

Development of a portable gamma imaging system for absorbed radiation dose control in targeted radionuclide therapy

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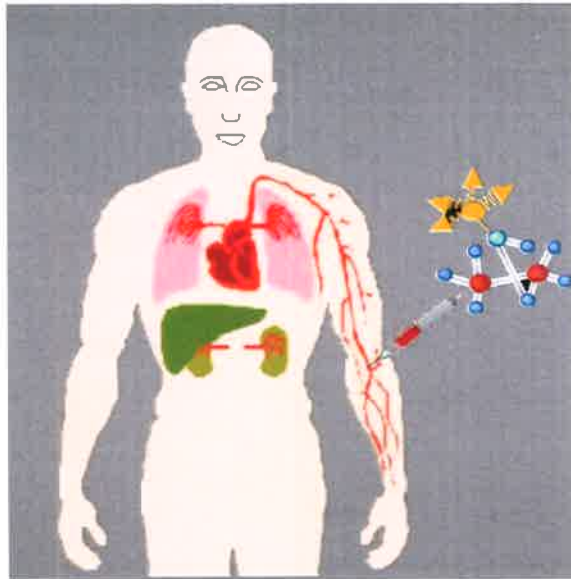
L. Ménard, P. Lanièce , Y. Charon, M.-A. Duval,
M.-A. Verdier, L. Ammour, A. Bricou

Collaborations : AG medical, IRSN, European clinical centers
(Londres, Utrecht)



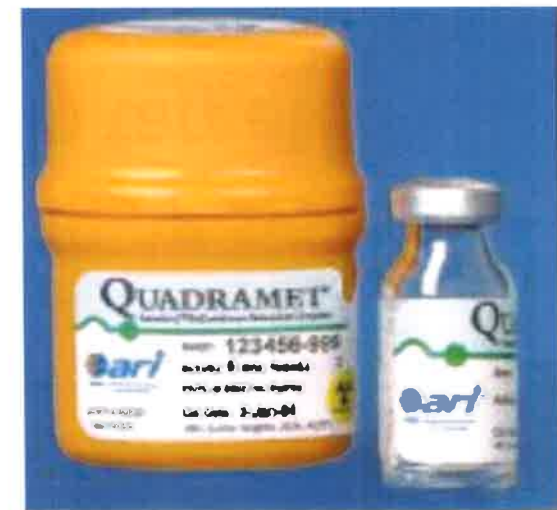
Comprendre le monde,
construire l'avenir





Local irradiation with α or β emitting radionuclides

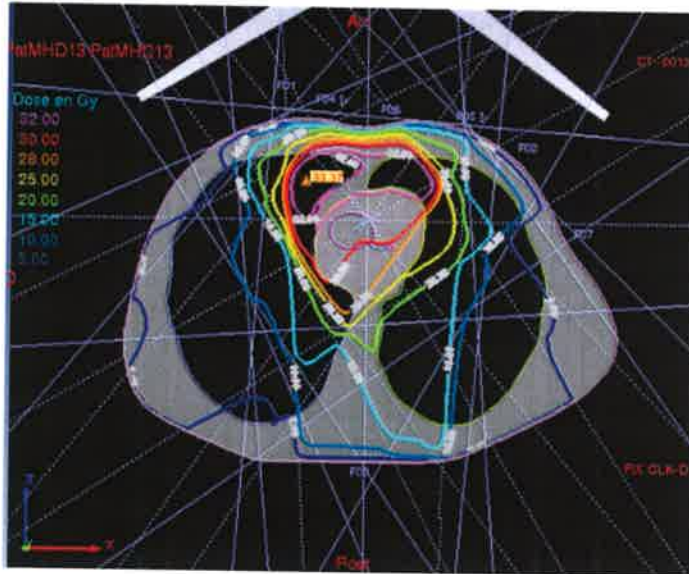
- ^{131}I : Differentiated thyroid cancer and benign thyroid disease
- ^{131}I -MIBG: Neuroendocrines tumors
- Palliative traitements due to osseous metastases :
 ^{32}P , ^{89}Sr , $^{153}\text{Sm-EDTMP}$, $^{186}\text{Re}/^{238}\text{Re}$
- Rheumatologies : ^{90}Y , ^{186}Re , ^{169}Er
- ^{90}Y -ibritumomab tiuxetan (Zevalin) : lymphoma
- ^{90}Y -microsphères: Liver tumor
- ^{223}Ra (Xofigo) : Prostate cancer with osseous metastases
- $^{90}\text{Y}/^{177}\text{Lu}$ -DOTATOC/DOTATATE : Neuroendocrines tumors



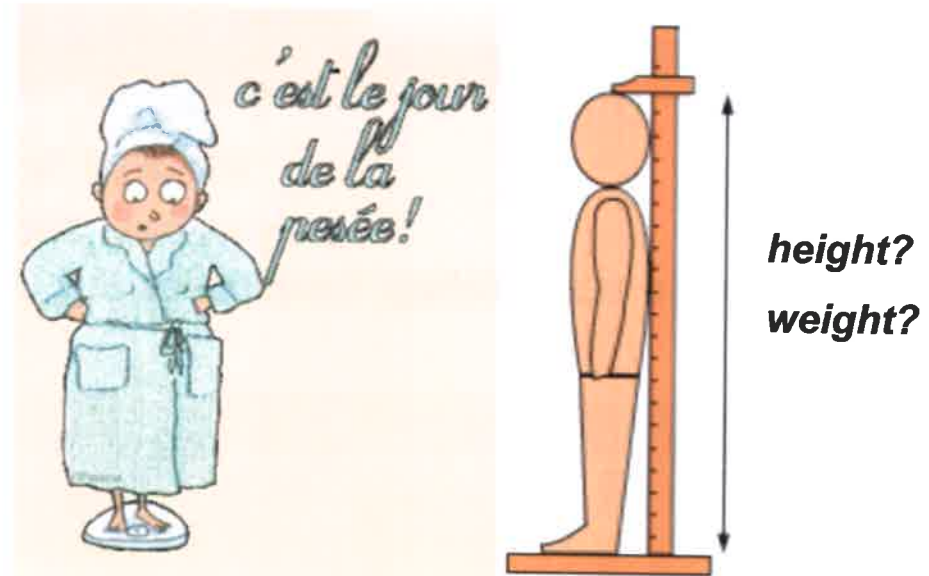
New radioisotopes / vector :

$^{149,161}\text{Tb}$, ^{225}Ac , ^{211}At , ^{212}Pb , ^{227}Th , ^{44}Sc - ^{47}Sc , ^{64}Cu - ^{67}Cu , $^{198-199}\text{Au}$

External Radiotherapy



Internal Radiotherapy

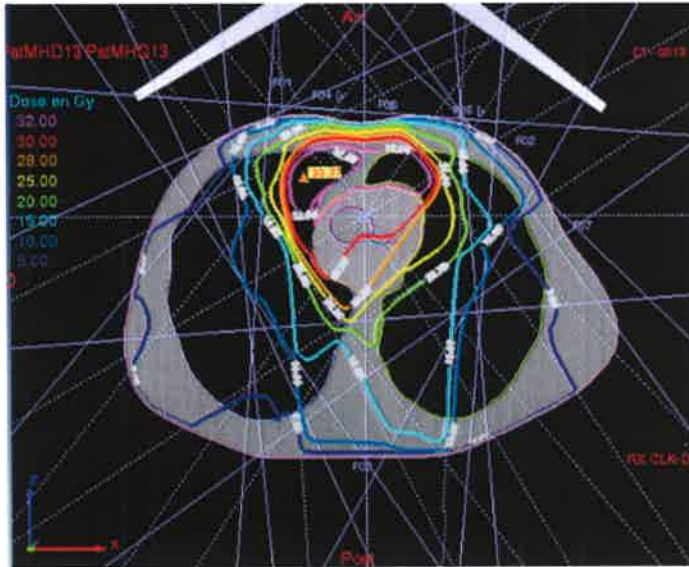


Observations :

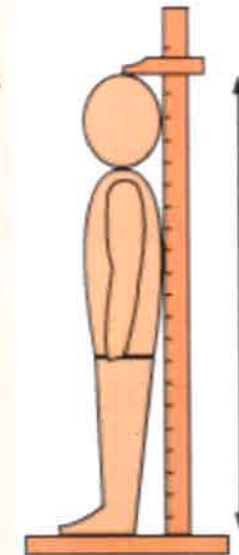
**big differences in the observed effects (response and toxicity)
effects are dependent on the dose delivered to the tissues**

**Personalized dosimetry is essential for treatment's optimization
(increase the dose in the tumor while sparing other organs)**

External Radiotherapy



Internal Radiotherapy



height?
weight?

Decree-Law n° 2003-462 of 21 May 2003 on the regulatory disposition of parts I, II and III of the Public Health Code

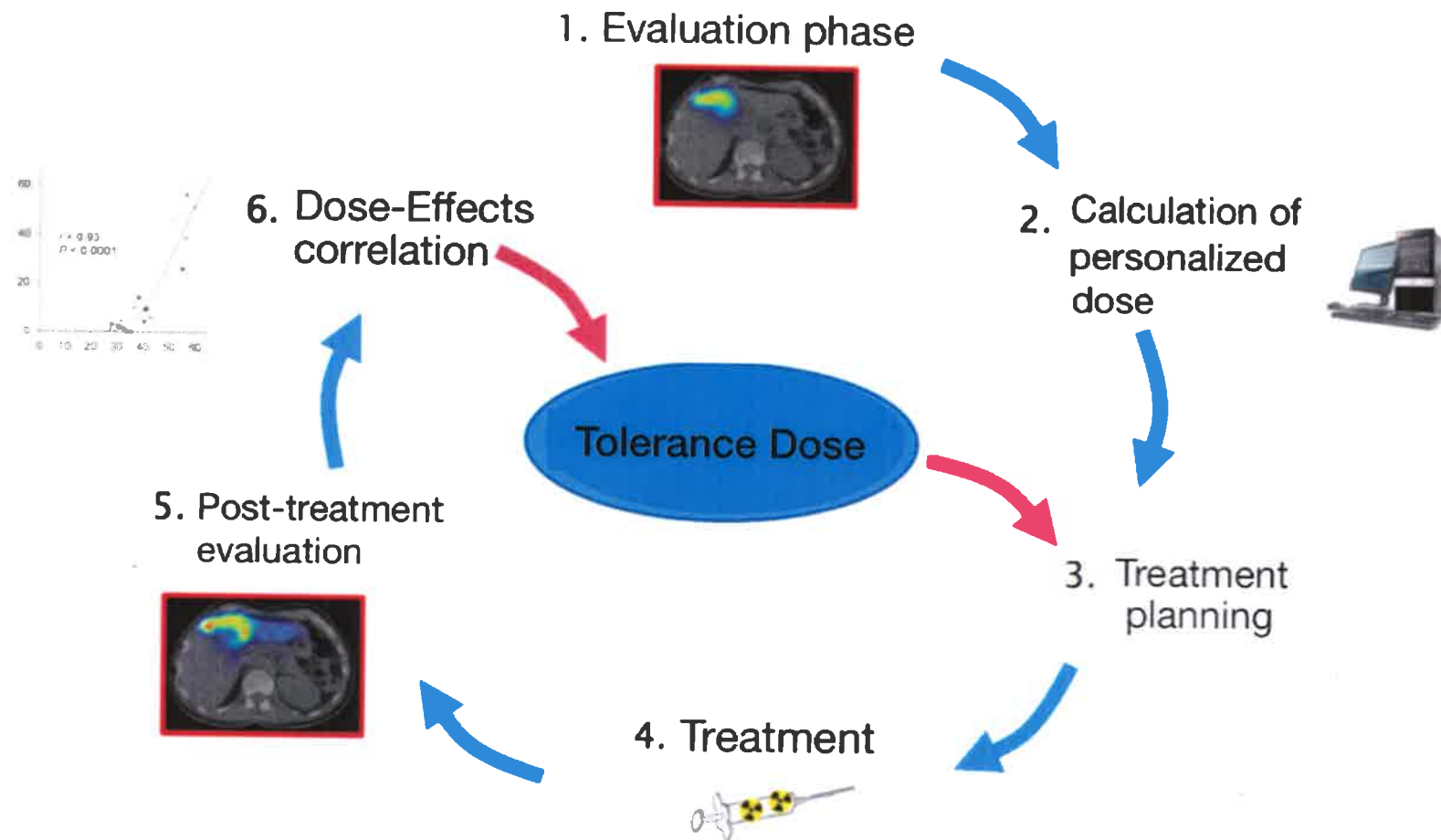
Article R. 1333-64

Pour les actes de médecine nucléaire à visée diagnostique, les médecins réalisateurs doivent mettre en oeuvre les moyens nécessaires pour maintenir la quantité de radioactivité des produits administrés à la personne au niveau le plus faible possible compatible avec l'obtention d'une information de qualité.

Pour les actes de médecine nucléaire à visée thérapeutique, les expositions des tissus et organes sont déterminées au cas par cas, en veillant à ce que les doses susceptibles d'être reçues par les organes et tissus autres que ceux directement visés par l'exposition soient maintenues au niveau le plus faible possible, compatible avec le but thérapeutique et la nature du ou des radionucléides utilisés.

Needs of a dosimetry based on quantitative imaging of the bio-distribution and kinetics of the radiopharmaceutical for each patient :

- 1) Determine the activity to be injected
- 2) Determine the tolerance Dose



General interest of imaging just after patient injection :

correlation between the dose released in the tumors/organs at risk and the clinical effect

verify that the uptake corresponds to the activity estimated from the evaluation phase

control the dose deposited during fractionated treatment, in order to eventually readjust it

Why lack of post-injection imaging nowadays ?

- the existing protocols are considered to be well working
- the new protocol is time consuming
- availability of the existing cameras for treatment imaging
- patient accessibility (radiation safety)
- cameras not optimized for all energies

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Development of mobile imaging systems for accurate measurements of absorbed doses delivered to the tumor and to the organs at risk just after the patient injection

Portable imaging systems for quantitative measurements of absorbed doses delivered to the patient during the treatment of thyroid disease (benign and malign)

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Treatments

total/partial thyroidectomy

high-dose radioactive ^{131}I

anti-thyroid drugs

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Hyperthyroidism

Graves/Basedow disease

hyperfunctioning and enlargement

380 ± 360 MBq

Toxic nodular/ multinodular goiter

one or more hyperfunctioning foci

640 ± 550 MBq

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**Toxic nodular/
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**High energy gamma rays
($>300 \text{ keV}$)**

High fluxes

Compact and mobile :
Exams performed in an isolated room
at the patient's bedside

**Spatial Resolution and Efficiency
compromise**
for nodule detectability

**Good image contrast and signal to
noise ratio**
for dose quantification

Final purpose :

10x10 cm² field of view miniaturized mobile gamma camera

- parallel-hole high-energy tungsten collimator
- continuous inorganic scintillator
- 256 channels photodetection system

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Definition and optimization of the detection head (scintillator and collimator) of a first 5 x 5 cm² prototype in terms of spatial and energy resolution, efficiency and cost.

Experimental studies

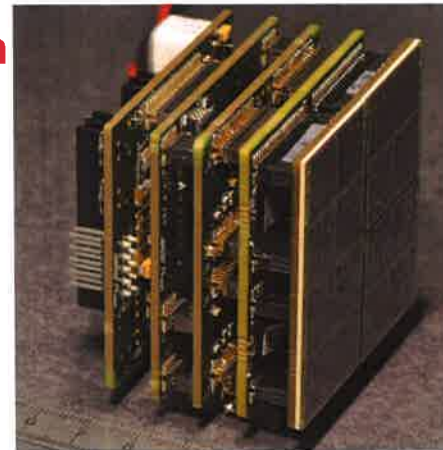
- Characterization of different inorganic scintillators/ photodetector assemblies

Theoretical studies

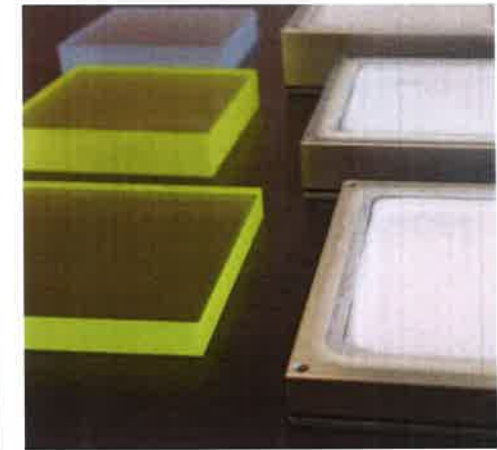
- Design of the collimator with analytical models and Monte Carlo simulation (*GATE*)
- Optimization of the overall camera with numerical phantoms

Scintillators-photodetector characterization

- Crystals tested :
CeBr₃ , LaBr₃(Ce) , LYSO, LFS , GaGG
- Thickness : 6 mm and 1 cm
- Different optical coatings : diffusive, reflective, absorbing

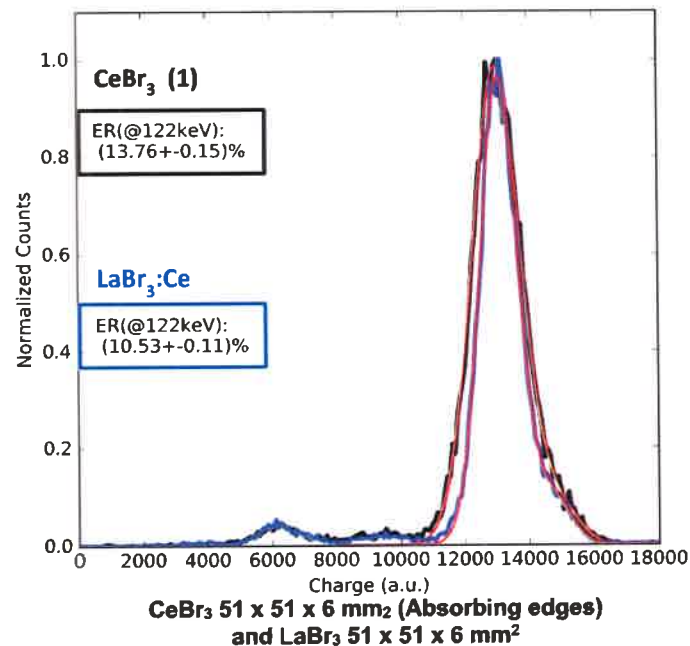


Photodetection system

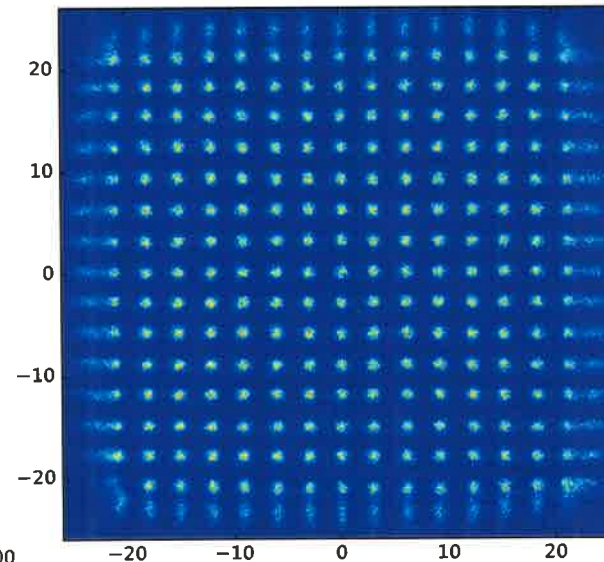


Incapsulated crystals

Spectrometric Properties



Spatial Response



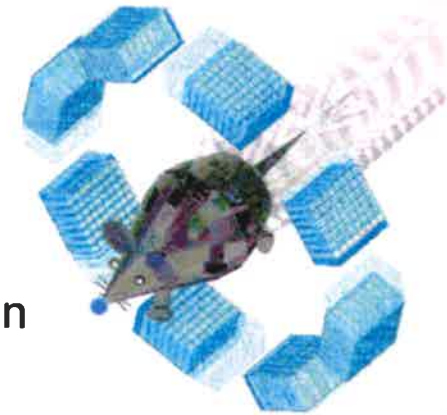
Results @ 122 keV

	LaBr ₃ :Ce	CeBr ₃ (1)	CeBr ₃ (2)
Dimensions (mm³)	51x51x6	51x51x6	51x51x6
Optical Coating	Abs	Abs	Refl
Light Guide (mm)	1	1.5	2
ΔE/E (%) @122 keV	10.68 ± 0.81	13.81 ± 0.30	12.40 ± 0.20
SR @ 122 keV (mm)	1.00 ± 0.03	1.12 ± 0.03	1.34 ± 0.06
Bias (mm)	0.11 ± 0.09	0.13 ± 0.06	0.20 ± 0.08

GATE: Opensource toolkit dedicated to the simulation of imaging (SPECT, PET, CT, Optical) and radiotherapy

Broad range of applications:

- Detector design
- Optimization of acquisition and processing protocols
- Assessment of quantification methods
- Estimation of the system matrix used in tomographic reconstruction
- Dosimetry ...



