

## Instrumentation and algorithms for 1 millimeter resolution clinical PET

### **Outline of Talk:**

- •Brief review of positron emission tomography (PET)
- •ls 1 mm resolution PET possible?
- •Why 1 mm resolution rather than 2, 3, or 4 mm?
- •What are the challenges of achieving 1 mm resolution clinical PET?
- •What is the basic design to achieve 1 mm resolution?
- ·How do we achieve this 1 mm resolution design?
- •New algorithms for this 1 mm resolution design •Summary



## **Limitations of the Standard PET/CT Camera**



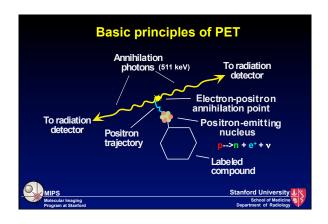
·Large and awkward for imaging a -l.arge and awkward for imaging a specific organ of interest at close proximity
-Accepts activity from outside organs
-l.ow photon sensitivity (-1%)
-Poor spatial resolution (7-10 mm)
-Poor energy resolution (>15-20%)
-Limited contrast resolution

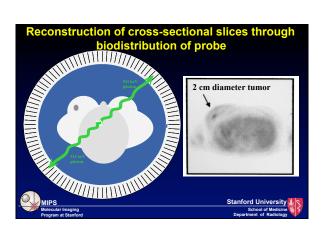
•Long study durations
•Relative high cost per study
•Not portable

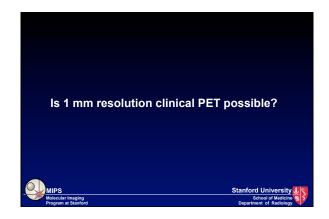
Can we improve the

technology? stanford University

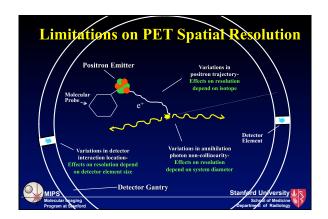


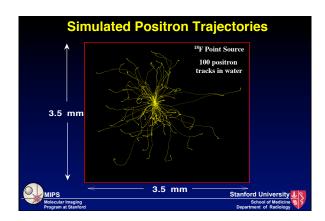


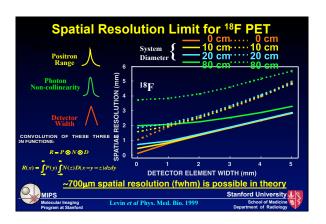


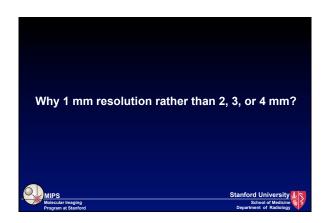


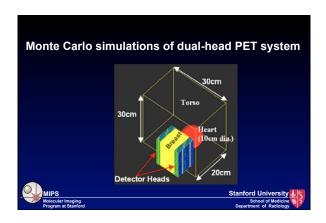
# Limitations on PET Spatial Resolution Positron Range Annihilation Photon Non-collinearity Detector Element Width Stanford University Boncolline Insuging Boncolline Insuging

