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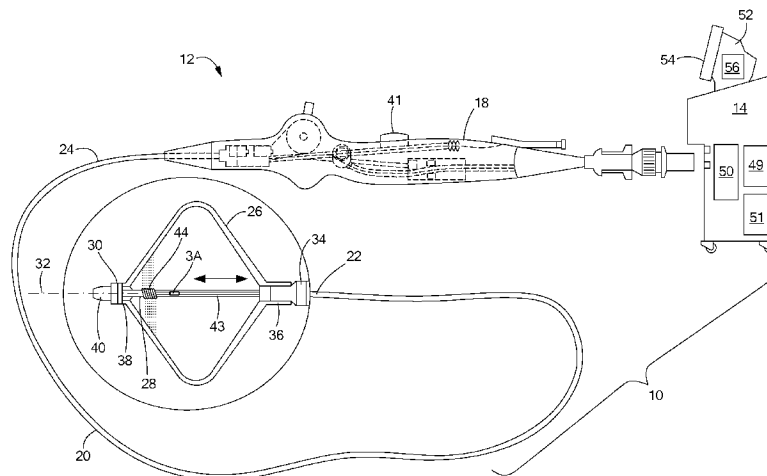


FIG. 1

(57) Abstract: A method, system, and device for predicting lesion quality. Specifically, lesion quality may be predicted based on an assessment of pulmonary vein occlusion using saline injection and evaluation of temperature measurements recorded by a thermocouple located distal to the cryoballoon of the treatment device. The quality of the occlusion may be rated based on the time it takes the temperature recorded by the thermocouple to increase from approximately 2 °C to approximately 38 °C, the rate of temperature change over a predetermined time period, and/or the rate of dissipation within the pulmonary vein of the saline with a volume of contrast medium. For example, the quality of the occlusion may be rated as being good, fair, or poor. This assessment may be quickly and easily communicated to an operator.

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**DETERMINATION OF PULMONARY VEIN AND OTHER VASCULAR
OCCLUSION USING TEMPERATURE PROFILE FOLLOWING COLD
SALINE INJECTION**

TECHNICAL FIELD

5 The present Application relates to a method, system, and device for predicting lesion quality and other interventions requiring vascular occlusion. Specifically, lesion quality may be predicted based on an assessment of pulmonary vein occlusion using saline injection. This assessment may be quickly and easily communicated to an operator.

10 BACKGROUND

 Cardiac arrhythmia is a condition in which the heart's normal rhythm is disrupted. Certain types of cardiac arrhythmias, including ventricular tachycardia and atrial fibrillation, may be treated by ablation (for example, radiofrequency (RF) ablation, cryoablation, ultrasound ablation, laser ablation, microwave ablation, and the
15 like), either endocardially or epicardially.

 Procedures such as pulmonary vein isolation (PVI) are commonly used to treat atrial fibrillation. This procedure generally involves the use of a cryogenic device, such as a catheter, which is positioned at the ostium of a pulmonary vein (PV) such that any blood flow exiting the PV into the left atrium (LA) is completely blocked.
20 Once in position, the cryogenic device may be activated for a sufficient duration to create a desired lesion within myocardial tissue at the PV-LA junction, such as a PV ostium. If a cryoballoon is used as the treatment element of the cryogenic device, the balloon is typically inflated using a fluid coolant, enabling the balloon to create a circumferential lesion about the ostium and/or antrum of the PV to disrupt aberrant
25 electrical signals exiting the PV.

 The success of this procedure depends largely on the quality of the lesion(s) created during the procedure. Currently known methods for evaluating lesion quality may include monitoring the temperature within the cryoballoon, but this method can be inaccurate. The success of a PVI procedure also depends on whether the
30 cryoballoon has completely occluded the PV. For example, a complete circumferential lesion is produced only when the cryoballoon has completely occluded the PV. Incomplete occlusion allows blood to flow from the PV being

treated, past the cryoballoon, and into the left atrium of the heart. This flow of warm blood may prevent the cryoballoon from reaching temperatures low enough to create permanent lesions in the target tissue, or could leave gaps of non-ablated tissue at regions where blood leaks past the balloon. The creation of reversible lesions may not be sufficient to achieve electrical isolation and, as a result, atrial fibrillation may be likely to reoccur. Additionally, even if the PV is completely occluded, suboptimal operation of the cryoablation system may result in cryoballoon temperatures that are not low enough, or not applied for a sufficient amount of time, to create permanent lesions in the target tissue.

Current methods of assessing or monitoring PV occlusion include fluoroscopic imaging of radiopaque contrast medium injected from the device into the PV. If the device, such as a cryoballoon catheter, has not completely occluded the PV ostium, some of the contrast medium may flow from the PV into the left atrium. In that case, the device may be repositioned and more contrast medium injected into the PV. This method not only necessitates the use of an auxiliary imaging system, but it also exposes the patient to potentially large doses of contrast medium and radiation.

It is therefore desirable to provide a cryoablation method, system, and device that reduces a patient's exposure to radiation and contrast medium but still allows for real-time and accurate assessment of PV occlusion before a PV ablation procedure. It is also desirable to provide for a method, system, and device that allow for the communication of PV occlusion assessment to the operator quickly and easily.

SUMMARY

A method, system, and device for predicting lesion quality. Specifically, lesion quality may be predicted based on an assessment of pulmonary vein occlusion using saline injection and evaluation of temperature measurements recorded by a thermocouple located distal to the cryoballoon of the treatment device. The quality of the occlusion may be rated based on the time it takes the temperature recorded by the thermocouple to increase from a temperature lower than body temperature such that a temperature gradient is created, for example, approximately 2 °C to approximately 38 °C, the rate of temperature change over a predetermined time period, and/or the rate of dissipation within the pulmonary vein of the saline with a volume of contrast

medium. For example, the quality of the occlusion may be rated as being good, fair, or poor. This assessment may be quickly and easily communicated to an operator.

A system for predicting lesion quality may include a treatment device and a console including: a source of cooled saline in fluid communication with the
5 treatment device, the cooled saline being injected from the treatment device; an energy generator in electrical communication with the treatment device; and a processor programmed to receive temperature data recorded by the treatment device and to calculate a rate of temperature increase in the cooled saline, the processor being further programmed to determine a pulmonary vein occlusion status based at
10 least in part on the rate of temperature increase, the lesion quality being based at least in part on the pulmonary vein occlusion status. The cooled saline may be injected from the treatment device at an injection temperature, the processor being programmed to calculate a rate of temperature increase from the injection temperature to a threshold temperature after injection of the cooled saline from the treatment
15 device. For example, the threshold temperature may be approximately 38 °C and the injection temperature may be approximately 2 °C to approximately 3 °C. A determination that the pulmonary vein is partially occluded may include at least one of assigning the occlusion by the processor a poor rating and assigning the occlusion a fair rating and a determination that the pulmonary vein is completely occluded
20 includes assigning the occlusion by the processor a good rating. For example, occlusion may be assigned a good rating when the rate of temperature increase has a first value, occlusion may be assigned a fair rating when the rate of temperature increase has a second value, and occlusion may be assigned a poor rating when the rate of temperature increase has a third value, the first value being less than each of
25 the second value and the third value. The treatment device may include a cryoballoon and electrode thermocouple located distal to the cryoballoon. The treatment device may further include an electrode proximate the thermocouple. The treatment device further may include a shaft having a central lumen and a distal opening, the shaft being at least partially disposed within the cryoballoon, the central lumen and distal
30 opening being in fluid communication with the source of cooled saline. The cooled saline may include a volume of radiopaque contrast medium and the cooled saline with contrast medium may be injected into a pulmonary vein. The processor may be

further programmed to calculate a dissipation time it takes the cooled saline with contrast medium to dissipate within the pulmonary vein, the processor being further programmed to determine the pulmonary vein occlusion status based at least in part on the dissipation time. For example, occlusion may be assigned a good rating when
5 the dissipation time has a first value, occlusion may be assigned a fair rating when the dissipation time has a second value, and occlusion may be assigned a poor rating when the dissipation time has a third value, the first value being less than each of the second value and the third value. The processor may be further programmed to calculate a rate of temperature increase in the cooled saline from the injection
10 temperature over a threshold period of time, such as between approximately 2 and approximately 15 seconds. Additionally or alternatively, the processor may be programmed to calculate a rate of temperature increase from the injection temperature to a temperature at two seconds after injection of the cooled saline from the treatment device.

