Robust Motion Estimation for On–Board CBCT Imaging using an Angular Sampling Artifact Model

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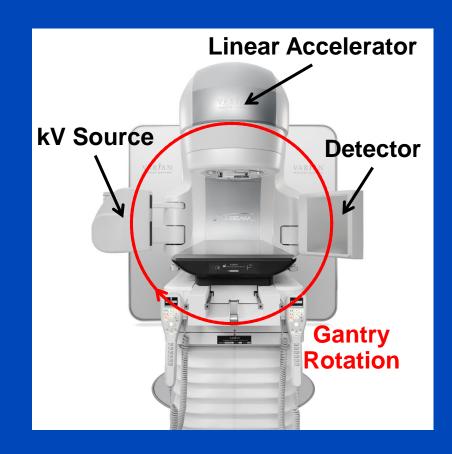






Slowly Rotating CBCT Devices

- Image-guided radiation therapy (IGRT)
 - CBCT imaging unit mounted on gantry of a LINAC treatment system
 - E.g. used for patient positioning
- Maximum gantry rotation speed of 6° per second
 - Much slower than clinical CT devices (60 s and more vs. about 0.28 s per rotation)
- Breathing cycle about 2 to 5 seconds
 - i.e. 12 to 30 respirations per minute (rpm) and thus per scan







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Gantry

Rotation

Prior Art in IGRT (Respiratory-Correlated Reconstructions)

Respiratory binning and independent reconstruction

- Sonke et al., "Respiratory correlated cone beam CT," Med. Phys. 32(4), 1176-1186 (2005).
- Dietrich et al., "Linac-integrated 4D cone beam CT: First experimental results," Phys. Med. Biol. 51(11), 2939–2952 (2006).
- Li et al., "Four-dimensional cone-beam computed tomography using an on-board imager," Med. Phys. 33(10), 3825–3833 (2006).

Dedicated acquisition techniques

- Lu et al., "Four-dimensional cone beam CT with adaptive gantry rotation and adaptive data sampling," Med. Phys. 34(9), 3520–3529 (2007).
- Li et al., "Optimizing 4D cone-beam CT acquisition protocol for external beam radiotherapy," Int. J. Radiat. Oncol., Biol., Phys. 67(4), 1211–1219 (2007).

Not each region is affected by motion

- Leng et al., "Streaking artifacts reduction in four-dimensional cone-beam computed tomography," Med. Phys. 35(10), 4649-4659 (2008).
- Bergner et al., "Autoadaptive phase-correlated (AAPC) reconstruction for 4D CBCT," Med. Phys. 36(12), 5695–5706 (2009).
- Ahmad et al., "Four-dimensional volume-of-interest reconstruction for cone-beam computed tomography-guided radiation therapy," Med. Phys. 38(9), 5646–5656 (2011).

Motion-compensated reconstruction

- Li et al., "Motion correction for improved target localization with on-board cone-beam CT," Phys. Med. Biol. 51(2), 253–267 (2006).
- Rit et al., "On-the-fly motion-compensated cone-beam CT using an a priori model of the respiratory motion," Med. Phys. 36(6), 2283–2296 (2009).
- Li et al., "Enhanced 4D cone-beam CT with inter-phase motion model," Med. Phys. 51(9), 3688-3695 (2007).





Prior Art in IGRT (Respiratory-Correlated Reconstructions)

- Respiratory binning and independent reconstruction
 Angular sampling artifacts
- Dedicated acquisition techniques
 Increased acquisition time
- Not each region is affected by motion
 Remaining artifacts in volume—of—interest
- Motion-compensated reconstruction
 Increased patient dose or do not account for inter-fractional variations





