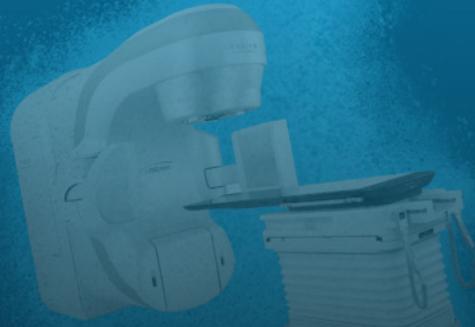


# Deep Image Formation Algorithms for CT and CBCT



**Marc Kachelrieß**

**German Cancer Research Center (DKFZ)**

**Heidelberg, Germany**

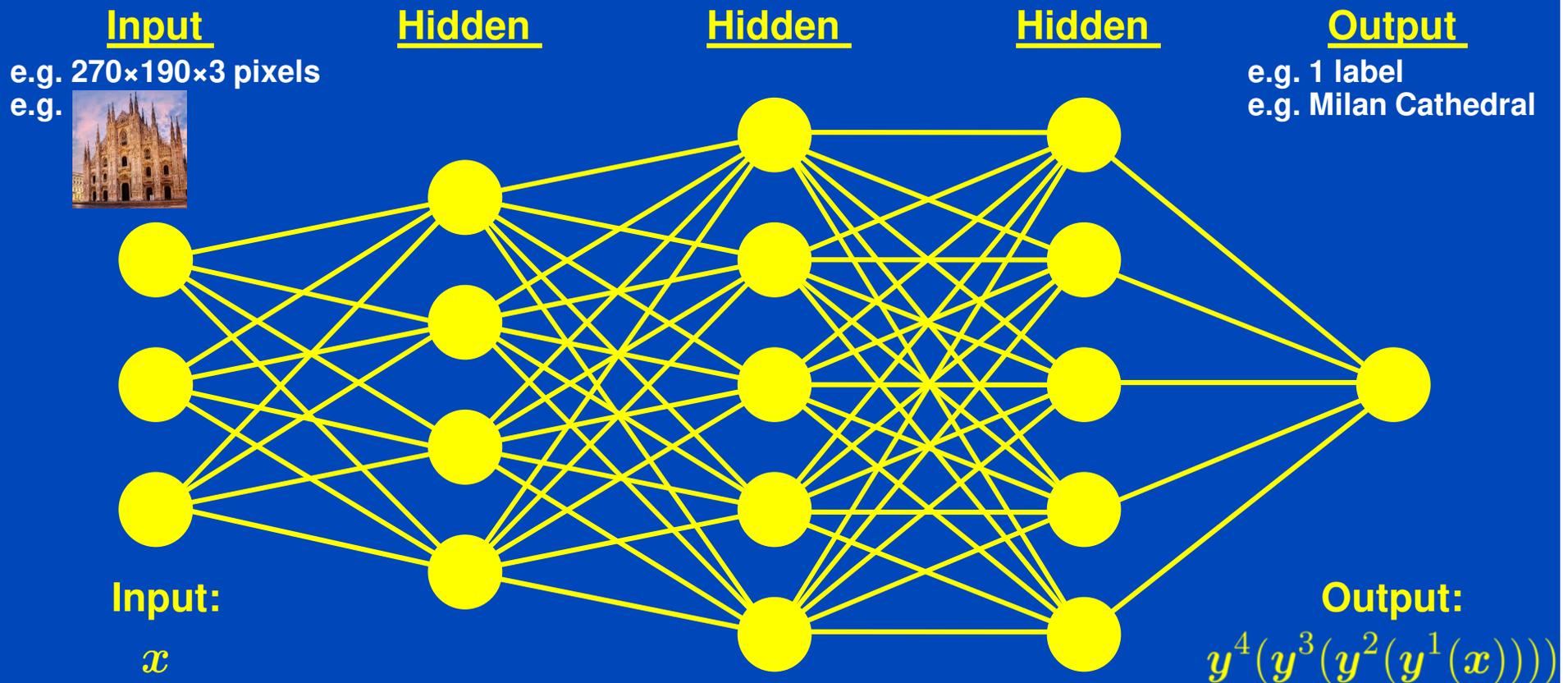
**[www.dkfz.de/ct](http://www.dkfz.de/ct)**



**DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT**

# Fully Connected Neural Network

- Each layer fully connects to previous layer
- Difficult to train (many parameters in  $W$  and  $b$ )
- Spatial relations not necessarily preserved



$y(x) = f(W \cdot x + b)$  with  $f(x) = (f(x_1), f(x_2), \dots)$  point-wise scalar, e.g.  $f(x) = x \vee 0 = \text{ReLU}$

# Convolutional Neural Network (CNN)

- Replace dense  $W$  in  $y(x) = f(W \cdot x + b)$  by a sparse matrix  $W$  with sparsity being of convolutional type.
- CNNs consist (mainly) of convolutional layers.
- Convolutional layers are not fully connected.
- Convolutional layers are connected by small, say  $3 \times 3$ , convolution kernels whose entries need to be found by training.
- CNNs preserve spatial relations to some extent.

Src  
 $512 \times 512 \times F$

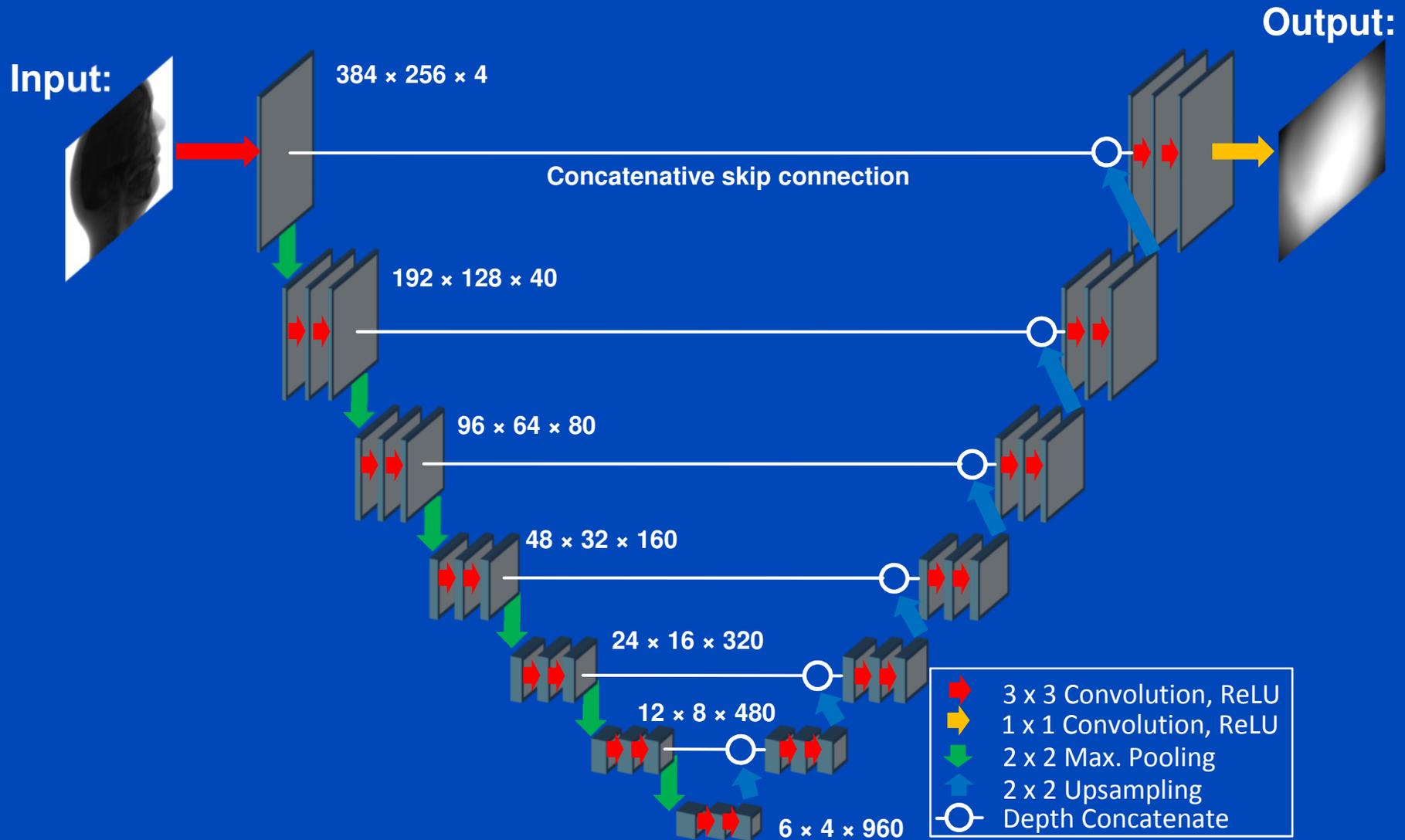
Dst  
 $512 \times 512 \times G$



$$D_{i,j,g} = \sum_f S_{i,j,f} * K_{i,j,f}^g = \sum_{a,b,f} S_{i-a,j-b,f} K_{a,b,f}^g$$

**Attention: No convolution in depth direction!**

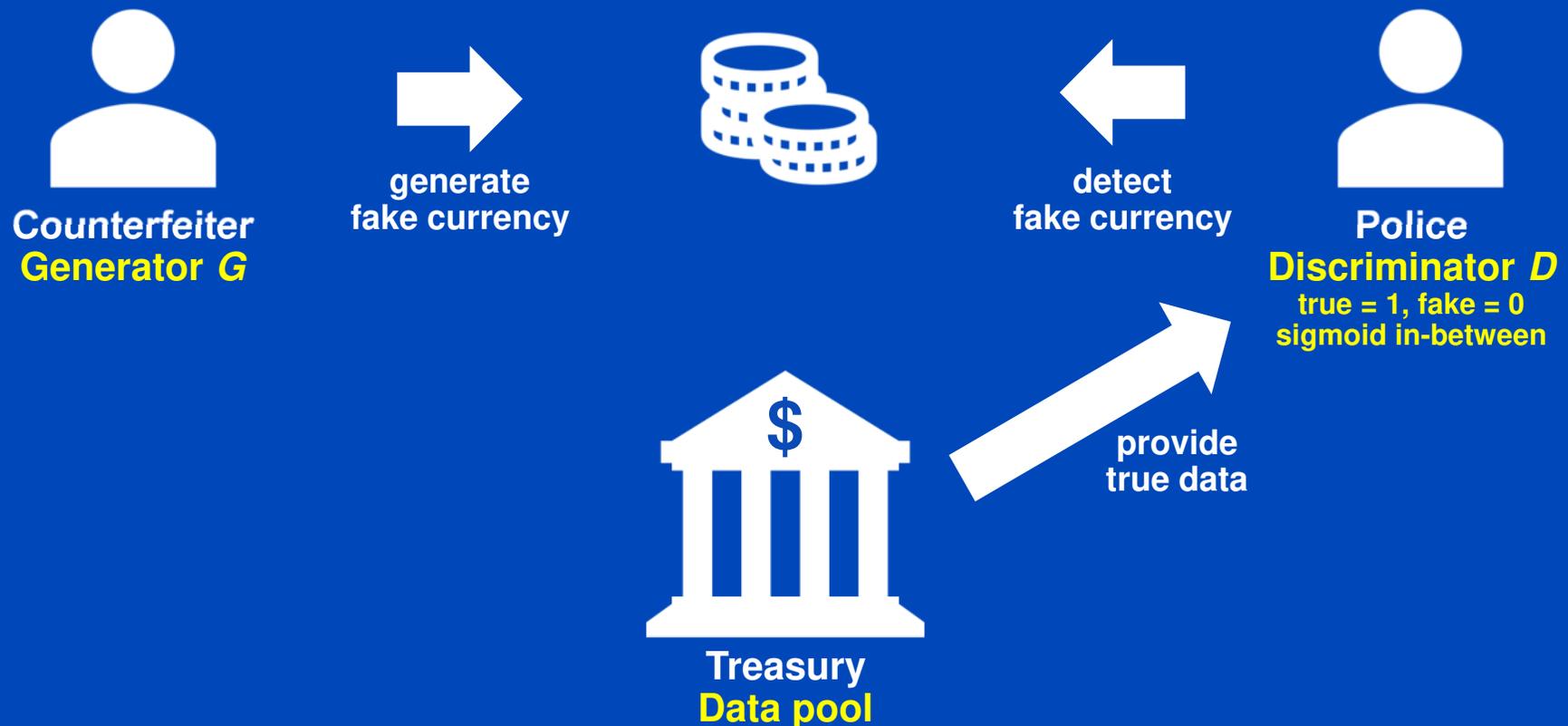
# U-Net<sup>1</sup>



<sup>1</sup>O. Ronneberger, P. Fischer, and T. Brox. U-net: Convolutional networks for biomedical image segmentation. Proc. MICCAI:234-241, 2015.

# Generative Adversarial Network<sup>1</sup> (GAN)

- Useful, if no direct ground truth (GT) is available, the training data are unpaired, unsupervised learning



<sup>1</sup>Goodfellow et al. 2014

# Generative Adversarial Network (GAN)

- Typical loss function and minimax game:

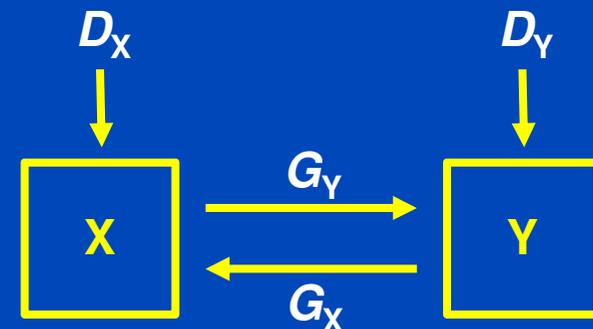
$$\min_G \max_D L(D, G) := E_x \ln (1 - D(G(x))) + E_y \ln D(y)$$

- Conditional GAN<sup>1</sup>

- Conditional GANs sample the generator input  $x$  not from a uniform distribution but from a conditional distribution, e.g. noisy CT images.
- Need some measure to ensure similarity to input distribution (e.g. pixelwise loss added to the minimax loss function)

- Cycle GAN<sup>2</sup>

- Two GANs ( $X \rightarrow Y$  and  $Y \rightarrow X$ )
- Demand cyclic consistency, i.e.  $x = G_X(G_Y(x))$  and  $y = G_Y(G_X(y))$



<sup>1</sup>Isola et al. 2017

<sup>2</sup>Zhu et al., 2017

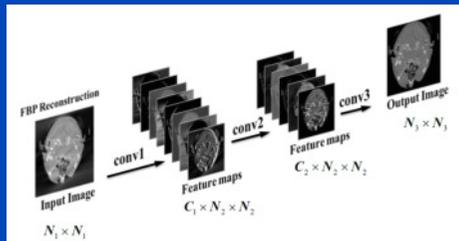
# Outline

1. Making up data
2. Noise removal
3. Replacement of lengthy computations
4. Image reconstruction

# Part 1:

## Making up Data

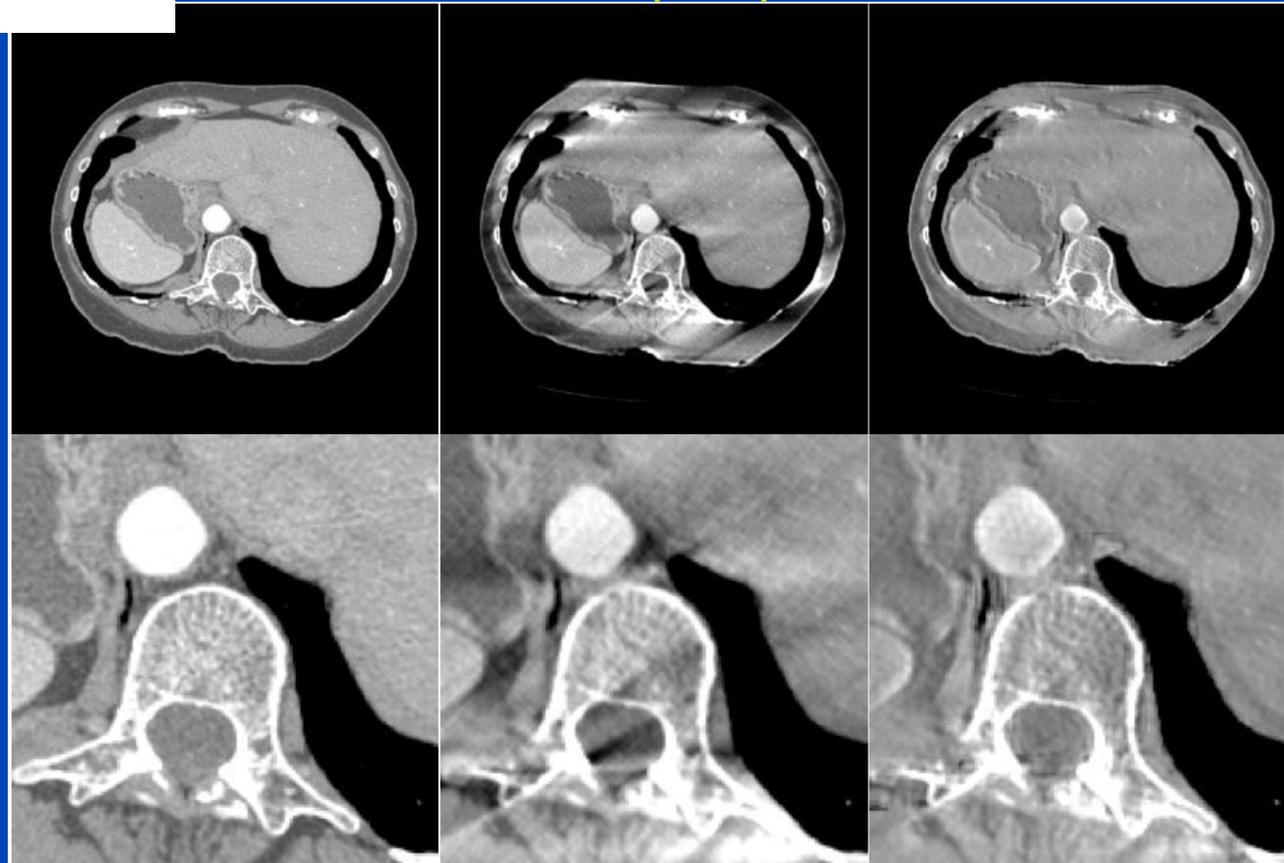
# Limited Angle Example



**GT**

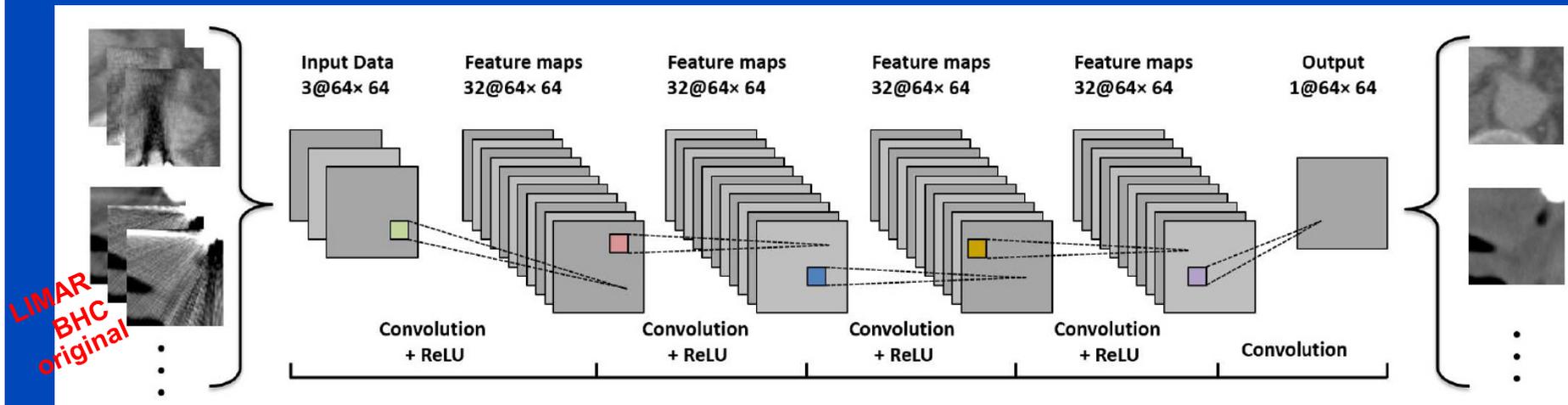
**FBP (150°)**

**CNN**

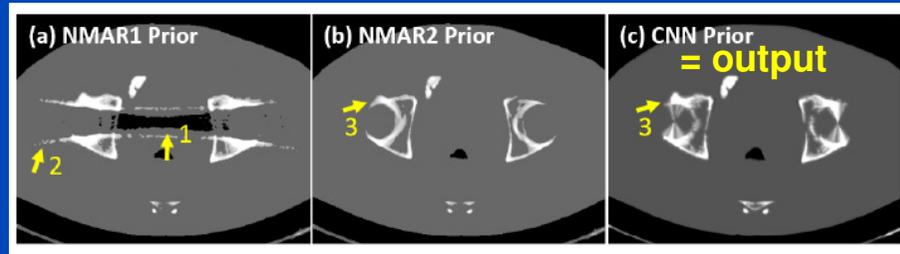
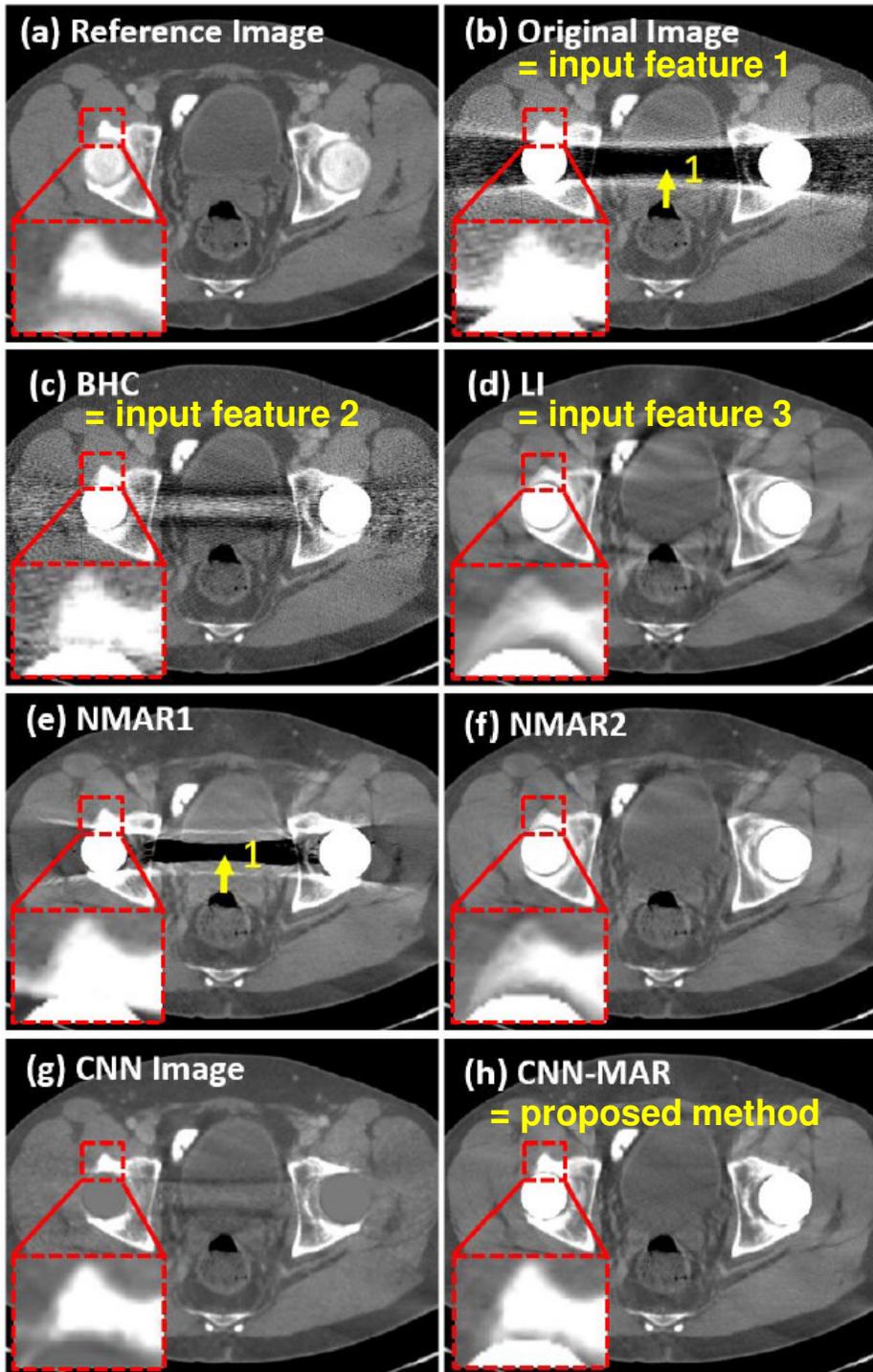


# MAR Example

- Deep CNN-driven patch-based combination of the advantages of several MAR methods trained on simulated artifacts



- followed by segmentation into tissue classes
- followed by forward projection of the CNN prior and replacement of metal areas of the original sinogram
- followed by reconstruction



