

# High resolution and high efficiency multimodal detector for Molecular Breast Imaging

F. Garibaldi - NDIP 2014 - Tours - July 1 - 2014

□ Molecular Imaging: the role of radionuclides techniques

□ Breast cancer diagnosis

□ Detector performance

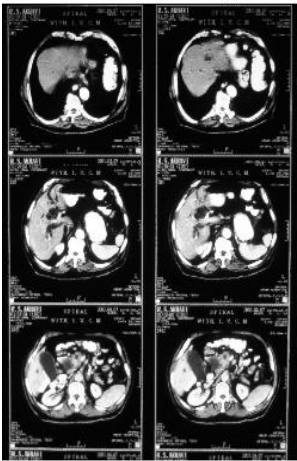
□ A novel dual detector

□ Multimodality (scintigraphy + tomosynthesis)

□ Conclusions and outlook

# Molecular Imaging Modalities

CT



**A** Tissue Density, Z  
20-50  $\mu\text{m}$

Ultrasound



**A** **F**  
Structure  
0.1 mm  
Doppler

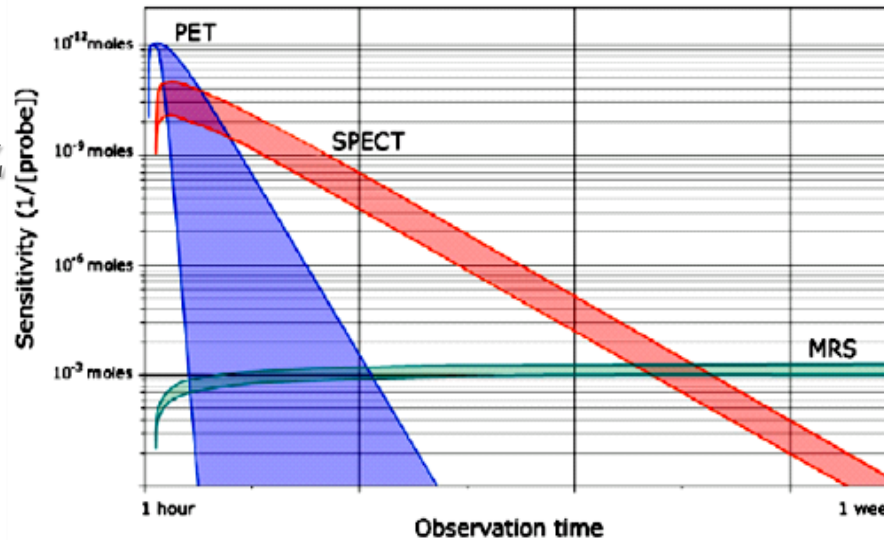
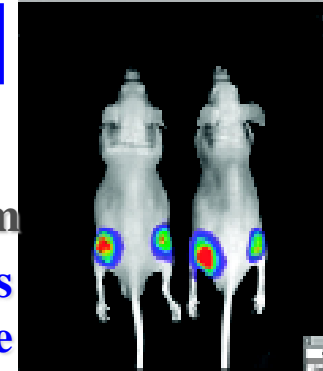
Optical

(Bioluminescence, fluorescence)

**A** **M**

Topography

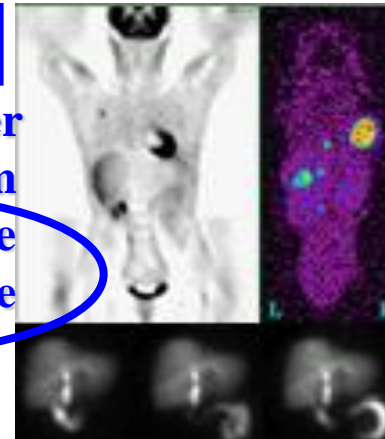
$\mu\text{m}$  to mm  
 $\sim 10^3$  cells  
quantitative



**F** **M**

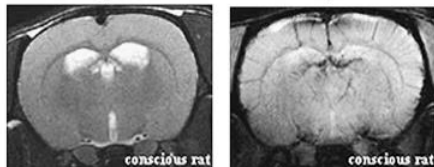
Radiotracer  
 $\sim 1-2$  mm  
 $< 10^{-12}$  mole  
= quantitative

PET/SPECT

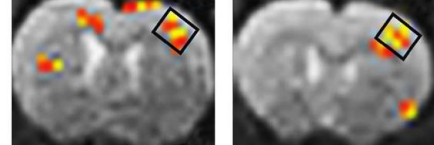


MRI

4.7T, Dual Coil, Coil, T1 Weighted SE  
4.7T, Dual Coil, Coil, T2 Weighted GE



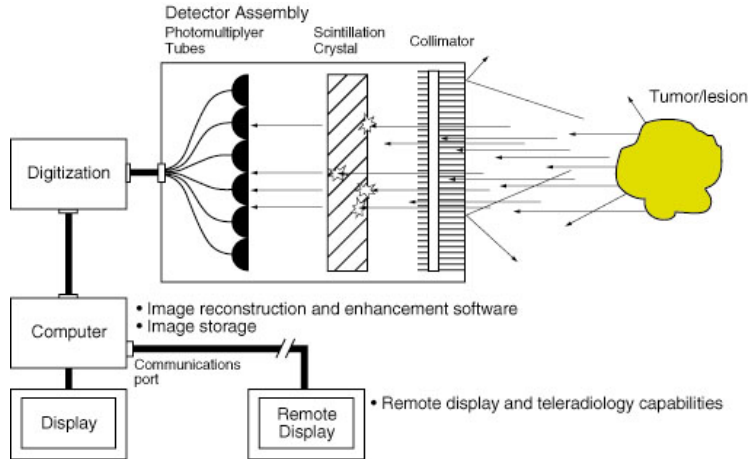
Activational Maps of Primary Somatosensory Cortex



**A** **F** **M**

H Concentration  
0.1 mm  
**BOLD, DCE**  
 $\beta$ -galactosidase  
0.1  $\mu\text{mole H} / \mu\text{mole } ^{31}\text{P}$

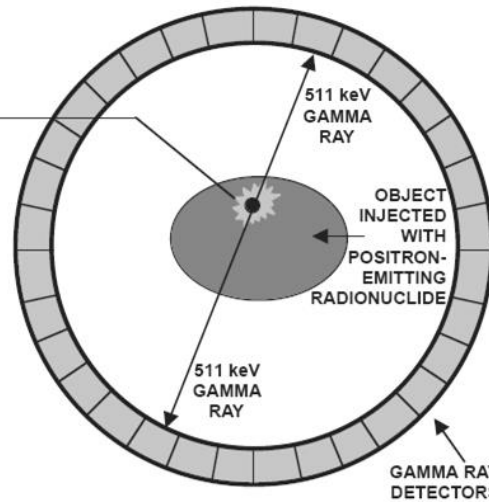
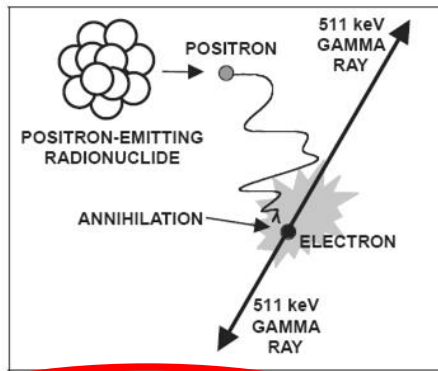
# Techniques (scintigraphy)



Single  
Photon  
Emission  
Mammography

Single  
Photon  
Emission  
Computed  
Tomography

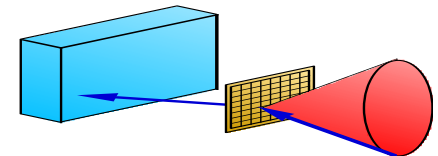
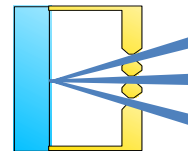
## BASIC PHYSICS OF POSITRON EMISSION TOMOGRAPHY



Positron  
Emission  
Tomography

## POSITRON EMISSION AND POSITRON-ELECTRON ANNIHILATION

## PET SCANNER

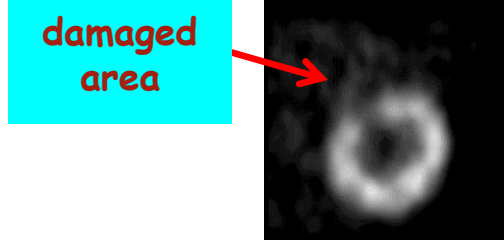


parallel hole

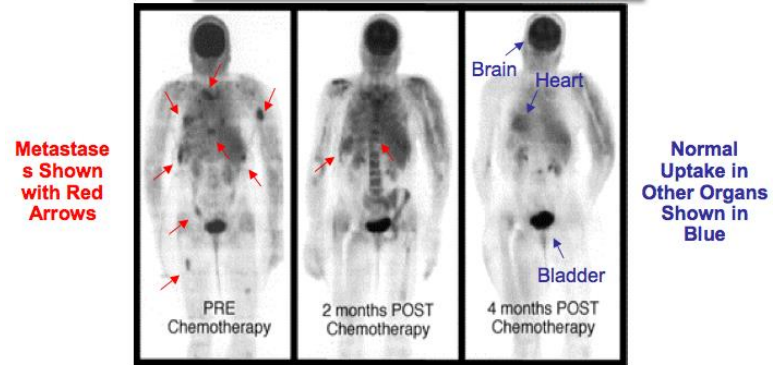
pinhole

multi-pinhole  
coded apertures

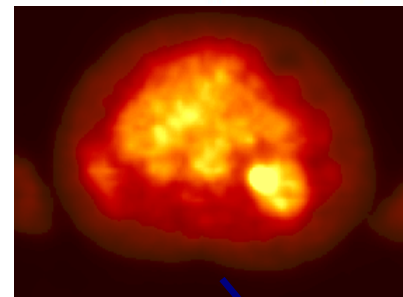
Compton Camera



## Cancer / Oncology



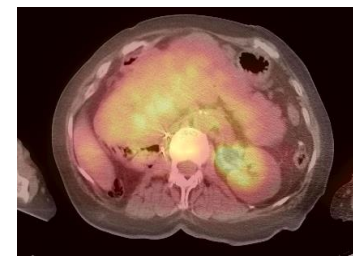
- Many tumors have higher than normal uptake.
- Image the whole body to find metastases.



**CT**



**PET**



**PET/CT**

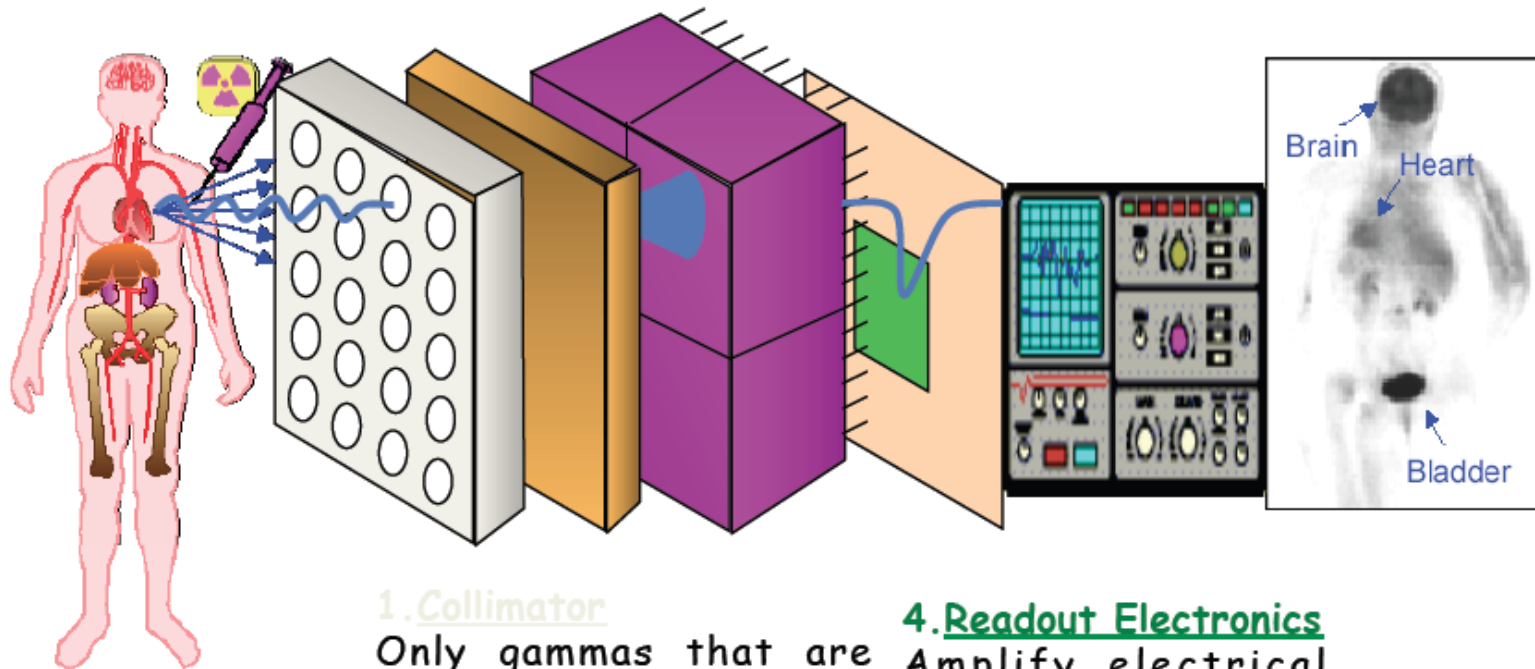
-Not everything can be done with these devices

- Dedicated detectors are needed

- Focusing on small object and imaging at the same time the whole organ (or body)

- Breast cancer

# Single Photon Detector Module



Patient injected with radioactive drug.

Drug localizes according to its metabolic properties.

Gamma rays, emitted by radioactive decay, that exit the patient are imaged.

## 1. Collimator

Only gammas that are perpendicular to imaging plane reach the detector

## 2. Scintillator

Converts gammas to visible light

## 3. Photodetector

Convert light to electrical signal

## 4. Readout Electronics

Amplify electrical signal and interface to computer

## 5. Computer decoding procedure

Elaborate signal and gives image output

# Important parameters for detectability/visibility

they are correlated

$$SNR = \frac{S - BKG}{\sqrt{S}}$$

$$IC = \frac{Max - BKG}{Max}$$

efficiency (collimation)

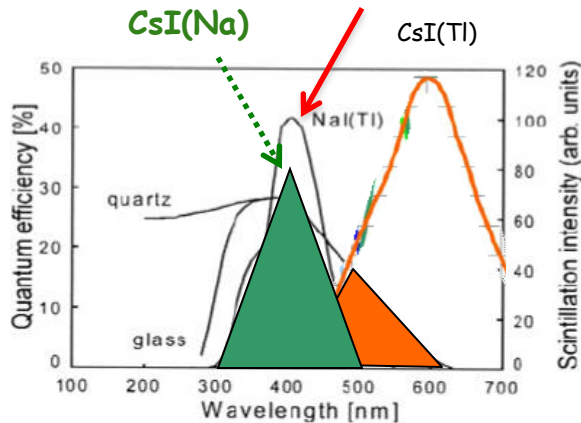
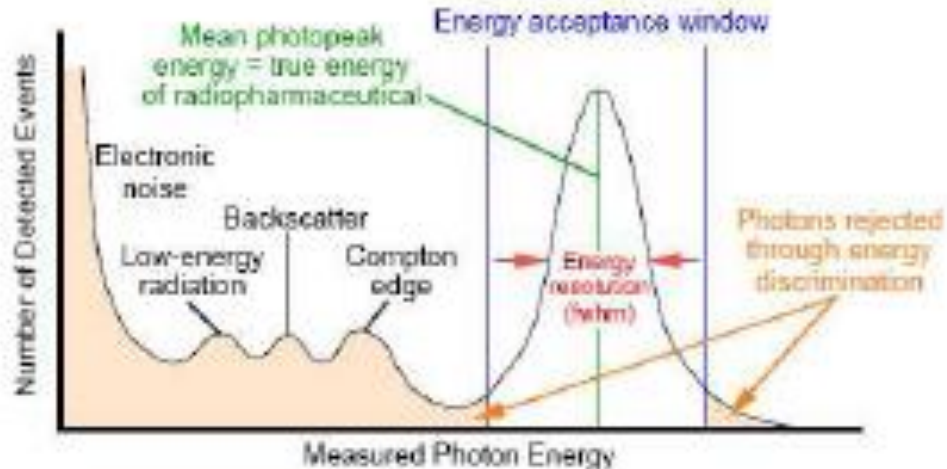
time (and modality)

uptake (radiopharmacy)

$$X = \frac{\sum_{i=1}^{N_{channel}} c_i X_i}{\sum_{i=1}^{N_{channel}} c_i}$$

Resolution

energy resolution plays only a secondary additional role when small volumes are involved



Bialkali PMT

Scintillators

		NaI(Tl)	CsI(Tl)	YAP	LaBr <sub>3</sub> (Ce)
Density	g/cm <sup>3</sup>	3.67	4.51	5.55	5.29
Effective Z		51	54	32	47
Relative Yield	%	100	45	35-40	130
Peak Wavelength	nm	410	550	360	360
ΔE/E @ 140 keV	%	9	15	20	6
μ @ 140 keV	cm <sup>-1</sup>	2.7	3.9	1.7	3.0
τ @ 140 keV	cm <sup>-1</sup>	2.1	3.2	0.9	2.2
Thickness (90% eff)	mm	8.7	6.0	13	7.7

$$\sigma_X \propto \frac{\sigma_{X_i}}{\sqrt{N_{p.e}}} \Rightarrow R \equiv FWHM_X \propto \frac{FWHM_{X_i}}{\sqrt{N_{p.e}}}$$

# spatial resolution and linearity

- > number of p.e.
- > light spread
- > light sampling

- scintillator thickness
- granularity



### APD

APD array

Scintillator matrix (BGO/LSO)

Implemented on MADPET II

- + High spatial resolution
- + No Pile-up
- + No scattering in the crystals
- Expensive
- Many channels
- Difficult tuning

### SiPM

SiPM are p-n diodes operating in **Geiger mode**, which means that the bias voltage is above the diode breakdown voltage.

