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## Technical Possibilities of Photon-Counting CT

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

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

Ideally, bin spectra do not overlap, ...





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

... realistically, however, they do!





### **Photon Counting CT Availability**

	Sensor material	Detector pixel size at iso	Pixel binning	FOM	Bins	FDA	Pubs	Installations
Canon	CdZnTe	210 µm	3x3, 1x1	50 cm	5	no	1	1 prototype (Japan)
GE	Si, edge on	400 × 400 µm	?	?	?	no		2 experimental setups (Sweden, USA)
Philips	CdZnTe	274 × 274 µm	?	50 cm	5	no	≈22	1 experimental setup (France)
Siemens CounT	GOS/CdTe dual source	700 × 600 μm / 250 × 250 μm	2×2, 1×1	50 / 28 cm	4	no	≈50	3 experimental systems (Germany, USA)
Siemens CountPlus	CdTe	150 × 176 µm	2×2, 1×1	50 cm	4	no	≈11	3 prototypes (Czech, Sweden, USA)
Siemens Alpha	CdTe/CdTe dual source	2 · 150 × 176 μm	2×2, 1×1	50 / 36 cm	4	yes	≈40	about 100 worldwide



### Face on design (all others)



Image courtesy of Siemens Healthineers

The additional factor 2 in the detector pixel size column indicates that some scan modes may use binning.



### Siemens Naeotom Alpha The World's First Photon-Counting CT is a Dual Source PCCT



Alpha PCCT at University Medical Center Mannheim (UMM), Heidelberg University, Germany



### **Detector Pixel Force vs. Alpha**



Focus sizes (Vectron): 0.181×0.226 mm, 0.271×0.7316 mm, 0.362×0.497 mm at iso which are 0.4×0.5 mm, 0.6×0.7 mm, 0.8×1.1 mm at focal spot

ASG information taken from [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]



### **Evolution of Spatial Resolution**

similar to Energy-integrating CT (B70)



Pixel size 0.181 mm Slice thickness 0.60 mm Slice increment 0.30 mm MTF<sub>50%</sub> = 8.0 lp/cm MTF<sub>10%</sub> = 9.2 lp/cm Pixel size 0.181 mm Slice thickness 0.20 mm Slice increment 0.10 mm MTF<sub>50%</sub> = 39.0 lp/cm MTF<sub>10%</sub> = 42.9 lp/cm

All measurements at Naeotom Alpha, Siemens Healthineers. QIR Reconstructions such that the maximum spatial resolution of Flash, CounT and Alpha is demonstrated on the same sample. *C* = 1200 HU, *W* = 4000 HU



scanned at PCCT (Naeotom Alpha, Br98u)

### **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
  - "lodine 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
  - Pediadric scans at even lower dose
  - Obese patients with less noise
    - EI (Dexela)



Readout noise only. Single events hidden!





No readout noise. Single events visible!

18 frames, 5 min integration time per frame, x-ray off



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

# 0 keV 100 keV 140 keV 33 keV lodine k-edge $\text{Signal}_{\text{EI}} = \int dE \, E \, N(E)$

100 kV and 140 kV EI spectra as seen after having passed 32 cm of water.



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



100 kV and 140 kV PC spectra (one bin) as seen after having passed 32 cm of water.



### Iodine CNRD Assessment Regions of Interest



### C = 180 HU, W = 600 HU



### PC with 1 Bin vs. El Potential Dose Reduction





### PC with 2 Bins vs. El Potential Dose Reduction





### Ultra-High Spatial Resolution on Demand!

- 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.







Kachelrieß, Kalender. Med. Phys. 32(5):1321-1334, May 2005

### Small Pixel Effect at Naeotom Alpha

Medium Phantom, 4 mGy CTDI<sub>32</sub>



To disable the longitudinal small pixel effect, we reconstructed rather thick slices (1 mm thickness).

