




# Photon detectors in *Medical Imaging*

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RD51 Academia-Industry Matching Event  
Special Workshop on Photon Detection with MPGDs  
CERN, Geneva, 10-11 June 2015



# Outline



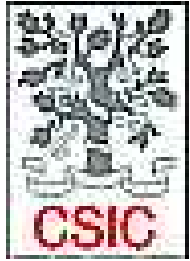
- Detectors for medical imaging:
  - X-rays. CT.
  - Positron Emission Tomography (PET)
  - SPECT
- Detectors in radiotherapy and hadron therapy:
  - Dosimetry in conventional radiotherapy → Talk by G. Claps.
  - Monitoring dose deposition in conventional radiotherapy.
  - Beam monitoring in hadron therapy.
  - Treatment monitoring in hadron therapy.





# Detectors for medical applications

- Scintillators + photodetectors:
  - Very good performance at affordable cost.
  - Easy to use. Improved performance with SiPMs.
  - Dominate the market, in particular for clinical devices.
- Solid state detectors: CZT, CdTe → Dedicated systems
  - Excellent performance in some aspects (efficiency, energy and spatial resolution), at high cost.
  - Still not perfect uniformity. Worse timing resolution.
  - Small detectors: portable gamma cameras, small animal PET.
- Gaseous (liquid) detectors:
  - Lower efficiency. Timing?
  - Low cost. Good for large areas (whole body)?
  - Difficult segmentation for very high resolution.

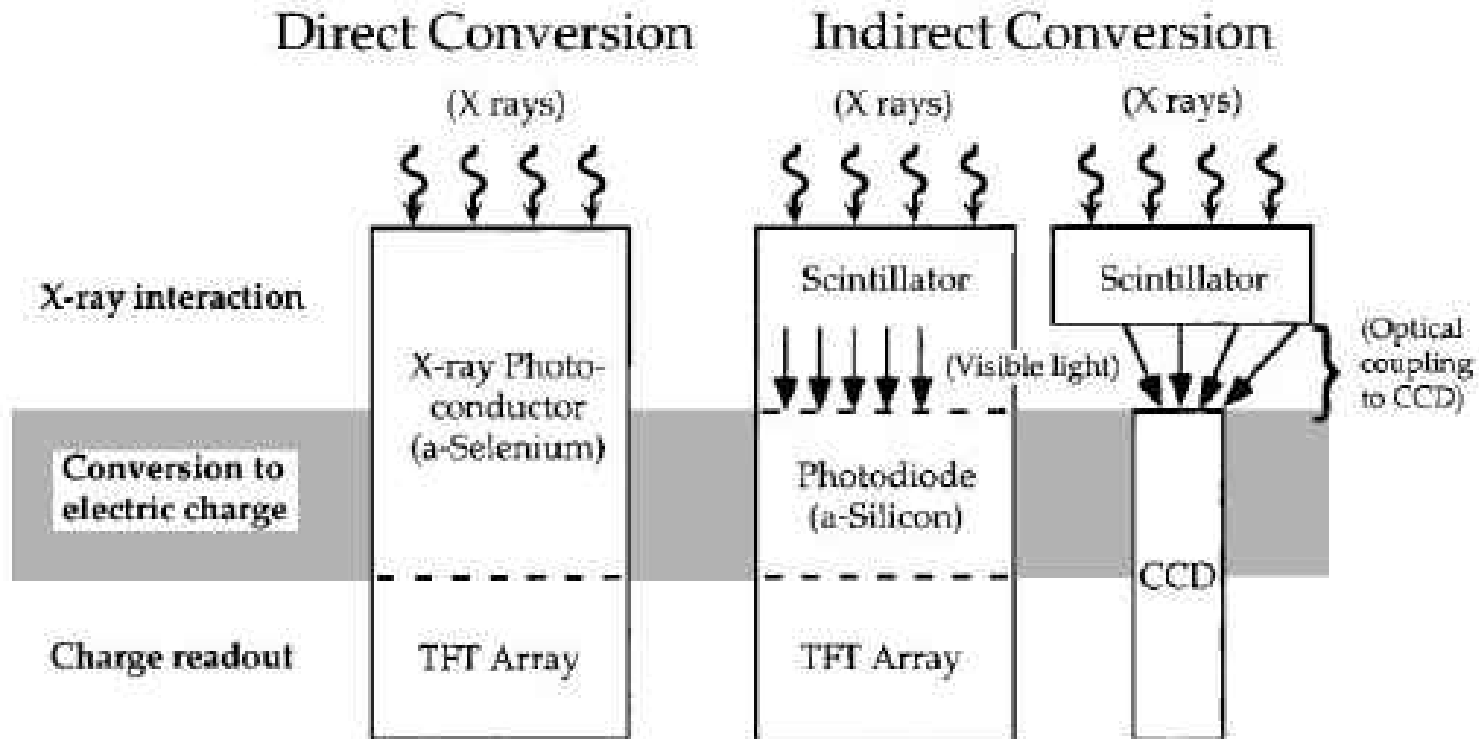
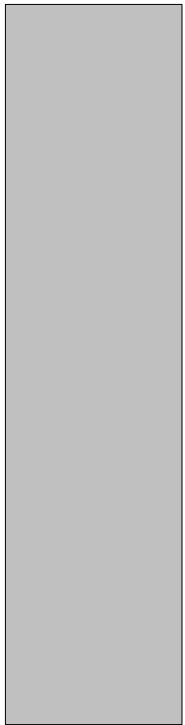


# X-rays

- Radiography. Film-> Flat panel better efficiency.
- High resolution, low noise, large dynamic range and fast processing.
  - scint+photodetector: CsI,  $Gd_2O_2S$  + aSi-TFT or CCD.
  - Direct semiconductor: a-Selenium



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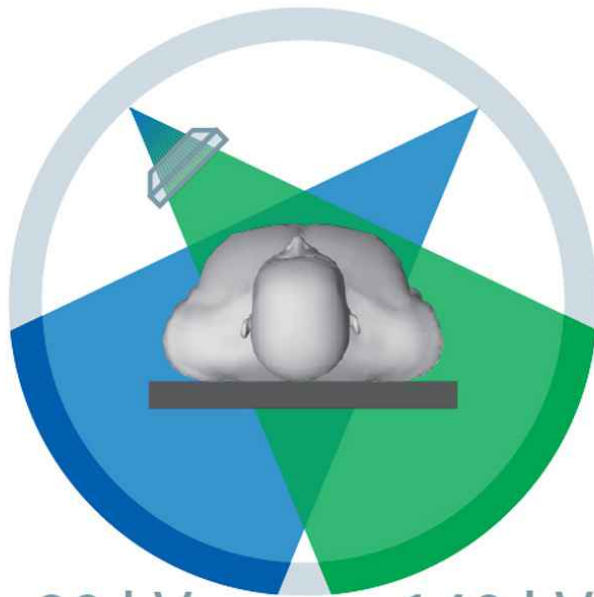


# Computed Tomography

- Cone beam, helical acquisition.
- Fast (fraction of a second).
- Dual X-ray source,
- Wide, multislice detectors.
- Dose



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80 kV

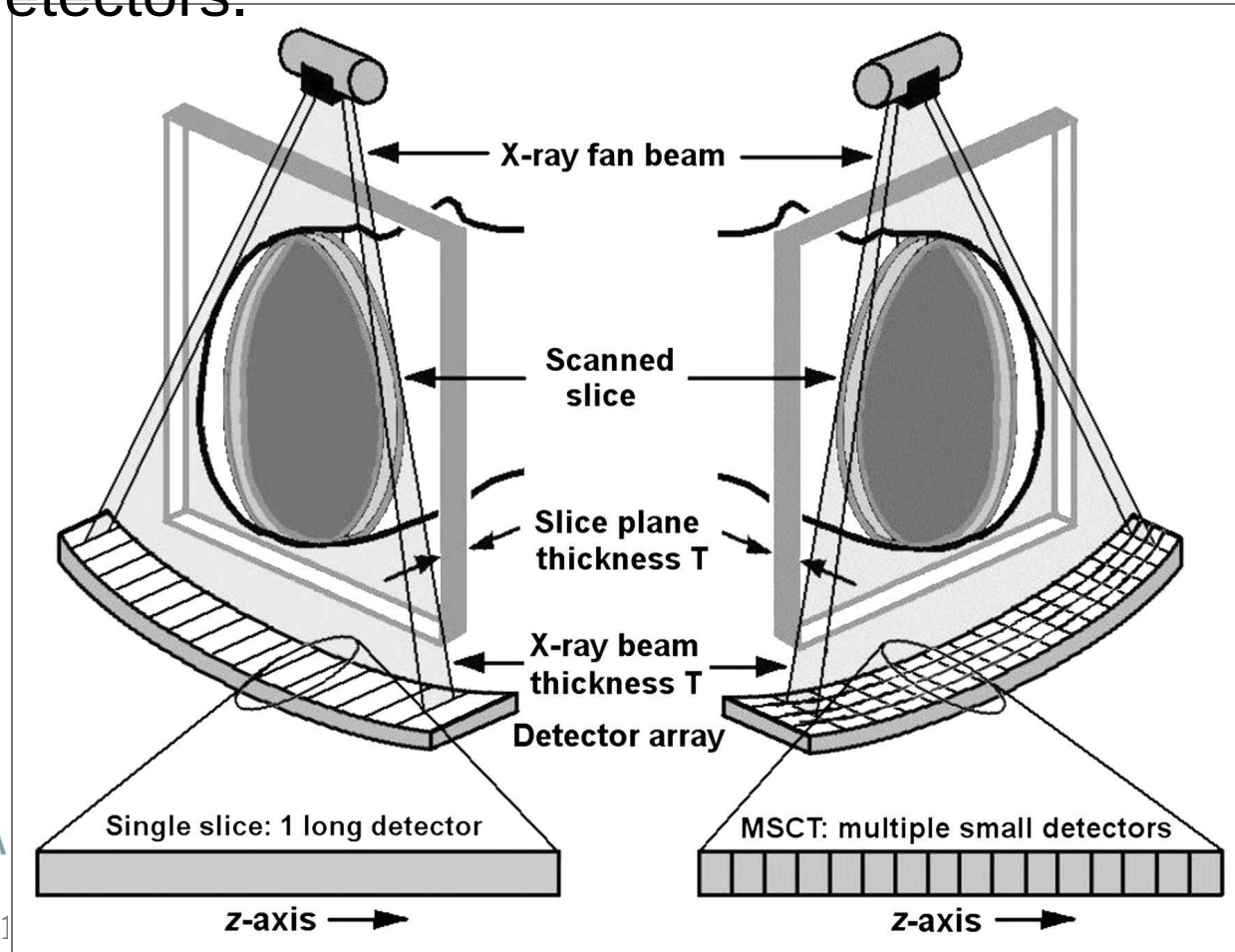
140 kV

Attenuation B

Attenuation A

Gabriela Llosá

RD51



# Computed Tomography

- Ionization chambers → scintillator detectors



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High pressure Xe ionization chambers


- Lower efficiency but low dead area
- Simple construction
- Uniform response
- Difficult for multi-row

scintillator crystals (CsI or  $\text{CdWO}_4$ ) or UFC Ultra-fast ceramics ( $\text{Gd}_2\text{O}_2\text{S}$ )

- UFC decay time  $\sim 10^{-6}$ .
- Better performance than Xe.
- Multi-row



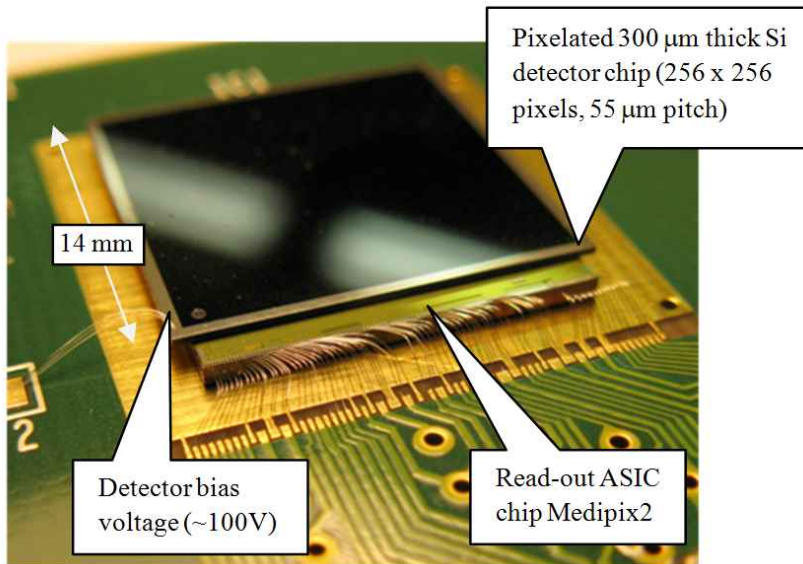
# Computed Tomography

- 
- Preclinical: longer acquisition times  $> 30$  s
    - Direct conversion detectors can be appropriate.
    - CdTe, CZT, HgI<sub>2</sub>, best candidates.
  - Single photon counting (instead of current integrating mode) + energy discrimination.
    - Measures each x-rays and bins by energy
    - Larger dynamic range + additional info in data
  - Lower dose (or higher speed) and better soft tissue contrast.



# Medipix

- CMOS pixel detector readout chip designed to be connected to a segmented semiconductor sensor.
- X-ray imaging is the primary application field.
- Higher dynamic range and energy sensitivity



"Medipix 2 assembly" by IEAP-CTU in Prague, Czech Republic.

<http://medipix.web.cern.ch/medipix/>



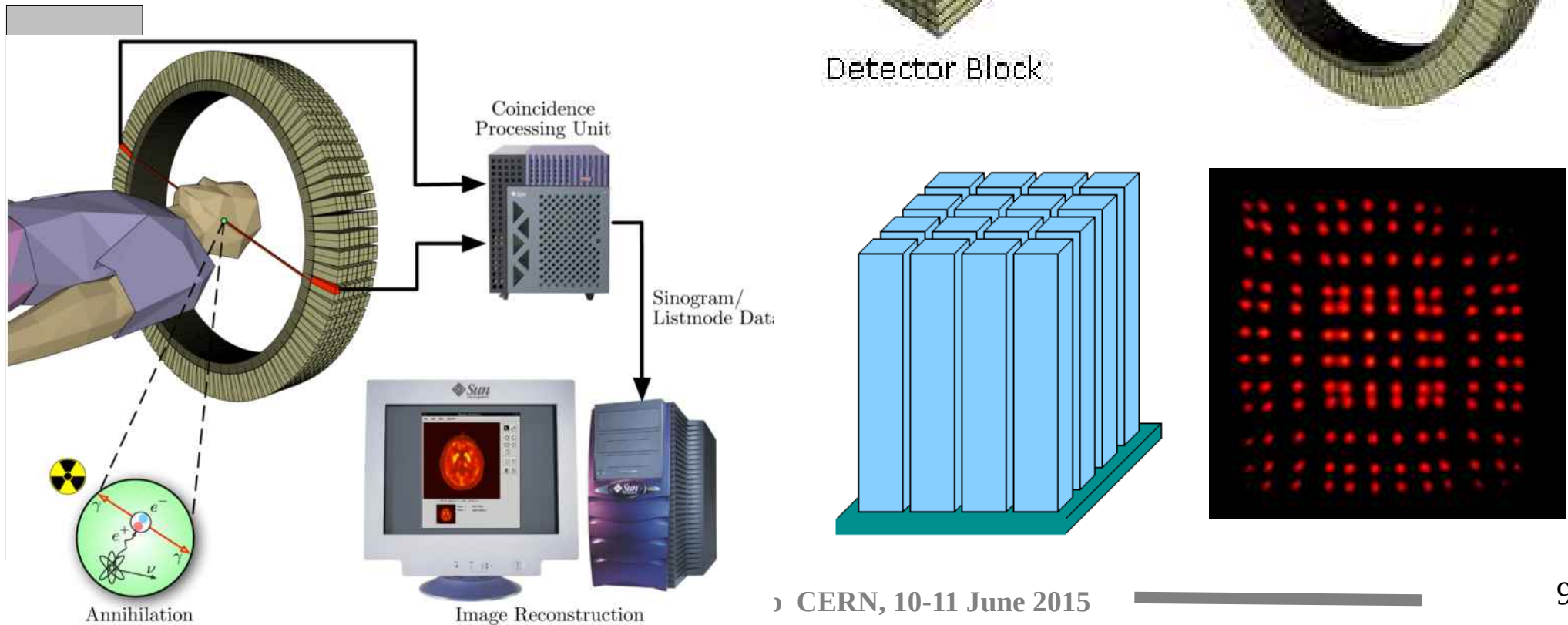
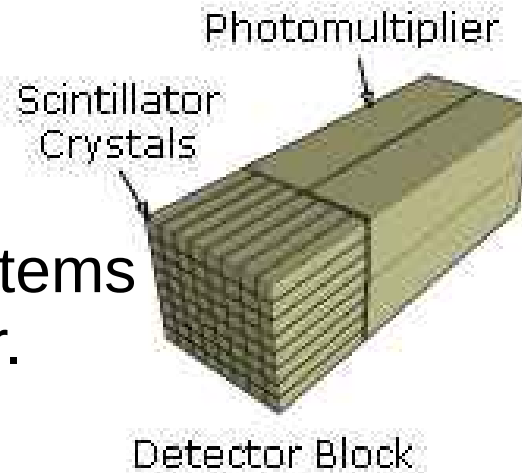
"Ground beetle" by IEAP-CTU in Prague and Centre of Excellence Telč, Czech Republic



# Positron Emission Tomography

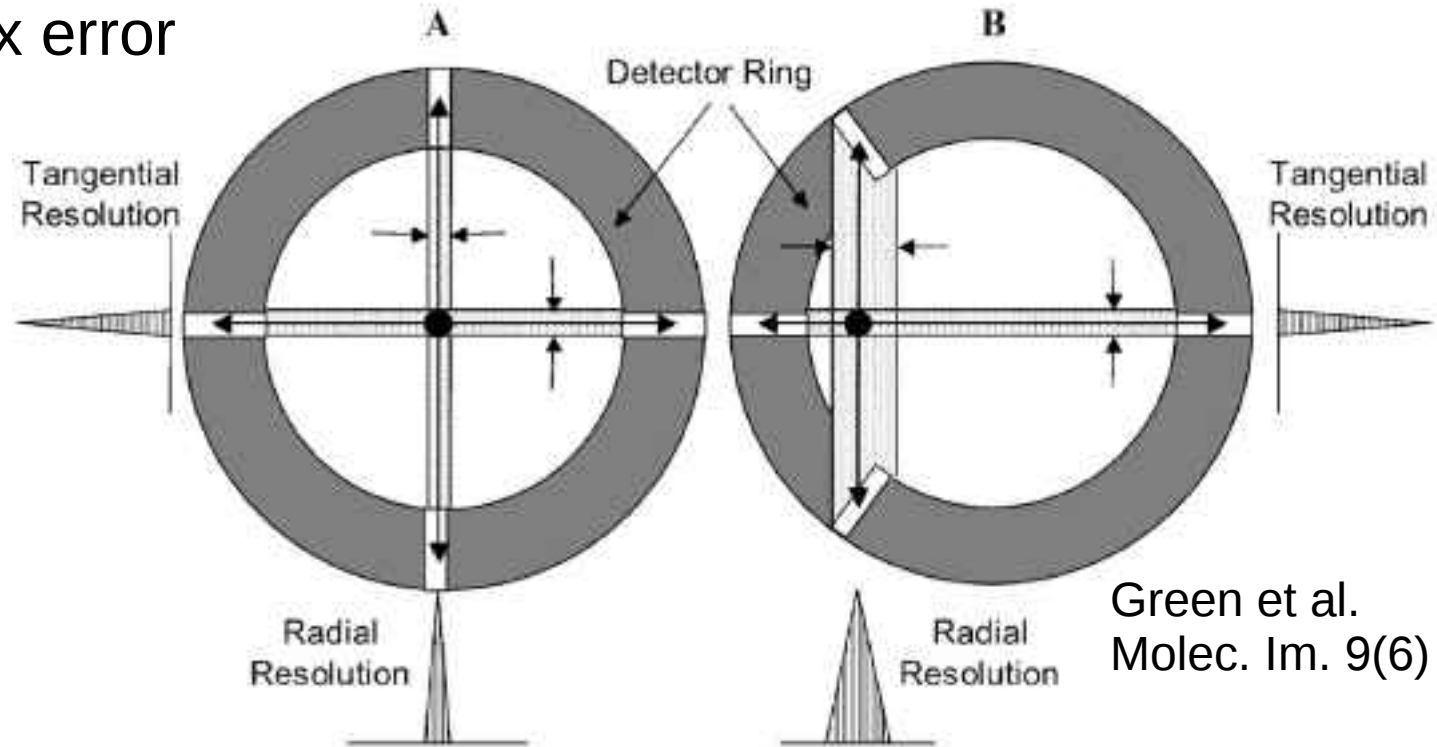
- Depth Of Interaction (DOI)
- Time-Of-Flight
- PET-MR
- **SiPMs!!**
- Dedicated/animal systems with solid state / other.

