

# Photon Counting CT

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

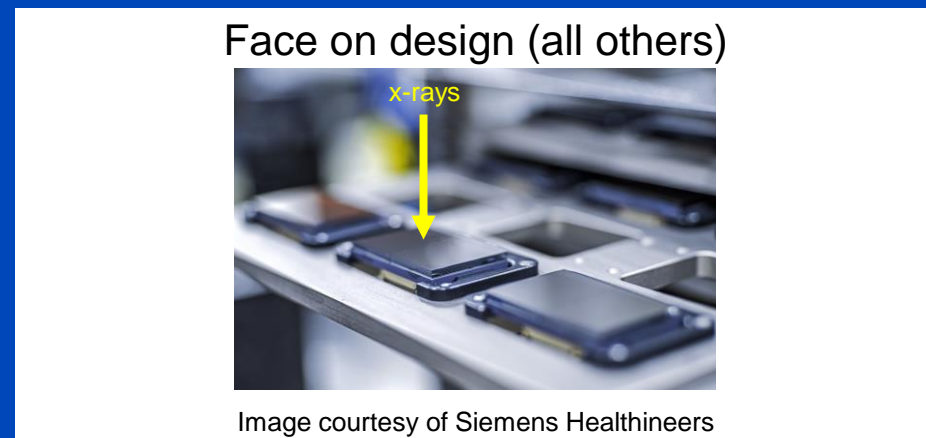
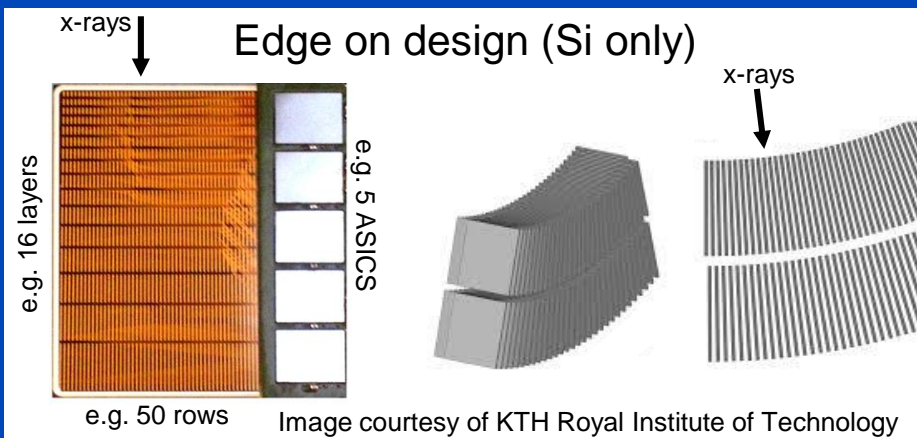


**DEUTSCHES  
KREBSFORSCHUNGSZENTRUM  
IN DER HELMHOLTZ-GEMEINSCHAFT**

# Diagnostic PCCT Systems (as of August 2022)

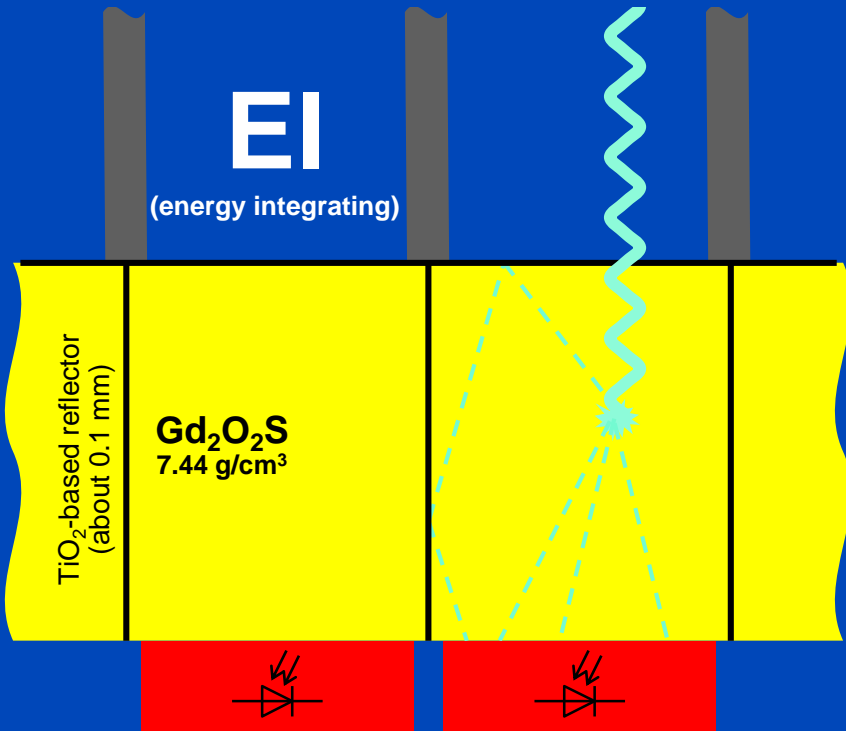
	Detector material	Detector pixel size at iso	Field of Measurement	Bins	Approved product?	Publications (scopus search)
<b>Canon</b>	CdZnTe		50 cm	5	no	
<b>GE</b>	Si (edge on)				no	
<b>Philips</b>	CdZnTe	275 × 275 μm	50 cm	5	no	≈22
<b>Siemens Count</b>	dual source GOS/CdTe	2 · 250 × 250 μm	50 / 27.5 cm	4	no	≈50
<b>Siemens Count+</b>	CdTe	2 · 150 × 176 μm	50 cm	4	no	≈11
<b>Siemens Naeotom Alpha</b>	dual source CdTe	2 · 150 × 176 μm	50 / 36 cm	4	yes ≈40 installed	≈40

} > 100

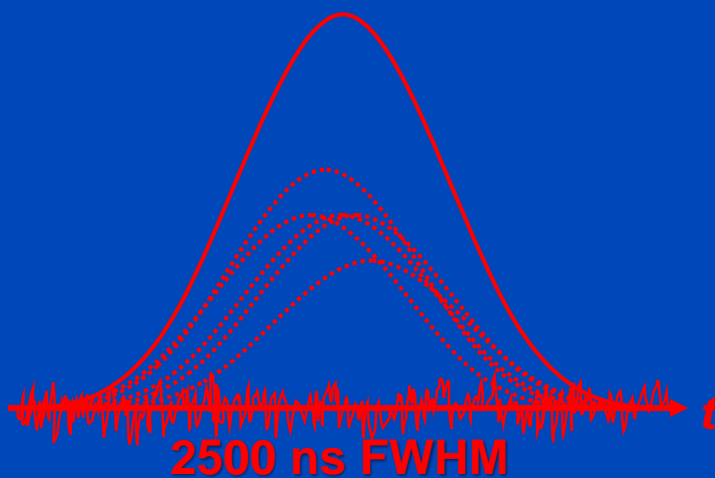
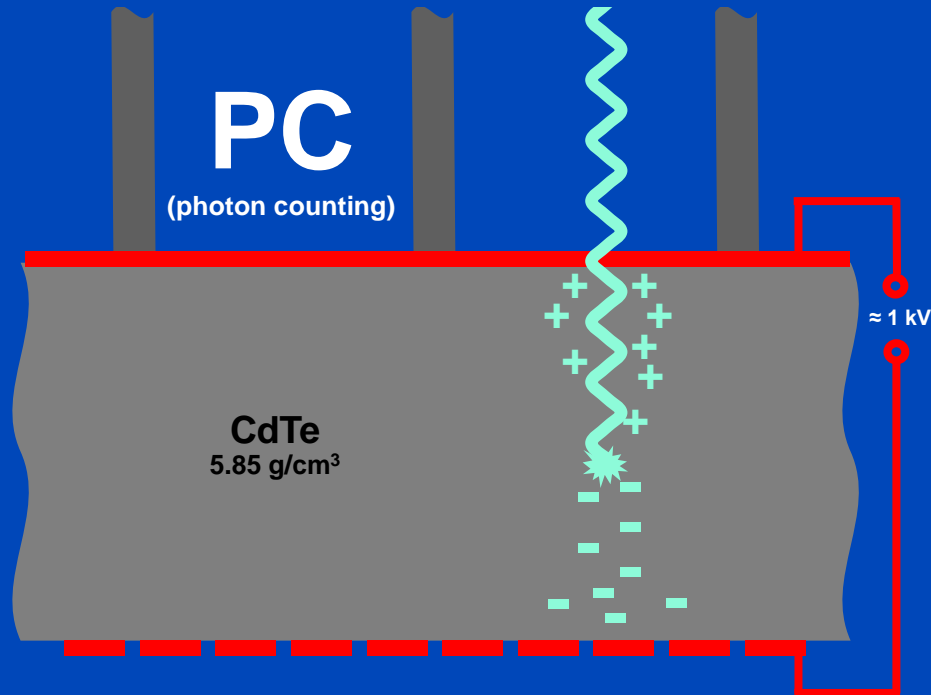


The additional factor 2 in the detector pixel size column indicates that some scan modes may use binning.

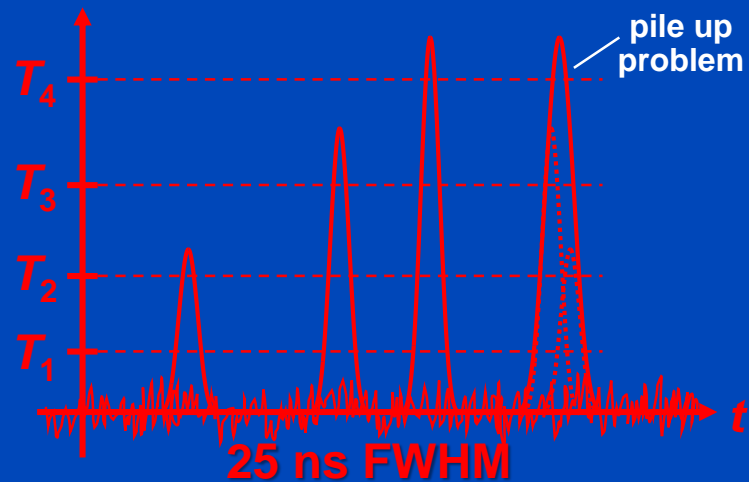
# Indirect Conversion (Today)



# Direct Conversion (Future)



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

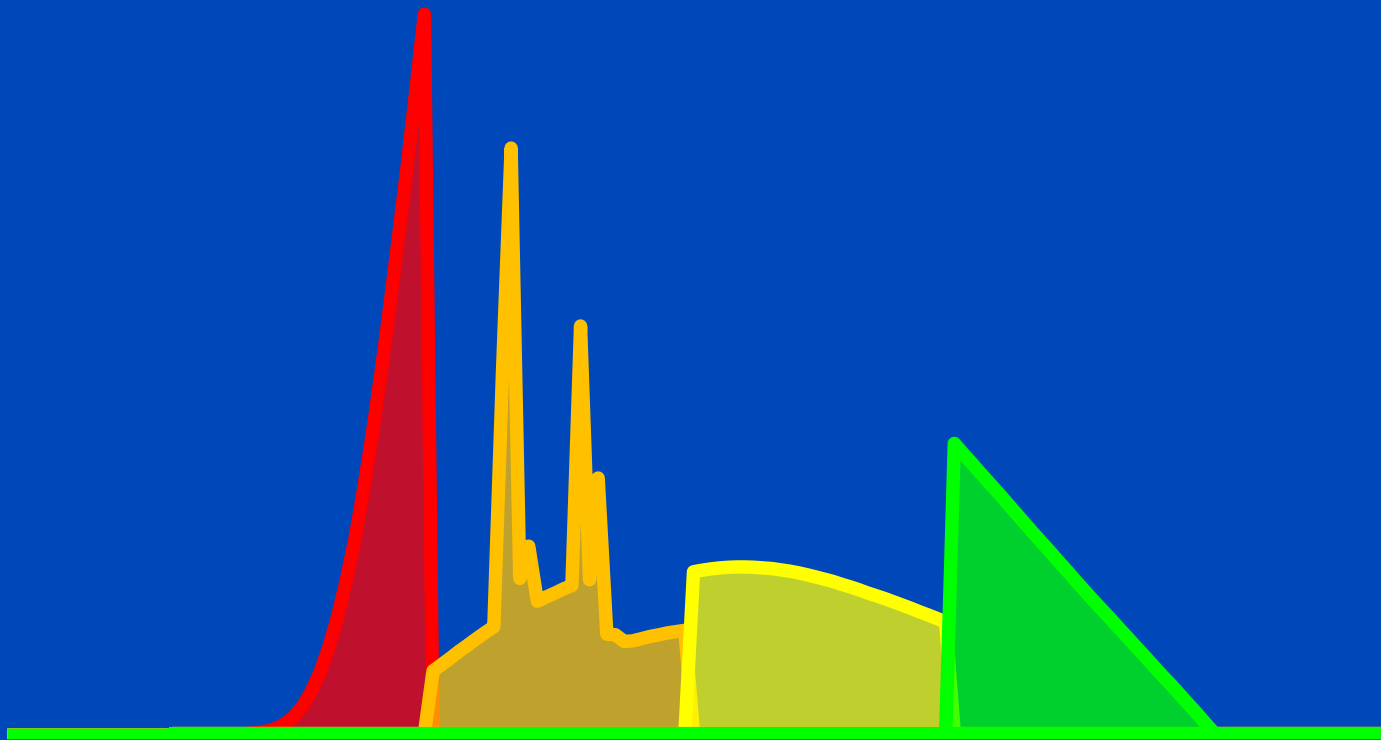


i.e. max  $O(40 \cdot 10^6)$  cps

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.

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

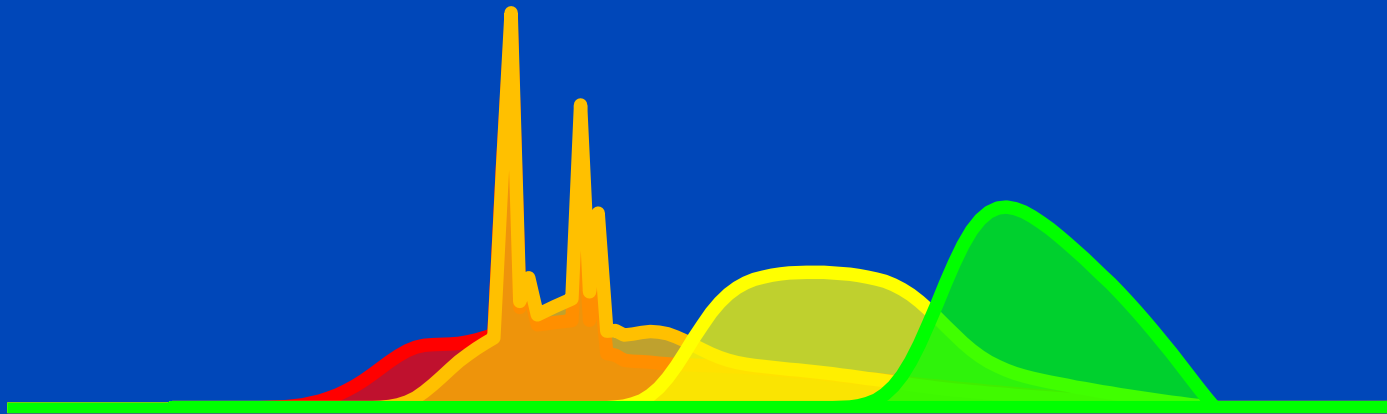
Ideally, bin spectra do not overlap, ...



