

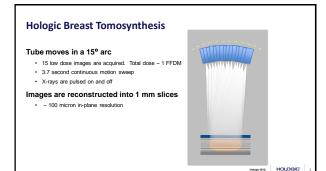
Advanced X-ray Breast Imaging Andy Smith, Ph.D. Vice President, Image Research

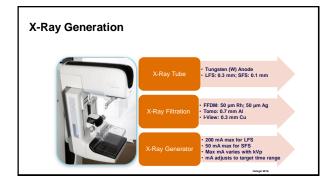
Learning Objectives

- Tomosynthesis
- Theory, QC
- C-View[™] Synthetic 2D Imaging
- Theory, QC
 I-View™ Dual Energy Mammography
 - Theory, QC
- Tomo-Guided Biopsy
 - Theory, QC

e: 2016. HOLOGIC

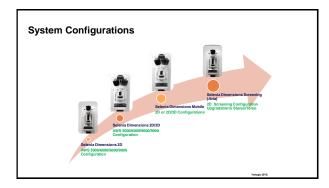
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Selenia Dini	ensions: Technicals	
Conventional 2D Imaging • a-Se detector, 24×29 cm area	Tomosynthesis Imaging a-Se detector, 24×29 cm area 	
 70 µm pixel size 	 140 µm pixel size 	
Rh and Ag filters	Al filter	
• 20-39 kVp	• 20-49 kVp	
HTC grid in contact mode	No anti-scatter grid	
 No grid in magnification mode 	 Moving tube, 15° sweep 	
	 15 projections 	
	Moving detector	
	3.7 seconds acquisition	
	Reconstruction	
	 ~100 µm pixel size 	



Clinical Utility of Combo (Tomo+2D) imaging (FDA approved mode for tomo in screening)

Tomo (or DBT)

Visualization of masses and architectural distortions

2D

Rapid review of calcification clusters Comparison to 2D priors and left/right asymmetry CAD operates on the 2D images

Clinical Results

2D+3D superior to 2D in cancer detection and false positive rate (Friedewald, ...)

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C-View[™] Image

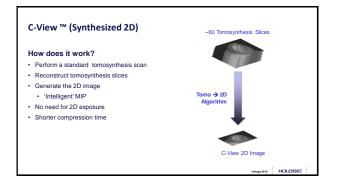
- Provides a 2D-like image

 Helps the radiologist facilitate review
 - Quick overview of breast Compare to 2D Priors
 - Maintain familiar workflow
- Does not require additional x-ray exposures
- Original Combo imaging required both 2D and Tomo acquisitions

FDA approved to replace the 2D images in tomo screening exam

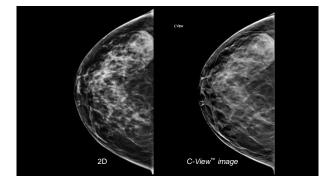
Clinical Studies (Skaane, Bernardi, Conant): C-View+3D comparable to 2D+3D

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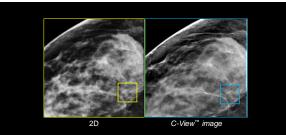


C-View[™] Image and FFDM

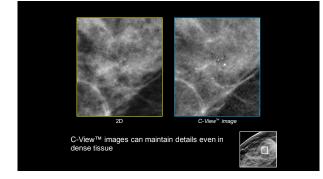
- Not intended to have identical appearances
- Small but distinctive differences
- Important details from the tomosynthesis slices are preserved and enhanced
- Architectural distortions and calcifications may be more conspicuous

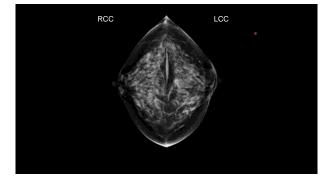


2D C-View[™] image



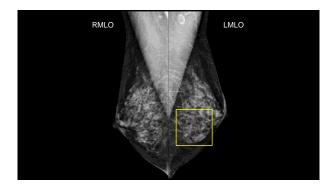
Conspicuity of the calcifications in dense tissue can be higher with C-View^ $\ensuremath{^{\rm M}}$ images.

