

# Emission-based Joint Estimation of Patient and Hardware Attenuation Distributions for Hybrid PET/MR Imaging

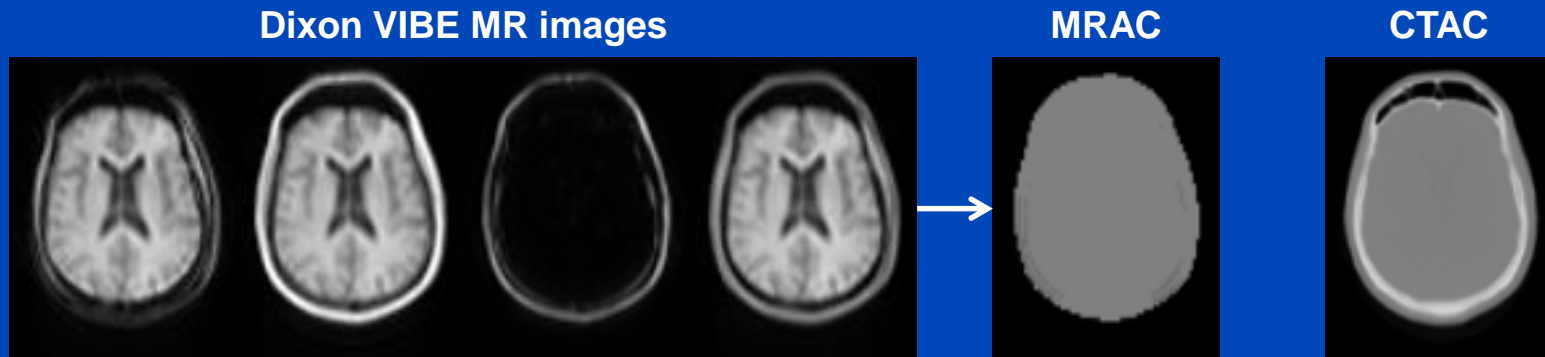
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DEUTSCHES  
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# xMR-MLAA



- **Motivation**

- MRAC underestimates hardware and bone attenuation
- MRAC underestimates patient activity

- **Aim**

- To improve patient AC for non-TOF PET/MR (e.g., Siemens mMR)

- **Proposed algorithm**

- Extension of **MR-MLAA**: MR-based maximum-likelihood reconstruction of attenuation and activity (MLAA<sup>1</sup>)

# Outline

- **MR-MLAA**
  - Emission-based patient AC for PET/MR
- **xMLAA**
  - Emission-based hardware AC for PET/MR
- **xMR-MLAA**
  - Combination of MR-MLAA and xMLAA

# MR-MLAA<sup>1</sup>

- **Joint estimation of attenuation and activity**
  - Using PET emission data
  - Incorporating MR-based prior information
- **Iterative approach**
  - Update attenuation and activity in an alternating manner
- **Objective function**

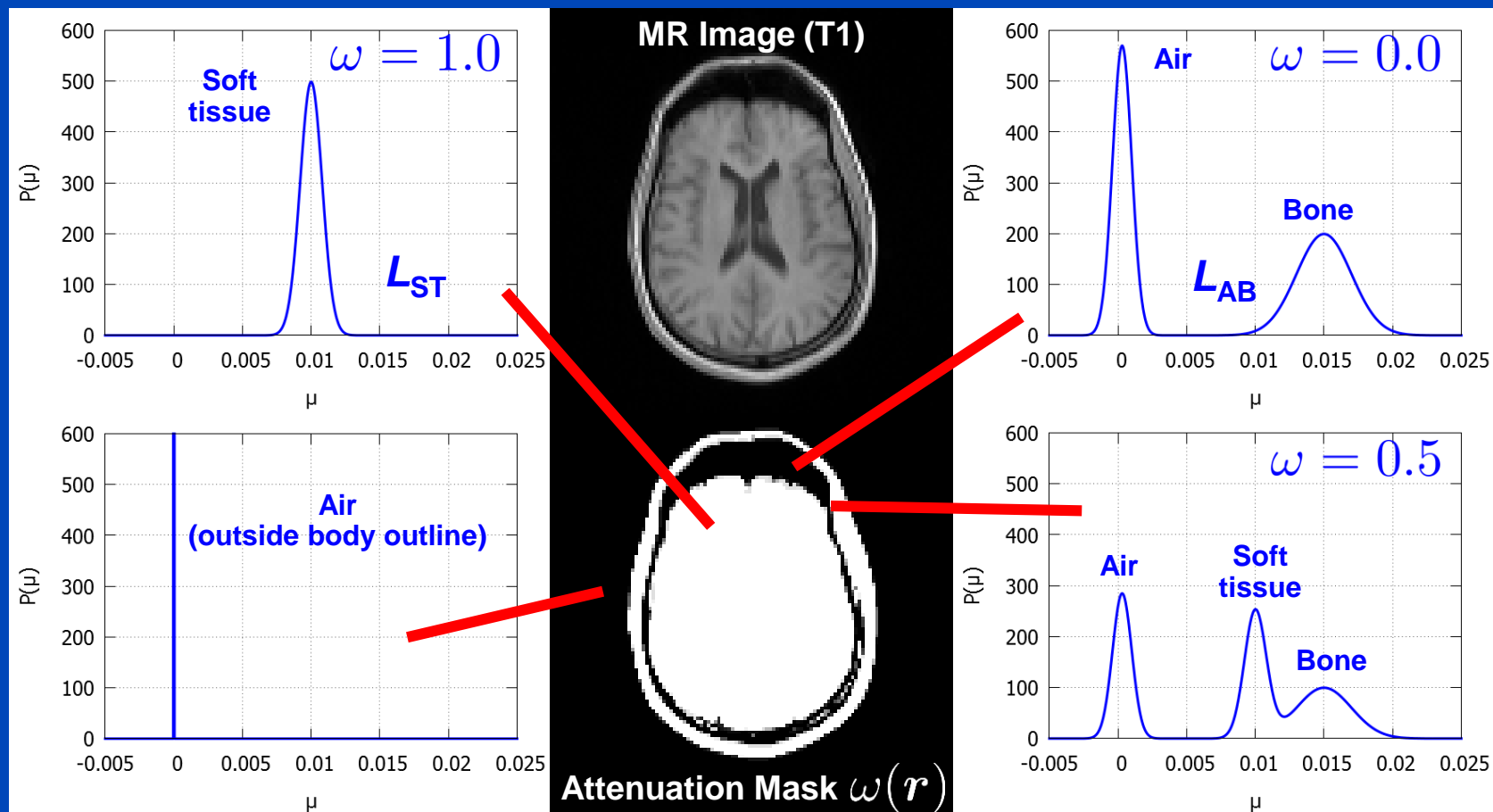
$$Q(\lambda, \mu) = \underbrace{L(\lambda, \mu)}_{\text{Log-likelihood}} + \underbrace{L_S(\mu) + L_I(\mu)}_{\text{Prior terms}}$$

$\lambda$  = activity  
 $\mu$  = attenuation

- **Intensity prior  $L_I$** 
  - Voxel-dependent Gaussian-like probability distribution of pre-defined attenuation coefficients, e.g., for soft tissue, air, bone
  - Derived from diagnostic T1-weighted MR images

# MR-MLAA

## Intensity Prior $L_I$



$$L_I(\mu) = \omega(r)\beta_{ST}L_{ST}(\mu) + (1 - \omega(r))\beta_{AB}L_{AB}(\mu)$$

We used  $\beta_{ST} = 0.1$  and  $\beta_{AB} = 0.6$  in our experiments.

