

## Design and Performance Characteristics of Flat-panel Acquisition Technologies

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## DR: "Digital" Radiography

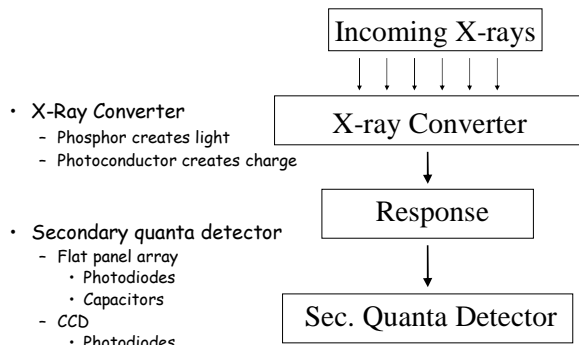
DR: 1 step acquisition with electrical "area scanning"  
"Flat panel" and CCD based technology (introduced ~1995)



(Courtesy Imaging Dynamics Corp.)

- Will not cover
  - Linear scanning CCD or CR systems

## DR Detector Components



## Outline

- Review most common X-ray Converters
- Review Secondary Quanta Detectors
  - a-Si:H flat panel based approaches
    - a-Si:H technology
    - Pixel design, detector operation & system config.
- Image Corrections
  - Gain and Offset corrections
- Image Artifacts
- Advanced Clinical Applications
- Future Directions

## X-Ray Converters

### DR X-Ray Converters

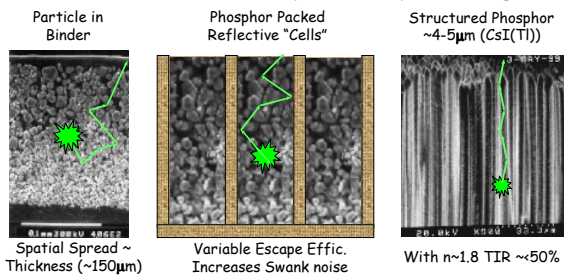
- Two types of x-ray converter distinguished by *secondary quanta*
- Phosphors: Produce light ("Indirect")
  - $Gd_2O_2S$  used in traditional screen/film systems
  - $CsI(Tl)$  used in image intensifiers
- Photoconductors: Produce e-h pairs "Directly"
  - a-Se historically used in xero-mammo/radiography
  - recently used in Thoravision system (Philips)



#### •Challenge:

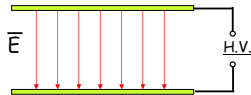
- Increase thickness to increase x-ray absorption
- Maintain spatial resolution
- Control variability in production/escape efficiency of 2<sup>nd</sup> quanta
  - Known as Swank noise or excess noise

### Containment of Spatial Spreading



#### Photoconductor (a-Se)

- Electric field confines image charge
- Resolution virtually independent of thickness



### Secondary Quanta Detectors

#### a-Si:H Flat-Panel Based Systems

## Flat-Panel (a-Si:H) Technology

- Technology behind AMLCD displays
- Mature technology using high tech equipment
- Multi billion \$ industry (>\$40 billion 2004)
- Fabrication done by PECVD & Photolithography
- Allows VERY large area coverage
  - Gen. 8 Fab. line 2.4x2.4 meters



(Source: Samsung)



(Source: AUO)



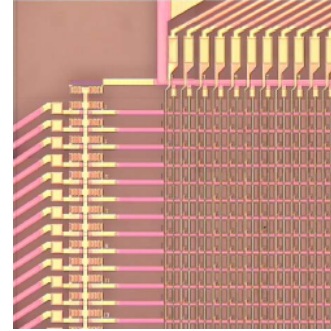
(Courtesy: Corning Glass.)

