



## CBCT: Past, Present and Future

Douglas Moseley PhD, DABR



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## Disclosures

- License Agreement Modus Medical
- Educational Consultant Elekta Oncology Systems



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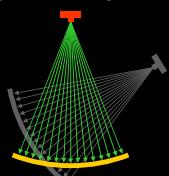
## Computed Tomography

First CT Scanner



Sir Godfrey Hounsfield  
Nobel Prize (1979)

"Third Generation" CT Scanner



Fan-Beam X-ray Source  
1-D Detector Array  
Multiple Projections,  $P(\theta, t)$

[Br J Radiol.](#) 1973 Dec;46(552):1016-22.

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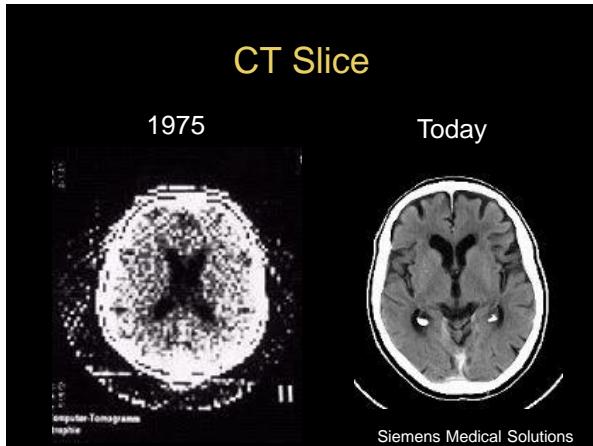
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2007: kV Cone-Beam CT for IGRT



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## kV Sources for Guidance

- A.F. Holloway,
    - Brit.J.Radiol. 31: 227 (1958)
  - H.E. Johns et.al.,
    - Am.J.Roentgenol. 81: 4-12 (1959)
  - Weissbluth et.al.,
    - Radiology 72: 242-253 (1959)
  - L.M. Shevron et.al.,
    - Clin.Radiol. 17: 139-140 (1966)
  - H.P. Culbert et.al.,
    - IJROBP 10 Sup 2: 180 (1984)
  - P.J. Biggs et.al.,
    - IJROBP 11: 635-643 (1985)
  - R. Sephton et.al.,
    - Radiother.Oncol. 35:240-247 (1995)



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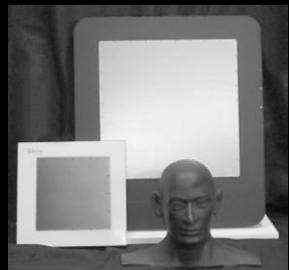
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## a-Si Flat-Panel Detectors

*“digital camera for x-rays”*

- Fast readout (30 fps)
  - High Efficiency (DQE)
  - Large FOV
  - Robust (B Field, etc)
  - Compact
  - Distortion free



- Promising for radiography, fluoroscopy, mammography
  - Ideally suited to cone-beam CT

## Raw Projection Data

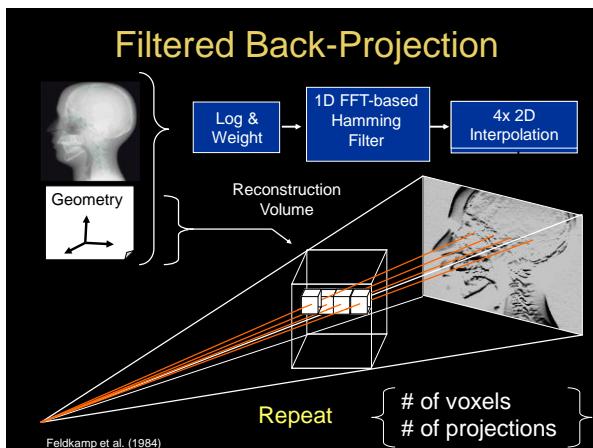
- 1024x1024
  - Defects
  - Unequal exposure



## Processed Projections

- attenuation  
 $= -\ln(I/I_0)$
  - “white”  
bones





## Processed Projections

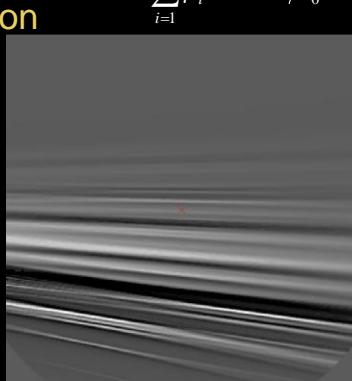
- Filtered
    - ramp + hamming=1
  - Appears as edge enhancement

