

# Respiratory Motion Compensation for Simultaneous PET/MR Based on a 3D-2D Registration of Strongly Undersampled Radial MR Data

Christopher Rank<sup>1</sup>, Thorsten Heußer<sup>1</sup>,  
Barbara Flach<sup>1</sup>, Marcus Brehm<sup>2</sup>,  
and Marc Kachelrieß<sup>1</sup>

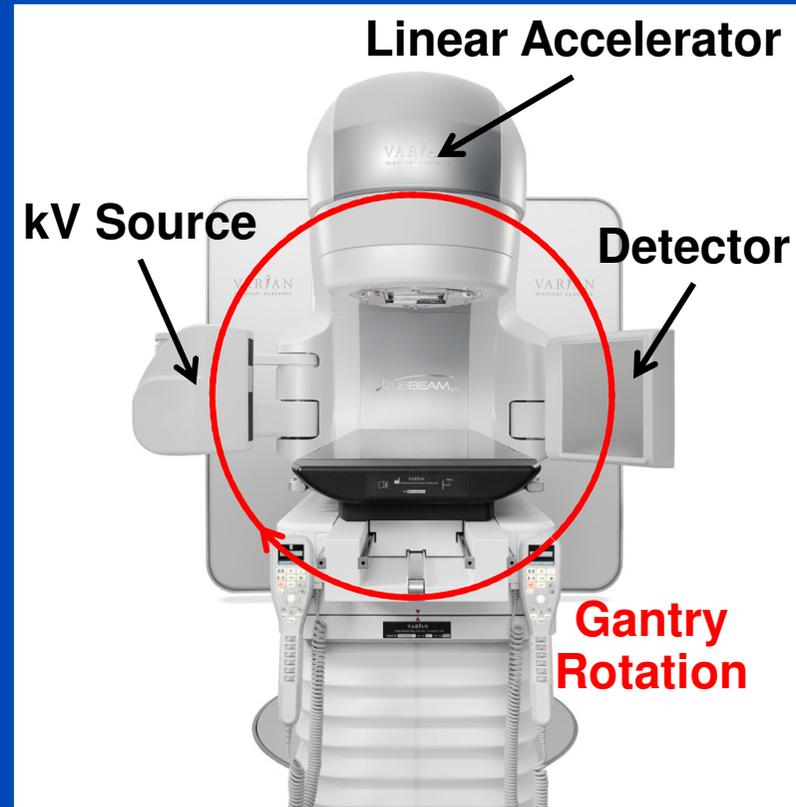
<sup>1</sup> German Cancer Research Center (DKFZ), Heidelberg, Germany

<sup>2</sup> Varian Medical Systems Imaging Laboratory, Baden-Dättwil, Switzerland

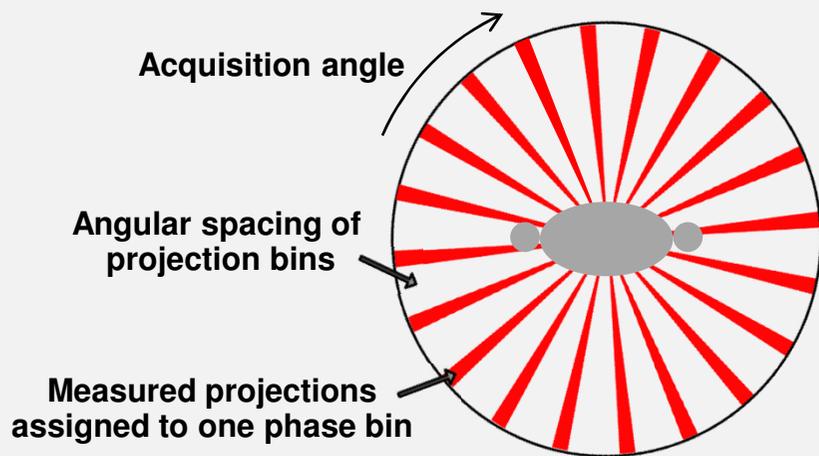
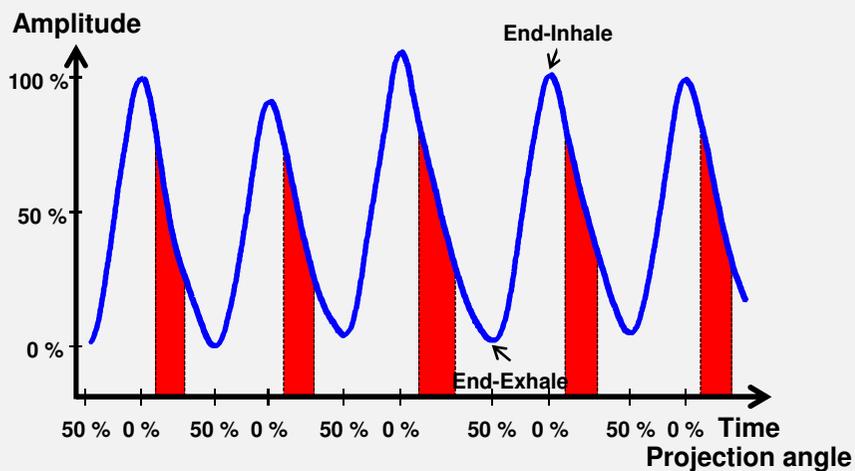


DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT

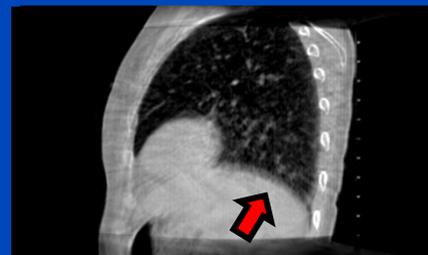
# Where we come from: Motion Management for IGRT



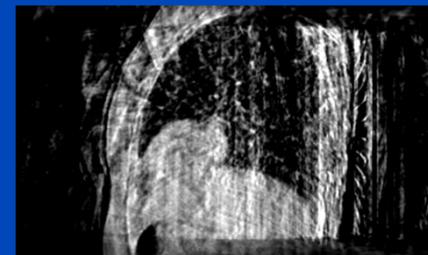
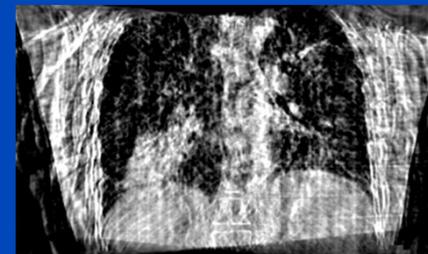
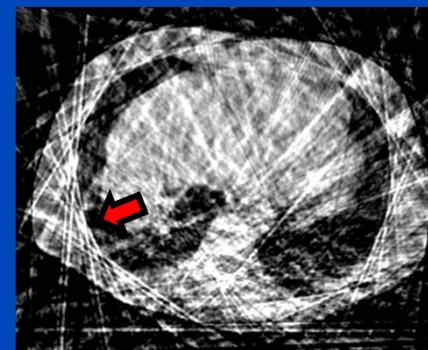
# Retrospective Gating



