

# 3D Motion Planning for Robot-Assisted Active Flexible Needle Based on Rapidly-Exploring Random Trees

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**Abstract**—An active flexible needle is a self-actuating needle that can bend in the tissue and reach the clinical targets while avoiding anatomic obstacles. In robot-assisted needle-based medical procedures, motion planning is a vital aspect of operations. It is challenging due to the nonholonomic motion of the needle and the presence of anatomic obstacles and sensitive organs that must be avoided. We propose a novel and fast motion planning algorithm for the robot-assisted active flexible needle. The algorithm is based on Rapidly-Exploring Random Trees combined with greedy-heuristic strategy and reachability-guided strategy. Linear segment and relaxation of insertion orientation are taken into consideration to the paths. Results show that the proposed algorithm yields superior results as compared to the commonly used algorithm in terms of computational speed, form of path and robustness of searching ability, which potentially make it suitable for the real-time intraoperative planning in clinical operations.

**Index Terms**—active flexible needle, motion planning, rapidly-exploring random tree, nonholonomic system, minimally invasive surgery, robot assisted surgery

## I. INTRODUCTION

Needle insertion is probably one of the most pervasive procedures in minimally invasive surgeries, such as tissue

biopsies and radioactive seed implantations for cancers. However, the target may be located in a region surrounded by anatomic obstacles or sensitive organs that must be avoided. Traditional rigid needles can hardly meet these needs. As an alternative to the traditional rigid needles, we have been developing a flexible needle which is an active or self-actuating (symmetric-tip) flexible needle other than passive (bevel-tip) flexible needles, see Fig. 1 [1]. Utilizing the characteristic of shape memory alloys (SMA), the needle can generate a variety of curvatures of paths by supplying different electric currents to the SMA actuators [2]-[5].

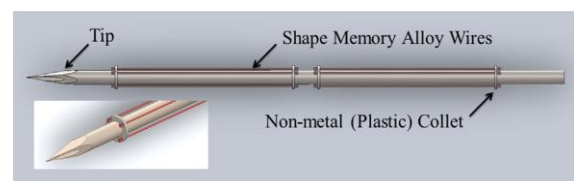


Figure 1. Schematic of an active flexible surgical needle

In robot-assisted needle insertion procedures, motion planning is a critical aspect for navigating a robot and a needle to gain an accurate and safe operation. However, steering a flexible needle in the soft tissue is challenging due to the nonholonomic motion of the needle and the presence of anatomic obstacles and sensitive organs. In recent years, motion planning for flexible needles has

been extensively studied in different approaches in 2D and 3D environments with obstacles [6]-[18].

One popular approach is mathematical computation method, which formulates the problem as an optimization problem with an objective function and computes the optimal solution. Duindam *et al.* presented a screw-based motion planning algorithm using an optimizing function [6], and he also proposed an inverse kinematics motion planning algorithm based on mathematical calculation [7]. Park *et al.* proposed a path-of-probability algorithm to optimize the paths by computing the probability density function [8]. Alterovitz *et al.* formulated the path planning problem of bevel tip flexible needles as a Markov Decision Process to maximize the probability of successfully reaching the target in a 2D environment [9]. The mathematical computation method usually has a computational expense and may suffer from stability/convergence. Therefore, they are often used for preoperative planning, but not appropriate for intraoperative planning.

Another important approach is sampling-based method, such as the Probabilistic Roadmaps (PRM) or the Rapidly-Exploring Random Tree (RRT). Alterovitz *et al.* proposed a path planner for Markov uncertain motion base on PRM [10]. Lobaton *et al.* presented a PRM-based method for planning paths that visit multiple goals [11]. Since Xu *et al.* firstly applied RRT-based method to search a valid needle path in a 3D environment with obstacles [12], the RRT algorithm is commonly used in flexible needle path planning. Patil *et al.* greatly sped up the calculation utilizing a modified version of RRT method that combines the reachability guided and goal bias strategies (RGGB-RRTs) [13], which was then extended into a dynamic environment replanning [14]. The RGGB-RRTs is the most commonly used algorithm nowadays. Caborni *et al.* proposed a risk-based path planning for a steerable flexible probe based on the RGGB-RRTs [15]. Recently, Vrooijink *et al.* proposed a rapid replanning algorithm based on the RGGB-RRTs, and embedded it into a control system [16]. Bernardes *et al.* presented a fast intraoperative replanning algorithm based on the RGGB-RRTs in 2D and 3D environments [17]-[18].