15 A system for predicting lesion quality may include a treatment device including an occlusion element and a thermocouple distal to the occlusion element, the treatment device injecting cooled saline into a pulmonary vein at an injection temperature of between approximately 2 °C and approximately 3 °C and a processor in communication with and receiving temperature data from the thermocouple. The
20 processor may be programmed to: calculate a rate of temperature increase from the cooled saline from the injection temperature to a temperature of approximately 38 °C over a predetermined period of time after the cooled saline is injected from the treatment device; and determine a pulmonary vein occlusion status based at least in part on the rate of temperature increase, the lesion quality being based at least in part
25 on the pulmonary vein occlusion status. For example, an occlusion status of good may be assigned when the rate of temperature increase has a first value, an occlusion status of fair may be assigned when the rate of temperature increase has a second value, and an occlusion status of poor may be assigned when the rate of temperature increase has a third value, the first value being less than each of the second value and
30 the third value. Further, the lesion quality may be assigned a value of good when the occlusion status is good.

A method for predicting lesion quality may include: injecting cooled saline from a medical device into a pulmonary vein, the medical device including an occlusion element at least partially occluding the pulmonary vein and a distal thermocouple positioned within the pulmonary vein; recording a temperature by the thermocouple within the pulmonary vein at each of a plurality of time intervals after injection of the cooled saline; comparing the temperatures recorded at each of the plurality of time intervals; assessing the quality of an occlusion of the pulmonary vein by the medical device based on the comparisons; and at least one of: repositioning the medical device when the quality of the occlusion is determined to be one of fair and poor; and ablating tissue surrounding the pulmonary vein with the occlusion element when the quality of the occlusion is determined to be good. Comparing the temperatures recorded at each of the plurality of time intervals may include determining a recovery time it takes the temperature within the pulmonary vein to increase from between approximately 2 °C and approximately 3 °C to approximately 38 °C. For example, the quality of occlusion may be determined to be good when the recovery time is approximately 75.4 ± 48.7 seconds.

BRIEF DESCRIPTION OF THE DRAWINGS

A more complete understanding of the present invention, and the attendant advantages and features thereof, will be more readily understood by reference to the following detailed description when considered in conjunction with the accompanying drawings wherein:

FIG. 1 shows an exemplary system for the assessment of pulmonary vein occlusion;

FIG. 2 shows a close-up view of a distal end of a medical device of the system in FIG. 1;

FIG. 3 shows an exemplary placement of the medical device of FIG. 2 proximate a pulmonary vein; and

FIGS. 4A-4D show exemplary charts of data for the assessment of pulmonary vein occlusion based on temperature.

DETAILED DESCRIPTION

Referring now to FIGS. 1 and 2, an exemplary system for the assessment of pulmonary vein occlusion is shown. The system may generally include a treatment

device, such as a cryotreatment catheter 12, for thermally treating an area of tissue and a console 14 that houses various system 10 controls. The system 10 may be adapted for a cryotreatment procedure, such as cryoablation. The system 10 may additionally be adapted for radiofrequency (RF) ablation and/or phased RF ablation, 5 ultrasound ablation, laser ablation, microwave ablation, hot balloon ablation, or other ablation methods or combinations thereof. The system 10 may also include a mapping catheter 16 for sensing and recording electrical signals from tissue (for example, cardiac tissue and/or tissue within a pulmonary vein).

The cryotreatment catheter 12 may generally include a handle 18, an elongate 10 body 20 having a distal portion 22 and a proximal portion 24, one or more treatment elements 26, a shaft 28, an electrode 30 distal to the one or more treatment elements 26, and a longitudinal axis 32. As a non-limiting example, the electrode 30 may be a 0.5 mm ring thermocouple electrode that functions as a thermocouple for recording temperature data and an electrode for delivering energy. For example, the 15 cryotreatment catheter 12 may include one or more thermocouples 33 proximate (either distal to or proximal to) the electrode 30 (for example, as shown in FIG. 2). Optionally, the electrode 30 may be configured to record impedance and/or other mapping data. Alternatively, the cryotreatment catheter 12 may include only one or more thermocouples 33 located distal to the one or more treatment elements 26, 20 without an electrode. In any configuration, the cryotreatment catheter 12 may also include a thermocouple or other temperature sensor 33A within the treatment element 26. Further, the cryotreatment catheter 12 may include a reference electrode 34. The treatment element 26 may be a cryoballoon, as shown in FIGS. 1-3, and may also function as an occlusion element. The cryoballoon 26 may be coupled to the distal 25 portion 22 of the elongate body 20 of the cryotreatment catheter 12. For example, the cryoballoon 26 may define a proximal portion or neck 36 that is affixed to or coupled to the distal portion 22 of the elongate body 20, and may further define a distal portion or neck 38 that is affixed to or coupled to the shaft 28 (such as the distal portion 40 of the shaft 28). The electrode 30 and/or one or more thermocouples 33 30 may be positioned just distal to the distal neck 38 of the cryoballoon 26. However, it will be understood that the cryoballoon 26 may be coupled, affixed, disposed on, integrated with, or otherwise attached to the elongate body 20 and/or the shaft 28.

Additionally, multiple cryoballoons may be used, such as when the cryoballoon 26 is disposed within or without a second cryoballoon (not shown). The shaft 28 may lie along the longitudinal axis 32 and be longitudinally movable within the elongate body 20. In this manner, longitudinal movement of the shaft 28 will affect the shape of the cryoballoon 26. The proximal portion of the shaft 28 may be in mechanical communication with one or more steering mechanisms 41 in the handle 18 of the cryotreatment catheter 12, such that the shaft 28 may be longitudinally extended or retracted using one or more steering mechanisms 41, such as knobs, levers, wheels, pull cords, and the like. The shaft 28 may include a central lumen 42 and an opening in the distal end of the shaft for delivering fluid, such as the saline/contrast mixture, into the patient's body (for example, the pulmonary vein).

In addition to the shaft 28, the cryotreatment catheter 12 may include one or more lumens, such as a fluid injection lumen 43 and a fluid recovery lumen, for circulating coolant through from a fluid reservoir (which may be part of, disposed within, and/or in communication with the console 14) through the elongate body and to the cryoballoon 26, and for recovering expended coolant from the cryoballoon 26 and collecting the expended coolant within a fluid reservoir or venting to the atmosphere. Further, the cryotreatment catheter 12 may include a fluid delivery element 44 that is in fluid communication with the fluid injection lumen 43. As a non-limiting example, the fluid delivery element 44 may be wound about at least a portion of the shaft 28 within the cryoballoon 26, as shown in FIG. 1. The fluid delivery element 44 may be configured to direct a spray of coolant toward the distal portion of the cryoballoon 26. The fluid delivery element 44 may direct coolant in a direction that is substantially orthogonal (that is, approximately 90°) (as shown in FIG. 1) to the longitudinal axis 32 or in a direction that is at an angle that is less than 90° to the longitudinal axis 32. For example, the fluid delivery element 44 may include a plurality of outlet ports 45 that are configured to deliver fluid at an angle α from the longitudinal axis 32 of the device, such as at an angle α of between approximately 30° and approximately 45° ($\pm 5^\circ$) (as shown in FIG. 2). However, it will be understood that the fluid delivery element 44 may have any configuration that is suitable for directing fluid toward the distal portion of the cryoballoon 26. If the cryotreatment catheter 12 includes thermoelectric cooling elements or electrodes

capable of transmitting radiofrequency (RF), ultrasound, microwave, electroporation energy, or the like, the elongate body 18 may include a lumen in electrical communication with an energy generator (which may be part of, disposed within, and/or in communication with the console 14).

