

**Positron Emission Tomography
Principals and History**

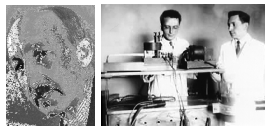
Ivo Rausch, MSc

Overview

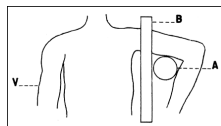
- The Tracer Principle
- The beta decay
- Positron emission tomography
- Reconstruction
- Detectors
- System design
- PET/CT

The Tracer Principle

- Use of a radioactive compound to measure in-vivo processes
- 1913 First use of radioactive isotopes by George de Hevesy – works on Pb-salt solubility with a Pb-isotope.
- 1923 (De Hevesy) Pb-salt uptake in Plants
- 1924 Blumgart and Yens / Weiss – Bi 212 into arm of patient - measured arrival in other



www.nobelprize.org Patton, JNM 2003

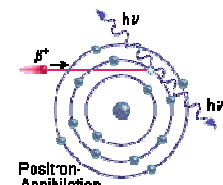
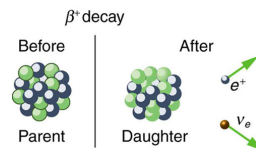


STUDIES ON THE VELOCITY OF BLOOD FLOW
I. THE METHOD UTILIZED¹
By BERGMANN L. BLUMGART and OTTO C. YENS
(From the Thrombolytic Memorial Laboratory, Boston City Hospital and the Department of Medicine, Harvard Medical School)
(Received for publication October 4, 1926)

A radioactive tracer can be tracked to study dynamic processes

The Beta⁺ decay

For nuclei with a fixed mass number a proton can transform to a neutron = β^+ (and conversely = β^-)



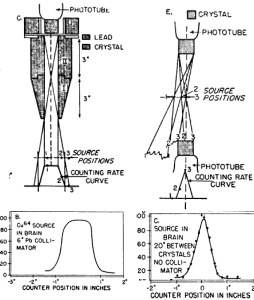
- e^+ antiparticle to e^- → annihilation
 - > $E = mc^2 = 2 \times 511 \text{ keV}$
 - > Momentum conservation → ~ 180°

Beta+ decay: Changing a proton into a neutron

Coincidence Counting



- First described by Wrenn et al. (Science 1951) for localization of Brain tumors
- e^+ decay leads to 2 perpendicular γ -rays
- If detected, decay took place on a line between detectors
- Equivalent to a projection



The Use of Positron-emitting Radioisotopes for the Localization of Brain Tumors¹

Frank R. Wrenn, Jr.,² Myron L. Good, and Philip Handler

Division of Neurosurgery, Departments of Physics and Biochemistry and Nutrition, Duke University, Durham, North Carolina

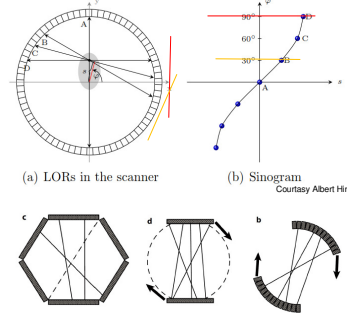
Coincidence counting requires no collimation for directional information



PET Principle



- PET relies on detection of two photons from positron annihilations
- Most common: ring geometry
- Annihilation on a line (LOR) between the detectors
- Parallel lines belong to same projection
- Data most common represented as "Sinograms"



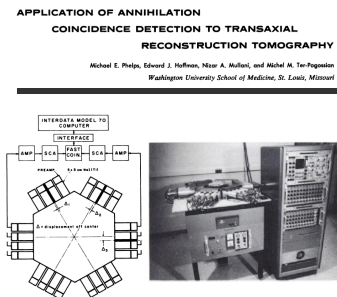
No need for a collimator to gain projections in coincidence counting



The first PE(T)



- First described by Phelps et al. JNM 1975
- Prototype of a positron emission transaxial tomograph (PETT)
- Tested on phantoms and dogs
- Reconstructed using Fourier transformation and attenuation corrected using ^{64}Cu source



The first positron emission tomograph was described in 1975



Reconstruction



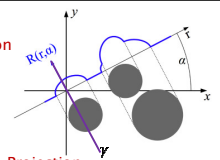
- General Problem:
- Get a 2D image out of 1D projections
 - > In principle solved mathematically by Radon 1917
 - > Radon transformation

