

# Technology for Adaptive MR Guided Brachytherapy

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# Acknowledgements

- Patents submitted for IP related to actively tracked stylets
- Sequences and devices do not have regulatory clearance
- **Support**
  - NIH U41-RR019703
  - AHA 10SDG261039
  - NIH P41RR019703-07
  - NCI R01CA111288-01 BRP
  - BWH Radiation Oncology Kaye Award
  - Siemens, IMRISHealthcare, IMRIS
- Radiation Oncology
  - Anthony D’Amico MD
  - Akila Viswanathan MD
  - Antonio Damato PhD
- Radiology
  - Clare Tempany MD
  - Kemal Tuncali MD
  - Wei Wang PhD
  - Ehud Schmidt PhD

## Educational Goals

- Review justification of MR for brachytherapy
- Review different means of incorporating MR imaging into brachytherapy
- Discuss technology that facilitates MR guided brachytherapy

## Outline

- Brachytherapy
  - Implant evaluation
  - Image based
  - Image guided
  - Adaptive
  - Role of MR
- MR based brachytherapy
- MR guided brachytherapy
- Applications of microcoils in brachytherapy

# Ferenc Jolesz (1946-2014)



# Brachytherapy

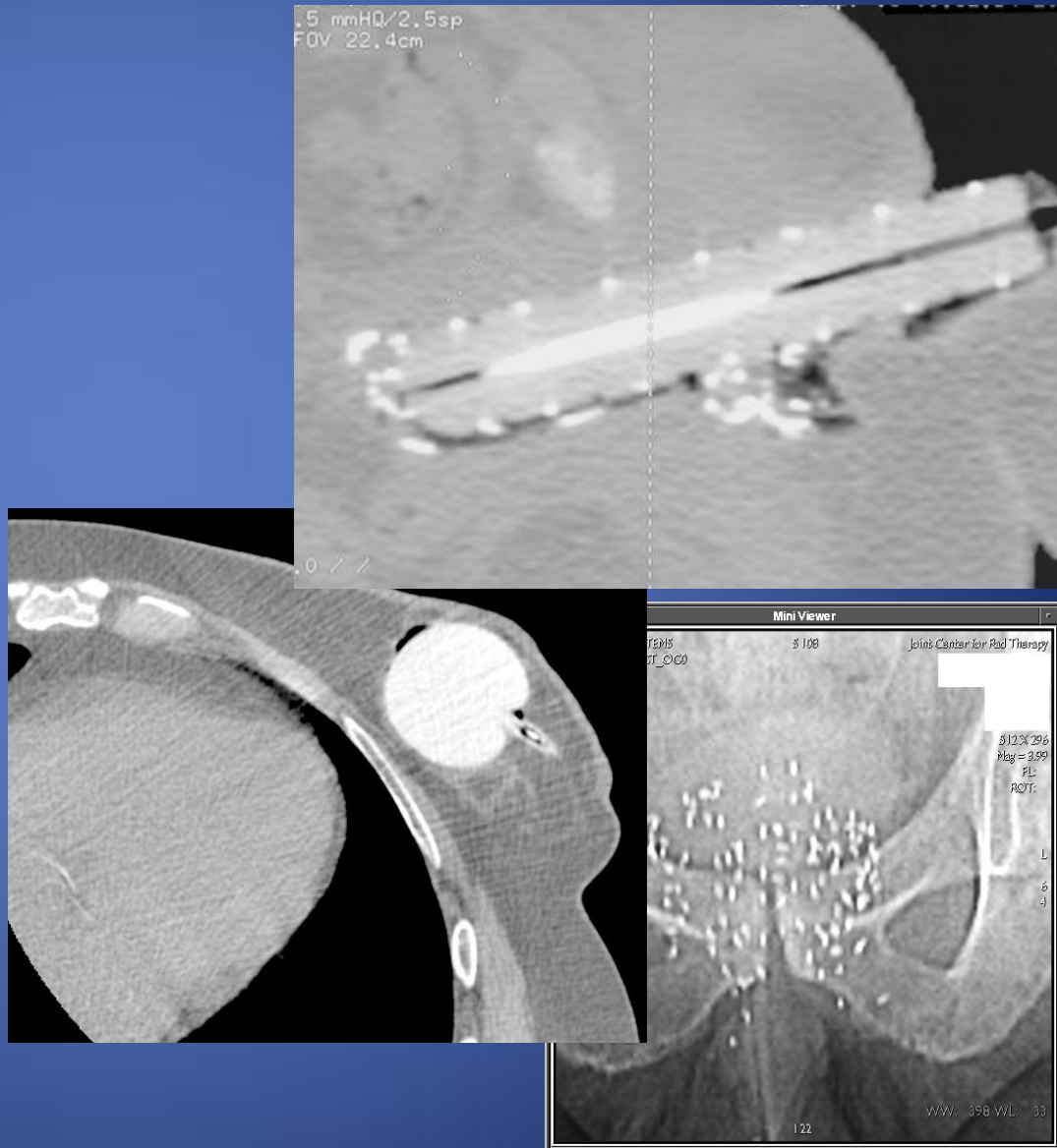
- Sites
  - Breast
  - Skin
  - Prostate
  - GYN
    - Cylinder
    - T&O
    - Interstitial





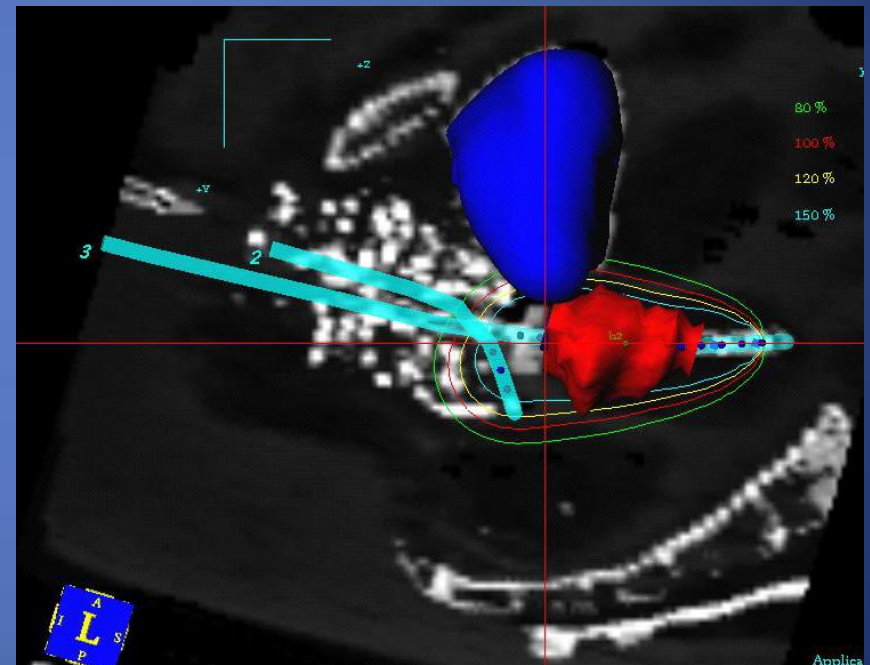
# Applicator Based Brachytherapy

- Cylinder
  - Rx to surface (depth)
  - Plan determined by diameter and length
- Mammosite
  - Rx: 1cm from surface
- Postimplant dose evaluation
  - Dose calculation based on source
- Plan determined without anatomic information imaging provides information about source or applicator



