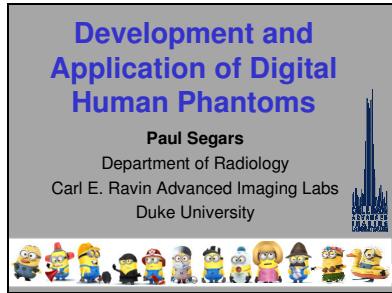
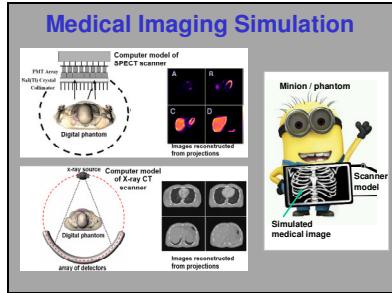


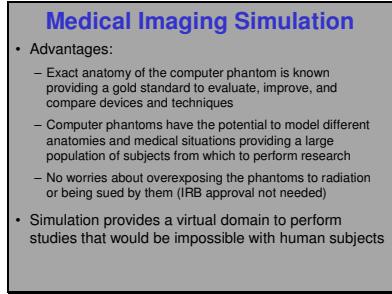
Slide 1



Slide 2



Slide 3



## Slide 4

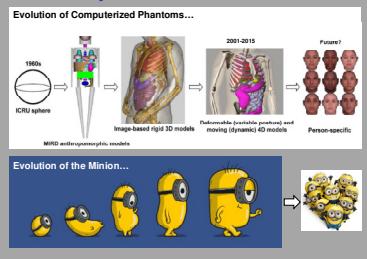
### Computational Phantoms

- Limitations:
  - Realistic models of anatomy are vital
  - A variety of anatomically variable phantoms are needed to mimic the population at large
  - Without such, simulated results may not be indicative of what would occur in live experiments
- The development of realistic computational models is one of the most active areas of research in imaging and radiation dosimetry



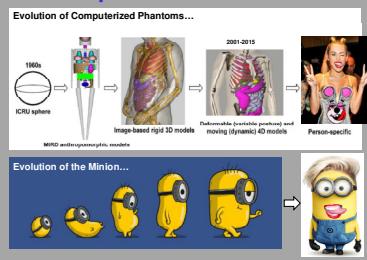
## Slide 5

### Computational Phantoms

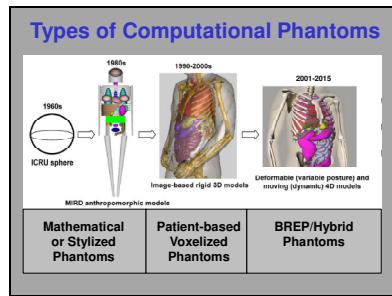


## Slide 6

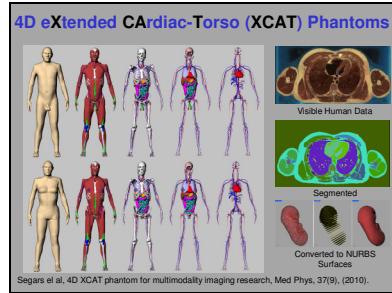
### Computational Phantoms



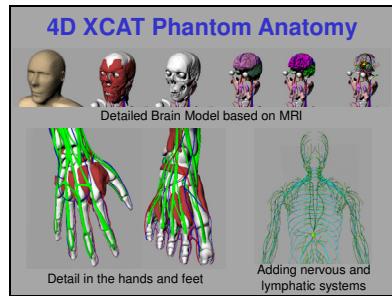
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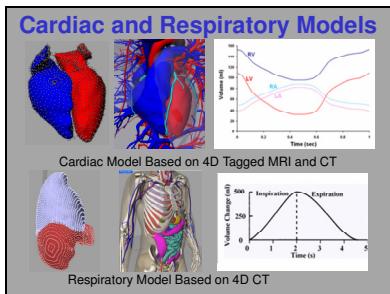
## Slide 8



## Slide 9



Slide 10



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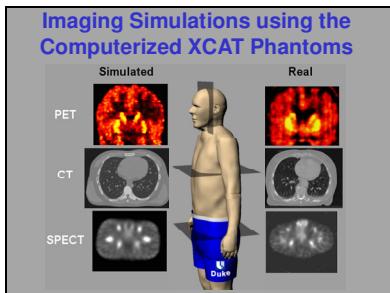
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Slide 11



