

Applications of AI to CT Image Formation



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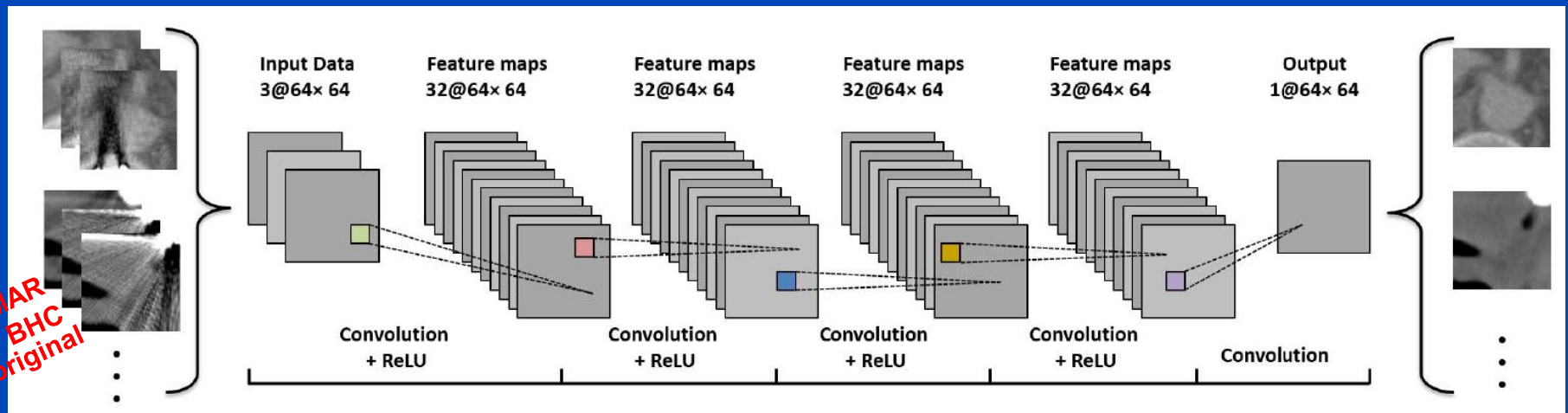
DEUTSCHES
KREBSFORSCHUNGSZENTRUM
IN DER HELMHOLTZ-GEMEINSCHAFT

Part 1:

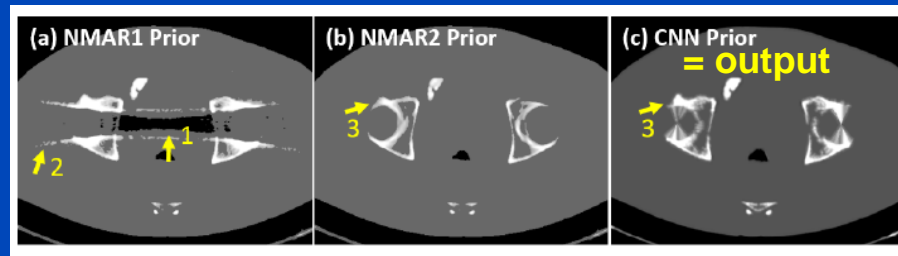
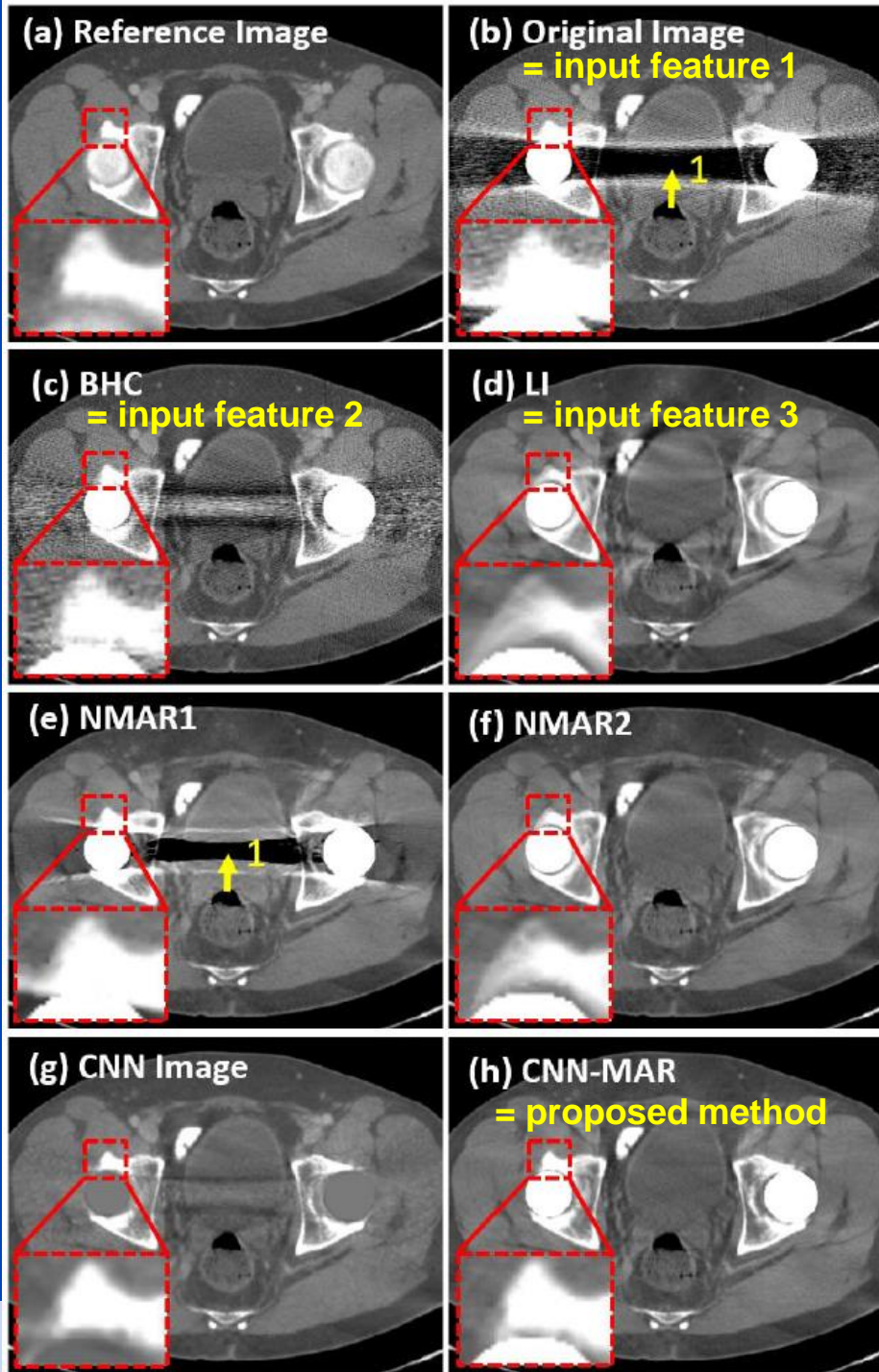
Making up Data

MAR Example

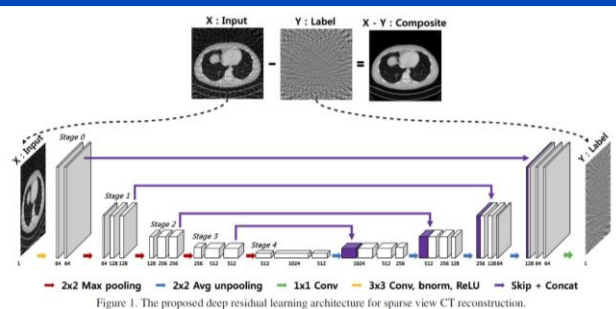
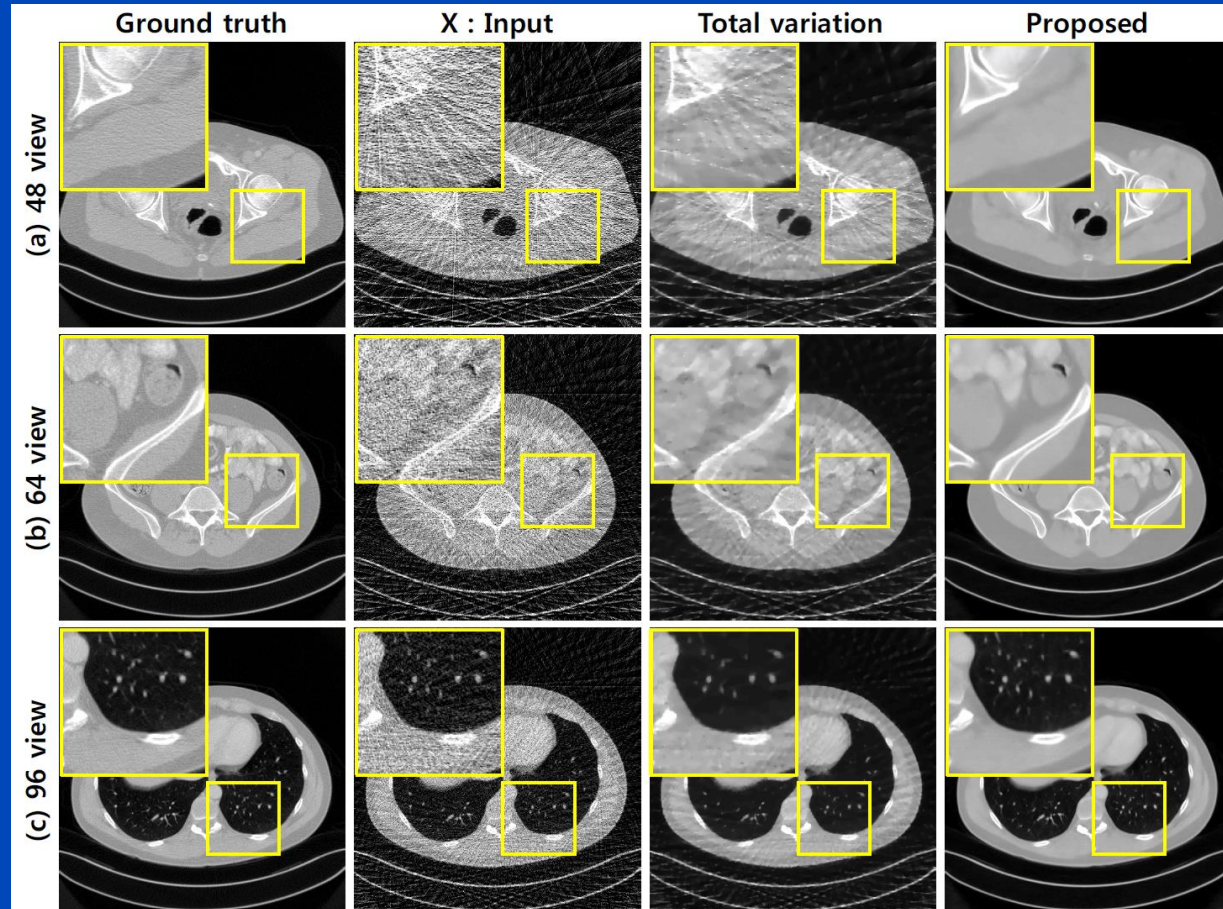
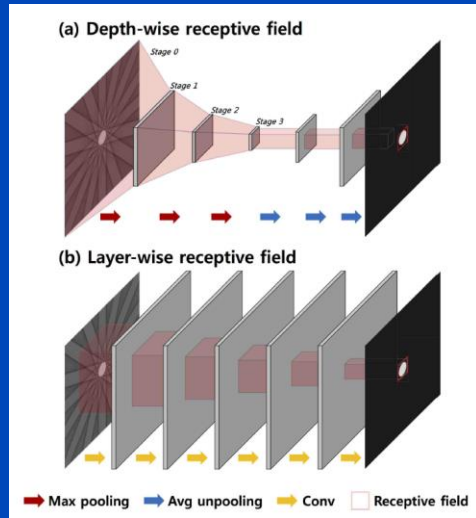
- Deep CNN-driven patch-based combination of the advantages of several MAR methods trained on simulated artifacts

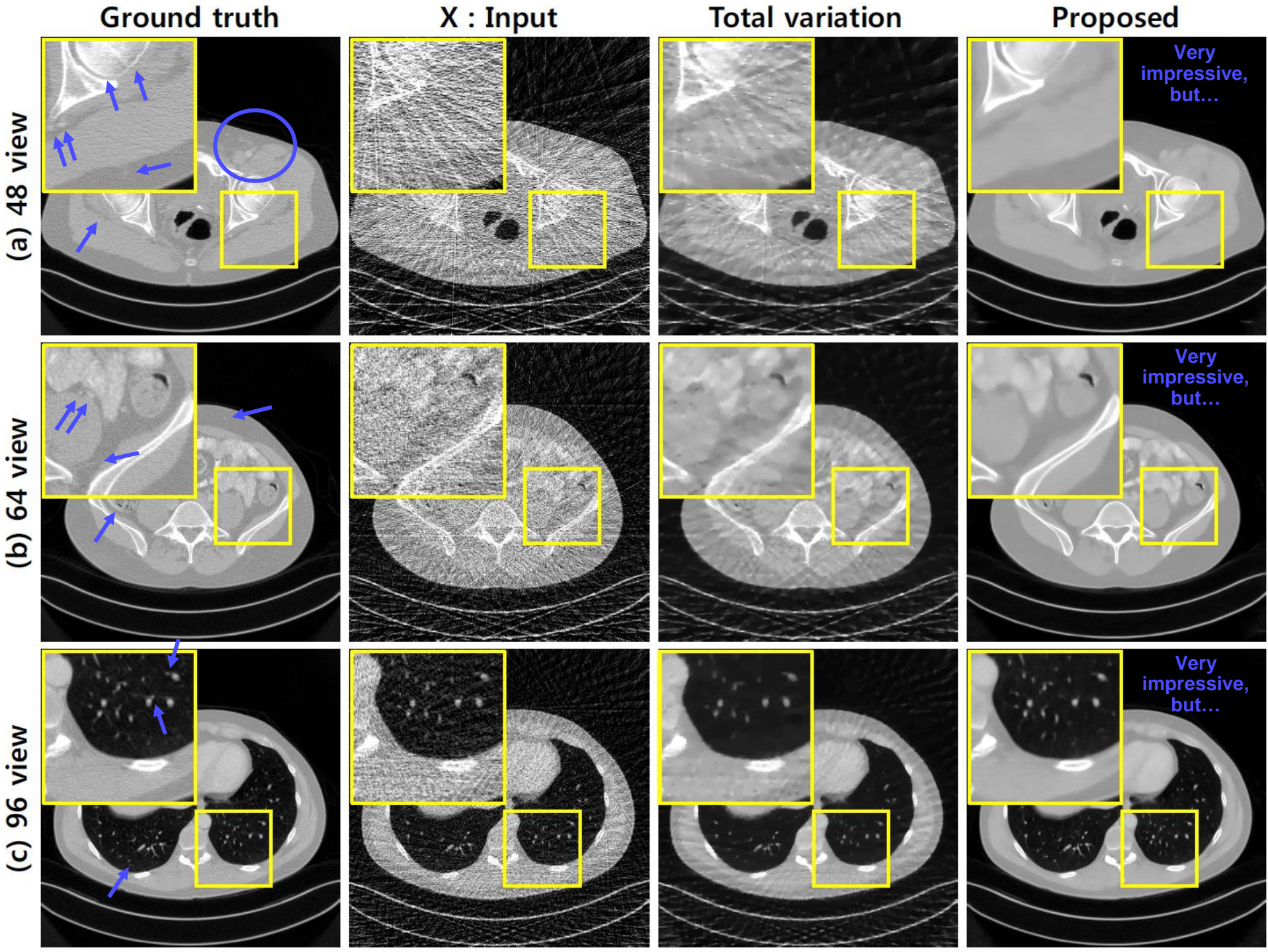


- followed by segmentation into tissue classes
- followed by forward projection of the CNN prior and replacement of metal areas of the original sinogram
- followed by reconstruction



Sparse View Restoration Example



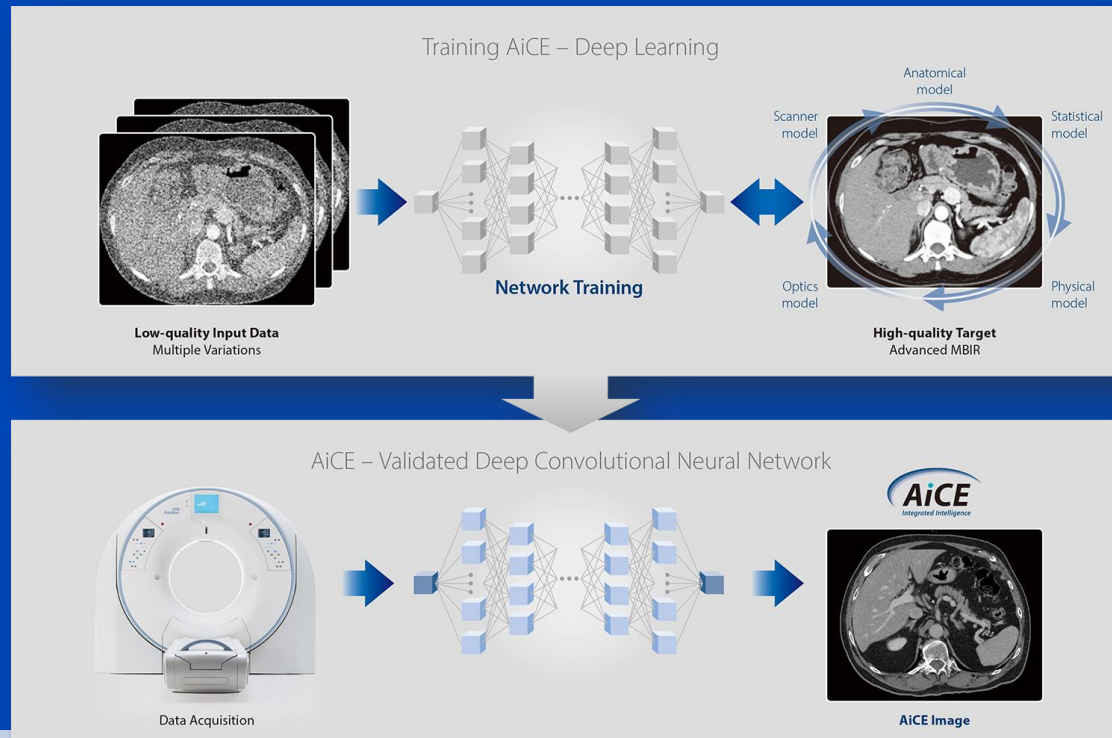


Part 2:

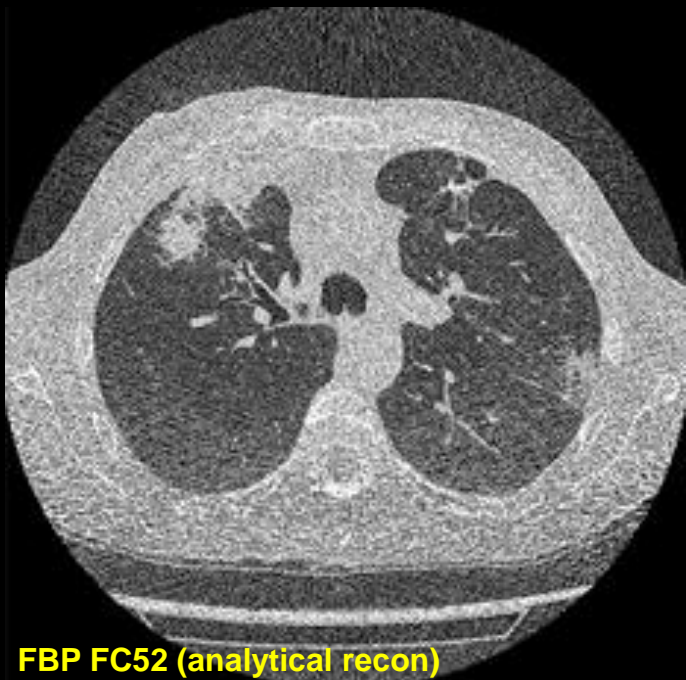
Noise Reduction

Canon's AiCE

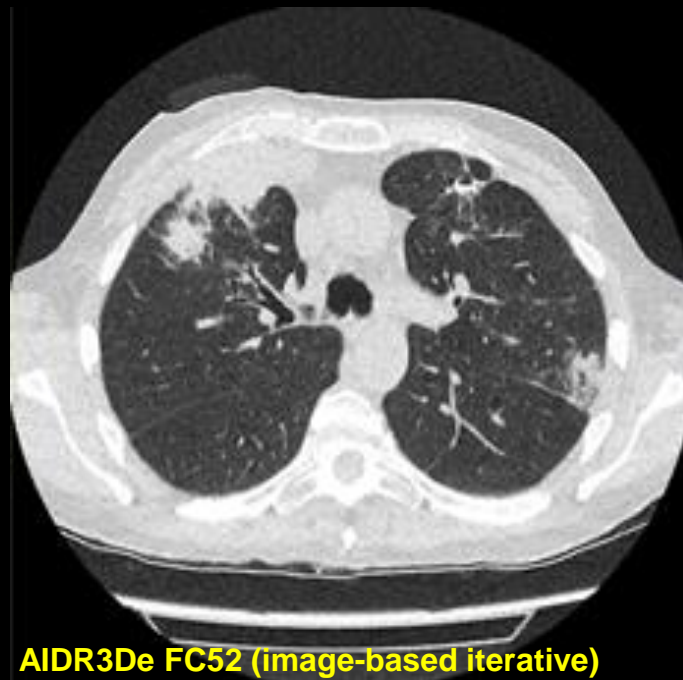
- Advanced intelligent Clear-IQ Engine (AiCE)
- Trained to restore low-dose CT data to match the properties of FIRST, the model-based IR of Canon.
- FIRST is applied to high-dose CT images to obtain a high fidelity training target