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

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

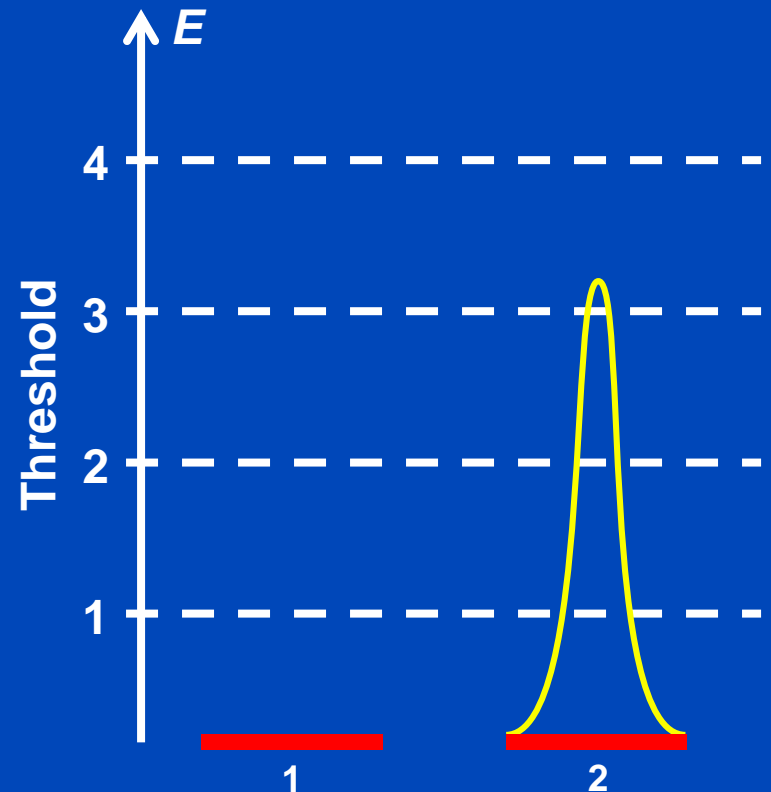
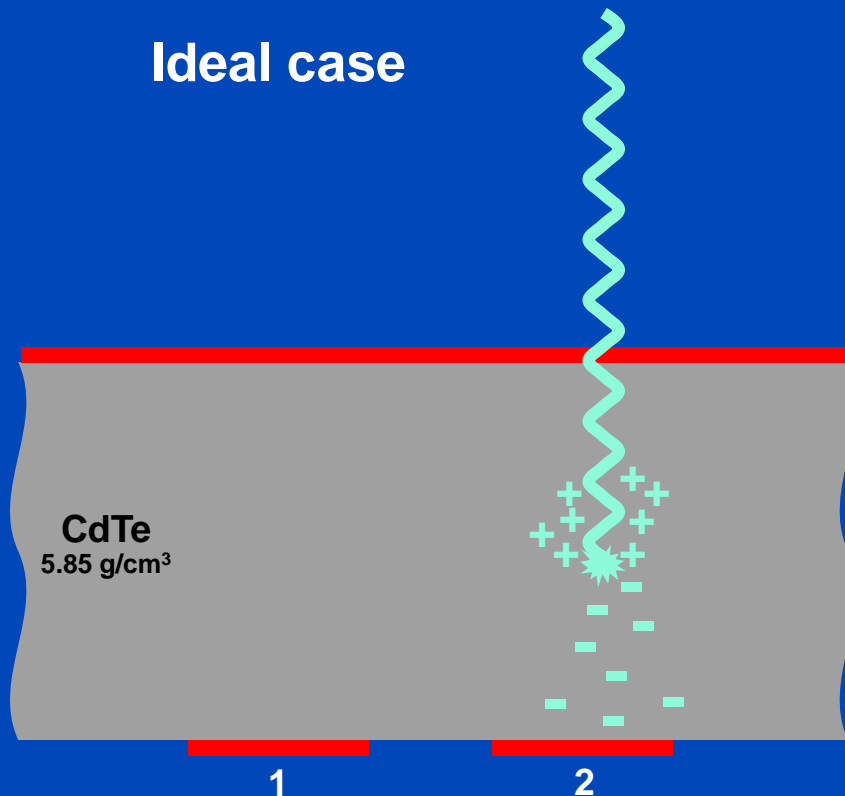
... realistically, however, they do!



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

# Photon Events

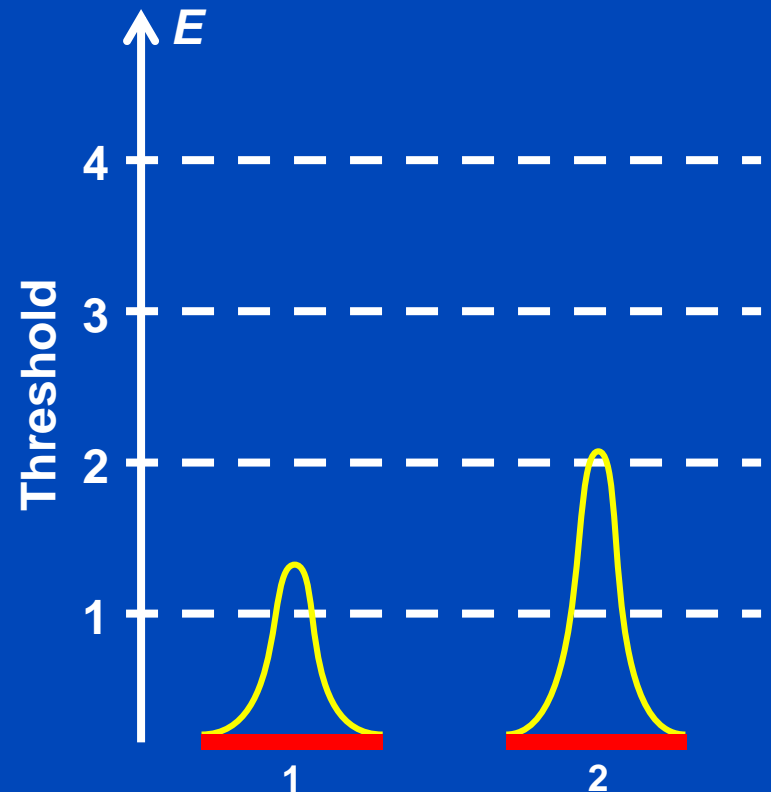
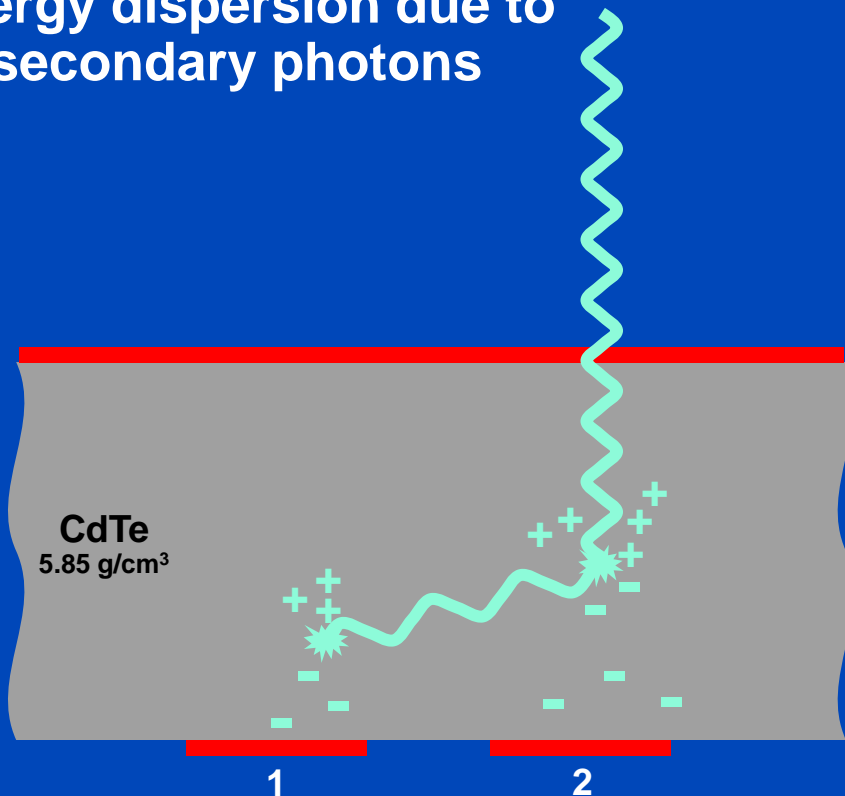
- Detection process in the sensor
- Photoelectric effect (e.g. 80 keV)



# Photon Events

- Detection process in the sensor
- Compton scattering or K-fluorescence (e.g. 80 keV)

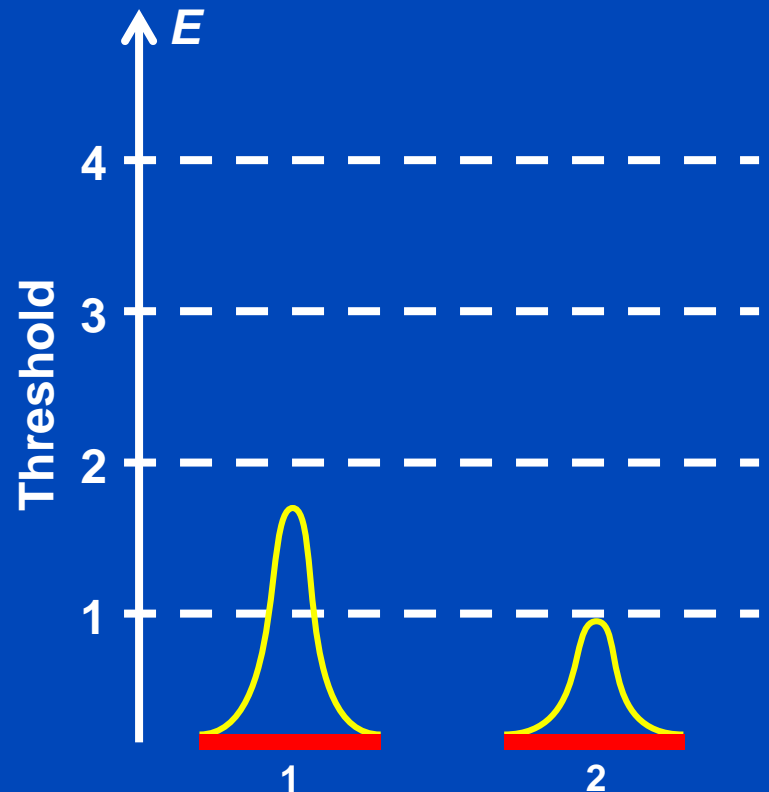
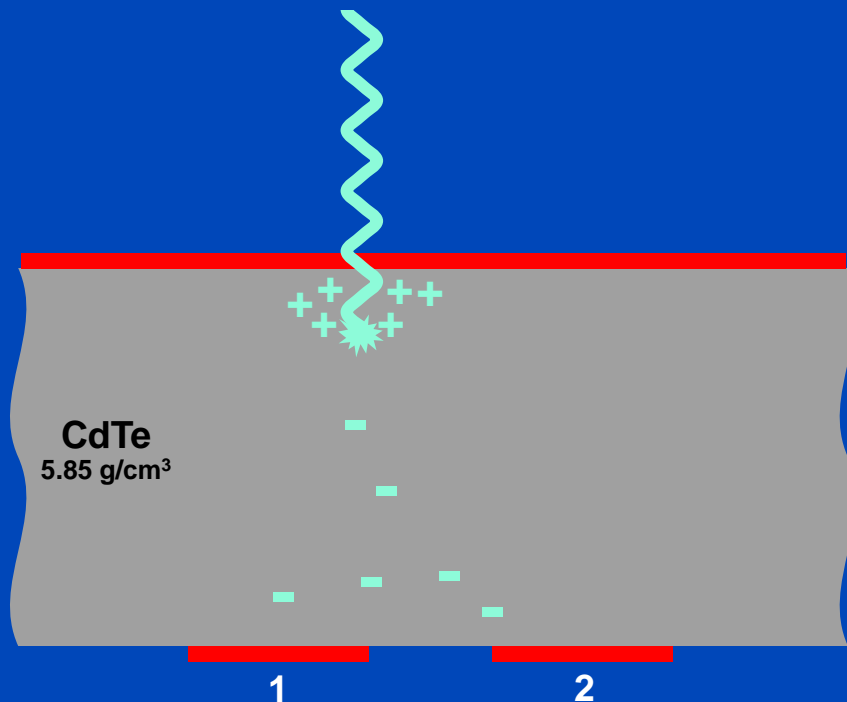
Energy dispersion due to secondary photons



# Photon Events

- Detection process in the sensor
- Photoelectric effect (e.g. 30 keV), charge sharing

Energy dispersion due to charge diffusion







SIEMENS

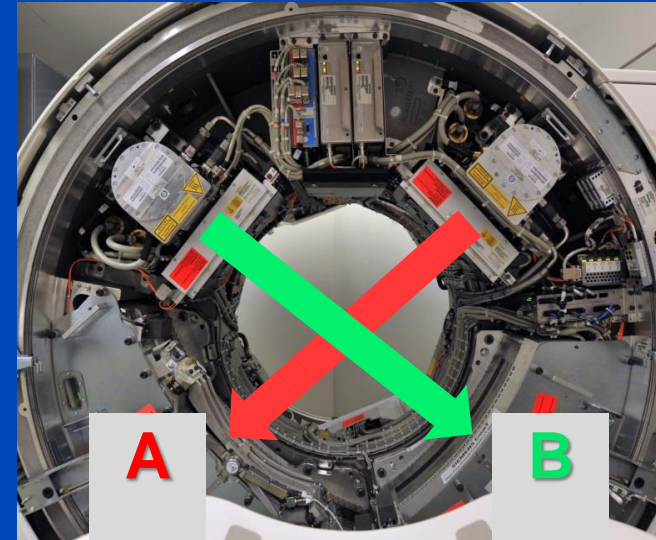
SOMATOM Count

# 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 Count

## 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 whole-body PCCT prototype, that had been 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.

