

MLAA-Based RF Surface Coil Attenuation Estimation in Hybrid PET/MR Imaging

Thorsten Heußer, Christopher M. Rank,
Martin T. Freitag, and Marc Kachelrieß

German Cancer Research Center (DKFZ), Heidelberg, Germany

Introduction

Attenuation Correction (AC)

- Patient AC

- Standard MR-based AC (MRAC) underestimates activity distribution
- Recent approaches to improve MRAC
 - » Atlas-based methods
 - » Dedicated MR sequences (e.g., UTE, ZTE)
 - » Emission-based methods

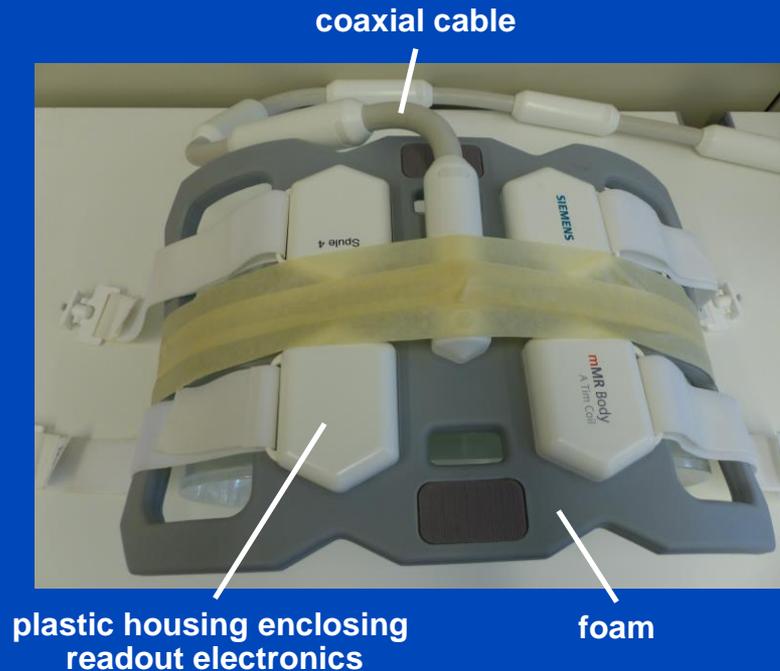
- Hardware AC

- Stationary components
 - » Patient table
 - » MR head coil
 - » Considered during AC using pre-acquired CT-based templates
- Flexible components
 - » RF surface coils
 - » MR-safe headphones
 - » Positioning aids
 - » **Not considered during AC in current clinical practice**

Introduction

Radiofrequency (RF) Surface Coils

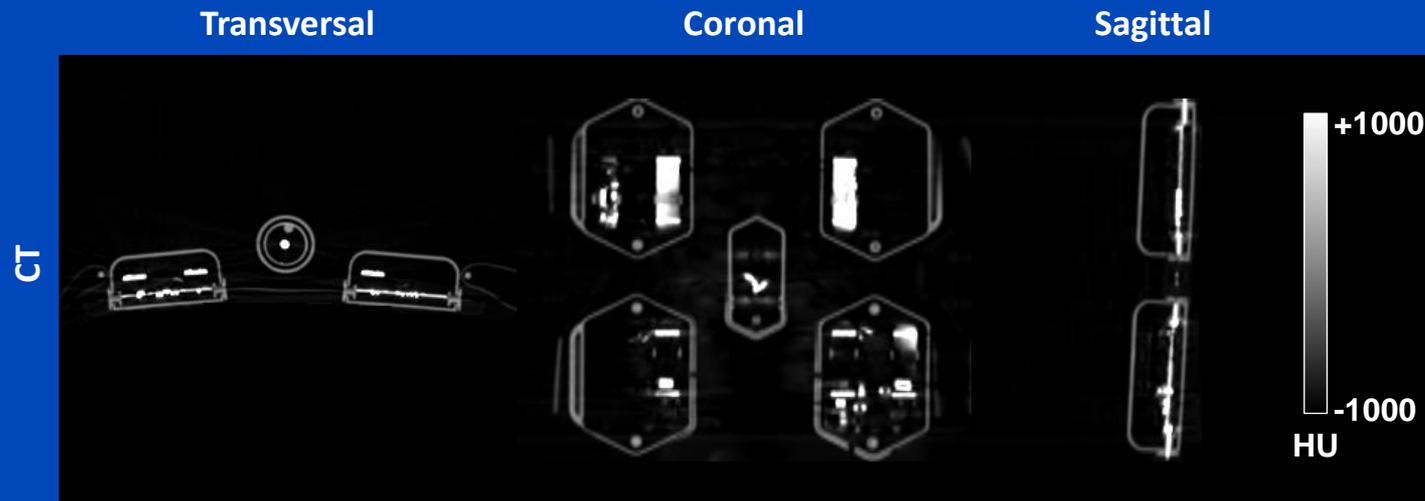
- In (PET)/MR imaging, signal receiving RF surface coils are used to improve MR image quality
 - Standard equipment provided by the vendor
 - 3 to 5 partially overlapping RF coils to cover entire torso



