

Deep Scatter Estimation in PET: Fast Scatter Correction Using a Convolutional Neural Network

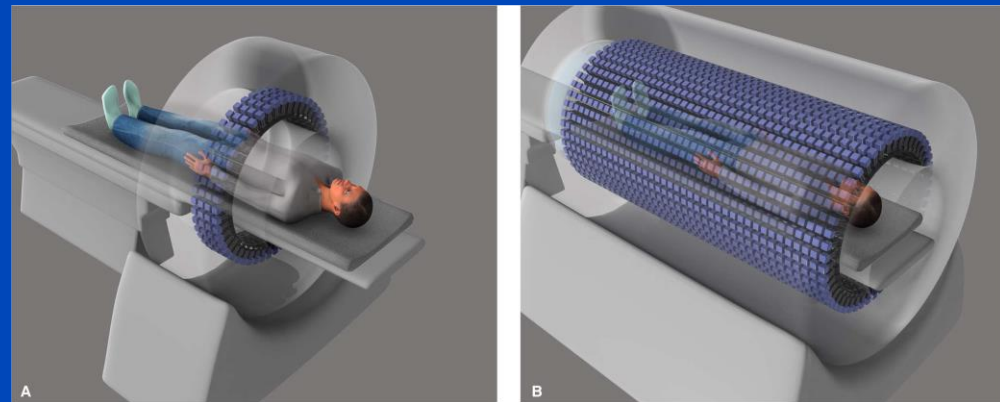
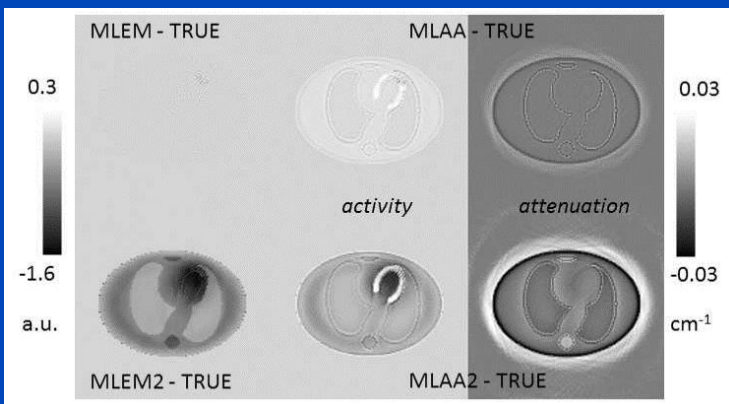
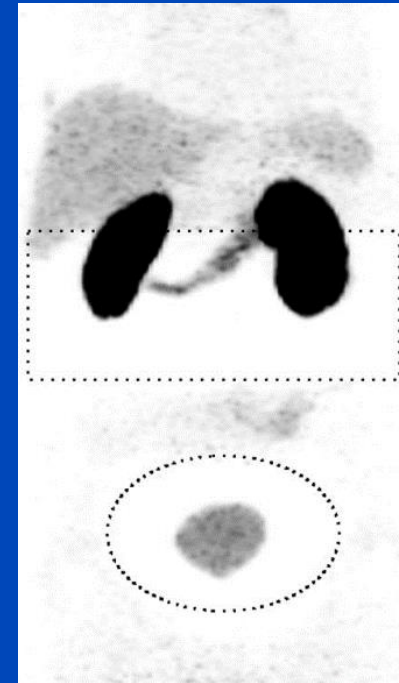
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Scatter-Sensitive PET Applications

- Highly-specific PET tracers¹
 - Halo effect with ⁶⁸Ga-PSMA
- Joint estimation^{2,3}
 - Unknown radiotracer and attenuation
- Long-axial-FOV PET scanners⁴
 - Need for fast whole-body scatter simulation



[1] Heußner et al. PLoS ONE. 2017;12(8):e0183329.

[3] Nuyts et al. IEEE Trans Rad Plasma Med Sci. 2018;2(4):273-8.

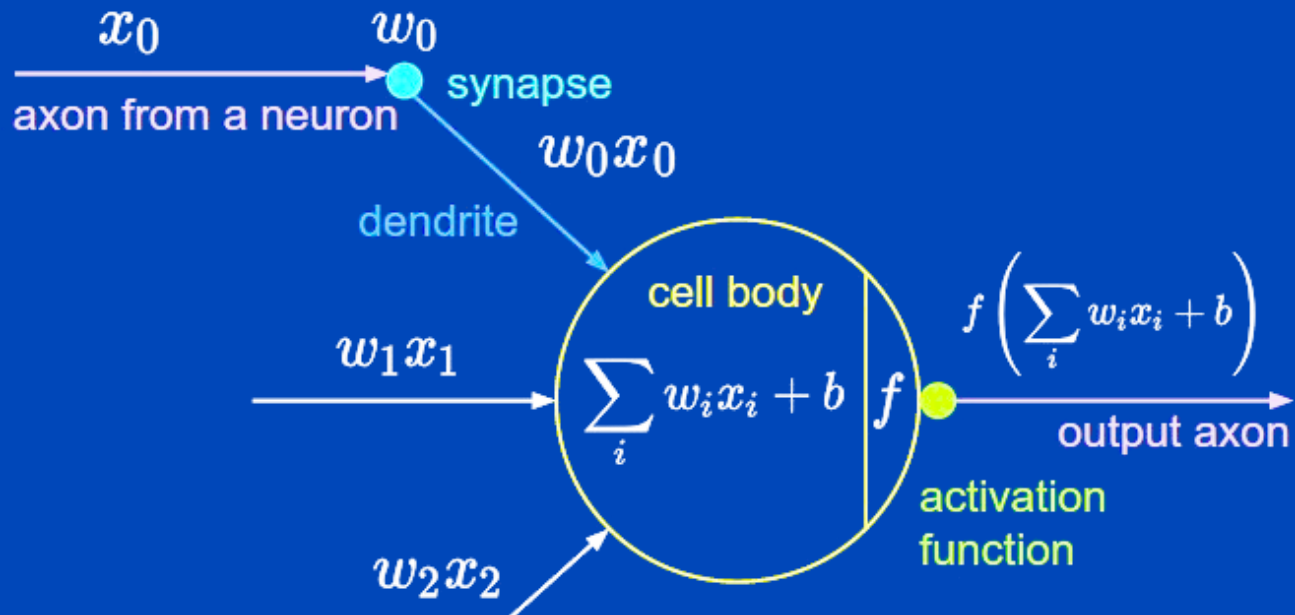
[2] Heußner et al. IEEE Trans Nucl Sci. 2016;63(5):2443-51.