## Flat-panel Array Construction



(Image courtesy R. Kane, dpiX LLC)

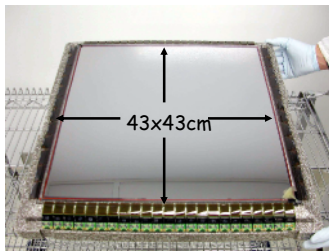
Large Area Substrate



Corner of Substrate

## a-Si:H Technology Advantage

- Very Large Surface Area (as large as 43 x 43 cm)
  - No need for image reduction via lenses or fiber optics
  - Allows highly **Efficient collection** of emitted light (>50%)
  - or highly **Efficient collection** of created charge (>90%)



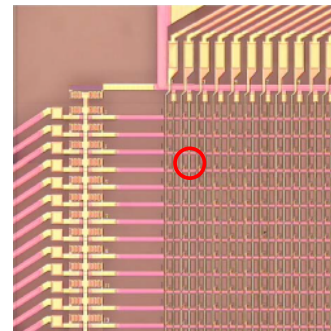
(Image courtesy Dr. B. Polischuk, Anrad Corp.)

## Flat-panel Array Construction



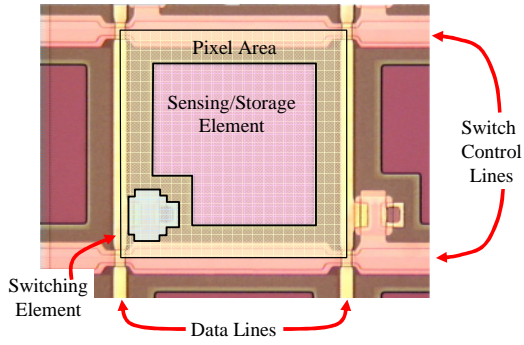
(Image courtesy R. Kane, dpiX LLC)