In this way output is independent from input:  
 ⇒ the surface is divided into **m cells** (~1000/m<sup>2</sup>)

Signal ∝ N<sub>cell</sub> of hit cells

- + High gain
- + Low noise
- + Good proportionality if N<sub>photon</sub> < N<sub>cell</sub>

An array of SiPMs can be used for "individual" readout, instead of PSMP

- 8 strips, 4 mm
- 16 4x4 mm<sup>2</sup>
- 64 2x2 mm<sup>2</sup>
- 6x6 mm<sup>2</sup>
- 3x3 mm<sup>2</sup>

(Burle)  
1.5 mm<sup>2</sup>

Br<sub>3</sub>

f channels is important

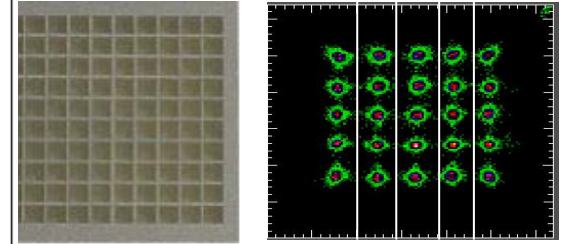
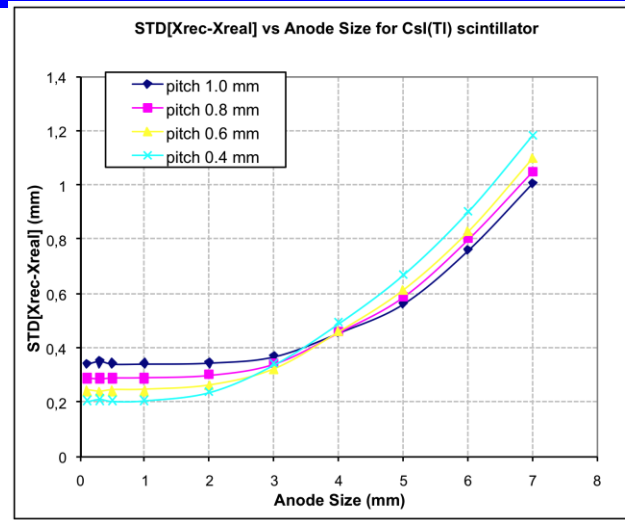
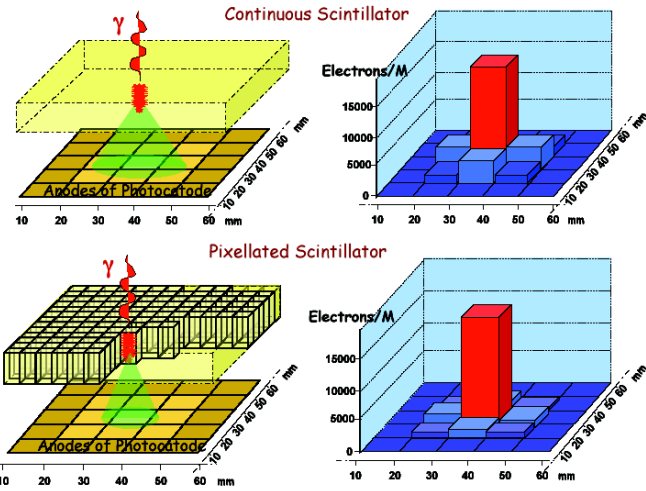
but

number of channels high

Hamamatsu PSPMT's

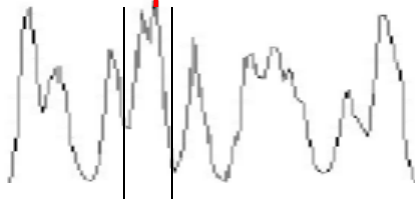
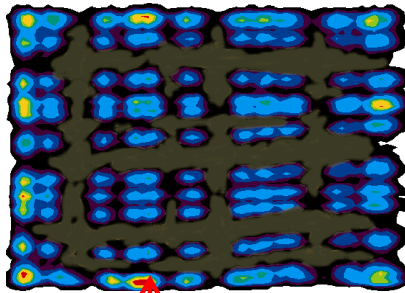


# Importance of pixel identification



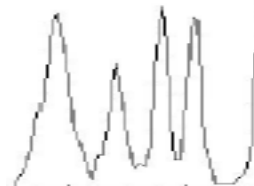
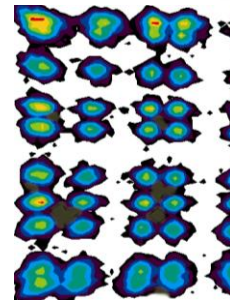
good pixel identification is fundamental for correct digitization affecting spatial resolution and contrast

C8 **strips**



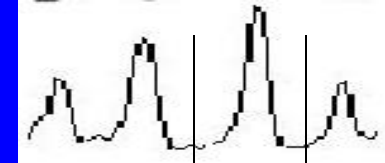
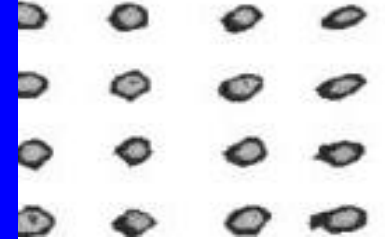
resitive network

M16 **(4 x 4) mm<sup>2</sup>**



Individual channel readout

M64 **(2 x 2) mm<sup>2</sup>**



Individual channel readout

Individual readout means better pixel identification

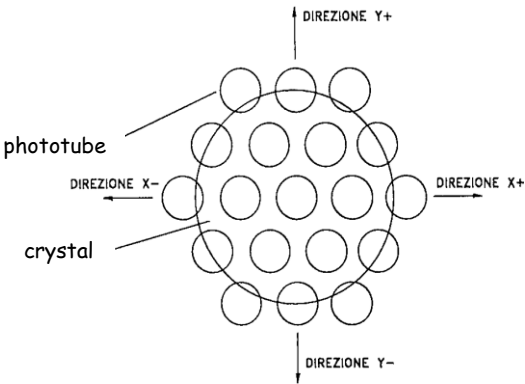


better image

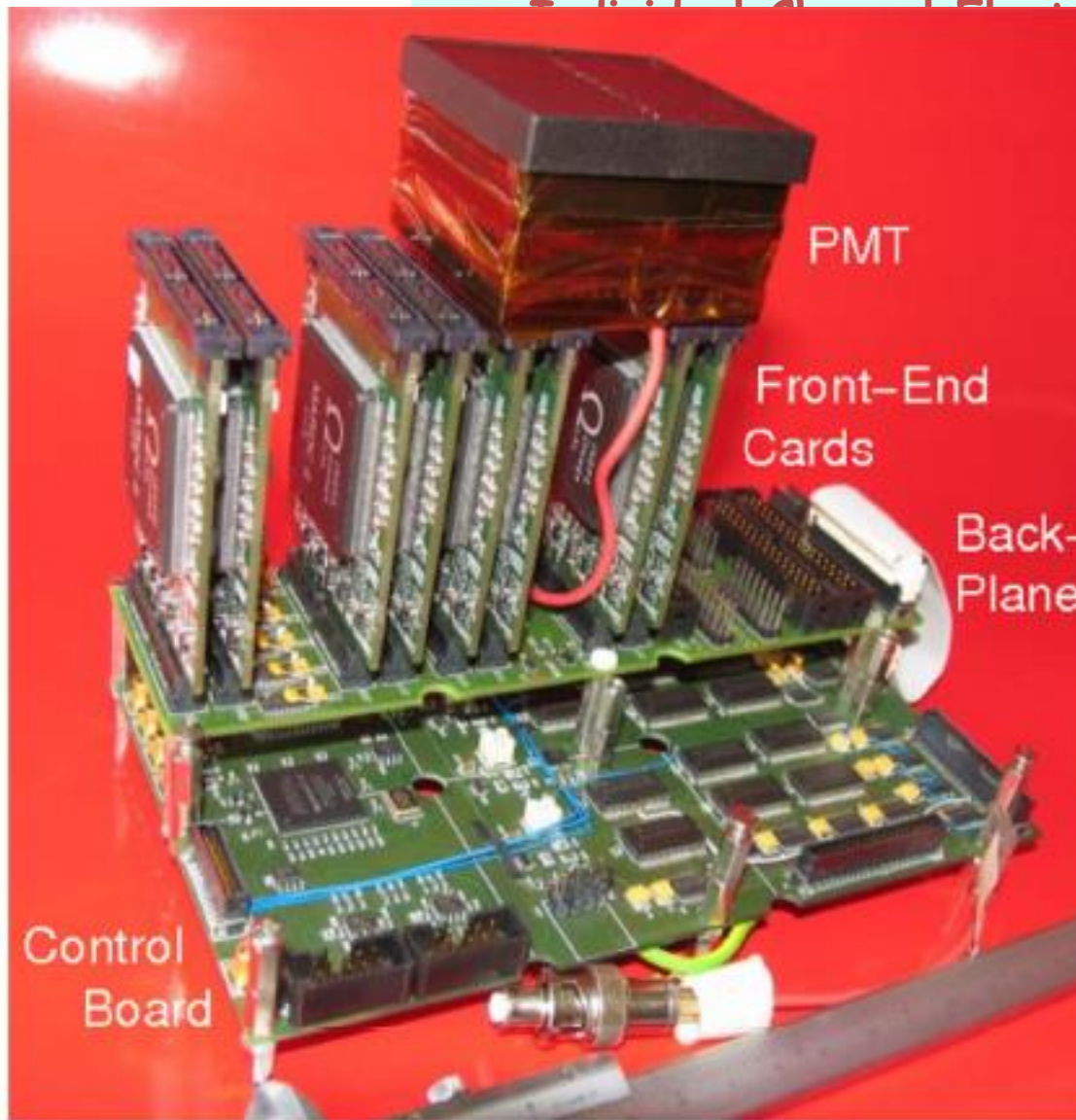
# Electronics

Anger L  
Resistive C

Electronics:  
readout



Crystal and Phototubes,  
Planar view



Go

$$X = \frac{X^+ - X^-}{Z}; Y = \frac{Y^+ - Y^-}{Z}$$

$$Z = X^+ + X^- + Y^+ + Y^-$$

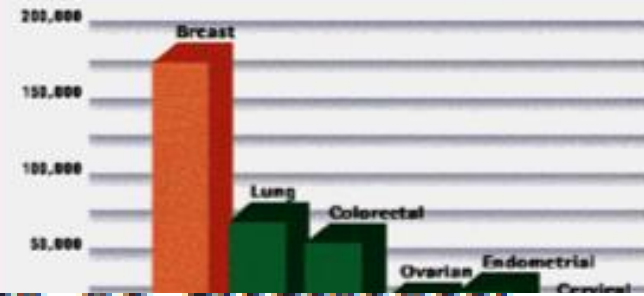
$$\frac{c_i Y_i}{c_i}$$

$(X_i, Y_i) = i^{th}$  channel position

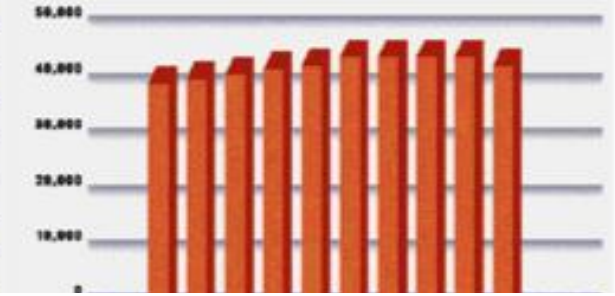
# Something you cannot do well with standard systems **Breast cancer**

X-ray  
mammography, the most sensitive method  
but  
- it shows lesions, not cancers  
- 15-30% positive

Leading Cancers in Women 1997



Breast Cancer Mortality



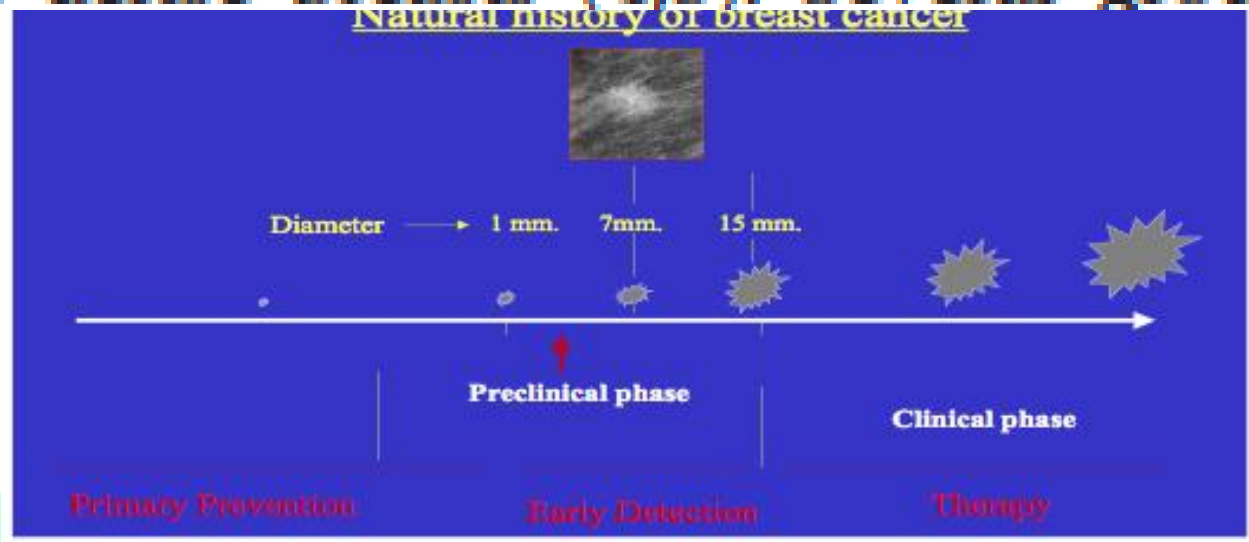
78%

The sensitivity of mammography to the index cancer ranges from 63% to 98% (1-3) and has been reported to be as low as 30%-48% in dense breasts (4,5). Several groups

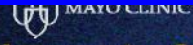
- false positive  
(problems in successive mammographic controls)  
- false negative  
(medical problem great, delay in operation)

and  
doesn't work for  
dense breast

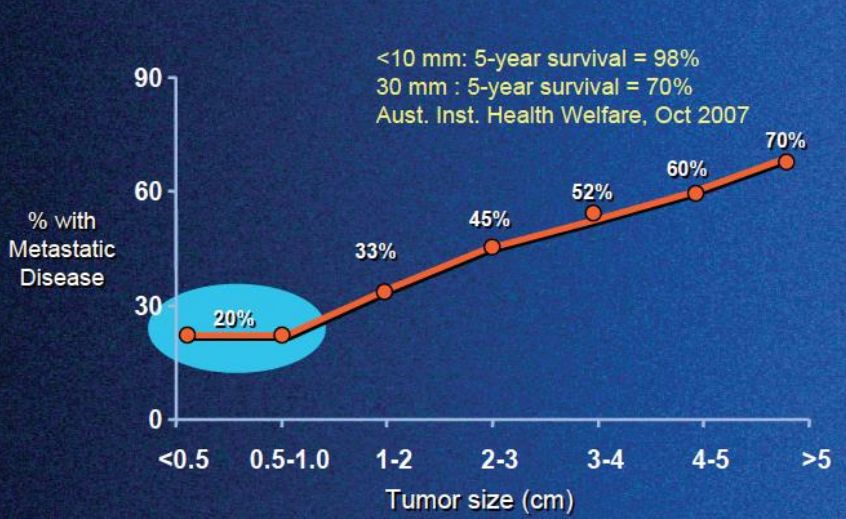
and for invasive  
lobular carcinoma



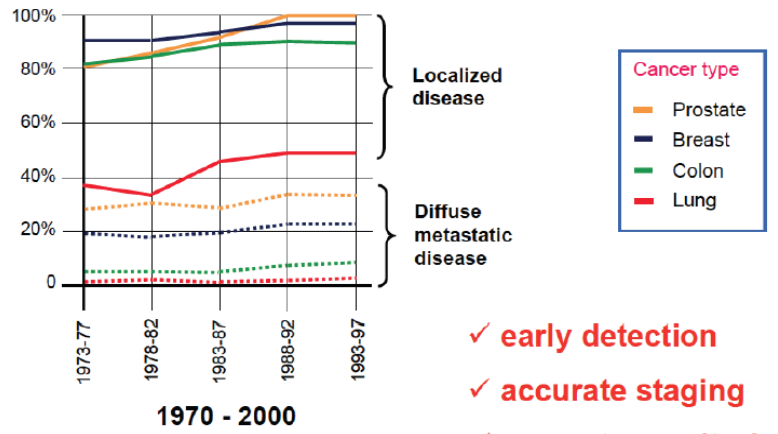
# Importance of detection of small lesions