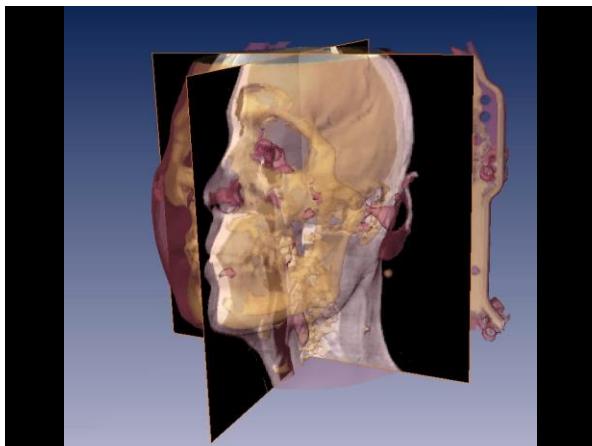


## Axial Reconstruction

$$\Delta S \cdot \sum_{i=1}^N \mu_i = -\ln I/I_0$$

- 651 projections
  - 360 deg
  - 40cm x 40cm





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## QA for IGRT Systems

- Published AAPM reports
  - TG-58 (Portal Imaging)
  - TG-104 (Image-guidance systems)
  - TG-142 (General accelerator QA)
  - TG-148 (Tomotherapy)
  - TG-135 (Robotic Radiosurgery)
  - TG-154 (Ultrasound)
  - TG-179 (CT-based IGRT)**

Quality assurance for image-guided radiation therapy utilizing CT-based technologies: A report of the AAPM TG-179

Jean-Pierre Bissonnette<sup>a,b</sup>  
Task Group 179, Department of Radiation Physics, Princess Margaret Hospital, University of Toronto,  
Toronto, Ontario, Canada, MSC 2M9



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## CBCT Image Quality Metrics

- Spatial Integrity
  - Scale, orientation, isocentricity, chirality
- Spatial Resolution
- Uniformity
- Contrast/Noise (CNR)
  - Low Contrast Detectability
- CT Number Accuracy



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## Spatial Resolution

#### Factors affecting spatial resolution:

### Factors affecting

### Detector pixel size

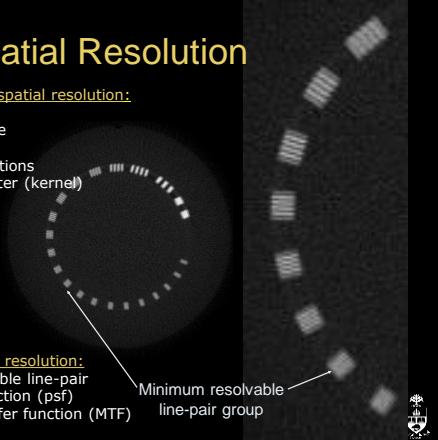
### Slice thickness

Number of projections  
Reconstruction filter (kernel)

## Reconstruction filter (kernel) Field of view

## Field of view Patient motion

### Patient motion



### Metrics of spatial resolution:

#### Minimum resolvable line-pair

## Point-spread function (psf) Masked-lattice transfer function (MLTF)

Minimum resolvable  
line-pair group

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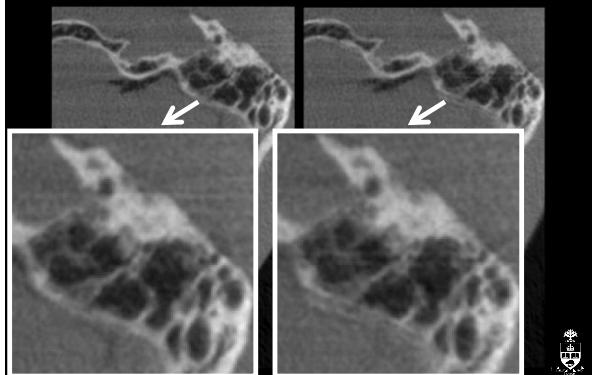
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## Effect of Incorrect Calibration