# Siemens Naeotom Alpha

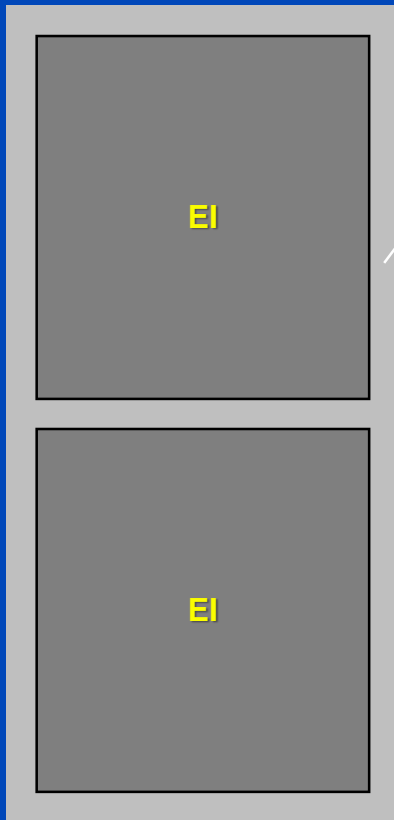
## The World's First Photon-Counting CT



# Detector Pixel Force vs. Alpha

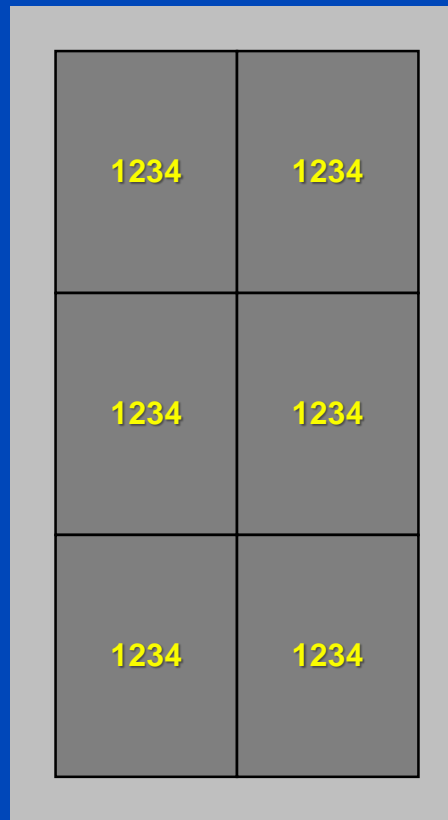
## Force

920 × 96 detector pixels  
 pixel size 0.52 × 0.56 mm at iso  
 avg. sampling 0.56 × 0.6 mm at iso  
 57.6 mm z-coverage



## Alpha (Quantum Plus)

1376 × 144 macro pixels  
 pixel size 0.3 × 0.352 mm at iso  
 avg. sampling 0.344 × 0.4 mm at iso  
 57.6 mm z-coverage



## Alpha (UHR)

2752 × 120 pixels  
 pixel size 0.15 × 0.176 mm at iso  
 avg. sampling 0.172 × 0.2 mm at iso  
 24 mm z-coverage



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

# Evolution of Spatial Resolution

similar to  
2005: Somatom Flash (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

similar to  
2014: Somatom CountT (U70)



Pixel size 0.181 mm  
Slice thickness 0.20 mm  
Slice increment 0.10 mm  
MTF<sub>50%</sub> = 12.1 lp/cm  
MTF<sub>10%</sub> = 16.0 lp/cm

scanned at  
2021: Naeotom Alpha (Br98u)



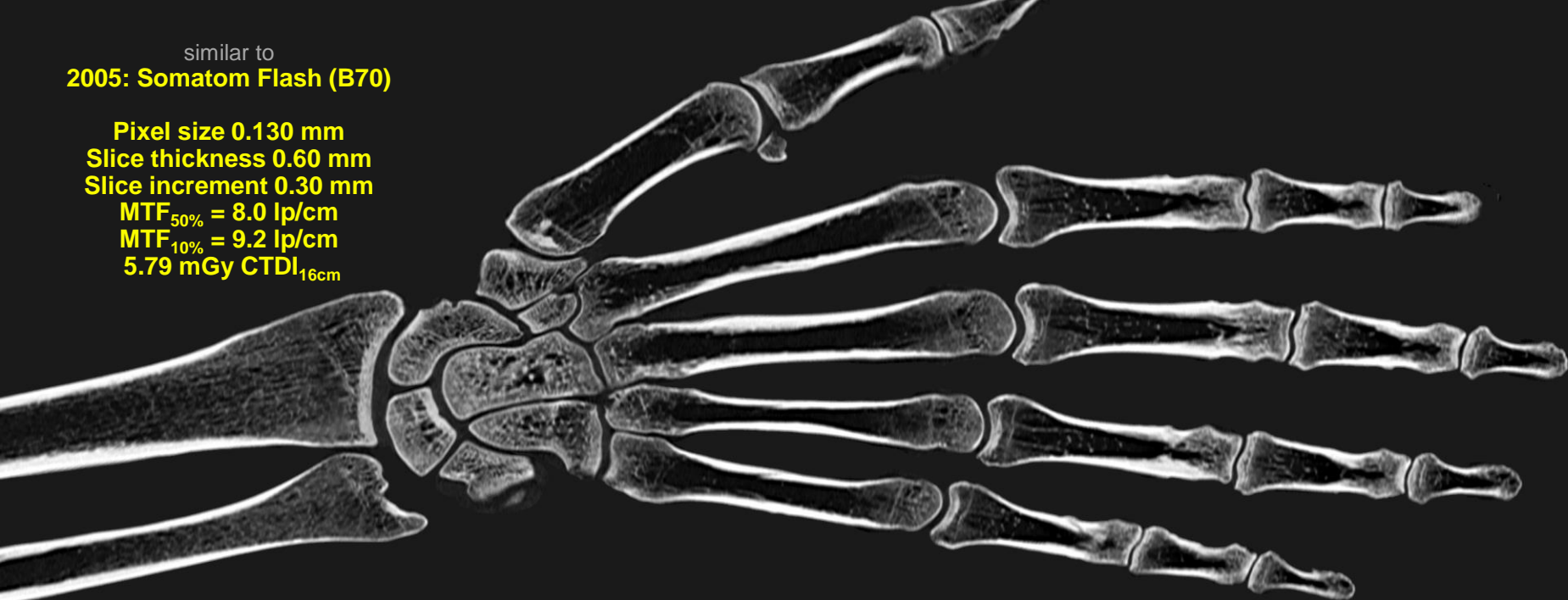
Pixel size 0.181 mm  
Slice thickness 0.20 mm  
Slice increment 0.10 mm  
MTF<sub>50%</sub> = 39.0 lp/cm  
MTF<sub>10%</sub> = 42.9 lp/cm

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

similar to

**2005: Somatom Flash (B70)**

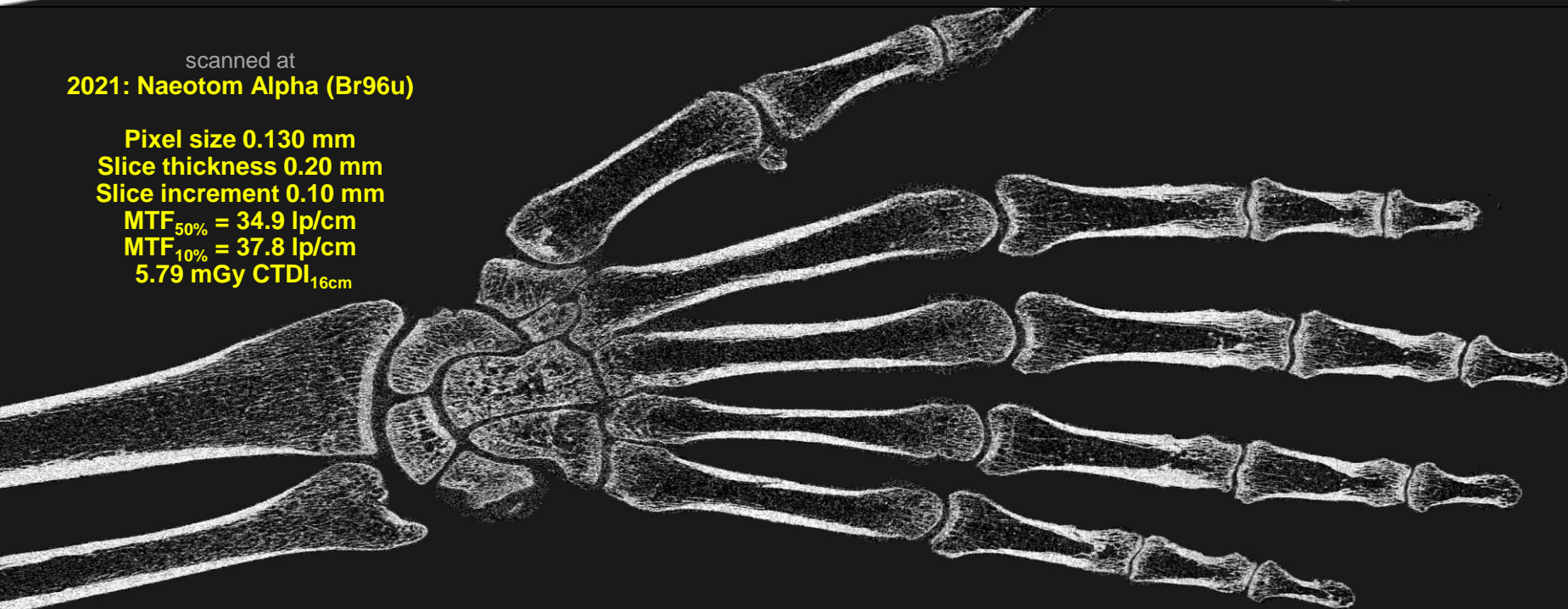
**Pixel size 0.130 mm**  
**Slice thickness 0.60 mm**  
**Slice increment 0.30 mm**  
**MTF<sub>50%</sub> = 8.0 lp/cm**  
**MTF<sub>10%</sub> = 9.2 lp/cm**  
**5.79 mGy CTDI<sub>16cm</sub>**



scanned at

**2021: Naeotom Alpha (Br96u)**

**Pixel size 0.130 mm**  
**Slice thickness 0.20 mm**  
**Slice increment 0.10 mm**  
**MTF<sub>50%</sub> = 34.9 lp/cm**  
**MTF<sub>10%</sub> = 37.8 lp/cm**  
**5.79 mGy CTDI<sub>16cm</sub>**



# Advantages of Photon Counting CT

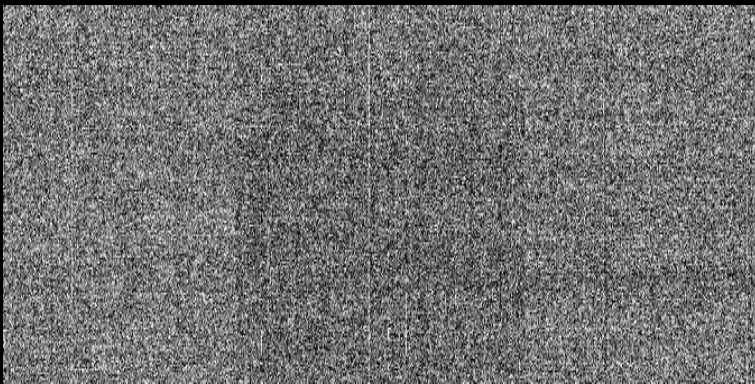
- **No reflective gaps between detector pixels**
  - Higher geometrical efficiency
  - Less dose
- **No electronic noise**
  - Less dose for infants
  - Less noise for obese patients
- **Counting**
  - Swank factor = 1 = maximal
  - “Iodine effect“ due to higher weights on low energies
- **Energy bin 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
  - ...

**EI (Dexela)**



**Readout noise only. Single events hidden!**

**PC (Dectris)**



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

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

# 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  $s(E)$ :

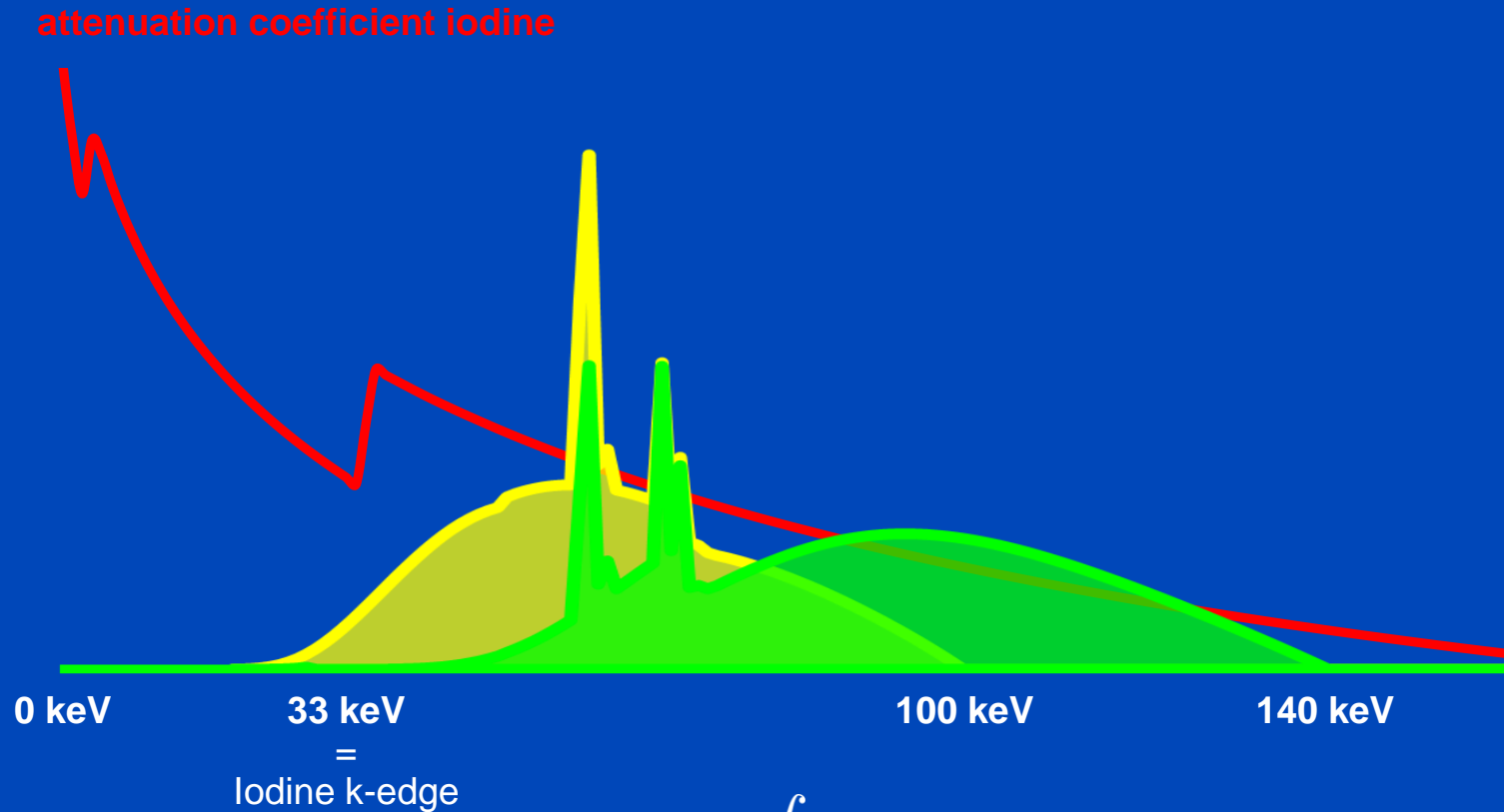
$$S = \int dE s(E)N(E)$$

- 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  $s(E) \propto E$  !

