



## Progress Towards Clinical Diffraction Enhanced Imaging

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## Disclosures

- Dr. Connor is a founder, part owner, and consultant for NextRay, Inc., which is developing a clinical diffraction enhanced imaging system.

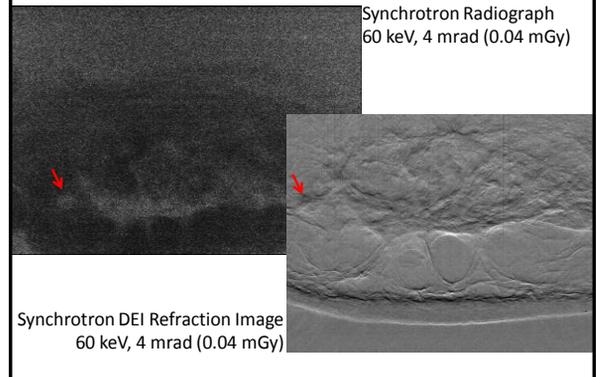
## Why phase contrast x-ray imaging?

New contrast mechanisms are needed to significantly reduce patient dose or to significantly improve image contrast.

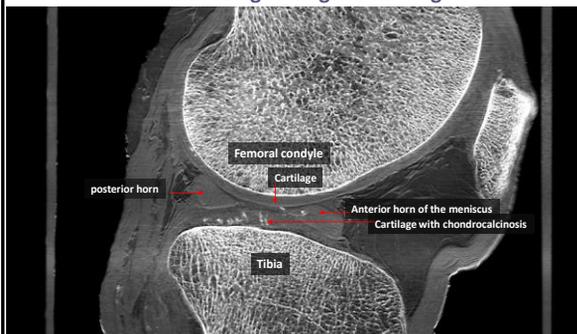


## What's possible with DEI?

### Mammography at ultra-low dose



### Osteoarthritis—observing damage to cartilage

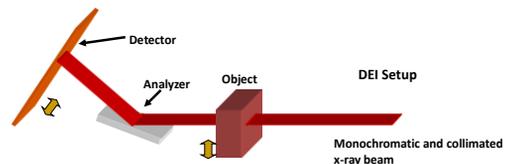


Slice image of a human knee acquired using diffraction enhanced computed tomography.

Image courtesy of Jun Li, Rush University Medical College; Li, J., Z. Zhong, et al. (2009). "Phase-sensitive X-ray imaging of synovial joints." *Osteoarthritis Cartilage* 17(9): 1193-1195.

### How does DEI generate phase contrast?

- Analyzer crystal converts angular shift in x-ray beam into an intensity change in an image.
- Requires the use of an x-ray beam that is:
  - Monochromatic
  - Collimated



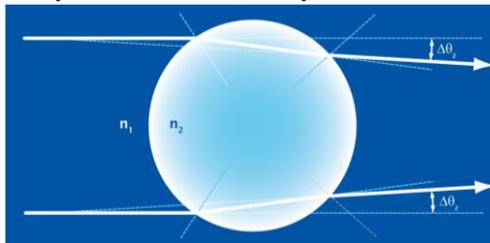
## Analyzer crystal

Great for phase contrast.  
Bad for flux.

## DEI contrast mechanisms

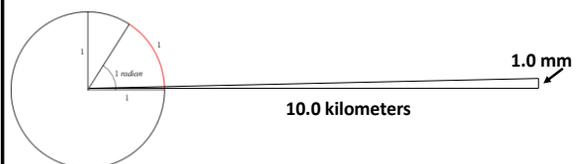
Few refracting objects.  
Many refracting objects.

