



ACCURATE EXTRACTION OF TISSUE PARAMETERS FOR MONTE CARLO SIMULATIONS USING MULTI-ENERGY CT

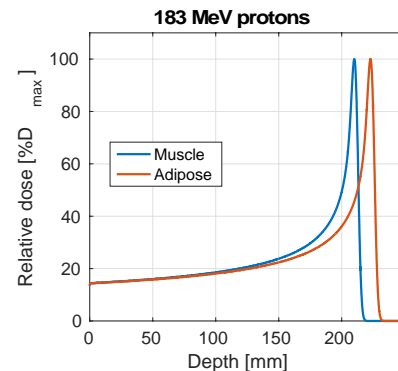
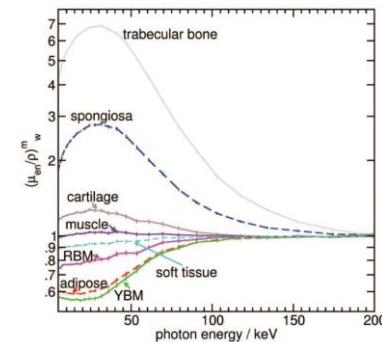
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THE IMPORTANCE OF MC IN RT

Monte Carlo (**MC**) simulations offer many advantages over conventional algorithms for dose calculation:

- In **brachytherapy**, dose deposition depends strongly on **Z** due to the dominance of **photoelectric** effect at low photon energies.
- In **particle therapy**, accurate beam **range calculation** is critical for optimal planning and patient safety.

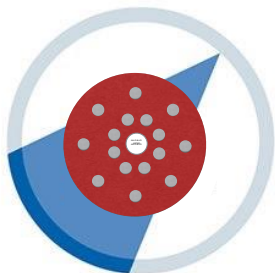


PATIENT GEOMETRY TO MC INPUTS

- One of the key steps in the preparation of a MC simulation is the creation of the patient geometry, including the assignment of material composition in each voxel.
- Complete elemental composition and mass density is necessary to calculate the exact cross sections for all interactions considered.
- Great attention must be paid to this step as it influences all results generated by the simulation: « *Rubbish in, Rubbish out* ».

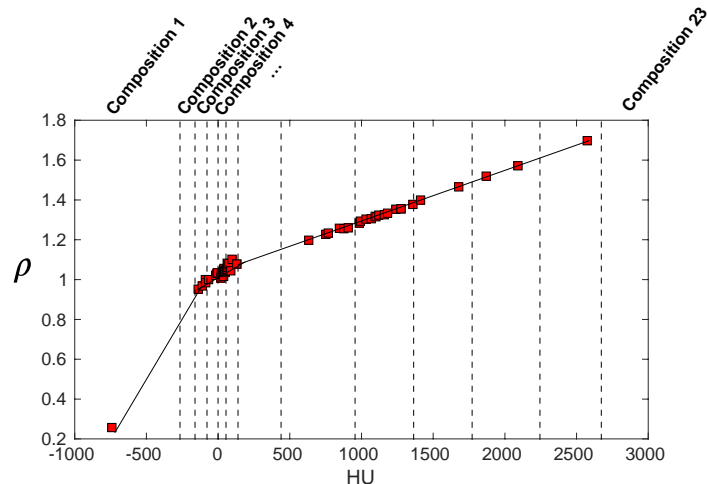
THE SCHNEIDER METHOD

To extract MC inputs from single energy CT (SECT) data, the gold standard is the method of Schneider et al. (2000). The CT is calibrated to construct a segmented look-up table (LUT) that links every possible HU to a certain set of MC inputs.



Reference dataset

Body tissue	Elemental composition (% by mass)				Density kg m ⁻³ at kg ⁻¹ d. m. ⁻³ x 10 ³		
	H	C	N	O		Mass Electra	
						Elements with Z > 8	
Adipose tissue 1	11.2	51.7	1.3	75.1	970	3.342	3241
Adipose tissue 2	11.6	50.8	1.3	74.1	970	3.347	3180
Adipose tissue 3	11.6	48.1	1.2	74.8	970	3.323	3138
Adipose tissue 4	10.6	48.1	1.2	74.8	970	3.323	3424
Adipose tissue 5	9.9	47.2	1.2	75.8	1000	3.294	3469
Adipose tissue 6	9.1	46.9	1.2	76.8	1000	3.270	3568
Adipose tissue 7	10.8	41.1	1.1	83.2	1026	3.330	3417
Blood—plasma	10.2	11.9	2.3	74.5	1060	3.312	3517
Blood—whole	11.1	—	—	88.8	1010	3.319	3373
Brain—embryonal fluid	10.7	9.2	1.8	76.7	1040	3.327	3460
Brain—grey matter	10.6	16.4	2.3	66.1	1040	3.284	3457
Brain—white matter	9.4	20.7	6.2	63.2	1120	3.288	3683
Connective tissue	9.4	19.5	5.7	64.6	1070	3.295	3225
Eye lens	10.8	41.1	1.1	82.2	1030	3.330	3430
Gastric/duodenal tract—bile	10.4	11.2	2.2	75.1	1000	3.332	3424
Gastrointestinal tract—small intestine (wall)	10.4	11.9	2.9	72.1	1000	3.319	3485
Gastrointestinal tract—stomach	10.4	17.4	1.1	68.1	1050	3.315	3481
Heart 1	—	—	—	—	—	—	—