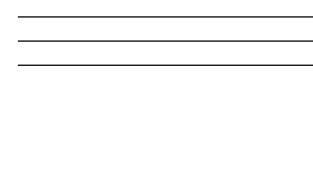


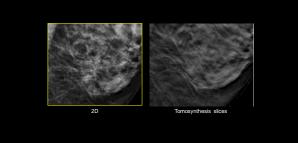


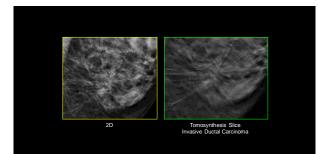


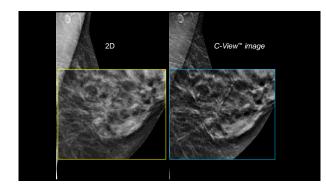












Contrast Enhanced 2D Mammography – I-View™

7

Dual Energy 2D Imaging

Designed to image an iodine contrast agent

- Two exposures are made in rapid sequence:
 - Low kV (normal mammogram, ~28-30 kV, Rh/Ag filters). Below lodine's k-edge of 33 keV
- 2. High kV (~45-49 kV, Cu filter). Above lodine's k-edge.

Subtraction gives a 2D iodine contrast image

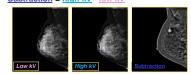
Repeat as desired

Imaging window ends after ~6 minutes due to contrast redistribution

Hologic Proprietary and Confidential Makes 201

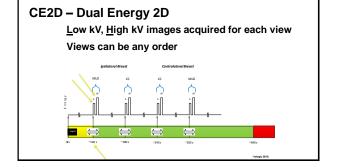
Dual-Energy Subtraction

You cannot see the *iodine contrast drug* in high or low kV images
 But you can when you subtract the images
 <u>Subtraction</u> = high kV - low kV



Only the low kV and subtraction images are viewed

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Dual Energy 2D Combo Imaging

Three exposures are made in rapid sequence:

- 1. Low kV tomosynthesis scan (~30 kV, Al filter)
- 2. Low kV (normal mammogram, 28-30 kV, Rh/Ag filters)
- 3. High kV (~45-49 kV, Cu filter)

Subtraction gives a 2D contrast image

Tomo image is co-registered to the contrast 2D image

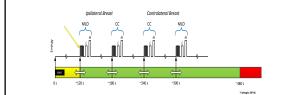
Repeat as desired

Imaging window ends after ~6 minutes due to contrast redistribution

Combo CE2D – Dual Energy 2D with Tomosynthesis

Hologic Proprietary and Confidential Hologic 201

Tomo, <u>L</u>ow kV, <u>H</u>igh kV images acquired for each view Views can be any order



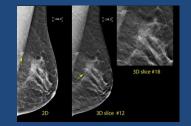
Example Image

Courtesy of Andrea Woodroof, Kentucky Breast Care

CE2D for Discordant Findings

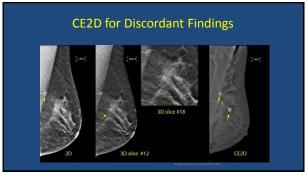
- 52 y.o. female, presented for screening
- + 0.8 cm spiculated mass in the left axillary tail noted on both 2D and 3D $\,$
- Focal area of possible distortion noted on 3D

CE2D for Discordant Findings



CE2D for Discordant Findings

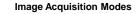
 Area of distortion couldn't definitively be correlated on ultrasound for US biopsy



CE2D for Discordant Findings

- Area of distortion couldn't definitively be correlated on ultrasound for US biopsy
- The enhancing mass on CE2D was correlated with the tomo distortion
- Tomo-guided biopsy ensued





- Conventional · Acquires 2D images only
- Tomo · Acquires tomosynthesis images only
- TomoHD
- · Acquires tomosynthesis images only · Produces C-View images
- Combo
- · Acquires 2D images ComboHD
- Acquires tomosynthesis images



- · Acquires 2D images · Acquires tomosynthesis images
- · Produces C-View images



Image Acquisition Modes (I-View™)

- 2D Contrast Acquisition
 - · 2D low-energy image
 - · 2D high-energy image
- Combo 2D Contrast Acquisition