# Resolution Improvement Example

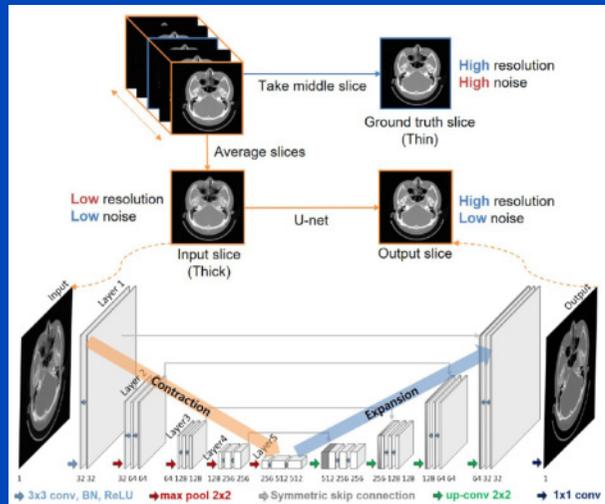
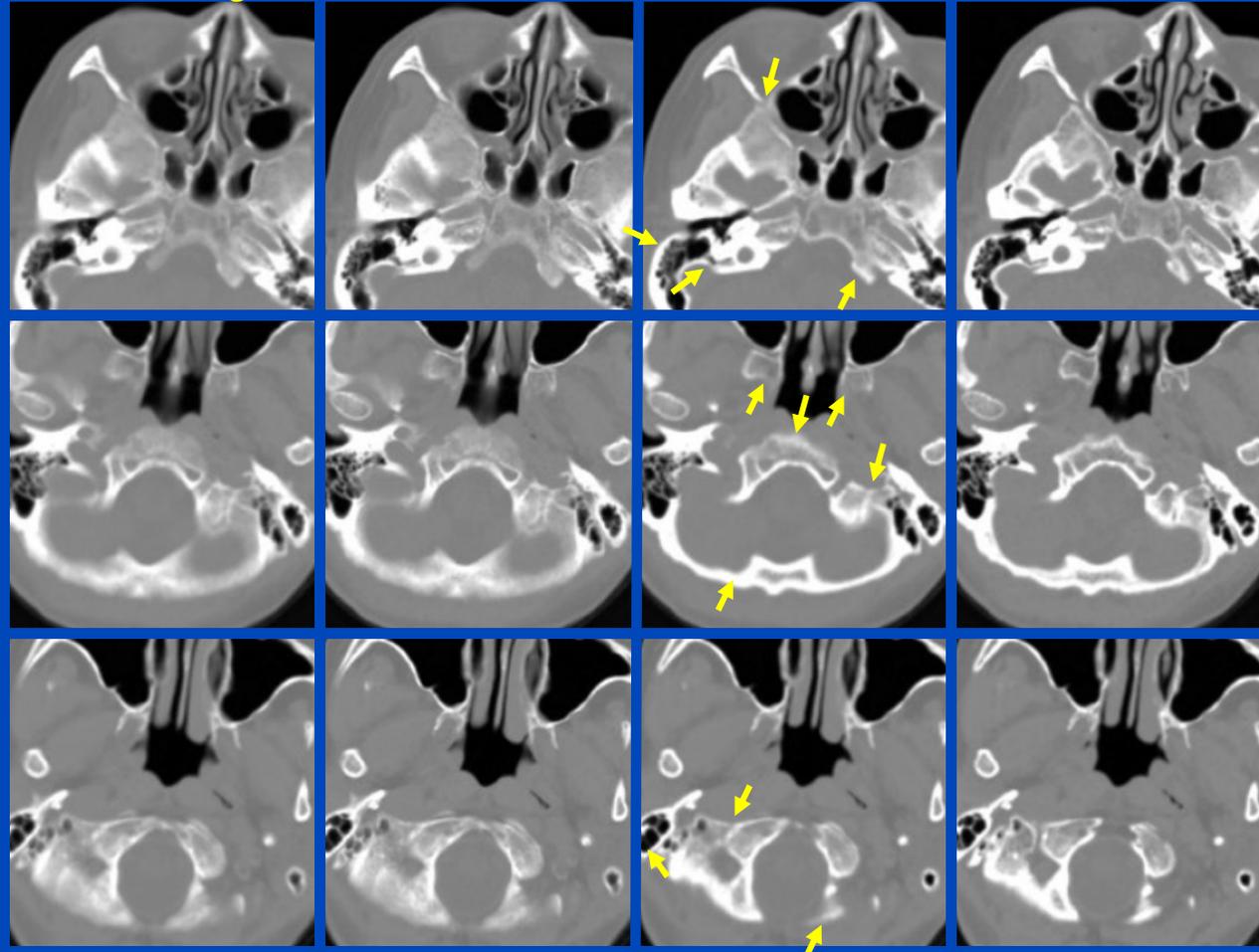
- 2D U-net to converts 5 mm thick images into 1 mm ones.
- E.g. to “replace a scanning protocol for a 1 mm slice with a 5 mm protocol”

5 mm image

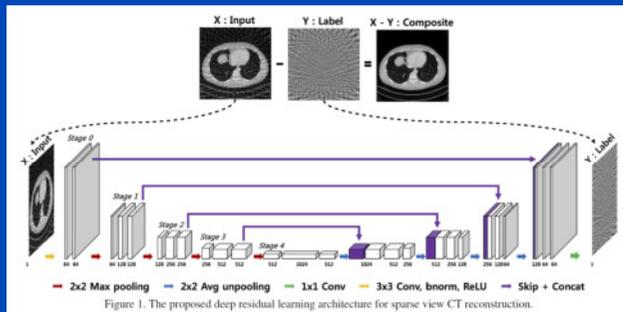
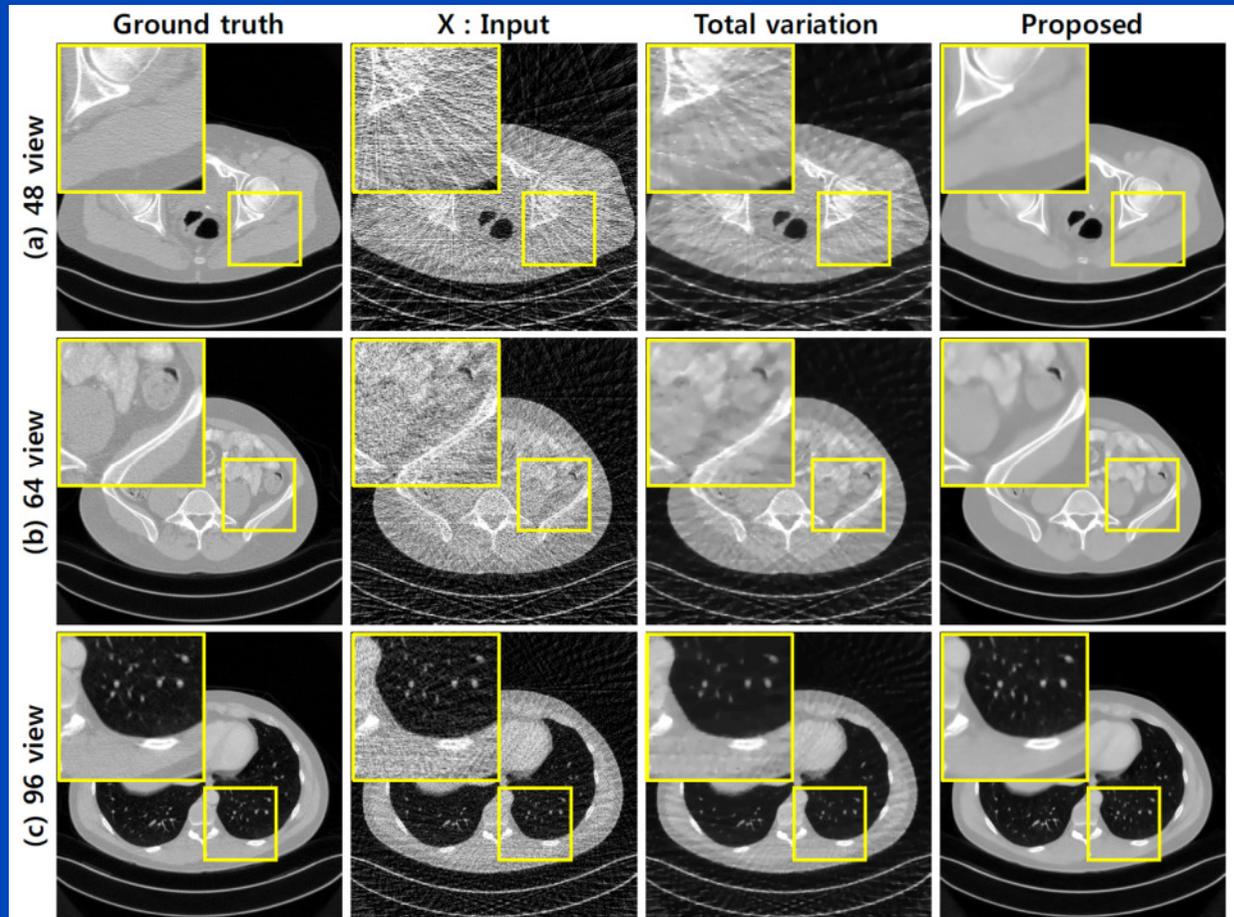
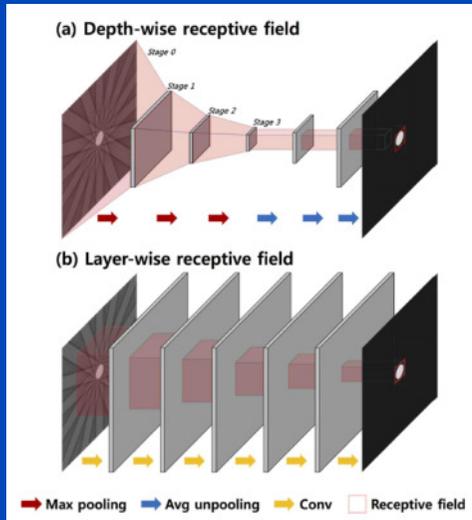
RL deconv.

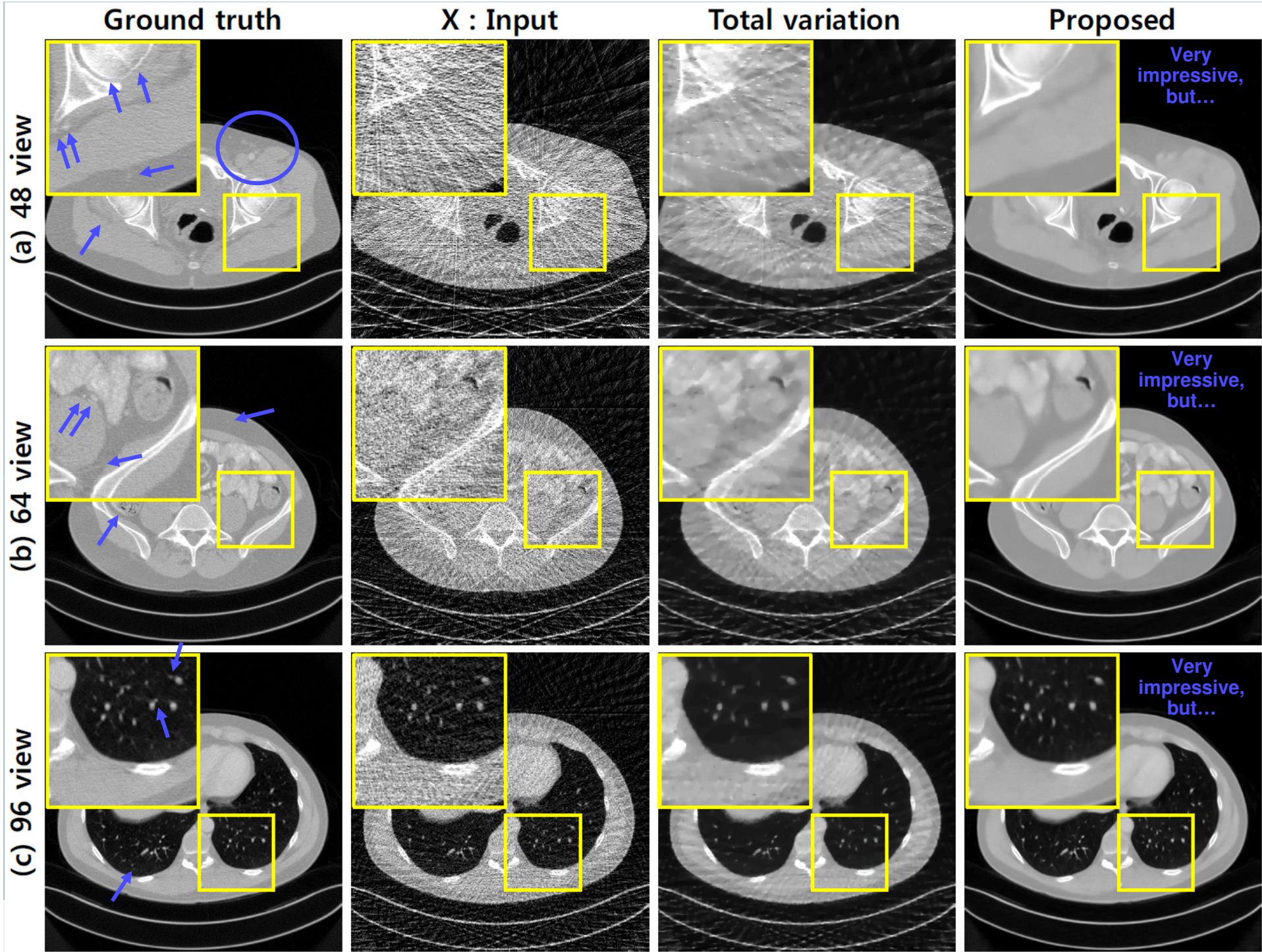
U-net

1 mm GT

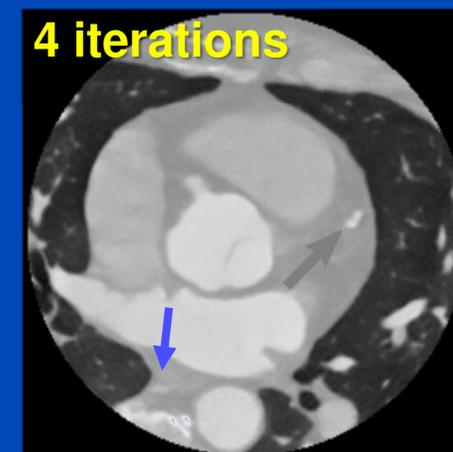
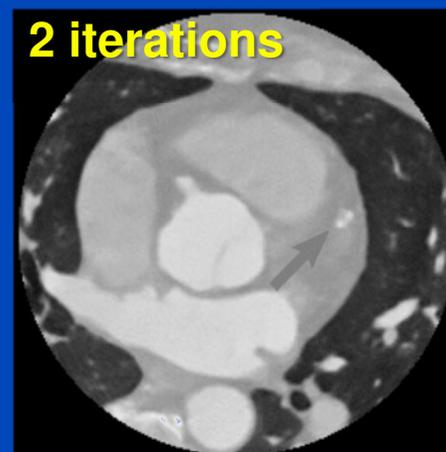
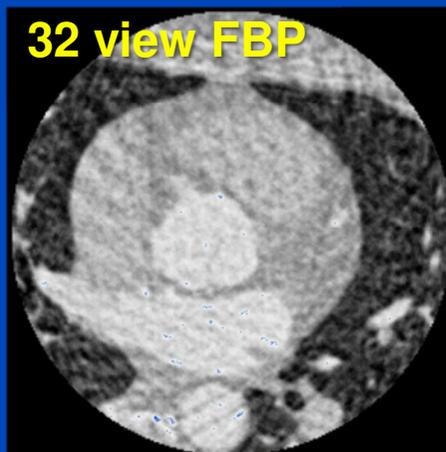
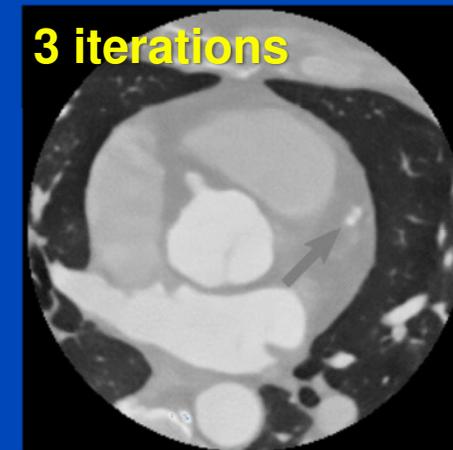
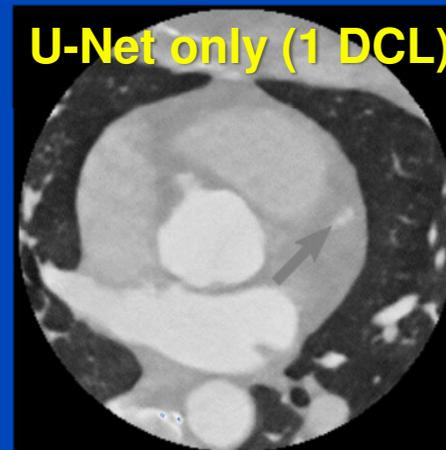
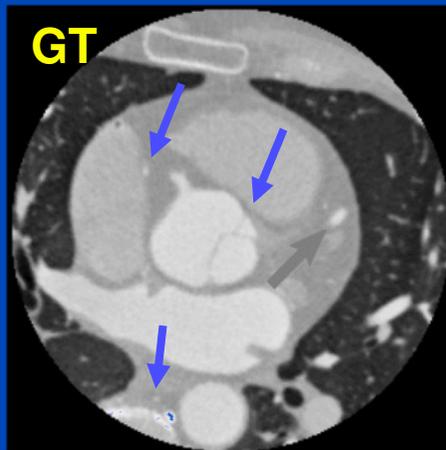
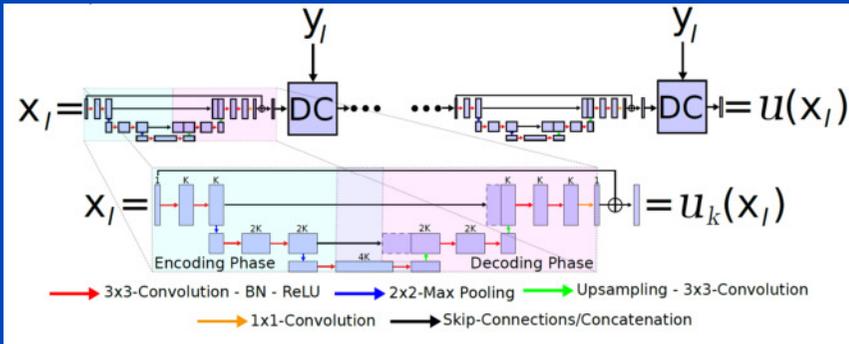


# Sparse View Restoration Example





# Sparse CT Recon with Data Consistency Layers (DCLs)



# Part 2:

# Noise Removal

# Noise Removal Example 1

- 3-layer CNN uses low dose and corresponding normal dose image patches for training

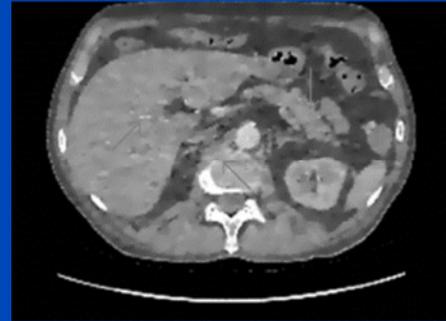
Normal dose



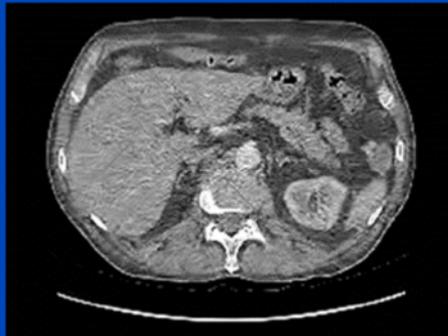
Low dose



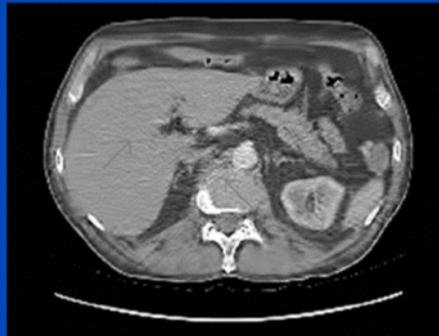
ASD-POCS



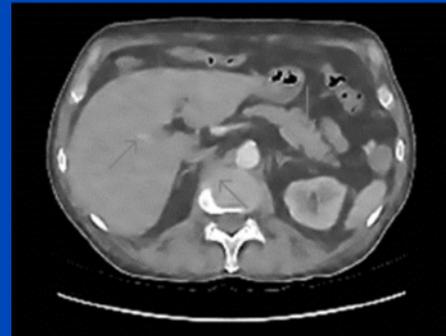
KSVD



BM3D

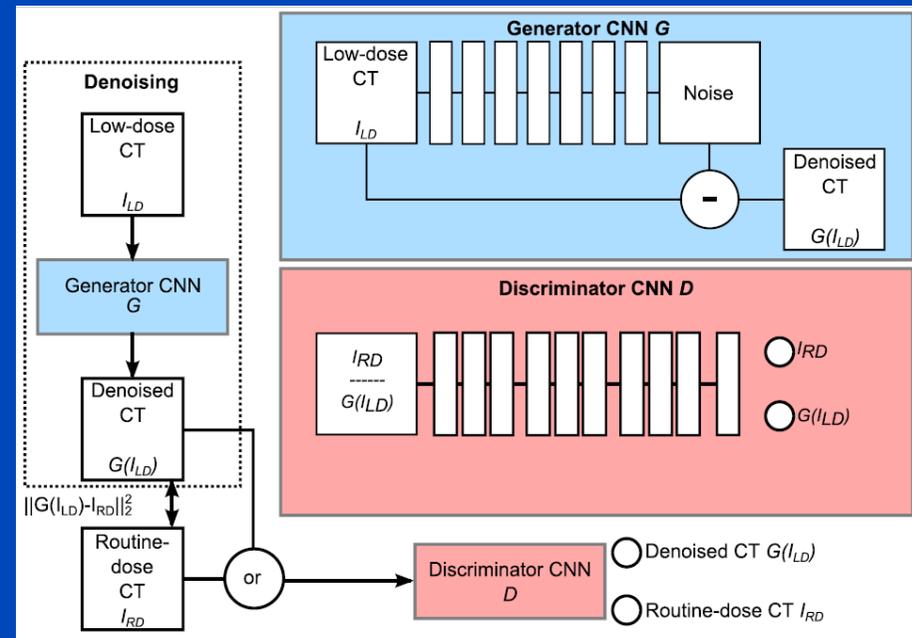


3-Layer CNN



# Noise Removal Example 2

- Task: Reduce noise from low dose CT images.
- A conditional generative adversarial networks (GAN) is used
- Generator  $G$ :
  - 3D CNN that operates on small cardiac CT sub volumes
  - Seven  $3 \times 3 \times 3$  convolutional layers yielding a receptive field of  $15 \times 15 \times 15$  voxels for each destination voxel
  - Depths (features) from 32 to 128
  - Batch norm only in the hidden layers
  - Subtracting skip connection
- Discriminator  $D$ :
  - Sees either routine dose image or a generator-denoised low dose image
  - Two  $3 \times 3 \times 3$  layers followed by several  $3 \times 3$  layers with varying strides
  - Feedback from  $D$  prevents smoothing.
- Training:
  - Unenhanced (why?) patient data acquired with Philips Briliance iCT 256 at 120 kV.
  - Two scans (why?) per patient, one with 0.2 mSv and one with 0.9 mSv effective dose.

