

Tecniche di imaging in medicina: sviluppi tecnologici e loro applicazioni

Tecniche di imaging in medicina: sviluppi tecnologici e loro applicazioni

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Retico, D. Scelfo, R. Stara, V. Rosso, G.
Sportelli, A. Stefanini, K. Straub, G.
Tiberi, A. Toncelli, M. Tosetti

**PROGRAMMI DI RICERCA SCIENTIFICA DI RILEVANTE
INTERESSE NAZIONALE**

Anno 2010-2011 - prot. 2010P98A75

**INSIDE: INnovative Solutions for In-beam
DosimEtry in Hadrontherapy**

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2	Politecnico di BARI	F. Corsi
3	INFN	G. Battistoni
4	Univ. di ROMA "La Sapienza"	V. Patera
5	Università di TORINO	C. Peroni

**PROGRAMMI DI RICERCA SCIENTIFICA DI RILEVANTE
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capable of:

- handling the count rate during the treatment
- reconstruct the Bragg peak position to 1 mm

» in less than 5 minutes since the beginning of dose delivery.

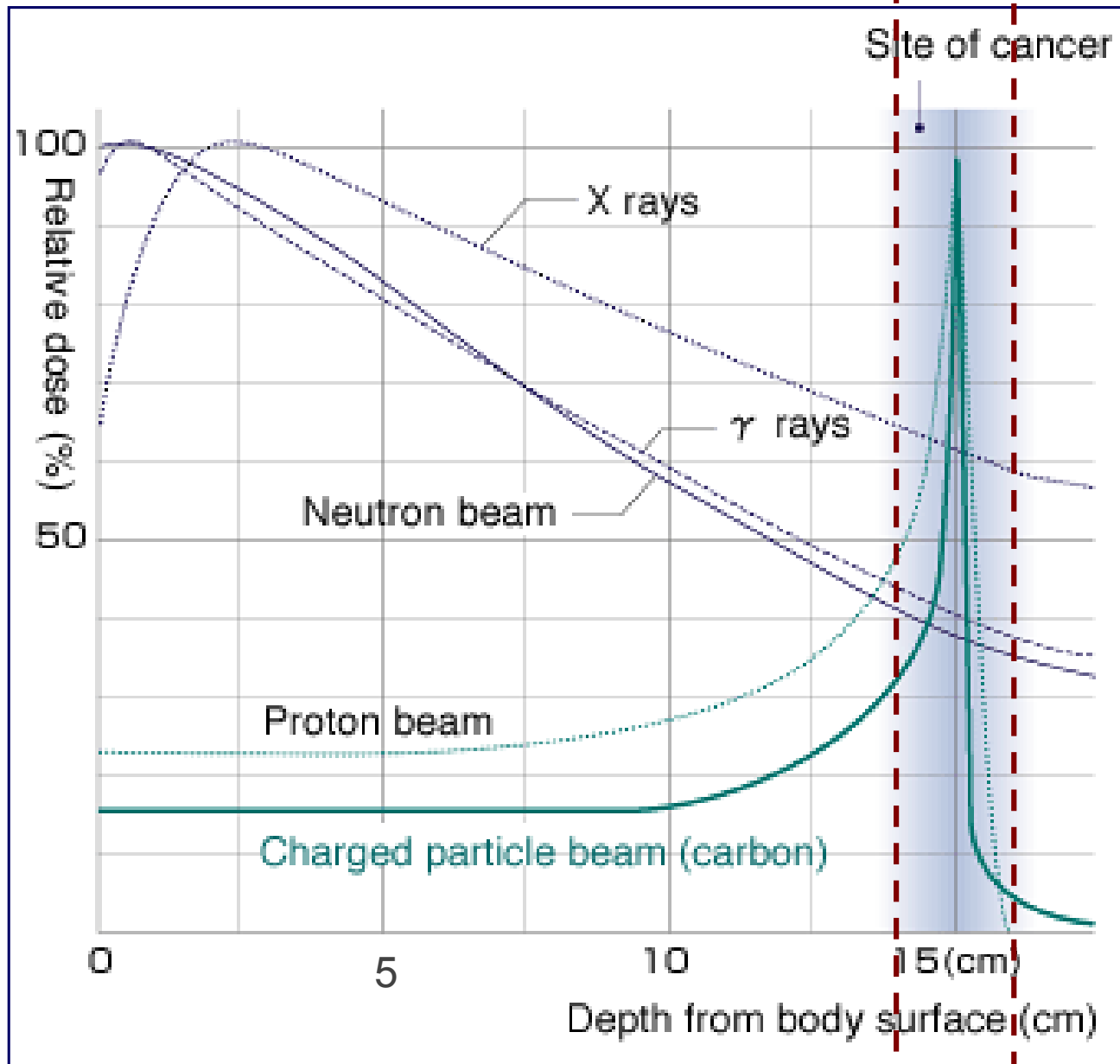
Keywords:

HADRON THERAPY

IN-BEAM PET

SILICON PHOTOMULTIPLIER (SiPM)

Hadron therapy

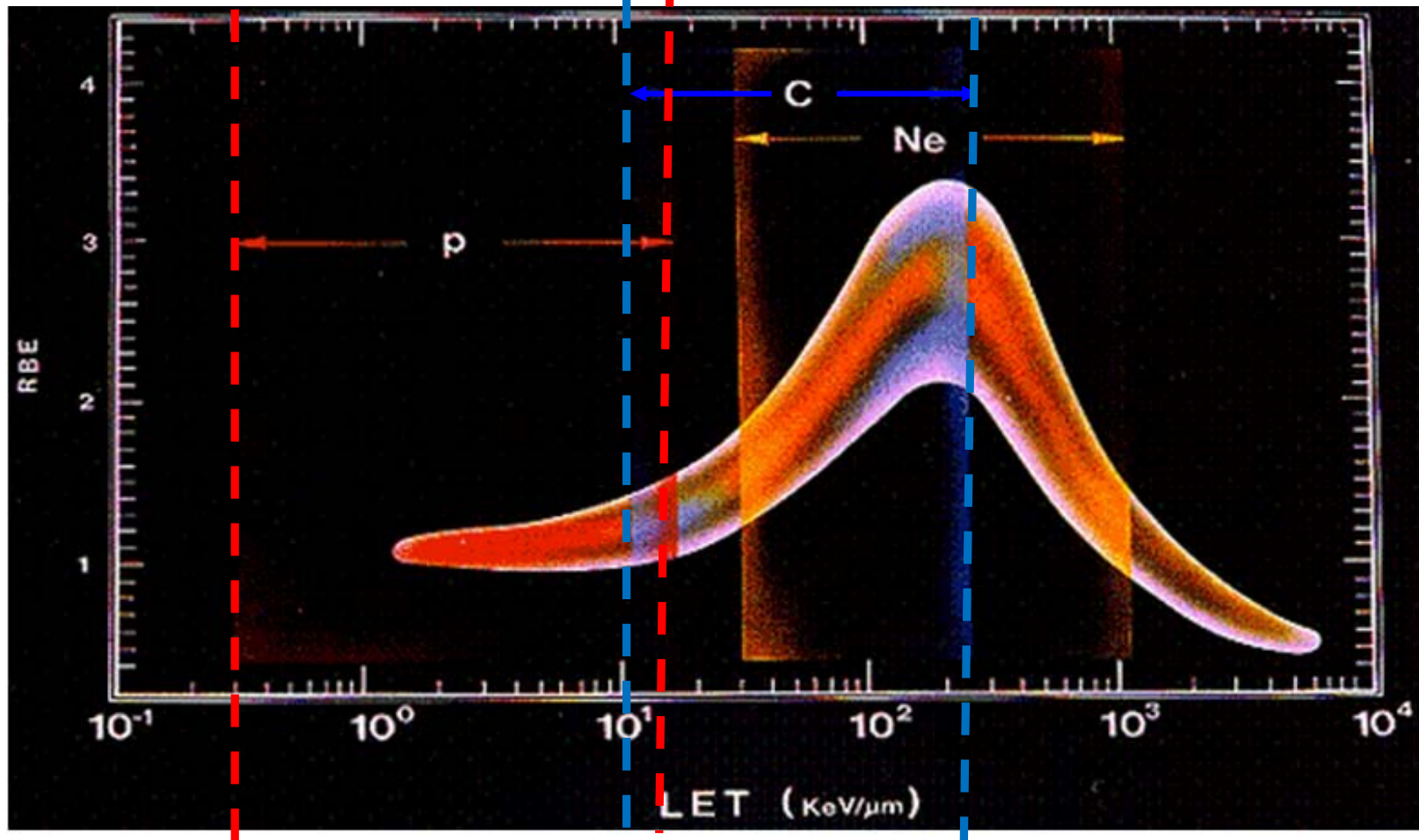


- ☐ Relatively low entrance dose (plateau)
- ☐ Maximum dose at depth (Bragg peak)
- ☐ Rapid distal dose fall-off
- ☐ Energy modulation (Spread-out Bragg peak)
- ☐ Enhanced RBE

Hadron therapy

Relative biological effectiveness

$$RBE = \frac{D_{RX}}{D_r}$$

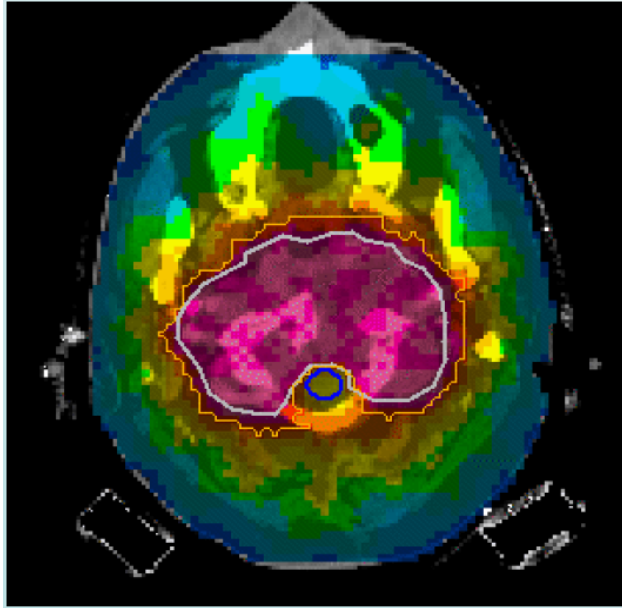


$$E = D * RBE * w$$

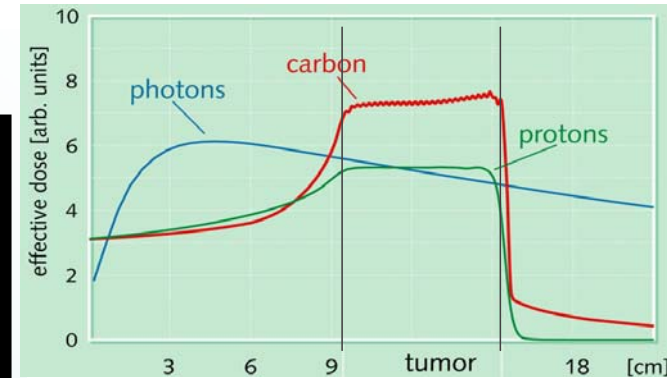
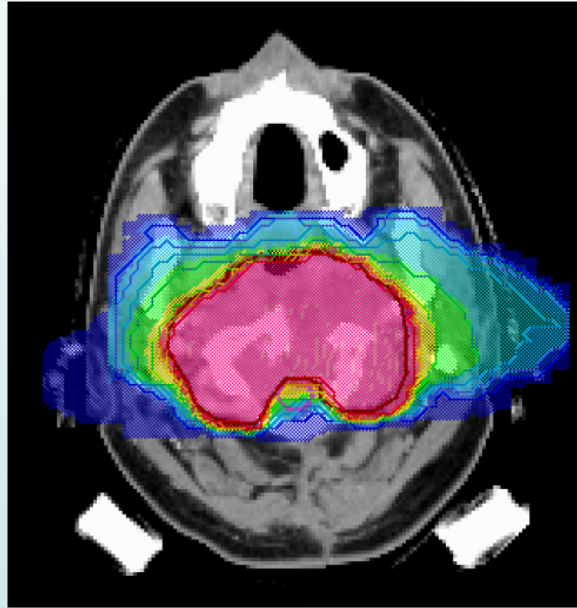
Hadron therapy

Physical advantages of hadron beams

IMRT: 9 Fields



Carbon ions: 2 Fields



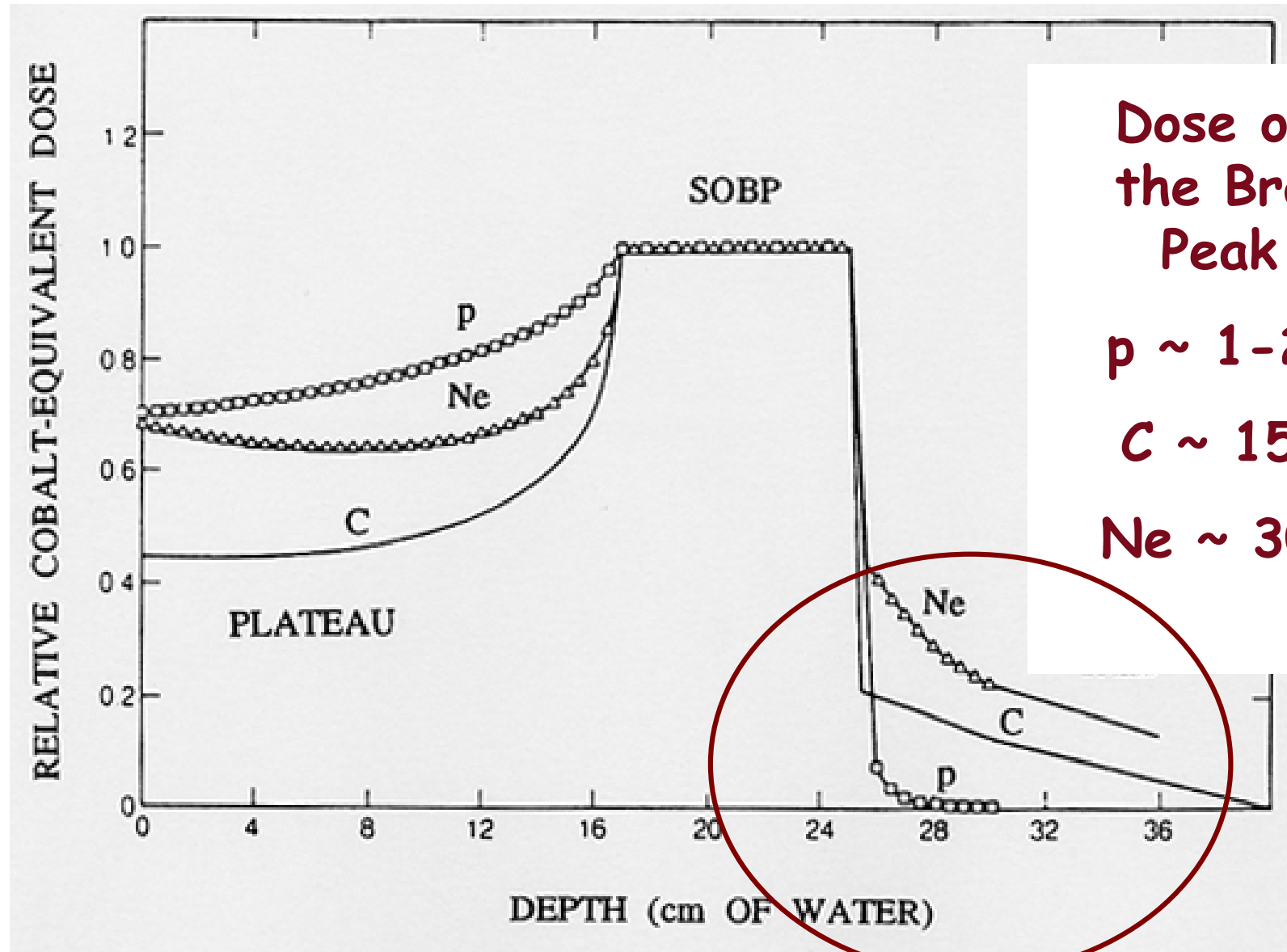
exponential attenuation
vs
Bragg peak

- Increase of conformity and reduction of integral dose;
- Improve local control rate;
- Higher survival rate.