[4] Cherry et al. Sci Transl Med. 2017;9(381):eaaf6169.

Problem, Aim, Outline

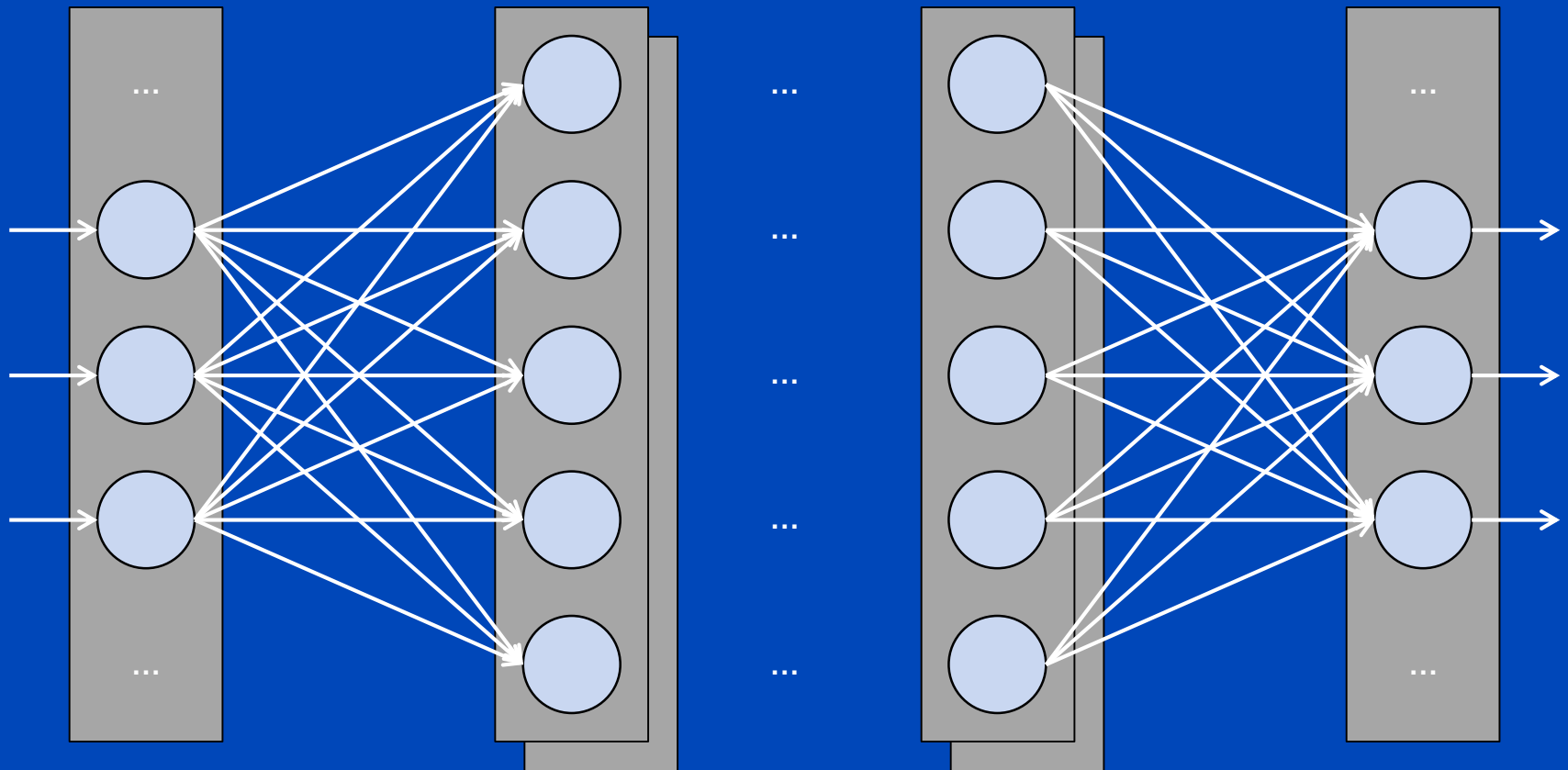
- Monte Carlo scatter simulation (MCSS) is slow
- Single scatter simulation (SSS) is error-prone
- **Fast and accurate scatter correction** for clinical PET using a deep convolutional neural network (CNN)
- **Background**
 - Convolutional neural networks
 - Previous work (CT and PET)
- **Deep Scatter Estimation (DSE) in PET**

Artificial Neuron¹



- **Nonlinear** activation function f
- Multiple inputs, linearly combined
- Trainable **weights** w_i and **bias** b
- **Supervised learning**: adapt parameters to in-/output

Convolutional Neural Networks



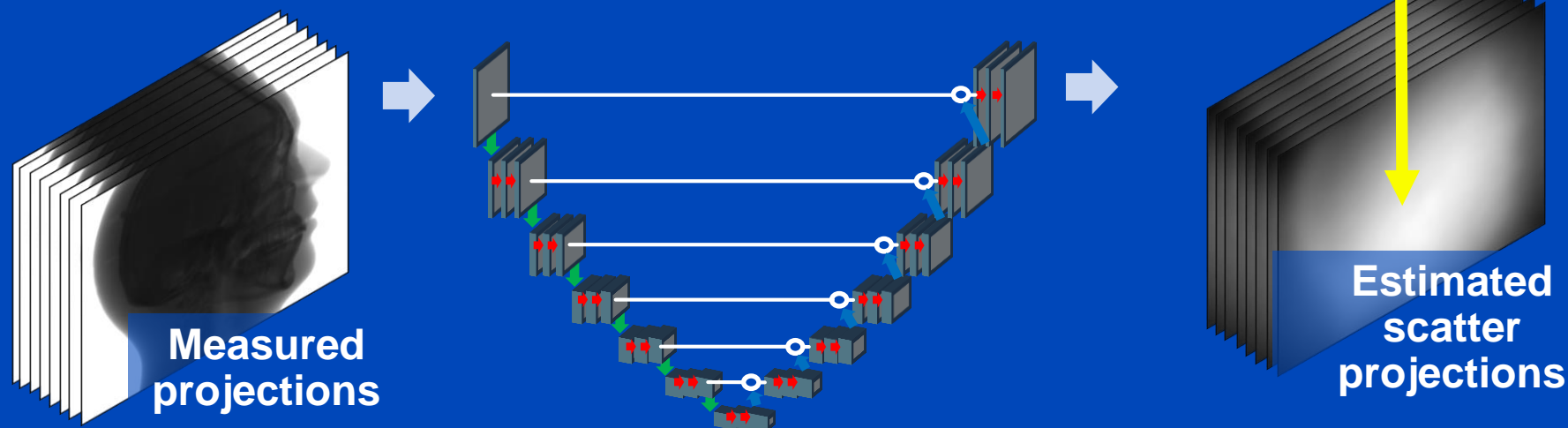
- **Feed-forward:** no loops
- **Convolutional** vs. fully-connected layers of neurons

