

# Combined MRI and Optical Computed Tomography: Literature Review

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## **1 Introduction**

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## 3 Dosimetry

### 3.1 Laser scanning configuration

One of the first reported optical computed tomography (OptCT) systems was developed in the area of gel dosimetry. Accurate 3-D measurement of dose delivery in radiotherapy is extremely important in developing safe treatment plans. Specialist polymer gels, such as BANG<sup>®</sup> [1], respond to irradiation with changes in optical attenuation and scattering properties. This makes them ideal for measuring 3-D dose distributions. Previously the irradiated gels were measured by MRI and x-ray CT however, these are expensive imaging modalities. In 1996, Gore and Maryanski published the first system for scanning polymer gels using optical computed tomography. [2] In later comparisons, OptCT has been found to be more precise, have reduced noise and smoother line profiles than MRI for gel dosimetry. [3]

Gore's system consisted of a He-Ne laser source and large area photodiode detector (see Figure 1). Translate-rotate acquisition was employed whereby the sample was rotated and projection data acquired by the photodiode over 360°. The smaller the angular steps between projections, the more accurate the reconstruction. [4] For a 2-D reconstruction, projections are acquired for multiple spots across a slice of the sample by translating the laser beam using mirrors. For 3-D information, the sample height had to be manually adjusted and many 2-D slices acquired. This meant scanning an entire sample took hours and lengthy scanning times are the chief disadvantage of the laser scanning method. Accuracy of 5% is reported and spatial resolution of 2mm, which is roughly the same as the laser beam width. [2]

The idea of OptCT scanning in dosimetry was quickly developed by other groups. Laser scanning set-ups were published in 1996 by Tarte *et al.*, [5] and Kelly *et al.* [REF] *Can't find the paper 1996 Kelly references in 1998 [6] Med Phys says it doesn't exist.* Kelly *et al.* claim to have independently developed their scanner which is very similar to that of Gore's. In both Kelly's and Tarte's scanners, the sample is rotated and translated using a stage whereas Gore used mirrors to translate the laser spot across the sample.

A commercial laser scanning OptCT system, OCTOPUS<sup>TM</sup> by MGS Research, Inc.(Madison, CT), is an extension of Gore's original set-up with the addition of a platform capable of vertical movement for automated slice-selection. [7] For a number of years it was the only commercially available system and has been characterised by several

groups. [7–10] According to Oldham, characterisation of OptCT systems should include checks on geometric distortion, accuracy of reconstruction, scatter artefacts and reflection and refraction artefacts. [11]

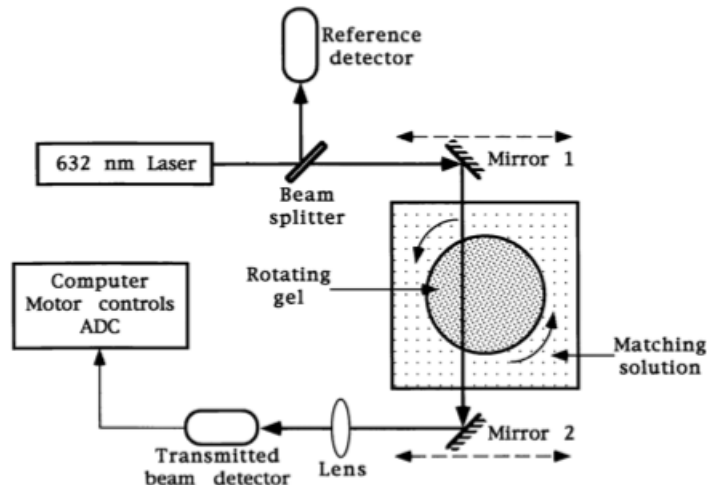


Figure 1: A first generation, Laser Scanning OptCT system developed by Gore. The sample is rotated and projections recorded at a number of angles. The mirrors scan the laser beam across the sample but movement in the vertical direction is by manual adjustment only (figure from [2]).

