

# PHILIPS

sense and simplicity

## State of the Art and Future Trends in Radiation Detection for Computed Tomography

*Ami Altman, PhD, PHILIPS Science Fellow  
Global Research & Advanced Development  
CT BU, PHILIPS Healthcare*



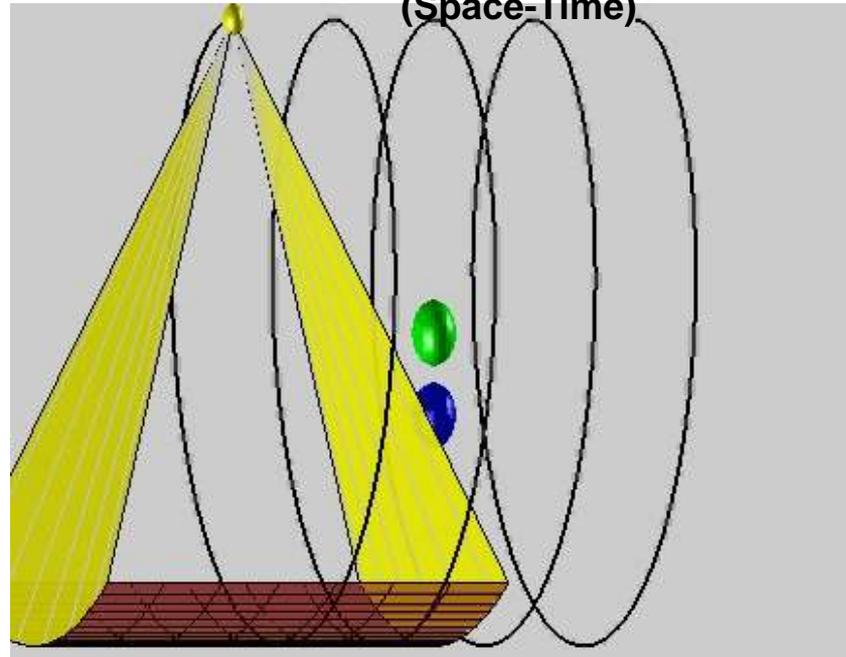
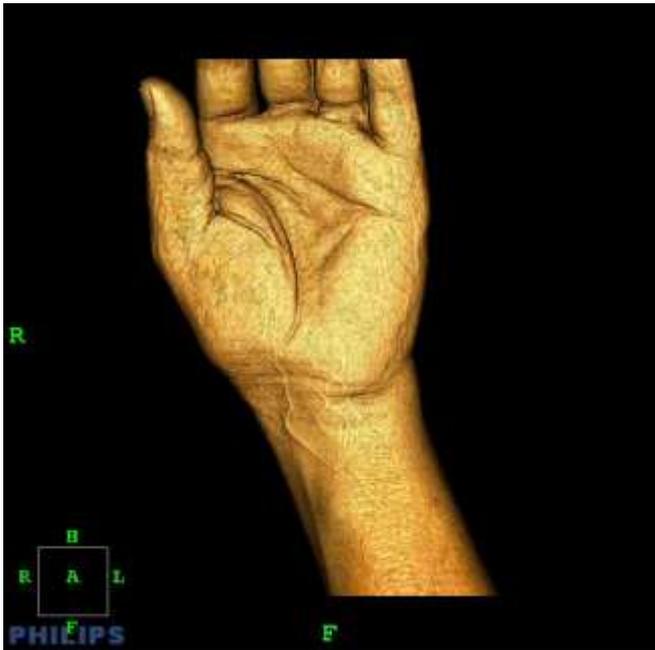
## **Plan**

- 1. Conventional, state of the art, and future CT detection system**
- 2. A Dual-Layer detector for a Detector- Based Spectral CT, with some applications' examples**
- 3. Photon-Counting Spectral CT detectors, advantages, opportunities, and risks**



## Present CT

1. Large Coverage Detector
2. Wedge Configuration
3. Fast Rotation (close to 0.25 sec/Rot.)
4. 2D Focal-Spot double sampling
5. Very Short angular sampling time (~100  $\mu$ sec)
6. High-Rate and Power X-Ray Tubes
7. Sub-Millimeter isotropic resolution
8. Very good temporal resolution
9. A 3D and 4D imaging devise (Space-Time)



# So How Does It Look Like in Reality?

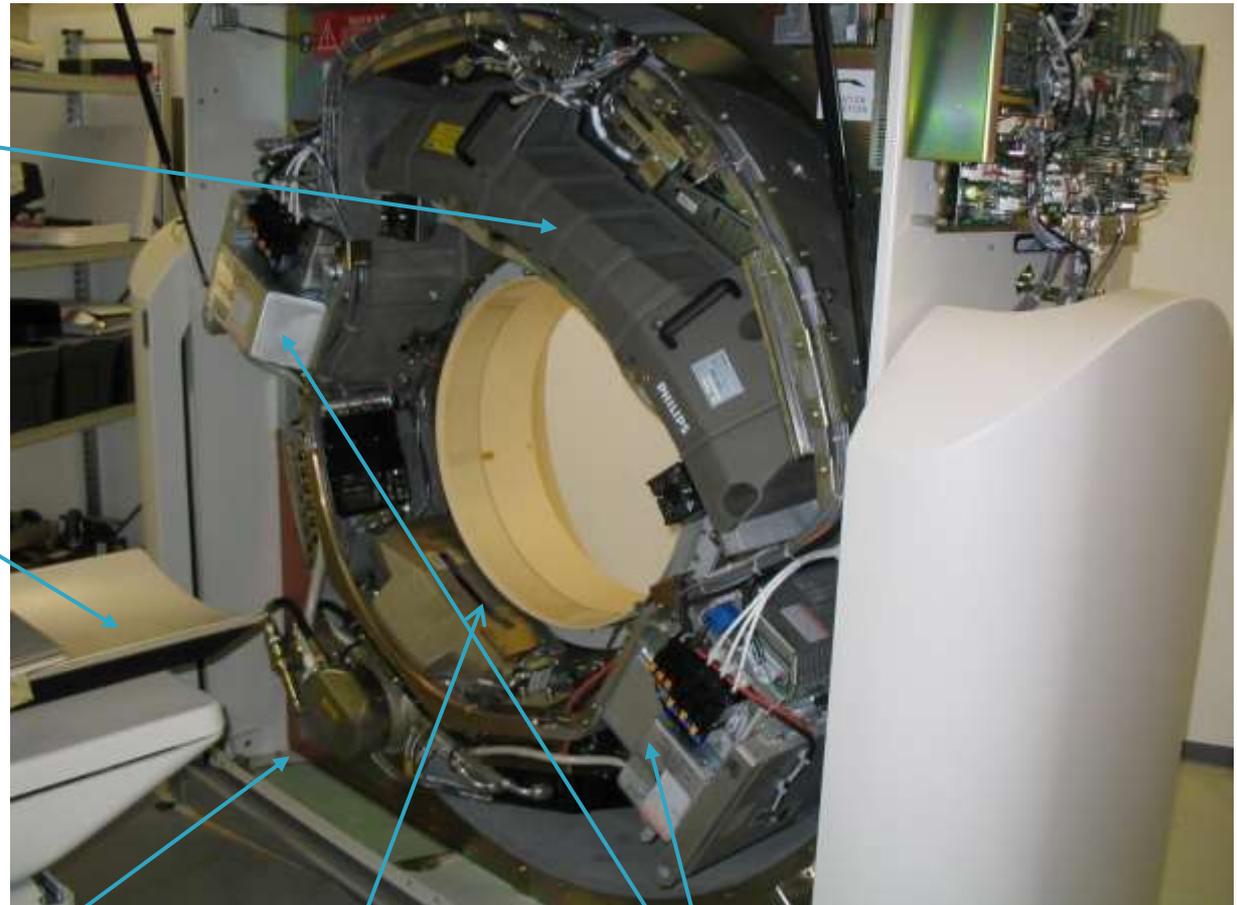
**Detection Array System**

**Couch**

**X-Ray Tube**

**Beam Shaping Collimator**

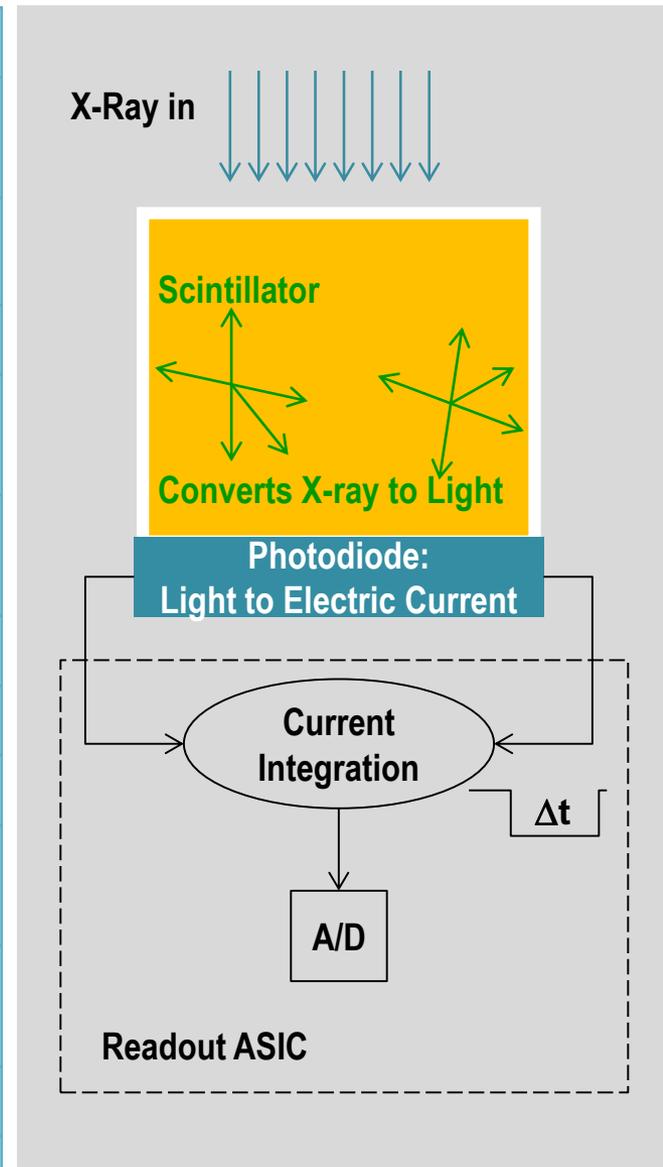
**X-Ray Generators**



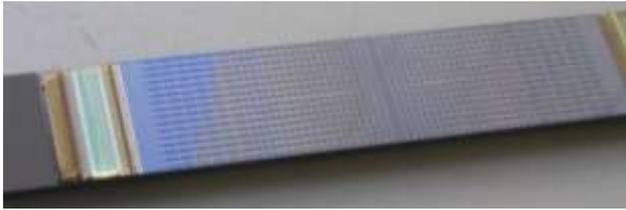
# PHILIPS Pixelated CT Detector – Basic Pixel Structure & Requirements

## Modern CT Detectors Requirement

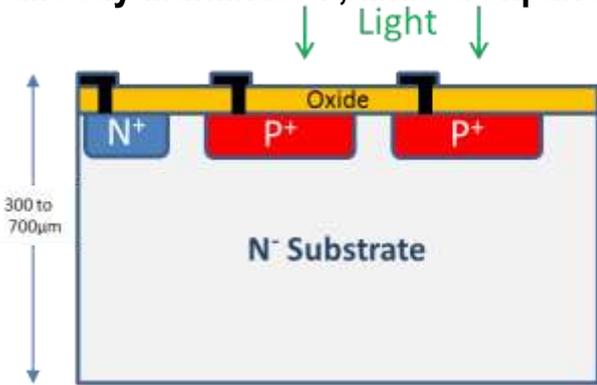
Frame Rate & size	10,000 frames/sec ~120,000 pixels/frame
Detector Readout Mode	Current (energy) Integration
Electronic noise RMS	< 3 pA
High light output scintillator	Ceramic Gd <sub>2</sub> O <sub>2</sub> S (GOS) (~40,000 photons/MeV)
Low Scintillator Afterglow	<200 ppm at 3 m-sec <20 ppm at 500 m-sec
expandable configuration	4-sides tile-able arrays
Spatial Resolution	~24 lp/cm (~0.210 mm)
Scattering rejection	SPR < 5%; 2D Anti-Scatter-Grid
Maximum Crosstalk (optical & elec)	~5%
Pixelated Si photodiode with excellent response	> 0.35 A/Watt for $\lambda = 514$ nm
Dynamic Range	$\geq 2^{20}$
Scintillator Stopping power	> 98% for 120 kVp spectrum



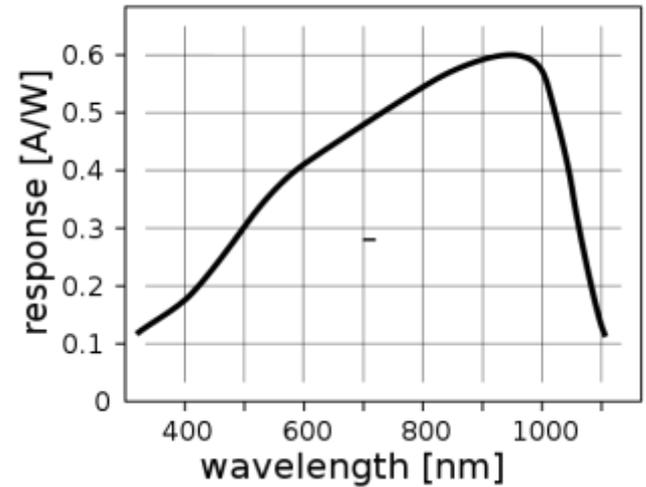
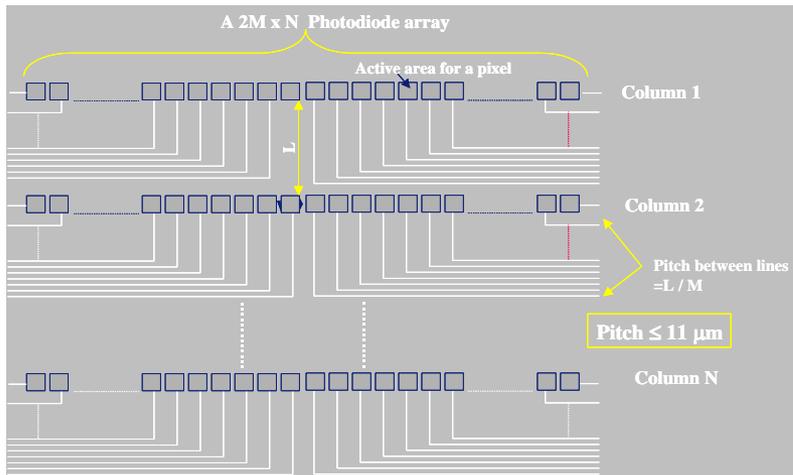
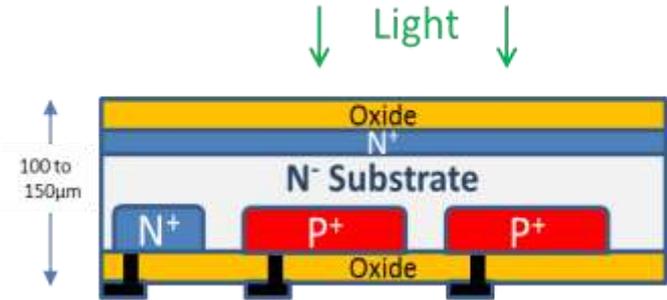
Signal Pixel  $\propto$  Total X-Ray Energy absorbed in the scintillator within a sampling time.



