

# Photon Counting CT: Technology and Clinical Applications

Marc Kachelrieß

German Cancer Research Center (DKFZ)

Heidelberg, Germany

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



DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT

Canon Aquilion ONE Vision



GE Revolution CT



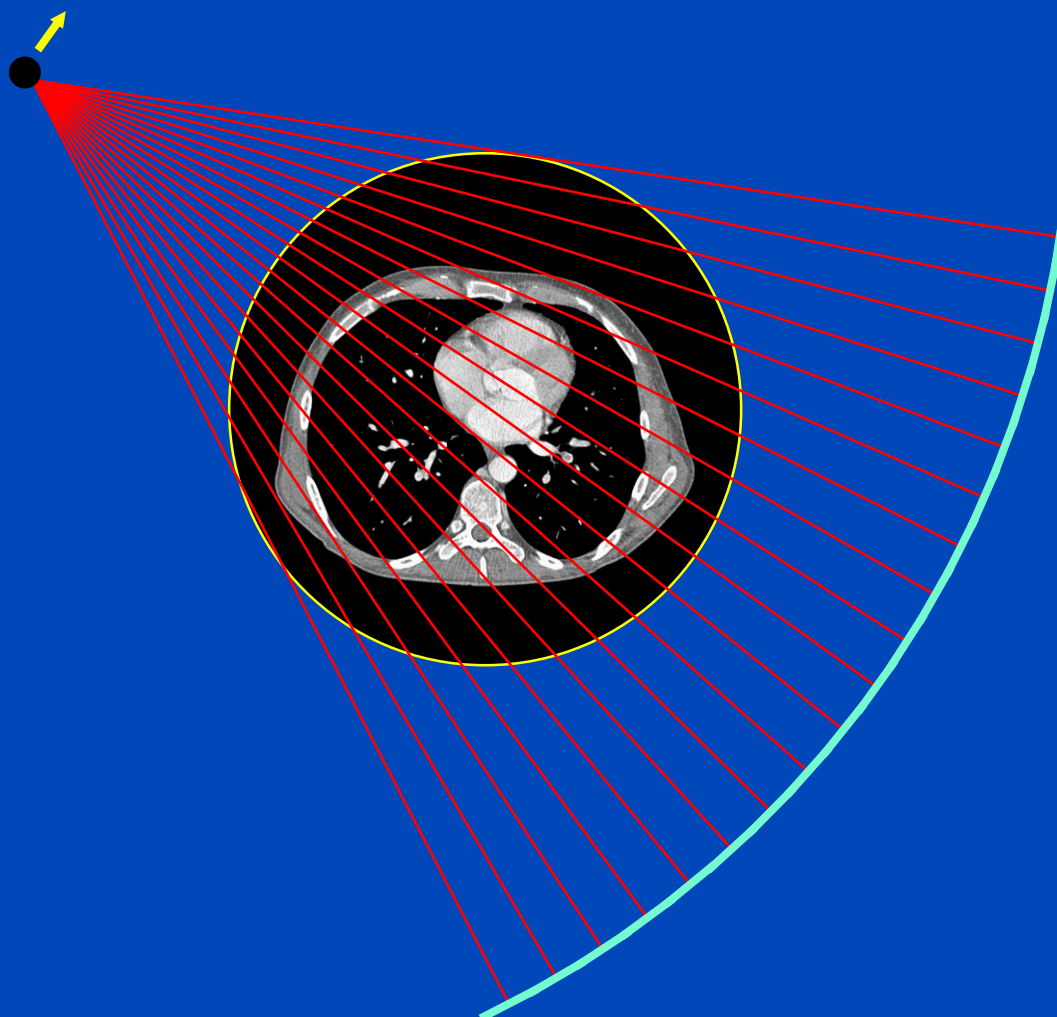
Philips IQon Spectral CT



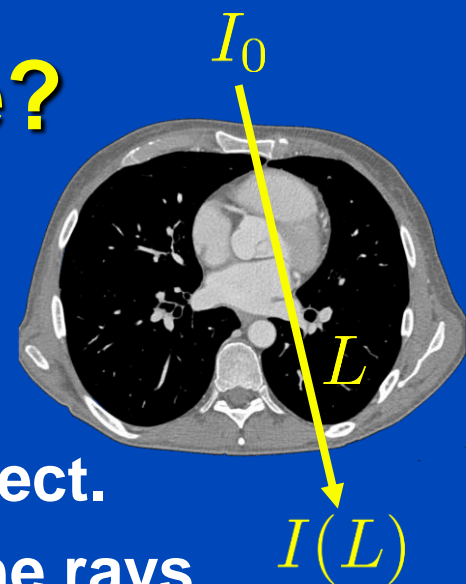
Siemens Somatom Force



# Diagnostic CT



# What does CT Measure?



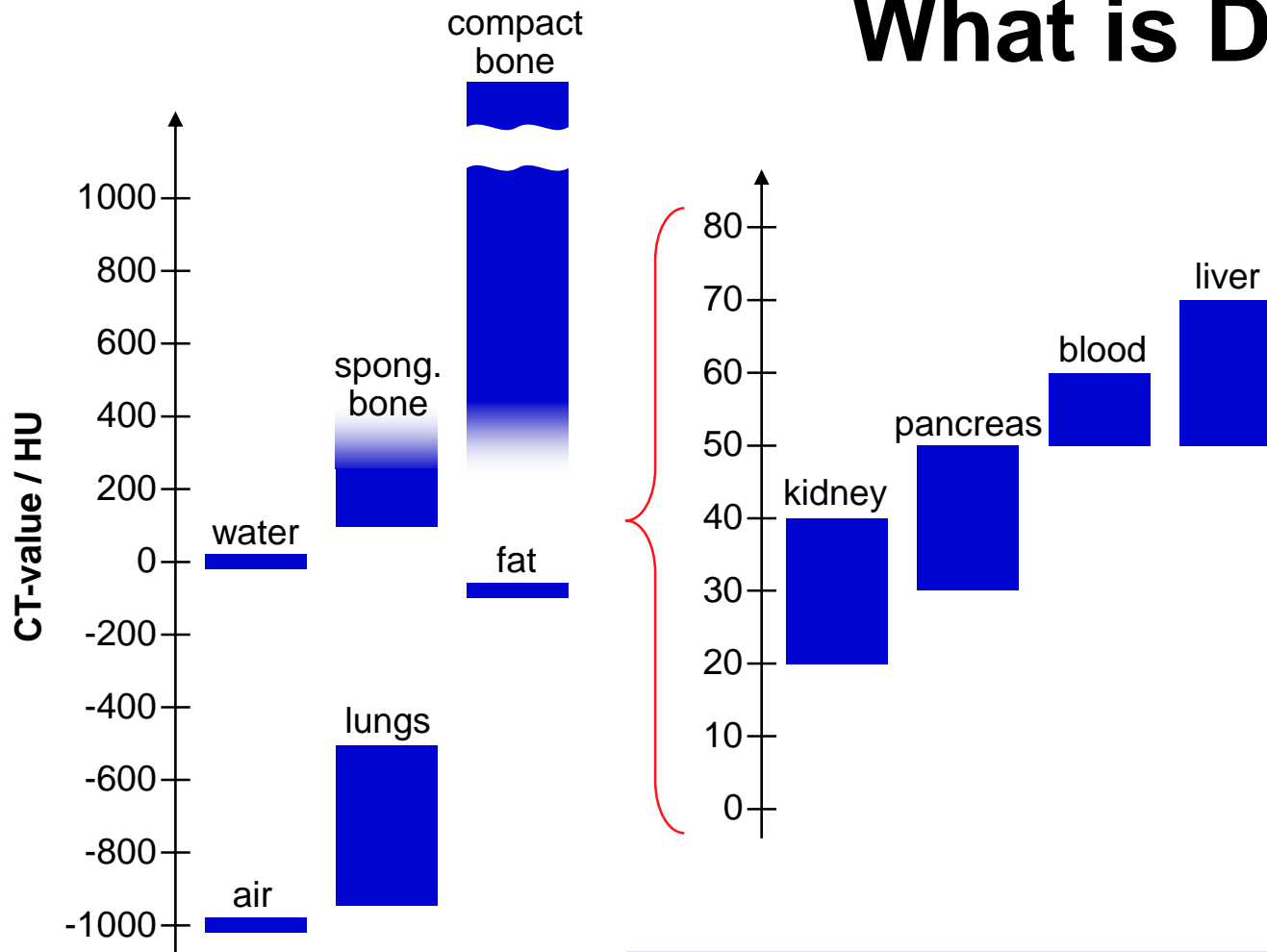
- X-rays are generated in an x-ray tube.
- The polychromatic radiation is attenuated in the patient. X-ray photon attenuation is dominated by the photo and the Compton effect.
- Detectors measure the x-ray intensity after the rays have passed through the patient along several lines  $L$ .
- The log intensity is the so-called x-ray transform:

$$q(L) = -\ln \frac{I(L)}{I_0} = -\ln \int dE w(E) e^{-\int dL \mu(\mathbf{r}, E)}$$

- Often, the following monochromatic approximation is used:

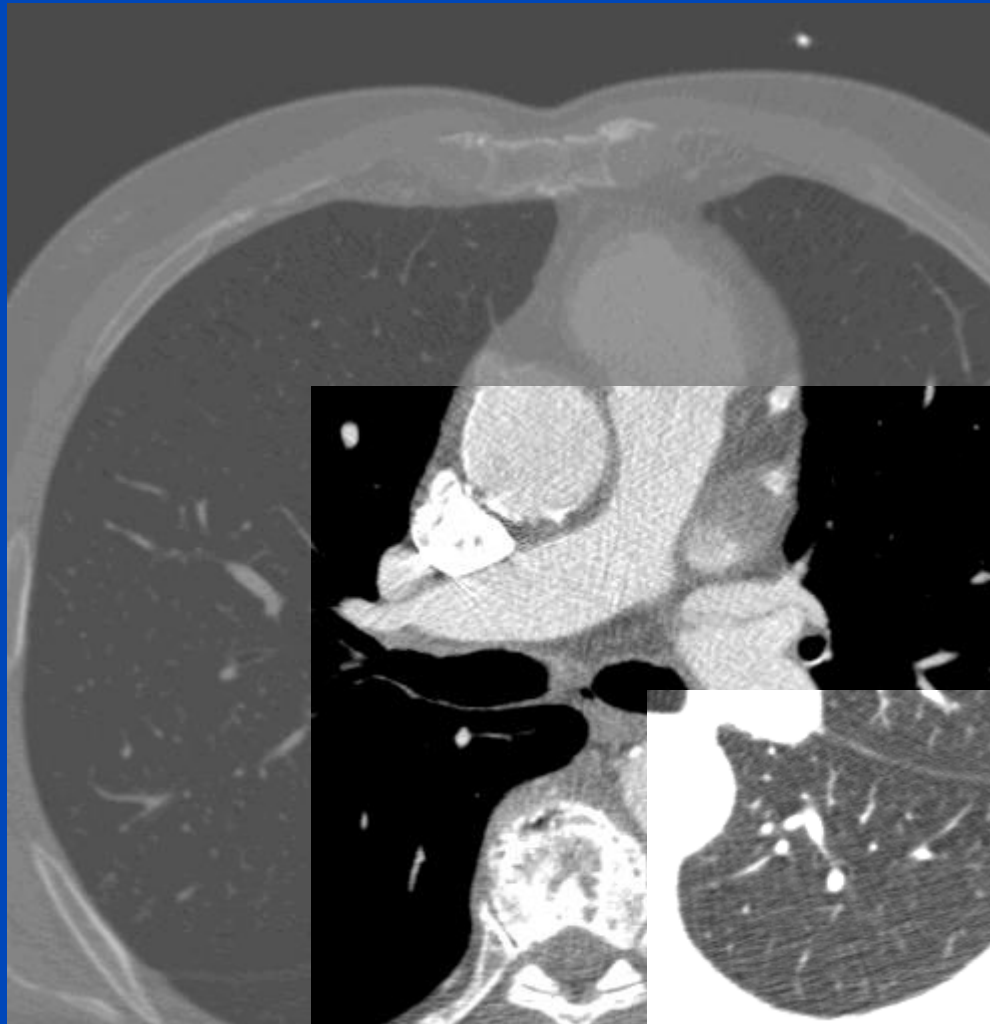
$$q(L) \approx p(L) = \int dL \mu(\mathbf{r}, E_{\text{eff}})$$

# What is Displayed?



$$CT(\mathbf{r}) = \frac{\mu(\mathbf{r}) - \mu_{\text{Water}}}{\mu_{\text{Water}}} \cdot 1000 \text{ HU}$$

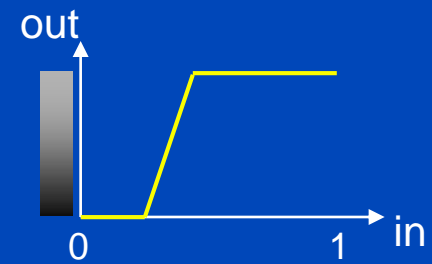
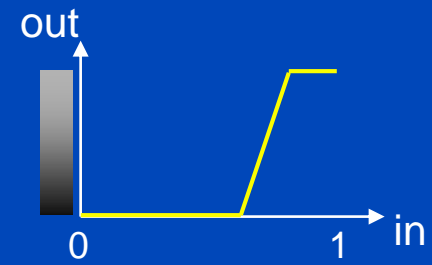
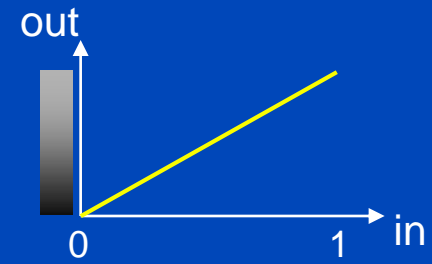




$C = 0 \text{ HU}, W = 5000 \text{ HU}$

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

$C = -750 \text{ HU}, W = 1000 \text{ HU}$



$$\mu(\mathbf{r}, E) = f_1(\mathbf{r})\psi_1(E) + f_2(\mathbf{r})\psi_2(E)$$

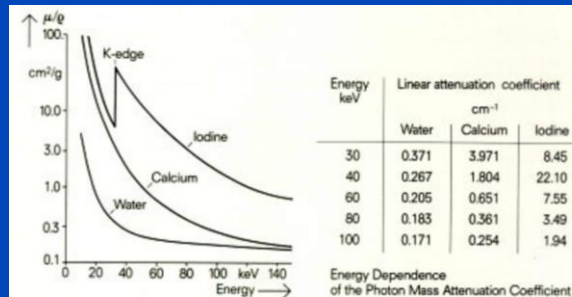
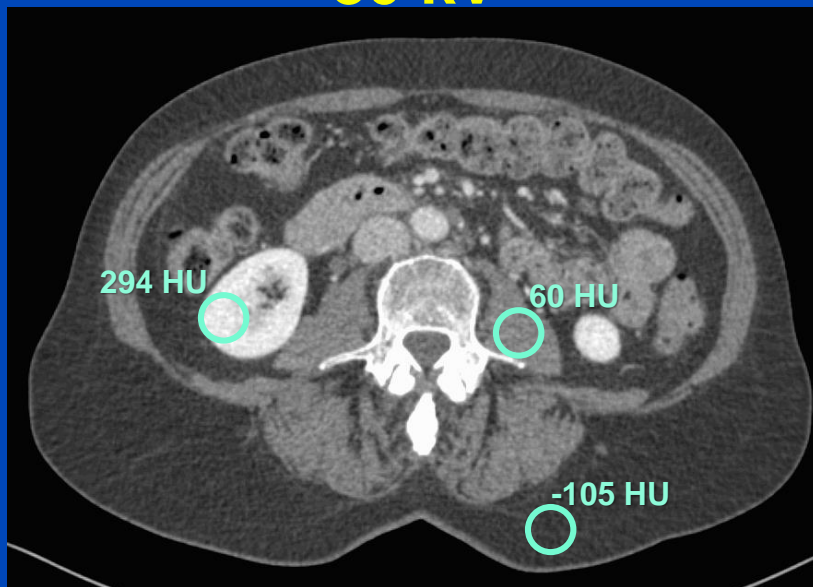


Fig. 2

The X-ray attenuation coefficients of different materials vary widely with energy. This is the reason why beamhardening effects cannot be controlled completely. But it also forms the basis for material-selective imaging by dual energy methods.

Kalender WA et al. Radiology 164:419-423, 1987

80 kV

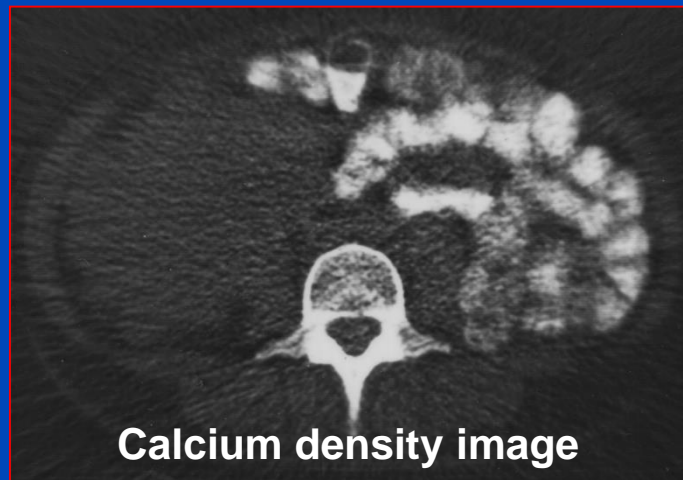
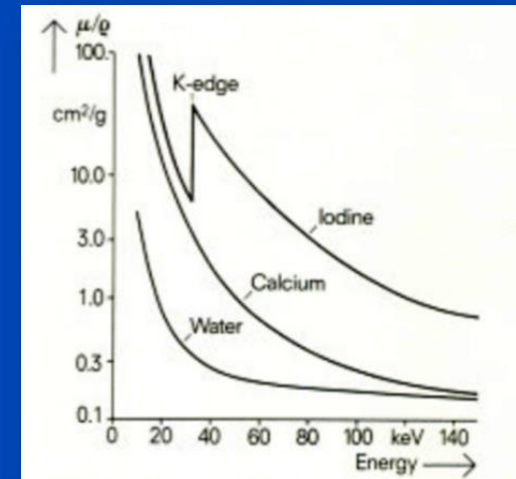


140 kV Sn

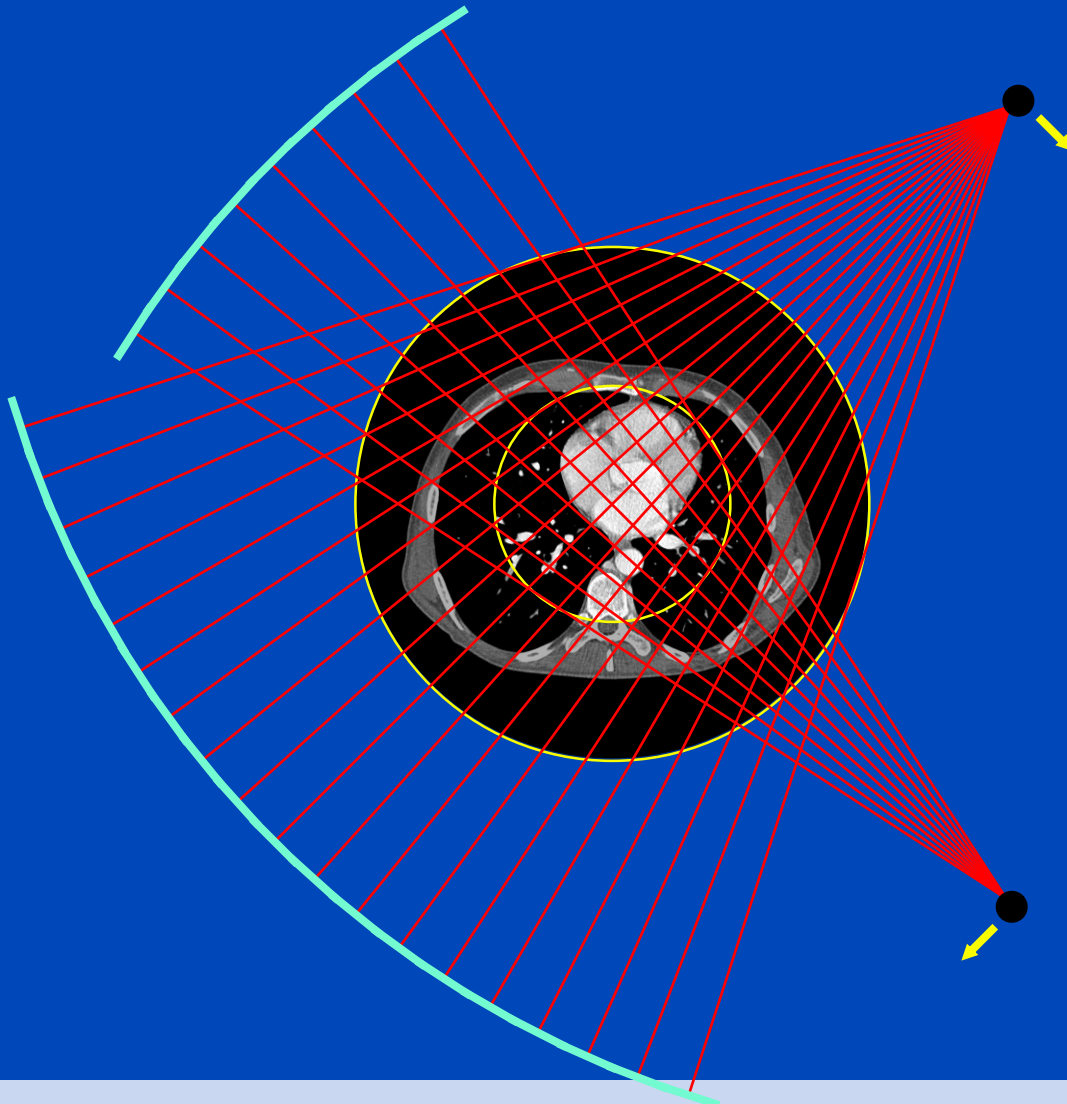


C = 50 HU, W = 600 HU

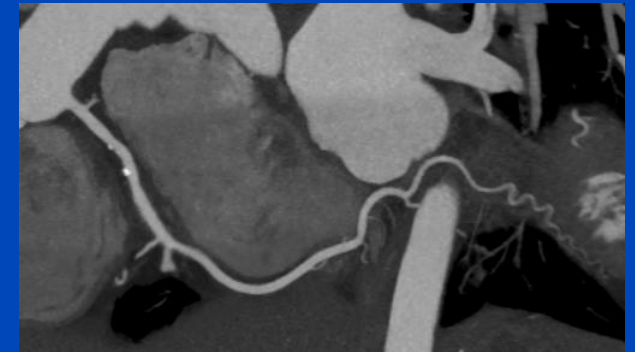
# 1980ies: The First Clinical DECT Product Implementation



# Dual-Source-CT (since 2005)



Siemens SOMATOM Force  
3<sup>rd</sup> generation  
dual source cone-beam spiral CT



Turbo Flash, 70 kV, 0.55 mSv  
63 ms temporal resolution  
143 ms scan time



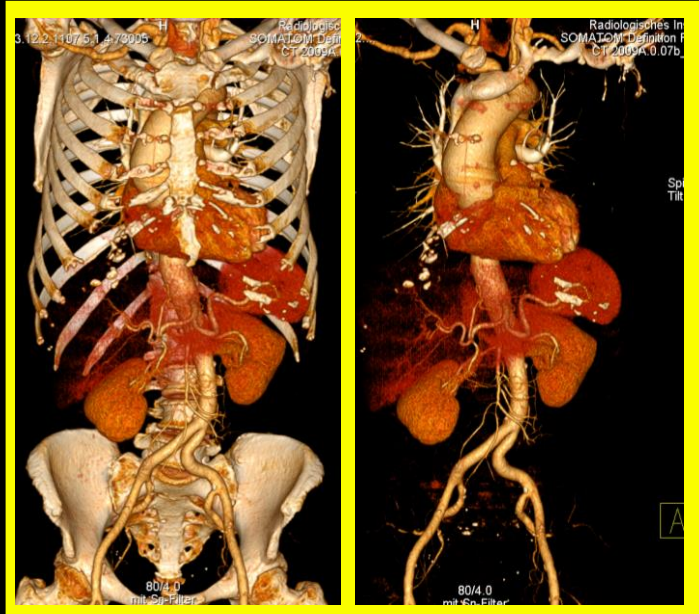




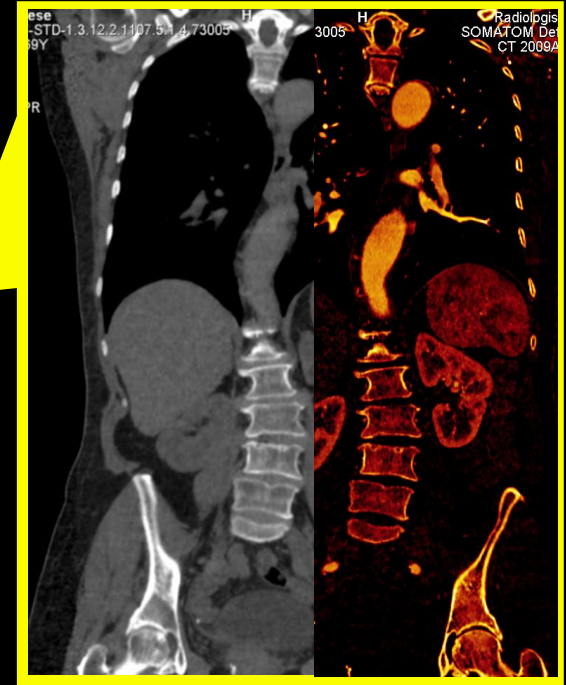
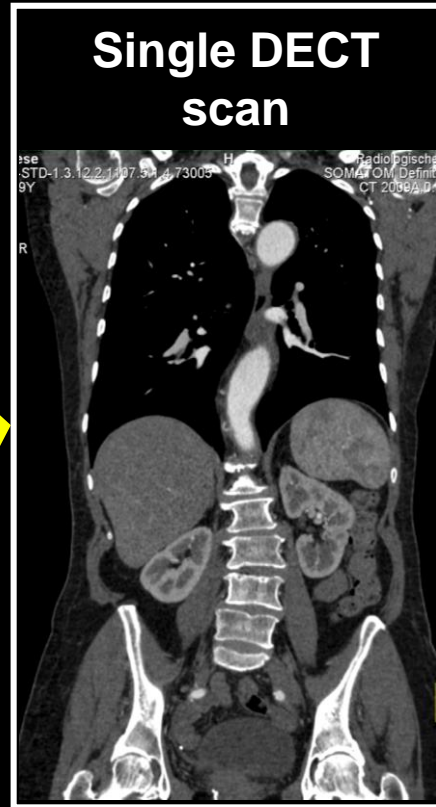
# Examples

(Slide Courtesy of Siemens Healthcare)

## DE bone removal



## Single DECT scan



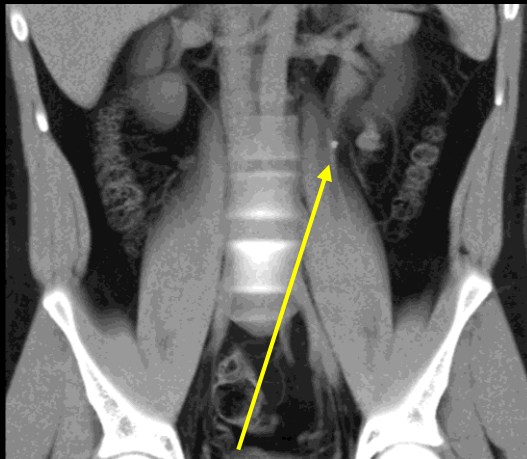
## Virtual non-contrast and iodine image

**Dual Energy whole body CTA: 100/140 Sn kV @ 0.6 mm**

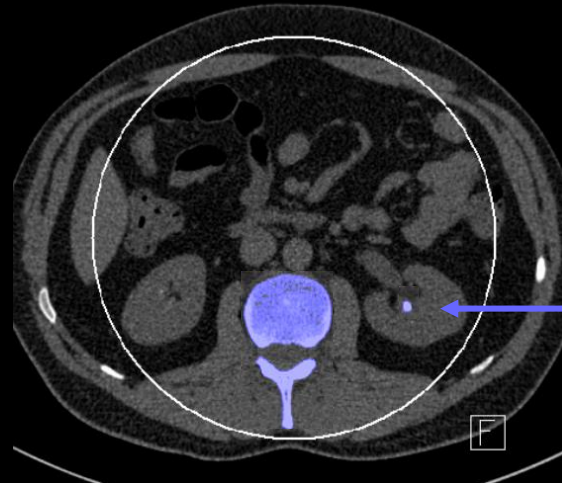
# DECT Today: Widely Available via DSCT

(Slide Courtesy of Siemens Healthcare)

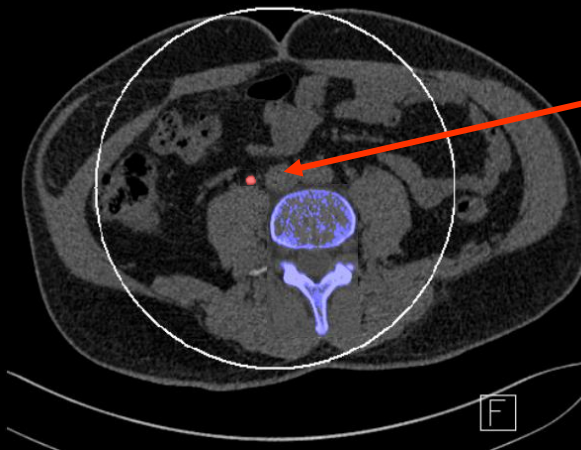
- “Spectroscopy“: more specific tissue characterization  
→ Detection and visualization of calcium, iron, uric acid, .....



