

*Image Quality for the Radiation
Oncology Physicist: Review of the
Fundamentals and Implementation*

Image Quality Review I: Basics and Image Quality

TH-A-16A-1 Thursday 7:30AM - 9:30AM Room: 16A



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Disclosures

- Trustee, American Board of Radiology
- Author, Essential Physics of Medical Imaging

Outline

- Image quality and ROC analysis
- Image quality fundamentals
 - Contrast resolution, noise, NPS
 - Spatial resolution, detail, MTF
 - Digital sampling and aliasing
 - Contrast – detail analysis
- Detector uniformity and flat-fielding
- Cone Beam CT issues
- QA – QC resources

Image Quality

Technologist/Therapist:

Work with the patient and the instruments to produce the best possible images.

Medical Physicist:

Optimize image quality of each medical imaging procedure to maximize diagnostic performance

Radiologist/Radiation Oncologist:

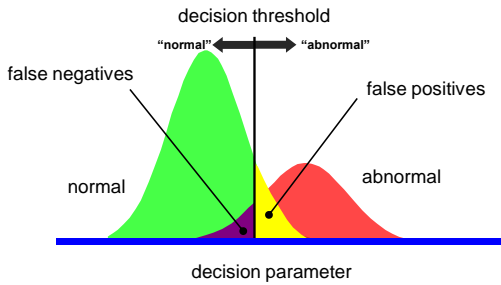
Optimize image interpretation skills for the most accurate diagnosis/evaluation possible

➔ maximize diagnostic performance

- sensitivity
- specificity

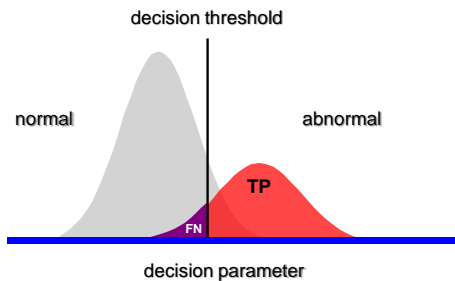
Receiver-Operator Characteristic (ROC) distribution

relationship to Image Quality and information

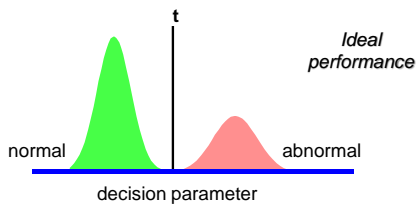
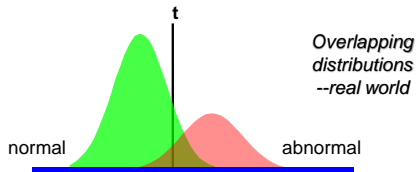
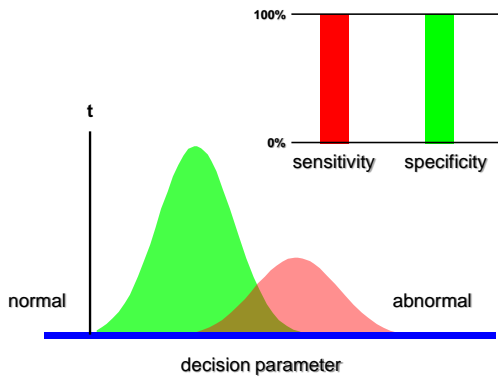
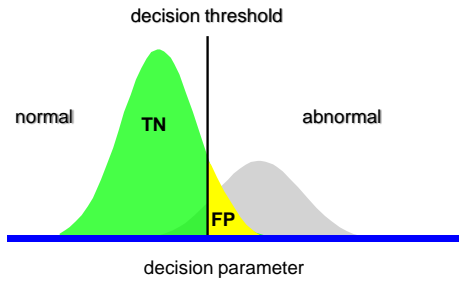


The ability to detect abnormality (disease) when it is present

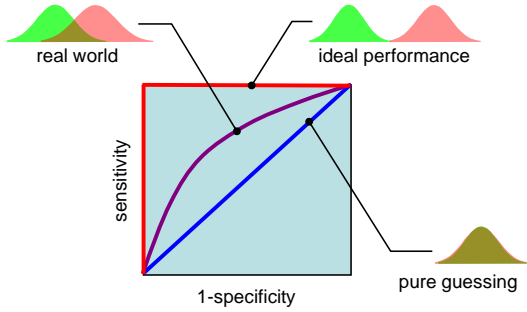
$$\text{sensitivity} = \frac{TP}{TP + FN}$$



specificity = $\frac{TN}{TN + FP}$ The ability to exclude abnormality (disease) when it is not present



receiver operating characteristic (ROC) curve



In ROC analysis, which of the following is a measure of sensitivity?

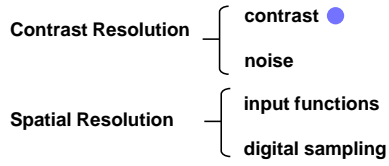
- 28% 1. $TP/(TP+FP)$
- 21% 2. $TP/(TP+FN)$
- 17% 3. $FP/(FP+TN)$
- 10% 4. $TN/(TN+FP)$
- 24% 5. $TP/(TP+FP+TN+FN)$

In ROC analysis, which of the following is a measure of sensitivity?

- 1. $TP/(TP+FP)$..Positive Predictive Value
- ✓ 2. $TP/(TP+FN)$ Sensitivity
- 3. $FP/(FP+TN)$... False Positive Fraction
- 4. $TN/(TN+FP)$ Specificity
- 5. $TP+TN/(TP+FP+TN+FN)$... Accuracy

Reference: Essential Physics of Medical Imaging, Bushberg, Seibert, Leidholdt, Boone, 3rd Ed. Lippincott Williams & Wilkens, 2012. Chapter 4, Image Quality

Image Quality



Contrast / Detail

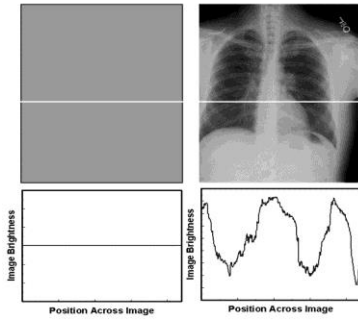


Image with no contrast

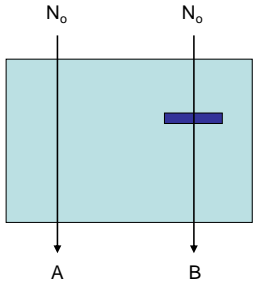
Image with contrast

Contrast

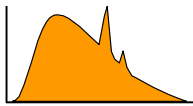
- subject contrast
- detector contrast
- digital contrast

