Motion Vector Field Upsampling for Precise Respiratory Motion Compensation with Cone-Beam CT of the Thorax Region

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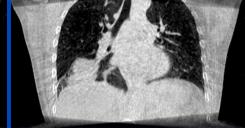


Slowly Rotating CBCT Devices

- Image-guided radiation therapy (IGRT)
 - Cone-beam CT (CBCT) imaging unit mounted on gantry of a LINAC treatment system
 - Accurate information about patient motion required for radiation therapy
- Slow gantry rotation speed of 6° per second (60 s/360°)
 - Much slower than clinical CT devices
- Breathing about 10 to 30 respiration cycles per minute (and thus per scan)
- Heartbeat about 50 to 80 beats per minute

ky Source Cantry Rotation





Account for patient motion!

Motion blurring in standard 3D reconstruction

5D* Motion compensation removes almost all motion blurring





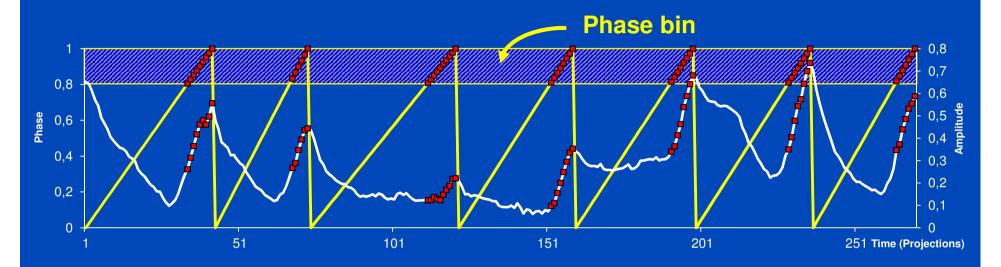
Aims

- To provide high fidelity motion-compensated (MoCo) respiratory- or cardiac-correlated volumes from CBCT.
- To further increase the temporal resolution by motion vector field (MVF) resampling.
- Use cases for MoCo (in the field of radiation therapy):
 - Accurate patient positioning
 - Reduce irradiation of the heart (organ at risk)
 - Treatment verification
 - Online treatment adaption

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Step 1: Phase Gating



- The white curve shows a respiratory amplitude signal (external monitor)
- The yellow curve shows the dedicated phase signal (modulo 1)
- The red squares are phase-gated projections (phase and amplitude ordinates)
- Phase gating ensures a nearly uniform projection distribution for all phases
- Phase-gated projections may have a strong variation in their respiratory amplitude. This introduces motion blurring even with perfect MVFs.





Mean Amplitude of Phase Bins



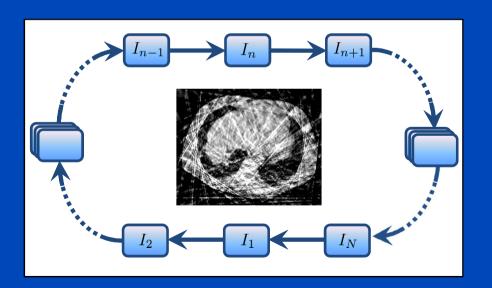
- The white curve shows a respiratory amplitude signal
- The red line represents the average amplitude of all projections in this phase
- Motion estimation is done between adjacent phase bins
- Pragmatic assumption: The MVFs describe the deformation between the mean amplitude of adjacent phase bins

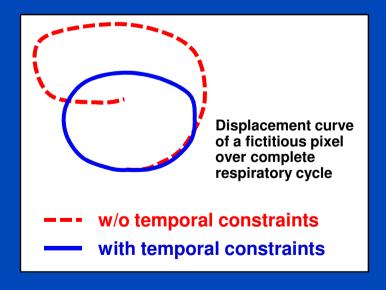




Step 2: a) Motion Estimation with Cyclic Regularization (cMoCo)