Introduction

RF Coil Attenuation

- RF coils contribute to photon attenuation



- RF coils are not visible in MR images
 - ⇒ MRAC neglects RF coil attenuation
 - ⇒ Activity is underestimated by up to 18%¹
 - ⇒ PET quantification is significantly impaired by the use of RF surface coils

[1] Paulus DH, Tellmann L, and Quick HH, "Towards improved hardware component attenuation correction in PET/MR hybrid imaging," *Phys Med Biol* 58(22):8021-40 (2013).

Introduction

Aim

- Improve PET quantification by emission-based estimation of the RF coil attenuation
- Joint estimation of attenuation and activity
 - Iterative approach based on the MLAA algorithm¹
- Attenuation map only updated outside patient body outline
 - Only (flexible) hardware attenuation is estimated
 - Patient attenuation map is not modified
 - The proposed algorithm is called external MLAA (**xMLAA**)

xMLAA¹

Objective Function

- Objective function Q

$$Q(\boldsymbol{\lambda}, \boldsymbol{\mu}) = L(\boldsymbol{\lambda}, \boldsymbol{\mu}) + \beta_S L_S(\boldsymbol{\mu}) + \beta_L L_I(\boldsymbol{\mu})$$

- Log-likelihood L

$$L(\boldsymbol{\lambda}, \boldsymbol{\mu}) = \sum_j (p_j \ln \hat{p}_j - \hat{p}_j)$$

$$\text{with } \hat{p}_j = \frac{a_j}{n_j} \sum_i M_{ij} \lambda_i + \frac{s_j}{n_j} + r_j$$

