

Respiratory and Cardiac Motion-Compensated 5D Cone-Beam CT of the Thorax Region

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and Marc Kachelrieß¹

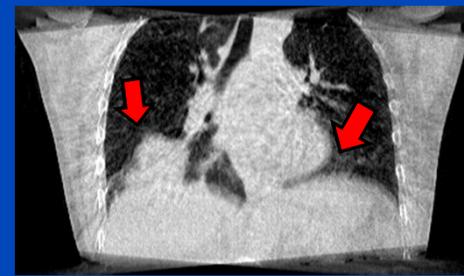
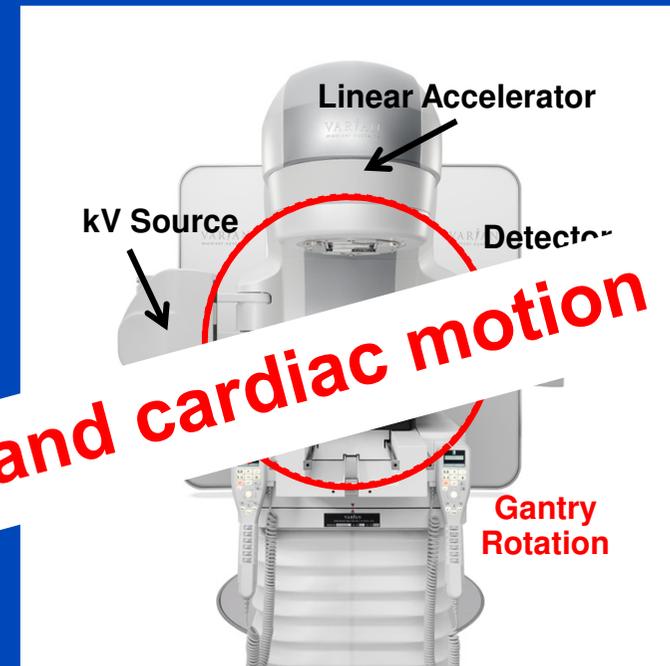
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Slowly Rotating CBCT Devices

- Image-guided radiation therapy (IGRT)
 - Cone-beam CT (CBCT) imaging unit mounted on gantry of a LINAC treatment system
 - Accurate information about patient motion required for radiation therapy
- Slow gantry rotation speed of 6° per second (**60 s/360°**)
 - Much slower than clinical (0.25 s/360°)
- Breathing cycles per minute (12 cycles per scan)
- Heartbeat about 50 to 80 times per minute

Task: Account for respiratory and cardiac motion



Motion blurring in standard 3D reconstruction



5D Motion Compensation removes almost all motion blurring

Aim

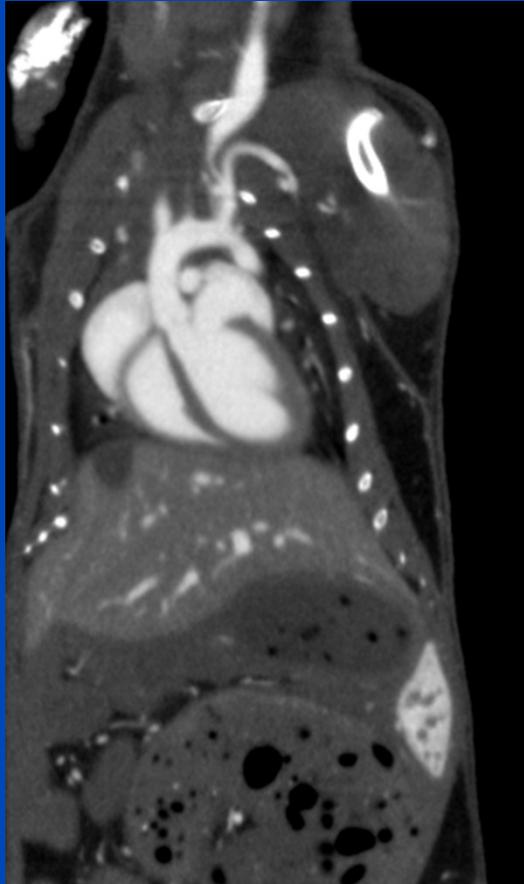
Provide high fidelity **respiratory-** and **cardiac-** correlated volumes (**5D volumes**) from **on-board CBCT** scans without using dedicated acquisition techniques or prior knowledge from planning scans.

- **Use case:**

- Accurate patient positioning
 - » Reduce irradiation of the heart (organ at risk)
- Treatment verification
- Online treatment adaption

