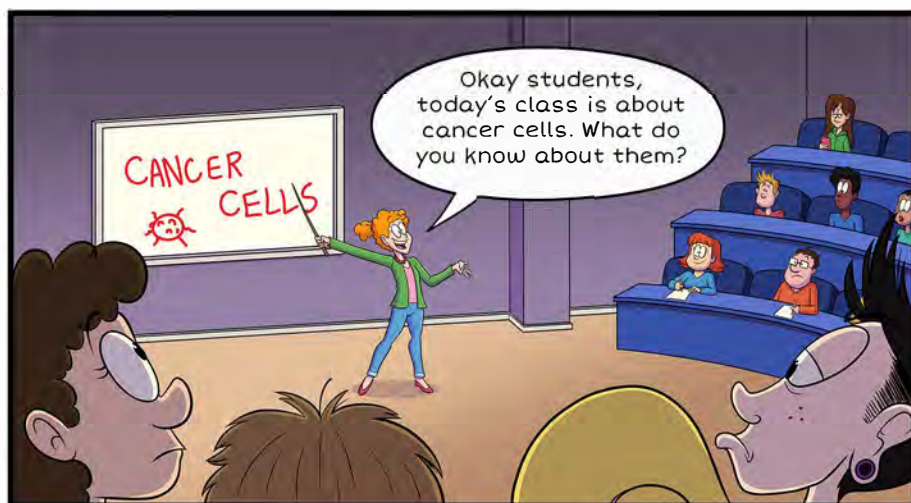


The **PROBLEM**, The **LASER**, and the **SOLUTION**



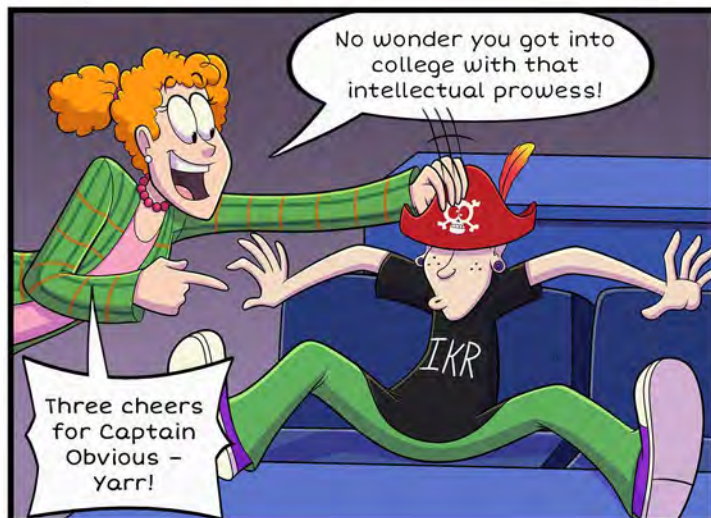
A Heriot Watt Comic about the potential positive impact of lasers in precision surgery.



Okay students, today's class is about cancer cells. What do you know about them?

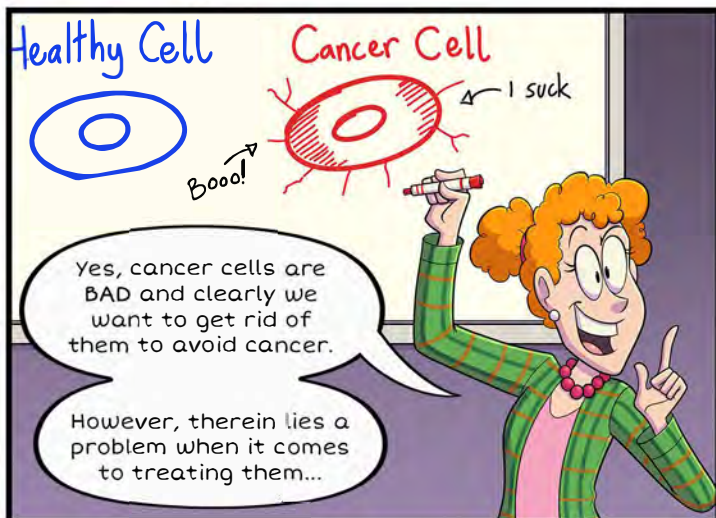


I dunno. They're bad?



No wonder you got into college with that intellectual prowess!

Three cheers for Captain Obvious - Yarr!



Healthy Cell

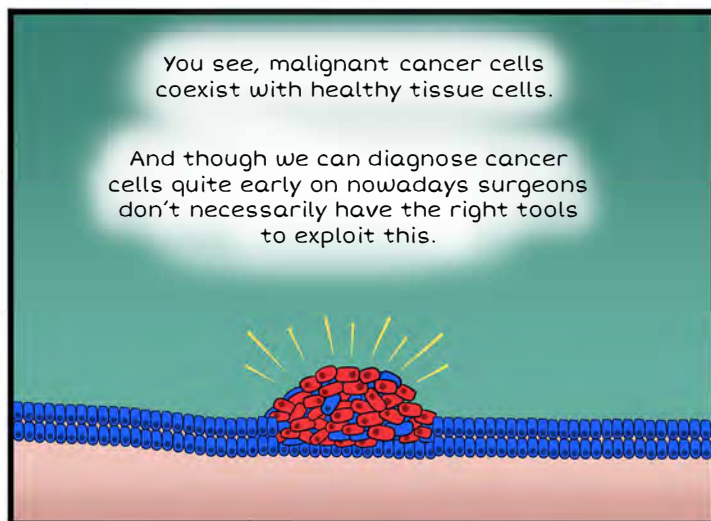
Cancer Cell

Booo!

