

Dual Energy CT (DECT) and beyond

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DEUTSCHES
KREBSFORSCHUNGSZENTRUM
IN DER HELMHOLTZ-GEMEINSCHAFT

DECT

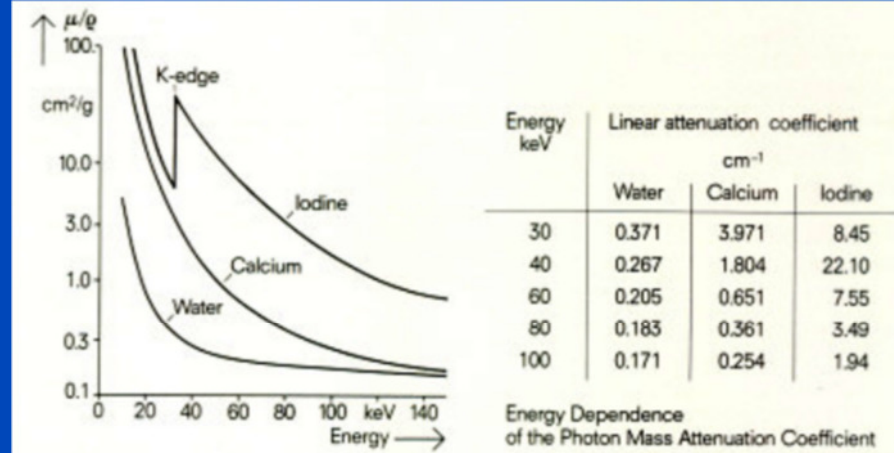
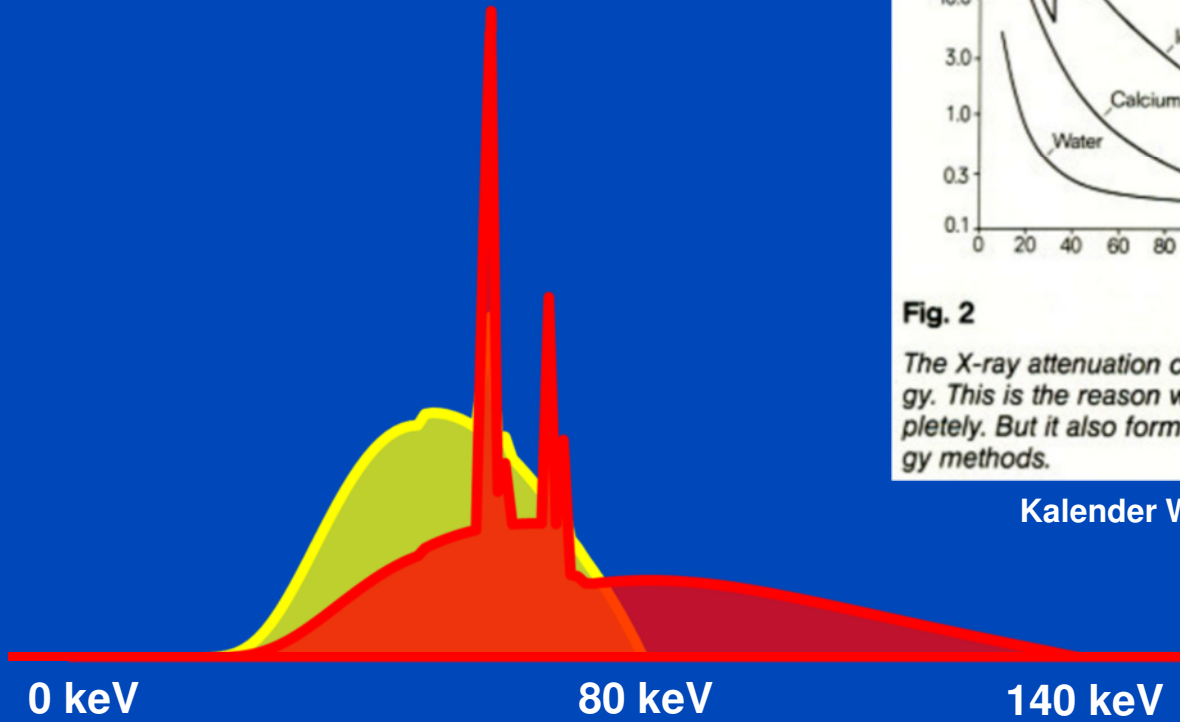
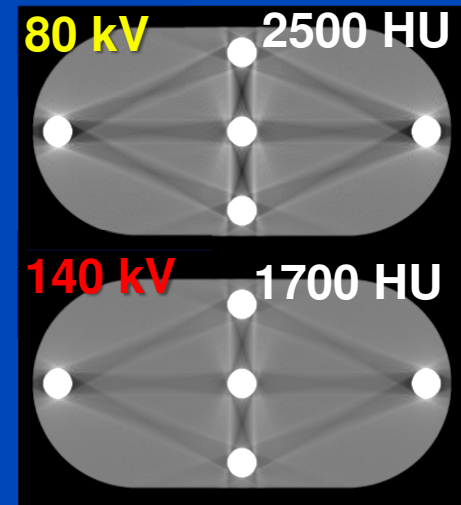


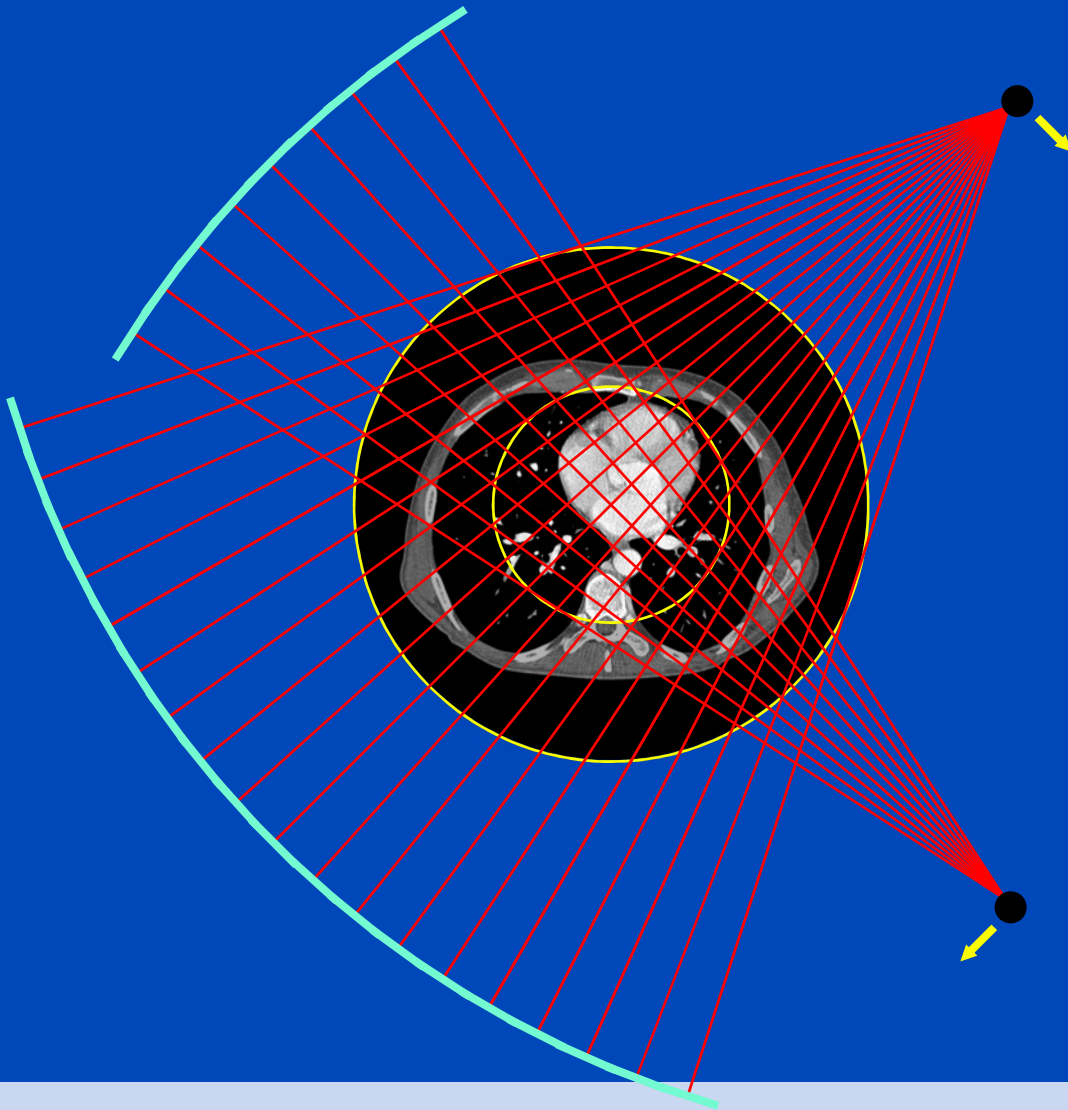
Fig. 2
 The X-ray attenuation coefficients of different materials vary widely with energy. This is the reason why beamhardening effects cannot be controlled completely. But it also forms the basis for material-selective imaging by dual energy methods.

Kalender WA et al. Radiology 164:419-423, 1987

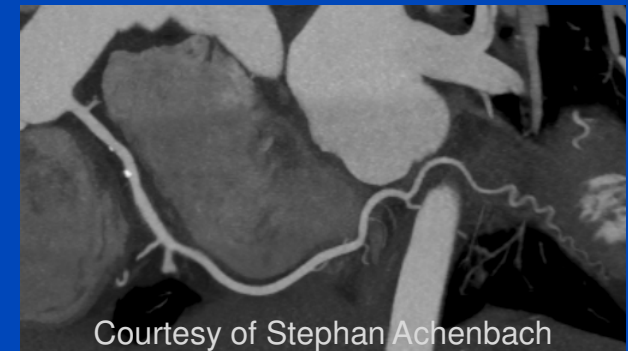
$$\mu(\mathbf{r}, E) = f_1(\mathbf{r})\psi_1(E) + f_2(\mathbf{r})\psi_2(E)$$



Dual-Source-CT (since 2005)



Siemens SOMATOM Force
3rd generation
dual source cone-beam spiral CT

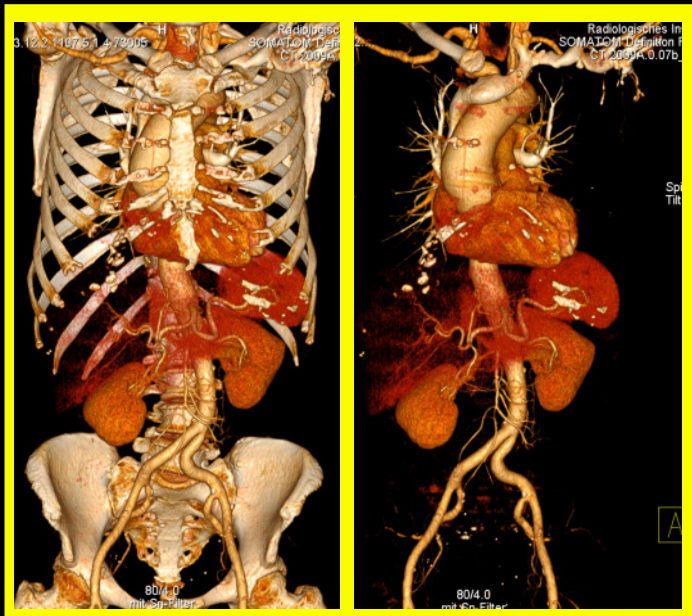


Courtesy of Stephan Achenbach
Turbo Flash, 70 kV, 0.55 mSv
63 ms temporal resolution
143 ms scan time

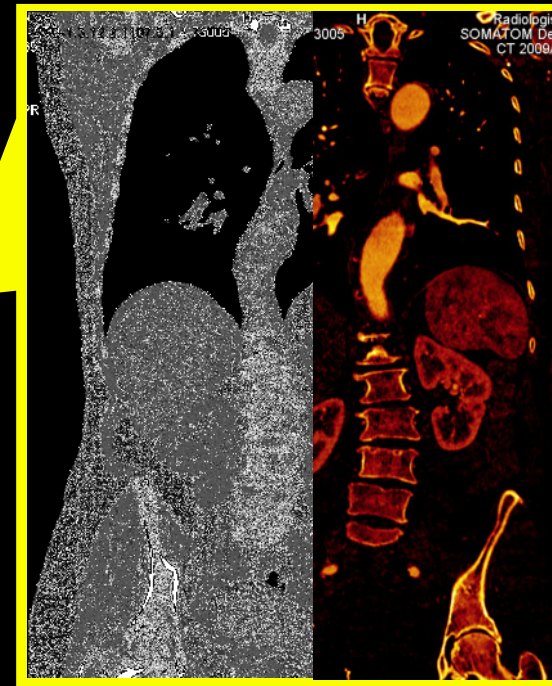
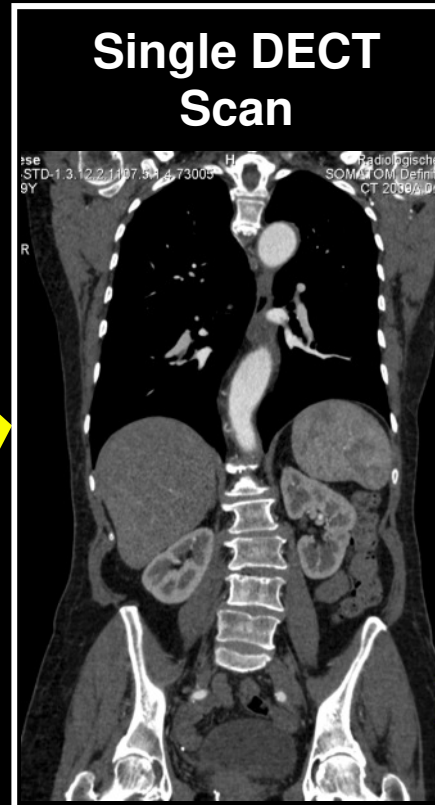
Examples

(Slide Courtesy of Siemens Healthcare)

DE bone removal



Single DECT Scan



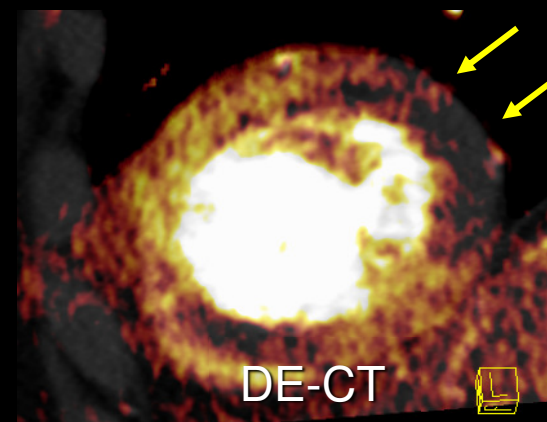
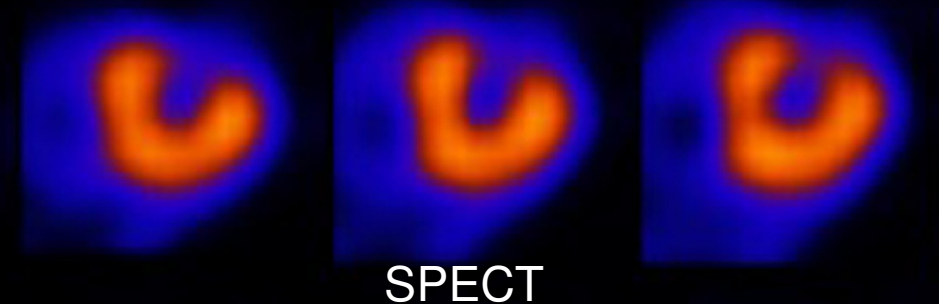
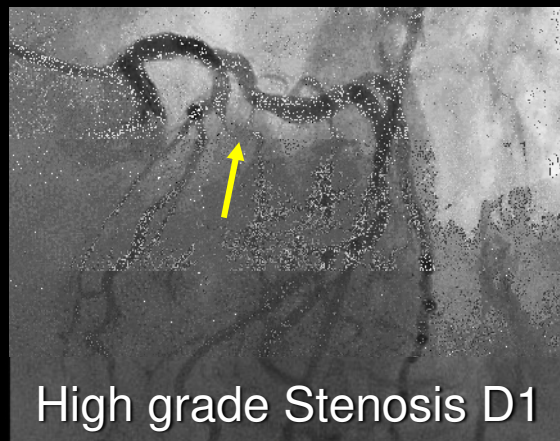
Virtual non-contrast and Iodine image