$$\text{and } a_j = e^{-\sum_i \mu_i l_{ij}}$$

- Smoothing prior L_S with weight β_S
- Intensity prior L_I with weight β_I

λ Activity

μ Attenuation

i Voxel index

j LOR index

p_j Measured projections

\hat{p}_j Estimated projections

a_j Attenuation factor

n_j Normalization factor

s_j Scatter

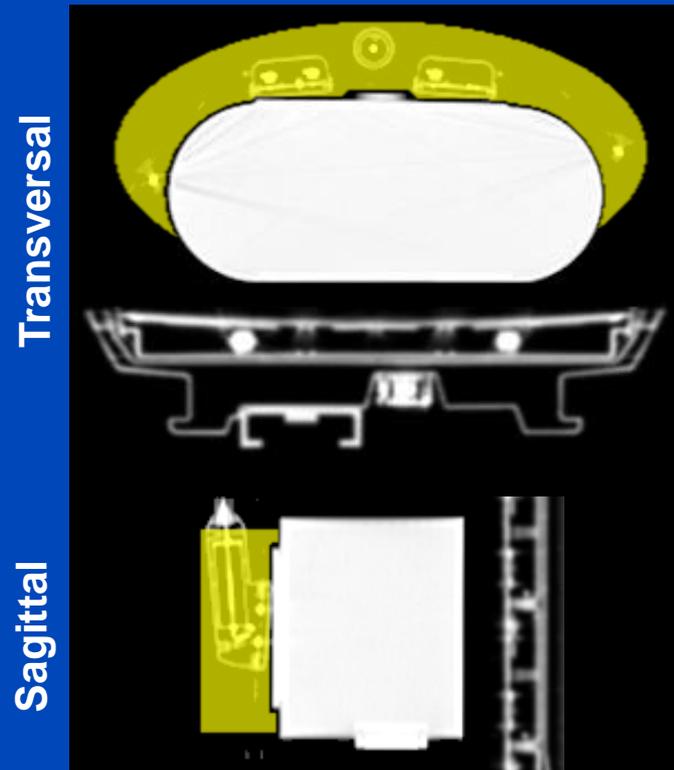
r_j Randoms

M_{ij} System matrix element

l_{ij} Intersection length

xMLAA Hardware Mask

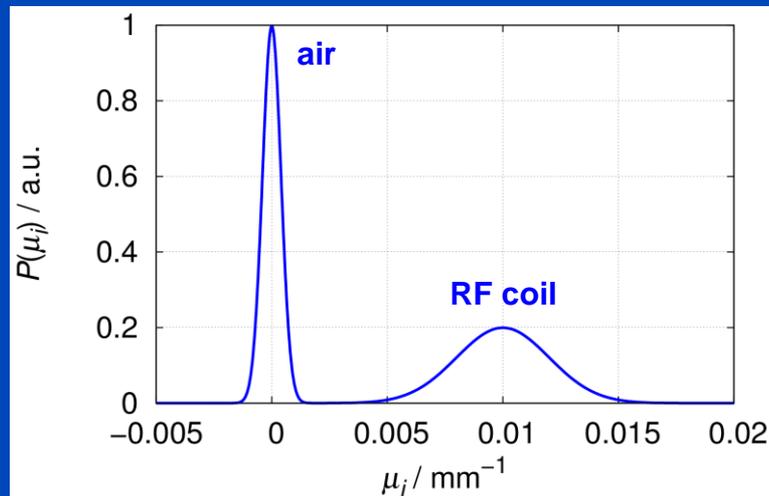
- Manually defined region where RF coil is assumed to be located
- Attenuation update only performed within region defined by hardware mask



xMLAA

Prior Expectations

- Intensity prior L_I
 - Favors the occurrence of pre-defined attenuation coefficients
 - Realized as bi-modal Gaussian probability distribution
 - » $\mu_{\text{air}} = (0.00 \pm 0.0001) \text{ mm}^{-1}$
 - » $\mu_{\text{RF}} = (0.01 \pm 0.0020) \text{ mm}^{-1}$
 - **Aim:** Suppress non-zero attenuation coefficients in the background while allowing for attenuation coefficients corresponding to the RF coil