5 The mapping catheter 16 may be passable (longitudinally movable) through the shaft 28. The mapping catheter 16 may include one or more pairs of mapping elements 46, such as electrodes capable of sensing and recording electrograms from cardiac tissue. The one or more pairs of mapping elements 46 may be composed of metal or other electrically conductive material and may be affixed on an outer surface
10 of the mapping catheter 16, integrated and flush with the body of the mapping catheter 16 (such that the mapping catheter has a smooth outer surface), may be areas of exposed electrically conductive material (for example, where an outer insulative layer has been removed), or may be otherwise affixed, coupled to, or integrated with the mapping catheter 16. The mapping catheter 16 may be in deformable and/or
15 steerable using one or more steering mechanisms 41 into a variety of configurations. For example, the distal of the mapping catheter 16 may be deformable into a lasso-type configuration, such that the loop portion 48 and mapping elements 46 may be in contact with at least a portion of an inner circumference of a PV.

 The console 14 may be in electrical and fluid communication with the
20 cryotreatment catheter 12 and the mapping catheter 16, and may include one or more fluid (for example, cryotreatment coolant) reservoirs, including a saline/contrast reservoir 49, one or more coolant recovery and/or source reservoirs 50, energy generators 51, and computers 52 with displays 54, and may further include various other displays, screens, user input controls, keyboards, buttons, valves, conduits,
25 connectors, power sources, processors, and computers for adjusting and monitoring system 10 parameters. The one or more coolant recovery and/or source reservoirs 50 may be in fluid communication with the cryoballoon 26 and the saline/contrast reservoir 49 may be in fluid communication with the central lumen 42 and distal opening 55 of the shaft 28. As used herein, the term “computer” may refer to any
30 programmable data-processing unit, including a smart phone, dedicated internal circuitry, user control device, or the like. The computer 52 may include one or more processors 56 that are in electrical communication with the one or more pairs of

mapping elements 46, the electrode 30, the one or more thermocouples 33, 33A, the one or more treatment elements 26, and/or one or more valves and programmable to execute an algorithm for locating one or more optimal treatment areas, for controlling the temperature of the one or more treatment elements 26, for generating one or more
5 displays or alerts to notify the user of various system criteria or determinations, and/or for predicting temperature within target tissue based at least in part on signals from the electrode 30 and/or one or more other temperature sensors 33, 33A. As a non-limiting embodiment, the proximal portion of the mapping catheter 16 may include an electrical connection that is mateable to at least a portion of the console (for example,
10 with the electrophysiology recording equipment) and in electrical communication with the one or more processors 56. Additionally, the electrode 30 may be in electrical communication with an energy generator 51 for the application of energy to the electrode 30 for thermally treating tissue. Furthermore, electrodes 30 and 34 may be used for 3D navigation of the catheter 12 within the atrial chamber and positioning
15 the catheter 12 within, for example, a pulmonary vein. This may allow the operator to avoid placing the one or more treatment elements 26 too deep within the pulmonary vein, and may enable the operator to avoid extracardiac tissues and again navigate the one or more treatment elements 26 into the pulmonary vein if repeated ablation is needed. Additionally, marking the position of the one or more treatment elements 26
20 may allow the operator to mark the ablated pulmonary veins if multiple pulmonary vein branches and common ostium is present.

The console 14 may also include one or more valves that are in electrical and/or mechanical communication with, and controllable by, the console 14. For example, the computer 52 and/or one or more processors 56 may be programmable to
25 control various system components, such as the one or more valves, to operate according to a duty cycle that includes opening and closing the one or more valves to regulate the flow of coolant through the system 10 and the catheter 12, and to thereby regulate the temperature of the treatment element 26 (for example, the cryoballoon 26). The duty cycle may be programmable by the user and/or may be automatically
30 set by the console 14 according to a predicted tissue temperature based at least in part on signals from the electrode 30, mapping elements 46, and/or temperature sensors 33, 33A.

Referring now to FIG. 2, a close-up view of the distal portion of a first embodiment of the cryoballoon catheter is shown. As shown and described in FIG. 1, the cryotreatment catheter 12 may include a distal electrode 30. The cryotreatment catheter 12 may further include a reference electrode 34 and one or more

5 thermocouples or other temperature sensors 33 if the electrode 30 is not configured to measure temperature. The electrodes 30, 34 may be composed of an electrically conductive material suitable for sensing temperature. As shown in FIGS. 1 and 2, the electrode 30 (and a thermocouple or temperature sensor 33, if included in the device) may be located distal to the cryoballoon 26. The electrode 30 may be coupled to,

10 affixed to, disposed about, integrated with, or otherwise located on a distal portion of the cryotreatment catheter 12. The electrode 30 and/or one or more thermocouples 33 may be located immediately distal to the cryoballoon 26, such as on the shaft distal portion 40. For example, the electrode 30 may be adjacent to or abut the distal end of the cryoballoon 26. The reference electrode 34 may be located proximal to the

15 cryoballoon 26, such as on the elongate body distal portion 22. As a non-limiting example, the cryoballoon 26 may have a diameter of approximately 23mm to approximately 28mm.

Referring now to FIG. 3, a cryotreatment catheter is shown positioned proximate a pulmonary vein ostium for a pulmonary vein ablation procedure (which

20 may also be referred to as a pulmonary vein isolation (PVI) procedure). As used herein, the term “PV tissue” or “pulmonary vein tissue” may include tissue of the PV ostium, the PV antrum, LA wall tissue, and/or tissue at the junction between the LA and PV, and is not limited to tissue within the PV. In fact, ablation of tissue within the PV may be undesirable. The inflated cryoballoon 26 may be positioned at the

25 pulmonary vein (PV) ostium to occlude the PV, or block the flow of blood from the PV into the left atrium (LA) of the heart. Occlusion of the PV not only serves to position the cryoballoon 26 to create a circumferential lesion around the PV ostium, but also prevents warm blood from flowing over the portions of the cryoballoon 26 that are in contact with the target tissue, thereby enhancing the ability of the

30 cryoballoon 26 to reach sufficiently cold temperatures for creating permanent, and circumferential, cryoablation lesions on or in the target tissue. If the PV is not completely occluded, blood flow past the cryoballoon 26 may have the effect of

raising the temperature of the cryoballoon 26, possibly resulting in the formation of reversible lesions on or in the target tissue. The blocked blood within the PV may be referred to as “stagnant” blood, whereas the blood within the LA may be referred to as “flowing” blood, as blood may still enter the LA from the other three PVs that are not
5 being occluded by the catheter 12.

As shown in FIG. 3, the cryoballoon 26 may be positioned at the PV ostium such that the shaft distal portion 40, including the electrode 30 and/or one or more thermocouples 33, is disposed within the PV, within the stagnant blood. An injection of saline only or a mixture of saline and biocompatible contrast medium may be
10 introduced into the PV at a fixed rate, volume, and temperature. For example, a volume (such as 8 mL) of saline (0.9%) /contrast mixture in an approximately 1:1 ratio (which includes less contrast medium than is used in current fluoroscopic imaging methods) may be transferred from the saline reservoir 49 to the central lumen
15 42 of the shaft 28, from where the saline may be expelled through the shaft distal opening and into the pulmonary vein. By the time the saline/contrast mixture is expelled, it may be chilled to a temperature of approximately 2-3 °C. For example, the saline/contrast mixture may be chilled within the console 14 or within the system’s fluid flow path before it is expelled from the central lumen 42. Further, the saline/contrast mixture may be expelled in an amount of approximately eight cc and at
20 a pressure of approximately 125 ± 12 PSI.

