



# AI in CT Image Formation

## Getting Ready and Tips for Researchers

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DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT

# Getting Ready

- **Wrong:**
  - “The aim is to develop and train a neural network that solves problem XYZ.”
- **Even wronger:**
  - “Problem XYZ is typically well solved with classical algorithms. I want to solve it with AI.”
- **Right:**
  - “The aim is to solve problem XYZ.”
  - “Literature shows  $N$  classical and  $M$  deep learning-based approaches solving XYZ. The classical ones are inaccurate because XYZ is very complex. The AI-based solutions are much more promising but hallucinate too much.”
  - “Thus, we want to develop a new data-driven solution.”

Also right:

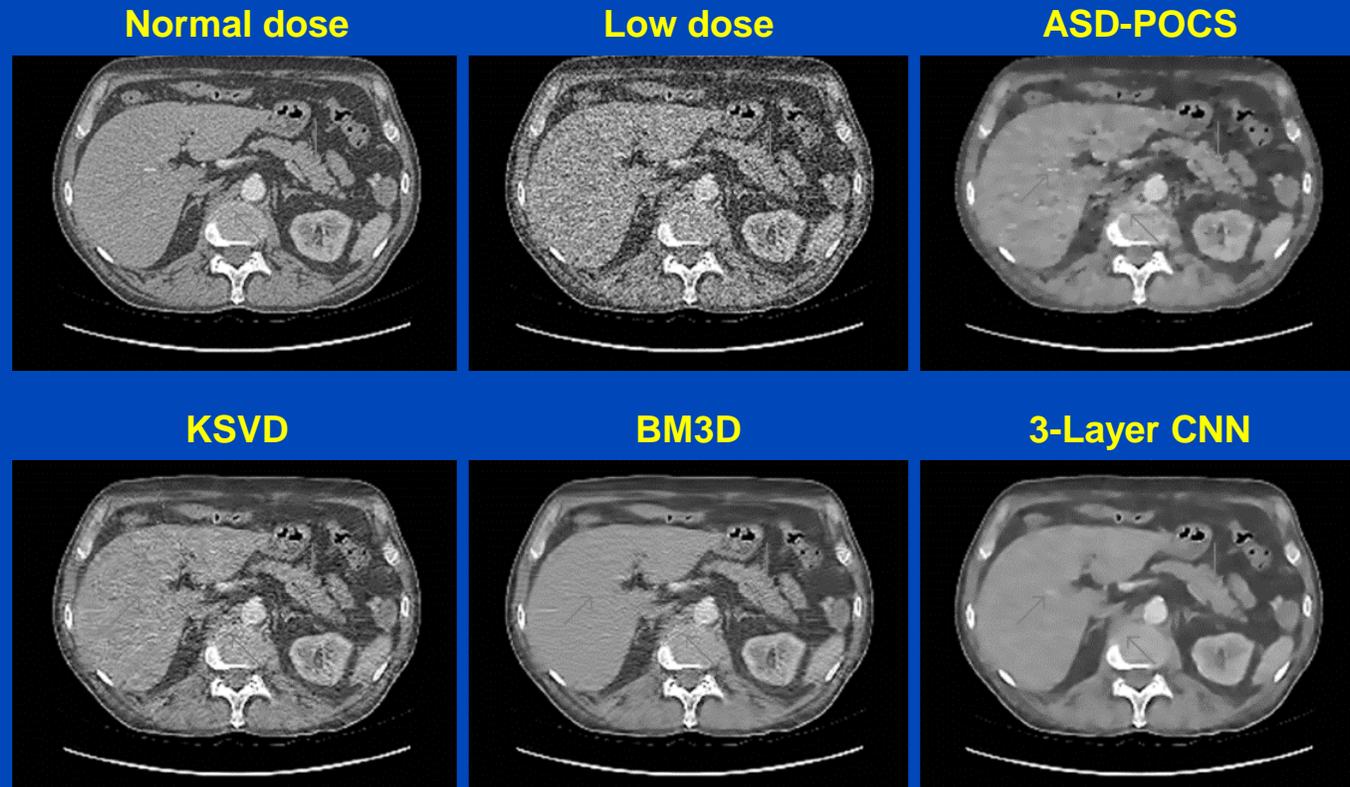
**Attend my refresher course “Basics of AI” tomorrow morning at 8:00 in room Saturn.**

Important, but boring

# **NOISE REDUCTION**

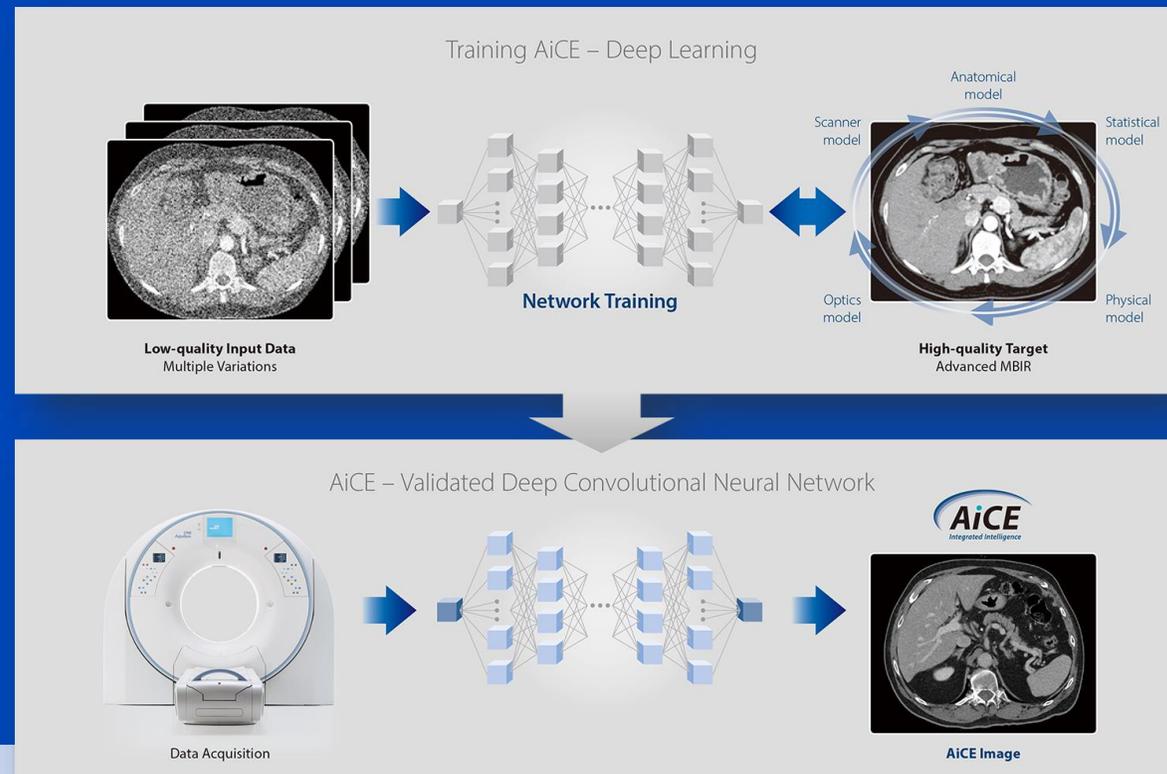
# Negative Example

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



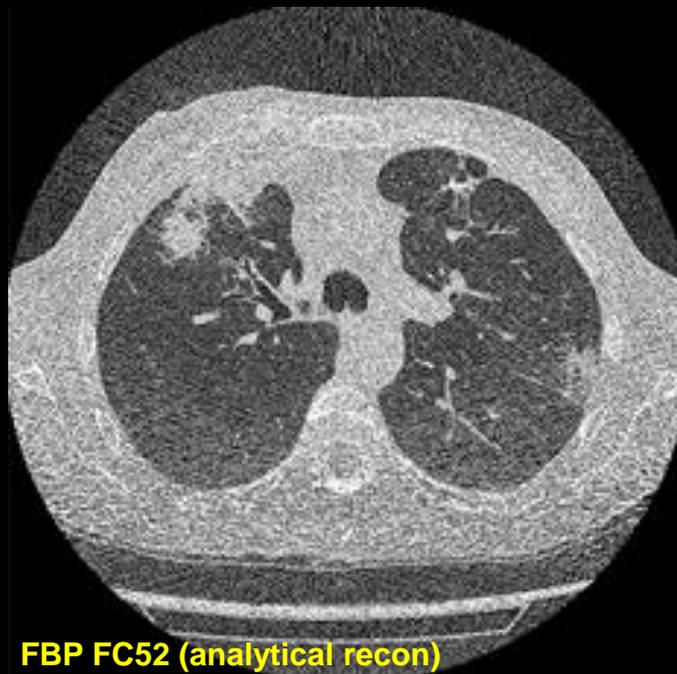
# Noise Removal: Canon's AiCE

- Advanced intelligent Clear-IQ Engine (AiCE)
- Trained to restore low-dose CT data to match the properties of FIRST, the model-based IR of Canon.
- FIRST is applied to high-dose CT images to obtain high fidelity labels.

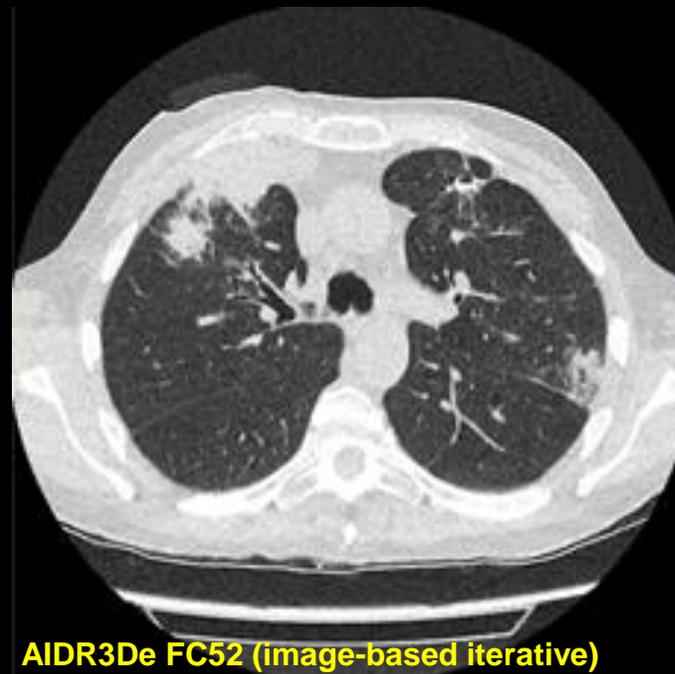


K. Boedeker. AiCE Deep Learning Reconstruction: Bringing the Power of Ultra High Resolution CT to Routine Imaging. Whitepaper, Canon, 2019.

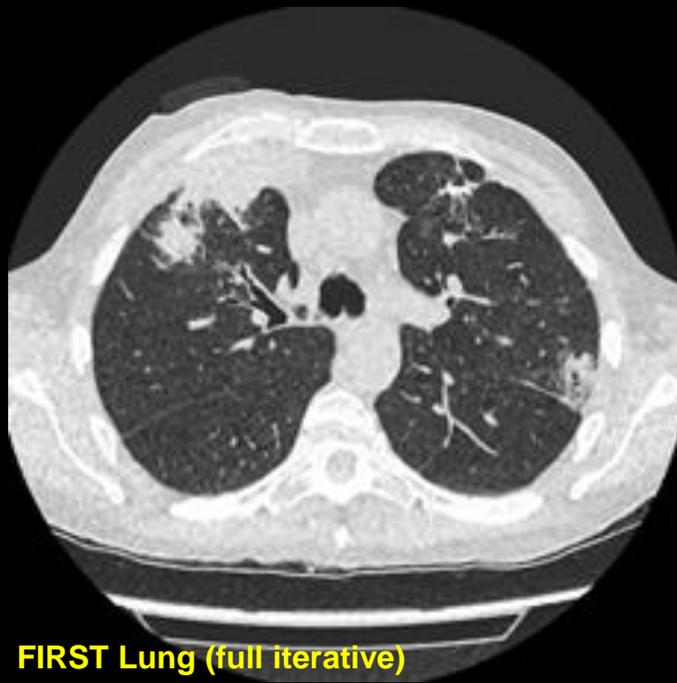
U = 100 kV  
CTDI = 0.6 mGy  
DLP = 24.7 mGy·cm  
D<sub>eff</sub> = 0.35 mSv



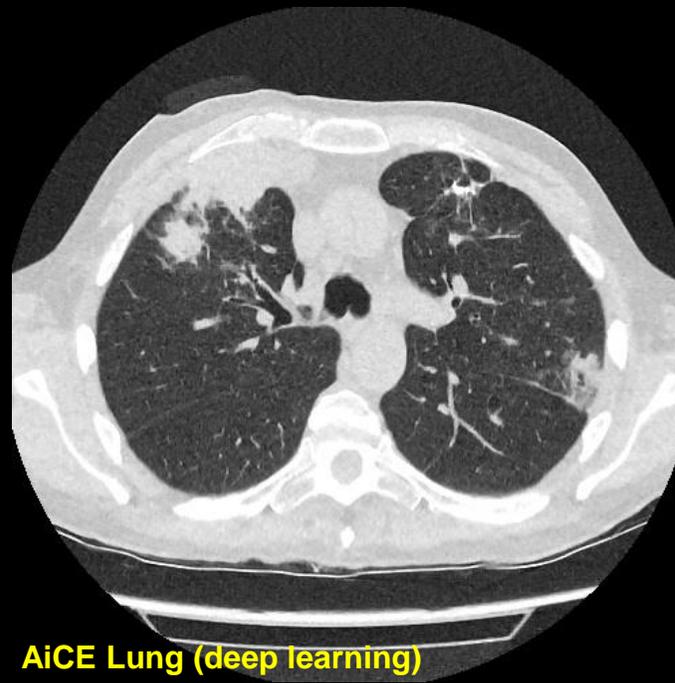
FBP FC52 (analytical recon)



AIDR3De FC52 (image-based iterative)



FIRST Lung (full iterative)



AiCE Lung (deep learning)