· 2D high-energy images



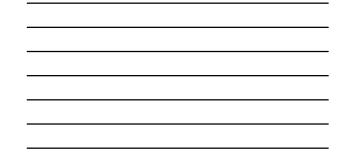
QC Modes

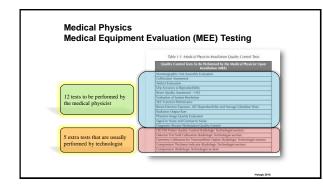
- Quality control procedures test
- Conventional
- Tomo
- Combo I-View[™]
- · The following modes do not require separate QC testing
 - C-View[™] TomoHD
 - ComboHD



12

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Desirement (D. 1725) and	of Solovia De-	Aller Class	Course 2	
International Statistics According 41 (Sciences	And all the		Section 1.8, page 101	
Collimation Association			Section 1.0. page 71	DBT
Andul Fulkation			Section 1.8, page 18	וטטן
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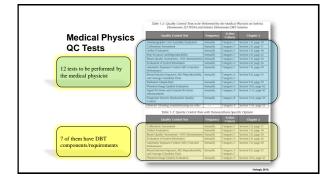
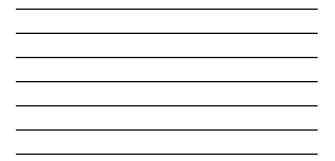
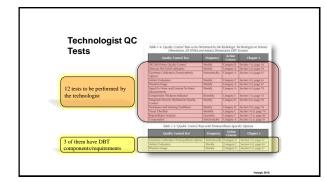


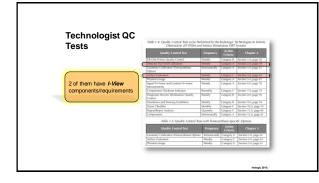


	Table 1-2: Quality Control Tests to be a Obtionsians 2D FTDM and	Selenia Dim	the Medical misions DBT	Physicist on Sedeni Systems		
Medical Physics	Quality Control Test					
	Mammographic Unit Assembly Evaluation	Annually	Cargory C	Section 1.0, page 1		
QC Tests	Collimators Assessment	Arready	Category C	Section 2.0, page		
	Anitact Evaluation	Annualty	CREWAC	Section 3.0, page		
	Wip Accuracy and Reproductivity	Annuch	Califyory C	Social 4.0, page		
	Beam Quality Assessment—HVL Measurement		Calegory C	Section 5.0, page		
	Evaluation of System Resolution	Annualty	Category A	Soction 4.0, page		
3 of them have I-View	Automatic Exposato Control (AEC) Function Performance	Accounty	Calogory C	Socialist 7.0, page		
components/requirements	Breat Errance Exposure, AEC Reproducibility, and Average Glandalar Dose	Annually	Calegory A Calegory C	Section 8.0, page		
	Ratiutos Cuput Rate	Arrially	Category C	Section 9.0, page		
	Pharrom Image Quality Evaluation	Annually	Category A	Section 10.0, pag		
	Signal-To-Noise and Commit-To-Noise Meanavements	Aresailty	Самдзяу А	Section 11.0, pag		
	Diagronde Review Workstation Quality Correct	Annually	Category 8	Soction 12.0, pag		
	Detector Choosing insubleshooting use-only/	-	CARGOVA	Section 13.0, pag		
	Table 1-3: Quality Control Tests with Tomosunthesis Specific Options					
	Quality Control Test	Insquency		Chapter 2		
	Cillination Assessment	Annually	Category C	Section 2.0, page		
	Antaci Evaluation	Annually	Category C	Section 3.0, page		
	Beam Quality Assessment—HVL Measurement		Category C	Sociate 5.0, page		
	Evaluation of System Resolution	hrmulty	Category A	Section 6.0, page		
	Automatic Exposure Carend (AEC) Exection Performance	Arready	C19/03/2 C	Section 7.0, page		
	Bisastfreater Exposure, AEC Reproducibility, and Average Glandular Dose	Arrestly	Category A Category C	Section 8.0; page		
	Phanom Image Quality Evaluation	Arraulte	Caregory A	Section 10.0, pa		











Alternative Standard 9

Category A

- · Immediate corrective action is required
- · Issue needs to be resolved before resuming imaging

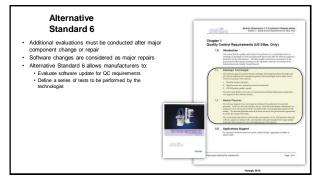
Category B

- · Affects interpretation devices · Interpretation device stays out of use until issue is resolved
- · Alternative interpretation device may be used

