

Stack Transition Artifact Removal (STAR) in Cardiac CT with Automatic Parameter Selection

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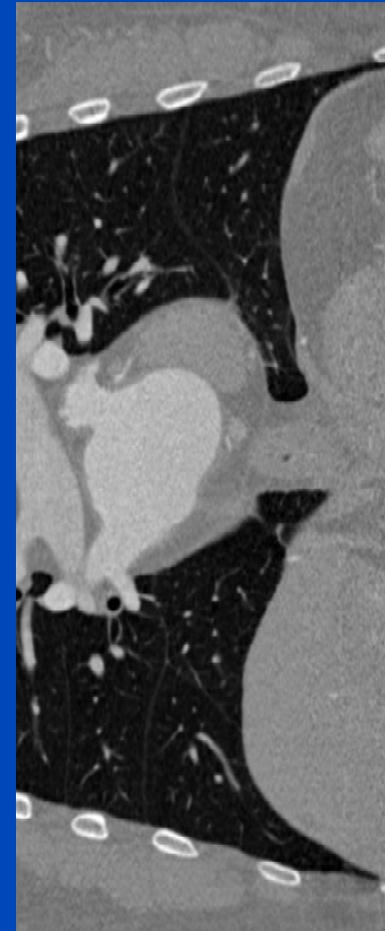
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dkfz.

DEUTSCHES
KREBSFORSCHUNGSZENTRUM
IN DER HELMHOLTZ-GEMEINSCHAFT

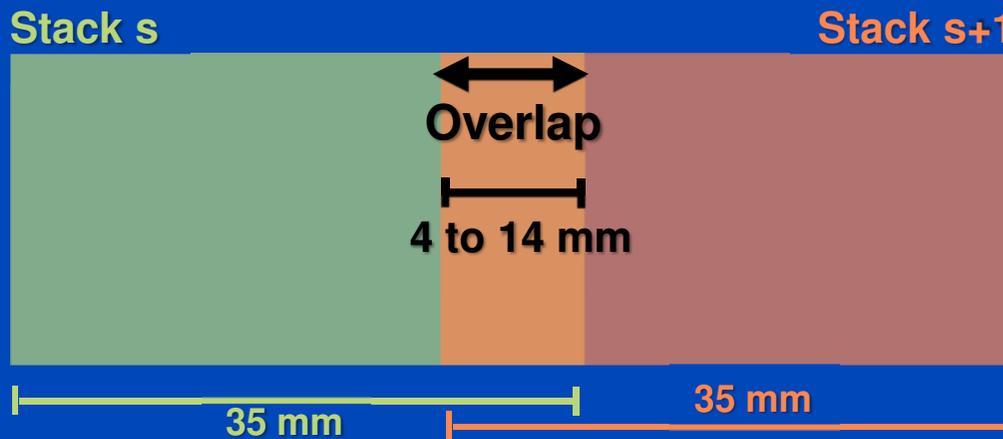
Introduction

- Data of one cardiac phase can be acquired via prospective ECG-gating or extracted from a retrospectively gated data set.
- Cardiac reconstructions can yield sub volumes (stacks) corresponding to different times and, ideally, to the same heart phase.



Introduction

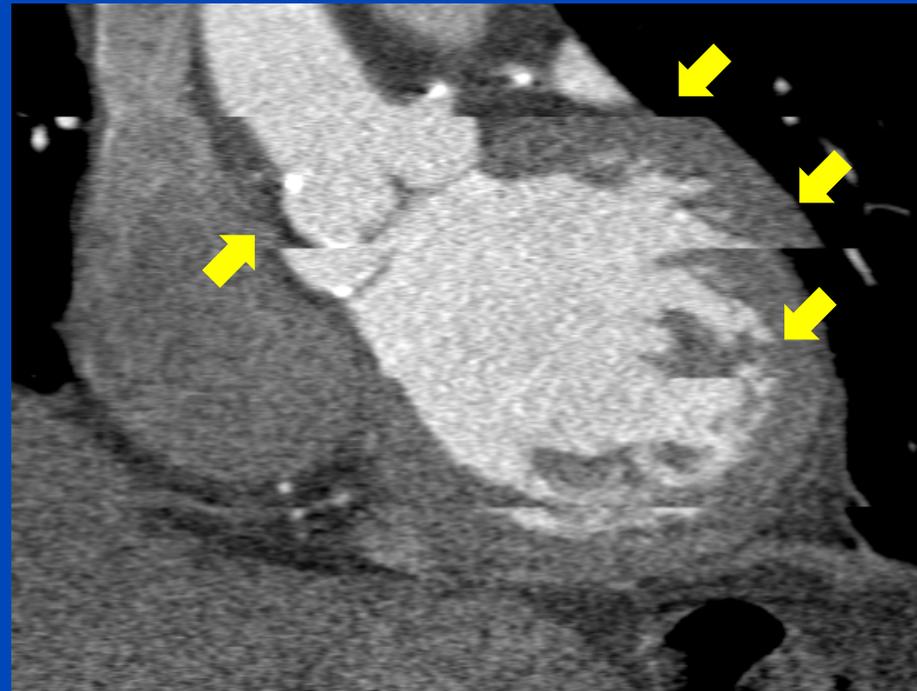
- Data of one cardiac phase can be acquired via prospective ECG-gating or extracted from a retrospectively gated data set.
- Cardiac reconstructions can yield sub volumes (stacks) corresponding to different times and, ideally, to the same heart phase.
- The depth of the stacks depends on the longitudinal collimation of the CT scanner.
- The stacks generally have a longitudinal overlap.



stacks

Stack Transition Artifacts

- Irregular motion leads to stacks that do not represent exactly the same volume.
- Discontinuities (misalignment) at stack transitions arise when stitching the stacks together to yield the complete CT volume.