Subject Contrast

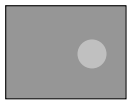
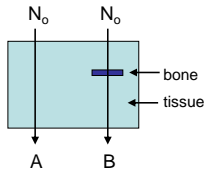
$$C = \frac{A-B}{A}$$



Subject Contrast



x-ray spectrum



low kVp

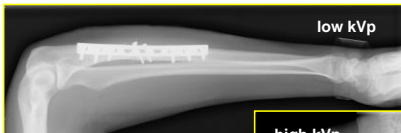


med kVp



high kVp

bone contrast example



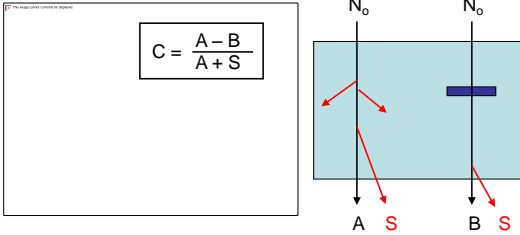
good bone contrast



good lung contrast

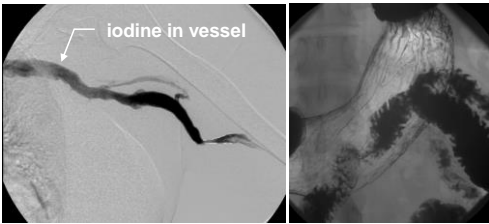
Subject Contrast

scattered radiation reduces subject contrast



Subject Contrast

contrast agents (obviously) affect contrast



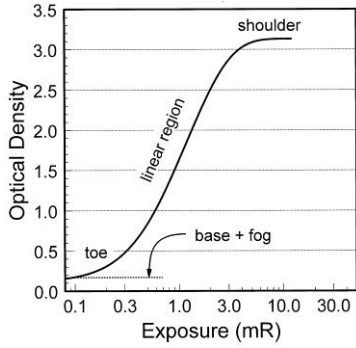
digital subtraction angiography with iodine contrast agent in vessel

double contrast GI study

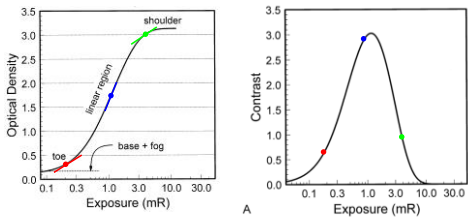
Contrast

- subject contrast
- detector contrast
- digital contrast

Detector contrast (screen film)

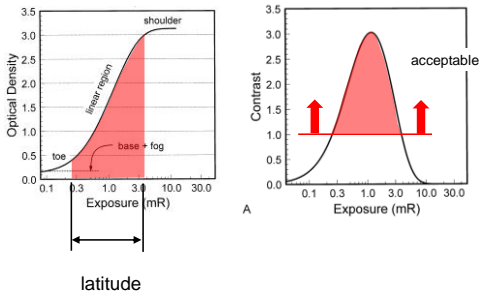


Detector contrast (screen film)

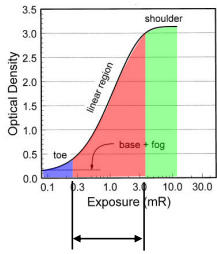


detector contrast is the derivative of the characteristic curve

Detector contrast (screen film)

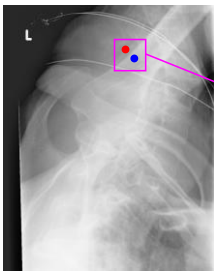


Detector contrast (screen film)



latitude

Radiographic contrast (screen film)



$OD_1 - OD_2 = \text{radiographic contrast}$

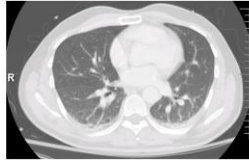
screen film radiography

Contrast

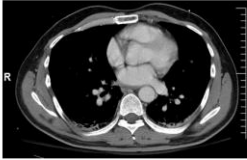
- subject contrast
- detector contrast
- digital contrast



Bone (W=2000, L=300)



Lung (W=2000, L=-700)



Abdominal (W=400, L=80)

same image:
different window and level
settings

The *subject contrast* generated in a patient is most dependent on which acquisition parameter?

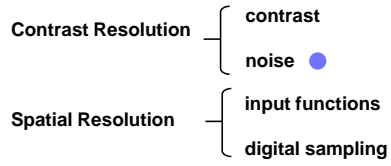
- 13% 1. Generator waveform
- 13% 2. kV
- 37% 3. mAs
- 20% 4. Focal spot
- 17% 5. Collimation

The *subject contrast* generated in a patient is most dependent on which acquisition parameter?

- 1. Generator waveform
- ✓ 2. kV
- 3. mAs
- 4. Focal spot
- 5. Collimation

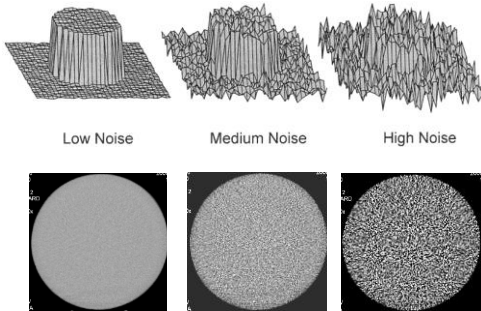
Reference: Essential Physics of Medical Imaging, Bushberg, Seibert, Leidholdt, Boone, 3rd Ed. Lippincott Williams & Wilkins, 2012. Chapter 7, Radiography.