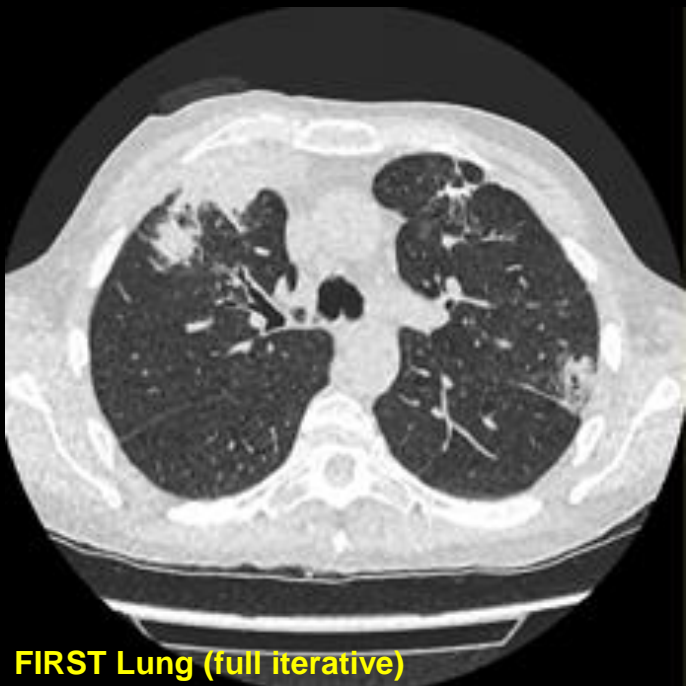
U = 100 kV
CTDI = 0.6 mGy
DLP = 24.7 mGy·cm
D_{eff} = 0.35 mSv



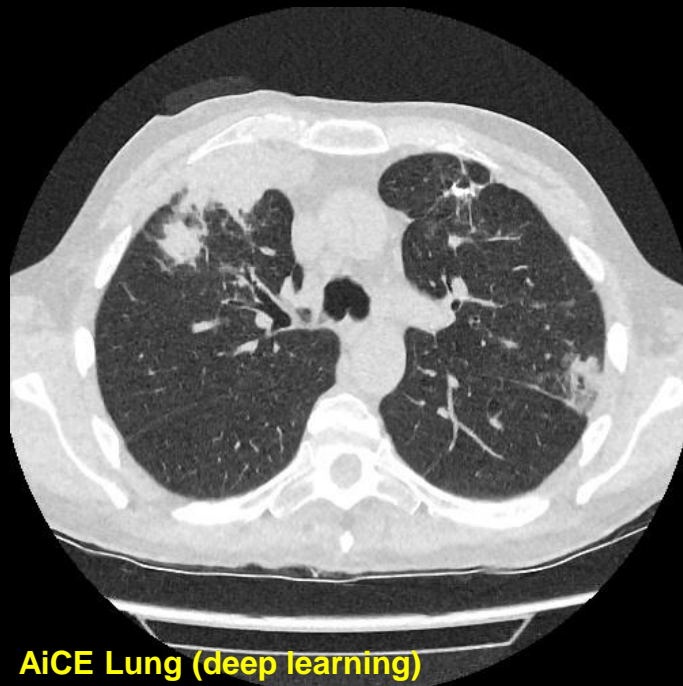
FBP FC52 (analytical recon)



AIDR3De FC52 (image-based iterative)

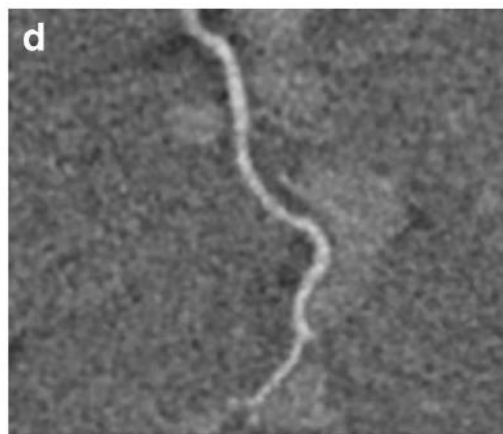
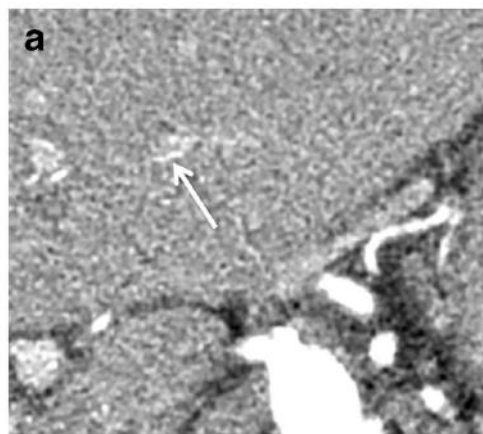


FIRST Lung (full iterative)

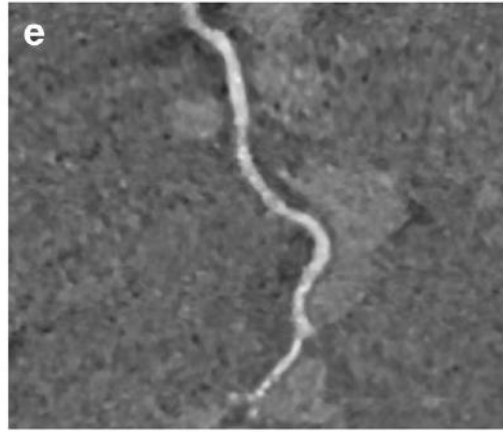
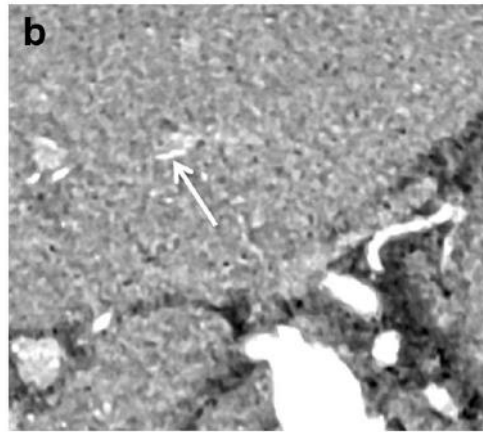


AiCE Lung (deep learning)

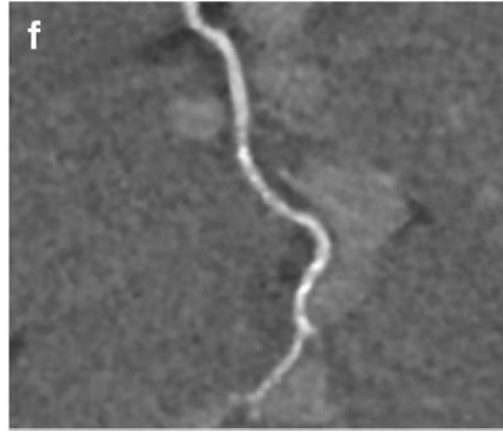
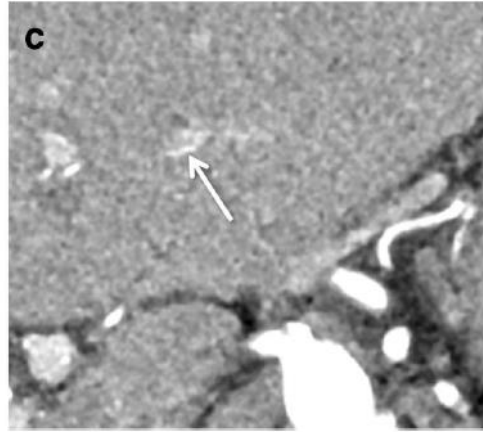
AIDR 3D



First



AiCE



FBP

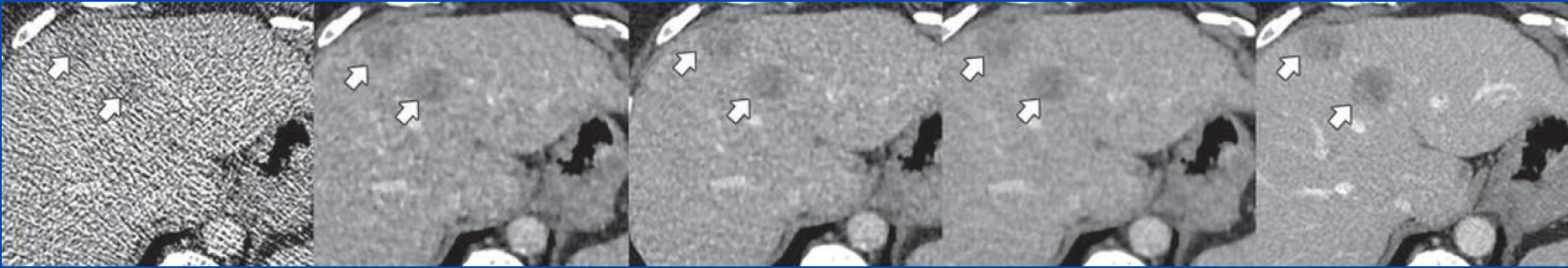
FIRST

AIDR 3D

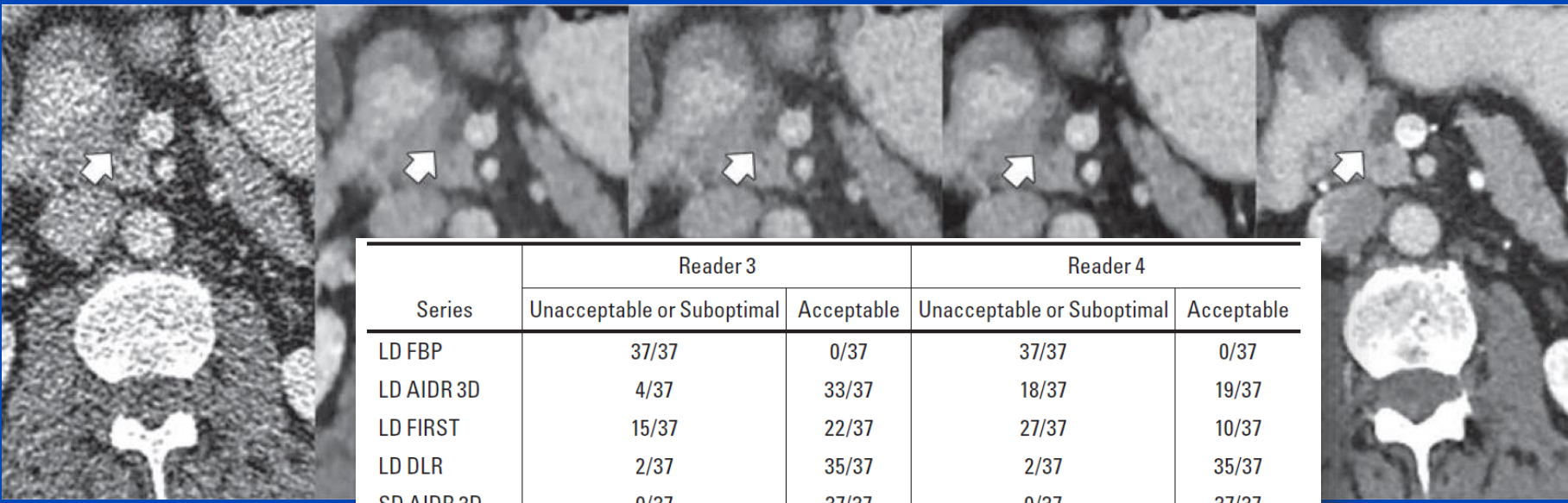
AiCE

AIDR 3D

BMI = 32 kg/m²



BMI = 27 kg/m²



| Series | Reader 3 | | Reader 4 | |
|------------|----------------------------|------------|----------------------------|------------|
| | Unacceptable or Suboptimal | Acceptable | Unacceptable or Suboptimal | Acceptable |
| LD FBP | 37/37 | 0/37 | 37/37 | 0/37 |
| LD AIDR 3D | 4/37 | 33/37 | 18/37 | 19/37 |
| LD FIRST | 15/37 | 22/37 | 27/37 | 10/37 |
| LD DLR | 2/37 | 35/37 | 2/37 | 35/37 |
| SD AIDR 3D | 0/37 | 37/37 | 0/37 | 37/37 |

Low Dose CT
 2 mGy CTDI (top)
 3 mGy CTDI (bottom)

Standard Dose CT
 19 mGy CTDI (top)
 18 mGy CTDI (bottom)

Noise Removal Example 7

GE's True Fidelity

- Based on a deep CNN
- Trained to restore low-dose CT data to match the properties of Veo, the model-based IR of GE.
- No information can be obtained in how the training is conducted for the product implementation.

2.5D DEEP LEARNING FOR CT IMAGE RECONSTRUCTION USING A MULTI-GPU IMPLEMENTATION

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ABSTRACT

While Model Based Iterative Reconstruction (MBIR) of CT scans has been shown to have better image quality than Filtered Back Projection (FBP), its use has been limited by its high computational cost. More recently, deep convolutional neural networks (CNN) have shown great promise in both denoising and reconstruction applications. In this research, we propose a fast reconstruction algorithm, which we call Deep Learning MBIR (DL-MBIR).

streaking artifacts caused by sparse projection views in CT images [8]. More recently, Ye, et al. [9] developed method for incorporating CNN denoisers into MBIR reconstruction as advanced prior models using the Plug-and-Play framework [10, 11].

In this paper, we propose a fast reconstruction algorithm, which we call Deep Learning MBIR (DL-MBIR), for approximately achieving the improved quality of MBIR using a deep residual neural network. The DL-MBIR method is trained to



FBP



ASIR V 50%



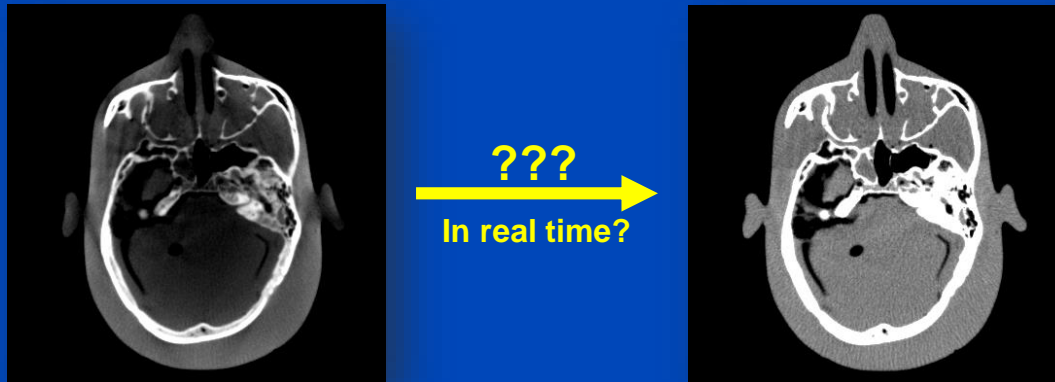
True Fidelity

Courtesy of GE Healthcare

Part 3:

Fast Physics

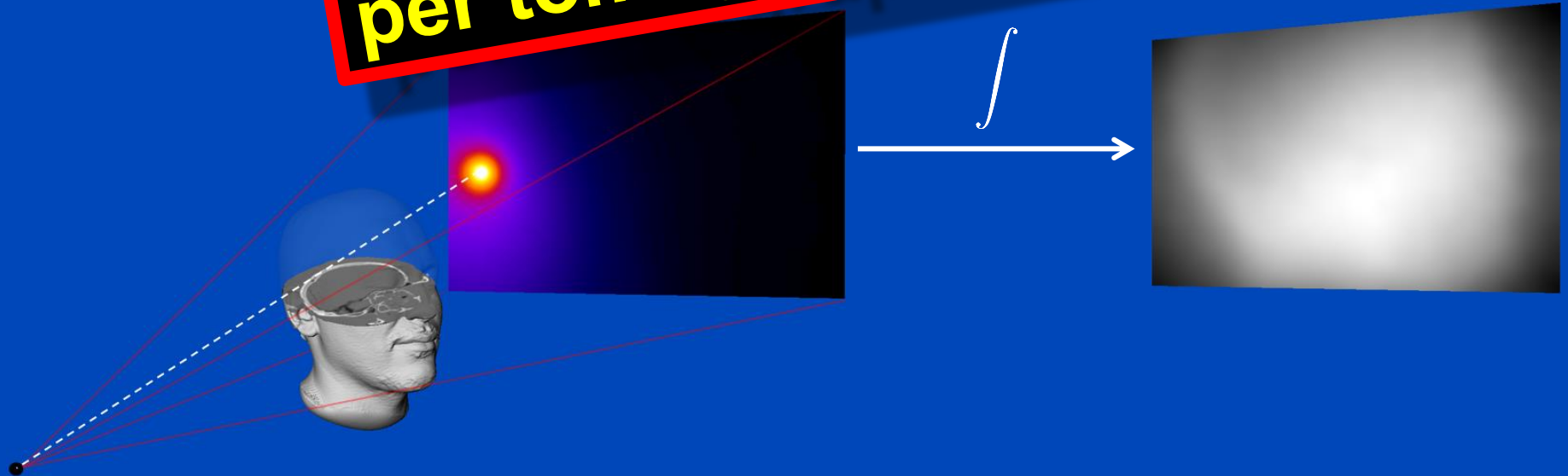
Deep Scatter Estimation



Monte Carlo Scatter Estimation

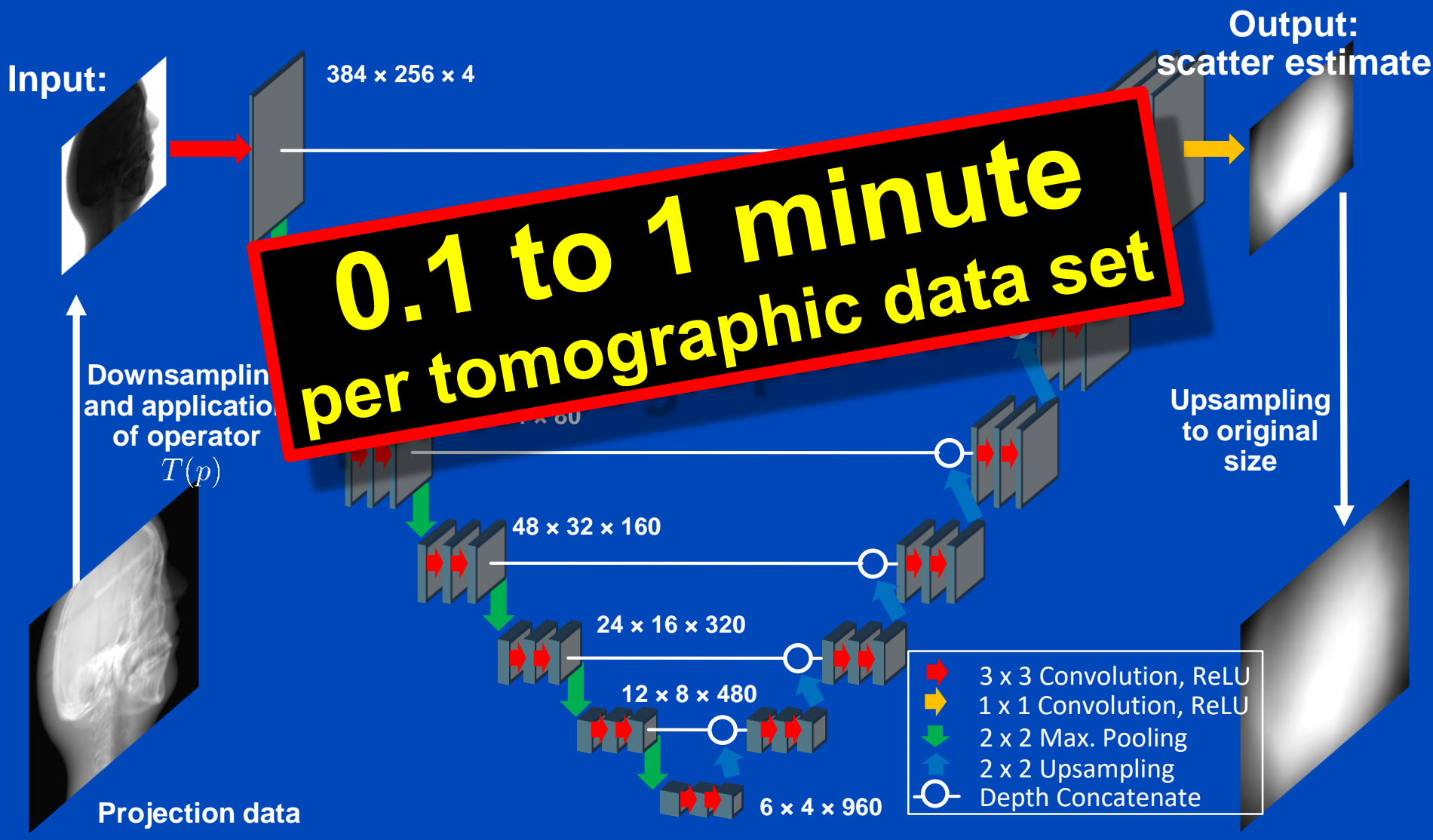
- Simulation of photon trajectories according to physical interaction probabilities.
- Simulating a large number of trajectories well approximates the complete scatter distribution