Without gating (3D):  
Motion artifacts

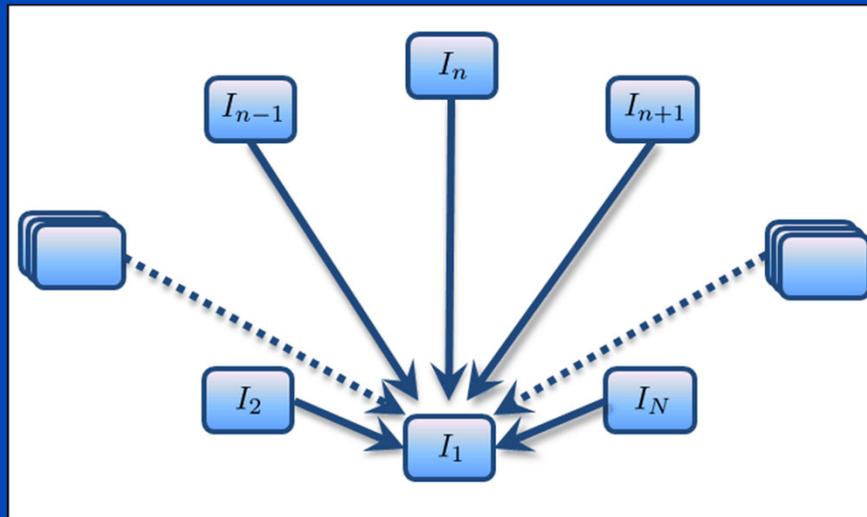


With gating (4D):  
Sparse-view artifacts



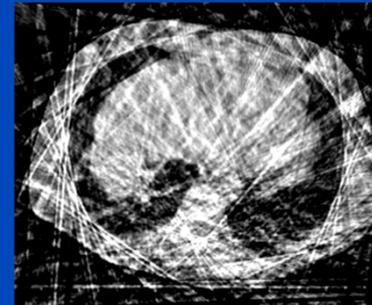
# A Standard Motion Estimation and Compensation Approach (sMoCo)

- Motion estimation via standard 3D-3D registration

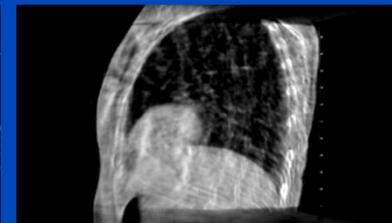
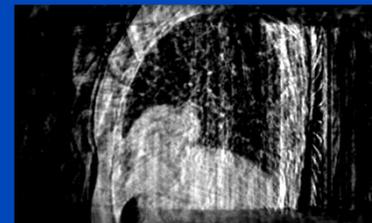
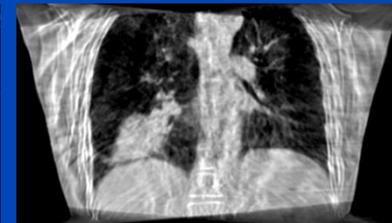
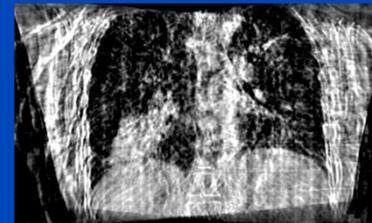
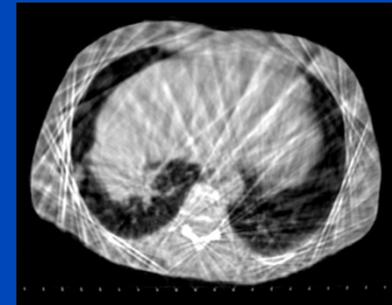


- Has to be repeated for each reconstructed phase
- Streak artifacts from gated reconstructions propagate into sMoCo results

Gated 4D CBCT

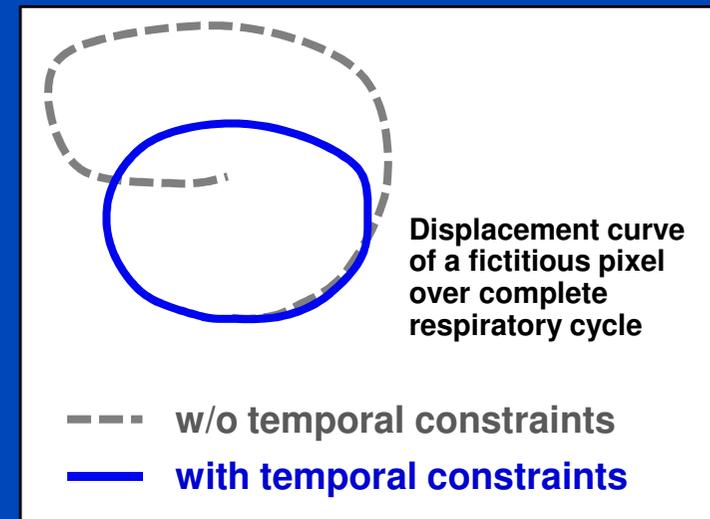
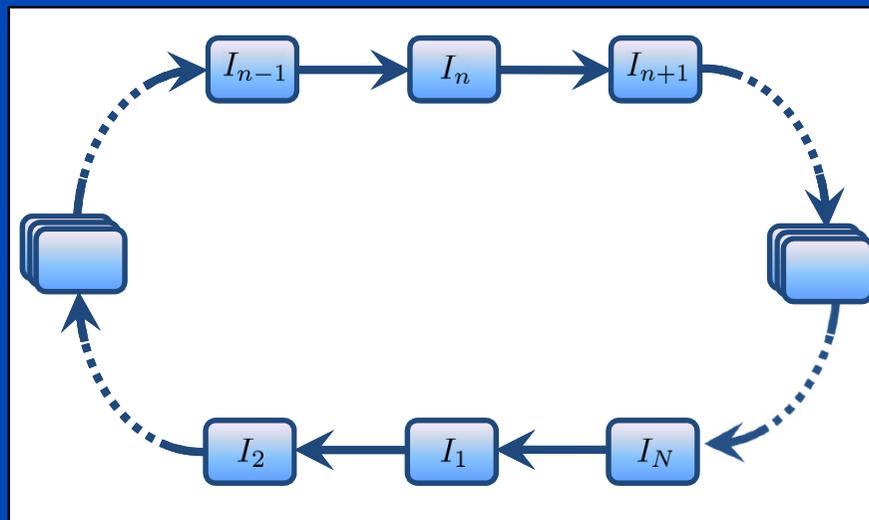


sMoCo



# A Cyclic Motion Estimation and Compensation Approach (cMoCo)

- Motion estimation only between adjacent phases
  - All other MVFs given by concatenation



- Incorporate additional knowledge
  - A priori knowledge of quasi periodic breathing pattern
  - Non-cyclic motion is penalized
  - Error propagation due to concatenation is reduced