- Motion estimation only between adjacent phases
- Incorporate additional knowledge
 - A priori knowledge of quasi periodic breathing pattern
 - Non-cyclic motion is penalized
 - Error propagation due to concatenation is reduced

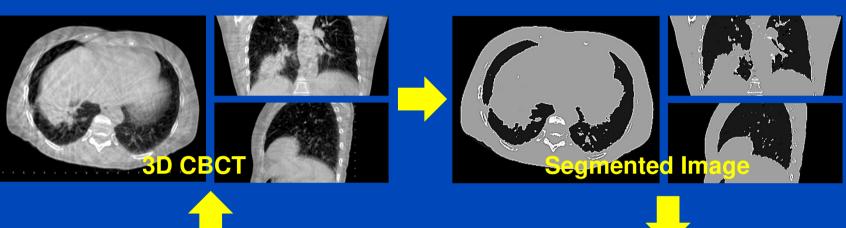








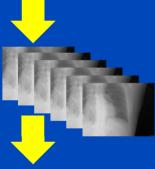
Step 2: b) Motion Estimation with Artifact-Model-Based Regularization (aMoCo)

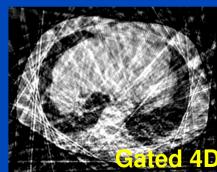


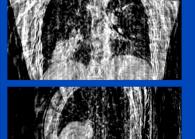
Measured data:

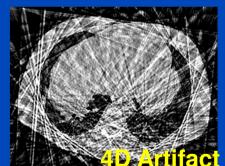


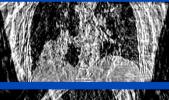












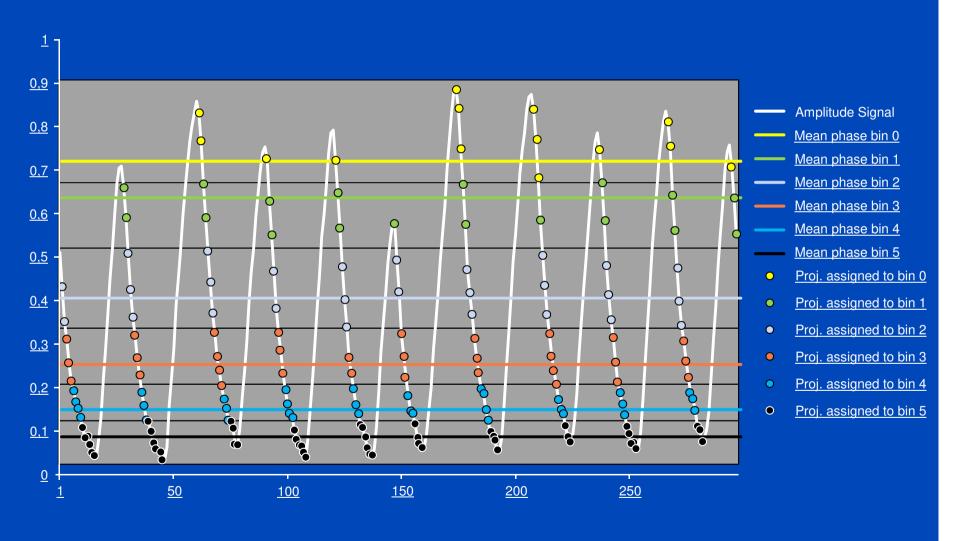






Step 3: Defining the Amplitude Bins

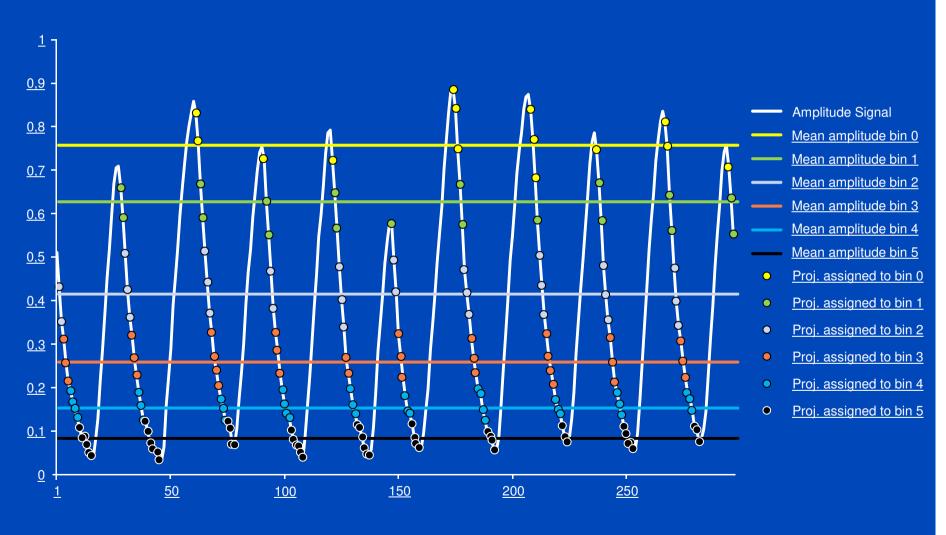
(exhale period shown, R=10, K=1)







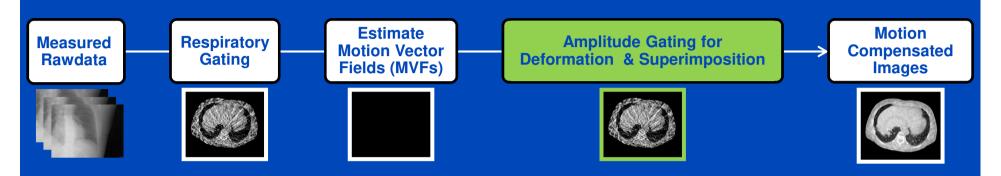
Step 4: Recalculation of the Mean Amplitues

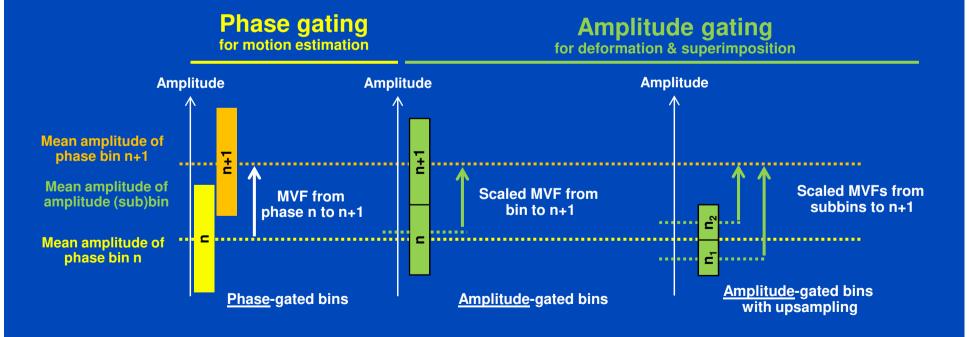






Switching From Phase to Amplitude Binning









Patient Data

Motion Compensation R=10, 20% Bin Width Scan Velocity 2 % with 7 fps, 13 rpm

3D FDK **PCF** acMoCo acMoCo R=10 R=10 R=10, MVF Resampling





Summary

- MVF estimation and thus MoCo image reconstruction can be significantly improved by MVF phase-toamplitude resampling.
- Motion blurring was reduced in all motion bins.

Thank You!

- This study was supported by Varian Medical Systems.
- This presentation will soon be available at www.dkfz.de/ct.
- Job opportunities through DKFZ's international PhD or Postdoctoral Fellowship programs (www.dkfz.de), or directly through Marc Kachelrieß (marc.kachelriess@dkfz.de).
- Parts of the reconstruction software were provided by RayConStruct[®] GmbH, Nürnberg, Germany.



