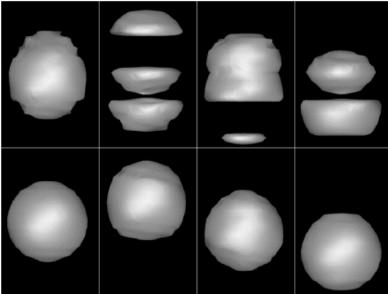
Issues in 4DRT

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4D RT

For this discussion, limit definition to dealing with breathing motion Imaging Removal of breathing motion artifacts Measurement of motion Therapy Gating Tracking



4D Imaging

CT remains the gold imaging standard
4D CT is a standard option for all of the CT sim vendors
Poorly defined process
Extension of cardiac gating software
Research is ongoing for 4D MRI & PET

What is 4D CT?

Process for obtaining image datasets

- Images used to determine tumor/normal organ motion
- Motion information used as inputs for treatment planning, delivery, verification

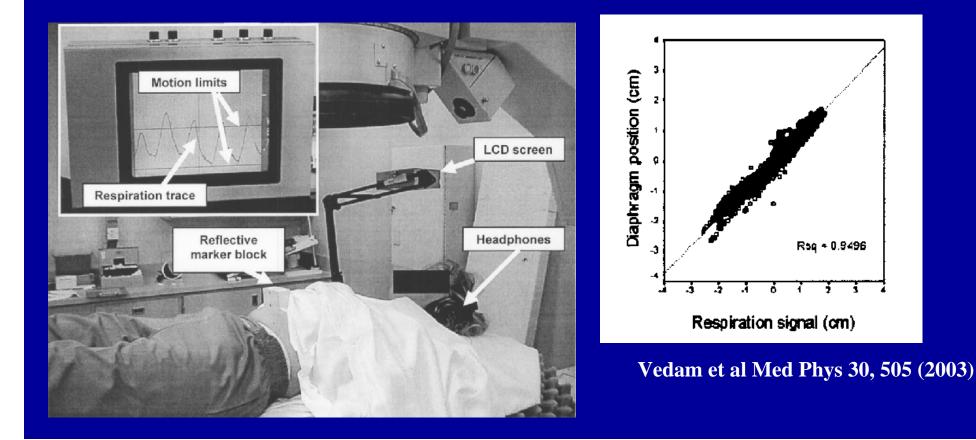
Ultimate goal is NOT 4D CT image dataset

- It is a model for breathing motion that can be used for planning, delivery, verification
- However, we are not "there yet"

Some Issues to Address

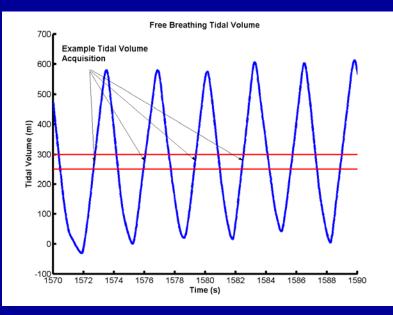
Breathing is not perfectly periodic No electronic monitorable surrogate (metric) such as with cardiac gating CT images are acquired throughout breathing cycle Not in the same physical location How do we register images acquired at different times?

Metric – Chest Height Chest Height (Varian RPM) Infrared reflective marker placed on abdomen



Metric - Spirometry

Turbine-shaped fan encased in tube
Rotation rate determines flow rate
Software removes nonlinearities and integrates flow



4D CT Acquisition

Image acquisition

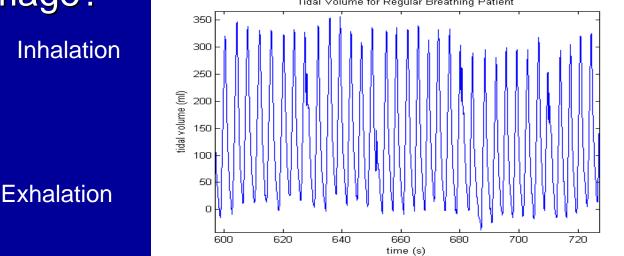
- Ciné or helical modes
 - Simultaneous monitoring of patient breathing
- Ciné acquires CT images without moving the couch
 - Images are typically selected from a sequence of acquired images according to breathing phase
- Helical mode
 - Easiest for commercial applications: uses cardiac gating software

Gating

Sort CT images (or reconstruct sinogram at specific times) using the metric data

However

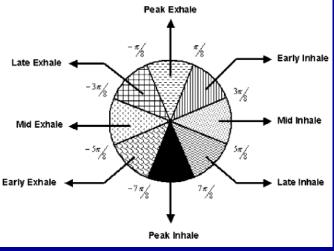
What criteria are used to determine the patient's breathing phase associated with each image?