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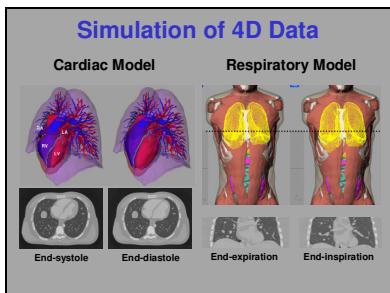
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Slide 12



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## Slide 13

### Anatomical Variations

- Have a standard model for an adult male and female
- Modeling patient variability is essential for imaging studies
- Results for one may not be indicative of others



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## Slide 14

### Anatomical Variations

- Need population of realistic phantoms to represent the public at large
- Number of phantoms is limited due to time to segment patient data (many months to a year per phantom)



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## Slide 15

### Population of 4D XCAT Phantoms

- Using methods from computational anatomy, we've developed a more efficient method
- Create a population of hundreds of detailed phantoms to represent the public at large from infancy to adulthood
- Each model is based on patient CT data from Duke Database
- Include cardiac and respiratory motions for 4D simulations
- Library of 4D phantoms



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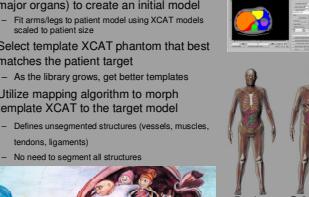
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Slide 16

- Segment patient CT data (bones and major organs) to create an initial model
  - Fit arms/legs to patient model using XCAT models scaled to patient size
- Select template XCAT phantom that best matches the patient target
  - As the library grows, get better templates
- Utilize mapping algorithm to morph template XCAT to the target model
  - Defines unsegmented structures (vessels, muscles, tendons, ligaments)
  - No need to segment all structures



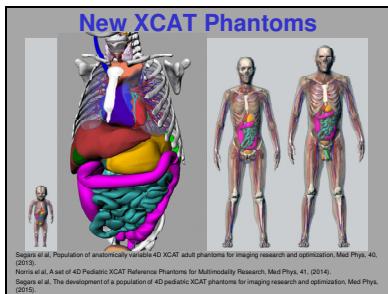
Slide 17

- Anatomy is checked for accuracy
- Using this technique, a phantom can now be completed in days instead of months

Slide 18

Sugino et al., "Population of anatomically variable 4D XCAT adult phantoms for imaging research and optimization," *Med Phys.* 40, 023303.  
 Norrie et al., "A set of 4D Pediatric XCAT Reference Phantoms for Multimodality Research," *Med Phys.* 41, 043302.  
 Sugino et al., "The development of a population of 4D pediatric XCAT phantoms for imaging research and optimization," *Med Phys.* 40, 023305.

Slide 19



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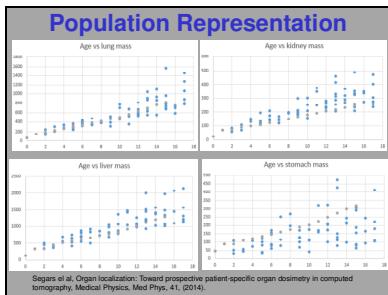
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Slide 20



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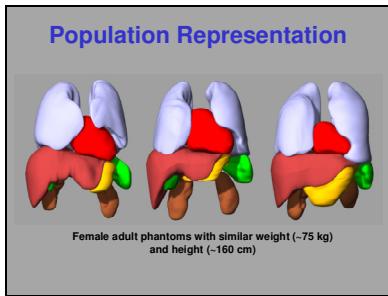
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Slide 21



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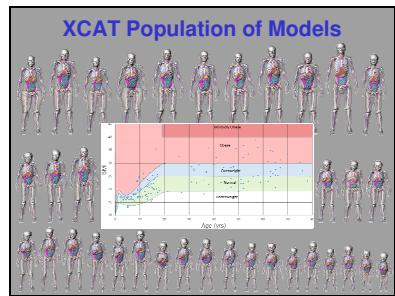
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Slide 22