## Conventional PET detector

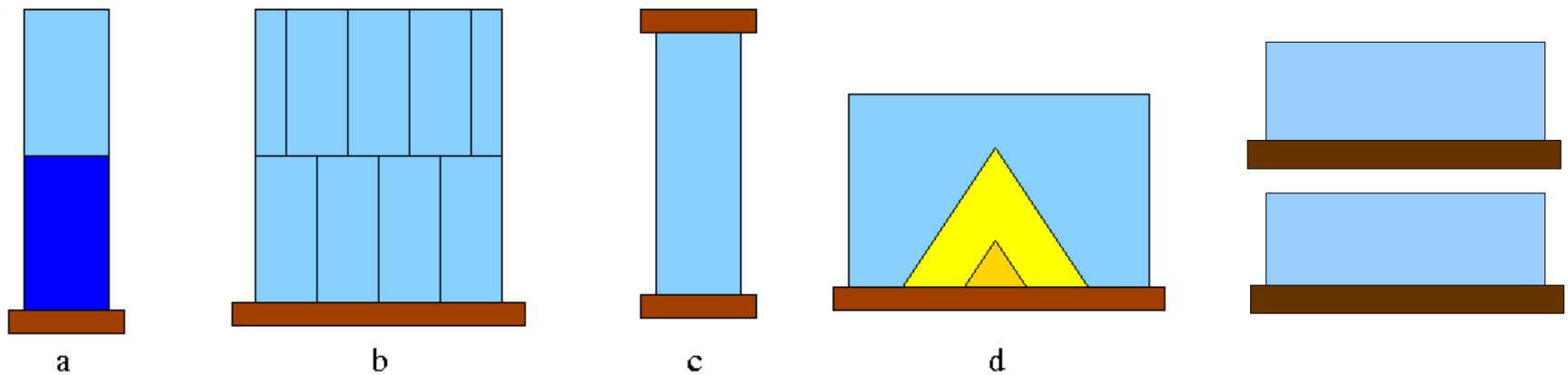


# Depth Of Interaction (DOI) determination

Parallax error

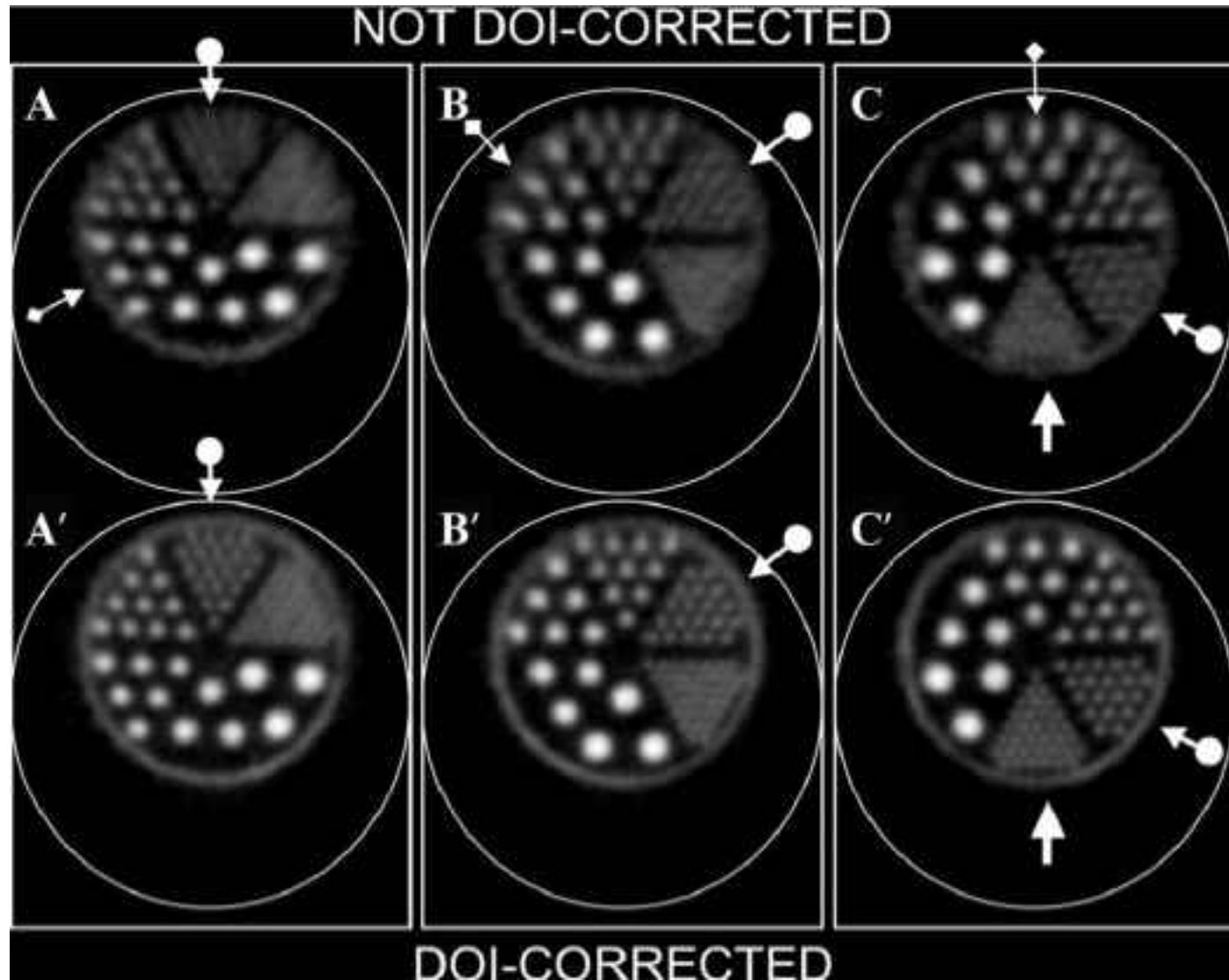


Green et al.  
Molec. Im. 9(6) 2010

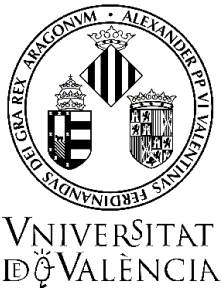


# DOI determination

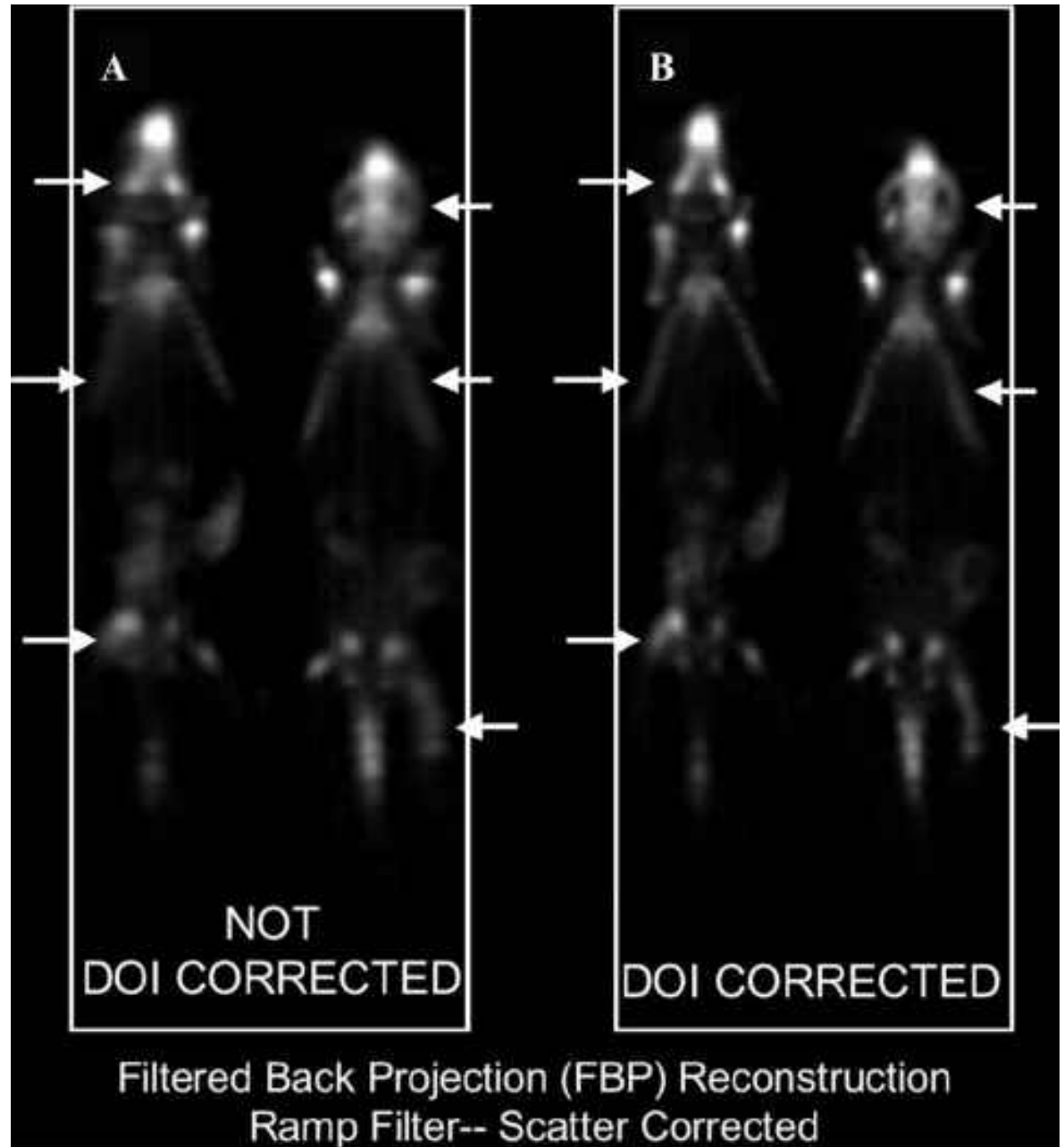
Green et al. Molec. Im. 9(6) 2010



# DOI determination

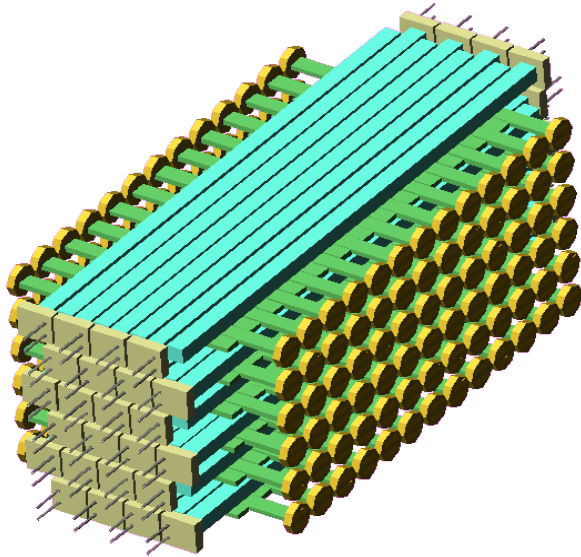
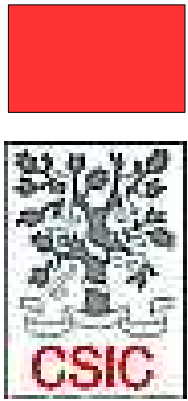


Green et al.  
Molec. Im. 9(6) 2010

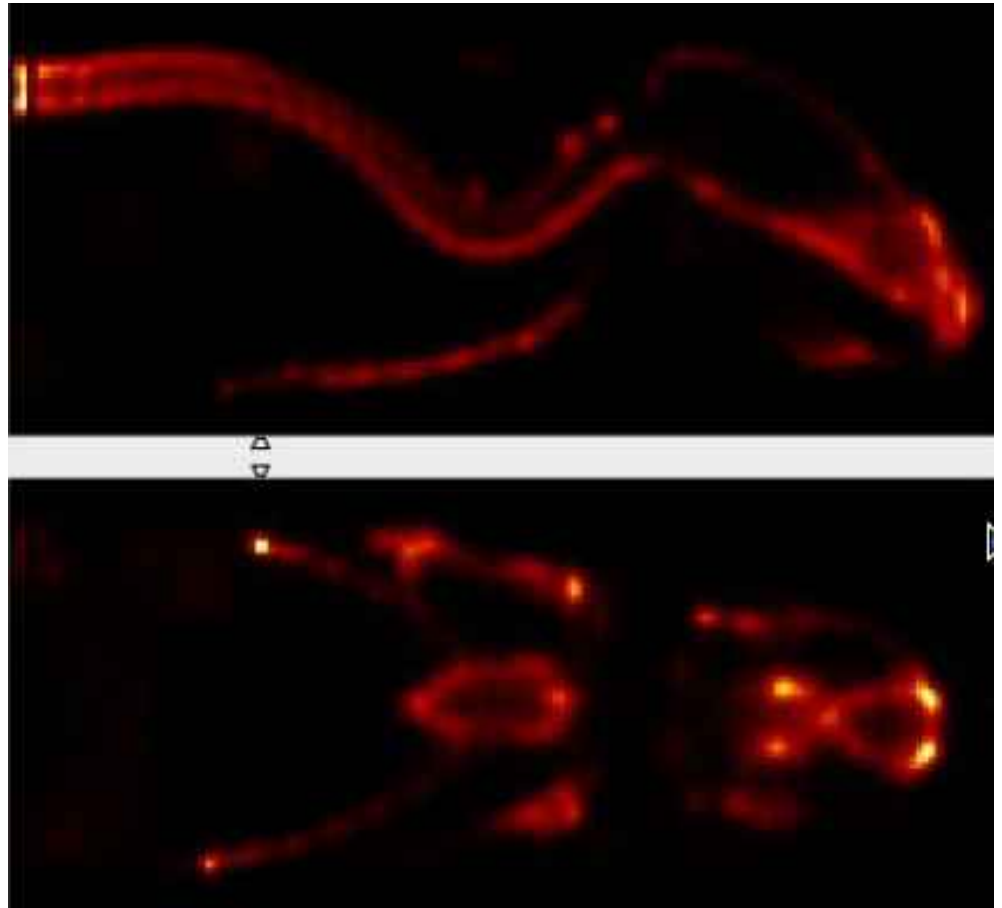


# DOI determination

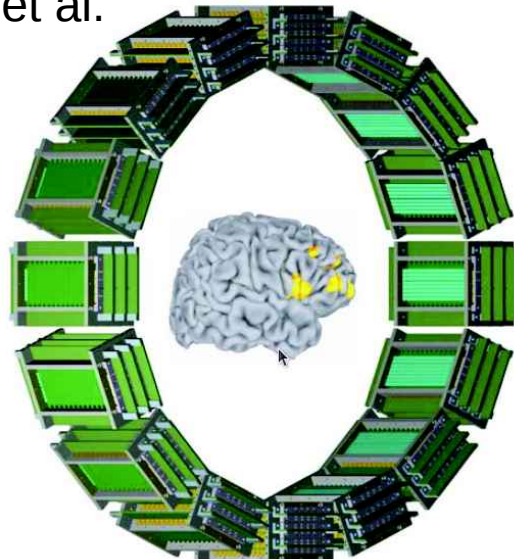
- AX-PET working prototype



E. Bolle et al. 2013 IEEE  
NSS MIC Conf Rec. M03-2.



P. Beltrame et al.  
NIMA 2011





# DOI determination

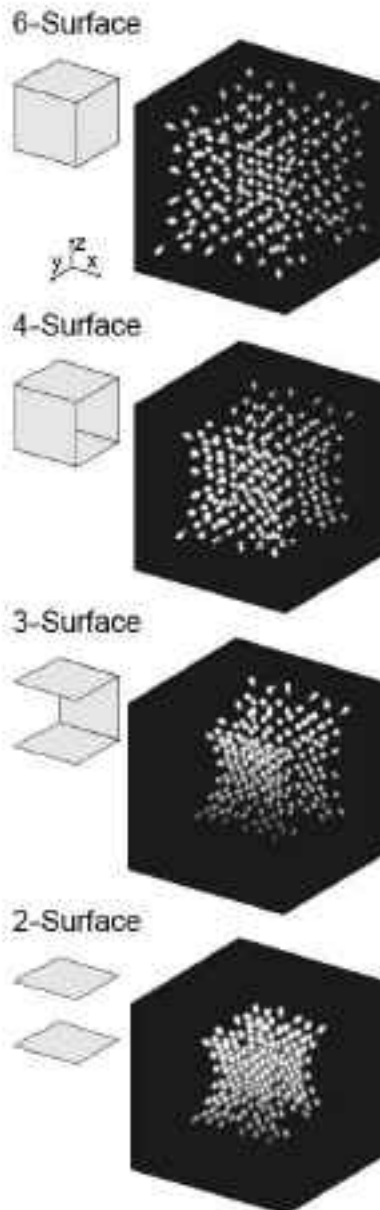
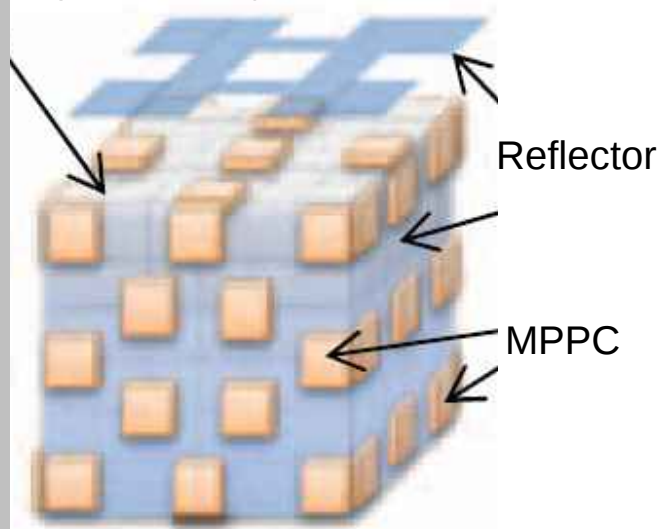
X'tal cube

