



Imaging

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Accelerators for Medical Applications

Vösendorf, 28.05.2015



What is the role of imaging in
modern radiotherapy?



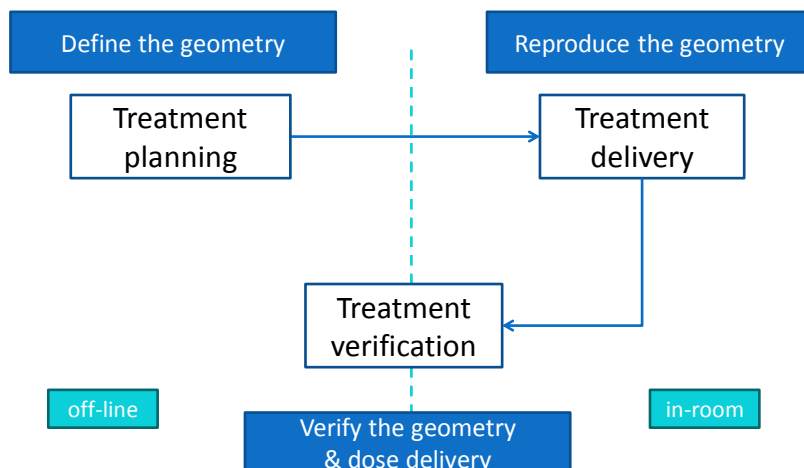


*If you can't see it, you can't hit it,
and if you can't hit it, you can't cure it !*

Source Wikipedia



In order to "hit the target" imaging is used to...



Adapted from C. Gianoli



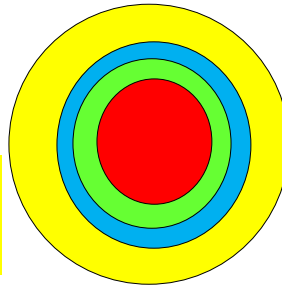
ICRU- concept of therapy relevant volumes

(ICRU 62, 1999)

Time (Movement)

ITV (internal target volume) includes physiological motion

PTV (planning target volume) includes positioning uncertainties

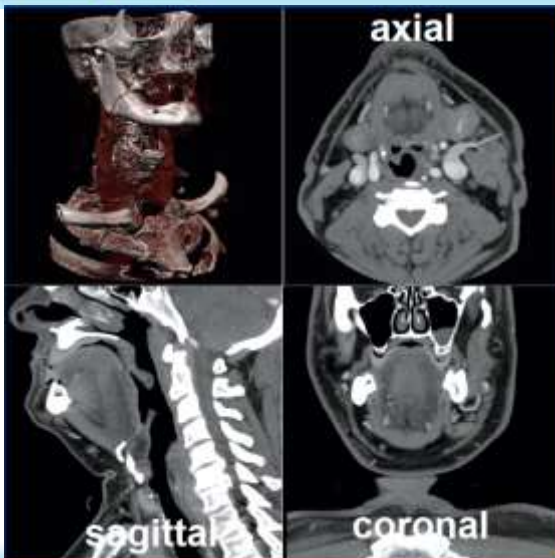


Space (Morphology)

GTV (gross target volume) macroscopic

CTV (clinical target volume) includes microscopic extensions

Courtesy W. Schlegel



CT Number or Hounsfield Unit (HU)

$$HU = \frac{1000 (\mu_x - \mu_{water})}{\mu_{water}}$$

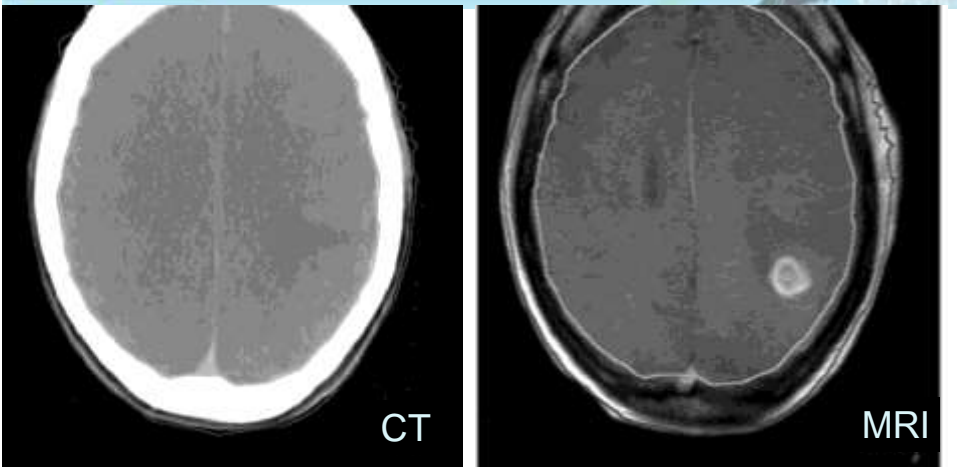
Provides the basic patient model information for treatment planning in 3D(4D)



Source: W. Kalender, E. Rietzel

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Imaging for planning: MRI



CT MRI

CT imaging lacks of soft tissue contrast and is thus typically complemented by Magnetic Resonance Imaging (MRI)

Source: DKFZ

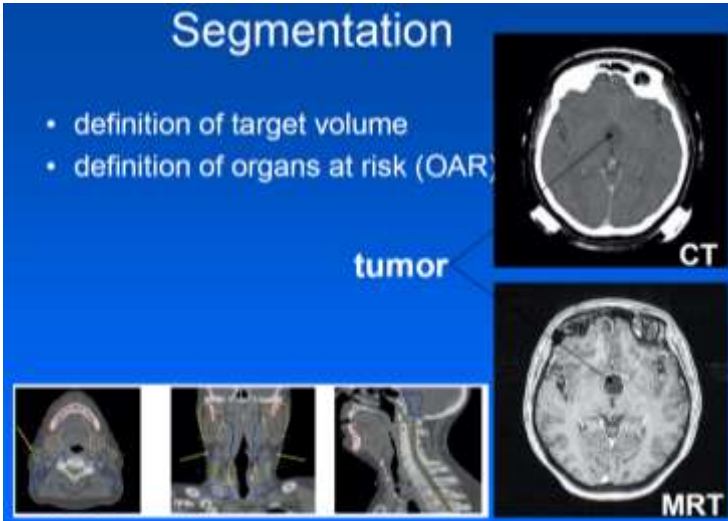
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Imaging for planning: CT & MRI

Segmentation

- definition of target volume
- definition of organs at risk (OAR)

tumor

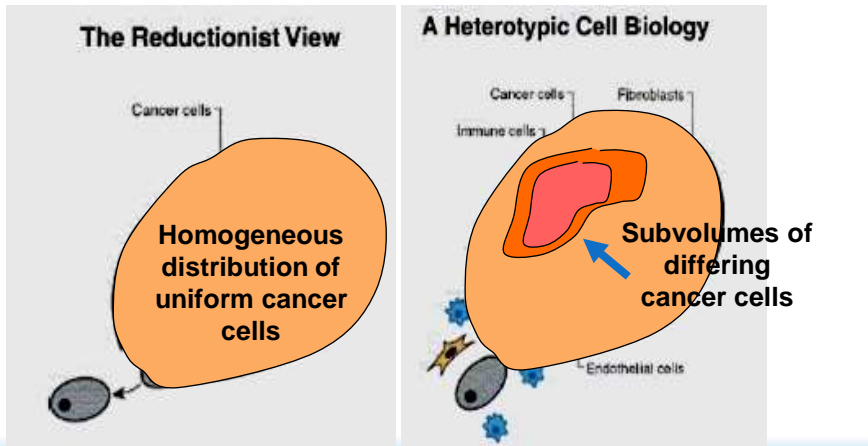


CT MRT

Source: HIT

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN **ICRU- concept of therapy relevant volumes**