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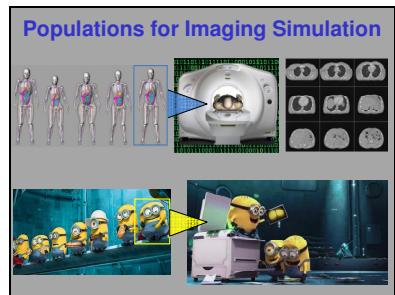
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Slide 23



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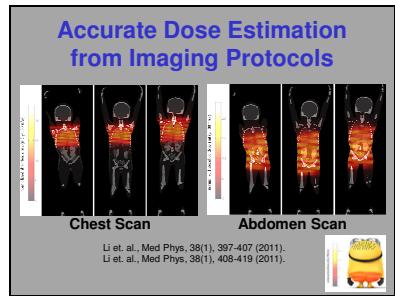
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Slide 24



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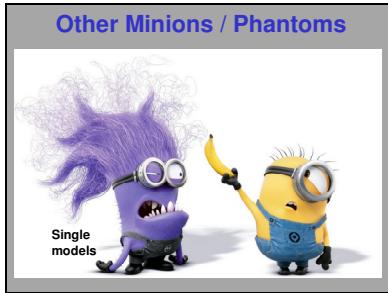
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Slide 25



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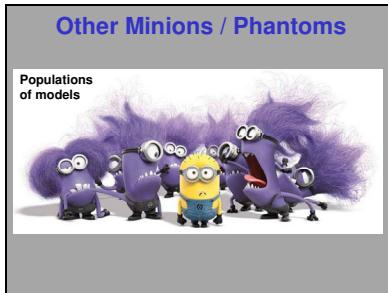
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Slide 26



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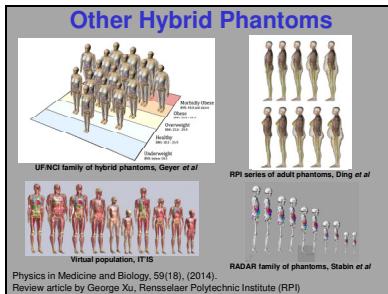
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Slide 27



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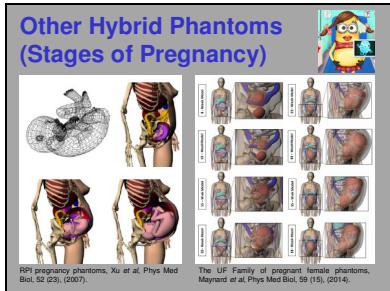
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Slide 28



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Slide 29



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Slide 30



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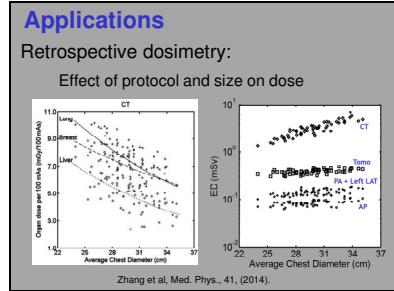
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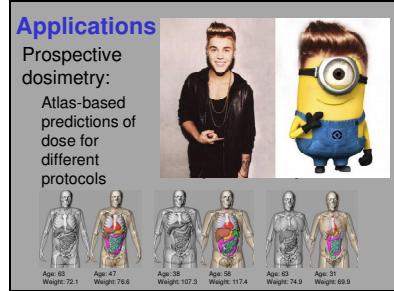
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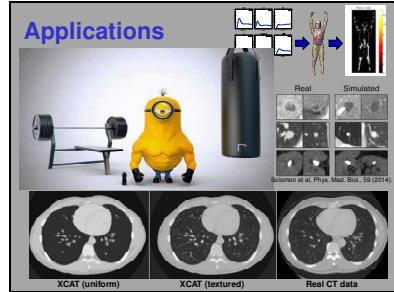
Slide 31



Slide 32



Slide 33



Slide 34

## Summary



- Much progress has been made in phantom development
    - From simple mathematical phantoms to more detailed hybrid models like the XCAT
  - As phantoms get more and more sophisticated, they allow users to simulate diagnostically realistic images close to that from actual patients

Slide 35

## Summary



- With such, computational phantoms give us the ability to perform experiments entirely on the computer with results that are indicative of what would occur in live patients
  - Provide a valuable tool to evaluate, optimize, and compare imaging techniques in terms of image quality and dose and to investigate the effects of anatomy and motion on images

Slide 36

## Computational Phantoms

**They are one in a Minion...**



Thank You!