3D position  
determination



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Segmented crystal block



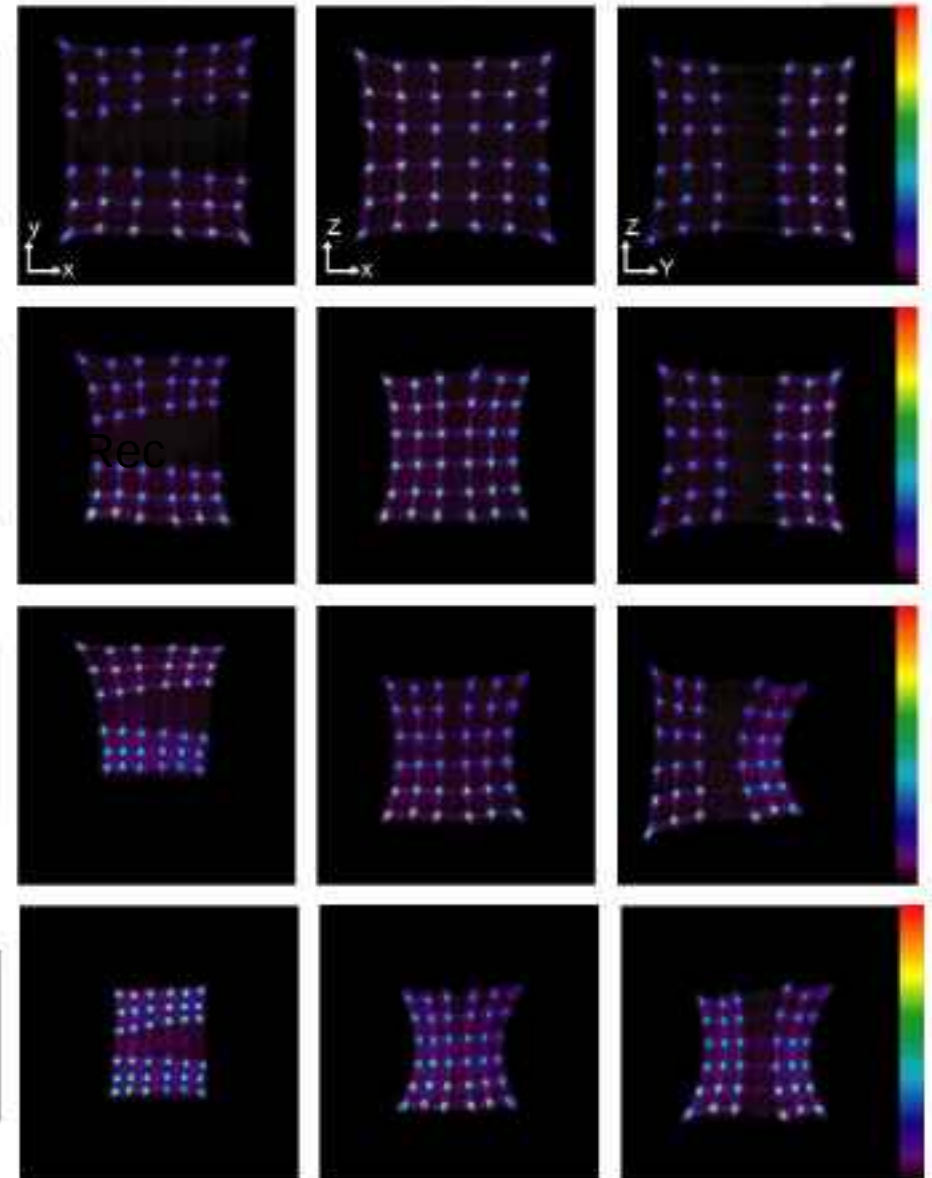
X-Y Plane



X-Z Plane



Y-Z Plane



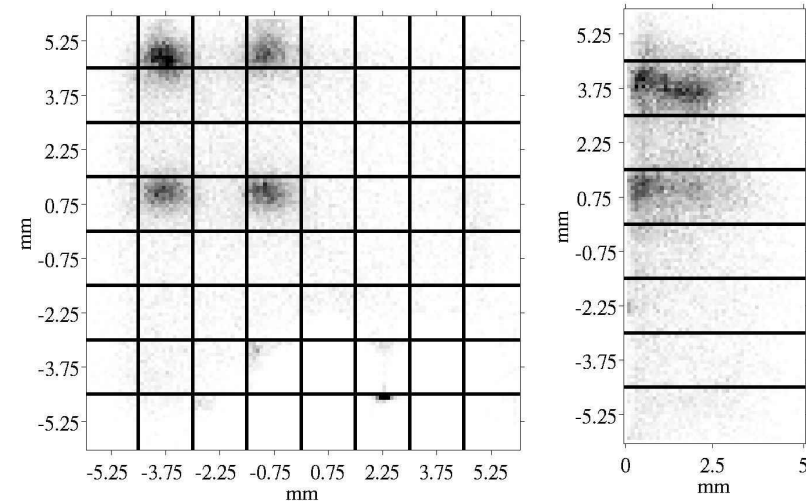
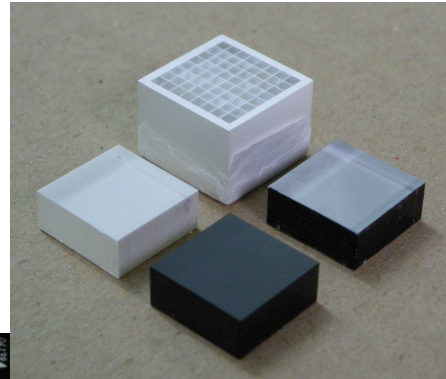
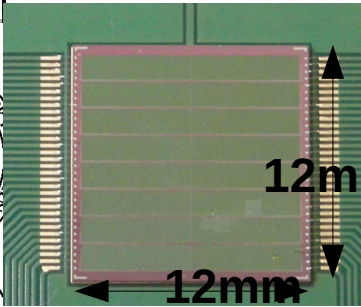
Y. Yazaki et al. 2009 IEEE NSS MIC Conf Rec

# 3D in continuous crystals

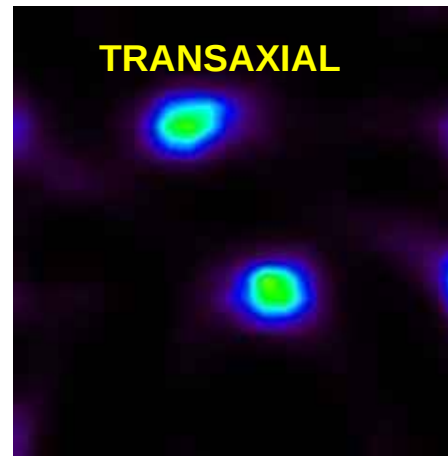
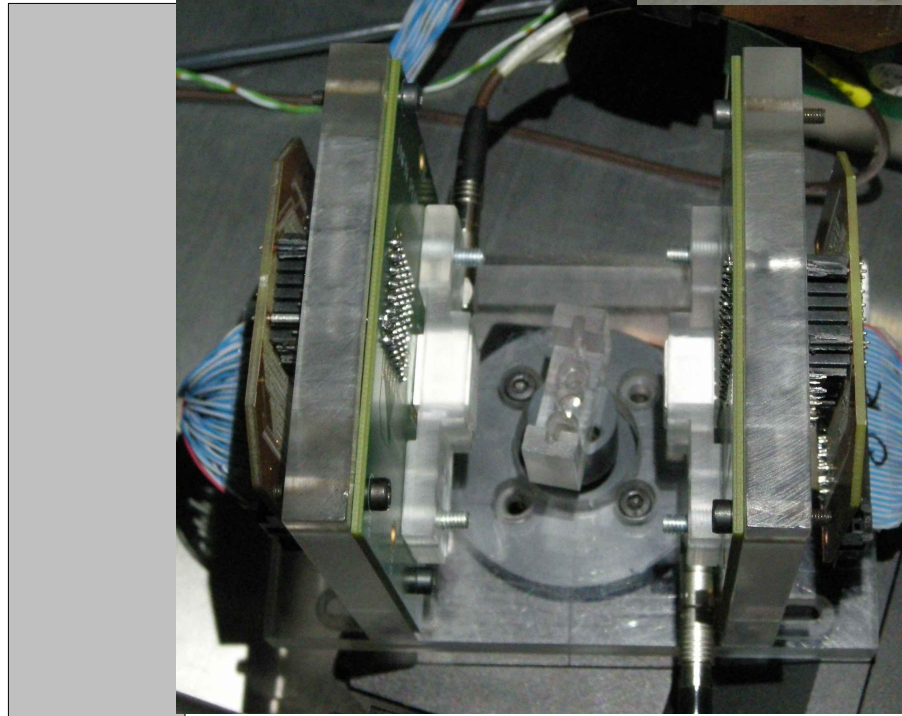
Continuous LYSO crystals  $12 \times 12 \times 5/10 \text{ mm}^3$   
SiPM arrays  $1.4 \times 1.5 \text{ mm}$  pitch



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Intrinsic resolution  
 $0.7 \text{ mm}$  FWHM in X-Y  
 $2 \text{ mm}$  in DOI.

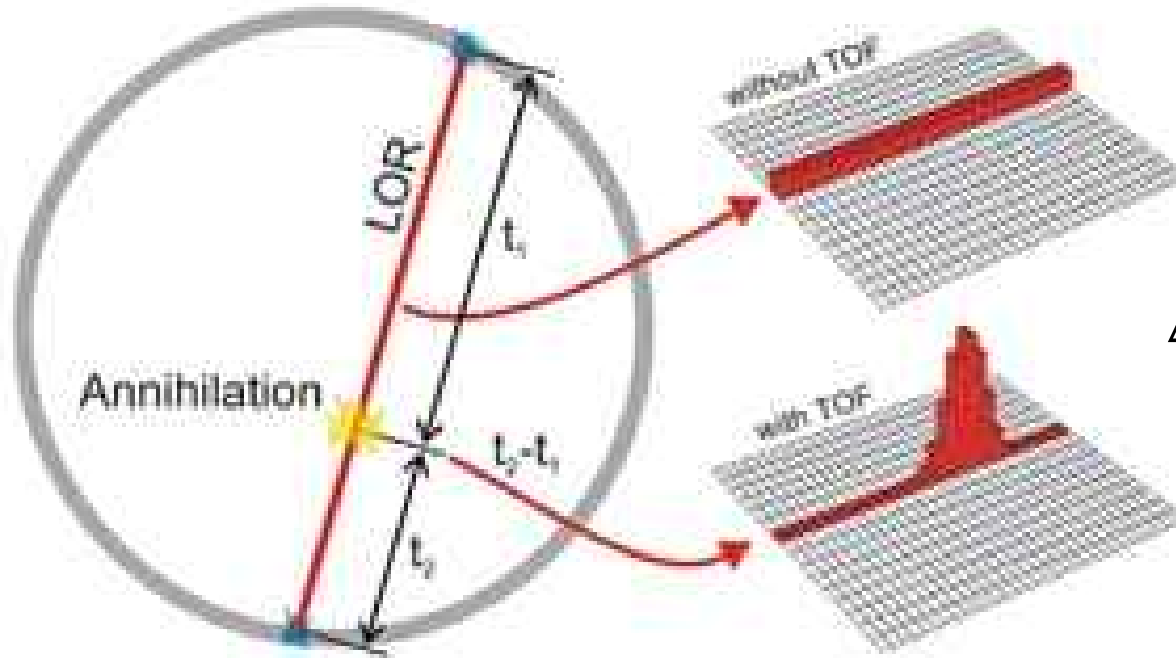


Images  
FWHM better  
than  $1 \text{ mm}$

Llosá et al. NIM A 2012

# Time of Flight PET

- Good timing resol. allows to reject accidental coincidences
- Very good: TOF-PET.



$$\Delta d = \Delta t \times \frac{c}{2}$$

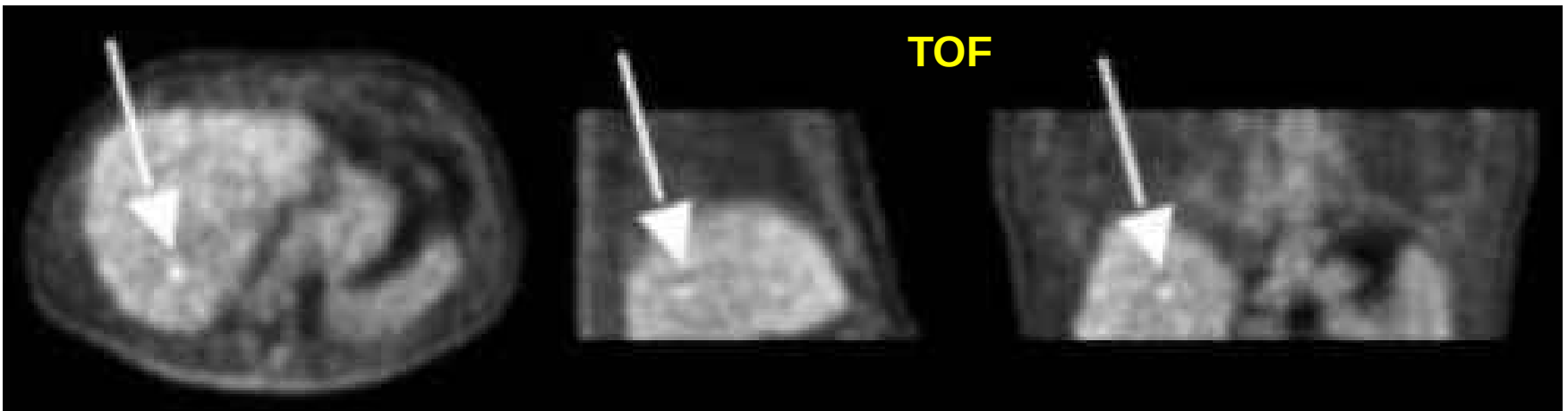
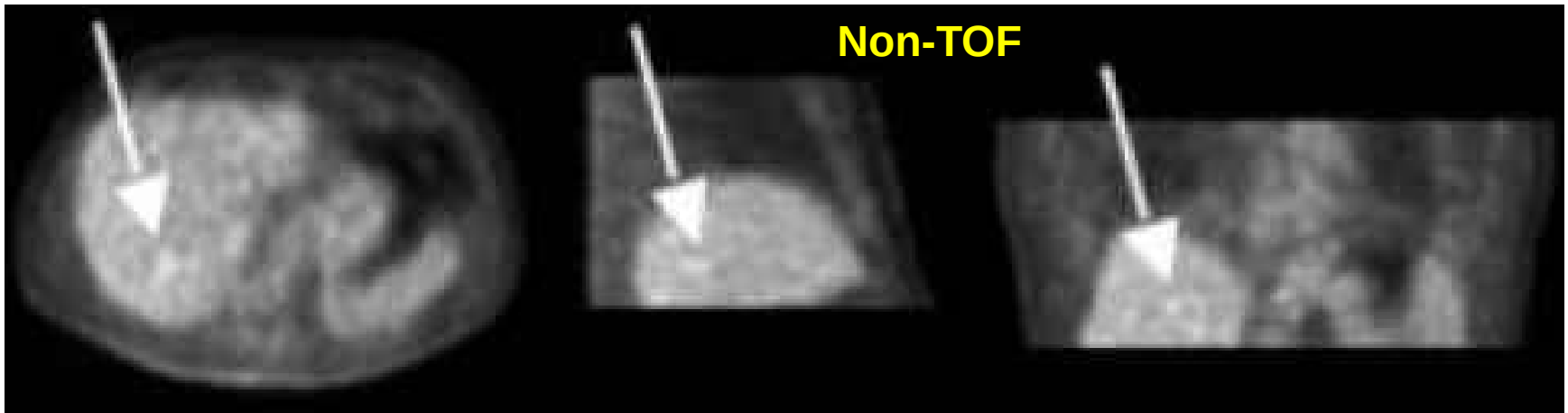
Commercial systems: coincidence timing resolution  
~ 500 ps FWHM



# TOF-PET

- Liver lesion

Surti et al.  
J Nucl Med 52(5). 2011



- Photodetectors: PMTs, MCPs, SiPMs, DSiPMs



# TOF-PET

- Research results better than 200 ps with small crystals



## 101 ps FWHM with

- LaBr<sub>3</sub>:Ce crystals  
3 x 3 x 5 mm<sup>3</sup>
- Hamamatsu MPPCs  
3x3mm<sup>3</sup>, 50 x 50μm<sup>3</sup>  
microcells
- Own electronics

D. Schaart et al,  
PMB 2010

## 170 ps FWHM with

- LSO<sub>3</sub>:CeCa crystals  
2 x 2 x 20 mm<sup>3</sup>
- Hamamatsu MPPCs  
3x3mm<sup>3</sup>, 50 x 50μm<sup>3</sup>  
microcells
- NINO ASIC

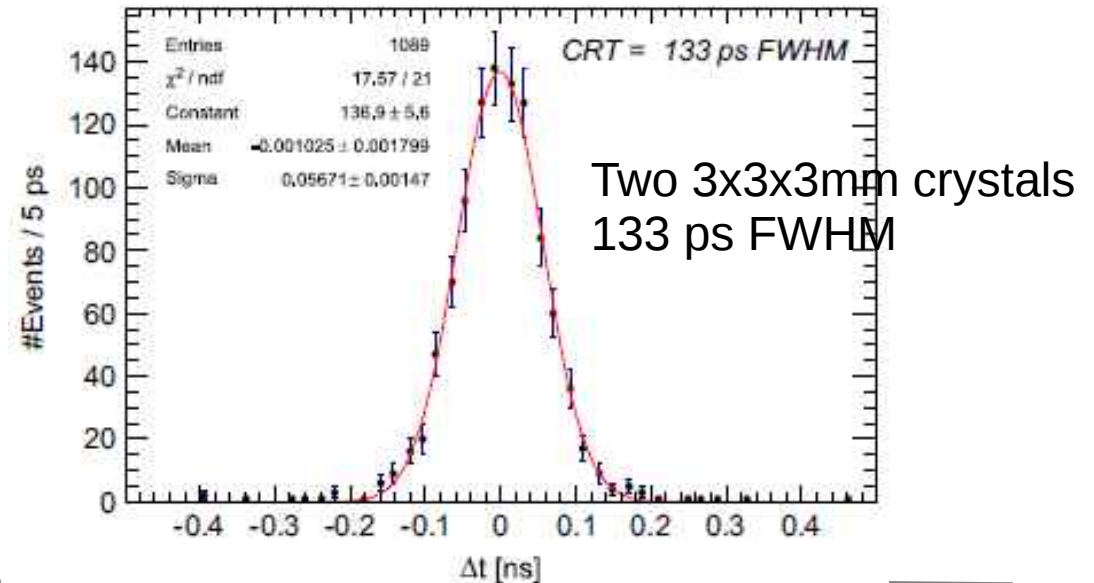
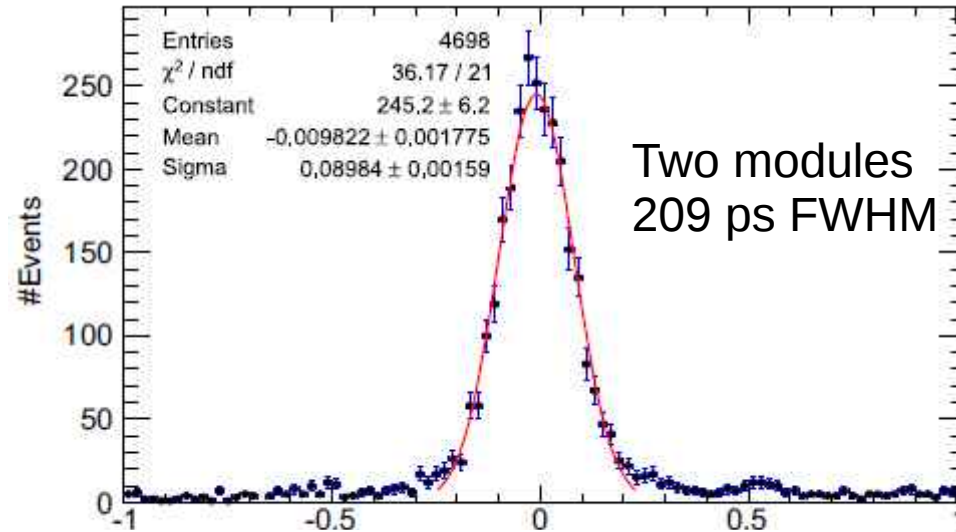
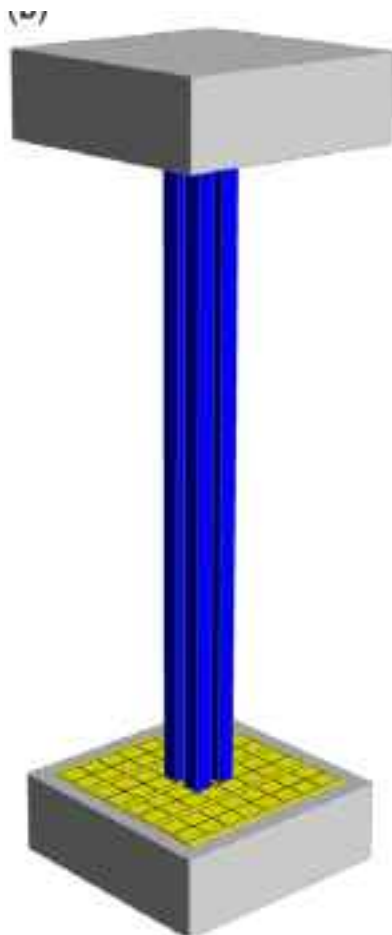
E. Auffray et al, 2011  
IEEE NSS MIC CR

# TOF-PET

- Module: four 100 mm LYSO crystals coupled to dSiPMs on both sides

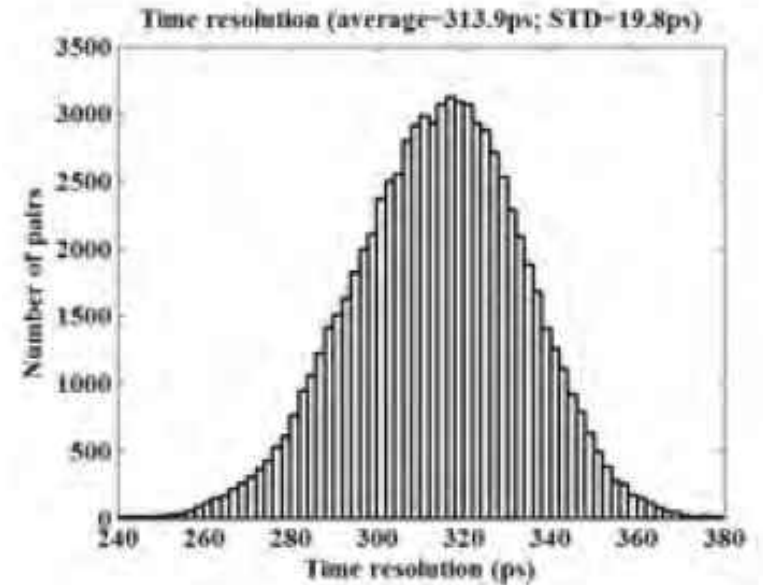


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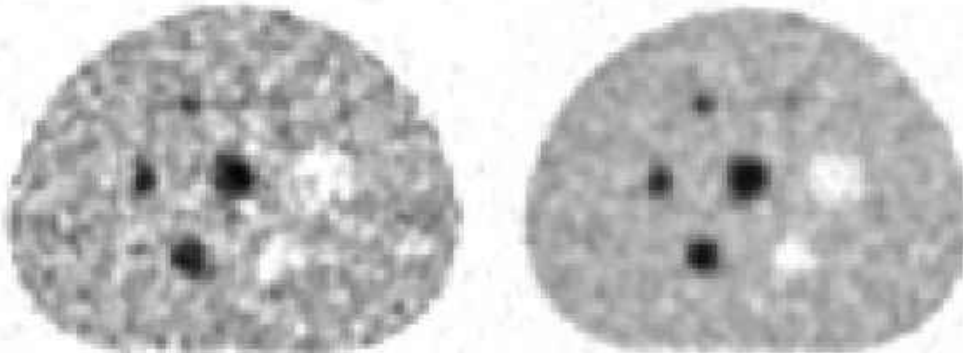


# TOF-PET

- Full ring with PMTs. 76.6 cm diameter. 192 detector modules, 384 scintillator crystals.



