



NASA Advisory Council Presentation

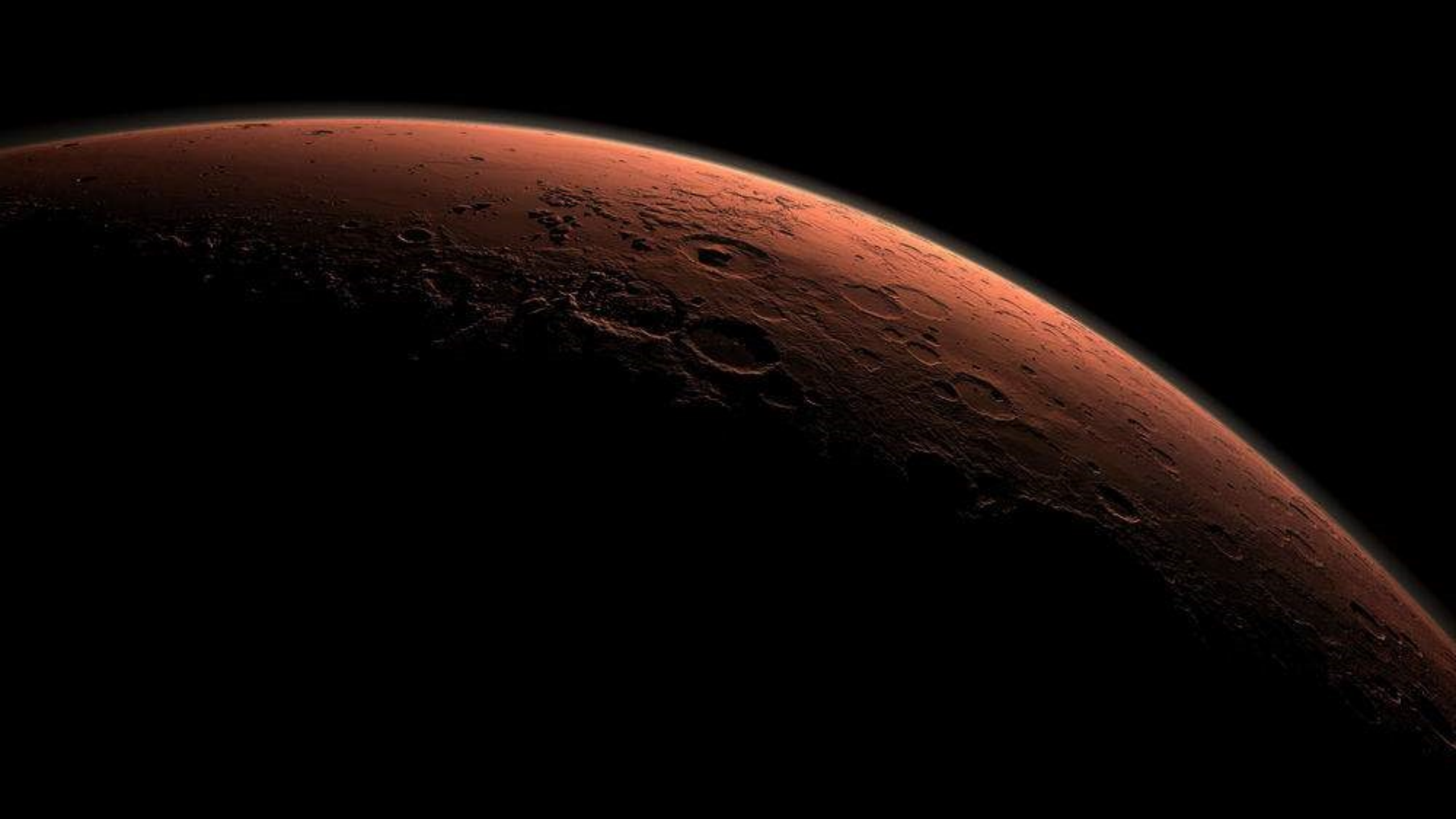
Dr. J.D. Polk
Chief Health and Medical Officer, NASA





Lunar Missions





Find it, Fix it, Fly it...



- Cervical disc herniation with impingement on spinal cord
- Kidney stone x 14
- Clostridium difficile infection
- Gastroenteritis/ colitis
- Inguinal hernia x 4
- Olecranon bursitis r/o septic joint
- Hand bacterial tenosynovitis
- Pneumonia x 2
- Corneal ulcer
- Severe epistaxis
- Right ovarian cyst
- Dysmenorrhea
- Sudden hearing loss x 2
- V-tach, exercise induced
- Angina
- A-fib
- Allergic reaction - severe
- Retinal detachment x 2
- Appendicitis x 2
- Diverticulitis
- Cardiovascular Disease
- Prostate Cancer x 5
- Stroke with Patent Foramen Ovale
- Stroke from A. Fib
- Bladder Outlet Obstruction
- Ulcerative Colitis
- Flexor Digitorum Synovitis
- Bowel Resection
- Fatty Liver Disease
- Bulging Disc with Radiculopathy
- Hypercholesterolemia
- Hypertension (essential)
- Atrial Fibrillation with ablation x 6
- Brain (Pituitary) Tumor x 3
- Choledocholithiasis x 4
- Pancreatitis x 2
- Hemorrhagic cyst
- Lower GI bleeding
- Duodenal ulcer with upper GI bleeding
- Malignant Melanoma
- Total Hip Replacement x 3
- Hip Fracture with Rod and Screw
- DVT x 3
- Pulmonary Embolus
- Pilonidal Cyst
- Near Syncope
- Severe Decompression Sickness
- Elevated Intracranial Pressure