Dual Energy whole body CTA: 100/140 Sn kV @ 0.6mm

DECT Today: Widely Available via DSCT

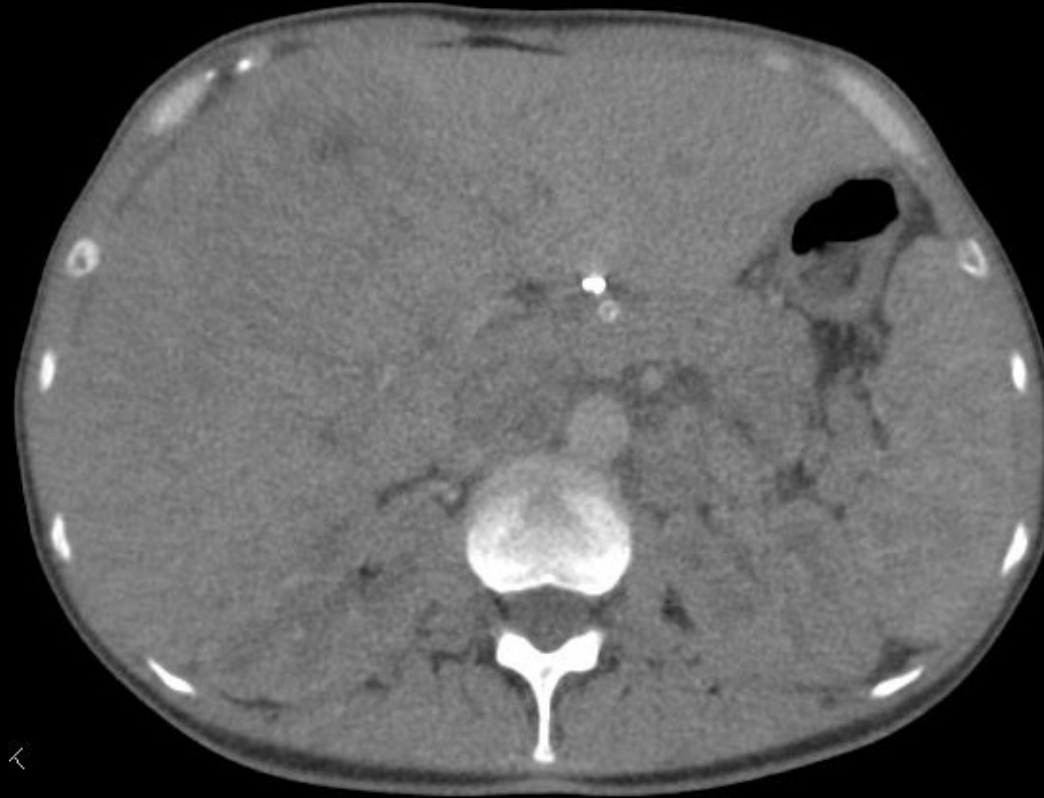
(Slide Courtesy of Siemens Healthcare)

- **New approach: Detection, visualization and quantification of iodine**
 - Characterization of perfusion defects in the myocardium
 - Hemodynamic relevance of coronary artery stenosis:
Coronary CTA = morphology, local blood volume = function



Monoenergetic Imaging

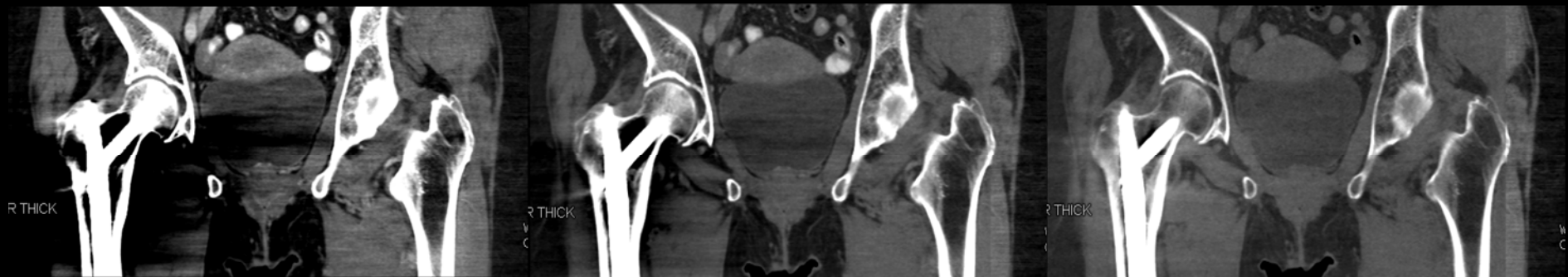
(mono+ = noise reduction with frequency split)



Dual Energy Monoenergetic Plus E = 170 keV

Courtesy of Prof. Michael Lell, Friedrich-Alexander University Erlangen-Nürnberg

Dual Energy Metal Artifact Reduction (linear combination plus noise reduction with mono+)



Dual Energy Monoenergetic Plus E = 50 keV

Dual Energy Monoenergetic Plus E = 80 keV

Dual Energy Monoenergetic Plus E = 160 keV

50 keV

80 keV

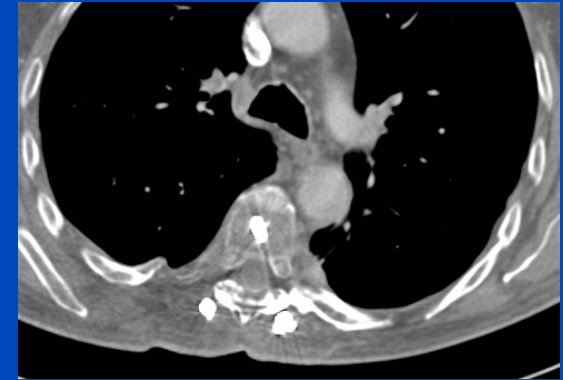
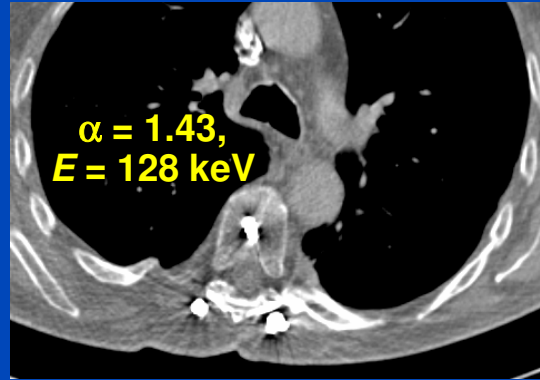
160 keV

Original

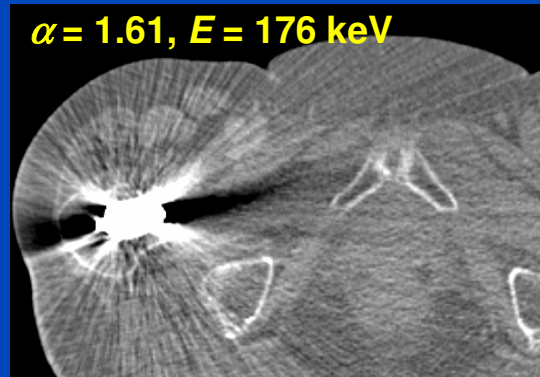
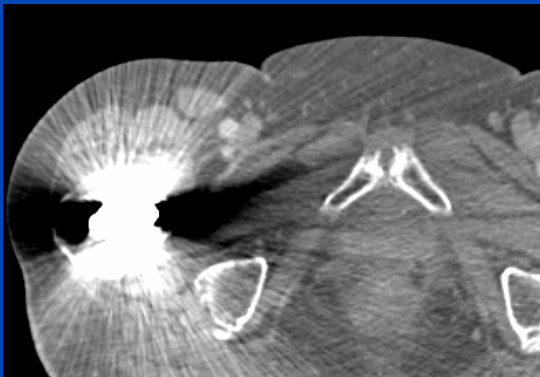
DEMAR

iMAR¹ (FSNMAR²)

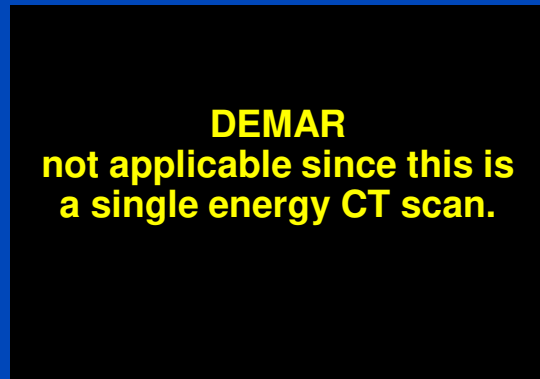
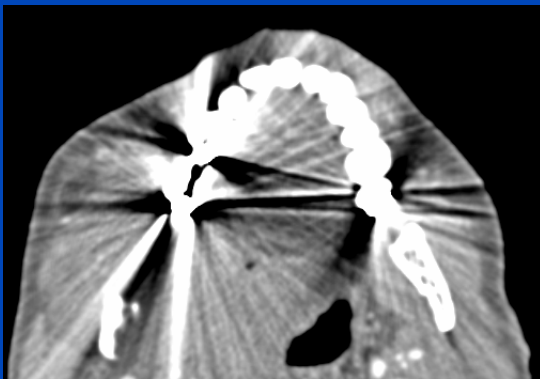
Patient 1
100 kV
140 kV Sn



Patient 2
100 kV
140 kV Sn



Patient 3
100 kV

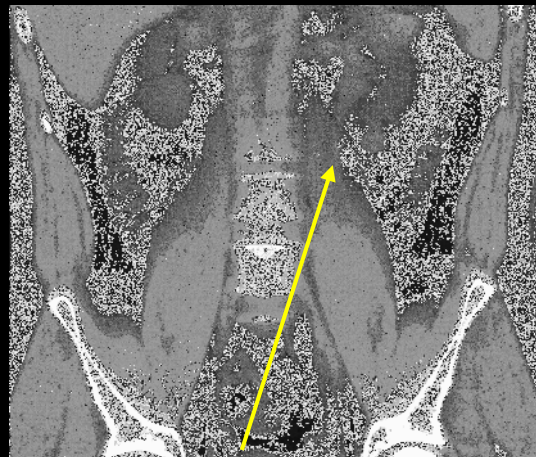


¹Iterative metal artifact reduction (iMAR) is the Siemens product implementation of FSNMAR.
²Frequency split normalized metal artifact reduction: Meyer, Kachelrieß. MedPhys 39(4), 2012.

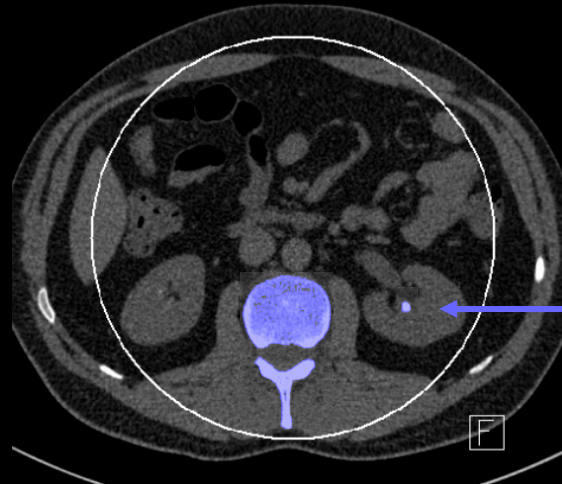
DECT Today: Widely Available via DSCT

(Slide Courtesy of Siemens Healthcare)

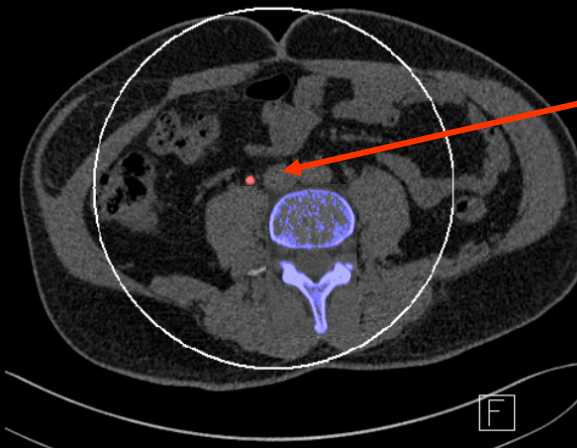
- “Spectroscopy“: more specific tissue characterization
→ Detection and visualization of calcium, iron, uric acid,



Kidney stones

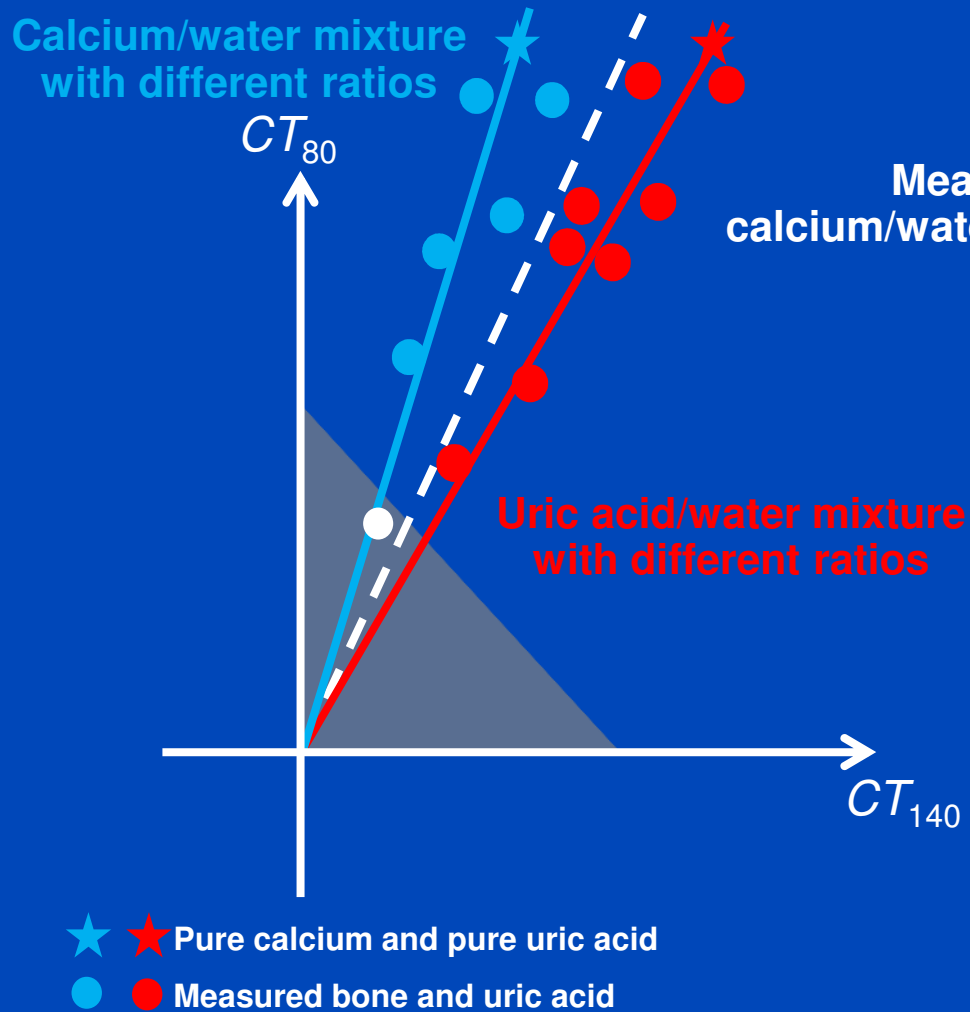


Calcium-oxalate-stone



Uric acid-stone

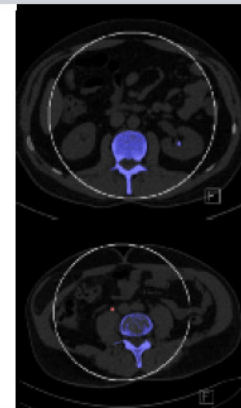
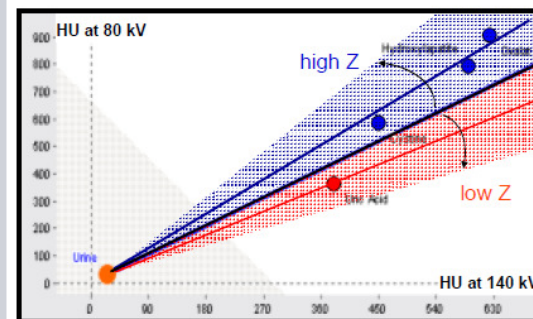
Image-Based Classification of Materials



Measured data can be classified into calcium/water mixtures and uric acid/water mixtures.

