

Dual Energy **CT** for the assessment of coronary artery disease and **cardiac perfusion**. Initial observations and assessment in phantoms and patients.

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A Radiologist's alternative title.....

# Gemstone Spectral Imaging In Cardiac Disease

Does it address a clinical need or is it  
“toys for the boys”?

# Introduction

- November 2009 New GE HD750 CT scanner
- Acceptance tests included standard tests + ASiR
- April 2010 “the arrival of GSI”
- End of 2011 (agreed to use GSI for specific clinical requirements for MAR)
- Early 2012 GE put on GSI course
- 2012 – VEO
- To date only ASiR and GSI limited to MAR is in routine clinical use within this hospital. VEO has been recently assessed in phantoms and patients as research studies.

# GSI for cardiac applications

- Calcium subtraction
- Assessment of myocardial perfusion (diagnosis of ischaemia/infarct)
- Assessment of delayed enhancement
- Does keV imaging add anything to diagnosis?
- Limited evidence, where exists, normally for 2 tube systems (e.g. Siemens Flash)

# Cardiac CT

- Cheap: £250 vs £1600 Invasive angiography
- Fast: 20 minute slots vs 5 per 4 hours for ICA
- Non-invasive
- Preferred by patients
- Ability to exclude disease @100%

# NICE Guidelines March 2010

estimated  
likelihood of  
CAD is 10–29%

offer CT as  
the first-line  
diagnostic  
investigation

estimated  
likelihood of  
CAD is 30–60%

offer  
functional  
imaging as  
the first-line  
diagnostic  
investigation

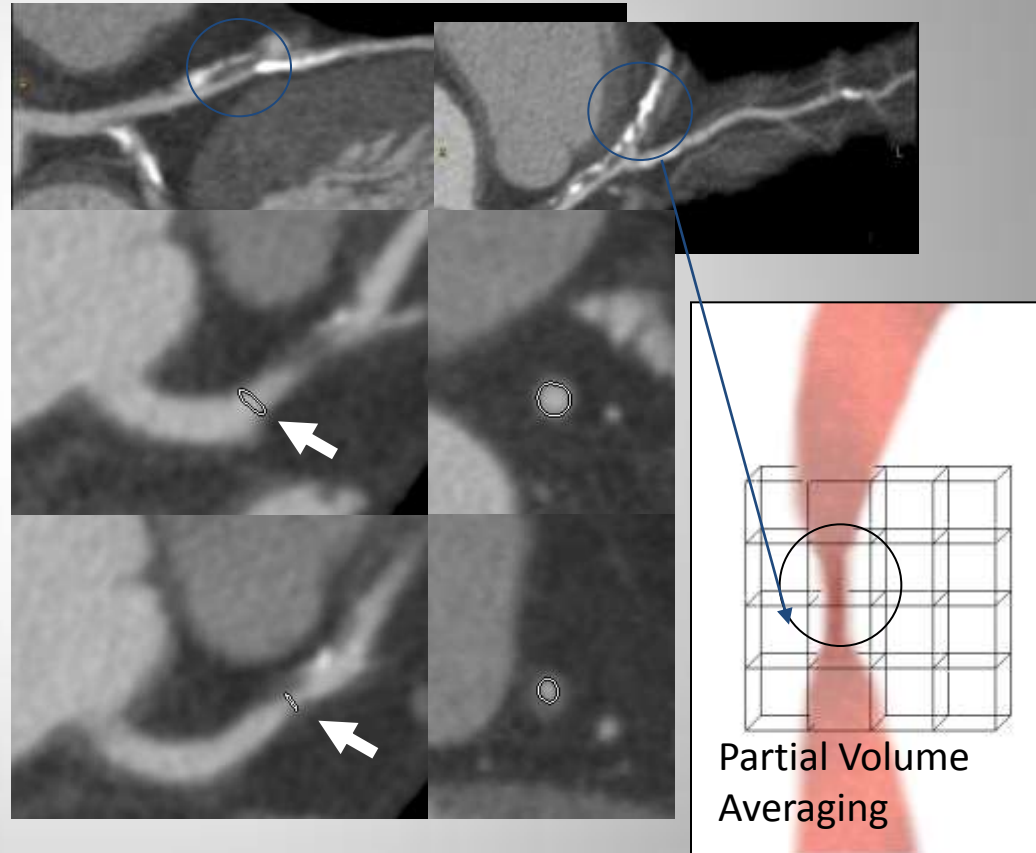
estimated  
likelihood of  
CAD is 61–90%

offer  
invasive  
coronary  
angiography  
as the first-  
line  
diagnostic  
investigation

ASSESSMENT AND INVESTIGATION OF RECENT ONSET CHEST PAIN OR DISCOMFORT OF SUSPECTED CARDIAC  
ORIGIN

# Spatial resolution and blooming major weaknesses of CTA

- Blooming makes the calcified lesions look worse than they really are



# Cardiac CT-Weaknesses

- It overcalls disease
- It is an anatomical test. That is, it demonstrates stenosis but does not tell us if that is causing myocardial ischaemia

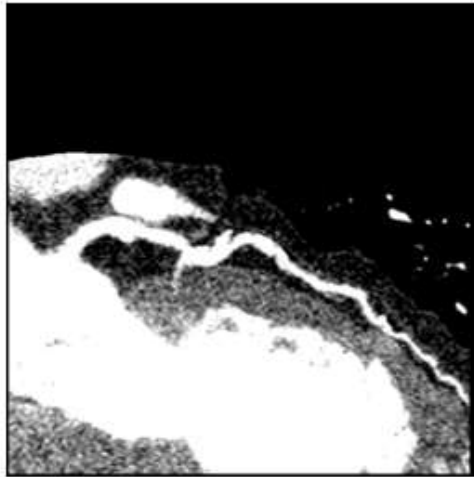


# GSI

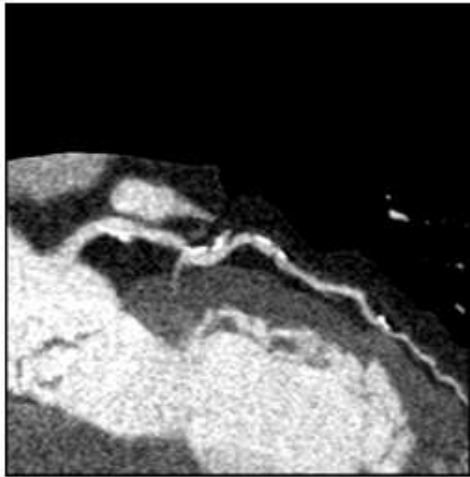
- Rapid switch high and low kVp 0.25msec
- Full FoV (cp Siemens)
- Single source = less miss registration (cp Siemens)
- Production of monochromatic images from 40 to 140 keV
  - Low keV for contrast conspicuity
  - High keV for reduced calcium blooming