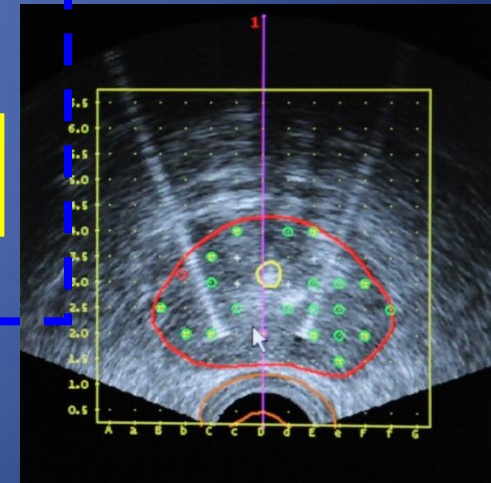
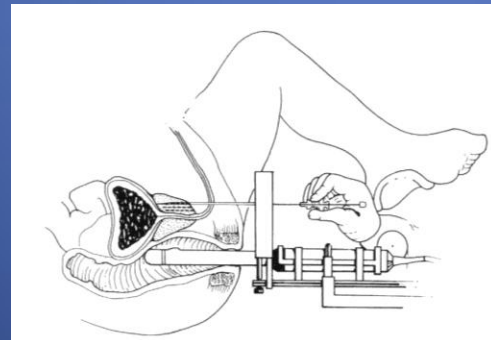
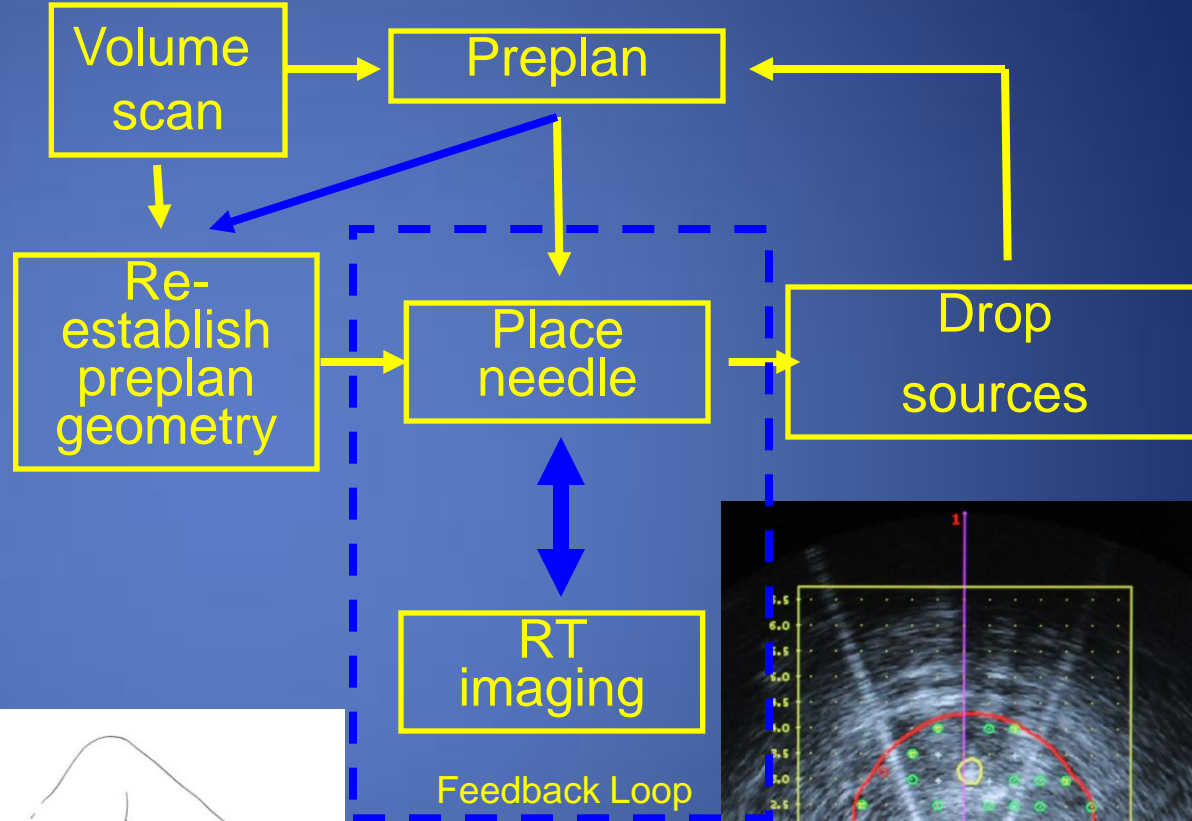
# Image Based Brachytherapy

- Imaging timing
  - After placement
  - Before dose
- Image provides
  - Applicator geometry
  - Anatomy
- Dose planning incorporated anatomic (image based) dose goals/constraints



# Image Guided Brachytherapy

- Incorporates image based brachytherapy (volume study-preplan)
- Uses images to guide placement of applicator (needles)

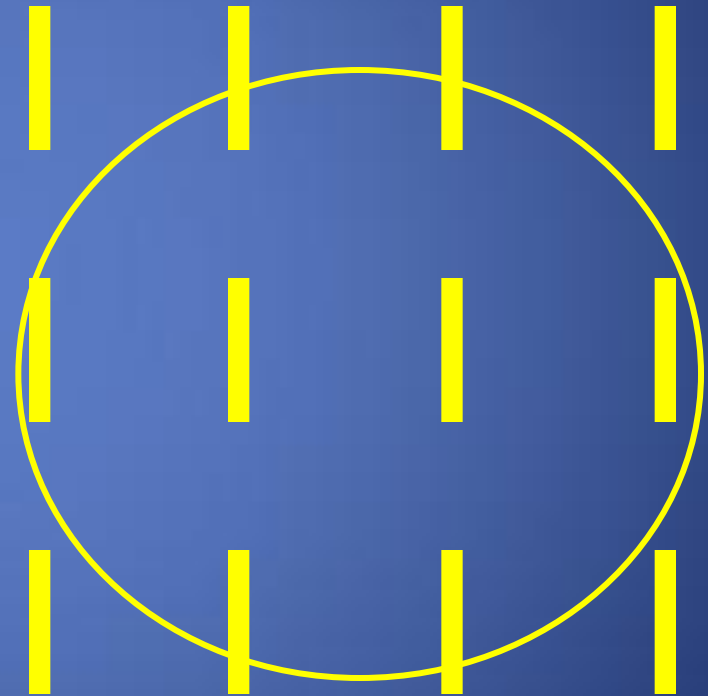




# Adaptive Brachytherapy

## (Dosimetry Guided Brachytherapy)

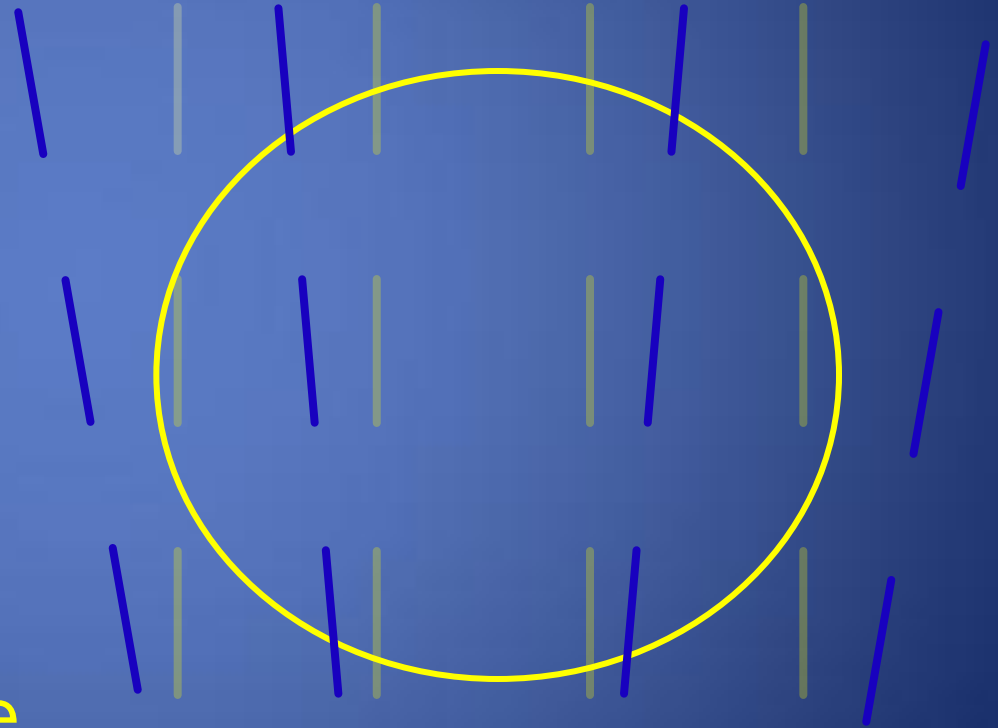
- Image guided
- Treatment planning in procedure room
  - planning
  - image based applicator updates
- Dosimetric feedback
- Update plan throughout procedure



# Adaptive Brachytherapy

(Dosimetry Guided Brachytherapy)

- Image guided
- TPS in procedure room
  - planning
  - image based applicator updates
- Dosimetric feedback
- Update plan throughout procedure