In summary, firstly, all the algorithms are only aiming at utilizing the curvilinear paths, but not considering the linear segments, which may both shorten the length of path and save the cost of control and energy for the active needle (because you do not have to make the needle bent by actuators). Although Patil *et al.* relaxed the curvatures of the curvilinear paths which allowed the linear segments in the paths theoretically, because of the probabilistic nature of the RRT algorithm, the possibility for the appearance of the linear segment is nearly non-existent [13]. Secondly, most of the algorithms, if not all, are with the routine method that the insertion orientation is fixed or specified, e.g. to be orthogonal to the skin surface, therefore the planning or optimizing results are constrained originally. Although Xu *et al.* relaxed the insertion orientation by a back-chaining method, the

orientation of approaching to the goal is fixed originally [12].

In this paper, a novel and fast motion planning algorithm based on RRT is proposed for the active flexible needle. We propose a greedy heuristic strategy using the Depth First Search (DFS) method, and combine it with the reachability-guided strategy to improve the conventional RRT [19]. It is named as Greedy Heuristic and Reachability-Guided Rapidly-Exploring Random Trees (GHRG-RRTs). We adopt variable but bounded curvatures of the needle paths, and we also take account of linear segments and relaxation of insertion orientations to the trajectories.

## II. KINEMATIC MODEL OF ACTIVE FLEXIBLE NEEDLE

Different with the bevel tip needles (with two DOFs: insertion and rotation) [20], the active flexible needle has three DOFs: insertion, rotation and tip bending (relative to  $u_1$ ,  $u_2$  and electrical current  $I$ , respectively). See Fig. 2). There is a connection joint between the needle body and needle tip. The different radii of paths are attained by means of the different bending of the tip. And the kinematic model of the active flexible needle is formulated as follows (see Fig. 2). The position and orientation of the connection joint relative to frame  $\Psi_w$  can be described compactly by a  $4 \times 4$  homogeneous transformation matrix

$$\mathbf{g}_{wn} = \begin{bmatrix} \mathbf{R}_{wn} & \mathbf{p}_{wn} \\ 0 & 1 \end{bmatrix} \in SE(3) \quad (1)$$

where  $\mathbf{R}_{wn} \in SO(3)$  and  $\mathbf{p}_{wn} \in \mathbf{R}^3$  are the rotation matrix and the position of frame  $\Psi_n$  relative to frame  $\Psi_w$ , respectively.

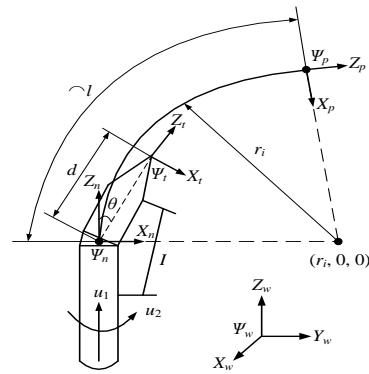


Figure 2. Kinematic model of the active flexible needle

If we use the connection joint part as the end-effector of the needle, while the needle tip working as a navigator, we can disregard the position of the needle tip by expanding the obstacles with a safety belt  $d$ .

Then, the homogeneous transformation matrix can be formulated in the exponential form

$$\mathbf{g}_{wn}(T) = \mathbf{g}_{wn}(0) \prod_{i=1}^N \exp(\hat{\xi}_i t_i) \quad (2)$$

where  $\mathbf{g}_{wn}(0)$  is the initial configuration of the needle (frame  $\Psi_n$ ) in frame  $\Psi_w$  before insertion;  $t_i$  is the performance time of the  $i^{\text{th}}$  segment;  $T$  is the total time of

the performance of the whole path,  $T = \sum_{i=1}^n t_i$ . Details could be attained in [20].

We coincide frame  $\Psi_n$  and frame  $\Psi_w$  initially, and consider the insertion pose (rotating  $\beta_0$  around axis  $Y_w$  and then rotating  $\alpha_0$  around axis  $Z_w$ ), hence, the configurations of the insertion pose can be obtained by

$$\mathbf{g}_{wn}(0) = Rot(Z_w, \alpha_0)Rot(Y_w, \beta_0) \quad (3)$$

Since the inputs drive the needle to perform a geometric trajectory, we can encode the trajectory with geometric parameters instead of the actual control inputs  $U$ :  $(u_1, u_2, l)$ , in order to avoid the inefficient performance that randomly samples control inputs to compute the best combination [12]. The path is composed of a series of segments  $\{C_1, C_2, \dots, C_N\}$  [13], each of which  $C_i$  can be parameterized as  $U_i$ :  $(\alpha_i, r_i, l_i)$ , where  $\alpha_i$  is the rotation angle of the needle shaft (corresponding to  $u_2$ ),  $r_i$  is the radius of the  $i^{\text{th}}$  arc (which is infinite if a linear segment, corresponding to  $l$ ), and  $l_i$  is the length of the  $i^{\text{th}}$  segment (corresponding to  $u_1$ ). The transformation matrix for each segment  $\mathbf{g}_i$  can be formulated by  $U_i$  (details are available in Sec. III D).

