

**15th Topical Seminar on Innovative Particle and Radiation Detectors**

**IPRD19 – Siena (Italy)**

**14-17 October 2019**

**Positron Emission Tomography:  
alive and kicking after more  
than after 65 years on stage**

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*IEEE Transactions on Plasma Science*

*IEEE Transactions on Medical Imaging*

*IEEE Transactions on Radiation and Plasma Medical Sciences*



# Contents



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- **Preclinical Systems**
- **Hybrid Systems (PET-MR)**
- **Clinical Systems**
- **Conclusions**
- **Acknowledgments**



## **A bit of history**

**«Once Upon a Time...»**

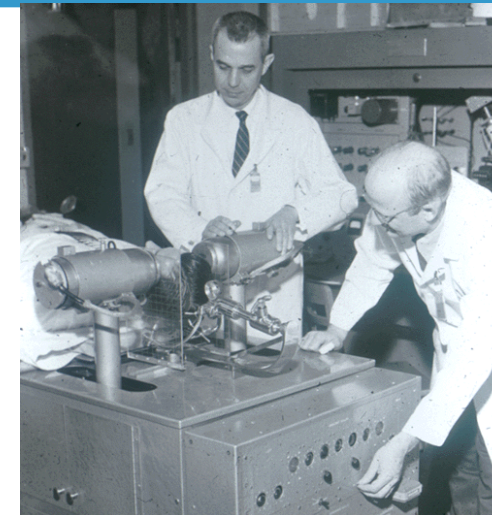


# The first idea of PET (talk at MGH by William Sweet, May 16, 1951)

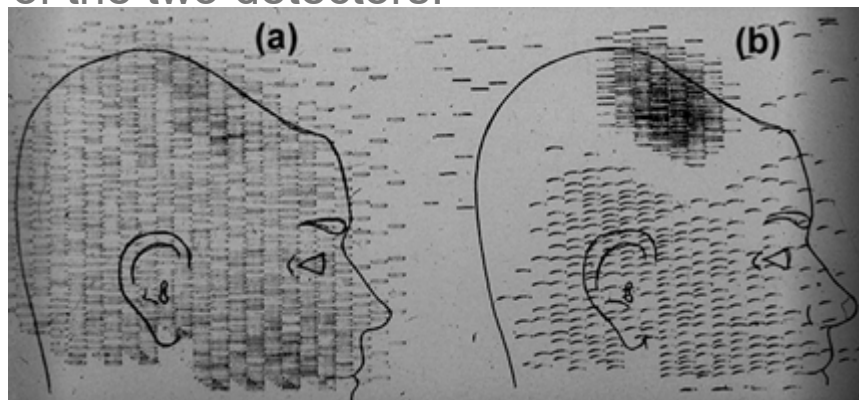


## First Clinical Positron Imaging Device

**1953** - This instrument followed the general concepts of the instrument built in 1951 but included many refinements. It produced both a coincidence scan as well as an unbalance scan. The unbalance of the two detectors was used to create an unbalance image using two symbols to record any unbalance in the single channel rates of the two detectors.



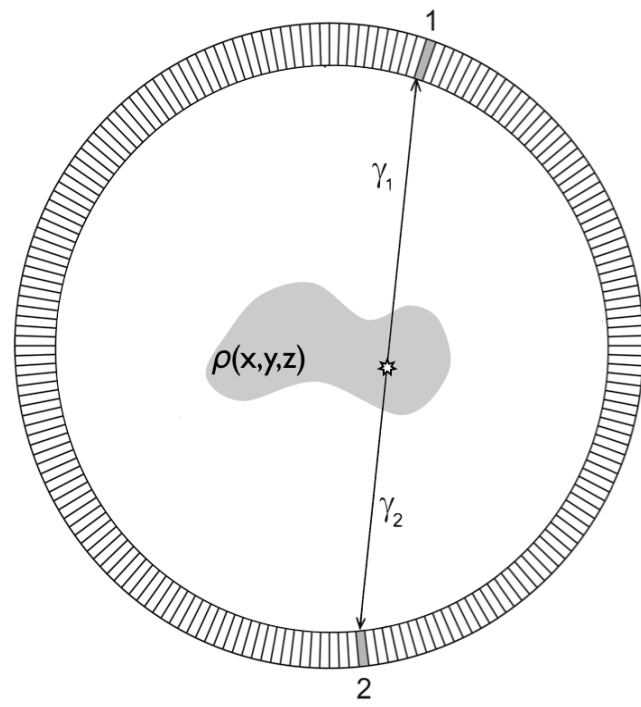
**Dr. Brownell (left) and Dr. Aronow are shown with the scanner (1953).**



Coincidence and unbalance scans of patient with recurring brain tumor. Coincidence scan (a) of a patient showing recurrence of tumor under previous operation site, and unbalance scan (b) showing asymmetry to the left. (Reproduced from Brownell and Sweet 1953).



# A learning paradigm: PET and its application



- **RADIOISOTOPE decays, emitting  $\beta^+$ .**

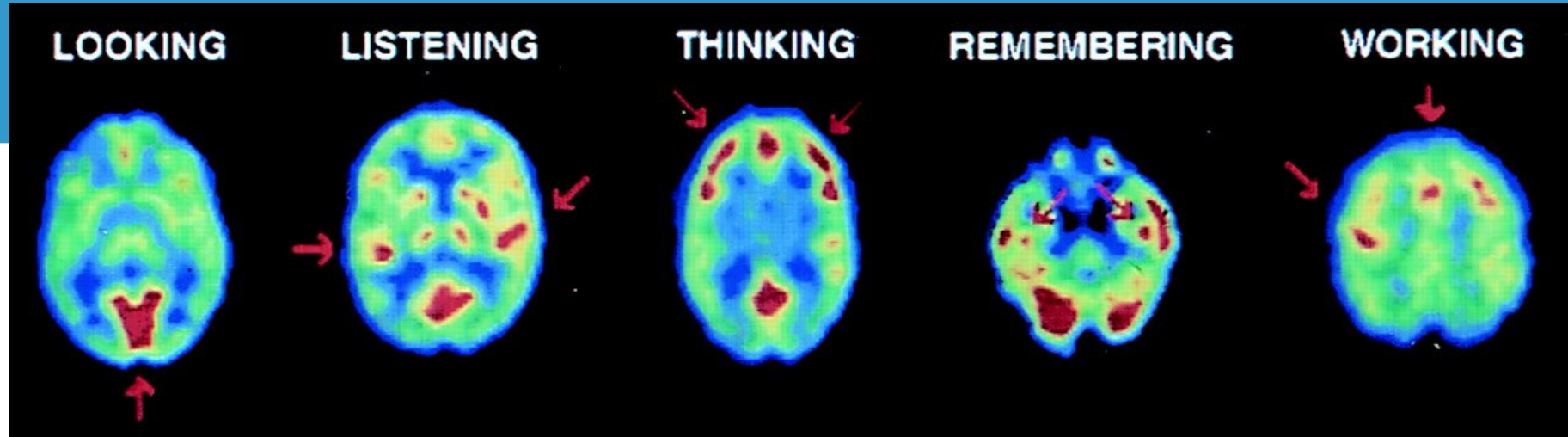
$^{18}\text{F}$	2 hour half-life
$^{15}\text{O}, ^{11}\text{C}, ^{13}\text{N}$	2–20 minute half-life
- $\beta^+$  annihilates with  $e^-$  from tissue, forming back-to-back 511 keV photon pair.
- 511 keV photon pairs detected via time coincidence.
- Positron lies on line defined by detector pair (Line of FLIGHT =LOF  $\rightarrow$  LOR).
- The LOFs are collected by surrounding the object with a “ring” of detectors.

The activity distribution  $\rho(x,y,z)$  is measured in terms of projections ( $N_{\gamma-\gamma}$ ) along lines L.

