

# **AI Applications in CT Image Formation**

**(Potentially Coming to a Scanner Near You)**

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**Heidelberg, Germany**

**[www.dkfz.de/ct](http://www.dkfz.de/ct)**



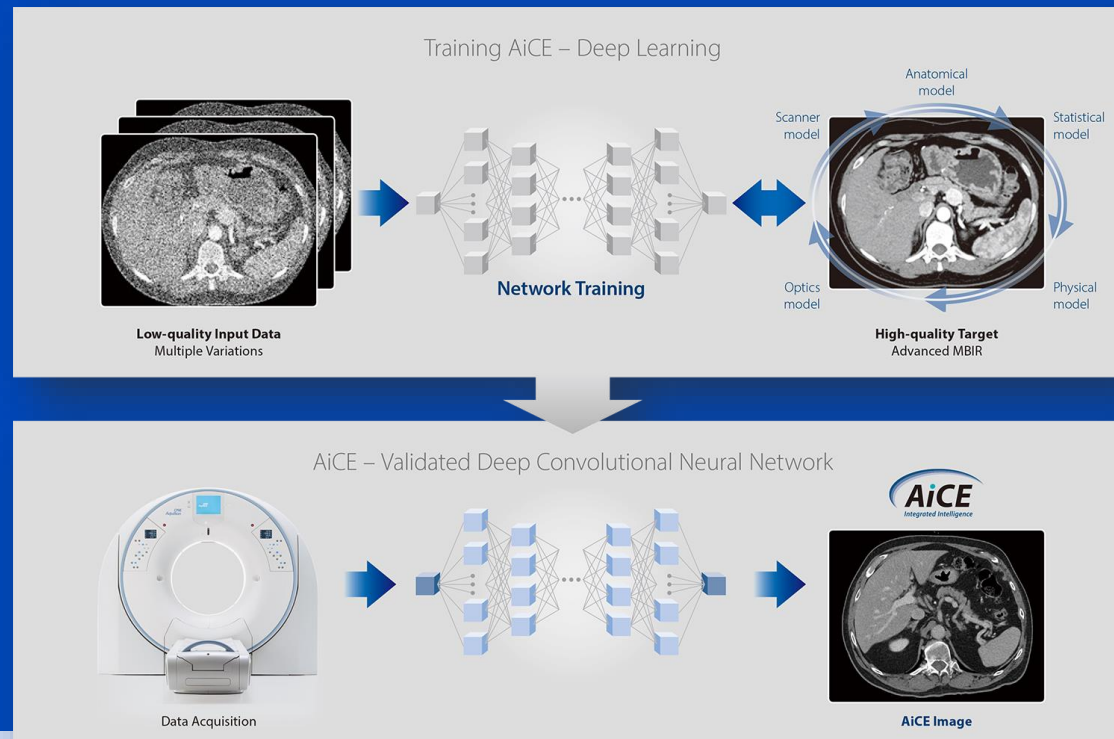
**DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT**

# Content

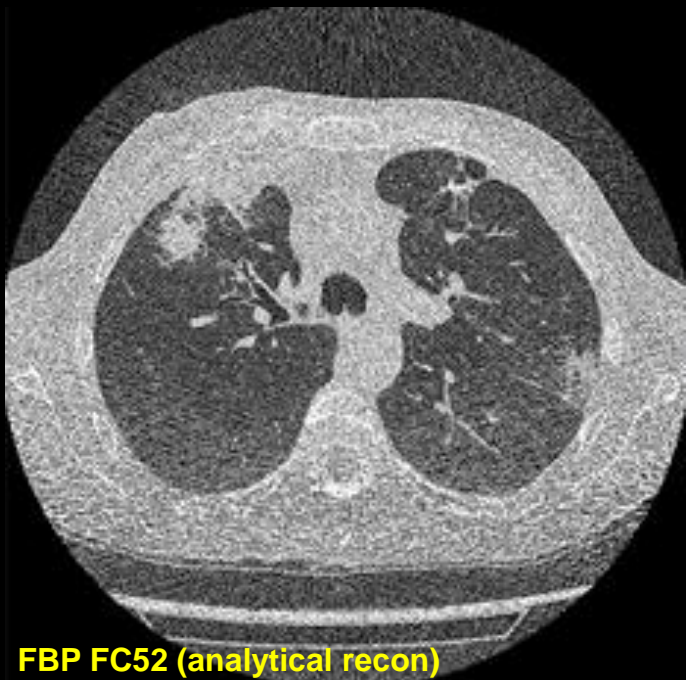
- **Noise reduction**
- **Scatter correction**
- **Dose estimation**
- **Tube current modulation**
- **Motion compensation**

# Canon's AiCE

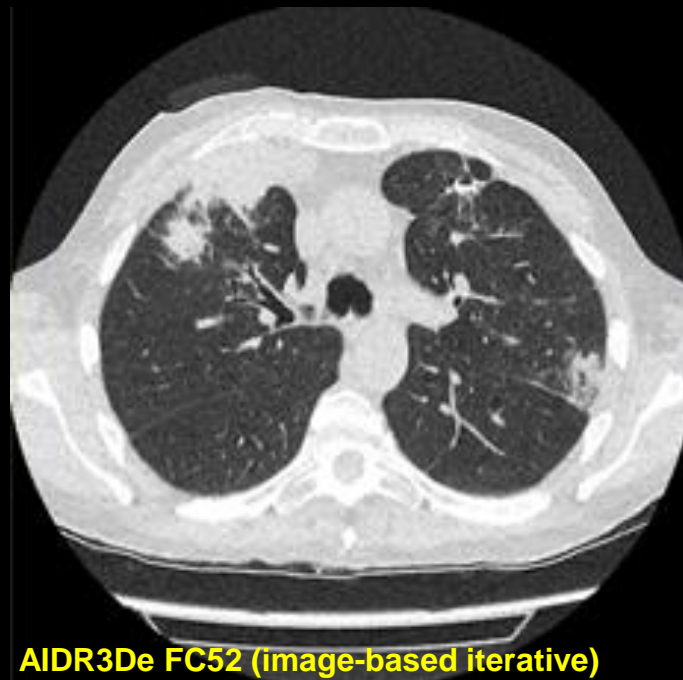
- Advanced intelligent Clear-IQ Engine (AiCE)
- Trained to restore low-dose CT data to match the properties of FIRST, the model-based IR of Canon.
- FIRST is applied to high-dose CT images to obtain a high fidelity training target



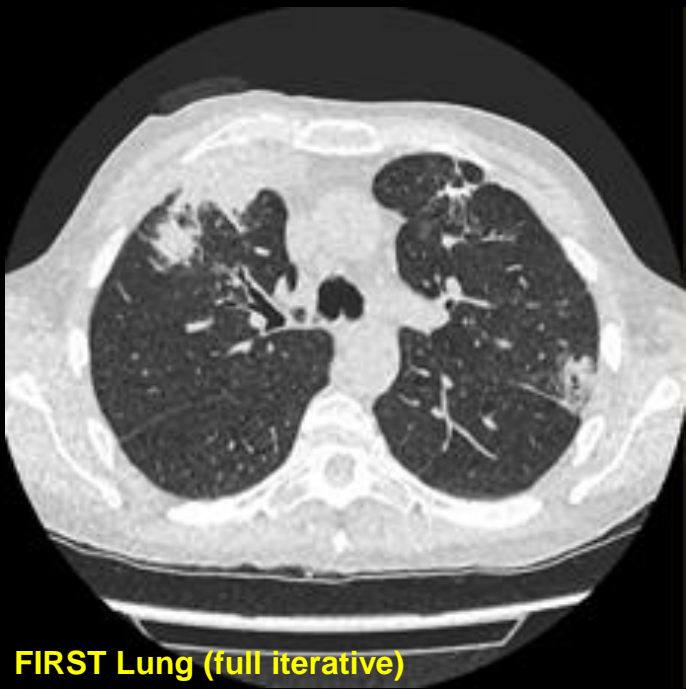
U = 100 kV  
CTDI = 0.6 mGy  
DLP = 24.7 mGy·cm  
D<sub>eff</sub> = 0.35 mSv