Front-illuminated photodiode: anodes directly illuminated ; limited expandability



Back illuminated "64 slices" photodiode "flip-chipped" to a substrate



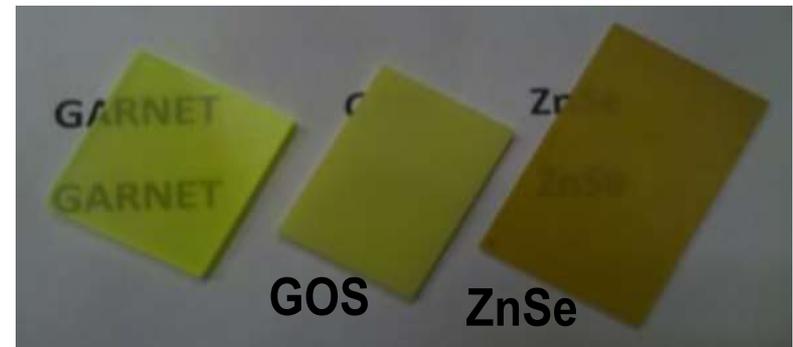
**Si Photodiode response**

**CT Scintillators in Use, (Potential Use)**

Scintillator	Light-yield (# photons/MeV)	Form: Ceramic \ Single Cristal	Afterglow	Comment
Gd <sub>2</sub> O <sub>2</sub> S:Pr,Ce (GOS)	~40,000	Ceramic; semi translucent	low	Most vendors; some doping variations
GE Gemstone™ ( a Lu based Garnet)	~40,000	Ceramic; translucent	low	
Garnet type of (Lu,Gd,Y,Tb) <sub>3</sub> (Ga,Al) <sub>5</sub> O <sub>12</sub>	40,000-45,000	Ceramic; translucent	low	Fast rise time
(Y,Gd) <sub>2</sub> O <sub>3</sub> :Eu (GE HiLight™ )		Ceramic	high	not adequate for short Integration Periods
ZnSe:Te (low stopping power)	~65,000	Single Cristal; semi-translucent	low	In Philips Dual-Layer CT prototype

$$Light\_Yield\_Limit \cong \frac{10^6}{2.5 \cdot E_g} \text{ photons / MeV}$$

**NOTE:** Light output is smaller than Light-Yield because of Internal absorption & Reflections

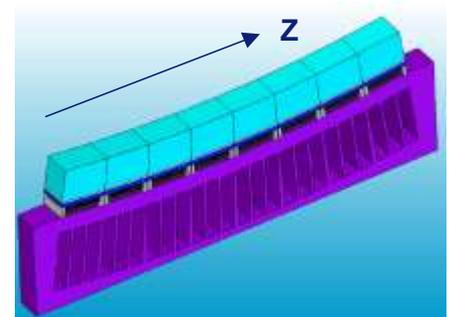
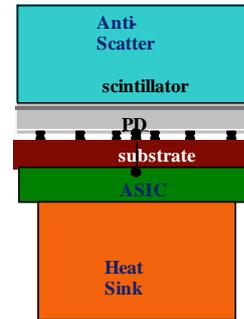
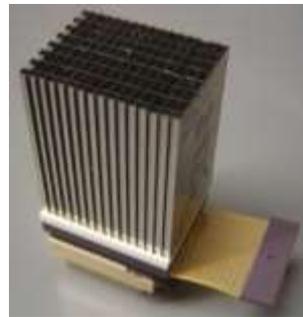


# PHILIPS Pixelated Scintillators, and CT DAS Assembly Modes

Philips Brilliance-64 Module W/O and with anti-scatter grid



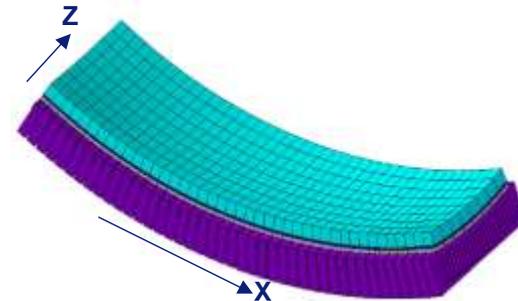
PHILIPS iCT-256, Tiled Config. , 2D anti-scatter grid



2D-Anti-Scatter grid

Tile Concept

Tiled Module

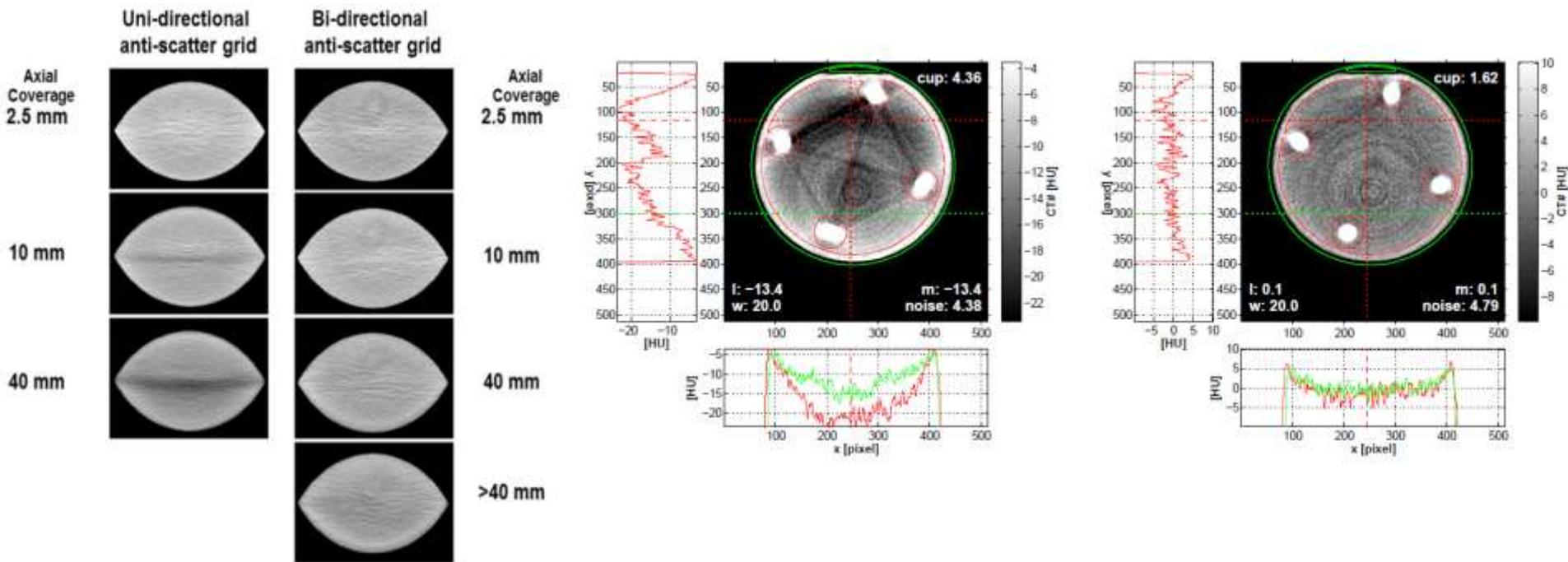


1. Detector-Pixel signal at each sampling is assumed to represent a line integral of the form:

$$P(\phi, \theta) = \ln(I_0) - \ln(I) = \int_{\xi_{in}}^{\xi_{out}} \mu(\xi) d\xi$$

that assumes X-Ray pure-transmission only.

2. Allowing scattered radiation  $\Rightarrow$  Cupping and blackened streaks artifacts between scattering centers:



**1D VS. 2D Anti-Scatter Grid**

**SW Scatter-artifacts Correction effect!  
Note the significant noise increase.**

# PHILIPS MTF, DQE and Detection Efficiency, as CT Detectors Metrics

Estimated upper limits of MTF and various CT parameters contribution to it in standard resolution mode (Philips iCT-256), assuming Sinc function response:

$$DQE = \frac{SNR_{out}^2}{SNR_{in}^2} \quad , \text{ or measured: } DQE(f) \cong \frac{S^2 MTF^2(f)}{NPS(f) \cdot \phi}$$

(S=detector signal;  $\phi$  = # of photons per area unit; NPS= Noise Power Spectrum)

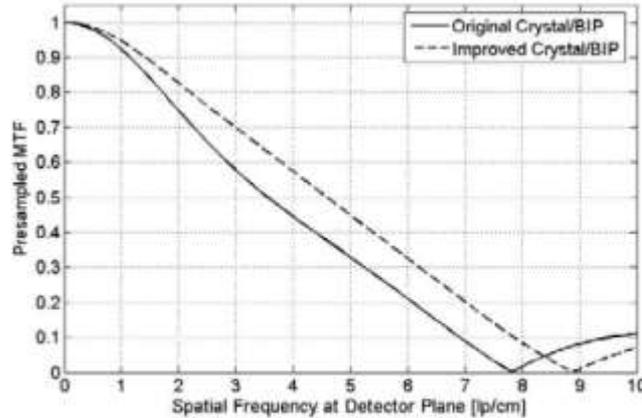


Figure 11: Presampled MTF for two crystal array/BIP configurations.

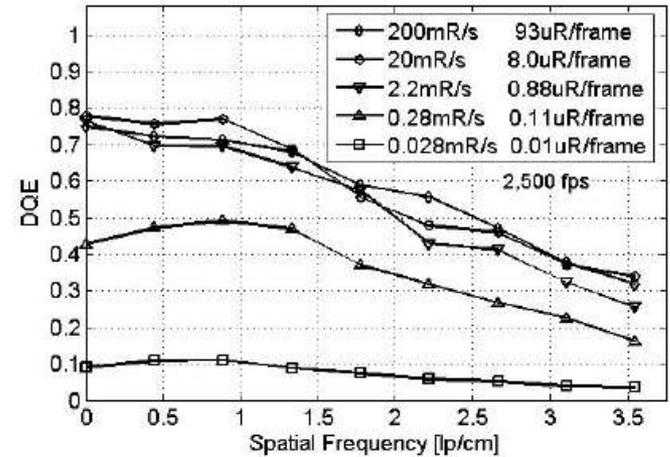
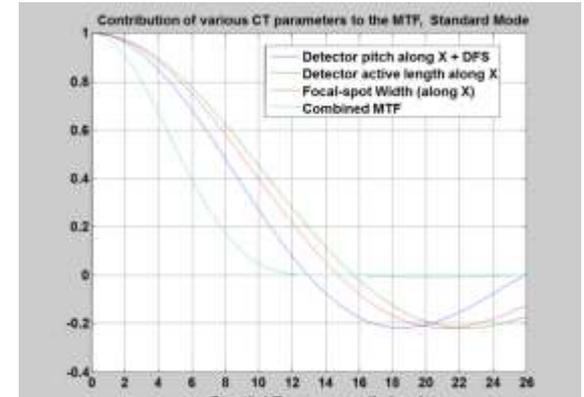


Figure 13: DQE measured at 2500fps for 5 different exposures from 93uR/frame to 0.01uR/frame

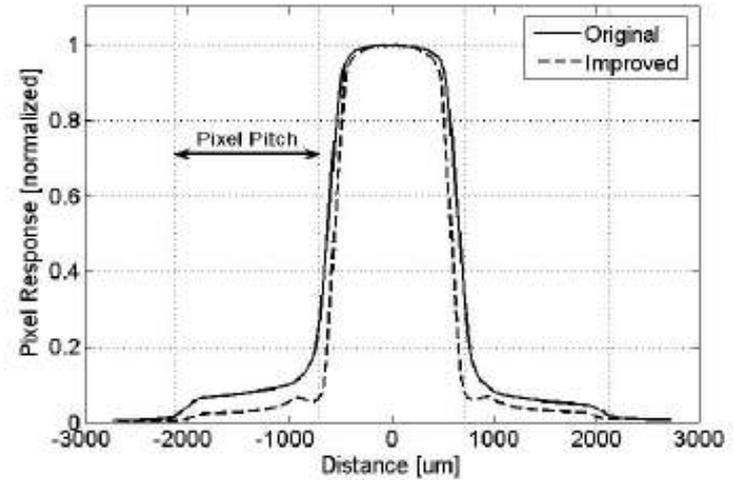
A measured single pixel MTF and DQE (PHILIPS tile detector), (including Swank Noise and Crosstalk (*R Luhta et al. SPIE-2006*))

Overall Detection Efficiency (DE) has to include the Geometrical Detection Efficiency (GDE), determined by the fraction of active area to total pixel area in the pixelated scintillator (~73%).

$$DE = GDE \cdot DQE$$

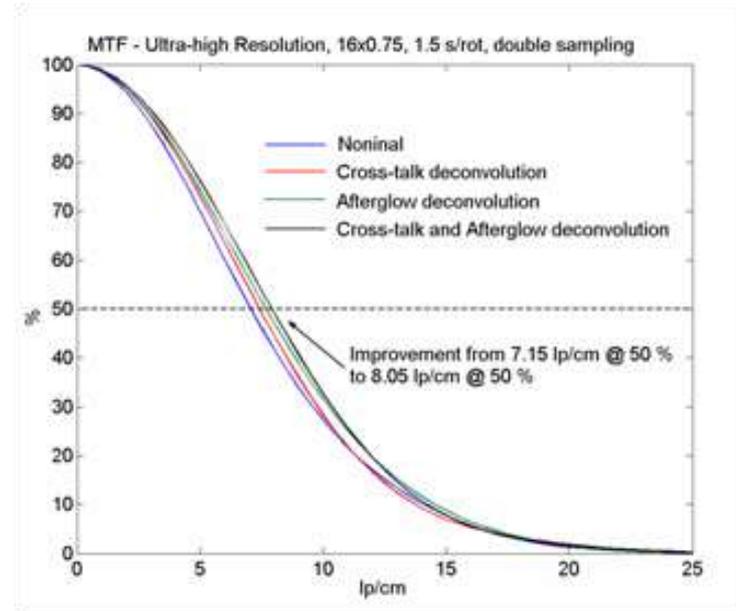
Measured Detection-Pixel crosstalk and deviation from pure square wave response due to crosstalk.