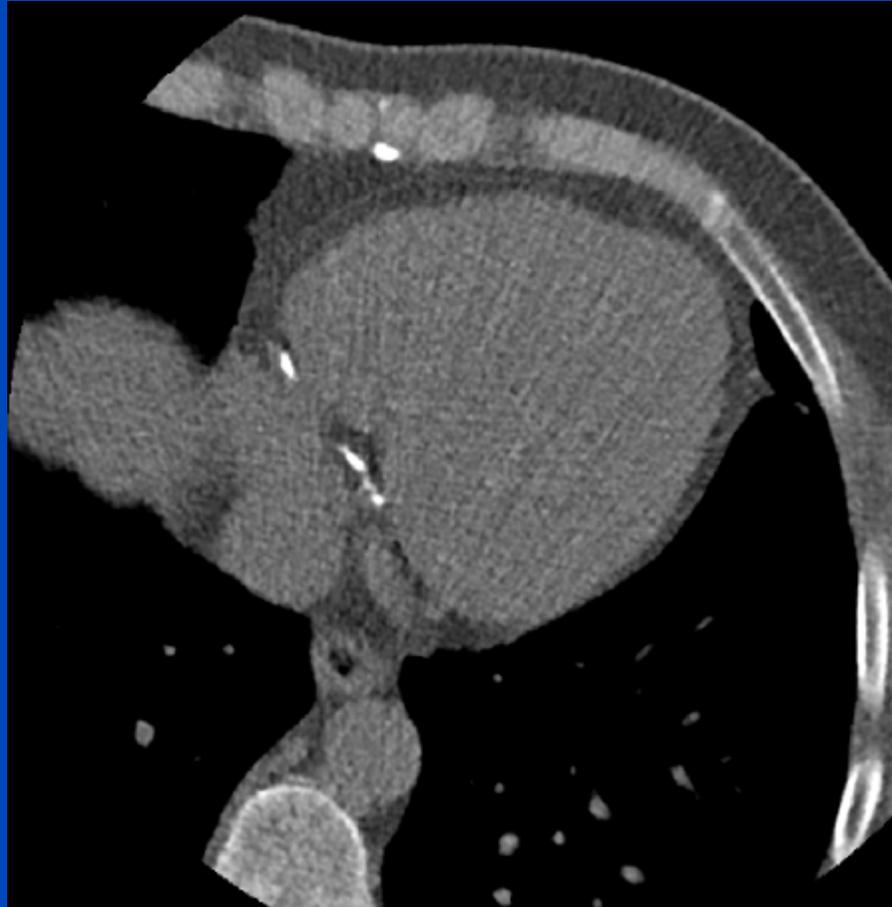


# Noise Removal Example 2



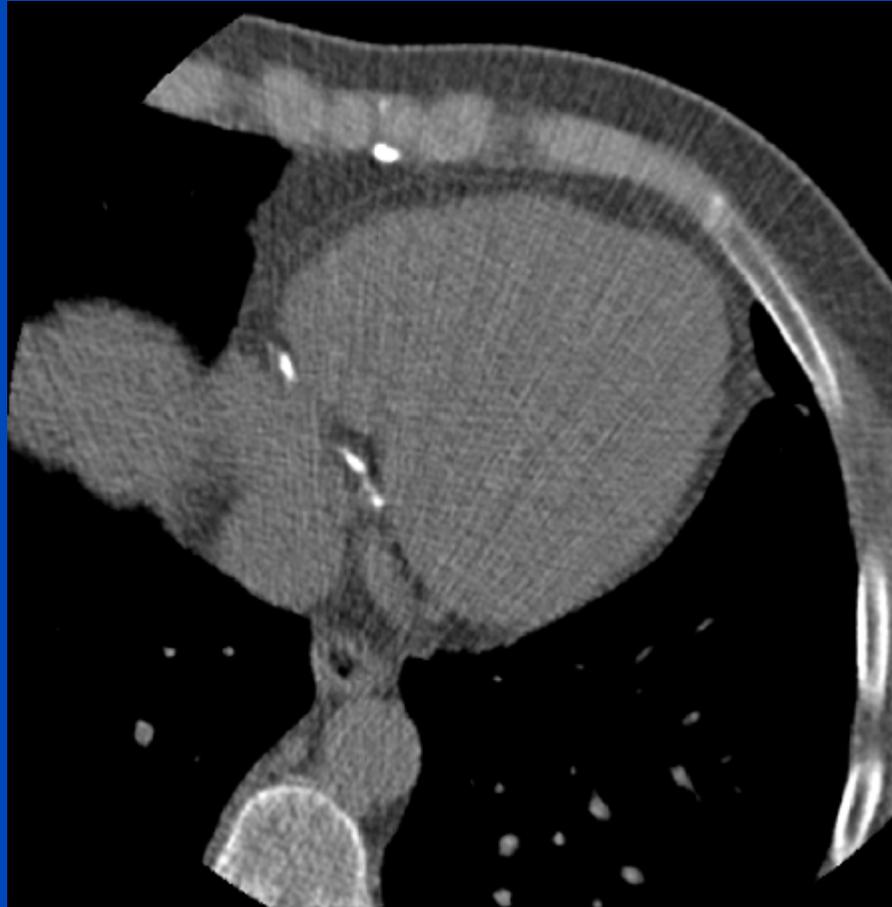
Low dose image (0.2 mSv)

# Noise Removal Example 2



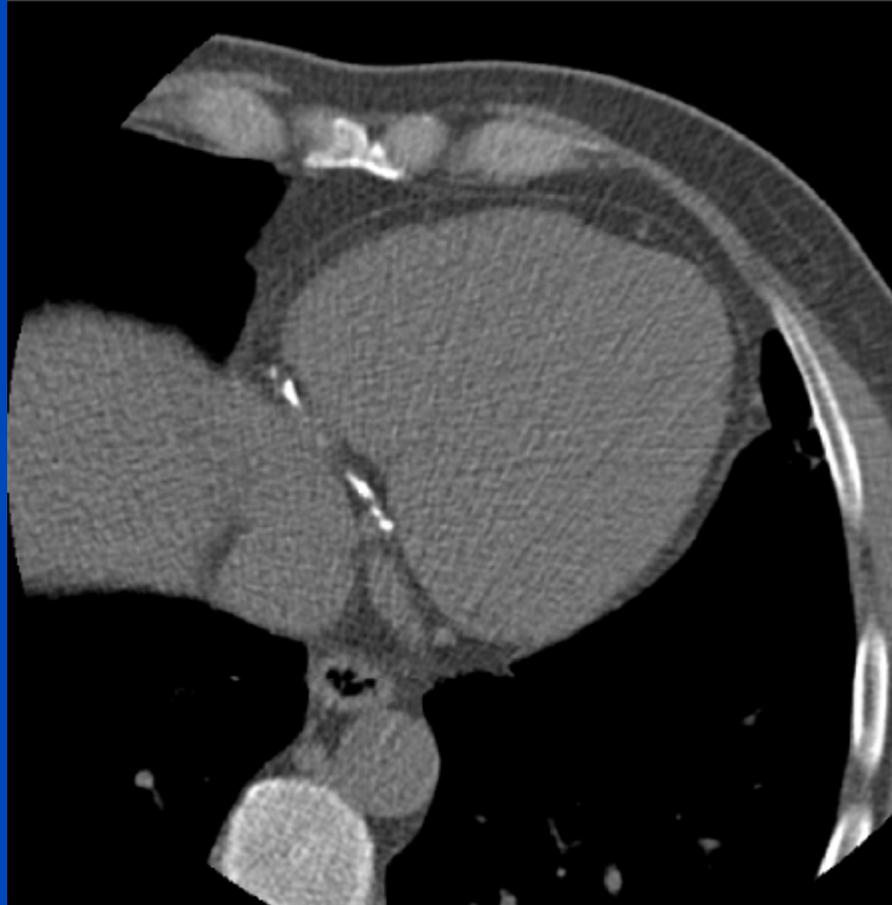
iDose level 3 reconstruction (0.2 mSv)

# Noise Removal Example 2



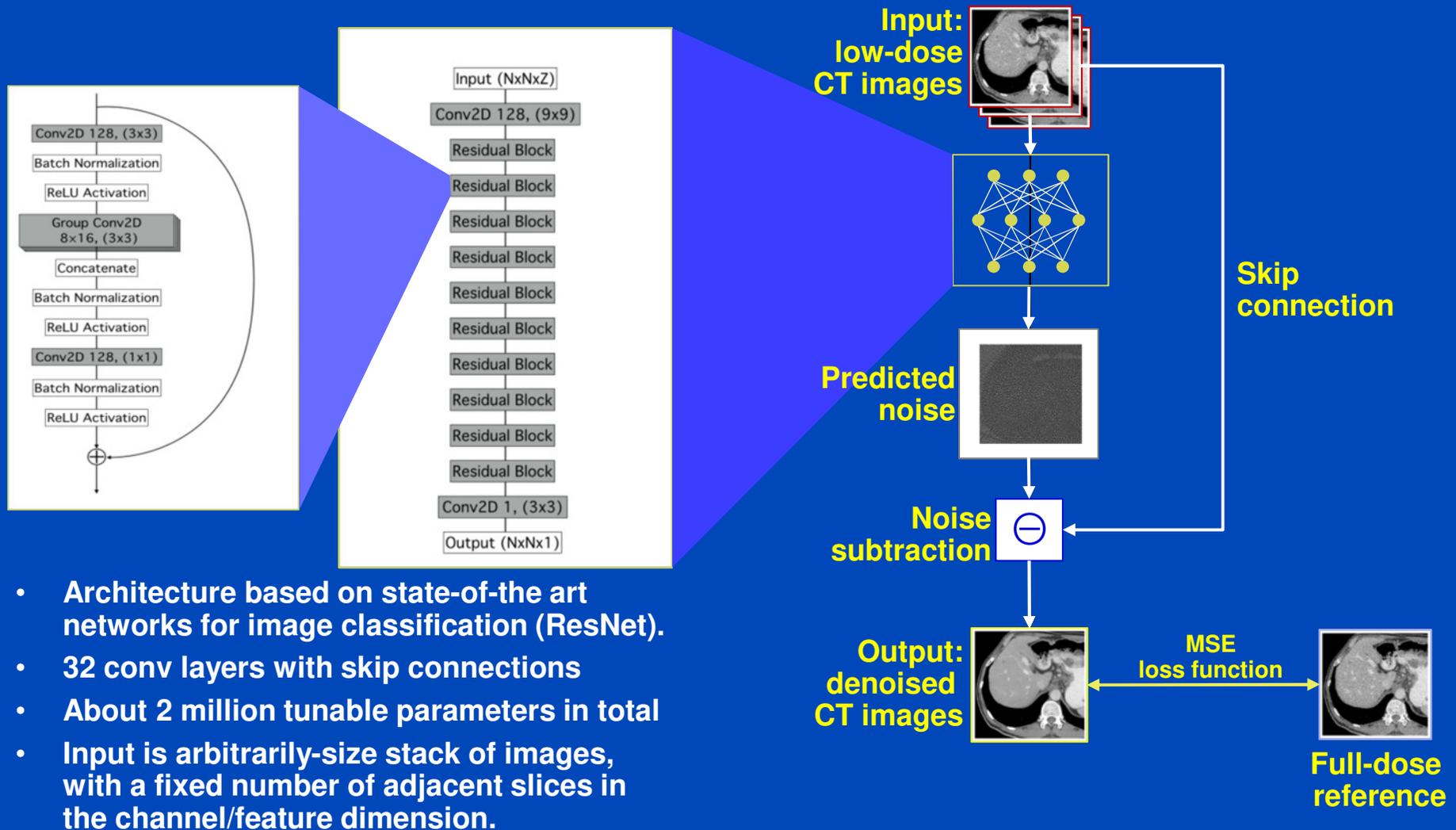
**Denoised low dose image (0.2 mSv)**

# Noise Removal Example 2



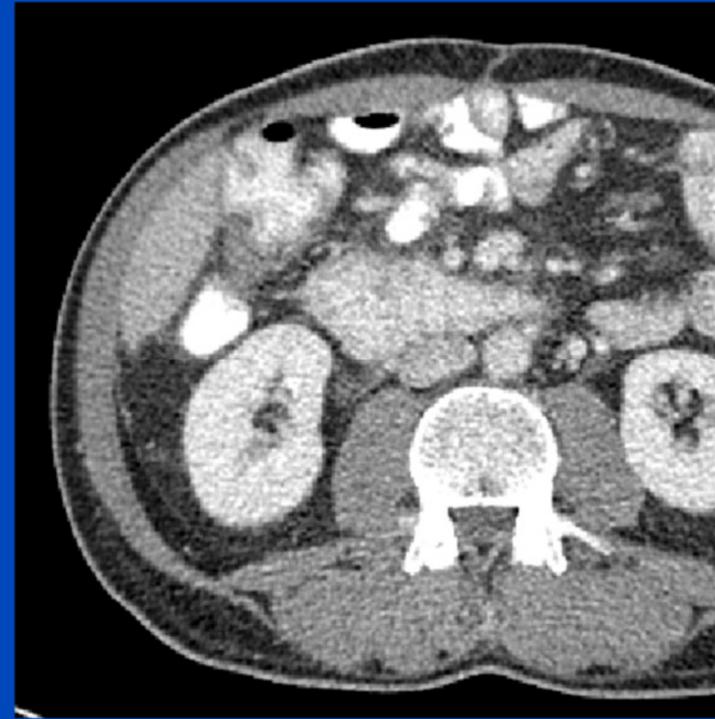
Normal dose image (0.9 mSv)

# Noise Removal Example 3



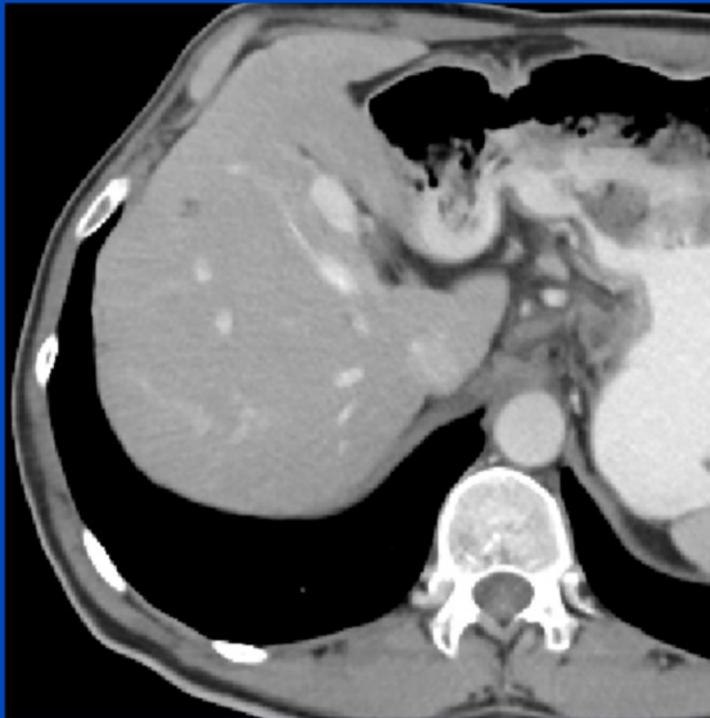
- Architecture based on state-of-the-art networks for image classification (ResNet).
- 32 conv layers with skip connections
- About 2 million tunable parameters in total
- Input is arbitrarily-size stack of images, with a fixed number of adjacent slices in the channel/feature dimension.

# Noise Removal Example 3



Low dose images (1/4 of full dose)

# Noise Removal Example 3



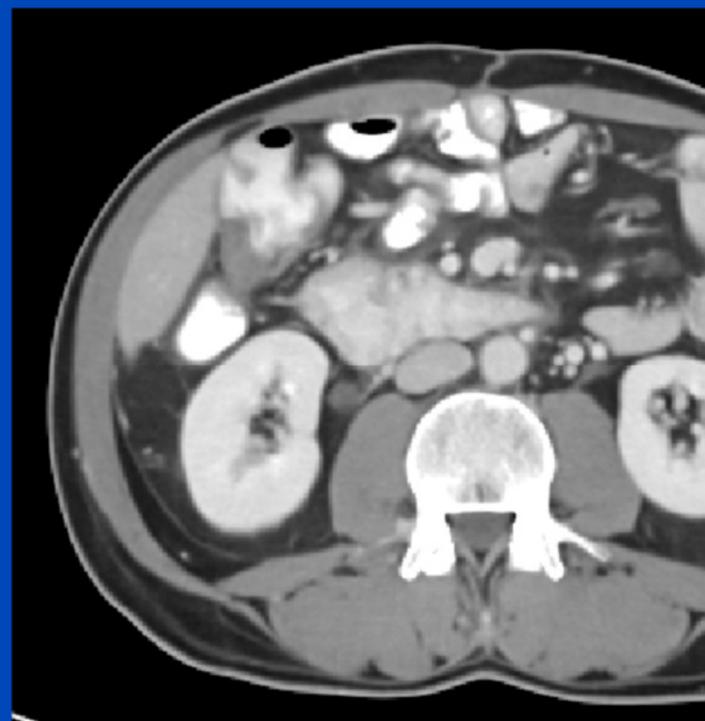
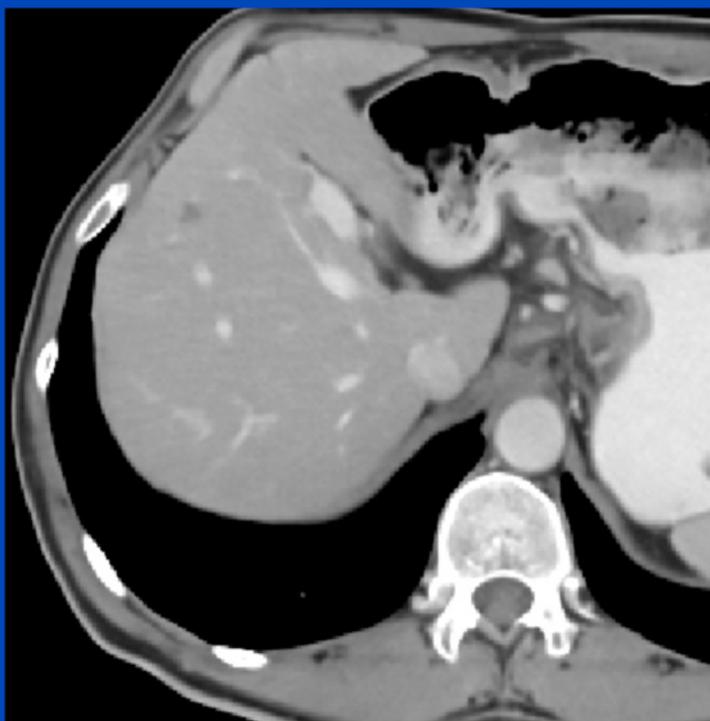
**Denoised low dose**

# Noise Removal Example 3



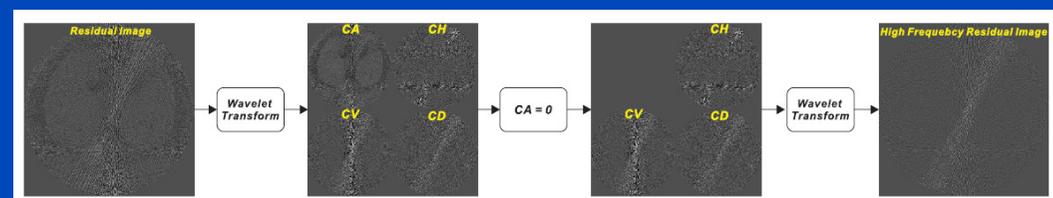
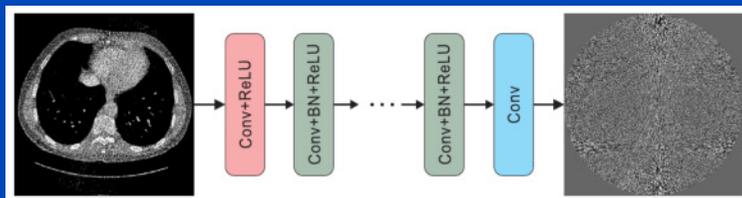
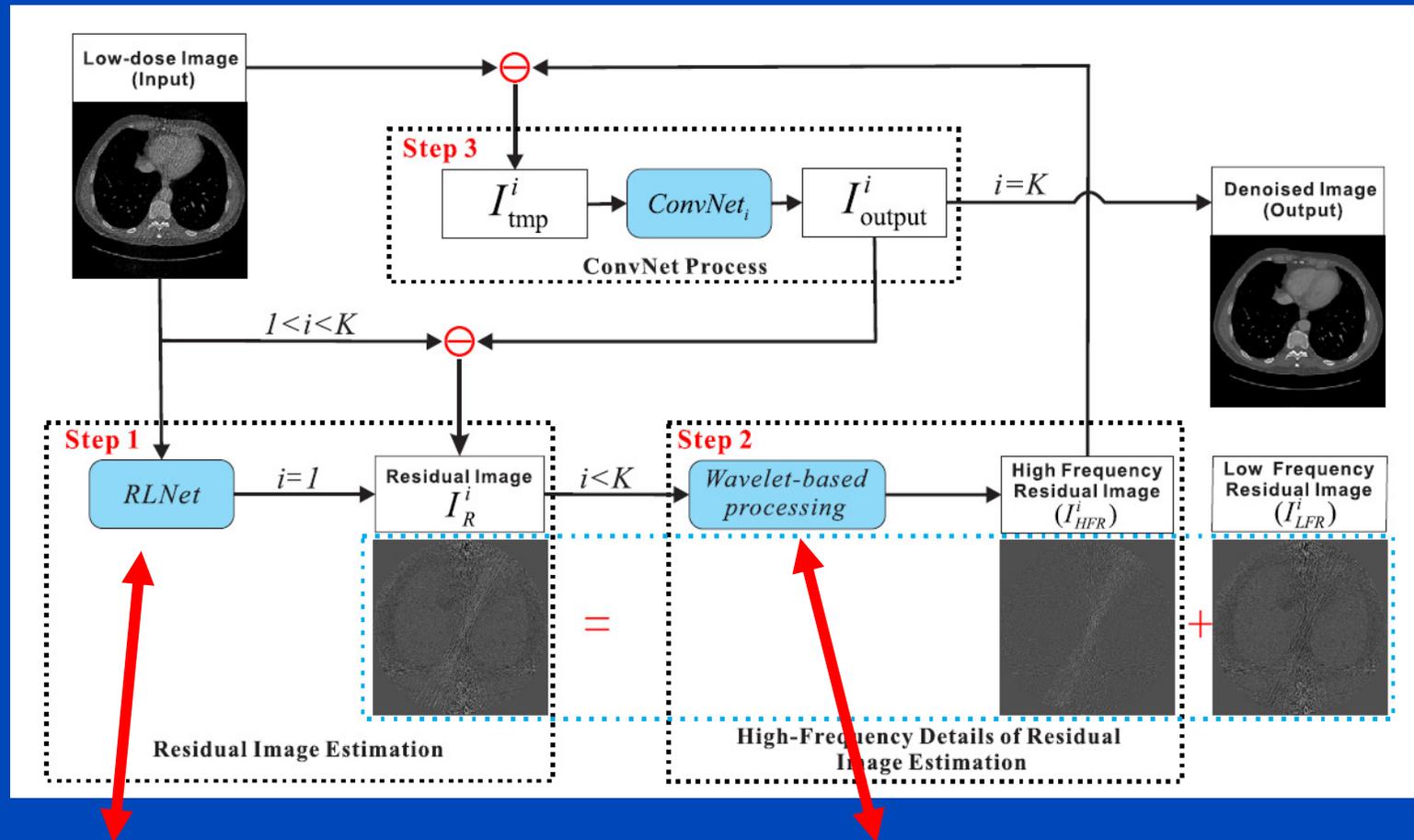
Full dose

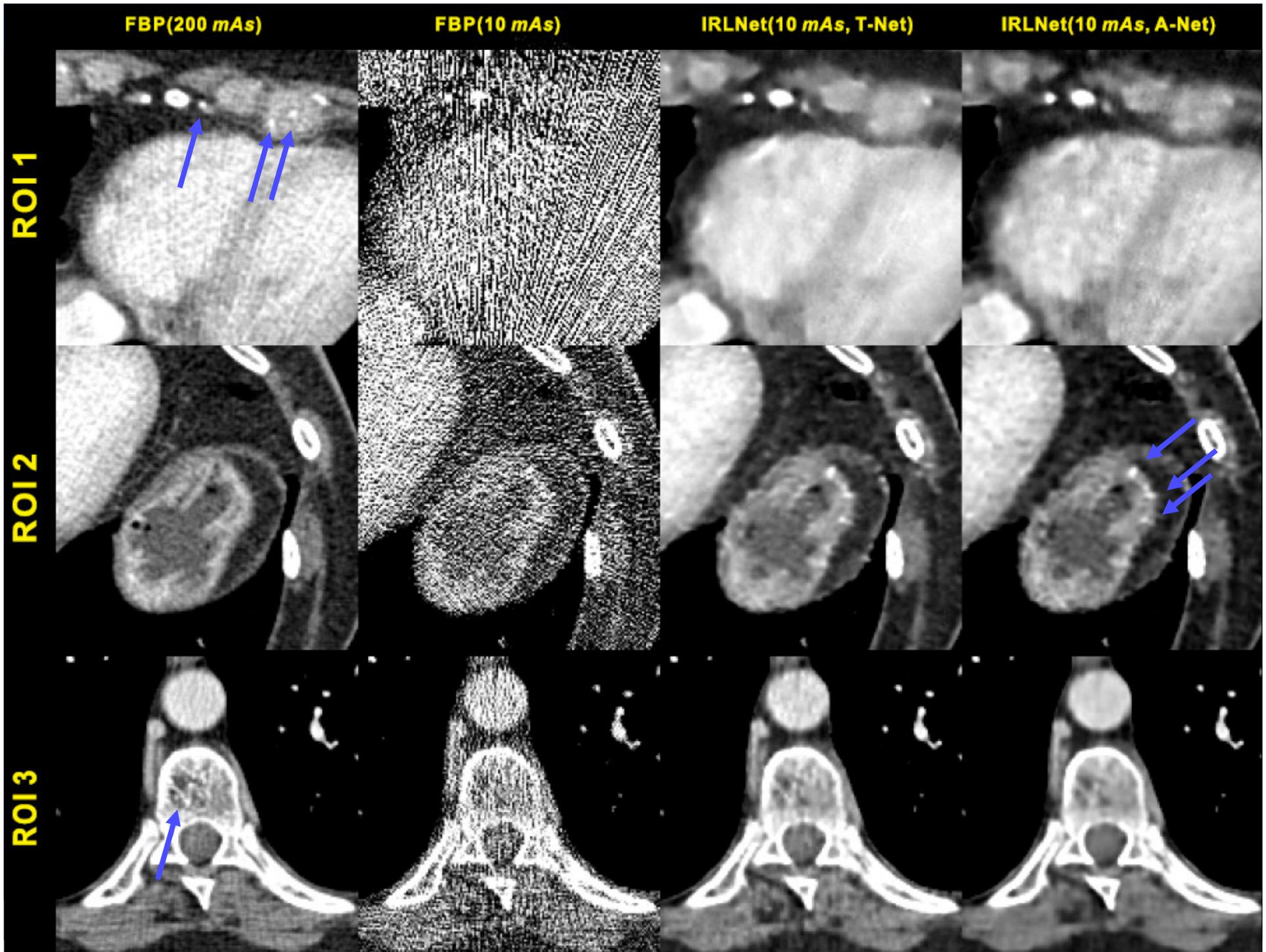
# Noise Removal Example 3



**Denoised full dose**

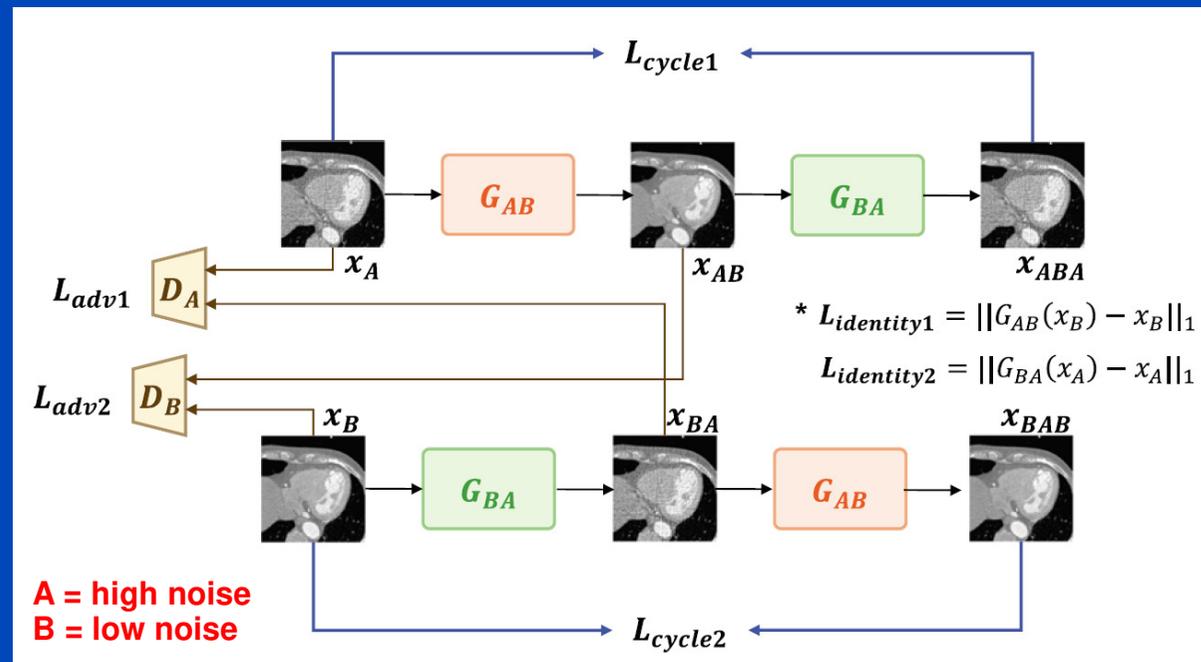
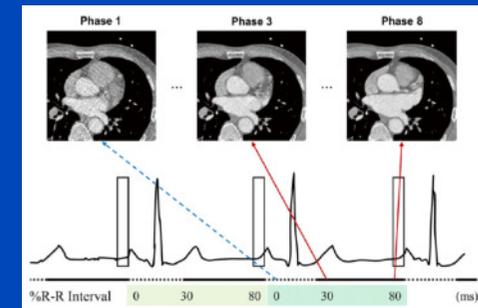
# Noise Removal Example 4





# Noise Removal Example 5

- ECG-based TCM yields cardiac phases with high noise.
- Train a cycle GAN that learns from the low noise phases to remove noise in the high noise phases.
- 50 patient cases used for training.
- Nice results!