### X-ray refraction from a cylinder

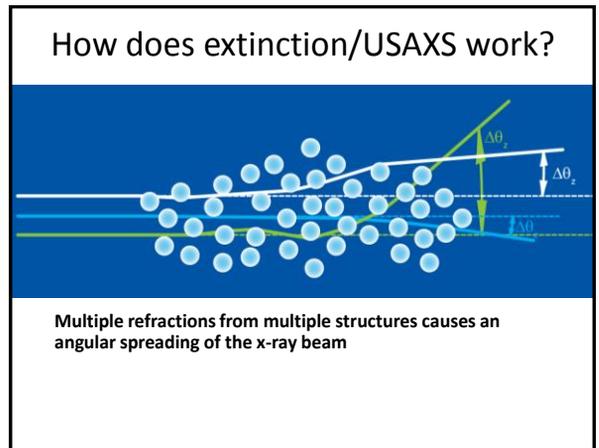
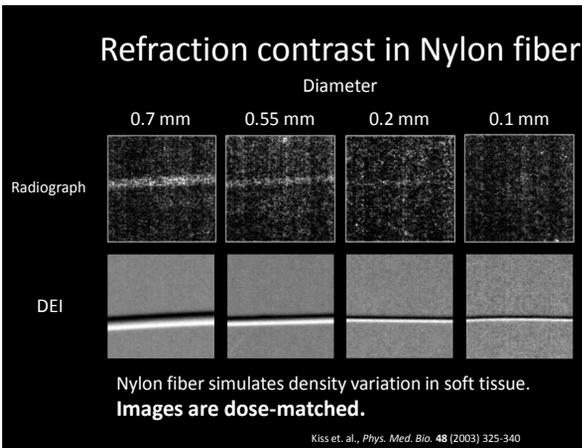
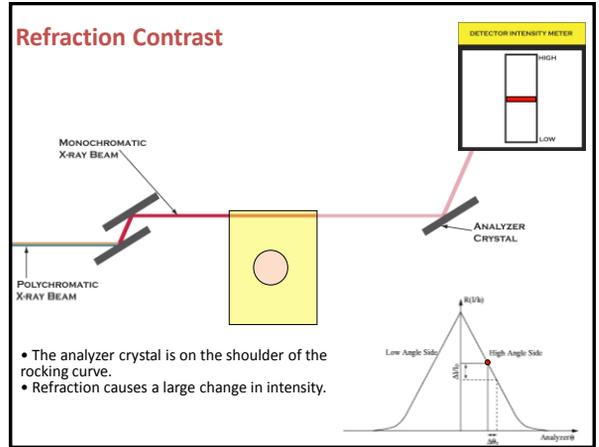
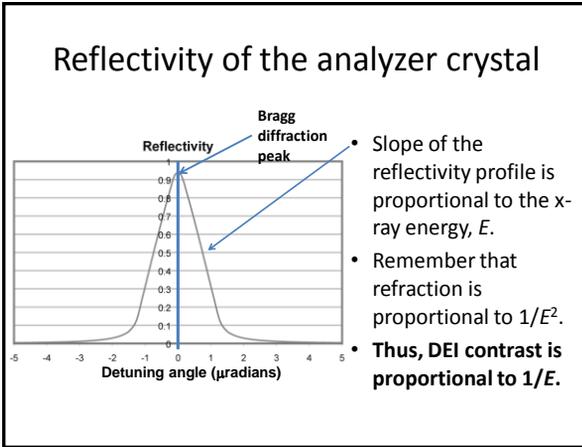


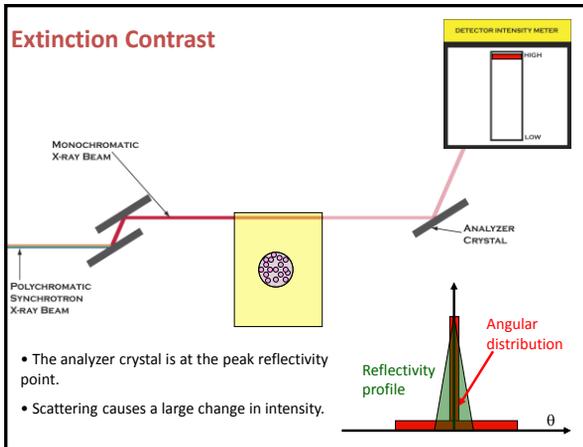
- The refraction angle,  $\Delta\theta_j$ , is proportional to
  - The difference in the index of refraction,  $\Delta n$ .
  - The x-ray energy as  $1/E^2$ .
- For biological tissues,  $\Delta\theta$  is on the order of  $10^{-7}$  radians.

