# **AAPM Initiatives in Quantitative Imaging**

John M. Boone, Ph.D., FAAPM, FSBI, FACR



Chair, AAPM Science Council Chair, Ad Hoc Committee on Quantitative Imaging Chair, TG on QI in CT



Professor and Vice Chair (Research) of Radiology Professor of Biomedical Engineering University of California Davis Medical Center

# Disclosures:

- Varian Imaging Systems, Paid Consultant
- Artemis, Paid Consultant
- Varian Imaging Systems, Research Funding
- Hologic Corporation, Research Funding
- Fuji Medical Systems, Research Funding

# The AAPM Quantitative Imaging Initiative

Introduction to QII

AAPM activities in QI

Trans-modality efforts

Positron Emission Tomography (PET/CT)

Magnetic Resonance Imaging (MR)

Computed Tomography (CT)

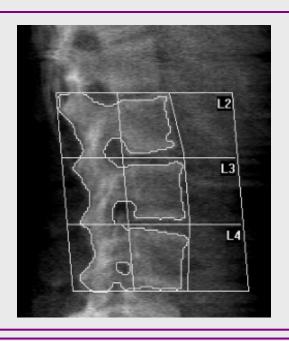
**Summary** 

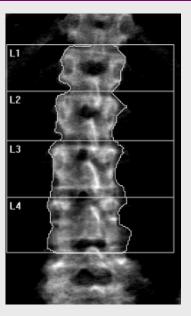
Currently used Imagebased Quantitative Metrics

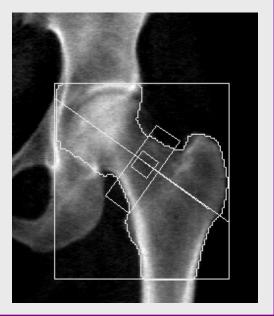
# Bone mineral density analysis

# **RISK**

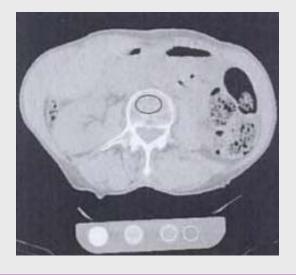
2D

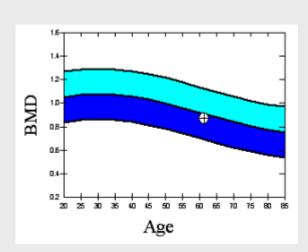


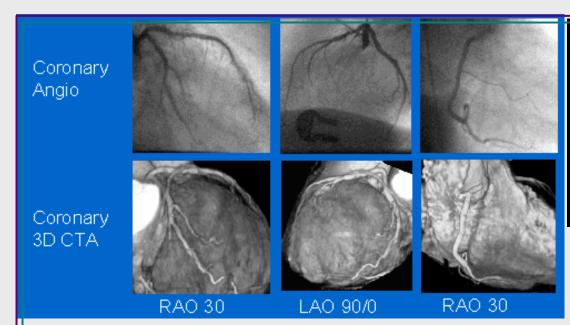


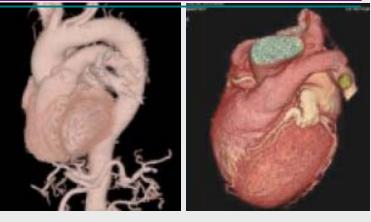


3D









# Cardiac Imaging FUNCTION

Atrial & Ventricular Volume

**Ejection Fraction** 

Stroke Volume

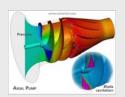
Cardiac Output

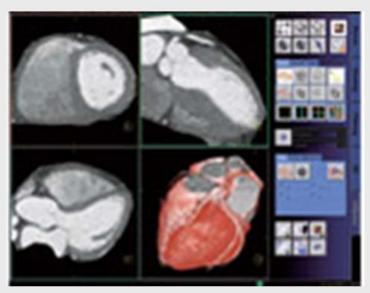
Myocardial Perfusion

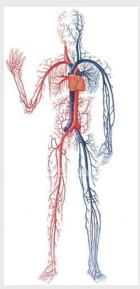
Percent Stenosis

Etc.









# Crown Rump Length

# **AGE**







#### FINDINGS:

Transabdominal and endovaginal pelvic ultrasound is reviewed with no comparisons. There is single live intrauterine gestation with fetal heart rate of 174 BPM. The gestational sac, amniotic sac, and yolk sac are unremarkable in morphology. Mean crown-rump length 22.5 mm, ultrasound (MA 8 weeks, 6 days) ltrasound This is concordant with given clinical LOD given in History.

Bilateral overies are identified endovaginally. The right ovary measures 2.1 x 2.8 x 1.5 cm, the left ovary measures 2.2 x 3.3 x 2.9 cm. No identified endovaginally.

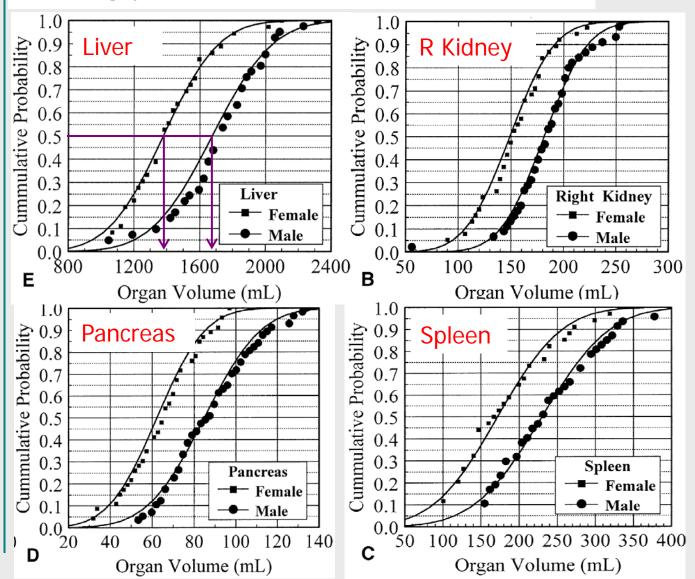
#### IMPRESSION:

1. SINGLE LIVE INTRAUTERINE GESTATION WITH ULTRASOUND MA 8 WEEKS, 6 DAYS, AND ULTRASOUND

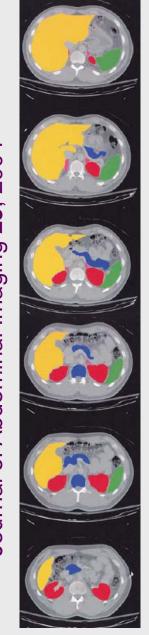
### Normal organ volume assessment from abdominal CT

SIZE

E. M. Geraghty, J. M. Boone, J. P. McGahan, K. Jain



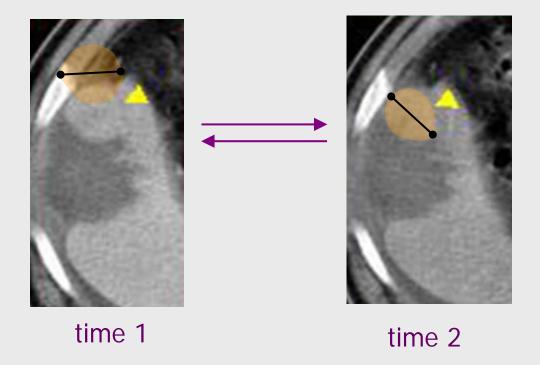




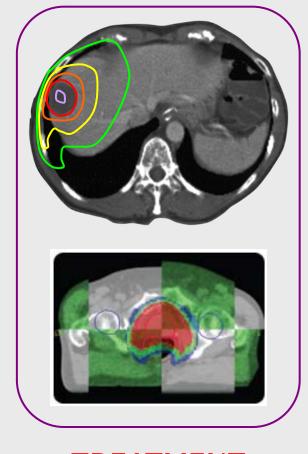
# **RESPONSE**

# **RECIST** Response evaluation criteria in solid tumors

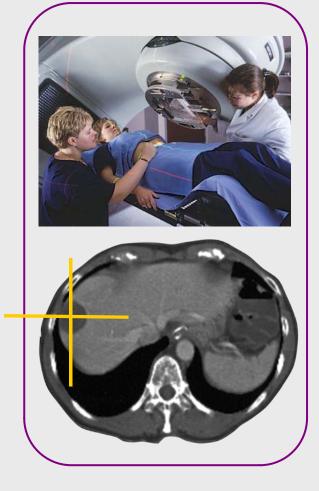
- Uni-dimensional measurement of tumor "size"
- Progression / Stable disease / Partial Response / Complete Response
- NIH-required imaging surrogate



# **Radiation Therapy**



TREATMENT PLANNING



**LOCALIZATION** 

Future potential for Imagebased Quantitative Metrics

# The history of radiology: **Part 1: Past History**











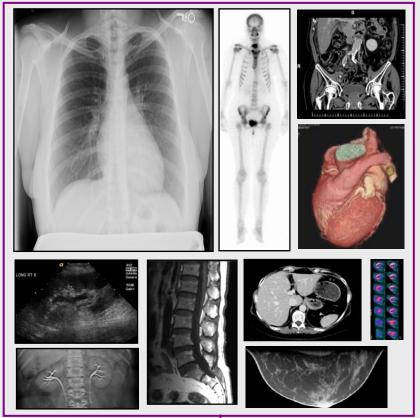
**PACS** 

1958 1968 1978 1988 1998 2009 1943 1948 year

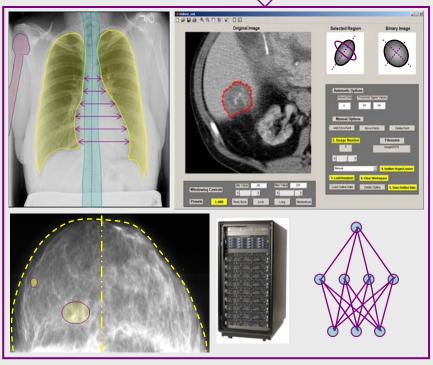
### The history of radiology:

### Part 2: Future "History"

virtually all digital







Era of Quantitative Imaging

year 2009 2020 2040 2060 2080 2100 2109

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Summary

## Science Council

Imaging Physics Committee (Shepard, Siewerdsen)

Therapy Physics Committee (Yorke, Huq)

Research Committee (Fraass, Fahrig)

### **Quantitative Imaging Initiative**

TG: Quantitative PET/CT Imaging (Kinahan)

WG: Standards for Quantitative MR Measures (Jackson)

TG: Quantitative CT Imaging (Boone)

TG: Quantitative SPECT Imaging (Tsui)

### **AAPM FOREM**

March 30-31, 2009 in Chicago, 20 participants

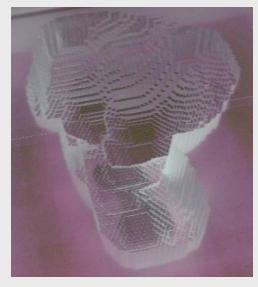
Model observers for tomosynthesis and CT of the breast:

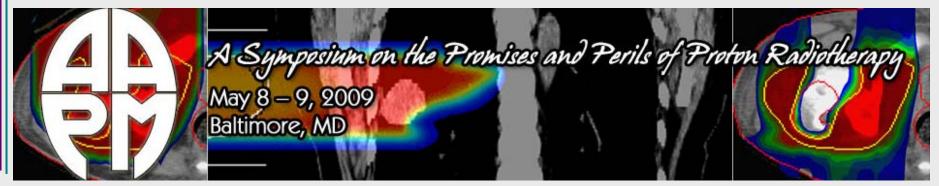
Theoretical and Practical considerations.











