoofd is redelijk gemakkelijk in beeld te krijgen. Het gaat om relatief grote hoeveelheden water, en juist dat kun je met MRI gemakkelijk zichtbaar maken. Het is bovendien een groot probleem in Afrika, vooral omdat daar vaker hersenvliesontstekingen voorkomen. Je wilt de diagnose zo vroeg mogelijk stellen, liefst voor het hoofdje opzwellt. En als het toch zover is, wil je de vochtafvoer kunnen monitoren.'



Webb: 'Een normaal MRI-apparaat is echter duur en complex. Je hebt goed getraind personeel nodig om hem te bedienen, en als 'ie stuk gaat moet er een monteur komen. Hier is dat prima, maar het is niet handig als je machine in Oeganda staat.'

Een doorsnee MRI bestaat uit een enorm krachtige magneet en een gewone pc om de data te verwerken. Wij willen proberen of het ook andersom kan: met een goedkope, zwakkere MRI-magneet en juist krachtiger rekenwerk. Computers zijn namelijk gemakkelijker in de omgang dan de superkoeler die een normale MRI magnetisch maakt. Daarnaast wordt rekenaarcapaciteit steeds goedkoper. Het probleem is dat je met een zwakker magneetveld ook een zwakker signaal krijgt, en meer verstoringen. Vandaar dat we Martins wiskunde heel hard nodig hebben, om uit dat zwakkere signaal toch nog bruikbare gegevens te krijgen.'



Tabletop MRI²



[1] Arango N, et al., ISMRM 2016, #1157 [2] <https://tabletop.martinos.org>

Looking outside the (black) box

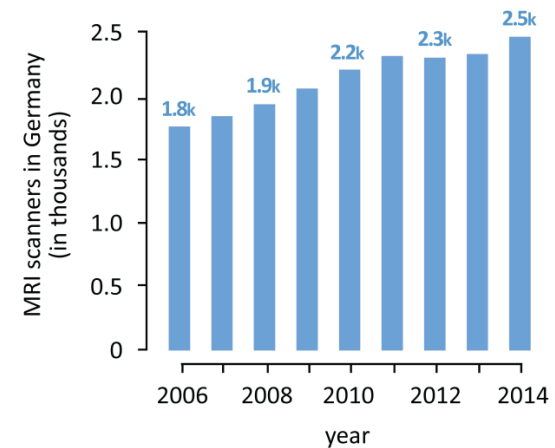
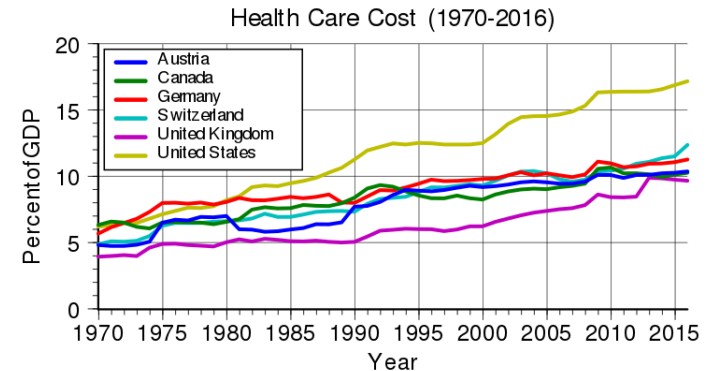