## Impact of Tumor Size on Metastatic Disease



## Impact on 5-year cancer survival:

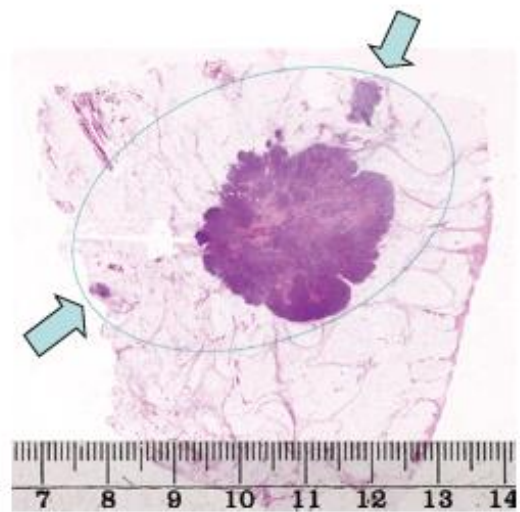
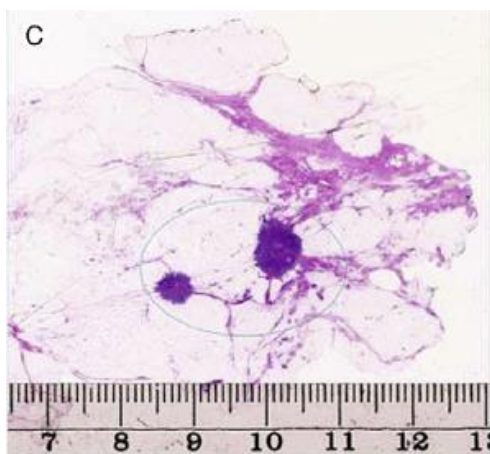


- ✓ early detection
- ✓ accurate staging
- ✓ accurate monitoring

Fortune Magazine, March 2004

Tumor diameter (mm)	Sensitivity
0 - 5	0.67
6-10	0.87
11-15	0.97
16-20	0.95
> 20	1.00
<10	0.82
all tumors	0.87

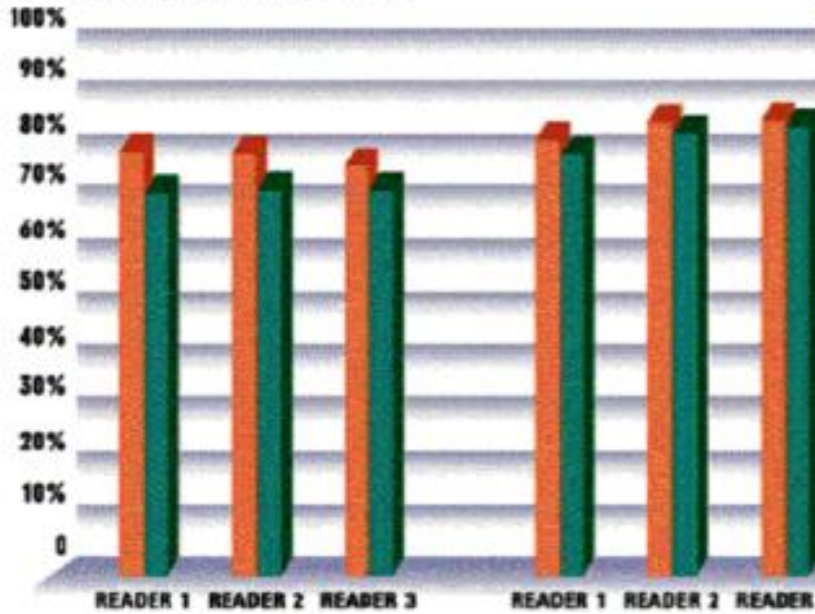
## Multifocality



Average sensitivity of MBI as a function of tumor size (M. O' Connor et al. Expert Rev. Anticancer, 2009)

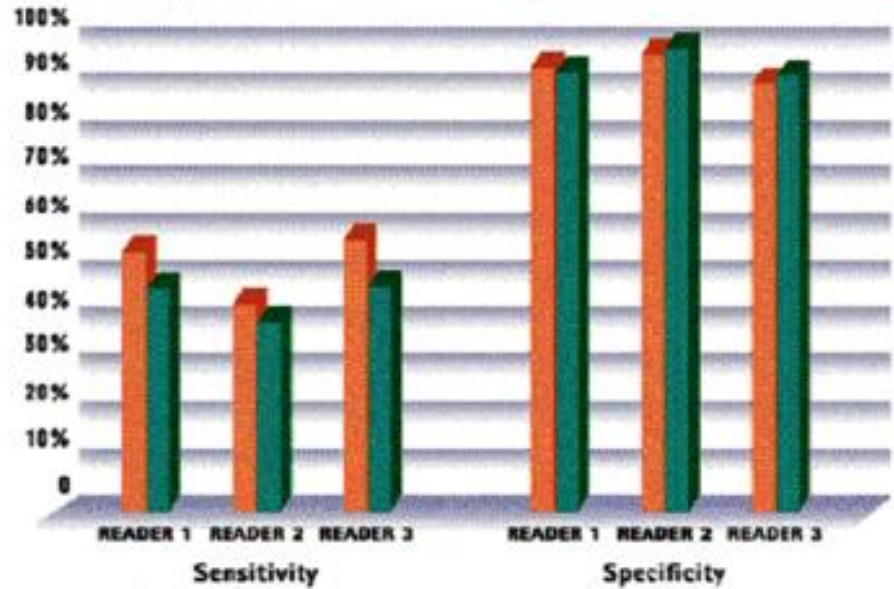
## Miraluma™ Breast Imaging Trial: Palpable Abnormality

### Dense vs. Fatty Breast Tissue



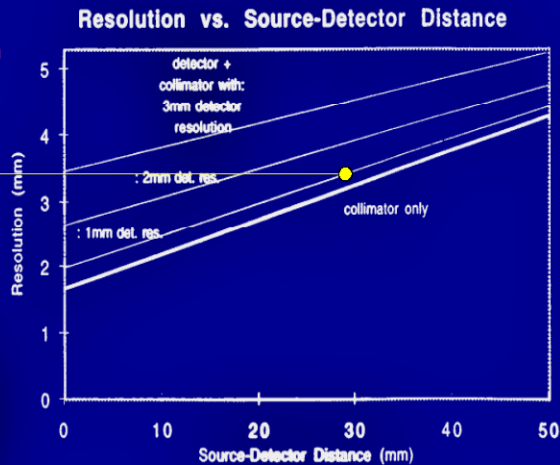
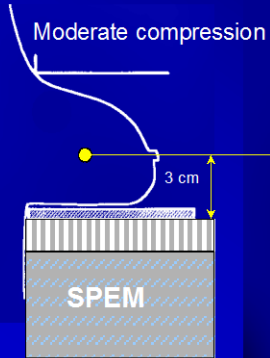
## Miraluma™ Breast Imaging Trial: Non-Palpable Abnormality

### Dense vs. Fatty Breast Tissue



## Spatial resolution in SPEM

Courtesy R. Pani

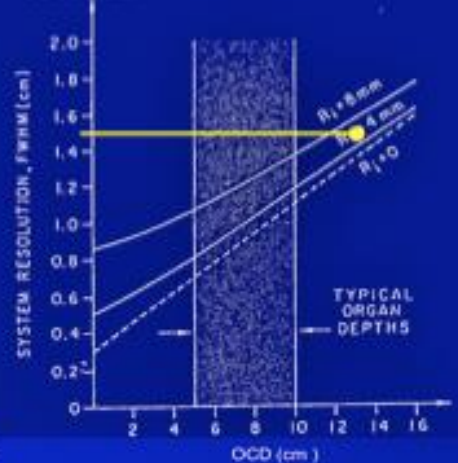


## Spatial resolution in PSM



10 - 15 cm  
Object - collimator distance

From J.A. Sorenson and J.A. Phelps "Physics in Nuclear Medicine" Grune & Stratton



# Geant4 simulations



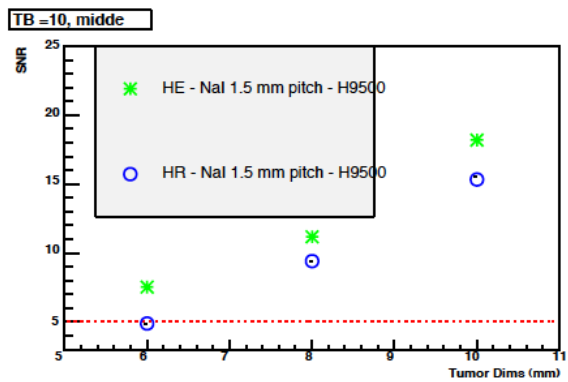
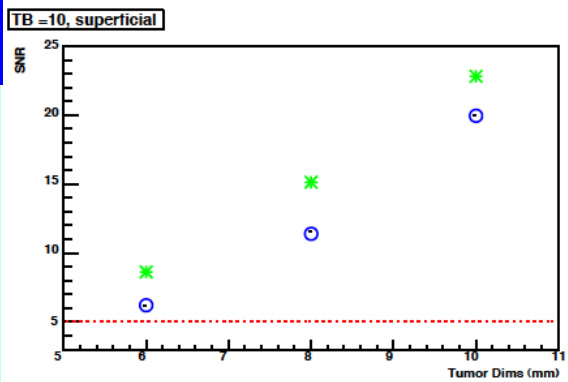
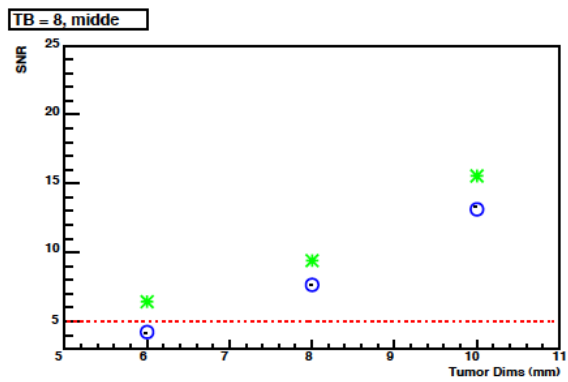
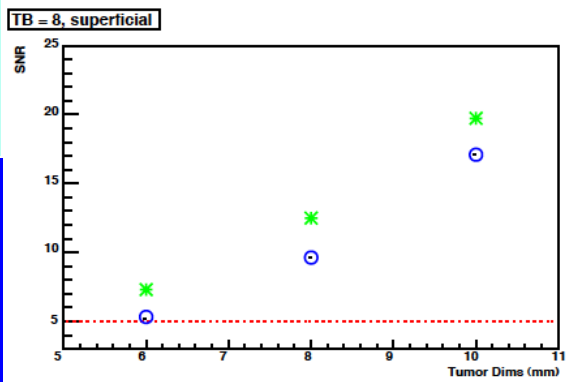
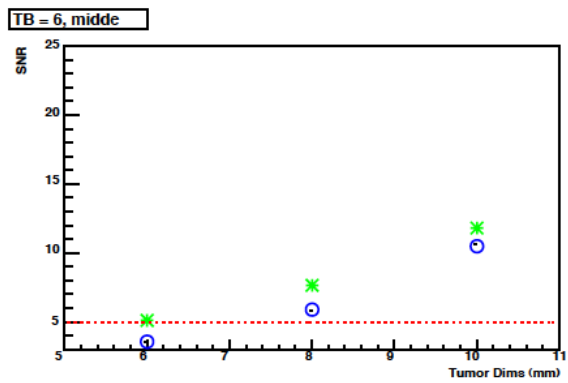
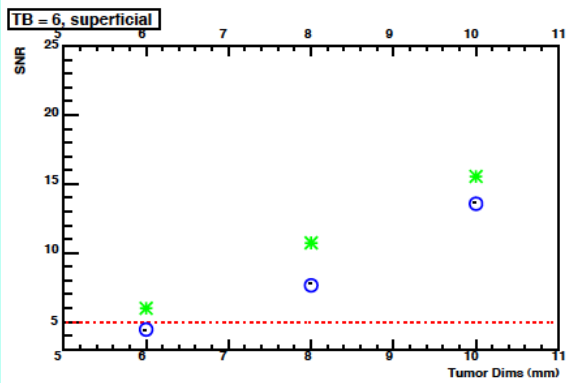
## 1 detector

- par.hole coll.
- NaI(Tl) 1.5 mm pitch (the **smallest pixel** in this applications (~13000 pixel in 150 x 200 mm<sup>2</sup>))
- H8500 (6 x 6) mm<sup>2</sup> anode pixel
- Individual channels electronics

Sensitivity dominates the visibility, **so we should try to get closer to the lesion and modify collimation and modality**

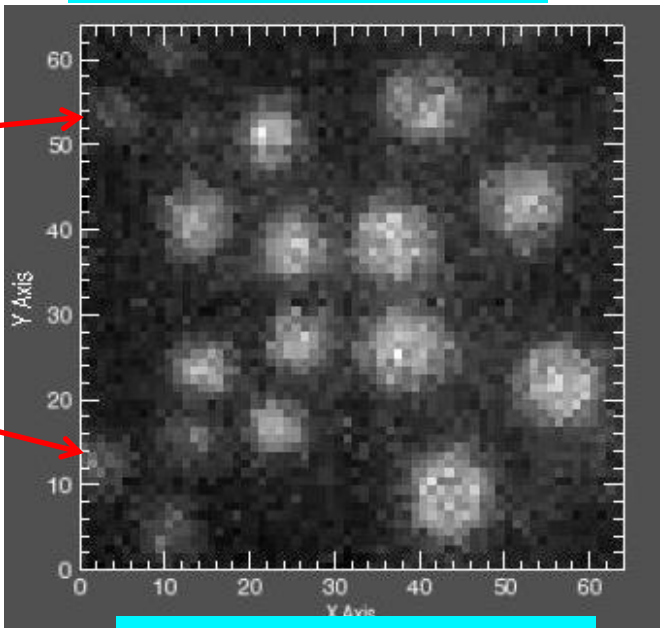
most cancers are in the upper part of the breast

→ **2 detectors**

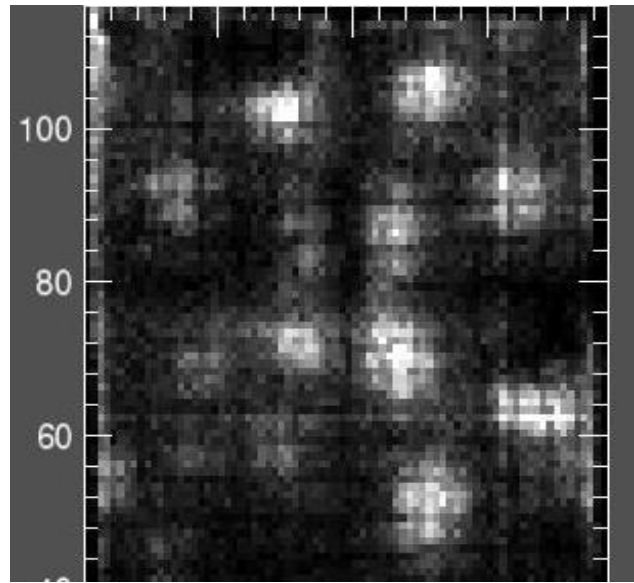


tum: (5, 6, 7, 8,9,10,12)  
uptake 1:10; breast 6 cm

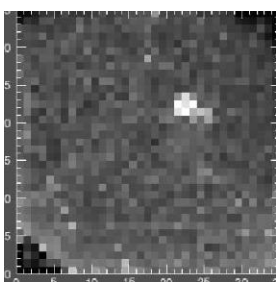
NaI(Tl) 1.5 pitch;  
H8500(6x6 mm<sup>2</sup>)