# (x|MR)-MLAA Update Equations

- Activity update (MLEM)<sup>1,2</sup>

$$\lambda_i^{(n+1)} = \lambda_i^{(n)} \frac{1}{\sum_j M_{ij} a_j^{(n)} / n_j} \sum_j M_{ij} \frac{p_j}{\sum_k M_{kj} \lambda_k^{(n)} + (s_j + r_j n_j) / a_j^{(n)}}$$

- Attenuation update (MLTR)<sup>3</sup>

$$\mu_i^{(n+1)} = \mu_i^{(n)} + \alpha \frac{\sum_j \left( l_{ij} (\hat{p}_j^{(n)} - p_j) \frac{\hat{p}_j^{(n)} - s_j / n_j - r_j}{\hat{p}_j^{(n)}} \right) + \frac{\partial}{\partial \mu_i} (L_S + L_I)}{\sum_j \left( l_{ij} (\hat{p}_j^{(n)} - \frac{s_j}{n_j} - r_j) \left( 1 - \frac{p_j (s_j / n_j + r_j)}{\hat{p}_j^{(n)}} \right) \sum_k l_{kj} \right) - \sum_k \frac{\partial^2}{\partial \mu_i \partial \mu_k} (L_S + L_I)}$$

$i$  Voxel index       $\lambda$  Activity       $n$  Iteration number

$j$  LOR index       $\mu$  Attenuation       $\alpha$  Relaxation parameter

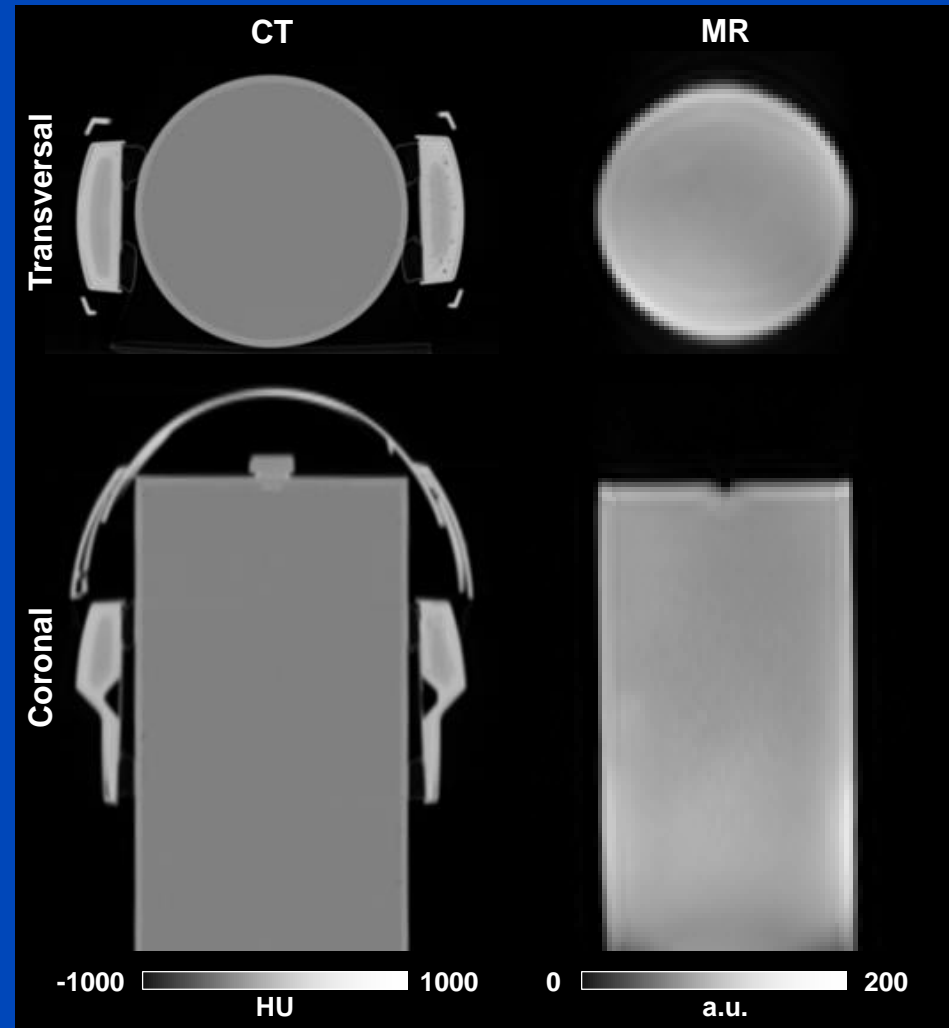
[1] Shepp and Vardi. "Maximum likelihood reconstruction for emission tomography," IEEE Trans. Med. Imaging 1(2), 113-22 (1982).

[2] Lange and Carson. "EM reconstruction algorithms for emission and transmission tomography," JCAT 8(2), 306-16 (1984).

[3] Nuyts et al., "Iterative reconstruction for helical CT: a simulation study," Phys. Med. Biol. 43(4), 729-37 (1998).