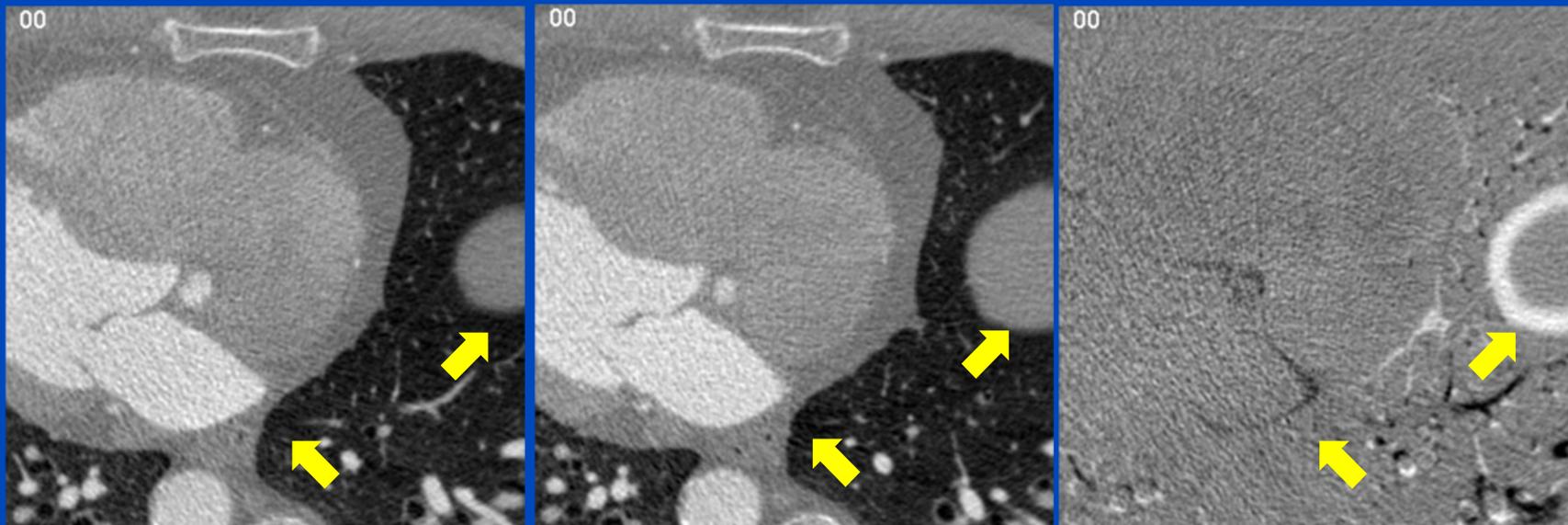
Sagittal slice from a cardiac data set with stack transition artifacts.



Symmetric Registration

- Perform a registration, where both volumes are transformed.
- Given two volumes $f_1(\mathbf{r})$, $f_2(\mathbf{r})$, compute a DVF $\mathbf{d}(\mathbf{r})$ that will match the two.

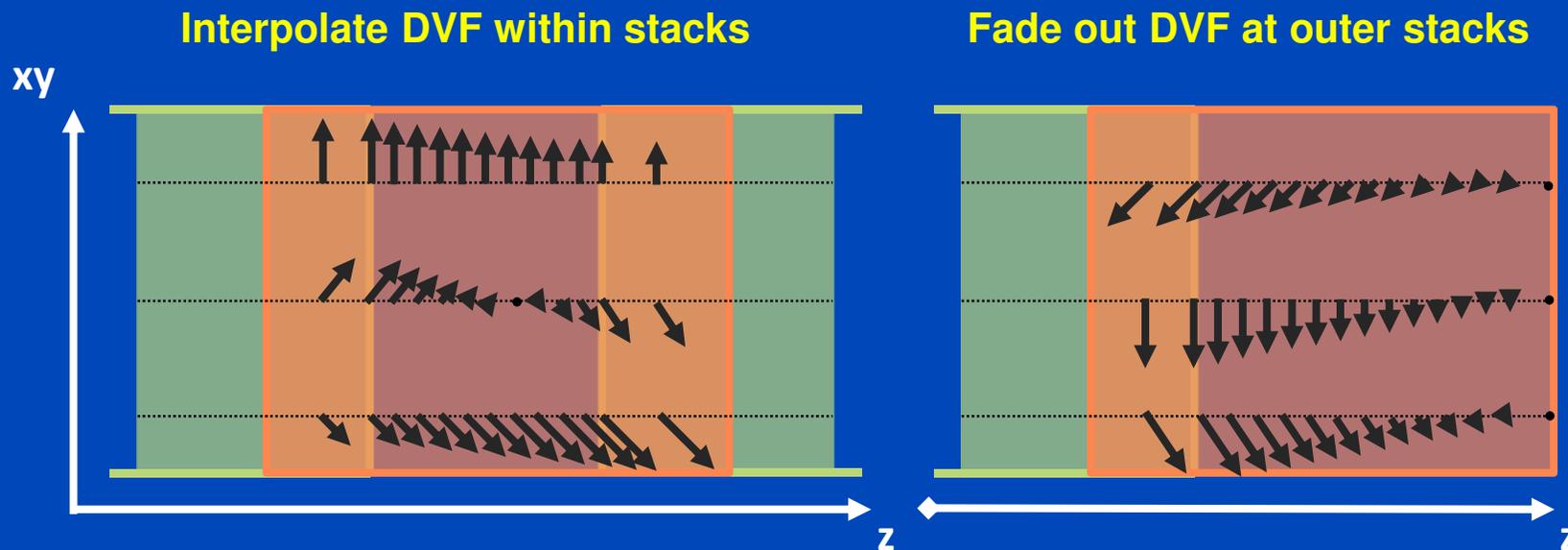
$$\hat{f}_1(\mathbf{r}) = f_1(\mathbf{r} + \mathbf{d}(\mathbf{r})) \quad \hat{f}_2(\mathbf{r}) = f_2(\mathbf{r} - \mathbf{d}(\mathbf{r})) \quad \hat{f}_2(\mathbf{r}) - \hat{f}_1(\mathbf{r})$$



Iterations of the symmetric registration of two 2D slices and the corresponding difference images.
The actual STAR algorithm is 3D. $C = 1000$ HU, $W = 2000$ HU.

