

# The EPID Strikes Back: → Future EPID Technology and Applications

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### Acknowledgements:

- Youcef El-Mohri, Qihua Zhao (U. Michigan)

Some illustrations courtesy of:

- Gino Fallone – Cross Cancer Center
- Josh Star-Lack, Daniel Morf – Varian Medical Systems
- Larry Partain – TeleSecurity Sciences
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## Outline

- Challenges in improving EPID performance
- Pathways for improvement:
  - Fluence Imaging
    - Improve DQE of MV imagers
    - Introduce dual-energy BEV imagers
  - Photon Counting
    - Prospects for large-area photon counting array (PCA) imagers
- Observations

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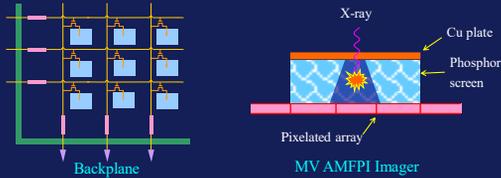
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## Active Matrix Flat-Panel Imagers (AMFPIs)

- Based on 2D matrix of thin-film photodiodes and transistors + 1 mm Cu – GOS
- GOS ~61,000 photons/MeV; Optical efficiency of ~65%

However ...

- DQE small, ~1% – low compared to modern diagnostic systems: ~40 to 70%
  - Limits image quality at any dose
  - Volumetric (CBCT) MV imaging requires doses >> 1cGy



MV AMFPI Imager  
Antonuk *et al.*, Med. Phys. 19(6), 1992

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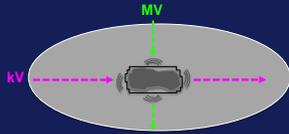
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## kV Imagers in the Treatment Room

- X-ray attenuation dominated by photoelectric
  - High-contrast projection & volumetric images
- Constraints:
  - kV beam direction not parallel to BEV
  - photon starvation from implants leads to artifacts




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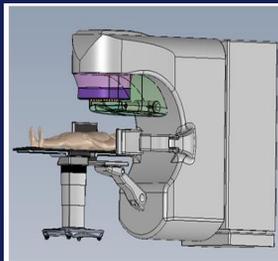
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## kV X-ray Sources Integrated into Treatment Head



19 source TumoTrak™  
kV x-ray design



Partain et al., SPIE 9783, 2015

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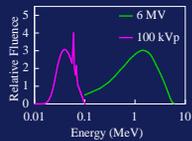
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## Improve Contrast – Dual-Energy Imagers

- Design segmented scintillator for multiple energies
  - For example:
    - Provide high-DQE MV performance
    - Preserve performance of kV imaging systems



(Liu et al. Med. Phys. 42, 2015)

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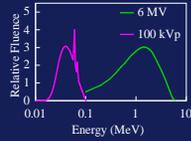
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### Improve Contrast – Dual-Energy Imagers

- Design segmented scintillator for multiple energies  
For example:
  - Provide high-DQE **MV** performance
  - Preserve performance of **kV** imaging systems
- Favorable design:
  - 2 cm BGO; 0.508 mm element pitch
  - + rear illumination + black reflector
  - + high-res & low-res operation for **kV** and **MV**



(Liu et al. Med. Phys. 42, 2015)

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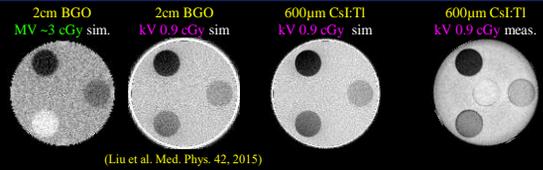
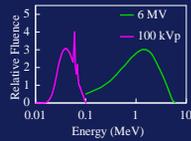
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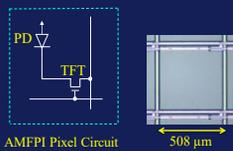
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### Improve Contrast – Photon Counting Array (PCA)

#### Conventional Imager

- Simple AMFPI backplane
- 1 TFT + storage capacitor
- Integrates deposited energy
- No energy resolution




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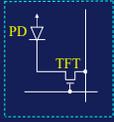
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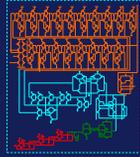
AMFPI Pixel Circuit



508 μm

### PCA Imager

- $10^2 - 10^3$  components
- Counts individual x-rays
- keV-level energy resolution



PCA Pixel Circuit



1 mm

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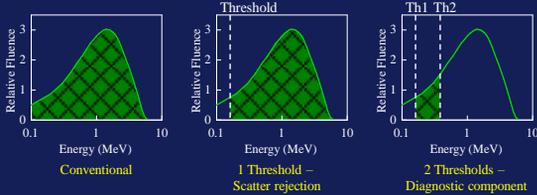
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## PCA: Energy Windowing

- Entails measuring & recording information from individual x-rays
- Increases signal-to-noise
- Potential for improvements in contrast & tumor identif. & tracking
- But requires complex detector backplane




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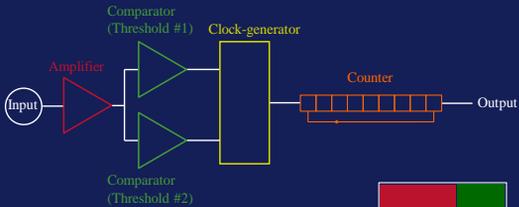
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## 2-Threshold / 1-Window PCA Pixel Circuit



3 μm minimum feature size  
8 metal layers



355 μm  
pixel pitch



355 μm

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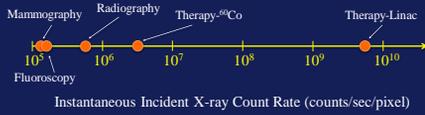
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## Count Rate Considerations

- Treatment machines provide radiation in form of trains of brief, high intensity pulses (e.g., ~36, ~5 μs pulses/MU)
- Results in high instantaneous fluence rates ...  
~6×10<sup>9</sup> x-rays / second / 0.5 mm pixel at 130 cm SDD
- ... much higher than for other common x-ray procedures
- and compd to the count rate capabilities of 1st gen. poly-Si PCA  
~6×10<sup>5</sup> counts / second for a 0.5 mm pixel




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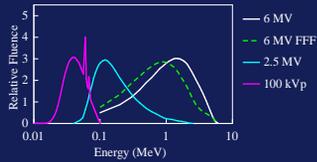
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## Summary

- Excellent prospects for significantly improved real-time tumor tracking
- Near-term: Practical implementation of segmented scintillators gradually increasing MV EPID DQE eventually up to ~20%
- Mid-term: Introduction of dual-energy imagers operated with BEV kV, low-MV or flattening-filter-free beams
- Long-term: Photon counting detectors with multi-energy-windowing offering new contrast capabilities with a MV or kV beam




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## Linear Segmented Scintillator Array

Kirvan & Fallone – Cross Cancer Centre



Prototype benchtop MVCT system:

- 1 mm pitch
- 10 mm CdWO<sub>4</sub> crystals (15k/MeV) coupled to a photodiode array, ~19% DQE
- 16 × 16 element modules → detection area of 16 mm × 320 mm
- focused in an arc with radius of 92.5 cm

Picture courtesy of Gino Fallone; Med. Phys. 37(1), 2010

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