# keV imaging

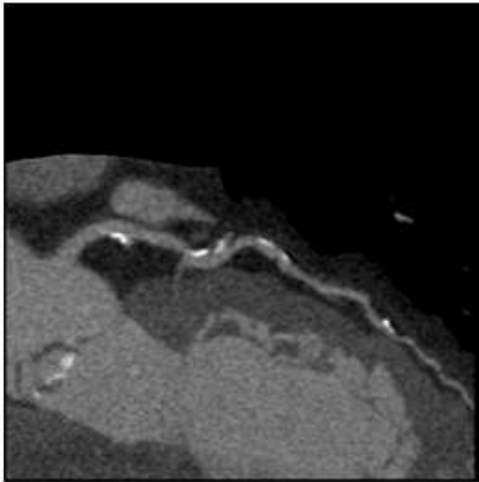
40keV



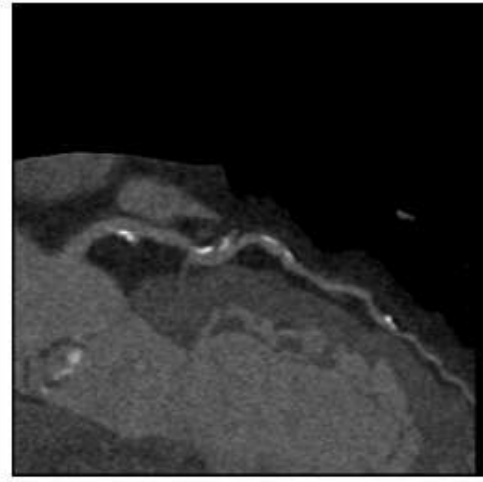
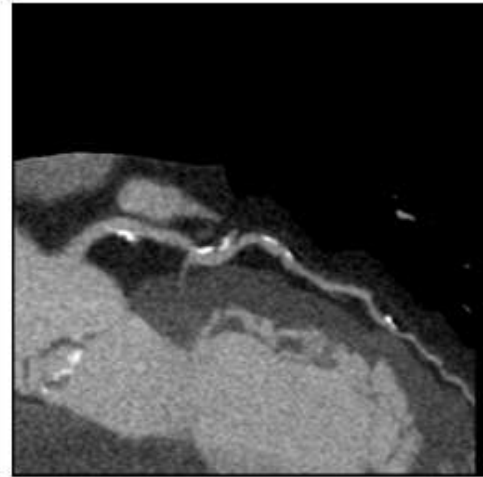
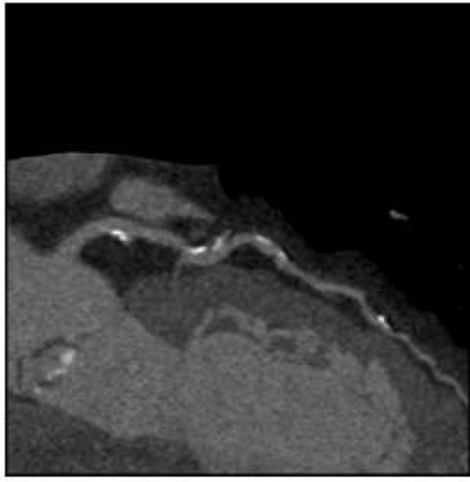
80keV



100keV



140keV



# Cardiac GSI: Use of Varying keV to reduce blooming

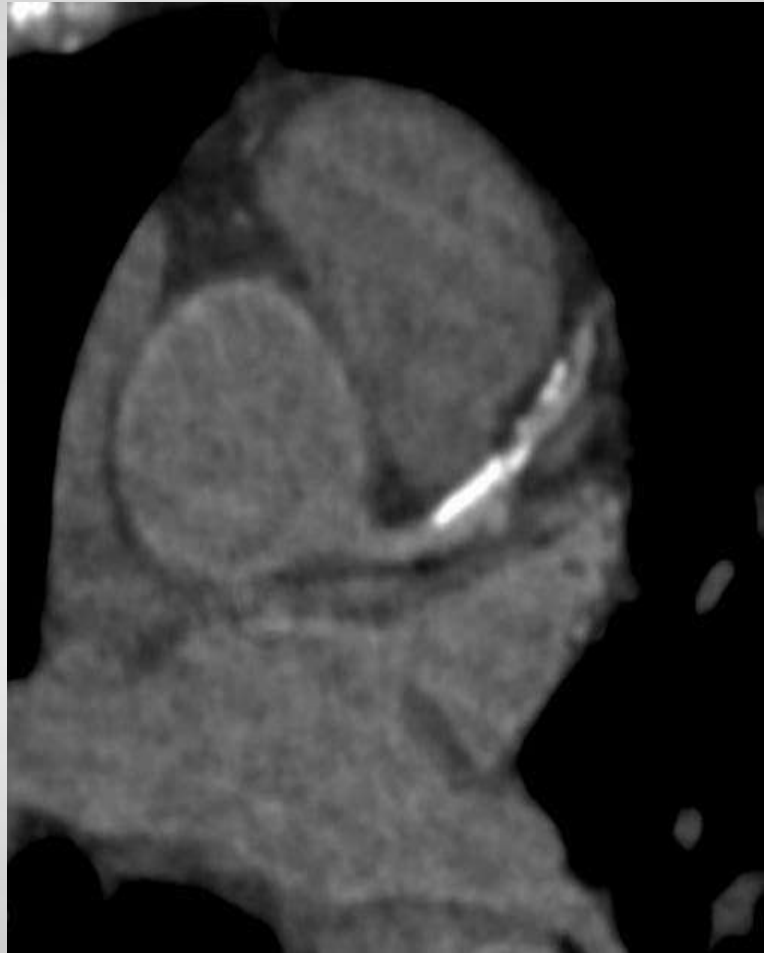
Changing spectral  
energies  
40keV → 140keV



# Cardiac GSI: calcium subtraction

Material Separation  
using HAP and  
Iodine

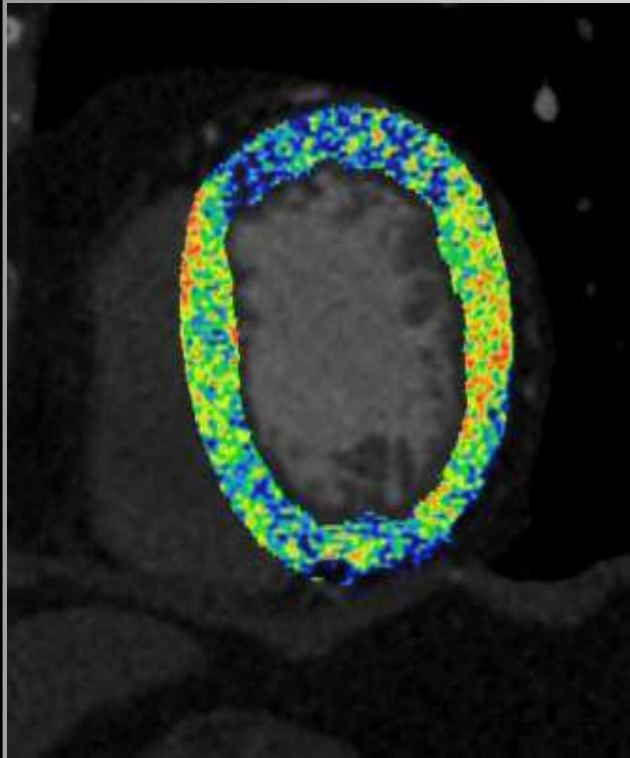
HAP(Iodine)  $\rightarrow$  Iodine(HAP)



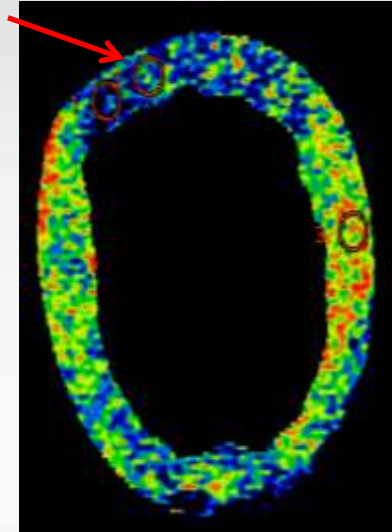
# Cardiac GSI Perfusion

- Perform Rest then stress imaging (following adenosine) - look for difference in iodine in myocardium
- Need for accurate iodine quantification
- Need to avoid beam hardening