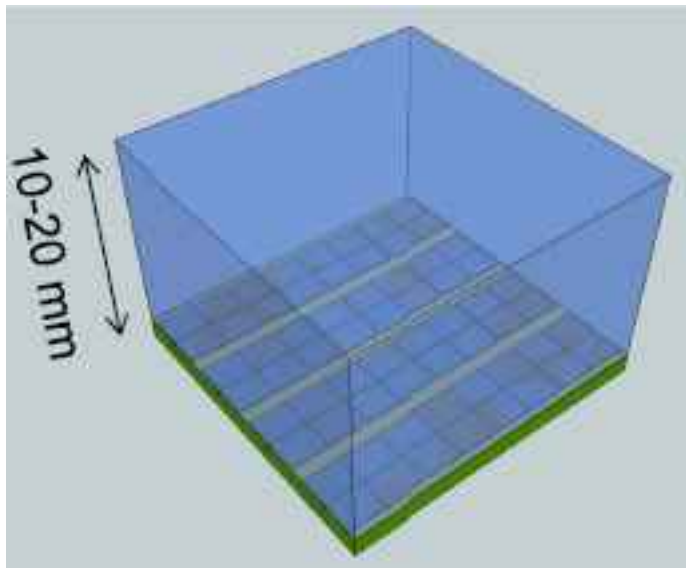
**System timing resolution  
314 ± 20 ps FWHM**



Q. Peng et al.  
2103 IEEE NSS MIC M11-1

# TOF-PET

- Monolithic LYSO crystals + dSiPMs



D. Schaart.  
ICTR-PHE 2014

Performance parameter	Monolithic	State of the art
Energy resolution (% FWHM)	11 - 12	~12
Spatial resolution (mm FWHM)	1.0 - 1.6	4 - 6
DOI resolution (mm FWHM)	3 - 5 mm	None
CRT (ps FWHM)	160 - 185	500 - 650



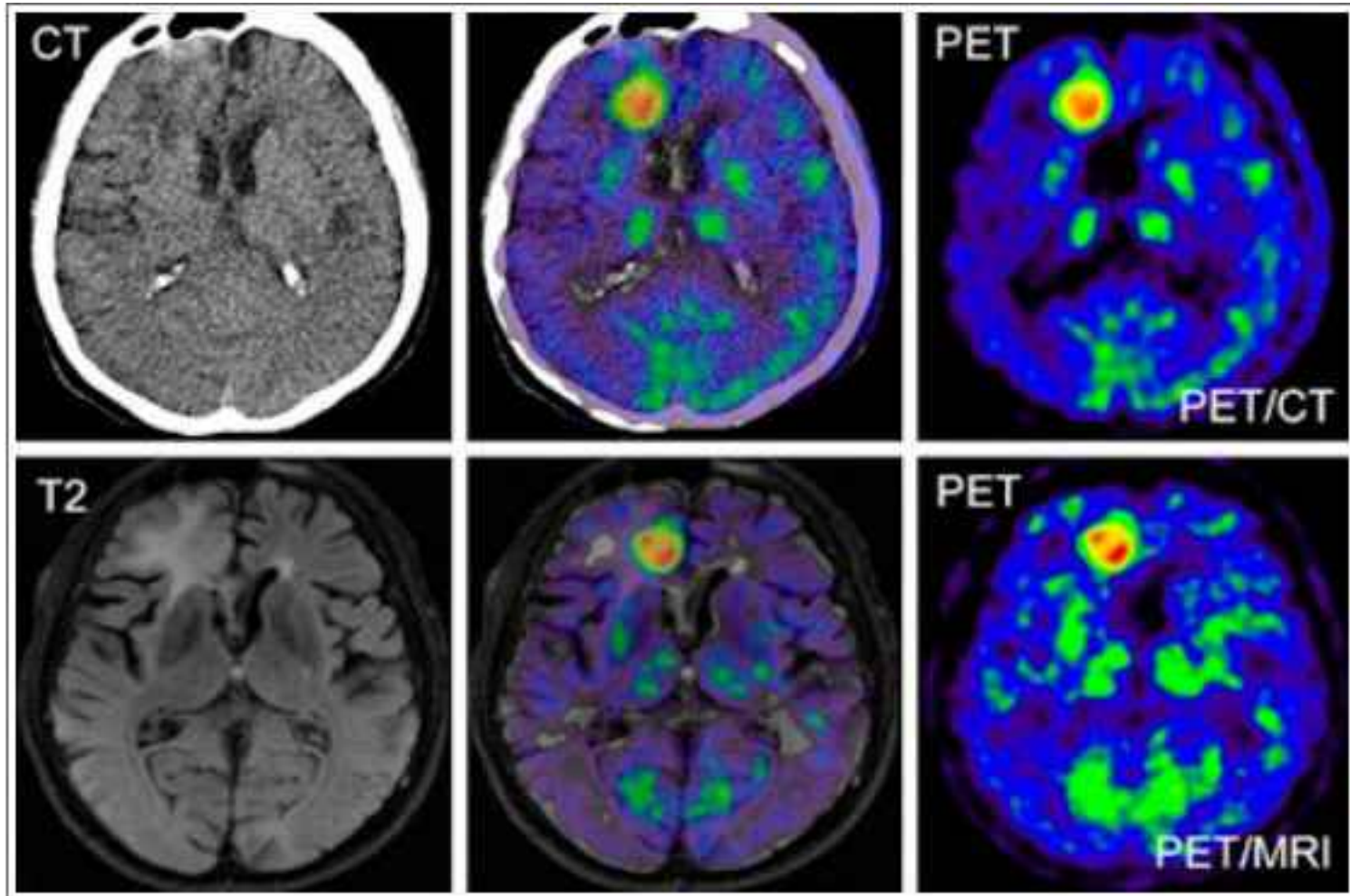
# PET-MR

- Combining anatomical and functional images increases diagnostic accuracy
- PET-CT is now the standard.



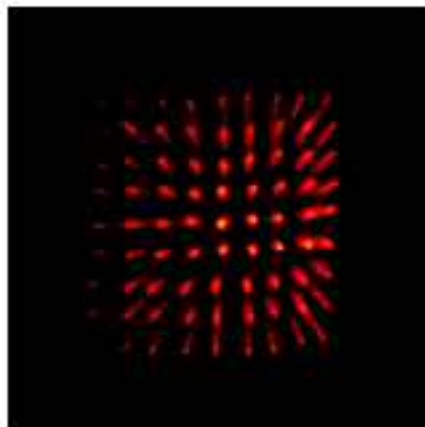
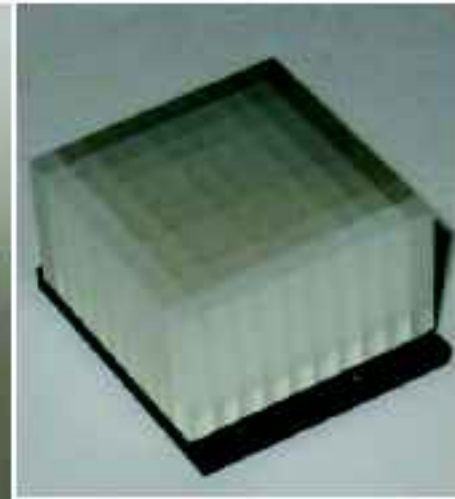
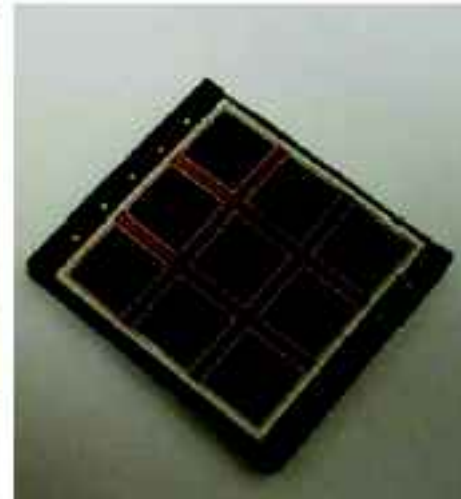
# PET-MR

- PET-CT vs PET-MR.



# PET-MR

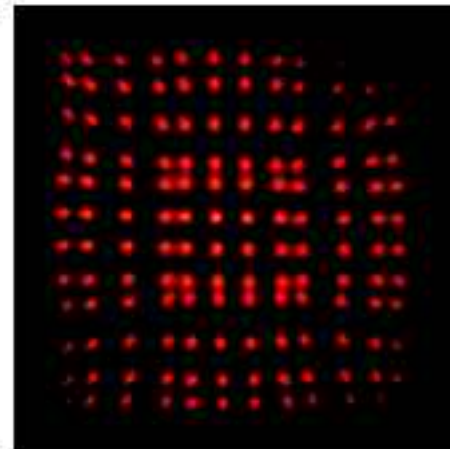
- PET-MR: problems due to PMT sensibility to magnetic fields



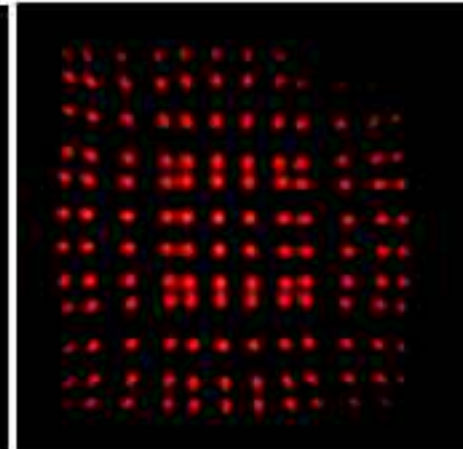
**B=0**



**B≠0**



**B=0**



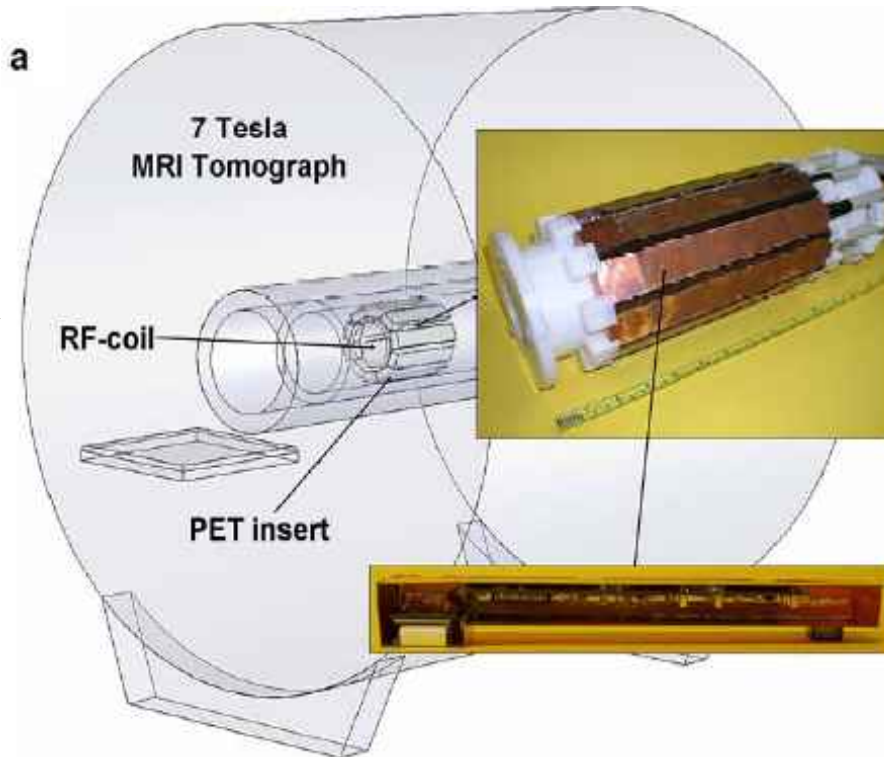
**B≠0**



# PET-MR

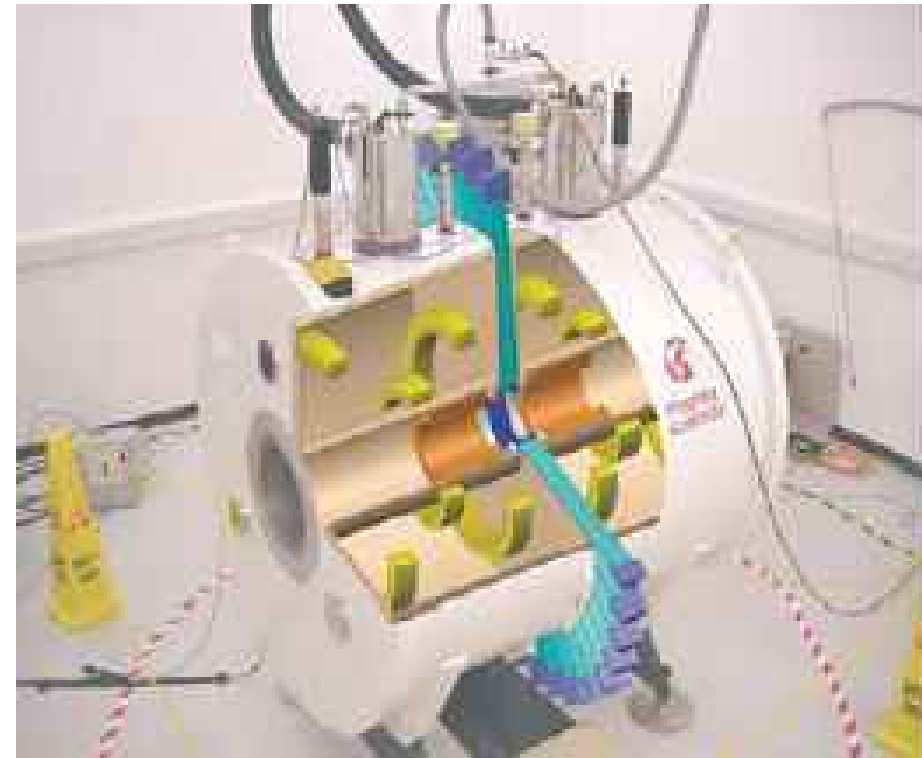
- First, small animal systems.

APDs



B.J. Pichler et al. J. Nucl Med  
2006 Apr;47(4):639-47.

PMTs+ light guides

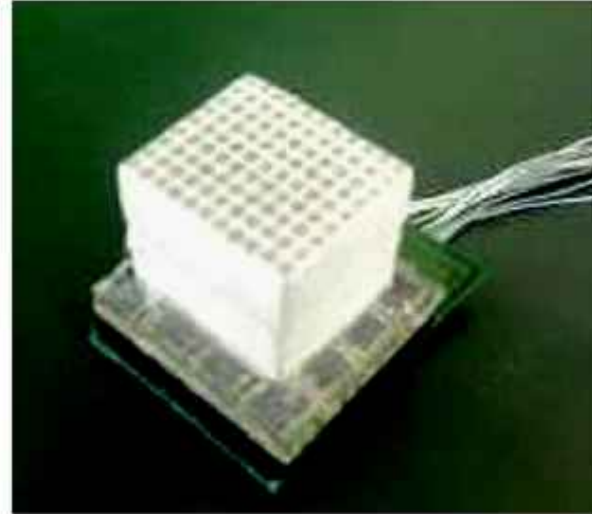
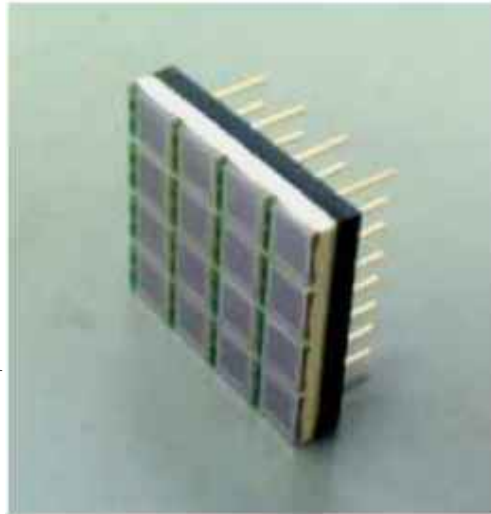


R.C. Hawkes et al.  
Tech. Cand. Res. Treat. 9 (1) 2010.

- Clinical systems already exist. Sequential or APD based.
- Recents developments with SiPMs

# PET-MR

## Small animal PET ring



Two types of LGSO crystals (phoswich)

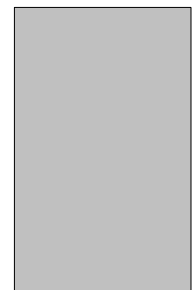
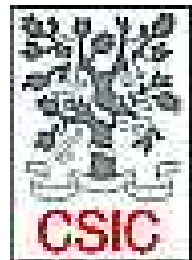
1.1mm x 1.2mm x 5mm

1.1mm x 1.2mm x 6mm



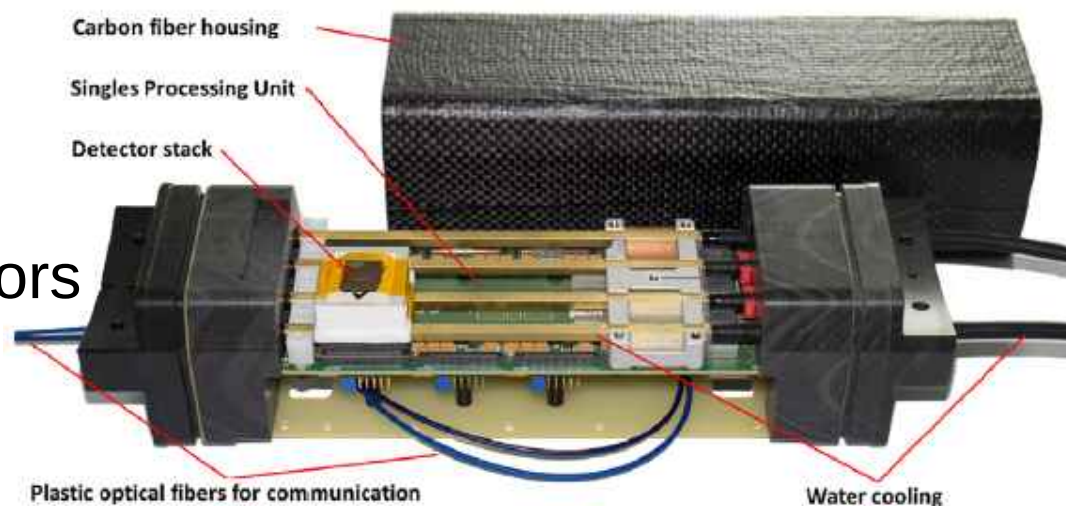
Yamamoto et al.  
PMB 2010

**MR-compatible**

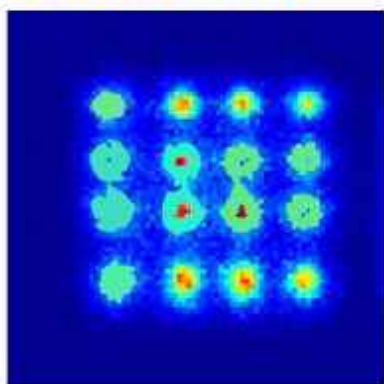


# PET-MR

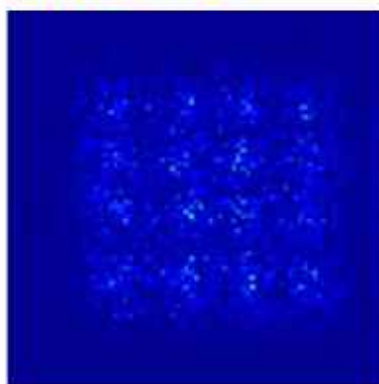
- Detector stack:
  - LYSO scintillator array : 30 x 30 pixels of with 1mm pitch and 12 mm length
  - DSiPM
  - cooling system
- Module: up to 6 detectors
- Ring: 10 modules. 210 mm diameter