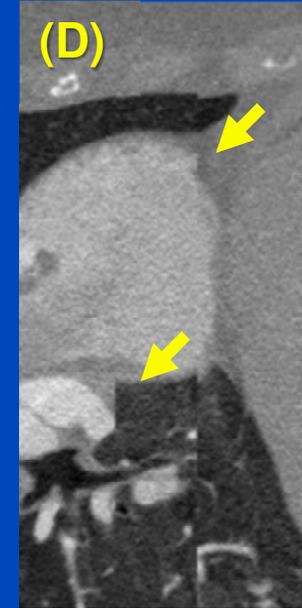
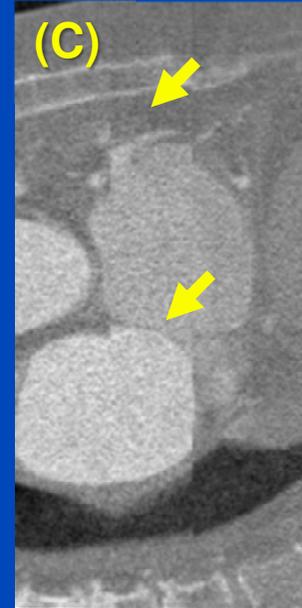
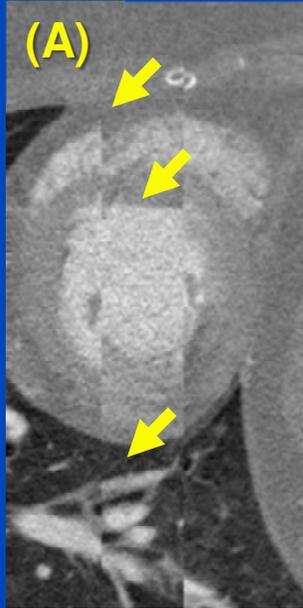
DVF interpolation

- For each stack a linear interpolation between the upper edge of the lower overlap and the lower edge of the upper overlap is performed.

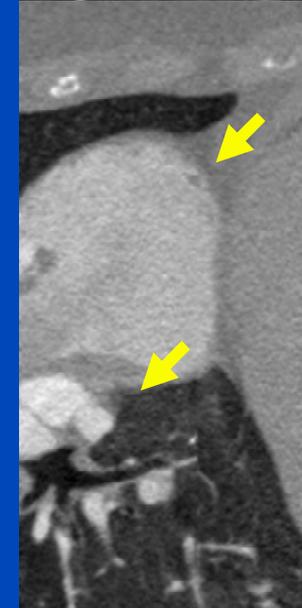
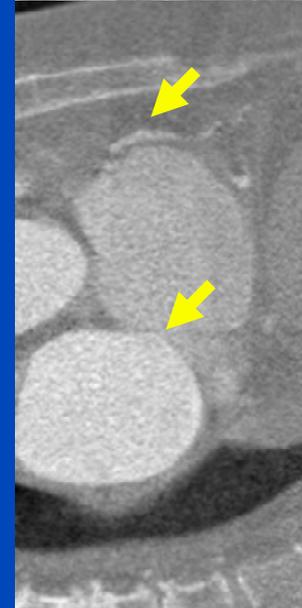
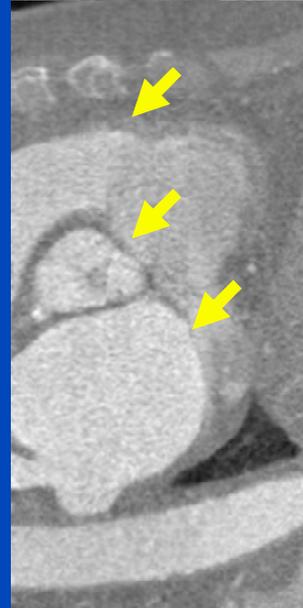
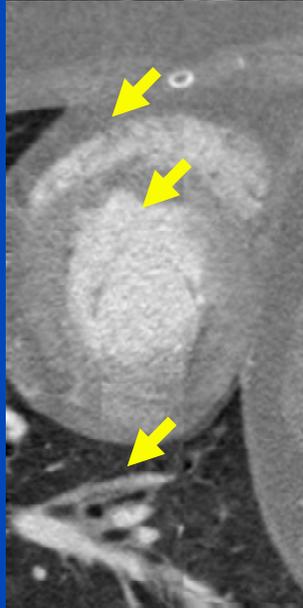


Results of ECR 2018 and CT-Meeting 2018

WFBP
(std. recon.)



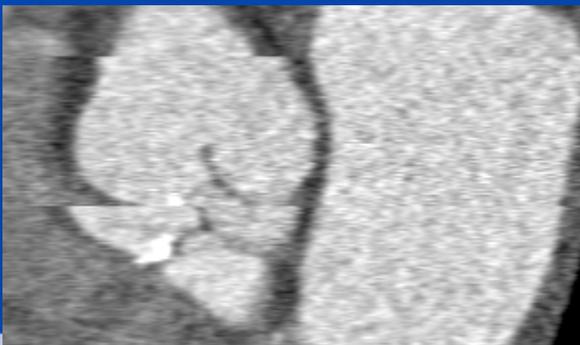
STAR



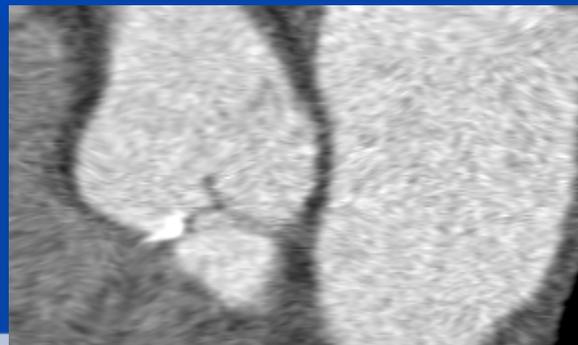
Automatic Parameter Selection

- DVF must be smooth to avoid introducing distortions.
- Smoothness is achieved via Gaussian DVF smoothing.
- The standard deviation σ of the Gaussian filter is essential for registration performance.
- Automatic parameter selection:
 - Perform an initial registration with weak DVF smoothing to find the maximum required DVF magnitude DVF_{\max} .
 - Set $\sigma = \max(2 \text{ mm}, DVF_{\max}/2)$ to guarantee a sufficiently smooth DVF and perform the main registration.
 - This is individually done for each stack transition zone.