Continuous temperature measurements may be taken during device placement and cryoablation by the electrode 30 and the measurements may be used to determine whether the PV is completely occluded. For example, a slow increase in temperature within the PV following expulsion of the cooled saline/contrast mixture into the PV
25 may indicate total PV occlusion, whereas a rapid temperature increase following expulsion of the cooled saline/contrast mixture may indicate poor PV occlusion. If temperature measurements indicate that the PV is not permanently ablated and/or less than fully occluded, the device may be repositioned until complete PV occlusion is indicated by evaluation of the temperature measurements. For example, the one or
30 more processors 56 of the console computer 52 may be programmed to receive and process data from the one or more electrodes and/or thermocouples, and to generate

an alert to the user indicating that the device should be repositioned to achieve complete PV occlusion or that the device is already optimally positioned.

In addition to temperature measurements, a visual evaluation may also be used to assess PV occlusion. For example, fluoroscopic imaging may be used to visually evaluation the time it takes for the saline/contrast mixture to dissipate from the area of the PV proximate the cryotreatment catheter 12. Further, visual evaluation may be used in addition to temperature measurements. Generally, if the PV is completely occluded by the treatment element 26, it will take longer for the saline/contrast mixture (which may appear as being darker than the surrounding blood under fluoroscopic imaging) to dissipate from the area proximate the cryotreatment catheter 12. In contrast, if PV occlusion is poor, the saline/contrast mixture may quickly dissipate with the normal direction of blood flow, such as from the pulmonary vein into the left atrium of the heart. The time it takes the saline/contrast mixture to dissipate vs. the time it takes the chilled saline/contrast to increase from the injection temperature to a threshold temperature may be compared to evaluate PV occlusion. For example, the saline/contrast may be injected at approximately 2-3 °C, and the time it takes for the cooled saline/contrast to reach a threshold temperature of approximately 38 °C (that is, the rate of temperature increase following injection, or DT/dt) may be calculated. The temperature of the saline/contrast may be first measured at approximately 1-2 seconds after injection, and may be measured repeatedly at additional time intervals until the temperature reaches approximately 38 °C. A non-limiting comparison is shown below:

	Time to saline/contrast dissipation from injection (sec)	Time to recover from approx. 2-3 °C to approx. 38 °C (sec)	
Good occlusion	37.6 ± 18.4	75.4 ± 48.7	N=14, p<0.01
Fair occlusion	19.0 ± 8.2	34.4 ± 18.6	N=18, p<0.01
Poor occlusion	5.8 ± 3.3	20.8 ± 13.4	N=13, p<0.01

Table 1. Comparison between time to saline/contrast dissipation from injection (sec) and time to recover from approximately 2-3 °C to approximately 38 °C.

After PV occlusion assessment, which may be conducted prior to thermally treating target tissue, the cryoballoon 26 may then be cooled to a temperature sufficient to ablate tissue and applied to the tissue surrounding the PV opening (for example, the PV ostium and/or the PV antrum). Once the cryoballoon 26 has reached

5 ablation temperature, the temperature sensed by the electrode 30 or the thermocouple positioned distal to the cryoballoon 26 and within the PV and a temperature sensed within the cryoballoon may be compared for each of the occlusion ratings (i.e. good occlusion, fair occlusion, and poor occlusion). The thermocouple or other

10 temperature sensor 33A may be located within the cryoballoon 26. The comparison shown in Table 2 may follow the trend of the comparison shown in Table 1. However, since the temperatures sensed within the cryoballoon 26 during ablation may not be significantly different depending on the quality of occlusion, the comparison between temperature sensed by the distal electrode 30 or the one or more distal thermocouples 33 and the time to recovery to approximately 38 °C may be more

15 informative to an operator than the comparison shown in Table 2. During experimentation, the PV was cryoablated at each of the occlusion conditions (good, fair, poor) and the temperature recorded at the electrode 30 and/or the one or more distal thermocouples 33 vs. the temperature recorded by the thermocouple 33A within the cryoballoon 26 was compared, which is shown in Table 2 below:

20

	Temperature sensed by electrode 30 (°C)	Temperature sensed within cryoballoon 26 (°C)	
Good occlusion	-3.4 ± 18.0	-58.0 ± 7.7	N=9, p<0.01
Fair occlusion	6.2 ± 17.5	-51.72 ± 9.0	N=11, p<0.01
Poor occlusion	23.3 ± 11.5	-41.7 ± 4.8	N=5, p<0.01

Table 2. Temperature sensed by distal electrode 30 compared to temperature sensed within cryoballoon.

Electrical isolation of the PV, or the destruction of aberrant electrical currents originating within the PV, may be achieved when the cryoballoon 26 is completely

25 occluding the PV (an indication of good occlusion is determined). PV isolation may

be determined based on data received by the console 14 from the mapping catheter 16. Thus, in practice, the cryoballoon 26 may be cooled to a temperature sufficient to ablate tissue and applied to the tissue surrounding the PV opening when good occlusion is communicated by the system 10 to the user.

5 Referring now to FIGS. 4A-5I, exemplary charts of data for the assessment of pulmonary vein occlusion are shown. FIGS. 4A-4D show assessment of PV occlusion based on temperature sensed by the distal electrode 30 (or one or more distal thermocouples 33). If good occlusion quality is indicated, a high-quality lesion may be predicted. A high-quality lesion may be one that is circumferential about the pulmonary vein ostium and/or that is a permanent lesion. Generally, the saline/contrast mixture may be expelled from the distal end of the shaft 28 into the pulmonary vein, against the normal direction of blood flow, which may cause the expelled saline/contrast mixture to flow back toward the device and over the distal electrode 30 and/or distal thermocouples 33. The quality of occlusion may affect the temperature of the saline/contrast mixture as it passes the distal electrode 30 and/or distal thermocouples 33. FIG. 4A shows temperature curves over time for eight discrete tests and an average temperature curve over time for an occlusion that is considered to be a good occlusion (slow temperature recovery). FIG. 4B shows temperature curves over time for eight discrete tests and an average temperature curve over time for an occlusion that is considered to be a fair occlusion (more rapid temperature recovery than that shown in FIG. 4A). FIG. 4C shows temperature curves over time for eleven discrete tests and an average temperature curve over time for an occlusion that is considered to be a poor occlusion (most rapid temperature recovery of those shown in FIGS. 4A, 4B, and 4C). FIG. 4D shows exemplary average temperature curves over time for each of occlusions that are considered to be good, fair and poor occlusions. As is shown in FIGS. 4A-4D (and as is discussed above), with good occlusion, the time for the temperature to recover to approximately 38 °C is longer than when the occlusion is either qualified as fair or poor. That is, the rate of temperature increase with good occlusion is less than the rate of temperature increase with fair or poor occlusion.

To obtain the data of FIGS. 4A-4D, the cryoballoon 26 may be placed proximate a pulmonary vein ostium, such that the pulmonary vein is believed to be

occluded. Then, temperature sensed by the distal electrode 30 (or distal thermocouple 33) and the time to recover from approximately 2-3 °C to approximately 38 °C can be recorded and used to evaluate the quality of occlusion, with a longer recovery time indicating good occlusion. Additionally or alternatively, the rate of temperature increase may be used to evaluate quality of occlusion over a period of between approximately 2 and approximately 15 seconds, with a lower rate of temperature increase indicating good occlusion. Using this data, the occlusion can be qualified as good, fair, or poor. The one or more processors 56 may receive and process data from the cryotreatment catheter 12 and the mapping device 16, and may communicate the results, such as occlusion assessment determinations, to the user via the one or more displays 54. Additionally or alternatively, the system 10 may communicate results to the user via one or more visual or audio alerts. Occlusion assessment determinations may be displayed to the user graphically in a manner that is quickly understood. As a non-limiting example, a colored graphical element may be displayed, with the color green indicating good PV occlusion, the color yellow indicating fair PV occlusion, and the color red indicating poor PV occlusion.