Large Area Substrate

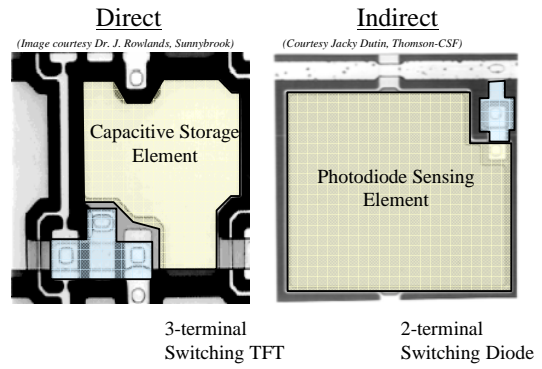


Corner of Substrate

### Pixel Construction



### Other Pixel Designs



### Flat-panel Detector Construction

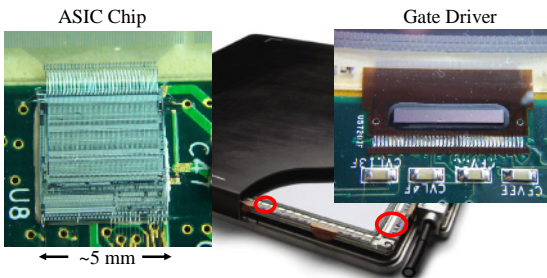
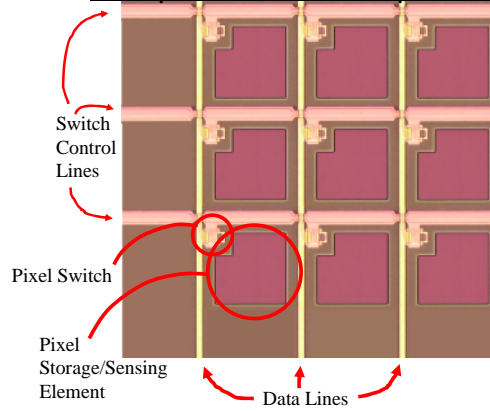
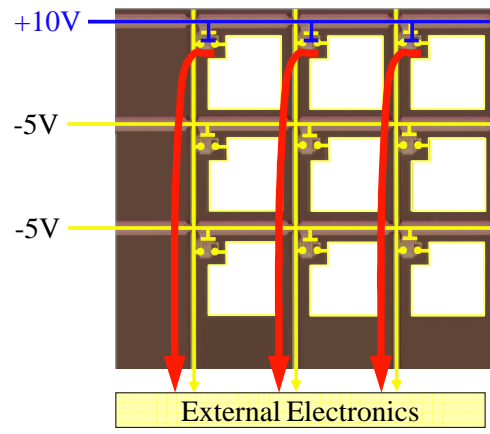
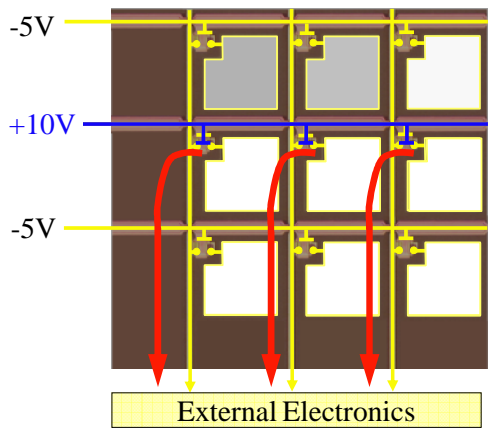
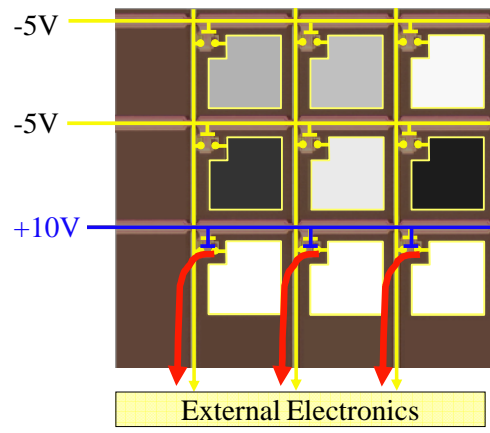
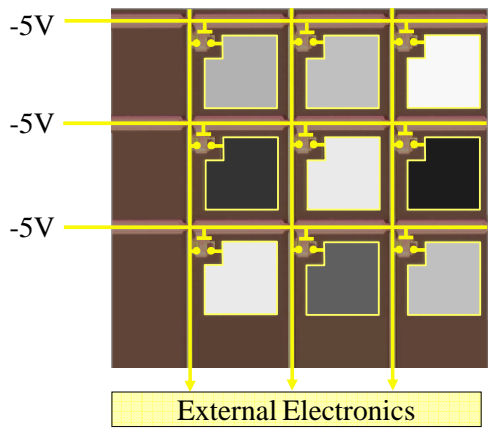
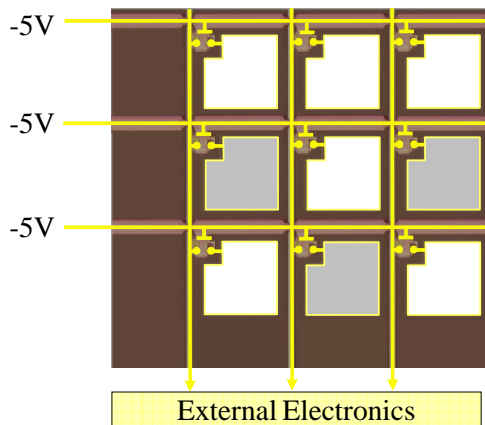


Image courtesy Mr. K. Schwarz, Direct Radiography Corp.

