



# Imaging and Radiotherapy with Synchrotron X-rays

Rob Lewis



# Other Modalities

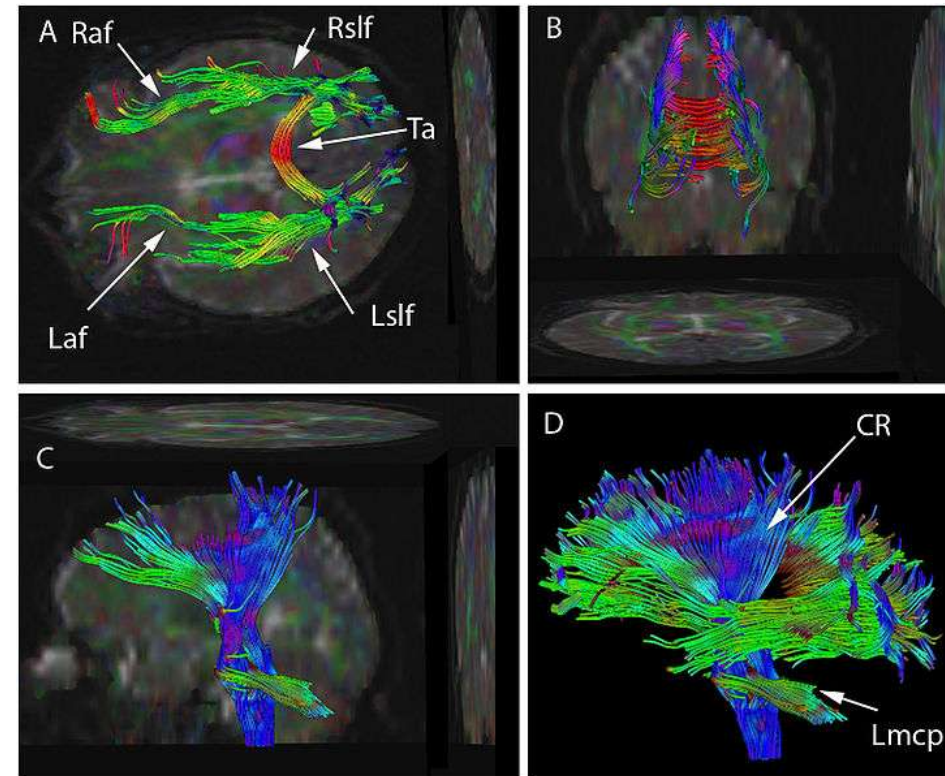
## ■ Ultrasound

- ✓ Cheap
- ✓ No radiation dose
- ✗ Cannot penetrate bone or air
- ✗ Spatial resolution degrades with depth
- ✗ Scan times are minutes

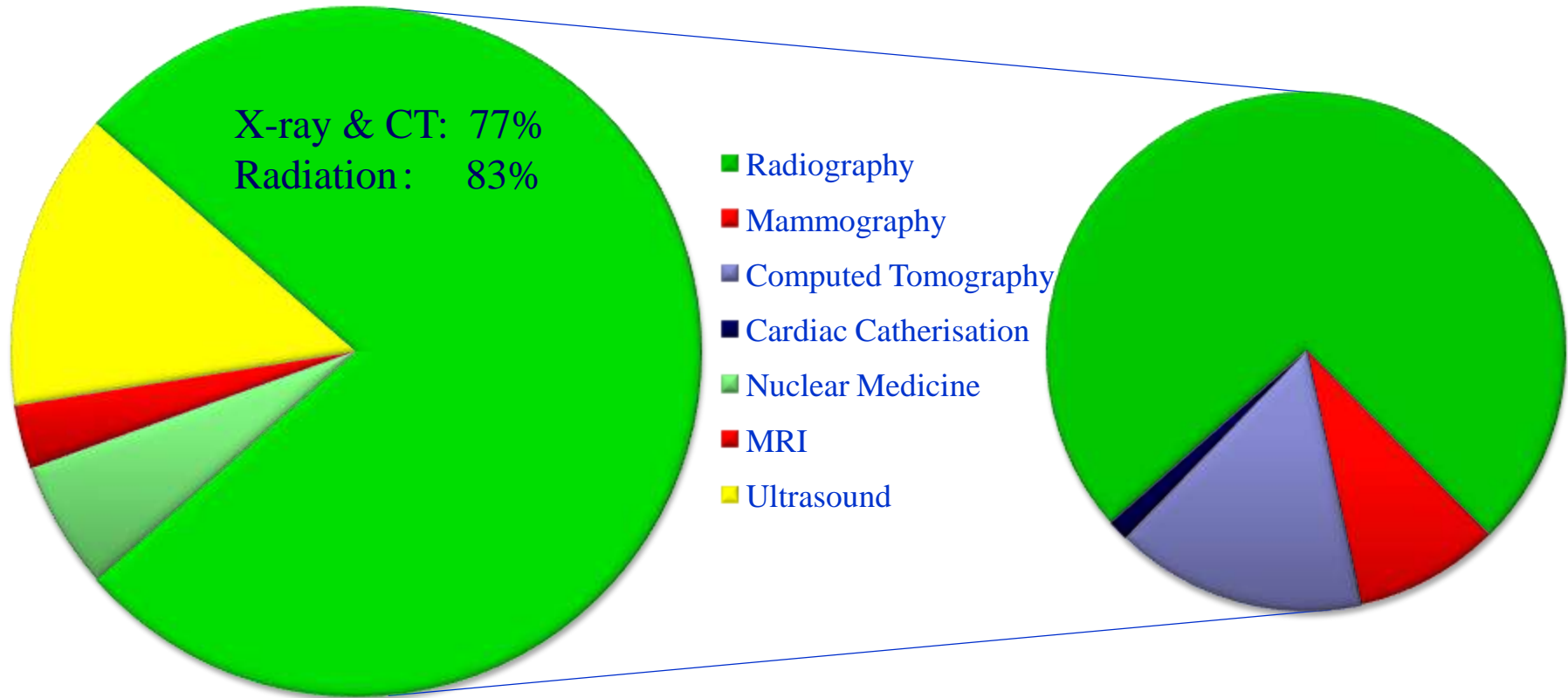


## ■ MRI

- ✓ Fantastic soft tissue contrast
- ✓ Minimal radiation dose
- ✗ Expensive
- ✗ Scan times are many minutes
- ✗ Spatial resolution f(B)



# Diagnostic Imaging in Canada



Source: Canadian MIS Database, Canadian Institute for Health Information  
2007 with thanks to Paul Babyn

# MRI

## ■ Cost:

◆ **CT:** From \$700 to \$2,200

◆ **MRI:** From \$1200 to \$4000

## ■ Time taken for complete scan

◆ **CT:** Usually completed within 5 minutes

◆ **MRI:** Typically 30-40 minutes

# MRI Accidents



# MRI-CT Comparison

CT



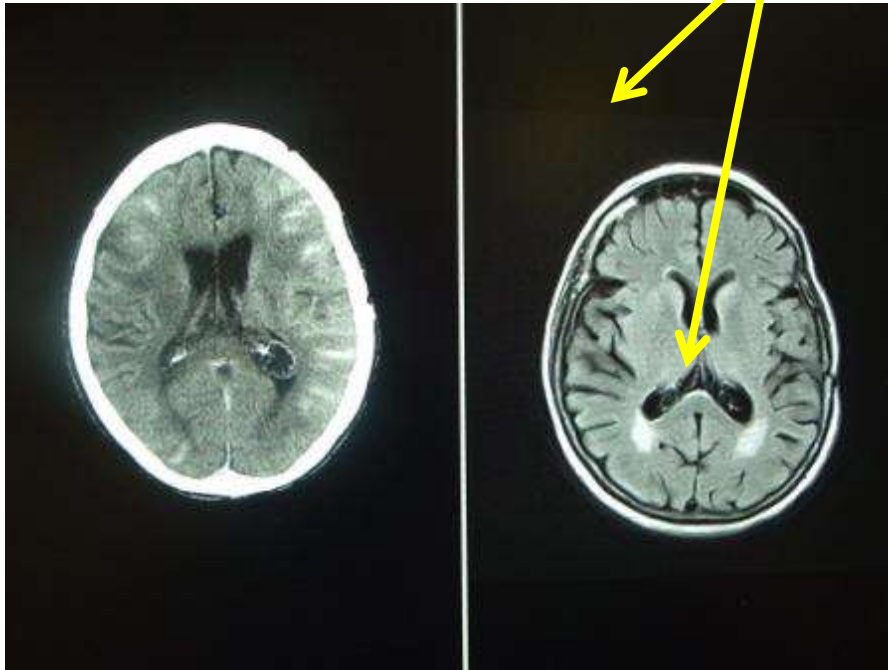
MRI



# MRI-CT Comparison

CT

MRI



# Current Trends

- Preventative medicine is a good idea
- Medical imaging procedures can detect disease at a stage when it can be treated effectively
  - ◆ Funding bodies (public and private) will fund imaging procedures
- There is a trend towards more imaging, particularly screening
  - ◆ Mammography
  - ◆ Whole body CT scans
- Screening means go fast!





e lumen, very sharp

SIEMENS

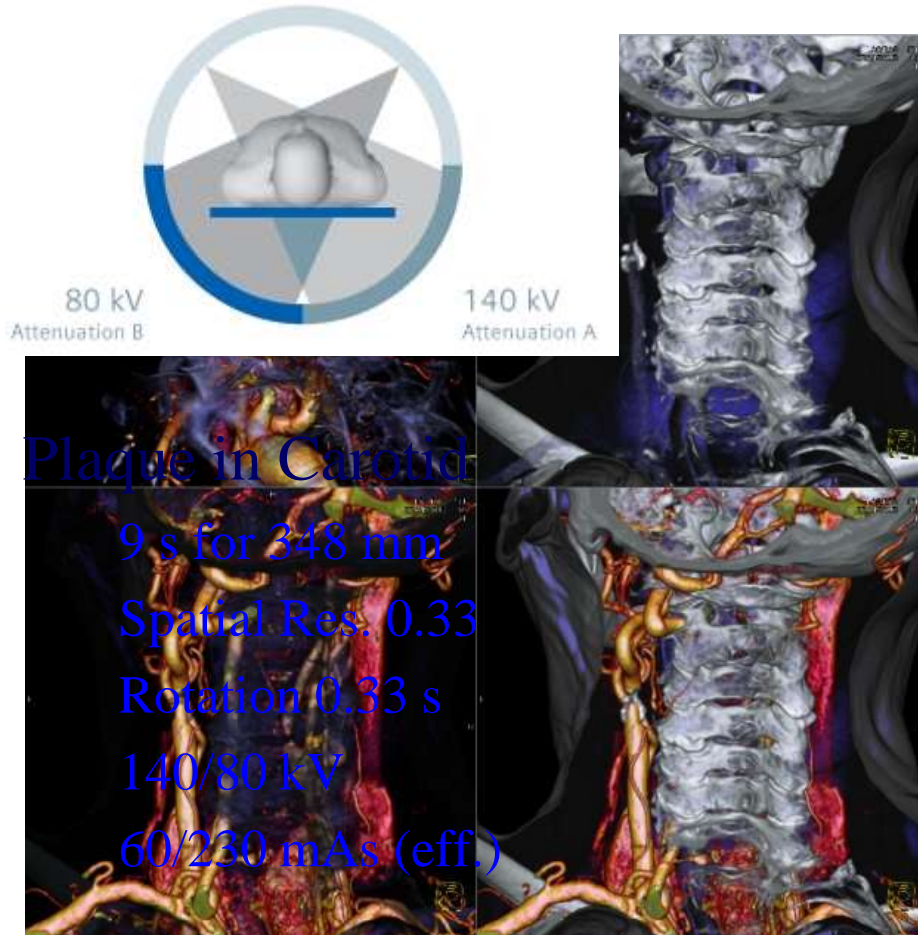
## SOMATOM Definition Flash

**Flash speed.**  
**Lowest dose.**

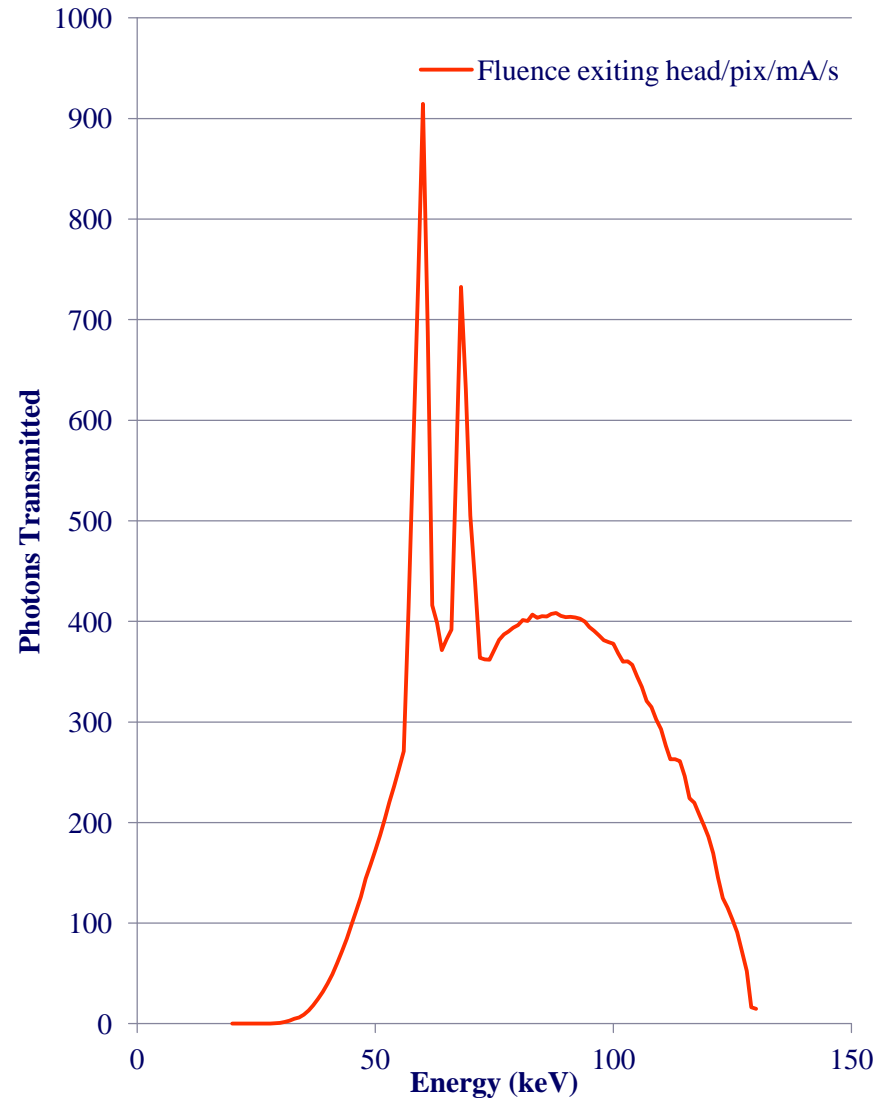
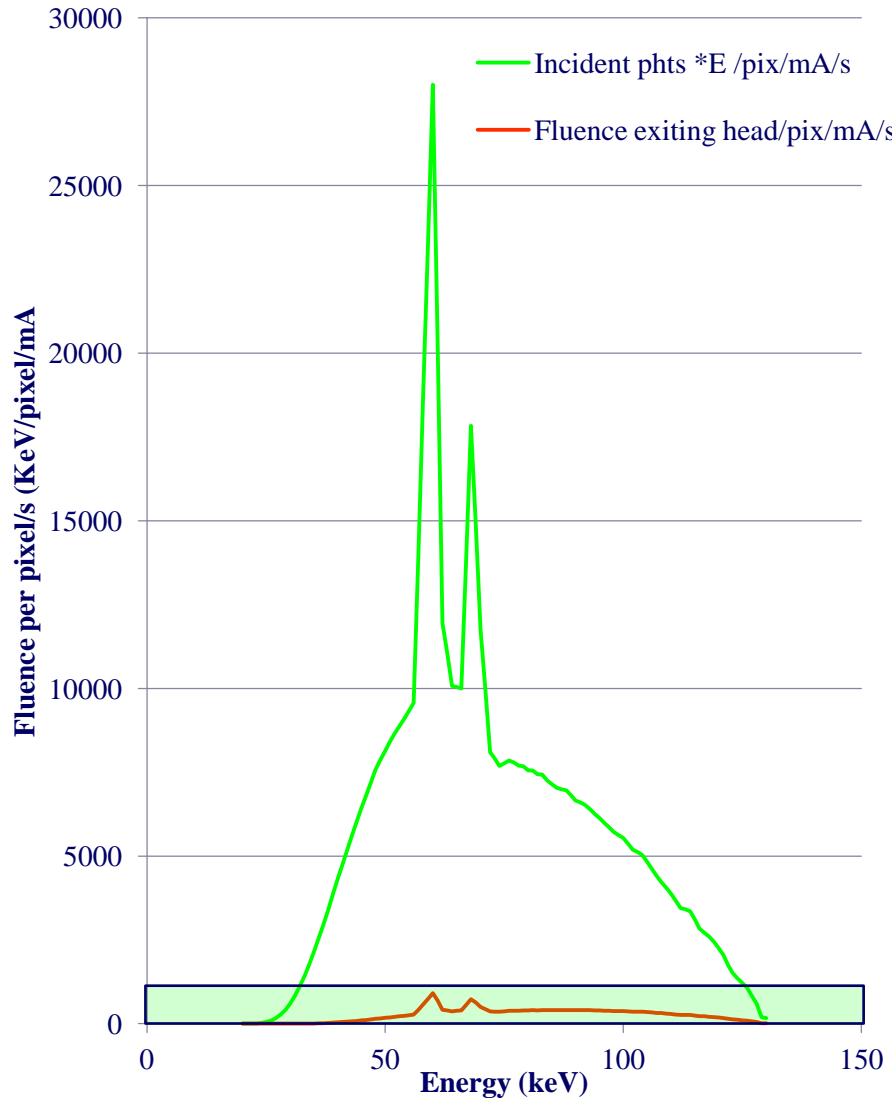
collimation: 128 x 0.6 mm  
spatial resolution: 0.33 mm  
scan time: 2.3 s  
scan length: 613 mm  
rotation time: 0.28 s  
100kV, 183 effective mAs  
6.2 mSv



# Dual Energy CT



# Fluence and Dose

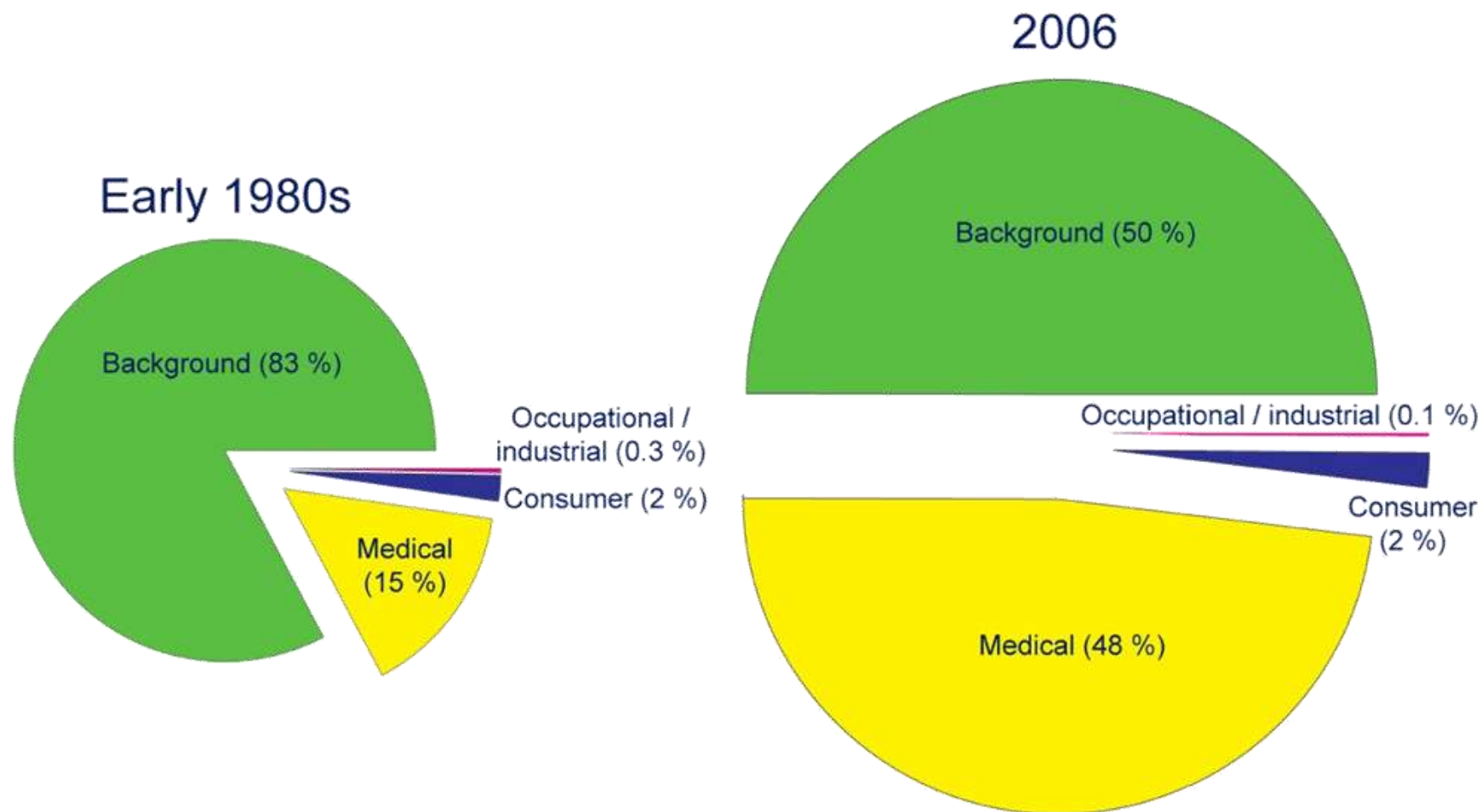


# What is the Risk from Radiation?

- A lifetime dose of 100mSv increases cancer risk by ~1%
  - ◆ 1000 chest x-rays
  - ◆ 100 mammograms
  - ◆ 50 head CT scans
  - ◆ 10 abdominal or pelvic CT scans
- Background Dose is ~ 2.4mSv/year
- On 31 May, Fukushima prefecture dose rate was 1.5μSv/h
- It takes most radiation-induced cancers 10 to 20 years to develop in adults
- The average lifetime risk of developing cancer is 42%
- From early 1980s to 2006, 7× increase in population dose from medical procedures



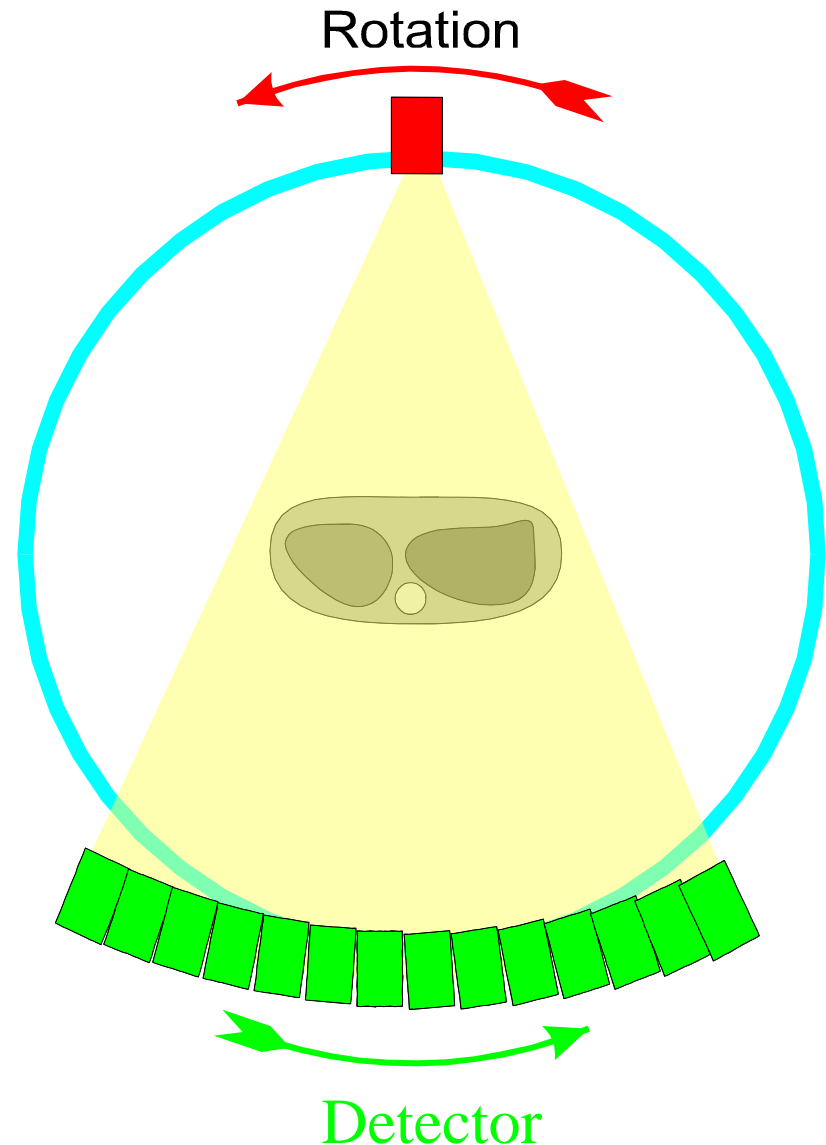
# Trends in Radiation Dose from Medical Imaging



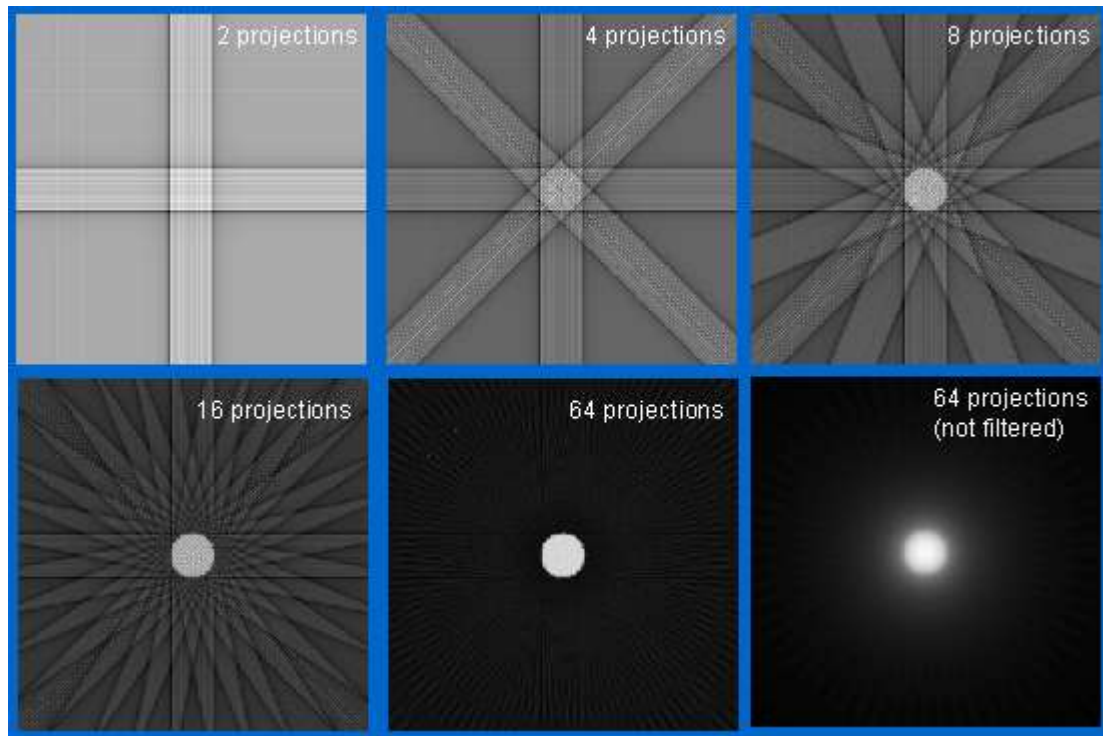
	Early 1980s	2006
Collective effective dose (person-Sv)	835,000	1,870,000
Effective dose per individual in the U.S. population (mSv)	3.6	6.2

# 3<sup>rd</sup> Generation CT Scanner

- Multiple detectors
- Translation-rotation
- Large fan beam
- Patient stationary for each 2-D slice acquisition; about 0.1 seconds per slice
- $kV = 120$ ,  $mA = 500$
- Image then reconstructed in about 0.1 seconds



# FBP in Practice

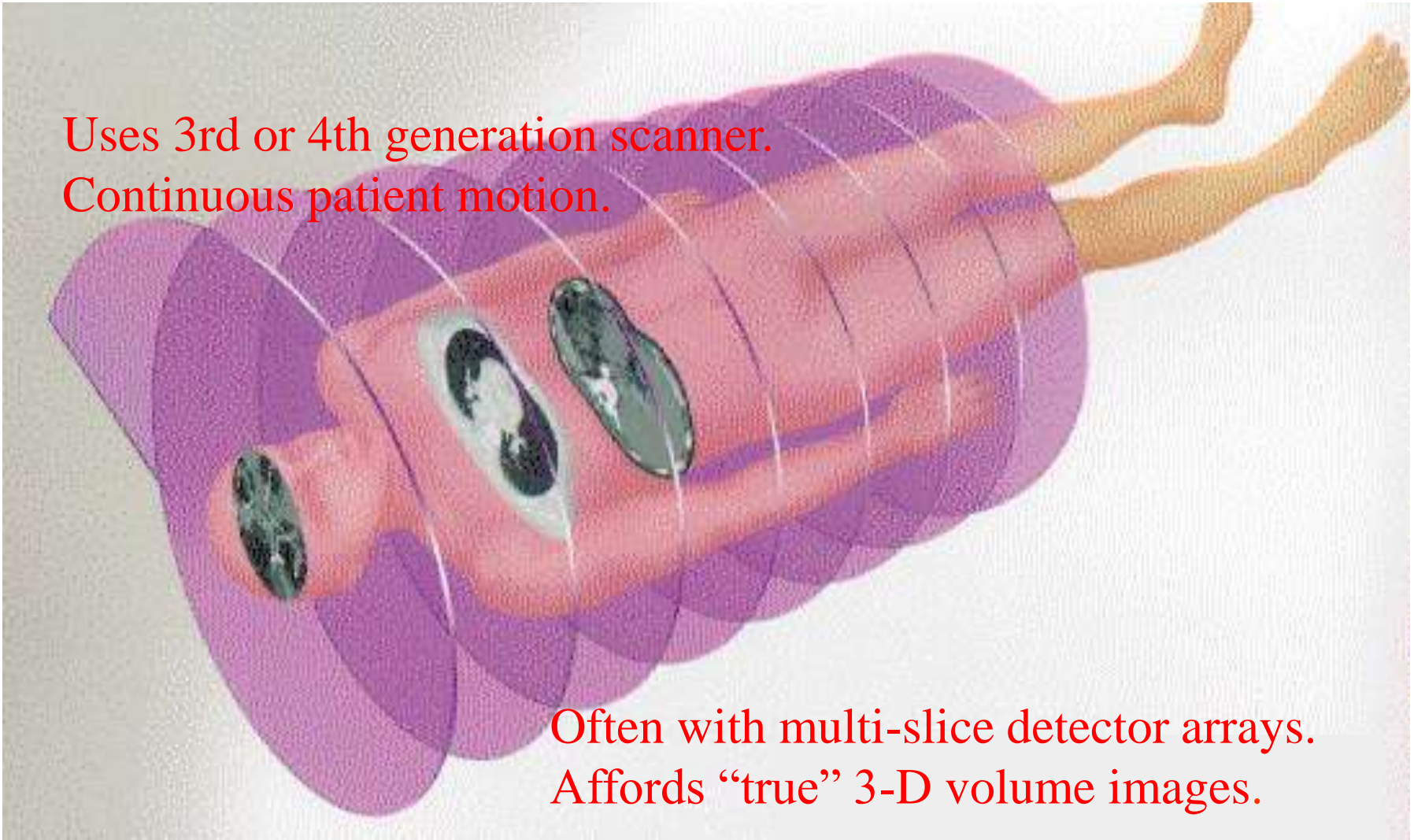




# Volume CT image

Uses 3rd or 4th generation scanner.  
Continuous patient motion.

