



### Math and Skulls

### the fundamental and the practical

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- Math
  - Simulation tools for statistical analysis
  - Adaptive importance sampling
  - Convergence of Markov Chain Monte Carlo & Parallelization Multicanonical Monte Carlo
- Skulls
  - Low-power impulse radio telemetry for neuroscience applications
  - Antennas designed to operate within the skull



### **Research Team**



## **Problem Statement**



# Simulating Rare Events

- Analytical solutions: fast but not generalizable
- Traditional Monte Carlo
  - Extremely general approach
  - Computationally inefficient
    - 10<sup>12</sup> samples to reach 10<sup>-10</sup> BER
- Importance Sampling
  - Somewhere in between on complexity
  - Not at all general
- Multicanonical Monte Carlo
  - Adaptive importance sampling





# **Toy Problem**









#### **Multicanonical Monte Carlo (MMC)**





"weird" distributions



Given multiple uncertainties on convergence, how to capture efficiency of parallelization???





- Capturing convergence
  - When you know the right answer
  - When "truth" is NOT known
- Quantifying Efficiency
  - When you know the right answer
  - How results vary with the system under test





### Charles Brunet

#### Introduction

Faster simulation algorithms allow simulation of more complex and realistic models. Multicanonical Monte Carlo (MMC) is an adaptative technique to drastically improve Monte Carlo (MC) performance. By parallelizing MMC, we can go even farther by using all the power of a supercomputer to perform MMC simulations.

#### Performance comparison



Test system is a  $\chi^2$  distribution (sum of 10 squared gaussian variables).



We adaptively warp input distribution  $f_X(x)$  with  $\Theta(x)$  distribution, in order to get a flat histogram of visits  $H^*$ . Warped samples are generated using a Markov chain (Metropolis Hastings algorithm). After n iterations,  $\Theta$  becomes the MMC estimator of the distribution of the Y random variable.

#### Parallelization of MMC (PMMC)

Instead of performing one long Markov chain, we divide it into nindependent chains. Each processor performs a smaller independant Markov chain. It results into the same total number of samples from the warped distribution, but at the cost of more outliers from transient regime. This way, we can run the parallelized MMC simulation on a supercomputer.





but with slightly less accurate results.

#### References

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### Listening to Brain Microcircuits for Interfacing With External World—Progress in Wireless Implantable Microelectronic Neuroengineering Devices

Experimental systems are described for electrical recording in the brain using multiple microelectrodes and short range implantable or wearable broadcasting units.

By Arto V. Nurmikko, Fellow IEEE, John P. Donoghue, Leigh R. Hochberg, William R. Patterson, Member IEEE, Yoon-Kyu Song, Christopher W. Bull, David A. Borton, Farah Laiwalla, Sunmee Park, Yin Ming, and Juan Aceros, Member IEEE



# **Research Trends**

- High density sensors
  - 100 per array
  - Single neural cell resolution
  - 100 signals to capture & transmit
- Tethered vs. untethered



**Fig. 1.** A silicon-based cortical microelectrode array (inset); implanted for intracortical neural microcircuit recording via a percutaneous connection to a skull mounted pedestal connector (main figure schematic).



# Antenna Placement

- Transition from infrared to radio signals
  - No "line of sight" required
- Antenna instead of VCSELS
  - Ideally under skull
  - Under skin is a practical compromise



# Antennas for the brain

- Model the channel from inside skull to an outside body receiver
- Design antenna arrays for UWB ۲ transmissions

modeling RF

skull

Avoid tissue damage while increasing bit ۲ rate of transmissions







-120

#### Realistic Modeling of the Biological Channel for Implantable Wireless UWB Neural Recording Systems

Main issues of the proposed realistic modeling

- o Characterizing and modeling the biological medium as a communication channel in the UWB frequency band in HFSS software.
- In the modeled medium of body in HFSS, Designing implantable UWB monopole microstrip antenna as transmitter antenna and another monopole as receiver antenna.
- Discussing two scenarios for the location of the wireless implantable transmitter (the transmitter under the skull and the transmitter above the skull) in the frequency range of 3.1 to 10.6 GHz for brain monitoring.
- Calculating the path loss and maximum available powers at the different proposed transmitter locations to estimate the minimum sensitivity of the receiver with respect to FCC and ANSI regulations.

**Channel Modeling And Simulation** Simulation Results Multi-Layer Model of tissues defined for o Acceptable Performance for UWB Antenna HFSS software The return loss of the UWB antenna is below -10 dB. Each layer has the specific dielectric properties of the tissues must be taken into account in the vity is above 0 dB. design of the implantable antenna Two Scenarios for Location of the Wireless Implantable Transmitter First Scenario is that transmitter is under skull and on cortes The second scenario is that transmitter is top skul and inside of head. Antenna Design Average Specific absorption Rate (ASAR) The implantable UWB antenna must have specific it is restricted to small dimension peak 1-g ASAR of the micro ana in both scenarios are similar, and are located t be biocompatible. Is to be electrically insulated from the body monopole antennas are attractive for wireless UWB s because they have simple geometry, small size and systems because wide bandwidth • Set Up for Measuring Path Loss Unlike the traditional definition of path loss is for the brain monitoring wireless link we do not operate in the far field as with conventional systems, thus the channel cannot be TX Astenna Channel Astenna o Calculating Limitation of Maximum Power for Transmitter arately from the ant we scale the power delivered by the implanted antennas to meet the ANSI limitations. This leads to The worse case and the best ca Type of Tissues Best Case Worst Case transmission\_power\_15 mWm/MHz |+1010g\_7000]dB-MHz =-2.84[dBm]=0.5mW. By the FCC mask, the maximum radiated power allowed: (mm) (mm) 1.0 Fat The best case for the first scenario has a maximum gain of around -10 dB. The best case for the second scenario has a maximum gain of around - 8 dB. Therefore the maximum Pt for the first scenario is 7.16 mW, and 5.16 mW for the second scenario. Note that the ASSI restrictions are greater than there imposed by the FCC, so maximum power of the the ASSI restrictions are greater than there imposed by the FCC, so maximum power of the the ASSI restrictions are presenter than there imposed by the FCC. Bone 1.0 Dura CSF Brain ot by the ANSI criteria

Conclusion and Outlook

- We have introduced a model of the channel in a brain monitoring application.
- O We reported the simulation results for two scenarios employing a UWB wireless link
- The maximum power allowed to be transmitted from the implanted antenna taking into account limits imposed by both the ANSI and the FCC was determined to be 5 mW.



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### Poster

- Antenna design results (simulation)
  - under skull and on cortex
  - top skull and inside head