A New Registration Algorithm for Motion-Compensated Computed Tomography for Image-Guided Radiation Therapy

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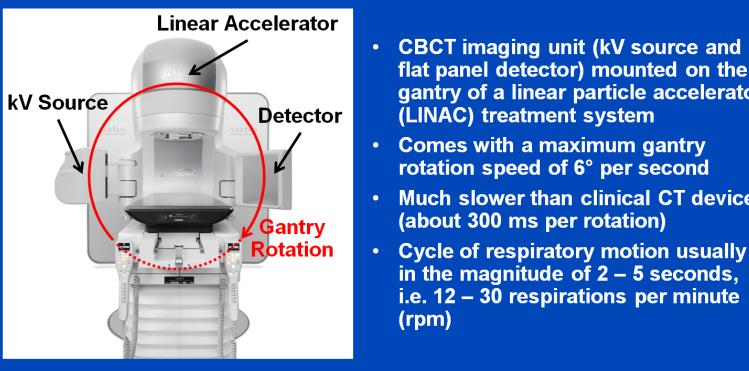
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Purpose:

An additional kV imaging system next to the linear particle accelprovides information in erator radiation image-guided therapy (IGRT) for an accurate patient positioning. However, due to the limited gantry rotation speed during treatment the typical acquisition time is much longer than the patient's breathing cycle resulting in low image quality. In particular, respiratory motion causes severe artifacts such as blurring and streaks in tomographic images. Our purpose is to estimate the motion and compensate for it to provide high quality respiratorycorrelated 4D volumes. Moreover, it is necessary that the algorithm is capable to handle standard conebeam CT (CBCT) scans and in particular standard on-board CBCT scans for image-guided radiation therapy without any particular slow, multiple or adaptive gantry rotation technique^[1] and without knowledge from another acquisition like a planning CT^[2].





CBCT imaging unit (kV source and flat panel detector) mounted on the gantry of a linear particle accelerator

Comes with a maximum gantry rotation speed of 6° per second

Much slower than clinical CT devices (about 300 ms per rotation)

in the magnitude of 2 – 5 seconds i.e. 12 – 30 respirations per minute

• MVFs for each phase pair required

 $\mathbf{T}_n^k \leftarrow \mathbf{T}_n^1 \circ \mathbf{T}_{n+1}^{k-1}$

levels with the concatenation as

 $\begin{bmatrix} \mathbf{T}_n^1 & \mathbf{T}_{n+1}^1 & \mathbf{T}_{n+2}^1 \end{bmatrix}$

 I_1 ... I_n I_{n+1} I_{n+2} I_{n+3} ... $I_{N_{\mathrm{Bins}}}$

Further Levels

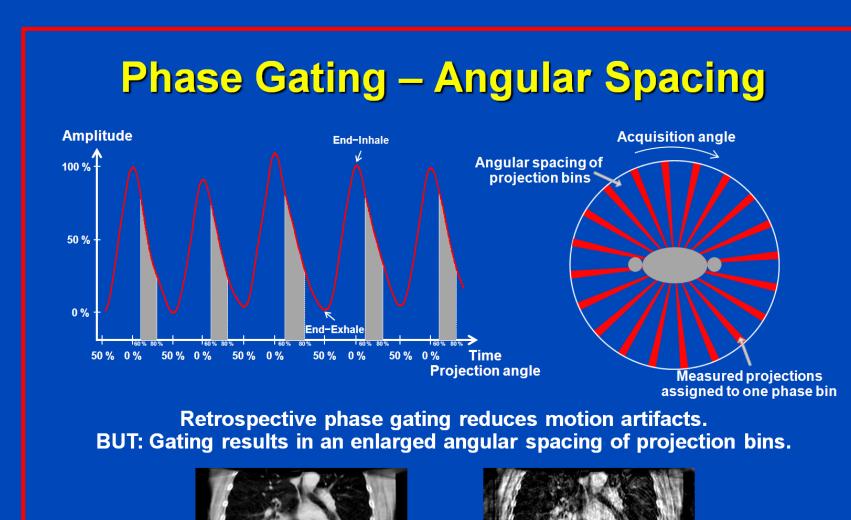
Second Level

Repeated registration on further

initialization (re-registration)

Given by concatenation of MVFs

from adjacent phases



The basis of our new registration algorithm is an enhanced version of the demons algorithms^[4]. In addition, the temporal constraint is considered by minimizing the respective cost function.

compensate for motion by We backprojecting along curved lines that correspond to the acquisition lines warped with respect to the MVFs.

Aim is to provide high quality respiratory-correlated 4D volumes from on-board CBCT scans without any particular slow, multiple or adaptive gantry rotation technique and without knowledge from prior scans like planning CTs.