# Adaptive Brachytherapy

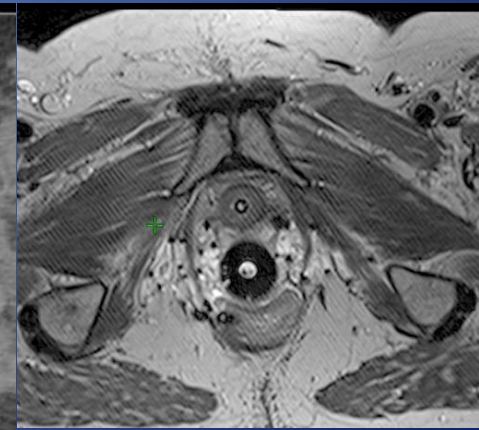
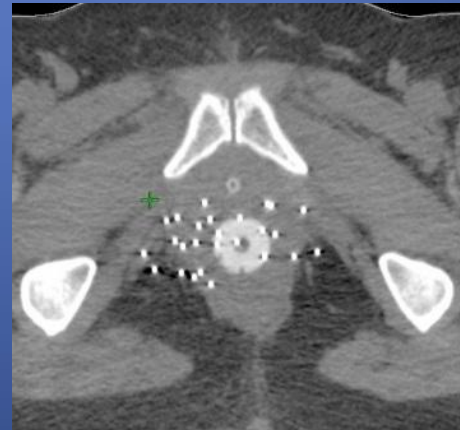
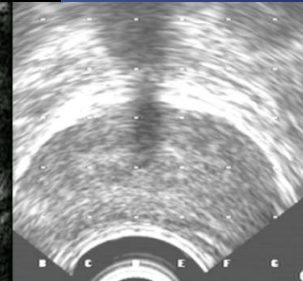
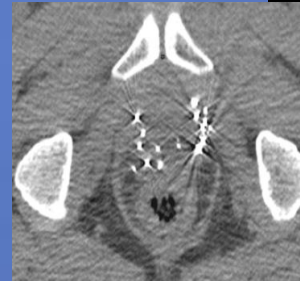
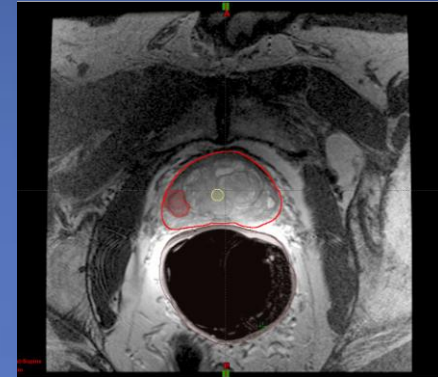
(Dosimetry Guided Brachytherapy)

- Image guided
- TPS in procedure room
  - planning
  - image based applicator updates
- Dosimetric feedback
- Update plan throughout procedure



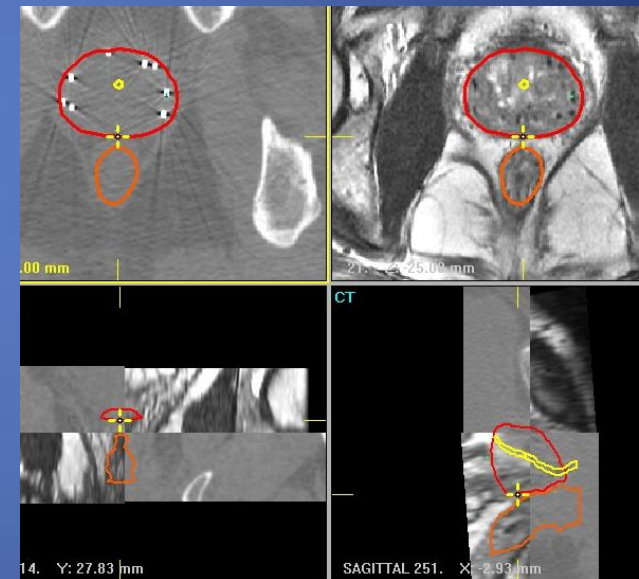
# Why MR for Brachytherapy?

- Pelvis
  - CT anatomy
  - MR anatomy
- GEC-ESTRO guidelines for target definition



# MR Dose Evaluation

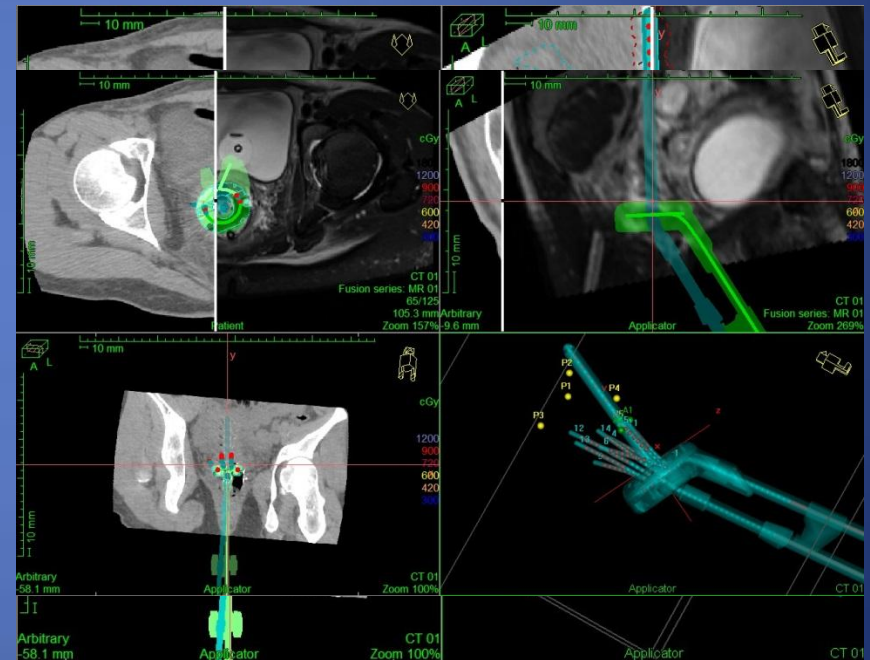
- MR
  - T2 anatomy
  - T1 sources (ambiguity)
- CT
  - Sources
- Sources provide registration landmarks
- Fusion allows dose evaluation to MR based anatomy





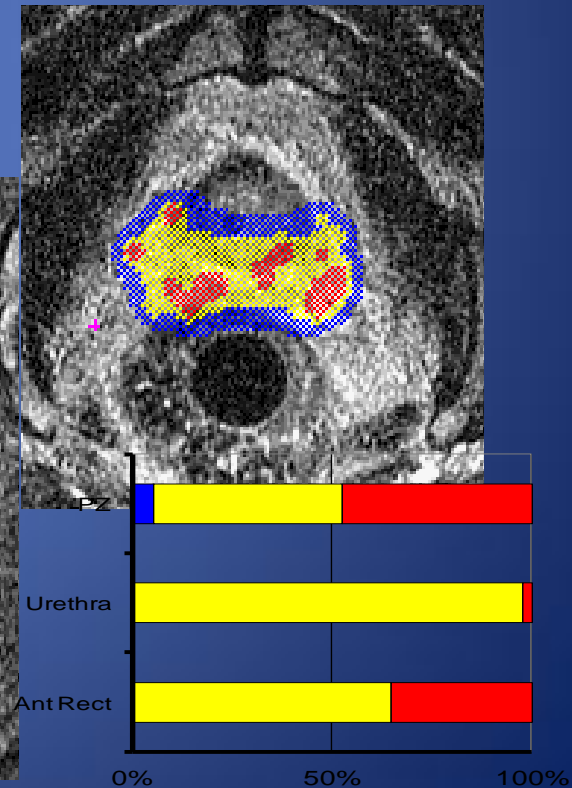
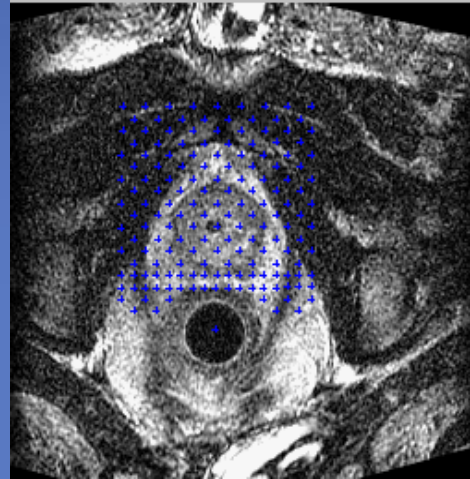
# MR Based Brachytherapy

- Applicators
  - MR safe
  - MR compatible
- Applicator can facilitate registration
- Model based applicator digitization helpful
- Needles identification challenging