Imaging may continue Category C

- Issue needs to be resolved within a predefined time window
- · Imaging may continue up to the end of that time window

Quality Control Test	Impany	Action	Systems Chapter 2	
Mammographic Linit Assembly Evaluation	Arreally 1	Cargory C.	South and the page 10	
Collimation Assessment	Arrually		Section 2.0, page 11	
Artifact Evaluation	Annially	Cargory C.	Section 3.0, page 10	
Wp Accuracy and Reproducibility	Arreasby		Soutiant 4.0, plage 22	
Beam Quality Assessment HVL Measurement	Mogally	Calegory C	Section 5.0, page 34	
Evaluation of System Resolution	Arrisally	Category A	Section 6.0, page 26	
Automatic Exposure Control (AEC) Puriotice Portomatice	Arrially	Calogory C	Section 7.0, page 29	
Beast Errance Exposure, AEC Reproducibility, and Average Glandalar Dose	Amusty	Calegory A Calegory C	Section 8.0, page 13	
Radiation Output Italo	Arreadly	Calegory C	Section 9.0, page 19	
Pharmon Image Quality Evaluation	Arreath	Category A	Section 10.0, page 42	
Signal-To-Noise and Compan-To-Noise Meananments	Aresulty	Category A	Section 11.0, page 45	
Diagnoside Review Worksaation Quality Control	Arroutly	Category 8	Soution 12.0, page 50	
Desictor Chosing irroubleshooting use only-	-	Calegory A	5 Nam 13.0, page 52	
Table I-3: Quality Control Test Quality Control Test	with Tomos Frequency	Action Criterta	Chapter 2	
Cilleration Assessment	Arrually	Category-C	5otton 2.0, page 11	
Antaci Evaluation	Arrivally	Califying C	Section 3.0, page 10	
	Areauthy	Category C	Sotton 5.0, page 24	
Evaluation of System Resolution	Armully	Calegory A	Section 6.0, page 26	
Automatic Exposure Caretol (AEC) Exection Performance	Arrush	Category C	Soution 7.0, page 29	
Bieast Ermance Exposure, AEC Reproducibility, and Average Glandalar Dose	Messally	Category A Category C	Section 0.0, page 13	
Phanson Image-Osality Evaluation	Arrush	Calegory A	Service 10.0, page 42	



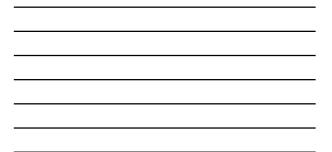
Mobile Quality Control Checks

Additional checks must be repeated by technologist every time the system moves and before patient imaging

- · Compression thickness
- · Artifact evaluation
- · Phantom image quality
- · Signal-to-noise and contrast-to-noise







Software Version and QC Manuals

MAN-01965

- Applies to software version prior to v1.8.x
- MAN-03706
- Applies to software version starting at v1.8.x

Important differences

Appendix D: CNR Correction Tables

Tomosynthesis Option

Tomosynthesis specific tests are marked with an icon

Icon indicates that a special action is required under tomosynthesis

NOTE: When testing FFDM only, these instructions are ignored



Diagnostic Option

Diagnostic specific tests are marked with an icon

Icon indicates that listed action is only applicable to systems licensed for diagnostic use

NOTE: When testing screening-only FFDM systems, these instructions are ignored



Contrast Option

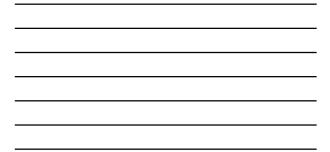
lodine contrast specific tests are marked with an icon

Icon indicates that listed action is only applicable to systems licensed for iodine contrast imaging

NOTE: When testing systems that are not licensed for iodine contrast, these instructions are ignored







CAUTION



Direct x-ray exposure of the image receptor may damage the receptor

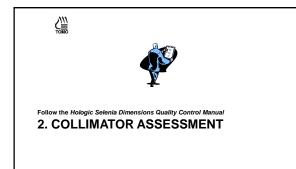
The image receptor should be covered with lead or copper during testing for exposures other than those required to qualify image quality

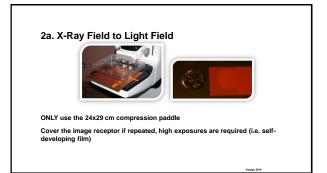
Following the test procedures in the Hologic QC Manual will ensure the safety of the image receptor

