

# Optimization of Metal Density Definition in Dose Calculation Algorithms

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Therapists and Dosimetrists  
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# Overview



1. Background / physics
2. Algorithms AAA and Acuros XB
3. HU density curves
4. Extended range HU density curves
5. Metal artifact reduction
6. Examples



# What planning system do you use?

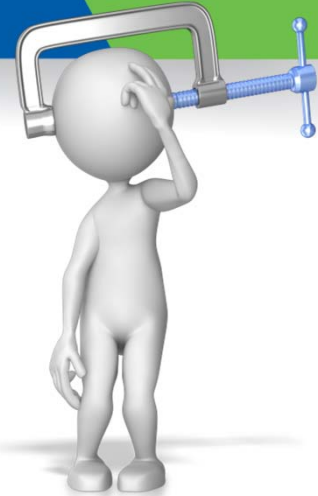
- A. Eclipse
- B. Raystation
- C. Monaco
- D. Oncentra
- E. Pinnacle
- F. Other



# High density materials in human body

Material	Mass Density (g/cc)	ReD	Uses	Size example (cm)
Titanium Alloy	4.5	3.73	Femur rods, some hip prostheses, some spinal fixation	1-2
Neodymium	7.3-7.5		Breast expander magnets	2.5
Stainless steel	8		Surgical wires, screws, some spinal fixation	0.07 0.5 0.5
Cobalt Chromium	8.4 – 8.8		Hip prostheses head	3
Amalgam	14 - 16		Teeth filling	0.5
Gold	19.3	13.96	Fiducial markers	0.08

# Attenuation



$$I = I_0 * e^{-\mu x}$$

- I is the transmitted intensity
- $I_0$  is the incident intensity
- $\mu$  is the linear attenuation coefficient
- x is the thickness of material

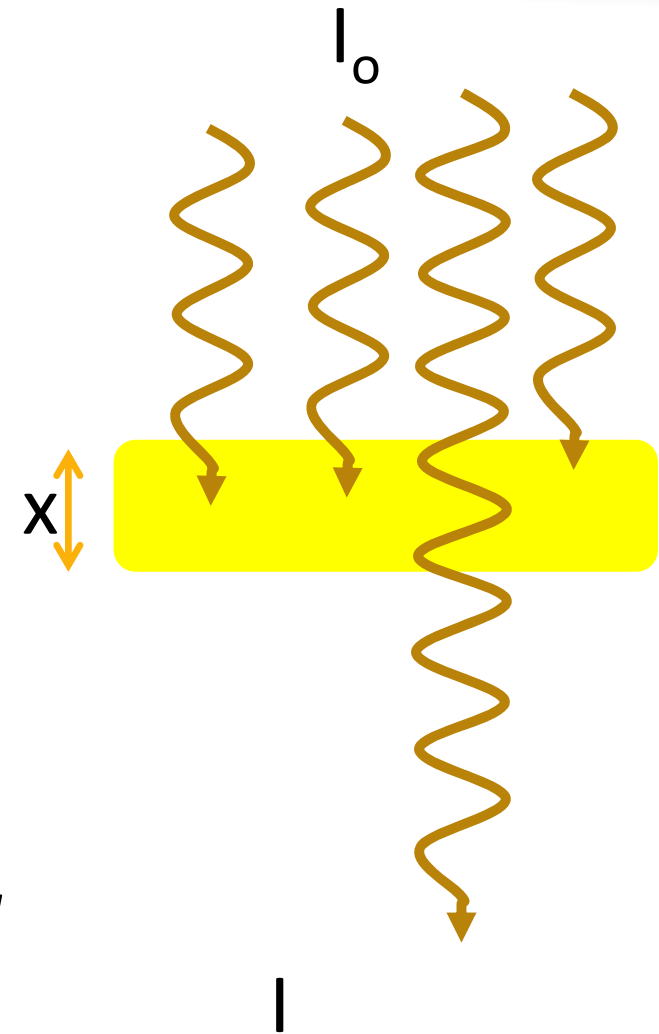
*$\mu$  of  $0.01 \text{ cm}^{-1}$  means that 1% attenuation per cm of material*

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# Hounsfield Unit (HU)

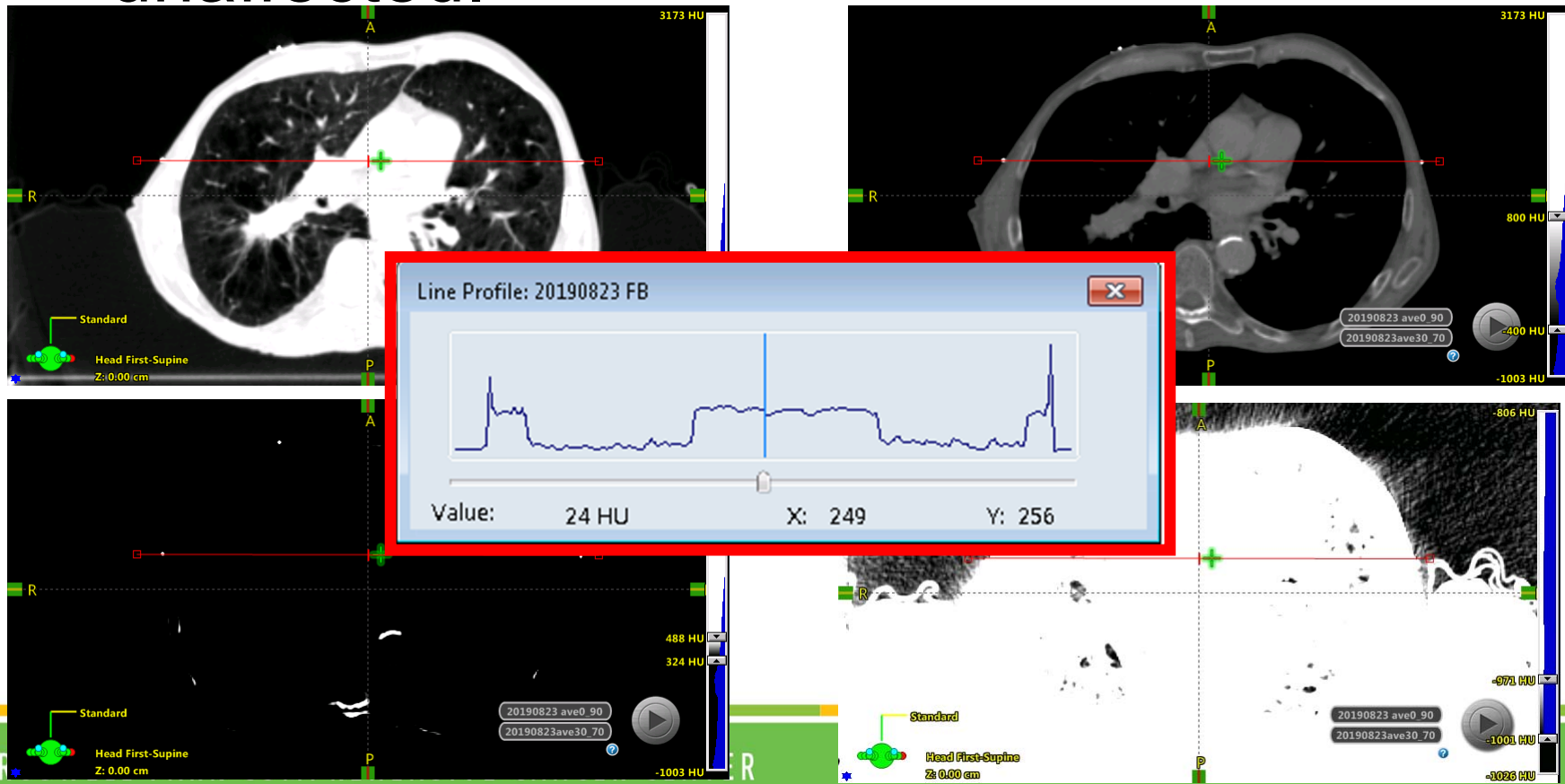
$$\text{HU} = \frac{(\mu_{\text{tissue}} - \mu_{\text{water}})}{\mu_{\text{water}}} * 1000$$

HU	Material	Appearance*
-1000	Air	Dark (Black)
- 600 to -800	Lung	
-100	Fat	
0	Water	
100	Muscle	
1000	Bone	Light (White)
<ul style="list-style-type: none"><li>• Appearance will depend on the display window and level</li><li>• HU is independent of the display window and level</li></ul>		



# HU versus screen display

- Window and level changes the computer pixel intensity but the HU remain unaffected.