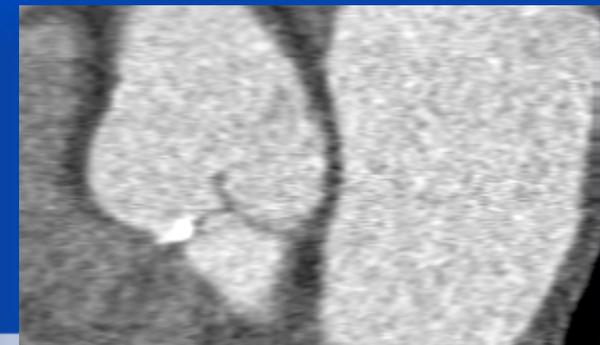
Standard reconstruction
with stack transition artifacts



Result with weak smoothing:
 $DVF_{\max} = 20 \text{ mm}$



Result with final smoothing:
 $\sigma = DVF_{\max} / 2 = 10 \text{ mm}$



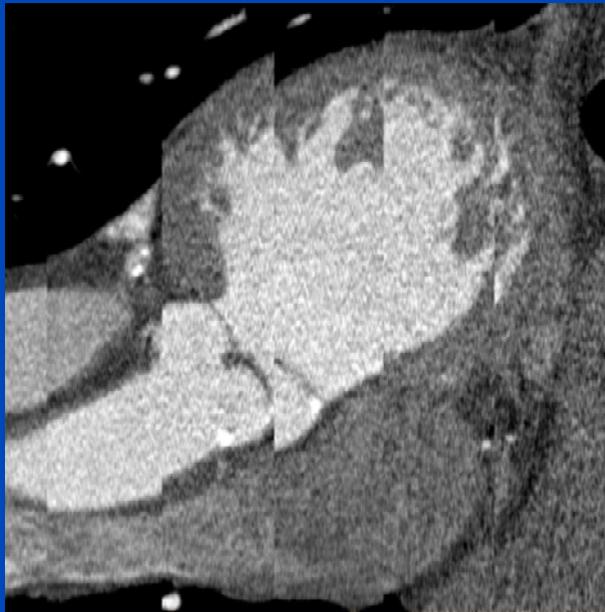
Materials

- Patient data were acquired with a Somatom Definition AS+ (Siemens Healthineers, Forchheim Germany).
- We present 3 patient data sets with stack transition artifacts.
- Recon with $0.4 \times 0.4 \times 0.3$ mm pixels and 0.6 mm slice thickness
 - WFBP = standard reconstruction
 - STAR = stack transition artifact reduction
- Collimation = 64×0.6 mm = 38.4 mm
- Rotation time = 285 ms
- Tube current time product = 92 ... 125 mAs_{eff}
- Tube voltage = 100 kV
- CTDI_{vol} = 14 ... 23 mGy