Image Based Methods

- Modified 2-material decomposition: Characterization of kidney stones
→ Urine + calcified stones / uric acid stones



DECT Technology

- **In the clinic:**

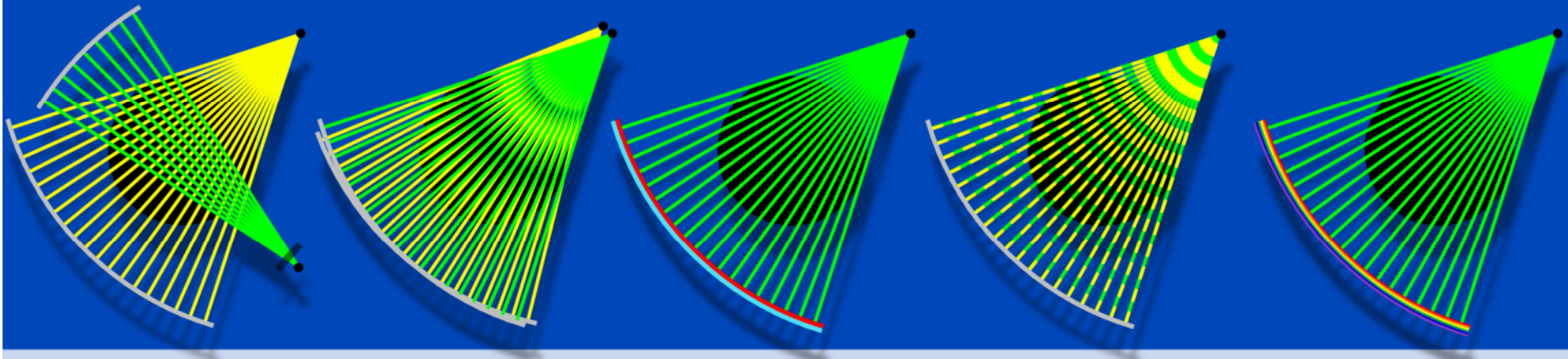
- Multiple scans at different spectra
- Dual source CT (DSCT), generations 2, and 3
- Fast tube voltage switching
- Dual layer sandwich detectors
- Split filter

mid-range
high-end
high-end
high-end
mid-range

- **First prototypes:**

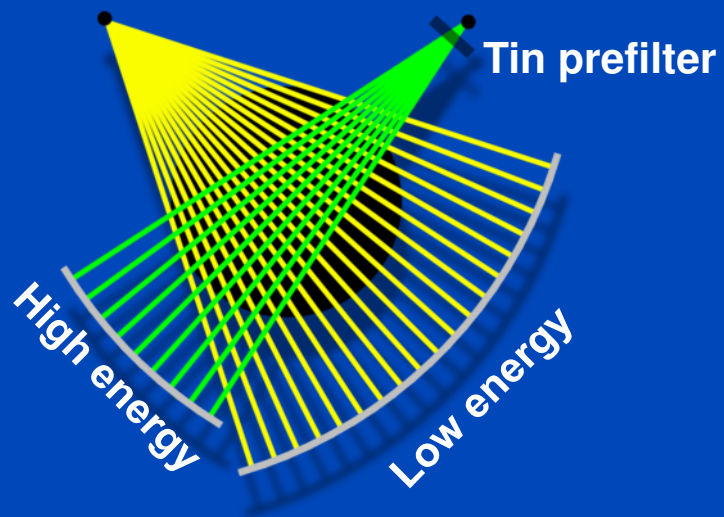
- Photon counting detectors (two or more energy bins)

high-end?

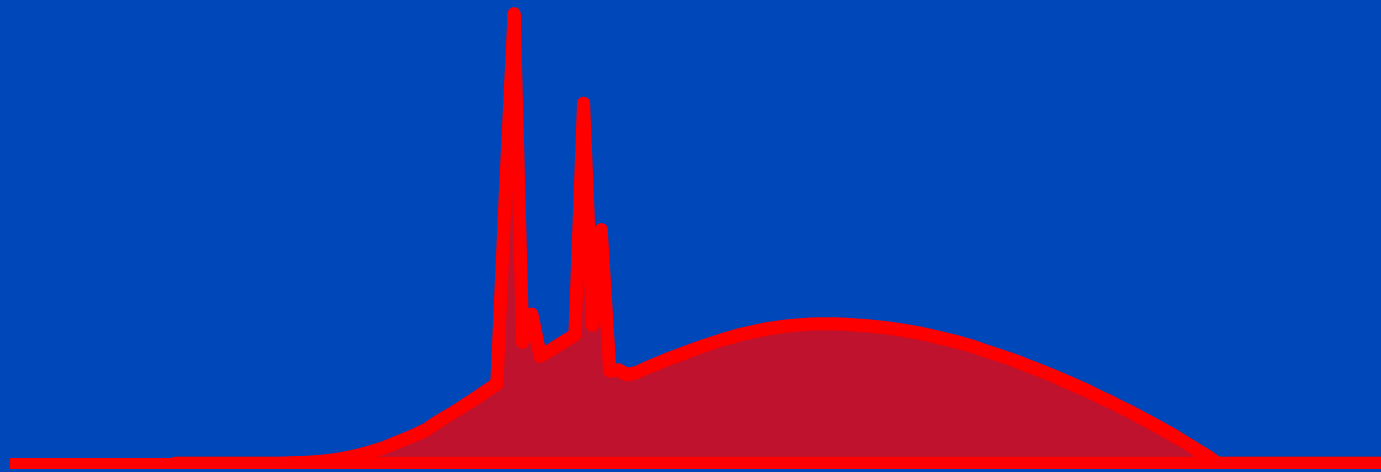


DECT Technology

- DECT approaches in the clinic:
 - Dual source DECT (Siemens)

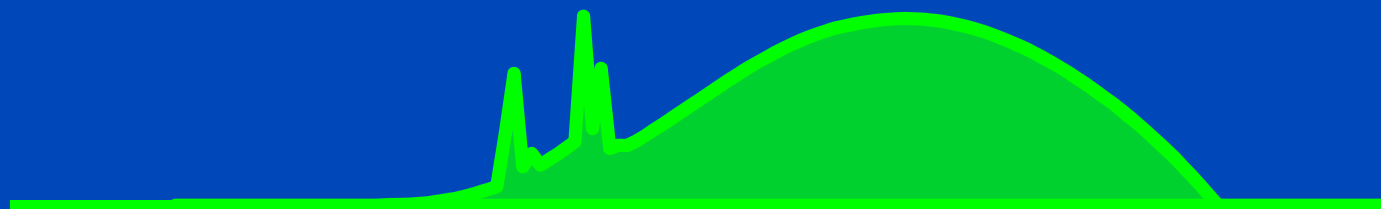


Effect of the Prefilter: Without Sn



Spectra as seen after having passed a 32 cm water layer.

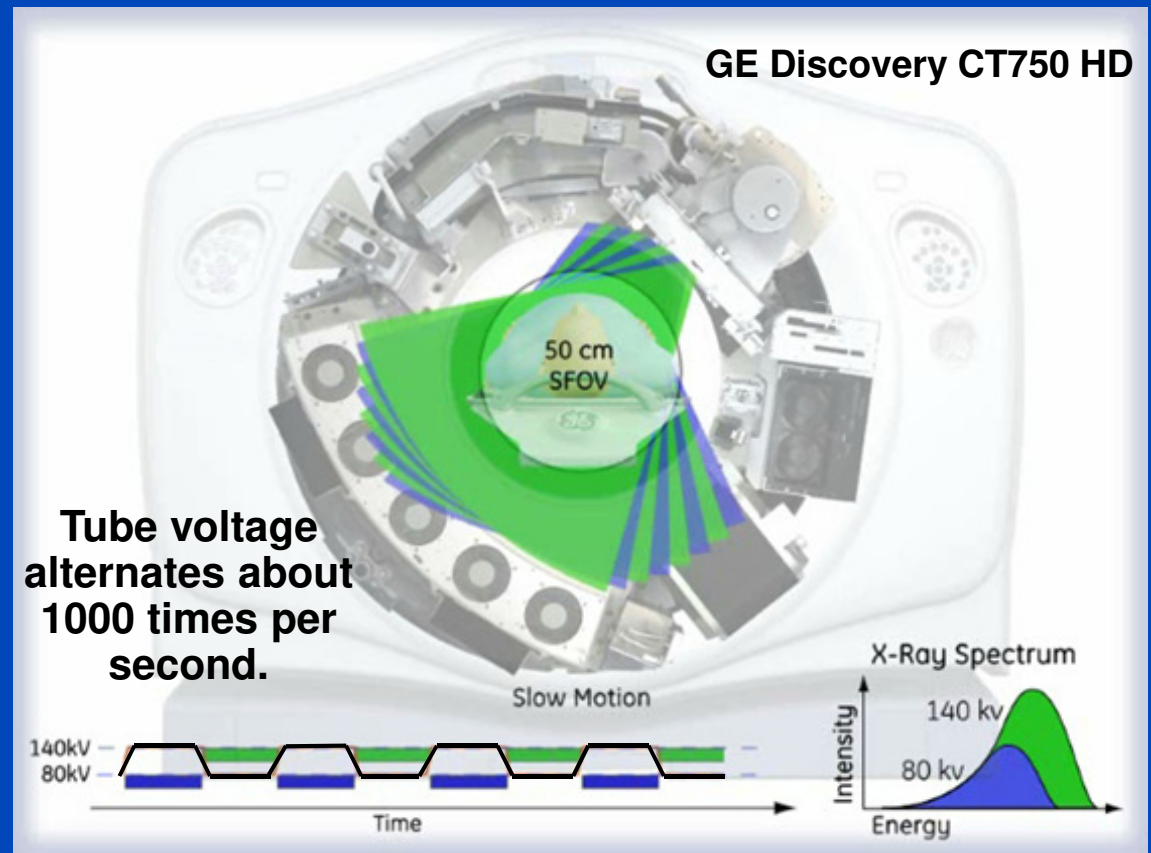
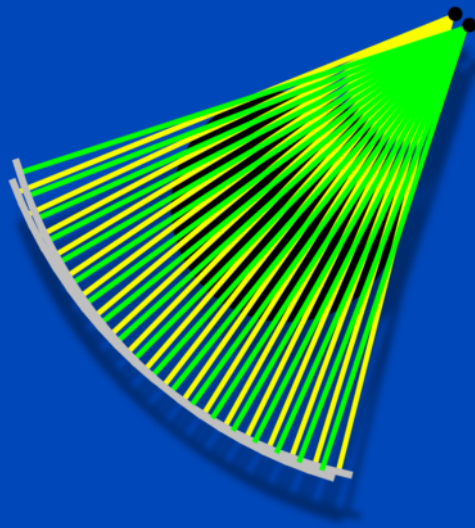
Effect of the Prefilter: With 0.4 mm Sn



Spectra as seen after having passed a 32 cm water layer.

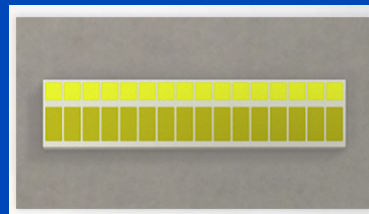
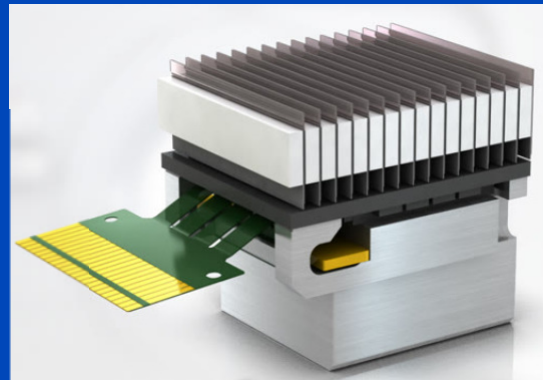
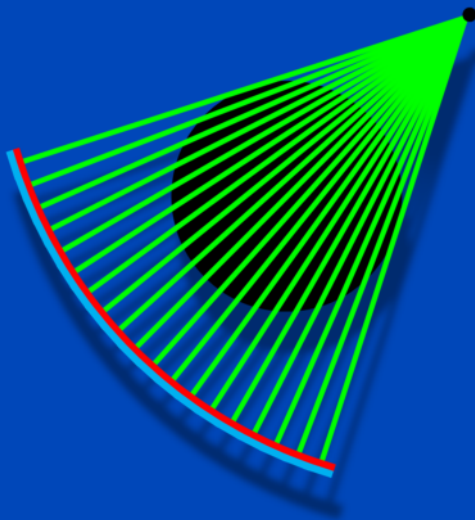
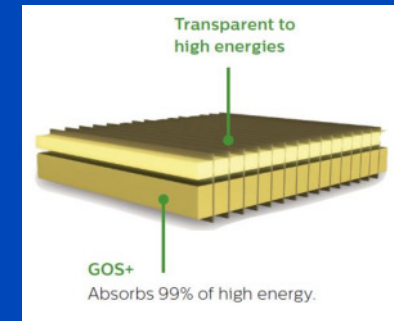
DECT Technology

- DECT approaches in the clinic:
 - Dual source DECT (Siemens)
 - **Fast tube voltage switching (GE)**