M Kraemer and M Scholz, 2000, Treatment planning for heavy ion therapy Phys. Med. Biol. 45 3319–30

Hadron therapy

Nuclear fragmentation



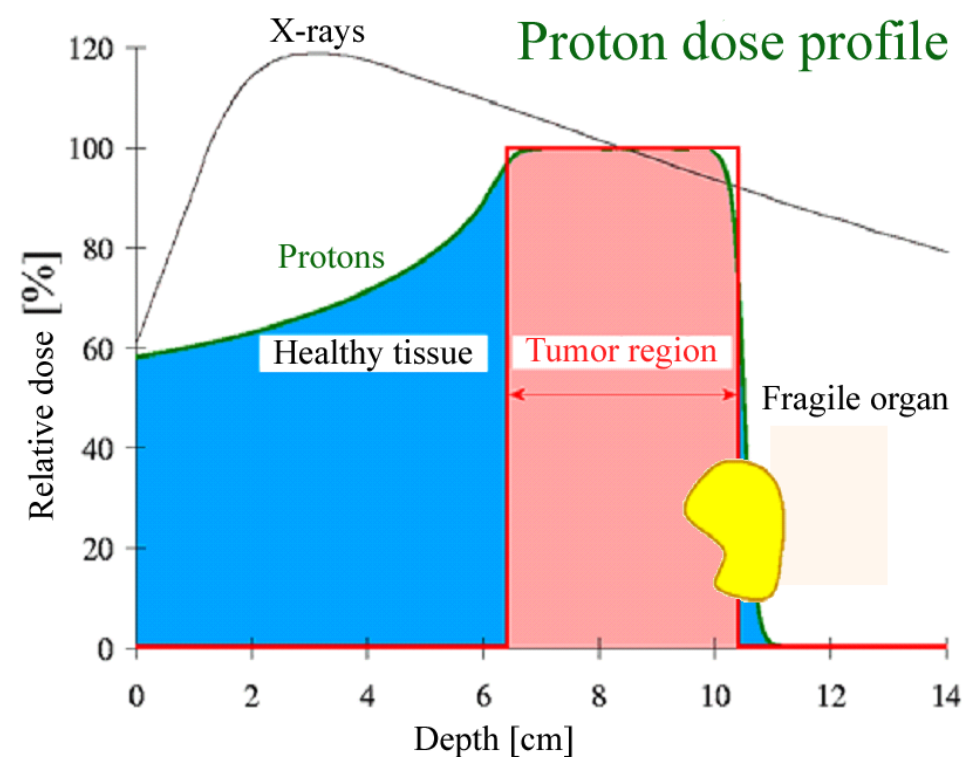
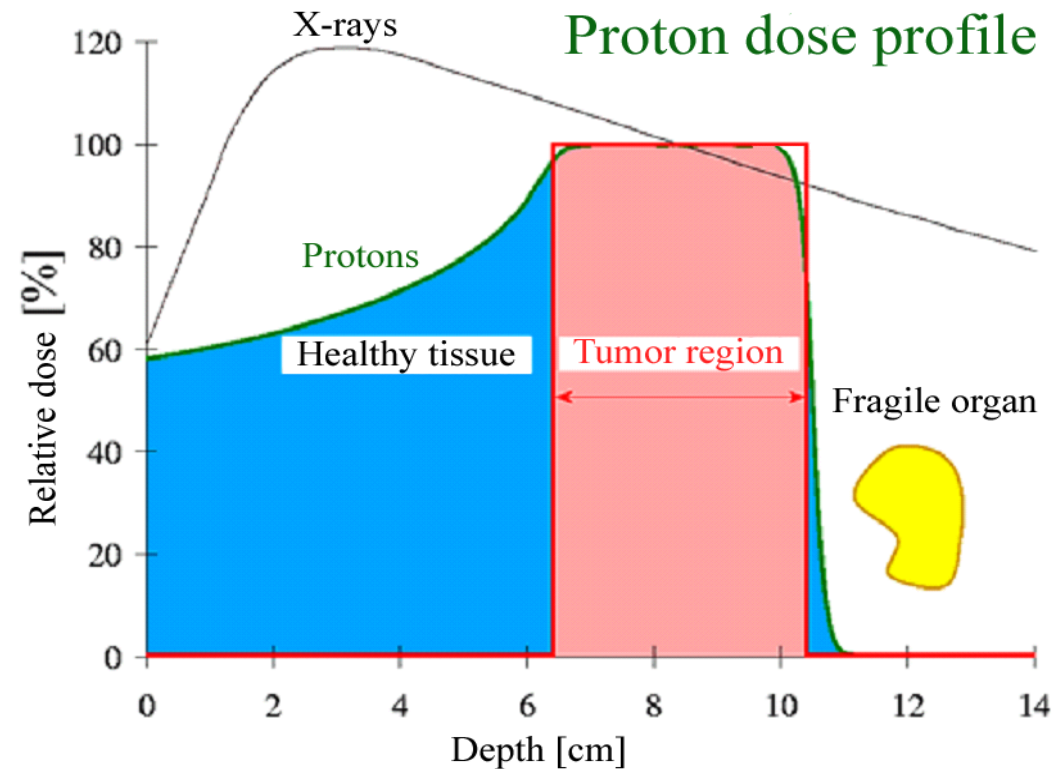
Dose over
the Bragg
Peak :

$p \sim 1-2 \%$

$C \sim 15 \%$

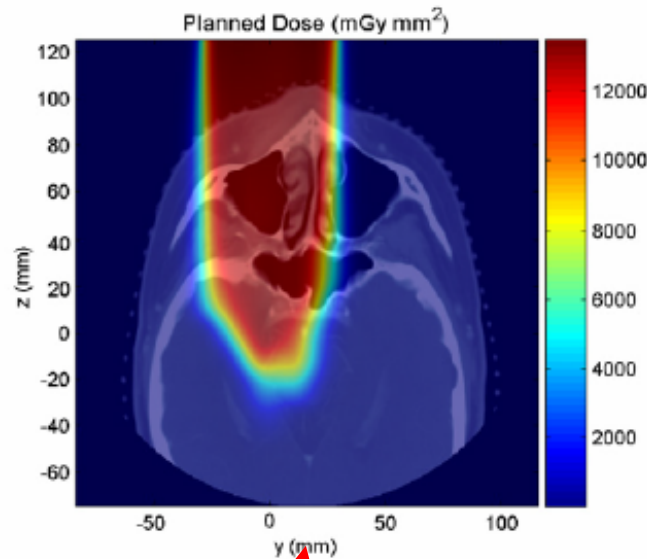
$Ne \sim 30 \%$

Hadron therapy



If we miss the target (for whatever reason) we
can cause a damage

This is a new challenge- it's not much of a
problem for X-rays



urance:
dose

relative biological
effectiveness
(RBE)

The Treatment Planning System (TPS)

Input

3D Information
(CT, MRI, PET)



TPS



Output

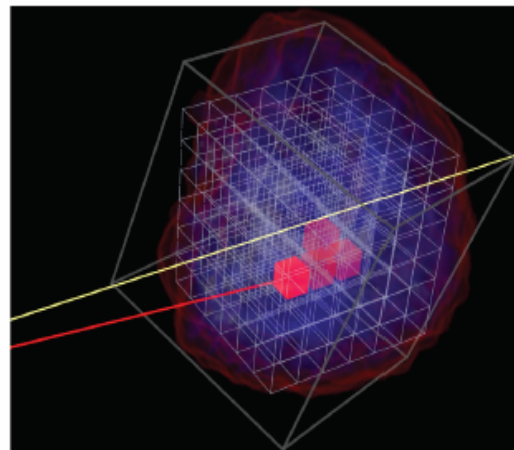
$\{\phi_i, E_{Ki}, \theta_i\}$

$i \rightarrow i$ -th beam

$\phi_i \rightarrow$ fluence

$E_{Ki} \rightarrow$ kinetic energy

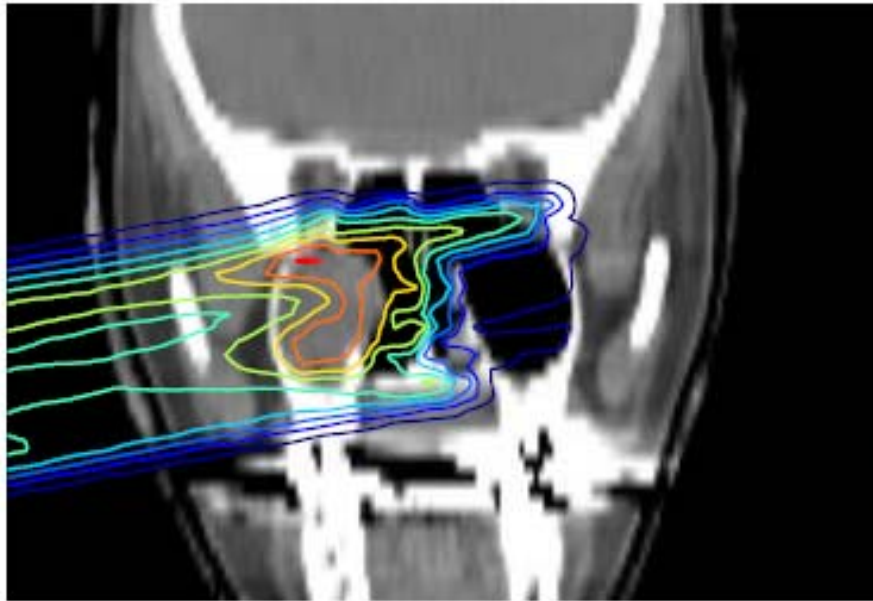
$\theta_i \rightarrow$ direction



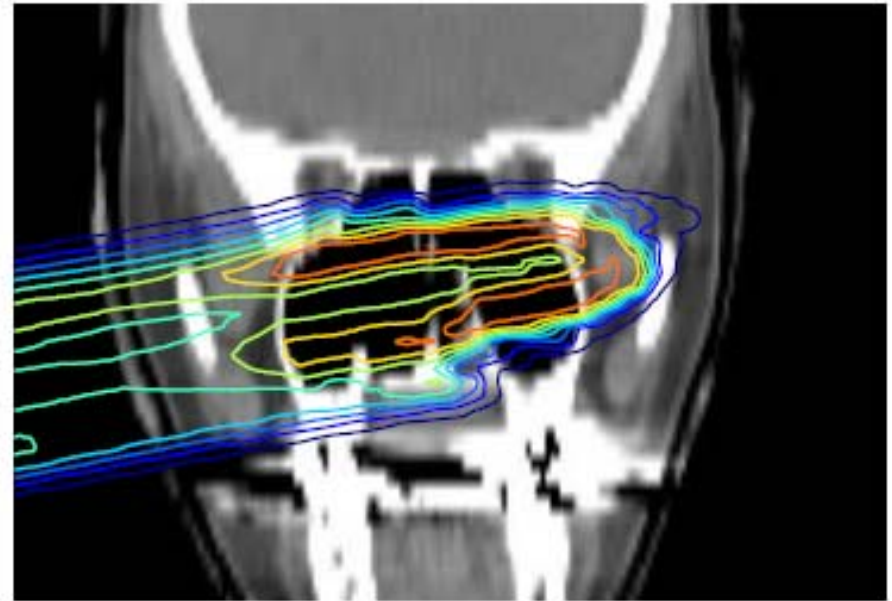
ENTIES

machine related
tolerances
beam energy

Hadron therapy



Planned



.. but a tissues reduction followed

Necessity of monitoring!

Hadron therapy

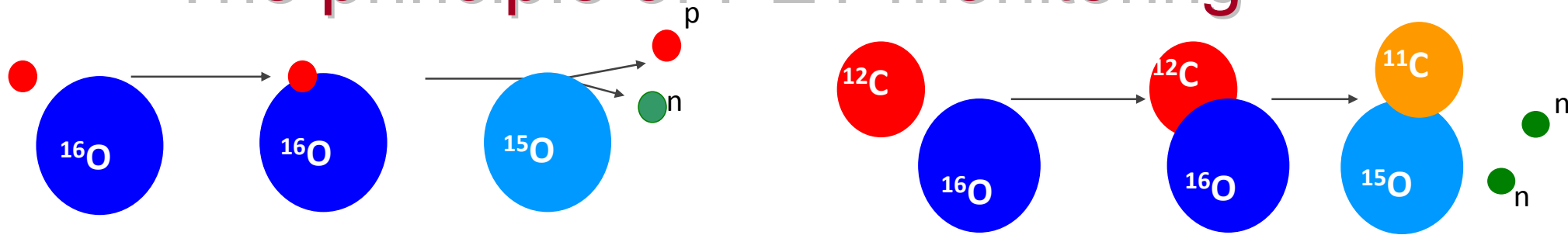
In this context, among different possibilities, Positron Emission Tomography (PET) is potentially a tool for in vivo, non invasive monitoring of the precision of the treatment in hadrontherapy.

❖ Gamma prompt

❖ Interaction vertex imaging (IVI) PRIN, V. Patera

❖ Proton CT

The principle of PET monitoring



Therapeutic hadron beams produce in the biological tissues short - lived β^+ emitters by means of projectile and/or target nuclei fragmentations.



$$T_{^{15}\text{-O}} = 121.8 \text{ s}$$

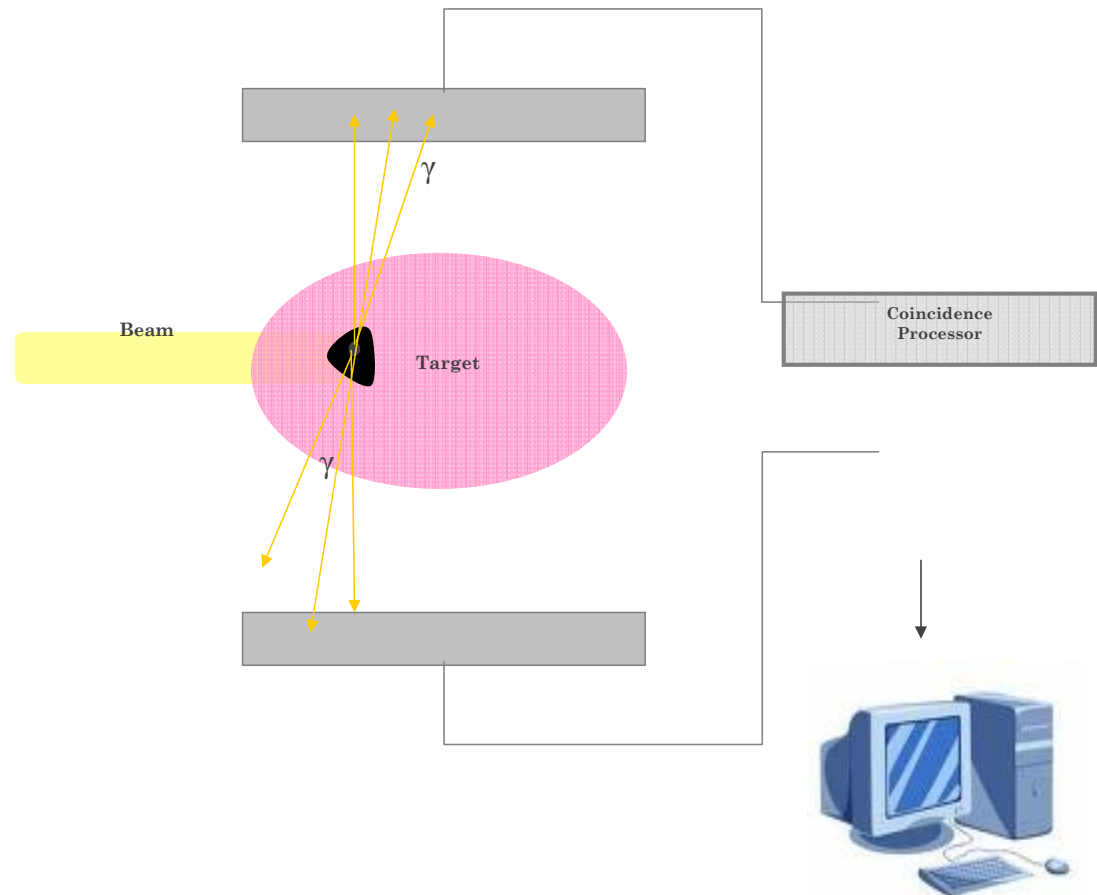
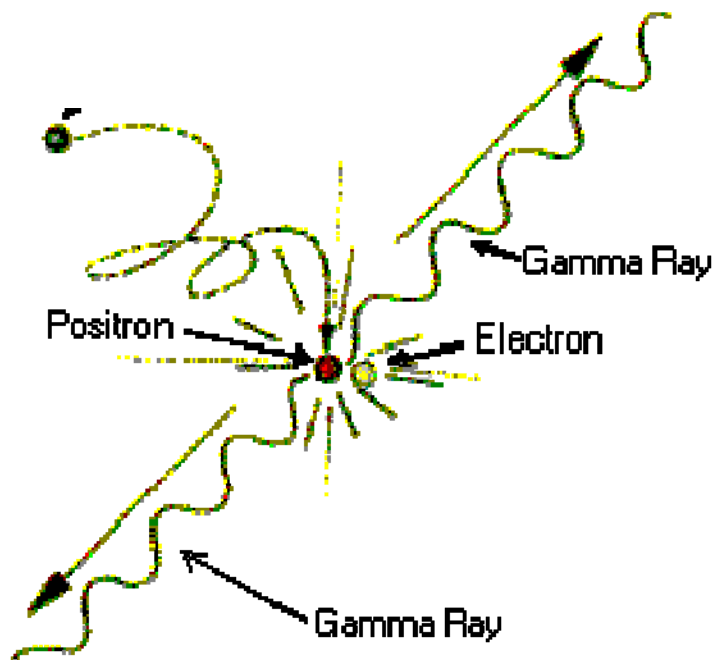
$$T_{^{11}\text{-C}} = 1222.8 \text{ s}$$



