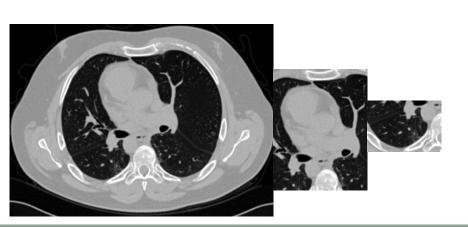
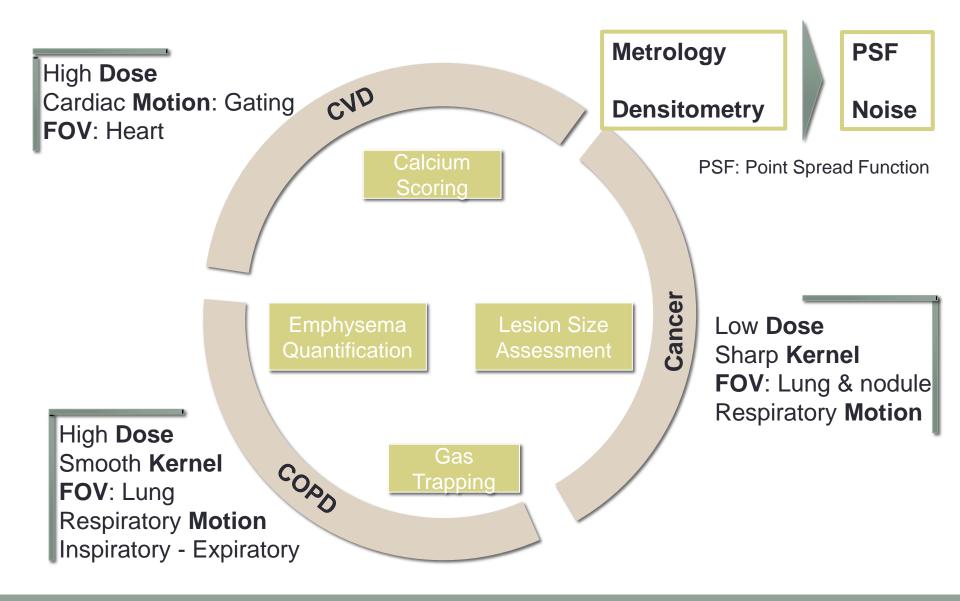
TECHNICAL CONSIDERATIONS FOR AN OPTIMIZED JOINT PROTOCOL

Raúl San José Estépar, PhD Brigham and Women's Hospital





Introduction: The compromise of a joint protocol



The nature of the challenge





Scanner Configuration

Tube current (dose)