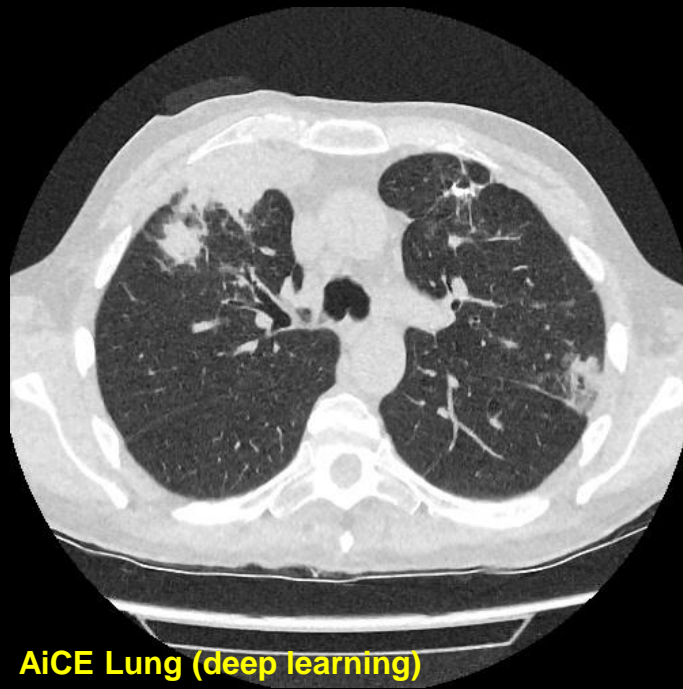
**FBP FC52 (analytical recon)**



**AIDR3De FC52 (image-based iterative)**



**FIRST Lung (full iterative)**



**AiCE Lung (deep learning)**



FBP

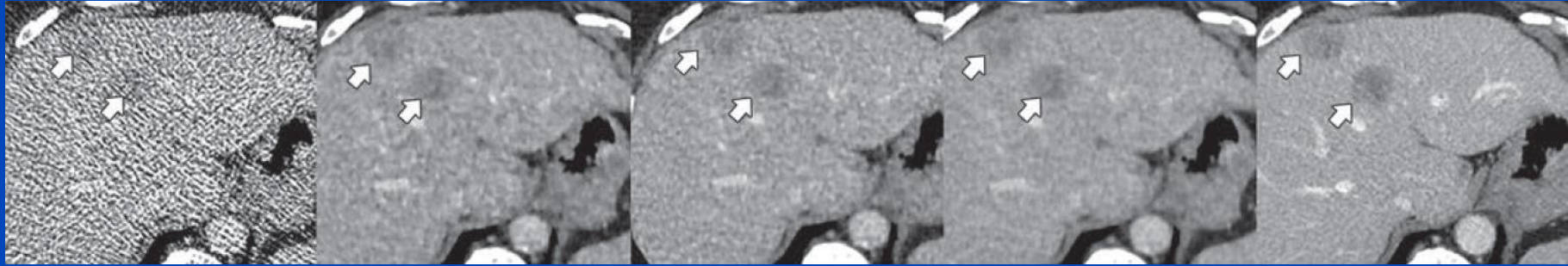
FIRST

AIDR 3D

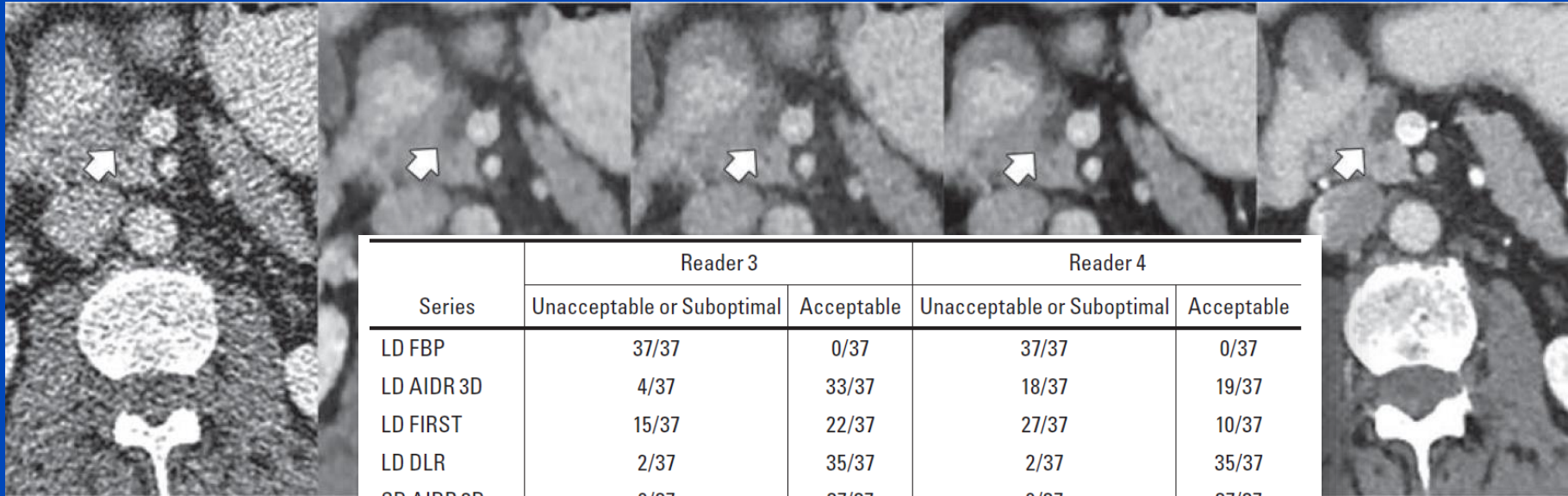
AiCE

AIDR 3D

BMI = 32 kg/m<sup>2</sup>



BMI = 27 kg/m<sup>2</sup>



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)

# Noise Removal Example 7

## 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

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⊕ Electrical Engineering at University of Notre Dame

#### 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



**FBP**



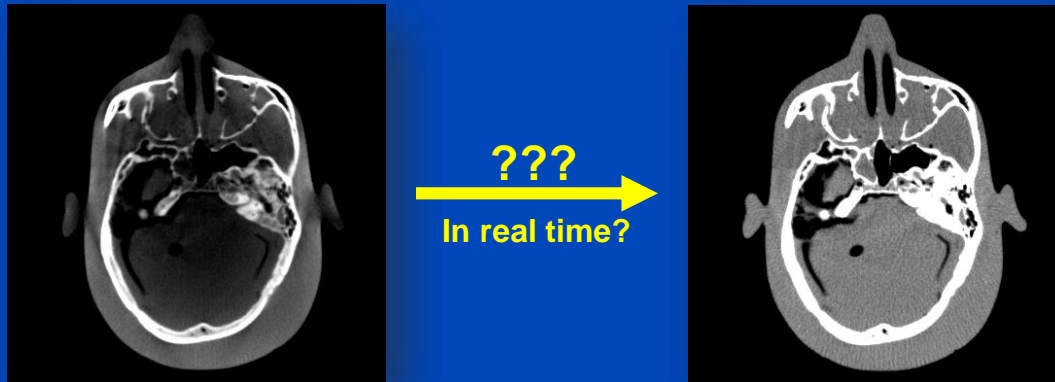
**ASIR V 50%**



**True Fidelity**

Courtesy of GE Healthcare

# Deep Scatter Estimation

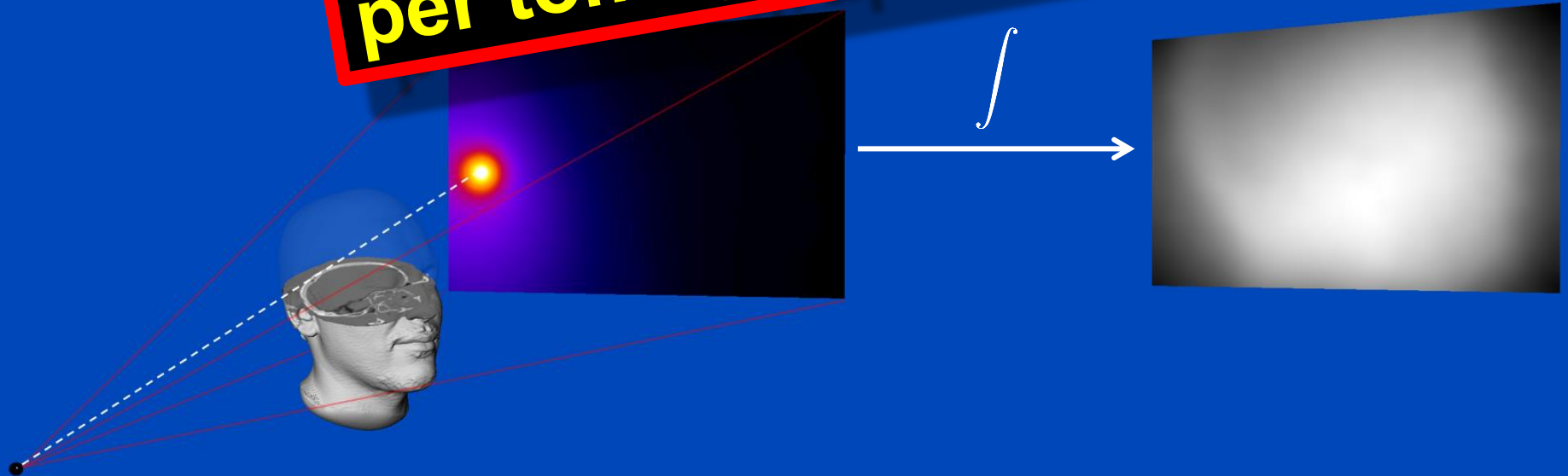




# Monte Carlo Scatter Estimation

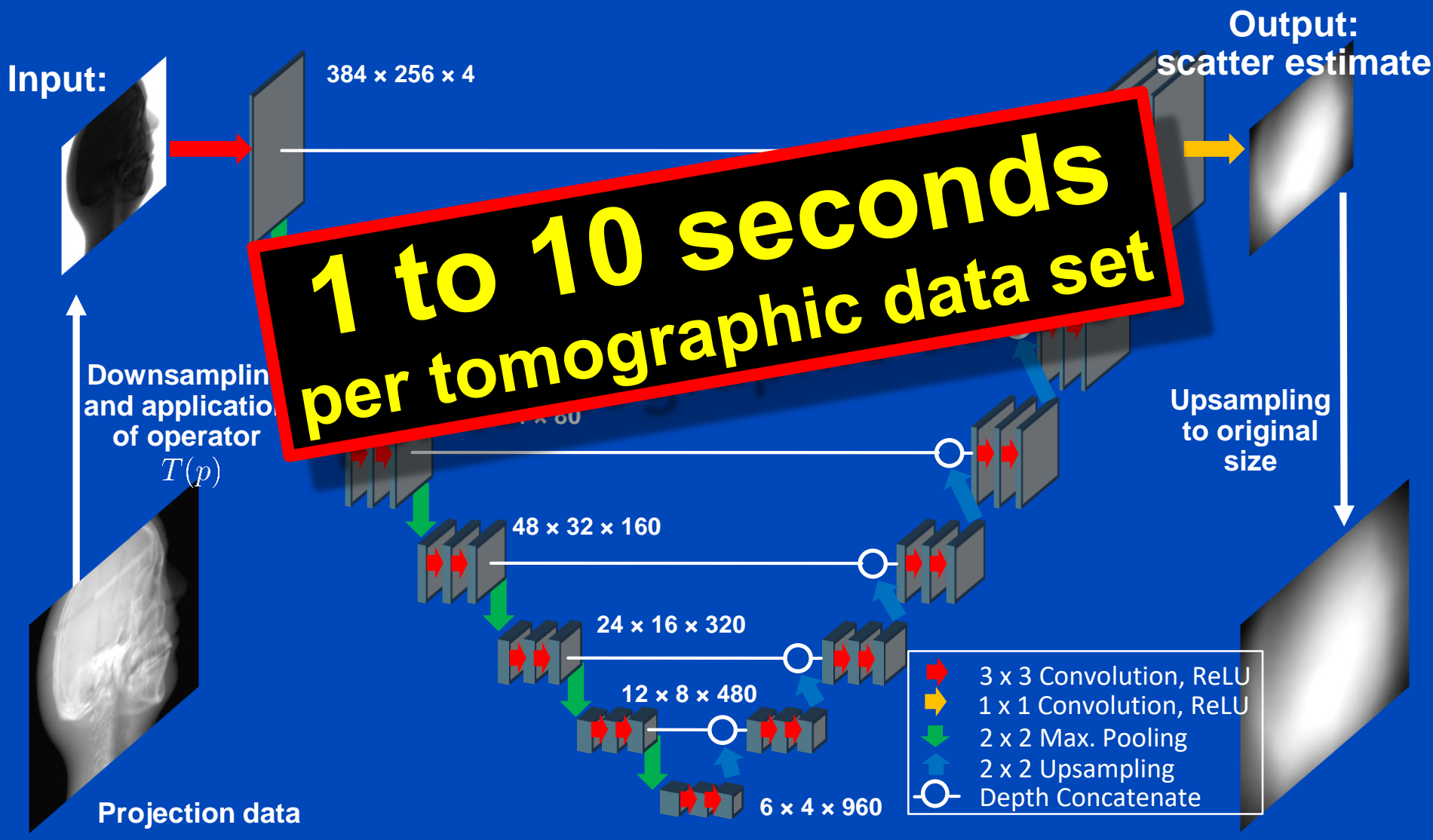
- Simulation of photon trajectories according to physical interaction probabilities.
- Simulating a large number of trajectories well approximates the complete scatter distribution

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









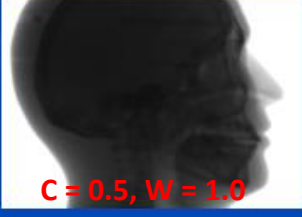
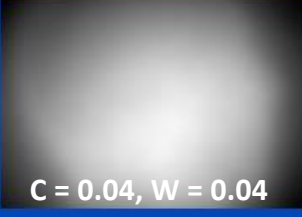


# Deep Scatter Estimation

## 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			<b>14.1%</b> mean absolute percentage error over all projections	<b>7.2%</b> mean absolute percentage error over all projections	<b>1.2%</b> mean absolute percentage error over all projections
View #2					
View #3					
View #4					
View #5					
	<b>C = 0.5, W = 1.0</b>	<b>C = 0.04, W = 0.04</b>	<b>C = 0 %, W = 50 %</b>	<b>C = 0 %, W = 50 %</b>	<b>C = 0 %, W = 50 %</b>