Motion Estimation

Re-registration:

Further Levels

 $I_{n} \longrightarrow I_{n+1}$

nediate volume for phase bin

 $I_2 \longleftarrow I_1 \longleftarrow I_{N_{\text{Bins}}} \longleftarrow$

Adjacent phases first:

MVFs form a cycle

Motion vector fields (MVFs)

estimated first (first level)

Allows for incorporating

temporal restrictions in

Cyclic breathing motion

registration process

patterns

Ground Truth (GT)

for adjacent phases are



Registration Algorithm – Spatial Part

Maximum step width^[b] α

kernels^[b] G_{fluid}, G_{diffusion}

Displacement update by

 $\frac{1}{2} (m \circ \mathrm{T} - s) (\nabla s + \nabla (m \circ \mathrm{T}))$

 $\left\|\frac{1}{2}\left(\mathbf{\nabla}s+\mathbf{\nabla}\left(m\circ\mathrm{T}\right)\right)\right\|^{2}+lpha^{2}\left(m\circ\mathrm{T}-s\right)^{2}$

- Transformation vector field given

Ground truth in end-exhale

Backprojection on (straigh

acquisition lines of a projection acquired in end-inhale

Backprojection on warped acquisition lines

of the same projection

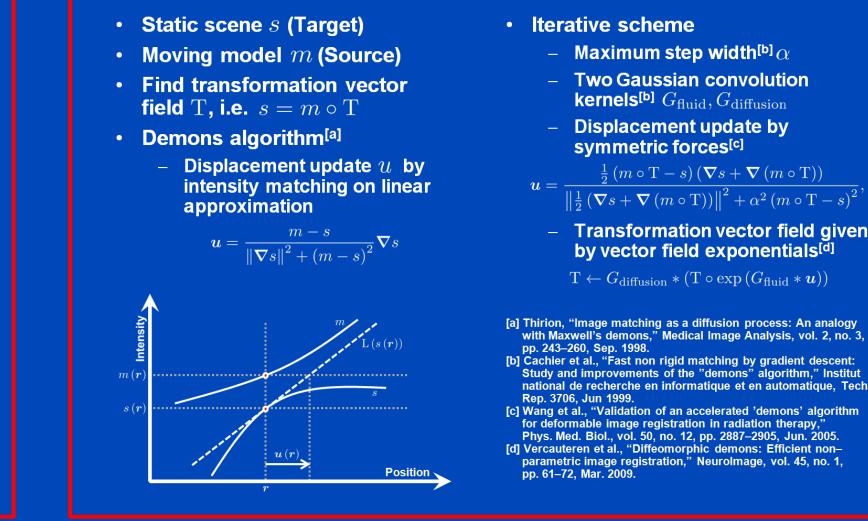
MoCo with

by vector field exponentials^[d]

 $\mathbf{T} \leftarrow G_{\text{diffusion}} * (\mathbf{T} \circ \exp\left(G_{\text{fluid}} * \boldsymbol{u}\right))$

symmetric forces^[c]

Two Gaussian convolution



Motion Compensation (MoCo)

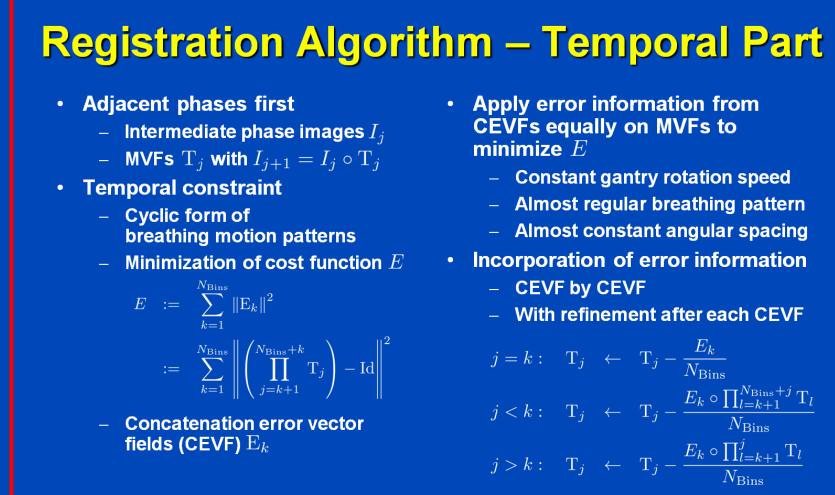
Combine benefits

- High temporal resolution of phase-correlated images Low noise level from standard reconstructions
- Use of all projections Even those of other phase bins - Compensate for motion using motion vector fields (MVF) determined via motion estimation
- In our case motion estimation is performed on phase-correlated Feldkamp images
- Backprojection along curved lines corresponding to the acquisition lines warped with respect to the MVFs
- Projection data p, phase-correlated reconstruction operator $\mathbf{X}_{\mathrm{PCF}}^{-1}$, MVF $\mathbf{T}_{i,j}$ from phase bin j to phase bin i

To evaluate the new registration algorithm motion-We apply compensated image reconstruction using the estimated MVFs. The test set consists of synthesized data, obtained by deforming a clinical patient dataset, and patient scans including RPM information acquired with the On–Board Imager's[®] and the TrueBeam'sTM integrated kVimaging unit (Varian Medical Systems, Palo Alto, USA).