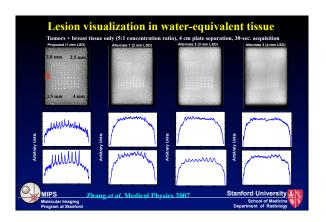


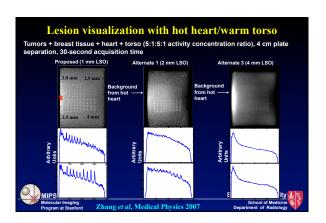


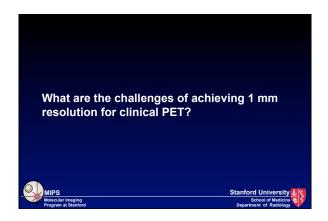


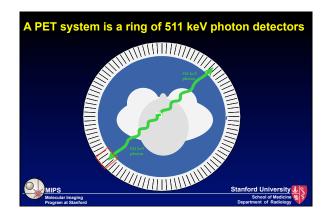






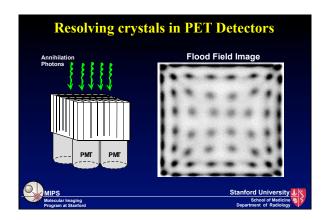


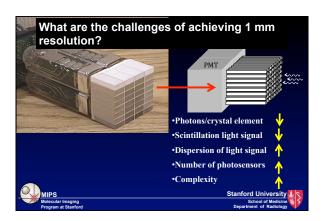




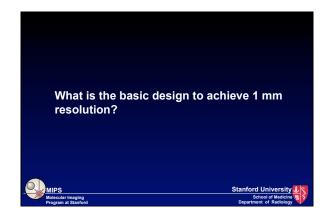


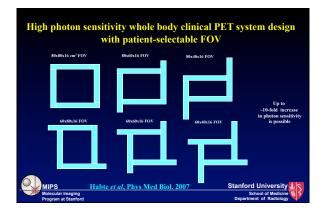


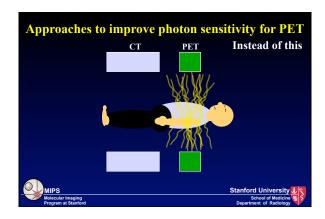


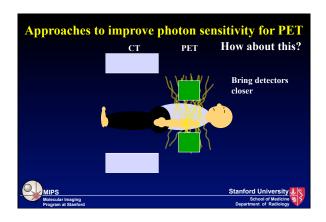


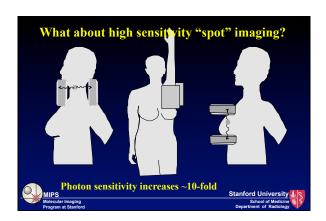




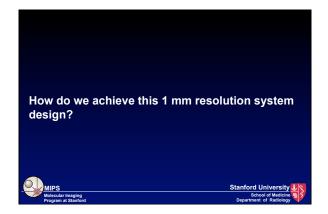


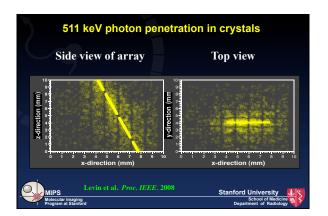


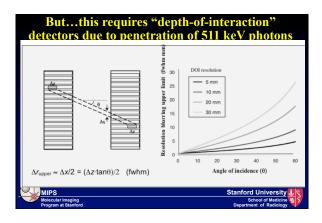


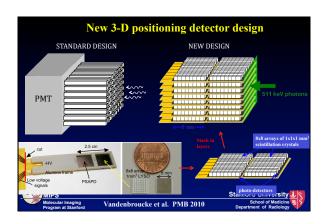


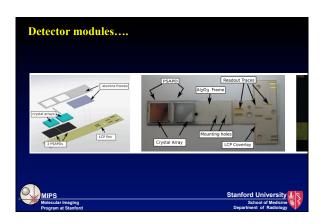


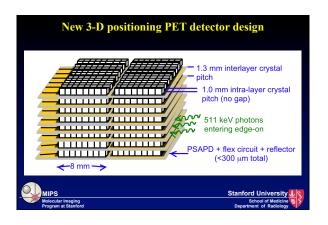






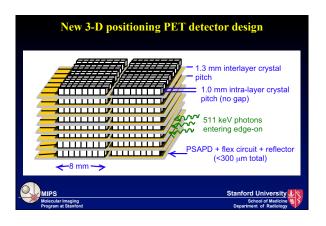


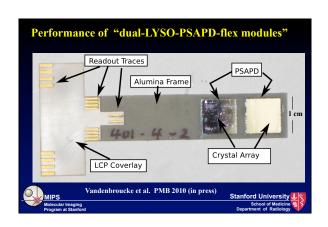


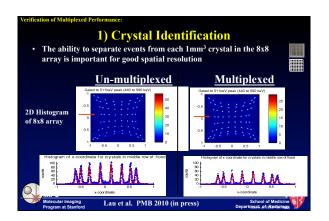


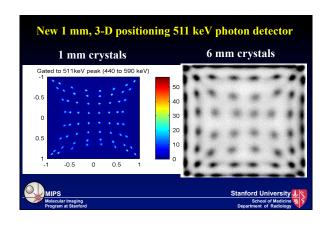


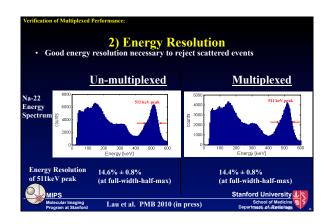