# Imaging for Treatment Assessment in Radiation Therapy – iTART 2010



ASTRO

AMERICAN SOCIETY FOR THERAPEUTIC

RADIOLOGY AND ONCOLOGY





- Imaging for target definition
- Imaging for treatment assessment
- Image quantification
- Industry, regulatory issues



# NIH grant submissions

• Calibration and validation in cancer imaging: The quantitative imaging initiative.

J Boone, P Kinahan, E Jackson, B Tsui, ME Giger, etc.

#### **Specific Aims:**

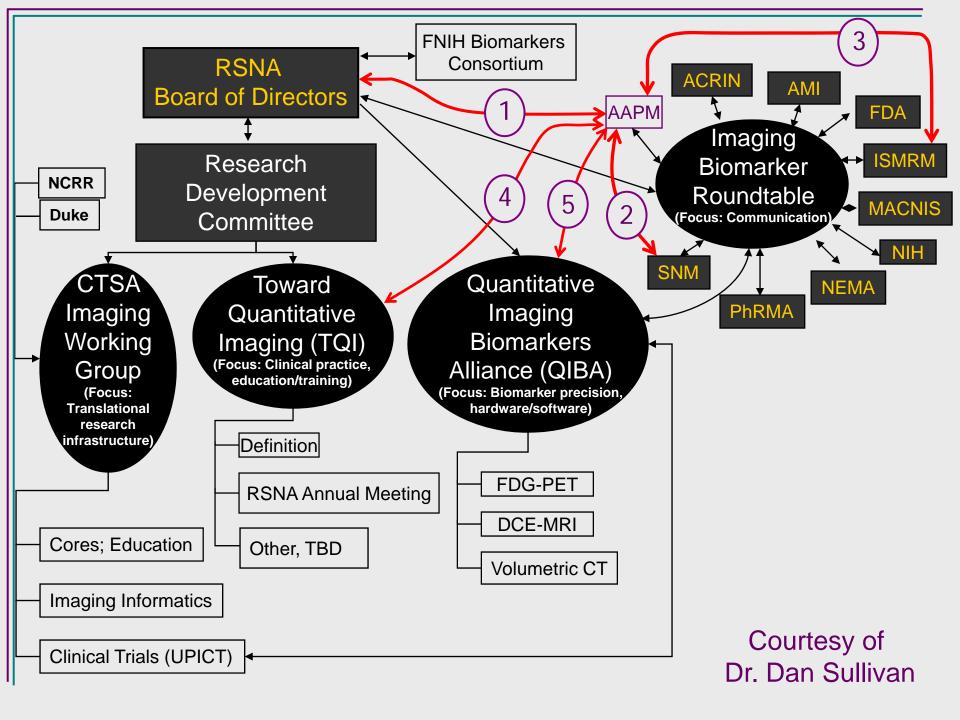
PET/CT SPECT/CT CT MRI

 Technology assessment institute for medical imaging and image guided therapy.

P Carson, W Hendee, E Samei, J Siewerdsen, etc.

#### **Specific Aims:**

Cone beam CT
Dose reduction in pediatric CT
Breast tomosynthesis
Ultrasound Contrast agent





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Hello Dr. Boone...

#### What's New

2009 Amendments to AAPM Governance Documents [general | posted: 6/24/2009 | sunset: 7/31/2009]

New York Times reports 'Rogue Cancer Unit' at Philadelphia VA Hospital [general] posted: 6/23/2009 | sunset: 7/23/2009]

Canada approves new source of medical isotopes [general | posted: 6/17/2009 | sunset: 7/17/20091



2008 Education & Research Fund Annual Report [general | posted: 6/16/2009 sunset: 7/16/2009]



Website Editor Report, June 2009 6 [general | posted: 6/1/2009 | sunset: 7/15/20091



2009 AAPM Annual Meeting - Meeting Program Available [meetings | posted: 5/14/2009 | sunset: 7/30/2009]



RSNA 2009 - Registration and Housing Open for AAPM and RSNA Members

RSNA 2009 [general | posted: 4/29/2009 | sunset: 11/6/2009]

Awards & Honors Committee - Call for Nominations [general | posted: 4/27/2009 | sunset: 10/15/2009]

Awards & Honors Committee - Call for Competitive Applications for Travel Grants [general | posted: 4/27/2009 | sunset: 10/15/2009]

2009 Dues Paid - choose to pay for other options. [membership]

focus on our future



**AAPM BBS** 

**Enter the Forum** 

**Placement Services** 25 available, updated 7/10/2009 2:30:32 PM

View the Ads

Current Issues







Recent Quizzes in Continuing Education » 1/5/2009 9:53:10 AM: Robot-assisted & 3D

ultrasound-quided prostate brachytherapy

» 1/5/2009 9:53:09 AM: Understanding and Teaching Ultrasound Physics

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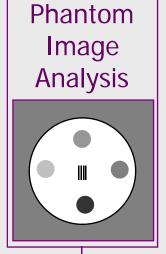
Magnetic Resonance Imaging (MR)

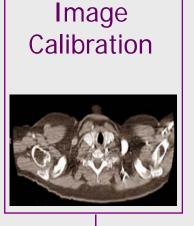
Computed Tomography (CT)

Summary

# Specific methods in QI for Image Calibration





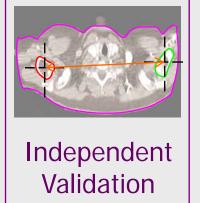






Phantom Imaging





## Quantitative Parameters of Interest

Spatial integrity ( $[x,y,z] \implies$  distance, area, volume)

Gray scale (HU) calibration

Flow rate accuracy

Temporal accuracy

Physiologic/anatomic parameters

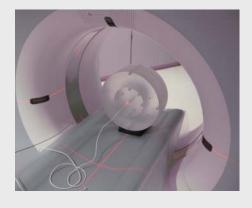
Volume change, Uptake, flow, perfusion, kinetic assessment, permeability. others....