Table centering



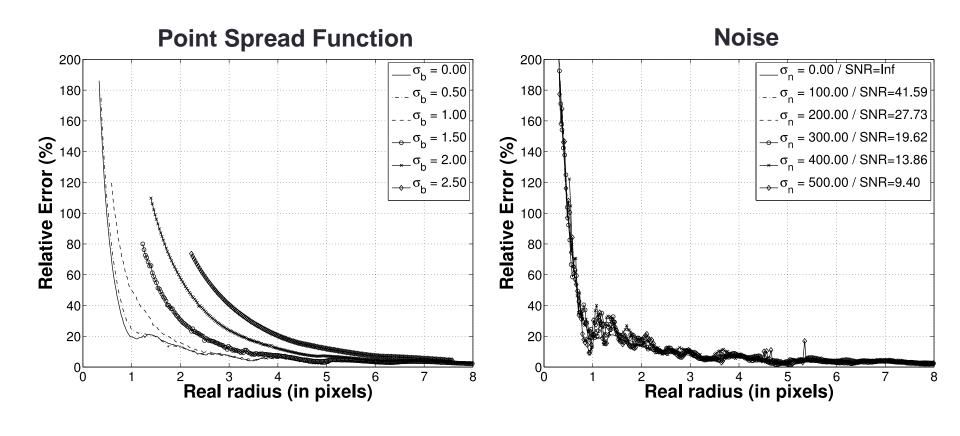
Software of the scanner

Current Modulation	Noise
Reconstruction software	PSF + Noise
Slice Thickness	PSF

Minimize Risk Maximize Quality

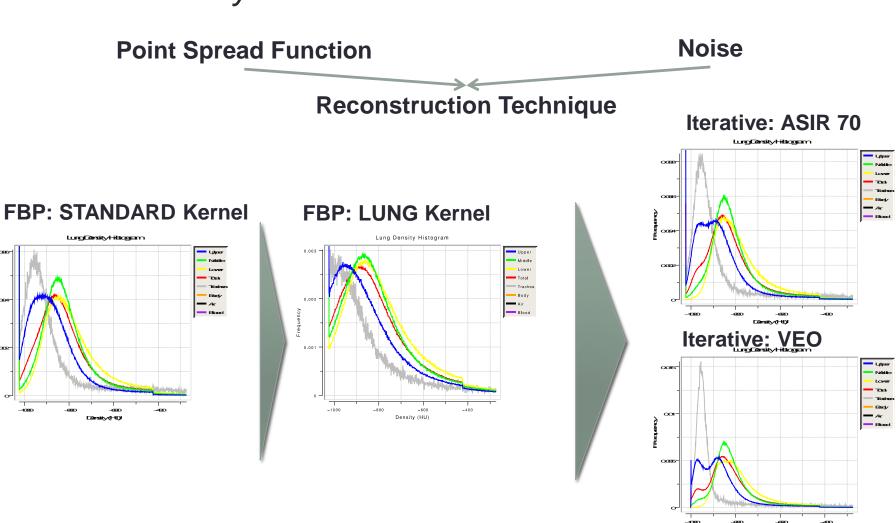
Recon vs. Tube Current: What is critical?

Metrology



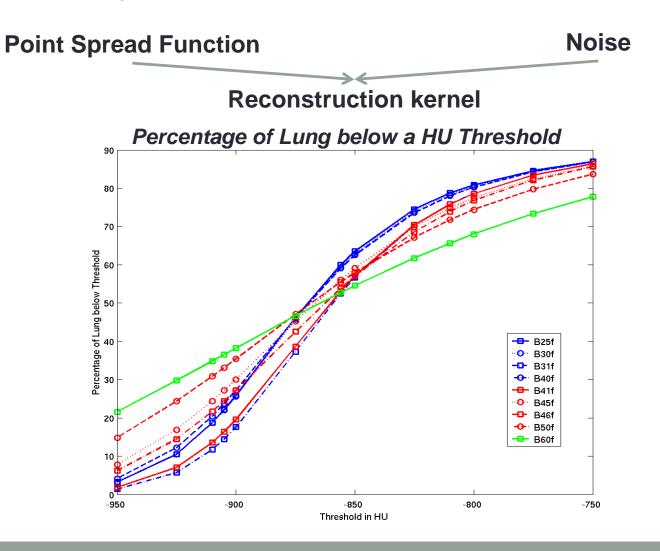
Recon vs. Tube Current: What is critical?

