

# Monte Carlo simulations in emission tomography and GATE: an overview

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## Outline

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- Evolution of the use of MC simulations in ET since 1995
- Evolution of the codes used for MC simulations in ET since 1995
- New features in MC simulators in ET
- New applications for MC simulations
- Upcoming developments in MC simulations
- Conclusion

# Evolution of the use of MC simulations in ET since 1995

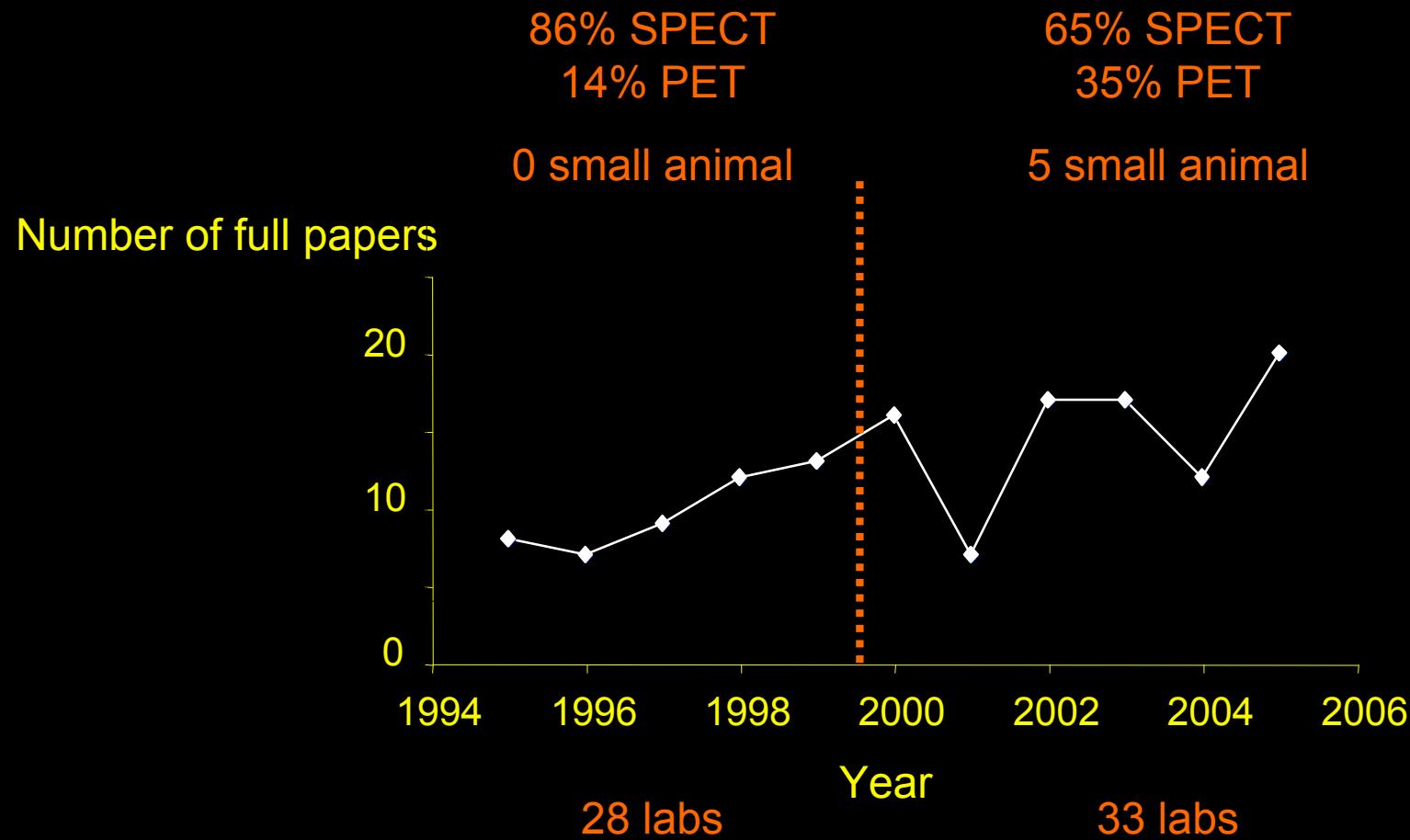
Important role in SPECT and PET, for optimizing detector design, designing and assessing acquisition and processing protocols.