### What does $10^{-7}$ radians look like?



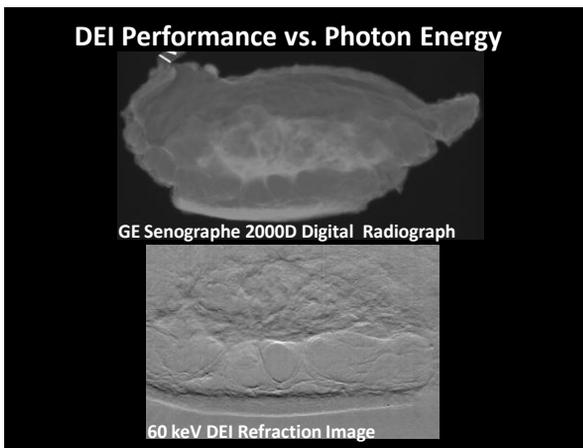
*Note: Figure not drawn to scale*





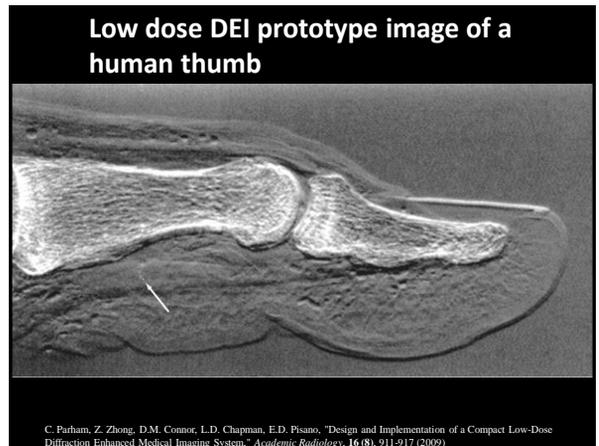
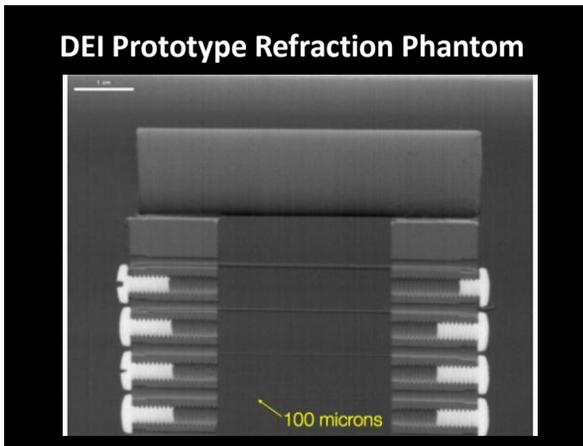
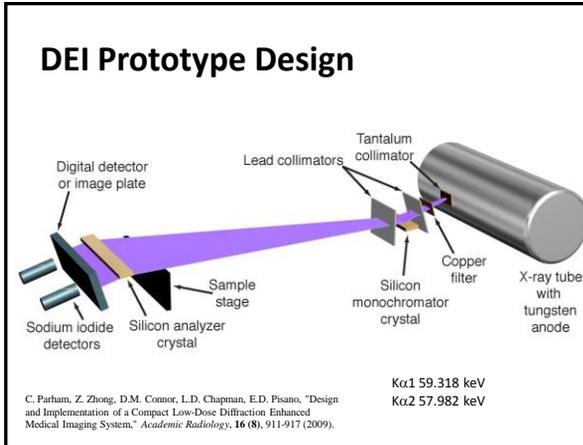
### Is Clinical DEI possible?