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

# Reconstructions of Simulated Data

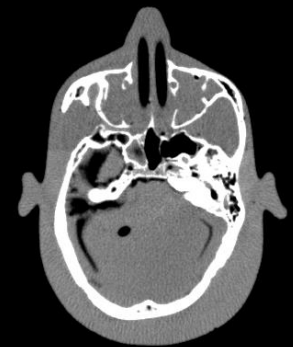
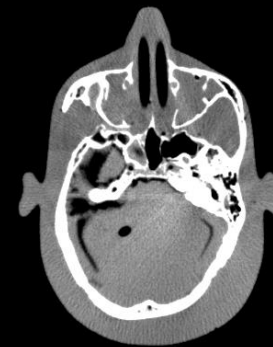
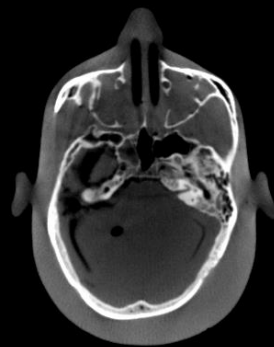
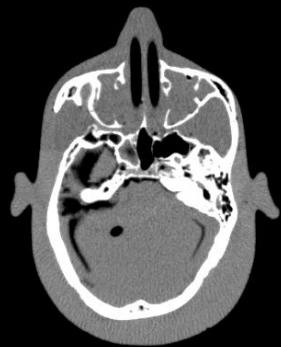
Ground Truth

No Correction

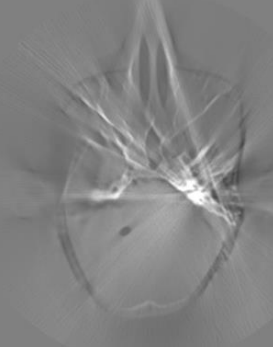
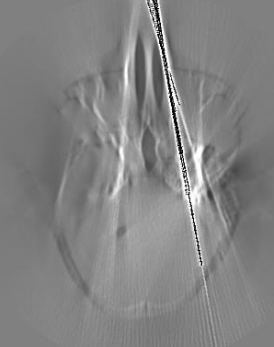
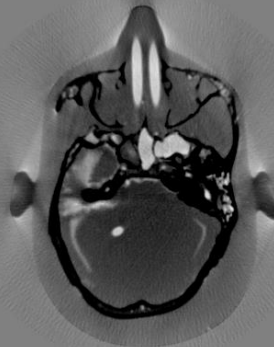
Kernel-Based  
Scatter Estimation

Hybrid Scatter  
Estimation

Deep Scatter  
Estimation



CT Reconstruction  
Difference to ideal  
simulation



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



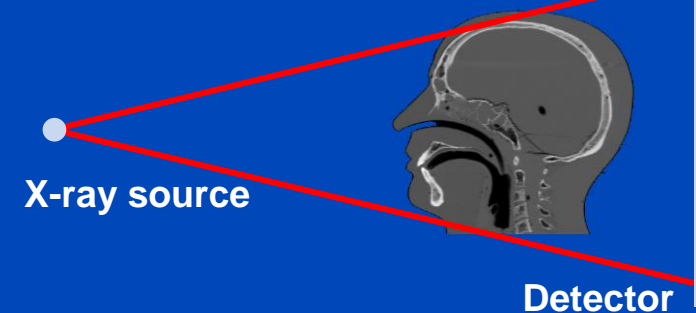
# Testing of the DSE Network for Measured Data (120 kV)

## DKFZ table-top CT

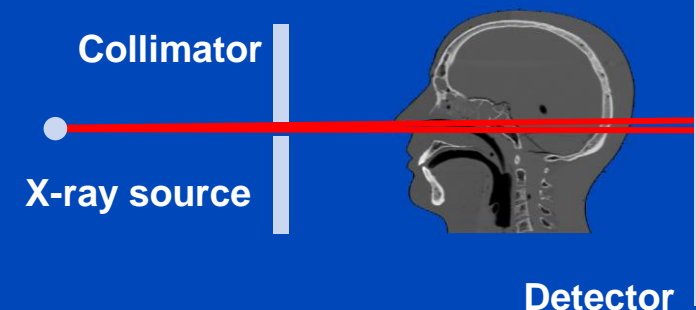


- Measurement of a head phantom at our in-house table-top CT.
- Slit scan measurement serves as ground truth.

### Measurement to be corrected



### Ground truth: slit scan



# Reconstructions of Measured Data

Slit Scan

No Correction

Kernel-Based  
Scatter Estimation

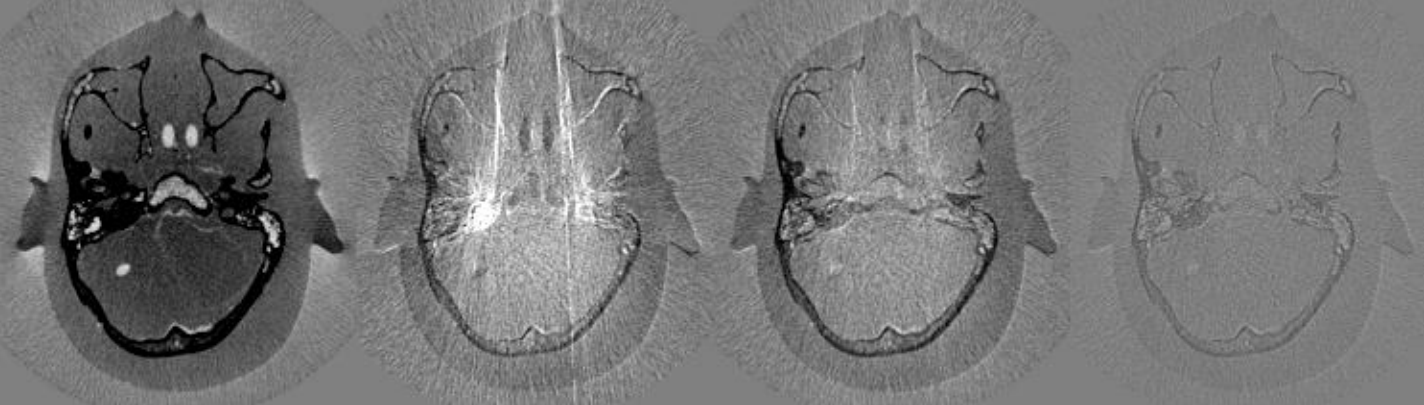
Hybrid Scatter  
Estimation

Deep Scatter  
Estimation

CT Reconstruction



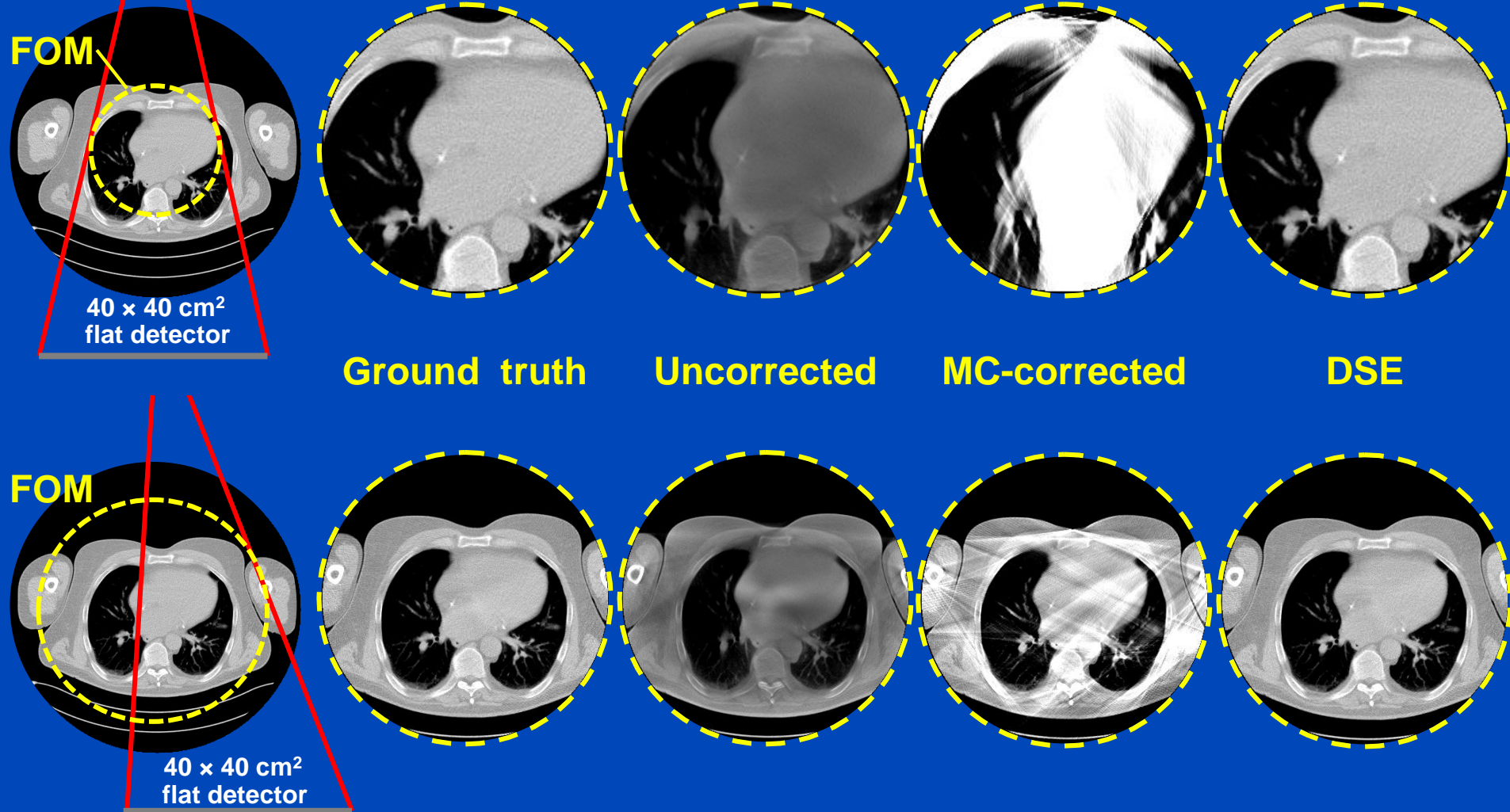
Difference to slit scan



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

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<sup>1,2</sup>



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].

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

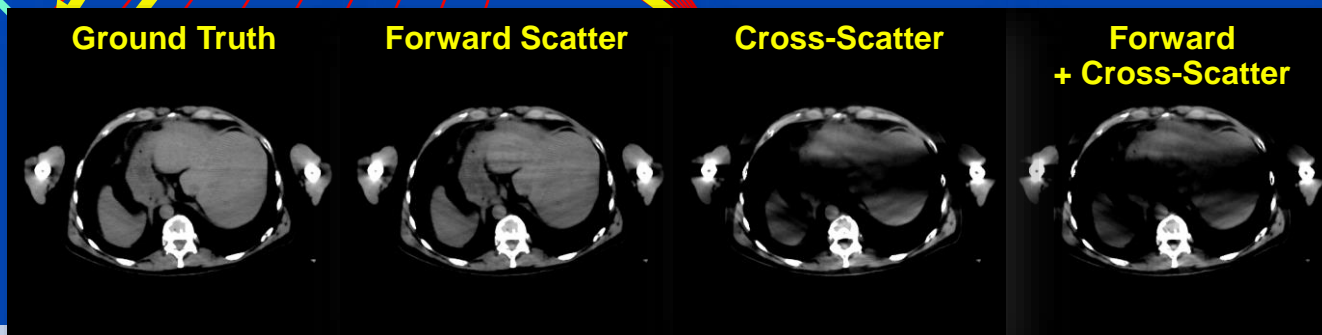
<sup>2</sup>J. Maier, M. Kachelrieß et al. Robustness of DSE. Med. Phys. 46(1):238-249, January 2019.