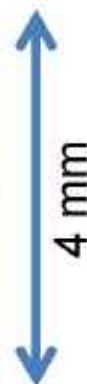
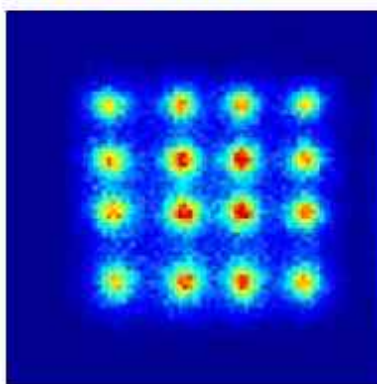
Outside MRI



Difference



Inside MRI

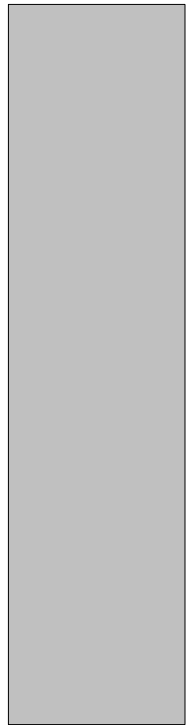
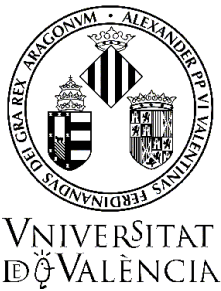


Dueppenbecker et al. 2012 IEEEENSS MIC Conf Rec. M18-3

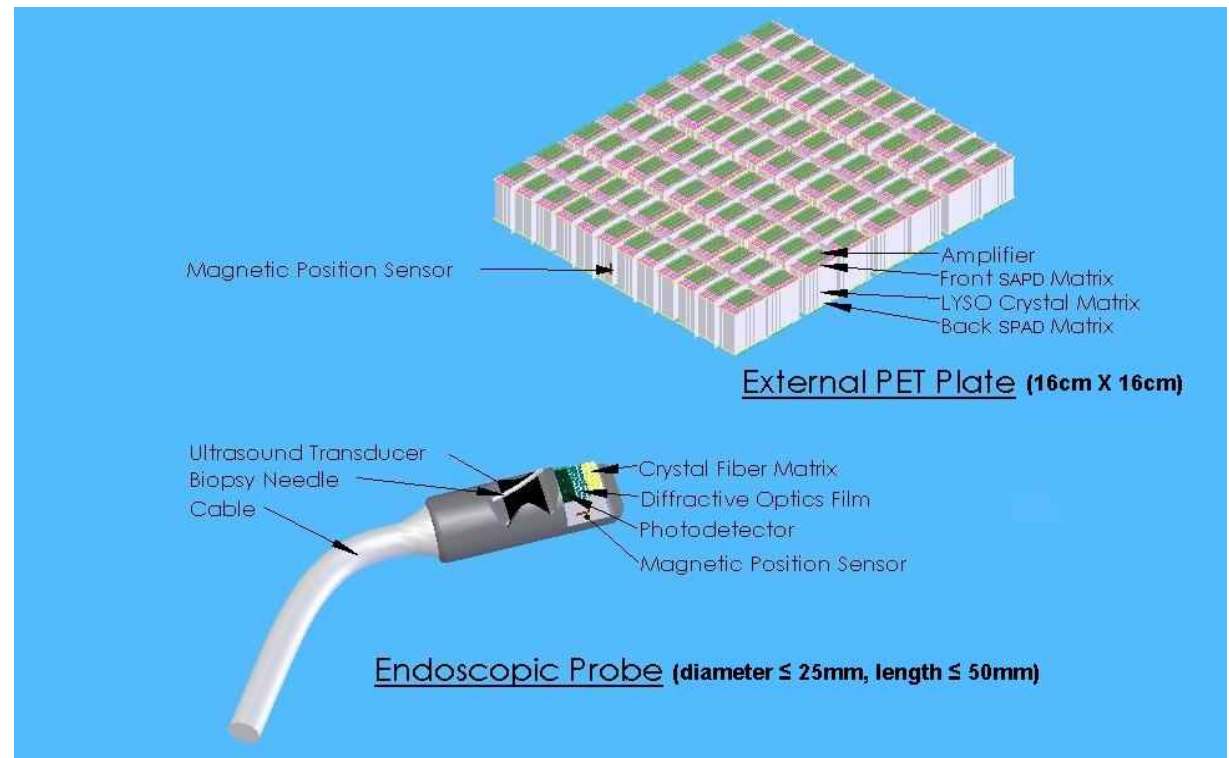
Wehner et al. NIMA 734, 2014

# Compact, fast, multimodal

- ENDO TOFPET-US: endoscopic probe for pancreatic and prostatic cancer
- PET probe in coincidence with an external system. Aims:
  - 1mm spatial resolution
  - High sensitivity
  - Coincidence timing resolution 200 ps.



*Pictures courtesy of Paul Lecoq*



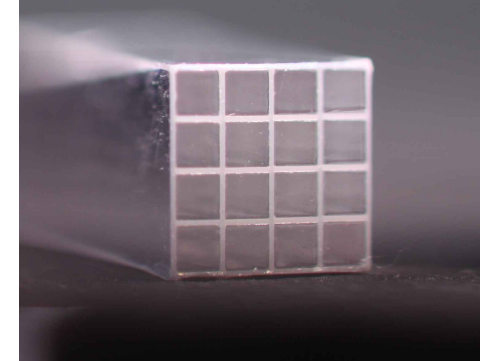


# Compact, fast, multimodal

- Probe:
  - Pixellated crystals  $0.75 \times 0.75 \times 10 \text{ mm}^3$
  - DSiPMs Dev at TU Delft
  - US system
  - Tracking sensor.
- Coincidence timing resolution better than 240 ps FWHM achieved

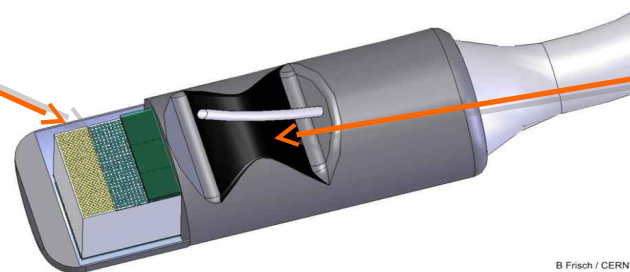
PROBE

9x18 LYSO or  
LSO:Ce, Ca matrix  
 $0.75 \times 0.75 \times 10 \text{ mm}^3$  crystals  
80 $\mu\text{m}$  3M ESR gap



PET head

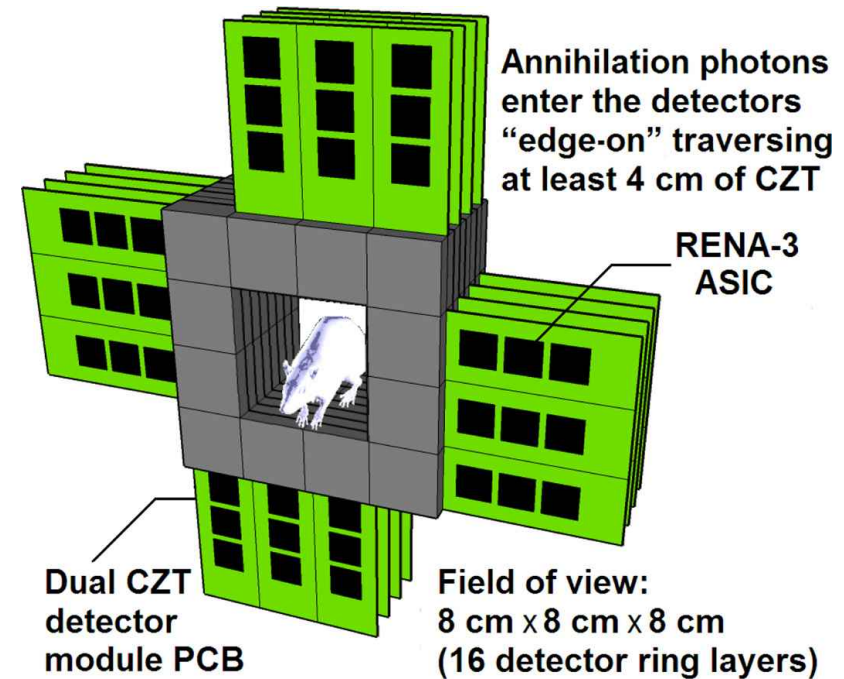
US Probe  
with biopsy needle



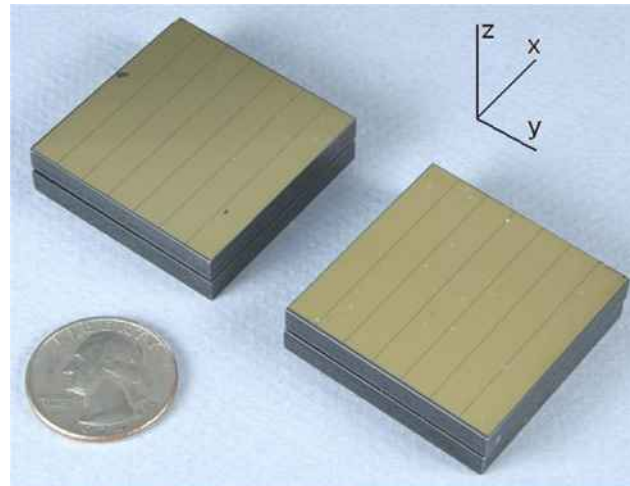
B Frisch / CERN

# CZT PET - small animal

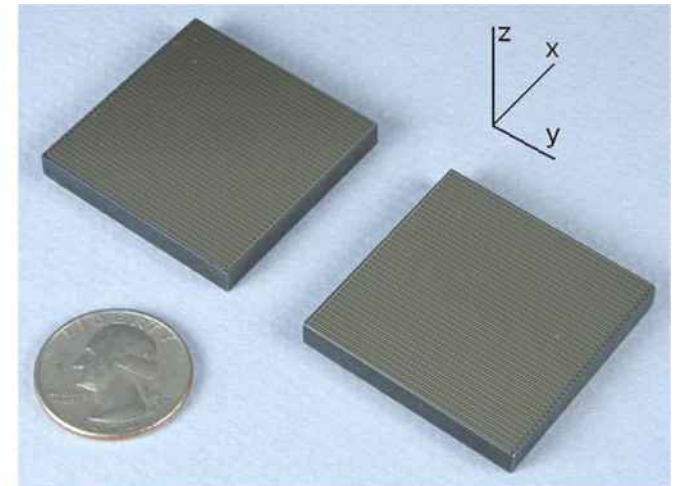
- 40 mm × 40 mm × 5 mm monolithic CZT crystal detector
- Excellent (1 mm<sup>3</sup>) 3D spatial resolution, energy resolution (3.90±0.19% at 511 keV) and efficiency (86% intrinsic for single 511 keV photons; >73% for coincident pairs).
- TOF not applicable for small animals.



Y. Gu et al.  
PMB 2011,  
56(6) 1563-  
1584.



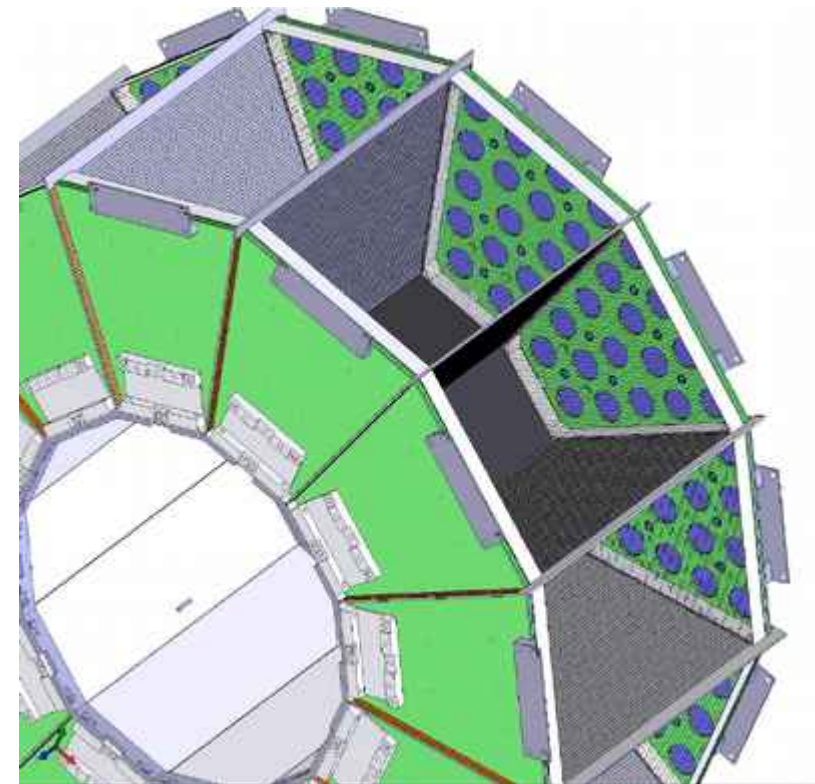
(a)



(b)

# LXe PET - small animal

- 12 modules: LXe TPC with LAAPDs.
- Improved energy resolution.
- Sub-mm spatial resolution
- High sensitivity
- Compton event reconstruction.
- Timing resolution: 1 ns FWHM.

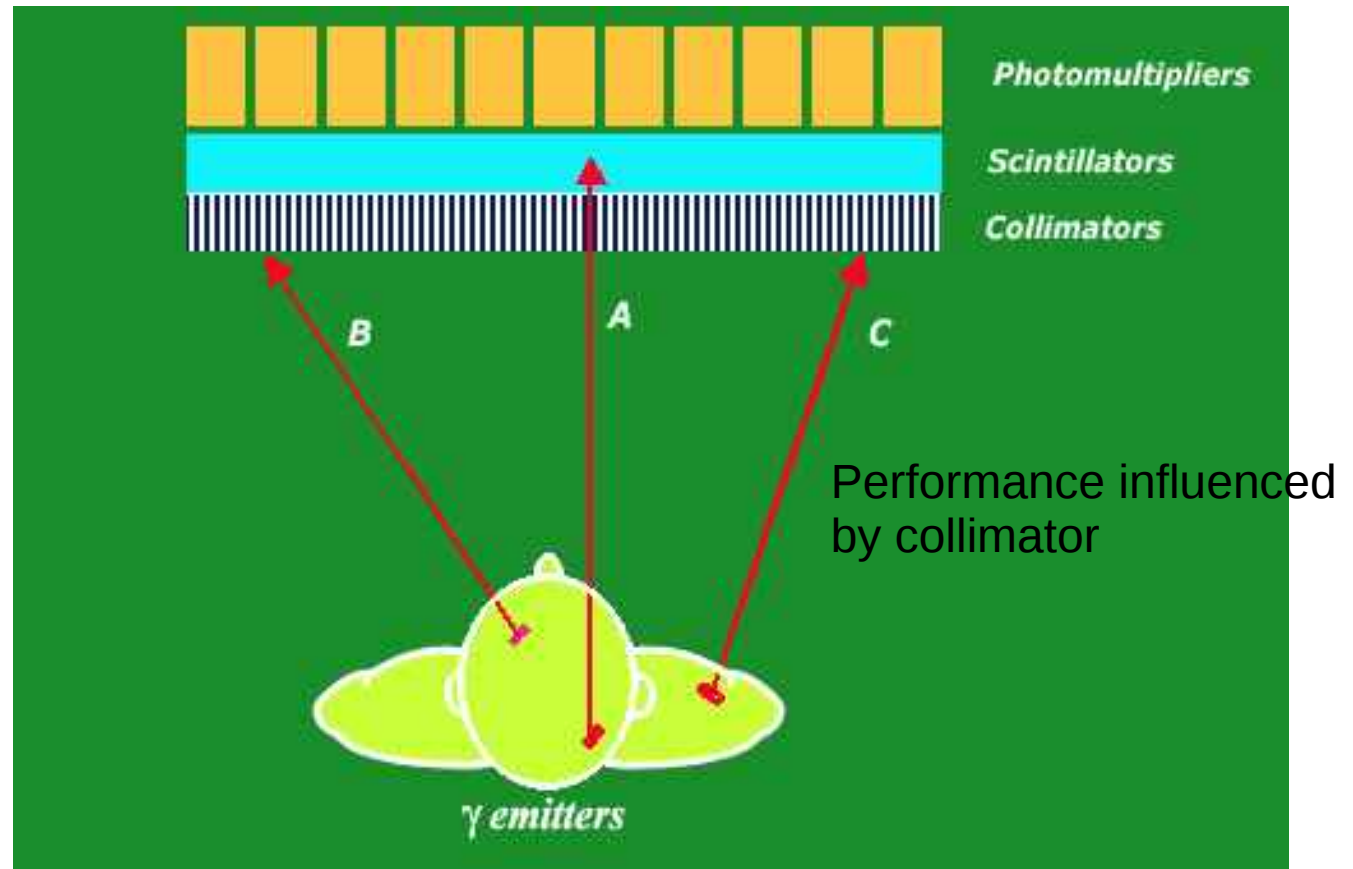


A. Miceli et al. Proc SPIE 2012.

P. Amaudruz et al.

# Gamma cameras

- Principle



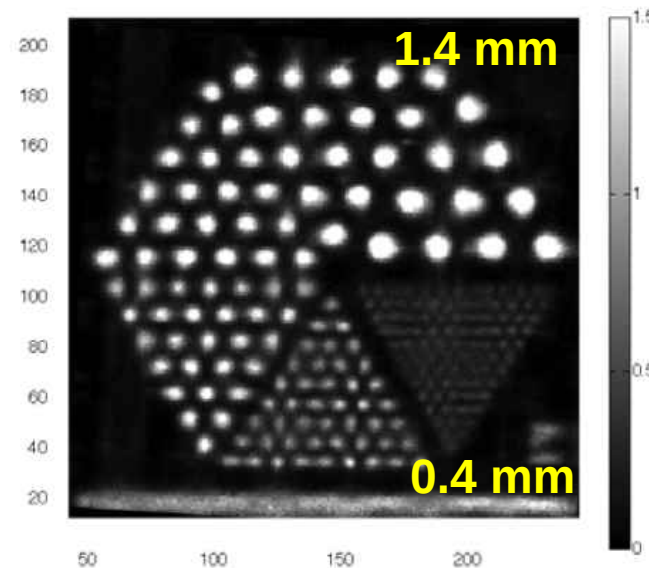
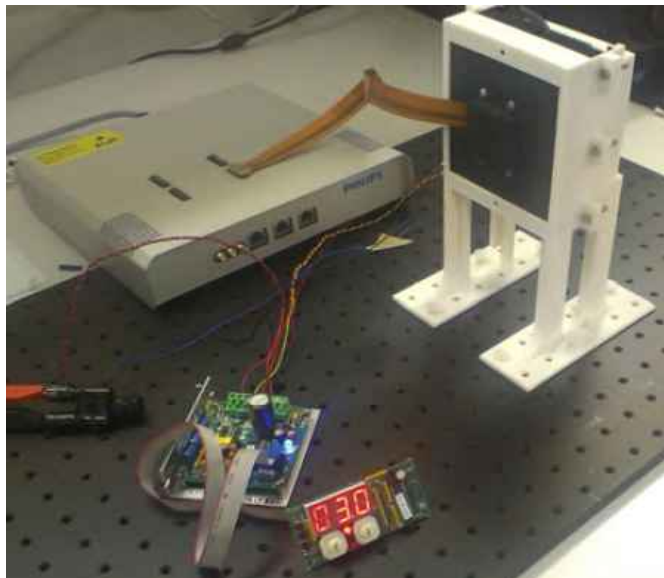
- Large systems still dominated by scintillators.
- Dedicated systems: Scintillators, solid state (e.g. CZT in cardiac or breast commercial systems), gas.



