PHYSICS 428

LECTURE	DATE	INSTRUCTOR	TOPIC
1	April 2	PK	Overview: Imaging equation, inverse problem
2	April 9	PK	2D-LSI imaging systems, X-ray physics: formation and interaction
3	April 16	WH	X-ray detection and imaging systems
4	April 23	PK	X-ray computed tomography (CT) systems
5	April 30	WH	X-ray CT part 2. Contrast Agents
6	May 7	PK	Image reconstruction and image quality
7	May 14	LM	Nuclear decay schemes and isotopes
8	May 21	RM	Gamma cameras: components and systems
9	May 28	WH	Tomography in molecular imaging: SPECT scanners
10	June 4	SB	Positron emission tomography (PET) and hybrid PET/CT scanners
11	June 13	WH/PK	Group project presentations **

** note change in date for class presentations to June 13th - Thursday instead of Tuesday

Upcoming Friday June 7th deadline

- Group projects due to Prof. Kinahan
- Send at least one question on today's lecture with subject line "Phys 428 Lecture 10 Question" to Jackie (jackie24@uw.edu)

Positron emission tomography & hybrid PET/CT scanners

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PHYSICS 428 June 4, 2013

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Outline



- I. Positron emission tomography
- II. PET/CT scanners
- III. PET/CT imaging uncertainties
- IV. Advances & clinical applications

V. Q&A

Hallmarks of PET Imaging

PET is sensitive

- Efficient photon detection
- PET sensitivity 10³ greater than SPECT, 10⁶ greater than MRI
- PET is specific
 - Many radiolabeled tracers of specific molecular pathways

PET is quantitative

- Accurate photon attenuation correction with CT
- PET measures absolute activity concentration

PET has limitations

- Spatial resolution
 - clinical PET ~ 5 mm, small animal PET ~ 1 mm
- Uncertainties
 - Image formation
 - Image analysis

PET Definition



Positron

- Uses **positron** (β^+) emitting radio-isotopes to label physiologic tracers
- Positrons annihilate with electrons, resulting in two anti-parallel photons each with energy 511 keV
- PET scanners measure coincident annihilation photons and localize the source of the decay

Emission

 The source of the signal is emission of annihilation photons from within the patient, as opposed to photons transmitted through the patient in x-ray imaging

Tomography

 Slice-by-slice image reconstruction of 3D object through collection of projection data from all angles around the patient

Positron Annihilation





Positron Decay Questions



1. ${}^{13}_{7}N$ decays to which daughter nucleus?

A
$${}^{15}_{8}O$$
 B ${}^{13}_{6}C$ C ${}^{12}_{7}N$ D ${}^{14}_{9}F$ E ${}^{11}_{5}B$

2. Which is NOT a positron emitter used in PET?

A
$${}_{5}^{9}B$$
 B ${}_{6}^{11}C$ C ${}_{7}^{13}N$ D ${}_{8}^{15}O$ E ${}_{9}^{18}F$

Emission Coincidence Detection



Scintillation





PET Detector Block



signal out to

processing

- PET scanners are assembled in block modules
- Each block uses a limited number of PMTs to decode an array of scintillation crystals



PET Scanner Detector Ring



Tomographic Data Acquisition

All coincidence events acquired over time allows dynamic imaging

Group coincidence data into parallel projections (LOR) for tomographic reconstruction



Sort LOR into <u>sinograms</u> and/or save <u>list-mode</u> data





Annihilation Photon Attenuation

- Mathematics to describe the behavior without attenuation correction are complex
- Best thing is to have accurate attenuation correction



Attenuation in PET Imaging

2 photons along the line of response (LOR)



Attenuation in PET Imaging

 Total number of annihilation photons arriving in coincidence is the product of the attenuation factors

$$N_{C} = N_{0} \exp\left\{-\int_{s_{0}}^{R} \mu(x(s'), y(s'); E) ds'\right\} \exp\left\{-\int_{-R}^{s_{0}} \mu(x(s'), y(s'); E) ds'\right\}$$
$$= N_{0} \exp\left\{-\int_{-R}^{R} \mu(x(s'), y(s'); E) ds'\right\}$$

If we now allow for a distributed source of positrons

$$\phi(l,\theta) = K \int_{-R}^{R} A(x(s), y(s)) \exp\left\{-\int_{-R}^{R} \mu(x(s'), y(s'); E) ds'\right\} ds$$

even better we have attenuation as a simple multiplication

$$\phi(l,\theta) = K \int_{-R}^{R} A(x(s), y(s)) ds \cdot \exp\left\{-\int_{-R}^{R} \mu(x(s), y(s); E) ds\right\}$$