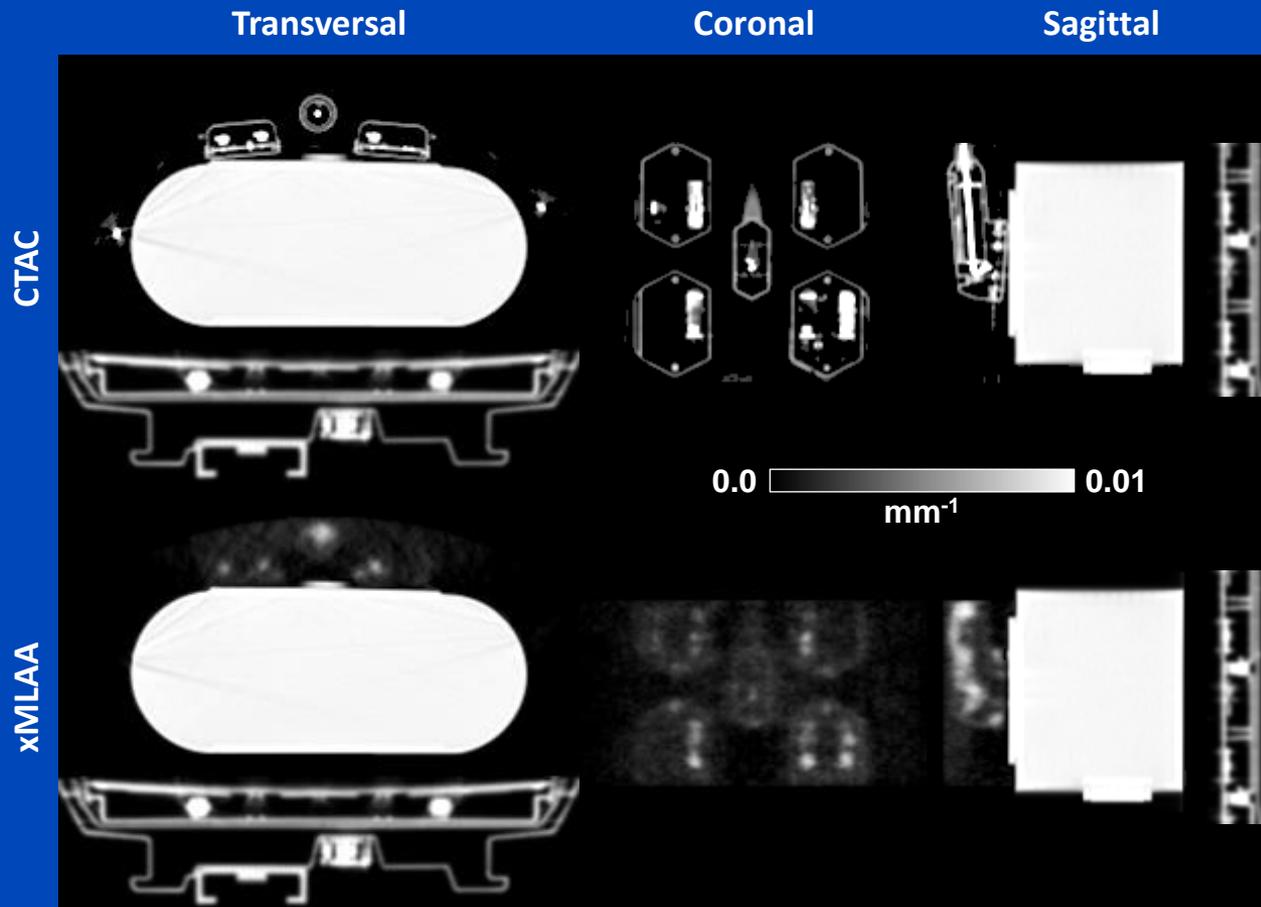


Phantom Data Experiments

- **Pelvis phantom**
 - Plastic housing filled with water (11 L)
 - 55 MBq ^{68}Ga dissolved
 - Torso RF surface coil fixed with adhesive tape
- **PET/MR measurement**
 - Siemens Biograph mMR
 - Single bed position
 - 62×10^6 acquired counts
- **CT-based attenuation map**
 - With RF coil in identical position, the phantom was scanned with a clinical CT device (Siemens SOMATOM Definition Flash)