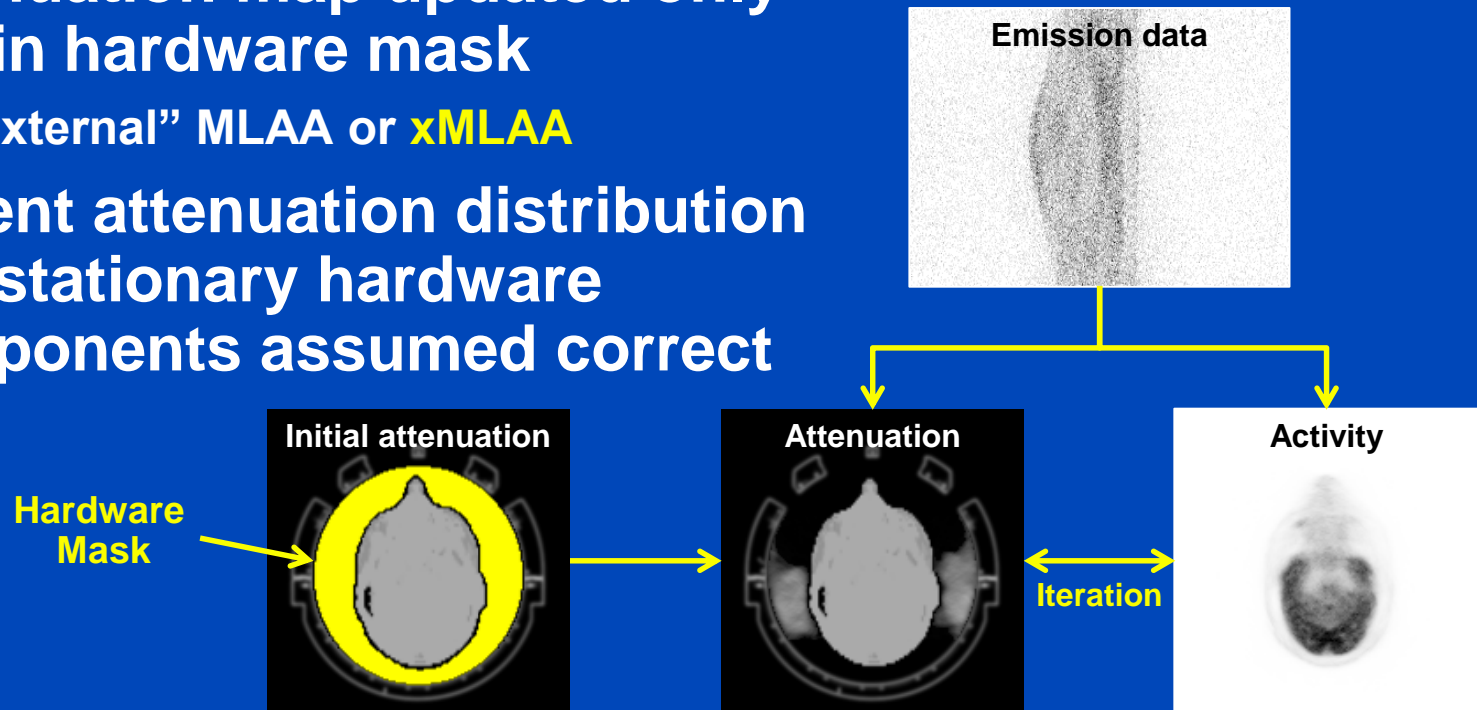
# xMLAA<sup>1</sup>

- Flexible hardware components are currently neglected in MR-based AC
  - Headphones
  - Radiofrequency coils
  - Positioning aids
  - ...
- Aim
  - Estimate attenuation of flexible hardware from the PET emission data



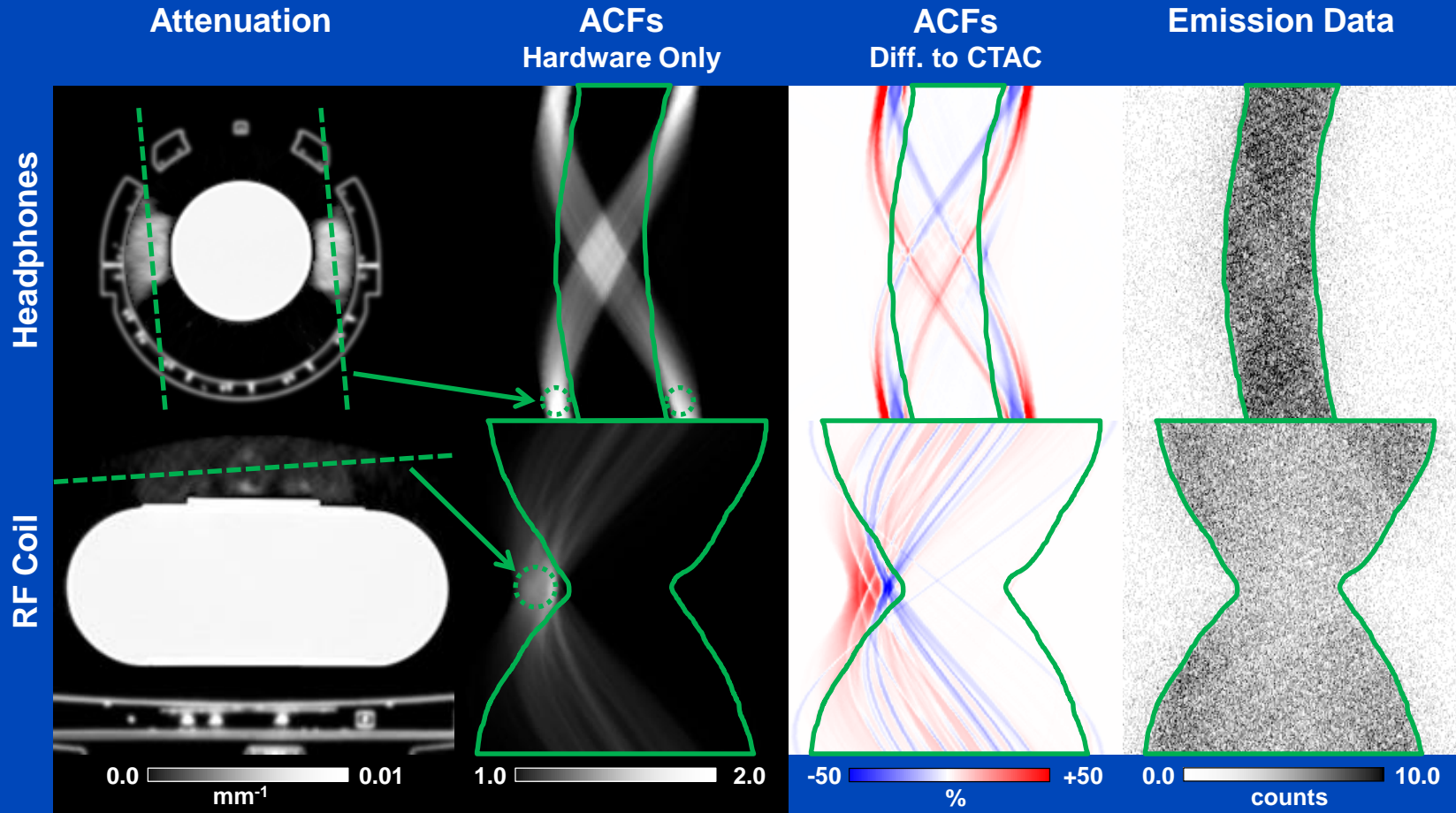
# xMLAA<sup>1</sup> Algorithm

- Joint estimation of attenuation and activity
  - Based on the MLAA algorithm
- Attenuation map updated only within hardware mask
  - “External” MLAA or xMLAA
- Patient attenuation distribution and stationary hardware components assumed correct