Advantages of CNNs

- Once trained, CNNs are **fast**
 - Potential for clinical PET
- CNNs are **versatile**
 - Can serve multiple applications
 - Learn from training data
 - General-purpose tools
- Main efforts
 - Definition of **network structure**
 - Generation of **training data**

Deep Scatter Estimation in CT

- A 2-D CNN to **estimate scatter** from **scatter-contaminated** projections¹
 - Trained using measurements and reference
 - Applied to individual projections
 - Real-time performance for cone-beam CT



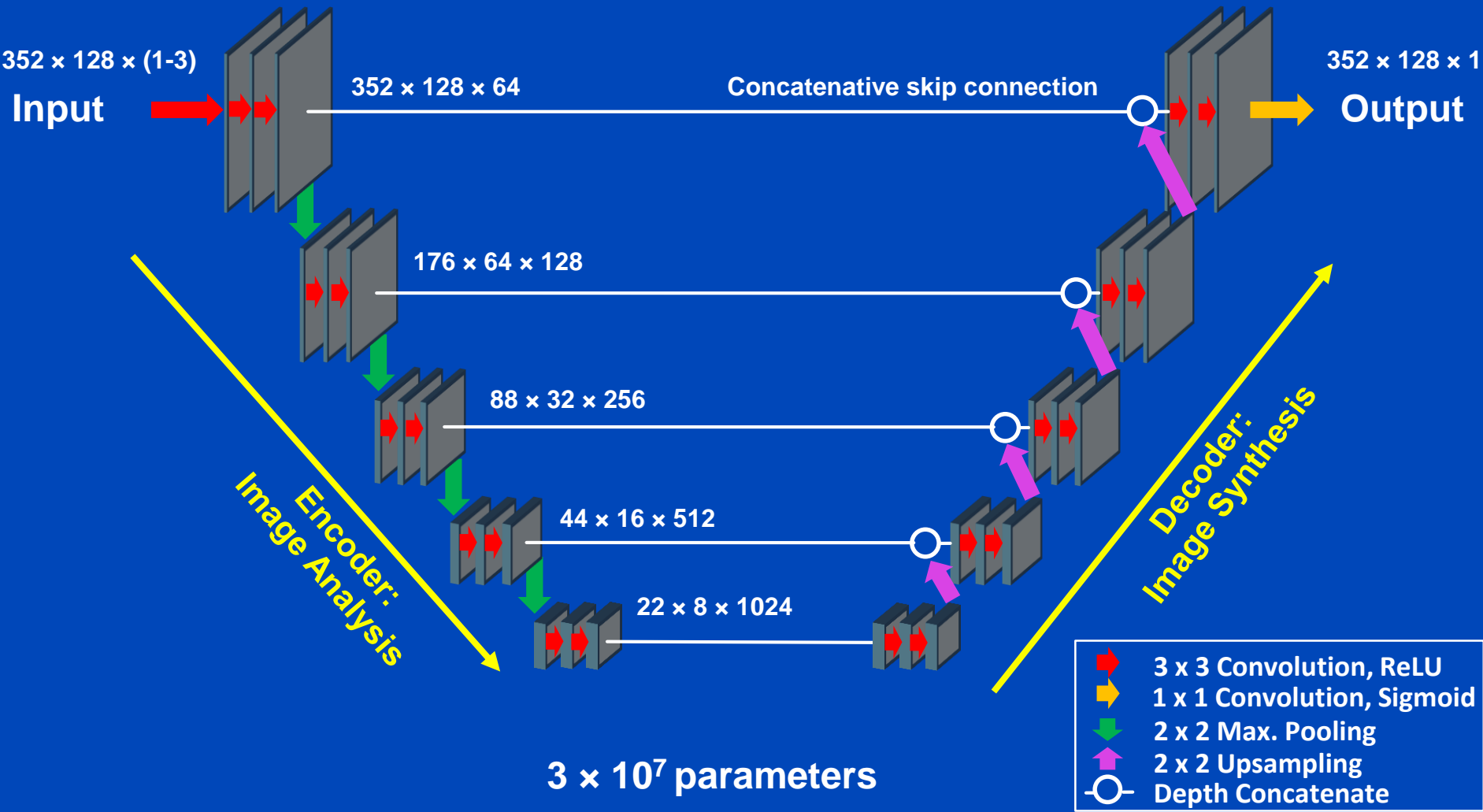
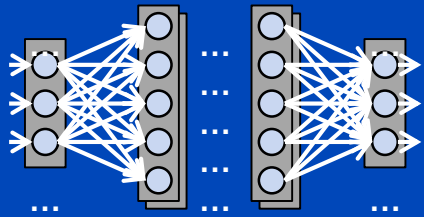
Deep Scatter Estimation in PET

- Previous work¹
 - 2-D “neural network that predicts total scatters from **emission and attenuation data**” (for views)
 - Monte Carlo simulations of **13/1** phantoms (training/validation)
 - Showed promise “but **needs more work**”
- **Proof of concept:** single scatter simulation using a deep convolutional neural network (CNN)
 - Network structure
 - Human training data
 - **Speed** and **accuracy**

[1] Qian H, Rui X, De Man B. IEEE Nucl Sci Symp Med Imaging Conf. 2017;M04-1.

Also compare Yang J, Park D, Wang ZJ, Seo Y. IEEE Nucl Sci Symp Med Imaging Conf. 2018;M14-360.

Network Structure: U-Net¹

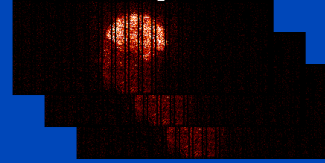


[1] Ronneberger O, Fischer P, Brox T. MICCAI. 2015:234-41.

