



Multi-energy CT using photon counting detectors

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Disclosure

- No financial interest
- Research grants and relationships
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 - NIH R56 HL125680
 - Previous: DxRay (NIH SBIRs), Philips (C-arm), Toshiba/Cannon (employee)
- Former consultantship
 - Suzhou Bowing Medical Technologies, Life Saving Imaging Technology (LISIT), JOB Corporation

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Outline

- Photon counting detectors (PCDs) and properties
- Algorithms (data correction and image reconstruction)
- System designs
- Clinical applications

Design types	Groups	Prototype CT (beta site installation)
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Clinical applications

“What is the killer application?”

There is no “killer application”

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New generation CT has been developed for

- improving everything CT does (whole body)
 - adding new dimension to everything CT does
 - enabling new applications

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New generation CT has been developed for

In 1998, MDCT with 4 detector rows

- Improving everything CT does (whole body)
10 mm slice → 2–3 mm slice ($\rightarrow 0.5 \text{ mm}$)
Shorter scan duration, larger coverage, better resolution
- Adding new dimension to everything CT does
2D slice-by-slice view → 3D view (coronal, sagittal, MIP, 3D)
- Enabling new applications
Cardiac CT (coronary artery)

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New generation CT has been developed for

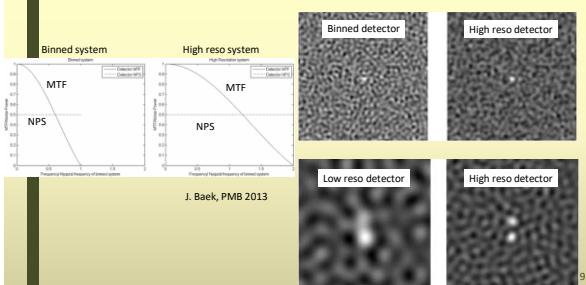
In 202x, PCD-CT with 3–6 energy windows

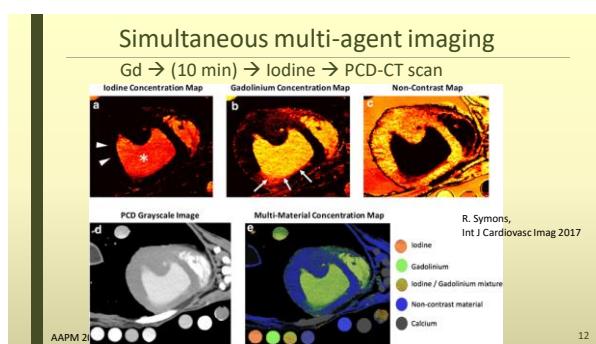
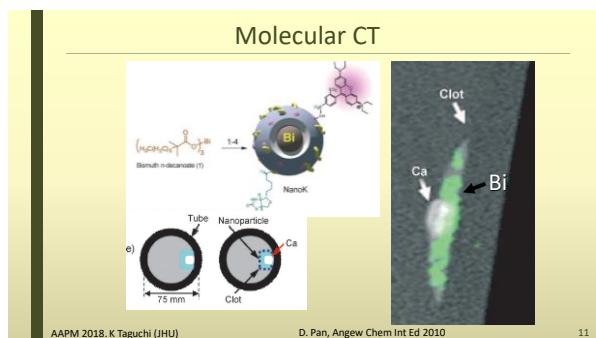
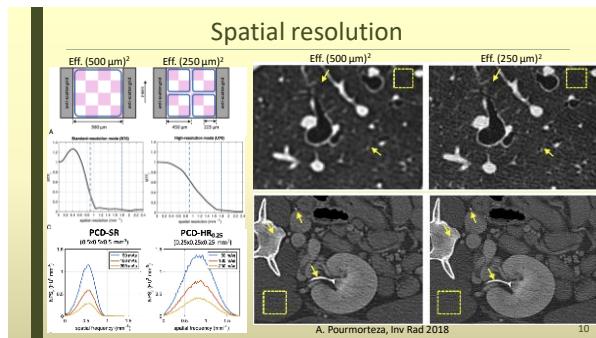
- Improving everything CT does (whole body)
Contrast, contrast-to-noise, radiation dose, contrast dose, spatial reso, accuracy, quantitative values, CT radiomics
- Adding new dimension (material info) to everything CT does
Simultaneous image-and-measure (IAM-XX), CT tissue biomarkers
- Enabling new applications
Simultaneous multi-agent, molecular CT, personalized CT