Each projection is obtained from the activity distribution with the line integral operator:

$$N_{\gamma-\gamma} = k \int_L \rho(x, y, z) dl$$





PET studies of glucose metabolism to map human brain's response in performing different tasks. Subjects looking at a visual scene activated visual cortex (arrow), listening to a mystery story with language and music activated left and right auditory cortices (arrows), counting backwards from 100 by sevens activated frontal cortex (arrows), recalling previously learned objects activated hippocampus bilaterally (arrows), and touching thumb to fingers of right hand activated left motor cortex and supplementary motor system (arrows). Images are cross-sections with front of brain at top. Highest metabolic rates are in red, with lower values from yellow to blue.

**A.Del Guerra et al., Rivista Nuovo Cimento [2016, Vol. 39(4), pp.155-223**





# PET→Molecular Imaging

A visual **representation, characterization, and quantification** of biological processes at the cellular and subcellular levels within intact living organisms.”

**Sanjiv S.Gambhir**



# The main performance parameters of a PET scanner



- **Sensitivity**
- **Spatial resolution**
- **Time resolution**
- **Reconstruction Algorithm**
- **Correction and Quantitation**
- **Specificity of the radiotracer**

# The evolution of the *Scintillators*

(sensitivity and time resolution)

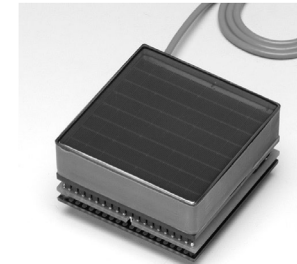
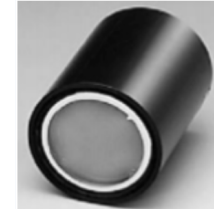
	NaI	BGO	GSO	LSO	LYSO	LGSO	LuAP	YAP	LaBr <sub>3</sub>
Light yield 10 <sup>3</sup> ph/MeV	38	9	8	30	32	16	12	17	60
Primary decay time	250	300	60	40	41	65	18	30	16
$\Delta E/E$ (%) at 662 keV	6	10	8	10	10	9	15	4.4	3
Density (g/cm <sup>3</sup> )	3.67	7.13	6.71	7.35	7.19	6.5	8.34	5.5	5.08
Effective $Z_{\text{eff}}$	50	73	58	65	64	59	65	33	46
1/ $\mu$ @ 511 keV (mm)	25.9	11.2	15.0	12.3	12.6	14.3	11.0	21.3	22.3
PE (%) at 511 keV	18	44	26	34	33	28	32	4.4	14



# The evolution of the *Photodetectors* (spatial and time resolution)



- **PhotoMultiplier (PMT)**
- **Position Sensitive PhotoMultiplier (PSPMT)**
  - **Round 2” (e.g. R2486)**  
(proximity mesh dynodes and crossed wire anode)
  - **Square 1” (e.g. R7600-C8, R5900-C12)**  
(metal channel dynodes and crossed plate anode)
  - **Square 2” – Flat panel (e.g. H8500)**  
(metal channel dynodes and multi-anode)
- **Solid State Detectors (SSD)**
  - **Avalanche Photo-Diode (APD and PSAPD)**
  - **Silicon Photo-Multiplier (SiPM)**
    - **Analog SiPM**
    - **Digital SiPM**



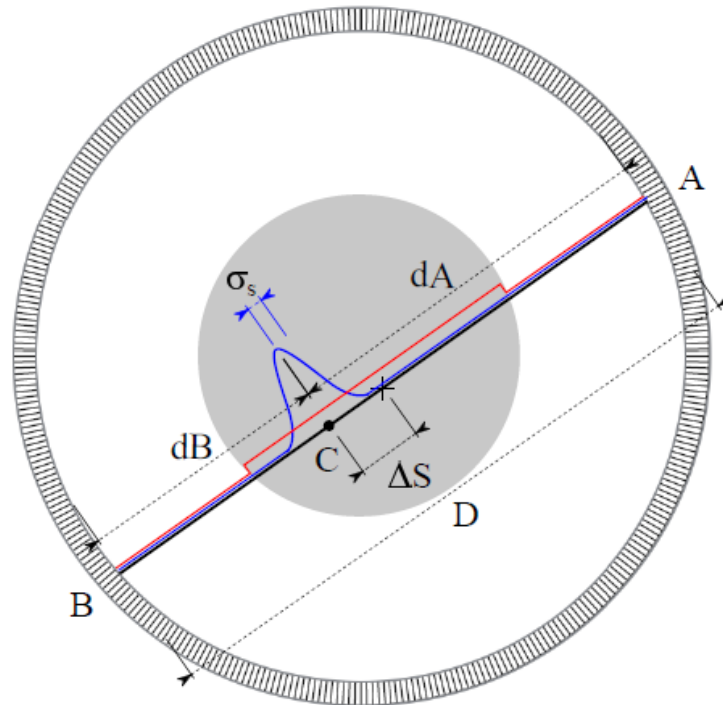


Figure 18.: The Time-of-Flight PET concept. The displacement of the annihilation point along the LOR ( $\Delta S$ ) is obtained by measuring the difference in arrival time  $\Delta T$  (see text). Blue and red lines show how data are distributed along the LOR during the retroprojection step. Non-TOF data (red) are uniformly distributed along the LOR while TOF-data are distributed around the emission point thus increasing SNR in the reconstructed image.

## Analytical Methods

- **2-D: Filtered Back-Projection (FBP)** [Shepp and Logan, 1974]
  1. Unidimensional Fourier transform of each projection
  2. Filtering each projection in the unidimensional Fourier space by multiplying by the frequency filter ( $|v|$  ,i.e., Ram-Lak; Hamming; Shepp-Logan)
  3. Inverse unidimensional Fourier transform of each filtered projection
  4. Projecting backward the filtered projections
- **3-D: Single Slice Re-Binning (SRB);  
Fourier Rebinning (FORE)  
3-D Filtered Back-Projection (FBP)**

## Iterative Methods (2D & 3D)

- **Maximum Likelihood Expectation Maximization (ML-EM)** [Shepp and Vardi, 1982]
- **Ordered Subsets Expectation Maximization (OSEM)** [Hudson and Larkin, 1994]