Often with multi-slice detector arrays.  
Affords “true” 3-D volume images.



# Beam Hardening Artefacts

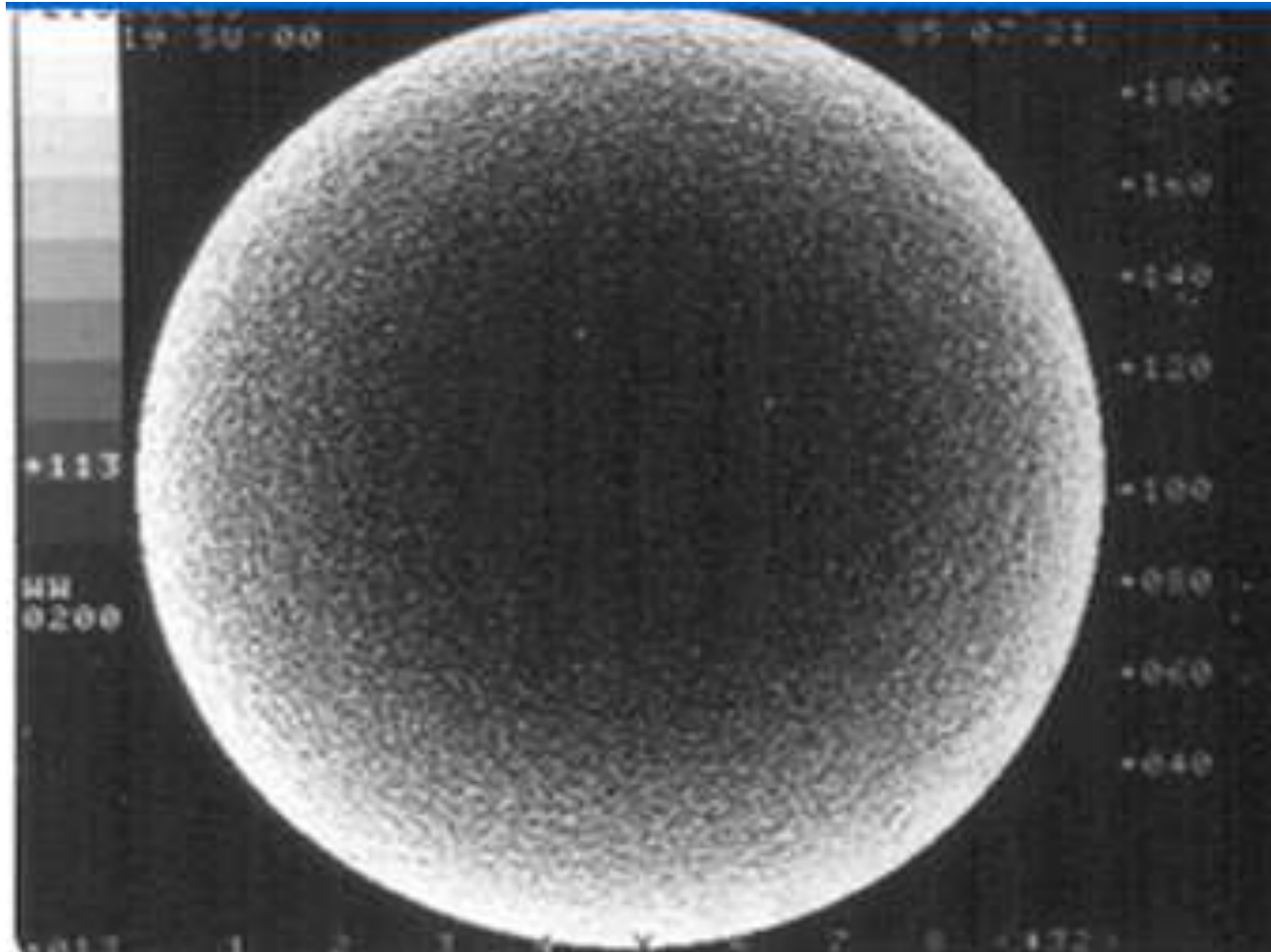
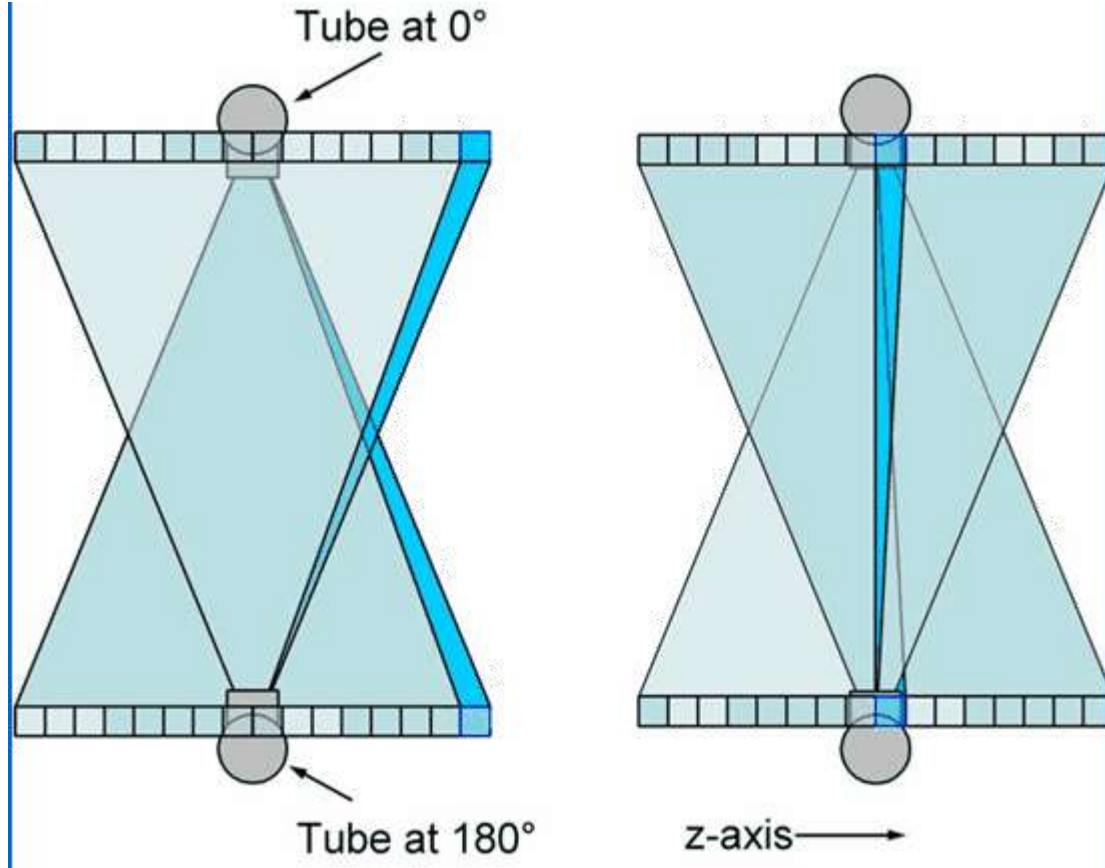
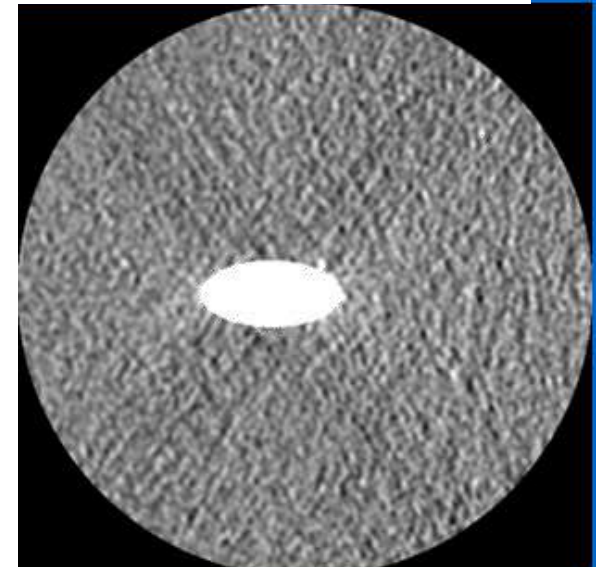


Image of uniform phantom

# Cone Beam Artefacts



Inner detector row image



Outer detector row image

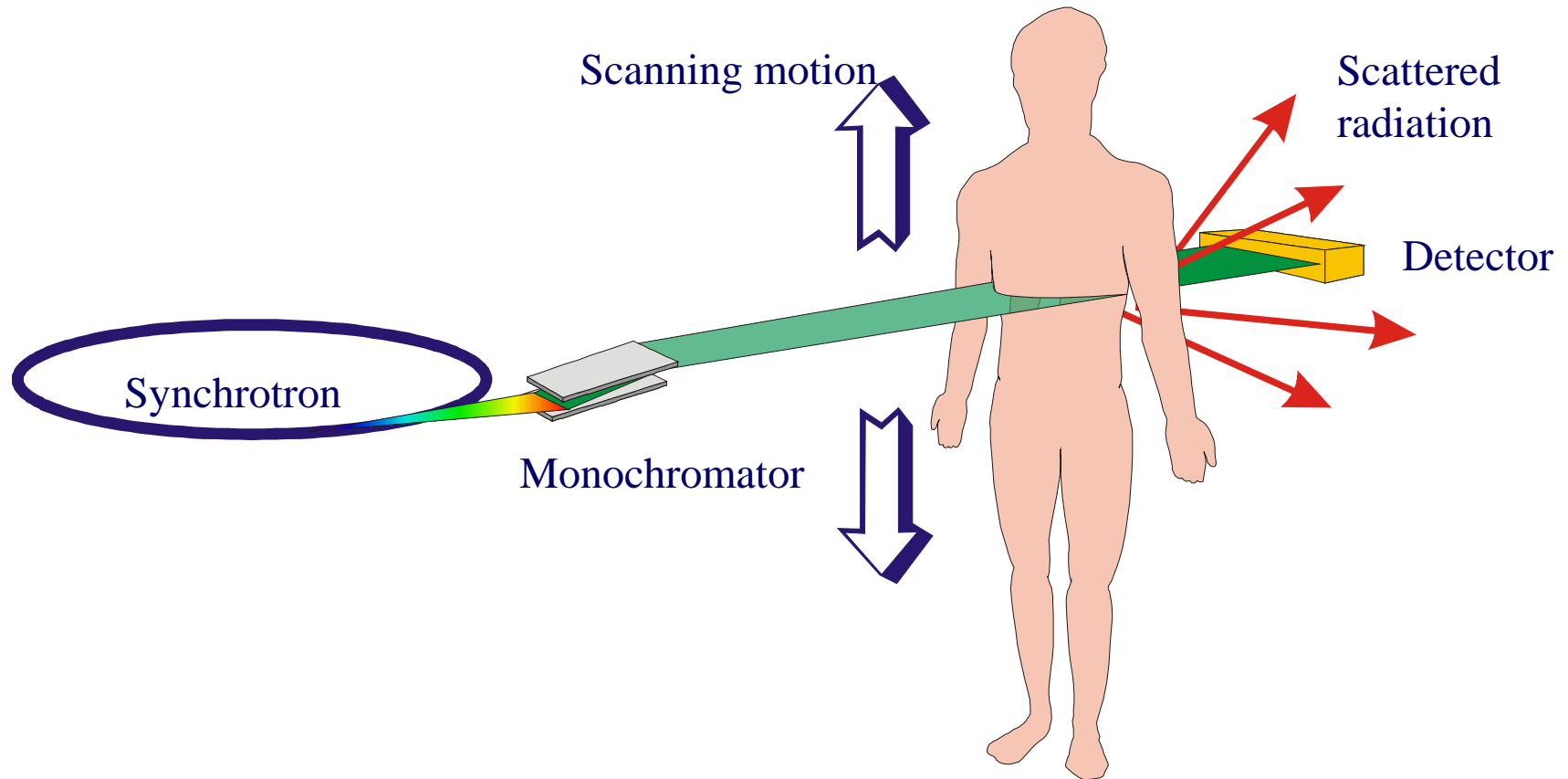


# Exploit What Synchrotrons Are Good At

- Synchrotron is a great tool for performing medical physics studies
  - ◆ Synchrotron beams can be monochromated
    - No beam hardening
  - ◆ Synchrotron beams are almost parallel
    - No cone beam artefacts
    - Scatter removal with no dose penalty
- Allows studies of better x-ray imaging and developing new methodologies