# GSI Cardiac; Perfusion



Perfusion defect

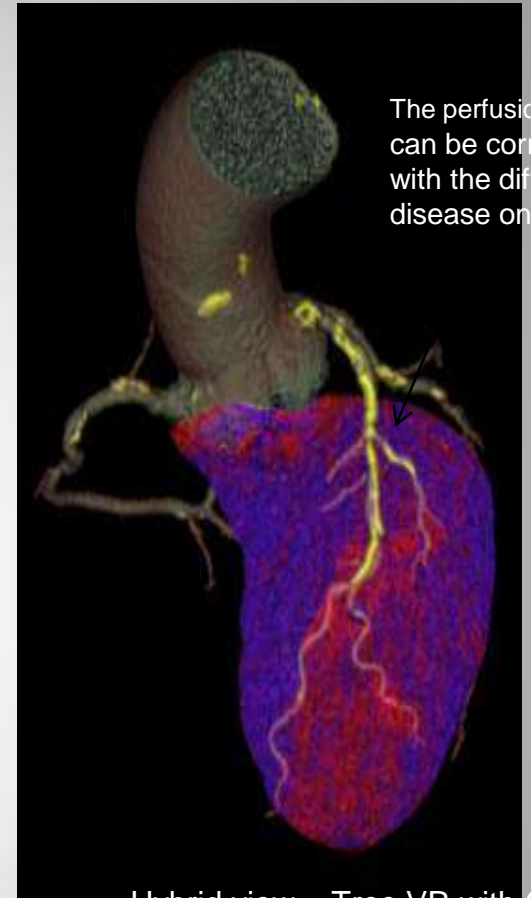


ROI 1:	17.9mm <sup>2</sup>	m=-42.00	Av=2.767
ROI 3:	17.9mm <sup>2</sup>	m=7.000	Av=39.09
ROI 2:	17.9mm <sup>2</sup>	m=-5.000	Av=19.42

100ug/cm<sup>3</sup>

Overlay of GSI Iodine myocardium mask on 70keV images

Quantification of iodine values (100 $\mu$ g/cm<sup>3</sup>) in different regions



The perfusion defect can be correlated with the diffused disease on LAD

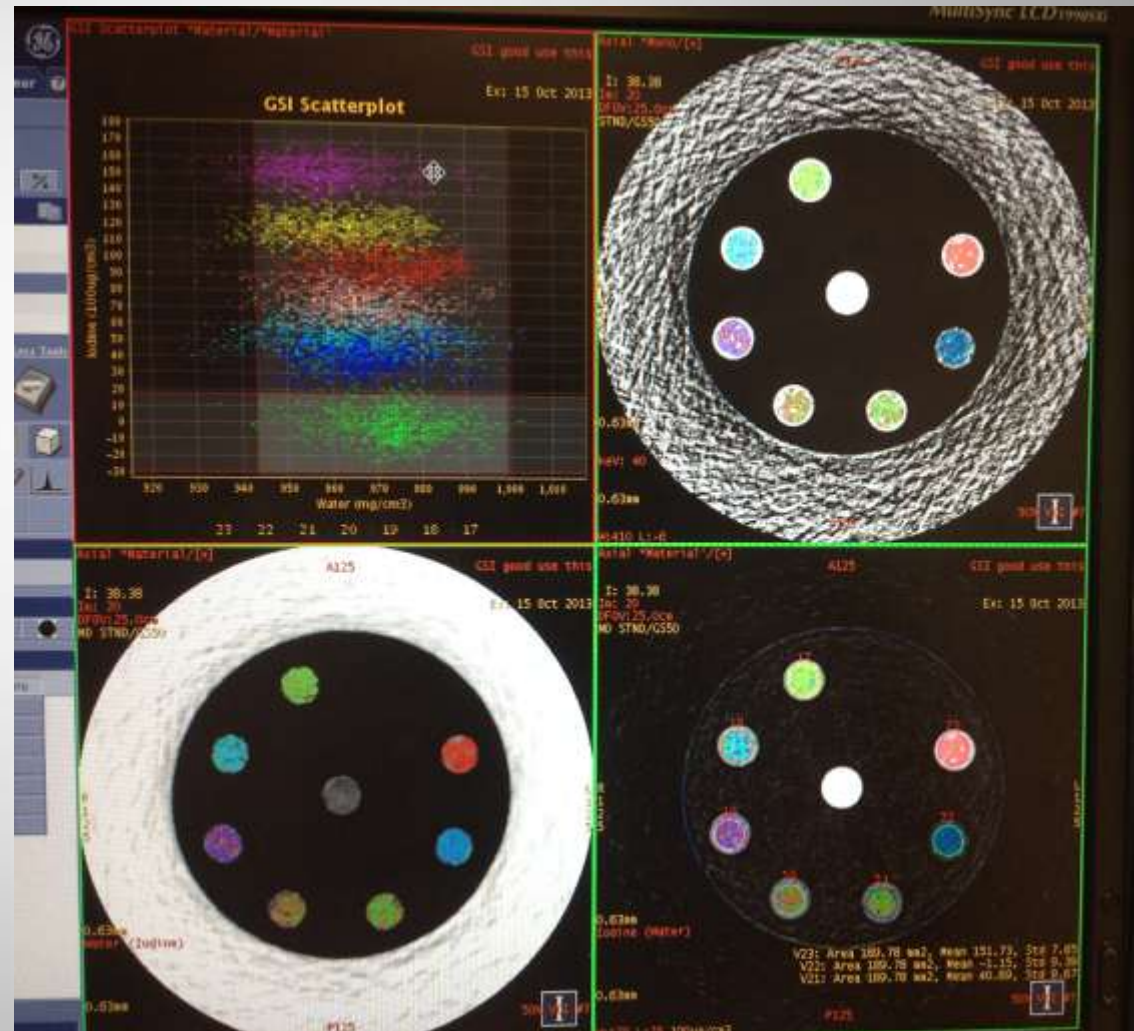
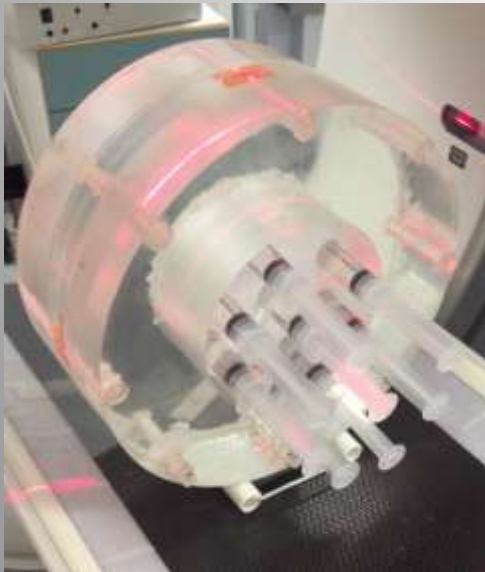
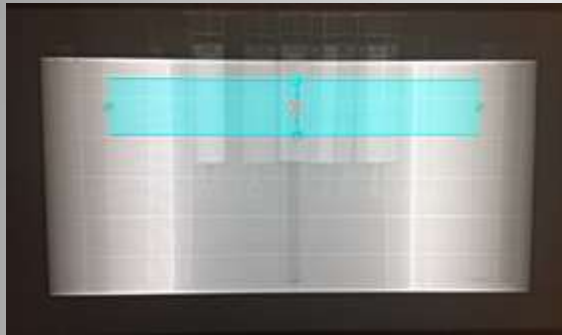
Hybrid view = Tree VR with GSI iodine myocardium segmentation

**GSI Cardiac provides iodine quantitative measurements for myocardium perfusion**

# What can we do to test these claims?

- Need to tailor the tests for the clinical requirements  
*For example.....*
- Can the scanner accurately determine Iodine/Water concentrations within GSI?
- Does keV imaging add significantly to contrast differentiation?
- Is GSI exempt from beam hardening artefacts?
- How does GSI compare to conventional KVp imaging?