# IRIS PET-CT

Laboratory of Imaging Biomarkers,  
CNR-IFC, Pisa, Italy

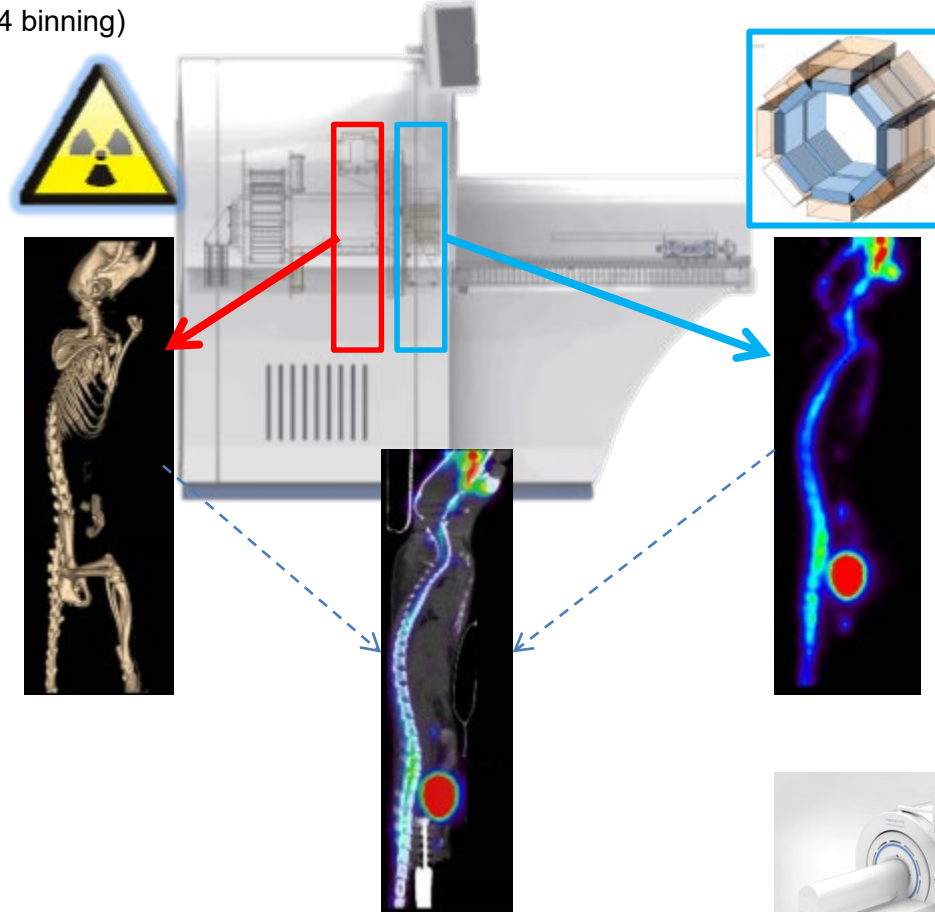
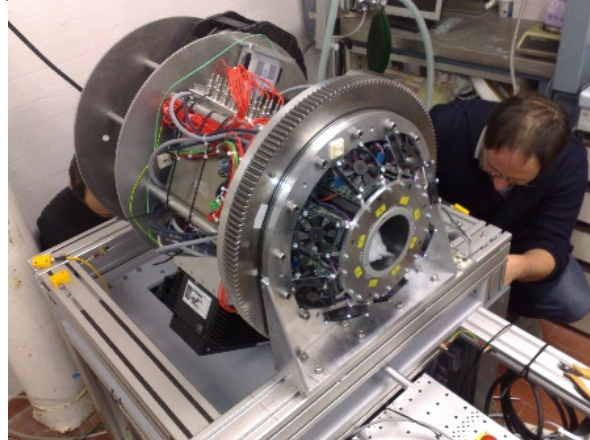


## $\mu$ CT

- X-ray tube: 80 kV, 80 W
- Min. scan time: 7 s
- Min. voxel size: 30  $\mu$ m
- Limiting spat. res.: 74  $\mu$ m (10% MTF)
- Axial FOV: 90 mm
- CMOS detector w/ max frame rate of 86 fps (4x4 binning)

## $\mu$ PET

- Sensitivity = >9% [250 keV - 750 keV]
- Spatial resolution = 1.1 mm (MLEM)
- Axial FOV = 94 mm
- Transaxial FOV = 80 mm
- Energy resolution = ~13%
- Timing resolution = 1.8 ns

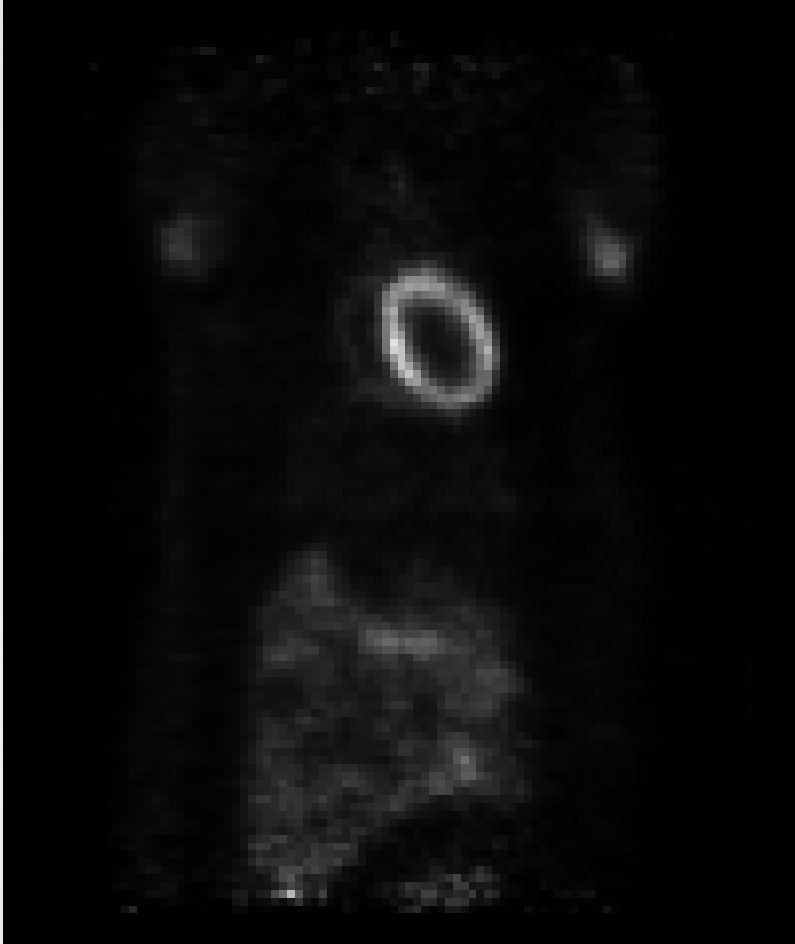


inviscan  
Imaging systems





# Cardiac (8 phases) and respiratory gating (binary) of a rat heart beating ( $^{18}\text{F}$ -FDG)

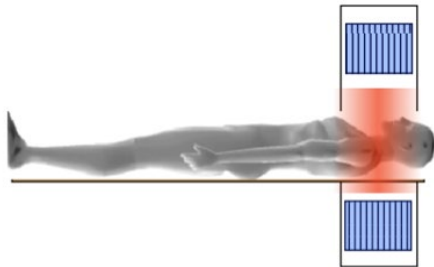


Taken with IRIS PET/CT scan: Courtesy of David Brasse, CNRS, Strasbourg (2016)

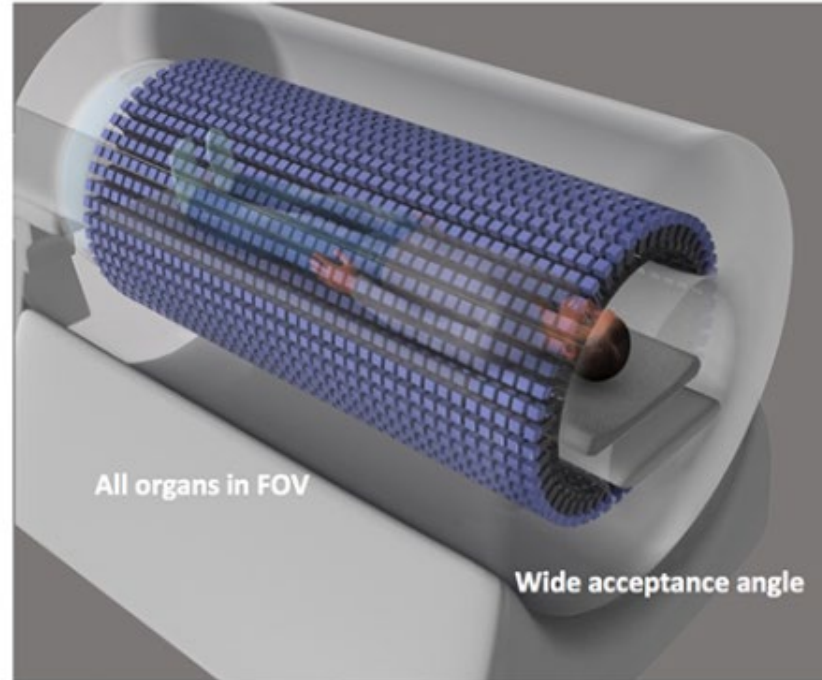
**NEXT?**

# THE EVOLUTION OF AXIAL LENGTH :TOTAL BODY PET

**Solution: Scanner covers the entire patient**



Only about 1-2% of emitted signal is detected



- Superior image quality
- Shorter imaging time
- Reduced radiation dose
- Total body coverage