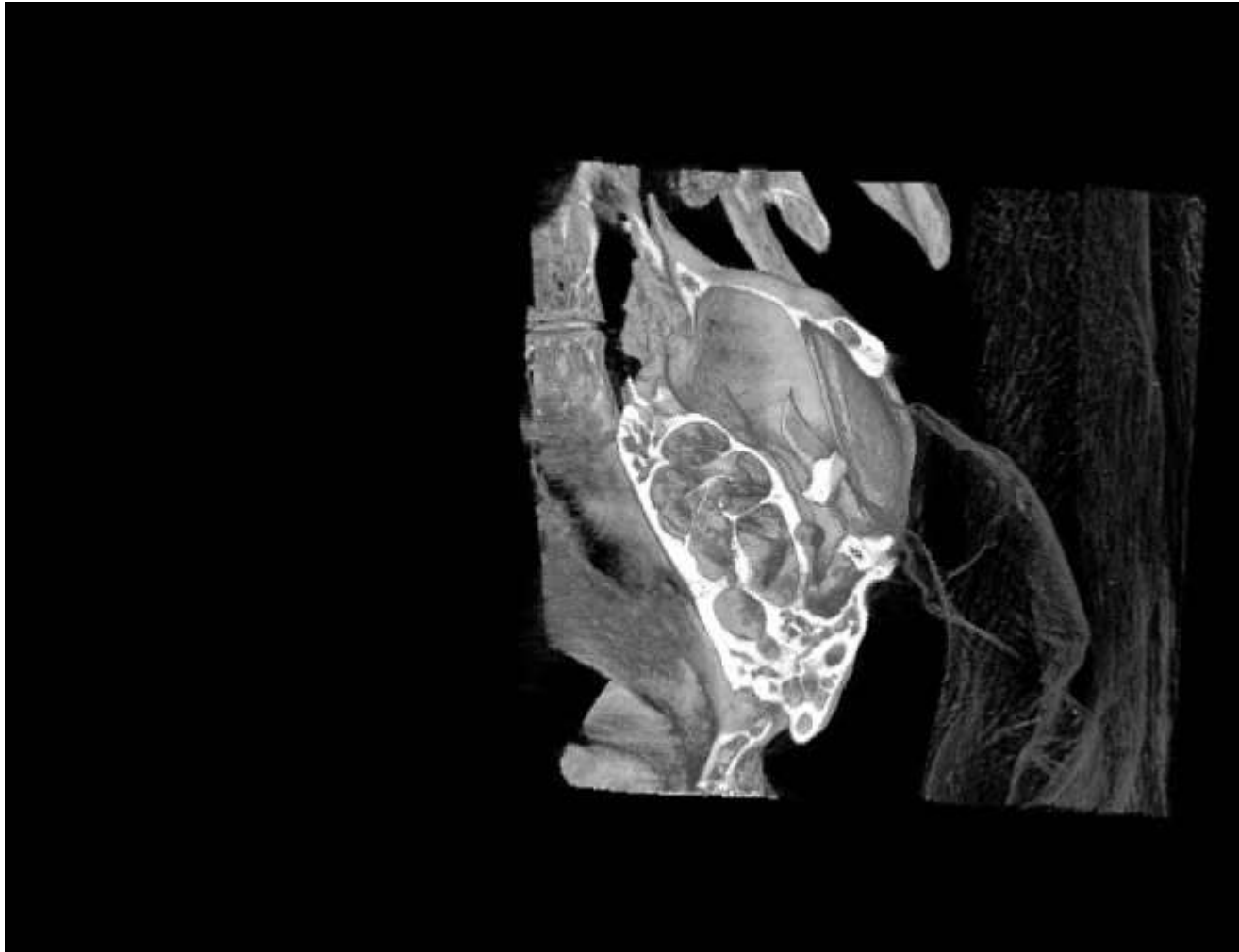
# Synchrotron Radiography



# Mouse CT

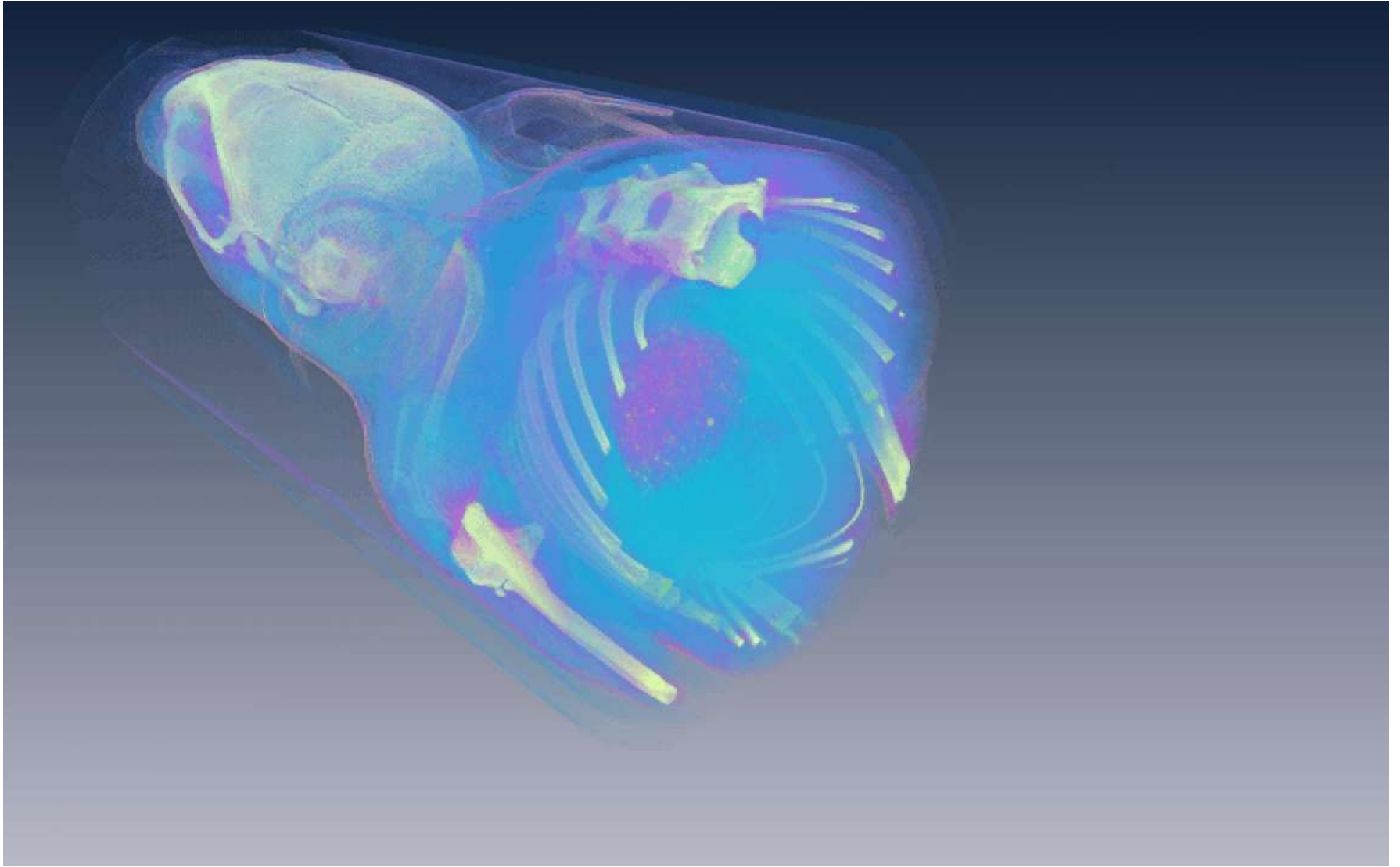


# Mouse Cochlea

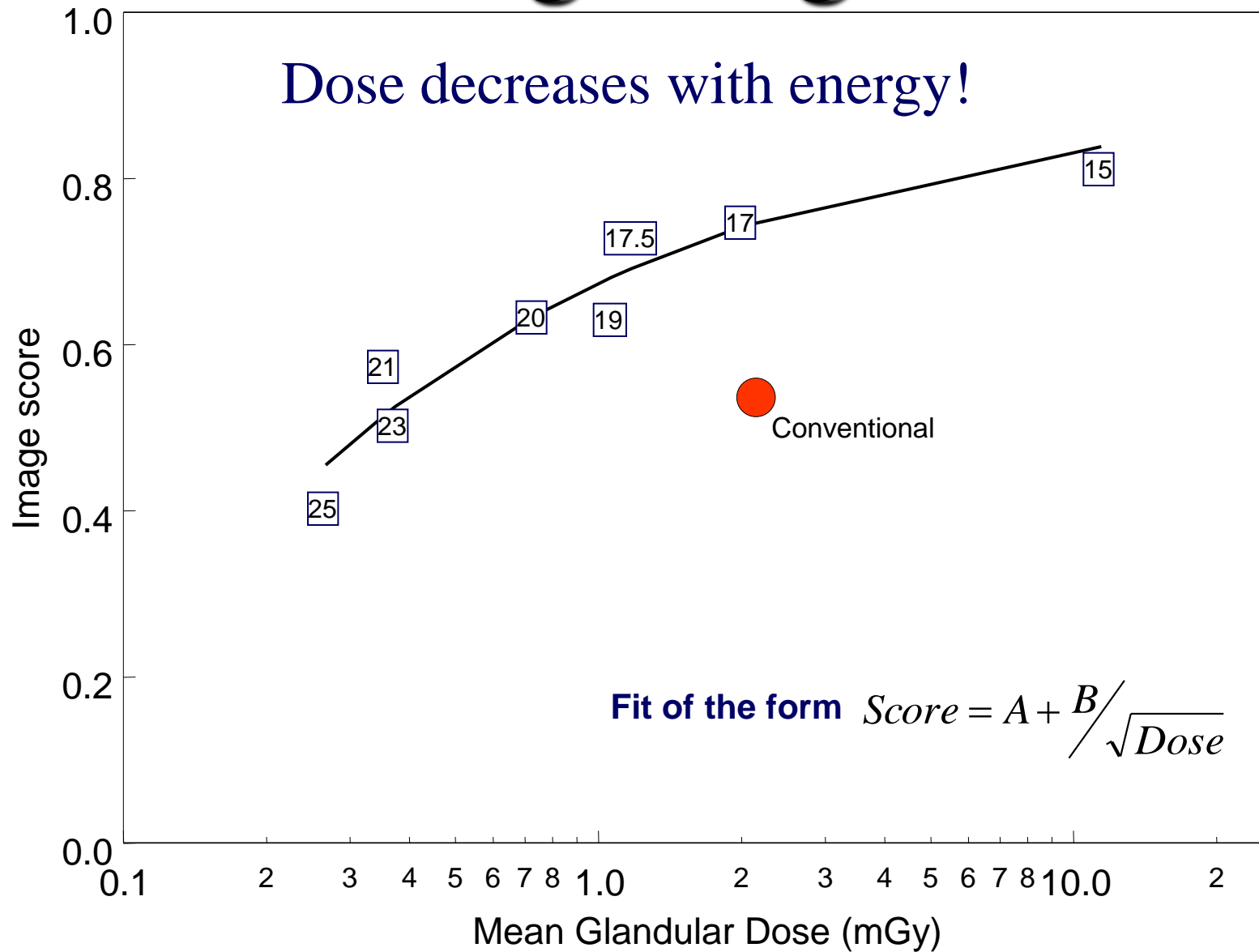




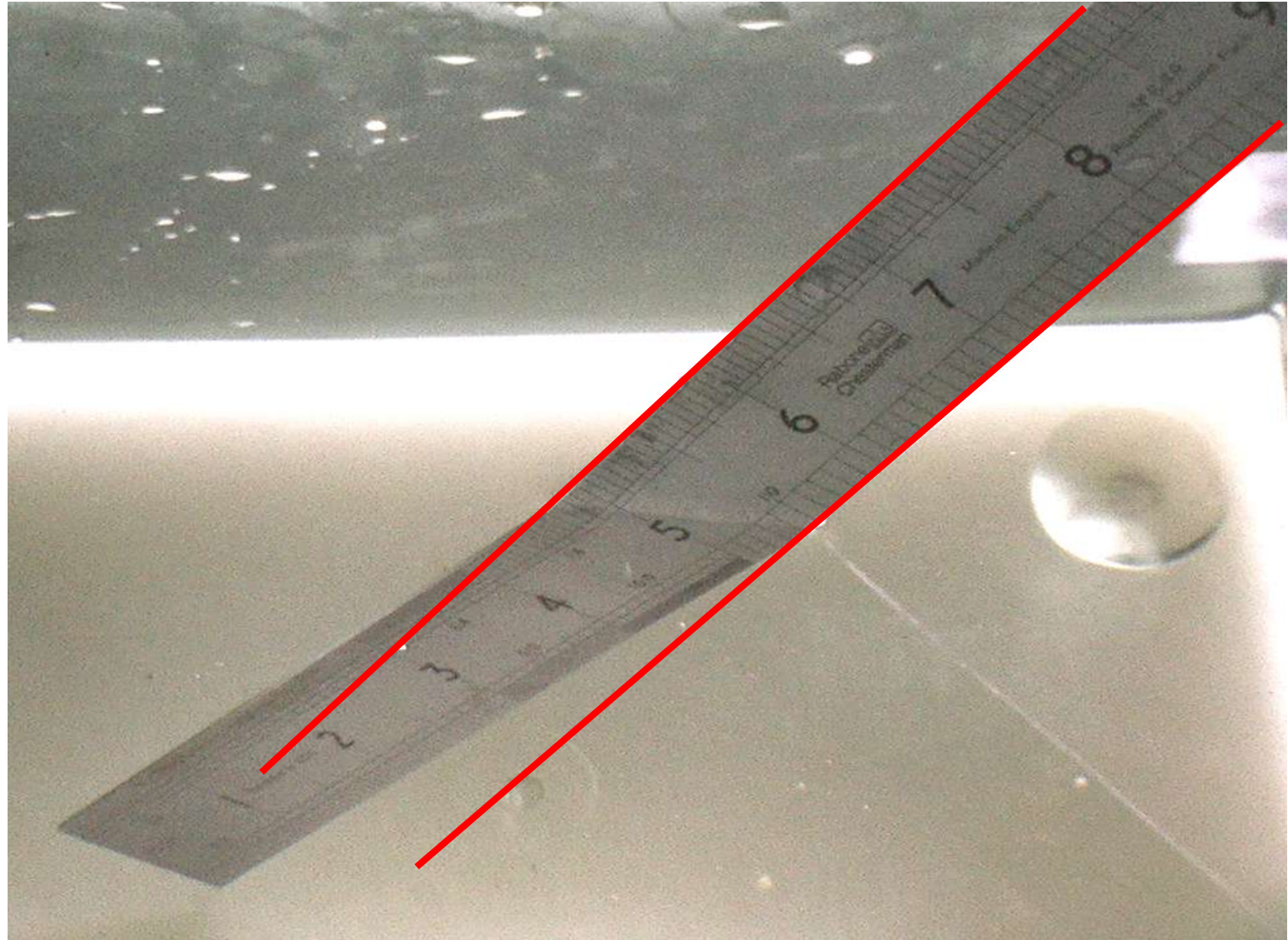
# Mouse Fly Through



# Slot Scanning Image Scores

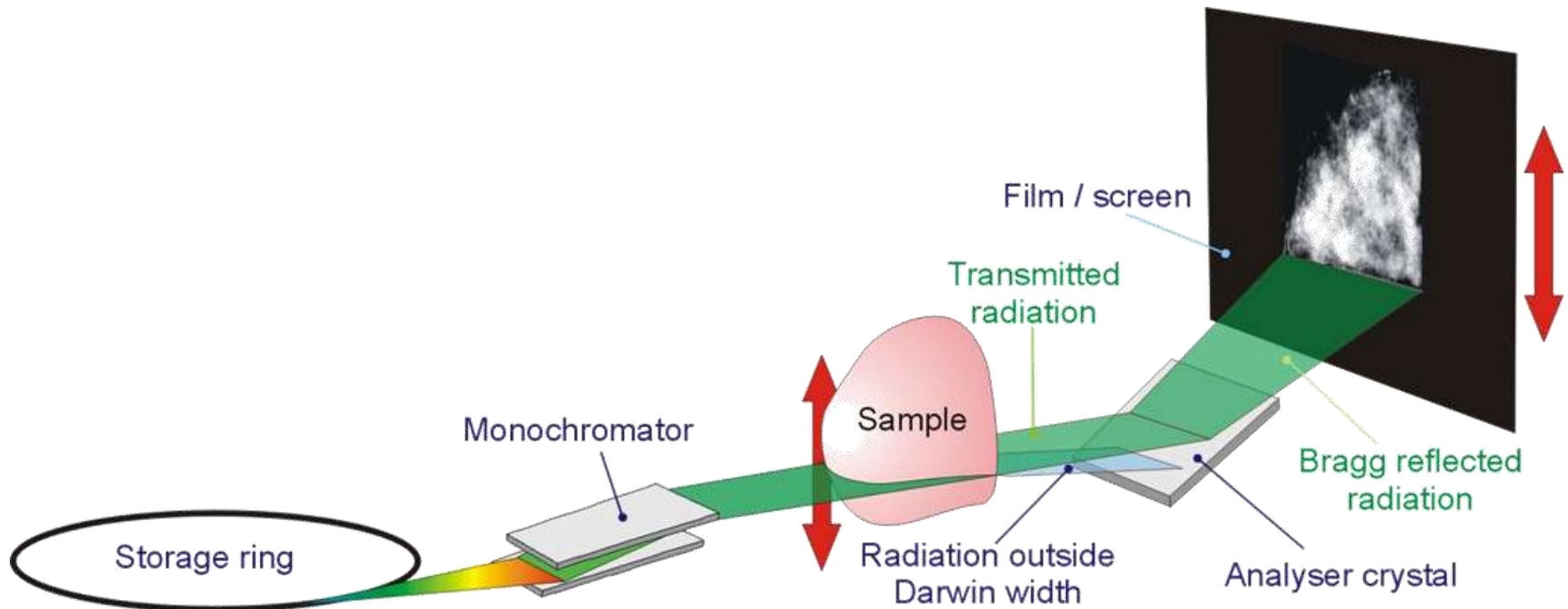


# Refraction

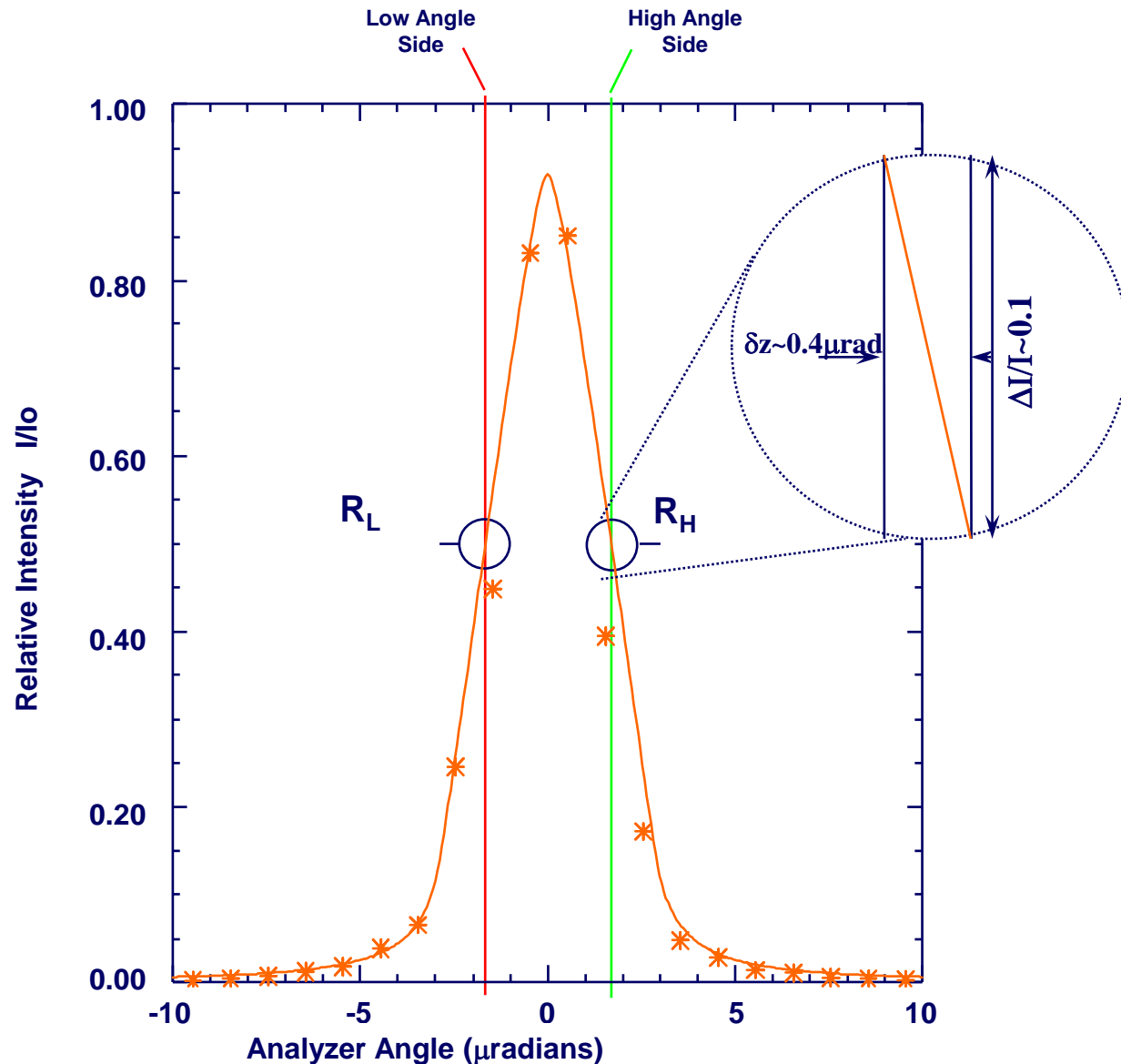


# Analyser Based Imaging

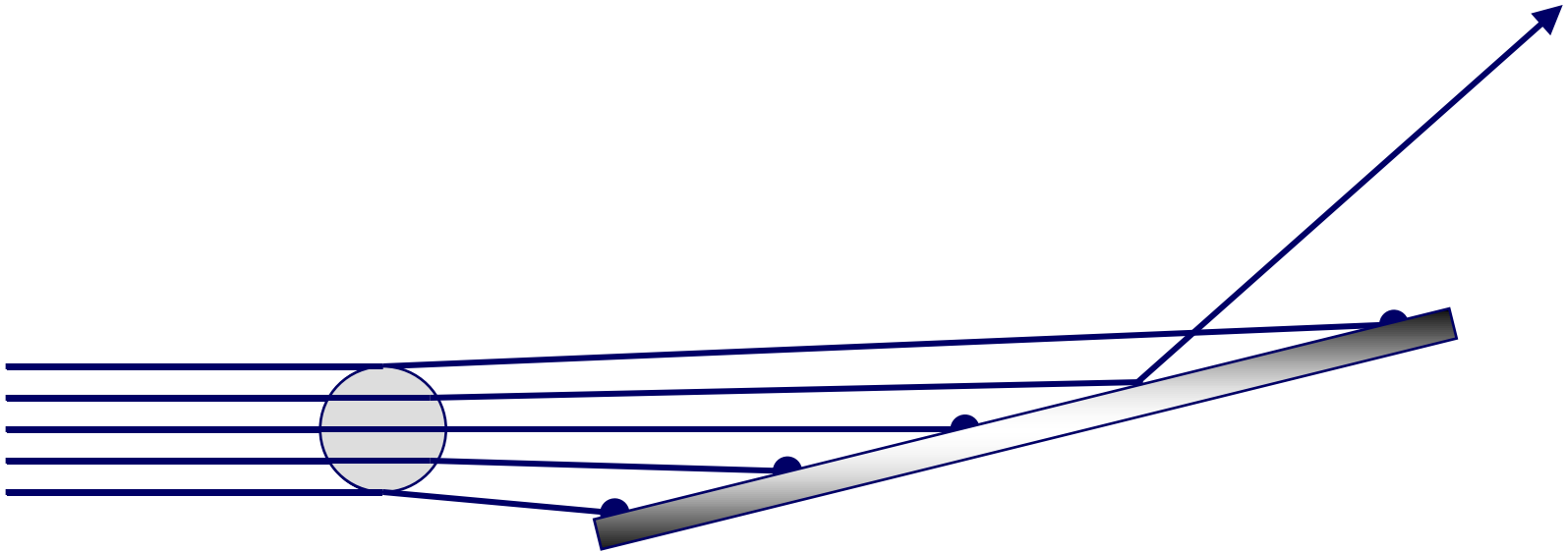
Sometimes called Diffraction Enhanced Imaging



# Crystal Rocking Curve



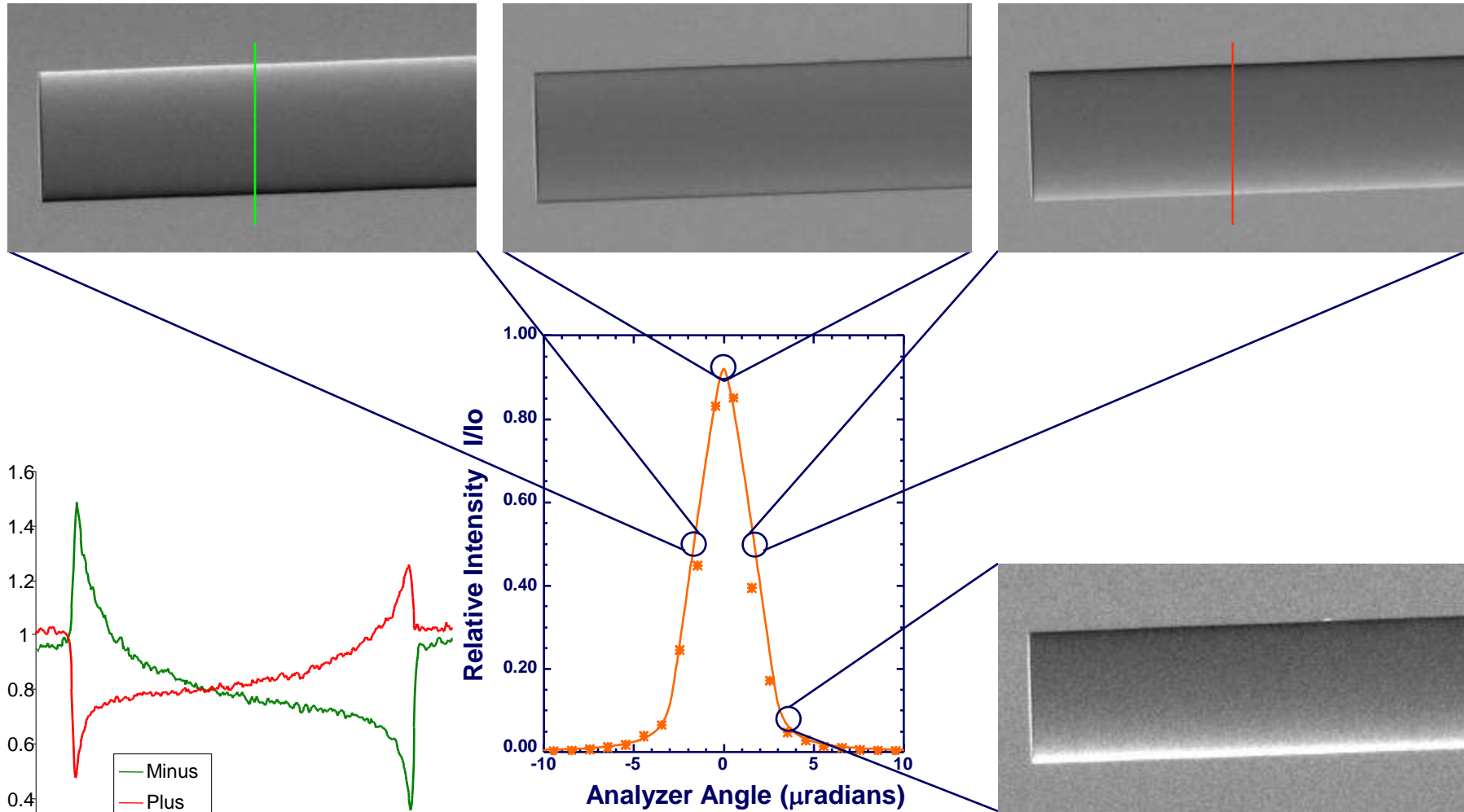
# Rocking Curve



Refractive index for X-rays is less than 1 by about 1 part in a million



# ABI How it works



Energy = 25keV



# ABI Mathematics

- $I_L$  &  $I_H$  = Intensities on low and high angle sides of rocking curve
- $\text{Grad}_L$  &  $\text{Grad}_H$  = Gradients of low and high angle sides of rocking curve
- $I_R$  is intensity
- $\Delta\theta_z$  = refraction angle

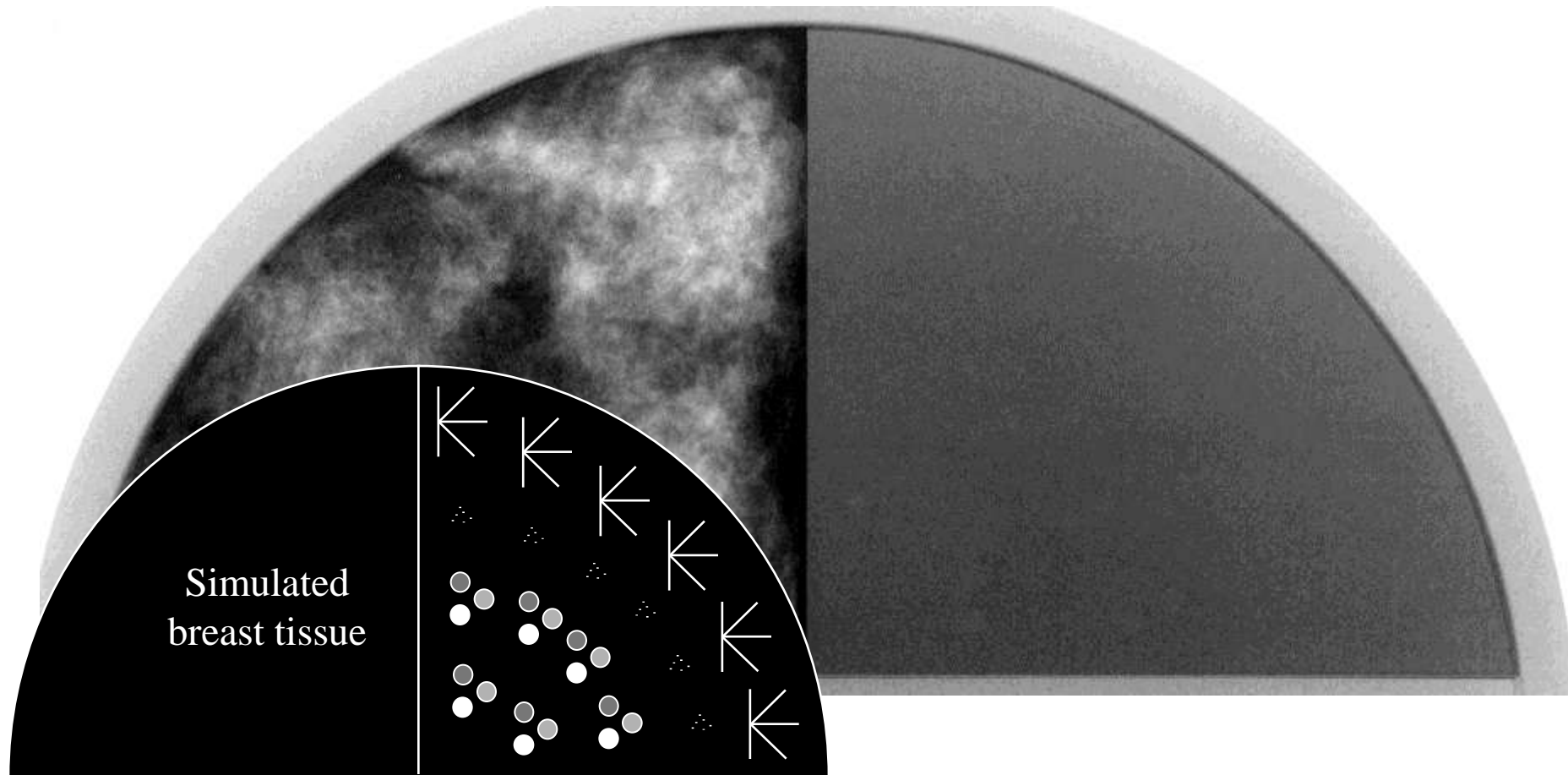
Given

$$I_L = I_R \cdot (R_L + \text{Grad}_L \cdot \Delta\theta_z)$$

$$I_H = I_R \cdot (R_H + \text{Grad}_H \cdot \Delta\theta_z)$$

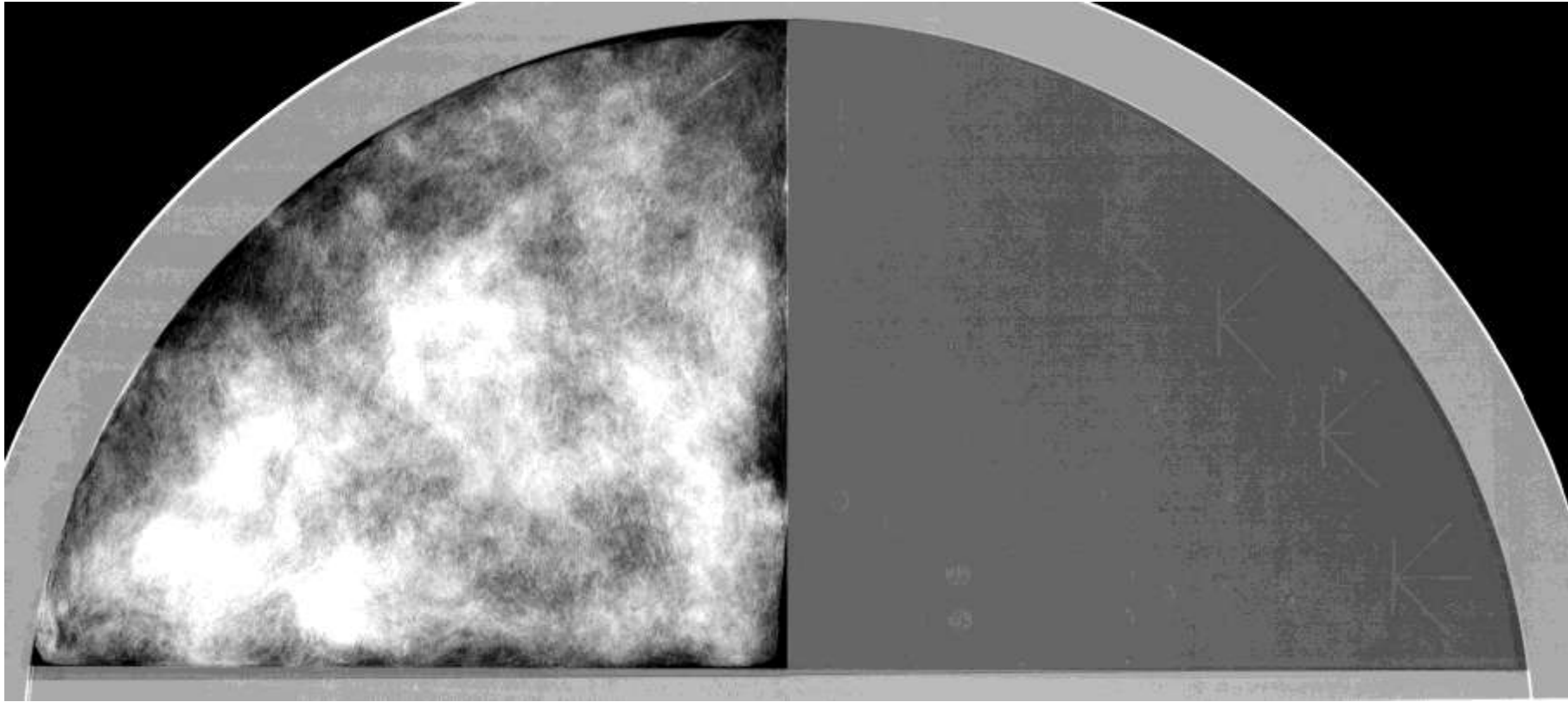
$$\text{Find}(I_R, \Delta\theta_z) \rightarrow \left( \begin{array}{c} \frac{\text{Grad}_H \cdot I_L - \text{Grad}_L \cdot I_H}{\text{Grad}_H \cdot R_L - \text{Grad}_L \cdot R_H} \\ \frac{I_H \cdot R_L - I_L \cdot R_H}{\text{Grad}_H \cdot I_L - \text{Grad}_L \cdot I_H} \end{array} \right)$$

# TORMam Conventional



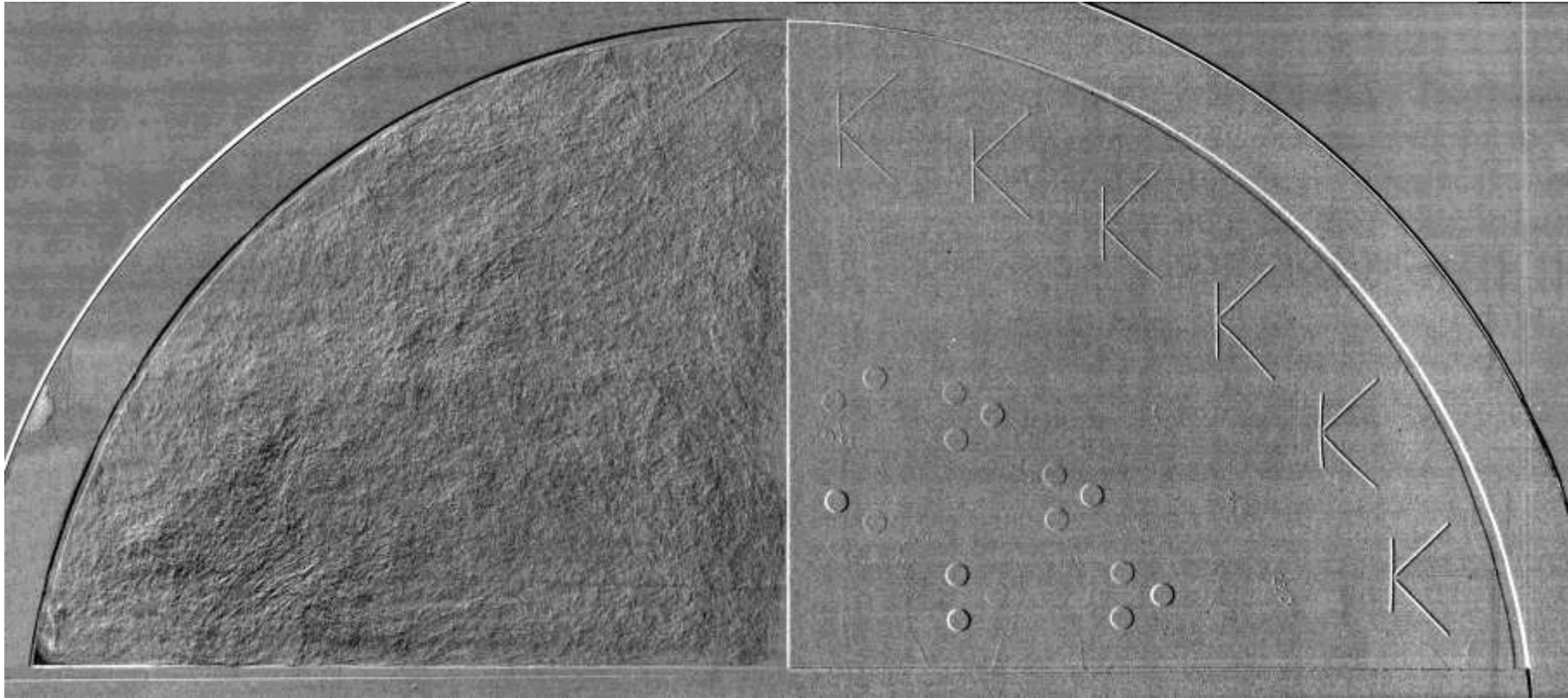
Spectrum = Mo:Mo 28kVp

# TORMAM Peak



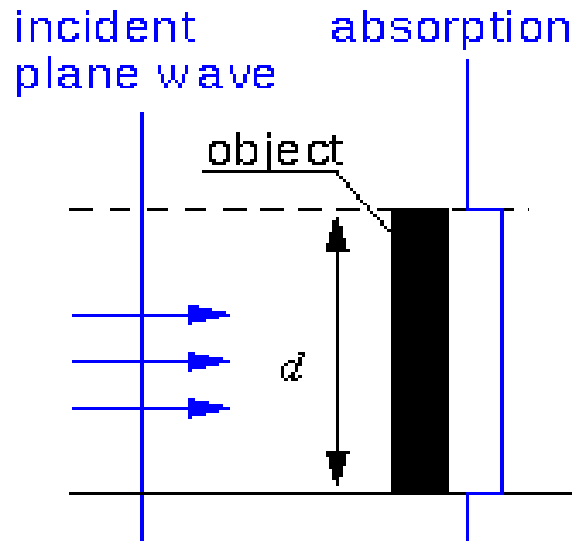
Energy = 20keV

# TORMAM Refraction

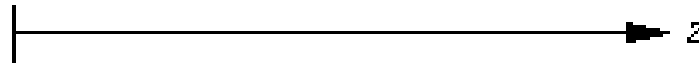


Energy = 20keV

# Phase Contrast



$z=0$

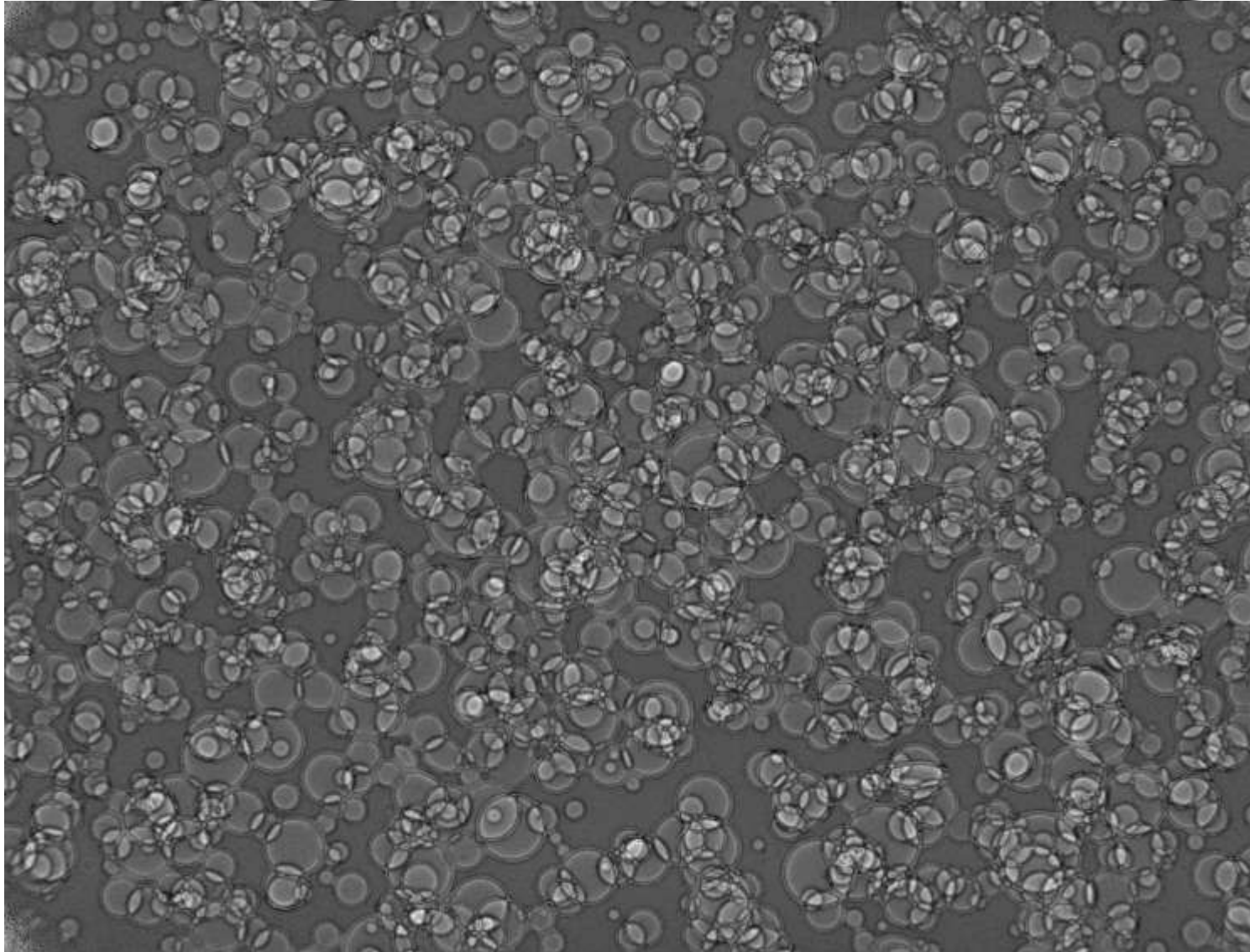


$$N_F = \frac{d^2}{\lambda z}$$

- **Contact:**  $N_F \gg 1$  **Geometric approximation**
  - ◆ The intensity distribution is a pure absorption image.
- **Near field:**  $N_F \gg 1$  **Geometric approximation**
  - ◆ Contrast is given by sharp changes in the refractive index, i. e. at interfaces.
- **Intermediate field:**  $N_F \sim 1$  **Fresnel approximation**
  - ◆ The image loses more and more resemblance with the object.
- **Far field:**  $N_F \ll 1$  **Far: Fraunhofer approximation**
  - ◆ The image is the Fourier transform of the object transmission function

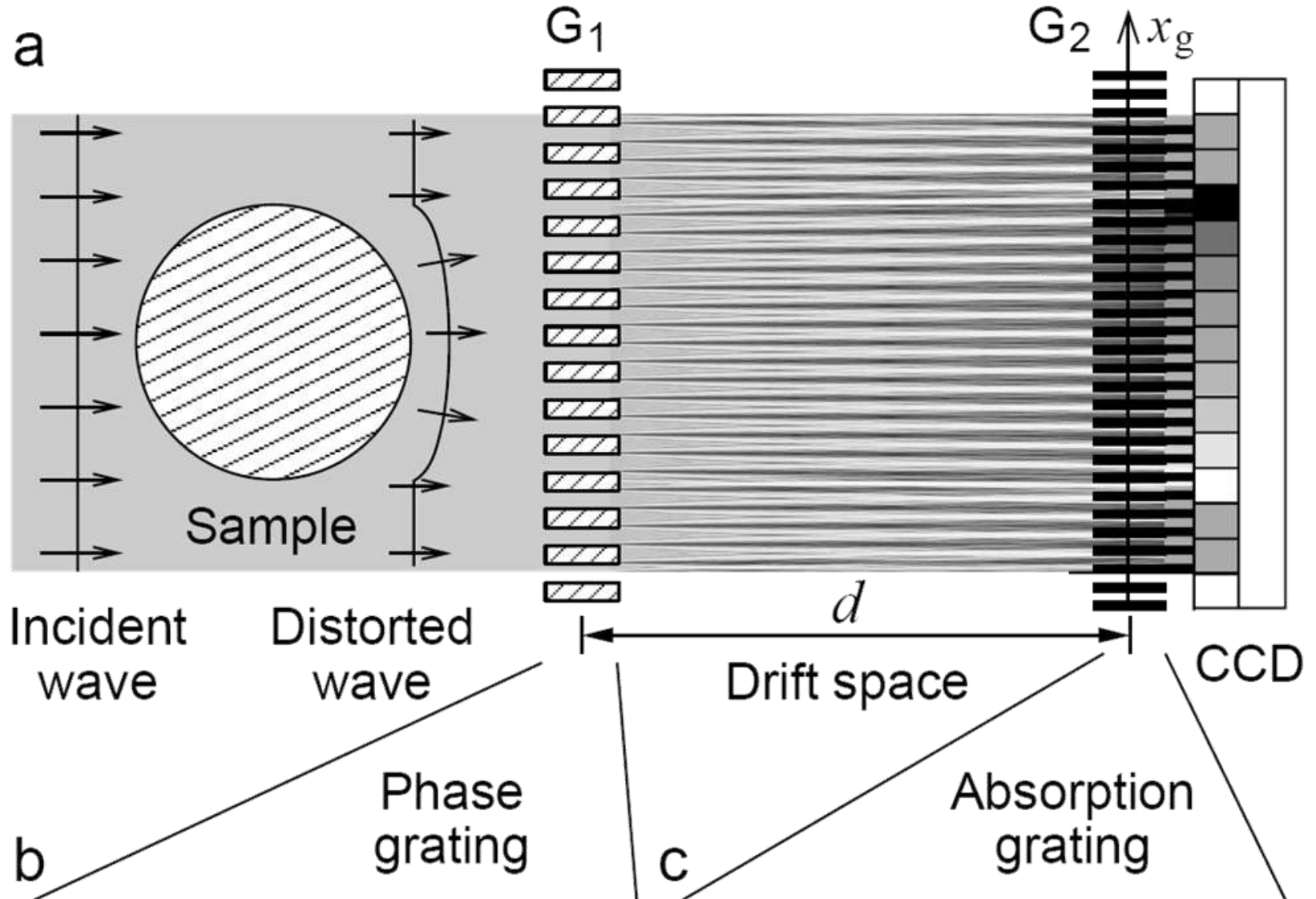


# Propagation Based Imaging



147cm

# Grating Interferometry





# Grating Imaging: Mouse Embryo

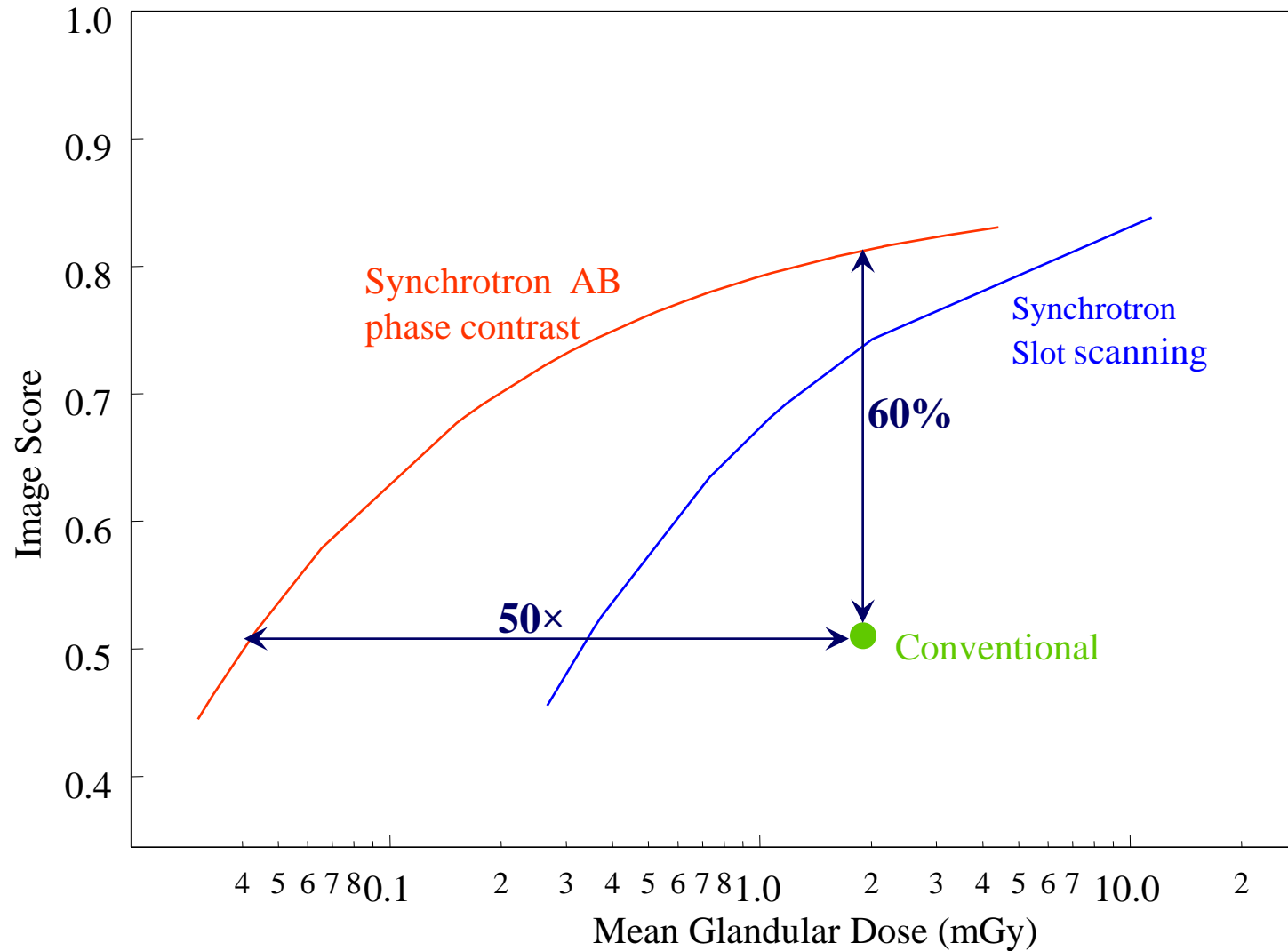


# Exploit What Synchrotrons Are Good At

- Synchrotrons allow fantastic spatial resolution
- But what about the dose?