The paradigm shift in radiation oncology



D. Hanahan, R. A. Weinberg, Cell, Vol. 100, 57-70, 2000

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN **ICRU- concept of therapy relevant volumes**

(ICRU 62, 1999)

Time (Movement)

ITV (internal target volume) includes physiological movements

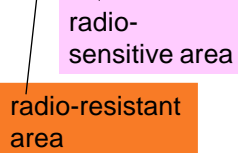
PTV (planning target volume) includes positioning uncertainties

Space (Morphology)

GTV (gross target volume) macroscopic

CTV (clinical target volume) includes microscopic extensions

BTV (Biological Target Volume) includes biological heterogeneities



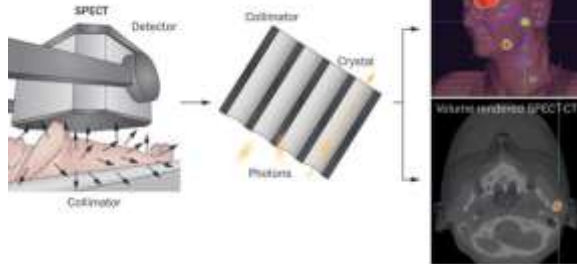
Biology (Metabolism)

Courtesy W. Schlegel

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN **Nuclear medicine imaging**

Visualizes radioactive decay of injected tracers

SPECT -
Single photon emission tomography



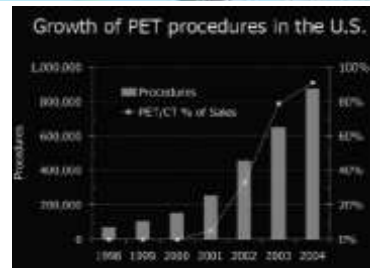
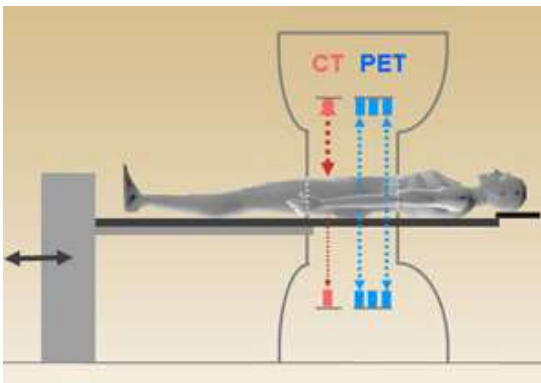
PET -
Positron emission tomography



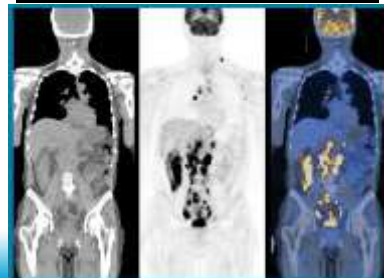
Nature Reviews Clinical Oncology **9**, 712-720 (2012)

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN **Imaging for planning: PET/CT**

Integration of PET and CT in single hybrid scanner



> 95 % PET scanners is PET-CT



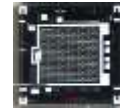
D. Townsend



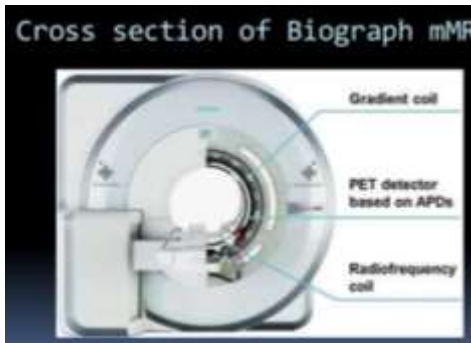
Imaging for planning: PET/MR



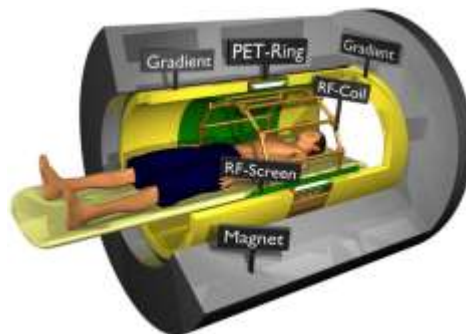
Combination of PET and MR in hybrid scanner
(first commercial systems available, but still ongoing research)



SiPM



Source Siemens



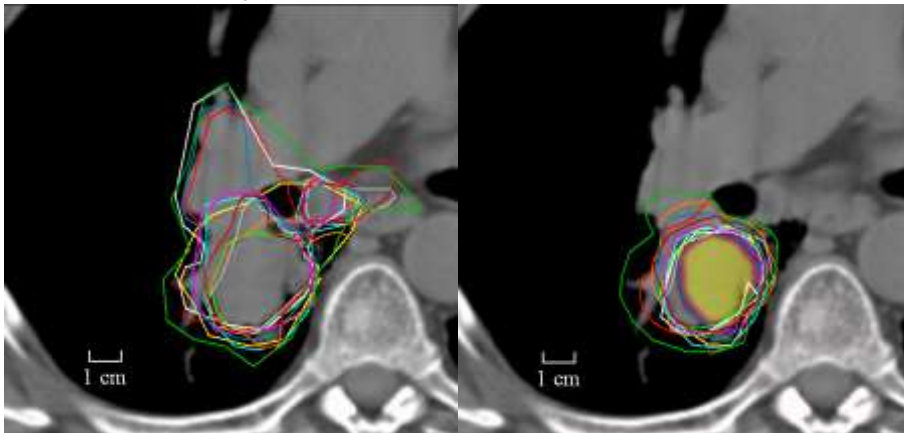
Hybrid PET MR Project
Philips et al, HYPERImage



Multimodal imaging for planning



Multimodal imaging improves target delineation and reduces inter-observer variability




CT

CT + PET

Steenbakkers et al, IJROBP 2005

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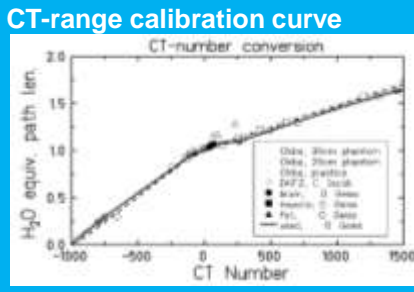
Treatment planning



CT with target volumes and OARs, dose prescription

Physical beam data in water (biological data)

CT-range calibration curve



How to replicate planning geometry at the treatment site?

Source: HIT, Krämer et al, PMB 2000

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Patient positioning

Patient immobilized with mask and special localisers for stereotactic positioning in treatment room using laser alignment and additional optical systems




However missing inner anatomy...