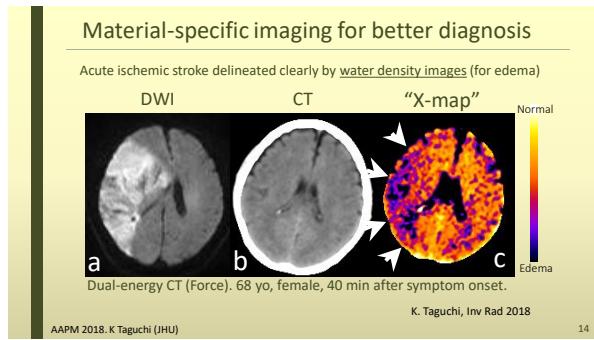
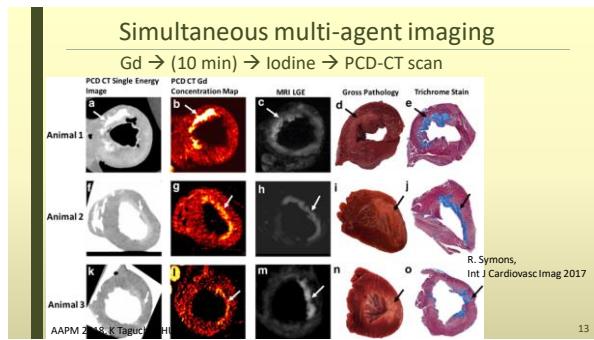
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Spatial resolution







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PCDs ("Standard," "ACS," and "Edge-on Si")

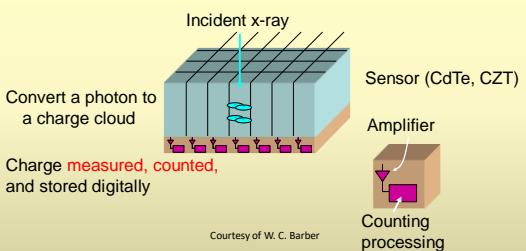
Index	Name/ASIC	Operation mode	Maximum count rates (Mcp/pixel)	Pixel size ($\mu\text{m} \times \mu\text{m}$)	Maximum count rates [Mcpes/mm^2]	No. of energy thresholds per pixel	Tileup capability	Anti-charge sharing
1	DXMCT-1 (Refs. 5 and 8)		5.5	1000 × 1000	5.5	2	2D	No
2	DXMCT-2 (Ref. 20)		5.5 ^a	500 × 500	22 ^b	4	2D	No
3	Siemens 2010 (Refs. 17 and 18)	NA	225 × 225	NA		2 or 4 ^c	NA ^d	No
4	Cherenkov (Ref. 16)	13.8 ^f		300 × 300	150 ^g	4	1D	No
5	Hamamatsu (Refs. 10 and 11)	1-2		1000 × 1000	1-2	5	1D	No
6	GMI CA3 (Refs. 6 and 9)	1-2		400 × 1000	2.5	6	1D	No
7	Medipix3R (Refs. 13, 29, and 52)	FPM-SPM ^e	0.21 ^f	55 × 55	69.4 ^g	2	1D with 2 × N (3-side buttable)	No
		FPM-CSMF ^e	0.014 ^f	55 × 55	11.3 ^g	1	Yes	
		SMF-SPM ^e	0.145 ^f	110 × 110	12 ^g	8	No	
		SMF-CSMF ^e	0.034 ^f	110 × 110	2.8 ^g	4.4 ^h	Yes	
8	CIX (Ref. 15)		3.3	250 × 500	36	1	NA	No
9	Nexis Detector (Refs. 21 and 27)		2.0	1000 × 1000	2.0	5	1D	No
10	MicroDose Si (Silicon strip) (Refs. 24–26)	0.056 ⁱ	50 × 50	NA	2	1D	Yes ^k	
11	KTH Silicon strip (Refs. 21, 27, and 30–32)	2.3 or 7.5 ^j	400 × 500	200 or 600 ^j	8 ^l	2D ^m	No	

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Table I of K Taguchi and J Iwanczyk, Med Phys, Vision 20/20 (2013)

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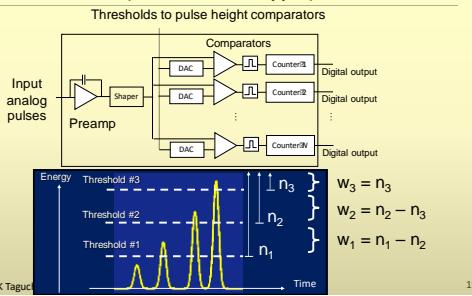
PCD ("Standard" type)



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PCD ("Standard" type)



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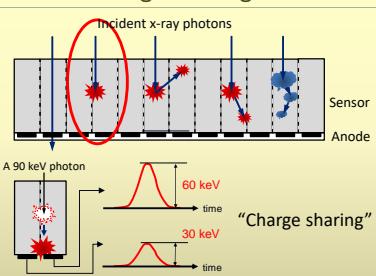
PCD not flawless: Spectral distortion

- Independent of x-ray intensities: Charge sharing, K-escape, Re-absorption, Compton scattering
- Dependent on x-ray intensities: Pulse pileups