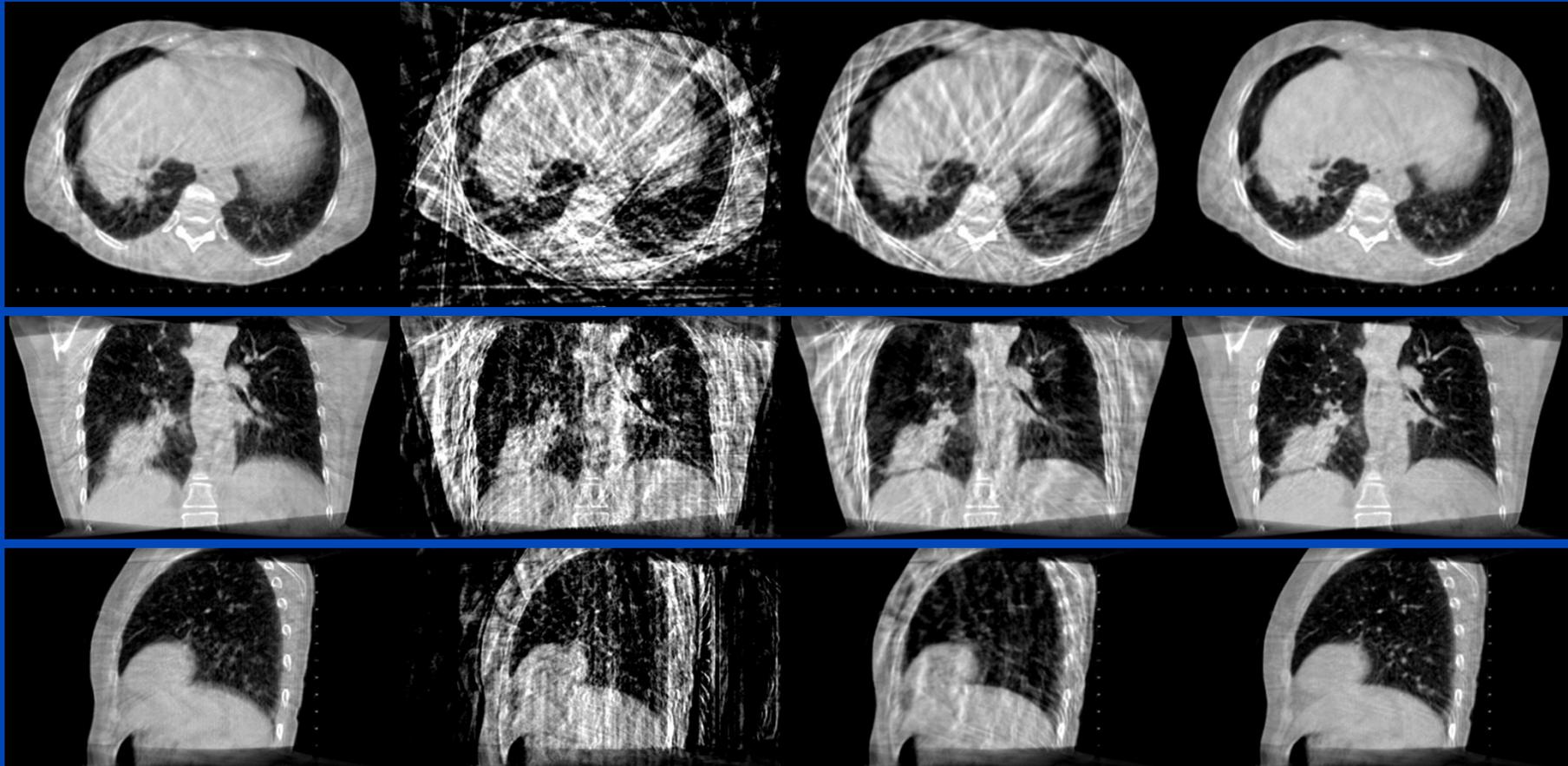
# Results (Varian Patient Data)

**3D CBCT**  
Standard

**Gated 4D CBCT**  
Conventional  
Phase-Correlated

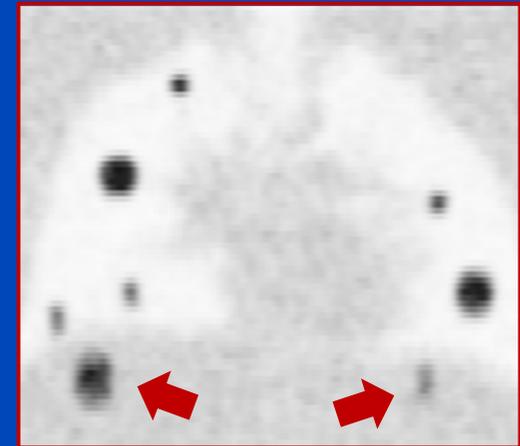
**sMoCo**  
Standard Motion  
Compensation

**acMoCo**  
Artifact Model-Based  
Motion Compensation



# Introduction

- One major obstacle in PET image reconstruction is patient motion (respiratory, cardiac, involuntary motion)
- Motion causes image blurring and an underestimation of the reconstructed activity
- Gating
  - divide (cyclic) motion into certain gates and reconstruct images from the data of each individual gate separately
  - trade-off between temporal resolution and an appropriate SNR and CNR of the reconstructed images
- **Recent approaches: Motion Compensation (MoCo)<sup>1,2</sup>**
  - use MR information to estimate 4D motion vector fields (MVF)
  - 4D MoCo PET reconstruction using 100% of the PET rawdata

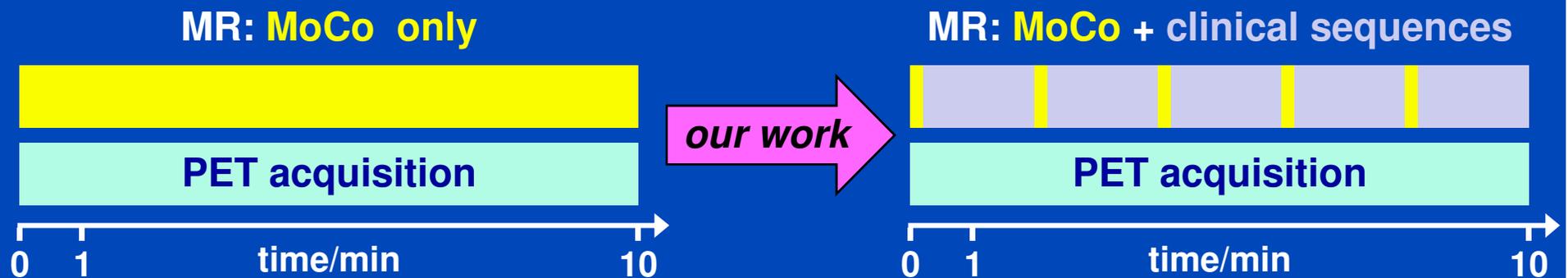


[1] Würslin et al. Respiratory motion correction in oncologic PET using T1-weighted MR imaging on a simultaneous whole-body PET/MR system. *J. Nucl. Med.* 2013.