**Cherry SR, Badawi RD, Karp JS, Moses WW, Price P, Jones T. Total-body imaging: transforming the role of positron emission tomography. Sci Transl Med. 2017;9**

# EXPLORER: First Human Images



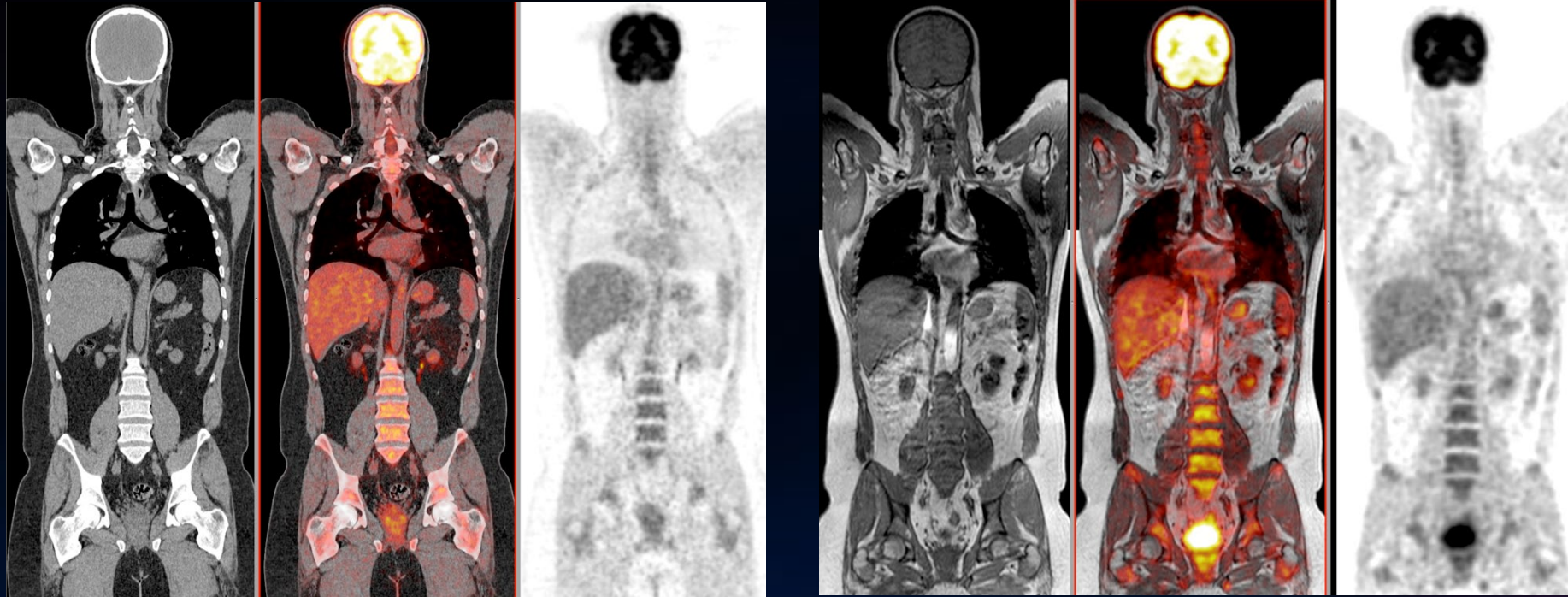
7.8 mCi FDG  
65 kg subject  
20 minute scan  
1 bed position  
90 mins post-injection  
OSEM with PSF and TOF  
20 subsets, 5 iterations  
1x1x1.425 mm<sup>3</sup> voxels

Slide Courtesy of  
UC Davis  
United Imaging  
Zhongshan Hospital



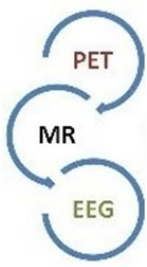
## FROM PET-CT

## TO PET-MR



Representative clinical PET-CT (left) and PET-MR (right) whole-body images of the same patient acquired sequentially (~60 min time difference) on two combined systems (Siemens Biograph Hirez TrueV and Philips Ingenuity TF PET-MRI, respectively) following injection of 370 MBq of  $^{18}\text{F}$ -FDG.

[H.Zaidi and A.Del Guerra, *Medical Physics*, 2011, 38(10),5667-5689]



# THE TRIMAGE PROJECT [11 beneficiaries]

**“A dedicated trimodality (PET/MR/EEG) imaging tool for schizophrenia”**

**[Start: 1- XII -2013; Duration: 5 years; End 30 – XI -2018]**

1. Dept of Physics, Pisa University (Coordinator)
2. **Technological Educational Institute of Athens**
3. **INFN – Sez. di Torino**
4. **Technische Universität Munich**
5. **Forschungszentrum Juelich GmbH**
6. **JARA BRAIN, Dept of Psychiatry, Psychotherapy and Psychosomatics, Aachen**
7. **Dept. of General and Social Psychiatry, Univ. of Zurich**

1. **AdvanSiD**
2. **WeeROC**
3. **Raytest GmbH**
4. **RS2D**

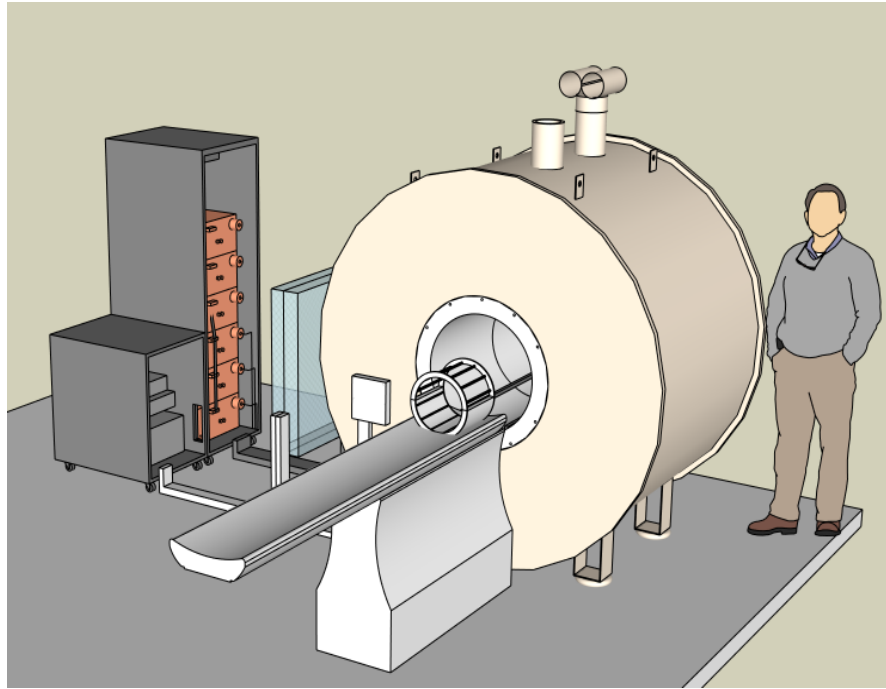


● University / Research Inst.    ■ SME / Industry    ◻ Coordinator





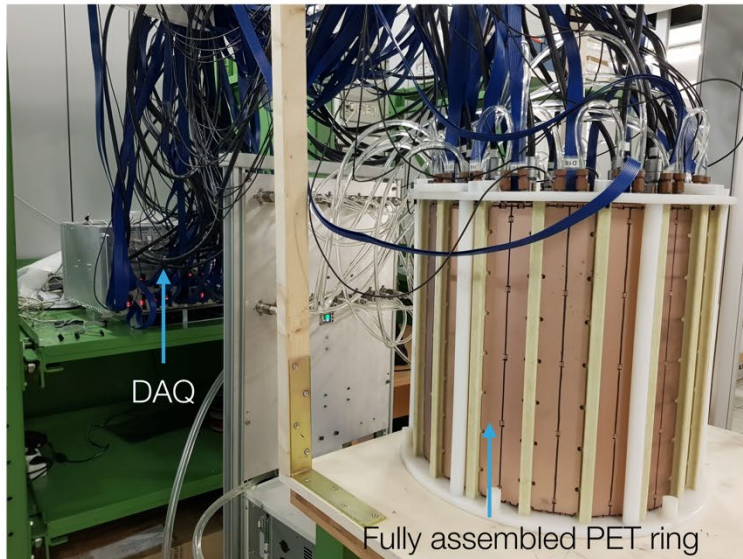
# THE TRIMAGE SCANNER



Schematic drawing of the MR system



The MR under test at RS2D partner



Fully assembled PET ring



Chiller

← The TRIMAGE PET ring. Left: the fully assembled PET ring as installed in the laboratory environment where the characterization tests were performed. The PET ring is connected to the data acquisition system (DAQ). Right: picture of the ring where there is visible the water chiller, used for the stabilization of the SiPM temperature.