Stepping outside the (black) box



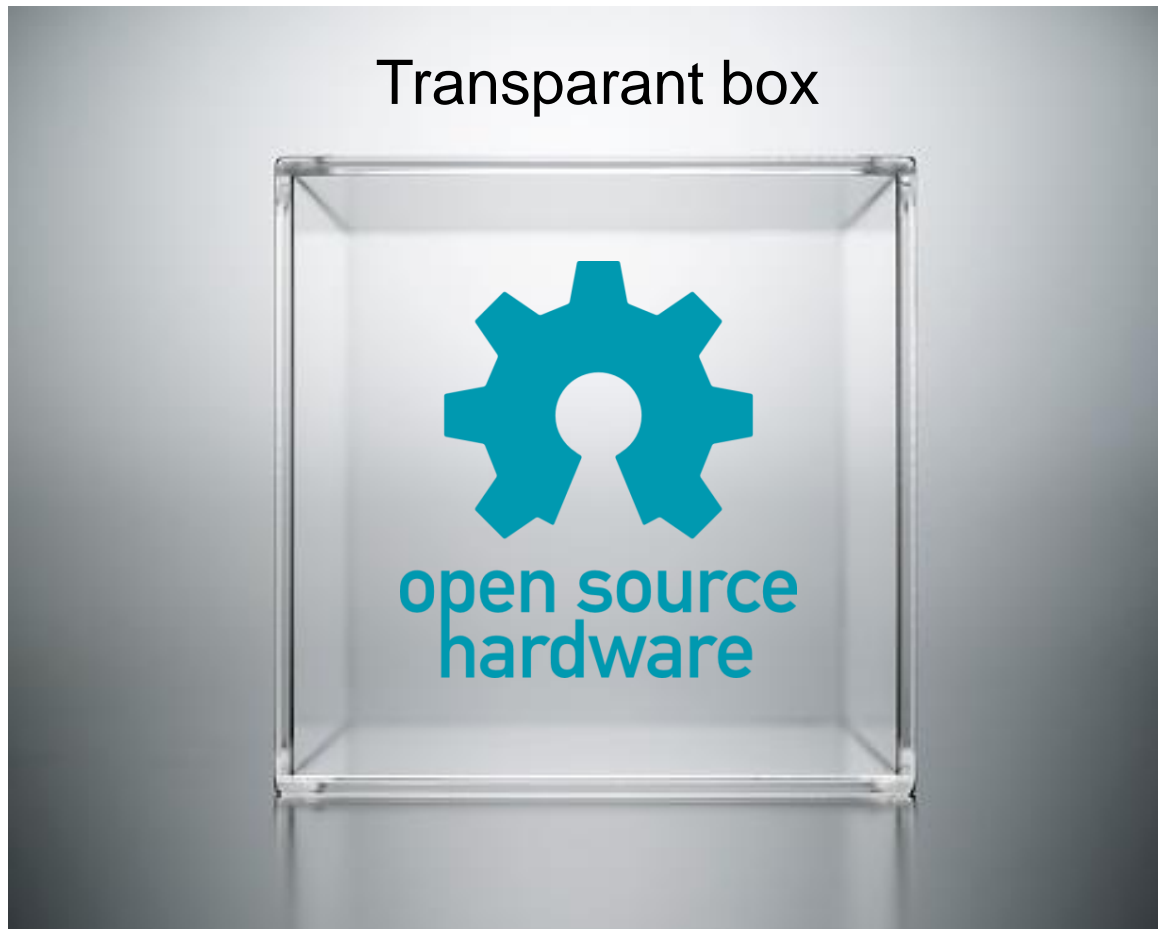
The challenge of healthcare

- Increasing Healthcare costs
- Monopolization in many healthcare sectors
- Globally healthcare is far from available, accessible, appropriate and affordable (4As)
- Do technological innovations lead to more affordable medical technology?



Biggest innovation of human kind

Transparent box



Magnetic Resonance Imaging: Costs

Total cost of ownership (TCO):

- scanner
- maintenance
- staffing
- power, space (owned or leased), installation etc.