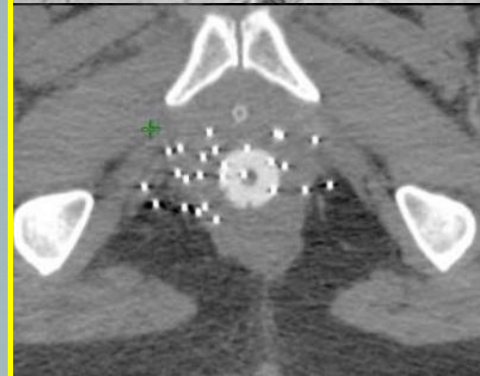
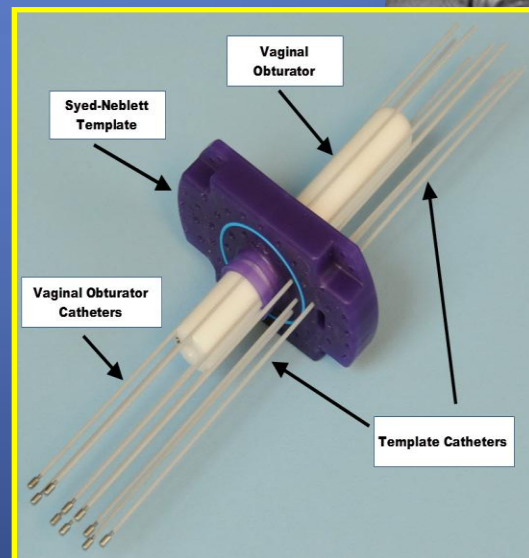
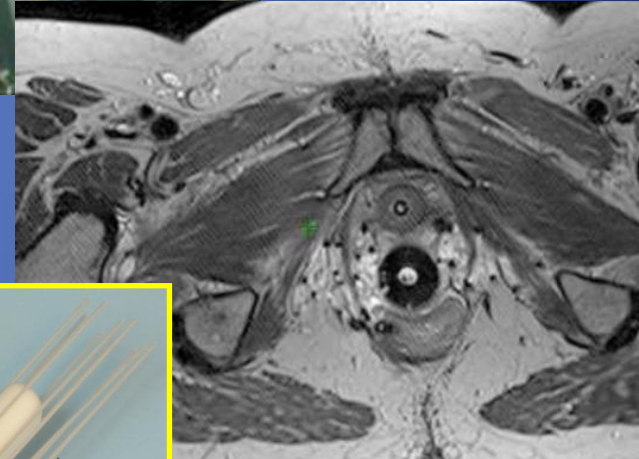
# MR Adaptive Prostate Brachytherapy

- TPS
  - Incorporate needle information
  - Efficient feedback
  - Passive needle identification (few needles at a time)
- Technology
  - MR compatible needle
  - Template registration
  - Survey meter
  - Pulse sequences
    - T2 anatomy
    - T1 devices
- Passive tracking



# GYN Interstitial HDR Brachytherapy (Passive Tracking)

- Trajectory planning
- Needle placement
  - scanner control
  - tracking out of plane
- Needle digitization
  - time consuming
  - subject to ambiguities
  - rely on post-implant CT



# Device Tracking in MR

## Passive Tracking

Device is visualized within images

3D: Slow

2D: Only in-plane part of device visible

MR Sequences optimized for device



## Active Tracking

Device emits or receives a tracking signal

3D, Fast, High res

Unambiguous tracking

- Special device
- Integration with imaging system

- Magnetic field tracking
- MR Tracking



# MR Tracking

## Simple MR Tracking Sequence

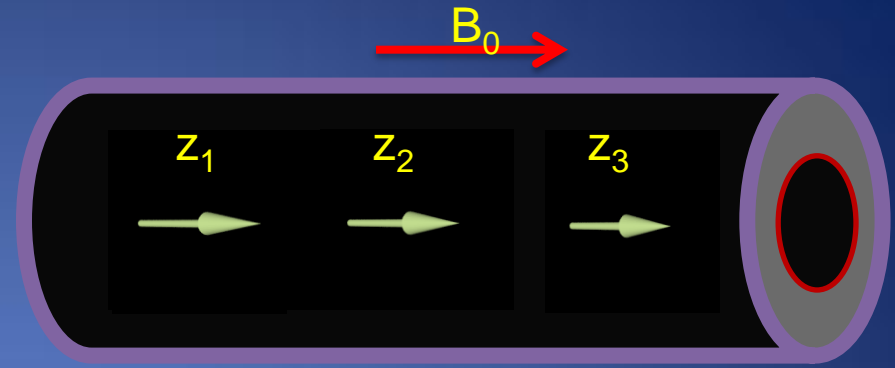
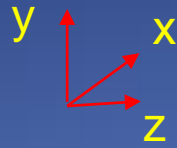
RF pulse



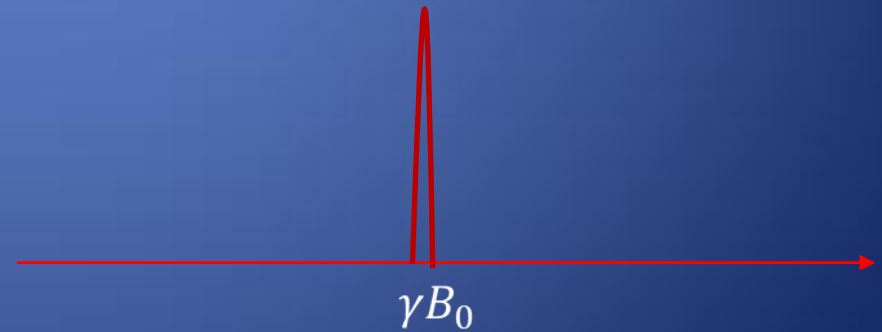
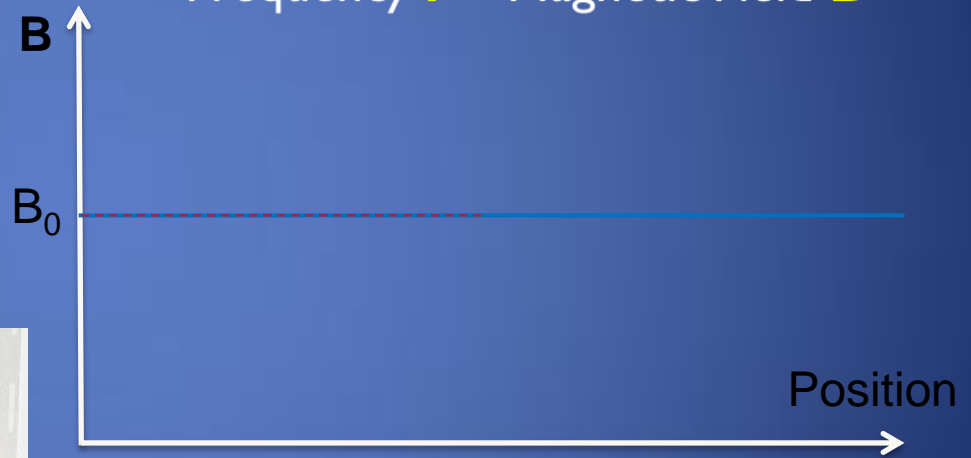
Acquisition



Body Coil



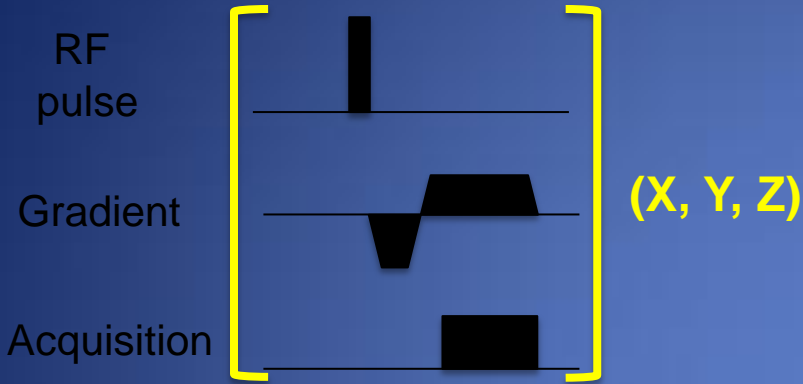
Frequency  $f \propto$  Magnetic Field  $B$





# MR Tracking

Simple MR Tracking Sequence

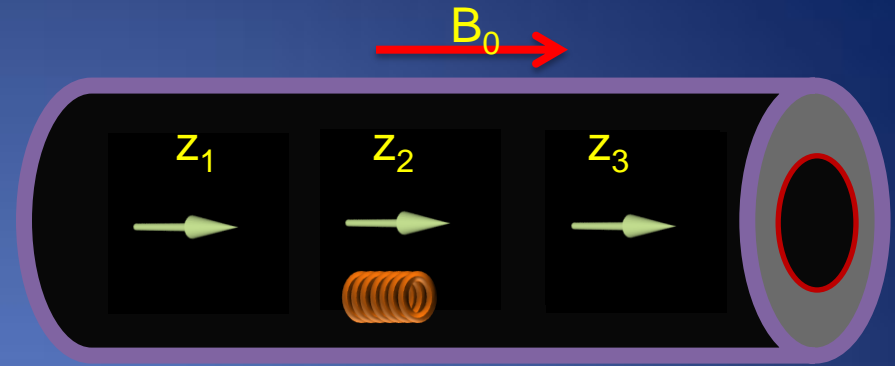
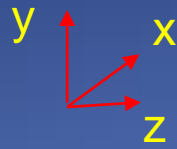