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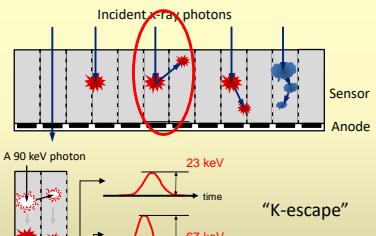
Charge sharing



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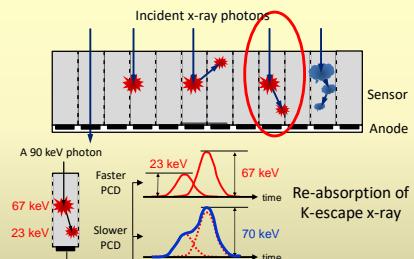
Fluorescence x-ray emission (K-escape)



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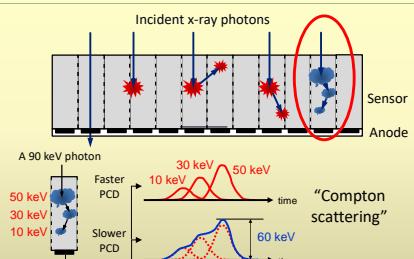
Re-absorption of fluorescence x-rays



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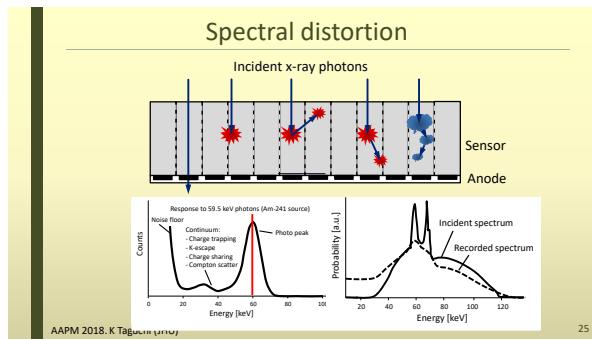
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Compton scattering

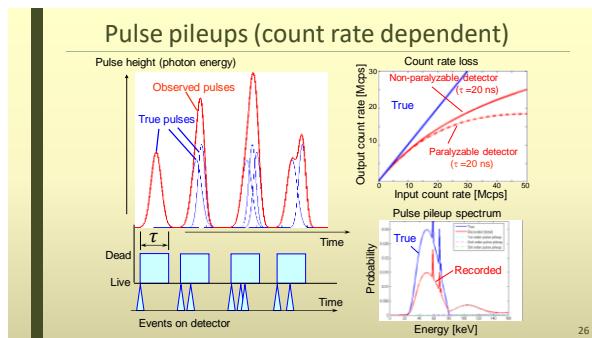


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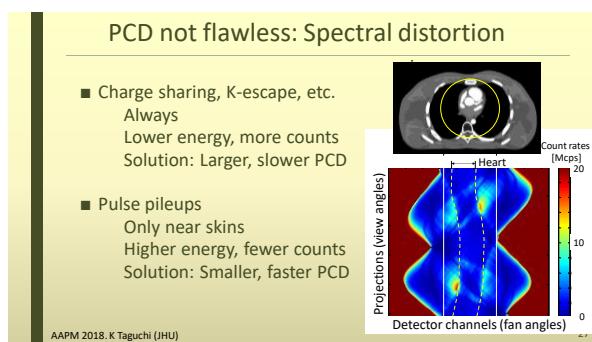
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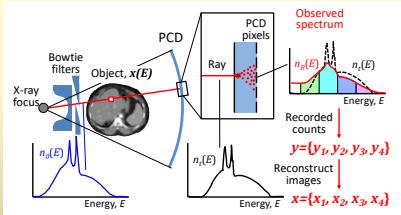
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Spectral distortion: How to mitigate it?

- Balanced design + PCD model + compensation algorithm

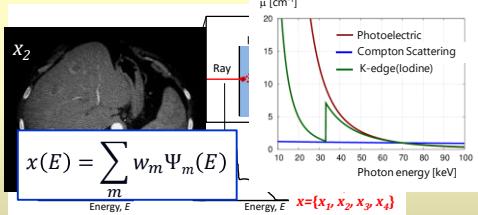


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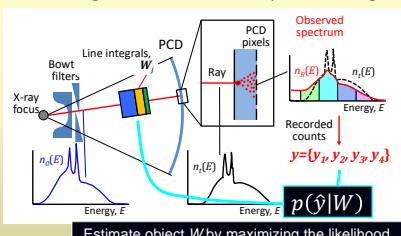