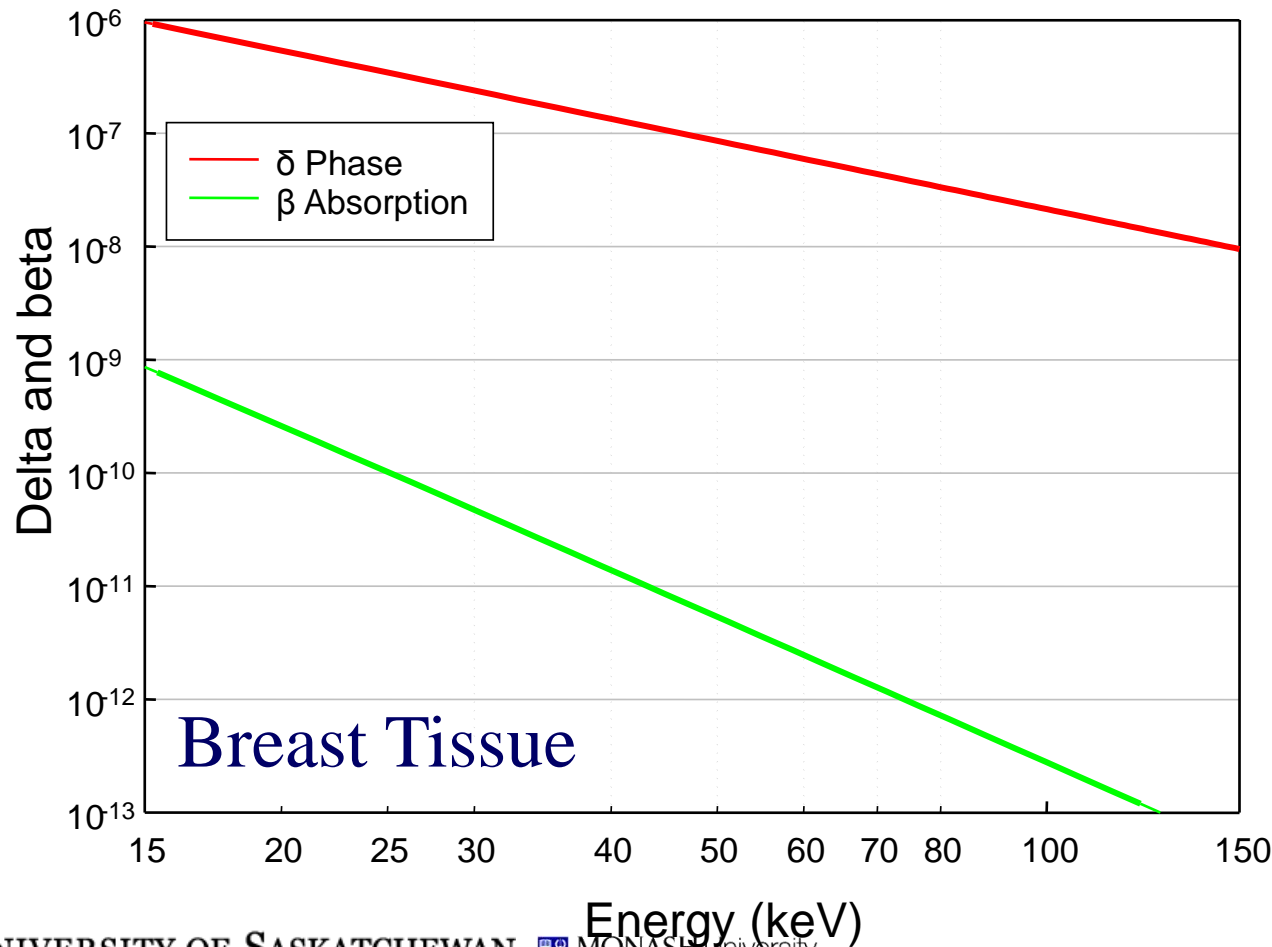
$$Dose_{skin} = \frac{2e^{\mu L} SNR_{out}^2}{DQE(f) \mu^2 size_{obj}^4 Contrast_{\mu}^2} E_{\gamma} \left( \frac{\mu}{\rho} \right)$$

# Phase Contrast Dose Advantage



# Complex Refractive Index

- Coherence properties enable phase contrast
- Contrast arising from phase effects does not require dose to be deposited in the object



**Refractive index**

$$\eta = 1 - \delta - i\beta$$

Where  $\beta$  = absorption  
 $\delta$  = phase shift

**Nb.**

$$\delta \sim 1000 \beta$$

$$\delta \sim E^{-2}$$

$$\beta \sim E^{-4}$$

Breast Tissue

# CT and Radiography Problems

## ■ X-ray Dose

- ◆ Phase Contrast Helps. Synchrotron easy. Gratings?

## ■ Scatter

- ◆ Greatly reduced by slot scanning. Both conventional and synchrotron can use this.

## ■ Beam Hardening

- ◆ Eliminated by monochromatic radiation. Synchrotron only

## ■ Cone Beam Artefacts

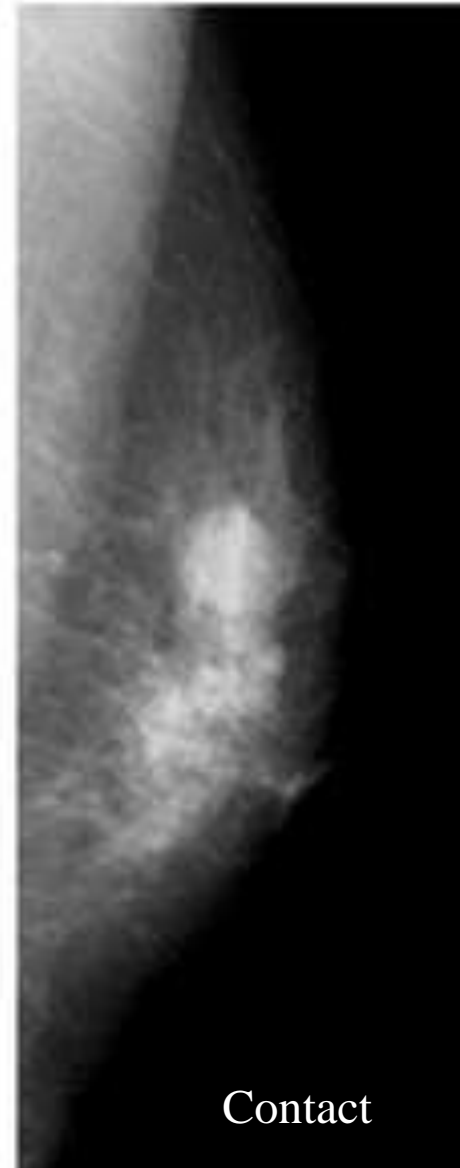
- ◆ Eliminated by parallel beam. Synchrotron only.

# Phase Contrast in the Clinic

Konica Minolta REGIUS PureView



Phase Contrast



Contact

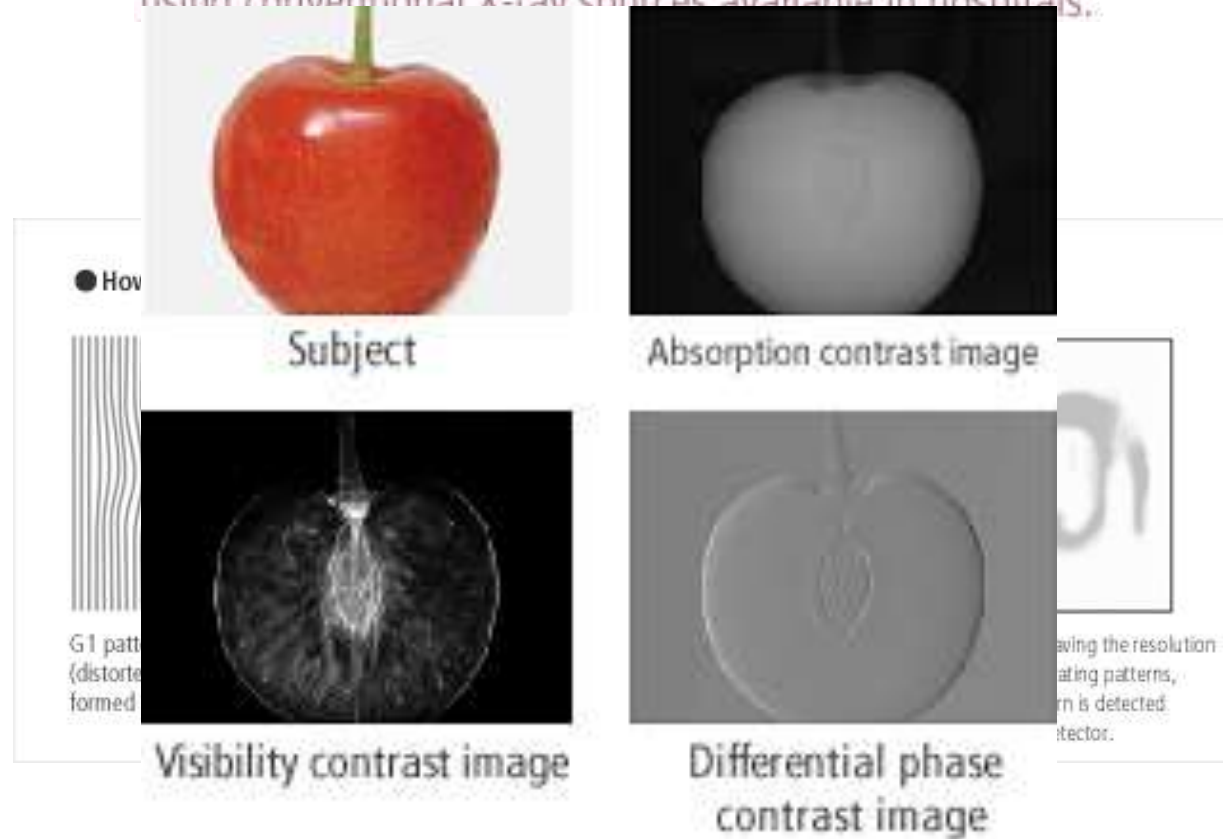
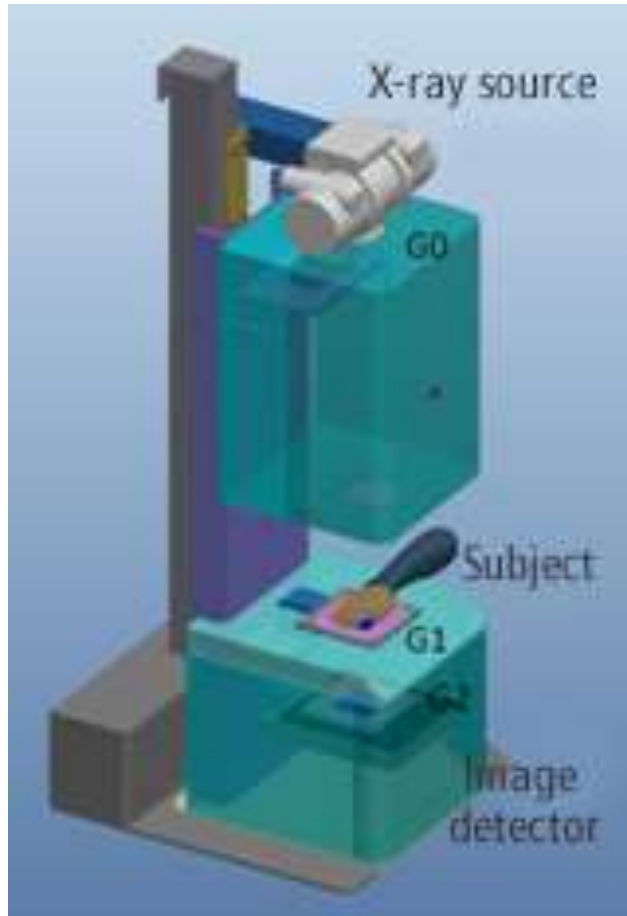


# Phase Contrast in the Clinic

Konica Minolta Research & Development

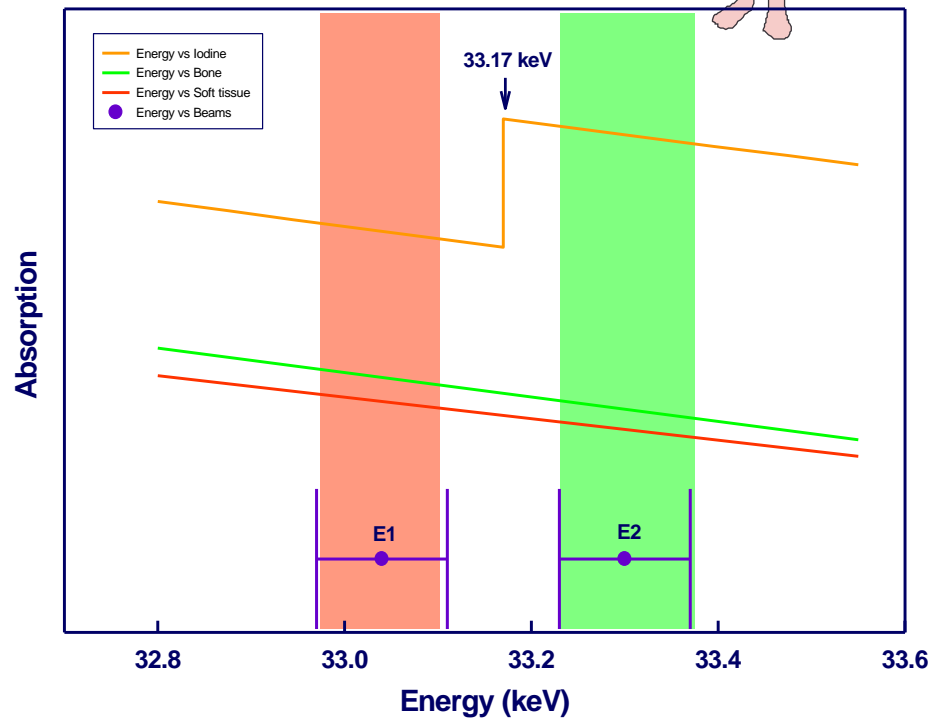
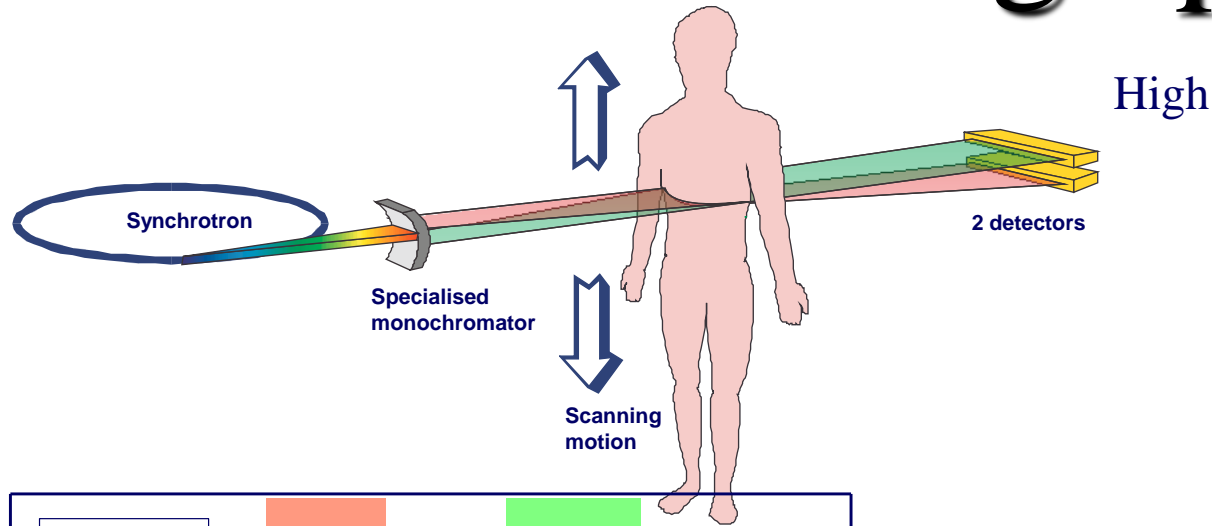
## New X-Ray Imaging Technology for Examining Cartilage

Konica Minolta technology has succeeded in imaging cartilage using conventional X-ray sources available in hospitals.

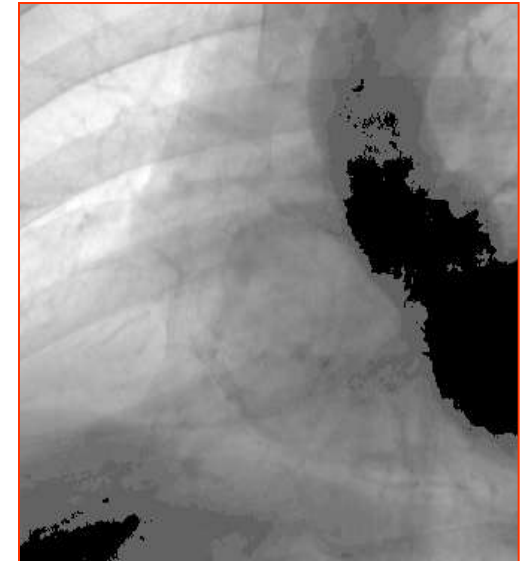


[http://www.konicaminolta.com/about/research/special\\_healthcare/talbotlau.html](http://www.konicaminolta.com/about/research/special_healthcare/talbotlau.html)

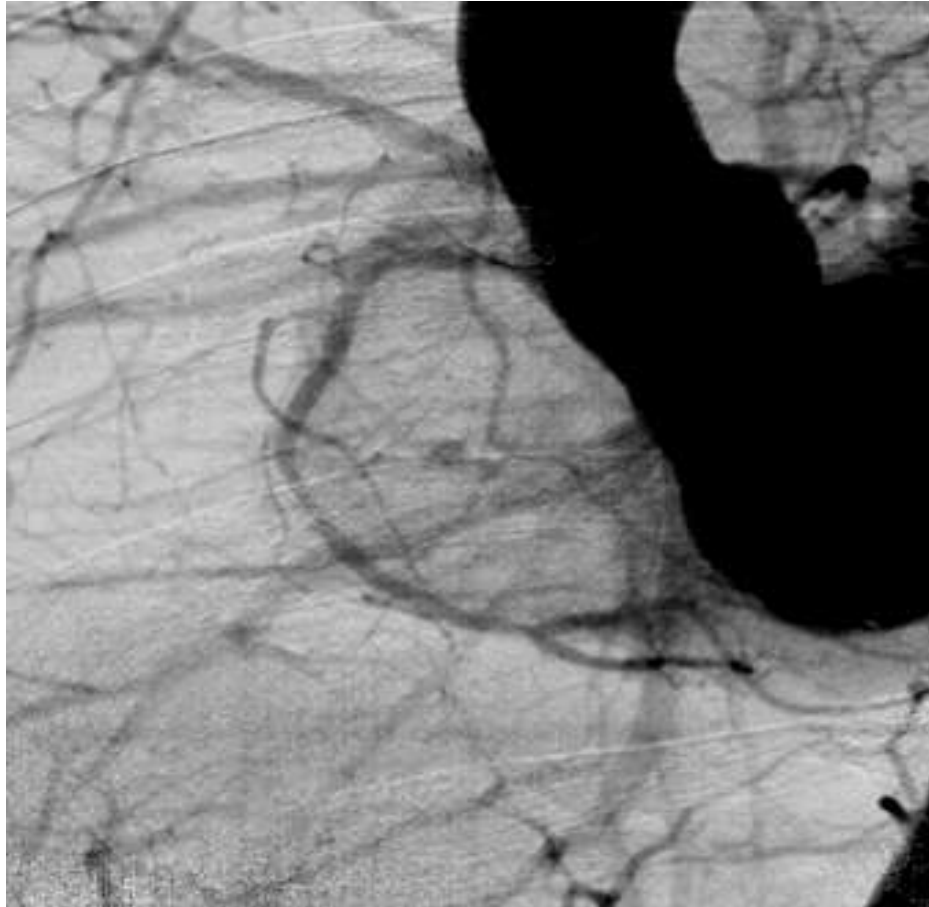
# Subtraction Radiography



Low



# Patient 1 - weight: 70 kg - iodine: 42ml



Synchrotron IV injection  
n.b. 2 – LAO 40



Conventional angiography  
Intra arterial injection

# Synchrotron Clinical Studies

## ■ Coronary Angiography

- ◆ Several hundred patients in Hamburg and at ESRF
- ◆ Synchrotron sensitivity allowed venous injection rather than arterial as is required in hospital
- ◆ Not all coronary arteries always visualised well

## ■ Mammography

- ◆ Clinical program ongoing at Elettra
- ◆ Preliminary results look encouraging



# Synchrotron Medical Imaging

## ■ Synchrotron Medical Imaging

- ✓ Fantastic spatial resolution
- ✓ Reasonable scan times
- ✗ Uses ionising radiation
- ✗ Very limited access
- ✗ Extremely expensive

## ■ Synchrotrons are not currently suitable for “routine” medical procedures

# Case Study: Birth

## One of the greatest Physiological challenges

- During fetal life the future airways of the lungs are liquid-filled
- At birth lungs must rapidly transform from being liquid to air filled
- How this happens is poorly understood but the process
  - ◆ Develops late in pregnancy
  - ◆ Is initiated by labour
- Preterm and caesarean section infants often develop problems
  - ◆ Incidence is increasing
  - ◆ Require weeks of assisted ventilation (>\$2,000/day)
- We know that ventilating infants causes injury
  - ◆ ~30% develop chronic lung disease
  - ◆ Becomes apparent after 15 years



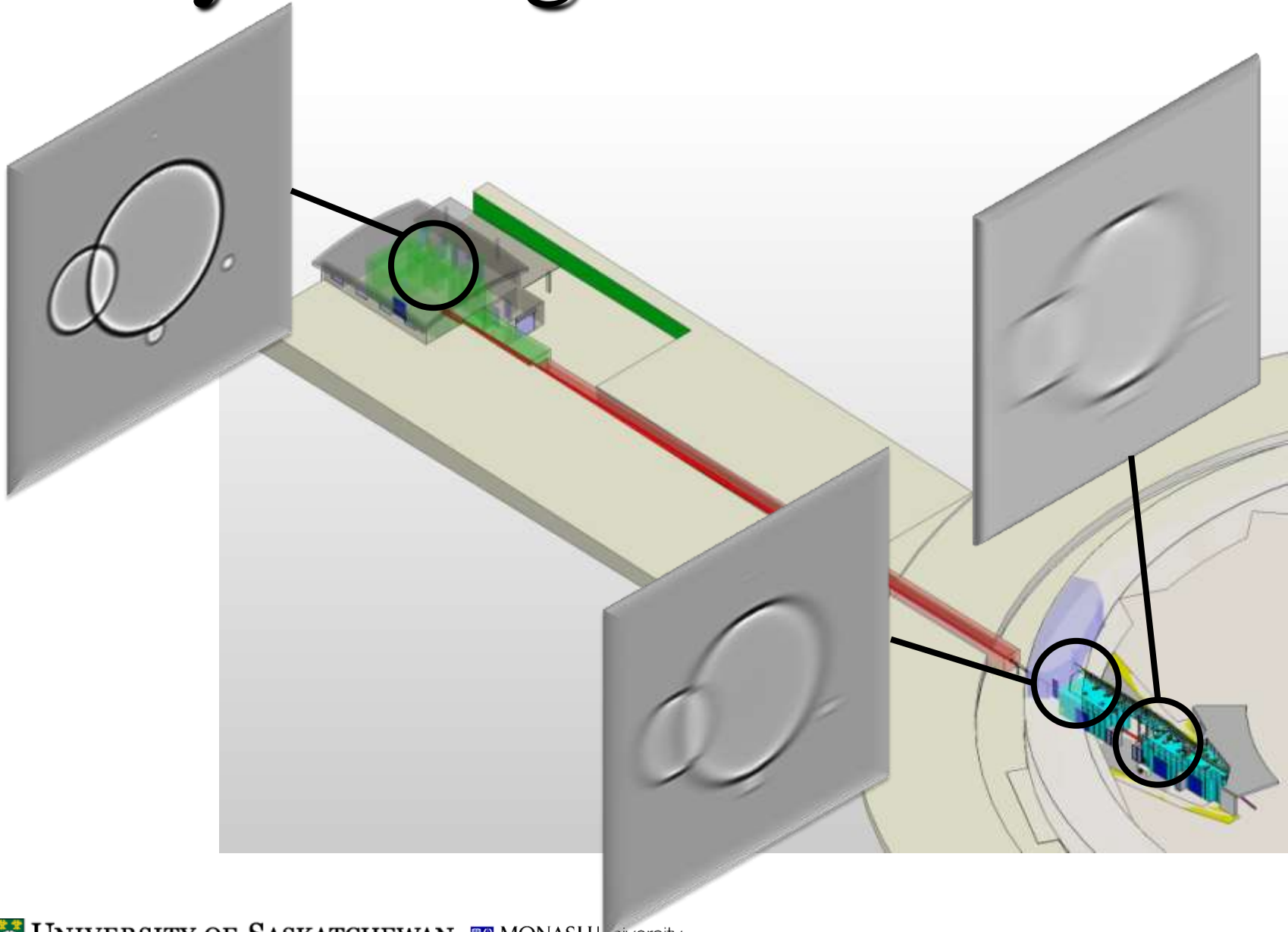


# SPring-8 - Super Photon ring-8GeV



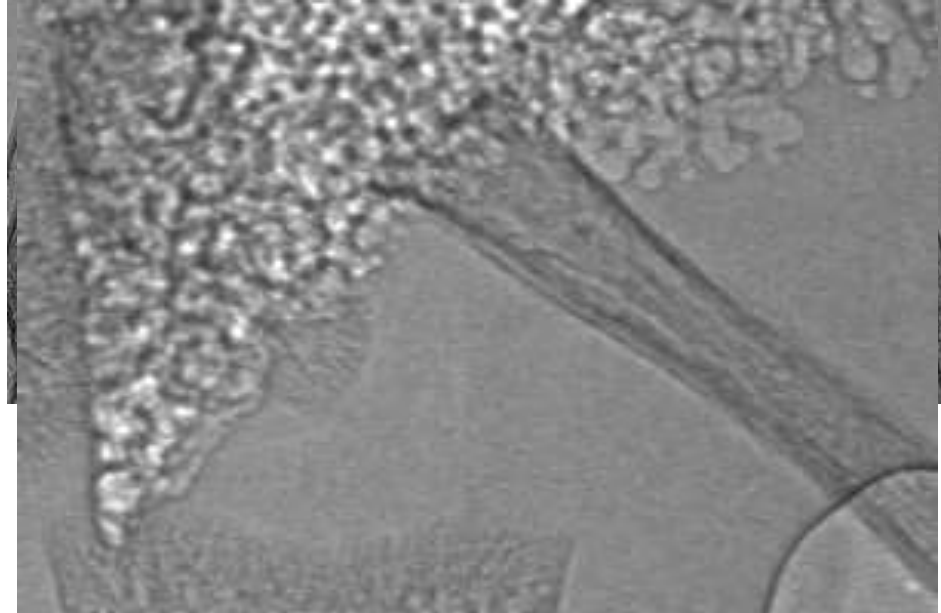
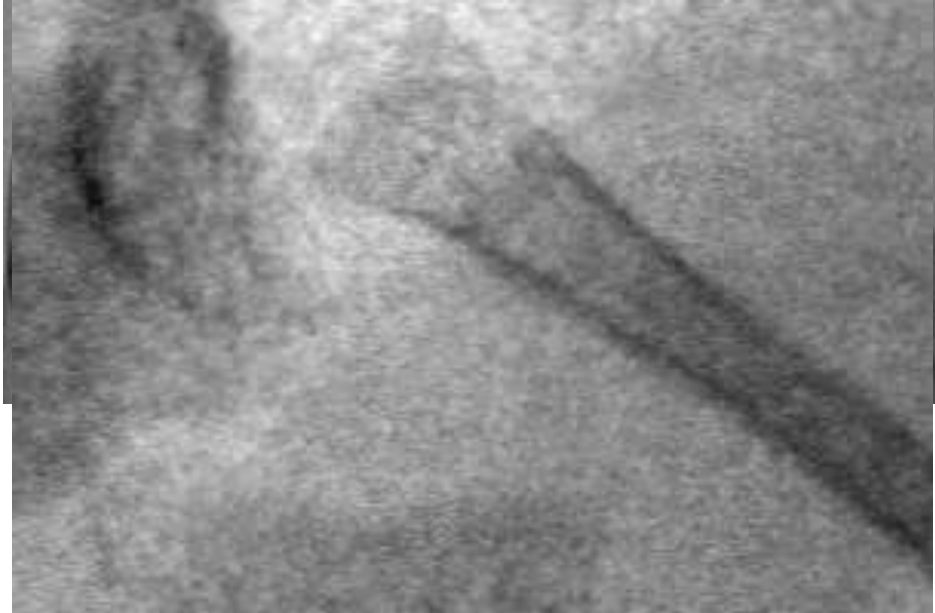
SACLA SPring-8 Angstrom **Compact** Free Electron Laser