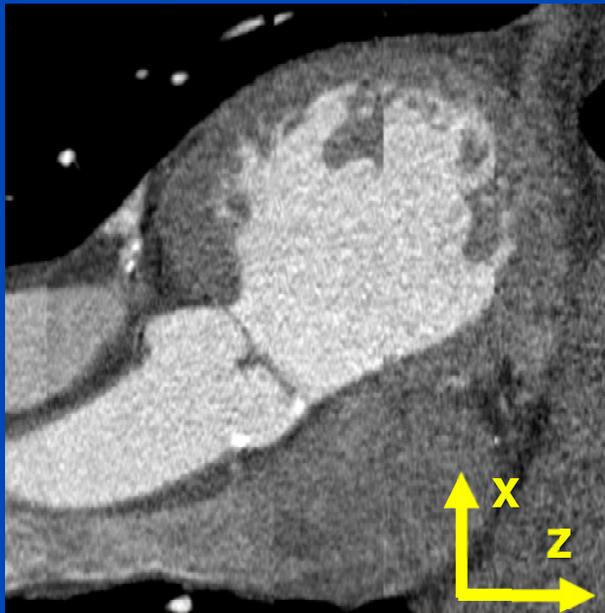


Results

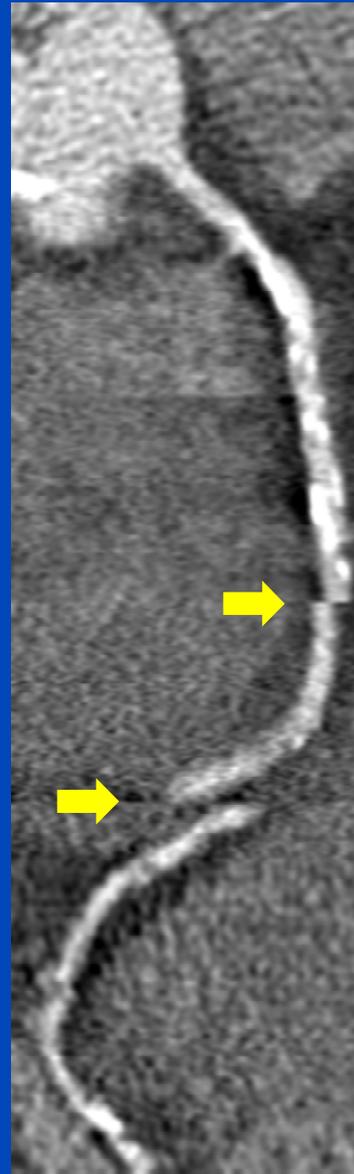
WFBP



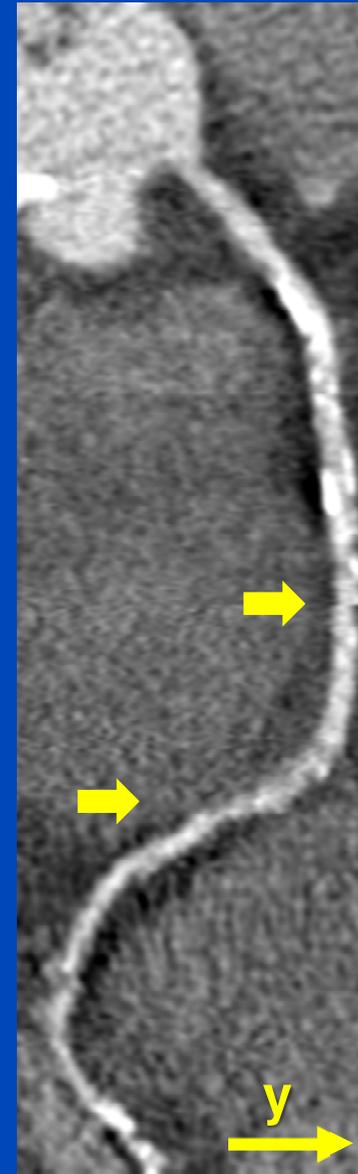
STAR



WFBP



STAR



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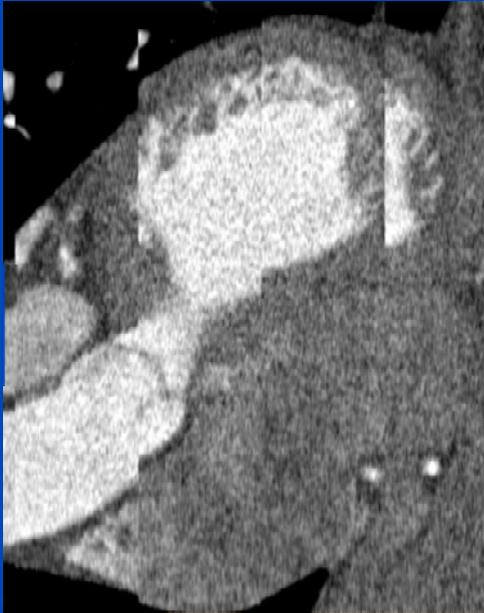
Case A

$\sigma = 5 \dots 15 \text{ mm}$
FWHM = 12 ... 35 mm

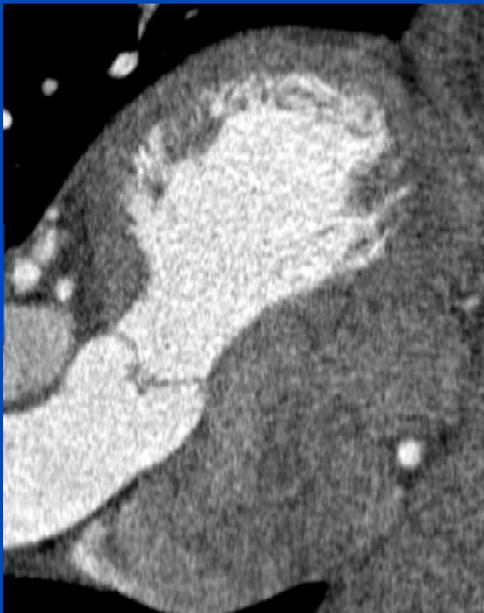
$C = 200 \text{ HU}$, $W = 1000 \text{ HU}$ **dkfz.**

Results

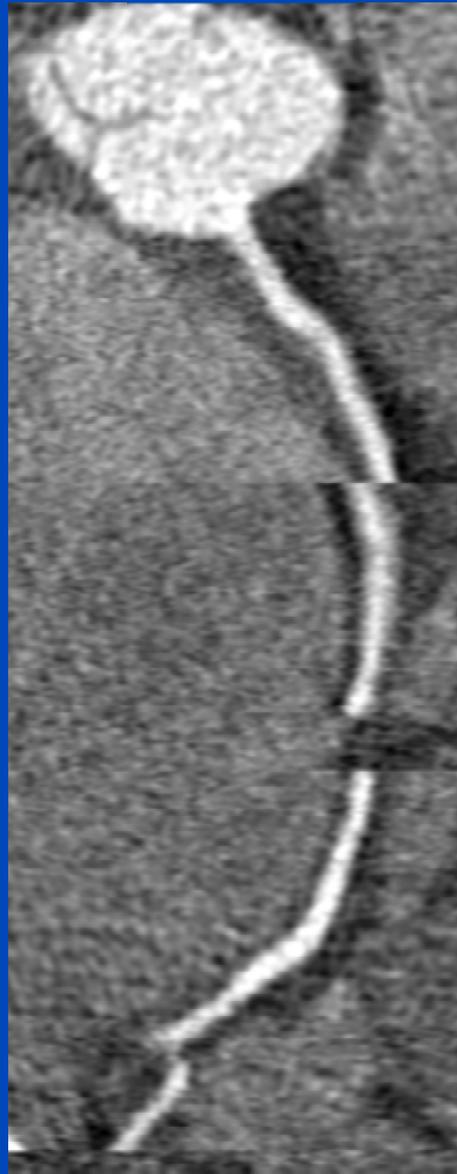
WFBP



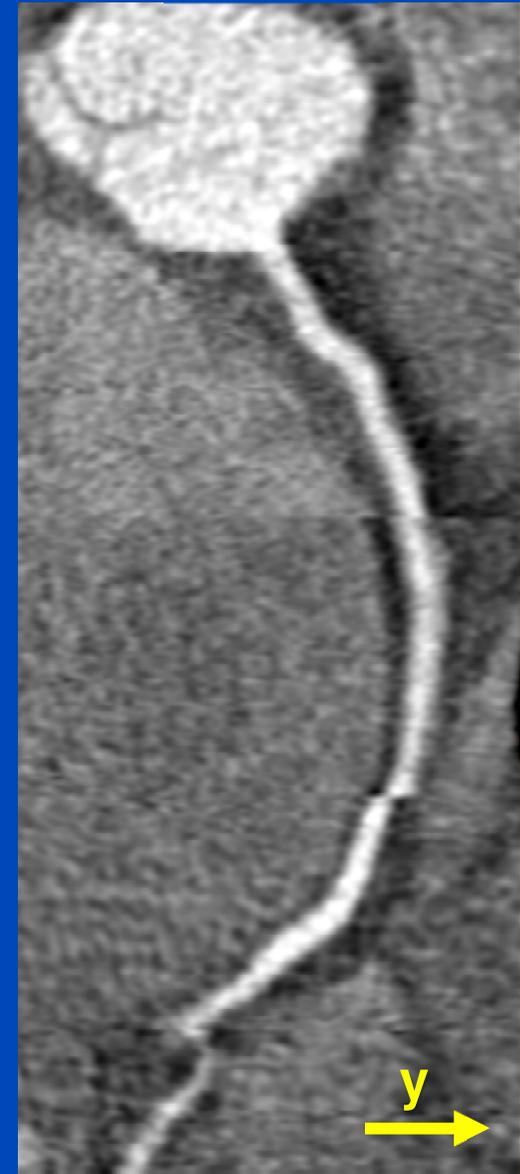
STAR



WFBP



STAR



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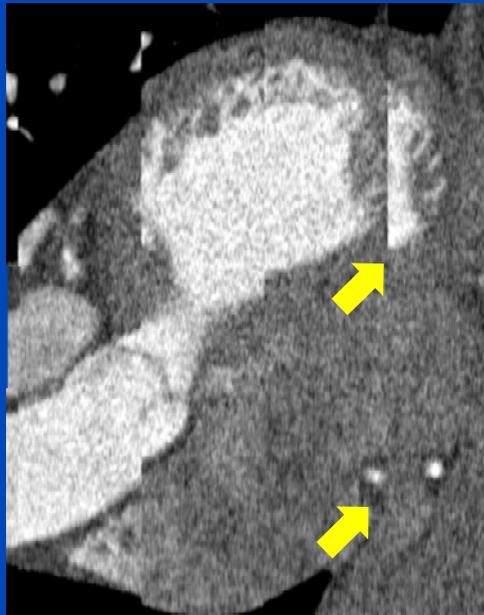
Case B