Precision over time with same scanner

Precision between different scanners

# General themes in QI for imaging systems

Scanner Calibration



# Protocol Development

- Do this do that
- 2. Do that then this
- 3. Don't do that
- 4. Do this and that
- 5. Wait for a while
- 6. Weigh patient
- 7. Perform patient survey
- 8. Bundle images
- 9. Recruit readers
- 10. Patient follow-up

### **Implementation**



# Demonstration of QI utility



# Variance Reduction

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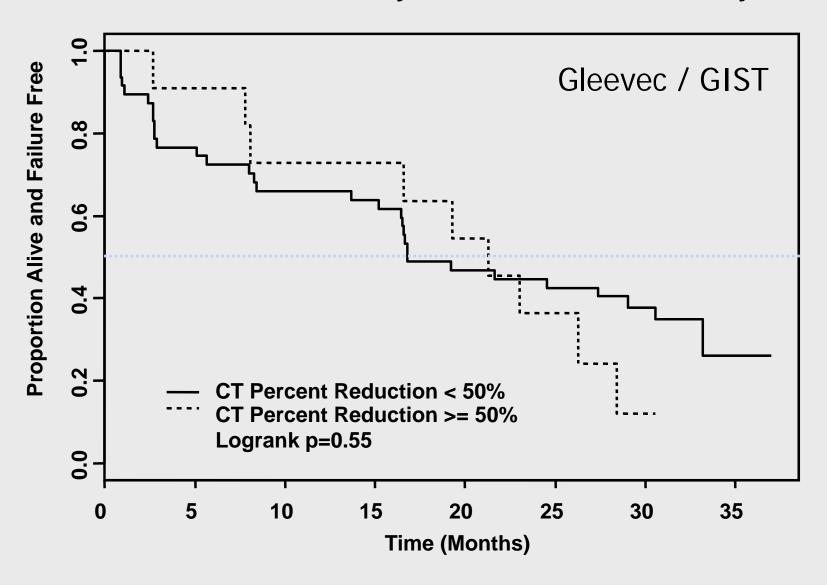
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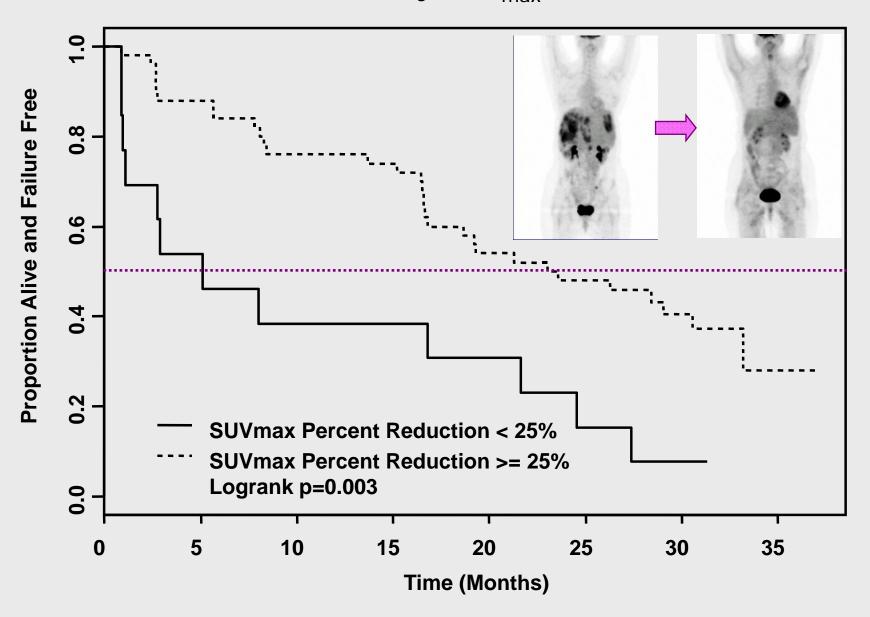
Summary