Breathing Cycle Definition

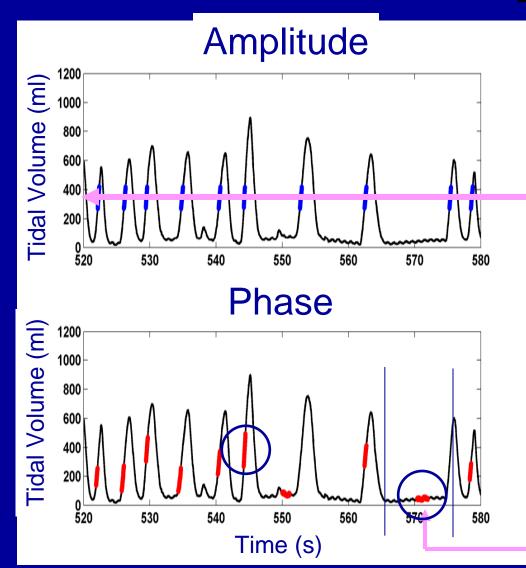
Amplitude

- Breathing "phase" defined by depth of breathing
- Phase Angle
 - Breathing cycle described as purely periodic process
 - Inhalation exhalation defined by "angles" from 0-360 degrees



Vedam et al, PMB 2003

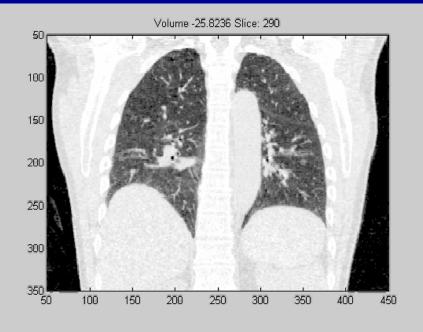
Phase vs. Amplitude

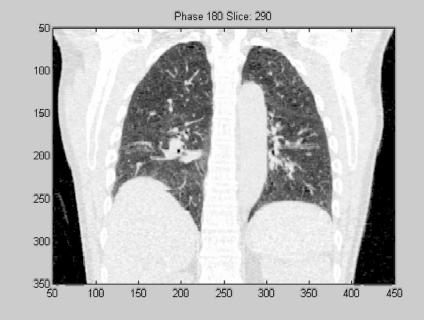


Select mid-inspiration

Mid-inspiration defined by percentile tidal volumes

Mid-inspiration defined by time between exhalation and inhalation peaks