THE SCHNEIDER METHOD

To extract MC inputs from single energy CT (SECT) data, the gold standard is the method of Schneider et al. (2000). The CT is calibrated to construct a segmented look-up table (LUT) that links every possible HU to a certain set of MC inputs.

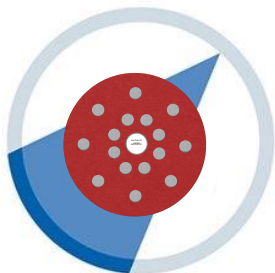
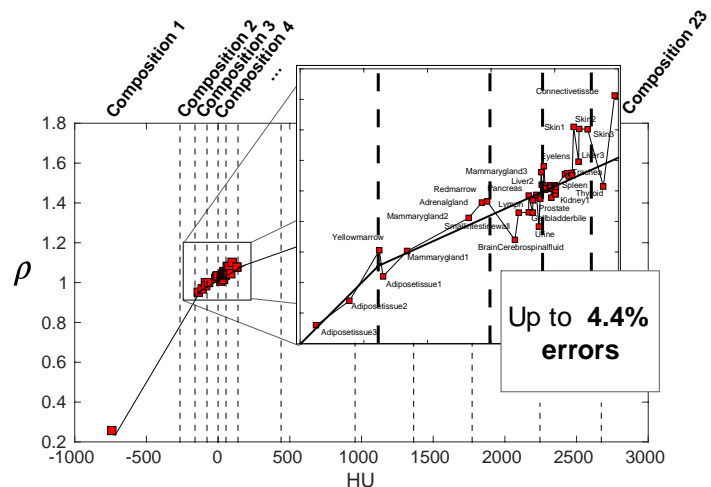


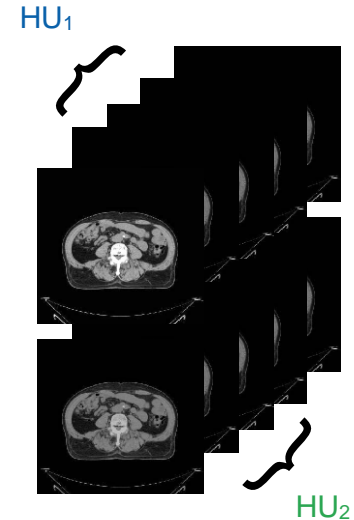
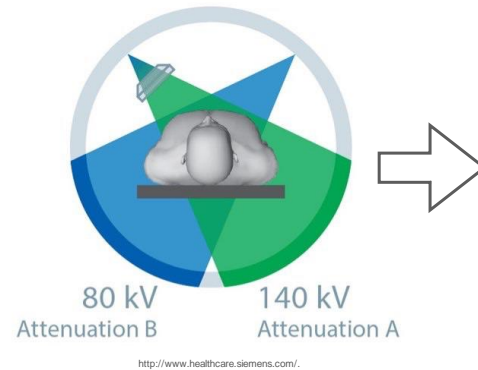
TABLE III
THE ELEMENTAL COMPOSITIONS OF THE BODY TISSUES

Body tissue	Elemental composition (% by mass)				Density	
	H	C	N	O	Mass Electron	
					kg m ⁻³ at kg ⁻¹ dl. m ⁻³ × 10 ²⁴	
Elements with Z > 8						
Adipose tissue 1	11.2	51.7	1.3	75.1	970	3.342 3241
Adipose tissue 2	11.6	50.8	1.3	74.1	970	3.347 3180
Adipose tissue 3	11.6	48.1	1.2	71.8	970	3.323 3138
Adipose tissue 4	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 5	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 6	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 7	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 8	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 9	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 10	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 11	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 12	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 13	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 14	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 15	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 16	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 17	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 18	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 19	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 20	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 21	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 22	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 23	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 24	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 25	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 26	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 27	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 28	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 29	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 30	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 31	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 32	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 33	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 34	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 35	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 36	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 37	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 38	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 39	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 40	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 41	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 42	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 43	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 44	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 45	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 46	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 47	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 48	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 49	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 50	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 51	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 52	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 53	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 54	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 55	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 56	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 57	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 58	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 59	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 60	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 61	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 62	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 63	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 64	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 65	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 66	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 67	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 68	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 69	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 70	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 71	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 72	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 73	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 74	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 75	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 76	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 77	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 78	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 79	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 80	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 81	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 82	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 83	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 84	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 85	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 86	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 87	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 88	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 89	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 90	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 91	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 92	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 93	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 94	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 95	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 96	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 97	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 98	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 99	11.6	48.1	1.2	71.8	1000	3.324 3424
Adipose tissue 100	11.6	48.1	1.2	71.8	1000	3.324 3424



