



Reporting Standards for *in vivo* Neural Interface Research (RSNIR) to Accelerate Interoperability, Clinical Integration, and Commercialization of NeuroTechnologies

Graz BCI Conference 2019

Workshop on Standards for NeuroTechnologies and Brain-Machine Interfacing Wed, Sept 16, 2019

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Overview (Objectives)

WHY Standardize?

- Rationale for standardization of neural interface research reporting
- WHAT to Standardize (next)?
 - Intro and scope of IEEE Working Group P2794 (RSNIR)
- WHO Are we?
 - WG P2794 membership and constitution
- HOW are we doing it?
 - WG Strategy and Segmentation
 - Current & Upcoming Activity
 - Input: How can you contribute?





WHY Standardize?

...what's the need? ... what's the value?

→ to enable INTEGRATION!

1. Interoperability (Functional Integration)

- Ecosystem of "plug & play" devices and systems
- Functional/integrative neuroscience
- Multimodal rehabilitation

2. Assimilation (Information Integration)

- Personalized & evidence-based medicine
- Systems neuroscience & multimodal rehab i

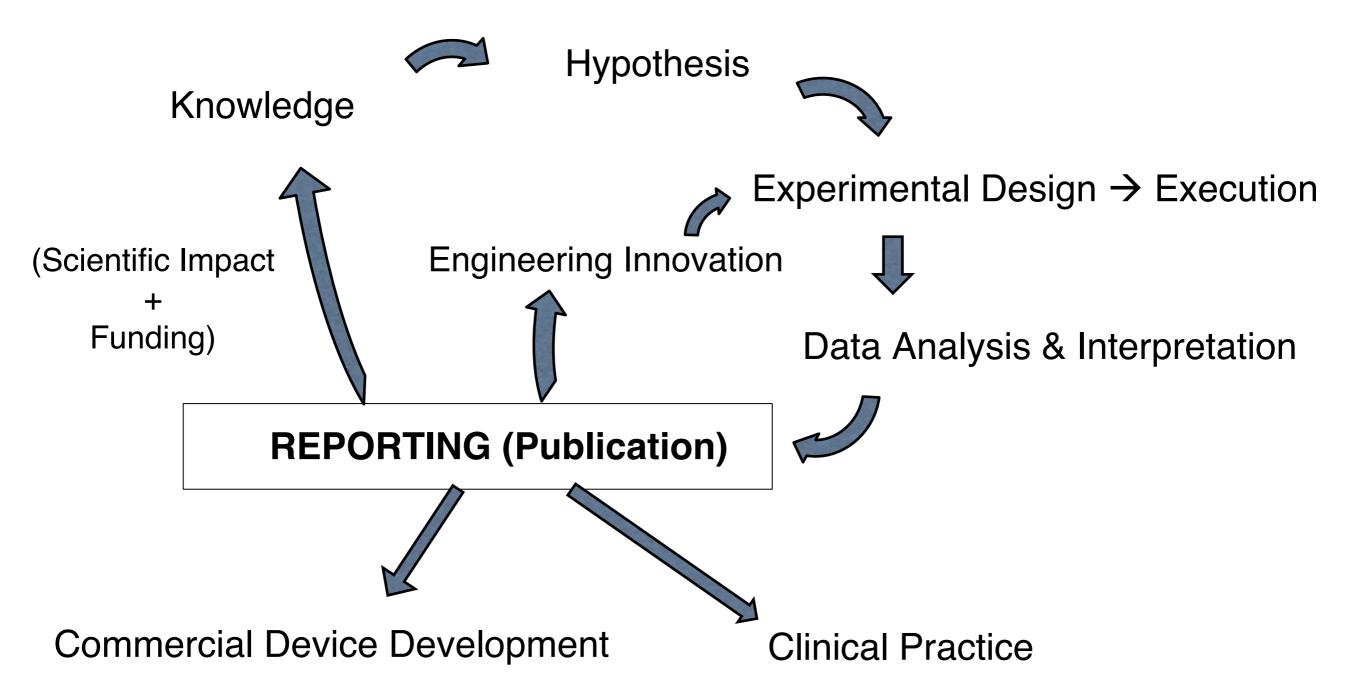
3. Translation (Clinical & Commercial Integration)

Demonstration of value via rigorous validation and reporting





Innovative Research & Development Process







WHY Standardize Reporting?