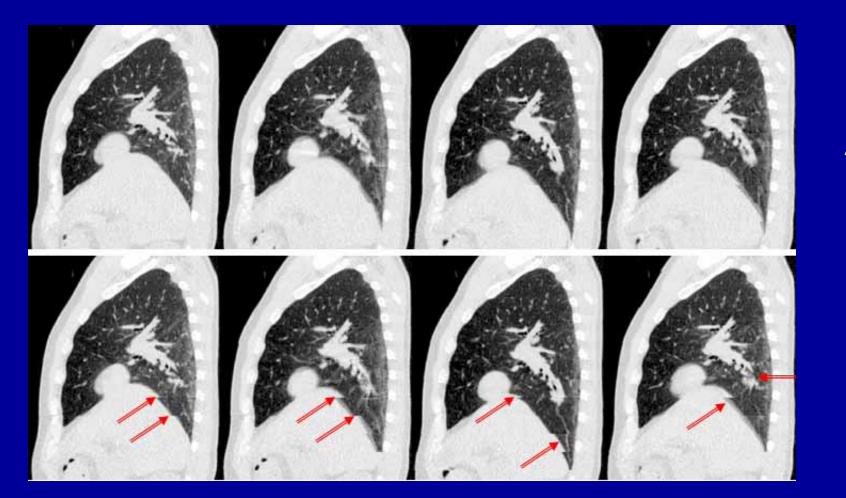




Amplitude sorting

Phase sorting

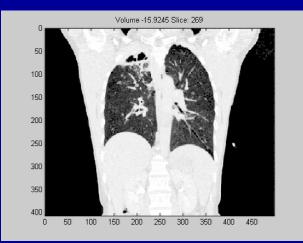
Amplitude vs Phase

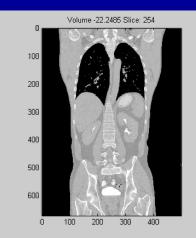


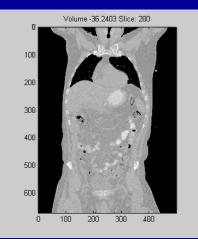
A

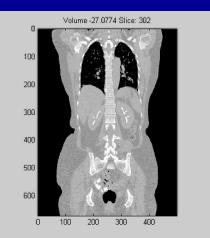
Ρ

What 4D CT Can Do





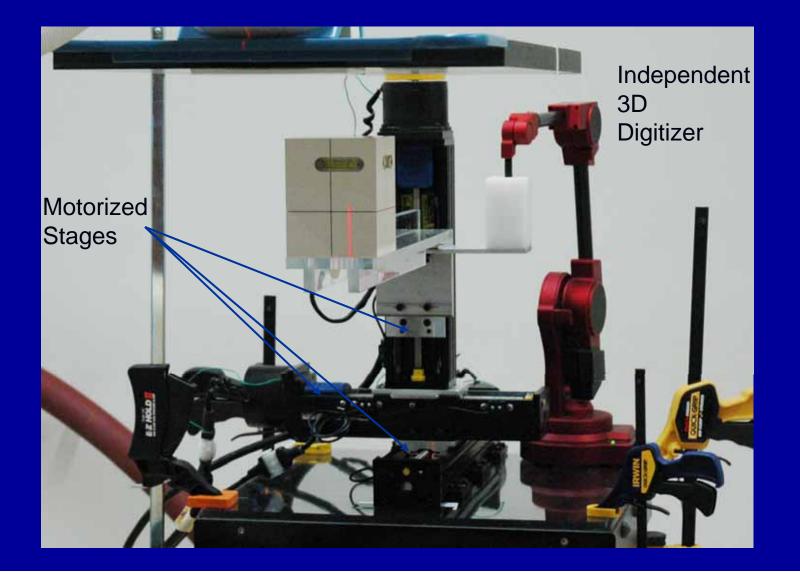




Quality Assurance

Accuracy of 4D process
Phantoms developed to QA process
Some operate in 1D, periodic
Breathing is non-periodic
Breathing motion is 3D