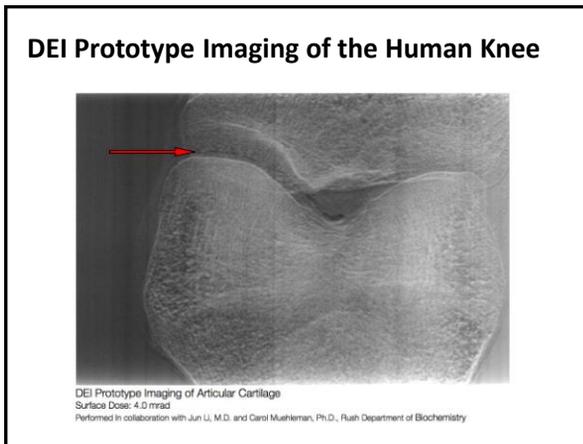
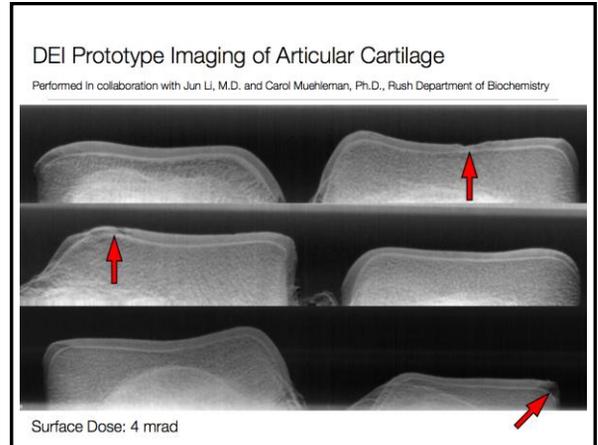
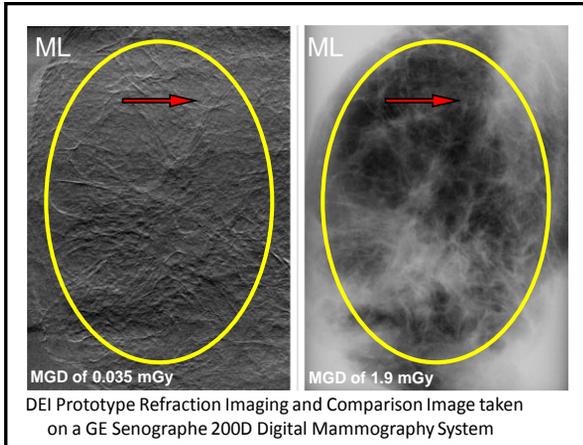
Biggest obstacles: (1) monochromatic, (2) collimated beam.



### Proof-of-principle system

- Can x-ray tube generate sufficient flux for a clinical DEI system?
  - Built a system to measure the flux as a function of tube voltage and current.
  - Extrapolated the flux to a higher power x-ray tube source.

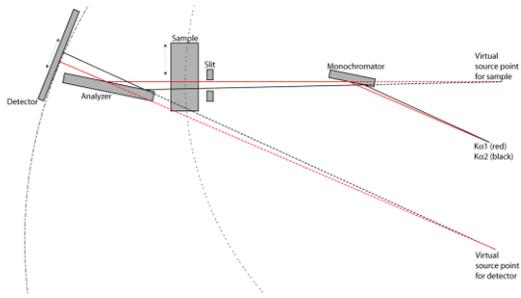




### Proof-of-principle system findings

- Measured the post-analyzer crystal system flux.
- Linear relationship between tube current and flux shown.
- For a fixed tube power, showed a higher peak voltage generated a higher flux.
- Generated the same contrast as a synchrotron-based DEI system.
- Imaging time for full-thickness breast specimen was 24 hours.