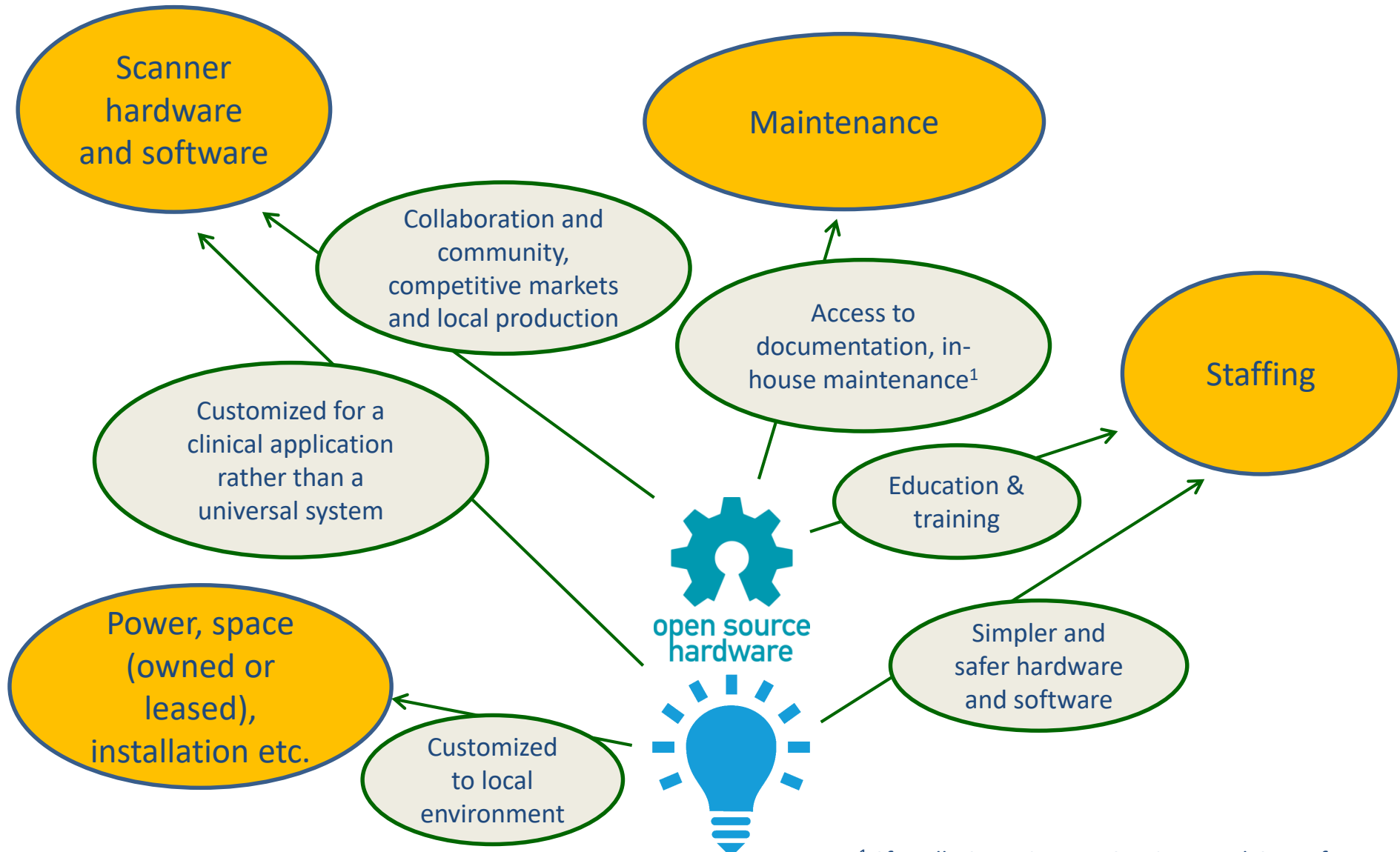
Innovation



Open Source



Ingredients needed to reduce TCO



¹ Sferrella S, Equipment Service: Total Cost of Ownership, www.radiologybusiness.com, Dec 2012

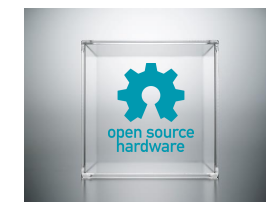
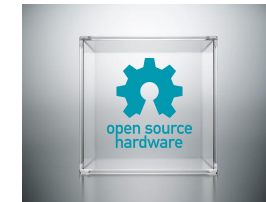
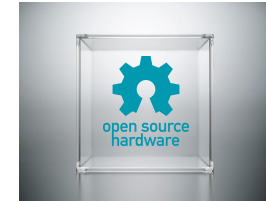
Entanglement in the healthcare system...



- The person ordering the service does not receive the service
- The person receiving the service does not pay for the service
- Providers of the service do not determine what they are paid for the service
- The payers for the service determine the price but do not receive the service

Simple Solution: Transparent Box!

- How well can the medical doctor determine what technology is best for the patient or for the hospital?
- How well can the patient determine efficiency and safety of the procedure using a given technology?
- How well can health insurances estimate the costs for medical procedures?
- How well can the knowledge from patients, doctors, scientists, hospital staff and management be used to improve products?



Open Source Imaging Initiative (OSI²)



¹ Winter L, et al., „The Open Source Imaging Initiative“, ISMRM, 2016

²Arndt F, et al., „The Open Source Imaging Initiative (OSI²) – Update and Roadmap“, ISMRM, 2017