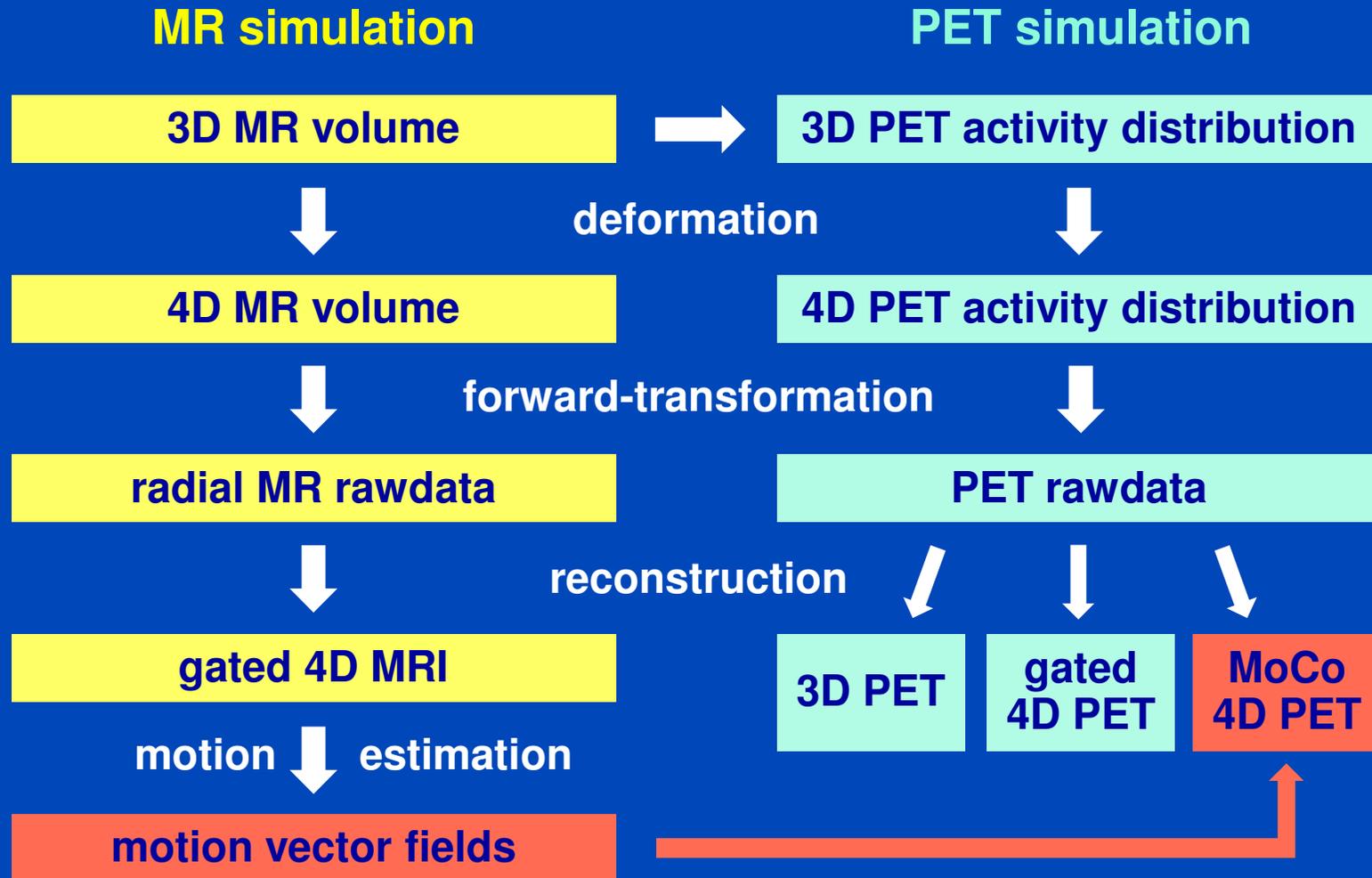
[2] Grimm et al. Self-gated MRI motion modeling for respiratory motion compensation in integrated PET/MRI. *Med. Image Anal.* 2015.

# Aim of Work

- Develop a framework for respiratory motion compensation of PET images
- Use information from a strongly undersampled radial MR sequence that
  - runs in parallel with the PET acquisition
  - requires less than 1 min of the acquisition time per bed position
  - can be interlaced with clinical MR sequences

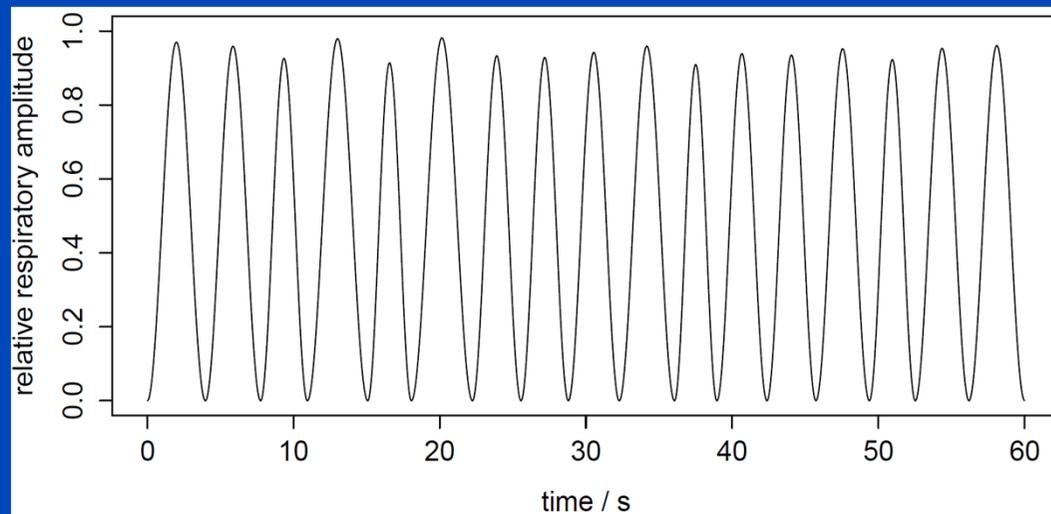


# Overview

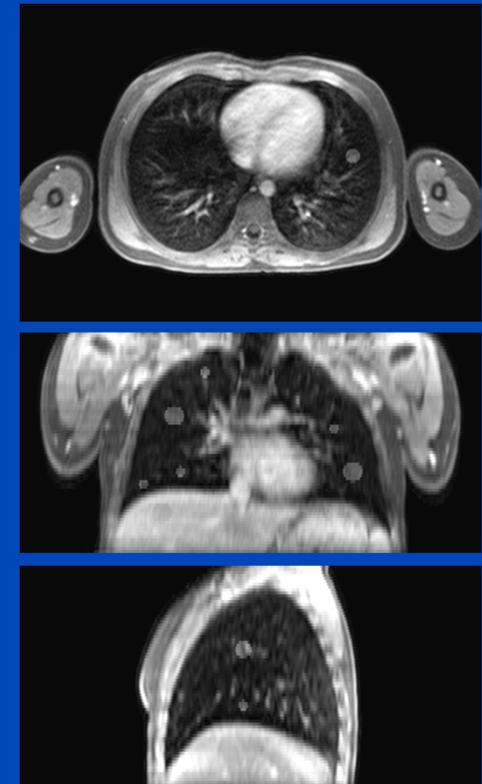


# Simulation of Undersampled Data

- Respiratory motion was generated by applying artificially generated DVFs to a static 3D MR volume
- For simulation of an MR measurement during free breathing, the time evolution of a respiratory motion curve was considered



motion simulation



# K-Space Sampling Scheme

## Simulation

160 radial spokes per slice

3D encoded radial stack-of-stars sequence

radial sampling in transversal plane

acquisition time: 38 s

data sorted retrospectively into 20 overlapping motion phases (10% width of respiratory cycle, 5% steps)

reordered interleaved angle increment

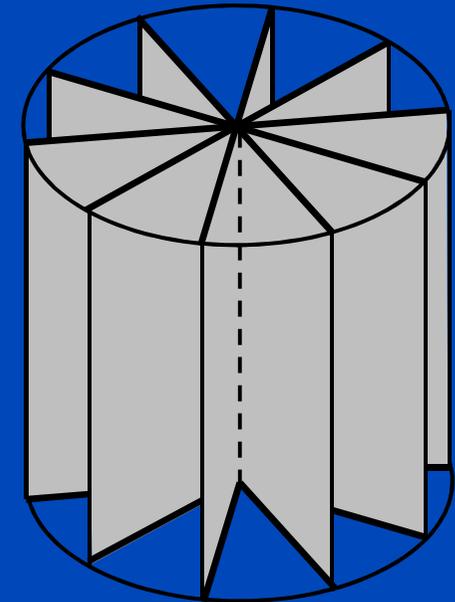
## Measurement

480 radial spokes per slice

radial sampling in coronal or sagittal plane

acquisition time: 57 – 69 s

interleaved Golden angle increment



# Iterative Reconstruction (HDTV)<sup>1,2</sup>

- **Cost function**

$$C = \underbrace{\|Xf - p\|_2^2}_{\text{rawdata fidelity}} + \underbrace{\alpha \|f\|_{\text{TV, xyzt}}}_{\text{total variation}}$$

rawdata fidelity

total variation

$X$ : Forward transform  
 $f$ : image  
 $p$ : rawdata  
 $\alpha$ : weight  
 $\| \cdot \|_{\text{TV, xyzt}}$ : total variation