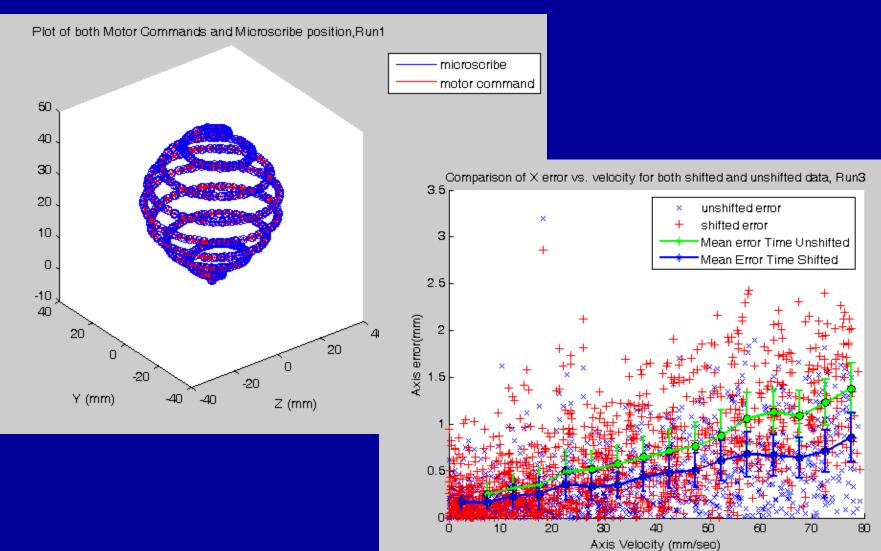
QA of 4D



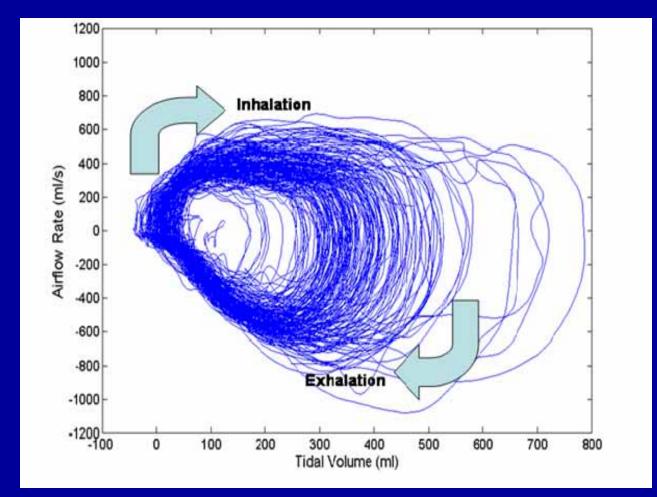
Example: Calypso



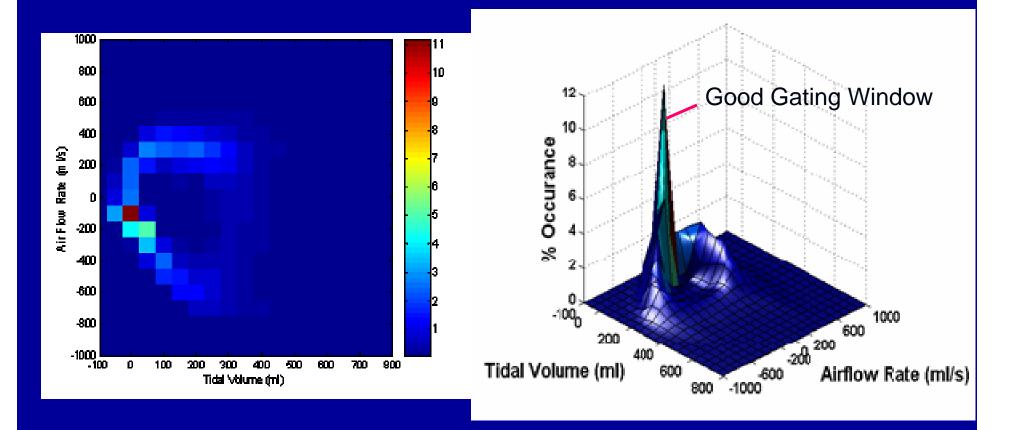
QA of 4D

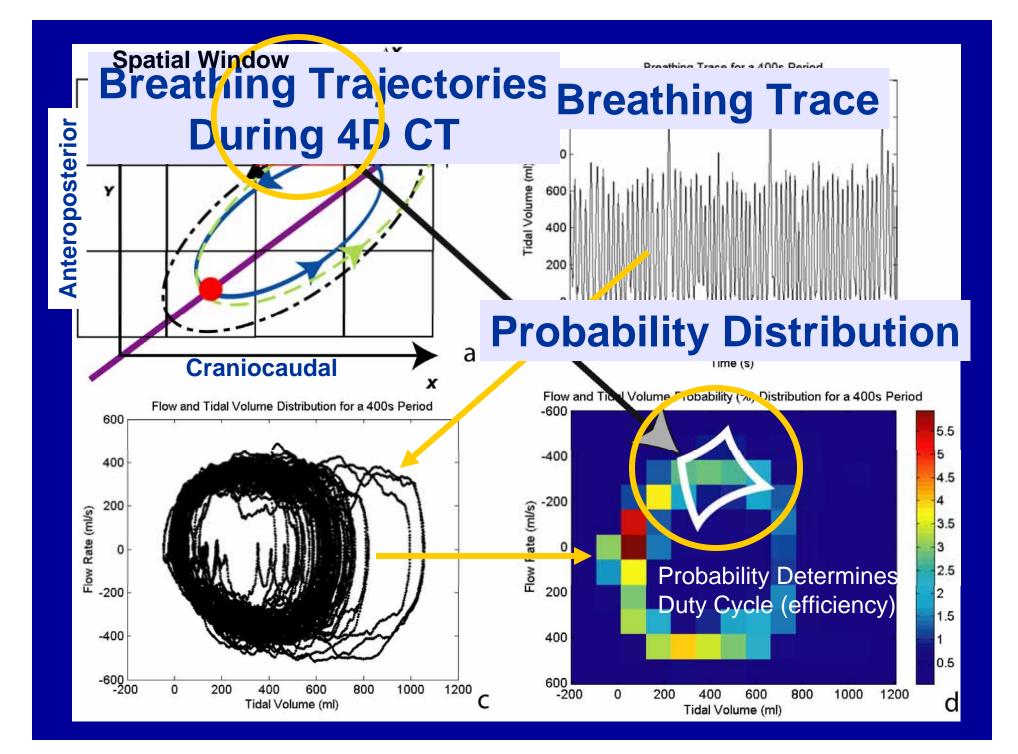


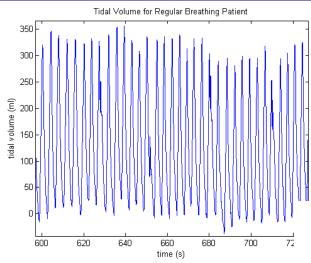
Breathing Patterns



Breathing Patterns

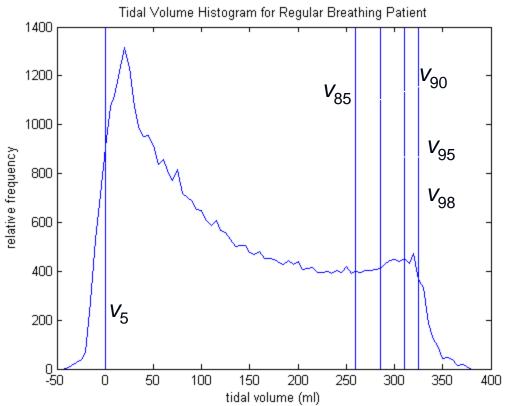


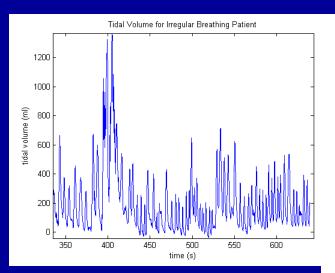




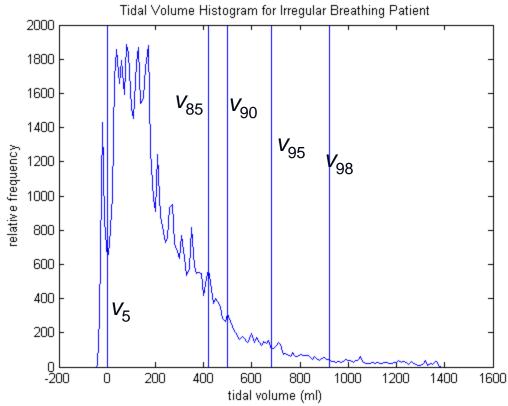
 v_x = Volume at which patient had v or less volume x% of the time

Regular Breather