### Time to Treatment Failure by Percent CT Reduction Days 21-40



Holdsworth, et al - Dana-Farber Cancer Institute

### Time to Treatment Failure by SUV<sub>max</sub> Percent Reduction



Van den Abbeele, et al - Dana-Farber Cancer Institute

# Quantitative Imaging Using PET/CT

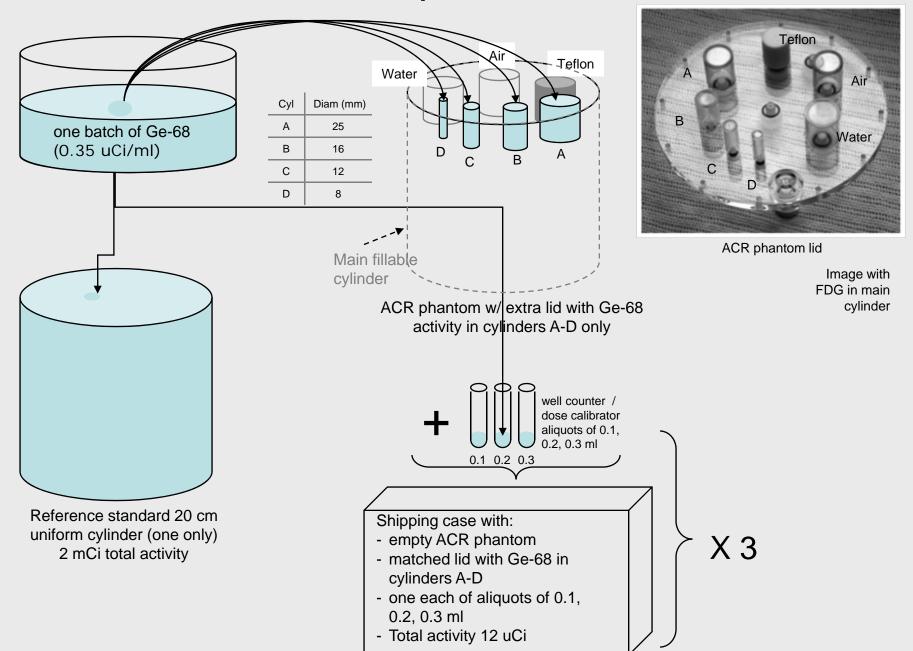
Paul Kinahan, PhD

Director of PET/CT Physics
Imaging Research Laboratory, Department of Radiology
University of Washington, Seattle, WA

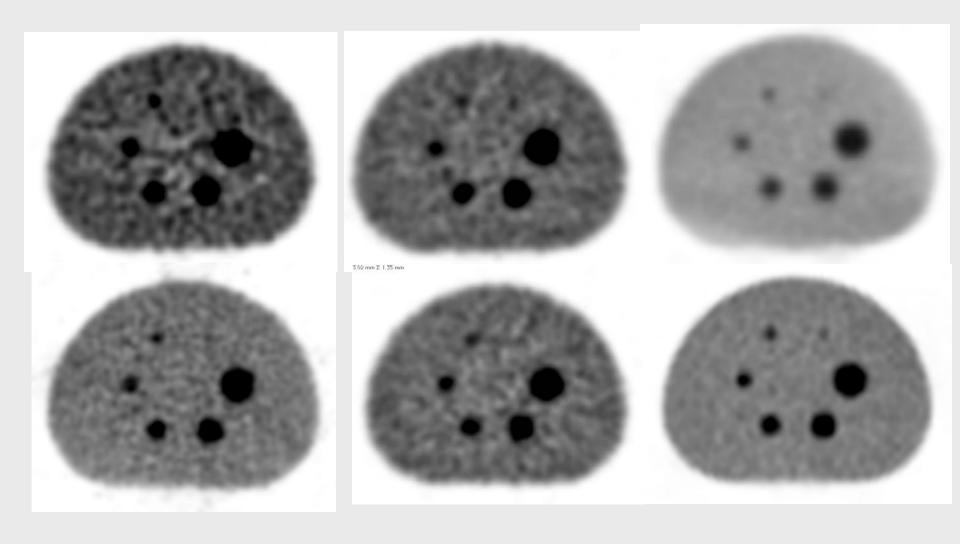


SNM Clinical Trials Network Community Workshop February 8-9, 2009 Clearwater, FL

### AAPM / SNM Task Group 145: Modified ACR Phantom

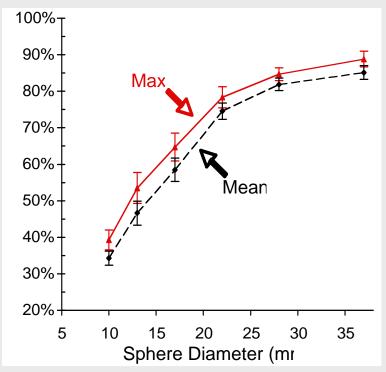


### Sample Image Sections from Six Different Scanners

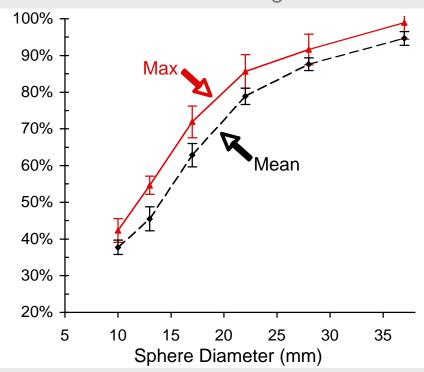


### 'Coffee Break' Repeat PET/CT scans with Repositioning

SUVs from 20 3D-OSEM scans with 7-mm smoothing



GE DSTE-16 PET/CT Scanner



Siemens Biograph HI-REZ-16
PET/CT Scanner

Intra-scanner short-term variability is 3% - 4%

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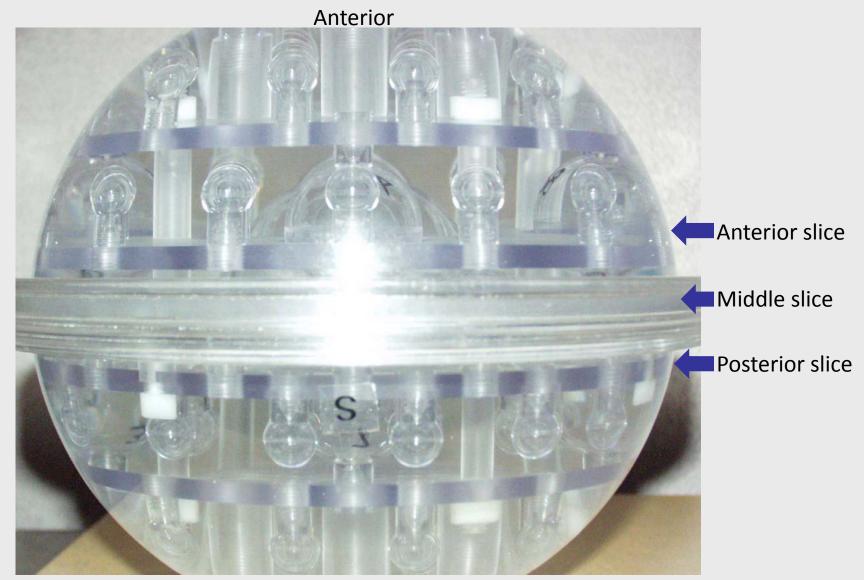
Computed Tomography (CT)