Input: Phase 1

Result

Target: Phase 8

Input - Result



Input: Phase 1

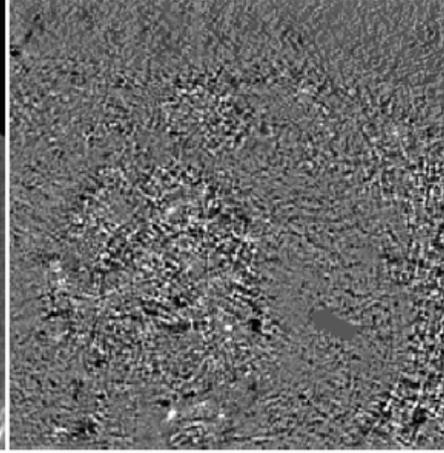
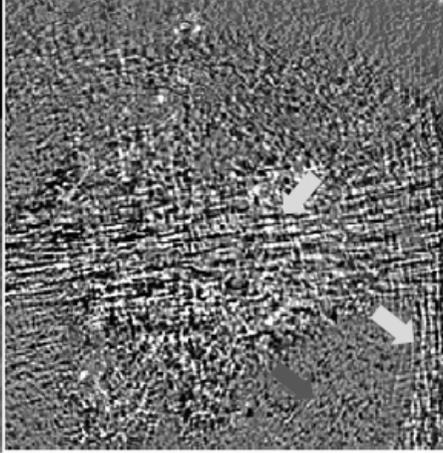
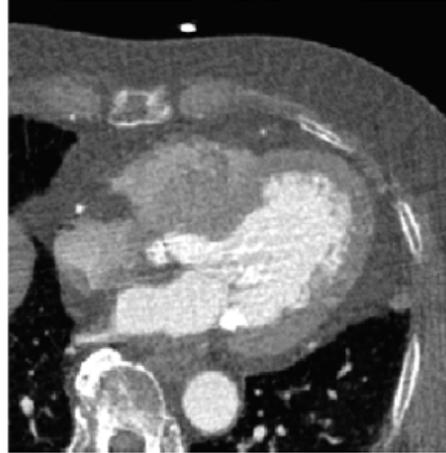
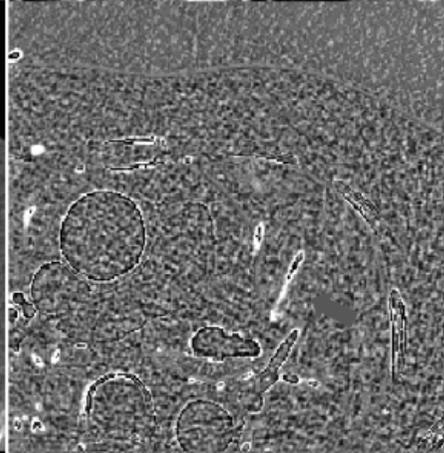
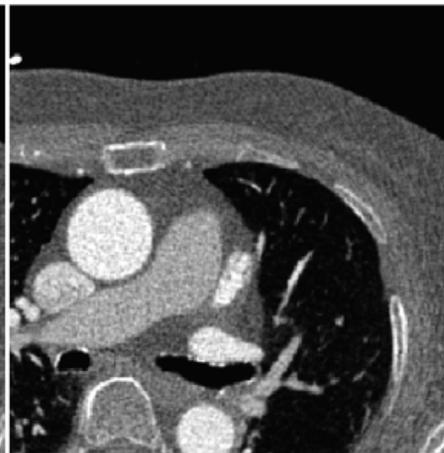
Target: Phase 8

Input: Phase 1

Target: Phase 8

ADMIRE

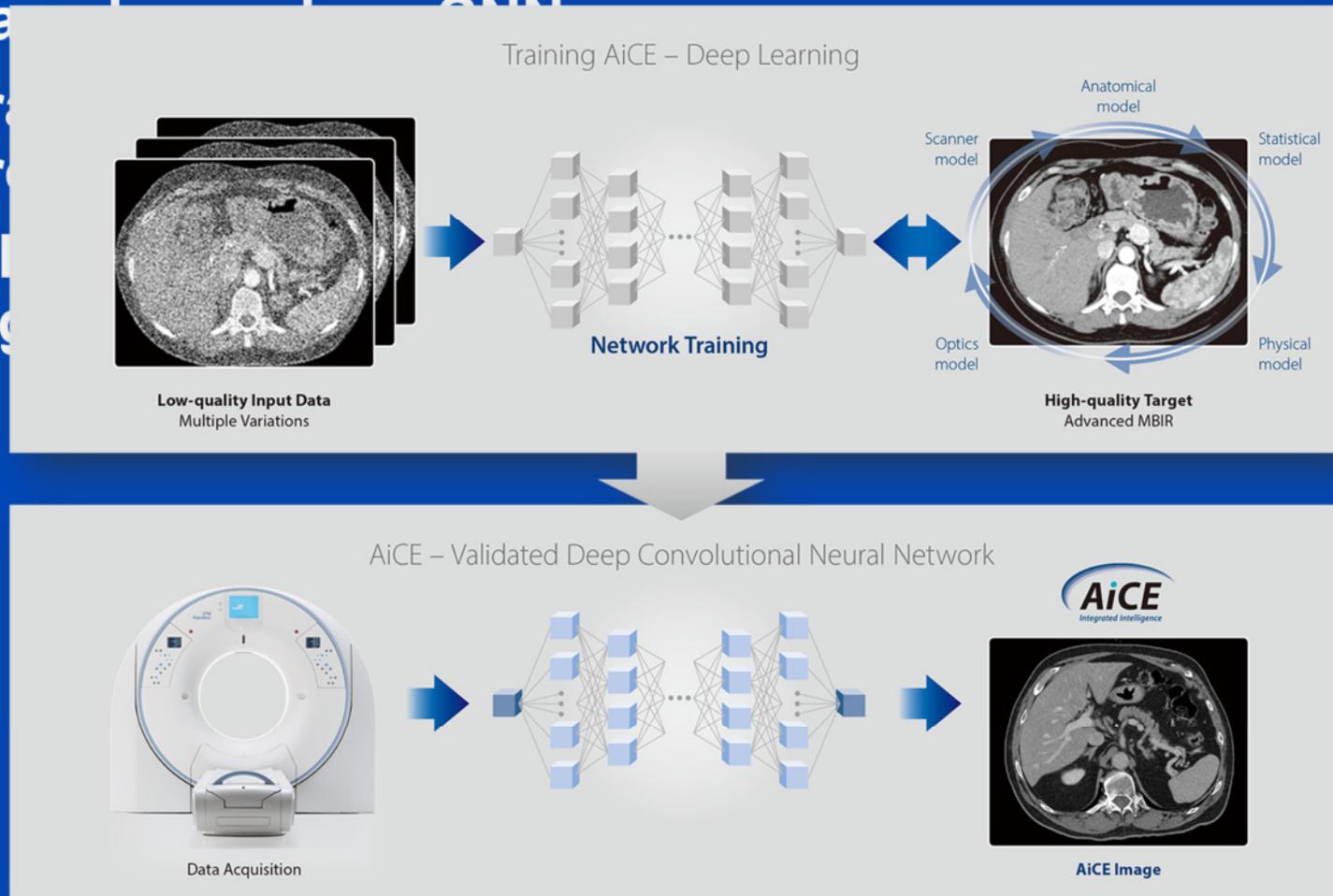
Proposed

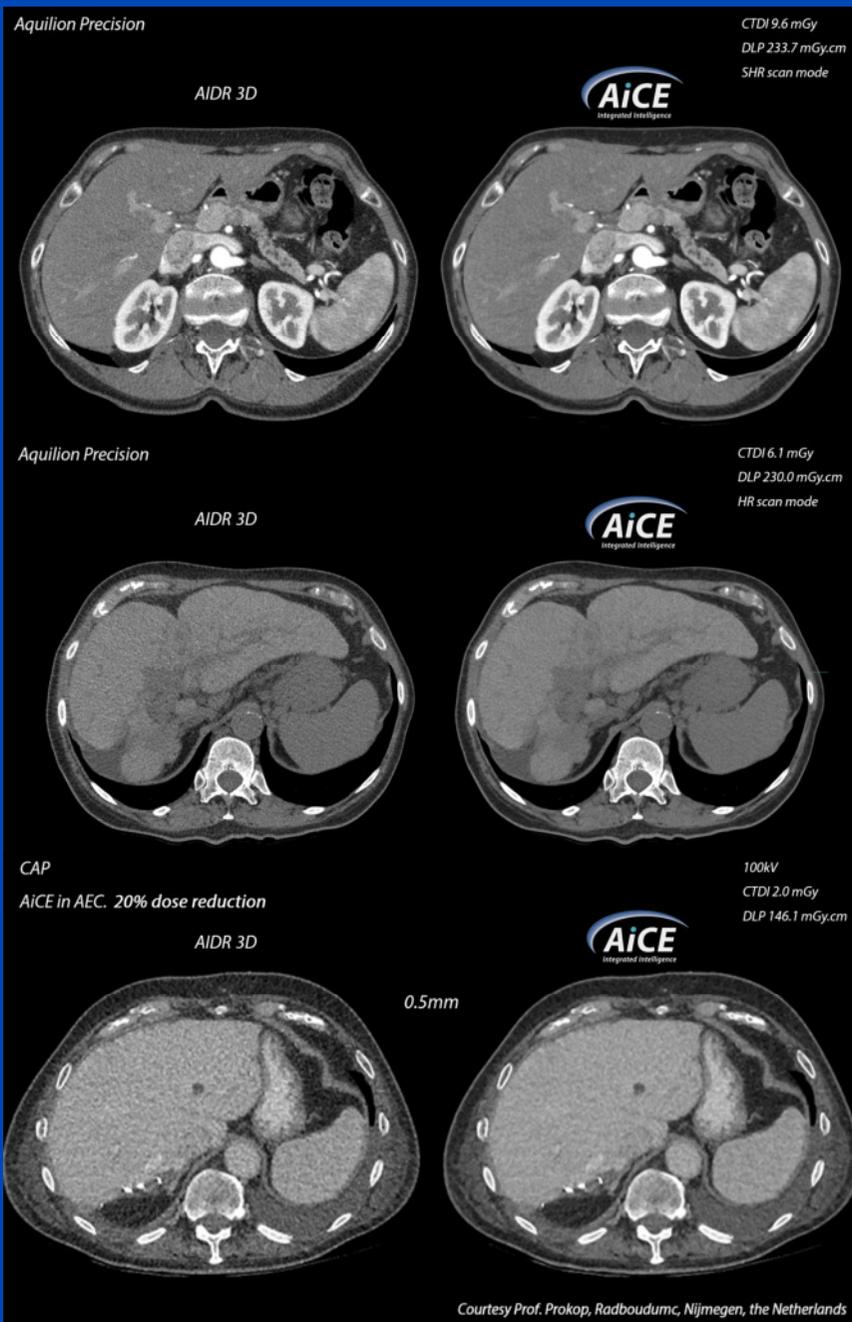


# Noise Removal Example 6

## Canon's AiCE

- Based on a Deep Convolutional Neural Network (CNN)
- Trained on a large dataset of low-quality and high-quality CT scans
- Filters out noise and artifacts while preserving anatomical details





**MK1**

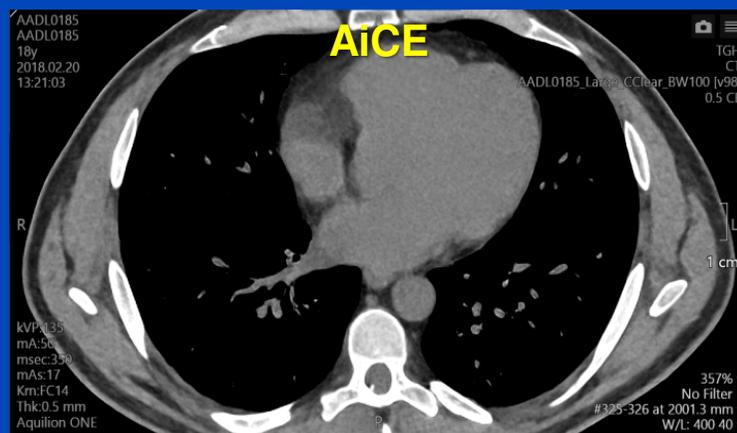
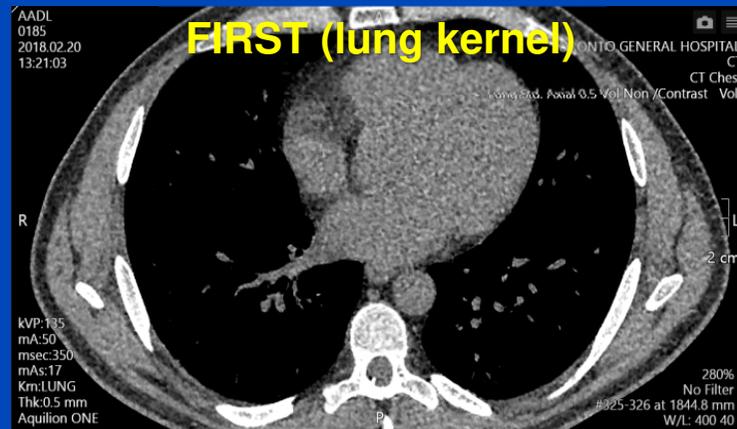
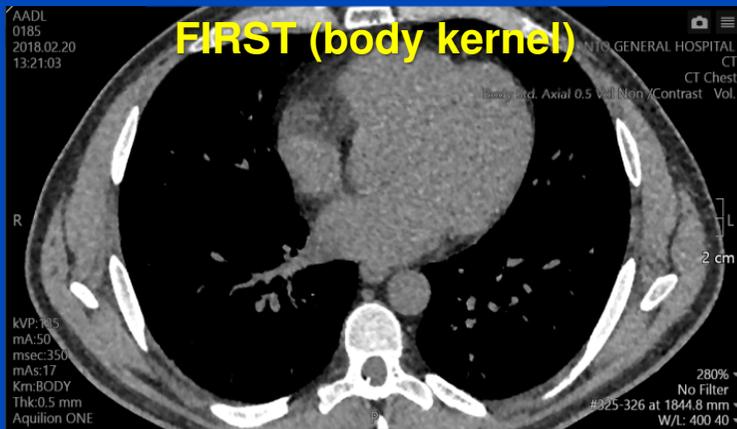
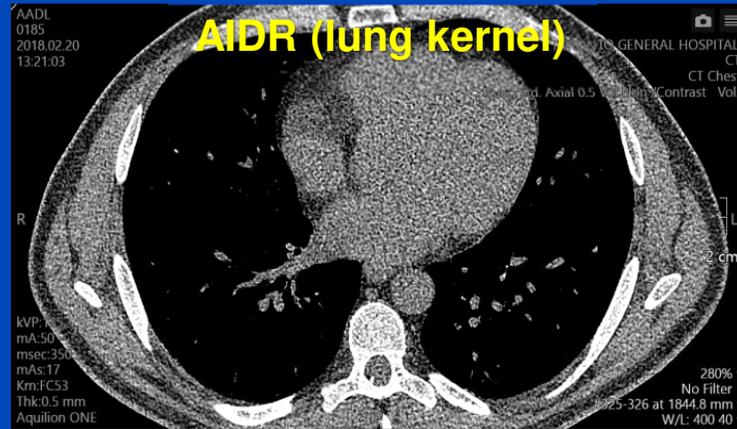
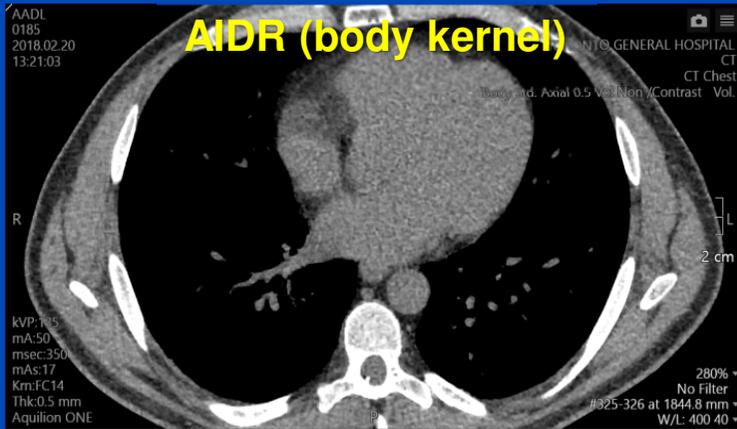
S. Auch das PPT (bzw. PDF) DeepLearningReconstructionInThoracicCT\_RSNA2018\_PatrikRogallavon Patrick Roalla.

Laut Patrik wird AiCE auf FIRST-Daten trainiert. Diese sind aber nicht auf Low-Dose-Bilder angewendet, sondern auf High-Dose-Bilder. Weil Anwendung von FIRST auf Low-Dose-Bilder würde zu einer Glättung der Kanten führen.

Also macht man  $\text{HigherDose} = \text{FIRST}(\text{HighDose})$  und  $\text{AddNoise}(\text{HighDose}) = \text{LowDose}$  und trainiert das Netz, so dass es LowDose in HigherDose umrechnen kann.

Angeblich werden sogar zwei unterschiedliche Rekons kombiniert: eine für Lunge, ein für Weichteile.

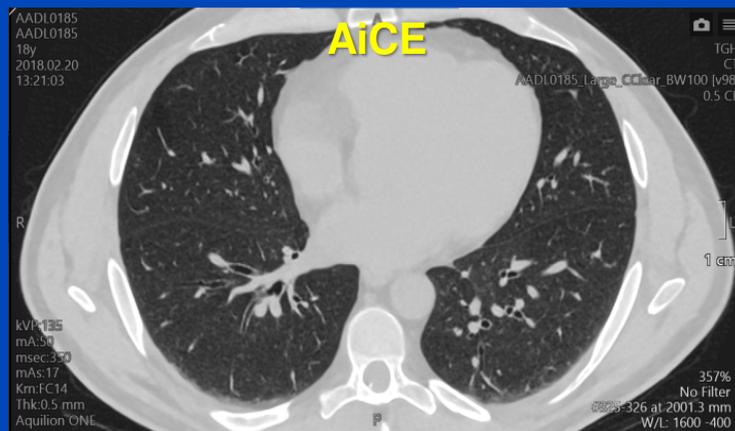
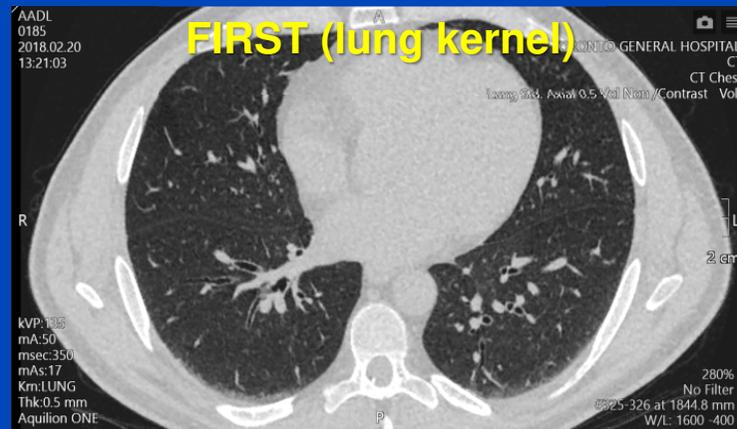
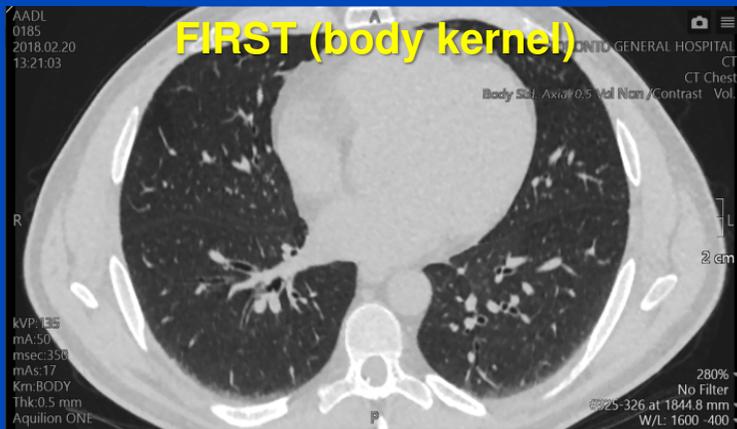
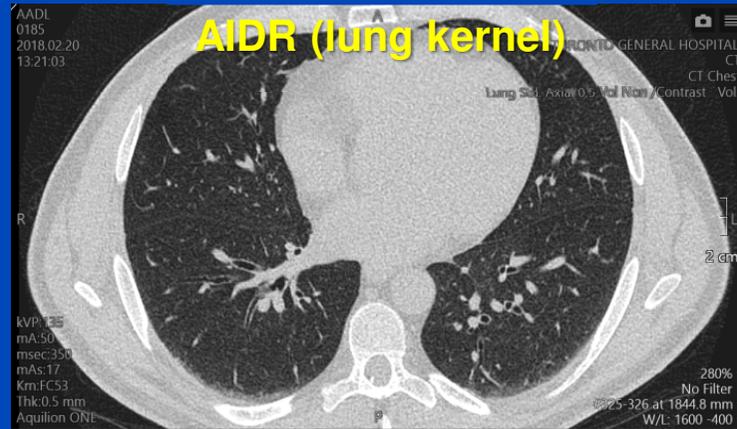
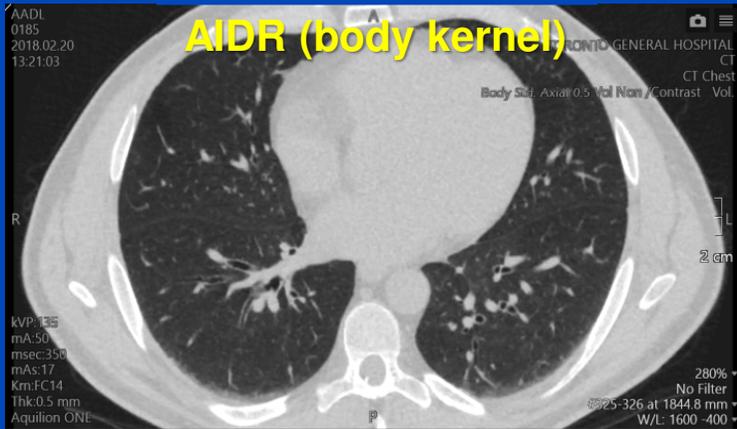
Prof. Dr. Marc Kachelrieß; 30.11.2018