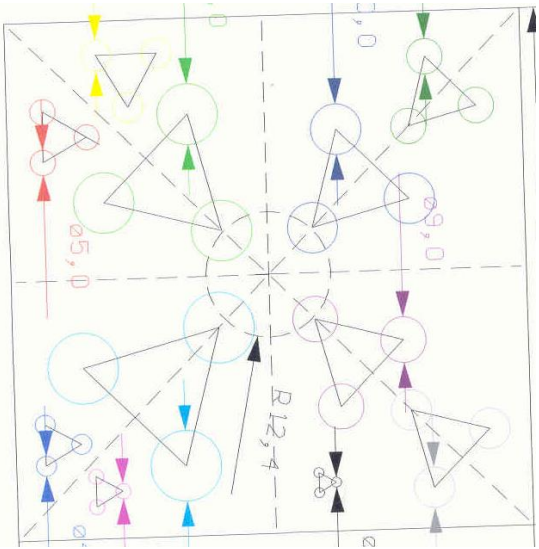
NaI(Tl) 1.3 pitch;  
H8500(6x6 mm<sup>2</sup>)



NaI(Tl) 1.2 pitch  
H9500 (3x3 mm<sup>2</sup>)

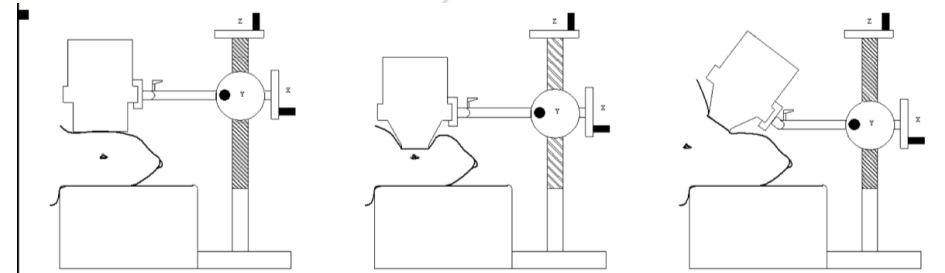
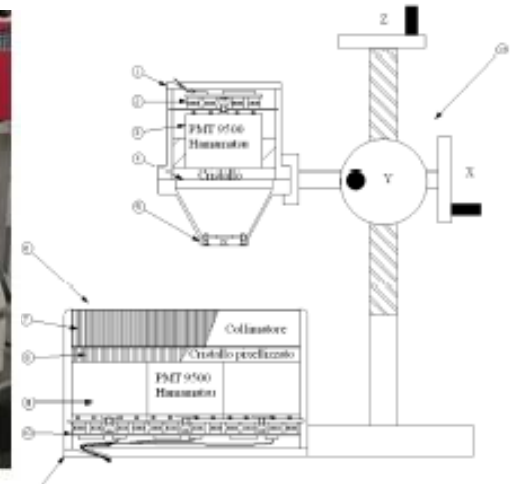
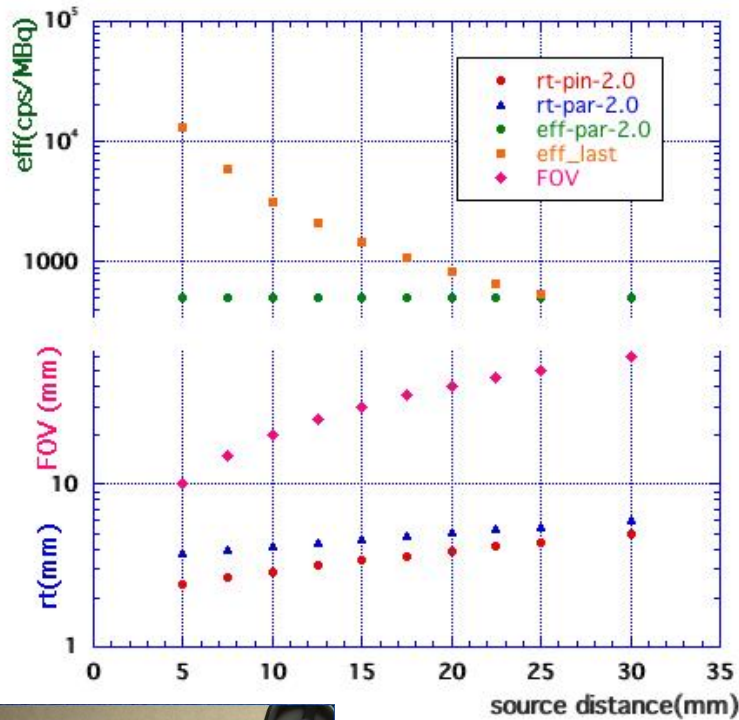


tum 8 mm

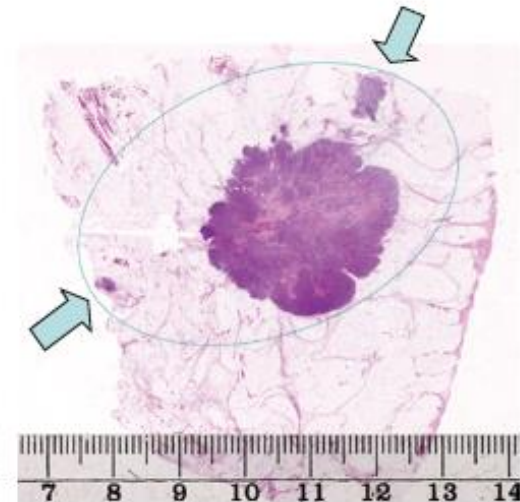
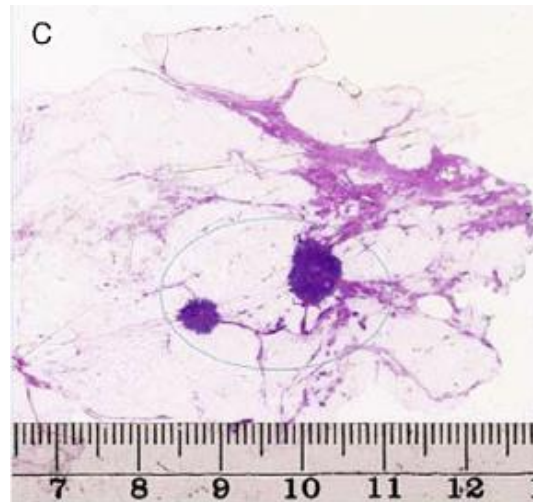
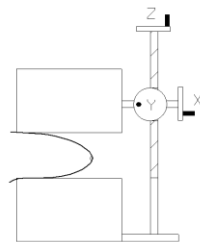


**We can do even much better (spot  
ompression)  
(just getting closer to the source and  
using pinhole collimation)**

**Efficiency-FOV-resolution vs source distance  
for parallel hole and pinhole collimators**



**"Italian/European Patent No. RM2008A000541"**

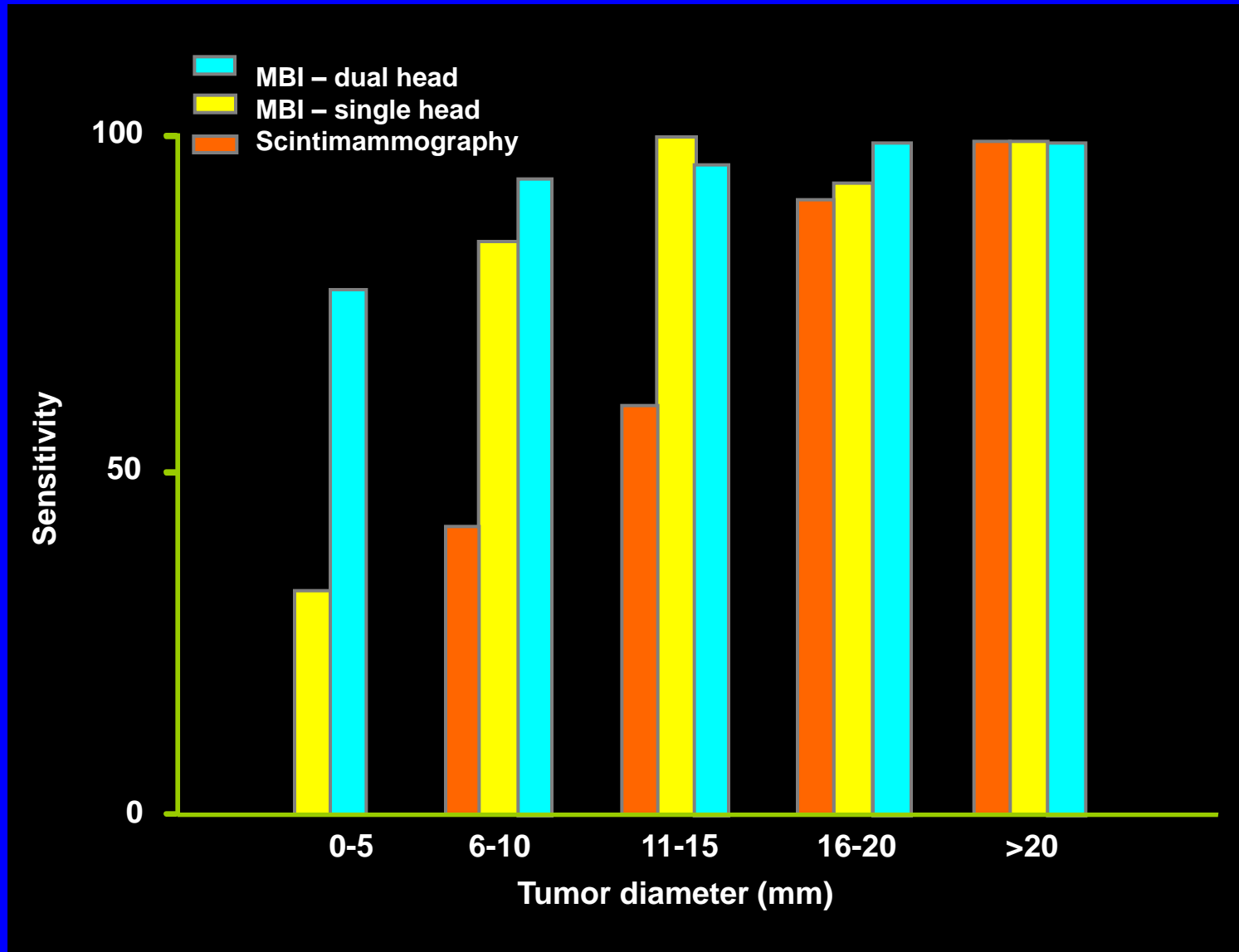


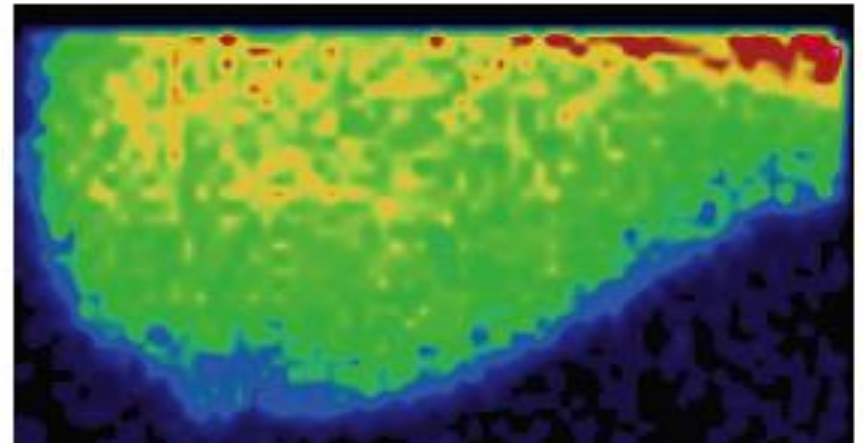
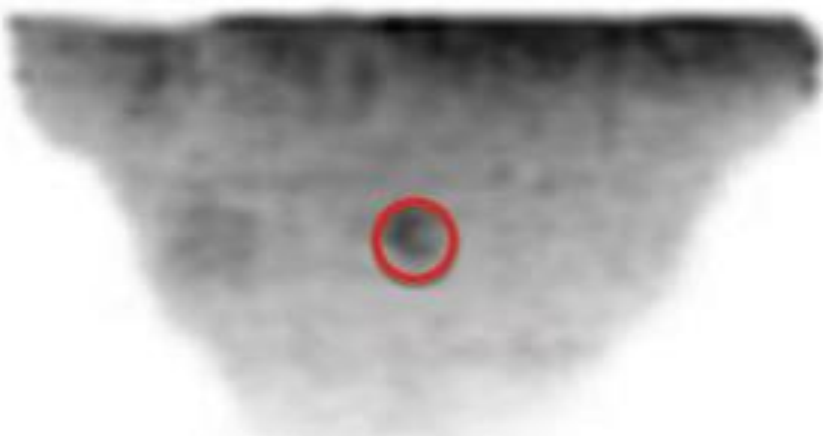
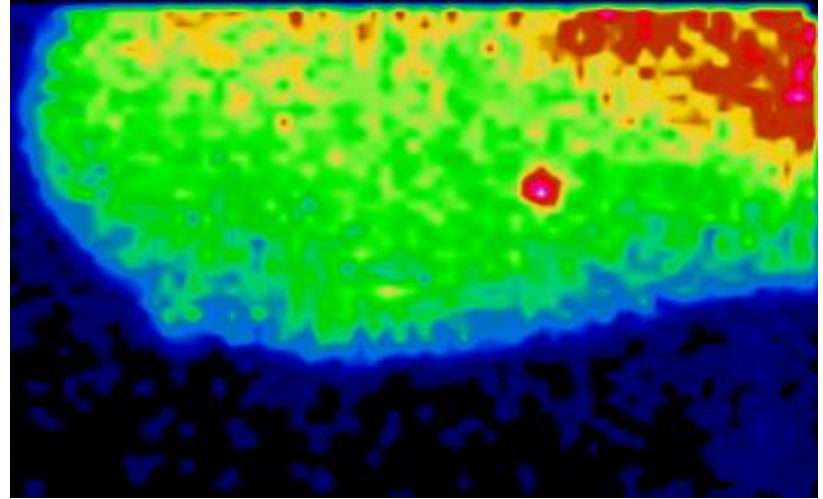
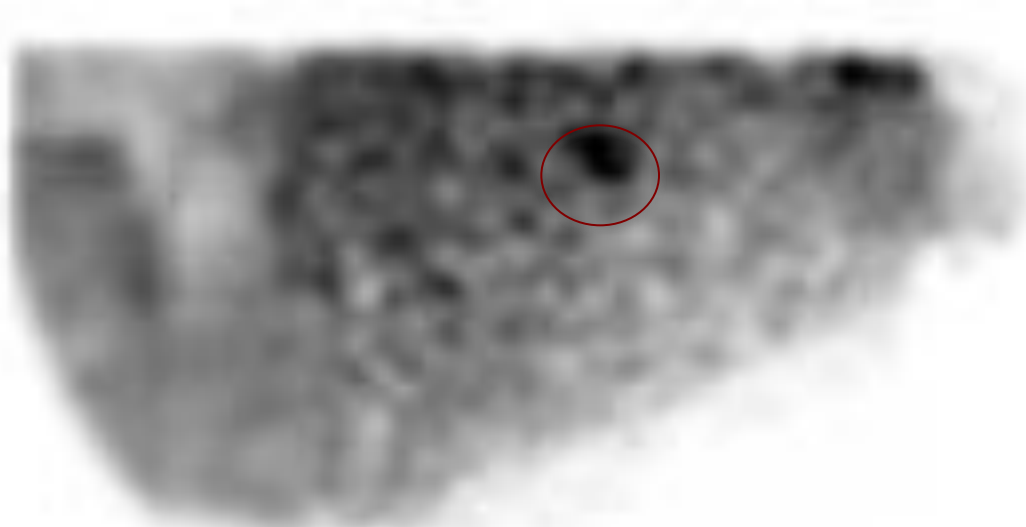


A Monte Carlo study on the collimator and scintillator system for the larger head and the smaller head was performed using the GATE code. Different system configuration were simulated, changing the pitch of the scintillator and of collimator for different source dimensions and for different source-collimator distances. Spatial Resolution, Energy Resolution, Efficiency, were calculated for the different cases. Signal to Noise Ratio (SNR) and Contrast to Noise Ratio (CNR) were obtained. In Tab 1 and 2 SNR and CNR are shown for two different scintillator pixel size for a 11 mm (in diameter) lesion for different source to detector distance. The advantage of smaller scintillator pixel is evident. Tab 1 refers to the larger detector (see later). To calculate the SNR of the whole system one has include the smaller detector having much higher efficiency, combine the counts coming form the two detectors and extract SNR and CNR for the system. This will make possible to detect very small lesions, better that any other dual MBI dual detector (4)