Image Quality

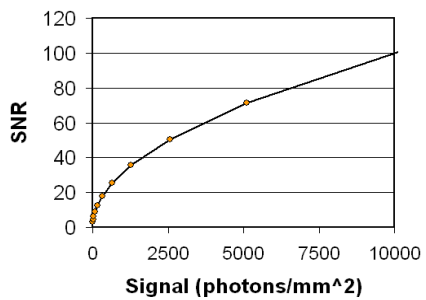


Contrast / Detail

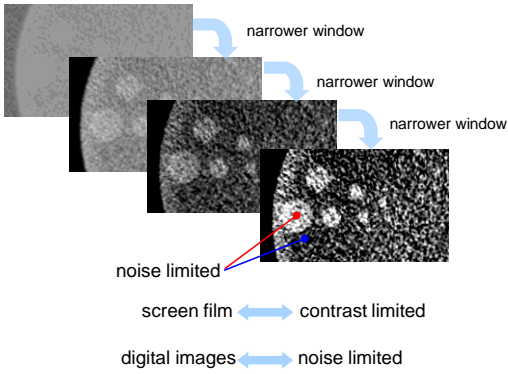
Noise



$$\text{SNR} = \frac{\mu}{\sigma} \propto \frac{N}{\sqrt{N}} = \sqrt{N} \quad \text{Fractional noise} = \frac{1}{\sqrt{N}}$$



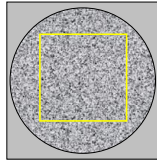
Manipulation of digital detector contrast



Characterizing image noise

RMS noise (σ)

$$\sigma^2 = \frac{\sum_{i=0}^N (x_i - \bar{x})^2}{N-1}$$

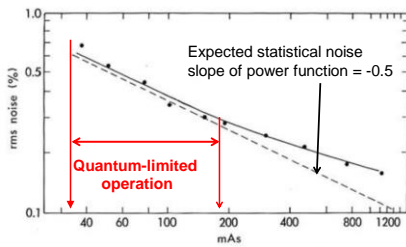


Noise sources:

- Quantum n_q
- Electronic n_e
- Pattern n_p
- Anatomic n_a

Ideally, noise should always be quantum limited; the RMS noise also does not indicate noise correlation

$$\sigma = \sqrt{n_q + n_e + n_p + n_a}$$



$$\sigma = \sqrt{n_q + n_e + n_p + n_a}$$

Overall noise dominated by quantum fluctuations over a defined range

What level of noise?

...depends on incident number of photons
 efficiency of detection, signal conversion,
 and #photons detected / unit volume

Example: variance for
 CT image reconstruction

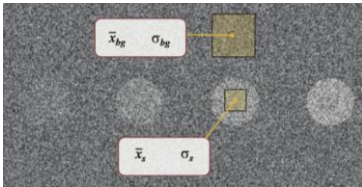
$$\sigma^2 \propto \frac{1}{w^2 h Q}$$

w pixel dimension
 h slice thickness
 Q # photons

Contrast resolution is determined by contrast and noise

Contrast to Noise Ratio (CNR)

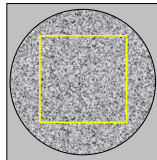
$$SNR = \frac{\bar{X}_{bg}}{\sigma_{bg}} \quad CNR = \frac{(\bar{X}_s - \bar{X}_{bg})}{\sigma_{bg}}$$



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Characterizing image noise

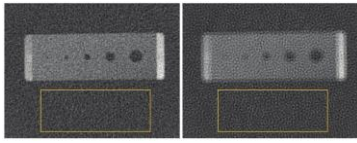
Noise Power Spectrum: NPS(f)



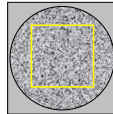
$$NPS(u,v) = \left(\frac{\Delta x \Delta y}{XY} \right) \left| \frac{1}{\bar{I}} \int_{-X/2}^{X/2} \int_{-Y/2}^{Y/2} [I(x,y) - \bar{I}] e^{-j2\pi(ux+vy)} dx dy \right|^2$$

Fourier Transform

Characterizing image noise – noise texture

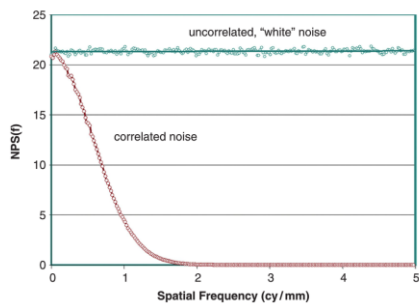


Noise Power Spectrum: NPS(f)



$$NPS(u, v) = \left(\frac{\Delta x \Delta y}{XY} \right) \left| \frac{1}{I} \int_{-X/2}^{X/2} \int_{-Y/2}^{Y/2} [I(x, y) - \hat{I}] e^{-j2\pi(ux+vy)} dx dy \right|^2$$

Noise Power Spectrum: NPS(f)



A total of 1,000,000 photons/mm² are incident on a 100% efficient digital detector with pixels of 0.1 mm x 0.1 mm. What is the estimated SNR?

- 10% 1. 10
- 10% 2. 32
- 30% 3. 100**
- 23% 4. 320
- 27% 5. 1000

Hint: 0.1 mm x 0.1 mm = 0.01 mm²

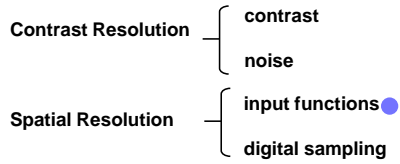
A total of 1,000,000 photons/mm² are incident on a 100% efficient digital detector with pixels of 0.1 mm x 0.1 mm. What is the estimated SNR?

1. 10
2. 32
- ✓ 3. 100
4. 320
5. 1000

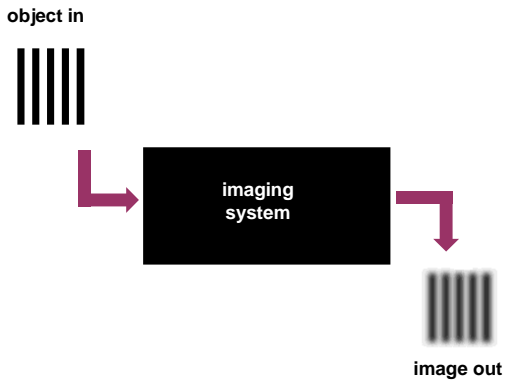
$$10^6 / \text{mm}^2 \times 10^{-2} \text{ mm}^2 = 10^4 ; \sqrt{10^4} = 100$$

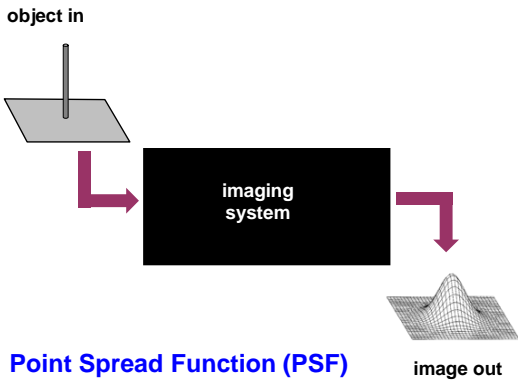
Reference: Essential Physics of Medical Imaging, Bushberg, Seibert, Leidholdt, Boone, 3rd Ed. Lippincott Williams & Wilkens, 2012. Chapter 4, Image Quality