In practice, the data shown and discussed herein may be used to assess pulmonary vein occlusion quality in a patient using only the cooled saline without the contrast medium. Although use of the saline/contrast mixture may be useful for visual assessment of pulmonary vein occlusion quality during testing, it may be desirable to use temperature data alone without exposing the patient to contrast medium. Therefore, although the cooled fluid is referred to herein as “saline/contrast mixture,” it will be understood that saline only may be expelled into the pulmonary vein to assess occlusion.

It will be appreciated by persons skilled in the art that the present invention is not limited to what has been particularly shown and described herein above. In addition, unless mention was made above to the contrary, it should be noted that all of the accompanying drawings are not to scale. A variety of modifications and variations are possible in light of the above teachings without departing from the scope and spirit of the invention, which is limited only by the following claims.

What is claimed is:

1. A system for predicting lesion quality, the system comprising:
a treatment device; and
a console including:
 - 5 a source of cooled saline in fluid communication with the treatment device, the cooled saline being injected from the treatment device;
 - an energy generator in electrical communication with the treatment device; and
 - 10 a processor programmed to receive temperature data recorded by the treatment device and to calculate a rate of temperature increase in the cooled saline after injection from the treatment device, the processor being further programmed to determine a pulmonary vein occlusion status based at least in part on the rate of temperature increase, the lesion quality being based at least in part on the pulmonary vein occlusion status.
- 15 2. The system of Claim 1, wherein cooled saline is injected from the treatment device at an injection temperature, the processor being programmed to calculate a rate of temperature increase from the injection temperature to a threshold temperature after injection of the cooled saline from the treatment device.
- 20 3. The system of Claim 2, wherein the threshold temperature is approximately 38 °C.
4. The system of Claim 2, wherein the injection temperature is approximately 2 °C to approximately 3 °C.
- 5 The system of Claim 1, wherein a determination that the pulmonary vein is partially occluded includes at least one of assigning the occlusion by the
25 processor a poor rating and assigning the occlusion a fair rating and a determination that the pulmonary vein is completely occluded includes assigning the occlusion by the processor a good rating.
6. The system of Claim 5, wherein occlusion is assigned a good rating when the rate of temperature increase has a first value, occlusion is assigned a fair
30 rating when the rate of temperature increase has a second value, and occlusion is assigned a poor rating when the rate of temperature increase has a third value, the first value being less than each of the second value and the third value.

7. The system of Claim 1, wherein the treatment device includes a cryoballoon and a thermocouple located distal to the cryoballoon.

8. The system of Claim 7, wherein the treatment device includes an electrode located distal to the cryoballoon, the thermocouple being integrated with the electrode.

9. The system of Claim 7, wherein the treatment device further includes an electrode proximate the thermocouple.

10. The system of Claim 7, wherein the treatment device further includes a shaft having a central lumen and a distal opening, the shaft being at least partially disposed within the cryoballoon, the central lumen and distal opening being in fluid communication with the source of cooled saline.

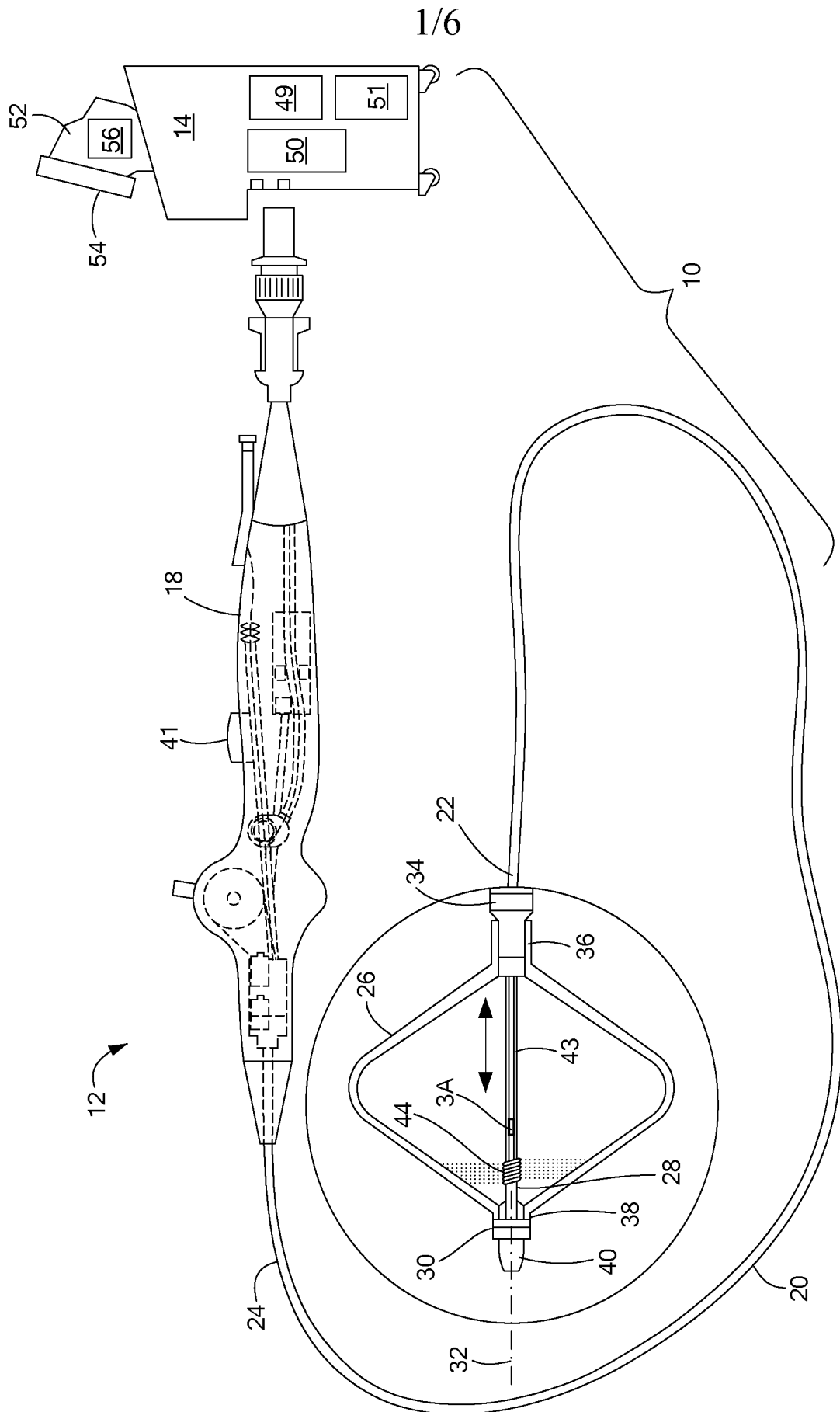
11. The system of Claim 1, wherein the cooled saline includes a volume of radiopaque contrast medium and the cooled saline with contrast medium is injected into a pulmonary vein.

12. The system of Claim 11, wherein the processor is further programmed to calculate a dissipation time it takes the cooled saline with contrast medium to dissipate within the pulmonary vein, the processor being further programmed to determine the pulmonary vein occlusion status based at least in part on the dissipation time.

13. The system of Claim 12, wherein occlusion is assigned a good rating when the dissipation time has a first value, occlusion is assigned a fair rating when the dissipation time has a second value, and occlusion is assigned a poor rating when the dissipation time has a third value, the first value being less than each of the second value and the third value.