Source-detector distance (mm)	SNR <sub>1.5</sub>	SNR <sub>3.0</sub>	CNR <sub>1.5</sub>	CNR <sub>3.0</sub>
10	33	28	24.2	20.4
15	31	27	22.2	19.8
20	30	25	21.9	19.5
25	28	24	18.5	18.3

# Comparative Sensitivity of Scintimammography, single-head MBI and dual-head MBI (M. Oconnor et al. Mayo clinic)





- **10 trials** , University of Roma2 (TOV)  
in comparison with standard dedicated detectors (Gammamedica and Dilon)
- **2 big tumors**
- **1 small tumor** (< 10 mm)
- **7 “negative”**, suspicious to mammography, negative (or positive in some case) ultrasound and MRI

# Multimodality

Project funded by FILAS Regione Lazio: collaboration between Italian National Institute of Health (**ISS**), Italian National Institute of Nuclear Physics (**INFN**) and **Metaltronica s.r.l.**

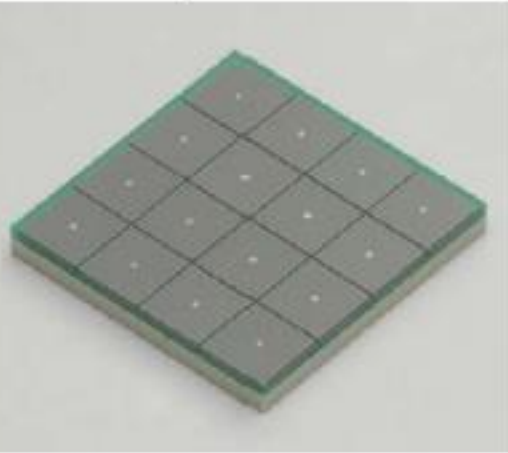


**Tomosynthesis + scintigraphy**



# SiPM photodetector

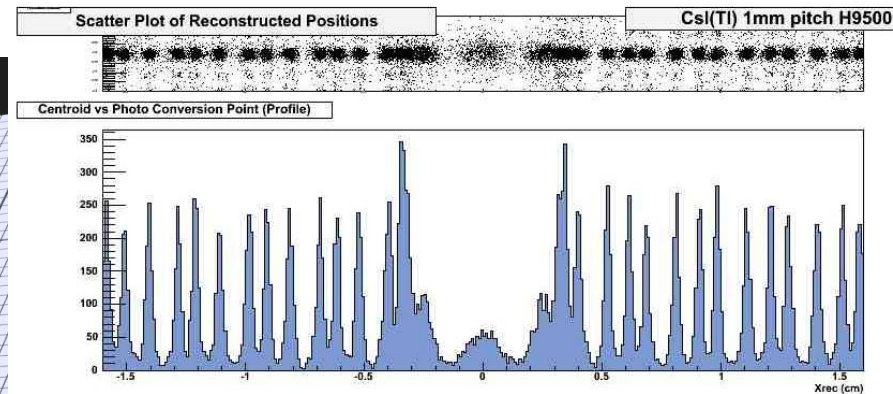
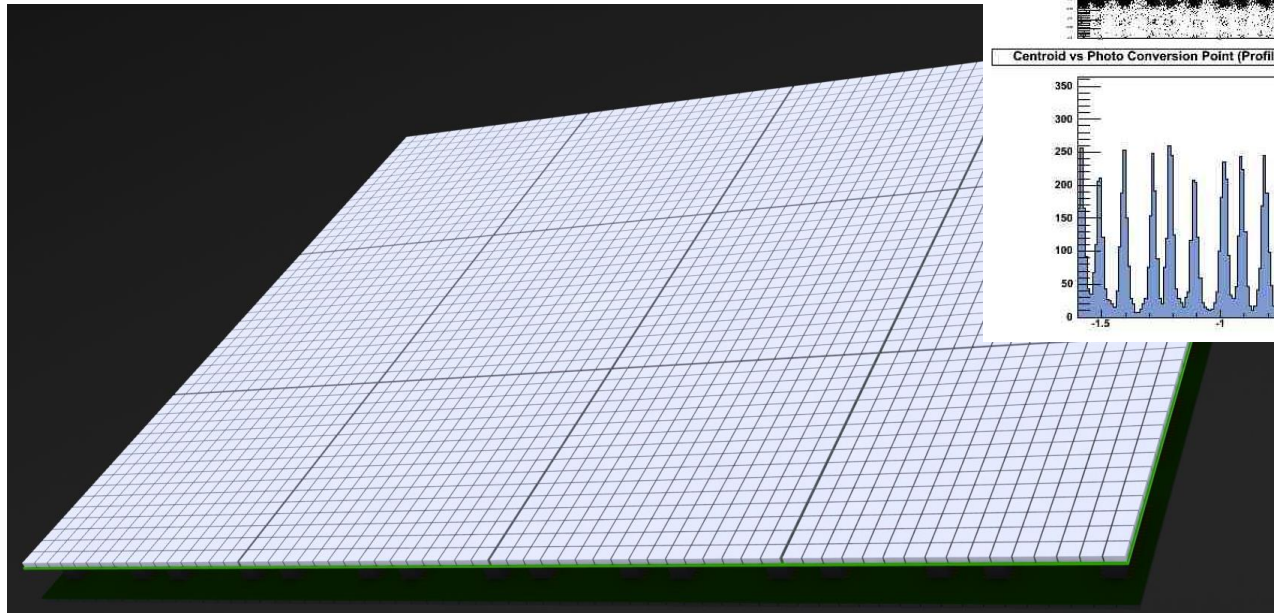
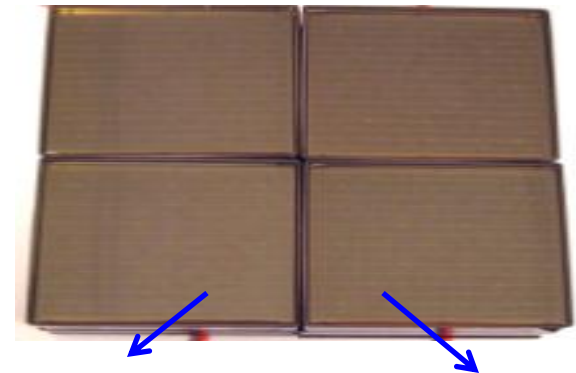
Hamamatsu S12642-1616PA-50: 3x3mm<sup>2</sup>



3 mm pitch

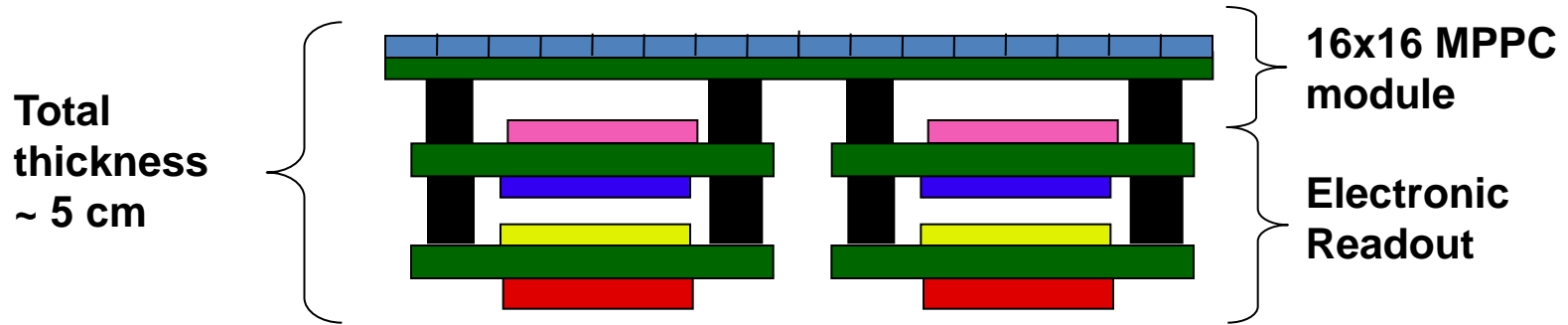


array 16 x 16



150 x 200 mm<sup>2</sup>

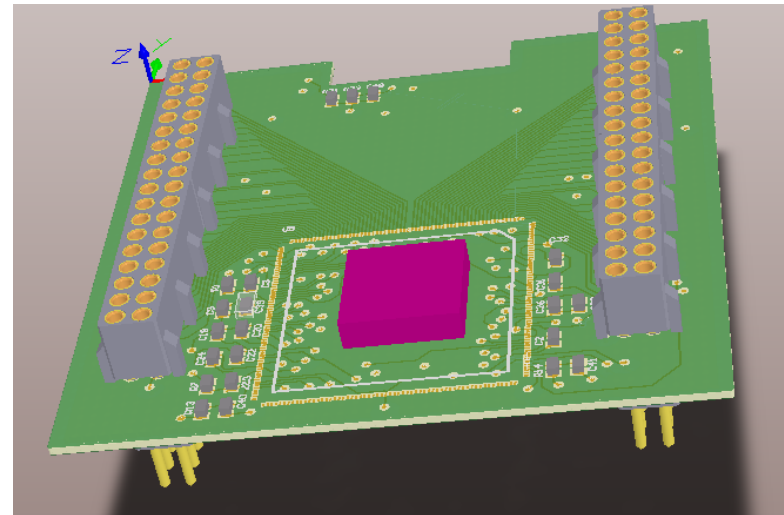
# Compact electronic readout



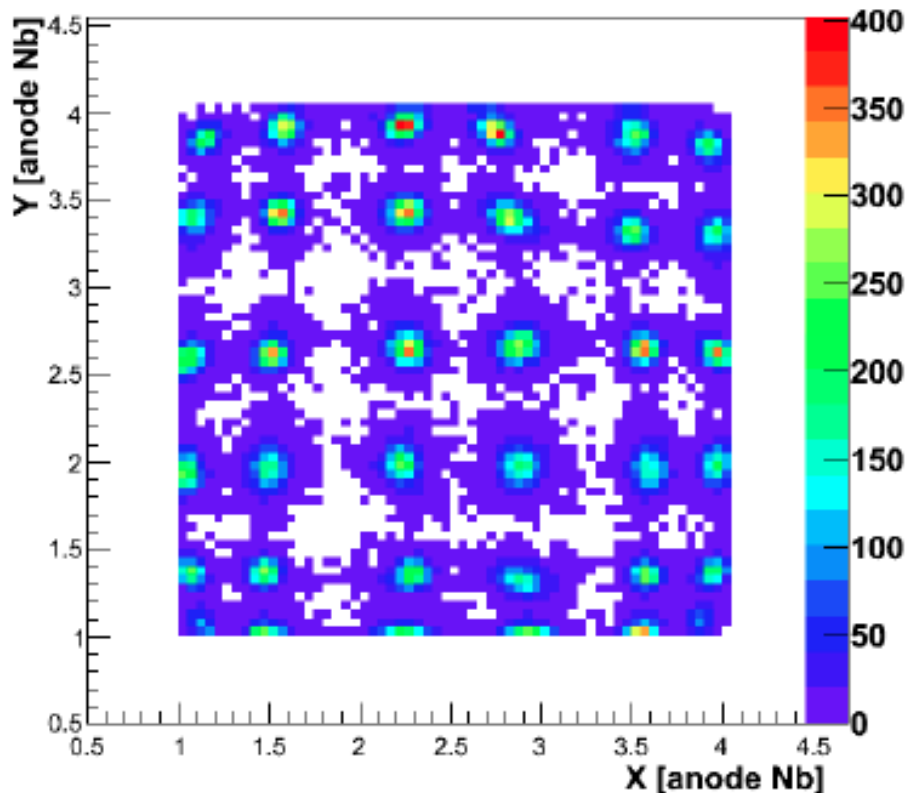
Readout electronics characteristics:

- single channel approach (~3000 channels)
- settable trigger for each channel
- 5 kevent / second throughput
- supply voltage temperature feedback on each MPPC module

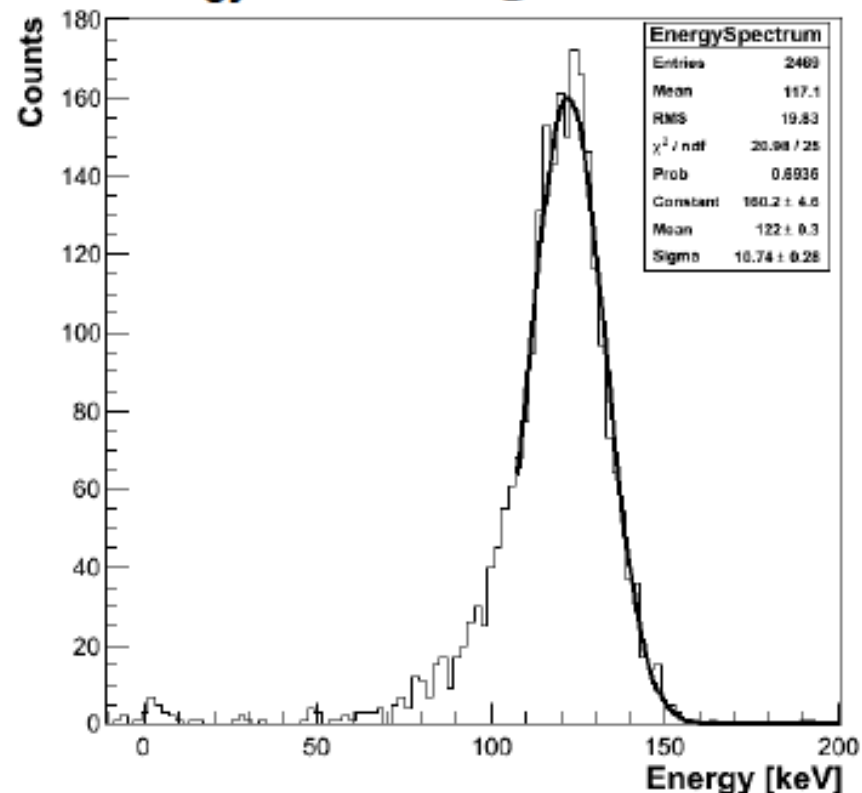
**Front-  
end  
Board 3D  
model**



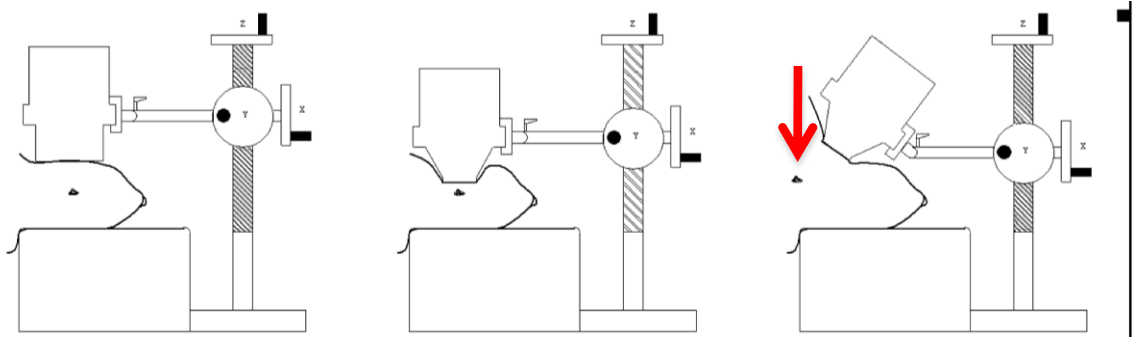
# Nal(Tl) array, S12642-050 @ 68.4V, Temp ~ 18 deg C



