

KI in der CT-Rekonstruktion

AI in CT Image Formation



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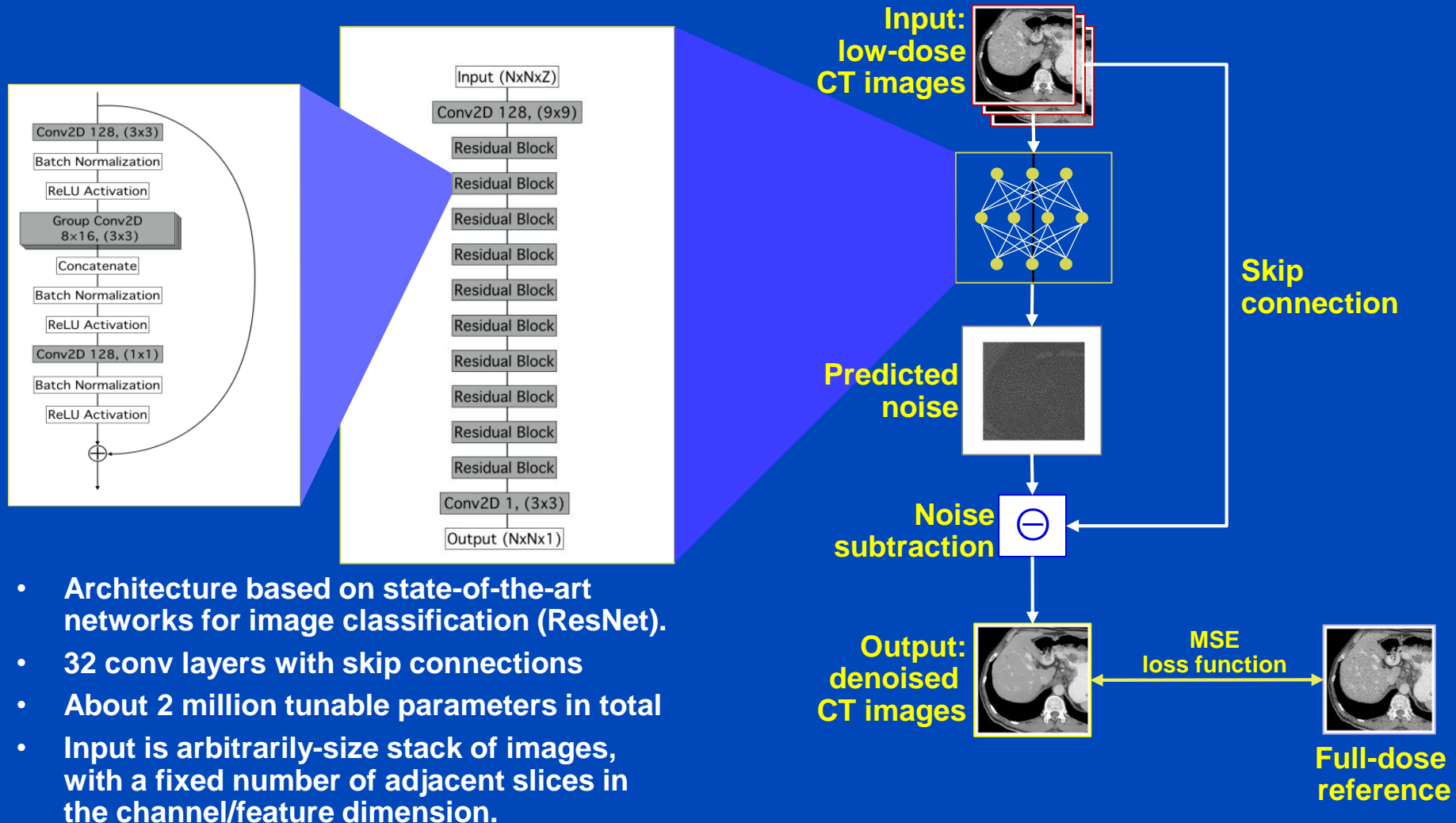
Heidelberg, Germany

www.dkfz.de/ct

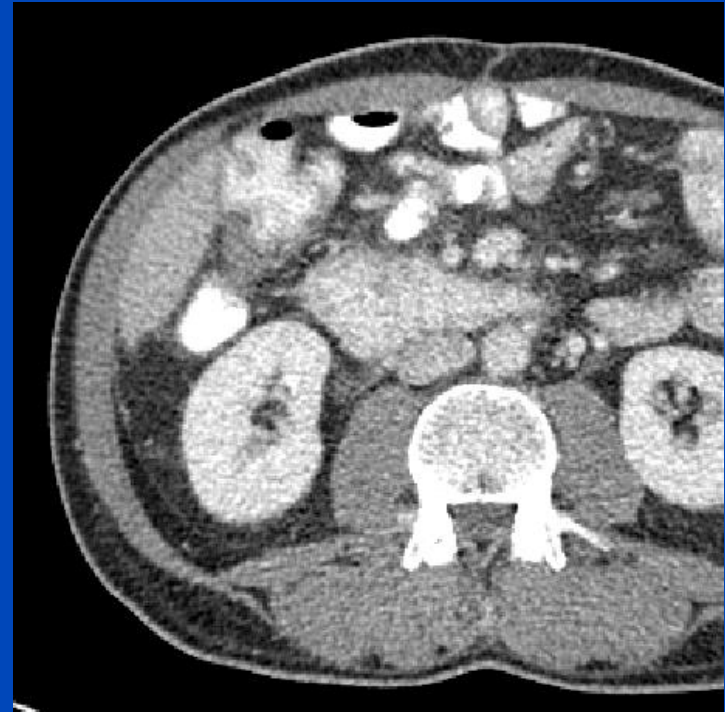
Part 1:

Noise/Dose Reduction

Noise Removal

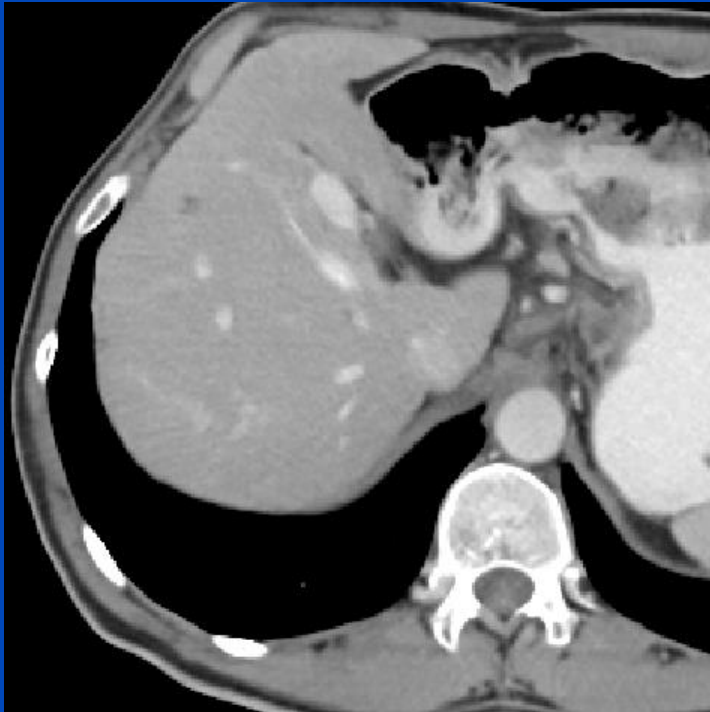


Noise Removal



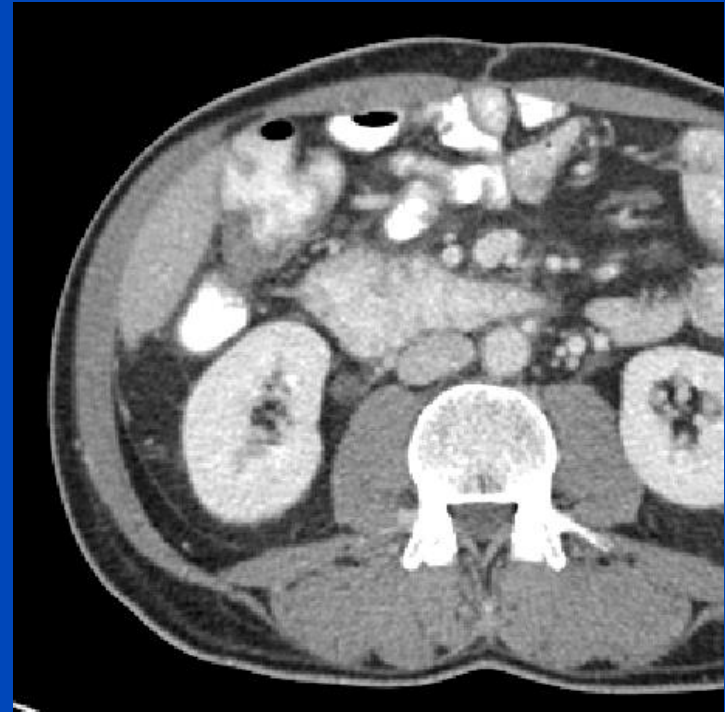
Low dose images (1/4 of full dose)