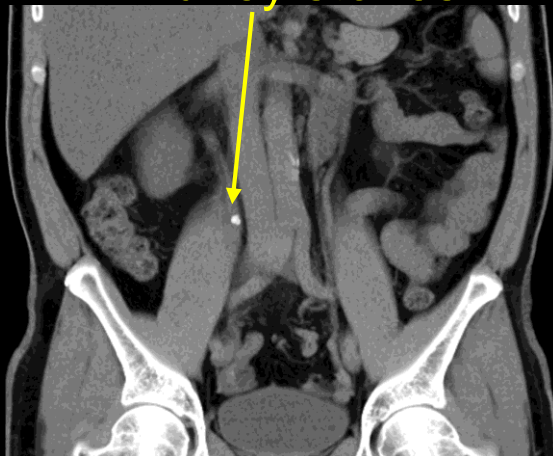
Kidney stones



Calcium-oxalate-stone



Uric acid-stone

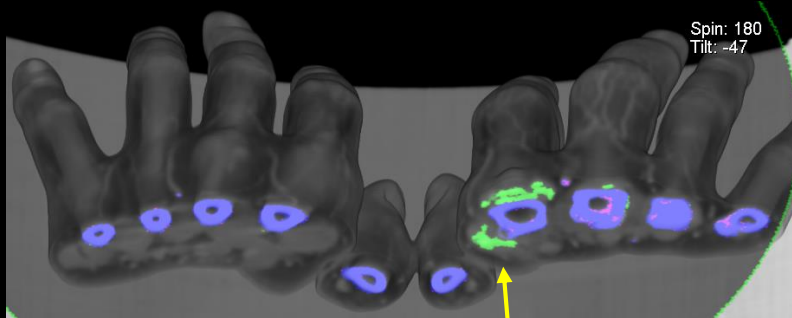




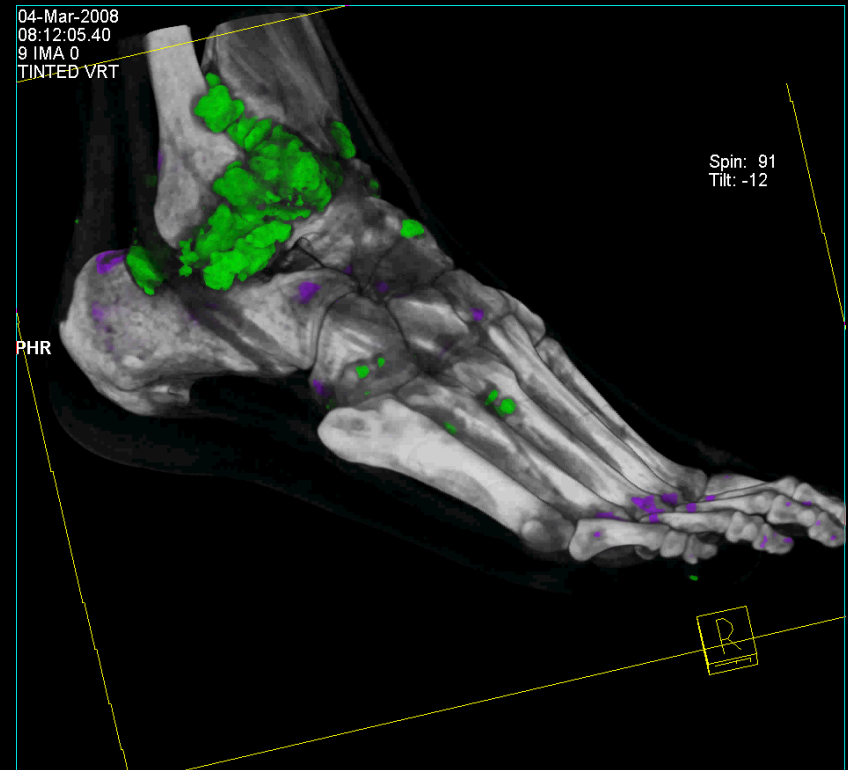
# DECT Today: Widely Available via DSCT

(Slide Courtesy of Siemens Healthcare)

- “Spectroscopy“: more specific tissue characterization  
→ Detection and visualization of calcium, iron, uric acid, .....



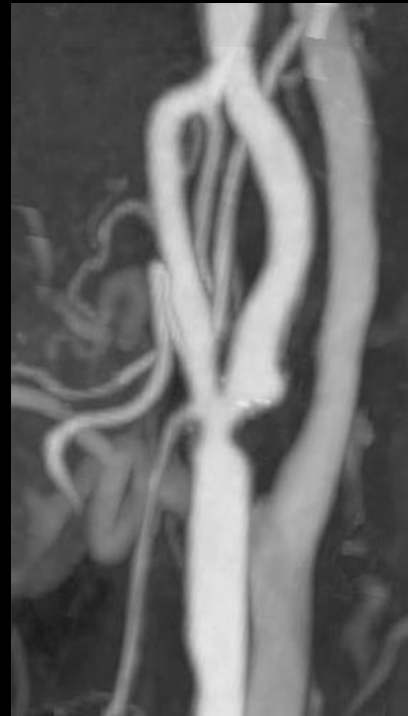
Uric acid-crystals



# DECT Today: Widely Available via DSCT

(Slide Courtesy of Siemens Healthcare)

- **New approach: Detection, visualization and quantification of iodine**
  - Fully-automated bone removal in CT angiographic studies
  - Significant improvement of clinical workflow



Dual energy CT  
plaque-removal

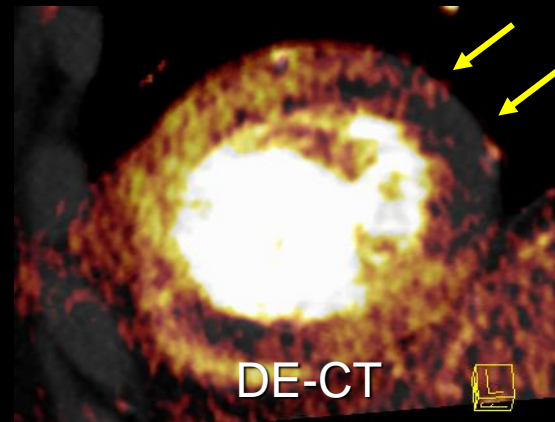
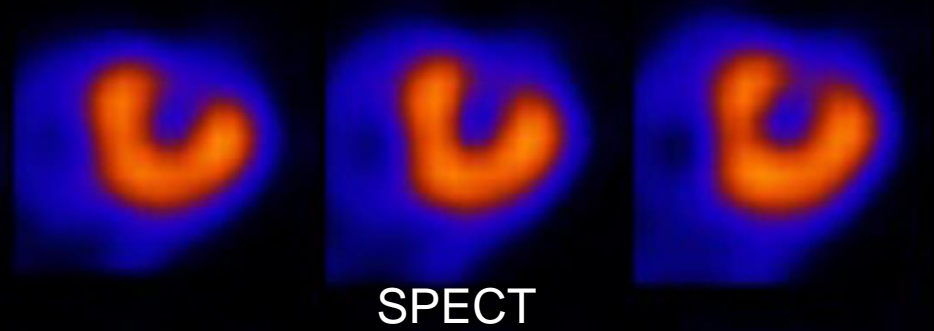


Digital subtraction  
angiography

# DECT Today: Widely Available via DSCT

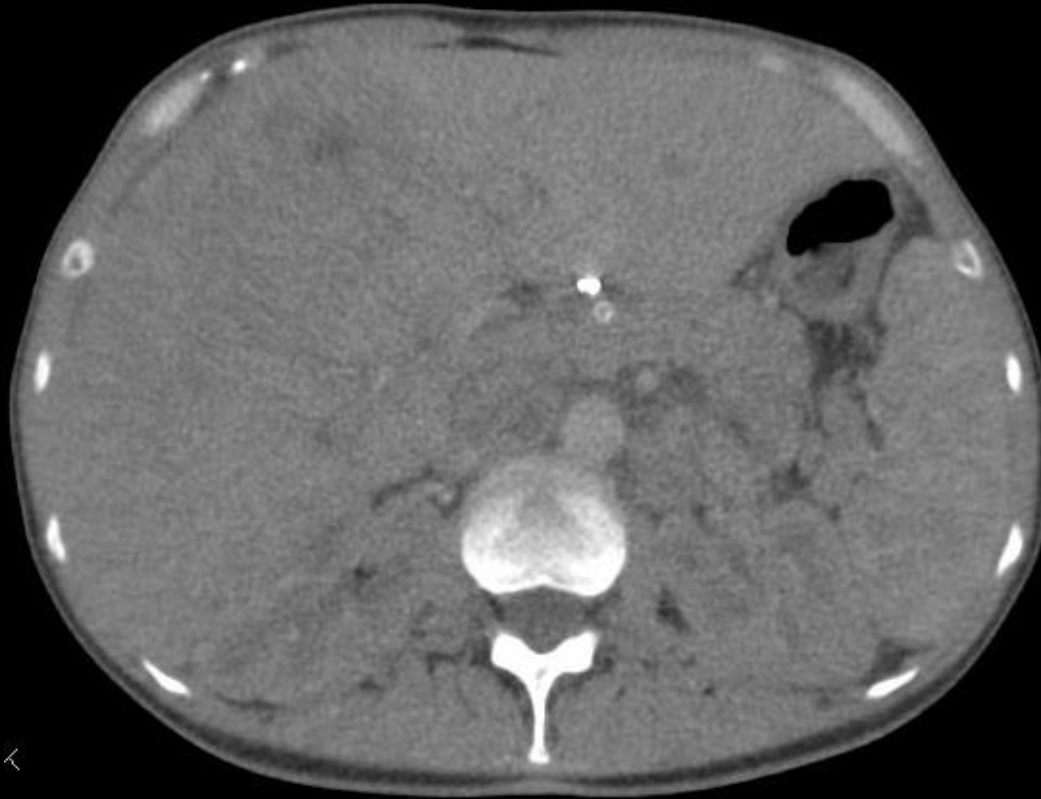
(Slide Courtesy of Siemens Healthcare)

- **New approach: Detection, visualization and quantification of iodine**
  - Characterization of perfusion defects in the myocardium
  - Hemodynamic relevance of coronary artery stenosis:  
Coronary CTA = morphology, local blood volume = function



# Monoenergetic Imaging

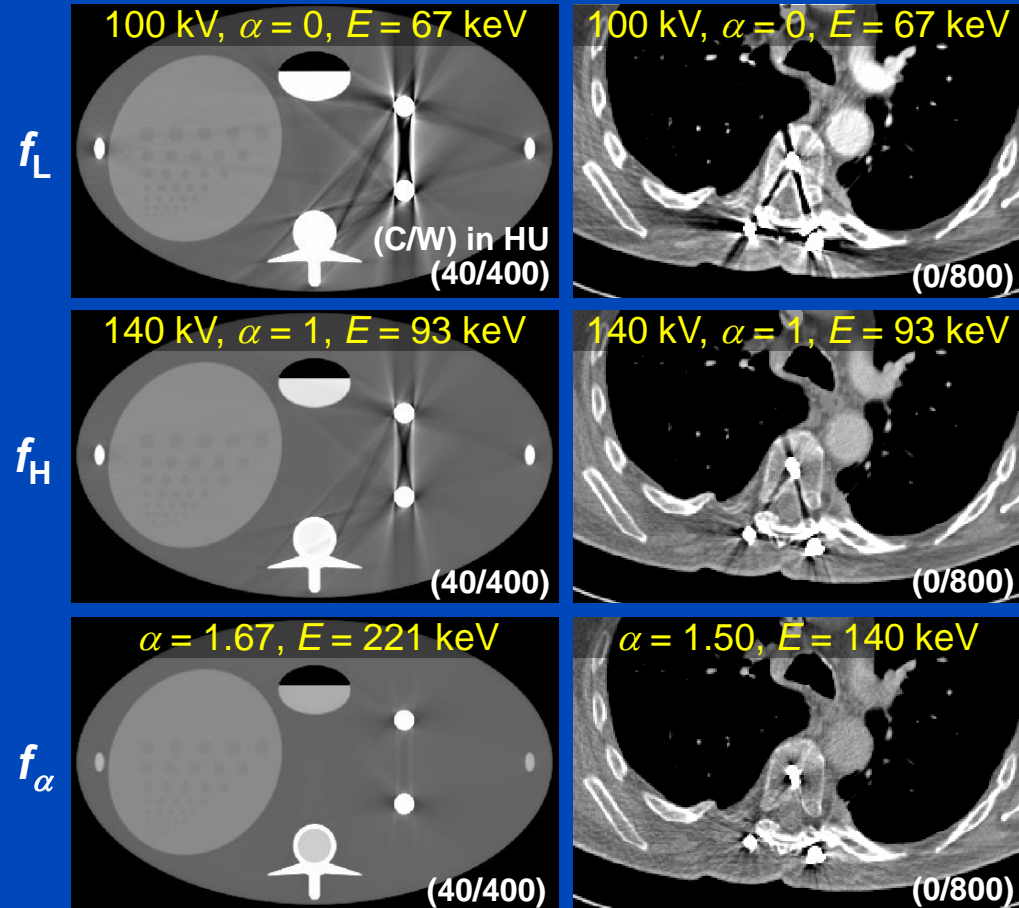
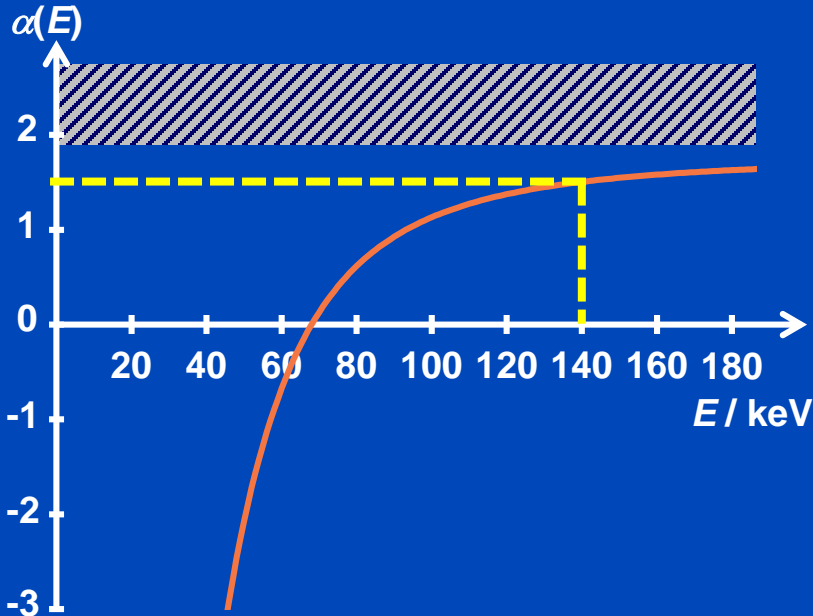
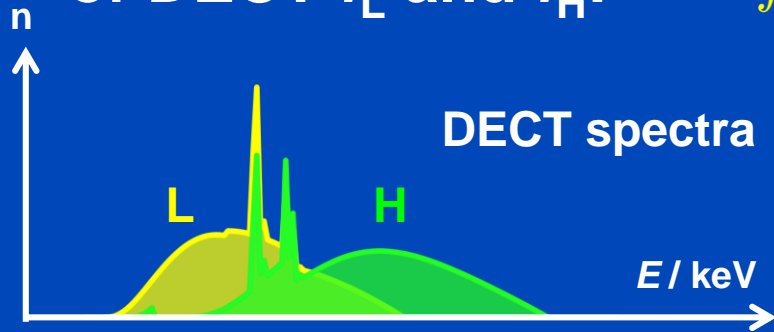
(mono+ = noise reduction with frequency split)



Dual Energy Monoenergetic Plus E = 170 keV

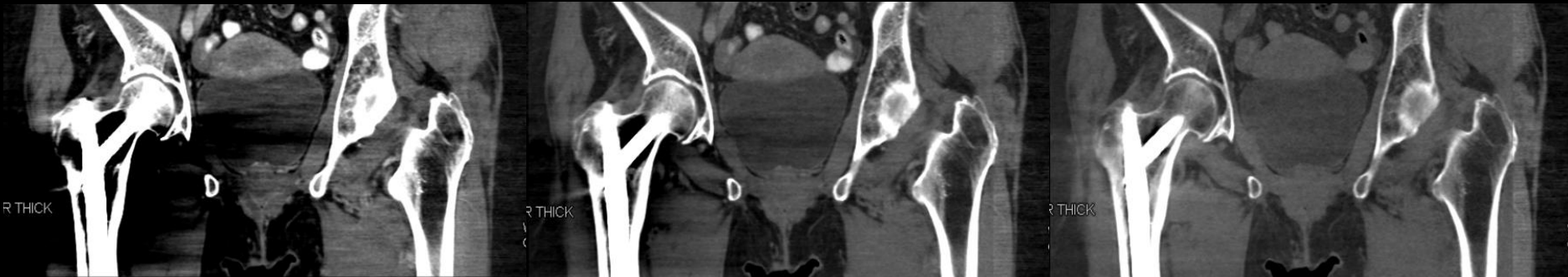
# DECT and Pseudo Monochromatic Imaging

Pseudo monochromatic imaging is a linear combination of DECT  $f_L$  and  $f_H$ :  $f_\alpha = (1 - \alpha) f_L + \alpha f_H$





# Dual Energy Metal Artifact Reduction (linear combination plus noise reduction with mono+)



Dual Energy Monoenergetic Plus E = 50 keV

Dual Energy Monoenergetic Plus E = 80 keV

Dual Energy Monoenergetic Plus E = 160 keV

**50 keV**

**80 keV**

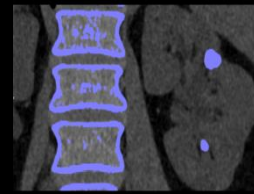
**160 keV**



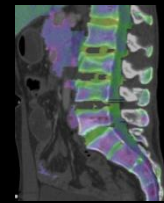
**Gout**



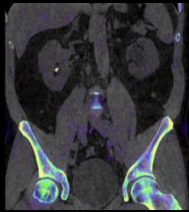
**Optimum Contrast**



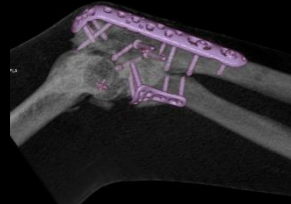
**Calculi Characterization**



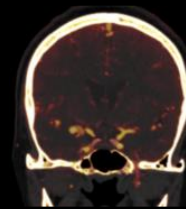
**Bone Marrow**



**Rho/Z**



**Monoenergetic**



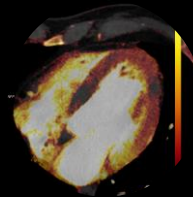
**Brain Hemorrhage**



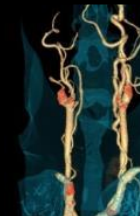
**Musculoskeletal\***



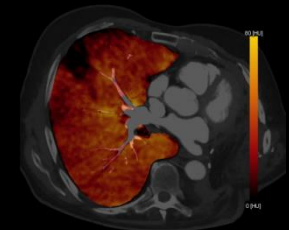
**Xenon\***



**Heart PBV**



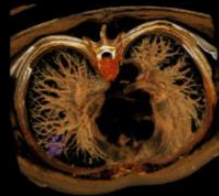
**Direct Angio**



**Lung Analysis**



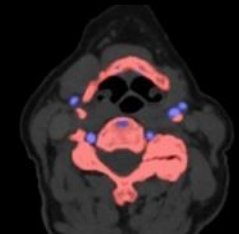
**Monoenergetic Plus**



**Lung Nodules\***



**Virtual Unenhanced**



**Hardplaque Display**

Syngo.CT DECT application examples. Virtual unenhanced contains liver VNC, lung analysis contains lung PBV.  
Courtesy of Siemens Healthineers, Forchheim, Germany

# DECT Technology

- **In the clinic:**

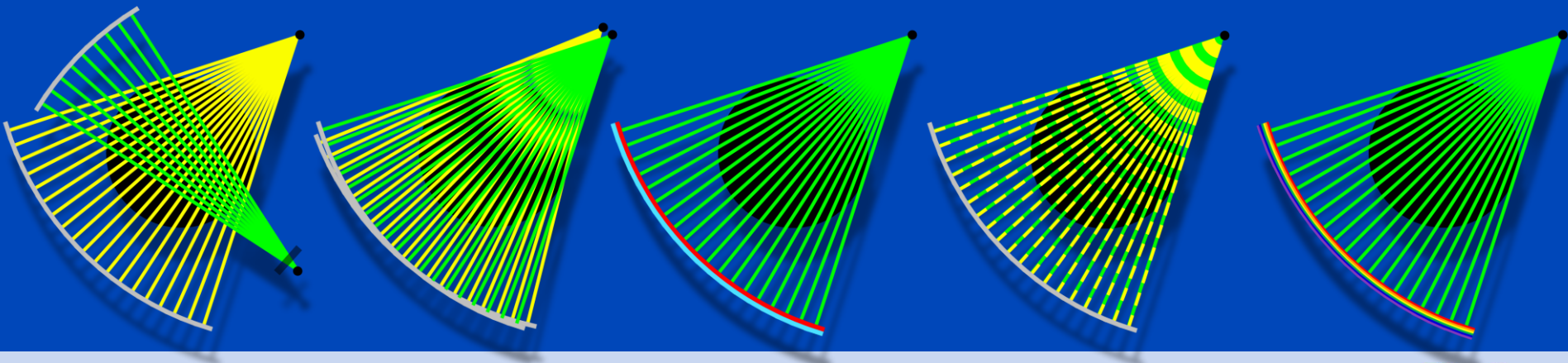
- Multiple scans at different spectra
- Dual source CT (DSCT), generations 2, and 3
- Fast tube voltage switching
- Dual layer sandwich detectors
- Split filter

mid-range  
high-end  
high-end  
high-end  
mid-range

- **First prototypes:**

- Photon counting detectors (two or more energy bins)

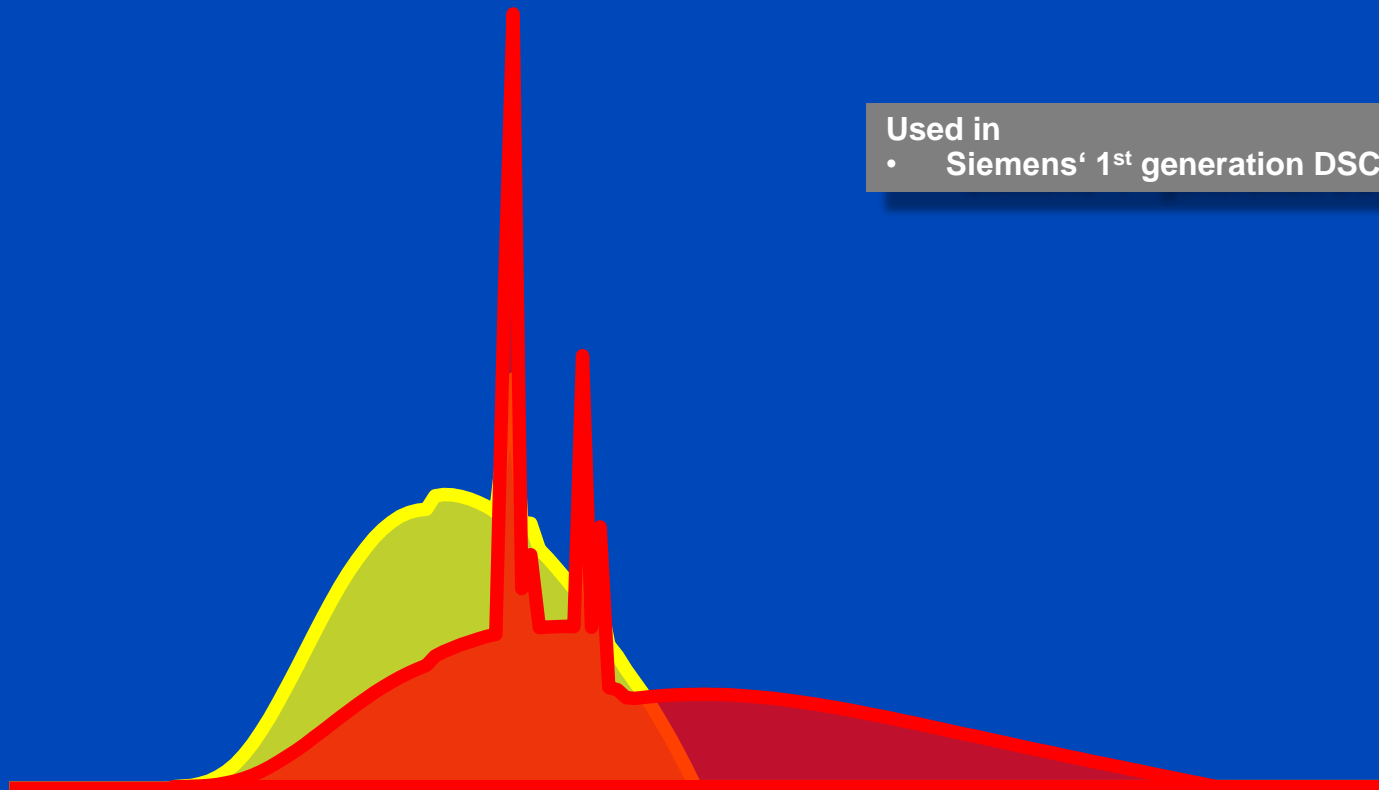
high-end?





**Questions?**

# 80 kV / 140 kV



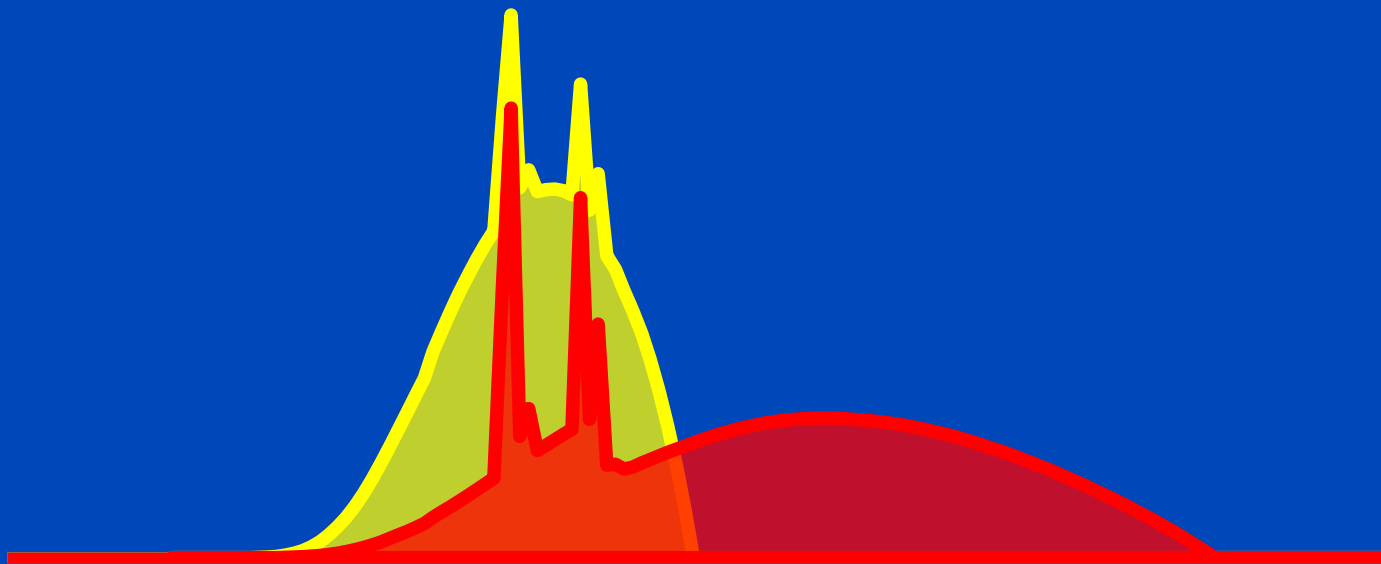
Used in

- Siemens' 1<sup>st</sup> generation DSCT

# 80 kV / 140 kV

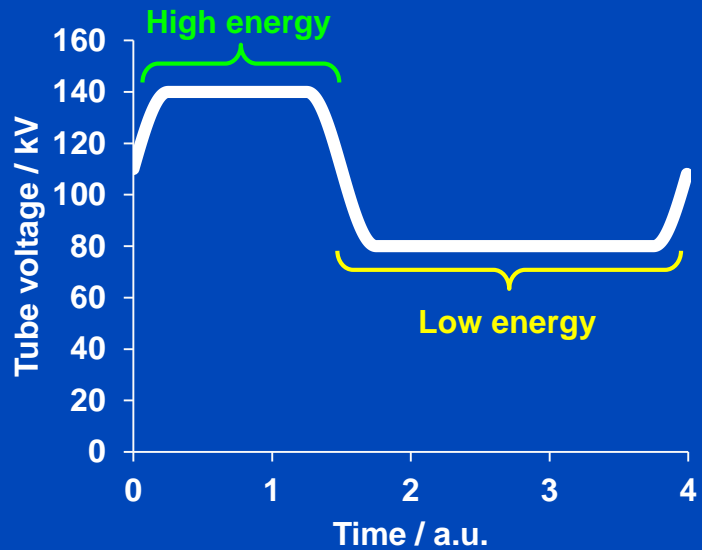
Used in

- Siemens' 1<sup>st</sup> generation DSCT



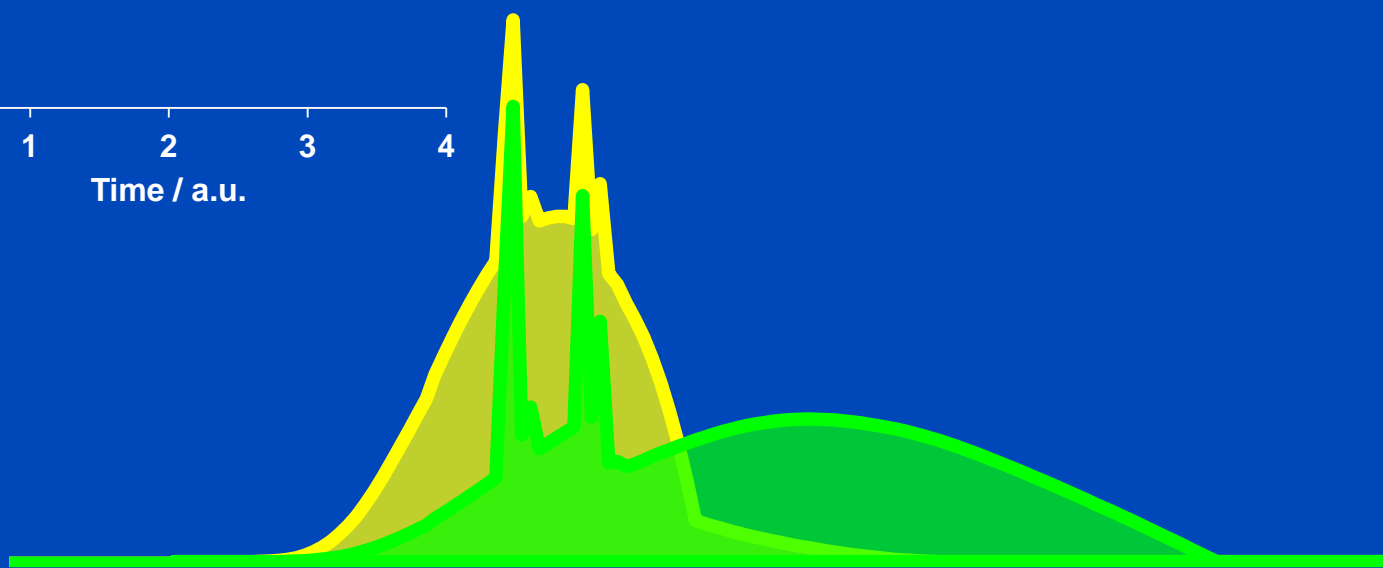
Spectra as seen after having passed a 32 cm water layer.