SITZUNG VOM 30. APRIL 1917.
Über die Bestimmung von Funktionen durch ihre Integralwerte längs gewisser Mannigfaltigkeiten.
Von
Jules Hadamard.
Integriert man eine gegebene Regularitätsbedingung unterworfenen Funktion einer Veränderlichen x, y — über Punkte...

$$R(\alpha, r) = \int_{\gamma} f(x, y) dy$$

Projections

Line integral through activity concentration = Projection



Invers Radon transformation = FBP



Reconstruction: FBP

Back projection -> Blurred images

Solution: FBP
Inverted radon transformation

$$f(x, y) = \frac{1}{4\pi^2} \iint G(\alpha, \omega) e^{i\omega(x \sin \alpha - y \cos \alpha)} |\omega| d\omega d\alpha$$

Filter!!!
Projections in Frequency space

Filter:
 > reduces low frequencies = blurring
 > enhances high frequencies = sharp edges
 !Enhances noise
 !Limited # projections -> Cut of frequency

FBP is fast and easy but sensitive to noisy data

Iterative Reconstruction

Getting a projection from an image can be written as a matrix multiplication

System-matrix: representing the PET

Problem: inversion of matrix not possible!!!

$$g_i = \sum_{j=1}^K C_{ij} \lambda_j$$

Projection
Image (activity distribution)

Solution: Iteratively finding the image which fits the measured projections

Advantages:

- less affected by noise
- physical properties (scattering, absorption, resolution...) can be directly implemented into system-matrix

Changing an image until the resulting projections fit the measured data

The OS-EM algorithm

Maximum likelihood expectation maximisation

Algorithm for iterative reconstruction described by Sepp and Vardi 1982

Maximum Likelihood Reconstruction for Emission Tomography
L. A. SHEPP AND Y. YARZI

Image update:
comparing and correcting with all projections
> slow convergence

Ordered Subset:
A compromise described by Hudson and Larkin 1994

- a subset of projections is taken for correction
- > Good noise properties + fast convergence

EM is the how to update the image, OS is for acceleration

Attenuation Correction

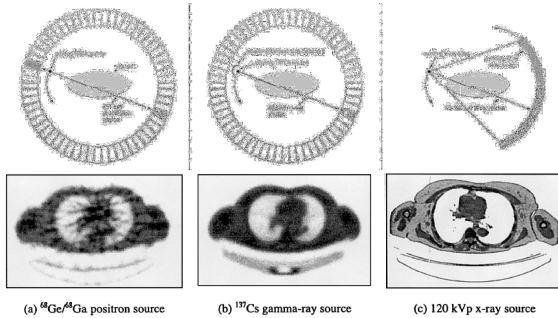
- Photons get attenuated within the body
- Attenuation in coincidence counting is only depending on the total attenuation along a LOR

Non AC image → AC image

$$P_{detect} = P_{detect\gamma_1} \cdot P_{detect\gamma_2} = e^{-\mu x} \times e^{-\mu(T-x)} = e^{-\mu T}$$

Attenuation correction is essential for quantitative images

Attenuation correction



(a) $^{68}\text{Ge}/^{68}\text{Ga}$ positron source

(b) ^{137}Cs gamma-ray source

(c) 120 kVp x-ray source

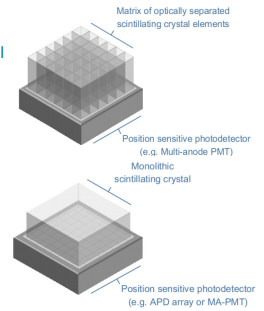
AC is done using a transmission scan

PET Detector

Transfer 511 keV photons into electric signal

Most common devices consist of:

- Scintillator: converts high energy photons into visible light
- Photo detector: converts visible light into electric signal

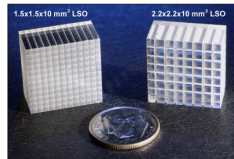


A detector converts a 511 keV photon into an electrical signal

Scintillator material

Scintillator material needs certain properties

- High interaction property with 511 keV
 - > Density -> stopping power
- High light output
 - > Energy resolution
 - > Spatial resolution
- Fast scintillation
 - > Dead time
 - > Timing resolution