I suck

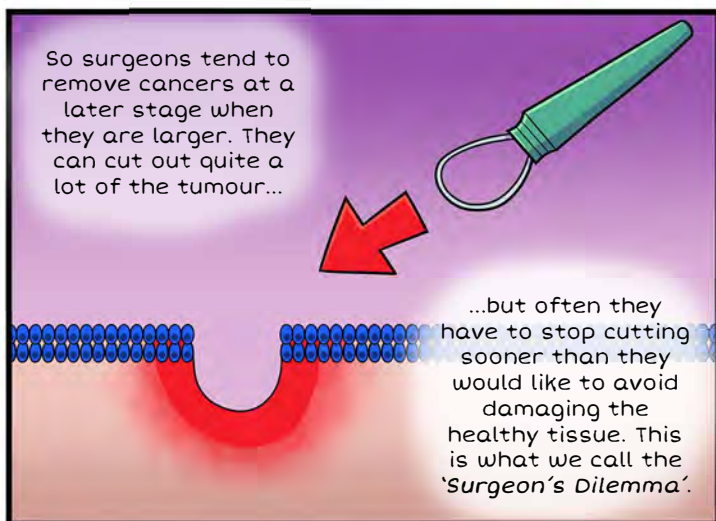
Yes, cancer cells are BAD and clearly we want to get rid of them to avoid cancer.

However, therein lies a problem when it comes to treating them...



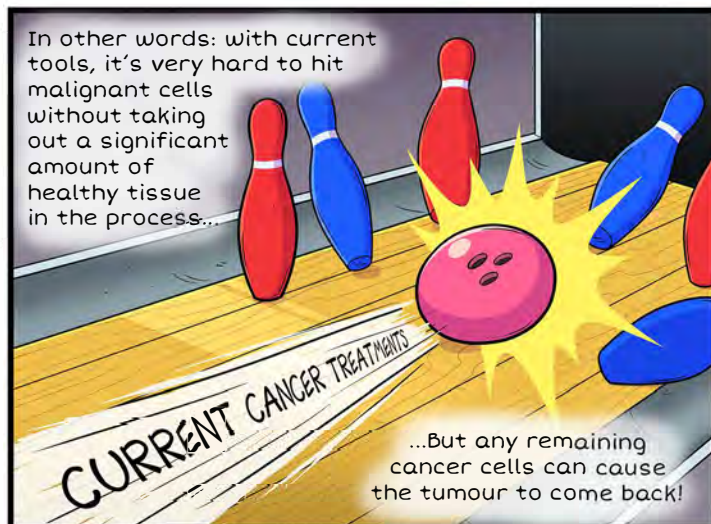
You see, malignant cancer cells coexist with healthy tissue cells.

And though we can diagnose cancer cells quite early on nowadays surgeons don't necessarily have the right tools to exploit this.



So surgeons tend to remove cancers at a later stage when they are larger. They can cut out quite a lot of the tumour...

...but often they have to stop cutting sooner than they would like to avoid damaging the healthy tissue. This is what we call the 'Surgeon's Dilemma'.



In other words: with current tools, it's very hard to hit malignant cells without taking out a significant amount of healthy tissue in the process...

...But any remaining cancer cells can cause the tumour to come back!

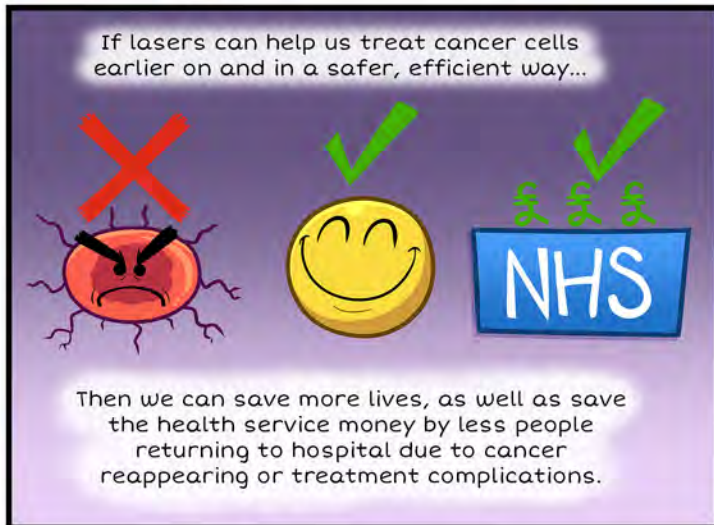
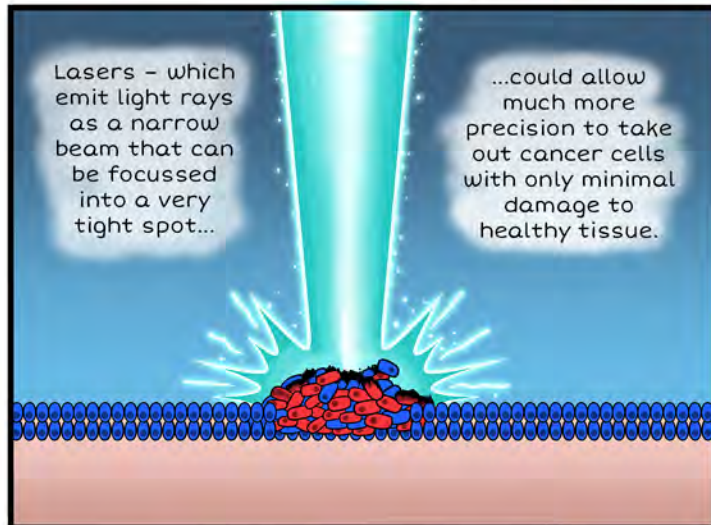