Moving from Population Health to Personalized Medicine



Traditional "One-Size-Fits-All" Approach

All patients with the same diagnosis receive same treatment



Personalized Medicine Approach

Treatment strategy based on patient's unique genetic profile



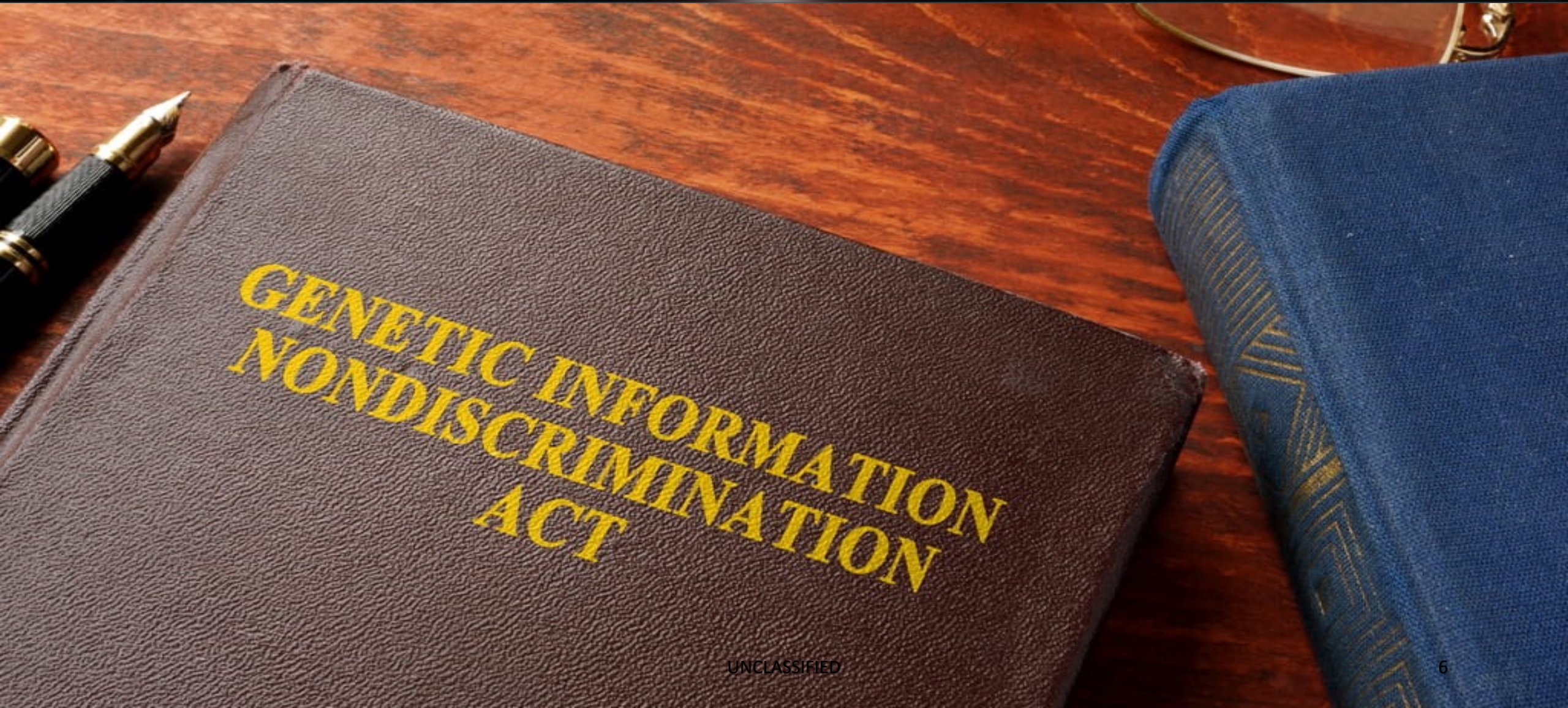
Genetic Profile A:
Targeted Therapy



Genetic Profile B:
Standard Therapy



GINA





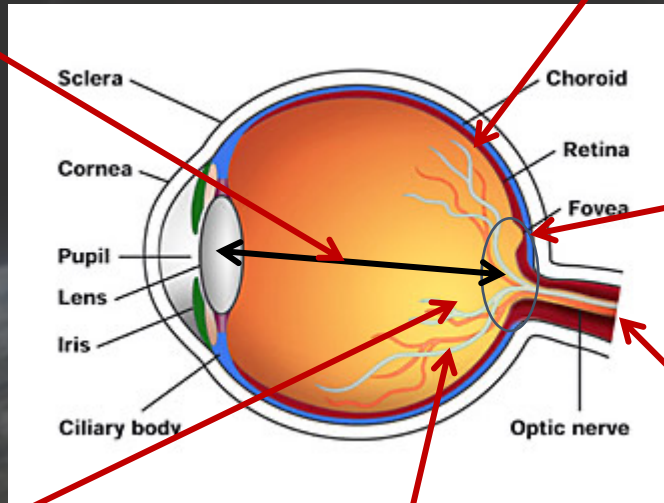
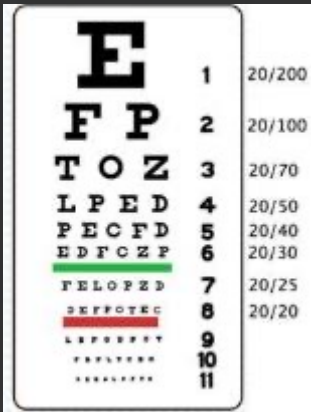
SANS/VIIP



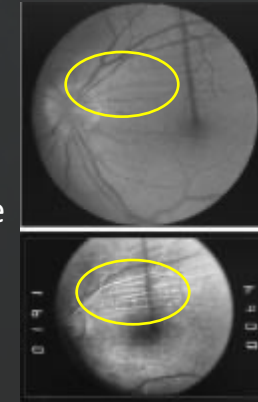
Several known cases predominantly in long duration crew members

- Each with different degrees of symptoms
- Elevated measures of Intracranial Pressure (ICP) post flight
- Evaluation of shuttle fliers showed mild changes in the optic nerve diameter, even in 14 day missions.

•Hyperopic Shifts
-Up to +1.75 diopters



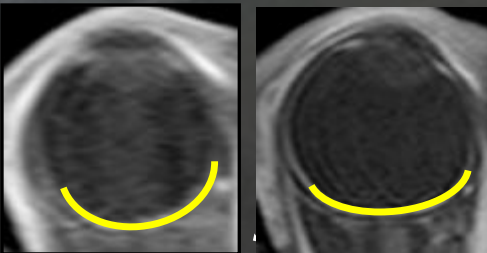
•Choroidal Folds - parallel grooves in the posterior pole



•Optic Disc Edema (swelling)



•Globe Flattening



Normal Globe

Flatten Globe

MRI Orbital Image showing globe flattening

•Altered Blood flow
•“cotton wool” spots



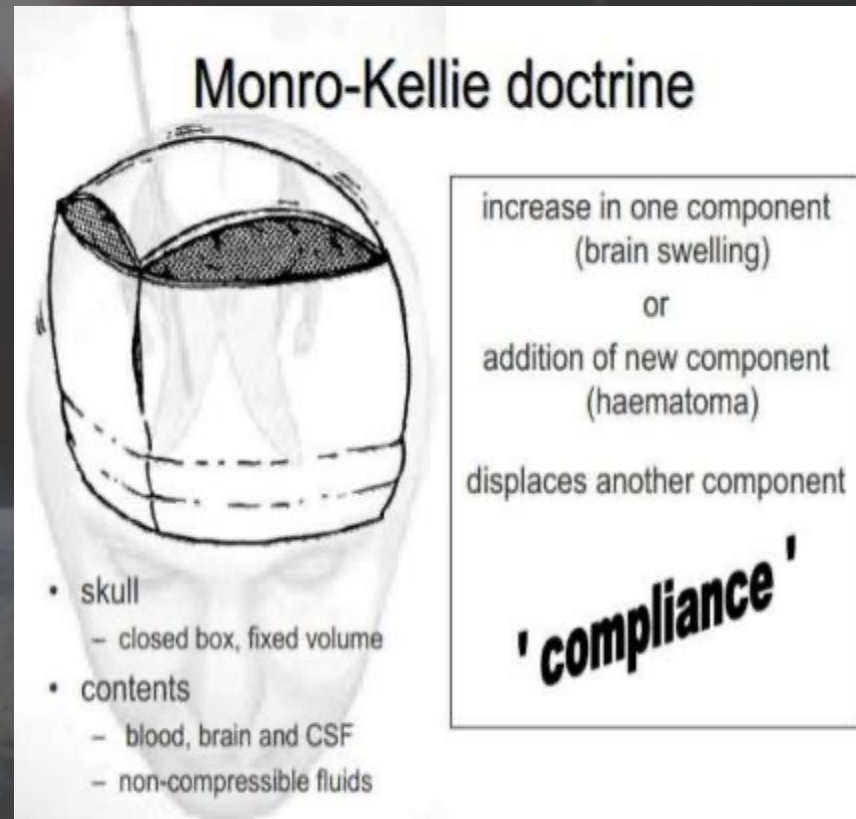
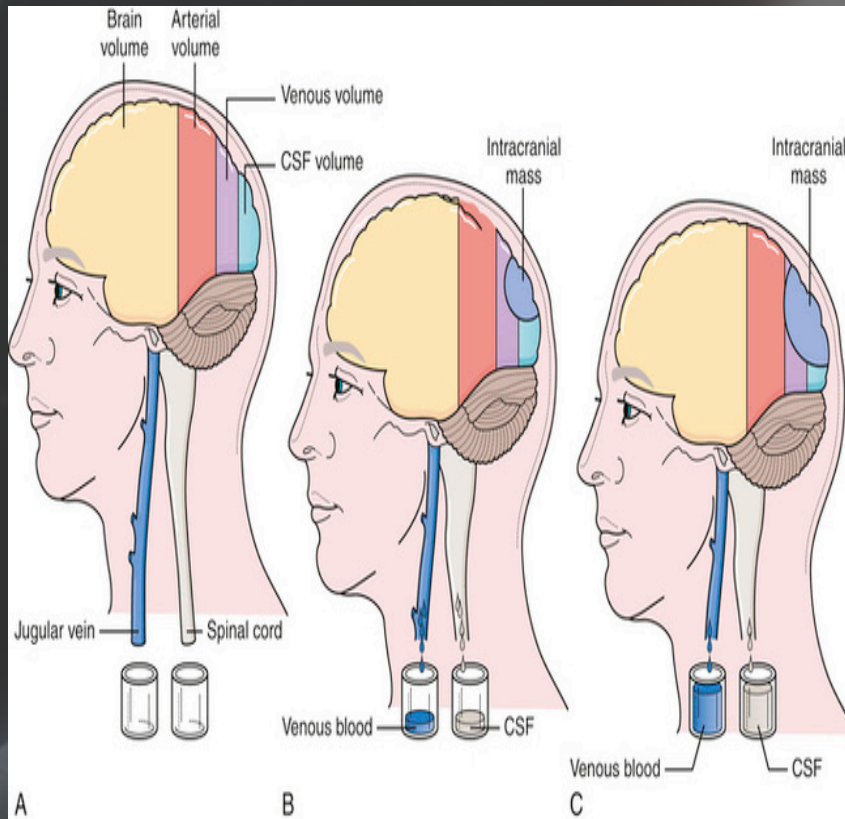
Scotoma



•Increased Optic Nerve Sheath Diameter



Intracranial Pressure



Skull is a rigid container. If increased fluid or pressure, something has to give.