**The HU of an imaged CT pixel is dependent on the radiologic (x-ray) properties of the tissue.**

- A. True
- B. False



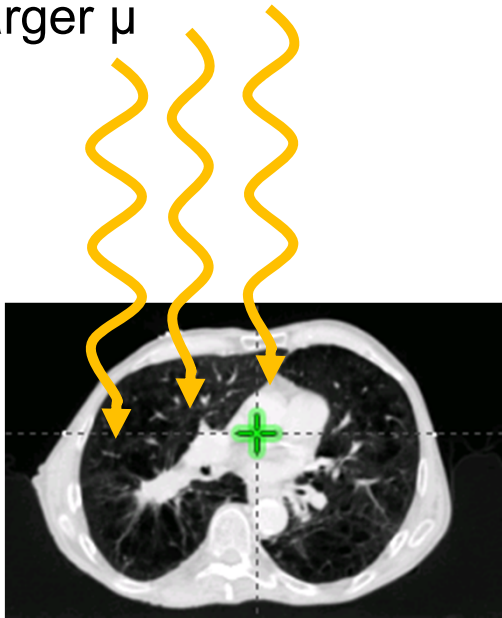
# kV CT – $\mu$ – HU – density – MV dose

- Since a CT is acquired with x-rays (kV energy range), information about the attenuation of the material is known (i.e.  $\mu$ ).
- This in turn can be used to define a Hounsfield unit that is
  - used to display the image
  - Supply x-ray attenuation information about the material

# kV CT and MV RT

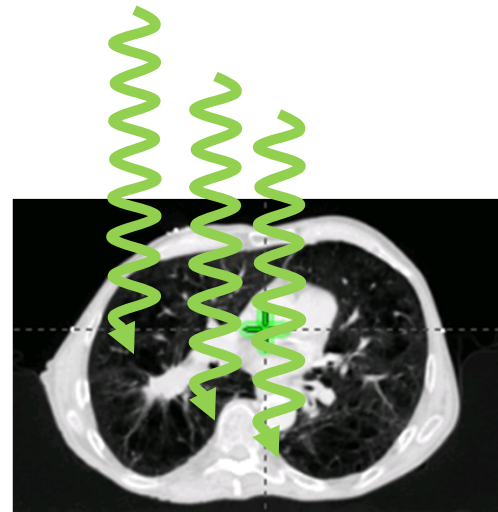
## kV CT

- 80 to 140 kV
- Primary photoelectric
- High Z dependence
- Less transmission
- Larger  $\mu$



## MV RT

- 6 to 18 MV
- Primarily Compton
- Low Z dependence
- Higher transmission
- Smaller  $\mu$



BUT the  $\mu$  derived from kV CT can be used to determine the material density which can then be applied to the interaction of the MV therapy x-rays.

# Concerns of metals in radiotherapy dose calculations

- Poor object delineation
  - Over and under dose
- Lower dose in shadow
  - (less with VMAT than 3D CRT)
- Higher dose at metal interface
- Misleading dose statistics (max dose in metal)
- Dose optimization may result in high fluence gradients
  - (less with VMAT than IMRT)



# CT Density curves

- AAA requires
  - HU to relative electron density (per volume)
  - Dose to scaled density water
- Acuros XB
  - HU to mass density
  - Dose to actual material
  - Converges to monte carlo solution

# Relative electron density per volume

$$ReD = \left\{ \frac{\left[ \frac{Z * Na}{A} * \rho \right]_{material}}{\left[ \frac{Z * Na}{A} * \rho \right]_{water}} \right\}$$

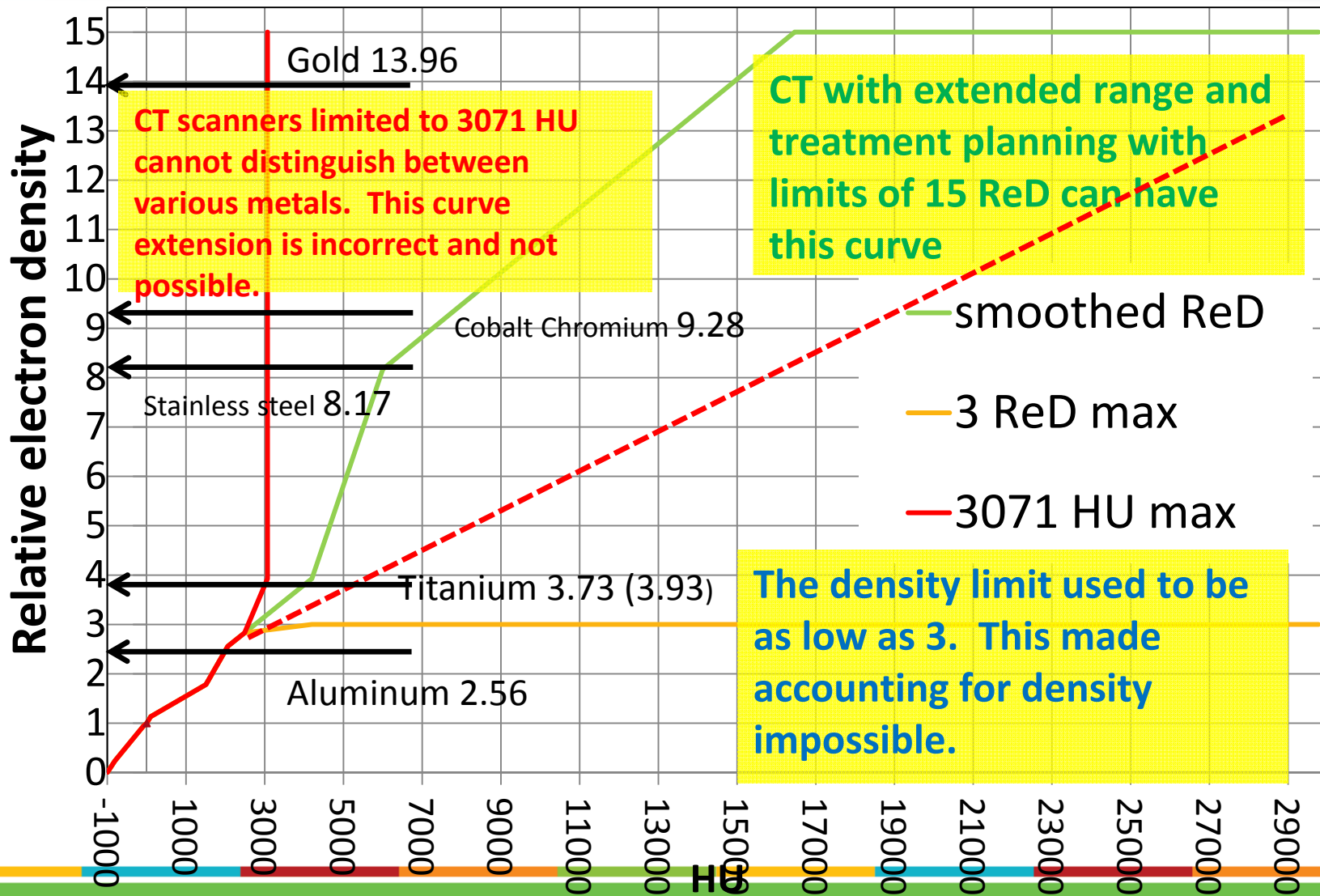
Z is atomic number

A is mass number

$\rho$  is mass density

Na is Avagadro's number ( $6.02 \times 10^{23}$ )