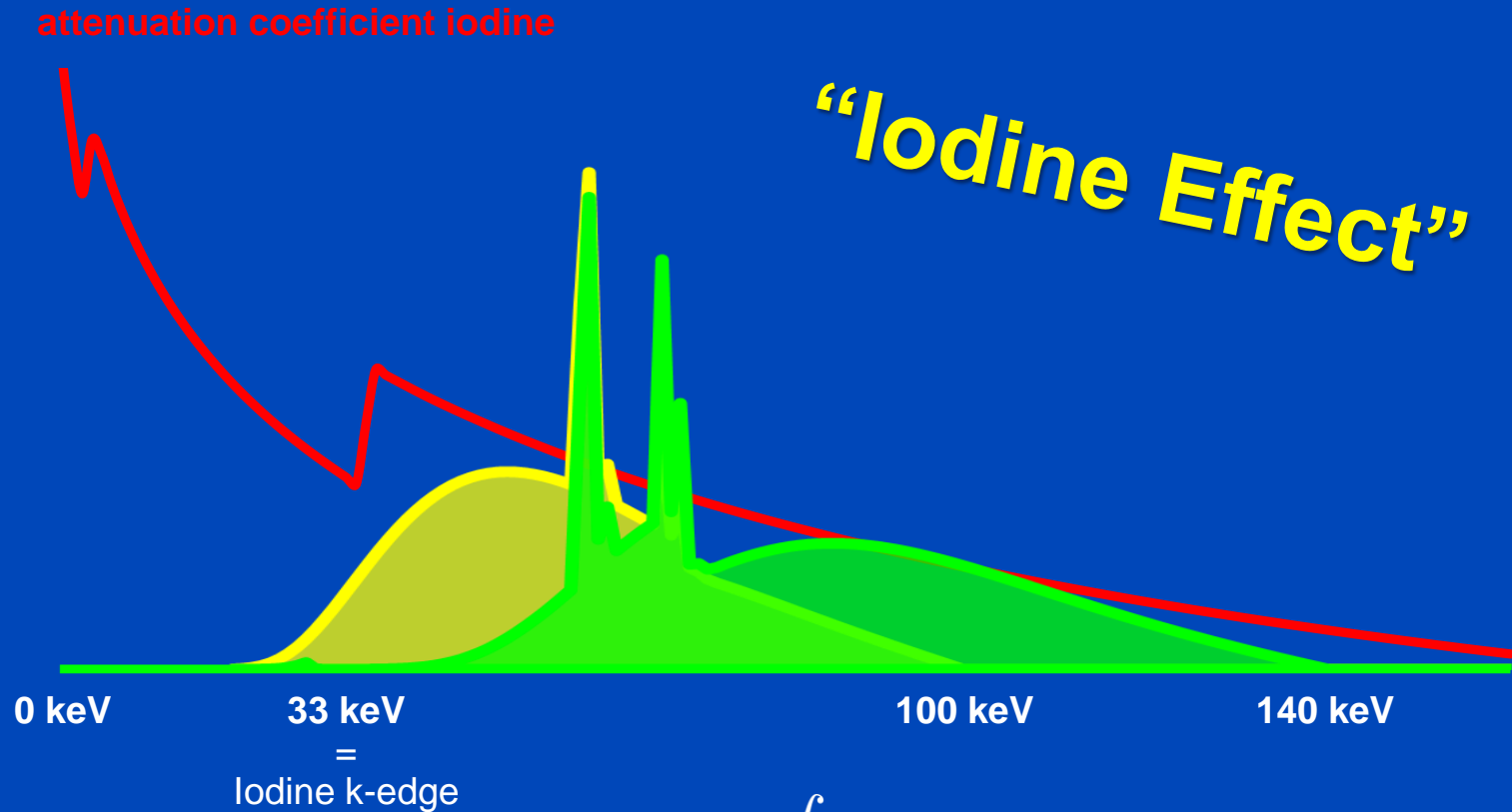
# Energy Integrating (Detected Spectra at 100 kV and 140 kV)



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

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

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

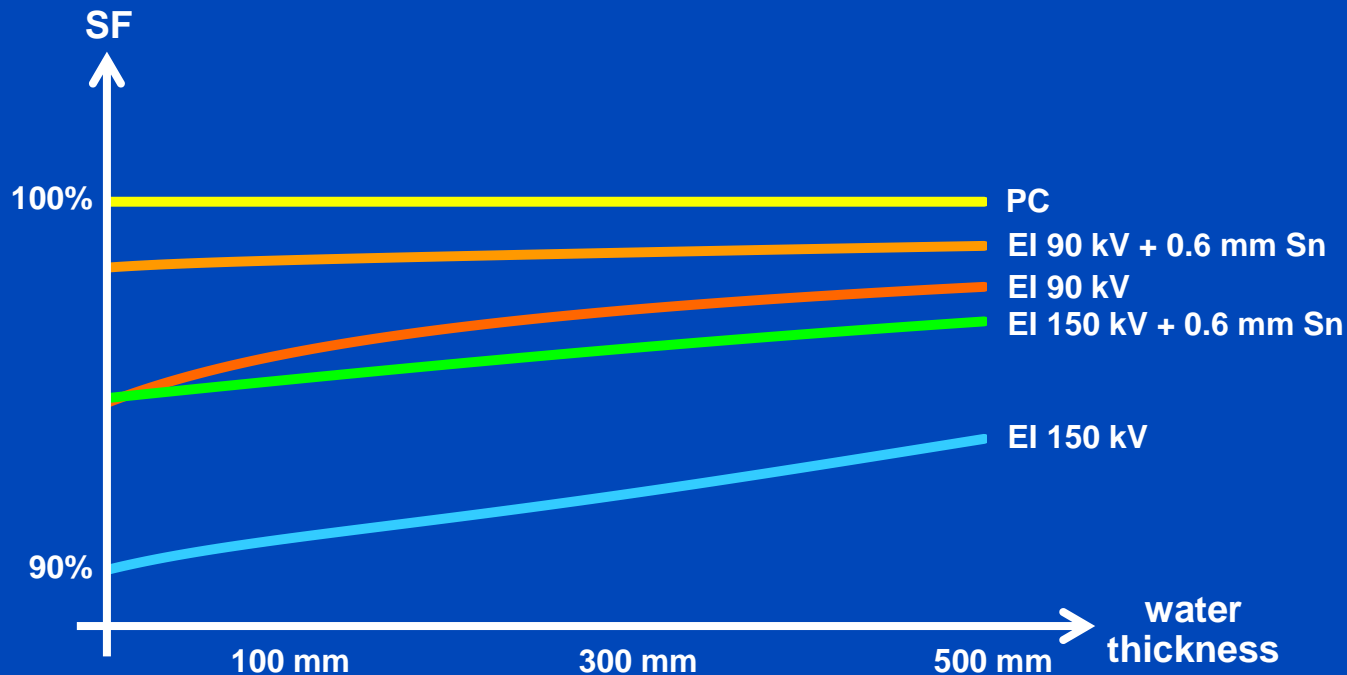


$$\text{Signal}_{\text{PC}} = \int dE \frac{1}{\mu(E)} N(E)$$

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.



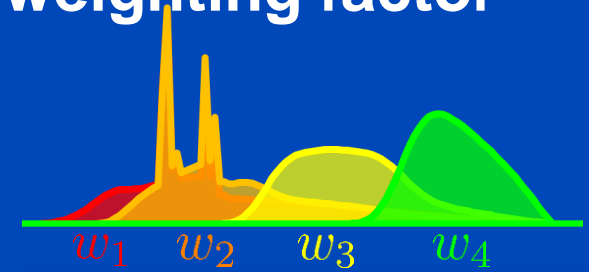
$$\text{SF} = \frac{\text{SNR}_{\text{EI}}^2}{\text{SNR}_{\text{PC}}^2} = \frac{(\int dE E N(E))^2}{(\int dE N(E)) (\int dE E^2 N(E))} \leq 1$$

due to Schwarz' inequality

# 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):

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

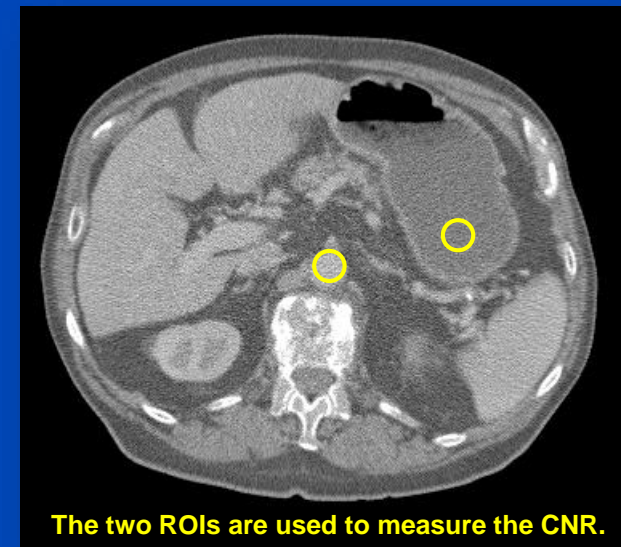


- The resulting CNR is

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

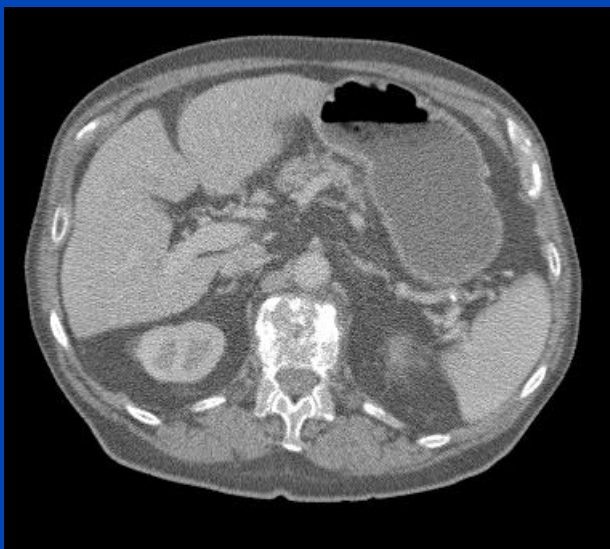
- At the optimum this evaluates to

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

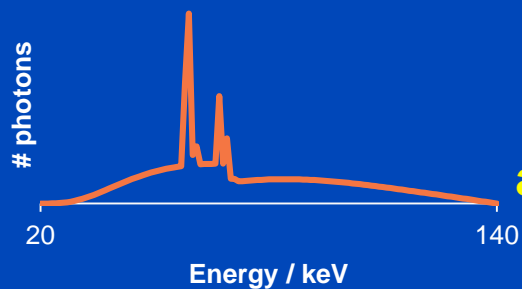


# Energy Integrating vs. Photon Counting with 1 bin from 20 to 140 keV

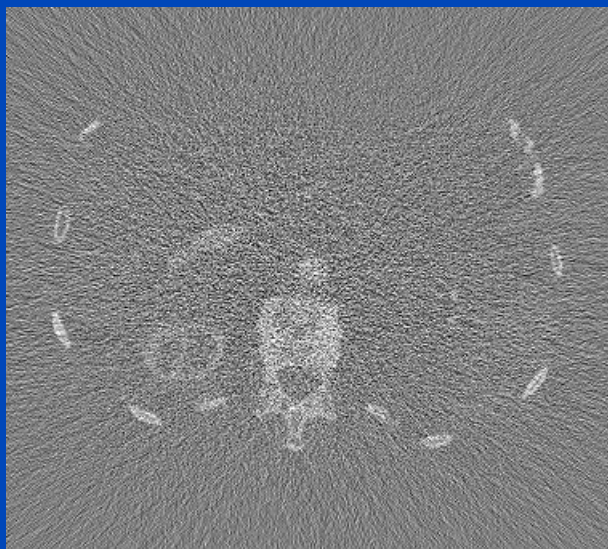
Energy Integrating



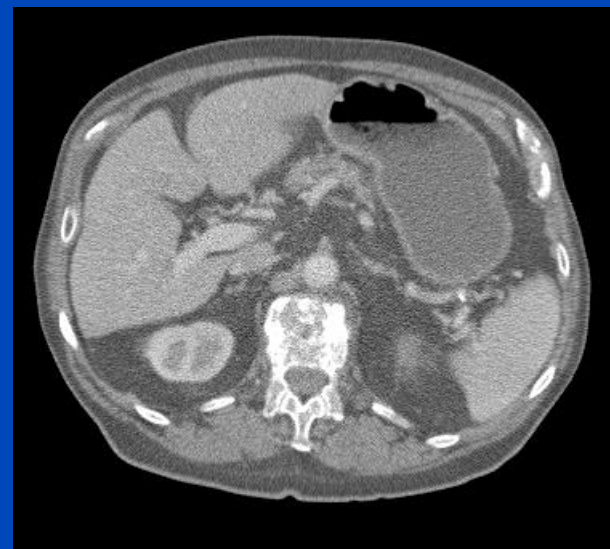
CNR = 2.11



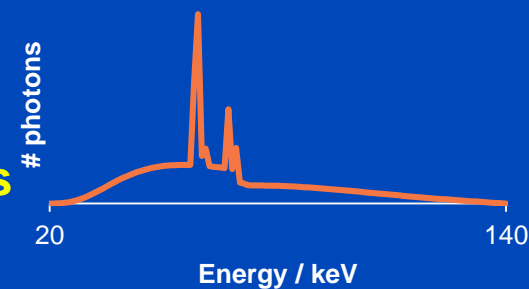
PC minus EI



Photon Counting



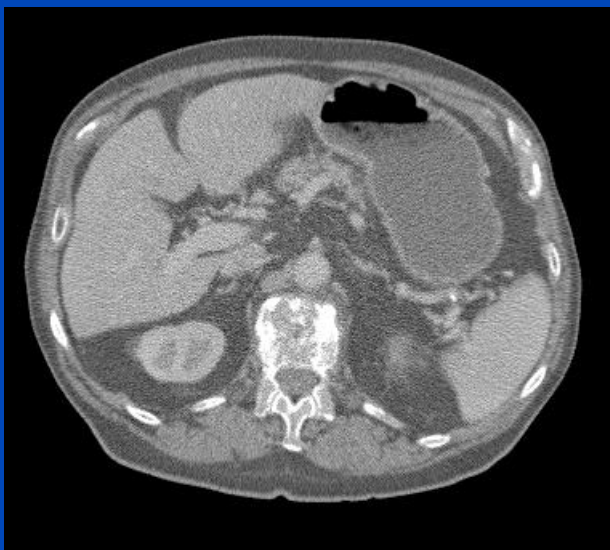
CNR = 2.95



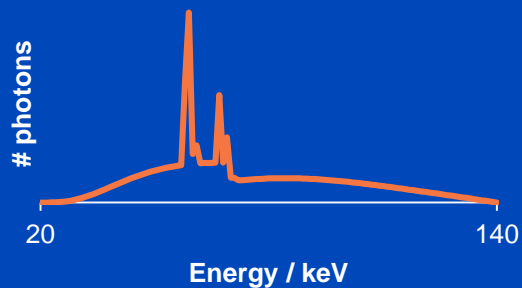
**40% CNR improvement or  
49% dose reduction achievable  
due to improved Swank factor  
and more weight on low energies  
(iodine contrast benefits).**