CEREBRAL PERFUSION PRESSURE

$$\text{CPP} = \text{MAP} - \text{ICP}$$

CEREBRAL PERFUSION PRESSURE = MEAN ARTERIAL PRESSURE - INTRACRANIAL PRESSURE

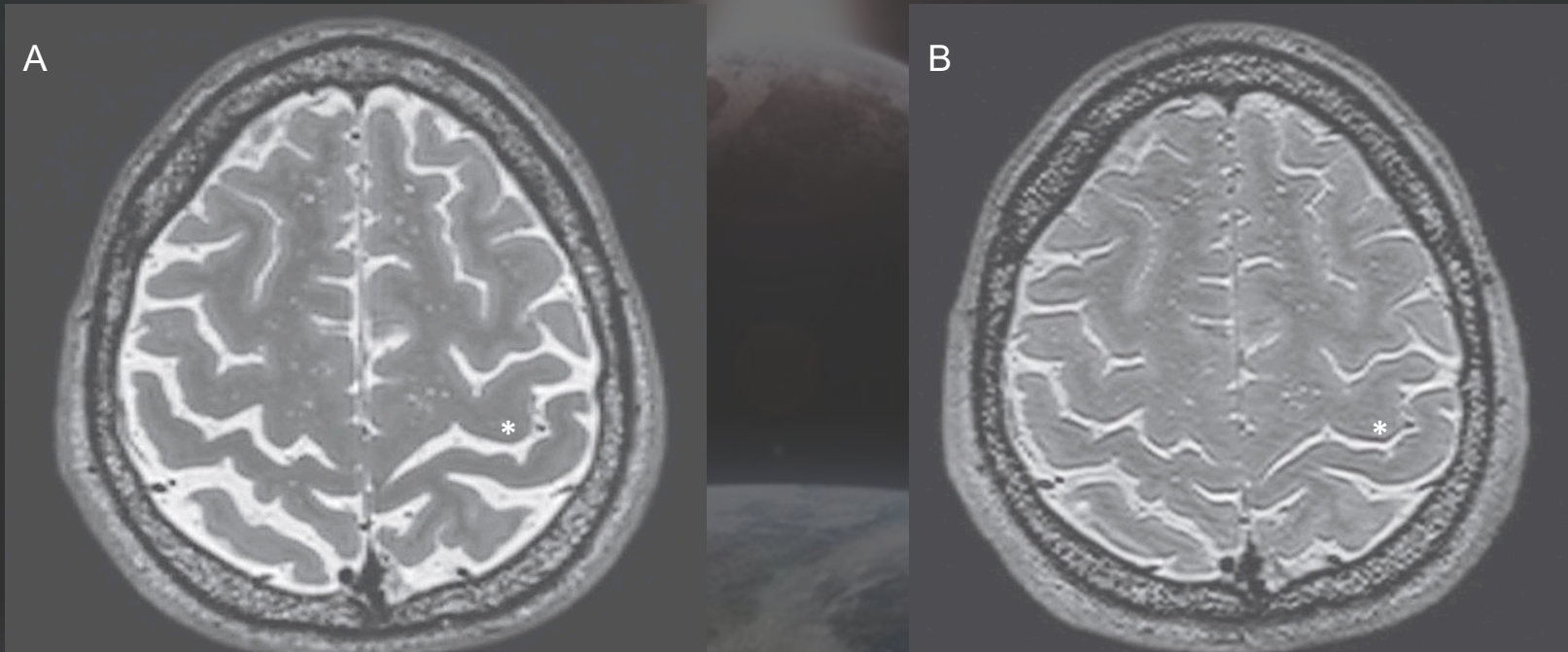
Why do we care?

1. Brain survival depends on cerebral blood flow meeting cerebral metabolic requirements
2. Cerebral blood flow depends on Cerebral Perfusion Pressure
3. CPP depends upon ICP

Normal CPP > 50 mmHg



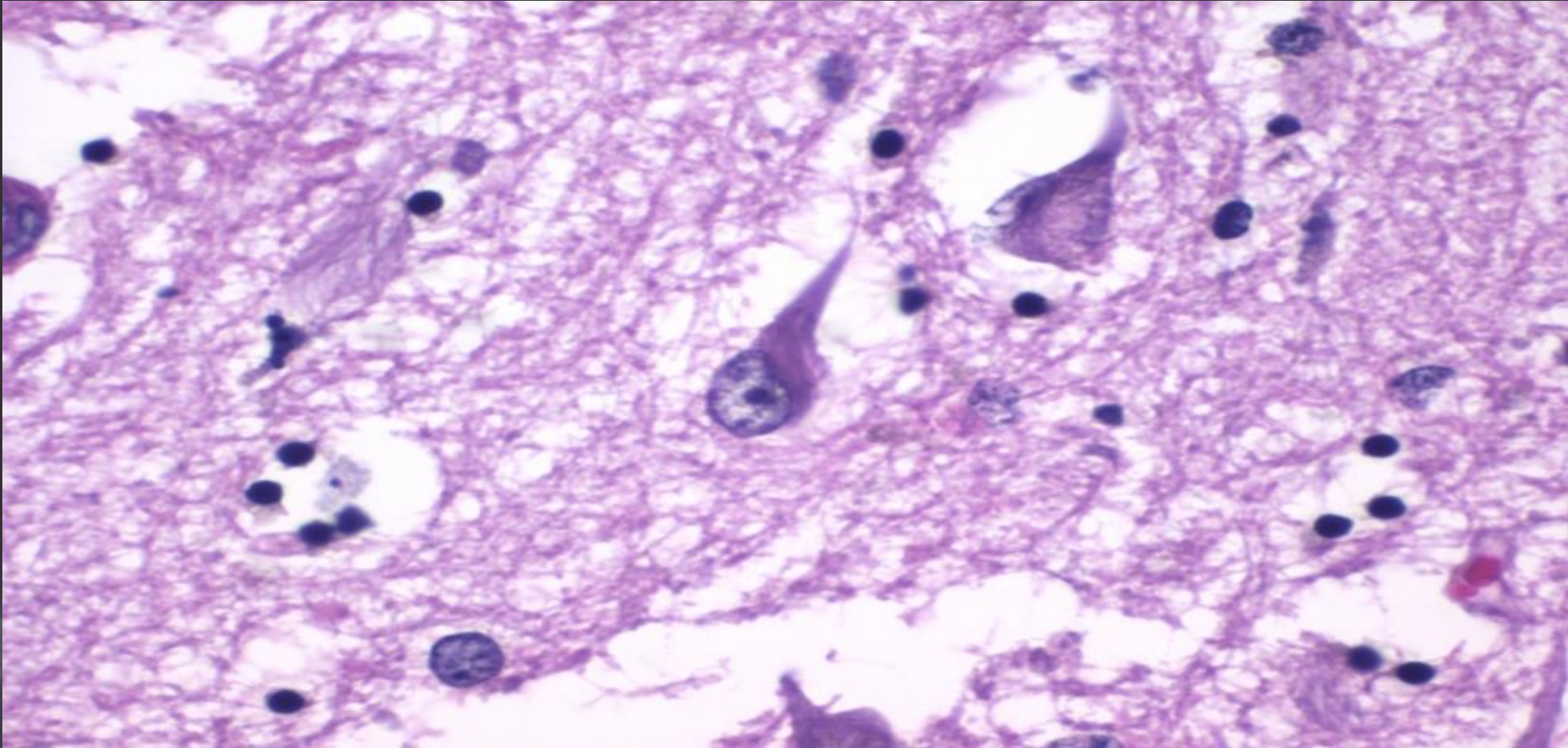
Narrowing of the CSF Spaces Within the Brain Sulci



Axial T2-weighted images of the brain obtained before (Panel A) and after (Panel B) this astronaut had long-duration spaceflight on the International Space Station. The astronaut presented with optic-disk edema syndrome after spaceflight. Crowding of the sulci can be seen at the vertex. The gyrus* is the precentral gyrus (primary motor cortex).