# 80 kV / 140 kV Sinrect kV-Switching



Used in

- GE's fast tube voltage switching CT

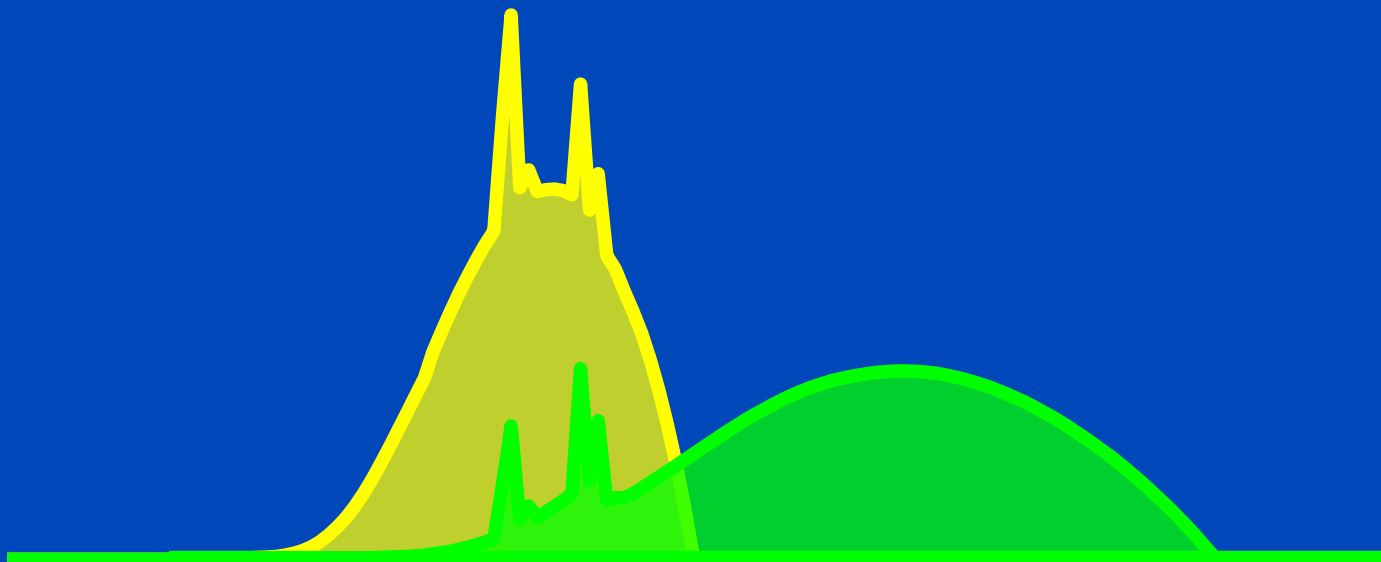


Spectra as seen after having passed a 32 cm water layer.

# 80 kV / 140 kV Sn<sub>0.4</sub> mm

Used in

- Siemens' 2<sup>nd</sup> generation DSCT

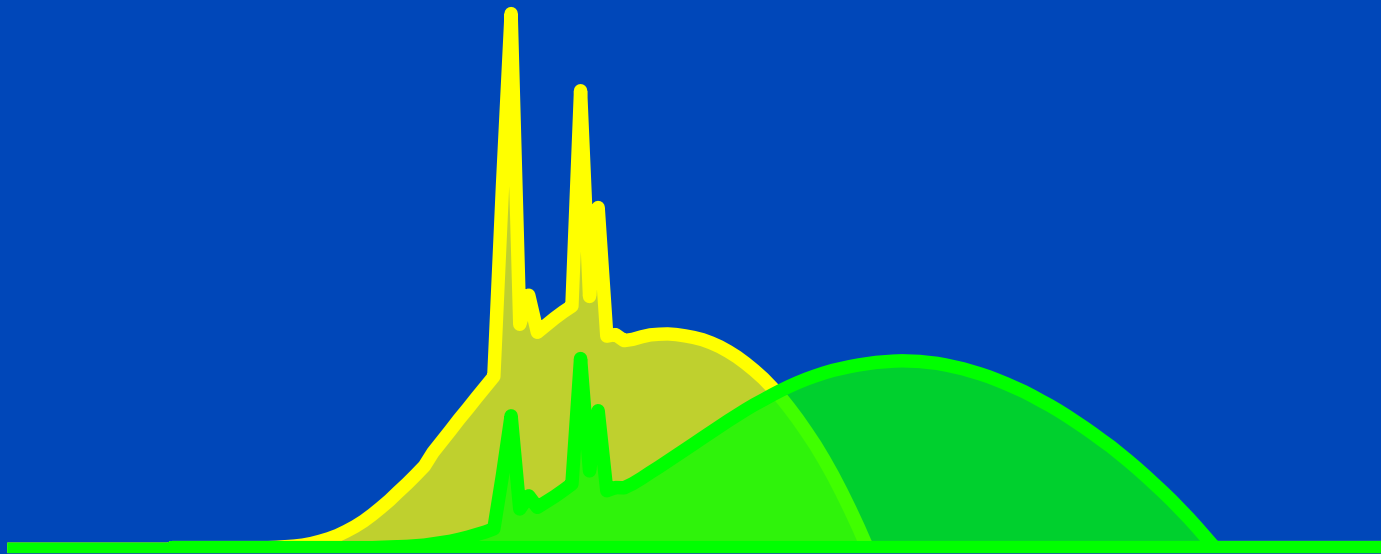


Spectra as seen after having passed a 32 cm water layer.

# 100 kV / 140 kV Sn<sub>0.4</sub> mm

Used in

- Siemens' 2<sup>nd</sup> generation DSCT

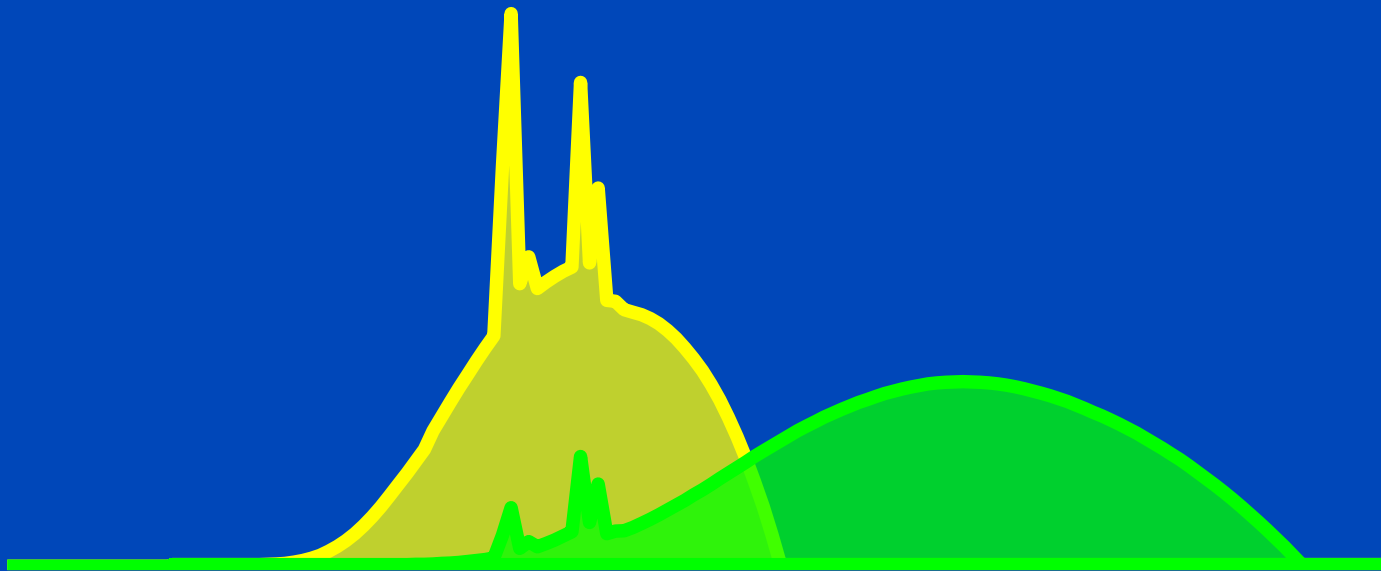


Spectra as seen after having passed a 32 cm water layer.

# 90 kV / 150 kV Sn<sub>0.6</sub> mm

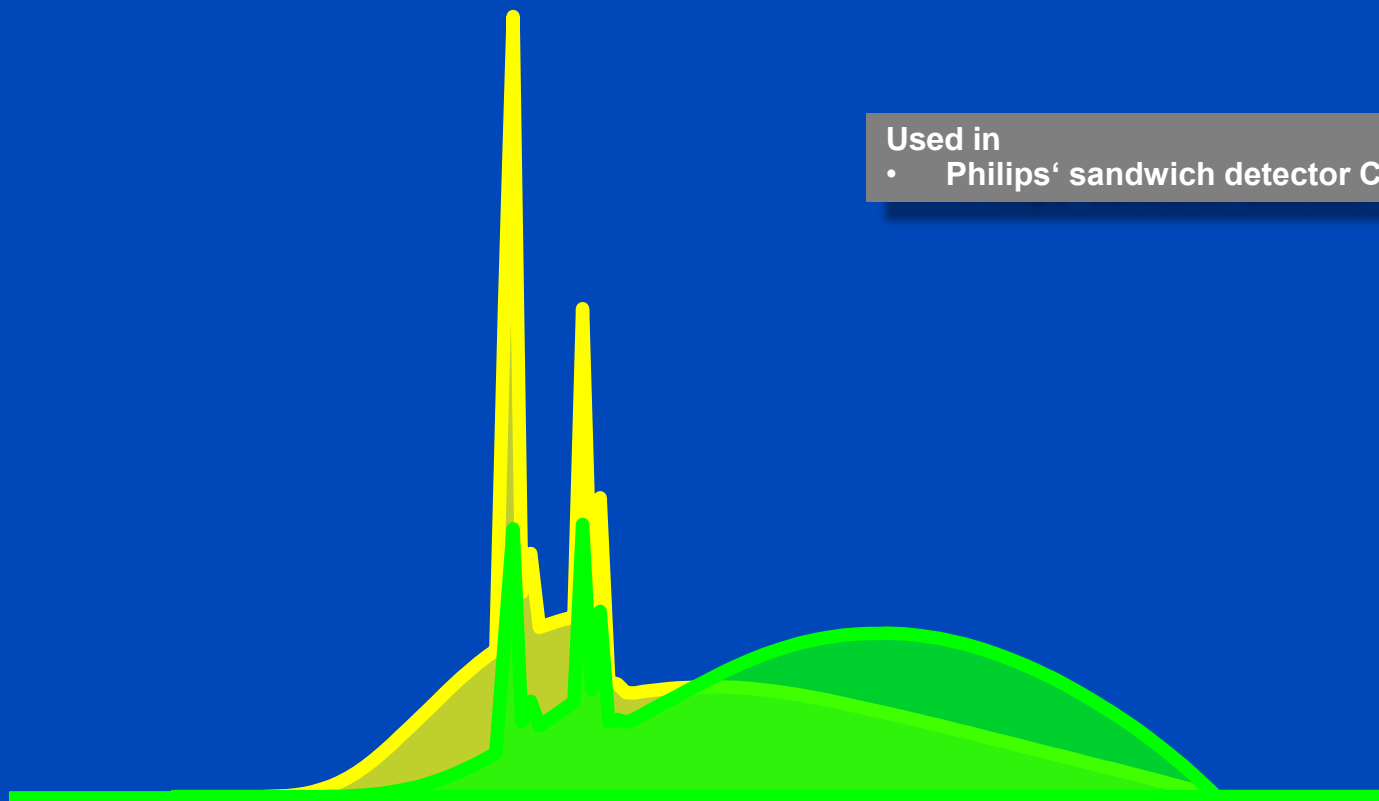
Used in

- Siemens' 3<sup>rd</sup> generation DSCT



Spectra as seen after having passed a 32 cm water layer.

# 140 kV YAG / GOS



Used in

- Philips' sandwich detector CT

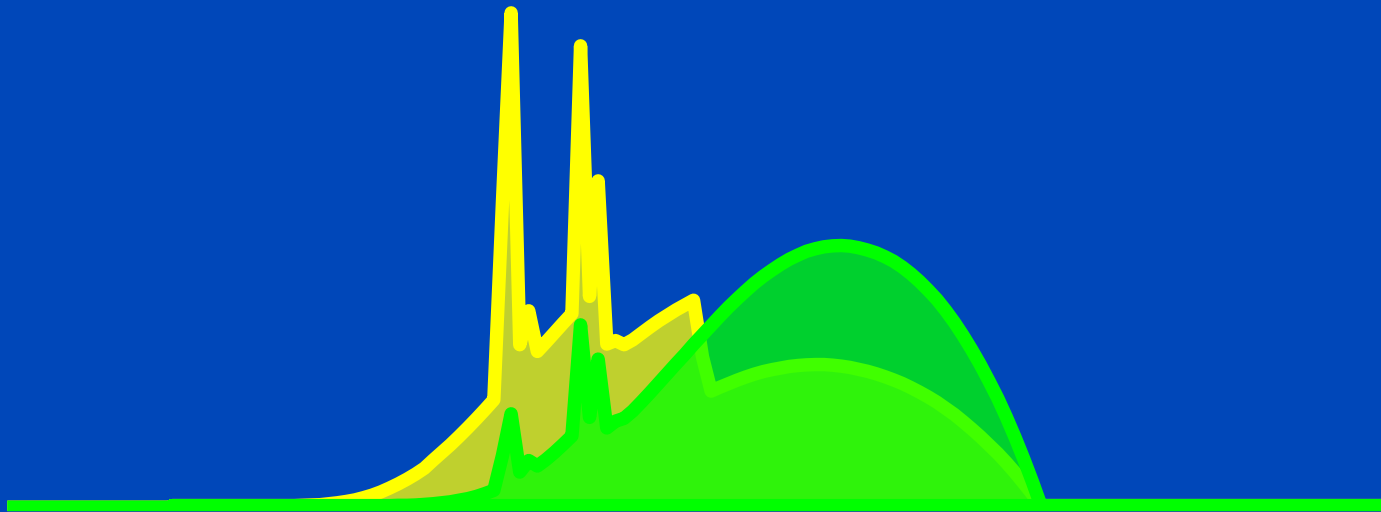
Spectra as seen after having passed a 32 cm water layer.



# Split filter 120 kV (Au+Sn)

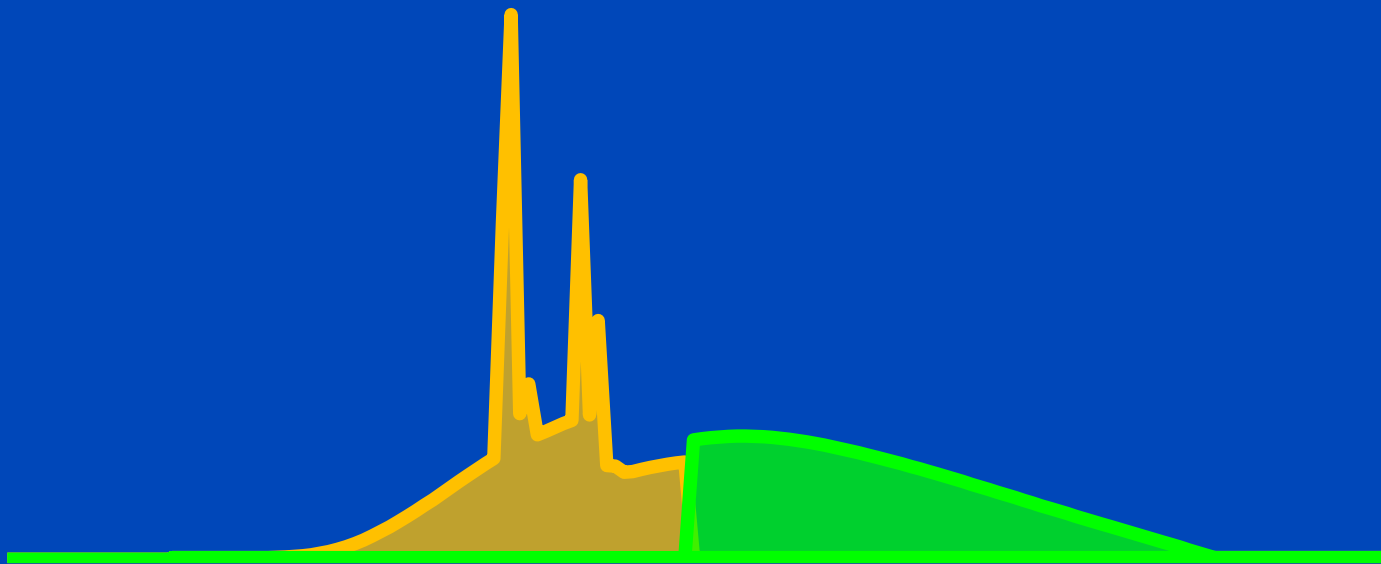
Used in

- Siemens' split filter DSCCT



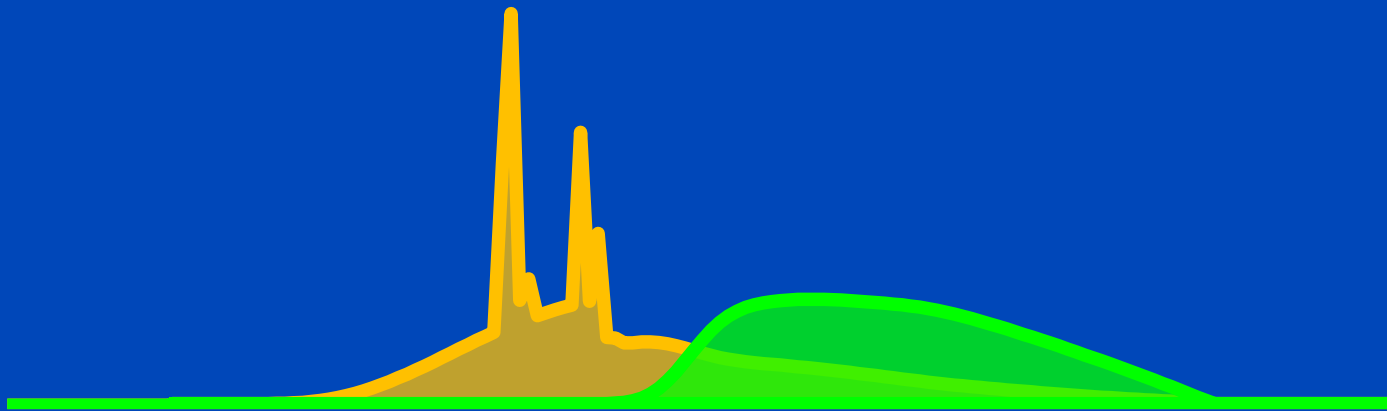
Spectra as seen after having passed a 32 cm water layer.

# Photon Counting 140 kV 2 Bins Perfect



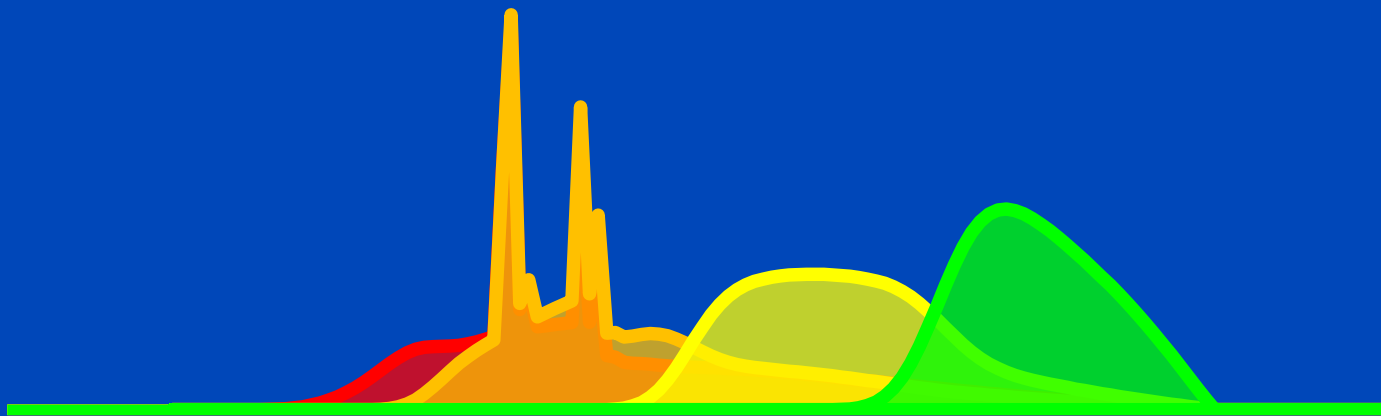
Spectra as seen after having passed a 32 cm water layer.

# Photon Counting 140 kV 2 Bins Realistic



Spectra as seen after having passed a 32 cm water layer.

# Photon Counting 140 kV 4 Bins Realistic



Spectra as seen after having passed a 32 cm water layer.

# Decomposition Increases Noise

100 kV



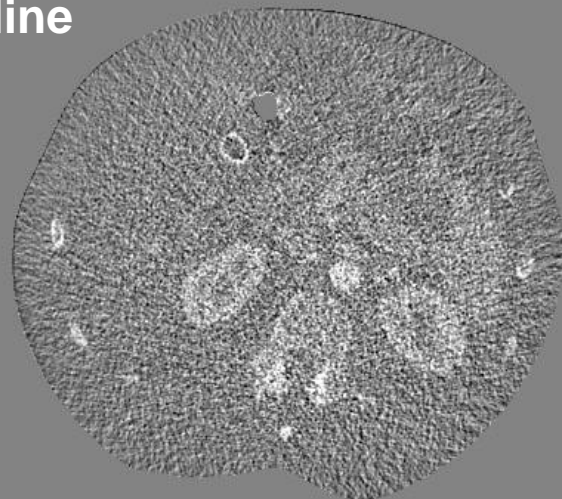
VNC



140 kV



Iodine



C = 0 HU, W = 700 HU

# Denoising is Mandatory!

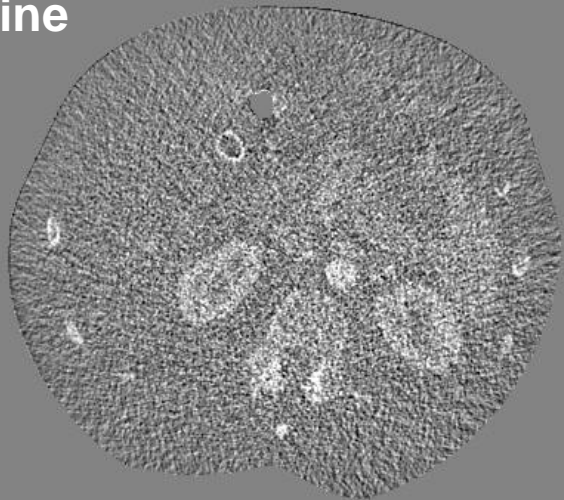
VNC



VNC denoised



Iodine



Iodine denoised





**Input**

lin. comb.

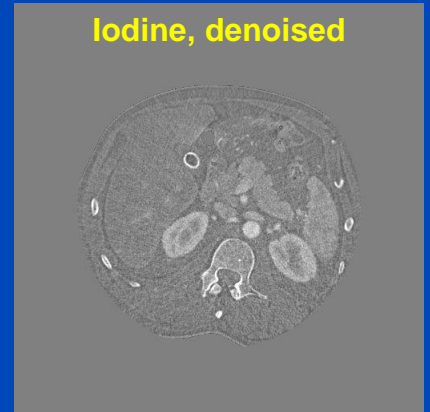
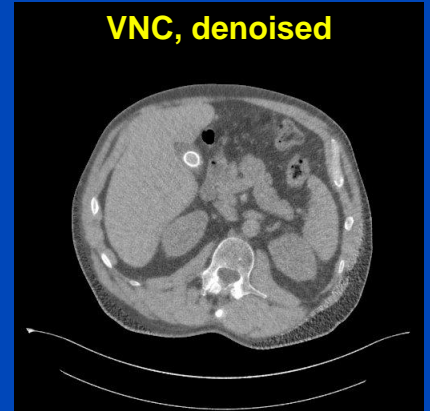
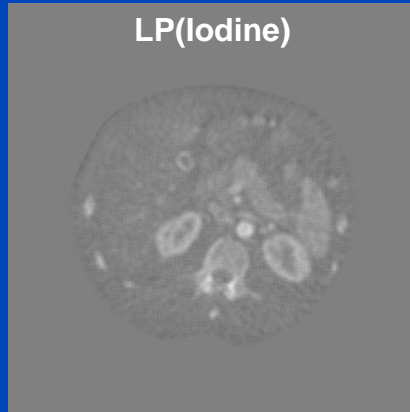
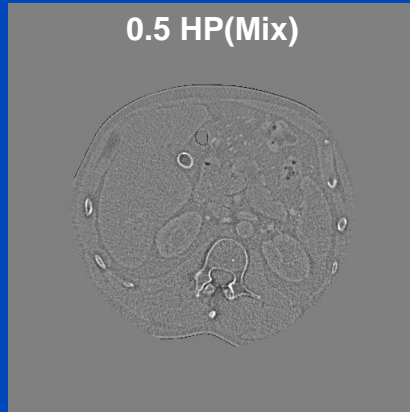
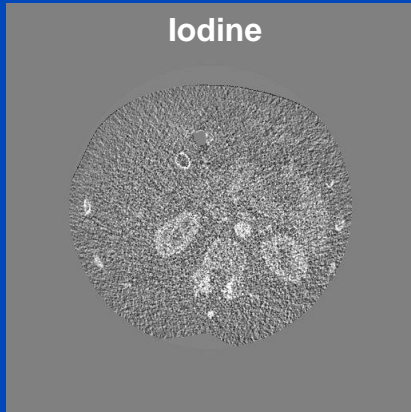
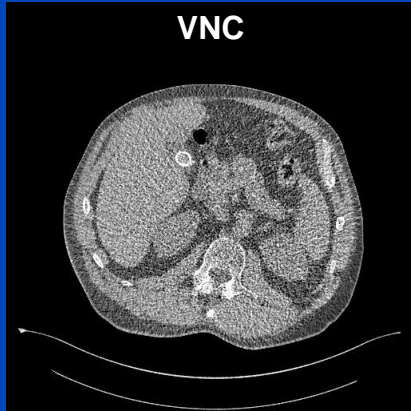
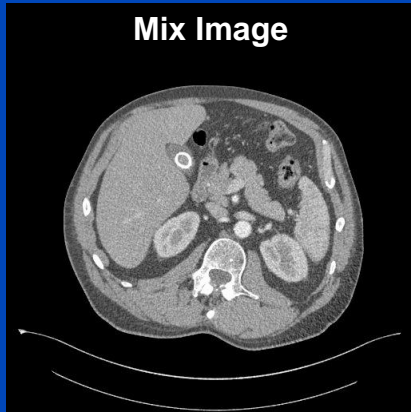
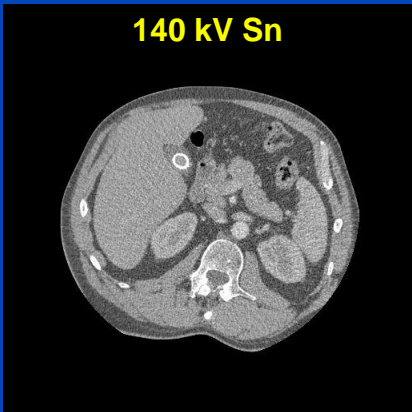
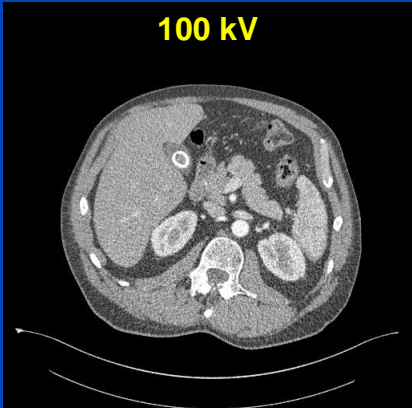
**Materials**

filter

**LP/HP**

lin. comb.

**Output**



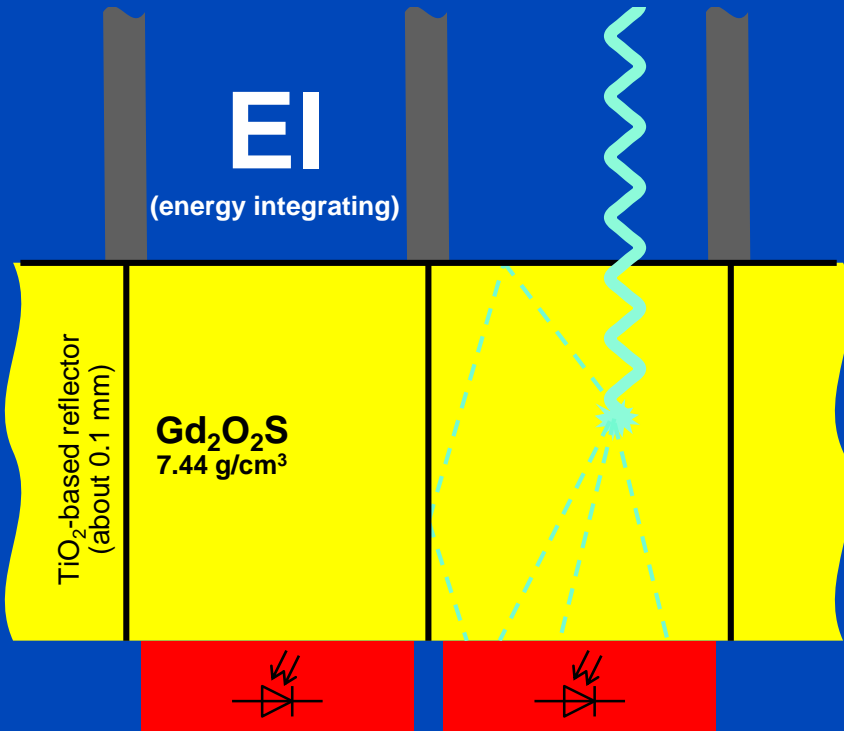
C = 0 HU, W = 500 HU for the low, high and VNC images. C = 0 mg/mL, W = 27.6 mg/mL for the iodine images.