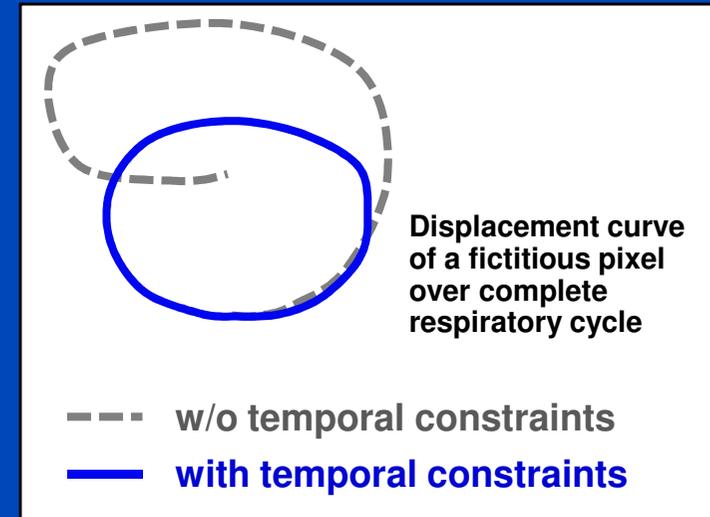
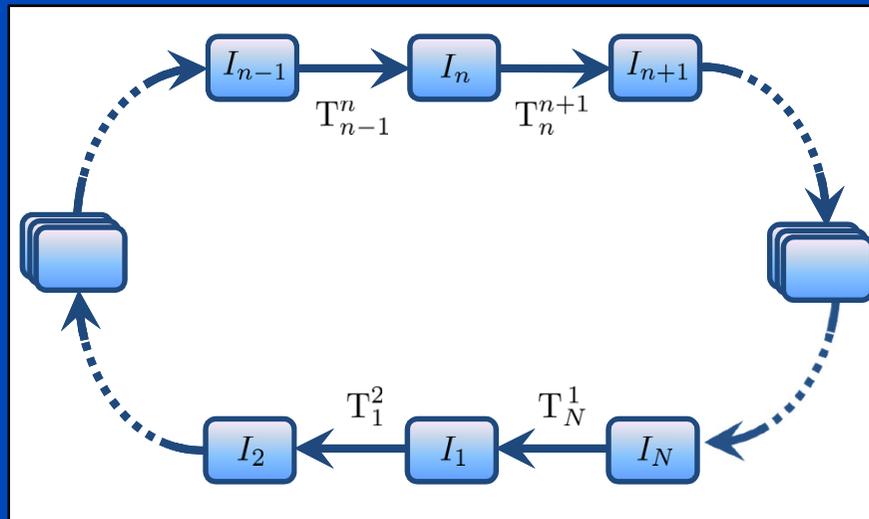
- The rawdata fidelity and the spatial and temporal smoothness of the image are optimized in an alternating manner
- Instead of  $X^T$  we precondition and use  $X^{-1}$ , i.e. gridding followed by inverse Cartesian Fourier transform.
- The cost function is optimized for the complete 4D volume including all motion phases

<sup>1</sup> Ritschl, Bergner, Fleischmann, Kachelrieß. Improved total variation-based CT image reconstruction applied to clinical data. *Phys. Med. Biol.* 2011.

<sup>2</sup> Ritschl, Sawall, Knaup, Hess, Kachelrieß. Iterative 4D cardiac micro-CT image reconstruction using an adaptive spatio-temporal sparsity prior. *Phys. Med. Biol.* 2012.

# MoCo Cyclic Motion Estimation<sup>1</sup> (cMoCo)

- Motion estimation only between adjacent phases
  - All other MVFs given by concatenation

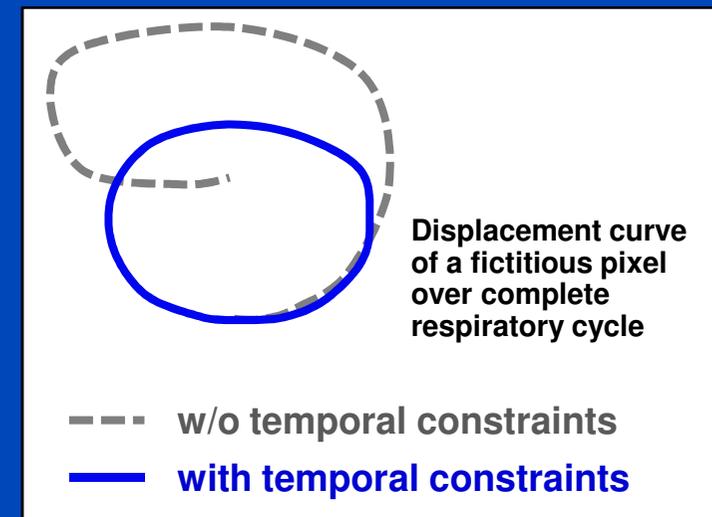
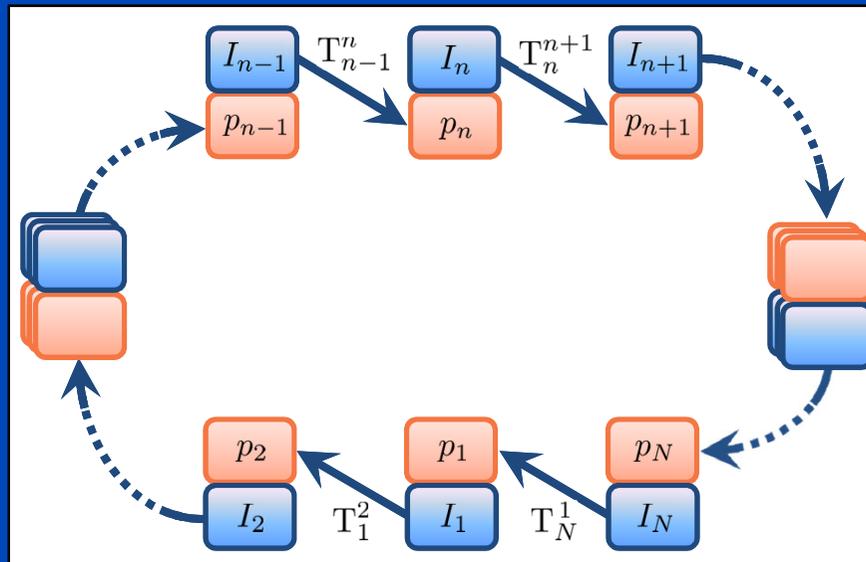


- Incorporate additional knowledge
  - A priori knowledge of quasi periodic breathing pattern
  - Non-cyclic motion is penalized
  - Error propagation due to concatenation is reduced

## MoCo

# Cyclic Motion Estimation<sup>1</sup> (3D-2D<sup>2</sup> cMoCo)

- Motion estimation only between adjacent phases
  - Deform image  $I_n$  in such a way that it matches the rawdata  $p_{n+1}$