*(R. Luhta et al, SPIE-2006)*

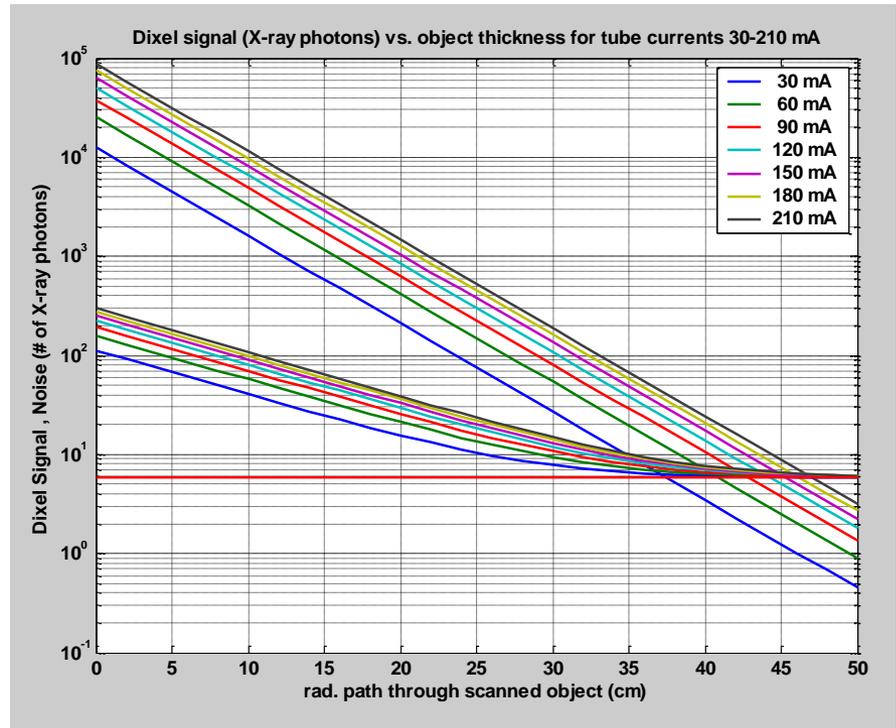
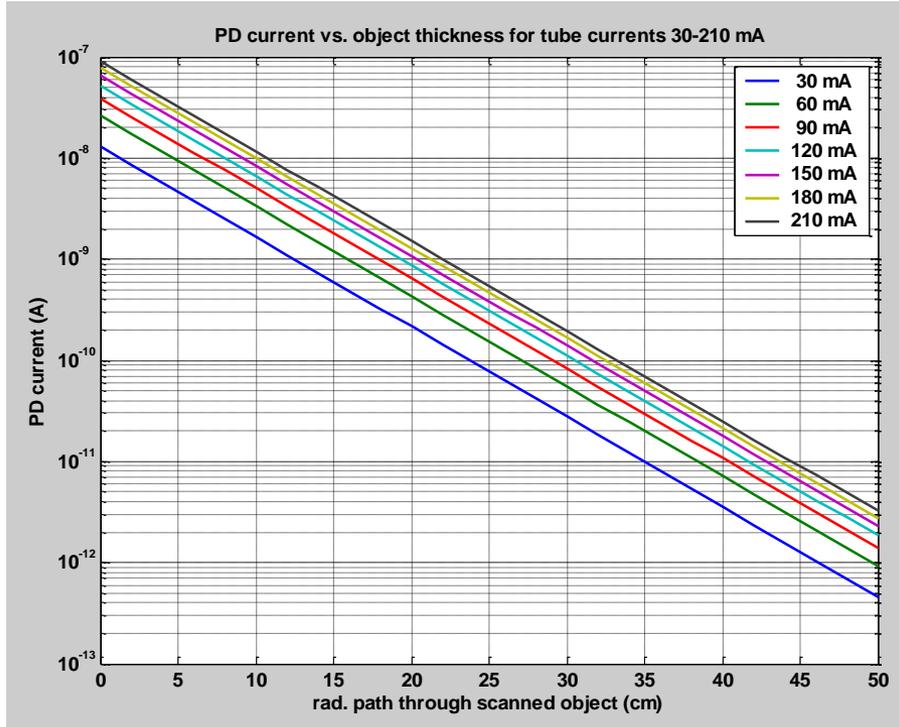


Correcting for Pixel Crosstalk, and Scintillator Afterglow through deconvolution method (Philips Brilliance 16), in an Ultra-High Resolution Mode (slice plane)

*(See R. Carmi et al. Nuclear Science Symposium conference record 2004, 5:2765-2768.)*



# PHILIPS Effect of Electronic Noise in Energy-Integrated CT Detector



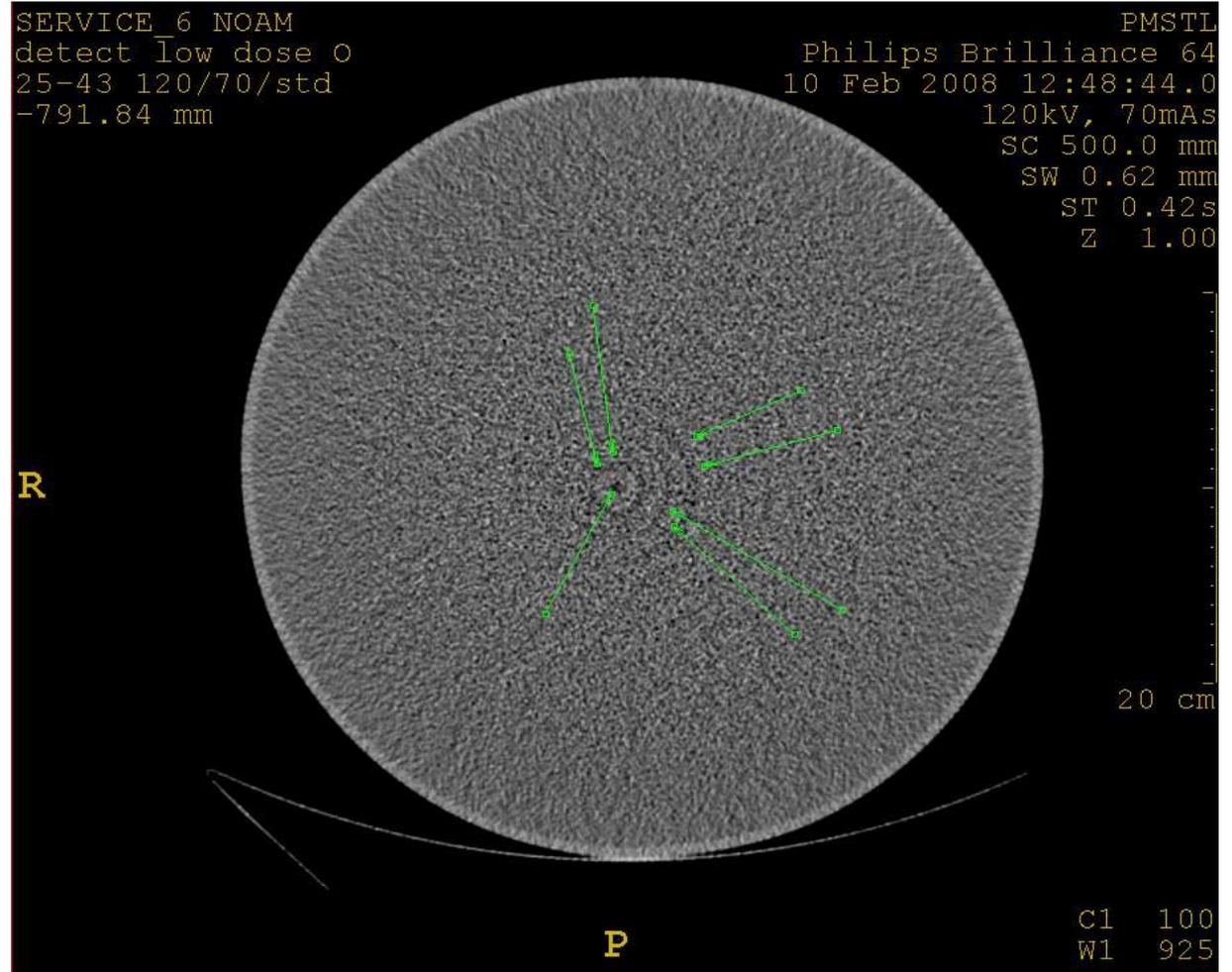
Photodiode's current as a function of absorption path (water), and Tube current

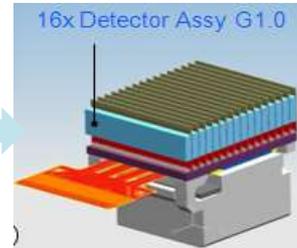
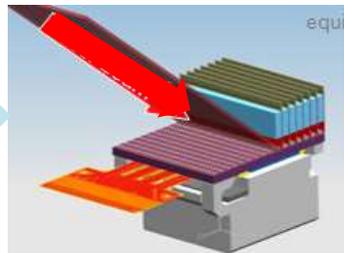
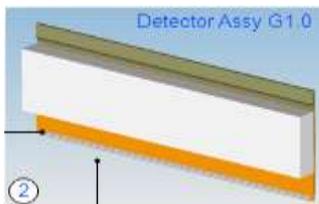
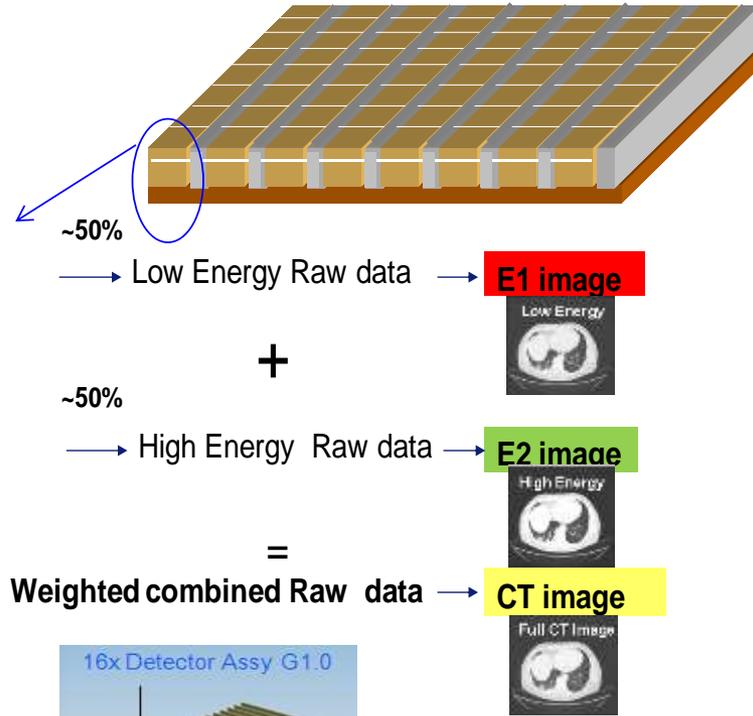
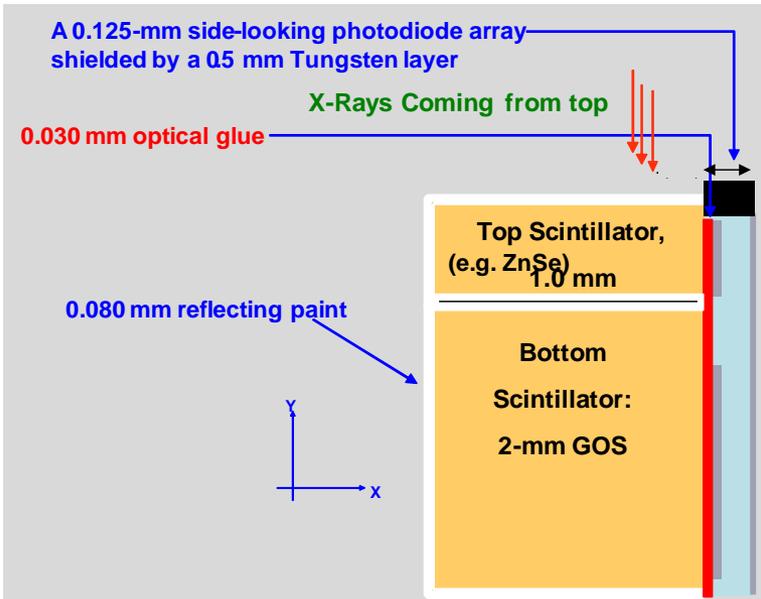
Detector's radiation signal and total noise as a function of absorption path in water, and Tube Current

- An exaggerated RMS noise of 5 pA has been taken in account, just for demonstration
- Today's readout ASICs which are assembled attached to the photodiodes have RMS noise  $< 3$  pA
- In most read-out electronics, both Sigma-Delta, or Current-to-Frequency, the RMS noise increases slightly for shorter integration periods

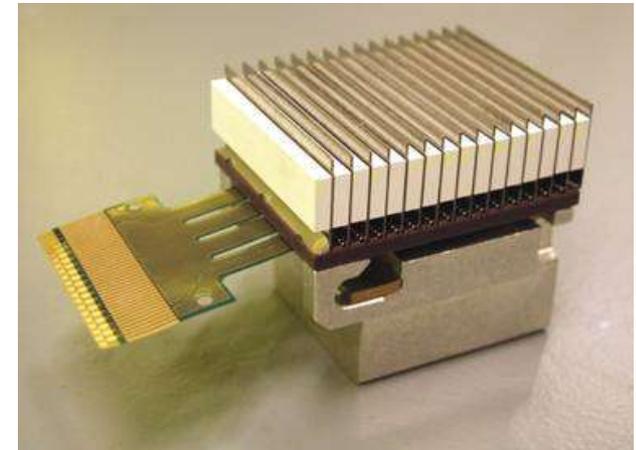
# Low Dose Artifacts (rings), introduced by Electronic Noise and Non-Linear Effects

1. 50-cm water phantom
2. Old version Electronics Philips BR-64 (non-tiled)
3. Scanned at 0.4 sec/rot., with 70 mAs
4. Measured RMS noise ~5pA
5. Artifacts caused mainly by electronics non-linear effects and offset stability during the scan



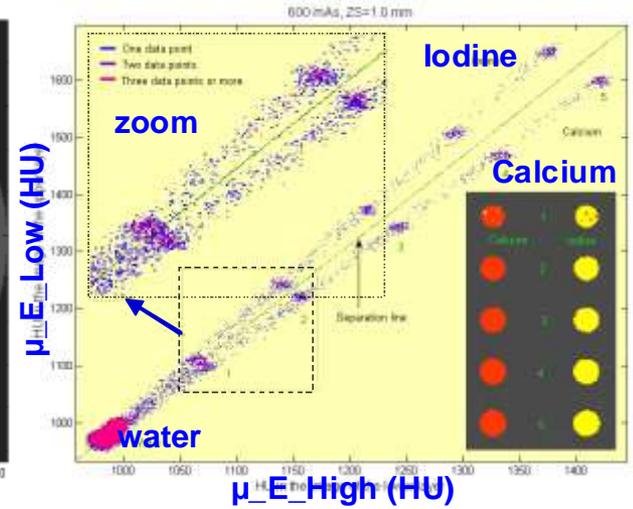
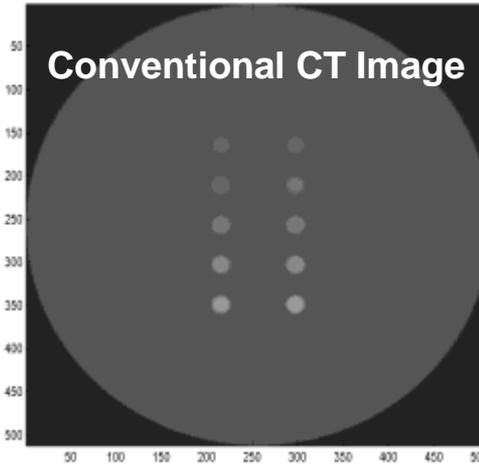
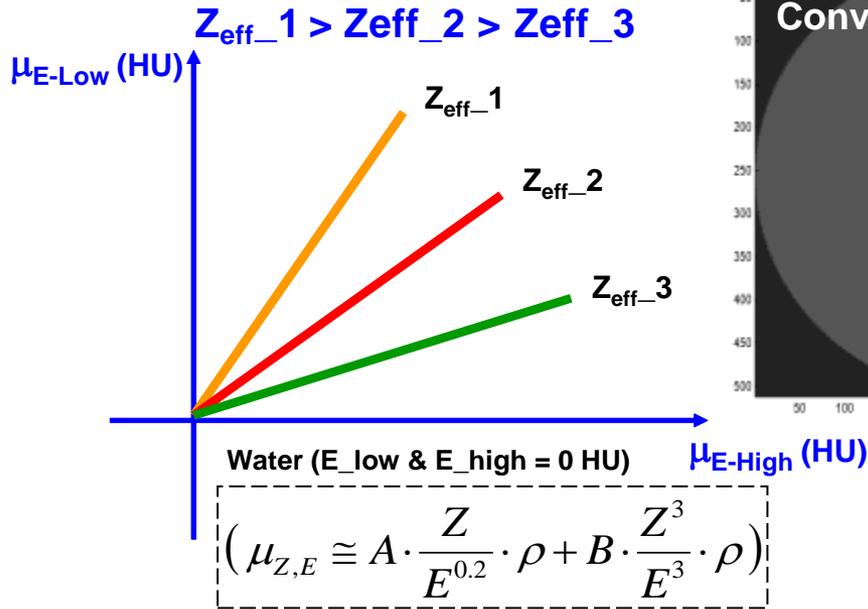