25% dose reduction



± 89 HU

o dose reduct

UHR B70f

± 62 HU

 $\langle \rangle$ 

10 mm

Macro/Std B70f

± 77 HU

UHR U80f

± 158 HU

All images taken at the same dose at Somatom CounT. C = 1000 HU, W = 3500 HU L. Klein, C. Amato, S. Heinze, M. Uhrig, H.-P. Schlemmer, M. Kachelrieß, and S. Sawall. Effects of Detector Sampling on Noise Reduction in a Clinical Photon Counting Whole-Body CT. Investigative Radiology, vol. 55(2):111-119, February 2020.



### **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

### t 94 HU b 9

### 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

C = 50 HU, W = 1500 HU



### X-Ray Dose Reduction of B70f

	UHR vs. Std	80 kV	100 kV	120 kV	140 kV
DC VS	PC S	<b>23%</b> ± 12%	<b>34%</b> ± 10%	<b>35%</b> ± 11%	<b>25%</b> ± 10%
"small pixel e	effect one M	<b>32%</b> ± 10%	<b>32%</b> ± 8%	<b>35%</b> ± 8%	<b>34%</b> ± 9%
	L	<b>35%</b> ± 10%	<b>29%</b> ± 15%	<b>27%</b> ± 9%	<b>31%</b> ± 11%
	UHR vs. El	80 kV	100 kV	120 kV	140 kV
PC V ("small pi and "iodi	IS. EI S	<b>33%</b> ± 9%	<b>52%</b> ± 5%	<b>57%</b> ± 7%	<b>57%</b> ± 6%
	dine effect")	<b>41%</b> ± 8%	<b>47%</b> ± 7%	<b>60%</b> ± 6%	<b>62%</b> ± 4%
	L	<b>48%</b> ± 8%	<b>43%</b> ± 10%	<b>54%</b> ± 6%	<b>63%</b> ± 5%
	Noise	B70f		PC-UHR Mode 0.25 mm pixel size 0.50 mm pixel s	de El detector ize 0.60 mm pixel size
					Resolution

Klein, Kachelrieß, Sawall et al. Invest. Radiol. 55(2), Feb 2020

dkfz.

### **Drawbacks of UHR?**

**Power of Vectron X-Ray tube in Naeotom Alpha** 





# What About the Spectral Performance of PCCT?



# **Results – Different DECT Techniques**

TVS 80 kV / 140 kV

DS 100 kV / Sn 140 kV

VNC

odine



Faby and Kachelrieß, MedPhys 42(7):4349-4366, July 2015.

Water: C = 0 HU / W = 400 HU lodine: C = 0 mg/mL / W = 6 mg/mL



## **Results – PC (Realistic PC Model)**



Faby and Kachelrieß, MedPhys 42(7):4349-4366, July 2015.

Water: C = 0 HU / W = 400 HU lodine: C = 0 mg/mL / W = 6 mg/mL



## **Results – PC/PC (Realistic PC Model)**

### PC 100 kV / PC Sn 140 kV

DS PC 2 bins

DS PC 1 bin

DS 100 kV / Sn 140 kV

VNC

odine



Faby and Kachelrieß, MedPhys 42(7):4349-4366, July 2015.

Water: C = 0 HU / W = 400 HU lodine: C = 0 mg/mL / W = 6 mg/mL



**DS PC 4 bins** 

### 80 kV / 140 kV

























### Conclusions

- PCCT offers several advantages: low dose, high spatial resolution, spectral information on demand.
- Thereby, it outperforms all EI CT systems by far.
- PCCT further outperforms all DECT implementations other than dual source CT (DSCT).
  - Fast tube voltage switching, sandwich detectors, or split filter DECT implementations are inferior compared with PCCT.
  - DSCT, cannot be outperformed by single source PCCT. The reason is that DSCT marginalizes the spectral overlap by using a selective prefilter on the high kV tube.
  - To outperform DSCT in terms of spectral performance it is necessary to have a DS-PCCT system with a prefilter on the high kV tube.



# Thank You!

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

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

Parts of the reconstruction software were provided by RayConStruct<sup>®</sup> GmbH, Nürnberg, Germany.