- Incorporate additional knowledge
  - A priori knowledge of quasi periodic breathing pattern
  - Non-cyclic motion is penalized
  - Error propagation due to concatenation is reduced

# MoCo

## Deformable 3D-2D Registration<sup>1</sup>

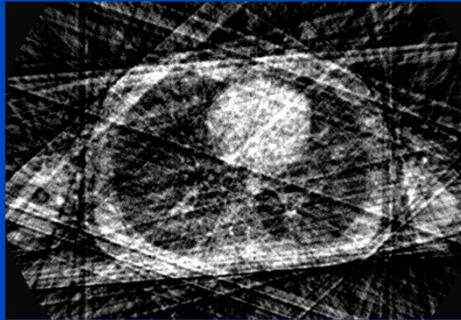
- **Deform image  $m(\mathbf{r})$  such that it matches the rawdata  $p$ :**
  - **Displacement vector field (DVF):**  $\mathbf{u}(\mathbf{r}) = (u_1(\mathbf{r}), u_2(\mathbf{r}), u_3(\mathbf{r}))^\top$
  - **Deformed image:**  $m_{\mathbf{u}}(\mathbf{r}) = m(\mathbf{r} + \mathbf{u}(\mathbf{r})) = (m \circ (\text{Id} + \mathbf{u}))(\mathbf{r})$
  - **Matching criterion:**  $S[\mathbf{u}] = \|\mathcal{X}m(\mathbf{r} + \mathbf{u}(\mathbf{r})) - p\|_2^2$  (rawdata fidelity)
  - **Velocity vector field:**  $\mathbf{v}(\mathbf{r}) = (v_1(\mathbf{r}), v_2(\mathbf{r}), v_3(\mathbf{r}))^\top = \partial_t \mathbf{u}(\mathbf{r})$
  - **Smoothness of a vector field**  $\mathbf{w}(\mathbf{r}) = (w_1(\mathbf{r}), w_2(\mathbf{r}), w_3(\mathbf{r}))^\top$  **achieved by optimizing**  
$$R[\mathbf{w}] = \sum_{d=1}^3 \sum_{\mathbf{r}} \langle \nabla_{\mathbf{r}} w_d(\mathbf{r}), \nabla_{\mathbf{r}} w_d(\mathbf{r}) \rangle$$
  - **Diffusive regularization:**  $R[\mathbf{u}]$
  - **Fluid regularization:**  $R[\mathbf{v}] = R[\partial_t \mathbf{u}]$
- **Search DVF  $\mathbf{u}$  minimizing the following cost function:**

$$C[\mathbf{u}] = S[\mathbf{u}] + \beta R[\mathbf{u}] + \gamma R[\partial_t \mathbf{u}]$$

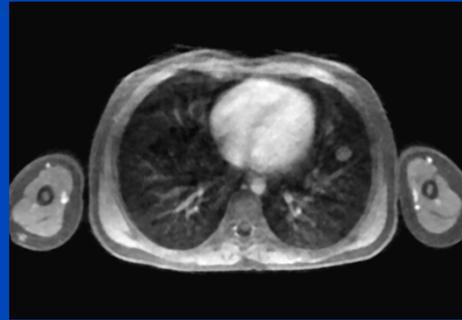
# MoCo

## Results of Motion Compensation

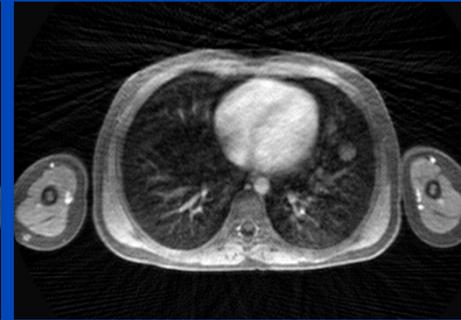
4D gated  
gridding



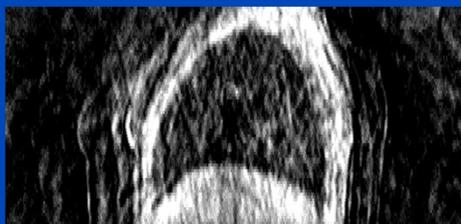
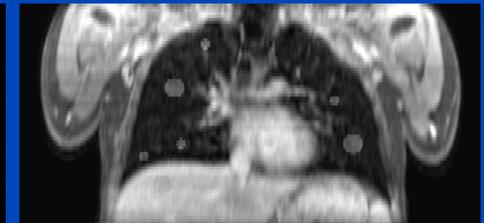
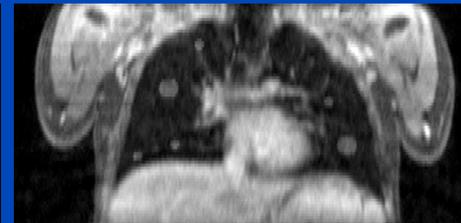
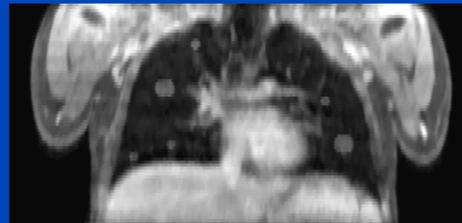
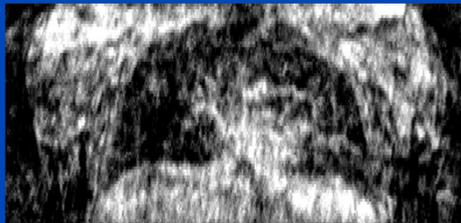
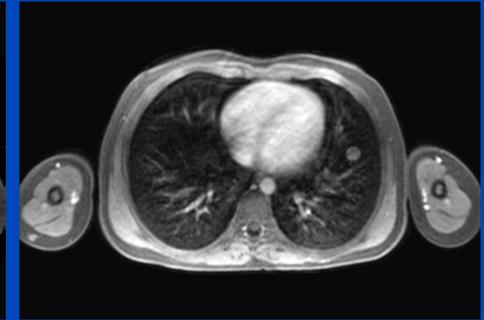
4D gated HDTV



4D MoCo  
MVf from 3D-2D cMoCo



4D ground truth



< 1 min/bed

< 1 min/bed

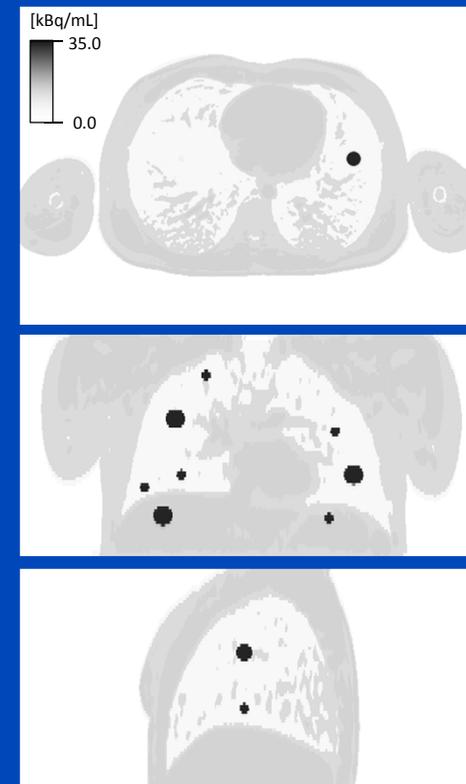
< 1 min/bed

# PET

## Simulation and Reconstruction

- **4D activity distribution**
  - soft tissue ( $A = 5-6$  kBq/mL)
  - lungs ( $A = 1$  kBq/mL)
  - 8 artificial hot lesions ( $A = 30$  kBq/mL)
- **Rawdata simulation**
  - forward project activity distribution
  - add Poisson noise
  - geometry of Siemens Biograph mMR
- **Iterative reconstruction**
  - 3D OSEM using 2 iterations and 21 subsets
  - incorporation of MVFs into system matrix for 4D MoCo reconstruction