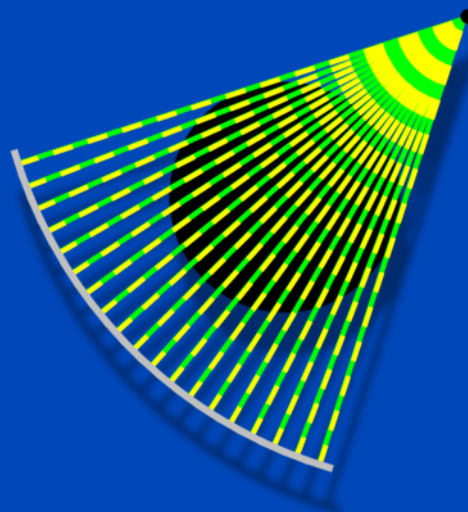
DECT Technology

- DECT approaches in the clinic:
 - Dual source DECT (Siemens)
 - Fast tube voltage switching (GE)
 - **Dual layer (sandwich) detector (Philips)**



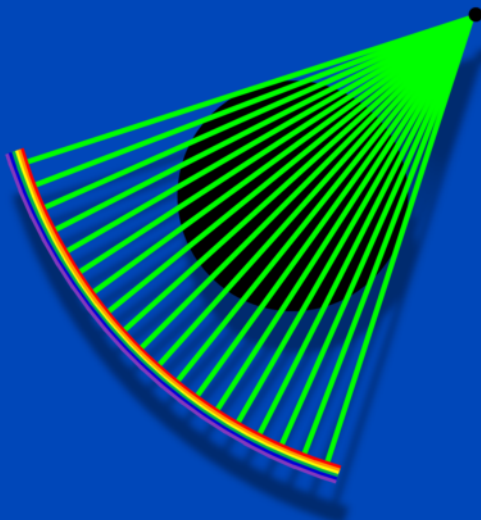
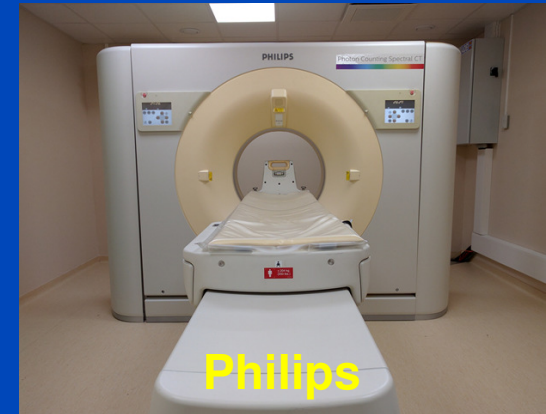
DECT Technology

- DECT approaches in the clinic:
 - Dual source DECT (Siemens)
 - Fast tube voltage switching (GE)
 - Dual layer (sandwich) detector (Philips)
 - **Split filter (Siemens)**



DECT Technology

- DECT approaches in the clinic:
 - Dual source DECT (Siemens)
 - Fast tube voltage switching (GE)
 - Dual layer (sandwich) detector (Philips)
 - Split filter (Siemens)
- First prototype systems
 - Photon counting detector, multiple energy bins



2014-2016	Configuration	Collimation	Rotation	DECT
GE Revolution	256 × 0.625 mm	160 mm	0.28 s	fast TVS
Philips Brilliance iCT	2·128 × 0.625 mm	80 mm	0.27 s	2 scans
Philips IQon	2·64 × 0.625 mm	40 mm	0.27 s	sandwich
Siemens Definition Edge	2·64 × 0.6 mm	38.4 mm	0.28 s	split filter
Siemens Definition Flash	2·2·64 × 0.6 mm	38.4 mm	0.28 s	DSCT
Siemens Force	2·2·96 × 0.6 mm	57.6 mm	0.25 s	DSCT
Siemens PC Prototype	28 × 0.5 mm	14 mm	1.00 s	PC
Toshiba Acquil. ONE Vision	320 × 0.5 mm	160 mm	0.275 s	2 scans

MK3

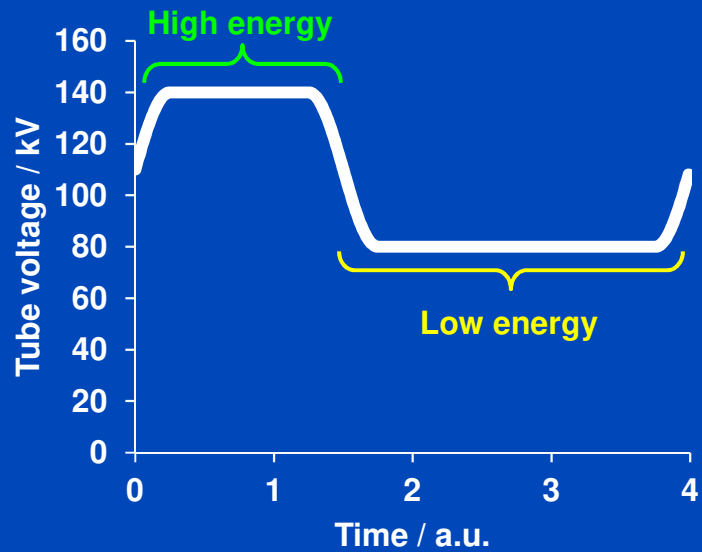
Siemens: $2 \cdot 1160$ in 0.5 s

Philips iCT: $(2400 \text{ readings / rotation}) / (0.27 \text{ seconds / rotation}) = 8.889 \text{ kHz}$

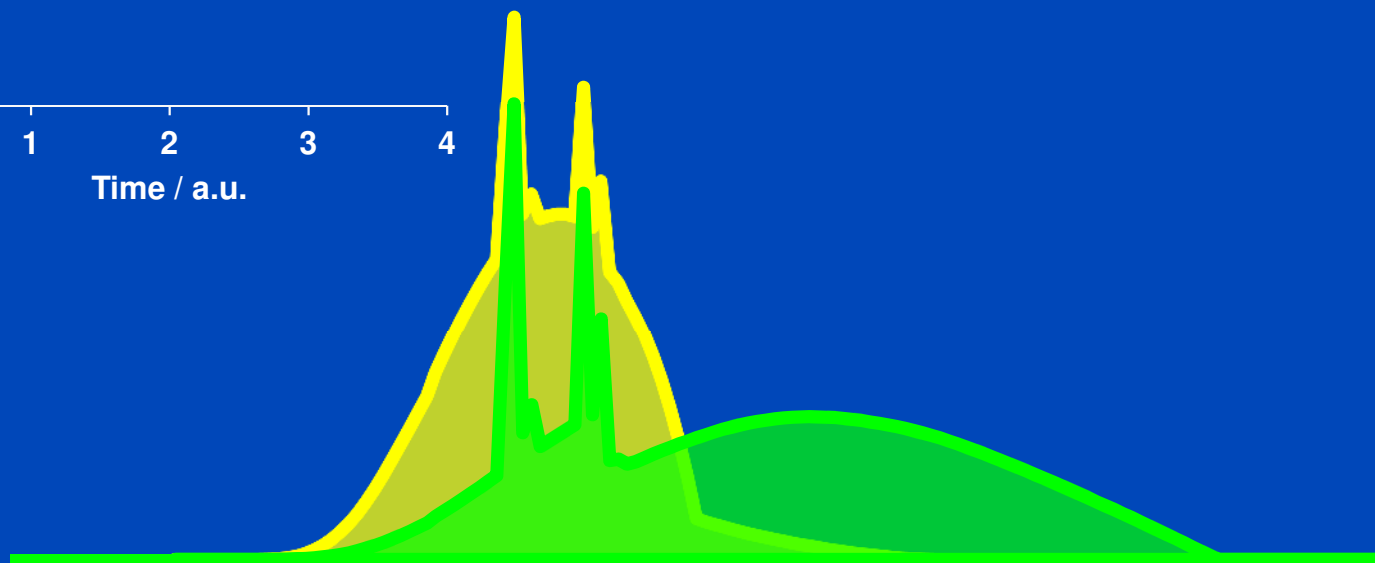
Thoshiba: "Sampling rate is 2.6 KHz. ", Mike Silver, Mail of 20.5.2012

Prof. Dr. Marc Kachelrieß; 21.05.2012

80 kV / 140 kV Sinrect kV-Switching



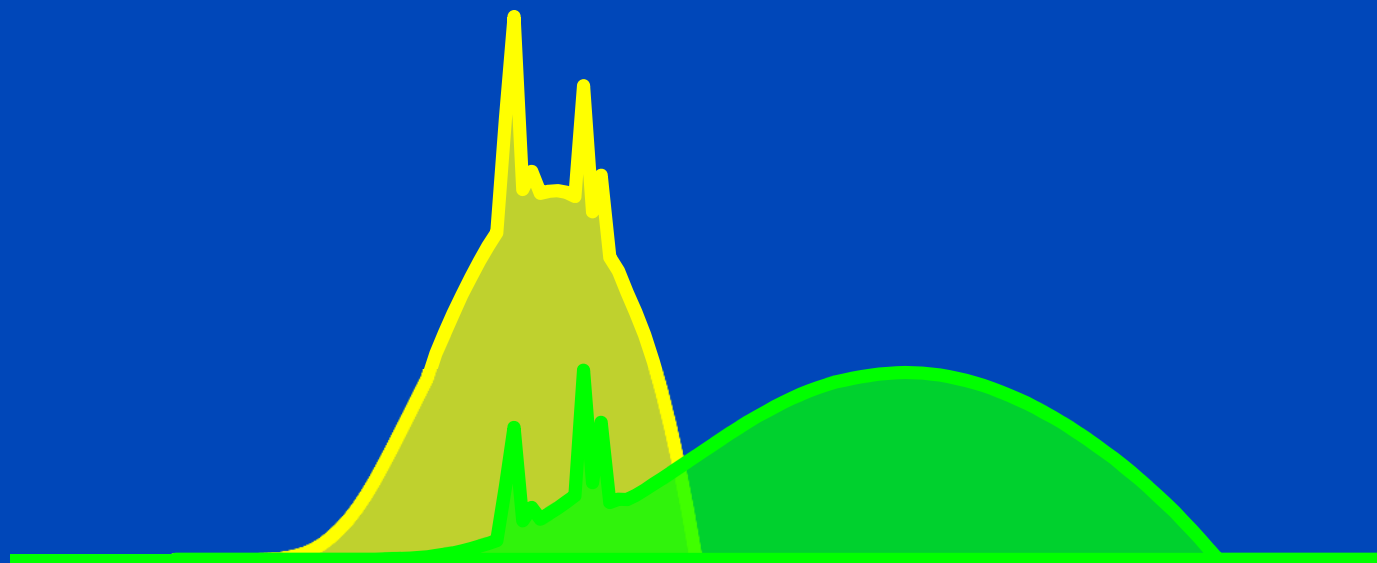
Used in
• GE's fast tube voltage switching CT



Spectra as seen after having passed a 32 cm water layer.

80 kV / 140 kV Sn_{0.4} mm

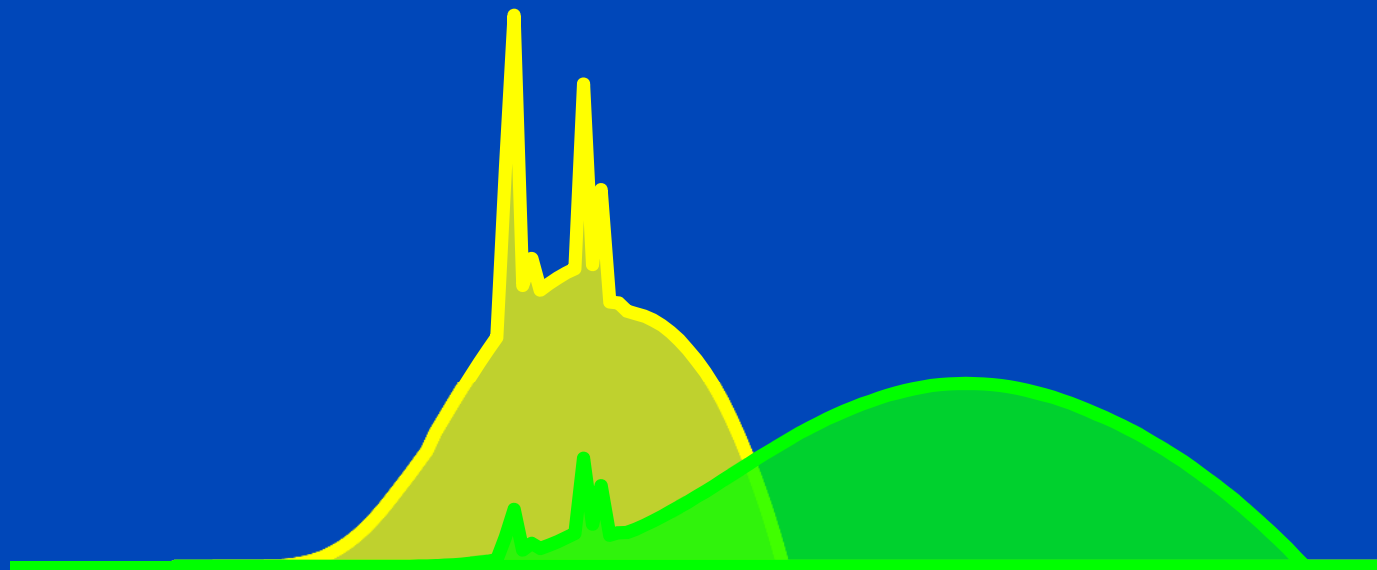
Used in
• Siemens' 2nd generation DSCT



Spectra as seen after having passed a 32 cm water layer.

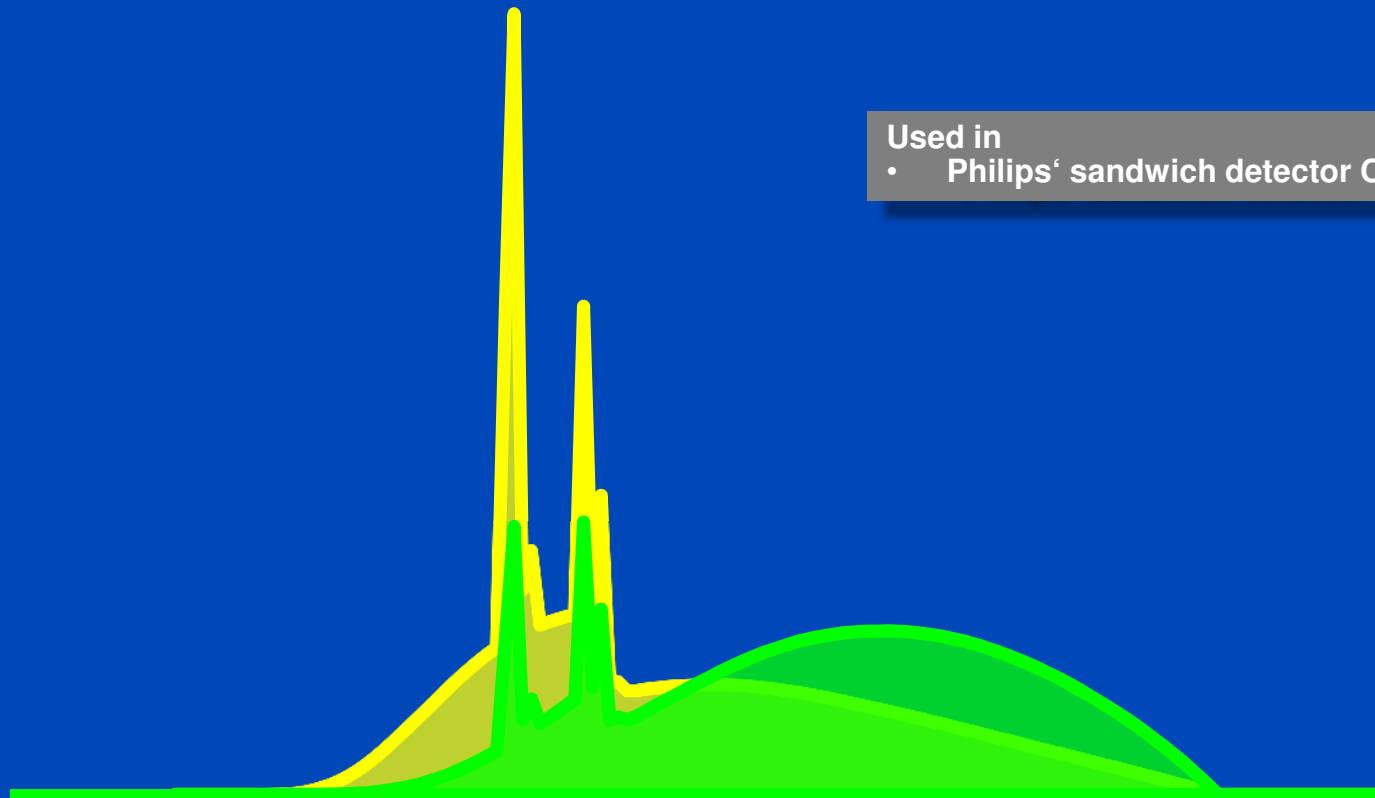
90 kV / 150 kV Sn_{0.6} mm

Used in
• Siemens' 3rd generation DSCT



Spectra as seen after having passed a 32 cm water layer.