14. The system of Claim 2, wherein the processor is further programmed to calculate a rate of temperature increase in the cooled saline from the injection temperature between approximately 2 and approximately 15 seconds.

15. The system of Claim 1, wherein the cooled saline is injected from the treatment device at an injection temperature, the processor being programmed to calculate a rate of temperature increase from the injection temperature to a temperature at two seconds after injection of the cooled saline from the treatment device.



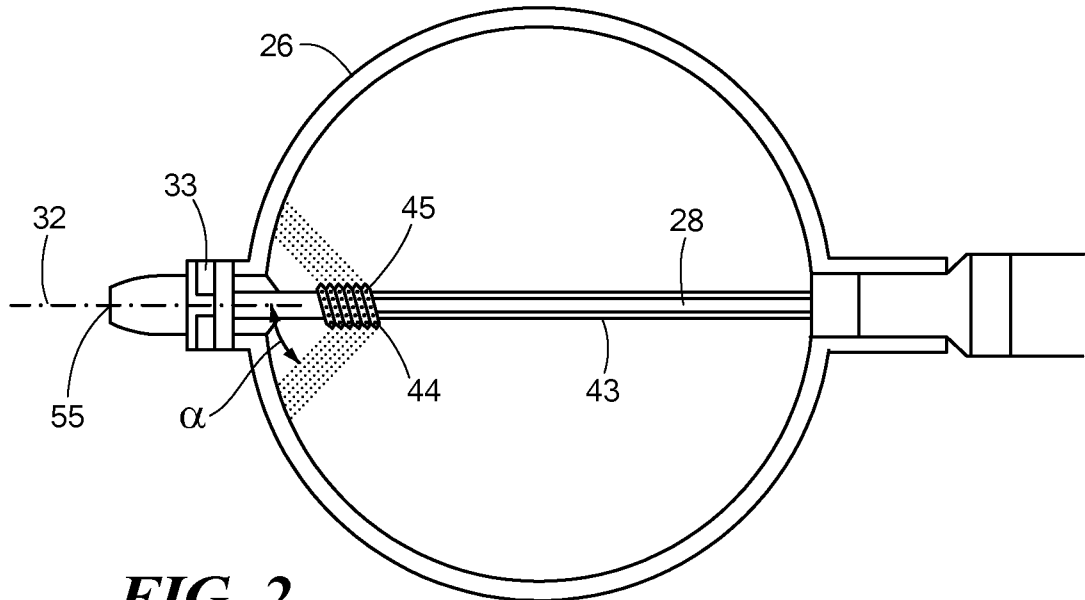


FIG. 2

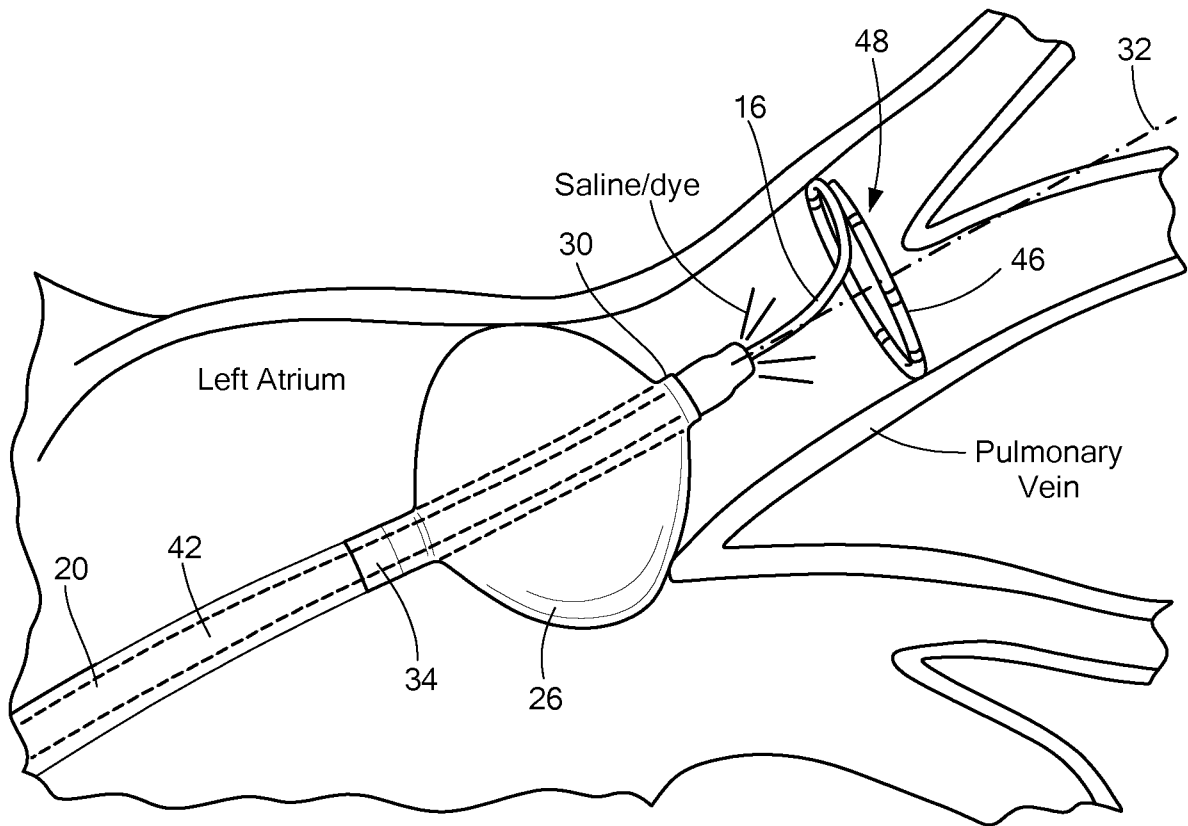


FIG. 3

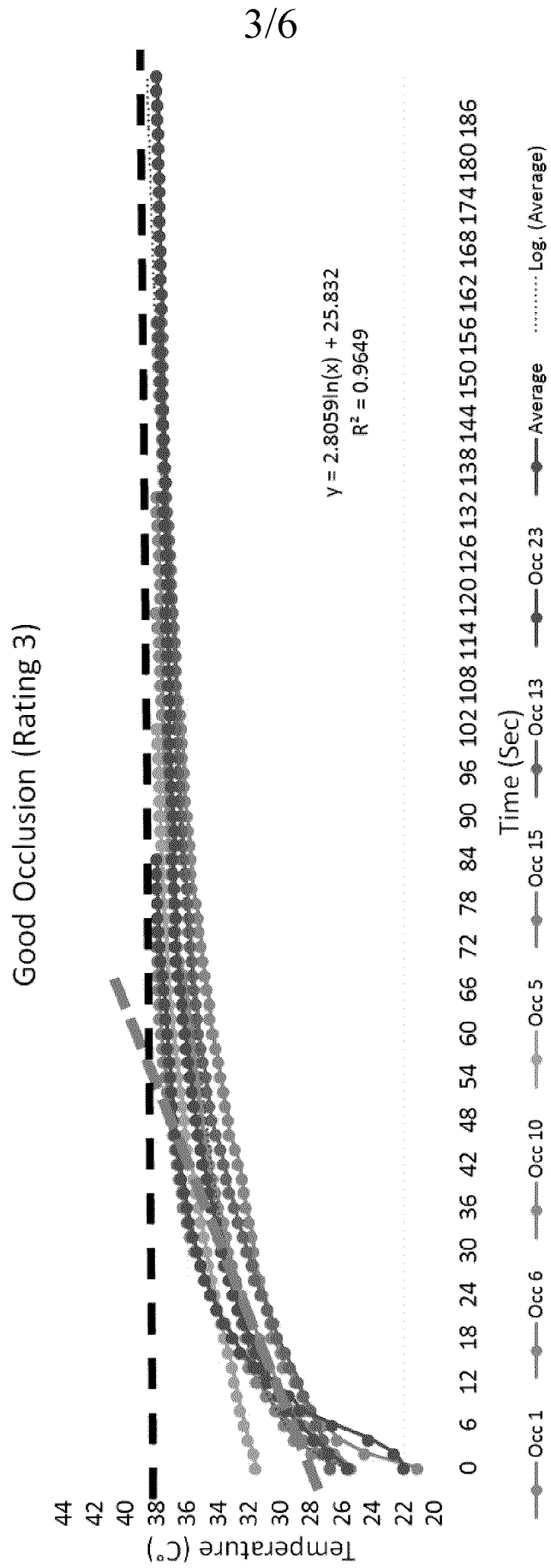


FIG. 4A

Fair Occlusion (Rating 2)