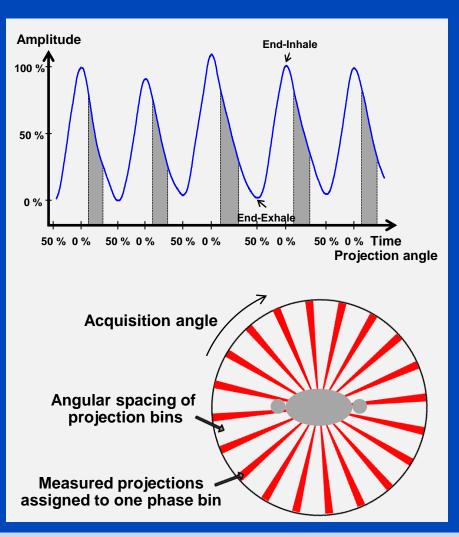
Aim

- Provide high quality respiratory-correlated 4D volumes from on-board CBCT scans
 - Image quality comparable to that of motionless regions (e.g. head, neck, ...)
- Do this with a standard acquisition protocol
 - Without any particularly slow, multiple or adaptive gantry rotation technique
 - These are not accepted in clinical routine,
 e.g. due to long acquisition times
- Do this without other prior information of higher temporal sampling such as a 4D planning CT
 - Account for inter-fractional variations in breathing motion





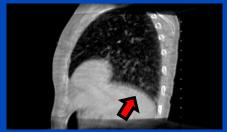
Retrospective Gating

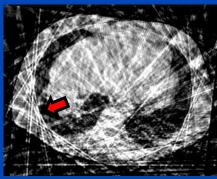


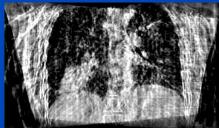
Without gating (3D): With gating (4D): Motion artifacts Sparse-view artifacts

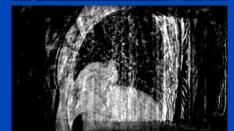
















Motion Compensation (MoCo)

Use all projection data for each phase to be reconstructed

- Even those of other phase bins
- Compensate for motion using motion vector fields (MVFs)
- In our case MVFs are estimated from phase-correlated (gated) reconstructions

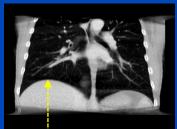
Backproject-than-warp

- Backproject sparse data along straight lines, warp with respect to the MVFs, and superimpose warped backprojections of all sparse data
- Projection data p, phase-correlated reconstruction operator $\mathbf{X}_{\mathrm{PCF}}^{-1}$, MVF \mathbf{T}_{j}^{i} from phase bin j to phase bin i

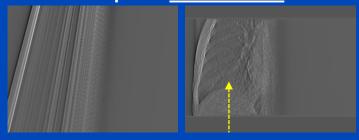
$$f_{\text{MoCo}(i)} := \sum_{j} \left(\mathsf{X}_{\text{PCF}(j)}^{-1} \ p \right) \circ \mathsf{T}_{j}^{i}$$

Ground truth in end-exhale

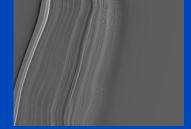


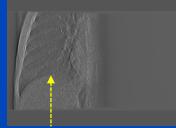


Backprojection on (straight) acquisition lines of a projection acquired in end-inhale



Warped backprojection

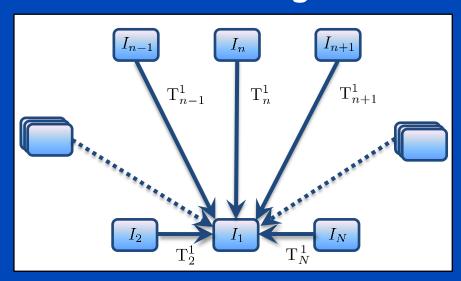




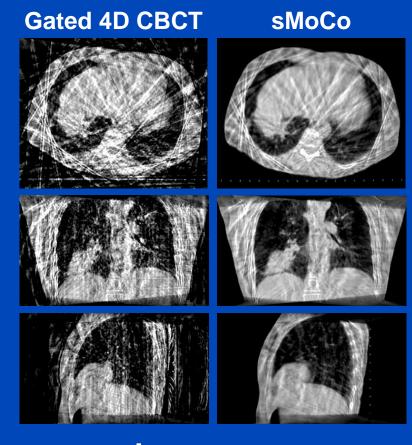


A Standard Motion Estimation and Compensation Approach (sMoCo)