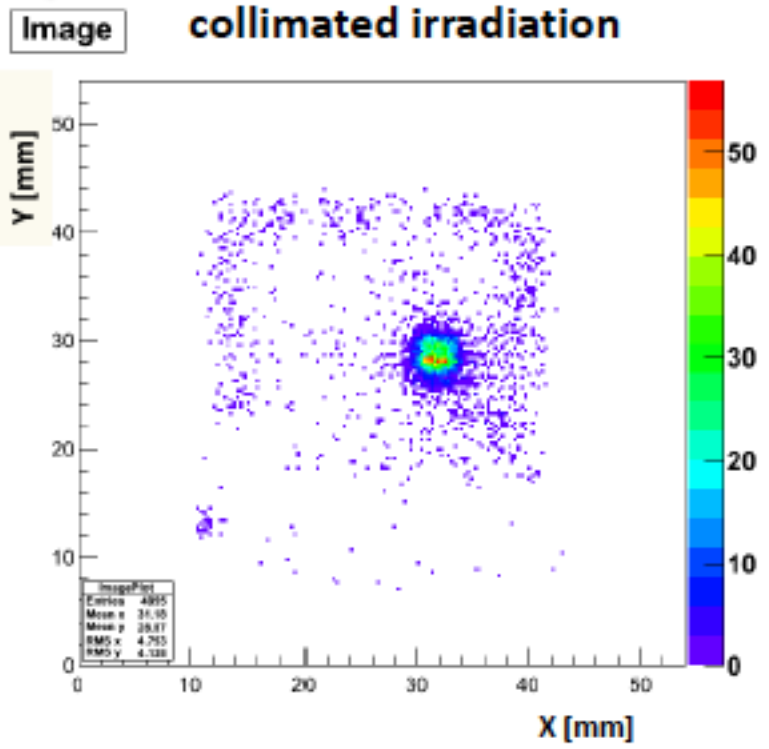
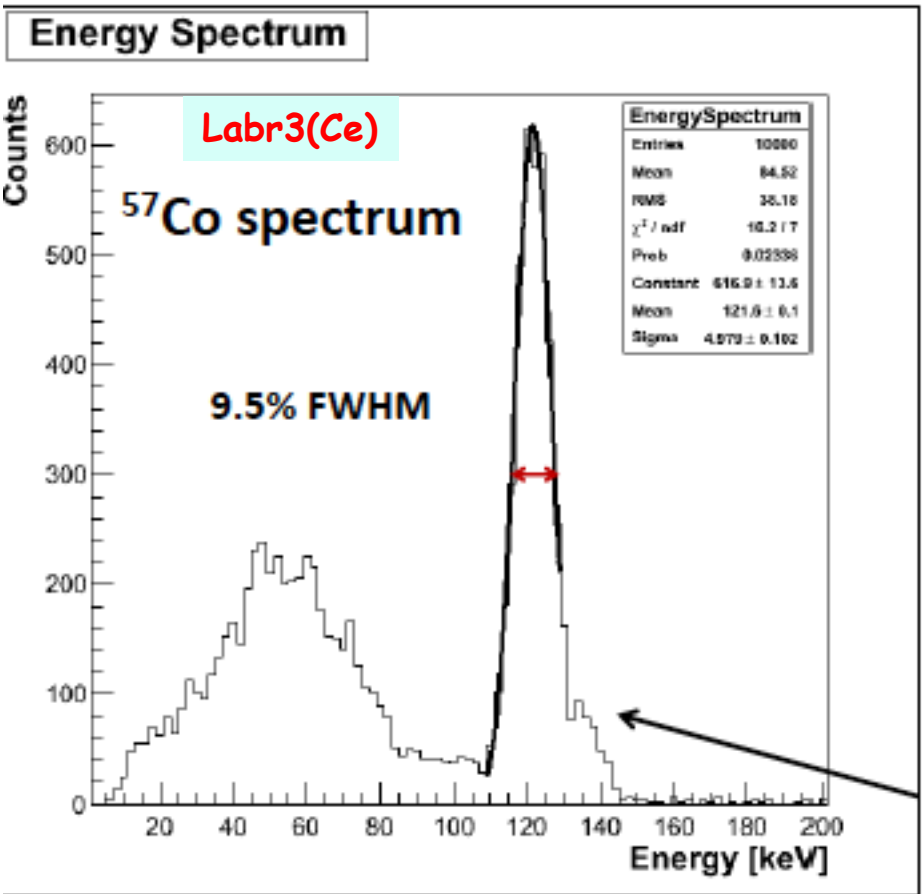
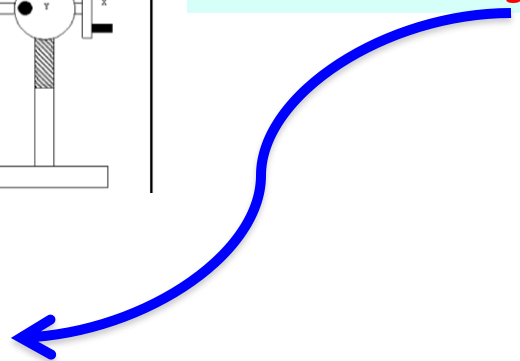
## Energy Resolution @ 122 keV: 16-17%



Maroc3 setting: C\_buffer = 0.5pF, C\_feedback = 2.1pF



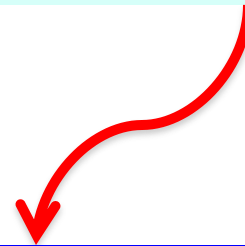
$\Delta E/E$  might be important for lesion close to the chest (high background)



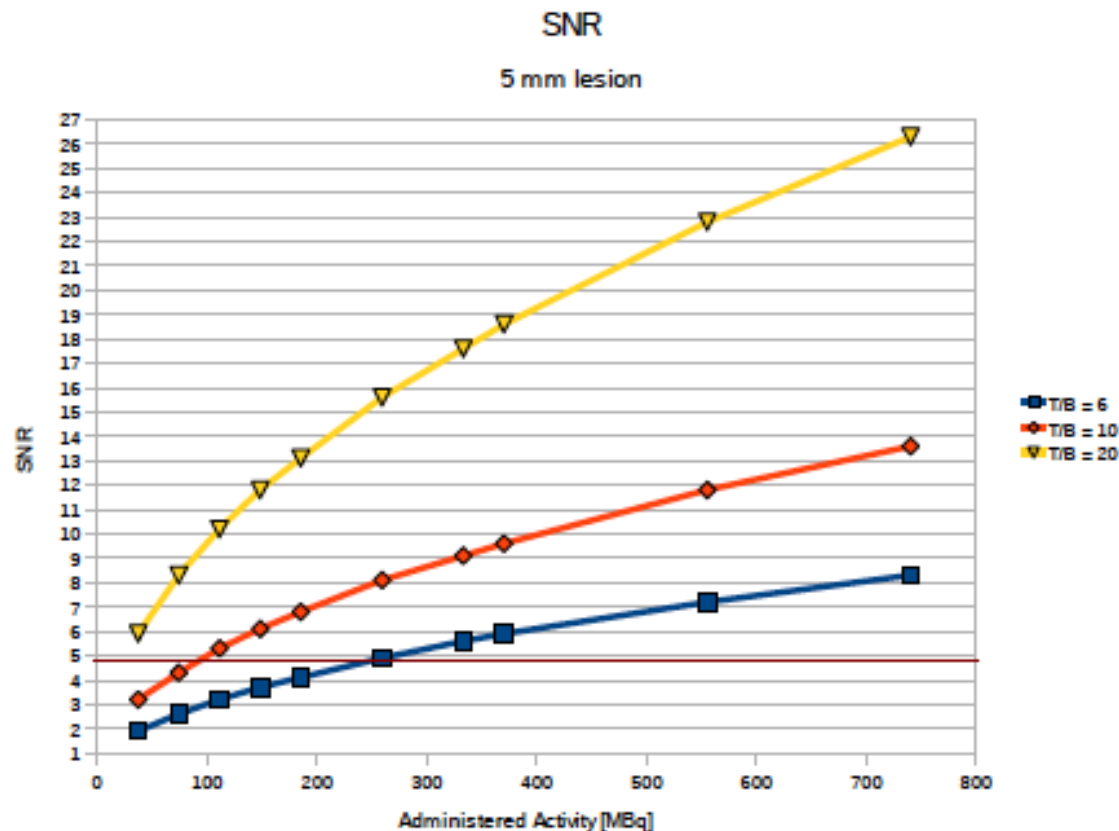
136 keV peak



# Screening for women at risk (dense breast)?



The dose has to be much lower ~ the same as for mammography (~ 1/5 (740 MBq))



# Summary and conclusions

- Molecular imaging is a powerful tool for diagnosis and follow up of diseases
- Radionuclide techniques have a key role
- Dedicated devices are frequently needed
- Focusing on small object and imaging at the same time the whole organ
- Multimodality is mandatory in most cases (practical problems, cost etc)

# outlook

- improving reconstruction **algorithms** to fully profit of multichannel electronics
- **optimizing** modality and protocol (comparison with MRI)
- **new radiotracer ? (Tc99m  $\alpha$ V $\beta$ 3 pepetide)**
- **Multimodality (tomosinthesys + scintigraphy)**
- multicenter trial (international (Italy, USA)) starting **early 2015**
  - 3 clinics  $\rightarrow$   $\sim$  10 trials/day  $\rightarrow$   $\sim$  5000 in 2 years

# MEDAMI 2014 - III MEDITERRANEAN THEMATIC WORKSHOP ADVANCED MOLECULAR IMAGING

3-7 September 2014

Europe/Rome timezone

## Overview

Workshop Programme  
(PDF)

Timetable

Venue

Accommodation

Organizing Committees

Registration

↳ Registration Form

List of registrants



Mediterranean  
Thematic Workshops  
in Advanced Molecular Imaging

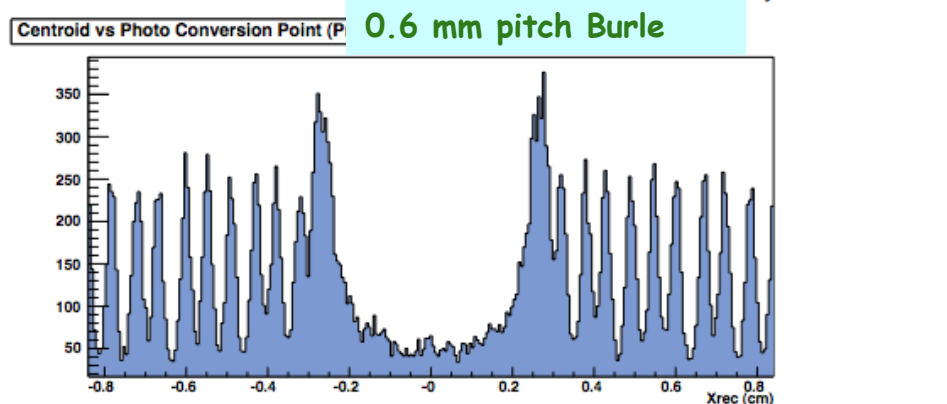
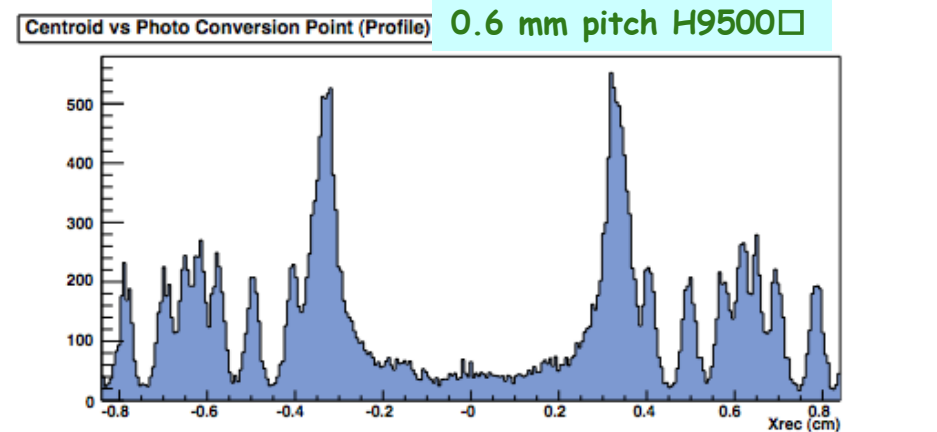
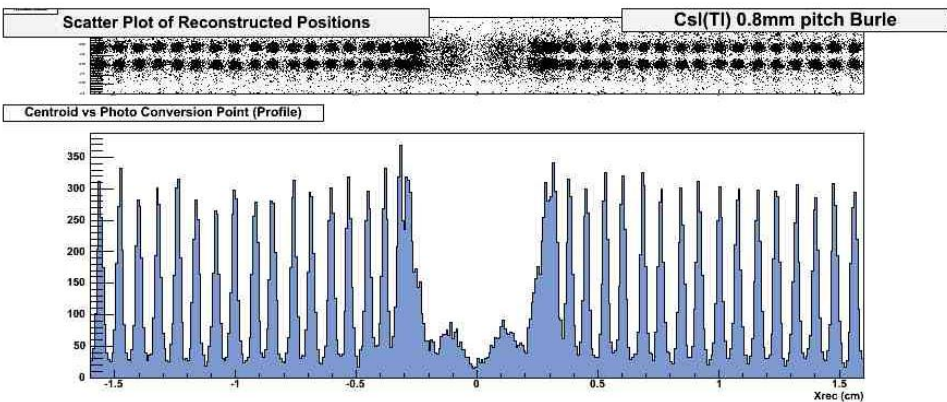
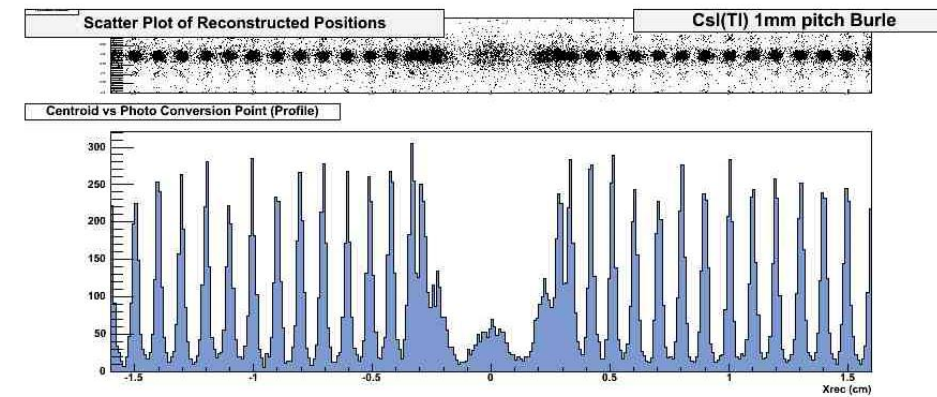
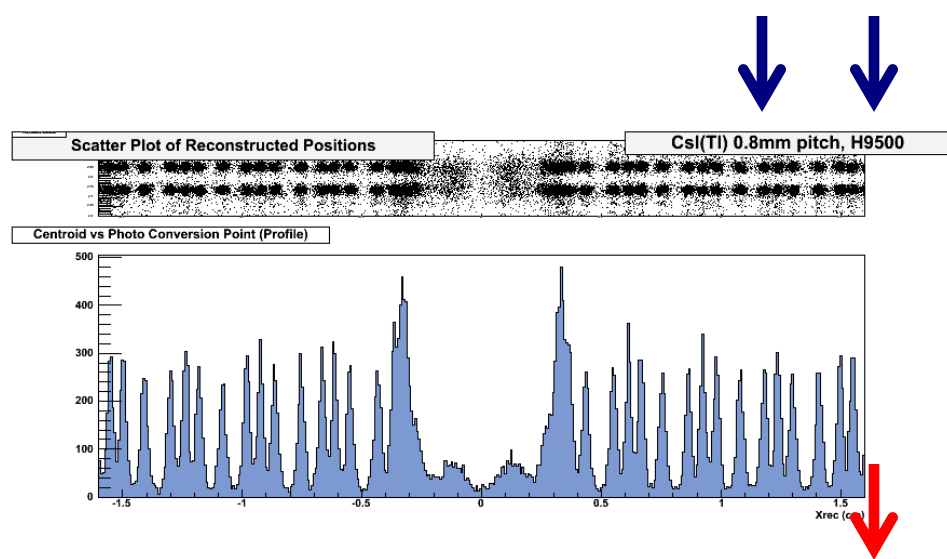
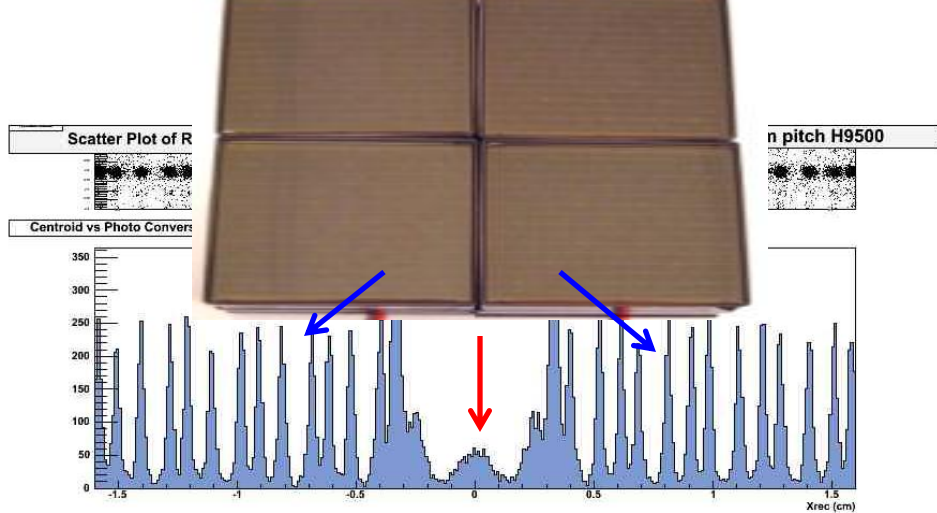
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**TRANSLATING TECHNOLOGY FROM NUCLEAR  
AND PARTICLE PHYSICS TO THE CLINIC:  
ADDRESSING MEDICAL NEEDS BY DETECTOR  
KNOW-HOW WITH A FOCUS ON ORGAN-SPECIFIC IMAGING**