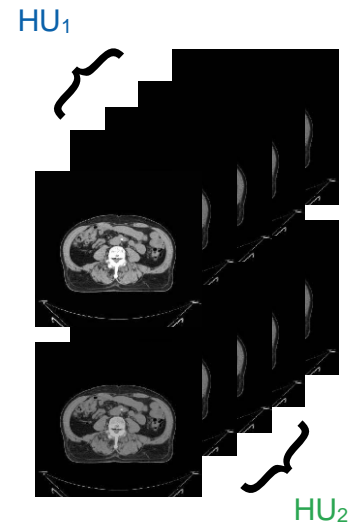
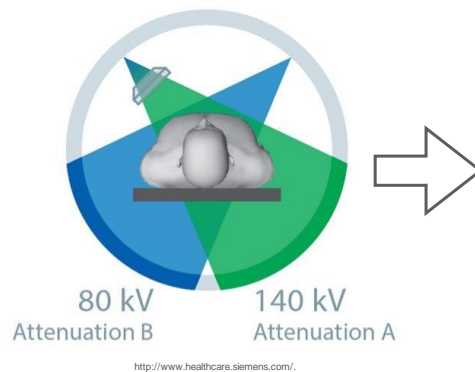
DUAL AND MULTI-ENERGY CT

- With dual- or multi-energy CT, empirical LUT are obsolete, as more information can be extracted directly from MECT data



DUAL AND MULTI-ENERGY CT

- With dual- or multi-energy CT, empirical LUT are obsolete, as more information can be extracted directly from MECT data
- Still not enough information to derive directly MC inputs
- How can we use optimally the added information to improve the quality of MC inputs?



CT DATA TO MONTE CARLO INPUTS

- We want to extract full atomic composition and mass density, but we have only limited information (# of energies) per voxel.
- Tissue characterization for Monte Carlo dose calculation from CT data is an underdetermined problem

CT DATA TO MONTE CARLO INPUTS

- We want to extract full atomic composition and mass density, but we have only limited information (# of energies) per voxel.
- Tissue characterization for Monte Carlo dose calculation from CT data is an underdetermined problem
- We propose to use principal component analysis (PCA) on reference dataset to extract a new basis of variables that can describe human tissues composition more efficiently by reducing the dimensionality of the problem.
- We call these variables Eigentissues (ET)

EIGENTISSUE REPRESENTATION OF HUMAN BODY

- All information relevant for dose calculation can be stocked in a vector of partial electron densities:

Density of electrons

Fraction of electrons of element M in the tissue

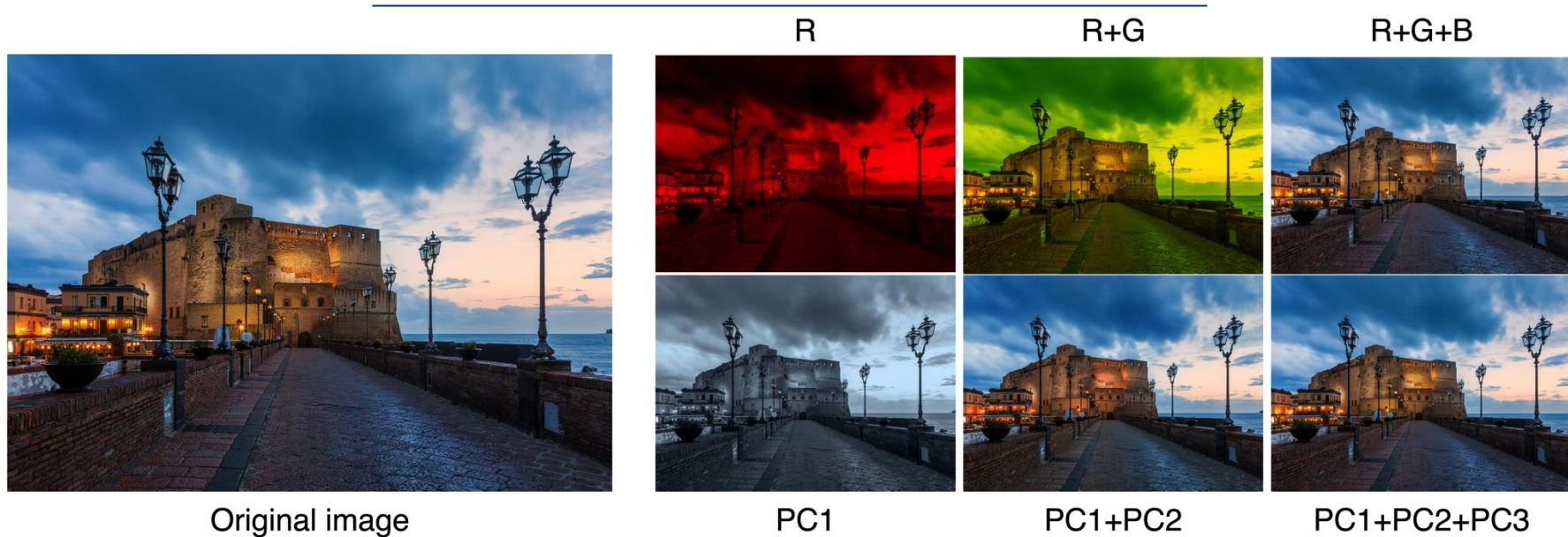
$$\begin{aligned} \mathbf{x} &= \overset{\text{Density of electrons}}{\leftarrow} \overset{\text{Fraction of electrons of element } M \text{ in the tissue}}{\rightarrow} [\lambda_1 \ \lambda_2 \ \dots \ \lambda_M] \\ &= [x_1 \ x_2 \ \dots \ x_M] \end{aligned}$$