19 labs, sharing developments and validation studies

France



- U892 Inserm, Nantes
- U1101 Inserm, Brest
- IMNC CNRS, Orsay
- LPC CNRS, Clermont Ferrand
- IPHC CNRS, Strasbourg
- UMR5515 CNRS, CREATIS, Lyon
- CPPM CNRS, Marseille
- Subatech CNRS, Nantes
- SHFJ CEA, Orsay
- U1037 Inserm, Toulouse

Europe



- Delft University of Technology, Delft, The Netherlands
- Forschungszentrum Juelich, Germany
- National Technical University of Athens, Greece
- Medical University Vienna, Wien, Austria
- MedAustron. Wiener Neustadt. Wien. Austria

Rest of the world

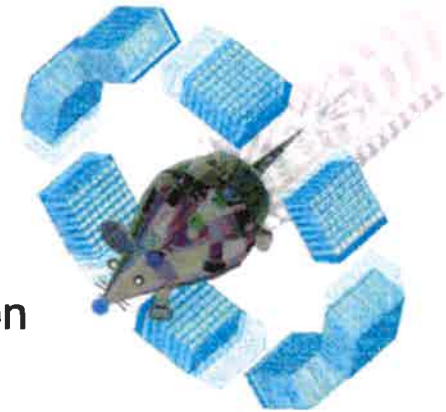


- Memorial Sloan-Kettering Cancer Center, New York, USA
- UC Davis, Davis, USA
- University of Santiago of Chile, Chile
- Sungkyunkwan University School of Medicine, Seoul, South Korea

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GATE today : practical features

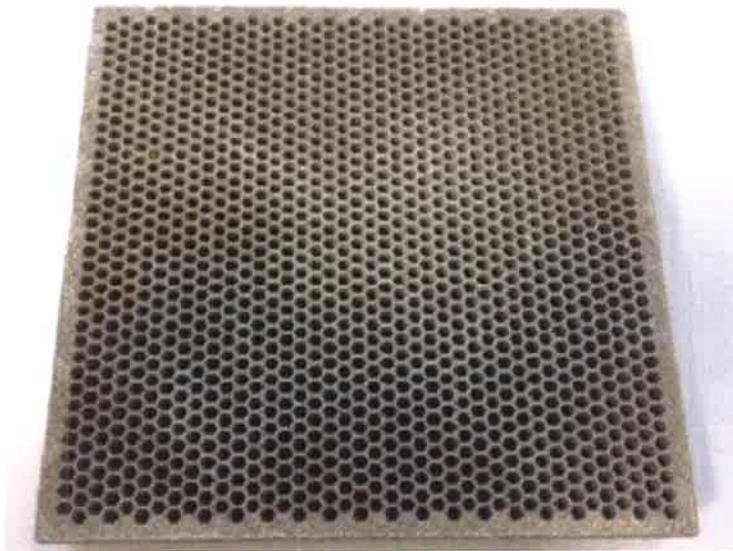
- Based on GEANT 4
- Written in C++
- Can be run on many platforms (Linux, Unix, MacOs)
- User-friendly: simulations can be designed and controlled using macros
- Flexible enough to model almost any detector design, including prototypes
- Explicit modeling of time (hence detector motion, patient motion, radioactive decay, dead time, time of flight, tracer kinetics)
- Can handle voxelized and analytical phantoms



Hexagonal parallel-hole high-energy tungsten collimator



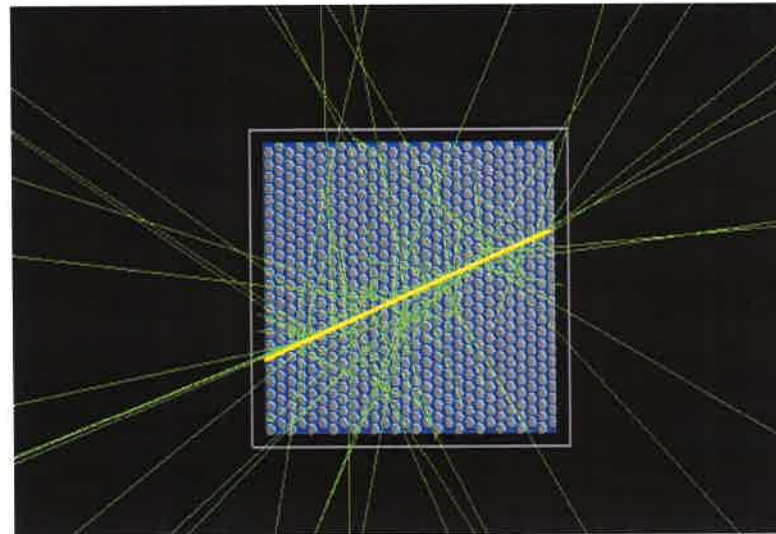
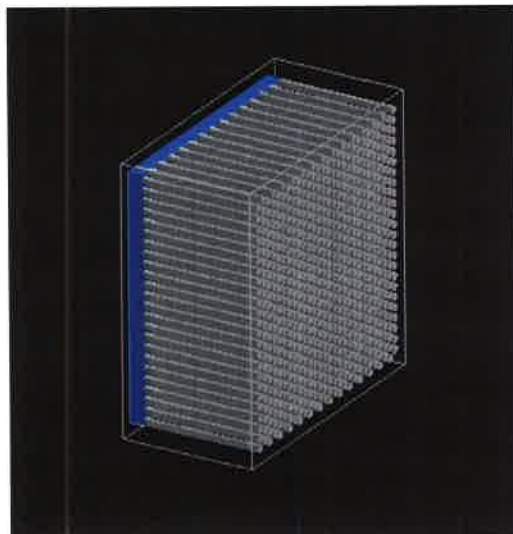
existing analytical model not suited for high energy gamma rays modeling



Hexagonal parallel-hole high-energy tungsten collimator



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- **10x10 cm² FoV camera**
- **¹³¹I line source in air**

Gamma Emissions ¹³¹ I					
Energy (KeV)	80,2	284,3	364,5	637	722,9
BR %	2,6	6,2	81,6	7,1	1,8

- **Collimator-to-source distance = 5 cm**

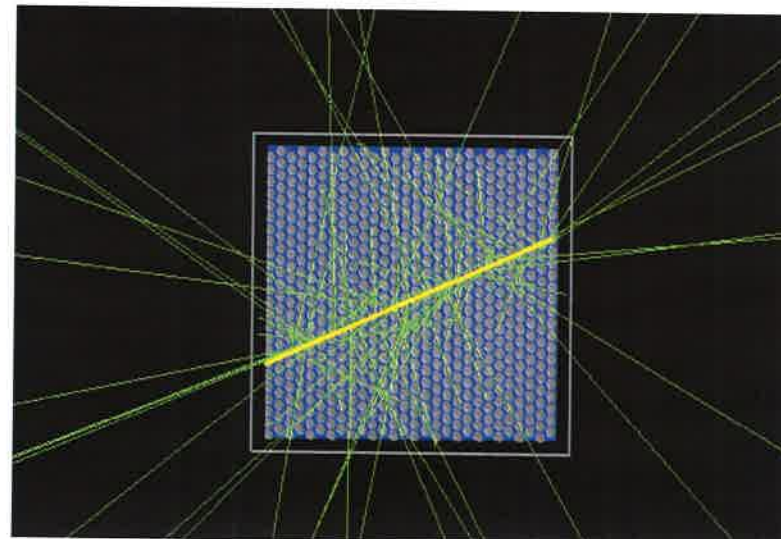
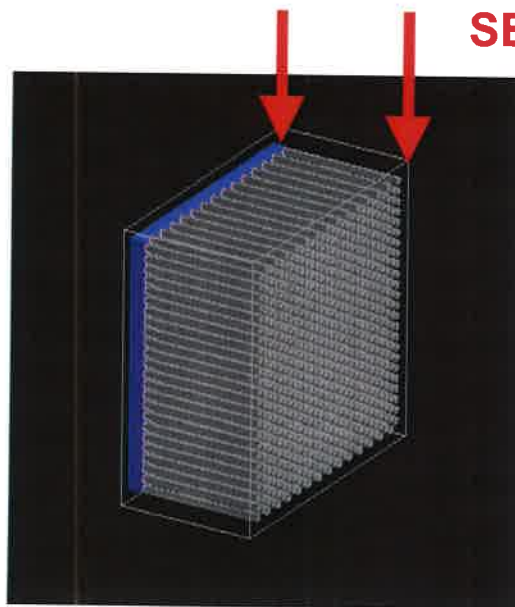


Hexagonal parallel-hole high-energy tungsten collimator



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SENSITIVE SURFACES



- 10x10 cm² FoV camera
- ¹³¹I line source in air

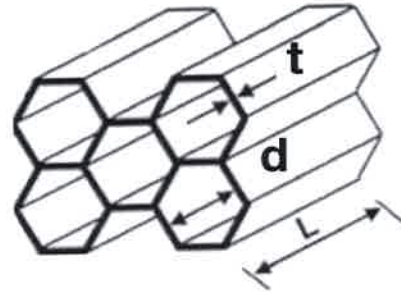
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L Thickness

d Diameter

t Septa



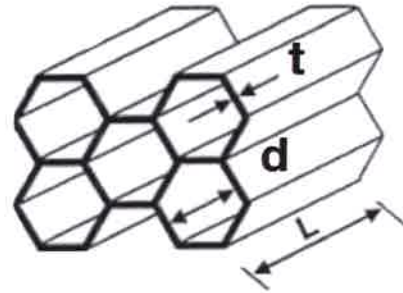
Simulated configurations :

- $L \in [3,6.5]$ cm each 0.5 cm
- $d \in [0.5,2.25]$ mm each 0.25 mm
- $t \in [0.75,2.125]$ mm each 0.125 mm

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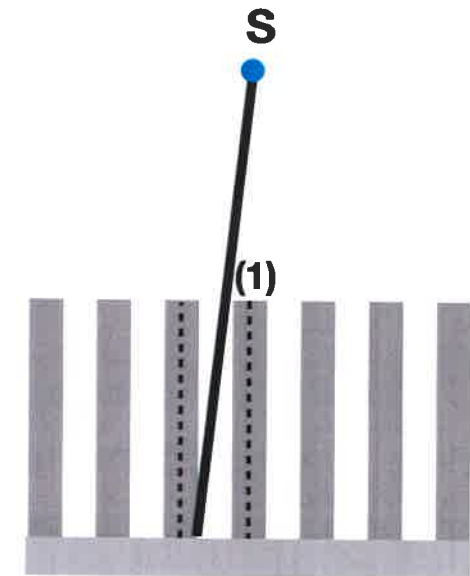
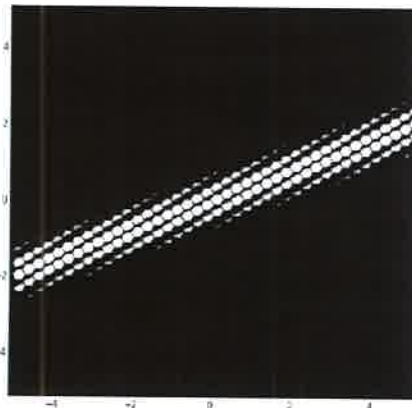
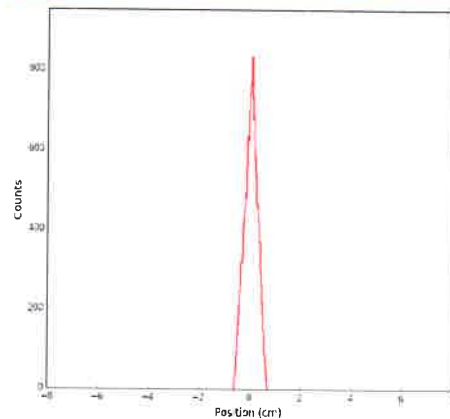
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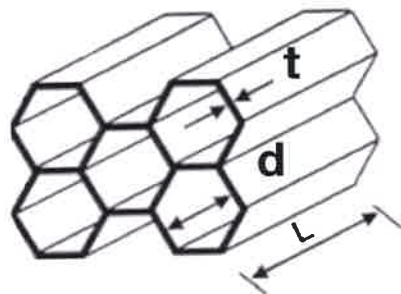
(1) Geometric Events



L Thickness

d Diameter

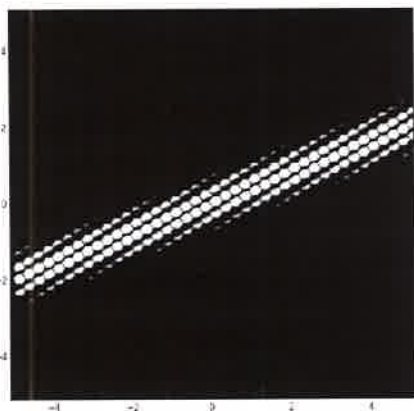
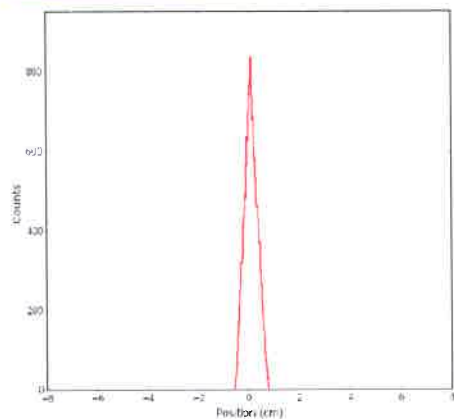
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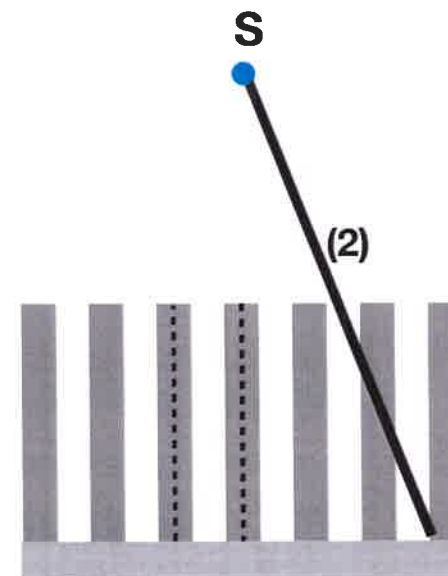
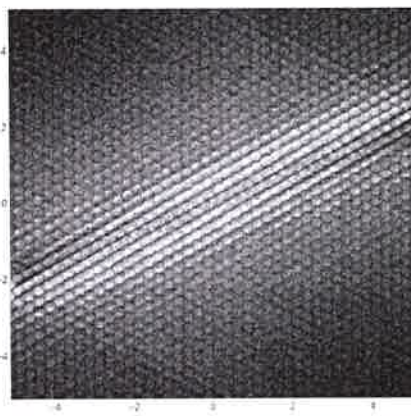
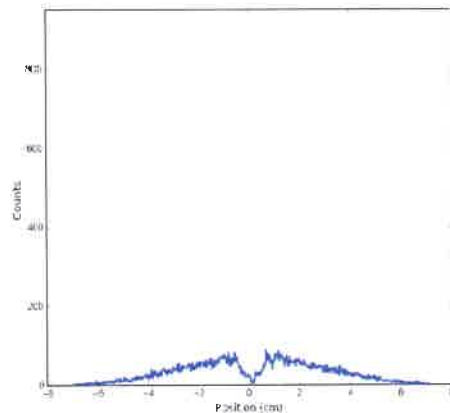
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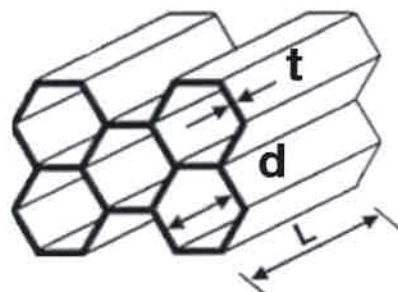
(2) Penetration Events



L Thickness

d Diameter

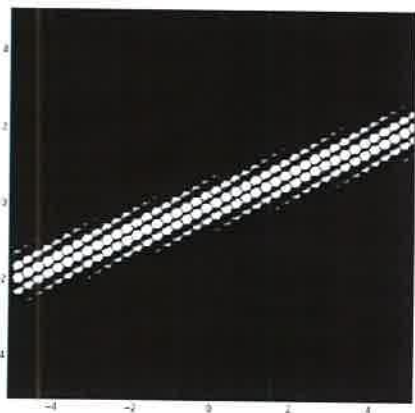
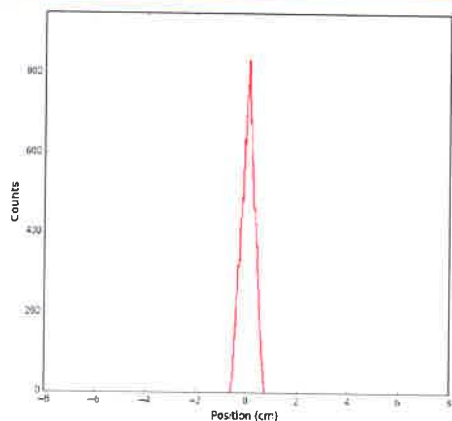
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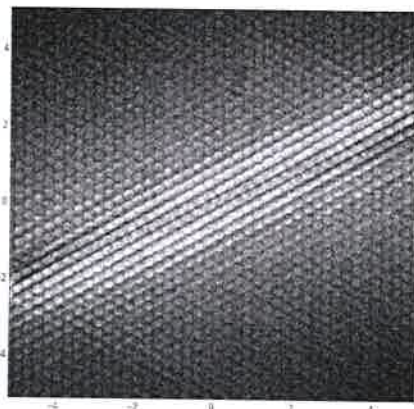
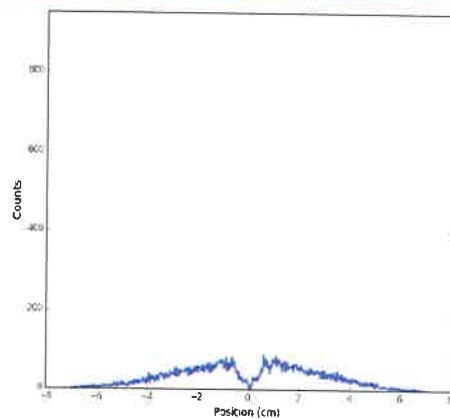
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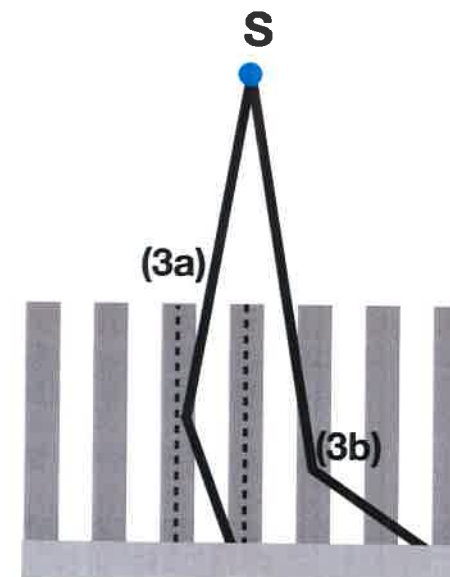
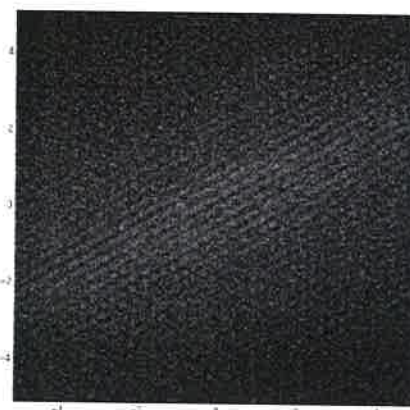
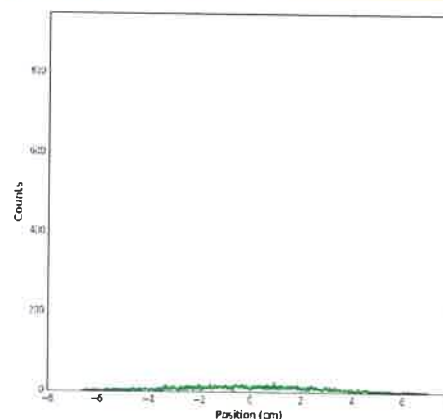
(1) Geometric Events



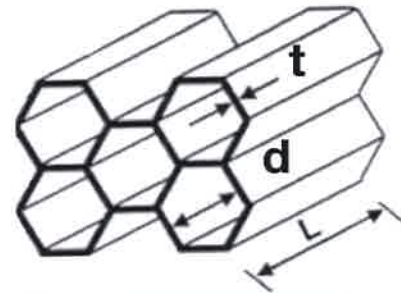
(2) Penetration Events



(3) Scattered Events

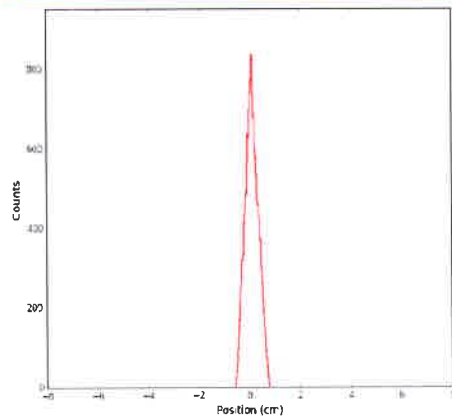


- L Thickness
- d Diameter
- t Septa

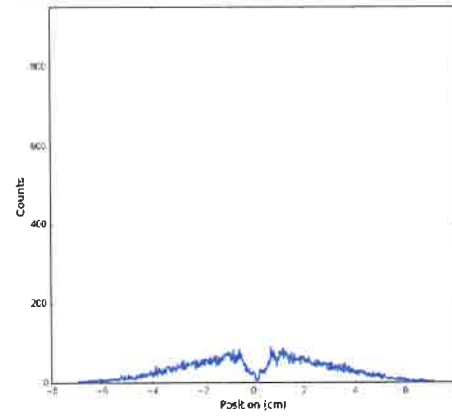


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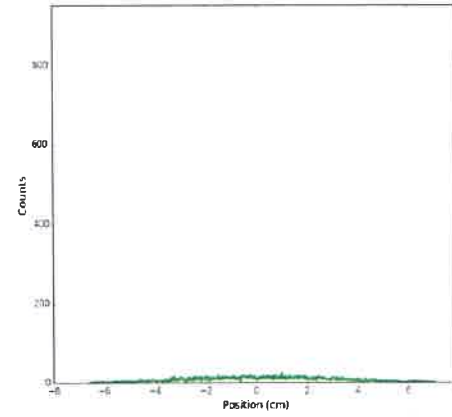
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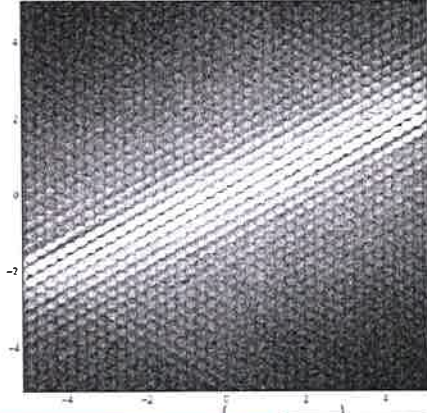
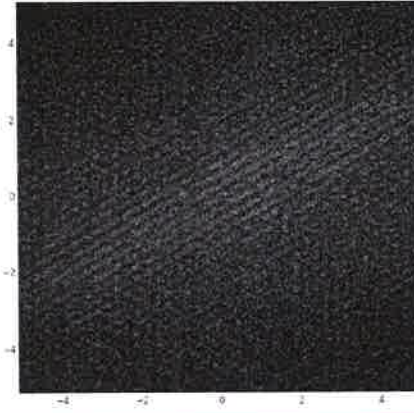
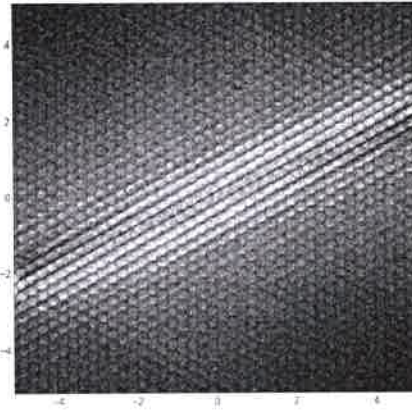
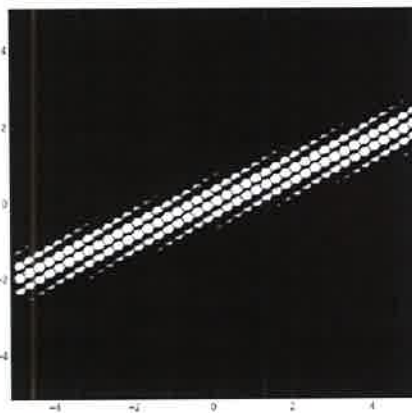
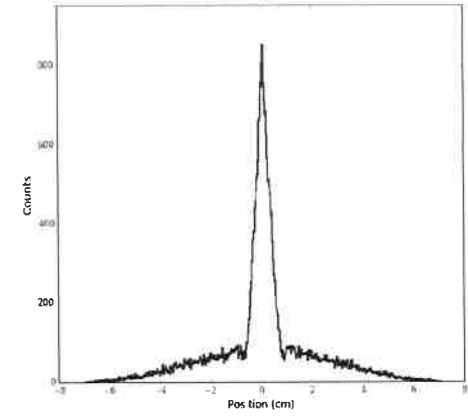
(2) Penetration Events



(3) Scattered Events



TOTAL Events



Septal Penetration (SP)

Efficiency (E)

Spatial Resolution (SR)

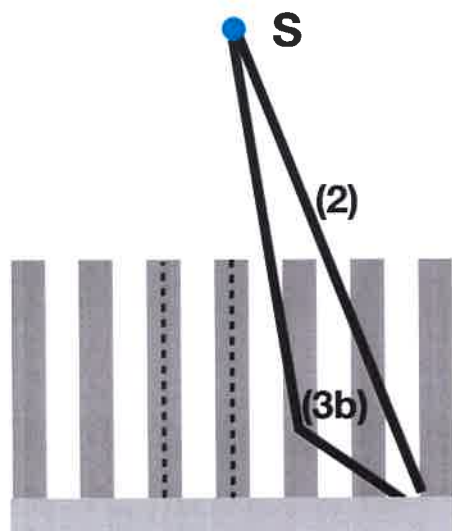
Septal Penetration (SP)