Stacking Dual-Layer 1-D arrays into a single standard detection tile

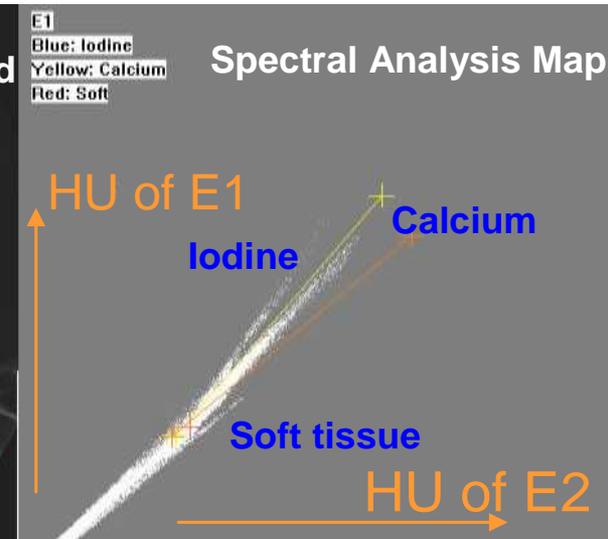
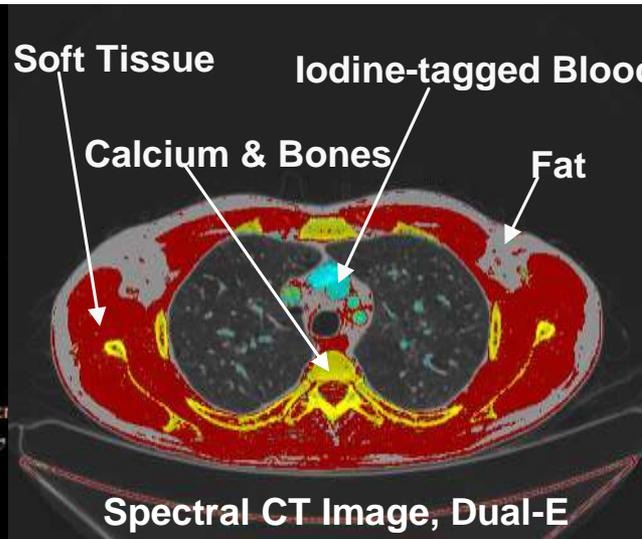
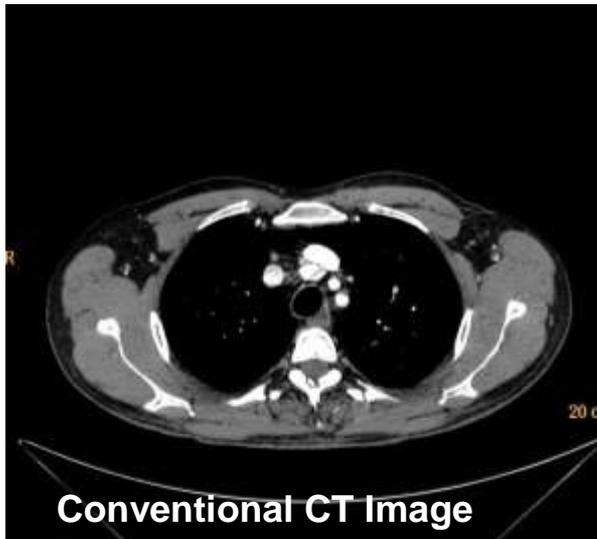


**A 16 X 16 pixels Dual-Layer Detector Tile for A Dual-Energy Spectral CT**

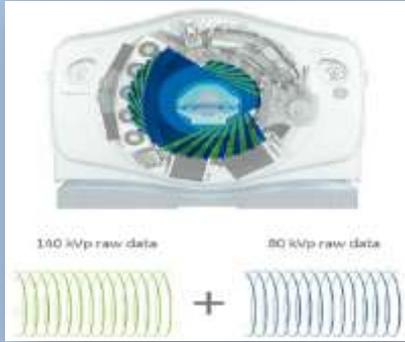
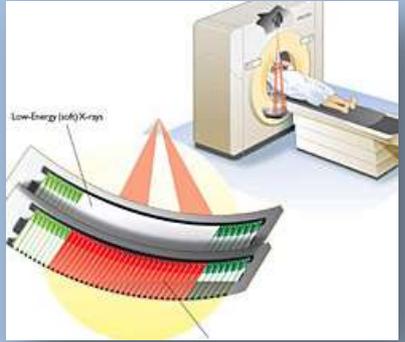
# PHILIPS Dual Layer Detector Data Representation – Image Domain



A phantom with different concentrations of Calcium and Iodine contrast agent



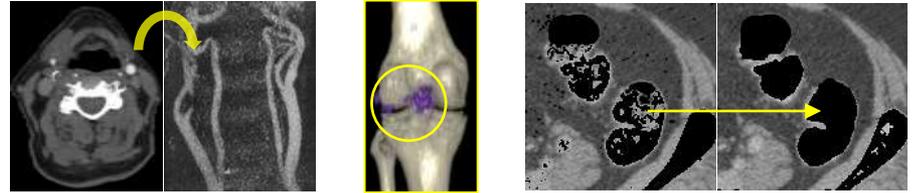
# Dual-Energy Technologies – Various Vendors

	<p><b>Siemens</b></p>  <p><b>SOMATOM Definition Flash</b> Latest Generation of Dual Energy CT</p> <p><b>System Design</b></p> <ul style="list-style-type: none"> <li>• Two X-ray tubes at 95°, each with 100 kW</li> <li>• Two 128-slice detectors, each with 64x0.6mm collimation and z-flying focal spot</li> <li>• SFOV A/B-detector: 60/33 cm</li> <li>• 0.28 s gantry rotation time 75 ms temporal resolution</li> </ul>	<p><b>GE</b></p>  <p>140 kVp raw data + 80 kVp raw data</p>	<p><b>Philips</b></p>  <p>Low-Energy (soft) X-ray</p>
Technology Path	Two-tube Two-Detector configuration	One tube with fast kV switching	One tube, detectors with simultaneous high and low energy discrimination
Full FOV	✗ Limited (~35 cm)	✓ Full (50 cm)	✓ Full (50 cm)
High/Low Energy Separation	✓ +	✓	✗
Projection Space Reconstruction	✗	✓	✓
Tube Current Modulation	✗	✗	✓
Low/High Energy Image Reconstruction	✓	✗	✓
Retrospective Dual-E Analysis, all protocols	✗	✗	✓

# Dual-Layer Spectral CT – Main Clinical Applications

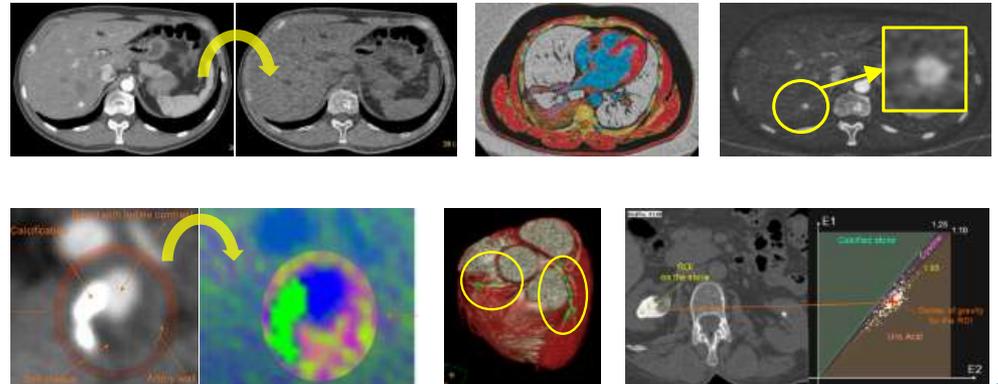
**Material Separation**

- Direct CTA
- Gout Diagnosis
- Prep-Less CT Colonography



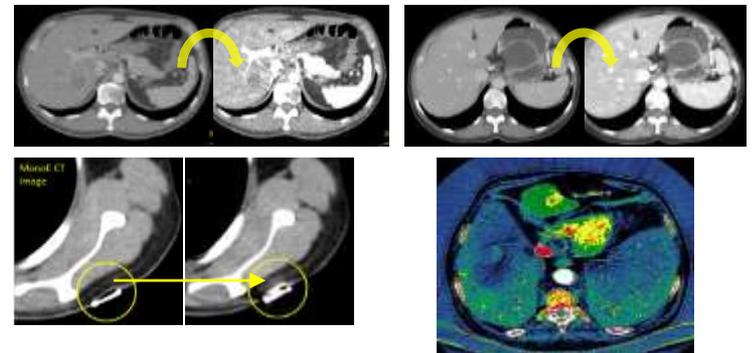
**Material Quantification**

- Virtual Non-Contrast
- Blood Flow Iodine Perfusion (PE)
- **Lesion Uptake & Volume Assessment**
- **Plaque Characterization**
- **Cardiac CT**
- Urinary Stone Characterization



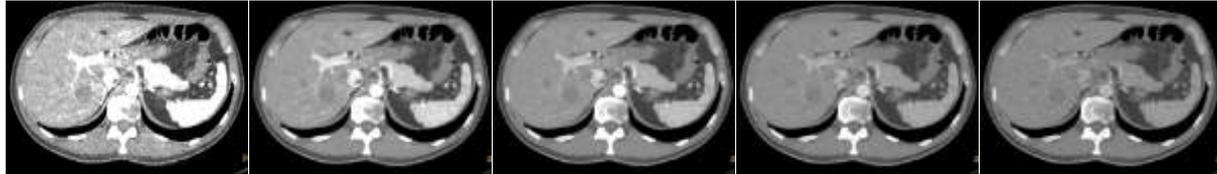
**Monochromatic Imaging**

- Salvaging Sub-Optimal CTAs
- Optimum CNR Imaging (↑Lesion visualization)
- Metal & Beam Hardening Reduction
- Effective Atomic Number