Healthy Cells

Malignant Cells

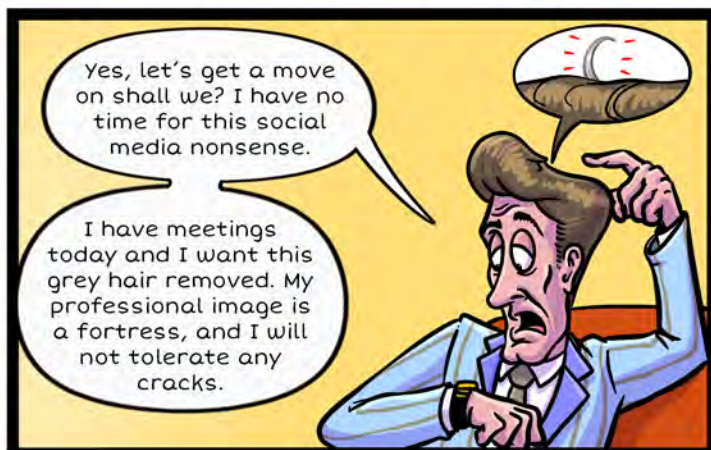
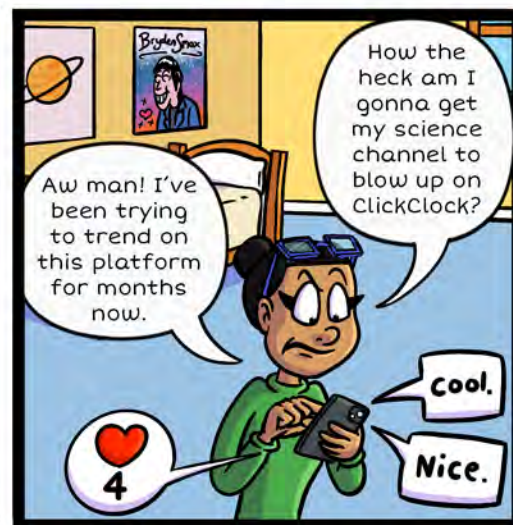
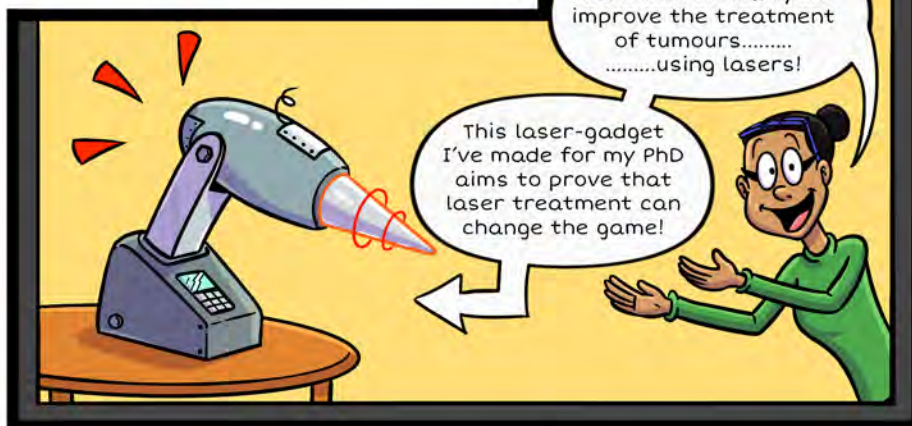
Really? Great! A perfect opportunity for a physical demonstration!