Courtesy of  
Radboudumc,  
the Netherlands

# CT Vendor-Based DL Denoising Algorithms

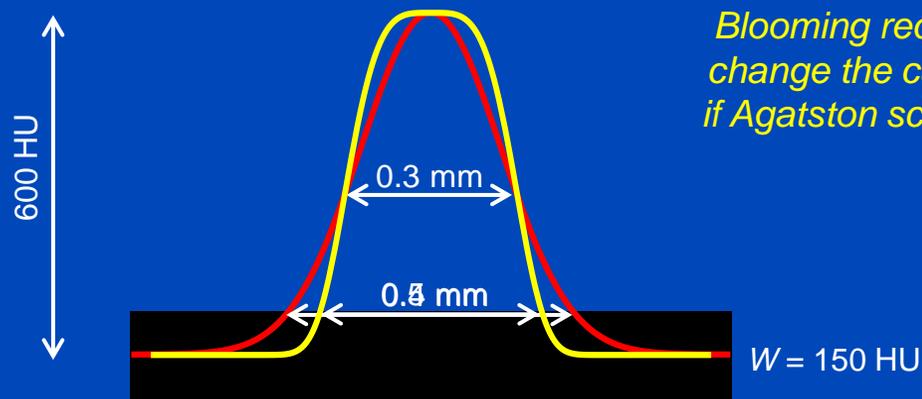
Name	Vendor	Source	Labels	Comments
<b>AiCE</b>	Canon	Low dose AIDR3D images (by noise injection)	FIRST reconstruction of normal dose data	
<b>True Fidelity</b>	GE	Low dose rawdata/images (by noise injection)	FBP reconstruction of normal/high dose data	Probably uses BP layer. Said to preserve noise texture.
<b>Precise Image</b>	Philips	Low dose images (by noise injection)	FBP reconstruction of normal dose data	
-	Siemens	-	-	
<b>AIIR</b>	United	Low dose sinograms (by noise injection?)	Iterative reconstruction of normal dose data	Neural network regularizes IR

Interesting, but misleading

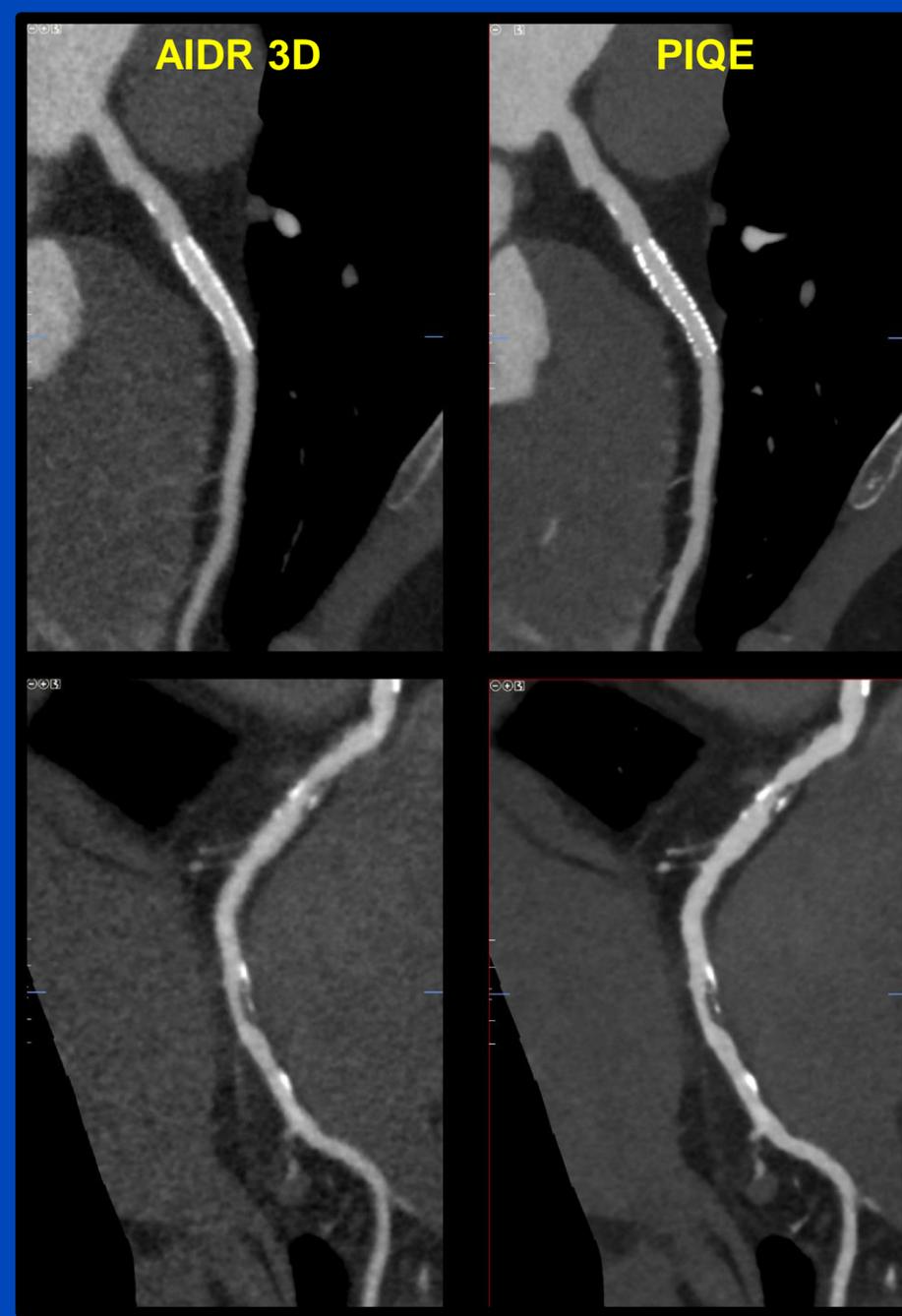
# **SPATIAL RESOLUTION ENHANCEMENT**

# Canon PIQE

- Precise IQ Engine (PIQE).
- Trained on data from Canon's Precision high spatial resolution CT
- Converts images from Canon's standard spatial resolution scanners (e.g. Aquilion ONE / PRISM edition) to look like high spatial resolution images.



*Warning:  
Blooming reduction might  
change the calcium score,  
if Agatston scoring is used.*



Surprising, but well performing

# SCATTER ESTIMATION - FAST PHYSICS

# Deep Scatter Estimation (DSE)



TOP DOWNLOADED PAPER 2018-2019

CONGRATULATIONS TO

**Marc Kachelrieß**

whose paper has been recognized as  
one of the most read in

Medical Physics

This work received the  
**Behnken-Berger Award**  
at the DGMP annual meeting 2021

BEHNKEN-BERGER  STIFTUNG

WILEY

MEDICAL PHYSICS

The International Journal of Medical Physics Research and Practice

**Congratulations — your work was one of the top  
downloaded in recent publication history!**

Dear MARC,

We are excited to share that your research, published in [Medical Physics](#), is  
among the top 10% most downloaded papers!

- [Real-time scatter estimation for medical CT using the deep scatter estimation: Method and robustness analysis with respect to different anatomies, dose levels, tube voltages, and data truncation](#)

TOP DOWNLOADED PAPER 2018-2019

CONGRATULATIONS TO

**Joscha Maier**

whose paper has been recognized as  
one of the most read in

Medical Physics

# Monte Carlo Scatter Estimation

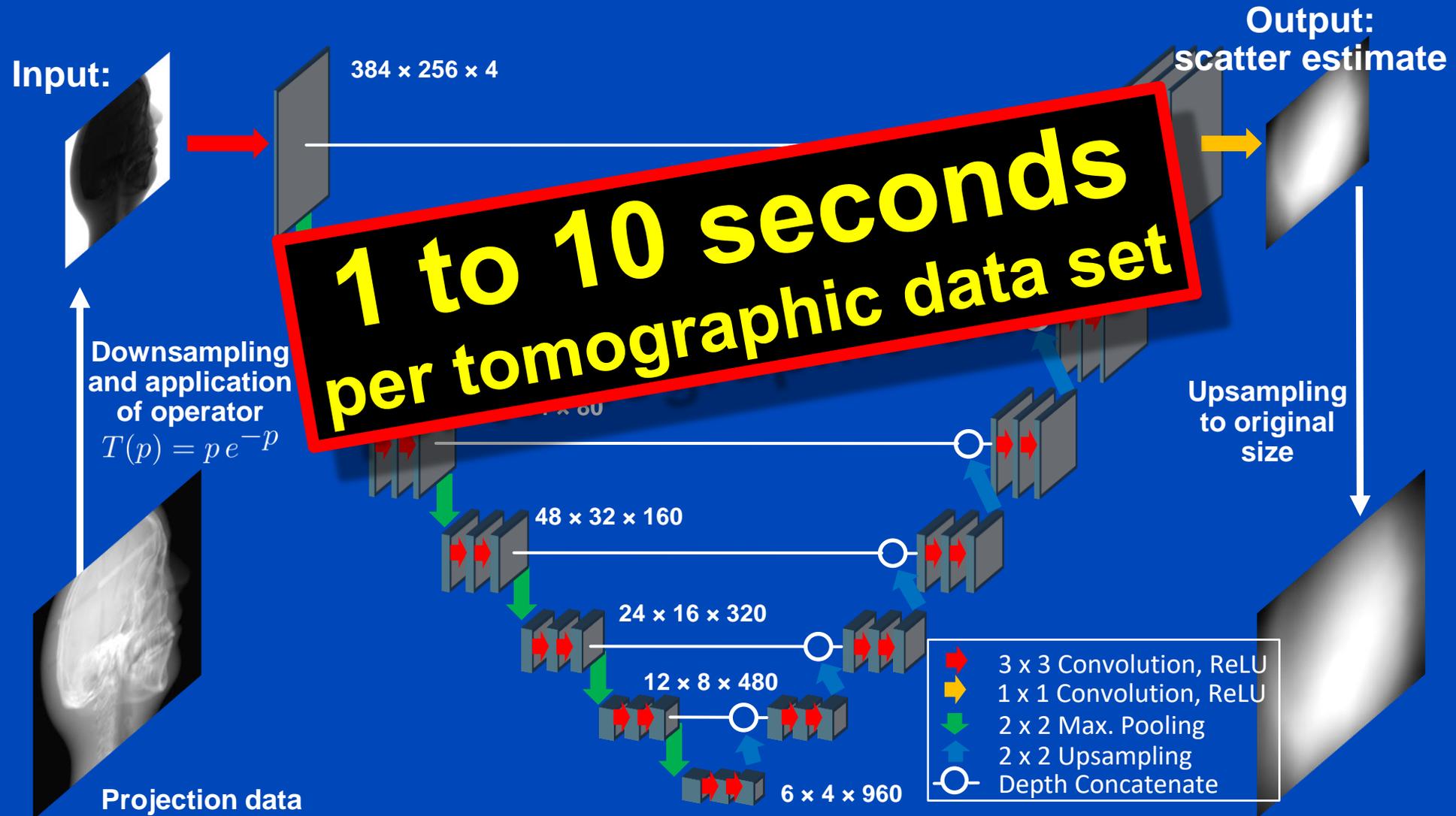
- Simulation of photon trajectories according to physical interaction probabilities.
- Simulating a large number of photons  $\rightarrow$  approximates the actual scatter distribution

**1 to 10 hours  
per tomographic data set**



# Deep Scatter Estimation

## Network architecture & scatter estimation framework

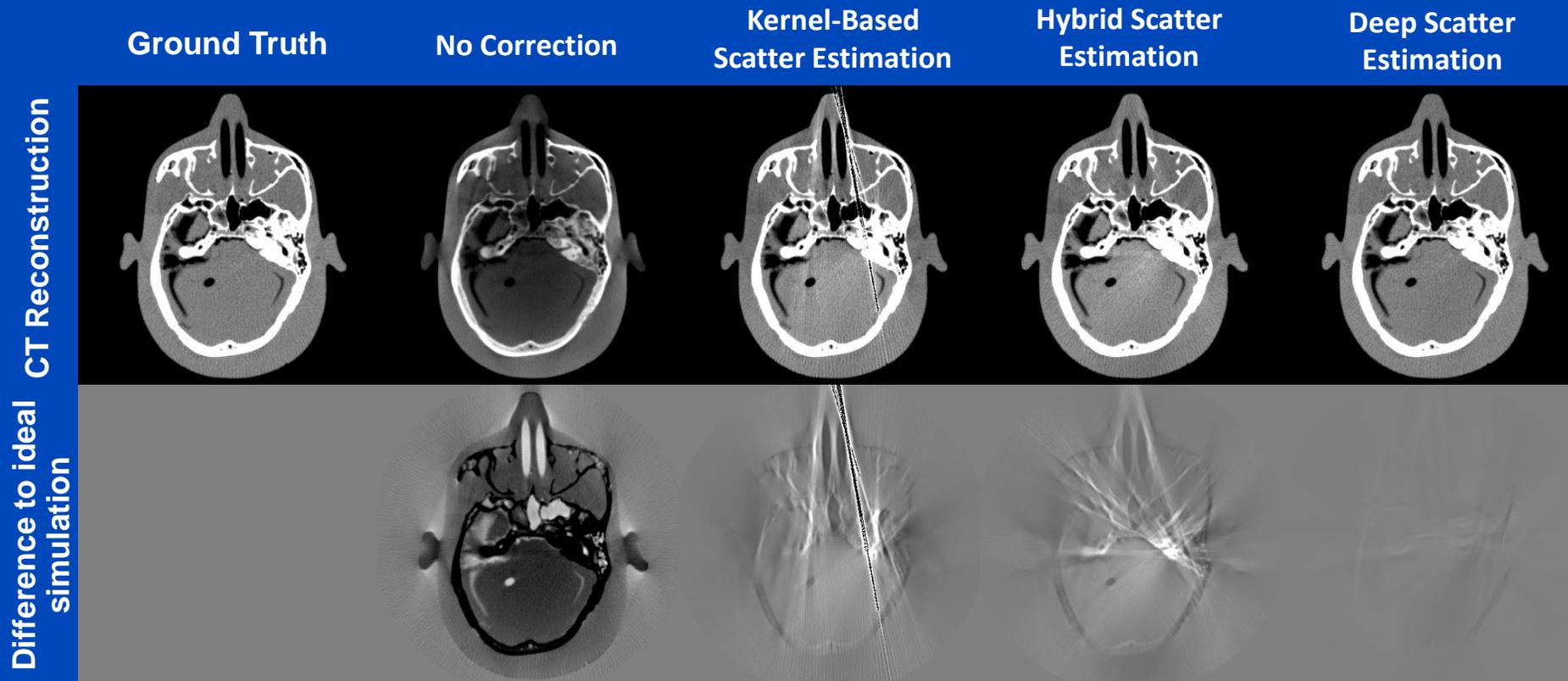


# Results on Simulated Projection Data

	Primary intensity	Scatter ground truth (GT)	(Kernel - GT) / GT	(Hybrid - GT) / GT	(DSE - GT) / GT
View #1			<b>14.1%</b> mean absolute percentage error over all projections	<b>7.2%</b> mean absolute percentage error over all projections	<b>1.2%</b> mean absolute percentage error over all projections
View #2					
View #3					
View #4					
View #5					
	<b>C = 0.5, W = 1.0</b>	<b>C = 0.04, W = 0.04</b>	<b>C = 0%, W = 50%</b>	<b>C = 0%, W = 50%</b>	<b>C = 0%, W = 50%</b>