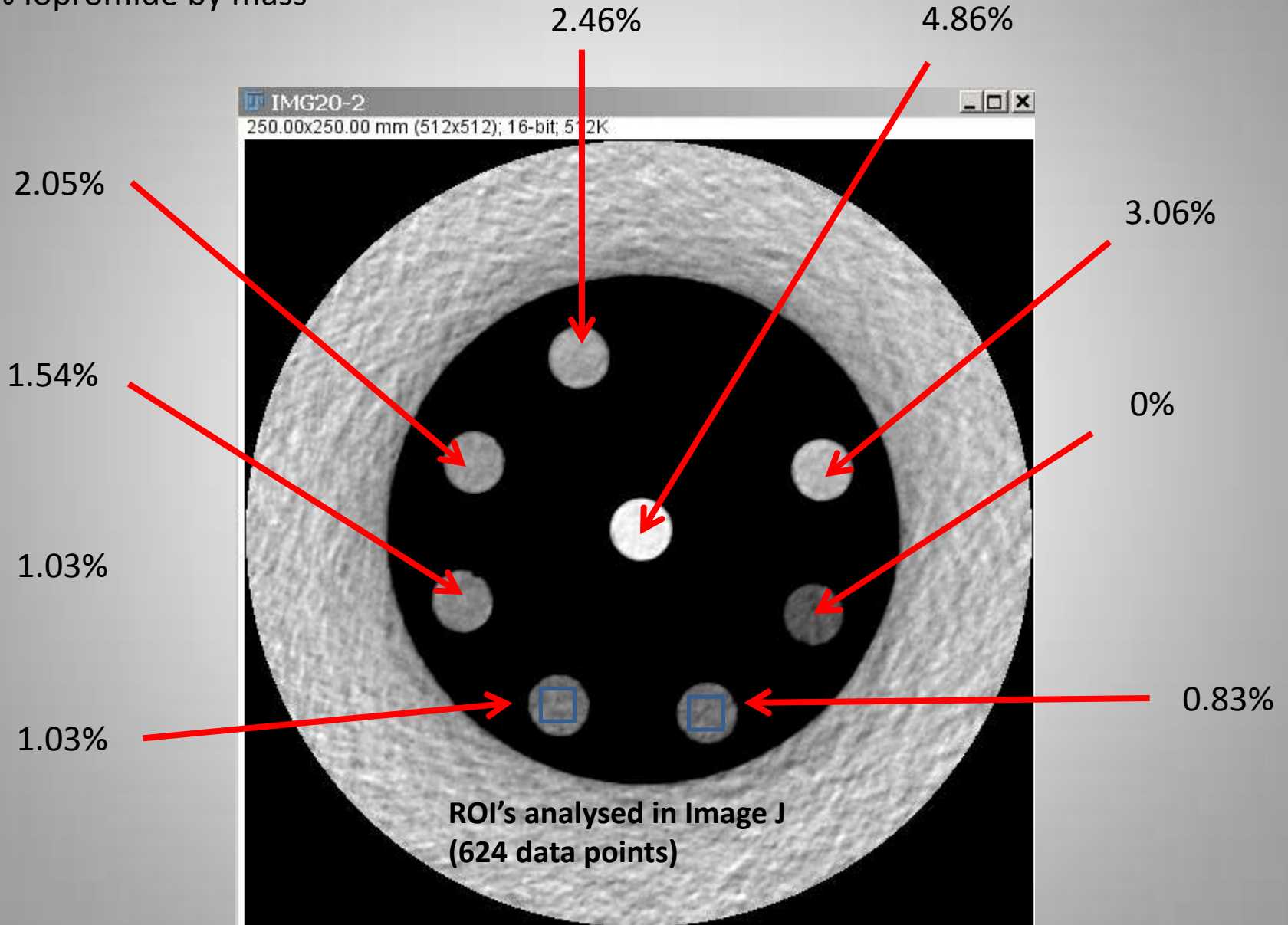
# Back to basics



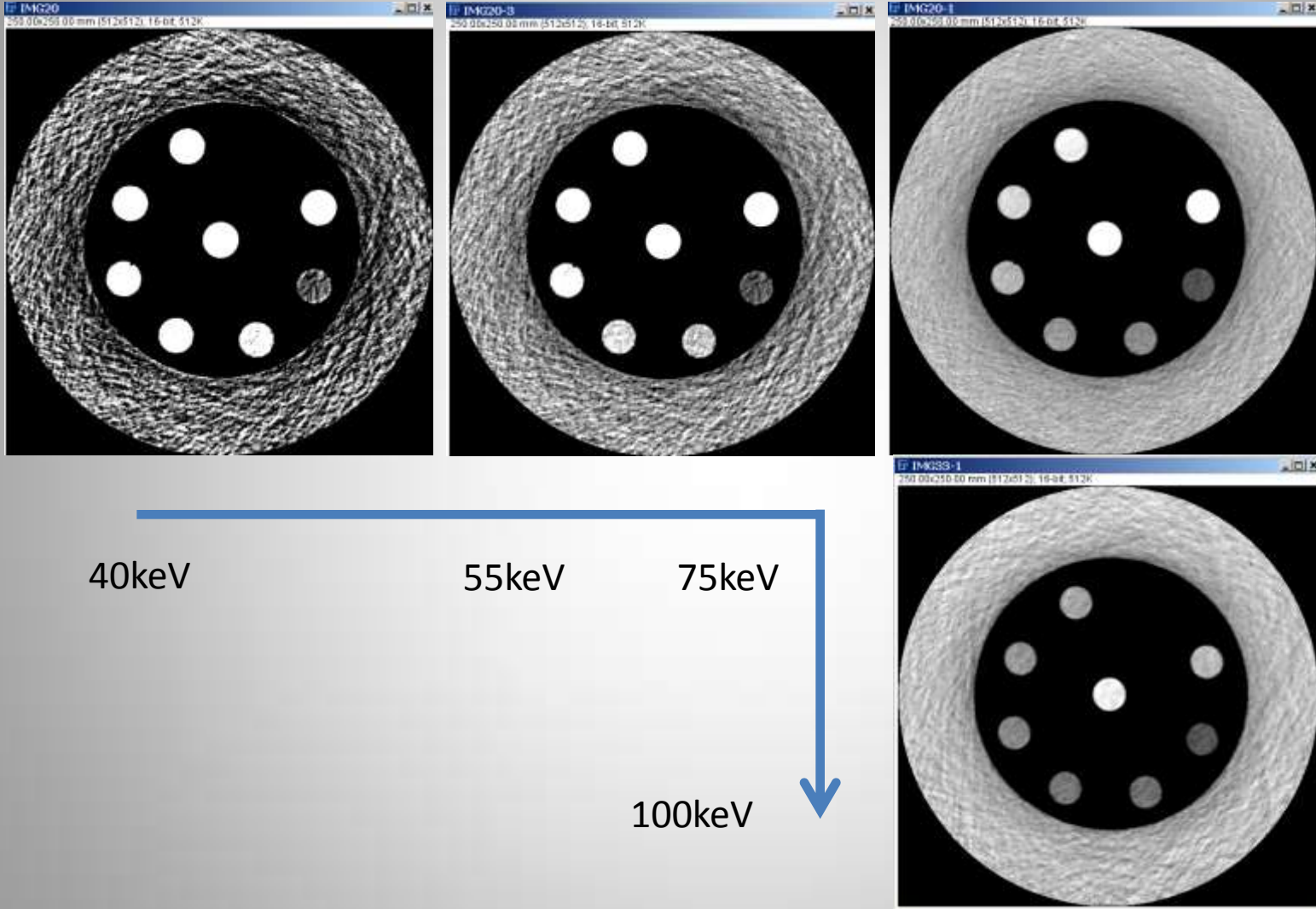


# The Phantom

% Iopromide by mass



# keV imaging



### Zoom in on energy range: (must be between 0.001 - 100000 MeV)

Note: If all data are not displayed in the graph, modify the energy range to view graphed data in the region of interest. Energy range must cover at least one factor of ten (e.g., 100 to 1000 MeV).

Minimum:  MeV    Maximum:  MeV

### Constituents (Atomic Number : Fraction by Weight)

Z=1 : 0.110544  
Z=8 : 0.877356  
Z=53 : 0.012100

To download data in spreadsheet (array) form, choose a delimiter and use the checkboxes in the table heading. After downloading, save the output by using the **Save As** feature.

### Delimiter:

- space
- | (vertical bar)
- tab
- newline

Edge	(required) Photon Energy	Scattering		<input type="checkbox"/>	Pair Production		Total Attenuation	
		<input type="checkbox"/>	<input type="checkbox"/>	Photoelectric Absorption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MeV	cm <sup>2</sup> /g	cm <sup>2</sup> /g	cm <sup>2</sup> /g	In Nuclear Field	In Electron Field	With Coherent Scattering	Without Coherent Scattering
	5.500E-02	1.970E-02	1.779E-01	1.304E-01	0.000E+00	0.000E+00	3.280E-01	3.083E-01
	7.000E-02	1.276E-02	1.727E-01	6.579E-02	0.000E+00	0.000E+00	2.512E-01	2.384E-01
	1.400E-01	3.475E-03	1.496E-01	8.893E-03	0.000E+00	0.000E+00	1.619E-01	1.585E-01

Return to [selection page](#).