PET Imaging Equation



 Since attenuation can be factored out, and thus corrected by an independent measure, we have a simple 2D x-ray (Radon) transform of line integrals that can be exactly solved by filtered backprojection

Imaging equation
$$\phi(l,\theta) = K \int_{-R}^{R} A(x(s), y(s)) ds$$

FBP solution
$$A(x,y) = \int_0^{\pi} \left[\int_{-\infty}^{\infty} \left| \rho \right| \Phi(\rho,\theta) e^{j2\pi\rho l} \, d\rho \right] d\theta$$

where $\Phi(\rho,\theta) = F_{\rm 1D} \left\{ \phi(l,\theta) \right\}$

Comparing X-ray, γ-camera (SPECT) and PET



Biomedical Imaging Systems: Concepts



Biomedical Imaging Systems: Outline



Analytic Reconstruction



Backprojection Filtered Backprojection Single Profile -> Single Filtered **Profile Back Back Projected** Projected Filtered Profil Profile . Detector X-ray Tube X-ray Tube Object (a) Radio-dens T D Object (a) Simple Profile Filtered Profile (c) (c)

From WikiBooks Basic Physics of Digital Radiography

- FBP assumes linear projections and does not account for many sources of variability in LOR
- Backprojection leads to streak artifacts in PET images

Iterative Reconstruction



- There are many ways to:
 - model the system (and the noise)
 - compare measured and estimated projection data
 - update the image estimate based on the differences between measured and estimated projection data
 - decide when to stop iterating

PET Image Formation Workflow



Reconstructed PET/CT images



AC: Attenuation Correction OS-EM: Ordered Subsets Expectation Maximization FBP: Filtered Back-Projection



II. PET/CT Scanners

Basic PET/CT Architecture



PET/CT Scanners

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Clinical PET/CT





Micro PET/CT



Commercial/Clinical PET/CT Scanner



Inside Typical PET scanner





Block matrix: BGO crystals 6 x 8 crystals (axial by transaxial) Each crystal: 6.3 mm axial

4.7 mm transaxial

Scanner construction

Axial: 4 blocks axially = 24 rings 15.7 cm axial extent

Transaxial:

70 blocks around = 560 crystals 88 cm BGO ring diameter 70 cm patient port

13,440 individual crystals



Power of PET + CT





PET/CT Scanner Operation

• CT images are also used for attenuation correction of the PET data



 Note that images are not really fused, but are displayed as fused or side-by-side with linked cursors

X-ray and Annihilation Photon Transmission Imaging for Attenuation Correction



X-ray (~30-120 keV)

Low noise

Fast

Potential for bias when scaled to 511 keV

PET Transmission (511 keV)

Noisy Slow Quantitatively accurate for 511 keV





CT-based Attenuation Correction

- The mass-attenuation coefficient (μ/ρ) is similar for all non-bone materials since Compton scatter dominates for these materials
- Bone has a higher photoelectric absorption cross-section due to presence of calcium
- Can use two different scaling factors: one for bone and one for everything else



CT-based Attenuation Correction

- Bi-linear scaling methods apply different scale factors for bone and nonbone materials
- Should be calibrated for every CT scanner setting
 - X-ray energy spectrum (kVp)
 - Presence/absence contrast agents



Effects of Attenuation: Patient Study



PET: without attenuation correction

PET: with attenuation correction (accurate)



CT image (accurate)

Material artifact: Metal Clip





Artifact

Courtesy O Mawlawi MDACC

CT

PET with CTAC

Material artifact: Calcified Lymph Node





Courtesy T Blodgett UPMC

Positional artifact: Patient and/or bed shifting





PET image without attenuation correction

PET image with CT-based attenuation correction (used for measuring SUVs) PET image fused with CT

Breathing Artifacts: CT-based attenuation correction





Attenuation artifacts can dominate true tracer uptake values

Clinical Impact Attenuation Correction





 How do we remove these artifacts due to poor attenuation correction?

Mawlawi 2012



III. PET/CT Imaging Uncertainties

PET Signal and Noise





Scattered

coincidence: one or both photons change direction from a scatter before detection

True

coincidence: anti-parallel photons travel directly to and are absorbed by detectors

Random

coincidence: photons from different nuclear decays are detected simultaneously

Question: what happens to SNR if we increase the timing window?