# Scatter in Dual Source CT (DSCT)



Siemens SOMATOM Force  
dual source cone-beam spiral CT

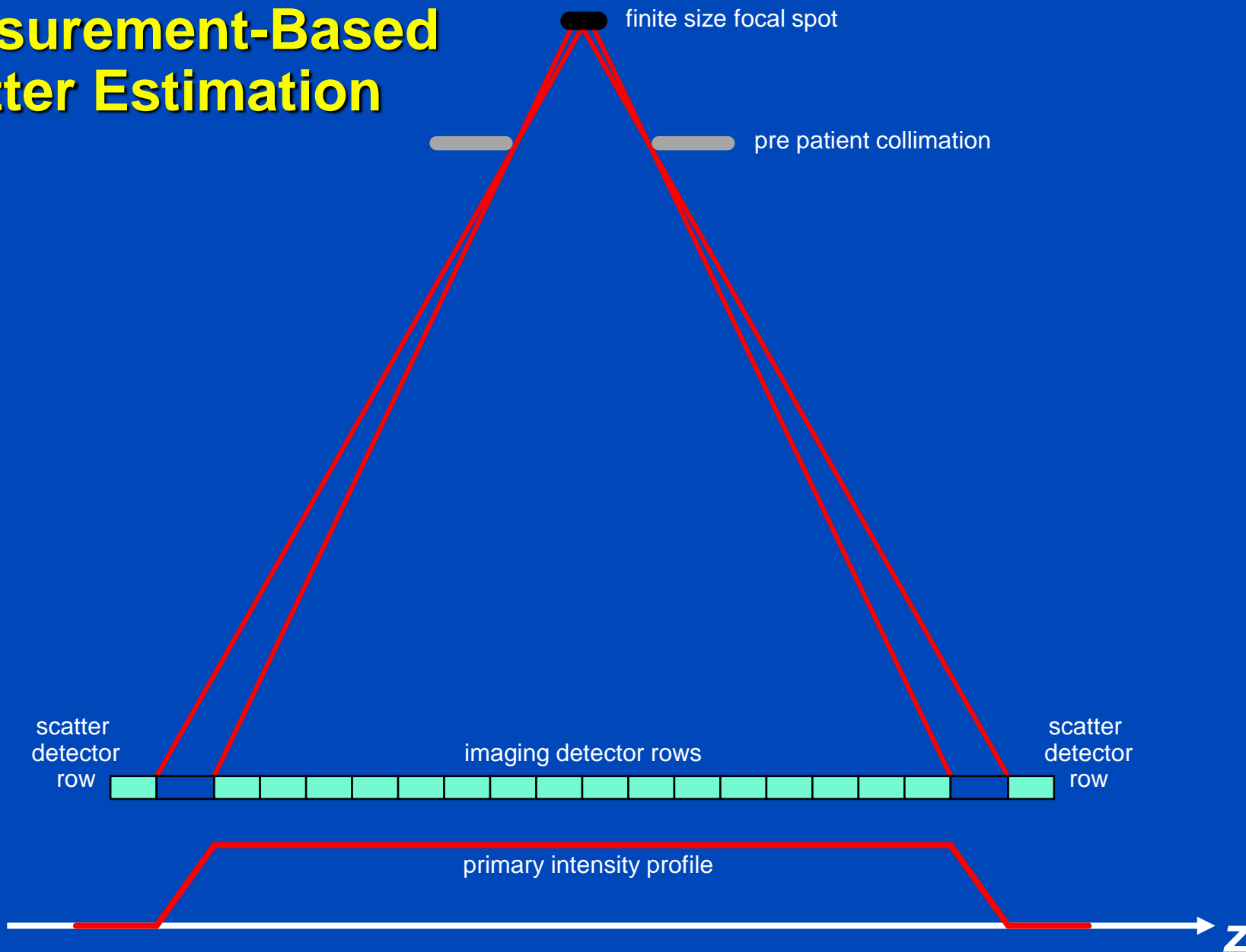
$$q = -\ln \frac{I_{\text{primary}} + S_{\text{forward}} + \rho S_{\text{cross}}}{I_0}$$



C = 40 HU, W = 300 HU, with 2D anti-scatter grid



# Measurement-Based Scatter Estimation



# Cross-DSE

Ground Truth

Uncorrected

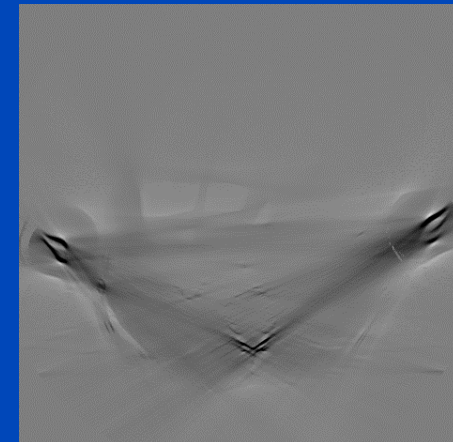
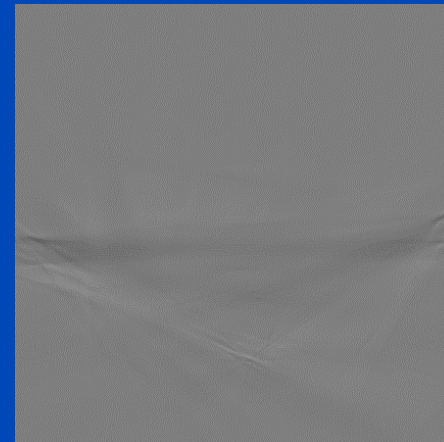
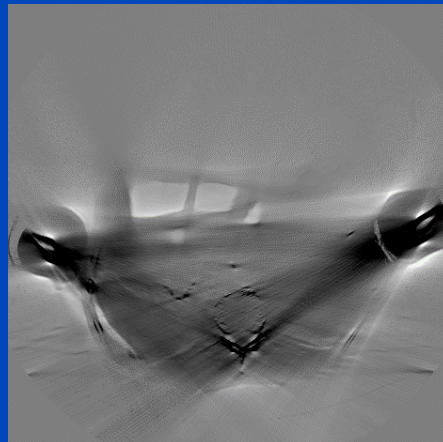
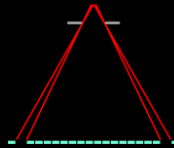
xDSE (2D, xSSE)

Measurement-based

MAE = 42.6 HU

MAE = 4.9 HU

MAE = 10.6 HU



xDSE (2D, xSSE) maps

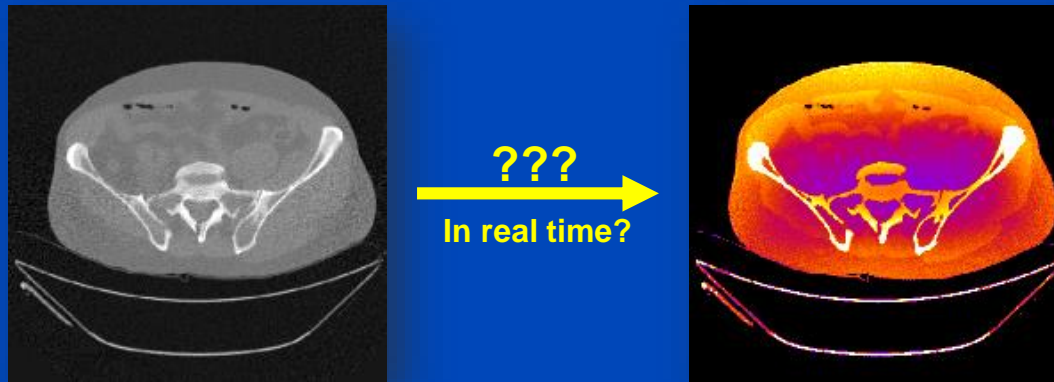
primary + forward scatter + cross-scatter + cross-scatter approximation → cross-scatter

Images  $C = 40$  HU,  $W = 300$  HU, difference images  $C = 0$  HU,  $W = 300$  HU

# 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.

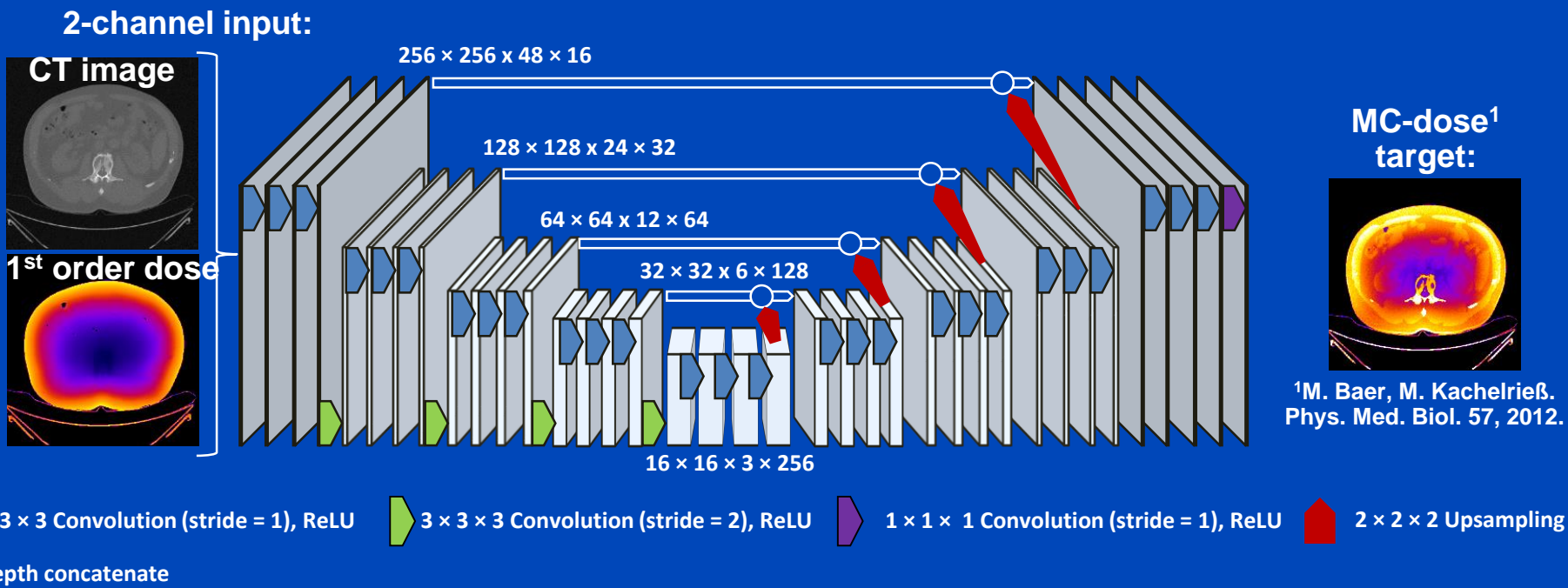
# Deep Dose Estimation





# Deep Dose Estimation (DDE)

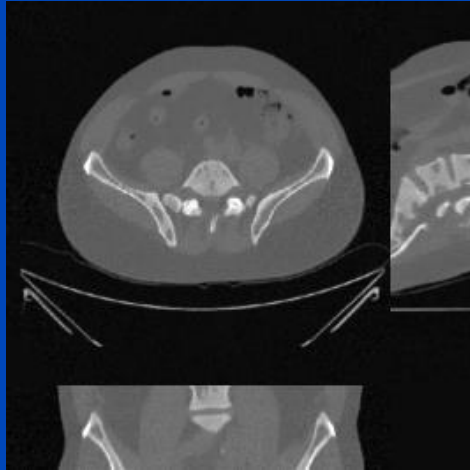
- Combine fast and accurate CT dose estimation using a deep convolutional neural network.
- Train the network to reproduce MC dose estimates given the CT image and a first-order dose estimate.