# xMLAA Attenuation Correction Factors

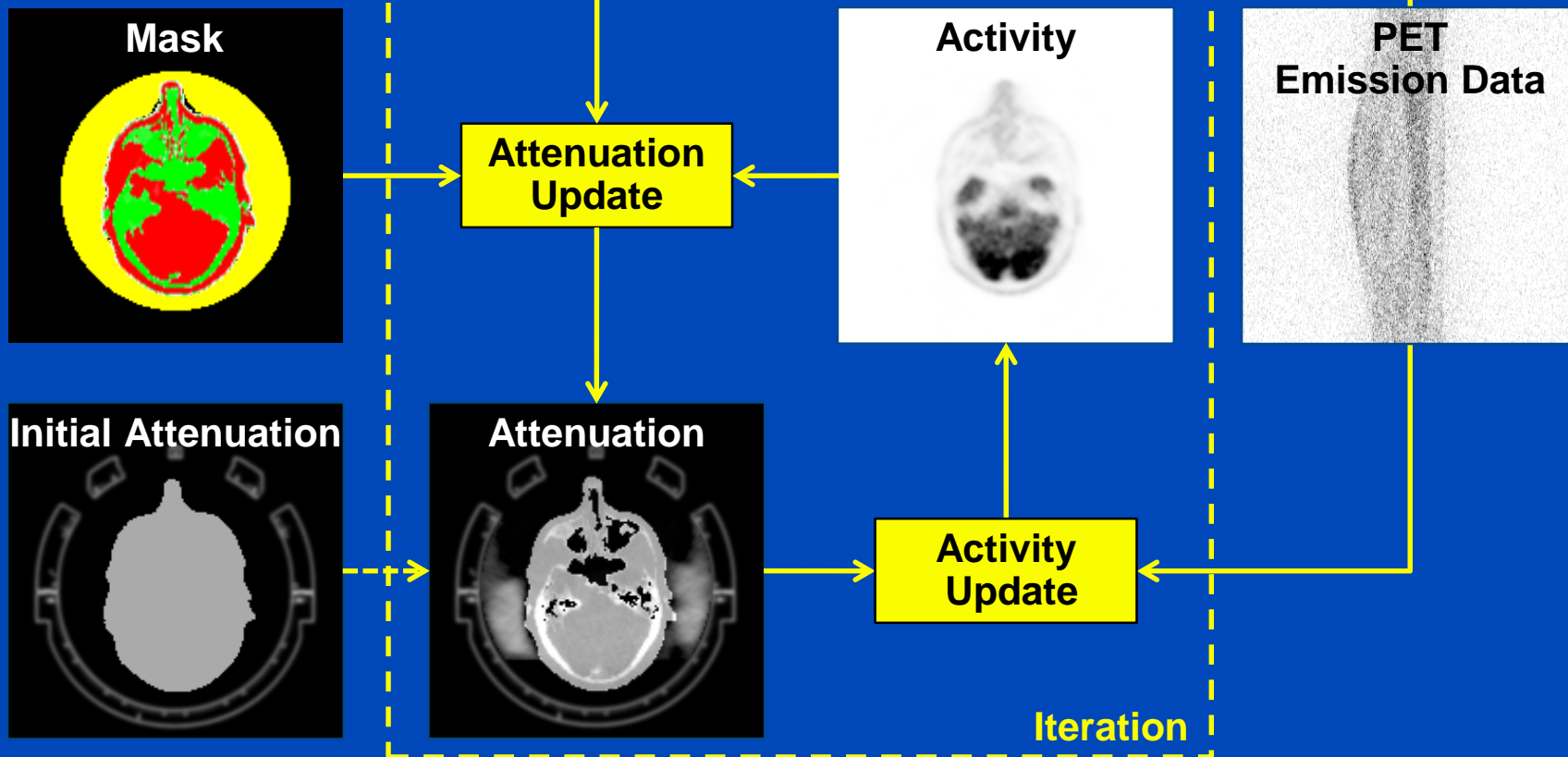


# xMR-MLAA

- **MR-MLAA and xMLAA**
  - are based on the MLAA algorithm
  - exploit the fact that the PET emission data contain information about both activity and attenuation
  - have been treated separately in our previous studies
- **Aim: Estimate patient activity, corrected for patient and hardware attenuation, by combining MR-MLAA and xMLAA to xMR-MLAA**

# xMR-MLAA Workflow

Hardware  
Soft Tissue  
Air/Bone



# xMR-MLAA Algorithm

- Hardware and patient attenuation are updated sequentially
- Hardware update
  - xMLAA (MLEM + xPrior-MLTR)
  - 2 iterations, 21 subsets
- Patient update
  - MR-MLAA (MLEM + MR-Prior-MLTR)
  - 3 iterations, 21 subsets
- Intensity prior

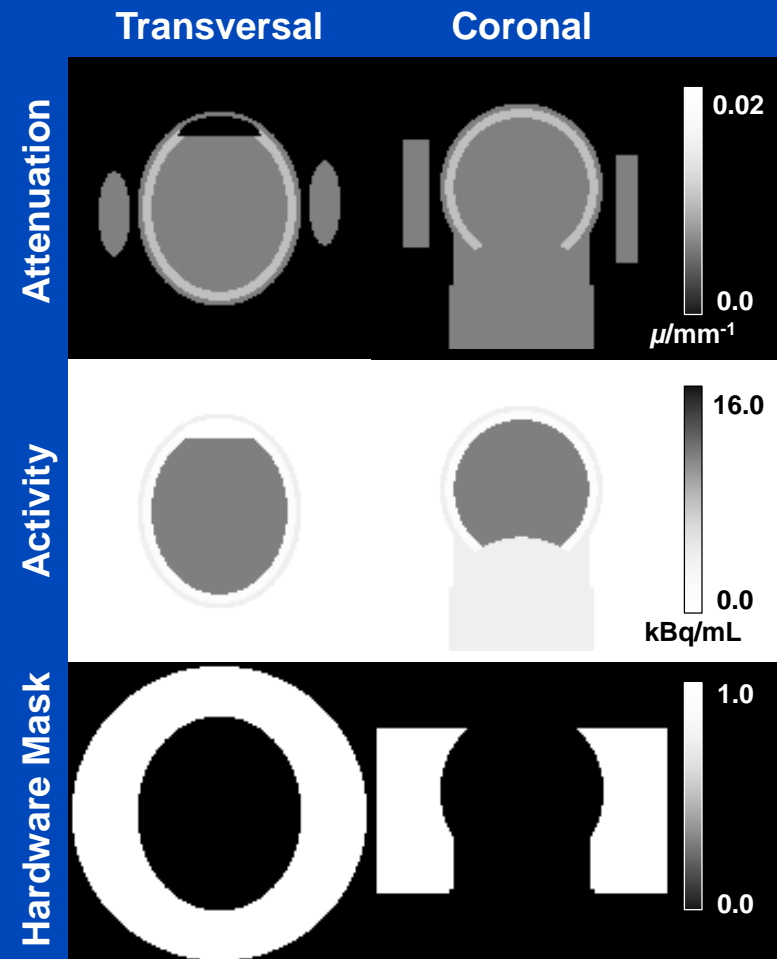


$$L_I(\boldsymbol{\mu}) = \omega_x(\mathbf{r})\beta_x L_x(\boldsymbol{\mu}) + (1 - \omega_x(\mathbf{r}))L_{MR}(\boldsymbol{\mu})$$

$$L_{MR}(\boldsymbol{\mu}) = \omega(\mathbf{r})\beta_{ST} L_{ST}(\boldsymbol{\mu}) + (1 - \omega(\mathbf{r}))\beta_{AB} L_{AB}(\boldsymbol{\mu})$$