Sources: CNAO and DKFZ

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Anatomy confirmation via X-rays

AP LR

Ion gantry

X-ray imager

X-ray source

Source HIT

LMU **LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN** **X-ray/CT-simulation**

kV-X-ray

LR AP

Digitally reconstructed radiography from CT

From A. Mahr




In-room imaging for patient positioning



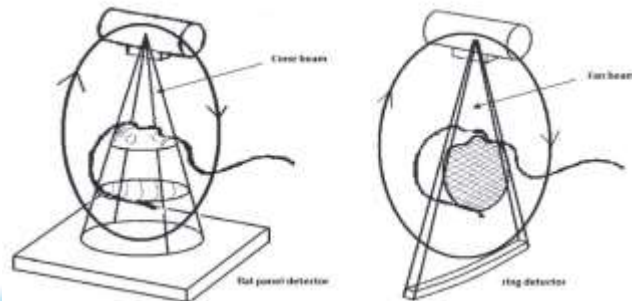
As in photon therapy, use integrated on-board X-ray imager for volumetric so called cone beam imaging (CBCT)



Source: Varian, IBA




CBCT vs CT

Courtesy G. Landry

20

LMU LEONHARD-MAXIMILIANS-UNIVERSITÄT MÜNCHEN CBCT imaging for patient positioning

Fast image reconstruction and registration to planning CT for position correction

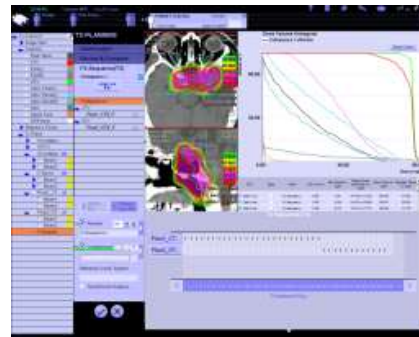
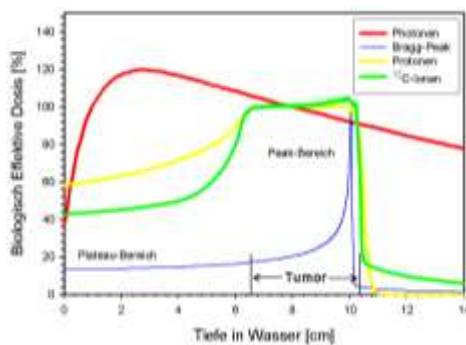


Figure 10. Volumetric registration at the treatment unit. A cone-beam CT acquired at the time of treatment is registered to the treatment planning CT (larger dataset) to properly position the patient on the treatment table (courtesy of Peter Monroe, PhD, Varian Medical Systems).

The British Journal of Radiology, 79 (2006), 599-5108

LMU LEONHARD-MAXIMILIANS-UNIVERSITÄT MÜNCHEN Treatment delivery uncertainties

We want to exploit clinically the dosimetric advantages of ion beams

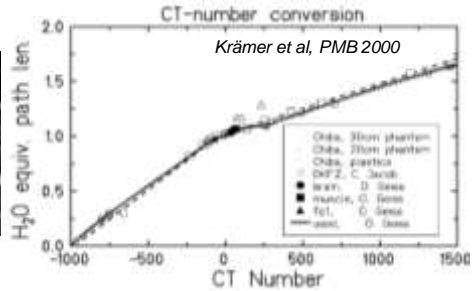


But is what we see in TPS what we really deliver?



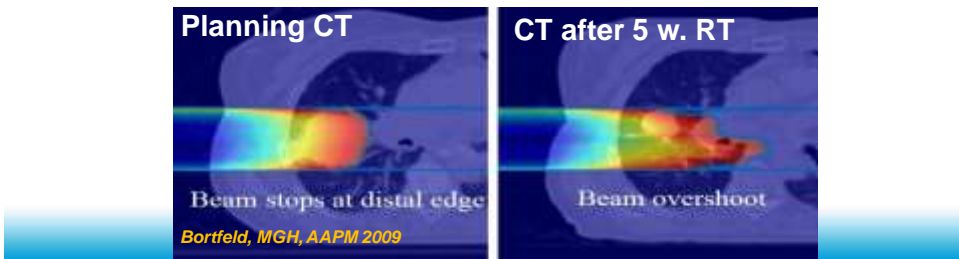
Tx planning uncertainties

- CT-range calibration
- Imaging artefacts
- Calculation models

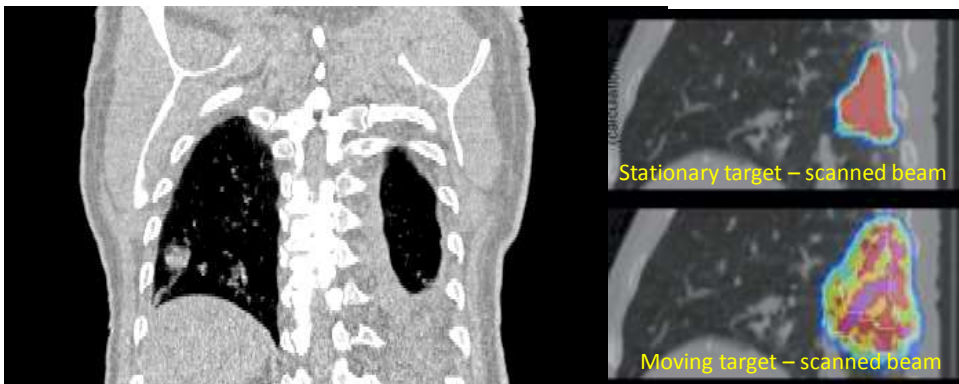


Delivery uncertainties

- Inter- and intra-fractional anatomical changes



Delivery uncertainties: intrafractional anatomical changes

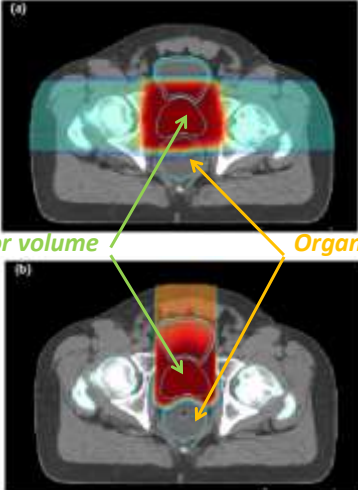


However not addressed in this lecture for the sake of time...

E. Rietzel et al, MGH; C. Bert et al, GSI Darmstadt

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In-vivo verification



(a) Tumor volume Organ at risk

(b)

Range uncertainties result in conservative margin expansion and choice of beam angles avoiding Bragg peak before OARs

Daily practice of compromising dose conformity for safe delivery

↓

In-vivo verification could enable full exploitation of ion therapy potential

Tang et. al. Med.Phys. 2012

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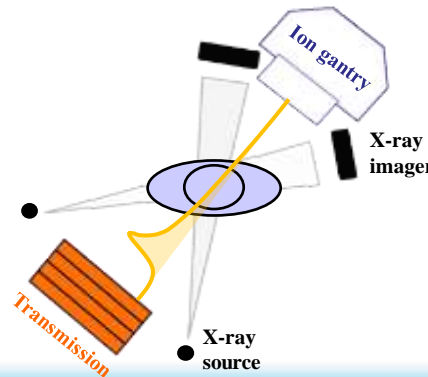
In-room imaging for treatment verification