**Questions?**

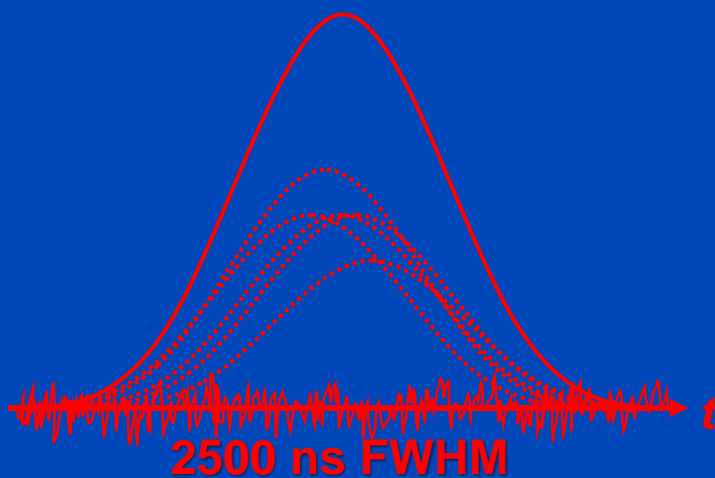
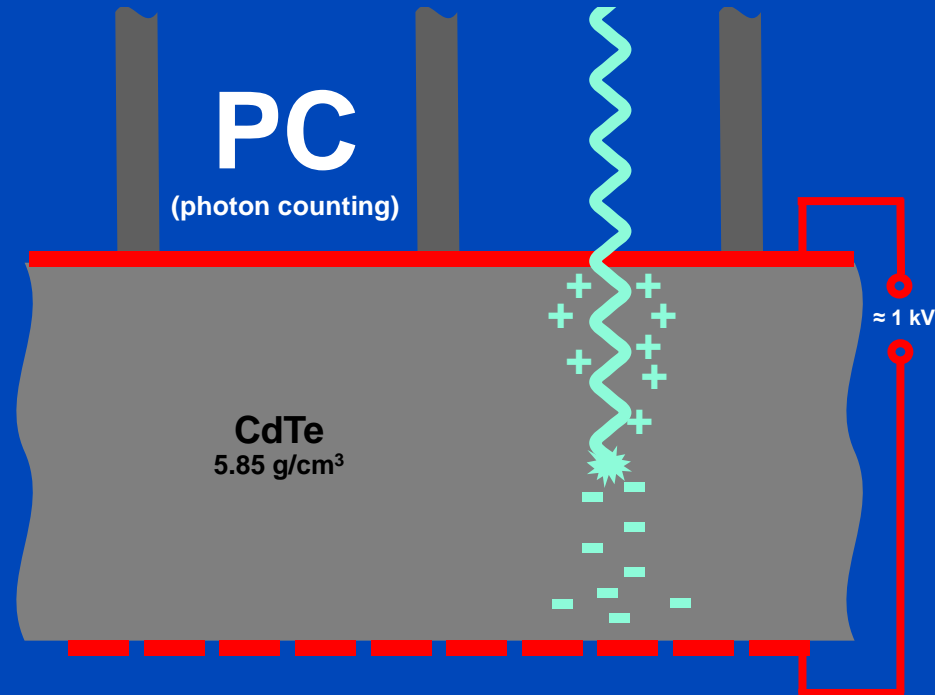


# Photon Counting CT

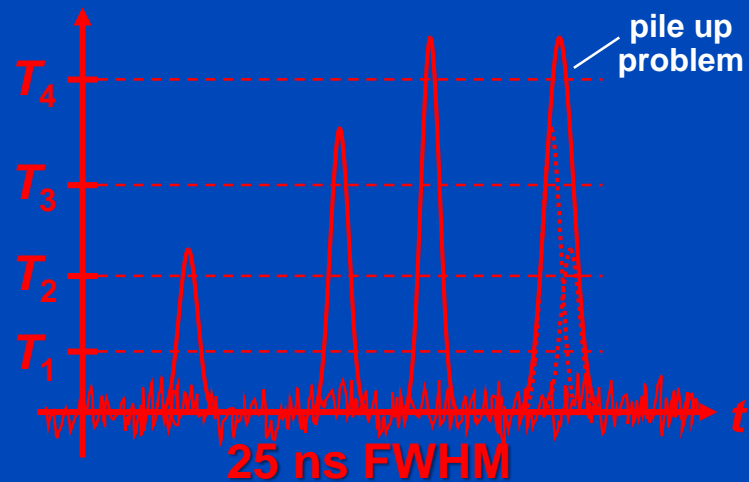
# Indirect Conversion (Today)



# Direct Conversion (Future)



i.e. max  $O(40 \cdot 10^3)$  cps



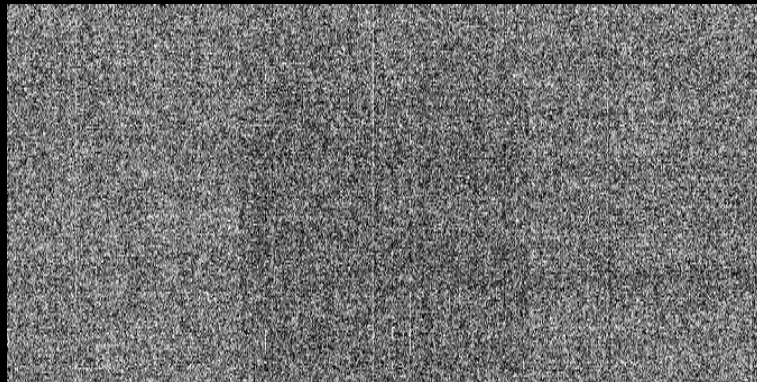
i.e. max  $O(40 \cdot 10^6)$  cps

Requirements for CT: up to  $10^9$  x-ray photon counts per second per mm<sup>2</sup>.  
Hence, photon counting only achievable for direct converters.

# Dark Image of Photon Counter Shows Background Radiation

18 frames, 5 min integration time per frame

## Energy Integrating (Dexela)



C/W = 0 a.u./70 a.u.

## Photon Counting (Dectris Santis)



C/W = 1 cnts/2 cnts

Events per  
Frame

Accumulated  
Signal

**Dark current dominates.  
Readout noise only.  
Single events hidden!**

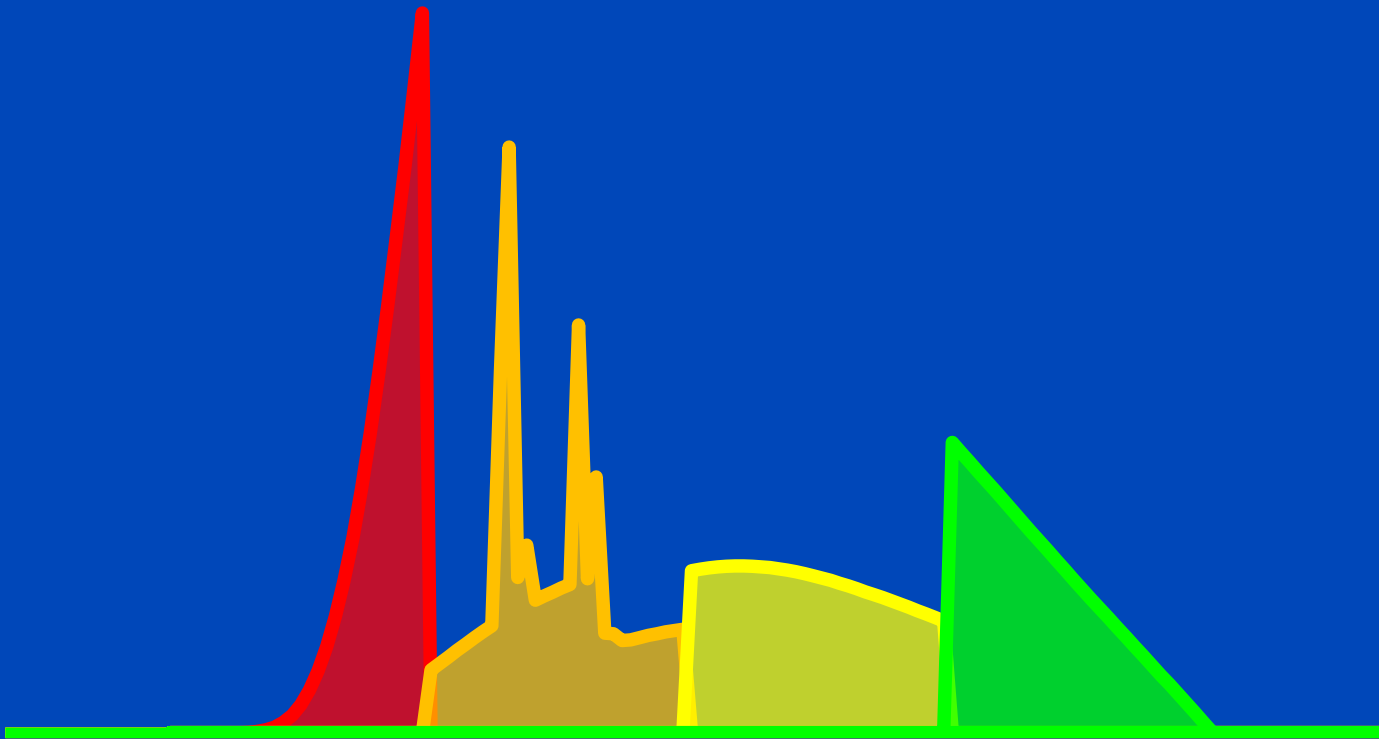
C/W = 30 a.u./450 a.u.

**No dark current.  
No readout noise.  
Single events visible!**

C/W = 3 cnts/8 cnts

# Energy-Selective Detectors: Improved Spectroscopy, Reduced Dose?

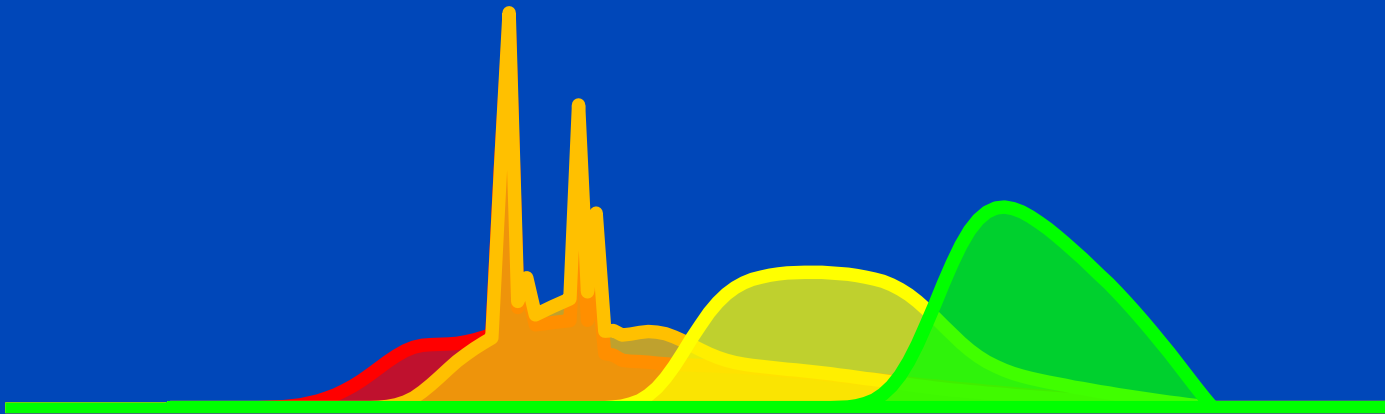
Ideally, bin spectra do not overlap, ...



Spectra as seen after having passed a 32 cm water layer.

# Energy-Selective Detectors: Improved Spectroscopy, Reduced Dose?

... realistically, however they do!



Spectra as seen after having passed a 32 cm water layer.

# Bin Images

Bin 1



[25,45] keV

Bin 2



[45,75] keV

Bin 3



[75,90] keV

Bin 4



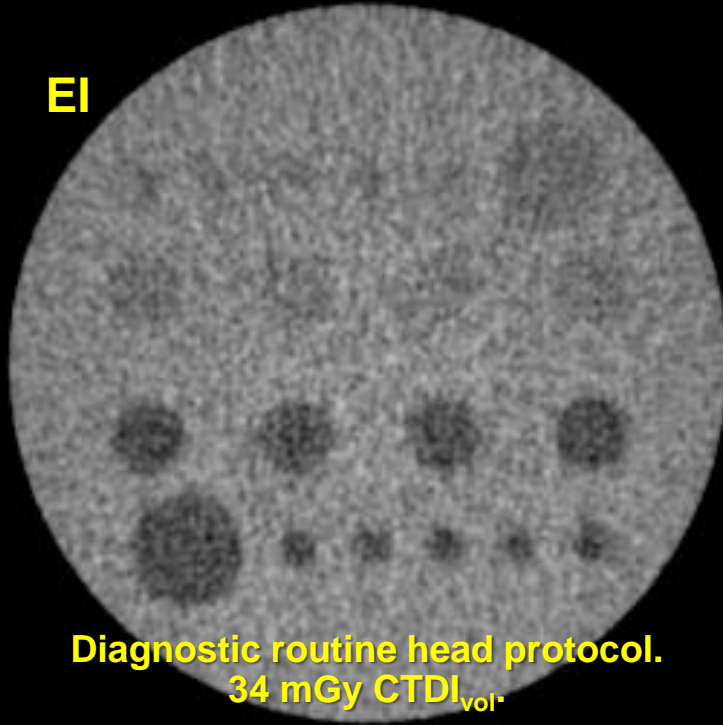
[90,140] keV

$C = 900 \text{ HU}$ ,  $W = 3500 \text{ HU}$



# Diagnostic CT (Conventional Detector) of a Low Contrast Phantom

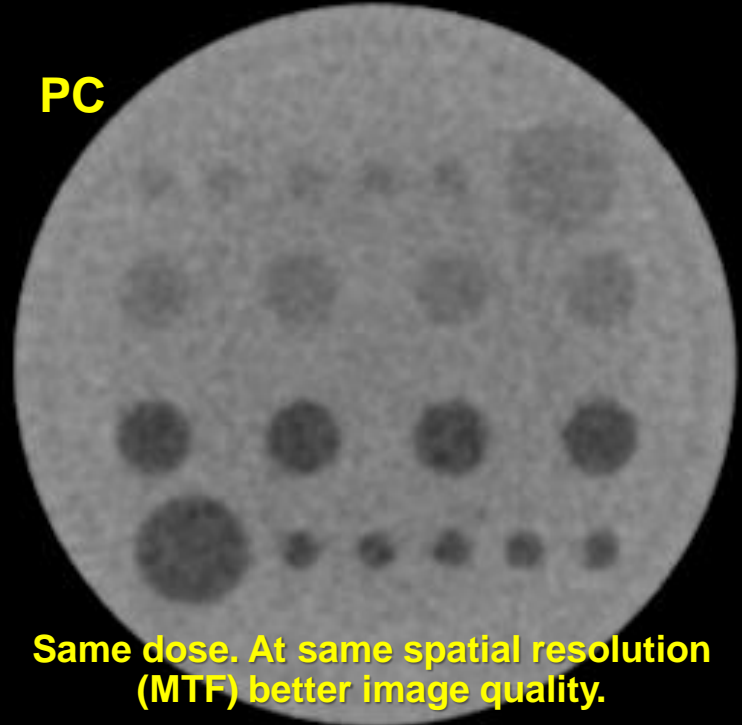
EI



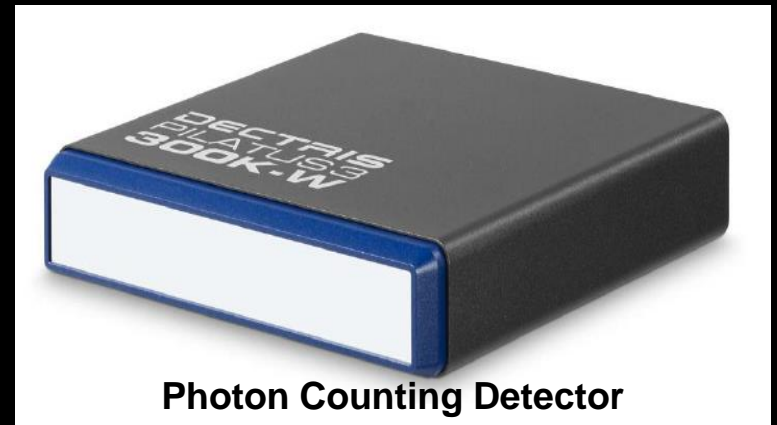
Diagnostic routine head protocol.  
34 mGy  $CTDI_{vol}$

# Photon Counting Detector CT of a Low Contrast Phantom

PC

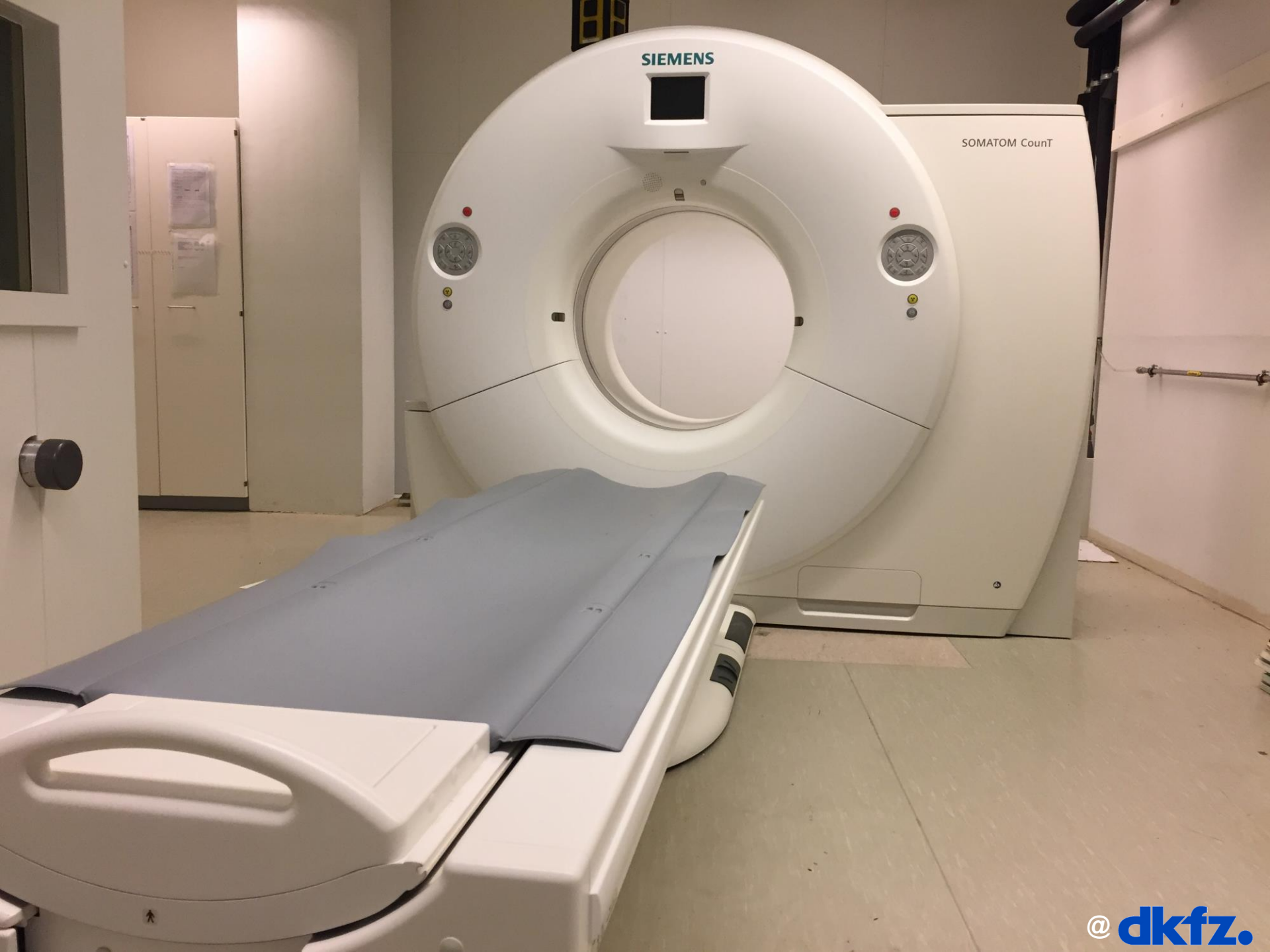


Same dose. At same spatial resolution (MTF) better image quality.



Photon Counting Detector

$C = 0 \text{ HU}$ ,  $W = 80 \text{ HU}$



SIEMENS

SOMATOM Count

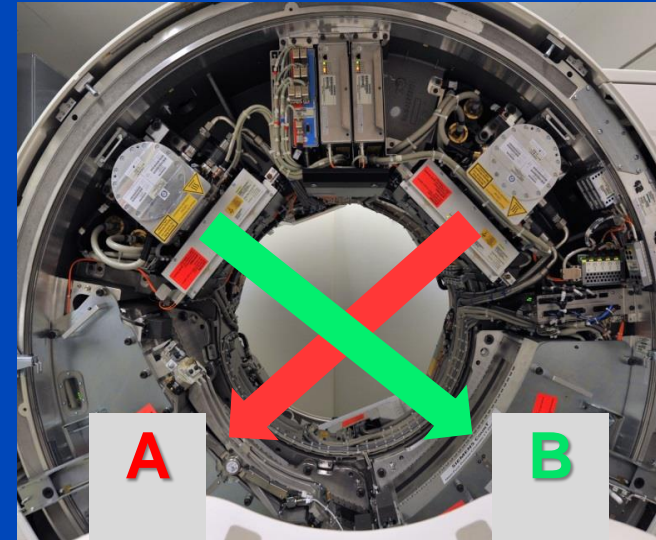


# Siemens Count CT System

Gantry from a clinical dual source scanner

**A:** conventional CT detector (50.0 cm FOV)

**B:** Photon counting detector (27.5 cm FOV)



## Readout Modes of the Count

**PC-UHR Mode**  
0.25 mm pixel size

**PC-Macro Mode**  
0.50 mm pixel size

**EI detector**  
0.60 mm pixel size



# Readout Modes of the Siemens CountT

## Macro Mode

0.9 × 1.1 mm focus  
2 readouts  
16 mm z-coverage

12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12

## Chess Mode

0.9 × 1.1 mm focus  
4 readouts  
16 mm z-coverage

12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

## Sharp Mode

0.9 × 1.1 mm focus  
5 readouts  
12 mm z-coverage

1	1	1	1
1	1	1	1
1	1	1	1
1	1	1	1

## UHR Mode

0.7 × 0.7 mm focus  
8 readouts  
8 mm z-coverage

12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12

1.6 mm CdTe sensor. No FFS on detector B (photon counting detector). 4×4 subpixels of 225 μm size = 0.9 mm pixels (0.5 mm at isocenter). An additional 225 μm gap (e.g. for anti scatter grid) yields a pixel pitch of 1.125 mm. The whole detector consists of 128×1920 subpixels = 32×480 macro pixels.

2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2

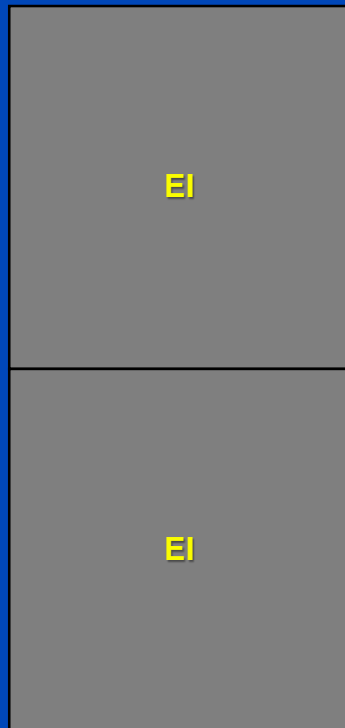


This photon-counting whole-body CT prototype, installed at the Mayo Clinic, at the NIH and at the DKFZ is a DSCT system. However, it is restricted to run in single source mode. The second source is used for data completion and for comparisons with EI detectors.

# Detector Pixel Force vs. CounT Plus<sup>1</sup>

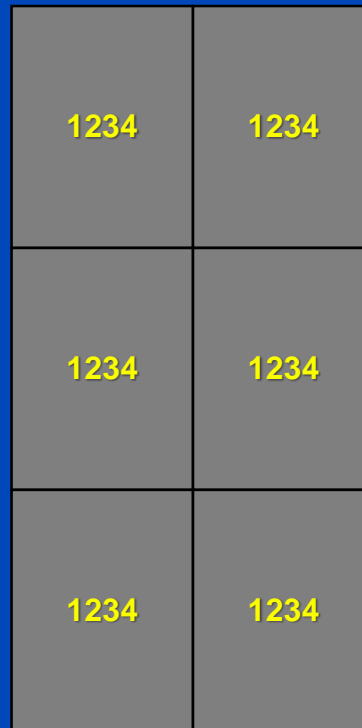
## Force

920 × 96 detector pixels  
 pixel size 0.56 × 0.6 mm at iso  
 57.6 mm z-coverage



## CounT+ (Macro)

1376 × 144 macro pixels  
 pixel size 0.3 × 0.4 mm at iso  
 57.6 mm z-coverage



## CounT+ (UHR)

2752 × 120 pixels  
 pixel size 0.15 × 0.2 mm at iso  
 24 mm z-coverage



Pixel arrangement (2×1, 3×2, 6×4) drawn such that approximately the same area is covered in all three cases.

Focus sizes of Vectron tube: 0.4×0.5 mm, 0.6×0.7 mm, 0.8×1.1 mm

<sup>1</sup>J. Ferda et al. Computed tomography with a full FOV photon-counting detector in a clinical setting, the first experience. European Journal of Radiology 137:109614, 2021

**Questions?**

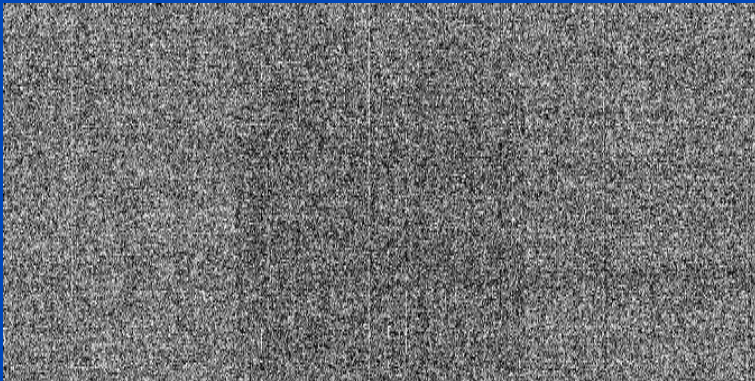
# Advantages of Photon Counting CT

- **No reflective gaps between detector pixels**
  - Higher geometrical efficiency
  - Less dose
- **No electronic noise**
  - Less dose for infants
  - Less noise for obese patients
- **Counting**
  - Swank factor = 1 = maximal
  - “Iodine effect“ due to higher weights on low energies
- **Energy bin weighting**
  - Lower dose/noise
  - Improved iodine CNR
- **Smaller pixels (to avoid pileup)**
  - Higher spatial resolution
  - “Small pixel effect” i.e. lower dose/noise at conventional resolution
- **Spectral information on demand**
  - Dual Energy CT (DECT)
  - Multi Energy CT (MECT)

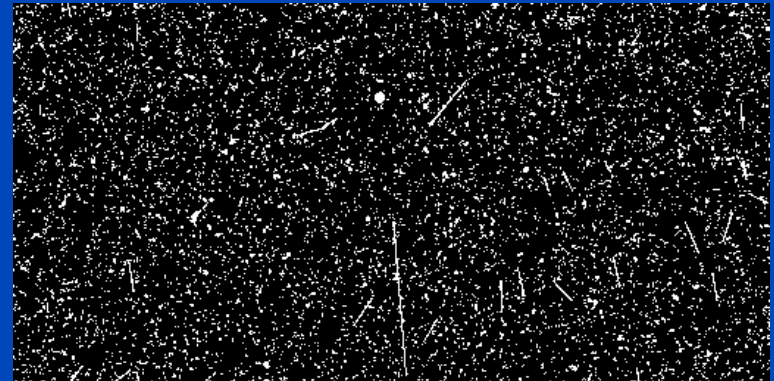
# No Electronic Noise!

- Photon counting detectors have no electronic noise.
- Extreme low dose situations will benefit
  - Pediatric scans at even lower dose
  - Obese patients with less noise
  - ...