Noise Removal



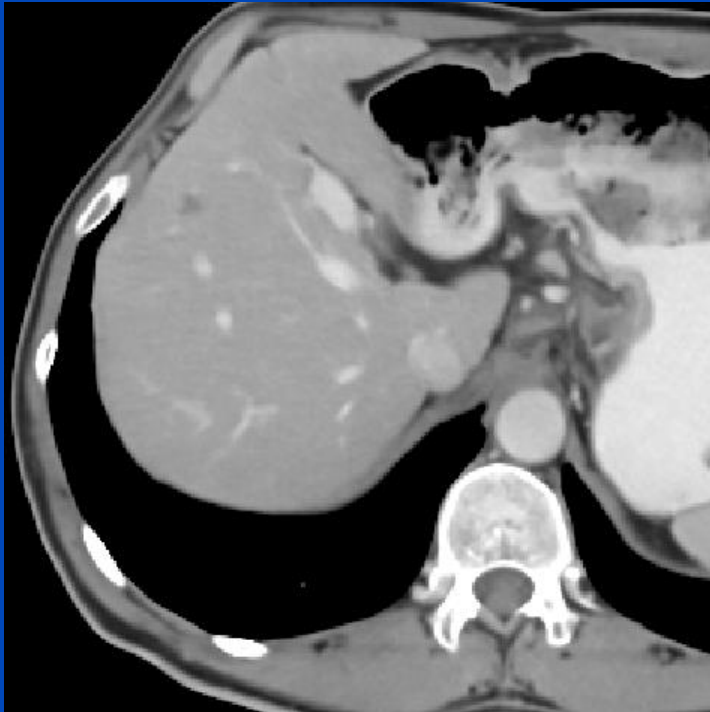
Denoised low dose

Noise Removal



Full dose

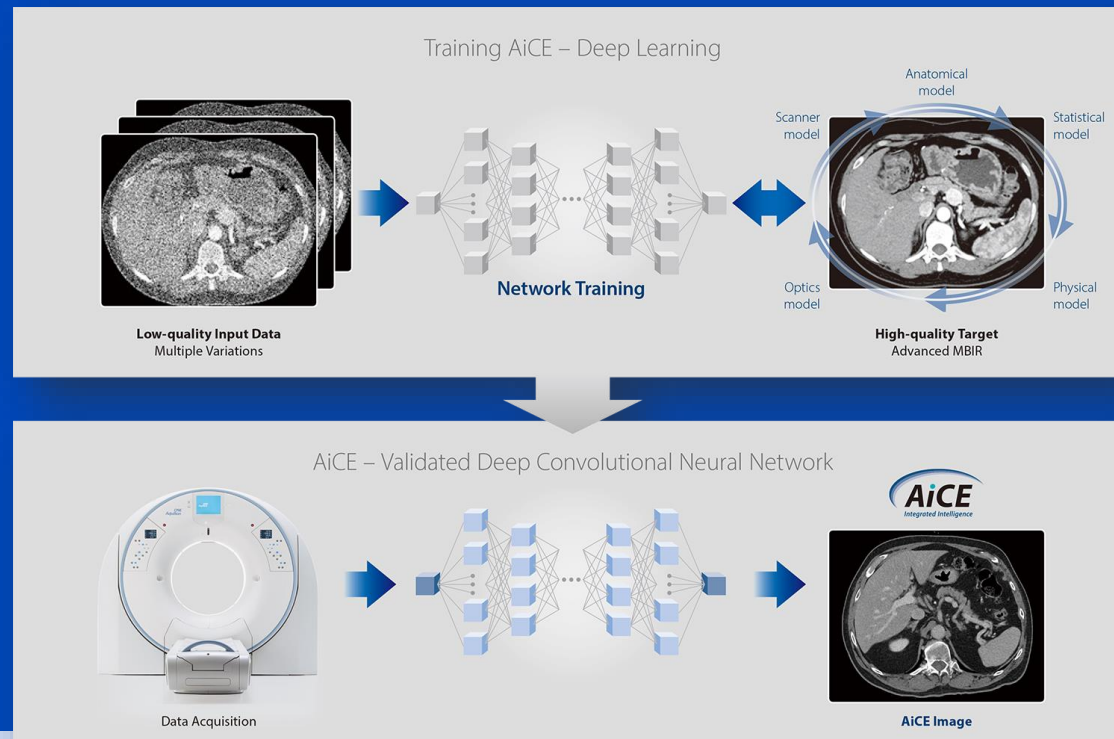
Noise Removal



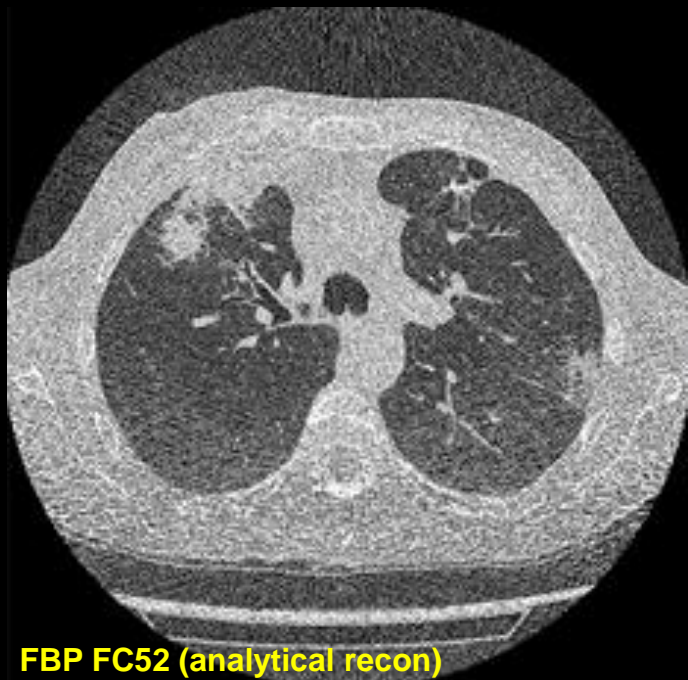
Denoised full dose

Canon's AiCE

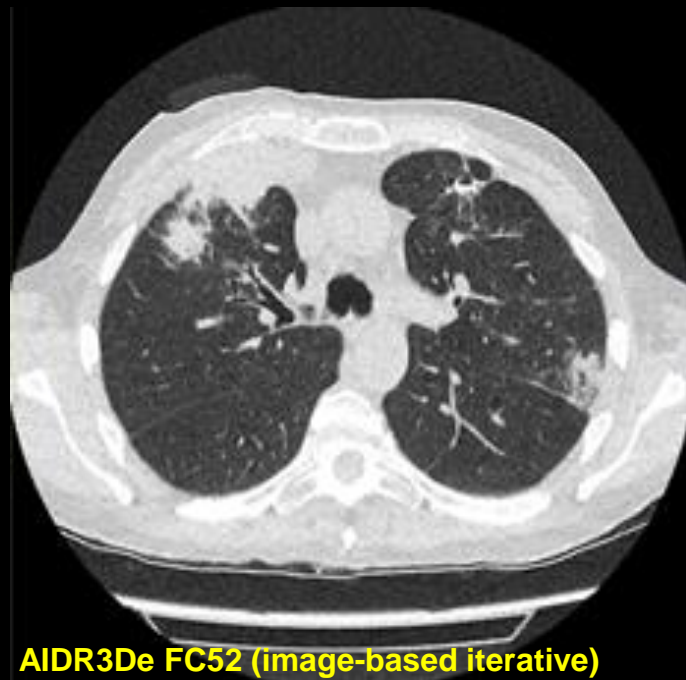
- Advanced intelligent Clear-IQ Engine (AiCE)
- Trained to restore low-dose CT data to match the properties of FIRST, the model-based IR of Canon.
- FIRST is applied to high-dose CT images to obtain a high fidelity training target



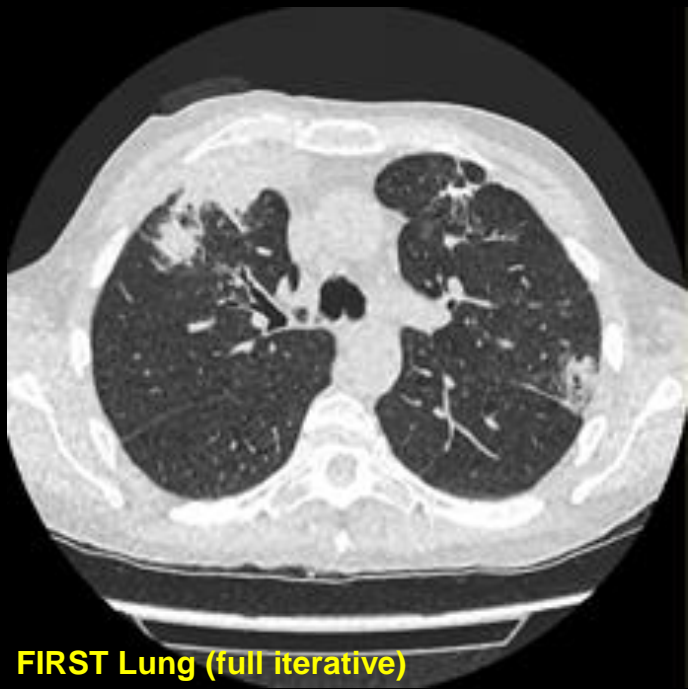
U = 100 kV
CTDI = 0.6 mGy
DLP = 24.7 mGy·cm
D_{eff} = 0.35 mSv



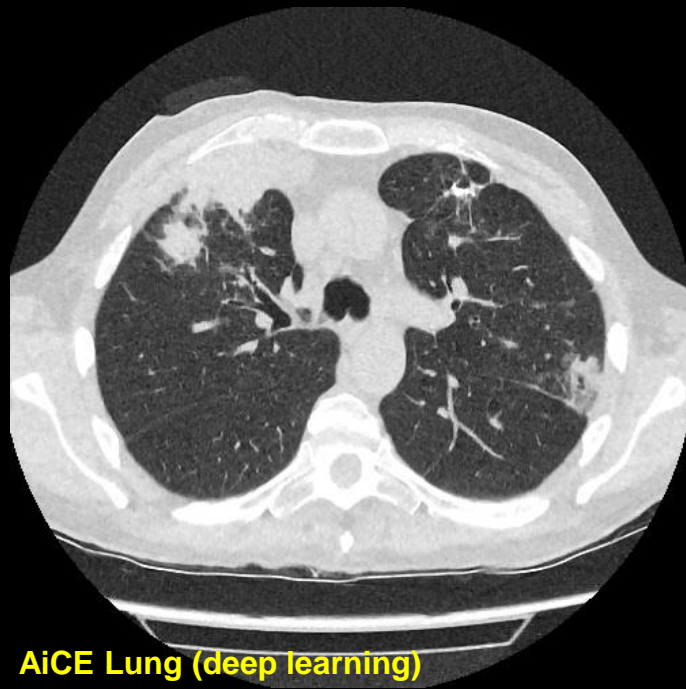
FBP FC52 (analytical recon)



AIDR3De FC52 (image-based iterative)

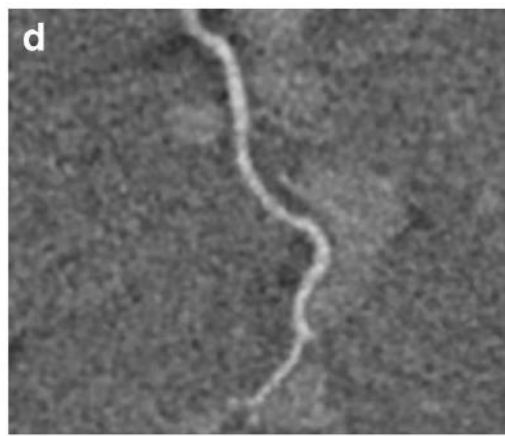
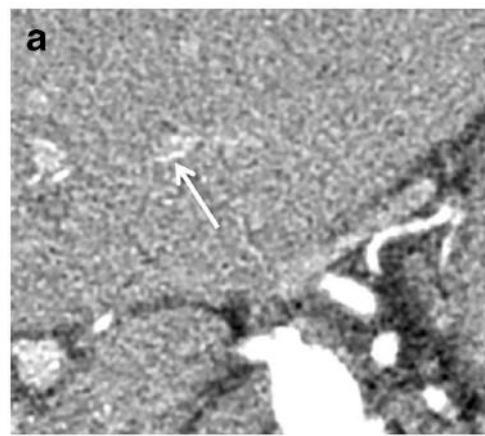


FIRST Lung (full iterative)

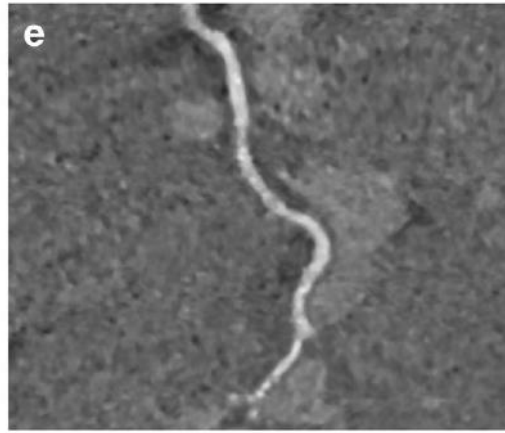
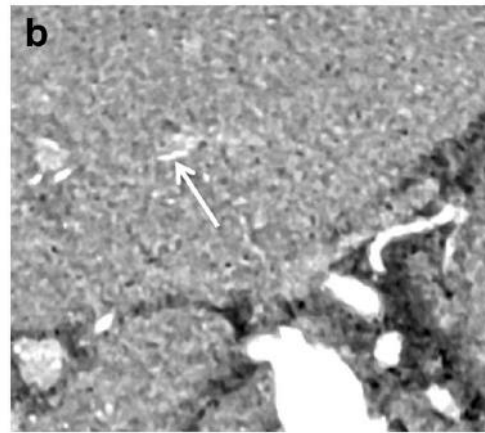


AiCE Lung (deep learning)

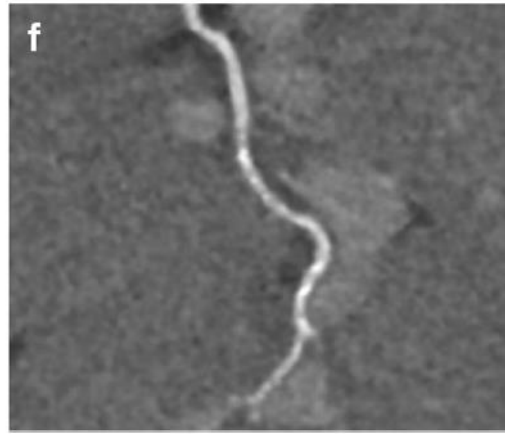
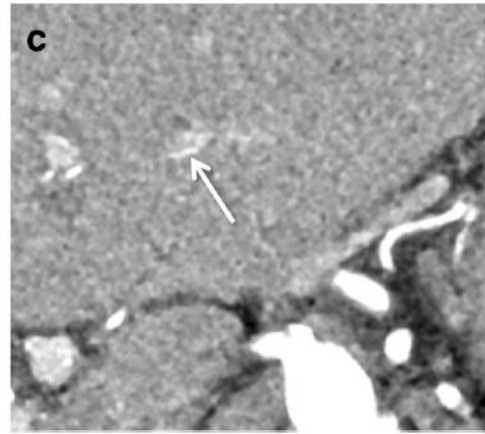
AIDR 3D



First



AiCE



FBP

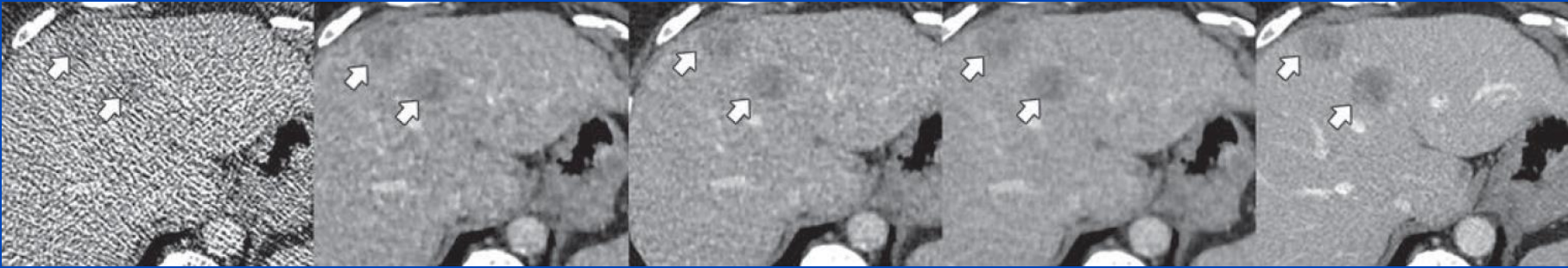
FIRST

AIDR 3D

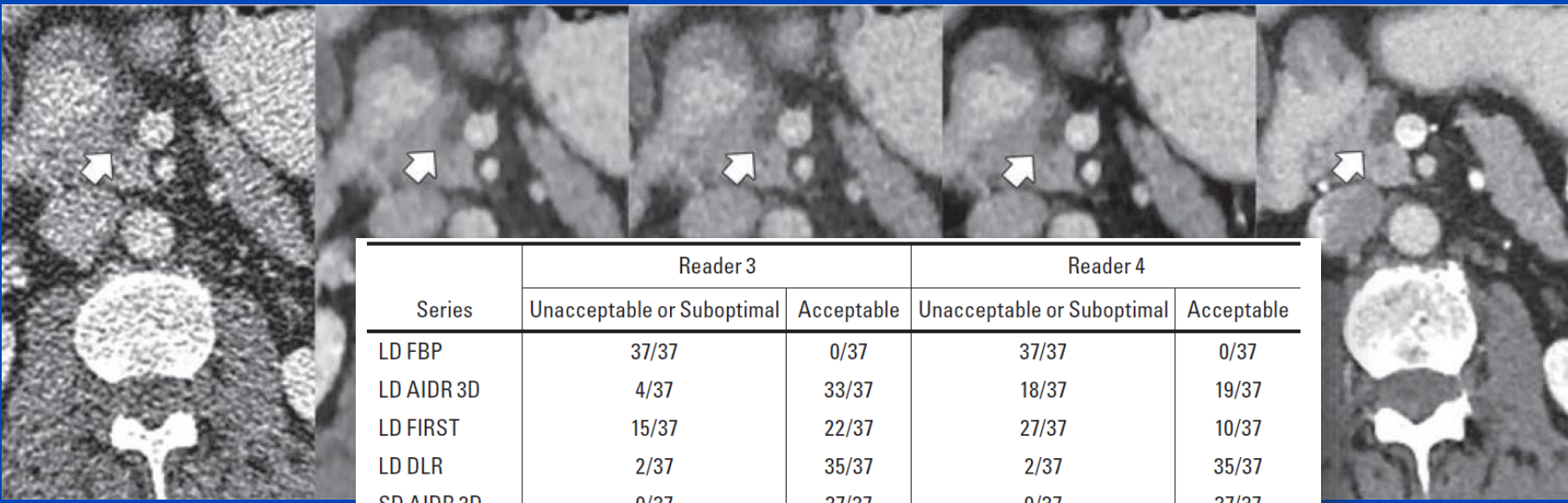
AiCE

AIDR 3D

BMI = 32 kg/m²



BMI = 27 kg/m²



Series	Reader 3		Reader 4	
	Unacceptable or Suboptimal	Acceptable	Unacceptable or Suboptimal	Acceptable
LD FBP	37/37	0/37	37/37	0/37
LD AIDR 3D	4/37	33/37	18/37	19/37
LD FIRST	15/37	22/37	27/37	10/37
LD DLR	2/37	35/37	2/37	35/37
SD AIDR 3D	0/37	37/37	0/37	37/37

Low Dose CT
 2 mGy CTDI (top)
 3 mGy CTDI (bottom)

Standard Dose CT
 19 mGy CTDI (top)
 18 mGy CTDI (bottom)

GE's True Fidelity

- Based on a deep CNN
- Trained to restore low-dose CT data to match the properties of Veo, the model-based IR of GE.
- No information can be obtained in how the training is conducted for the product implementation.