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

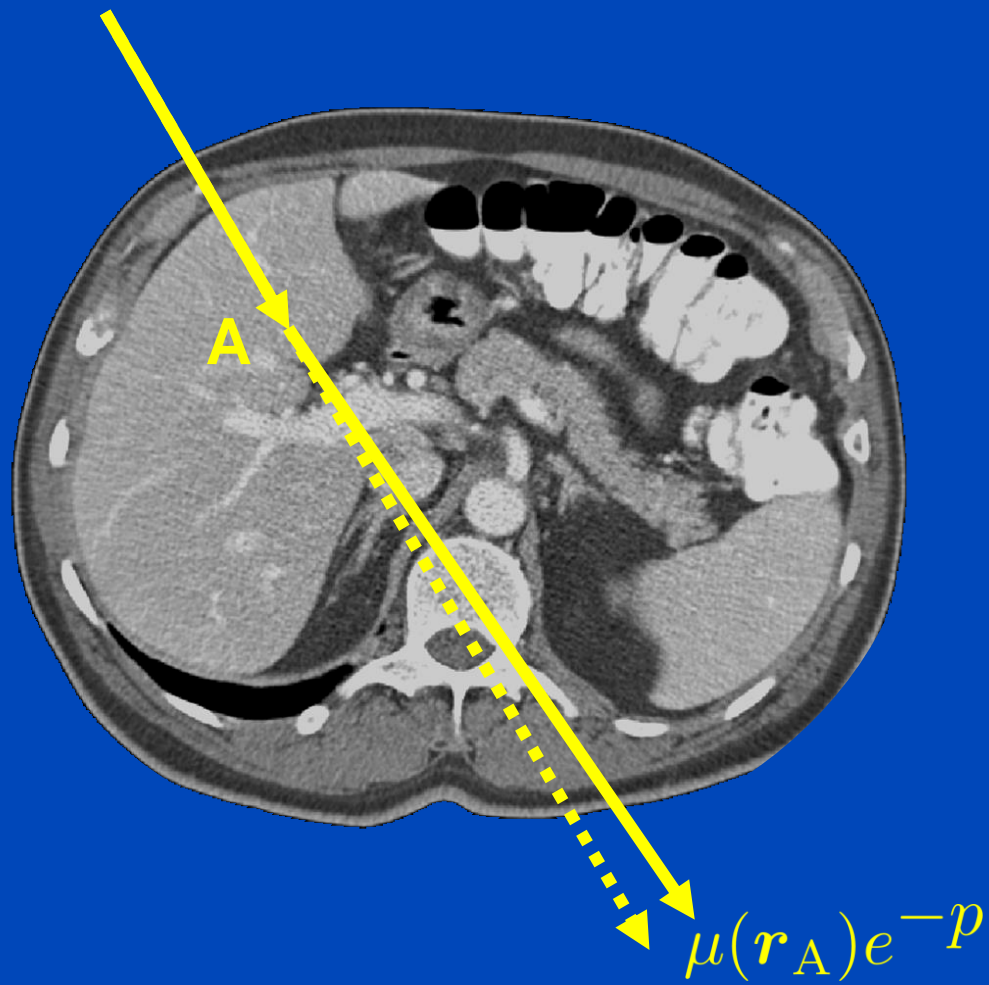


Deep Scatter Estimation

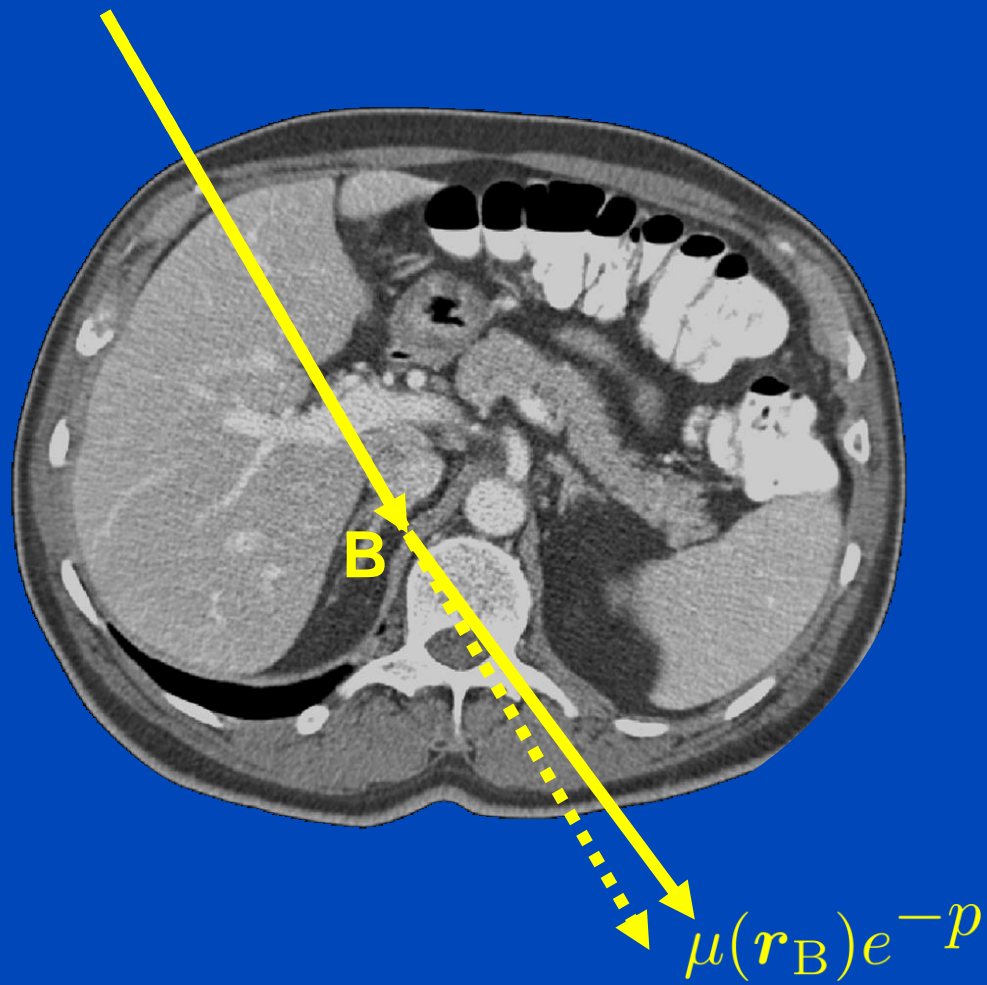
Network architecture & scatter estimation framework



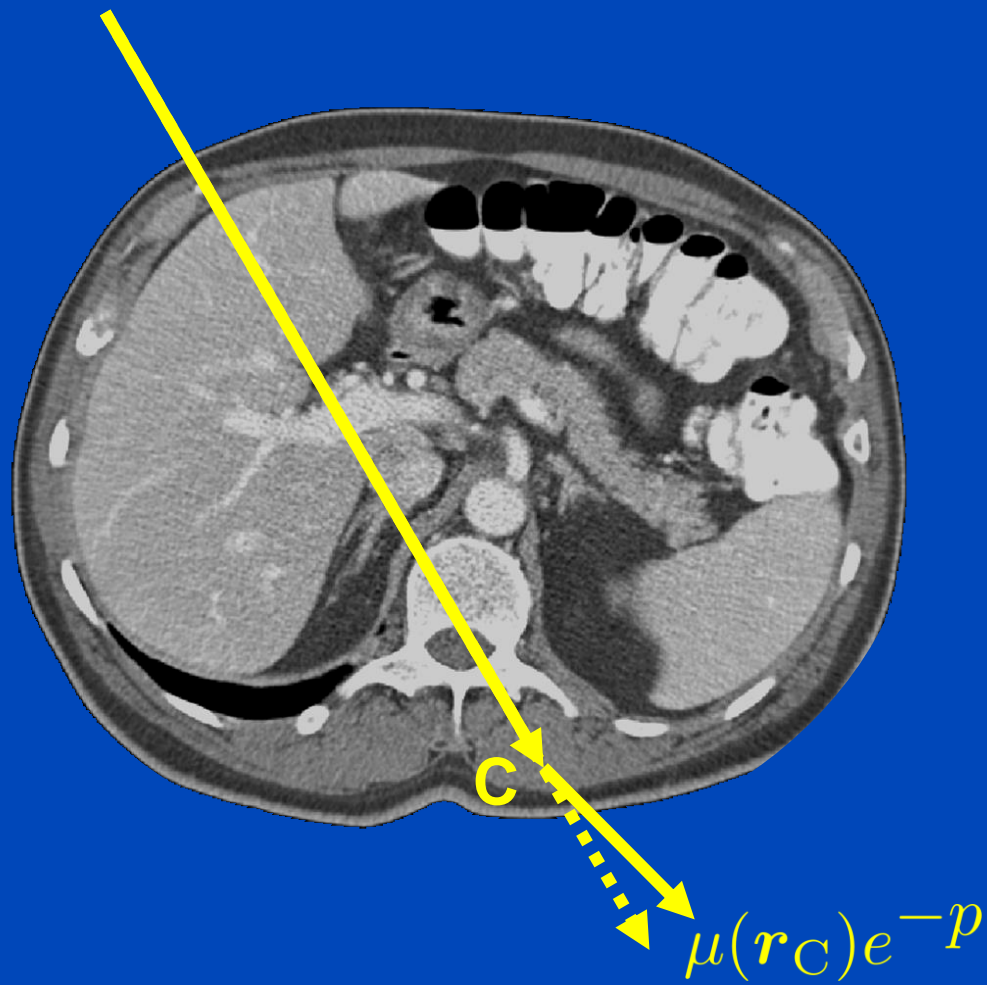
PEP



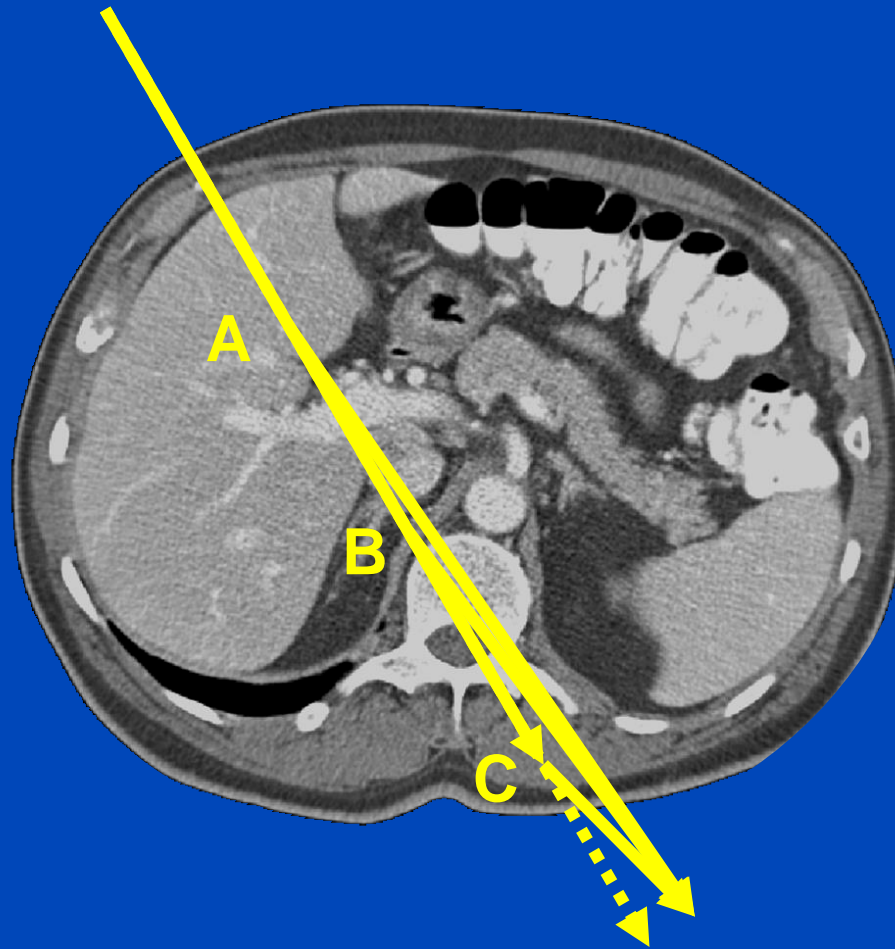
PEP



PEP









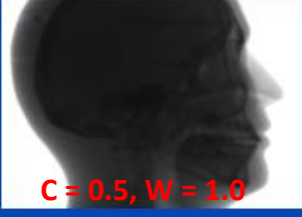
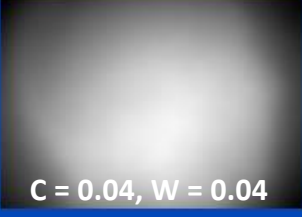


PEP











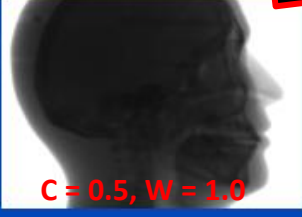
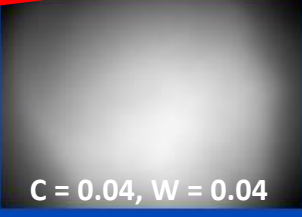
$$(\mu(r_A) + \mu(r_B) + \mu(r_C))e^{-p} = p e^{-p}$$

Results on Simulated Projection Data

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

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

Results on Simulated Projection Data

| | Primary intensity | Scatter ground truth (GT) | (Kernel - GT) / GT | (Hybrid - GT) / GT | (DSE - GT) / GT |
|---------|---|---|---|--|--|
| View #1 |  |  | 14.1% mean absolute percentage error over all projections | 7.2% mean absolute percentage error over all projections | 6.4% mean absolute percentage error over all projections |
| View #2 |  |  | | | |
| View #3 |  |  | | | |
| View #4 |  |  | | | |
| View #5 |  |  | | | |

DSE, in its present form, needs to see scatter in its input data!

C = 0.5, W = 1.0









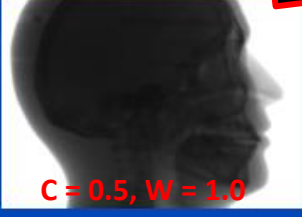
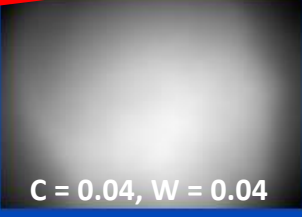
C = 0.04, W = 0.04

C = 0 %, W = 50 %

C = 0 %, W = 50 %

C = 0 %, W = 50 %

Results on Simulated Projection Data

| | Primary intensity | Scatter ground truth (GT) | (Kernel - GT) / GT | (Hybrid - GT) / GT | (DSE - GT) / GT |
|---------|---|---|---|--|--|
| View #1 |  |  | 14.1% mean absolute percentage error over all projections | 7.2% mean absolute percentage error over all projections | 1.2% mean absolute percentage error over all projections |
| View #2 |  |  | | | |
| View #3 |  |  | | | |
| View #4 |  |  | | | |
| View #5 |  |  | | | |

DSE, in its present form, needs to see scatter in its input data!

C = 0.5, W = 1.0

C = 0.04, W = 0.04

C = 0 %, W = 50 %

C = 0 %, W = 50 %

C = 0 %, W = 50 %

Reconstructions of Simulated Data

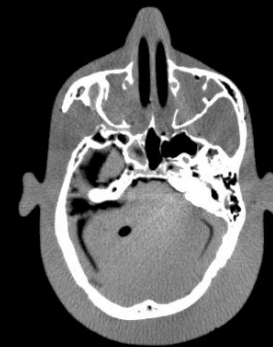
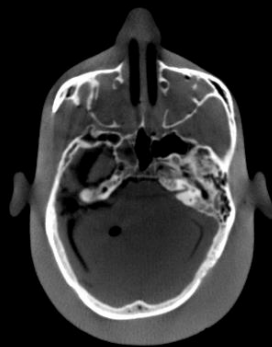
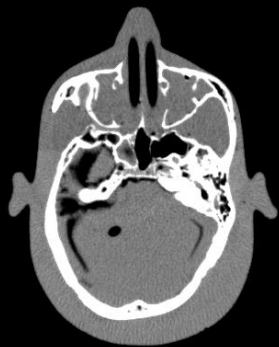
Ground Truth

No Correction

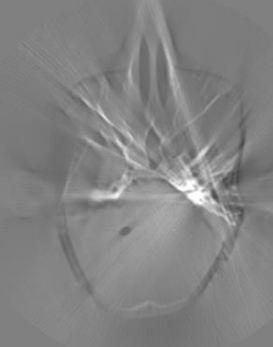
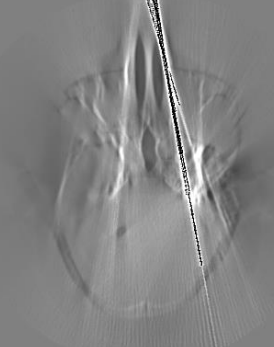
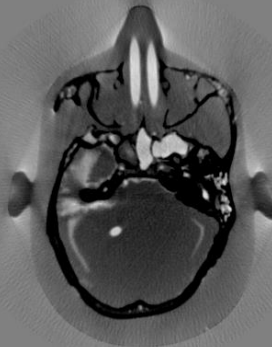
Kernel-Based
Scatter Estimation

Hybrid Scatter
Estimation

Deep Scatter
Estimation



CT Reconstruction
Difference to ideal
simulation



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

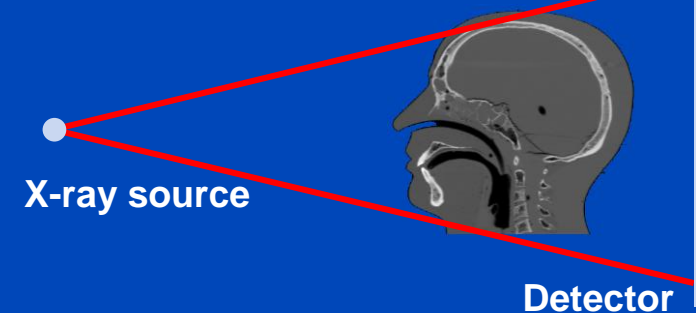
Testing of the DSE Network for Measured Data (120 kV)

DKFZ table-top CT

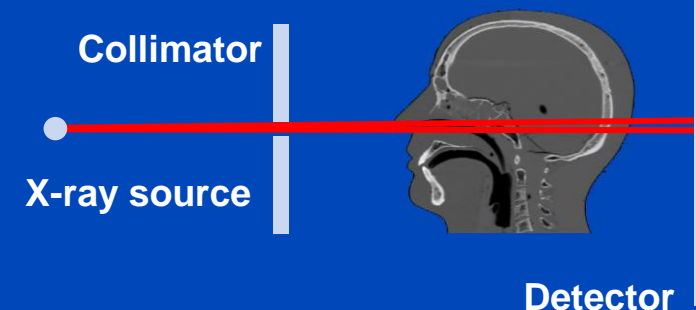


- Measurement of a head phantom at our in-house table-top CT.
- Slit scan measurement serves as ground truth.

Measurement to be corrected



Ground truth: slit scan



Reconstructions of Measured Data

Slit Scan

No Correction

Kernel-Based
Scatter Estimation

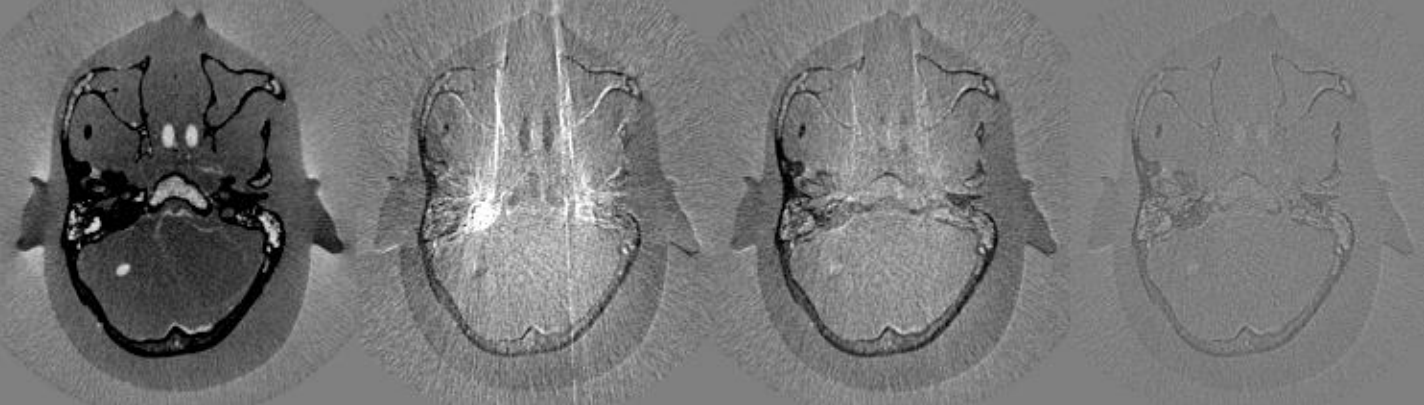
Hybrid Scatter
Estimation

Deep Scatter
Estimation

CT Reconstruction



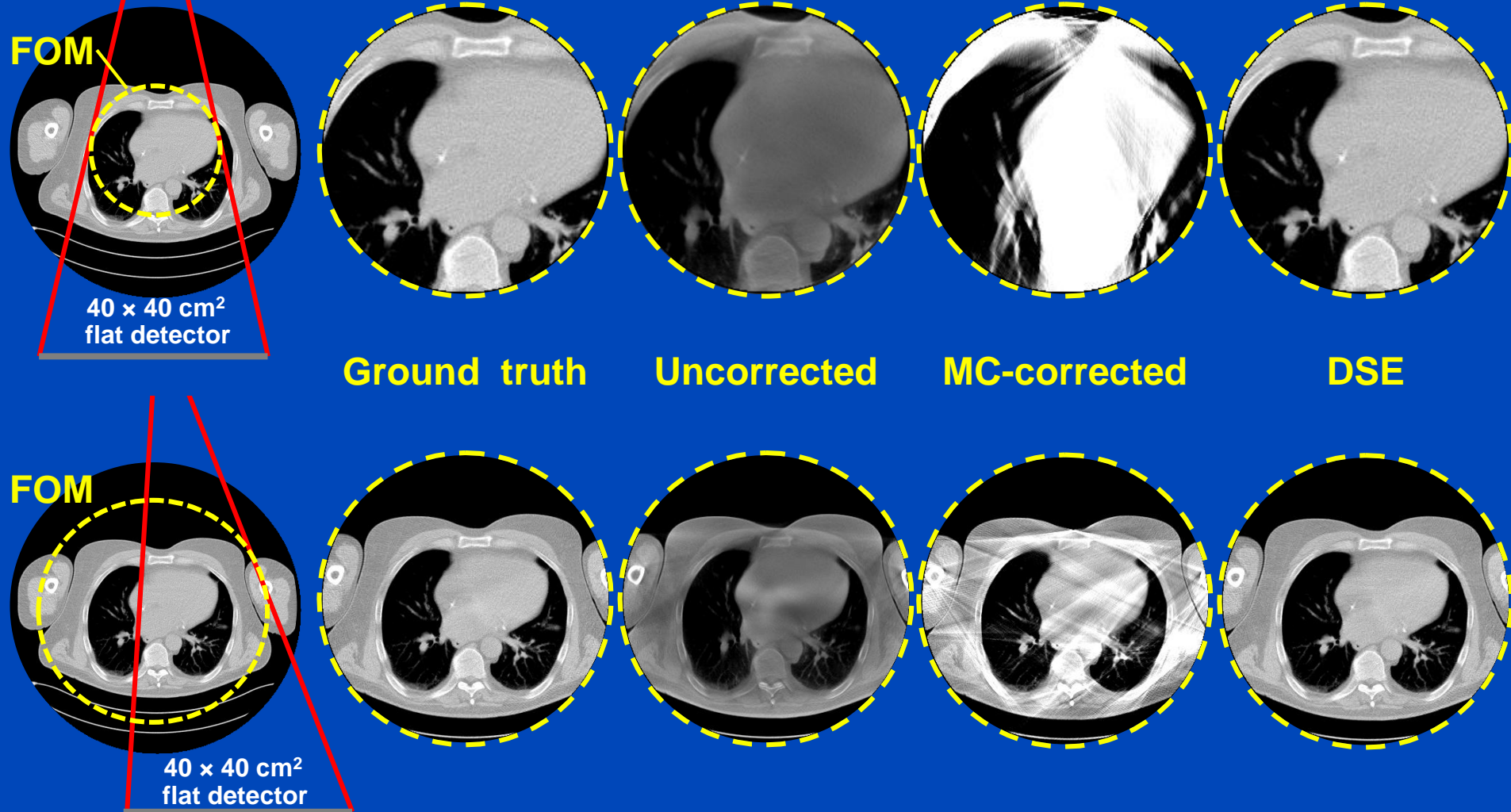
Difference to slit scan



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

A simple detruncation was applied to the rawdata before reconstruction. Images were clipped to the FOM before display. $C = -200$ HU, $W = 1000$ HU.