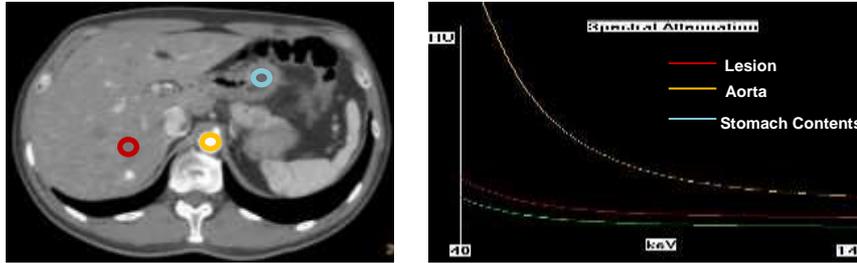


# Dual-Layer Spectral CT, Clinical Experience

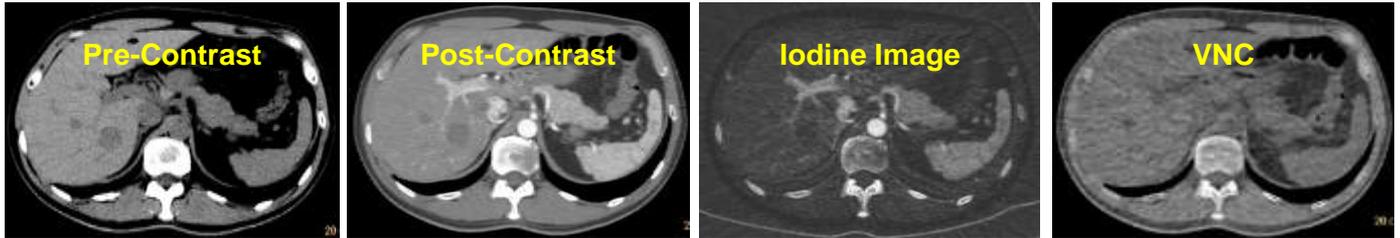
**Monochromatic Imaging**



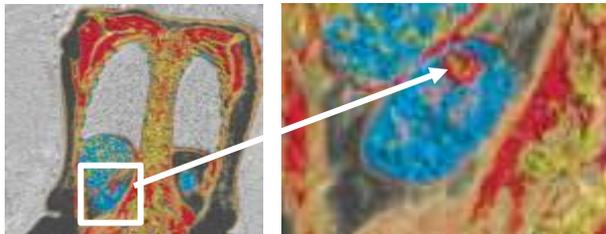
**Lesion Characterization**

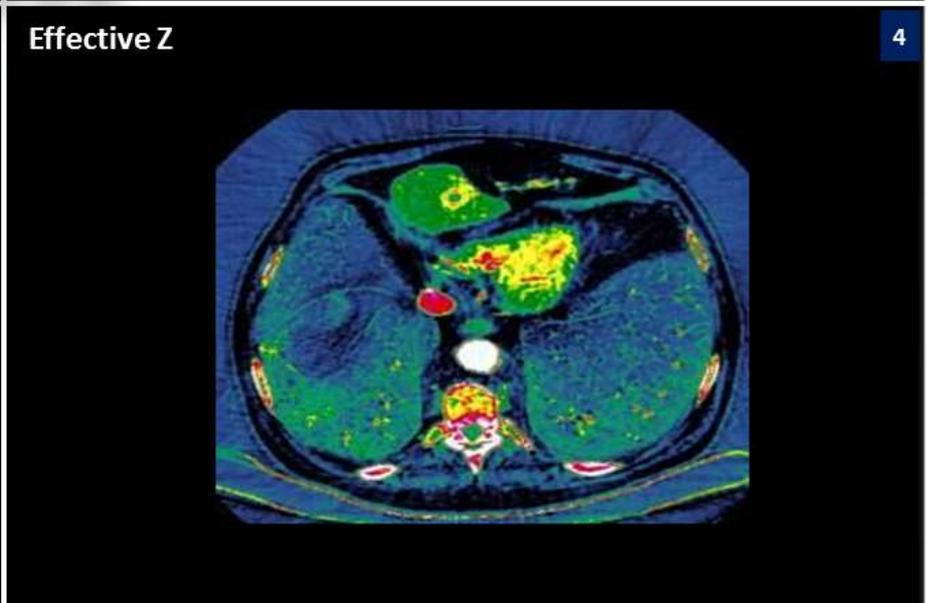
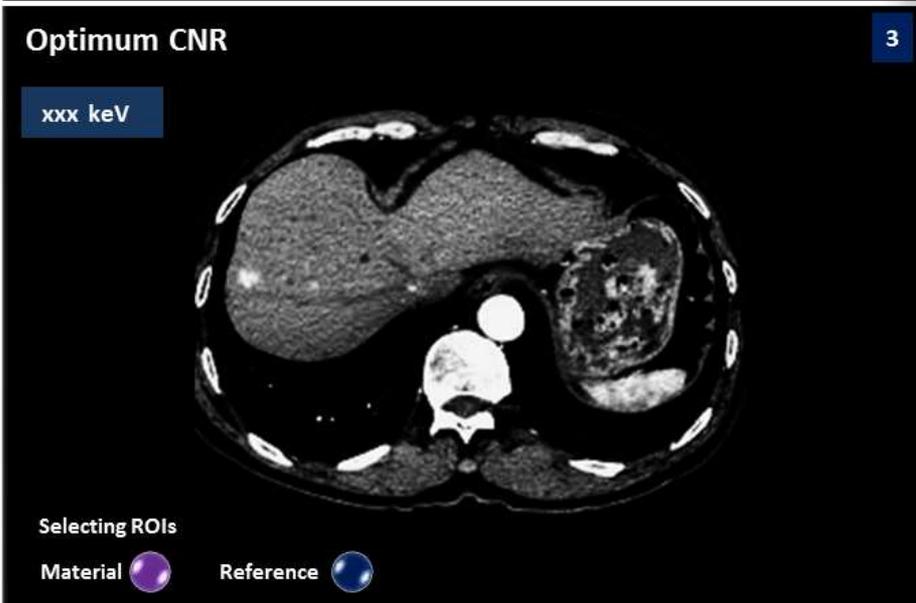
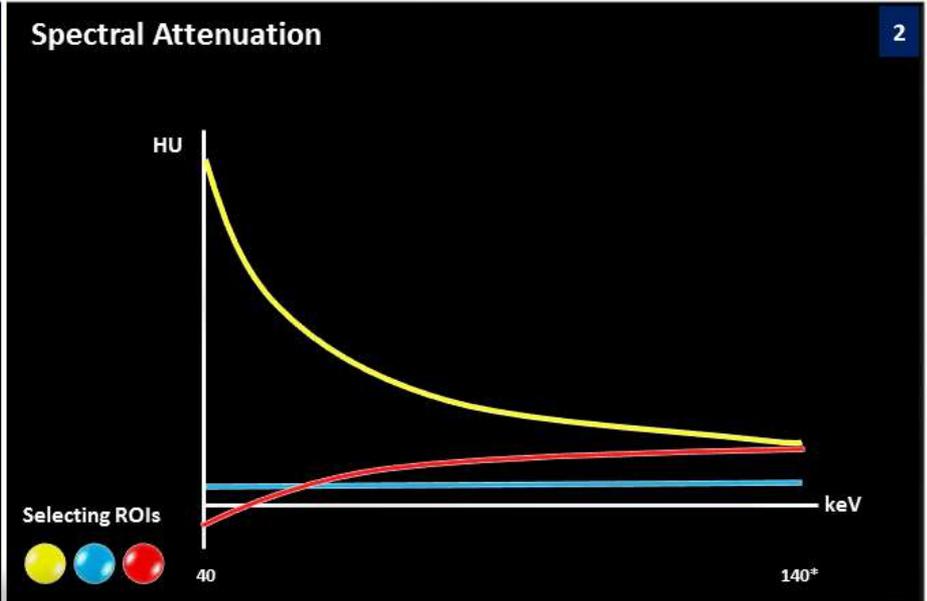
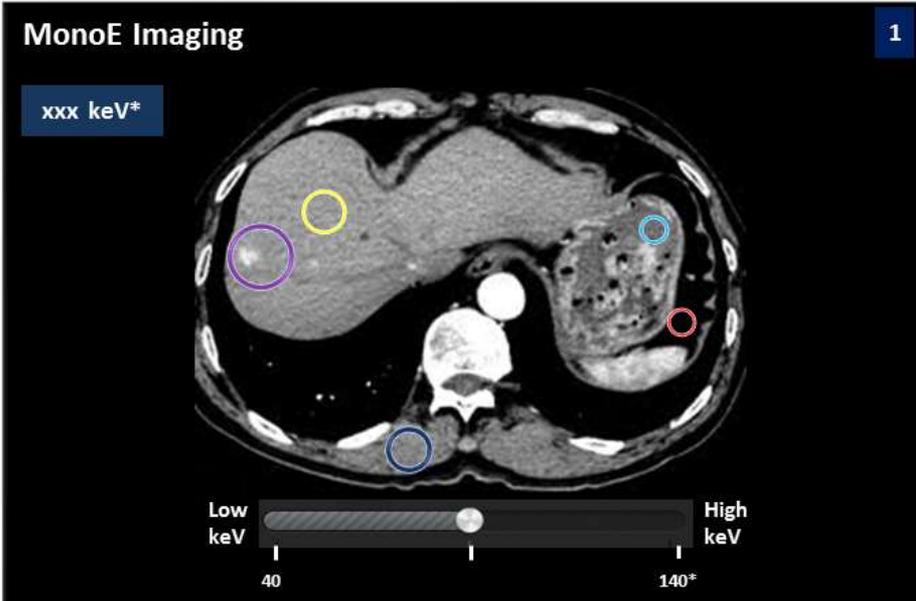


**Material Decomposition**

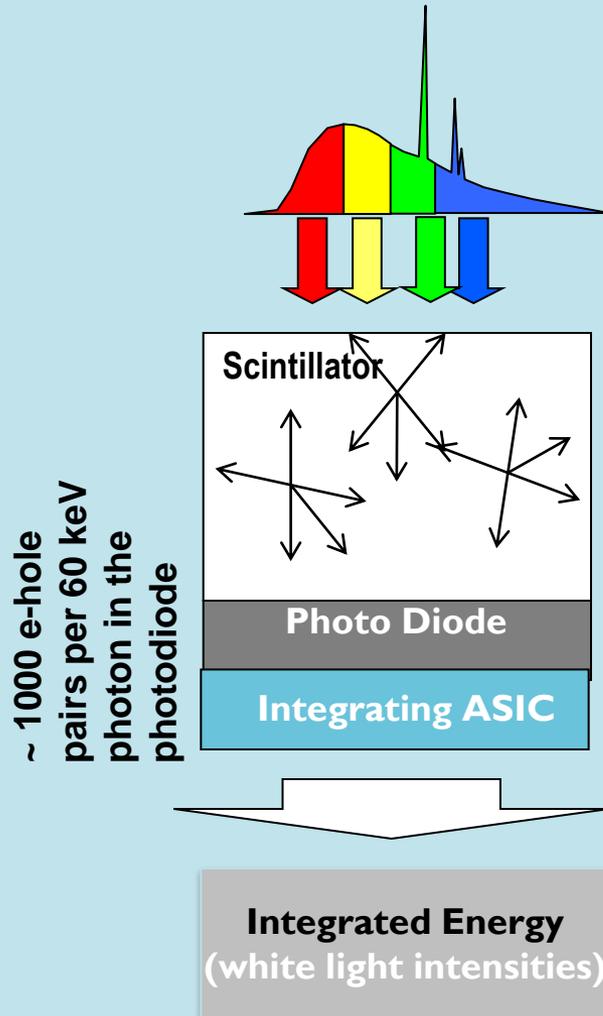


**Material Decomposition (Color Display)**

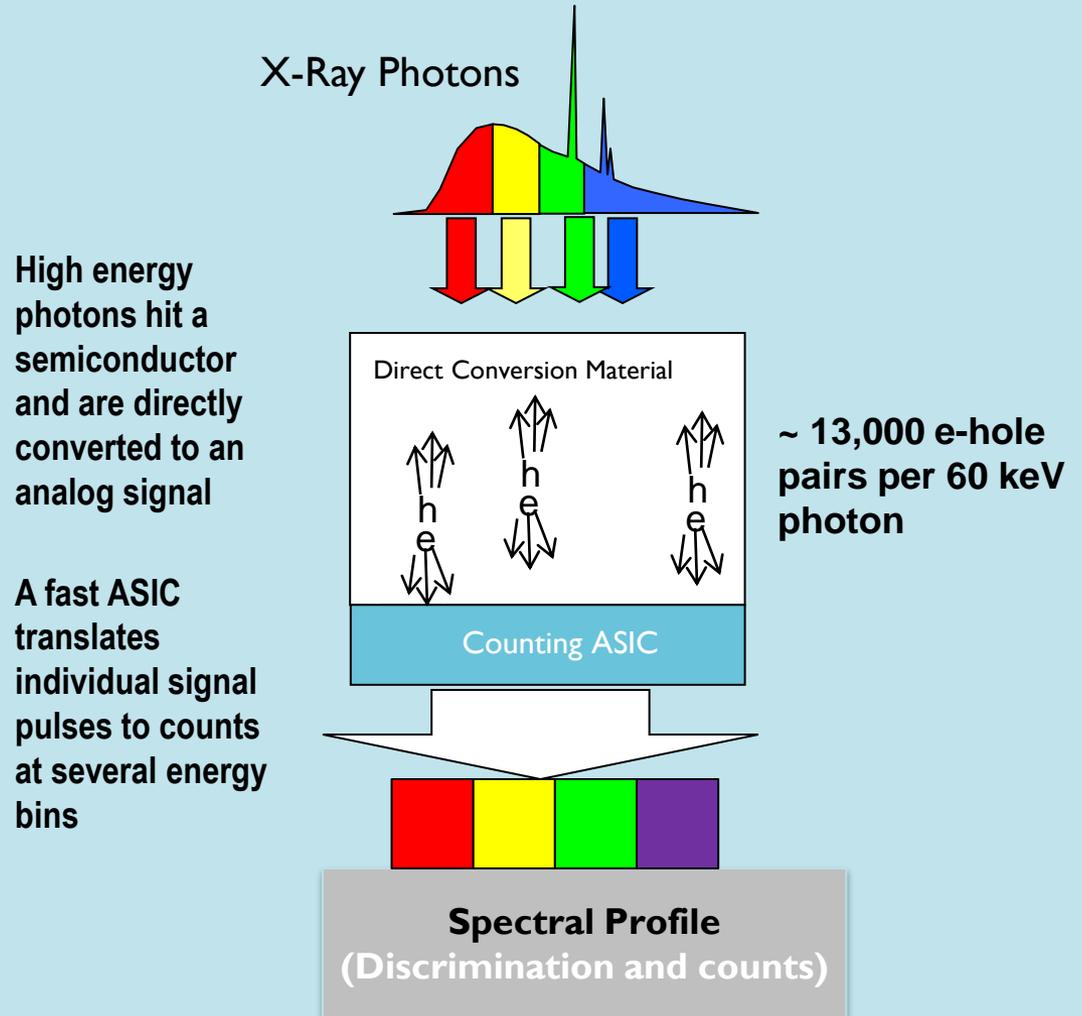




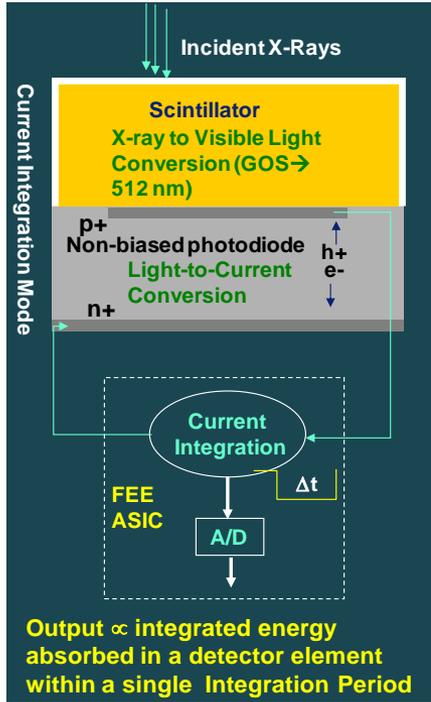
## Conventional Detector



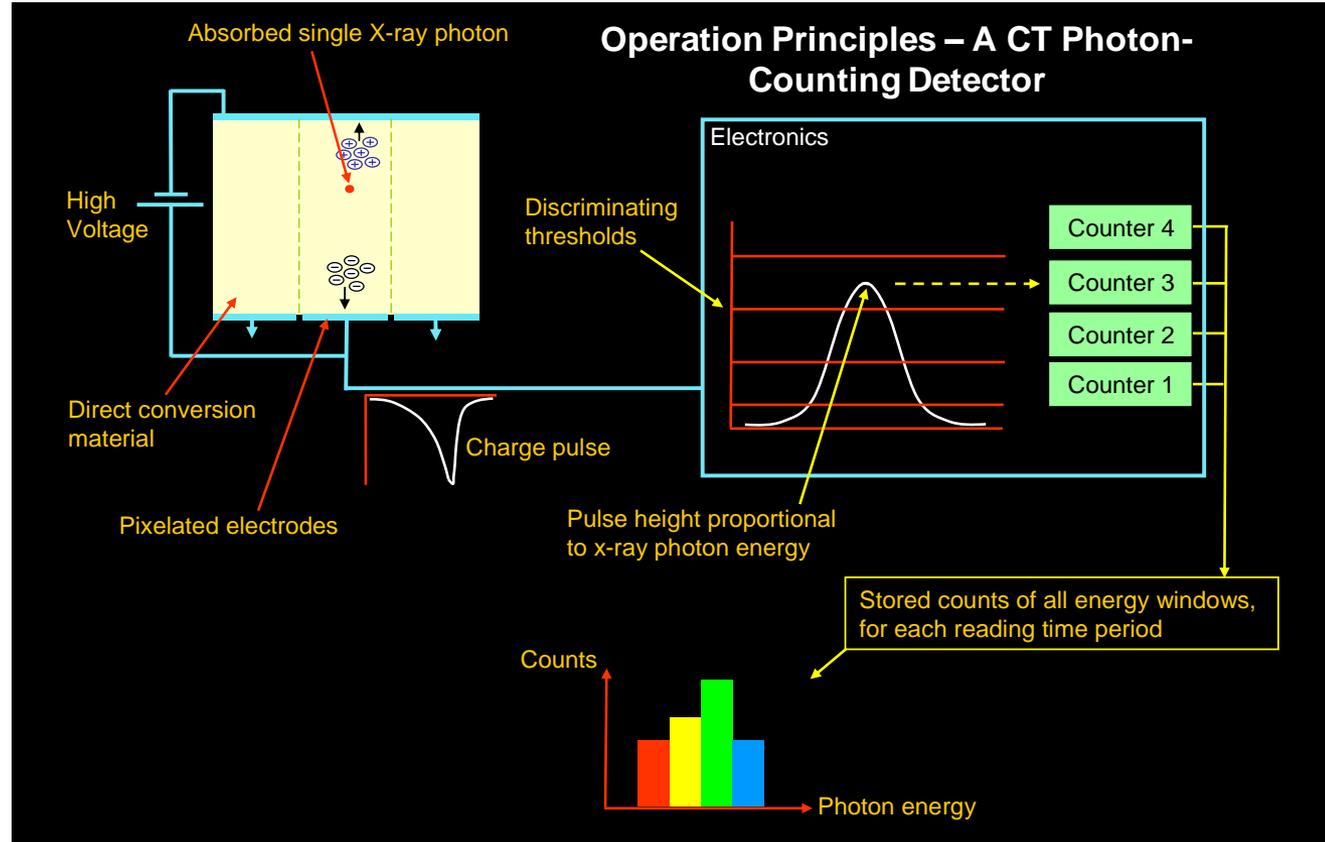
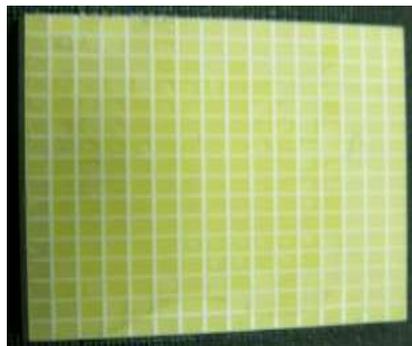
## Direct Conversion Detector