# xMR-MLAA Simulation Study

- **Phantom**
  - Head phantom with skull bone and air cavity (frontal sinus)
  - Two headphone-like objects to each side of the phantom
- **PET simulation**
  - Siemens Biograph mMR geometry
  - Simulating Poisson noise ( $54 \times 10^6$  counts)
  - Considering attenuation
  - No scatter or randoms simulated



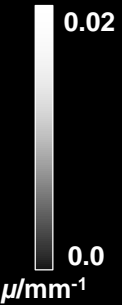
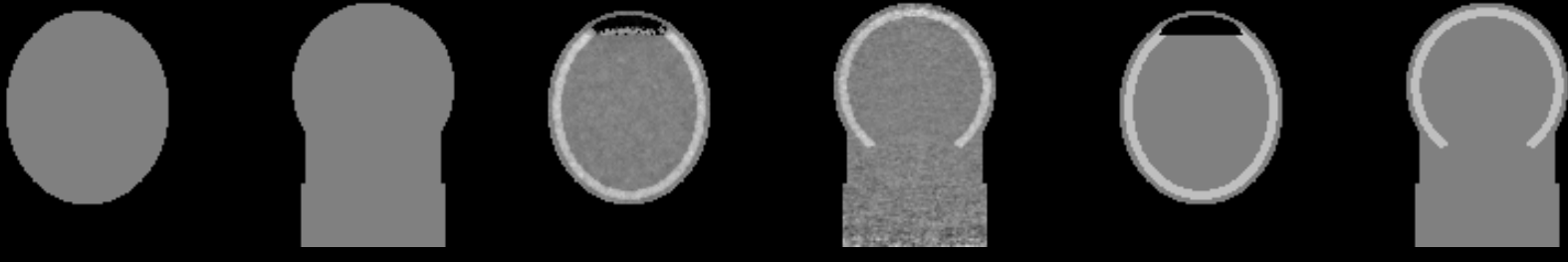
# MR-MLAA: Digital Phantom Without Hardware

MRAC

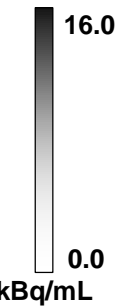
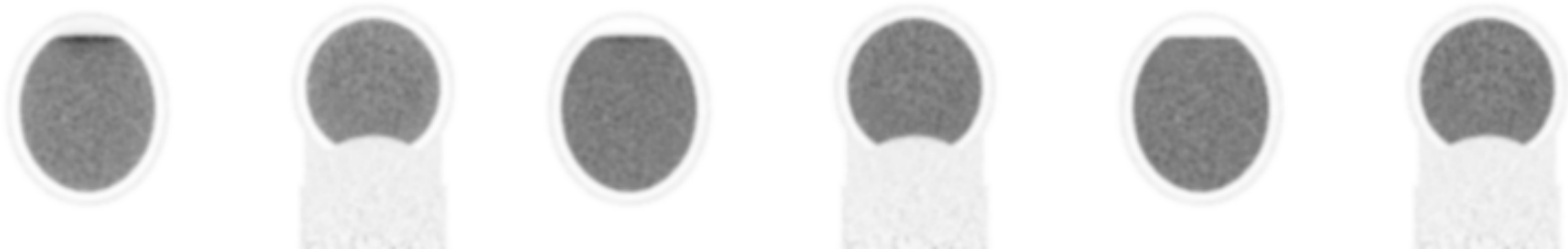
MR-MLAA

Ground Truth

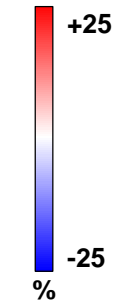
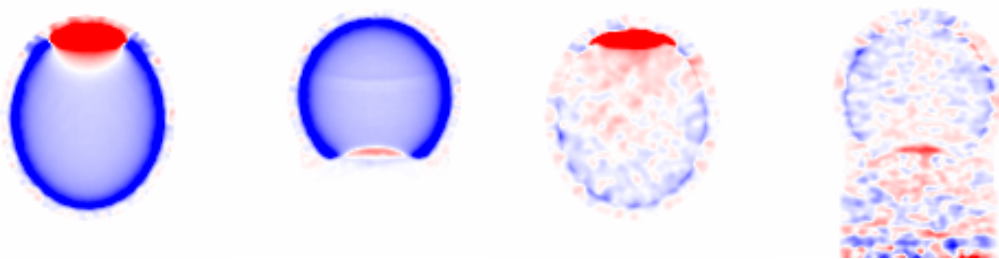
Attenuation



Activity



Activity  
Diff to CTAC



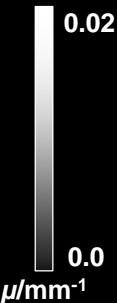
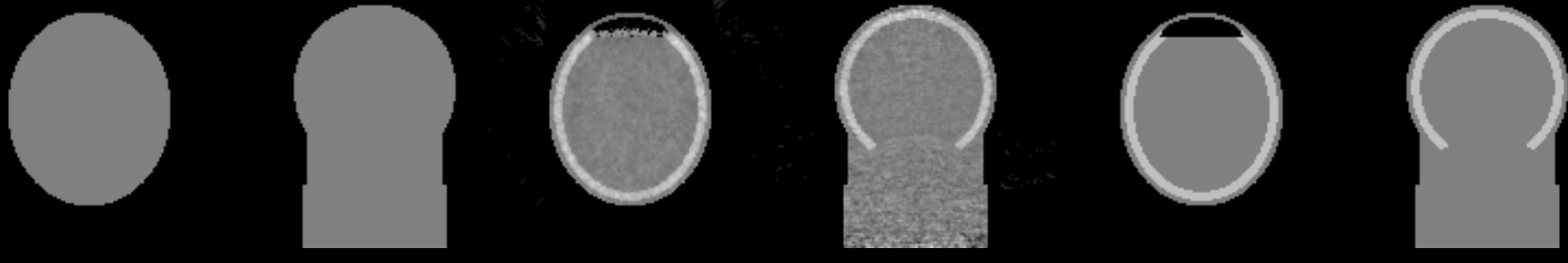
# xMR-MLAA: Digital Phantom Without Hardware