PET signal components



P = T + S + R

Measured Projections Noise from Scatter Noise from Random

 $T \propto \Delta t \cdot r_{ij} \propto activity$

 r_{ij} = photon pair detection rate in detector pixels i,j

 $R \propto \Delta t \cdot r_i \cdot r_j \propto activity^2$

True

Signal

 $r_{\rm i}$ = single photon detection rate in pixel i

- S and R has to be estimated and removed
- Estimation challenges
 - R estimation accurate and efficient (singles method)
 - S estimation can have significant errors from tissue heterogeneity

Signal and Noise Estimates

Scatter Fraction (SF)

$$SF = \frac{S}{T+S}$$

Signal to Noise Ratio (SNR)

$$SNR = \frac{T}{\sigma(P)} \approx \frac{T}{\sqrt{T + S + \alpha R}}$$

 α depends on randoms estimation method

Noise Equivalent Counts (NEC)

$$NEC = \frac{T^2}{T + S + \alpha R}$$

PET Acquisition: 2D vs. 3D Mode

Form of collimation (septa) that separate axial slices in 2D PET

- reduces scattered and random events (also reduces trues!)



PET Spatial Resolution

- Positron Physics
 - Positron Range
 - Photon Non-colinearity
- Detectors
 - Response function

Resolution components add in quadrature

$$R_{system} = \sqrt{R_{pos.phys.}^2 + R_{det}^2 + R_{sampl}^2 + R_{recon}^2}$$

- Ring Geometry
 - Non-uniform LOR sampling
 - Depth-of-interaction
- Reconstruction Filters

Positron Emission Physical Limits

Positron range

- maximum energy of isotope
- scatter medium



Photon non-colinearity

- Non-colinearity: $R_{\text{non-colin}} = 0.0022 \text{ x Ring Diameter}$
- Clinical scanner: Diam. ~ 80 90 cm; R_{non-col.} ~ 2 mm
- Small animal scanner ~ 15 20 cm; R_{non-col.} ~ 0.4 mm

PET Ring Geometry Effect on Resolution

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Data Sampling Error:

- Coincidence lines-of-response are not uniformly spaced across a ring detector
- Interpolate to uniform spacing, or account for non-uniformity in reconstruction



Detector Signal Decoding



Light Sharing Relative PMTs signal heights depend on crystal of interaction



Signal Decoding Energy, E = A + B + C + D Axial position, Z = (C +D) / E Transverse position, X = (B + D) / E Radial position: not determined (no DOI)



PET Sensitivity Factors



1. Absorption efficiency of detectors

- scintillation crystal attenuation coefficient
- scintillation crystal thickness
- detector response uniformity

2. Solid angle coverage of object by detectors

PET ring diameter

smaller diameter

- + increases solid angle and sensitivity, *reduces* system cost
- leads to DOI resolution degradation
- limits patient size
- PET ring axial length

larger axial extent

- + increases solid angle and sensitivity
- increases system cost

Detector Sensitivity vs. Resolution Tradeoff

Inorganic scintillation crystals

relevant PET scanner Property Nal(TI) BGO LSO(Ce) BaF₂ <u>property</u> 3.67 7.13 7.40 4.89 Density (gm/cm³) Effective Atomic Number 50 74 66 54 Attenuation coefficient, μ , sensitivity 0.34 0.95 0.88 0.44 (@511keV, 1/cm) Coincidence efficiency $(1-e^{-\mu t})^2$, 41% 69% 54% 89% t = tickness (cm)* t=3 t=2 t=3 t=3 energy & spatial resolution Light Output (photons/keV) 38 8 20-30 10 counting speed (randoms 0.8, 620 Decay Time (ns) 230 300 40 rate, dead-time 430 225, 310 Wavelength (nm) 415 480 photo-sensor matching, Index of Refraction 1.85 2.15 1.85 1.56 manufacturing cost Hygroscopy yes no no no

*crystal thickness, t: typically BGO scanners use t = 3cm, LSO scanners use t = 2cm for cost reasons. PET scanners are not made from NaI(TI) or BaF, due to low sensitivity, despite other advantages

Geometric Efficiency vs. Sensitivity



PET scanner **sensitivity** scales with the number of **detectable coincidence events**, which in turn scales as θ_{max} .

This results in lower sensitivity at the end of any PET scanner



Graph from "Emission Tomography", Eds. Wernick, Aarsvold, pg.186

FIGURE 10 Comparison between 2D (axial collimation in place) and 3D (axial collimation removed) sensitivity.