It's a community effort: 52 authors*, 35 institutions



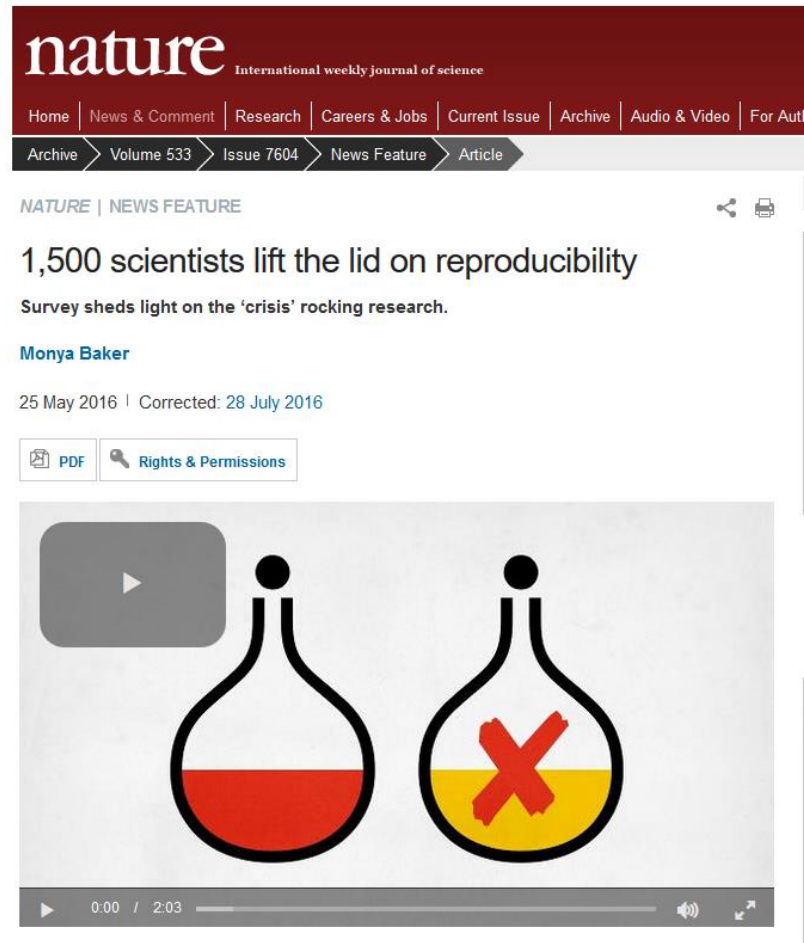
Felix Arndt¹, Sebastian Aussenhofer², Eva Behrens³, Christian Blücher³, Peter Blümler⁴, Janko Brand⁵, Kate Michi Ettinger⁶, Ariane Fillmer⁷, William Grissom⁸, Bernhard Gruber^{9,10}, Bastien Guerin^{11,12}, Sergej Haas¹³, Haopeng Han³, Michael Hansen¹⁴, Christopher Jordan Hasselwander⁸, Russ Hodge³, Werner Hoffmann⁷, Bernd Ittermann⁷, Marcin Jakubowski¹⁵, Andre Kühne¹⁶, Stefan Klein¹⁷, Stefan Kroboth¹⁸, Mark Ladd^{19,20}, Kelvin Layton²¹, Brian Leiva, Sebastian Littin¹⁸, Blanca López-Aranguren Blázquez, Kasper Marstal¹⁷, Ralf Mekte²², Manuel Moritz²³, Raphael Moritz³, Thoralf Niendorf^{3,16,24}, Ruben Pellicer²⁵, Mihir Pendse²⁶, Athanasios Polimeridis²⁷, Tobias Redlich²³, Henning Reiman³, Reiner Seemann⁷, Frank Seifert⁷, Ludger Starke³, Jason Stockmann²⁸, Tony Stoecker²⁹, Kazuyuki Takeda³⁰, Lukas Thiele, Martin Uecker³¹, Florian von Knobelsdorff-Brenkenhoff³², Robert Wahlstedt³³, Andrew Webb³⁴, Simone Winkler³⁵, Lukas Winter³, Huijun Yu¹⁸, and Maxim Zaitsev¹⁸

¹Facility for Antiproton and Ion Research in Europe GmbH, Darmstadt, Germany, ²Noras MRI products GmbH, Höchberg, Germany, ³Berlin Ultrahigh Field Facility (B.U.F.F.), Max Delbrück Center for Molecular Medicine in the Helmholtz Association, Berlin, Germany, ⁴Institute of Physics, University of Mainz, Mainz, Germany, ⁵One World Doctors, Berlin, Germany, ⁶Mural Institute, San Francisco, CA, United States, ⁷Physikalisch Technische Bundesanstalt (PTB), Berlin, Germany, ⁸Biomedical Engineering, Vanderbilt University, Nashville, TN, United States, ⁹Institute of Biomedical Mechatronics, Johannes Kepler University, Linz, Austria, ¹⁰Department of Radiology, University Medical Center Utrecht, Utrecht, Netherlands, ¹¹Department of Radiology, Massachusetts General Hospital, Charlestown, MA, United States, ¹²Harvard Medical School, Boston, MA, United States, ¹³Haasdesign, Erkrath, Germany, ¹⁴National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD, United States, ¹⁵Open Source Ecology, MO, United States, ¹⁶MRI.TOOLS GmbH, Berlin, Germany, ¹⁷Biomedical Imaging Group Rotterdam, Depts. of Medical Informatics & Radiology, Erasmus MC, Rotterdam, Netherlands, ¹⁸Department of Radiology – Medical Physics, Medical Center - University of Freiburg, Freiburg, Germany, ¹⁹Medical Physics in Radiology, German Cancer Research Center (DKFZ), Heidelberg, Germany, ²⁰Erwin L. Hahn Institute for Magnetic Resonance Imaging, University of Duisburg-Essen, Essen, Germany, ²¹Institute for Telecommunications Research, University of South Australia, Mawson Lakes, Australia, ²²Center for Stroke Research Berlin (CSB), Charité Universitätsmedizin, Berlin, Germany, ²³Institute for Production Engineering, Helmut Schmidt University, Hamburg, Germany, ²⁴Experimental and Clinical Research Center (ECRC), a joint cooperation between the Charité Medical Faculty and the Max Delbrück Center for Molecular Medicine, Berlin, Germany, ²⁵Centre for Advanced Imaging, University of Queensland, Brisbane, Australia, ²⁶Stanford University, Stanford, CA, United States, ²⁷Skolkovo Institute of Science and Technology, Moscow Region, Russian Federation, ²⁸A. A. Martinos Center for Biomedical Imaging, Massachusetts General Hospital, Charlestown, MA, United States, ²⁹German Center for Neurodegenerative Diseases (DZNE), Bonn, Germany, ³⁰Division of Chemistry, Graduate School of Science, Kyoto University, Kyoto, Japan, ³¹Institute for Diagnostic and Interventional Radiology, University Medical Center Göttingen, Göttingen, Germany, ³²Cardiology at Agatharied Hospital, University of Munich, Hausham, Germany, ³³Regenerative Science Institute Spokane, Washington, WA, United States, ³⁴C.J. Gorter Center for High Field MRI, Dept of Radiology, Leiden University Medical Center, Leiden, Netherlands, ³⁵Lucas Center for Imaging, Dept of Radiology, Stanford University, Stanford, CA, United States