2.5D DEEP LEARNING FOR CT IMAGE RECONSTRUCTION USING A MULTI-GPU IMPLEMENTATION

*Amirkoushyar Ziabari**, *Dong Hye Ye* ^{*} [†], *Somesh Srivastava* [‡], *Ken D. Sauer* [⊕]
Jean-Baptiste Thibault [‡], *Charles A. Bouman* ^{*}

^{*} Electrical and Computer Engineering at Purdue University

[†] Electrical and Computer Engineering at Marquett University

[‡] GE Healthcare

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ABSTRACT

While Model Based Iterative Reconstruction (MBIR) of CT scans has been shown to have better image quality than Filtered Back Projection (FBP), its use has been limited by its high computational cost. More recently, deep convolutional neural networks (CNN) have shown great promise in both denoising and reconstruction applications. In this research, we propose a fast reconstruction algorithm, which we call Deep Learning MBIR (DL-MBIR).

streaking artifacts caused by sparse projection views in CT images [8]. More recently, Ye, et al. [9] developed method for incorporating CNN denoisers into MBIR reconstruction as advanced prior models using the Plug-and-Play framework [10, 11].

In this paper, we propose a fast reconstruction algorithm, which we call Deep Learning MBIR (DL-MBIR), for approximately achieving the improved quality of MBIR using a deep residual neural network. The DL-MBIR method is trained to

ss.IV] 20 Dec 2018



FBP



ASIR V 50%



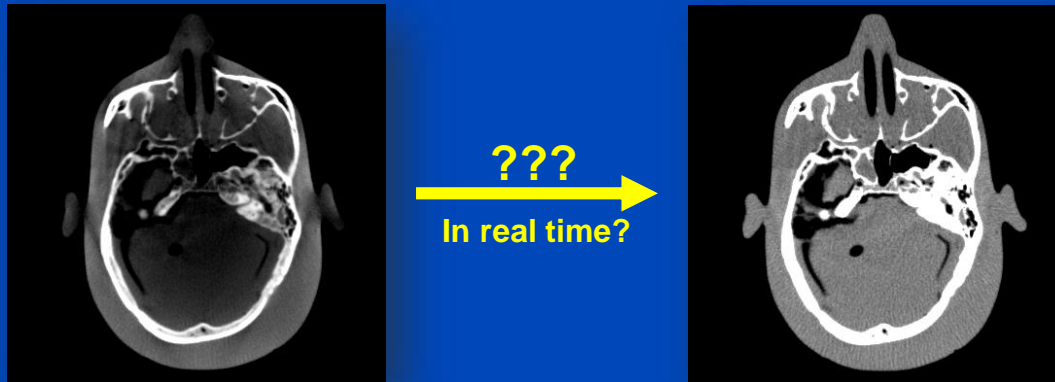
True Fidelity

Courtesy of GE Healthcare

Part 2:

Fast Physics

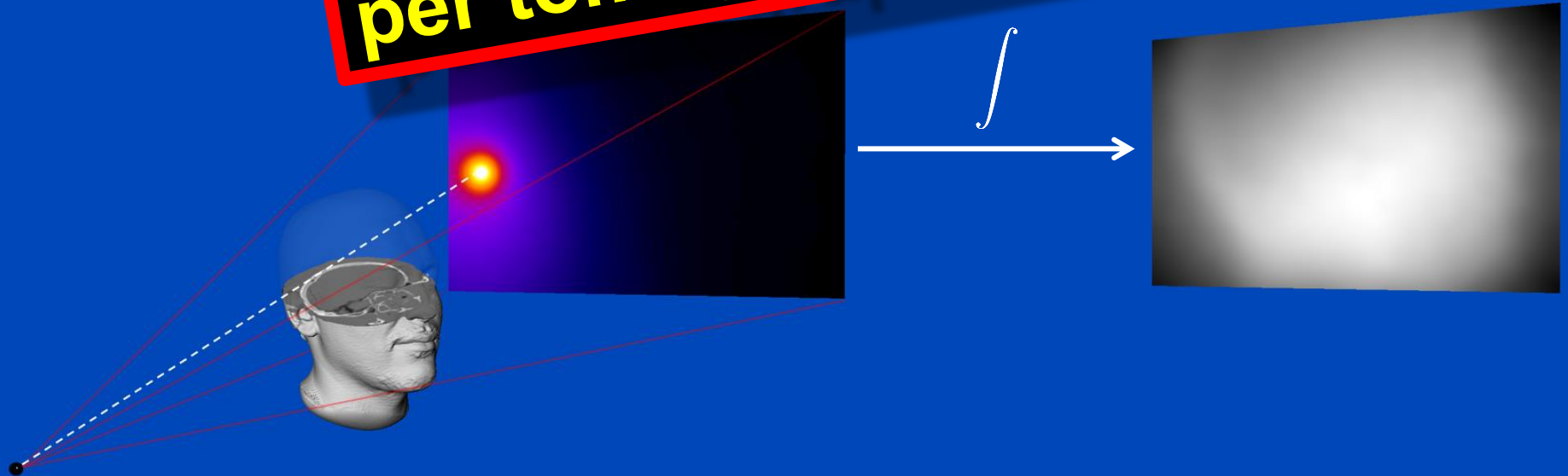
Deep Scatter Estimation



Monte Carlo Scatter Estimation

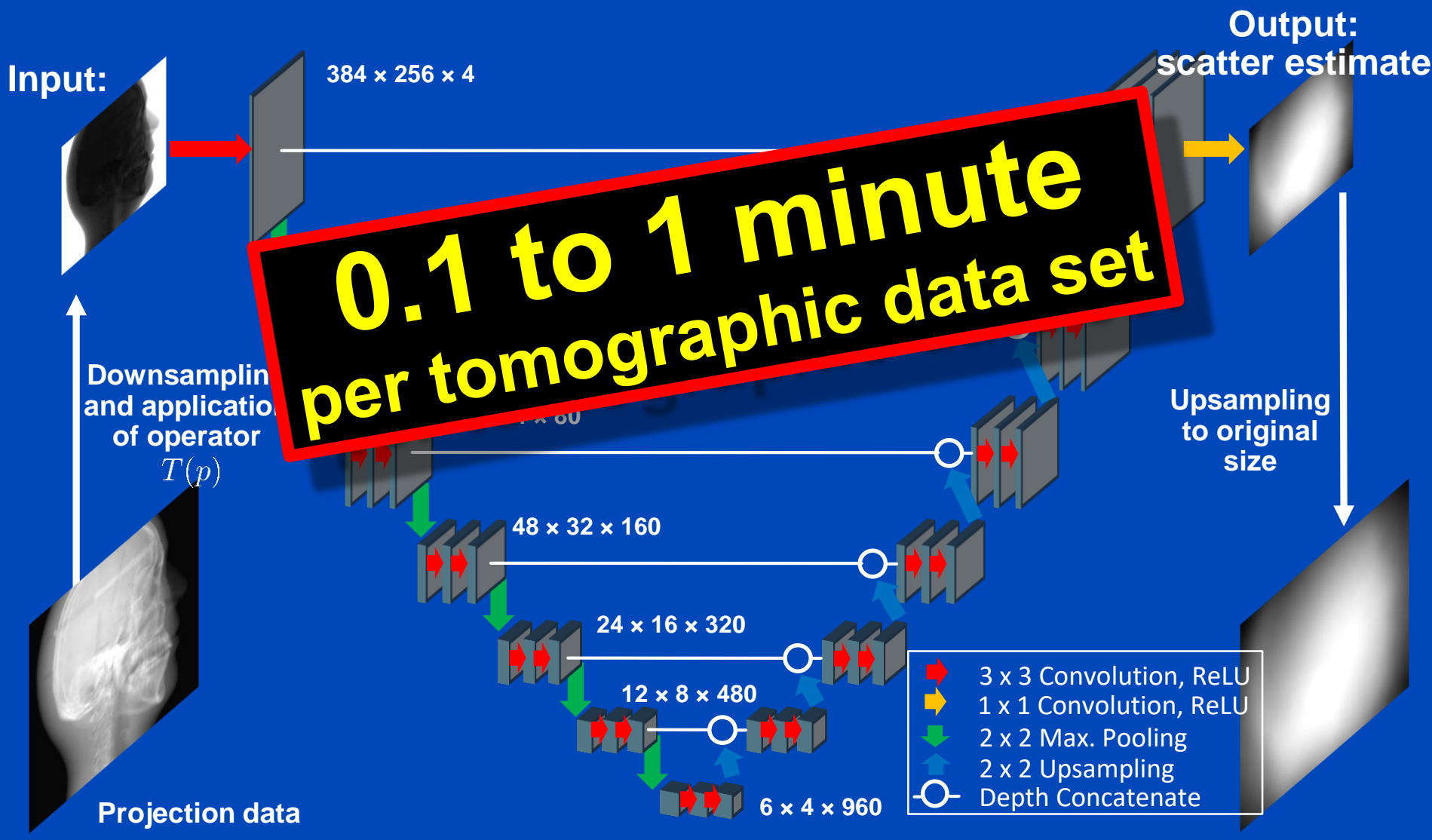
- Simulation of photon trajectories according to physical interaction probabilities.
- Simulating a large number of trajectories well approximates the complete scatter distribution

**1 to 10 hours
per tomographic data set**









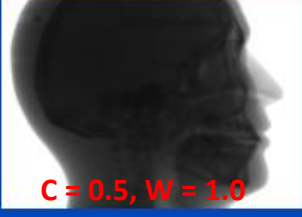
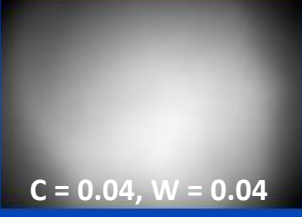


Deep Scatter Estimation

Network architecture & scatter estimation framework



Results on Simulated Projection Data

	Primary intensity	Scatter ground truth (GT)	(Kernel - GT) / GT	(Hybrid - GT) / GT	(DSE - GT) / GT
View #1			14.1% mean absolute percentage error over all projections	7.2% mean absolute percentage error over all projections	1.2% mean absolute percentage error over all projections
View #2					
View #3					
View #4					
View #5					
	C = 0.5, W = 1.0	C = 0.04, W = 0.04	C = 0 %, W = 50 %	C = 0 %, W = 50 %	C = 0 %, W = 50 %

DSE trained to estimate scatter from **primary plus scatter**: High accuracy

Reconstructions of Simulated Data

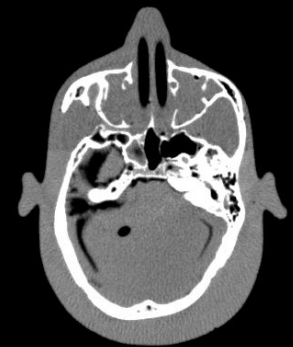
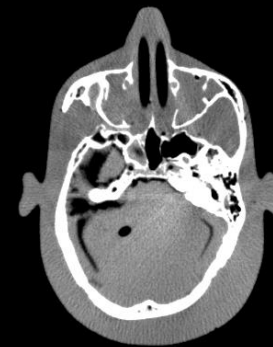
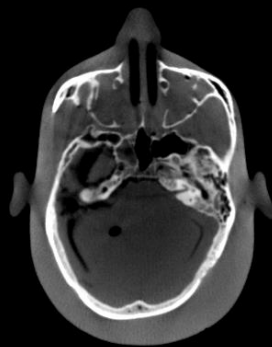
Ground Truth

No Correction

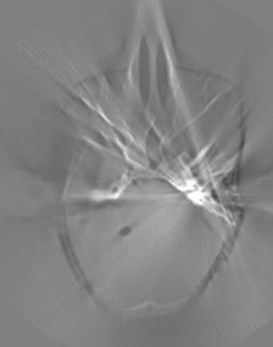
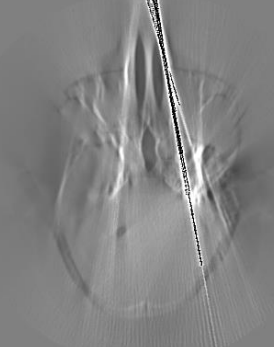
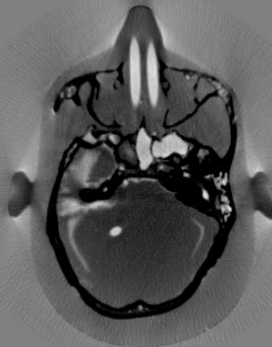
Kernel-Based
Scatter Estimation

Hybrid Scatter
Estimation

Deep Scatter
Estimation



CT Reconstruction
Difference to ideal
simulation



$C = 0$ HU, $W = 1000$ HU

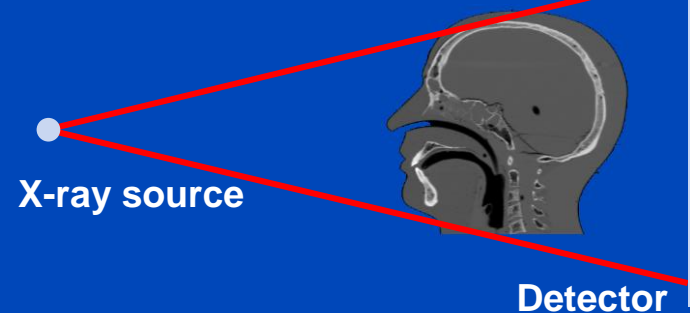
Testing of the DSE Network for Measured Data (120 kV)

DKFZ table-top CT

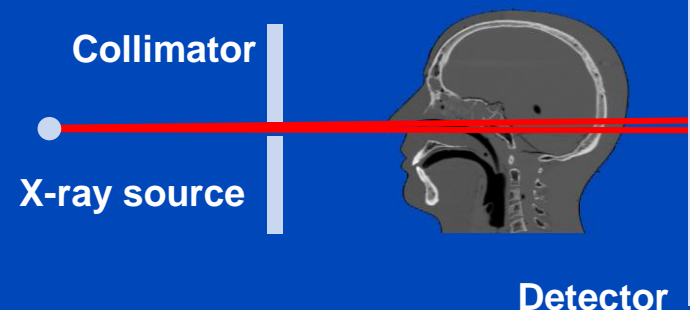


- Measurement of a head phantom at our in-house table-top CT.
- Slit scan measurement serves as ground truth.