## Proof-of-principle system findings



## SYNCHROTRON AS WIND TUNNEL

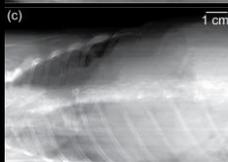
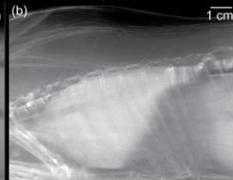
In lieu of a functioning clinical DEI system, the National Synchrotron Light Source was used to mimic properties of a future clinical system.

## Ultra-low dose infant imaging

Radiograph of rabbit chest  
Surface dose of 50  $\mu\text{Gy}$

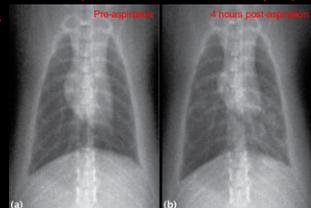


DEI image of rabbit chest  
Surface dose of 5  $\mu\text{Gy}$

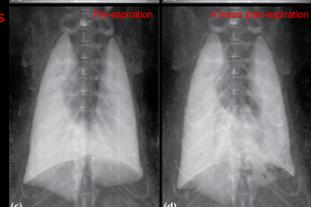


## Acid aspiration study, surface dose of 8 $\mu\text{Gy}$

Radiographs

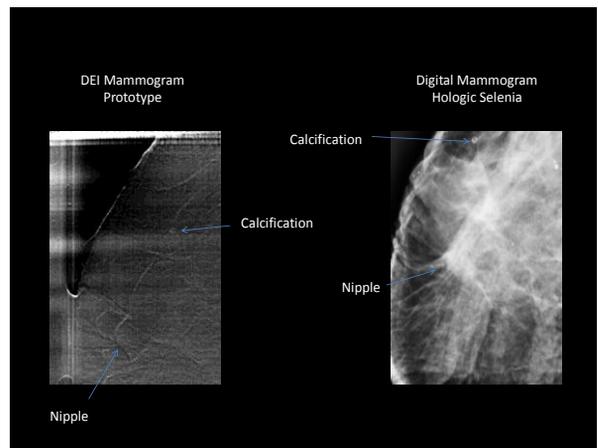
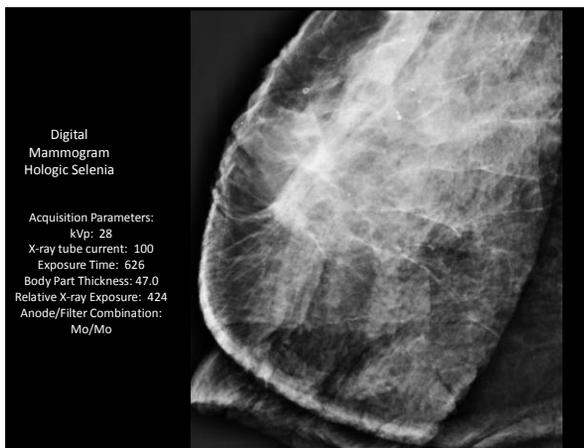
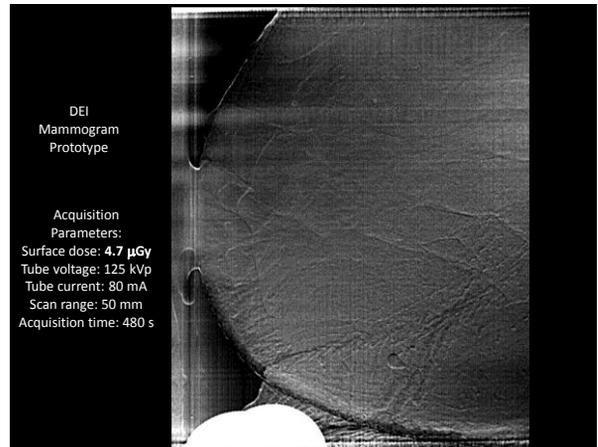