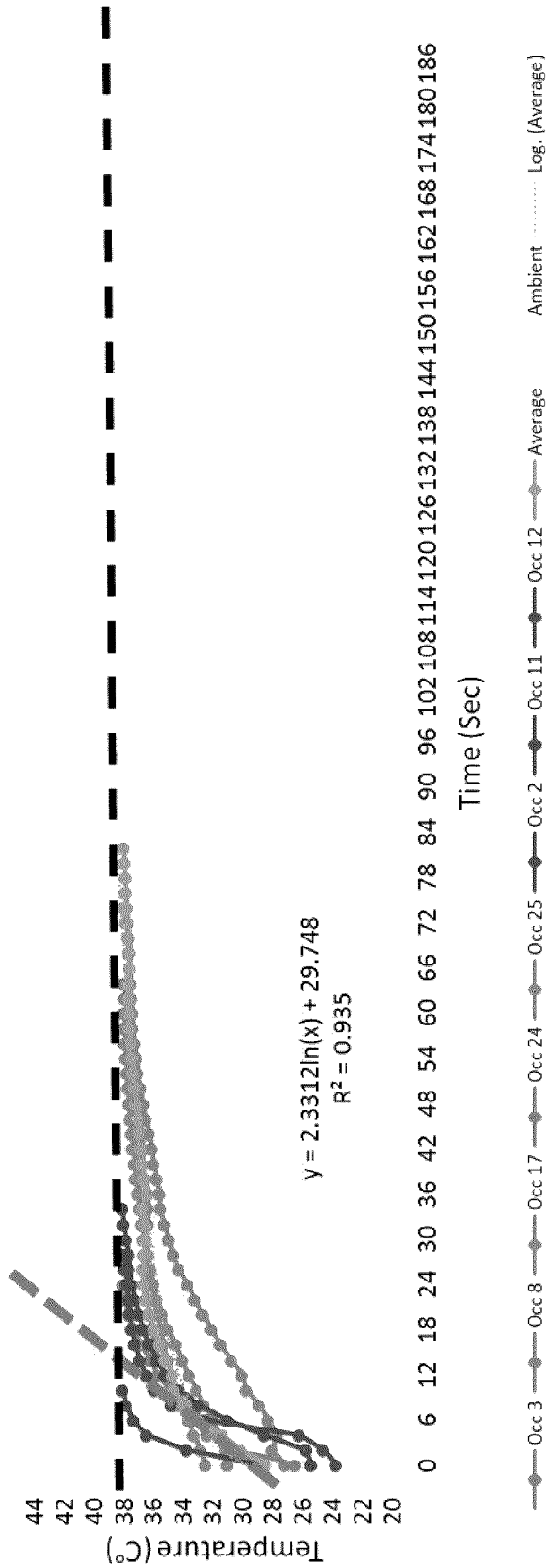


FIG. 4B

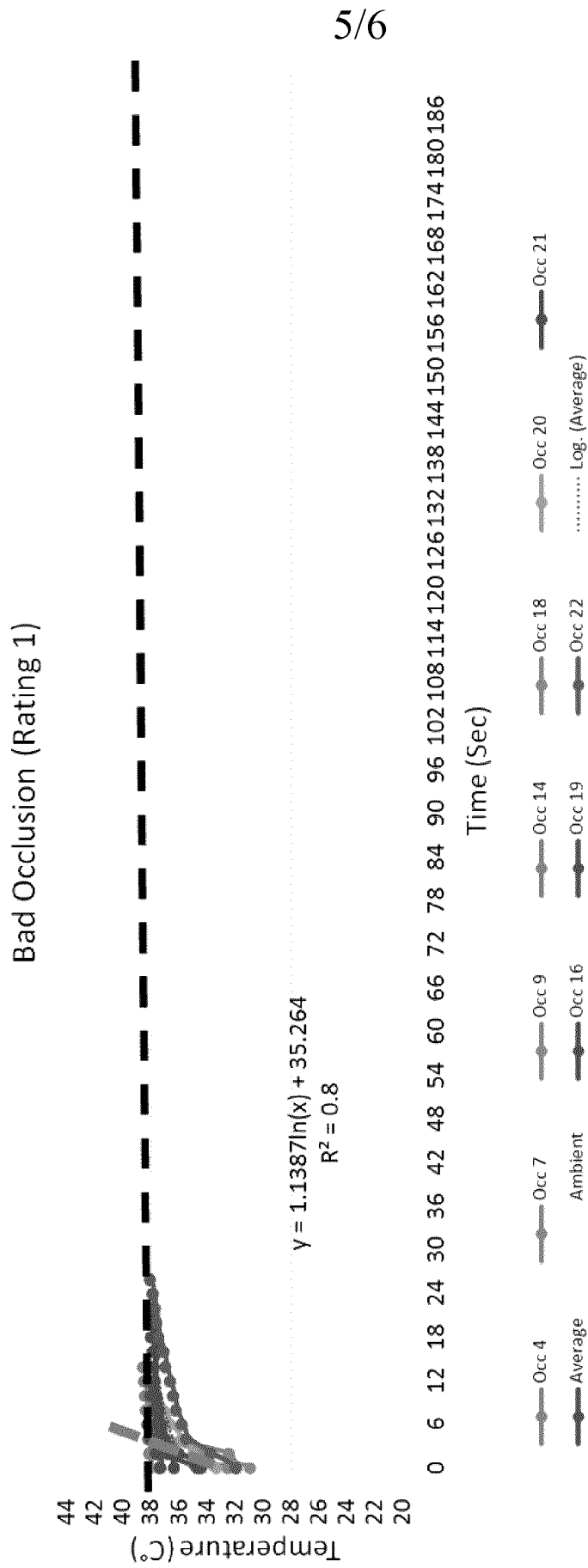


FIG. 4C

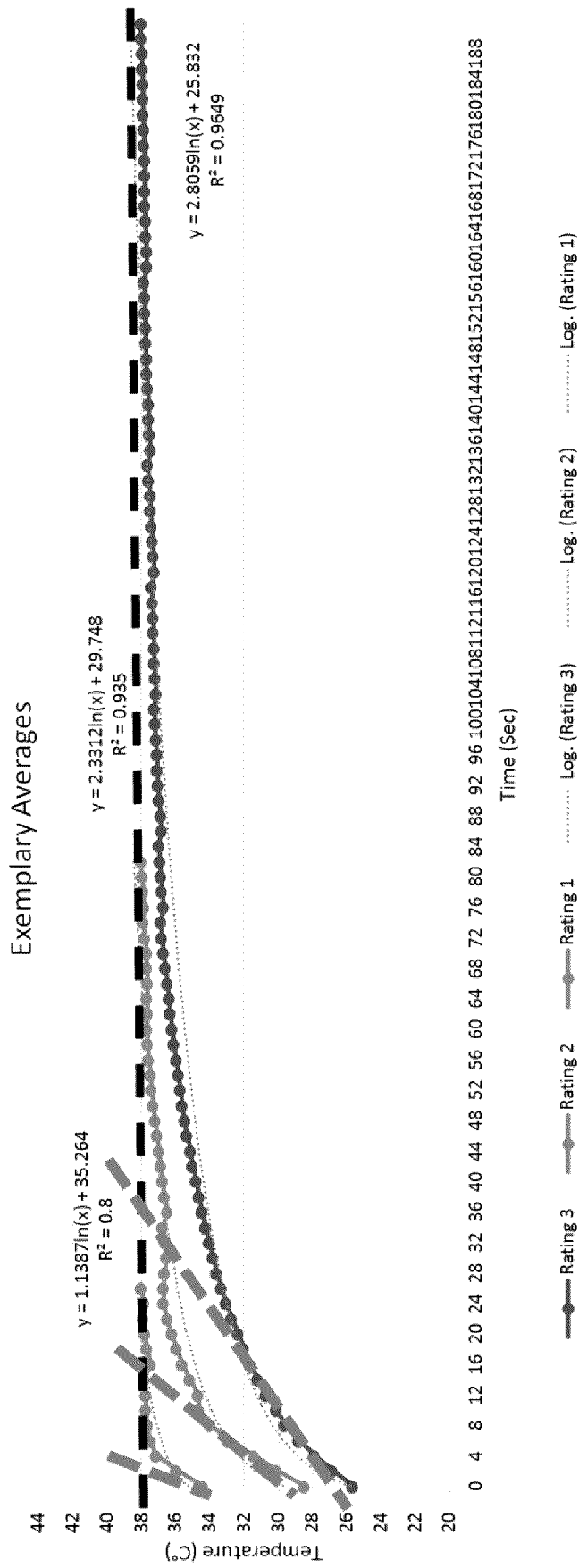


FIG. 4D

INTERNATIONAL SEARCH REPORT

International application No.

PCT/CA2015/051250

A. CLASSIFICATION OF SUBJECT MATTER
 IPC: *A61B 5/00* (2006.01), *A61B 18/02* (2006.01), *A61B 5/01* (2006.01), *A61B 6/12* (2006.01)

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
A61B (2006.01)

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic database(s) consulted during the international search (name of database(s) and, where practicable, search terms used)
 Orbit, Google, CIPO Library Discovery Tool
 Vein, occlusion, temperature, increase decrease, monitor, difference, cryo*, pulmonary, cold saline, injection, vascular.

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	CA2903280 A1 (WITTENBERGER DAN et al.) 18 September 2014 (18-09-2014) *whole document*	1-15
A	US2014330262 A1 (JANNICKE JEFFREY et al) 06 November 2014 (06-11-2014) *whole document*	1-15
A	US7951088 B1 (KOROTKO et al.) 31 May 2011 (31-05-2011) *whole document*	1-15
P	US2015164570 A1 (WITTENBERGER DAN et al) 18 June 2015 (18-06-2015) *whole document*	1-15

Further documents are listed in the continuation of Box C.

See patent family annex.

* "A" "E" "L" "O" "P"	Special categories of cited documents: document defining the general state of the art which is not considered to be of particular relevance earlier application or patent but published on or after the international filing date document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified) document referring to an oral disclosure, use, exhibition or other means document published prior to the international filing date but later than the priority date claimed	"T" "X" "Y" "&"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art document member of the same patent family
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Date of the actual completion of the international search
 29 December 2015 (29-12-2015)

Date of mailing of the international search report
 07 January 2016 (07-01-2016)

Name and mailing address of the ISA/CA
 Canadian Intellectual Property Office
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 50 Victoria Street
 Gatineau, Quebec K1A 0C9
 Facsimile No.: 001-819-953-2476

Authorized officer

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INTERNATIONAL SEARCH REPORT
Information on patent family members

International application No.
PCT/CA2015/051250