# Hounsfield Unit (HU) versus relative electron density

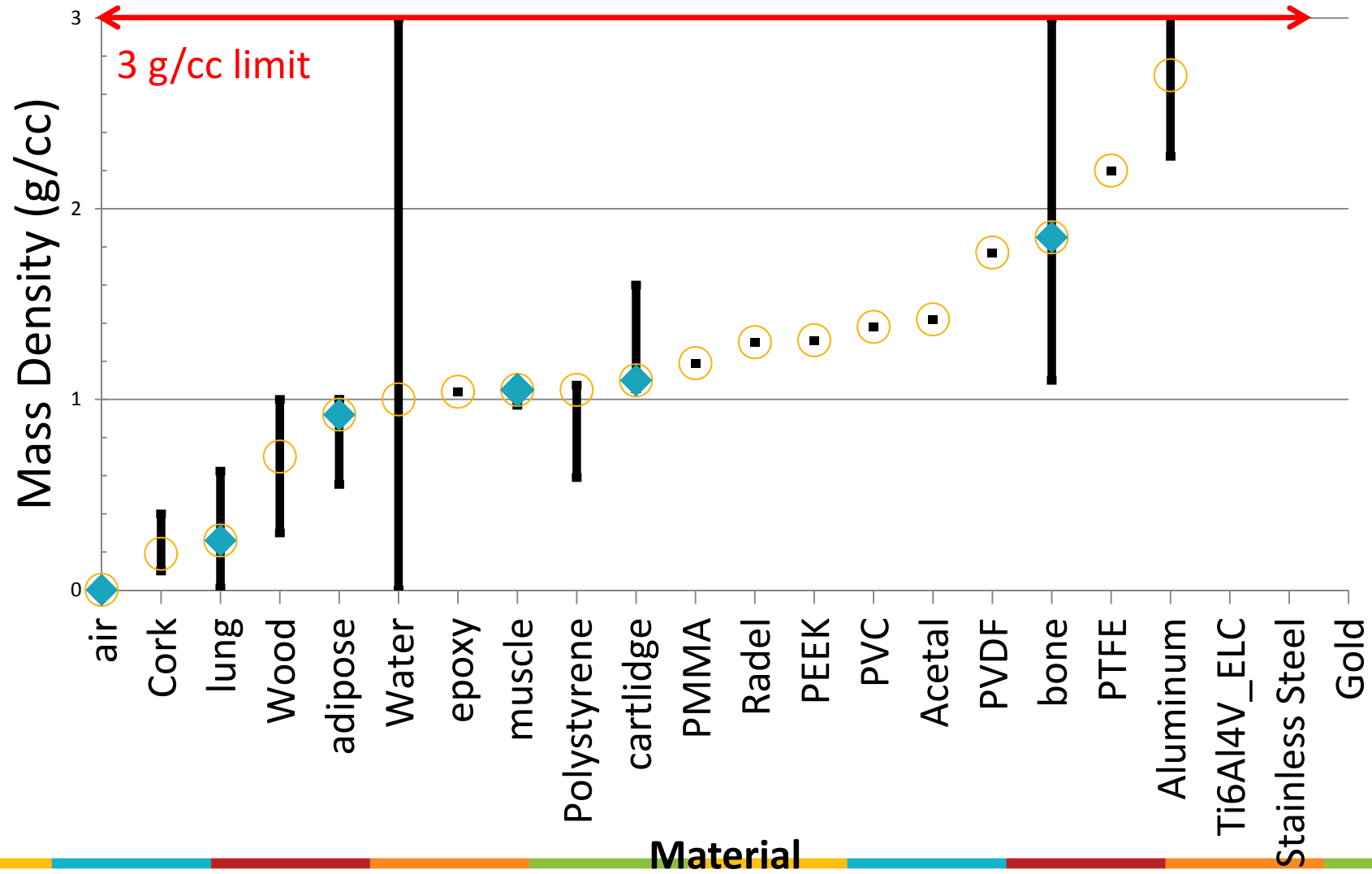


# Acuros XB

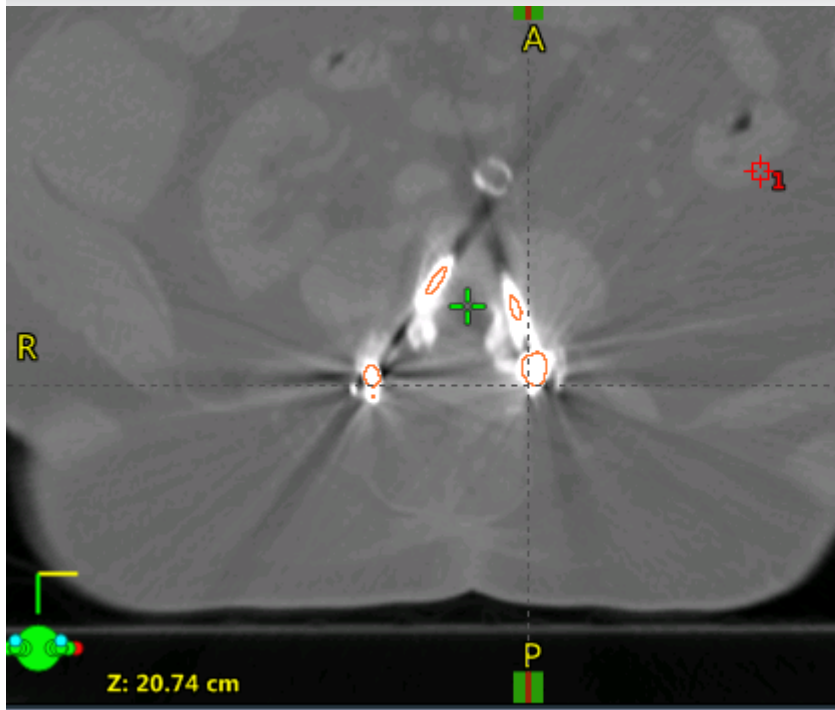
- Will assign a material to tissue based on HU
- Then the material properties and **mass density** are used to determine radiation interactions
- Can be a mixture of materials (i.e. Adipose and muscle)
- Limit of 3 g/cc
- All higher densities must be user defined



# Acuros physical density table



# Physical material based on HU



Dose

Physical Properties

CT Value: -19 HU

Assigned CT Value: HU

Mass Density: 0.987 g/cm<sup>3</sup>

Relative Electron Density: 0.987

Relative Proton Stopping  
Power: 1.001

Physical Material Composition:

44% Adipose Tissue [ID: Adipose\_Tissue]

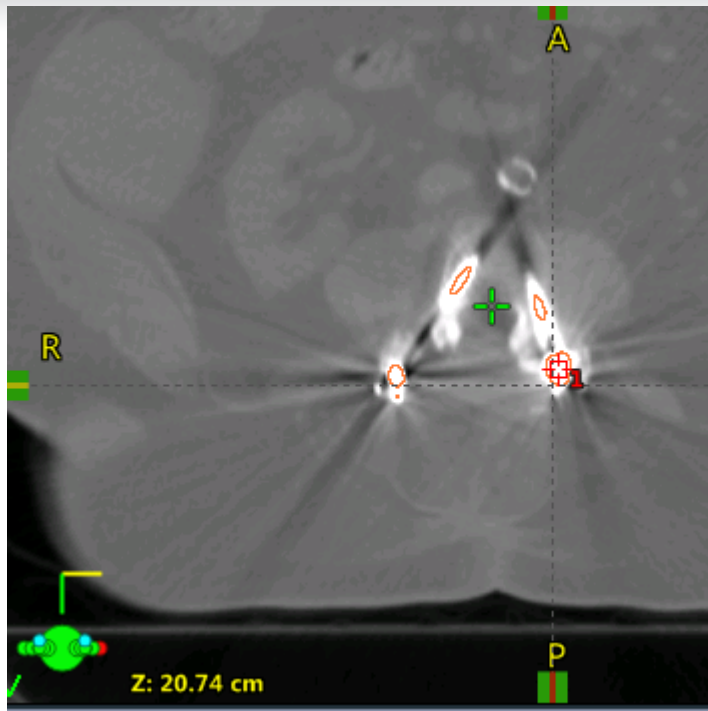
56% Muscle Skeletal [ID: Muscle\_Skeletal]

Location [cm]:

Close

44% Adipose Tissue  
56% Muscle Skeletal

# Physical material based on HU



Dose

Physical Properties

CT Value: 5529 HU

Assigned CT Value: 4304 HU

Mass Density: 4.420 g/cm<sup>3</sup>

Relative Electron Density: 4.175

Relative Proton Stopping  
Power: N/A

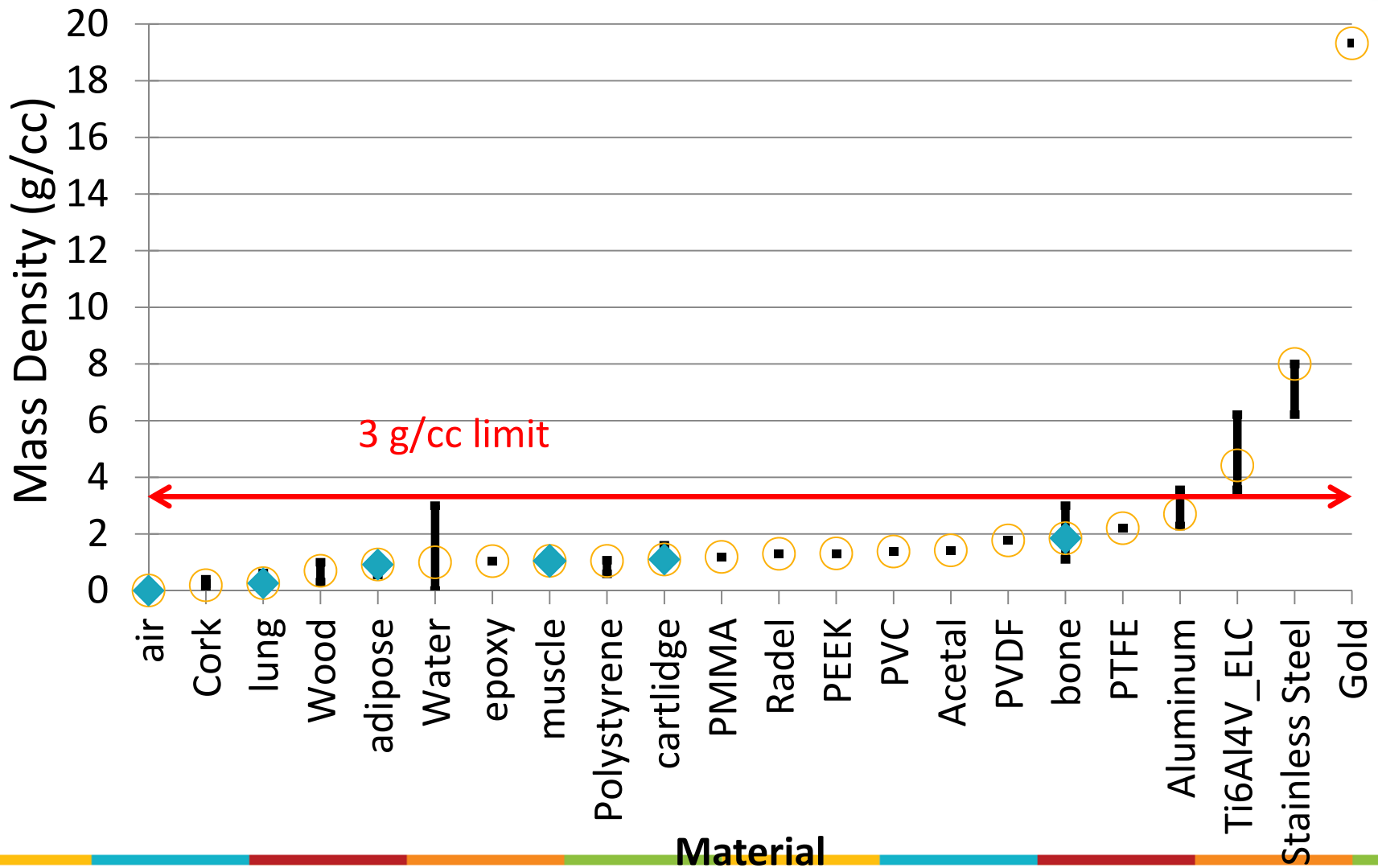
Physical Material Composition:

Titanium Alloy [ID: Ti6Al4V\_ELC] (Assigned)

Location [cm]:

Close

# Acuros physical density table



# Metals in Acuros XB

- Any pixels that convert to  $>3$  g/cc **must** be assigned.
- There is a special tool called “segment high density structure”
  - Defines structure as high resolution
  - Finds all pixels greater than 3 g/cc
  - Expands this by 1 mm in all directions
  - User needs to assign material

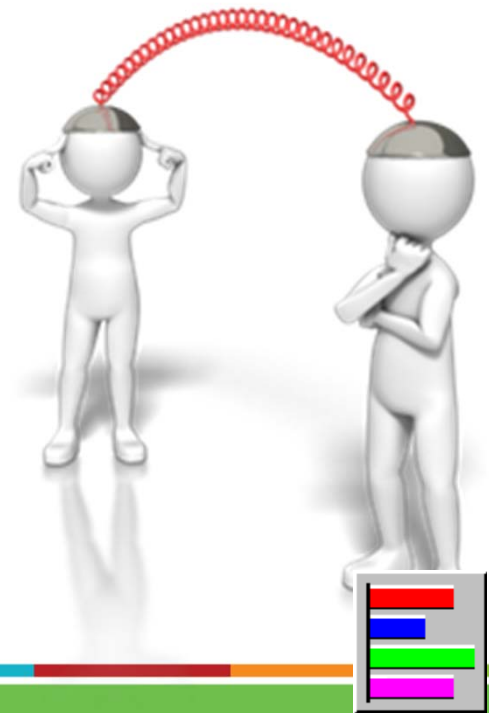
# Extended HU range

- Many CT scanners have a display limit of 3071 HU. For diagnostic imaging this is not a concern.
- By extending the HU range, the radiotherapy user can better delineate the borders of high density foreign materials and the measured HU may give information to help determine the material.