# PHILIPS Photon Counting Detector Direct Conversion VS Energy Integration

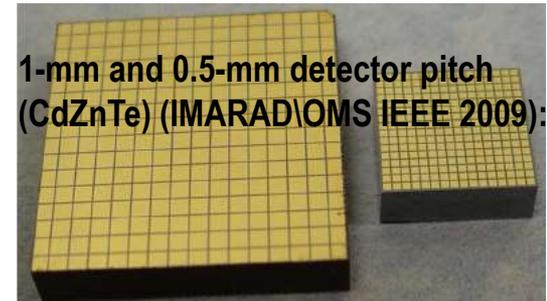


**A Current-Integration CT Detector**



**A Photon-Counting, Direct-Conversion, CT Detector**

PhC Requires much smaller pixels to enable CT radiation rates

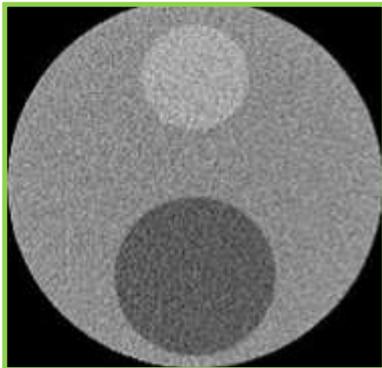


$$S_{ph.c.} \propto \sum_{i=1}^{N_{bins}} 1 \cdot k_i$$

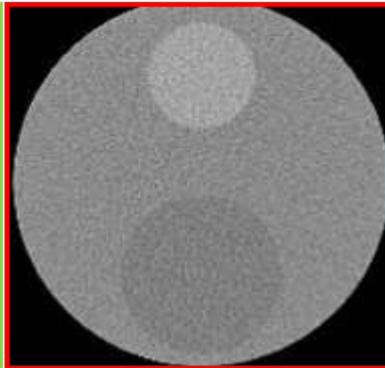
$$S_{EI} \propto \sum_{i=1}^N E_i \cdot k_i \rightarrow \int_0^\infty E \cdot w(E) dE$$

$$\sigma_{ph.c.} \propto \sum_{i=1}^{N_{bins}} 1^2 \cdot k_i$$

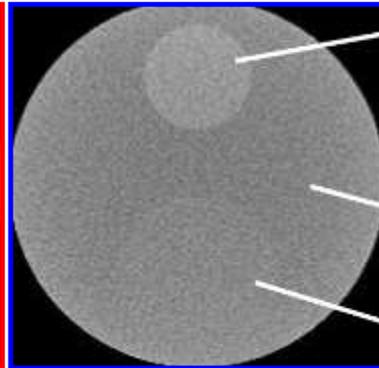
$$\sigma_{EI} \propto \sum_{i=1}^N E_i^2 \cdot k_i \rightarrow \int_0^\infty E^2 \cdot w(E) dE$$



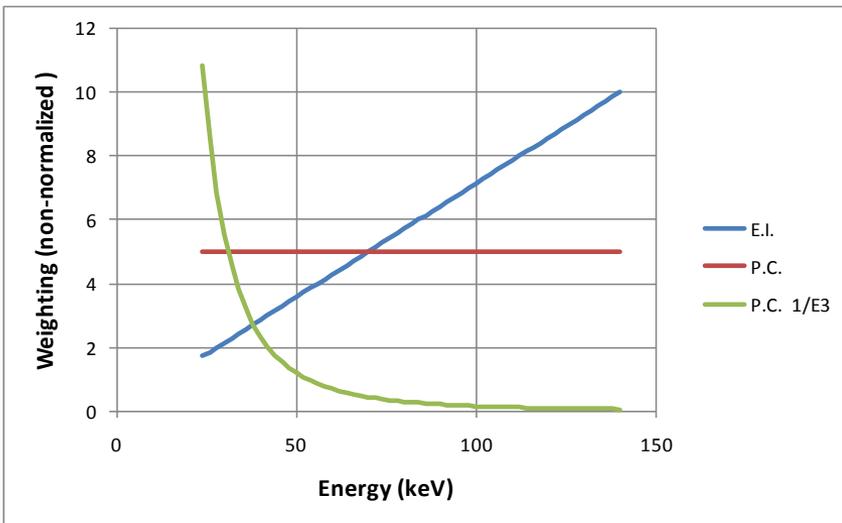
8 bins of 11-keV each:  
1/E<sup>3</sup> weighting



Photon-Counting  
total (no energy  
bins weighting)

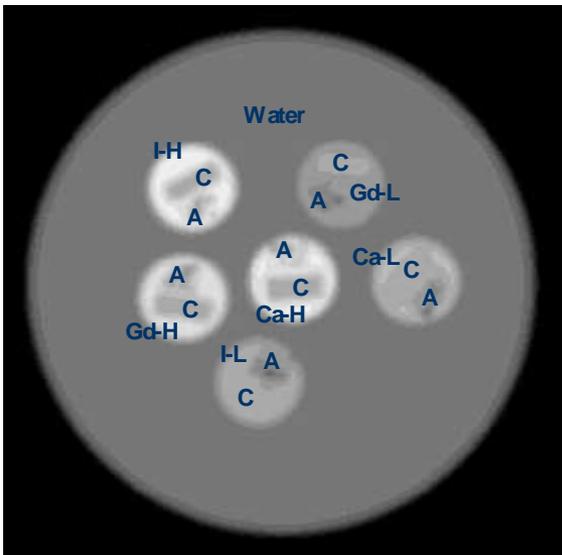


Energy Integration



1. Z<sub>eff</sub> of Plexiglas is ~20% < water
2. Energy Integrating over weights density over Z.
3. Photon Counting changes HU ratios, Contrast difference, and CNR
4. Opportunity to adapt energy weighting to specific applications
5. Potential increase in soft-tissue resolution.

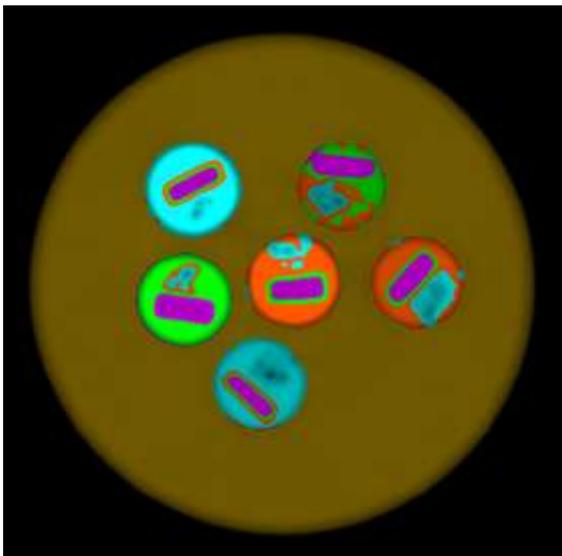
# PHILIPS Where Dual-Energy CT Fails – The Need for More than 2 Energy Bins.



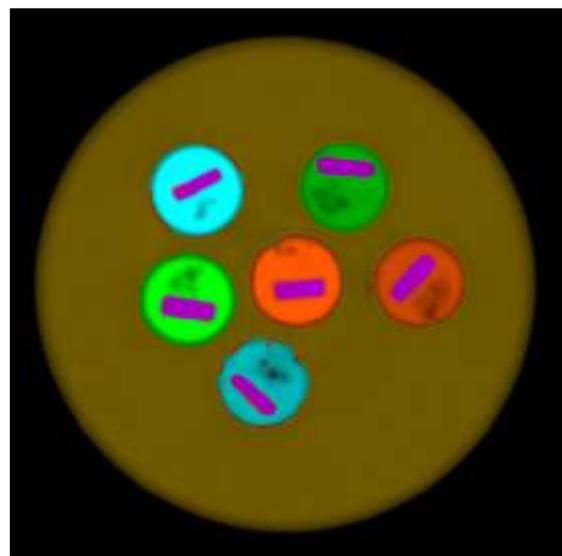
**I** – iodine  
**Gd** – gadolinium  
**Ca** – calcium (as CaCl)  
  
**H** – high concentration  
**L** – low concentration  
  
**C** – solid carbon  
**A** – air bubbles (in foam)

*(Measured in a Rotating Table Photon Counting Mini CT, PHILIPS Healthcare, Haifa)*

Mixtures or interfaces of more than 2 materials, suffers from spectral partial volume, distorting material decomposition and classification



**2 spectral windows:**  
 25-46, 85-125 keV

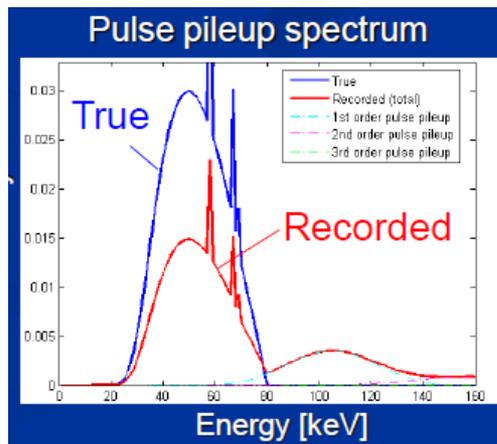
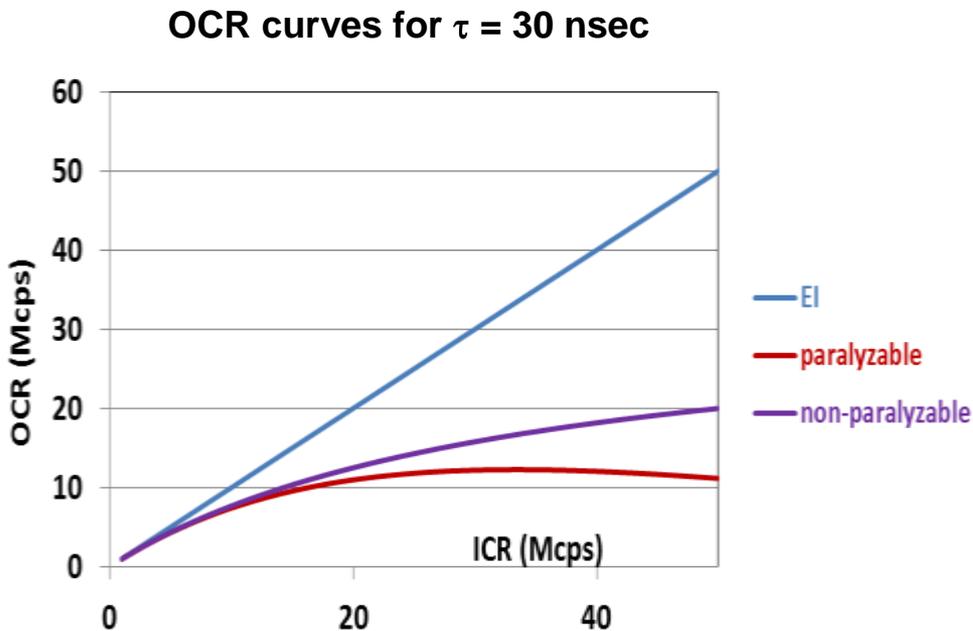
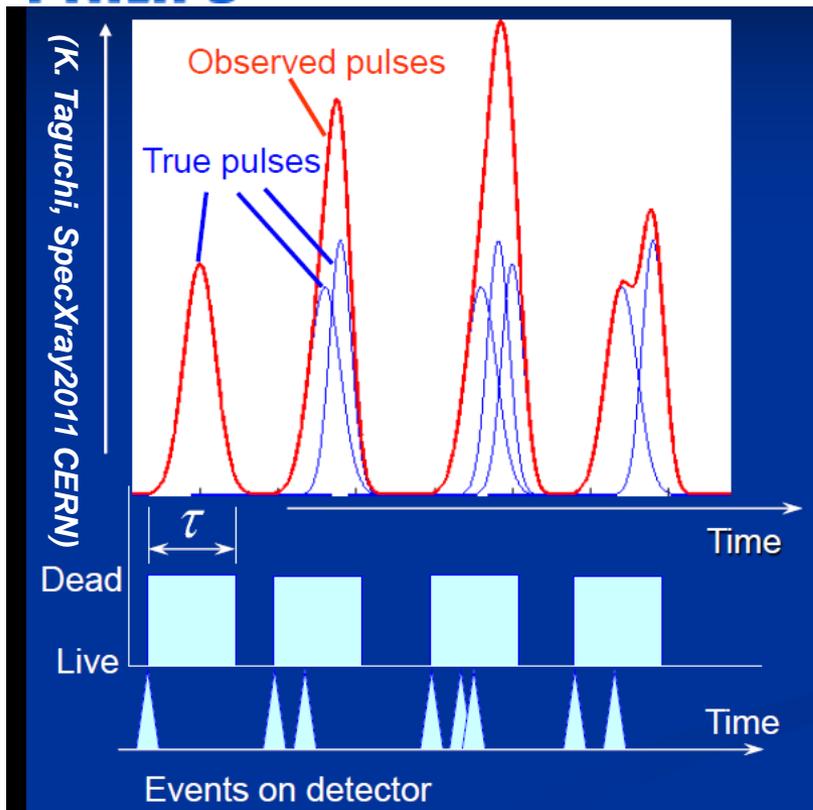


Iodine  
 Calcium Chloride  
 Gadolinium  
 Carbon  
 Water

**6 spectral windows:**  
 25-46, 46-54, 54-65, 65-75, 75-85,  
 85-125 keV

## **So Where is The Catch, Why CT is Not Transforming to Photon-Counting Detector?**

- 1. Best Candidates, CdTe and CdZnTe (CZT) are not easy to manufacture, to meet CT requirements**
- 2. Detector Polarization (eliminating or distorting the electric field inside the detector, stopping any signal output), mainly caused by traps and impurities in the crystal lattice**
- 3. Charge sharing between close neighboring pixels, causing low energy tail, that distorts measured energy spectrum, especially for a wideband spectrum like in CT**
- 4. Te and Cd fluorescence K-escapes to neighbor pixels and from neighbor contributing to the low-energy tail**
- 5. Pile-Up already at relatively low rate**