Efficiency (E)

Spatial Resolution (SR)



Events (2+3b)
Detected Events



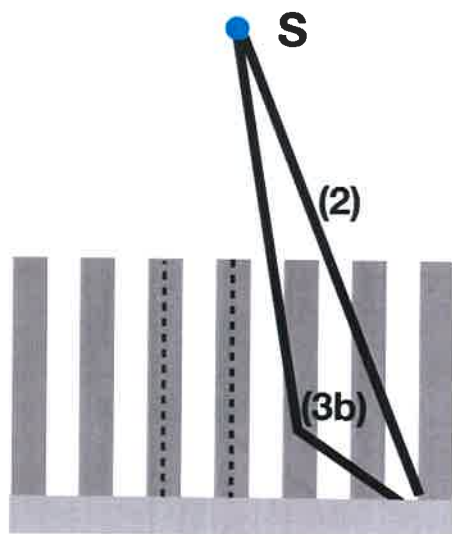
(2) Penetration Events

Septal Penetration (SP)

Efficiency (E)

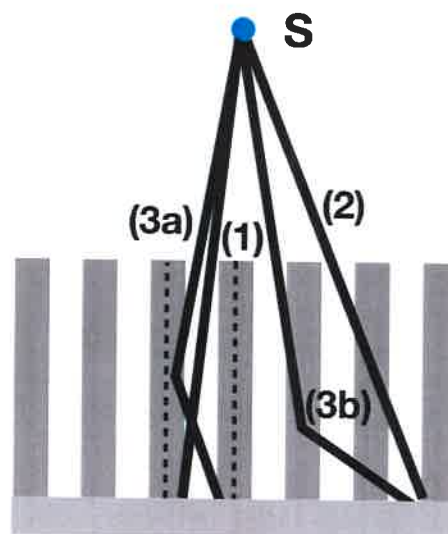
Spatial Resolution (SR)

Events (2+3b)
Detected Events



(2) Penetration Events

Total Events (1+2+3)
Emitted Activity



(1) Geometric Events

(2) Penetration Events

(3) Scattered Events

Septal Penetration (SP)

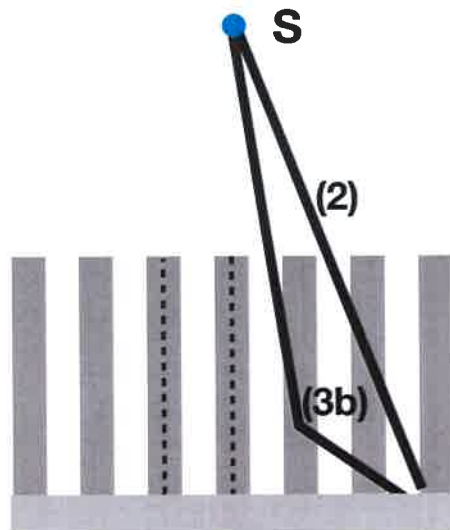
Efficiency (E)

Spatial Resolution (SR)

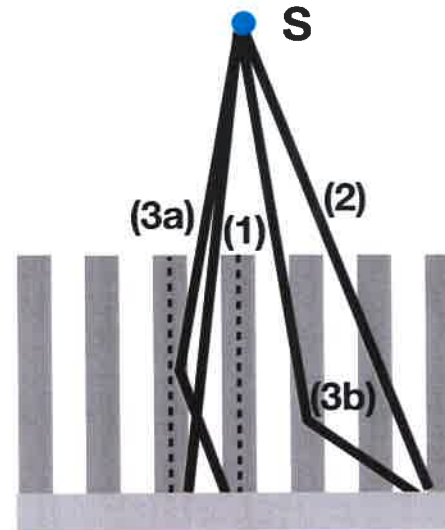
$\frac{\text{Events (2+3b)}}{\text{Detected Events}}$

$\frac{\text{Total Events (1+2+3)}}{\text{Emitted Activity}}$

σ of the sum of profiles
inside translated vertical
ROI through the line source



(2) Penetration Events



(1) Geometric Events

(2) Penetration Events

(3) Scattered Events

Septal Penetration (SP)

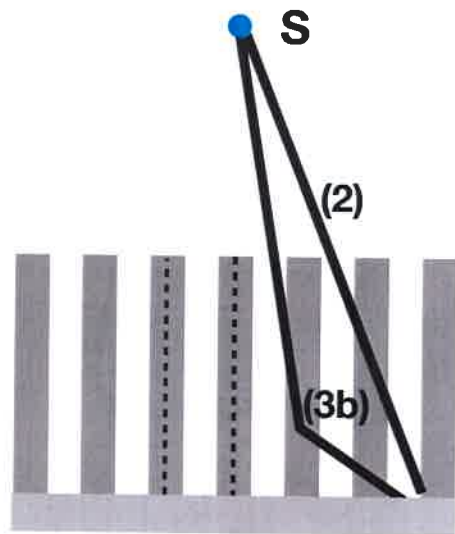
Efficiency (E)

Spatial Resolution (SR)

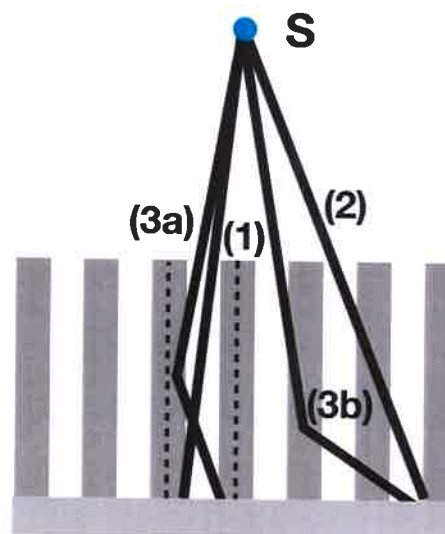
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σ of the sum of profiles inside translated vertical ROI through the line source



(2) Penetration Events

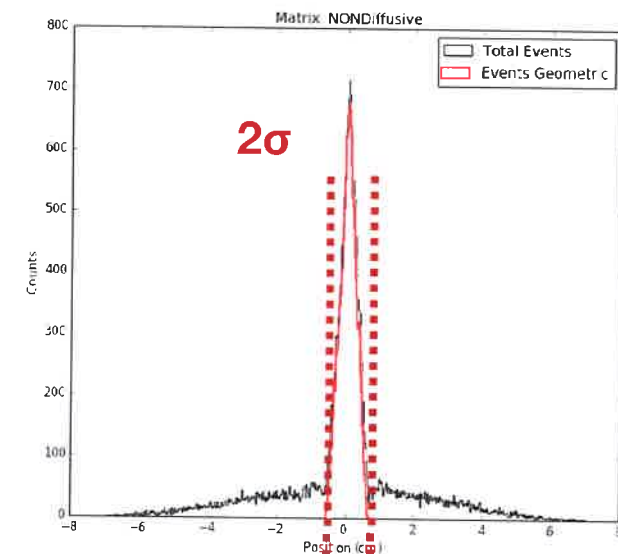


(1) Geometric Events

(2) Penetration Events

(3) Scattered Events

Useful Events are inside 2σ ROI



Septal Penetration (SP)

Efficiency (E)

Spatial Resolution (SR)

$\frac{\text{Events (2+3b)}}{\text{Detected Events}}$

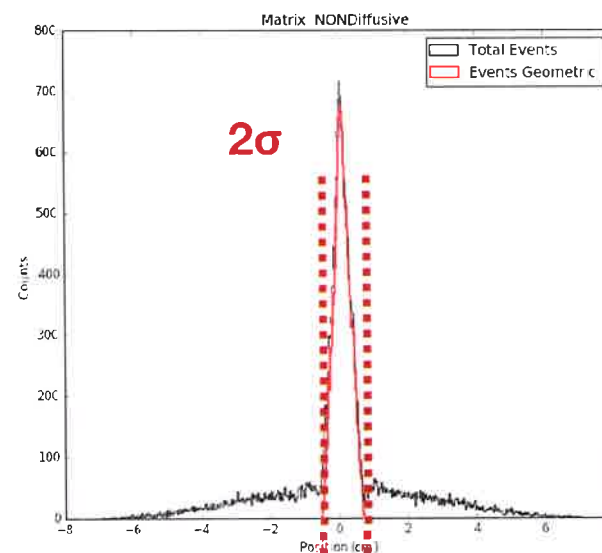
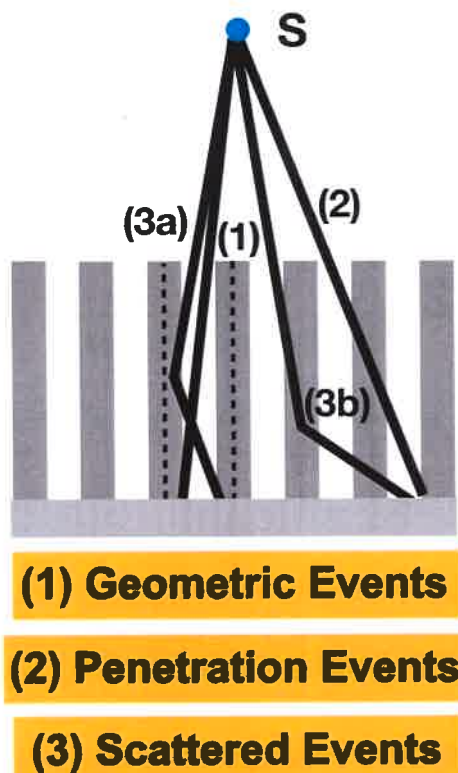
$\frac{\text{Total Events (1+2+3)}}{\text{Emitted Activity}}$

σ of the sum of profiles inside translated vertical ROI through the line source

Effective SP (eSP)

$\frac{\text{SP Events outside } 2\sigma}{\text{Detected Events}}$

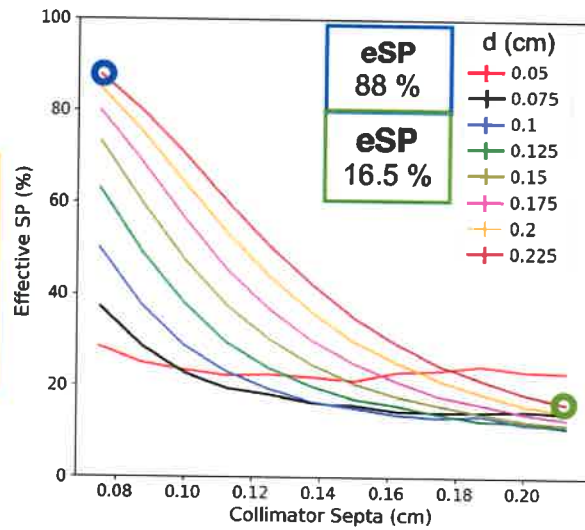
Useful Events are inside 2σ ROI



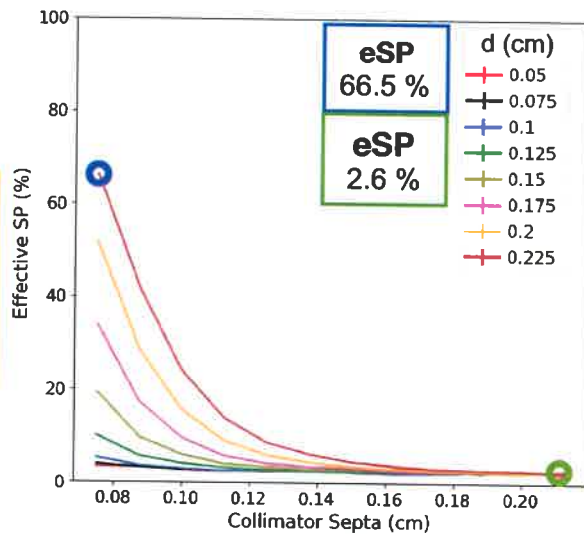
Events impacting image quality

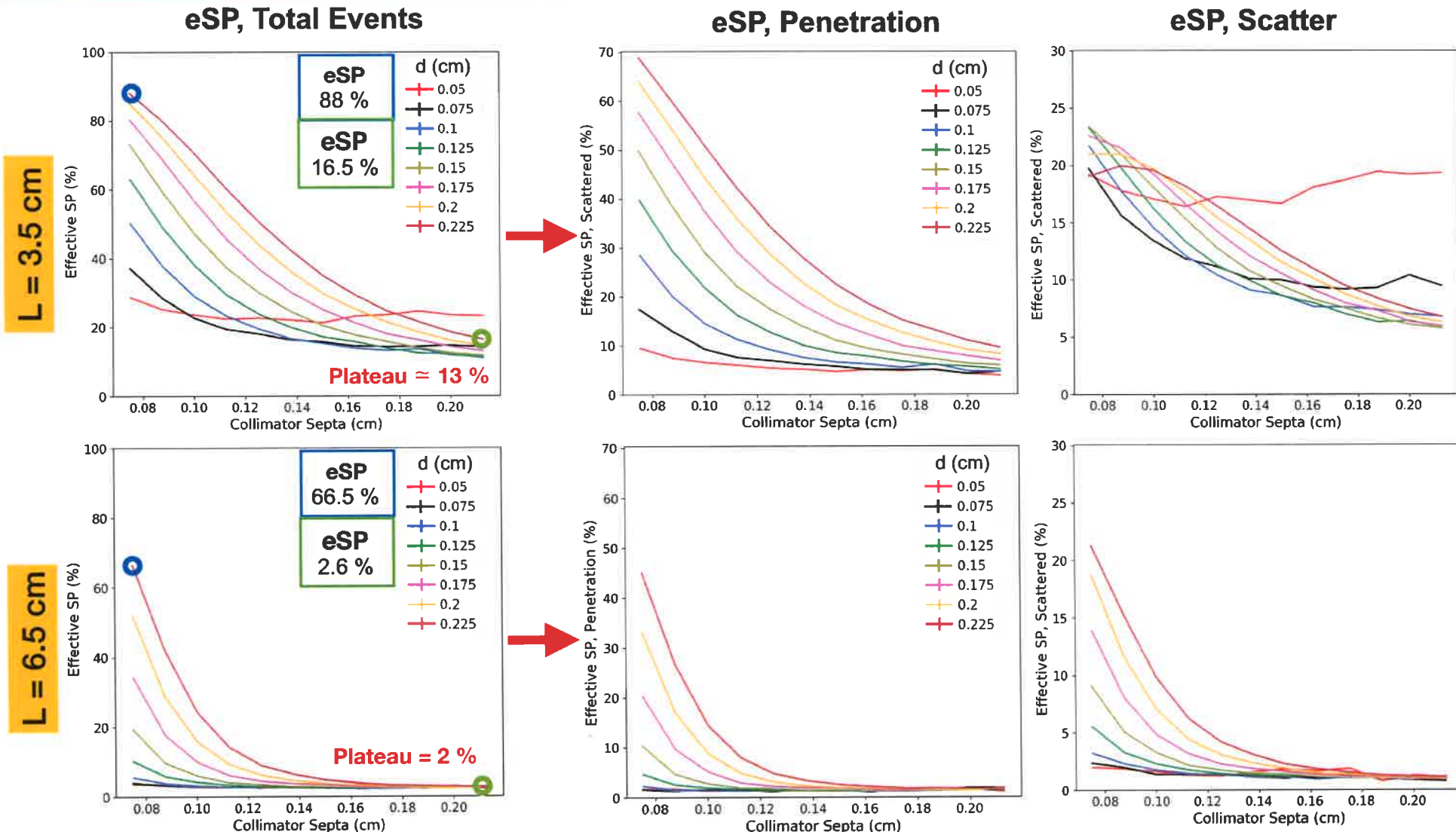
eSP, Total Events

L = 3.5 cm



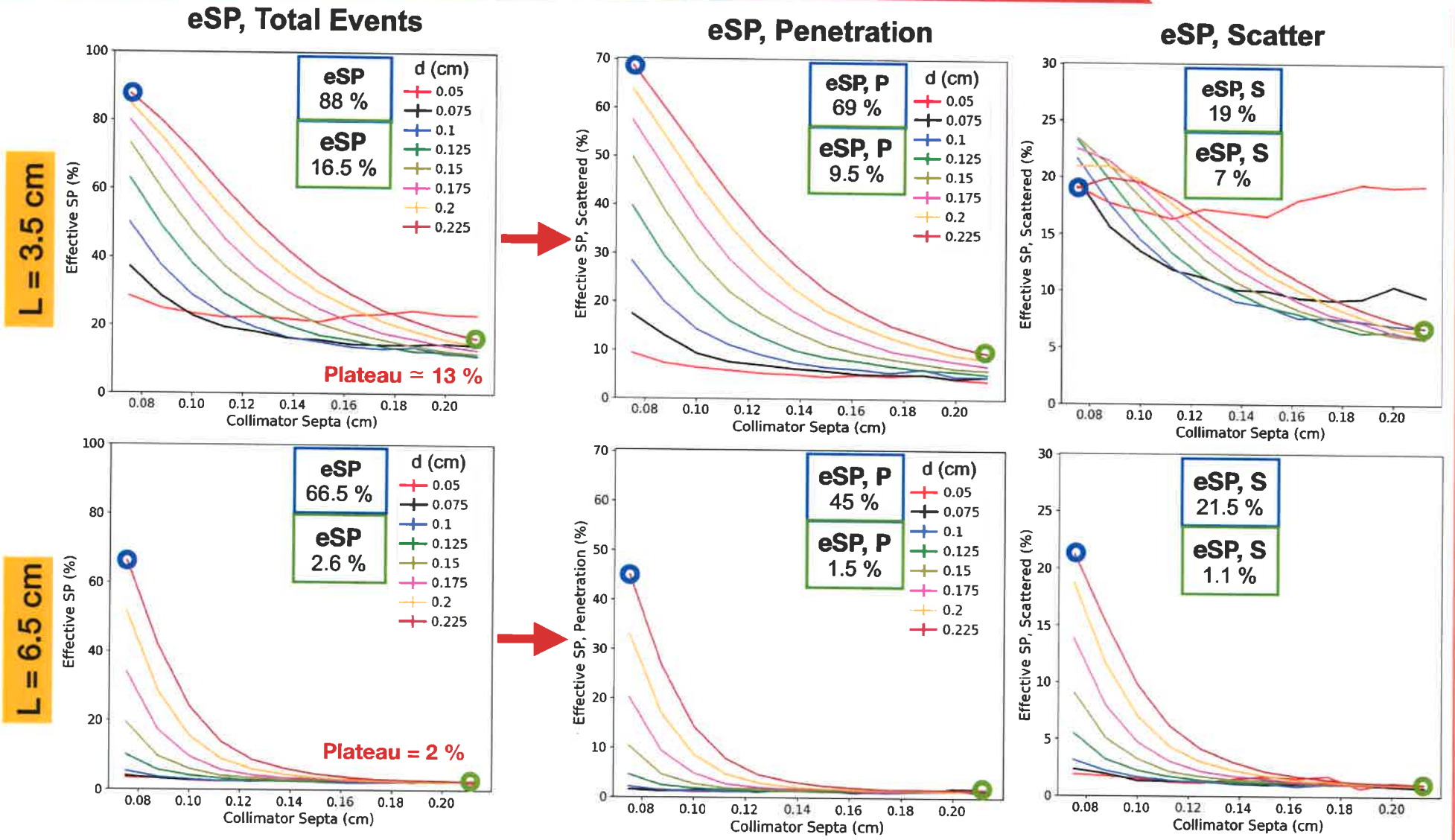
L = 6.5 cm





eSP plateau

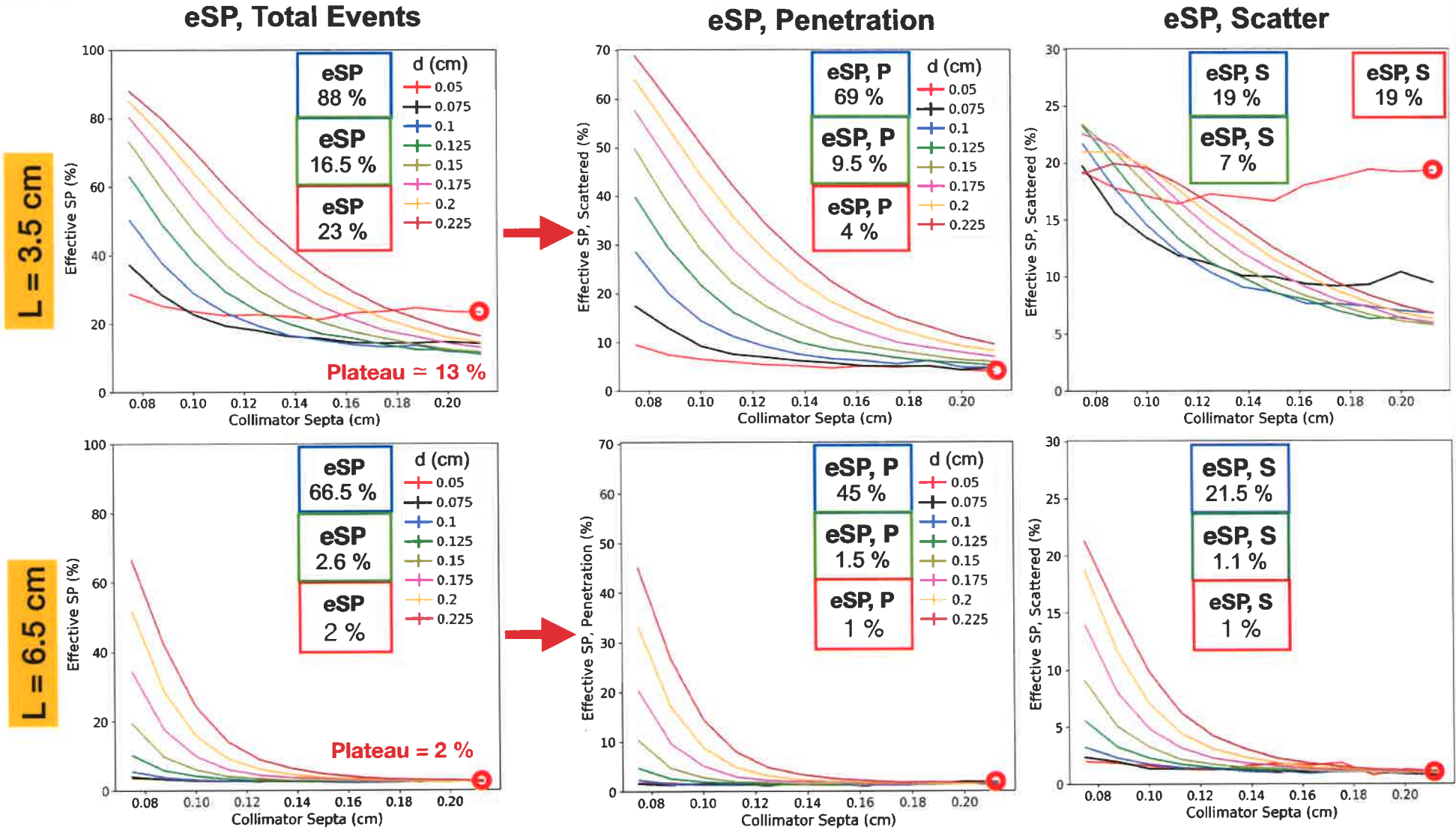
**increase of eSPs
for low d, by increasing t**



eSP plateau

**increase of eSP,S
for low d, by increasing t**

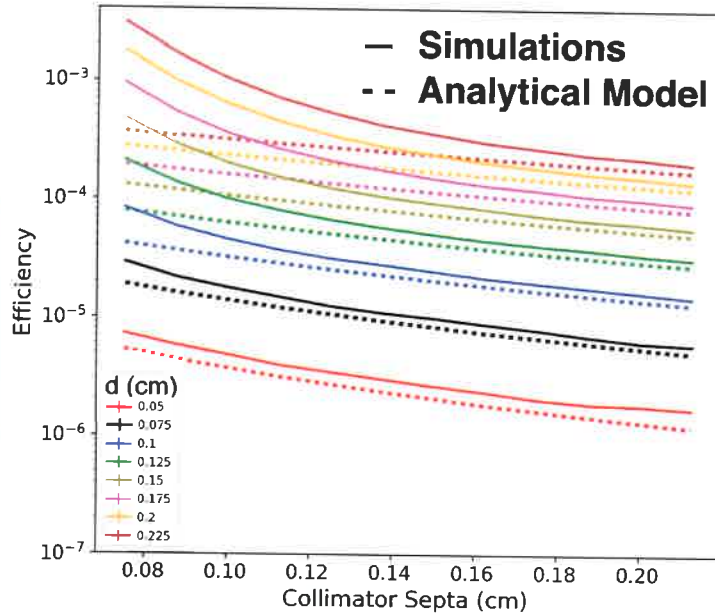
Collimator intrinsic properties : *SP* and *eSP*



eSP plateau

**increase of eSP,S
for low d, by increasing t**

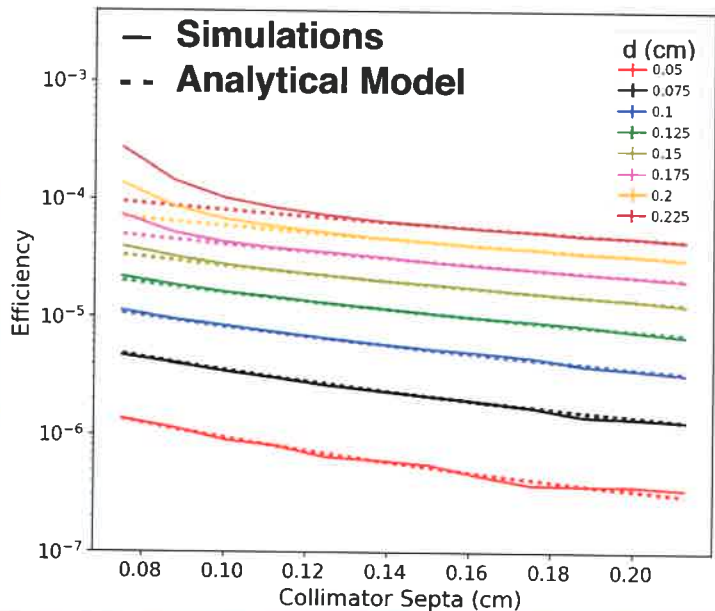
L = 3.5 cm



$$E_{th} = K \frac{d^4}{L_e^2 (d+t)^2} \quad L_e = L - \frac{2}{\mu(364\text{keV})}$$