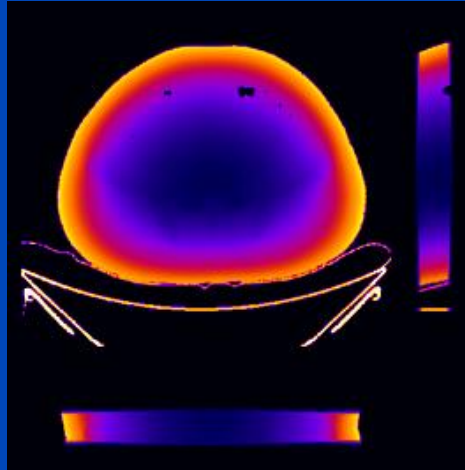
# Results

Pelvis, tube A, 120 kV, no bowtie

CT image



First order dose

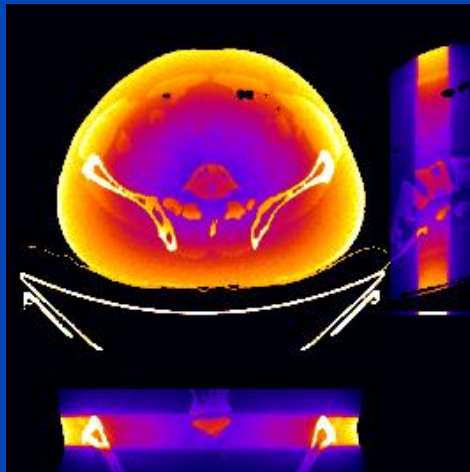


	MC	DDE
48 slices	1 h	<b>0.25 s</b>
whole body	20 h	<b>5 s</b>

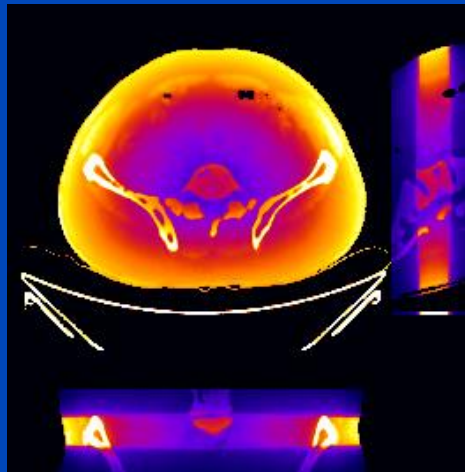
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

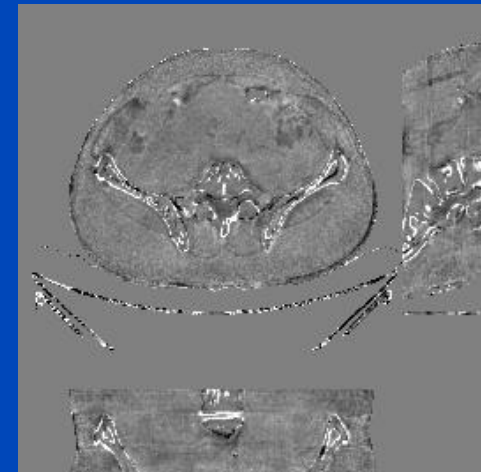
MC ground truth



DDE



Relative error

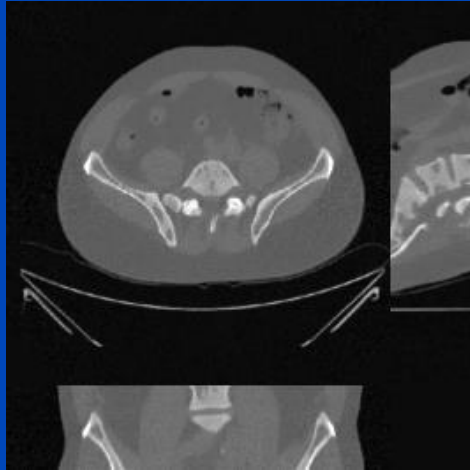


C = 0%  
W = 40%

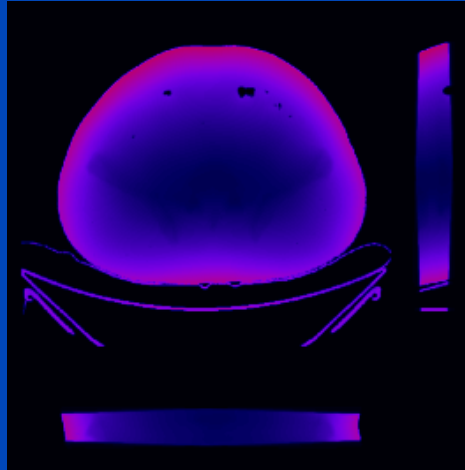
# Results

Pelvis, tube A, 120 kV, with bowtie

CT image



First order dose

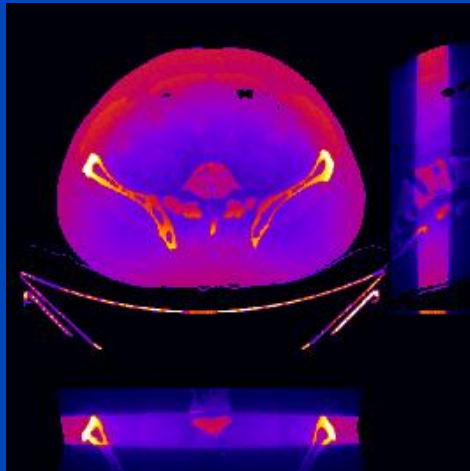


	MC	DDE
48 slices	1 h	<b>0.25 s</b>
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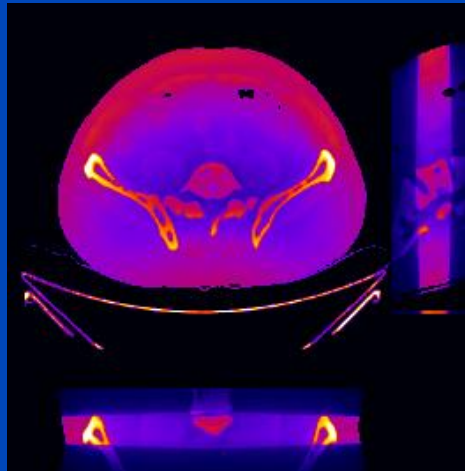
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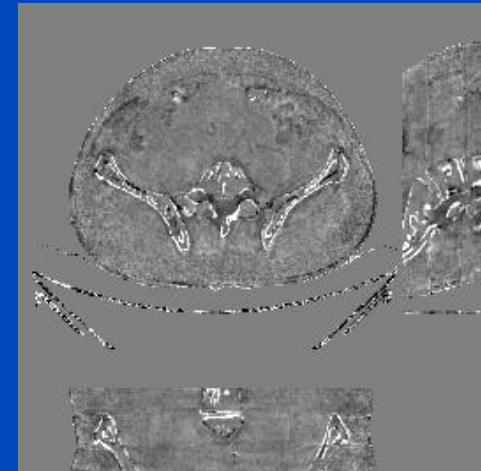
MC ground truth



DDE



Relative error



$C = 0\%$   
 $W = 40\%$

# Conclusions on DDE

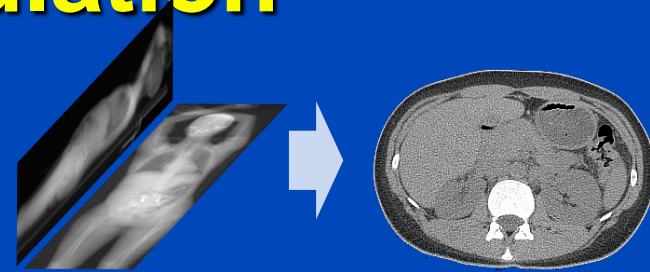
- **DDE provides accurate dose predictions**
  - for circle scans
  - for sequence scans
  - for partial scans (less than 360°)
  - for limited angle scans (less than 180°)
  - for spiral scans
  - for different tube voltages
  - for scans with and without bowtie filtration
  - for scans with tube current 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.**



# Patient Risk-Minimizing Tube Current Modulation

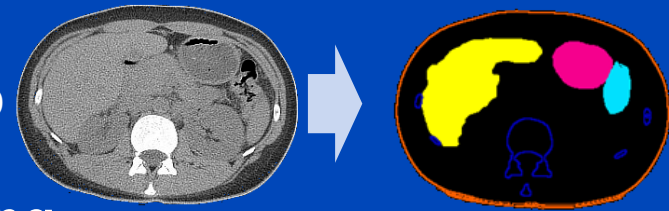
## 1. Coarse reconstruction from two scout views

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



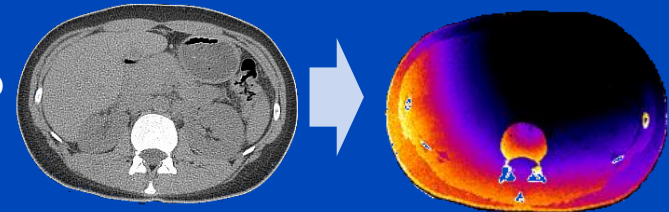
## 2. Segmentation of radiation-sensitive organs

- 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.



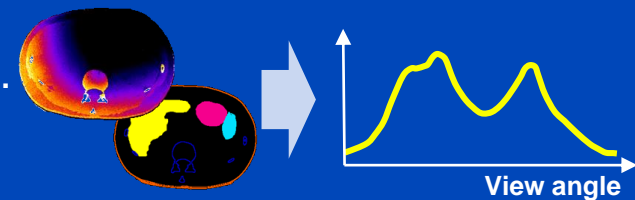
## 3. Calculation of the effective dose per view using the deep dose estimation (DDE)

- 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.