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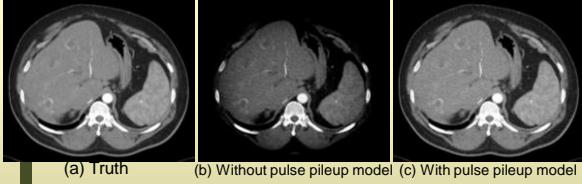


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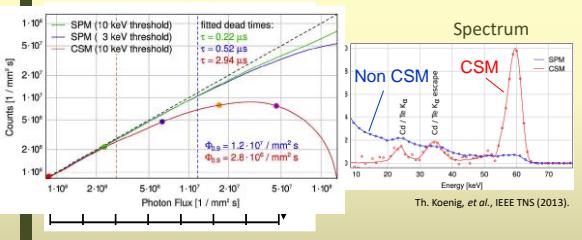
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Spectral distortion: How to mitigate it?

- Anti-charge sharing circuit (“CSM” in Medipix 3RX)



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Courtesy of M. Campbell

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Prototype PCD-CT systems

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■ Siemens (Mayo Clinic and NIH)

- Dual-source CT, PCD for $\varnothing 27.5 \text{ cm} \times 8\text{--}24 \text{ mm}$, EID for $\varnothing 50 \text{ cm}$
- $(225 \mu\text{m})^2$, 2 thresholds (staggered 4 thresholds), $(450\text{--}900 \mu\text{m})^2$ output
- $128 \times 10^6 \text{ counts/s/mm}^2$ with 13.5% loss, 256×10^6 with 25.2% loss

■ Philips (Louis Pradel University Hospital, Bron, France)

- Brilliance 64 CT, $\varnothing 16.8 \text{ cm} \times 2.5 \text{ mm}$
- $(500 \mu\text{m})^2$, 5 thresholds^{(*)†}
- $>150 \times 10^6 \text{ counts/s/mm}^2$ ^{(*)†}

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I. R. Steadman, et al., Nucl Inst Meth Phys Res A (2017) 35

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■ University of Canterbury, Christchurch, New Zealand

- Their own open gantry CT, PCD for $\varnothing 27.5 \text{ cm} \times 8\text{--}24 \text{ mm}$
- $(110 \mu\text{m})^2$, 8 thresholds, anti-charge sharing
- $10\text{--}20 \times 10^6 \text{ counts/s/mm}^2$ with ?%

■ KTH Royal Inst of Tech, Stockholm, Sweden

- Philips CT(?), $\varnothing ? \text{ cm} \times ? \text{ mm}$
- $(400 \mu\text{m}) \times (500 \mu\text{m})$, 8 thresholds^{(*)†}
- $200 \times 10^6 \text{ counts/s/mm}^2$ with 2% loss

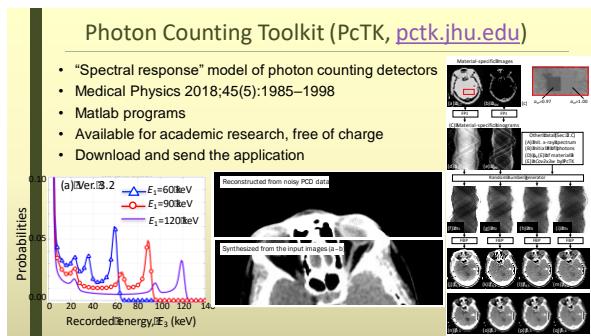
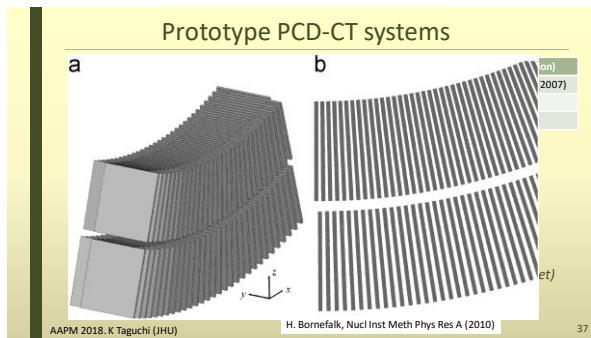


New York Times, July 17, 2018.

<https://www.nytimes.com/2018/07/17/health/3d-color-x-rays-cern.html>

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Summary

- PCD-CT with 3–6 energy windows in Year 202x that
 - Improves contrast, noise, spatial reso, quant. accuracy, etc.
 - Add material-axis to 3-D images → **How to use it effectively?**
 - Enables multi-agent CT, molecular CT, personalized CT
 - **No killer application!**
- Algorithms needed for data correction and image recon

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Acknowledgement

JHU (my group)

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JHU

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- Benjamin M.W. Tsui, Ph.D.

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- Christoph Polster, Ph.D.
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- Matthew K. Fuld, Ph.D.
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- Kento Nakada, M.Sc.

DxRay

- Jan S. Iwanczyk, Ph.D.
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- Neal E. Harsough, Ph.D.

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