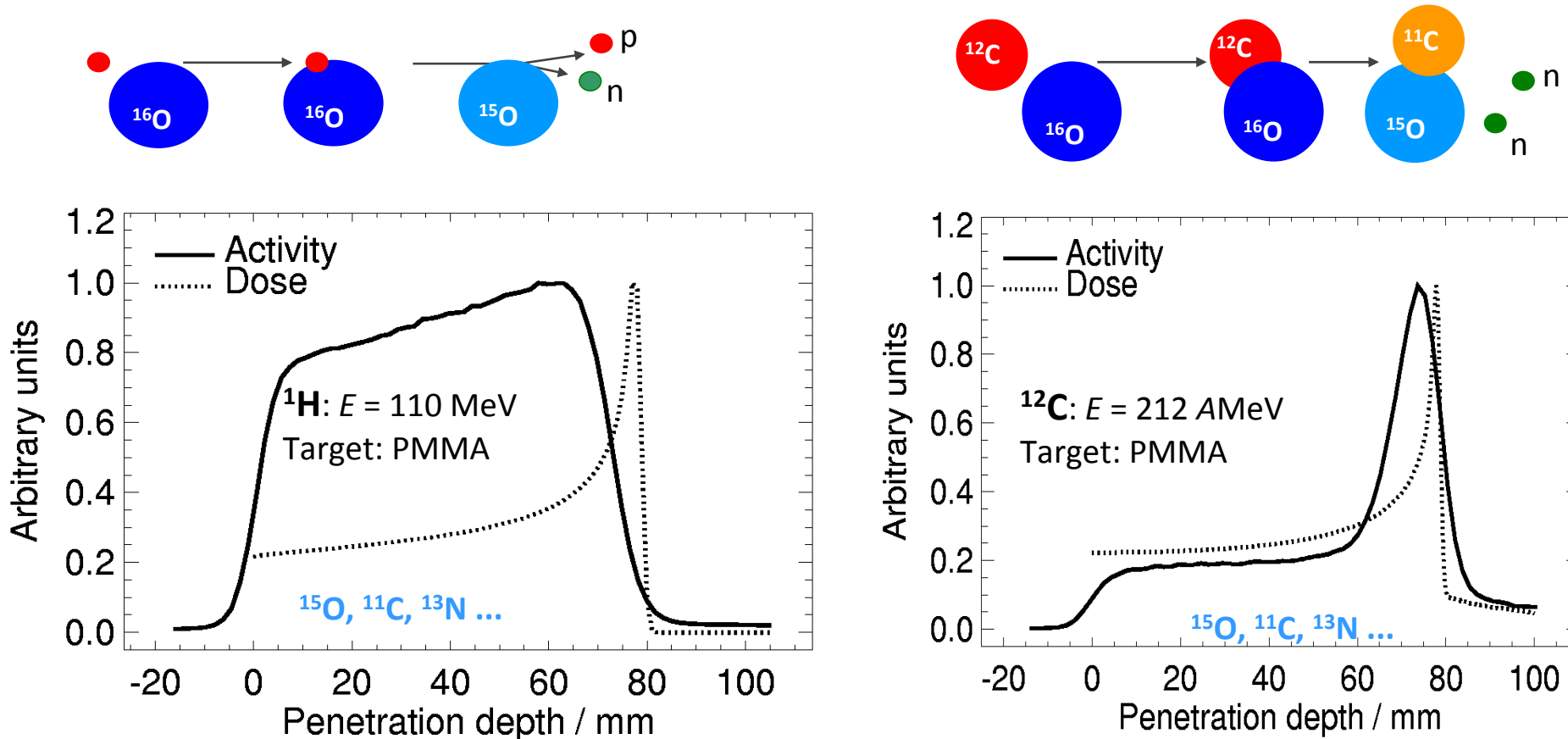
$$T_{^{10}\text{-C}} = 19.3 \text{ s}$$

The principle of PET monitoring

Therapeutic hadron beams produce in the biological tissues short-lived β^+ emitters by means of projectile and/or target nuclei fragmentations.



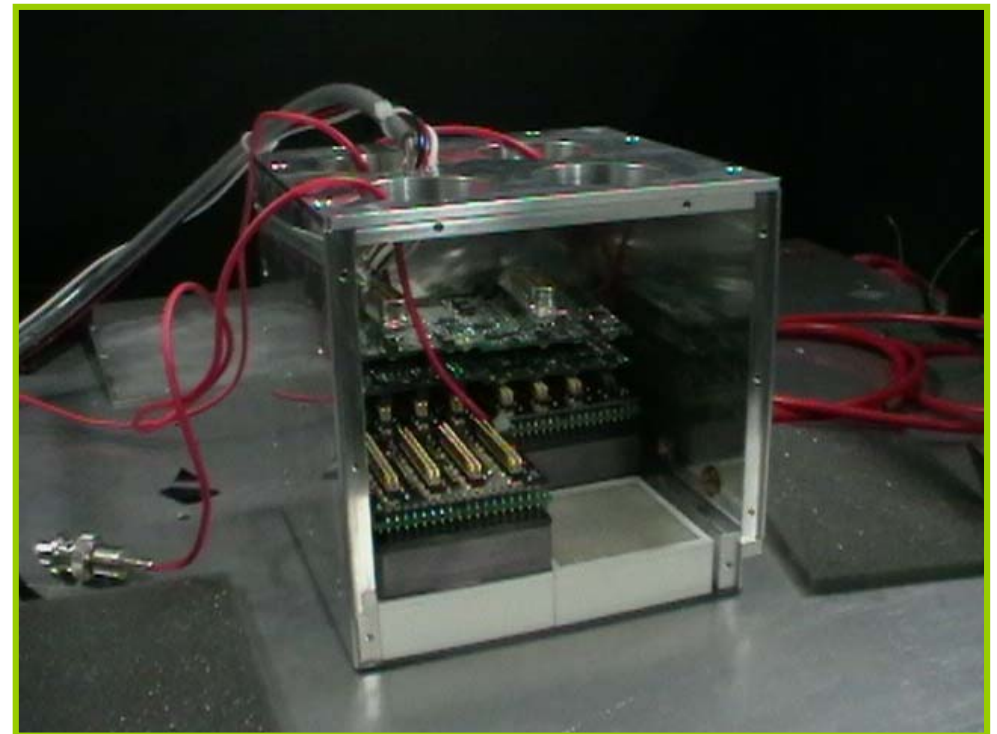
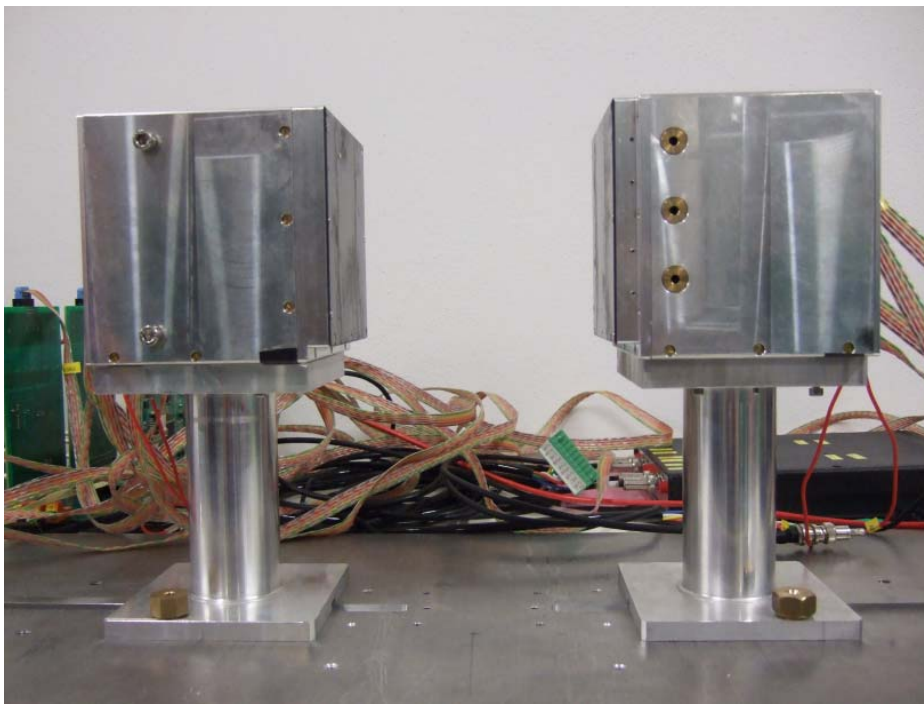
The principle of PET monitoring



- Nuclear cross sections fall off at low energy just few millimeters before Bragg peak: 15-20 MeV threshold for p-induced nuclear reactions
- Finding the distribution of positron annihilation points it would be possible to extract non invasively in vivo information about dose localization.

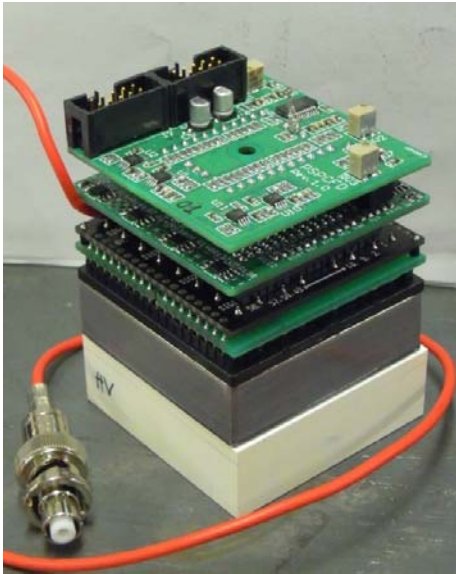
DoPET: an in-beam PET monitor for hadrontherapy

N. Belcari, N. Camarlinghi, A. Del Guerra, S. Ferretti, A. Kraan, V. Rosso, G. Sportelli, K. Straub



The Tomograph Architecture

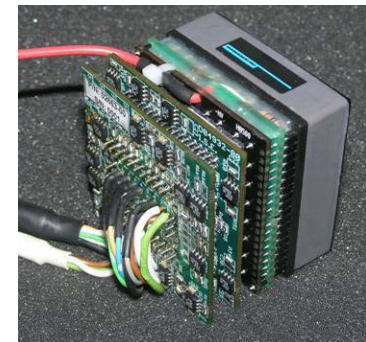
Detector module



- Scintillating crystals LYSO:Ce from Hilger Crystals Ltd:
 - 23 x 23 pixels;
 - 2 x 2 x 16 mm³ pixel dimensions.



- PS-PMT H8500 from Hamamatsu Photonics K.K.:
 - 49 x 49 mm² active area, 8 x 8 anodes;
 - 12 stage dynode.
- Front-end electronics:
 - Resistive chain 64 inputs/8+8 outputs SCD (symmetric charge division);
 - 2D chain 8+8 inputs/2+2 outputs;
 - pre-amp (PSP).



Reconstruction and data analysis

Image Reconstruction

System is underdetermined →

Low statistics: →

The Adopted Solution: ML-EM

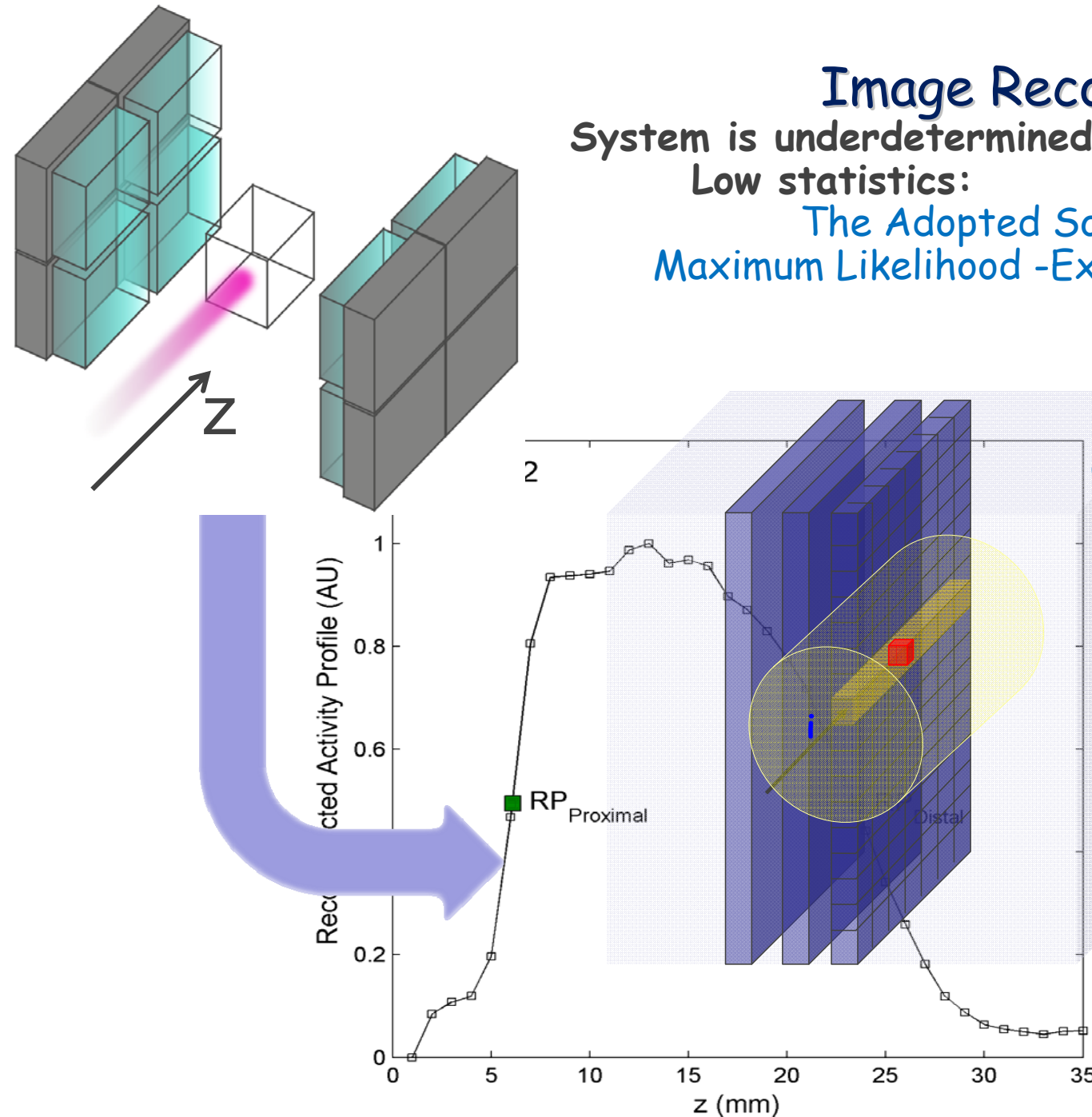
Maximum Likelihood - Expectation Maximization

Within the FoV we reconstruct:

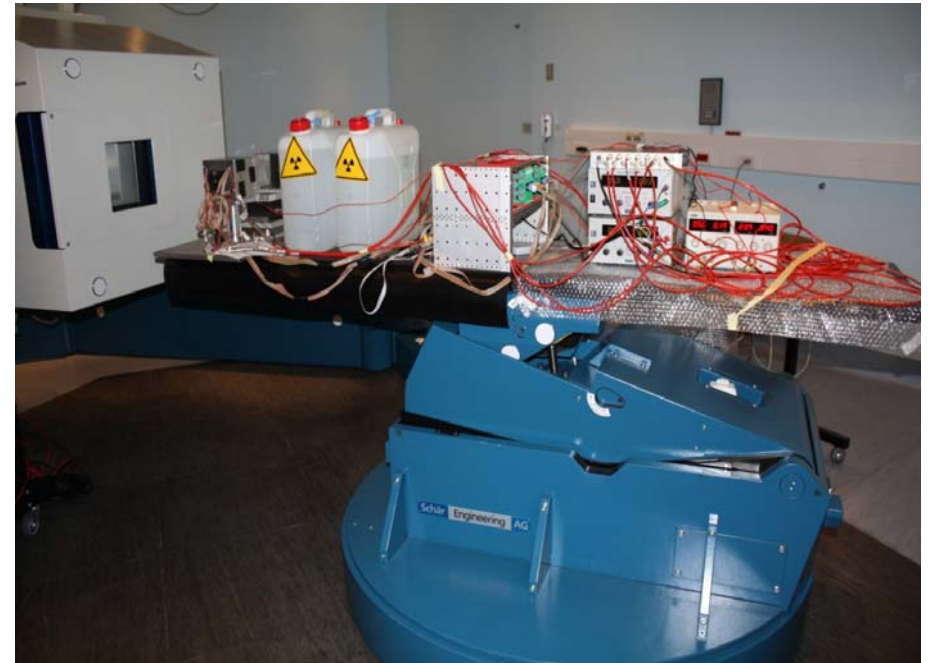
■ The 3D activity distribution

■ the activity profile along z

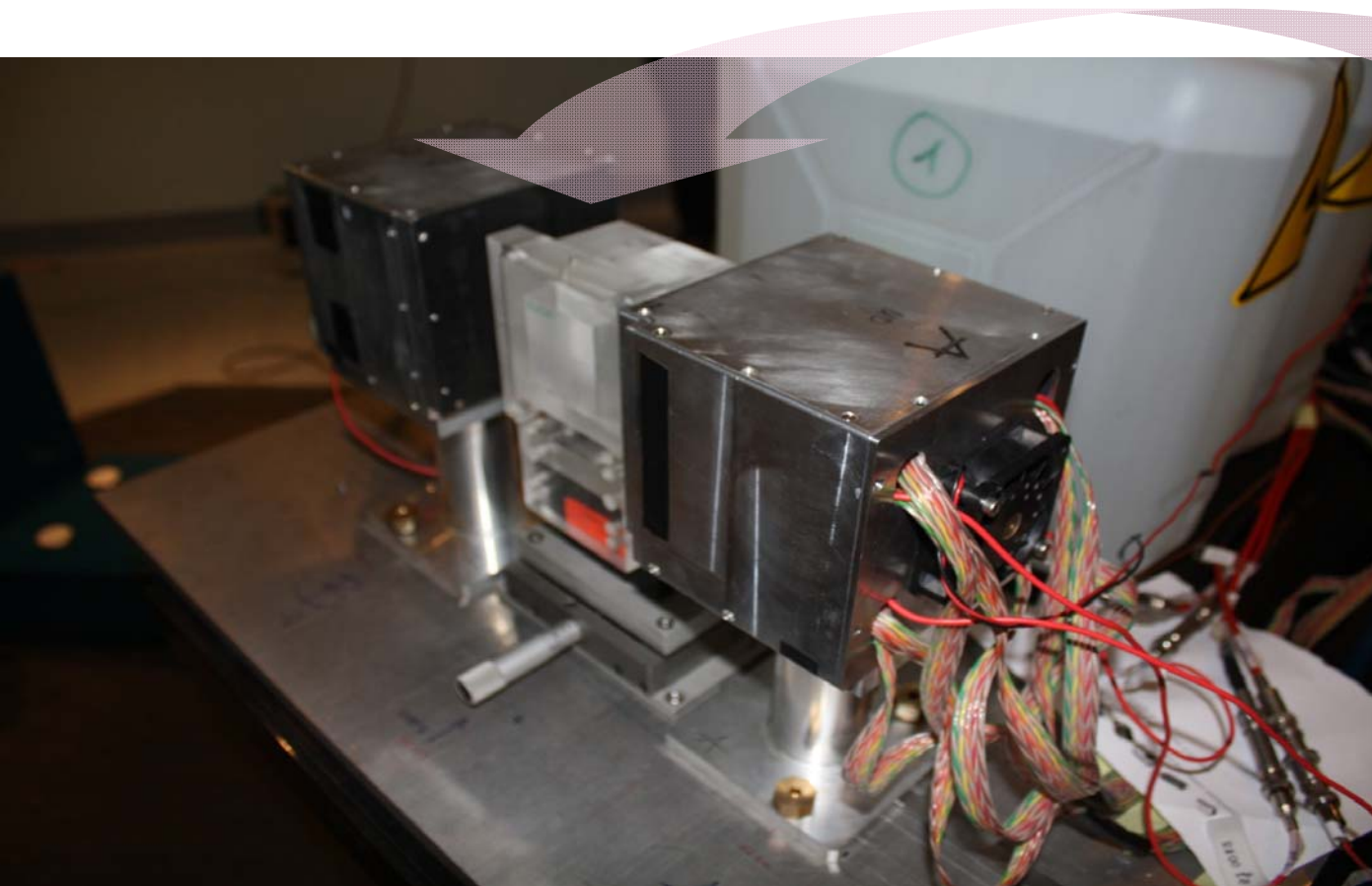
■ reference points @ 50% on proximal and distal activity distribution



CATANA and CNAO experimental setups



CNAO experimental setup

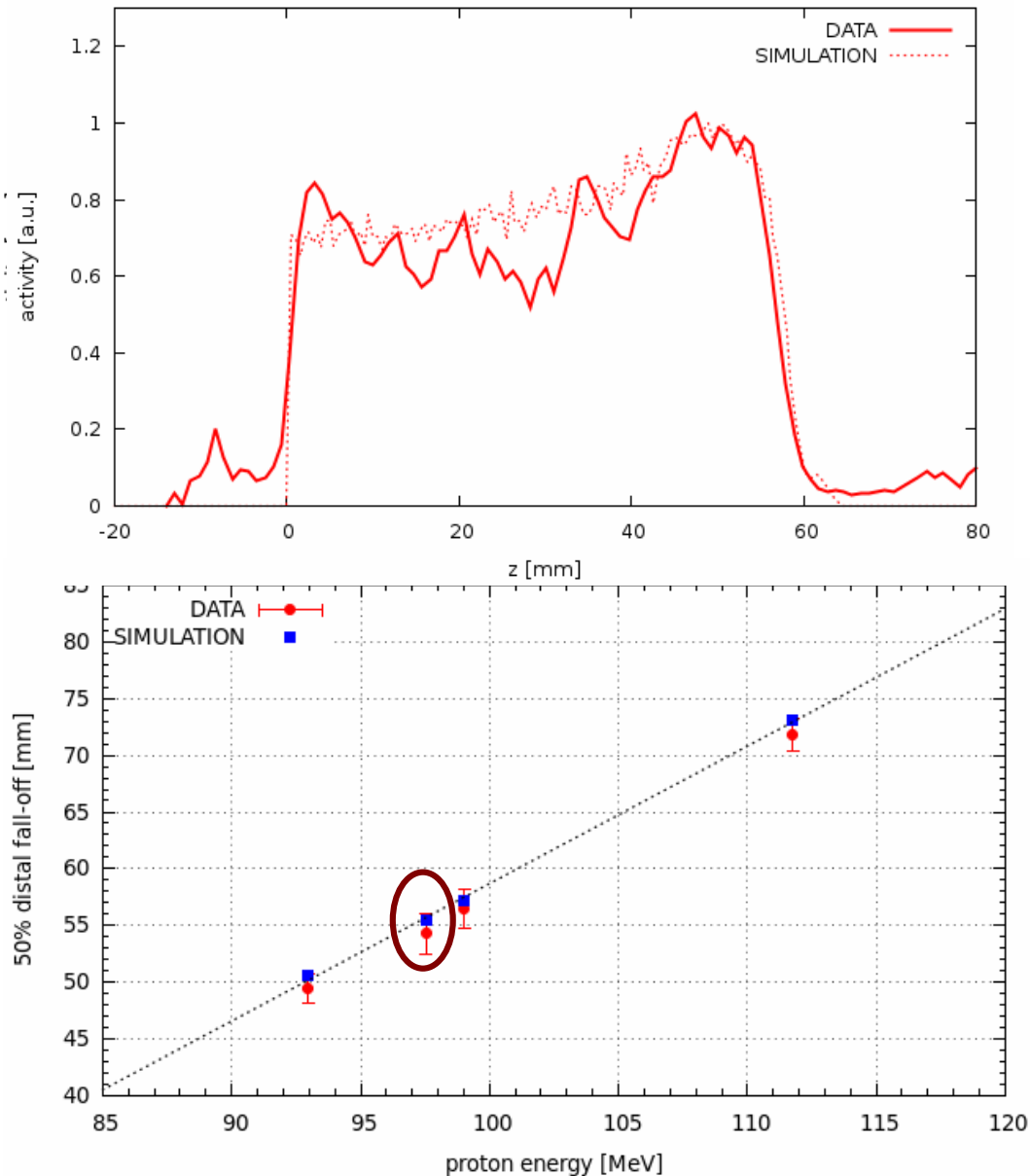


A PMMA phantom was irradiated with proton energies: 93, 97.5, 99, and 112 MeV

	Density	H(%)	C (%)	O (%)	N (%)	Ca (%)
bone	1.819	3.41	31.41	36.50	1.64	26.81
PMMA	1.18	8	60	32		
muscle	1.050	8.10	67.12	19.85	2.42	2.31
brain	1.049	10.83	72.54	14.86	1.69	

CNAO data analysis

Comparison of the position of the 50% fall-off between FLUKA simulation and data for 99 MeV protons.



We evaluate a 1mm accuracy for the determination of the distal fall-off.

G. Battistoni, P. Sala, A. Ferrari, A. Mairani

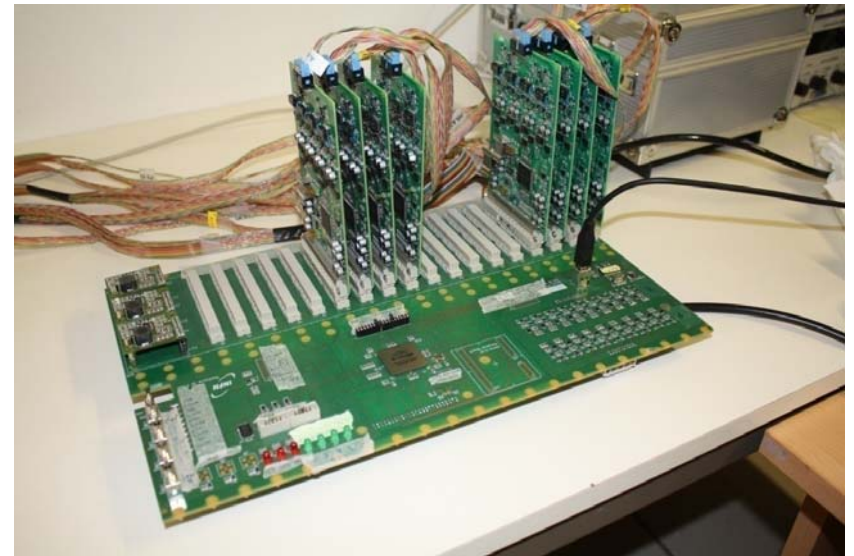
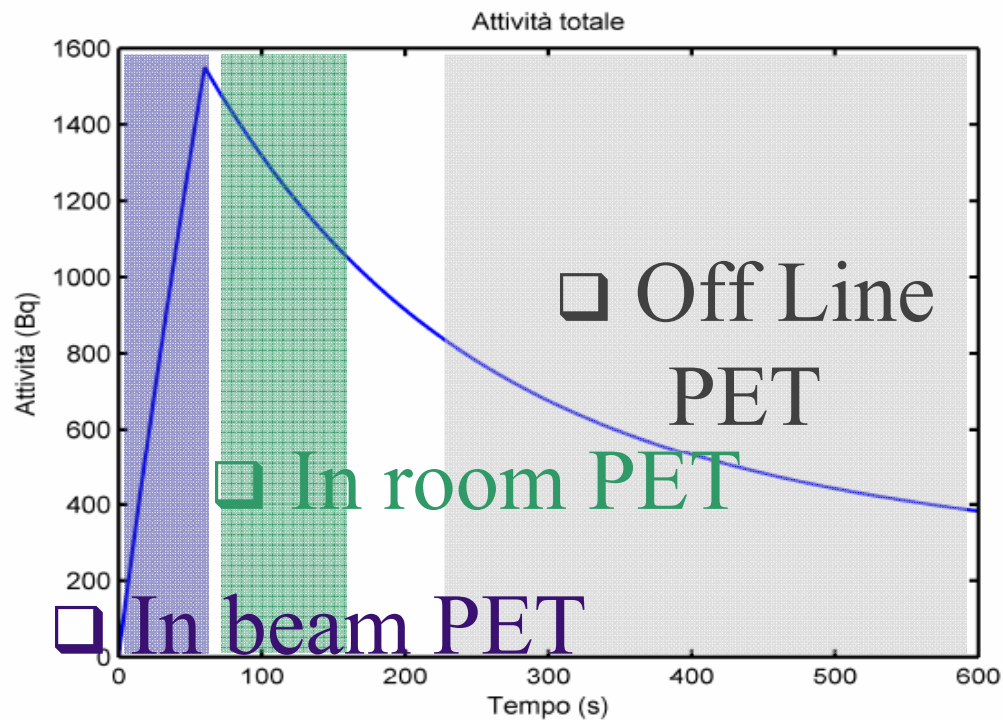
Monitoring modalities