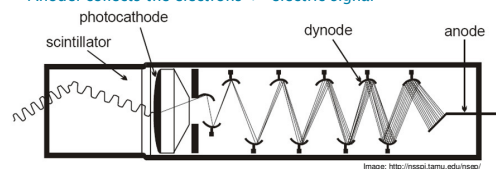
Scintillator	Decay time (ns)	Attenuation coefficient (cm ⁻¹)	Light output (photons/MeV)
NaI(Tl)	230	0.35	41000
BGO	300	0.95	7000
GSO	60	0.70	10000
BaF ₂	2	0.45	2000
LYSO, LSO	40	0.86	26000
LaBr ₃	20	0.47	60000

Fast detectors with high light output

Photo multiplier tubes

Most commonly used

- Photocathode: converts visible light quanta into free electrons
- Electric field: accelerates electrons towards the dynode (an anode)
- Dynode: electron impact causes secondary electron production (amplification)
- Anode: collects the electrons -> electric signal



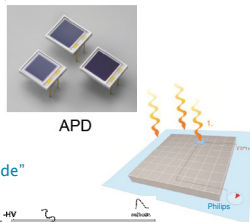
Electron acceleration and amplification

Some PMT alternatives



APD: Avelange photo detectors

- Based on semiconductors
- + better spatial resolution
- low gain
- slow compared to PMTs

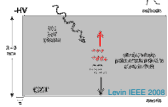


SiPM: Silicon Photomultiplier

- Grid of APDs operated in "Geiger-mode"
- + analog or digital readout
- + fast

Direct semiconductor detectors

- + high spatial resolution
- low efficiency



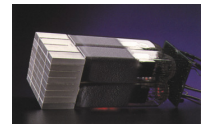
There are alternatives to PMTs based on semiconductors



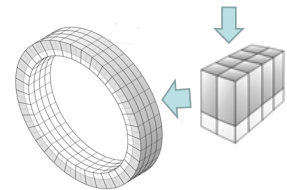
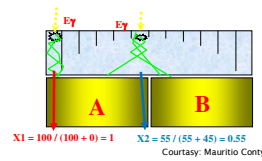
PET system design



One scintillator crystal mounted on four PMT
 > Detector block



Position of photon interaction - Anger logic



All clinical PET/CT today are whole-body ring systems

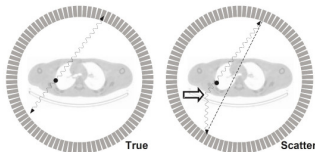


Type of Events



True coincidences are usable

- Time window ~4ns
- Energy window ~450keV-630keV

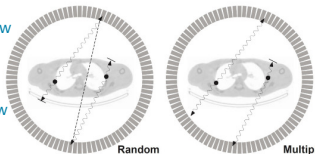


Scatter

- minimized by energy window

Random

- Minimized by timing window



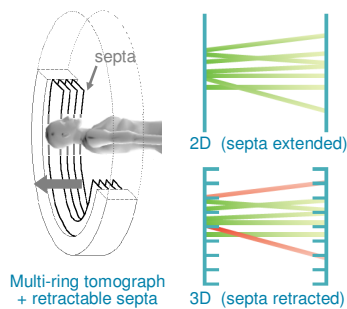
PET/MR quantification is not straight forward



2D- versus 3D-PET



Courtesy T.Bayer (Vienna)



- increased sensitivity
- increased background
- increased deadtime
- out-of-field activity
- 3D reconstruction
- non-uniform response
- BGO works for brain
- LSO/GSO for whole-body

State-of-the-art PET: 3D (no septa) for increased sensitivity



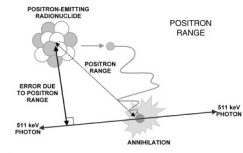
Limiting Factors



Positron Range:

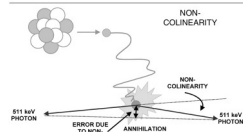
Depending on E_{kin} of positron

Nuclide	Mean range
18-F	0.6 mm
68-Ga	2.9 mm
11-C	1.1 mm



Non collinearity:

- Residual momentum of positron causes deviation from 180° - preservation of momentum
- Nearly Gaussian (FWHM $\sim 0.5^\circ$)
- Depending on ring diameter