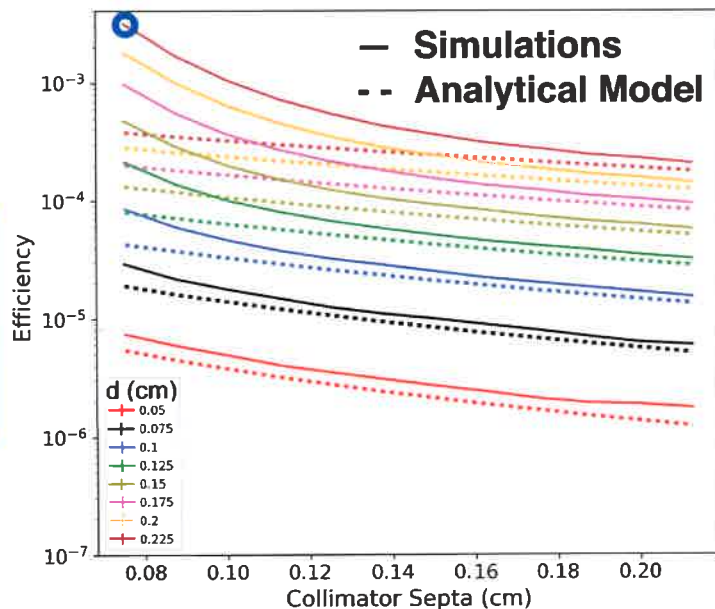
L (cm)	D (cm)	t (cm)	E (x10 ⁻⁴)	E _{th} (x10 ⁻⁴)	eSP (%)	Geometric %	Penetration %	Scattered %
3,5	0,225	0,075	31	3.8	88	10.1	70.2	19.8
3,5	0,225	0,225	2.0	1.77	16.5	74.9	14.5	10.6
6,5	0,225	0,075	2.71	0.96	66.5	31.0	46.2	22.7
6,5	0,225	0,225	0.447	0.449	2.6	90.3	5.0	4.7

L = 6.5 cm

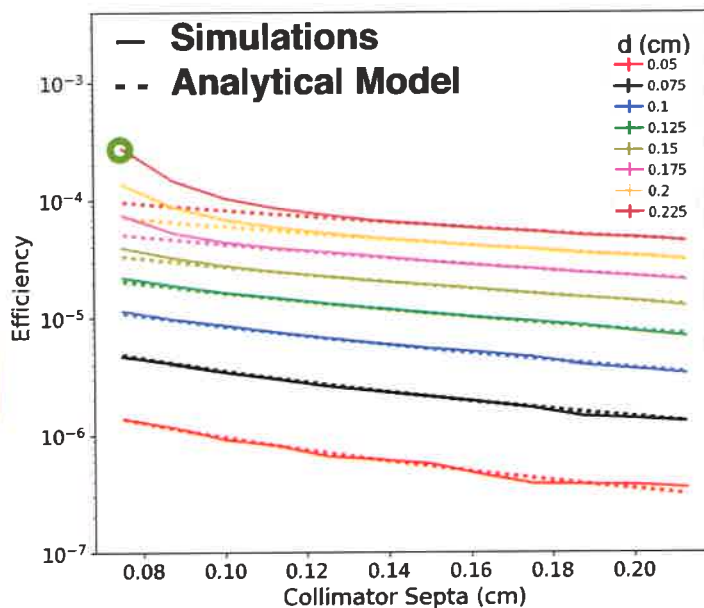


Collimator intrinsic properties : E

L = 3.5 cm



L = 6.5 cm



$$E_{th} = K \frac{d^4}{L_e^2(d+t)^2} \quad L_e = L - \frac{2}{\mu(364keV)}$$

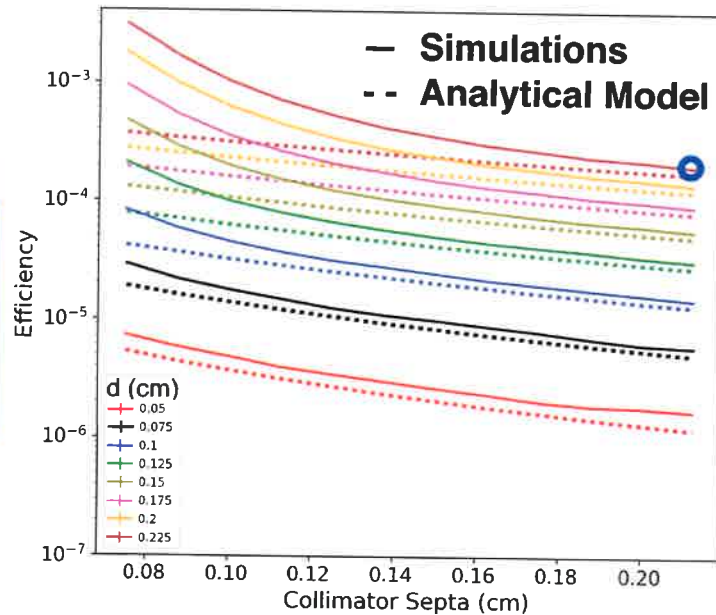
L (cm)	D (cm)	t (cm)	E (x10 ⁻⁴)	E _{th} (x10 ⁻⁴)	eSP (%)	Geometric %	Penetration %	Scattered %
3,5	0,225	0,075	31	3.8	88	10.1	70.2	19.8
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6,5	0,225	0,225	0.447	0.449	2.6	90.3	5.0	4.7

with high septal penetration



huge increasing of the E
E non-predictable using the analytical model

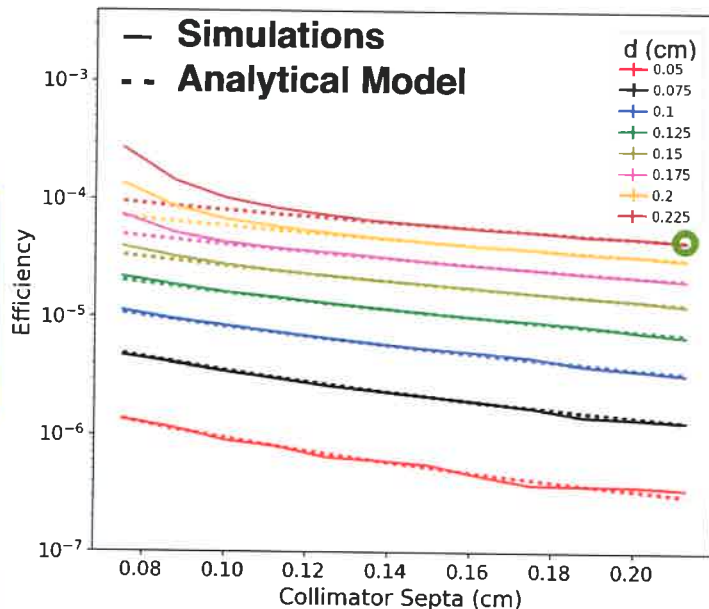
L = 3.5 cm



$$E_{th} = K \frac{d^4}{L_e^2 (d+t)^2} \quad L_e = L - \frac{2}{\mu(364keV)}$$

L (cm)	D (cm)	t (cm)	E (x10 ⁻⁴)	E _{th} (x10 ⁻⁴)	eSP (%)	Geometric %	Penetration %	Scattered %
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6,5	0,225	0,075	2.71	0.96	66.5	31.0	46.2	22.7
6,5	0,225	0,225	0.447	0.449	2.6	90.3	5.0	4.7

L = 6.5 cm



with high septal penetration



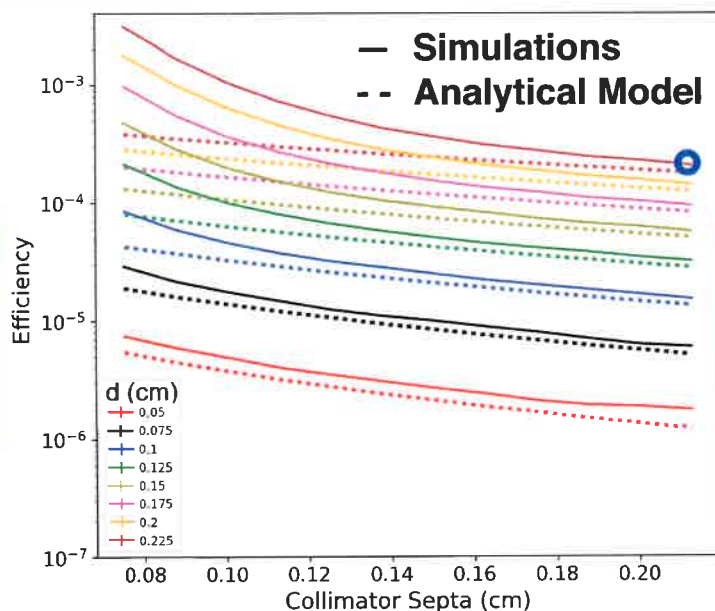
huge increasing of the E
E non-predictable using the analytical model

with lower septal penetration

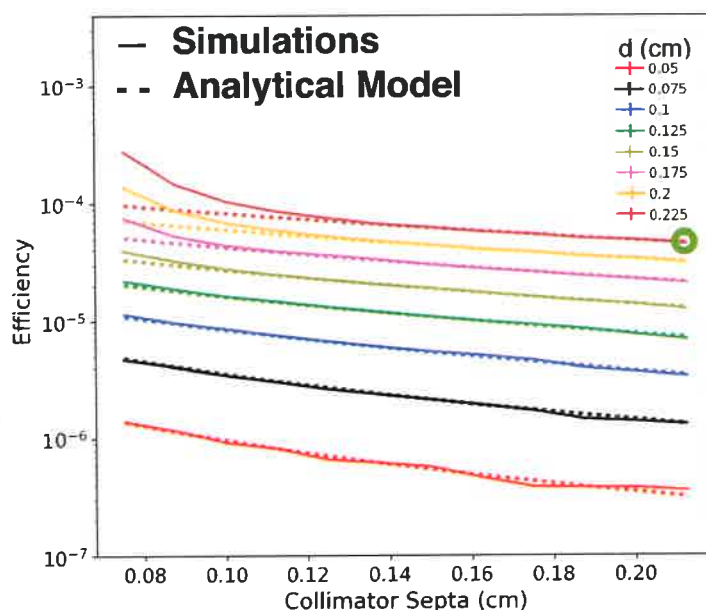


E predictable using the analytical model if the scatter percentage is low (eSP, S < 10 %)

L = 3.5 cm



L = 6.5 cm



$$E_{th} = K \frac{d^4}{L_e^2(d+t)^2} \quad L_e = L - \frac{2}{\mu(364keV)}$$

L (cm)	D (cm)	t (cm)	E ($\times 10^{-4}$)	E_{th} ($\times 10^{-4}$)	eSP (%)	Geometric %	Penetration %	Scattered %
3,5	0,225	0,075	31	3.8	88	10.1	70.2	19.8
3,5	0,225	0,225	2.0	1.77	16.5	74.9	14.5	10.6
6,5	0,225	0,075	2.71	0.96	66.5	31.0	46.2	22.7
6,5	0,225	0,225	0.447	0.449	2.6	90.3	5.0	4.7

with high septal penetration



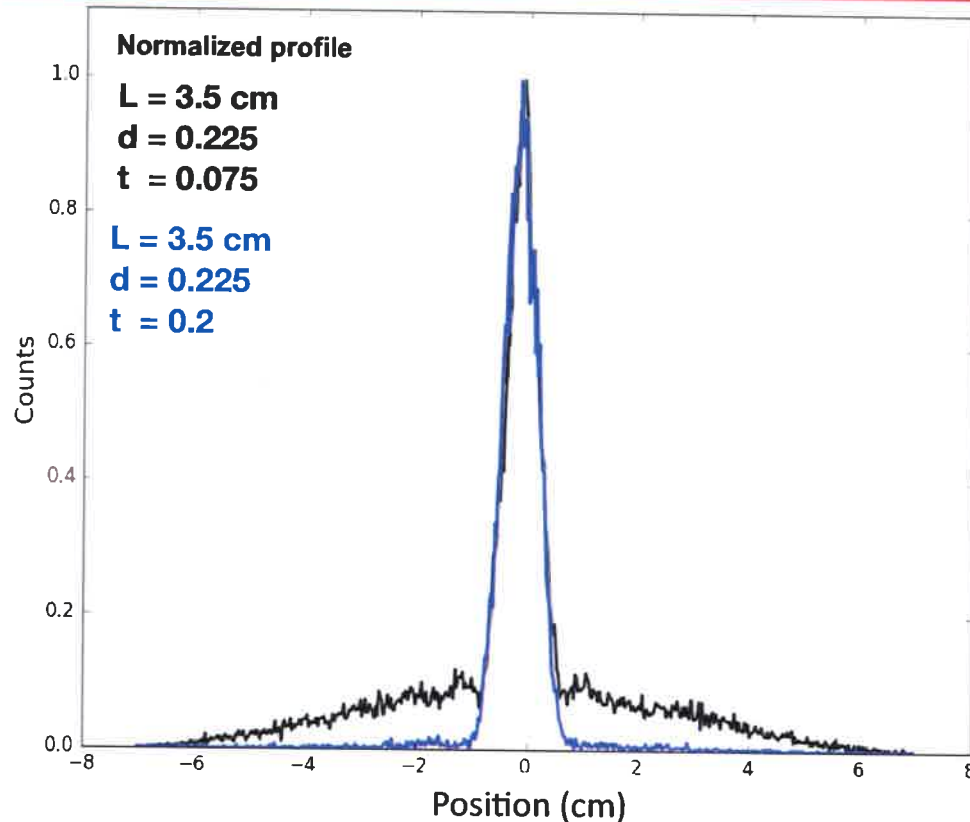
huge increasing of the E
E non-predictable using the analytical model

with lower septal penetration



E predictable using the analytical model if the scatter percentage is low (eSP,S < 10 %)

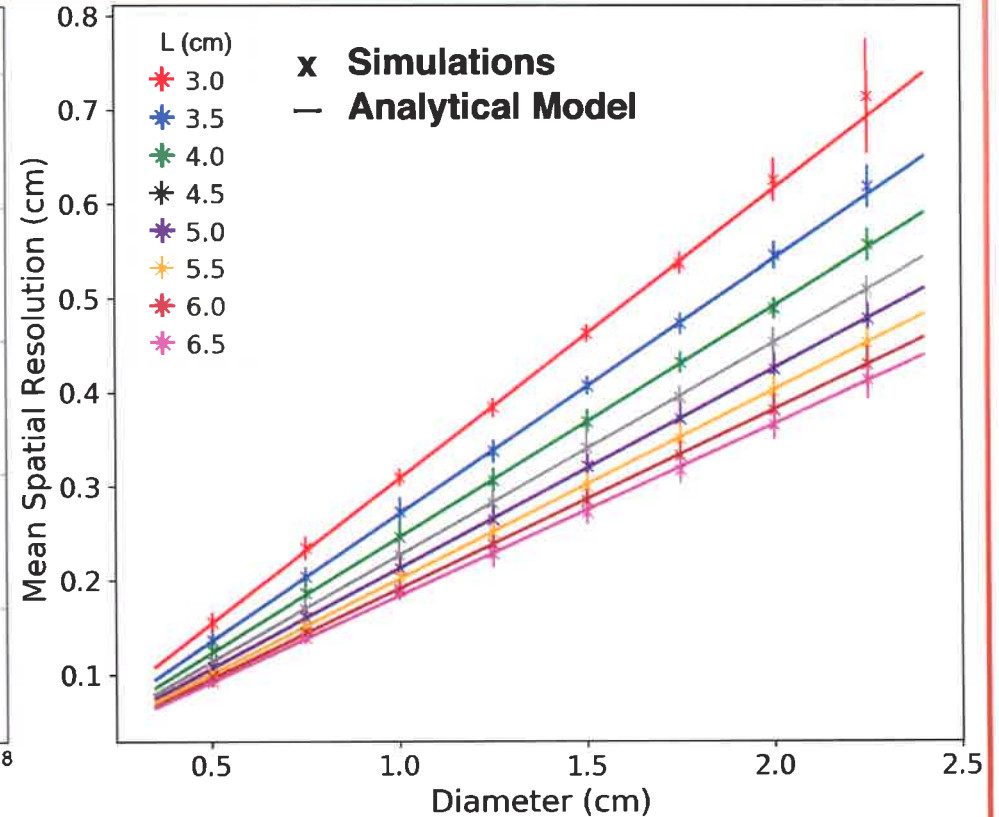
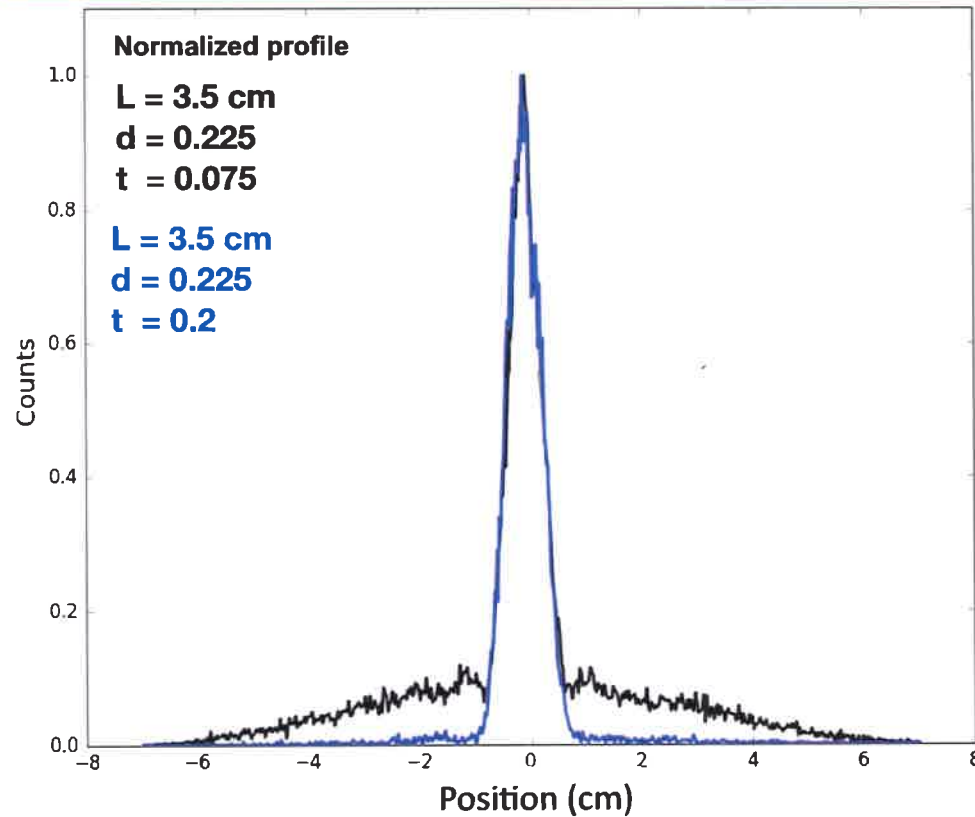
At high energy, simulations are mandatory in order to well estimate the collimator's efficiency