**C = 40 HU, W = 400 HU**

Image courtesy of Dr. Patrik Rogalla, Toronto, Canada

**dkfz.**

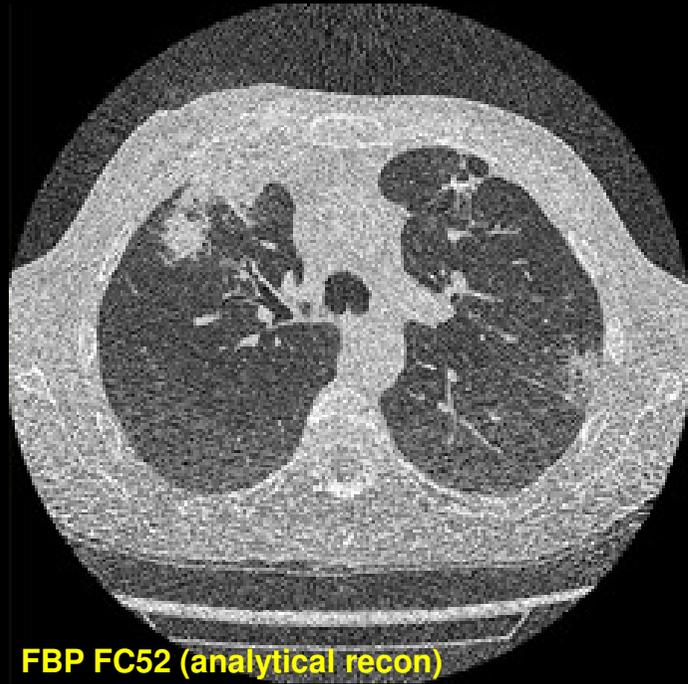


**C = -400 HU, W = 1600 HU**

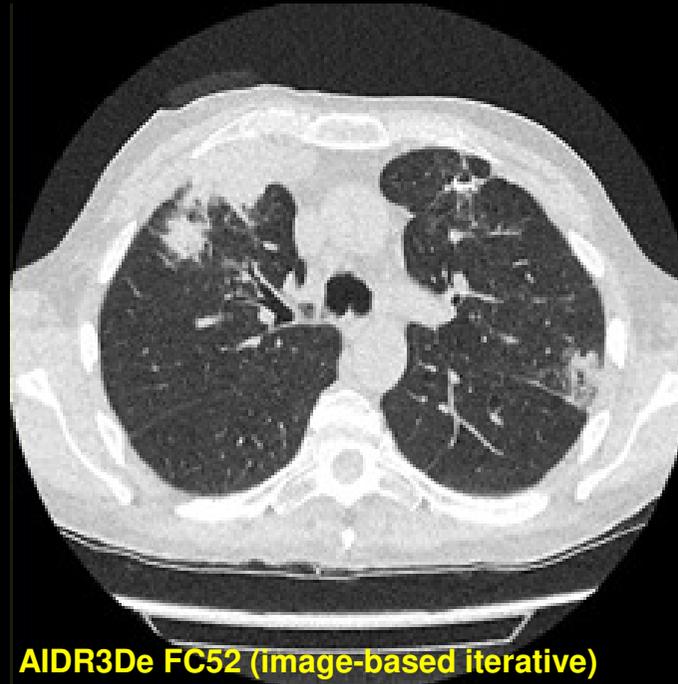
Image courtesy of Dr. Patrik Rogalla, Toronto, Canada

**dkfz.**

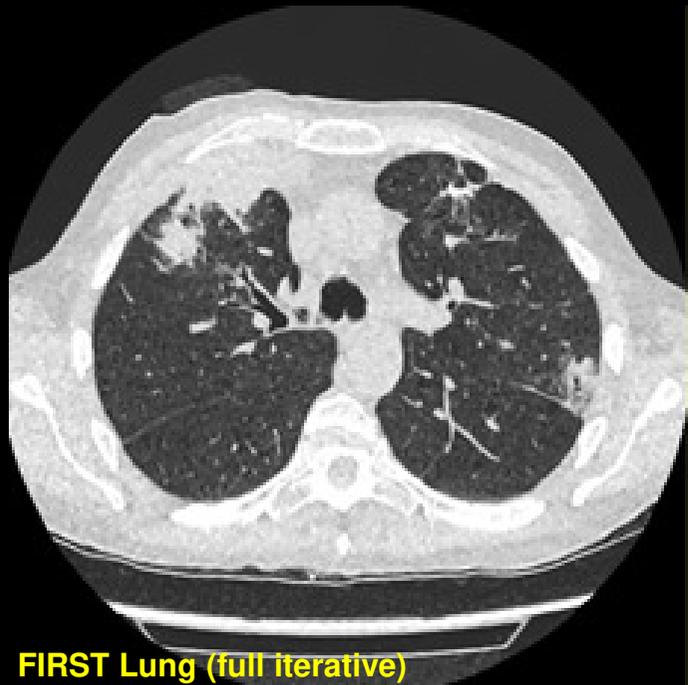
U = 100 kV  
CTDI = 0.6 mGy  
DLP = 24.7 mGy·cm  
D<sub>eff</sub> = 0.35 mSv



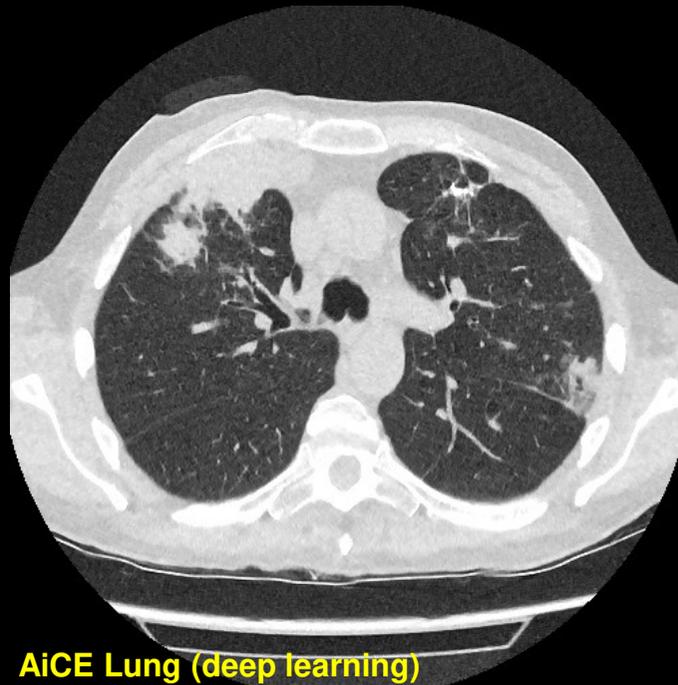
FBP FC52 (analytical recon)



AIDR3De FC52 (image-based iterative)



FIRST Lung (full iterative)



AiCE Lung (deep learning)

Courtesy of  
Radboudumc,  
the Netherlands

## Part 3:

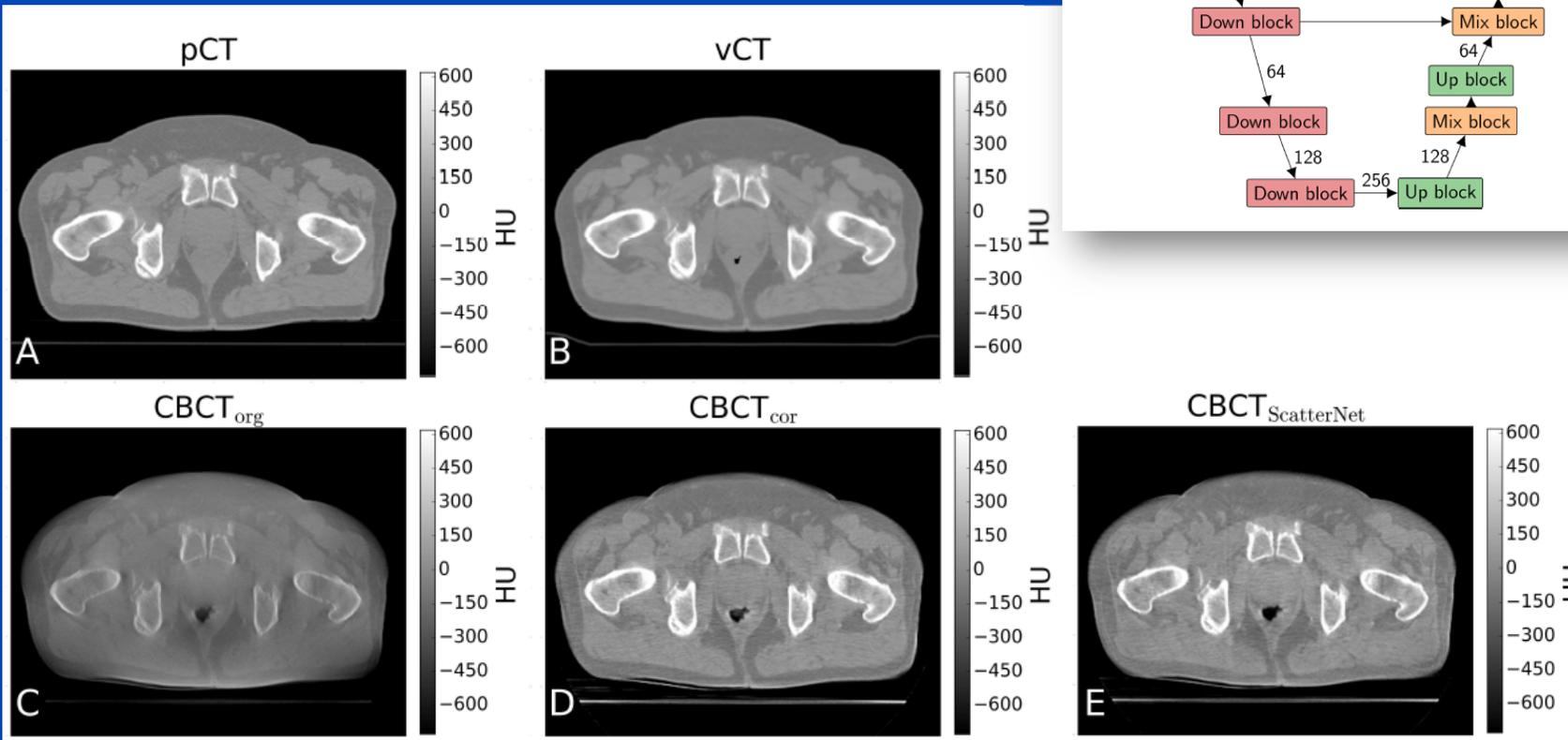
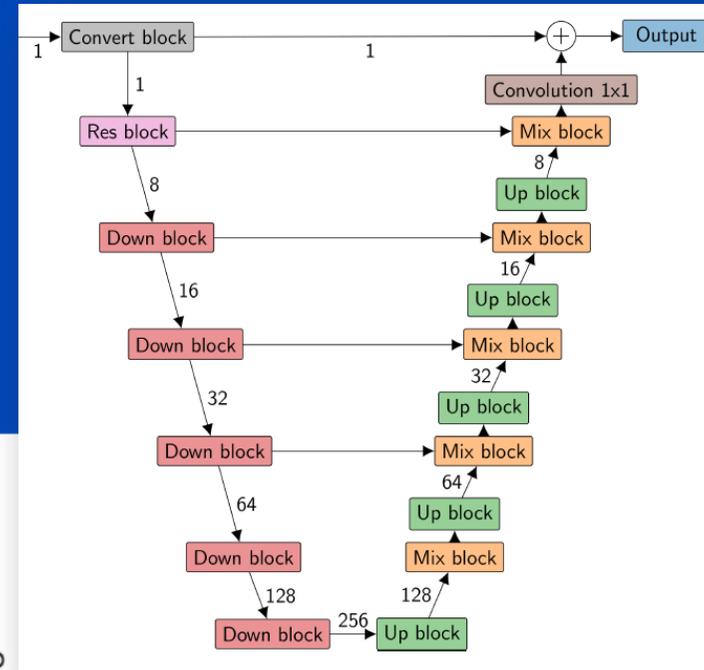
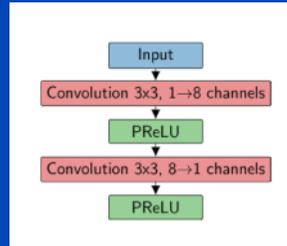
# Replacement of Lengthy Computations

# Empirical Shading Correction: ScatterNet

- Net to convert CBCT log (why?) rawdata into artifact-free data.
- Net architecture:
  - Small receptive field spectrum converter block adapts the attenuation values.
  - Residual U-Net then follows to account for scatter.
- Pixel-wise loss function comparing the corrected CBCT projections with those of the reference shading correction method.
- Reference shading correction method:
  - Use data from a clinical CT scan as an artifact-free prior.
  - Intensity domain frequency split between planning CT and CBCT:
    - » Deformably register planning CT onto CBCT and forward project and exponentiate to obtain “ideal” intensity data
    - » Scale CBCT intensities to match the prior CT intensities
    - » **Corrected intensities = LP(forward proj. CT)+HP(scaled uncorr. CBCT)**
- ScatterNet replaces the previous correction method and thus speeds up computation and does not make use of the planning CT.

# ScatterNet

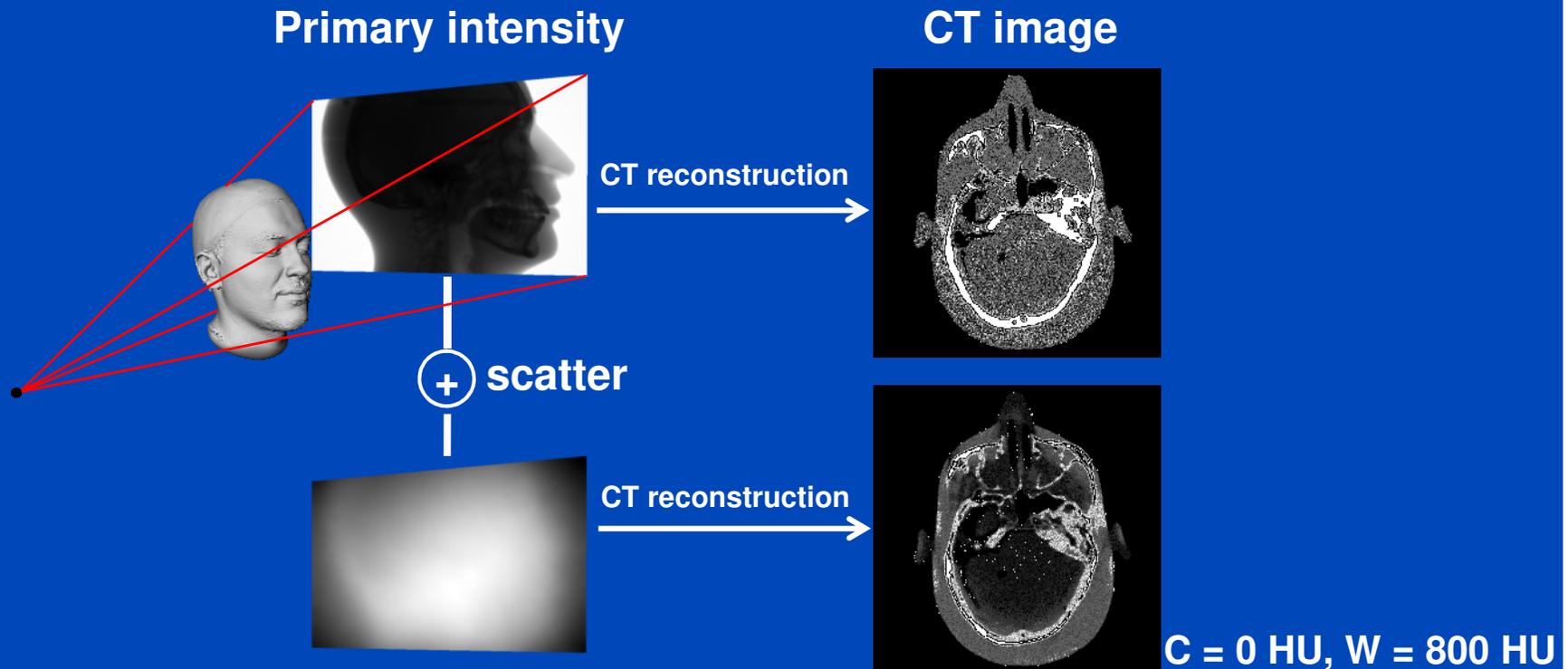
## Spectrum converter block



# Deep Scatter Estimation

# Motivation

- X-ray scatter is a major cause of image quality degradation in CT and CBCT.
- Appropriate scatter correction is crucial to maintain the diagnostic value of the CT examination.



# Scatter Correction

## Scatter suppression

- Anti-scatter grids
- Collimators
- ...

## Scatter estimation

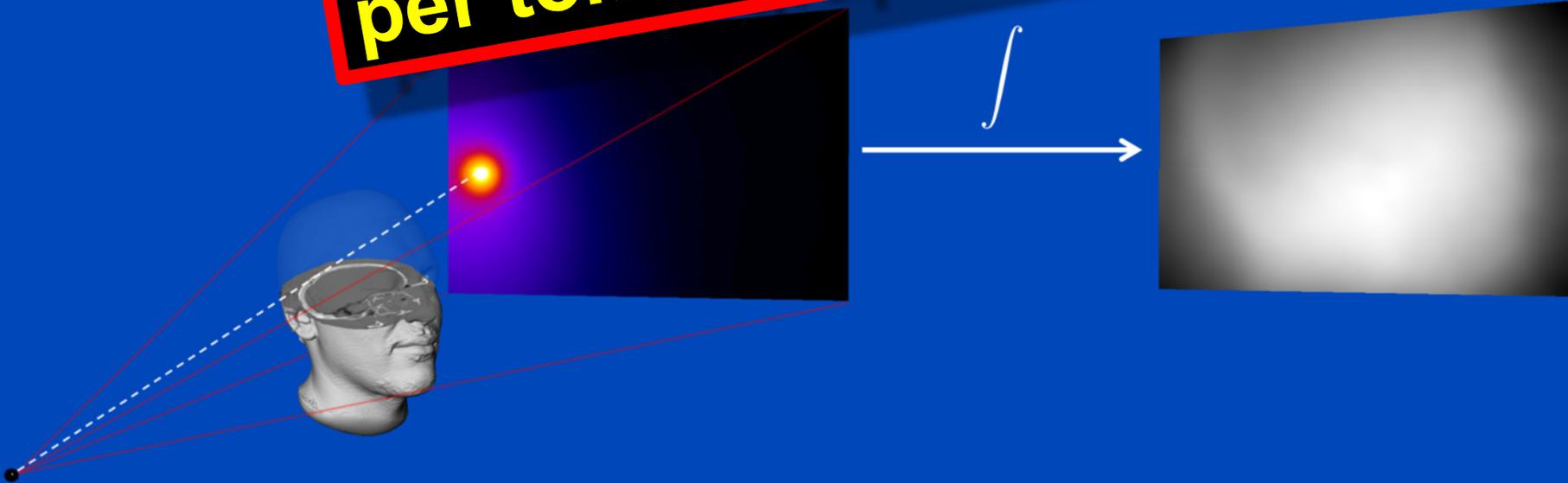
- Monte Carlo simulation
- Kernel-based approaches
- Boltzmann transport
- Primary modulation
- Beam blockers
- ...



# 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**



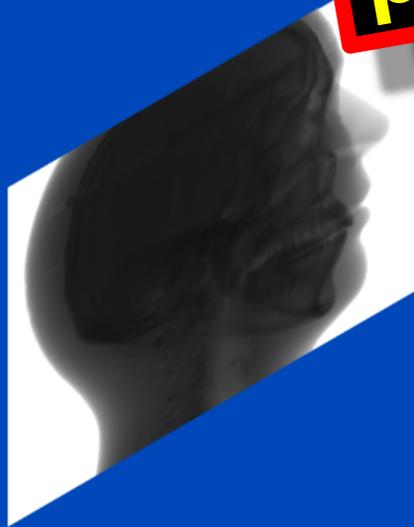
# Deep Scatter Estimation (DSE)

Train a deep convolutional neural network (CNN) to estimate scatter using a function of the input and projection data as input.

**0.1 to 1 minute per tomographic data set**

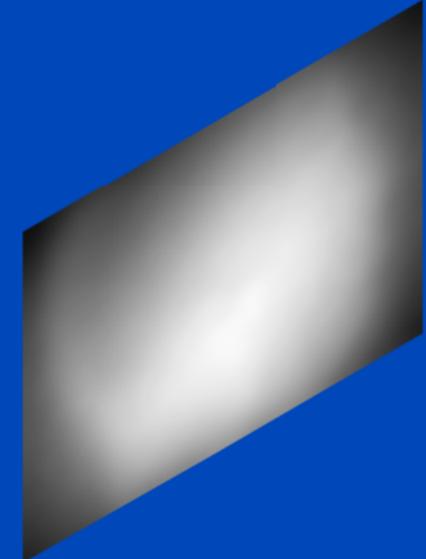
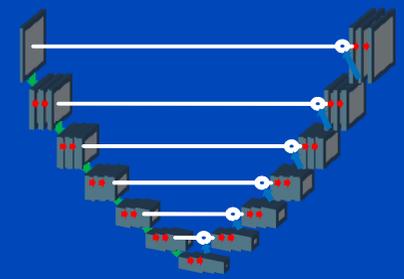
Input:  $T(p)$