# Why a Long Beamline?

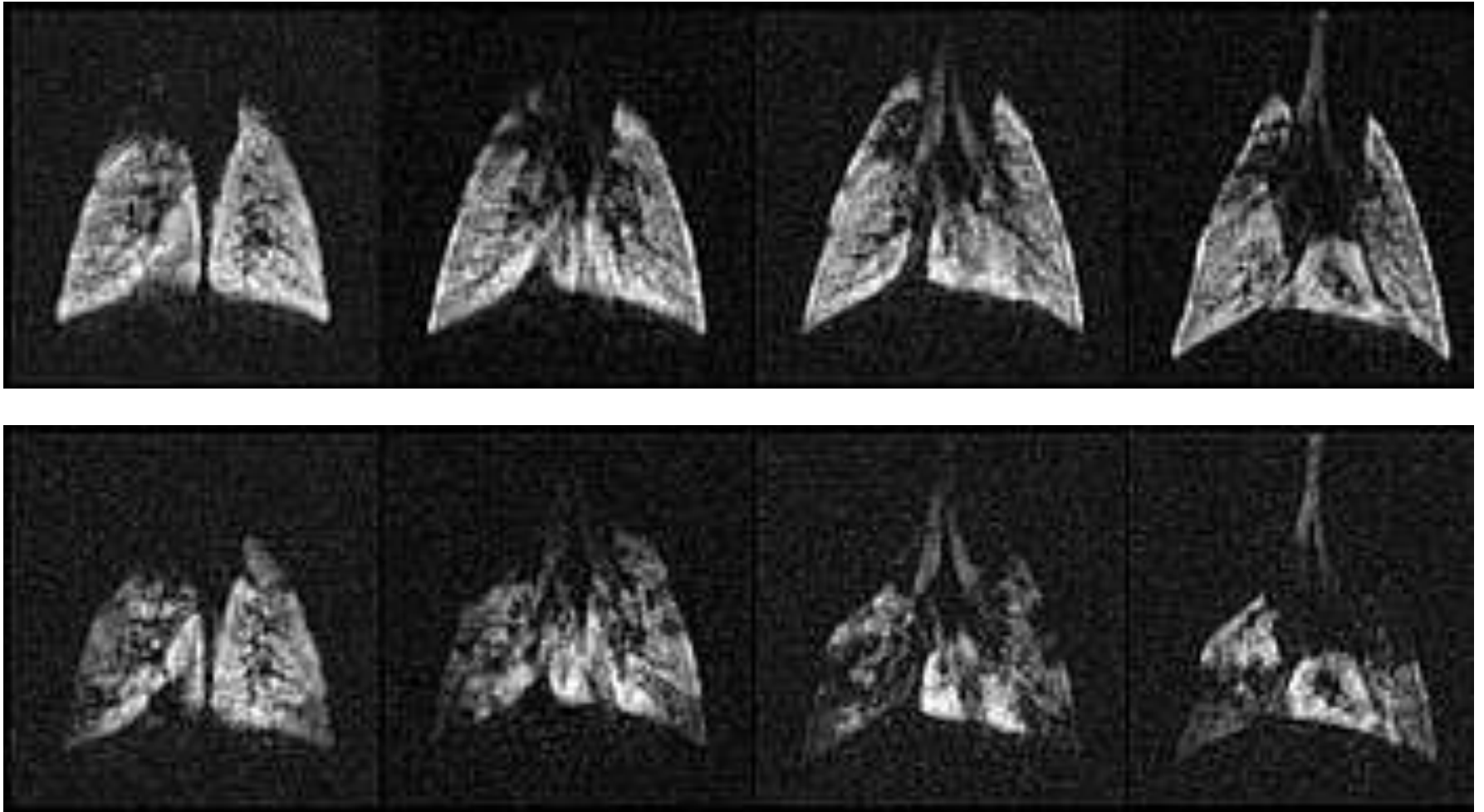




# Rabbit Lung



# MRI State of the Art



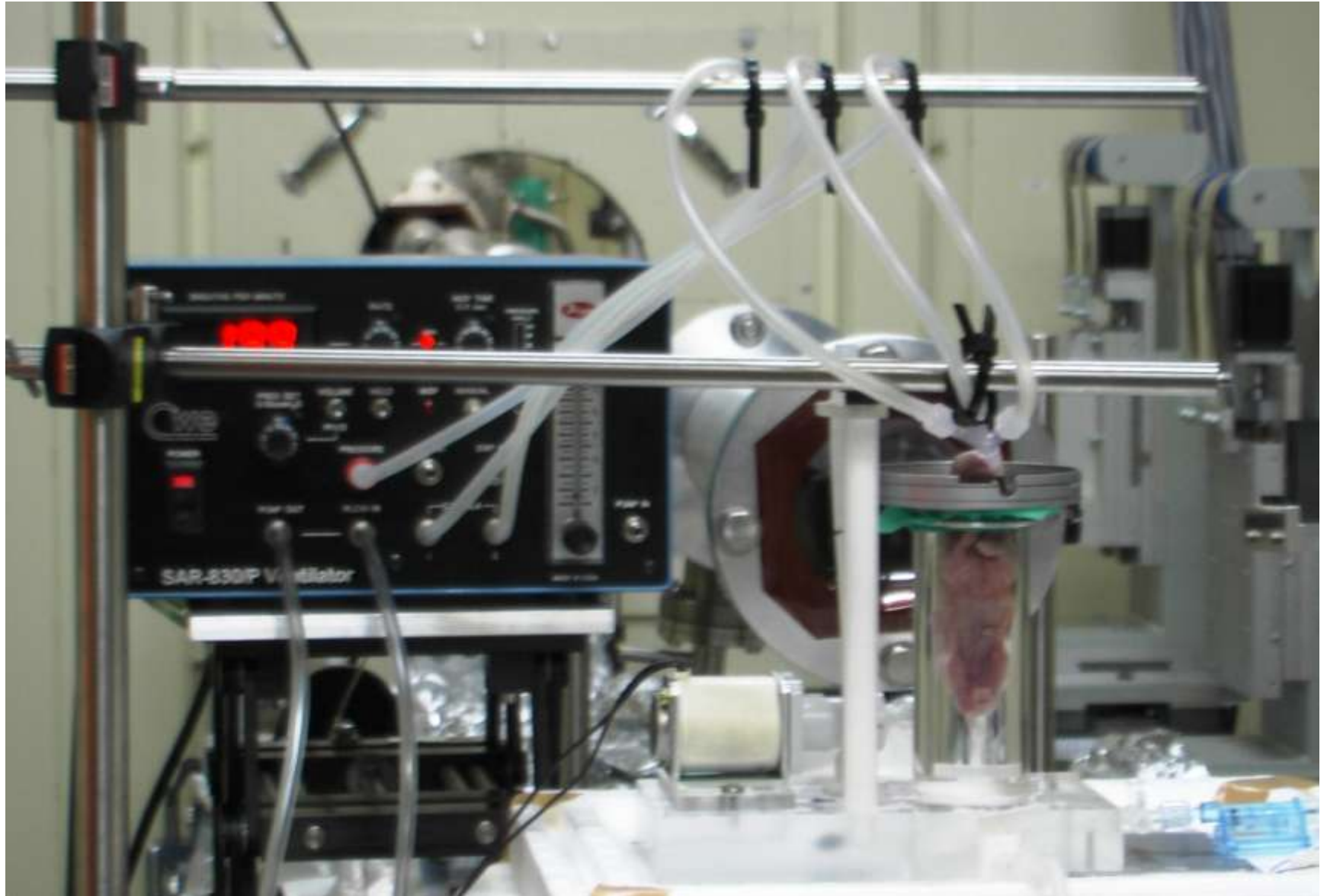
Bronchoconstriction induced by metacholine

# Rabbit Pup Lung Imaging - Delivery





# Artificial Ventilation



# Post Mortem Artificial Ventilation



# Phase Retrieval: Single Image

- Approximate ‘contact’ intensity from Beer’s Law

$$I(\mathbf{r}_{\perp}, z = 0) = I_o \exp(-\mu T(\mathbf{r}_{\perp}))$$

- Approximate ‘contact’ phase by

$$\phi(\mathbf{r}_{\perp}, z = 0) = -\frac{2\pi}{\lambda} \delta T(\mathbf{r}_{\perp})$$

- Use Transport-of-Intensity Equation (TIE)

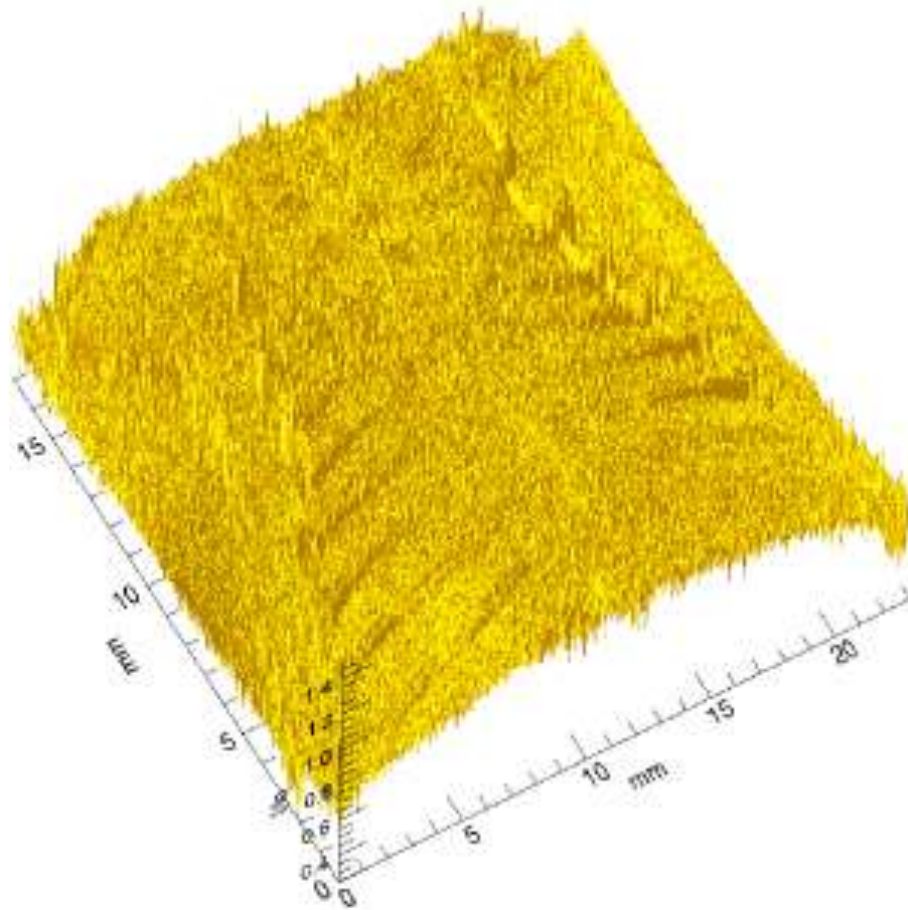
$$\nabla_{\perp} \cdot (I(\mathbf{r}_{\perp}, z) \nabla_{\perp} \phi(\mathbf{r}_{\perp}, z)) = -\frac{2\pi}{\lambda} \frac{\partial}{\partial z} I(\mathbf{r}_{\perp}, z)$$

- Solve for object’s projected thickness using Fourier Derivative Theorem

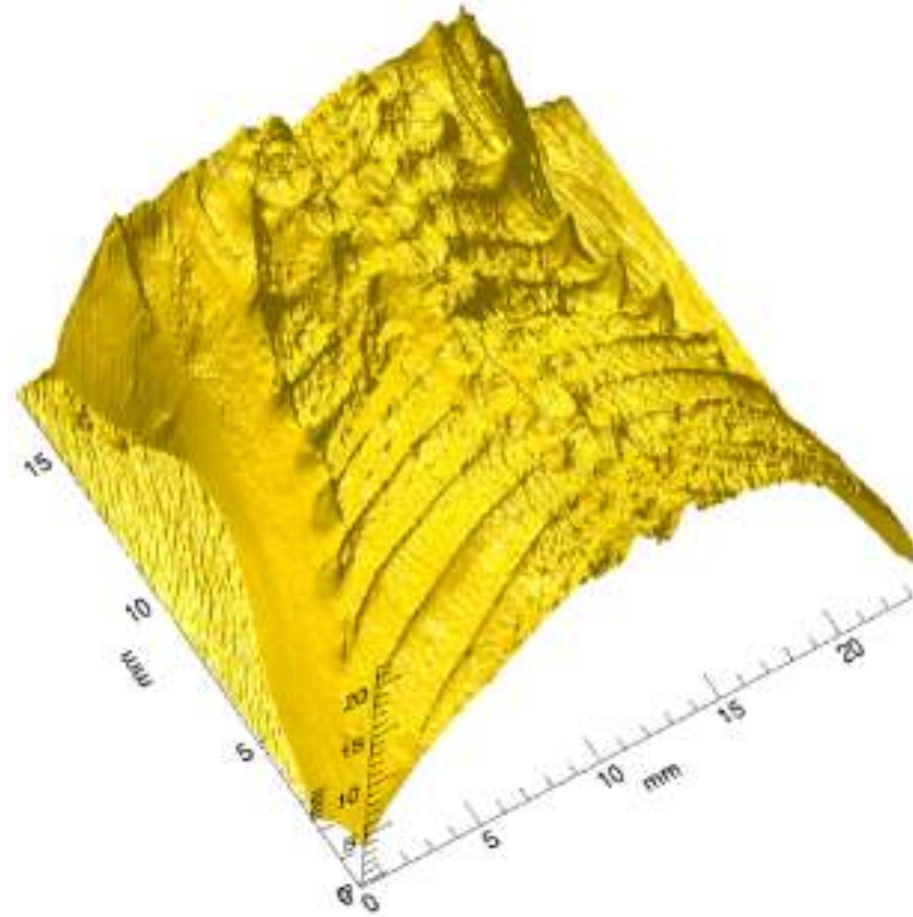
$$T(\mathbf{r}_{\perp}) = -\frac{1}{\mu} \ln \left( \mathbf{F}^{-1} \left\{ \mu \frac{\mathbf{F} \{ M^2 I(M\mathbf{r}_{\perp}, z = R_2) \} / I_o}{MR_2 \delta |\mathbf{k}_{\perp}|^2 + \mu} \right\} \right)$$

# Phase to Projected Thickness

Phase image  $R_2=4.26\text{m}$ ,  $E=33\text{keV}$

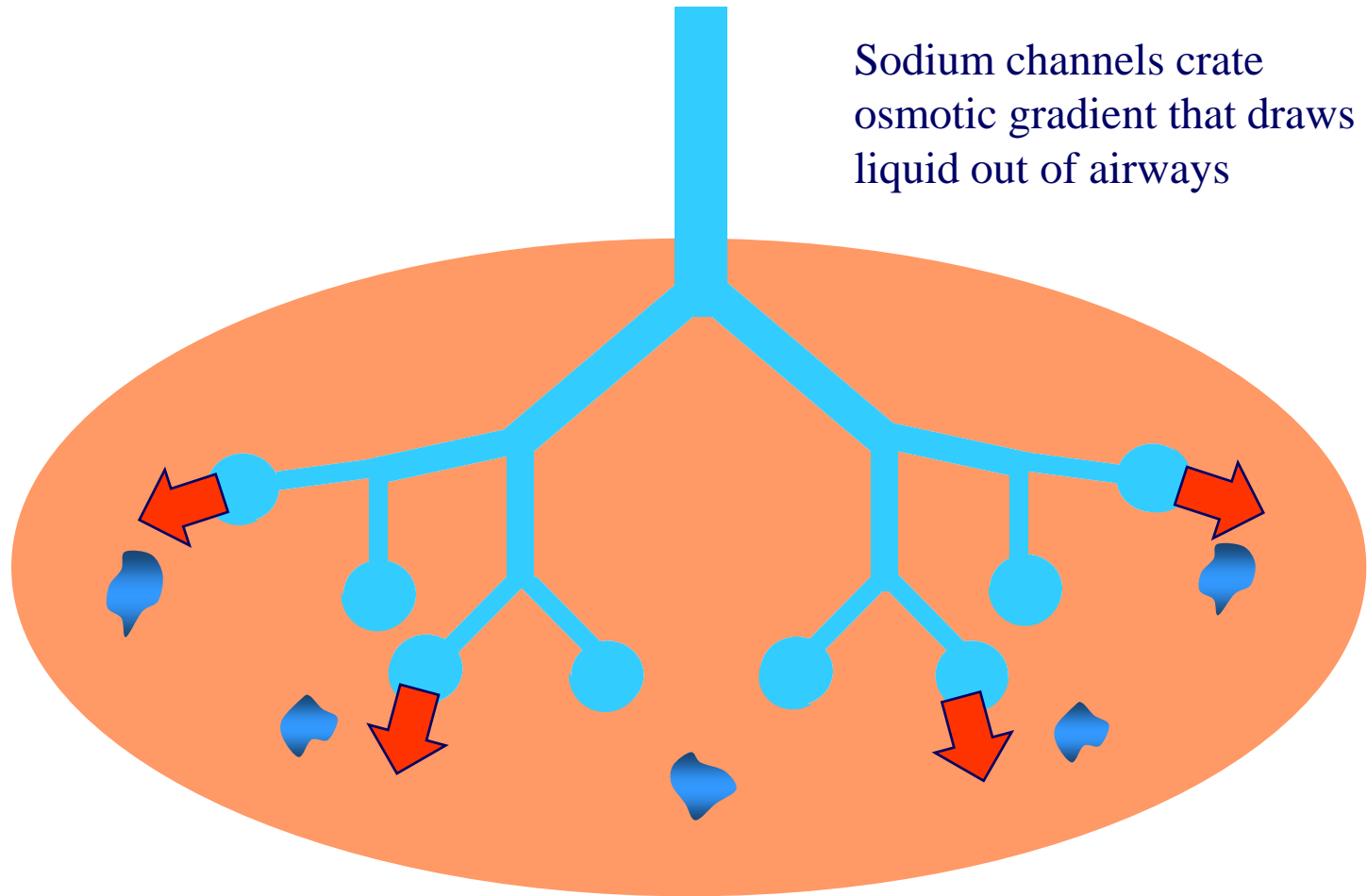


Projected thickness



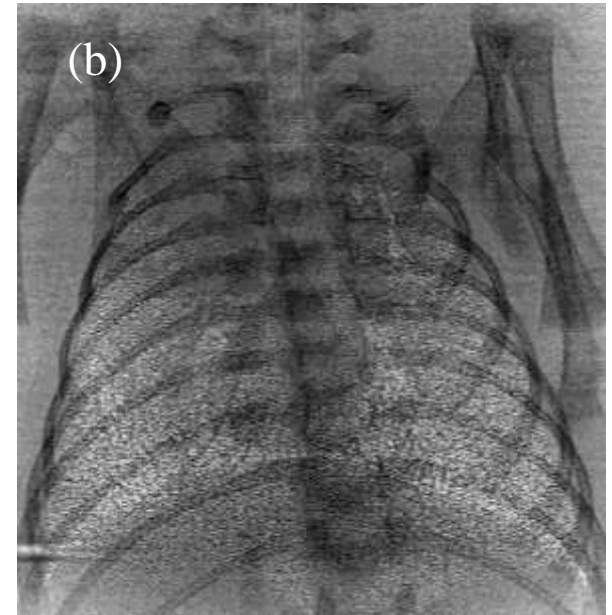
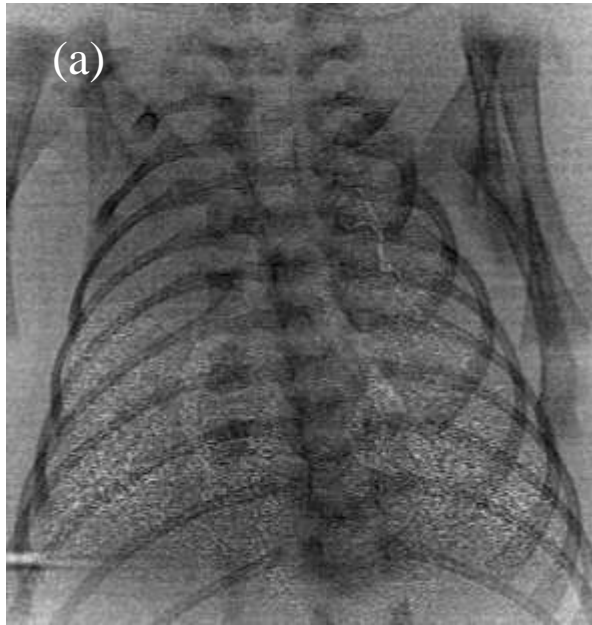
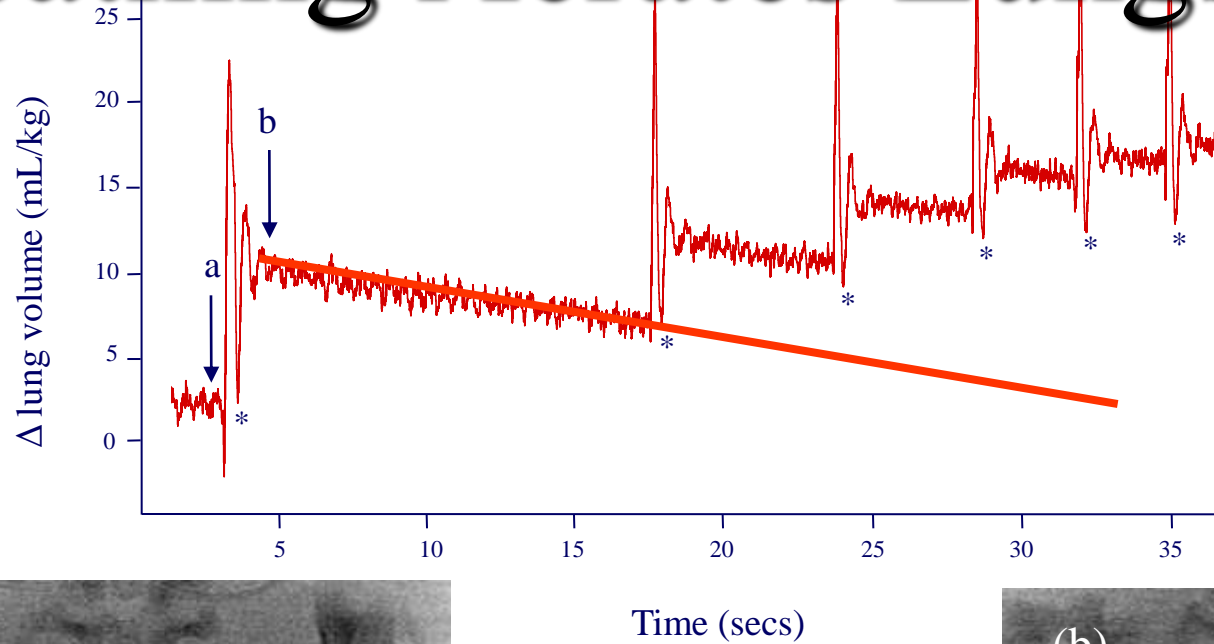


# Lung aeration: Airway liquid clearance



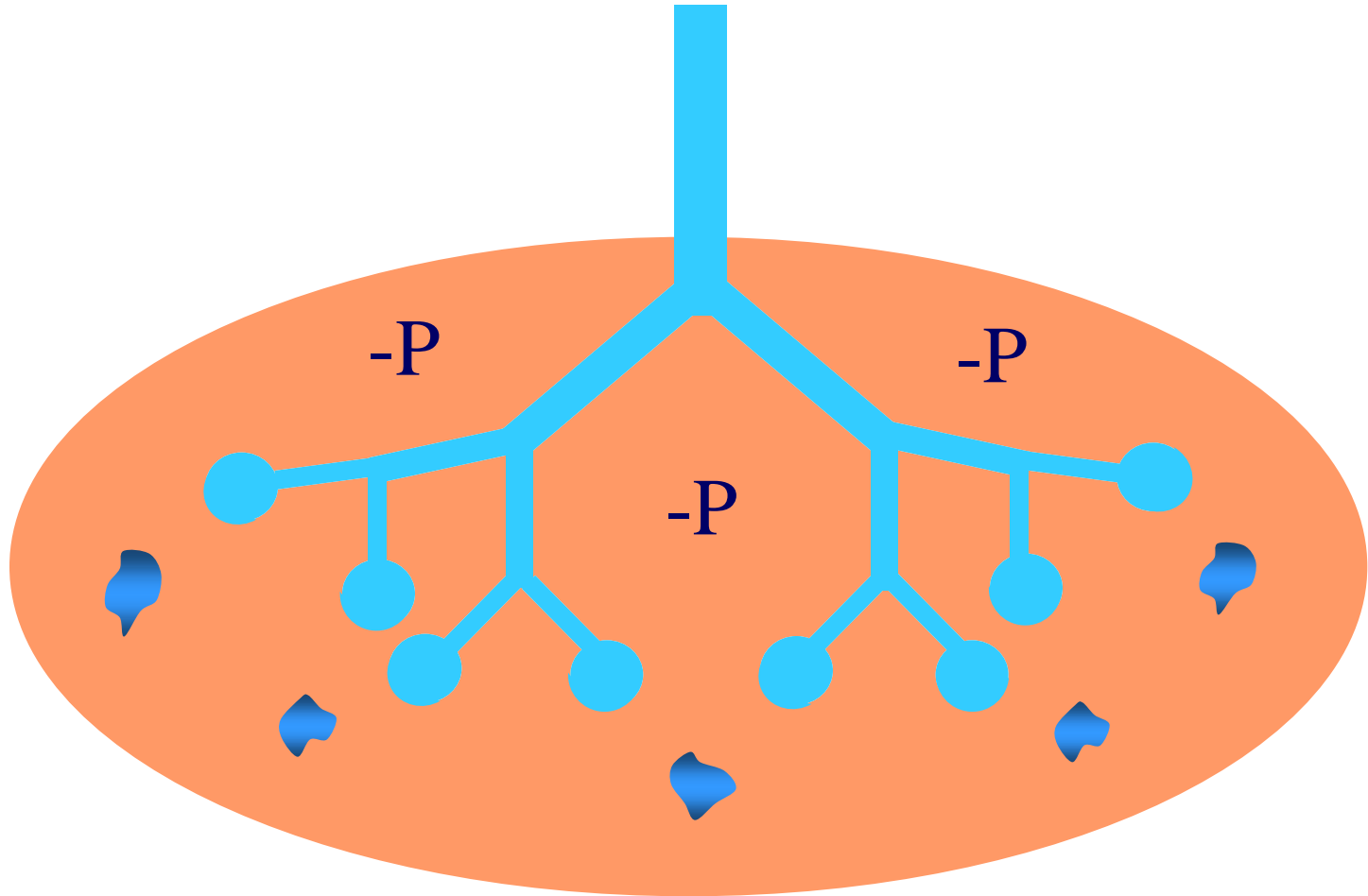


# Breathing Aerates Lungs



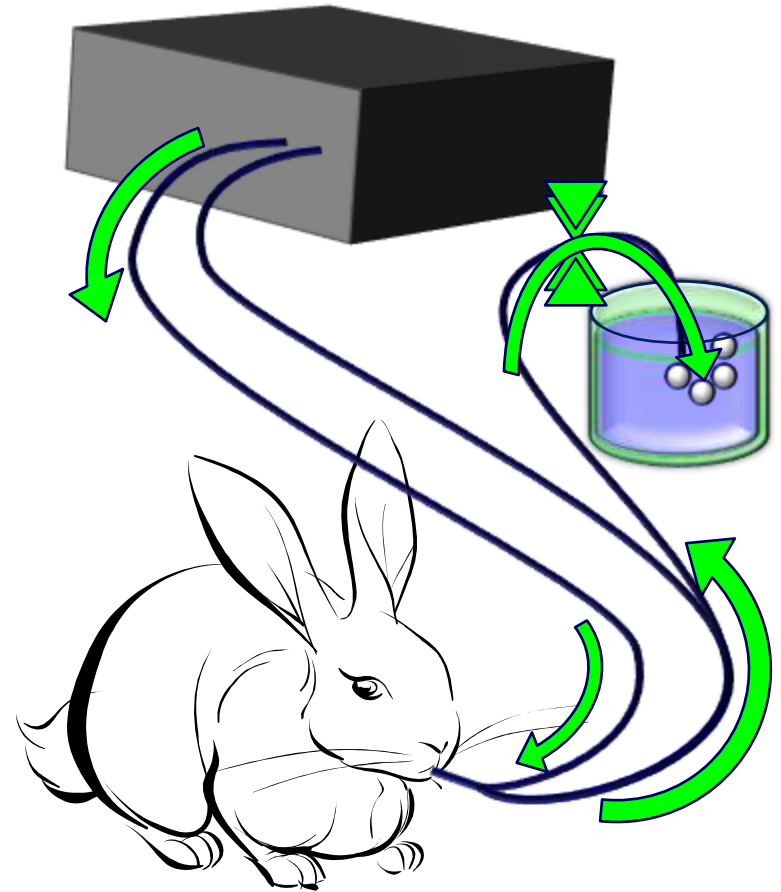
# Lung aeration: Airway liquid clearance