# Gamma cameras

- In small systems:
  - Excellent intrinsic resolution (<0.5 mm).
  - Static ring systems → Much higher efficiency.
  - MRI compatible
  - Multi-isotope SPECT

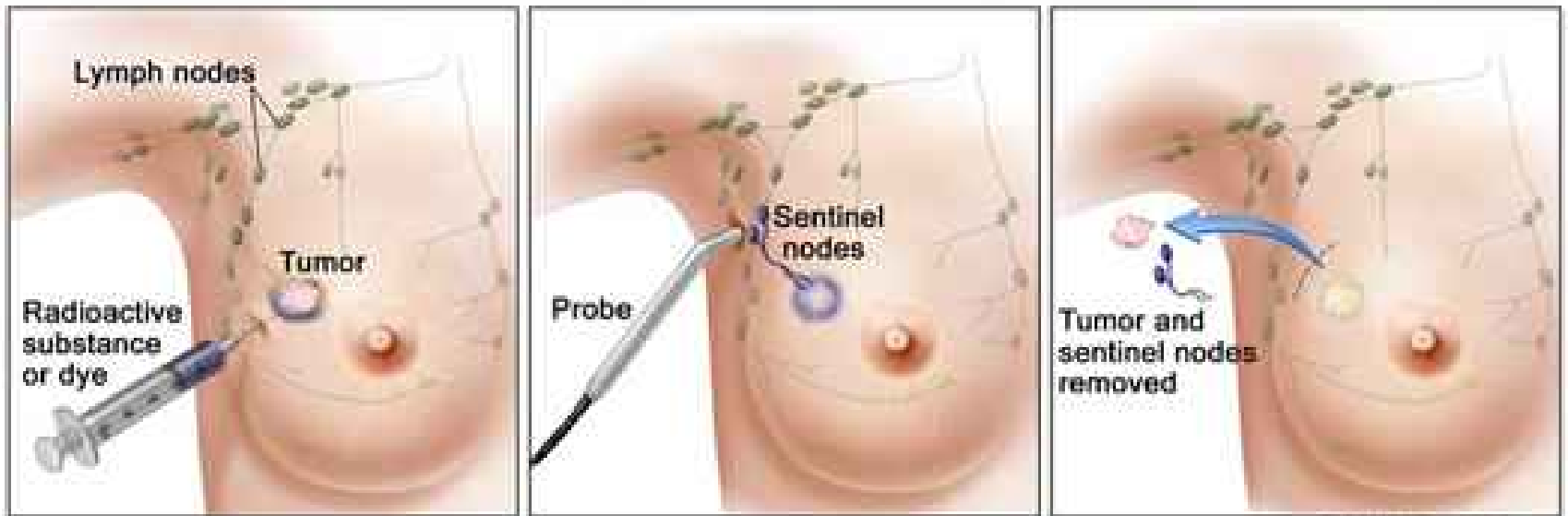
Monolithic 32 x 32 x 2 mm<sup>3</sup> LYSO crystal + dSiPM



C. Bouckaert. 2013 IEEE NSS MIC. M14-7.

# Intraoperative probes

- Intra-operative imaging of tumours helps the surgeon to determine precisely the tumour extension and separate from healthy tissue.
- Typical application: sentinel lymph node.



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U.S. Govt. has certain rights.

# Intraoperative probes

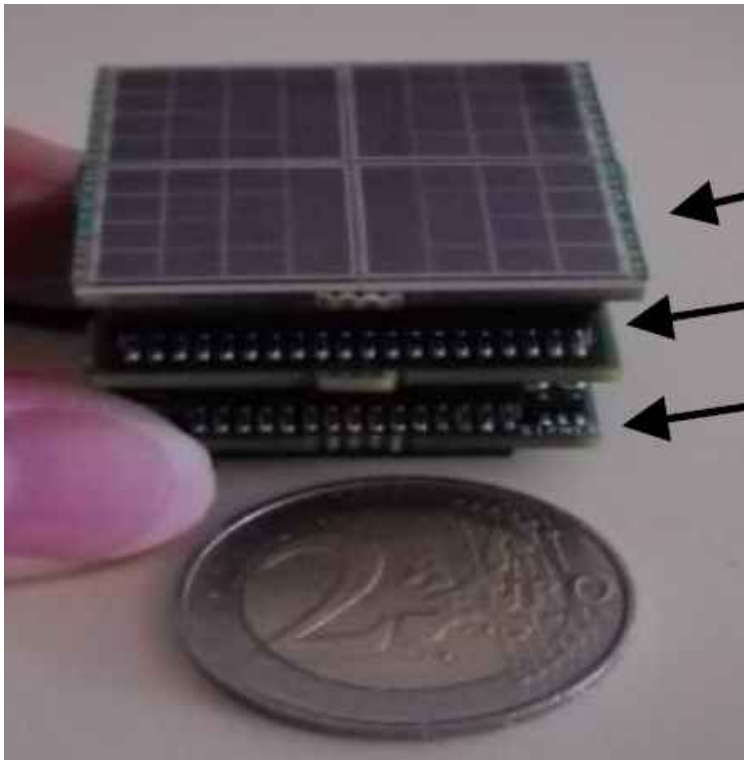
- Beta and gamma intraoperative probes (photon counting) and mini gamma cameras (imaging).



- Probes have small FOV
- Need large FOV ( $5 \times 5$  cm<sup>2</sup>) with excellent spatial resolution while portable and small.
- Recently solid state or scintillator + SiPMs (lower cost)

# Mini gamma cameras

- SIPMED:
  - $\text{LaBr}_3$  scintillator 5.5 cm x 5.5cm
  - ~ 6 cm thick, 700 g; 256 readout channels
  - E resolution: 10.5% FWHM @ 122 keV
  - Spatial resolution: 1.23 mm FWHM @ 122 keV



SiPM board

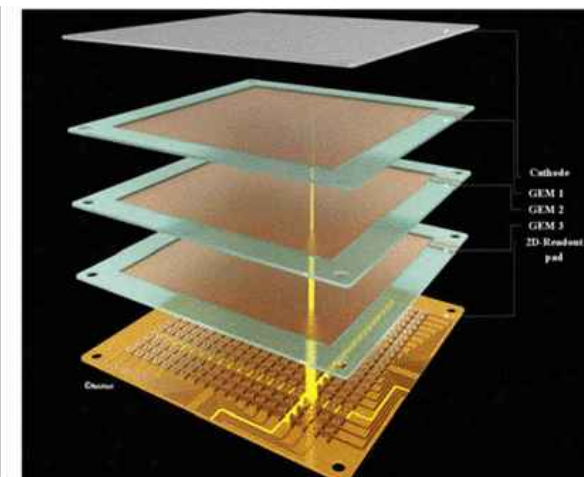
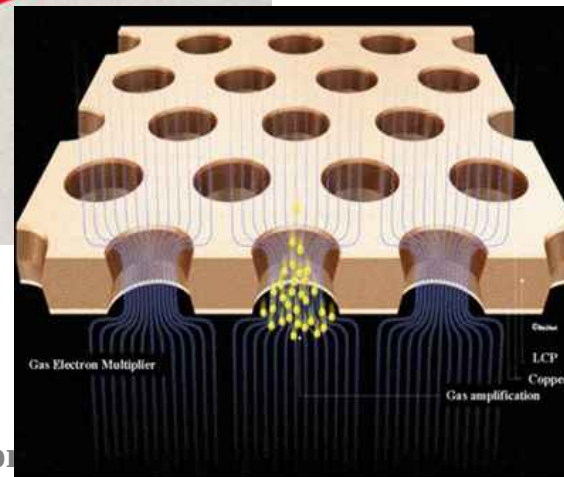
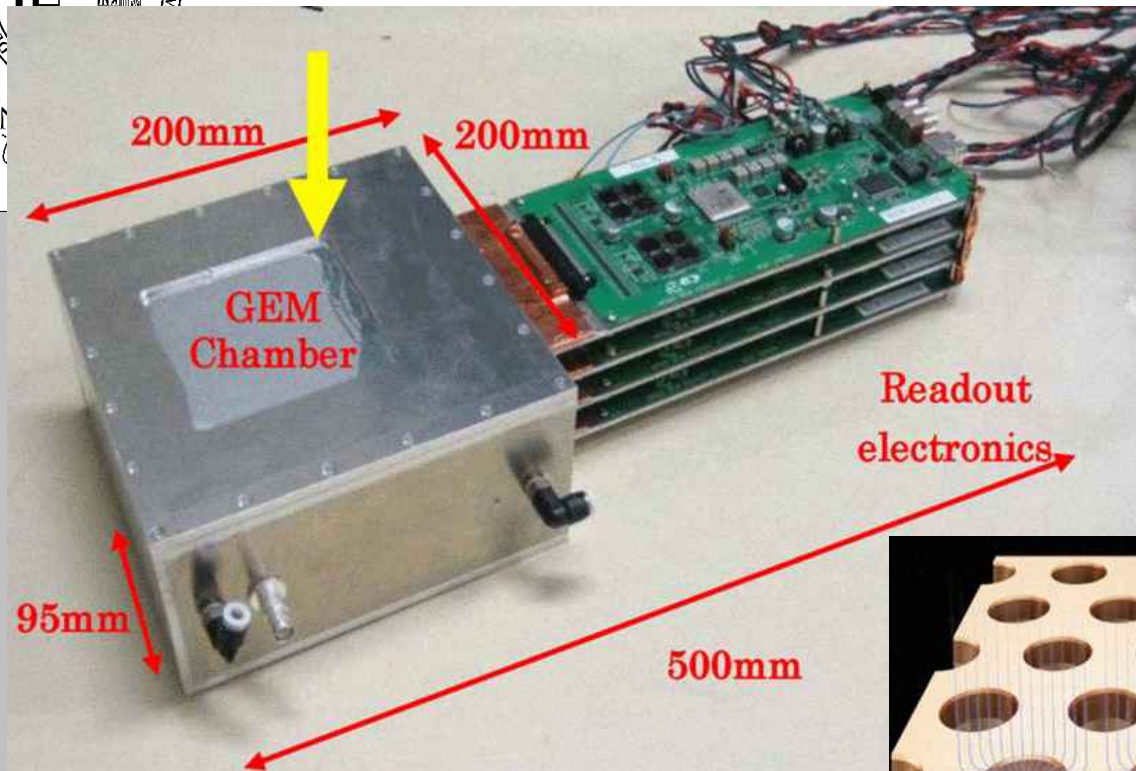
ASIC board

FPGA board

Imando et al. PoS 2012.  
N. Dinu et al. NDIP 2013.

# Mini gamma cameras

- CZT, I. Blevis et al. 2011 IEEE NSS MIC conf record.
- LaBr3, R. Pani et al 2015 JINST 10 C06002.
- GEM- T. Koike et al. 2011 IEEE NSS MIC conf record.

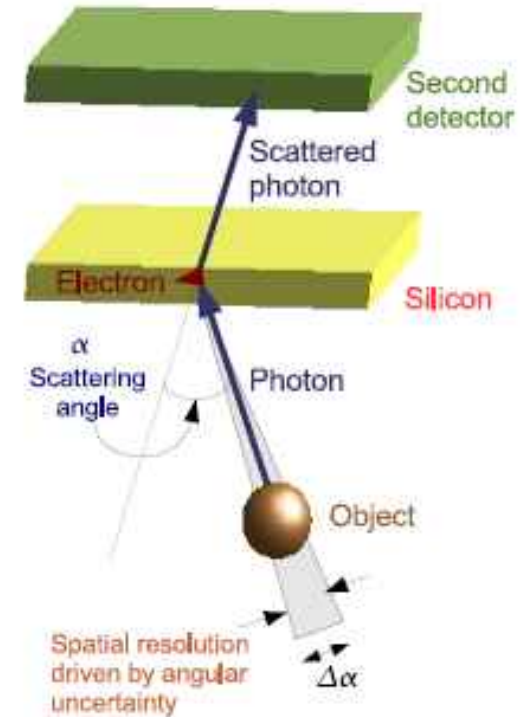
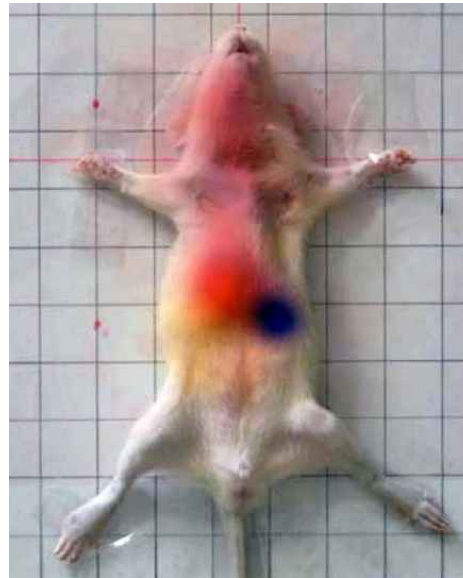
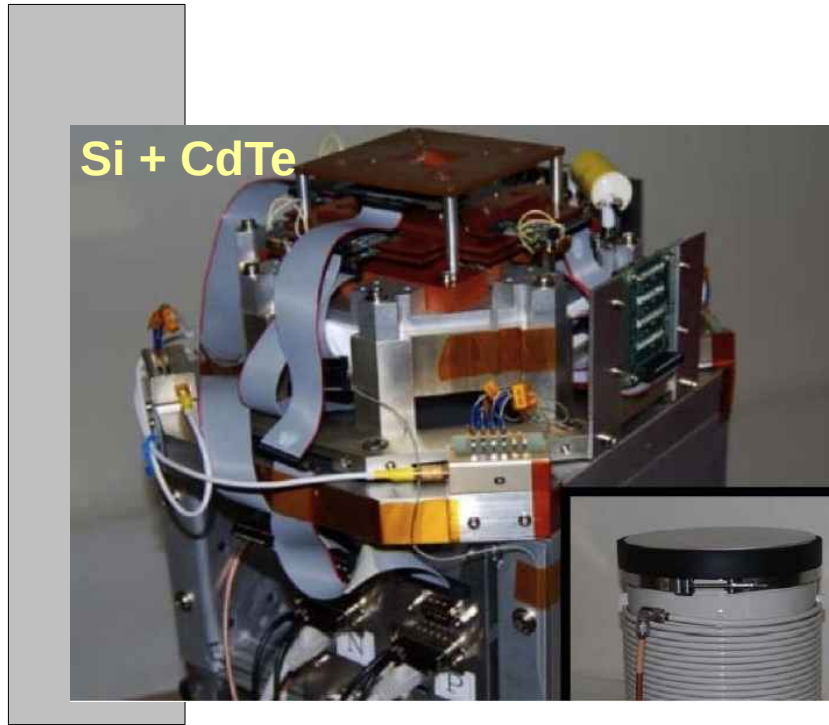




# Compton Imaging

- Applied in different fields. Made of different materials. Commercial products.
- Advantages: improvement of resolution and efficiency, improvement at high energies...
- Far from being used in clinical practice.

Are they really of interest in medical imaging? Can we do better?





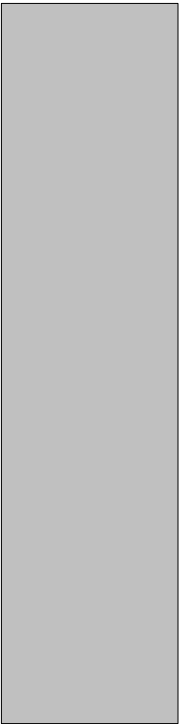
# Detectors in therapy



- Detectors in radiotherapy and hadron therapy:
  - ~~Dosimetry in conventional radiotherapy~~
  - Monitoring dose deposition in conventional radiotherapy.
  - Beam monitoring in hadron therapy.
  - Treatment monitoring in hadron therapy.

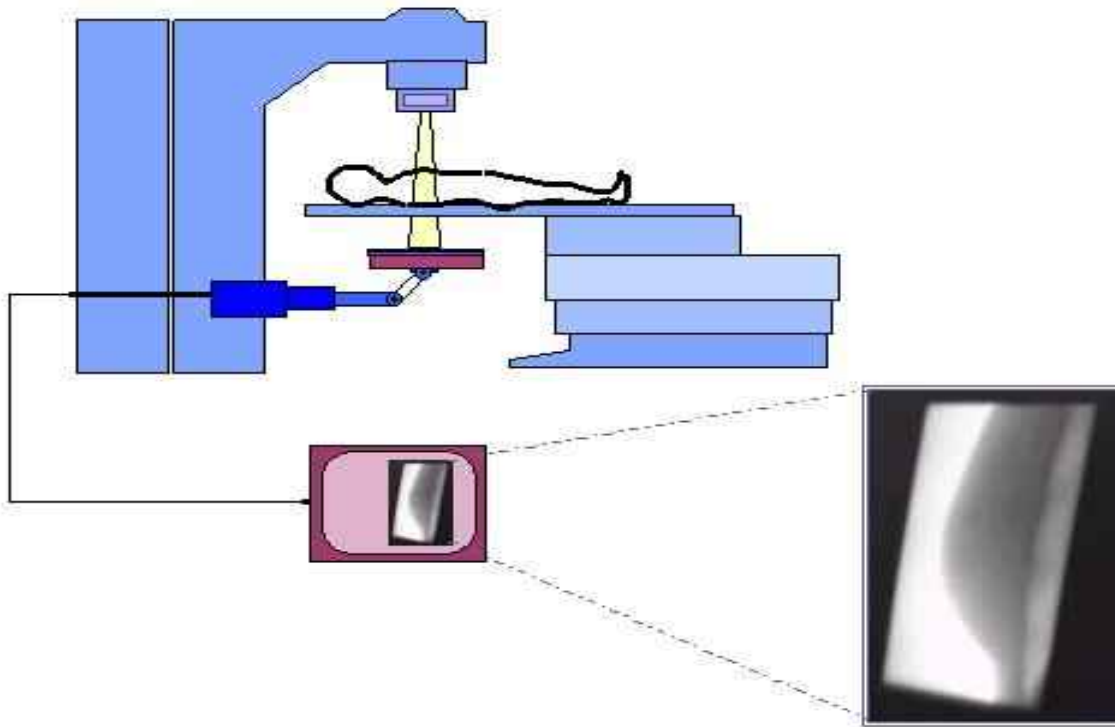


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# Dose deposition monitoring in radiotherapy

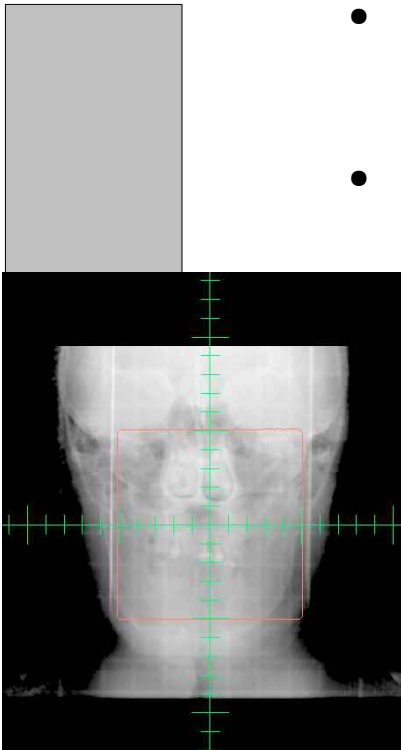
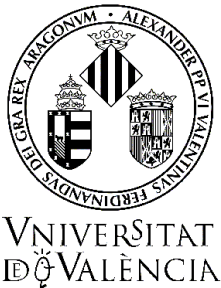
- Portal radiography (low quality) → EPID: electronic portal imaging devices verify patient position measuring exiting radiation.
- Mount on the linear accelerator
- Real time, digital feedback to user





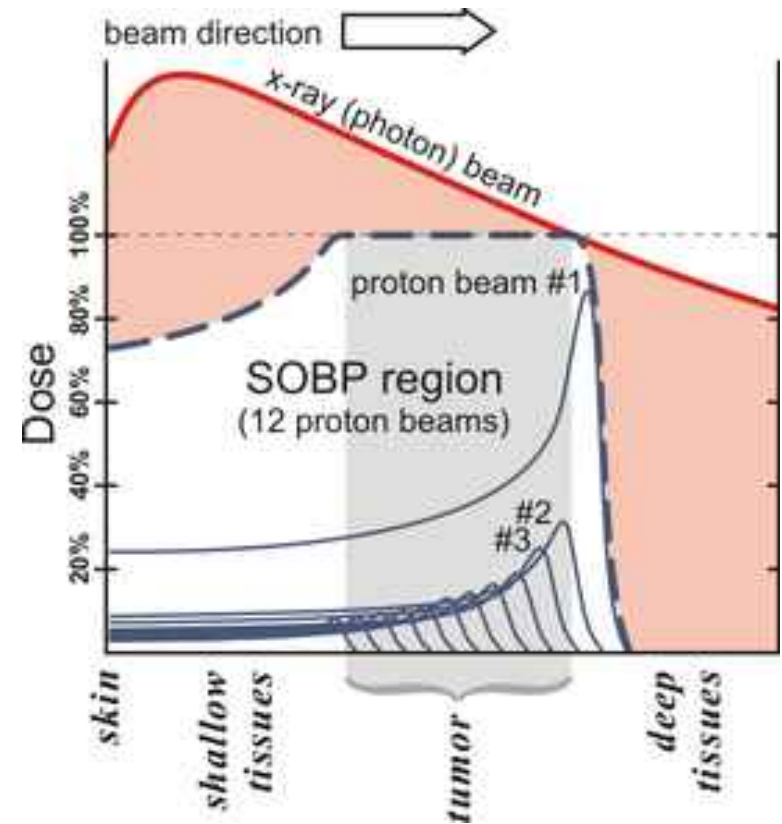
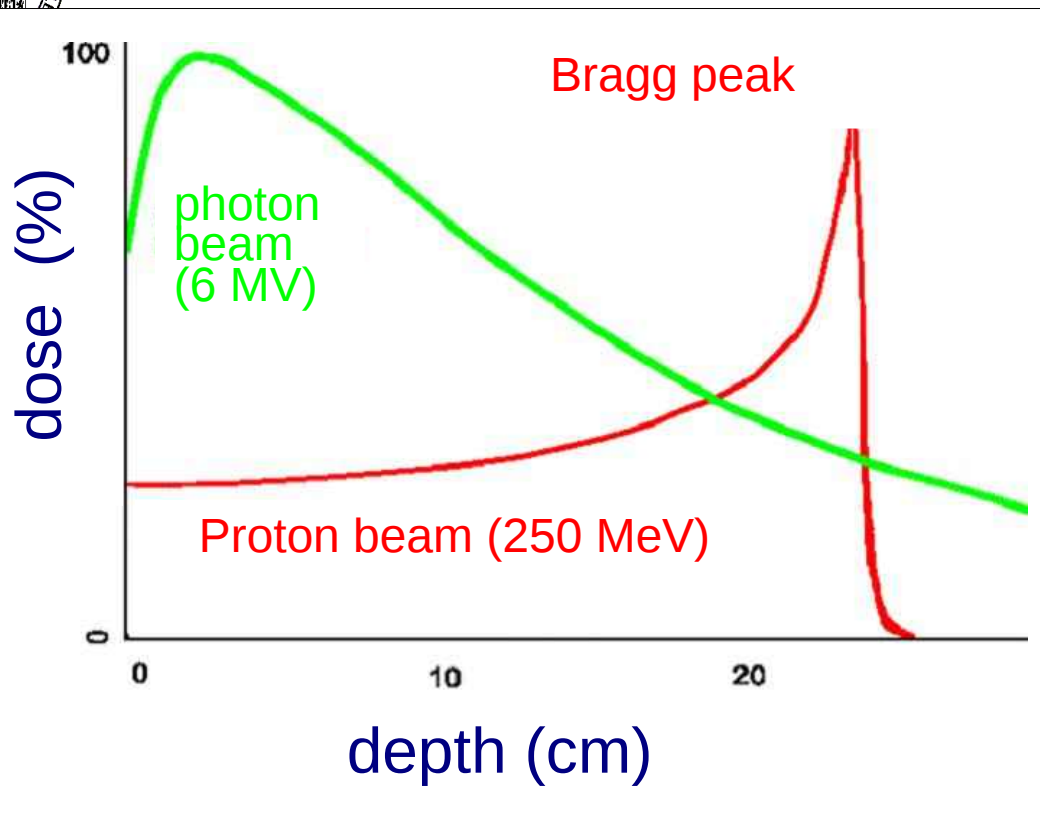
# Dose deposition monitoring in radiotherapy

- Detectors similar to X-ray imaging (higher energies).
  - Fluoroscopy (video)
  - Ionization chamber systems
  - Flat panel- low efficiency for higher energies.
- Alternatives:
  - Direct detection with amorphous selenium and gaseous amplification.
  - Improve the efficiency of indirect detection.
    - kV imaging, CsI scintillator.
    - MV imaging, thicker scintillating BGO and CsI crystals.