Measurement to be corrected



Ground truth: slit scan



Reconstructions of Measured Data

Slit Scan

No Correction

Kernel-Based
Scatter Estimation

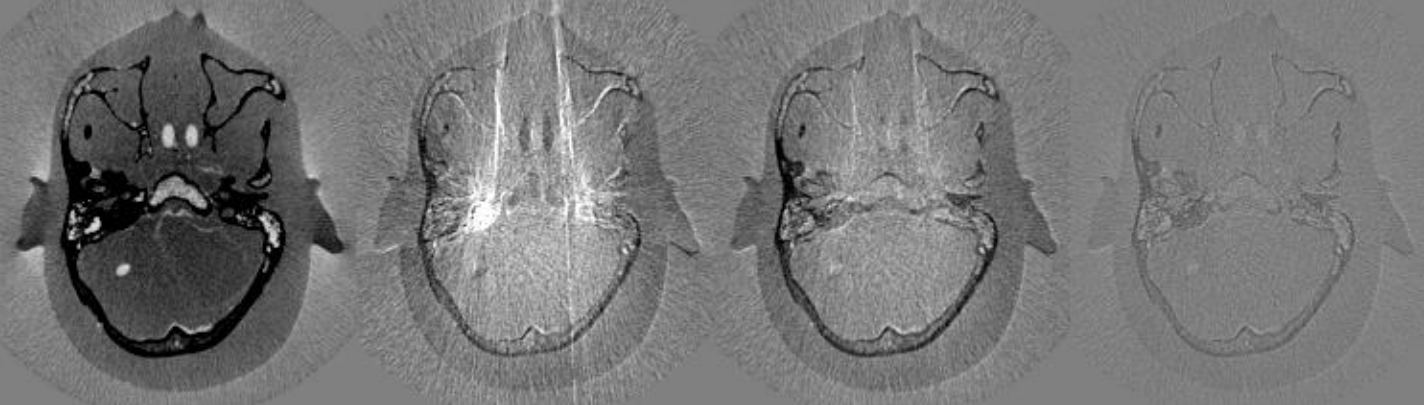
Hybrid Scatter
Estimation

Deep Scatter
Estimation

CT Reconstruction



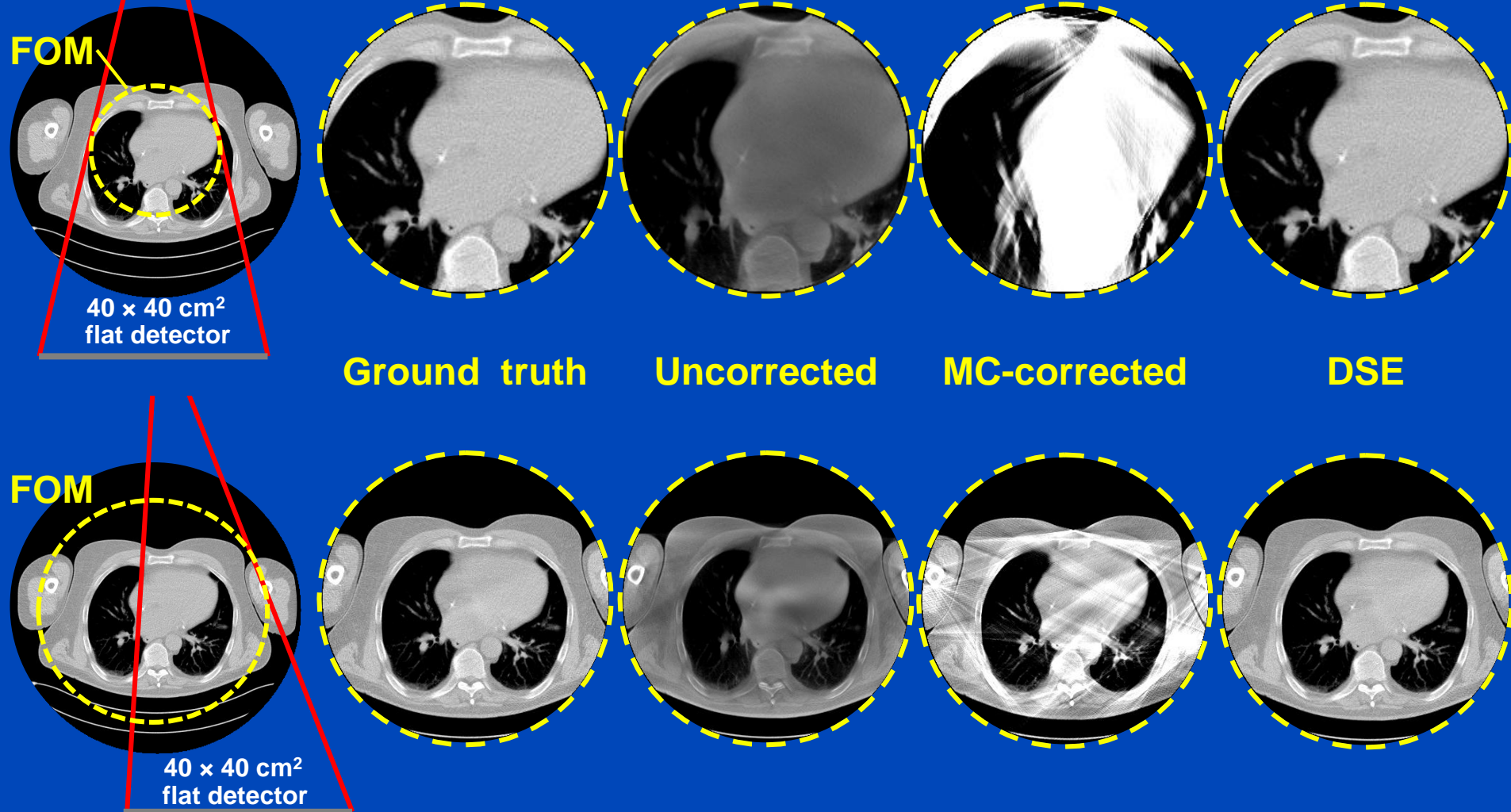
Difference to slit scan



$C = 0 \text{ HU}$, $W = 1000 \text{ HU}$

A simple detruncation was applied to the rawdata before reconstruction. Images were clipped to the FOM before display. $C = -200$ HU, $W = 1000$ HU.

Truncated DSE^{1,2}



To learn why MC fails at truncated data and what significant efforts are necessary to cope with that situation see [Kachelrieß et al. Effect of detruncation on the accuracy of MC-based scatter estimation in truncated CBCT. Med. Phys. 45(8):3574-3590, August 2018].

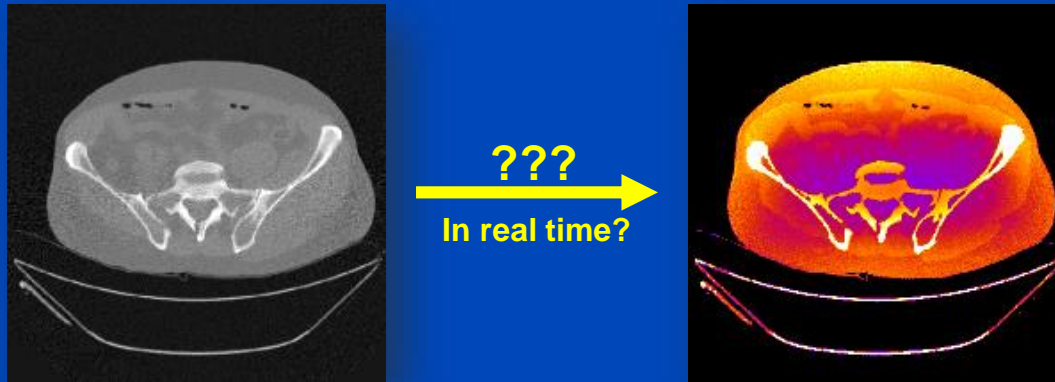
¹J. Maier, M. Kachelrieß et al. Deep scatter estimation (DSE) for truncated cone-beam CT (CBCT). RSNA 2018.

²J. Maier, M. Kachelrieß et al. Robustness of DSE. Med. Phys. 46(1):238-249, January 2019.

Conclusions on DSE

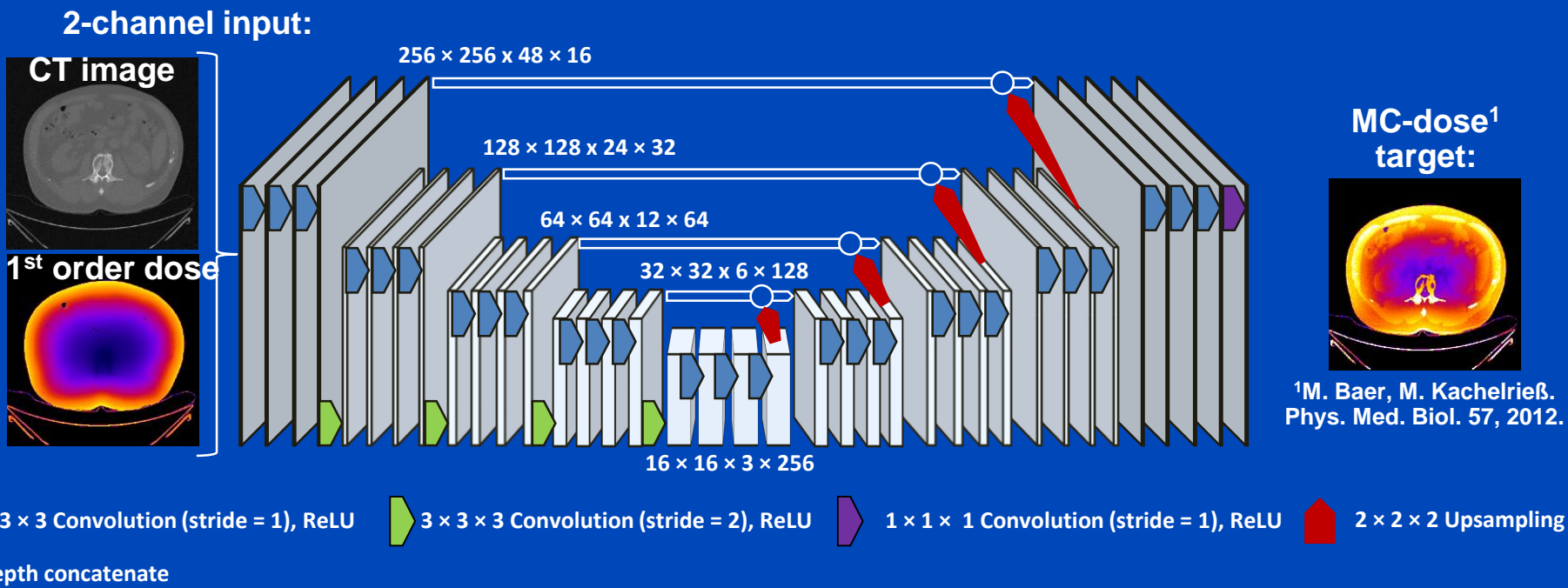
- DSE needs about 3 ms per CT and 10 ms per CBCT projection (as of 2020).
- DSE is a fast and accurate alternative to MC simulations.
- DSE outperforms kernel-based approaches in terms of accuracy and speed.
- Facts:
 - DSE can estimate scatter from a single (!) x-ray image.
 - DSE can accurately estimate scatter from a primary+scatter image.
 - DSE generalizes to all anatomical regions.
 - DSE works for geometries and beam qualities differing from training.
 - DSE may outperform MC even though DSE is trained with MC.
- DSE is not restricted to reproducing MC scatter estimates.
- DSE can rather be trained with any other scatter estimate, including those based on measurements.