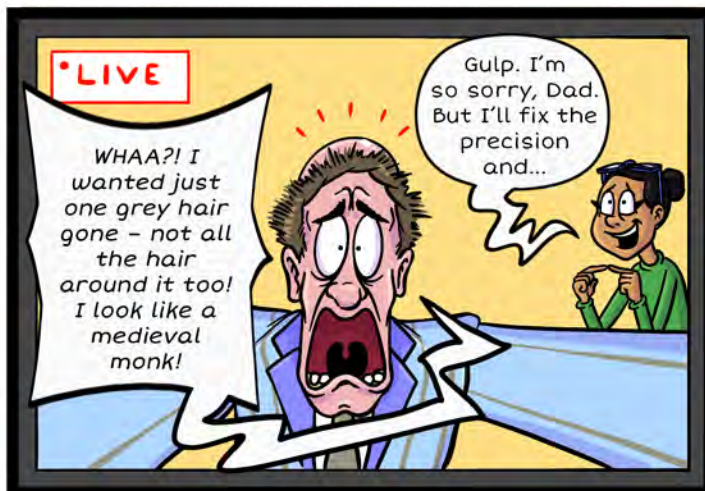
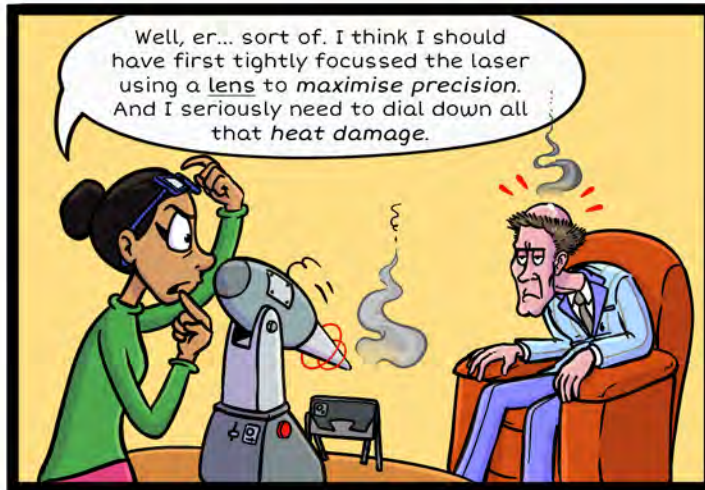
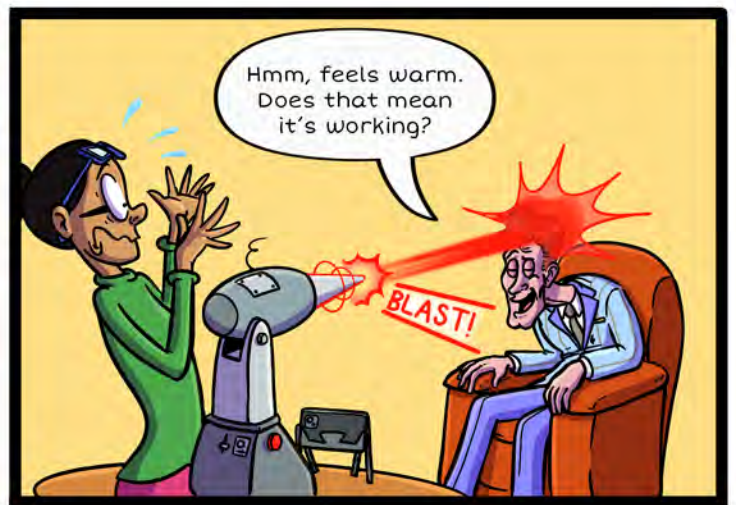
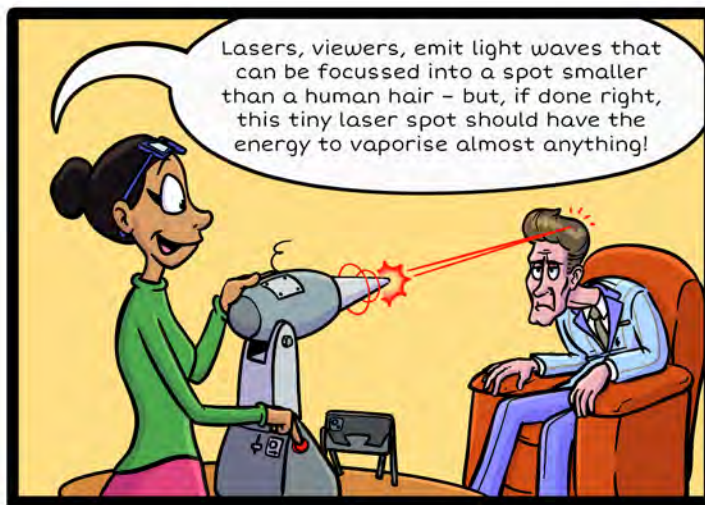
Um, excuse me - sorry. But I think you've spelt "malignant" wrong.