# The evolution of the radiotracers (specificity)



TABLE III.: Physical properties of the so-called physiological radioisotopes

Radioisotope	Half-life (min)	Positron average kinetic energy (MeV)	Positron kinetic energy endpoint (MeV)	Positron average range in water (mm)
$^{11}\text{C}$	20.4	0.385	0.960	1.2
$^{13}\text{N}$	10.0	0.491	1.198	1.6
$^{15}\text{O}$	2.0	0.735	1.732	2.8
$^{18}\text{F}$	109.8	0.242	0.633	0.6

## RADIOTRACERS

- $^{18}\text{F}$  based
  - $^{18}\text{F}$ -FDG: metabolism (a-specific)
  - $^{18}\text{F}$ -FLT: cell proliferation
  - $^{18}\text{F}$ -MISO: hypoxia
  - $^{18}\text{F}$ -DOPA: Parkinson... and more
- $^{11}\text{C}$ - based
  - $^{11}\text{C}$ -choline:prostate
  - PiB: Pittsburgh compound B (Alzheimer)... and more
- $^{13}\text{N}$ ,  $^{68}\text{Ga}$ ,  $^{64}\text{Cu}$ -based .. and more

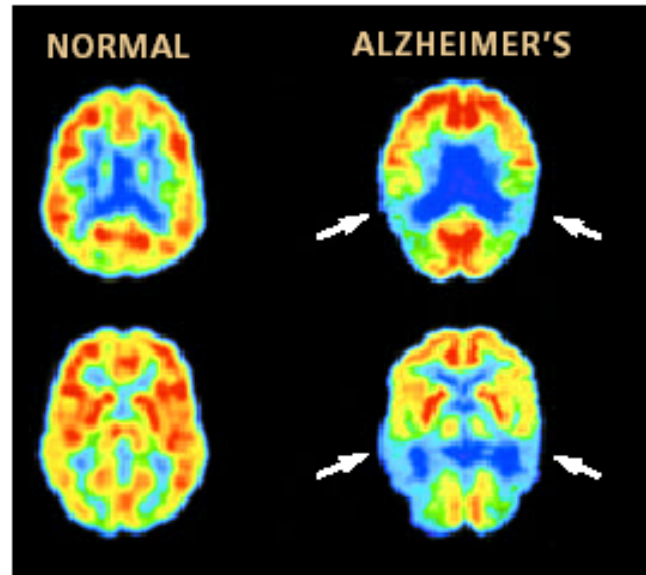
# The evolution applied to Diagnostic

Oncology

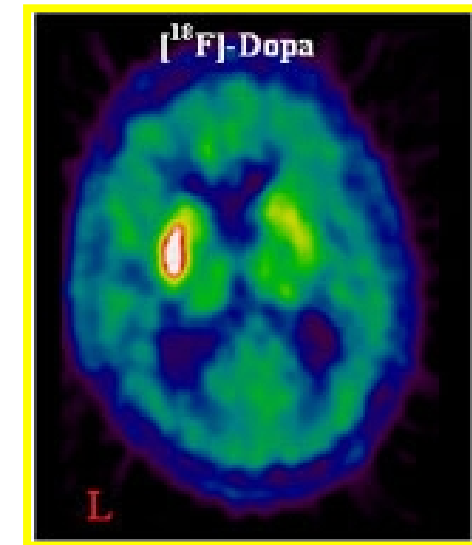


$^{18}\text{F}$ -FDG  
Total body

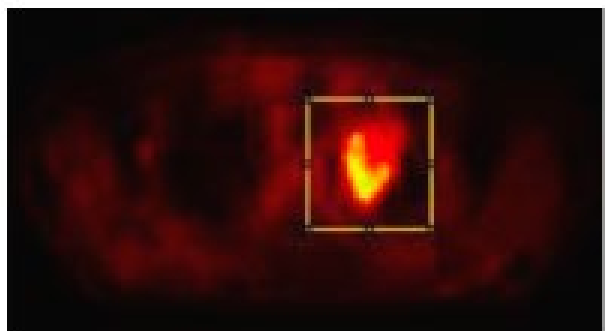
Neurology



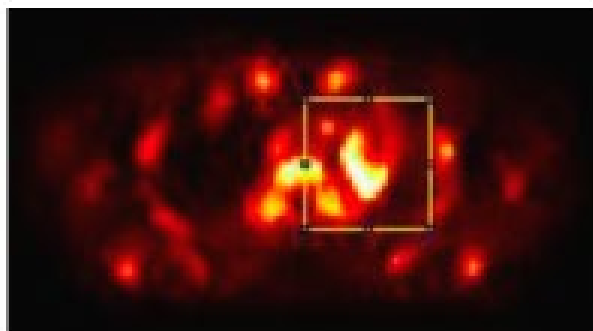
$^{18}\text{F}$ -FDG  
Brain study for  
Alzheimer's disease



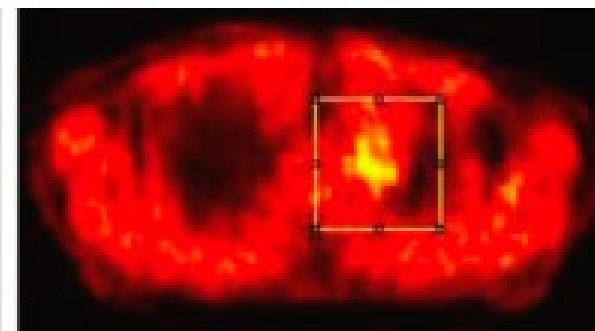
$^{18}\text{F}$ -DOPA  
Brain study for  
Parkinson's disease