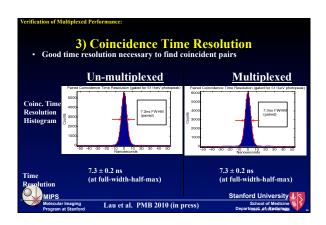


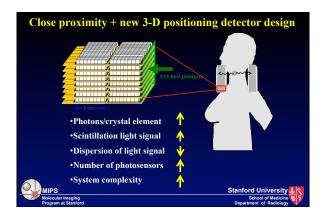


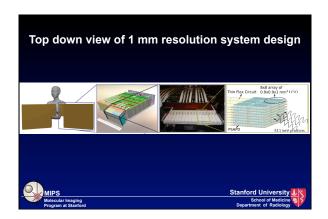


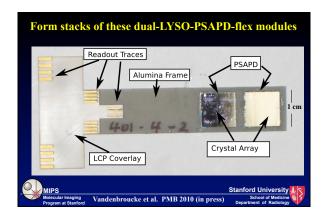


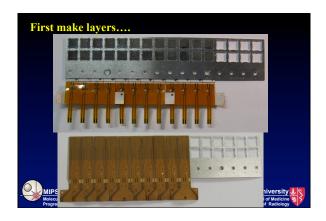


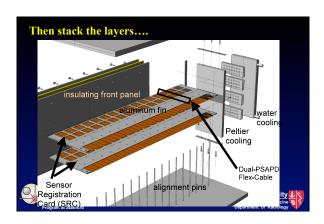




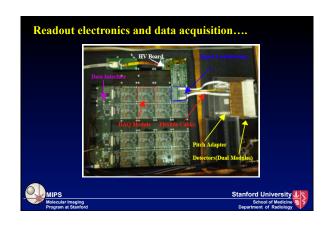


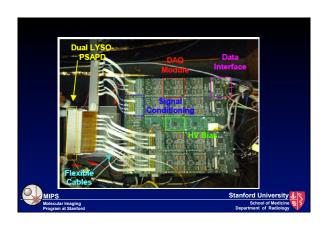


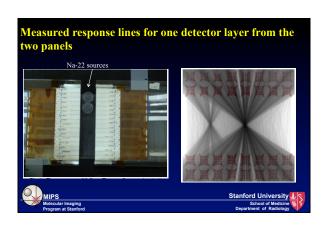


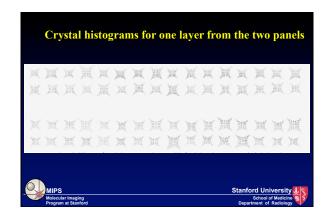


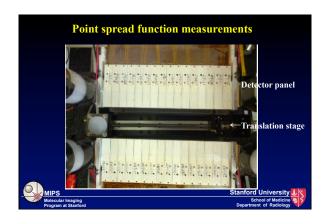


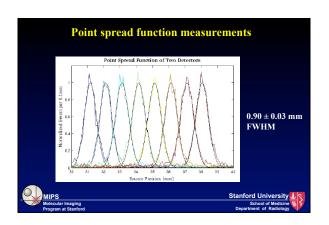


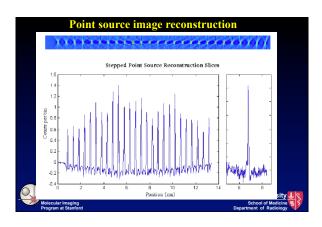


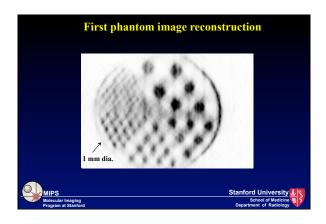


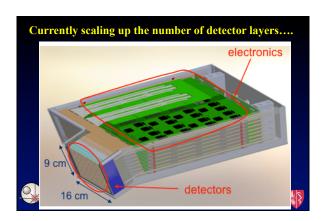


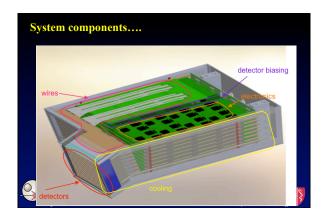


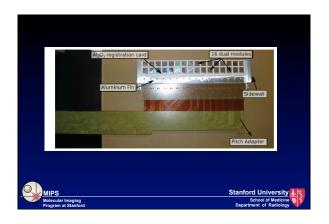




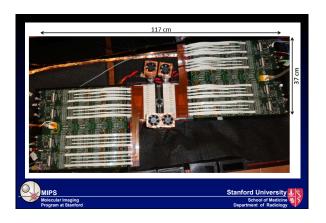




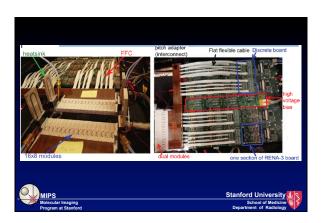


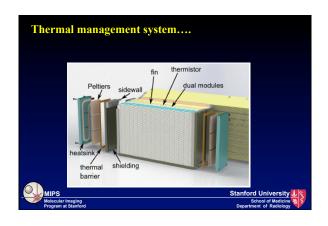


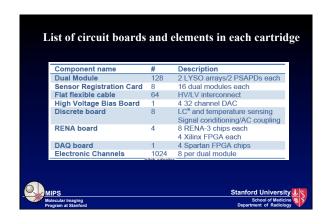






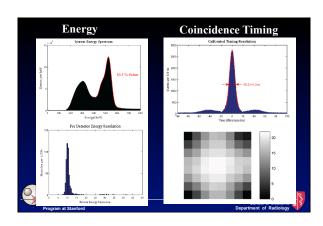


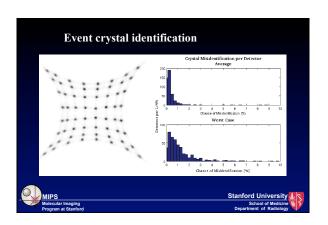