Microcoil

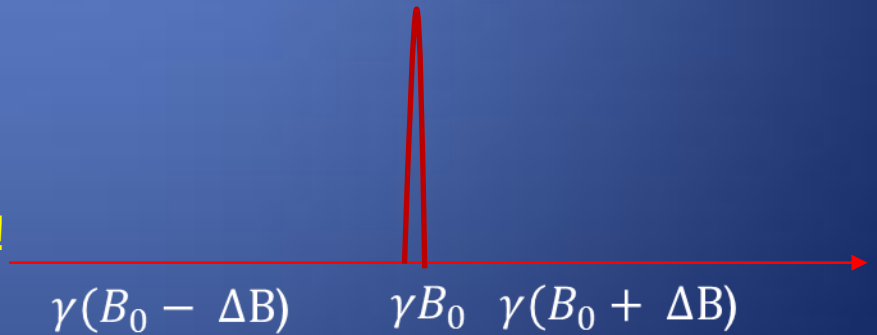
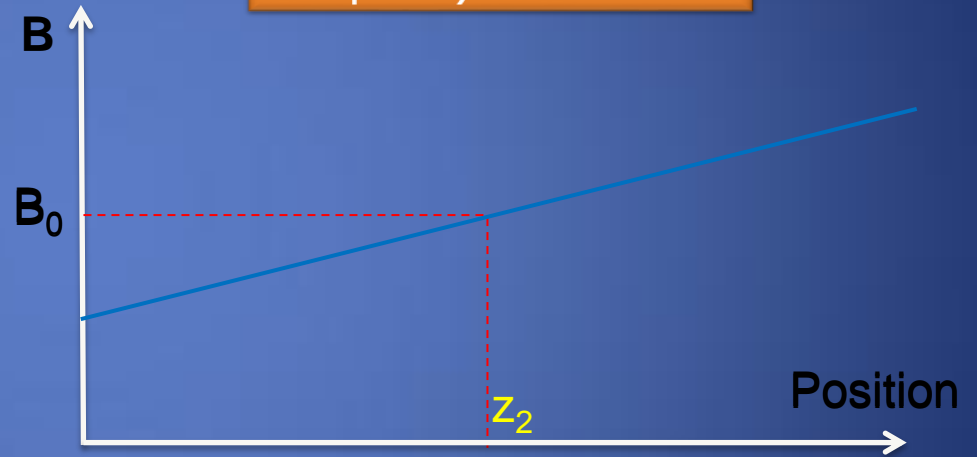
Limited Sensitivity Profile

$$\Delta z = \frac{\Delta f}{\gamma G_z}$$

Same coordinate system as MR images!



Frequency  $\propto$  Position



# Active tracking with micro-coils measures position by:

8%

A. Sampling the spatially uniform magnetic field to determine spatial location

7%

B. An RFID chip embedded on a non-magnetic stylet

78%

C. Sampling spatially varying magnetic fields (gradients) superimposed on the static field to determine location

2%

D. An active radiologist to measure location of MR artifacts on ultrafast 3D volume scans

5%

E. Change in T2 weighted time constant resulting from the presence of 0.1 g of ferromagnetic material embedded in the coil.

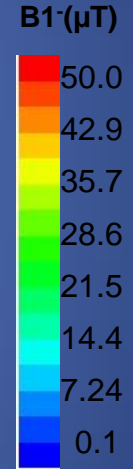
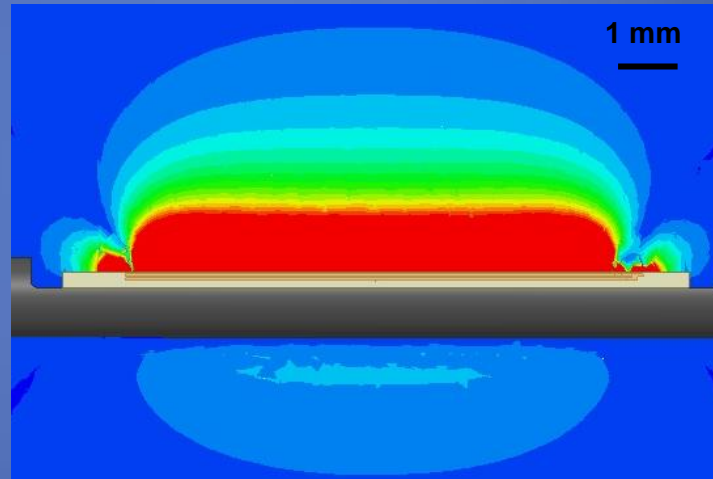
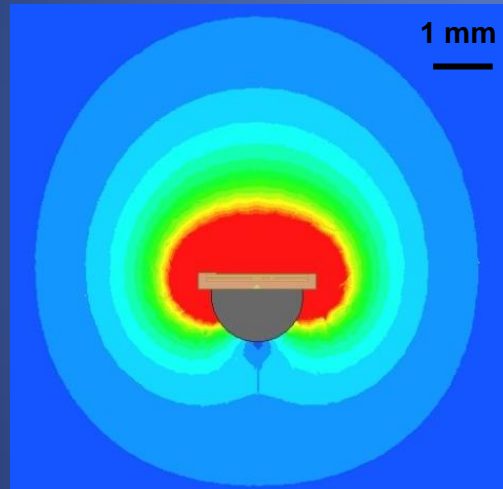
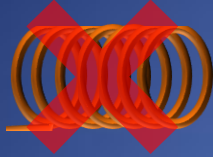
# Active tracking with micro-coils measures position by:

C: Sampling spatially varying magnetic fields (gradients) superimposed on the static field to determine location.

Reference: 3 Dumoulin et al. Magn Reson Med 1993; 29:411-15, Slides 17-19

# Active Tracking on Metal I -- Coil Design

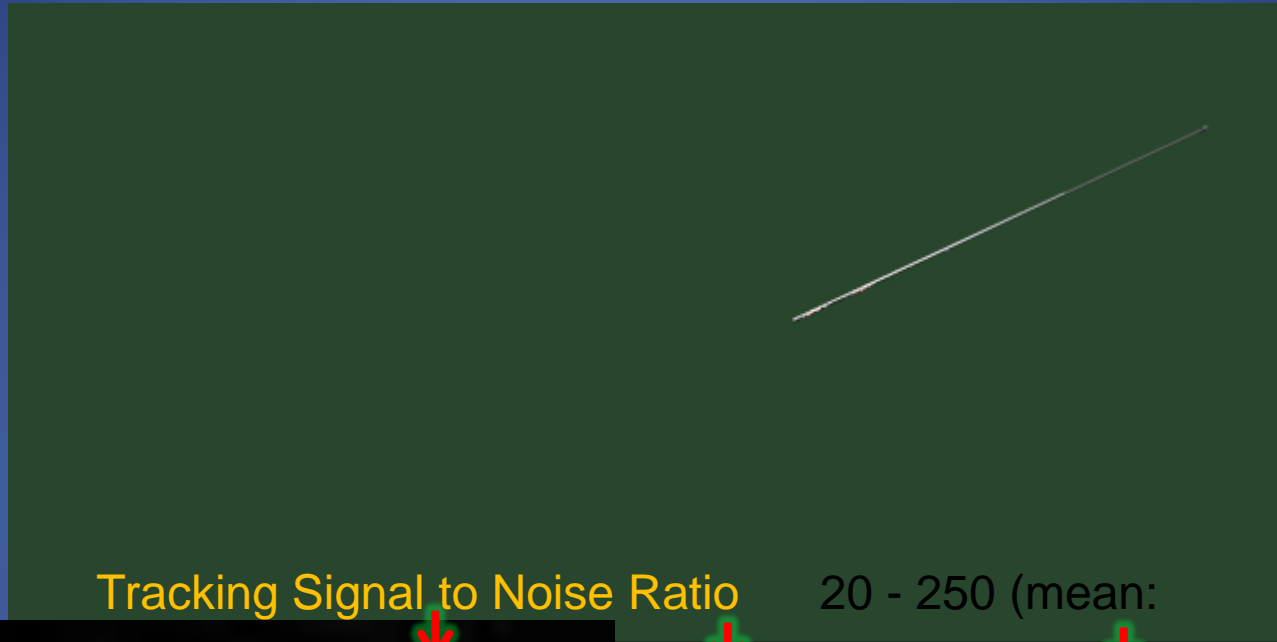
EM simulation of different coil geometries on metallic surface