### 4D PET activity distribution



# PET MoCo Image Reconstruction<sup>1</sup>

- MoCo MLEM reconstruction of gate  $g$ :

$$\lambda_g^{(n+1)} = \lambda_g^{(n)} \frac{1}{\sum_{g'} T_{g',g}^T M^T \mathbf{1}} \sum_{g'} T_{g',g}^T M^T \frac{p_{g'}}{M T_{g',g} \lambda_g^{(n)}}$$

$n$ : iteration index  
 $M, M^T$ : system matrix including forward-/backprojection  
 $p$ : measured rawdata  
 $\lambda^{(n)}$ : image estimate at iteration  $n$   
 $g, g'$ : gate indices  
 $G$ : total number of gates  
 $T_{g',g}, T_{g',g}^T$ : forward/backward warping operation mapping gate  $g$  to  $g'$  and vice versa

- To reduce computation time, an ordered subset implementation (OSEM) was used

# PET

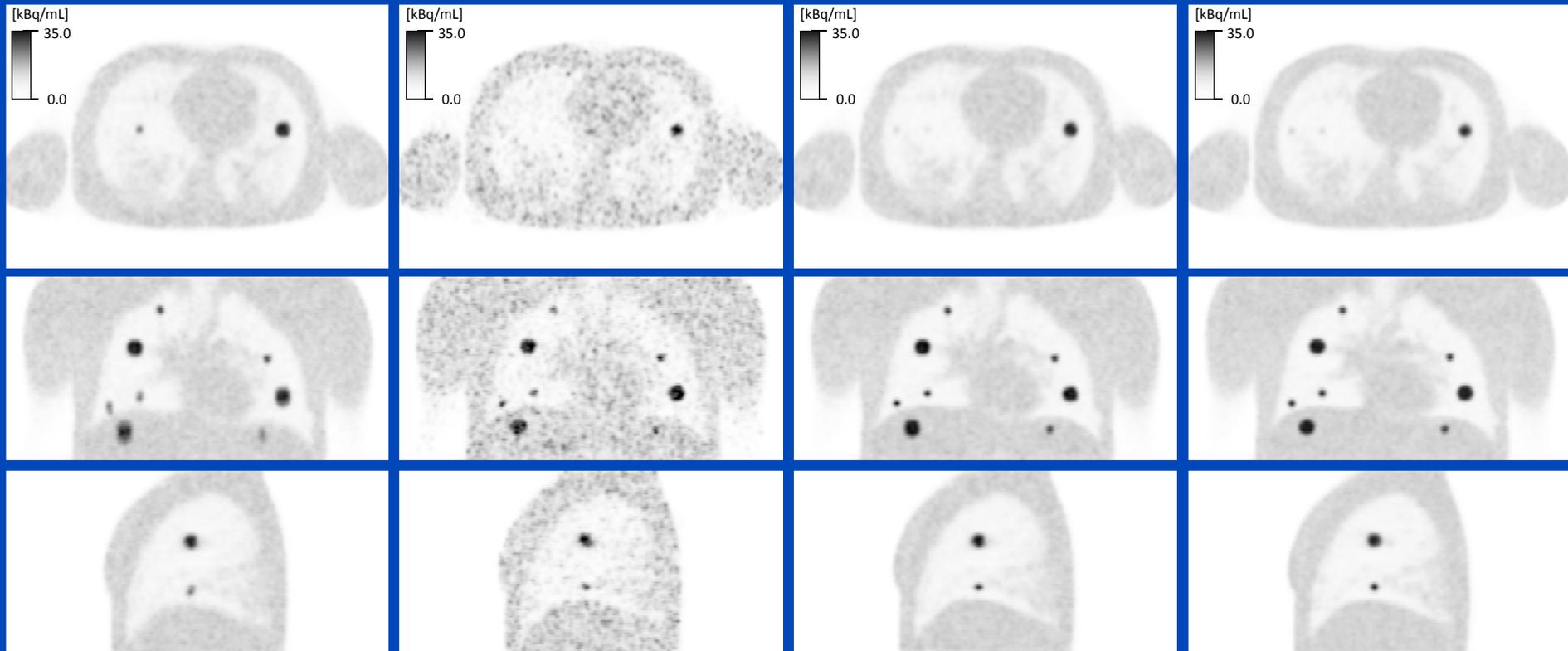
## Results of Motion Compensation

3D

4D gated

4D MoCo  
MVF from 3D-2D cMoCo

4D ref gated  
reference



10 min/bed

10 min/bed

10 min/bed

100 min/bed

same statistics as 3D due to  
ten-fold measurement time

# PET

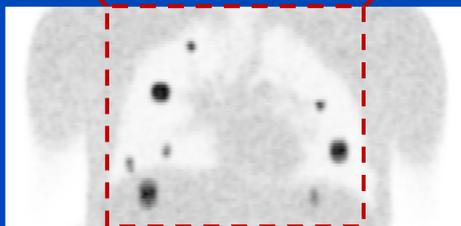
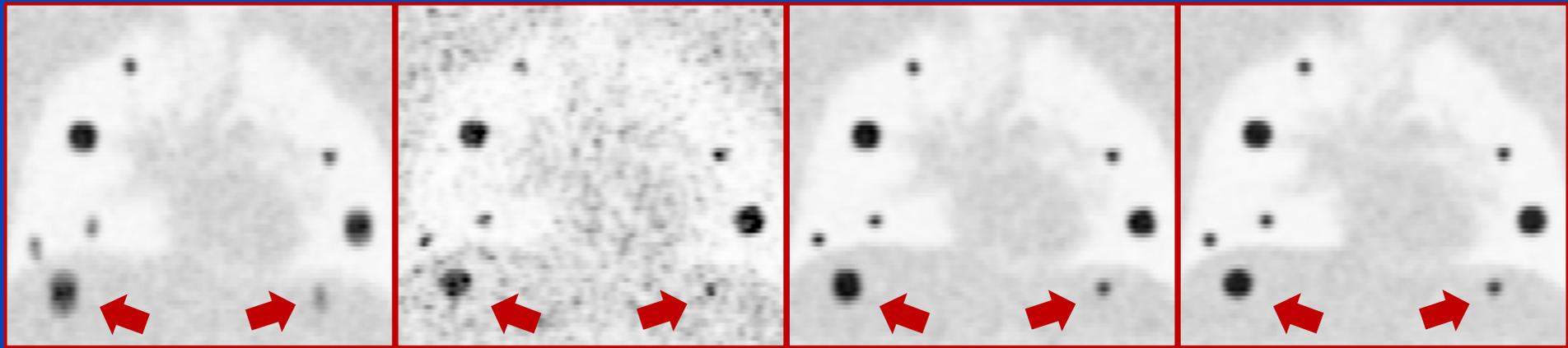
## Results of Motion Compensation