(a) FDG



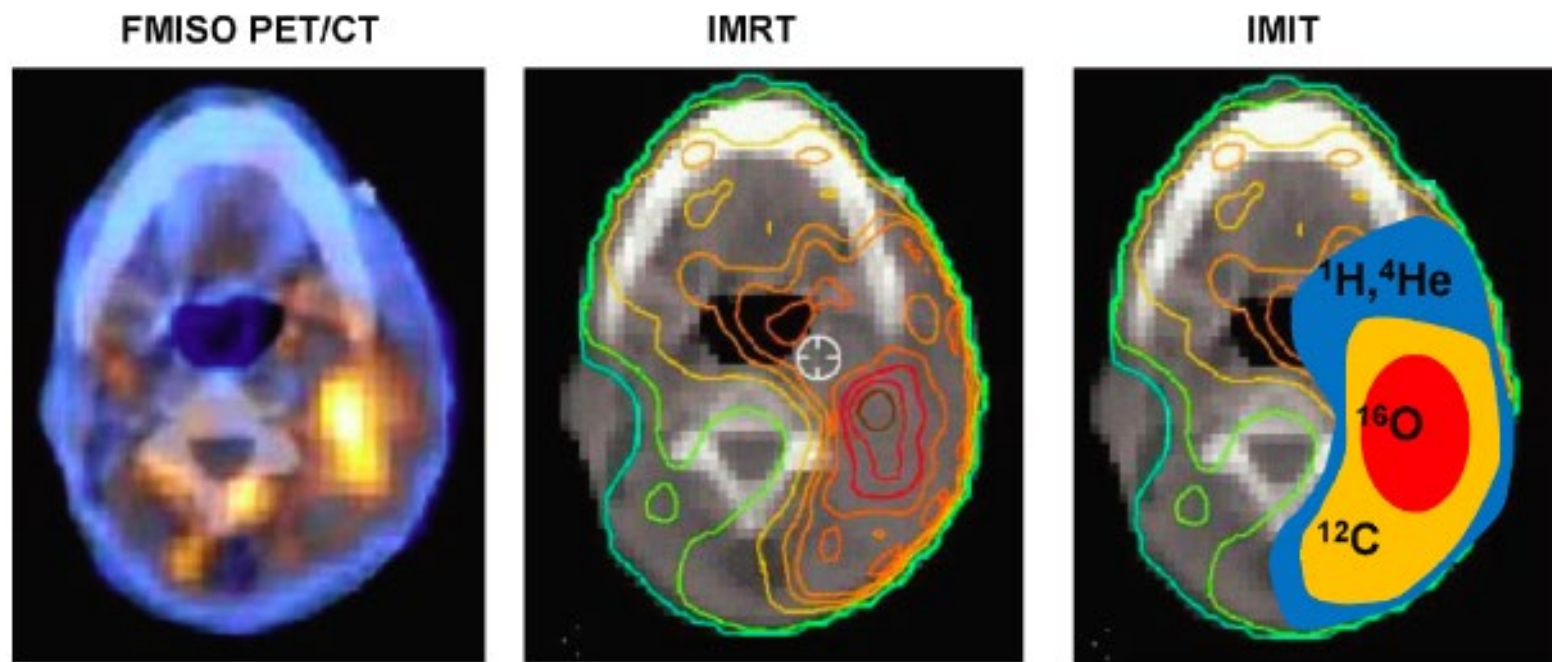
(b) FLT



(c) FMiso

Example of varying uptake (indicated by the yellow box) and background activity patterns in PET images of the same patient with a centrally located lung tumor, highlighting the different functional properties of the applied  $^{18}\text{F}$ -based tracers [(a) FDG, (b) FLT, and (c) FMISO]

**[K.Parodi, Medical Physics, Vol. 42, No. 12, December 2015]**



Example of hypoxia imaging based on FMISO PET/CT (left), and corresponding locally enhanced dose to hypoxic structures for dose painting in IMRT (middle), as well as illustrative implementation of radiation-quality-modulated dose painting in IMIT, targeting with heavier ions ( $^{16}\text{O}$ ,  $^{12}\text{C}$ ) the most resistant (i.e., hypoxic) tumor subareas while keeping low-LET radiation in the surrounding tumor volume. Adapted with permission from: D.Thorwarth and M. Alber, Eberhard Karls University Tübingen (2011), "Implementation of hypoxia imaging into treatment planning and delivery," [K.Parodi, *Medical Physics*, Vol. 42, No. 12, December 2015]



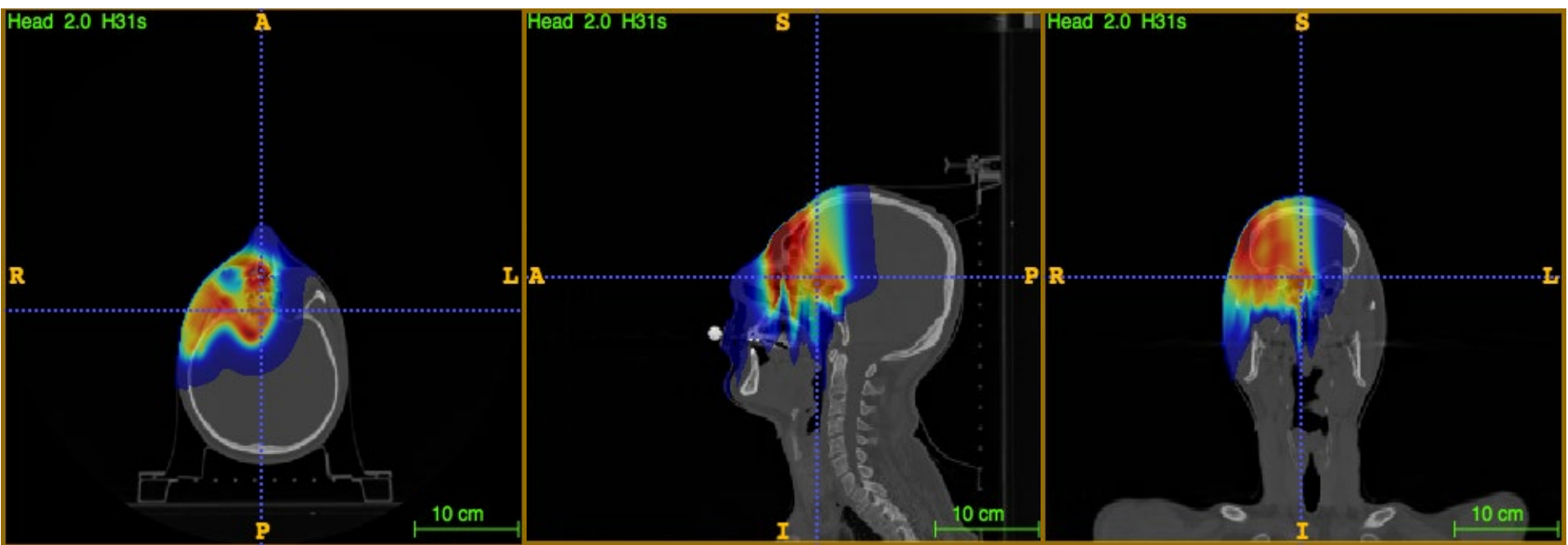
# The evolution applied to Radiotherapy → Hadrontherapy