FWHM

independent of the septa

**not influenced by penetration
and scattered events**



FWHM

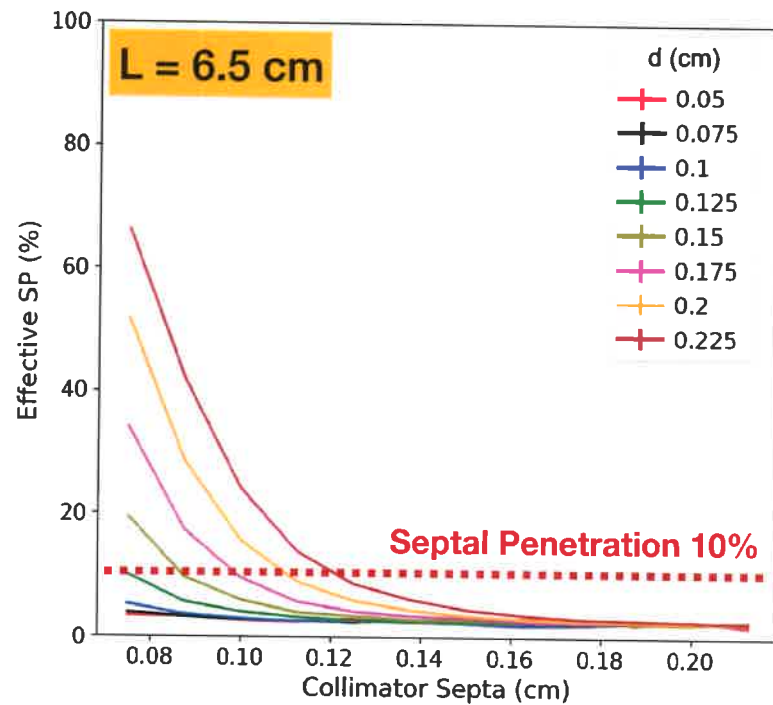
independent of the septa

**not influenced by penetration
and scattered events**

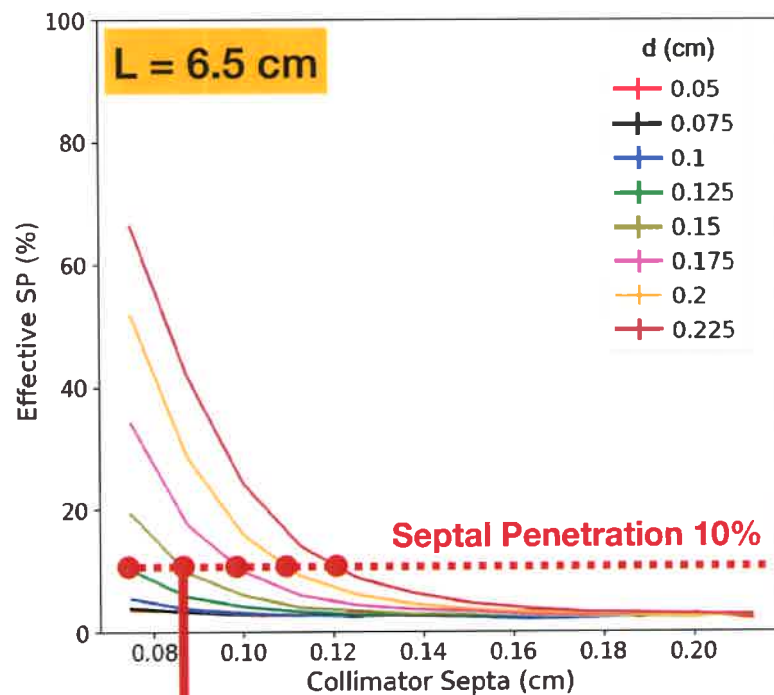
$$SR_{th} = \frac{d(L_e + b)}{L_e}$$

**SR is well fitted by the
analytical model**

for each L, d configurations
extrapolation of the t that allows
eSP = 10% @ 5 cm



for each L, d configurations
extrapolation of the t that allows
eSP = 10% @ 5 cm

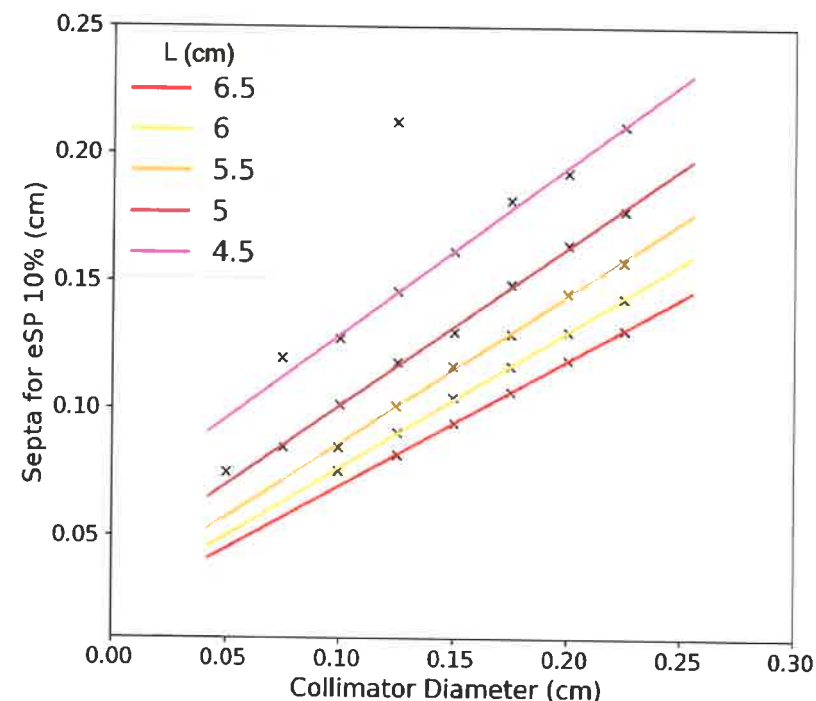
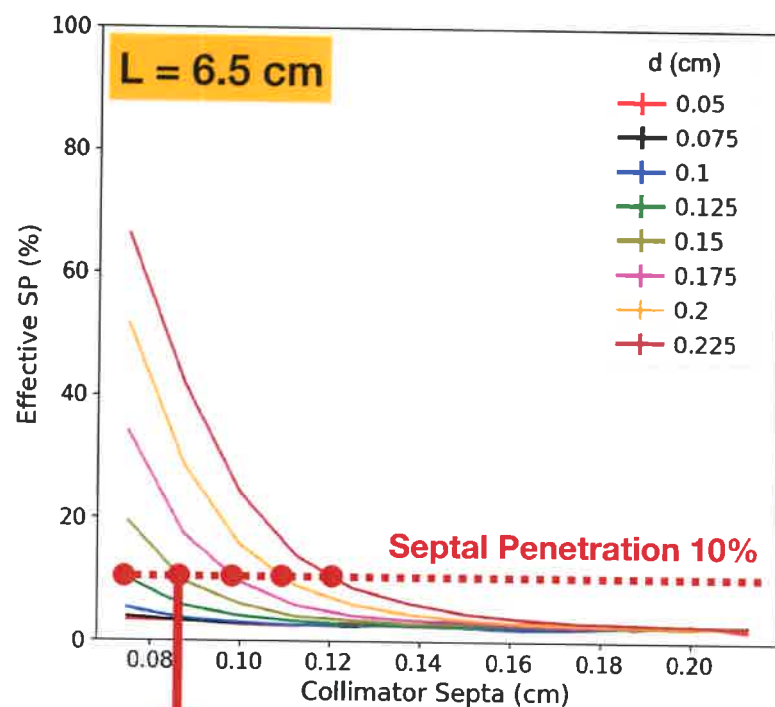


Example : new L, d, t configurations
L = 6.5 cm
d = 0.15 cm
t = 0.086
with
eSP=10% !

for each L , d configurations
extrapolation of the t that allows
 $eSP = 10\% @ 5 \text{ cm}$



interpolation to obtain
other diameters



Example : new L , d , t configurations
 $L = 6.5 \text{ cm}$
 $d = 0.15 \text{ cm}$
 $t = 0.086$
 with $eSP=10\% !$

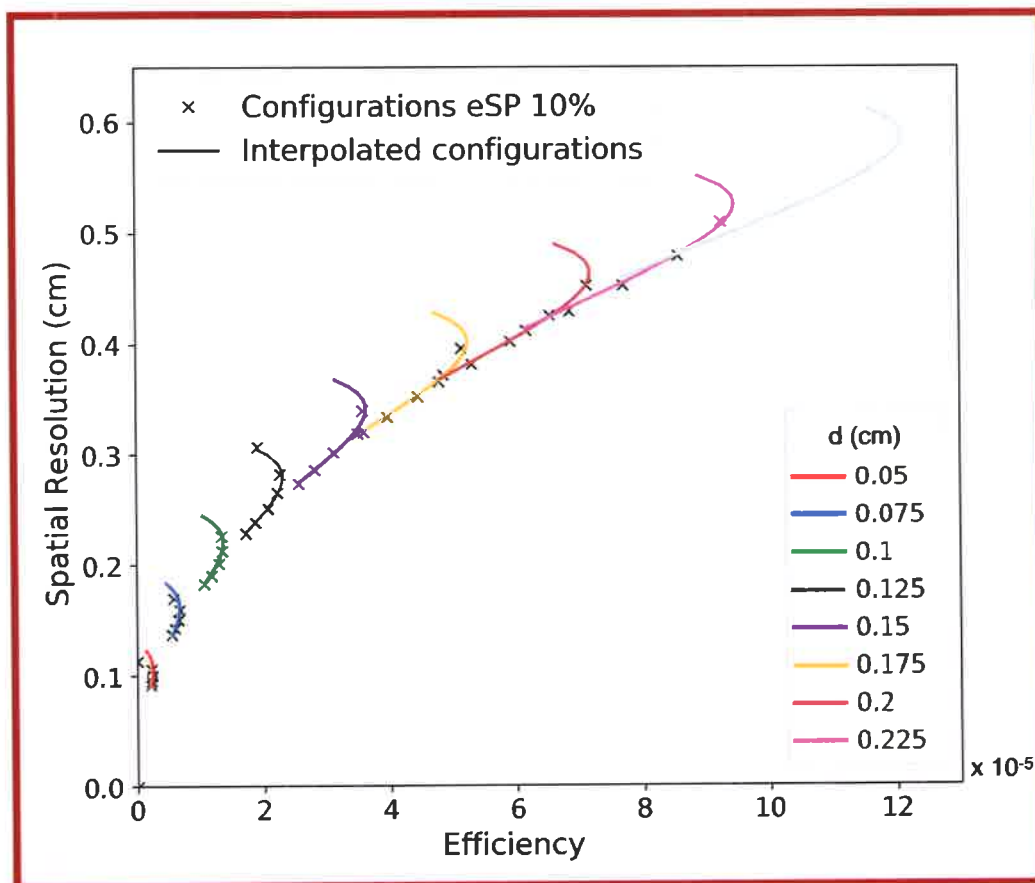
for each L, d configurations
extrapolation of the t that allows
eSP = 10% @ 5 cm



interpolation to obtain
other diameters



new L,d,t configurations
(eSP=10%) used as input in
the analytical model to obtain
SR and E



for each L, d configurations
extrapolation of the t that allows
eSP = 10% @ 5 cm



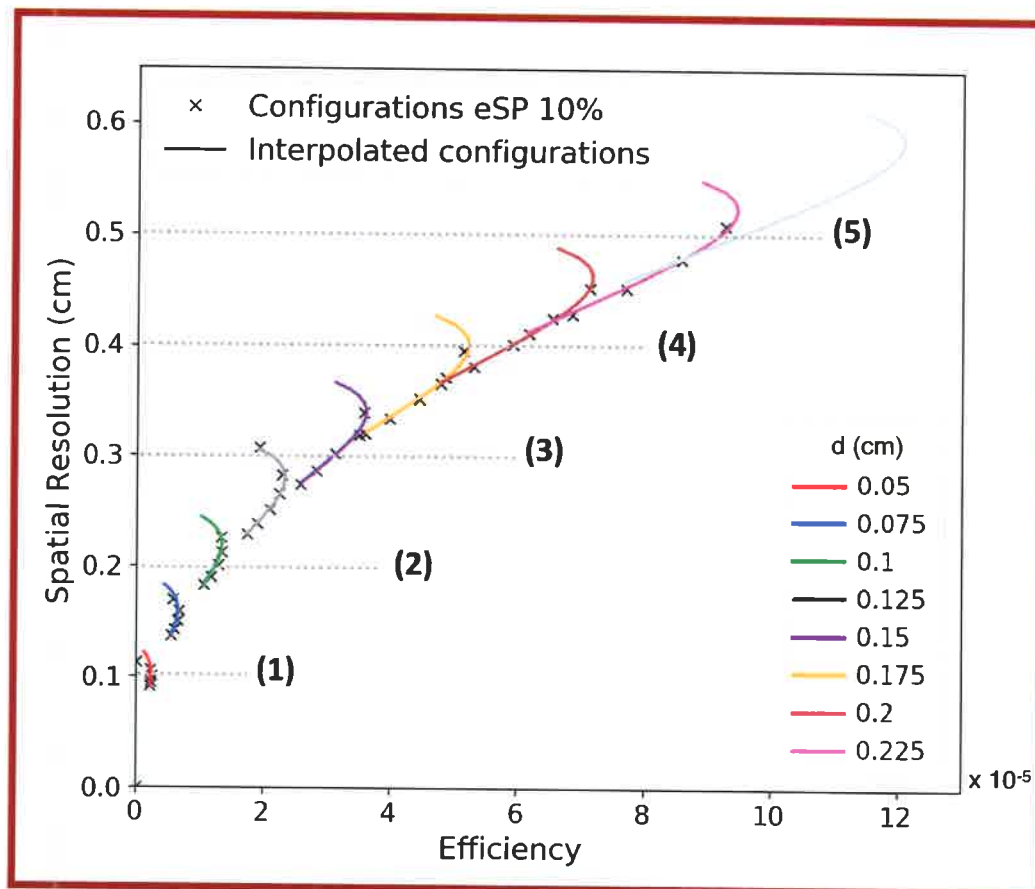
interpolation to obtain
other diameters



new L,d,t configurations
(eSP=10%) used as input in
the analytical model to obtain
SR and E

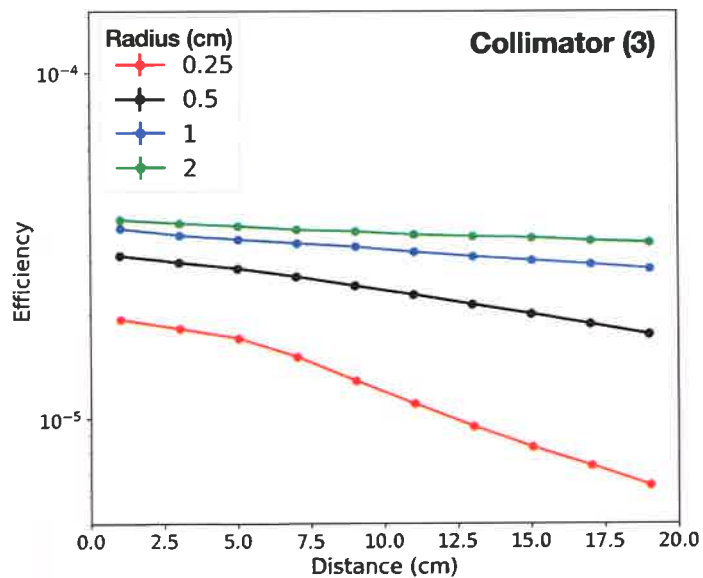
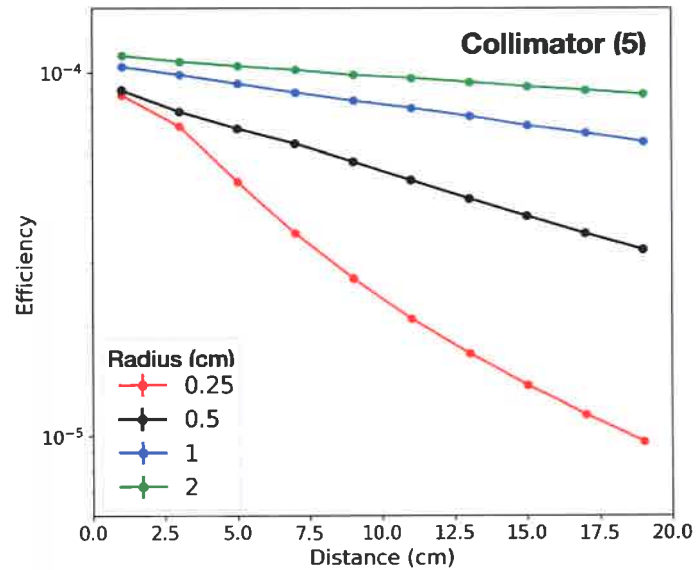


SR ∈ [1,5] mm



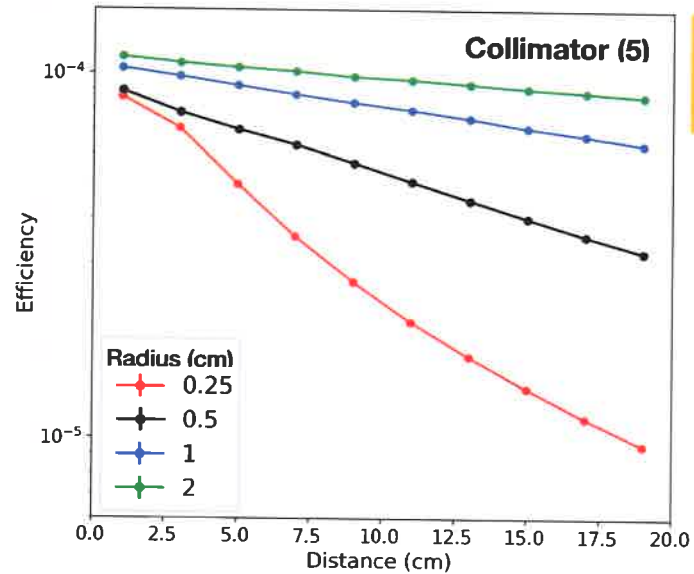
L = 5,5 cm	(1)	(2)	(3)	(4)	(5)
d (cm)	0,05	0,1	0,15	0,2	0,25
t (cm)	0,055	0,085	0,115	0,145	0,175
SR @ 5 cm (mm)	1	2	3	4	5
Efficiency @ 5 cm	0.23 10 ⁻⁵	1.24 10 ⁻⁵	3.10 10 ⁻⁵	5.83 10 ⁻⁵	9.42 10 ⁻⁵