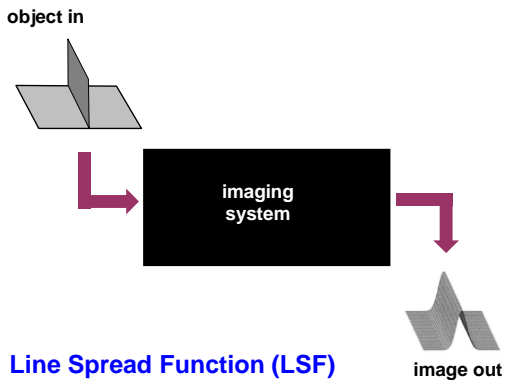
Image Quality

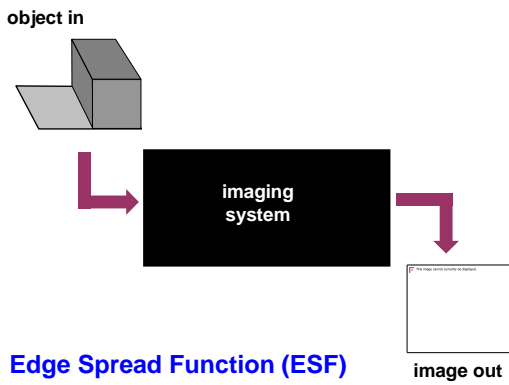


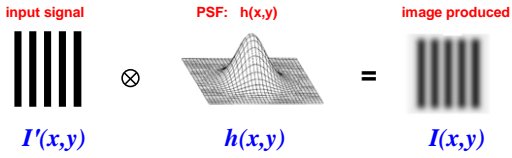
Contrast / Detail





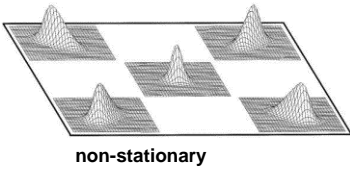
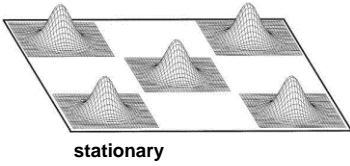




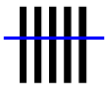


$$I(x,y) = \int_x \int_y I'(x',y') h(x-x',y-y') dx' dy'$$

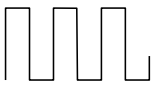
The convolution integral



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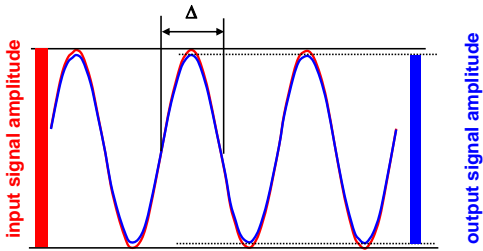
Spatial Frequency
cycle/mm, mm^{-1}
line pair / mm (lp/mm)



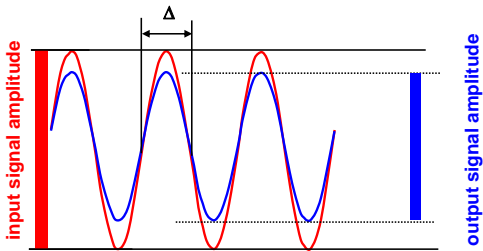
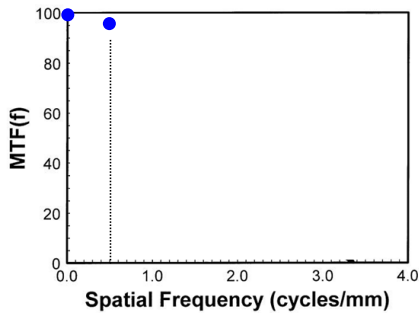
square wave



sine wave

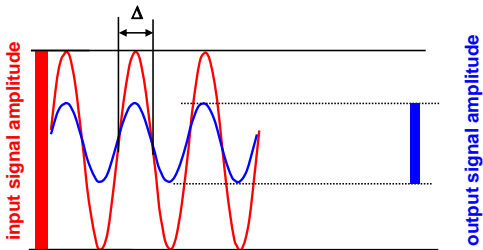
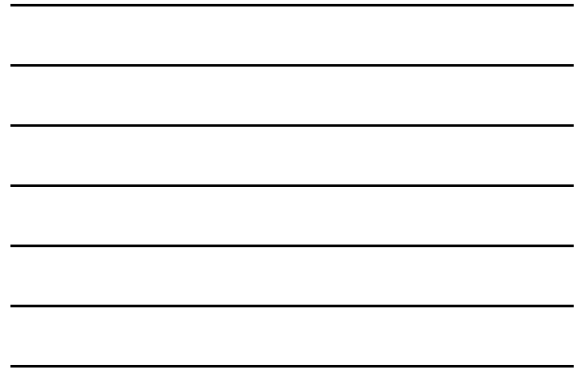
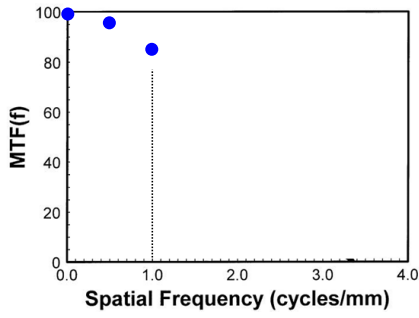