Densitometry

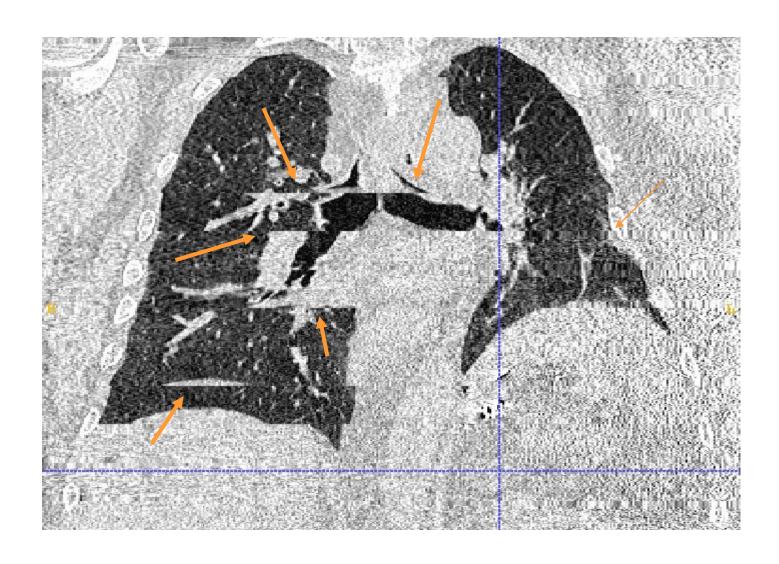


Recon vs. Tube Current: What is critical?

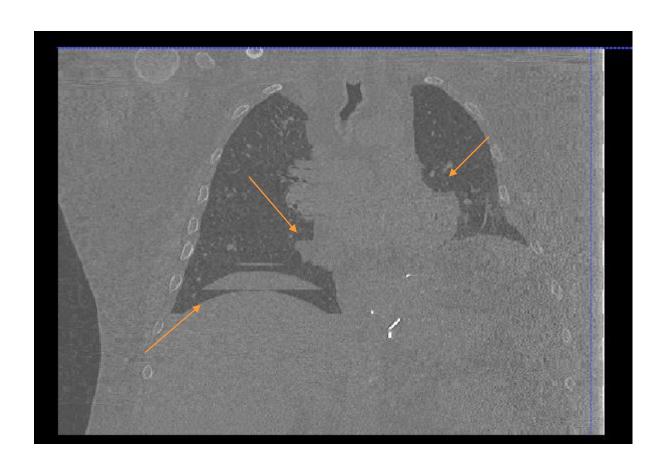
Densitometry



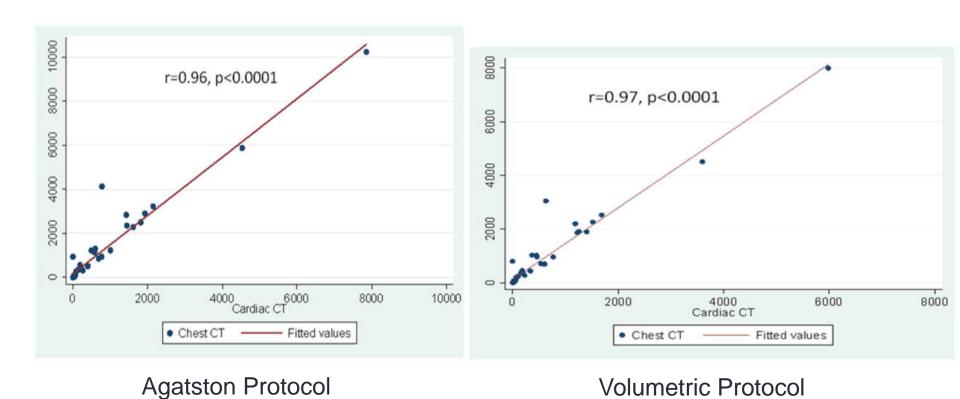
Motion: Two frequencies and one finite beam



Reasons for Failure



Cardiac Motion: Is Gating needed?



Budoff, M.J. et al., 2011. Journal of cardiovascular computed tomography,

Where are we now?: NLST Protocol

Scanner Configuration				
Scanner Make	GE		Siemens	
Scanner Model	Light Speed 16	VCT(64)	Sensation 16	Senstation 64
Rotation Time (s)	0.5	0.5		
Det. Configuration	16x1.25	64x0.625	16x0.75	32x0.6
Pitch	1.375	0.984	1.5	1
Speed (mm/rot)	27.5	39.37	18	19.2
kVp	120	120	120	120
mAs	40	25	75	50
Dose Modulation				
Reconstruction				
Algorithm	Standard	Standard	B30	B30
Thickness (mm)	2.5	2.5	2	2
Interval (mm)	2	2	1.8	1.8
DFOV (cm)				