Current efforts for in-room imaging in ion beam therapy

- Anatomical confirmation via X-rays or transmitted ions

Imaging for confirmation of

- Treatment geometry



Ion gantry

X-ray imager

X-ray source

Transmission

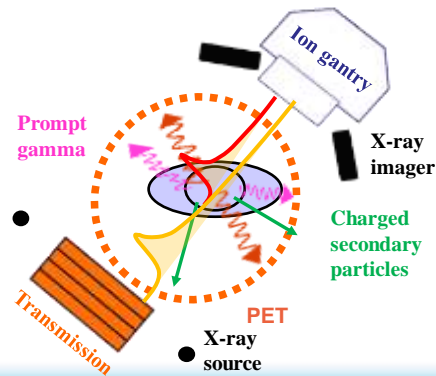
In-room imaging for treatment verification

Current efforts for in-room imaging in ion beam therapy

- Anatomical confirmation via X-rays or transmitted ions
- Range monitoring via emerging secondary radiation or transmitted ions

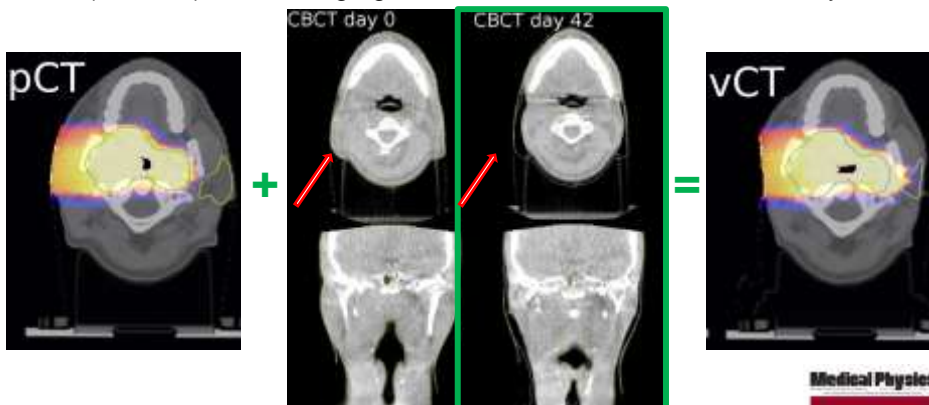
Imaging for confirmation of

- Treatment geometry
- Treatment delivery



In-room imaging for dosimetric assessment

CBCT (and DIR)-based image guidance for dose recalculation on daily anatomy



However relying on CT-range calibration and dose calculation engine

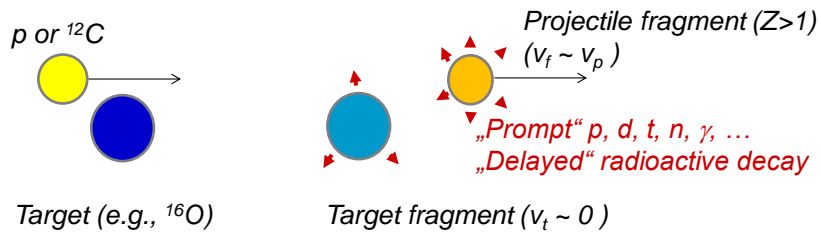
Landry...Parodi Med. Phys. 2015



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In-room (offline) imaging for in-vivo treatment visualization

- Primary ions are stopped *somewhere* within the patient, with dose and range mainly dependent on Coulomb interaction
- Nuclear reactions induce measurable emerging radiation



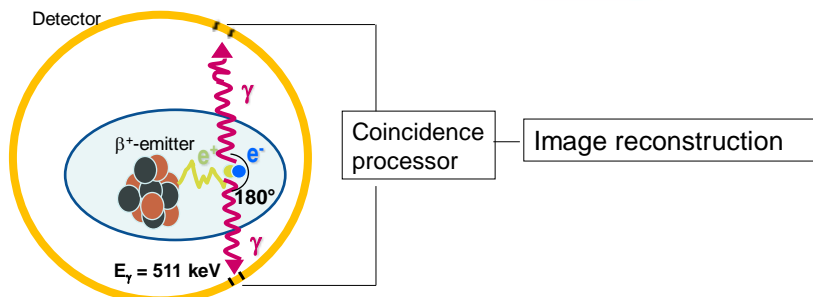
Only Positron-Emission-Tomography clinically investigated so far



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Positron-Emission-Tomography


Imaging of β^+ -activity

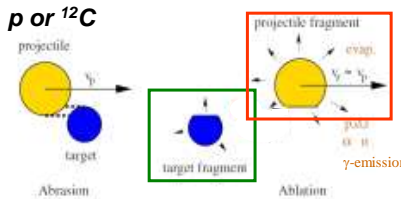
- 1) β^+ -decay $A(Z,N) \rightarrow A(Z-1,N+1) + e^+ + \nu_e$
- 2) Moderation of e^+ in medium (few mm in tissue)
- 3) Annihilation into 2 opposite γ -rays (511 keV each)
- 4) Coincident detection and processing



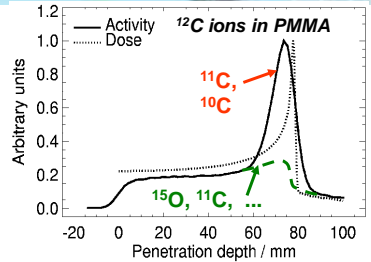
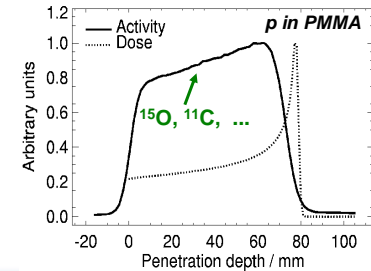
In-vivo PET-based verification





(projectile fragmentation only for $Z > 1$)

β^+ -emitter yield (^{15}O , ^{11}C , ..., with $T_{1/2} \sim 2, 20, \dots$ min) as by-product of irradiation






$A(r) \neq D(r)$


Tradeoff between **better spatial correlation** (^{12}C) and **stronger signal** (p)

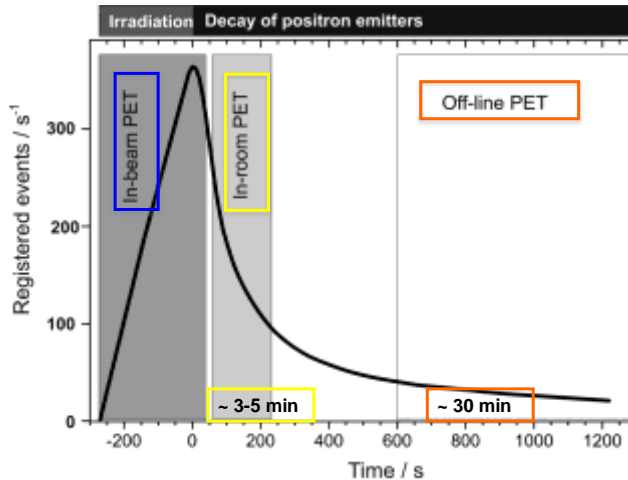
Dose-guidance from comparison of **measured vs expected β^+ -activity**

K. Parodi et al, IEEE TNS 2005

The possible workflows






PET is a dynamic process, depending on time of irradiation and acquisition

Shakirin, ..., Parodi, ... PMB 2011

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Clinical implementation of in-beam PET