$f = 0.5$ cycles / mm

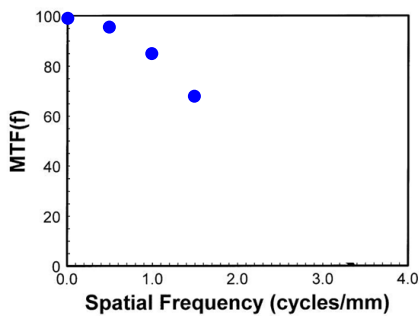


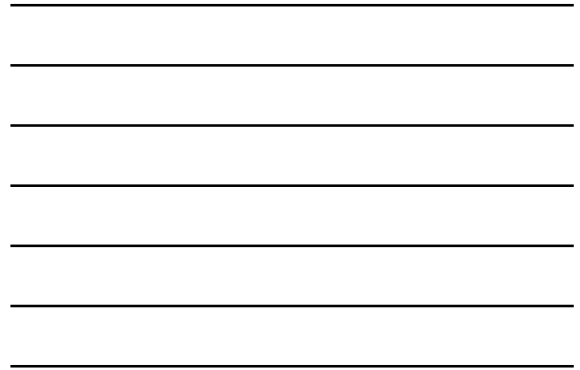
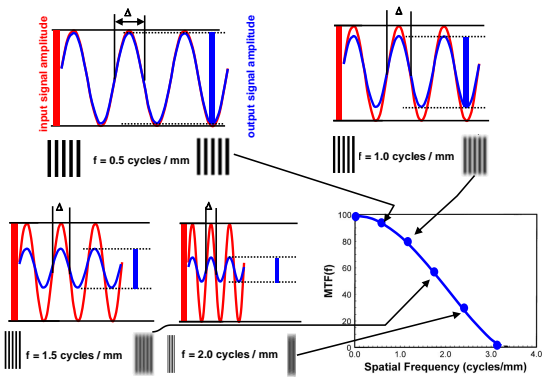
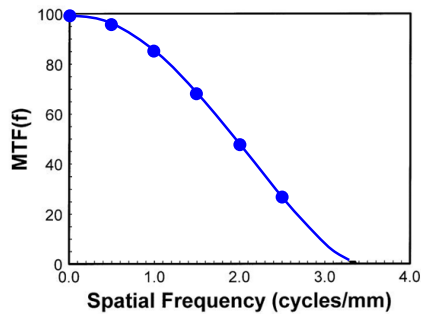
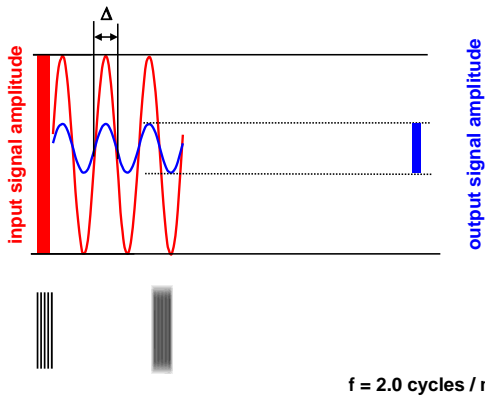
$f = 1.0$ cycles / mm

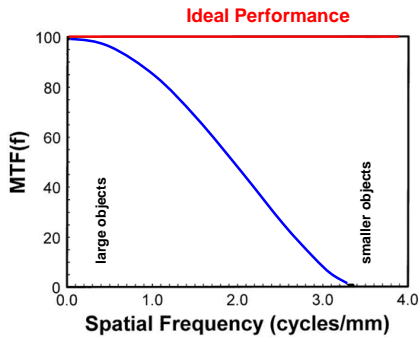
A series of 18 horizontal lines for writing or drawing, arranged in three groups of six lines each.



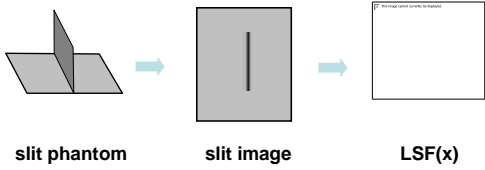
$f = 1.5 \text{ cycles / mm}$

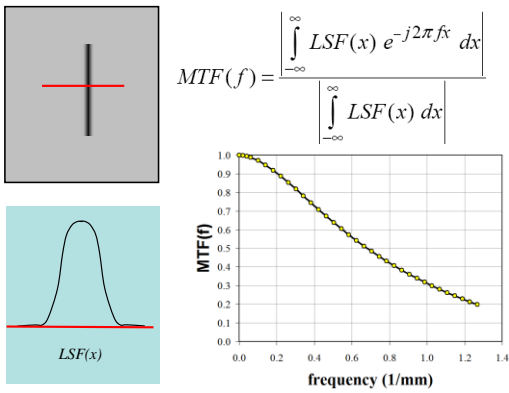




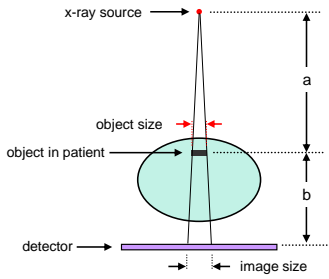


Practical way for measuring the MTF of an imaging system



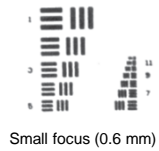
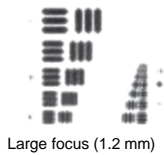
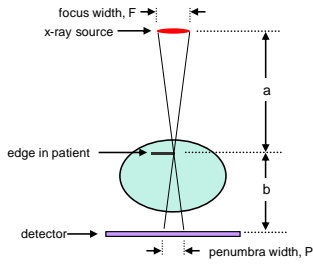


Geometry Issues



Magnification
 $M = (a + b)/a$
 for a point source

Focal spot and geometric magnification



Amount of blur is dependent on magnification

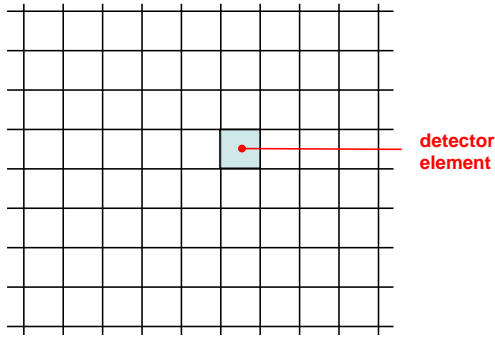
$$f_{blur} = \frac{1}{(M - 1)FS}$$

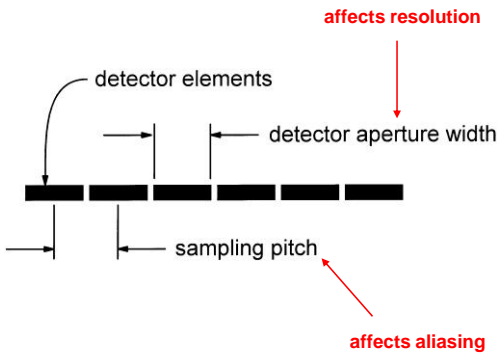
mm⁻¹ mm

Image Quality

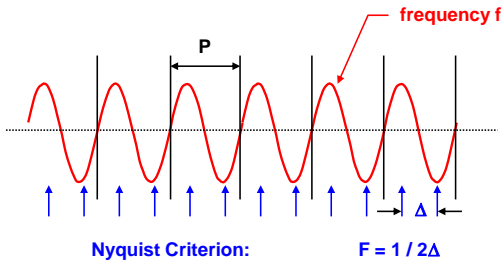
- Contrast Resolution { contrast
- noise
- Spatial Resolution { input functions
- digital sampling ●