**Energy Integrating (Dexela)**



**Photon Counting (Dectris Santis)**



# Expected Value and Variance

- Transmitted number of photons  $N$ :

$$N(E) = N_0(E)e^{-p\psi(E)}$$

- Poisson distribution:  $EN(E) = \text{Var}N(E)$
- Detected signal  $S$  with sensitivity  $s(E)$ :

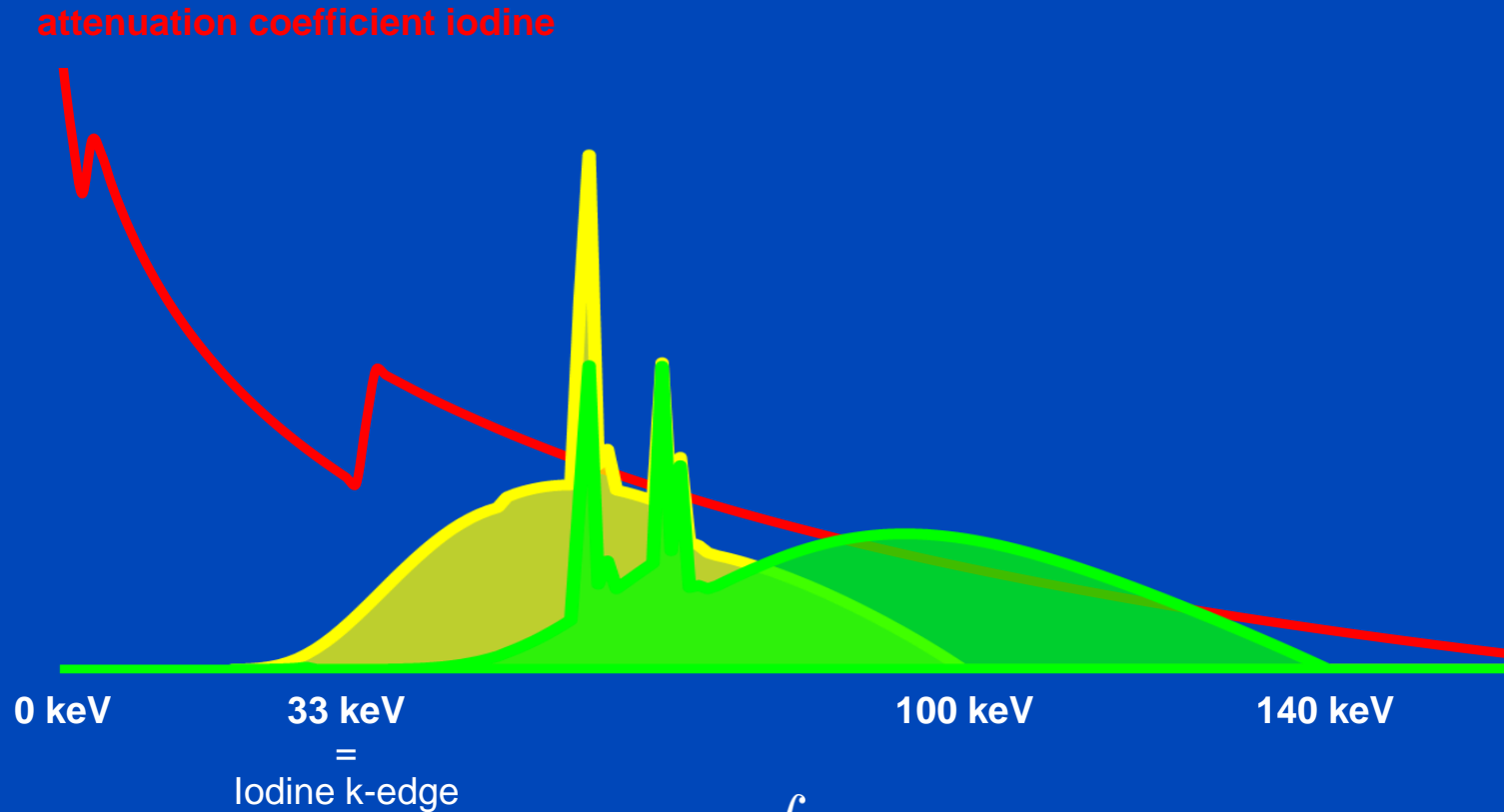
$$S = \int dE s(E)N(E)$$

- Expected value and variance of the signal  $S$ :

$$ES = \int dE s(E)EN(E) \text{ and } \text{Var}S = \int dE s^2(E)EN(E)$$

- Detector sensitivity: **PC**  $s(E) = 1$ , but **EI**  $s(E) \propto E$  !

# Energy Integrating (Detected Spectra at 100 kV and 140 kV)

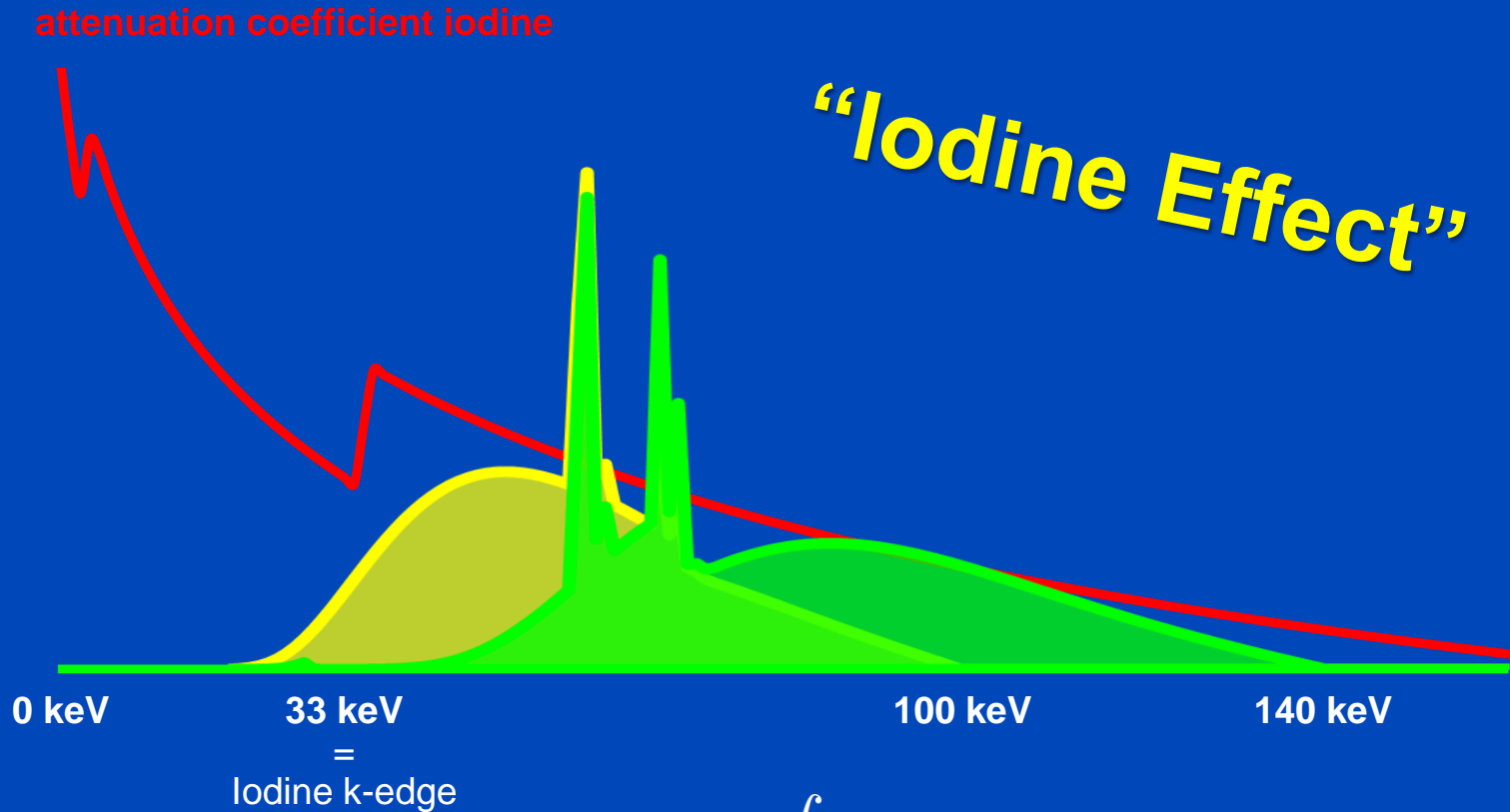


$$\text{Signal}_{\text{EI}} = \int dE E N(E)$$

Spectra as seen after having passed a 32 cm water layer.



# Photon Counting (Detected Spectra at 100 kV and 140 kV)

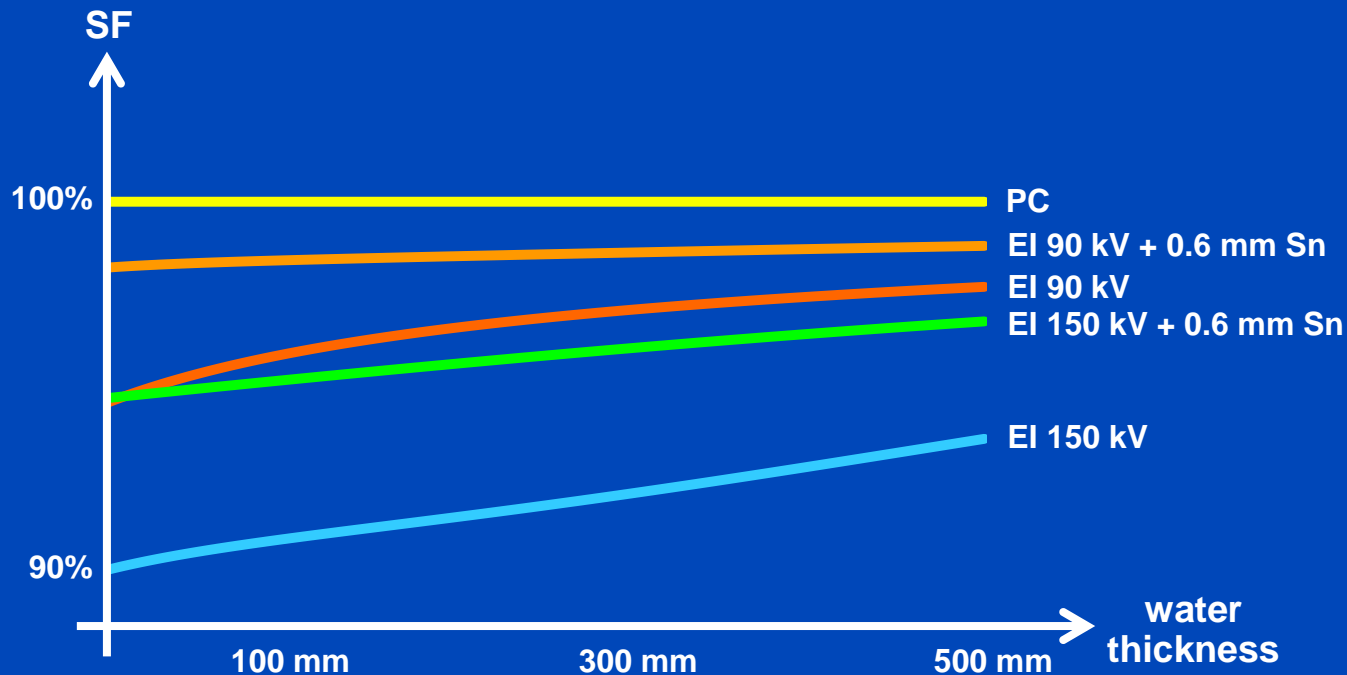


$$\text{Signal}_{\text{PC}} = \int dE \frac{1}{\mu(E)} N(E)$$

Spectra as seen after having passed a 32 cm water layer.

# Swank Factor

- The Swank factor measures the relative  $\text{SNR}^2$ , and thus the relative dose efficiency between photon counting (PC) and energy integrating (EI).
- PC always has the highest SNR.



$$SF = \frac{\text{SNR}_{\text{EI}}^2}{\text{SNR}_{\text{PC}}^2} = \frac{(\int dE E N(E))^2}{(\int dE N(E)) (\int dE E^2 N(E))} \leq 1$$

due to Schwarz' inequality

# Swank Factor

- The procedure of “guessing” that a constant sensitivity  $s(E)$  yields the optimal SNR is rather heuristic.
- More correctly, one would have asked for a sensitivity  $s(E)$  that maximizes

$$\text{SNR} = \frac{ES}{\sqrt{\text{Var}S}}$$

- Formulate this as minimizing  $\text{Var} S$  for  $E S$  given:

$$\int dE (s^2(E) + \lambda s(E)) EI(E)$$

- Variational calculus shows that the minimum occurs at  $2 s(E) + \lambda = 0$  which implies

$$s(E) = \text{const.}$$

# Photon Counting used to Maximize CNR

- With PC energy bin sinograms can be weighted individually, i.e. by a weighted summation
- To optimize the CNR the optimal bin weighting factor  $w_b$  is given by (weighting after log):

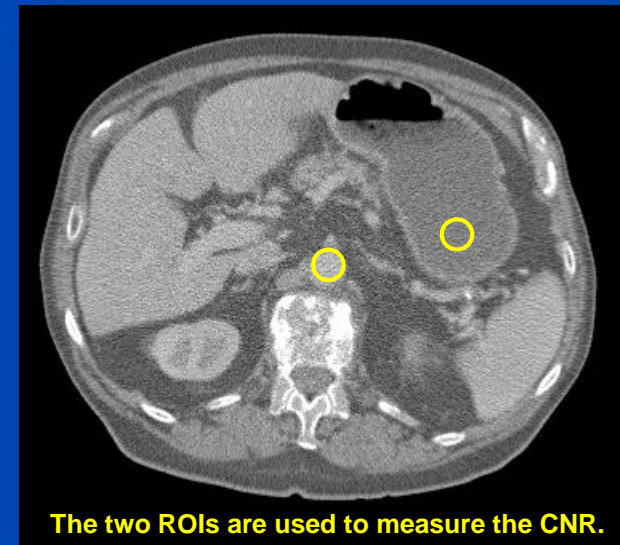
$$w_b \propto \frac{C_b}{V_b}$$

- The resulting CNR is

$$\text{CNR}^2 = \frac{(\sum_b w_b C_b)^2}{\sum_b w_b^2 V_b}$$

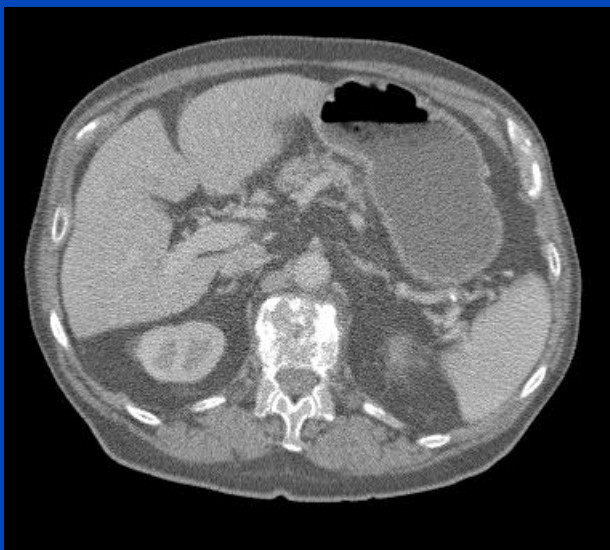
- At the optimum this evaluates to

$$\text{CNR}^2 = \sum_{b=1}^B \text{CNR}_b^2$$

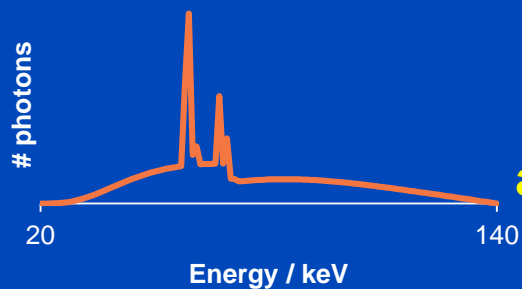


# Energy Integrating vs. Photon Counting with 1 bin from 20 to 140 keV

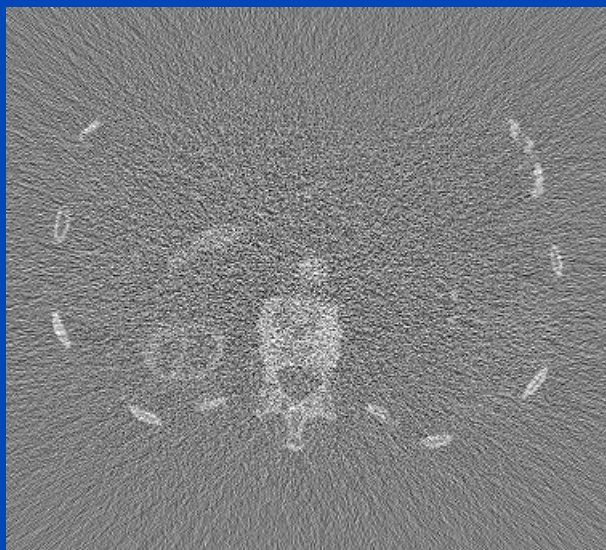
Energy Integrating



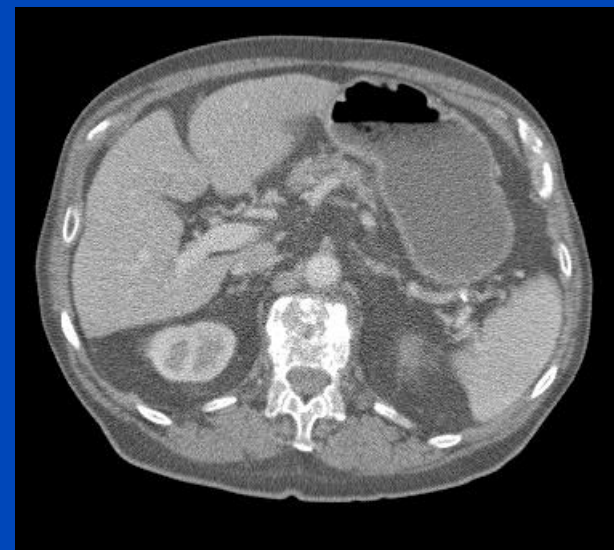
CNR = 2.11



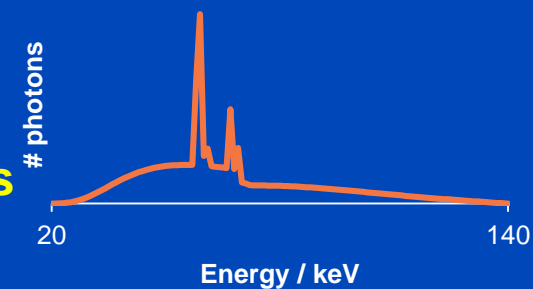
PC minus EI



Photon Counting



CNR = 2.95

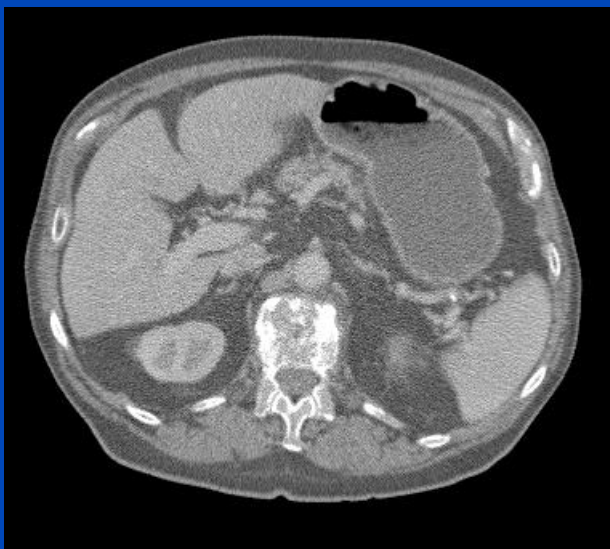


**40% CNR improvement or  
49% dose reduction achievable  
due to improved Swank factor  
and more weight on low energies  
(iodine contrast benefits).**

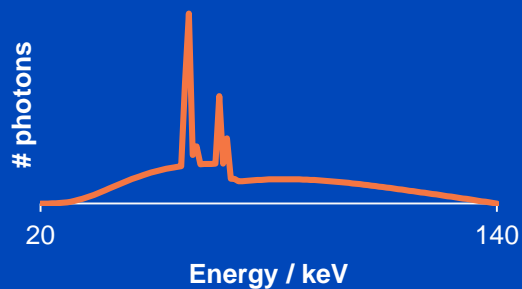


# Energy Integrating vs. Photon Counting with 4 bins from 20 to 140 keV

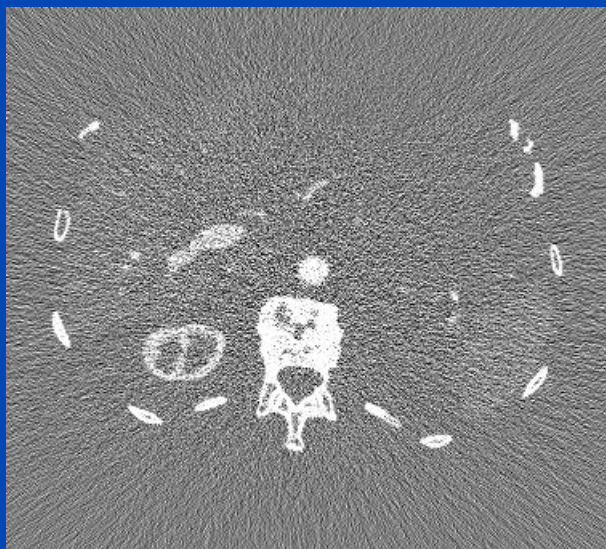
Energy Integrating



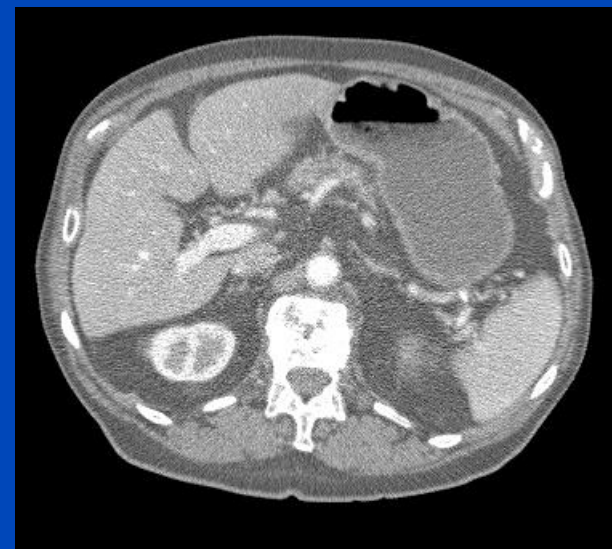
CNR = 2.11



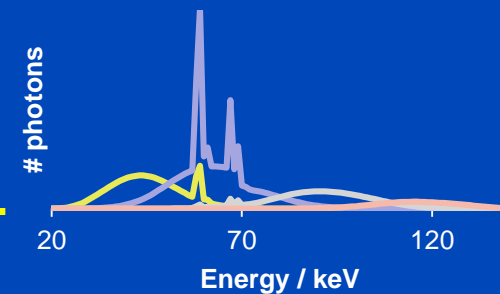
PC minus EI



Photon Counting



CNR = 4.19



**99% CNR improvement or  
75% dose reduction achievable  
due to improved Swank factor  
and optimized energy weighting.**



# Material-Selective vs. CNR Optimizing

- $f_{LH}$  = low/high energy or bin image, background at 0 HU
- $C_{LH}$  = contrast in low/high energy or bin image
- $V_{LH}$  = variance in low/high energy or bin image
- **Material-selective image:**  $f_L - f_H$  (e.g. iodine map)

$$\text{CNR}_{\text{mat}}^2 = \frac{(C_L - C_H)^2}{V_L + V_H}$$

- **Optimum CNR image:**  $(1 - \alpha)f_L + \alpha f_H$

$$\alpha_{\text{opt}} = \frac{C_H V_L}{C_H V_L + C_L V_H} \quad \text{CNR}_{\text{opt}}^2 = \frac{C_L^2}{V_L} + \frac{C_H^2}{V_H}$$

- **Optimum is optimal:**

$$\text{CNR}_{\text{opt}}^2 = \text{CNR}_{\text{mat}}^2 + \frac{(C_L V_H + C_H V_L)^2}{V_L V_H (V_L + V_H)}$$

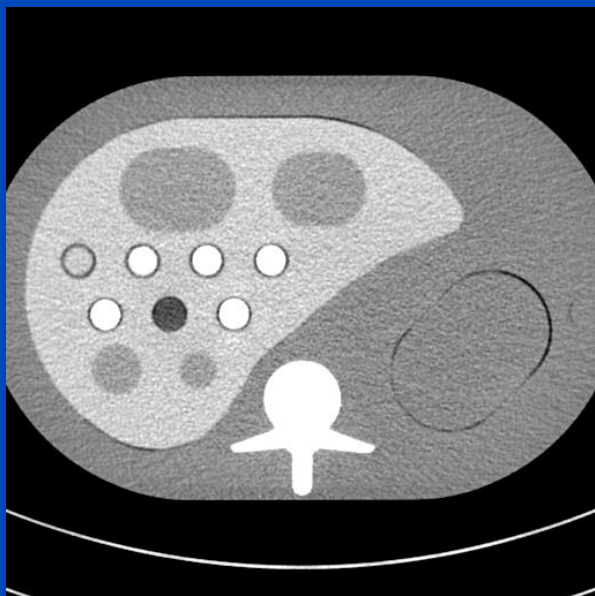
# Iodine CNRD Assessment

- Images are acquired at **different tube voltages**:
  - 80 kV at 4.40 mGy ( $\text{CTDI}_{\text{vol } 32 \text{ cm}}$ ) using 200  $\text{mAs}_{\text{eff}}$
  - 100 kV at 9.20 mGy ( $\text{CTDI}_{\text{vol } 32 \text{ cm}}$ ) using 200  $\text{mAs}_{\text{eff}}$
  - 120 kV at 15.03 mGy ( $\text{CTDI}_{\text{vol } 32 \text{ cm}}$ ) using 200  $\text{mAs}_{\text{eff}}$
  - 140 kV at 21.76 mGy ( $\text{CTDI}_{\text{vol } 32 \text{ cm}}$ ) using 200  $\text{mAs}_{\text{eff}}$
- Pitch in all acquisitions was 0.6.
- Collimation for EI (32×0.6 mm) and PC (32×0.5 mm) was matched as close as possible, i.e. geometric efficiency is 80% vs. 82%
- Reconstruction is performed with **matched spatial resolution** using a D40f kernel onto a grid with a voxel spacing of 0.54 mm and a slice thickness of 1.2 mm.
- The **thresholds were fixed at 20 keV and 50 keV**, resulting in two bins: [20 keV, 50 keV] and [50 keV, eU].

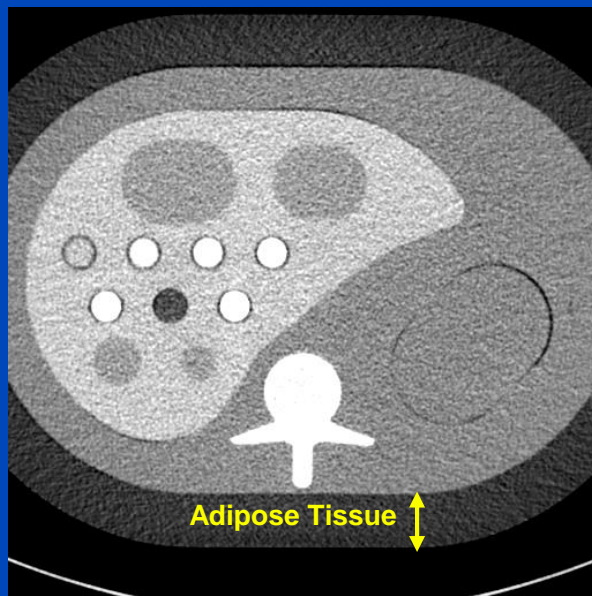
# Iodine CNRD Assessment

Reconstruction Examples @ 80 kV

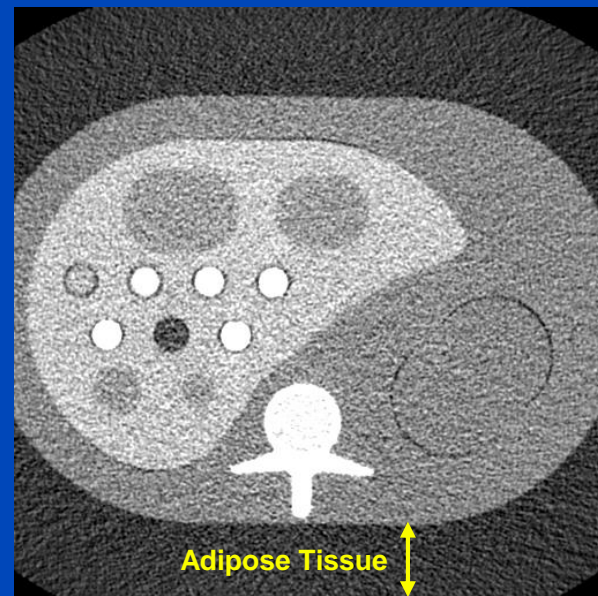
Small (200 × 300 mm)



Medium (250 × 350 mm)



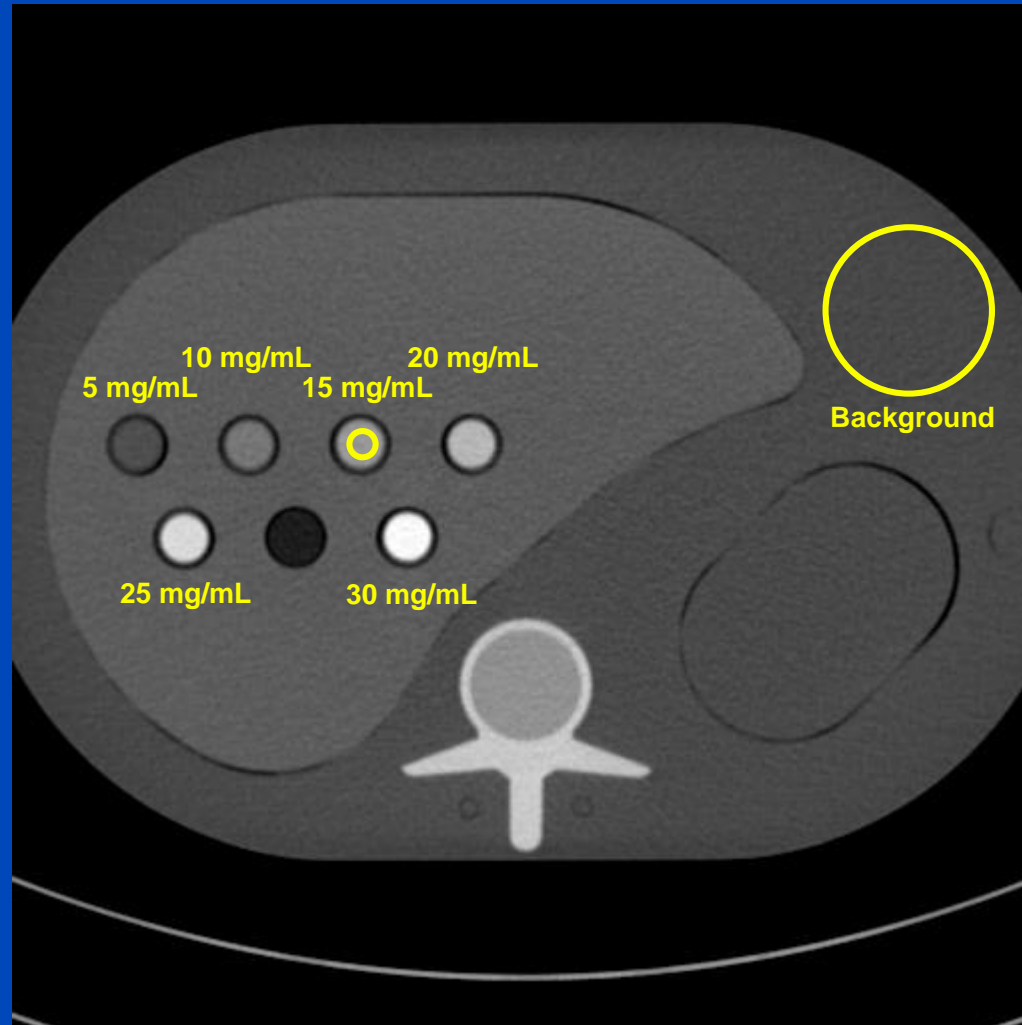
Large (300 × 400 mm)