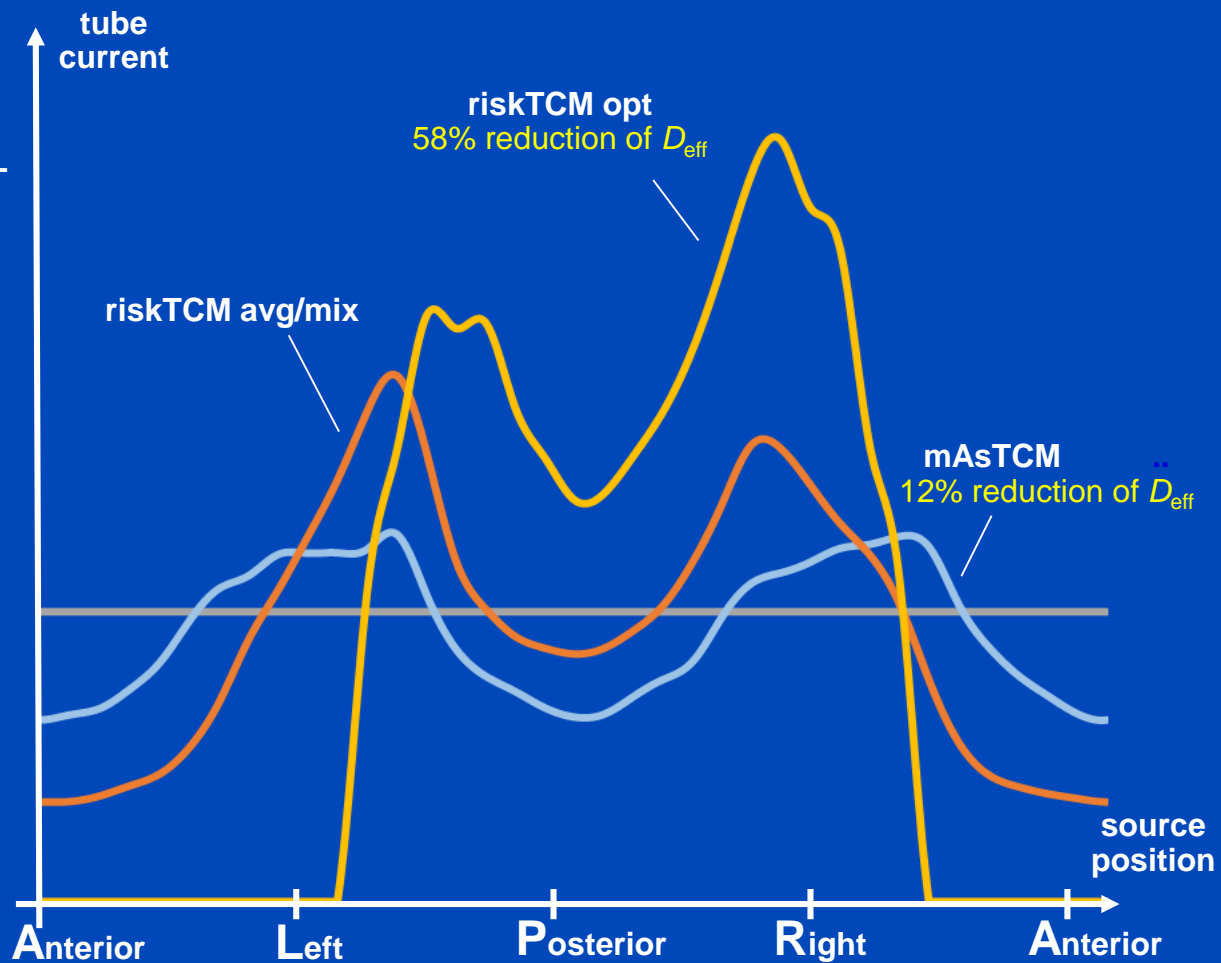
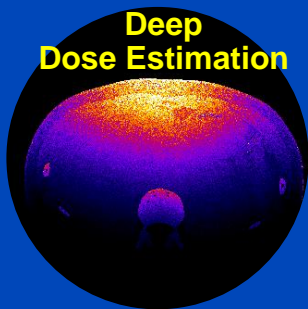
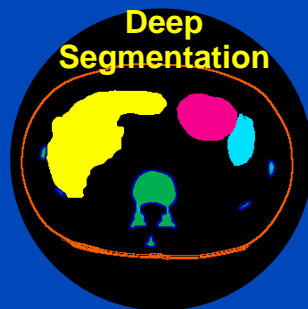
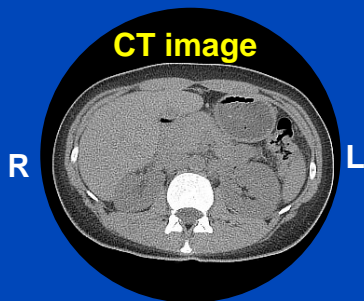


## 4. Determination of the tube current modulation curve that minimizes the radiation risk

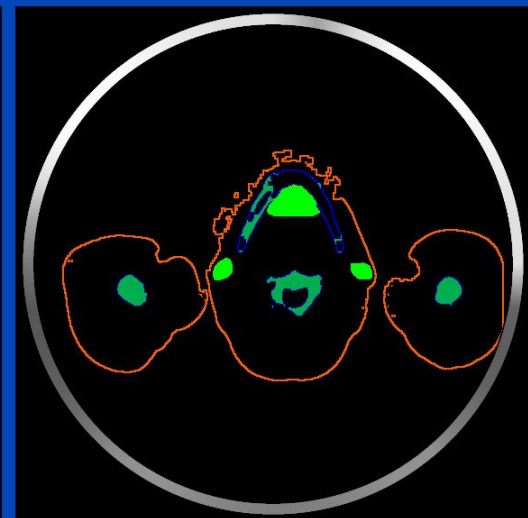
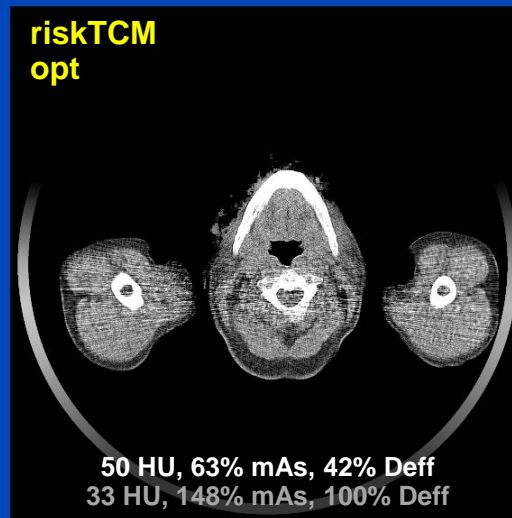
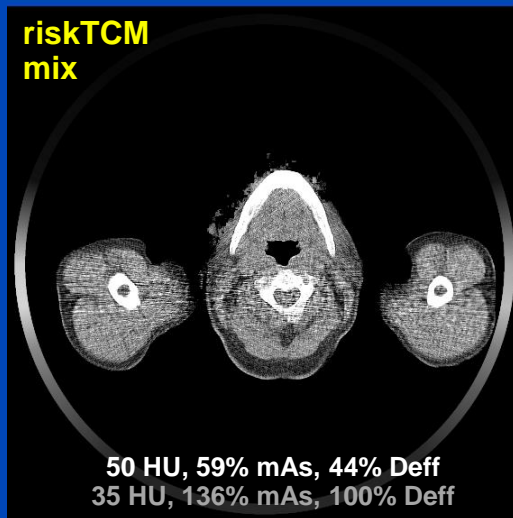
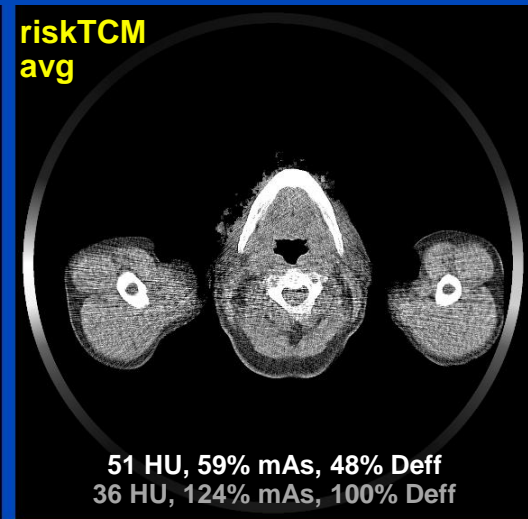
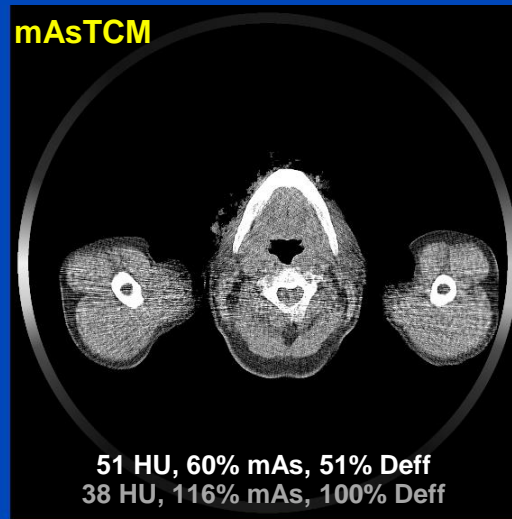
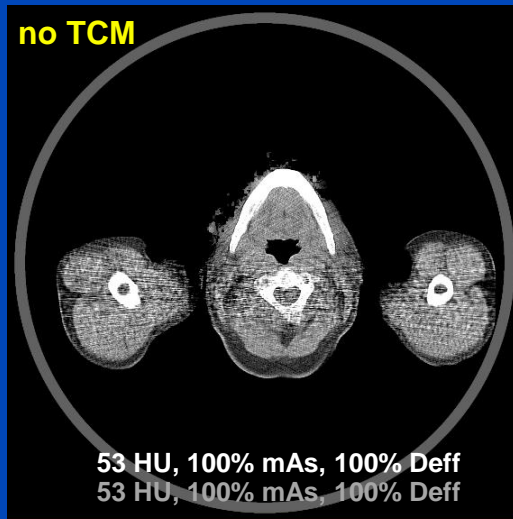
- L. Klein, J. Maier, C. Liu, A. Maier, M. Lell, and M. Kachelrieß. Patient radiation risk–minimizing tube current modulation for diagnostic CT. Submitted to Med. Phys., 2021.