**First clinical test @CNAO, 1-2 Dec. 2016**

Planned dose

240 s treatment + 30 s after-treatment  
of data acquisition



**Carcinoma of the lacrimal gland:  $3.7 \cdot 10^{10}$  protons [66.3, 144.4] MeV/u  
(28-29)/30 fractions, 2.2 GyE**





# Take home message

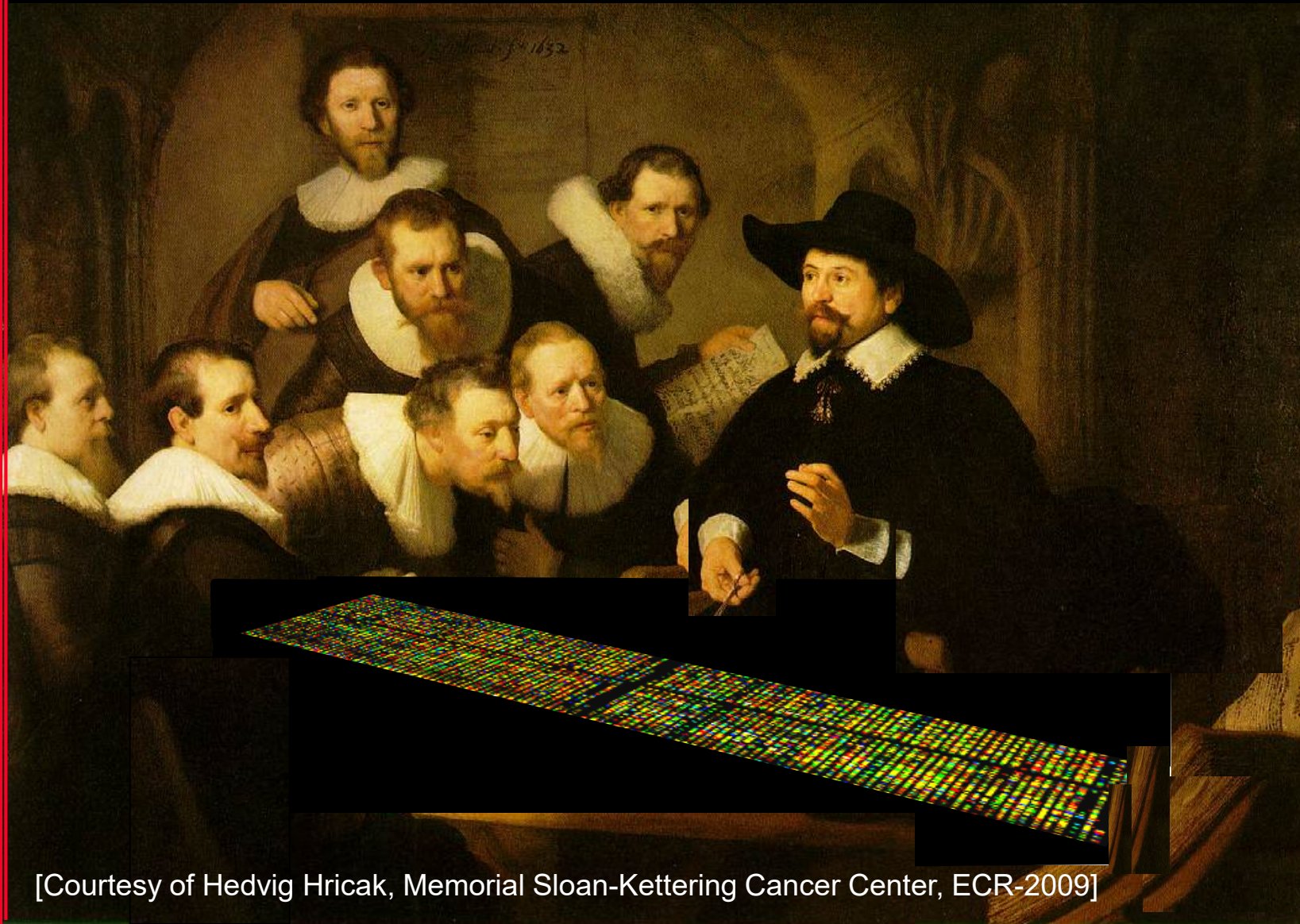


- **After 65 years PET is alive and kicking and it is fundamental for precision medicine.**
- ➔ **It's no time for retirement! Not yet!**
- **Organ specific PET devices are under development (whole body, breast, brain, prostate, pediatric PET, range in hadrontherapy..)**
- **Multimodality Imaging (PET-CT, PET-MR, PET-US,...and more)**



# ANATOMY LECTURE ~ 2020

## MOLECULAR Imaging → Precision Medicine



[Courtesy of Hedvig Hricak, Memorial Sloan-Kettering Cancer Center, ECR-2009]



# Acknowledgments

Nicola Belcari

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Matteo Morrocchi

Valeria Rosso

Giancarlo Sportelli

Stan Majewski

Simon Cherry

Stefaan Vanderberghe

George Loudos

The TRIMAGE collaboration

... and many more

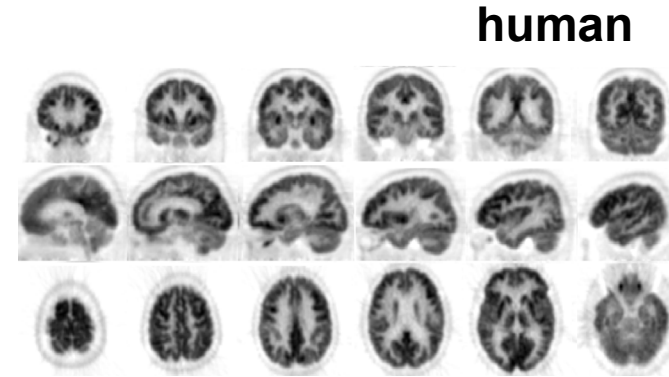
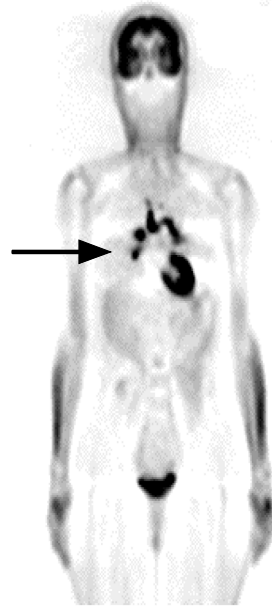