5D MoCo Mouse Data¹

Mouse with 280 bpm and 150 rpm

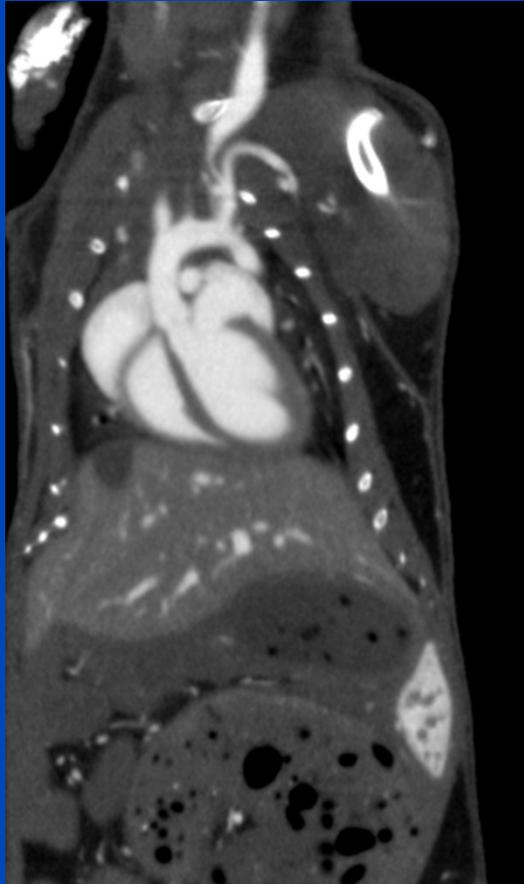


- 20 respiratory windows with $\Delta r = 10\%$
- 10 cardiac windows with $\Delta c = 20\%$
- rpm and bpm signal for gating intrinsically determined

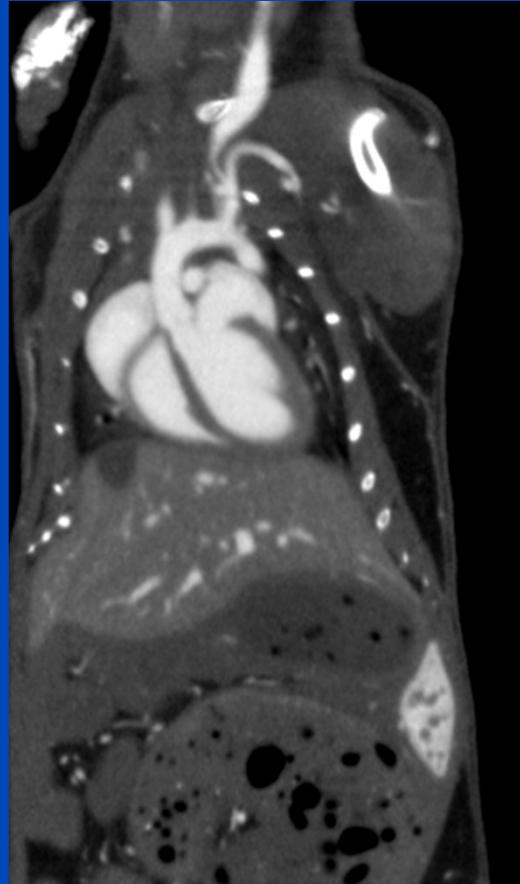
5D data displayed as:
Heart: 360 bpm
Lung: 180 rpm