Inspiration forces liquid out of airways

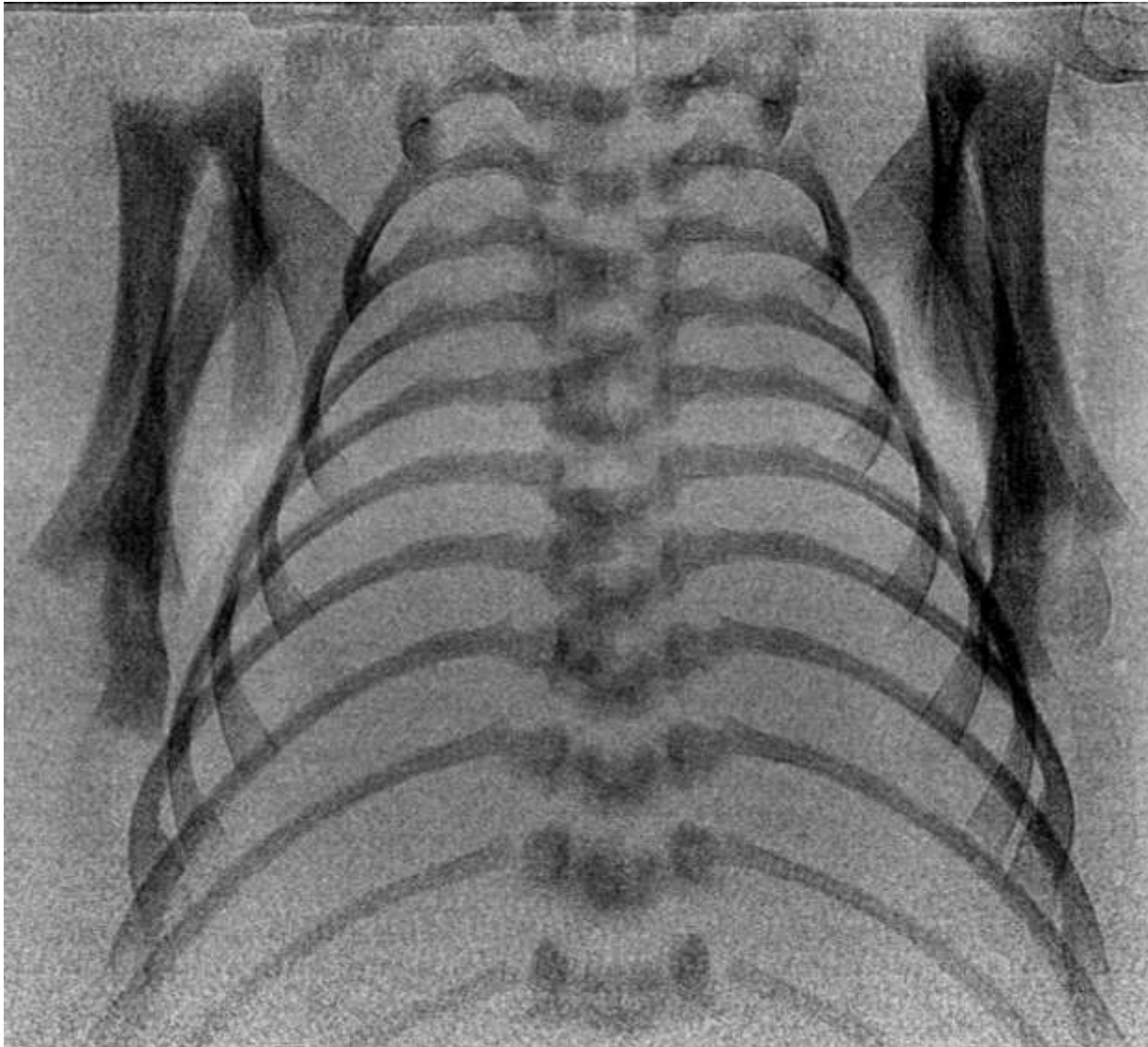


# Medical Relevance

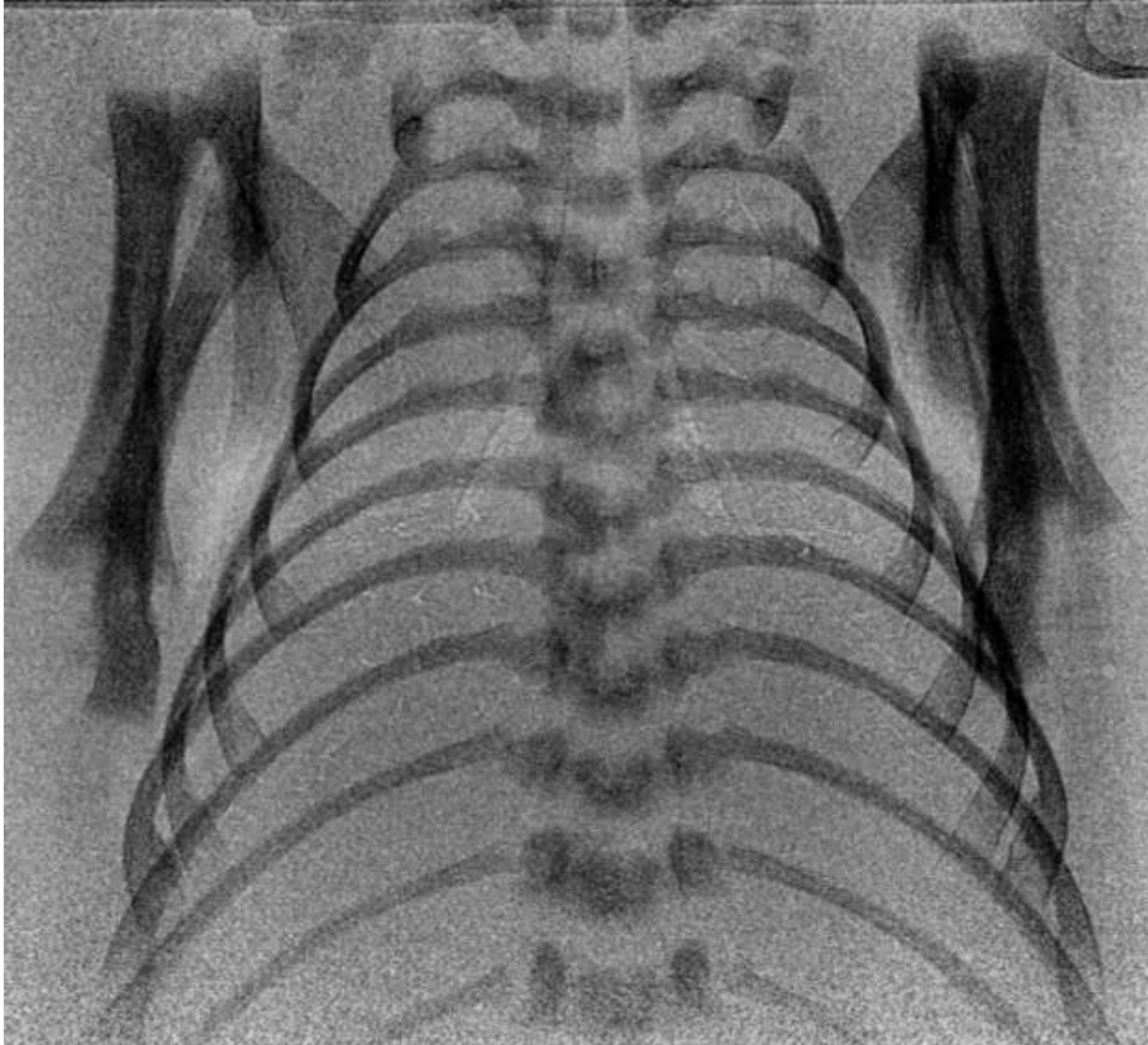
- Respiratory Ventilation
- Positive End Expiratory Pressure (PEEP) is used in some hospitals as it is thought to help
- It is currently excluded from international resuscitation guidelines for ventilating infants due to lack of evidence



# Rabbit Pup: No PEEP

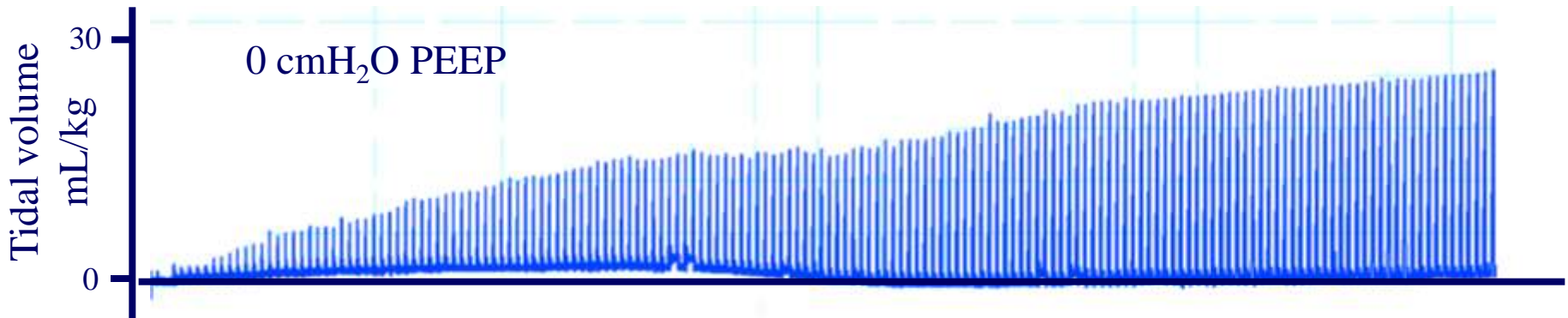
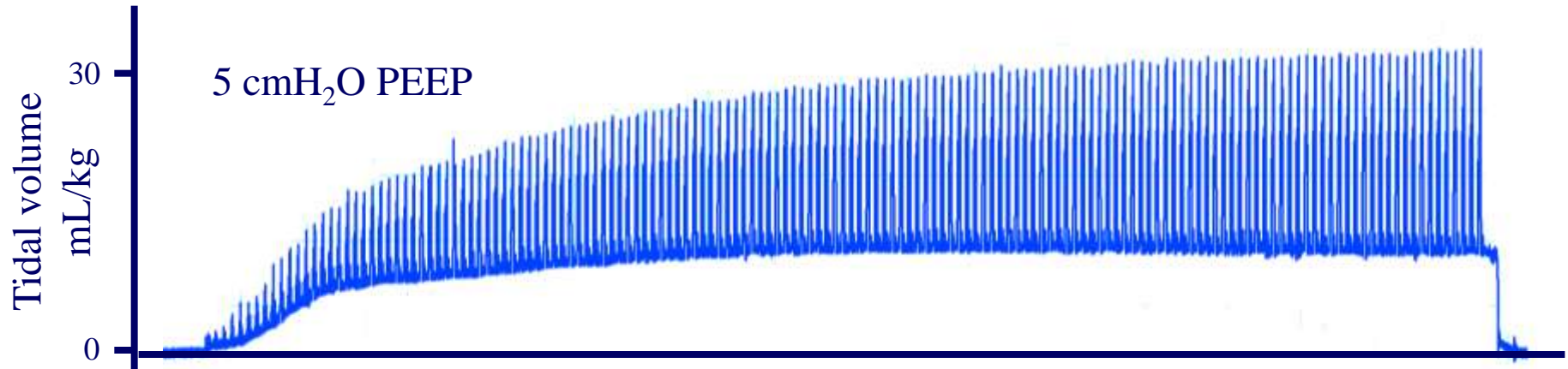


# Rabbit Pup: With PEEP



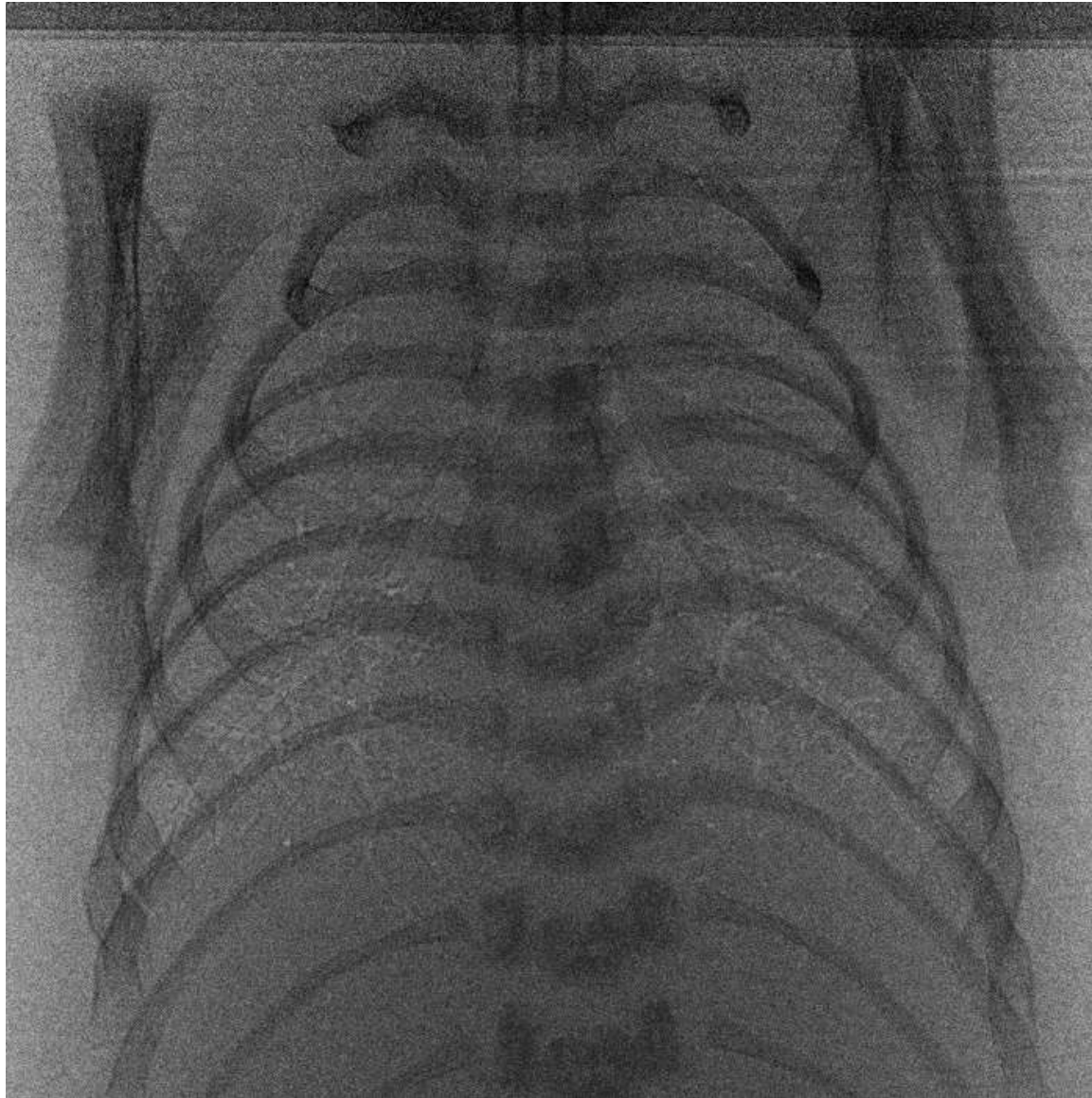


# Effect of PEEP in Ventilated Preterm Rabbits

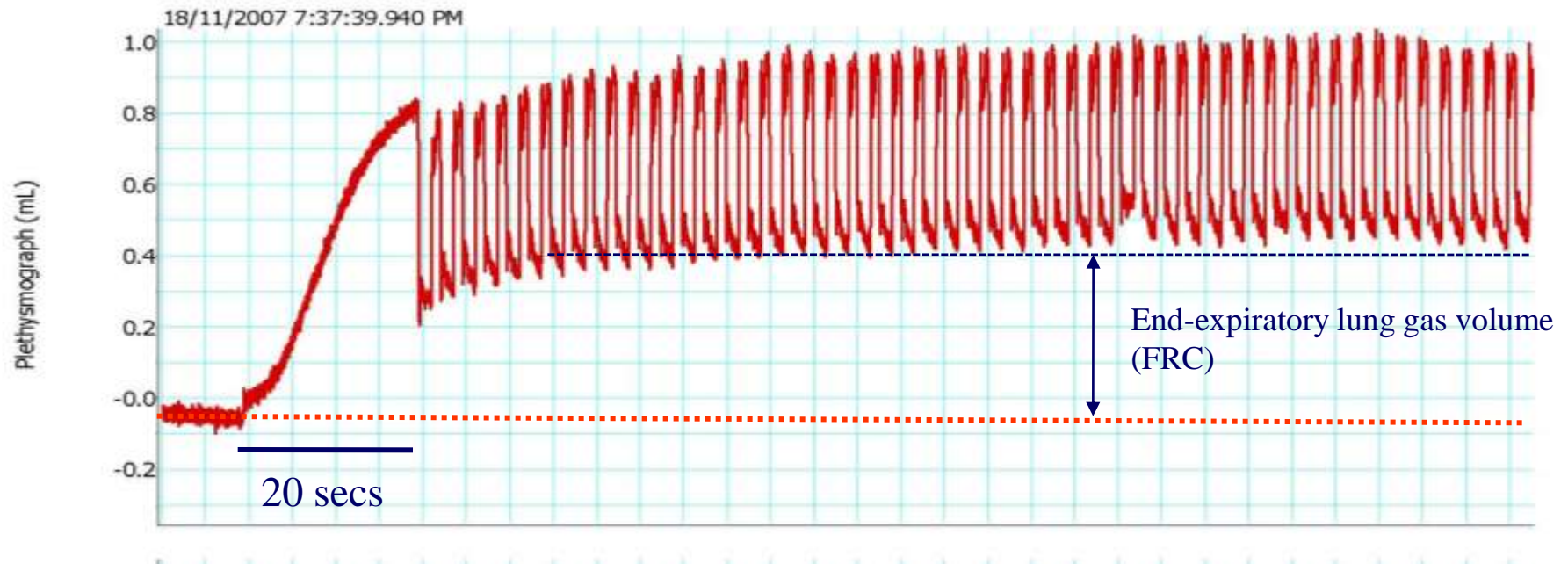




# 20sec First Inspiration



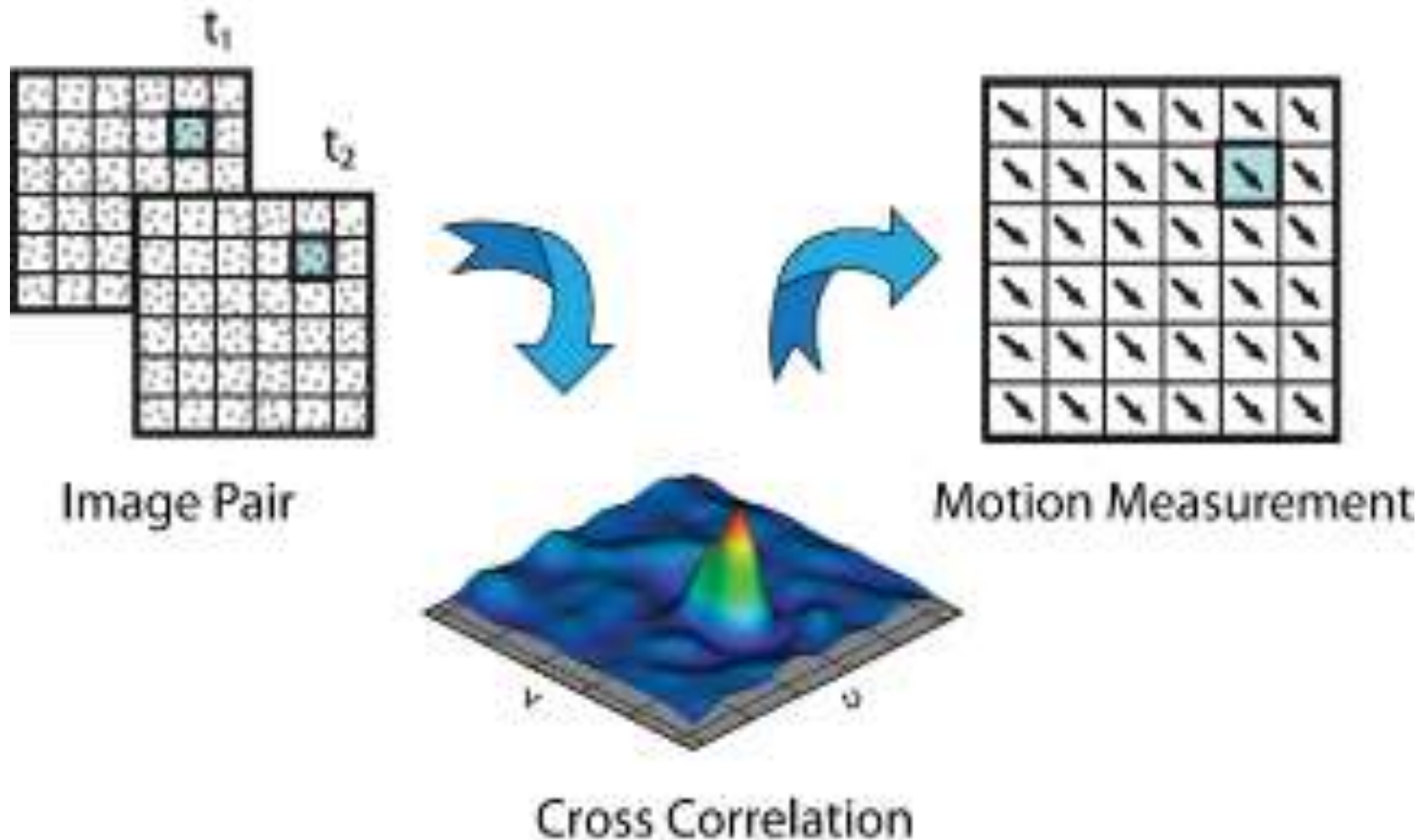
# Long First Inspiration



20 sec long inspiration  
5 cmH<sub>2</sub>O PEEP

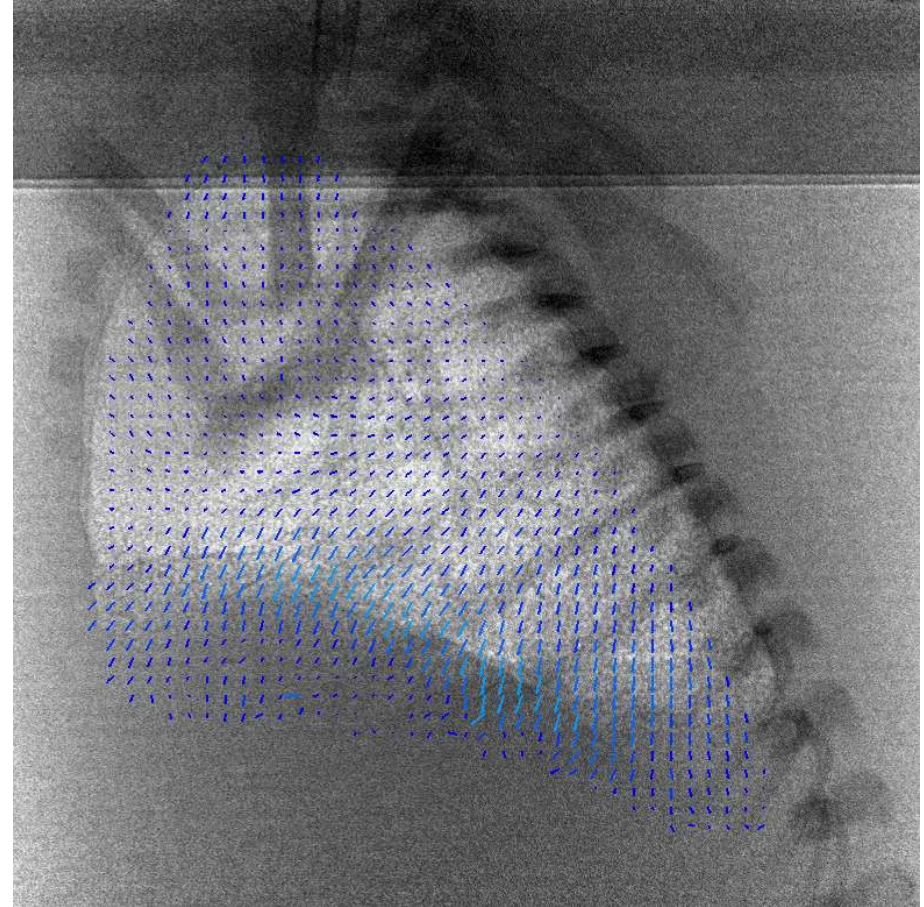
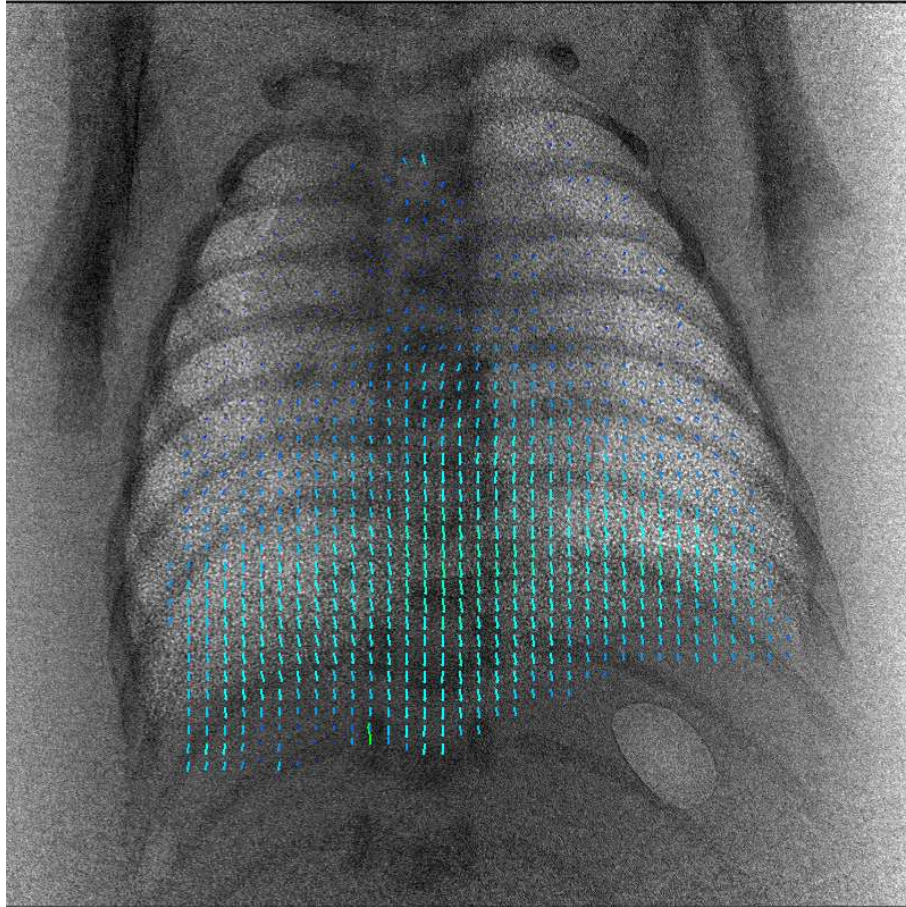
# Measuring Lung Motion

- Particle Image Velocimetry detects speed & direction of particle (lung) motion





# Particle Image Velocimetry





# Disease Detection

Plots of regional compliance, calculated from motion maps in mouse lungs



Healthy Lung, showing uniform compliance



Fibrotic lung, showing regional differentiation of compliance

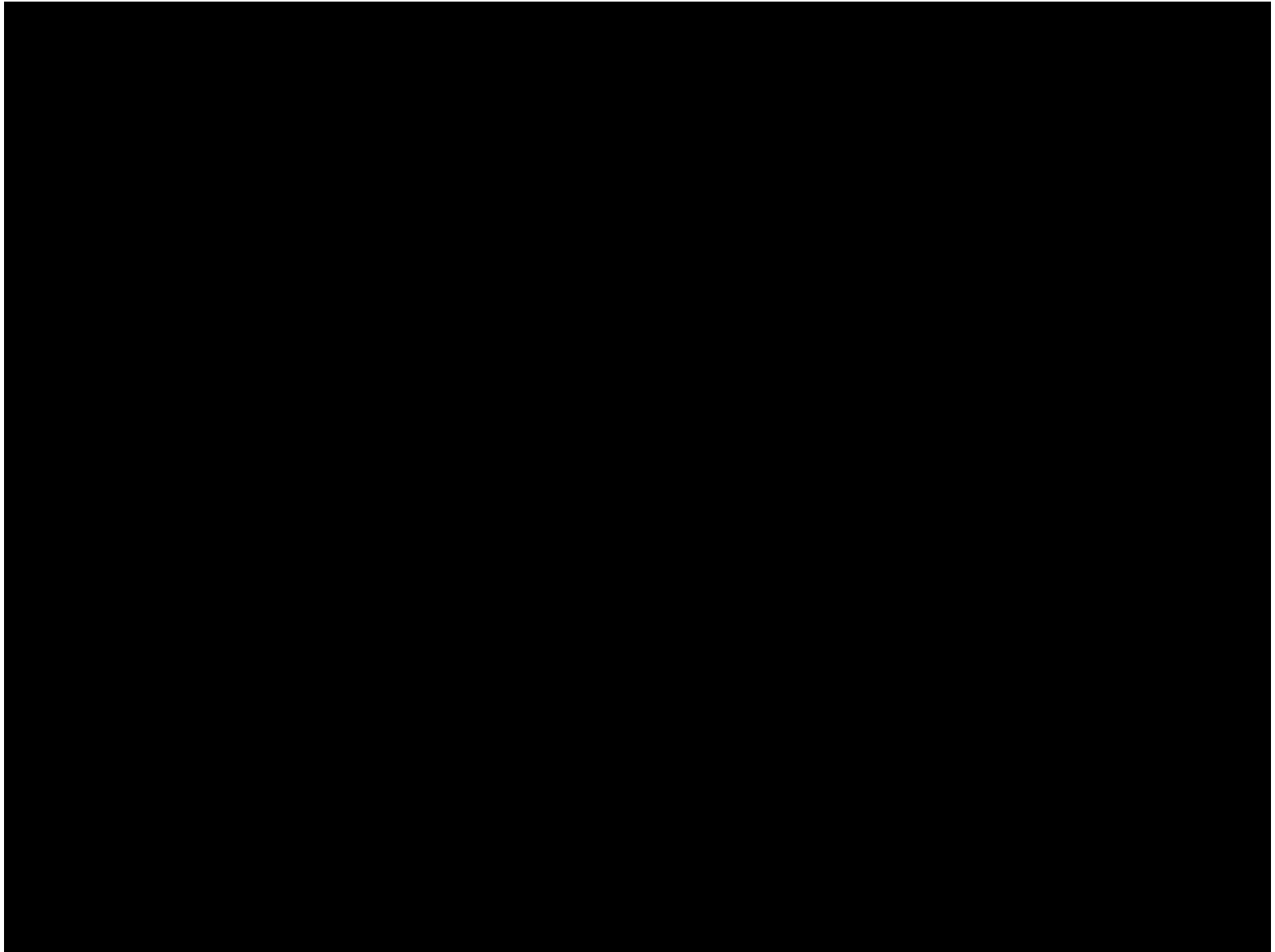


# Moving to 4 Dimensions

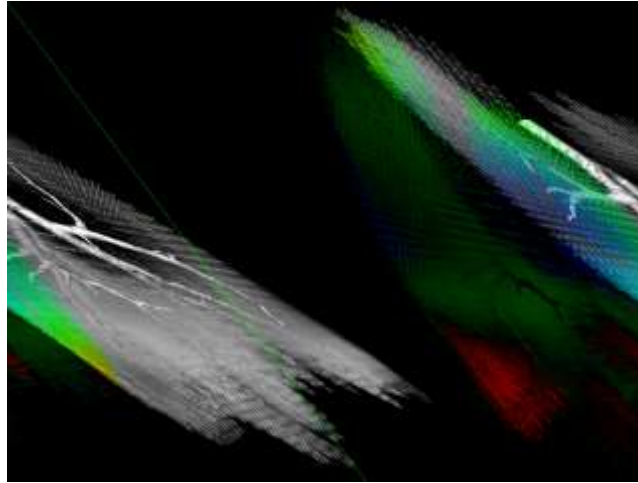
- Use controlled repeated breaths and rotate animal
- Select same point in breath for each rotation angle of animal
- Reconstruct CT image for each point in the breath