 Motion estimation via standard 3D-3D registration



 Has to be repeated for each reconstructed phase

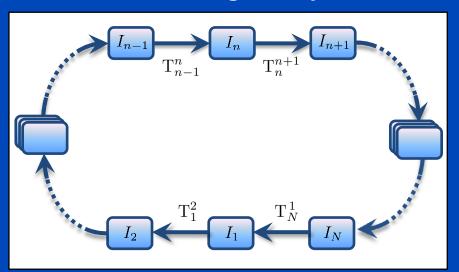


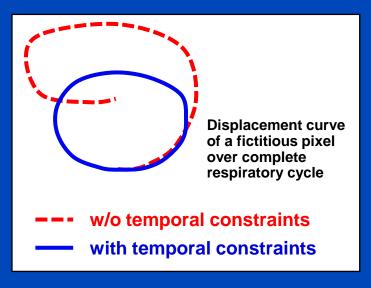
Streak artifacts from gated reconstructions propagate into sMoCo results



A Cyclic Motion Estimation and **Compensation Approach**

- Motion estimation only between adjacent phases
 - All other MVFs given by concatenation





- Incorporate additional knowledge
 - A priori knowledge of quasi periodic breathing pattern
 - Non-cyclic motion is penalized
 - Error propagation due to concatenation is reduced

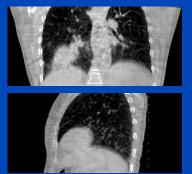


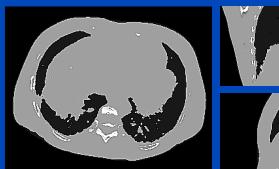


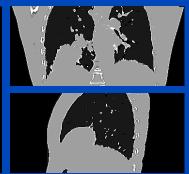
Angular Sampling Artifact Model

- Create second series of images with sparse-view artifacts but without breathing motion
- Eliminate breathing motion information
 - Threshold-based segmentation of 3D CBCT
- Simulate measurement and reconstruction process
 - Forward projection of segmented image
 - Backprojection at same angles as for gated 4D CBCT