Contrast / Detail



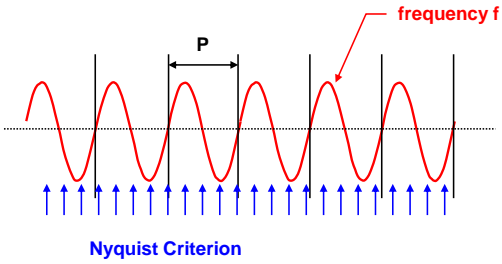


aliasing



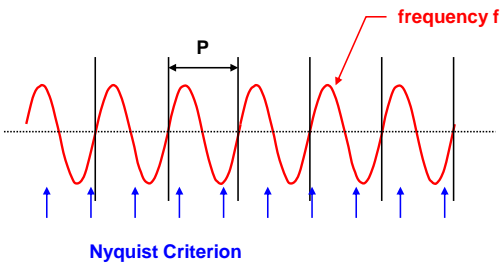
have to sample at least twice per period

aliasing



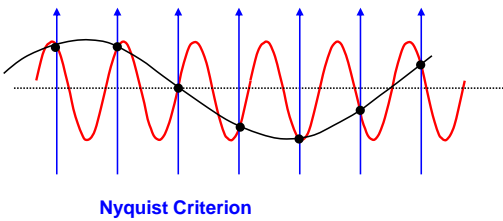
OK to over-sample

aliasing

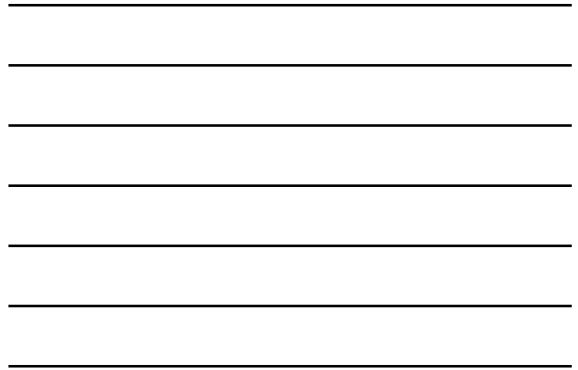
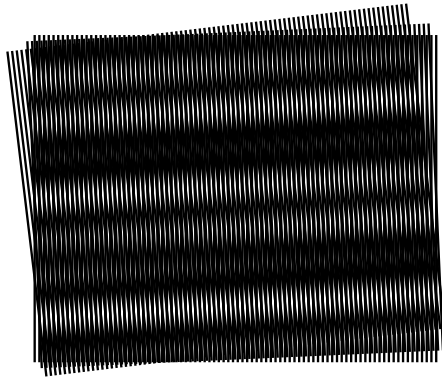


not OK to under-sample

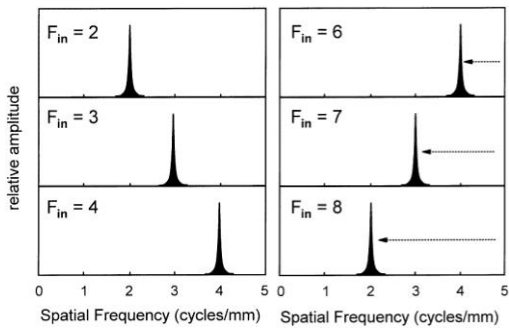
aliasing



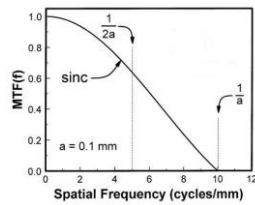
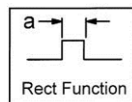
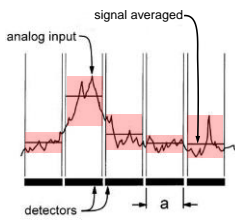
not OK to under-sample



With $F_n = 5$ cycles / mm ($\Delta = 0.100$ mm)

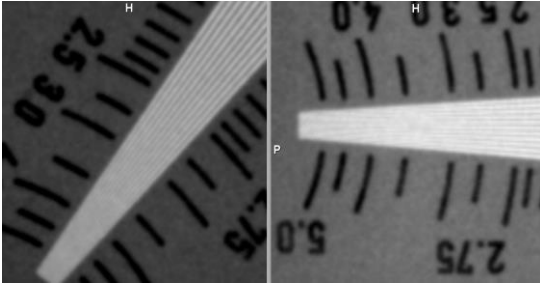


aperture blurring

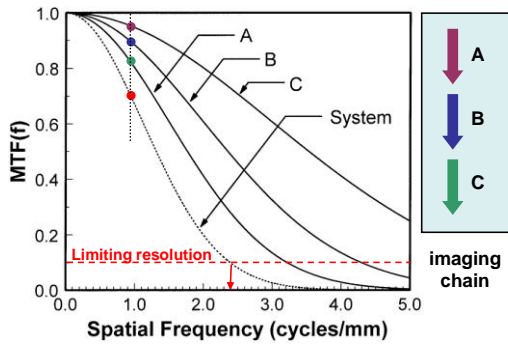
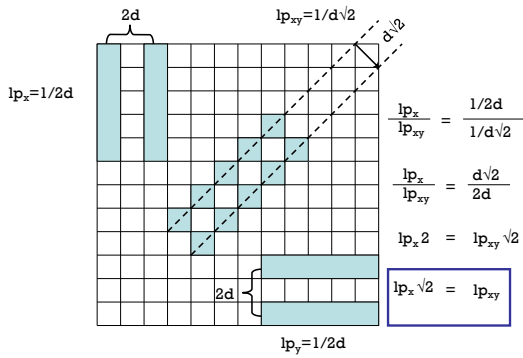


Typical measurement of resolution

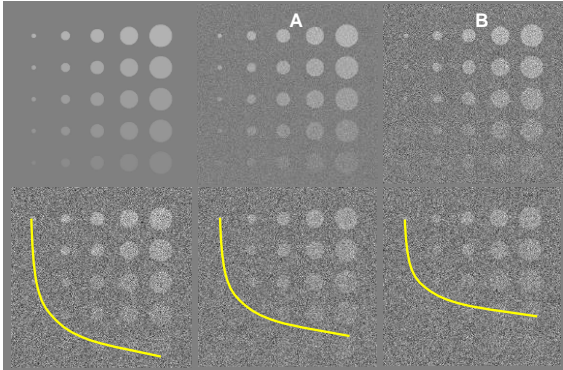
Bar phantom analysis and determination of lp/mm