### III. MOTION PLANNING ALGORITHM

The needle motion planning problem is to determine an optimal geometric trajectory using an efficient planner, from which the control plans will be generated so that the needle tip reaches the specified target while avoiding anatomic obstacles. The algorithm can be divided into two parts: one is to generate candidate solutions of paths using a sample-based method, and the other is to find the optimal path based on an objective function. The paths must be complied with the kinematic constraints of the needle. They are smooth and with relaxed but bounded curvatures, including linear segments.

#### A. Outline of GHRG-RRTs Algorithm

The program is as shown in Algorithm 1. Unlike other RRT algorithms, once initialized with  $q_{init}$ , this algorithm does not immediately generate a random node, instead, it verifies whether a path can be generated directly from  $q_{init}$  to  $q_{goal}$  including linear or curvilinear collision-free path (lines 2-10). If a linear path is achieved, the searching finishes because obviously, it is the best path. If not, it verifies a curvilinear path. And then the algorithm goes into the loop programs. The algorithm begins to generate a random node  $q_{rand}$  by the routine RandomNode(). And then it searches for trees and paths in a greedy heuristic way and iterates until the terminate condition is reached.

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**Algorithm 1:** GHRG-RRTs ( $q_{init}, q_{goal}, \mathcal{Q}$ )

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1:  $T \leftarrow \text{InitTree}(q_{init}); P \leftarrow \text{InitPath}(q_{init});$ 
2: if LinearCheck( $q_{init}, q_{goal}, \mathcal{Q}$ )
3:    $U \leftarrow \text{SolveLine}(q_{init}, q_{goal})$ 
4:    $P \leftarrow \text{AchievePath}(T, U, q_{goal})$ 
5:   return  $P$ 
6: end if
7:  $U \leftarrow \text{SolveSeg}(T, \mathbf{g}_{init}, q_{goal})$ 
8: if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
9:    $P \leftarrow \text{AchievePath}(T, U, q_{goal})$ 
10: end if
11: while ( $n < \text{max\_path}$ ) & ( $i < \text{max\_iteration}$ )

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12:  $q_{rand} \leftarrow \text{RandomNode}(); \text{flag} \leftarrow \text{false}$ 
13: if LinearCheck( $q_{init}, q_{rand}$ )
14:    $U \leftarrow \text{SolveLine}(q_{init}, q_{rand})$ 
15:    $T \leftarrow \text{ExtendTree}(T, U, q_{rand})$ 
16:    $U \leftarrow \text{SolveSeg}(T, \mathbf{g}_{rand}, q_{goal})$ 
17:   if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
18:      $P \leftarrow \text{AchievePath}(T, U, q_{goal}); \text{flag} \leftarrow \text{true}$ 
19:   end if
20: end if
21:  $U \leftarrow \text{SolveSeg}(q_{init}, q_{rand})$ 
22: if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
23:    $T \leftarrow \text{ExtendTree}(T, U, q_{rand})$ 
24: end if
25:  $U \leftarrow \text{SolveSeg}(T, \mathbf{g}_{rand}, q_{goal})$ 
26: if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
27:    $P \leftarrow \text{AchievePath}(T, U, q_{goal}); \text{flag} \leftarrow \text{true}$ 
28: end if
29: if flag==false
30:    $q_{proper} \leftarrow \text{FindProperNode}(T, q_{rand}, \rho)$ 
31:    $U \leftarrow \text{SolveSeg}(T, \mathbf{g}_{proper}, q_{rand})$ 
32:   if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
33:      $T \leftarrow \text{ExtendTree}(T, U, q_{rand})$ 
34:      $U \leftarrow \text{SolveSeg}(T, \mathbf{g}_{rand}, q_{goal})$ 
35:     if  $U.r \geq r_{min}$  & CollisionFree( $U, \mathcal{Q}$ )
36:        $P \leftarrow \text{AchievePath}(T, U, q_{goal})$ 
37:     end if
38:   end if
39: end while
40:  $p_{opt} \leftarrow \text{Optimization}(P)$ 
41: return  $p_{opt}$ 
AchievePath ( $T, U, q_{goal}$ )
1:  $T \leftarrow \text{ExtendTree}(T, U, q_{goal})$ 
2:  $p \leftarrow \text{ExtractPath}(T)$ 
3:  $P.add\_path(p)$ 
4: return  $P$ 
ExtendTree ( $T, U, q$ )
1:  $g \leftarrow \text{GetConfig}(U, q)$ 
2:  $T.add\_vertex(q)$ 
3:  $T.add\_edge(q, g)$ 
4: return  $T$ 