### Flat-panel Detector Operation



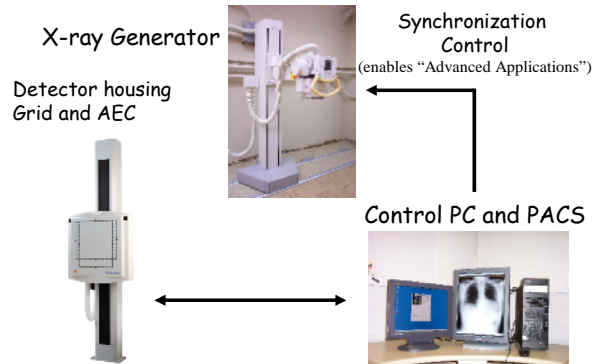




## Re-Initialization

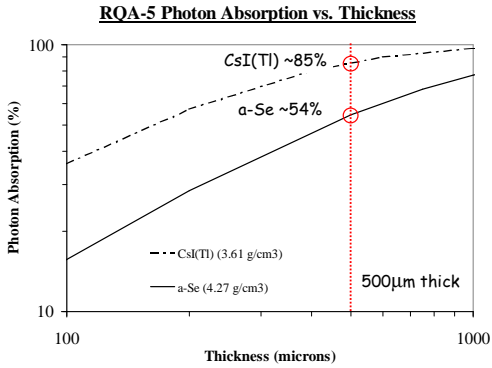
- Required to address issues with x-ray detection media
  - Phosphor - sensitivity increase (bright burn)
  - Photoconductor - sensitivity decrease
- Required to address issues with a-Si:H array
  - Incomplete charge readout from pixel
  - Charge retention in a-Si:H switching element
  - Charge retention in a-Si:H photodiode
  - Charge redistribution due to HV protection schemes
- Can involve complex, time consuming manipulation of :
  - Magnitude and polarity of applied bias voltages
  - Intensity and duration of applied reset light field
  - Injection of signal offset charges
- Determines array suitability for real-time imaging