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



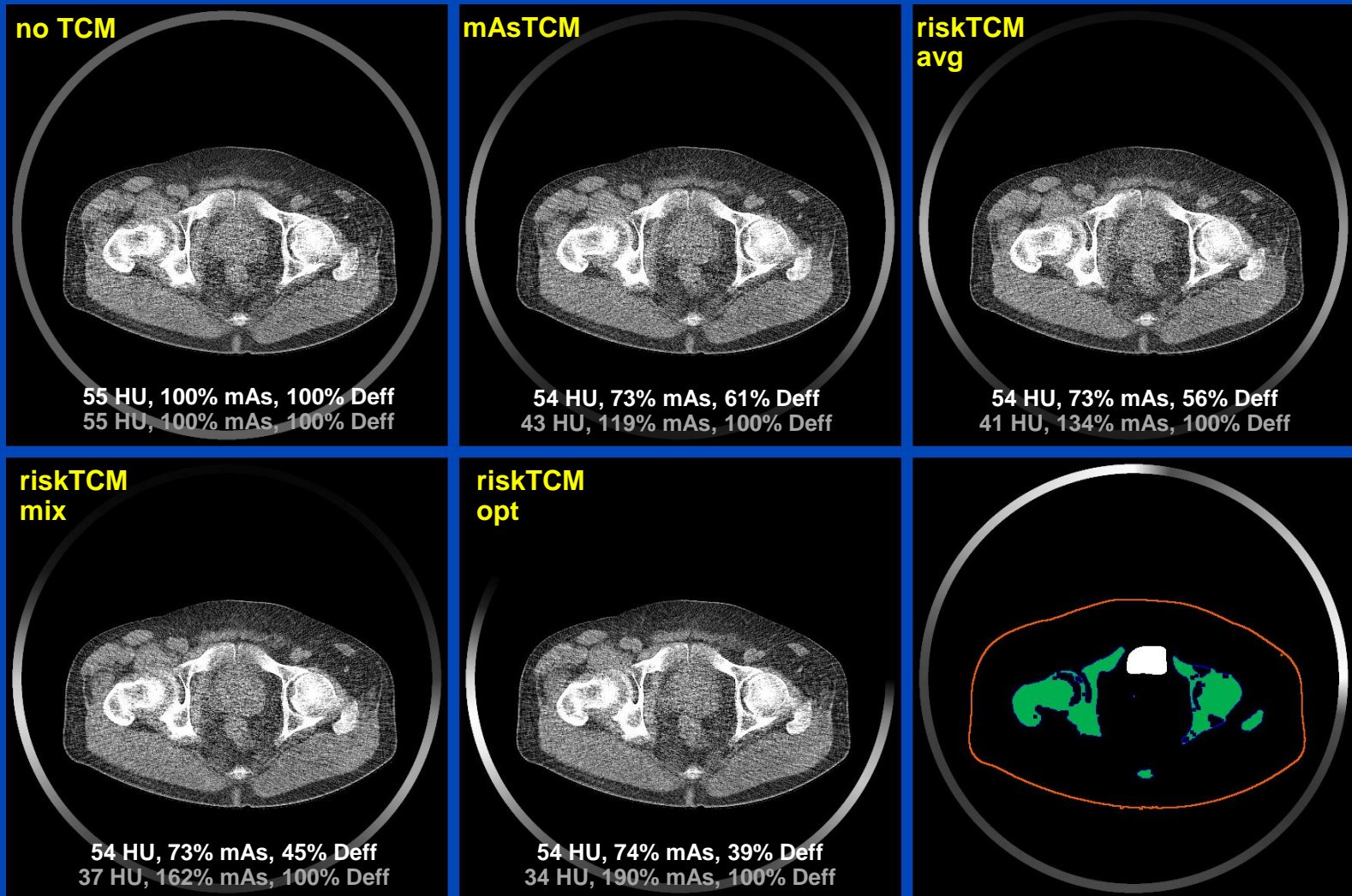
# Patient 03 - Neck



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

C = 25 HU, W = 400 HU

# Patient 03 - Pelvis

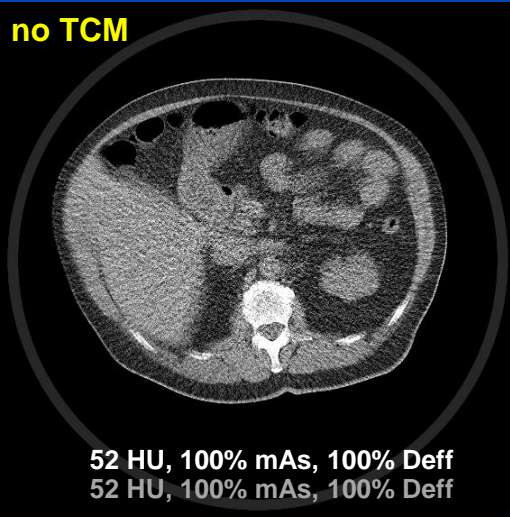


C = 25 HU, W = 400 HU

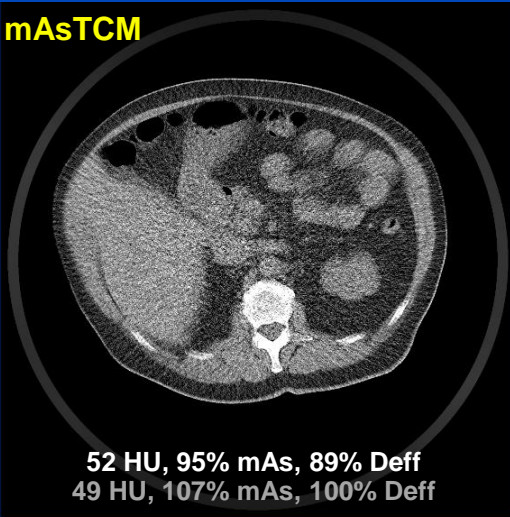


# Patient 04 - Abdomen

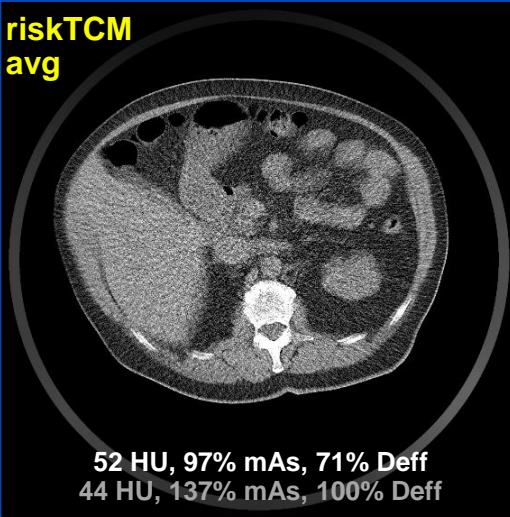
no TCM



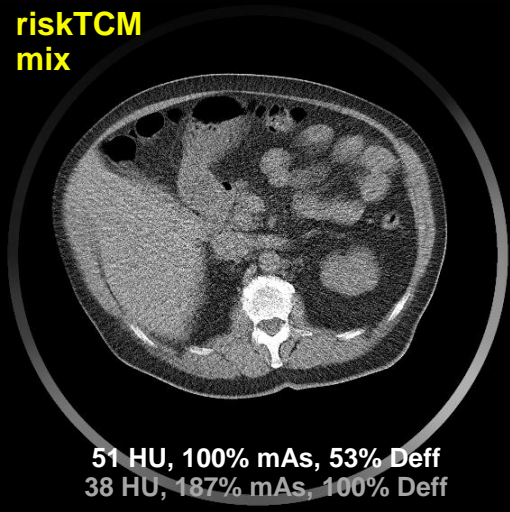
mAsTCM



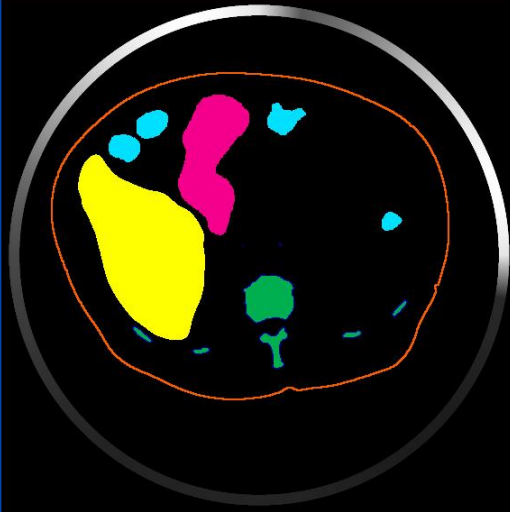
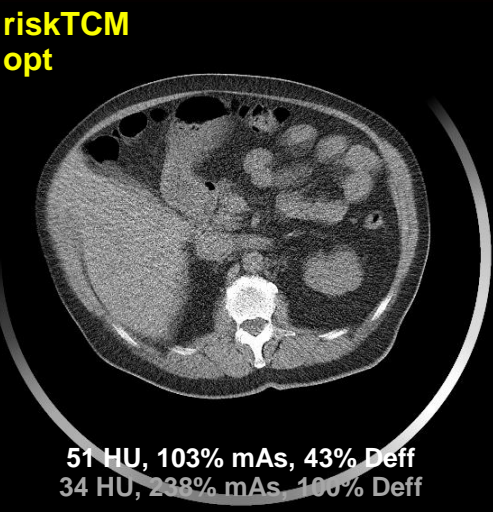
riskTCM  
avg



riskTCM  
mix



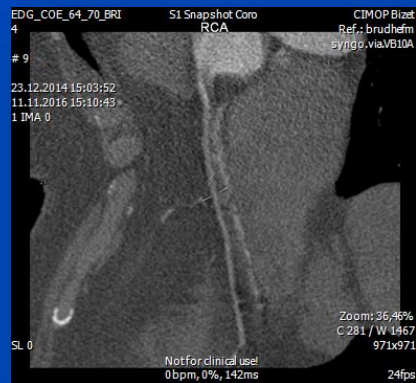
riskTCM  
opt



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



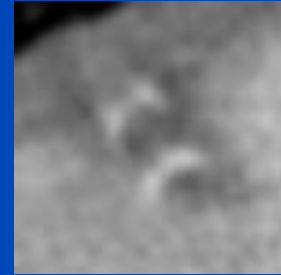
# Deep Cardiac Motion Compensation



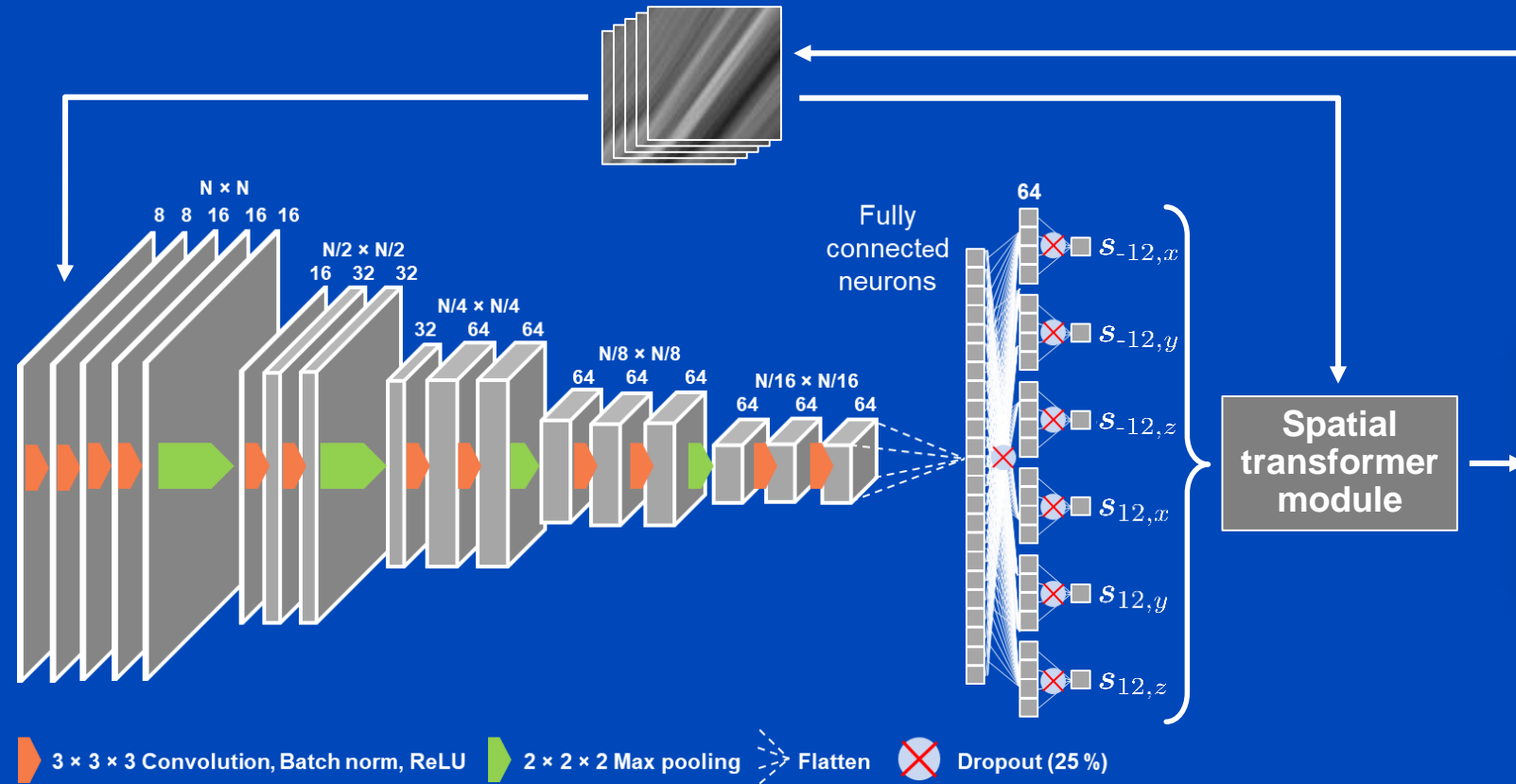
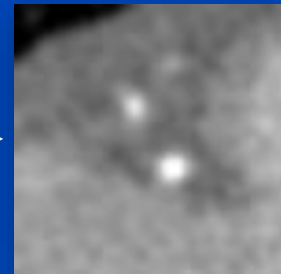
# Deep PAMoCo

## Network architecture

Initial volume  
(with motion artifacts)