Edematous cells are Inefficient at Protein Removal





Impacts to Design



UNCLASSIFIED



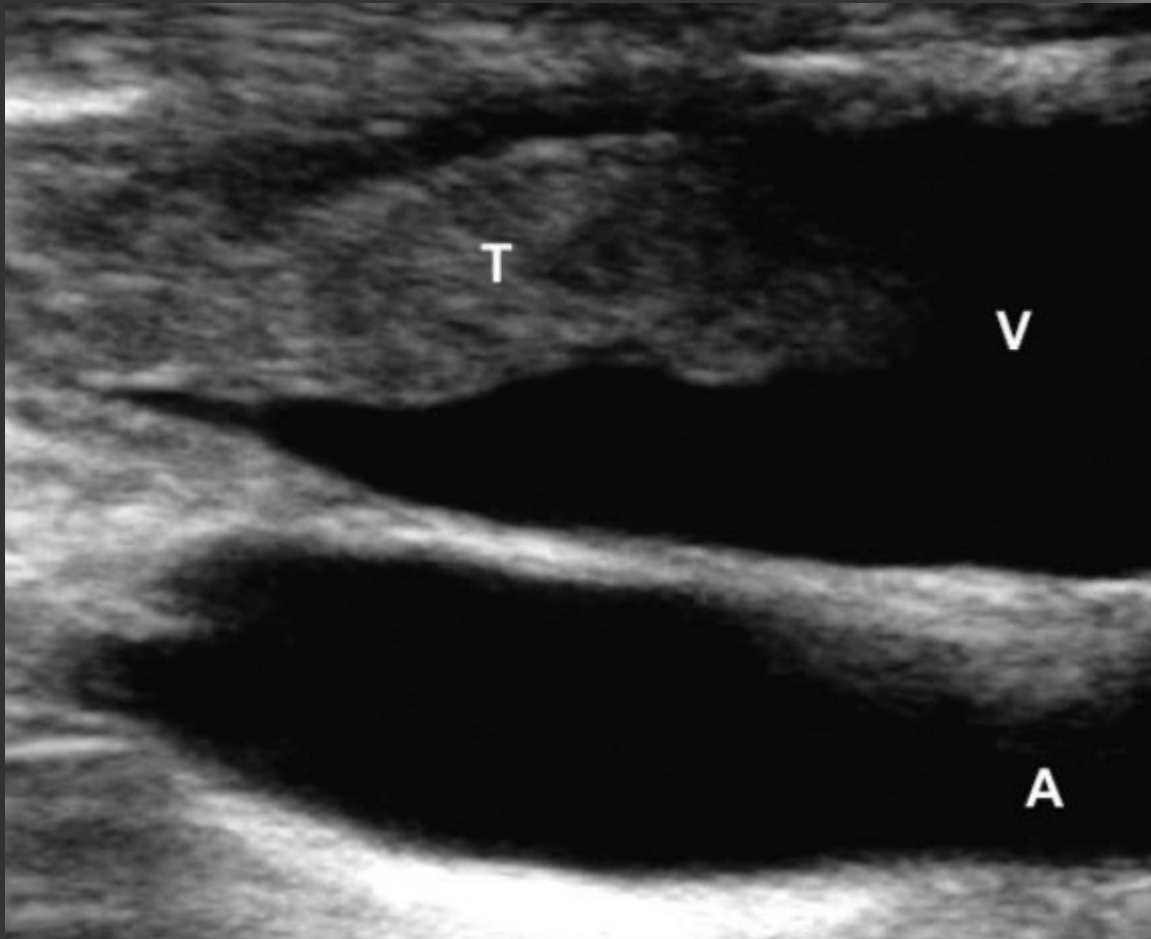
Running out of Runway



- SANS does not typically manifest vision change until 2-3 months into flight.
- We may not even see a vision change or this entity for Gateway.
- The risk is that we let our foot off the gas. But this **MUST** have a treatment and remediation found **BEFORE** ISS ends.
- This will recur for Mars transit.



Internal Medicine- Thrombosis of the internal jugular vein



Thrombus in the left internal jugular vein.

Risk of embolization to the lungs and development of pulmonary embolus.

May increase intracranial hypertension or be result of venous stasis due to compression of veins from intracranial hypertension.

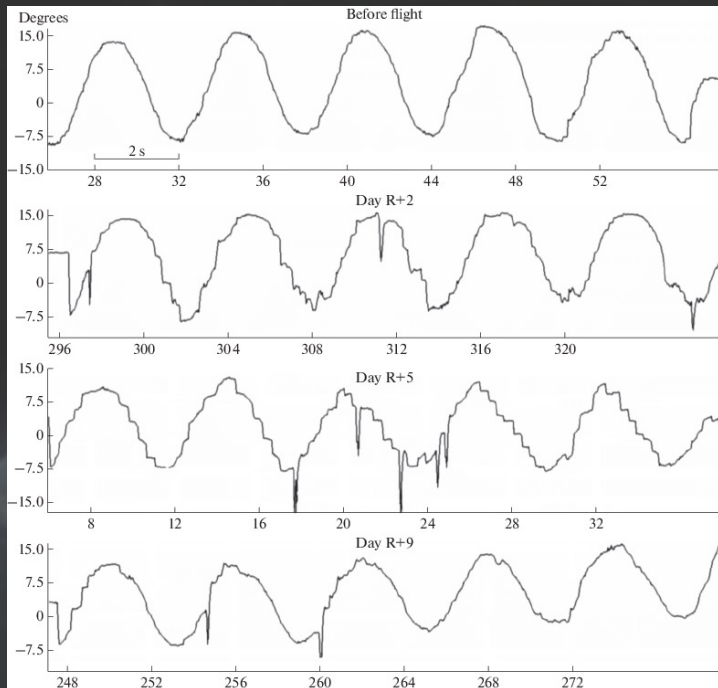
Astronauts are checked for Protein C, S and Factor V Leiden.

Risks: Trauma, BCP, potential changes in Tissue Factor Pathway Inhibitor

Treatment: LMWH, Lovenox (inj), Xarelto/Eliquis (oral)