5D MoCo Mouse Data¹

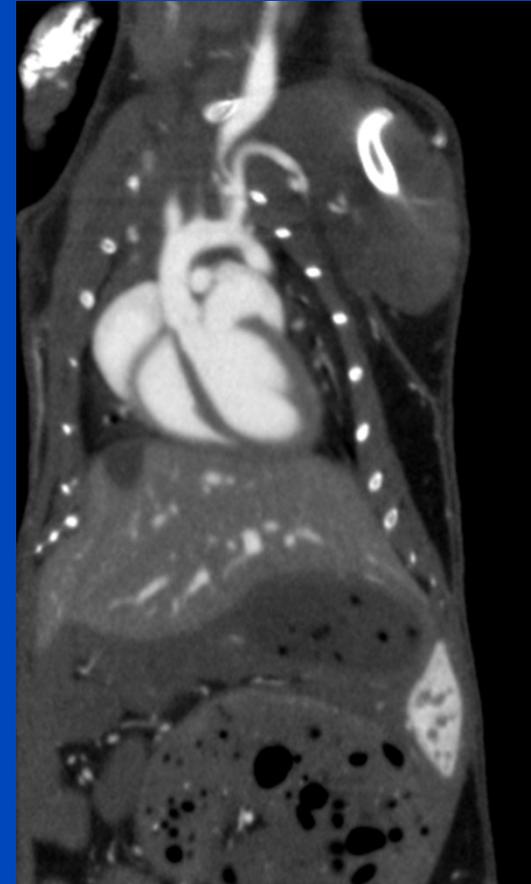
Mouse with 280 bpm and 150 rpm



5D data displayed as:
Heart: 360 bpm
Lung: 180 rpm



5D data displayed as:
Heart: 0 bpm
Lung: 90 rpm



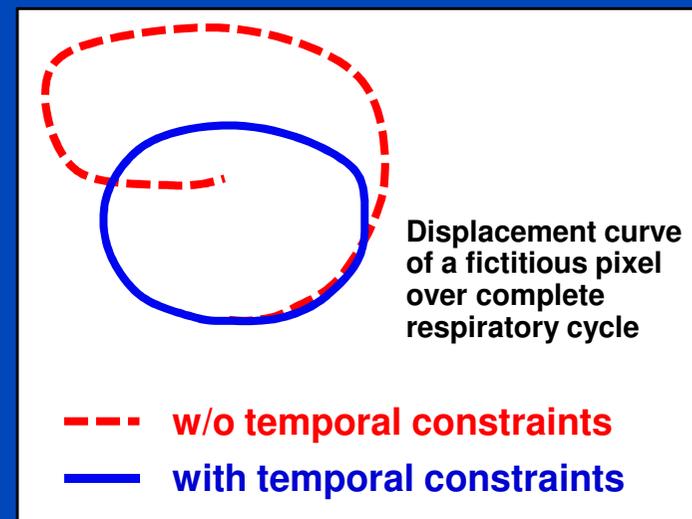
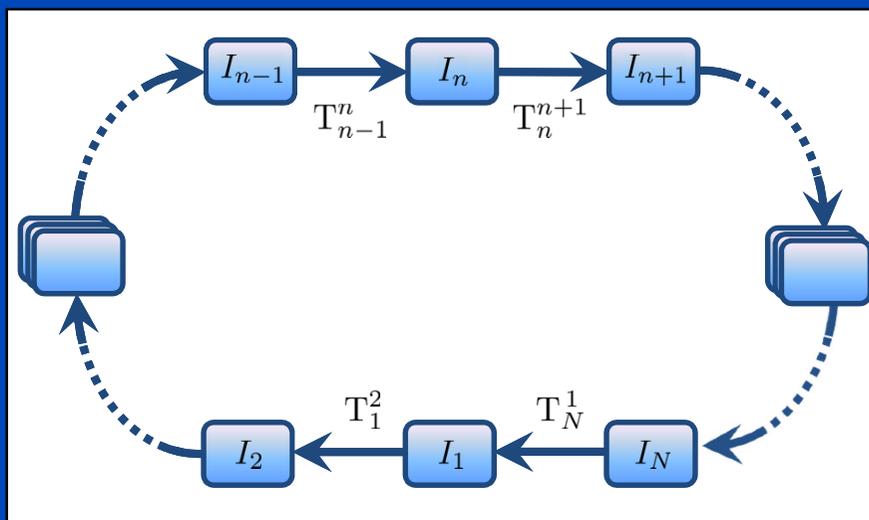
5D data displayed as:
Heart: 90 bpm
Lung: 0 rpm

5D Motion Compensation on Patient Data

- **Different geometry as micro CT scanner**
 - Varian True Beam KV imaging system
- **Patients without contrast agent**
 - Lower contrast in the region of the heart
 - Makes intrinsic cardiac motion signal detection more difficult
- **Some patients have an irregular or slow breathing frequency**

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 periodic breathing and heartbeat pattern
 - Non-cyclic motion is penalized
 - Error propagation due to concatenation is reduced

Motion Compensation (MoCo)

- **3D Reconstruction**

$$f = X^{-1} p$$

- **4D MoCo**

$$f_r = \sum_{\rho} D_{\rho}^r X^{-1} G_{\rho} p$$

$$D_{\rho}^r = \prod_{J=\rho}^{r-1} T_J^{J+1} = T_{r-1}^r \circ \dots \circ T_{\rho+1}^{\rho+2} \circ T_{\rho}^{\rho+1}$$