In-beam

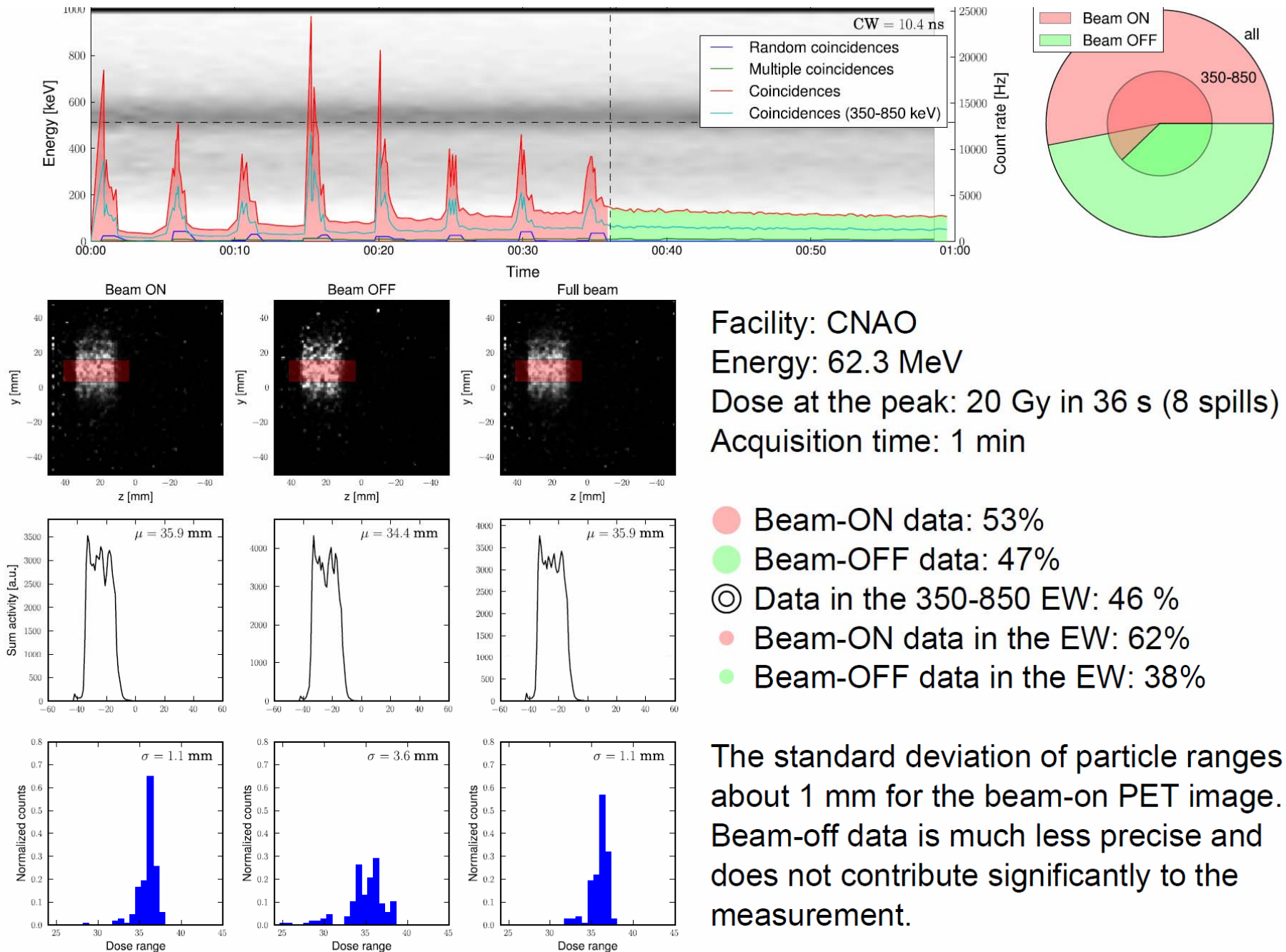
- In-spill
- Intra-spill

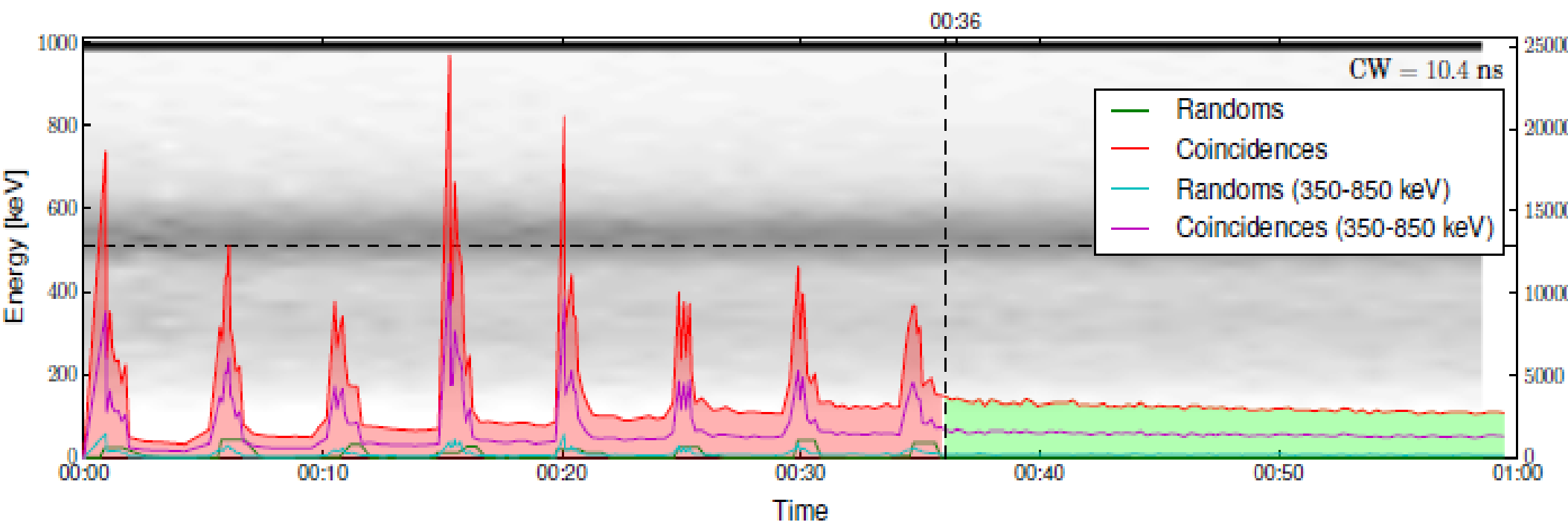
Off-beam

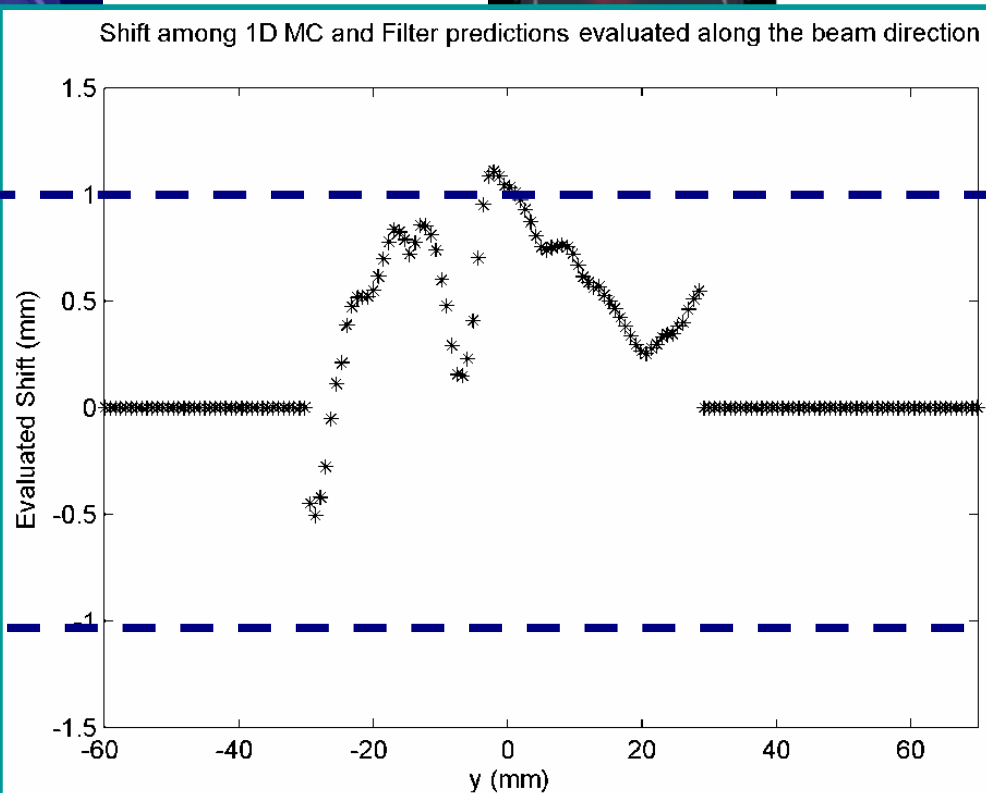
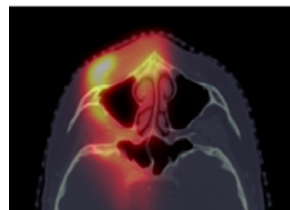
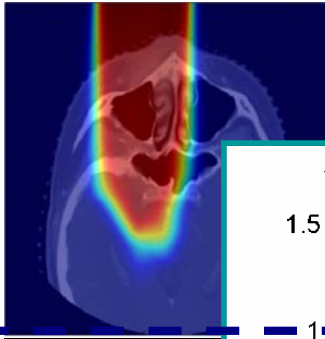
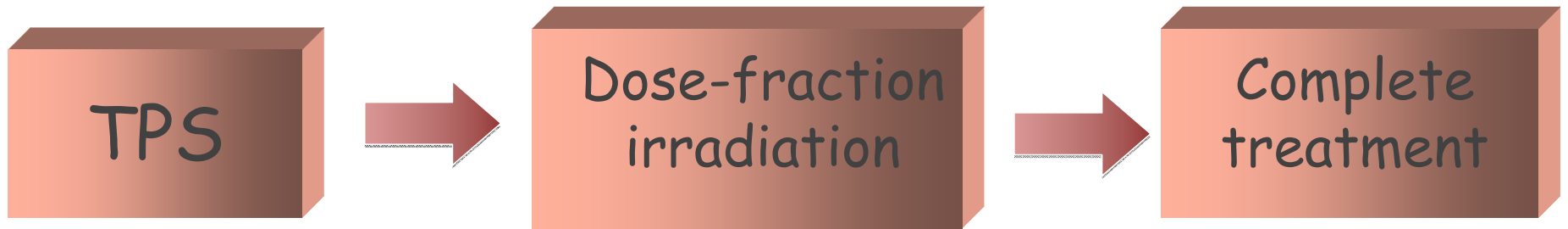
- In-room
- Off-room



CNAO: in-beam and in-room monitoring







Differences between simulated and measured activity profiles

$$\Delta = \pm 1 \text{ mm}$$

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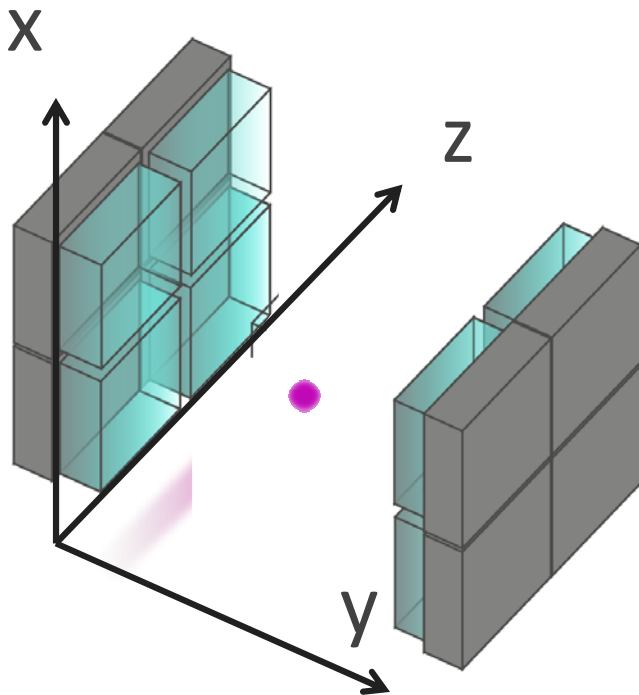
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HADRON THERAPY

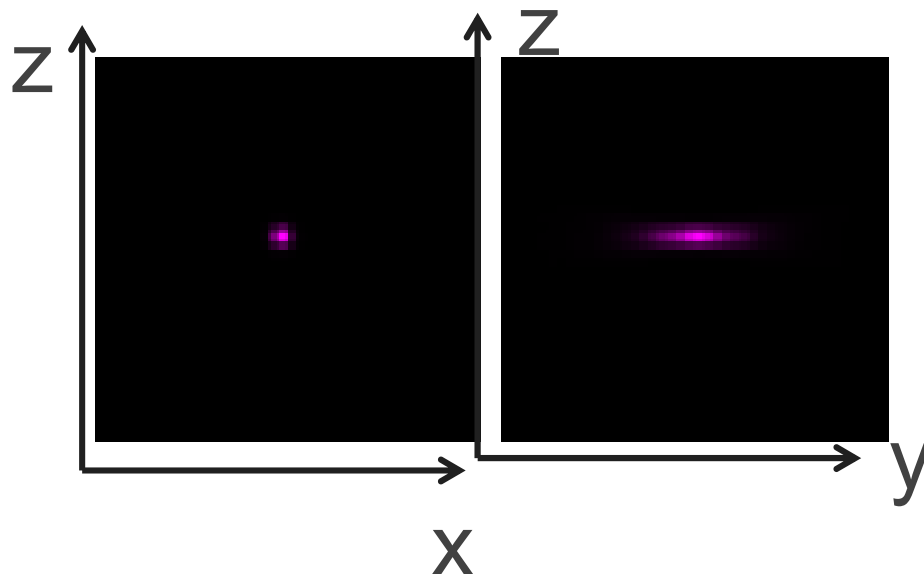
IN-BEAM PET

SILICON PHOTOMULTIPLIER (SiPM)

Monitoring: an open problem



Performances of the PET prototype: a ^{22}Na point source at the center of the FOV



Central reconstructed slice in the xz (left) and yz (right) planes.

- Energy Resolution (FWHM)
 - Head #1: 15.6%
 - Head #2: 15.2%
- Spatial Resolution
 - $\text{FWHM}_x = 13 \text{ mm}$
 - $\text{FWHM}_y = 1.7 \text{ mm}$
 - $\text{FWHM}_z = 1.7 \text{ mm}$

SiPM!

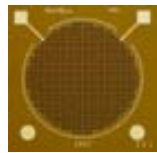
Different geometry, size, microcell size and GF.

$40 \times 40 \mu\text{m}^2 \Rightarrow \text{GF } 44\%$

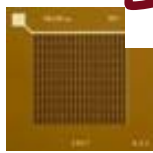
$50 \times 50 \mu\text{m}^2 \Rightarrow \text{GF } 50\%$

$100 \times 100 \mu\text{m}^2 =$

G. Bisogni, A. Del Guerra, B. Liu, N. Marino, M. Morrocchi



1 mm ϕ



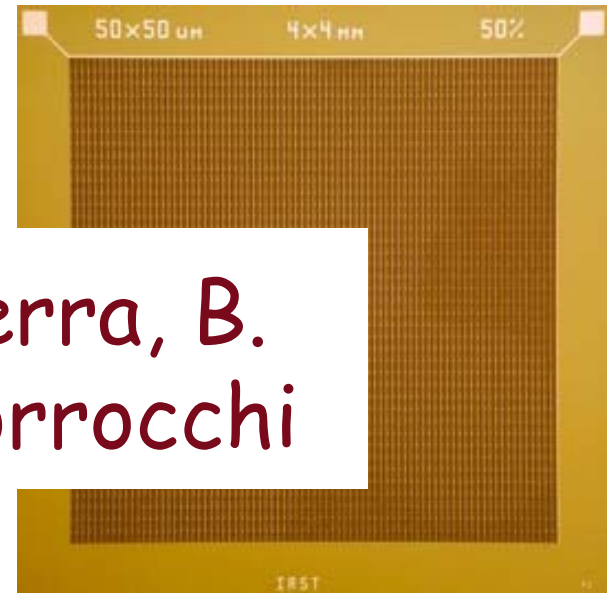
1 x 1 mm²



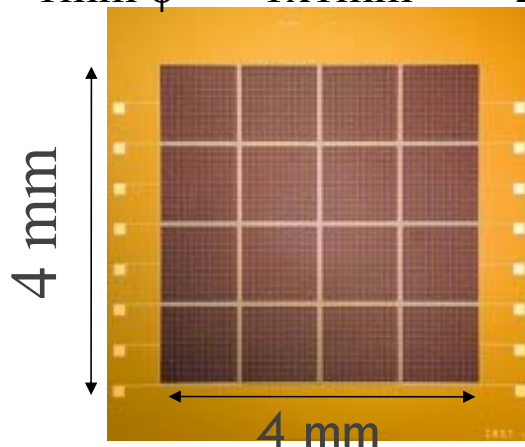
2 x 2 mm²



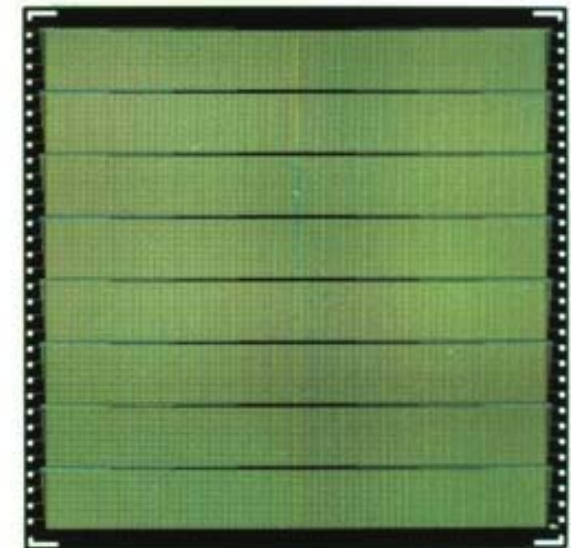
3 x 3 mm² (3600 cells)



4 x 4 mm² (6400 cells)