140 kV YAG / GOS



Used in
• Philips' sandwich detector CT

Spectra as seen after having passed a 32 cm water layer.

Decomposition Increases Noise

80 kV



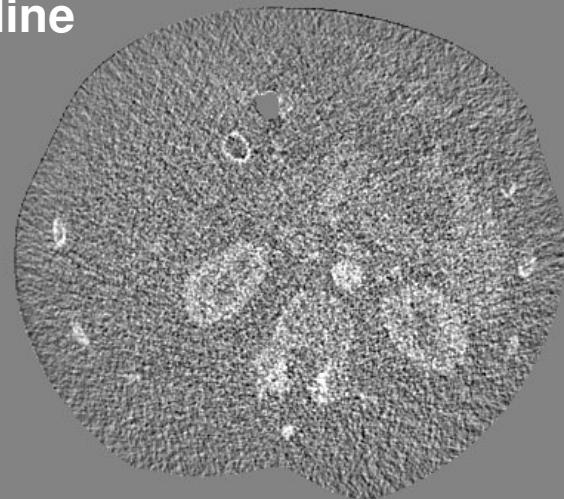
VNC



140 kV



Iodine



C = 0 HU, W = 700 HU

Denoising is Mandatory!

80 kV



VNC denoised



140 kV



Iodine denoised



C = 0 HU, W = 700 HU

More than Dual Energy?

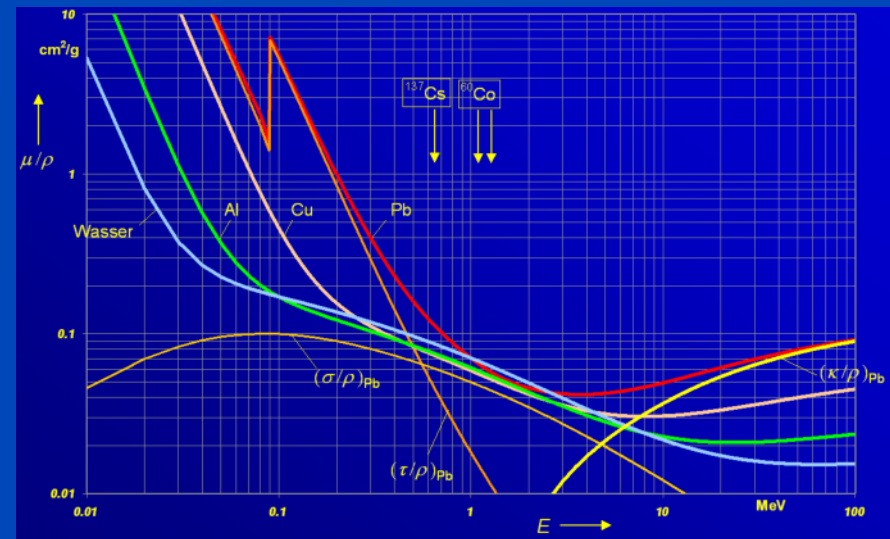
- Ways to remove the spectral overlap?
- Lower noise, less dose?
- Improve contrast-to-noise ratio at unit dose?
- Distinguish more than three materials?

$$\mu(E) = \cancel{\rho(E)} + \tau(E) + \sigma(E) + \cancel{\kappa(E)}$$

Rayleigh Photo Compton Pair

$$\tau(E) \propto \rho \frac{Z^3}{E^3}$$

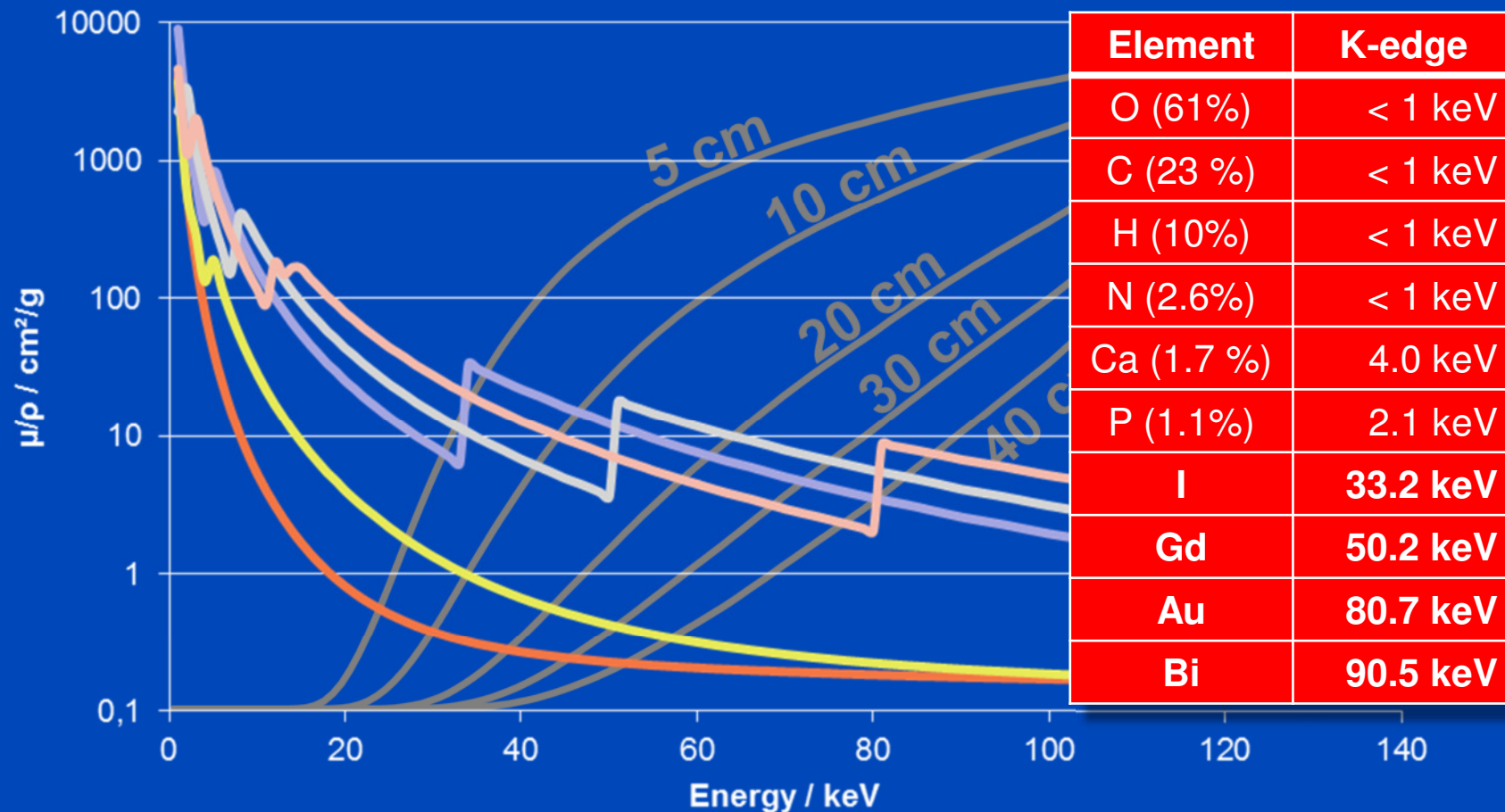
$$\sigma(E) \propto \rho \frac{Z}{A} f(E)$$



K-Edges: More than Dual Energy CT?

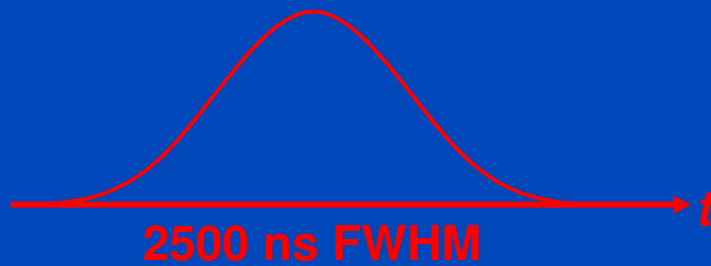
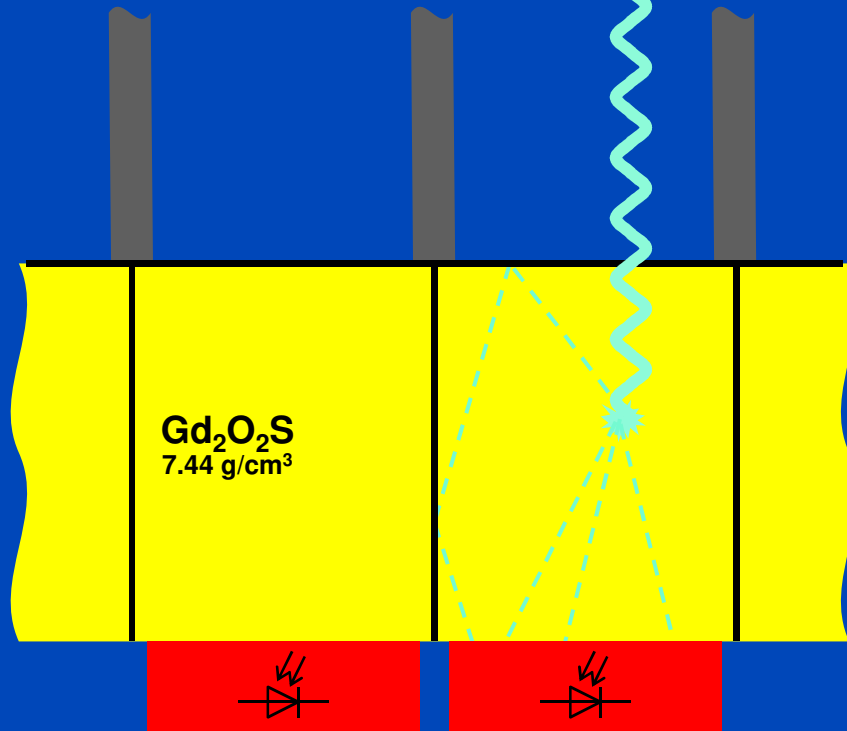
$$\mu(\mathbf{r}, E) = f_1(\mathbf{r})\psi_1(E) + f_2(\mathbf{r})\psi_2(E) + f_3(\mathbf{r})\psi_3(E) + \dots$$

Apart from special applications, e.g. Iodine k-edge imaging of the breast



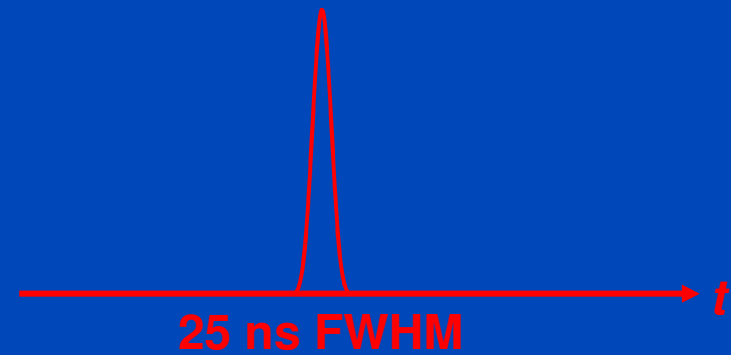
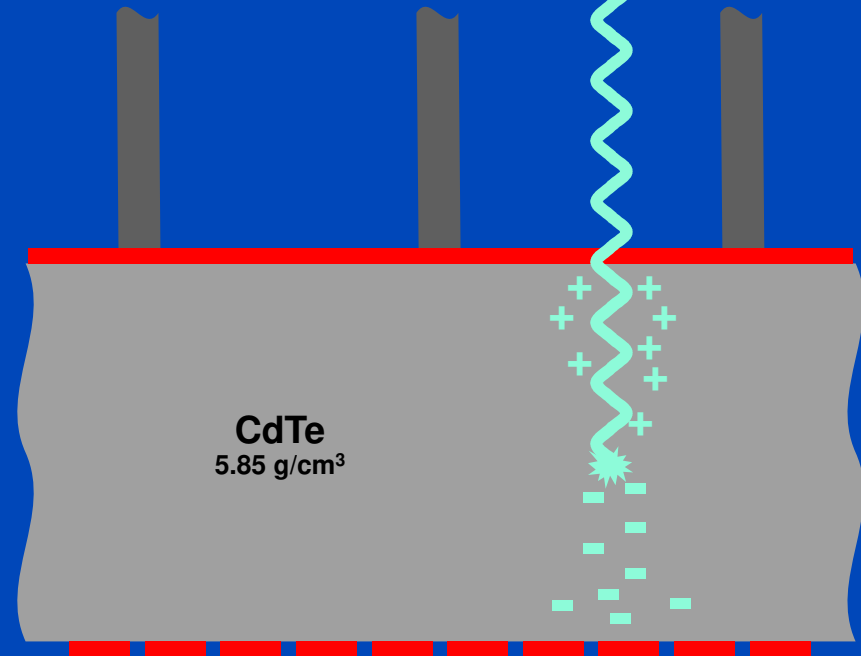
120 kV water transmission curves (gray) given in relative units on a non-logarithmic ordinate.

