

The purpose of this research was to investigate the feasibility of using magnetic resonance (MR) images for planning of radiotherapy of lung cancers. Because a large field-of-view (FOV) must be used for imaging the thorax, MR imaging may be particularly subject to geometrical distortions caused by the magnetic field inhomogeneity and gradient non-linearity. Thus, our first goal was to assess and quantify the geometrical accuracy of the MR images of the thorax. In this study, we constructed a phantom measuring 41 x 35 x 17 cm³, with air chambers geometrically approximating the upper thorax. Sixteen evenly-spaced vials containing MagnevistTM contrast agent (Gd-DTPA, Berlex Laboratories, Wayne, NJ) were placed in the air cavities. The phantom was imaged with an MR scanner (1.5 T, GE Echo Speed, Milwaukee, WI) and a CT scanner (GE Light Speed Plus Multislice CT) along a plane perpendicular to the axes of the vials. The MR imaging protocol used fast gradient-recalled echo (fGRE) sequences with a 44 x 44 cm² FOV, 1.0 cm slice thickness, and an image matrix of 256 x 256 and 512 x 512. The positions of the vials according to their centers of mass were measured from the MR and CT images. Preliminary results of the 512 x 512 images showed that the vial positions in the MR images agreed with the CT images to an average deviation of 1.26 mm, with a maximum deviation of 2.38 mm. Thus, the above mentioned system distortions did not affect identification of the vial locations significantly.