THE PROBLEM

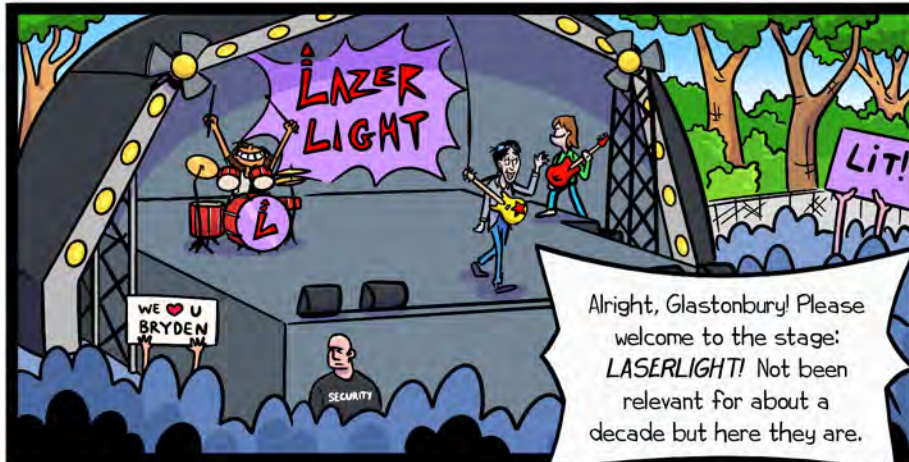
(What issues old laser technology faces in precision.)





The Laser

(The Precision capability of modern day laser technology.)



Alright, Glastonbury! Please welcome to the stage: **LAZERLIGHT!** Not been relevant for about a decade but here they are.

Hello Glastonbury! Bryden Smox here – once rockstar, turned scientist, turned insane, turned out fine, turned rockstar again.

Before we start playing, we have a special lights show for you.

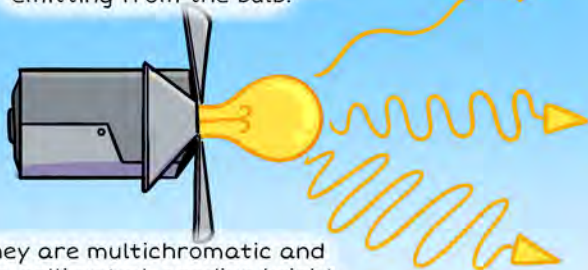


Annoying meatheads like this always ruin Glastonbury for me...

So – you see that stage light up there?

Doesn't seem like anything special, right? Just a regular incandescent bulb.

This means that they have a mix of colours or wavelengths emitting from the bulb.



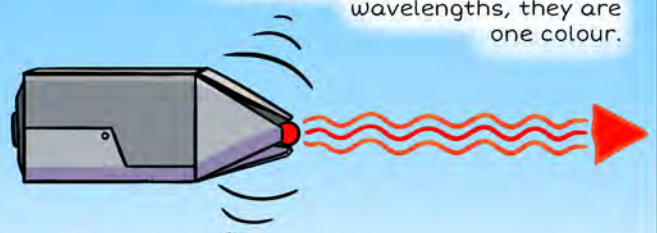
They are multichromatic and non-collimated, sending bright light out in all directions.

WOOOO! MULTICHROMATIC AND NON-COLLIMATED!

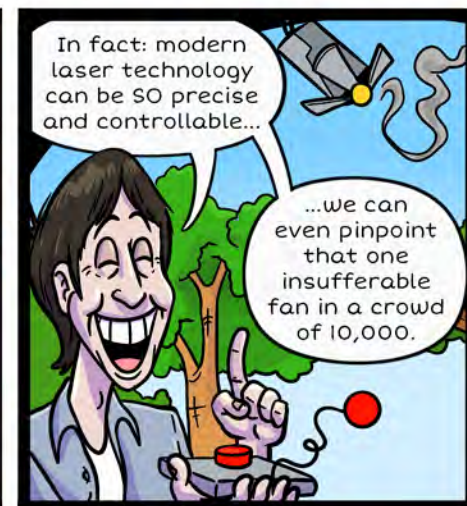
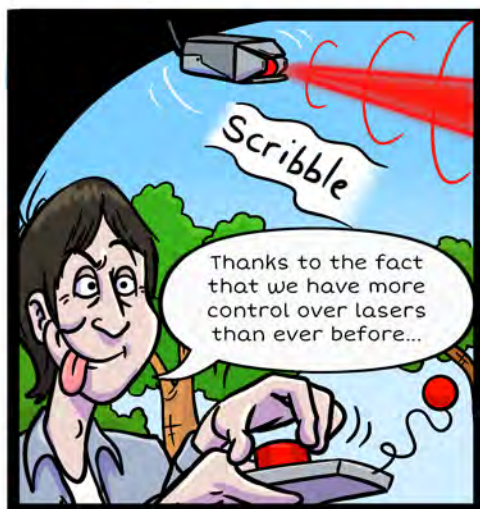
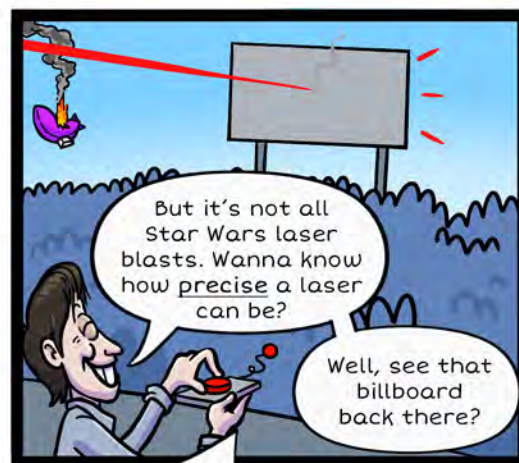
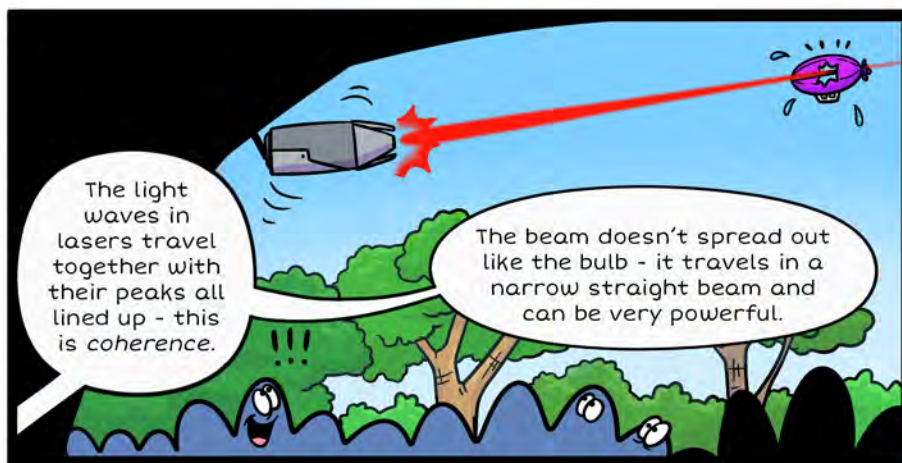
Um... Indeed!