## System Configuration

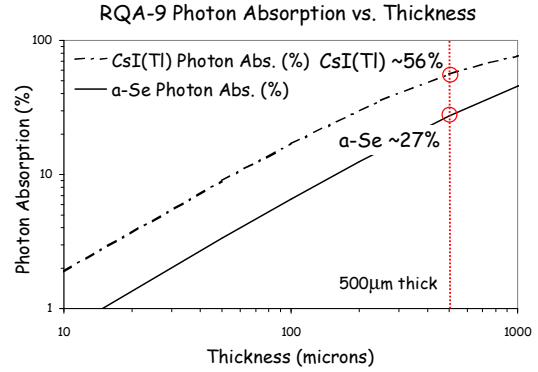


## Flat Panel Detector Performance

## Photon Absorption vs Thickness

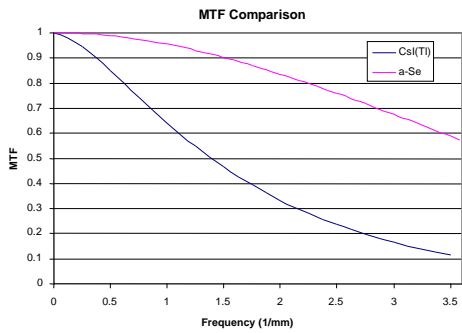


## Photon Absorption vs Thickness



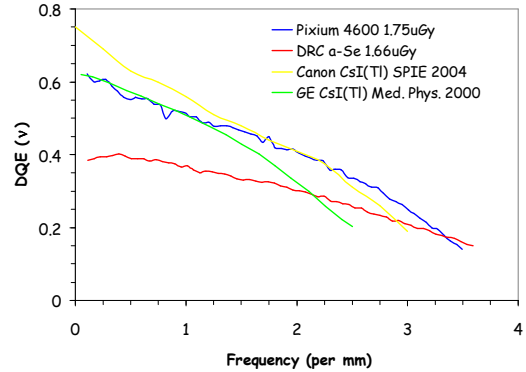
## RQA-5 MTF Comparison

- Measured with angled slit technique

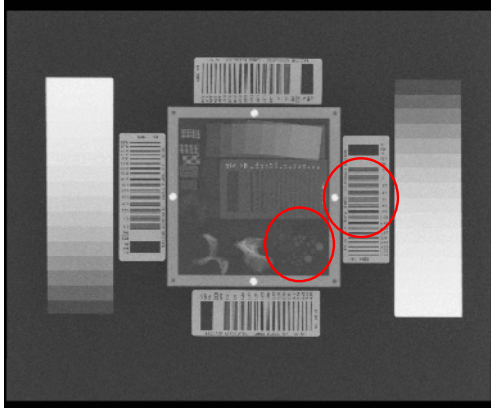


## Signal To Noise Performance (DQE)

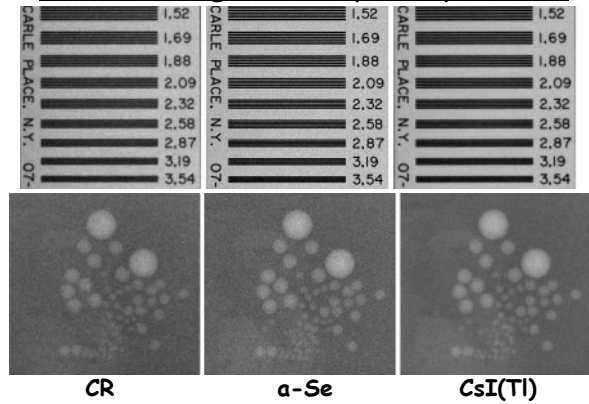
DQE (v) (~0.2 mR RQA-5 Beam)



## RQA-5, 200 speed equivalent



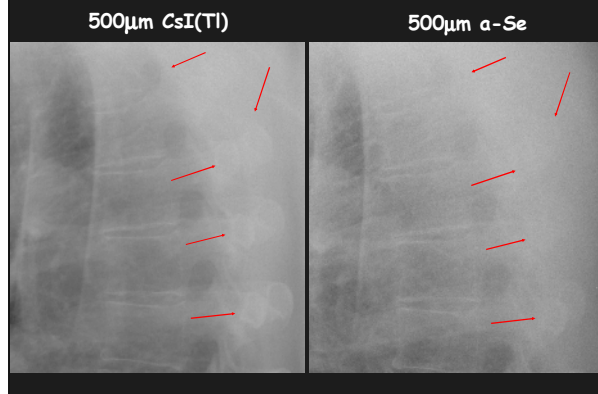
## Native Image Quality Comparisons



## Limitations of DQE

- DQE doesn't typically include scatter
- DQE doesn't include line correlated noise
  - Zero frequency axes ignored
- Detector DQE doesn't include grid or housing
- Doesn't usually include imaging task
- Doesn't include anatomical noise
  - This can be by far (x10) largest noise source
- "Digital" DQE not completely accepted as valid
- Connection between DQE and clinical efficacy unproven

## Clinical Image Comparisons: Lateral Chest (120kVp)



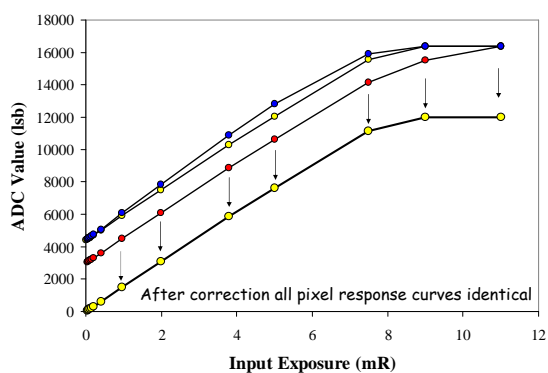
## Image Correction/Processing

### Image Corrections

#### Gain/Offset Corrections

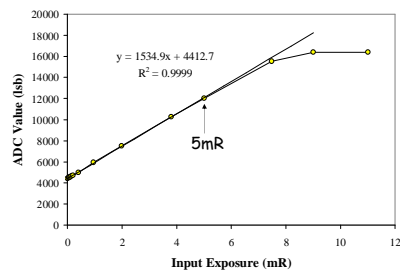
- Offset/Gain corrections needed to account for:
  - Variation in phosphor/photoconductor sensitivity
  - Variation in pixel sensitivity and dark/offset signal
  - Variations in external electronics gain & offset
  - Achieved through flat field correction and offset subtraction
- Image corrected for bad pixels and lines
  - 2 stage process, identification and correction
  - ID typically done through Flat Field analysis
  - Correction typically achieved through mean/median filtering
- Corrected image log converted and optimized for display