**Paralyzable:**  $OCR = ICR * \exp(-ICR * \tau)$

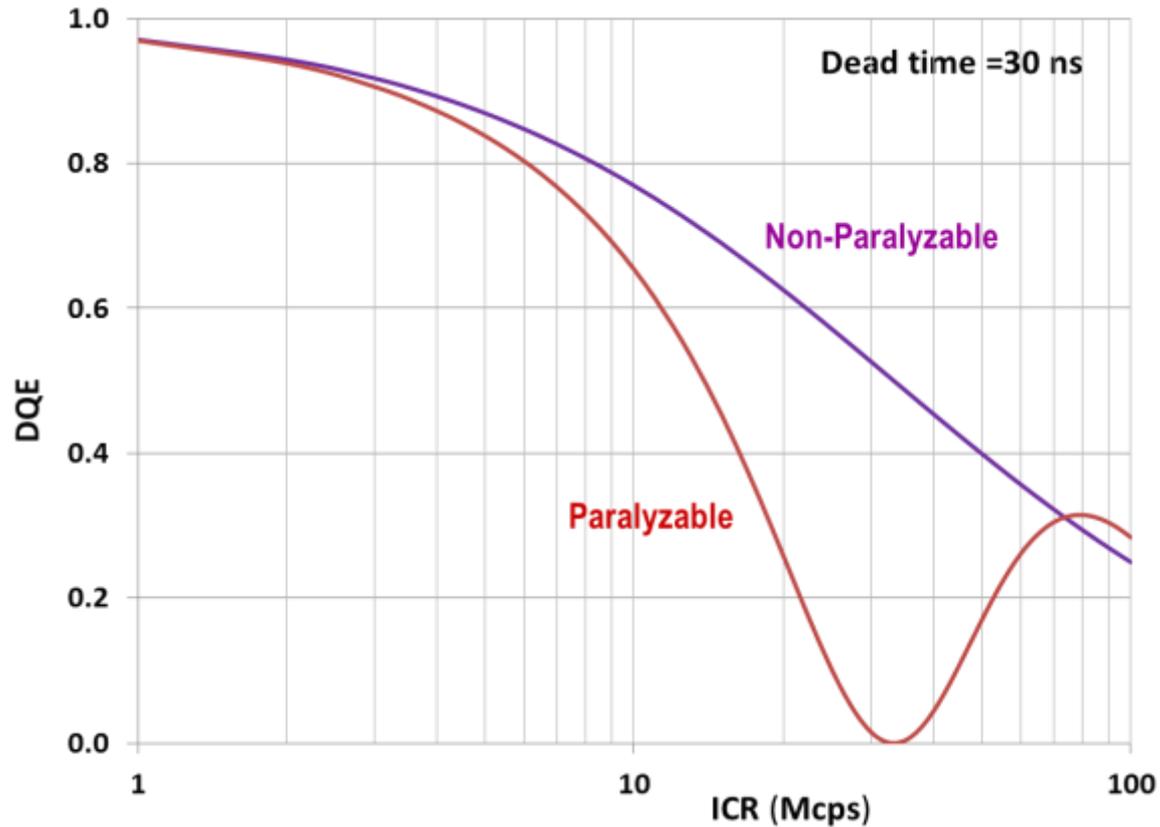
**Non-Paralyzable:**  $OCR = \frac{ICR}{(1 + ICR * \tau)}$

**OCR=Output Count Rate**  
**ICR=Input Count Rate**

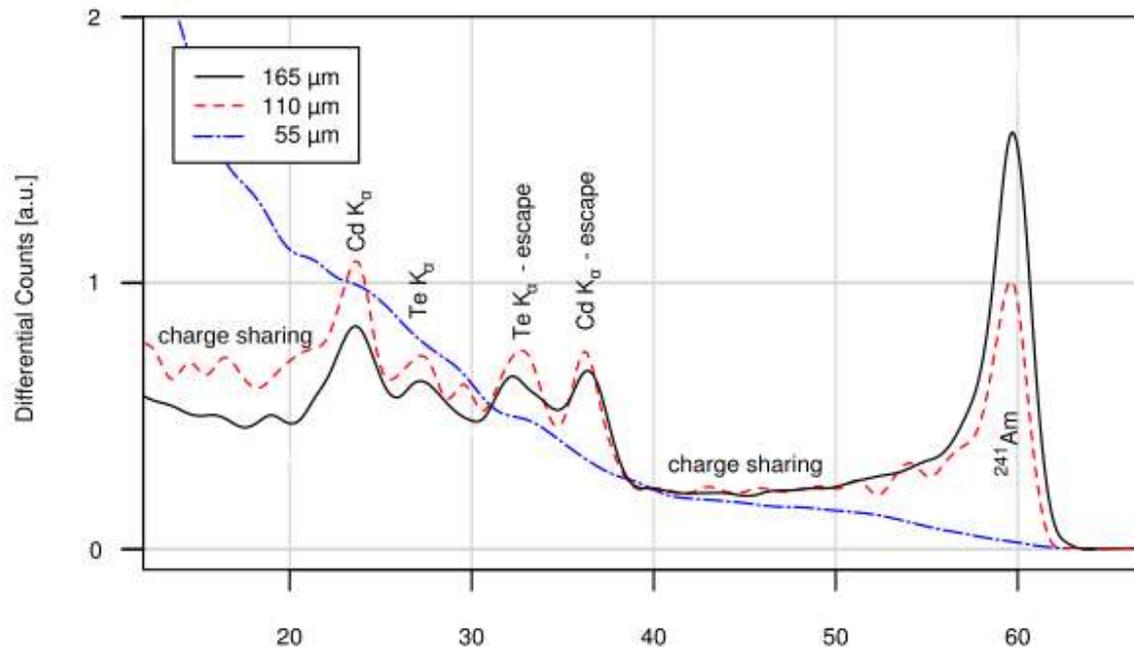
$$DQE(\nu) \equiv \frac{SNR_{out}^2(\nu)}{SNR_{in}^2(\nu)} \rightarrow DQE = \left( \frac{\frac{\partial(OCR)}{\partial(ICR)} * \left( \frac{ICR}{\sqrt{(VAR)_{OCR}} \right)} \right)^2}{\left( \frac{ICR}{\sqrt{VAR_{ICR}}} \right)}$$

**For Variance estimates see**

Yu and Fessler in Phys. Med. Biol. 45 (2000) 2043-2056.

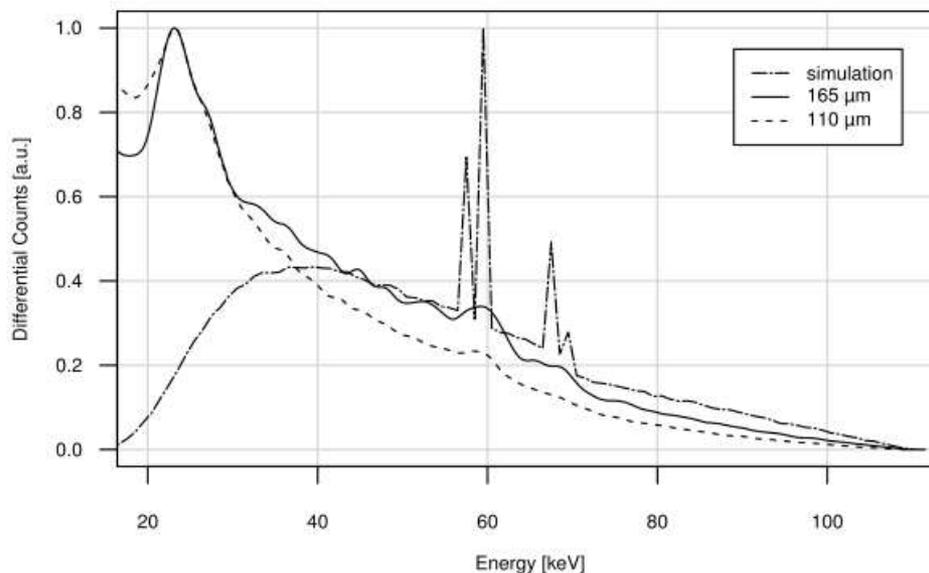


**CdTe arrays: Spectral response to Am241 source (59.5 keV)**



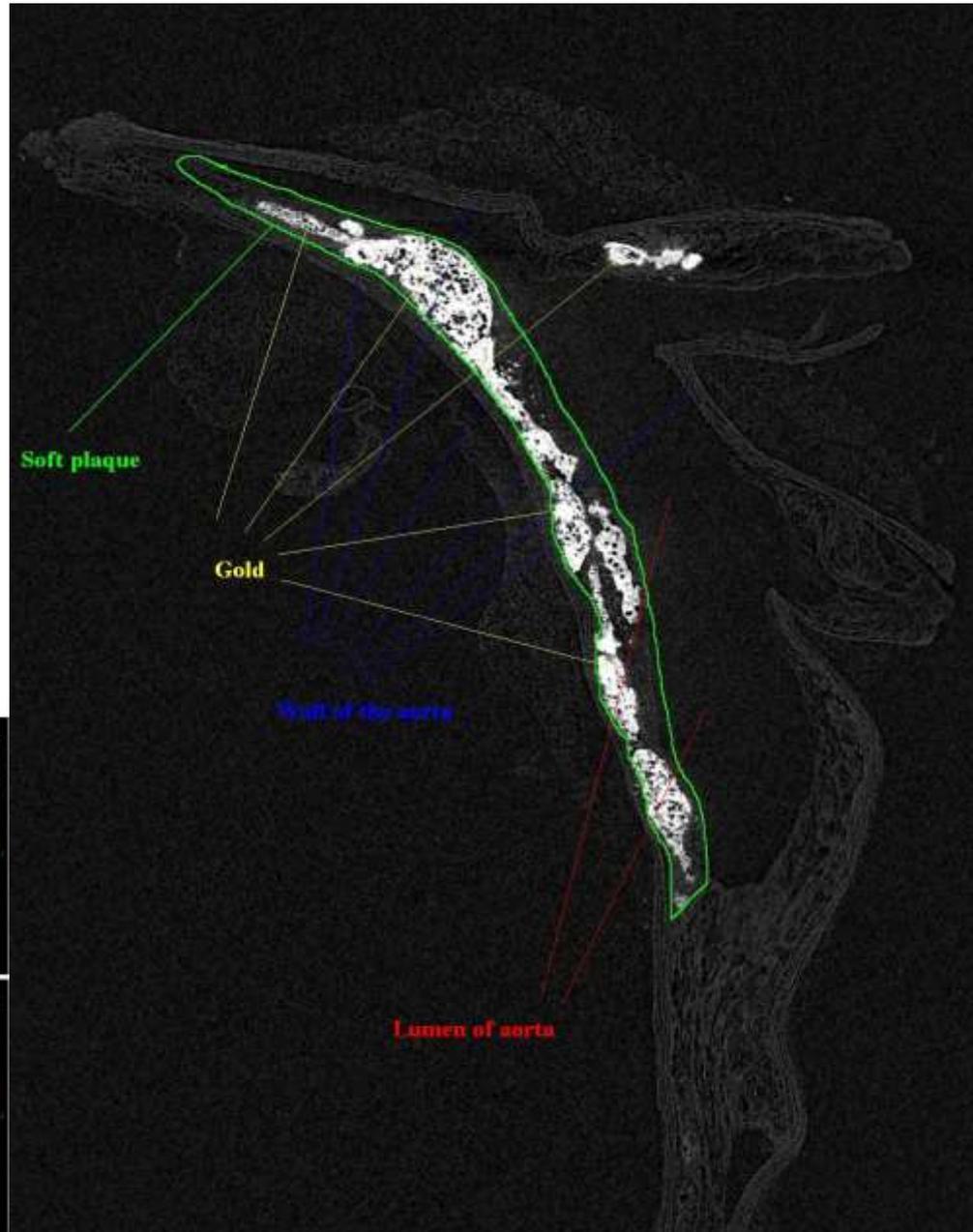
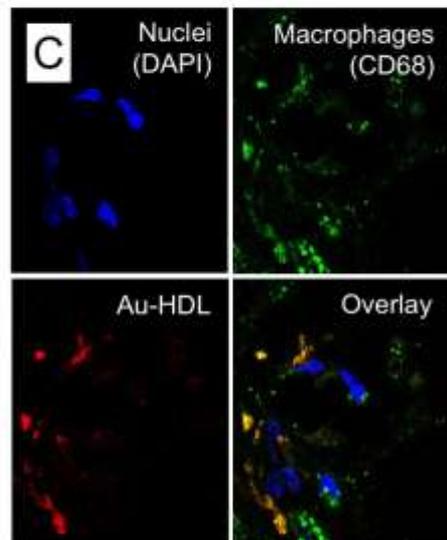
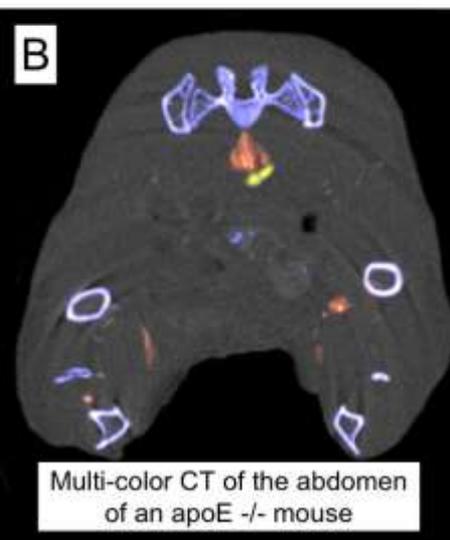
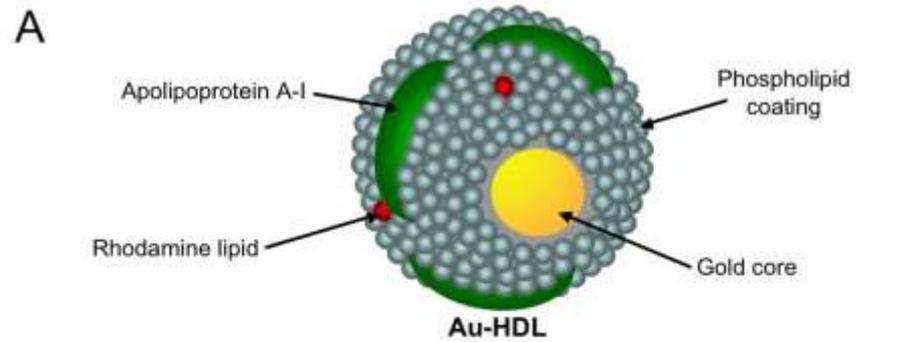
*Figures taken from  
T. Koenig et al  
Phys. Med. Biol. 57 (2012) 6743–6759*

**CdTe arrays: Spectral Response to a 110 kVp X-Ray Tube**



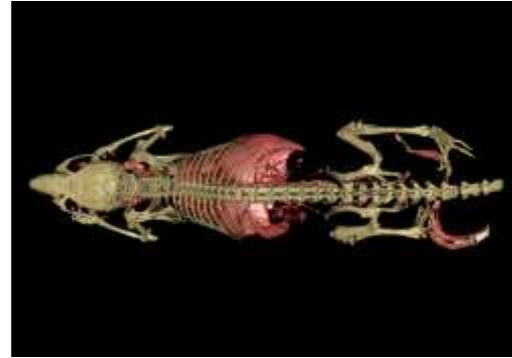


## Enabling K-Edge Imaging and Targeted CT Imaging (PHILIPS – Mount Sinai Collaboration)



**Washington University Collaboration**

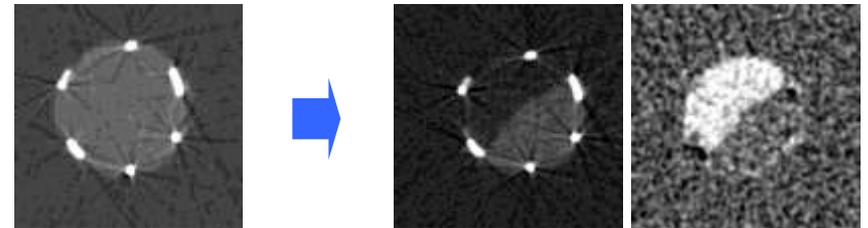
**Imaging nano particles, loaded with Gadolinium & Bismuth, and targeted mainly to fibrin in soft plaque**



Anatomical mouse image with Iodine concentration overlay

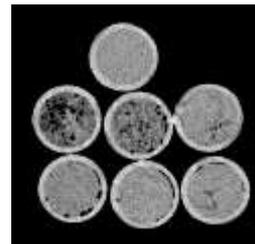


Human carotid samples with targeted contrast agent



Artificial calcification inside of a stent.