^{131}I cylindrical source in air



^{131}I cylindrical source in air

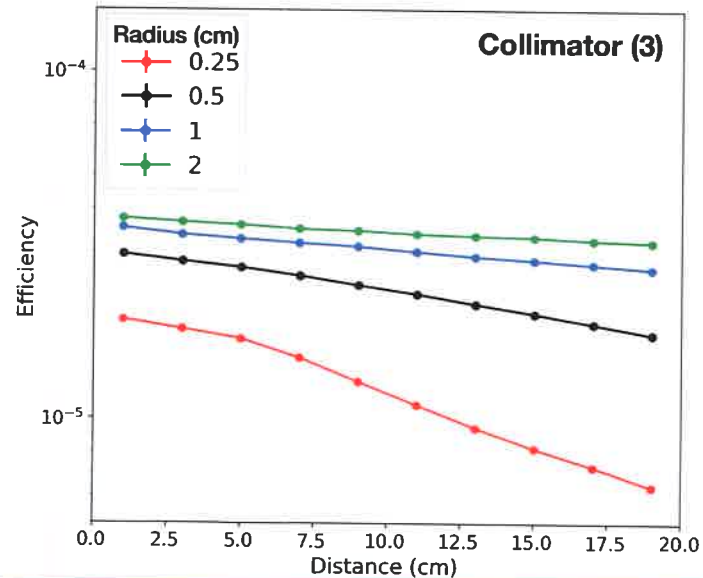
Efficiency in ROIs = Radius



decrease with distance

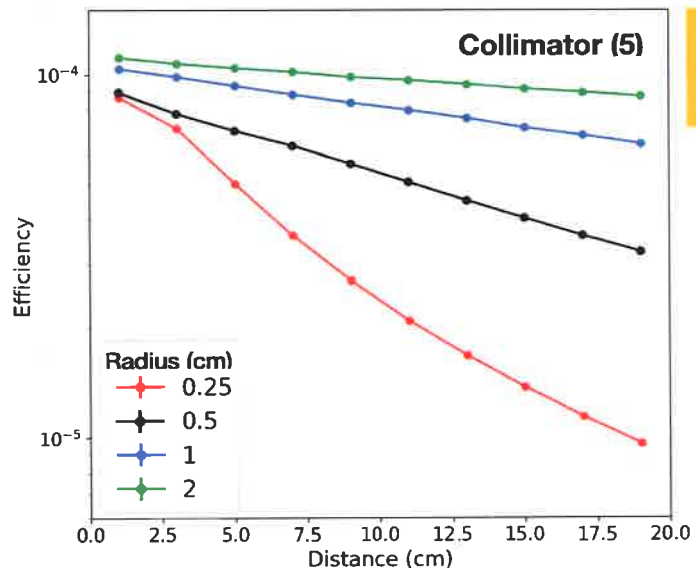
lower for smaller source

decrease faster for smaller source



¹³¹I cylindrical source in air

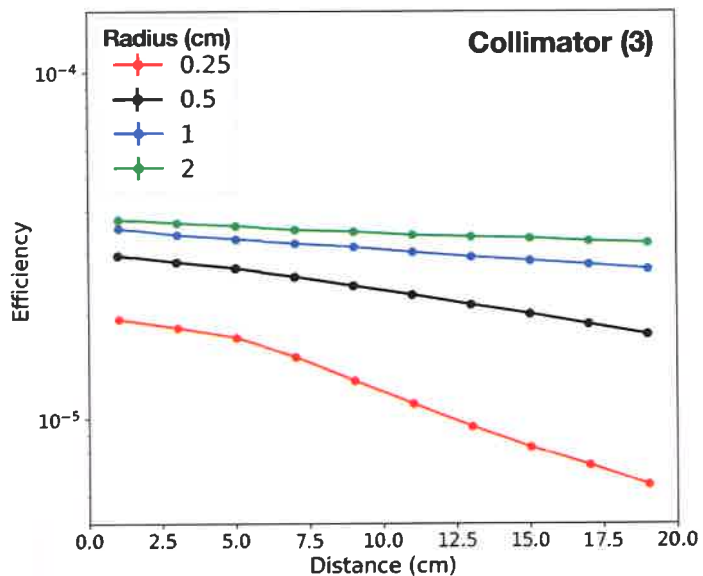
Efficiency in ROIs = Radius



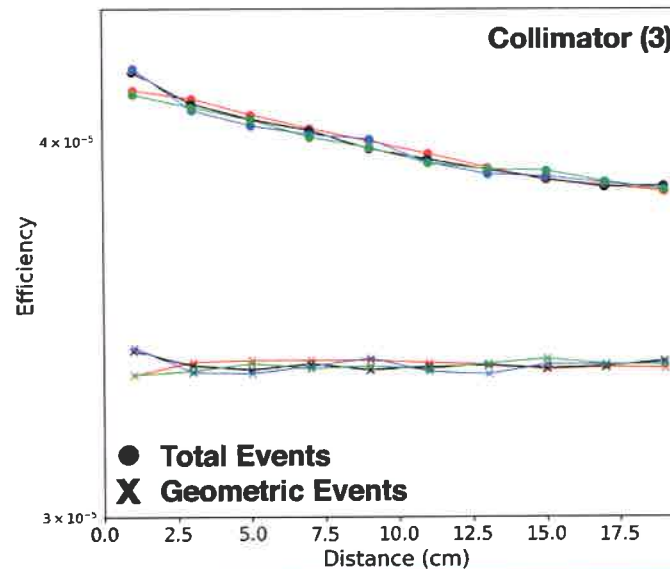
decrease with distance

lower for smaller source

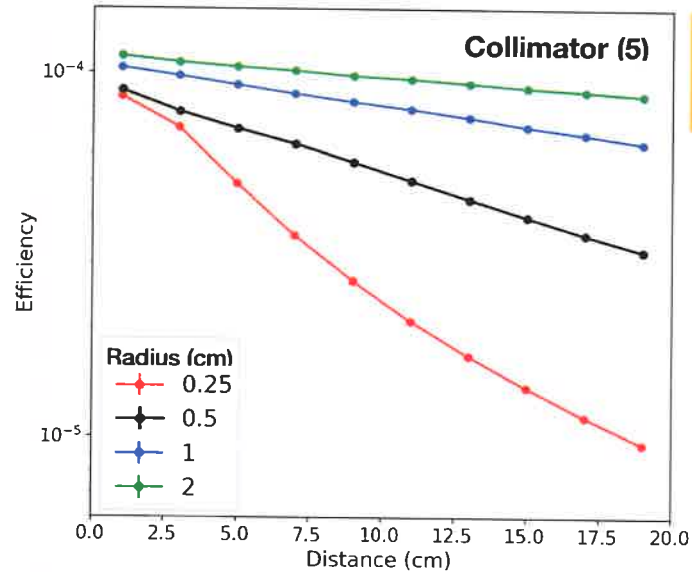
decrease faster for smaller source



E in all FoV



¹³¹I cylindrical source in air



Efficiency in ROIs = Radius

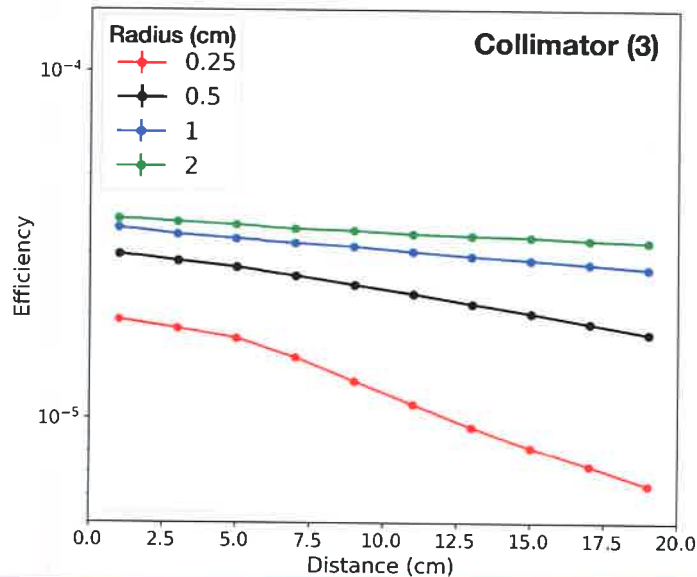
decrease with distance

lower for smaller source

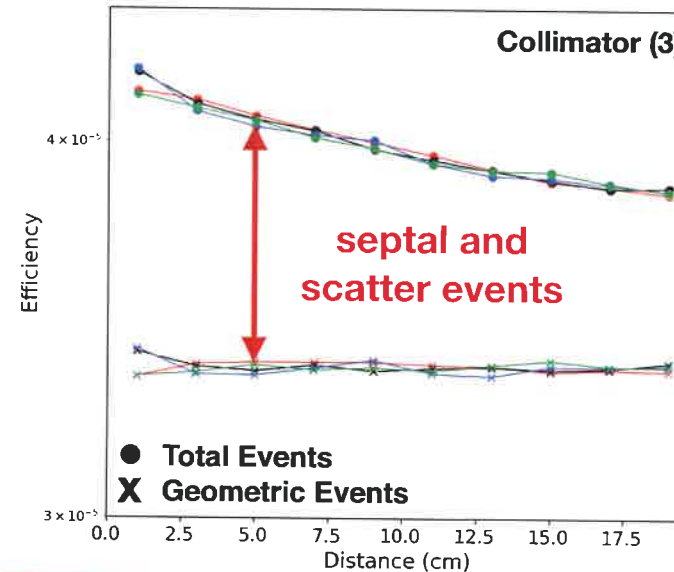
decrease faster for smaller source

SR value increases with distance

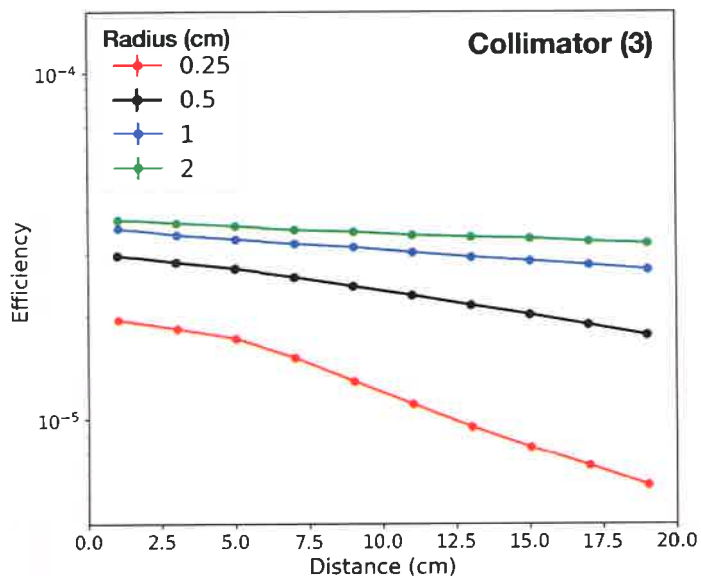
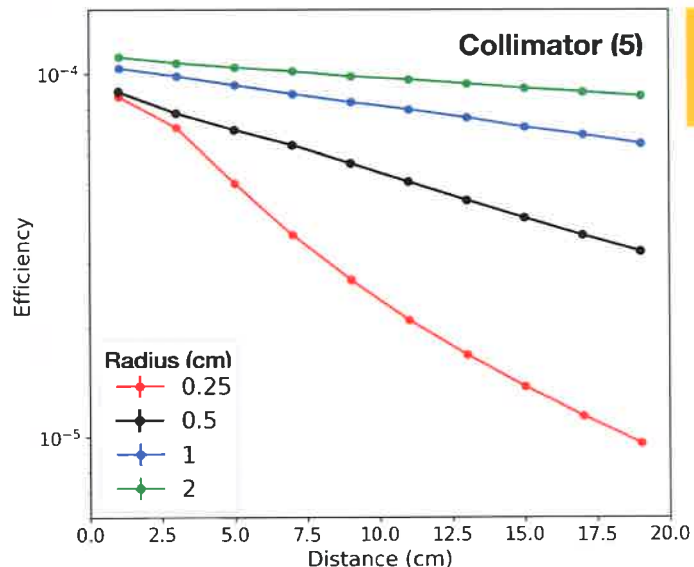
Penetration and Scatter decrease with distance



E in all FoV



¹³¹I cylindrical source in air



Efficiency in ROIs = Radius

decrease with distance

lower for smaller source

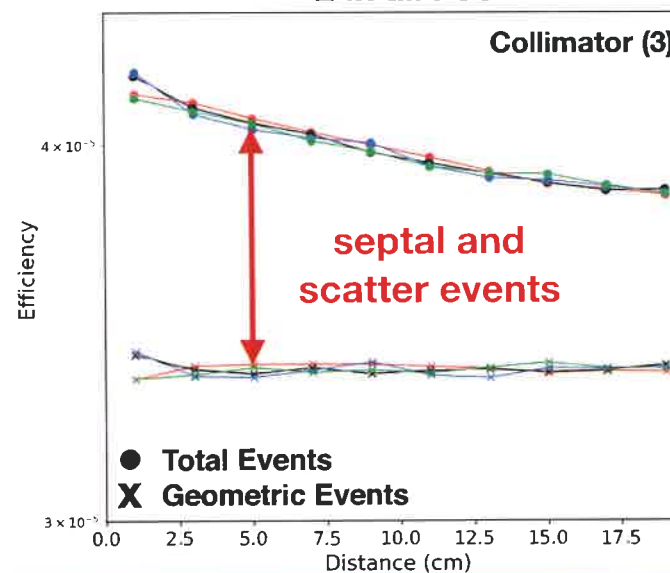
decrease faster for smaller source

SR value increases with distance

Penetration and Scatter decrease with distance

Partial Volume Effect

E in all FoV



XCAT VOXELIZED PHANTOM

.....
HEAD

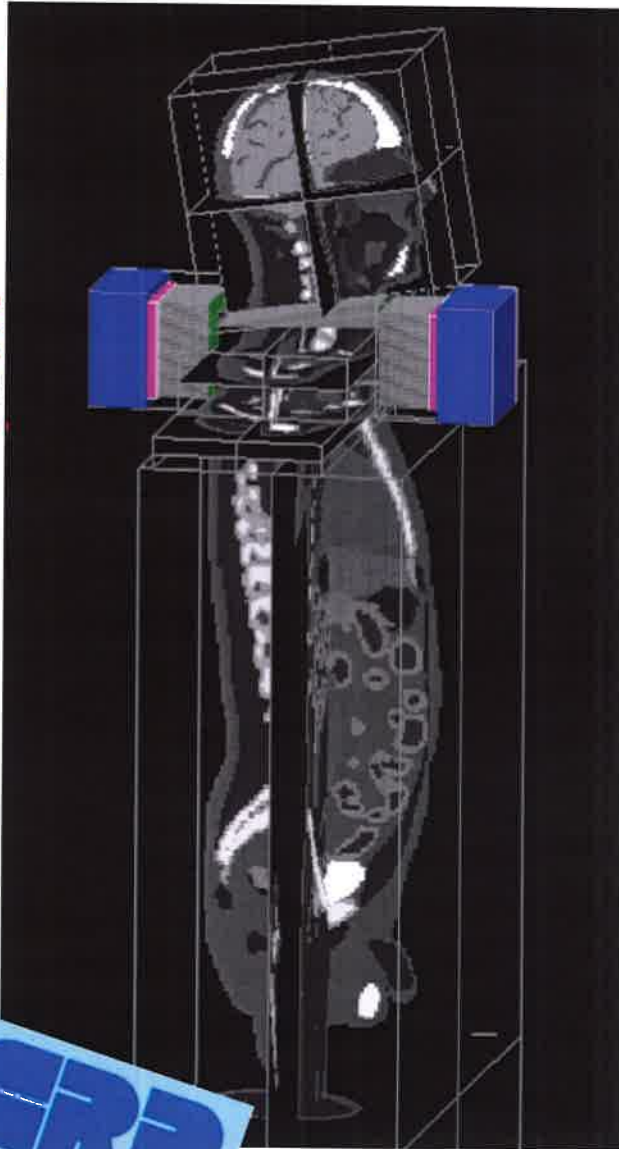
3 mm³

.....
NECK

1 mm³

.....
BODY

3 mm³



XCAT VOXELIZED PHANTOM

2 complete cameras in conjugate view

Fundamental for imaging quantification

[1],[2]

.....
HEAD

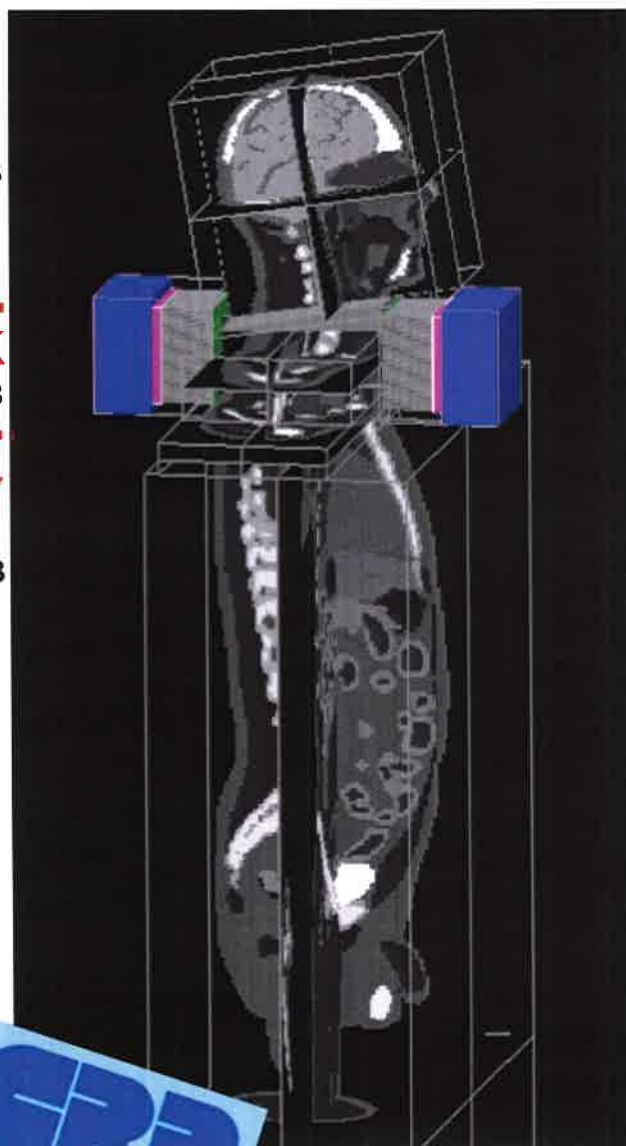
3 mm³

.....
NECK

1 mm³

.....
BODY

3 mm³



[1] "MIRD pamphlet No. 24: Guidelines for quantitative ¹³¹I SPECT in dosimetry applications.", (2013), Dewaraja, et al.

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

XCAT VOXELIZED PHANTOM

.....
HEAD

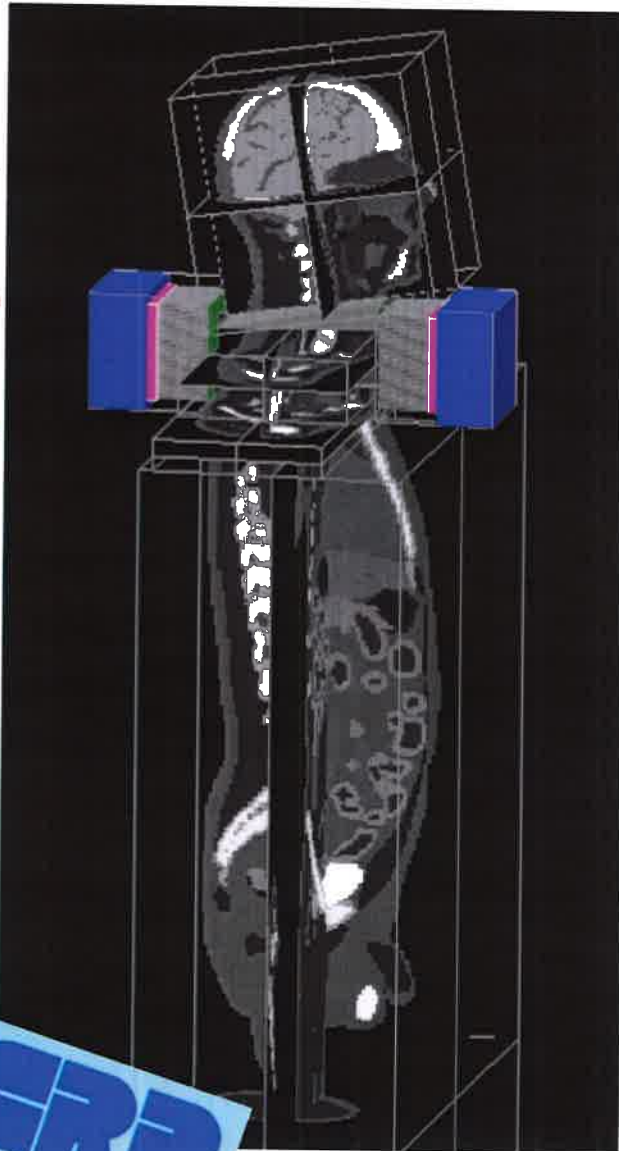
3 mm³

.....
NECK

1 mm³

.....
BODY

3 mm³



Carlotta TRIGILA

2 complete cameras in conjugate view

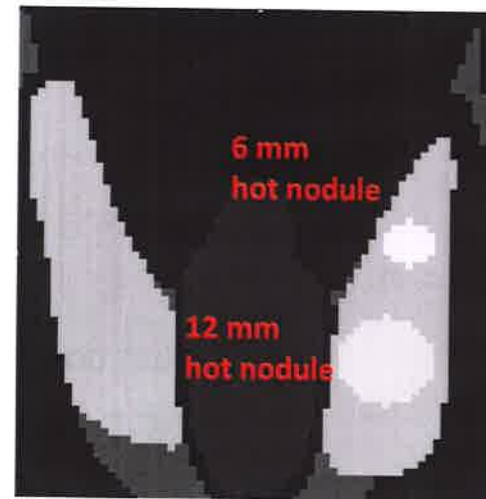
Fundamental for imaging quantification

[1],[2]

Common hyperthyroidism features

Thyroid and Nodules dimension

[3]



Neck Phantom's Slice

[1] "MIRD pamphlet No. 24: Guidelines for quantitative ¹³¹I SPECT in dosimetry applications.", (2013), Dewaraja, et al.

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

[3] "Evaluation of dosimetry of radioiodine therapy in benign and malignant thyroid disorders by means of iodine-124 and PET." European journal of nuclear medicine and molecular imaging, (2002), Eschmann et al.

XCAT VOXELIZED PHANTOM

.....
HEAD

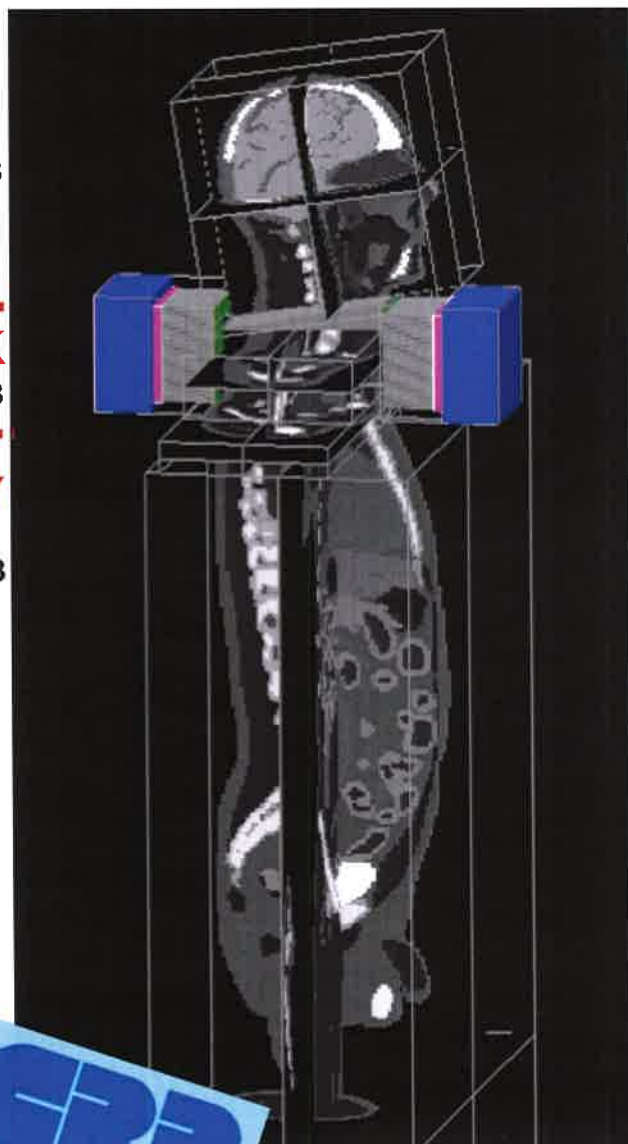
3 mm³

.....
NECK

1 mm³

BODY

3 mm³



2 complete cameras in conjugate view

Fundamental for imaging quantification

[1],[2]

Common hyperthyroidism features

Thyroid and Nodules dimension

[3]

Real Clinical Practices

Real Mean Injected activity

300 MBq [4],[5]

Common acquisition time

10 min [4],[5]

[1] "MIRD pamphlet No. 24: Guidelines for quantitative ¹³¹I SPECT in dosimetry applications.", (2013), Dewaraja, et al.

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

[3] "Evaluation of dosimetry of radioiodine therapy in benign and malignant thyroid disorders by means of iodine-124 and PET." *European journal of nuclear medicine and molecular imaging*, (2002), Eschmann et al.

[4] "EANM procedure guidelines for therapy of benign thyroid disease." *European journal of nuclear medicine and molecular imaging*, (2010), Stokkel, et al.

[5] "Radioiodine therapy in benign thyroid disorders. Evaluation of French nuclear medicine practices." *Annales d'endocrinologie*, (2014), Bernard et al.

XCAT VOXELIZED PHANTOM

.....
HEAD

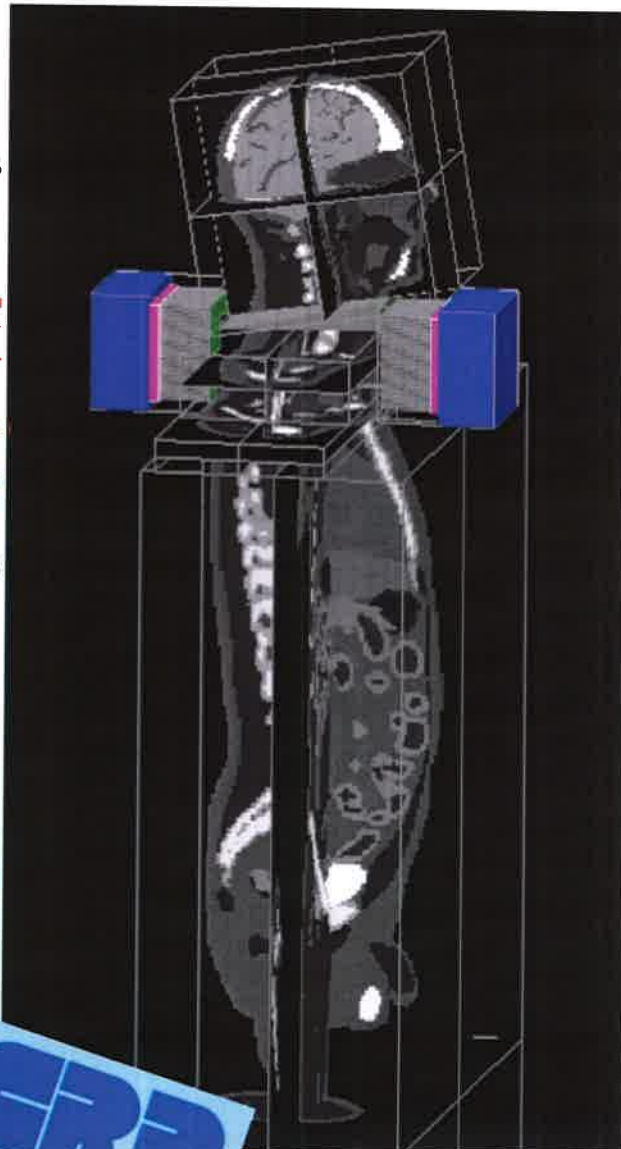
3 mm³

.....
NECK

1 mm³

.....
BODY

3 mm³



2 complete cameras in conjugate view

Fundamental for imaging quantification [1],[2]

Common hyperthyroidism features

Thyroid and Nodules dimension [3]

Real Clinical Practices

Real Mean Injected activity **300 MBq** [4],[5]

Common acquisition time **10 min** [4],[5]

Hyperthyroidism activities distributions at 24h

Thyroid uptake **55 %** [5],[6]

Nodules to Normal Thyroid tissue uptake **6** [3]

Background using Iodine bio-kinetics model [6]

[1] "MIRD pamphlet No. 24: Guidelines for quantitative ¹³¹I SPECT in dosimetry applications.", (2013), Dewaraja, et al.

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

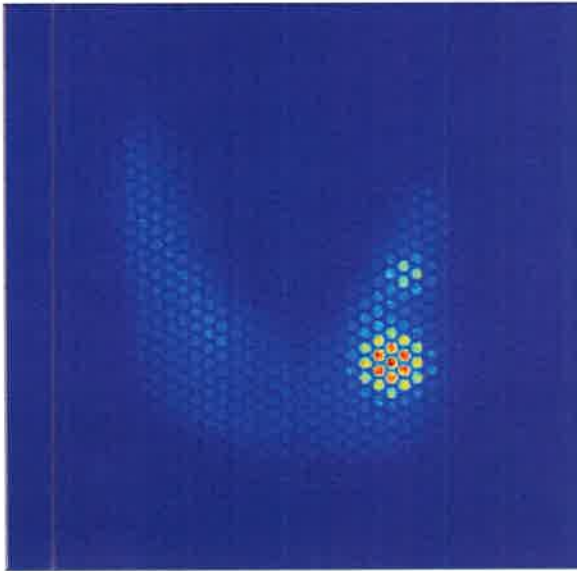
[3] "Evaluation of dosimetry of radioiodine therapy in benign and malignant thyroid disorders by means of iodine-124 and PET." *European journal of nuclear medicine and molecular imaging*, (2002), Eschmann et al.

[4] "EANM procedure guidelines for therapy of benign thyroid disease." *European journal of nuclear medicine and molecular imaging*, (2010), Stokkel, et al.