DSE trained to estimate scatter from **primary plus scatter**: High accuracy

# Reconstructions of Simulated Data



$C = 0 \text{ HU}, W = 1000 \text{ HU}$

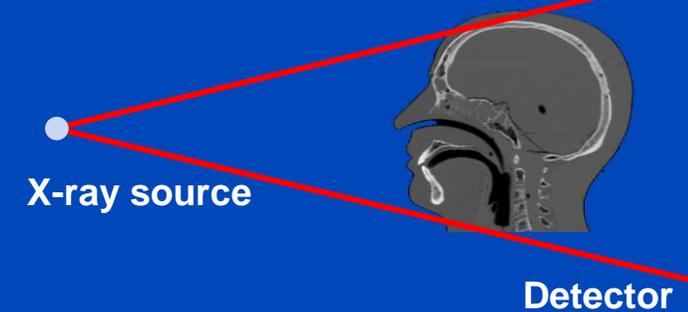
# Testing of the DSE Network for Measured Data (120 kV)

## DKFZ table-top CT

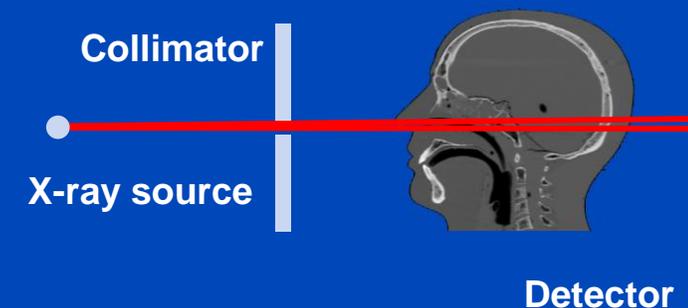


- Measurement of a head phantom at our in-house table-top CT.
- Slit scan measurement serves as ground truth.

### Measurement to be corrected

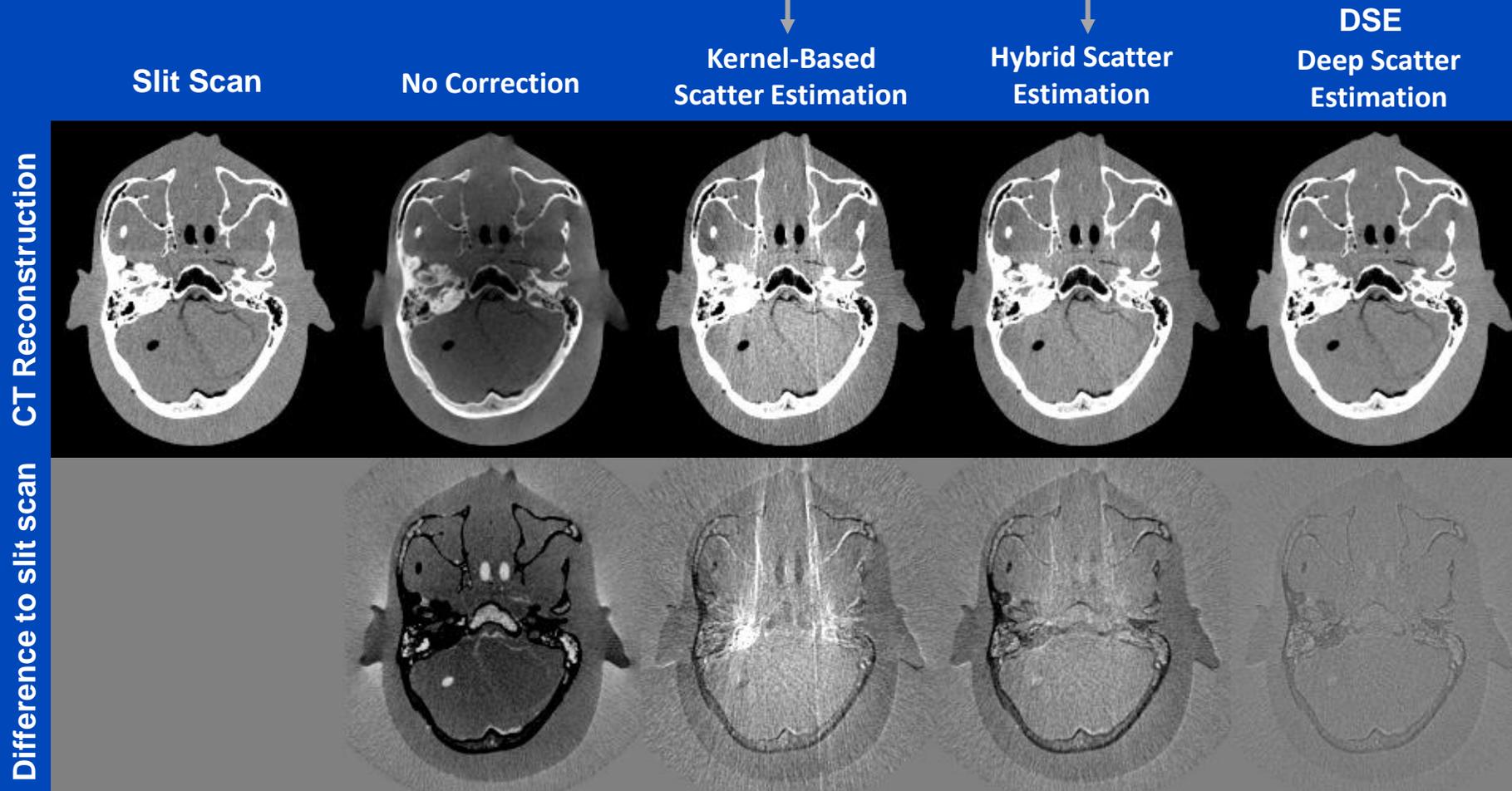


### Ground truth: slit scan



# Reconstructions of Measured Data

Parameters of the two comparison methods trained in the same way as those of DSE: same data, same loss function, same optimization algorithm.



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

Challenging, but relevant

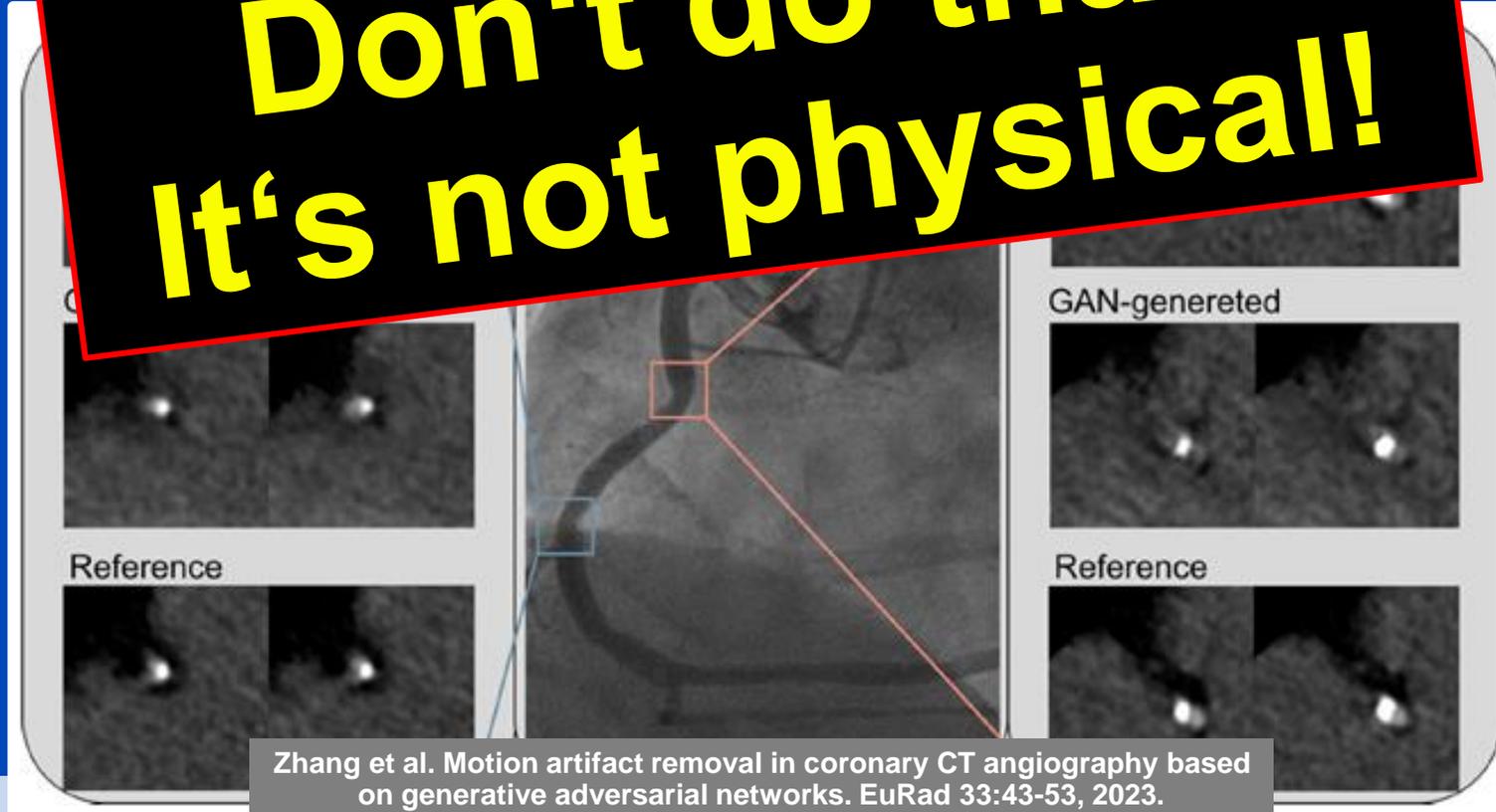
# **MOTION COMPENSATION**

# Deep Cosmetic Motion Artifact Reduction

- Image-based correction  
= cosmetic correction  
= similar to pic beauty and others
- May not be the most confident way

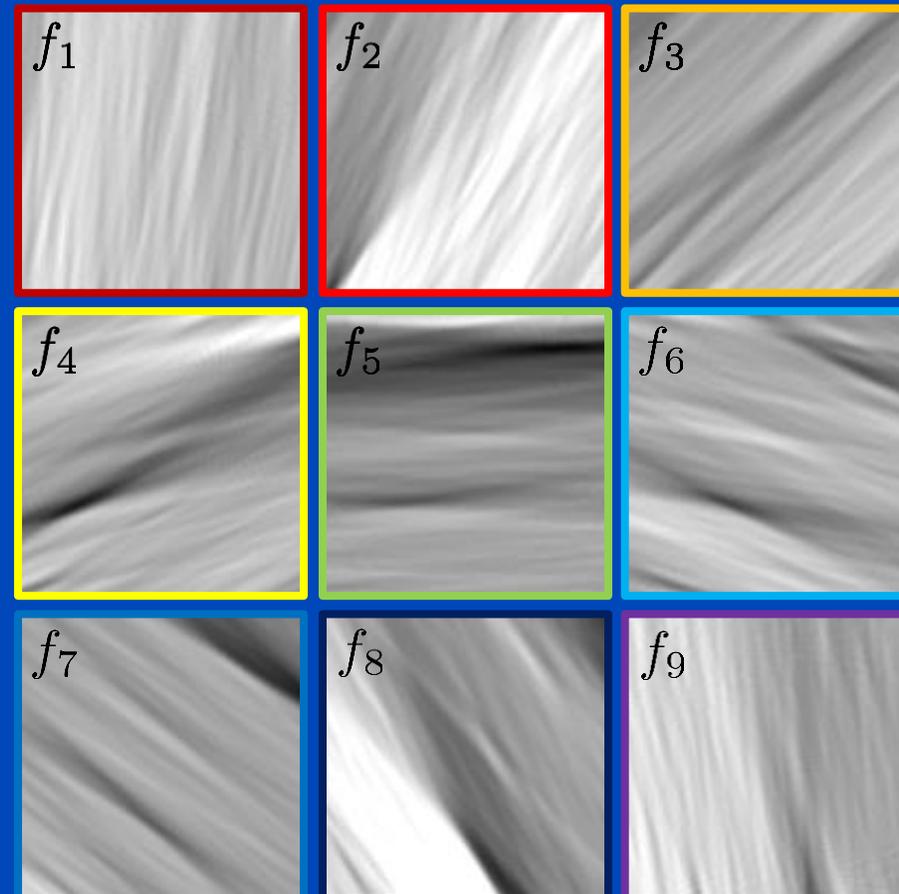
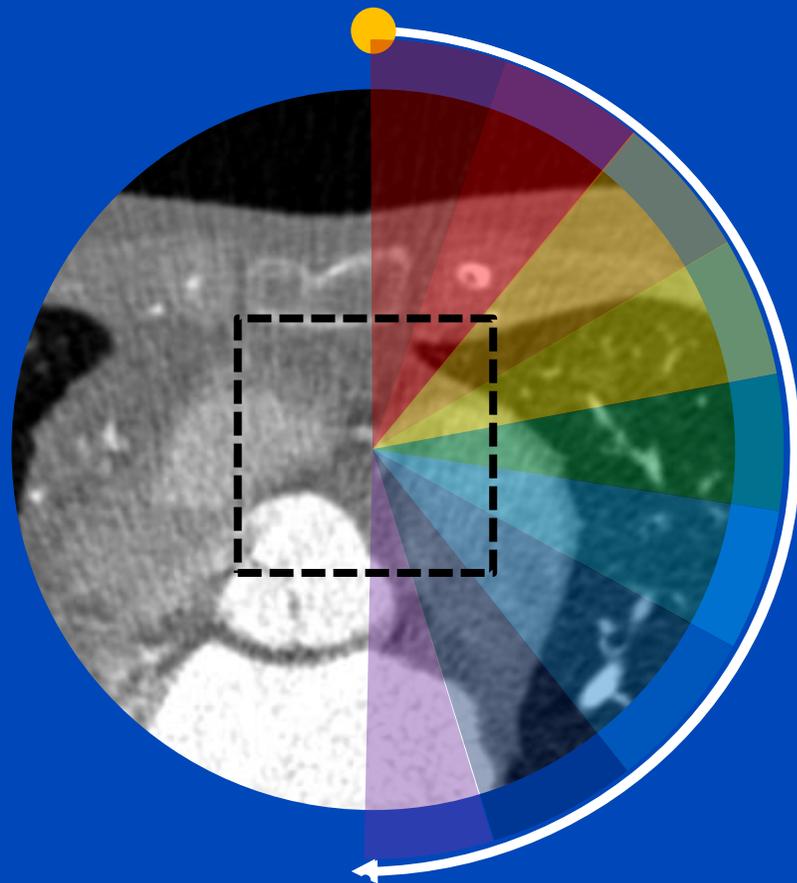