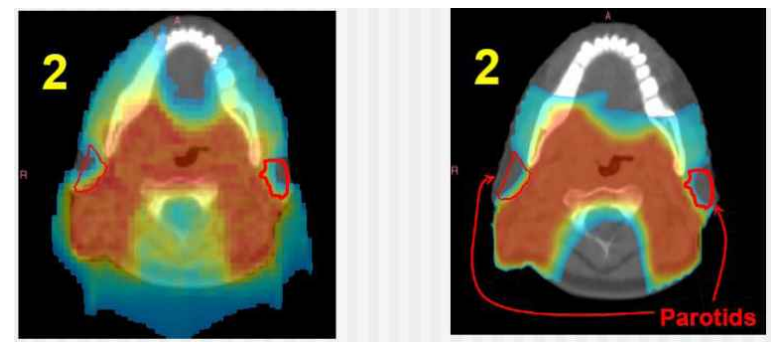
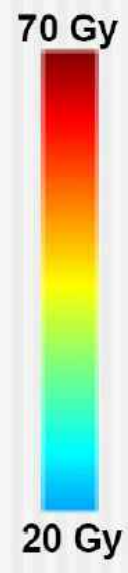
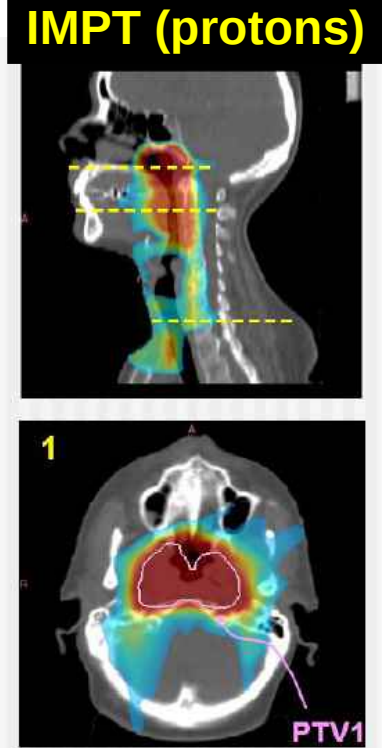
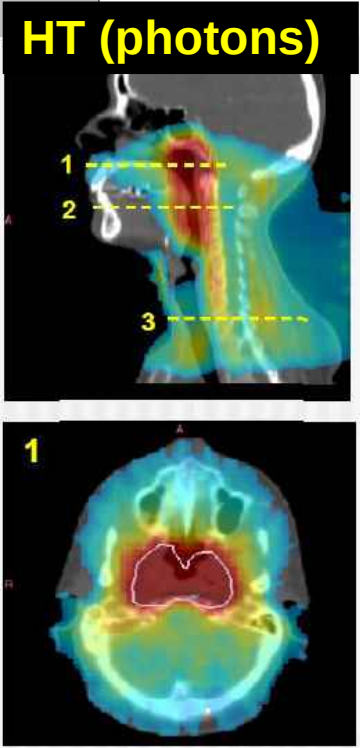
# Hadron therapy

- Hadron therapy: charged particles (protons or Carbon ions), precise delivery of radiation dose (Bragg peak).
- Reduce the dose to healthy tissue.



# Hadron therapy

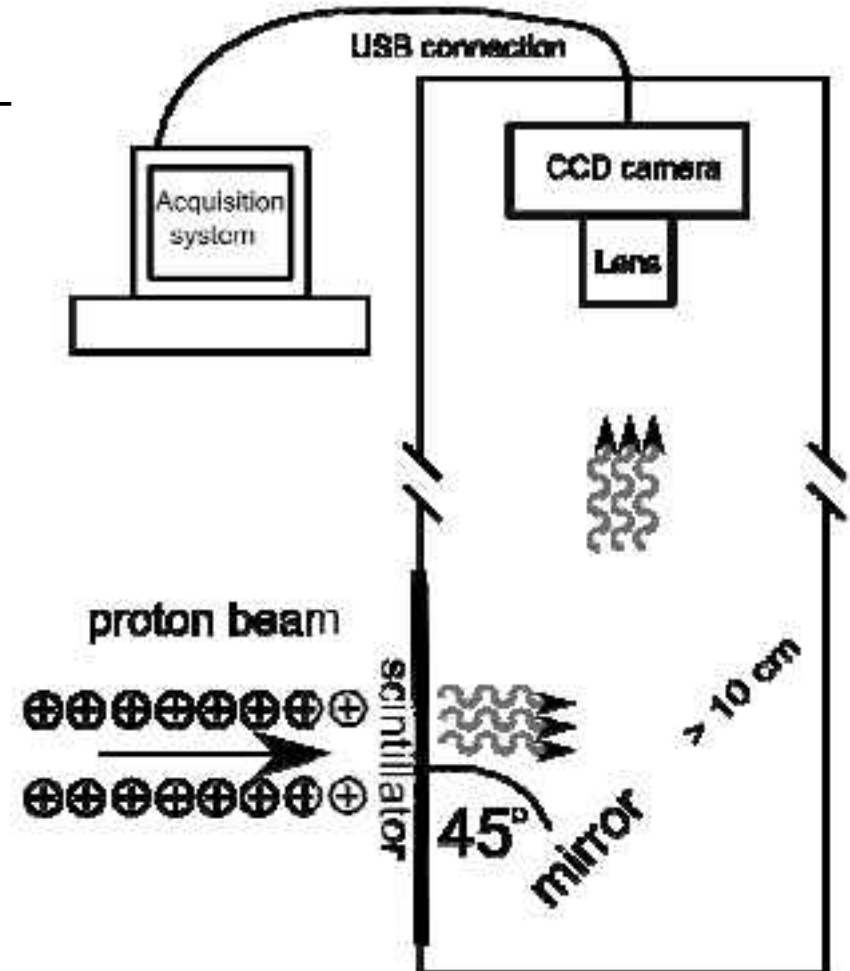
- Large benefit over conventional radiation therapies in some cases (ocular tumours, children, organs at risk, radioresistant tumours).
- Higher relative biological effectiveness (RBE) than photons
- Precise delivery to tumour area => increase of cure rates and reduction of side and long term effects and secondary cancer.



L. Widesott et al.  
IJROBP 72(2):589, 2008

# Beam monitoring

- Quality assurance in a proton ocular treatment facility.
- PROBIMS (PROton Beam IMaging System):
  - 2 mm thick  $\text{Gd}_2\text{O}_2\text{S:Tb}$  (Gadolinium Sulphate Oxide doped with Terbium - inorganic phosphor) convert proton beam to visible light
  - CCD camera (3362 x 2504 pixels)
  - 45° angle to avoid radiation damage

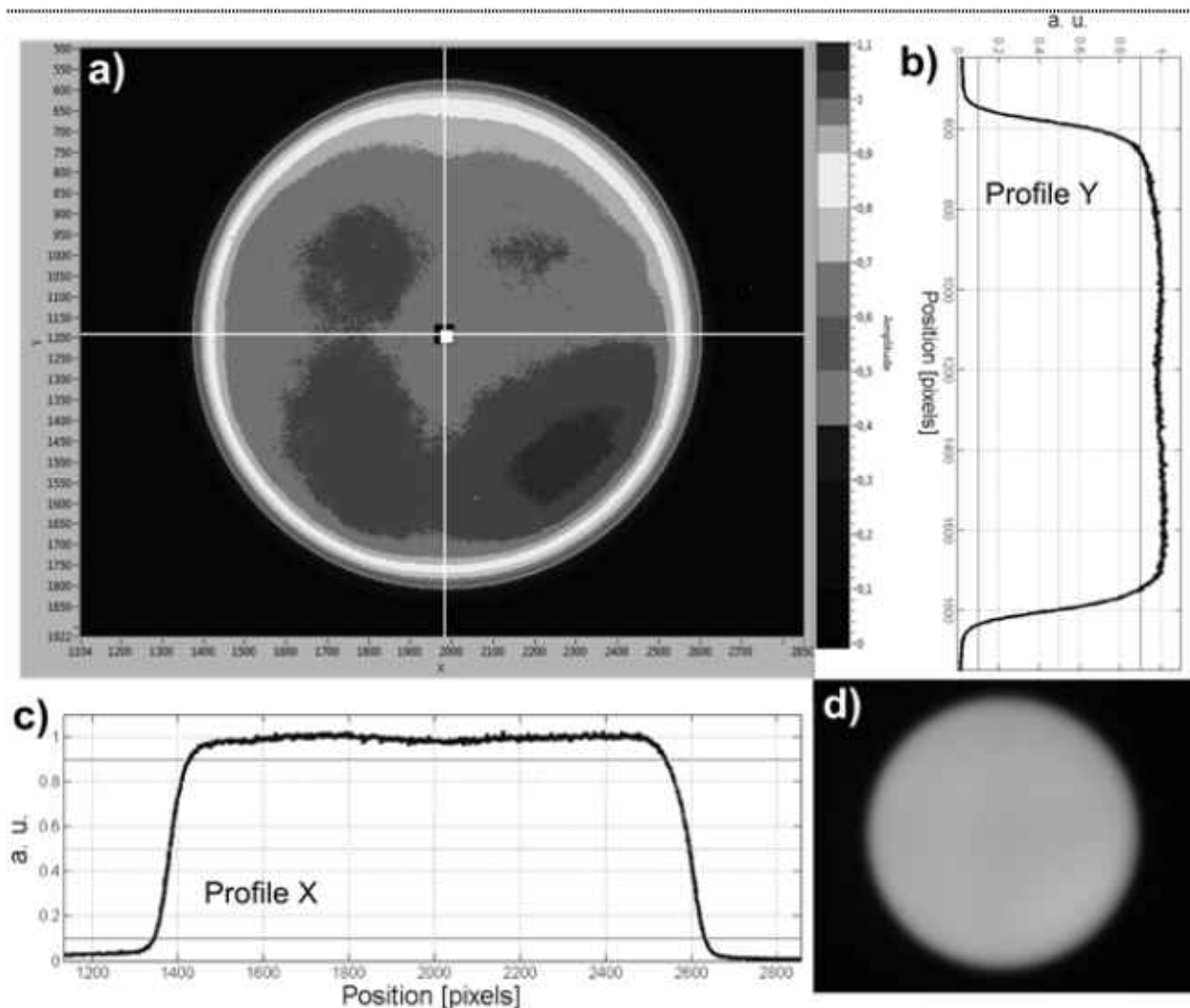


Boberek et al.  
Rom. Rep. Phys.66, 2014.

# Beam monitoring

Boberek et al.  
Rom. Rep. Phys.66, 2014.


- Measurements in a 60 MeV proton beam.
- 2D beam profile characterization







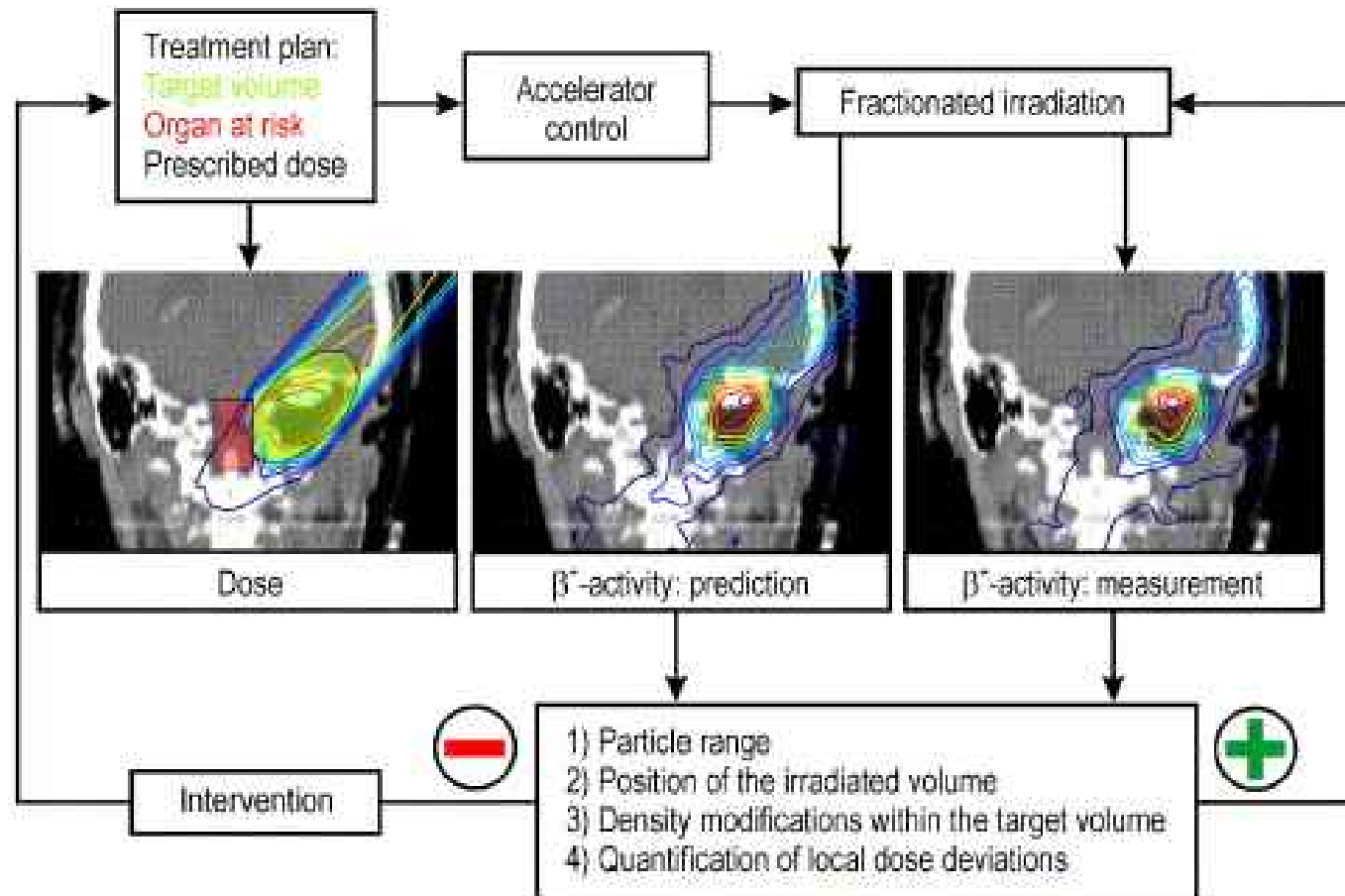
# Dose monitoring in Hadron therapy

- 
- PROBLEM: the dose administered can not be directly measured (as done in conventional radiotherapy).
  - Secondary particles emitted during treatment can be used for monitoring the dose delivery.
  - An accurate monitoring system is essential:
    - To verify dose delivery and correct for treatment deviations.
    - To reduce safety margins.



# Dose monitoring in Hadron therapy

- Positron Emission Tomography (PET) + MC currently employed.



- Dose verification: comparison of dose planned and estimated from detected  $\beta^+$  activity.

# PET for dose monitoring



- Irradiated tissue nuclei become positron emitters (O, C).
- In-beam, in-room, offline



- In-beam -> gaps. Improved results with TOF-PET
- Many groups working on such systems.



# Dose monitoring in hadron therapy

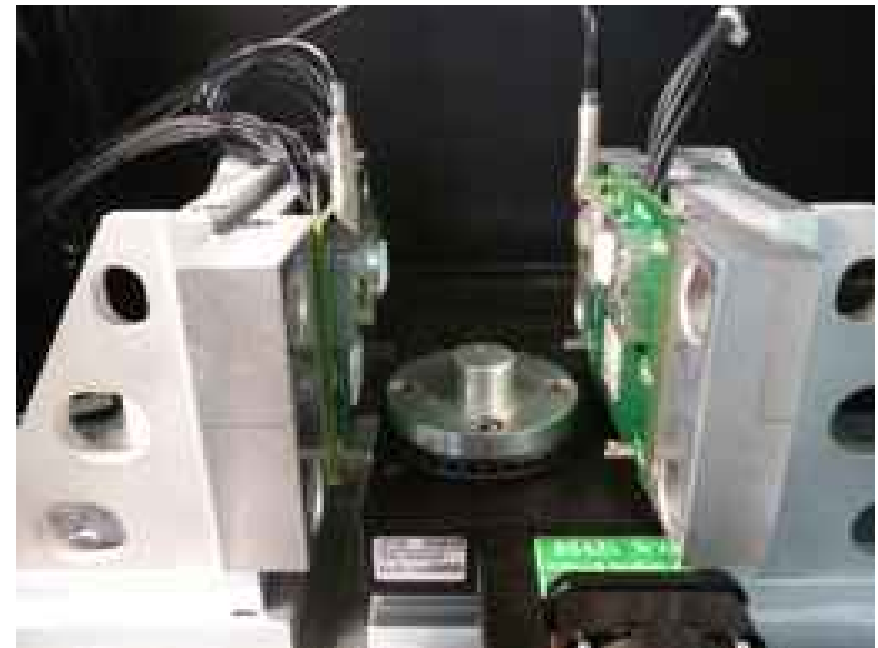
- 
- 
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- Limitations:
    - Positron production does not follow irradiation immediately
    - Biological washout- activity carried away by metabolic processes
    - Low amount of  $\beta^+$  activity induced- low efficiency
    - Difficult online studies – in-beam -> partial ring
    - Photons produce significant background
  - Attempted solutions:
    - Fast transfer to PET and accurate biological models.
    - TOF-PET as an option for in-beam.
      - Crystal based
      - Resistive Plate Chamber (RPC)-based

# Dose monitoring in hadron therapy

- Crystal-based PET:



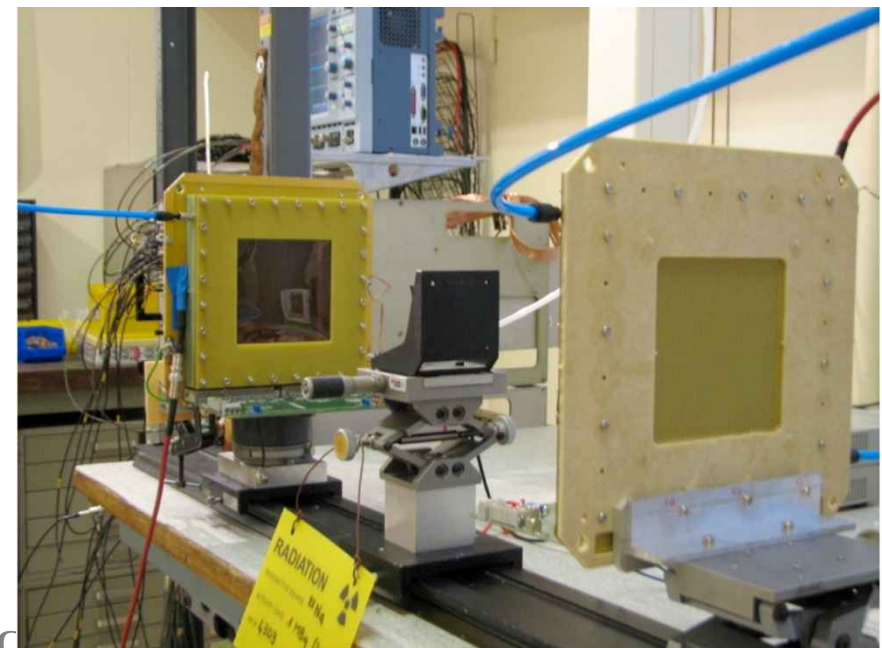
64 LYSO Crystals  
 $1.5 \times 1.5 \times 10 \text{ mm}^2$   
+ SiPMs



Del Guerra et al., *Nucl. Instr. Meth. A* (2011)

- RPC-based PET:

Amaldi et al., *Nucl. Instr. Meth. Phys. Res. A* 629 (2011) 337.