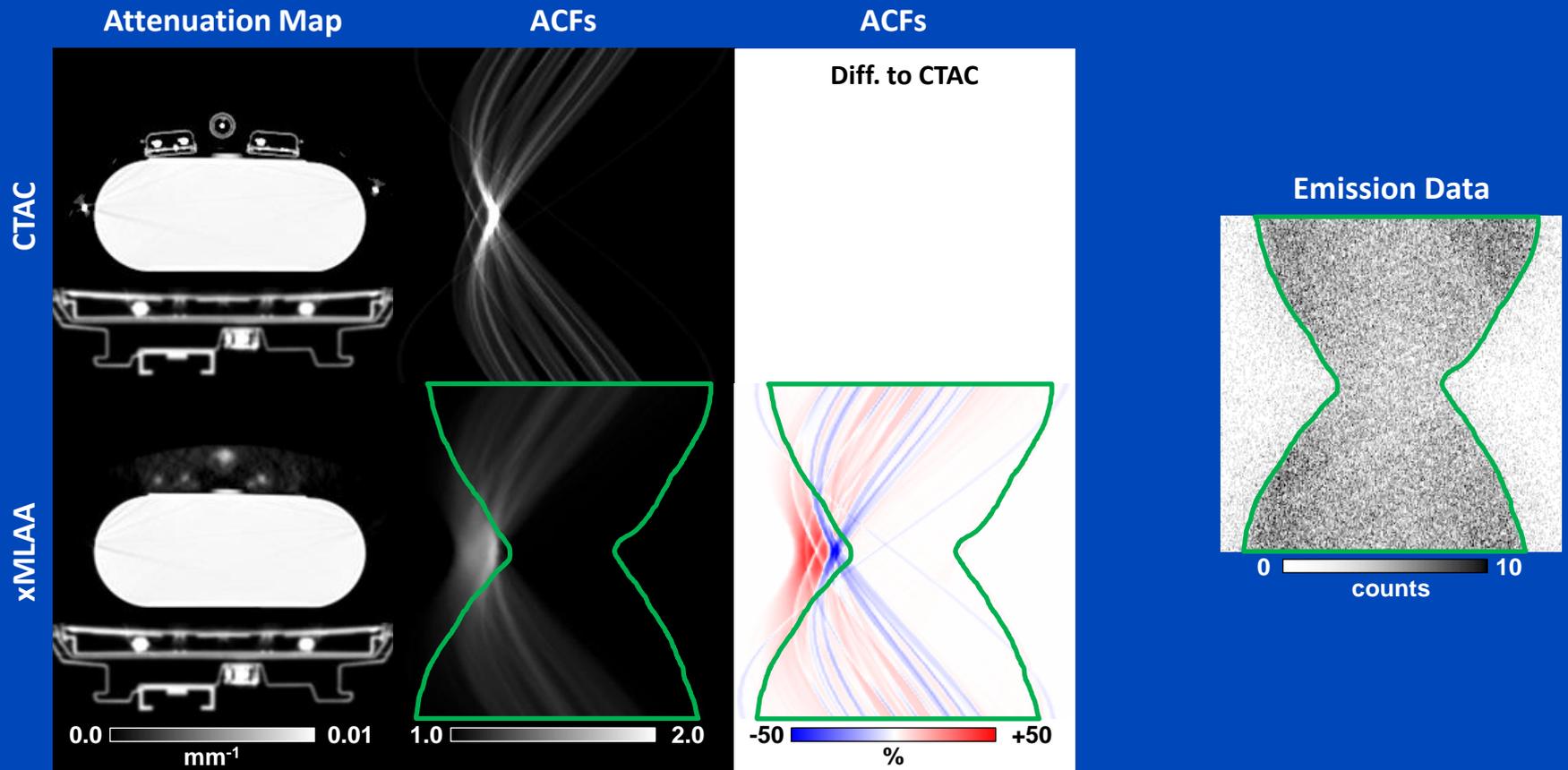


Phantom Data Attenuation Maps