# Does your radiation therapy CT scanner have extended HU range?

- A. Yes
- B. No, limited to 3071 HU or similar
- C. Not sure

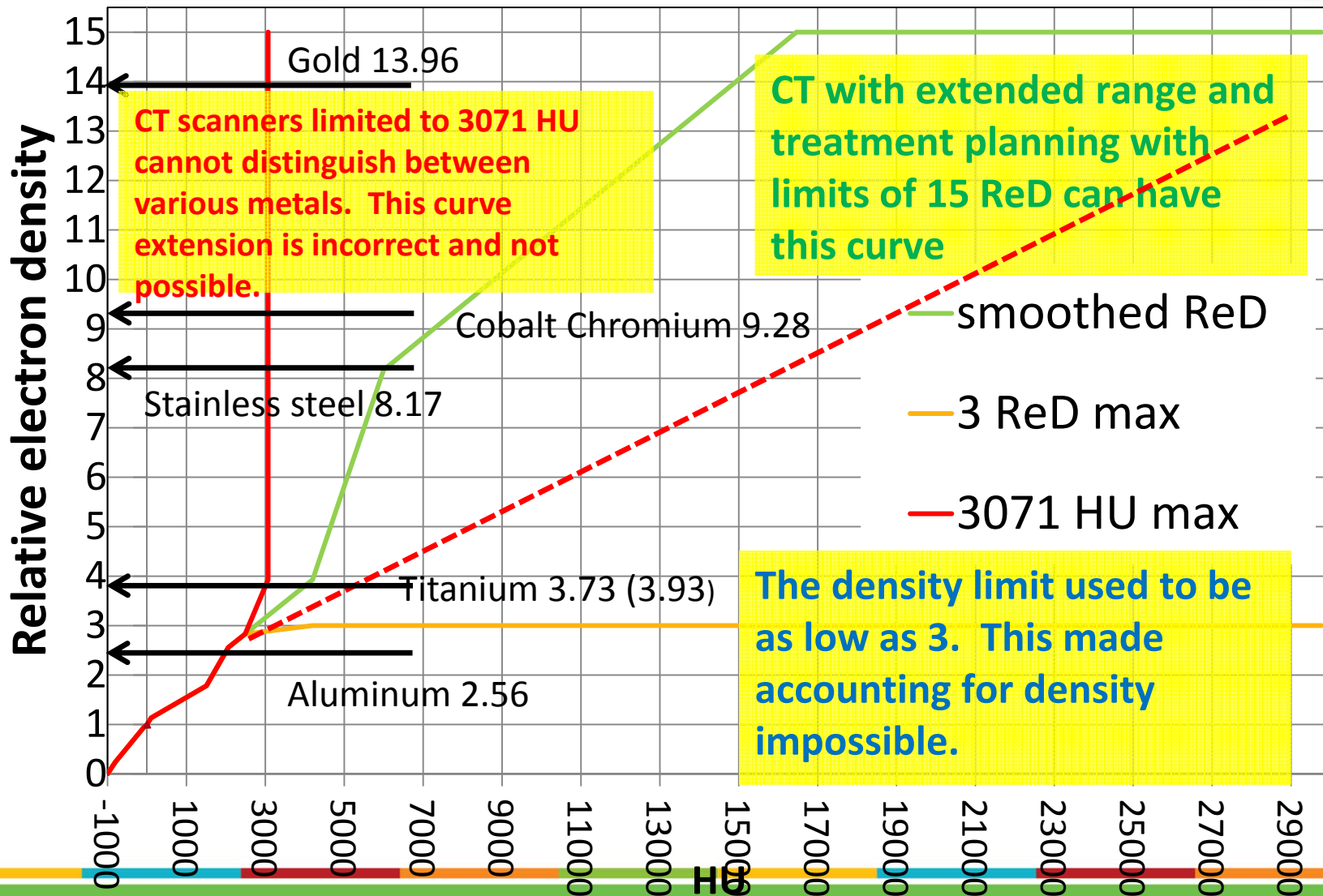


# Our HU limits

- GE Discovery 31743
- Eclipse 29768
  
- Some times we get eclipse warning that CT HU exceed calibration curve will assign maximum density (HU)

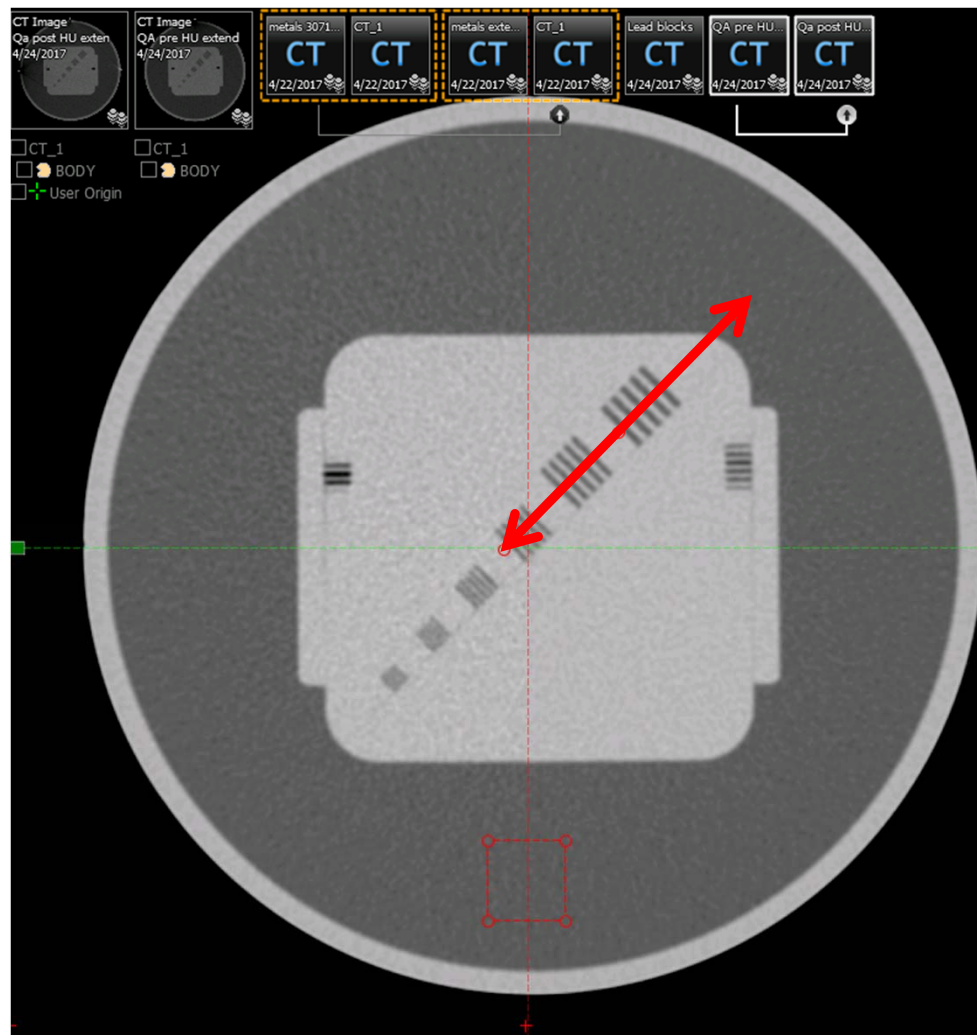


# Hounsfield Unit (HU) versus relative electron density

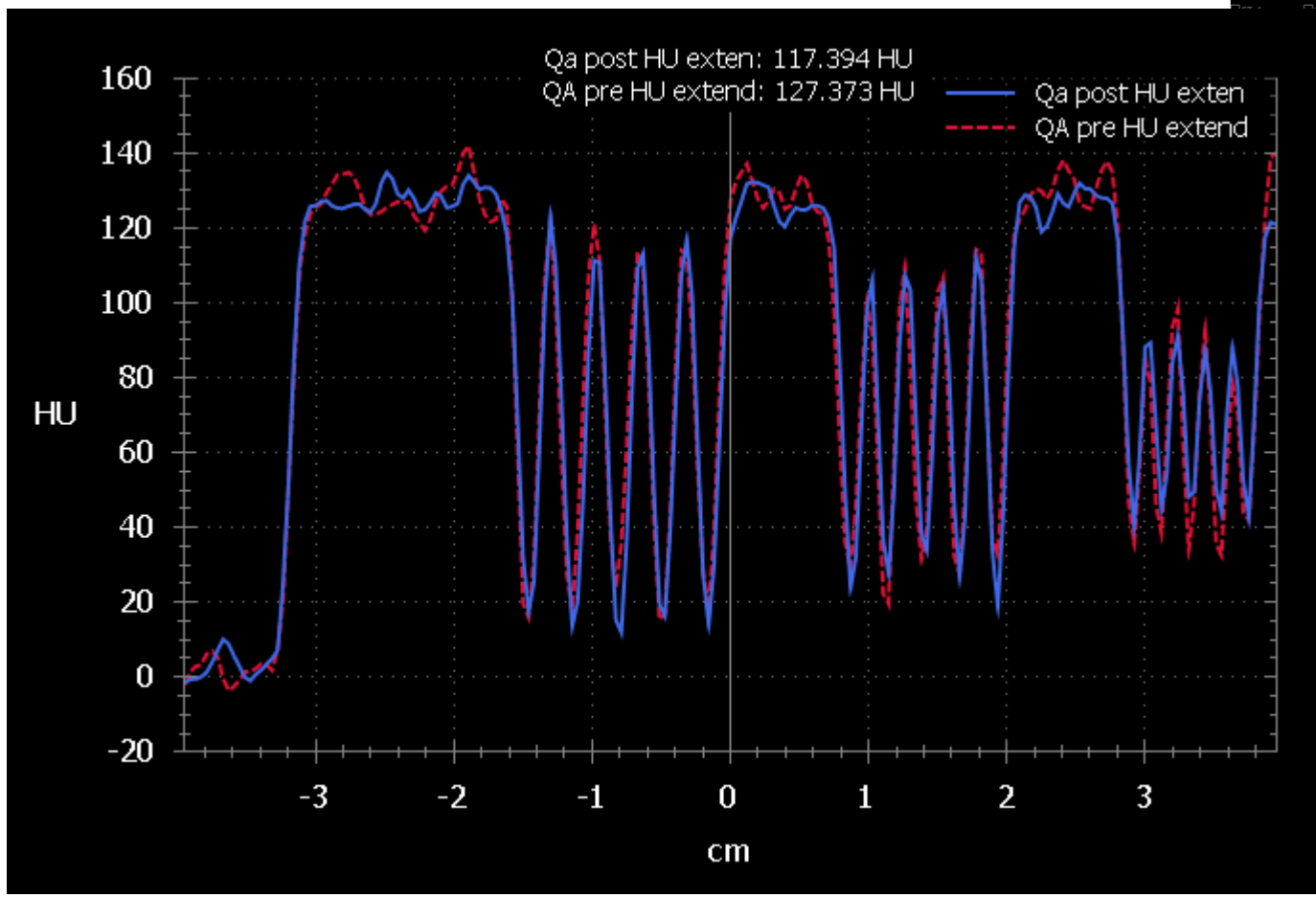
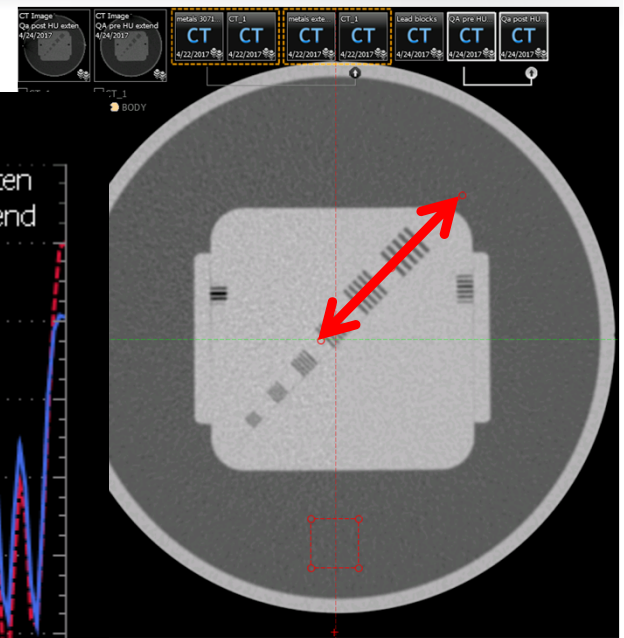