MRAC

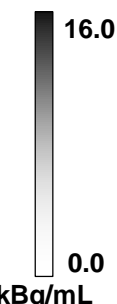
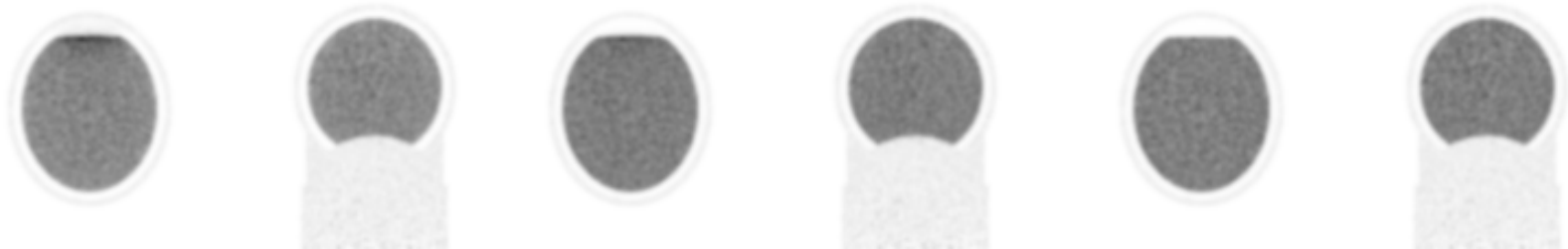
xMR-MLAA

Ground Truth

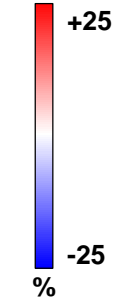
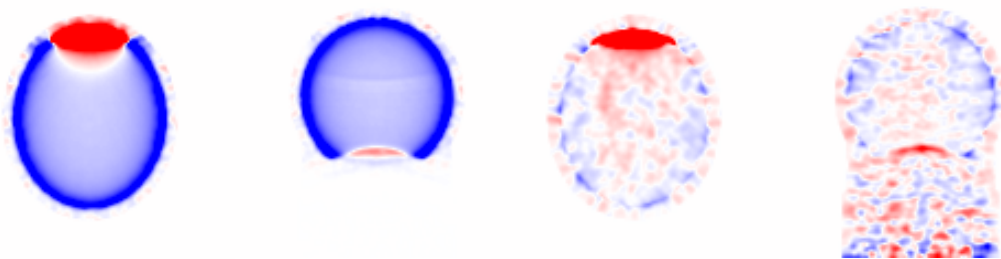
Attenuation



Activity



Activity Diff to CTAC



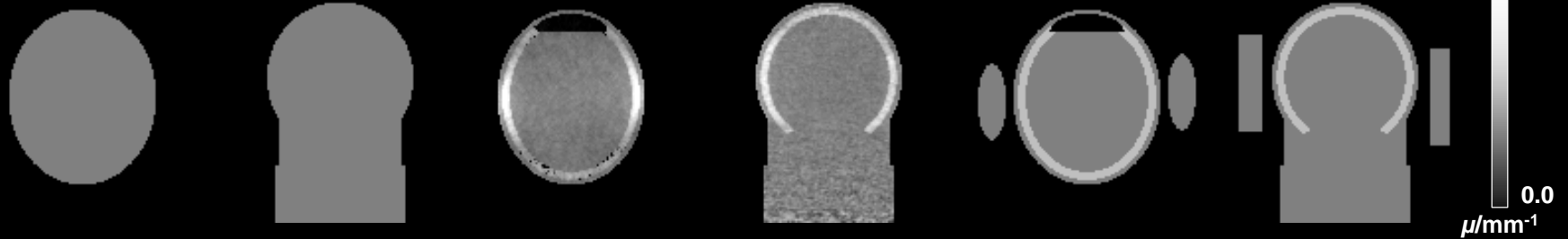
# MR-MLAA: Digital Phantom With Hardware, neglected

MRAC

MR-MLAA

Ground Truth

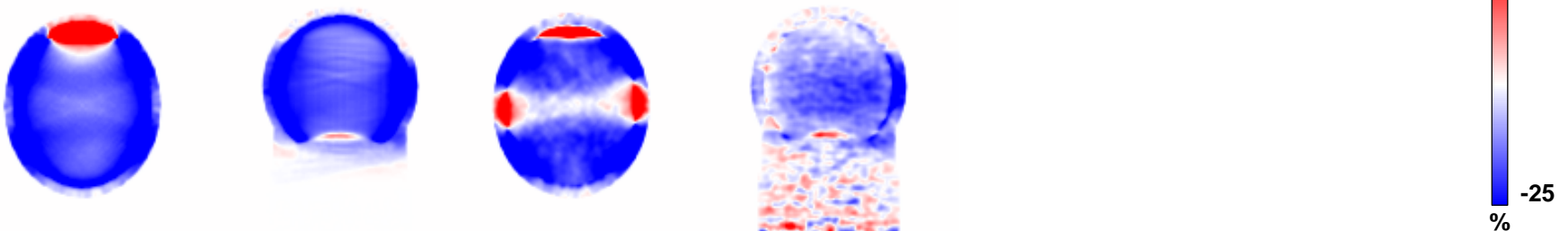
Attenuation



Activity



Activity  
Diff to CTAC





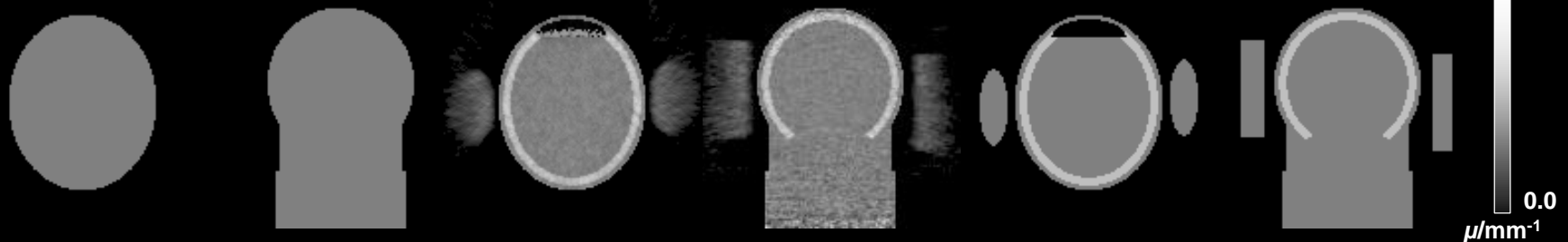
# xMR-MLAA: Digital Phantom With Hardware