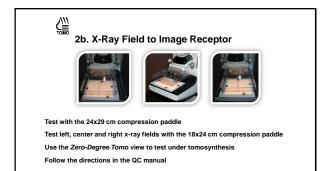




Follow the 1999 ACR Mammography Quality Control Manual 1. MAMMOGRAPHIC UNIT ASSEMBLY EVALUATION









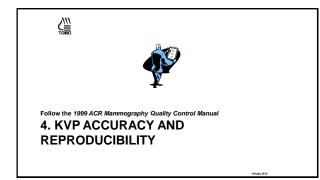


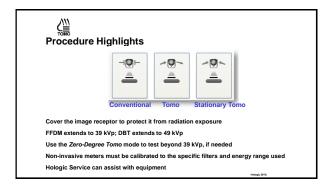


Compression paddles Manufactured as single pieces Do not have adjusting parts Designed to comply with the regulations Design assumes mild compression (~10lb) to remove play

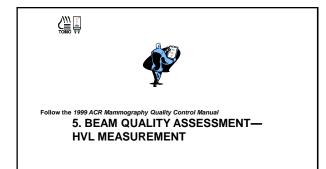


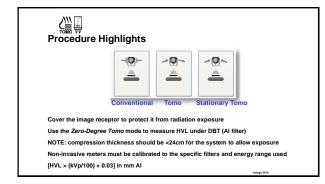


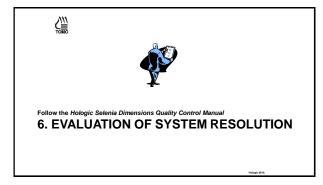






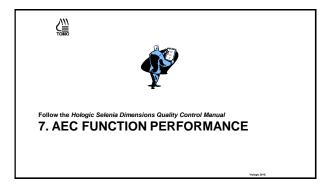






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AEC Function Description

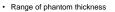
AEC modes

- Auto-Filter
- Auto-kV Auto-Time
- AEC positions
- Auto AEC: two ~1cm² floating sensors in 5 x 14cm² area
- · One of seven manual positions (marked on compression paddle)
- **AEC** function
- · kVp and filter parameters are determined by compression thickness and AEC technique tables
- kVp can be adjusted upwards if the exposure time will be too long
- · Starting mAs is determined from short pre-exposure targeting a specific exposure index (EI)
- Final mAs is adjusted by CNR correction factor

Procedure Highlights

Compression thickness must be set using the compression display

FFDM testing



· Different operating modes (i.e. mag)

· Exposure compensation steps

DBT testing

· Range of phantom thickness

Exposure Index (EI)

El is defined as the digital value of a detector element

"Raw" El values need to be corrected by

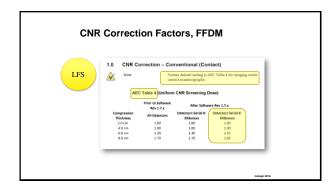
- Subtracting the DC offset (value of 50)
- Normalizing by the CNR correction factor (given in Appendix D of the Hologic QC Manual)