Indirect Conversion (Today)



i.e. max $O(40 \cdot 10^3)$ cps

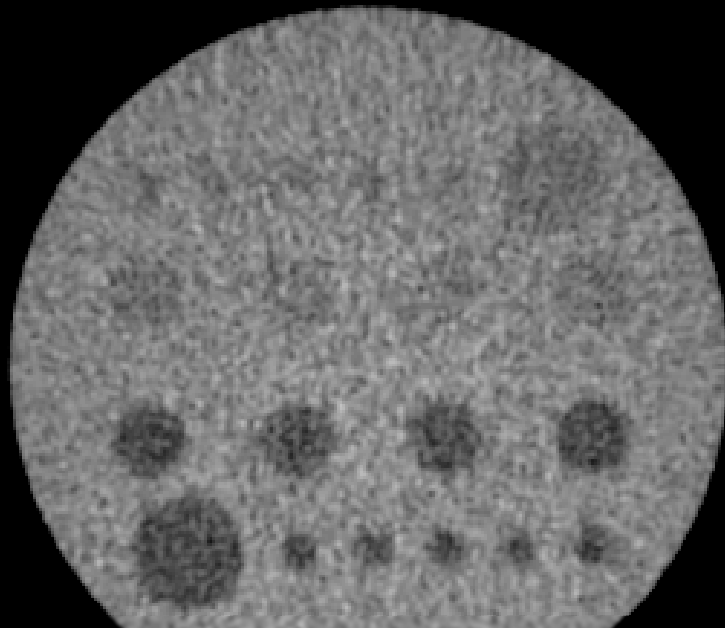
Direct Conversion (Future)



i.e. max $O(40 \cdot 10^6)$ cps

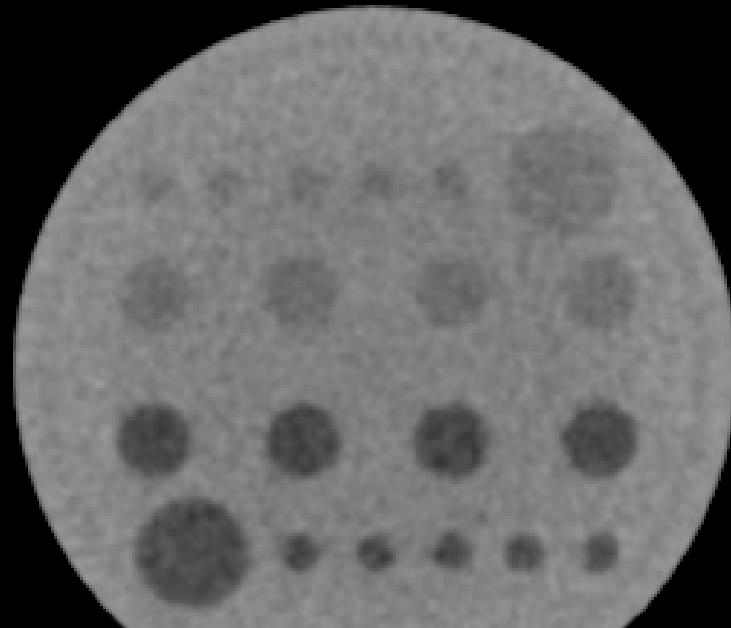
Requirements for CT: up to 10^9 x-ray photon counts per second per mm^2 .
Hence, photon counting only achievable for direct converters.

Diagnostic CT (Conventional Detector) of a Low Contrast Phantom

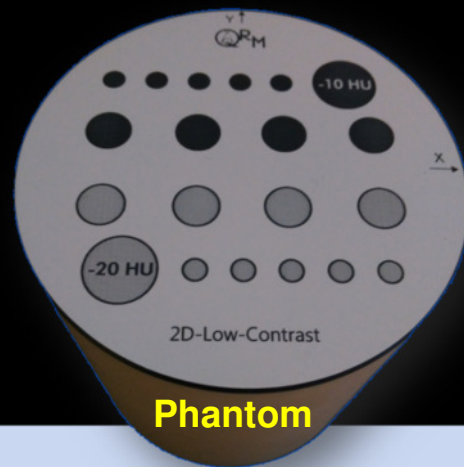


Diagnostic routine head protocol.
34 mGy CTDI_{vol}

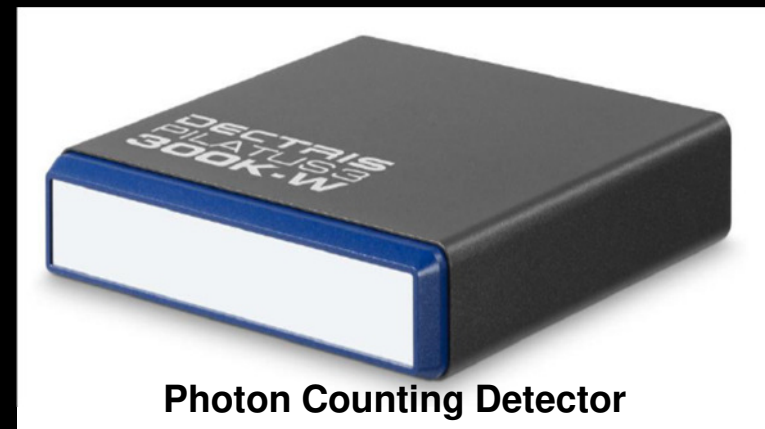
Photon Counting Detector CT of a Low Contrast Phantom



Same dose. Same spatial resolution (MTF).
Better image quality.



Phantom



Photon Counting Detector

C = 0 HU, W = 80 HU

Future, Photon Counting (≥ 2020)?

Macro Mode

1×2 readouts

16 mm z-coverage

12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12

Chess Mode

2×2 readouts

16 mm z-coverage

12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

Sharp Mode

5×1 readouts

12 mm z-coverage

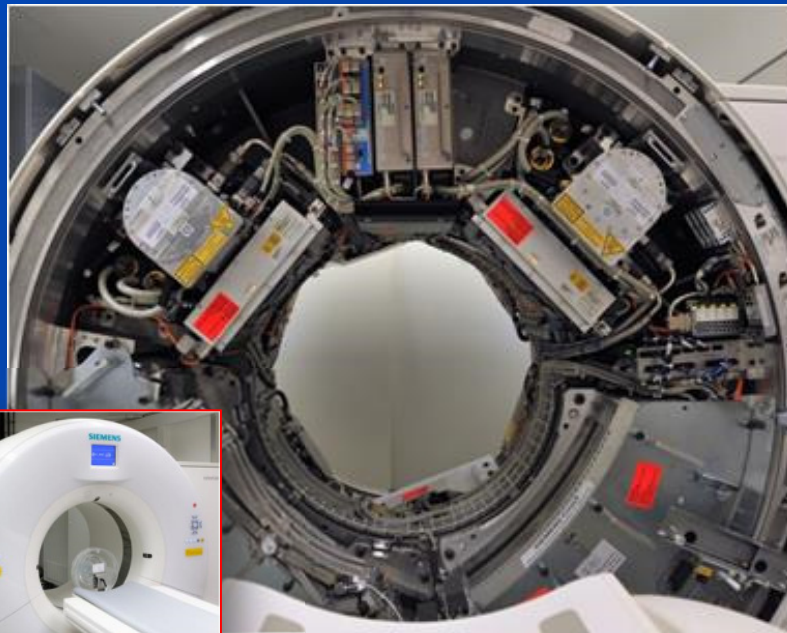
1	1	1	1
1	1	1	1
1	1	1	1
1	1	1	1

UHR Mode

4×2 readouts

8 mm z-coverage

12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12



2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2

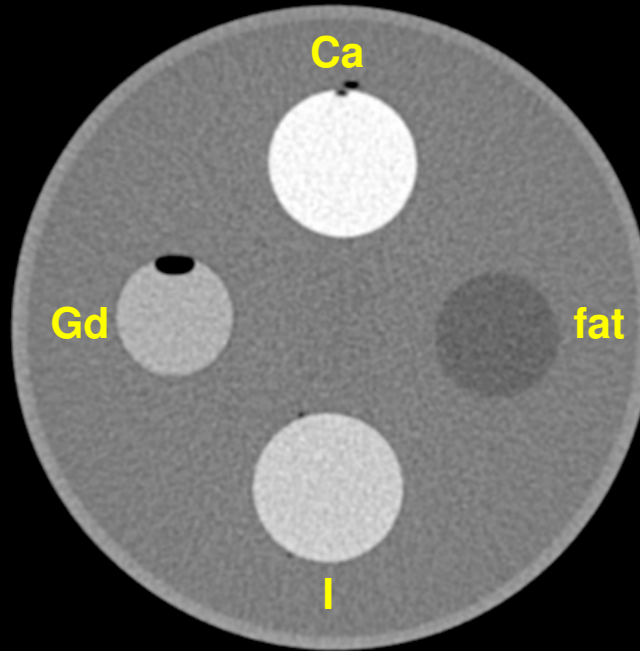
- 4×4 225 μm subpixels
- 0.9 mm macro pixels
- Configurations:
 - Macro (0.5 mm iso)
 - Chess (0.5 mm iso)
 - Sharp (0.25 mm iso)
 - UHR (0.25 mm iso)

Siemens Somatom CountT. No FFS on thread B (photon counting detector).
The whole detector consists of 128×1920 subpixels = 32×480 macro pixels.

MECT

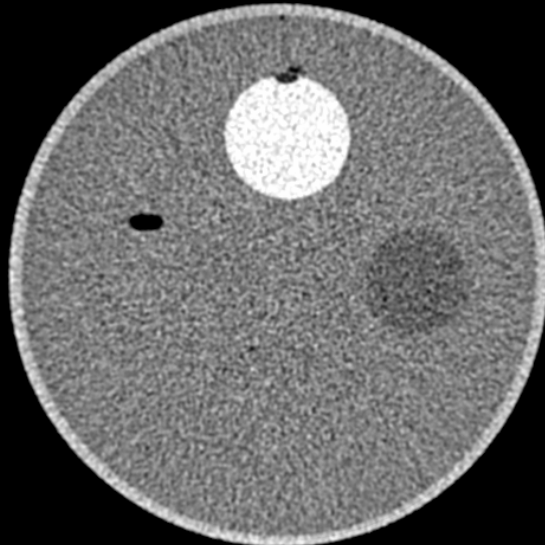
Ca-Gd-I Decomposition

Chess pattern mode
140 kV, 20/35/50/65 keV
C = 0 HU, W = 1200 HU

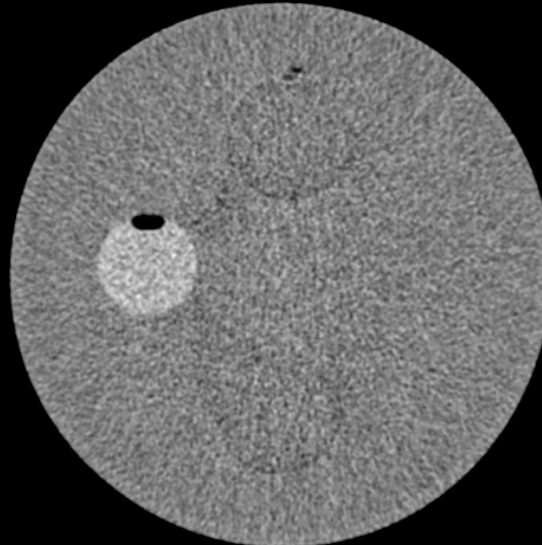


12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

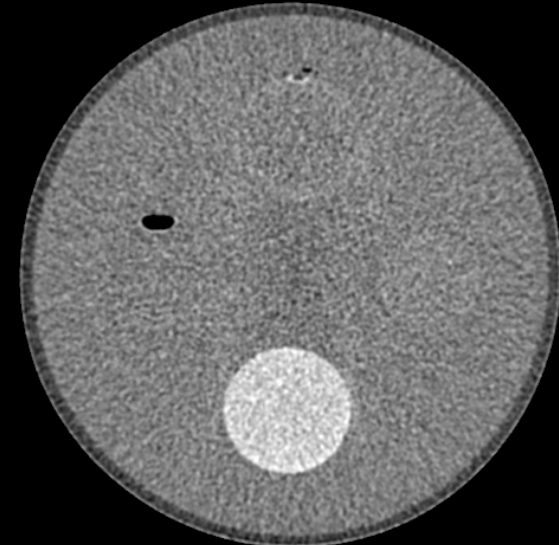
Calcium image



Gadolinium image



Iodine image



Preclinical Study (40 kg swine, iodine contrast)

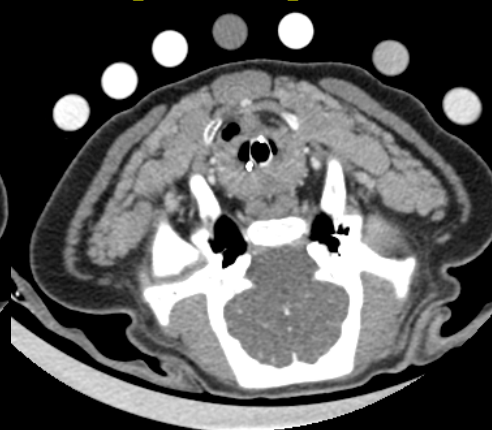
[25, 140] keV



[25, 65] keV



[65, 140] keV



Macro

12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12

[25, 140] keV



[25, 45] keV



[85, 140] keV



Chess

12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

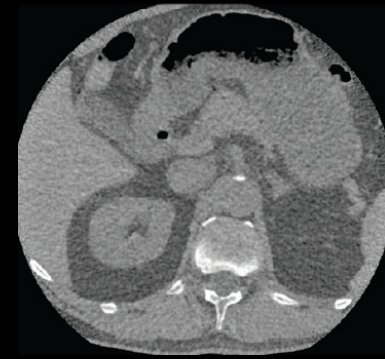
First Peer Reviewed Publication on CounT from NIH February 2016



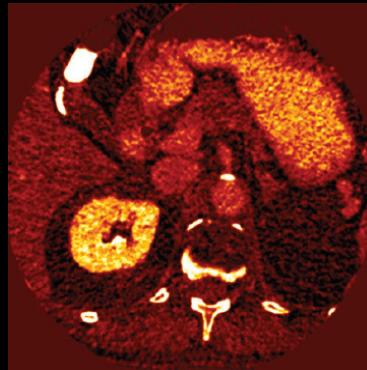
EI (Definition Flash)



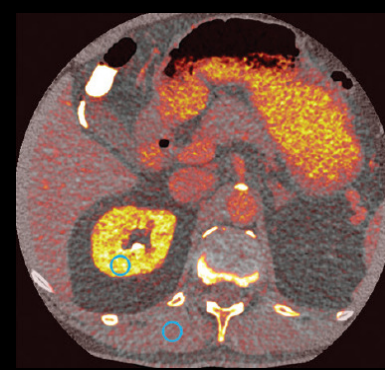
PC (CounT)



PC Virtual Non-Contrast



PC Iodine Map



PC Merged

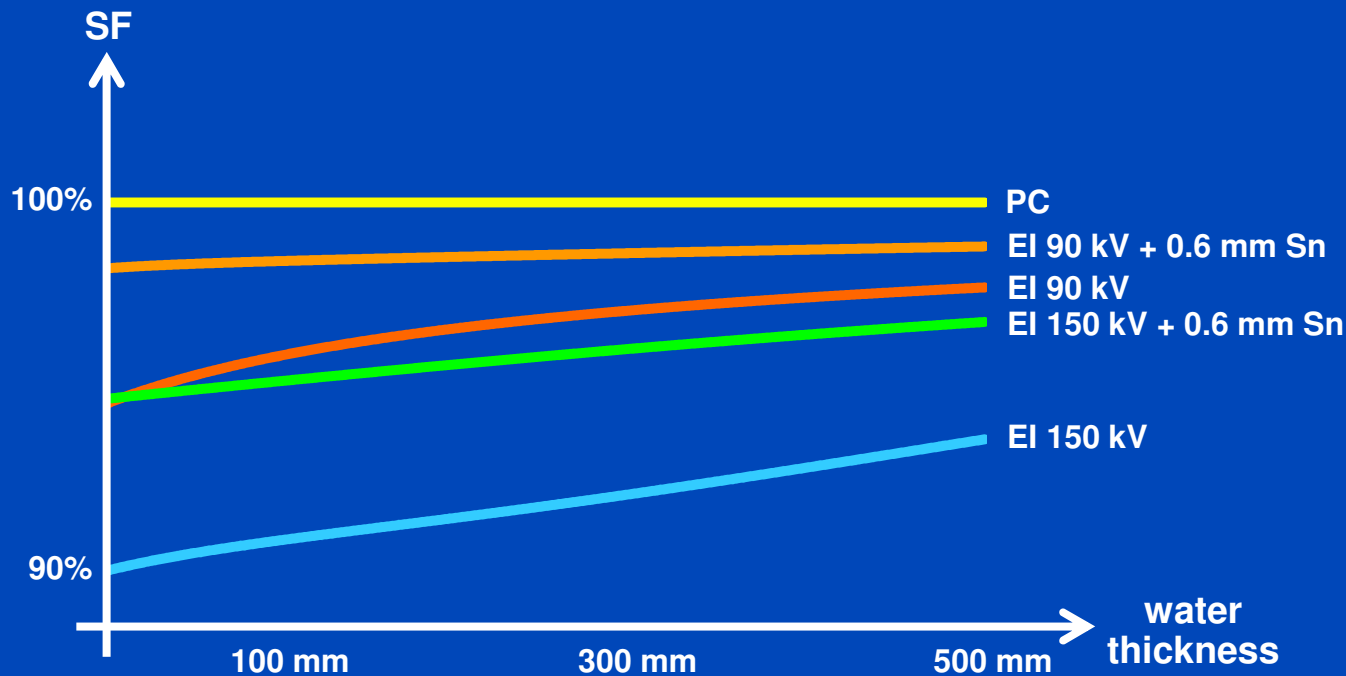
Courtesy of National Institutes of Health, Bethesda, USA

Electronic Noise

- Photon counting detectors have no electronic noise.
- Extreme low dose situations will benefit
 - Pediatric scans at even lower dose
 - Obese patients with less noise
 - ...