* Authors are listed in alphabetical order

²Arndt F, et al., ISMRM, 2017

Science needs reproducibility



The image is a screenshot of a news article on the Nature website. At the top, the 'nature' logo is displayed in white on a dark red background, with the tagline 'International weekly journal of science' below it. A navigation bar contains links for Home, News & Comment, Research, Careers & Jobs, Current Issue, Archive, Audio & Video, and For Authors. Below this, a breadcrumb trail shows the path: Archive > Volume 533 > Issue 7604 > News Feature > Article. The article title is '1,500 scientists lift the lid on reproducibility' in a large, bold, black font. Below the title is a subtitle: 'Survey sheds light on the 'crisis' rocking research.' The author's name, 'Monya Baker', is listed in blue. The publication date is '25 May 2016' and a correction date is 'Corrected: 28 July 2016'. There are two buttons: 'PDF' and 'Rights & Permissions'. The main content area features a video player with a play button icon. The video frame shows two round-bottom flasks. The flask on the left is filled with red liquid, while the flask on the right is filled with yellow liquid and has a large red 'X' over it. The video player controls at the bottom show a progress bar at 0:00 / 2:03, a volume icon, and a full-screen icon.

<https://www.nature.com/news/1-500-scientists-lift-the-lid-on-reproducibility-1.19970>

Open (source) science

- OSI² kick-off at ISMRM 2016, Singapore¹
- www.opensourceimaging.org launched May 2016



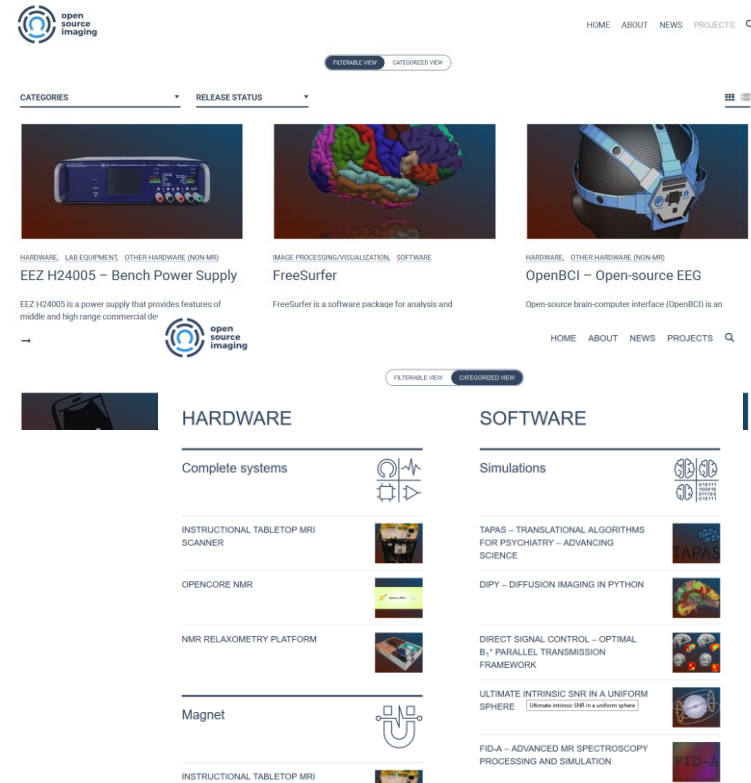
Platform for OS projects

- Currently around 50 projects online
- Quick project overview: description, publications, links, contact person etc...
- More to come: stay tuned, stay open