### Individual Pixel Responses

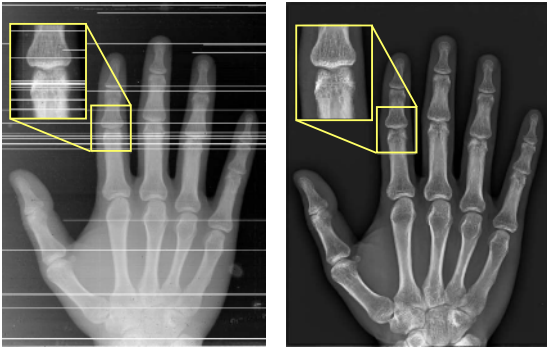


### Offset/Gain Corrections

- Goal: To have identical pixel response curves
  - Typically done with 2 point linear fit
  - Only effective within linear region of response
  - Essential that flat-field exposure is in linear range
  - As signal approaches saturation, corrections begin to fail



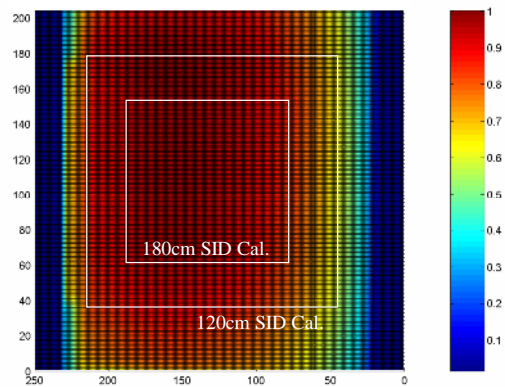
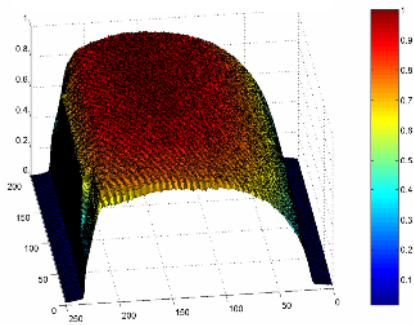
## Image Correction/Presentation



## Other Practical Gain Correction Issues

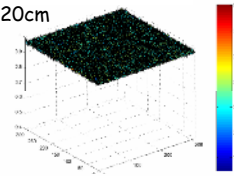
- Gain/offset corrections are only fully effective at calibration configuration
  - kVp, filtration, scatter conditions, external components, SID
  - Changing conditions affects quality of calibration and can cause image artifacts (e.g. grid, AEC)
- Gain/offset correction has inherent noise
  - Take multiple flood fields to reduce stochastic noise
  - Analogous to "structure noise" in CR
- Gain calibration required periodically
- Offset determination required frequently
  - Exposure history and temperature dependant
  
- Gain correction removes fixed pattern noise
- Gain correction cannot remove stochastic noise variations