Truncated DSE^{1,2}



To learn why MC fails at truncated data and what significant efforts are necessary to cope with that situation see [Kachelrieß et al. Effect of detruncation on the accuracy of MC-based scatter estimation in truncated CBCT. Med. Phys. 45(8):3574-3590, August 2018].

¹J. Maier, M. Kachelrieß et al. Deep scatter estimation (DSE) for truncated cone-beam CT (CBCT). RSNA 2018.

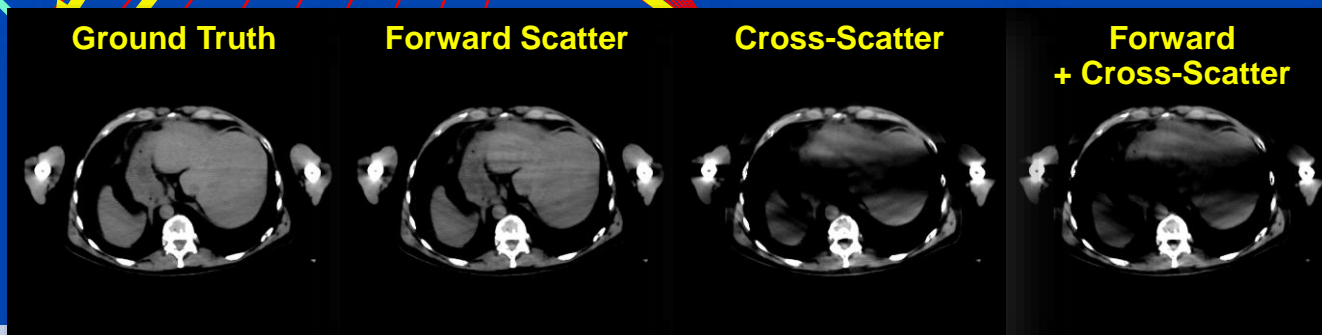
²J. Maier, M. Kachelrieß et al. Robustness of DSE. Med. Phys. 46(1):238-249, January 2019.

Scatter in Dual Source CT (DSCT)

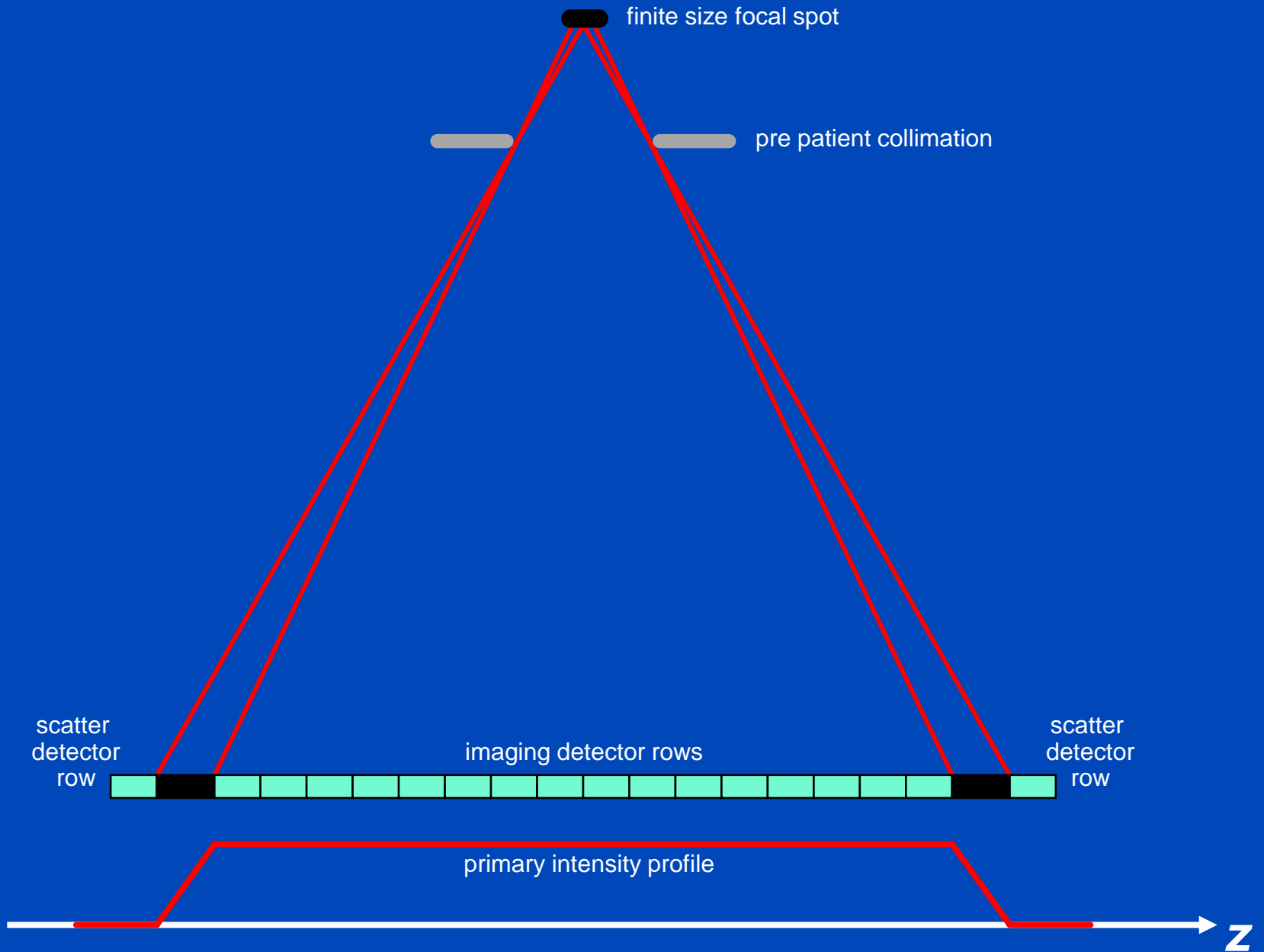


Siemens SOMATOM Force
dual source cone-beam spiral CT

$$q = -\ln \frac{I_{\text{primary}} + S_{\text{forward}} + \rho S_{\text{cross}}}{I_0}$$



C = 40 HU, W = 300 HU, with 2D anti-scatter grid



Cross-DSE

Ground Truth

Uncorrected

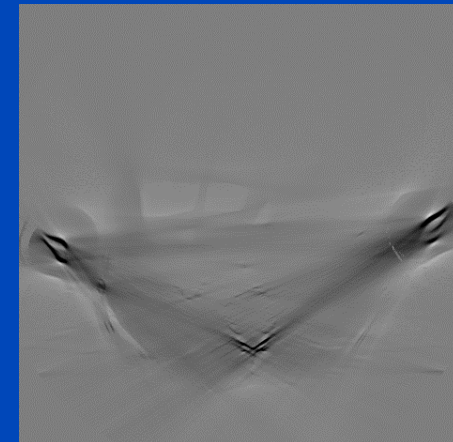
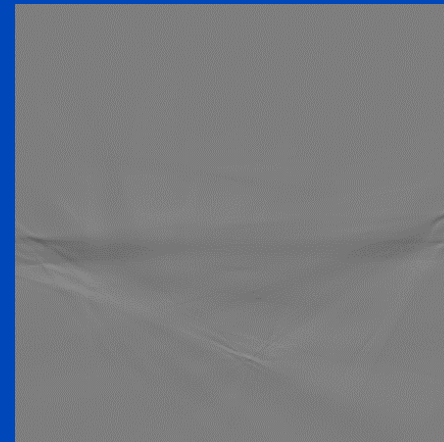
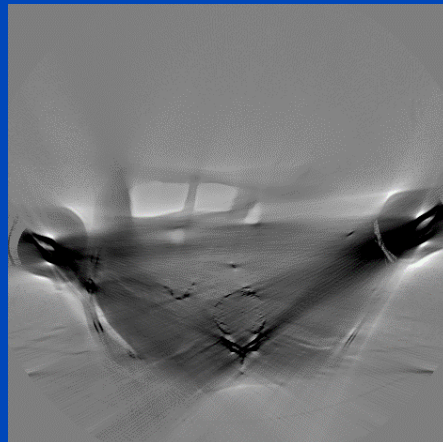
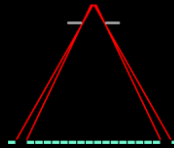
xDSE (2D, xSSE)

Measurement-based

MAE = 42.6 HU

MAE = 4.9 HU

MAE = 10.6 HU



xDSE (2D, xSSE) maps

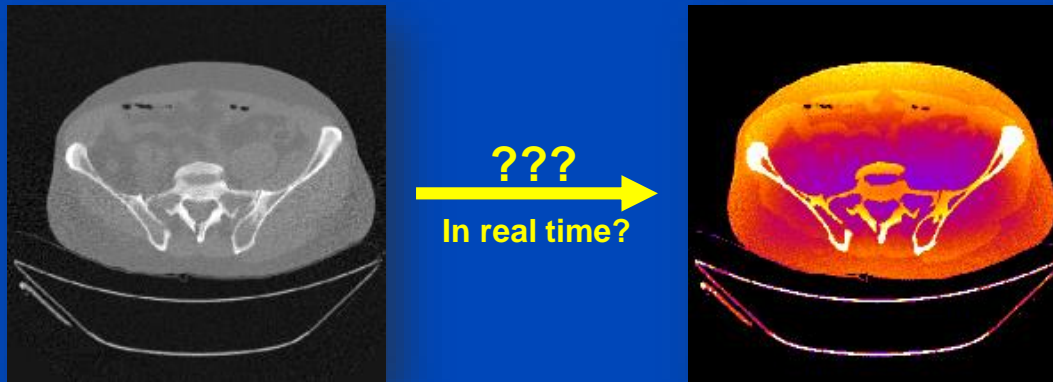
primary + forward scatter + cross-scatter + cross-scatter approximation → cross-scatter

Images $C = 40$ HU, $W = 300$ HU, difference images $C = 0$ HU, $W = 300$ HU

Conclusions on DSE

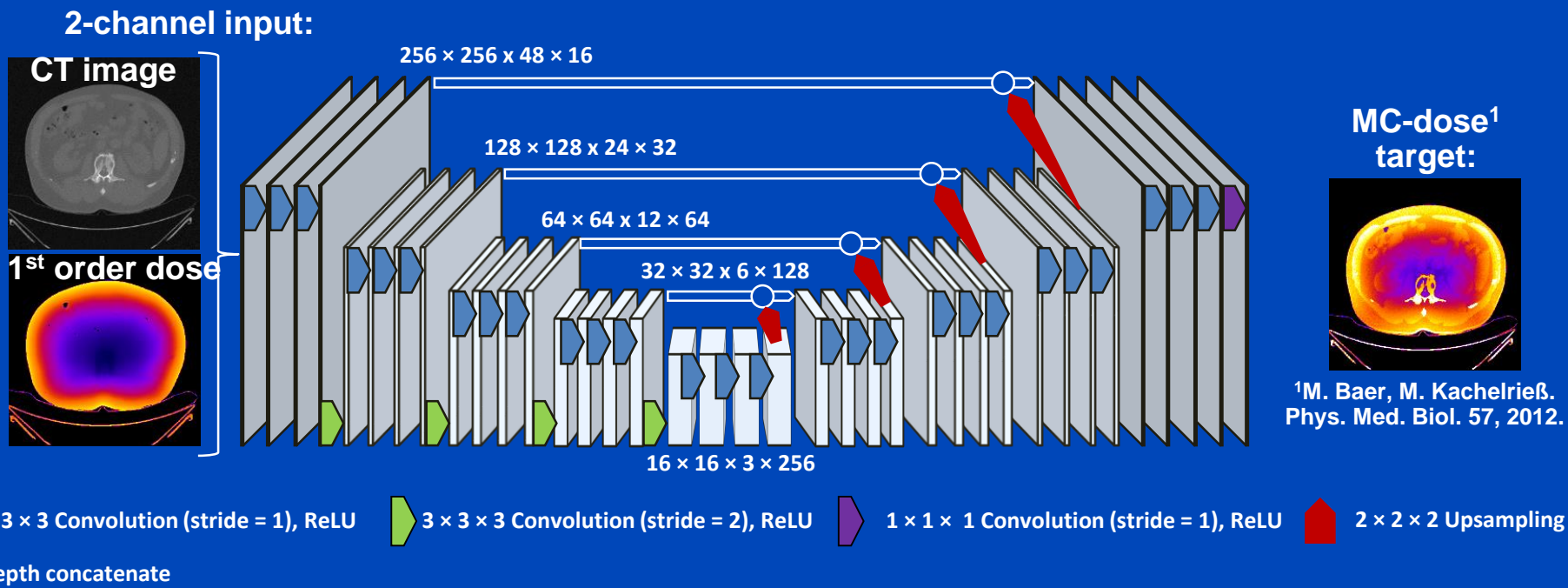
- DSE needs about 3 ms per CT and 10 ms per CBCT projection (as of 2020).
- DSE is a fast and accurate alternative to MC simulations.
- DSE outperforms kernel-based approaches in terms of accuracy and speed.
- Facts:
 - DSE can estimate scatter from a single (!) x-ray image.
 - DSE can accurately estimate scatter from a primary+scatter image.
 - DSE generalizes to all anatomical regions.
 - DSE works for geometries and beam qualities differing from training.
 - DSE may outperform MC even though DSE is trained with MC.
- DSE is not restricted to reproducing MC scatter estimates.
- DSE can rather be trained with any other scatter estimate, including those based on measurements.

Deep Dose Estimation



Deep Dose Estimation (DDE)

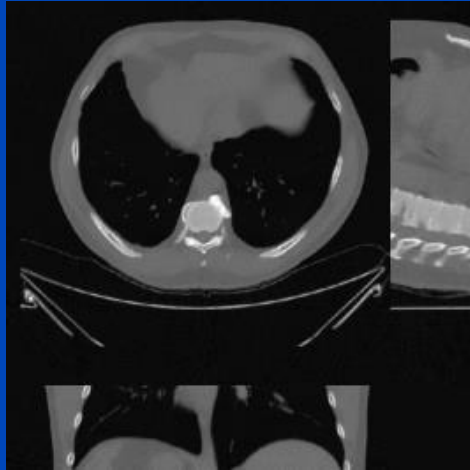
- Combine fast and accurate CT dose estimation using a deep convolutional neural network.
- Train the network to reproduce MC dose estimates given the CT image and a first-order dose estimate.



Results

Thorax, tube A, 120 kV, with bowtie

CT image



First order dose

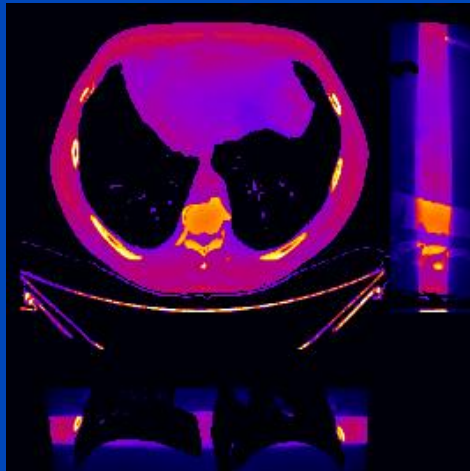


| | MC | DDE |
|------------|------|---------------|
| 48 slices | 1 h | 0.25 s |
| whole body | 20 h | 5 s |

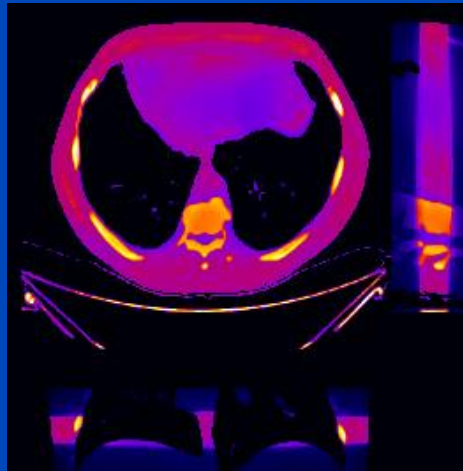
MC uses 16 CPU kernels
DDE uses one Nvidia Quadro P600 GPU

DDE training took 74 h for 300 epochs,
1440 samples, 48 slices per sample

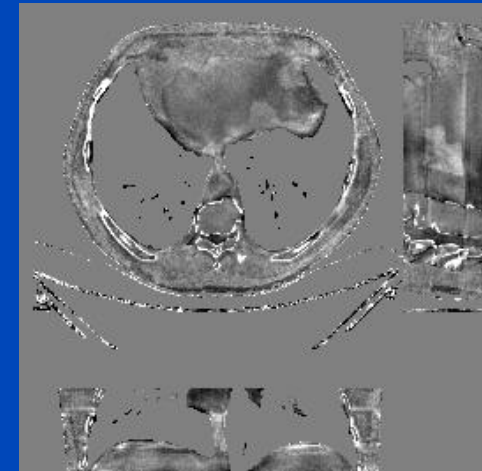
MC ground truth



DDE



Relative error

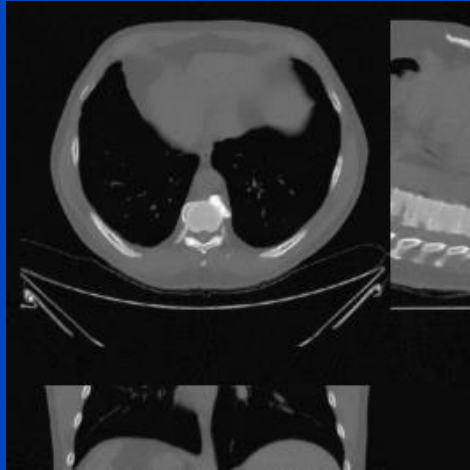


C = 0%
W = 40%

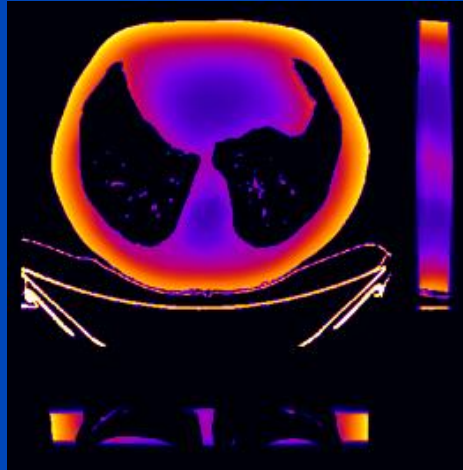
Results

Thorax, tube A, 120 kV, no bowtie

CT image



First order dose

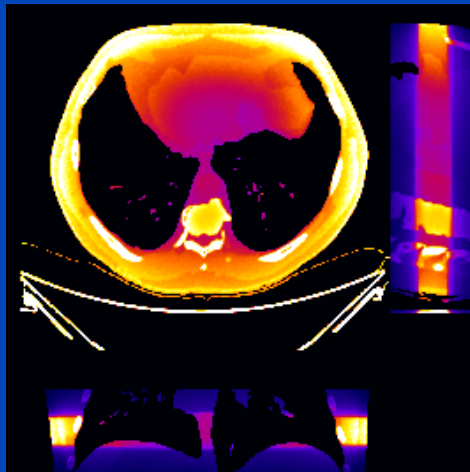


| | MC | DDE |
|------------|------|--------|
| 48 slices | 1 h | 0.25 s |
| whole body | 20 h | 5 s |

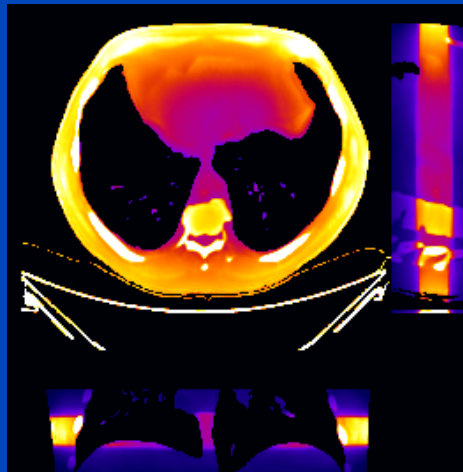
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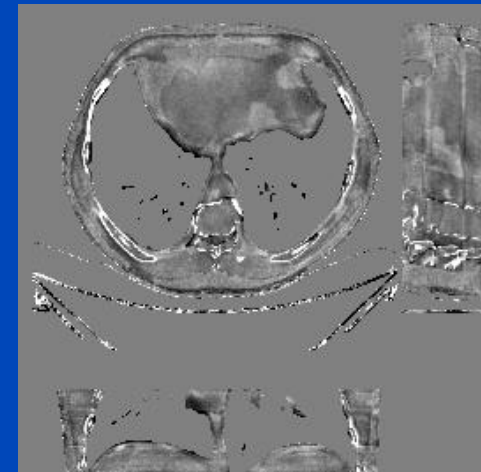
MC ground truth



DDE



Relative error

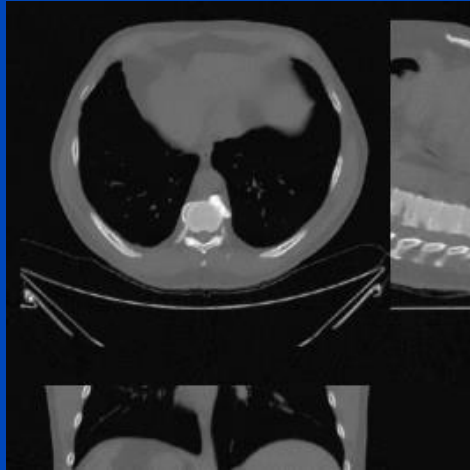


C = 0%
W = 40%

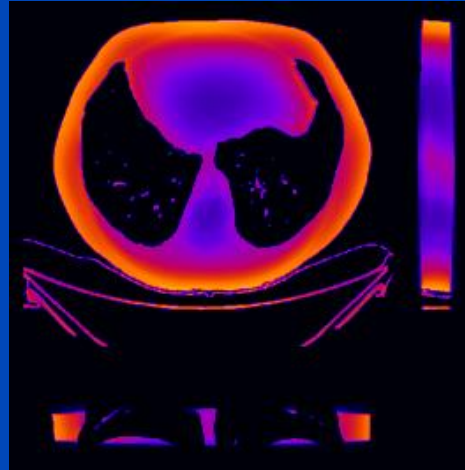
Results

Thorax, tube B, 120 kV, no bowtie

CT image



First order dose

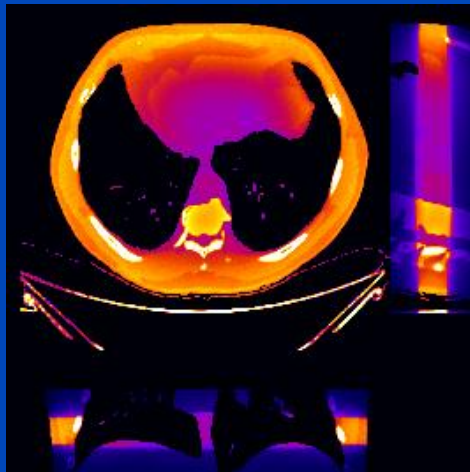


| | MC | DDE |
|------------|------|--------|
| 48 slices | 1 h | 0.25 s |
| whole body | 20 h | 5 s |