Laser scanning systems include a beam splitter before the sample to create a reference beam. Dividing projections by the reference intensity corrects for laser beam intensity fluctuations. [2]

Refraction and reflection at container walls are significant concerns for all configurations of dosimetry with OptCT. Generally, laser beams are incident on the gel container at a small angle, such as  $5^\circ$ , to avoid large reflection at the interface. In addition, the gel container is usually placed in a tank containing ‘matching fluid’ with a refractive index close to that of the gel. This prevents significant refraction as the light passes into the gel. Doran found through ray tracing simulations that the refractive index of the walls of the matching tank and gel container are not important compared to the gel and matching fluid. The optimum difference in refractive index between these two was calculated to be 0.0025 and not zero as originally thought. [12]

To maximise the dynamic range of the system, food dye is commonly added to the

matching fluid so both the refractive index and optical density of the matching fluid and gel are very similar. [13]

### 3.2 Pixelated detector based systems

In 1997 the first charge coupled device (CCD) camera based OptCT system was published by Tarte *et al.* which employed an incoherent white light source and CCD camera detection. [14] The advantage of a pixelated detector based system is that an entire 2-D projection can be imaged at once, potentially increasing the scanning speed by several orders of magnitude depending on the data through-put rate. Tarte's system used a divergent light source and diffusing screen to measure optical density in a thin gel section (see Figure 2).

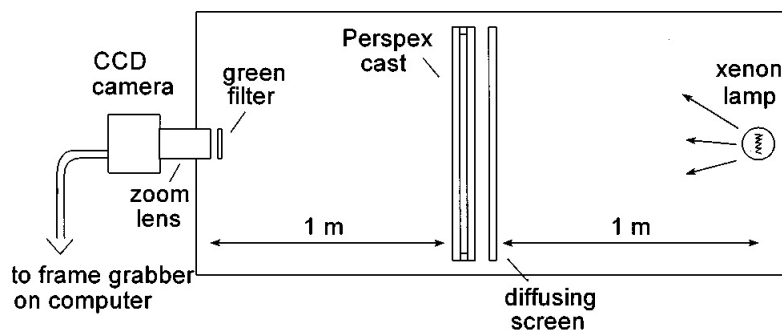


Figure 2: Diagram of the first CCD-based OptCT system, developed by Tarte *et al.* It uses divergent illumination from a white light source and CCD camera detection to record an entire 2D projection at once (figure from [14]).

The accuracy of Tarte's system was checked by comparison with the standard measure of dosimetry, the parallel plate ionisation chamber. It was found to be on average within 3% of the value from the ionisation chamber. [14] A comparison between Tarte's laser scanning and CCD set-ups found that they had similar spatial resolutions. The CCD method had improved speed of acquisition but suffered from consistently worse SNR as a photodiode detector can collect many more photons per 'pixel' than a CCD camera. [14]

Advances in technology have meant that high quality detectors are much more affordable. A cheaper alternative to very high quality CCD cameras is the CMOS

(Complementary Metal-Oxide-Semiconductor) detector which has the potential for higher resolution and dynamic range. [15] Using a higher quality detector would improve many OptCT systems in terms of scanning speed and reduced artefacts. [12,14]

**Parallel beam configuration:** One method to reconstruct 3-D images with a CCD or CMOS detector is to create a broad parallel beam. This allows the use of parallel reconstruction algorithms, very similar to those used for x-ray CT. Each 2-D projection image recorded corresponds to one row for every slice in the 3-D reconstruction sinogram. [15] Telecentric optics, in which the chief rays are parallel to the optical axis, are key in the design of this configuration. [16] Telecentric optics can be achieved either through a careful arrangement of a large converging lens before the sample and standard camera lens [12] (see Figure 3) or through an expensive telecentric lens [17]. The process of forming a parallel beam results in non-uniformities in the lightfield. This is compensated for by subtracting a ‘correction’ or ‘open lightfield’, image which is a projection taken with no sample in the tank. [12]