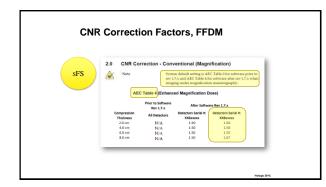
Compression

 $Pixel Value = \frac{ROI mean - DC Offset}{CNR Correction Factor}$

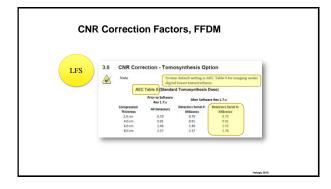
24

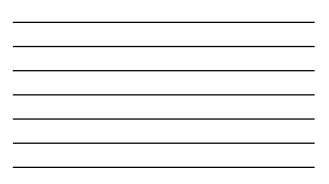




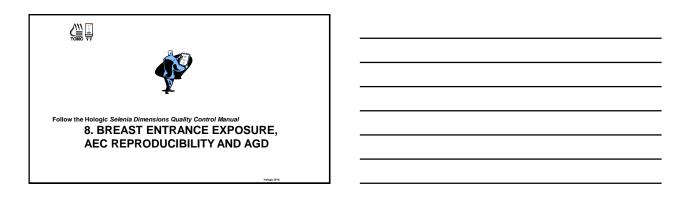


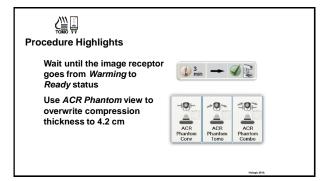


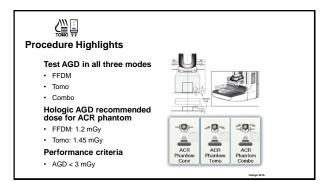


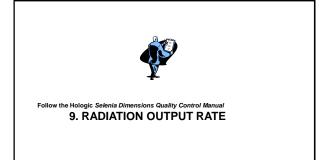


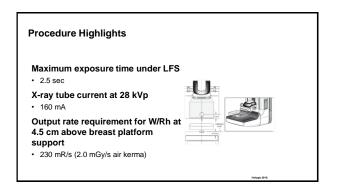
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-	Contact In	naging, T	omo	-	10.0		0110			
Phantom thickness	AEC				Exp Com		CNR	Pizel	<u> </u>	
		Filter	kVp	mAs	Step	Mean Value		Value	-	
2 cm	Auto filter	AJ	26	32	0	207	0.7	224	-	
6 cm	Autofilter	AL	33	40	0	365	1.46	216	-	
8 cm	Auto filter	AL	38	74	0	586	2.37	218	+)	
Mean Pixel Value		I Value Ra		74			wed Pixe		5	
220	216	10	224			198	10	242	-	
PassFail	Pass		Pass		-	100	19	P.4P	<i>y</i>	
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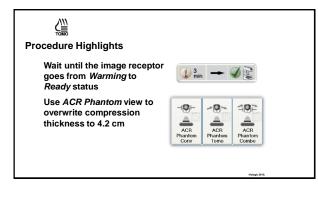


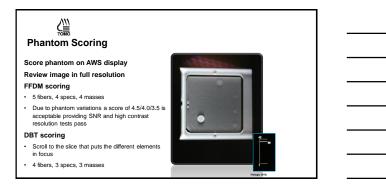






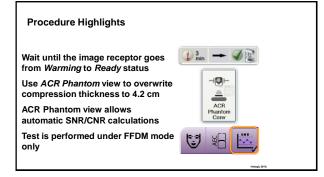


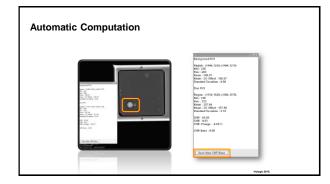






Follow the Hologic Selenia Dimensions Quality Control Manual 11. SNR AND CNR MEASUREMENTS







Follow the Hologic Selenia Dimensions Quality Control Manual 12. DIAGNOSTIC REVIEW WORKSTATION QUALITY CONTROL

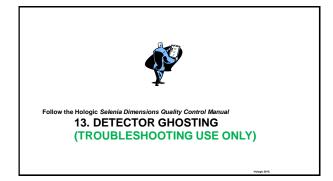
Procedure Highlights

The Hologic QC Manual offers an alternative QC procedure for the review workstation

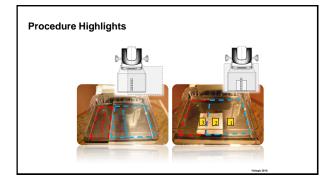
Most review workstation offer their own QC software and QC procedures

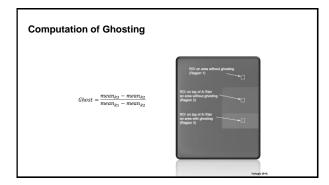
Follow their QC procedures and performance requirements



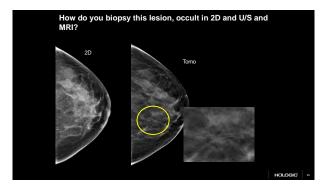


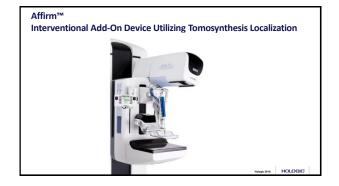
Procedure Highlights Test to be performed if ghosting is noticed on clinical images Is not required under acceptance or annual evaluation Wait until the image receptor goes from Warming to Ready status Typical reasons for failure • Erase LED array failure