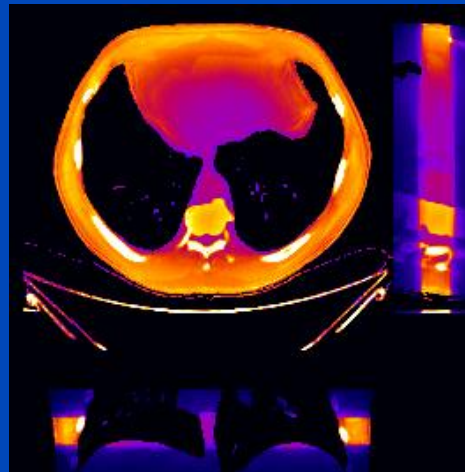
MC uses 16 CPU kernels
DDE uses one Nvidia Quadro P600 GPU

DDE training took 74 h for 300 epochs,
1440 samples, 48 slices per sample

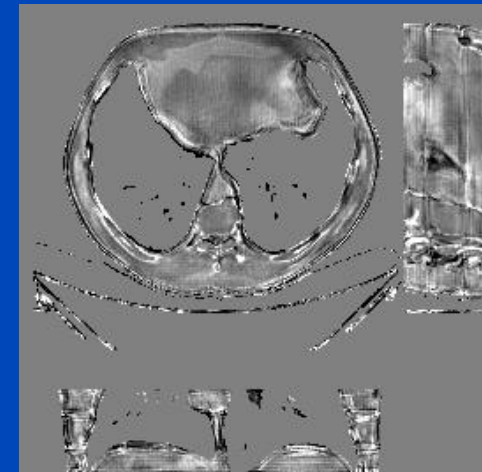
MC ground truth



DDE



Relative error



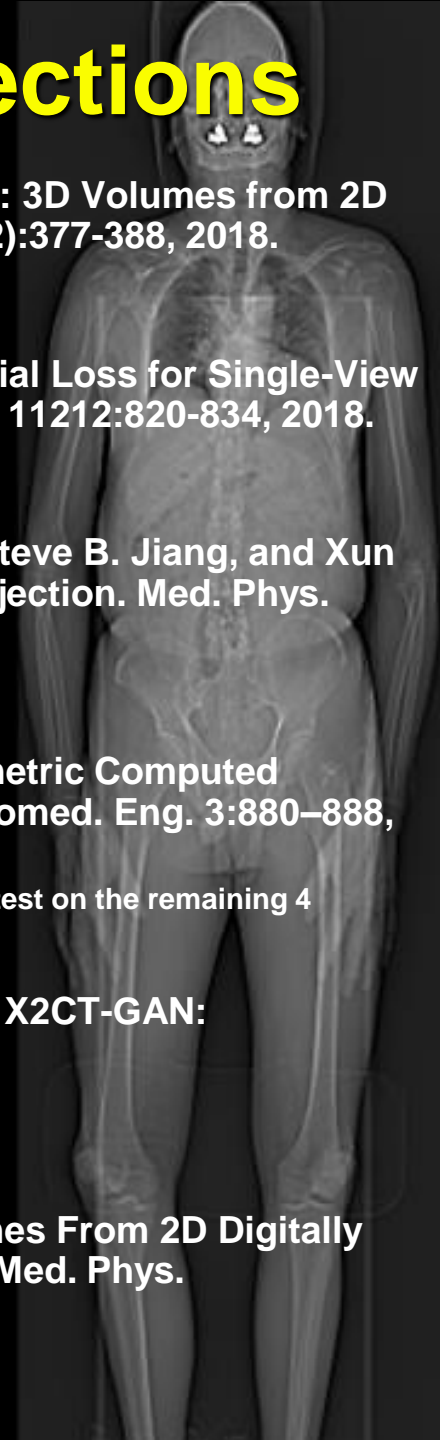
C = 0%
W = 40%

Conclusions on DDE

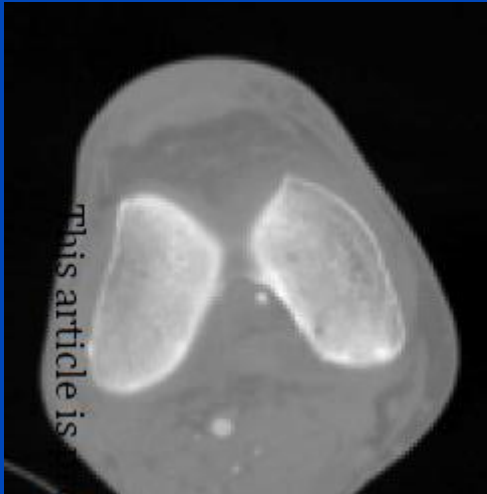
- **DDE provides accurate dose predictions**
 - for circle scans
 - for sequence scans
 - for partial scans (less than 360°)
 - for limited angle scans (less than 180°)
 - for spiral scans
 - for different tube voltages
 - for scans with and without bowtie filtration
 - for scans with tube current modulation
- **In practice it may therefore be not necessary to perform separate training runs for these cases.**
- **Thus, accurate real-time patient dose estimation may become feasible with DDE.**

Reconstruct from 1 or 2 Projections

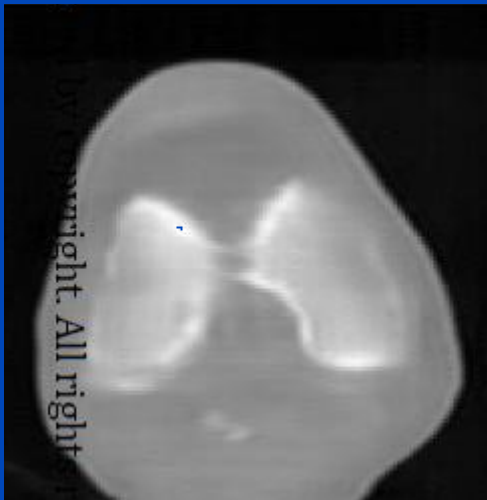
- P. Henzler, V. Rasche, T. Ropinski, and T. Ritschel. Single-image Tomography: 3D Volumes from 2D X-Rays: 3D Volumes from 2D Cranial X-Rays. *Computer Graphics Forum*. 37(2):377-388, 2018.
 - $N=1$, mainly skulls in air but also mouse with soft tissue
 - modified U-Net without reducing the number of features in the decoder (2D \rightarrow 3D)
- Li Jiang, Shaoshuai Shi, Xiaojuan Qi, and Jiaya Jia. GAL: Geometric Adversarial Loss for Single-View 3D-Object Reconstruction. In: *ECCV 2018 Lecture Notes in Computer Science* 11212:820-834, 2018.
 - $N=1$, object shapes from photography
 - GAN-type network
- Yuan Xu, Hao Yan, Luo Ouyang, Jing Wang, Linghong Zhou, Laura Cervino, Steve B. Jiang, and Xun Jia. A Method for Volumetric Imaging in Radiotherapy using Single X-Ray Projection. *Med. Phys.* 42(5):2498-2509, 2015
 - $N=1$. Derives MVFs from an x-ray projection that are then applied to a 3D CBCT volume
 - Sparse learning
- Liyue Shen, Wei Zhao, and Lei Xing. Patient-Specific Reconstruction of Volumetric Computed Tomography Images from a Single Projection View via Deep Learning. *Nat. Biomed. Eng.* 3:880–888, 2019.
 - $N=1$. Training and validation in the same patient. Example 1: train on 6 phases of 4D CT and test on the remaining 4 phases. Example 2: train on 4D CT of day 1 and test on 4D CT of day 2. 2D encoder CNN, 2D \rightarrow 3D FCN, 3D decoder CNN.
- Xingde Ying, Heng Guo, Kai Ma, Jian Wu, Zhengxin Weng, and Yefeng Zheng. X2CT-GAN: Reconstructing CT from Biplanar X-Rays with Generative Adversarial Networks. *arXiv:1905.06902v1*, May 2019
 - $N=2$. Thorax cases
 - GAN with U-Net-type generator whose skips are backprojections.
- Diogo F. Almeida, Patricio Astudillo, and Dirk Vandermeulen. 3D Image Volumes From 2D Digitally Reconstructed X-Rays: A Deep Learning Approach In Lower Limb CT-Scans. *Med. Phys.* 48:published online, 2021.
 - $N=2$. Lower limb DRRs.
 - Based on Henzler et al. (see above).



GT



CNN



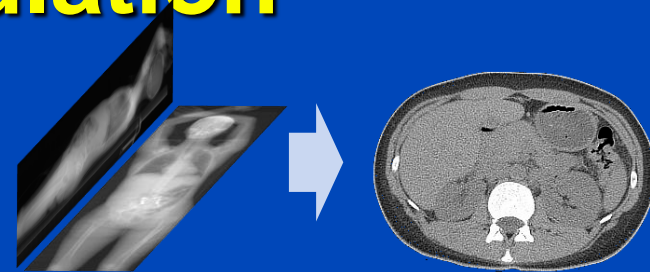
What for?

- Avoid CT scans if only coarse 3D information is required.
- Real-time guidance in RT or in intervention: Generate 4D volumes from fluoroscopy (a series of x-ray CT image)
- Niche applications
 - Assess location and size of organs from just one or two x-ray images
 - Patient position verification
 - ...
- Perform patient-specific tube current modulation (next slides).

Patient Risk-Minimizing Tube Current Modulation

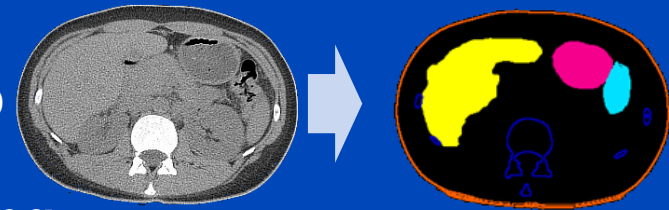
1. Coarse reconstruction from two scout views

- E.g. X. Ying, et al. X2CT-GAN: Reconstructing CT from biplanar x-rays with generative adversarial networks. CVPR 2019.



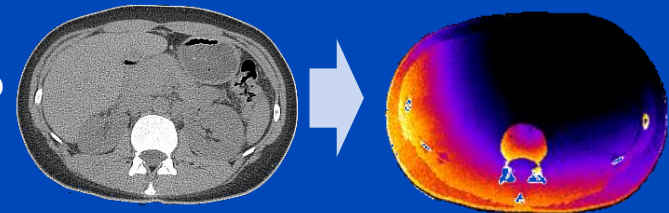
2. Segmentation of radiation-sensitive organs

- E.g. S. Chen, M. Kachelrieß et al., Automatic multi-organ segmentation in dual-energy CT (DECT) with dedicated 3D fully convolutional DECT networks. Med. Phys. 2019.



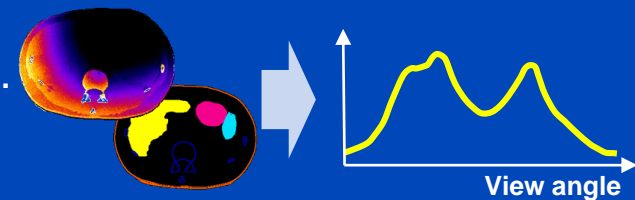
3. Calculation of the effective dose per view using the deep dose estimation (DDE)

- J. Maier, E. Eulig, S. Dorn, S. Sawall and M. Kachelrieß. Real-time patient-specific CT dose estimation using a deep convolutional neural network. IEEE Medical Imaging Conference Record, M-03-178: 3 pages, Nov. 2018.

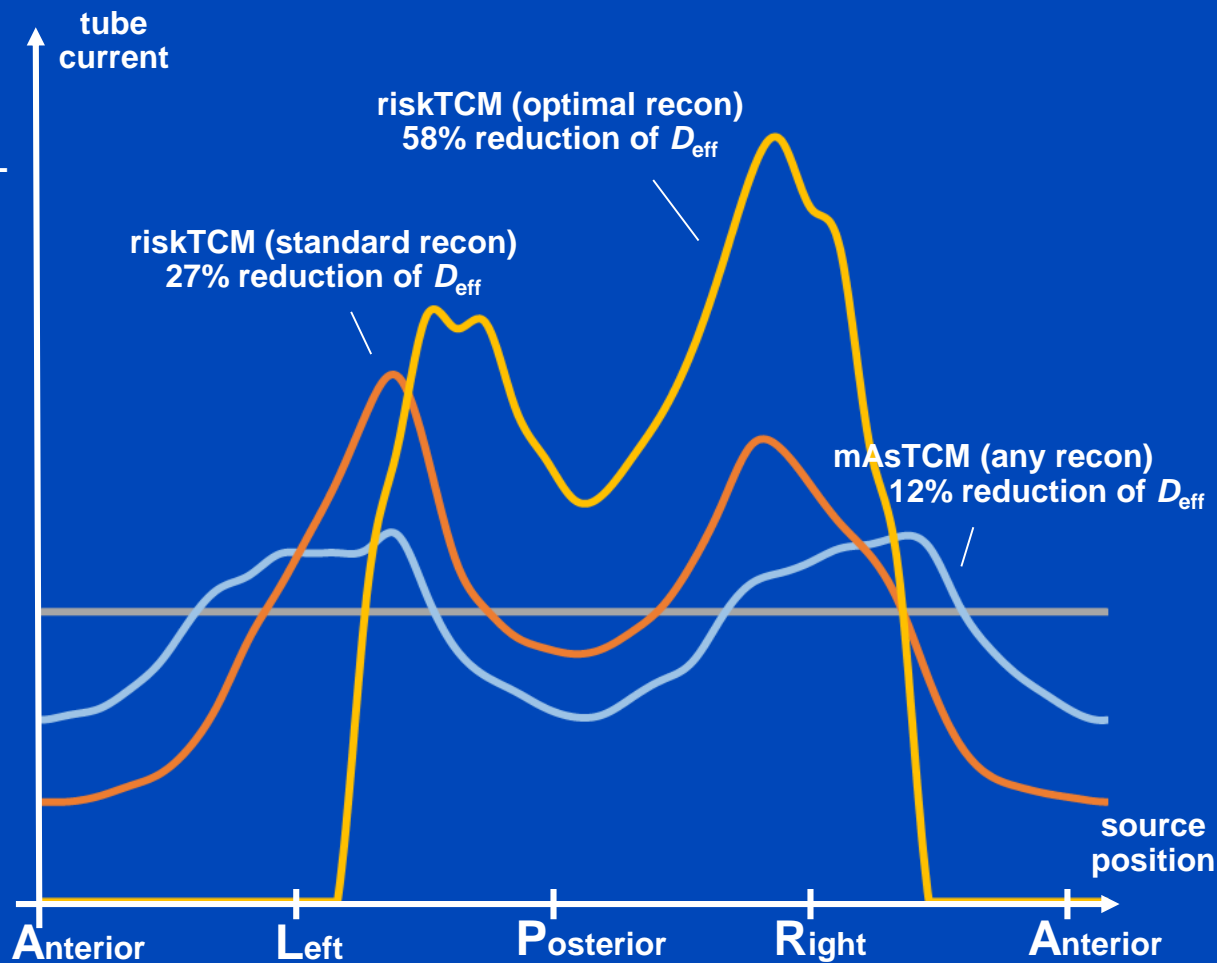
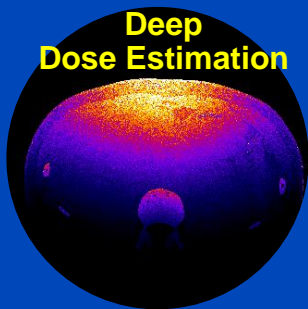
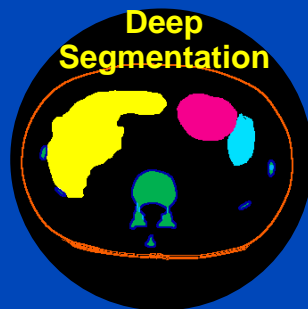
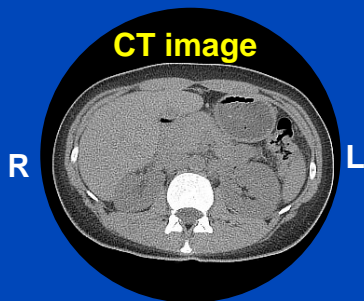


4. Determination of the tube current modulation curve that minimizes the radiation risk

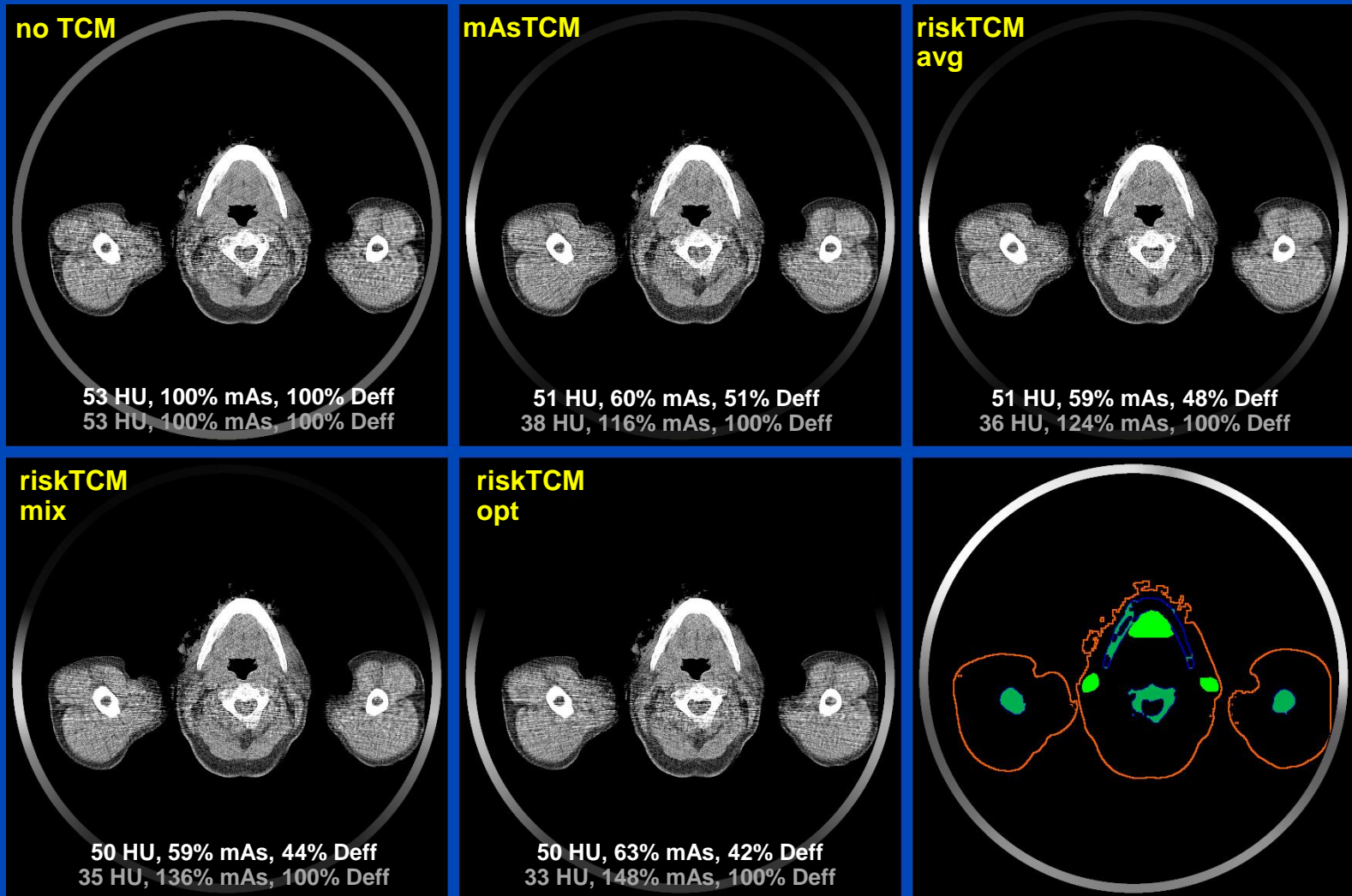
- L. Klein, J. Maier, C. Liu, A. Maier, M. Lell, and M. Kachelrieß. Patient radiation risk–minimizing tube current modulation for diagnostic CT. Submitted to Med. Phys., 2021.



| |
|----------------------|
| Remainder 0.12 |
| Bone surface 0.01 |
| Brain 0.01 |
| Breast 0.12 |
| Colon 0.12 |
| Red Bone Marrow 0.12 |
| Salivary glands 0.01 |
| Esophagus 0.04 |
| Liver 0.04 |
| Lung 0.12 |
| Skin 0.01 |
| Stomach 0.12 |
| Gonads 0.08 |
| Thyroid 0.04 |
| Bladder 0.04 |