But what if I told you we can take light from simple sources (like that bulb) and amplify them to generate a very different type of light beam using a LASER?

Unlike regular light, a laser beam is **monochromatic** and **collimated** – where all the waves have very similar wavelengths, they are one colour.

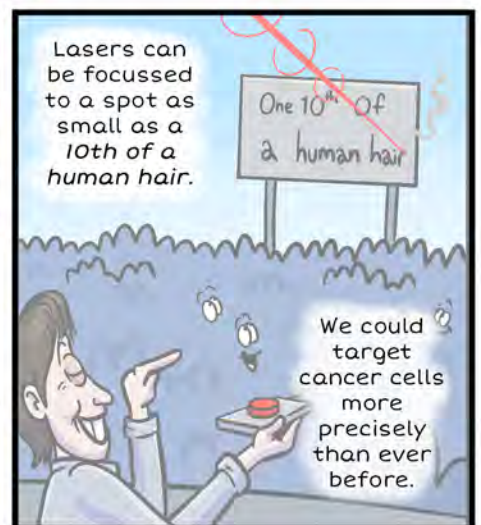
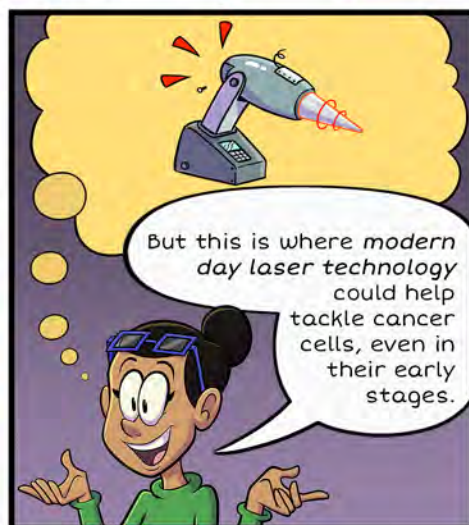
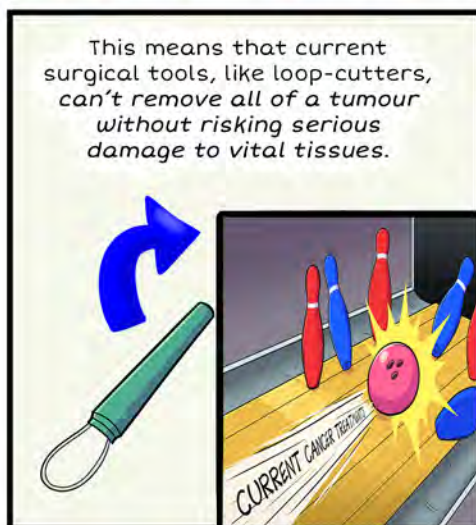
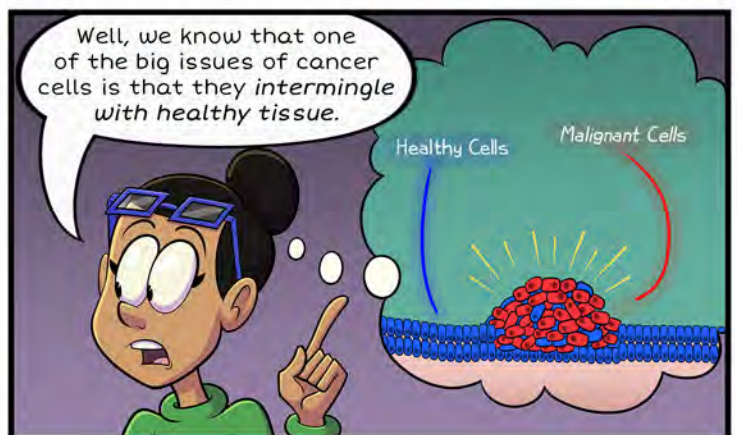
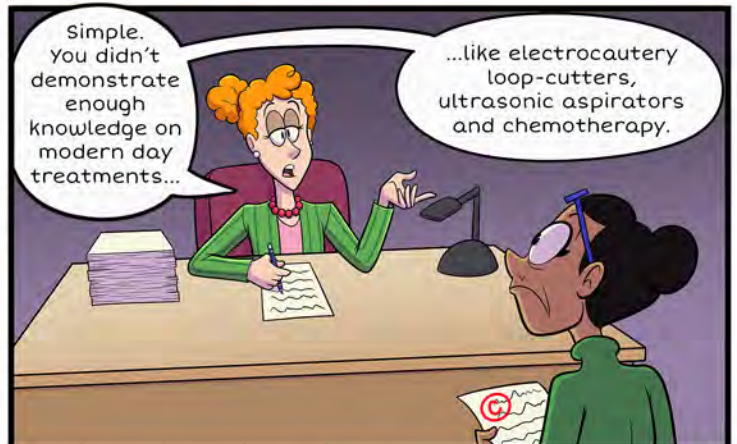
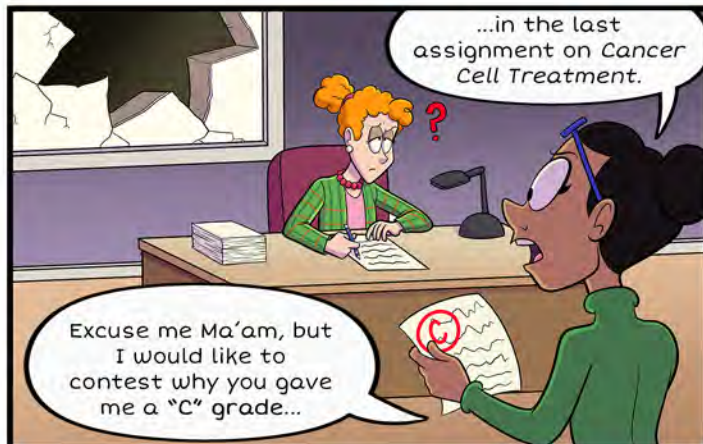