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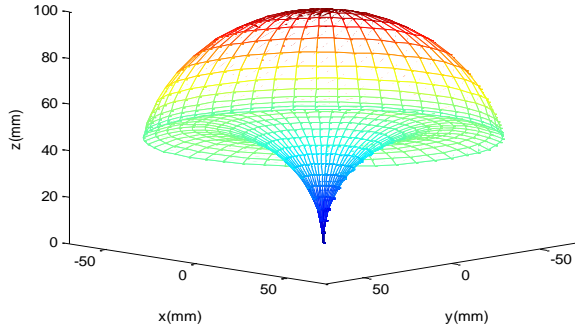
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#### B. Greedy-Heuristic Strategy

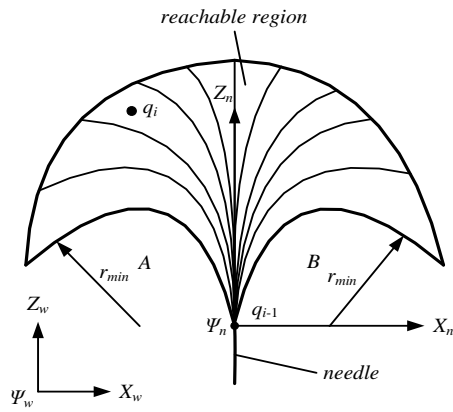
In contrast to all the previous RRT algorithms, we propose a greedy heuristic strategy to generate more trees and complete more paths: on the one hand, it is greedy for initial node to generate a new tree; on the other hand, it is greedy for the goal node to achieve a path. After a valid random node is obtained, the algorithm will verify whether a linear segment could be generated connecting the initial node  $q_{init}$  to the random node  $q_{rand}$ , if yes, a new tree starting with a linear segment will be generated (lines 13-15). By doing so, it successfully relaxes the insertion orientations, which can be in various angles rather than just orthogonal to the skin surface. If the tree is generated, it goes on to verify whether  $q_{rand}$  can connect  $q_{goal}$  (lines 16-19), if yes, a new path will be gained. Here we are greedy for searching the goal, because we believe that the direct connection from  $q_{rand}$  to  $q_{goal}$  is probabilistically superior to those which travel round and then connect to the goal. This strategy is also with an idea of DFS to effectively achieve goals. Then it will search for a curvilinear path with the similar process (lines 21-28). If no path is gained after above searching, it will try to extend the other trees that have not been achieved a path (line 29-33). In contrast to searching for a nearest node in the previous algorithms, it searches for a proper node  $q_{proper}$  (by routine 30). The proper node should be amid all the nodes but for the initial node  $q_{init}$  and the goal node  $q_{goal}$  in all trees that have not been achieved a path. The

idea of the proper node means the node should not be too near to an existing node, the distance should be larger than a specific metric  $\rho$  in order to prevent the insufficient growth. It is the nearest node in those whose distances to  $q_{rand}$  are larger than  $\rho$ . After  $q_{proper}$  is acquired, from which the algorithm will extend the tree to  $q_{rand}$ , then try to achieve a path by similar means (lines 21-28).

C. Reachability-Guided Strategy



(a) Reachable region in 3D



(b) Reachable region in 2D

Figure 3. Reachable Region of the Needle

The path is composed of a series of segments, each of which the final extremity corresponds to the next segment's initial extremity, not only in position but also in orientation, because of the presence of the nonholonomic constraints. Hence, it is possible that a node is not reachable for a specific extremity (with a specific configuration). The reachable region of the needle is a mushroom-like area as shown in Fig. 3(a). In order to elaborate the problem, we project it into 2D ( $XOZ$  plane), which is a leaf-like area as shown in Fig. 3(b). From  $q_{i-1}$  in a local frame  $\Psi_n$ , the reachable region will extend with the depth of insertion, but no matter how deeply it is inserted, there always are two regions of  $A$  and  $B$  that cannot be reached. There is a minimum bending radius  $r_{min}$  for the needle path corresponding to the mechanical properties of the needle. In order to speed up the search and make the following calculation effective, the reachability of the next node  $q_i$  (may be  $q_{goal}$  or  $q_{rand}$ ) should be checked. According to the Fig. 3, the next node is reachable as long as

$$r_i \geq r_{min} \tag{4}$$

where  $r_i$  is the radius of the  $i^{th}$  segment (from  $q_{i-1}$  to  $q_i$ ), one of the input parameters, and can be obtained in the next section;  $r_{min}$  is the minimum radius constraint of the needle path.

Different from the reachability-guided strategy proposed in [13], we directly use one of the input parameters as a judgment, instead of bringing in extra calculations, which is beneficial for speeding up the search [18].