$\sigma = 5 \dots 15 \text{ mm}$
FWHM = 12 ... 35 mm

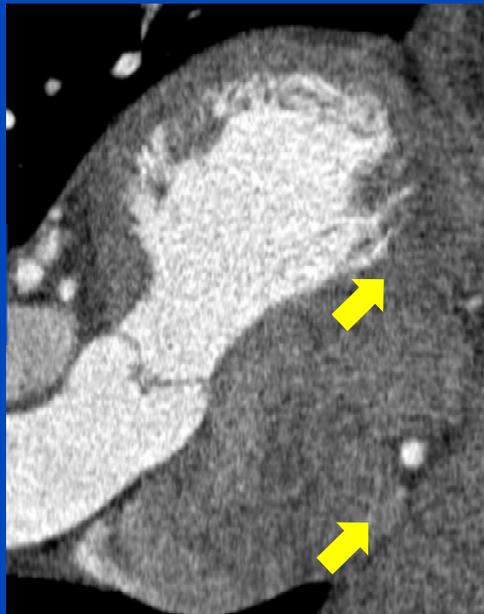
$C = 200 \text{ HU}$, $W = 1000 \text{ HU}$ **dkfz.**

Results

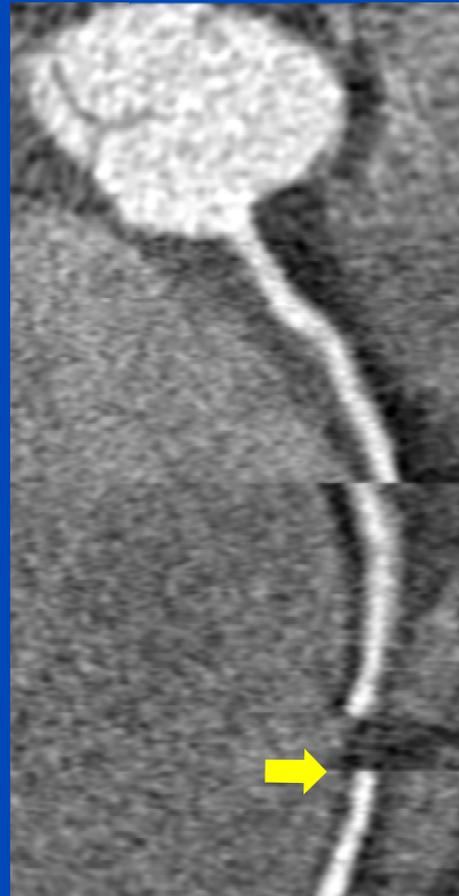
WFBP



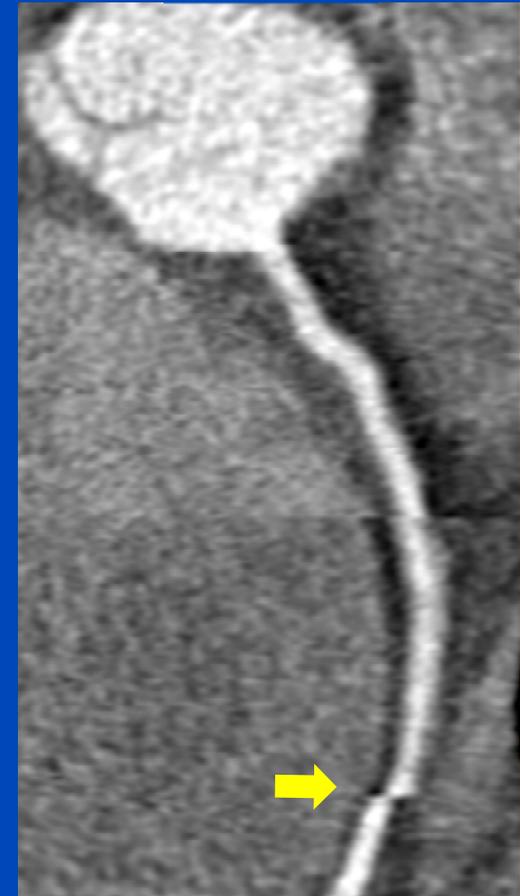
STAR



WFBP



STAR



Large correction at the marked stack transition (here deformations of max. ≈ 29 mm) lead to a strong DVF smoothing (here $\sigma=11$ mm) that may prevent fine corrections