Results:

The registration algorithm shows low sensitivity on image artifacts and is able to recover respiratory motion. Finer details like pulmonary vessels hidden by motion or streak artifacts become visible in motioncompensated images.

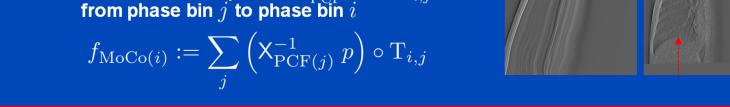


Materials and Methods:

CBCT Standard reconstruction approaches, e.g. using Feldkamp algorithm^[3], apply all projection data without considering patient motion properly and thereby suffer from artifacts. Retrospective motion phase gating sorts all data into different sets according to the respiratory motion phase. Performing a separate reconstruction of each phase reduces motion but the sparsification artifacts, an increased angular results in spacing. Thus, few-view artifacts and a high noise level deteriorate the image quality. Nevertheless, these phase-correlated images are used as intermediate images for motion estimation with the new registration algorithm.

For motion estimation a strategy is developed to deal with image artifacts. Motion vector fields (MVF) containing just small motion are estimated first, i.e. the MVFs for adjacent phases. These form a cycle which allows to add temporal constraints like the cyclic breathing motion patterns. The MVFs of non-adjacent phase bins are obtained by concatenation and can be refined by a re-registration using again the cycles on higher levels.





MoCo with

Motion Estimation 2 Motion Estimation 3

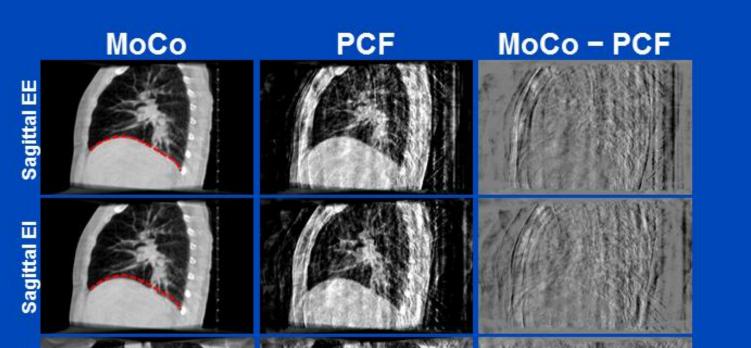
Conclusion:

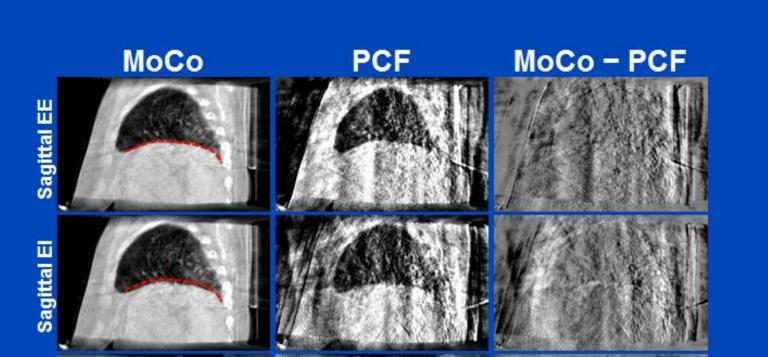
Motion-compensated image reconstruction without knowledge from prior scans or particular acquisition techniques becomes feasible in image-guided radiation therapy.

Acknowledgment:

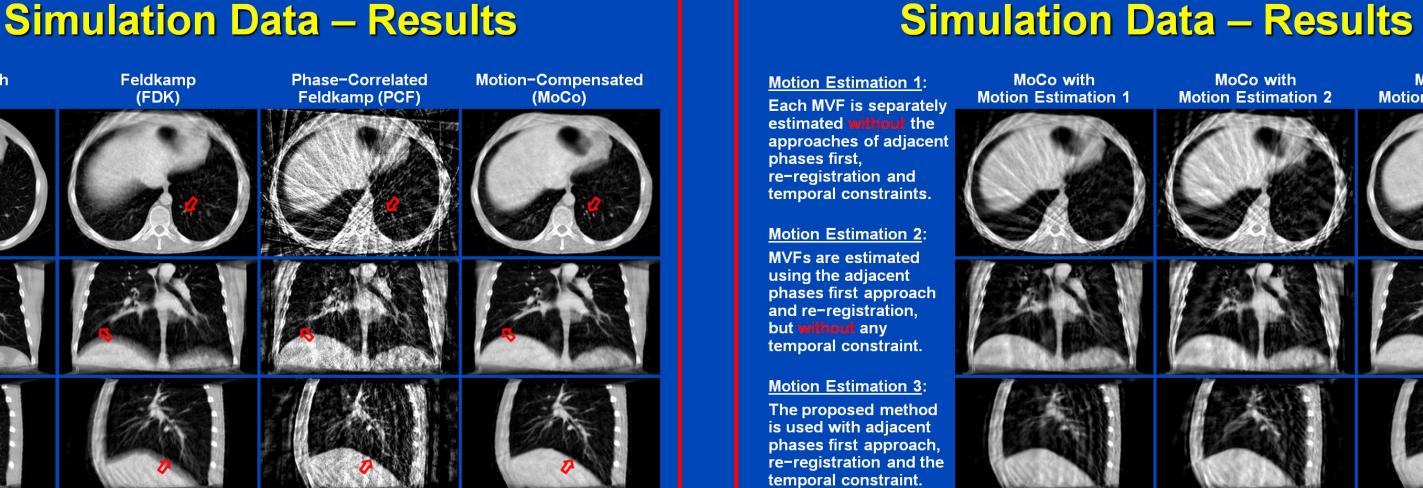
This study was supported by a research grant from Varian Medical Systems, Palo Alto, CA. We thank Dr. Gig Mageras from Memorial Sloan-Kettering Cancer Center, New York, NY for providing the patient data. Parts of the reconstruction software were provided by RayConStruct[®] GmbH, Nürnberg, Germany.

Patient Data – Results

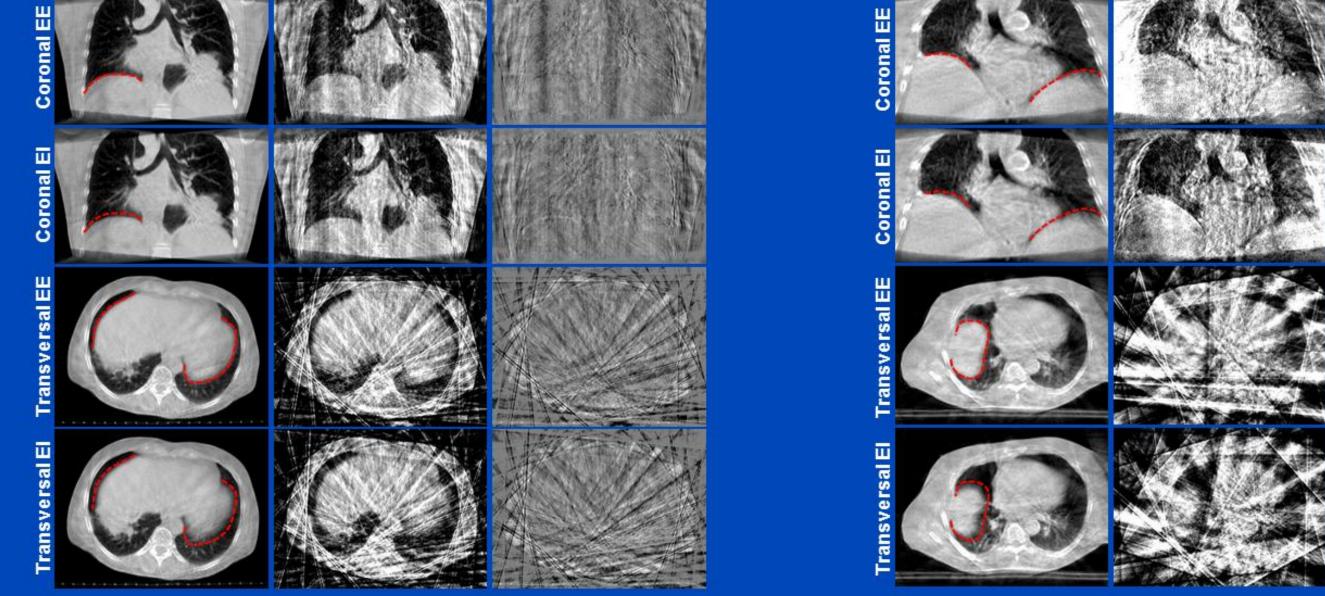




End-exhale phase bin shown at grayscale window of C = -200 HU / W = 1400 HU.



End–exhale phase bin shown at grayscale window of C = –200 HU / W = 1400 HU.



For two different patients the end-exhale (EE) and end-inhale (EI) phase bin are shown at grayscale window of C = -200 HU / W = 1400 HU. Difference images are shown at C = 0 HU / W = 2000 HU and the red dotted lines mark edge positions in end-exhale.

References:

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