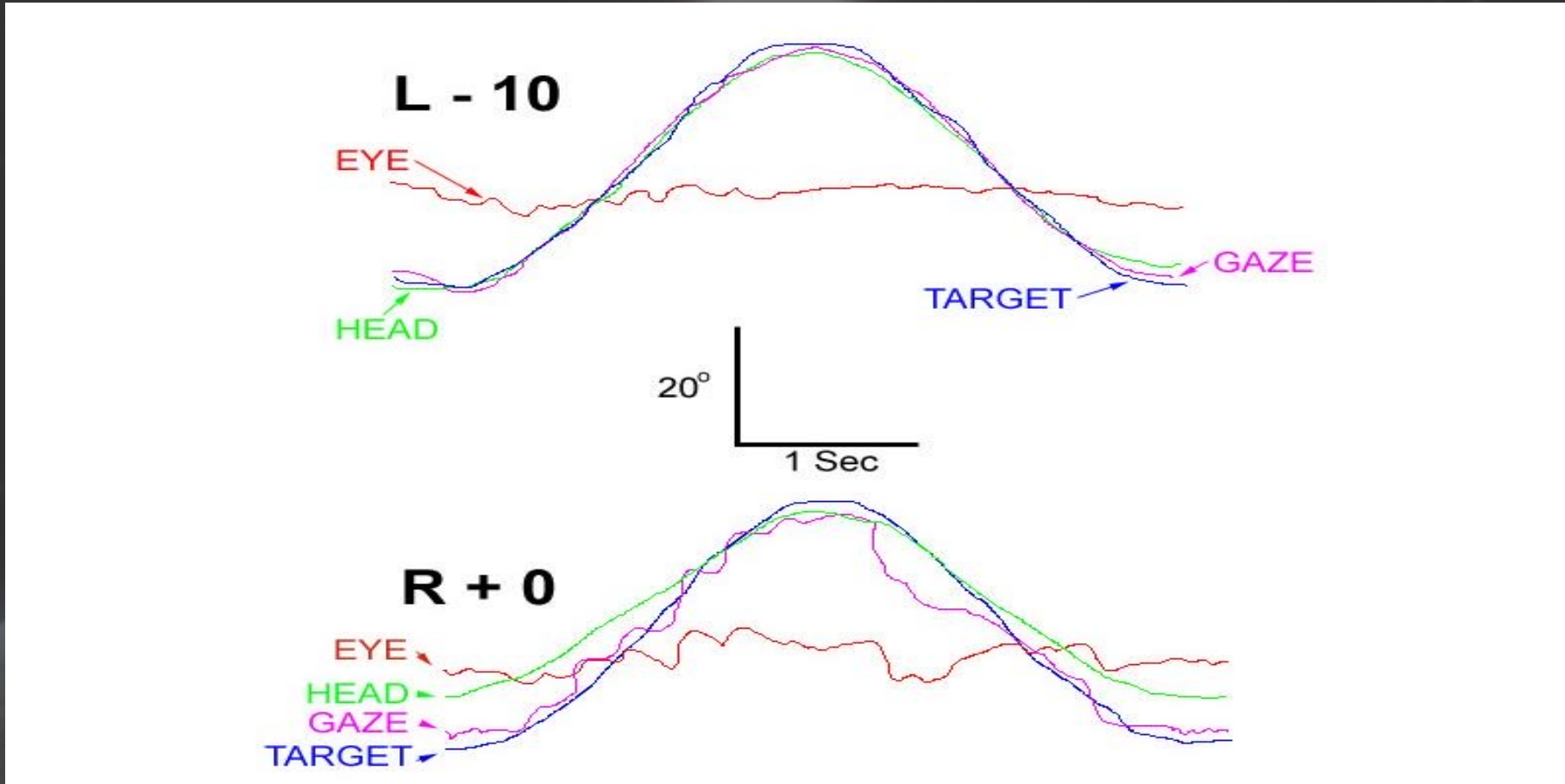
Optimizing Function



UNCLASSIFIED



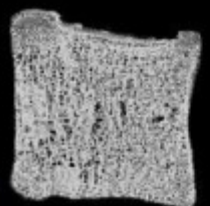
Vertical Pursuit Tracking with Head and Eye



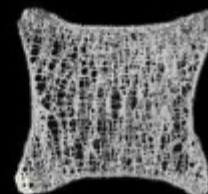


Bone Physiology

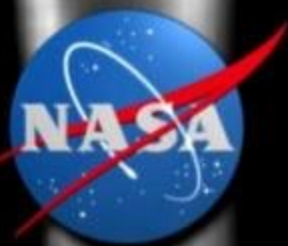
Prolonged exposure to reduced gravity environments can cause bone loss, increased loss of bone minerals, increased chances for renal stones and is a factor in possible post-mission bone fractures.



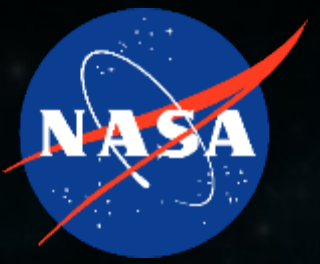
Normal Vertebral Bone



Thinning Bone

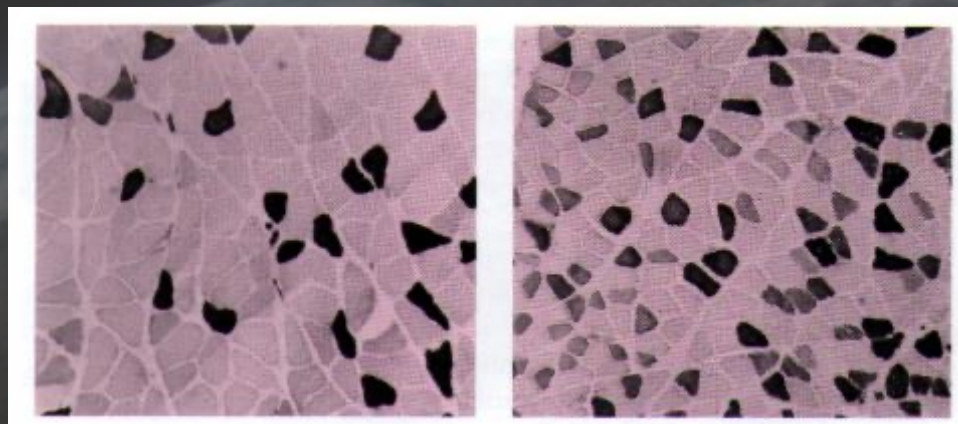


SPACESTATION LIVE



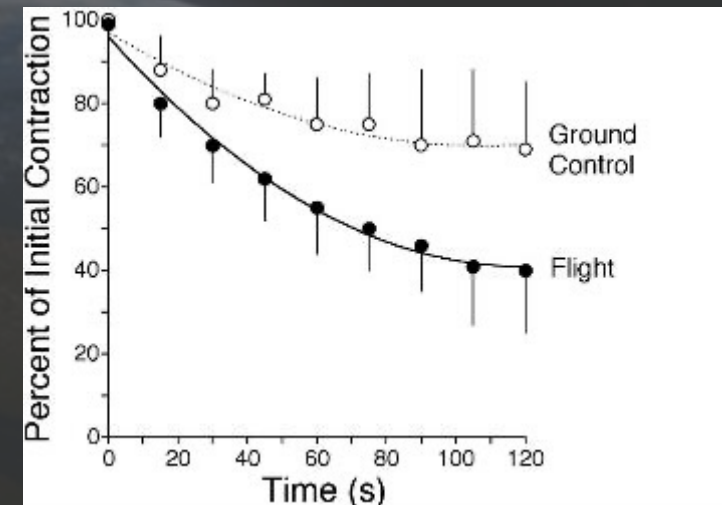
Maintaining Strength

- Will not have the mass and volume of the ISS for exercise equipment
- Decrease in **body mass**
- Decrease in **leg volume**
- Atrophy of the **antigravity** muscles (thigh, calf)
 - Decrease in leg strength
 - **Extensor** muscles more affected than flexor muscles
- Increase in number of **Type II**, “fast twitch” muscle fibers (those which are useful for quick body movements but more prone to fatigue)