Patient Data

- **20 patients**
 - FDG, Siemens Biograph mMR
 - 2-6 bed positions, 252 views
- **Zero-padding**
 - $344 \times 127 \rightarrow 352 \times 128$ pixels
- **4x data augmentation**
 - Horizontal and vertical flipping
 - 71,568 views
- **3 input features**
- **1 output feature**

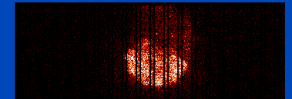
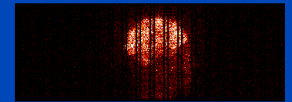
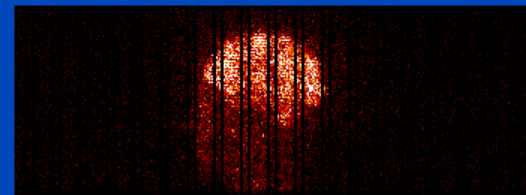
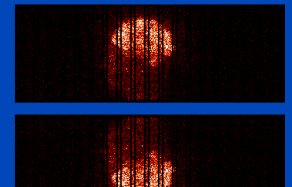
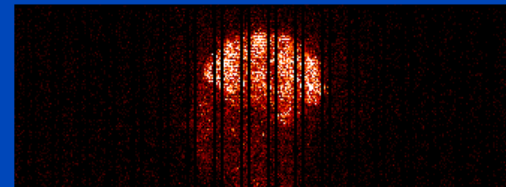
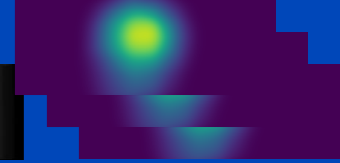
Prompts



ACFs



2D-SSS



Prompts, 1/ACF, log ACF

SSS (readily available, unlike MCSS)

Implementation

- **80/20 split for training/validation**
 - 57/14 bed positions
- **Poisson loss function**
 - $\sum_i (DSE_i - SSS_i \cdot \log(DSE_i + \epsilon))$
- **Adam optimizer**
 - batch size 4, learning rate 10^{-4} (with reduction), 20 epochs
- **TensorFlow w/ Keras 1.12.0, Python 3.6.7**
- **Intel Xeon E5-2667 v4 (2 x 8 cores, 256 GB)**
- **NVIDIA Quadro M5000 (2048 cores, 8 GB)**

Metrics

- **Normalized Mean Absolute Error**

$$NMAE = \frac{\sum_i |DSE_i - SSS_i|}{\sum_i |SSS_i|}$$

- ✓ **Unique normalization***
 - ✓ **Percentages**
 - ✓ **FOV independent**
 - ✓ **Stable**
- **2 NRMSEs of PET body areas: -20% or +50%**

Results: Speed

- Training duration
 - **32 hours** (57,456 training views, 20 epochs)
 - Scales linearly with size of training data
- Prediction duration
 - **21 ms** per view
 - **5.3 s** per bed position
 - < 30 s for 5 bed positions
 - SSS: 3.5 minutes (log files)

Results: Accuracy

NMAE

Scatter

Recon

Mean/Std

7.1 ± 1.7 %

3.6 ± 2.2 %

Range

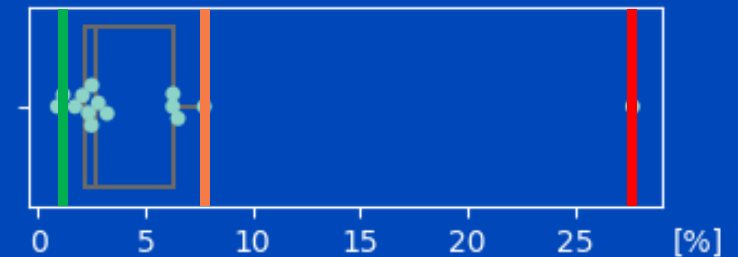
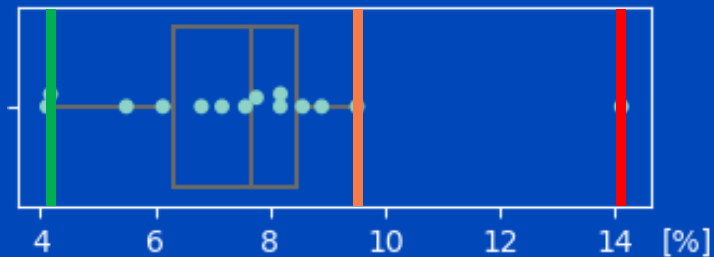
4 – 10 %