**Don't do that!  
It's not physical!**



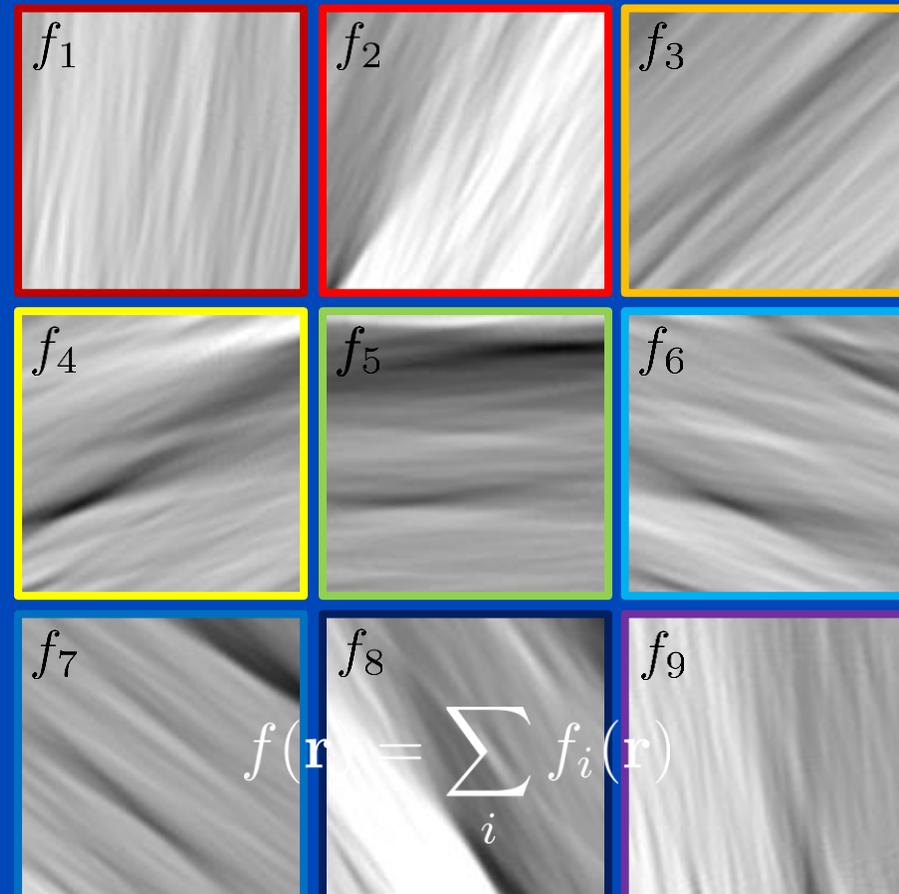
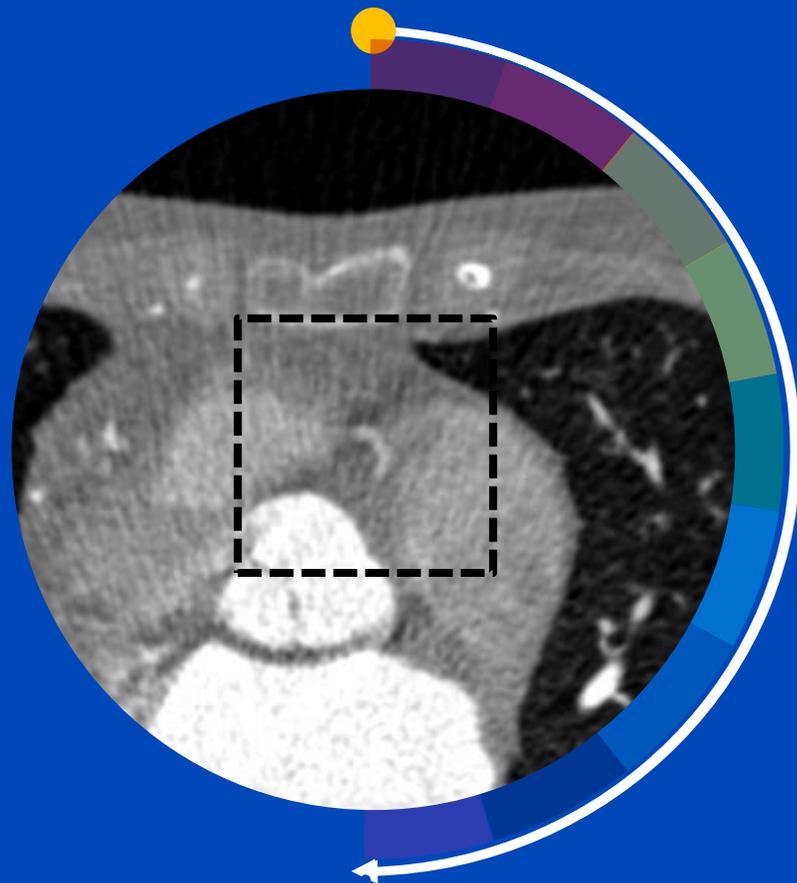
Zhang et al. Motion artifact removal in coronary CT angiography based on generative adversarial networks. *EuRad* 33:43-53, 2023.

# Partial Angle-Based Motion Compensation (PAMoCo)

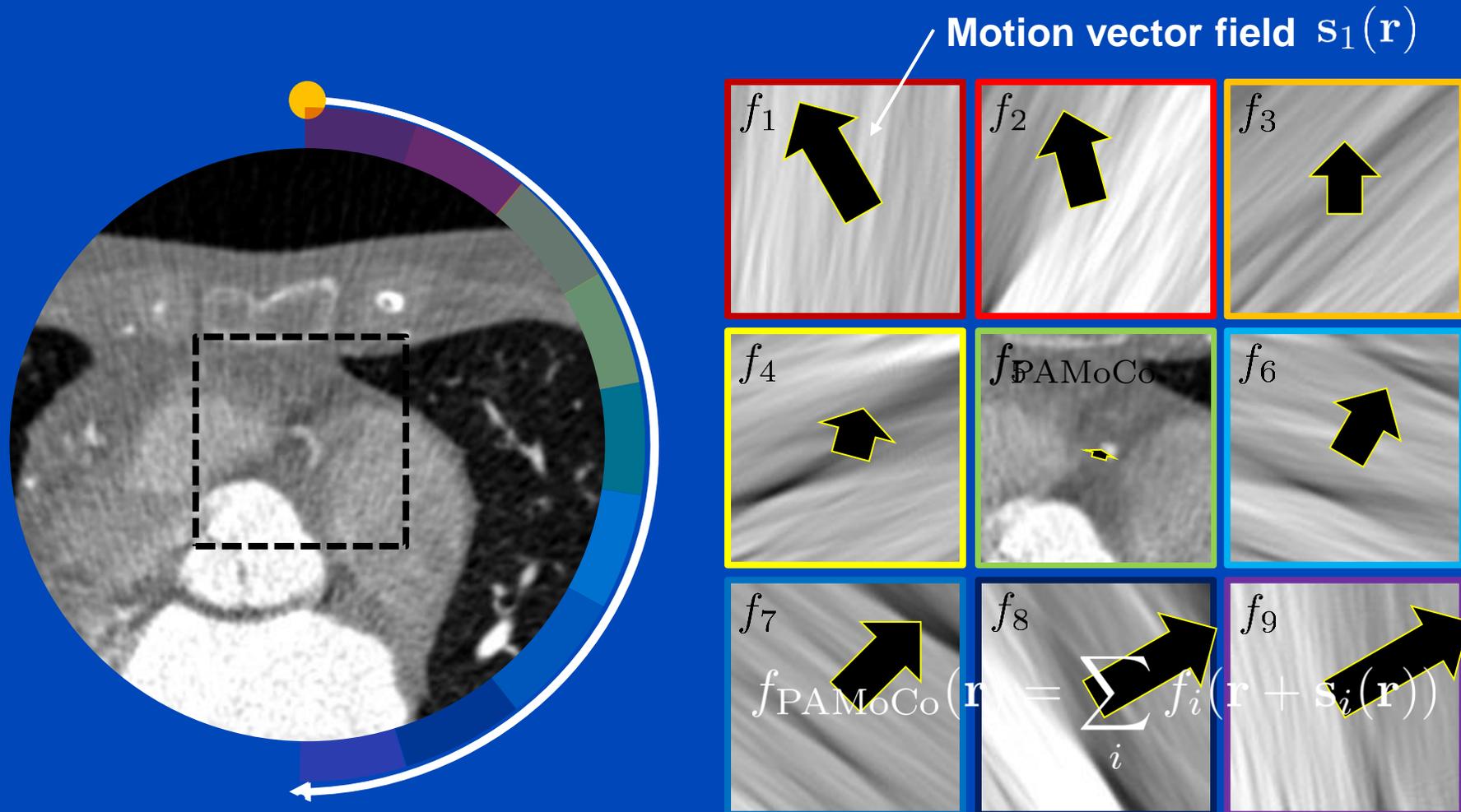


Animated rotation time = 100 × real rotation time

# Partial Angle-Based Motion Compensation (PAMoCo)



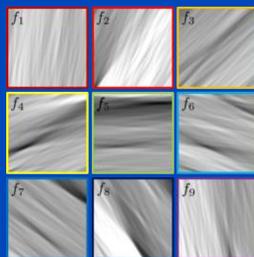
# Partial Angle-Based Motion Compensation (PAMoCo)



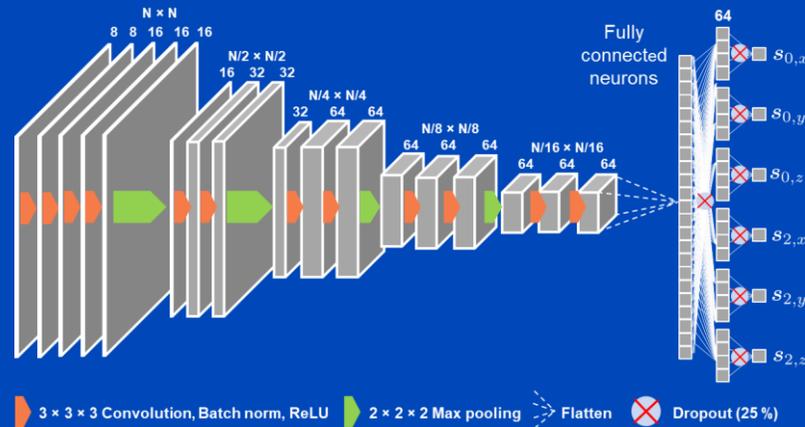
Apply motion vector fields (MVFs) to partial angle reconstructions