D. Input Parameter  $U$  and Configuration

Because we have considered the insertion pose, there are two additional parameters before insertion:  $\alpha_0$  and  $\beta_0$  as mentioned in Sec. 2. For a path starting with a curvilinear segment, they are generated randomly by the planner; for a linear path or a path starting with a linear segment, they are obtained by (5-6). And then the insertion pose  $g_{wn}(0)$  is calculated by (4).

$$\alpha_0 = \begin{cases} \arctan(y_n / x_n), & x \geq 0 \\ \pi + \arctan(y_n / x_n), & x < 0 \end{cases} \tag{5}$$

$$\beta_0 = \arctan(k / z_n) \tag{6}$$

where  $x_n, y_n, z_n$  are the coordinates of the next node  $q_i$  in frame  $\Psi_n$ , which is initially coincided with frame  $\Psi_w$ ;  $k = \sqrt{x_n^2 + y_n^2}$ .

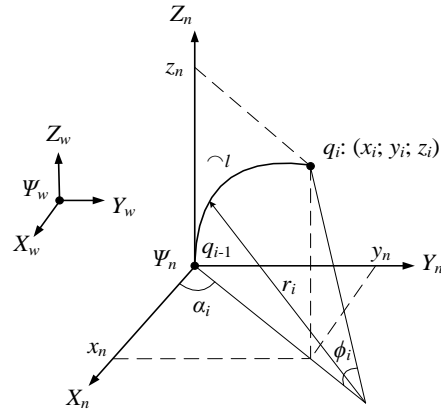


Figure 4. Input of the  $i^{th}$  segment

Assume that the extremity  $q_i$  of the  $i^{th}$  segment is with an input  $U_i$  operating from  $q_{i-1}$ , and is with a subsequent transformation matrix  $g_i$  in the form as (1). A local frame  $\Psi_n$  is attached to  $q_{i-1}$  as is shown in Fig. 4. The coordinates of  $q_i: (x_i; y_i; z_i)$  in frame  $\Psi_w$  are converted into frame  $\Psi_n$  as  $q_i: (x_n; y_n; z_n)$ ,  $\phi_i$  is the angle embraced by the circular arc. So the input  $U_i: (\alpha_i, r_i, l_i)$  can be formulated as follows:

$$r_i = k / 2 + z_n^2 / 2k \tag{7}$$

$$\phi_i = \pi - 2 \arctan(z_n / k) \tag{8}$$

$$l_i = r_i \times \phi_i \tag{9}$$

The input  $\alpha_i$  can be calculated by (5), and the transformation matrix  $g_i$  obtained by

$$\mathbf{g}_i = \begin{bmatrix} \cos \alpha_i \cos \phi_i & -\sin \alpha_i & \cos \alpha_i \sin \phi_i & x_n \\ \sin \alpha_i \cos \phi_i & \cos \alpha_i & \sin \alpha_i \sin \phi_i & y_n \\ -\sin \phi_i & 0 & \cos \phi_i & z_n \\ 0 & 0 & 0 & 1 \end{bmatrix} \quad (10)$$

The configuration of the end-effector  $\mathbf{g}_{wn}$  can be obtained by (2).

### E. Optimization Function

Among the candidate solutions, all of which have already met the required constraints, the optimal path can be chosen based on a cost function. The objectives of the optimization will take consideration of minimizing the tissue trauma, enhancing the accuracy, and minimizing the force-torque on the needle as well as the temperature rise.

$$\min F(\mathbf{u}, T) = \min\{\alpha_1 L + \alpha_2 D + \alpha_3 S + \alpha_4 N\} \quad (11)$$

where  $L$  is the length of the path;  $D$  is the degree of danger in the path, relative to the distance between the path and the obstacles;  $S$  is the curve valuation of the path, evaluated by curvatures, which is relative to the force-torque on the needle as well as the temperature rise;  $N$  is the degree of control, i.e. the number of segments of the whole path, which is relative to the control cost and accuracy [21];  $\alpha_1 \sim \alpha_4$  are the weighted coefficients. The result of the function is the comprehensive evaluation of the optimal path.

## IV. SIMULATION RESULTS AND DISCUSSION

We simulated the motion planner in MATLAB® (ver. 7.8.0, R2009a; MathWorks, Natick, MA) on a 2.5 GHz 4-core Intel® i5™ PC. We firstly set the minimum radius  $r_{\min}=50\text{mm}$  [13], [22], the specific metric  $\rho=10\text{mm}$ . The maximum number of the candidate paths is set to 100, and the maximum number of iterations to 10000. Assuming that the obstacle is containing a relative belt of safe margin around it, in order to speed up the computation, we can disregard the second term in (11) by setting  $\alpha_2=0$ . The weighted coefficients  $\alpha_1=\alpha_3=\alpha_4=1$ . In order to compare the performances of the GHRG-RRTs algorithm and the RGGB-RRTs algorithm, we set the goal bias factor to 0.2 as in [15].