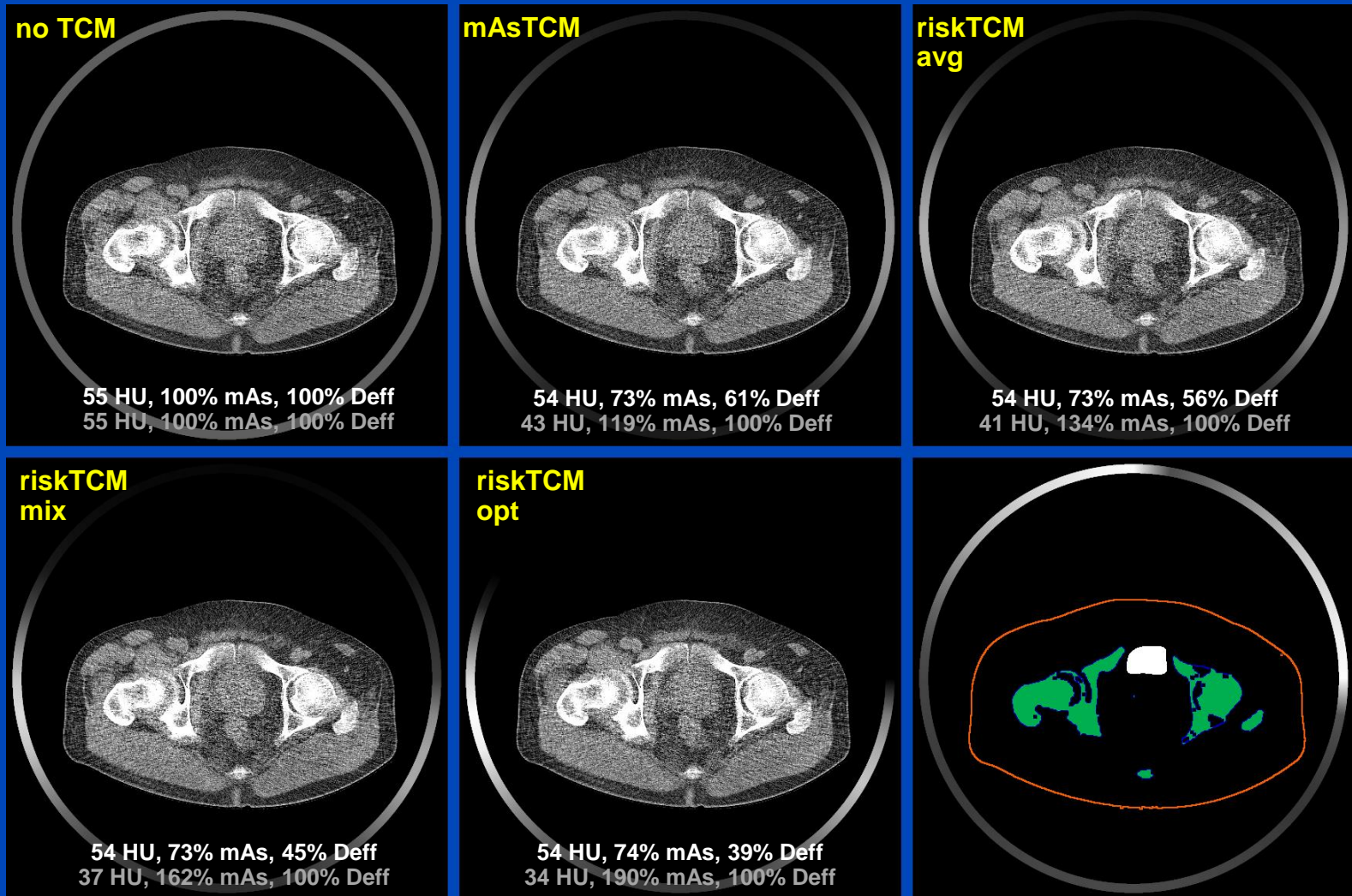


Patient 03 - Neck



C = 25 HU, W = 400 HU

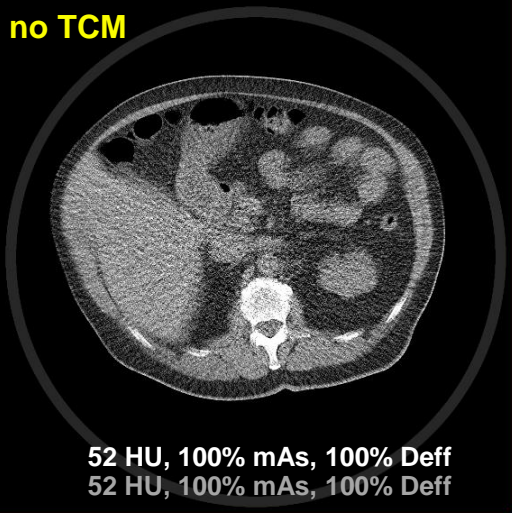
Patient 03 - Pelvis



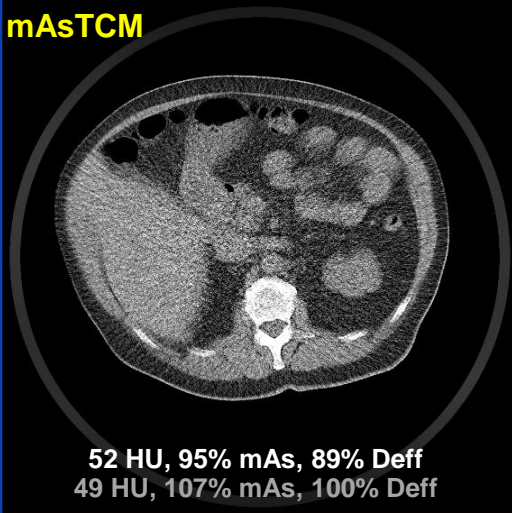
C = 25 HU, W = 400 HU

Patient 04 - Abdomen

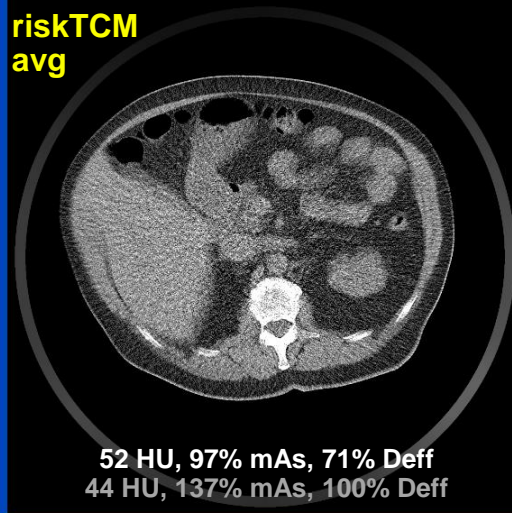
no TCM



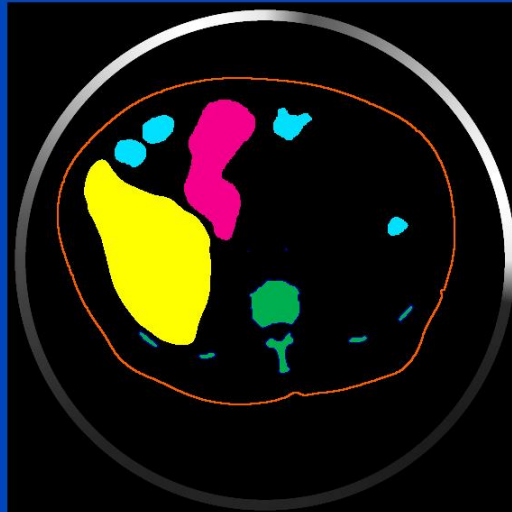
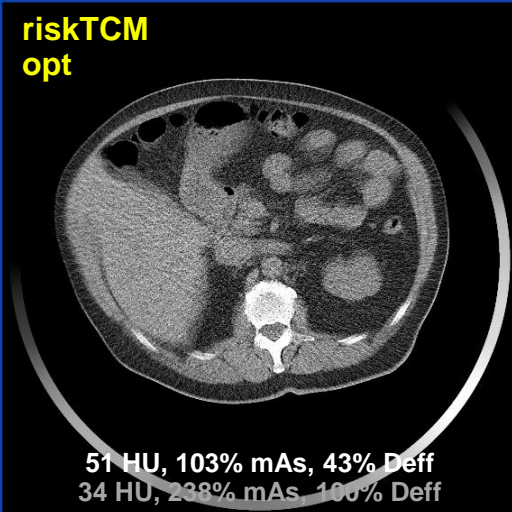
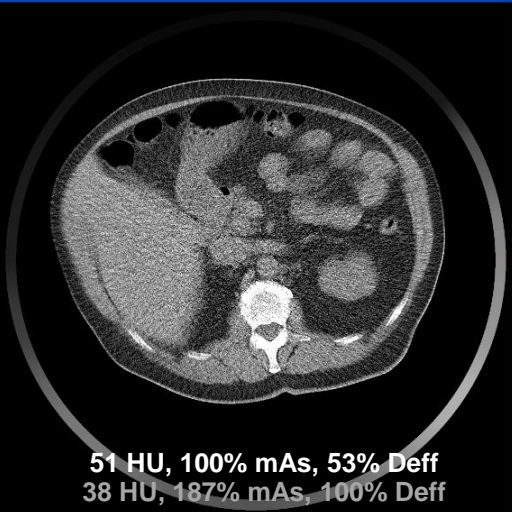
mAsTCM



riskTCM
avg



riskTCM
opt



| | |
|----|------|
| Re | 0.12 |
| BS | 0.01 |
| Br | 0.01 |
| Br | 0.12 |
| Co | 0.12 |
| RB | 0.12 |
| SG | 0.01 |
| Es | 0.04 |
| Li | 0.04 |
| Lu | 0.12 |
| Sk | 0.01 |
| St | 0.12 |
| Go | 0.08 |
| Th | 0.04 |
| BI | 0.04 |

C = 25 HU, W = 400 HU

Part 4:

Image Reconstruction

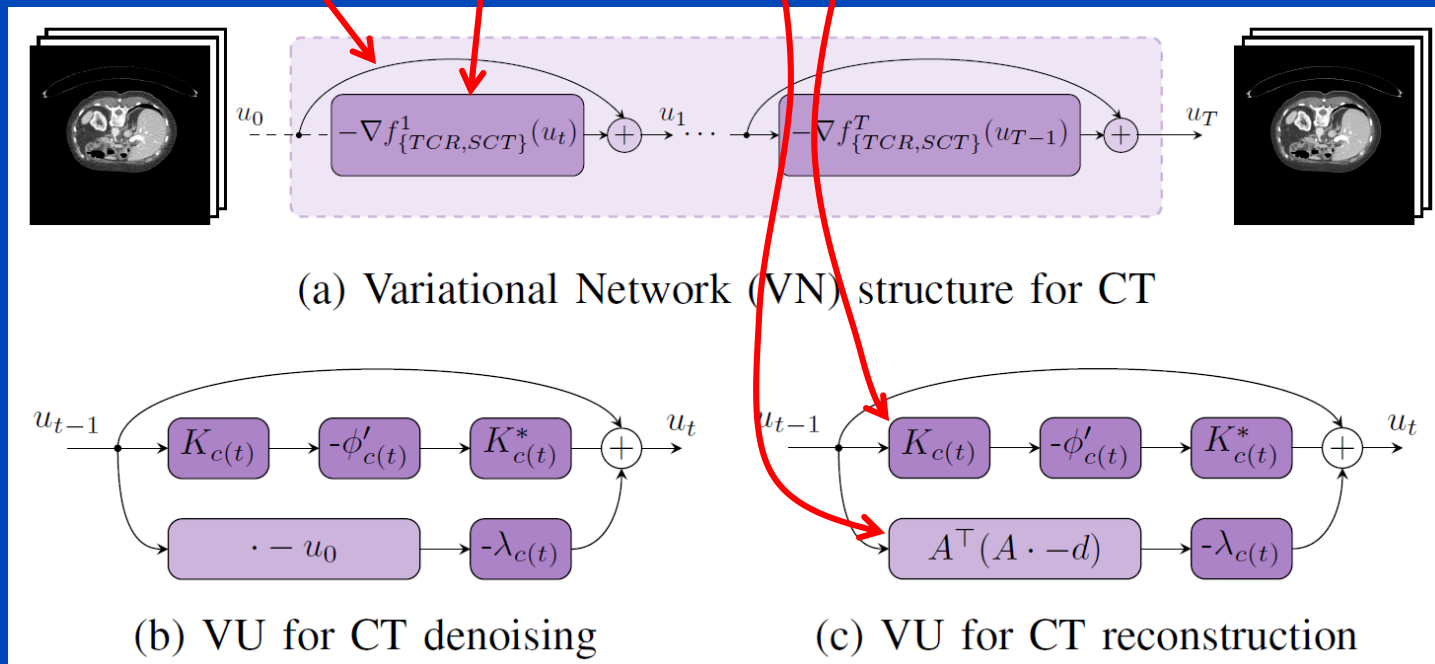
Variational Network-Based Image Reconstruction

$$C(f) = \|X \cdot f - p\|_W^2 + R(f)$$

$$\nabla C(f) = X^T \cdot W \cdot (X \cdot f - p) + \nabla R(f)$$

$$f^{(t+1)} = f^{(t)} - \lambda \nabla C(f^{(t)})$$

Highly simplified example. Varnets work for a much wider class of cost functions whose NN-based minimization is motivated by the primal dual approach.



full dose

1/4 dose

1/6 dose



20.17



8.40



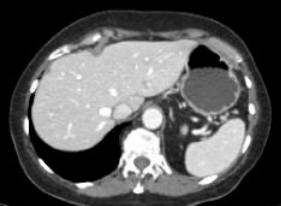
7.33



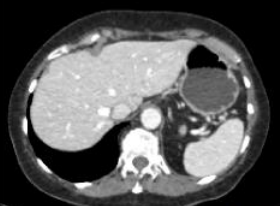
7.30



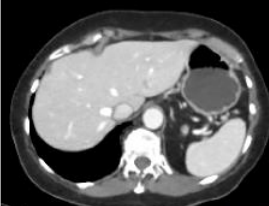
8.28



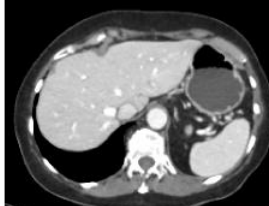
17.93



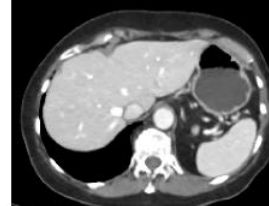
8.68



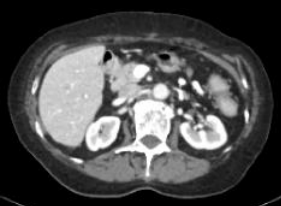
7.73



7.47



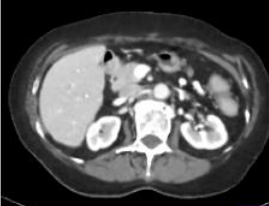
8.51



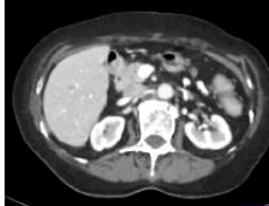
16.12



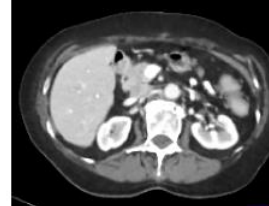
7.95



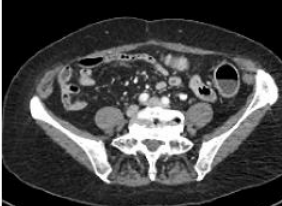
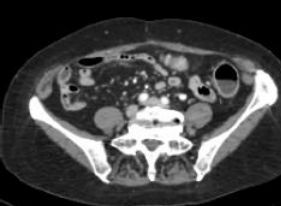
7.62



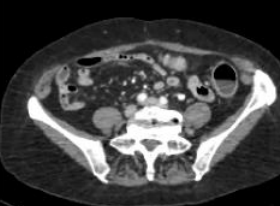
7.25



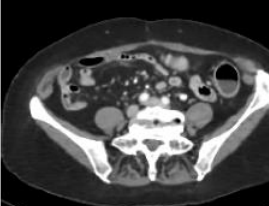
8.52



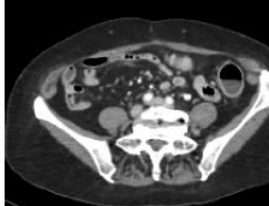
15.92



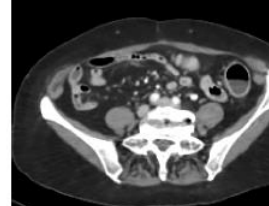
8.63



7.62



7.46



8.38

(a) full-dose

(b) SAFIRE

(c) TV

(d) TCR

(e) SCT

(f) SCT

tube current reduction
SAFIRE

sparse views
TV

tube current reduction
varnet

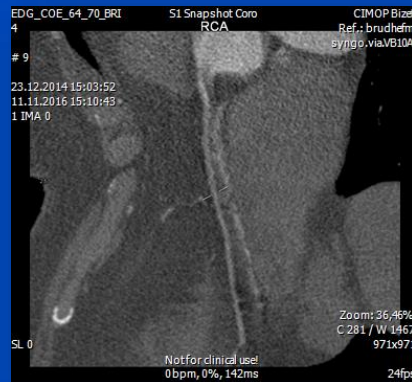
sparse views
varnet

sparse views
varnet

Part 5:

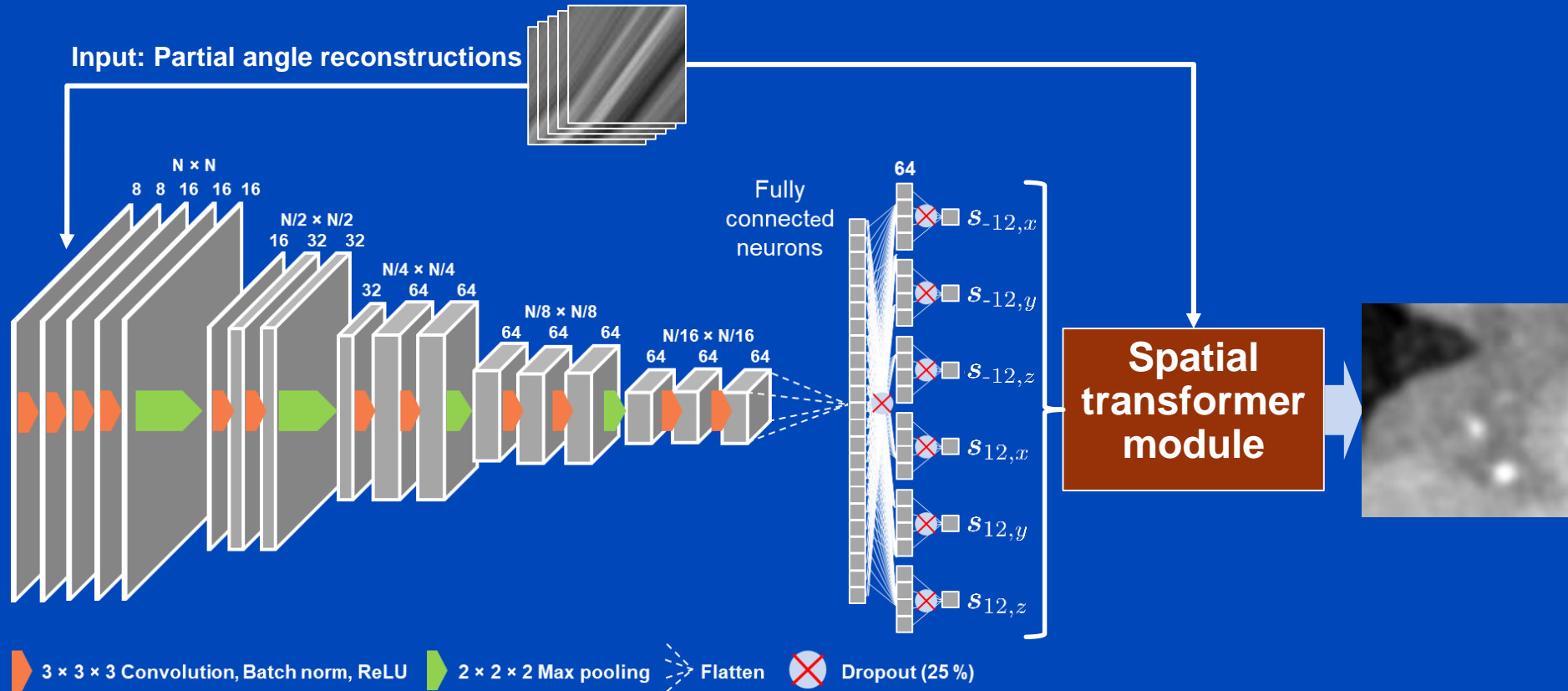
Motion Compensation (MoCo)

Deep Cardiac Motion Compensation



Deep PAMoCo

Network architecture

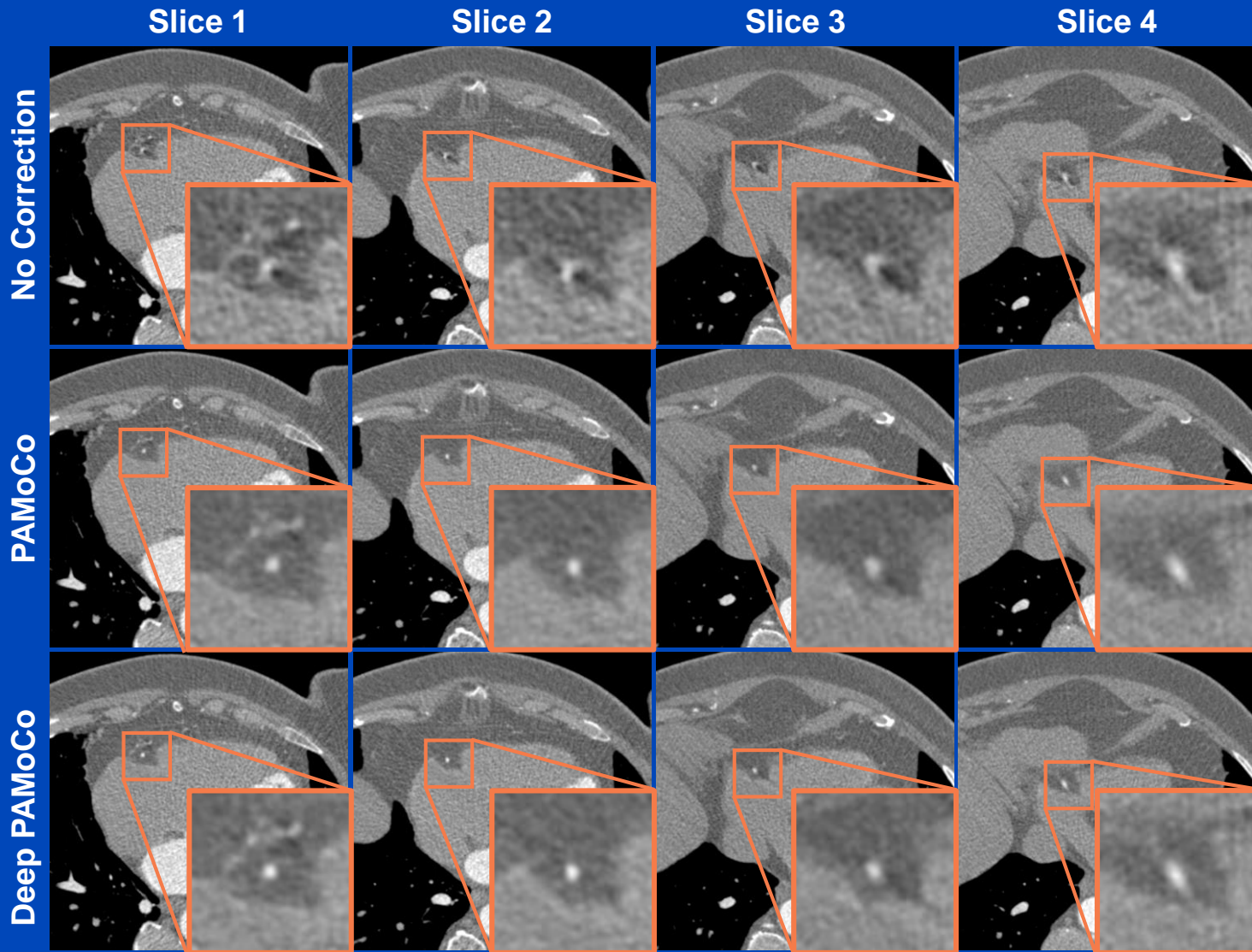


J. Maier, S. Lebedev, J. Erath, E. Eulig, S. Sawall, E. Fournié, K. Stierstorfer, M. Lell, and M. Kachelrieß. Deep learning-based coronary artery motion estimation and compensation for short-scan cardiac CT. Med. Phys. 48, in press, 2021.