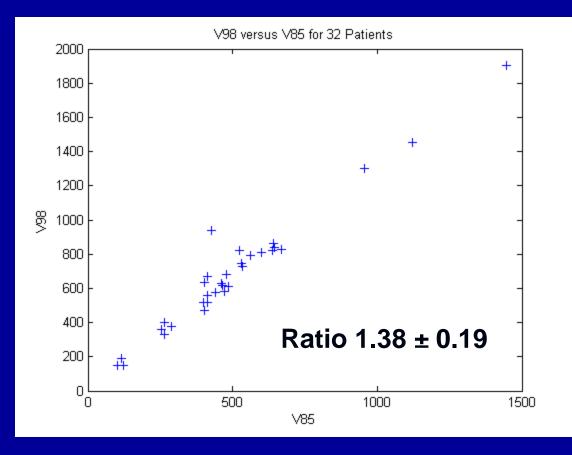
Irregular Breather



V_{98} (93% of time) VS V_{85} (80% of time)

Amount of Motion We Want to Know

Available 3D Image Datasets



Images that cover 80% of breathing cycle show only 72% of the motion at 93% of the breathing cycle!

Conclusions

- QA needs to consider the unreliability of phase-based gating
- QA needs to allow for irregular frequency and amplitude of breathing
- Amplitude-based gating = ability to extrapolate from existing image data
- 4D treatment process has not yet been finalized