Summary

Sketches of DCE-MRI phantom Partial cross section view User Top User Top Anterior Posterior SN0000 SN0000 Right Left User Bottom User Bottom

Cross hatch indicates spheres out of center plane

### Locations of Posterior, Middle and Anterior slices

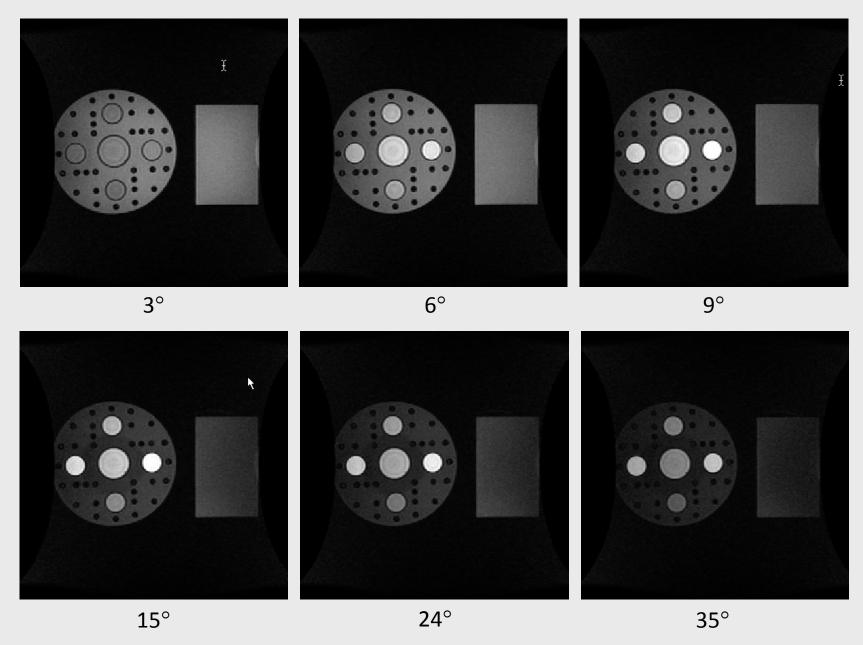


Posterior



Figure A.13, Figure A.14

### FSPGR (Anterior slice, Position-S)



T1 values (Posterior slice)

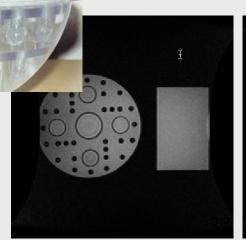
	Тор	Left	Bottom	Right	Middle
"S"	237.8	783.9	310.8	480.2	411.6
"R"	468.4	252.2	728.5	331.8	413.5
"["	326.2	489.1	237.0	769.5	419.9
"L"	719.3	335.9	439.1	240.0	401.1
Ave ("S")	241.8	750.3	326.2	469.2	411.5
Expected	295.0	804.5 T1 values (Ar	385.7 nterior slice)	532.2	417.5

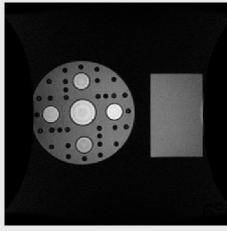
	Тор	Left	Bottom	Right	Middle
"S"	354.5	215.2	537.6	275.1	412.4
"R"	261.2	371.8	201.3	563.9	401.1
"["	540.5	276.5	368.9	214.7	407.4
"L"	205.7	579.4	275.3	386.0	416.4
Ave ("S")	370.3	209.2	555.4	272.0	409.3
Expected AT MRI Subcommittee	449.4	260.0	644.3	335.1	417.5

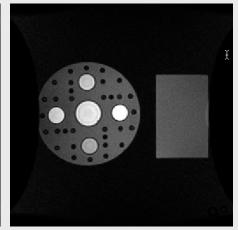
M. Buonocore, IRAT MRI Subcomn

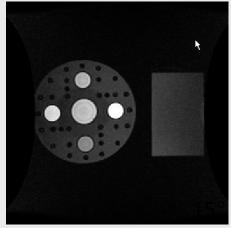
## Variability between scanners

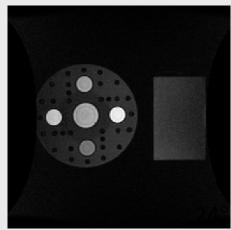
use of calibration methods (phantoms and software) across scanner platforms and acquisition techniques.