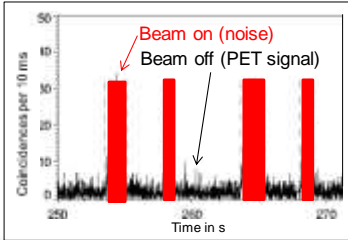


GSI

*Developed by HZDR
Dresden, Germany*

In-beam PET (used clinically at GSI for ^{12}C ions)

- + Patient in treatment position
- + Detection of short lived emitters (^{15}O)
- + No prolongation of treatment session
- Morphological information from planning CT
- Limited-angle detection
- High integration costs

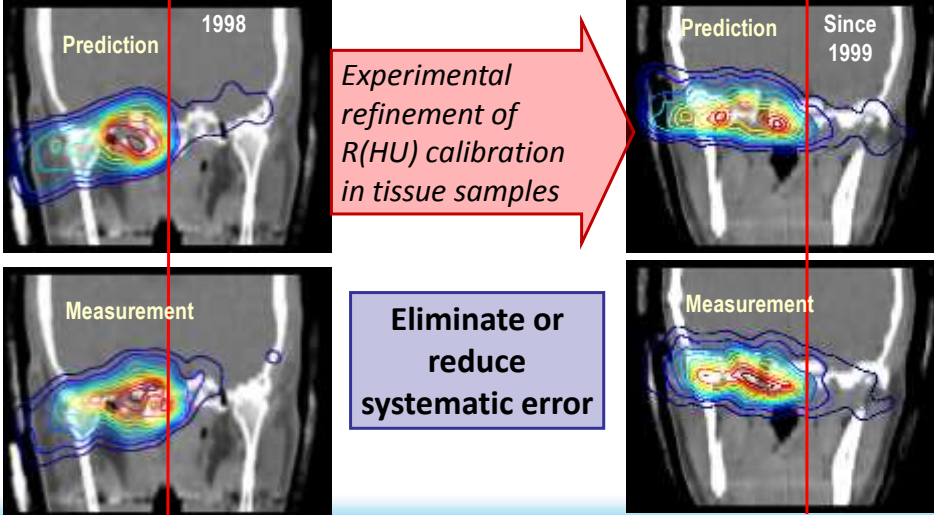


Enghardt, ... Parodi ... Nucl Instrum Meth A 2004; Parodi et al Nucl Instrum Meth A 2005

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Clinical results of ibPET@GSI

In-vivo validation of CT-range calibration curve



Prediction 1998

Prediction Since 1999

Measurement

Experimental refinement of $R(\text{HU})$ calibration in tissue samples

Eliminate or reduce systematic error

Enghardt, et al GSI Report 2004; Schardt et al, GSI report 2007; Rietzel et al, Rad Oncol 2007

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Clinical results of ibPET@GSI

In-vivo indicator of deviations in actual dose application

PET Prediction PET Measurement

Positioning error

PET Prediction PET Measurement

Anatomical modification

Parodi Ph.D. Thesis TU Dresden 2004; Enghardt, Parodi ... Radiother Oncol 2004

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Clinical results of ibPET@GSI

Indirect estimation of ^{12}C dose deviation from in-beam PET

β^+ -activity: prediction β^+ -activity: measur.

Dose recalculation

Original-CT Modified CT


Hypothesis on the reason for the deviation from the treatment plan

Interactive CT manipulation

Original-CT Modified CT New CT


CT after PET findings

Parodi Ph.D. Thesis TU Dresden 2004; Enghardt, Parodi ... Radiother Oncol 2004






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Clinical implementation of offline PET/CT



Offline PET/CT


- + Full ring scanner
- + Comparably low cost
- o CT-image for co-registration (extra dose)
- Patient re-positioning (if not using shuttle)
- ~ 5–20 min time delay from irradiation to imaging (washout, counting statistics)
- Long scan time (~ 20-30 min)

HIT


MGH

Parodi et al, IJROBP 2007; Parodi et al, IEEE CR 2011; Bauer,..., Parodi, Radiother Oncol 2013



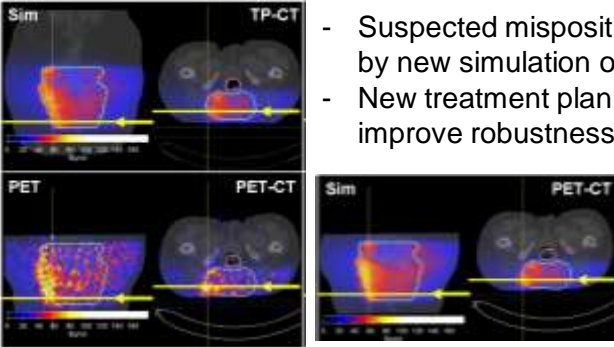
LEONHARD MEXIMILIANS UNIVERSITÄT MÜNCHEN

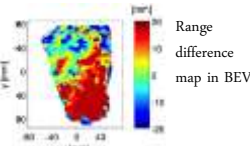
Clinical experience of offline PET/CT ¹²C @HIT



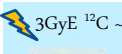
Bauer, ..., Parodi, Radiother Oncol 2013

- Suspected mispositioning supported by new simulation on CT from PET/CT
- New treatment plan was performed to improve robustness against variations







Range difference map in BEV



3GyE ¹²C ~ 17 min

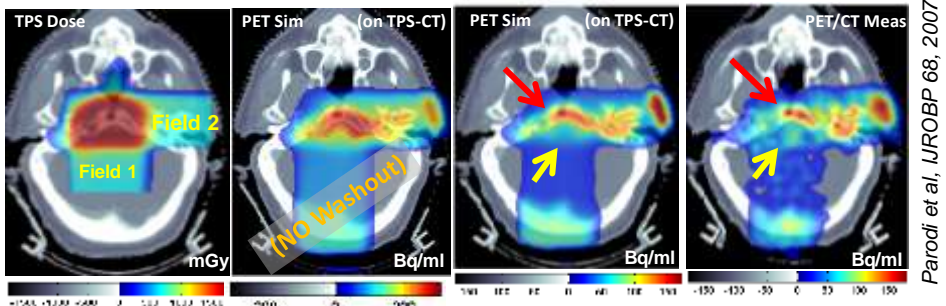


~ 13 min



30 min

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Parodi et al, IJROBP 68, 2007

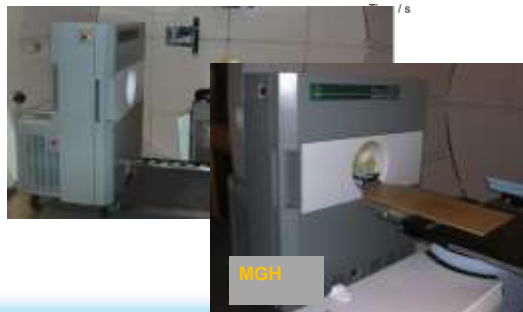
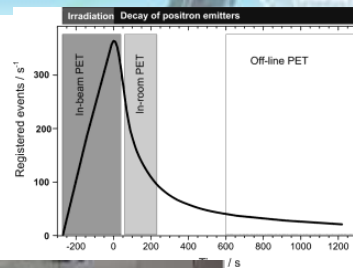
Reliable range in **bony structures**

Challenges from knowledge of **biological washout** and **elemental tissue composition**

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN **Clinical implementation of in-room PET**

In-room PET

- + Patient in treatment position
- + Full ring scanner possible
- + Few minutes acquisition sufficient
- Patient throughput
- Co-registration uncertainties if moving table