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Case B

$\sigma = 5 \dots 15$ mm
FWHM = 12 ... 35 mm

$C = 200$ HU, $W = 1000$ HU **dkfz.**

Results

WFBP



STAR



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Case C

$\sigma = 4 \dots 13 \text{ mm}$
FWHM = 9 ... 30 mm

$C = 200 \text{ HU}$, $W = 1000 \text{ HU}$ **dkfz.**

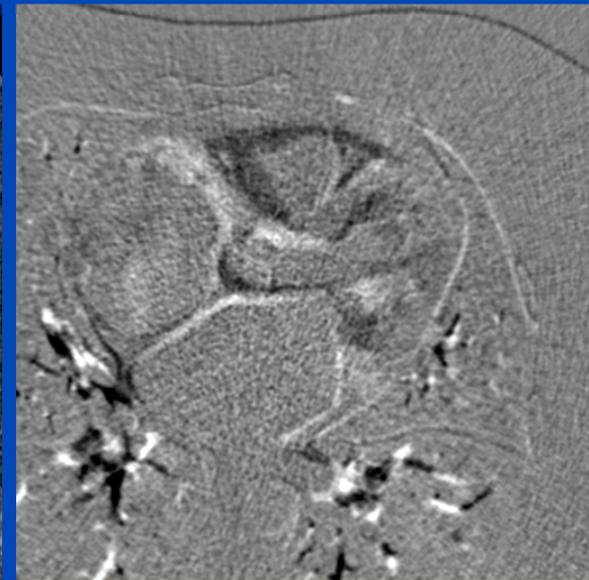
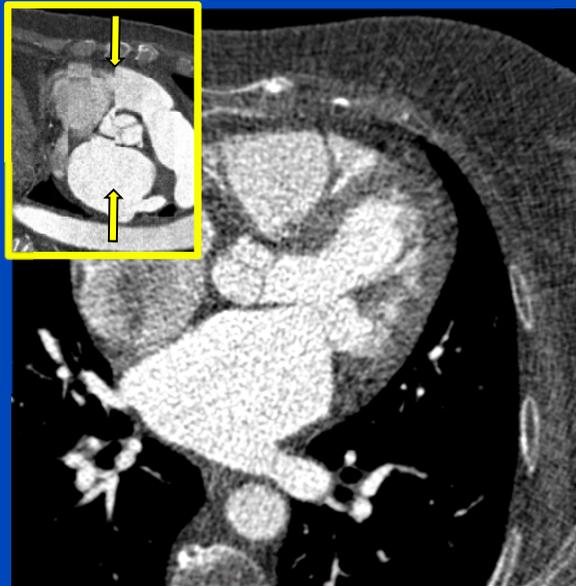
Results

Lower stack slice

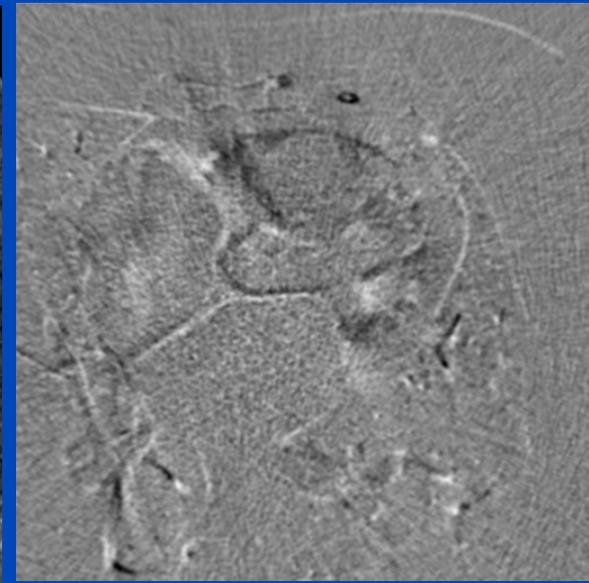
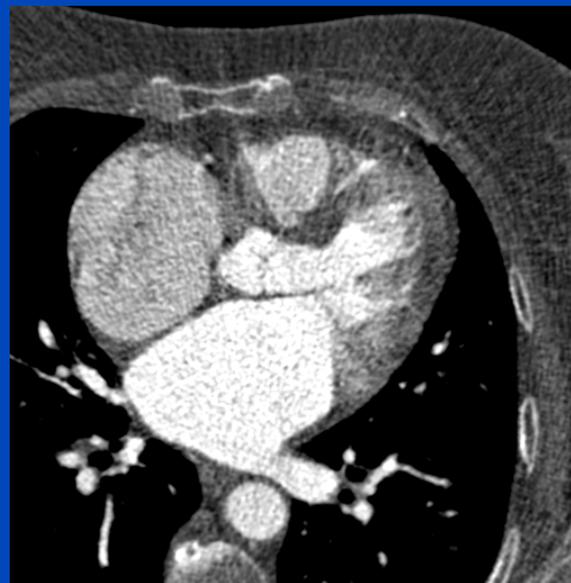
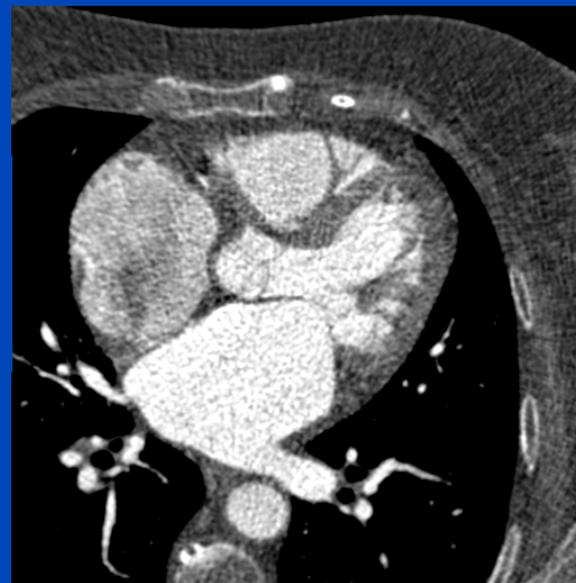
Upper stack slice