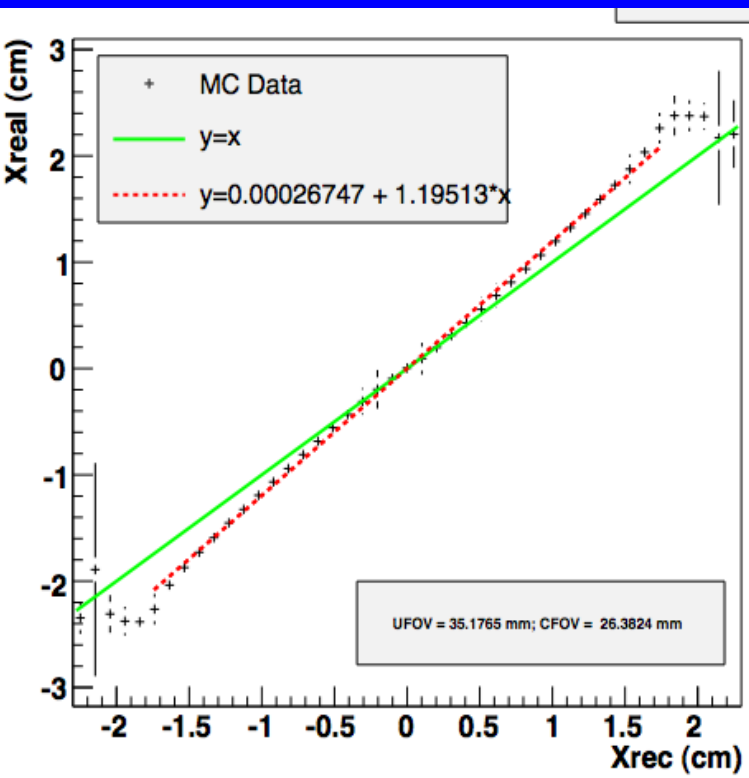
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**Collaboration between the physics-, medical- and industrial communities**

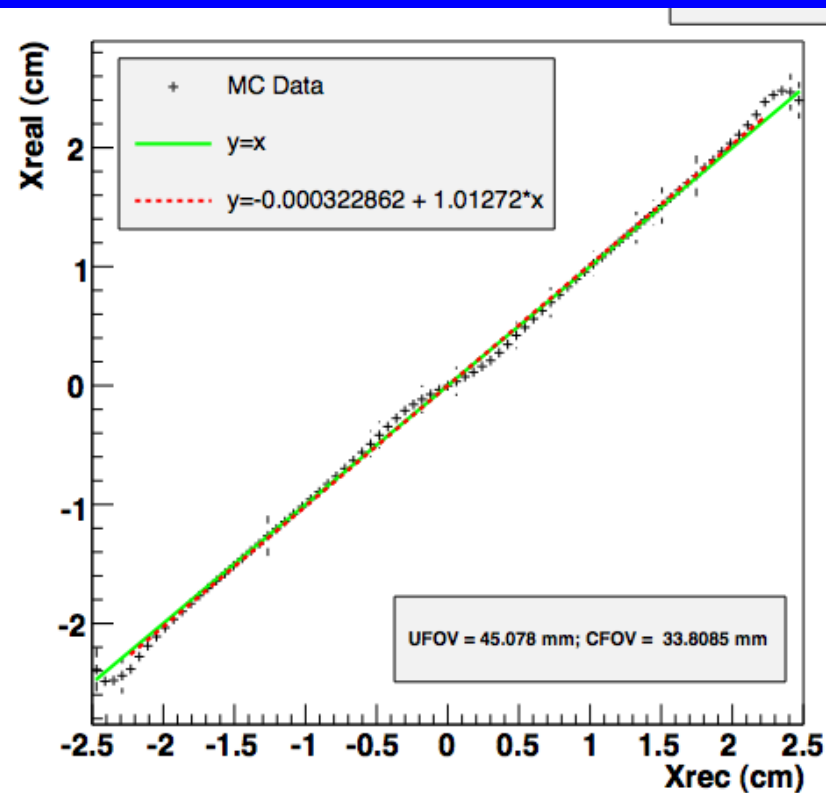
**September 3 - 7 - 2014  
Alghero (Sardinia - Italy)**



# Labr3 Continuum different performances for different window treatment, diffusing (a), absorbing (b)

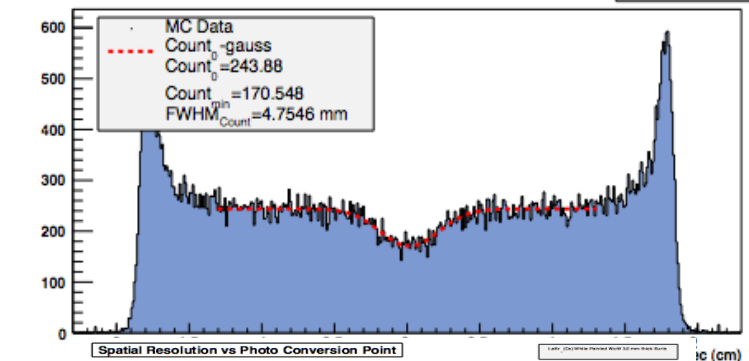


a

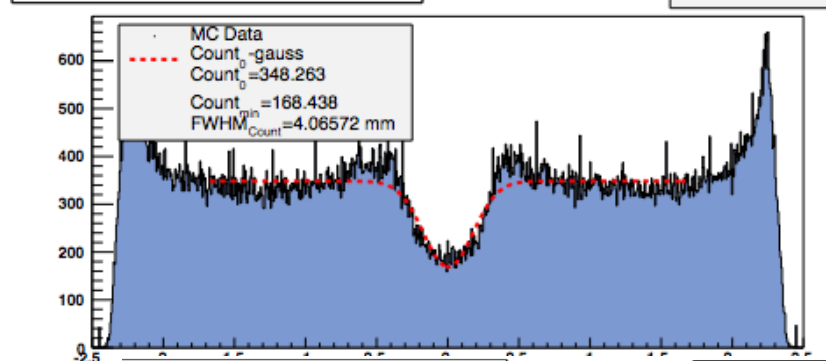


b

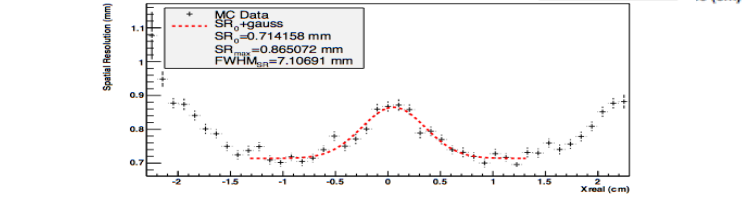
Centroid vs Photo Conversion Point (Profile)



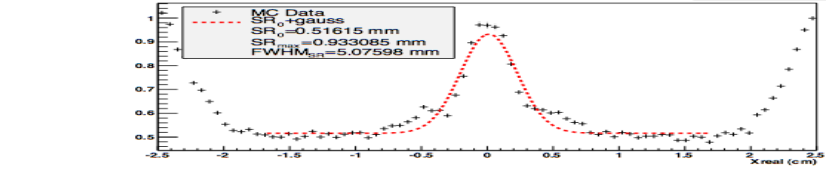
Centroid vs Photo Conversion Point (Profile)



Spatial Resolution vs Photo Conversion Point



Spatial Resolution vs Photo Conversion Point



# Molecular Imaging

“ the *in vivo* characterization and measurement

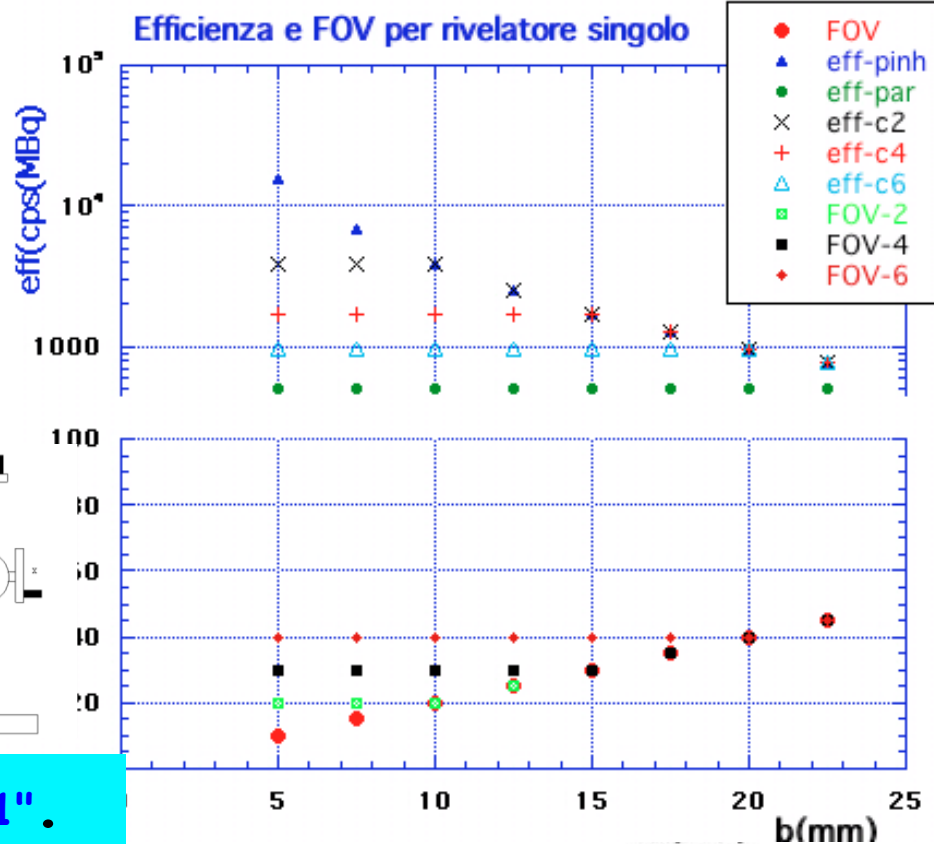
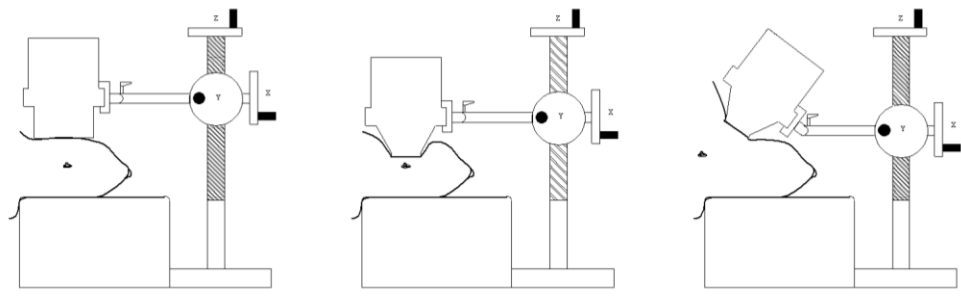
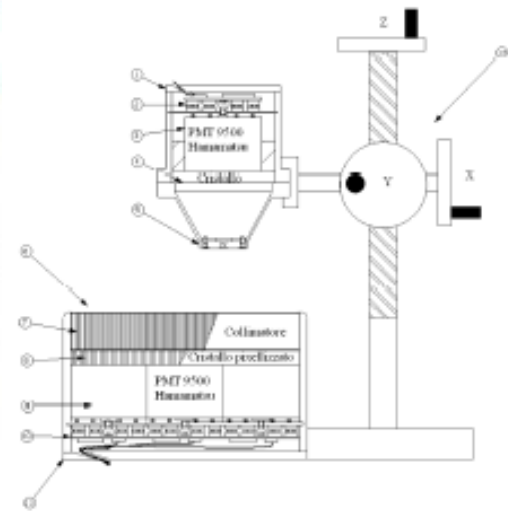
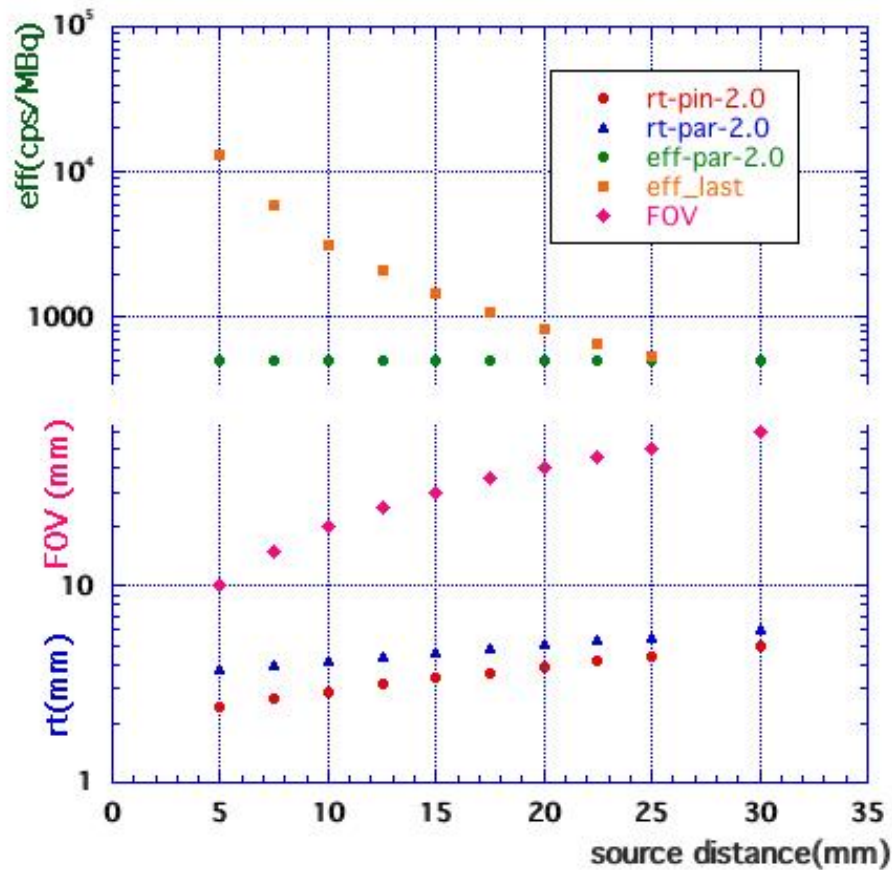
## Five Technologies Set to Change the Decade\* (2009 - 2019)

- Building-Integrated Photovoltaics (BIPV)
  - *(solar technology projected to generate 50% of the electrical needs of the developing countries)*
- Personal Genome Sequencing
- Molecular Imaging
- Graphene Transistors
  - *(nanomaterial graphene to replace silicon flash memory chips)*
- Multi-touch Displays

\*Wolf, J. Five Technologies Set to Change the Decade. *Forbes.com*. Jan. 1, 2009



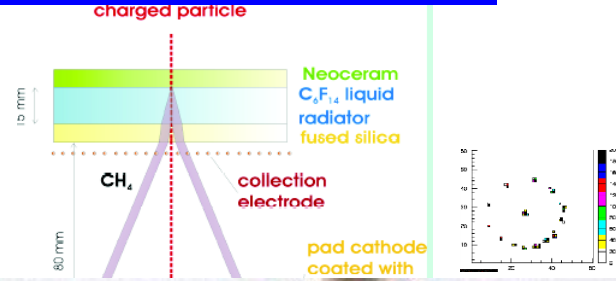
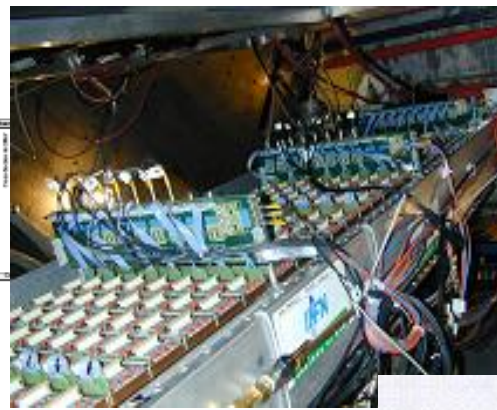
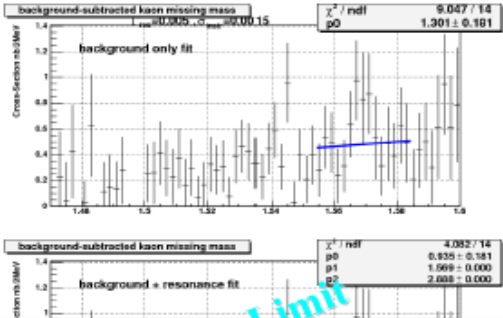
# Efficiency-FOV-resolution vs source distance for parallel hole and pinhole collimators



"Italian Patent Pending No. RM2008A000541".



Freon/CsI RICH detector (like ALICE)



similar is not always the same !