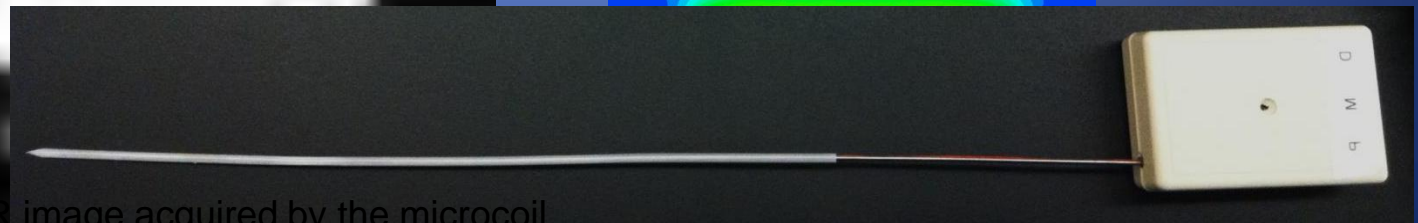
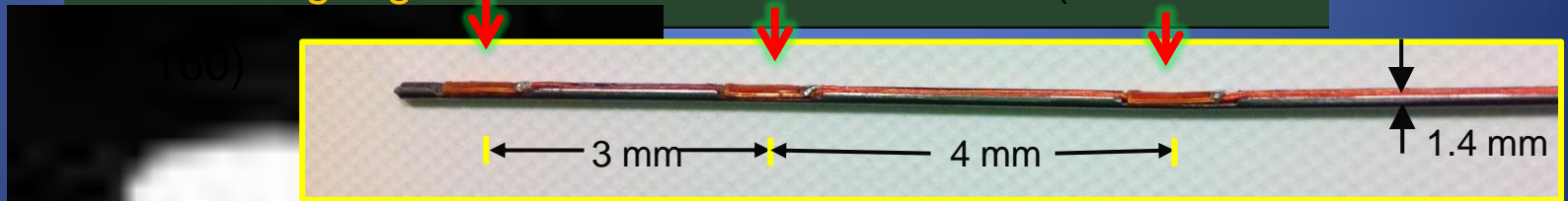
Electromagnetic simulation of  $B_1$  field

# Active Tracking on Metal II -- Construction of active device

multi-layered printed circuit coil



Tracking Signal to Noise Ratio 20 - 250 (mean: 100)



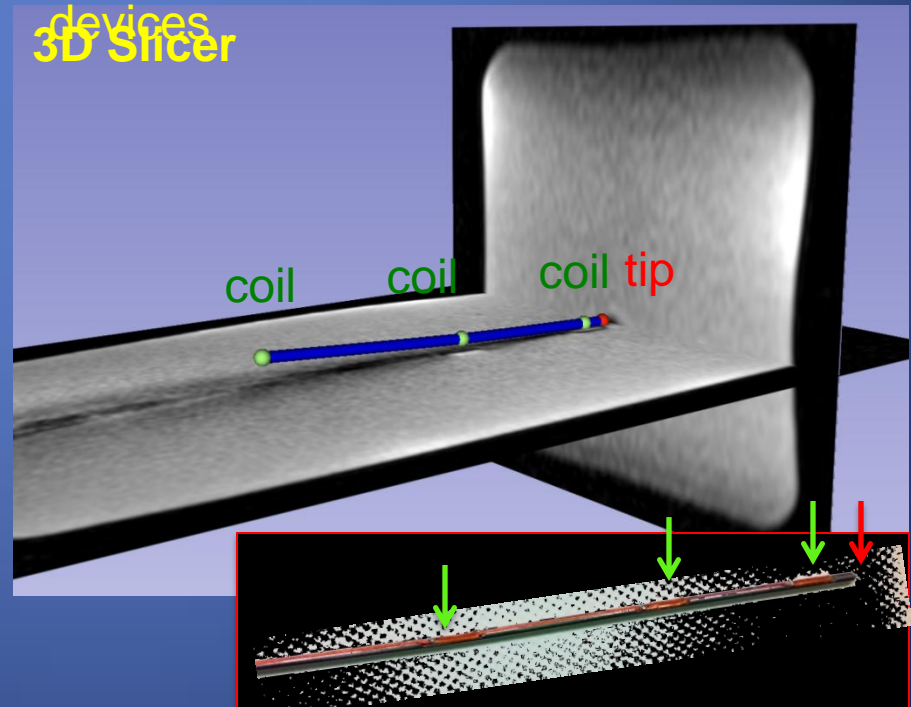
Sagittal MR image acquired by the microcoil



# Active MR Tracking on Metal

- High Spatial Resolution  $0.6 \times 0.6 \times 0.6 \text{ mm}^3$  Accuracy  $\sim 0.5 \text{ mm}$  (static)
- High Temporal Resolution 40 updates/sec ( N = 1)
- Heating  $< 0.6 \text{ }^\circ\text{C}$  increase for a 15-min scan (3.3 W/kg)
- Visualization Interface
  - Real-time needle display
  - Overlaid on 3D image

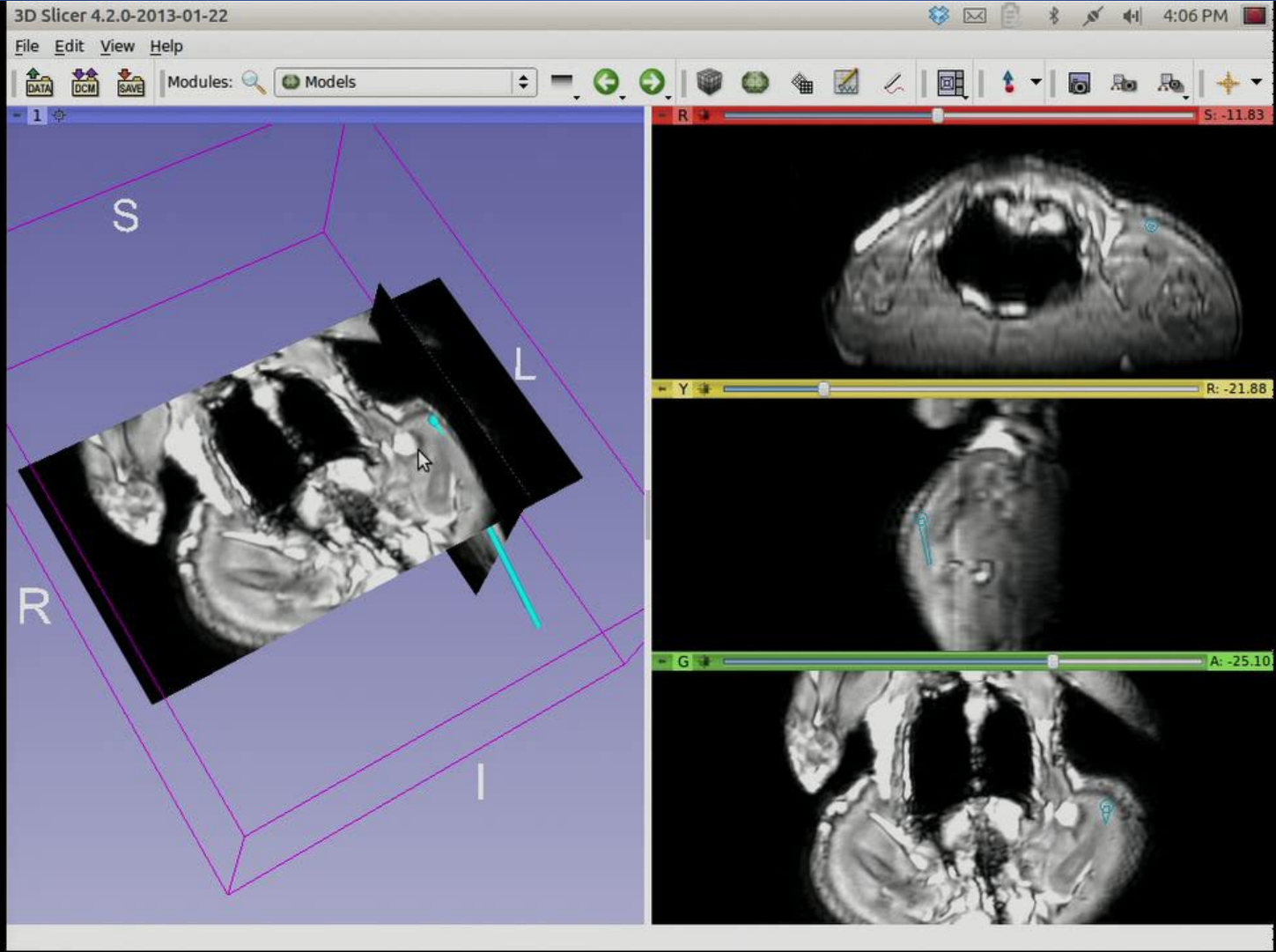
Active track the shaft of metallic devices  
3D Slicer