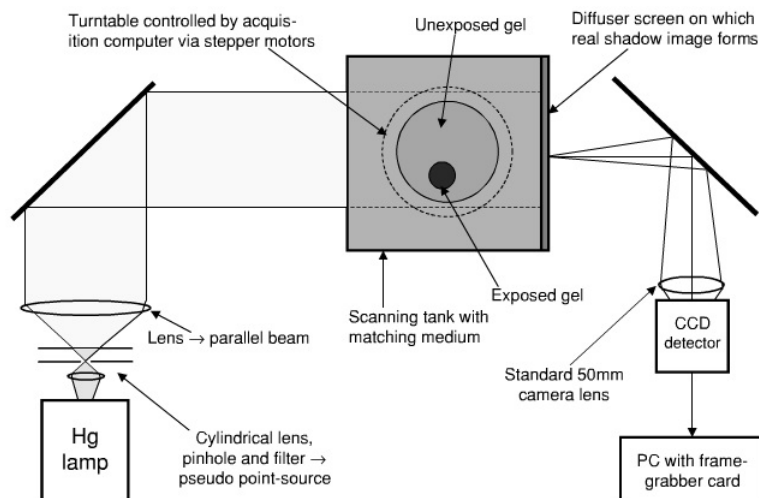


Figure 3: Diagram of a parallel beam OptCT system, developed by Doran *et al.* Telecentric optics create a parallel beam (figure from [12]).

Initial systems suffered from ‘graininess’ due to the unstable gain of cheap CCD cameras and granularity of the diffusing screen. [12] Doran *et al.* proposed some methods of correcting these problems. Oscillating the diffuser screen at high frequency “‘smears’ out the granularity” while randomly horizontally displacing the

CCD camera by a few pixels between acquisitions can reduce the effect of ‘bad’ pixels. [12] The parallel configuration appears to be more susceptible to schlieren artefacts caused by refractive index inhomogeneities in the sample. [18]

**Cone beam configuration:** Wolodzko *et al.* published the first cone beam OptCT system with CCD detection for gel dosimetry. [19] One advantage of this configuration is the optics for producing a cone beam are much simpler than those for producing accurate parallel beams. [15] However, the reconstruction is computationally more complex. [20] A commercial cone-beam system, Vista<sup>TM</sup> by Modus Medical Devices Inc. (London, ON, Canada), is available and reviewed recently by Olding *et al.* [21]

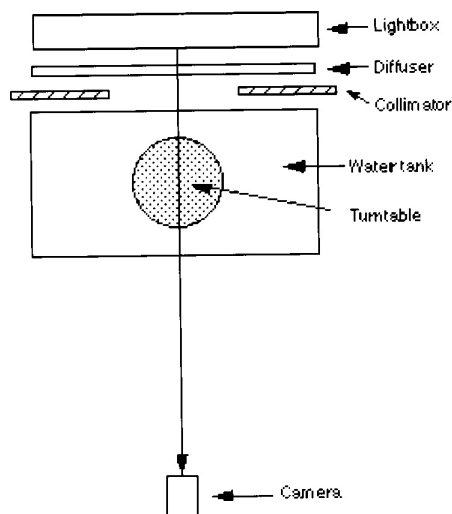


Figure 4: Cone-beam CCD configuration (figure from [19]).

When pixelated detectors are used, there appears to be more literature based on the parallel beam configuration than cone-beam. Although there has not been experimental comparison of the two Doran suggests that while cone-beam is usually somewhat cheaper due to simplified optics, modern parallel-beam systems have better scatter-rejection and may have fewer stray light problems. [15, 21, 22]

## 4 Optical Projection Tomography

## 5 Fluorescent OPT

## 6 Optical Clearing

## 7 Optical Staining

## 8 Recent Research

### References

- [1] MJ Maryanski, YZ Zastavker, and J.C. Gore. Radiation dose distributions in three dimensions from tomographic optical density scanning of polymer gels: Ii. optical properties of the bang polymer gel. *Physics in medicine and biology*, 41(12):2705, 1999.
- [2] J C Gore, M Ranade, and M J Maryanski. Radiation dose distributions in three dimensions from tomographic optical density scanning of polymer gels: I. Development of an optical scanner - Abstract - Physics in Medicine and Biology - IOPscience. *Physics in medicine . . .*, 1999.
- [3] Mark Oldham, Jeffrey H Siewerdsen, Anil Shetty, and David A Jaffray. High resolution gel-dosimetry by optical-CT and MR scanning. *Medical Physics*, 28(7):1436, 2001.
- [4] J.C. Russ. *The Image Processing Handbook*. Image Processing Handbook. Crc Press, 2002.
- [5] B J Tarte, P A Jardine, and T van Doorn. Laser-scanned agarose gel sections for radiation field mapping. *International Journal of Radiation Oncology\* Biology\* Physics*, 36(1):175–179, 1996.