- Zaidi, Relevance of accurate Monte Carlo modeling in nuclear medical imaging. *Med Phys* 26 (1999) 574-608
- Buvat and Castiglioni, Monte Carlo simulations in SPET and PET. *Q J Nucl Med* 46 (2002) 48-61



## Evolution of the use of MC simulations in ET since 1995

- 666 entries since 1995 at the date of the search (July 1995)
- Use of MC simulations to produce SPECT and PET images: 130 entries



# Evolution of the codes used for MC simulations in ET since 1995

1995-1999

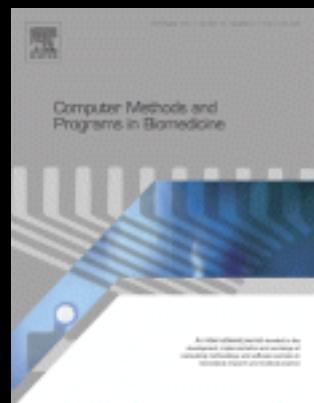
- 14 different codes:
  - 10 « home-made »
  - 4 publicly released or available from authors

No « standard » code for Monte Carlo simulations in SPECT and PET

Most frequently used



SimSET



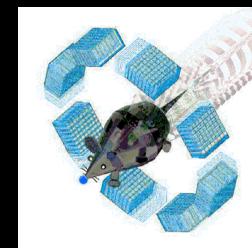
SIMIND

2000-2004

- 15 different codes:
  - 8 « home-made »
  - 7 publicly released or available from authors

And recently

**Geant 4**

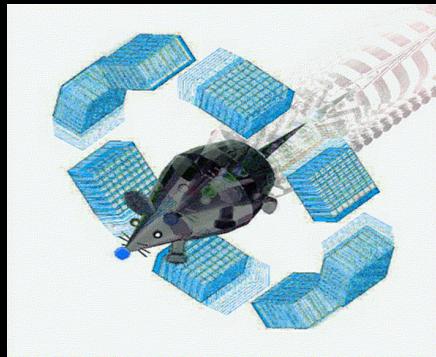


GATE

Penelope

## Most recent code: GATE

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- Motivation in 2001: provide a public code
  - based on a standard code to ensure reliability
  - enabling SPECT and PET simulations (possibly even more)
  - accommodating almost any detector design (including prototypes)
  - modeling time-dependent processes
  - user-friendly
- Developed by the OpenGATE collaboration (21 labs)
- Based on GEANT4
- Publicly released May 2004: <http://www.opengatecollaboration.org>
- More than 400 subscribers to the Gate users mailing list
- IEEE MIC 2004: 61 proceedings involving MC simulations in SPECT and PET
  - 11 used GATE, 9 used GEANT4, 8 used SimSET, 4 used SIMIND

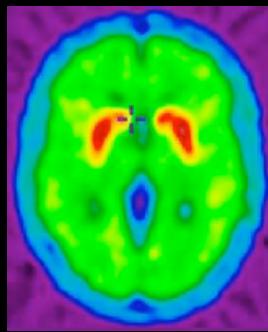
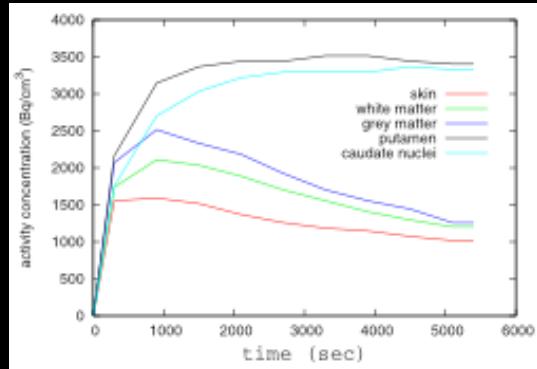
# Monte Carlo simulations today

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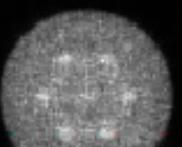
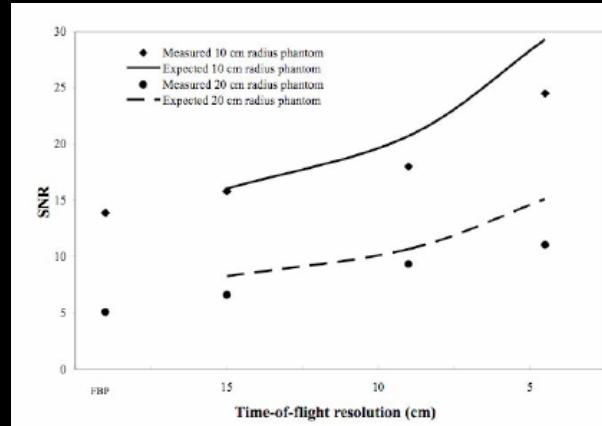