DEI peak images



## Second generation prototype

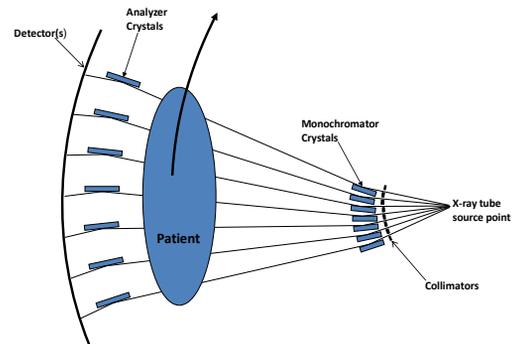
- Rotating anode tube source (fluoroscopy tube)
- Higher efficiency detector
  - Current: Image Intensifier
  - Future: Likely flat panel upgrade soon.



## Preliminary findings 2<sup>nd</sup> generation prototype

- DEI contrast was maintained with the addition of a rotating anode tube source.
- Imaging time for breast specimen reduced to 3 hours (10 kW tube power at 125 kVp).
  - 480 seconds of “beam on” time from the pulsed source.
- A multiple beam approach including 10 DEI beams and a tube power of 60 kW would reduce the imaging time to **8 seconds**.

## Multiple beam DEI system



## WHAT NEXT?

## Engineering challenges ahead

- Solution for monochromatic beam is to use high energy x-rays.
- Solution for collimated beam is to use a multiple beam DEI approach.
  - $N$  beams would reduce imaging time by a factor of  $N$ .
  - Difficulty: Reducing size of the x-ray optics.
- Optical stability.
- Background correction in images.

## Clinical challenges ahead

- Clinical trials for specific imaging applications.
  - How will clinical DEI images compare to current state-of-the-art?
  - Difficulty: Reducing size of the x-ray optics.
- Optimizing DEI imaging parameters for specific applications.
- Background correction in images.

## In Summary...

- DEI has fantastic phase contrast.
- DEI optics have almost complete scatter rejection.
- Crux point is imaging time.
- Feasible path towards clinical imaging times on the order of seconds with existing technology.



- Etta Pisano, Medical University of South Carolina
- Elodia Cole, Medical University of South Carolina
- Christopher Parham, UNC-Chapel Hill
- Zhong Zhong, NSLS
- Lisa Miller, NSLS, Stony Brook University
- Helene Benveniste, BNL Medical, Stony Brook University
- Avraham Dilmanian, BNL Medical, Stony Brook University
- Mary Kritzer, Stony Brook University
- Carol Muehleman, Rush University
- Dean Chapman, Canadian Light Source, Univ. of Saskatchewan
- Sheldon Wiebe, Univ. of Saskatchewan

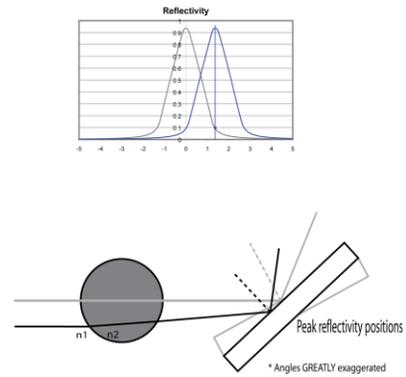


## APPENDIX

## Development of imaging phantom

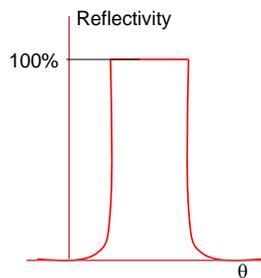
- Goal: To develop an appropriate phantom that can be used for contrast, resolution, and contrast-to-noise ratio comparisons between different phase contrast x-ray imaging systems.