# Extended HU range – HU 0 to 200

- CT QA Phantom
- HU profile through resolution pattern



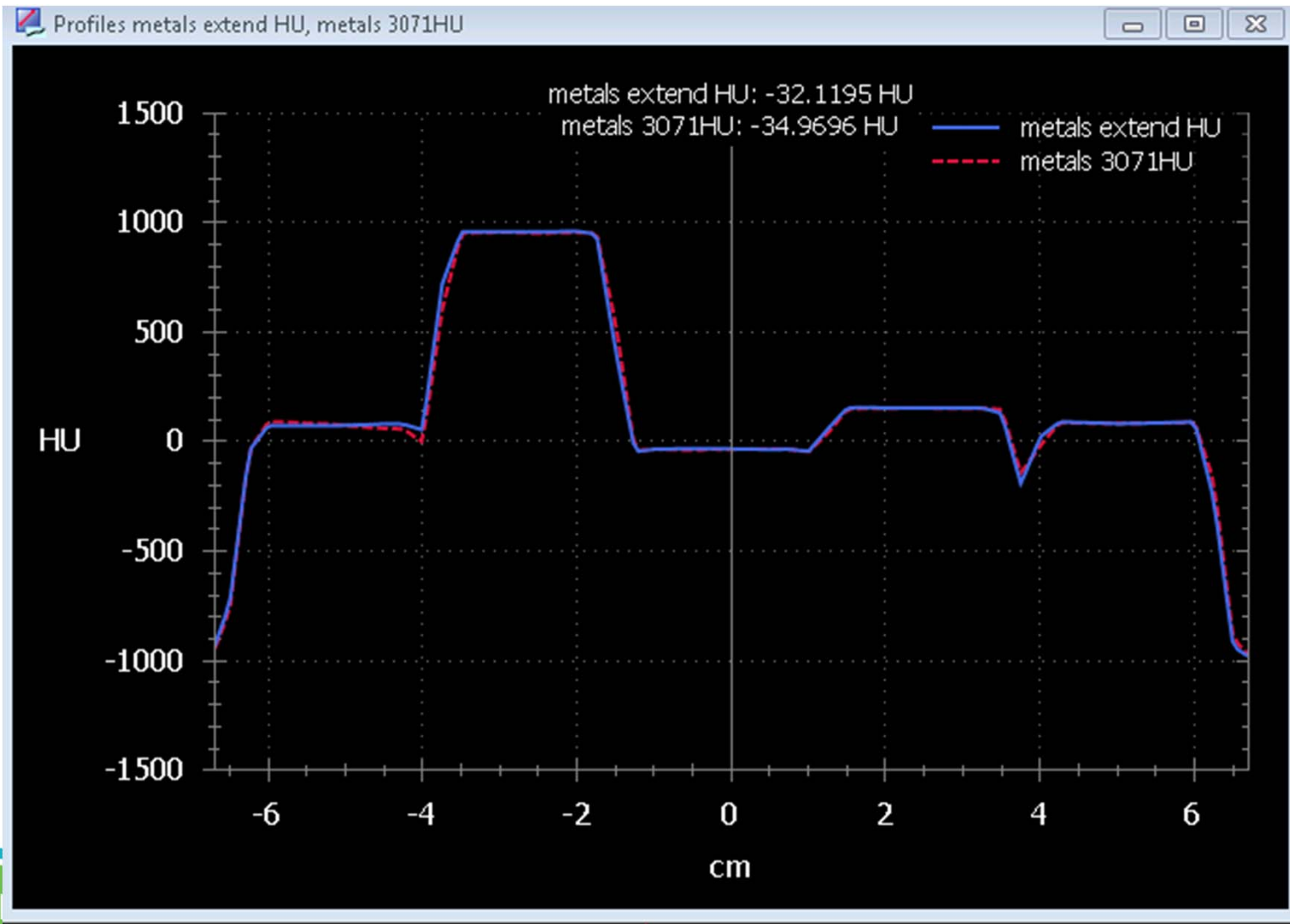
# Extended HU range – HU 0 to 200



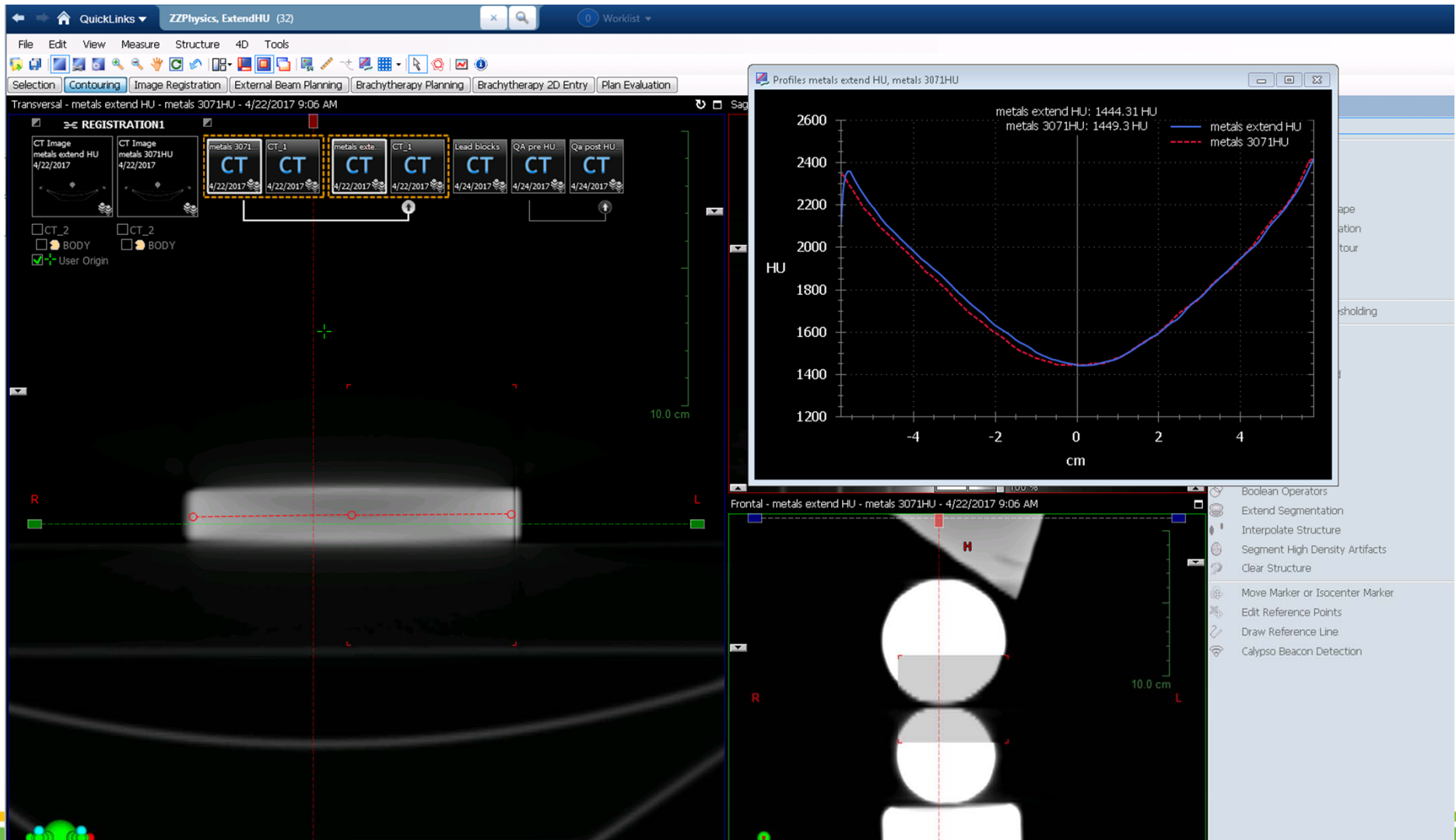
# Effect of Extended HU range on HU from 0 to 1000