Difference: Upper - Lower

WFBP



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Case C

$\sigma = 7.5 \text{ mm}$
FWHM = 17.5 mm

$C = 200 \text{ HU}$, $W = 1000 \text{ HU}$ **dkfz.**

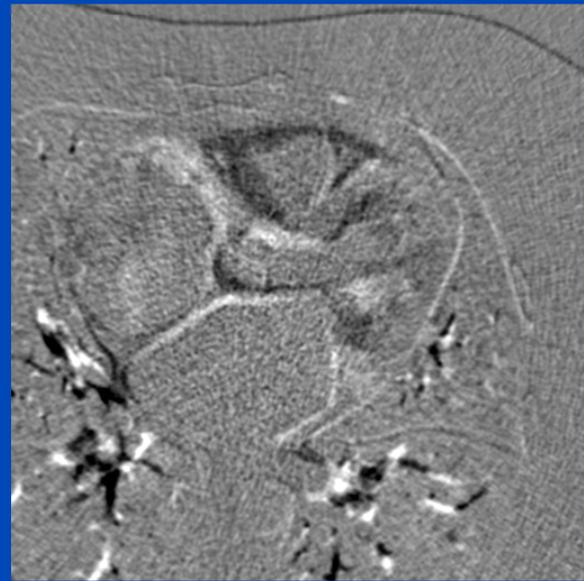
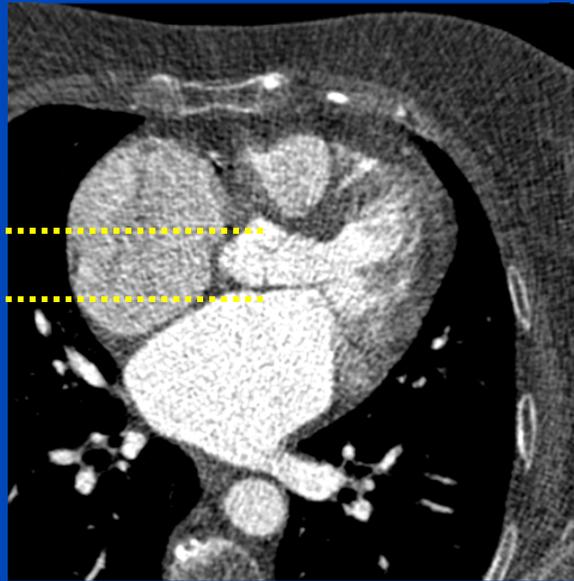
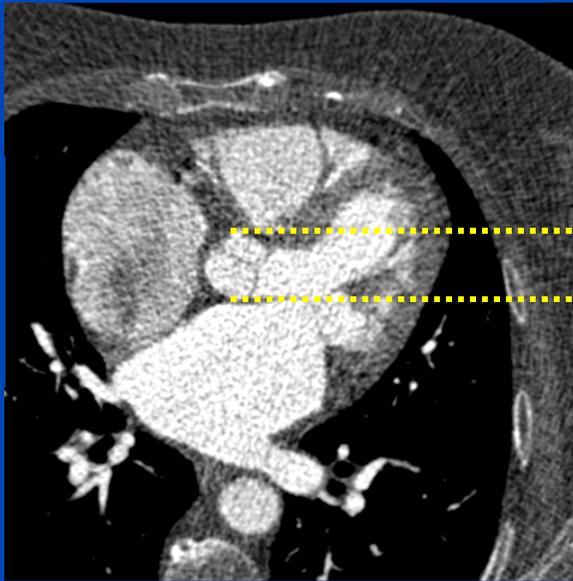
Results

Lower stack slice

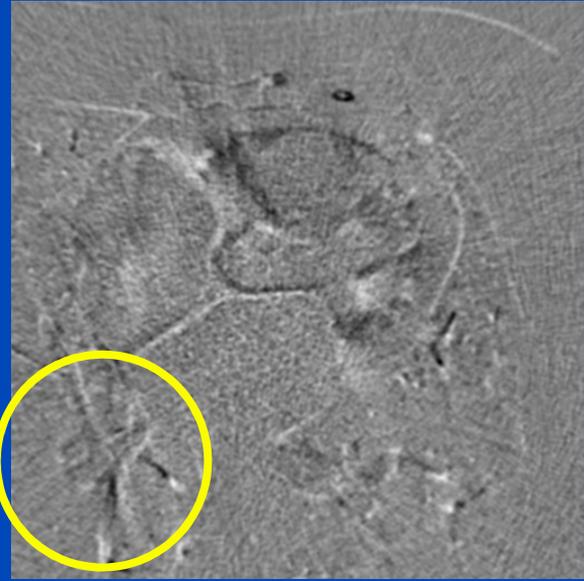
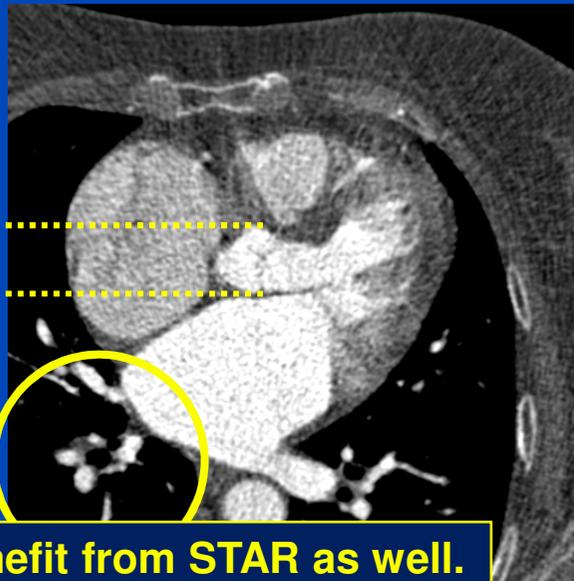
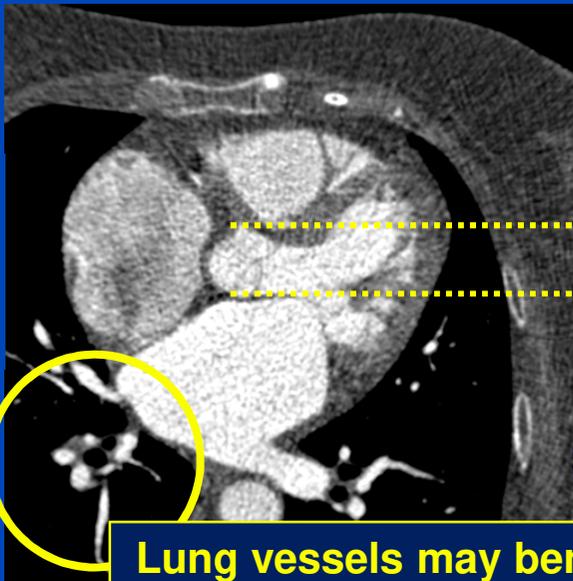
Upper stack slice

Difference: Upper - Lower

WFBP



STAR



Lung vessels may benefit from STAR as well.

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Case C

$\sigma = 7.5 \text{ mm}$
FWHM = 17.5 mm

$C = 200 \text{ HU}$, $W = 1000 \text{ HU}$ dkfz.

Conclusions

- STAR is able to considerably improve image quality.
- Some stack transition artifacts may or shall remain:
 - Registration may fail locally if structures are not present in both stacks.
 - Registration shall fail partially if the deformation would require a non-smooth or unrealistic DVF.
- While the smoothness requirement may limit the registration performance, it ensures a “safe” deformation of the volumes.



Thank You!



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Conference Chair: **Marc Kachelrieß**, German Cancer Research Center (DKFZ), Heidelberg, Germany

This presentation will soon be available at www.dkfz.de/ct.
Job opportunities through DKFZ's international Fellowship programs (marc.kachelriess@dkfz.de).
Parts of the reconstruction software were provided by RayConStruct® GmbH, Nürnberg, Germany.