# Modeling time dependent processes

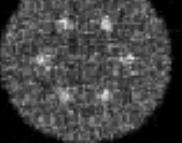
Possible using SORTEO, SimSET and GATE



*Reilhac et al, IEEE TNS 2005*

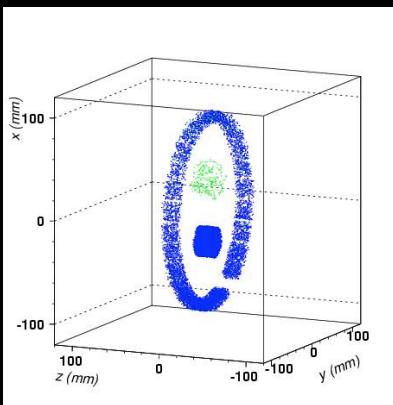
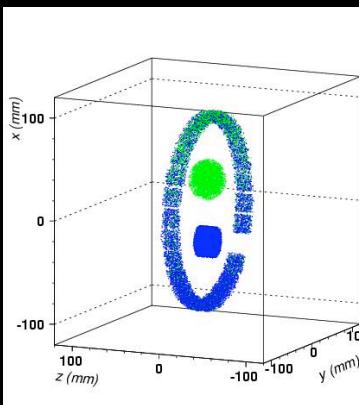
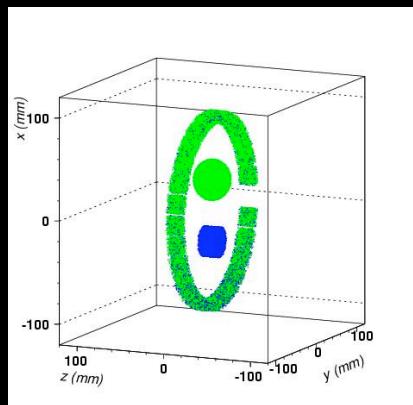


No TOF

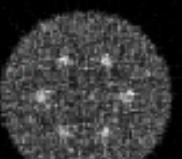


700 ps

*Harrison et al, IEEE MIC Conf Rec 2004*



<sup>15</sup>O (2 min)  
<sup>11</sup>C (20 min)



500 ps

*Santin et al, IEEE TNS 2003*

*Groiselle et al, IEEE MIC Conf Rec 2004*

300 ps

# Increasing the throughput of the simulations

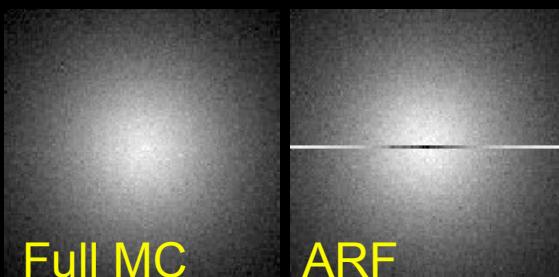
## Using acceleration methods

- Variance reduction techniques such as importance sampling (e.g. in SimSET)  
→ speed-up factors between 2 and 15

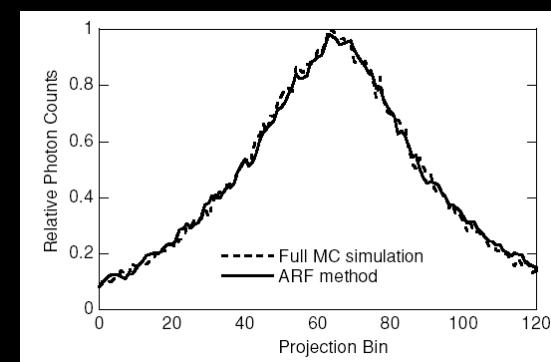


- Fictitious cross-section (or delta scattering)

## Combining MC and non MC modeling

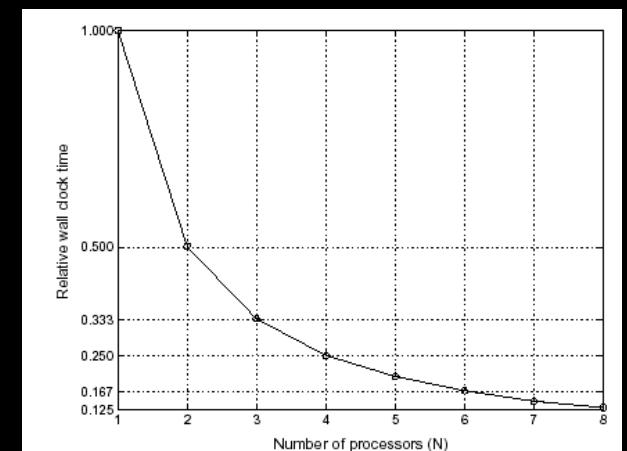
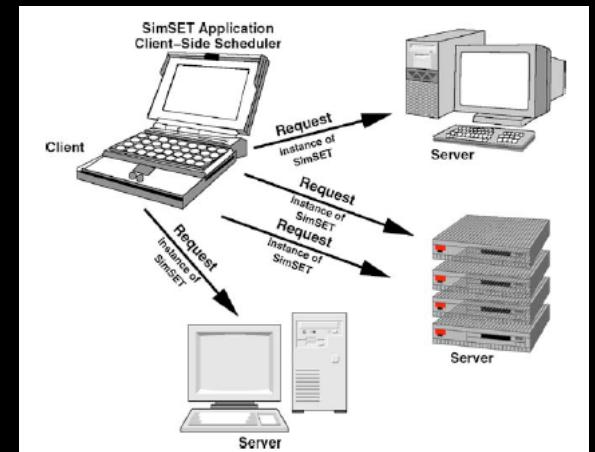