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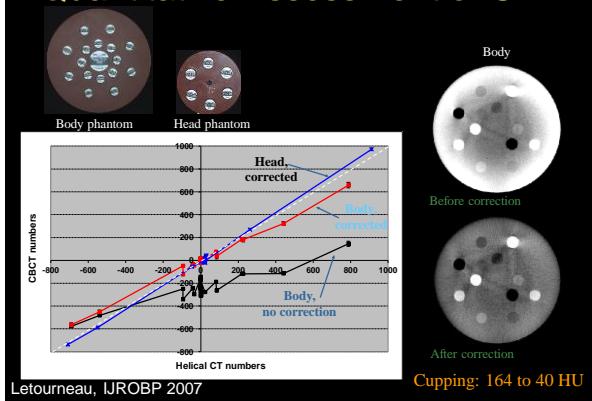
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Quantitative Assessment of CT #



Letourneau, IJROBP 2007

Cupping: 164 to 40 HU

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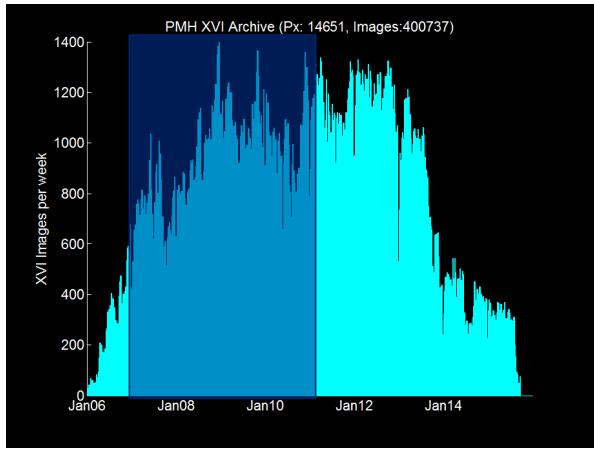
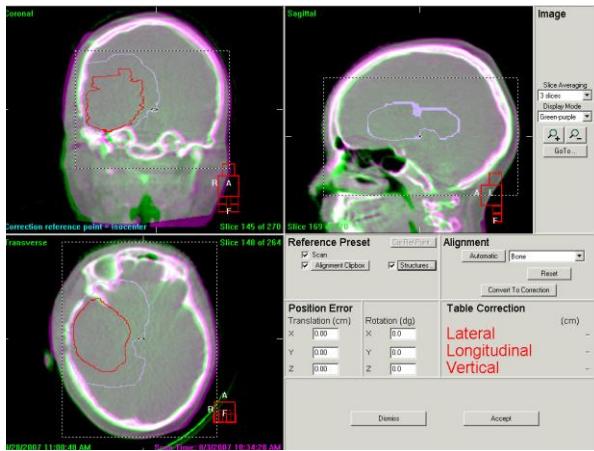
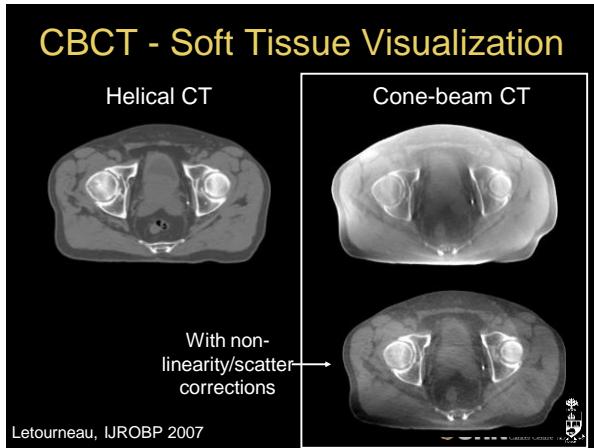
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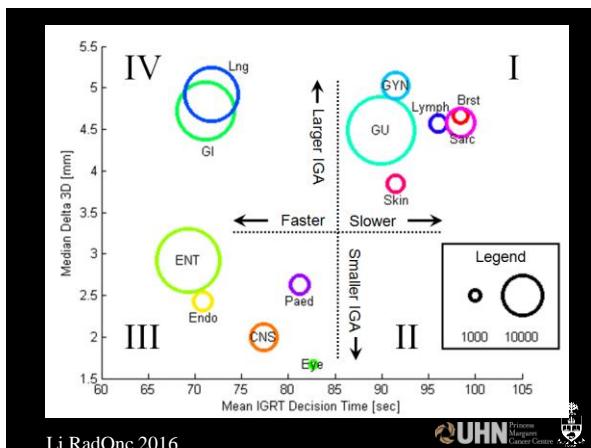
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## Prostate Matching Objectives