## Effect of refraction on rocking curve

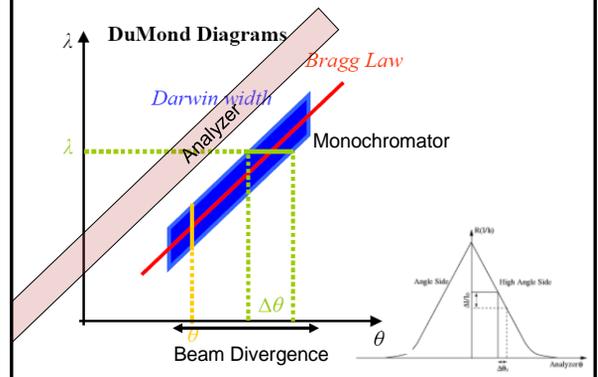


## Diffraction by Perfect Crystals

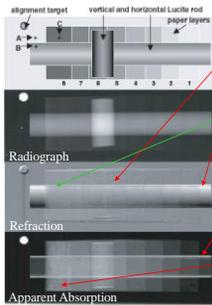
- The reflectivity as function of crystal's angle is the rocking curve
- For perfect crystals, the rocking curve is roughly rectangular.
- Peak reflectivity  $\sim 100\%$
- The width (Darwin width) is on the order of micro-radians
- 1 micro-radian is the angle subtended by 1 mm at a distance of 1 km



## Analyzer Rocking Curve



## DEI in Presence of Scatter



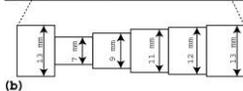
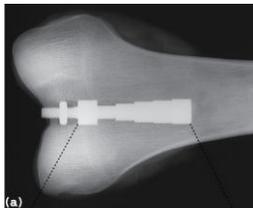
- Refraction image only sensitive to refraction in the vertical plane along the direction of beam propagation.
- Refraction signal decreases in presence of ultra-small-angle x-ray scattering (USAXS).
- In regions of high refraction, apparent absorption image has an edge-enhancement effect.
- If there is a lot of USAXS, apparent absorption increases significantly.

Images from Otulu, et al. J. Phys. D: Appl. Phys. 36 (2003) 2152–2156

## BONE GROWTH ASSESSMENT

Increased contrast imaging of hard tissue features

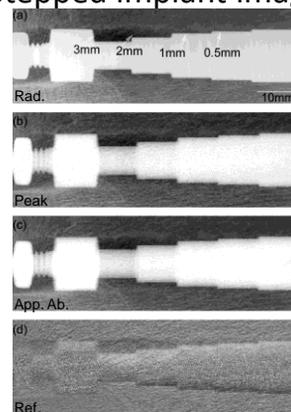
## Stepped implant experiment



- Images taken at 40 keV using [333] diffraction.
- Human distal femur was used.
  - 13 mm diameter hole was drilled into the bone.
  - Stepped implant was press-fit into the drill hole.
- Peak,  $-0.8 \mu\text{rad}$ , and  $+0.8 \mu\text{rad}$  images were obtained.

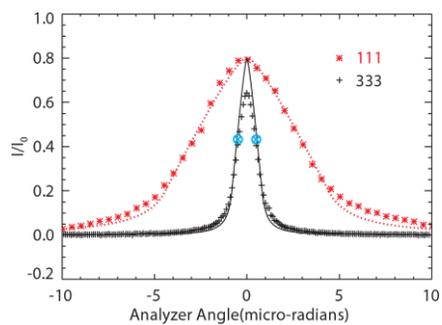
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## Stepped implant images