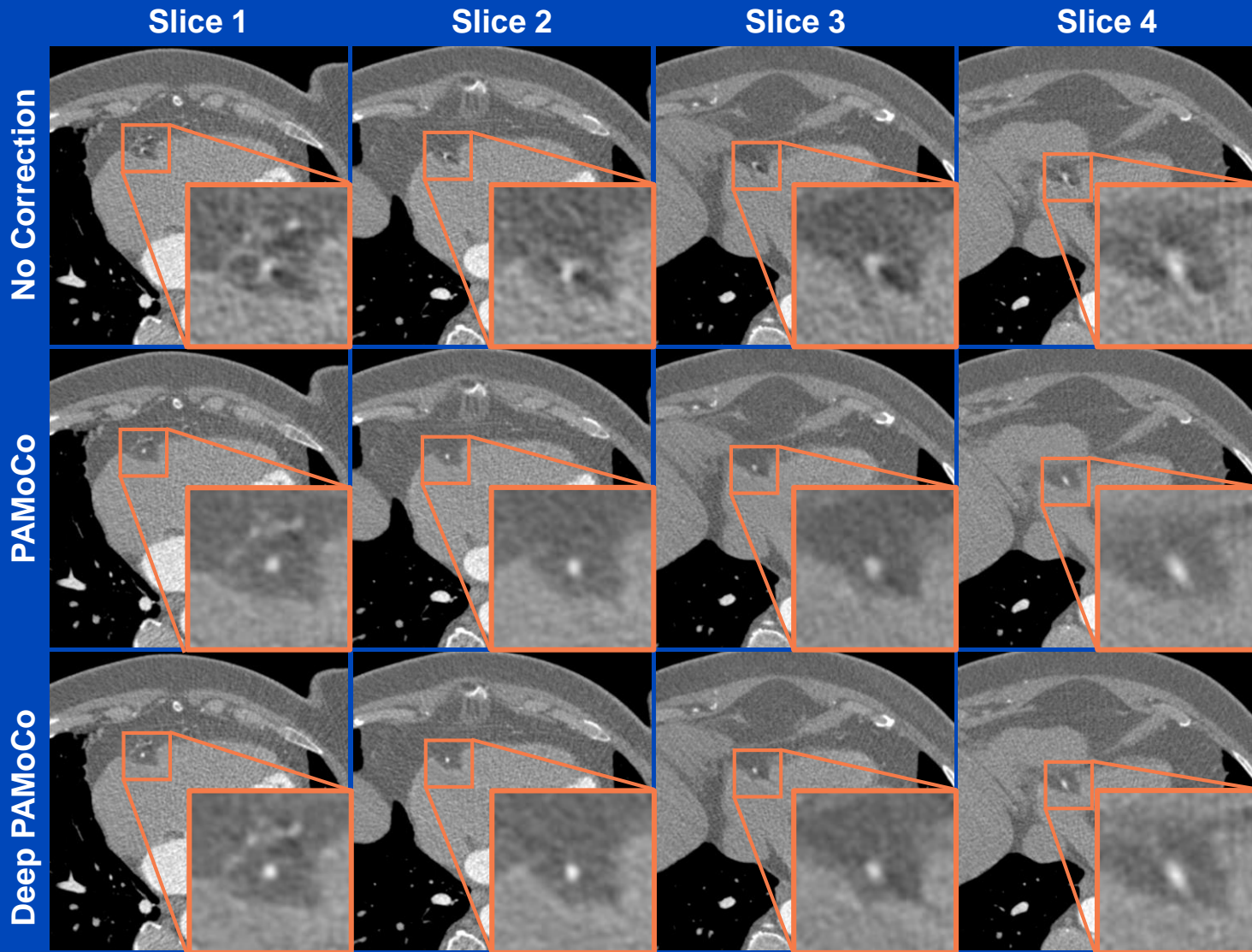
Final volume  
(no motion artifacts)



FCN-Layer output: two control points for a cubic spline:  
for  $k = -K$ , and for  $k = +K$ . The third control point at  $k = 0$  is  $(0, 0, 0)$ , i.e. no deformation for the central PAR.

# Results

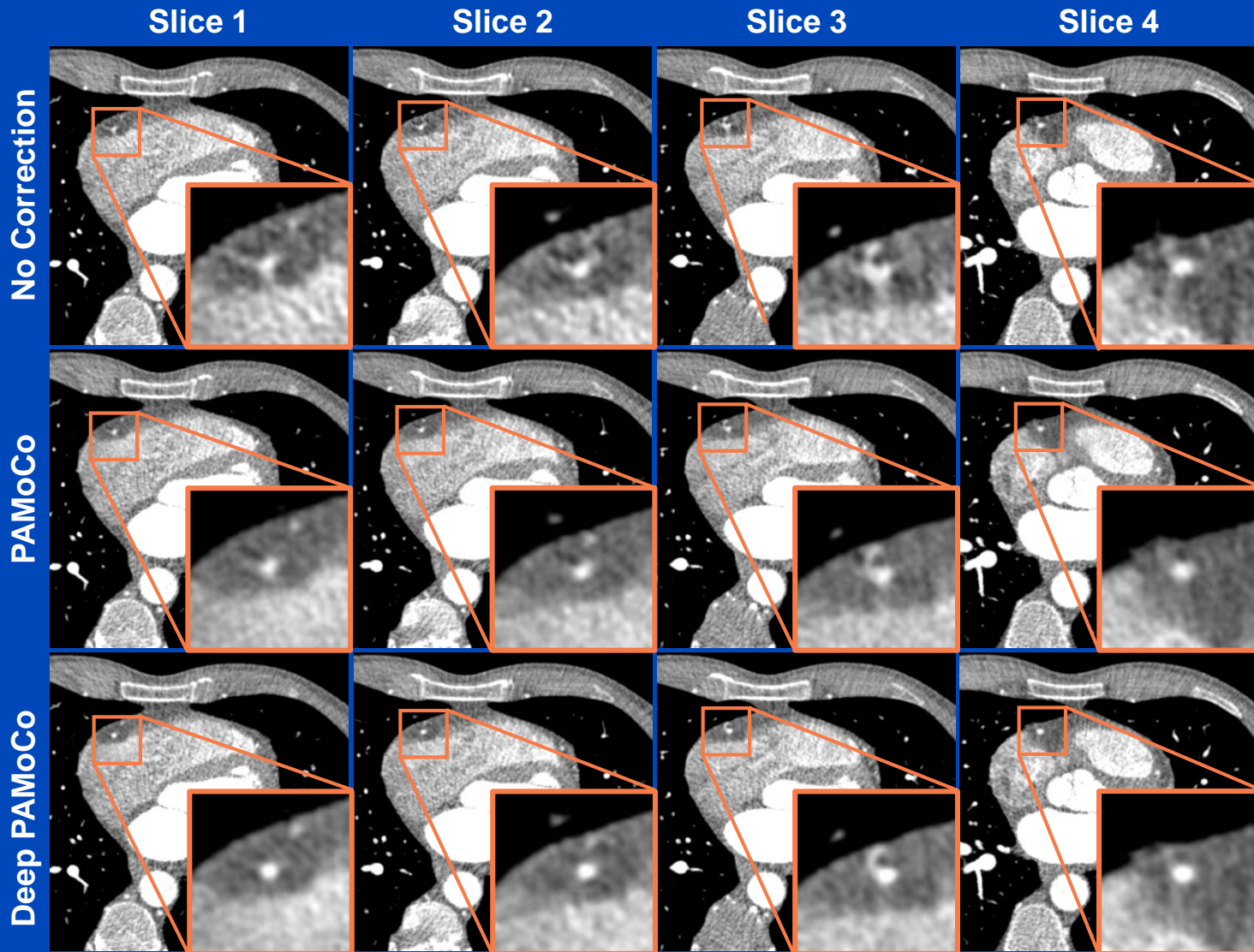
## Measurements, patient 1



C = 1000 HU  
W = 1000 HU

# Results

## Measurements, patient 2

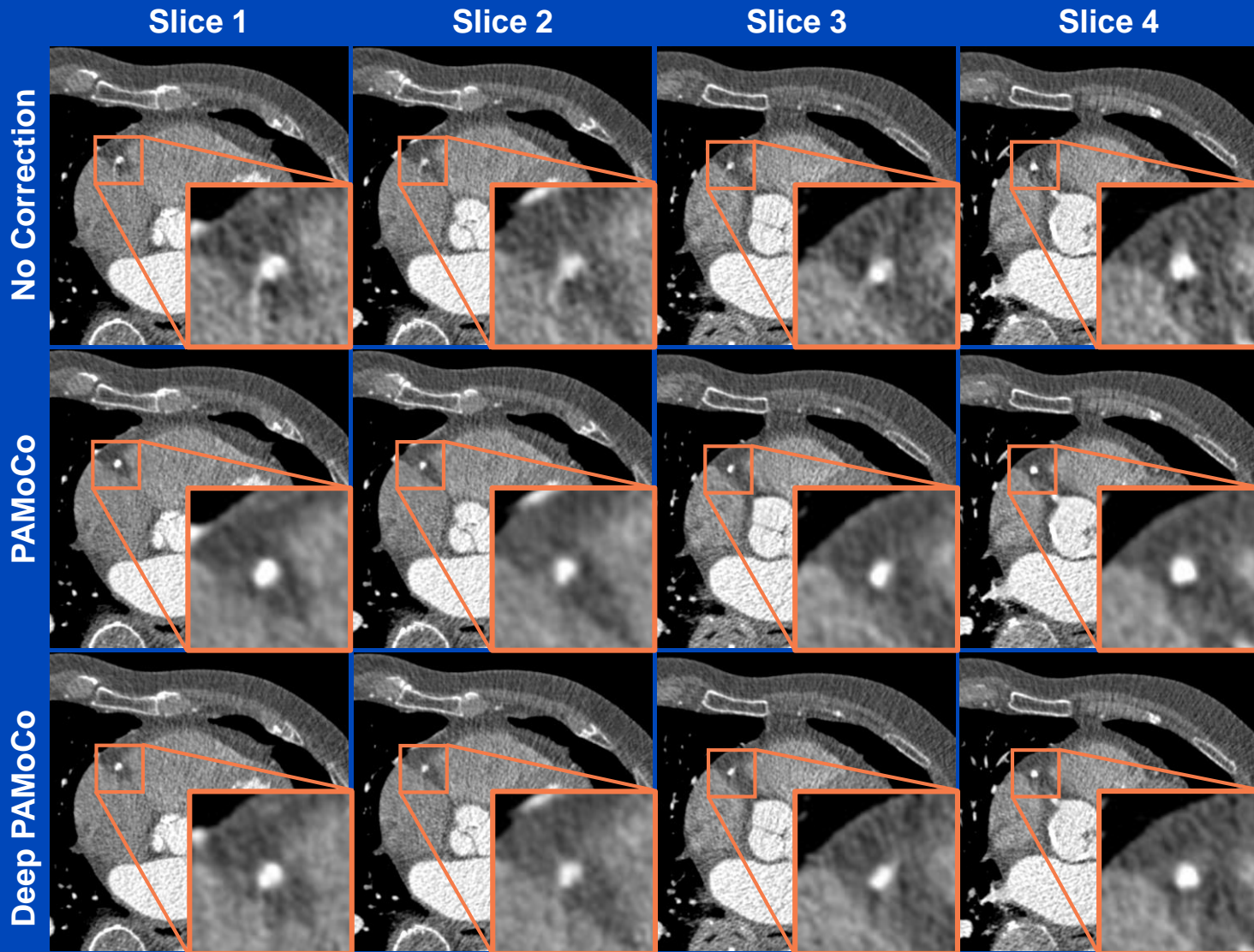


C = 1000 HU  
W = 1000 HU



# Results

## Measurements, patient 3



C = 1100 HU  
W = 1000 HU



# Thank You!



**This presentation is available at [www.dkfz.de/ct](http://www.dkfz.de/ct).**

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

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