- This continuing education exercise was developed with an aim to:
  - Determine baseline variation for soft-tissue matches
  - Determine expert consensus
  - Identify cases with large inter-observer variability
  - Identify opportunities and strategies to improve soft tissue prostate targeting among therapists to improve care to patients.

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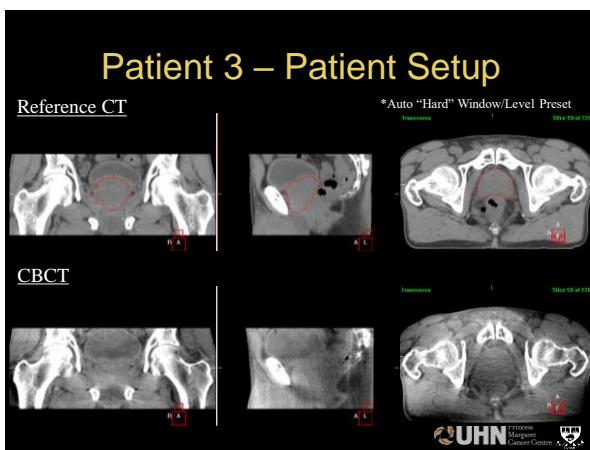
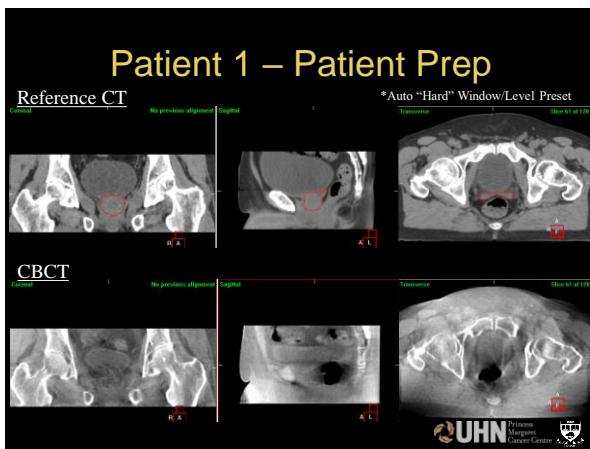
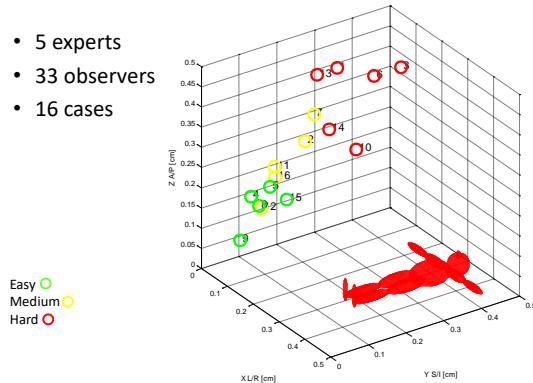
## Characteristics of “Hard” GU Cases

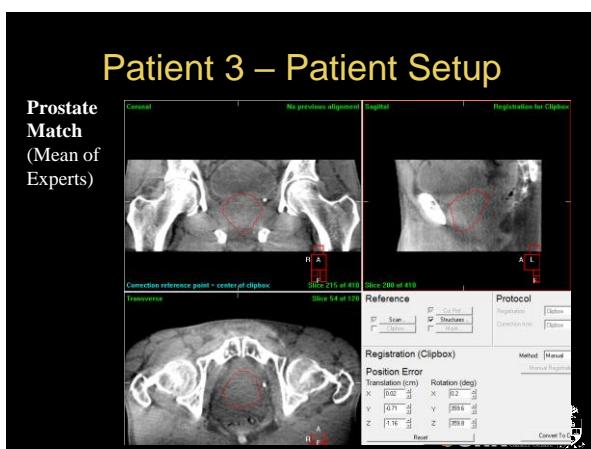
- Patient Preparation**
  - Small Bladder
    - Deformation
  - Gas in rectum
    - Deformation
    - Streak artifacts
  - Prostate rotation
- Patient Setup**
  - Large baseline shift from bone