C/W=0 HU/400HU

# Iodine CNRD Assessment

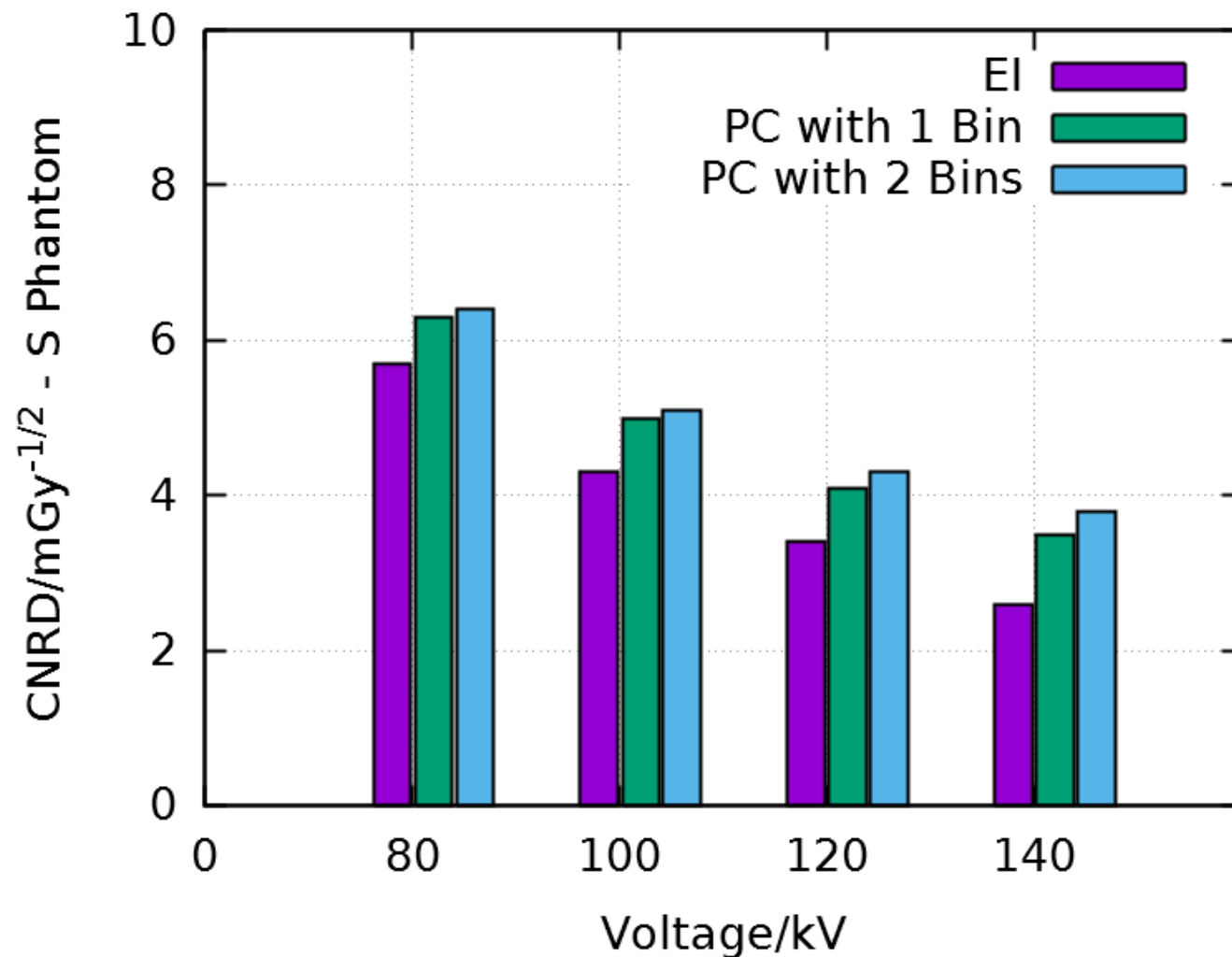
## Regions of Interest



C/W=180 HU/600HU

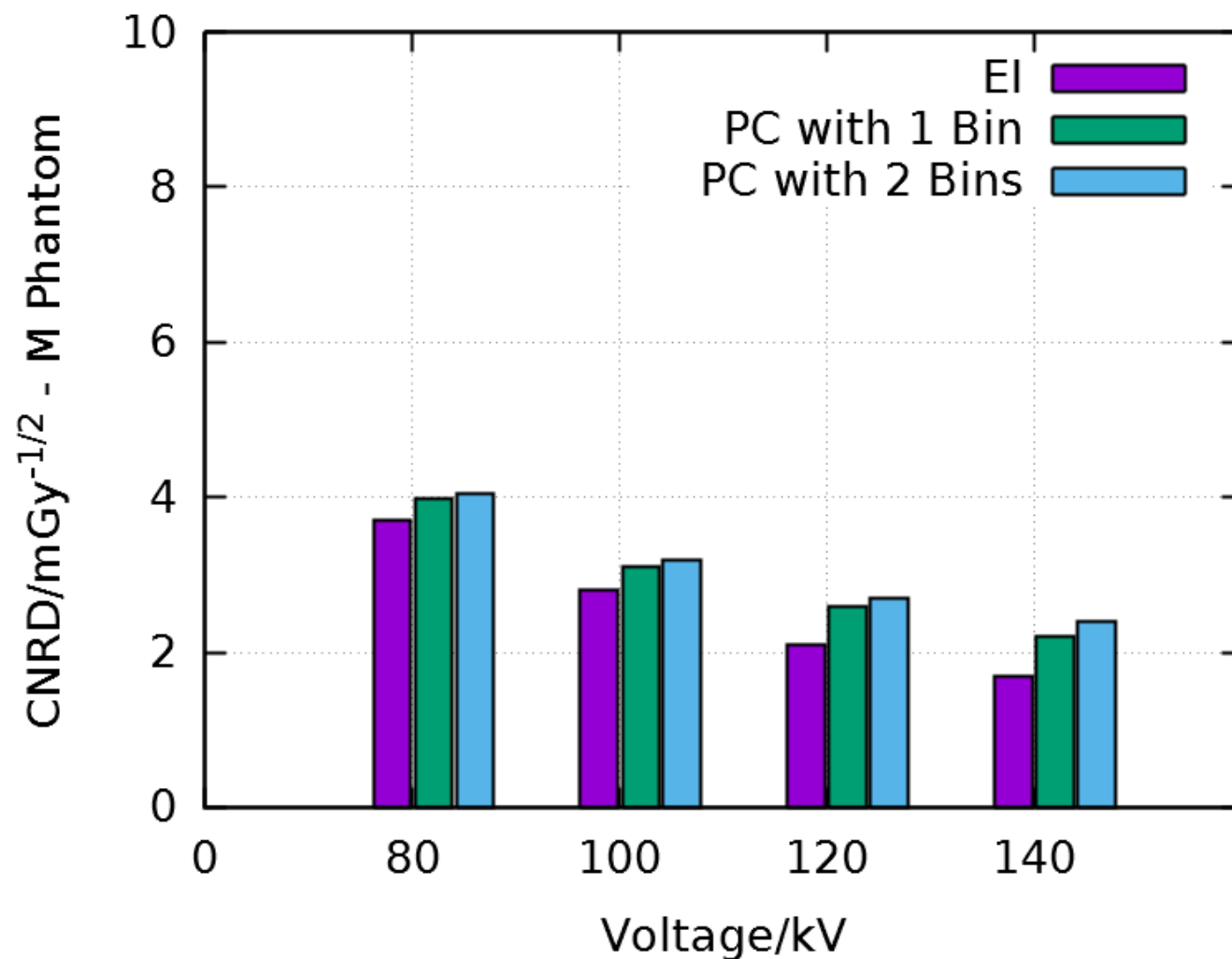
# Results

## CNRD – Small Phantom



# Results

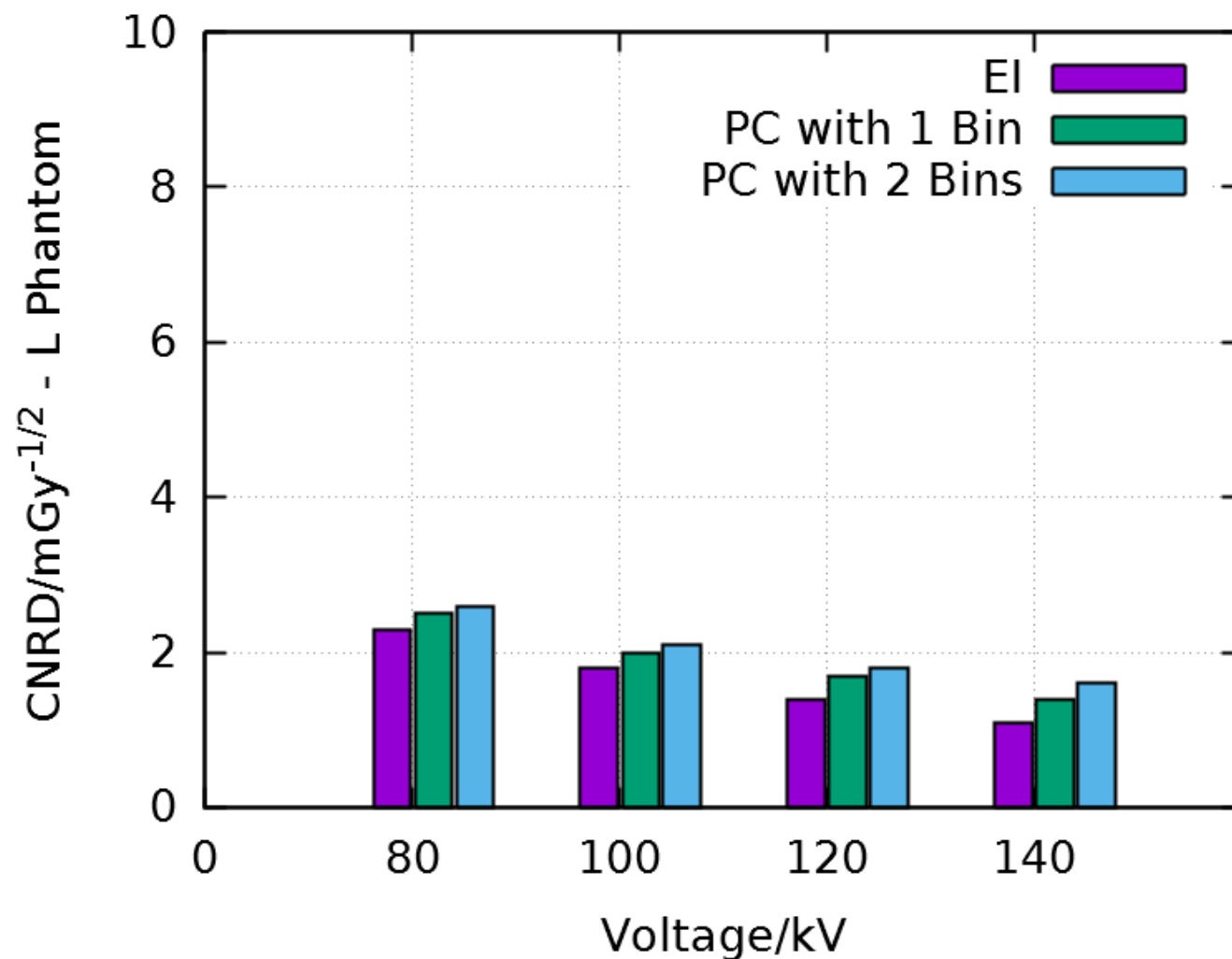
## CNRD – Medium Phantom





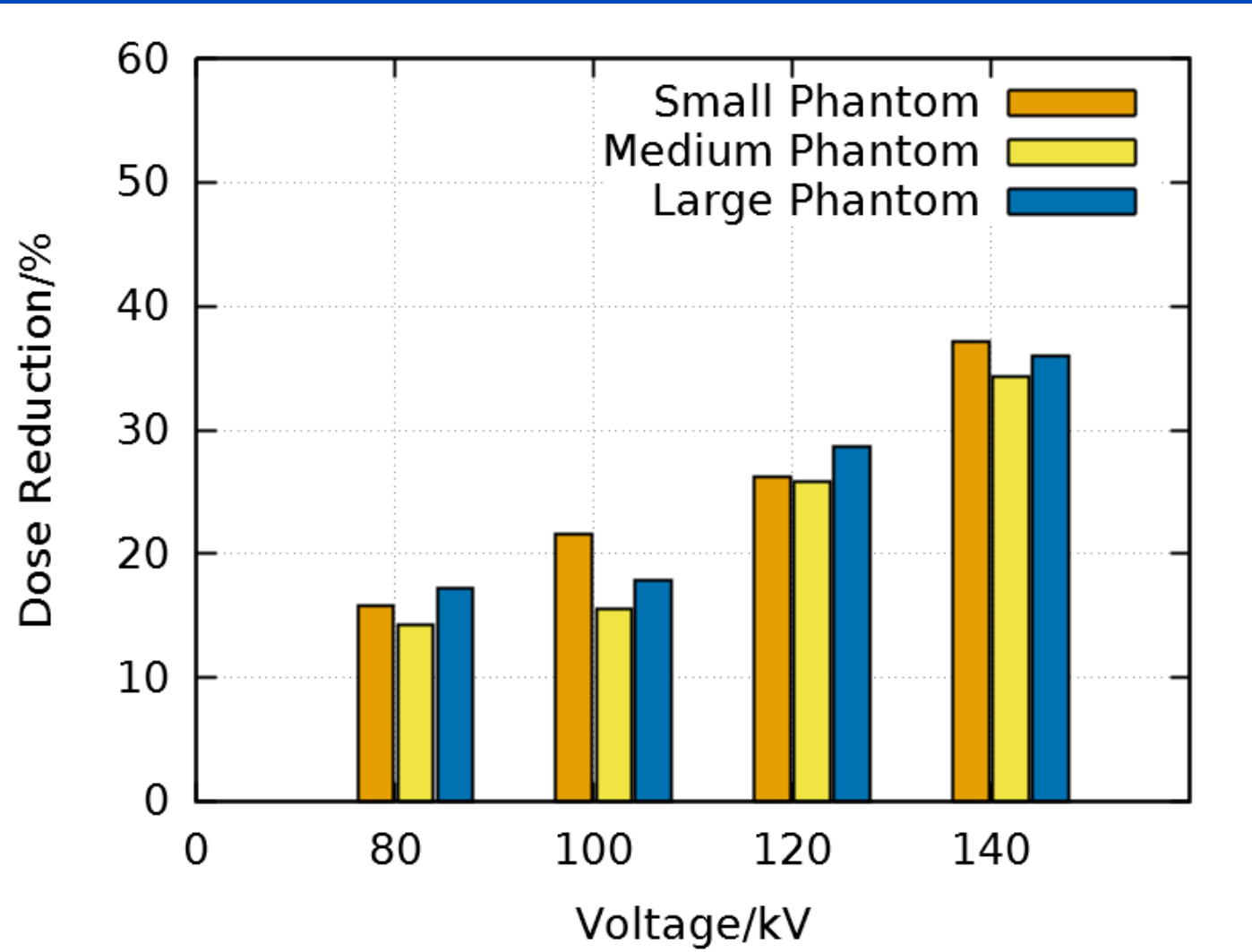
# Results

## CNRD – Large Phantom



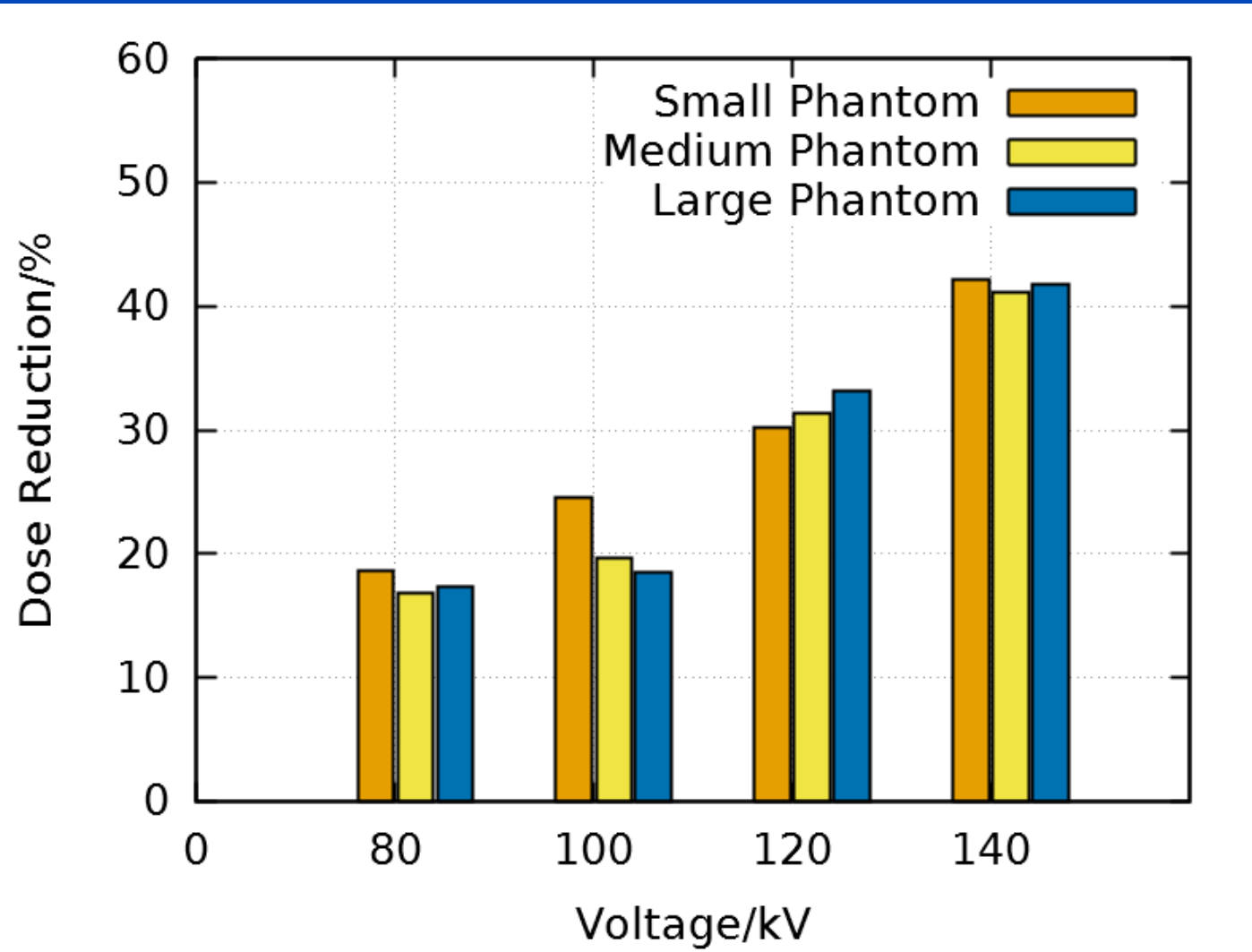
# PC with 1 Bin vs. EI

## Potential Dose Reduction



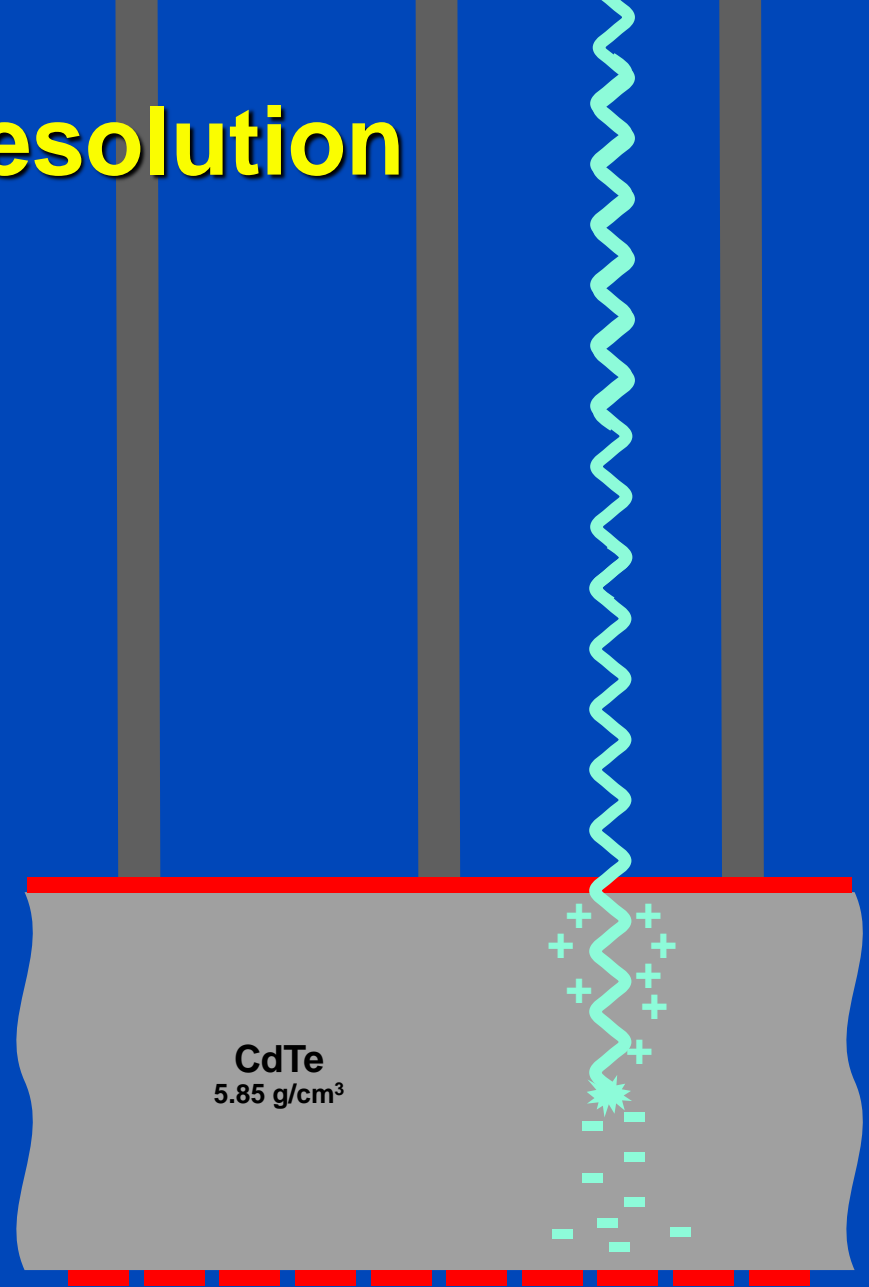
# PC with 2 Bins vs. EI

## Potential Dose Reduction



# Spatial Resolution

- Small electrodes are necessary to avoid pile-up.
- High bias voltages (around 300 V) limit charge diffusion and thus blurring in the non-structured semiconductor layer.
- Thus, higher spatial resolution is achievable.



# Ultra-High Resolution on Demand

**Energy Integrating CT**  
(Somatom Flash)



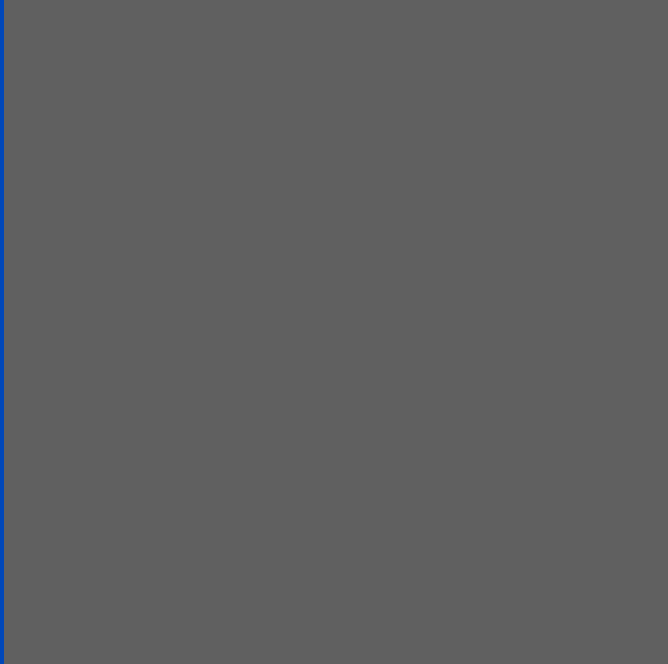
**Photon Counting CT**  
(Somatom CounT in UHR-Mode)



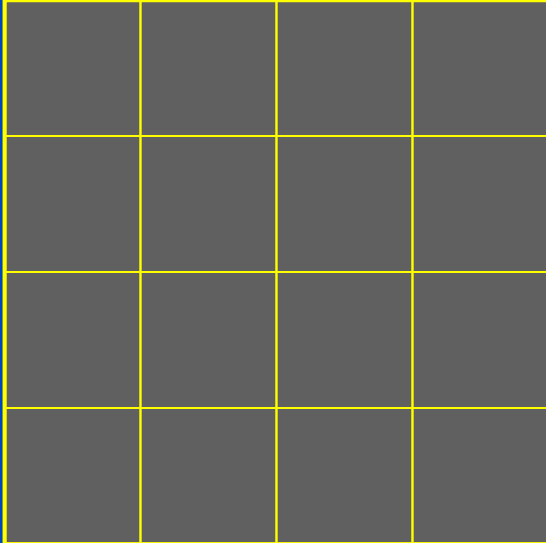
Courtesy of Cynthia McCollough, Mayo Clinic, Rochester, USA.

# Count Detector Pixel Size EI vs. PC

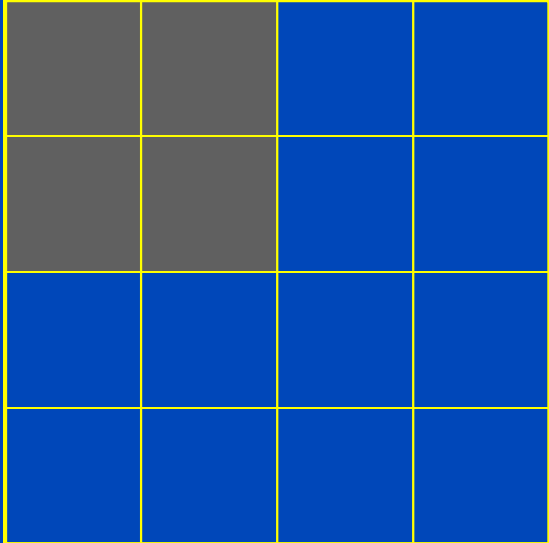
**EI**  
0.6 mm pixel size



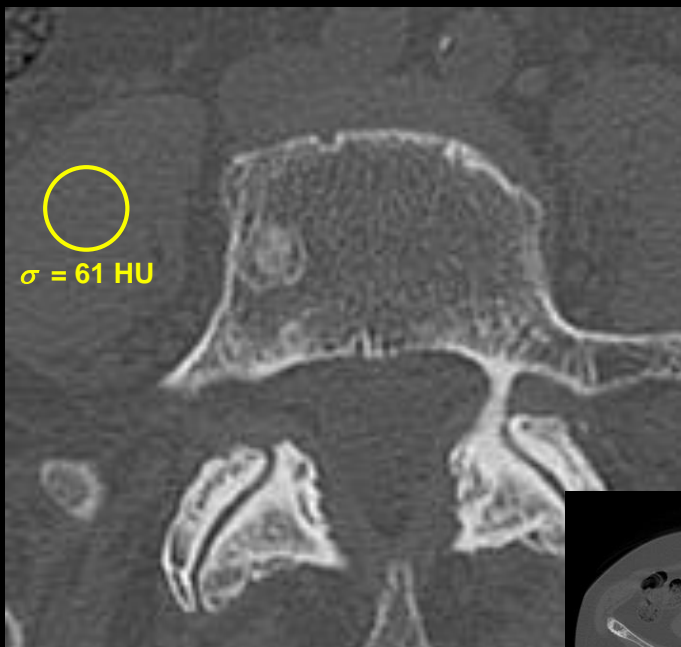
**PC Macro or Chess Mode**  
0.5 mm pixel size



**PC UHR Mode**  
0.25 mm pixel size







PC-UHR  
B70f  
512x512  
0.54 mm pixels  
1.00 mm slices

$\sigma = 61$  HU



PC-UHR  
U70f  
1024x1024  
0.27 mm pixels  
1.00 mm slices

$\sigma = 98$  HU



PC-UHR  
U70f  
1024x1024  
0.27 mm pixels  
0.25 mm slices

$\sigma = 199$  HU



PC-UHR  
V70f strength 3  
1024x1024  
0.27 mm pixels  
0.25 mm slices

$\sigma = 71$  HU

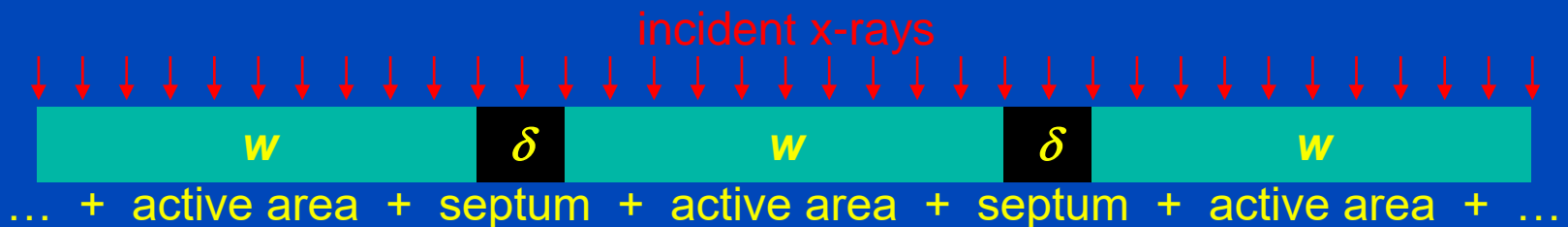
Osteoblastic bone metastasis in a patient with breast cancer.  $CTDI_{vol} = 24.17$  mGy,  $C = 500$  HU,  $W = 3000$  HU  
Images courtesy of the Division of Radiology of the German Cancer Research Center (DKFZ)

# System Model

- Object  $f(x)$
- Presampling function  $s(x)$ , normalized to unit area
- Algorithm  $a(x)$ , normalized to unit area
- Image  $g(x)$  with

$$g(x) = f(x) * s(x) * a(x) = f(x) * \text{PSF}(x)$$

- Example:



$$s(x) = \Pi_d^*(x)$$

$w$  = detector pixel width  
 $\delta$  = dead space between pixels

# To Bin or not to Bin?

(the continuous view)