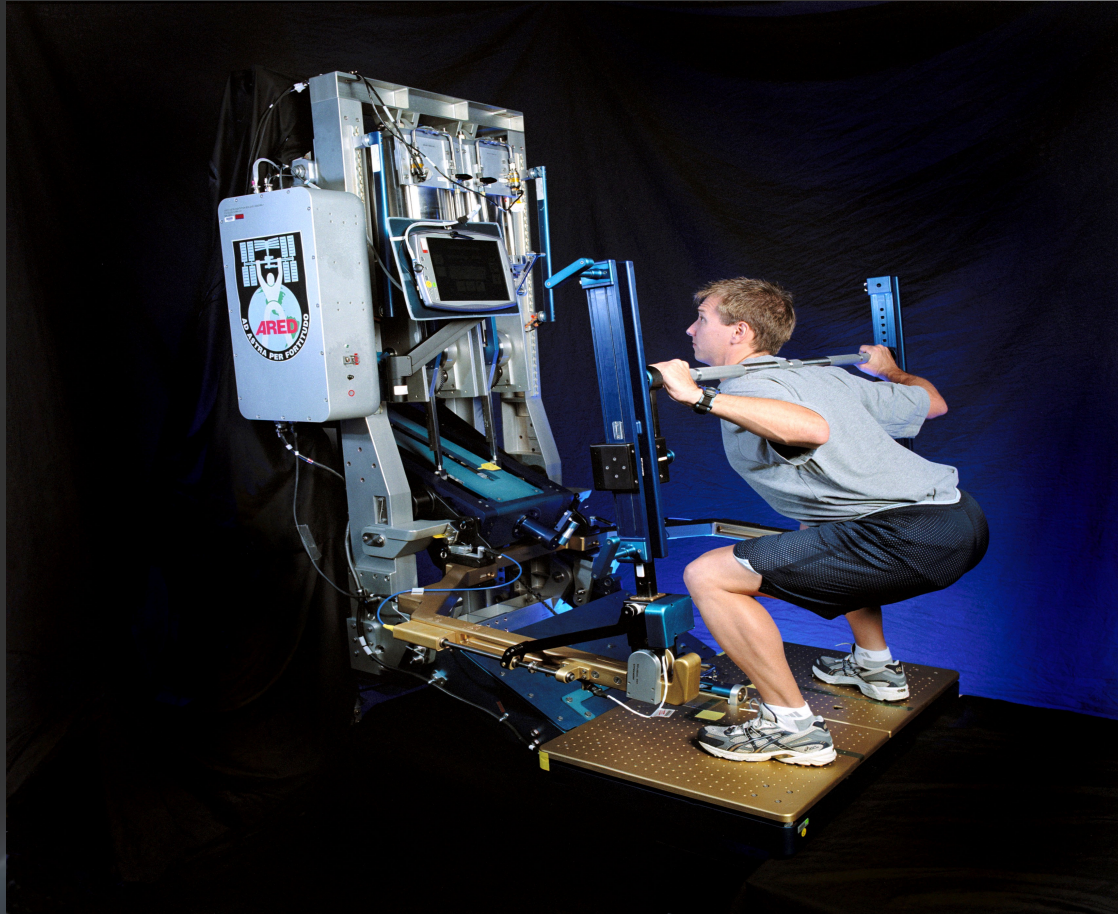
Ground control

Flight





Countermeasures





Para-Astronaut



UNCLASSIFIED



Risks For Spaceflight

Osteopenia, high blood pressure,
phantom pain,

Shrinking of extremity (poor fit of
prosthetic)