17558		With Aorta				MAC from know Iopromide/H2O cnc				
Sampl e	Volume Of Solution	Volume Of water	Mass of water/ml	Mass of Iopromide/ml	Percentage Iopromide by mass	Percentage Water by mass	Mass attenuation coefficient at 40keV (cm/g)	Mass attenuation coefficient at 55keV (cm/g)	Mass attenuation coefficient at 70keV (cm/g)	Mass attenuation coefficient at 140keV (cm/g)
1	0	30	1000	0	0.00%	100.00%		2.15E-01	1.93E-01	1.54E-01
2	0.4	29.6	996.053333	8.306666667	0.83%	99.17%		2.52E-01	2.12E-01	1.57E-01
3	0.5	29.5	995.066667	10.38333333	1.03%	98.97%		2.61E-01	2.17E-01	1.57E-01
4	0.75	29.25	992.6	15.575	1.54%	98.46%		2.84E-01	2.29E-01	1.59E-01
5	1	29	990.133333	20.76666667	2.05%	97.95%		3.07E-01	2.40E-01	1.60E-01
6	1.2	28.8	988.16	24.92	2.46%	97.54%		3.25E-01	2.50E-01	1.62E-01
7	1.5	28.5	985.2	31.15	3.06%	96.94%		3.53E-01	2.64E-01	1.64E-01
8	2.4	27.6	976.32	49.84	4.86%	95.14%		4.33E-01	3.05E-01	1.69E-01



NIST CALCULATED MAC FROM KNOWN IOPROMIDE/WATER RATIOS

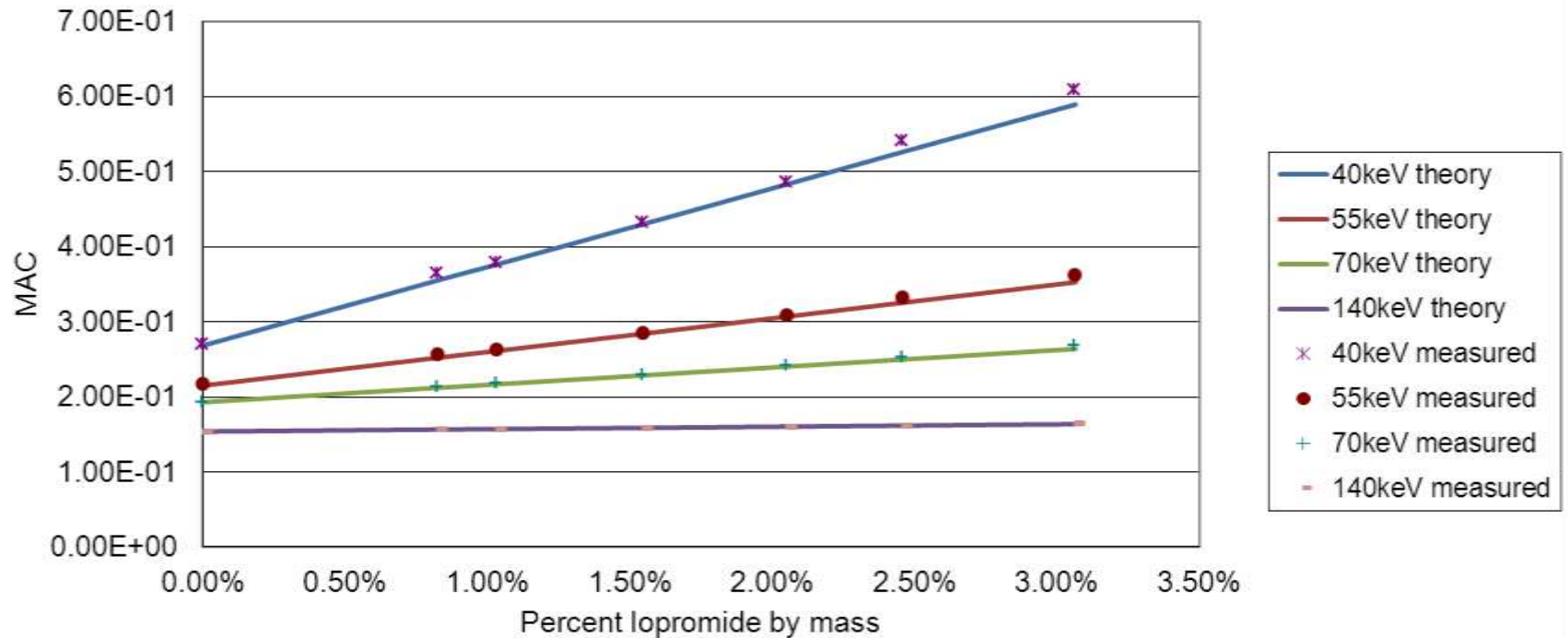
NIST CALCULATED MAC FROM SCANNER DETERMINED IODINE/WATER RATIOS



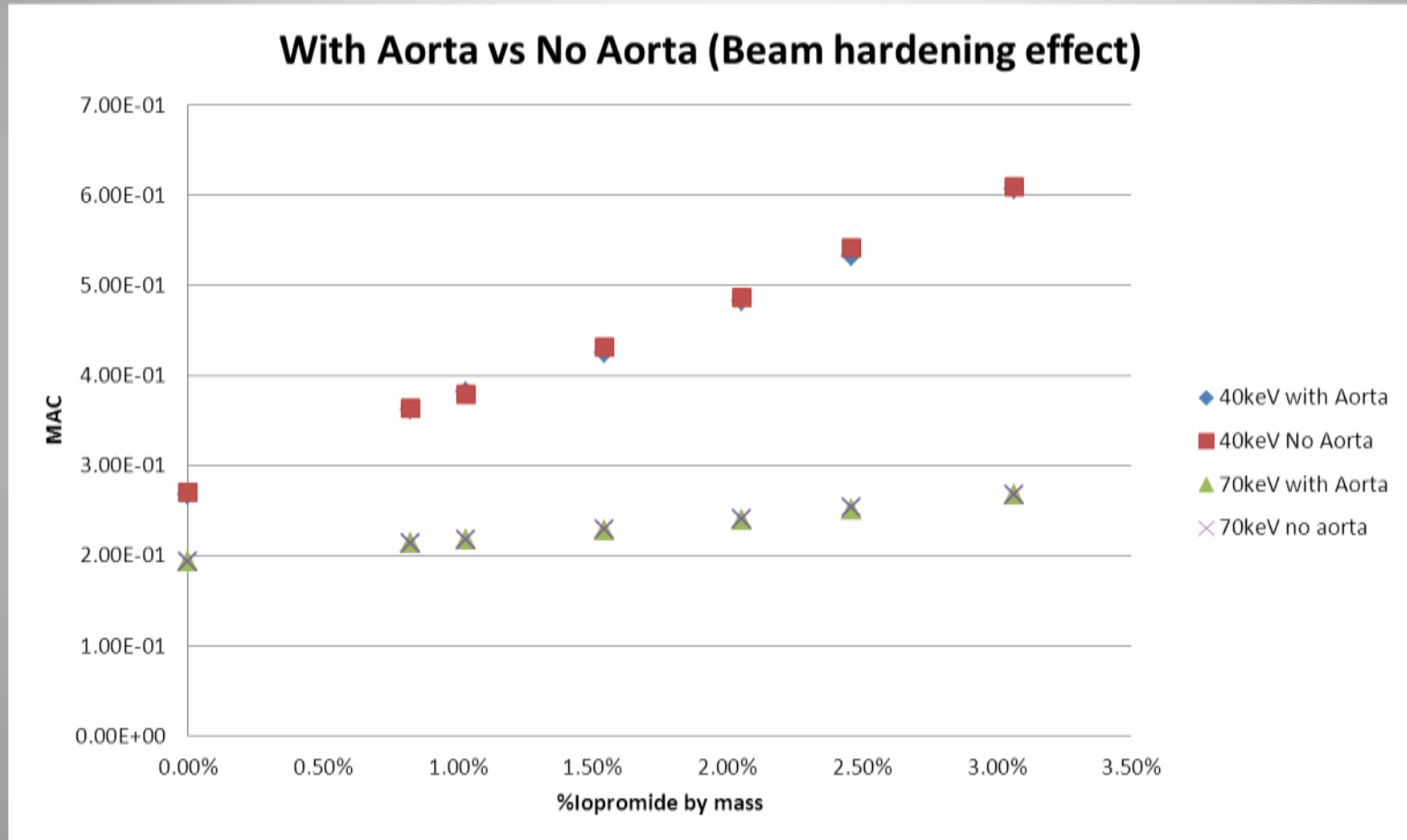
		MAC from scanner measured I/H2O cnc			
percentage iodine by mass	percentage water by mass	Mass attenuation coefficient at 40keV (cm/g)	Mass attenuation coefficient at 55keV (cm/g)	Mass attenuation coefficient at 70keV (cm/g)	Mass attenuation coefficient at 140keV (cm/g)
0.00%	99.99%	2.68E-01	2.15E-01	1.93E-01	1.54E-01
0.43%	99.57%	3.62E-01	2.55E-01	2.14E-01	1.57E-01
0.52%	98.08%	3.82E-01	2.64E-01	2.18E-01	1.57E-01
0.72%	99.28%	4.26E-01	2.82E-01	2.28E-01	1.59E-01
0.98%	99.03%	4.82E-01	3.07E-01	2.40E-01	1.60E-01
1.21%	98.80%	5.32E-01	3.28E-01	2.51E-01	1.62E-01
1.55%	98.48%	6.07E-01	3.60E-01	2.68E-01	1.64E-01
2.48%	97.55%	8.10E-01	4.47E-01	3.13E-01	1.71E-01