# Deep Partial Angle-Based Motion Compensation (Deep PAMoCo)

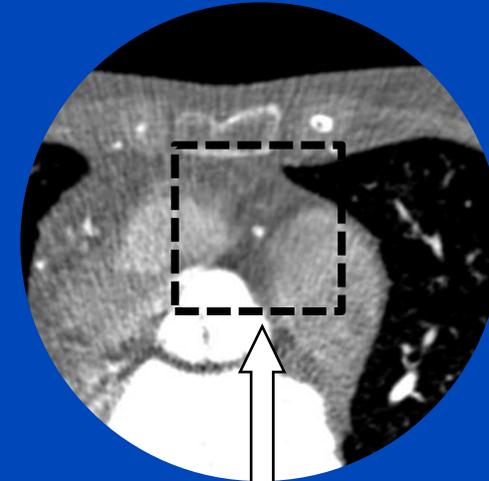
PARs centered around coronary artery



Neural network to predict parameters of a motion model

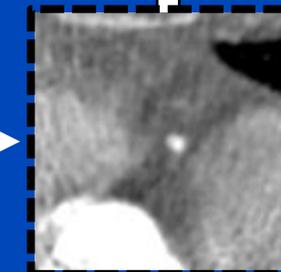


Reinsertion of patch into initial reconstruction



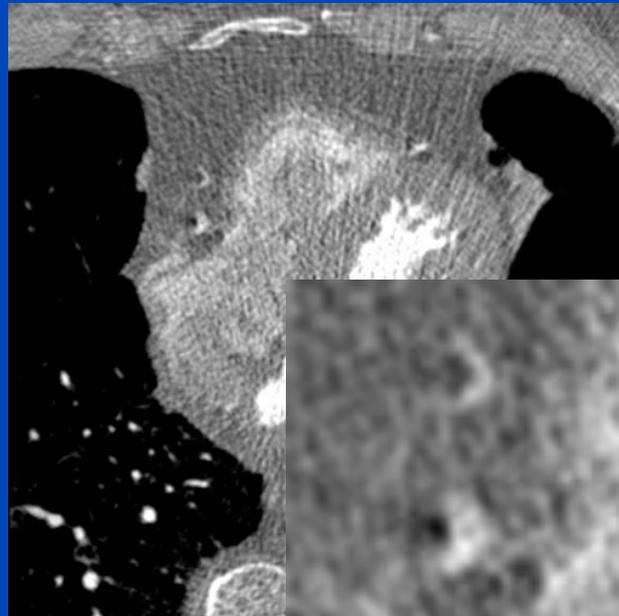
Spatial transformer

Application of the motion model to the PARs via a spatial transformer

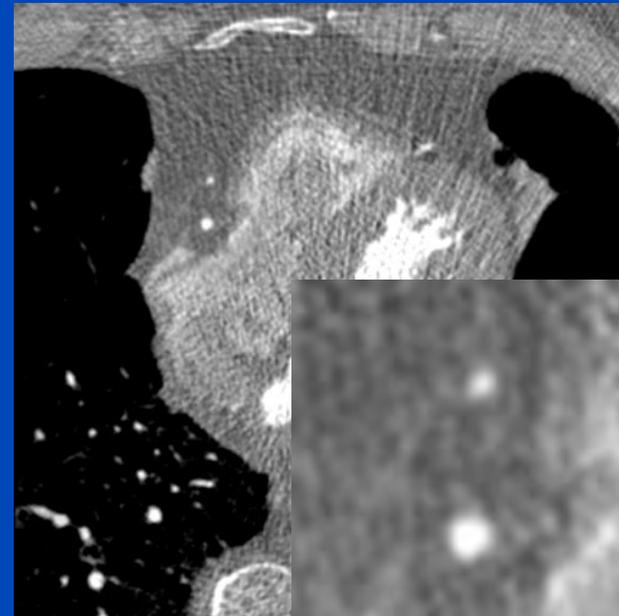


# Patient 1

Original



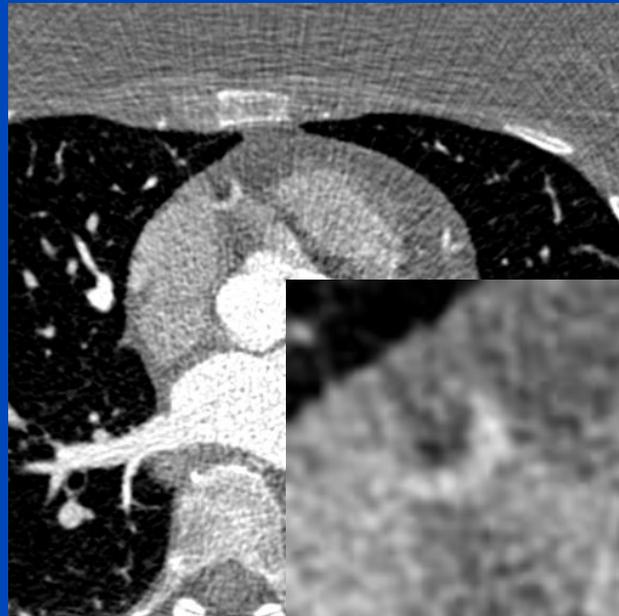
Deep PAMoCo



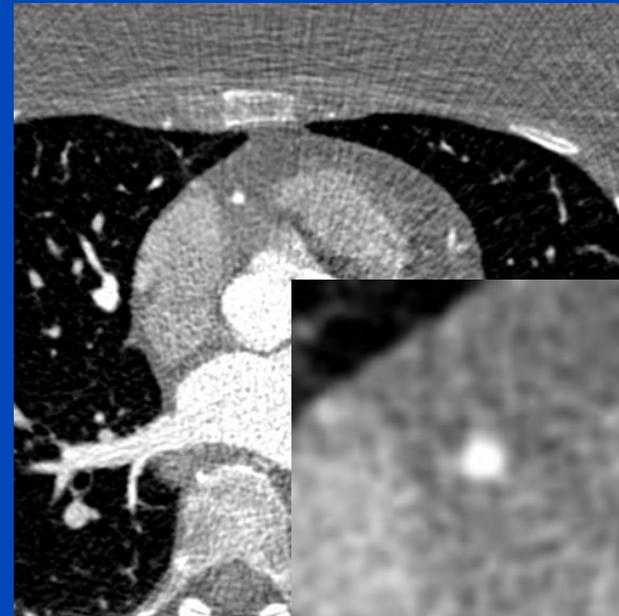
$C = 0 \text{ HU}$ ,  $W = 1400 \text{ HU}$

# Patient 2

Original



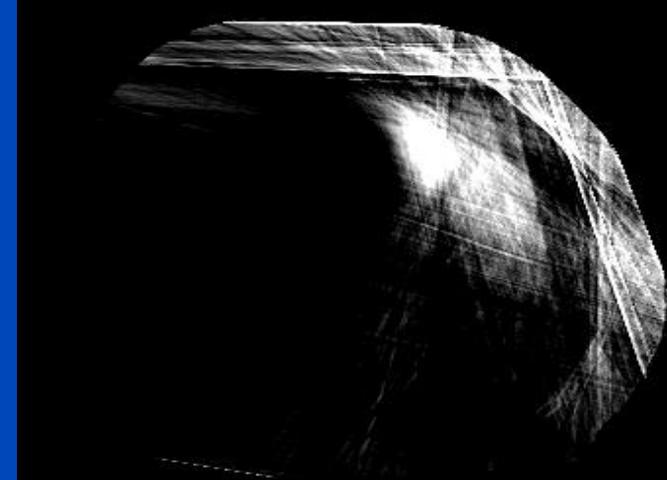
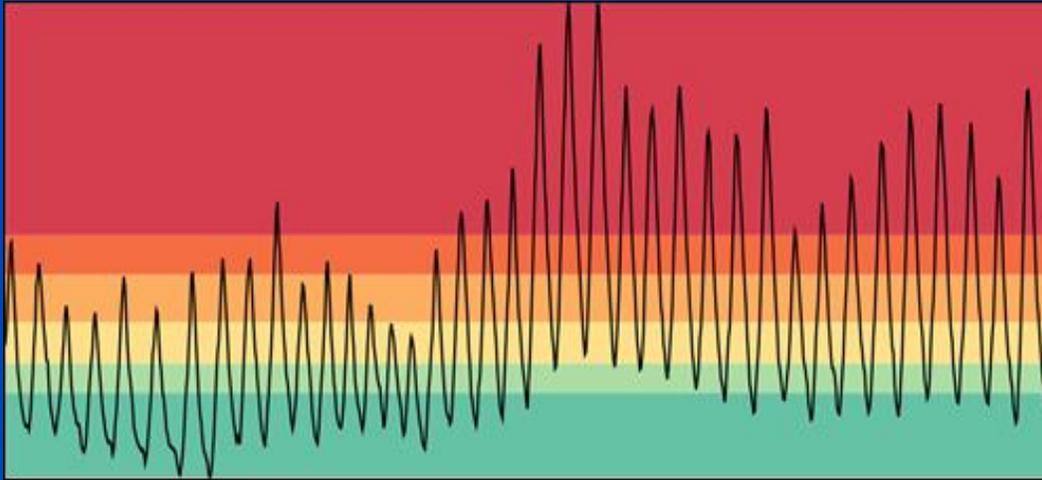
Deep PAMoCo



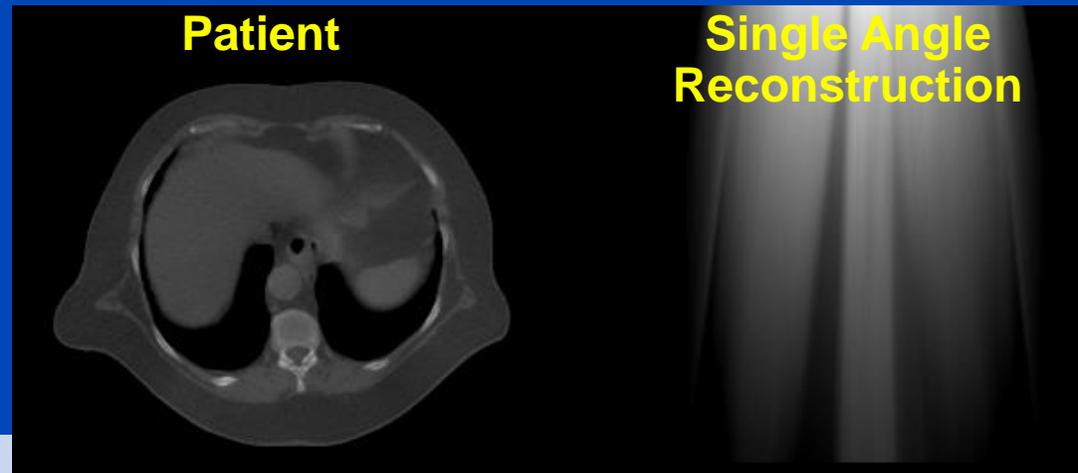
$C = 0 \text{ HU}$ ,  $W = 1600 \text{ HU}$

# MoCo for CBCT (Slow Rotating CT)

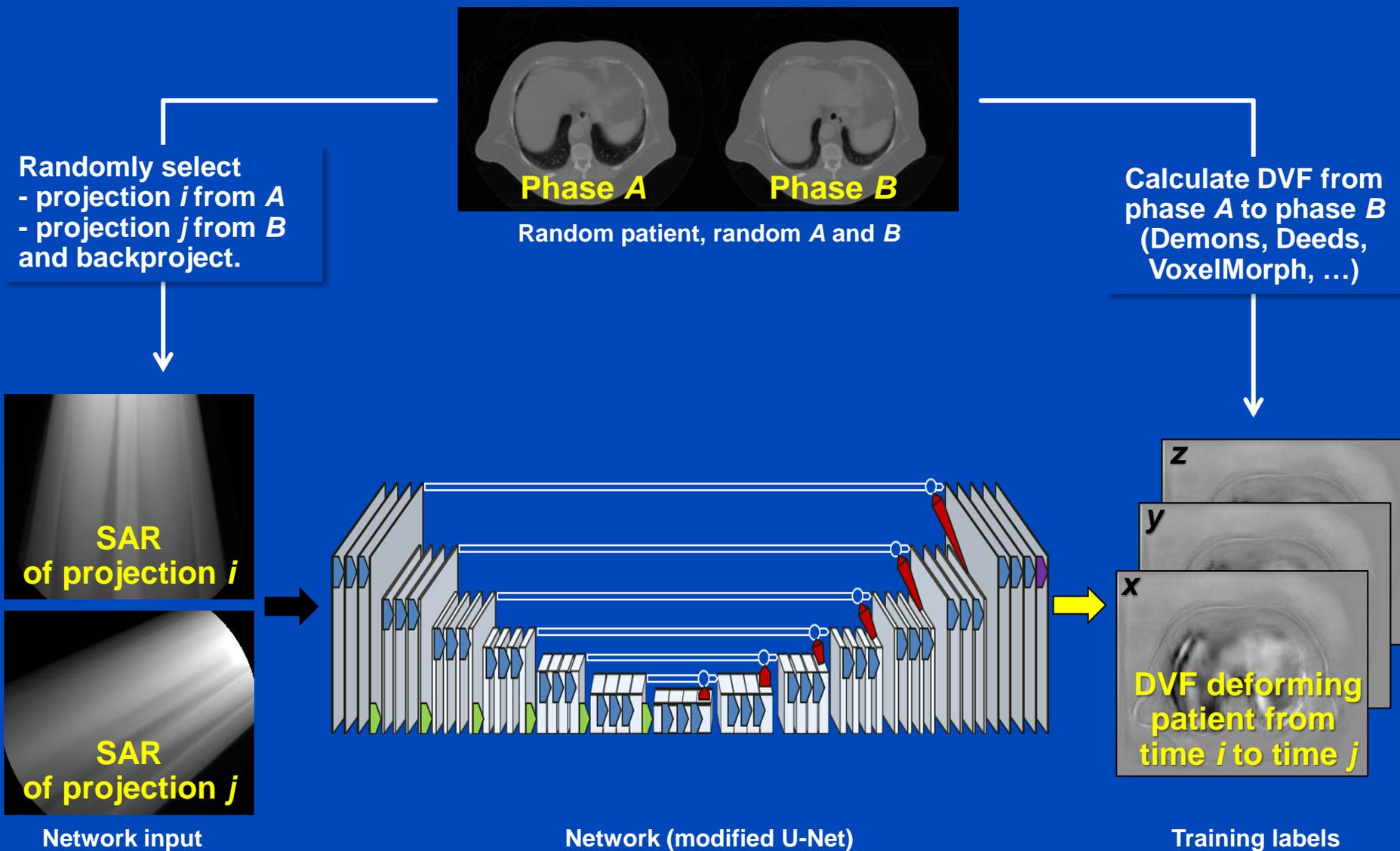
- Gating does only work on regular breathing. Otherwise:



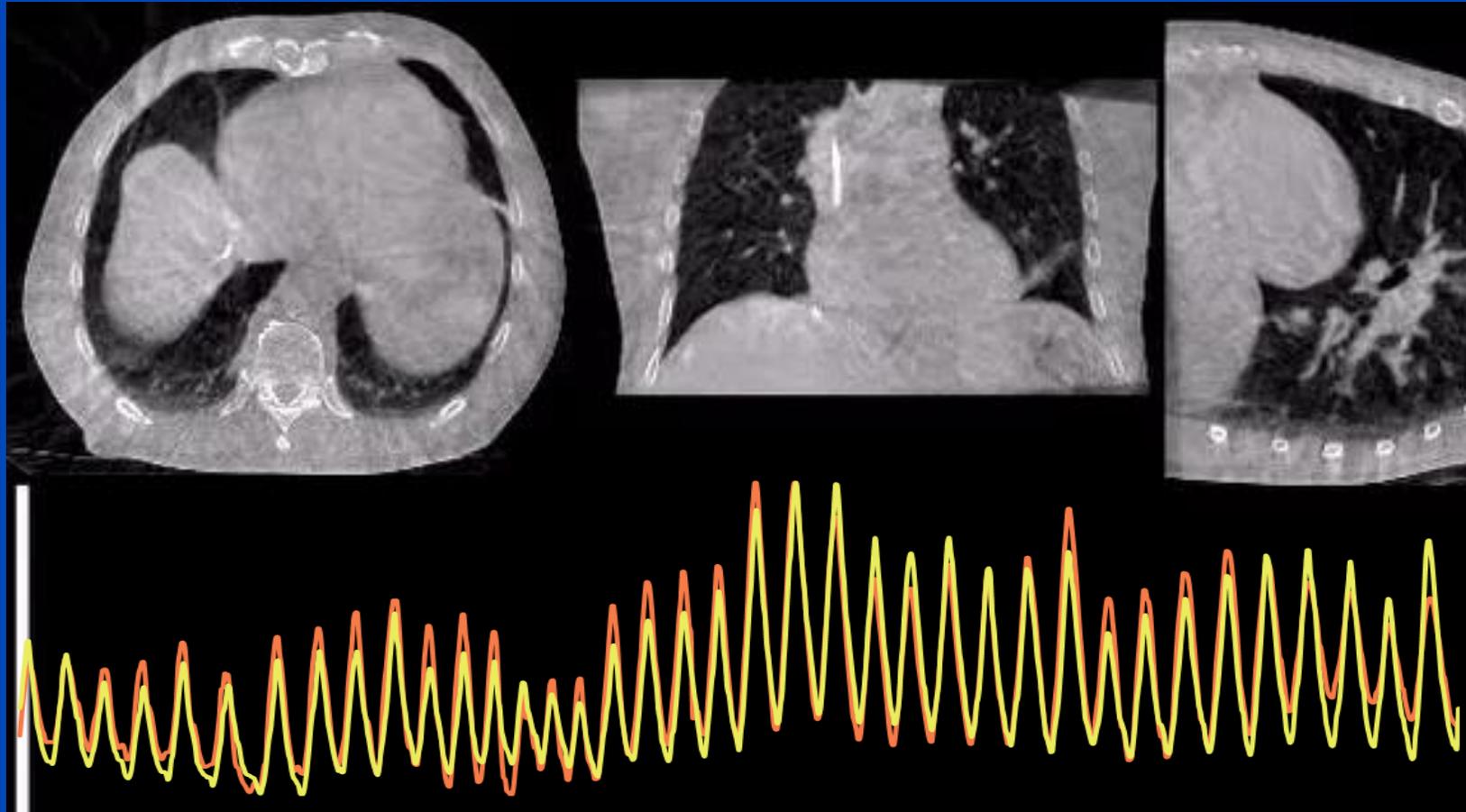
- Idea: Just use a single x-ray projection as a time point for motion estimation:



# Training Workflow of Deep SAMoCo

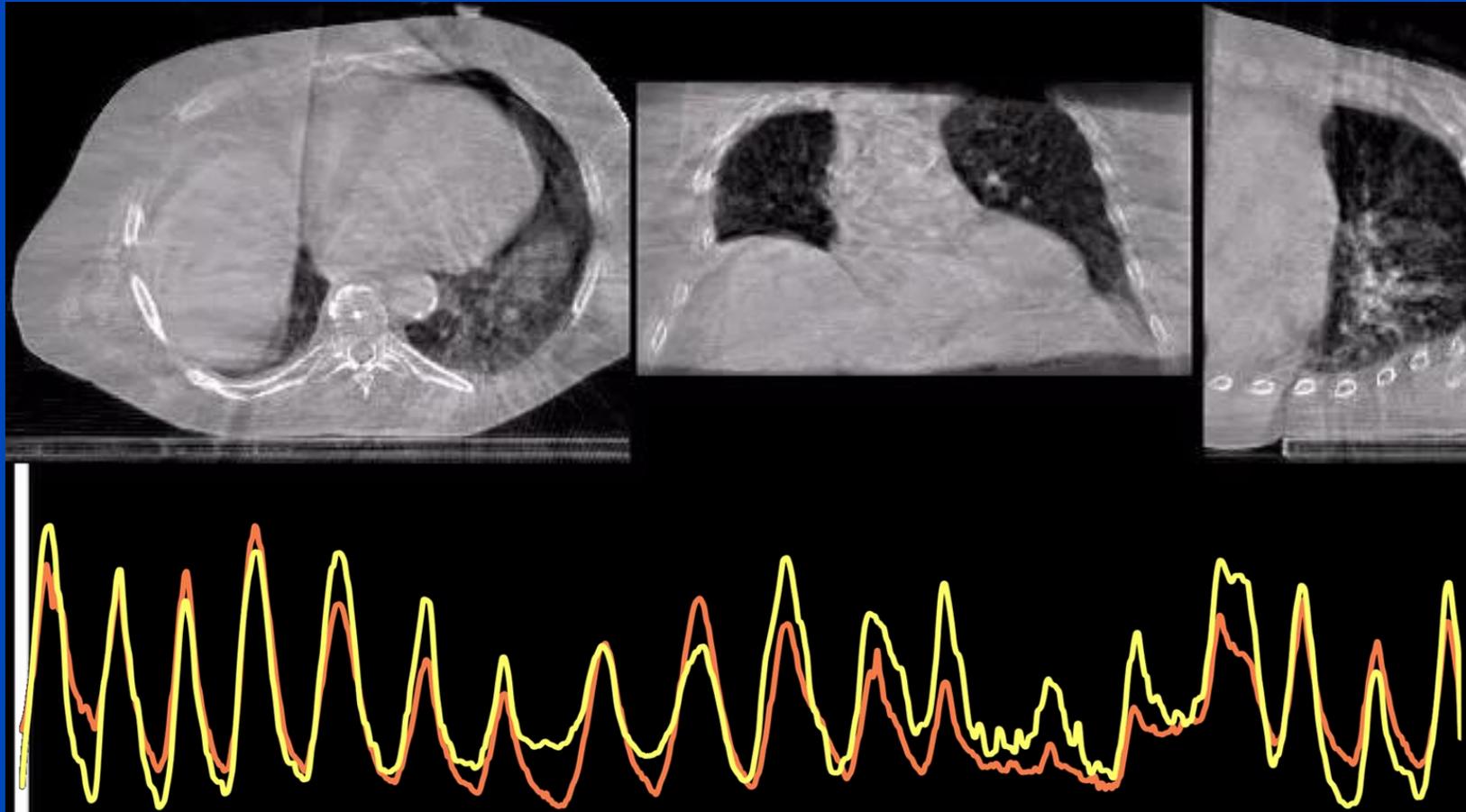


# VUMC\_4DThorax

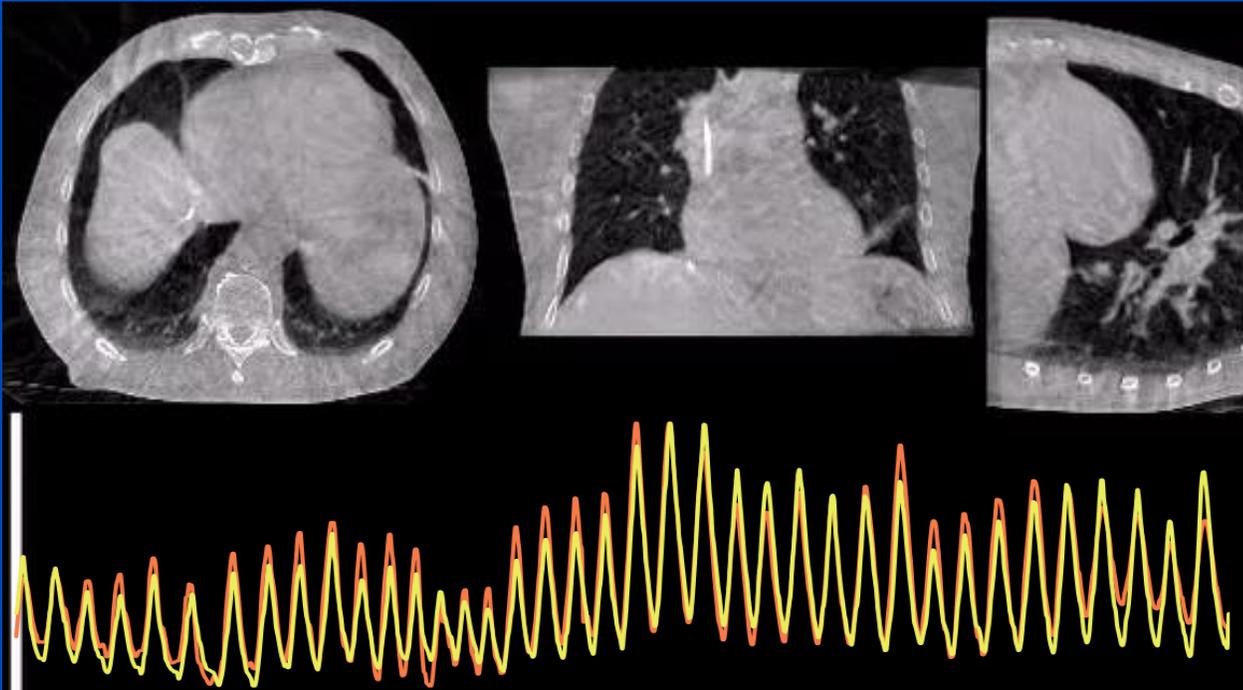


Red: RPM signal (external signal – not used for recon)  
Yellow: Diaphragm motion (intrinsic signal – from PAMoCo recon)

# MSK 1



Red: RPM signal (external signal – not used for recon)  
Yellow: Diaphragm motion (intrinsic signal – from PAMoCo recon)



Upcoming in  
**2025**  
(yet to be developed)

A graphic of a spotlight beam shining downwards from the top, centered under the text above.

Lots of missing data

**DETRUNCATION**

# Evaluation of novel AI-based extended field-of-view CT reconstructions

Gabriel Paiva Fonseca<sup>a)\*</sup>

*Department of Radiation Oncology (MAASTRO), GROW School for Oncology and Developmental Biology, Maastricht University Medical Centre+, Maastricht 6229 ET, The Netherlands*

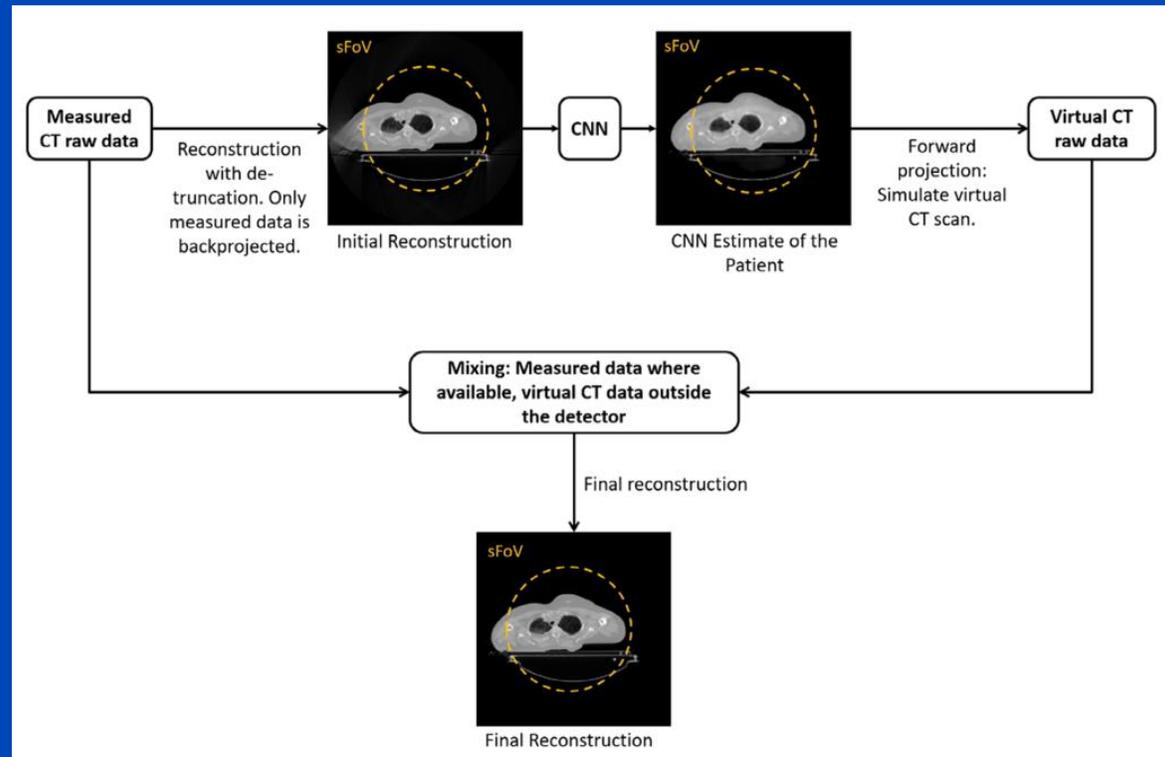
Matthias Baer-Beck\* Eric Fournie and Christian Hofmann

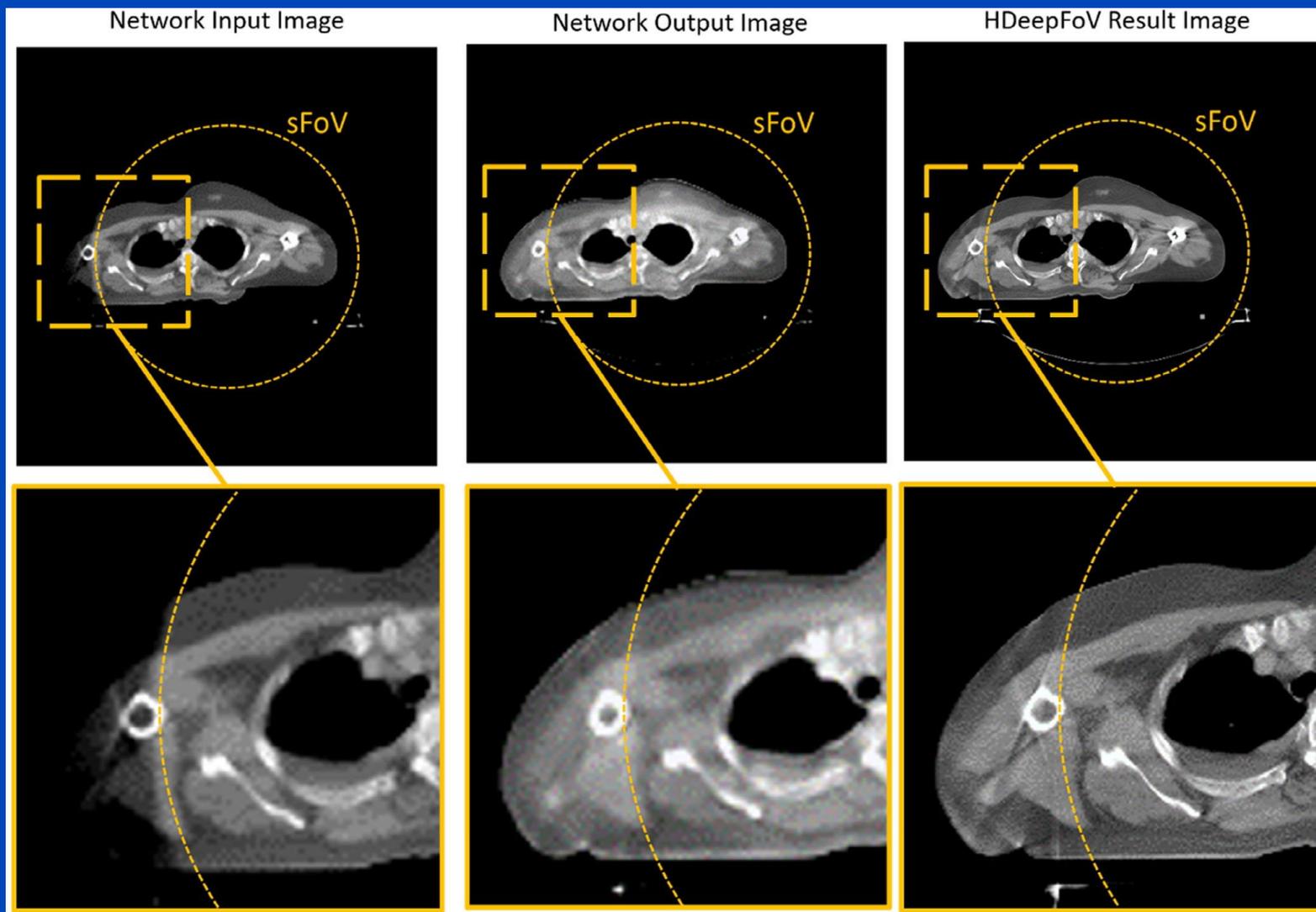
*Siemens Healthcare GmbH, Forchheim, Germany*