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## Standard Deviation of All Observers

- 5 experts
- 33 observers
- 16 cases





## Respiratory Motion Artifacts

CT



Reject

- Immobilize
- Fast Scanning
- Patient Preparation

Cone-Beam CT



Correct

- Retrospective Sorting
- Gating
- Tracking



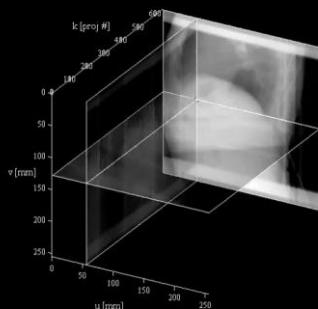
## Patient Acquisition Sequence



- 79 yr old female with cholangiocarcinoma
- Treated with 54 Gy in 6 fx using respiratory gating
- Technique
  - 120kVp, 100mA
  - 13 ms/pulse
- ~1.2-2.0 cGy



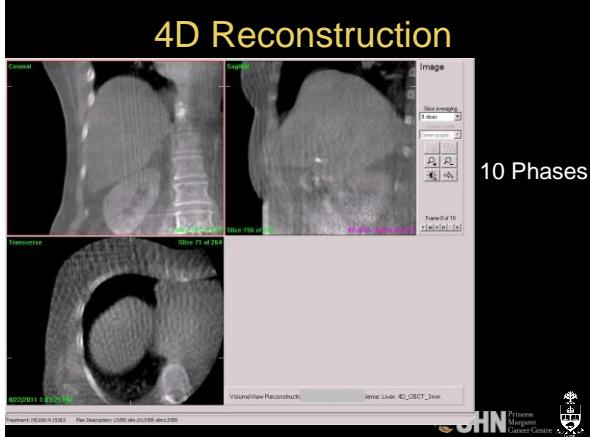
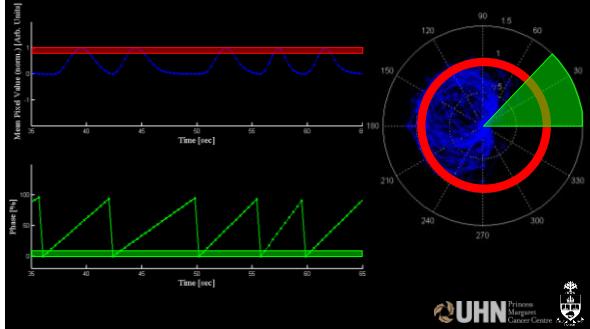
## Central Axial Slice



25.6 cm Axial FOV  
Consistent data  
Clearly see diaphragm motion



## Normalized Signal





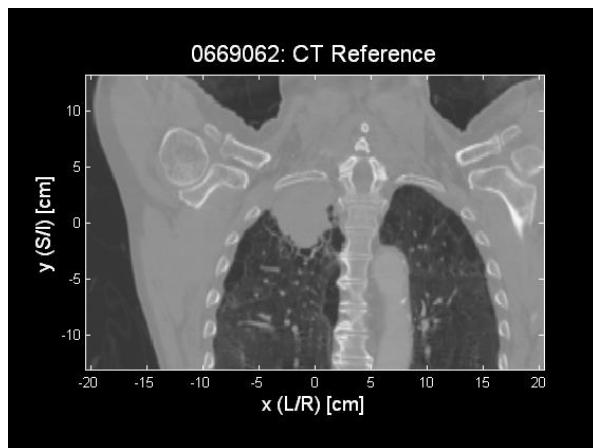
### Motivation for measuring ventilation

- Changes in lung ventilation may predict radiotherapy-induced toxicities.
- Elekta XVI 4D-CBCT      Philips 4D-CT
- 
- 4D-CBCT limitation: Low image quality
  - Approach: Improve 4D-CBCT and compare ventilation to 4D-CT