- → High-quality, high-impact publications are a primary de facto objective for neurotechnology researchers
- → Rigorous experimentation and reporting is the way to validate, communicate, and translate the *value of neurotechnology*
 - To scientific reviewers
 - > To funding agencies
 - > To (medical) device regulators
 - > To healthcare payers
 - To device users (doctors, clinicians, patients)
- → Therefore, reporting standards can establish a broad incentive scheme for both neurotech researchers and device developers
 - For researchers: via scientific publication review
 - For commercial developers: via regulatory body review





Intro: IEEE Working Group P2794:

Reporting Standards for *in vivo* Neural Interface Research (RSNIR)

- WG P2794 Officers
 - a. Chair: Zach McKinney Scuola Superiore Sant'Anna(z.mckinney@ieee.org)
 - **b. Vice Chairs:** Dennis McBride NeuroRx, Source America Calvin Eiber University of Melbourne
 - c. Secretary: Yu Yuan Senses Global Labs & Ventures
- Sponsoring Committee Representative:
 - d. Carole Carey C3-Carey Consultants, EMB/Stds Com
- IEEE Support Staff
 - e. Tom Thompson













WG P2794 Affiliation

- Sponsoring Society & Committee: IEEE Engineering in Medicine & Biology Society/Standards Committee (EMB/Stds Com)
- Outgrowth of IEEE Industry Connections Activity IC17-007:
 NeuroTechnologies for Brain-Machine Interfaces (NT-BMI)
 - Scope of NT-BMI: provide summary & gap analysis of BMI landscape w. respect to standardization, as precursor for further BMI standardization
 - o More Info: https://standards.ieee.org/industry-connections/neurotechnologies-for-brain-machine-interfacing.html
 - WG conception at BMI Standardization Workshop, BCI Society Meeting, May 24, 2018 Asilomar, CA (Chaired by NT-BMI Leadership)
- Additional Active Working Groups originating from NT-BMI
 - P2731 Standard for Unified Terminology for Brain-Computer Interfaces
 - P2725.1 Standard for Microwave Medical Imaging Device Safety

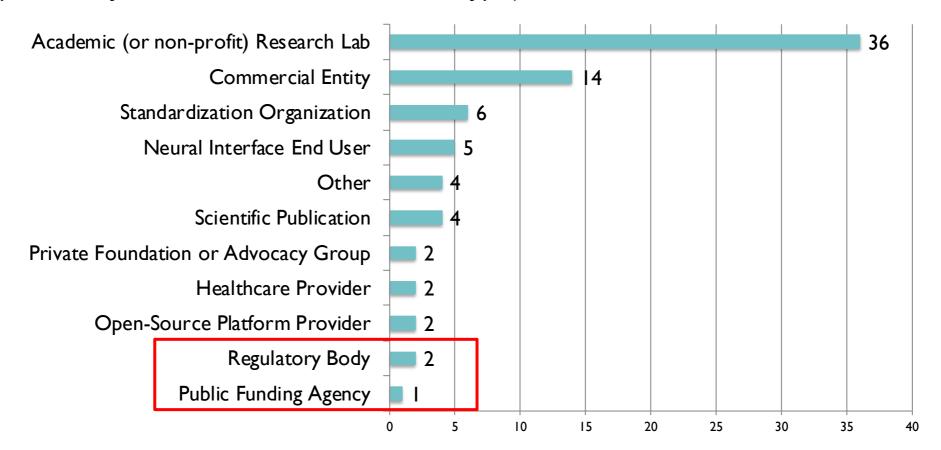




Working Group P2794 Composition

- WG Roster: 53 Total Participants
 - 37 Members (25 Voting, 12 Non-Voting)
 - o 13 Observers + 3 IEEE Staff
- Distribution of WG Participant Affiliations:

(participants may list more than one affiliation type)



→ Seeking to increase neurotechnology stakeholder diversity!