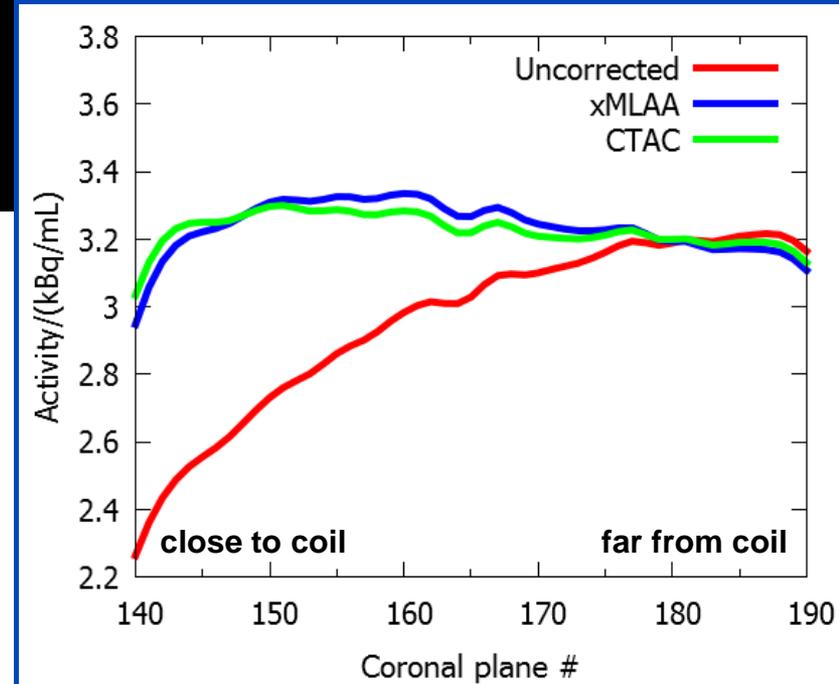
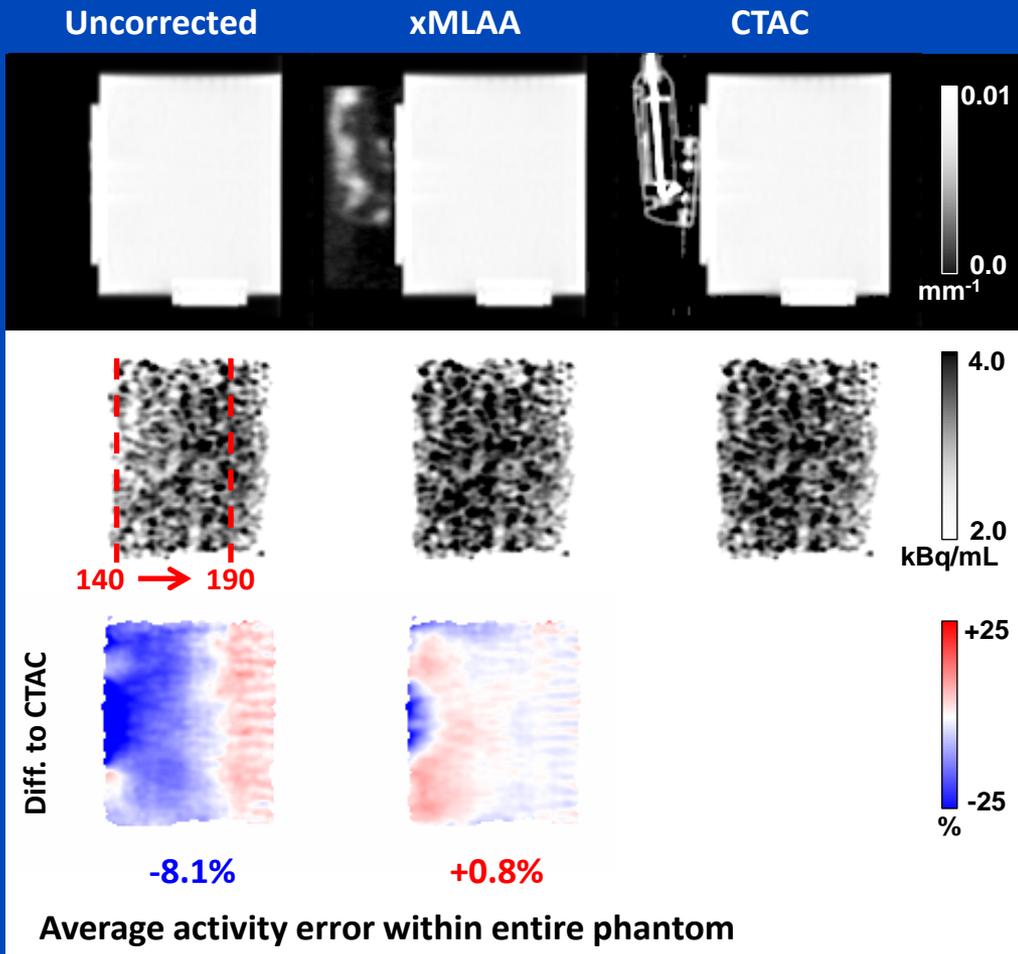