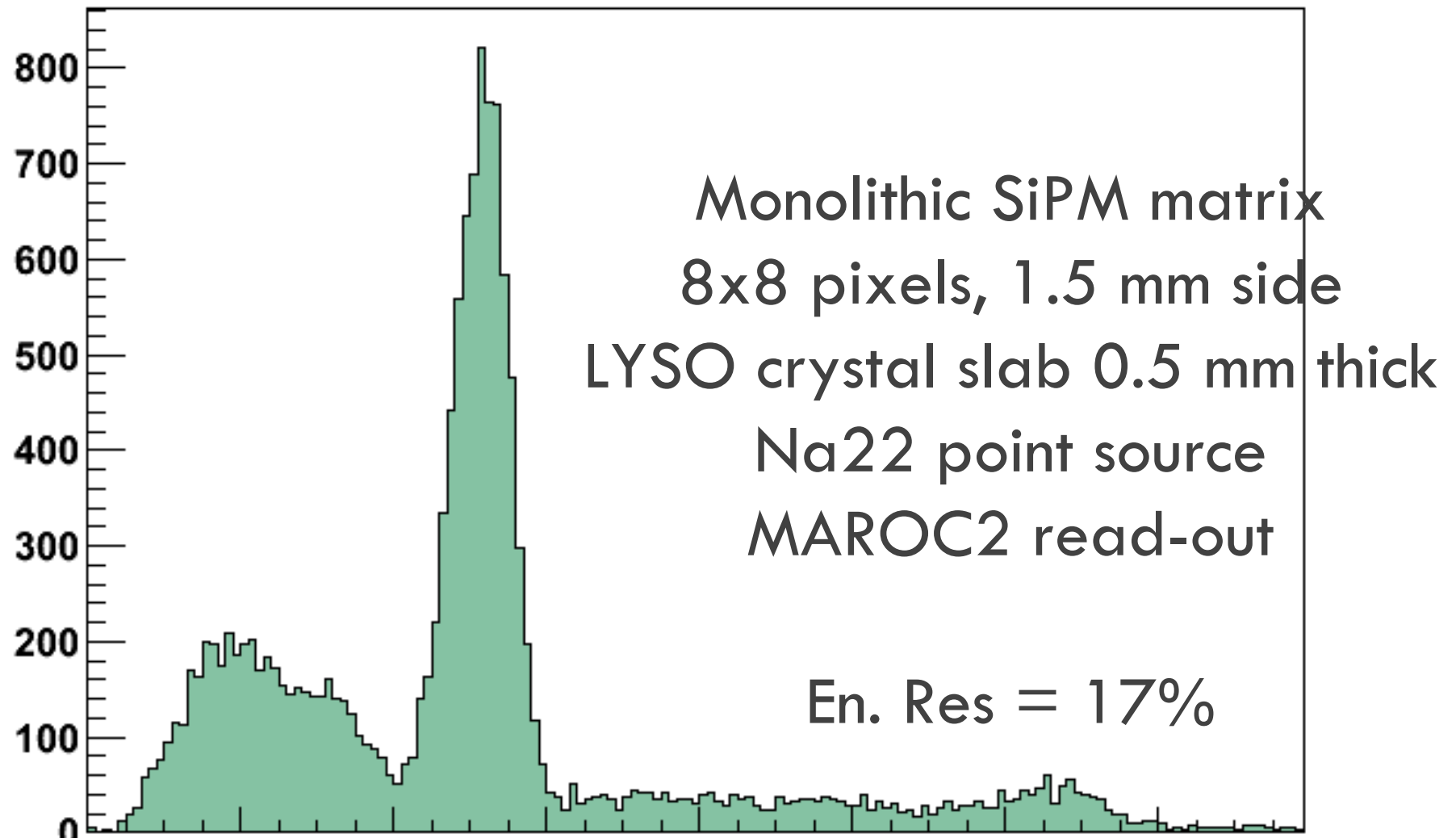


1.5 x 1.5 mm²
8 x 8



1.3 cm

SiPM: Energy resolution



SiPM: Time resolution

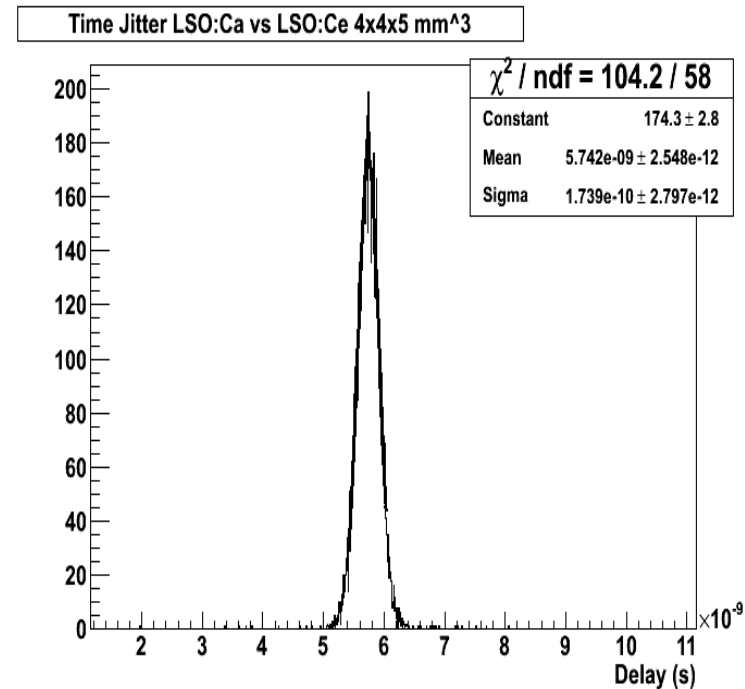
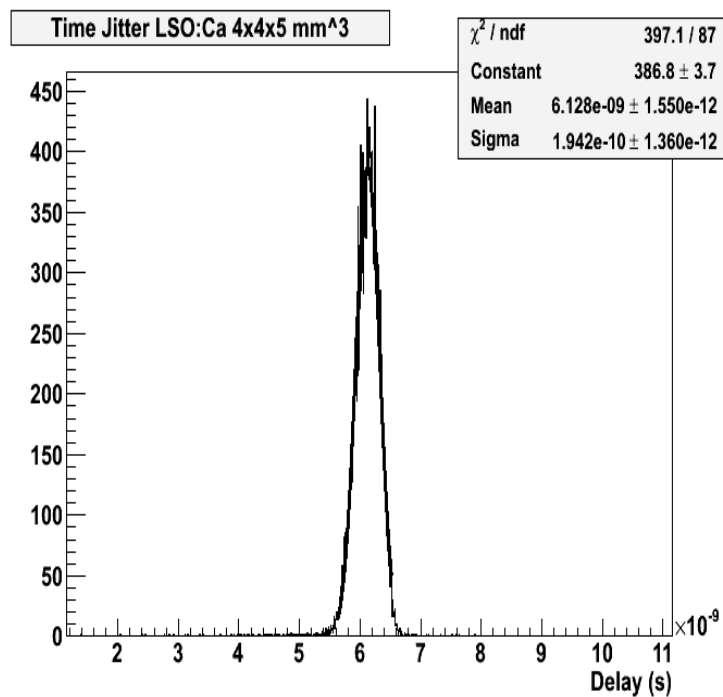
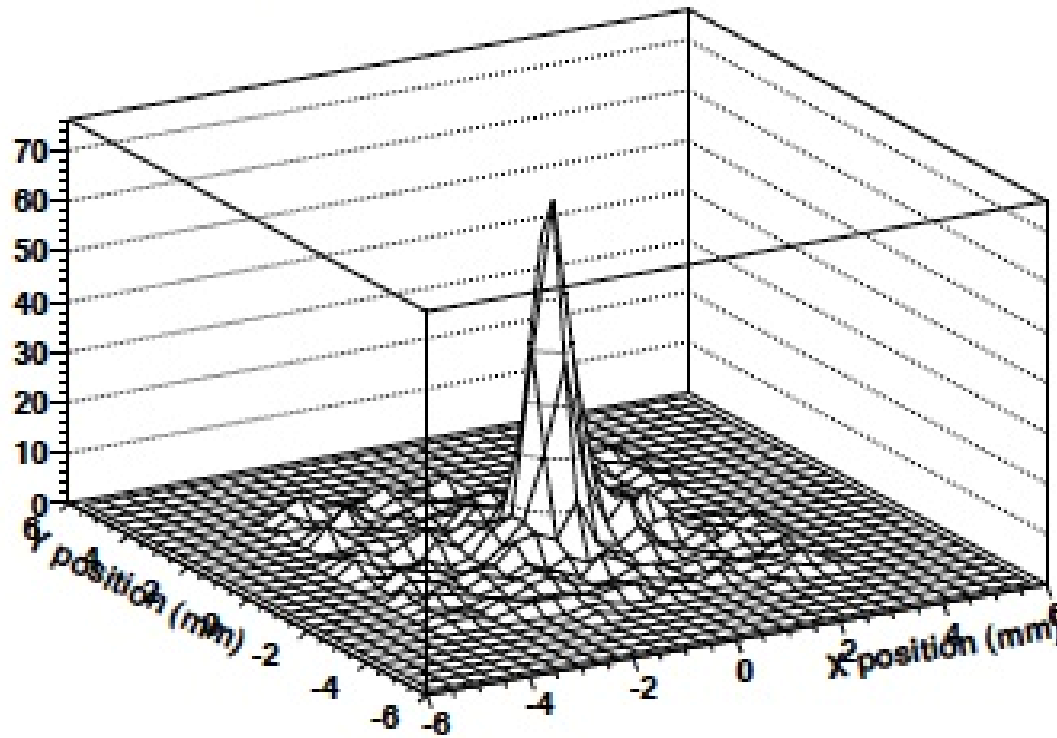


Table 2: Time resolution at 511keV of the tested samples

LSO Ca %	Size (mm ³)	FWHM (ps)	$\sigma \sqrt{2}$ (ps)
0	2 × 2 × 10	345	104
0.3	3 × 3 × 10	357	107
0	4 × 4 × 5	475	143
0.3	4 × 4 × 5	427	128

SiPM: Spatial Resolution

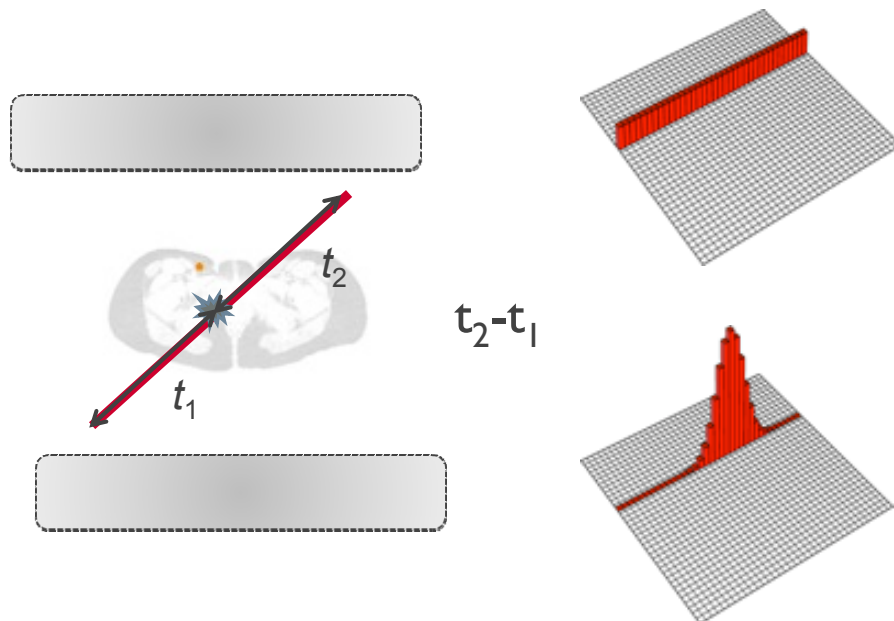
Reconstructed position COG



Reconstructed position with center of gravity algorithm.
The spatial resolution
is about 1 mm FWHM as obtained with a standard center
of gravity algorithm.

TOF system

- ✓ TOF-PET systems exploit the time difference between the two emitted photons to better locate the annihilation position.
- ✓ The limit in the annihilation point location is mainly due to the error in the time difference measurement, namely the time resolution Δt of the coincidence system
- ✓ Time resolution is used by the reconstruction algorithm to locate the annihilation point Δx ($\Delta x = c \Delta t / 2$)



PET traditional

The probability for the event to be located along the LOR is uniform

PET Time-of-Flight

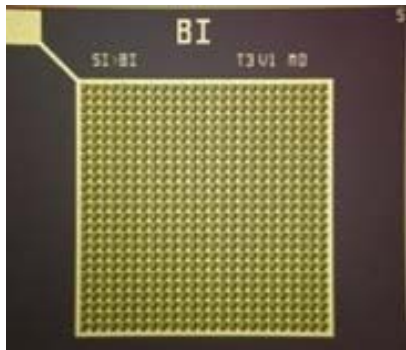
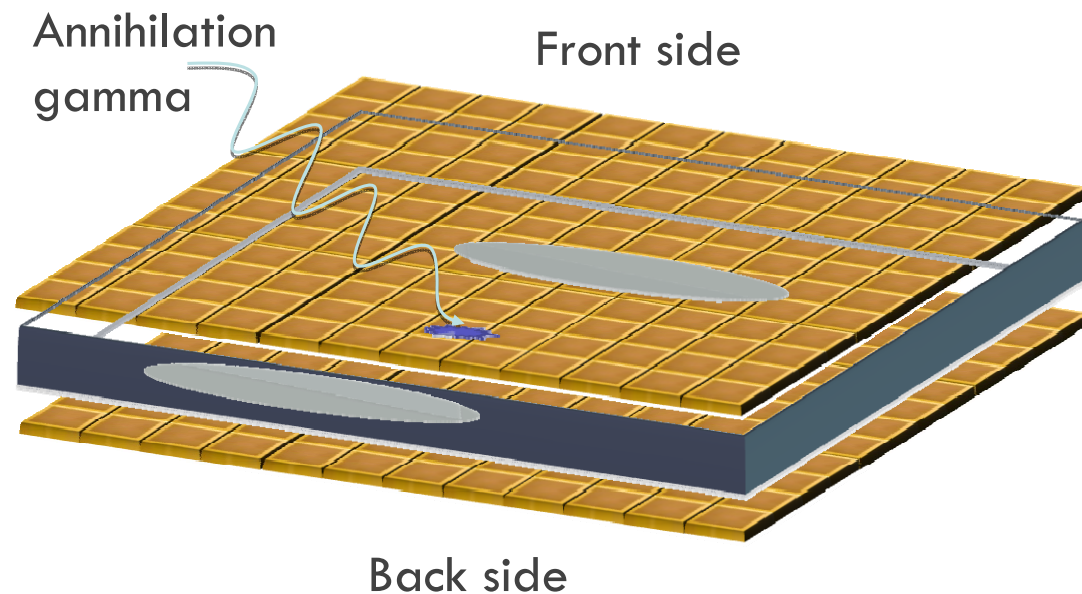
The most likelihood position is in the center of the error distribution

4DMPET Detector module

A continuous fast scintillating crystal coupled on both sides to arrays of SiPM

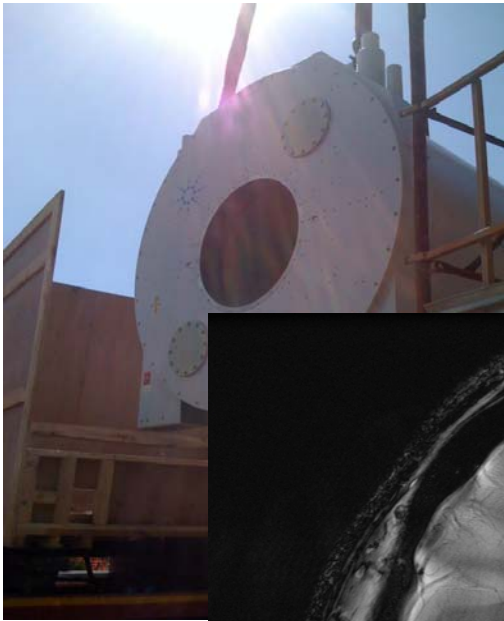
For every event, the timing and the energy released in the crystal at the pixel level will be acquired

Depth Of Interaction (DOI) information to improve the spatial resolution of the detector to the ultimate goal of 0.5 mm FWHM in X-Y and of 2 mm FWHM in DOI.