Working Group Objectives

AIMS OF STANDARDIZATION of neural interface research reporting:

- 1. Primary (direct): Improve the transparency, interpretability, reproducibility, and meta-analyzability of *in vivo* neural interface research (*human and animal*)
- 2. Secondary (indirect): Facilitate convergence towards rigorous standard experimental methodologies, outcome measures, and easily aggregated neural data representation structures (file formats, etc.)
- 3. Tertiary (downstream): Promote increased interoperability and clinical capability in the field of neurotechnology

[Reference: IEEE Project Authorization Request (PAR) 2794, §5.4 – Purpose]





Working Group Scope: Reporting Standard

Official Scope, defined by IEEE Project Authorization Request (PAR) 2794:

"This Standard defines the essential characteristics and parameters of in vivo neural interface research studies (including clinical trials) to be reported in peer-reviewed scientific and clinical literature, including both minimum reporting standards and best-practice guidelines."

NOT Included in Scope (... potential downstream effects...)

- Specification of Neural Interface system design features, configurations, or performance parameters
- Explicit requirements on experimental methodology
- Use of specific neurodata file formats and data structures





- → Challenge #1: How to Define "Neural Interface" (NIx), as addressed by our Standard?
 - not a currently recognized standard term This expansive definition could be interpreted to include:
 - Brain-Computer Interfaces: EEG, ECoG, Intracortical Arrays
 - Peripheral Nerve Interfaces: invasive, non-invasive
 - Neuroimaging: fMRI, fNIRS, MEG, optogenetics
 - Indirect Neural Modalities: electromyography (EMG), electrooculography (EOG), etc.
 - Neuromodulation: DBS, spinal cord stimulation, peripheral nerve stimulation, focused ultrasound... FES??





- → Challenge #1: How to Define "Neural Interface" (NIx), as addressed by our Standard?
 - > Fundamental Balance (Tension) between:
 - 1. Want to create a standard with enough technological specificity to be useful to neurotech researchers & developers; AND
 - 2. Want to create a Standard that serves as a framework enabling coherent communication between experts (engineers, researchers, clinicians, etc.) in different fields of expertise!
 - "Looking for a system to describe and manage complexity"





Challenge #1: How to Define "Neural Interface" (NIx), as addressed by our Standard?

- → Working Solution: distinguish between 2 (3) different domains of scope:
 - 1. The *Physical Interface (Technological) Scope:* the set of all technologies to which our Standard may apply
 - 2. The *Application Scope:* The set of all (research) uses of NIx technology to which our Standard may applies
 - 3. (TBD...) +: Epistemological (Informational) Scope: The set of all aspects of NIx research to which our Standard applies





Physical Interface (Technological) Scope – As defined thus far by WG:

- Definitively Include: "systems that record or modulate biological signals directly in neural tissue"
- Potentially Include: "systems that record or modulate biological signals of neurological origin" (including EMG, EOG, etc.)
- Exclude: systems measuring motor output (e.g. IMUs, eye tracking, MoCap) that don't directly measure biosignals





(Potential) Epistemological Scope (to be refined...):

- Experimental methodology and outcome measures
- Recording configurations and parameters
- Cognitive aspects & ontology
- Signal processing, neurodata feature extraction, and standard file formats
- Data analysis and statistical analysis methods
- Data aggregability and shareability
- Data security?
- NeuroEthics?





→ QUESTION relating to Epistemological Scope:

To what extent <u>can</u> and <u>should</u> the <u>reporting requirements and guidelines</u> established by our Standard be formulated to influence experimental methodology and NIx system design/performance themselves?