Where are we now?: COPDGene Protocol

Scanner Configuration					
Scanner Make	GE		Siemens		
Scanner Model	Light Speed 16	Discovery HD750	Definition	Definition AS+	Definition Flash
Rotation Time (s)	0.5	0.5	0.5	0.5	0.5
Det. Configuration	16x0.625	64x0.625	64x0.6	128x0.6	128x0.6
Pitch	1.375	1.375	1.1	1	1
Speed (mm/rot)	13.75	13.75	13.2	38.4	38.4
kVp	120	120	120	120	120
mAs	200	200	200	200	200
Dose Modulation	Auto-mA Off	Off	CARE Dose 4D Off	CARE Dose 4D Off	CARE Dose 4D Off
Reconstruction					
Algorithm	Standard	Standard	B31f	B31f	B31f
Thickness (mm)	0.625	0.625	0.75	0.75	0.75
Interval (mm)	0.625	0.625	0.5	0.5	0.5
DFOV (cm)	Lungs	Lungs	Lungs	Lungs	Lungs

Where are we now?: CAC Protocol

	Scanner						
	Imatron	LightSpeed					
Parameter	(Electron-Beam)	Plus	MX8000	Volume Zoom	Volume Zoom	Aquilion	Sensation 64
Acquisition mode	Sequential	Sequential	Sequential	Sequential	Spiral	Sequential	Spiral
Electrocardiographic							
synchronization	Prospective	Prospective	Prospective	Prospective	Retrospective	Prospective	Retrospective
Peak voltage (kVp)	130	120	120	120	120	120	120
Rotation time (sec)	0.1 (scanning time)	0.5	0.5	0.5	0.5	0.5	0.33
Tube current-time product							
(mAs)*	63 (fixed)	25, 70, 145	10, 30, 65	20, 55, 135	20, 50, 115	20, 45, 90	20, 70, 145
Detector configuration (mm)	1 × 3	4 × 2.5	4×2.5	4 × 2.5	4 × 2.5	4×3	64×0.6
Section thickness (mm)	3	2.5	2.5	2.5	3	3	3
Table feed (millimeters per							
rotation)	3	10	10	10	3.75	12	3.84
Pitch	1	_1	1	1	0.375	1	0.2
Reconstruction algorithm	Sharp	Standard	В	B35f	B35f	FC01	B35f
Effective dose (mSv) [†]	1.0	1.7	0.6	1.1	2.5	1.4	5.25

McCollough, Coronary Artery Calcium: A Multi- institutional, Multimanufacturer International Standard for Quantification at Cardiac CT Radiology, 2007

Emphysema: One marker for three protocols

LAA%-910

LAA%-925



N=4059 Mean FEV1%: 97.40 ±11.51% LAA%-950

NLST

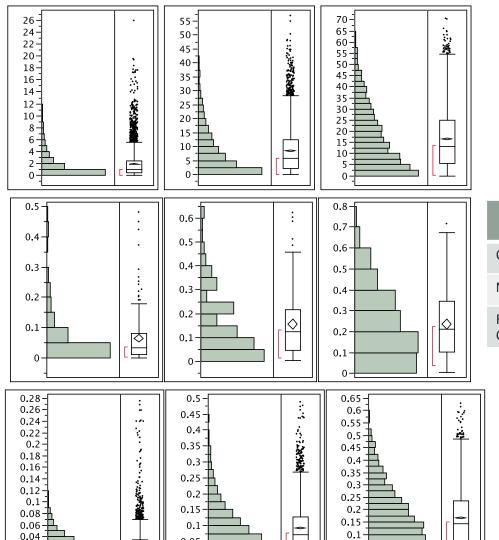
Dransfield et al, Chest, 2007

N=359 Mean FEV1%: 74±18%

FHS Cardiac

0.02

N=3409



0.05

0.05

Median Value

	LAA%- 950	LAA%- 925	LAA%- 910
COPDGene	0.95%	5.65%	13.32%
NLST	3.5%	12.6%	24.8%
FHS Cardiac	2.0%	7.1%	14.27%