## X-Ray Tube Output Distribution (Heel Effect)

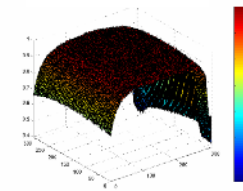


## Effect of Varying SID

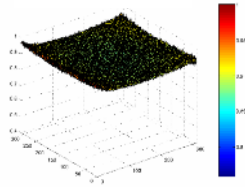
Calibration SID = 120cm



SID = 100cm



SID = 130cm

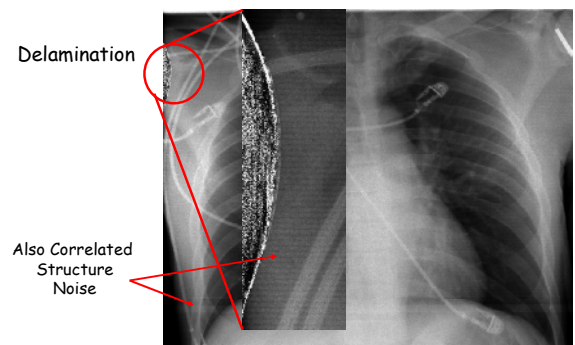


## Image Artifacts

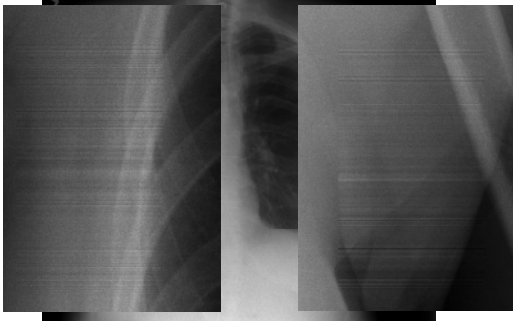
### Image Artifacts

- Caused by:
  - Failed/unstable pixels and lines
  - Signal retention between consecutive images (ghosting/lag)
  - Non-linear pixel response
  - Chemical interactions between array and x-ray converter
  - Degradation of x-ray converter due to moisture
  - External electronics failure
  - Mechanical vibrations/microphonics (e.g. Cooling fans)
  - Differential temperature changes
  - 1000's other unknown reasons

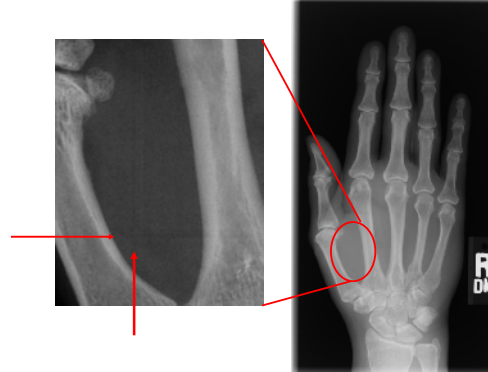
### a-Se Delamination



### Microphonics Interactions



### AEC Chamber Visibility



*(Courtesy: Brent Colby, MeritCare)*

### Artifact Creation

- Image Artifacts can be generated by:
  - Detector malfunction
  - Interaction with other system components
  - Limitations with calibration procedures
- They can be of diagnostic relevance or of cosmetic concern only.
- Important to view artifacts with appropriate display contrast ( $\gamma \sim 2-4$  depending on application)

### Advanced Clinical Applications

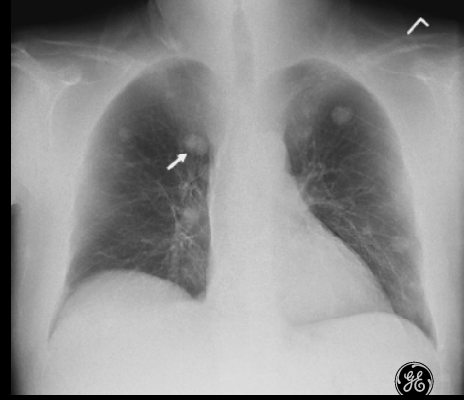
## Clinical Challenge



- 3 dim. structure projected into 2 dim.
  - Overlapping structures obscure clinical details
  - Anatomical structure noise > x10 detector noise
  - Particularly problematic in chest and mammo.

(Source: A. Pommert et al. Univ. Hosp. Eppendorf, Hamburg  
[www.nlm.nih.gov/research/visible/vhpconf2000](http://www.nlm.nih.gov/research/visible/vhpconf2000))

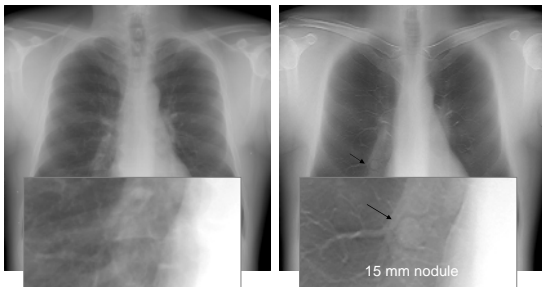
## Dual-Energy Increases Conspicuity of Subtle lesions



(Courtesy: JM Sabol, GE Healthcare and RC Gilkeson, Dept. Radiology Case Western Univ.)