Scatter estimate



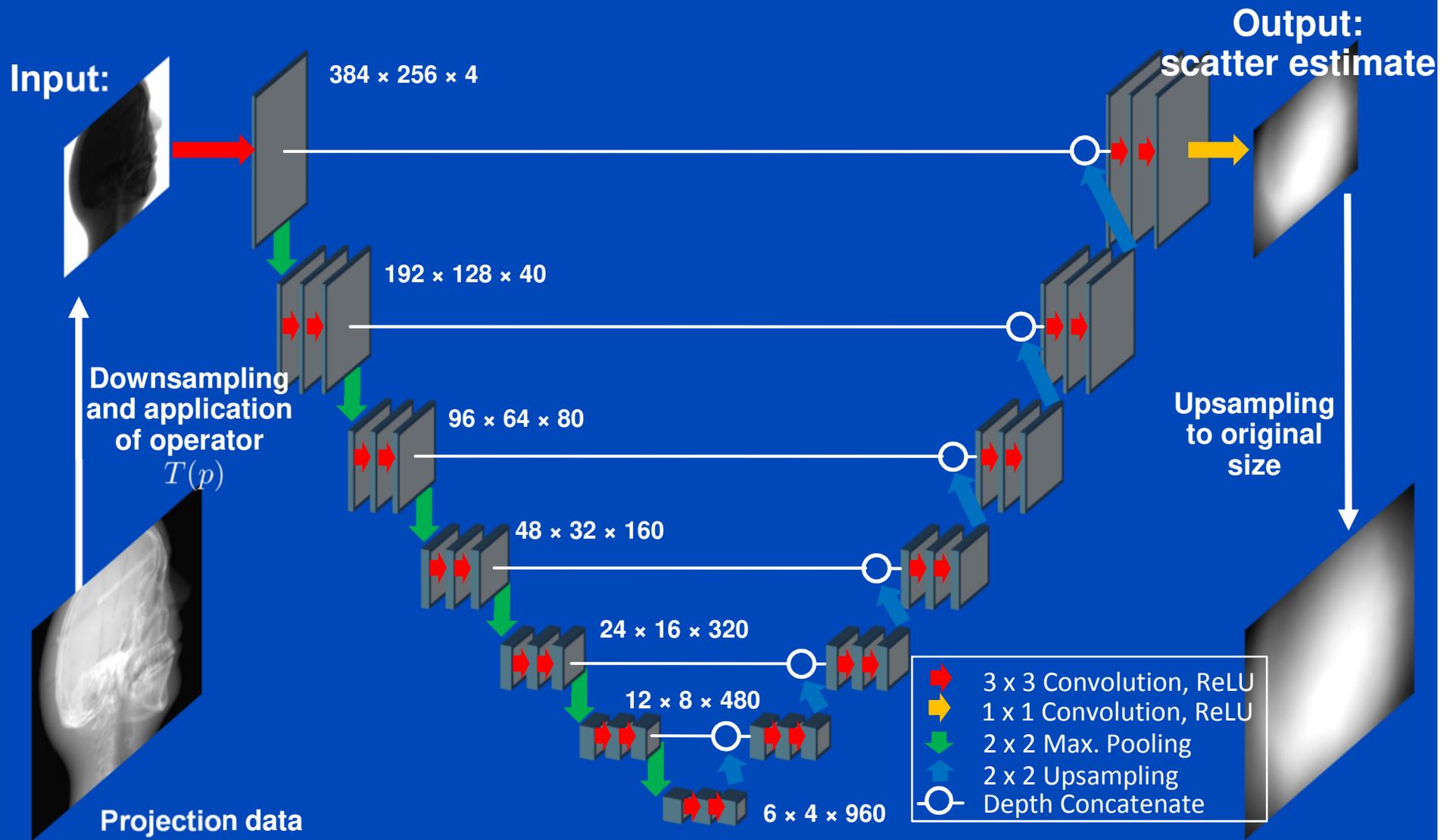
~~Monte Carlo~~

Convolutional neural network

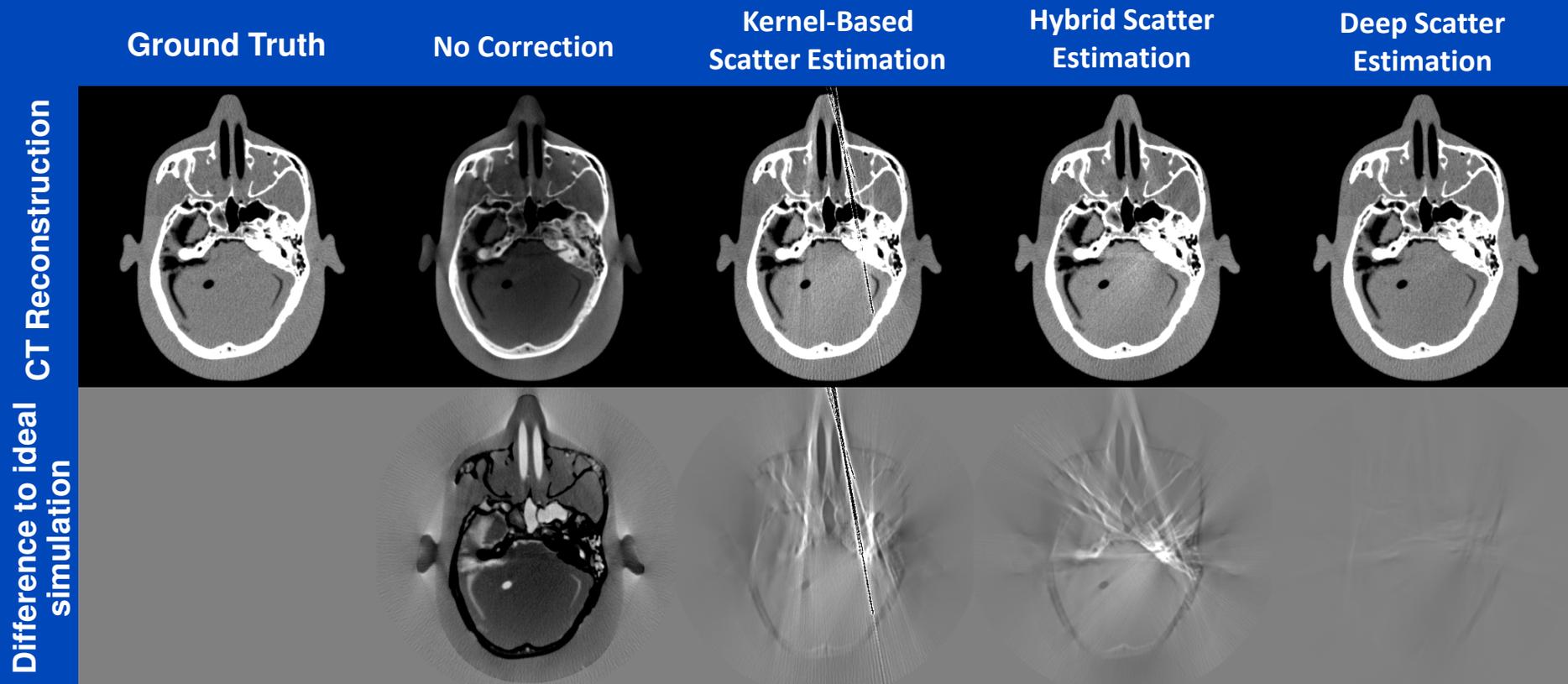


# Deep Scatter Estimation

## Network architecture & scatter estimation framework



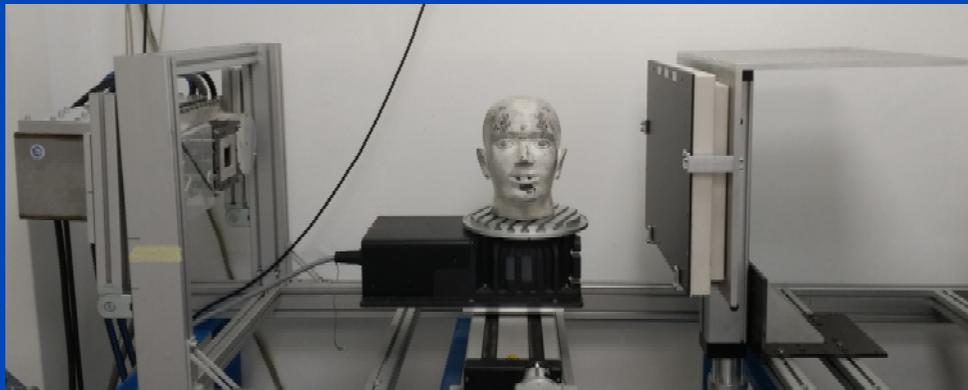
# Reconstructions of Simulated Data



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

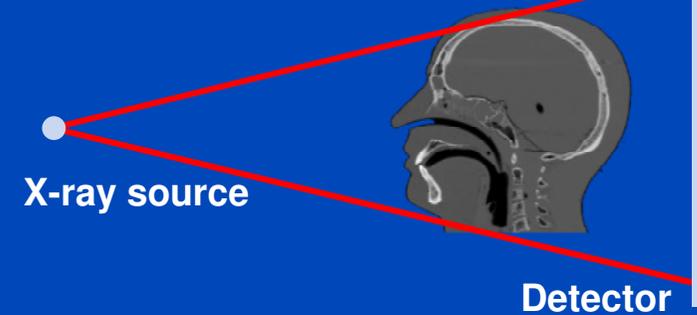
# Testing of the DSE Network for Measured Data (120 kV)

## DKFZ table-top CT

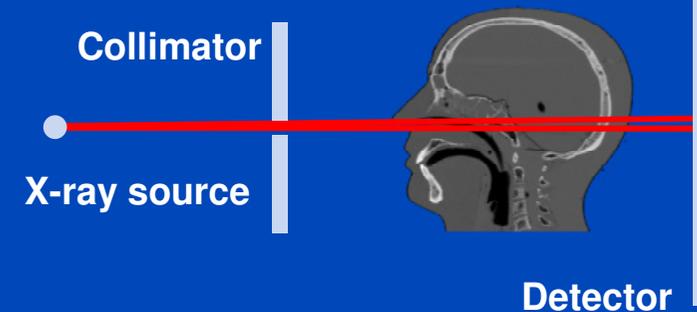


- Measurement of a head phantom at our in-house table-top CT.
- Slit scan measurement serves as ground truth.

### Measurement to be corrected



### Ground truth: slit scan



# Reconstructions of Measured Data

Slit Scan

No Correction

Kernel-Based  
Scatter Estimation

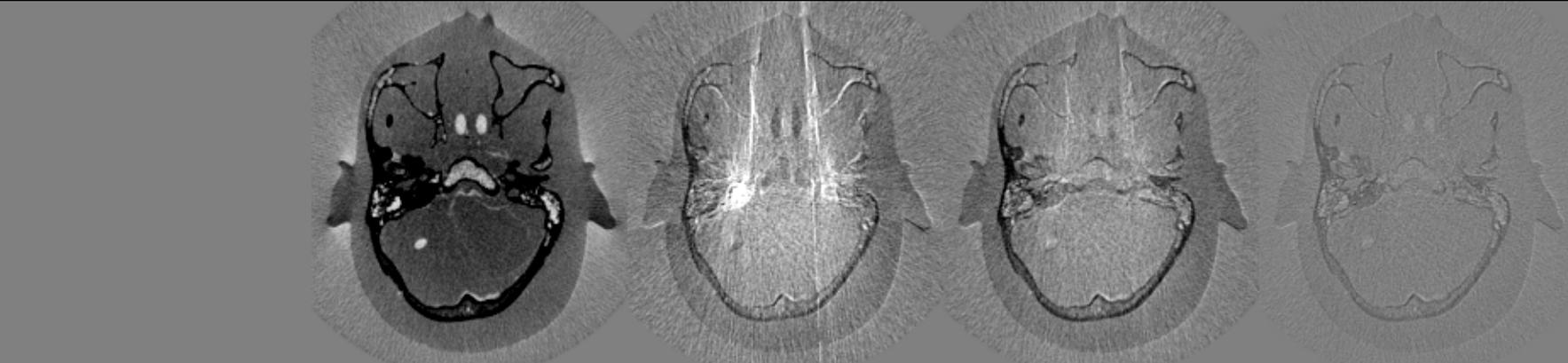
Hybrid Scatter  
Estimation

Deep Scatter  
Estimation

CT Reconstruction



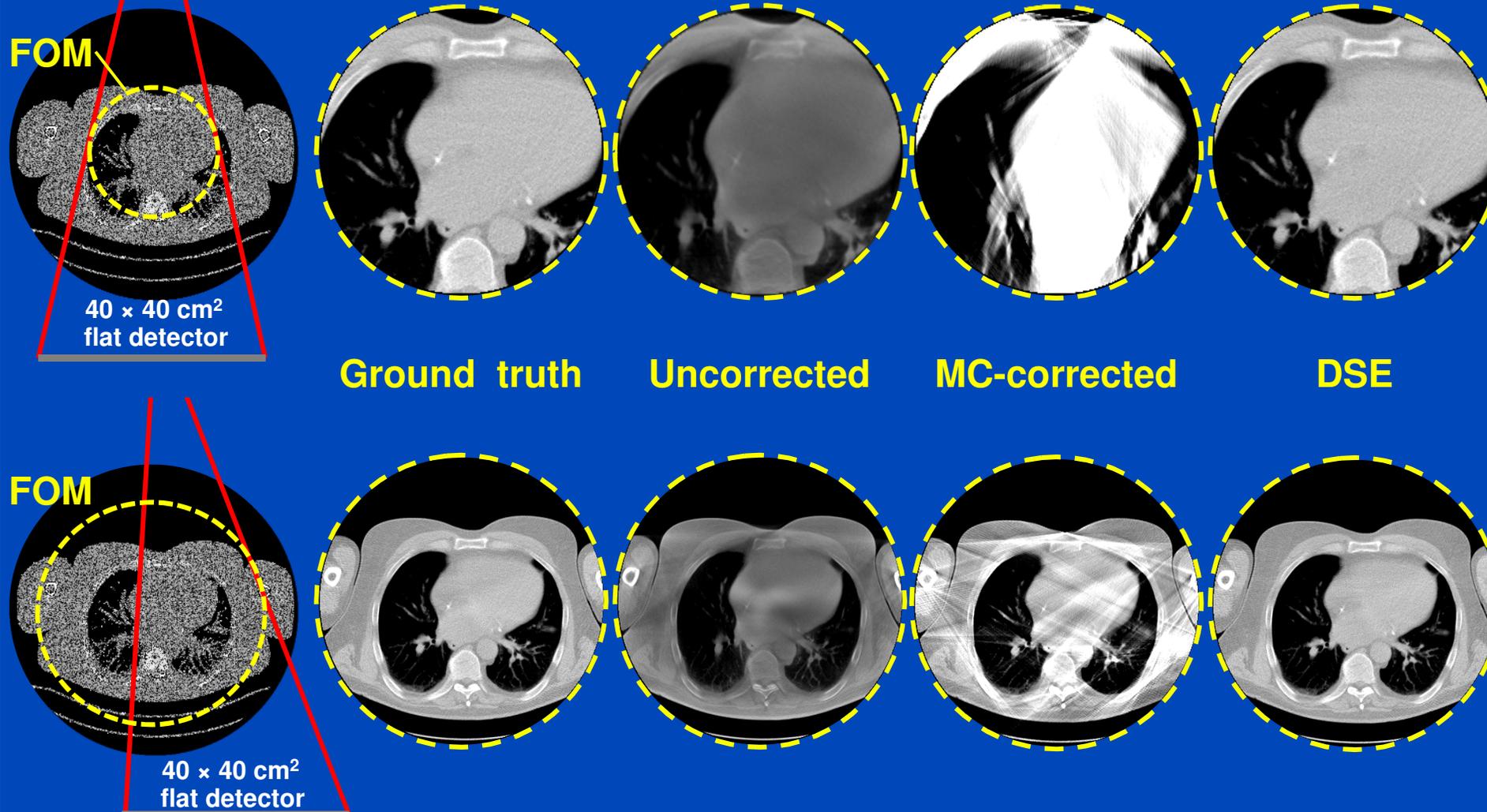
Difference to slit scan



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

# Does DSE Generalize to Different Anatomical Regions?

<b>KSE</b>	Head	Thorax	Abdomen
Head	14.5	26.8	32.5
Thorax	16.2	18.5	19.4
Abdomen	16.8	22.1	17.8
All data	14.9	20.5	19.3

<b>DSE</b>	Head	Thorax	Abdomen
Head	1.2	21.1	32.7
Thorax	8.8	1.5	9.1
Abdomen	11.9	10.9	1.3
All data	1.8	1.4	1.4

Values shown are the mean absolute percentage errors (MAPEs) of the testing data.  
Note that thorax and head suffer from truncation due to the small size of the 40×30 cm flat detector.

Ground truth

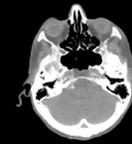
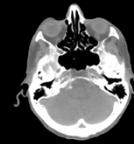
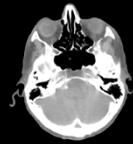
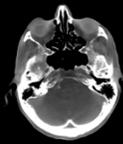
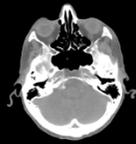
No correction

KSE

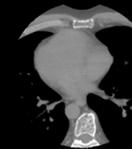
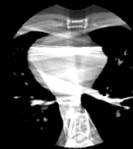
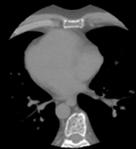
HSE

DSE

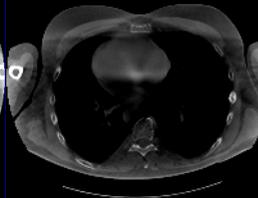
Head, 140 kV,  
22 cm FOM



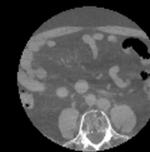
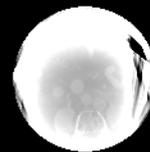
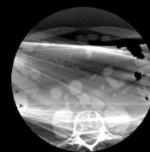
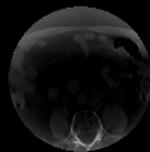
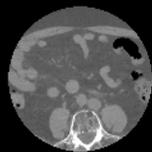
Thorax, 140 kV,  
22 cm FOM



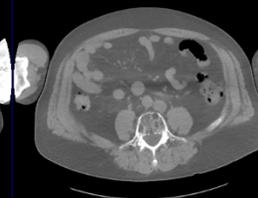
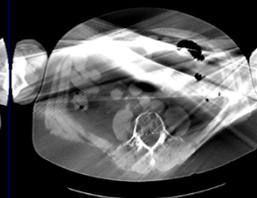
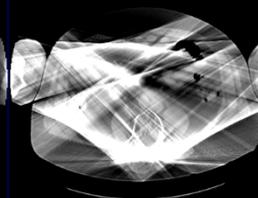
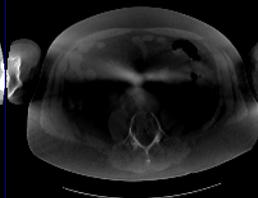
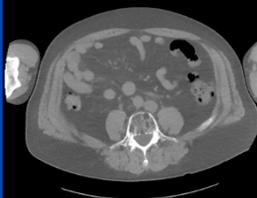
Thorax, 140 kV,  
40 cm FOM  
(shifted detector)



Abdomen, 140 kV,  
22 cm FOM



Abdomen, 140 kV,  
40 cm FOM  
(shifted detector)



C = 0 HU  
W = 700 HU

Ground truth

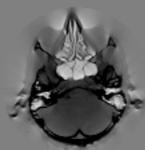
No correction

KSE

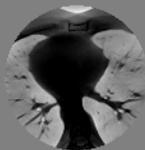
HSE

DSE

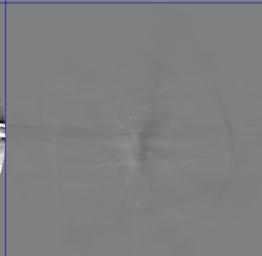
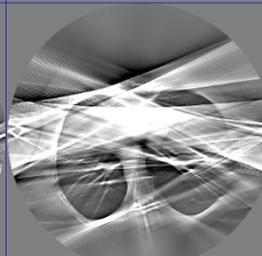
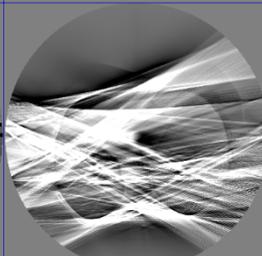
Head, 140 kV,  
22 cm FOM



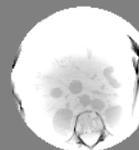
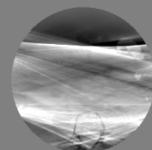
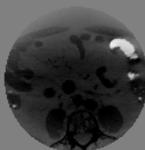
Thorax, 140 kV,  
22 cm FOM



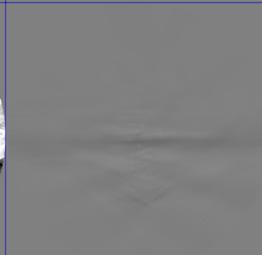
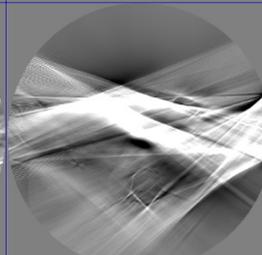
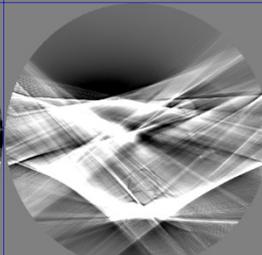
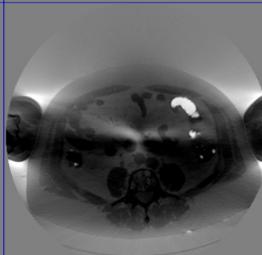
Thorax, 140 kV,  
40 cm FOM  
(shifted detector)



Abdomen, 140 kV,  
22 cm FOM



Abdomen, 140 kV,  
40 cm FOM  
(shifted detector)



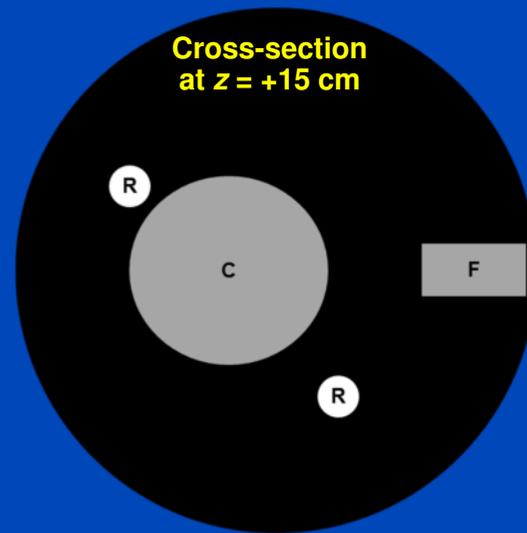
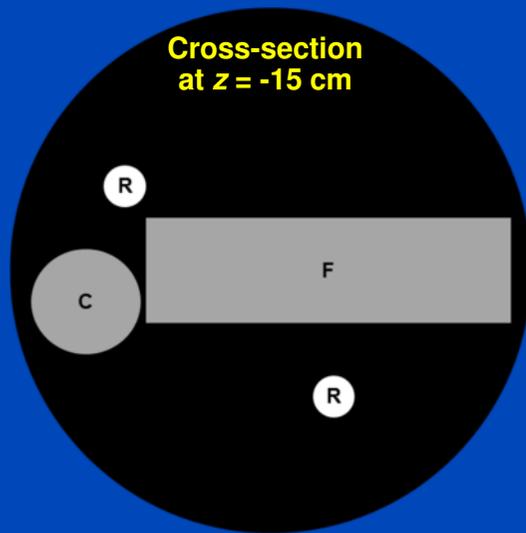
C = 0 HU  
W = 700 HU

# Conclusions on DSE

- DSE needs about 20 ms per projection. It is a fast and accurate alternative to Monte Carlo (MC) simulations.
- DSE outperforms kernel-based approaches in terms of accuracy and speed.
- Interesting observations
  - DSE can estimate scatter from a single (!) x-ray image.
  - DSE can accurately estimate scatter from a primary+scatter image.
  - DSE cannot accurately estimate scatter from a primary only image.
  - DSE may thus 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.

# DSE without Monte Carlo

## Calibration Phantom (one configuration)



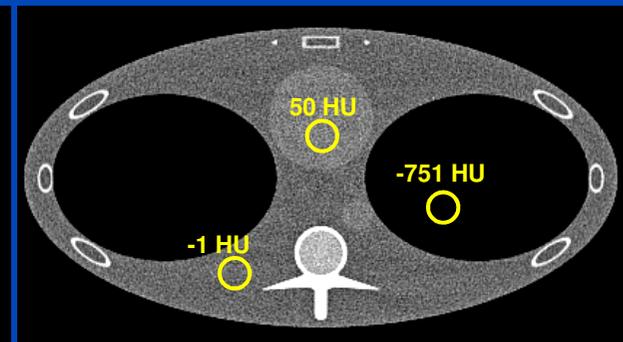
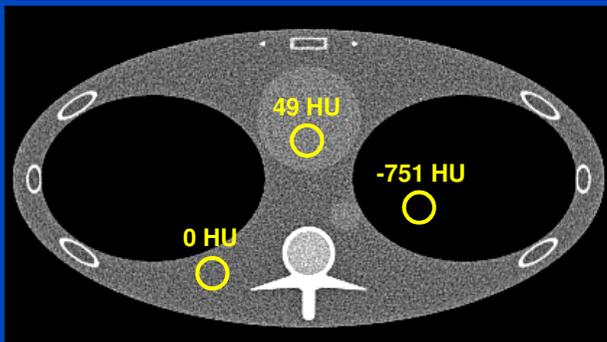
C = truncated PE cone  
(diameter from 10 cm to 28 cm)

F = rectangular PE frustum  
(from 35 cm × 10 cm to 10 cm × 5 cm)

R = Teflon rod  
(4 cm diameter)

Calibration phantom measured in about 20 configurations (translate, tilt, shift, rotate) to collect sufficiently many data for the neural net to be able to reliably deduce primary from scatter.

## Test Phantom (water precorrected)



Ground truth (no scatter)

Uncorrected (with scatter)

mbDSE-corrected

C = 0 HU, W = 500 HU

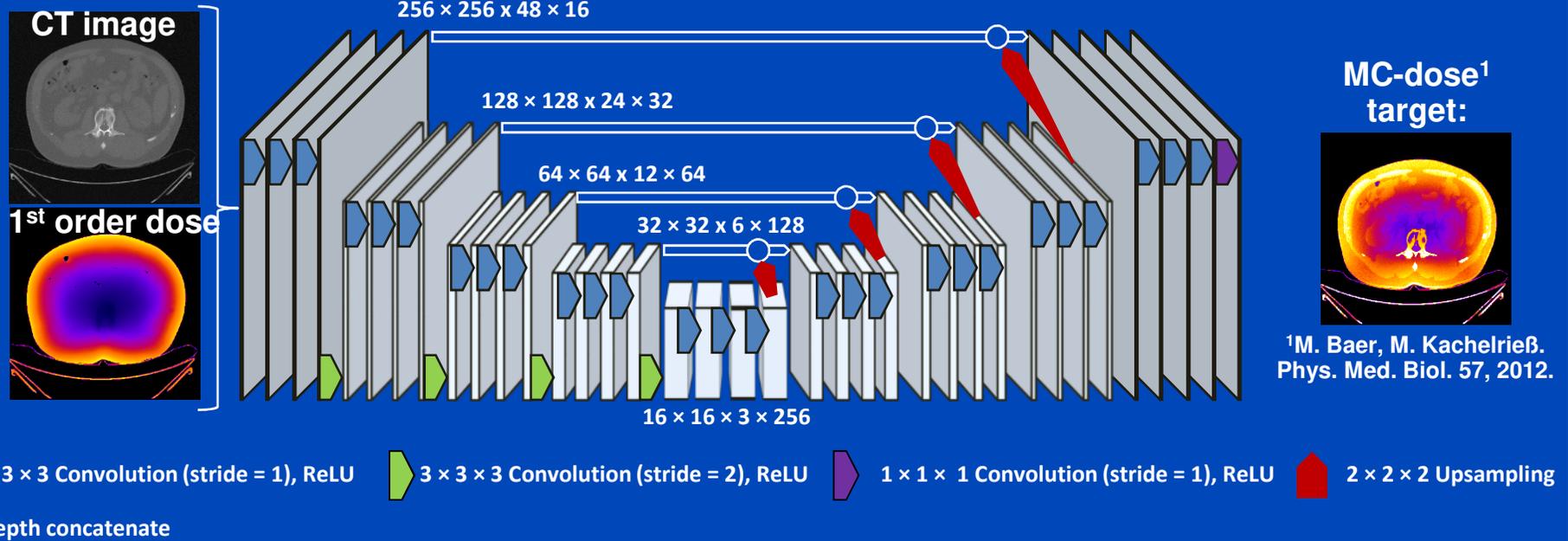
# Estimation of Dose Distributions

- Useful to study dose reduction techniques
  - Tube current modulation
  - Prefiltration and shaped filtration
  - Tube voltage settings
  - ...
- Useful to estimate patient dose
  - Risk assessment requires segmentation of the organs (difficult)
  - Often semiantropomorphic patient models take over
  - The infamous k-factors that convert DLP into  $D_{\text{eff}}$  are derived this way, e.g.  $k_{\text{chest}} = 0.014 \text{ mSv/mGy/cm}$
  - ...
- Could be useful for patient-specific CT scan protocol optimization
- However: Dose estimation does not work in real time!