Ilaria Rinaldi, Michel C Ollers, Wouter J.C. van Elmpt and Frank Verhaegen

*Department of Radiation Oncology (MAASTRO), GROW School for Oncology and Developmental Biology, Maastricht University Medical Centre+, Maastricht 6229 ET, The Netherlands*

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# Latent Space Reconstruction and its Application to CT Detruncation: Latent Detruncation

Anton Kabelac, Elias Eulig, Joscha Maier, Michael Knaup, and Marc Kachelrieß

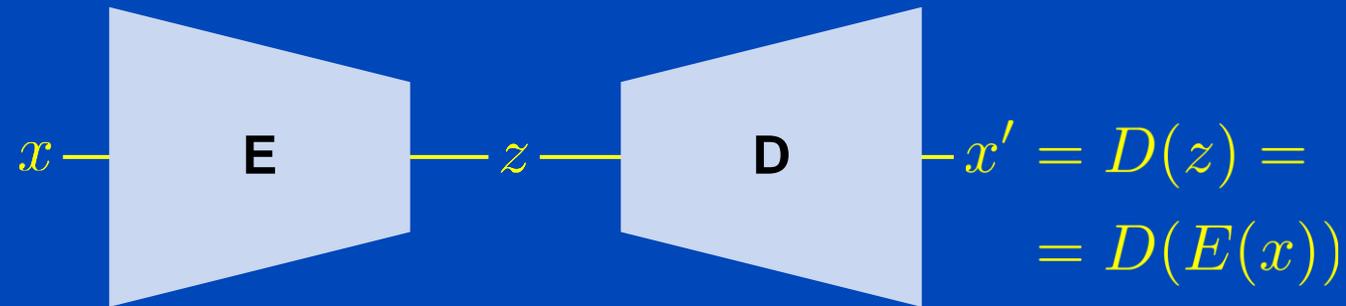
**Abstract**—Truncation in CT occurs when parts of the patient laterally exceed the field of measurement (FOM). This is typically the case for obese patients in clinical CT and for most patients in CBCT unless CBCT uses a shifted detector or a very large detector. Conventional reconstruction algorithms (analytic, iterative, deep learning) will also suffer from severe truncation artifacts. Correcting for these artifacts within the FOM is easy, but providing a good reconstruction quality of the parts that lie outside the FOM is hard and has never been achieved, yet.

In this work, we propose a novel deep learning-based approach called the latent space reconstruction (LSR). We apply LSR to the

(FOV) extension, have been proposed. Early techniques for the reconstruction of incomplete projection data primarily fall roughly into two groups. The first group is made up of data completion methods, like more or less simple extrapolation algorithms. Reference [1] used the size and slope of a water cylinder fitted into each projection to estimate suitable projection extension. Other studies used cosine fitting and elliptical extrapolation, sometimes combined with consistency conditions, to estimate a convex hull of the patient in order to extrapolate the truncated projections. [2] A more sophisticated

# What is an Autoencoder?

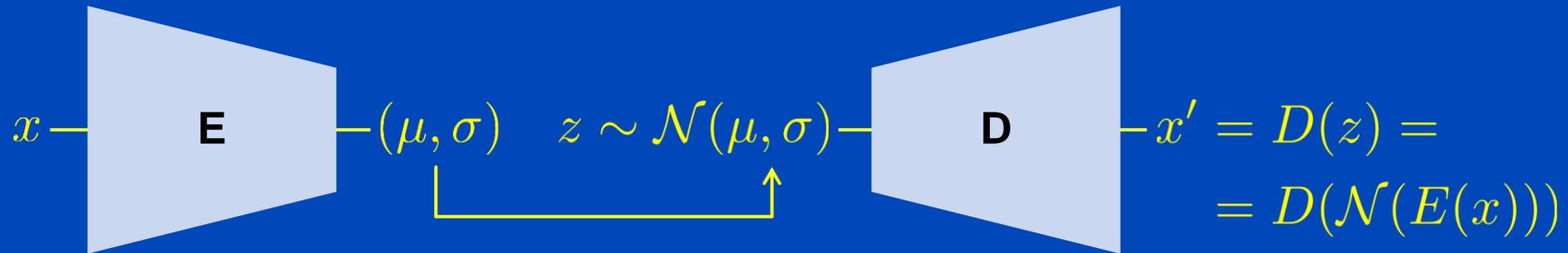
- In and output domain are the same, here  $x$ .
- Bottleneck  $z$  enforces the encoder and decoder to do a good job.



- **Examples:**
  - Principal component analysis (linear autoencoder), lossless
  - PCA with dimensionality reduction (nonlinear due to clipping), lossy
  - Image compression and decoding, e.g. jpeg, lossy
- Latent space typically not interpretable.

# What is a Variational Autoencoder?

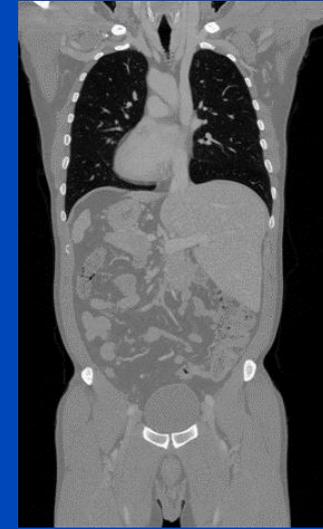
- Make latent space regular.
- Allow to sample in latent space from a given distribution, here: normal distribution.



- The VAE is a generative model.
- It allows to generate new data by sampling new values from the normal distribution.

# VAE Data & Training

- **Data:**
  - Clinical data acquired with a Siemens Somatom Force CT
  - 85 adult patient scans
  - 0.6 mm slice thickness and 0.69 to 0.98 mm axial voxel spacing
  - Randomly split into training, validation and testing (70:15:15)
- **Training:**
  - Trained for 150 epochs
  - Learning rate 0.001
  - Adam optimizer
  - Hybrid loss function consisting of VAE loss, perceptual loss and WGAN generator loss



Coronal



Sagittal

$$L = L_{\text{pixel-wise}} + \beta L_{\text{Kullback-Leibler}} + \gamma L_{\text{perc}} + \delta L_{\text{WGAN}}$$

# LSR for Detruncation

- Train VAE on very many untruncated CT images  $f_n$

$$\theta = \arg \min_{\theta} \sum_n \|D(\mathcal{N}(E(f_n(\mathbf{r})))) - f_n(\mathbf{r})\|$$

- Find latent space point  $\mathbf{z}$  to best match the truncated rawdata  $p$

$$\mathbf{z} = \arg \min_z \|XD(\mathbf{z}) - p\|_{15 \text{ cm}}$$

- Forward project  $D(\mathbf{z})$  and use the resulting rawdata to extrapolate the measured rawdata.
- Do a final image reconstruction of the detruncated sinogram.

# Image Domain Experiment

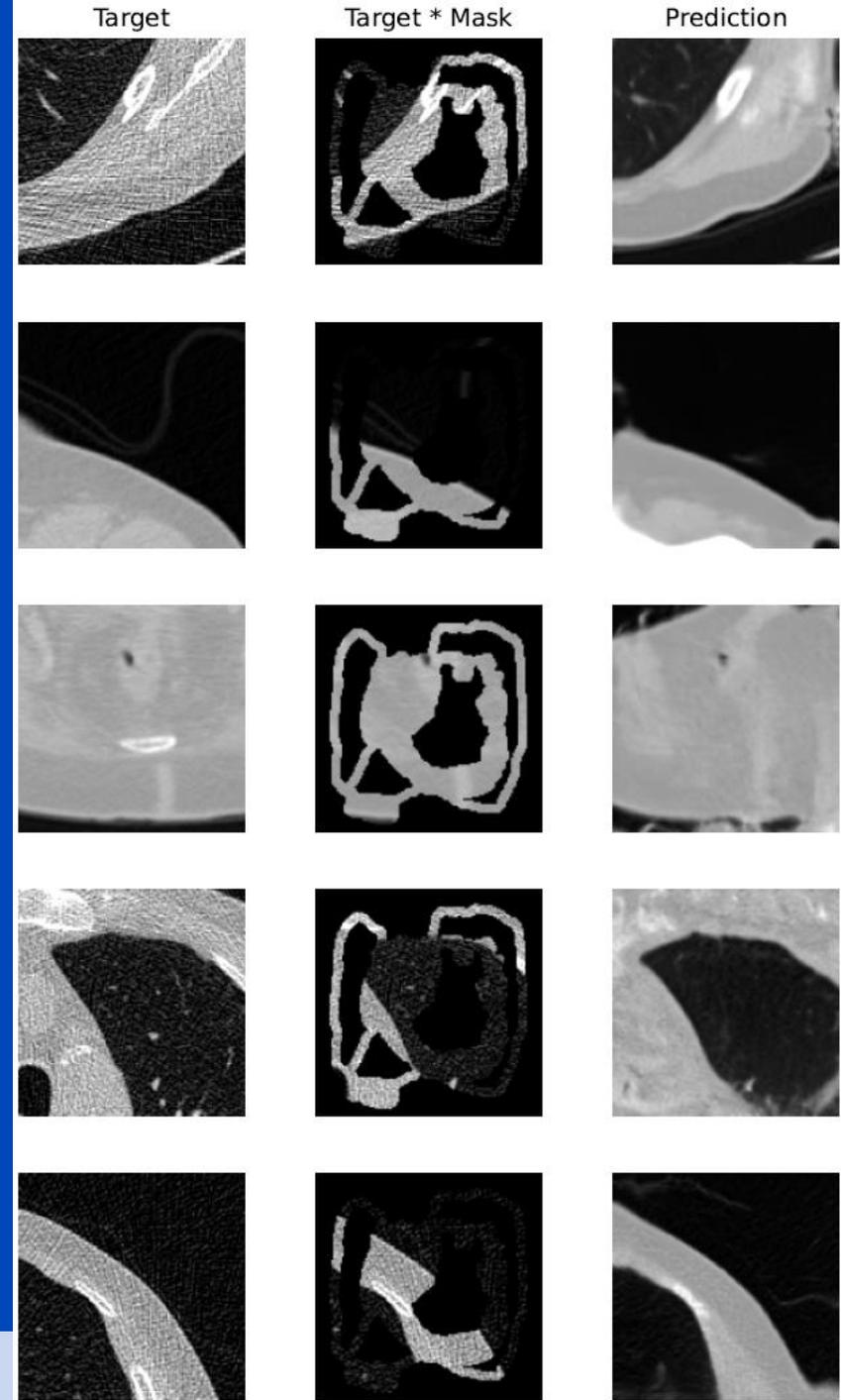
- Purely image domain
- Hand-crafted mask



- Minimizing

$$z = \arg \min_z \|D(z) - M(\mathbf{r})f(\mathbf{r})\|$$

- Results see rhs.

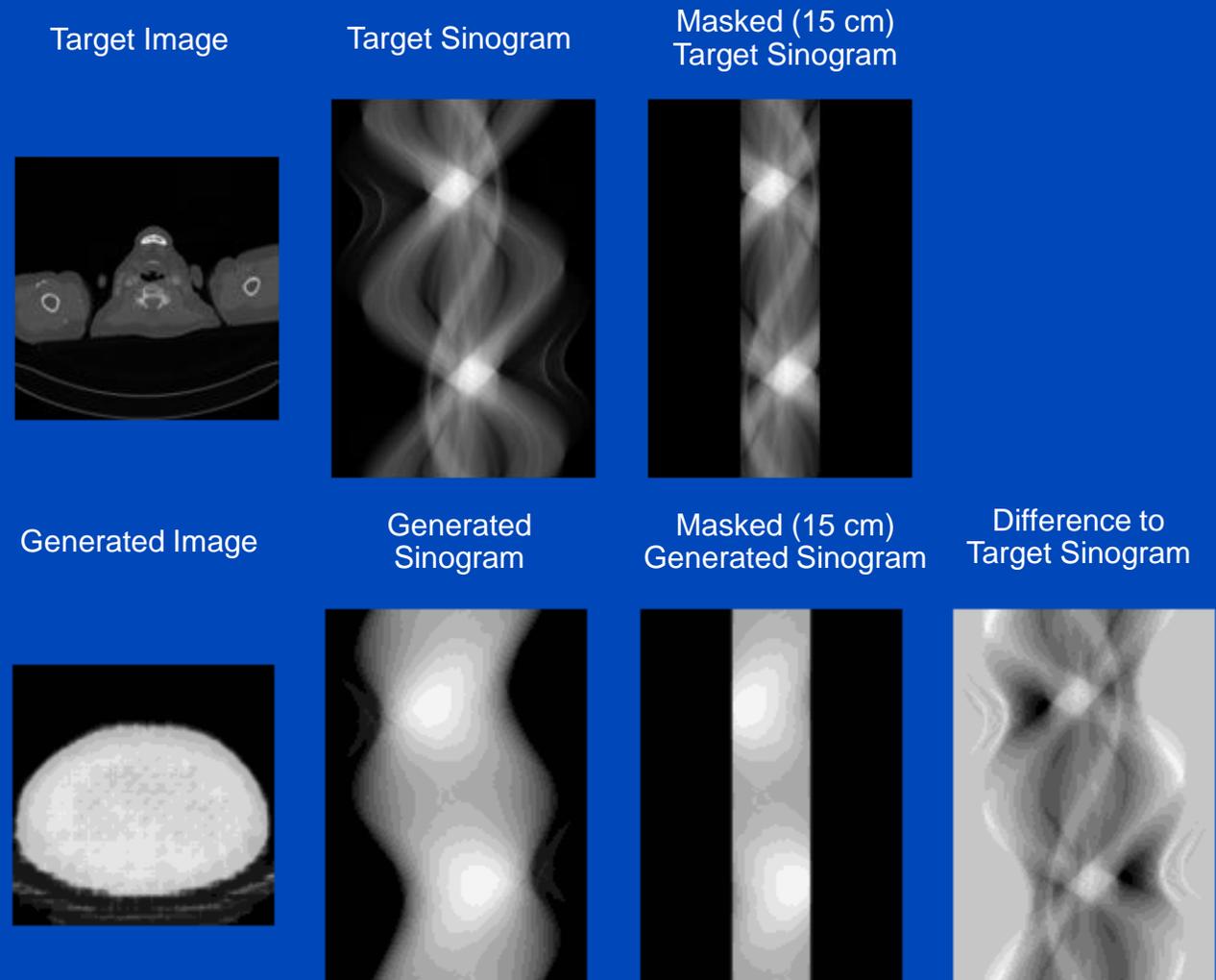
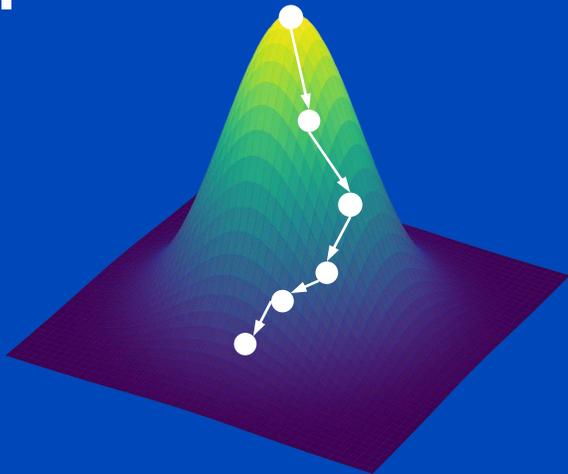