3D CBCT

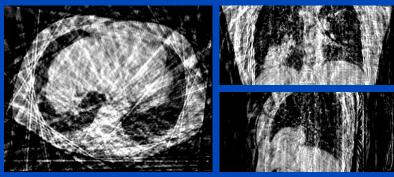
Segmented Image



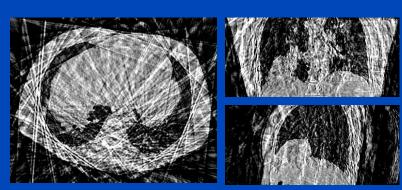


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Gated 4D CBCT

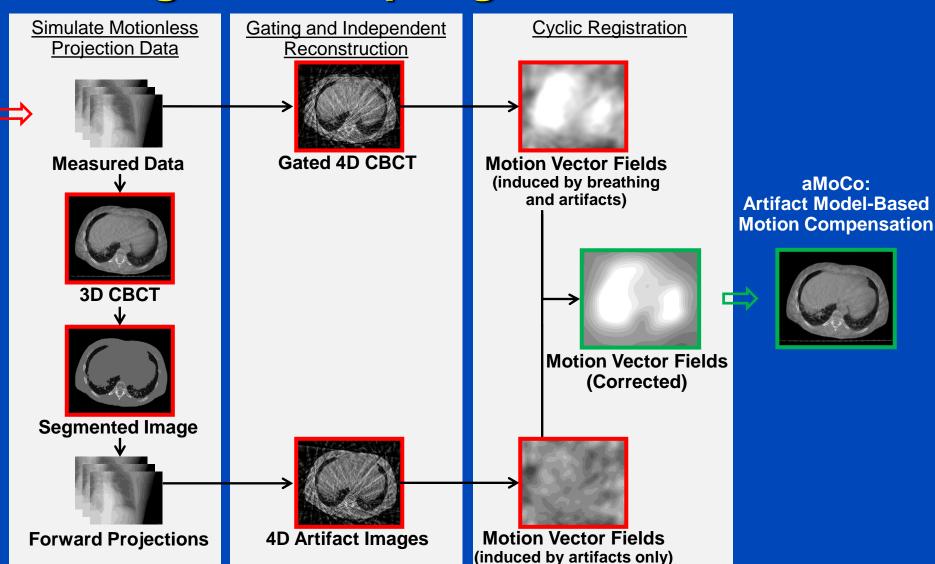


4D Artifact Images





Motion Estimation using an Angular Sampling Artifact Model



Simulation and Measurements

Acquisition data:

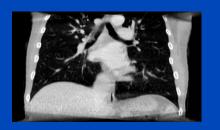
- Varian OBI geometry
 - > RF = 1000 mm,
 - \gg RD = 500 mm,
 - $> 1024 \times 768 \text{ Pixel } (0.388^2 \text{ mm}^2)$
- Half Fan Full Scan
- Number of projections: ~650
- Time for 360° rotation: $T_{rot} = 60 \text{ s}$

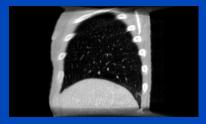
Reconstruction data:

- Volume size: $512 \times 512 \times 210$
- Voxel spacing: $1 \times 1 \times 1 \text{ mm}^3$
- Number phases: N = 20
- Phase bin width: 10%

Ground Truth of Simulation (15 rpm)

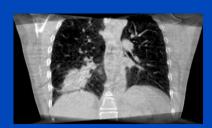


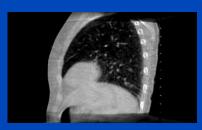




Patient Dataset (26 rpm)







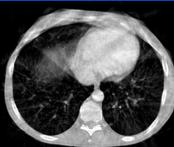
Simulated Data - Results

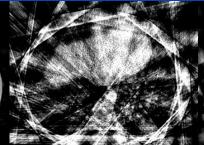
GT Ground Truth **3D CBCT** Standard

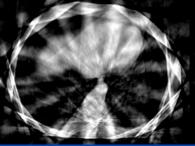
Gated 4D CBCT
Conventional
Phase-Correlated

sMoCo Standard Motion Compensation aMoCo Artifact Model-Based Motion Compensation