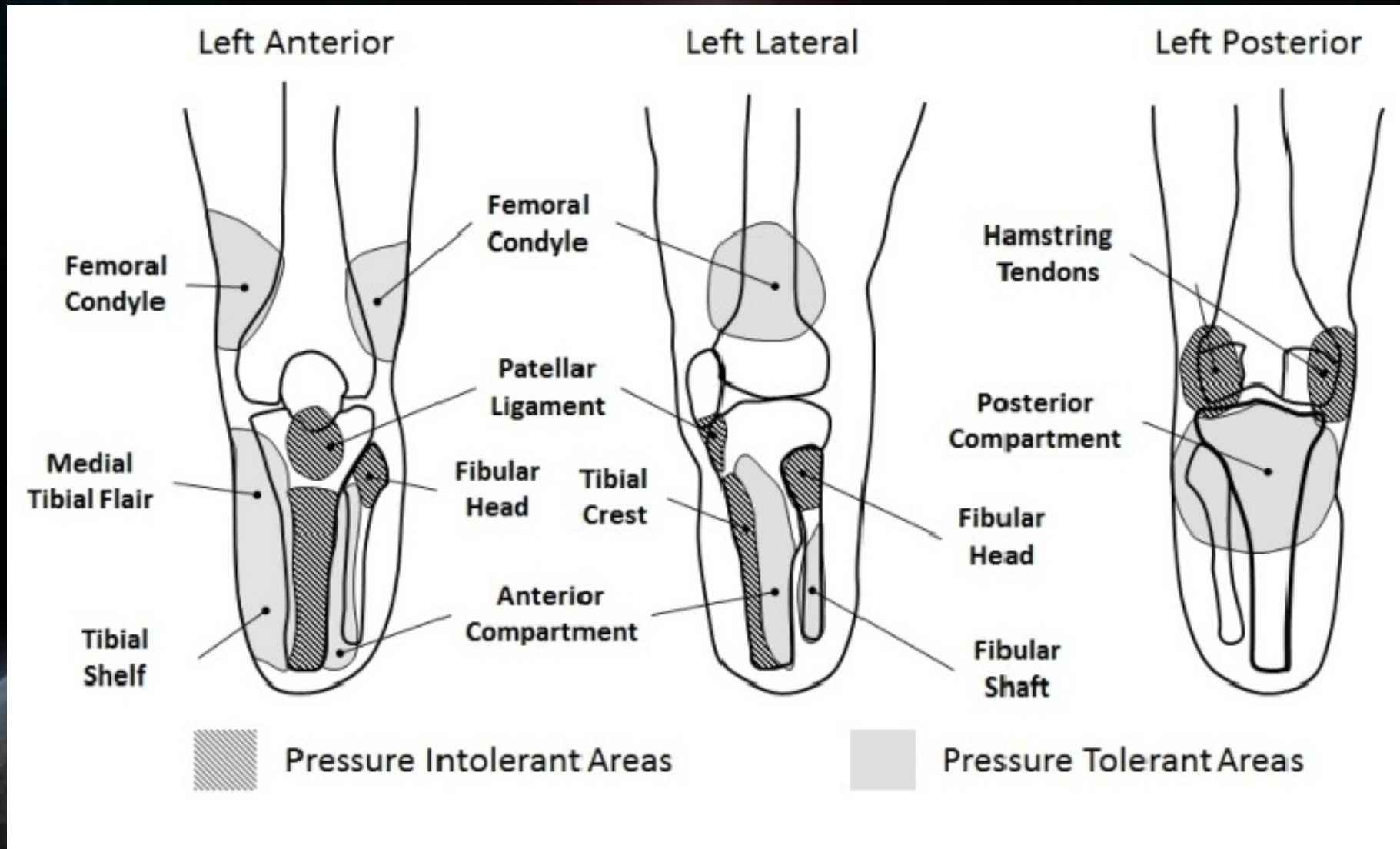
Skin breakdown, Cleaning of prosthetic

Material cert for 100% oxygen in the suit

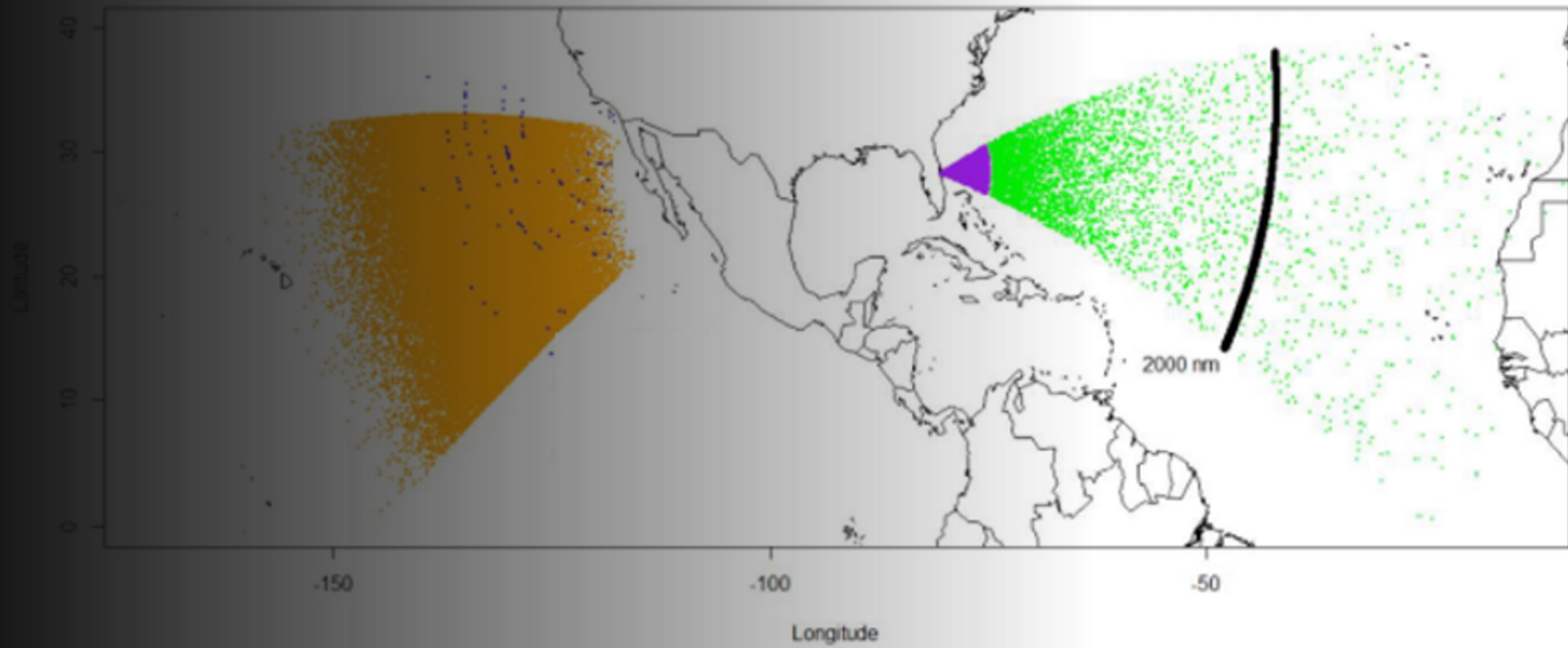
Exercise

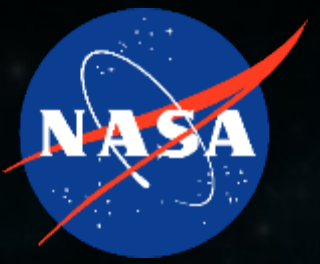






Contingency Preparation



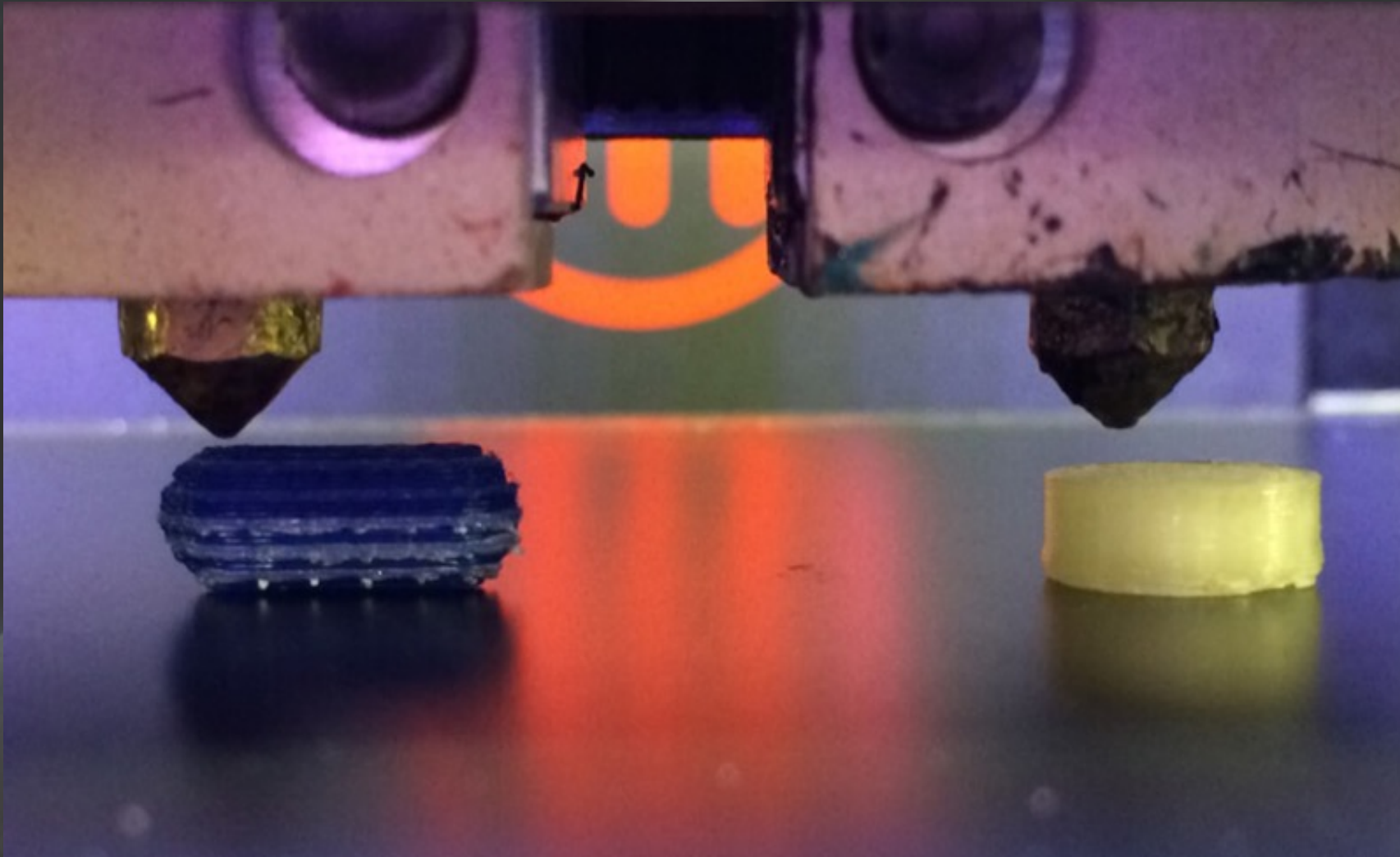


Deep Dive into Apollo





Forward Technologies



UNCLASSIFIED



Training





Transparency and Educating Commercial and Private on NASA's Lessons Learned



Connect to Wi-Fi | https://www.nasa.gov/office/ochmo/human_spaceflight/index.html

Settings | Home - HR | Welcome to NASA... | Imported From E... | SPARC | Risk Dashboard v 2... | Human Spaceflight... | Mihap Manish Sha... | <https://nasa-my.sha...> | [https://hr.nasa.gov/...](https://hr.nasa.gov/) | Mail - Polk, James...

Topics | Missions | Galleries | NASA TV | Follow NASA | Downloads | About | NASA Audiences

Chief Health and Medical Officer

- OCHMO Home
- Health & Medical Systems
- Medical Policy & Ethics
- Technical Authority
- Human Spaceflight Standards
- Documentation
- Human Spaceflight & Aviation Standards
- Human Spaceflight Standards
- DCS Prebreathe Reference Library
- Standards Hierarchy Pyramid

Human Spaceflight & Aviation Standards

The Human Spaceflight & Aviation Standards Team continually works with programs to provide the best standards and implementation documentation to minimize development issues.

Human Spaceflight Standards

UNCLASSIFIED

NASA-STD-3001 Technical Brief Acceleration Limits & Dynamic Loads

Design Guidance

Seat Angle

For impact tolerance, the +G_x orientation is the most advantageous direction of loading. In this orientation, humans can withstand much higher accelerations (by a factor of >2) than in other vectors. However, unless a vehicle lands with a zero downrange velocity, the landing impact will not be purely confined to a single axis. The +G_x orientation is most advantageous as the secondary impact vector due to increased tolerance and greater model fidelity in predicting injury.

In a vehicle with no roll control, any direction of impact is equally likely. In each vehicle case, an extensive assessment of nominal, off-nominal and contingency conditions would be necessary to accurately assess the risk to the crew due to impact. Depending on the direction of impact, different seat angles could either increase or decrease the risk of injury. A combination of roll control and a seat configuration that ensures a +G_x and +G_z impact is preferred.

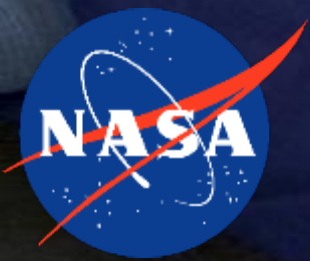
0-30°
45-55°
0-20°
Belt between mid-clavicular line and acromion ≤90°
≤25m

Torso restraints are shown in black, pelvis restraints are shown in blue, and the negative-G restraint is shown in red.