## Chest Tomosynthesis Clinical Example

15 mm hilar nodule not visible on PA  
 16-degree tube angle, 61 projection images, 5 mm slice spacing  
 Total tomo exposure = Lateral image exposure (screen film)



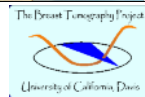
(Courtesy: James Dobbins, PhD, Duke University Medical Center)

## "Diagnostic" CBCT Application



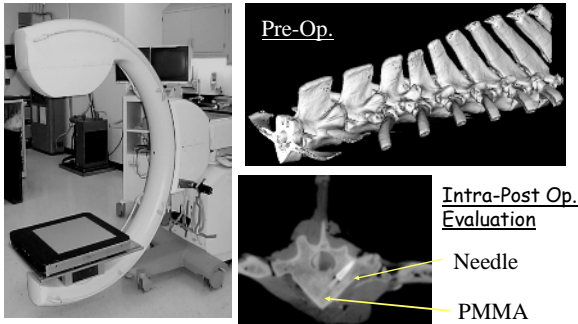
Dedicated Breast CBCT scanner at UC Davis

Patient (model) on table



(Courtesy Dr. J. Boone UC Davis)

## "Image Guidance" CBCT Application



( D. A. Jaffray and J. H. Stewerdsen, Princess Margaret Hospital , University of Toronto )

## Future Directions

### Flat-panel Detector Limitations

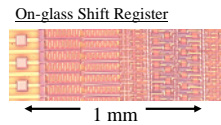
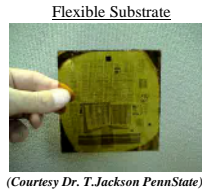
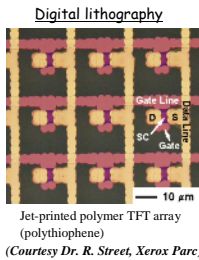
- High cost
- Heavy and relatively fragile
  - Limits use for portable exams
  - "Tethered" systems non-optimal
- Realtime systems have poorer low exposure performance than II tube
  - Relatively high electronic noise levels

### Future Developments: X-Ray Converters

- Most activity with PHOTOCONDUCTORS (mainly for fluoroscopy)
- Desire to:
  - Increase x-ray absorption using higher Z materials ( $\mu \sim Z^3$ )
    - $\text{PbI}_2$ ,  $\text{PbO}$ ,  $\text{HgI}_2$
  - Increase signal by:
    - Incorporating avalanche multiplication region into a-Se layer
    - Using materials with lower W (energy per e-h pair)
      - a-Se  $W_{\text{eff}} \sim 50\text{eV/e-h}$  (dependant on applied field strength)
      - $\text{PbI}_2$  and  $\text{HgI}_2$   $W_{\text{th}} \sim 5\text{eV/e-h}$
- Main issues with:
  - Dark current magnitude and stability
  - Trapped charge and temporal response
  - Uniformity of sensitivity
  - Environmental/chemical stability

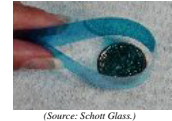
## Future Developments: Array Fabrication

- Array innovation driven by flat panel display market
- Desire to reduce array **cost** and improve **robustness**
- Desire to reduce external connections



## Historical Perspective

- Early 1900's
  - Radiography performed on glass plates
  - Expensive, fragile and heavy
  - WWI stopped supply of specialized Belgian glass
  - 1918 George Eastman introduced sensitized film
  - Credited with accelerating the spread of radiology
- Early 2000's
  - Digital Radiography performed on glass plates
  - Expensive, fragile and heavy
  - Will flexible, robust and cheap detectors do the same for digital radiography?



## Conclusions

- Flat-panel and CCD based detectors are clinical reality across many different specialties
  - Projection and real time imaging (static to 30+fps)
  - Mammography (~20KVp) to Megavoltage imaging (~20MeV)
- Flat-panel large area drives improved image quality
- Optimal detector choice dependant on application
- Care should be taken on deciding calibration config.
- Integration of detector with x-ray generator facilitating advanced applications
  - Tissue and depth discrimination
  - CBCT and image guidance
- Developments in display manufacturing will enhance detector capabilities ("electronic film")
  - Reducing cost and improving robustness
- Most interesting developments still to come !!

## Acknowledgements

Sincere thanks to all my colleagues who supplied the images used in this presentation.....

Thank You.....