- The ET representation consists of a linear transformation of \mathbf{x} :

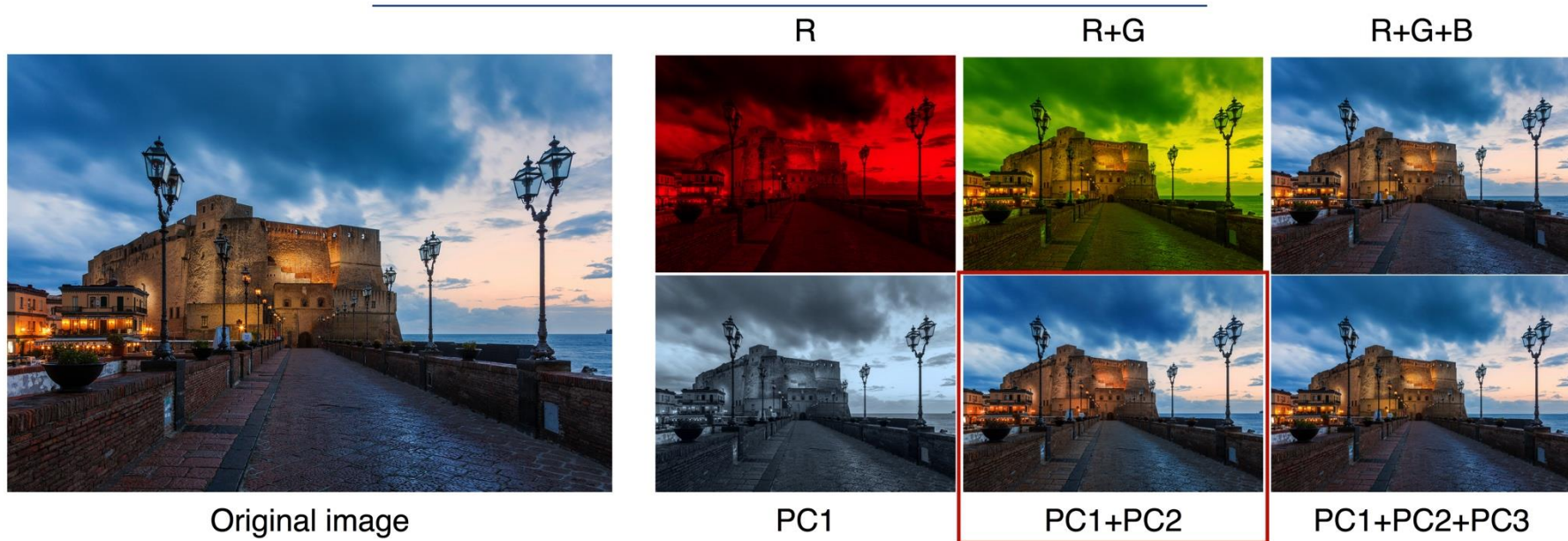
$$\mathbf{x} = y_1 \cdot \mathbf{ET}_1 + y_2 \cdot \mathbf{ET}_2 + \dots + y_M \cdot \mathbf{ET}_M$$