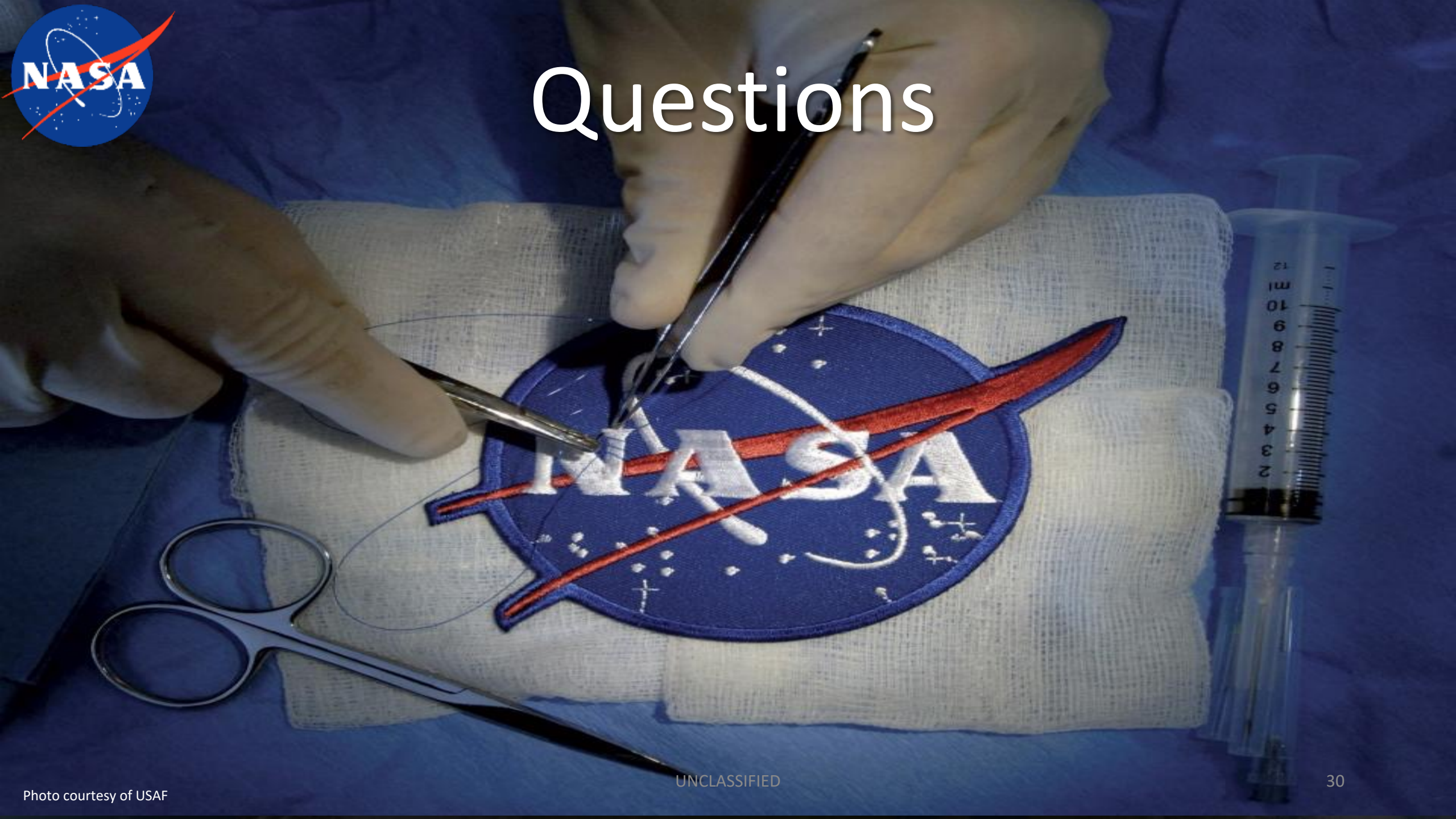
Seat Angle Risk

- Acceptable range
- Minimal information
- Disallowed
- Uncertain risk range

+0.5 Gr
+0.2 Gr
0 Gr
-0.5 Gr



Questions





Back Up





Relevant Case Studies (Pilots)

Air Force Capt. Ryan McGuire

- First amputee to ever complete Air Force pilot training
- Injury in Sept. 2009, graduated from training in May 2011, in between he competed in the inaugural Warrior Games and completed the Air Force Marathon.
- Awards and Recognitions
 - 2010 - Air Education and Training Command Male Athlete of the Year title for 2010
 - May 2011 - Daedalian Award of graduating class 11-09
 - October 2011 - finished C-17 Globemaster III qualification training

Air Force Maj. Christy Wise

- 6th pilot and first female to return to flight with the most recently deployment to Iraq in 2019
- Returned to flight in 2016 following 8 months of rehabilitation and recertifications after losing her right leg above the knee
 - Had to pass same physical fitness tests, flight checks, and emergency procedure drills that all other pilots undergo, including proving she “can get out of the aircraft quickly on the ground if there’s a fire or something”





Relevant Case Studies cont. (Paratroopers)

Sgt. First Class Dana Bowman

- Lost both legs (one above the knee, one below) in a skydiving accident in February 1994 during the annual Golden Knights Training Exercise
- 9 months later, became the first double amputee to re-enlist, parachuting into his commissioning ceremony with his commander
- Recently received a 2019 Distinguished Service Award from the Military Officers Association of America



Lt. Joshua Pitcher

- Lost left leg below the knee in combat in April 2012
- Received his prosthetic in July and began walking on it in just 1 week, then ran the Army 10-miler on it in October with a 50 lbs. backpack
- Completed his qualifying fitness test in January 2013 and passed in the top 10% of all active duty soldiers
- In June 2013, became first amputee from the 82nd to requalify as an Airborne paratrooper perfectly sticking the landing of an 800 ft. Jump and began leading a troop of 21 paratroopers in Afghanistan





Relevant Case Studies cont.

Army Capt. Daniel Lockett

- Double amputee who returned to Afghanistan in 2010, 2 years after his injury, following an interim 8-month rehabilitation
- Upon returning to active duty, took four new custom-made sockets and three different legs on deployment
- Following his injury Captain Lockett attained the Expert Infantryman's Badge
 - Required 12-mile run in under three hours with a 35-pound backpack (overall success rate 20-50%)



Sgt. Zachary Foster

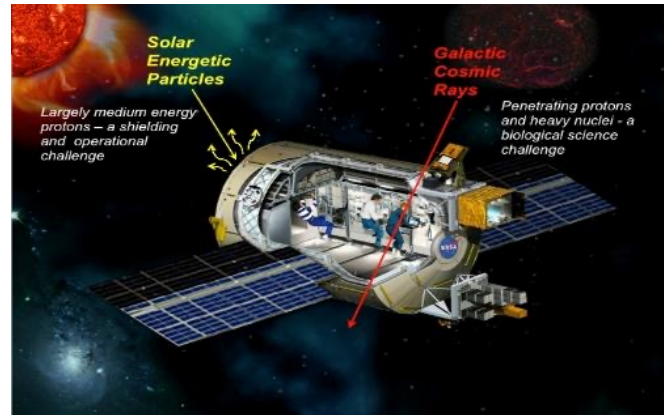
- Congenital amputee who joined the California State Military Reserve (Army Reserve) at Joint Forces Training Base, Los Alamitos
- Required personal approval from the California State Military Reserve Commander



Mars Primary Space Radiation Mitigations

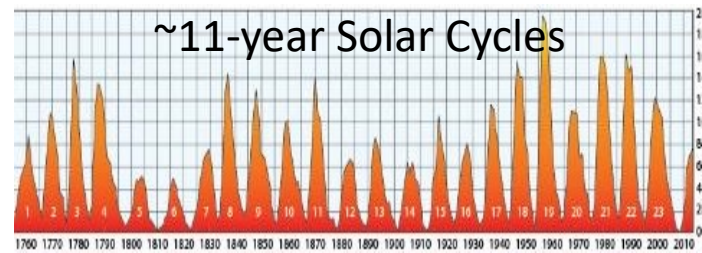
Optimized Spacecraft Shielding/Storm Shelters Can Protect Crew Against Solar Particle Events (SPEs)

- Shielding is only marginally effective against galactic cosmic rays (GCRs)
- Increasing shielding thickness adds substantial mass with minimal additional GCR exposure reduction



Timing A Mars Mission Around Solar Cycle's Maximum Can Help Protect Crew Against GCRs

- At solar maximum, the interplanetary magnetic field & solar wind increase to expand the heliosphere, shielding the solar system from incoming GCRs
- GCR exposure can be reduced at solar max by up to a factor of two



Decreasing Transit Time (propulsion) helps decrease exposure.

Shielding built into habitats.