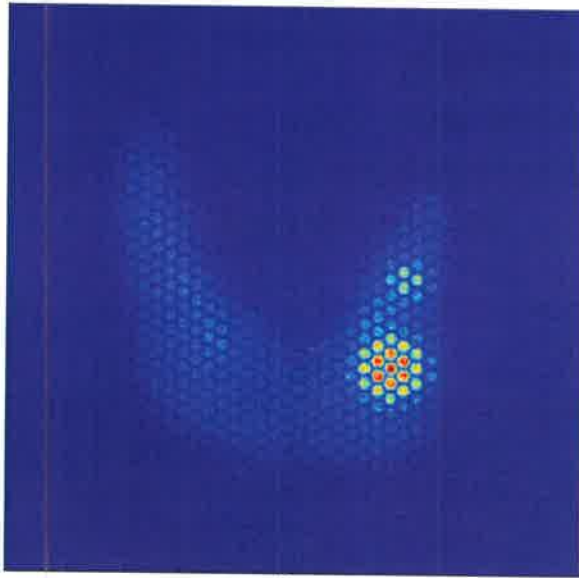
[5] "Radioiodine therapy in benign thyroid disorders. Evaluation of French nuclear medicine practices." *Annales d'endocrinologie*, (2014), Bernard et al.

[6] Melo, Dunstana R., et al. "Organ Dose Estimates for Hyperthyroid Patients Treated with ¹³¹I: An Update of the Thyrotoxicosis Follow-Up Study." *Radiation research* 184.6 (2015): 595-610.

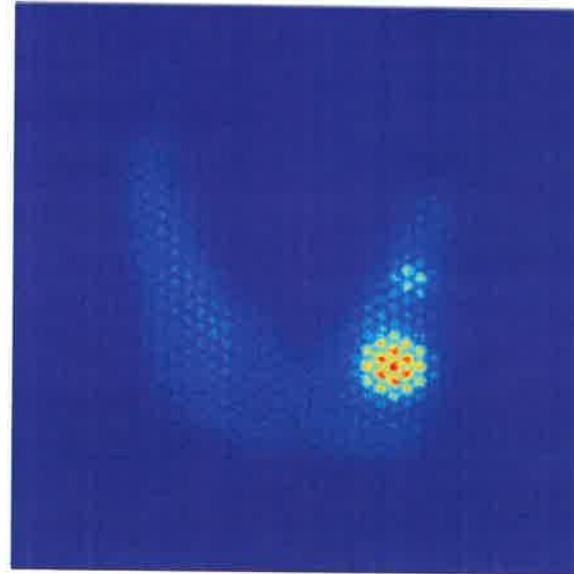
Raw Image



Raw Image



Energy and Spatial gaussian blurring

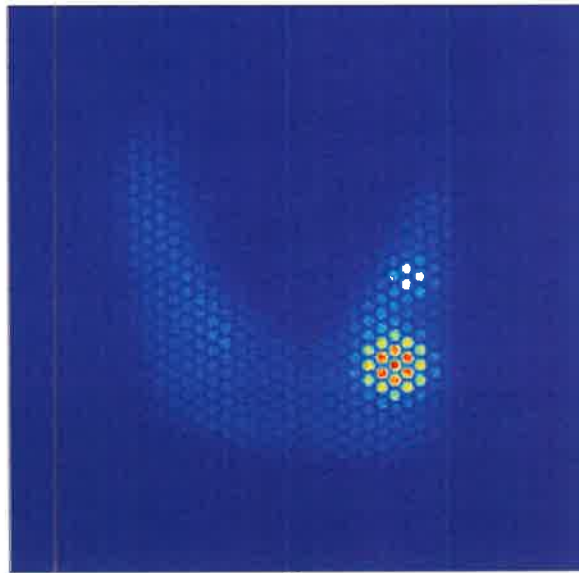


using Energy Resolution and
Spatial Resolution values
obtained experimentally
CeBr₃ 6 mm :

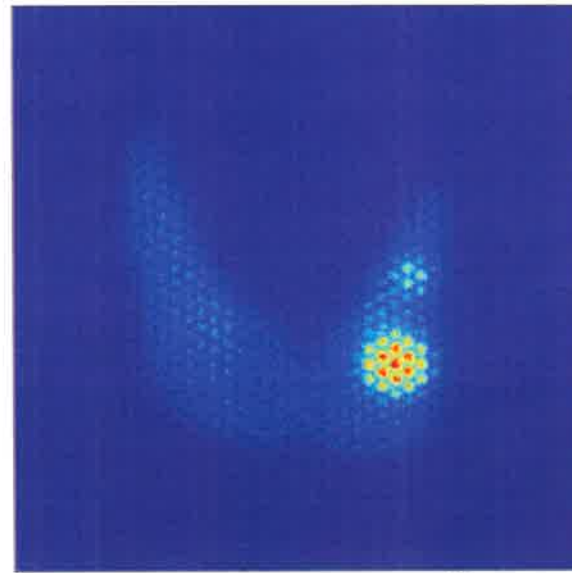
SR 1.12 mm @ 122 keV

ER 8.1% @ 356 keV

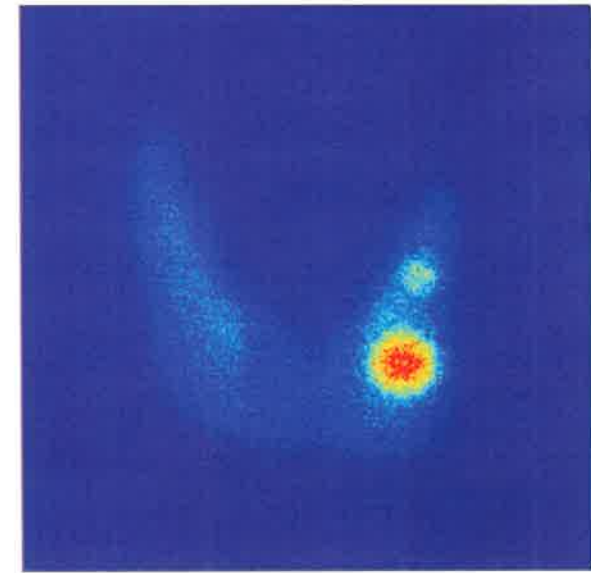
Raw Image



Energy and Spatial gaussian blurring



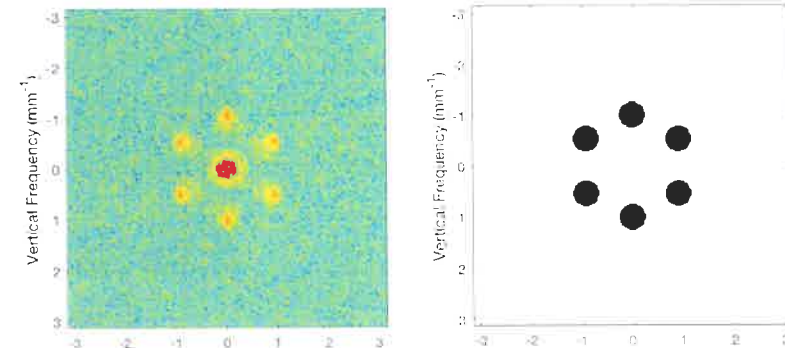
Frequency filter [7]



using Energy Resolution and Spatial Resolution values obtained experimentally
 CeBr_3 6 mm :

SR 1.12 mm @ 122 keV

ER 8.1% @ 356 keV



[7] Perez-Garcia, H., and R. Barquero. "The HURRA filter: an easy method to eliminate collimator artifacts in high-energy gamma camera images." (2017)

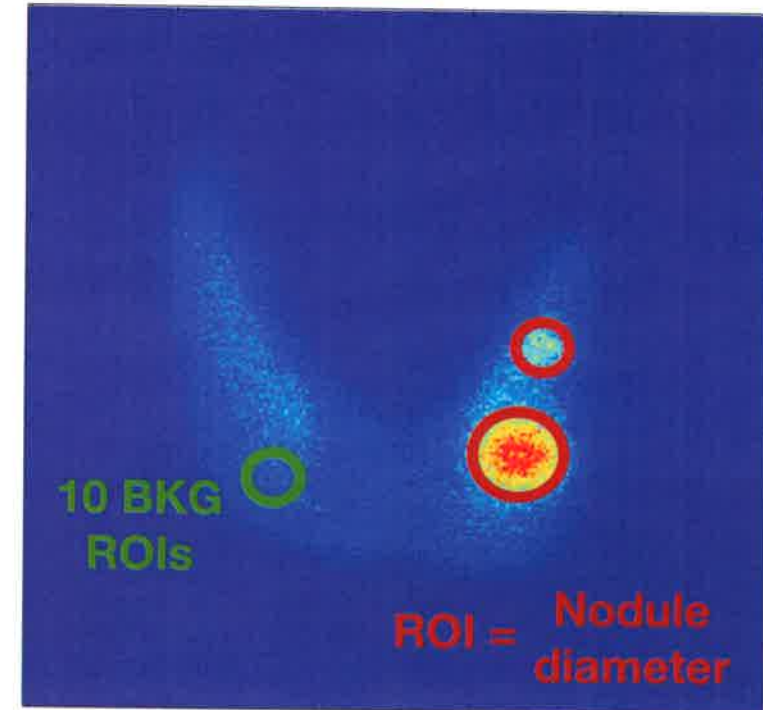
Nodule detectability

Contrast

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{Cps}_{\text{BKG}}}$$

SNR
(Signal-to-noise ratio)

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{SD}_{\text{BKG}}}$$



Nodule detectability

Contrast

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{Cps}_{\text{BKG}}}$$

SNR

(Signal-to-noise ratio)

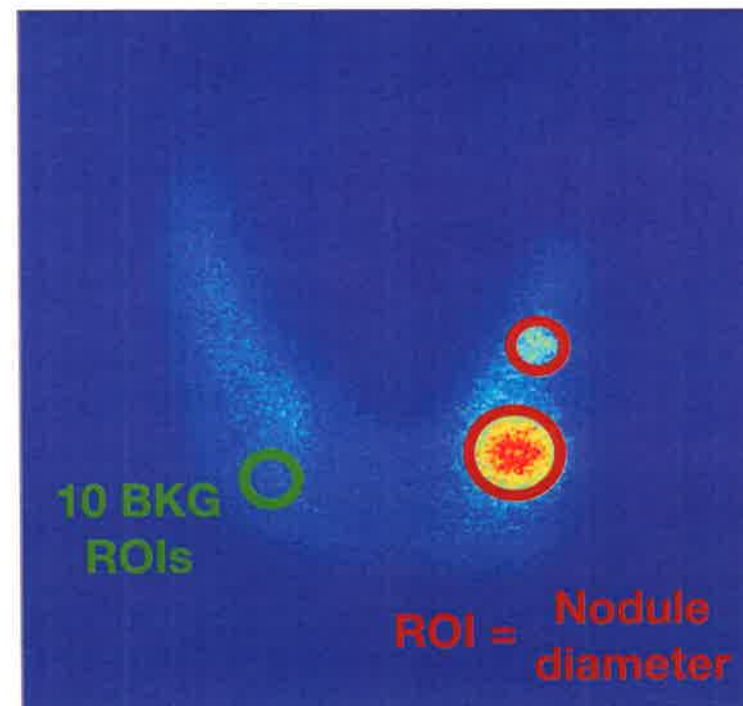
$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{SD}_{\text{BKG}}}$$

Activity Quantification

Recovery Factor

$$\frac{\text{Estimated Activity}}{\text{Expected Activity}}$$

$$\text{Estimated Activity} = \sqrt{\frac{I_A I_P}{T}} \cdot \frac{f}{C} \cdot k$$



[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

Nodule detectability

Contrast

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{Cps}_{\text{BKG}}}$$

SNR
(Signal-to-noise ratio)

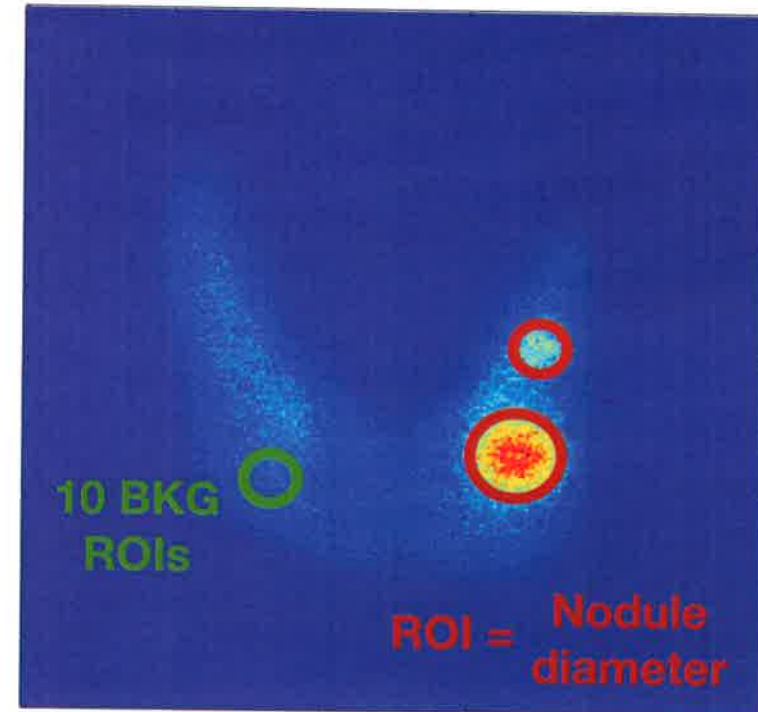
$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{SD}_{\text{BKG}}}$$

Activity Quantification

Recovery Factor

$$\frac{\text{Estimated Activity}}{\text{Expected Activity}}$$

$$\text{Estimated Activity} = \sqrt{\frac{I_A I_P}{T}} \cdot \frac{f}{C} \cdot k$$



I_A Counts/time from the anterior and posterior (A/P) image of the source region ROI

C Calibration factor

T Transmission factor

k Background correction factor

f source self-attenuation correction

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

Nodule detectability

Contrast

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{Cps}_{\text{BKG}}}$$

SNR

(Signal-to-noise ratio)

$$\frac{\text{Cps}_{\text{ROI}} - \text{Cps}_{\text{BKG}}}{\text{SD}_{\text{BKG}}}$$

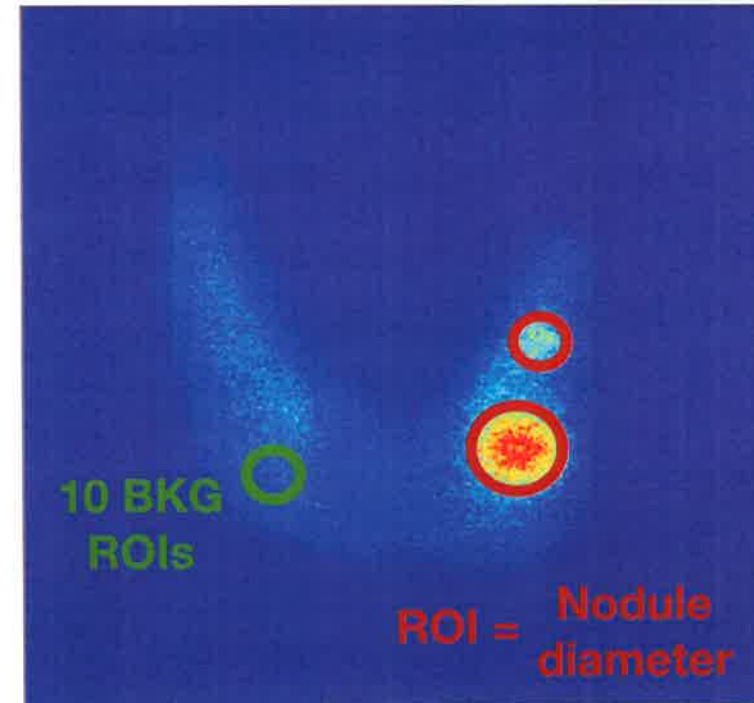
Activity Quantification

Recovery Factor

$$\frac{\text{Estimated Activity}}{\text{Expected Activity}}$$

Estimated Activity

$$= \sqrt{\frac{I_A I_P}{T}} \cdot \frac{f}{C} \cdot k$$



I_A Counts/time from the anterior and posterior (A/P) image of the source region ROI

I_P Calibration factor

Simulations

C Transmission factor

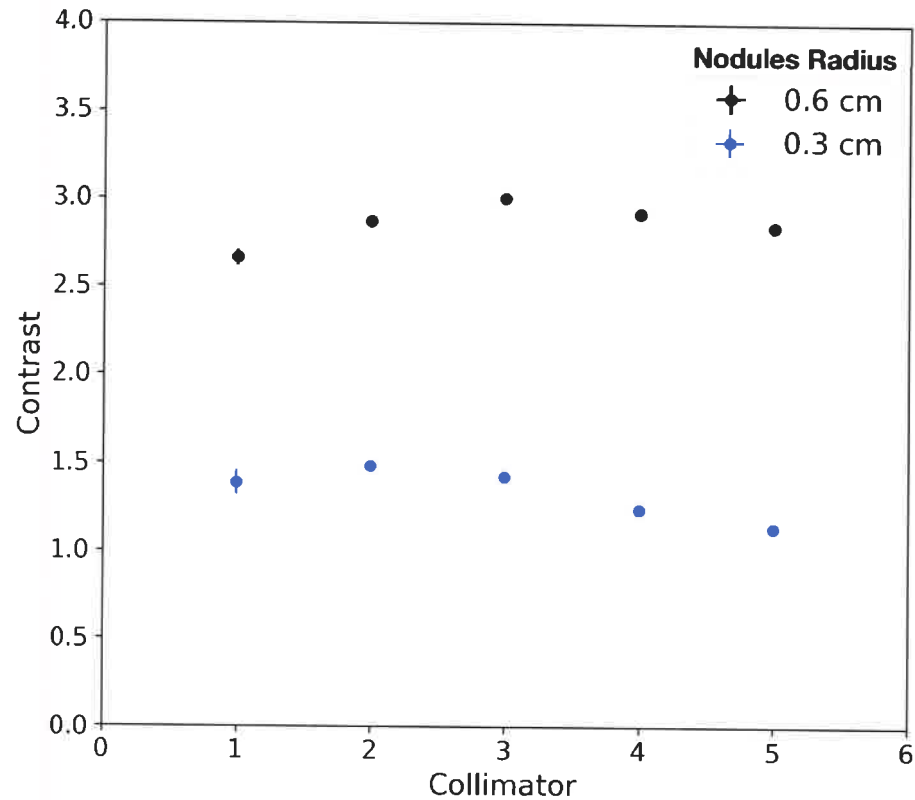
Estimations

T Background correction factor

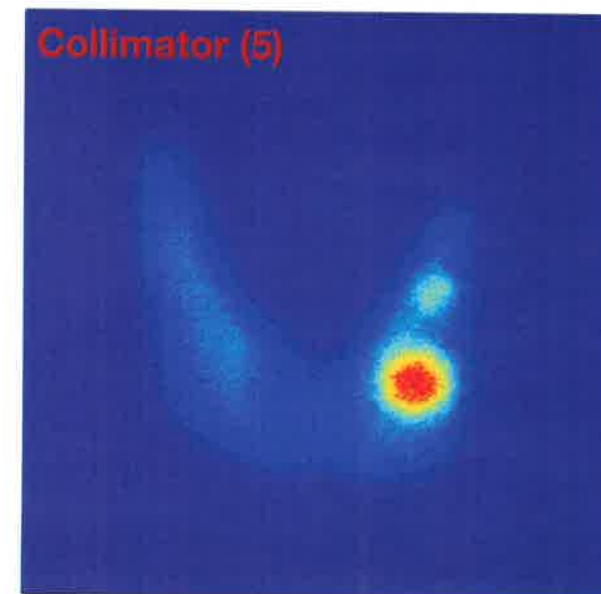
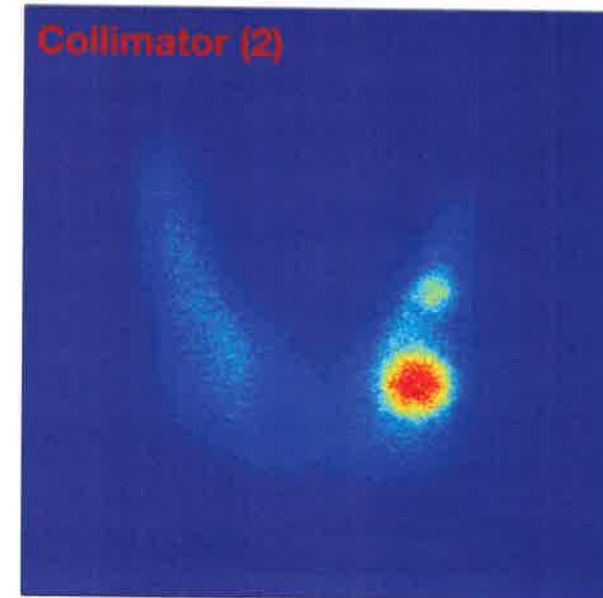
k source self-attenuation correction

[2] "MIRD pamphlet no. 16: techniques for quantitative radiopharmaceutical biodistribution data acquisition and analysis for use in human radiation dose estimates.", (1999), Siegel et al.