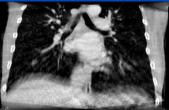


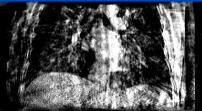


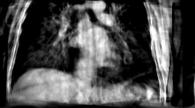


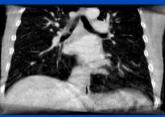


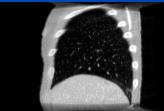


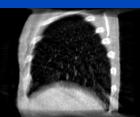


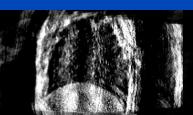


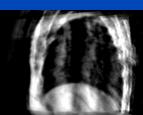


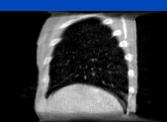








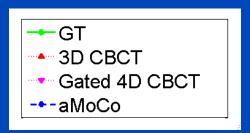




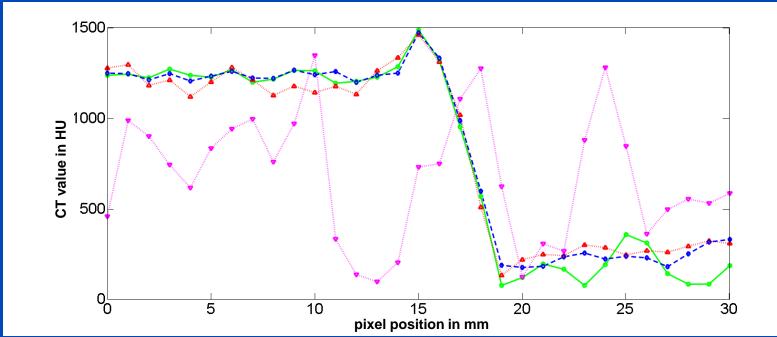


Simulated Data – Edge Profiles





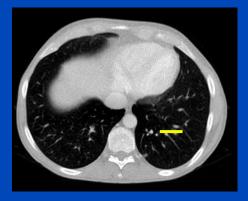
Motionless edge (vertebral body)





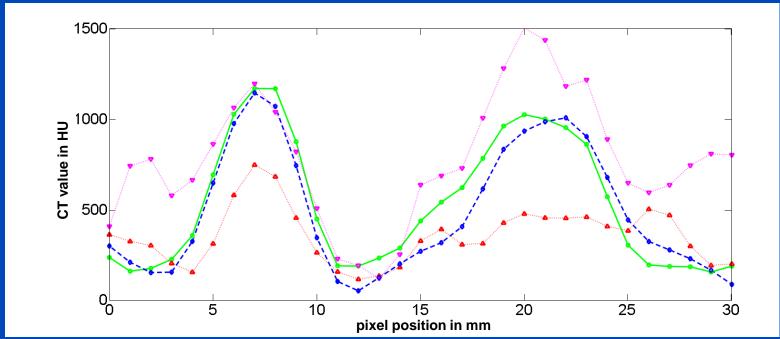


Simulated Data – Edge Profiles





Pulmonary blood vessels







Patient Data - Results

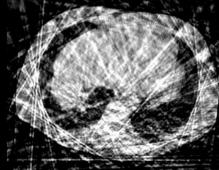
3D CBCTStandard

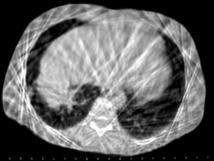
Gated 4D CBCT Conventional Phase-Correlated

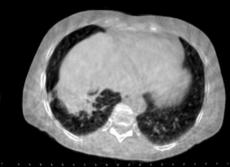
sMoCo Standard Motion Compensation

aMoCo Artifact Model-Based Motion Compensation

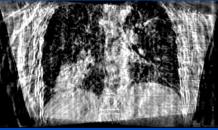


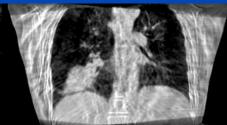


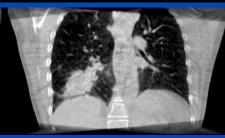


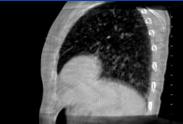


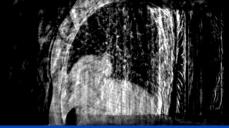


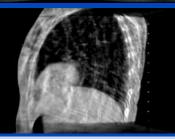


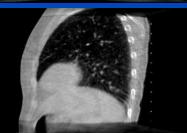














Summary

Severe sparse-view artifacts

- deteriorate image quality of conventional phase-correlated images (gated 4D CBCT) from slowly rotating devices,
- negatively affect motion estimation on these images.

Motion estimation

- based on standard deformable 3D-3D registration is highly sensitive to these artifacts and in addition heavily time consuming,
- based on cyclic registration has a reduced amount of computations,
 - » In addition, this allows to incorporate temporal constraints to reduce error propagation and to reduce artifact sensitivity
- using an correction <u>based on an artifact model</u> shows a highly decreased sensitivity to sparse-view artifacts.

Motion—compensated image reconstruction

 using MVFs obtained by <u>combination of cyclic registration and</u> <u>artifact model</u> is suitable for application in IGRT





Thank You!

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