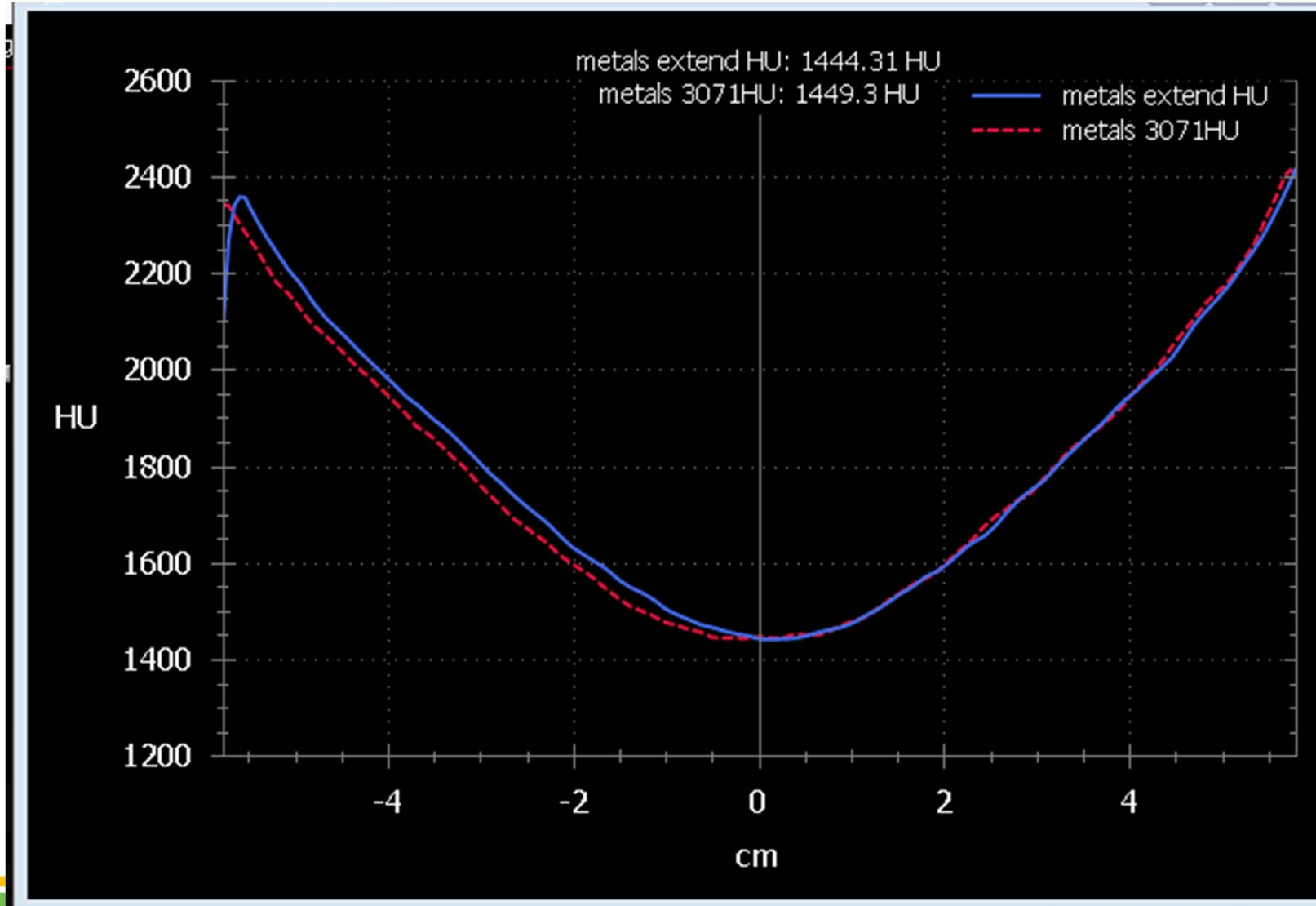
# Effect of Extended HU range on HU from 0 to 1000