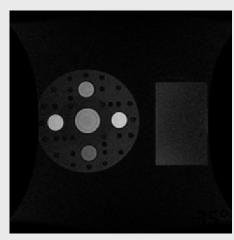












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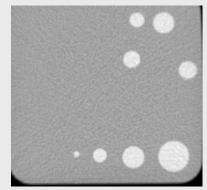
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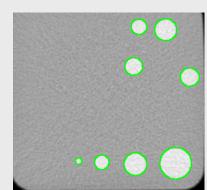
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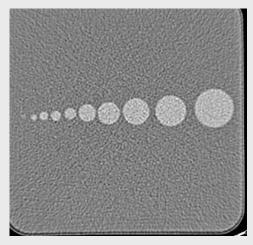
Computed Tomography (CT)

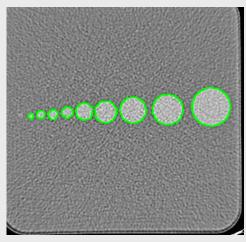
Summary

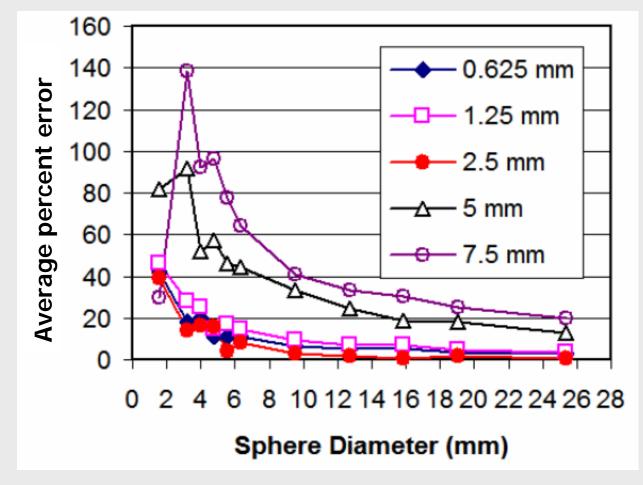
## **CT** volume accuracy

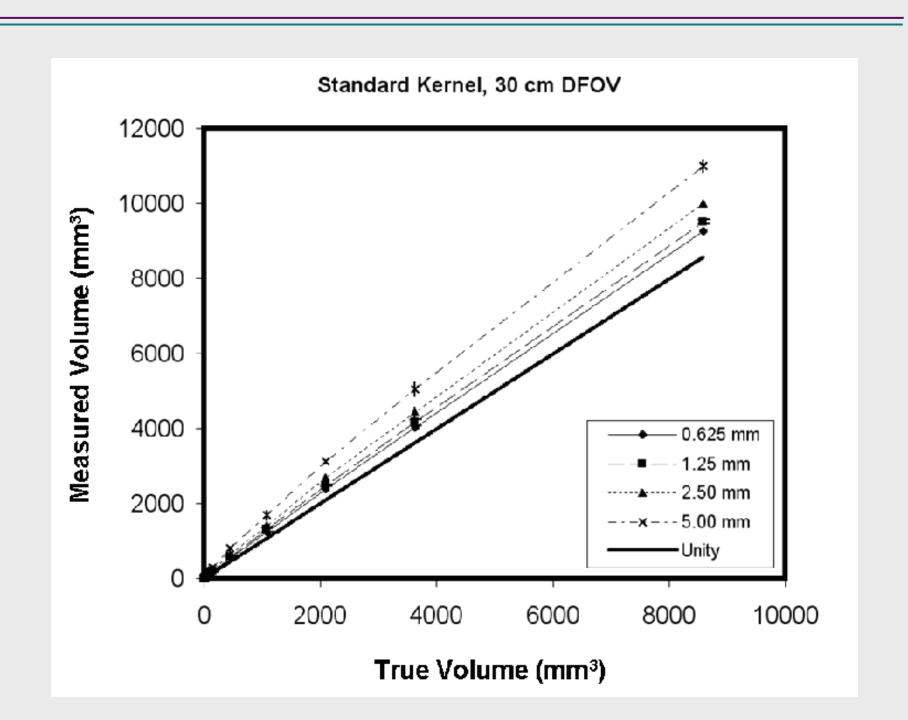


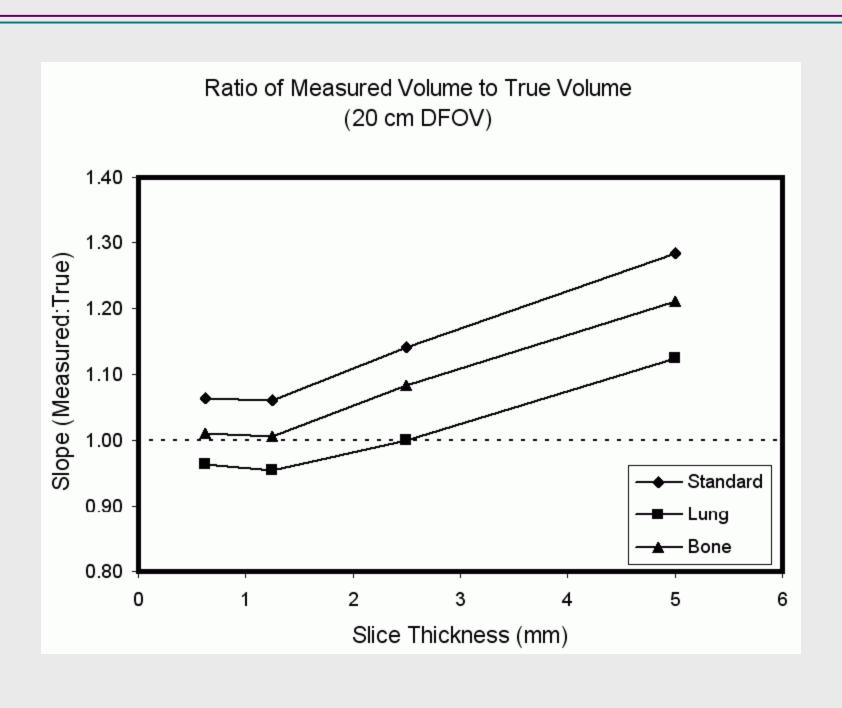