Song et al, Phys Med Biol 2005



increase in efficiency > 100

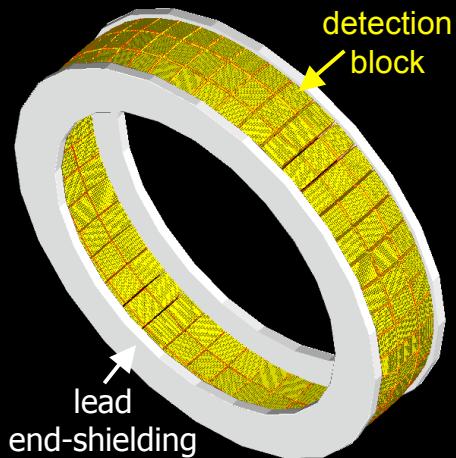
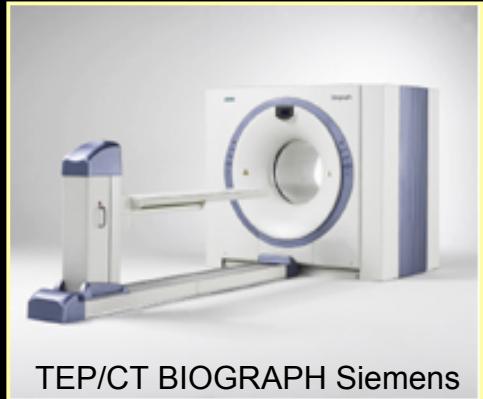
## Parallel execution of the code