- DECISION: Our Standard will remain officially agnostic regarding experimental methods, choice of outcome/performance measures, NIx system design, and NIx configuration parameters.
 - ...rather, we will simply specify the aspects of methodology and NIx system design/configuration that must be *reported* in 2794-compliant documents
 - ... prescriptive requirements will be left to the resulting scientific & neurotech community consensus, and the policy decisions of scientific publishers and device regulators.





- → Benefits of "Design & Methods-Agnostic" Policy:
- 1. NO CONSTRAINT on Innovation
- 2. Minimize barriers to adoption & adherence
- Improved longevity of Standard: applicability (& extensibility) to new devices and methodologies not yet in existence
- 4. Accelerate discovery & innovation via improved quality of experiments, results, and information sharing
- 5. Accelerated commercial development (via regulatory approval) via rigorous, development-aligned research practices
 - Minimize project failures due to flawed study design or execution
 - Reduce barriers to translational research & commercial development





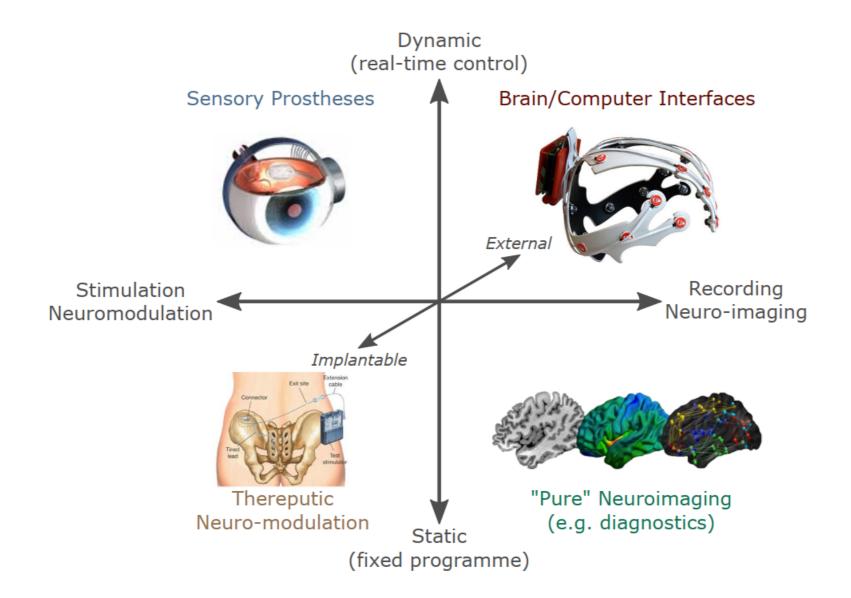
- → Challenge #2: How to segment our WG into working sub-groups?
 - > Sub-group segmentation would ideally (but not necessarily) reflect the organization of the final standard...
 - Vertical (technology-based) vs. Horizontal (application or research aspect-based) Hierarchy?





WG Segmentation ... via NIx taxonomy?