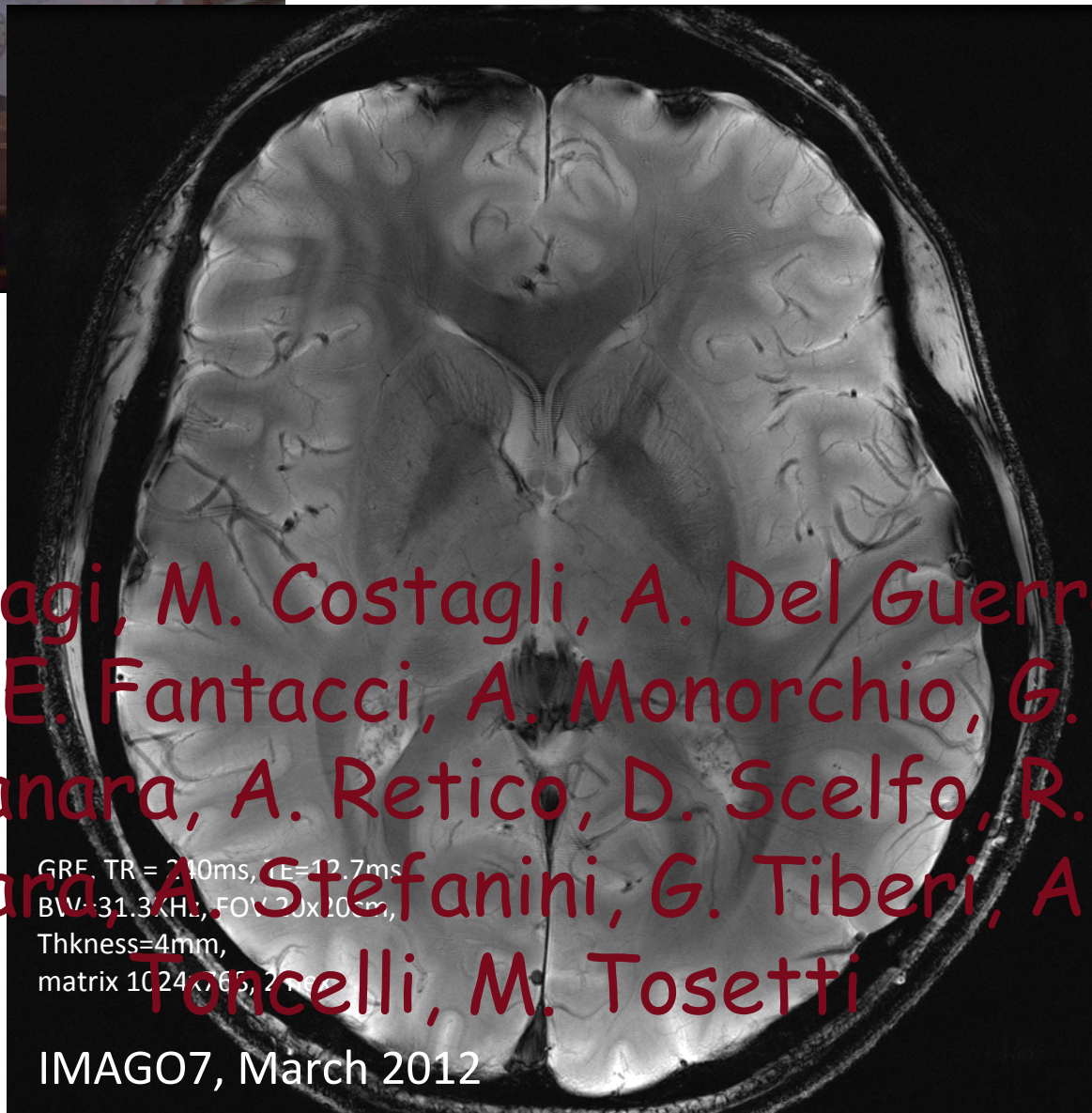


MRI compatible

Bari, Pisa, Perugia, Torino



The first ever Italian 7T whole-body MR system for human application is operative at the IMAGO7 Foundation (Pisa).



L. Biagi, M. Costagli, A. Del Guerra,
M.E. Fantacci, A. Monorchio, G.
Manara, A. Retico, D. Scelfo, R.
Stara, A. Stefanini, G. Tiberi, A.
Toncelli, M. Tosetti

GRE, TR = 210ms, TE = 12.7ms
BW = 31.3kHz, FOV = 20x10cm,
Thickness = 4mm,
matrix 1024x65, 21cm

IMAGO7, March 2012

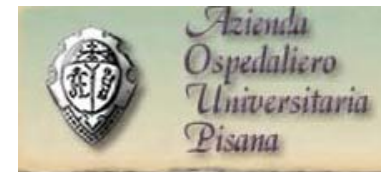
IMAGO7

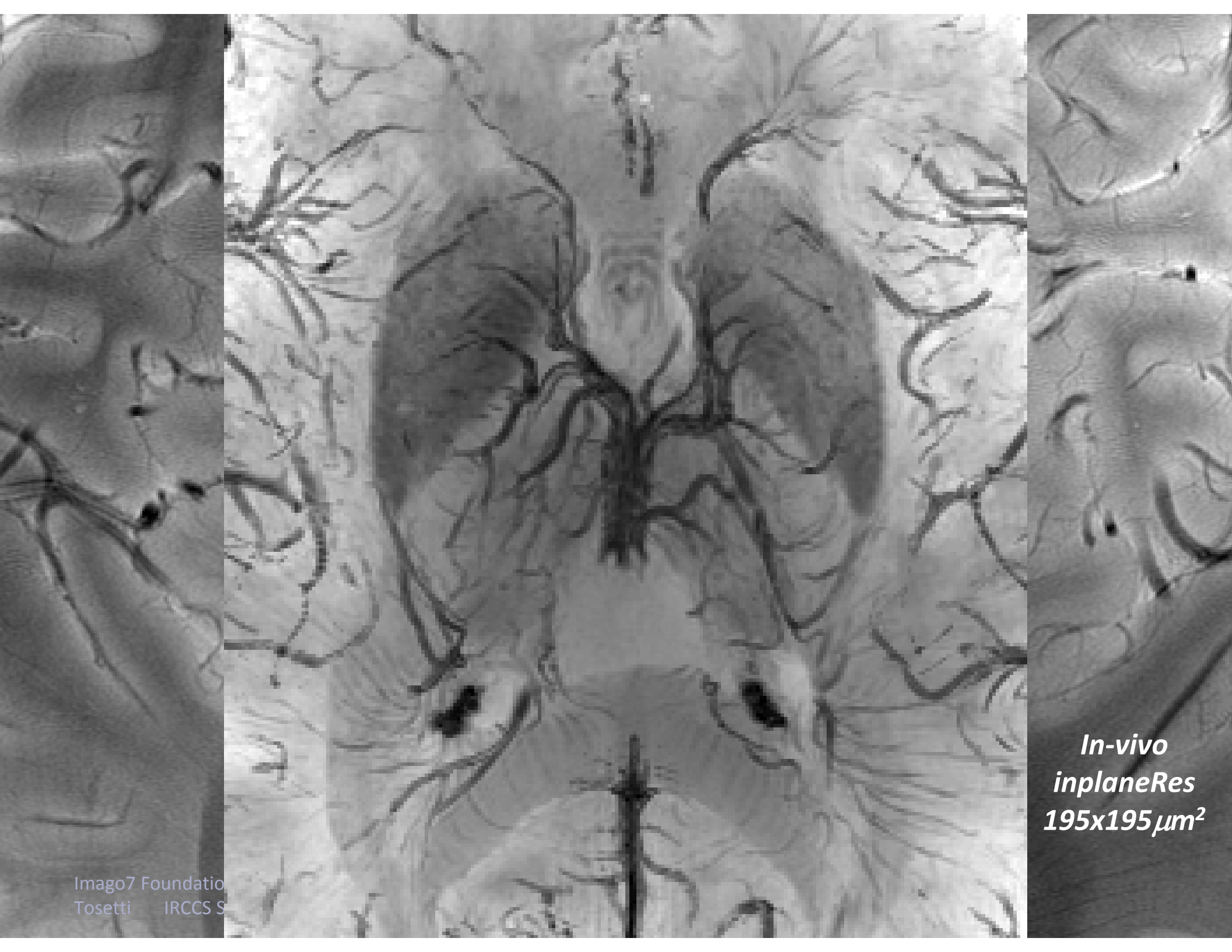


FONDAZIONE STELLA MARIS
ISTITUTO DI RICOVERO E CURA A CARATTERE SCIENTIFICO



UNIVERSITÀ DI PISA



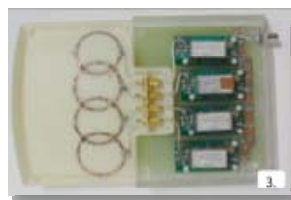


Radiofrequency coil development for Ultra-High Field magnetic resonance

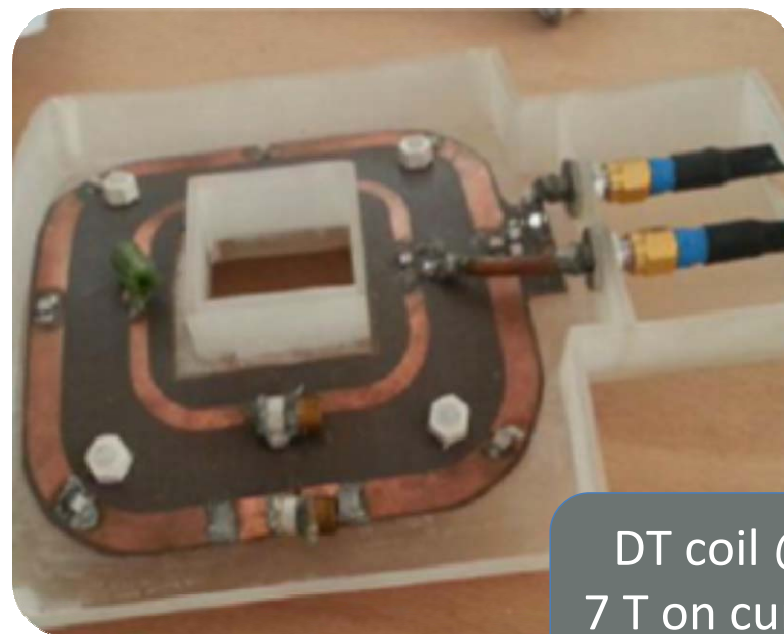


PI & AQ - Dual-tuned (DT) surface RF coils (^1H and ^{31}P) :

- simulation of many different coil designs to reach the channel decoupling;
- final 7 T design integrated to the 7 T scanner in Pisa.



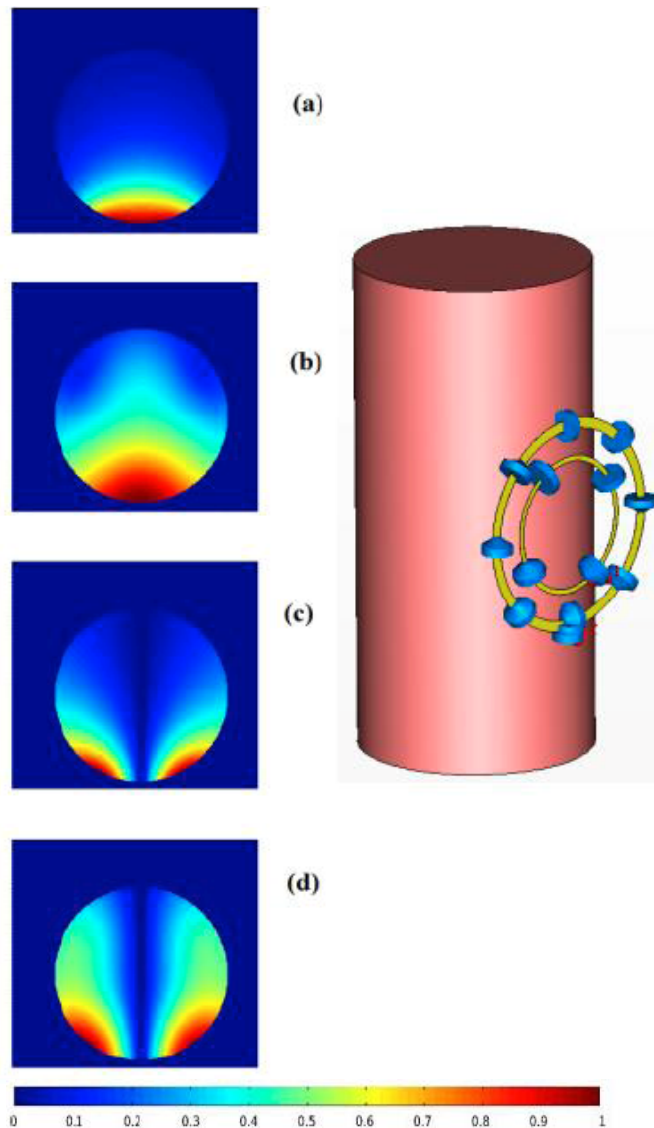
DT coil @
7 T on flat
holder



DT coil @
7 T on curve
holder

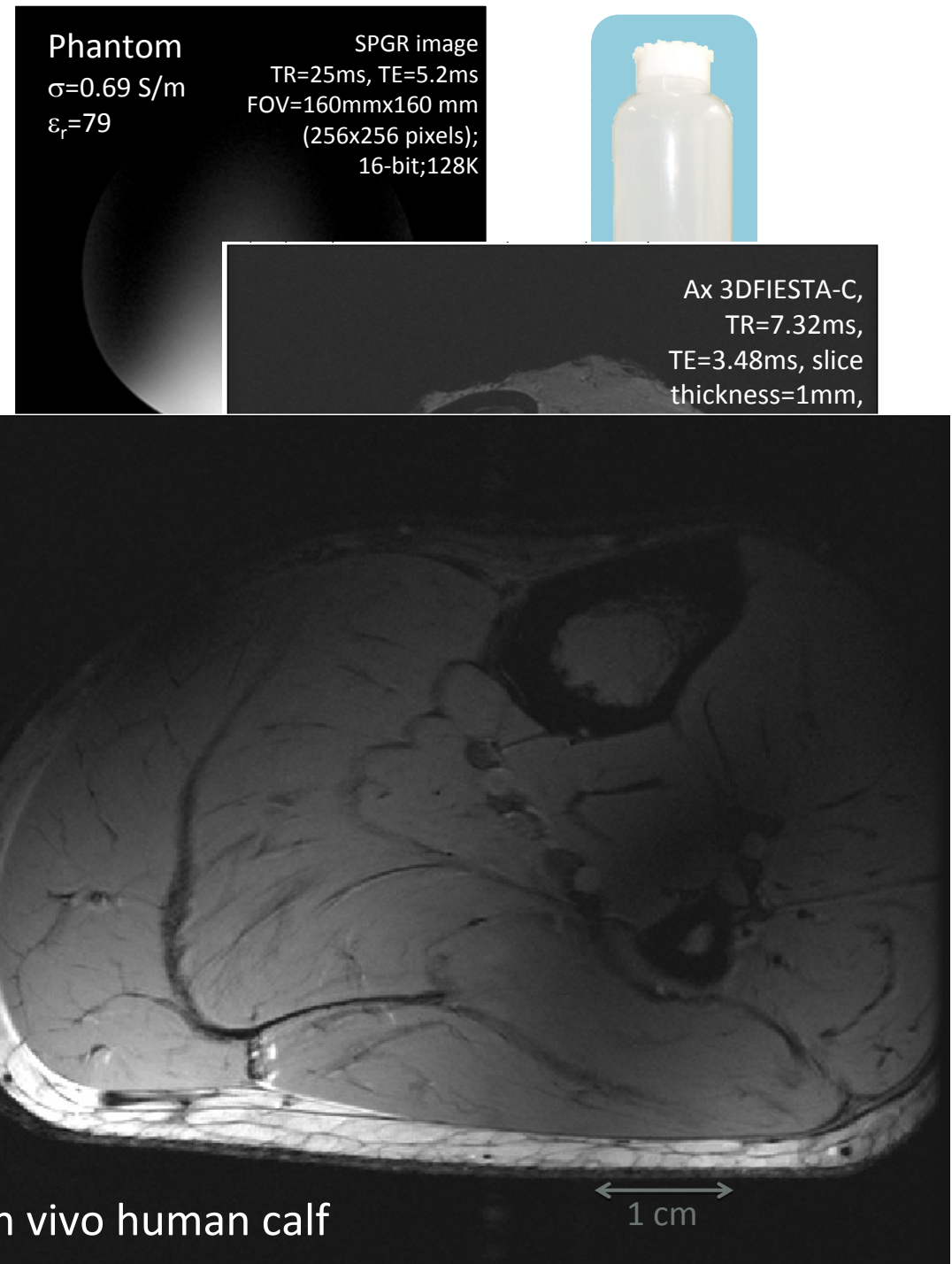
A. Retico - TESLA

B and E field simulations



- B_1 field simulated at 120.6 MHz (a) and at 298 MHz (b) on a transverse plane of the phantom;
- E field simulated at 120.6 MHz (c) and at 298 MHz (d) on a transverse plane of the phantom.

In magnet tests

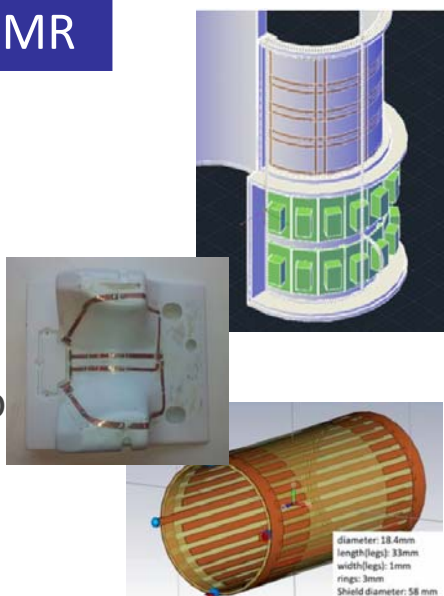


7T MR

WP1.