Thomason et al, Comp Methods Programs Biomed 2004

# Modeling original detector designs

## Non-conventional geometries

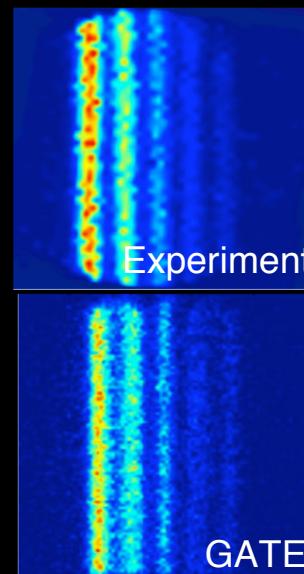


Spherical geometry of the Hi-Rez PET scanner  
*Lazaro et al, SNM 2005*

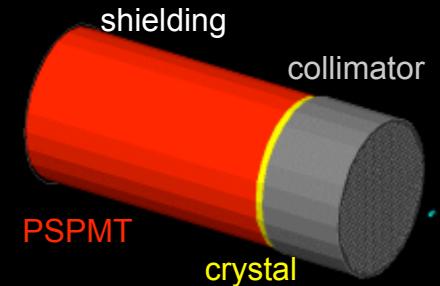
## Prototypes



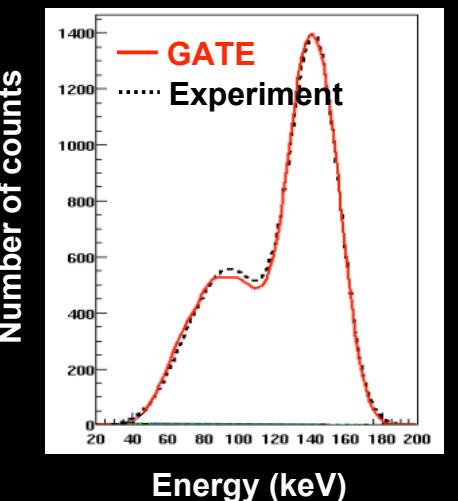
IASA CsI(Tl) gamma camera



*Lazaro et al, Phys Med Biol 2004*

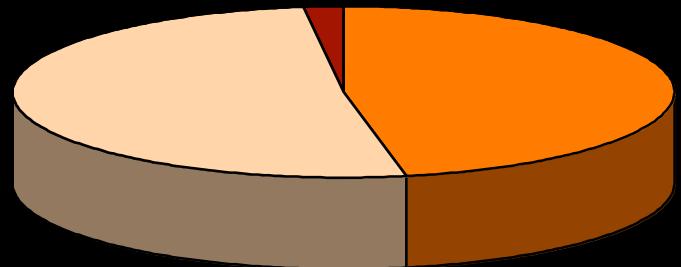


Energy spectrum

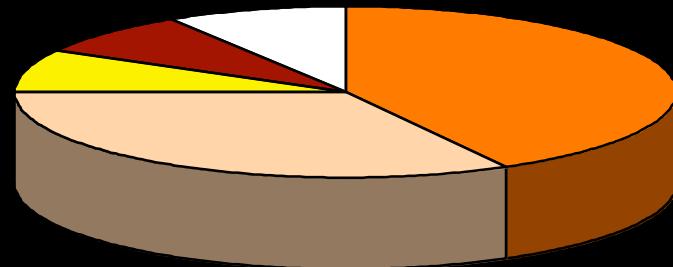


# New applications for Monte Carlo simulations

1995-1999

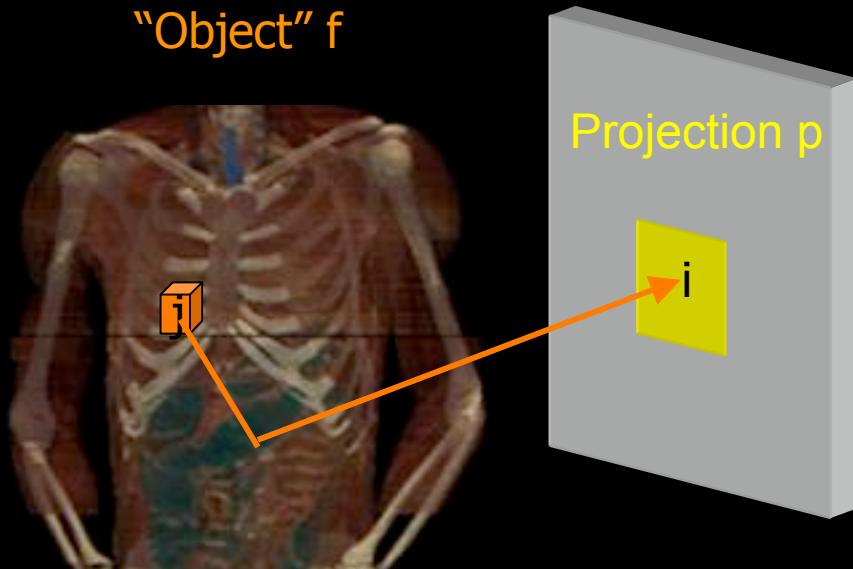


2000-2004



- █ Design and assessment of correction and reconstruction methods
- █ Study of an imaging system response
- █ Use in the very imaging process
- █ Data production for evaluation purpose
- █ Description and validation of a code

# Using Monte Carlo simulations for calculating the system matrix



$$p = R f$$

$R(i,j)$ : probability that a photon emitted in voxel  $j$  be detected in pixel  $i$

Calculating  $R$  using Monte Carlo simulations:

- for non conventional imaging design (small animal)
- to account for fully 3D and patient-specific phenomena difficult to model analytically (mostly scatter)

# Using Monte Carlo for feeding database

<http://www.ibfm.cnr.it/mcet/index.html>

The MC-ET database

#	Description of study	Scanner	Available Data	Total events
► 1	<a href="#">18FDG Brain study: normal subject</a>	GE-Advance	Sinograms	3318047
► 2	<a href="#">18FDG thorax study: thyroid tumour with metastases in the abdomen</a>	GE-Advance	Sinograms	1210779
► 3	<a href="#">18F NEMA uniform cylinder: 20x18 cm</a>	GE-Advance	Sinograms	4500951
► 4	<a href="#">18F hot sphere cylinder: 20x14 cm</a>	GE-Advance	Sinograms	4814214
► 5	<a href="#">18F NEMA 8 cm off-centered line source in water</a>	GE-Advance	Sinograms	2138901
► 6	<a href="#">18F uniform cylinder: 14x75 cm</a>	ADAC-CPET	Sinograms	2144551
► 7	<a href="#">18F uniform cylinder: 35x75 cm</a>	ADAC-CPET	Sinograms	97956
► 8	<a href="#">18F NEMA uniform cylinder: 20x18 cm</a>	ADAC-CPET	Sinograms	19742
► 9	<a href="#">18F NEMA 20 cm off-centered line source in air</a>	CPS-HR+	Sinograms	96010
► 10	<a href="#">18F NEMA centered line source in air</a>	CPS-HR+	Sinograms	78994
► 11	<a href="#">18F NEMA centered line source in water</a>	CPS-HR+	Sinograms	207690
► 12	<a href="#">18F NEMA 8 cm off-centered line source in water</a>	CPS-HR+	Sinograms	293841
► 13	<a href="#">18F NEMA uniform cylinder: NEMA 20x18 cm</a>	CPS-HR+	Sinograms	284759
► 14	<a href="#">18F Zubal phantom: thorax</a>	CPS-HR+	Sinograms, images	1945948
► 15	<a href="#">18F Zubal phantom: abdomen with lesions</a>	CPS-HR+	Sinograms, images	2250675
► 16	<a href="#">18FDG oncological patient without attenuation: liver with lesions (lesions to background 3:1)</a>	CPS-HR+	Sinograms, images	22186058
► 17	<a href="#">18FDG oncological patient :liver with lesions (lesions to background 3:1)</a>	CPS-HR+	Sinograms, images	18026320
► 18	<a href="#">18FDG oncological patient without attenuation: liver with lesions (lesions to background 4:1)</a>	CPS-HR+	Sinograms, images	22787362
► 19	<a href="#">99mTc NEMA centered line source in air</a>	ELSCINT Helix dual-head	Projections	507285
► 20	<a href="#">99mTc NEMA off-centered line source in air</a>	ELSCINT Helix dual-head	Projections	516296