Deep Dose Estimation



Deep Dose Estimation (DDE)

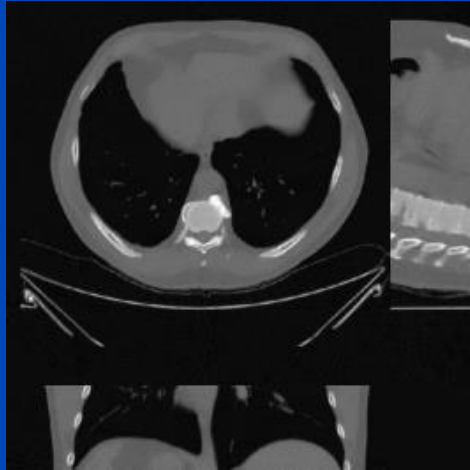
- Combine fast and accurate CT dose estimation using a deep convolutional neural network.
- Train the network to reproduce MC dose estimates given the CT image and a first-order dose estimate.



Results

Thorax, tube A, 120 kV, with bowtie

CT image



First order dose

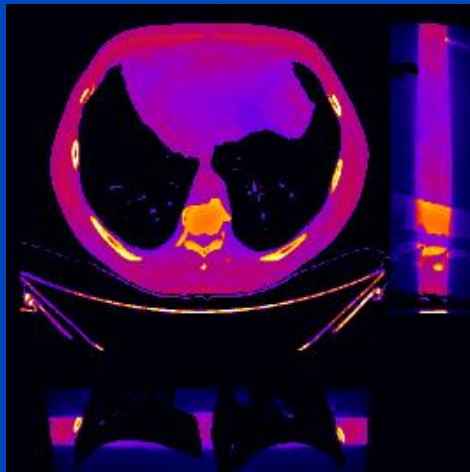


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

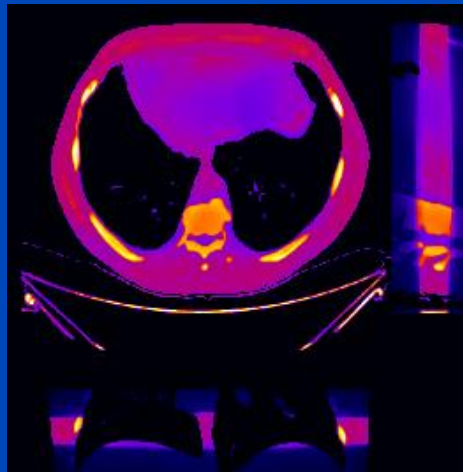
MC uses 16 CPU kernels
DDE uses one Nvidia Quadro P600 GPU

DDE training took 74 h for 300 epochs,
1440 samples, 48 slices per sample

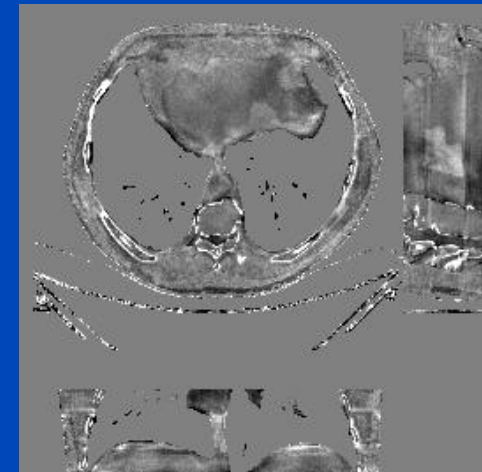
MC ground truth



DDE



Relative error

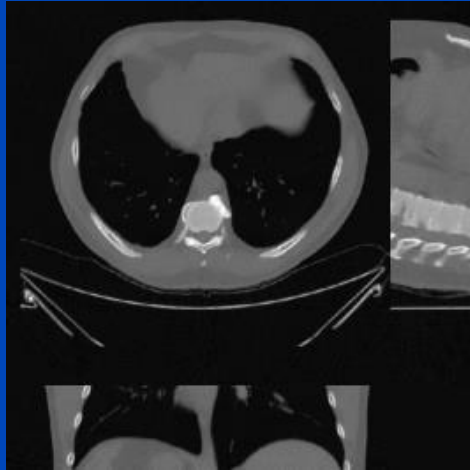


C = 0%
W = 40%

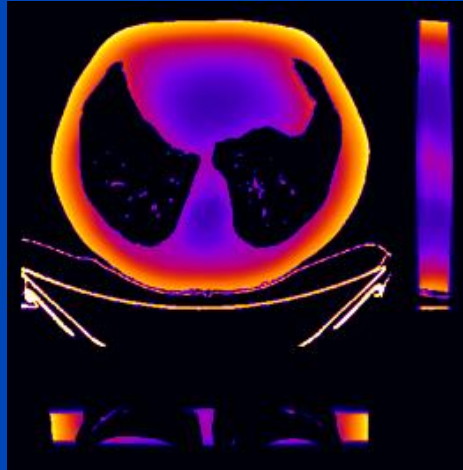
Results

Thorax, tube A, 120 kV, no bowtie

CT image



First order dose

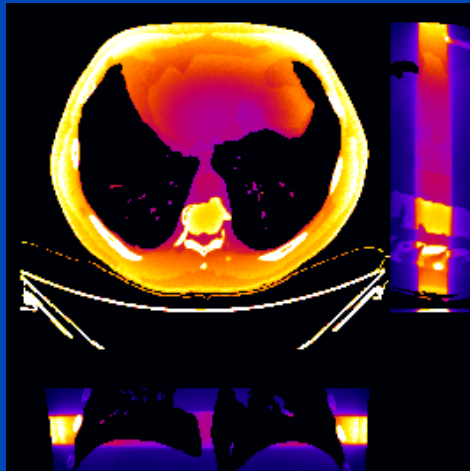


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

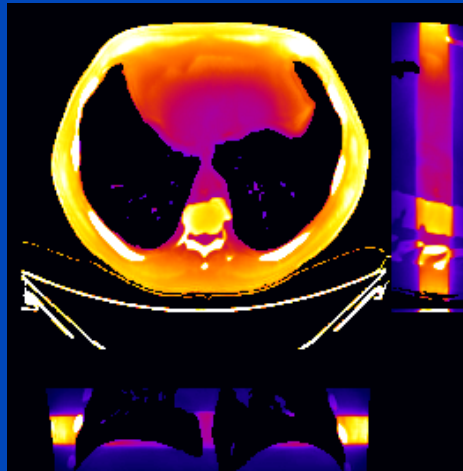
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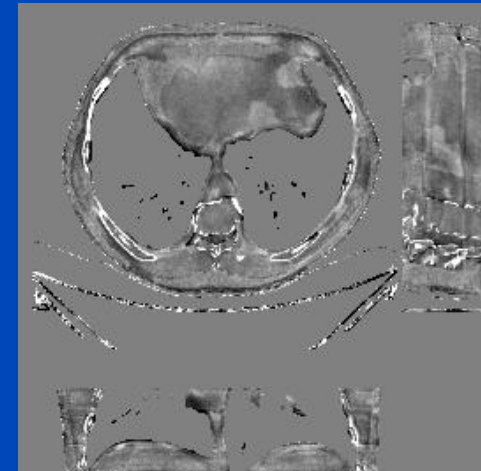
MC ground truth



DDE



Relative error

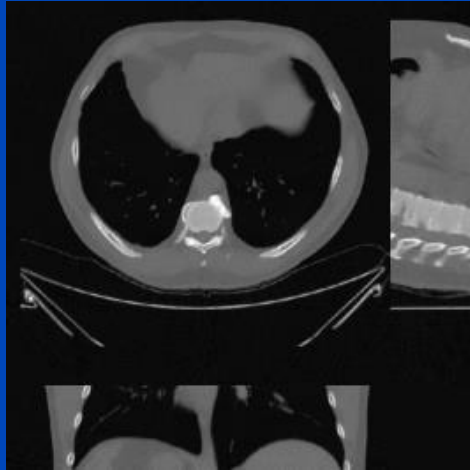


C = 0%
W = 40%

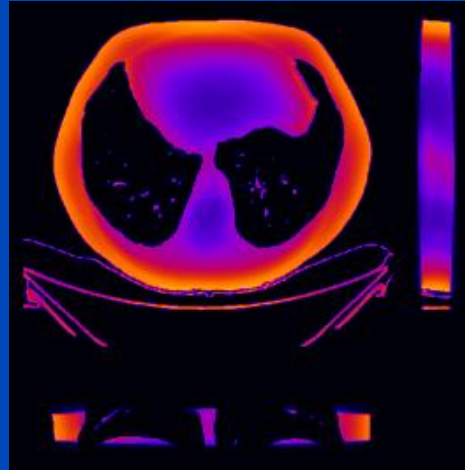
Results

Thorax, tube B, 120 kV, no bowtie

CT image



First order dose

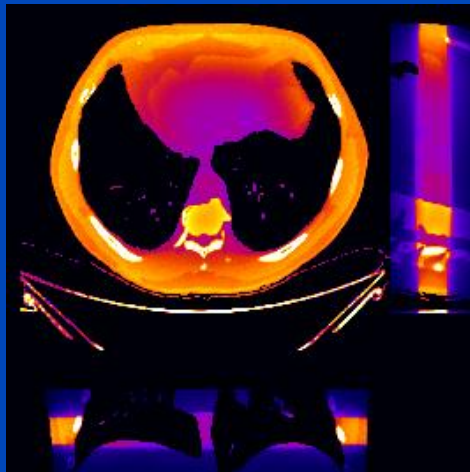


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

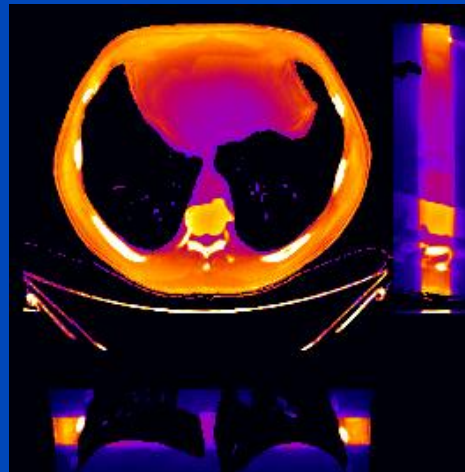
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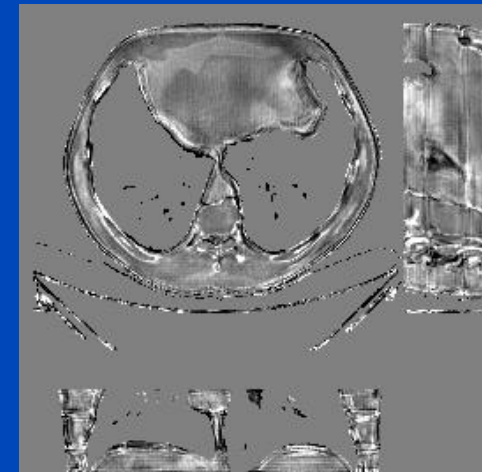
MC ground truth



DDE



Relative error



C = 0%
W = 40%

Conclusions on DDE

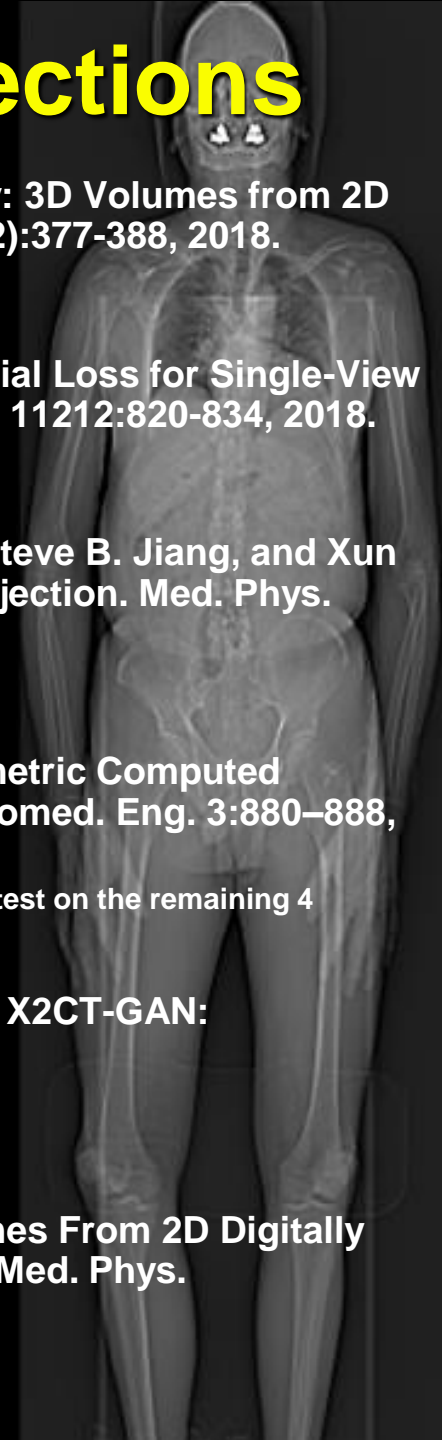
- **DDE provides accurate dose predictions**
 - for circle scans
 - for sequence scans
 - for partial scans (less than 360°)
 - for limited angle scans (less than 180°)
 - for spiral scans
 - for different tube voltages
 - for scans with and without bowtie filtration
 - for scans with tube current modulation
- **In practice it may therefore be not necessary to perform separate training runs for these cases.**
- **Thus, accurate real-time patient dose estimation may become feasible with DDE.**

Part 3:

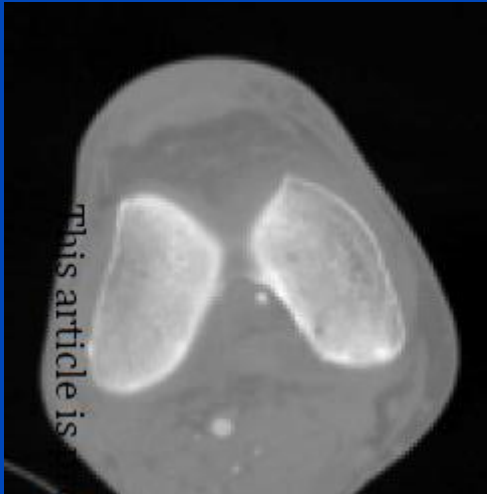
Very Few Projections

Reconstruct from 1 or 2 Projections

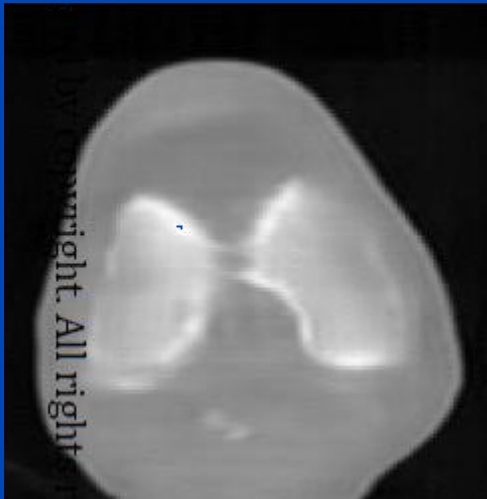
- P. Henzler, V. Rasche, T. Ropinski, and T. Ritschel. Single-image Tomography: 3D Volumes from 2D X-Rays: 3D Volumes from 2D Cranial X-Rays. *Computer Graphics Forum*. 37(2):377-388, 2018.
 - $N=1$, mainly skulls in air but also mouse with soft tissue
 - modified U-Net without reducing the number of features in the decoder (2D \rightarrow 3D)
- Li Jiang, Shaoshuai Shi, Xiaojuan Qi, and Jiaya Jia. GAL: Geometric Adversarial Loss for Single-View 3D-Object Reconstruction. In: *ECCV 2018 Lecture Notes in Computer Science* 11212:820-834, 2018.
 - $N=1$, object shapes from photography
 - GAN-type network
- Yuan Xu, Hao Yan, Luo Ouyang, Jing Wang, Linghong Zhou, Laura Cervino, Steve B. Jiang, and Xun Jia. A Method for Volumetric Imaging in Radiotherapy using Single X-Ray Projection. *Med. Phys.* 42(5):2498-2509, 2015
 - $N=1$. Derives MVFs from an x-ray projection that are then applied to a 3D CBCT volume
 - Sparse learning
- Liyue Shen, Wei Zhao, and Lei Xing. Patient-Specific Reconstruction of Volumetric Computed Tomography Images from a Single Projection View via Deep Learning. *Nat. Biomed. Eng.* 3:880–888, 2019.
 - $N=1$. Training and validation in the same patient. Example 1: train on 6 phases of 4D CT and test on the remaining 4 phases. Example 2: train on 4D CT of day 1 and test on 4D CT of day 2. 2D encoder CNN, 2D \rightarrow 3D FCN, 3D decoder CNN.
- Xingde Ying, Heng Guo, Kai Ma, Jian Wu, Zhengxin Weng, and Yefeng Zheng. X2CT-GAN: Reconstructing CT from Biplanar X-Rays with Generative Adversarial Networks. *arXiv:1905.06902v1*, May 2019
 - $N=2$. Thorax cases
 - GAN with U-Net-type generator whose skips are backprojections.
- Diogo F. Almeida, Patricio Astudillo, and Dirk Vandermeulen. 3D Image Volumes From 2D Digitally Reconstructed X-Rays: A Deep Learning Approach In Lower Limb CT-Scans. *Med. Phys.* 48:published online, 2021.
 - $N=2$. Lower limb DRRs.
 - Based on Henzler et al. (see above).



GT



CNN



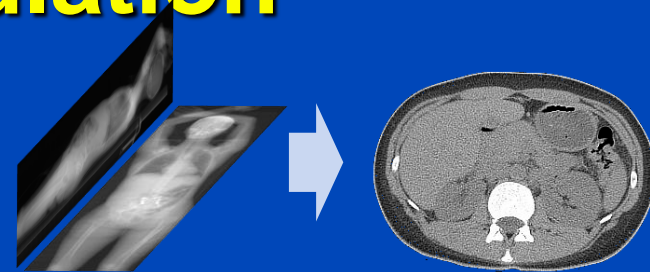
What for?

- Avoid CT scans if only coarse 3D information is required.
- Real-time guidance in RT or in intervention: Generate 4D volumes from fluoroscopy (a series of x-ray CT image)
- Niche applications
 - Assess location and size of organs from just one or two x-ray images
 - Patient position verification
 - ...
- Perform patient-specific tube current modulation (next slides).

Patient Risk-Minimizing Tube Current Modulation

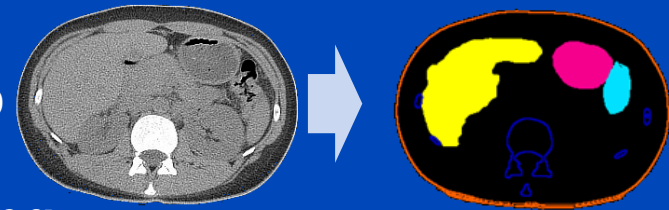
1. Coarse reconstruction from two scout views

- E.g. X. Ying, et al. X2CT-GAN: Reconstructing CT from biplanar x-rays with generative adversarial networks. CVPR 2019.



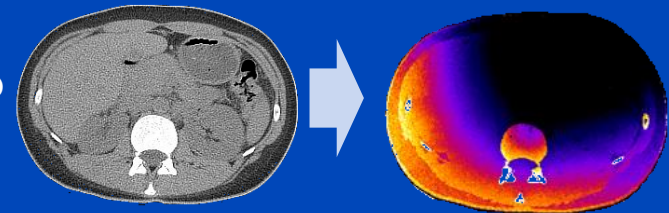
2. Segmentation of radiation-sensitive organs

- E.g. S. Chen, M. Kachelrieß et al., Automatic multi-organ segmentation in dual-energy CT (DECT) with dedicated 3D fully convolutional DECT networks. Med. Phys. 2019.



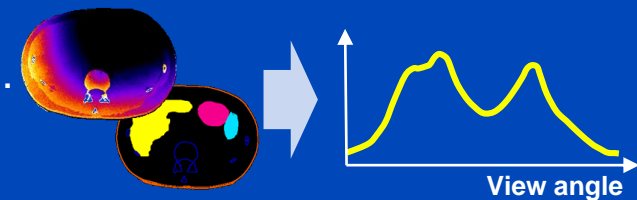
3. Calculation of the effective dose per view using the deep dose estimation (DDE)

- J. Maier, E. Eulig, S. Dorn, S. Sawall and M. Kachelrieß. Real-time patient-specific CT dose estimation using a deep convolutional neural network. IEEE Medical Imaging Conference Record, M-03-178: 3 pages, Nov. 2018.

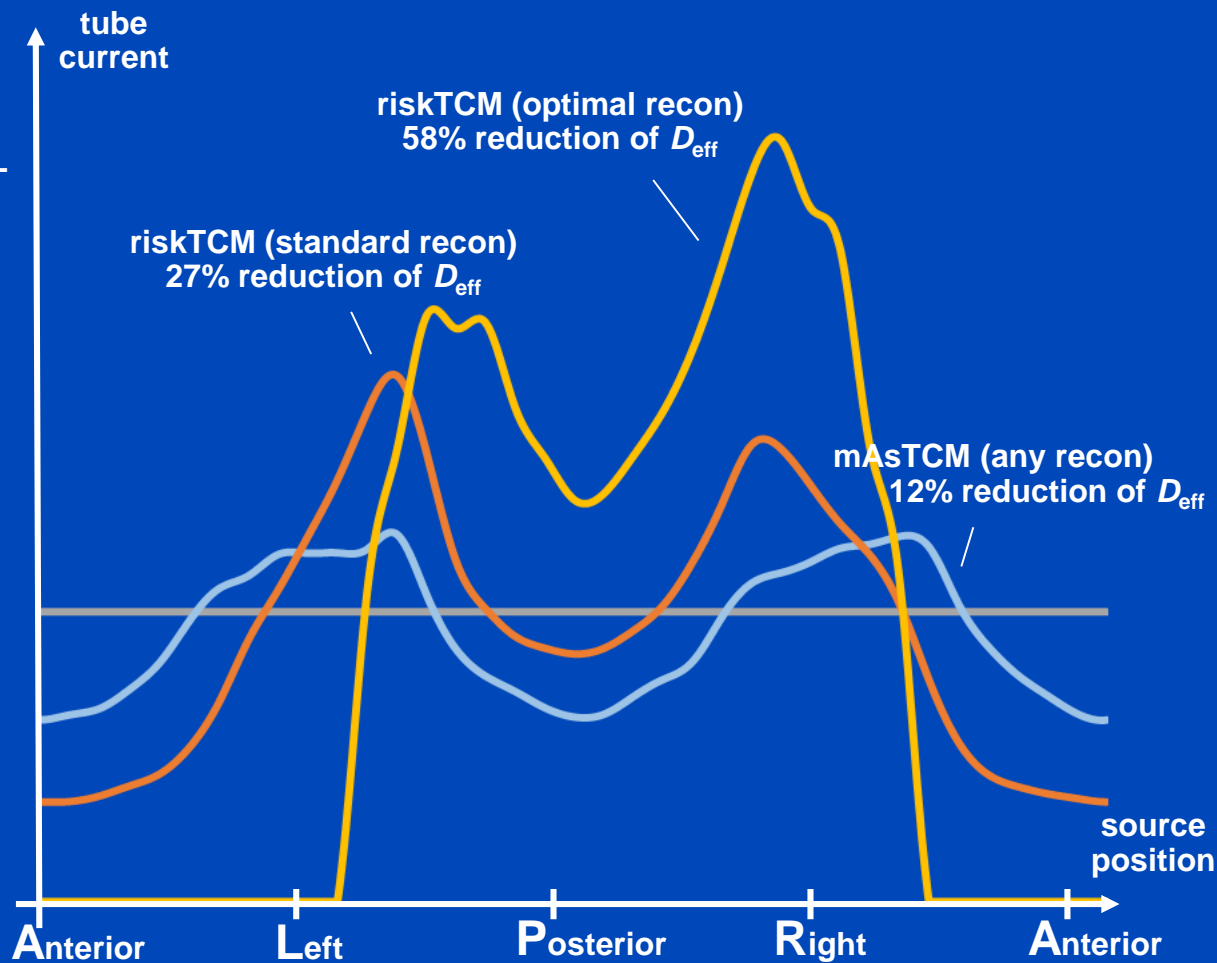
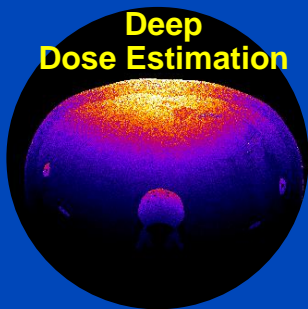
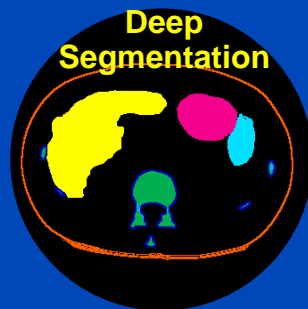
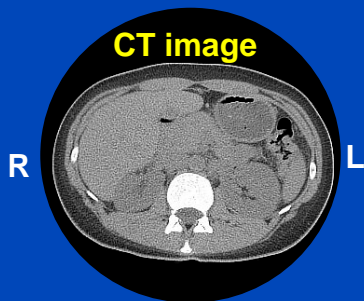


4. Determination of the tube current modulation curve that minimizes the radiation risk

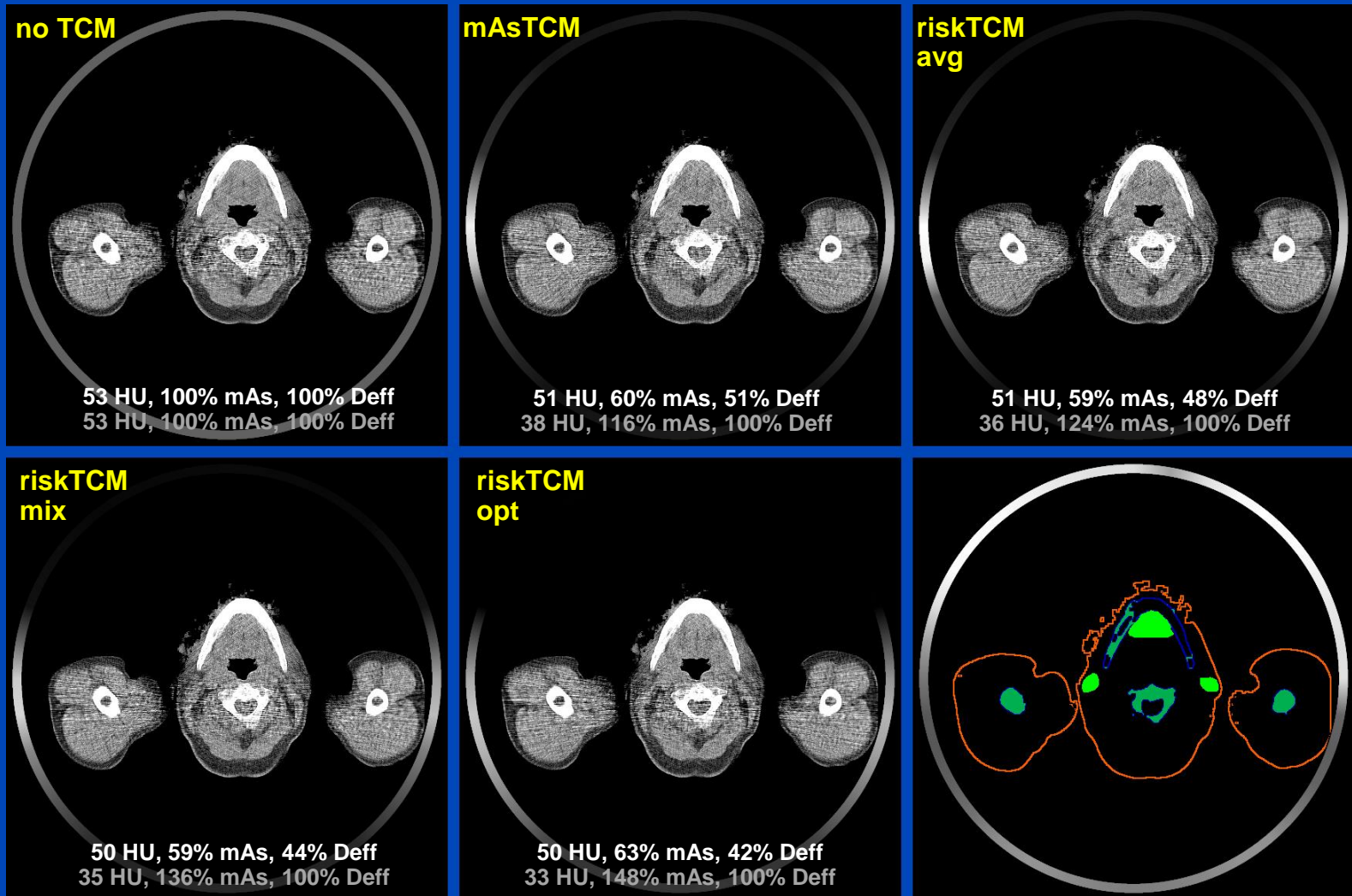
- L. Klein, J. Maier, C. Liu, A. Maier, M. Lell, and M. Kachelrieß. Patient radiation risk–minimizing tube current modulation for diagnostic CT. Submitted to Med. Phys., 2021.



