**Matching of fiducial lines to slice intersection points in ultrasound images**

Alexis Boucharin, Andras Lasso, Csaba Pinter, Tamas Heffter, Gabor Fichtinger

*Laboratory for Percutaneous Surgery, School of Computing, Queen’s University, Kingston, Ontario, Canada*

***Abstract***

Effective ultrasound-guided radiation therapy of prostate cancer requires accurate calibration and quality assurance of the imaging system. Calibration and quality assurance procedures used in clinical practice are mostly manual, time consuming, require special operator skills, and the results are often operator-dependent. Automated methods exist for some tasks, but extensive research and development efforts are required for achieving full automation. All the methods require imaging of precisely manufactured test objects (phantoms). Current computational methods typically developed to work with only one specific phantom. Therefore, software update and tuning (often by trial and error) is required for each new phantom version, which considerably slows down the development process. We propose an automatic method that can decouple phantom and software changes, allowing calibration and quality assurance procedures performed on different phantoms without any software change. The idea is to introduce a phantom description scheme to specify the features of the phantom and create generic algorithms that perform all parameter tunings internally, automatically, by utilizing the information in the phantom description We applied this approach to implement a phantom-independent version of the fiducial point segmentation algorithm developed by Chen et al. in 2009. Open-source software components were used for the implementation: the Insight Toolkit for data processing, and the 3D Slicer application for visualization and testing. Our tests on real ultrasound data sets have given promising results: the method successfully identified various fiducial line patterns that are typically used for calibration and is capable of identifying patterns commonly used in image quality assurance phantoms, all without any software change.

*Index terms: ultrasound imaging, quality assurance, calibration, segmentation, prostate brachytherapy.*

***Purpose***

Ultrasound-guided low dose rate brachytherapy is now one of the popular therapy choices for treatment of early prostate cancer (Nag, 2000). During the treatment procedure radioactive seeds are inserted into the tumor. To deliver high radiation dose to the tumor and minimize irradiation of healthy tissues the ultrasound system has to provide accurate and reliable information about the prostate and seed positions. This requires accurate calibration and image quality assurance procedures. In current clinical practice these procedures are manual and therefore lengthy, require an operator with special skills and experience, and the results may be operator-dependent. All these limitations could be resolved by automating these procedures. Yet, this automation is a challenging task, requiring extensive research and development work.

One of the most important components of an ultrasound calibration and image quality assurance system is the measurement phantom. The phantom is an object that can be imaged by the ultrasound device and contains a number of precisely manufactured features, which provide ground truth data for various measurements. Unfortunately, currently there is no one single phantom that is suitable for performing all the required tests fully automatically. Development of these automatic methods and corresponding phantoms require extensive research work. However, typically new software algorithm version has to be developed and tuned for each phantom version, often performed by a trial and error process. This is time-consuming and does not guarantee optimal results.

We propose a method that helps this research and development work by not requiring any software changes when using different phantom versions. Automatic segmentation of fiducial lines is an essential feature in many calibration and image quality assurance methods. Therefore, we focused on algorithms that supports the general solution of this problem enables detection of coplanar lines that be contained in multiple planes for any number of lines per plane.

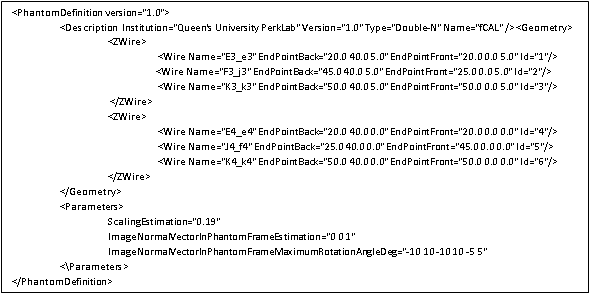
***Method***

1. *Overview*

Each phantom includes a specific number of fiducial lines, these lines are physical lines of known positions and their detection provides a ground truth position for the calibration (Chen, 2009) and image quality assurance (Pfeiffer, 2008). We first determine extract a list of points that are potential intersection of fiducial lines using the method described in (Chen, 2009), Then the list of fiducial points in the image plane registered to the actual fiducial lines in the phantom. Finally, various calibration and quality assurance parameters are determined using this correspondence of fiducial line positions in the phantom and in the image space.

1. *Phantom definition*

The exact locations and basic structure (such as parallel or Z-shaped pattern) of the fiducial lines are described in the phantom definition file. The number of these structures is not limited and is provided in the phantom definition file. The XML format was chosen for its simplicity to be interpreted by both humans and computers and because it is a standard format. Here is an example of a phantom definition file:



1. *Generic method for fiducial pattern recognition and automatic computation of tolerance parameters*

Assuming each fiducial pattern consisting of coplanar lines (as it is the case in many phantoms, such as (Chen, 2009) and (Pfeiffer, 2008)), one pattern always appear in the ultrasound image as *n* collinearpoints (*n*-point line). From the list of fiducial points, *n*-point lines are computed and sorted by their intensity so that we have a list of lines each made of *n* fiducial points. Then, a backtracking algorithm is performed on the *n*-point lines found previously to match the actual lines made from the fiducial points from the phantom definition file. The choice for a backtracking algorithm is its simplicity and the fact that there are not too many candidate lines so the computation time of this part of the method is not preponderant. Once the lines are correctly detected, we can determine from image orientation and a transform matrix the correspondence between the fiducial points we found the actual one and therefore register them to the labels provided in the phantom definition file.