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

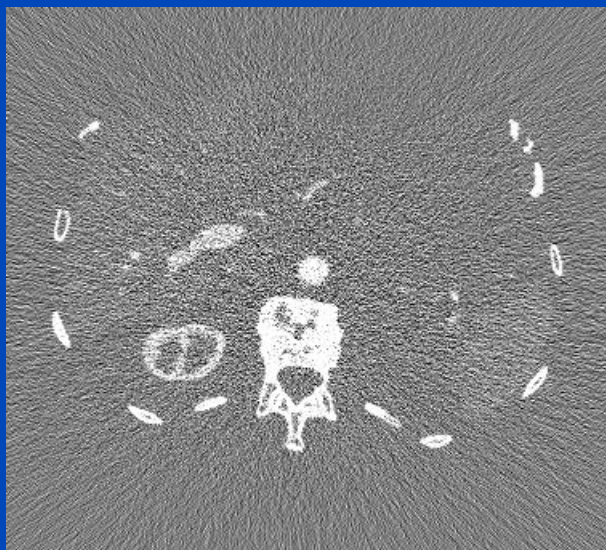
Energy Integrating



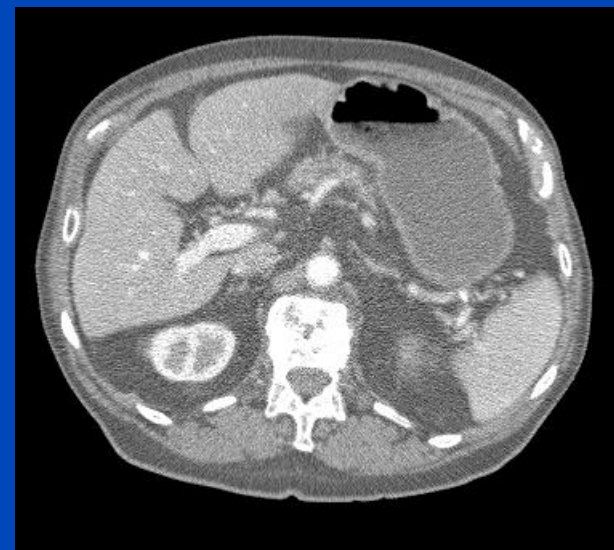
CNR = 2.11



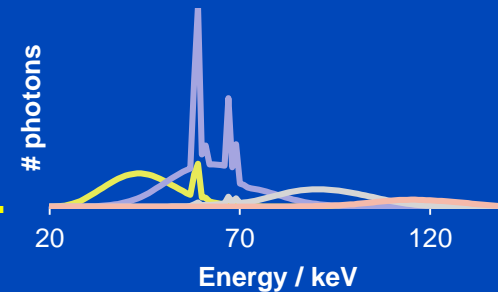
PC minus EI



Photon Counting



CNR = 4.19



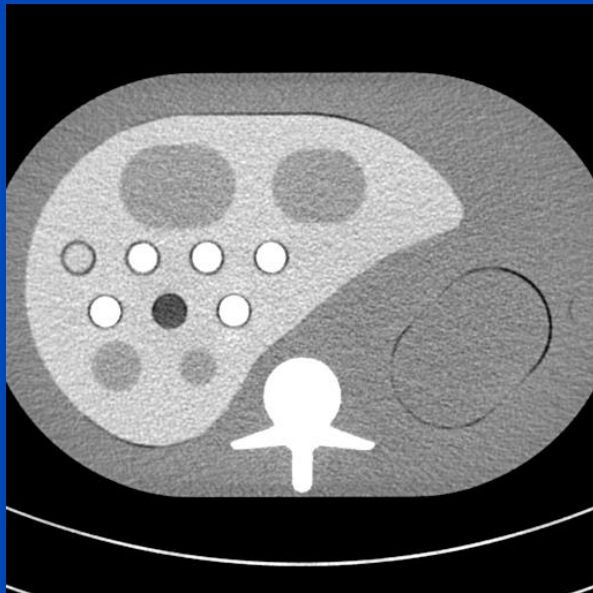
**99% CNR improvement or  
75% dose reduction achievable  
due to improved Swank factor  
and optimized energy weighting.**



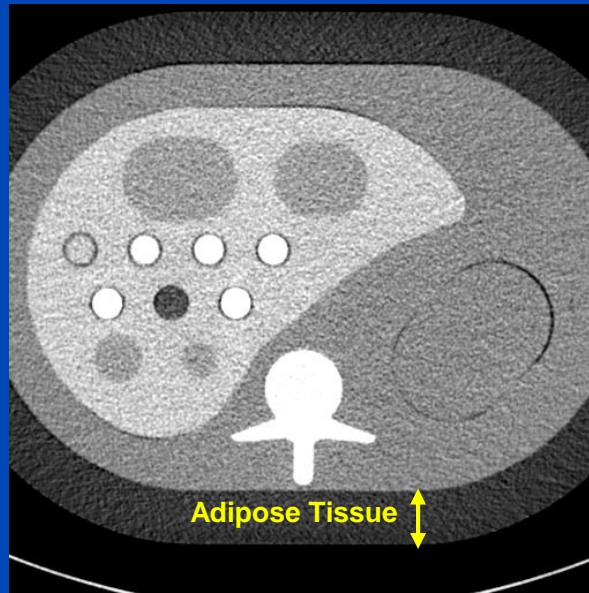
# Iodine CNRD Assessment

Reconstruction Examples @ 80 kV

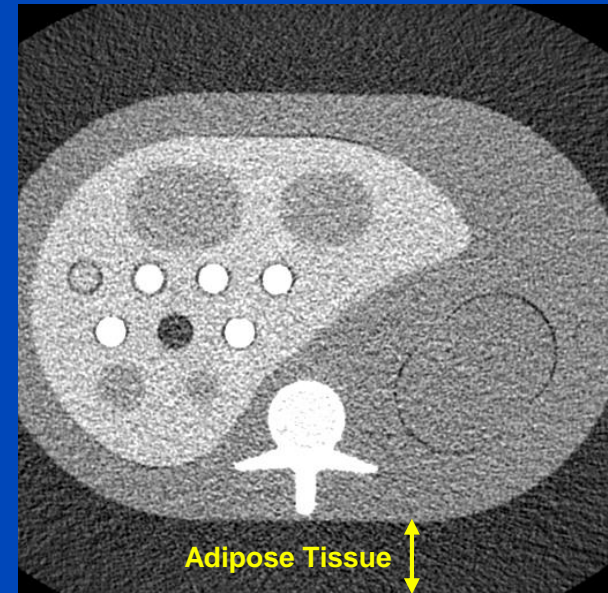
Small (200 × 300 mm)



Medium (250 × 350 mm)



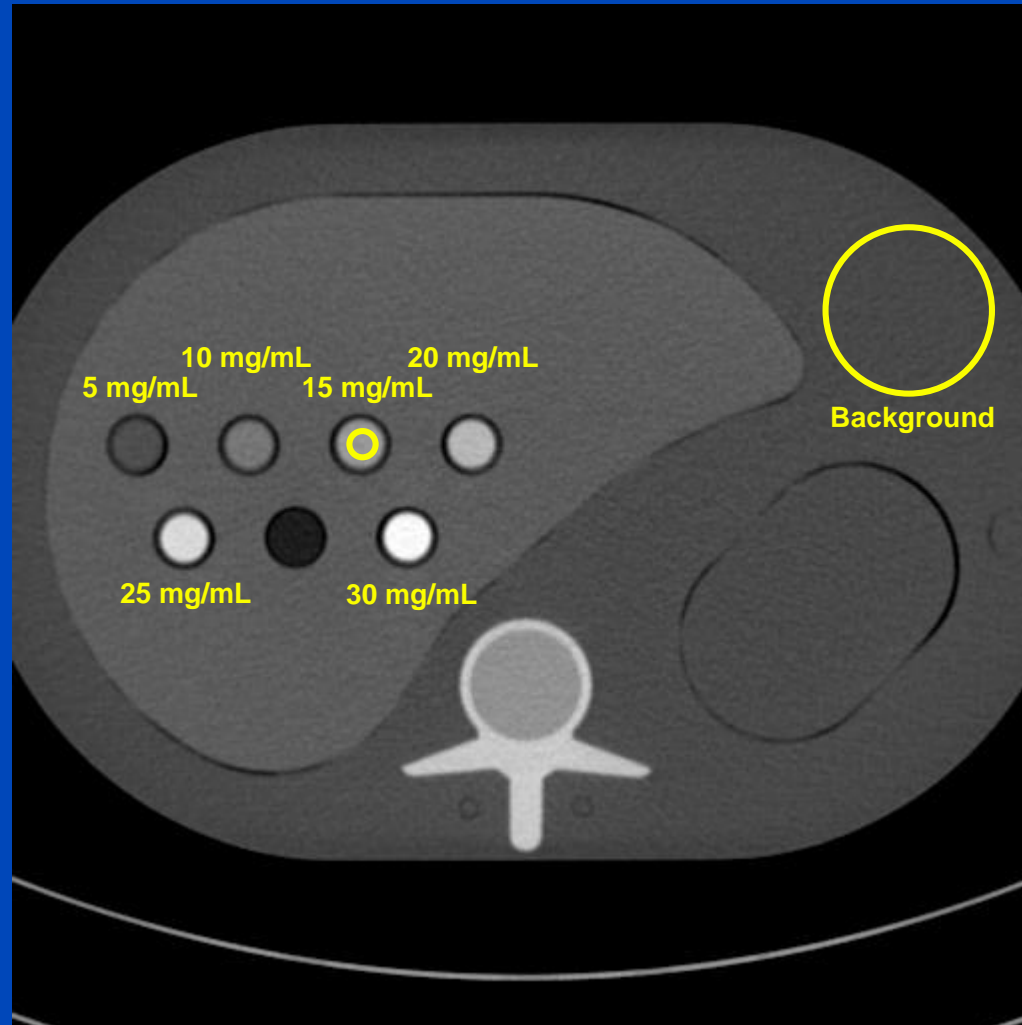
Large (300 × 400 mm)