NEW COILS:

- 32 ch. Rx - Phased Array for human knee imaging
- Tx-Rx surface coil for human neck
- Tx-Rx volume coil for small animals



SAFETY:

- Electromagnetic Simulations
 - Power deposition in biological tissues (SAR): computation of SAR maps for real-time monitoring at 7T

1.5T, 3T, 7T MR

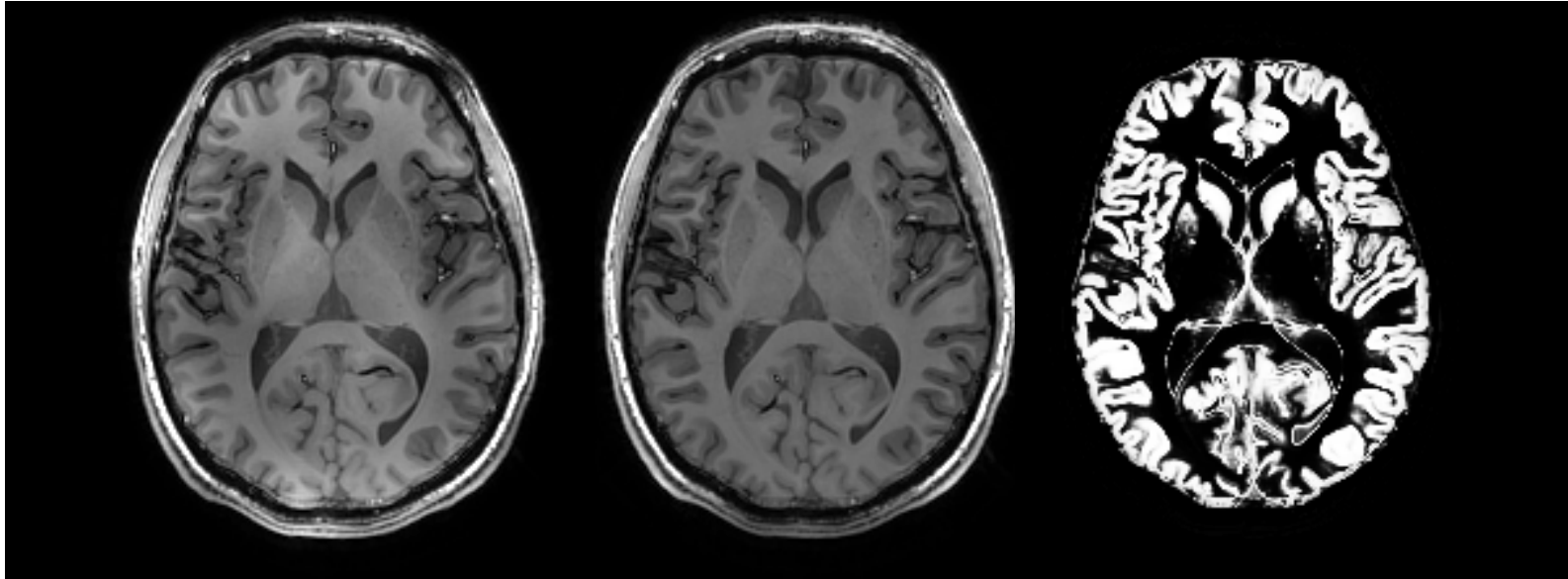
WP2.

IMAGE PROCESSING and ANALYSIS:

- Postprocessing of 7T image to attenuate inhomogeneities.
- Image segmentation (cartilages, tendons and bones) and quantitative image parameter computation.
- Evaluation of the predictive value of MRI data on clinical data (1.5T and 3T) and feasibility study on 7T data:
 - Structural MRI (neurodegenerative diseases);
 - Diffusion weighted imaging (brain tumor segmentation and characterization, connectivity map interpretation, ...)

Image Processing and Analysis of 7T data

- Postprocessing of 7T brain images to attenuate inhomogeneities.



- Quantification of bone architecture to assessment fracture risk and to measure the efficacy of therapeutic interventions in bone disease.

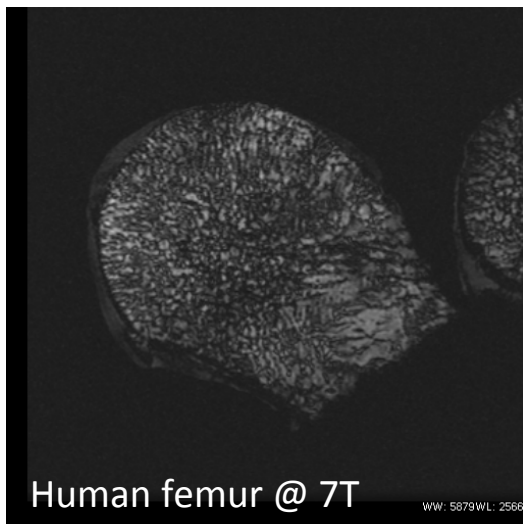
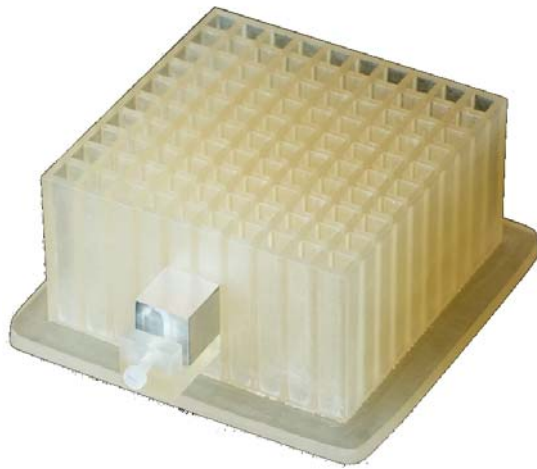
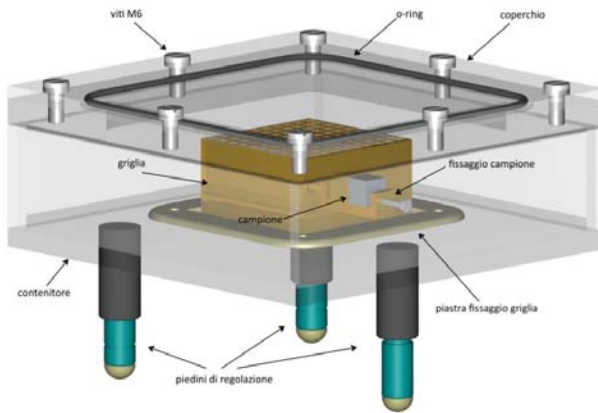


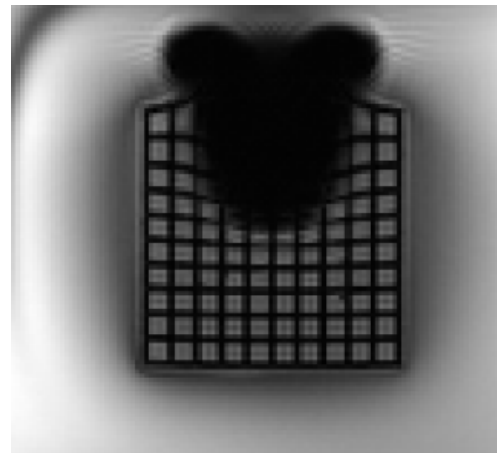
Image segmentation (cartilages, tendons and bones) and quantitative image parameter computation: total bone volume (TBV), bone volume fraction (BVF), surface curve ratio (SCR), erosion index (EI)

Magnetic susceptibility effects

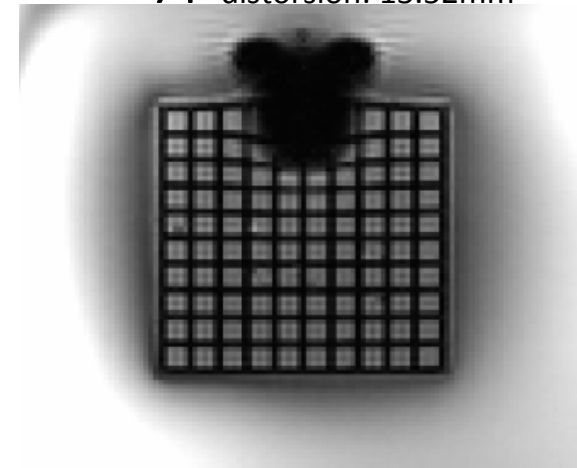
MR-Compatible Phantom χ insert



+ Titanium
Susceptibility = 1.807×10^{-4}
7T-distorsion: 33.3mm



+ Ergal
Susceptibility = 2.11×10^{-5}
7T-distorsion: 13.52mm



Scuola Superiore
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IMAGO7



Potenziali applicazioni nel campo dell'imaging pre-clinico: dalla PET/CT alla PET/MR

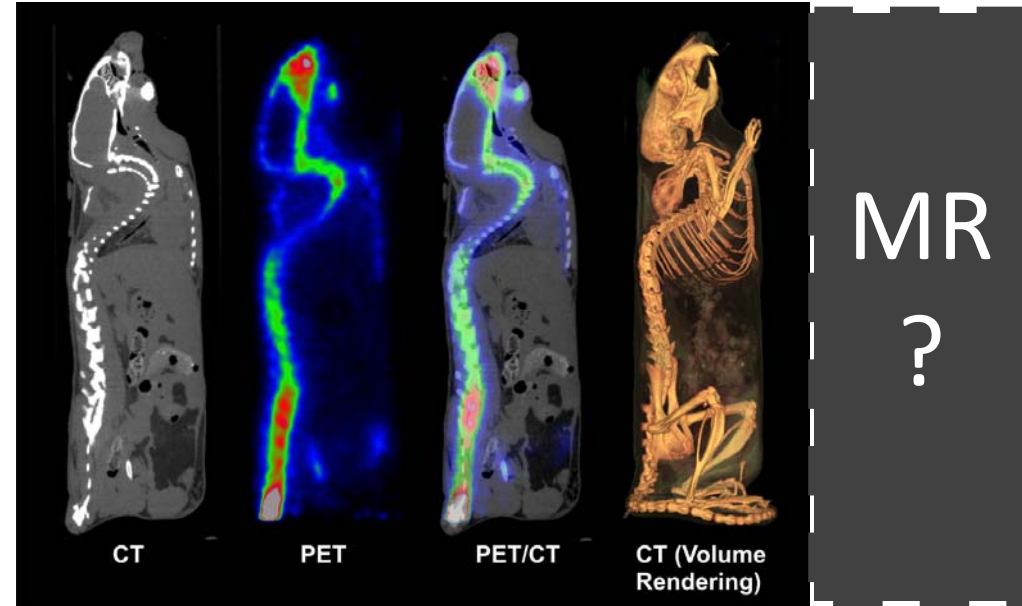
Small animal PET/SPECT
system YAP-(S)PET.

*Tecnologia: Scintillatori
(YAP:Ce) e PS-PMT*



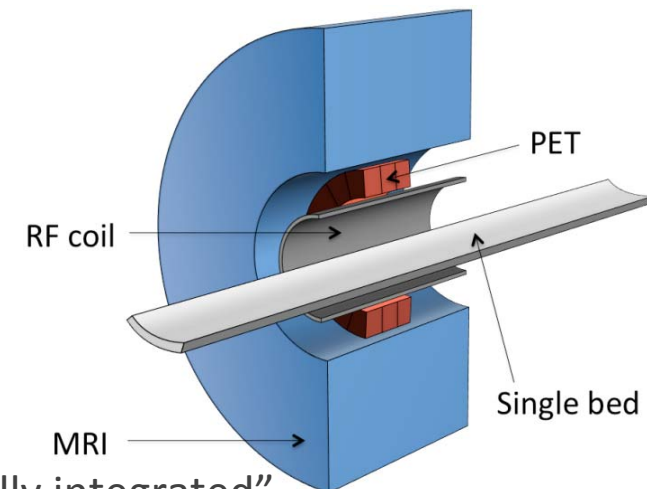
Small animal CT system XaltHR*.
*Tecnologia: CMOS detectors e
microfocus X-ray source*

**in collaboration with IFC-CNR Pisa*



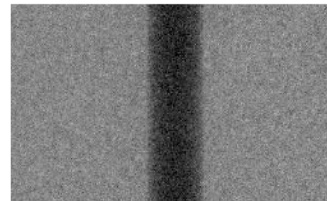
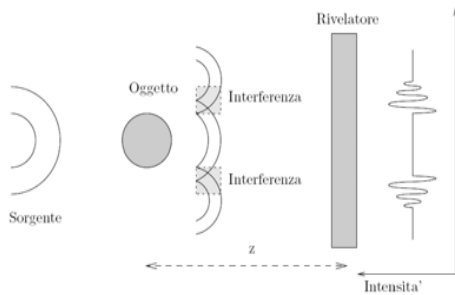
Applicazioni di imaging multimodale su topo: PET
con ^{18}F combinato con una CT.
Da sinistra: immagine CT, immagine PET e fusione
delle immagini.

Utilizzando un modulo di rivelazione PET basato su
fotorivelatori compatibili con il campo magnetico come i
SiPM è possibile sviluppare sistemi PET/MR “fully
integrated” capaci di imaging PET e MR simultaneo.

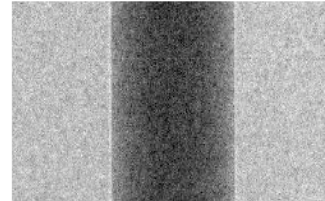


A destra: possibile configurazione di un sistema PET/MR “fully integrated”

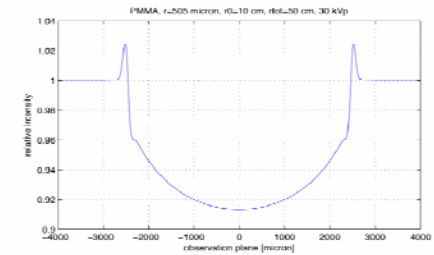
X-RAY PHASE CONTRAST IMAGING



(a) Immagine in assorbimento

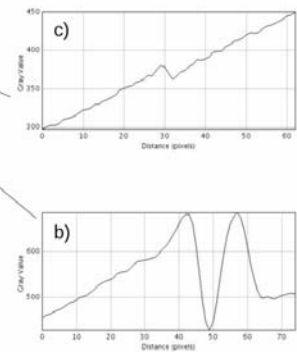
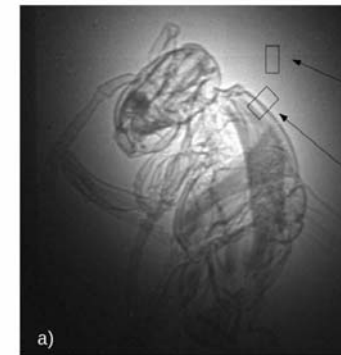
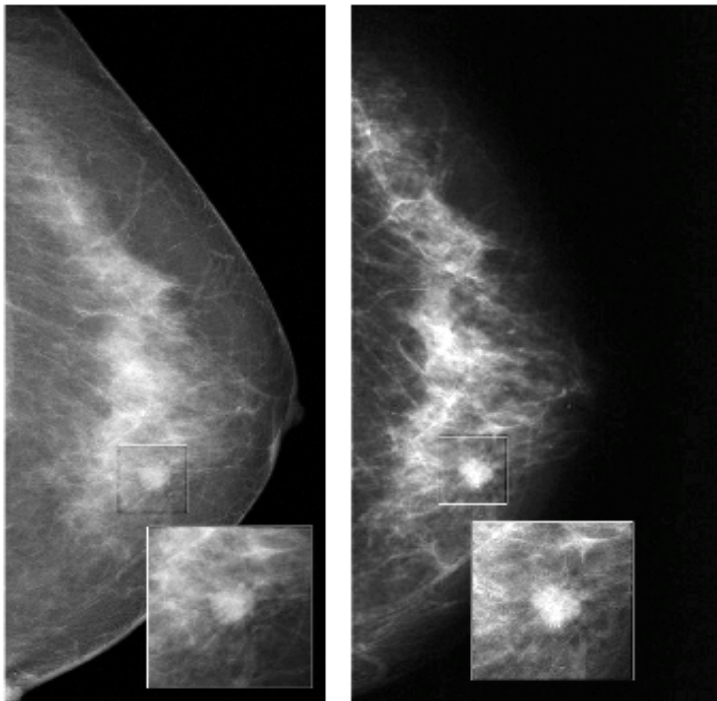


(b) Edge - enhancement

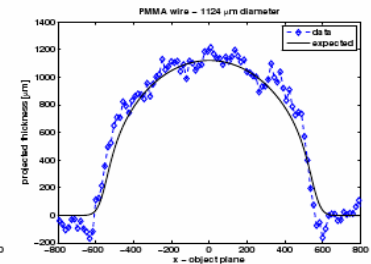
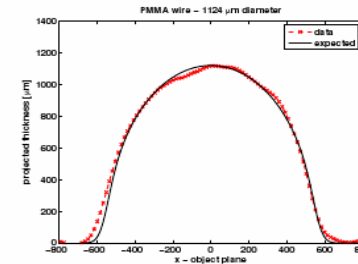


Tecnica in-line ed edge enhancement

Simulazione



Analisi quantitativa delle immagini con contrasto di fase



Applicazioni cliniche dimostrate

Phase retrieval