# Search in Latent Space

- Optimization of latent space vector in projection domain

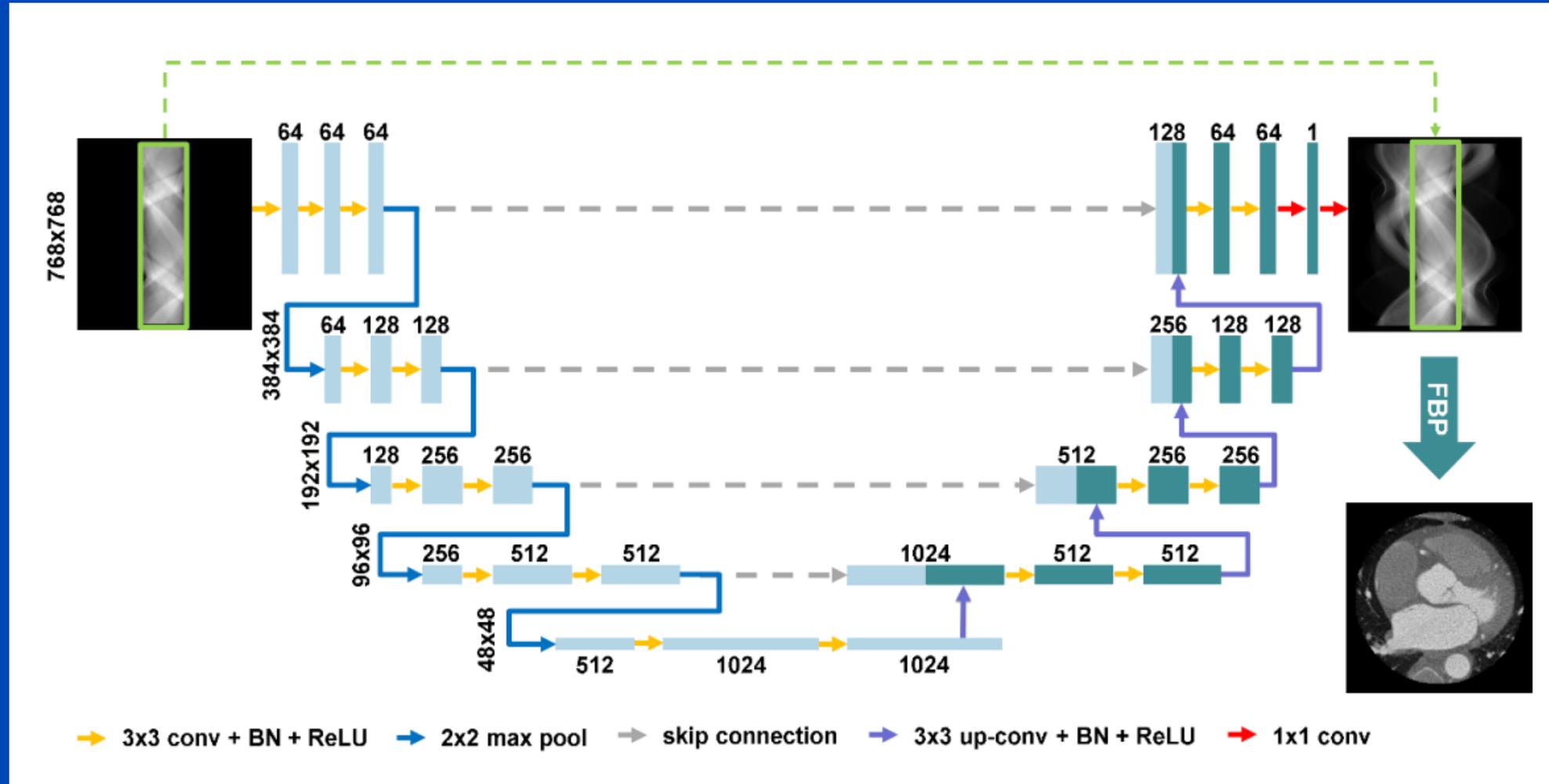
$$z = \arg \min_z \|XD(z) - p\|_{15 \text{ cm}}$$

- Video showing intermediate images of selected iteration steps.

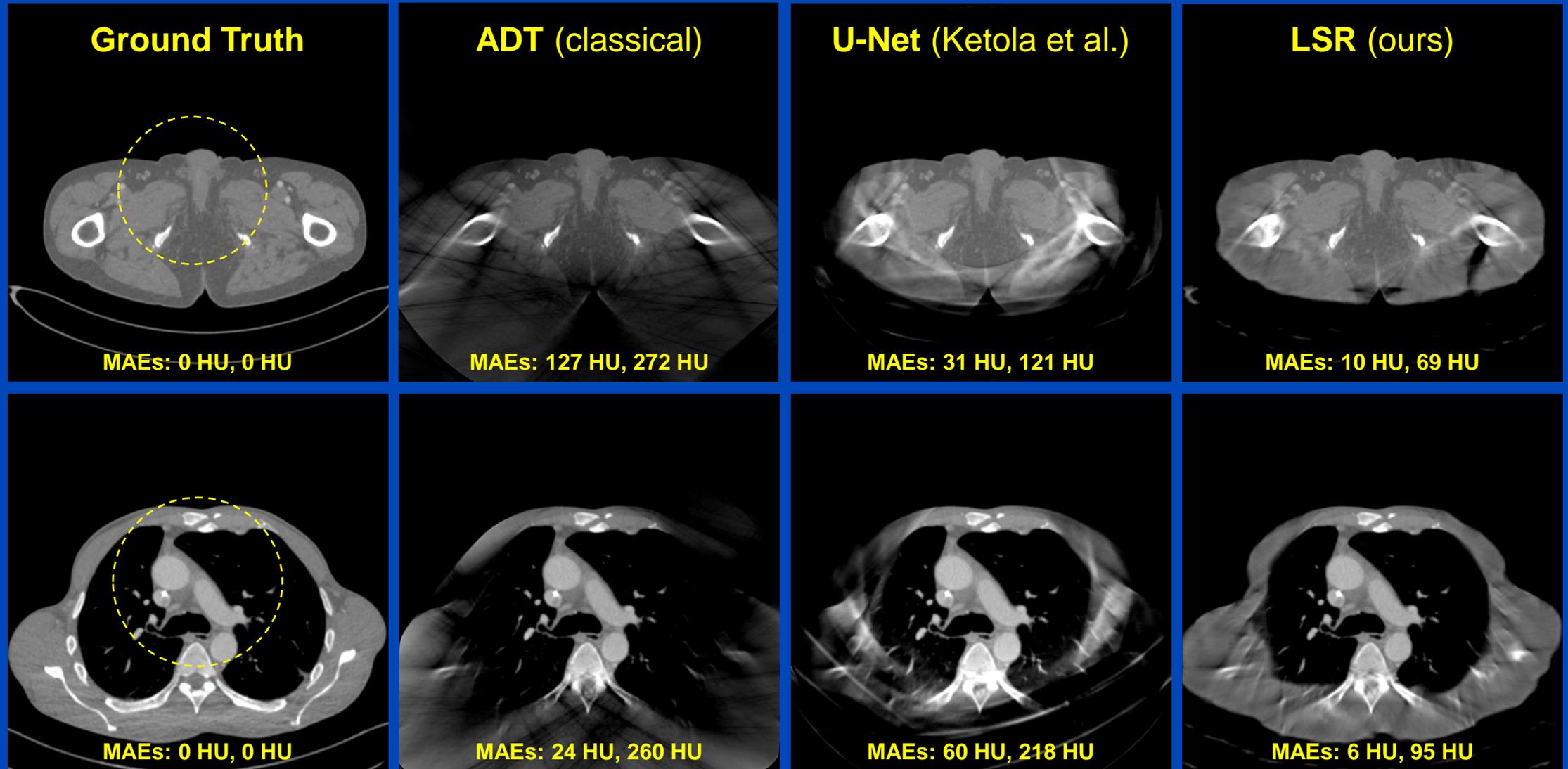


# Reference Methods

## U-Net-based Sinogram Extension



# Results



C = 50 HU, W = 1200 HU.

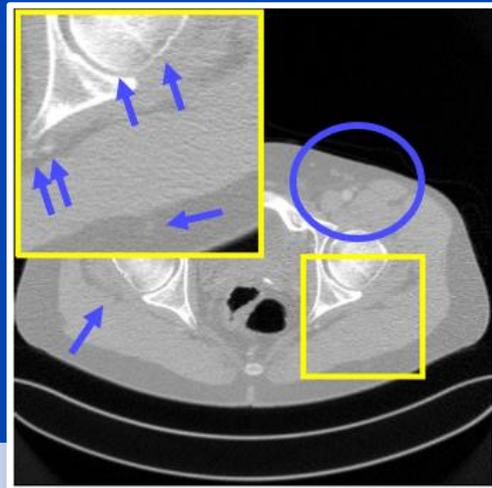
# Tips for Researchers

- **Do not feel pressed to invent new networks**
  - Regard existing networks as a computational tool (such as, e.g., the Fourier transform).
  - Many existing networks are useful for other purposes than their original one.
  - **Achtung:** Some uninformed reviewers may reject your manuscript:
    - » R: “This network is not new. This is why I recommend rejection.”
    - » A: “Why should it be? Fourier transforms can also be used. They are far from being new!”
- **Perform ablation studies**
  - Change parameters of your network (e.g. size, depth, etc.)
  - Change training parameters (learning rate, batch size, dropout rate, etc.)
  - Change the amount of training data
- **Existing solutions**
  - Compare with prior approaches, also with non-AI ones, in particular with the gold standard
  - Optimize prior approaches with the same effort
    - » Same training data (also to fit the parameters of non-AI algorithms)
    - » Same loss function
    - » Same minimization algorithm

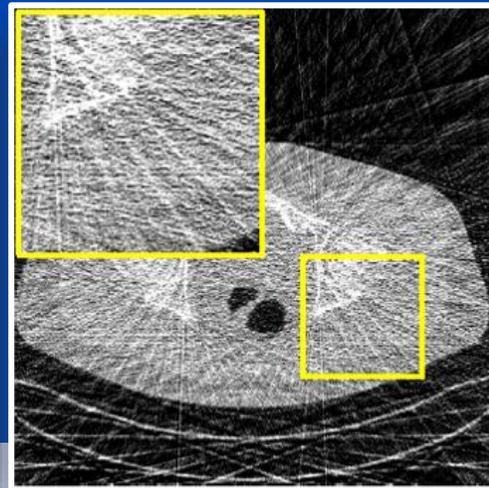
# More Tips for Researchers

- Ensure all the data that have been acquired make it into the image.
- Do not exaggerate (e.g. noise reduction)
- Question whether the solution is really based on measured information or whether it is just nicely looking (→ hallucinations)
- Unphysical but nicely looking:
  - Converting 80 kV images into 140 kV ones
  - Converting sparse view into full view images
  - Generating contrast-enhanced images from unenhanced ones
  - Removing motion artifacts from a cardiac CT image by editing the image
  - ...

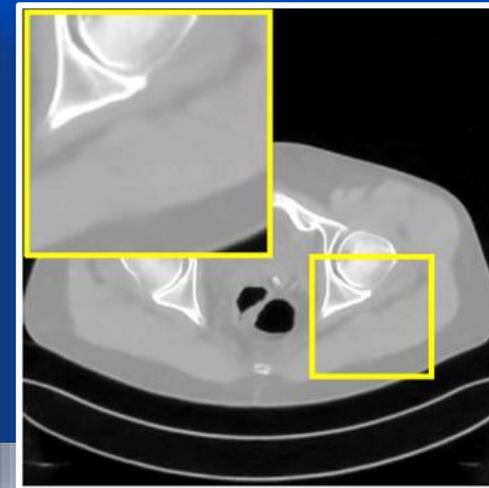
Ground truth



48 views



Proposed



Yo Seob Han, Jaejun Yoo and Jong Chul Ye. Deep Residual Learning for Compressed Sensing CT Reconstruction via Persistent Homology Analysis. ArXiv 2016.

# Thank You!

This presentation will soon be available at [www.dkfz.de/ct](http://www.dkfz.de/ct).

Job opportunities through DKFZ's international PhD or Postdoctoral Fellowship programs ([marc.kachelriess@dkfz.de](mailto:marc.kachelriess@dkfz.de)).

Parts of the reconstruction software were provided by RayConStruct<sup>®</sup> GmbH, Nürnberg, Germany.