Positron emission \neq positron annihilation

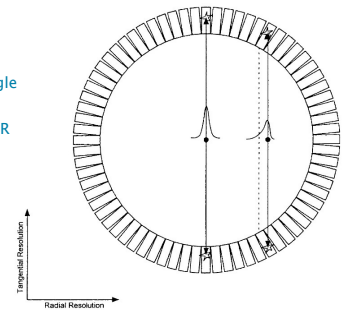


Limiting Factors



Detector parallax:

- Detectors shifted in angle
- Photon passing first scintillator \rightarrow wrong LOR
- asymmetric response function



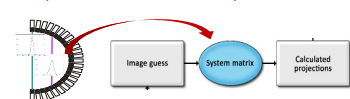
Resolution depends on system design and geometry



Point spread function: PSF



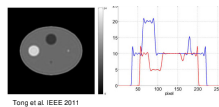
Incorporation of the PSF into system matrix



- PSF: measured, MC simulations, modeled
- accounting for varying spatial resolution
- E.g. Siemens TrueX Algorithm (now "HD PET")
 - + better resolution \rightarrow detectability of small volumes
 - Gibbs artifacts at sharp edges



Parin et al. IEEE 2008



Tong et al. IEEE 2011

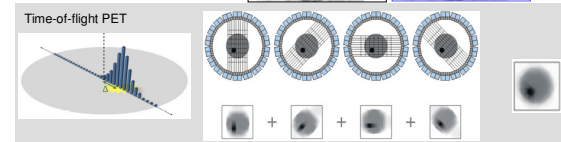
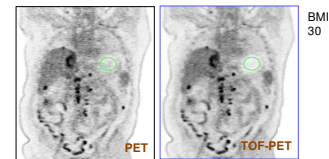
PET/MR quantification is not straight forward



Time-of-flight (TOF)



$$SNR_{TOF} \equiv \sqrt{\frac{D}{\Delta X}} \cdot SNR_{conv}$$

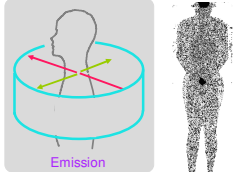


TOF-PET improves SNR (not spatial resolution)



Why PET/CT ?

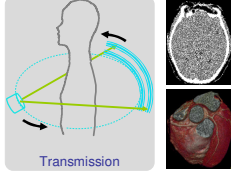
Positron Emission Tomography



Emission

Functional anatomy
Changes in metabolism
High functional resolution
Early detection is possible

Computed Tomography



Transmission

Spatial anatomy
Changes in anatomy
High spatial resolution
Late(r) anatomical changes

PET/CT is function plus anatomy



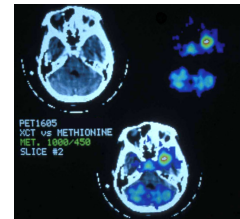
Early PET/CT development

Gunma University 1984



A combined CT and PET system developed by Prof. Teruo Negai (Dept of Radiology, Gunma University, Japan) in 1984.

The device incorporated CT and PET scanners from Hitachi Inc and the patient bed moved on floor-mounted rails between the PET and CT.



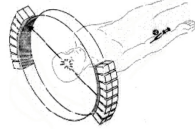
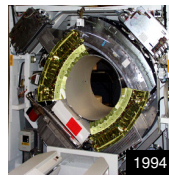
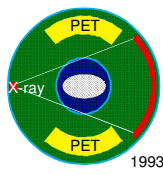
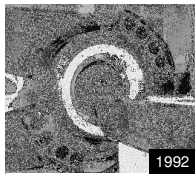
Fusion images of a patient with a brain tumor.

¹¹C-methionine PET and CT acquired in the same examination.