The different thresholds to accept points on a line or to register a potential line to an actual one is computed internally by the algorithm instead of implemented by a trial and error process. From the angular maximum movements of the ultrasound probe, we can determine how far from the actual position the candidate line can be. This angular maximum movement provides the range in which the image can actually be, as the image plane might not necessarily be perpendicular to the fiducial lines due to user movements, or could be slightly rotated around one axis or the other. These angular parameters are obtained from the phantom definition file and the input data and would allow an optimal choice of threshold parameters that are automatically determined for any line configuration in the phantom. From these angles we estimate the range of potential image plane positions and orientations by applying three rotations, one around each phantom coordinate system axis. Then we compute the intersection of the fiducial plane, defined by three wires in a Z-shape configuration or by parallel lines, and the image plane, and then compute the maximum and minimum possible inclination of the intersection line in the image plane. This computation provides us automatically two important segmentation parameters with high accuracy.

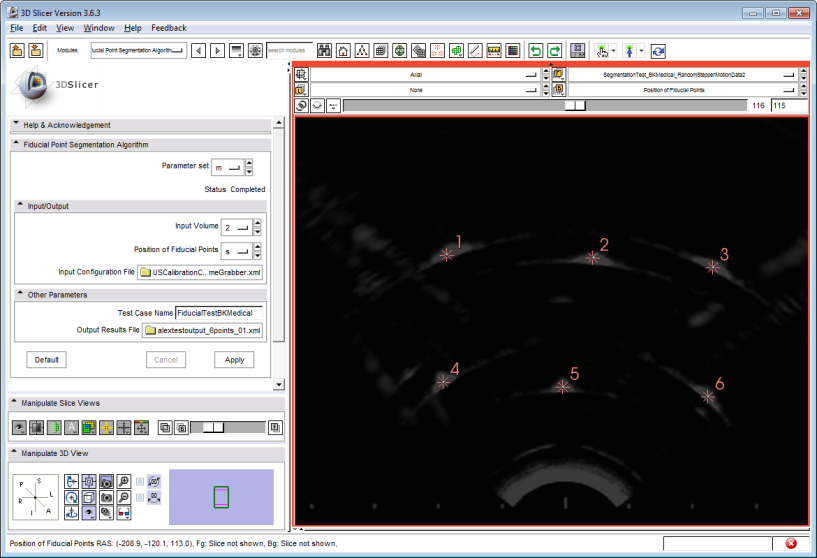
1. *Implementation*

The method has been developed in C++, using the **Insight Segmentation and Registration Toolkit** (ITK, http://www.itk.org/) for portability, speed, and robustness. A 3D Slicer (http://www.slicer.org/) module has been developed for visualization of input data and results. This module was extensively used for software debugging, testing, and creation of ground truth data sets for automatic testing. A screenshot of the 3D Slicer module is shown in Figure 2.

The algorithm is tested every night using CTest/CDash, which provides a consistent tool for testing and analyzing the performance of the method (success rate, speed of computation).

***Results and Discussion***

The automatic computation of selected segmentation parameters and minimum and maximum angle of a line in the image plane have been successfully tested on several ultrasound image sequences. The next steps will be to extend the list of parameters that can be computed automatically to make the method as operator independent as possible and to compute accurate segmentation parameters without a trial and error process. The method also detects 3-point lines within an image with success.

 Figure 2: 3D Slicer module of a segmented ultrasound image. The fiducial points are labelled.

***Conclusion***

Our tests on real ultrasound data sets have given promising results: the method successfully identified various fiducial line patterns such as Z-shaped configurations that are typically used for calibration and is capable of identifying patterns commonly used in image quality assurance phantoms such as parallel fiducial lines, all without any software change. The automatic computation of segmentation parameters is also a success to make the segmentation algorithm more input independent.

***References***

Bartha, L. (2011). Automatic fiducial localization in ultrasound images for a thermal ablation validation platform. *SPIE Medical Imaging* (p. pp. 796421). Lake Buena Vista (Orlando), Florida, USA: SPIE.

Chen, T. T. (2009). Chen, T.K., Thurston, A.D., Ellis, R.E., and Abolmaesumi, P. *Ultrasound in Med. & Biol, 35(1) pp. 79–93*.

Nag, S. (2000). Brachytherapy for prostate cancer: Summary of american brachytherapy society recommendations. *Seminars Urologic Oncol.*, pp. vol. 18, mo. 2, pp 133-136.

Pfeiffer, D. e. (2008, December 12). AAPM Task Group 128: Quality assurance tests for prostate brachytherapy ultrasounds systems. *Medical Physics*, pp. Vol. 35, pp. 5471-5489.