MRAC

xMR-MLAA

Ground Truth

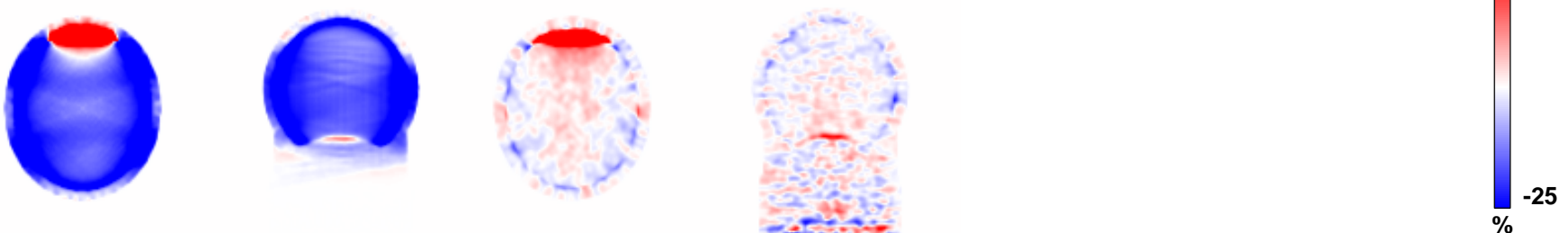
Attenuation



Activity



Activity  
Diff to CTAC



## xMR-MLAA

# Patient Data

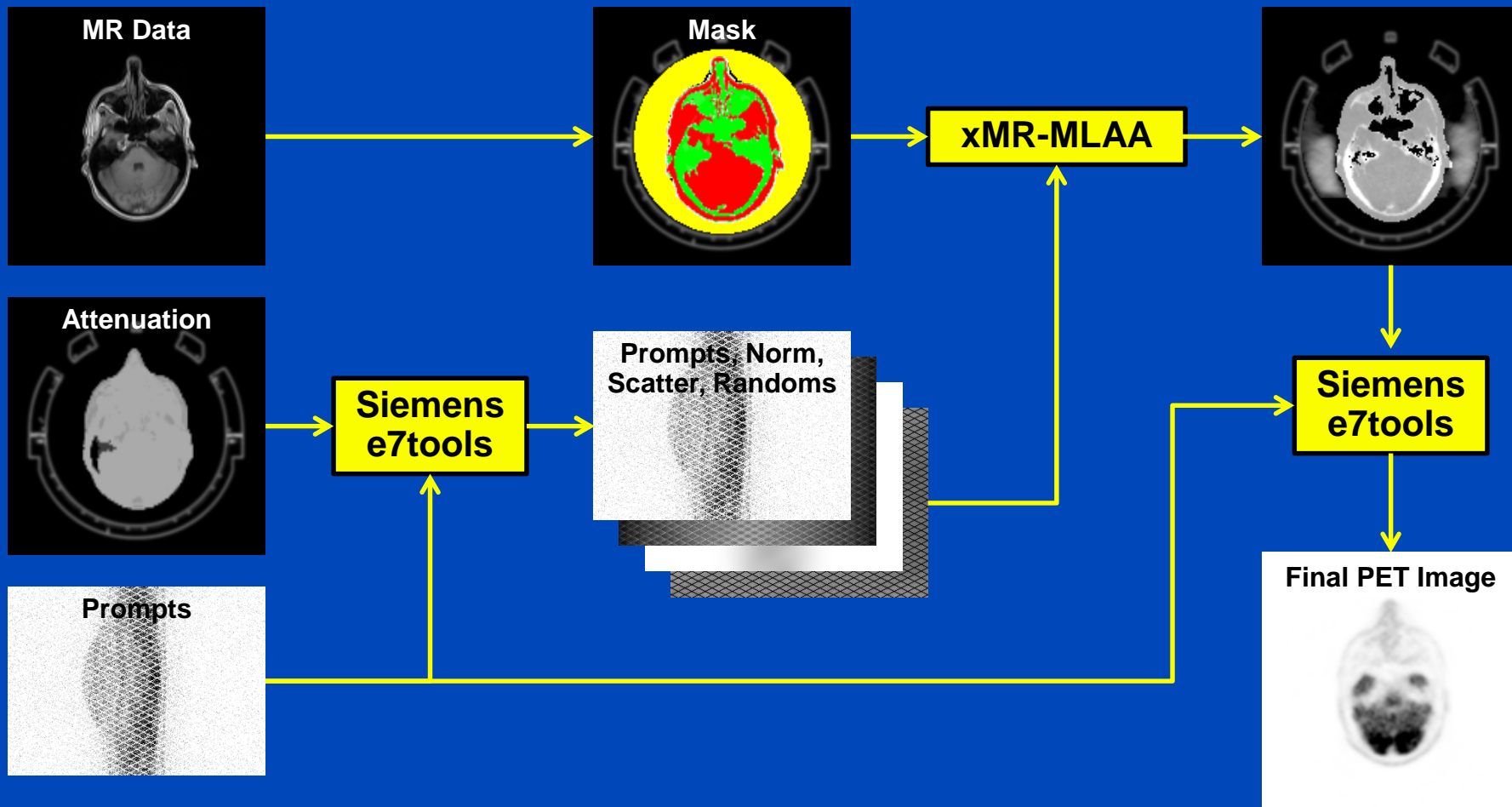
- **Clinical non-TOF  $^{18}\text{F}$ -FDG-PET/MR data of the head region acquired with a Siemens Biograph mMR**
  - OSEM, 3 it., 21 subs., Gaussian smoothing ( $\sigma = 2$  mm)
- **Attenuation correction**
  - MRAC: standard MR-based AC
  - xMR-MLAA: proposed method
  - CTAC: CT-derived AC
- **Limitation**
  - Ground truth CT-AC does not show MR hardware components
  - xMLAA-based hardware estimates added to CTAC