Phantom Data

Attenuation Correction Factors

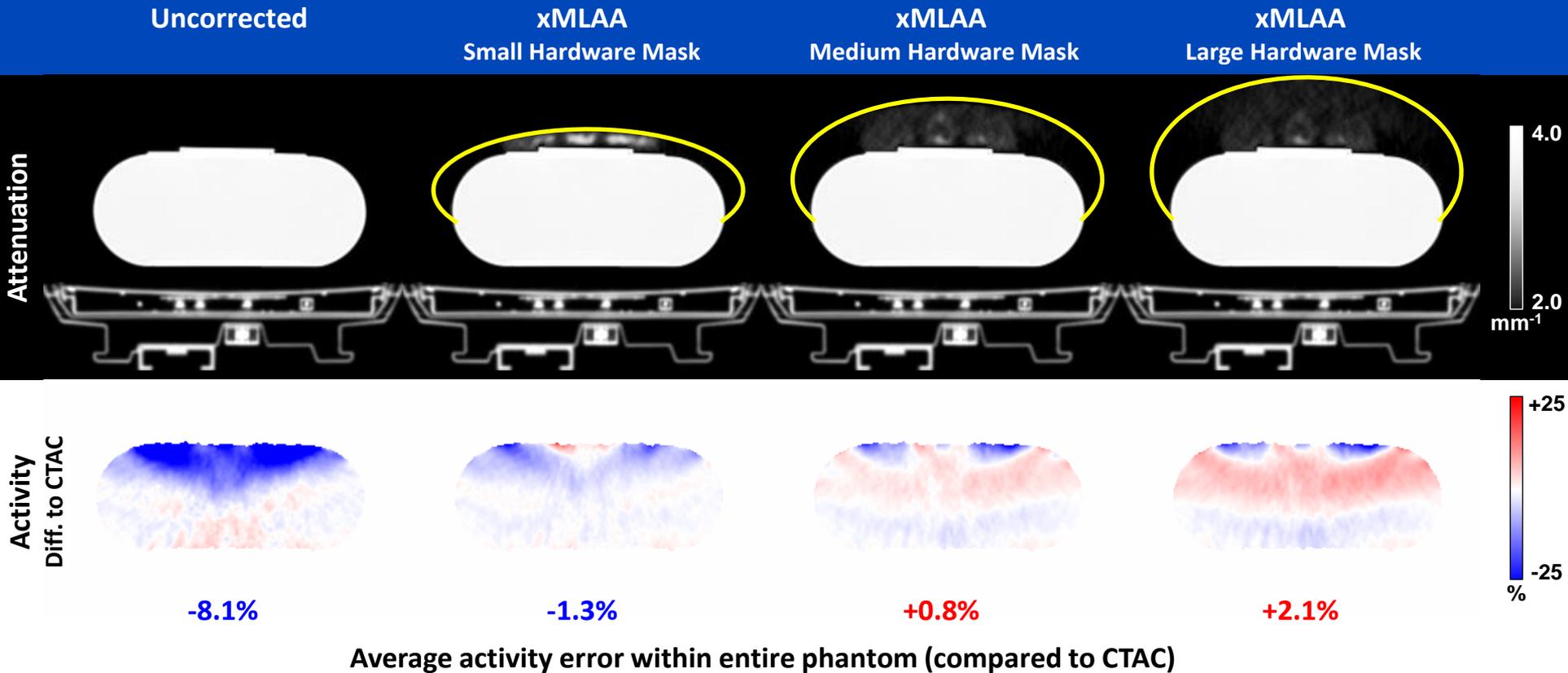


Phantom Data Activity



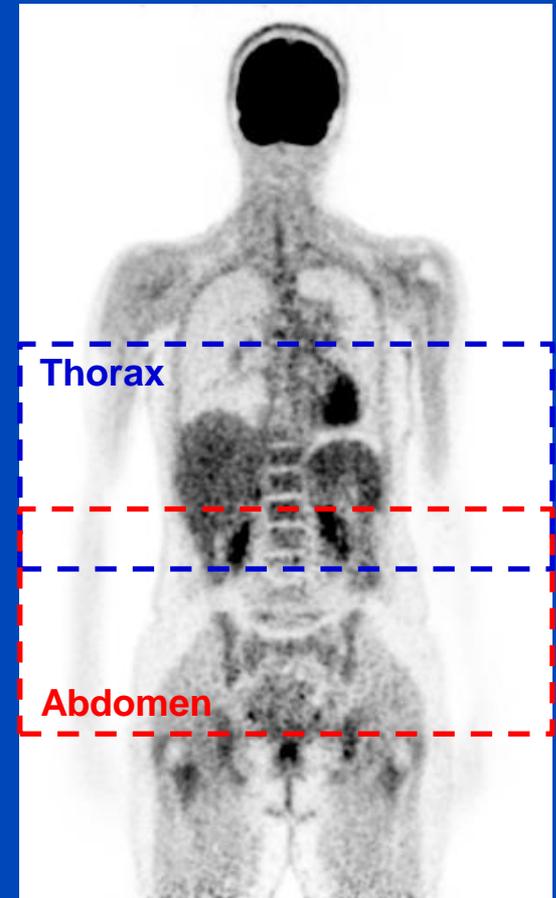
Phantom Data

Impact of Hardware Mask



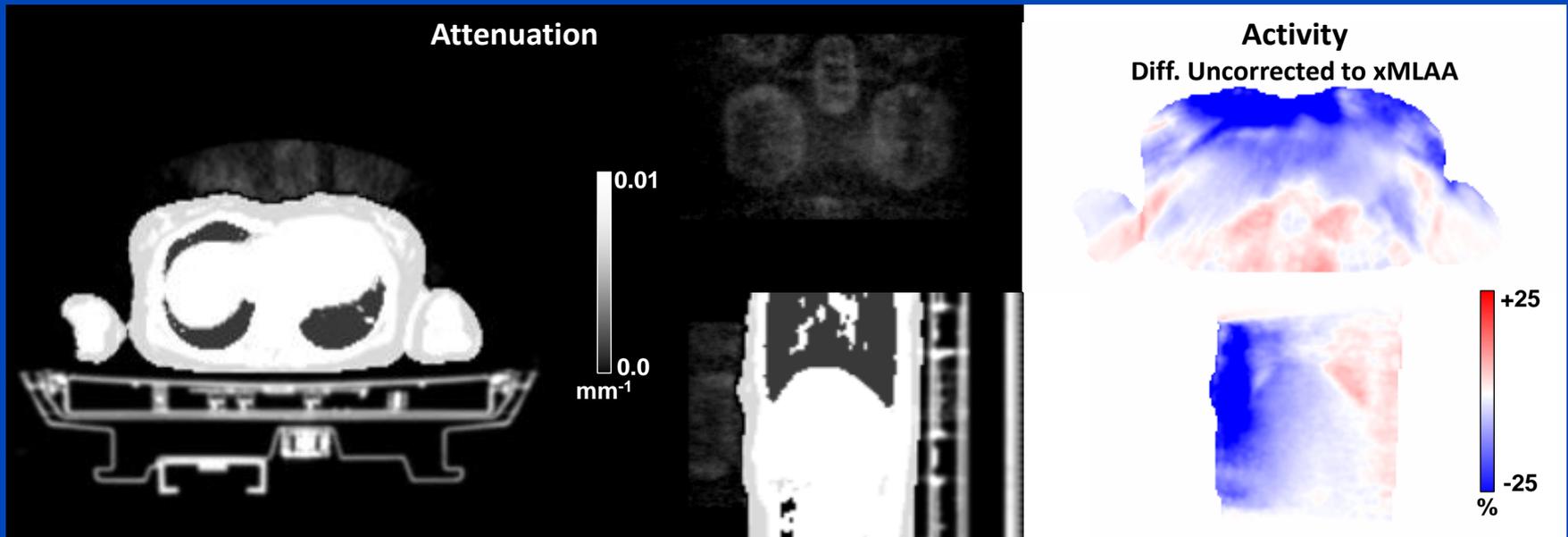
Patient Data Data Sets

- **Five ^{18}F -FDG patients**
 - Data acquired with Siemens Biograph mMR
 - 4 min data acquisition per bed position
 - Only single bed positions investigated
 - » Lower Thorax ($65 \pm 8 \times 10^6$ counts)
 - » Abdomen ($64 \pm 6 \times 10^6$ counts)
 - Vendor-provided MR-based attenuation maps used for patient AC
 - CTAC not available for comparison