Kasper Jensen, Odense

### Improvements of 4D-CBCT: Examples





## CBCT derived radiosensitivity marker associated with radiation pneumonitis

Pencilla Lang\*  
 Douglas Moseley\*  
 Uffe Bernchou\*  
 Cartsen Brink\*  
 Andrew Hope\*

\*Department of Radiation Oncology,  
 Princess Margaret Cancer Centre  
 \*Institute of Clinical Research,  
 University of Southern Denmark

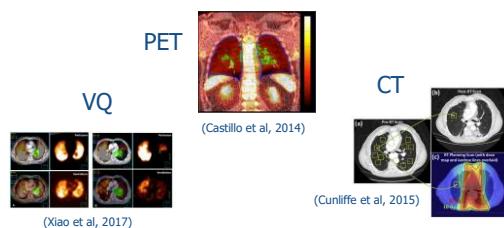
Presented by: Pencilla Lang, BEng, MD, PhD



### Background

No patient-specific predictors of normal lung radiosensitivity in clinical use

- Imaging features correlate with clinical pneumonitis



## Methods - Overview

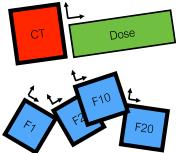


Image  
Extraction

## Methods - Overview

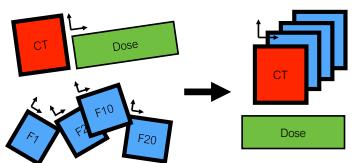


Image  
Extraction      Registration

## Methods - Overview

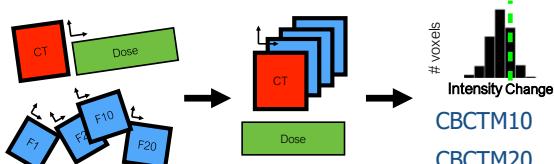


Image  
Extraction      Registration      Analysis

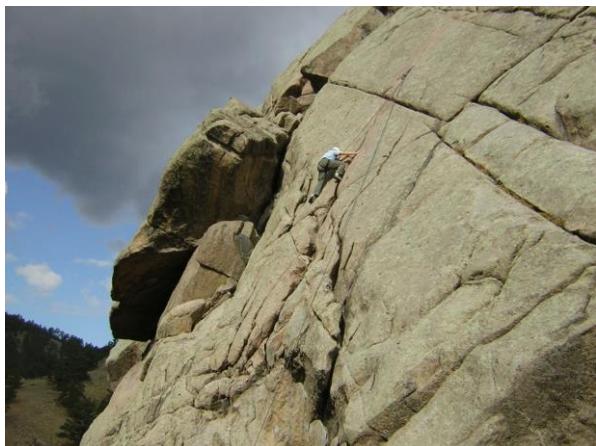
## Results

- Univariate logistic regression of dosimetric parameters and CBCT markers with symptomatic pneumonitis:
    - CBCTM10, MLD, V20 not significant ( $p > 0.05$ )
    - CBCTM20 significant ( $p < 0.01$ )
  - Multivariate logistic regression with CBCTM20 and V20 significant for both ( $p < 0.05$ )



- Introduce Cone-Beam CT System Components
  - a-Si Flat Panel Detectors
  - Reconstruction Process
  - Image Quality Metrics (AAPM TG-179)
  - Confounding Patient Factors
    - Motion, Setup





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## IGRT Systems: Ideal Properties

- Accurate, precise
  - Explicit interpretation
  - minimal training, operator independent
- Efficient, integrated
  - Rapid
  - Integrated with machine for remote intervention
  - Low impact on resources
- Broad/Universal application
  - Large number of anatomical sites
  - Large field of view
- Reduce radiation dose
  - non ionizing, or efficient detectors.
  - account for imaging dose?
- Real-time
  - continuous monitoring
- Images for planning & evaluation
- CHEAP! G. Mageras, Semin. Radiat. Oncol. 15(3) 133-125 2005.



**UHN** Princess Margaret Cancer Centre

## Acknowledgements

- Pencilla Lang, Winnie Li, Jean-Pierre Bissonnette, Daniel Létourneau, David Jaffray
- NKI – Jan-Jakob Sonke,
- Christy - Marcel van Herk
- JHU – Jeff Siewerdsen
- Odense – Kasper Jensen, Carsten Brink, Uffe Bernchou



**UHN** Princess Margaret Cancer Centre