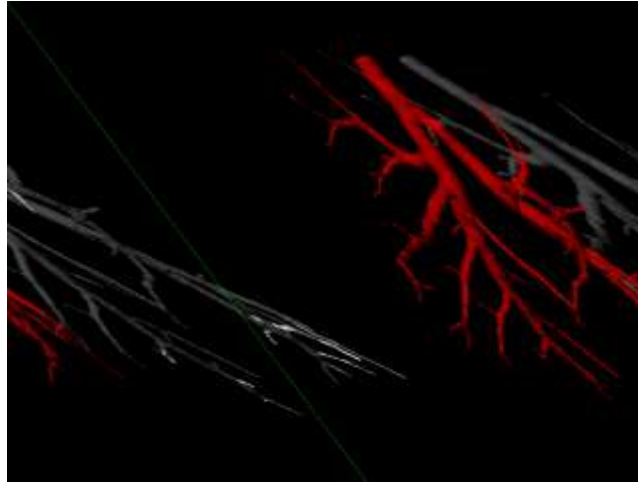
# Whole Breath Lung Morphology



# 4D PIV

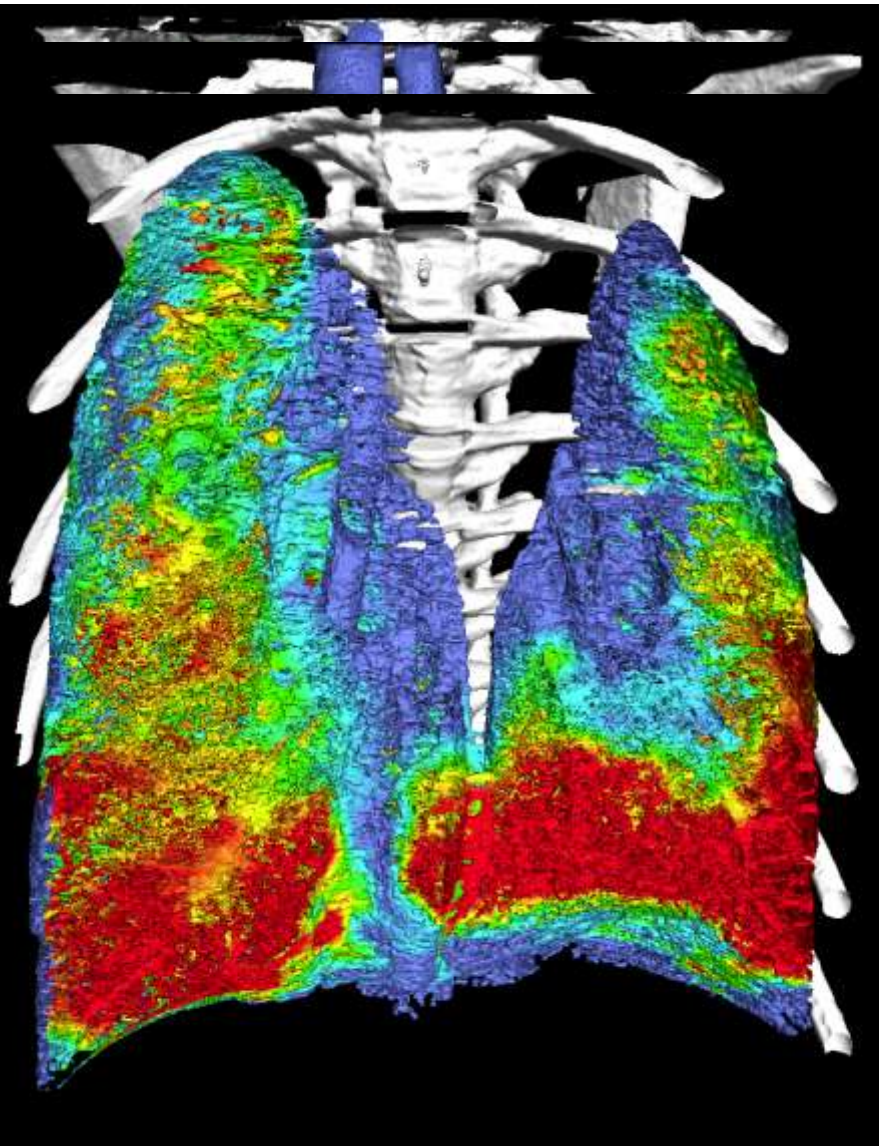


# 4D Flow



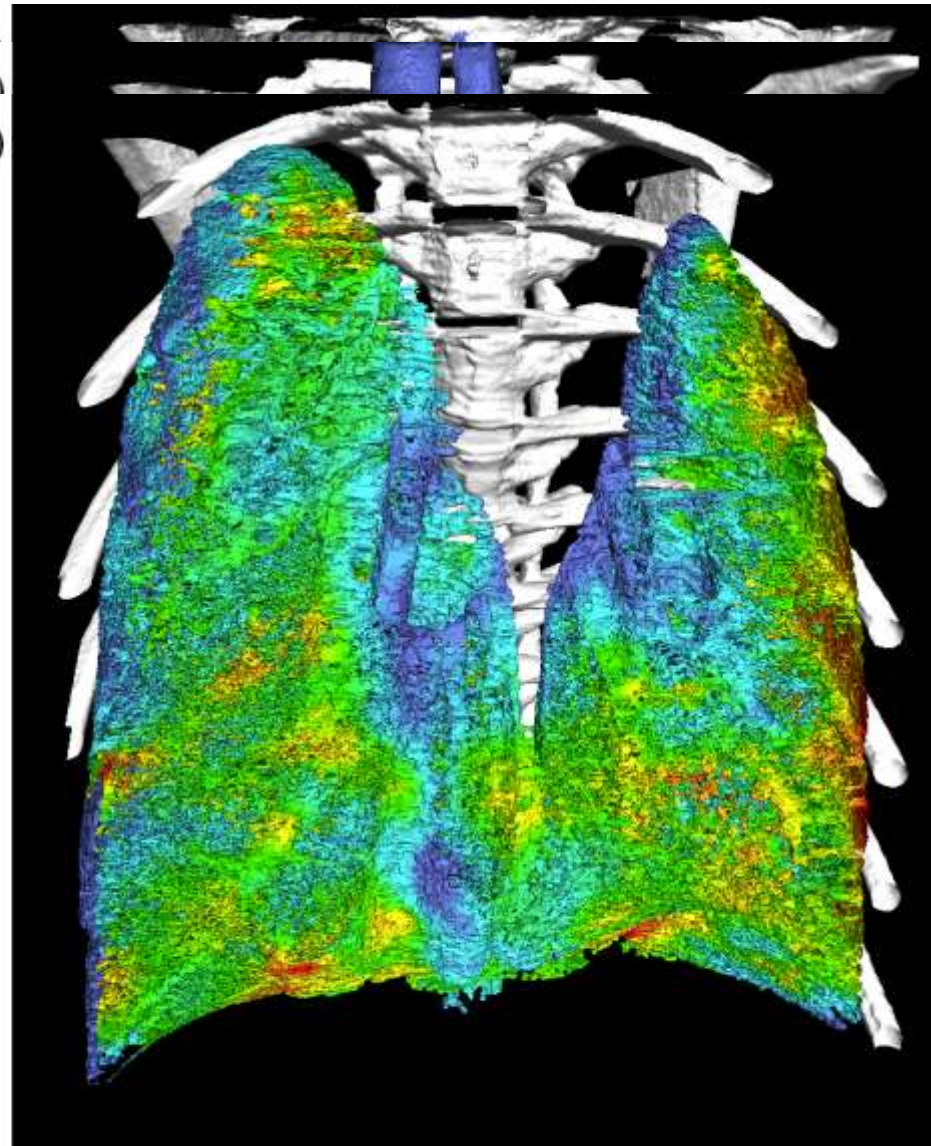


# Asthma — detecting bronchoconstriction



Control

L  
h  
b)



Methacholine



# Simultaneous Phase Imaging and Angiography



# Videos used to train Doctors

About us - Victorian Newborn Resuscitation Project - Windows Internet Explorer

http://www.neoresus.org.au/pages/index.php

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## Welcome

Welcome to NeoResus, the official web site of the Victorian Newborn Resuscitation Project and the gateway to the online learning resources for the NeoResus training programs.

NeoResus is a specialized training program that has been designed to standardize the way in which newborn resuscitation is taught in Victoria.

The NeoResus program comprises two skills based, teamwork focused training programs: **First Response** and **Advanced Resuscitation**. These face-to-face, multidisciplinary training programs are supported by online, evidence-based learning modules, which are completed by all program participants.

This web site provides NeoResus program participants with access to the online learning material. There is also a resource section specifically for NeoResus program Facilitators, whom we will be actively recruiting and training in 2010.

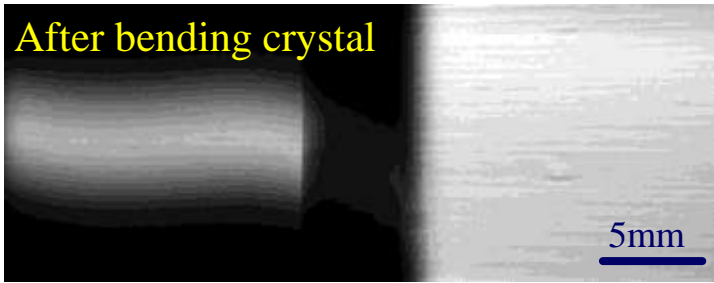
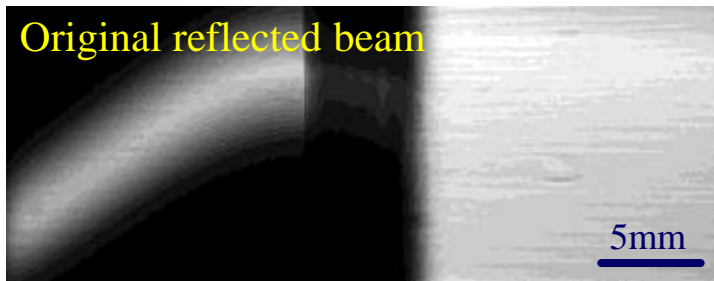
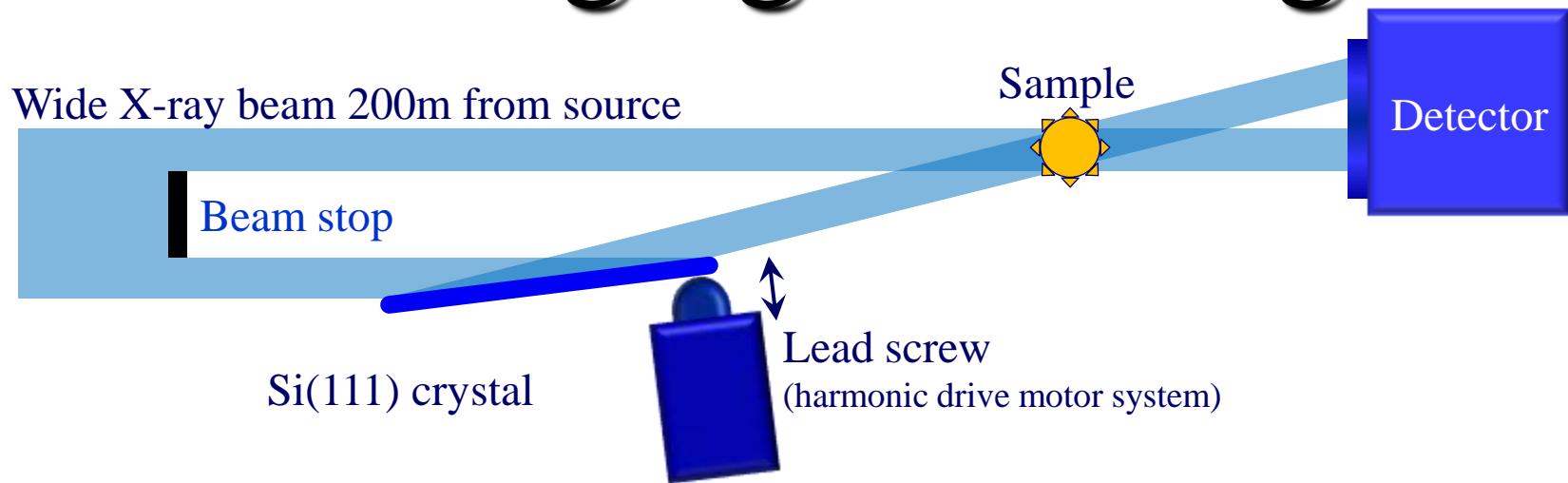
Since May 2008, with funding from the Department of Health, members of the Victorian Newborn Resuscitation project team have been working in collaboration with Australia's leading neonatal resuscitation researchers and scientists to develop and implement the NeoResus program. We welcome your feedback on our site.

*"An uncompromised newborn infant may take up to ten minutes to look pink without supplemental oxygen. This is normal" ARC, 2006*

# Major Issues: Technical

- Static beam greatly limits 4D imaging (x, y, z, t)

# Stereo imaging at SPring-8



- Distorted reflected beam a result of...
  - ◆ Vertical energy dispersion of monochromator
  - ◆ Vertical and horizontal spread of X-ray beam.
  - ◆ Deformation of first crystal in monochromator by heat load
- Corrected by
  - ◆ Bending silicon crystal by pushing one end with screw while keeping the other end fixed (see figure)

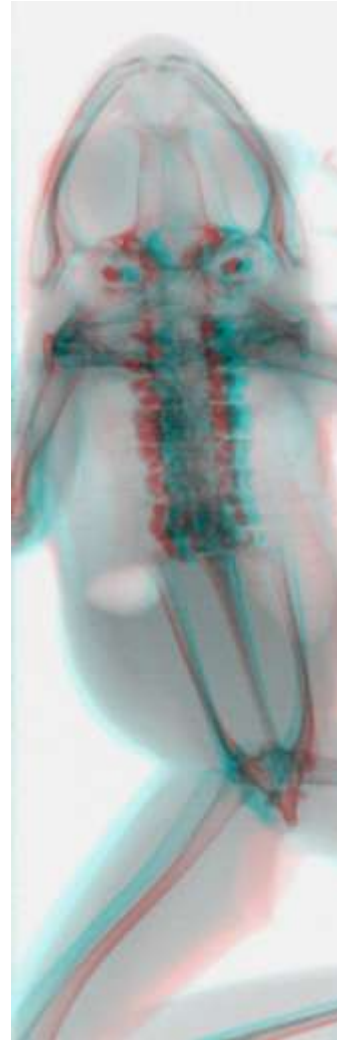


# X-ray Stereo Imaging



X-ray stereo image

5mm

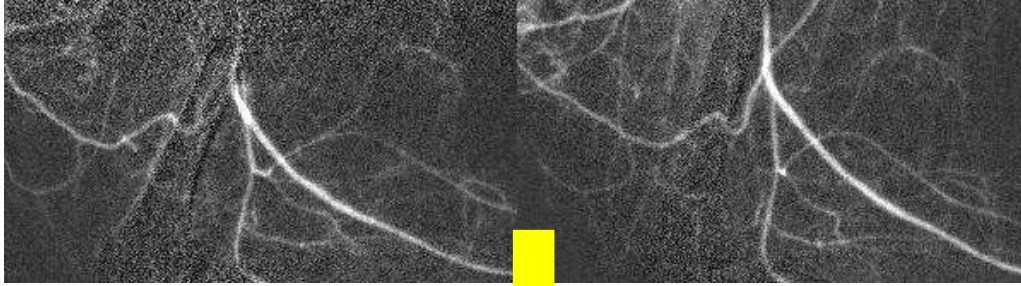


Anaglyph

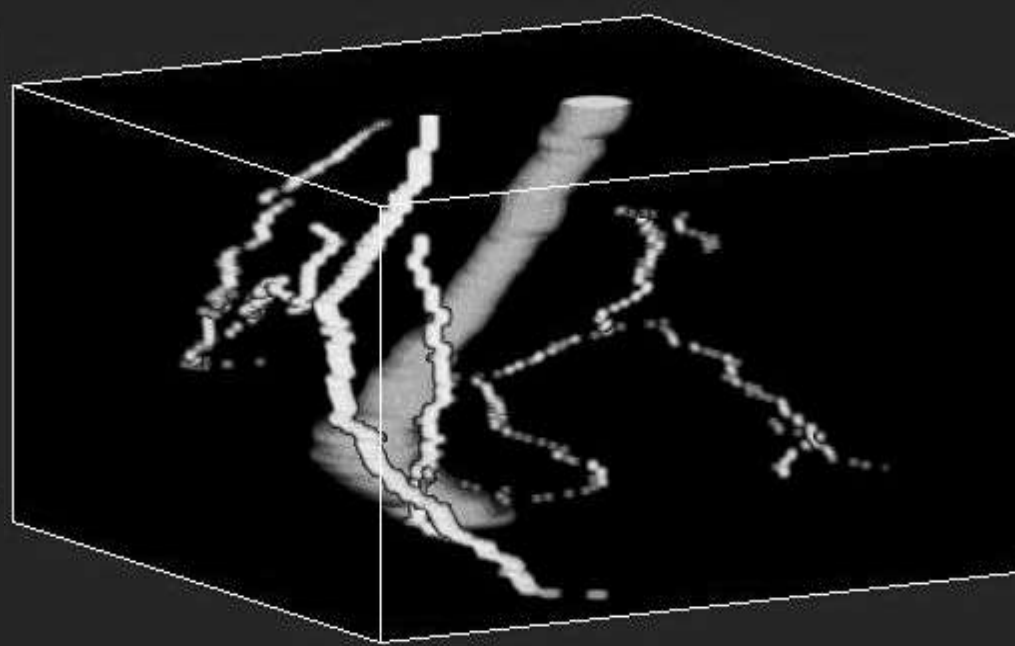
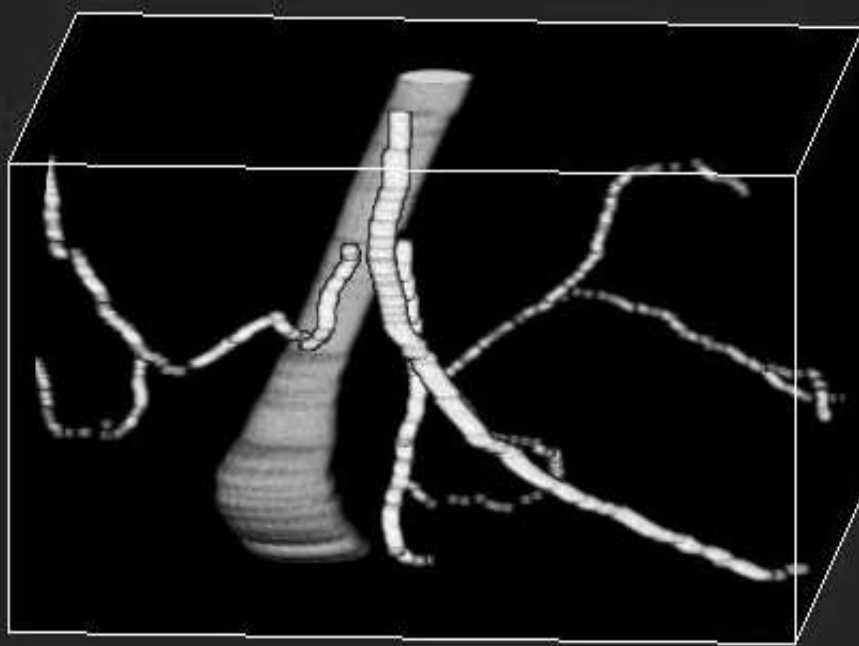
- Live Frog (*Rana japonica*)
- CCD Frame rate: 20Hz
- X-ray energy: 15keV
- Sequential images were acquired whilst vertically translating sample
- The images were combined digitally



# Time-Resolved 3D Imaging



The three-dimensional arrangement of femur and blood vessels was estimated from X-ray stereo angiography. The 3D quality is far from X-ray CT but sub-second time resolution possible



# Radiotherapy

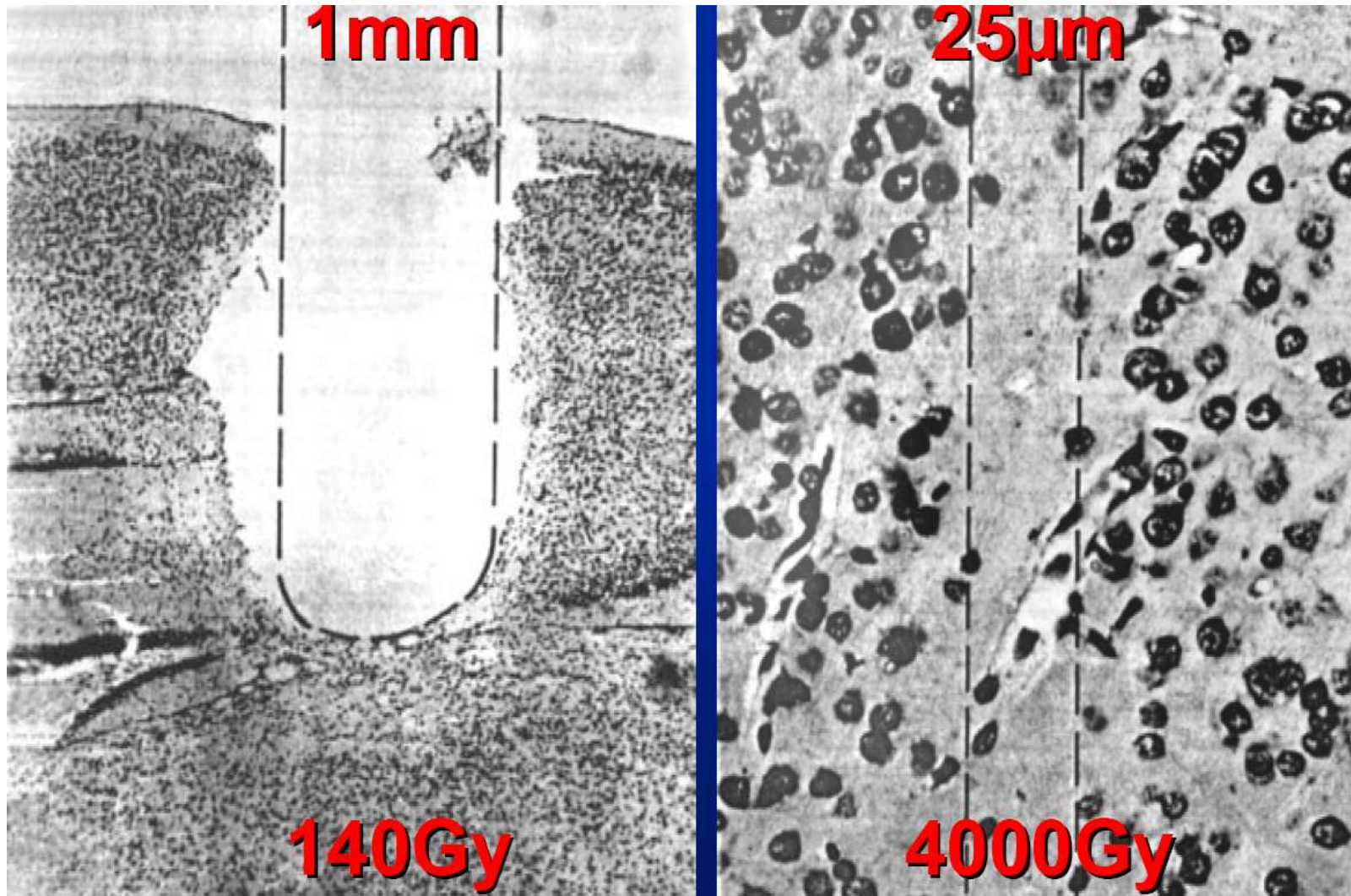
- The tumour can always be destroyed.....
- ...If we give it enough dose
- The question is.....
- ...Can we keep the patient alive and healthy whilst we do it?
- The radiation dose we can give to the tumour is limited by.....
- ..How much dose healthy tissue can tolerate whilst we try to zap the tumour

# Radiotherapy

- The radiation dose that can be delivered to the tumour is limited by.....
- ..The tolerance of the surrounding healthy tissue
- Conventional Therapy
  - ◆ Uses a LINAC (high energy X-rays several MeV)
  - ◆ Uniformly irradiates tumour