C/W=0 HU/400HU

# Iodine CNRD Assessment

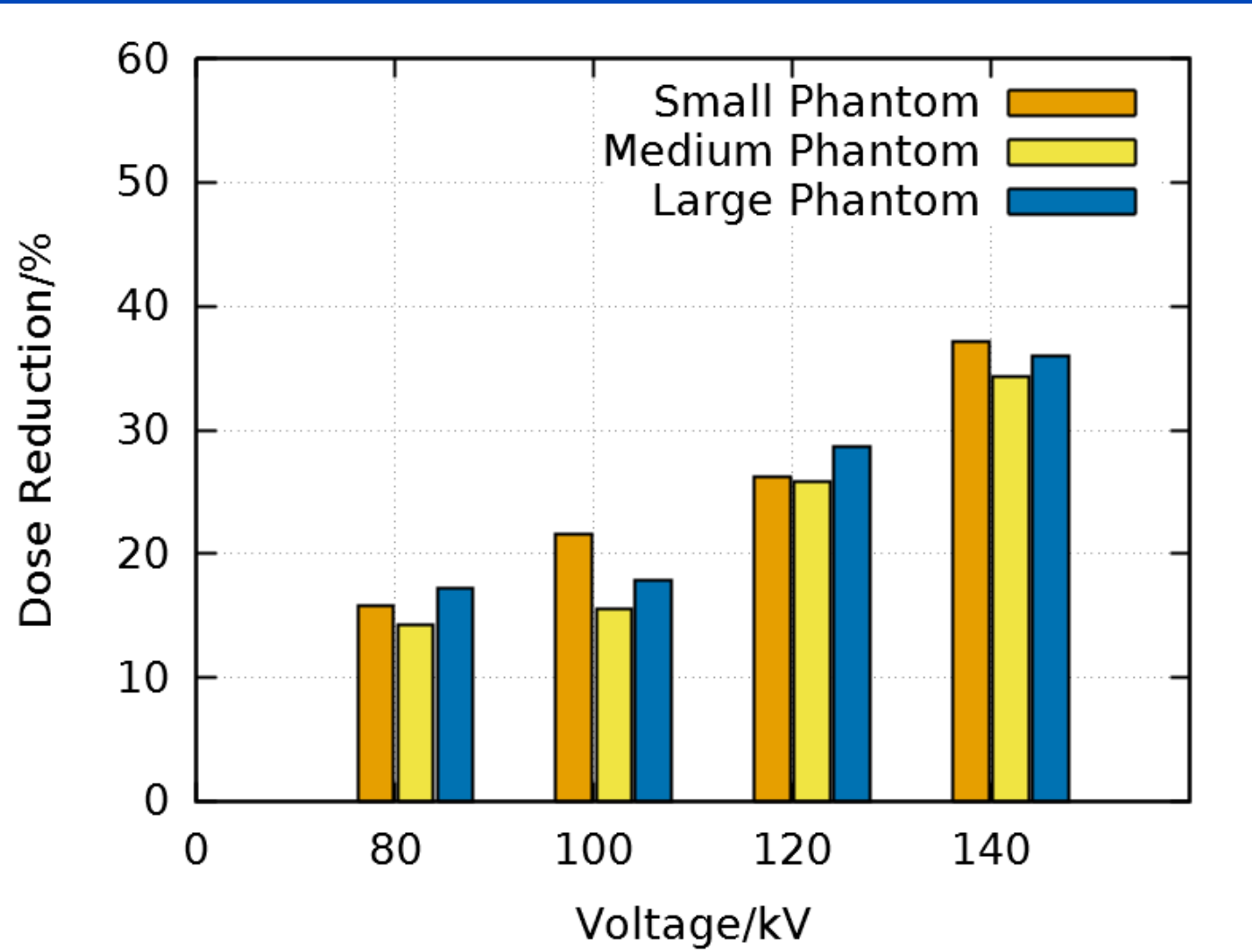
## Regions of Interest



C/W=180 HU/600HU

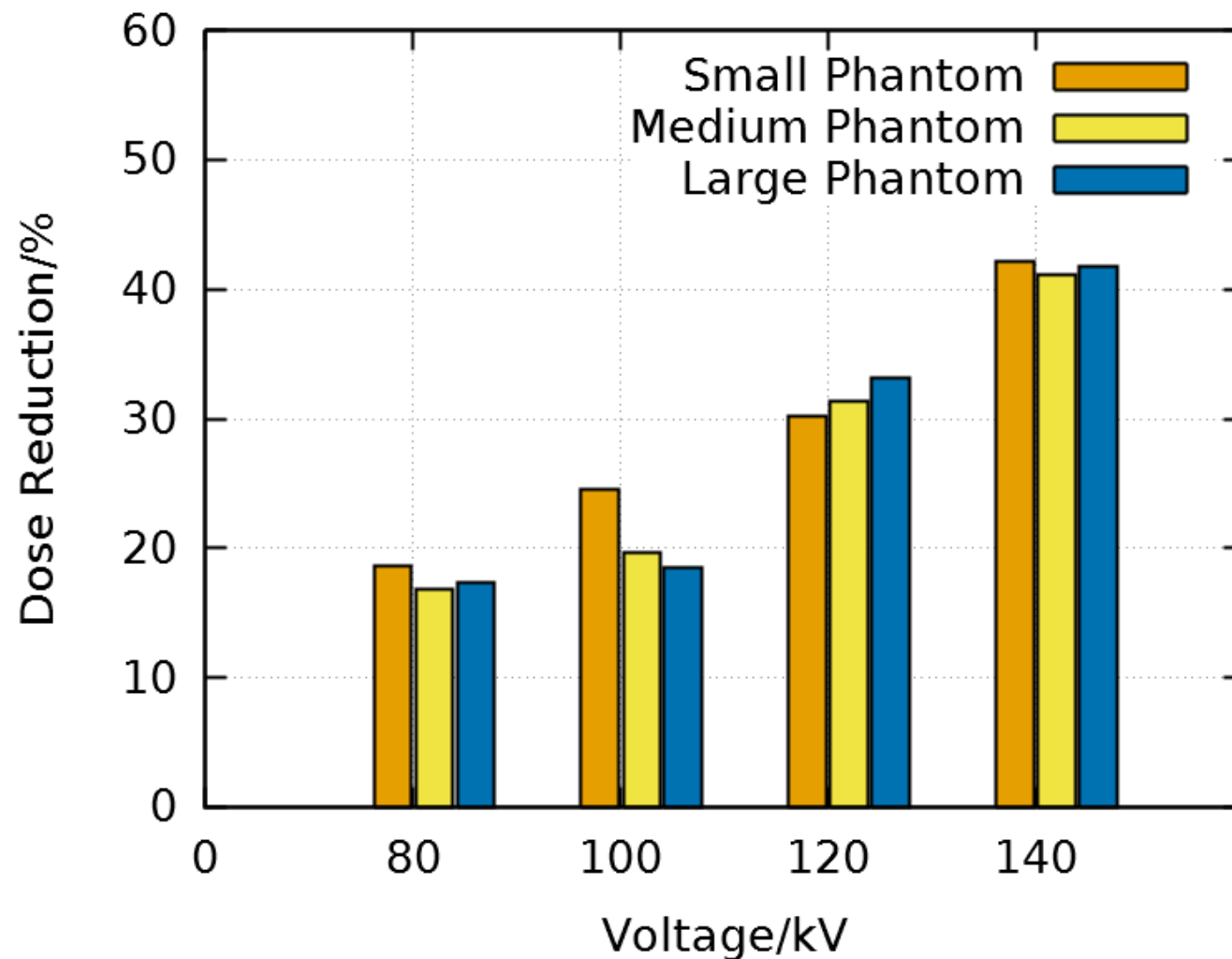
# PC with 1 Bin vs. EI

## Potential Dose Reduction



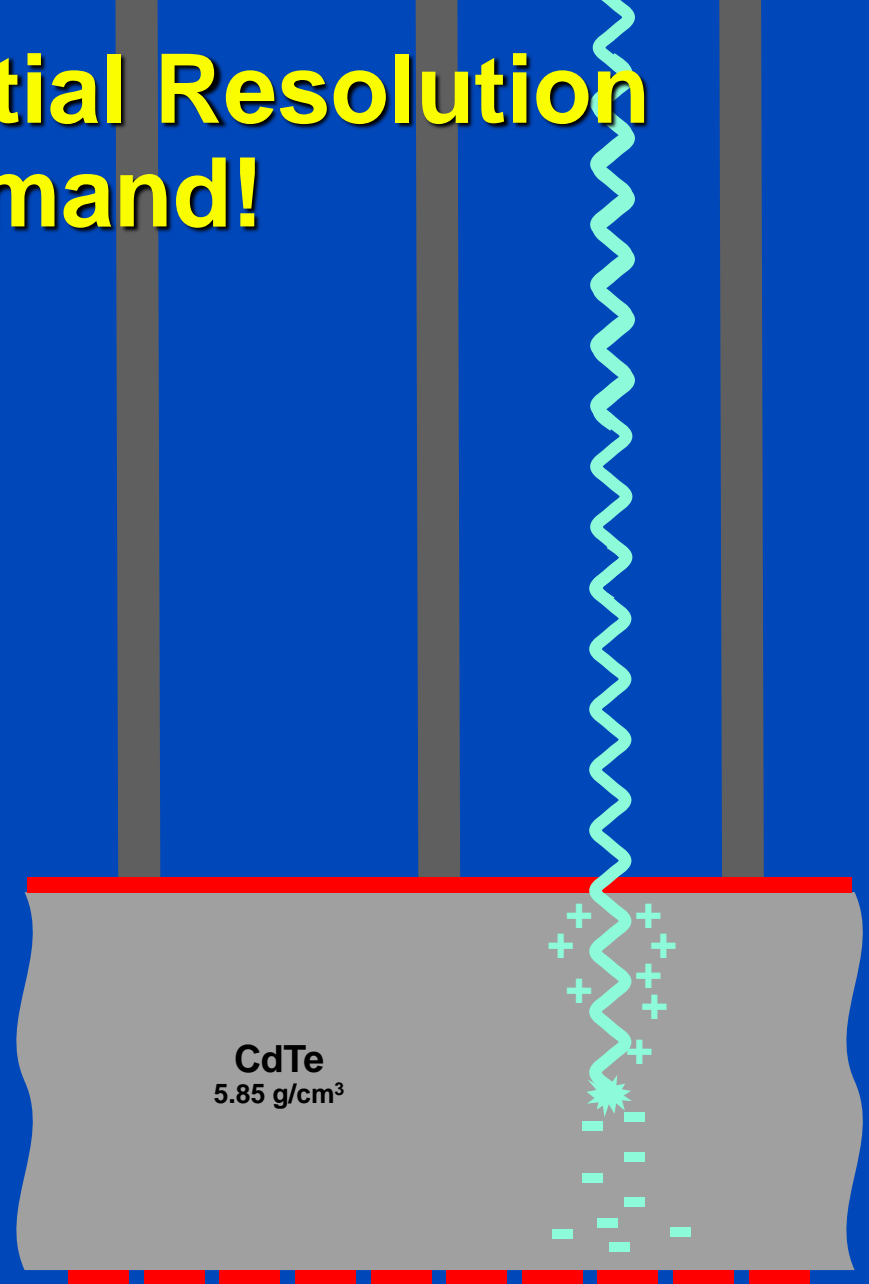
# PC with 2 Bins vs. EI

## Potential Dose Reduction



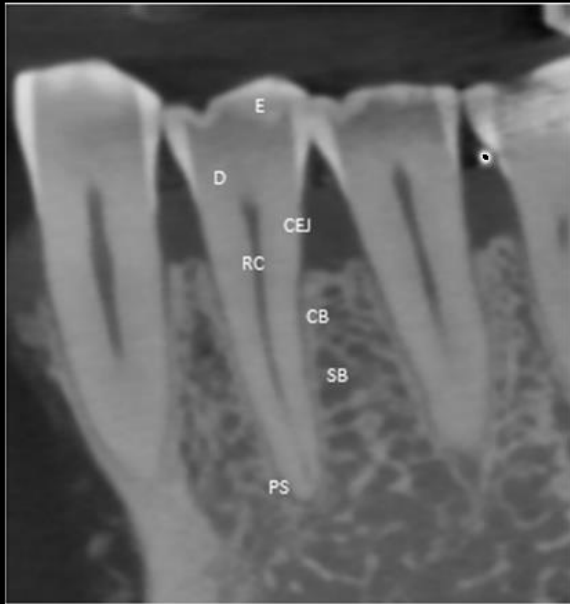
# Ultra-High Spatial Resolution on Demand!

- 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.

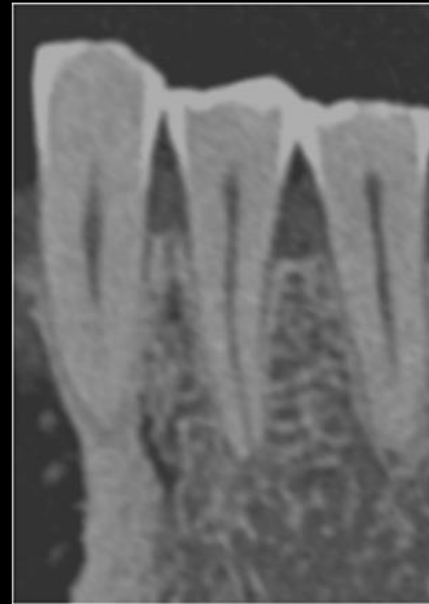


# Dental Imaging

## SOMATOM Count



**DVT**  
8 mGy, 102 kV



**PCCT**  
8.5 mGy, 120 kV



**PCCT**  
38 mGy, 120 kV

E: enamel, CEJ: cemento-enamel-junction, RC: root canal, CB: cortical bone, SB: spongy bone, PS: peridental space

DVT: Veraview X800, Morita, Japan, PCCT: Somatom Count, Siemens, Germany

Dose values are 16 cm CTDI values.

Slice positions between DVT and PCCT do not match exactly.

# Evolution of Spatial Resolution

similar to  
2005: Somatom Flash (B70)



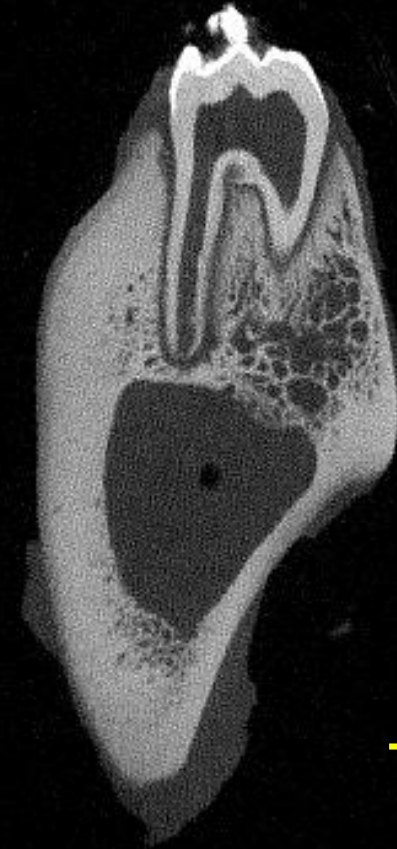
Pixel size 0.181 mm  
Slice thickness 0.60 mm  
Slice increment 0.30 mm  
MTF<sub>50%</sub> = 8.0 lp/cm  
MTF<sub>10%</sub> = 9.2 lp/cm

similar to  
2014: Somatom CountT (U70)



Pixel size 0.181 mm  
Slice thickness 0.20 mm  
Slice increment 0.10 mm  
MTF<sub>50%</sub> = 12.1 lp/cm  
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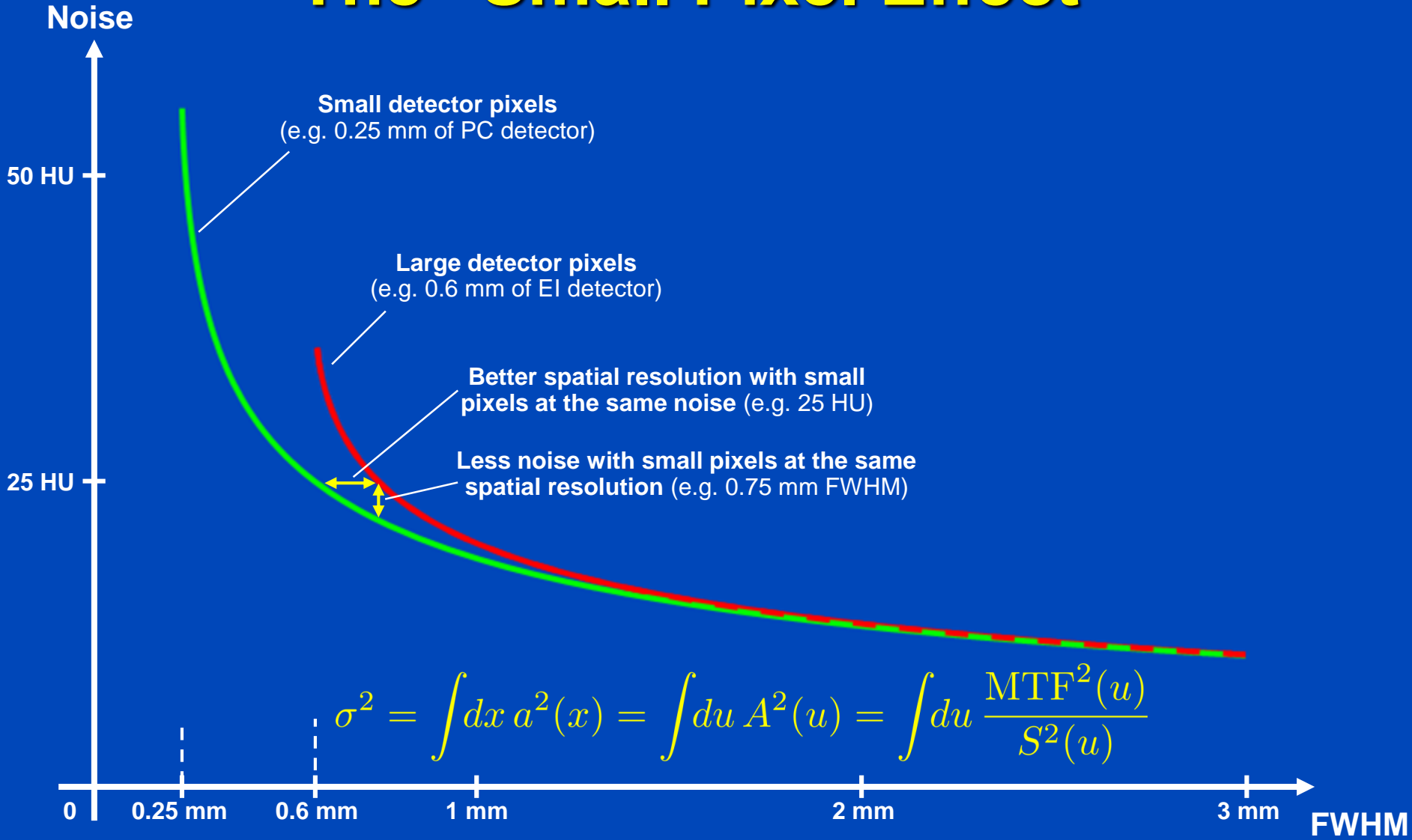
scanned at  
2021: Naeotom Alpha (Br98u)



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, CountT and Alpha is demonstrated on the same sample. C = 1200 HU, W = 4000 HU

# The “Small Pixel Effect”





# To Bin or not to Bin?

(the continuous view)

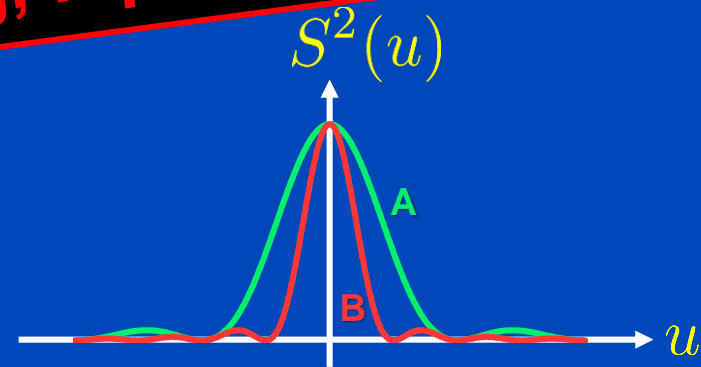
*This nice phrase  
was coined  
by Norbert Pelc.*

- 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.