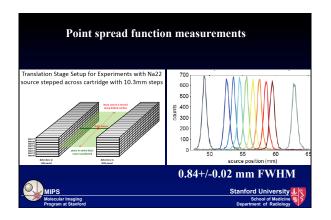


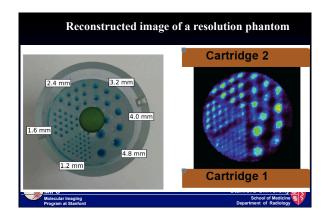




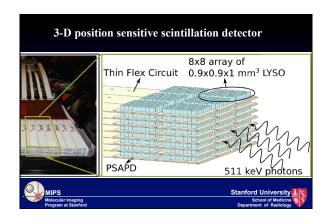


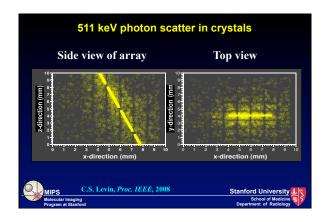


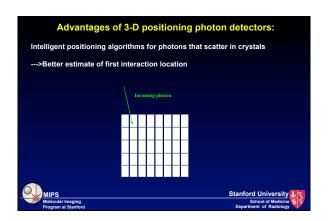


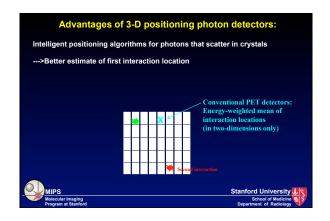


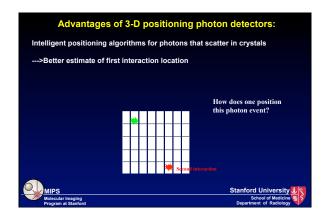


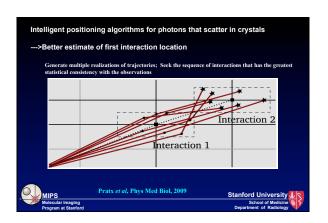


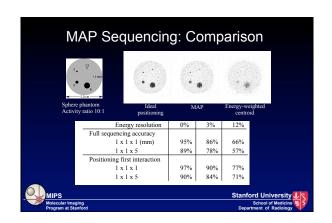


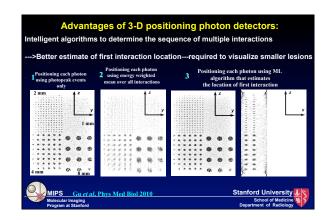


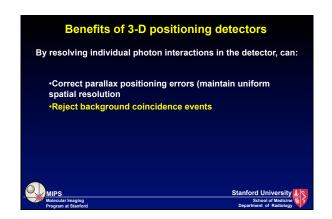


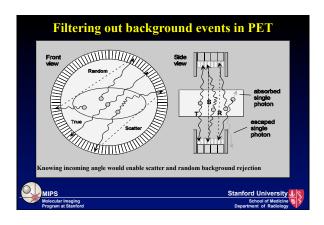


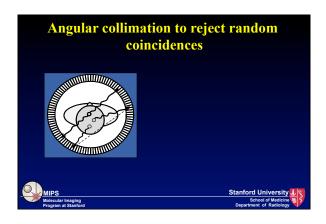


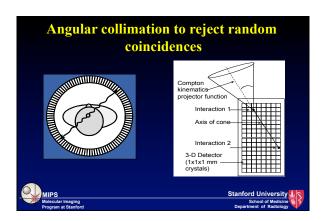


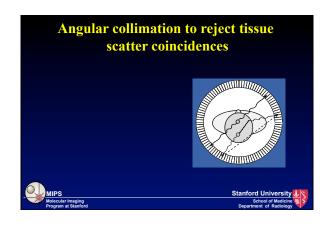


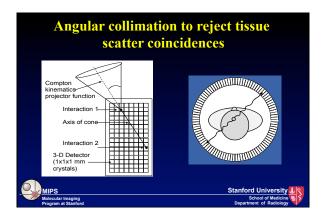


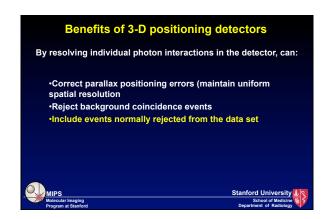


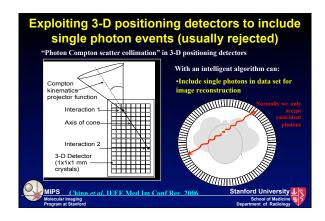


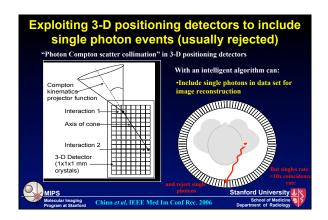


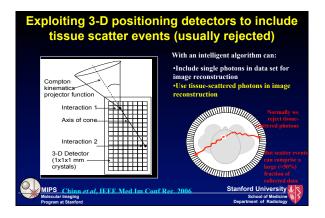


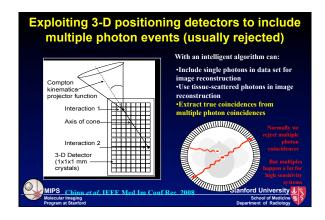


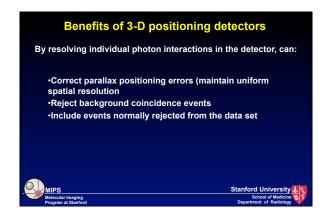