# Applications of Active Tracking

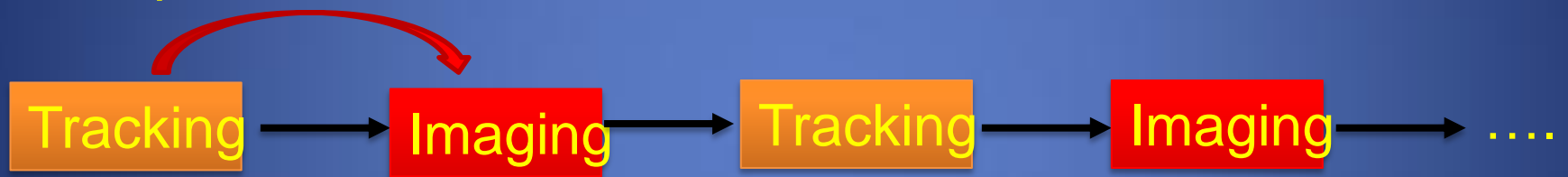
- Trajectory planning: projecting needle path through imaging volume based on tracked position and orientation
- Needle placement: Identifying needle of interest, controlling scanner to image at needle tip
- Adaptive planning: reconstruct catheters in seconds, adjust treatment plan

# Projected trajectories in imaging volume: animal model

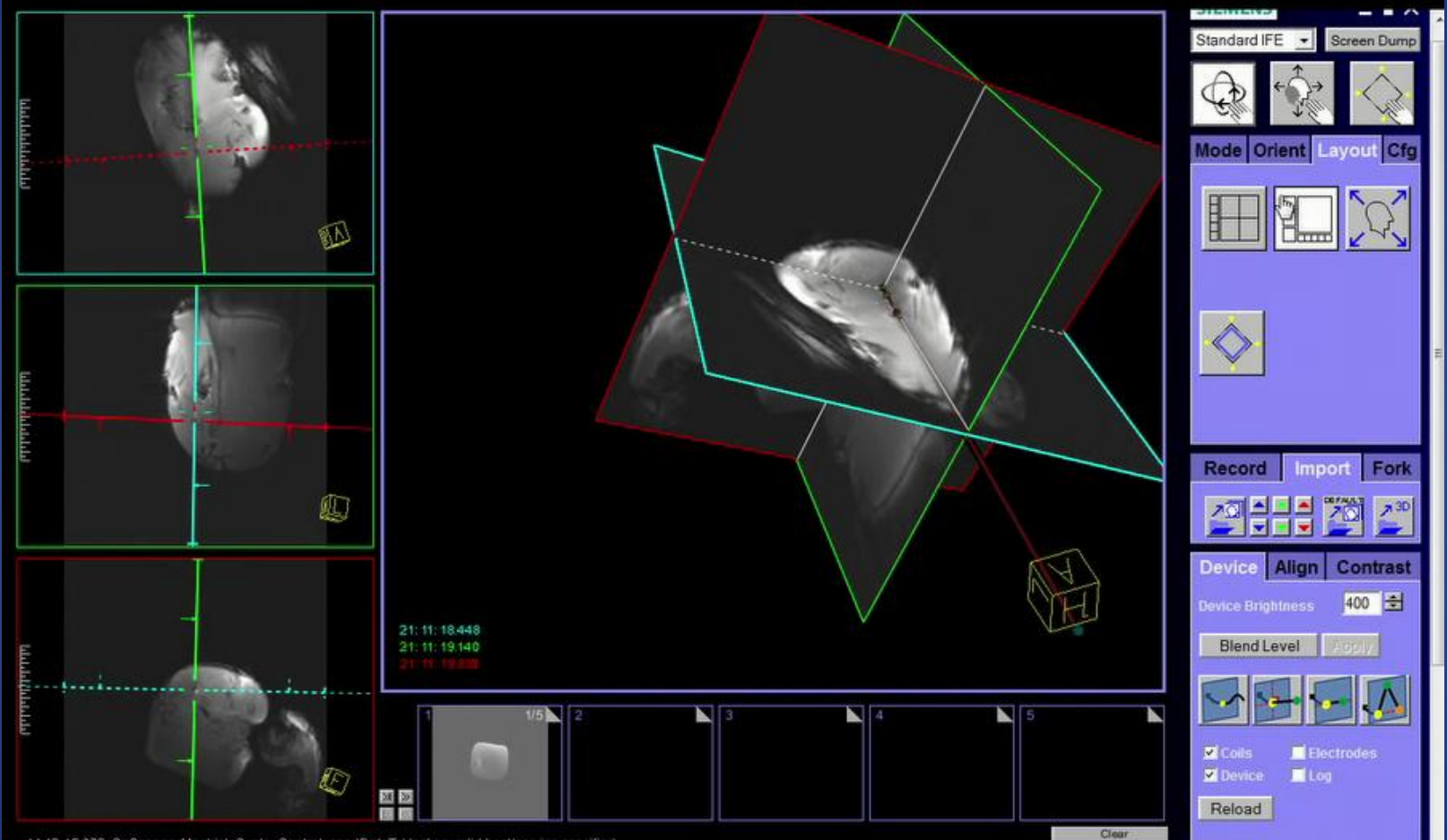


# Real-time Imaging with Tracking for Needle Placement

New position & orientation



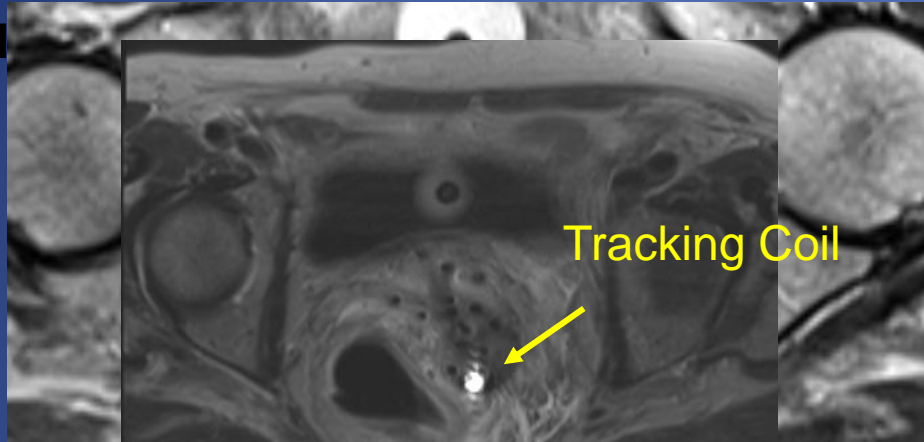
# Real-time Imaging with Tracking for Needle Placement





# Catheter Visualization and Scanner Control Human Study

Axial



Tracking Coil

**Tracking SNR:**  
18 – 130 (mean 100)

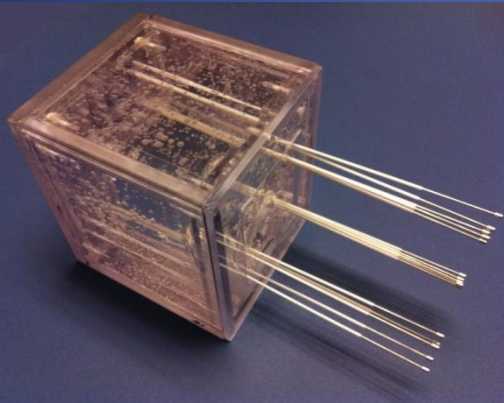
Sagittal



Axial MR Image (Body Array + Tracking Coil)

Needle placement in a 84 y/o woman with recurrent uterine adenocarcinoma

# Catheter Trajectory Reconstruction by MR Tracking Phantom Study

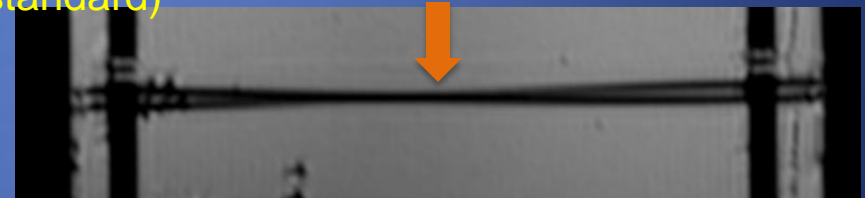
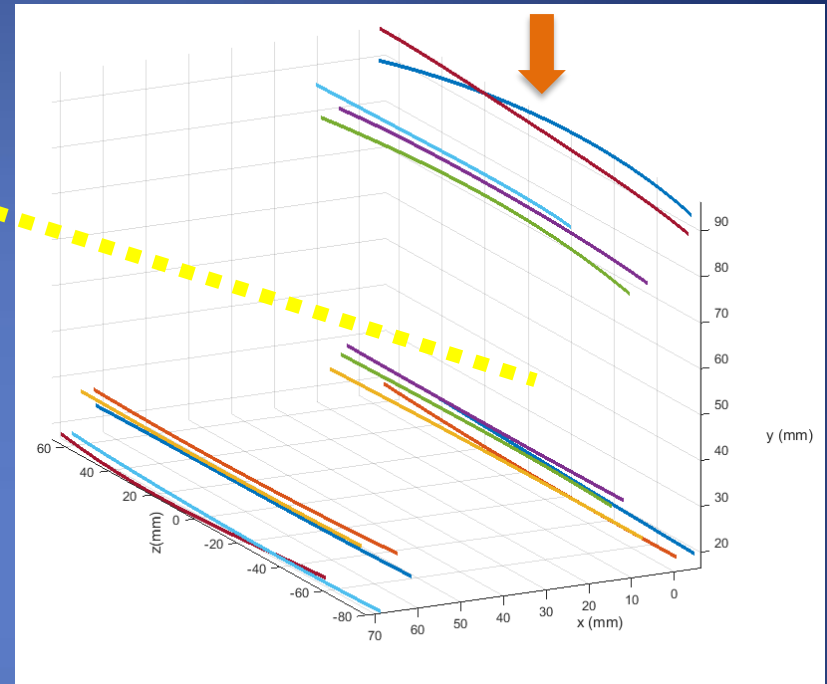