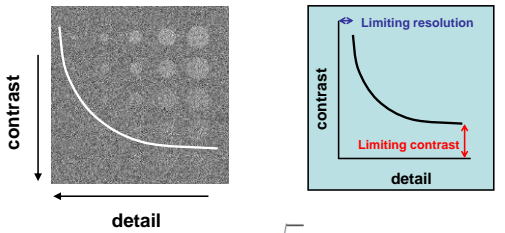
Where d is the del dimension ...



the contrast detail curve



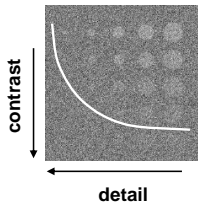
the contrast detail curve



Rose criterion: $SNR = \frac{a\sqrt{A}}{\sigma}$

a = contrast
 A = area of object
 σ = StdDev noise

“Visibility” requires SNR of at least 3...



mathematical approach to combining contrast & spatial resolution ?

contrast resolution – Noise Power Spectrum (NPS)

$$NPS(u,v) = \left(\frac{\Delta x \Delta y}{XY} \right) \left| \frac{1}{I} \int_{-X/2}^{X/2} \int_{-Y/2}^{Y/2} [I(x,y) - \hat{I}] e^{-j2\pi(ux+vy)} dx dy \right|^2$$

how an imaging system "passes" noise

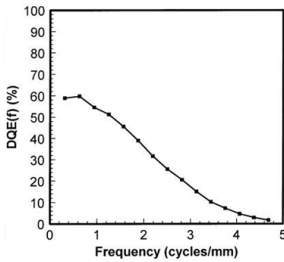
spatial resolution – Modulation Transfer Function (MTF)

$$MTF(f) = \frac{\int_{-\infty}^{\infty} LSF(x) e^{-2\pi i f x} dx}{\int_{-\infty}^{\infty} LSF(x) dx}$$

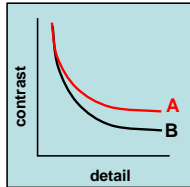
how an imaging system "passes" signal

DQE: Information recording & retrieval efficiency

$$DQE(f) = \frac{SNR^2(f)_{out}}{SNR^2(f)_{in}} = \frac{MTF^2(f)}{\phi NPS(f)}$$

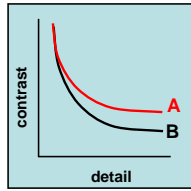


A contrast-detail image is acquired and processed (A). A second image is acquired (B) with different acquisition or processing parameters. What is the likely cause for the change in the C-D curves?



- 17% 1. Image B is processed with a spatial blurring filter
- 23% 2. Image B is processed with a spatial sharpening filter
- 23% 3. Image B is acquired with more mAs
- 13% 4. Image B is acquired with more filtration
- 23% 5. Image B is unchanged.

A contrast-detail image is acquired and processed (A). A second image is acquired (B) with different acquisition or processing parameters. What is the likely cause for the change in the C-D curves?



Reference: Essential Physics of Medical Imaging, Bushberg, Seibert, Leidholdt, Boone, 3rd Ed. Lippincott Williams & Wilkins, 2012. Chapter 4.

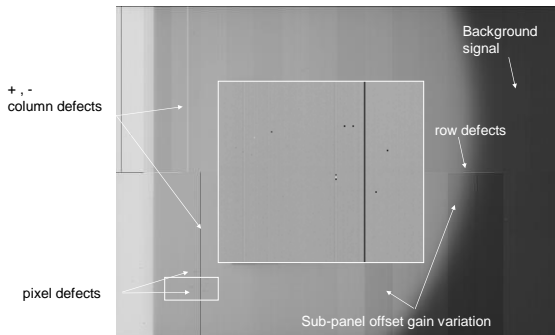
1. Image B is processed with a spatial blurring filter
2. Image B is processed with a spatial sharpening filter
- ✓ 3. Image B is acquired with more mAs
4. Image B is acquired with more tube filtration
5. Image B is unchanged.

Detector Uniformity Issues

2-D flat-field correction

- Non-functioning components:
 - Dead pixels in columns and/or rows
- Intensity variations:
 - Uneven phosphor coating
 - Optical coupling (vignetting, barrel distortion)
 - Converter sensitivity
- Variation in offset and gain of sub-panels
- Variation in black-level correction

Uncorrected flat-panel image



Uncorrected flat-panel image

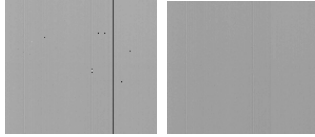
Pixel and column defects

Identify location of pixel defects:

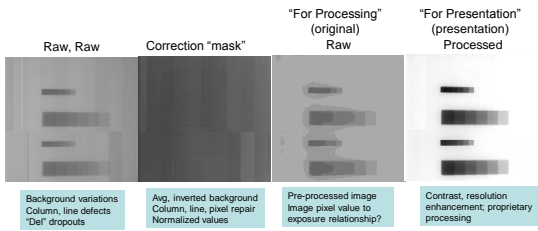
Interpolate bi-linearly
(4 nearest neighbors)

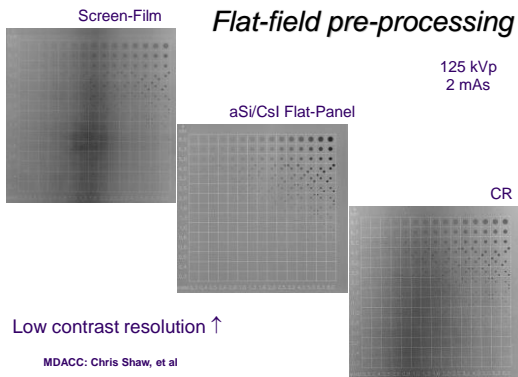
Column, row defects:

Interpolate linearly
(2 surrounding neighbors)

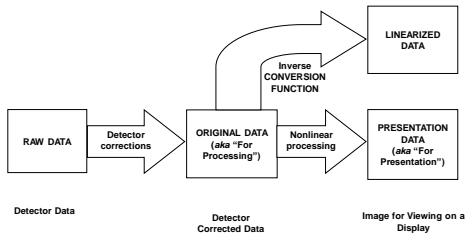


Example "raw" image & flat-field



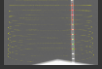






MITA Industry Definitions for Image Data States

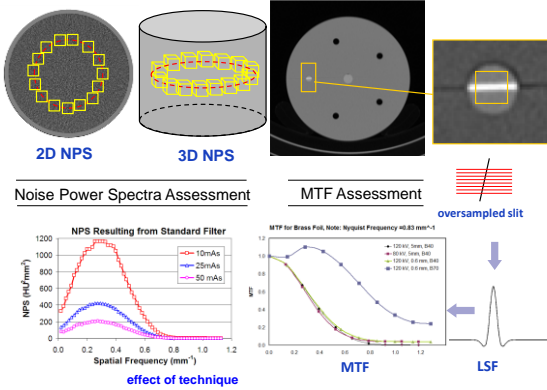
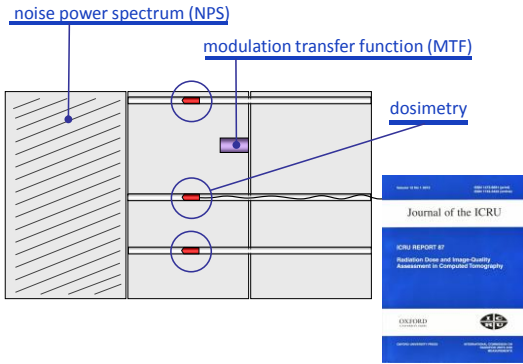