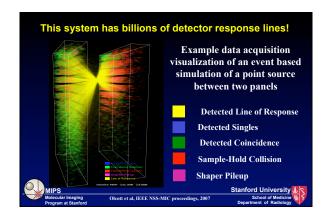


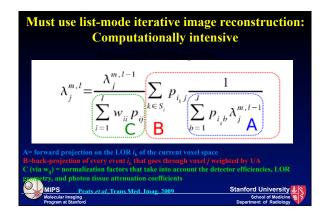


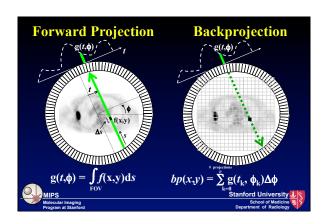


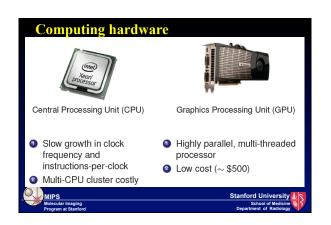




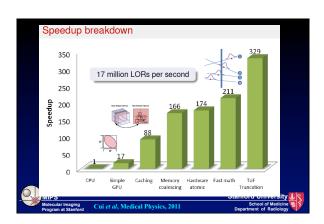












# With new geometries and special detectors, 1 mm resolution clinical PET is possible 1 mm resolution enables substantial abilities to visualize and quantify smaller lesions above background signal We are currently constructing a dual-panel "spot imager" for cancer that uses 3-D positioning detectors and novel electronics The 3-D positioning detectors allow us to better position events as well as enable an estimate of the incoming photon direction opening new possibilities for processing PET photon events GPUs can help to realize practical image reconstruction If successful, we can explore new roles of PET in disease management WIPS Stanford University Programment of Radiology Programment of Radiology Supportment of Radiology Department of Radiology