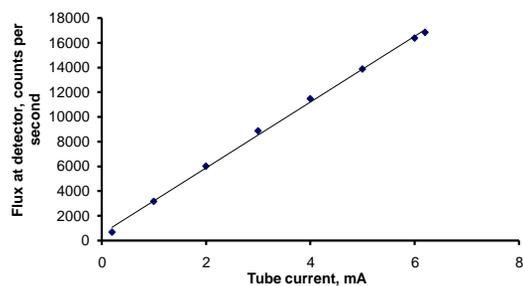


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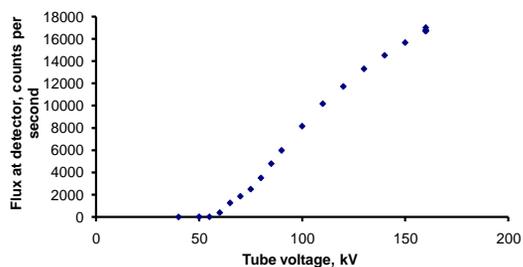
Measured reflectivity profile



Measured flux for constant voltage



Measured flux for constant power



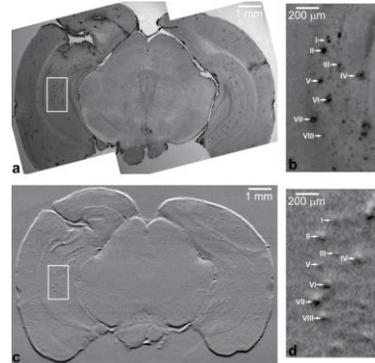
## IMAGING OF AMYLOID BETA PLAQUES

Synchrotron-based high contrast and high resolution soft tissue imaging with diffraction enhanced computed tomography

## Methods

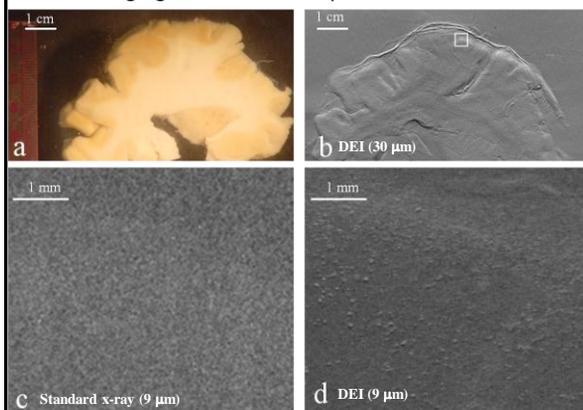
- Brains of Alzheimer's disease-model mice and wild-type mice were imaged at NSLS beamline x15a.
- Monochromator and analyzer crystals were aligned to the 20 keV, silicon [333] reflection for maximum soft tissue contrast.
- Full sets of projection images were taken at the  $\pm$ -FWHM/2 points on the reflectivity profile.
- Projection images were combined to form refraction projection images.
- Refraction projection images were processed with filtered backprojection to create an array of 2D cross-sections of the brains.
- After imaging was completed, the brains were then physically sectioned and immunostained to show the plaques.

## Histology and refraction slice comparison



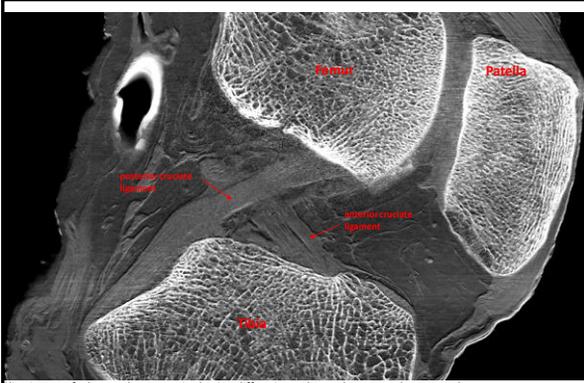
- (a) and (b) are how we've been able to see the amyloid beta plaques for the last 100 years.
- (c) and (d) refraction CT slice images from the corresponding section of the same brain.

## Imaging Alzheimer's Plaques in Human Brain



## CARTILAGE IMAGING

High contrast imaging of soft tissue structures at the synchrotron



Slice image of a human knee acquired using diffraction enhanced computed tomography.

Image acquired by Jun Li, Rush University Medical College, and  
Dean Connor and Zhong Zhong, NSLS, Brookhaven National Lab