Remainder 0.12
Bone surface 0.01
Brain 0.01
Breast 0.12
Colon 0.12
Red Bone Marrow 0.12
Salivary glands 0.01
Esophagus 0.04
Liver 0.04
Lung 0.12
Skin 0.01
Stomach 0.12
Gonads 0.08
Thyroid 0.04
Bladder 0.04

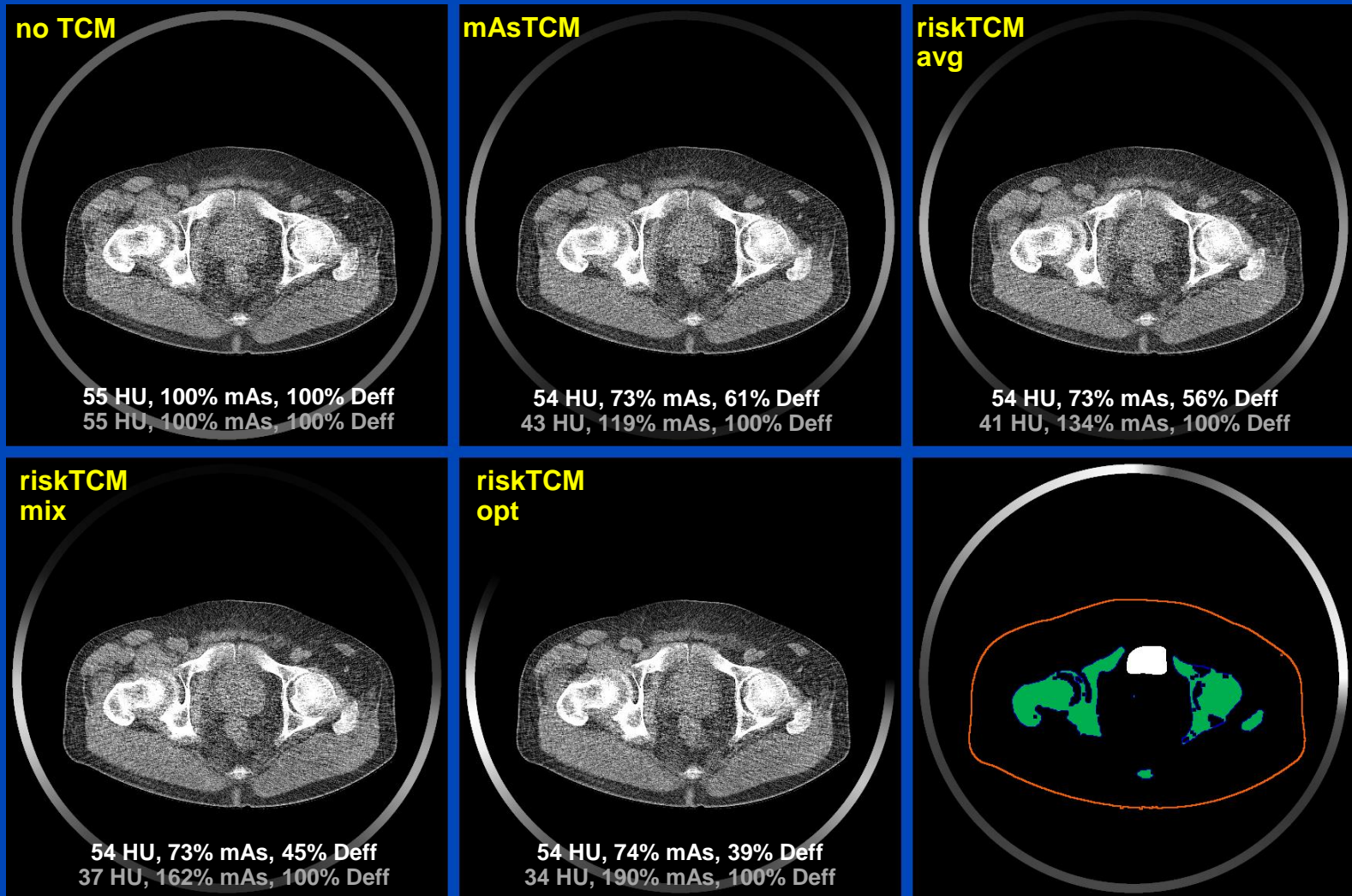


Patient 03 - Neck



C = 25 HU, W = 400 HU

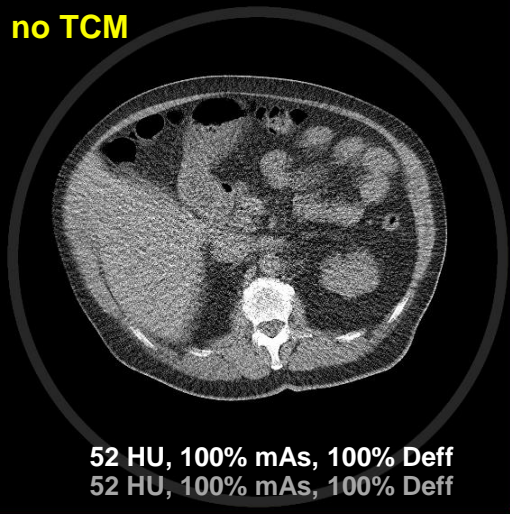
Patient 03 - Pelvis



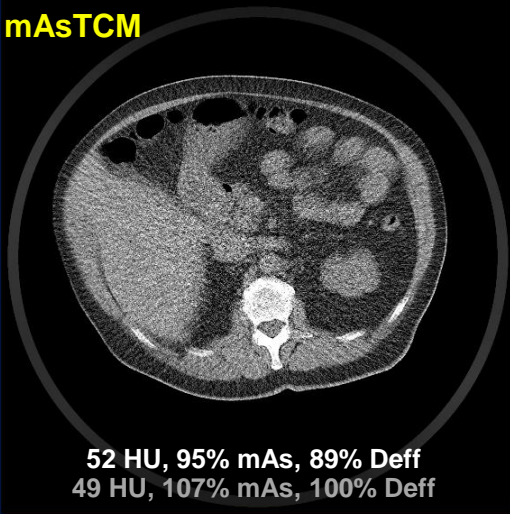
C = 25 HU, W = 400 HU

Patient 04 - Abdomen

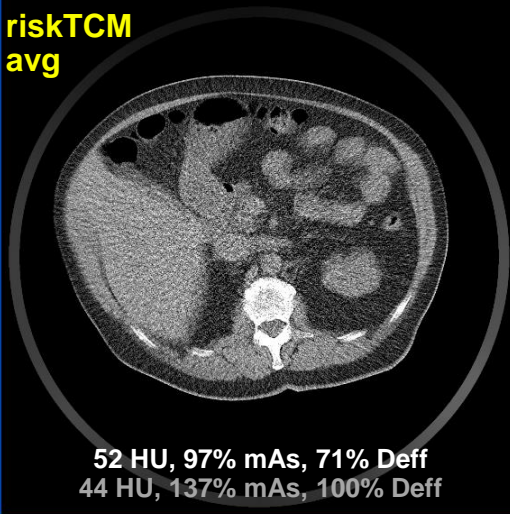
no TCM



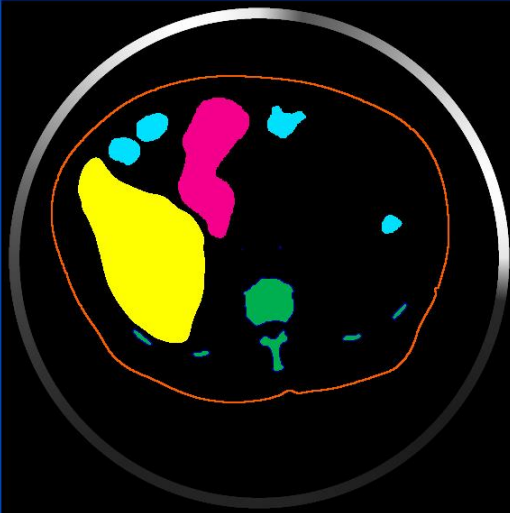
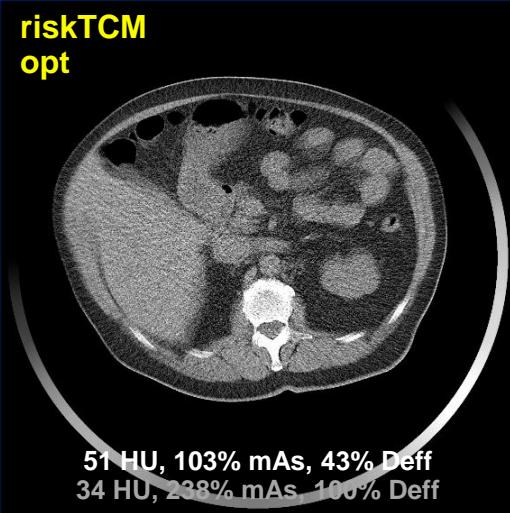
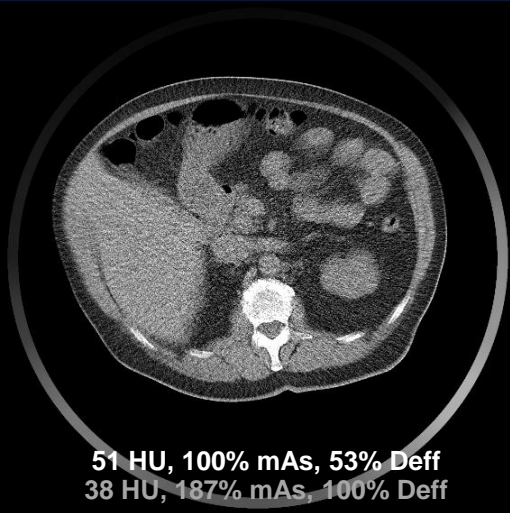
mAsTCM



riskTCM
avg



riskTCM
opt

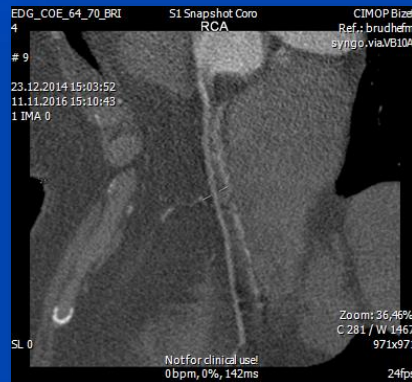


Re	0.12
BS	0.01
Br	0.01
Br	0.12
Co	0.12
RB	0.12
SG	0.01
Es	0.04
Li	0.04
Lu	0.12
Sk	0.01
St	0.12
Go	0.08
Th	0.04
BI	0.04

Part 5:

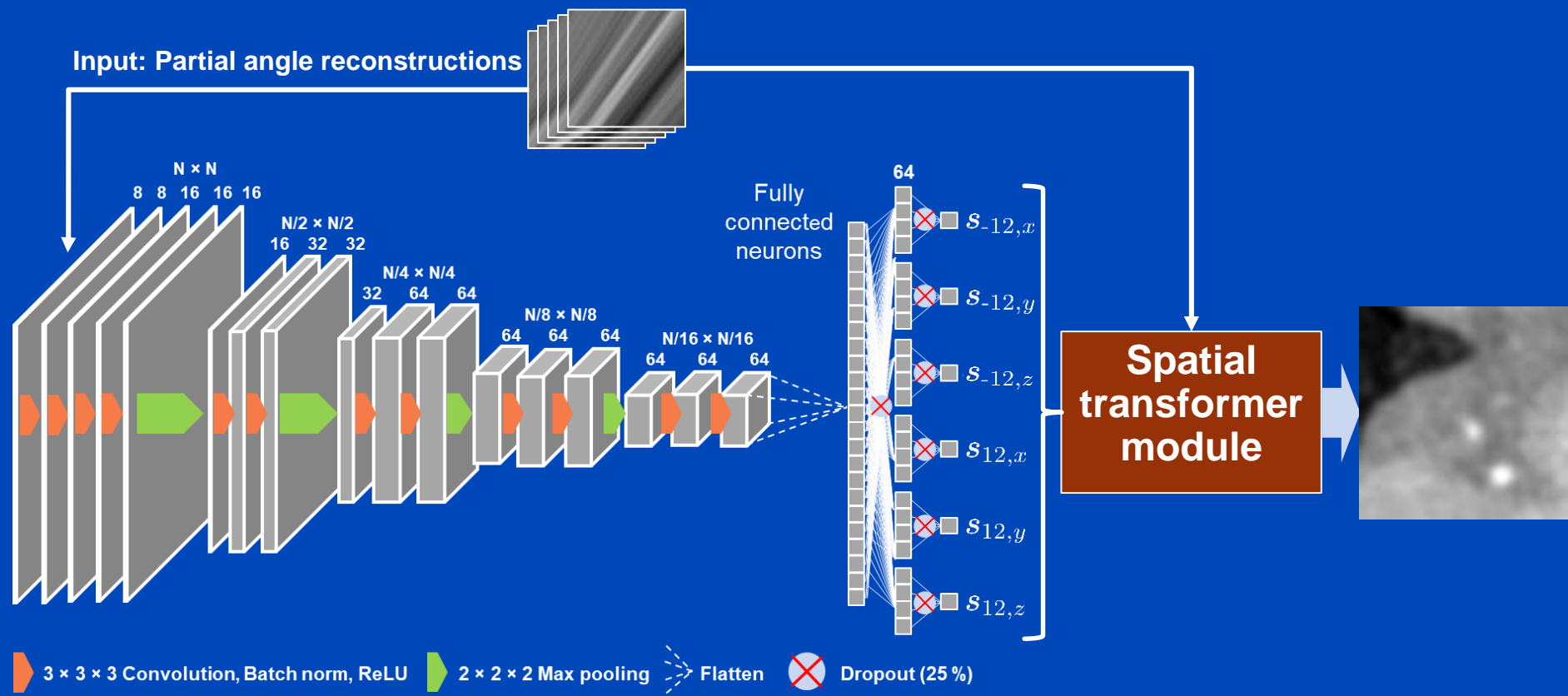
Motion Compensation (MoCo)