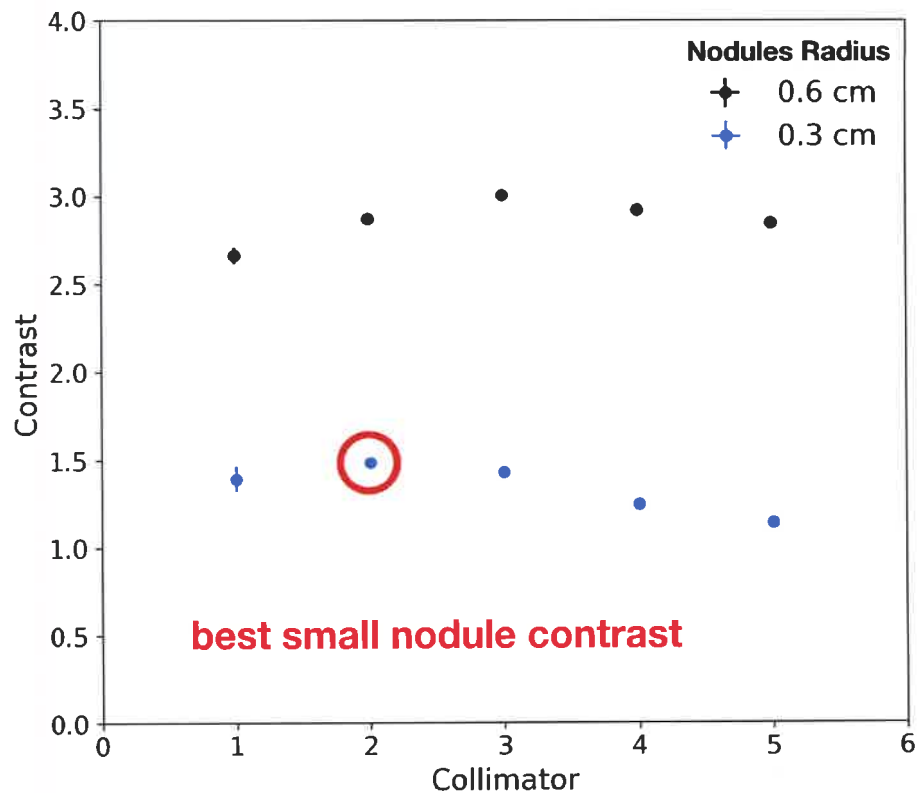
Contrast



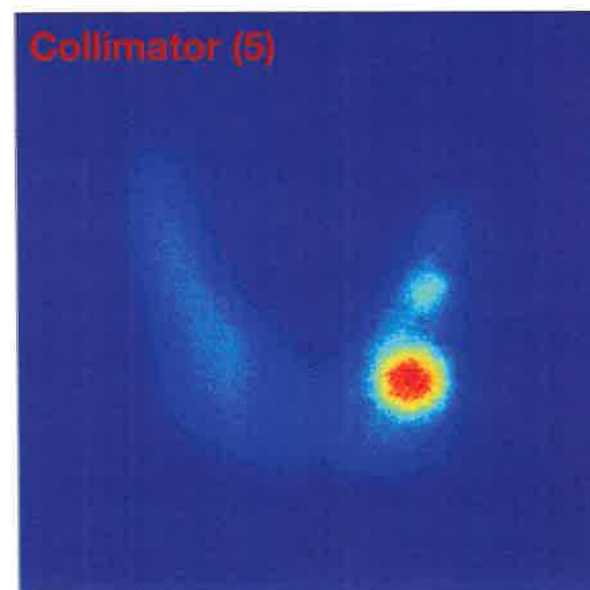
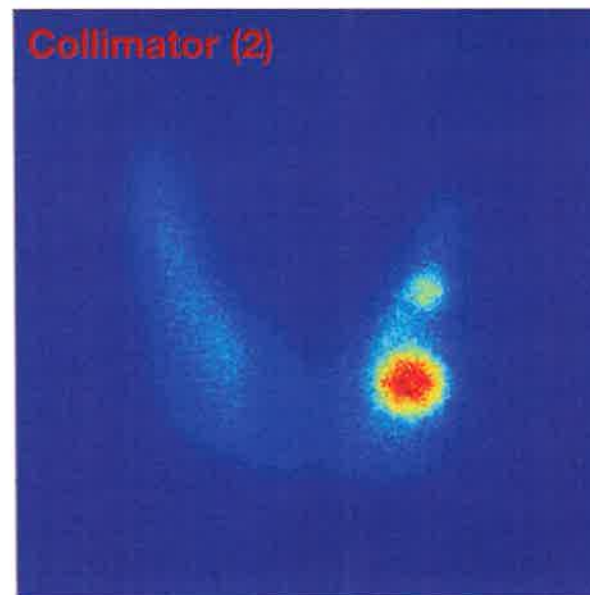
Higher Partial Volume effect :
for lower SR
for smaller nodule



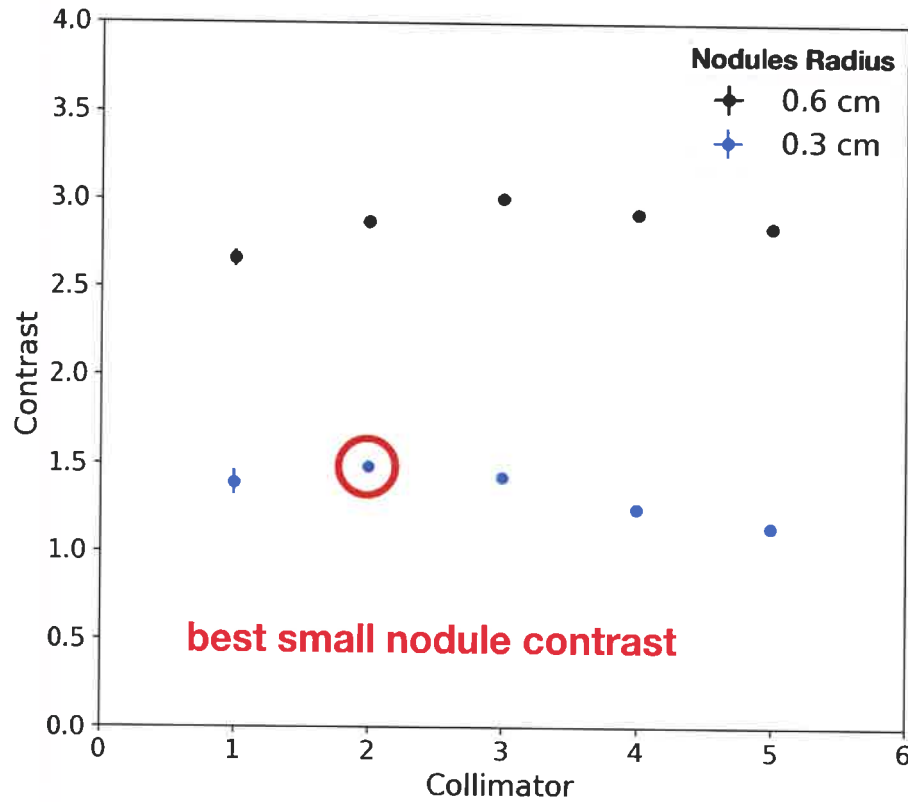
Contrast



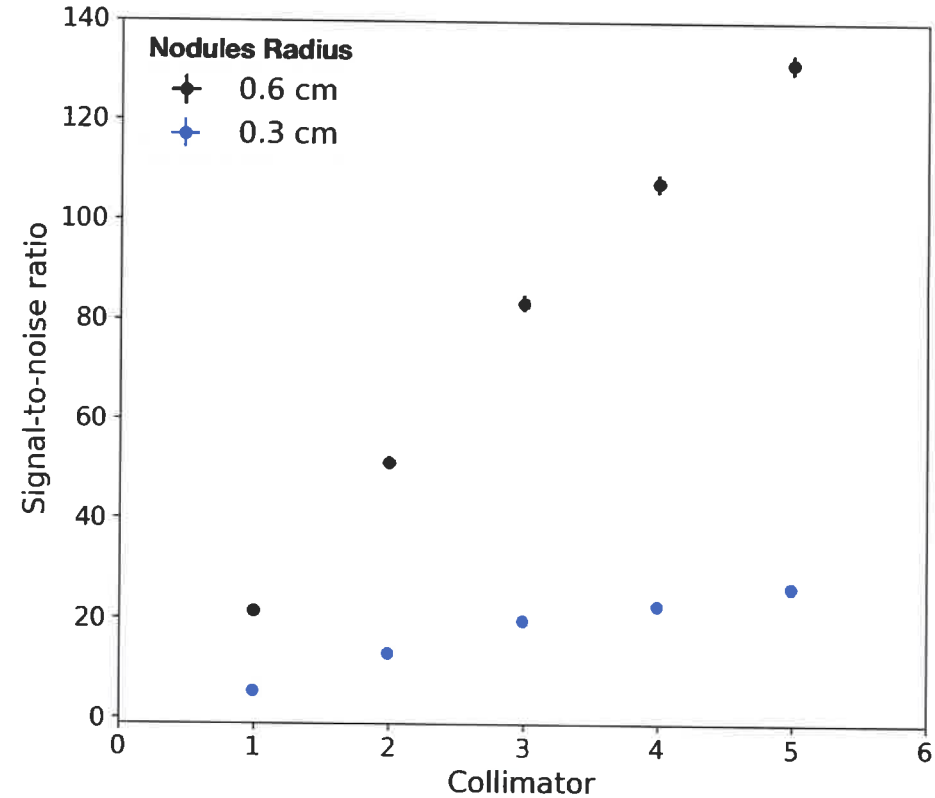
Higher Partial Volume effect :
for lower SR
for smaller nodule



Contrast

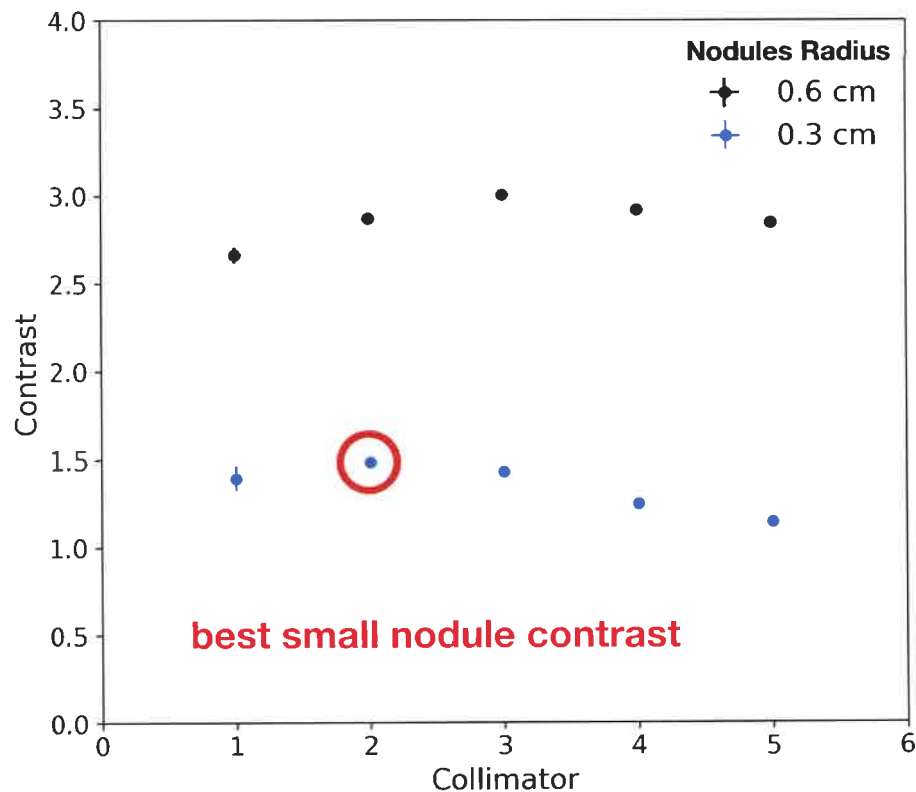


SNR (Signal-to-noise ratio)



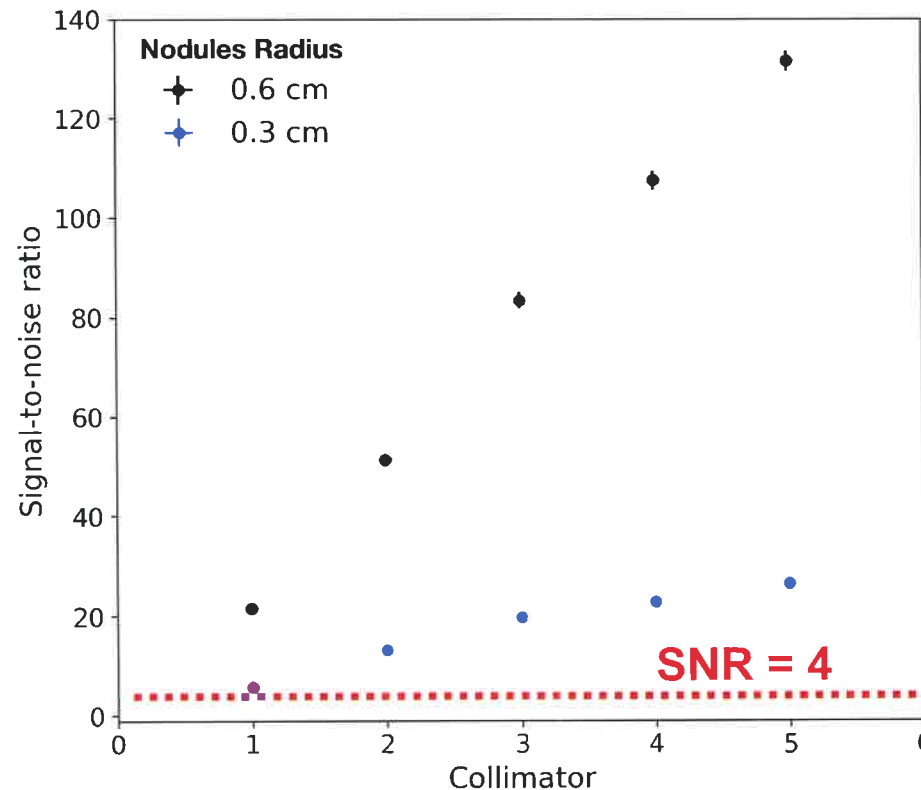
Higher Partial Volume effect :
for lower SR
for smaller nodule

Contrast



Higher Partial Volume effect :
for lower SR
for smaller nodule

SNR (Signal-to-noise ratio)

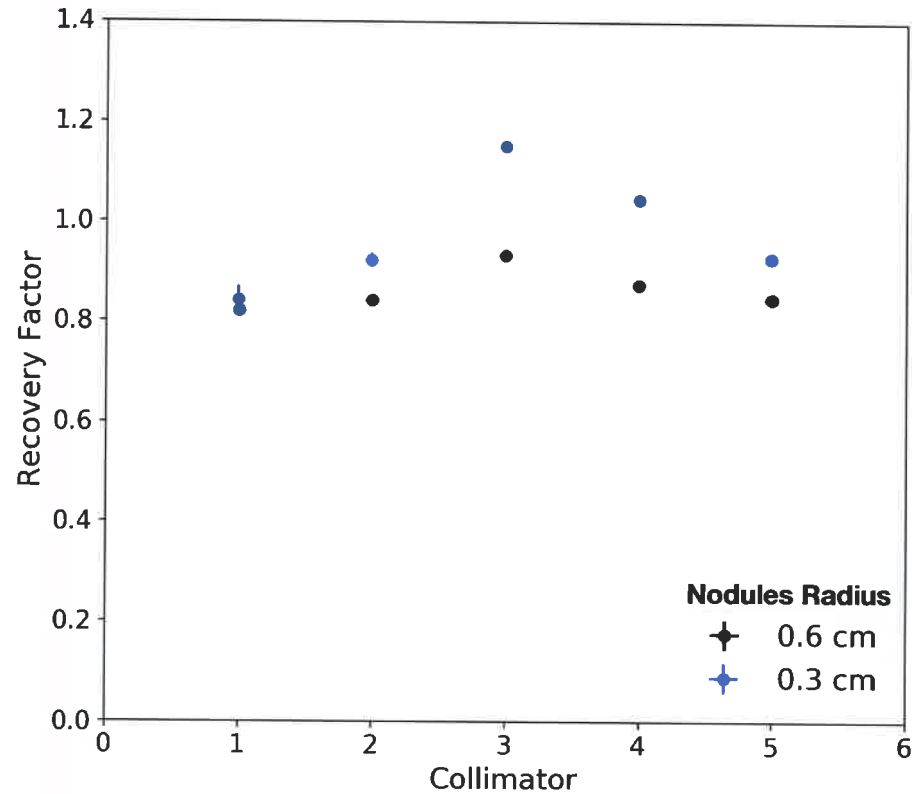


Detectability with
SNR > 4 [8]

Nodules can be detected with all configurations

[8] Waterstram-Rich, et al. Nuclear Medicine and PET/CT-E-Book: Technology and Techniques. Elsevier Health Sciences, 2016.

Recovery Factor



**Obtained with a maximum error of
18 % for all configuration**

Possible sources of error :

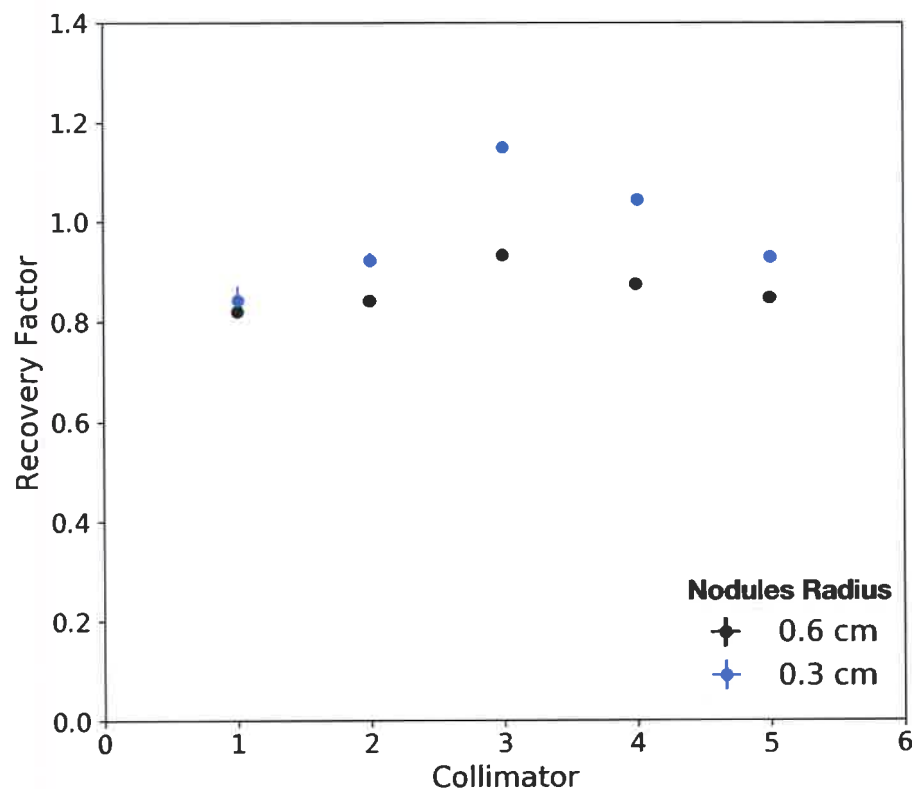
BKG correction

(harder for small nodule)

Imprecise calibration factor extrapolation

Lack of Diffusion correction

Recovery Factor



Obtained with a maximum error of **18 %** for all configuration

Possible sources of error :

BKG correction

(harder for small nodule)

Imprecise calibration factor extrapolation

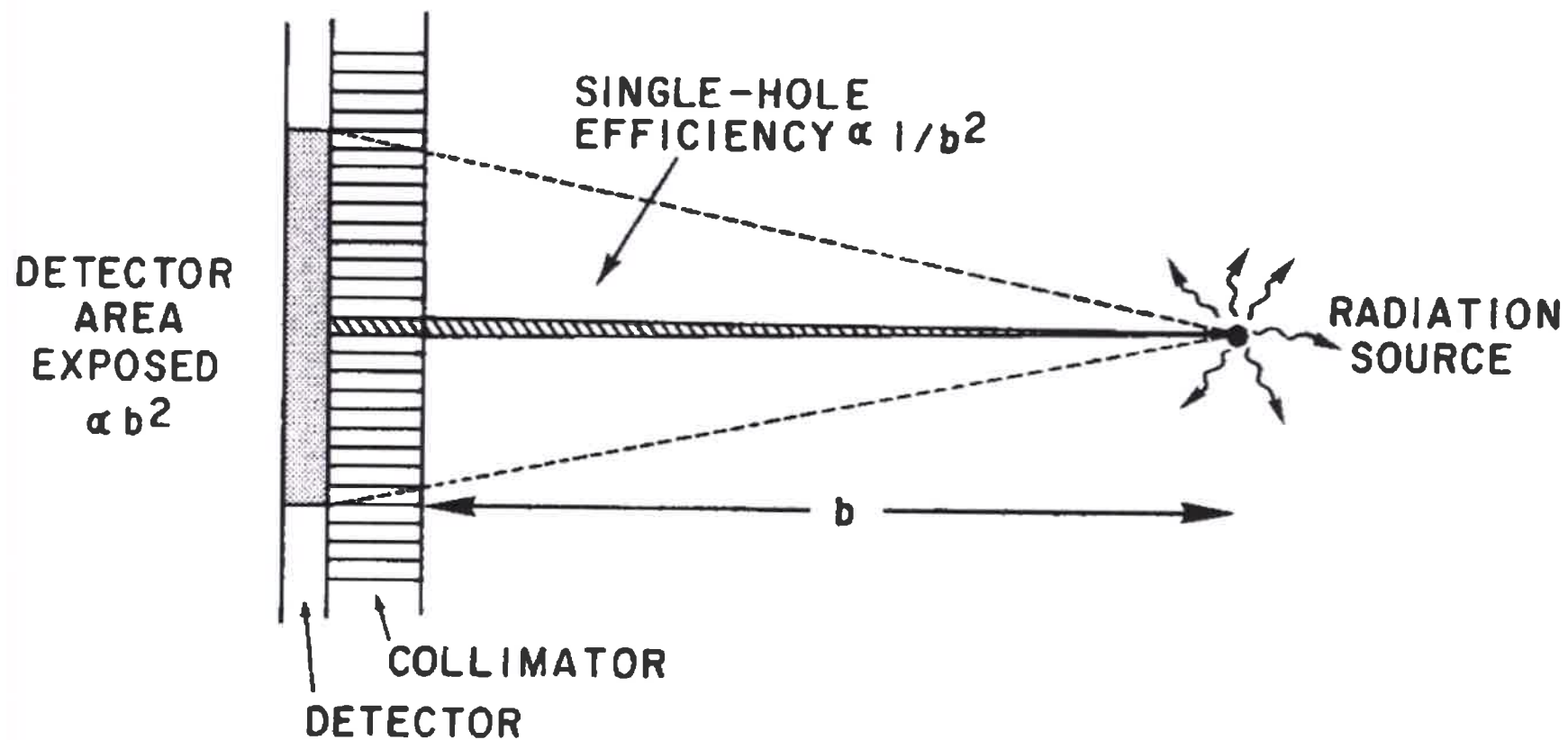
Lack of Diffusion correction

**Best image quality (small nodules)
with collimator (2)**

Collimator 2

L (cm)	d (cm)	t (cm)	SR (mm)	Efficiency @ 5 cm
5,5	0,1	0,085	2	$1.24 \cdot 10^{-5}$

- **Monte Carlo simulations has been developed to investigate collimator's properties for the detection of high energy gamma in the context of absorbed radiation dose control in targeted radionuclide therapy**
- **The penetration and scatter highly influence image quality and can be estimated only through the use of simulations**
- **Simulations allowed to chose a collimator configurations with good features (SR, E, SP, signal-to-noise ratio) that match our dosimetry goal**
- **Next steps consist in the optimization of quantification protocol : integration of diffusion correction (triple window correction)**
- **Choice of the best scintillator-photodetection assemblies**
- **Integration of a fully operational 5x5 cm² camera prototype and validation with thyroid phantom**



Background correction

ii. Analytical Methodology. Figure 1c illustrates the situation in which a well-defined source is surrounded by background activity uniformly distributed in the adjacent tissue. For this configuration, the source region activity A_3 is given by the expression:

$$A_3 = \sqrt{\frac{I_A I_P}{e^{-\mu_d}} \frac{f_3}{C}} k(\gamma), \quad \text{Eq. 8}$$

where

$$k(\gamma) \equiv \left\{ 1 + (\gamma_2 f_3 / f_2)^2 + (\gamma_4 f_3 / f_4)^2 + 2\gamma_2 \gamma_4 (f_3^2 / f_2 f_4) \cosh [(\mu_2 t_2 + 2\mu_3 t_3 + \mu_4 t_4) / 2] + 2\gamma_2 f_3 / f_2 \cosh [(\mu_2 t_2 + \mu_3 t_3) / 2] + 2\gamma_4 f_3 / f_4 \cosh [(\mu_3 t_3 + \mu_4 t_4) / 2] \right\}^{-1/2}. \quad \text{Eq. 9}$$

The individual f factors are defined according to Equation 2, whereas $\gamma_2 \equiv A_2/A_3$ and $\gamma_4 \equiv A_4/A_3$ represent the ratios of the activity in the adjacent regions to that in the source volume. Calculation of the $k(\gamma)$ constant requires estimates of the factors (f_j , γ_2 , γ_4) that may be obtained through analysis of additional views in combination with the main conjugate view pair. The $k(\gamma)$ correction may become significant when the activity in the adjacent regions approaches 10% of that in the source volume (9,16).

where:

$$f_j \equiv \frac{(\mu_j t_j / 2)}{\sinh(\mu_j t_j / 2)} \quad \text{Eq. 2}$$

and

$$\mu_e = (1/t) \sum_{i=1}^n \mu_i t_i = \mu_j + (1/t) \sum_{i=1}^n (\mu_i - \mu_j) t_i. \quad \text{Eq. 3}$$