# 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 same noise variance.

30% more noise variance may be compensated by 30% more x-ray dose. Any alternative? Yes:  
**Avoid binning, if possible!**  
In 2D binning implies 69% more noise variance or dose.  
Again, the answer is: „not to bin“.

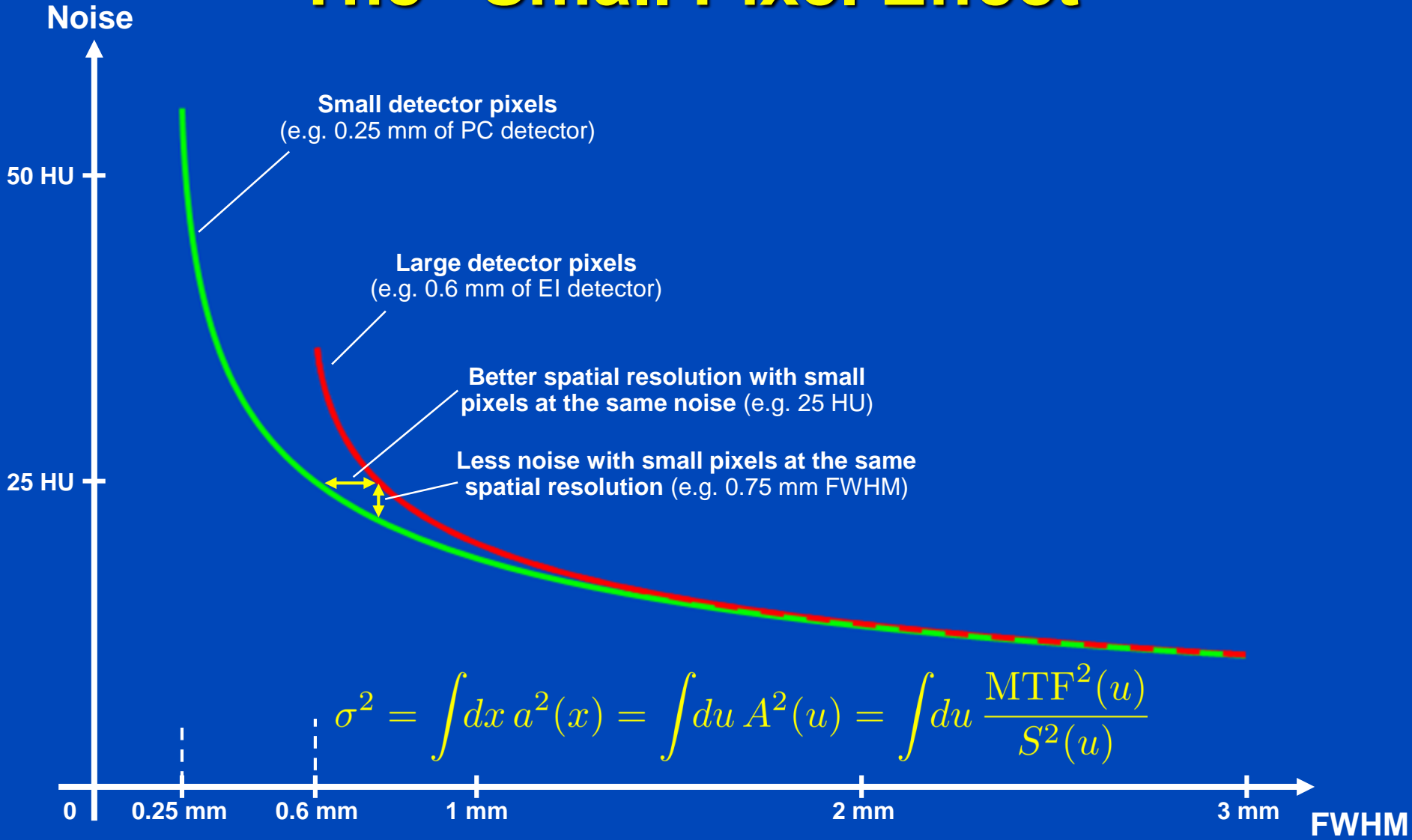
- To obtain the same noise variance as the original detector we need to increase the dose by a factor of 1.3.

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

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

$$\text{Var}\hat{A} = \frac{6}{16}\text{Var}A = \frac{3}{8}\text{Var}A$$
$$\text{Var}\hat{B} = \frac{1}{2}\text{Var}A = \frac{4}{3}\text{Var}\hat{A} = 1.3\text{Var}\hat{A}$$

# The “Small Pixel Effect”



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



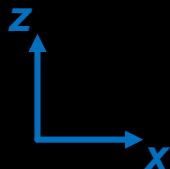
10% MTF: 9.3 lp/cm  
10% MTF: 10.5 lp/cm  
xy FWHM: 0.71 mm  
z FWHM: 0.67 mm  
CTDI<sub>vol</sub>: 16.0 mGy

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  
(small pixel effect)

UHR  
U80f

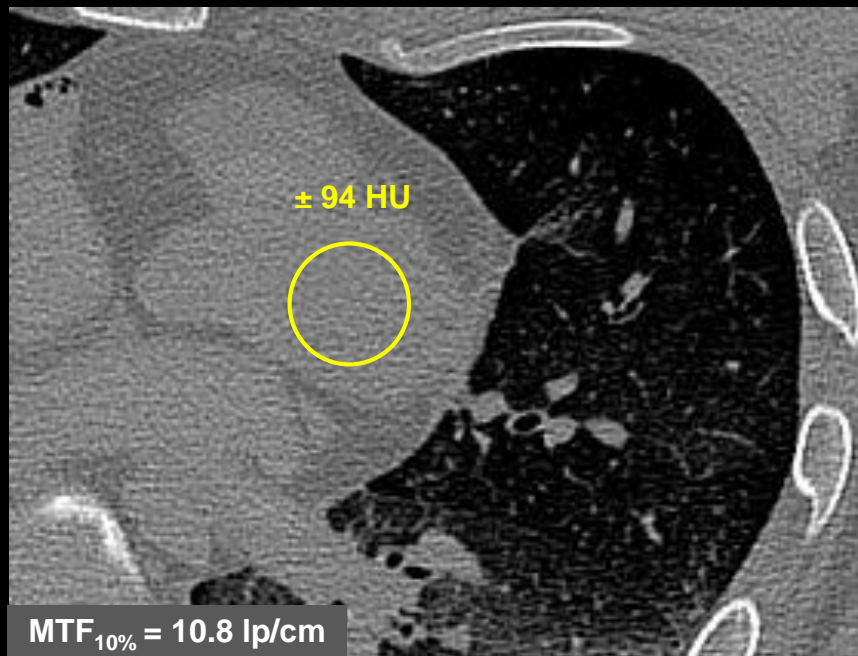
± 158 HU



10 mm

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

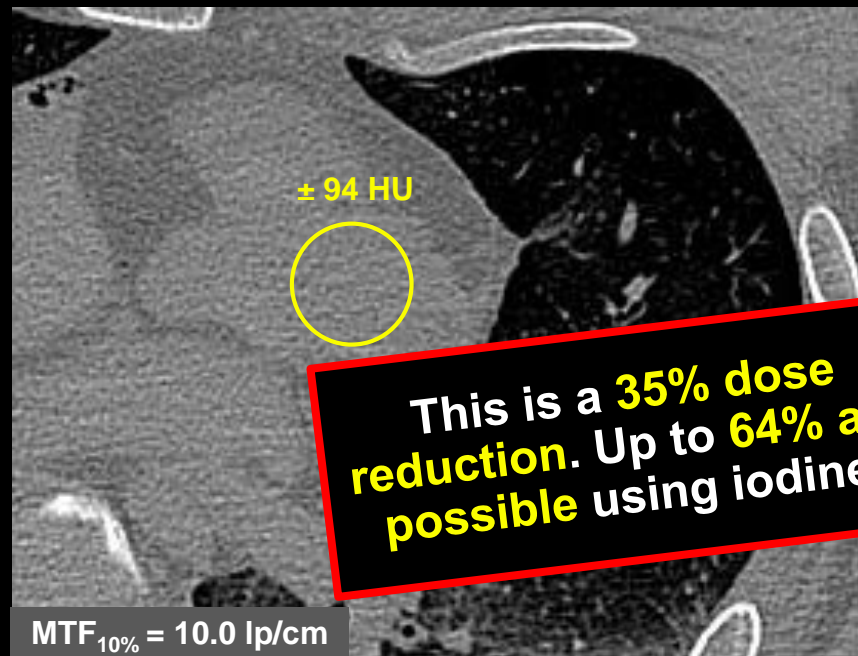
### Energy Integrating Detector (B70f)



#### 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**

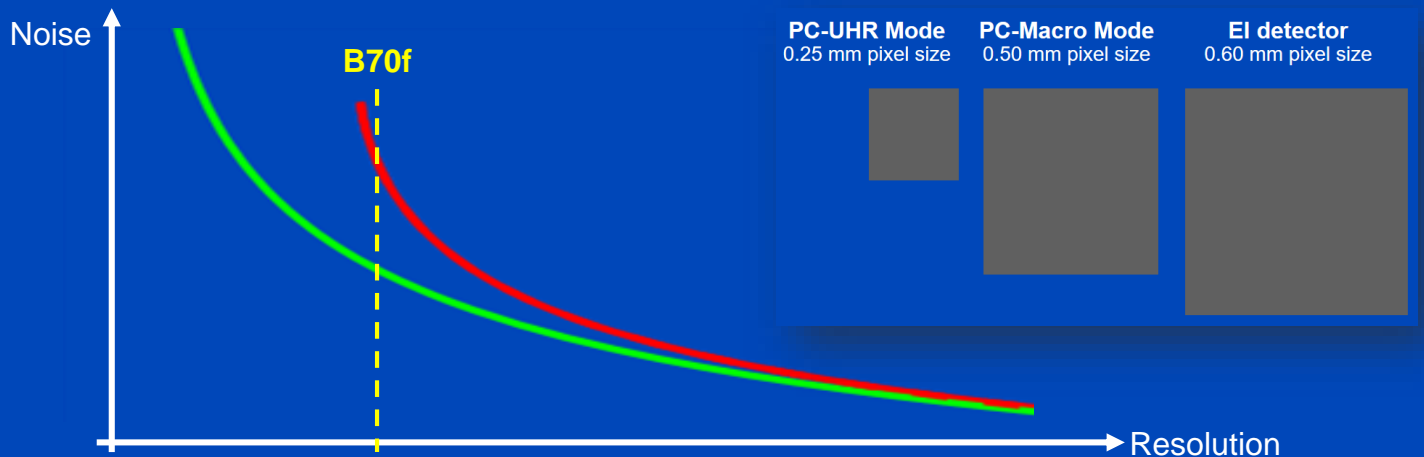
# X-Ray Dose Reduction of B70f

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")