Deep Cardiac Motion Compensation



Deep PAMoCo

Network architecture



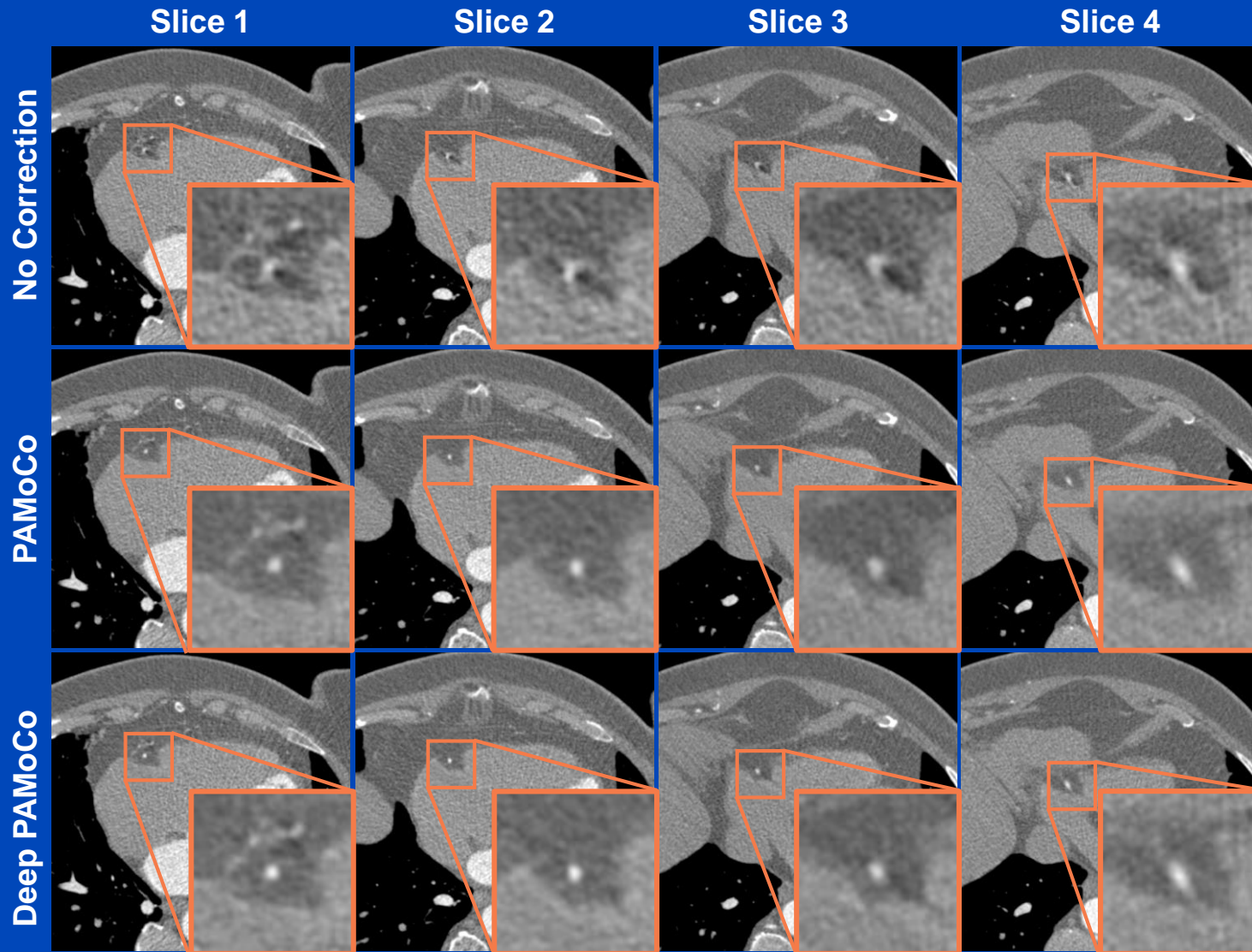
J. Maier, S. Lebedev, E. Eulig, S. Sawall, E. Fournié, K. Stierstorfer, and M. Kachelrieß. Coronary artery motion compensation for short-scan cardiac CT using a spatial transformer network. Conference Program of the 6th International CT-Meeting, August 2020.

J. Maier, S. Lebedev, J. Erath, E. Eulig, S. Sawall, E. Fournié, K. Stierstorfer, M. Lell, and M. Kachelrieß. Deep learning-based coronary artery motion estimation and compensation for short-scan cardiac CT. Med. Phys. 48, in press, 2021.



Results

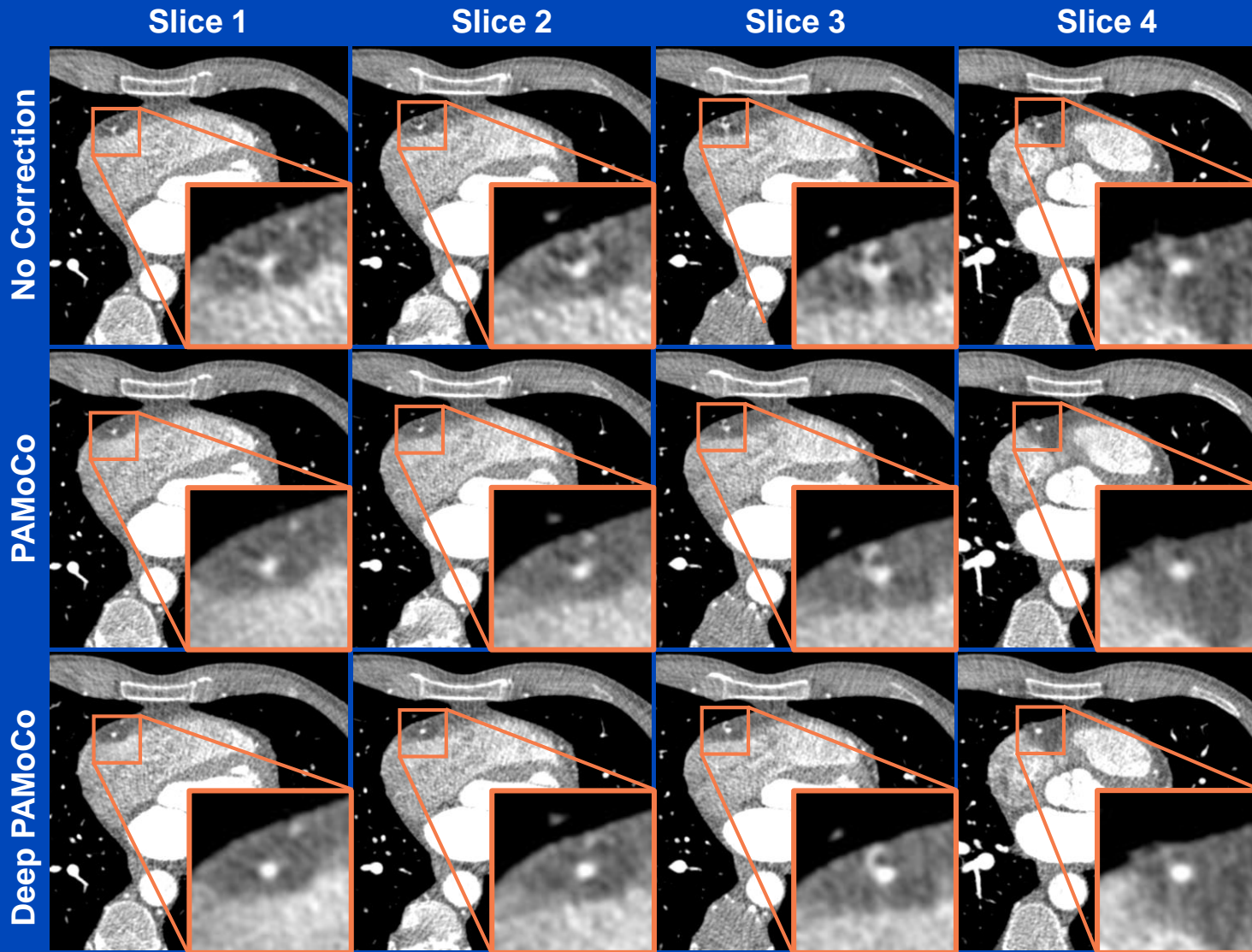
Measurements, patient 1



C = 1000 HU
W = 1000 HU

Results

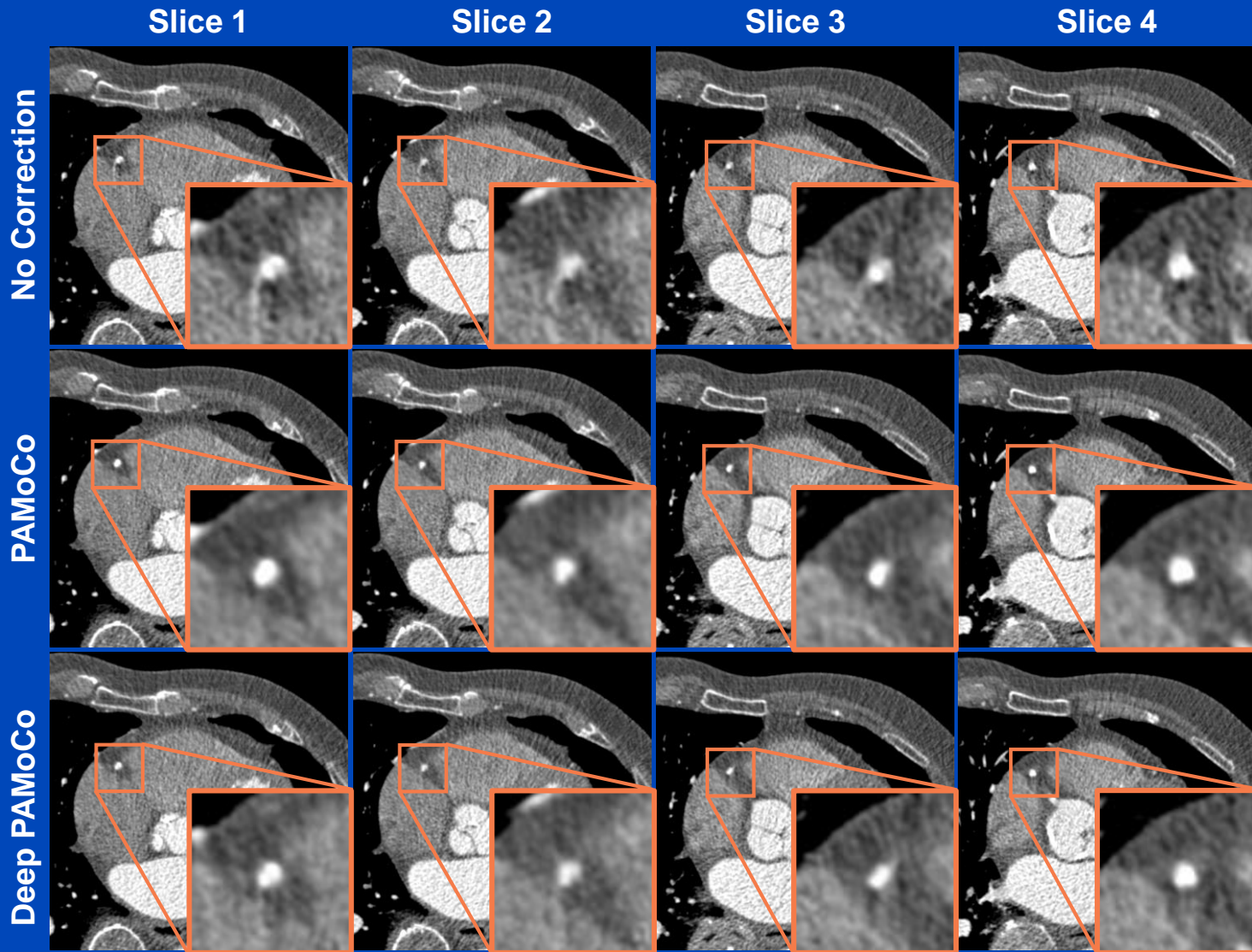
Measurements, patient 2



C = 1000 HU
W = 1000 HU

Results

Measurements, patient 3



C = 1100 HU
W = 1000 HU

Thank You!



This presentation is available at www.dkfz.de/ct.

Job opportunities through DKFZ's international PhD or Postdoctoral Fellowship programs (marc.kachelriess@dkfz.de).

Parts of the reconstruction software were provided by RayConStruct[®] GmbH, Nürnberg, Germany.