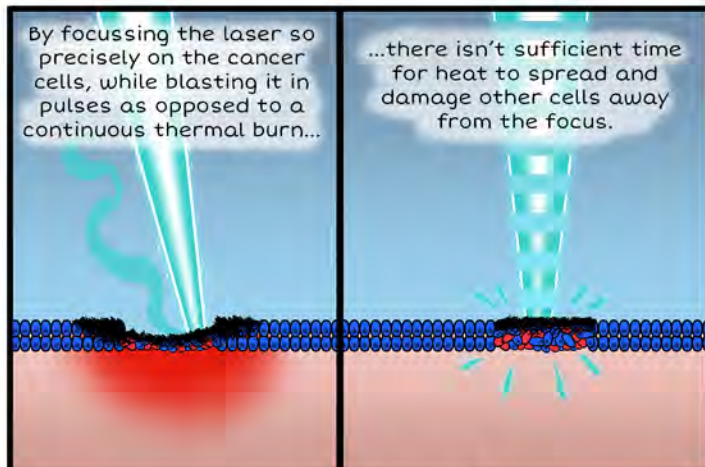
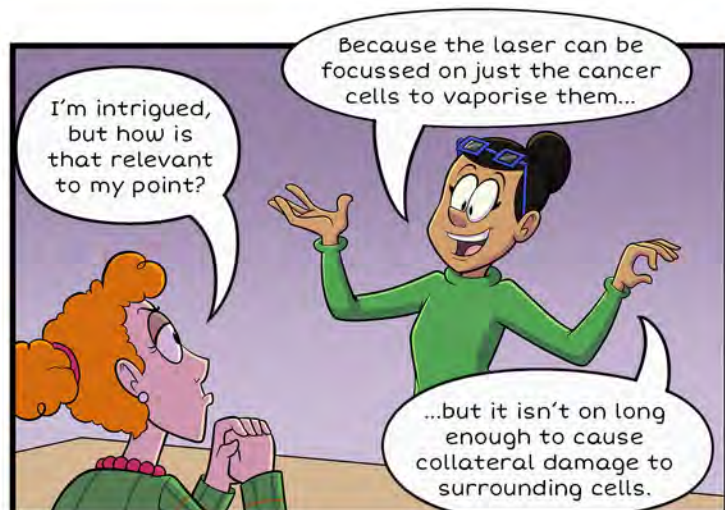
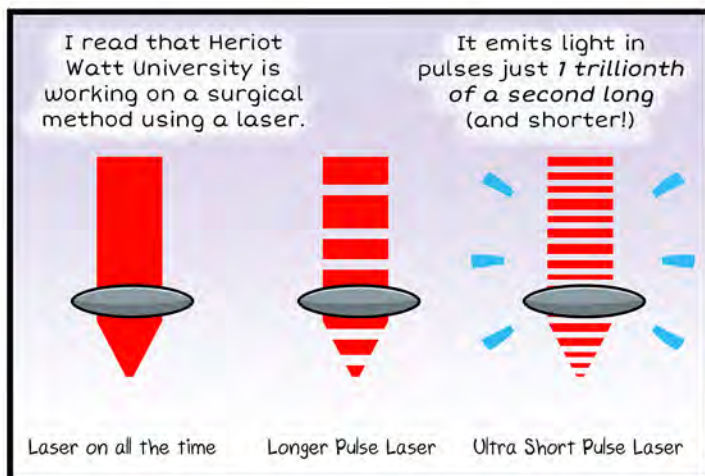
Light **A**mplification by **S**timulated **E**mission of **R**adiation