# 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.

2-channel input:



# First-Order Dose Estimate

- DDE network needs information about the tube current, the tube voltage, shaped filters etc., which is encoded in the first-order dose estimate.
- First order dose-estimate in a voxel with volume  $V$  and mass  $m$  at position  $r$  :

$$D_{1st}(r) = \frac{V}{m} \int \frac{d^2 N}{d\Omega dE} \sum_{i=PE, CS} P_{int,i}(r, E) E_{dep,i}(E) dE$$

Emission characteristic  
of the x-ray source  
(including shaped filters)

Interaction probability for  
photo effect ( $i = PE$ ) and  
Compton scattering ( $i = CS$ )

Energy deposition by  
photo effect ( $i = PE$ ) and  
Compton scattering ( $i = CS$ )

$$P_{int, PE}(r, E) = \mu_{PE}(r, E) \cdot e^{-\int_0^r \mu(r', E) dr'}$$

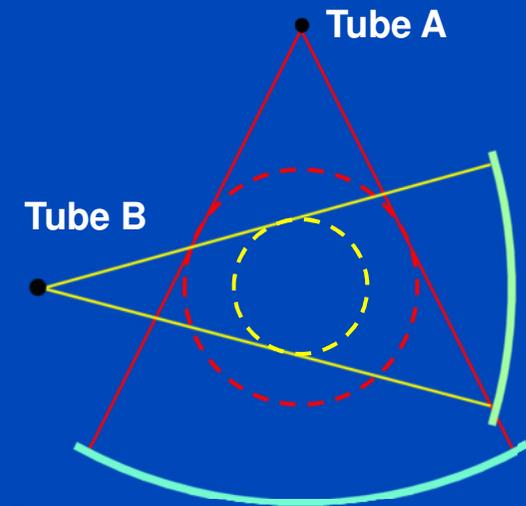
$$E_{dep, PE}(E) = E$$

$$P_{int, CS}(r, E) = \mu_{CS}(r, E) \cdot e^{-\int_0^r \mu(r', E) dr'}$$

$$E_{dep, CS}(E) = \int \frac{d\sigma}{d\Omega}(E) \Delta E_{CS}(\vartheta) d\Omega$$

# Training and Validation

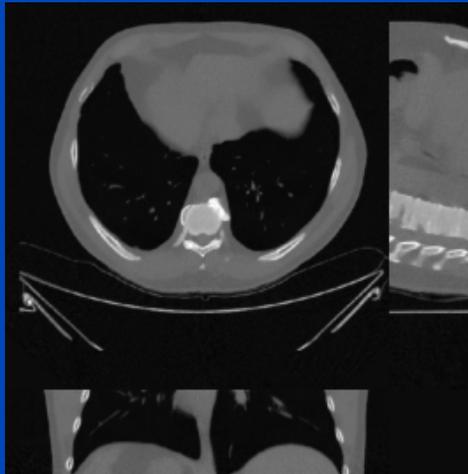
- Simulation of 1440 circular dual-source CT scans ( $64 \times 0.6$  mm,  $FOM_A = 50$  cm,  $FOM_B = 32$  cm) of thorax, abdomen, and pelvis using 12 different patients.
- Simulation with and without bowtie.
- No data augmentation
- Reconstruction on a  $512 \times 512 \times 96$  grid with 1 mm voxel size, followed by  $2 \times 2 \times 2$  binning for dose estimation.
- 9 patients were used for training and 3 for testing.
- DDE was trained for 300 epochs on an Nvidia Quadro P6000 GPU using a mean absolute error pixel-wise loss, the Adam optimizer, and a batch size of 4.
- The same weights and biases were used for all cases.



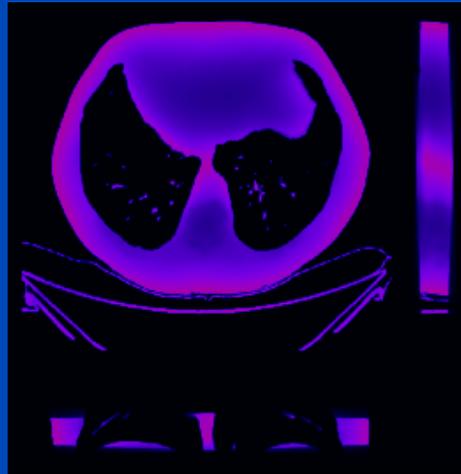
# Results

Thorax, tube A, 120 kV, with bowtie

CT image



First order dose

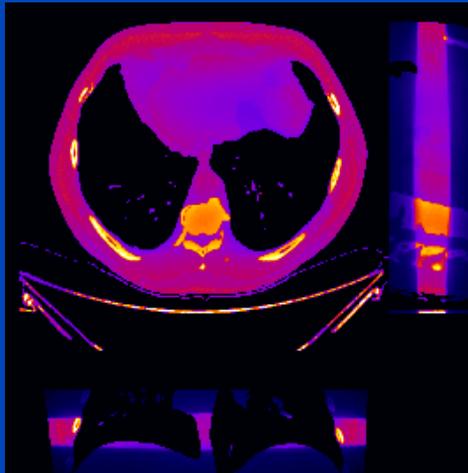


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

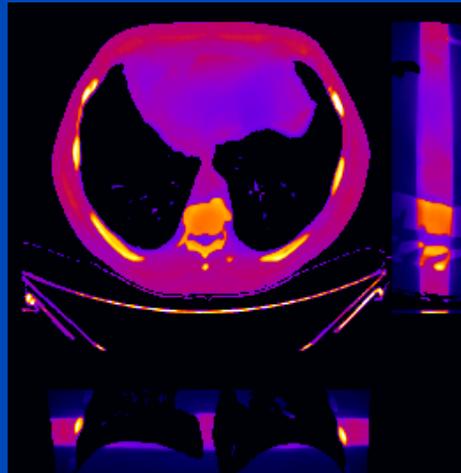
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

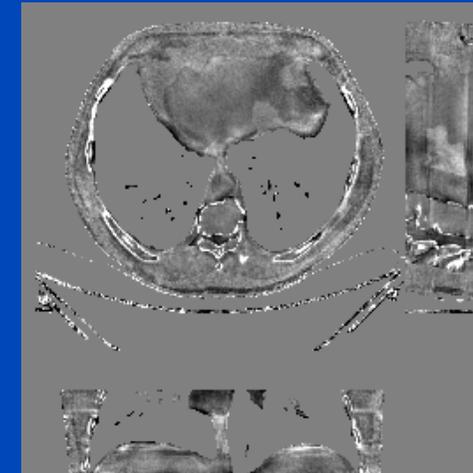
MC ground truth



DDE



Relative error

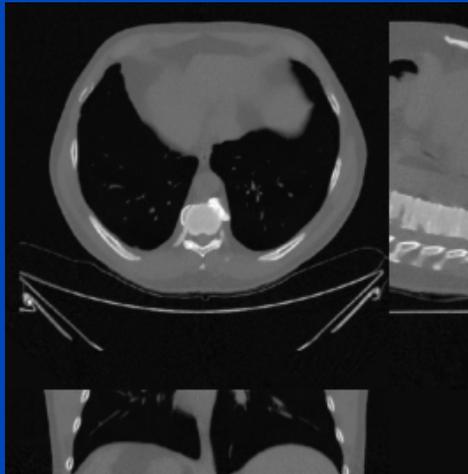


$C = 0\%$   
 $W = 40\%$

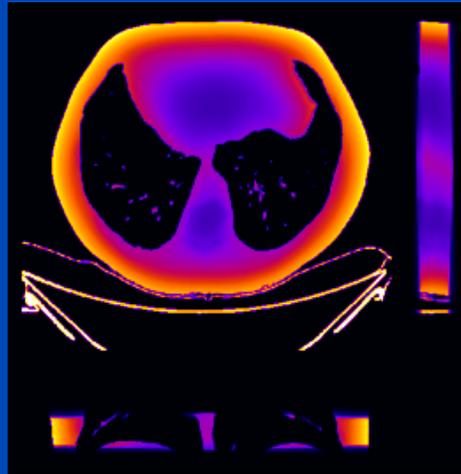
# Results

Thorax, tube A, 120 kV, no bowtie

CT image



First order dose

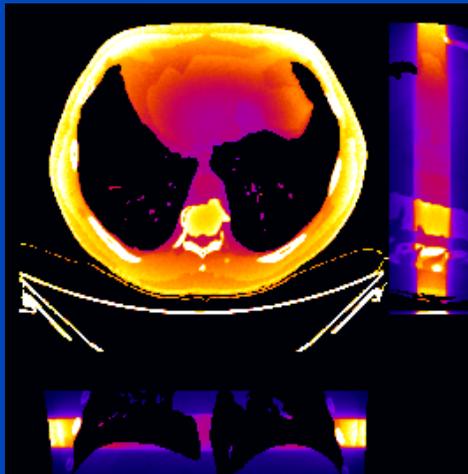


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

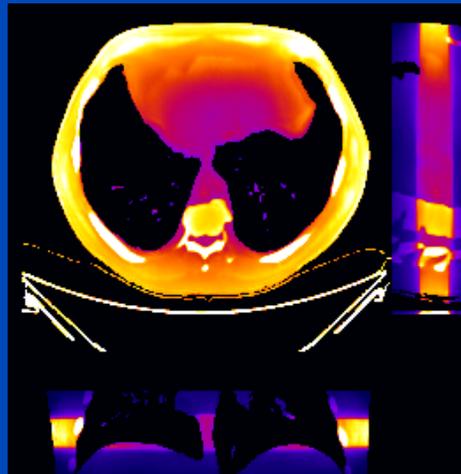
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

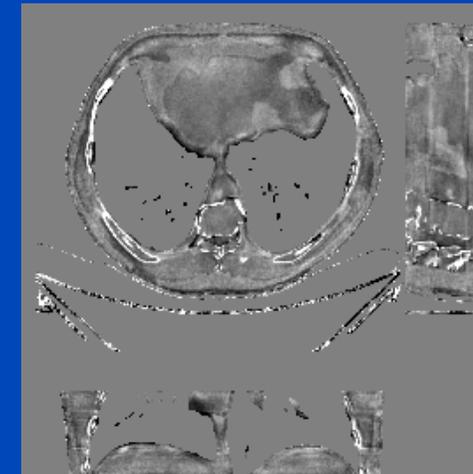
MC ground truth



DDE



Relative error

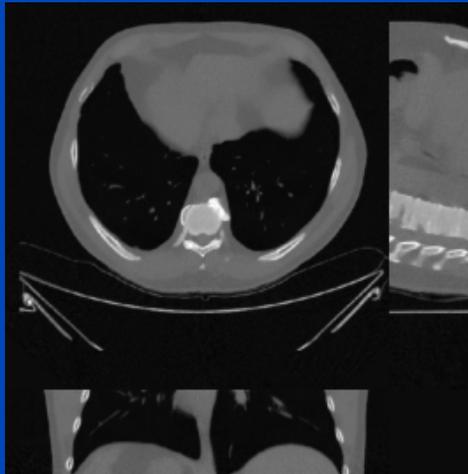


$C = 0\%$   
 $W = 40\%$

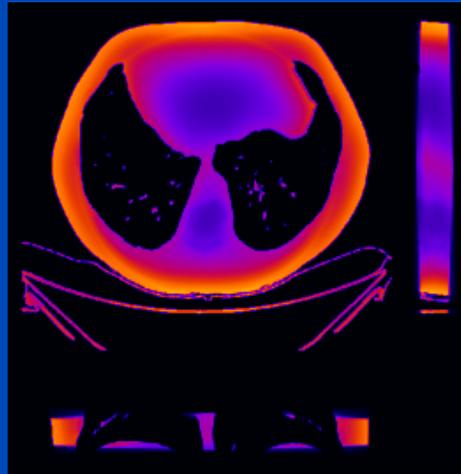
# Results

Thorax, tube B, 120 kV, no bowtie

CT image



First order dose

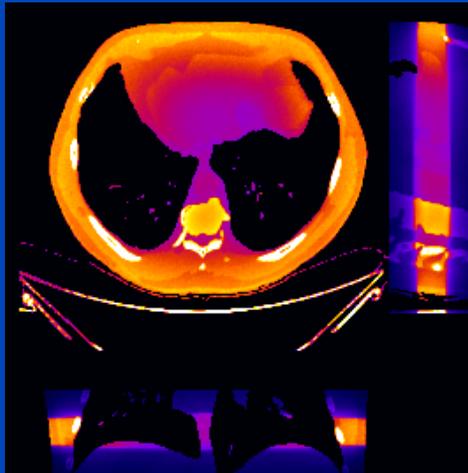


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

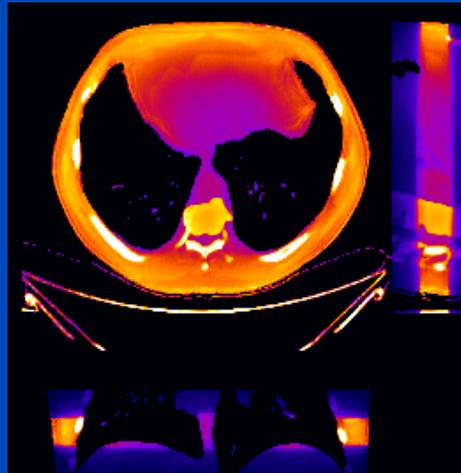
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

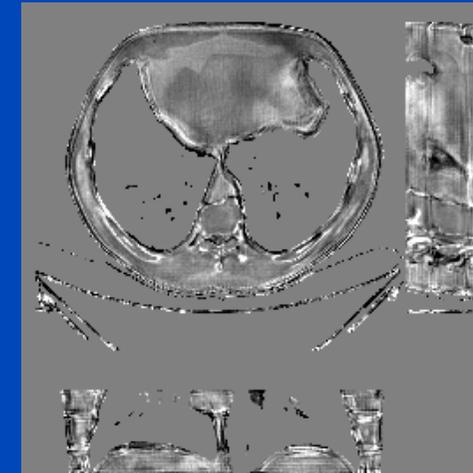
MC ground truth



DDE



Relative error

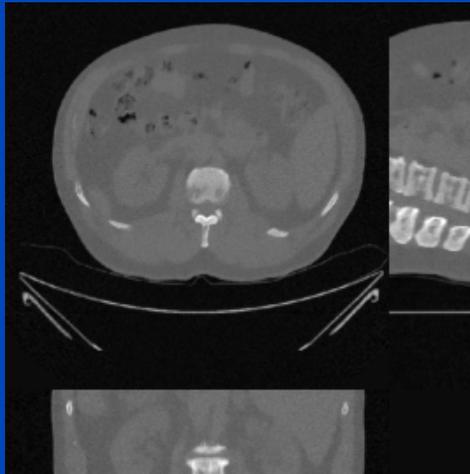


$C = 0\%$   
 $W = 40\%$

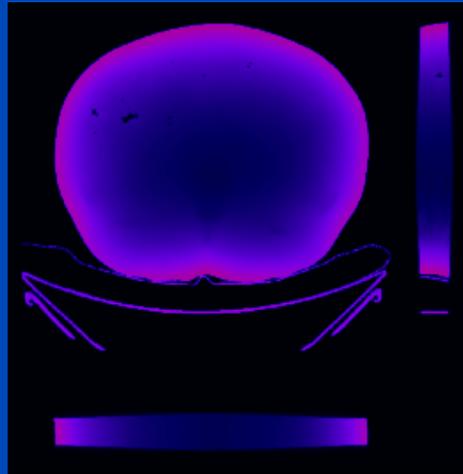
# Results

Abdomen, tube A, 120 kV, with bowtie

CT image



First order dose

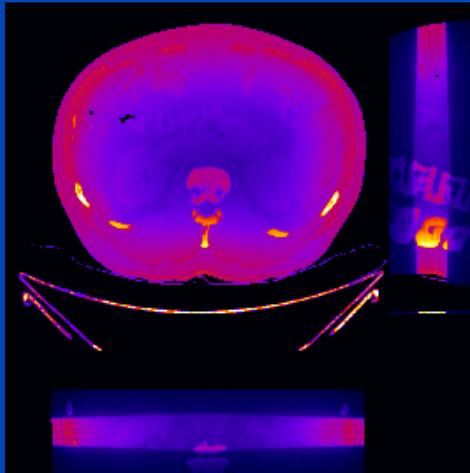


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

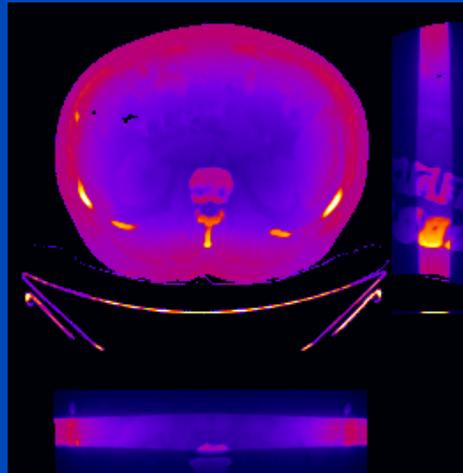
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

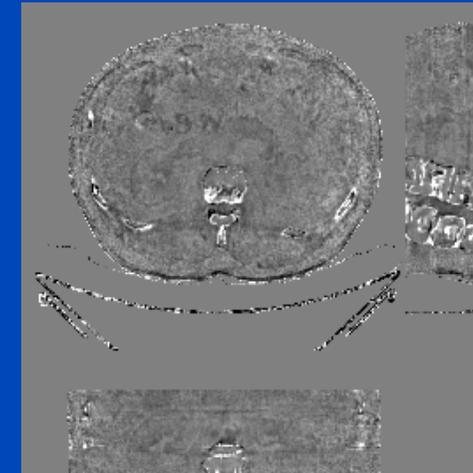
MC ground truth



DDE



Relative error

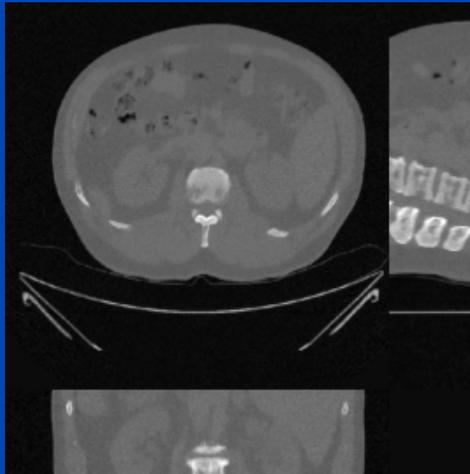


C = 0%  
W = 40%

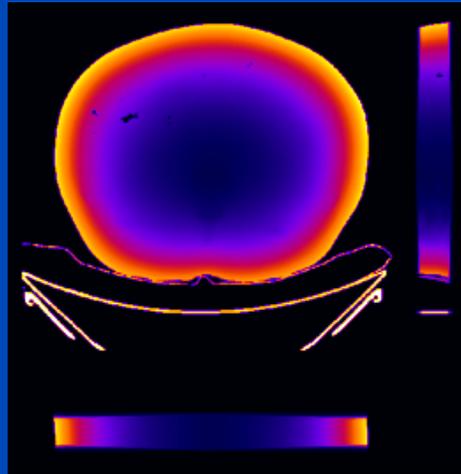
# Results

Abdomen, tube A, 120 kV, no bowtie

CT image



First order dose

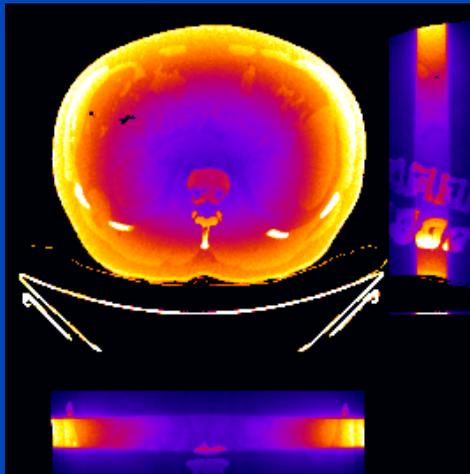


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

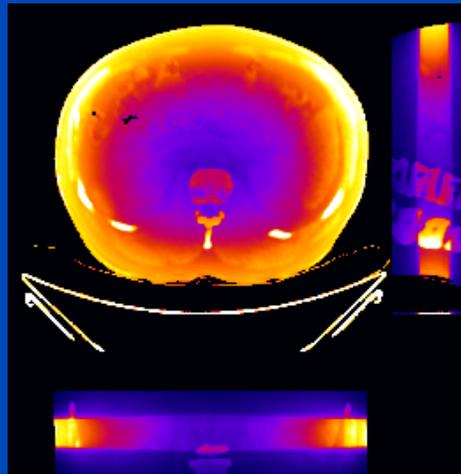
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

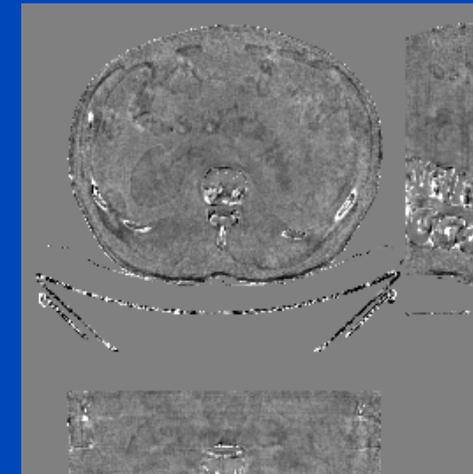
MC ground truth



DDE



Relative error

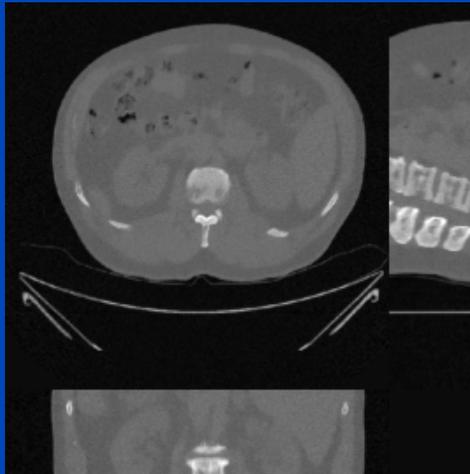


$C = 0\%$   
 $W = 40\%$

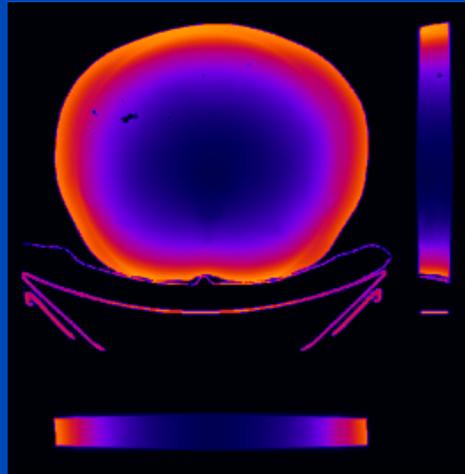
# Results

Abdomen, tube B, 120 kV, no bowtie

CT image



First order dose

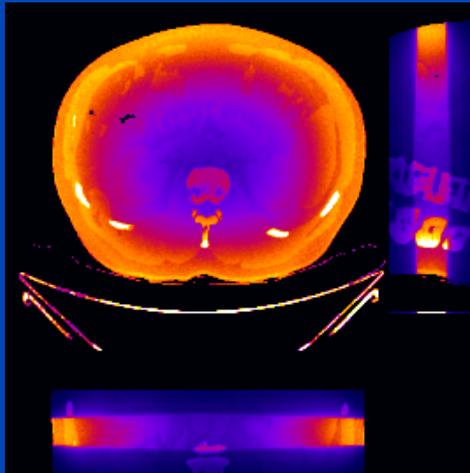


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

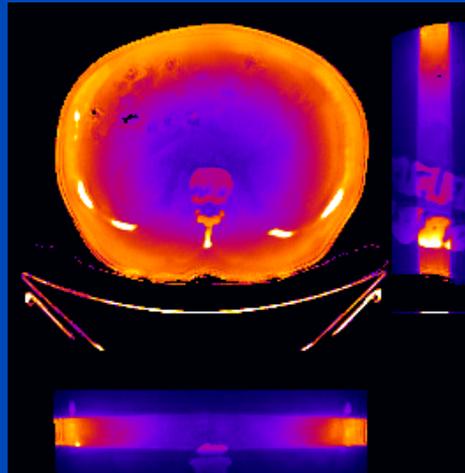
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