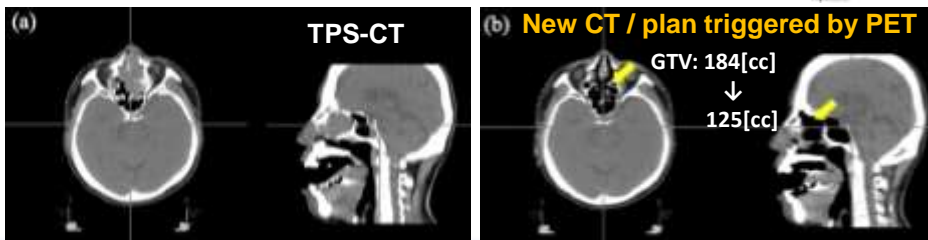
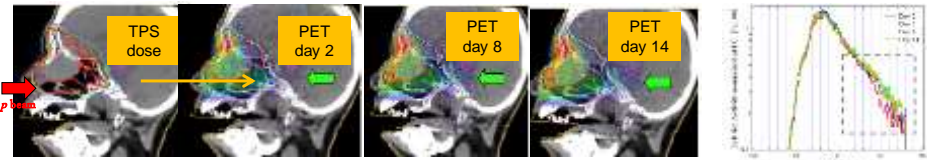
Nishio et al IJROBP 2010, Zhou et al PMB 2011, Shakirin et al PMB 2011, Min et al IJROBP 2013

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Clinical results of in-room PET@NCC

Experience from dual-head in-room PET at NCC Kashiwa (p)

- + 200 s acquisition after end of irradiation found sufficient for imaging
- + Detection of inter-fractional delivery / anatomy changes



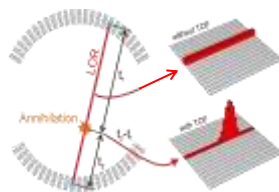
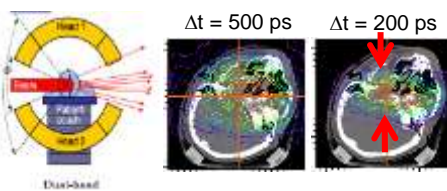
Nishio et al, IJROBP 2010; Courtesy of T. Nishio, NCC Kashiwa

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Hardware improvements: dual head solutions

- Detector developments towards ultra-fast Time-of-Flight (TOF) in-beam PET

Crespo et al, PMB 2007



P. Cambráia Lopes et al, presented at IEEE MIC 2013



Hardware improvements: full ring solutions

- Prototype small bore PET/CT scanner just started clinical study at MGH
- Large scale in-beam full ring openPET scanner prototype being developed and tested with stable and radioactive ion beams at NIRS



NeuroPET/CT in proton Tx room at MGH, ready to scan

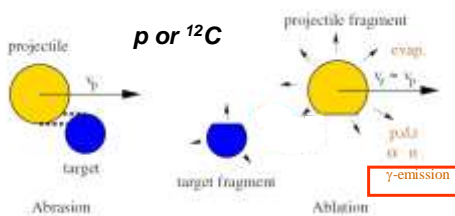
Courtesy G. El Fakhri, PhD



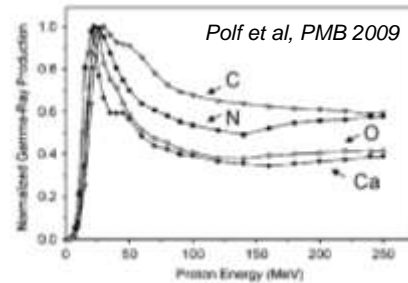
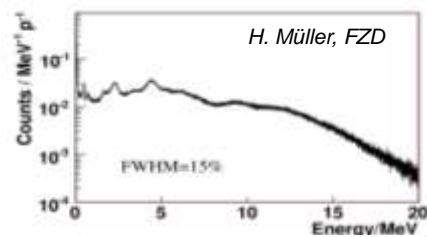
Courtesy T. Yamaya, NIRS Japan
Presented at IEEE MIC 2014



Prompt gamma imaging

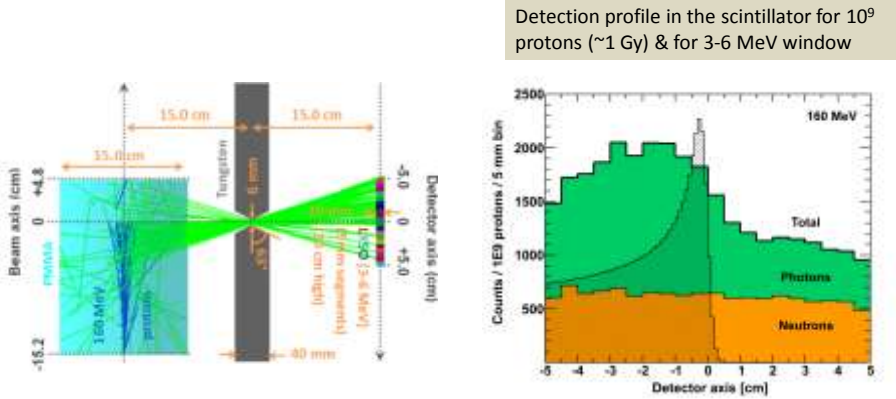


- In addition to β^+ - production, nuclear reactions induce **fast (sub-ns)** prompt g emission with broad energy spectrum (up to several MeV)
 - ⇒ **Eliminate washout problematic**
- Lower cross section threshold than for positron emitter production
 - ⇒ **Closer correlation to Bragg peak**



Challenged detection due to high energies and neutron background


IBA slit camera prototype




5 mm shifts in proton range generates corresponding shifts in detection profile
(first prototype to be tested soon in clinical scenario)

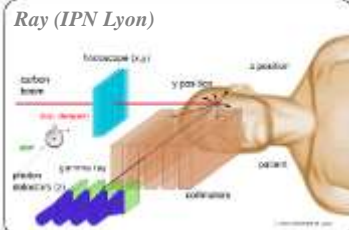
D. Prieels, F. Stichelbaut, F. Roellinghoff et al, IBA et ENVISION

Courtesy A Mazal



Additional detector concepts






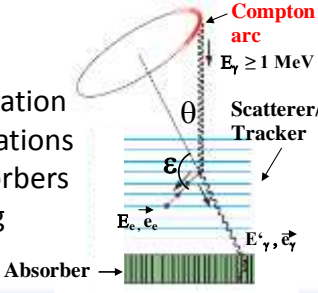
Ray (IPN Lyon)

Collimated camera

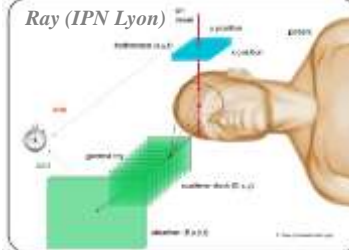
- Multislit collimator
- Time-of-Flight for neutron suppression



Fast position sensitive detector (e.g., hodoscope)



Compton arc
 $E_\gamma \geq 1 \text{ MeV}$
 Scatterer/Tracker
 θ
 ϵ
 E_c, e_c
 E'_γ, e'_γ
 Absorber