# Not Bad!

No Aorta

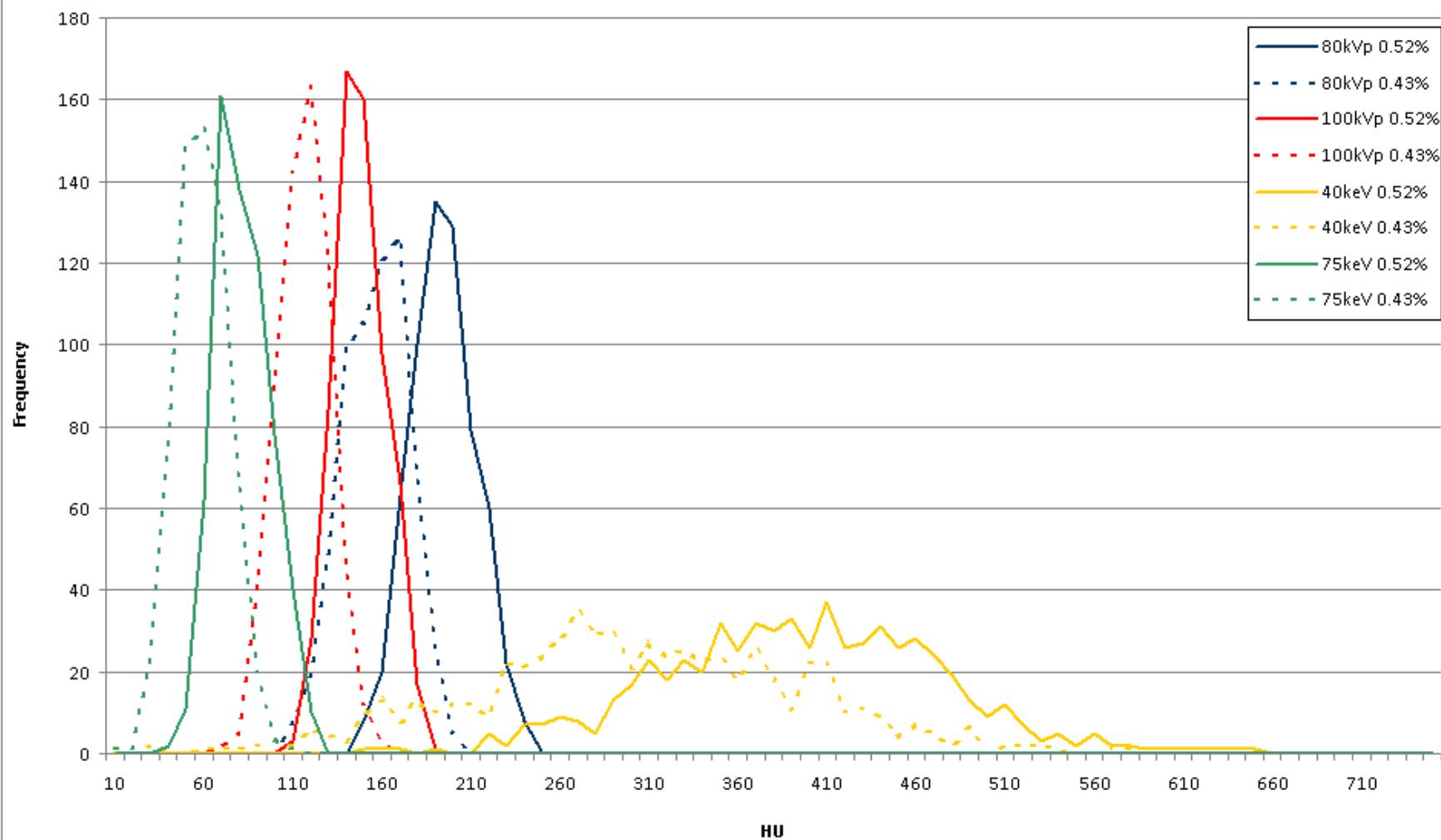


# Effect of Beam hardening on GSI calculated MAC



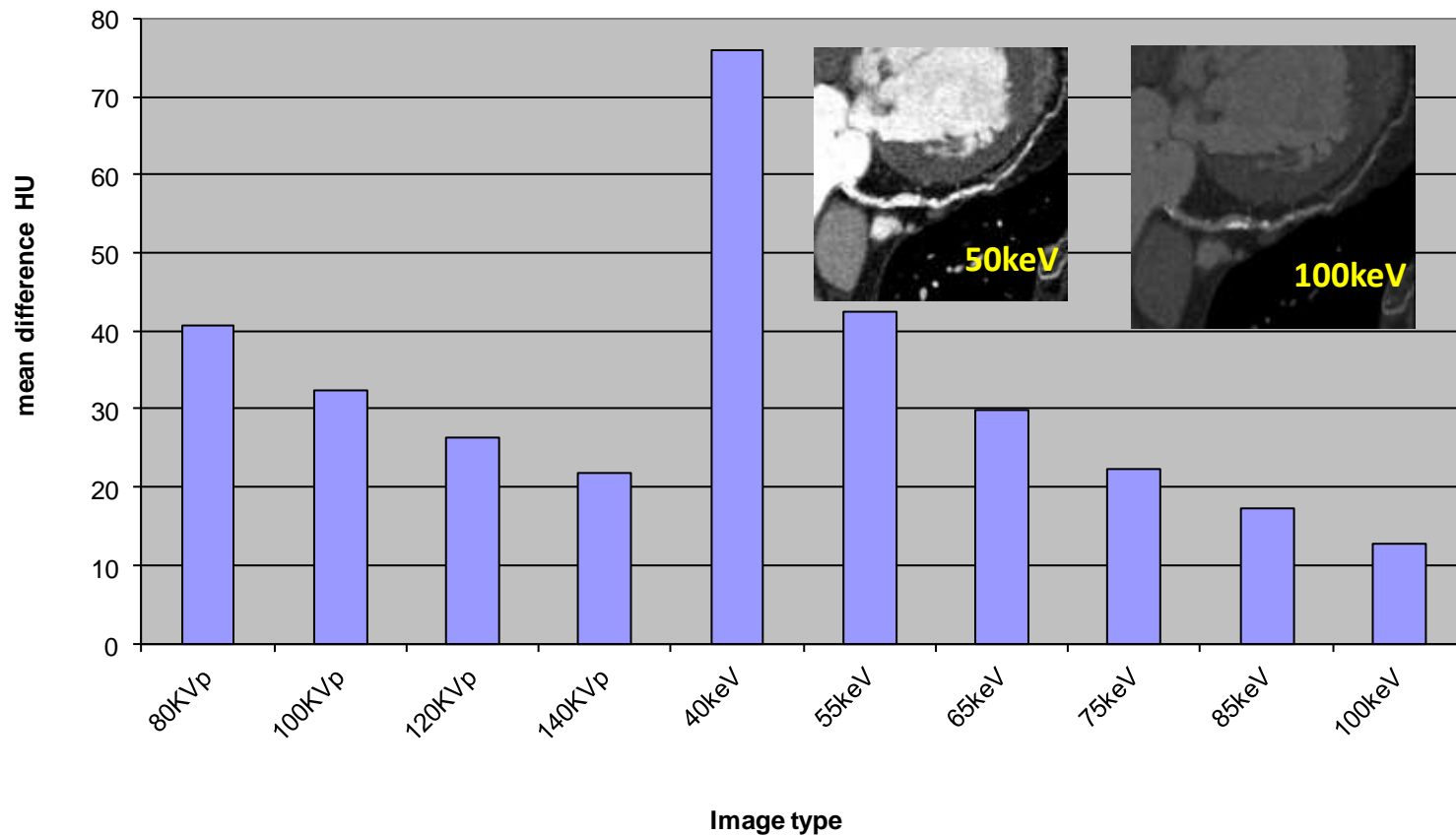
So.... GSI or Conventional Polychromatic imaging (which is better?)