Vector of the partial densities in the M^{th} eigentissue

THE GENERAL IDEA OF PCA



THE GENERAL IDEA OF PCA



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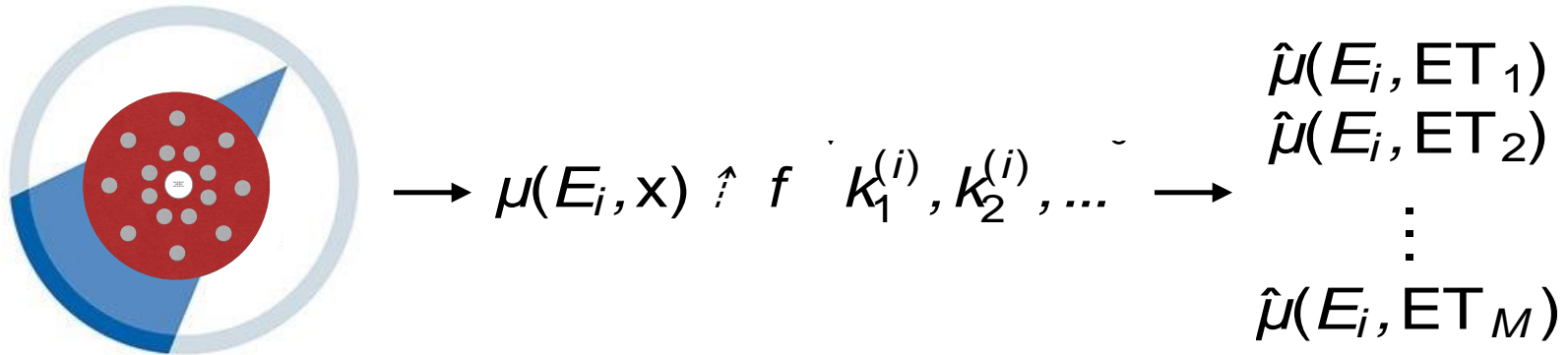
- For human tissues, the **colours** are the **elements**, and the **principal components** are the **eigentissues**.

APPLYING PCA TO HUMAN TISSUES

- Human tissues are composed of a limited number of elements. Including trace elements, only 13 different chemical components are reported in the literature.
- Also, the weight fraction of these elements is often strongly correlated (ex: P & Ca) or anticorrelated (ex: C & O).
- The eigentissues allow to characterize human tissues with less than 13 variables without losing much accuracy.

ADAPTATION TO CT DATA

- Using a suitable stoichiometric calibration, the photon attenuation of each ET can be estimated for any spectrum or imaging protocol.



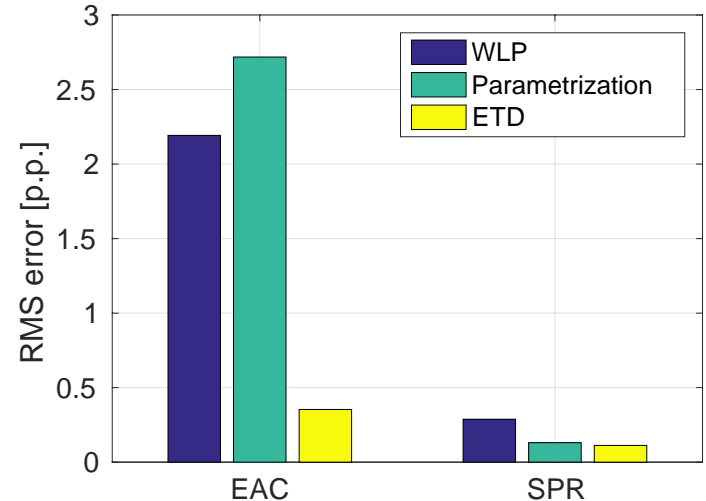
ADAPTATION TO CT DATA

- Once their attenuation coefficient is estimated, the ETs are treated as virtual materials.
- If K information is available (i.e. K energies), decomposition is performed to extract the fraction of the K more meaningful ETs in each voxel.

$$\begin{array}{c}
 \hat{y}_1 \\
 \vdots \\
 \hat{y}_k
 \end{array}
 = \frac{1}{C} \begin{array}{c}
 \hat{\mu}(E_1, ET_1) \dots \hat{\mu}(E_K, ET_1) \\
 \vdots \\
 \hat{\mu}(E_1, ET_K) \dots \hat{\mu}(E_K, ET_K)
 \end{array}
 \begin{array}{c}
 -1 \\
 \vdots \\
 \vdots
 \end{array}
 \begin{array}{c}
 \mu(E_1) \\
 \vdots \\
 \mu(E_K)
 \end{array}
 \begin{array}{c}
 \\
 \\
 \\
 \end{array}$$