3D

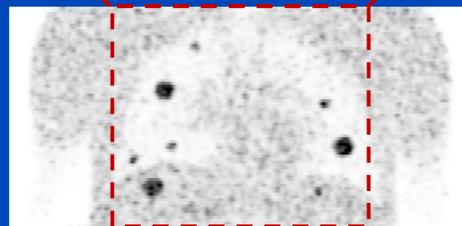
4D gated

4D MoCo  
MVF from 3D-2D cMoCo

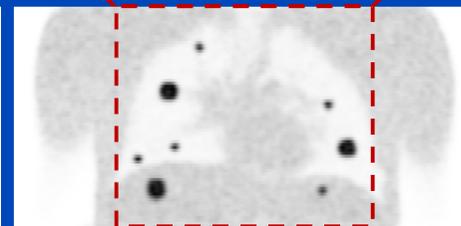
4D ref gated  
reference



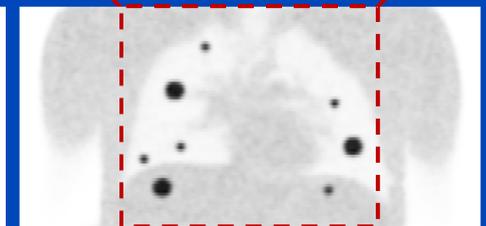
10 min/bed



10 min/bed



10 min/bed

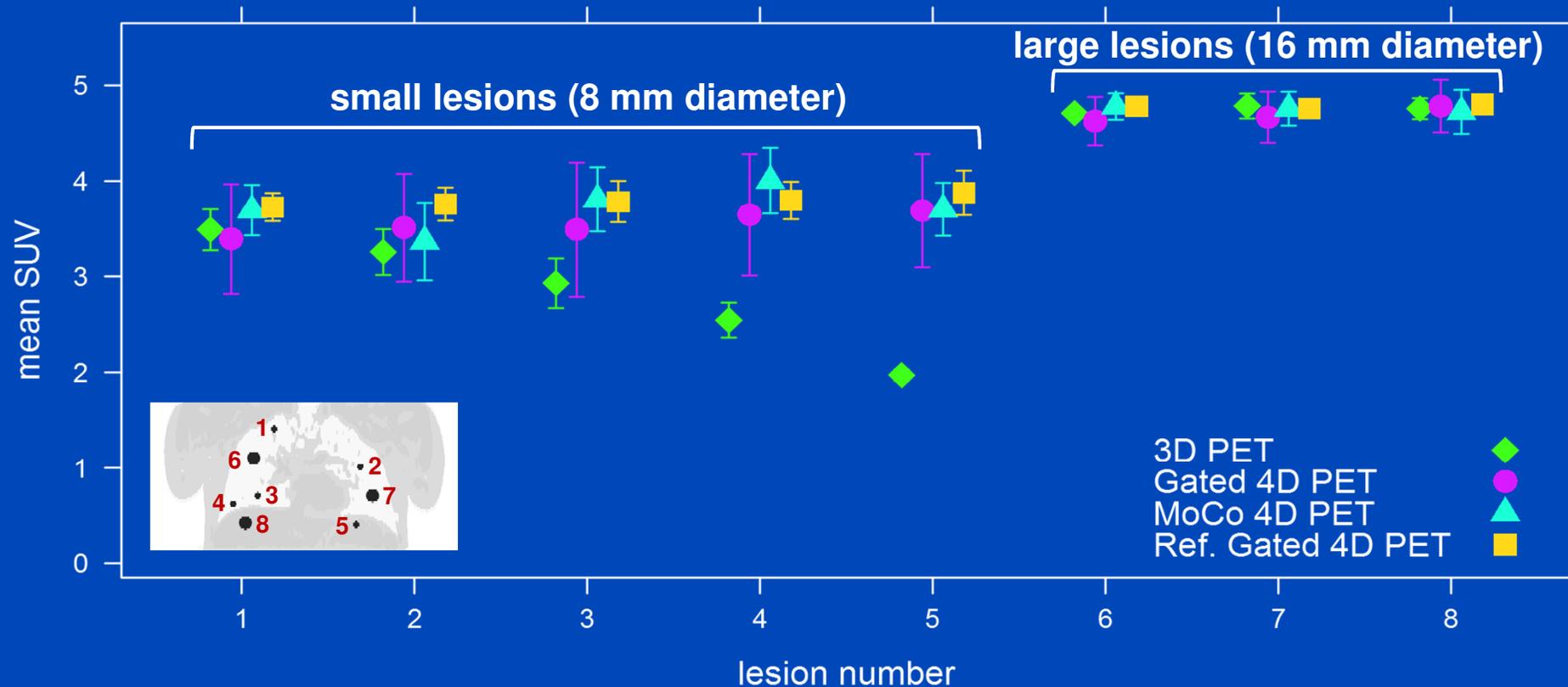


100 min/bed

same statistics as 3D due to  
ten-fold measurement time

# Quantitative Analysis

- Mean SUV values were measured for all 20 motion phases and for all 5 noise realizations.
- Mean and standard deviation were calculated



# Summary

- **PET respiratory MoCo based on strongly undersampled radial MR data acquired in less than 1 min**
- **3D-2D cyclic registration for estimation of MVFs**
- **4D MoCo PET reconstruction**
- **Significant improvement of PET image quality in terms of temporal resolution or noise level**

# Outlook: Results of Measured MR Data

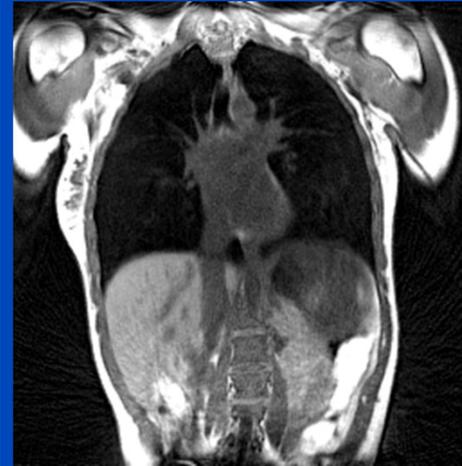
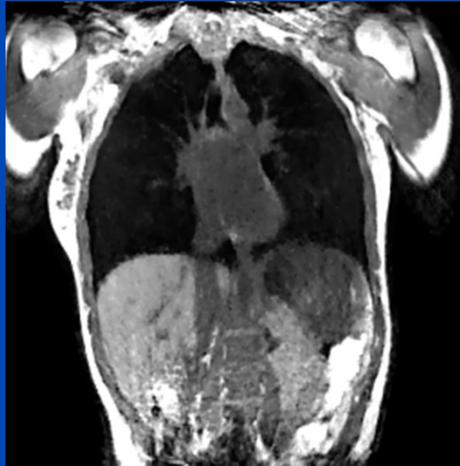
4D gated  
gridding



4D gated HDTV



4D MoCo  
MVF from cMoCo



480 radial spokes per slice, 20 overlapping phases, acquisition time: 57 s

# Thank You!



## The 4<sup>th</sup> International Conference on Image Formation in X-Ray Computed Tomography

July 18 – July 22, 2016, Bamberg, Germany  
[www.ct-meeting.org](http://www.ct-meeting.org)



Conference Chair

Marc Kachelrieß, German Cancer Research Center (DKFZ), Heidelberg, Germany

Parts of the reconstruction software were provided by RayConStruct<sup>®</sup> GmbH, Nürnberg, Germany. This work was supported by the Helmholtz International Graduate School for Cancer Research, Heidelberg, Germany. This presentation will soon be available at [www.dkfz.de/ct](http://www.dkfz.de/ct).