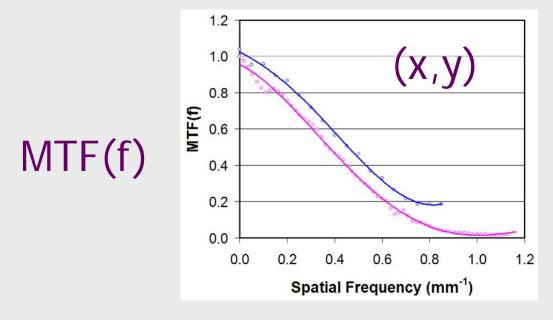


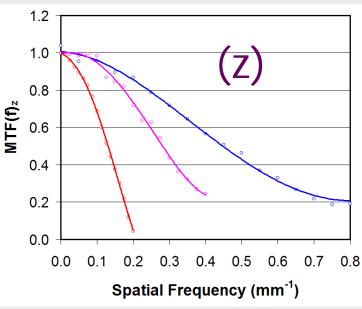


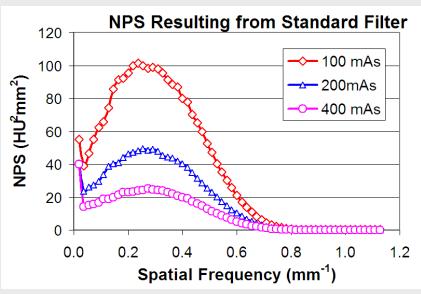


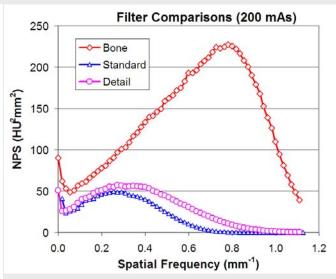








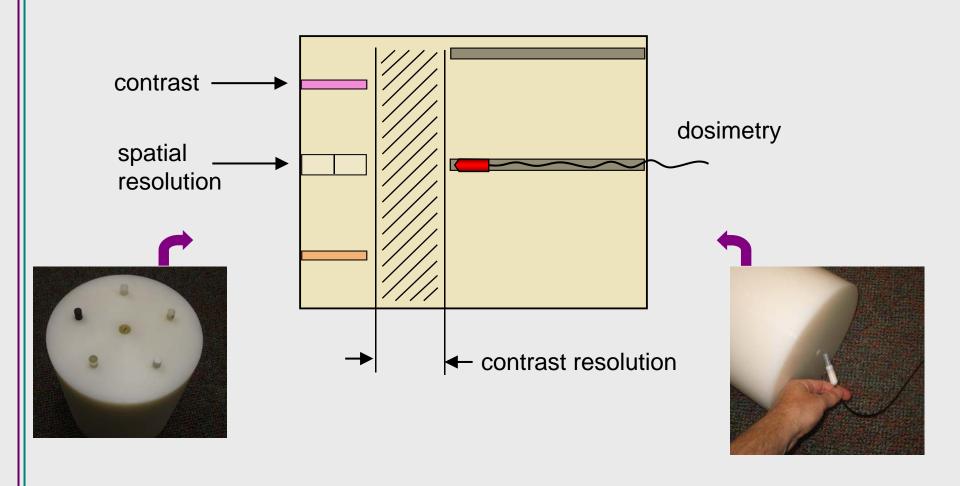


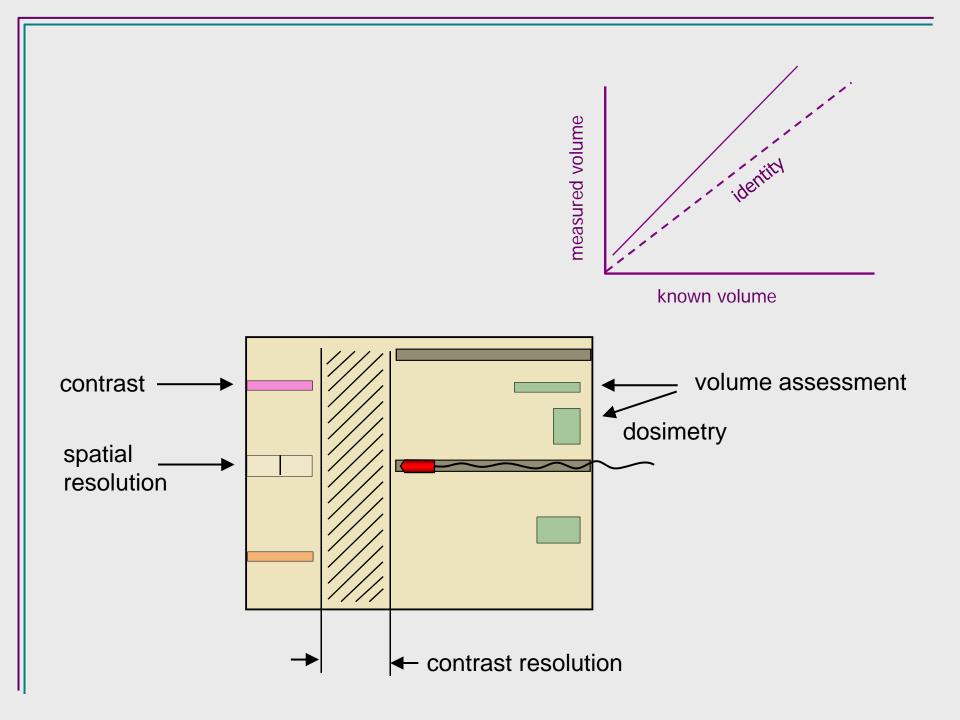


NPS(f)









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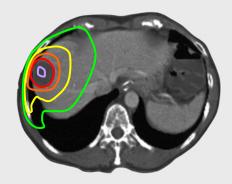
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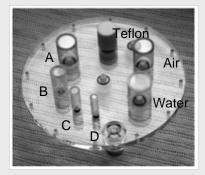
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**Summary** 











RSNA