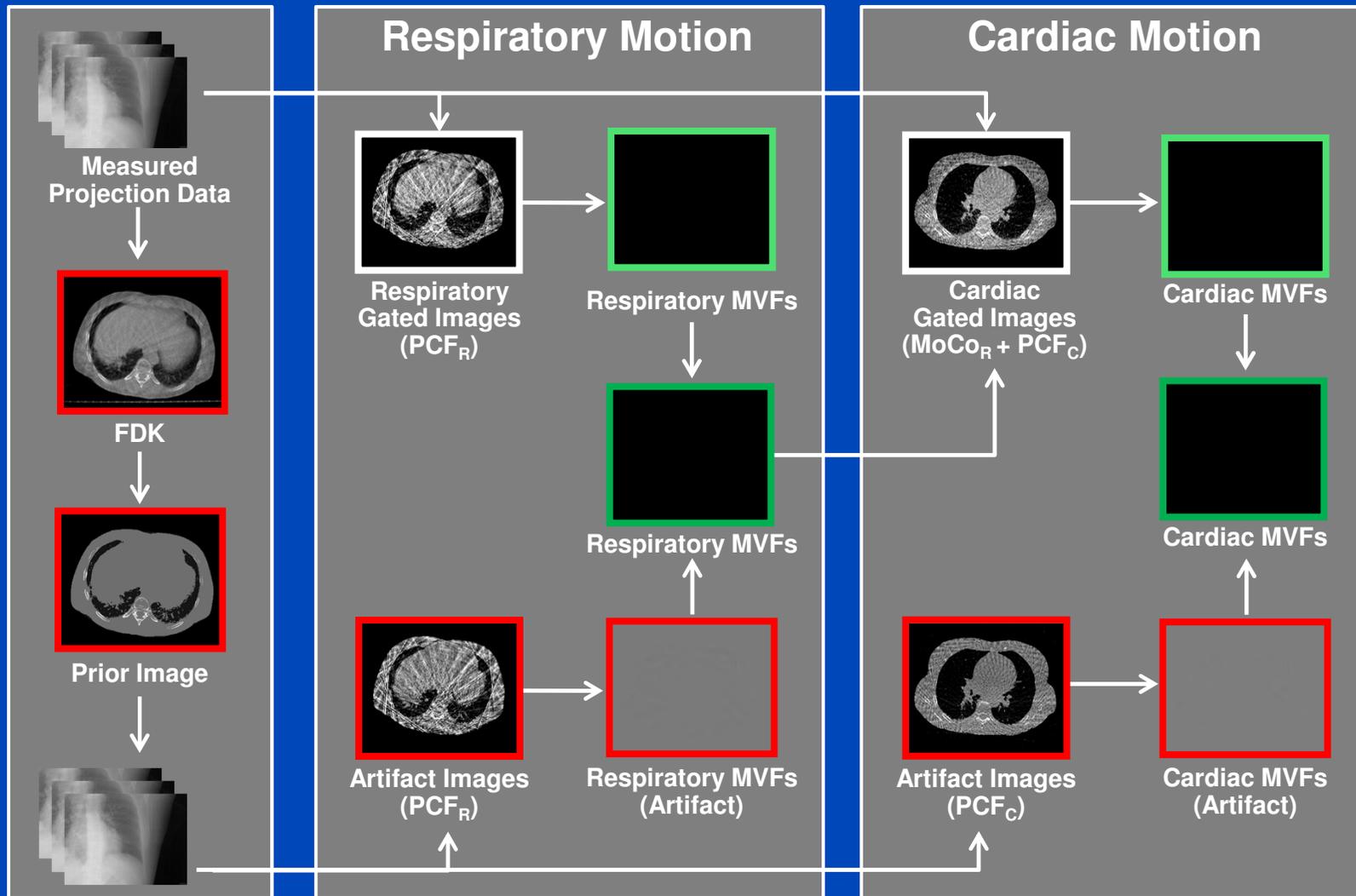
- **5D MoCo**

$$f_{r,c} = \sum_{\rho,\gamma} D_{\rho,\gamma}^{r,c} X^{-1} G_{\rho} G_{\gamma} p$$

f	Image
X	X-ray transform (forward projection)
X^{-1}	Backprojection (FDK)
p	Rawdata
D_{ρ}^r	Deformation operator
G_{ρ}	Gating operator
T	Transformation operator (between 2 motion phases)
\circ	Concatenation