Tomo-guided Biopsy





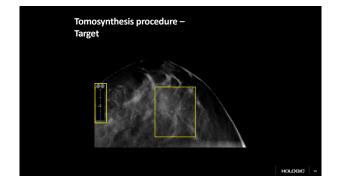
32

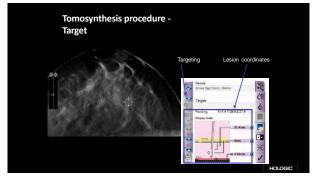
Biopsy: Stereo vs. Tomo-Guided

- Stereotactic Biopsy Take 2D scout exposure Acquire ±30° stereo pairs Use triangulation to determine x,y,z lesion location
- Tomo-guided Biopsy
 Take Tomo exposure
 Use tomo slices to determine x,y,z
 lesion location

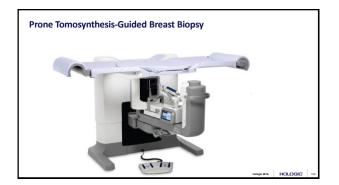


HOLOGIC



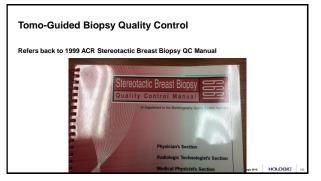






Prone Biopsy System Technicals

- a-Se detector, 12.5 x 14.3 cm area
- 70 µm pixel size
- Tungsten anode, 200 mA max
- 20-49 kVp
- Al 0.70 mm, Ag 0.050 mm filters
- No anti-scatter grid
- 15° sweep tomo, 30° stereo



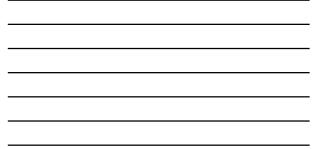
HOLOGIC



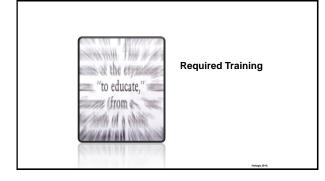
Tomo-Guided Biopsy Quality Control

Refers back to 1999 ACR Stereotactic Breast Biopsy QC Manual

Test	Frequency
QAS Test	Daily - before clinical use
Gain Calibration	Weekly
Phantom Image Quality Test*	Weekly
Hardcopy Output Quality Test	Monthly
Visual Equipment Check	Monthly
Geometry Calibration	Semi-annually
Compression	Semi-annually
Repeat Analysis	Semi-annually
'The signal value should remain with	in ±10% of the signal obtained for the 4 cm
phantom, assuming the signal level f	or a 4 cm phantom is appropriate.







FDA Training Requirements: FFDM

FFDM training is specific to the type of user Everybody needs FFDM training

- 8 hours for Medical Physicists
- 8 hours for Technologists
- 8 hours for Radiologists

FDA Training Requirements: DBT

DBT is considered a new imaging modality

DBT requires its own training

DBT training is specific to the type of user

Everybody needs additional training

- 8 hours for Medical Physicists
- 8 hours for Technologists
- 8 hours for Radiologists

Medical Physicist DBT Training

8 hours of FFDM training is required

8 hours of DBT training is required

Available training sources

- This AAPM meeting
- MTMI hands-on workshops
- Hologic
 On-line training
 - Field training during system installation

Facility Certification

2D MQSA certification through ACR or other approved accreditation body

- No approved accreditation bodies DBT today - DBT systems will be accredited under facility's existing FFDM certification through FDA's Certification Extension Program
- Facility must be FFDM MQSA certified before applying for DBT extension certification

Certification Listension Program Division of Mammography Quality and Radiation Programs IDA/CDRI/VOCR 10903 New Hampshire Aeenae, WO66-4621 Silver Spring, MU 20903-0002 Phone: 301-796-5710 Fax: 301-847-8502 Heavy: 2015

HOLOGIC

Quality Control with new ACR Protocol/Phantom





Quality Control with new ACR Protocol/Phantom

- Designed to replace the manufacturer's FFDM QC protocols
- Does not apply to systems with tomosynthesis options
- Does not apply to systems with dual-energy contrast options
- What about clinics with some systems with tomo and other systems FFDM only?

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Thank you!

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