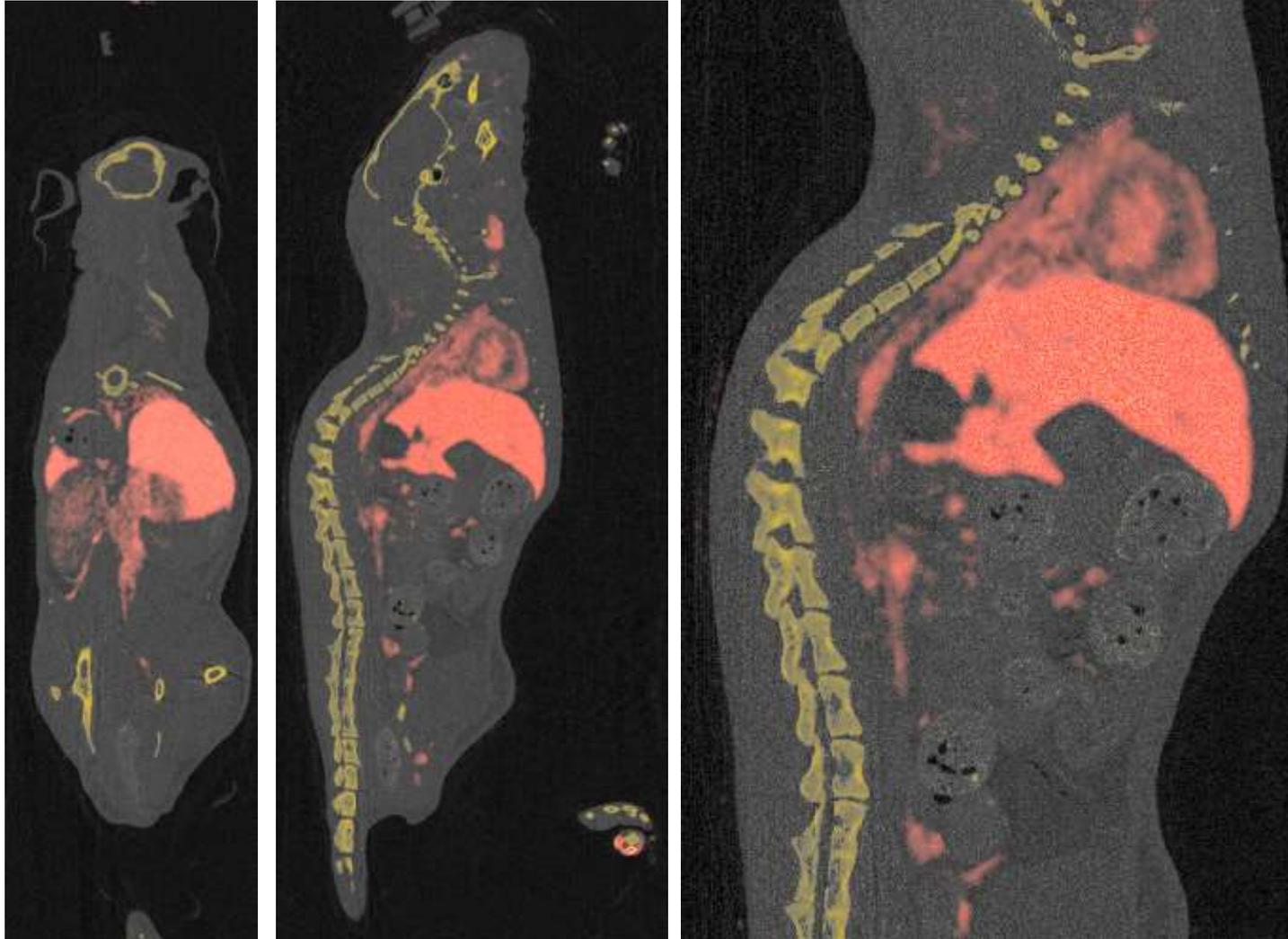
Left: integrated CT image, Right: photo- and Gd image



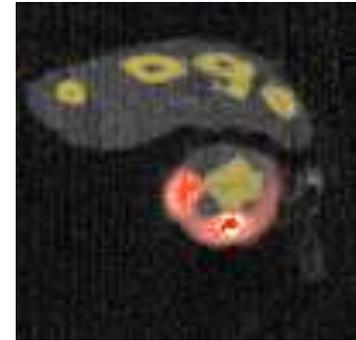
Hepatitis steatosis (fatty liver) phantom measurements

# imaging results

From collaboration with Eindhoven



- iodine-based bloodpool agent
- mouse images



Tail cross section

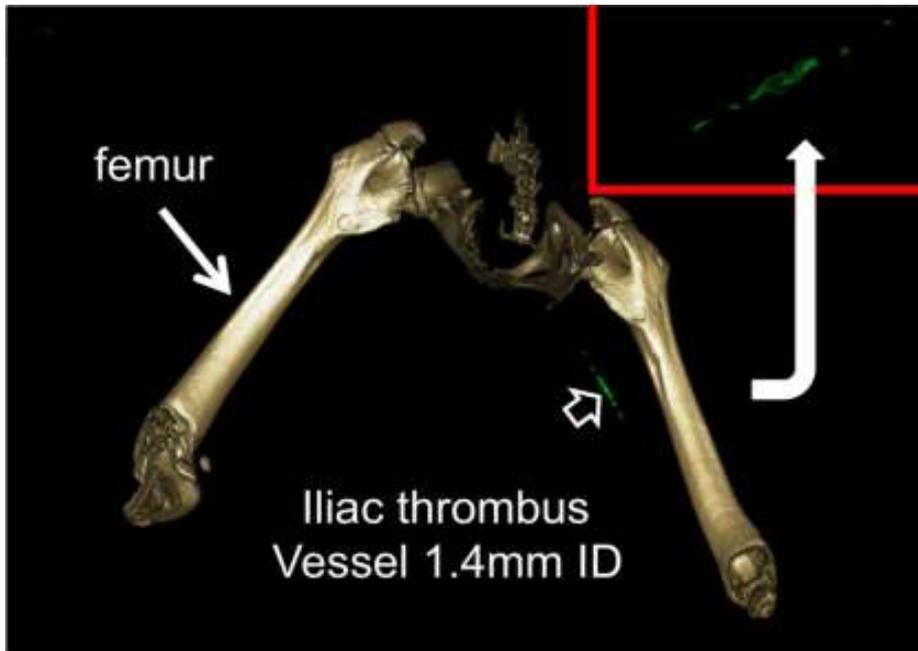
organ	view	$\rho_I$ [ $\mu\text{g}/\text{mm}^3$ ]
liver	c	$4.6 \pm 0.2$
spleen	c	$4.0 \pm 0.3$
kidney	c	$1.9 \pm 0.2$
heart	s	$2.9 \pm 0.2$
liver	s	$4.5 \pm 0.2$

Quantification

# Investigating K-Edge Imaging at WashU

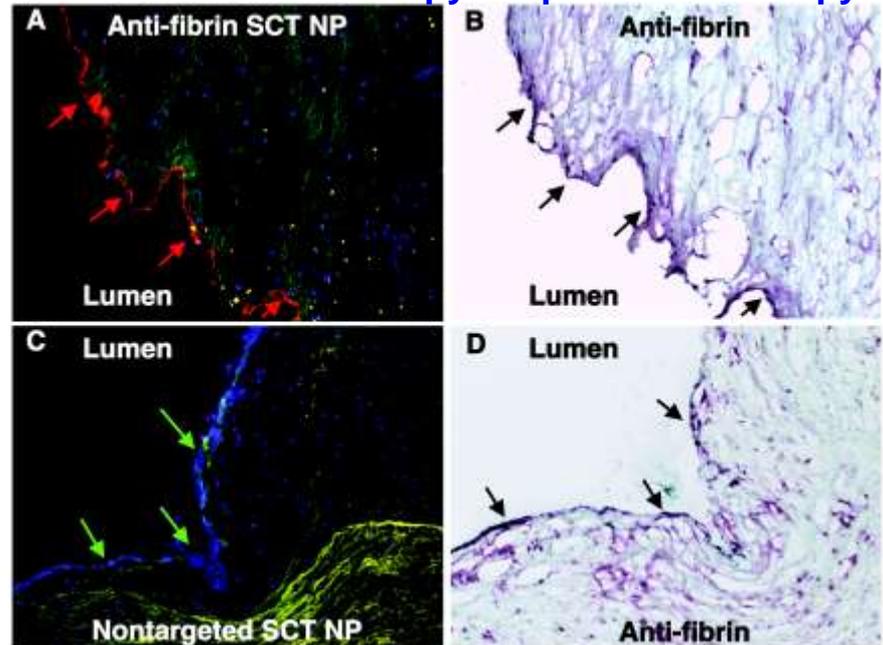
Bismuth Nanobeacons Target Fibrin of Thrombus on Ruptured Plaque

Applications demand high delivered payloads of heavy metals targeted to intraluminal thrombus, but excluded from intraplaque fibrin.



NanoK targeted to thrombus in situ. Systemic targeting studies on-going in vivo

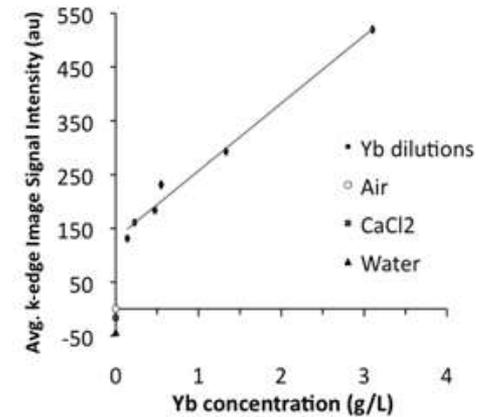
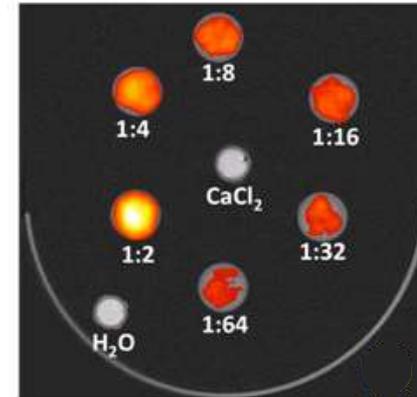
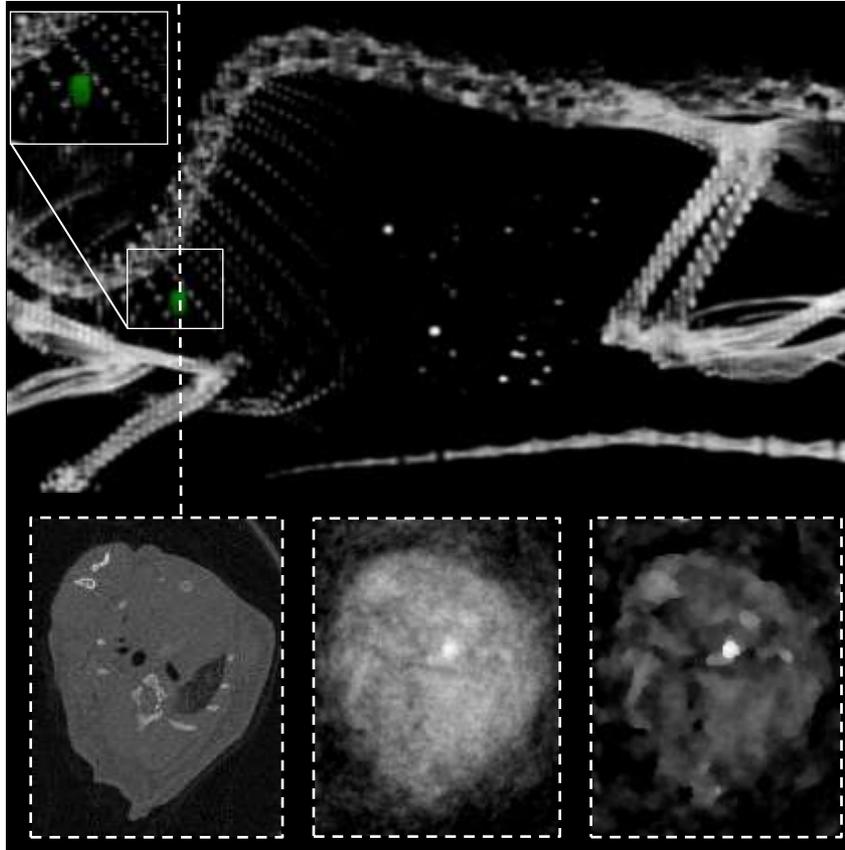
fluorescence microscopy      optical microscopy



Nanoparticles home specifically to intra-luminal fibrin not intramural fibrin from healed hemorrhage or rupture  
(in vitro CEA specimens from Patient)

# Investigating K-Edge Imaging at WashU

Imaging of new Ytterbium Nanobeacons



# Consequences

- 1. Innovative detectors technologies has lead, and will lead future CT evolution and revolution towards quantitative imaging in more than just anatomy and morphology.**
- 2. Detector-based spectral CT enables the benefit of material\tissue analysis retrospectively for all conventional protocols, without the need to decide on a specific Dual-Energy protocol.**
- 3. Photon-Counting detectors for spectral CT imaging is a promising technology, that offers also much better spatial resolution, no electronic noise, better CNR, capability to further reduce dose, and a more accurate material and tissue representation and decomposition.**
- 4. Photon-counting CT may open an opportunity to use targeted contrast agent, thus become more quantitative, enabling more personalized diagnostics.**
- 5. We are not yet there. There are several significant technology challenges, in detector performance and pile up issues, to overcome.**