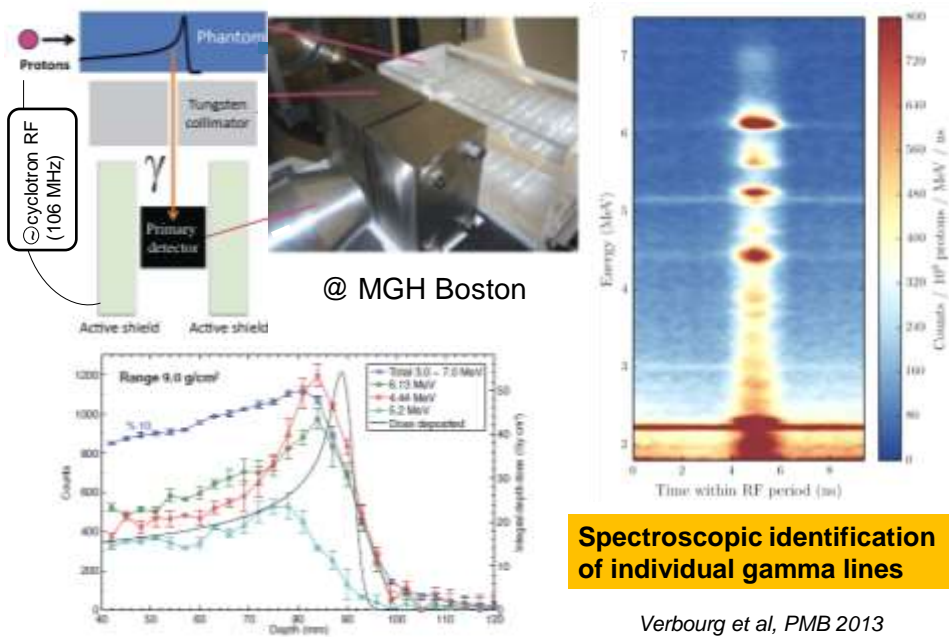


Ray (IPN Lyon)

Compton camera

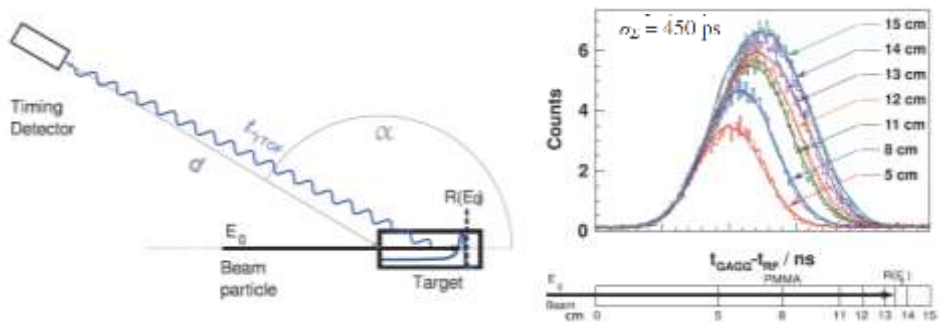
- Electronic collimation
- Several configurations scatterers / absorbers
- Electron tracking possibility

Time- and energy-resolved prompt γ detection



Prompt γ timing (PGT)

New proposed range monitoring concept relying on time spectroscopy without need of directional collimation

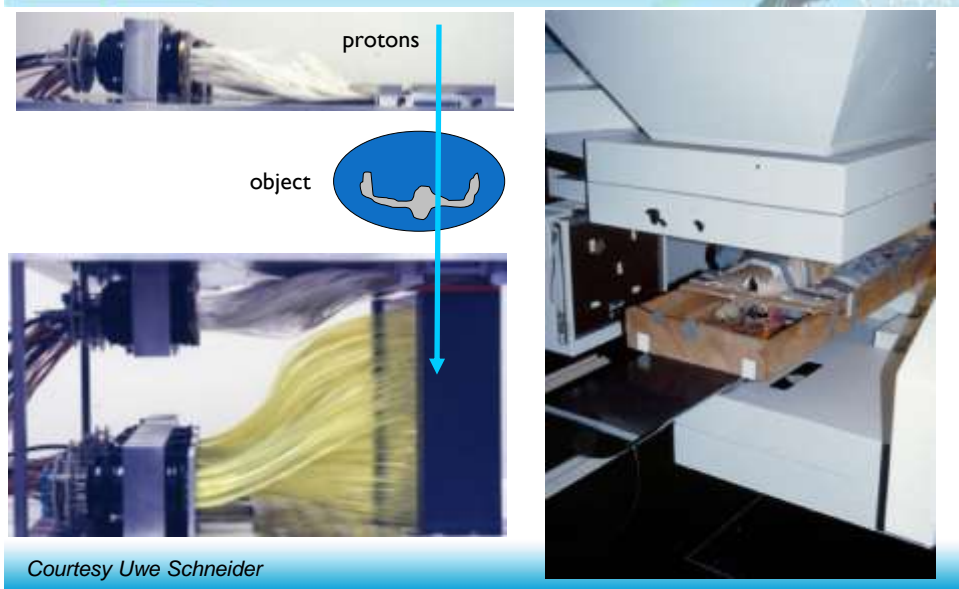
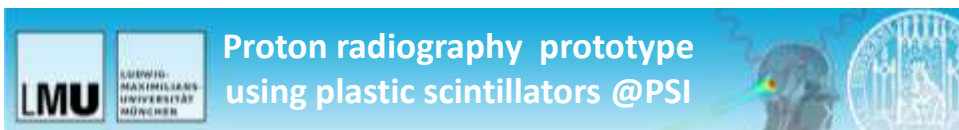
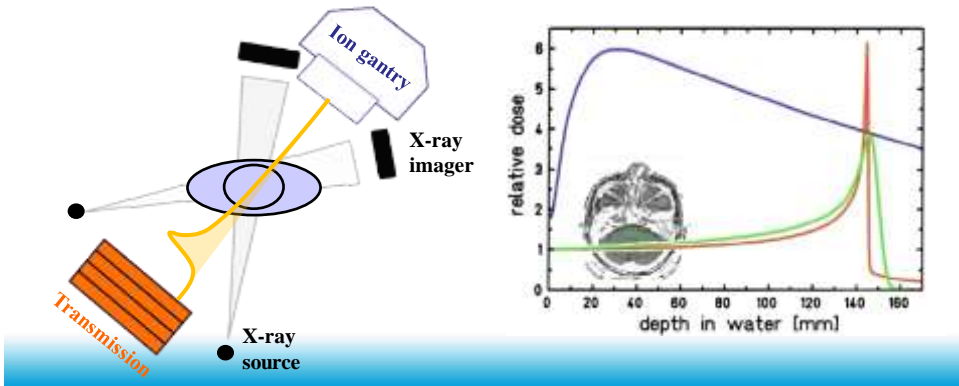


C. Golnik et al, PMB 2014



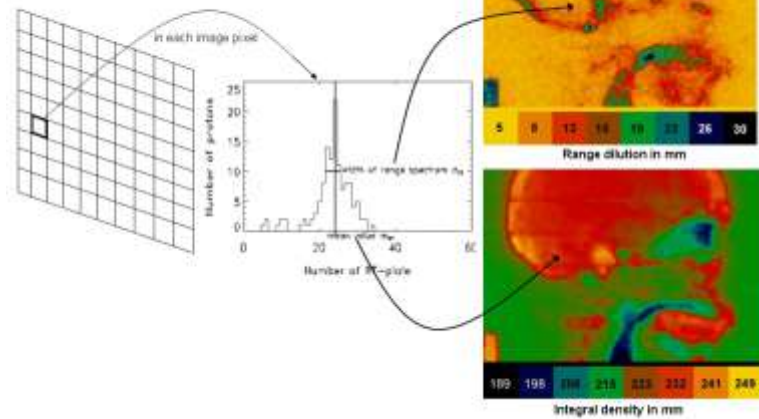
Ion-based radiography / tomography could:

- Decrease range error via direct Relative Stopping Power determination
- Eliminate CT artifacts from metal / dental implants
- Replace X-ray imaging for daily, lower-dose image guidance





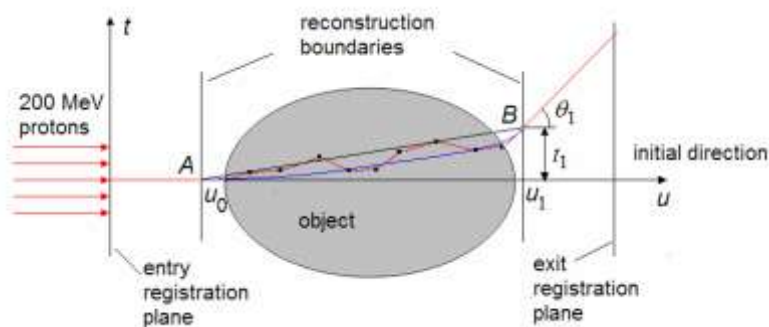
Information on range and range dilution can be achieved in each pixel



Courtesy Uwe Schneider

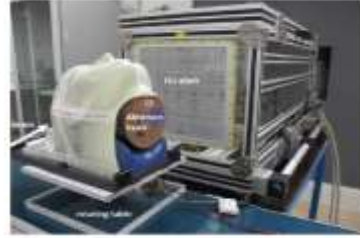
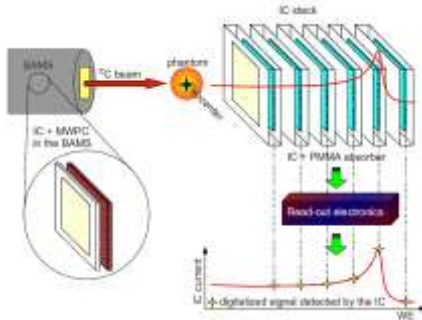


Trajectory of individual protons in tissue has to be estimated, e.g. with concept of Most-Likely-Path in the reconstruction of the radiographic images

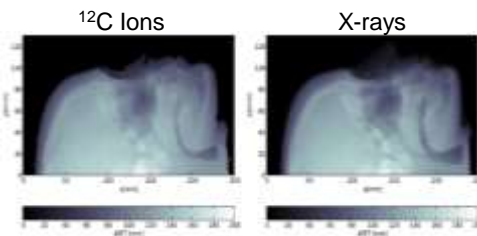


Med Phys. 2006 March ; 33(3): 699–706.

Carbon ion radiography prototype using ionization chambers @HIT



- 61 PPIC 30x30 cm²
- 3 mm PMMA absorber slabs
- 2 read-out modules of 32 channels with real time controller
- Active scanning beam delivery system



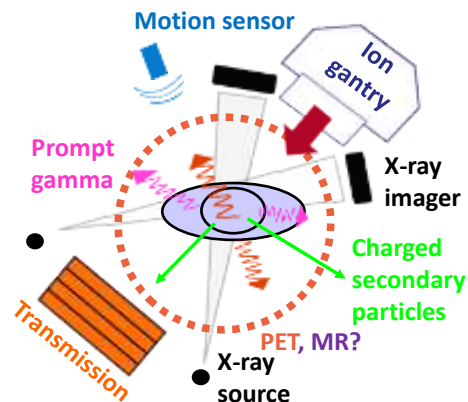
Rinaldi, ..., Parodi, *PMB* 58 2013
 Rinaldi, ..., Parodi, *PMB* 59 2014, 2014b

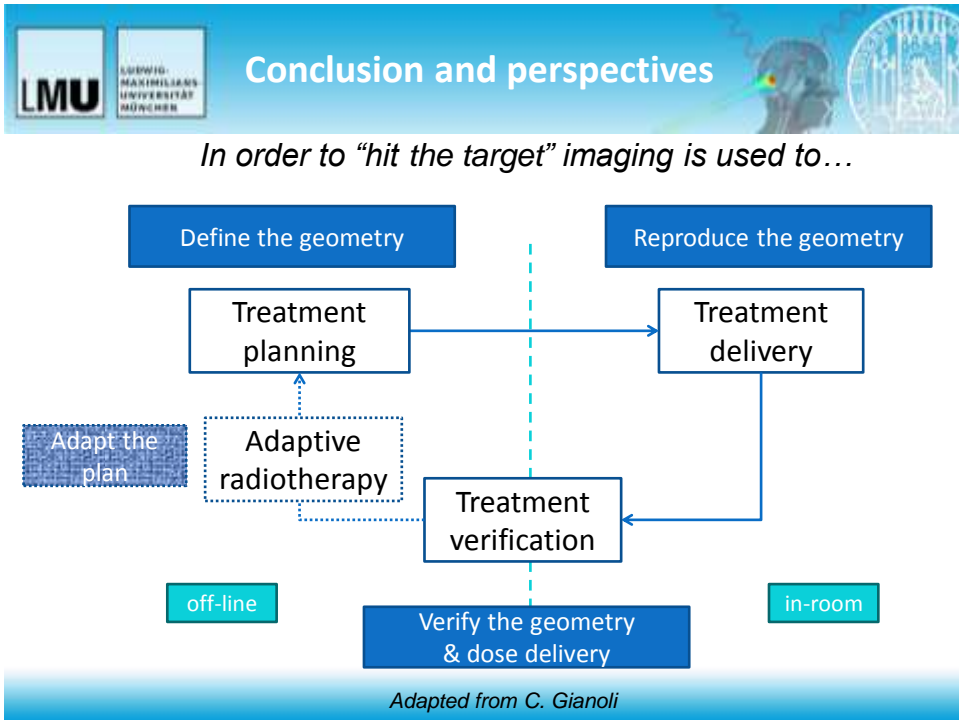
Conclusion and perspectives

Increasing developments towards in-vivo, real time validation of beam range complemented by low-dose anatomical information at the treatment site

R&D in detector development, experimental validation, clinical integration (depending on beam production / delivery)

Synergy with multimodal diagnostic imaging for planning, follow-up ...





Acknowledgements

The MC-modeling and in-vivo imaging research group at HIT / UKL-HD
 J. Bauer, C. Kurz*, C. Gianoli*, L. Magallanes§, I. Rinaldi*, F. Sommerer*, A. Mairani*, W. Chen, D. Unholtz*, M. Hildenbrandt*§ (* alumni, § also LMU)

Colleagues at HIT / UKL-HD
 J. Debus and team, O. Jäkel and team

New team at LMU

Collaborators & contributors
 G. Baroni et al, Polimi
 D.R.Schaart et al, TUD
 P. Crespo, LIP
 T. Nishio et al, NHCC
 T. Yamaya et al, NIRS
 G. El Fakhri et al, MGH

Funding
 FP7 ENVISION
 BMBF SPARTA
 DFG (MAP, HICT, KFO)

Thank you for your attention

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