### A. Test Case 1

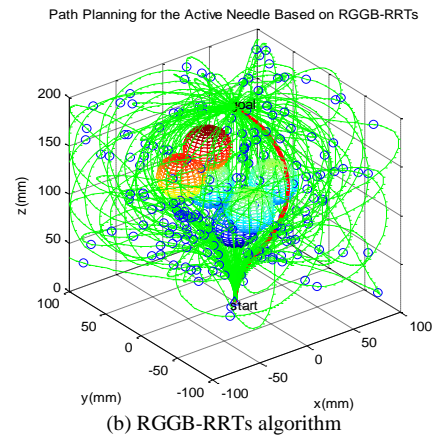
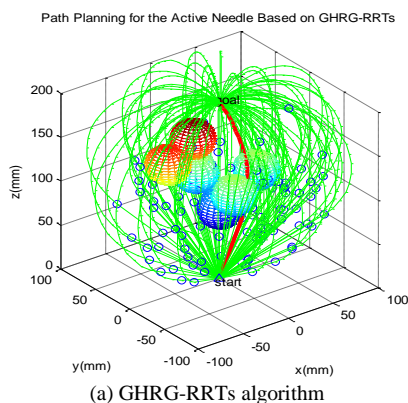


Figure 5. Results of one simulation for the two approaches

We define the environment similar to [12], [13], modeling as a cubical region with 200mm along each axis. Six spherical obstacles, each of radii 20mm, representing the pubic arch, the urethra, and the penile bulb around the prostate.

Fig. 5 shows the results of one simulation for the two approaches, respectively. We have also performed 50 trials and achieved all the optimal results of the two approaches as depicted in Fig. 6 as well as in Table I. In the figures, the spheres are the obstacles, the small blue circles are the conjunction points of the two segments in the paths, the green lines are the feasible paths, and the red lines are the optimal ones. In the tables, the results are with the formation of “mean  $\pm$  standard deviation” of the 50 trials.

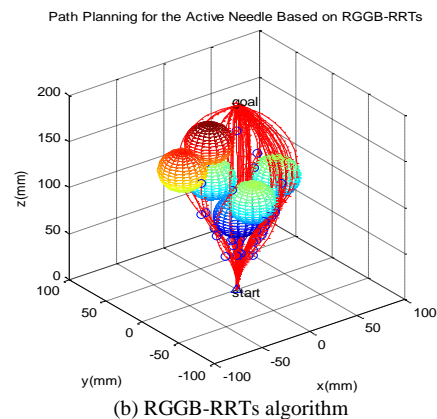
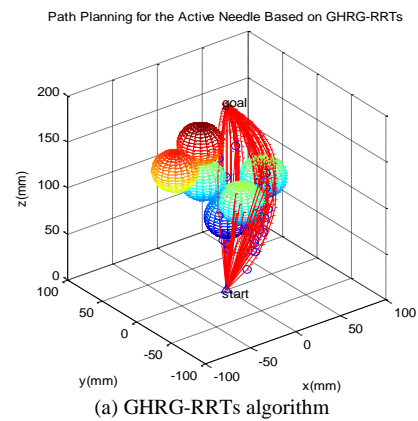


Figure 6. Optimal results of the 50 trials

TABLE I. COMPARISON BETWEEN THE TWO APPROACHES

Approach	CPU time for one tree (ms)	Value of function	Length of path	No. of iterations
GHRG-RRTs	1.3±0.0001	218.10±6.21	215.54±6.14	285±22
RGGB-RRTs	122.7±166.9	223.40±7.30	220.26±7.18	2476±335

From the results of the above both cases, we can conclude that: (1) the GHRG-RRTs algorithm can efficiently achieve variety of the paths with linear segments as well as curved segments, and the optimal path is likely to be the one with linear segments; (2) the GHRG-RRTs algorithm is superior to the RGGB-RRTs algorithm thoroughly: the speed is nearly 100 times faster, the optimal path is always better, and the number of iterations is much smaller.

B. Test Case 2

In order to test and compare the two algorithms further, we have created a more complex environment by compressing the environments and adding extra obstacles. We have shrunk the environments into half and then added an additional obstacle to the environment (see Fig. 7). We added an obstacle located at (0; 0; 25), with radius 10mm. The maximum iteration number is set to 50000, other settings are the same as the former.

While the RGGB-RRTs algorithm fails to obtain any solution, the RGHG-RRTs algorithm successfully and rapidly achieves 100 trajectories and the optimal one is calculated. We have also performed 50 trials of the optimizations, results are as shown in Fig. 7 and Table II.