1 – 8 %

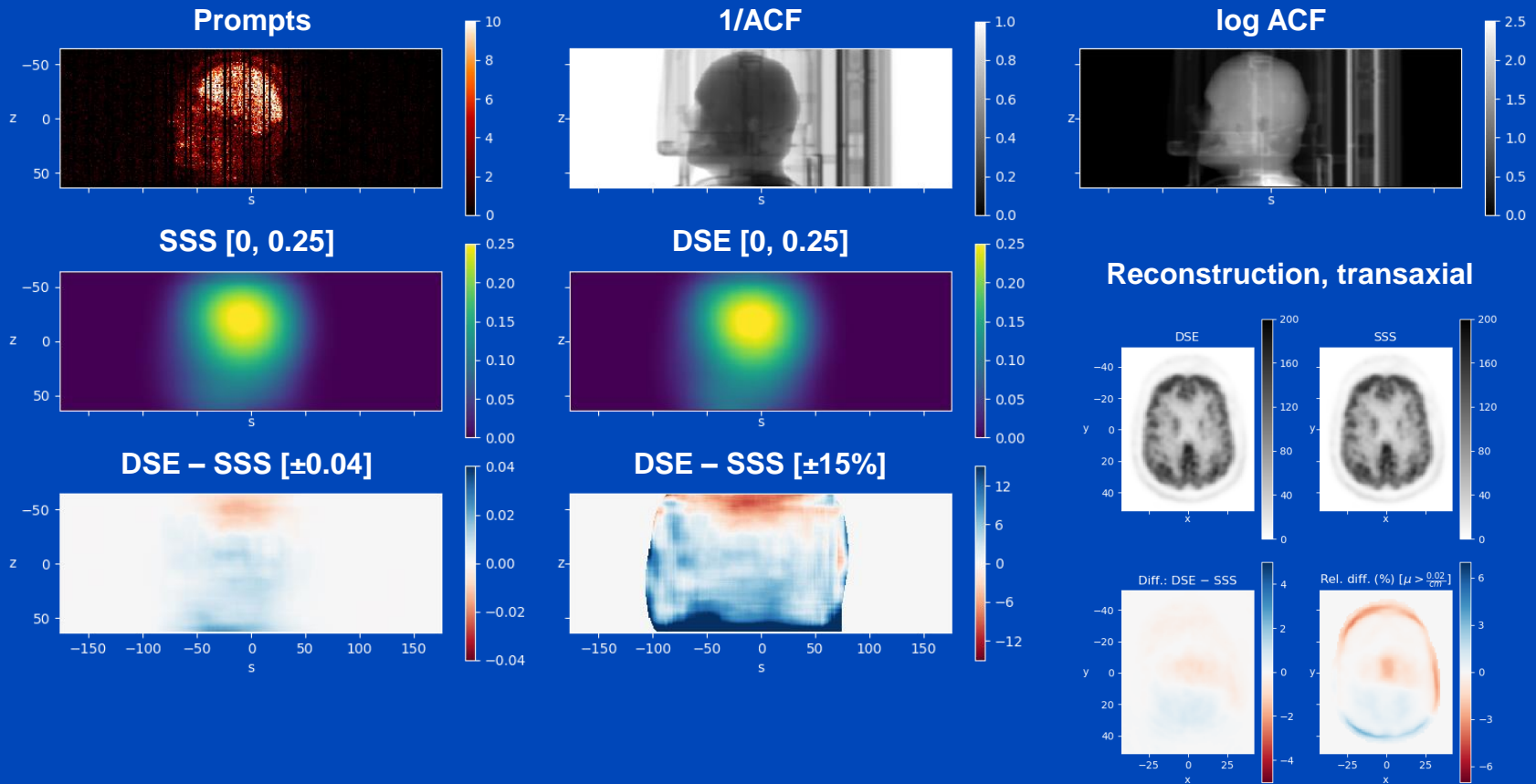
Outlier

14 %

28 %

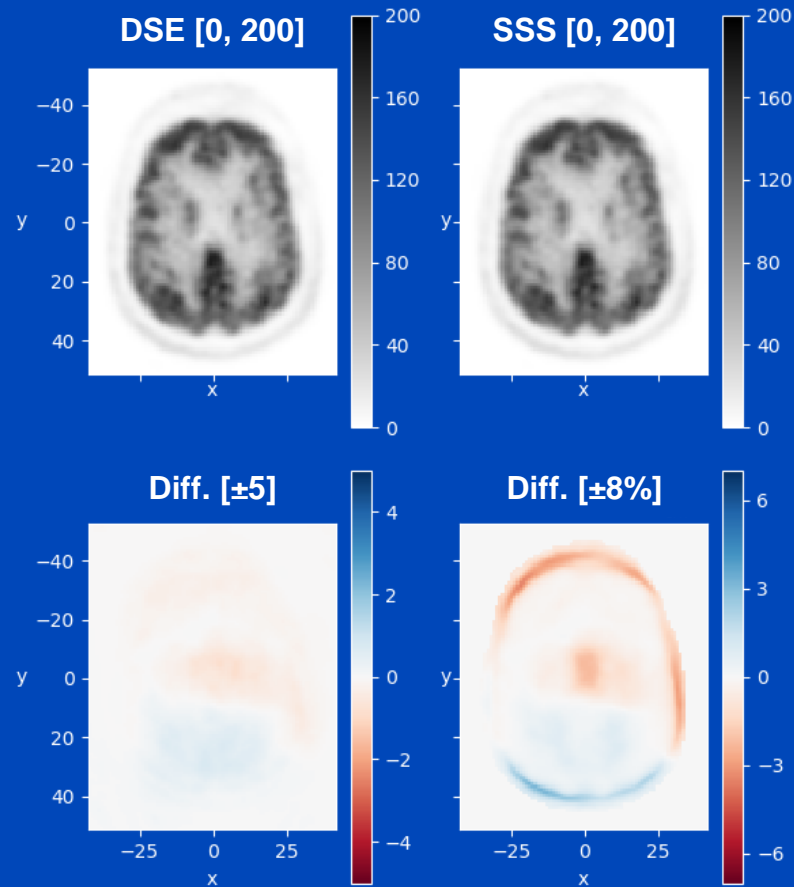


Results: Best Case

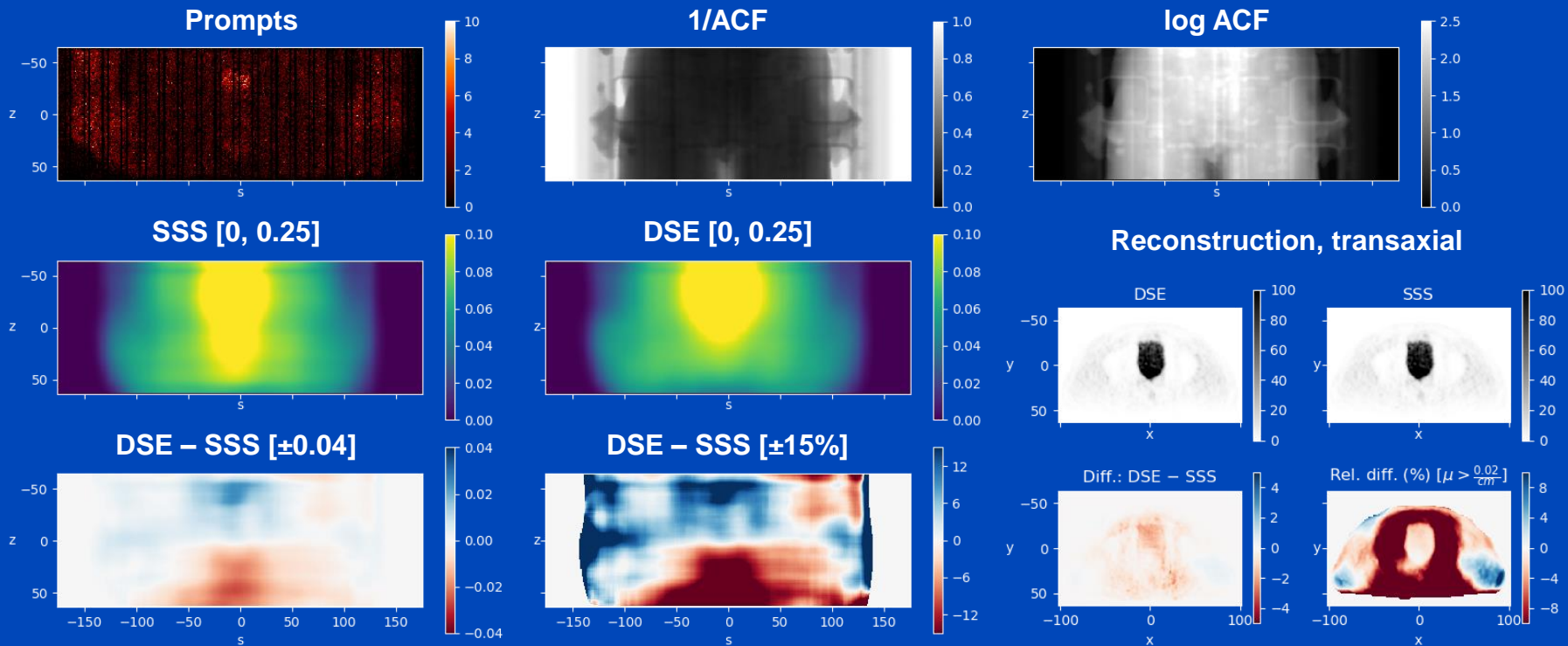


- **Best case: brain bed position**

Results: Best Case

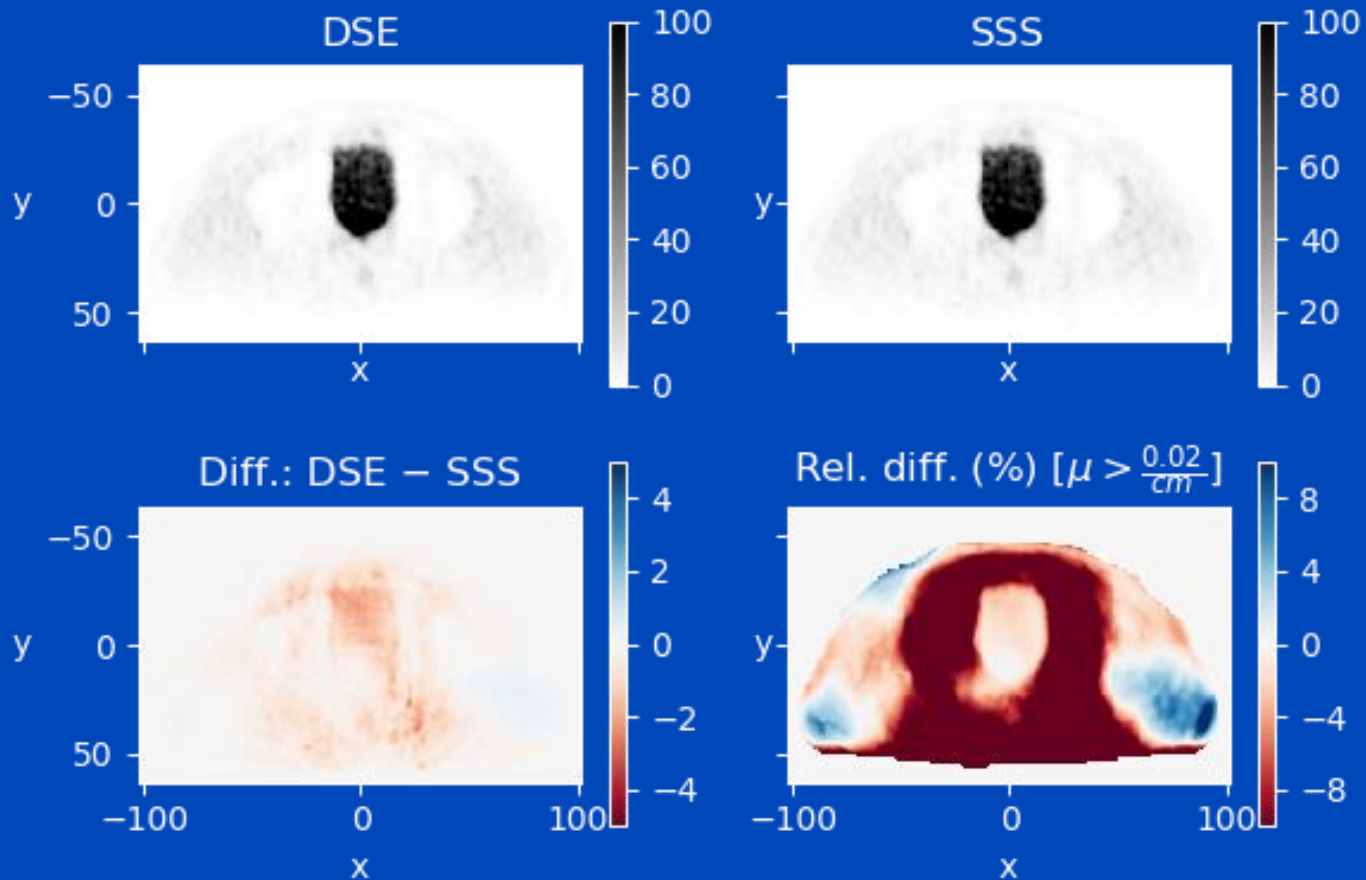


Results: Worst Case

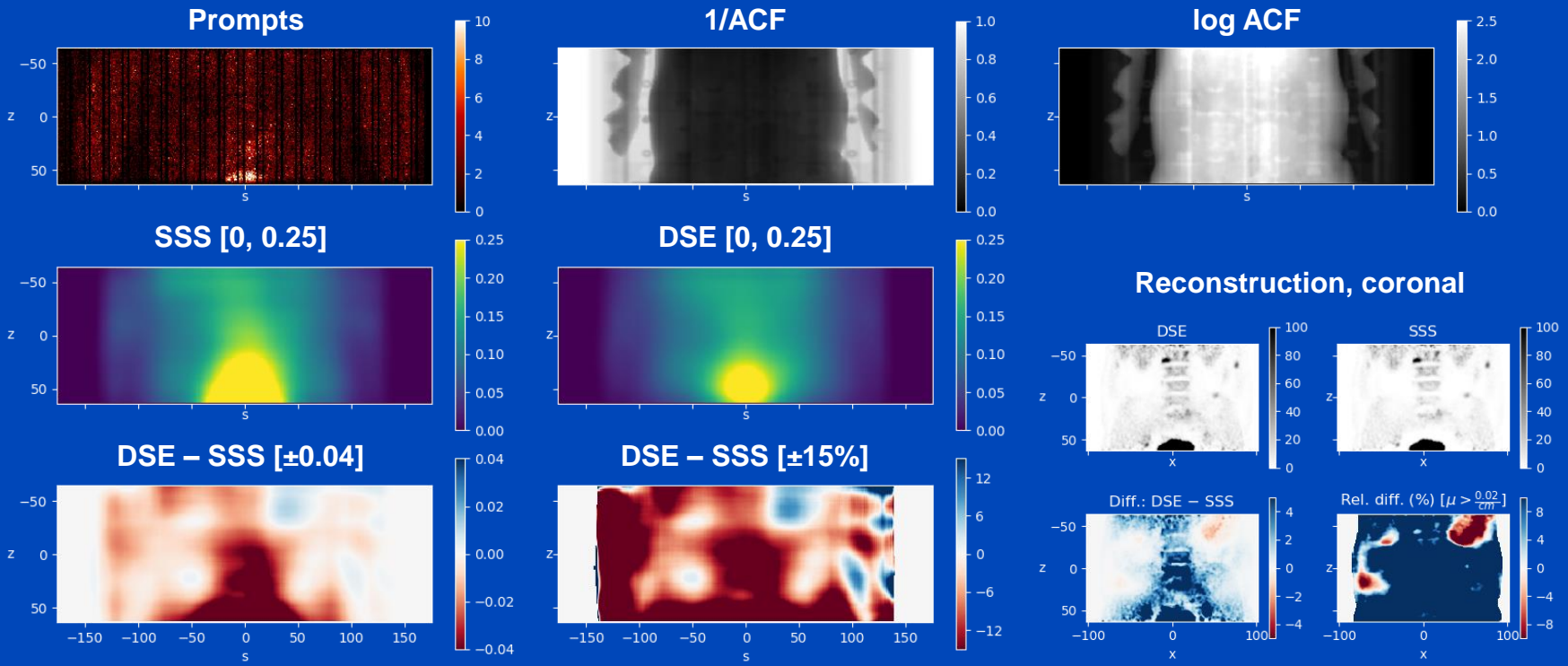


- **Worst case:** filled bladder **inside** the FOV

Results: Worst Case

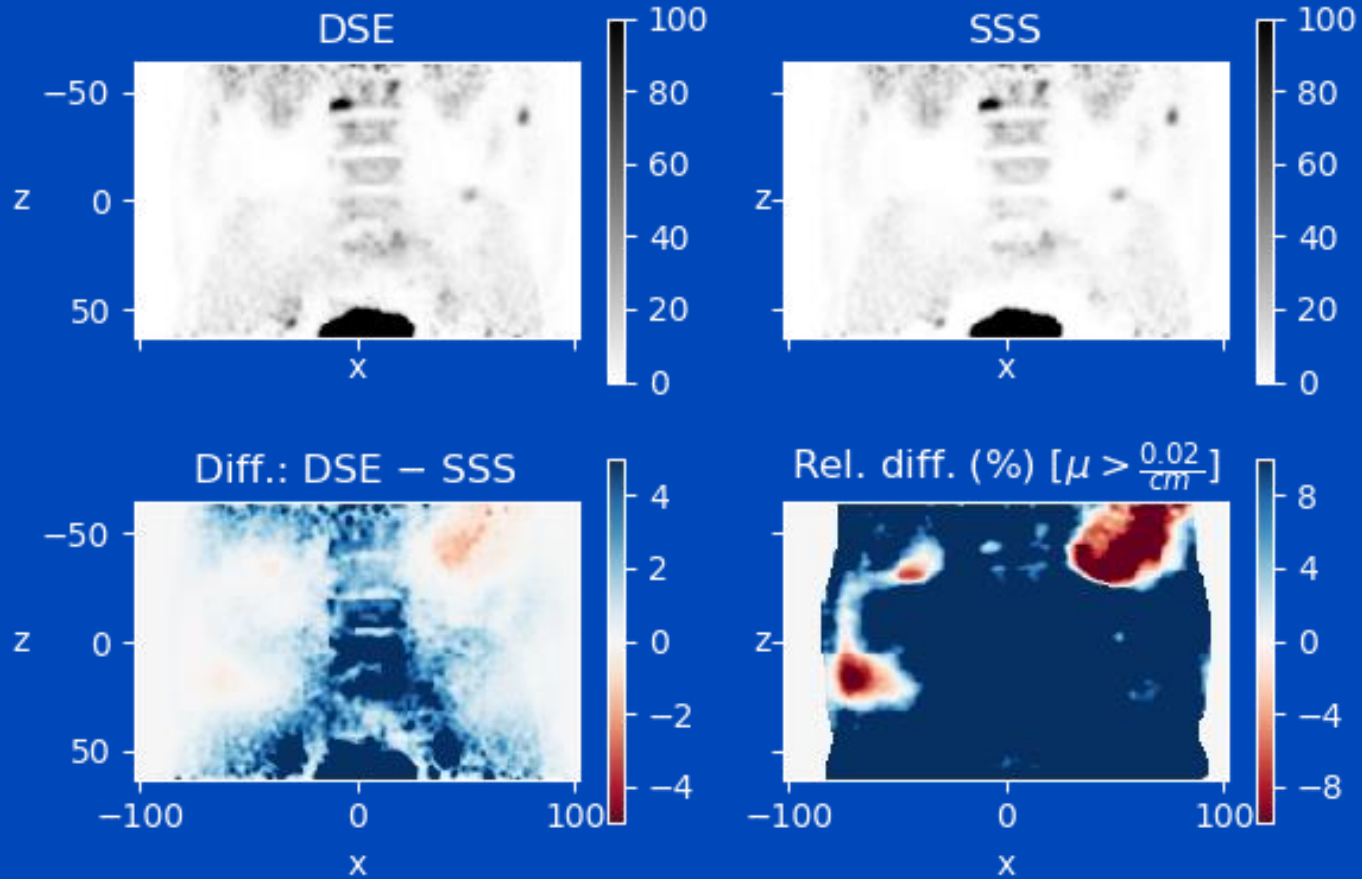


Results: Outlier



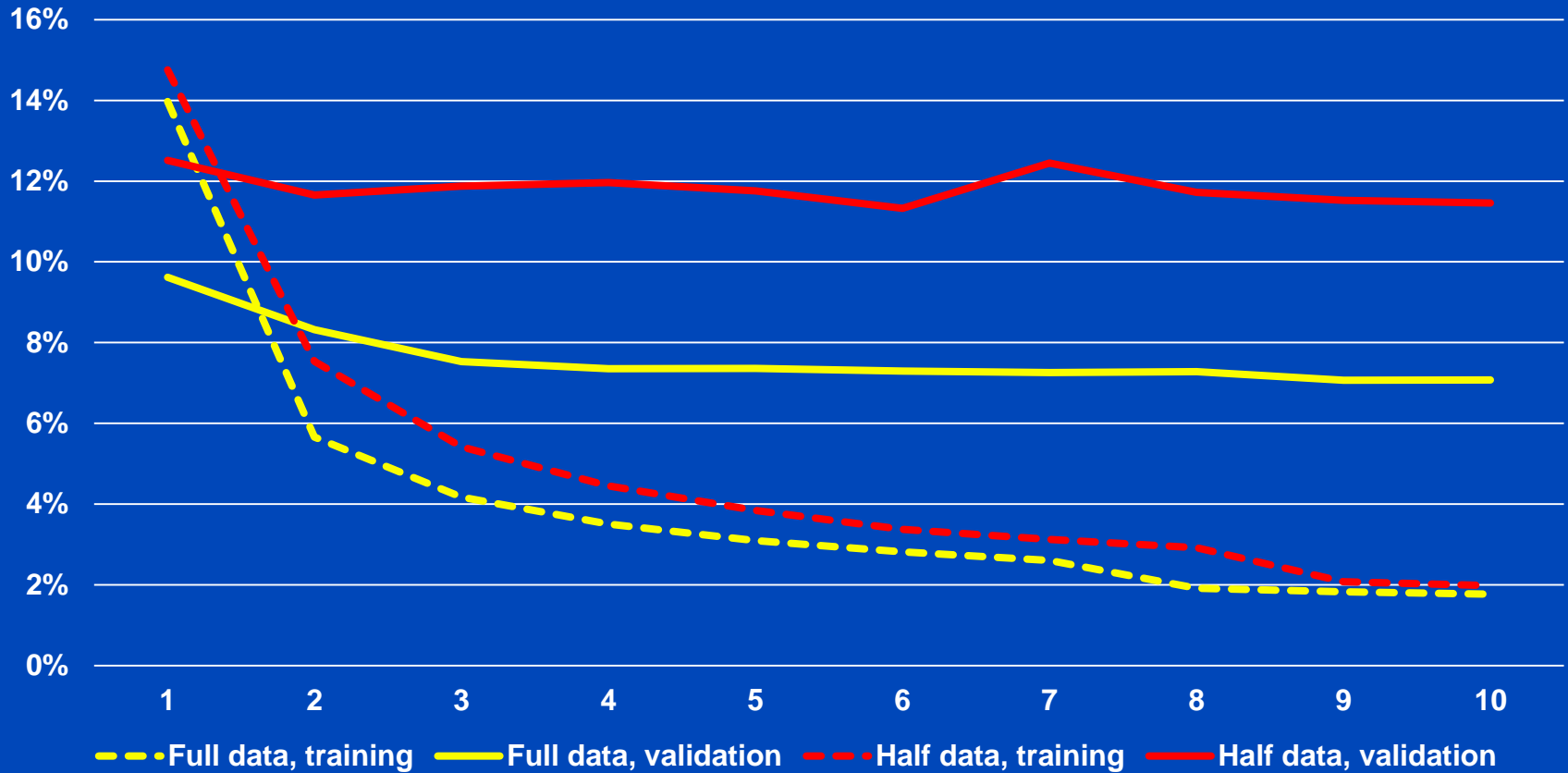