Fifteen needles: 9 parallel + 3 pairs crossed  
Through two templates with 5 mm grid of holes

A. MR-image based needle digitization (clinical standard)

B. Active Tracking during stylet pull-out

3D distance:  $1.1 \pm 0.9$  mm



3D MP-RAGE, resolution:  $0.5 \times 0.5 \times 1$  mm<sup>3</sup>

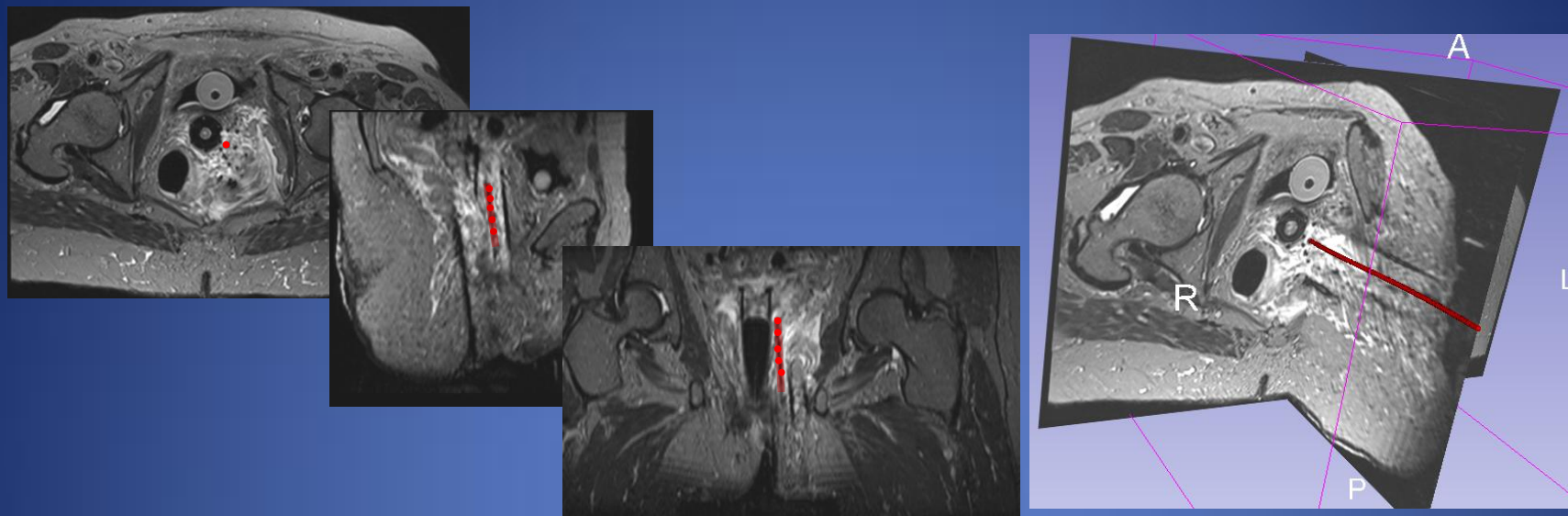


Two bent needles

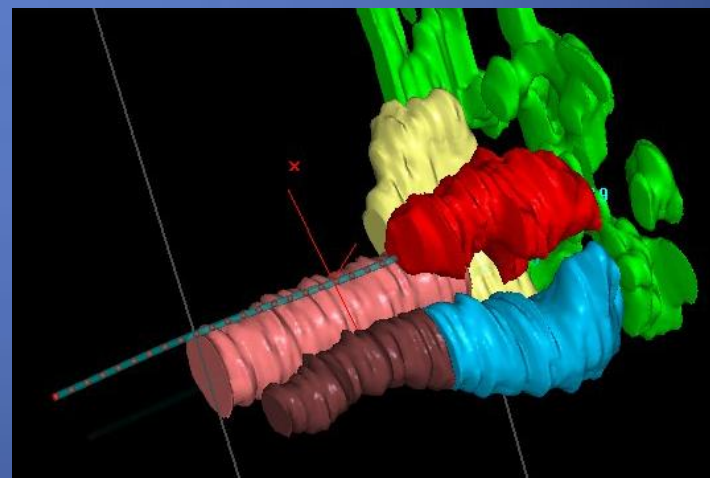


Two crossed needles

# Catheter Trajectory Reconstruction by MR Tracking



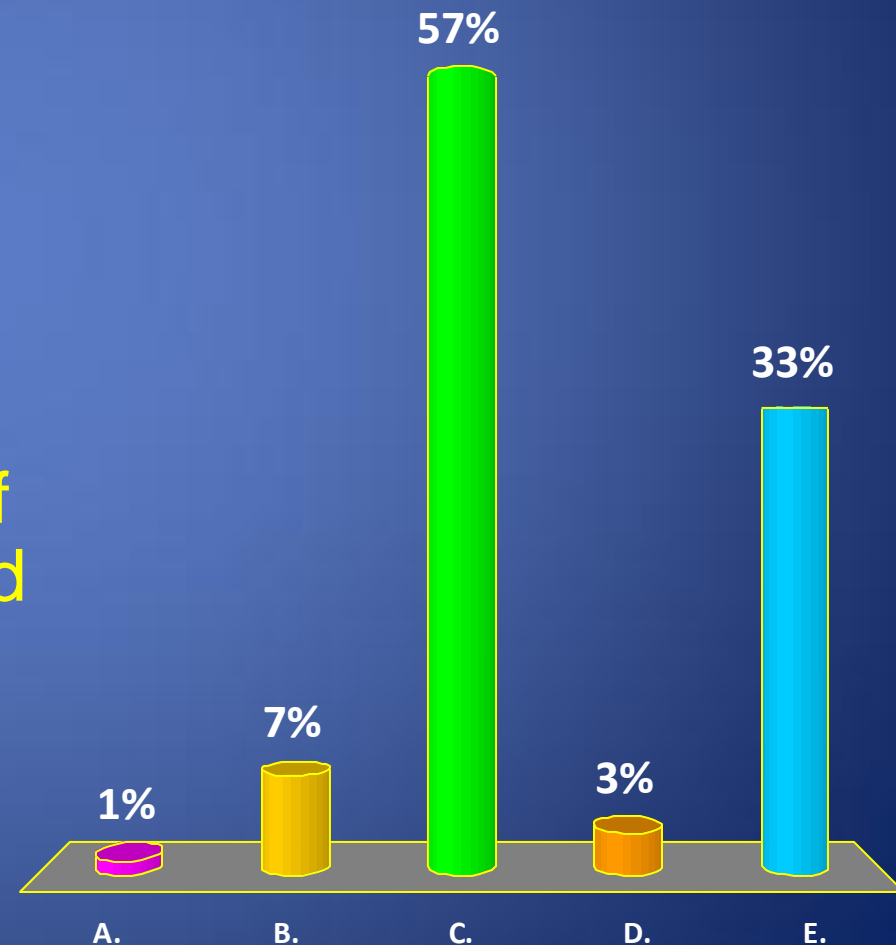
## Compared to CT



## SAMS Question

Active tracking can facilitate MR guided brachytherapy implants by providing the following functions except:

- A. Control of MR scan plane
- B. Efficient measurement of catheter location
- C. Absolute measurement of tissue oxygenation
- D. Projection/extrapolation of catheter trajectories based into MR volume
- E. Both A and D



Active tracking can facilitate MR guided brachytherapy implants by providing the following functions except:

C: Absolute measurement of tissue oxygenation

Brachytherapy does not require information about oxygenation, while all other functions are mentioned in slides 25-31

# Conclusions

- MR imaging is the modality of choice for pelvic imaging
- MR compatible applicators devices are readily available
- MR imaging can be incorporated in brachytherapy over a wide range of complexity and resource demands
- Many on-going efforts to facilitate MR brachytherapy
  - Transfer tables
  - Robotics
  - Tracking devices
  - Pulse sequences