It is of great significance to point out that the reason for the RGGB-RRTs planner can not find any solution is not because of the maximum iteration number is not large enough, but it is because there is no solution indeed, with the specific configuration (orthogonal to the surface) in the environment, which can be proved in a geometric calculation. In the contrast, GHRG-RRTs algorithm relaxes the insertion orientations and gains a solution in a fast speed.

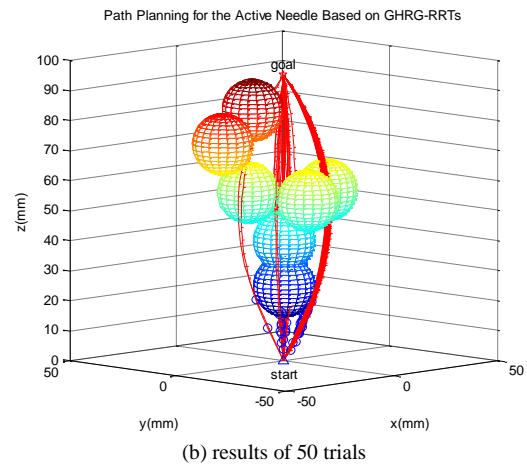
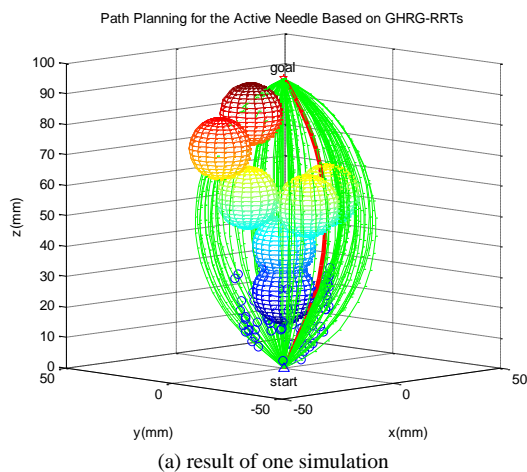


Figure 7. Results of RGHG-RRTs

TABLE II. PERFORMANCES OF GHRG-RRTs

Approach	CPU time for one tree (ms)	Value of function	Length of path	No. of iterations
GHRG-RRTs	53.1±4.4	103.38±0.54	100.76±0.51	18730±1521

Results show that the GHRG-RRTs algorithm has a robust searching ability. It enhances the possibility for an optimal solution by relaxing the insertion orientation. Although the searching efficiency has suffered from the complexity of environment compared to the former cases, it is still very fast.

V. CONCLUSION

We proposed a novel and fast path planning algorithm named GHRG-RRTs algorithm which is developed based on RRT for a robot-assisted active flexible needle steering. We formulated a greedy-heuristic strategy and combined it with the reachability-guided strategy to speed up the search and to improve the convergence. We adopted the linear segments to the paths, and the insertion directions are relaxed by the introduction of the linear segments. We also formulated an optimizing function, by which the optimal path can be achieved from the sub-optimal candidate paths. Simulation tests were done in 3D environments with obstacles. In comparison with the RGGB-RRTs algorithm, the performance of the proposed GHRG-RRTs algorithm was superior in terms of computational speed, form of path and robustness of searching ability. This high efficiency and robustness make it a possibility for intraoperative motion planning in clinical procedures.

In the future work, we will extend this algorithm into a 3D dynamic environment to achieve the real-time intraoperative planning for clinical operations, considering the uncertainties or errors due to tissue heterogeneity, tissue deformation, needle modeling as well as tip tracking. And then we will integrate our planner with a real-time feedback controller and carry out experiments on tissue phantoms and animal ex vivo tissues.

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REFERENCES

[1] T. K. Podder, A. P. Dicker, P. Hutapea, K. Darvish, and Y. Yu, "A novel curvilinear approach for prostate seed implantation," *Med. Phys.*, vol. 39, no. 4, pp. 1887-1892, Apr. 2012.

[2] N. V. Datla, M. Honarvar, T. M. Nguyen, B. Konh, K. Darvish, Y. Yu, *et al.*, "Toward a nitinol actuator for an active surgical needle," in *Proc. ASME Conference on Smart Material, Adaptive Structures and Intelligent Systems*, 2012, pp. 19-21.

[3] B. Konh, N. V. Datla, M. Honarvar, T. K. Podder, A. P. Dicker, Y. Yu, and P. Hutapea, "Design exploration study of a shape memory alloy actuated surgical needle," *Journal of Intelligent Material Systems and Structures*, in press.

[4] M. Honarvar, N. V. Datla, B. Konh, T. K. Podder, A. P. Dicker, Y. Yu, and P. Hutapea, "Study of unrecovered strain and critical stresses in one-way shape memory nitinol," *Journal of Materials Engineering and Performance*, in press.