<http://sorteo.cermep.fr>

Downloads [ buvat0 ]

Jacob	<input checked="" type="radio"/> MRI
Zubal	<input type="radio"/> Labels
Patient 01	<input type="radio"/> [18F]FDG PET Images
Patient 02	<input type="radio"/> [18F]DOPA PET Images
Patient 03	<input type="radio"/> [11C]Raclopride PET Images
Patient 04	<input type="radio"/> [18F]FDG Sino
Patient 05	<input type="radio"/> [18F]DOPA PET Sino
Patient 06	<input type="radio"/> [11C]Raclopride PET Sino
Patient 07	<input type="radio"/> Transmission Sino
Patient 08	Common : Blank
Patient 09	Common : Normalization
Patient 10	
Patient 11	
Patient 12	
Patient 13	
Patient 14	
Patient 15	

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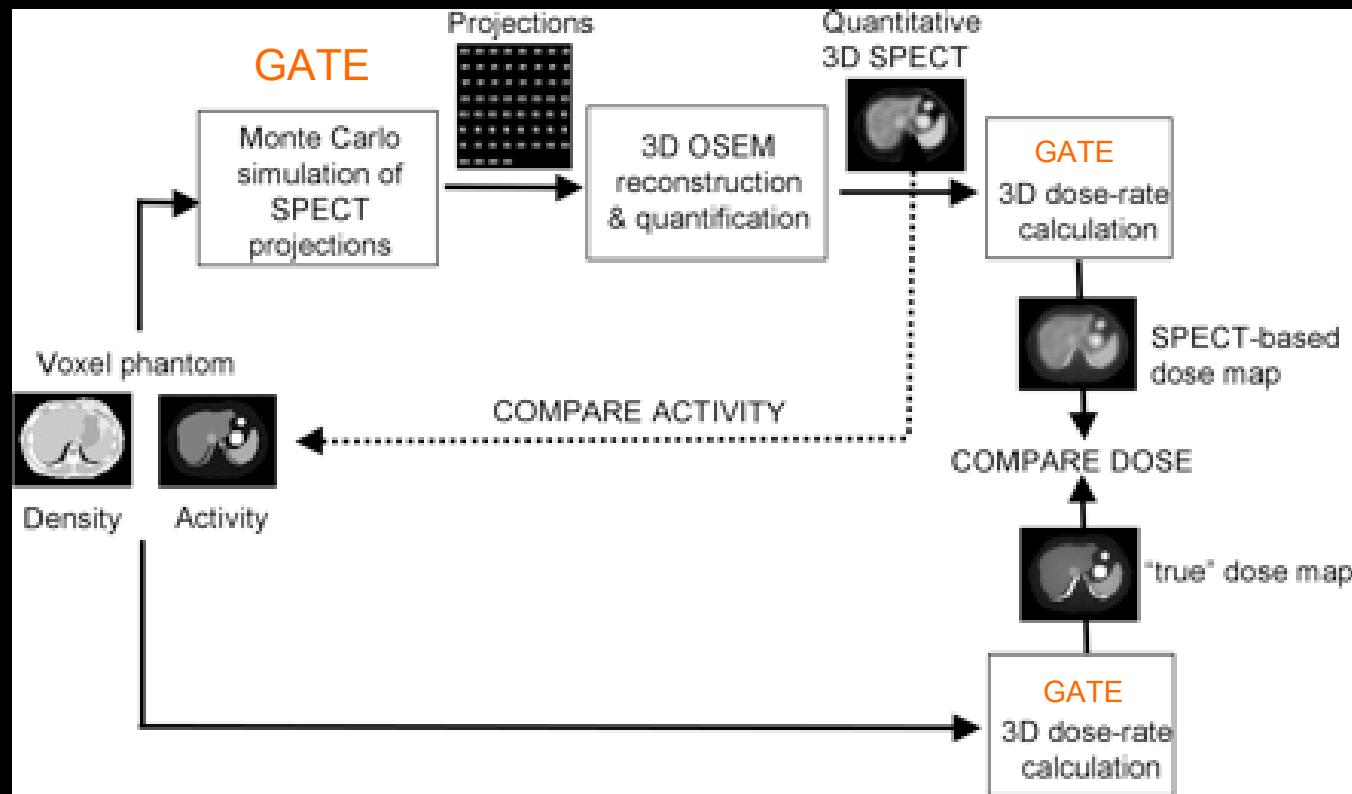
What next?