5D Motion Compensation

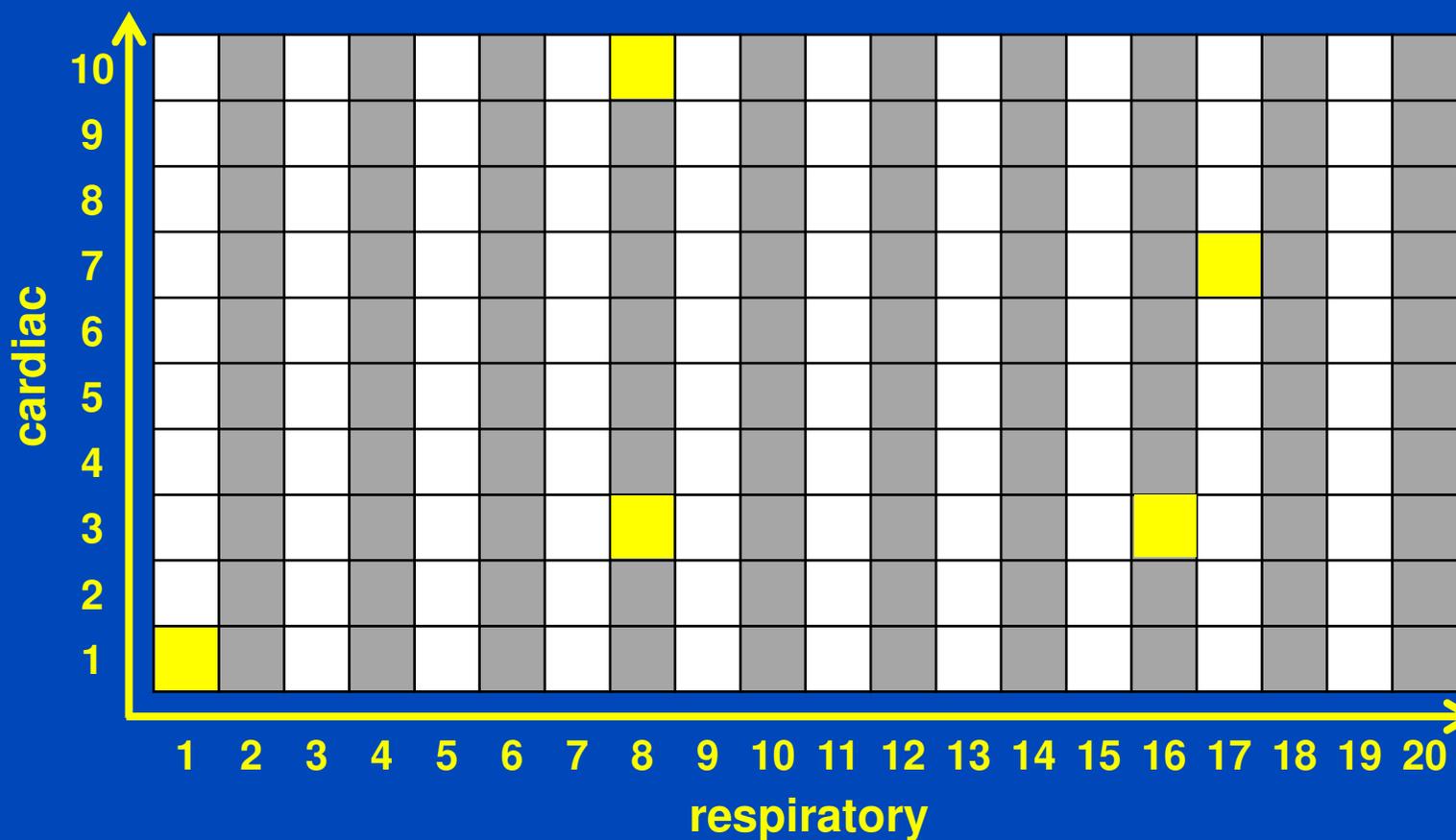
Simplified Illustration of Workflow¹



5D Motion Compensation

Double Gating

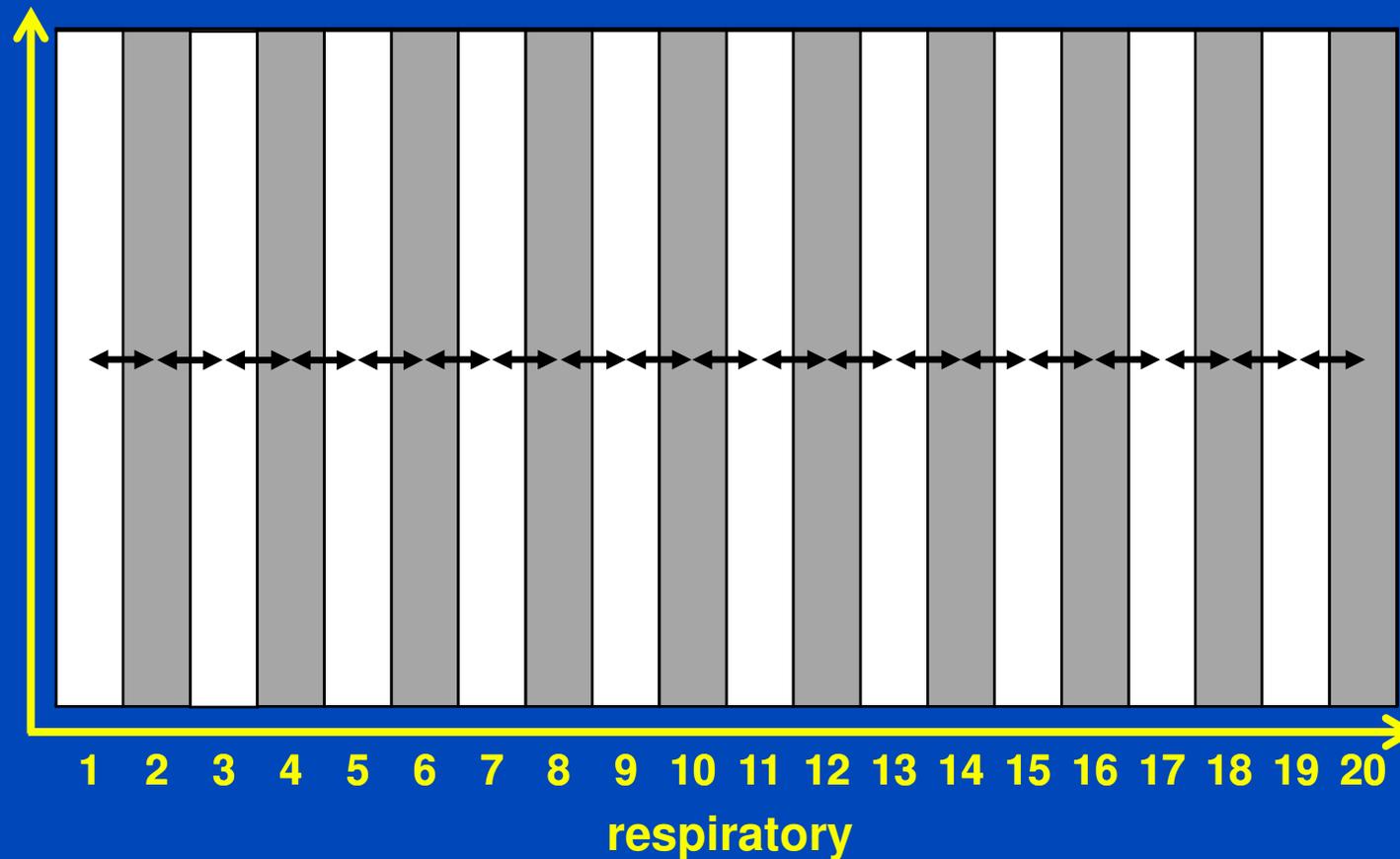
- Matrix represents all rawdata, sorted into different cardiac and respiratory bins (double gating)