# Simulated crystal vs. RPC PET

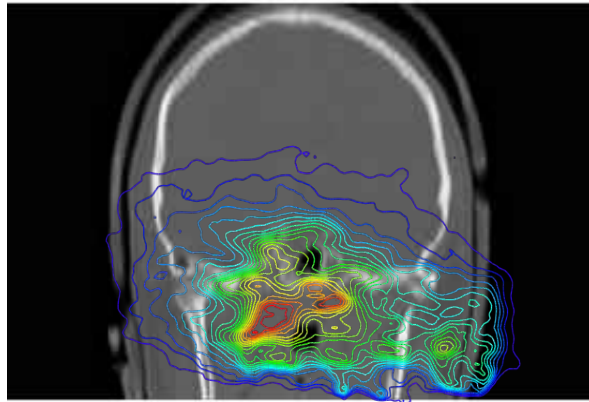
## CRYSTAL-BASED PET

LYSO Crystals  $4 \times 4 \times 22 \text{ mm}^3$   
Diameter: 90 cm  
Axial field of view: 18 cm  
Energy resolution @ 511 keV: 11%  
Time resolution FWHM: 600 ps (200 ps, 400 ps)

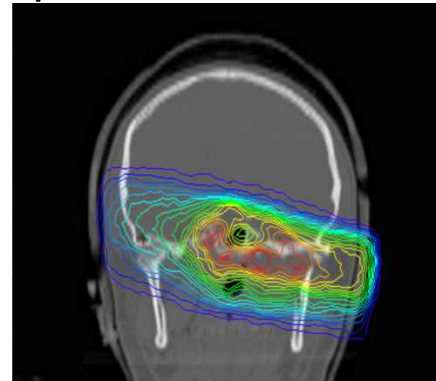
## RPC-BASED PET

$3.2 \times 120 \times 300 \text{ mm}^3$  Modules  
Diameter: 80 cm  
Axial field of view: 30 cm  
Modules per head: 20, 40, 60  
Time resolution: FWHM 50, 100, 200 ps

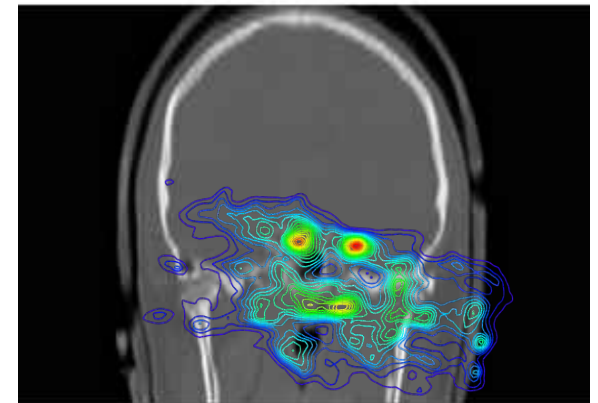
GEMINI 200 ps



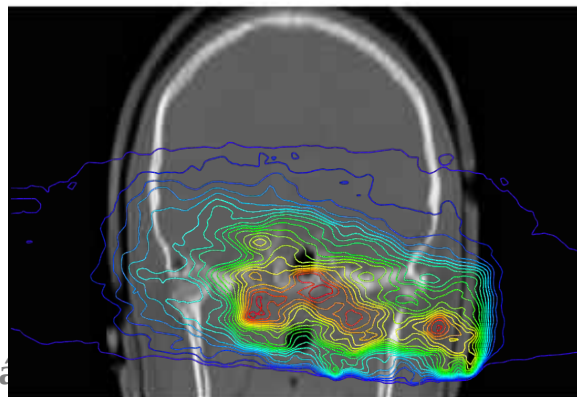
Simulated  
Annihilation  
points from  
patient data



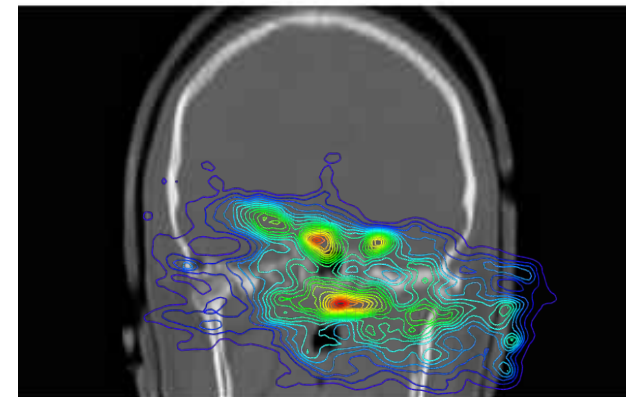
RPC 100 ps



GEMINI 600 ps



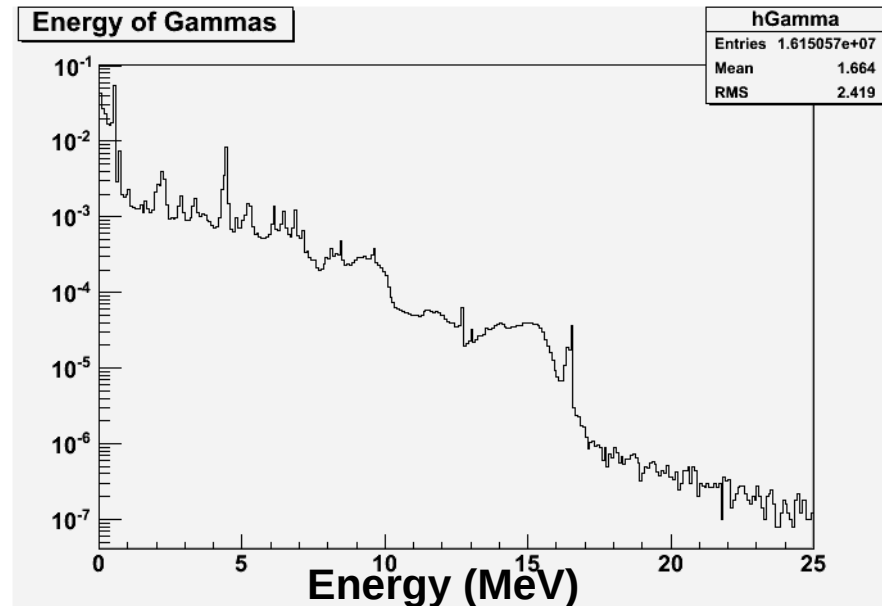
RPC 200ps



I. Torres-Espallardo et. al.  
Phys. Med. Biol. 60 N187,  
2015.

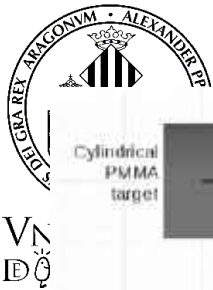
# Dose monitoring in hadron therapy

- Alternative: Prompt gammas also emitted from nuclei excited during therapy and can be used for this purpose.
  - Emission  $\sim$ ns after irradiation.
  - $\sim$  7 times more particles/cGy
- Emitted in a continuous energy spectrum with energies of MeVs.

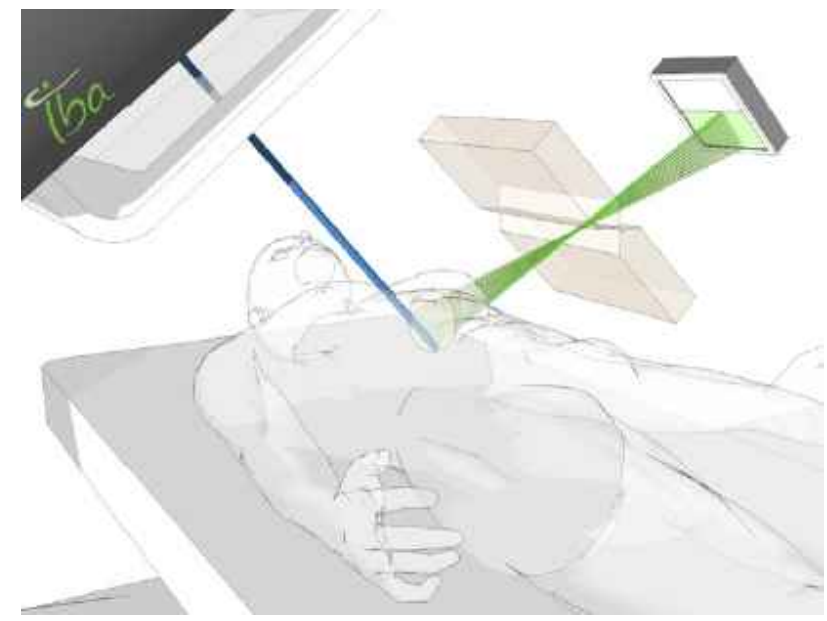
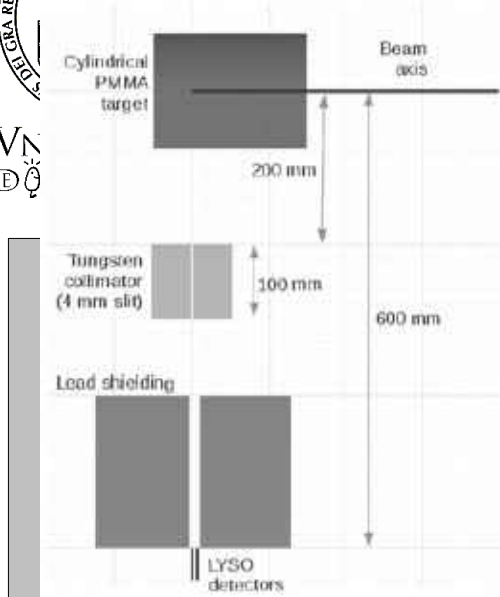


# Collimated systems

- Conventional gamma cameras not suited for such high energies.
- Collimated cameras -projection.



VZ  
DQ



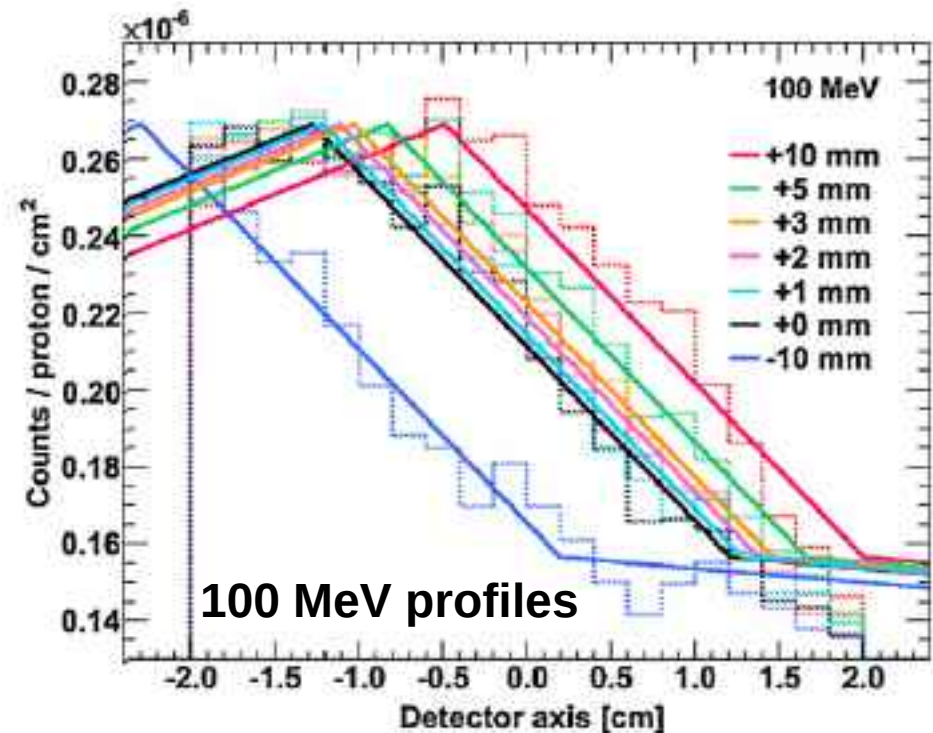
F. Roellinghoff et al.  
Phys. Med. Biol. 59 (2014)

J. Smeets.  
Phys. Med. Biol. 57 (2012)

# Collimated systems

J. Smeets.  
Phys. Med. Biol. 57 (2012)

- Slit system:
  - Tungsten collimator, PMMA target
  - Modified HiCam system; 1 cm thick continuous LYSO scintillator crystal + SDD.
- Data at 100 and 160 MeV. Profiles moving the target.



Also Scintillators + PMTs, SiPMs, DSiPMs



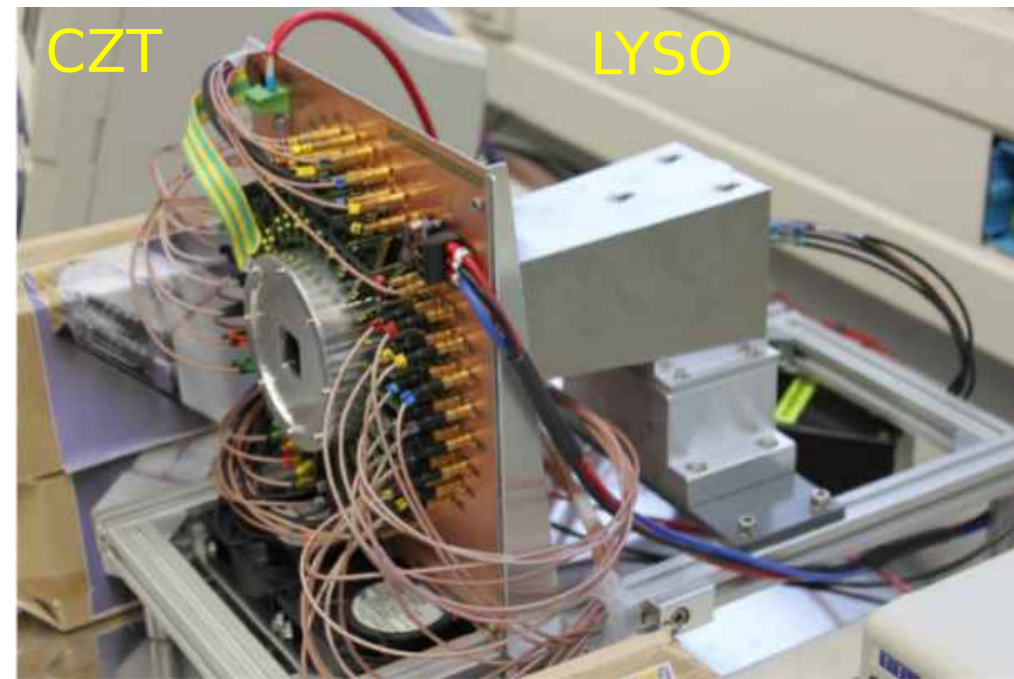
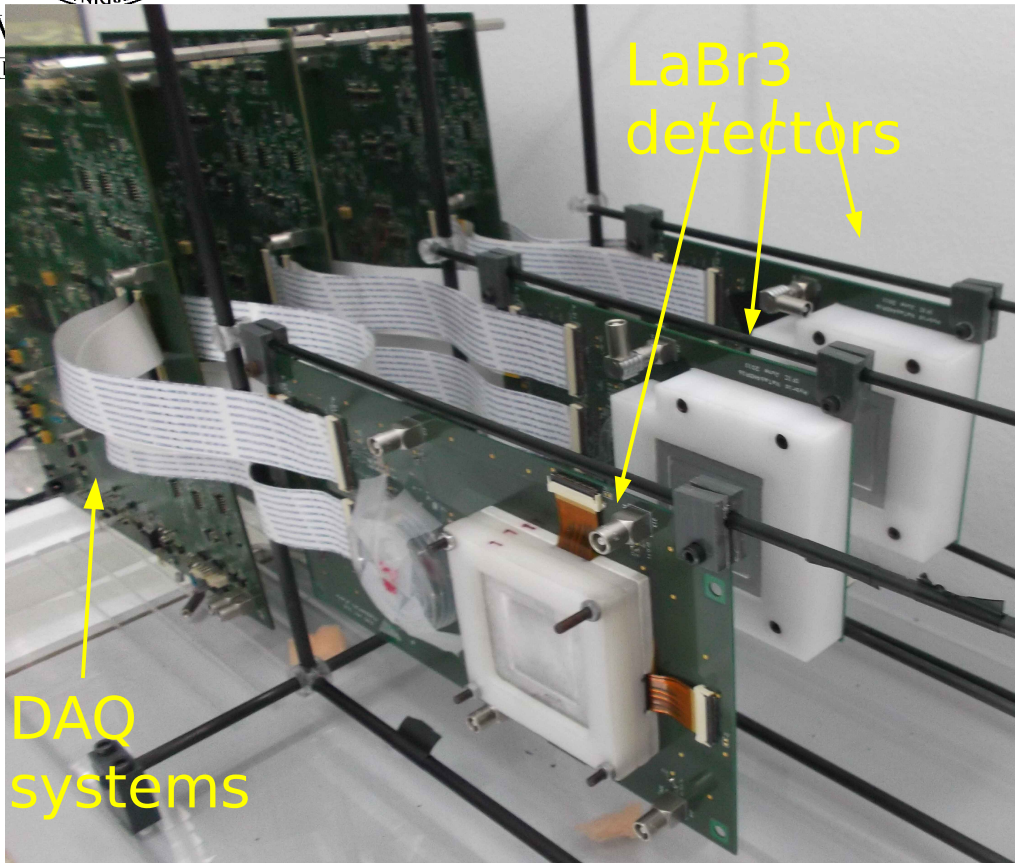
# Compton cameras in HT

- ENVISION:

- CZT – 2/3 planes.
- Si + scintillator.
- $\text{LaBr}_3$  + SiPMs.



- Prototypes tested in lab (images reconstructed) and in beam.
- Technologically challenging.




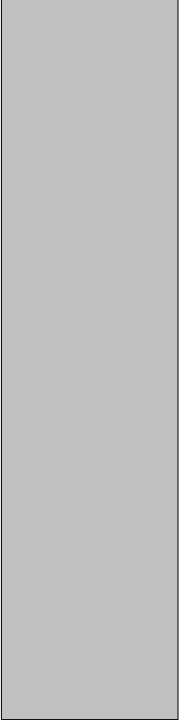




# Conclusions


- 
- Room for improvement in many areas.
  - Significant advances in small systems.

How to translate them to clinical systems at a reasonable cost?

- 
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- 
- No longer one detector for all apps.
    - Apply the strengths of each detector to each application.
    - Keep doing basic research.
    - Transfer and apply.



# Acknowledgements

- 
- ENVISION project, co-funded by the European Commission under FP7 Grant Agreement num 241851 and ENTERVISION project.
  - Ministerio de Economía y competitividad/Plan Nacional de I+D+i (FPA2010-14891, FIS2011-14585-E), Universitat de València (UV-INV-PRECOMP12-80755) and Generalitat Valenciana (GV/2013/133).
  - Ministerio de Economía y Competitividad. Ramón y Cajal Programme.



Thank you! Questions?