# xMR-MLAA Data Processing

## Scanner Data

## xMR-MLAA Input

## xMR-MLAA Output



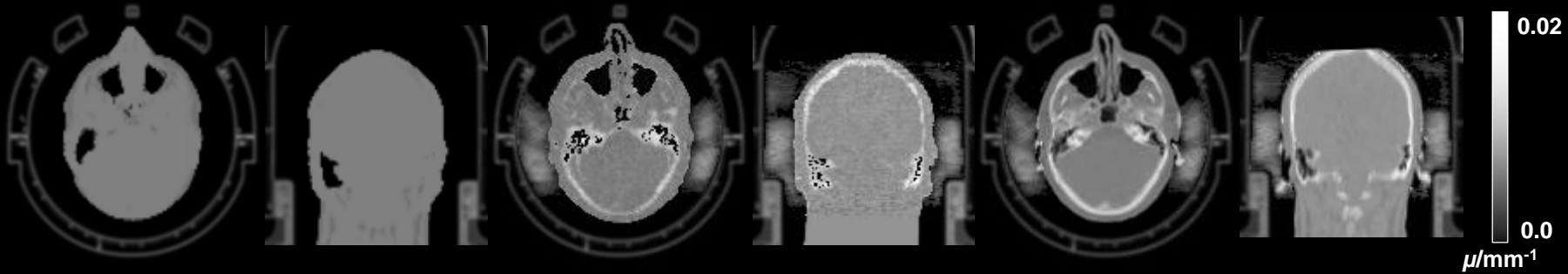
# xMR-MLAA Results: Patient 1

MRAC

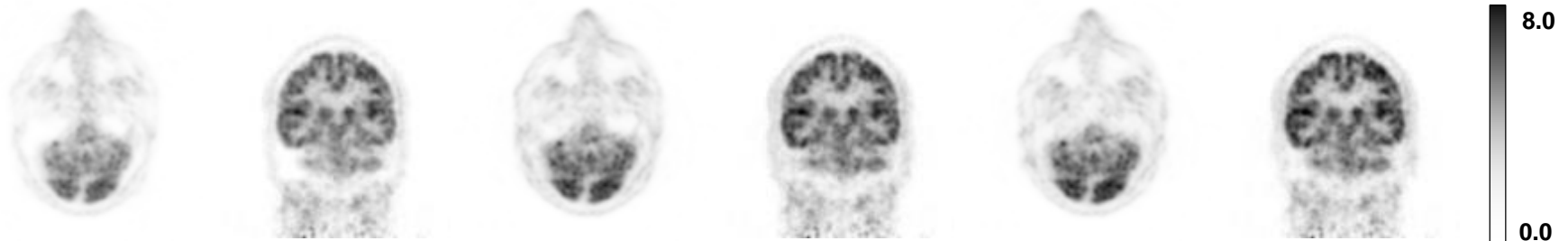
xMR-MLAA

CTAC

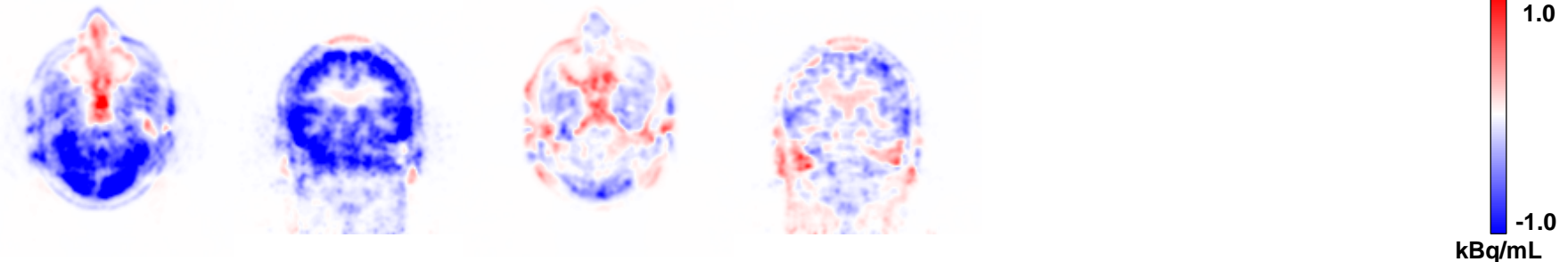
Attenuation



Activity



Activity  
Diff to CTAC



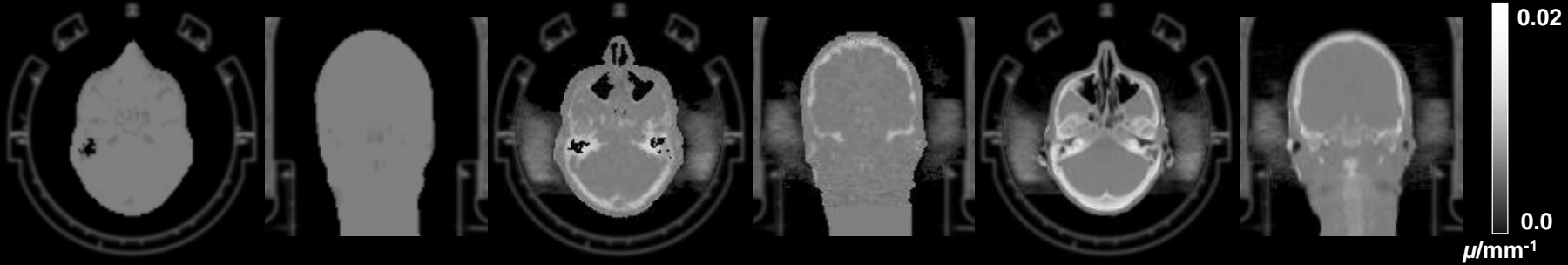
# xMR-MLAA Results: Patient 2

MRAC

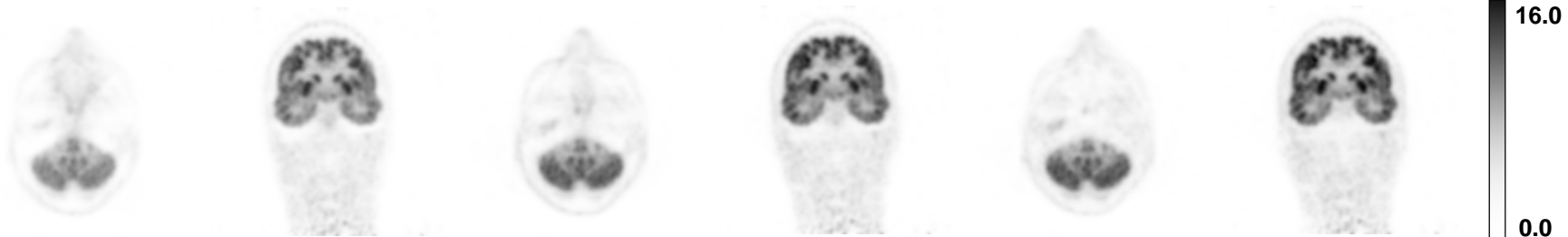
xMR-MLAA

CTAC

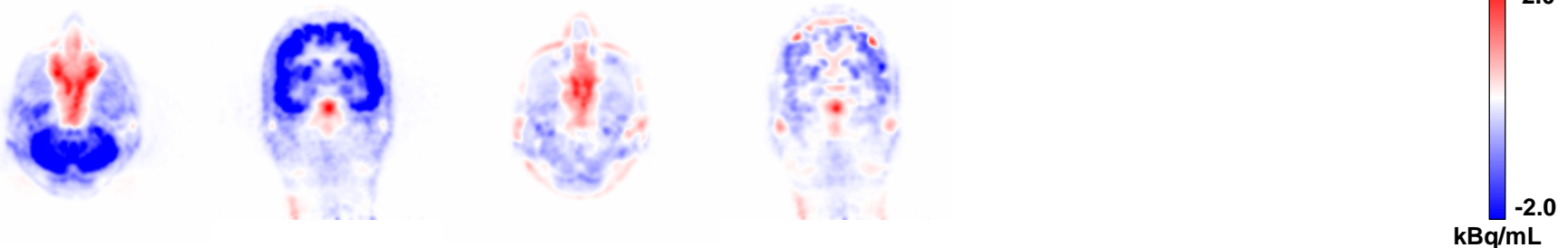
Attenuation



Activity



Activity  
Diff to CTAC



## xMR-MLAA

# Conclusion

- xMR-MLAA jointly estimates hardware and patient attenuation from non-TOF PET emission data
- Standard MRAC: ~15% patient activity underestimation with headphones
- xMR-MLAA: < 5% patient activity error, despite challenging MR segmentation in paranasal sinuses
- TOF information is expected to improve performance: in particular, in MR-MLAA





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