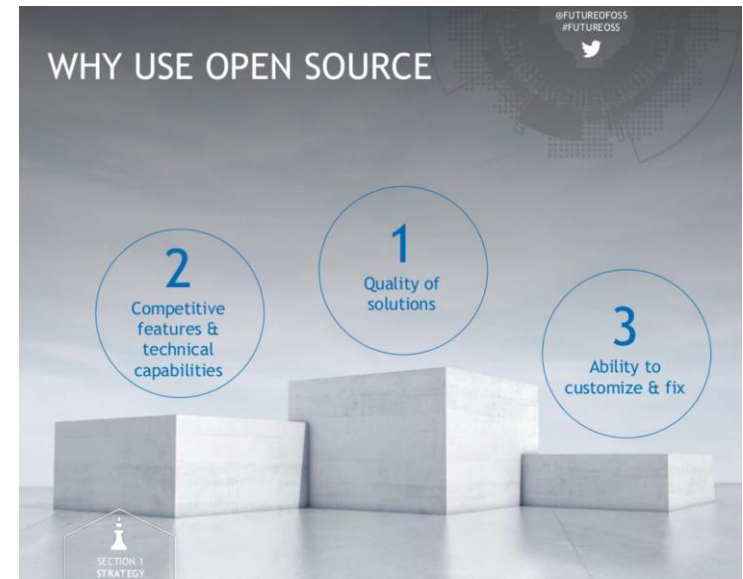
Community work

- ISMRM study group for reproducible research
- ISMRM working group on OS hardware
- Cross-domain collaborations

¹ Winter L, et al., „The Open Source Imaging Initiative“, ISMRM, 2016



Open (source) innovation



<https://de.slideshare.net/blackducksoftware/2016-future-of-open-source-survey-results>

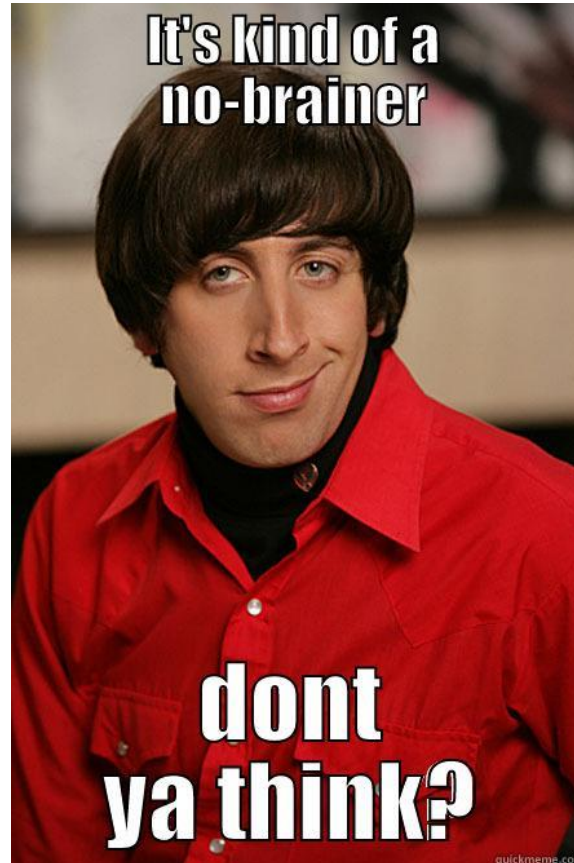
- Democratizing healthcare through competitive local/regional markets (role model: 3D printer market)

- OEM service vs. In-house service
 - Cost reduction through in-house maintenance and competitive third-party services¹

- „Value“ bonus

¹ Sferrella S, Equipment Service: Total Cost of Ownership, www.radiologybusiness.com, Dec 2012

Open and free education



Quality, Reliability and Safety



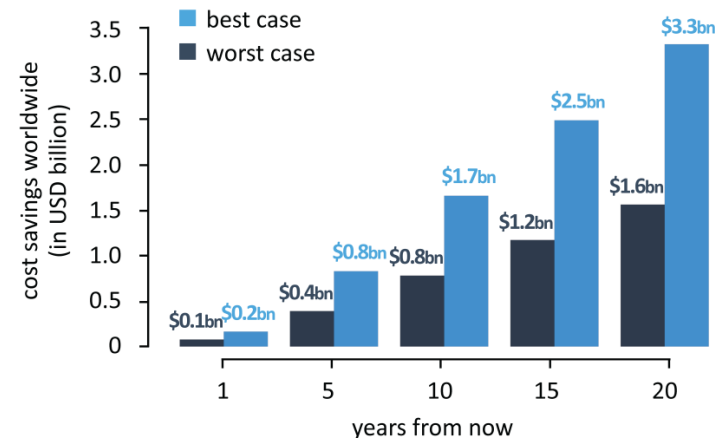
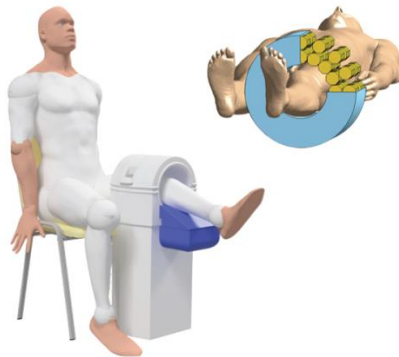
- Medical devices are regulated at a regional or nation-state level and are not globally harmonized
 - open source medTech may close gaps between countries, regions and between established and emerging markets
 - open source development has the potential to make high end medTech available worldwide
- Troubleshooting errors after a product has been marketed is difficult, particularly for closed and proprietary software and hardware
 - open source has the potential to increase safety and promote the development of sensor and internet of things (IoT) technologies to monitor quality, reliability and safety