Patient Data

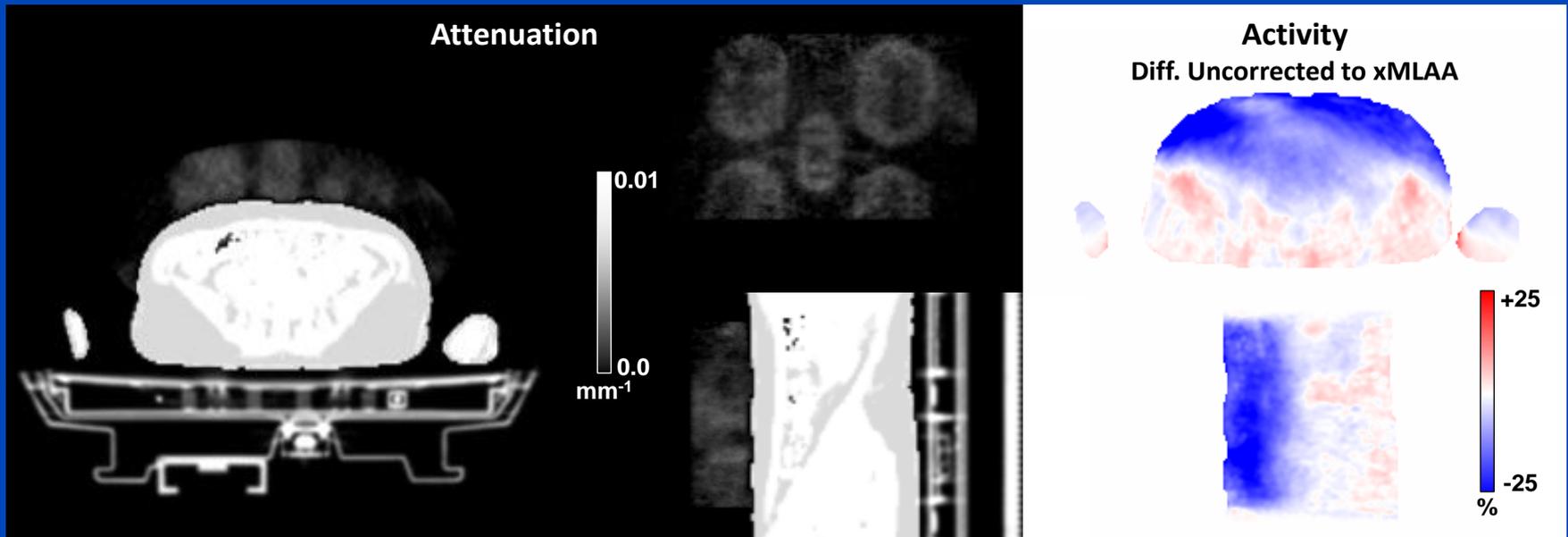
Results Thorax



- Average activity underestimation across five patients when neglecting RF coil attenuation (uncorrected) to xMLAA: **-5.3±1.2%**

Patient Data

Results Abdomen



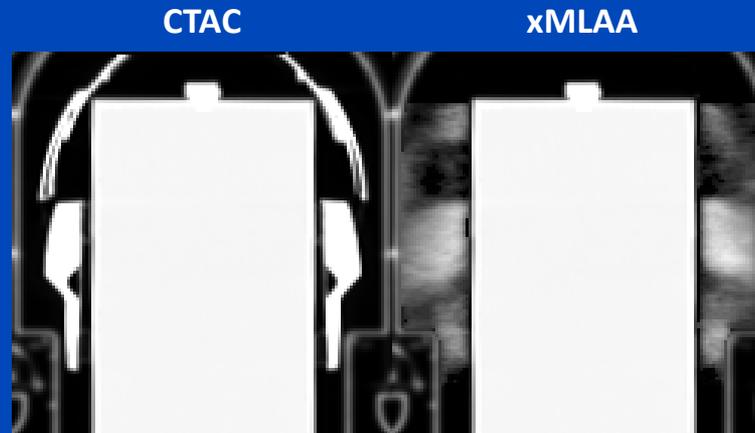
- Average activity underestimation across five patients when neglecting RF coil attenuation (uncorrected) to xMLAA: **-6.1±0.9%**

Conclusions

- Phantom experiments
 - MRAC: **-8.1 %** average activity error compared to CTAC
 - xMLAA: **+0.8 %** average activity error compared to CTAC
 - Patient data
 - Similar trends observed for clinical patient data
- ⇒ **xMLAA for RF surface coil attenuation estimation can be employed to improve quantification in hybrid PET/MR imaging**

Outlook

- Quantitative evaluation of xMLAA for clinical data required (e.g. comparison with registration-based methods)
- xMLAA is also applicable for attenuation estimation of other hardware components (e.g. MR-safe headphones¹)



Thank You!

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

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

This work was supported by the **Helmholtz International Graduate School for Cancer Research**, Heidelberg, Germany.

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