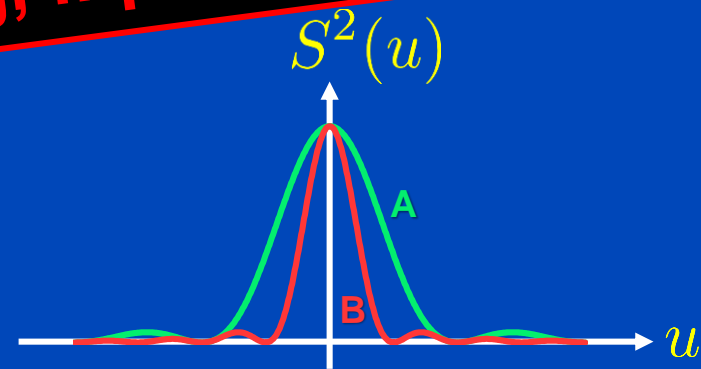
*This nice phrase  
was coined  
by Norbert Pelc.*

- We have  $PSF(x) = s(x) * a(x)$  and  $MTF(u) = S(u)A(u)$ .
- From Rayleigh's theorem we find noise is

$$\sigma^2 = \int dx a^2(x) = \int du A^2(u) = \int du \frac{MTF^2(u)}{S^2(u)}$$

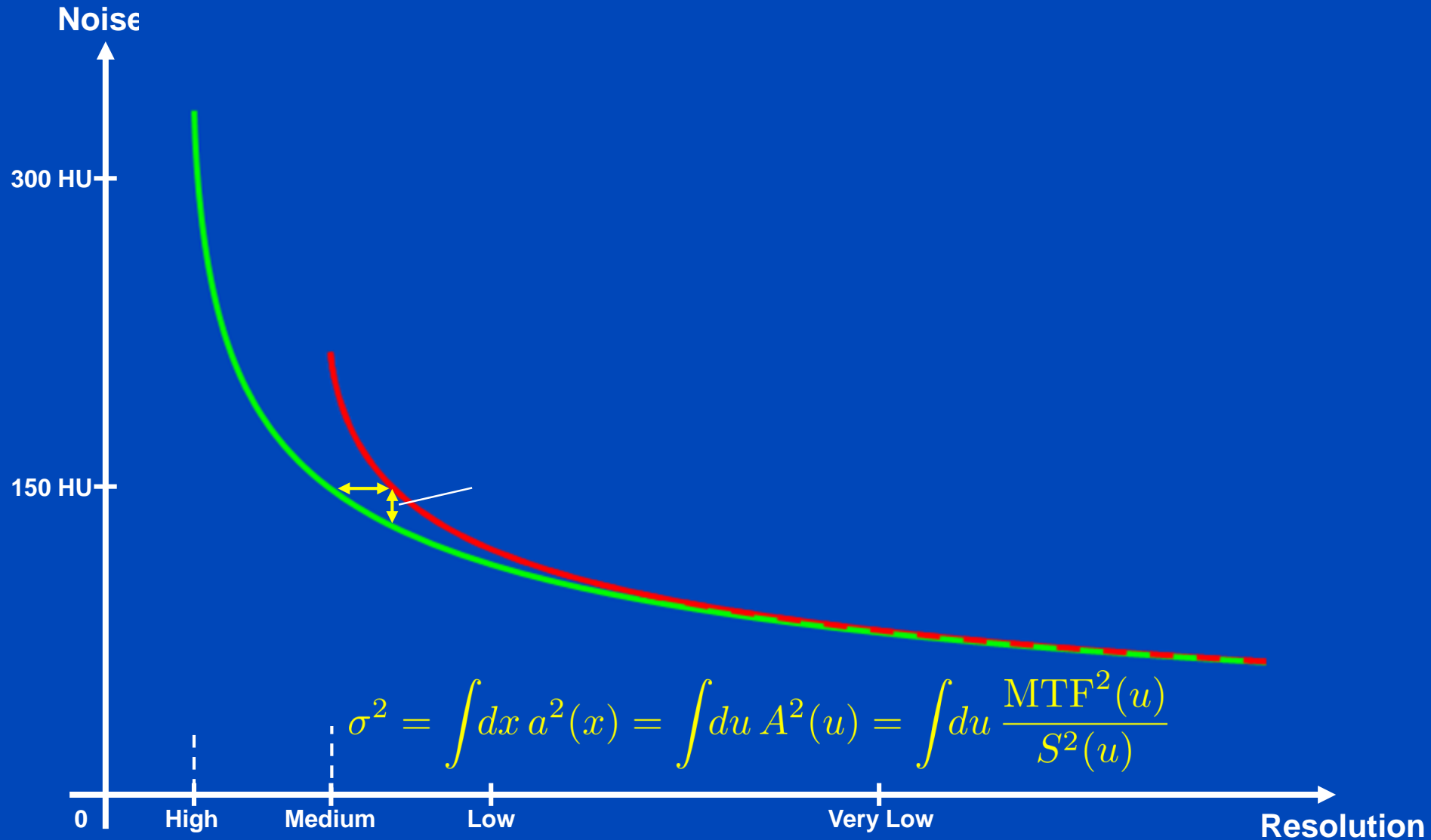
- Compare Small (A) with large (B) pixels:

**Avoid binning, if possible!**



- We have  $S_A(u) > S_B(u)$  and thus  $\sigma_A^2 < \sigma_B^2$ .
- This means that a desired PSF/MTF is often best achieved with smaller detectors.

# The "Small Dixel Effect"



**Questions?**

# To Bin or not to Bin?

(the discrete view, LI)

- Let detector B be the 2-binned version of detector A:

$$B_{2n} = \frac{1}{2}(A_{2n} + A_{2n+1}) \quad \text{Var}B = \frac{1}{2}\text{Var}A$$

- Assume LI to be used to find in-between pixel values. Wlog we may then consider B to be unsampled with mid-point interpolation.

$\hat{B}$

20% more noise variance may be compensated by 20% more x-ray dose. Any alternative? Yes: **Avoid binning, if possible!** In 2D binning implies 44% more noise variance or dose. Again, the answer is: „not to bin“.

- To obtain  $\hat{A}$  we need to use a detector

$$a = \frac{1}{2} (1, 1) * \frac{1}{4} (1, 2, 1) = \frac{1}{8} (1, 3, 3, 1)$$

- Noise propagation yields 20% more noise (variance) for the binned detector:

$$\text{Var}\hat{A} = \frac{20}{64}\text{Var}A = \frac{5}{16}\text{Var}A$$

$$\text{Var}\hat{B} = \frac{3}{8}\text{Var}A = \frac{6}{5}\text{Var}\hat{A} = 1.2\text{Var}\hat{A}$$



# To Bin or not to Bin?

(the discrete view, NN)

- Let detector B be the 2-binned version of detector A:

$$B_{2n} = \frac{1}{2}(A_{2n} + A_{2n+1}) \quad \text{Var}B = \frac{1}{2}\text{Var}A$$

- Let us now do an upsampling of the detector B such that each of B's pixels becomes two pixels with the same value and with the pixel size of detector A:

$$\hat{B} = (\dots, B_2, B_2, B_4, B_4, B_6, B_6, \dots)$$

- To obtain the same PSF/MTF with the unbinned detector we need to convolve A with

$$\mathbf{a} = \frac{1}{4} (1, 2, 1)$$

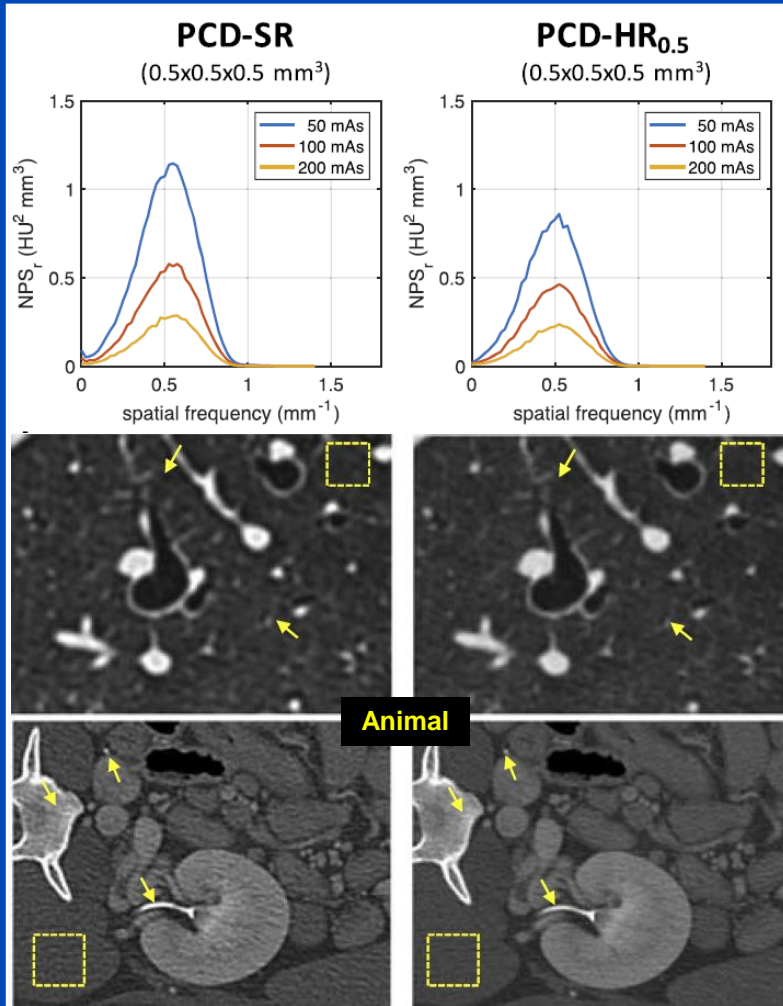
- Noise propagation yields 30% more noise (variance) for the binned detector:

$$\text{Var}\hat{A} = \frac{6}{16}\text{Var}A = \frac{3}{8}\text{Var}A$$

$$\text{Var}\hat{B} = \frac{1}{2}\text{Var}A = \frac{4}{3}\text{Var}\hat{A} = 1.3\text{Var}\hat{A}$$

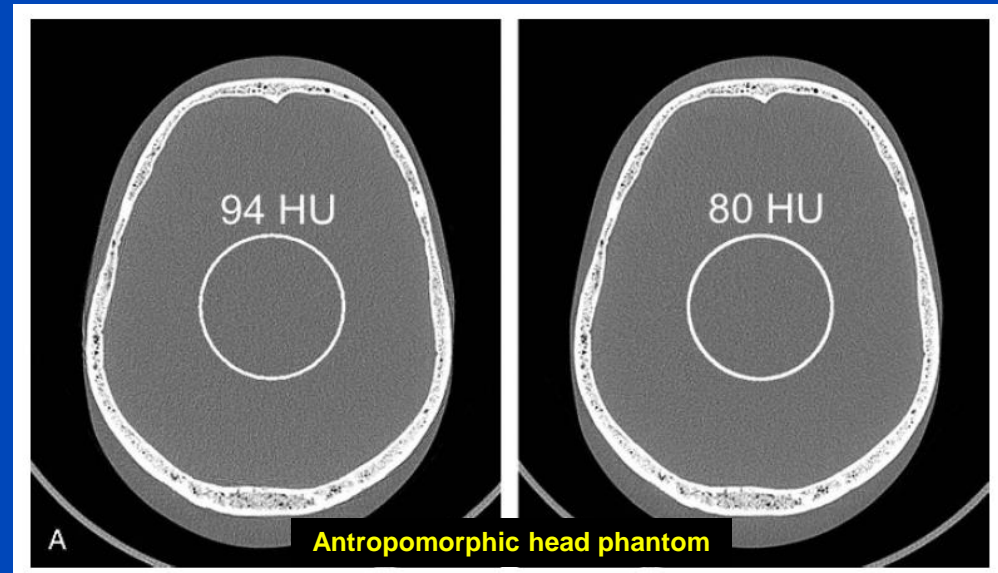
### CountT Std

### CountT HighRes



### CountT Std

### CountT HighRes



A **15% noise reduction** (from 94 HU to 80 HU) was observed (same spatial resolution and dose). This corresponds to a dose reduction of 28%.

“However, when comparing with standard resolution data at same in-plane resolution and slice thickness, the PCD 0.25 mm detector mode showed **19% less image noise** in phantom, animal, and human scans.”

All images reconstructed with 1024<sup>2</sup> matrix and 0.15 mm slice increment.  
C = 1000 HU  
W = 3500 HU

PC-UHR, U80f, 0.25 mm slice thickness

± 214 HU



10% MTF: 19.1 lp/cm  
10% MTF: 17.2 lp/cm  
xy FWHM: 0.48 mm  
z FWHM: 0.40 mm  
CTDI<sub>vol</sub>: 16.0 mGy

PC-UHR, U80f, 0.75 mm slice thickness

± 131 HU



10% MTF: 19.1 lp/cm  
10% MTF: 17.2 lp/cm  
xy FWHM: 0.48 mm  
z FWHM: 0.67 mm  
CTDI<sub>vol</sub>: 16.0 mGy

PC-UHR, B80f, 0.75 mm slice thickness

± 53 HU



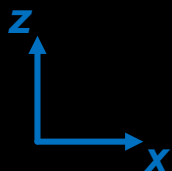
10% MTF: 9.3 lp/cm  
10% MTF: 10.5 lp/cm  
xy FWHM: 0.71 mm  
z FWHM: 0.67 mm  
CTDI<sub>vol</sub>: 16.0 mGy

EI, B80f, 0.75 mm slice thickness

± 75 HU



10% MTF: 9.3 lp/cm  
10% MTF: 10.5 lp/cm  
xy FWHM: 0.71 mm  
z FWHM: 0.67 mm  
CTDI<sub>vol</sub>: 16.0 mGy



Data courtesy of the Institute of Forensic Medicine of the University of Heidelberg and of the Division of Radiology of the German Cancer Research Center (DKFZ)



25% dose reduction



EI  
B70f

± 89 HU



Macro  
B70f

± 77 HU



51% dose reduction



UHR  
B70f

± 62 HU



35% dose reduction



UHR  
U80f

± 158 HU



10 mm

All images taken at the same dose.  
C = 1000 HU, W = 3500 HU

## Acquisitions at same noise

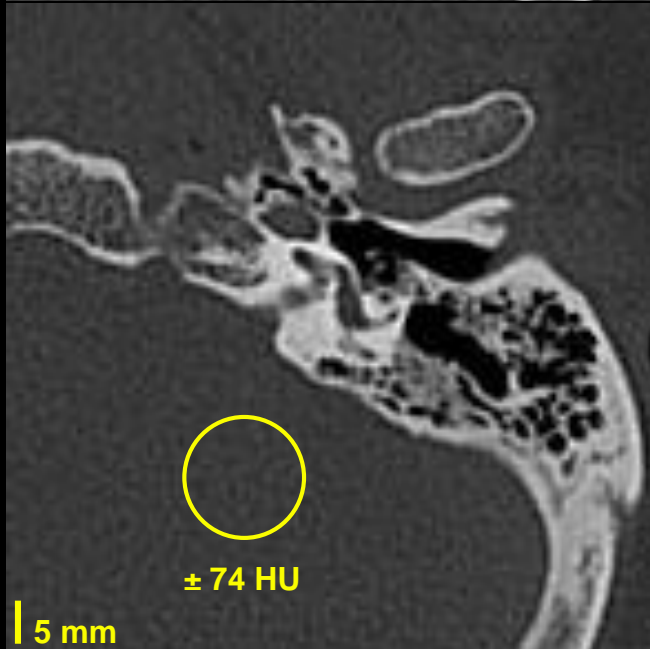
EI, B70f



### Acquisition with EI:

- Tube voltage of 120 kV
- Tube current of 350 mAs
- Resulting dose of  $\text{CTDI}_{\text{vol } 32 \text{ cm}} = 26.4 \text{ mGy}$

UHR, B70f



### Acquisition with UHR:

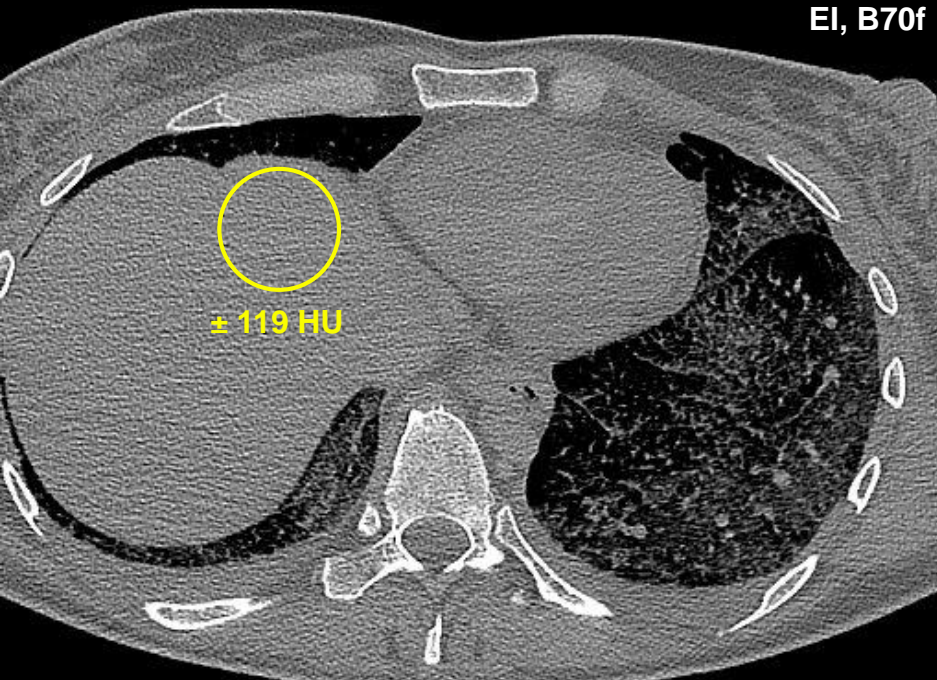
- Tube voltage of 120 kV
- Tube current of 200 mAs
- Resulting dose of  $\text{CTDI}_{\text{vol } 32 \text{ cm}} = 16.1 \text{ mGy}$

**This is a 39% reduction of dose!**

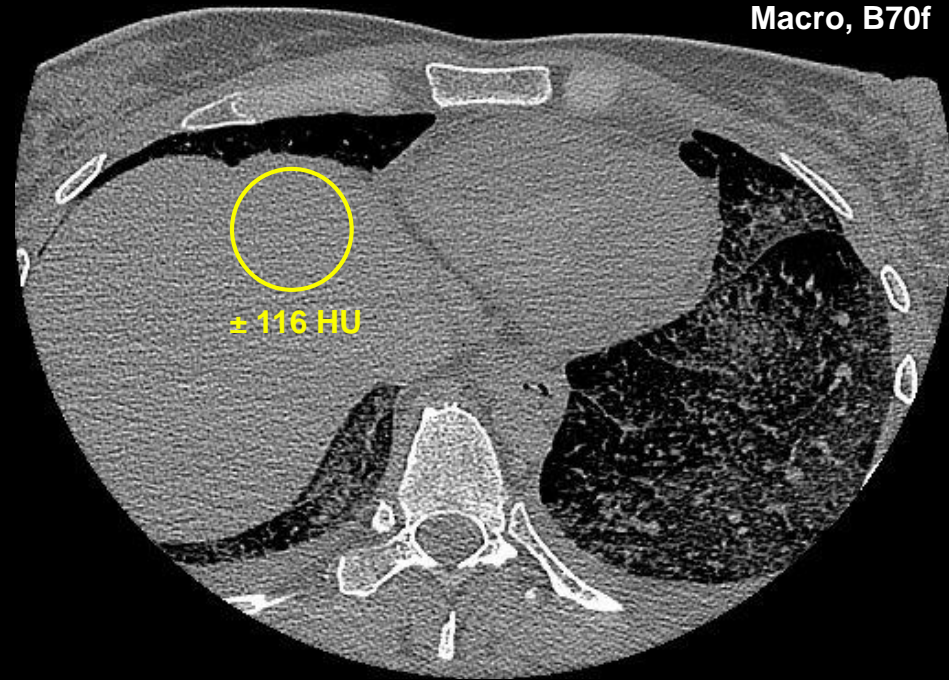
C = 1000 HU  
W = 3500 HU



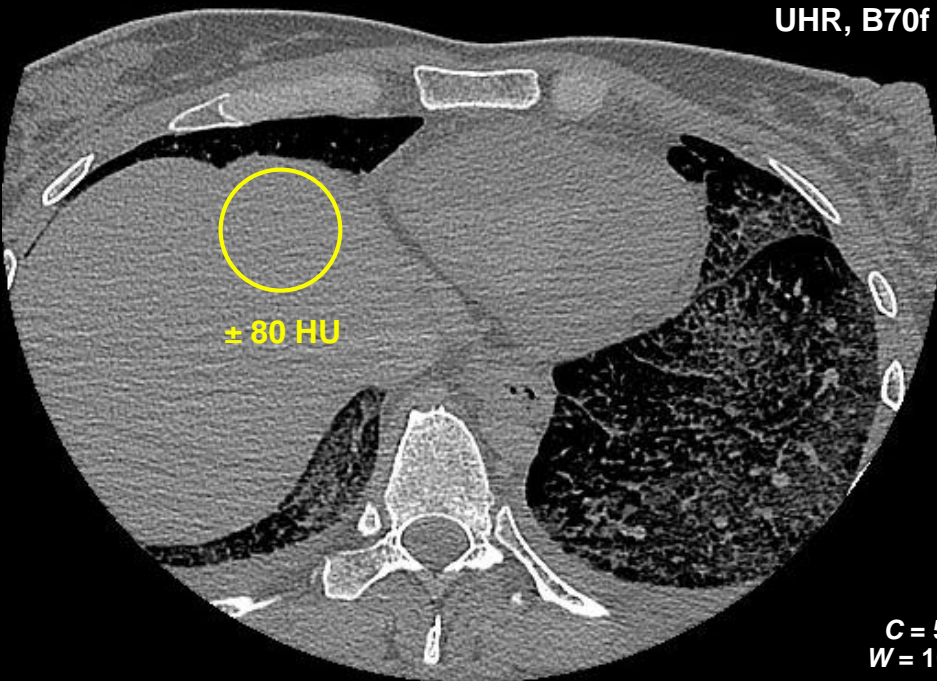
EI, B70f



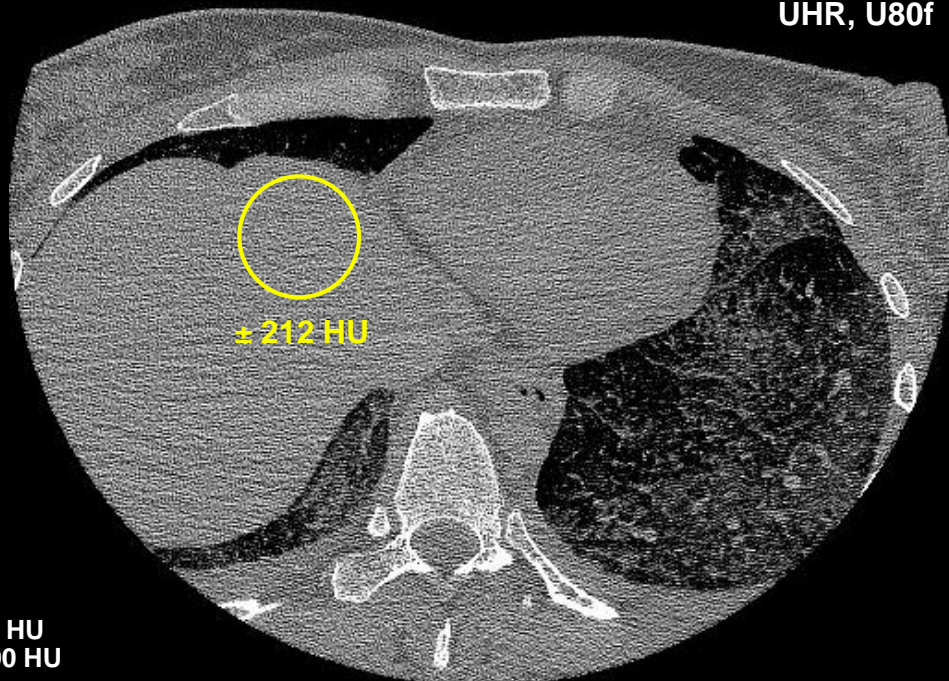
Macro, B70f



UHR, B70f



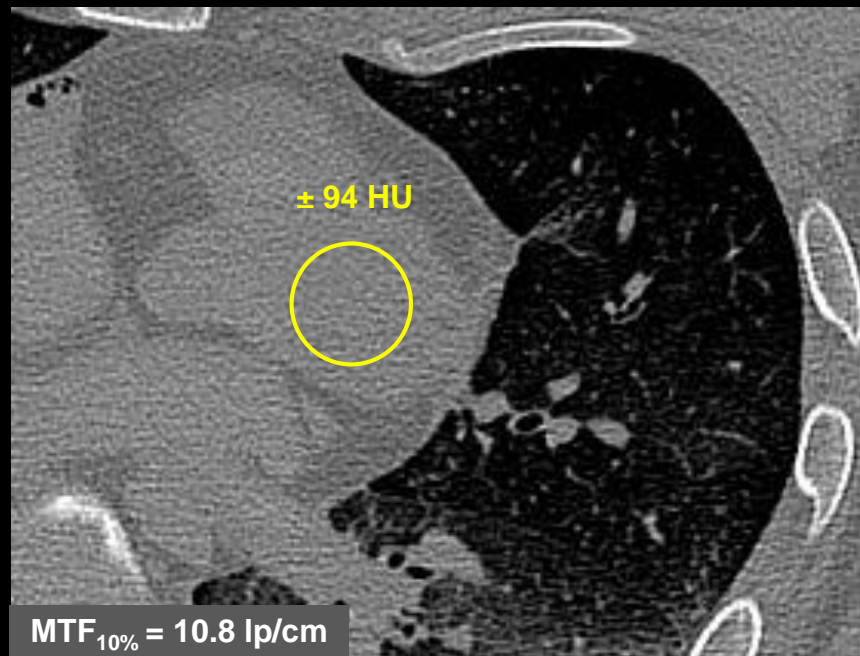
UHR, U80f



C = 50 HU  
W = 1000 HU



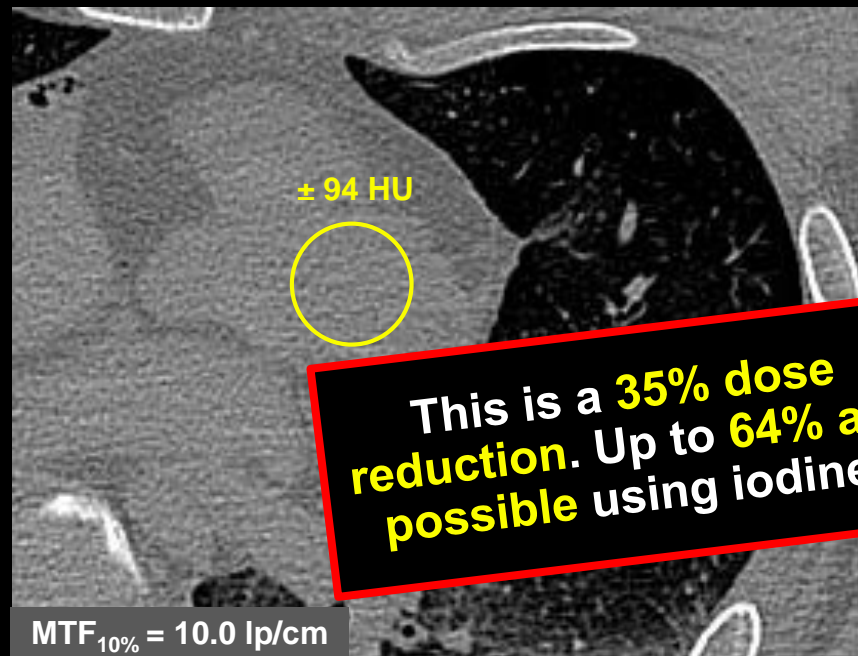
### Energy Integrating Detector (B70f)



#### Acquisition with EI:

- Tube voltage of 120 kV
- Tube current of 300 mAs
- Resulting dose of  
CTDI<sub>vol 32 cm</sub> = **22.6 mGy**

### Photon Counting Detector (B70f)



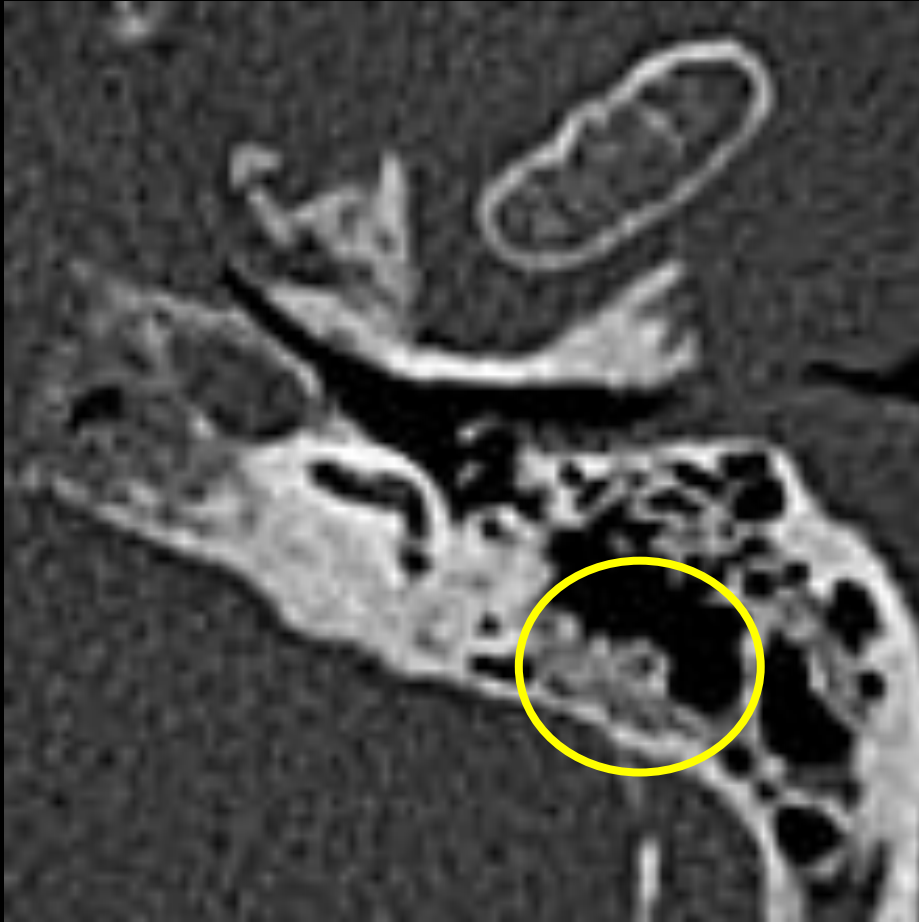
#### Acquisition with UHR:

- Tube voltage of 120 kV
- Tube current of 180 mAs
- Resulting dose of  
CTDI<sub>vol 32 cm</sub> = **14.6 mGy**

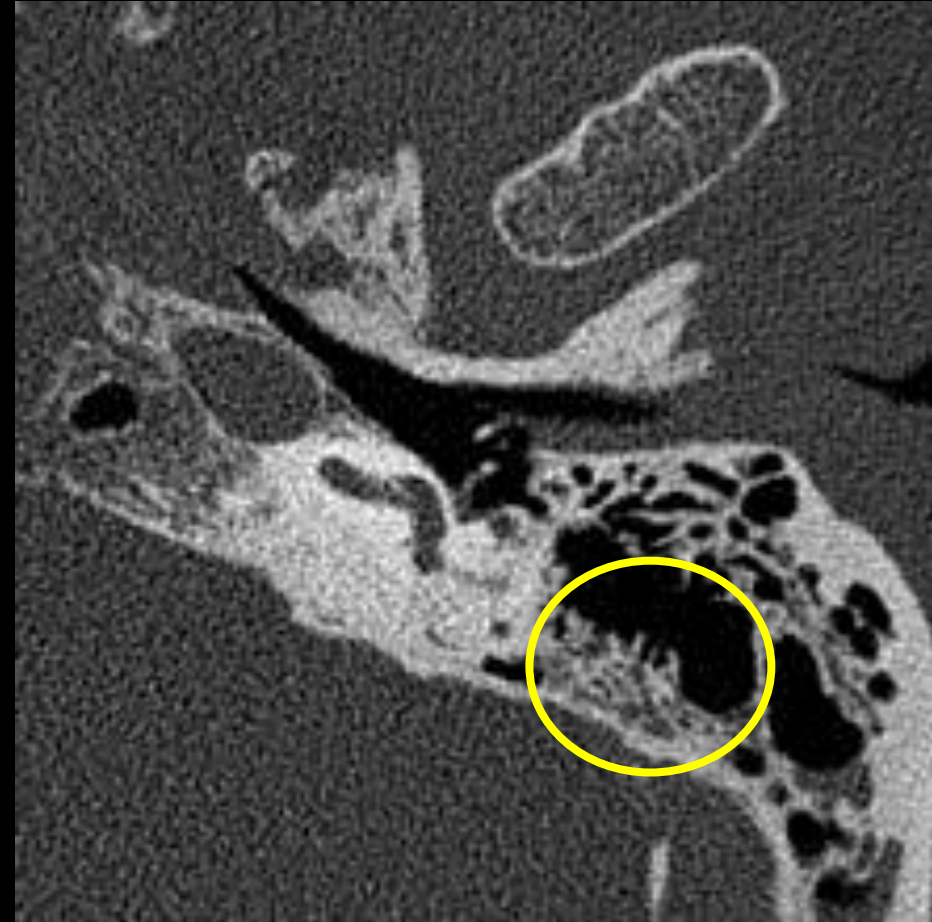


S. Heinze, M. Uhrig, L. Klein, S. Dorn, C. Amato, J. Maier, H.-P. Schlemmer, M. Kachelrieß, S. Sawall, and K. Yen. **Photonenzählende Computertomographie – Mögliche Anwendungen in der forensischen Bildgebung**. 98. Internationale Jahrestagung der Deutschen Gesellschaft für Rechtsmedizin, September 2019.