J. Maier, S. Lebedev, E. Eulig, S. Sawall, E. Fournié, K. Stierstorfer, and M. Kachelrieß. Coronary artery motion compensation for short-scan cardiac CT using a spatial transformer network. Conference Program of the 6th International CT-Meeting, August 2020.

Results

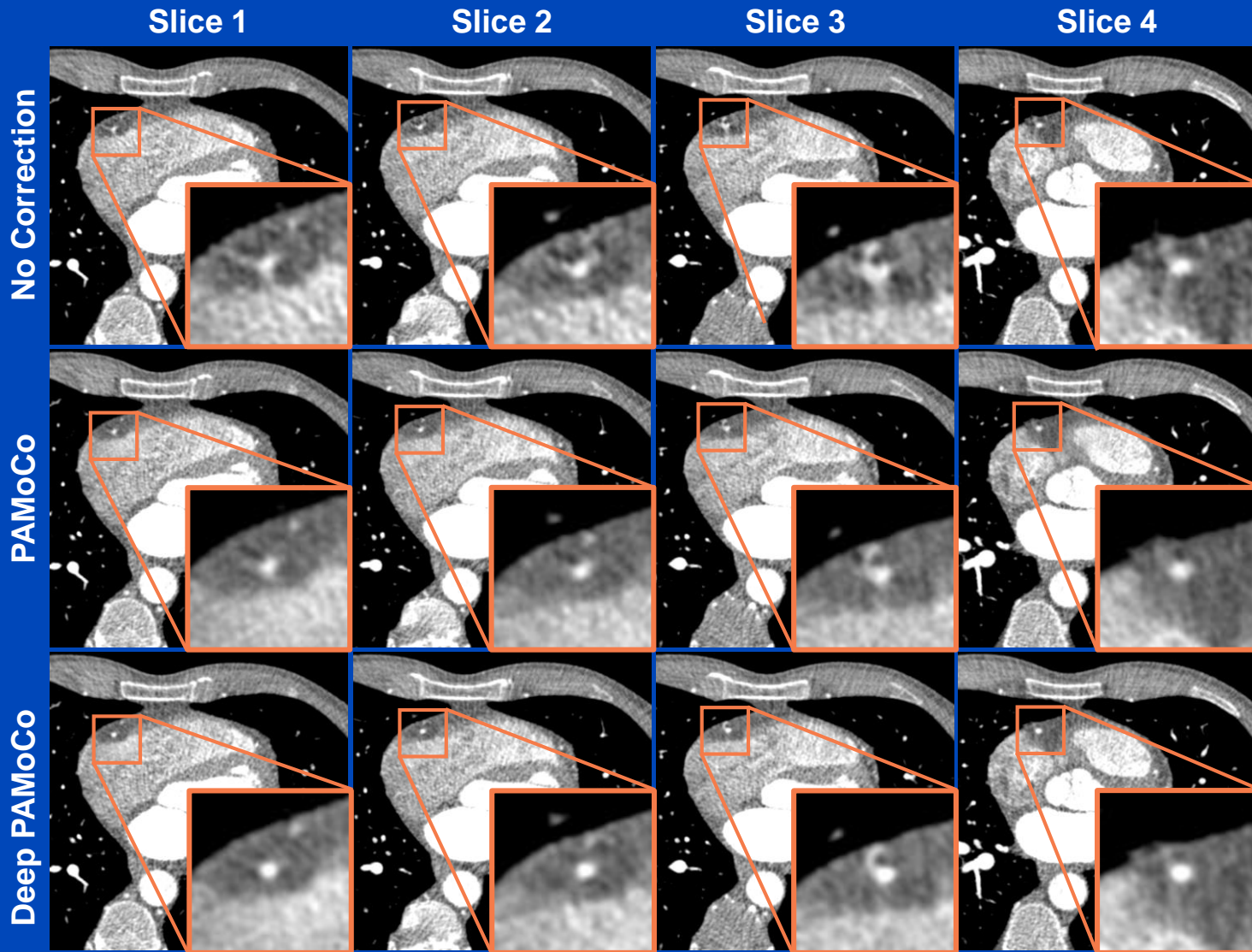
Measurements, patient 1



C = 1000 HU
W = 1000 HU

Results

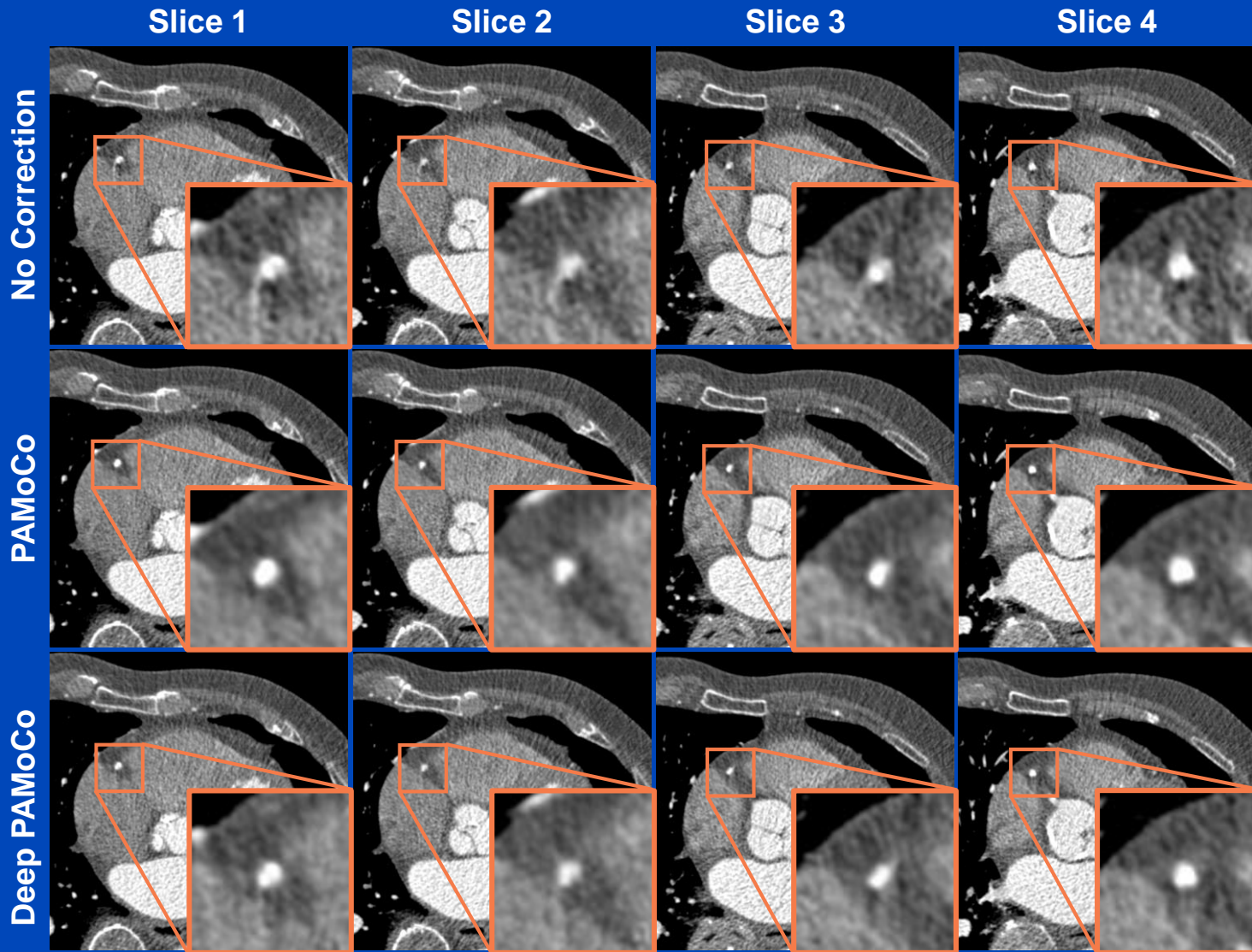
Measurements, patient 2



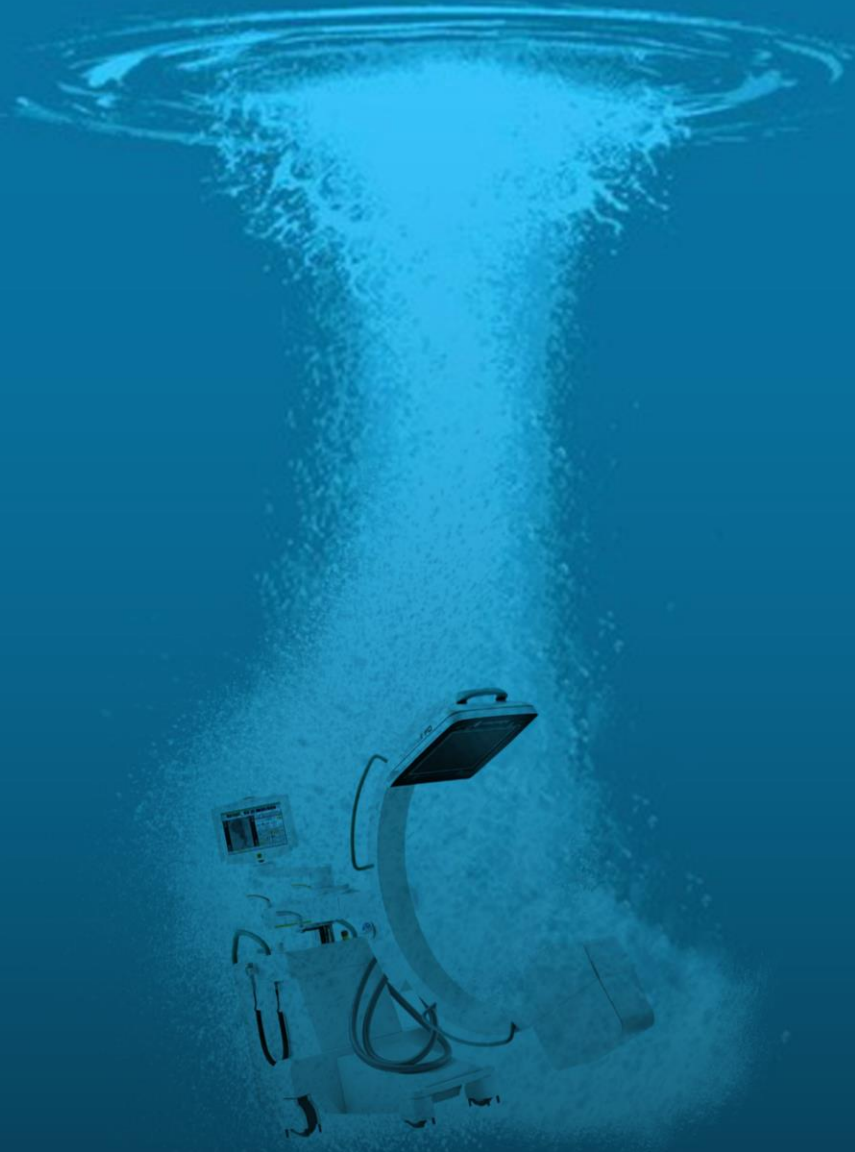
C = 1000 HU
W = 1000 HU

Results

Measurements, patient 3



C = 1100 HU
W = 1000 HU



Intervention goes Deep!

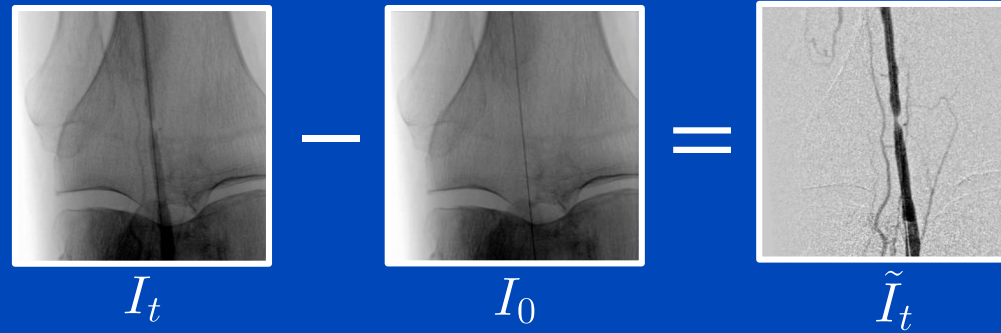
Deep DSA



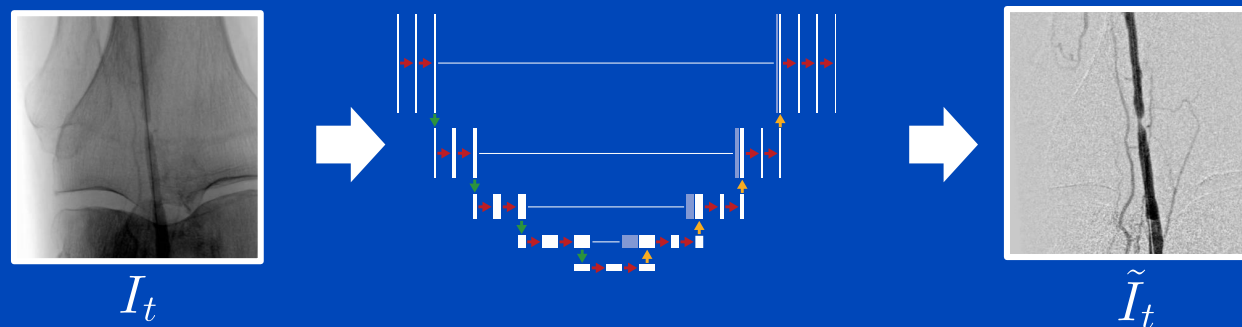
Methods

General principle

Conventional DSA

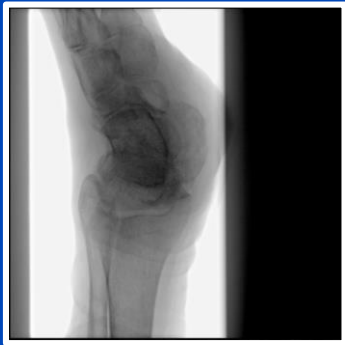


Deep DSA

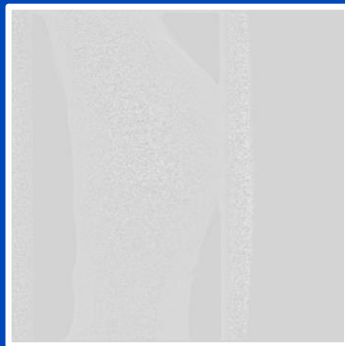


- Train on static cases where ground truth is conventional DSA

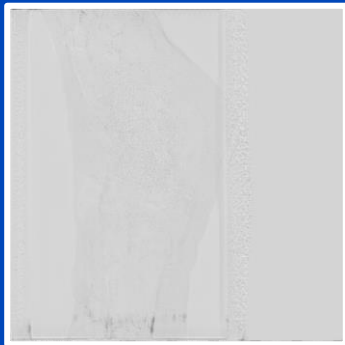
Results



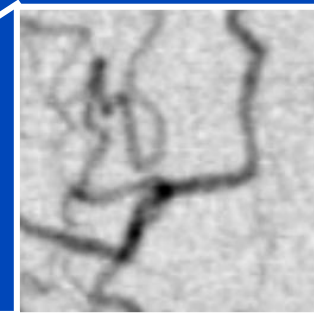
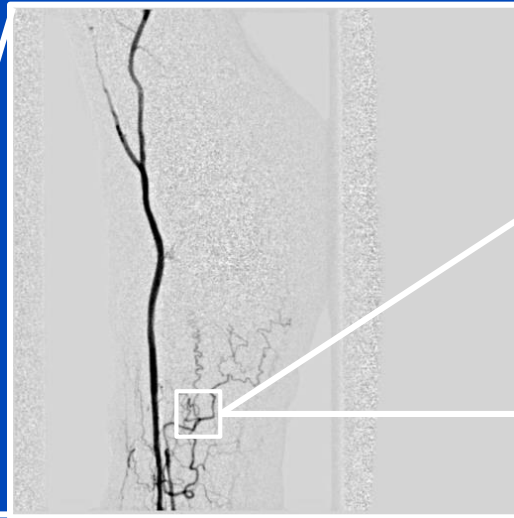
Original x-ray sequence



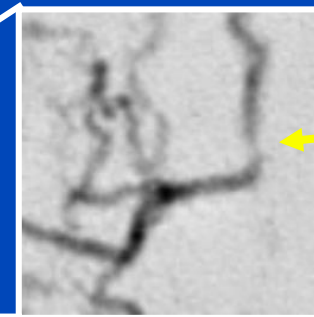
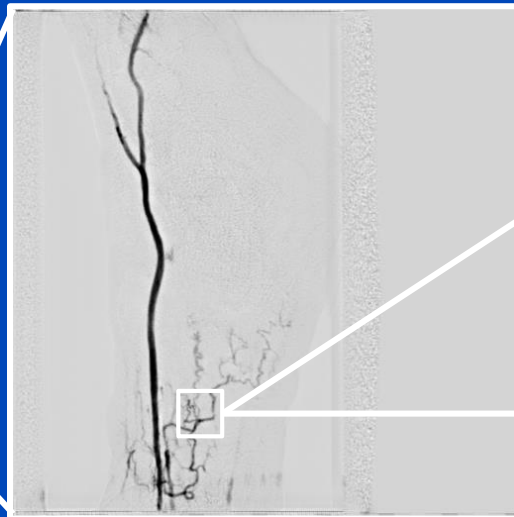
Ground truth DSA



CNN output



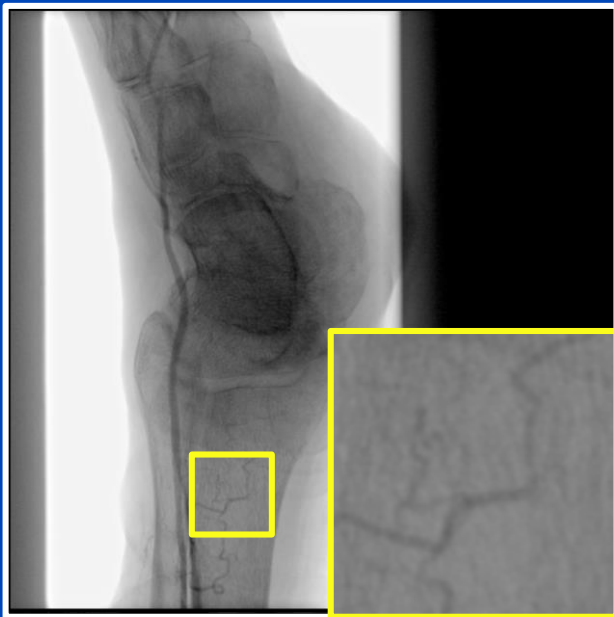
Artificially introduced stenosis?



Due to a low amount of training data and a low variability of the training data available to us the results shown on this slide are not optimal, yet.

Deep DSA

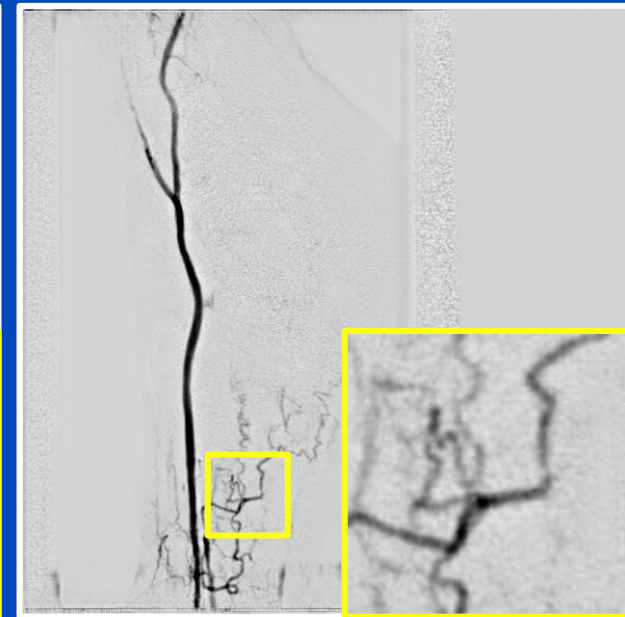
Fluoroscopy



DSA (fluoro minus mask)



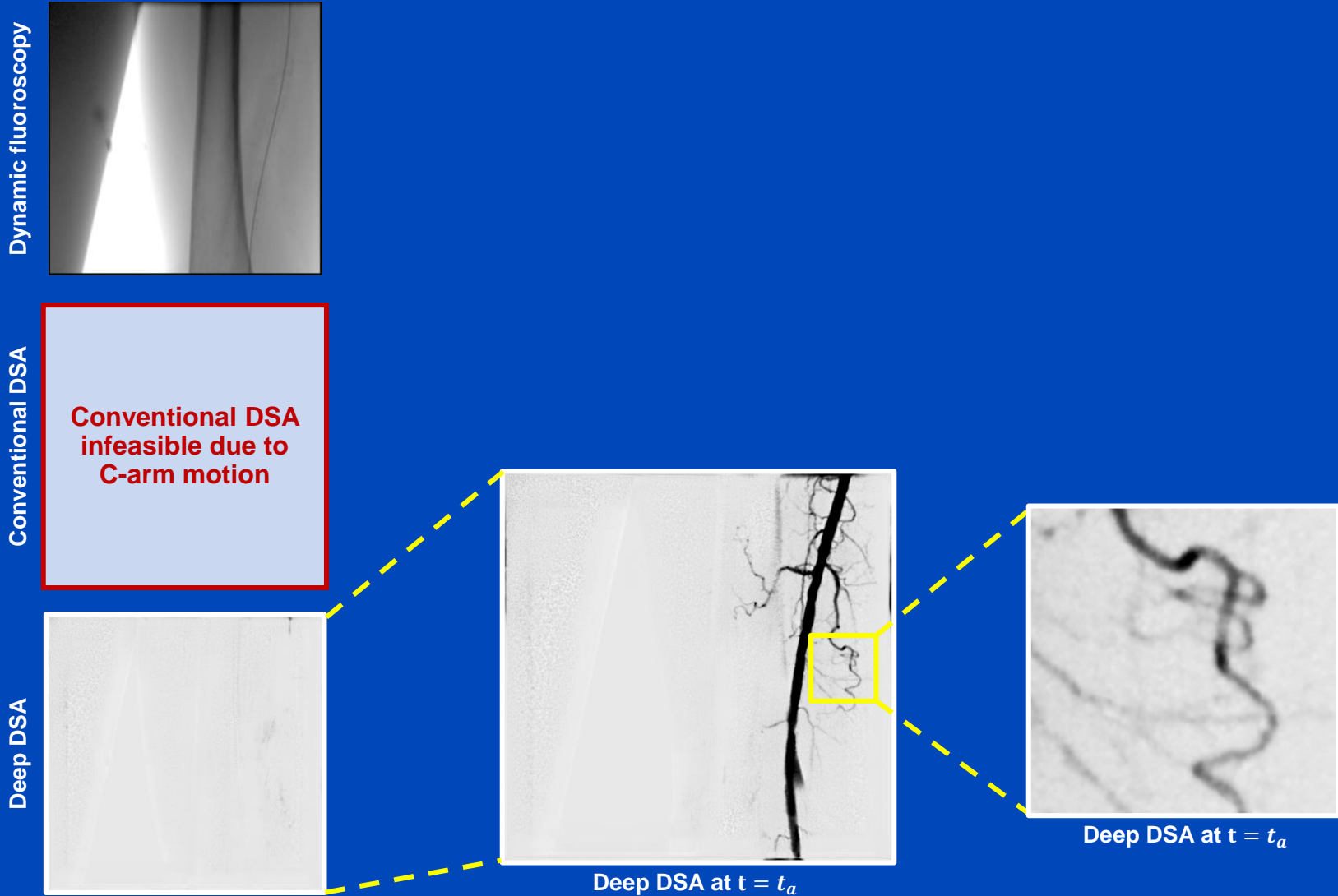
Deep DSA (from fluoro only)



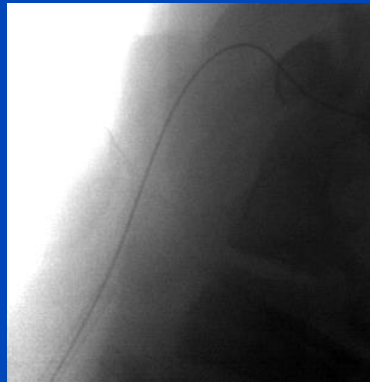
Due to a low amount of training data and a low variability of the training data available to us the results shown on this slide are not optimal, yet.