**Poly vs GSI ROI Histogram (With Aorta)**



# Contrast

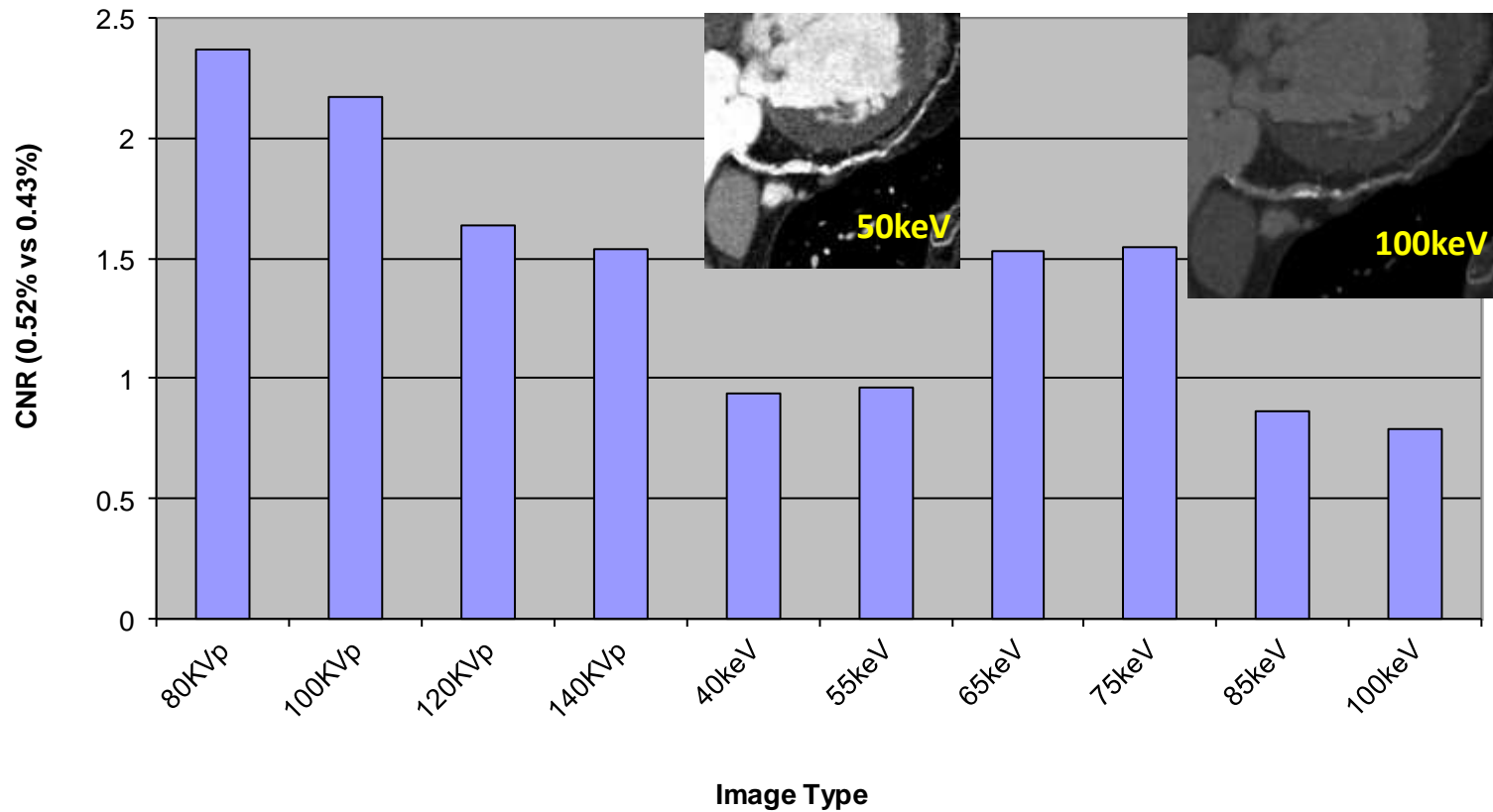
Iodine contrast (KVp vs keV)