**Energy Integrating Detector (B70f)**



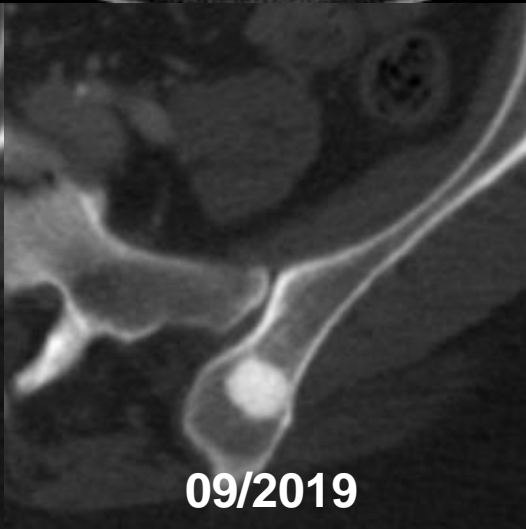
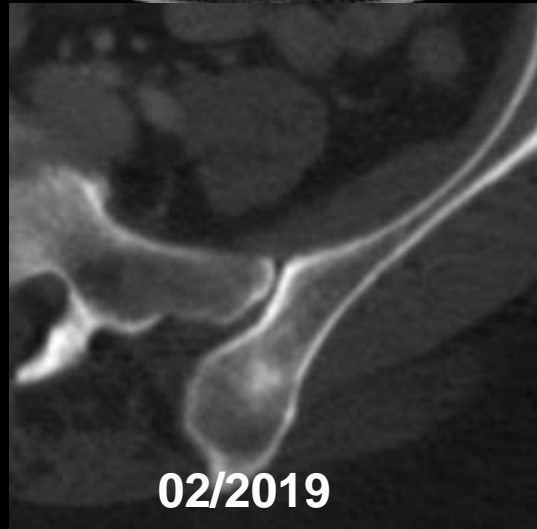
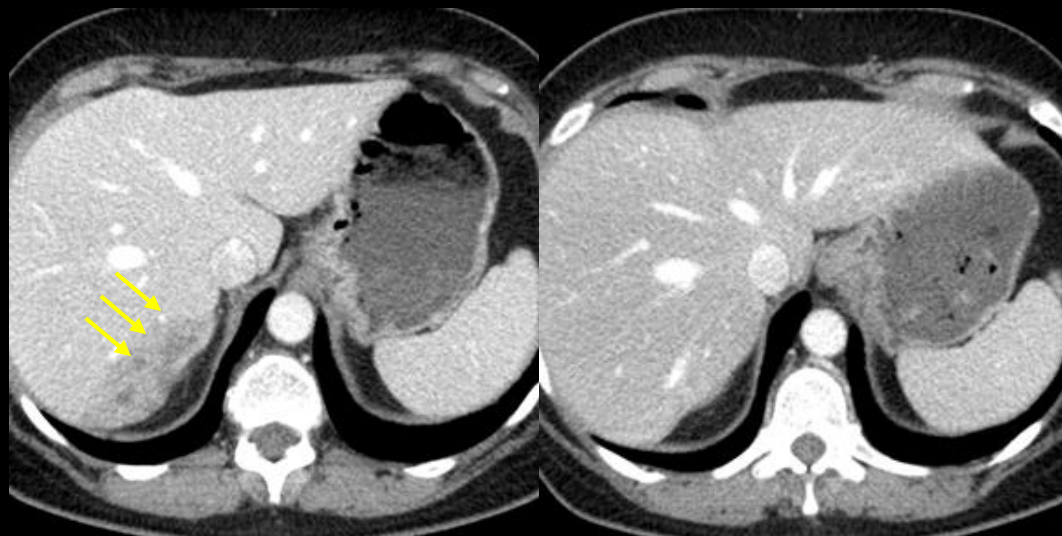
**Photon Counting Detector (U80f)**



C = 500 HU, W = 2000 HU

E. Wehrse, L. Klein, M. Kachelrieß, H.-P. Schlemmer, C. H. Ziener, M. Wennmann, S. Delorme, M. Uhrig, and S. Sawall. **First Experience in Man with an Ultra-High Resolution Whole-Body Photon-Counting CT for Oncologic Imaging.** ECR 2020.

### Energy Integrating Detector



### Photon Counting Detector



C = 500 HU, W = 3000 HU

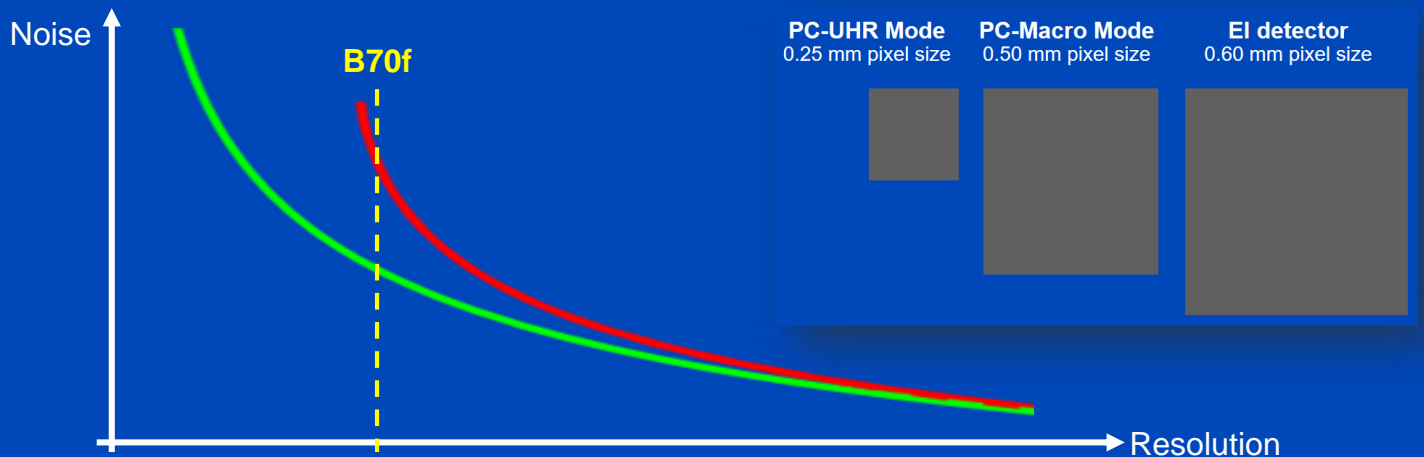
# X-Ray Dose Reduction of B70f

UHR vs. Macro	80 kV	100 kV	120 kV	140 kV
S	23% ± 12%	34% ± 10%	35% ± 11%	25% ± 10%
M	32% ± 10%	32% ± 8%	35% ± 8%	34% ± 9%
L	35% ± 10%	29% ± 15%	27% ± 9%	31% ± 11%

**PC vs. PC**  
("small pixel effect only")

UHR vs. EI	80 kV	100 kV	120 kV	140 kV
S	33% ± 9%	52% ± 5%	57% ± 7%	57% ± 6%
M	41% ± 8%	47% ± 7%	60% ± 6%	62% ± 4%
L	48% ± 8%	43% ± 10%	54% ± 6%	63% ± 5%

**PC vs. EI**  
("small pixel effect" and "iodine effect")



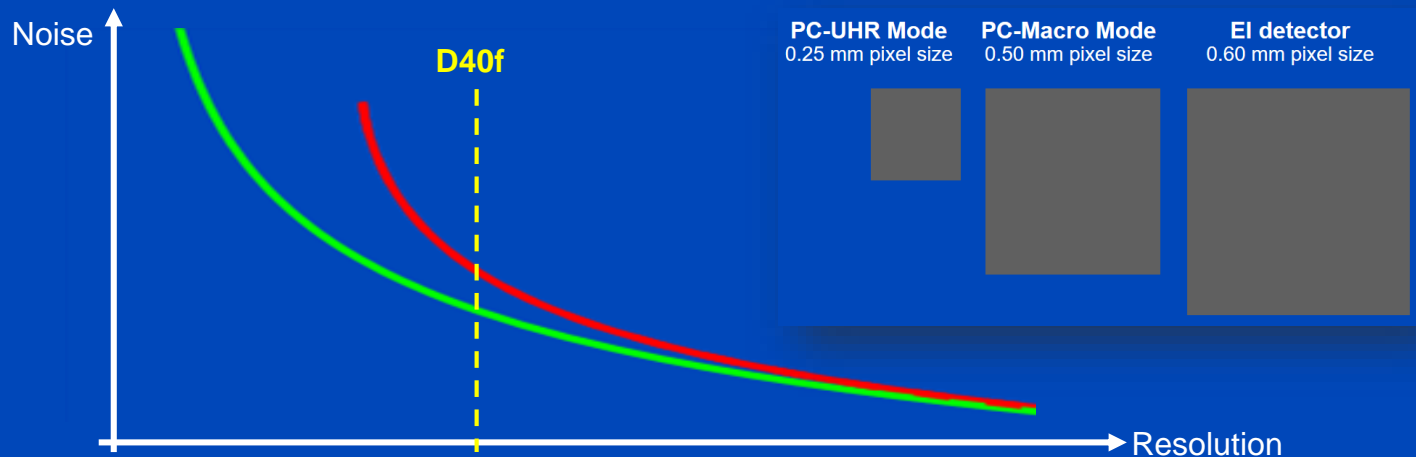
# X-Ray Dose Reduction of D40f

UHR vs. Macro	80 kV	100 kV	120 kV	140 kV
S	5% ± 16%	12% ± 17%	17% ± 17%	9% ± 15%
M	11% ± 14%	9% ± 12%	16% ± 16%	13% ± 13%
L	11% ± 14%	6% ± 17%	6% ± 17%	4% ± 17%

**PC vs. PC**  
("small pixel effect only")

UHR vs. EI	80 kV	100 kV	120 kV	140 kV
S	10% ± 11%	28% ± 11%	36% ± 12%	38% ± 12%
M	15% ± 12%	23% ± 12%	40% ± 10%	43% ± 9%
L	24% ± 14%	17% ± 11%	33% ± 12%	43% ± 9%

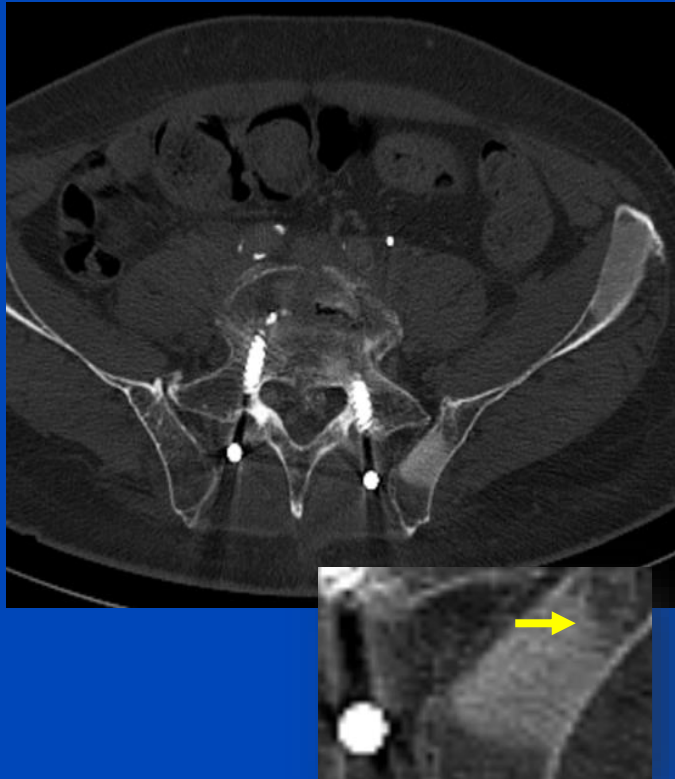
**PC vs. EI**  
("small pixel effect" and "iodine effect")



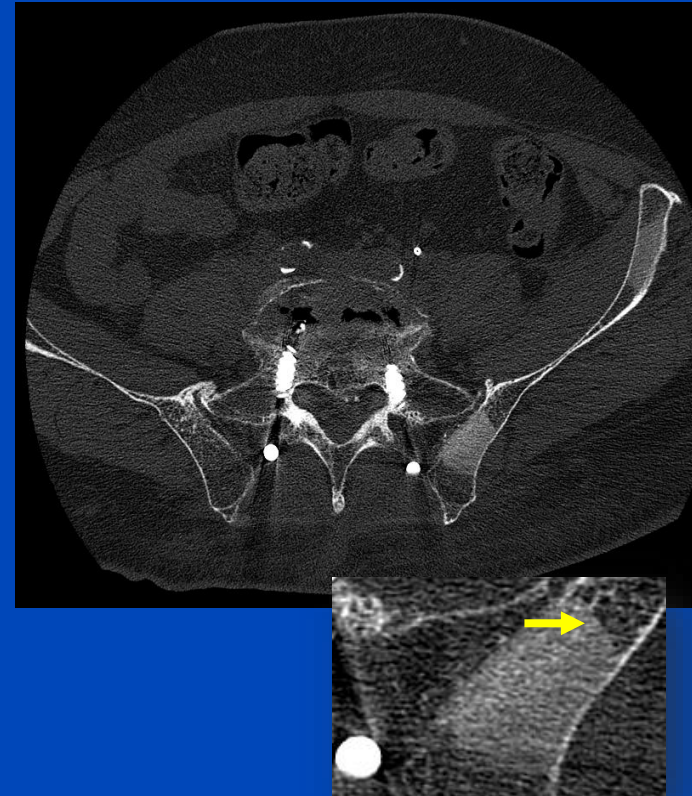


# Patient with prostate carcinoma

EI CT (University Hospital Heidelberg)



PC CT (DKFZ)



**59 years old patient with osteoblastic metastases of prostate cancer in the left iliac bone.**

**EI CT:** Progress was diagnosed due to suspicious morphology (infiltration of bone marrow?) of these metastases.

**PC CT:** Metastases show clear margins → non-active sclerotic lesions.

**MR (not shown):** Image quality is severely affected by metal and motion artifacts.

# More than Dual Energy?

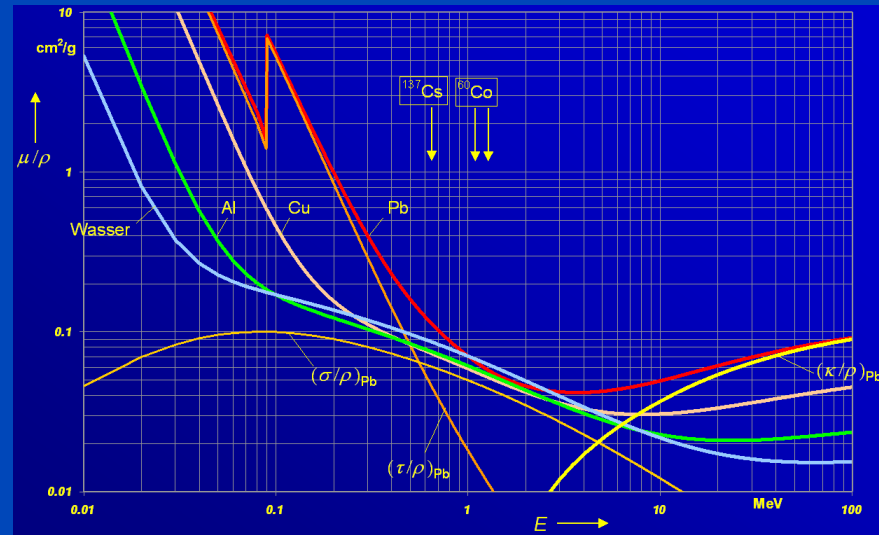
- Ways to remove the spectral overlap?
- Lower noise, less dose?
- Improve contrast-to-noise ratio at unit dose?
- Distinguish more than three materials?

$$\mu(E) = \cancel{n(E)} + \tau(E) + \sigma(E) + \cancel{\kappa(E)}$$

Rayleigh      Photo      Compton      Pair

$$\tau(E) \propto \rho \frac{Z^3}{E^3}$$

$$\sigma(E) \propto \rho \frac{Z}{A} f(E)$$

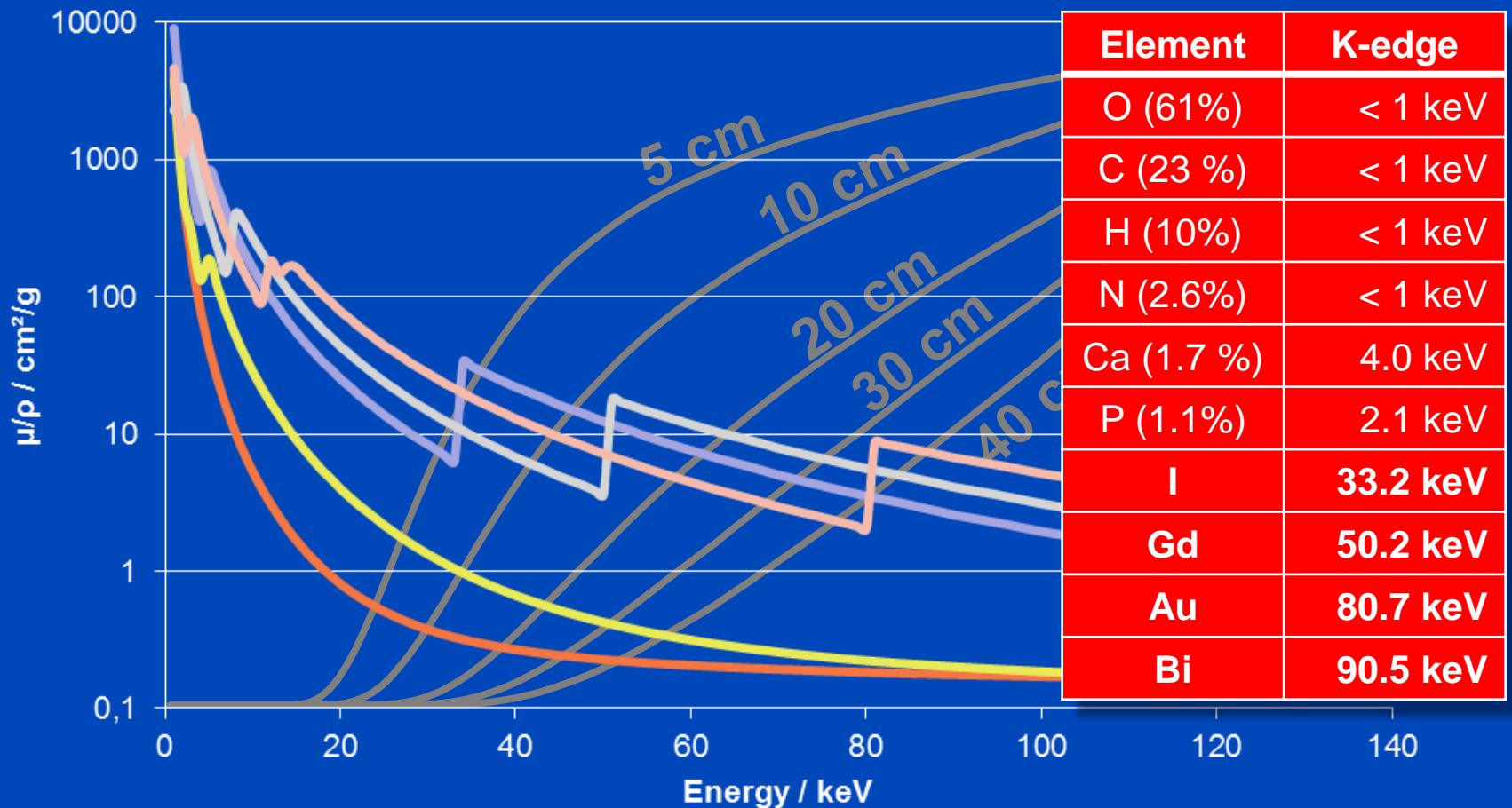




# K-Edges: More than Dual Energy CT?

$$\mu(\mathbf{r}, E) = f_1(\mathbf{r})\psi_1(E) + f_2(\mathbf{r})\psi_2(E) + f_3(\mathbf{r})\psi_3(E) + \dots$$

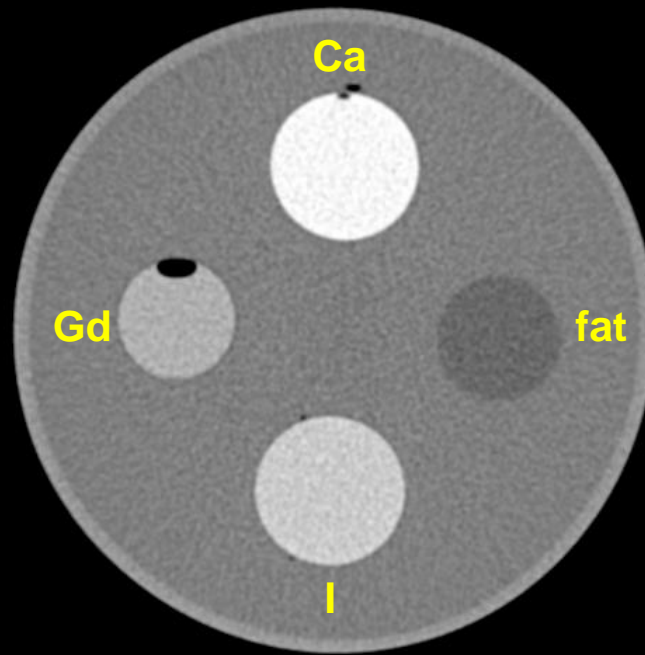
Apart from special applications, e.g. iodine k-edge imaging of the breast



# MECT

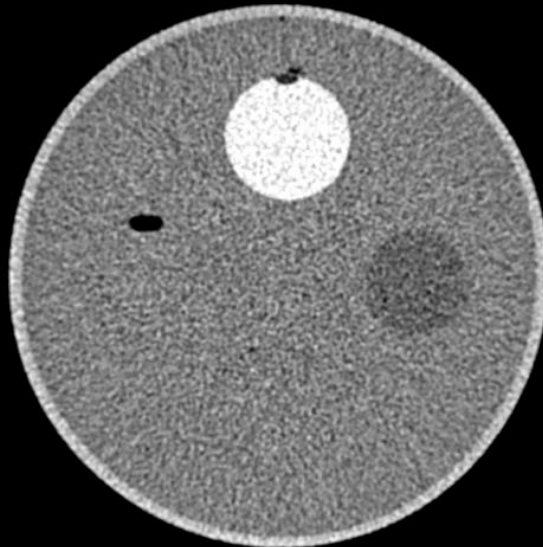
## Ca-Gd-I Decomposition

Chess pattern mode  
140 kV, 20/35/50/65 keV  
C = 0 HU, W = 1200 HU

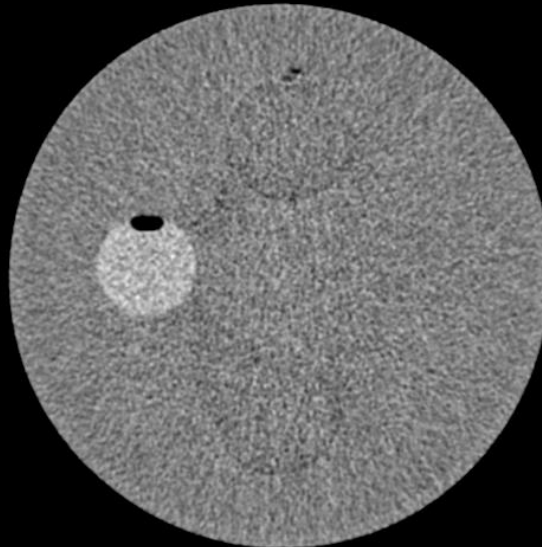


12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

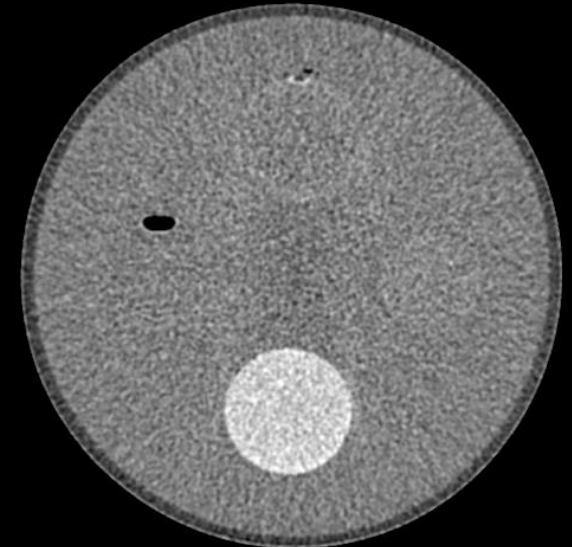
Calcium image



Gadolinium image



Iodine image



# MIP of low threshold images (20 keV)

Coronal

Sagittal

Scan 1



Scan 2



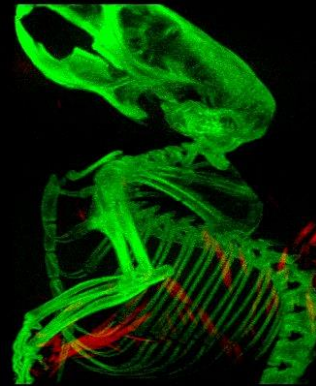
Scan at 60 kV of the late phase of iodine based contrast agent (iodine in the bladder). Part of the contrast agent was injected outside of the vessel (enhancement in the tail).

# MIP of iodine and bone

Coronal

Sagittal

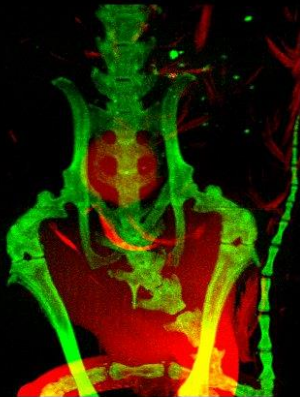
Scan 1



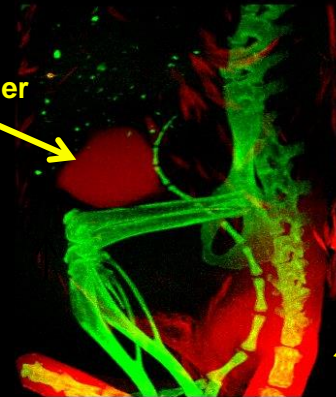
Urine (with iodine)  
on the fur

Energy thresholds at 20 and  
32 keV.  
Iodine k-edge at 33 keV.

Scan 2



Bladder



Iodine in the tail



Possibility to  
unambiguously differentiate  
iodine and bone.

# Potential Advantages of PCCT

- **Everything retrospectively on demand**
  - Spatial resolution
  - Spectral information
  - Virtual tube voltage setting
- **Higher spatial resolution due to**
  - smaller pixels
  - lower cross-talk between pixels
- **Lower dose/noise due to**
  - energy bin weighting
  - no electronic noise
  - Swank factor = 1
  - smaller pixels
- **Spectral information on demand**
  - single energy
  - dual energy
  - multiple energy
  - virtual monochromatic
  - K-edge imaging

– ...



Potential  
clinical  
impact

# 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.