- **Outlier:** filled bladder extending outside the FOV

Results: Outlier



Number of training data

Training/Validation NMAE vs. Epochs



Conclusion

- A U-Net CNN can reproduce Siemens SSS **non-iteratively**, with good **accuracy**, in **5 seconds**.
- **More training data** may be needed
 - Cross-bed-position data augmentation
(→ whole-body scatter simulation)
- **Prostate scans**: improvements necessary
 - Organ-specific training
- Aim: **MC-DSE** trained for Monte Carlo scatter

Thank You!



The 6th International Conference on Image Formation in X-Ray Computed Tomography

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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.
Supported by a DKFZ Postdoc fellowship – also apply for a DKFZ PhD fellowship.
Parts of the reconstruction software were provided by RayConStruct® GmbH, Nürnberg, Germany.

Choice of Input Features

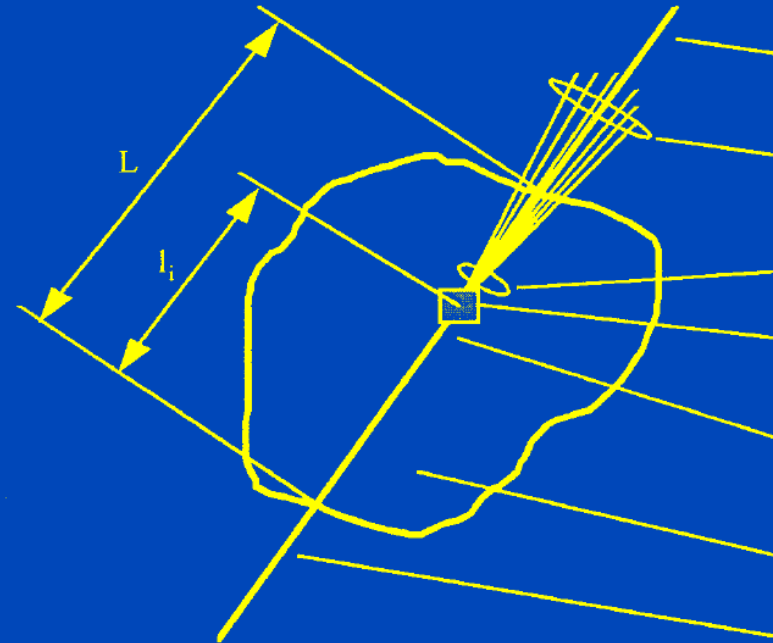
- Small scattering angles
- $p = \int \mu dx$, $ACF = \exp(p)$

- X-ray CT¹ (“**pep model**”)

- Scatter $(I_0 \cdot p \cdot \exp(-p)) ** K$
- Measure $p' = \log(I/I_0) \approx p$
- CNN input² $p' \cdot \exp(-p')$

- PET (“clever name here”)

- Scatter $(\int \lambda dx \cdot p \cdot \exp(-p)) ** K$
- Measure prompts $\approx \int \lambda dx$
- CNN input **prompts**, $p = \log ACF$, $\exp(-p) = 1/ACF$



[1] Ohnesorge B, Flohr T, Klingenberg-Regn K. Eur Radiol. 2010;9(3):563-9.

[2] Maier J, et al, Kachelrieß M. Med Phys. 2018. <https://doi.org/10.1002/mp.13274>

Impact of Input Features

Poisson Validation Loss vs. Epochs