THE SOLUTION

(What Ultra Short Pulse Lasers Could Do For Cancer Treatment)





Summary:

The world's population is growing and ageing, leading to a significant increase in cancer cases, expected to rise from 18.5 million in 2018 to 29.5 million by 2040. Early cancer detection through screening programs is crucial as it allows for treatment at a curable stage and enables less invasive surgeries.

Minimally invasive surgeries are becoming more common, often with robotic assistance. However, new surgical tools are needed, especially those that can diagnose and treat cancer in real-time.

One major challenge in treating cancer is that tumour cells are often intermingled with healthy tissue, making it difficult to remove only the "bad" cells without affecting the surrounding healthy ones too.

Surgeons face significant limitations when trying to remove tumours, especially in critical areas like the brain. They cannot always remove all of the tumour without risking damage to vital tissues or brain functions. This is particularly problematic for brain tumours, where even a small amount of damage to healthy tissue can have severe consequences. Currently, there is no cure for brain tumours; treatments available can only prolong life but are not very effective.

Existing procedures using cumbersome electrical cutting devices or long pulsed and continuous wave lasers to apply heat to tissue are challenging due to restricted access and lack of fine control for surgeons. Current surgical tools lack the precision, control, and selectivity needed, making them an order of magnitude worse than required. The default practice is to remove cancers with a margin of normal tissue, but this can leave cancer cells behind, leading to recurrent disease. This is the surgeon's dilemma.

Our team is developing a laser-based approach using ultrashort picosecond lasers, which can remove tumours with extreme precision and minimal damage to surrounding tissue. These lasers deliver energy in very short pulses, preventing heat from spreading to nearby tissues. This precision could revolutionize surgeries for colorectal cancer and other areas like neurosurgery and head and neck surgery, where preserving healthy tissue is vital. We are also working on integrating real-time diagnostic imaging to enhance these procedures further.

In laboratory tests, we've shown that picosecond laser ablation can significantly improve the precision of tissue removal, potentially transforming cancer surgery. Additionally, these laser pulses can be delivered through novel hollow core optical fibres, making endoscopic deployment feasible and opening up new possibilities for minimally invasive procedures.

We are always looking to expand our clinical expertise network and identifying new areas where our technology could be transformative. Neurosurgery requires extreme precision, as even microscopic loss of healthy tissue can greatly impact quality of life. In head and neck surgery, minimizing the removal of normal tissue helps preserve functions like speech and swallowing.

Find out more at:

<https://aop.site.hw.ac.uk/surgical-applications/>

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Applied Optics and Photonics Group
Institute of Photonics and Quantum Sciences
Heriot Watt University
Edinburgh, UK



Professor Jon Shephard

Currently Professor at Heriot-Watt University, School of Engineering and Physical Sciences. Prof Shephard's research (Applied Optics and Photonics) is targeted at number of areas: He leads the development of high power laser processes for surgery and other novel laser processes for medicine and also develops novel optical fibres for high power laser delivery and technologies for integrating lasers into manufacturing processes. There is an emphasis on developing multidisciplinary links with academic and industrial partners and medical end users such as surgeons and dentists.

Prof Shephard received the BA degree in Engineering at St Johns College, Cambridge University in 1994 and then joined Pilkington Plc (1994-1995) working within R&D. He then returned to study within the Department of Engineering Materials, University of Sheffield and was awarded an MSc (Eng) with Distinction in 1996. He subsequently remained at the University of Sheffield where he worked on developing novel mid-IR transmitting optical fibres and waveguides. He obtained his PhD in 2000 for his work on "Surface modification of IR transmitting glasses for integrated optics" and continued to work in the area of novel mid-infrared fibres and optical materials. In 2003 he joined the Applied Optics and Photonics Group at Heriot-Watt University, working on the development of novel micro-structured (Photonic Crystal) fibres, and is now a Professor within the Institute of Photonics and Quantum Sciences.

Key Paper:

Beck, R.J., Bitharas, I., Hand, D.P. et al. Dynamics of picosecond laser ablation for surgical treatment of colorectal cancer. Sci Rep 10, 20261 (2020).
<https://doi.org/10.1038/s41598-020-73349-w>

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EP/V006185/1