Swank Factor

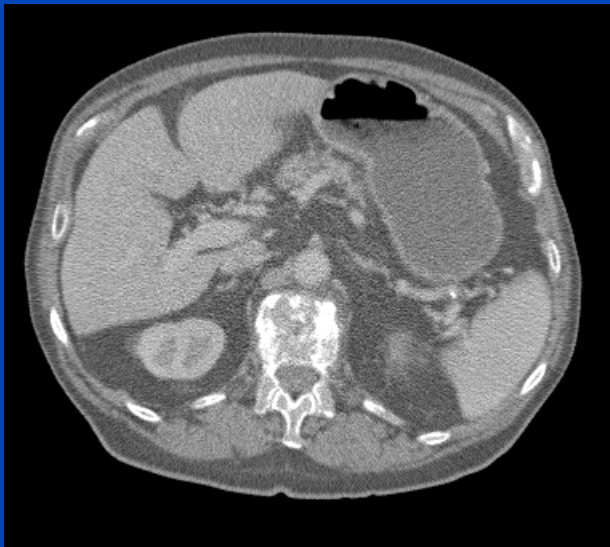
- The Swank factor measures the relative SNR^2 , and thus the relative dose efficiency between photon counting (PC) and energy integrating (EI).
- EI always has the lower SNR.



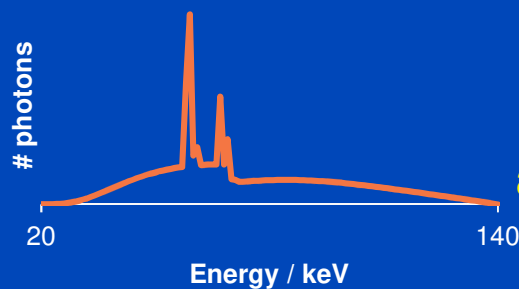
$$\text{SF} = \frac{\text{SNR}_{\text{EI}}^2}{\text{SNR}_{\text{PC}}^2} = \frac{(\int dE s(E) EN(E))^2}{(\int dE EN(E)) (\int dE s^2(E) EN(E))} = \frac{M_1^2}{M_0 M_2} \leq 1$$

Photon Counting used to Maximize CNR with 1 bin from 20 to 140 keV

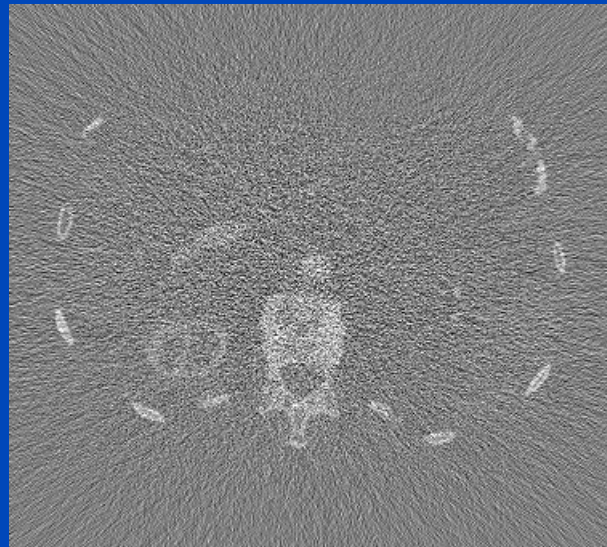
Energy Integrating



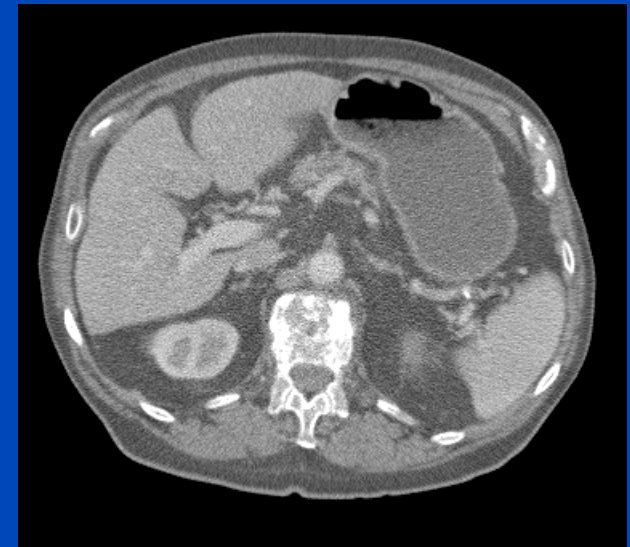
CNR = 2.11



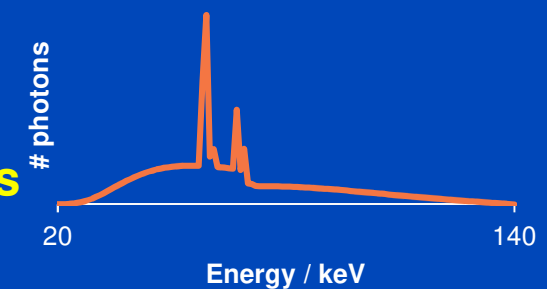
PC minus EI



Photon Counting



CNR = 2.95

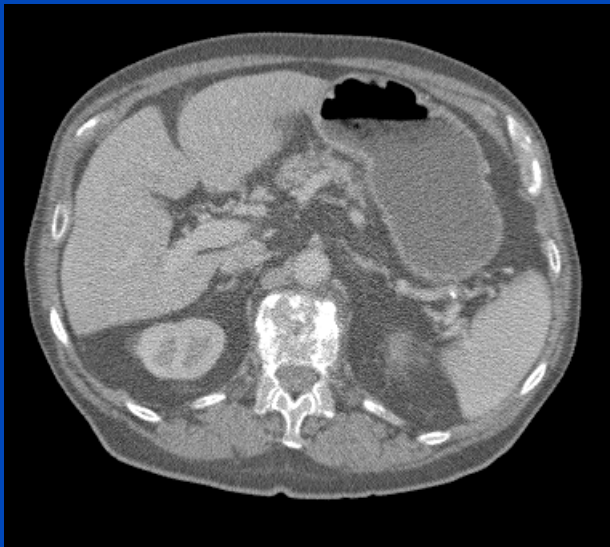


40% CNR improvement or
49% dose reduction achievable
due to improved Swank factor
and more weight on low energies
(iodine contrast benefits).

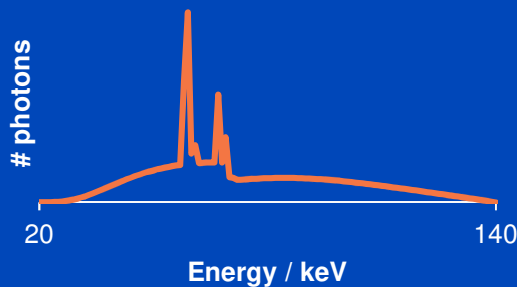
Images: $C = 0$ HU, $W = 700$ HU, difference image: $C = 0$ HU $W = 350$ HU, bins start at 20 keV

Photon Counting used to Maximize CNR with 4 bins from 20 to 140 keV

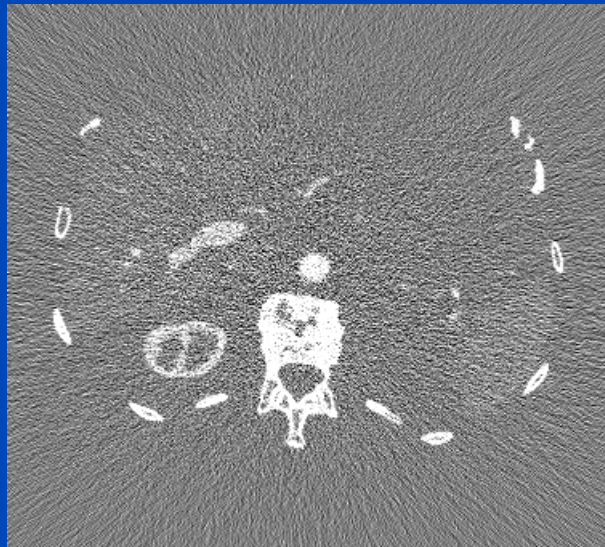
Energy Integrating



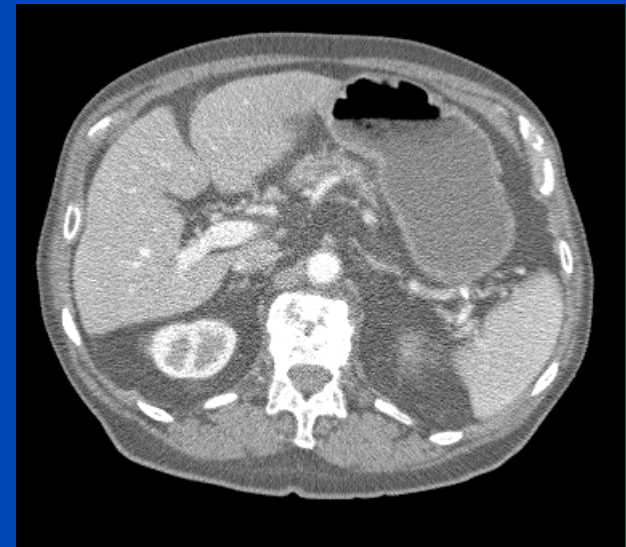
CNR = 2.11



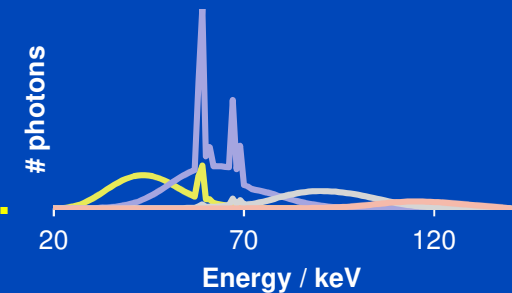
PC minus EI



Photon Counting



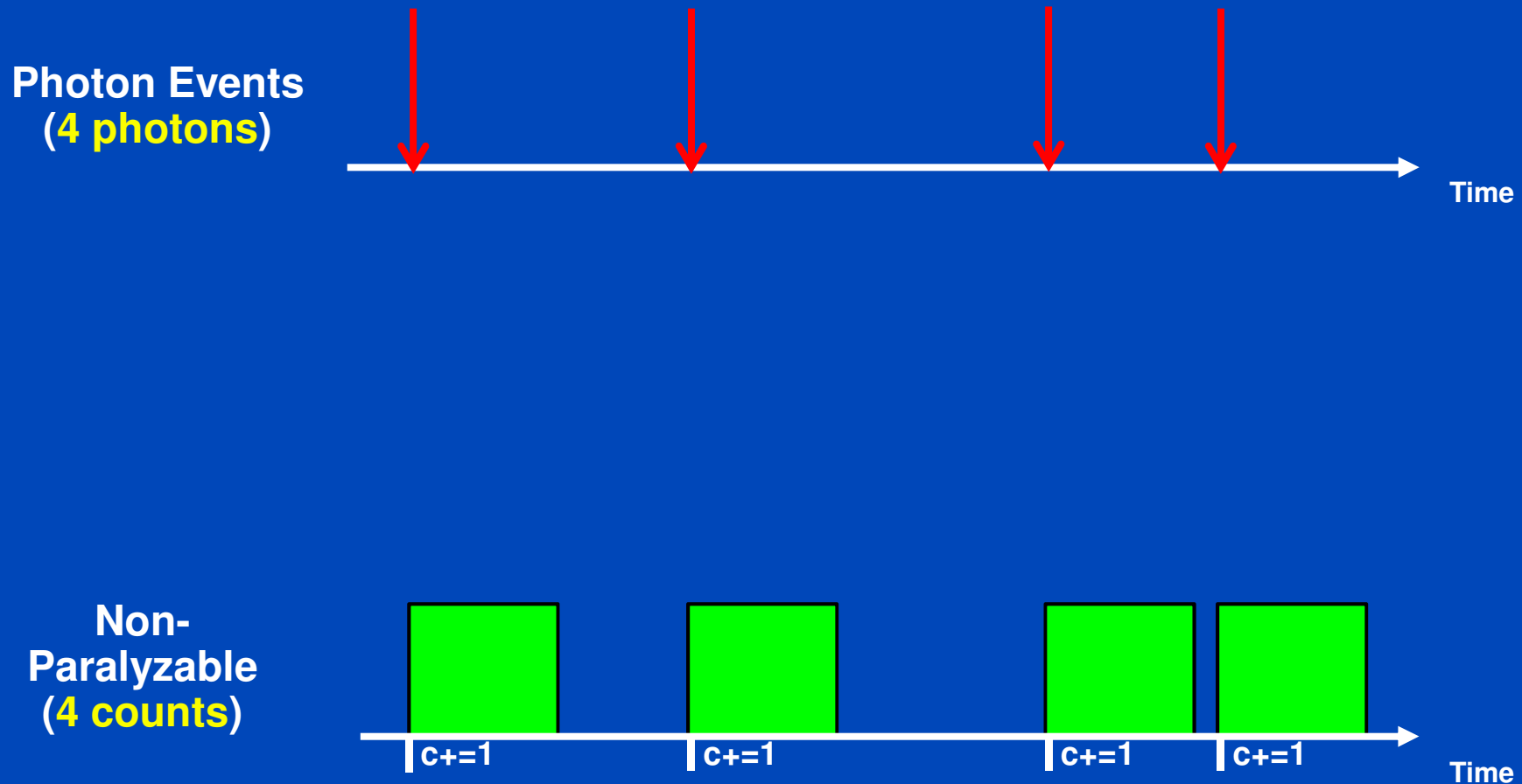
CNR = 4.19



99% CNR improvement or 75% dose reduction achievable due to improved Swank factor and optimized energy weighting.