 $\{NI\}$ The set of all neural interfaces







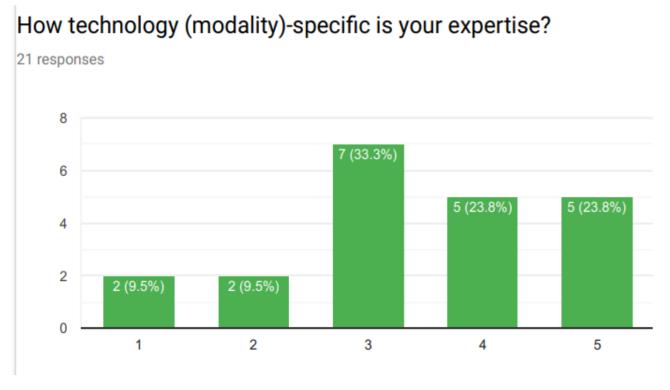
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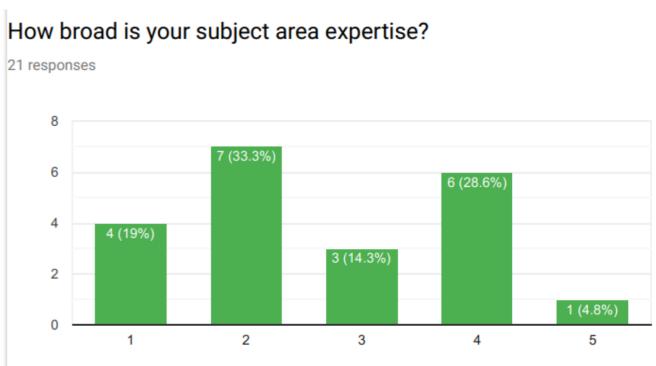




Challenge #2: How to segment our WG into working sub-groups? ...

- > **SOLUTION:** Segment WG based on distribution of member expertise
- WG Member expertise survey:









Challenge #2: How to segment our WG into working sub-groups? ...

- > **SOLUTION:** Segment WG based on distribution of member expertise
 - → 6 sub-groups total: 5 technology-oriented ("vertical") groups:
 - EEGs for BCI
 - Invasive BCIs (intracortical, ECoG)
 - Peripheral Neural Interfaces
 - Neuroimaging
 - Neuromodulation
 - ... + "Horizontal Integration" group, to coordinate & harmonize others
- ➤ Tentative plan to develop Standard with a modular, layered architecture, that enables referencing of requirements in a 3 domains of scope (techbased, application-based, research epistemology-based)





YOUR INPUT ENCOURAGED!! ... and Thank You!

- Via direct WG Participation
 - Seeking to increase NeuroTech stakeholder diversity
 - Scientific Publishers
 - (Medical) Device Regulators
 - o ... + Clinicians? ... End-Users?
- By Sharing your Experience: First-hand descriptions of use cases for our Std and testimonials of its potential value to you
 - How would the proposed Standard improve your NeuroTech research, development, or quality assurance capabilities?
 - How has the *lack* of standardization in this area presented a challenge or barrier to your past efforts?





Current & Future WG Activity

- Physical Interface-Oriented ("Vertical") Groups: Generate list of epistemological aspects to be reported, to make the Standard useful
- Horizontal Integration Group: Inventory and gap analysis of existing reporting standards, best-practice guidelines, and initiatives
 - Clinical trial and meta-analysis reporting guidelines & initiatives (CONSORT, FAIR, PRISMA, EQUATOR, etc.) re: NeuroTech specificity
 - Neurodata-specific standardization initiatives: Neurodata Without Borders, INCF,
 COBIDAS, Brain Imaging Data Structure (BIDS), NeuroImaging Data Model (NIDM)
 - Standard data structures & file formats e.g. XDF, HDF5
 - Open source platforms & tools for Neurotech interoperability e.g. OpenBCI, Lab
 Streaming Layer, BCI2000, OpenVIBE
 - Other NeuroTech Stds Working Groups eg. IEEE P2731 (Unified BCI Terminology)
 - Clinical Neurophysiology Data and Electronic Health Record formats? e.g. MEF3
- > ... then develop our Standard to address the gaps!





Current & Future WG Activity

- Upcoming WG-Related Events
 - RSNIR Workshop at IEEE Systems, Man, Cybernetics (SMC) Conference (Bari, Italy, Oct <u>6</u>-9, 2019)
 - Next Teleconference: Wed, Sept 25 15:30-17:00 CET (9:30-11:00 EDT)
 - To learn more, provide input, or participate:
 - RSNIR public web page: https://sagroups.ieee.org/2794/
 - Direct Contact: <u>z.mckinney@ieee.org</u>; <u>y.yuan@ieee.org</u>