5D Motion Compensation

Respiratory Motion Estimation

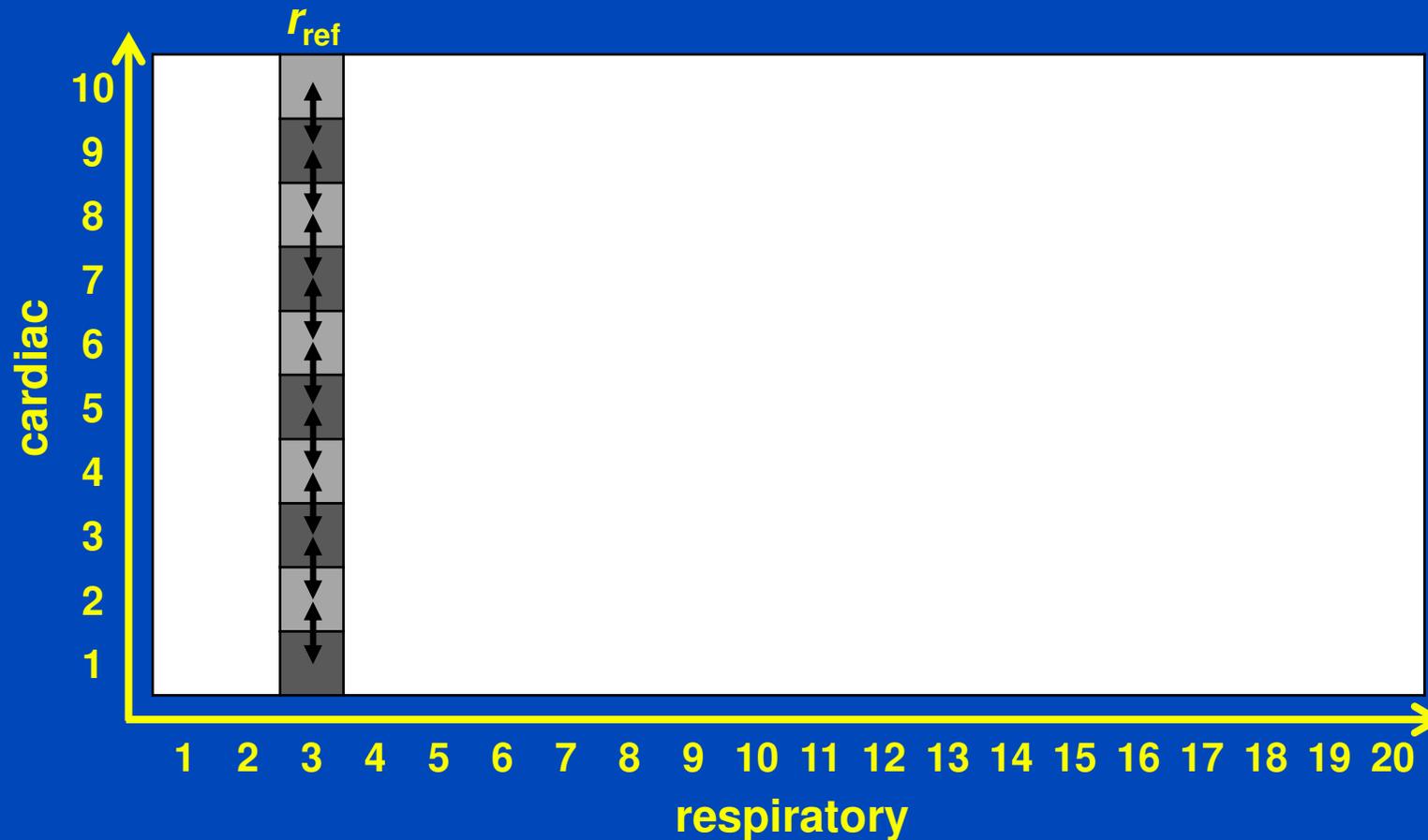
- Respiratory MVFs are estimated neglecting the effect of cardiac motion



5D Motion Compensation

Cardiac Motion Estimation

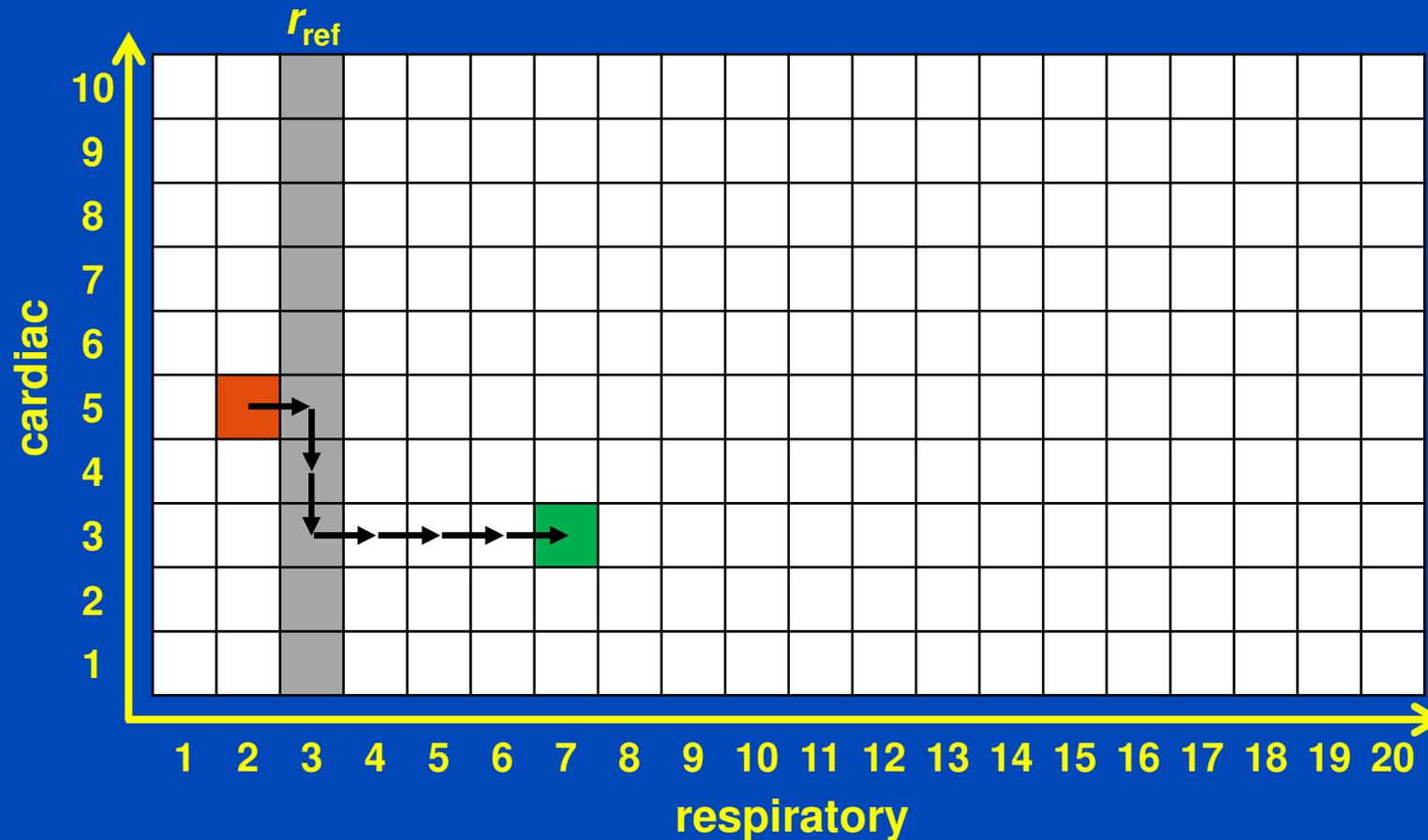
- Cardiac MVFs are estimated employing respiratory motion-compensated and cardiac-gated images.