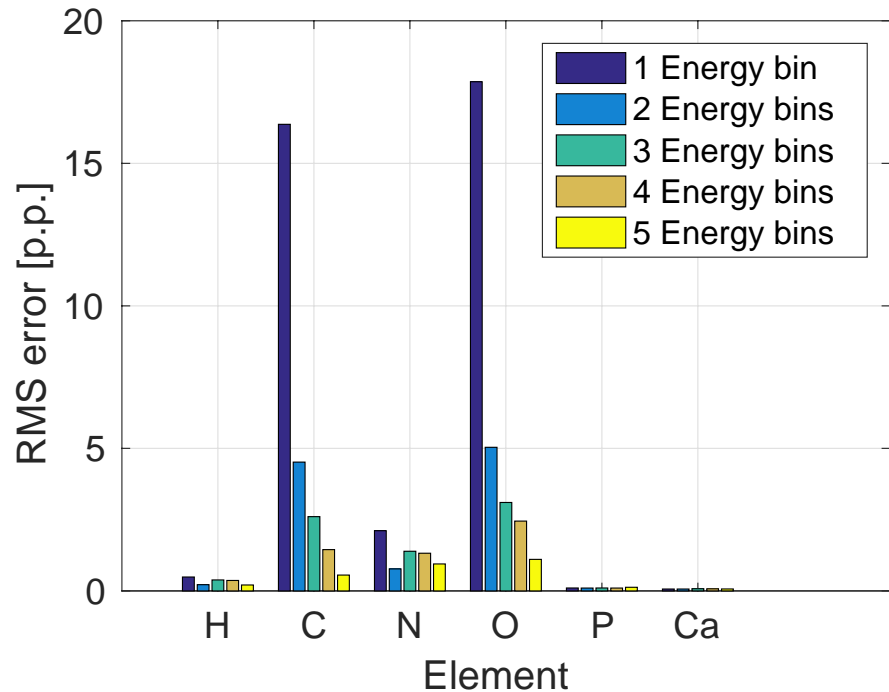
APPLICATION TO DECT: BENCHMARKING WITH OTHER METHODS

- Comparison with two recently published methods for the characterization of 43 reference soft tissues using DECT:
 - Water-Lipid-Protein (WLP) decomposition (Malusek *et al.* 2013)
 - Parameterization (Hünemohr *et al.* 2014)
- Simulated HU for 80 kVp and 140/Sn kVp spectra of the SOMATOM Definition Flash DSCT



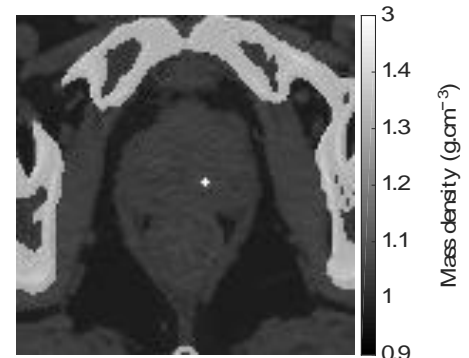
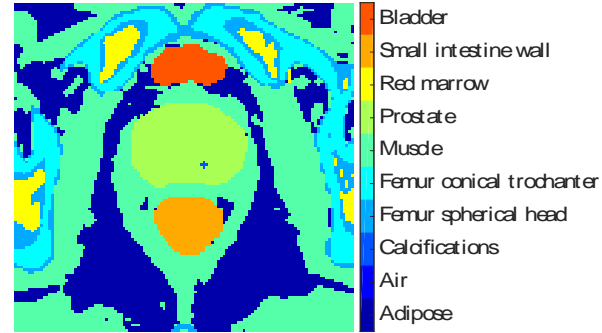
POTENTIAL EXTENSION TO MECT

- Separating a 140 kVp spectrum in five energy bins, the method shows improvement in extracting elemental weights with more than two information.



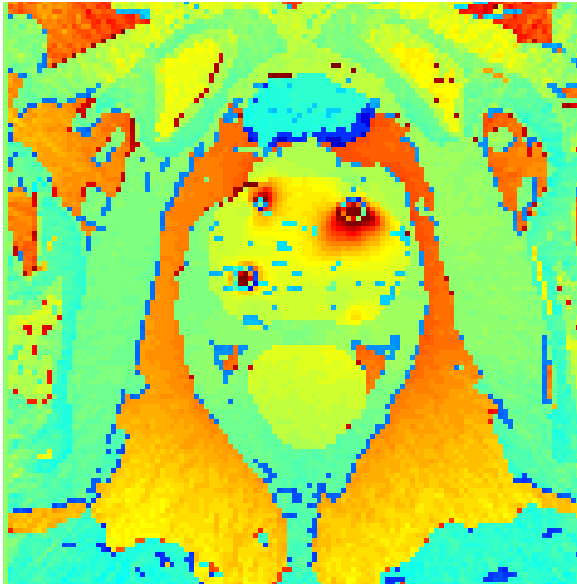
VALIDATION OF ETD ON PATIENT GEOMETRY

- A virtual patient generated from real anatomical data is used as ground truth for MC dose calculation
- A reference tissue with known composition is assign to each voxel, while the density is allowed to vary.
- SECT and DECT images are simulated using Matlab
- Dose calculation is performed using the EGSnrc user-code BrachyDose for Brachytherapy and TOPAS for proton therapy