# THANK YOU!



# The evolution of the Preclinical Systems (since the mid '90)

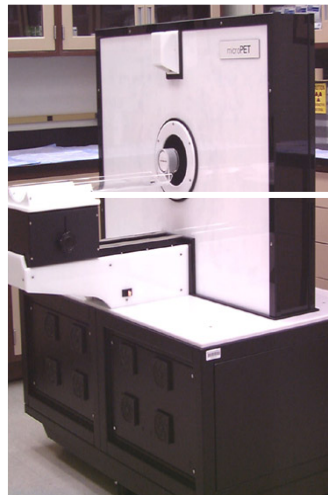
Human PET



human

\*Images courtesy of Simon Cherry, UCLA

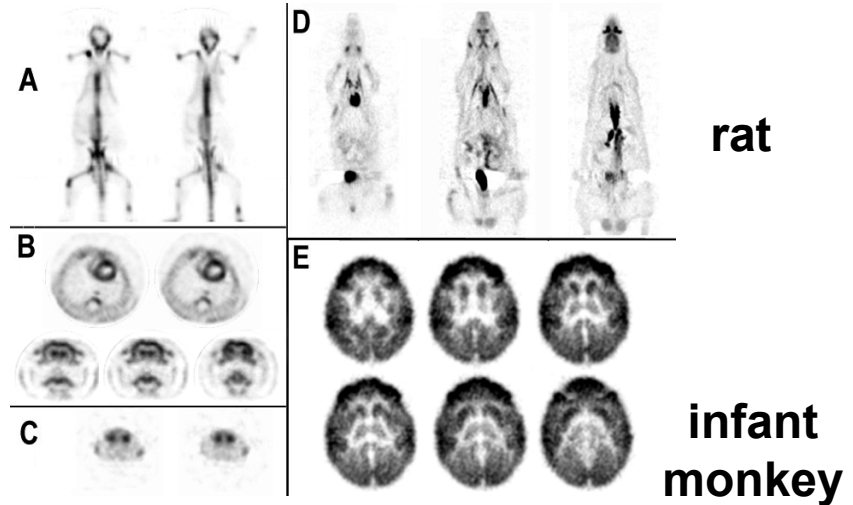
microPET



mouse

rat

mouse



A

B

C

D

E

rat

infant  
monkey





# The evolution of PET scanner geometry: From Single Ring to Multiring → From 2D to 3D (sensitivity)

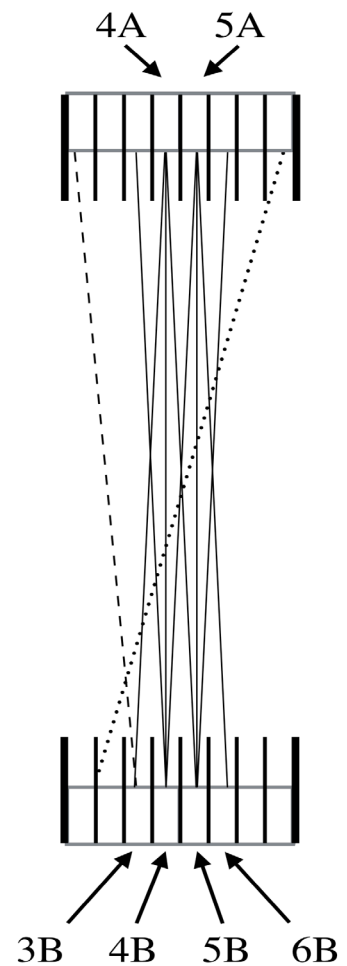


**Single ring**  
4 cm - 6 cm  
axially

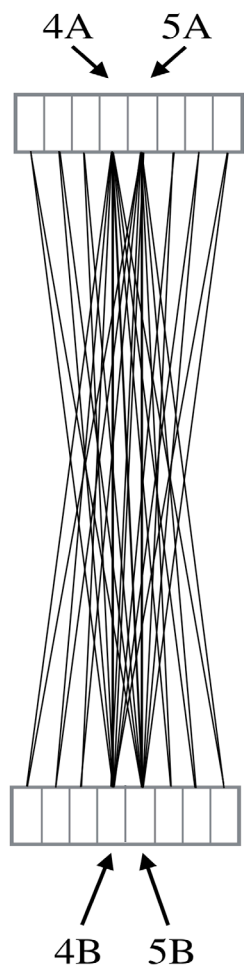


**Multiring**  
Around 20 cm  
axially

**Multiring 2D  
w/ septum**



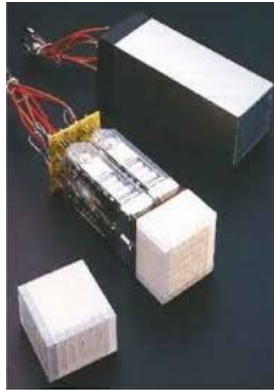
**Multiring 3D  
w/o septum**



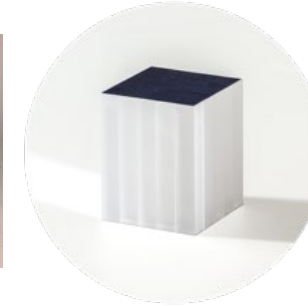
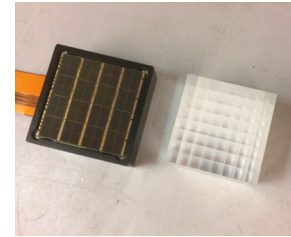
# TRANSFER TO CLINICAL PET SYSTEMS

Spatial resolution

4-6 mm pixels with PMTs



3-4 mm pixels with SiPMs



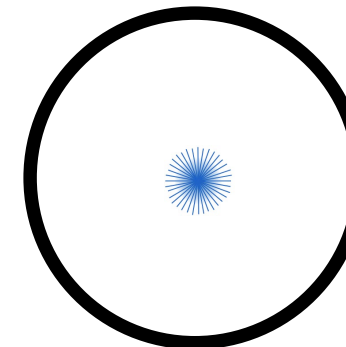
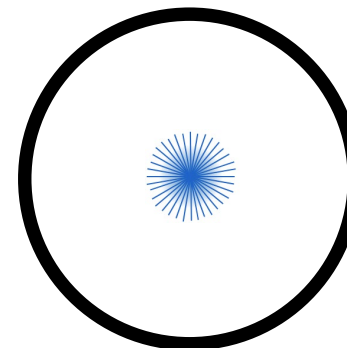
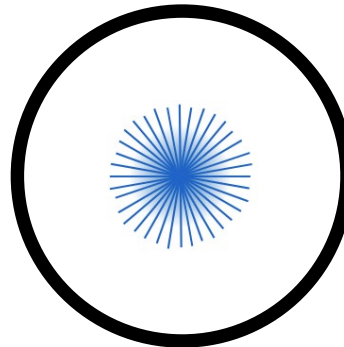
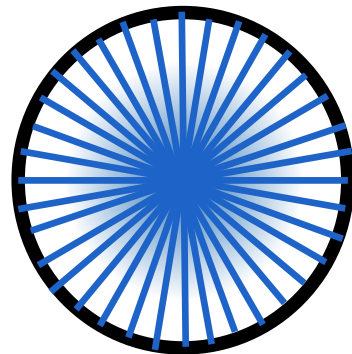
PET

500-600 ps

300-400 ps

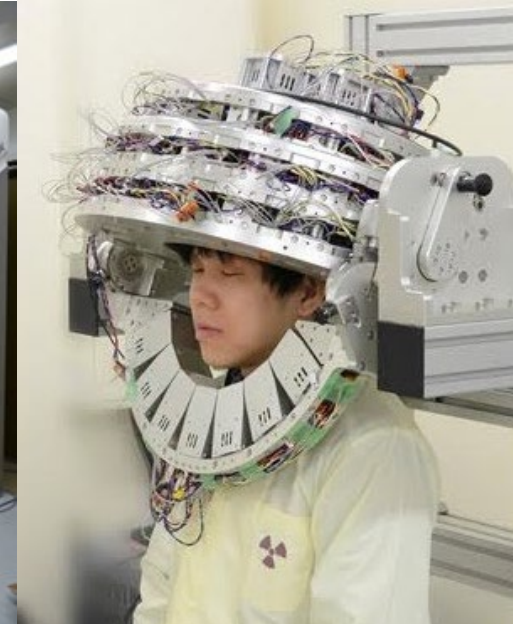
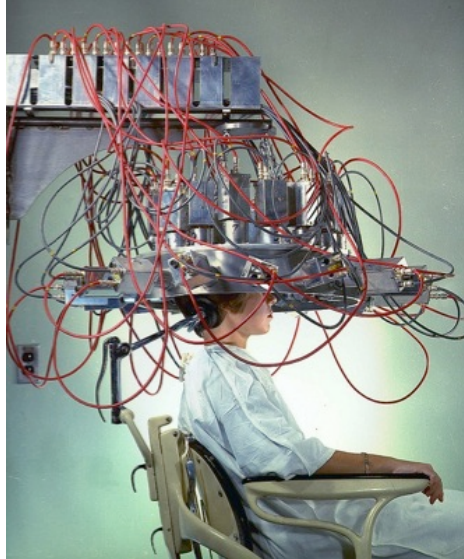
200-300 ps

TOF



2000-2010

2015-2020

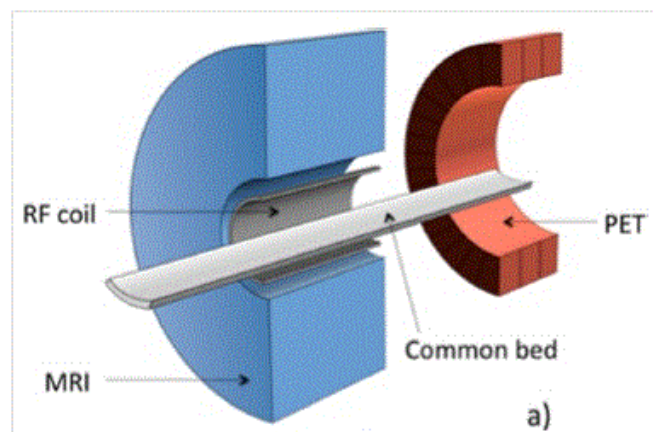


Left: 1961 - Brookhaven's "Headshrinker", Center-Left: 2011 - "PET-Hat". Center-Right: 2013 - Hamamatsu's brain PET system, Right: 2015, "Helmet-Chin". None compact, one wearable. (Courtesy of Stan Majewski, 2016)

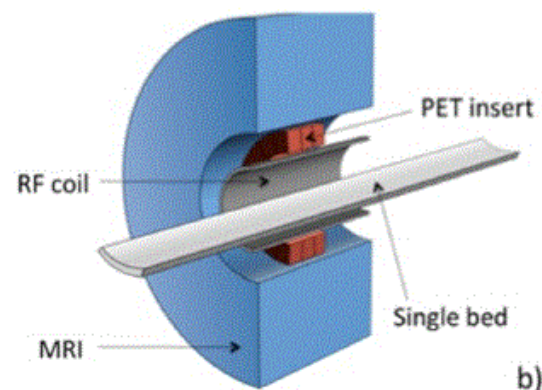


Hybrid PET/MRI systems provide functional and morphological information *at the same time*:

- ❖ No image fusion required
- ❖ Space and costs saving
- ❖ Better soft tissue contrast
- ❖ Lower radiation doses



Tandem PET and MR configuration



Hybrid PET/MR scanner