Patent Document Cited in Search Report	Publication Date	Patent Family Member(s)	Publication Date
CA2903280A1	18 September 2014 (18-09-2014)	CA2903280A1 US2014276709A1 WO2014138861A1	18 September 2014 (18-09-2014) 18 September 2014 (18-09-2014) 18 September 2014 (18-09-2014)
US2014330262A1	06 November 2014 (06-11-2014)	US2014330262A1 WO2014176668A1	06 November 2014 (06-11-2014) 06 November 2014 (06-11-2014)
US7951088B2	31 May 2011 (31-05-2011)	US2007106173A1 AT476136T AU7359701A CA2411941A1 CA2411941C CA2518107A1 CA2518107C DE602004028447D1 EP1294275A2 EP1294275A4 EP1608263A2 EP1608263A4 EP1608263B1 EP1608263B8 ES2350206T3 JP2006521190A JP4723484B2 JP2005515795A US2001053882A1 US6712771B2 US2003233033A1 US7153273B2 US2004034303A1 WO0195787A2 WO0195787A3 WO2004087010A2 WO2004087010A3	10 May 2007 (10-05-2007) 15 August 2010 (15-08-2010) 24 December 2001 (24-12-2001) 20 December 2001 (20-12-2001) 21 September 2010 (21-09-2010) 14 October 2004 (14-10-2004) 31 December 2013 (31-12-2013) 16 September 2010 (16-09-2010) 26 March 2003 (26-03-2003) 20 August 2003 (20-08-2003) 28 December 2005 (28-12-2005) 12 March 2008 (12-03-2008) 04 August 2010 (04-08-2010) 13 October 2010 (13-10-2010) 20 January 2011 (20-01-2011) 21 September 2006 (21-09-2006) 13 July 2011 (13-07-2011) 02 June 2005 (02-06-2005) 20 December 2001 (20-12-2001) 30 March 2004 (30-03-2004) 18 December 2003 (18-12-2003) 26 December 2006 (26-12-2006) 19 February 2004 (19-02-2004) 20 December 2001 (20-12-2001) 04 July 2002 (04-07-2002) 14 October 2004 (14-10-2004) 03 February 2005 (03-02-2005)
US2015164570A1	18 June 2015 (18-06-2015)	US2015164570A1 WO2015085397A1	18 June 2015 (18-06-2015) 18 June 2015 (18-06-2015)

专利名称(译)	冷盐水注射后温度曲线测定肺静脉和其他血管闭塞		
公开(公告)号	EP3226749A4	公开(公告)日	2018-07-11
申请号	EP2015864380	申请日	2015-12-01
申请(专利权)人(译)	MEDTRONIC CryoCath公司LP		
当前申请(专利权)人(译)	MEDTRONIC CryoCath公司LP		
[标]发明人	AVITALL BOAZ		
发明人	AVITALL, BOAZ		
IPC分类号	A61B5/00 A61B18/02 A61B5/01 A61B6/12		
CPC分类号	A61B18/0218 A61B5/028 A61B5/042 A61B5/4848 A61B5/6853 A61B5/6856 A61B6/481 A61B6/485 A61B6/487 A61B6/504 A61B18/02 A61B18/1492 A61B2018/0022 A61B2018/00285 A61B2018/00375 A61B2018/00577 A61B2018/00648 A61B2018/00738 A61B2018/00821 A61B2018/0212 A61B2018/1407		
代理机构(译)	FRKELLY		
优先权	62/088267 2014-12-05 US 14/689174 2015-04-17 US		
其他公开文献	EP3226749A1		
外部链接	Espacenet		

摘要(译)

一种用于预测病变质量的方法，系统和设备。具体地，可以基于使用盐水注射的肺静脉阻塞的评估和由位于治疗装置的低温球远端的热电偶记录的温度测量的评估来预测病变质量。可以基于热电偶记录的温度从大约2°C增加到大约38°C所花费的时间，在预定时间段内温度变化的速率和/或具有一定体积的造影剂的盐水的肺静脉内的消散速率。例如，闭塞的质量可以被评定为良好，公平或差。该评估可以快速且容易地传达给操作员。