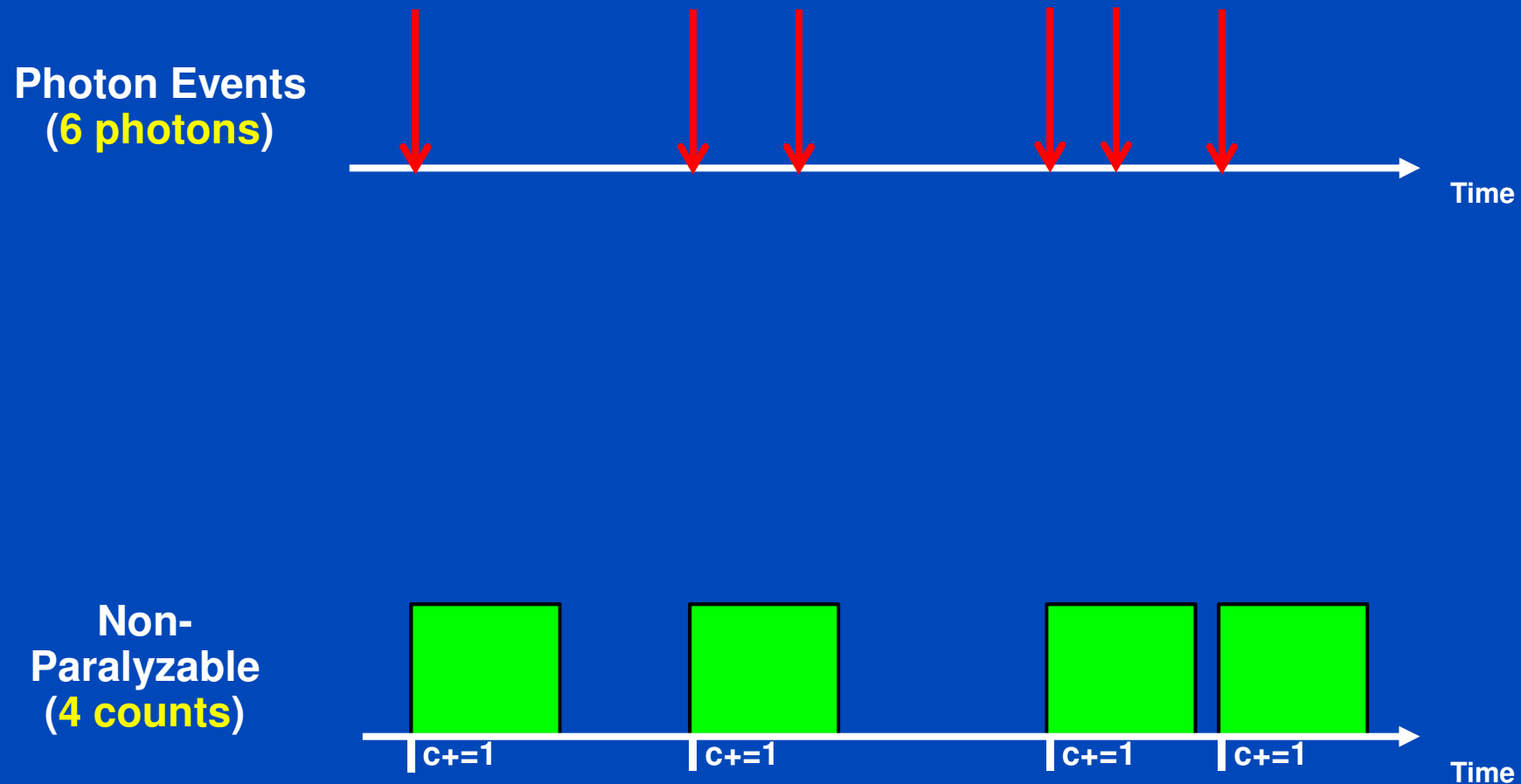
Images: $C = 0$ HU, $W = 700$ HU, difference image: $C = 0$ HU $W = 350$ HU, bins start at 20 keV

Pulse Pile-Up: Low Flux Rate



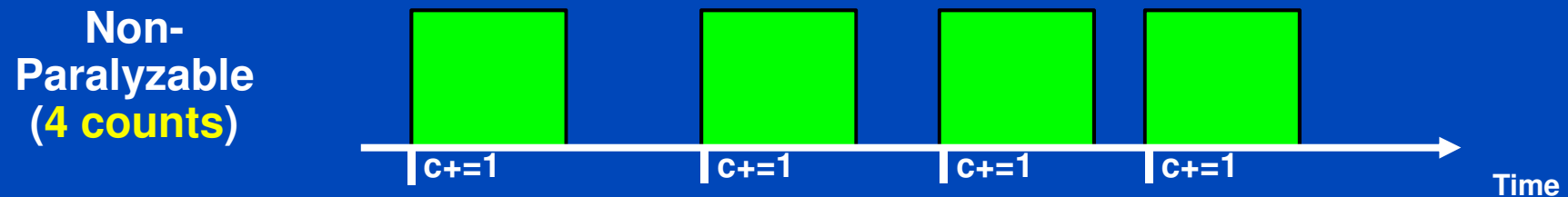
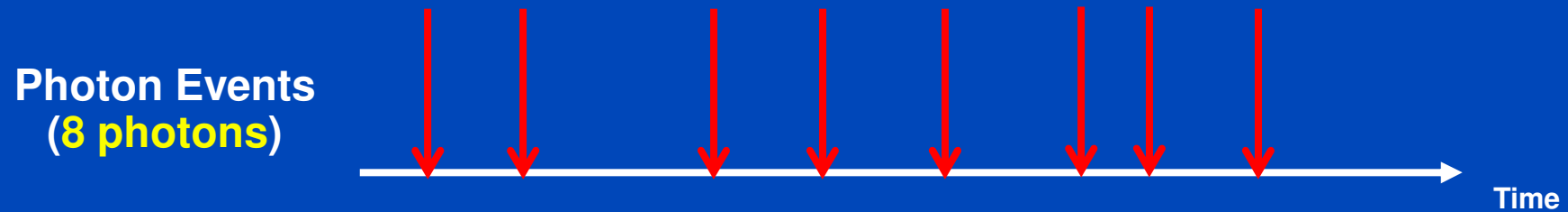
Boxes illustrate deadtime

Pulse Pile-Up: Medium Flux Rate



Boxes illustrate deadtime

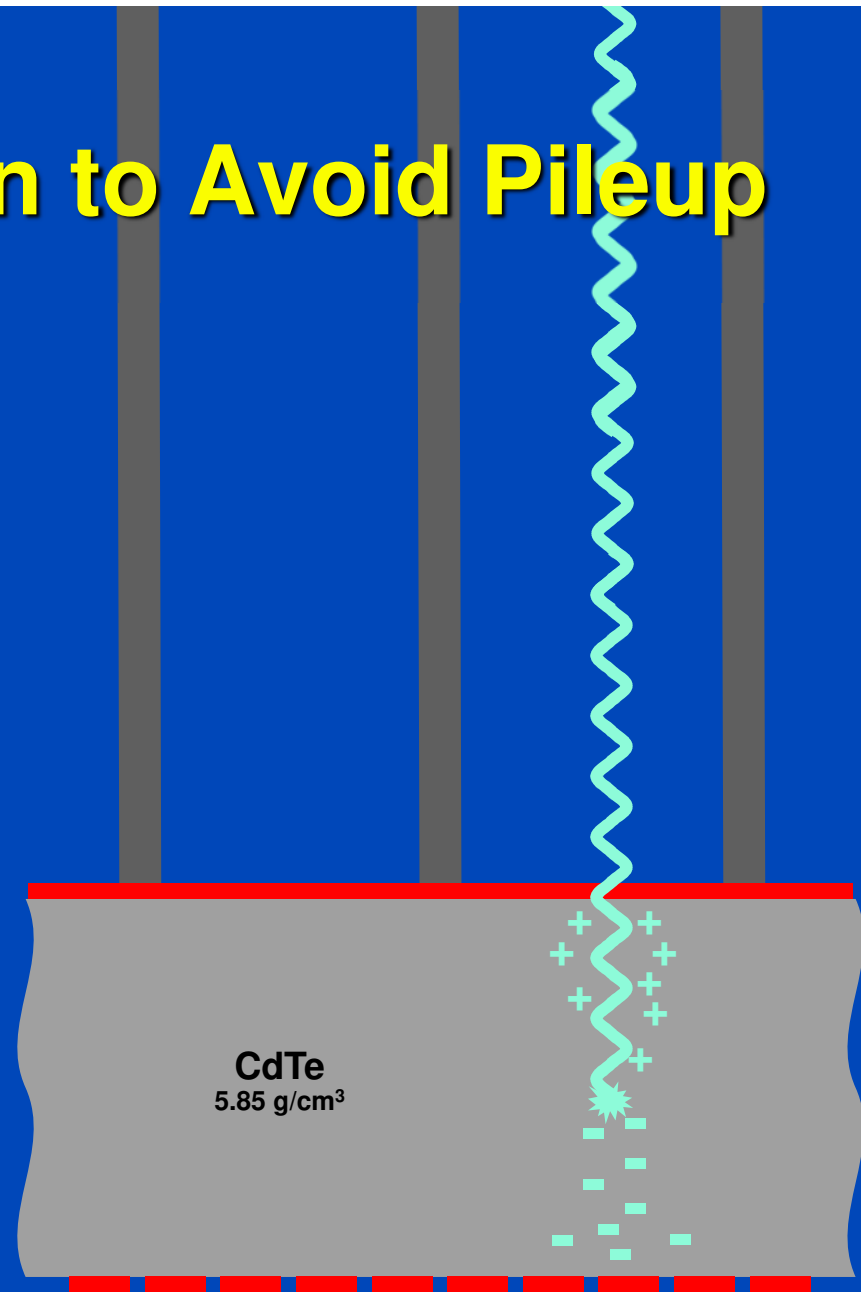
Pulse Pile-Up: High Flux Rate



Boxes illustrate deadtime

Spatial Resolution to Avoid Pileup

- Small electrodes are necessary to avoid pile-up.
- High bias voltages (around 300 V) limit charge diffusion and thus blurring in the non-structured semiconductor layer.
- Thus, higher spatial resolution is achievable.



Ultra-High Resolution on Demand

Energy Integrating CT
(Somatom Flash)



Photon Counting CT
(Somatom Count. UHR-Mode)



Courtesy of Cynthia McCollough, Mayo Clinic, Rochester, USA.

32×0.6 mm

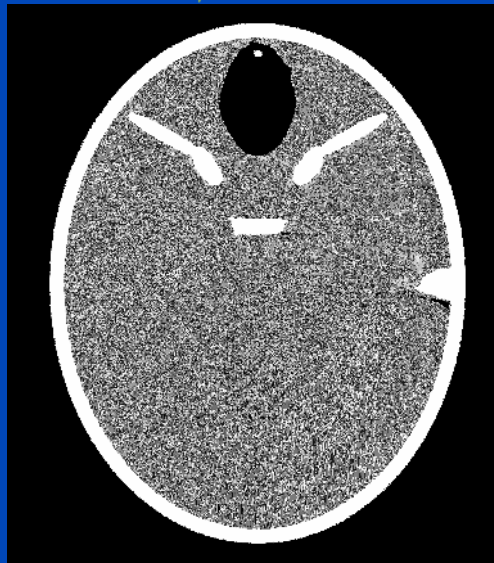
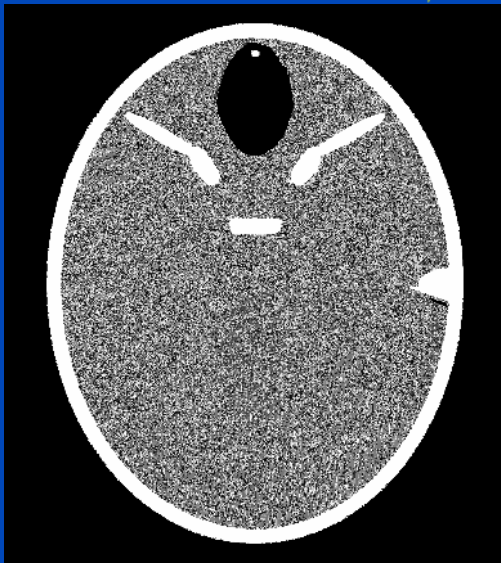
64×0.3 mm

$$s(z) = \Pi_S^*(z), a(z) = \Pi_{S/2}^*(z)$$

$$s(z) = \Pi_{S/2}^*(z), a(z) = \Pi_S^*(z)$$

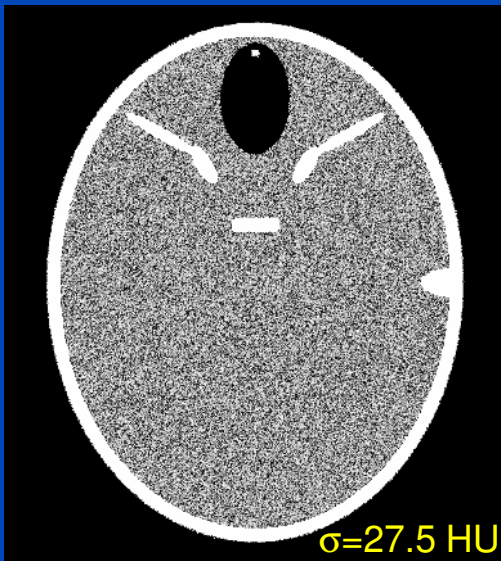
noise-free

$C = 50$ HU
 $W = 50$ HU

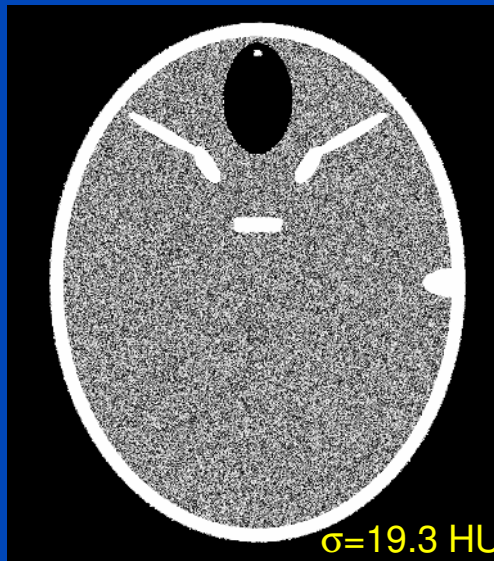


with noise

$C = 50$ HU
 $W = 200$ HU



$\sigma=27.5$ HU



$\sigma=19.3$ HU

- To bin or not to bin?
- Simulated data
- $SSP(z) = \Pi_{S,S/2}^{**}(z)$
- $S_{\text{eff}} = 0.6$ mm
- 1.78-fold dose usage with highres detector:

$$\underbrace{\left(\frac{27.5}{19.3}\right)^2}_{2.0} \frac{1 + 0.1/0.6}{1 + 0.1/0.3} \approx 1.78$$

0.1 mm septa

- **44% dose reduction with highres detector**
- **Do not bin!**

Potential Advantages of Photon Counting Detectors in CT

- Higher spatial resolution due to
 - smaller pixels
 - lower cross-talk between pixels
- Lower dose/noise due to
 - energy bin weighting
 - no electronic noise
 - Swank factor = 1
 - smaller pixels
- Spectral information on demand
 - single energy
 - dual energy
 - multiple energy
 - virtual monochromatic
 - K-edge imaging

– ...



Potential
clinical
impact

Job opportunities through
DKFZ's international PhD or
Postdoctoral Fellowship
programs www.dkfz.de, or
through Marc Kachelrieß
marc.kachelriess@dkfz.de.

Parts of the simulation
and reconstruction
software were provided by
RayConStruct® GmbH,
Nürnberg, Germany,
www.rayconstruct.de.

This presentation will soon be available
at www.dkfz.de/ct.

Thank You!