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# Bridging the gap between MC modelling in imaging and dosimetry

*Accurate dosimetry in  $^{131}\text{I}$  radionuclide therapy using patient-specific, 3-dimensional methods for SPECT reconstruction and absorbed dose calculation*

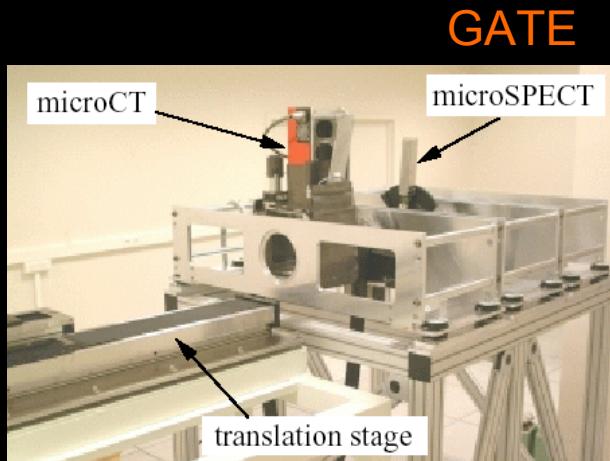


# Modeling hybrid machines (PET/CT, SPECT/CT, OPET)

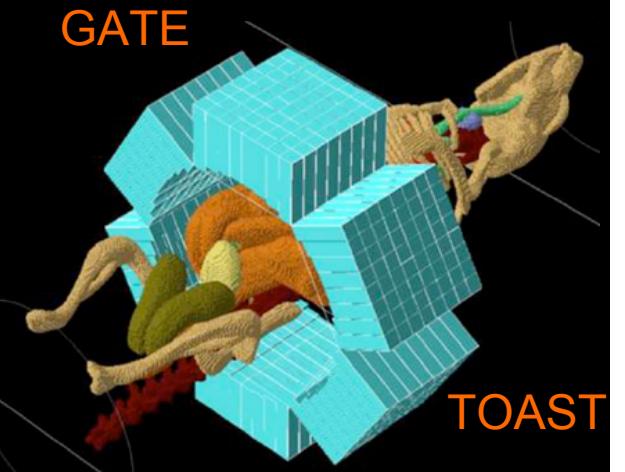
PET/CT



SPECT/CT



OPET



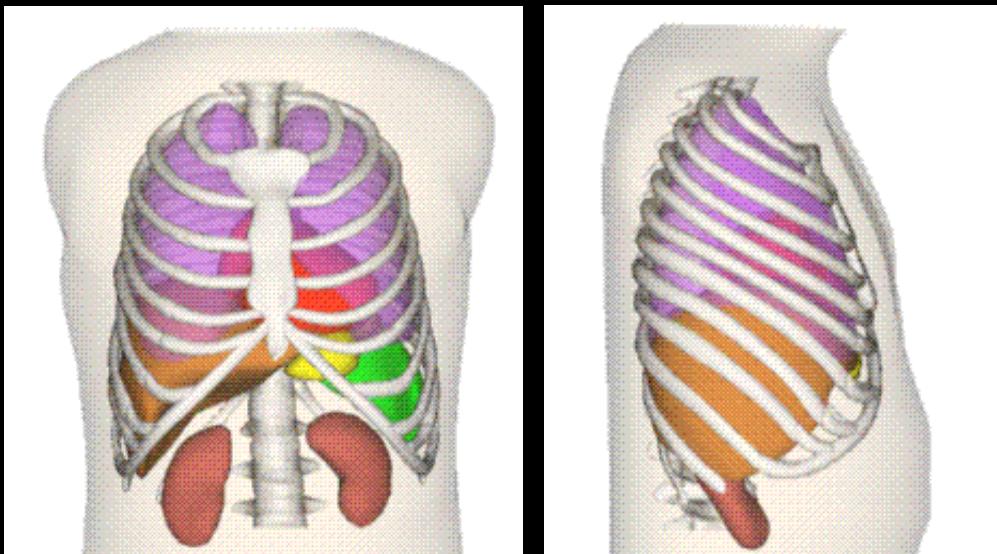
Integrating Monte Carlo modeling tools for:

- common coordinate system
- common object description
- consistent sampling
- convenient assessment of multimodality imaging

# Designing realistic phantoms

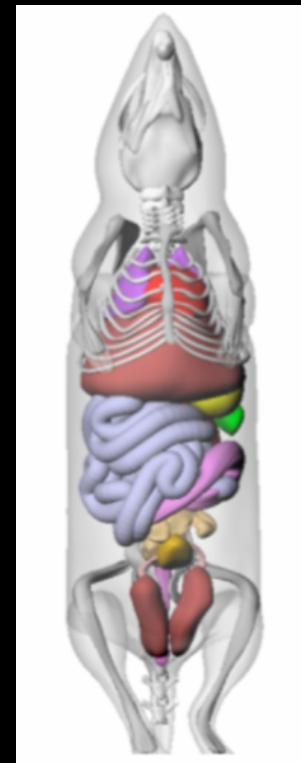
Interfacing realistic phantoms with simulator input

NCAT

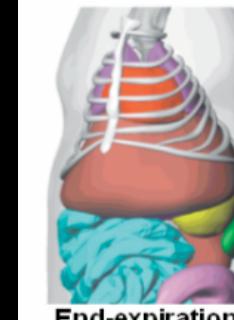


*Segars et al, IEEE TNS 2001*

MOBY



Respiration



End-expiration



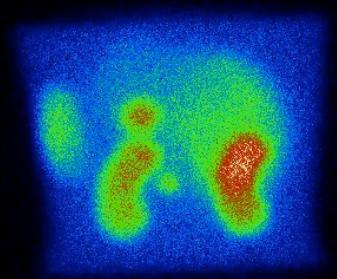
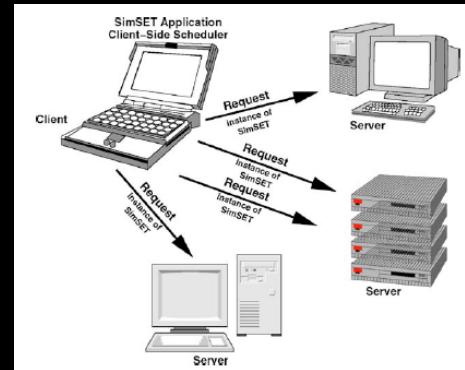
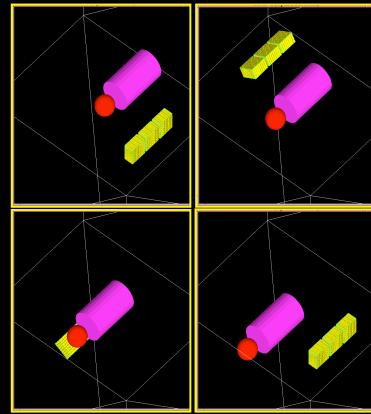
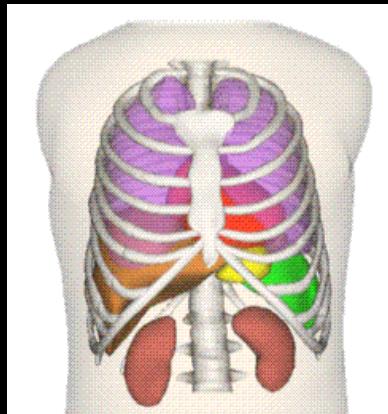
End-inspiration

*Segars et al, Mol Imaging Biol 2004*

Making it easier to model a wide range of body habitus and physiological motions

# Conclusion

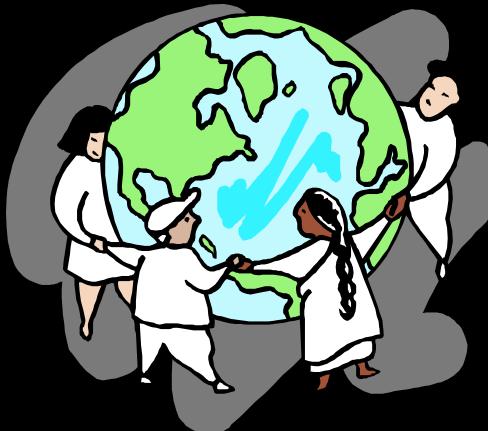
- Monte Carlo simulation is a more and more accurate modelling tool in SPECT and PET



- They will be more and more present in (nuclear) medical imaging in the future:
  - as an invaluable guide for designing imaging protocols and interpreting SPECT and PET scans,
  - in the very imaging process of a patient

## Acknowledgments

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