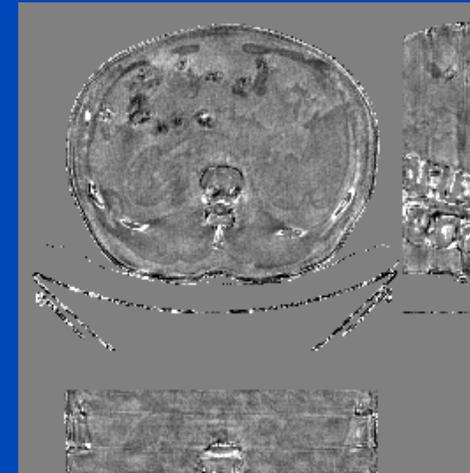
MC ground truth



DDE



Relative error

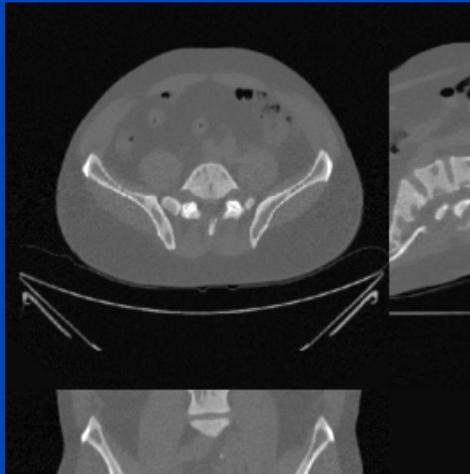


C = 0%  
W = 40%

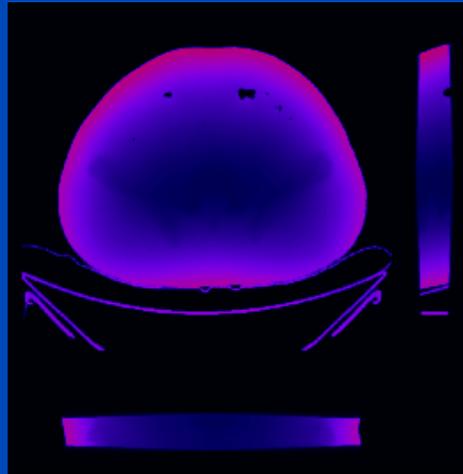
# Results

Pelvis, tube A, 120 kV, with bowtie

CT image



First order dose

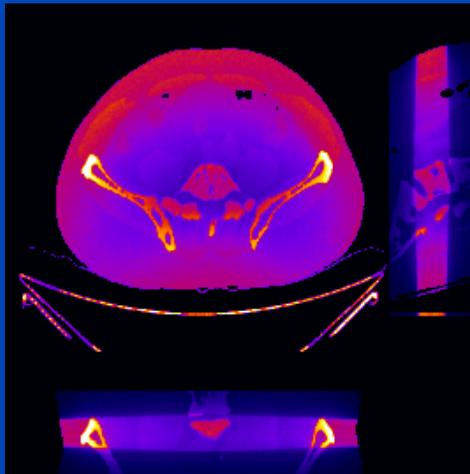


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

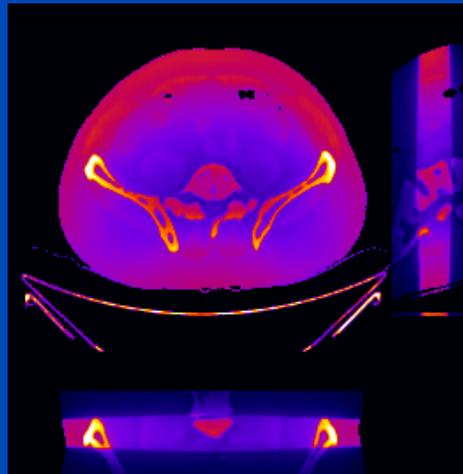
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

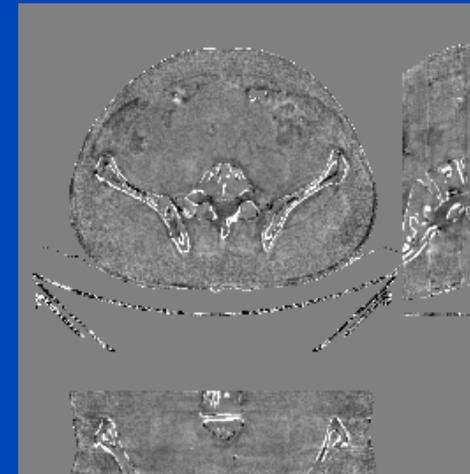
MC ground truth



DDE



Relative error

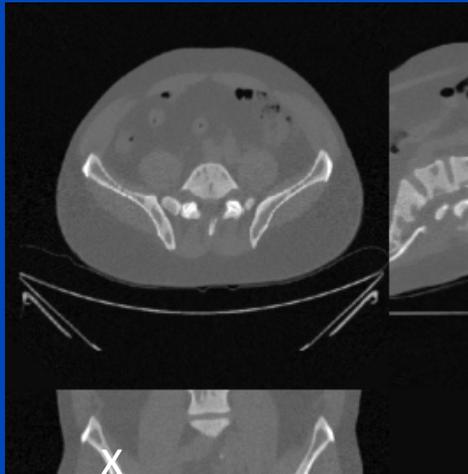


$C = 0\%$   
 $W = 40\%$

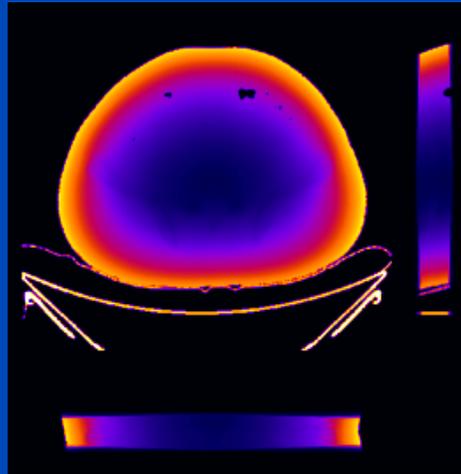
# Results

Pelvis, tube A, 120 kV, no bowtie

CT image



First order dose

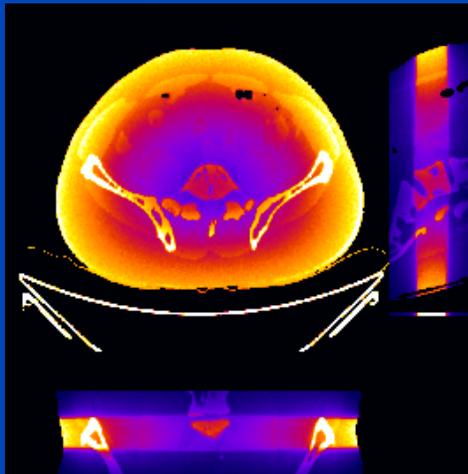


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

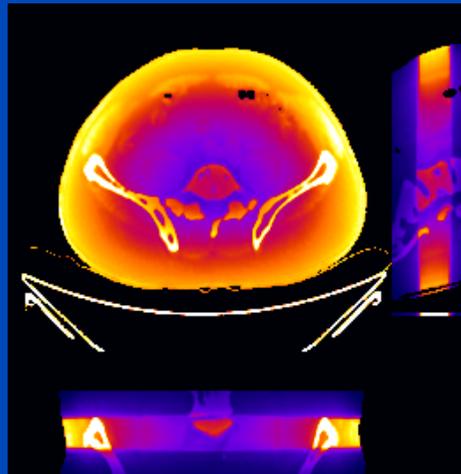
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

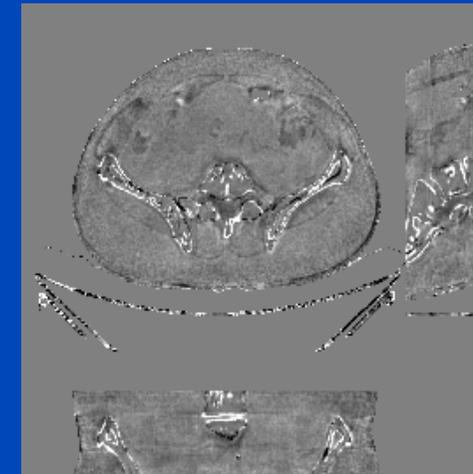
MC ground truth



DDE



Relative error

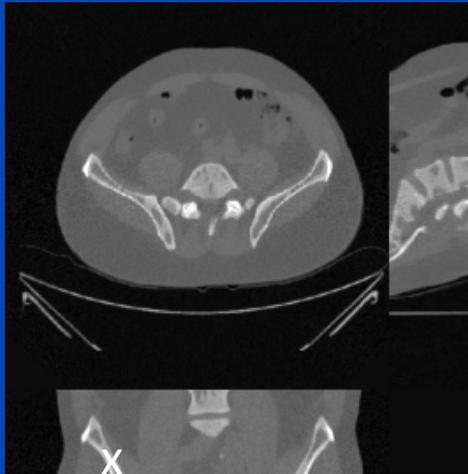


C = 0%  
W = 40%

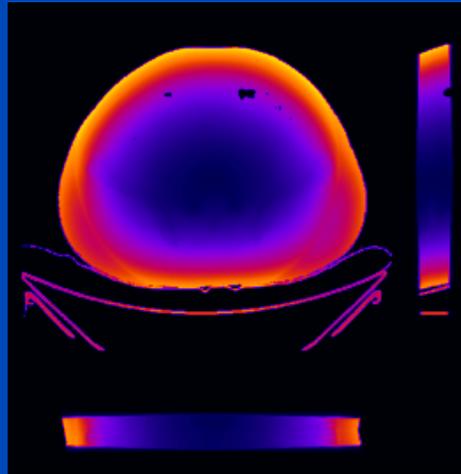
# Results

Pelvis, tube B, 120 kV, no bowtie

CT image



First order dose

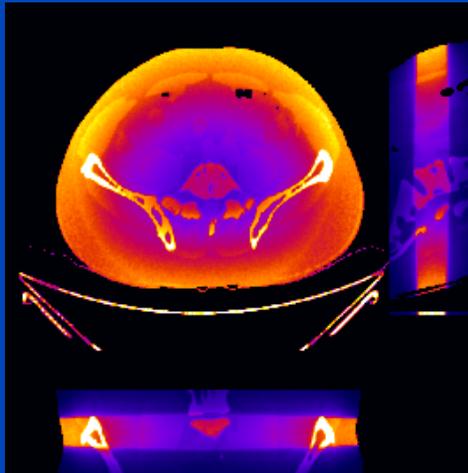


	MC	DDE
48 slices	1 h	0.25 s
whole body	20 h	5 s

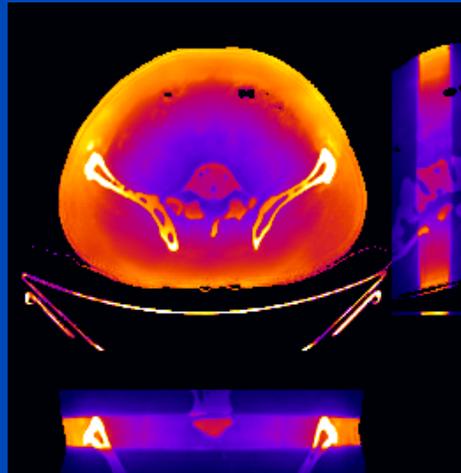
MC uses 16 CPU kernels  
DDE uses one Nvidia Quadro P600 GPU

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

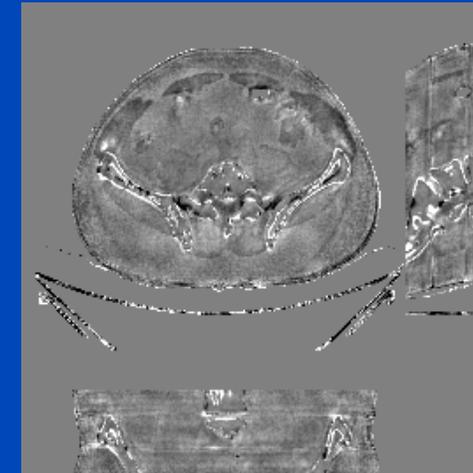
MC ground truth



DDE



Relative error



C = 0%  
W = 40%

# Conclusions on DDE

- DDE is able to derive dose estimates with almost similar accuracy as MC (average deviation: 4.6 %).
- DDE can provide accurate dose predictions
  - for sequence scans
  - for partial scans (less than 360°)
  - for spiral scans
  - for different tube voltages
  - for scans with and without bowtie filtration
  - for scans with tube current modulation
  - across anatomical regions
- 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.

# Part 4:

# Image Reconstruction

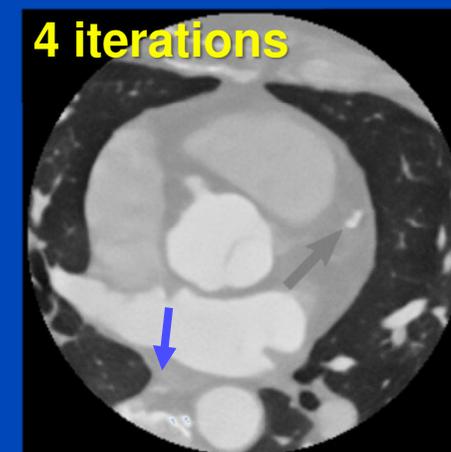
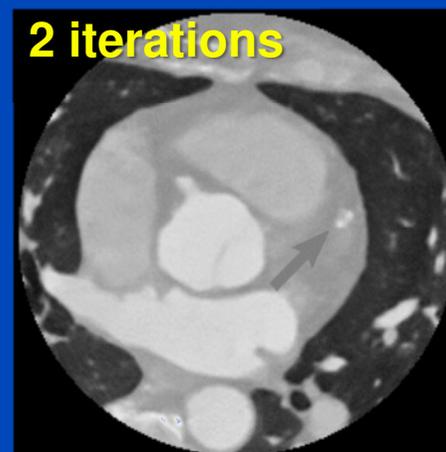
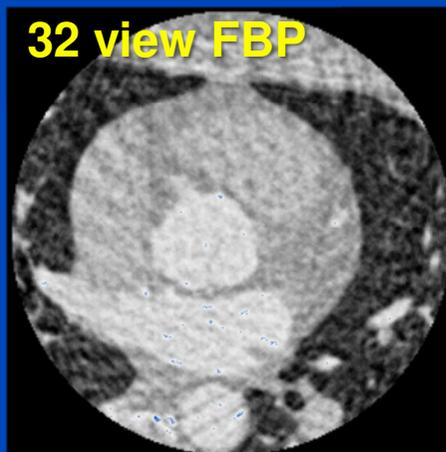
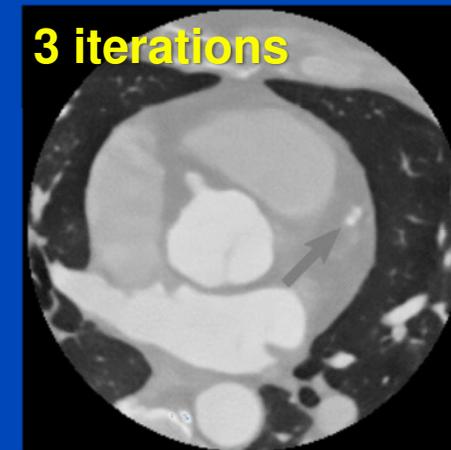
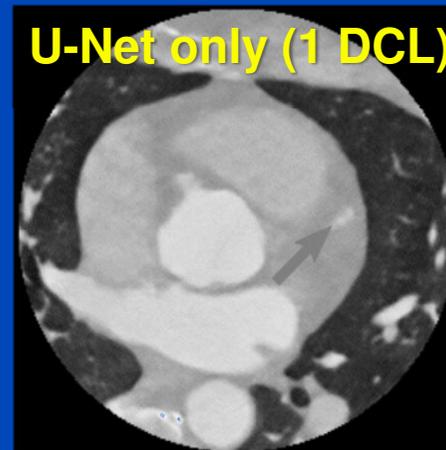
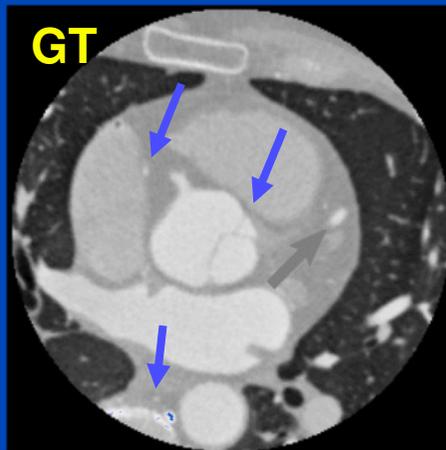
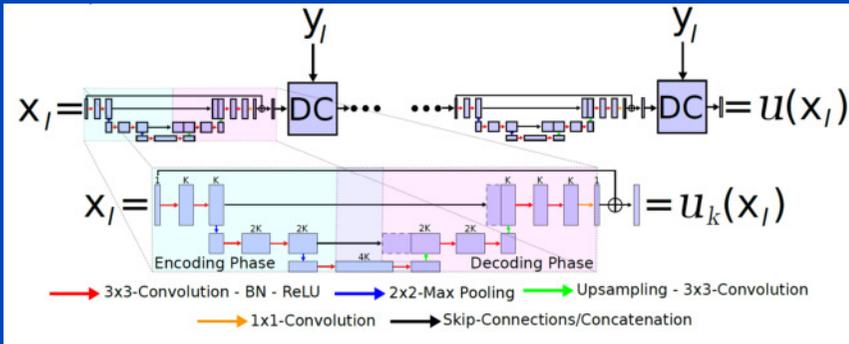
# Often “Just” Image Restoration

- **Speeding up iterative reconstruction by training a CNN to convert an FBP image into an iterative image**
  - Canon’s AiCE algorithm
  - GE’s True Fidelity algorithm
  - plus a few more algorithms proposed in the literature
- **Noise reduction by training, e.g. a mapping from low dose to high dose images**
  - many examples in the literature, some in this presentation
- **Artifact reduction in image domain**
  - many examples in the literature, one shown in this presentation
- ...

# Sometimes “Real” Image Reconstruction

- Networks employing data consistency layers
- Networks including backprojection layers
- Learning of backprojectors
- End-to-end training from sinogram to image
- Unrolled iterative reconstruction with learned priors
- ...

# Sparse CT Recon with Data Consistency Layers (DCLs)



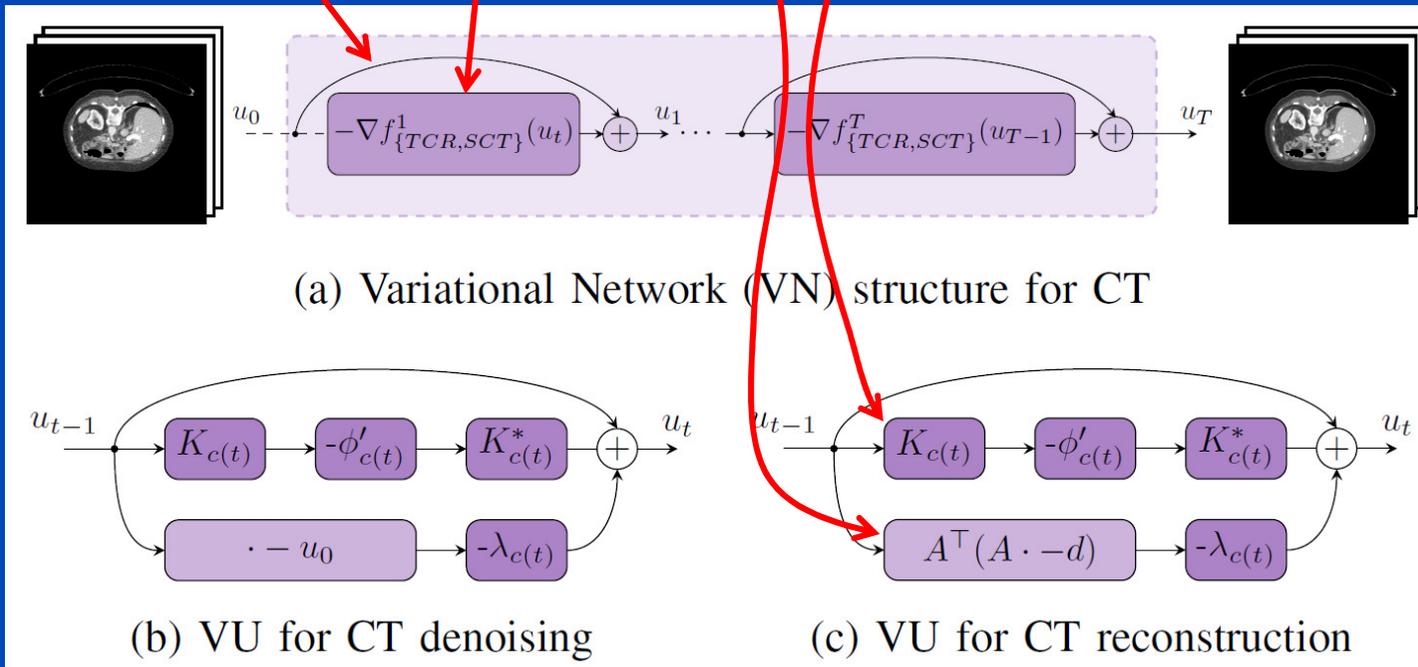
# Variational Network-Based Image Reconstruction

$$C(f) = \|X \cdot f - p\|_W^2 + R(f)$$

$$\nabla C(f) = X^T \cdot W \cdot (X \cdot f - p) + \nabla R(f)$$

$$f^{(t+1)} = f^{(t)} - \lambda \nabla C(f^{(t)})$$

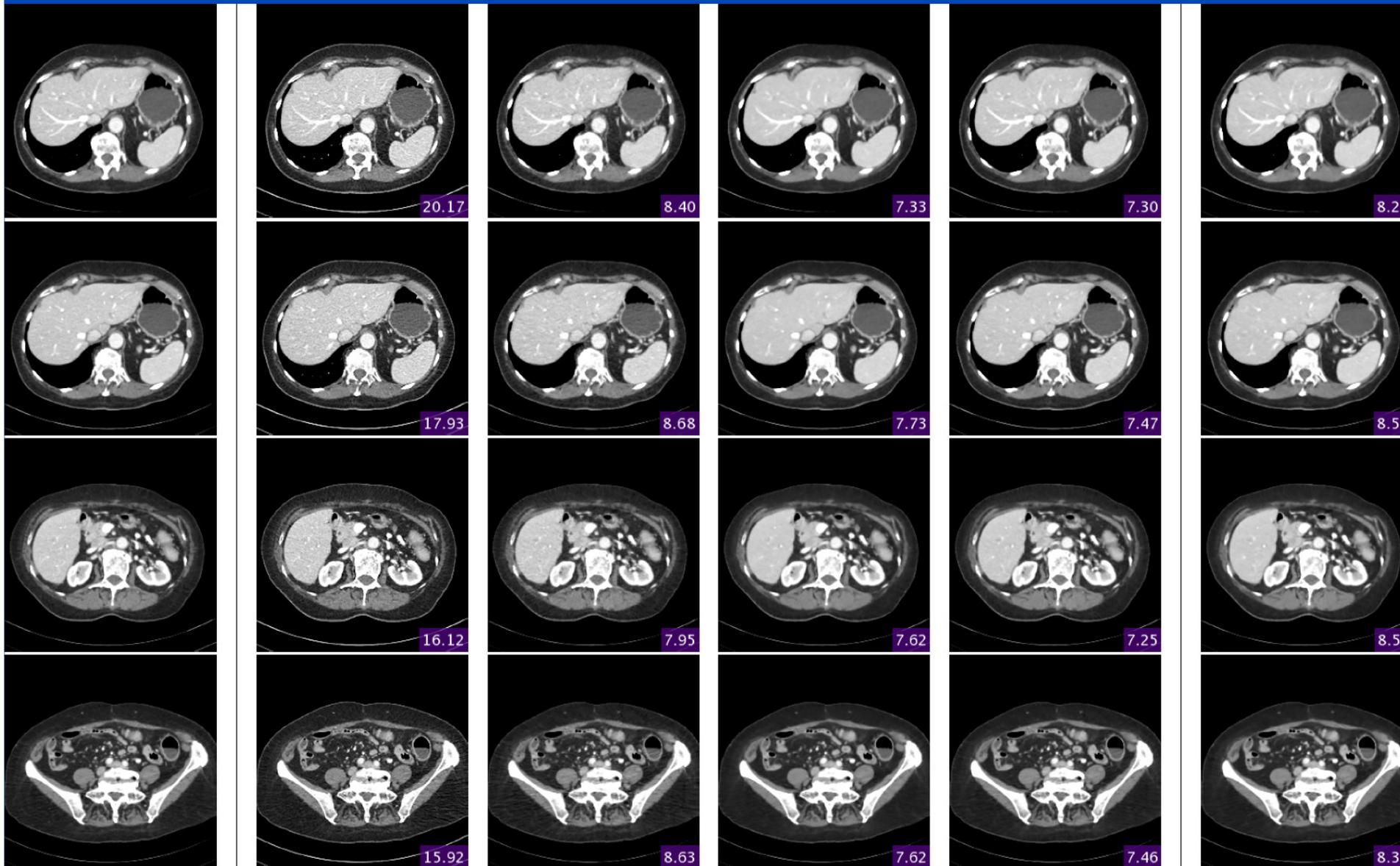
Highly simplified example. Varnets work for a much wider class of cost functions whose NN-based minimization is motivated by the primal dual approach.



full dose

1/4 dose

1/6 dose



(a) full-dose

(b) SAFIRE

(c) TV

(d) TCR

(e) SCT

(f) SCT

tube current reduction  
SAFIRE

sparse views  
TV

tube current reduction  
varnet

sparse views  
varnet

sparse views  
varnet

# Conclusions on Deep CT

- Machine learning will play a significant role in CT optimization.
- High potential for
  - Artifact correction
  - Noise and dose reduction
  - Real-time dose assessment (also for RT)
  - ...
- Care has to be taken
  - Underdetermined acquisition, e.g. sparse view or limited angle CT, require the net to make up information!
  - Nice looking images do not necessarily represent the ground truth.
  - Data consistency layers and variational networks with rawdata access may ensure that the information that is made up is consistent with the measured data.
  - ...



# Thank You!



## The 6<sup>th</sup> International Conference on Image Formation in X-Ray Computed Tomography

August 3 - August 7 • 2020 • Regensburg • Germany • [www.ct-meeting.org](http://www.ct-meeting.org)



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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](http://www.dkfz.de/ct).  
Job opportunities through DKFZ's international Fellowship programs ([marc.kachelriess@dkfz.de](mailto:marc.kachelriess@dkfz.de)).  
Parts of the reconstruction software were provided by RayConStruct® GmbH, Nürnberg, Germany.