Open source medTech cost savings

- Estimated cost savings for the German healthcare system of an open source MRI based on our developments in relation to a commercially available MRI of similar performance¹⁻²:

\$1.6bn - \$3.3bn USD after 20years

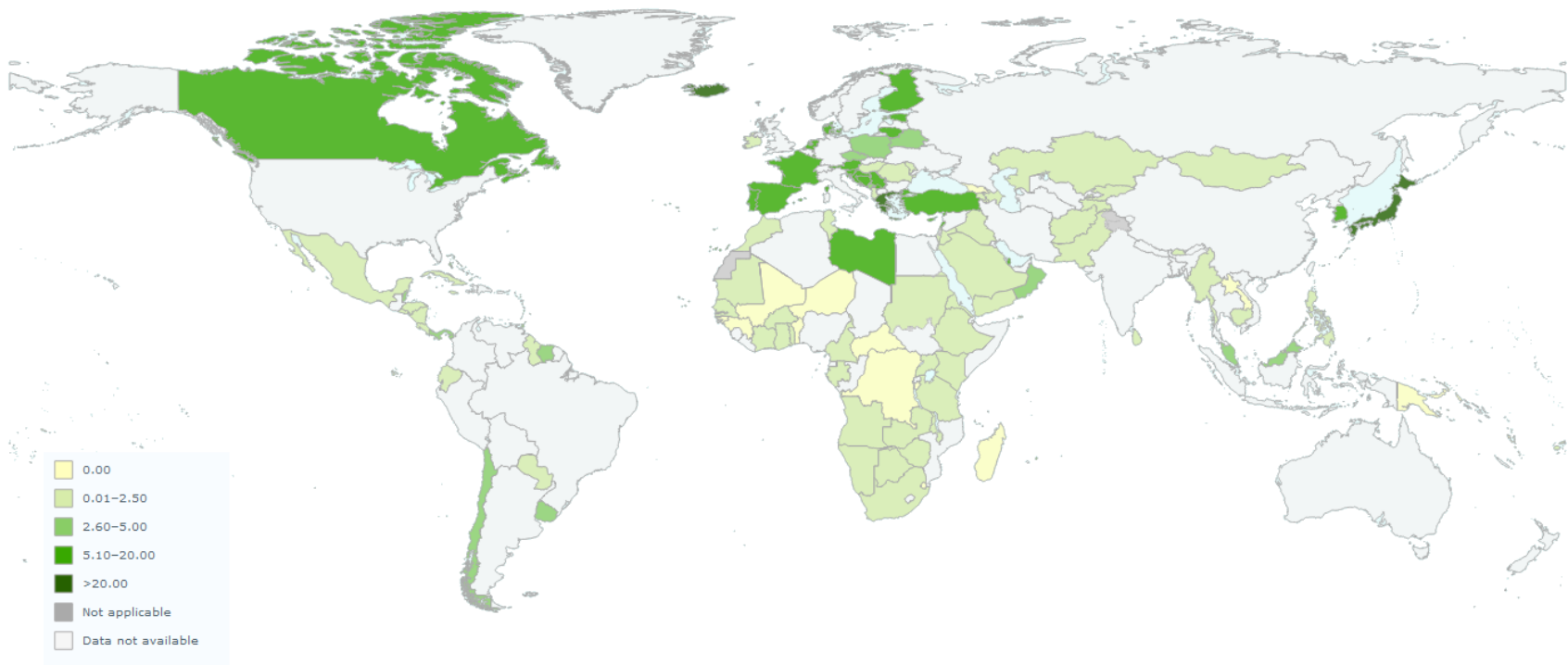
COSI extremity MR



¹Günyar S, Master Thesis, HWI Hamburg, 2017

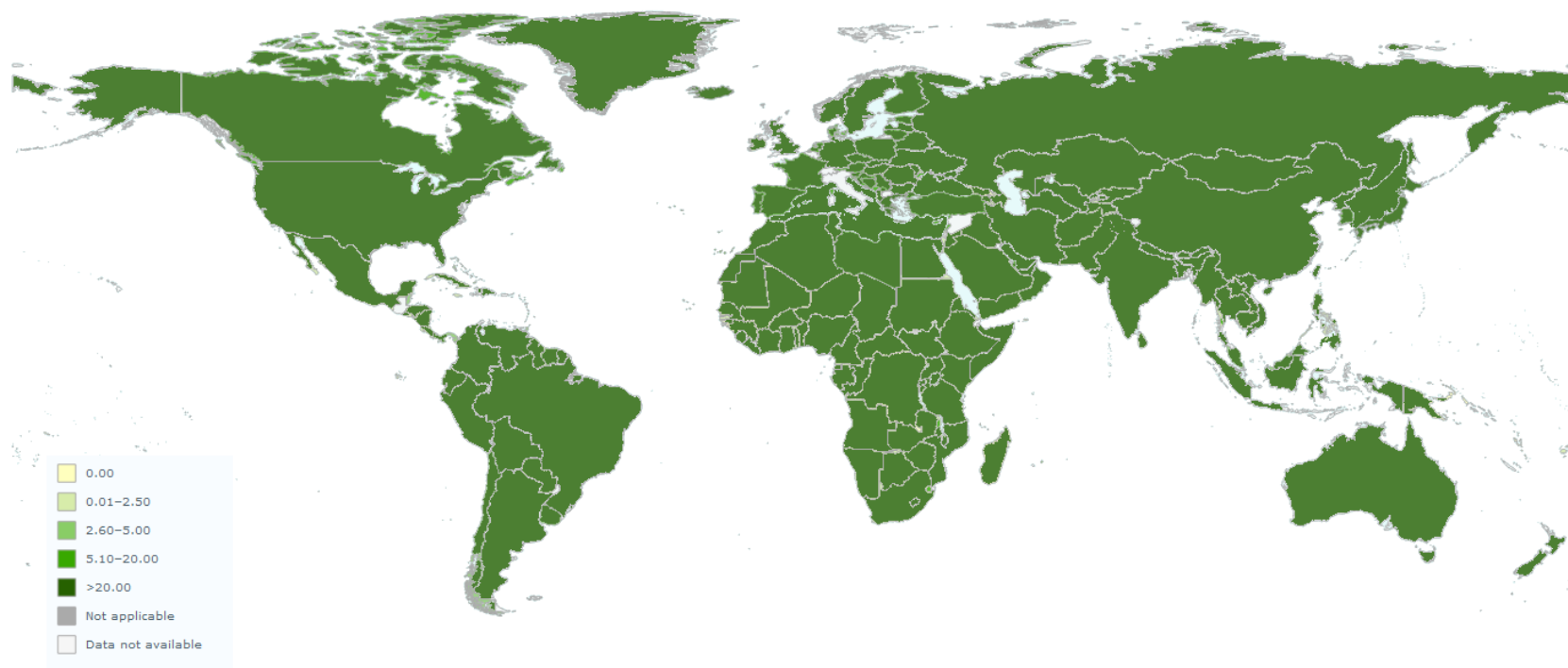
²Winter L, et al., in „Management for Professionals“, Springer, 2018 [in press]

MRI devices per million population [1]



[1] World Health Organization (WHO). (2013, 25 Feb). *Essential Health Technologies: Medical Equipment – Data by Country*. Available: http://gamapserver.who.int/gho/interactive_charts/health_technologies/medical_equipment/atlas.html