$\langle N_{p.e.} (C_4F_{10}) \rangle =$

# Important parameters for detectability/visibility

they are correlated

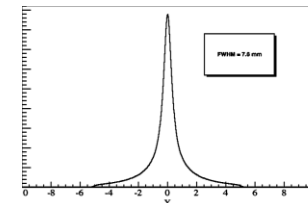
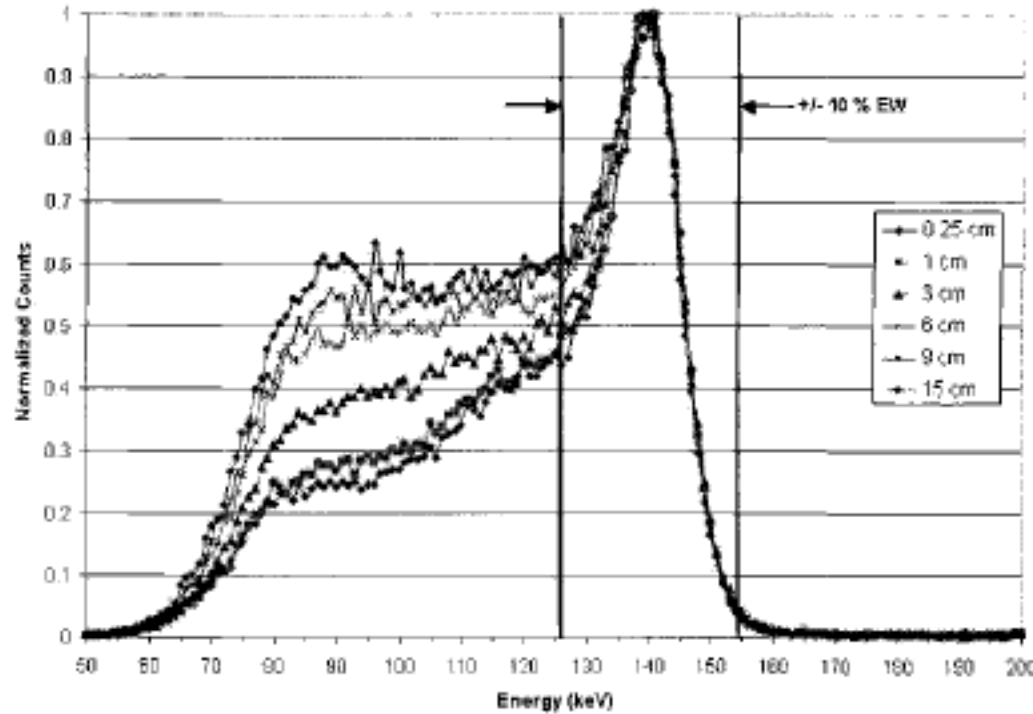
efficiency (collimation)

$$X = \frac{\sum_{i=1}^{N_{\text{channel}}} c_i X_i}{\sum_{i=1}^{N_{\text{channel}}} c_i}$$

spatial resolution

$$SNR = \frac{S - \dots}{\sqrt{\dots}}$$

$$IC = \frac{Max - \dots}{M}$$



energy resolution  
secondary additional re  
volumes are invo

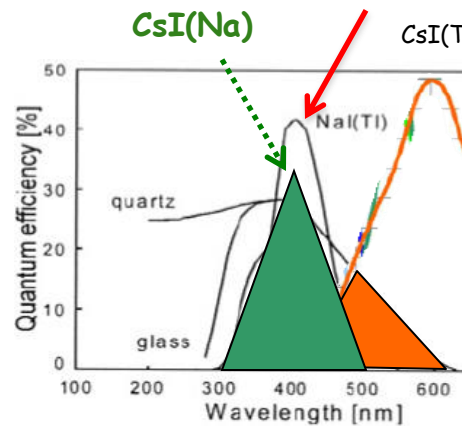


FIG. 9. Energy spectra from breast phantom as a function of breast thickness.

AP LaBr<sub>3</sub>(Ce)  
55 5.29

Effective Z		51	54	32	47
Relative Yield	%	100	45	35-40	130
Peak Wavelength	nm	410	550	360	360
$\Delta E/E$ @ 140 keV	%	9	15	20	6
$\mu$ @ 140 keV	$cm^{-1}$	2.7	3.9	1.7	3.0
$\tau$ @ 140 keV	$cm^{-1}$	2.1	3.2	0.9	2.2
Thickness (90% eff)	mm	8.7	6.0	13	7.7

$$\sigma_X \propto \frac{\sigma_{Xi}}{\sqrt{N_{p.e}}} \rightarrow R \equiv FWHM_X \propto \frac{FWHM_{Xi}}{\sqrt{N_{p.e}}}$$

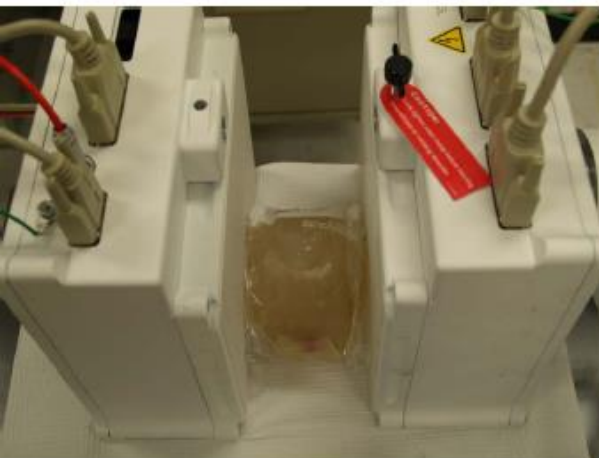


Fig. 4. Photograph of the gelatin phantom experimental set up using two Dilon cameras.

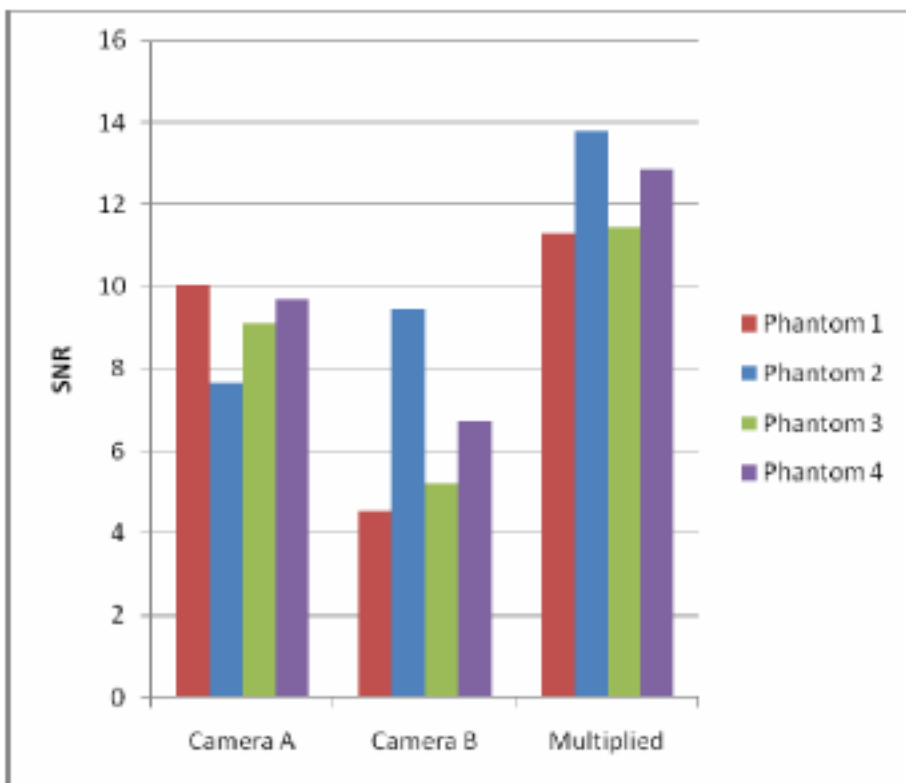
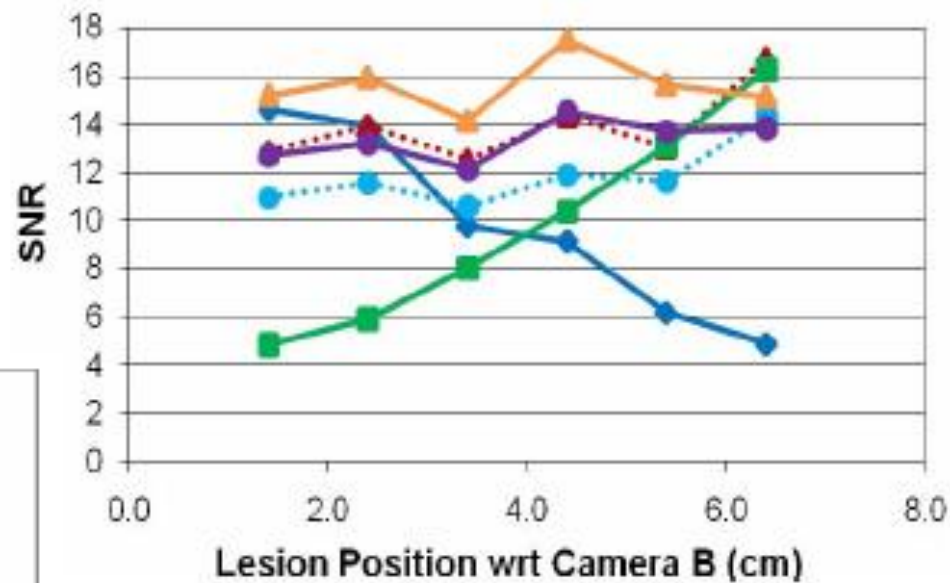
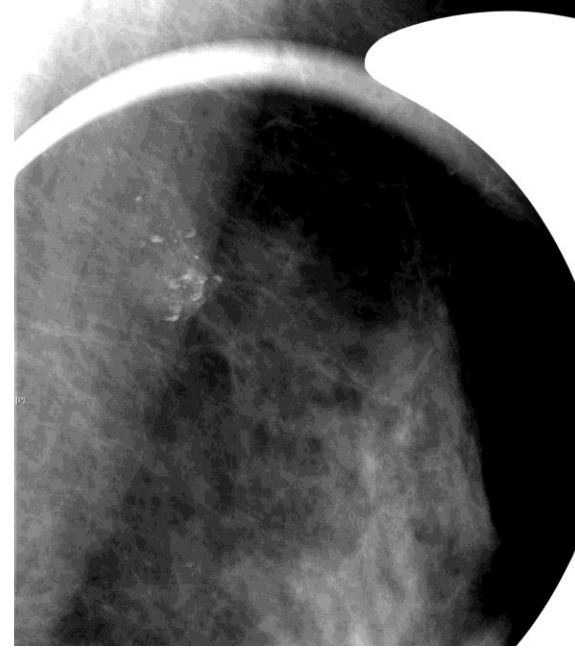
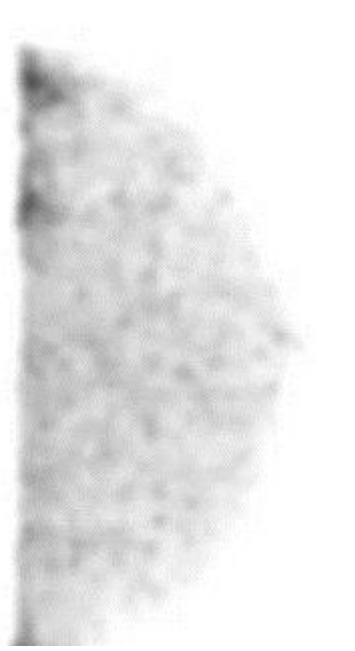
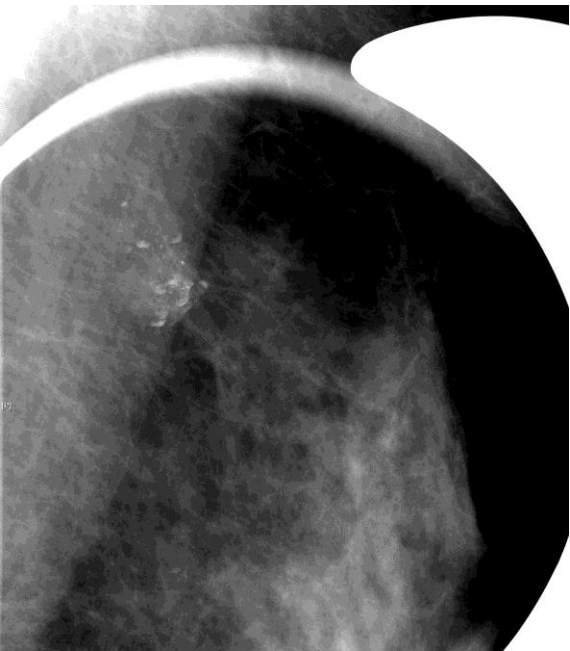
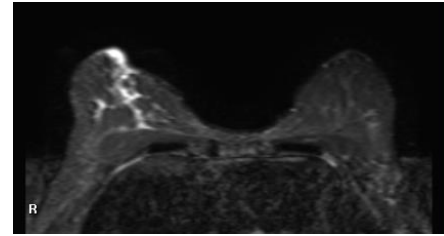
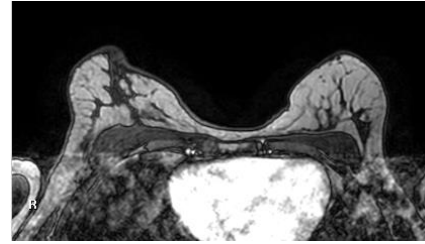
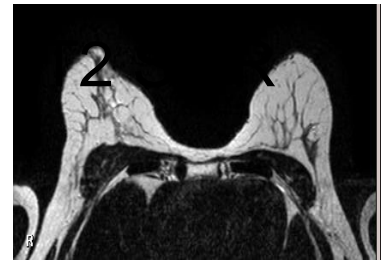
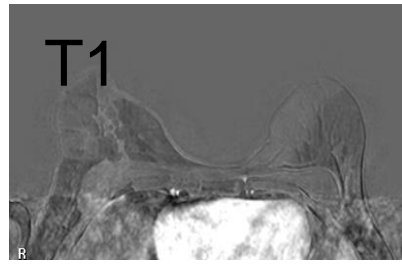


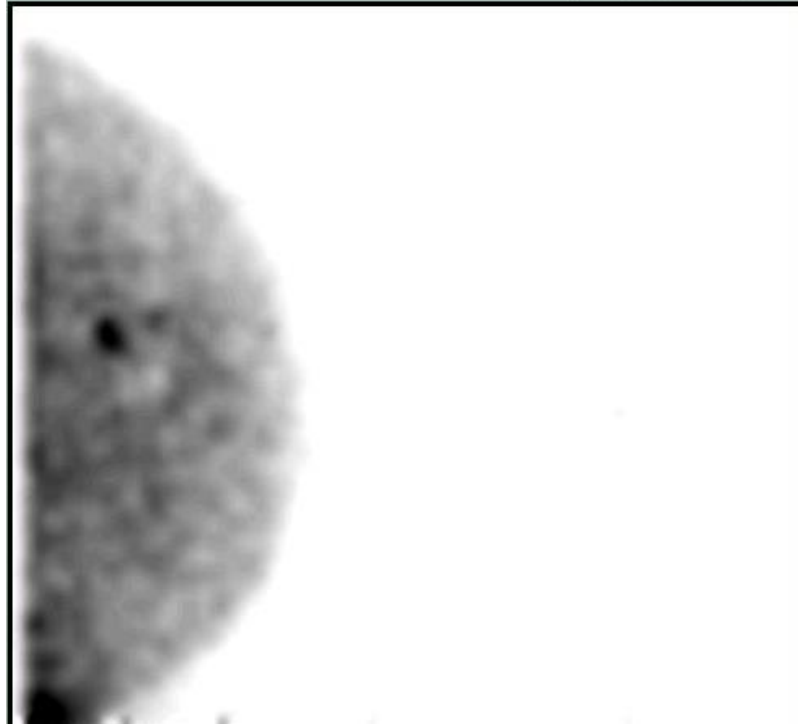
Fig. 10. SNR for four gelatin phantoms, measured using the Dilon cameras.

Camera A: 300 sec    Multiplied: 150 sec    Summed: 150 sec  
 Camera B: 300 sec    Multiplied: 300 sec    Summed: 300 sec



P.Judy, S. Majewski





# Geant4 simulations

## 1 detector

- par.hole coll.
- NaI(Tl) 1.5 mm pitch (the **smallest pixel** in this applications (~13000 pixel in 150 x 200 mm<sup>2</sup>))
- H8500 (6 x 6) mm<sup>2</sup> anode pixel
- Individual channels electronics

Sensitivity dominates the visibility, **so we should try to get closer to the lesion and modify collimation and modality**

most cancers are in the upper part of the breast

→ **2 detectors**