5D Motion Compensation

MoCo Reconstruction

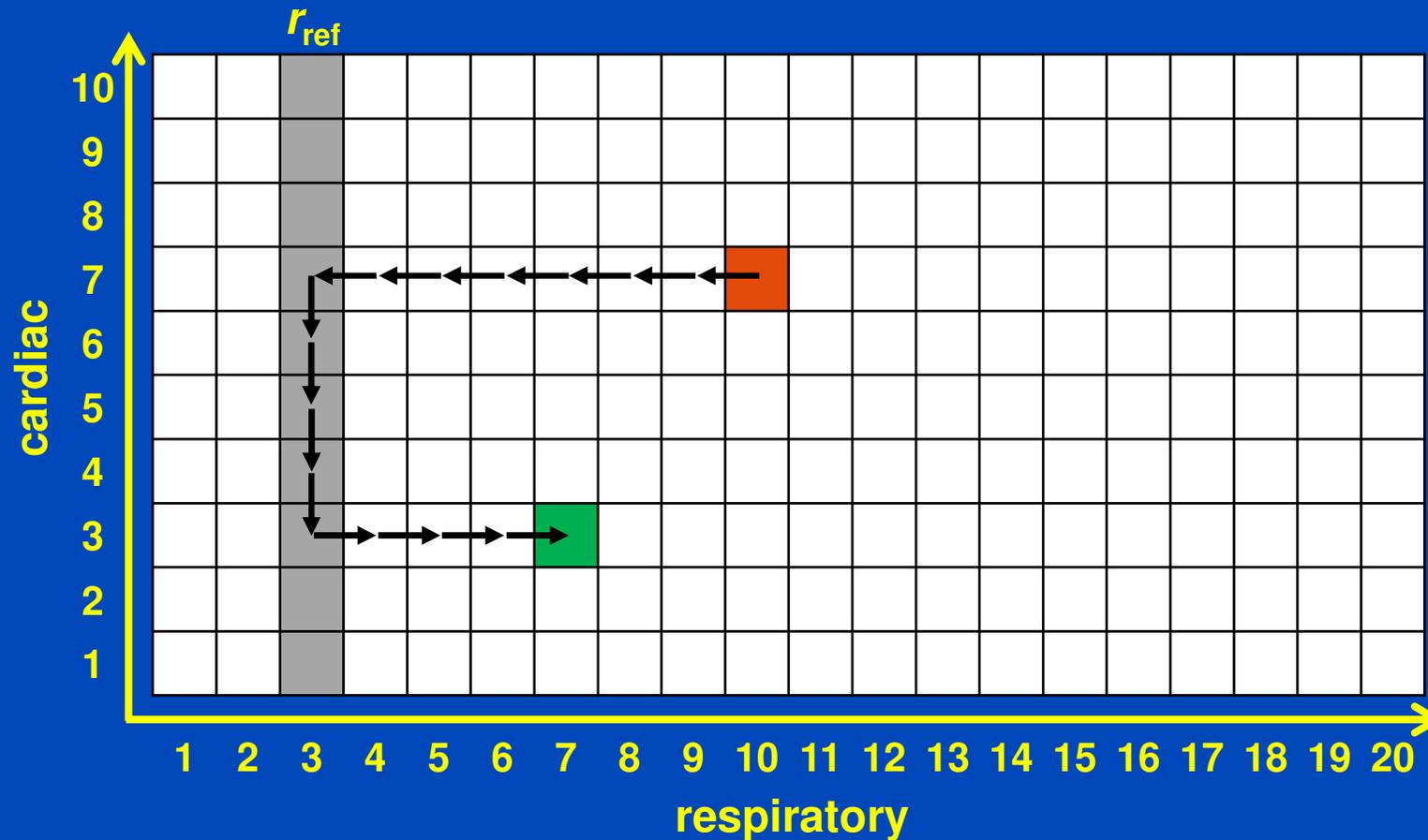
- Employing 5D double gated images, any arbitrary combination of respiratory and cardiac phase can be reconstructed.



5D Motion Compensation

MoCo Reconstruction

- Employing 5D double gated images, any arbitrary combination of respiratory and cardiac phase can be reconstructed.