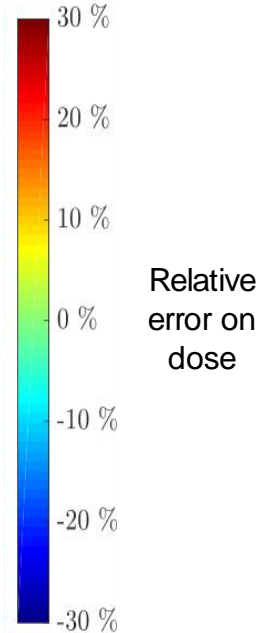
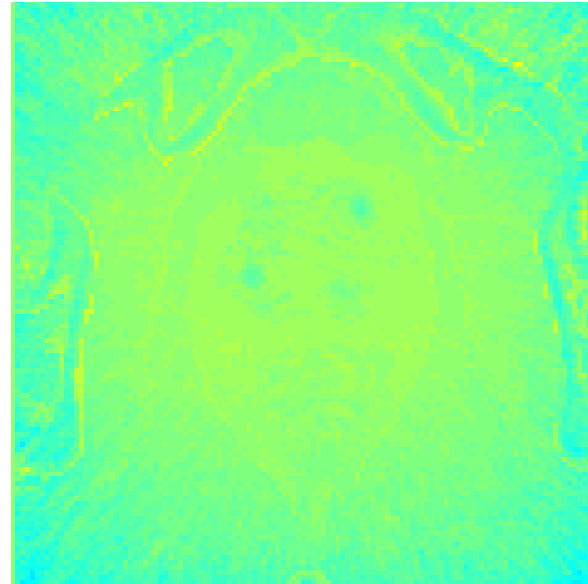


ETD FOR BRACHYTHETAPY: RESULTS

SECT - Schneider

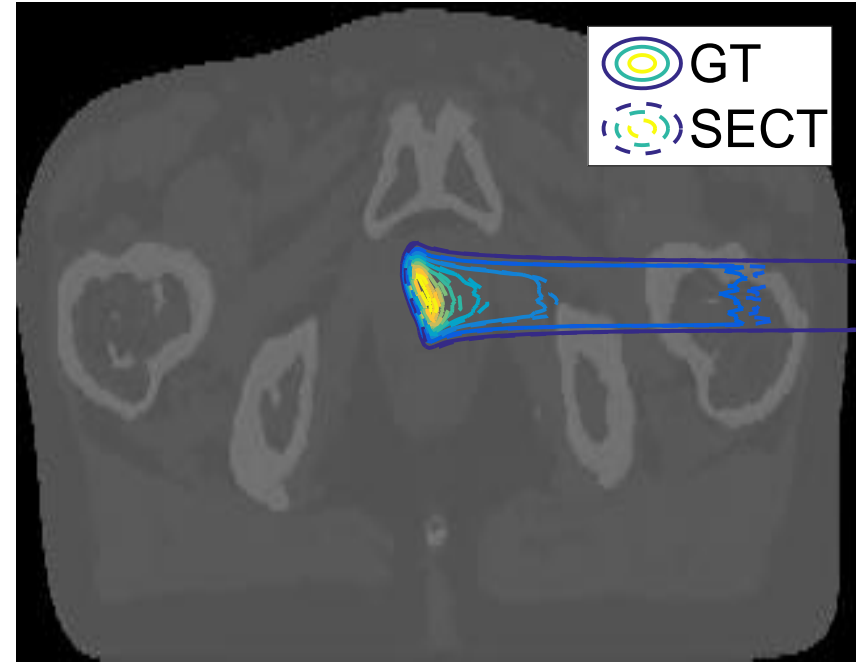
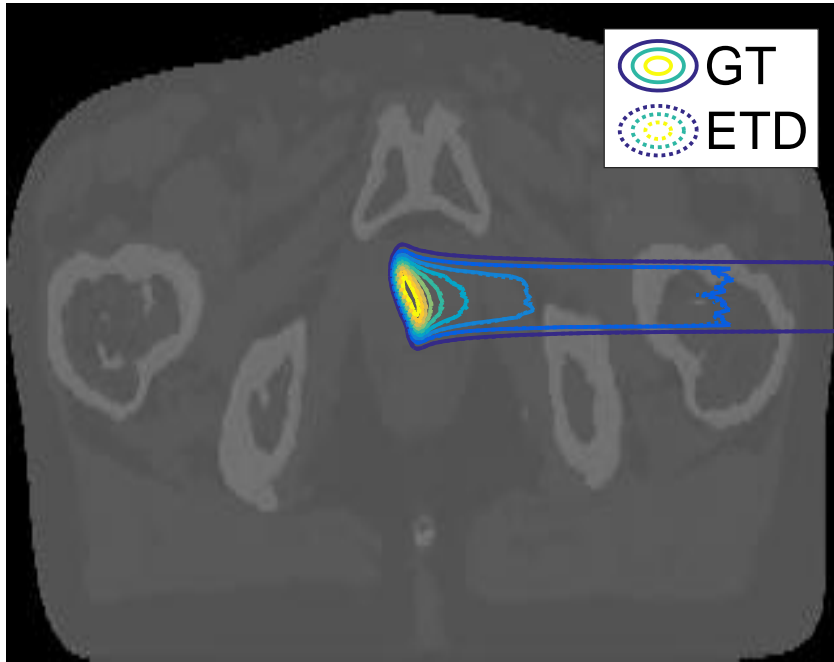