Courtesy Prof. Y Sasaki



Prototyping PET/CT



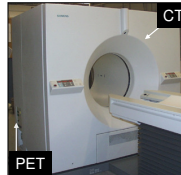
A rotating PET scanner using BGO detectors. Townsend DW et al, JNM 30, 1993

The evolution of a PET/CT concept: 1992-4

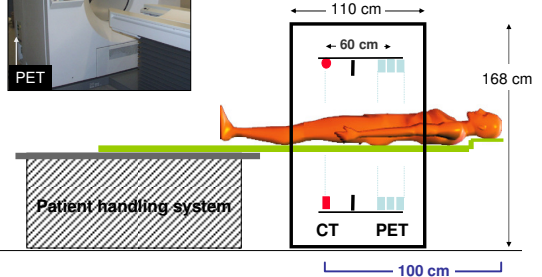
- Routine oncology imaging (whole-body)
- Complementary PET/CT
- Accurate, fast CT-based quantitation



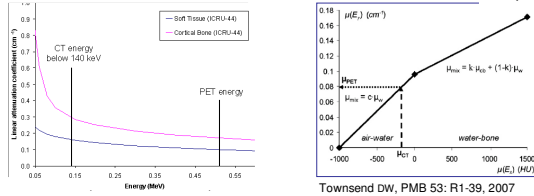
The SMART PET/CT



SMART
→ Somatom CT
→ Advanced Rotating Tomograph (PET)



CT-based attenuation correction

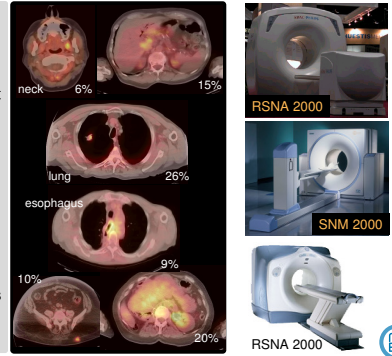


bi-linear segmentation-scaling approach to CT-AC



Early PET/CT concepts

1998-2000
 300 oncology patients
 ~50% with CT contrast
 Torso exam in 60 min
 CT: 80 cm = 4 min,
 PET: 7 beds = 50 min
 BGO: 7x7x20 mm³
 1-slice CT, 15 kW
 Power of fused images
 CT-based artifacts



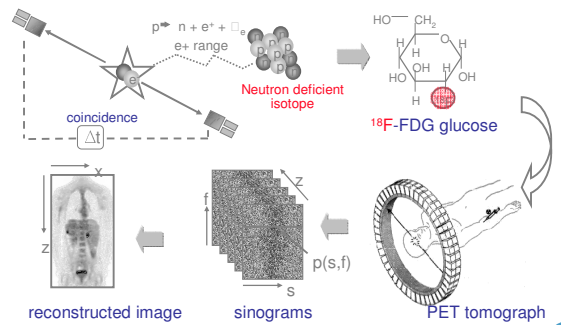
PET/CT systems

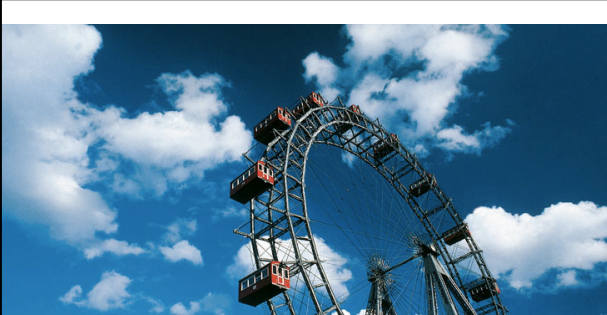
Discovery VCT	Ingenuity TF	AnyScan	Biograph mCT
CT: 16-128 slices	CT: 16-128 slices	16-slice CT	CT: 20-128
70 cm patient port	70 cm (85 cm) patient port	70 cm diameter patient port	78 cm patient port
250 kg table weight limit	215 kg table weight limit	250 kg table weight limit	250 kg table weight limit
170 cm co-scan range	190 cm co-scan range	360 cm co-scan range	170 cm co-scan range
24 rings of LYSO(Ce)	44 rings of LYSO(Ce)	24 rings of LYSO(Ce)	52 rings of LSO (Ce) crystals
4.2 x 6.3 x 25 mm ³	4.0 x 4.0 x 22 mm ³	3.9 x 3.9 x 20 mm ³	4.0 x 4.0 x 20 mm ³
Time-of-flight	Time-of-flight		Time-of-flight
15.1 cm axial FOV	18 cm axial coverage	23 cm axial coverage	21.6 cm axial coverage
70 cm transaxial FOV	67 cm transaxial FOV	55 cm transaxial FOV	70 cm transaxial FOV
PET resolution model	PET resolution model		PET resolution model

High-end PET combined with high-end, multi-slice CT



Summary





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