- [6] R G Kelly, K J Jordan, and J J Battista. Optical CT reconstruction of 3D dose distributions using the ferrous–benzoic–xylenol (FBX) gel dosimeter. *Medical Physics*, 25(9):1741–50, September 1998.
- [7] K T S Islam, James F Dempsey, Manisha K Ranade, Marek J Maryanski, and Daniel A Low. Initial evaluation of commercial optical CT-based 3D gel dosimeter. *Medical Physics*, 30(8):2159, 2003.
- [8] Y Xu, Cheng-Shie Wu, and Marek J Maryanski. Determining optimal gel sensitivity in optical CT scanning of gel dosimeters. *Medical Physics*, 30(8):2257, 2003.
- [9] Y Xu, Cheng-Shie Wu, and Marek J Maryanski. Performance of a commercial optical CT scanner and polymer gel dosimeters for 3-D dose verification. *Medical Physics*, 31(11):3024, 2004.
- [10] H S Sakhalkar, J Adamovics, G Ibbott, and M Oldham. A comprehensive evaluation of the PRESAGE/optical-CT 3D dosimetry system. *Medical Physics*, 36(1):71, 2009.
- [11] M Oldham. Optical-CT scanning of polymer gels. *Journal of Physics: Conference Series*, 3:122–135, November 2004.
- [12] Simon J Doran, Koen Klein Koerkamp, Mamdouh A Bero, Paul Jenneson, Edward J Morton, and Walter B Gilboy. A CCD-based optical CT scanner for high-resolution 3D imaging of radiation dose distributions: equipment specifications, optical simulations and preliminary results. *Physics in Medicine and Biology*, 46(12):3191–3213, November 2001.
- [13] Nikola Krstajić and Simon J Doran. Focusing optics of a parallel beam CCD optical tomography apparatus for 3D radiation gel dosimetry. *Physics in Medicine and Biology*, 51(8):2055–2075, April 2006.
- [14] B J Tarte, P A Jardine, T van Doorn, K N Nitschke, and M G Poulsen. Development of a CCD array imaging system for measurement of dose distributions in doped agarose gels. *Medical Physics*, 24:1521, 1997.
- [15] Simon J Doran. The history and principles of optical computed tomography for scanning 3-D radiation dosimeters: 2008 update. *Journal of Physics: Conference Series*, 164:012020, June 2009.



- [16] Johnathon R Walls, John G Sled, James Sharpe, and R Mark Henkelman. Correction of artefacts in optical projection tomography. *Physics in Medicine and Biology*, 50(19):4645–4665, September 2005.
- [17] H S Sakhalkar and M Oldham. Fast, high-resolution 3D dosimetry utilizing a novel optical-CT scanner incorporating tertiary telecentric collimation. *Medical Physics*, 35(1):101, 2008.
- [18] Nikola Krstajić and Simon J Doran. Fast laser scanning optical-CT apparatus for 3D radiation dosimetry. *Physics in Medicine and Biology*, 52(11):N257–N263, May 2007.
- [19] J G Wolodzko, C Marsden, and A Appleby. CCD imaging for optical tomography of gel radiation dosimeters. *Medical Physics*, 26:2508, 1999.
- [20] J. Hsieh. *Computed Tomography: Principles, Design, Artifacts, and Recent Advances*. SPIE Press monograph. SPIE Press, 2003.
- [21] Tim Olding and L John Schreiner. Cone-beam optical computed tomography for gel dosimetry II: imaging protocols. *Physics in Medicine and Biology*, 56(5):1259–1279, February 2011.
- [22] Andrew Thomas, Joseph Newton, and Mark Oldham. A method to correct for stray light in telecentric optical-CT imaging of radiochromic dosimeters. *Physics in Medicine and Biology*, 56(14):4433–4451, June 2011.