Compensating for Irregular Respiratory Motion in Cone-Beam CT (CBCT): Motion Vector Field Resampling

Sebastian Sauppe¹, Marcus Brehm², Pascal Paysan², Dieter Seghers², and <u>Marc Kachelrieß¹</u>

¹ German Cancer Research Center (DKFZ), Heidelberg, Germany ² Varian Medical Systems Imaging Laboratory, Baden-Dättwil, Switzerland





DEUTSCHES KREBSFORSCHUNGSZENTRUM IN DER HELMHOLTZ-GEMEINSCHAFT

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
- <u>Breathing</u> about 10 to 30 respiration cycles per minute (and thus per scan)
- Heartbeat about 50 to 80 beats per minute

Account for patient motion!





Motion blurring in standard 3D reconstruction

5D* motion compensation removes almost all motion blurring



*Brehm, Sawall, Maier, and Kachelrieß, "Cardio-respiratory motion-compensated micro-CT image reconstruction using an artifact model-based motion estimation" Med. Phys. 42(4):1948-1958, 2015.



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





Why MVF Resampling?

- Phase binning = nearly homogeneous projection angle distribution
- Amplitude binning = reflects chest motion amplitude
- Idea:
 - Start with phase binning to obtain good initial MVF estimates.
 - Switch to amplitude binning afterwards to consider variations in amplitude.



varian

Only the exhale bins are shown in the illustration. C = -100 HU, W = 1200 HU Patient data provided by Wilko Verbakel, VU University Medical Center, Amsterdam.



Why MVF Resampling?

- Phase binning = nearly homogeneous projection angle distribution
- Amplitude binning = reflects chest motion amplitude
- Idea:
 - Start with phase binning to obtain good initial MVF estimates.
 - Switch to amplitude binning afterwards to consider variations in amplitude.





Only the exhale bins are shown in the illustration. C = -100 HU, W = 1200 HUPatient data provided by Wilko Verbakel, VU University Medical Center, Amsterdam.



Amplitude Gating

Phase Gating

Gated **Reconstruction**

with bins of 20% width and 10% steps size











with MVFs estimated based on gated reconstruction







varian

C = -250 HU, W = 1400 HU



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.





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







Brehm, Paysan, Oelhafen, Kunz, and Kachelrieß, "Self-adapting cyclic registration for motioncompensated cone-beam CT in image-guided radiation therapy," Med. Phys. 39(12):7603-7618, 2012.



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







Brehm, Paysan, Oelhafen, and Kachelrieß, "Artifact-resistant motion estimation with a patient-specific artifact model for motion-compensated cone-beam CT" Med. Phys. 40(10):101913, 2013.



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 3: Defining the Adaptive Amplitude Bins (exhale period shown, R=10, K=1)



varian



Step 4: Recalculation of the Mean Amplitudes



varian



Switching From Phase to Amplitude Binning



varian



Patient Data Motion Compensation R=10, 20% Bin Width Scan Velocity 2 °/s with 7 fps, 13 rpm

| 3D FDK | PCF R=10 | acMoCo _{R=10} | acMoCo R=10, MVF Resampling |
|--------|-------------|---------------------------|--------------------------------|
| | | | 63 |
| | | | |
| | | | |

varian

C = -100, W = 1200 HU playback speed 30 rpm



Summary

- MVF resampling allows to robustly switch from phase to amplitude binning.
- Especially for irregular breathing patterns motion blurring was reduced.
- MVF resampling does not increase computation time.
- The additional upsampling may not be necessary.





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.