The effect of multiple thresholds

LAA%-950 vs LAA%-925

LAA%-950 vs LAA%-910



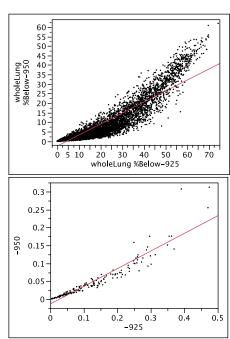
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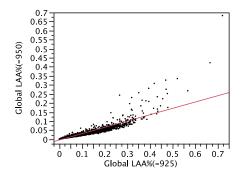


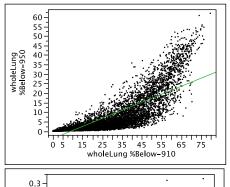
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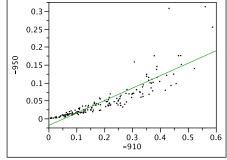
FHS Cardiac

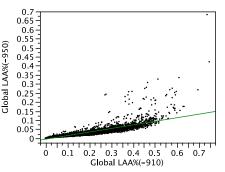
N=3409







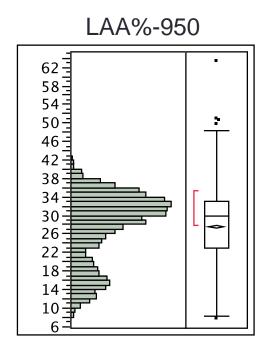


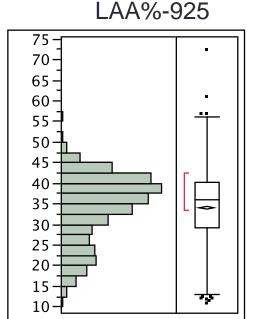


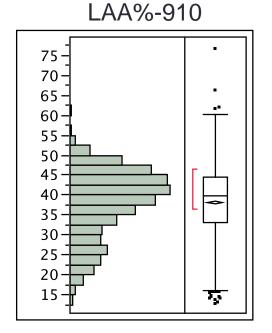
FHS: One attempt to a join protocol

	Heart Scan	Full Lung Scan
Manufacturer	GE Light Speed Ultra	GE Discovery STE
Voltage (kV)	120	120
Dosage (mAs)	104.32	68.1
Slice Width	2.5	0.625
Reconstruction	STANDARD	LUNG

Emphysema in Full Lung Scan

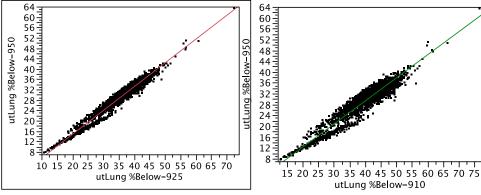




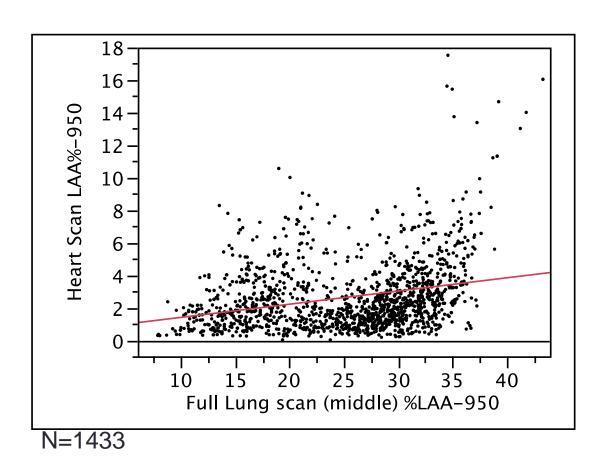


N=2795

Median: 29.8% 35.91% 39.80%



Heart Scan vs Full Lung Scan with Gating



Conclusions

- Effects of reconstruction overpowers the effects of dose
 - Standardized reconstruction protocols that balances the trade-offs
 - Iterative reconstructions need to be validated
- Gating is an imperfect solution
- Quantitative markers need to be adapted to exploit invariances across scanning protocols and scanner generations