QA for PET Scanners: Evaluation of Performance Metrics

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Current specifications based on National Electrical Manufacturers Association (NEMA) Standard

- Sensitivity both system and per transaxial slice (measured with a line source)
- Spatial resolution measured with a point source and an analytical image reconstruction algorithm at several positions in the scanner FOV (x,y,z resolution)
- Uniformity measured with a uniform cylinder of activity
- Count rate measured with a decaying line source in a solid, cold cylinder
- Dead time correction accuracy measured from the count rate data
- Scatter fraction measured from the count rate data
- Attenuation correction accuracy, contrast performance from a non-cylindrical phantom with hot and cold spheres.











IV. Advances & applications

Respiratory-gated PET and PET/CT



Static PET



$$SUV_{max} = 9.5$$

Gated PET



$$SUV_{max} = 15.3$$

PET Acquisition: Static vs. Dynamic

Static PET

 Time-averaged image frame from all detected events at a given bed position

Dynamic PET

 Time-binned image over multiple frames at a given bed position

> Patient Arrives, and is positioned in the PET scanner.



Dynamic PET Imaging



A shielded syringe pump delivers the tracer as PET scanning begins

A sequential series of PET images are collected as the tracer biologically distributes in tissues



Blood activity is determined during imaging.



Quantitative Dynamic PET



Dynamic PET Data Analysis



Kinetic model of dynamic PET is tracer specific

Modern Times: Time-of-Flight

- Time-of-flight capability is now offered in many new PET scanners
 - Measure time difference of detection of coincidence gammas
 - Defines a line <u>segment</u> in space, shorter than distance between detectors
 - Improves image signal to noise that is a function of the object size.



Conventional LOR

segment length $\Delta x = c\Delta t/2$

c = speed of light Δt = timing resolution

TOF Gaussian SOR



 $\Delta x = 7.5$ cm for the $\Delta t \sim 0.5$ ns typical of TOF PET scanners

PET Clinical Applications



Diagnosis and staging

- FDG PET alters staging in at least 30 % of cancer patients
- Target definition
 - PET/CT-based targets more conformal to surgically resected tumor volumes
 - Reduces inter-observer variation
 - RTOG recommend NSCLC
 CTV = GTV + PET-positive nodes

Treatment response assessment

- PET response precedes CT and MRI response
- Early response prognostic of clinical outcome



Future: PET/CT-guided Radiotherapy

- Biologically conformal radiotherapy / Dose painting
 - Biological target volumes (BTV) for simultaneous integrated dose boosts (Ling 2000, Tome 2003, Madani 2009)
- Dose painting by numbers accounts for intratumoral variations in response to therapy (Bentzen 2005)

Heuristic Model or Empirical Measurement



Uncertainty Characterization and Validation

(Bowen 2011)

PET Introduction Summary



- Concept
 - Physics of positron emission, annihilation photons, coincidence detection
- Components
 - 2D collimated vs. 3D acquisition mode, detector block
- Spatial resolution
 - Positron range, detector response, line-of-response sampling, depth-of-interaction
 - Take home 1: clinical PET resolution ~ 5 mm, small animal PET ~ 1 mm
- Quantitation
 - CT attenuation correction
 - Take home 2: separable attenuation correction makes PET more quantitative than SPECT or MRI
- Sensitivity
 - Absorption efficiency, geometric efficiency
 - Take home 3: PET sensitivity 10³ greater than SPECT, 10⁶ greater than MRI
- Image formation
 - Acquisition
 - Reconstruction



IV. Q & A



- How do PET and SPECT compare in terms of...
 - spatial resolution?
 - quantitative accuracy?
 - PET has higher spatial resolution, despite disadvantage of finite positron range prior to photon emission, because less attenuation/scatter of 511 keV in tissue compared to lower SPECT photon energies
 - PET has higher quantitative accuracy due to simpler separable attenuation correction that enables absolute estimation of activity concentration



- What is purpose of different filters?
- Who chooses filter?



Modified Frequency Filters

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Effect of Butterworth-filter cutoff



- SPECT lecture slide on imaging equation stated "Ignore inverse-square dependence of fluence". How can inverse square be ignored when activity at any distance from a source is heavily effected by the inverse square law?
- Approximation is based on distributed activity sources whose photon emission lines can be rebinned into parallel projections, leading to tomographic image reconstruction



- What is future of ^{99m}Tc SPECT for bone imaging given worldwide decreasing supply of depleted uranium for generator-based production? Will PET be cheaper option?
- [¹⁸F]NaF PET for bone imaging is gaining prominence for both quantification and future costeffectiveness. On the other hand, renewed interest in cyclotron-produced ^{99m}Tc may alleviate diminishing supply. Only future will tell!