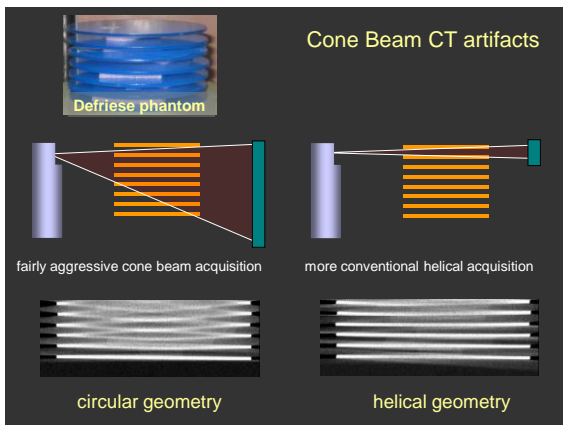
CBCT issues

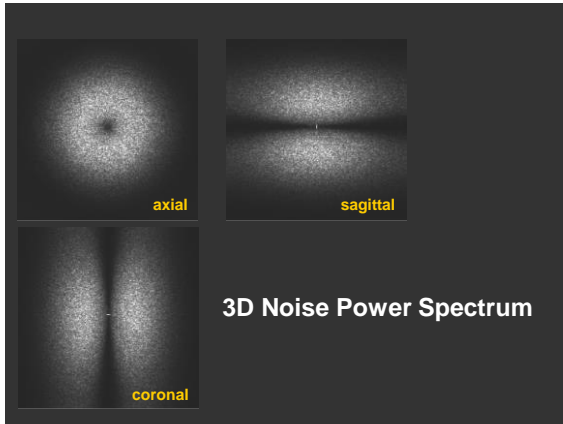
- Large area detector
- Geometric rotation accuracy
- Diverging radiation beam along z-axis
- X-ray scatter and beam uniformity
- HU accuracy and percent noise
- Cone beam reconstruction artifacts
- Radiation dose measurements

geometric calibration	 $u_{err} = y_{obj} \frac{D + u_{err} \sin \phi}{(C + X_{obj}) \cos \phi}$
flat field correction	
cupping correction	
HU correction	
cone beam reconstruction	


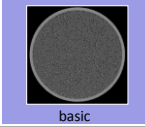
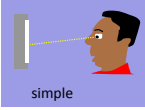
An Integrated CT Image Quality / Dosimetry Phantom







CT image quality evaluation

	Old Era	New Era
phantom	 complicated	 basic
analysis	 simple	$MTF(f) = \frac{\int LSF(x) e^{-i2\pi fx} dx}{\int LSF(x) dx}$ more sophisticated
results	clinically useful	useful & quantitative

QA and QC

- Quality assurance (QA)*: “The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.”
- Quality control (QC)*: “The observation techniques and activities used to fulfill requirements for quality.”

*The American Society for Quality

QC resources

- AAPM Task Group Reports
- ACR / AAPM / SIIM technical standards
- NCRP / ICRU Reports
- Accreditation program guidelines
- Manufacturer's guidelines
- Automated software evaluation with specifically-designed phantoms and /or software

AAPM reports

- | | |
|------------------------------------|----------------------------------|
| Applications for Diagnostic | Applications for CT |
| • #14: X-ray generators (1985) | • #39: CT testing QC (1993) |
| • #25: X-ray survey (1988) | • #96: CT dosimetry (2008) |
| • #74: General x-ray QC (2002) | • #111: Future of CT dose (2010) |
| • #93: CR testing & QC (2006) | • #204: SSDE (2011) |
| • #116: DR Exposure (2009) | • #200: CT Phantoms (IP) |
| • #150: DR detector (IP) | • #220: CT Patient size (IP) |
| • #151: DR clinical QC (IP) | • #233: CT Perf Evaluation (IP) |
| | • #246: CT Patient Dose (IP) |

- Applications for therapy IGRT**
- #104: kV imaging (2009)
 - #142: Med Accel QC (2009)
 - #179: IGRT systems (2012)
 - ACR–AAPM Technical Std for Perf Monitoring of IGRT (2014)

AAPM Report 179

- Modes of acquisition
Flat panel detector**
- Projection Imaging
 - Cone beam CT

QC Test	AAPM 179
Safety system	Daily
IQ: Uniformity	Monthly / Semi-annual
IQ: Image density	Optional monthly
IQ: Noise	Monthly / Semi-annual
IQ: Contrast detail	Monthly / Semi-annual
IQ: Resolution	Monthly / Semi-annual
Geometry: isocenter	Daily
Geometry: scaling	Monthly / Annually
X-ray generator	Annual
Dosimetry	Annual

Which of the following QC tests is performed on a daily basis for a cone-beam CT scanner used for IGRT?

- 20% 1. Image Uniformity
- 13% 2. Spatial Resolution
- 27% 3. Noise Distribution
- 27% 4. Contrast Detail
- 13% 5. Isocenter Verification

Which of the following QC tests is performed on a daily basis for a cone-beam CT scanner used for IGRT?

- 1. Image Uniformity
- 2. Spatial Resolution
- 3. Signal/Noise Ratio
- 4. Contrast Detail
- ✓ 5. Isocenter Accuracy

Reference: Quality assurance for image-guided radiation therapy utilizing CT-based technologies: A report of the AAPM TG-179. Med. Phys. 39 (4), April 2012. Available at aapm.org/pubs/reports/RPT_179

Summary

- An understanding of basic image quality fundamentals is essential to performing QA and QC in a knowledgeable manner
- Increased use of imaging in radiation therapy requires medical physicists to engage in converting QA/QC "information" into *knowledge* through experiential efforts
- Both qualitative and quantitative QC tools are important in verifying system performance