5D MoCo Results

20 respiratory phases of 10% width, 10 cardiac phases of 20% width

5D Reconstruction
Respiratory & Cardiac
Gated

$r = 0\%$, c -loop

5D Reconstruction
Respiratory
Compensated &
Cardiac Gated

$r = 0\%$, c -loop

5D MoCo
Respiratory & Cardiac
Compensated

$r = 0\%$, c -loop

5D MoCo
Respiratory & Cardiac
Compensated

r -loop, $c = 0\%$



2% dose usage

20% dose usage

100% dose usage

100% dose usage

5D MoCo Results

20 respiratory phases of 10% width, 10 cardiac phases of 20% width

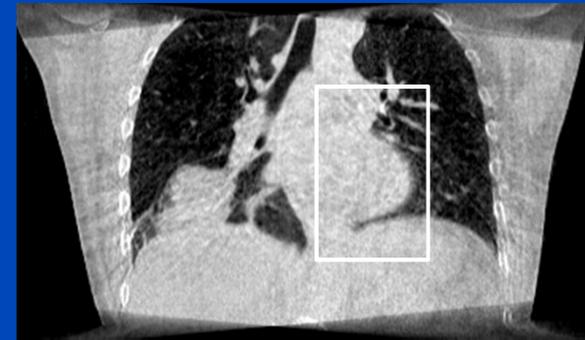
3D Reconstruction

Standard
3D Feldkamp



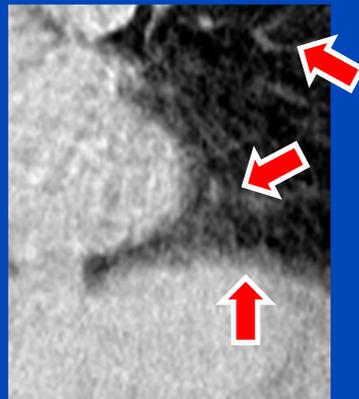
5D MoCo

Respiratory & Cardiac
Compensated
r-loop, c-loop



3D Reconstruction

Region of interest



5D MoCo

Region of interest



Displayed with
real motion speed
28 rpm and 83 bpm

Summary

- **True 5D imaging in IGRT**
 - Same noise level and spatial resolution as 3D CBCT
 - 100% dose usage
- **Two-step motion estimation**
- **Method applicable for other modalities**
 - E.g. C-arm systems, MR, PET-MR
- **To do:**
 - There is a slight underestimation of motion in 5D MoCo images
 - Handle sliding organ (esp. lung) motion
- **There is more on MoCo from our group at this SPIE meeting:**
 - Hahn, Kachelrieß. Reduction of motion artifacts in cardiac CT based on partial angle reconstructions from short scan data.
Tuesday, March 1, 11:50 AM

Thank You!



The 4th International Conference on
Image Formation in X-Ray Computed Tomography

July 18 – July 22, 2016, Bamberg, Germany
www.ct-meeting.org



Conference Chair

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

**This presentation will soon be available at www.dkfz.de/ct.
This study was supported by Varian Medical Systems, Baden, Switzerland.
Parts of the reconstruction software were provided by RayConStruct®
GmbH, Nürnberg, Germany.**

MoCo 5D Results

Respiratory Reference Phase Comparison

- **Test: Repeat reconstruction of an arbitrary respiratory and cardiac phase (e.g. $r = 5$, $c = 7$) with different respiratory reference phases**
- $r_{\text{ref}} \in \{0, \dots, N - 1\}$, with $N = 20$
- **Only grayscale differences visible**
- **No motion in difference images**

Axial



Coronal



Sagittal



Loop over all reference phases

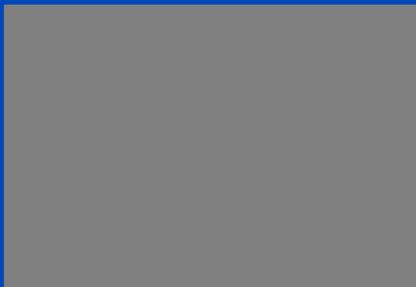
MoCo 5D Results

Respiratory Reference Phase Comparison

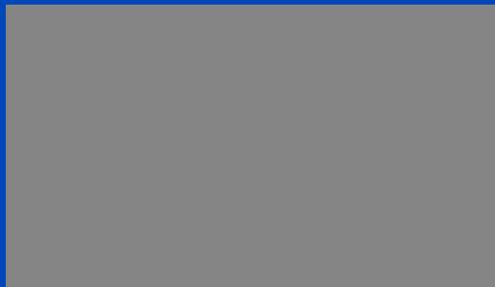
- **Test: Repeat reconstruction of an arbitrary respiratory and cardiac phase (e.g. $r = 5$, $c = 7$) with different respiratory reference phases**
- $r_{\text{ref}} \in \{0, \dots, N - 1\}$, with $N = 20$
- **Only grayscale differences visible**
- **No motion in difference images**

Respiratory reference phase appears to have no relevant impact.

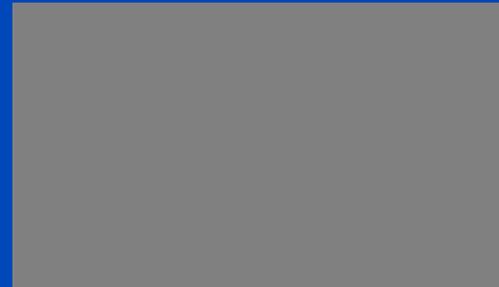
Axial



Coronal



Sagittal



$$I_n = I_{r5,c7,r_{\text{ref}}0} - I_{r5,c7,r_{\text{ref}}n}$$