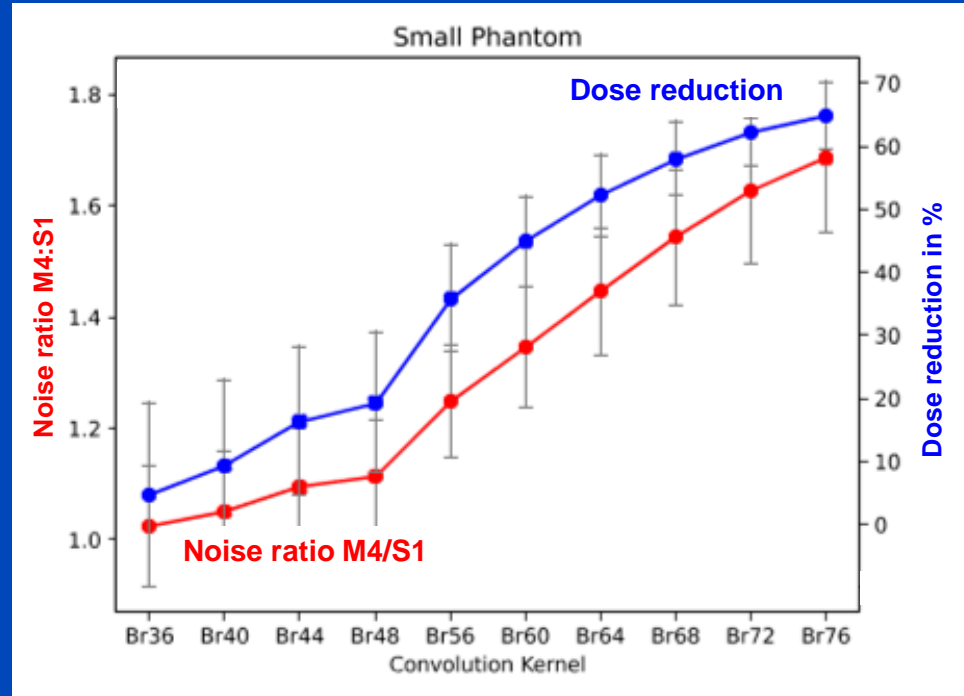
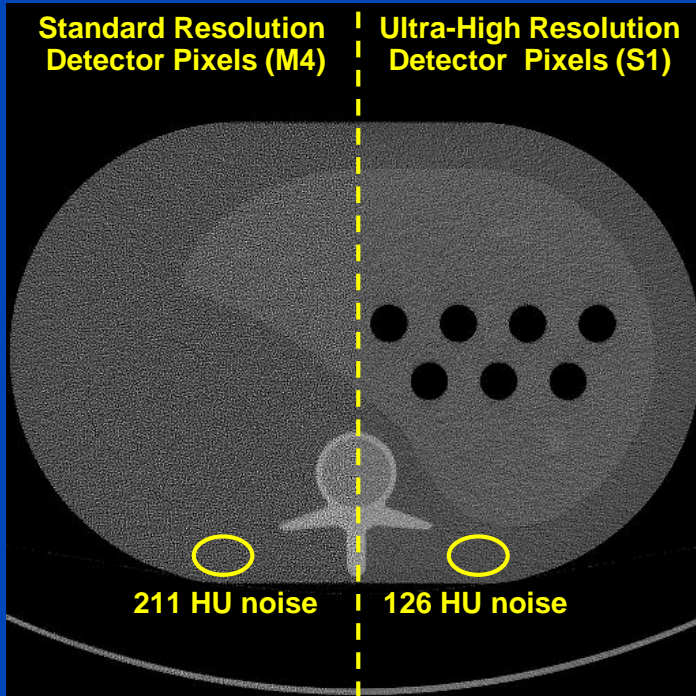
UHR vs. EI	80 kV	100 kV	120 kV	140 kV
S	33% ± 9%	52% ± 5%	57% ± 7%	57% ± 6%
M	41% ± 8%	47% ± 7%	60% ± 6%	62% ± 4%
L	48% ± 8%	43% ± 10%	54% ± 6%	63% ± 5%

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



# Lateral Small Pixel Effect at Naeotom Alpha

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



These results are valid for analytical and iterative recon.

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

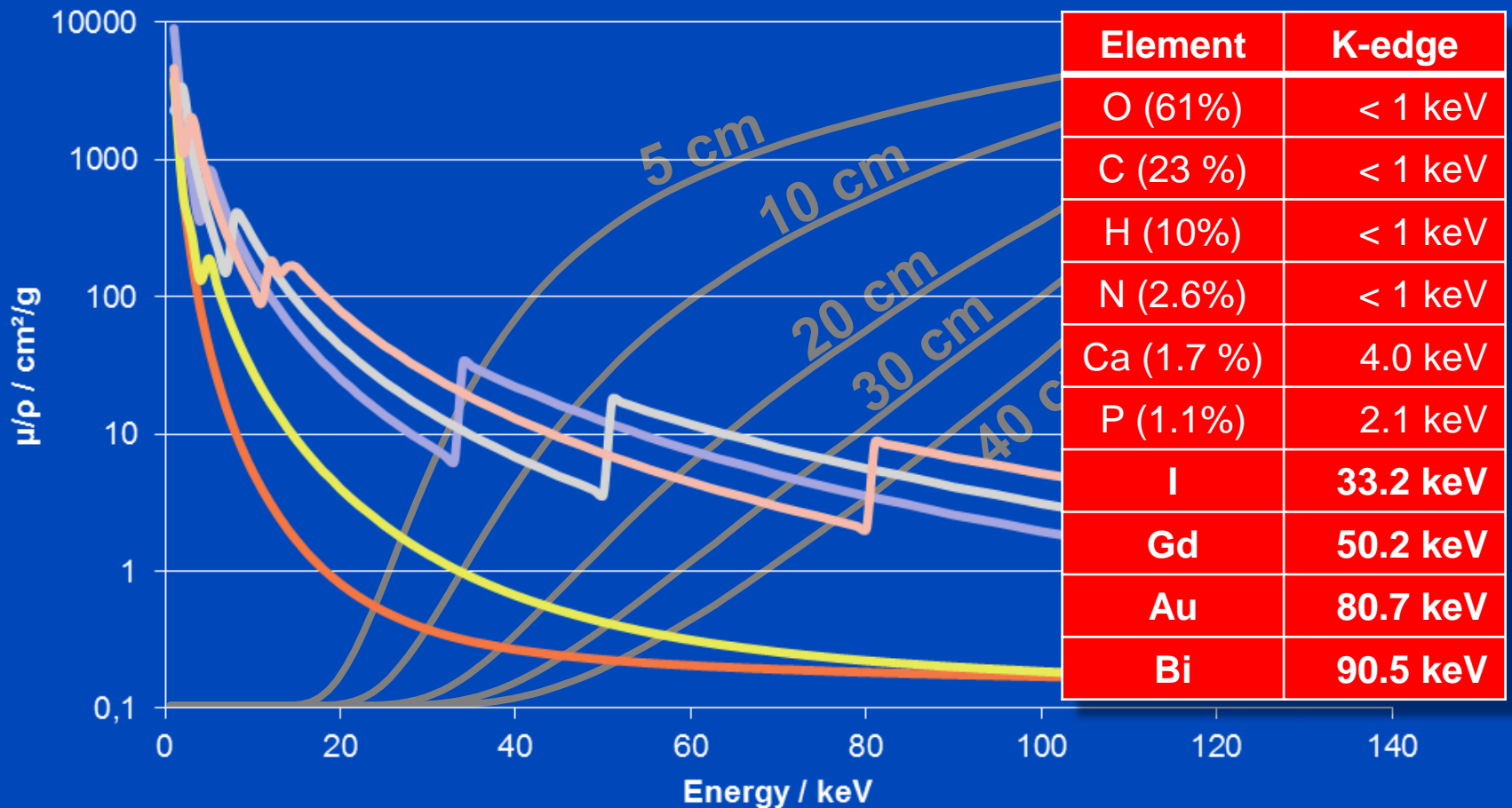
$$\text{DoseReduction} = 1 - \frac{1}{\text{NoiseRatio}^2}$$



# 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



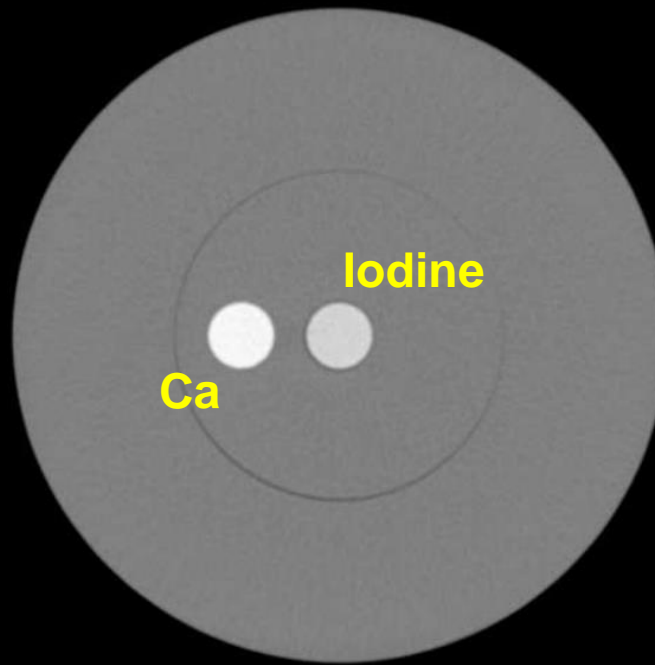
# DECT

Ca-I Decomposition

Macro mode

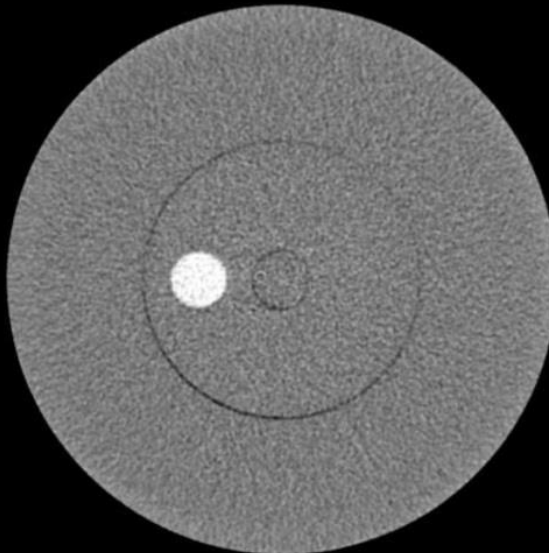
140 kV, 25/65 keV

C = 0 HU, W = 1200 HU

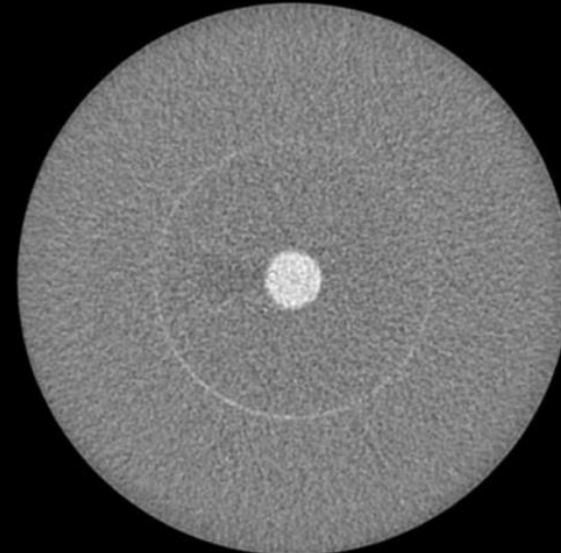


12	12	12	12
12	12	12	12
12	12	12	12
12	12	12	12

Calcium image



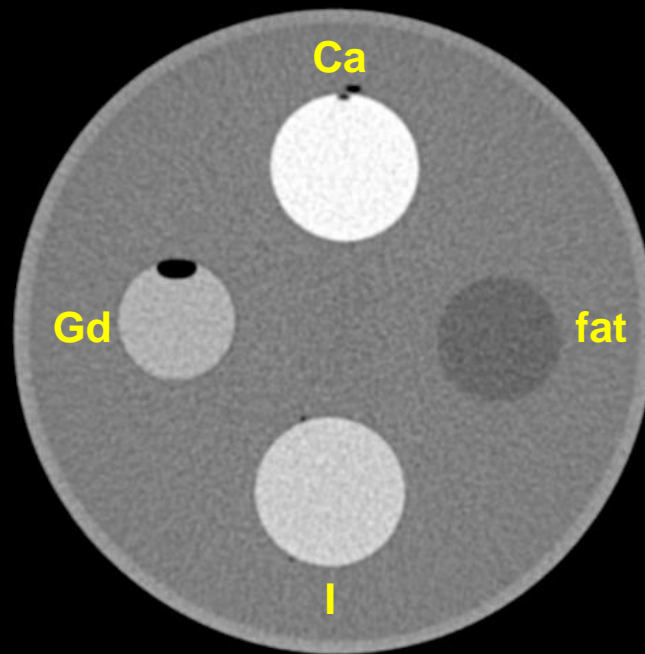
Iodine image



# MECT

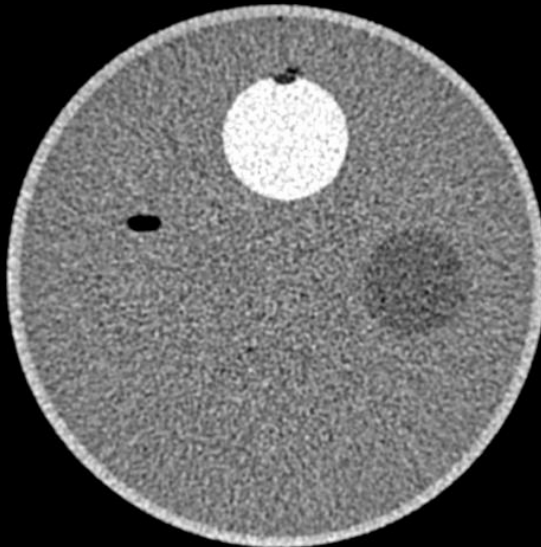
## Ca-Gd-I Decomposition

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

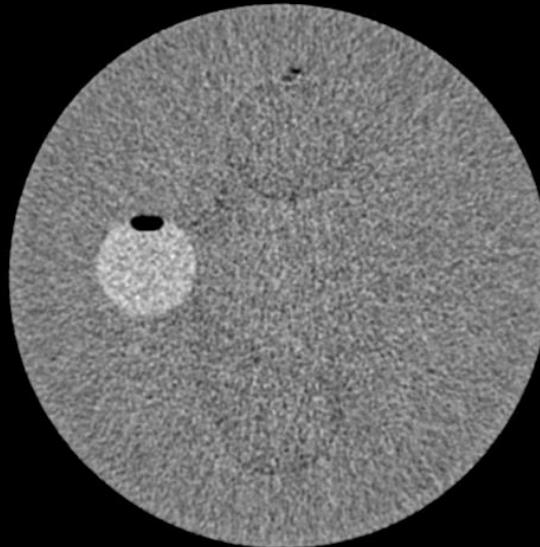


12	34	12	34
34	12	34	12
12	34	12	34
34	12	34	12

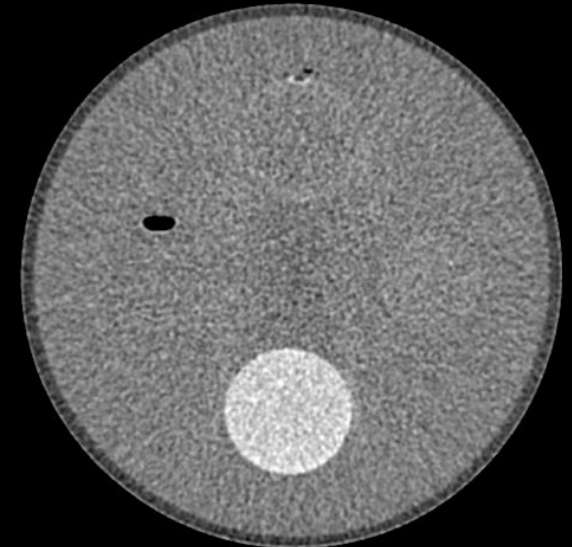
Calcium image



Gadolinium image



Iodine image



# Preclinical Study

(40 kg swine, iodine contrast)

[25, 140] keV

[25, 65] keV

[65, 140] keV

Macro

Requires the introduction of at least one new contrast agent with K-edge higher than, say, 60 keV, e.g. Hafnium!

12	12
12	12
12	12
12	12

[25, 140] keV

[65, 140] keV

[85, 140] keV

Chess

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

# 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.