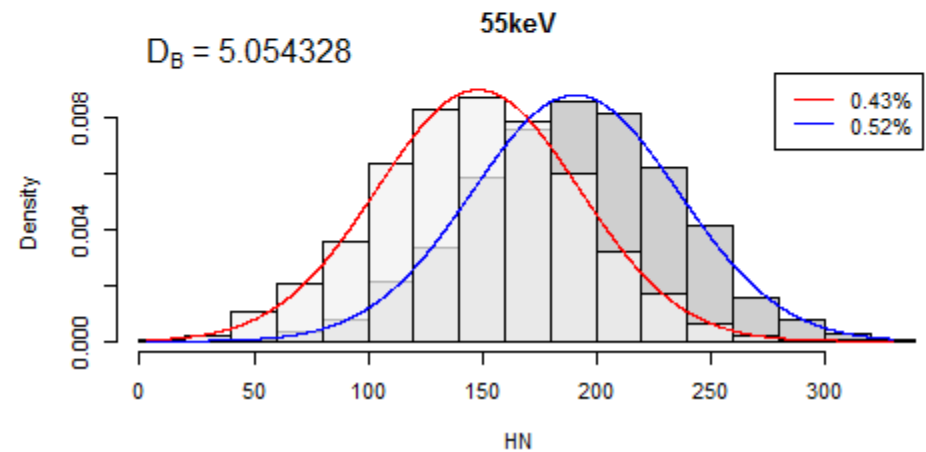
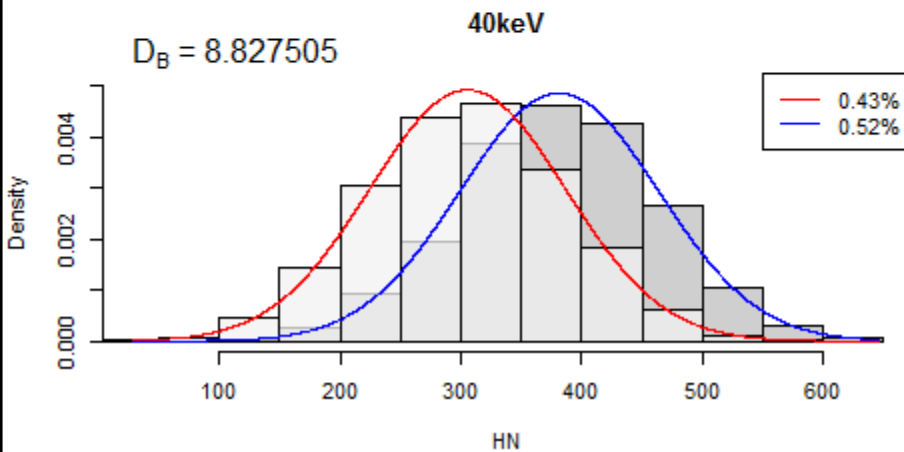
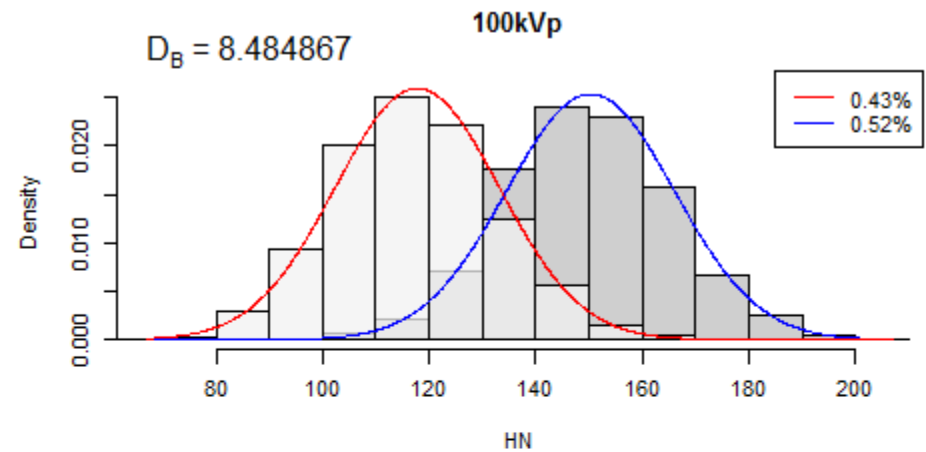
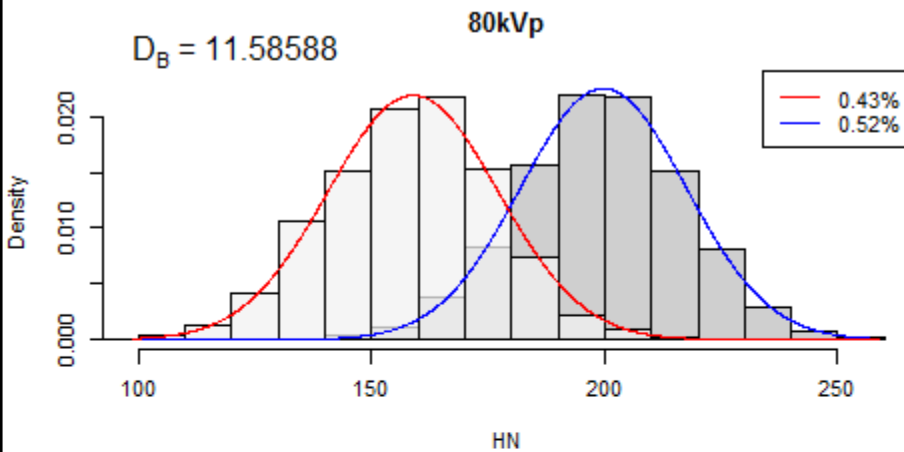


# Contrast to Noise Ratio

(CNR) KVp vs keV

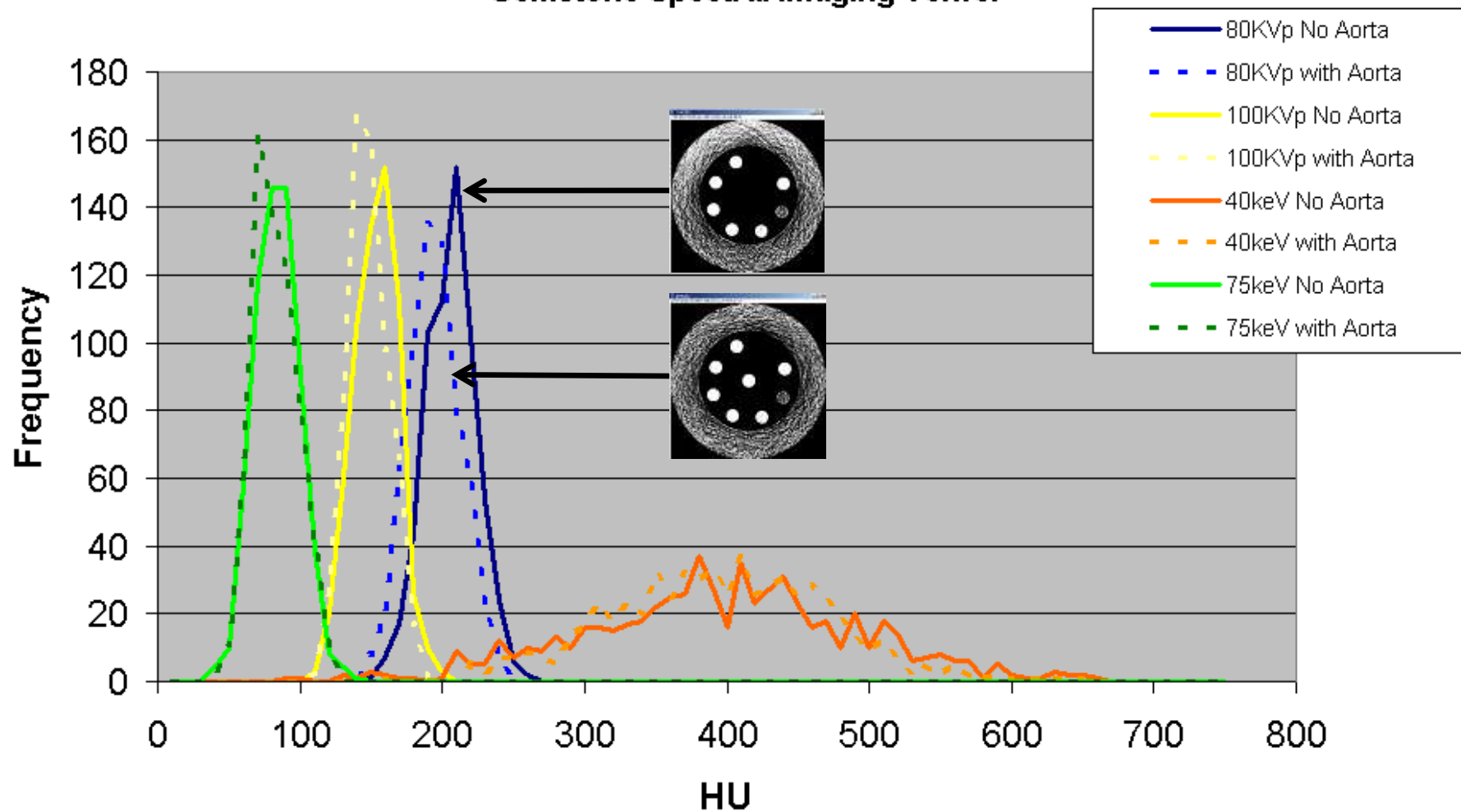


# Statistical Analysis



Bhattacharyya distance test

### Effect of Beam Hardening - Aorta vs No Aorta on 0.52% "Lesion" Gemstone Spectral Imaging Veiwier



# Preliminary Discussion

- Gemstone spectral imaging (GSI) accurately quantifies water/iodine mixtures within this phantom.
- GSI appears to be free from the effects of beam hardening when assessed in this specific phantom.
- Low keV monoenergetic images allow significant increases in contrast, however at reduced CNR when compared to conventional polychromatic imaging.
- The Bhattacharyya distance test was used to compare the separating of two ROI's of 0.52 and 0.48% iodine contrast but the use of this test needs further scrutiny prior to making conclusions.
- Further clinical studies are required to validate the use of Cardiac GSI for calcium subtraction and perfusion imaging.

# Questions