[5] B. Konh, M. Honarvar, and P. Hutapea, "Application of SMA wire for an active steerable cannula," in *Proc. ASME Conference on Smart Materials, Adaptive Structures and Intelligent Systems*, 2013, pp. 265-269.

[6] V. Duindam, R. Alterovitz, S. Sastry, and K. Goldberg, "Screw-based motion planning for bevel-tip flexible needles in 3D environments with obstacles," in *Proc. IEEE Int. Conf. on Robotics and Automation*, 2008, pp. 2483-2488.

[7] V. Duindam, J. Xu, R. Alterovitz, S. Sastry, and K. Goldberg, "Three-dimensional motion planning algorithms for steerable needles using inverse kinematics," *Int. Journal of Robotics Research*, vol. 29, no. 7, pp. 789-800, June 2010.

[8] W. Park, Y. Wang, and G. S. Chirikjian, "The path-of-probability algorithm for steering and feedback control of flexible needles," *Int. Journal of Robotics Research*, vol. 29, no. 7, pp. 813-830, June 2010.

[9] R. Alterovitz, M. Branicky, and K. Goldberg, "Motion planning under uncertainty for image-guided medical needle steering," *Int. Journal of Robotics Research*, vol. 27, no. 11-12, pp. 1361-1374, Nov./Dec. 2008.

[10] R. Alterovitz, S. Patil, and A. Derbakova, "Rapidly-exploring Roadmaps: Weighing exploration vs. refinement in optimal motion planning," in *Proc. IEEE Int. Conf. on Robotics and Automation*, 2011, pp. 3706-3716.

[11] E. Lobaton, J. Zhang, S. Patil, and R. Alterovitz, "Planning curvature-constrained paths to multiple goals using circle sampling," in *Proc. IEEE Int. Conf. on Robotics and Automation*, 2011, pp. 1463-1469.

[12] J. Xu, V. Duindam, and K. Goldberg, "Motion planning for steerable needles in 3D environments with obstacles using rapidly exploring random trees and backchaining," in *Proc. IEEE Int. Conf. on Automation Science and Engineering*, 2008, pp. 41-46.

[13] S. Patil and R. Alterovitz, "Interactive motion planning for steerable needles in 3D environments with obstacles," in *Proc. IEEE RAS/EMBS Int. Conf. Biomedical Robotics and Biomechanics*, 2010, pp. 893-899.

[14] S. Patil, J. Burgner, R. J. Webster III, and R. Alterovitz, "Needle steering in 3-D via rapid replanning," *IEEE Trans. on Robotics*, in press.

[15] C. Caborni, S. Y. Ko, E. D. Momi, G. Ferrigno, and F. R. Y. Baena, "Risk-based path planning for a steerable flexible probe for neurosurgical intervention," in *Proc. IEEE RAS/EMBS Int. Conf. on Biomedical Robotics and Biomechanics*, 2012, pp. 866-871.

[16] G. J. Vrooijink, M. Abayazid, S. Patil, R. Alterovitz, and S. Misra, "Needle path planning and steering in a three-dimensional non-static environment using two-dimensional ultrasound images," *Int. Journal of Robotics Research*, in press.

[17] M. C. Bernardes, B. V. Adorno, P. Poignet, and G. A. Borges, "Robot-assisted automatic insertion of steerable needles with closed-loop imaging feedback and intraoperative trajectory replanning," *Mechatronics*, vol. 23, no. 6, pp. 630-645, Sep. 2013.

[18] M. C. Bernardes, B. V. Adorno, G. A. Borges, and P. Poignet, "3D robust online motion planning for steerable needles in dynamic workspaces using duty-cycled rotation," *Journal of Control, Automation and Electrical Systems*, vol. 25, no. 2, pp. 216-227, Apr. 2014.

[19] S. M. LaValle and J. J. Kuffner, "Randomized kinodynamic planning," *Int. Journal of Robotics Research*, vol. 20, no. 5, pp. 378-400, May 2001.

[20] R. J. Webster III, J. S. Kim, N. J. Cowan, G. S. Chirikjian, and A. M. Okamura, "Nonholonomic modeling of needle steering," *Int. Journal of Robotics Research*, vol. 25, no. 5-6, pp. 509-525, May 2006.

[21] K. B. Reed, A. M. Okamura, and N. J. Cowan, "Controlling a robotically steered needle in the presence of torsional friction," in *Proc. IEEE International Conference on Robotics and Automation*, 2009, pp. 3476-3481.

[22] Y. J. Zhao, Y. D. Zhang, and J. P. Shao, "Kinematic modeling and experimental study of flexible needle," *Robot*, vol. 32, no. 5, pp. 666-673, Sep. 2010.



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