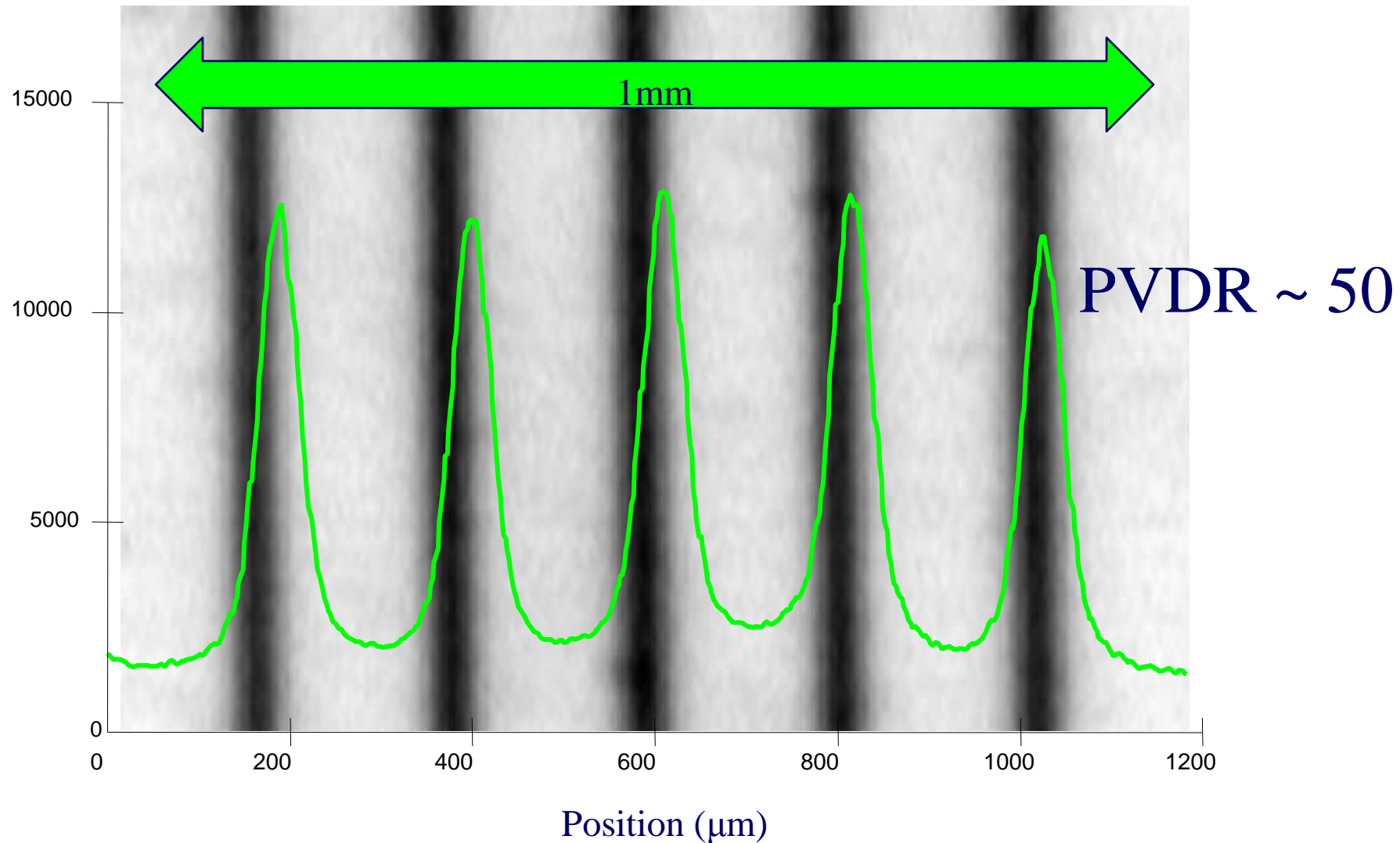


# Deuteron Beam: Mouse Visual Cortex



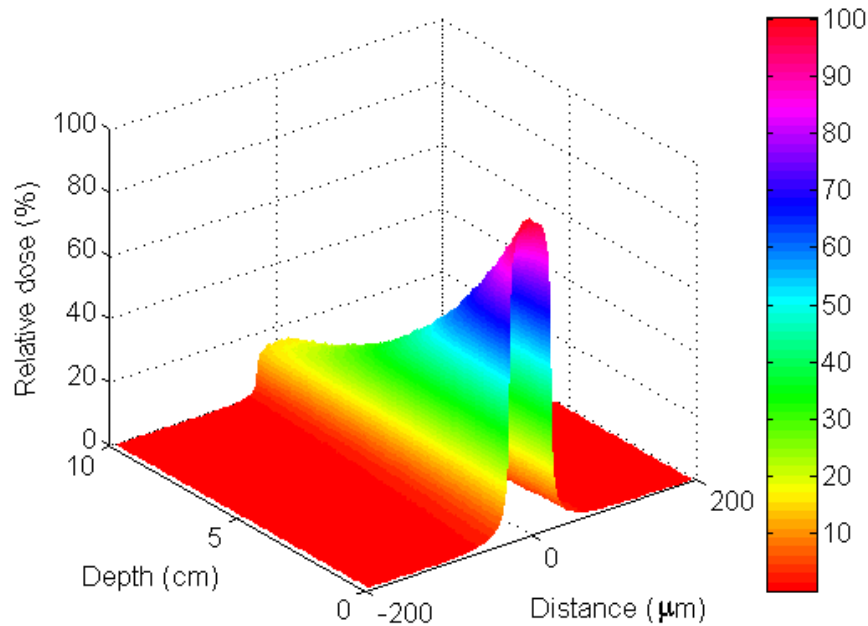


# Peak to Valley Ratios



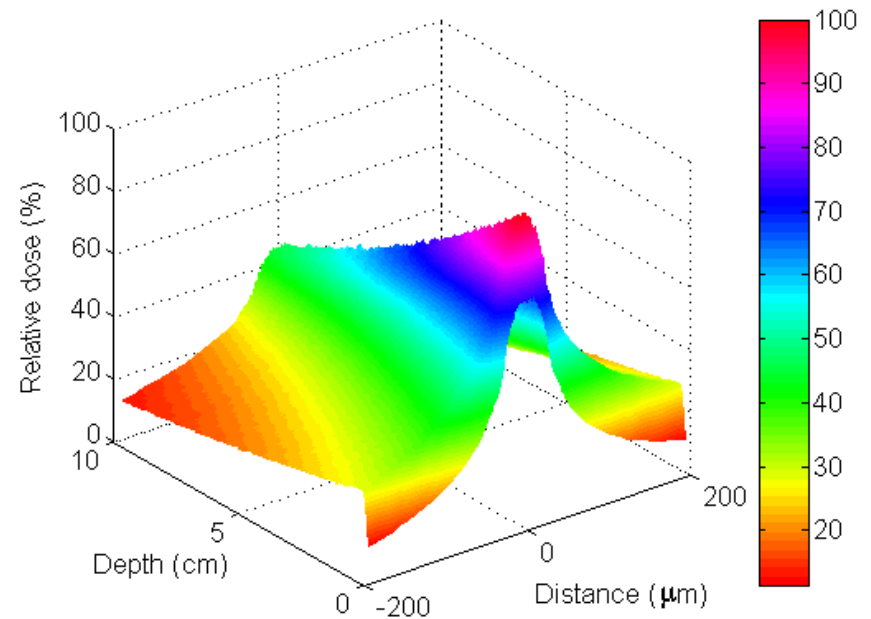


# Dose Depth Curves



**Synchrotron Spectrum (~100keV)**

**1 MeV**



# Loss of Pattern with Depth

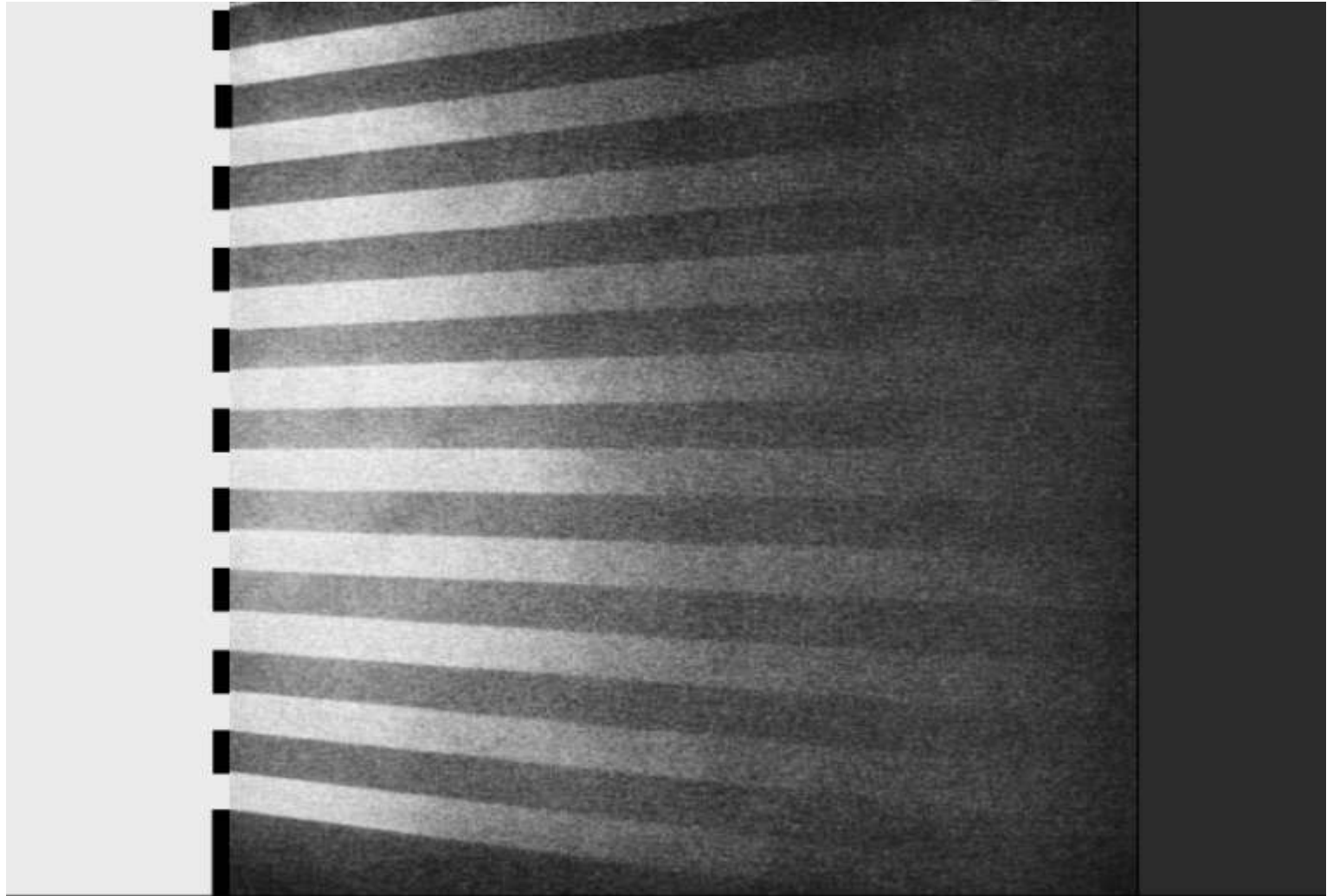
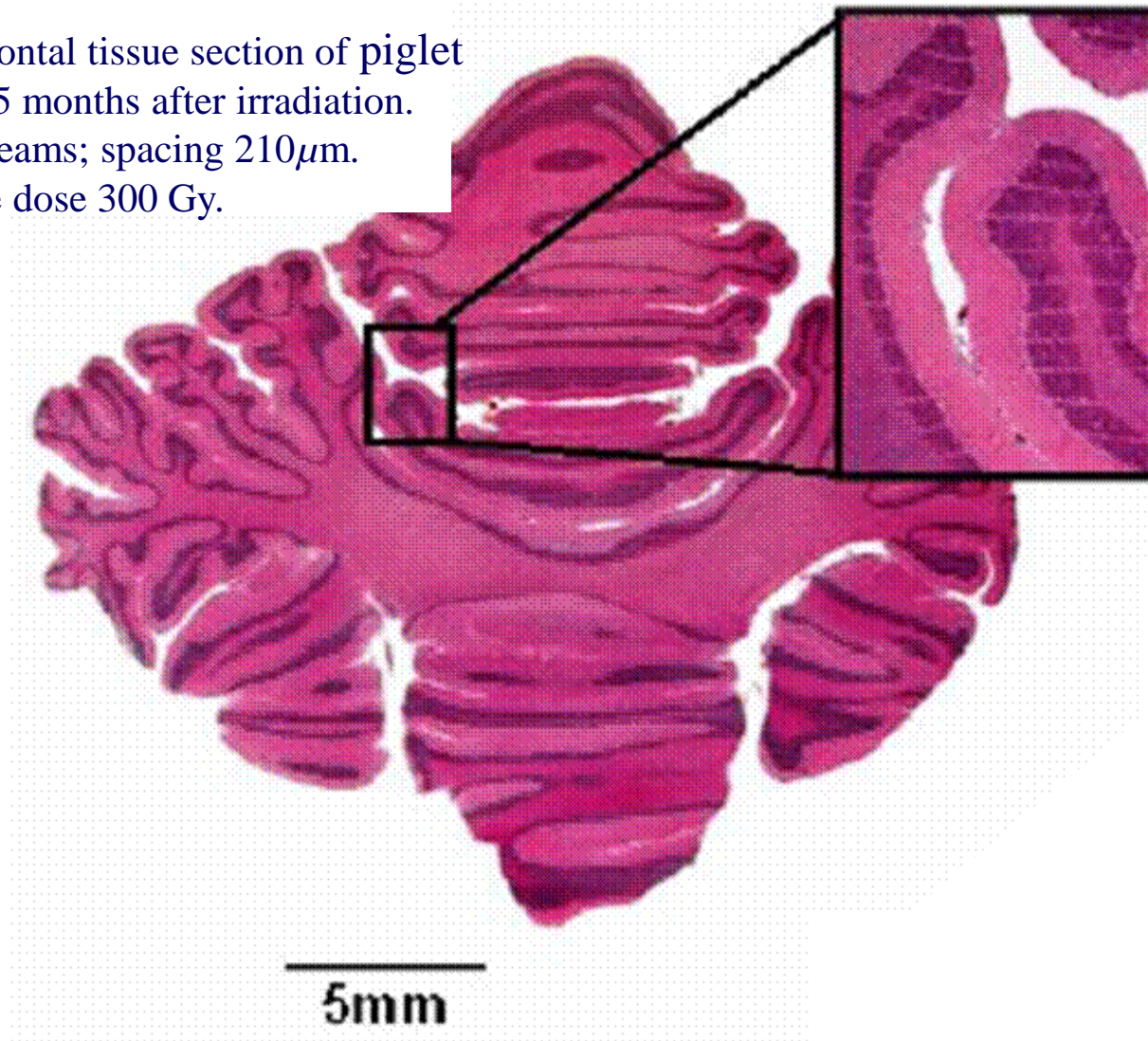


Fig. 43. Shafts of radiation through sieve fields showing divergence and obliteration of sieve pattern in depth

Jolles, 1953

# Piglets

Stained horizontal tissue section of piglet cerebellum 15 months after irradiation.  
25 $\mu$ m wide beams; spacing 210 $\mu$ m.  
Skin entrance dose 300 Gy.

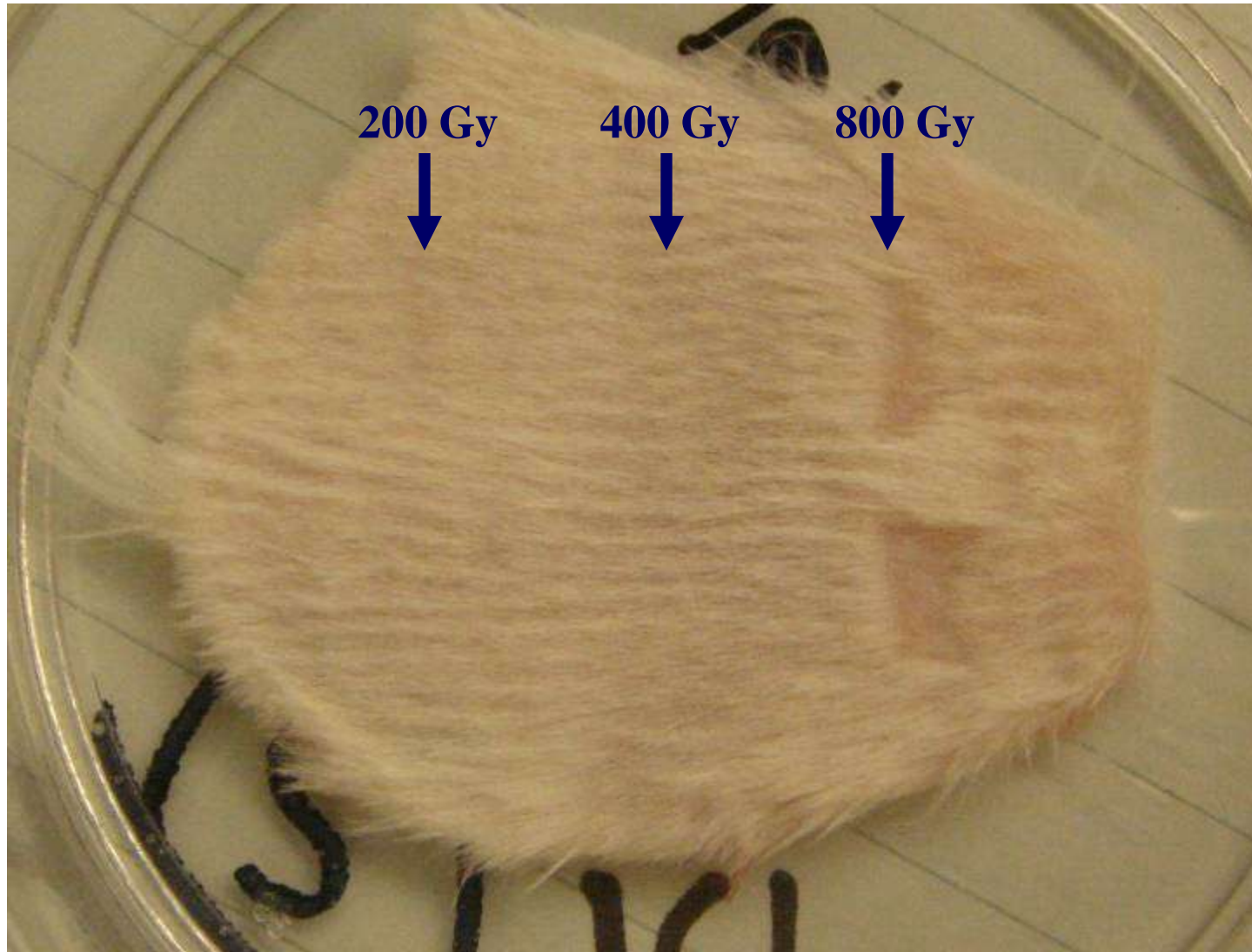


# MRT on Mice

- Radiobiology of MRT is not well understood
- An understanding of the radiobiology is crucial for the optimisation of MRT and for any clinical implementation
- Understanding MRT will also inform conventional radiotherapy
- Mice are by far the best characterised mammal
  - ◆ Many GM mouse models already available
  - ◆ Many assays have been developed

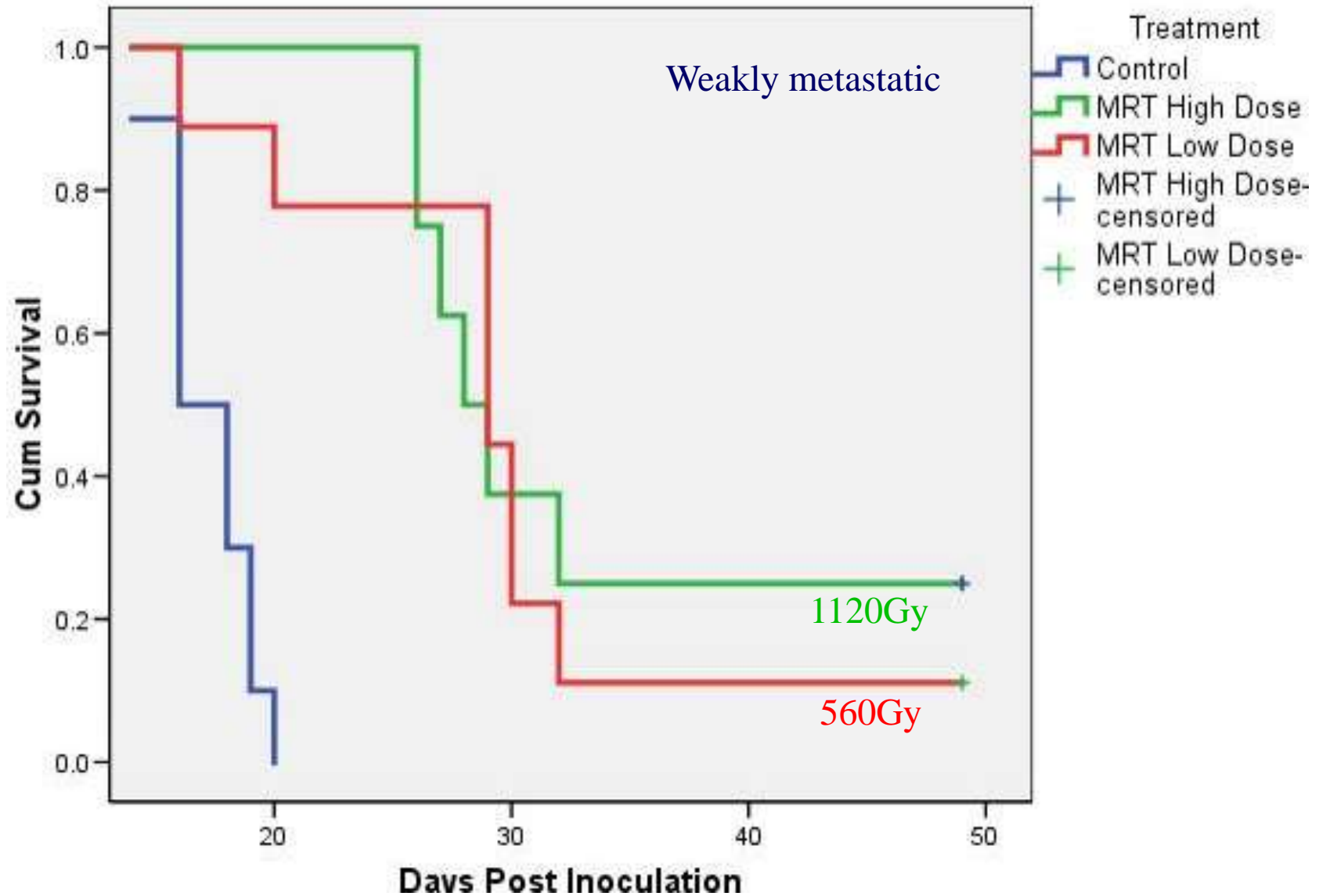


# Exfoliation

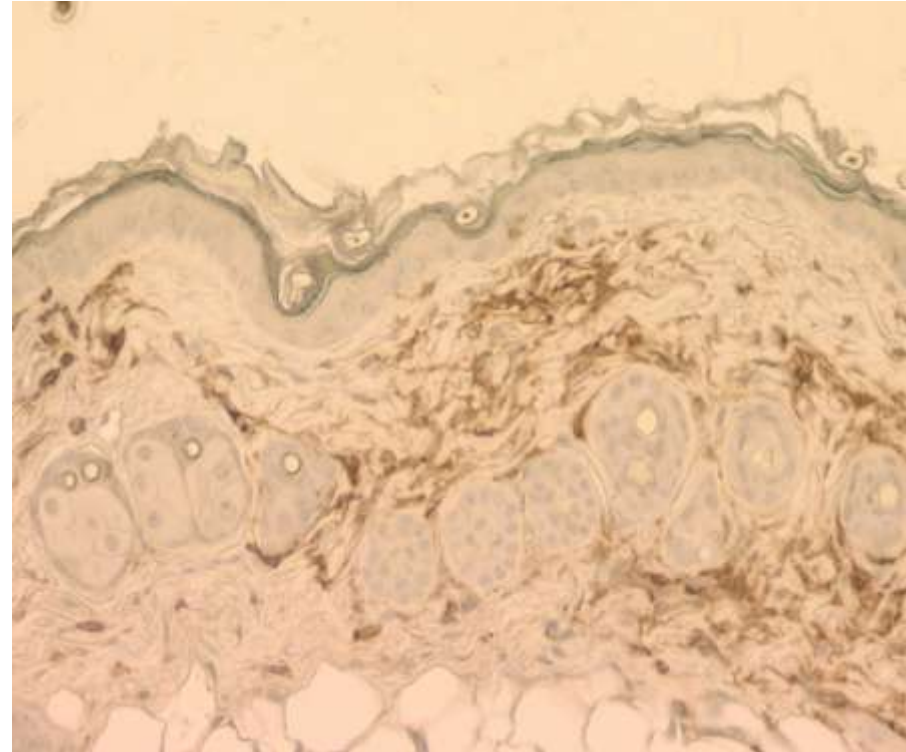
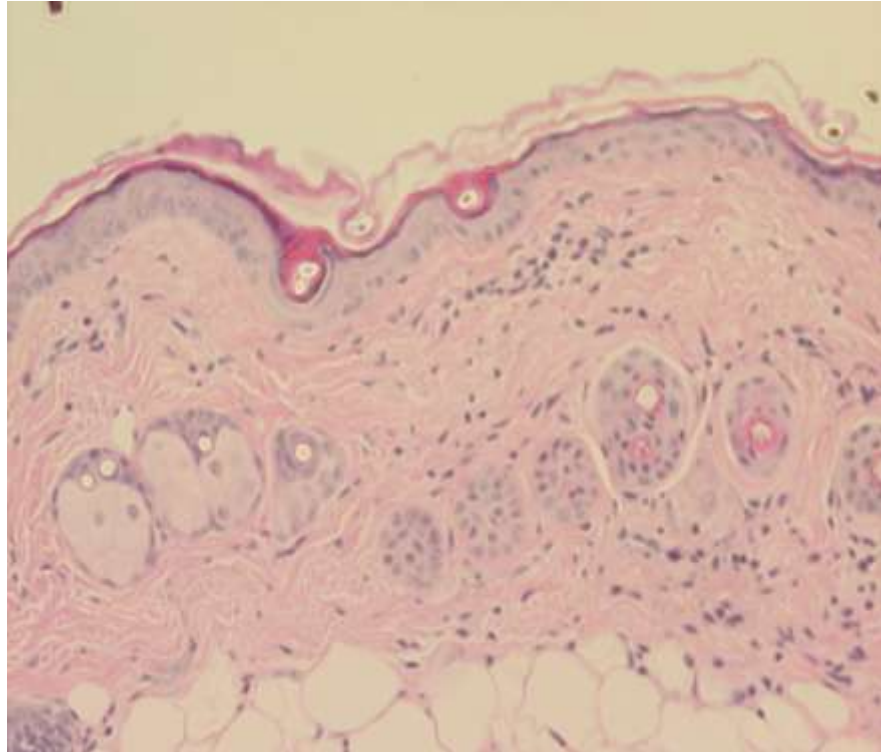




# Survival Fractions EMT 6.5

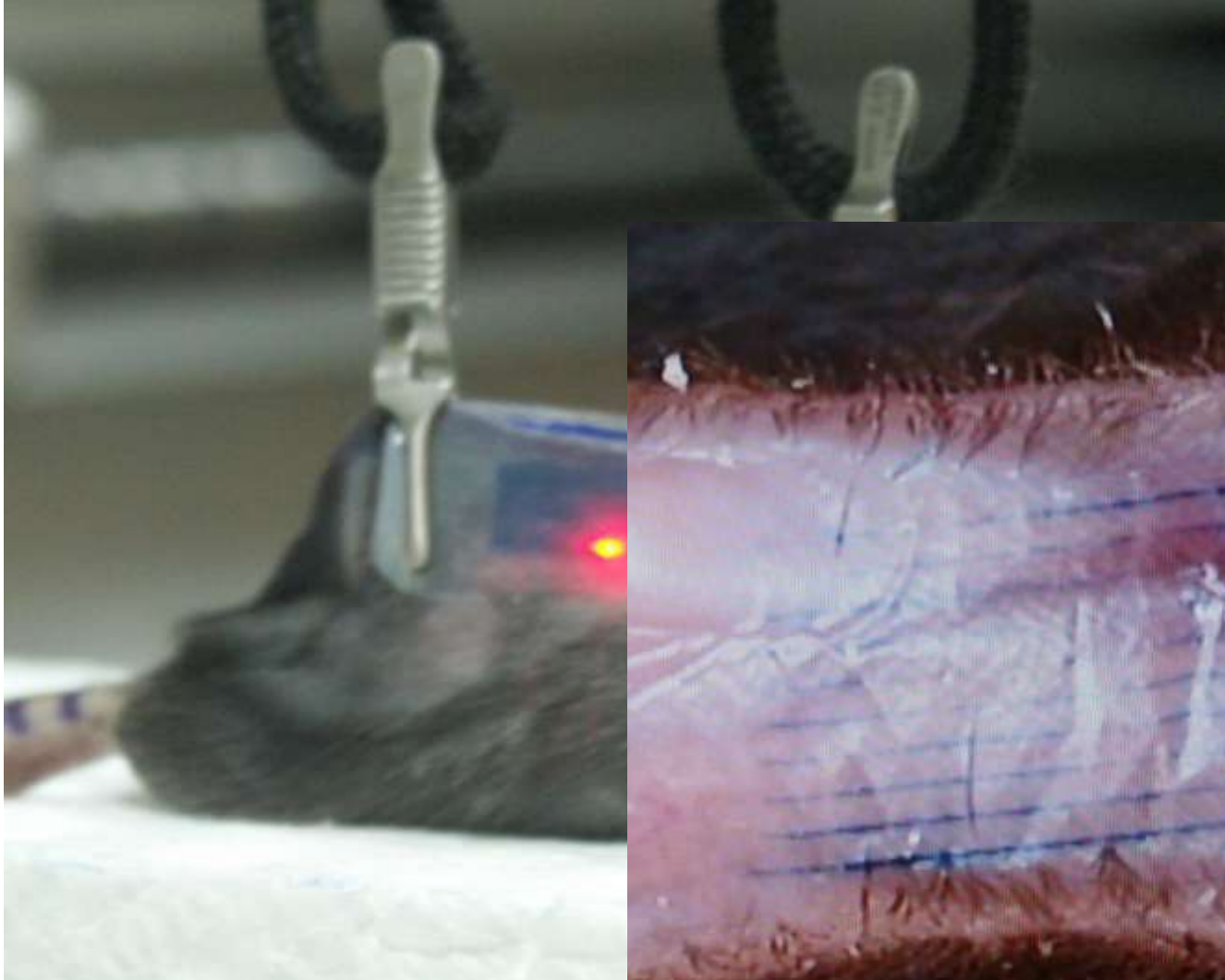


# Results - Immunohistochemistry



- H&E and CD45 Leukocyte Common Antigen (LCA) Staining of MRT-irradiated Mouse skin 5.5 days PI (x 100)
- Intact hair follicles & sebaceous glands

# Using Radiochromic Film to Locate Microbeams

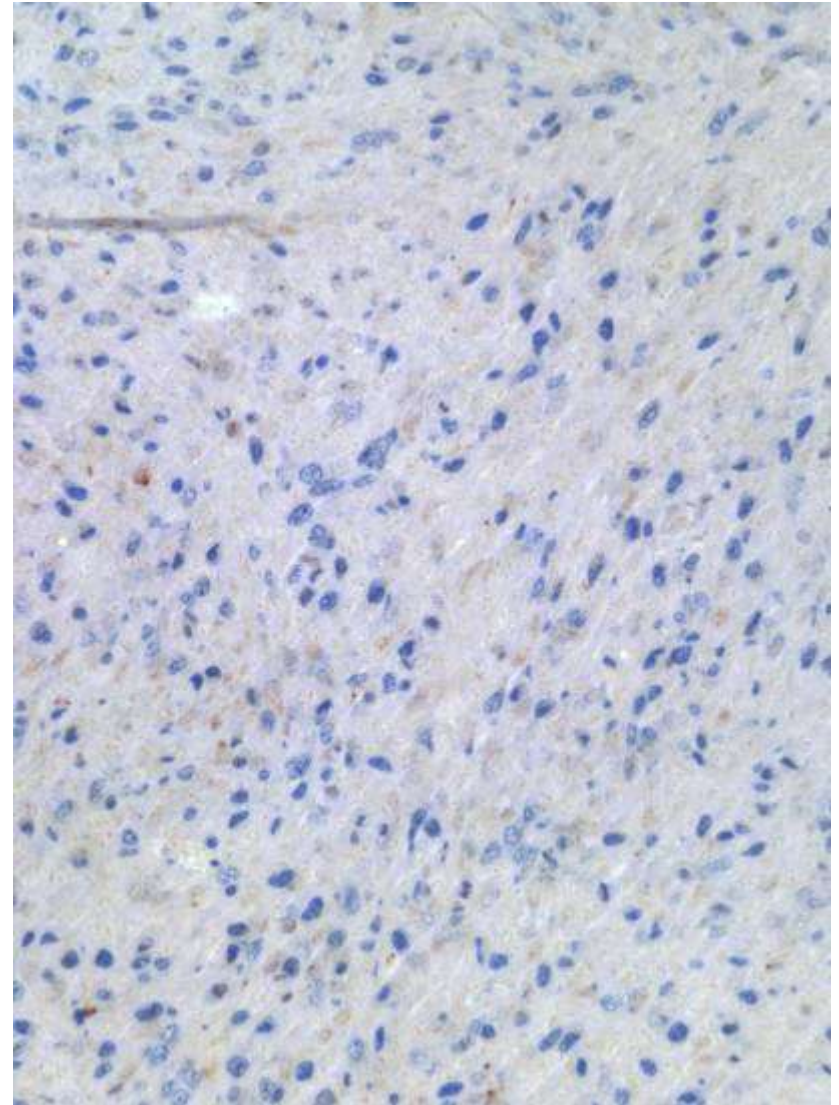
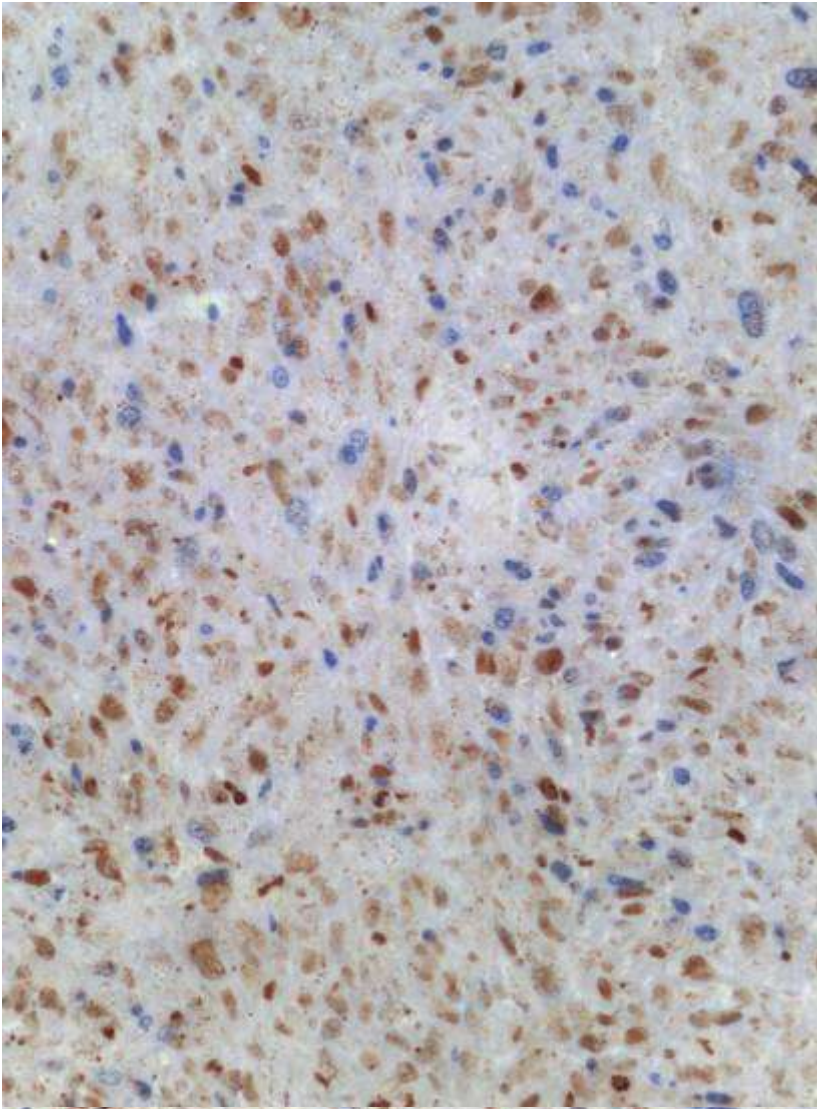




# $\gamma$ H2AX/BrdU IHC post 560 Gy

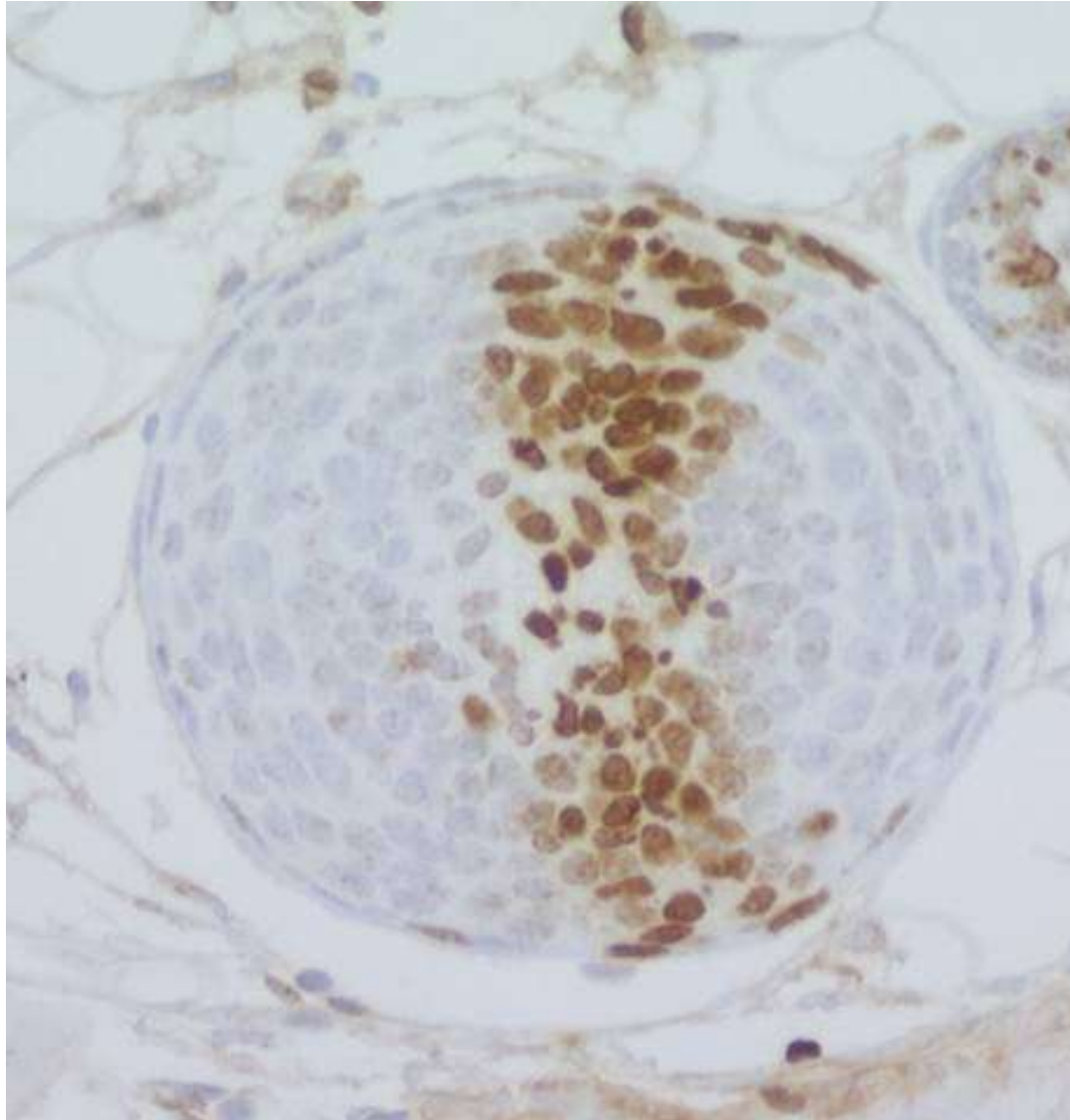
MRT treated

Control



48 hours after irradiation

# Splitting Hairs!





# Conclusions

- X-rays are here for a while
- Synchrotrons have an important role in developing new x-ray methods in medicine
- In order to translate the research into the clinic, some human studies are necessary
- Much can be achieved with animal studies

# The Team

- Stuart Hooper
- Megan Wallace
- Marcus Kitchen
- Melissa Siew
- Beth Allison
- Andreas Fouras
- Karen Siu
- Arjan te Pas
- Chris Hall
- Naoto Yagi
- Kentaro Uesugi
- Kaye Morgan
- Sally Irvine
- David Parsons
- Peter Rogers
- Jeff Crosbie