Results

Bolus chase study

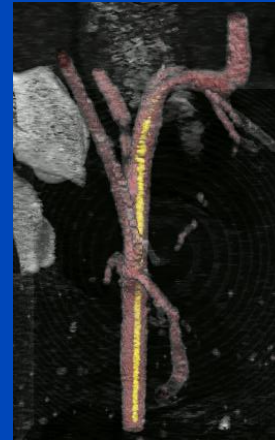


Deep 3D+T Fluoroscopy



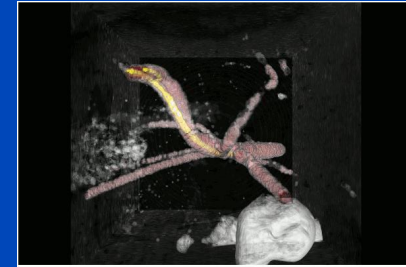
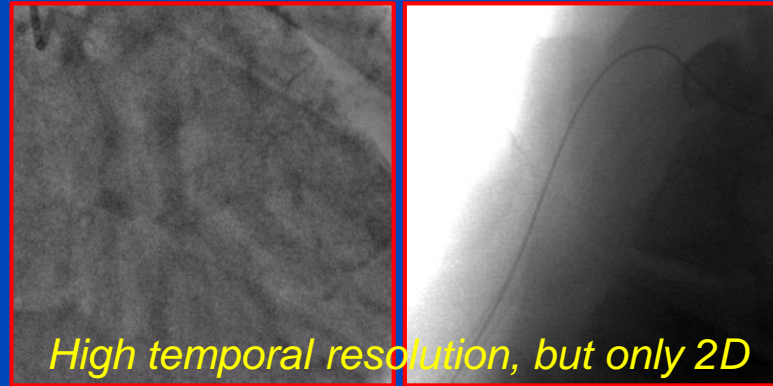
???

At 2D+T dose?



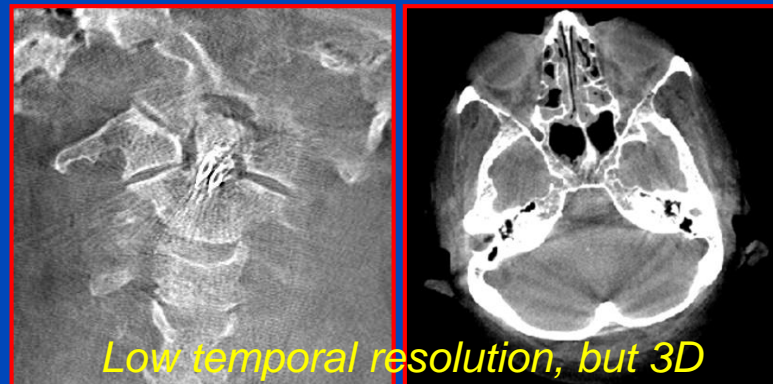
Deep 3D+T Tomographic Fluoroscopy

either 2D+T fluoroscopy



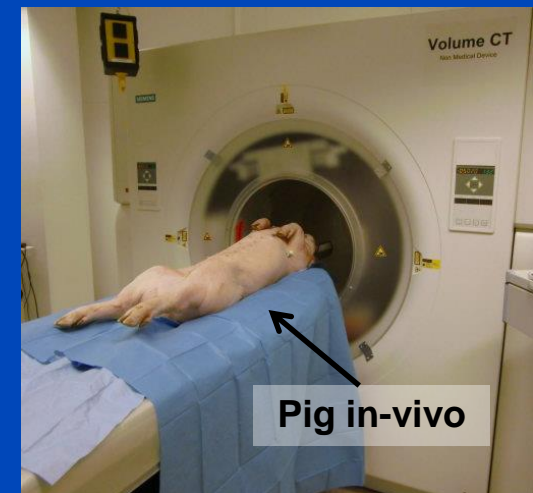
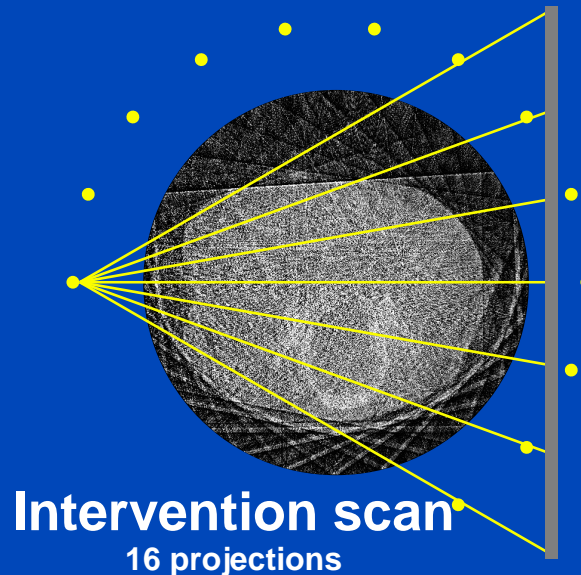
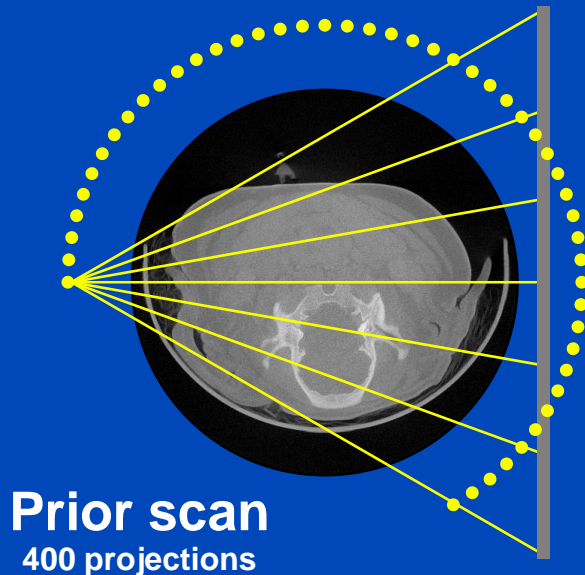
**3D+T
tomographic
fluoroscopy?
At low dose?
How???**

or 3D tomography



How to Realize 3D+T Fluoroscopy

- Low dose by:
 - Low tube current
 - Very few projections (pulsed mode)
- Advantages of intervention guidance:
 - Repetitive scanning of the same body region: changes are **sparse**.
 - Interventional materials are fine structures (few voxels) of high contrast (metal).

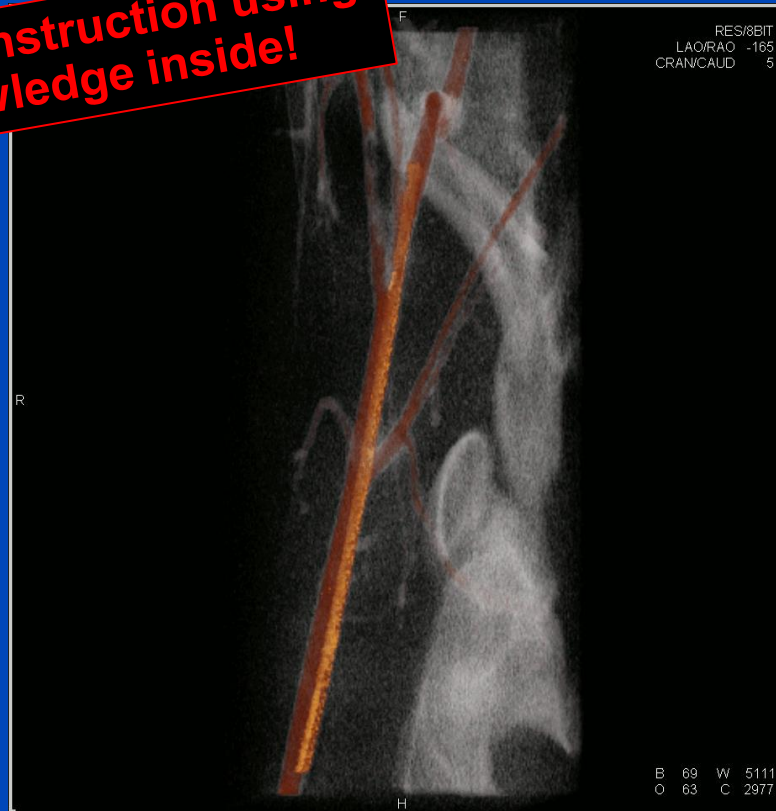


Experimental setup

3D+T Image Guidance at 2D+T Dose

Stent Expansion in the Carotis of a Pig with Angio Roadmap Overlay

Iterative reconstruction using
prior knowledge inside!

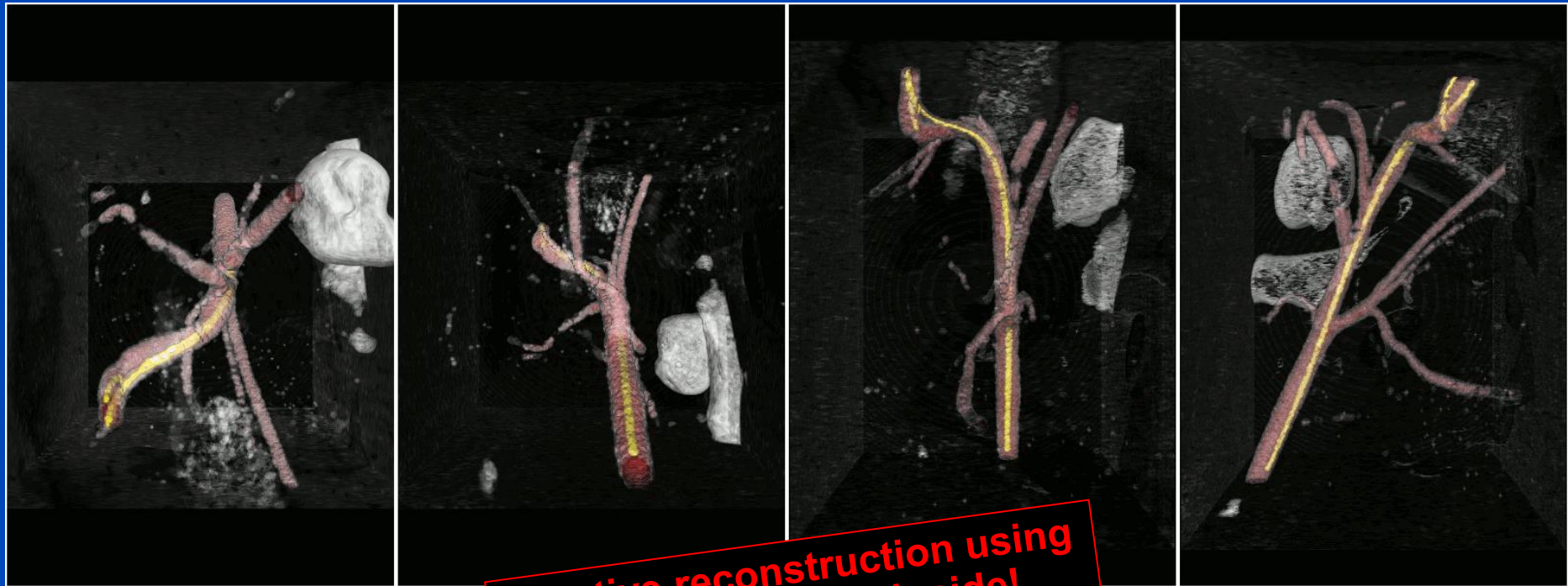


Dose of the yet unoptimized approach: 20 bis 50 $\mu\text{Gy/s}$.

This work was awarded the intervention award 2013 of the German Society of Neuroradiology (DGNR).
This work was further selected as the Editor's Pick for the Medical Physics Scitation site.

3D+T Fluoroscopy at 2D+T Dose

Guide Wire in the Carotis of a Pig with Angio Roadmap Overlay



**Iterative reconstruction using
prior knowledge inside!**

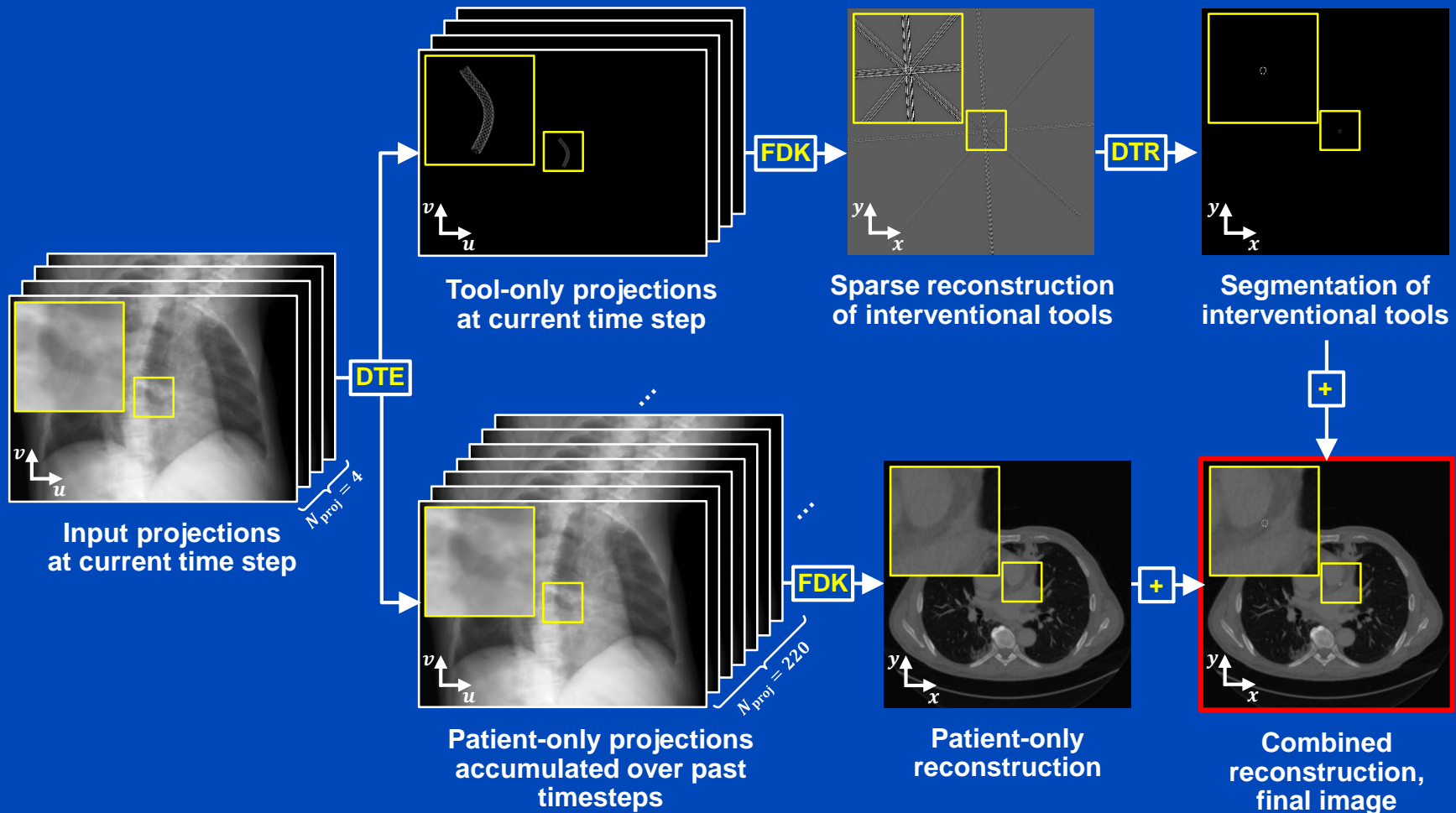
Dose of the yet unoptimized approach: 20 to 50 $\mu\text{Gy/s}$. Obviously, 16 projections are too much.

This work was awarded the intervention award 2013 of the German Society of Neuroradiology (DGNR).
This work was further selected as the Editor's Pick for the Medical Physics Scitation site.

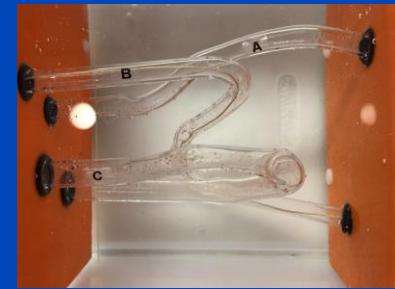


New Method: 4 Projections Only!

Deep Tool Extraction (DTE), Feldkamp Recon (FDK), Deep Tool Reconstruction (DTR)

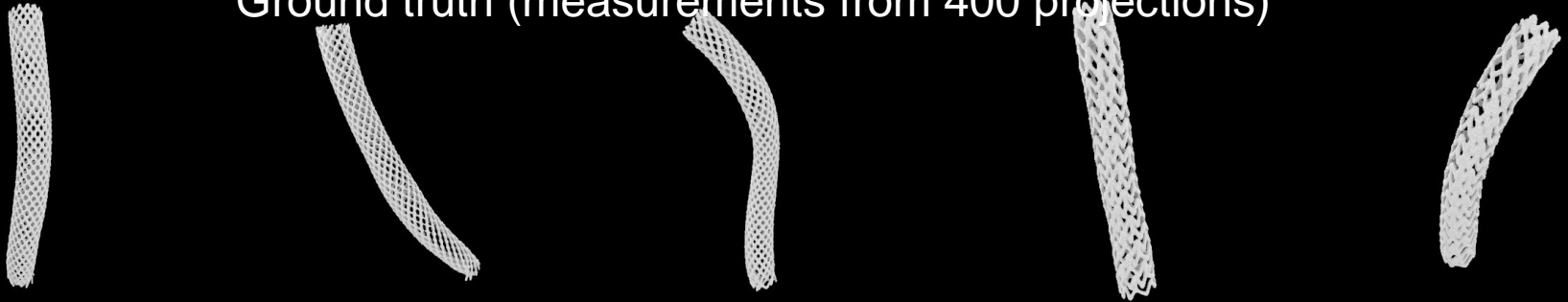


Zeego @ Stanford University

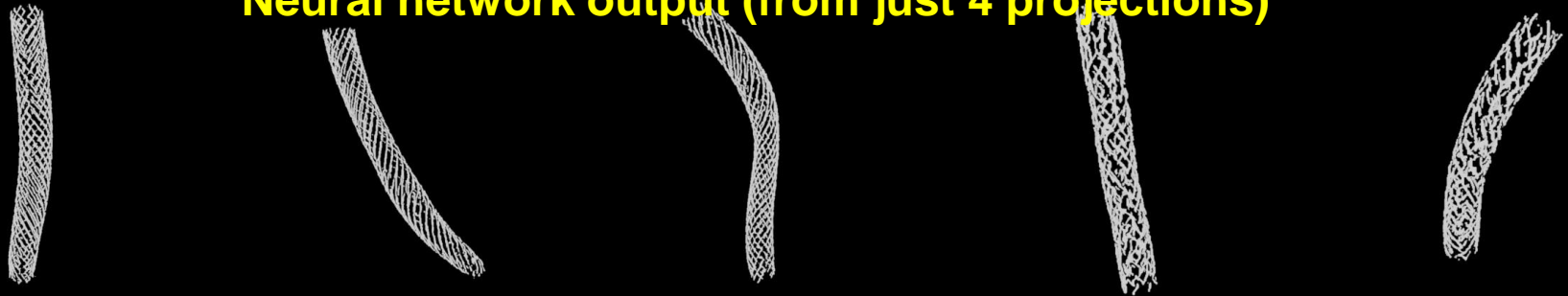


Zeego Measurements with Just 4 Projections

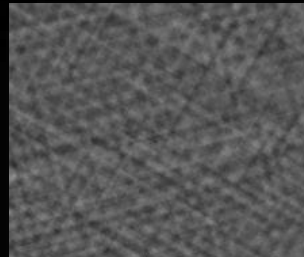
Ground truth (measurements from 400 projections)



Neural network output (from just 4 projections)



Loop through slices reconstructed
from just 4 projections without AI:



Stent
examples:



Thank You!



This presentation will soon be available at www.dkfz.de/ct.

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

Parts of the reconstruction software were provided by RayConStruct[®] GmbH, Nürnberg, Germany.