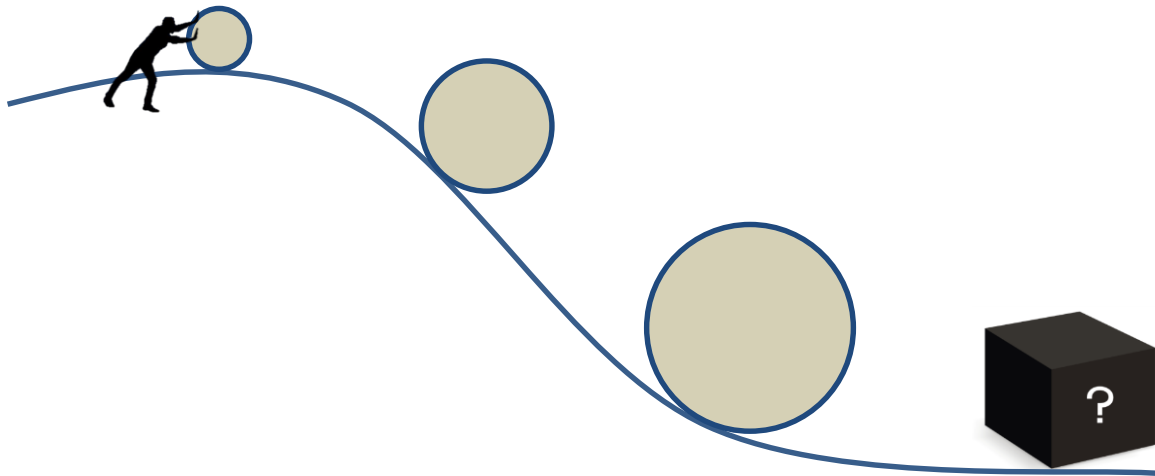
Vision



Conclusions

- MRI is a wonderful and safe diagnostic tool
- Open source research & development has the potential to impact global healthcare, education and science immensely
- Lets get rid of the black boxes
 - Publish/request code or hardware designs in publications
 - Failed commercial exploitation of a patent based project?
No problem, open source it! If it's good it will be used.
 - More collaboration, less competition
 - more fun and more progress
 - let's build the Wikipedia of things together
- Desperately needed: More early stage funding opportunities for open source medTech projects

Thank You!



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www.ptb.de

www.opensourceimaging.org