DECT - ETD

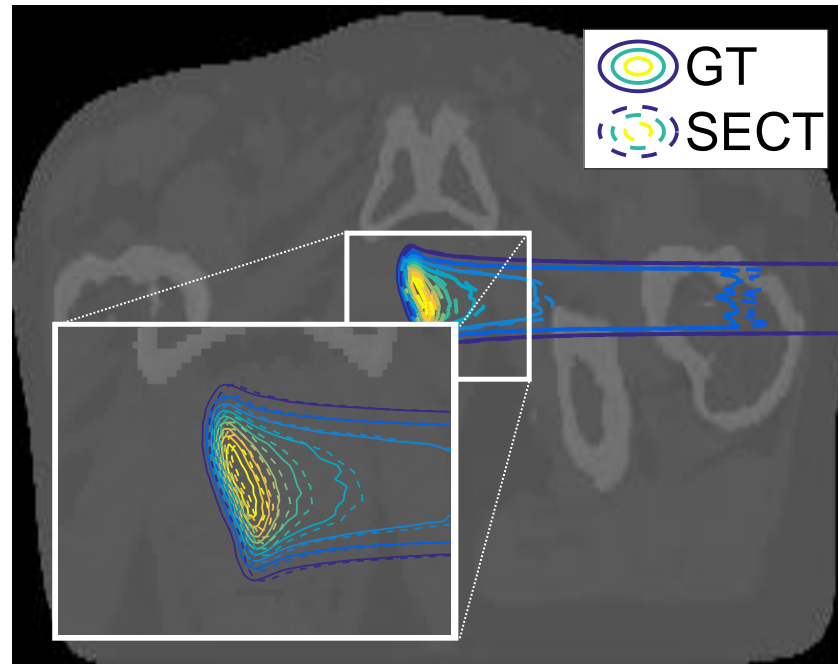
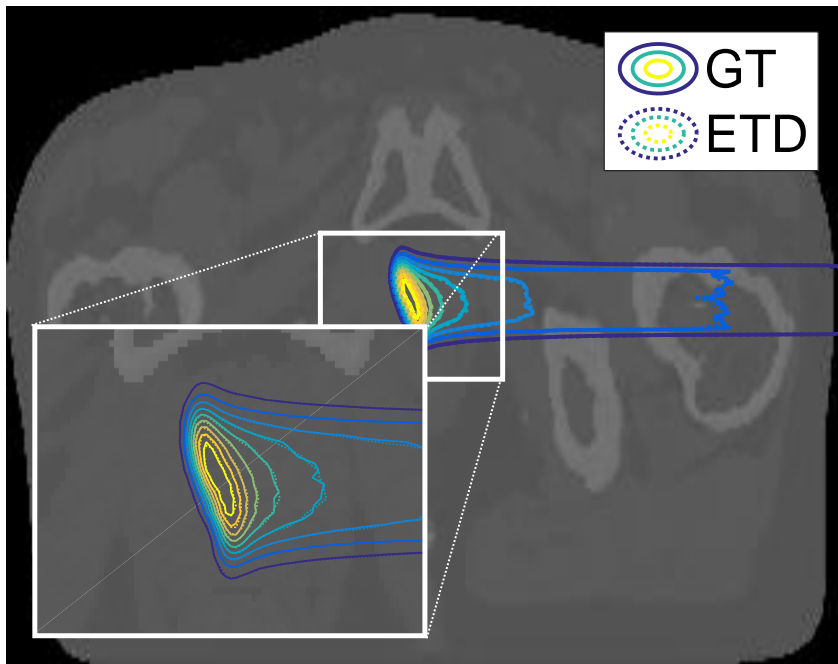


See Poster #144 - Remy *et al.*

ETD FOR PROTON THERAPY: RESULTS



ETD FOR PROTON THERAPY: RESULTS



Range error up to 1.5 mm using SECT

CONCLUSION

- Eigentissues representation of human body composition minimizes the number of parameters needed for accurate characterization
- Adapting this representation to material decomposition of CT data allows extracting high quality Monte Carlo inputs from only few measurements
- The method is accurate and versatile:
 - Not limited to only two parameters (EAN and ED)
 - Valid through the whole range of X-ray energies (e.g. kV and MV)
 - More accurate dose calculation for both low-kV photons and protons than the gold-standard SECT approach
- Associated Publications:
 - A. Lalonde and H. Bouchard (2016), *A general method to derive tissue parameters for Monte Carlo dose calculation with dual- and multi-energy CT*, Phys. Med. Biol.
 - A. Lalonde, E. Bär and H. Bouchard (2017). *A Bayesian approach to solve proton stopping powers from noisy multi-energy CT data*, Med. Phys.

THANK YOU FOR YOUR ATTENTION



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