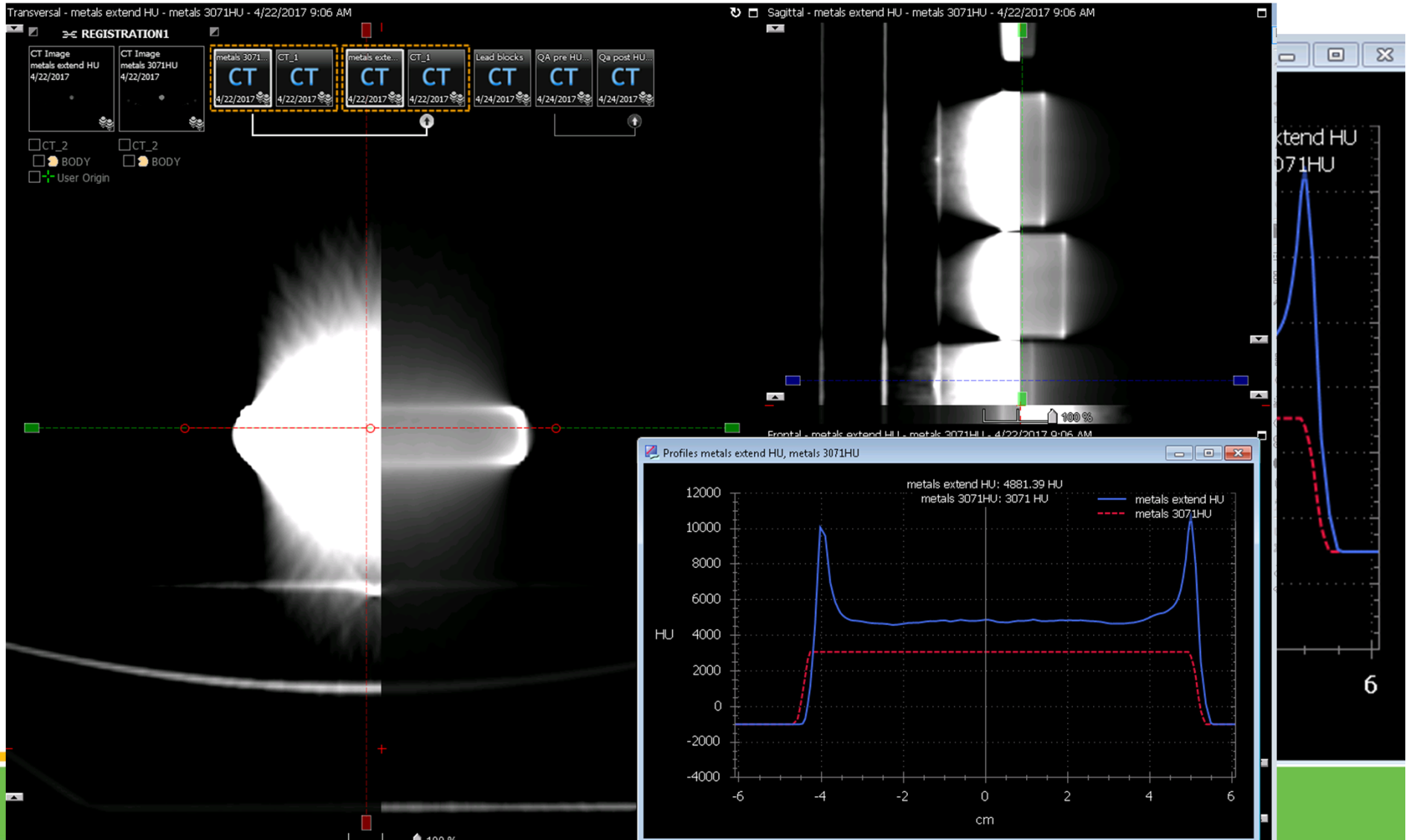
# Extended HU in Aluminum



# Extended HU in Aluminum

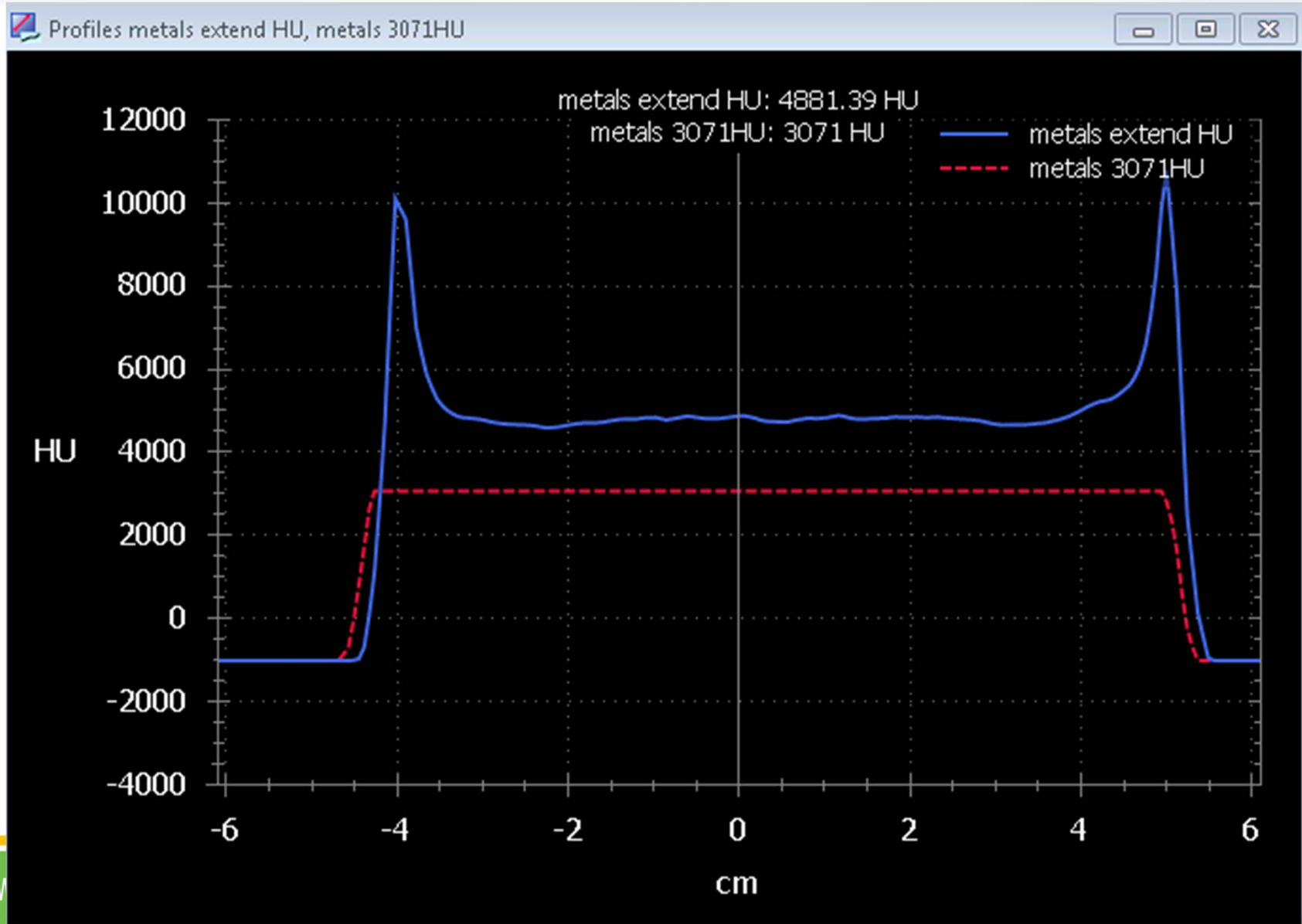


# Extended HU in Titanium





# Extended HU in Titanium

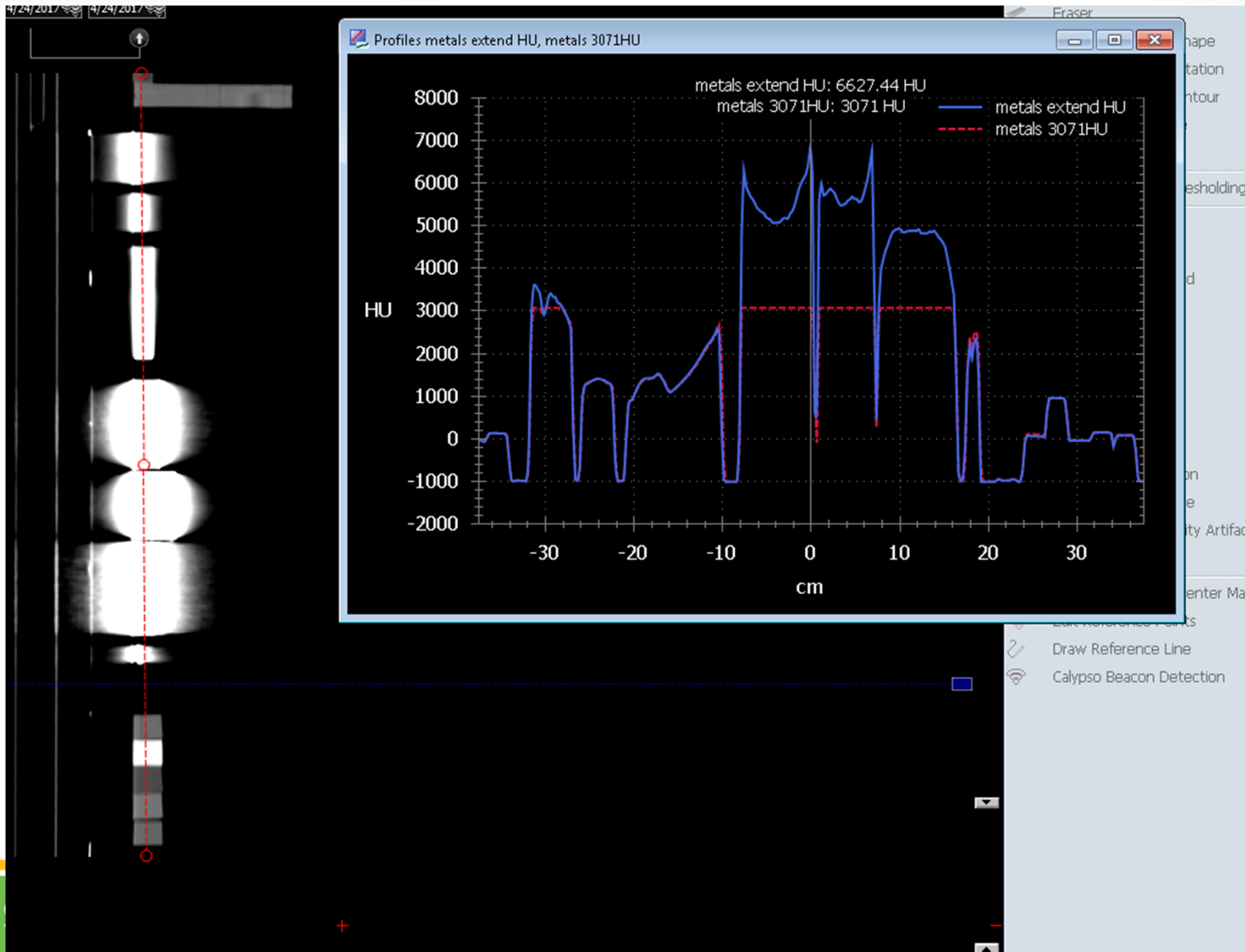


# The HU in a uniform piece of metal is

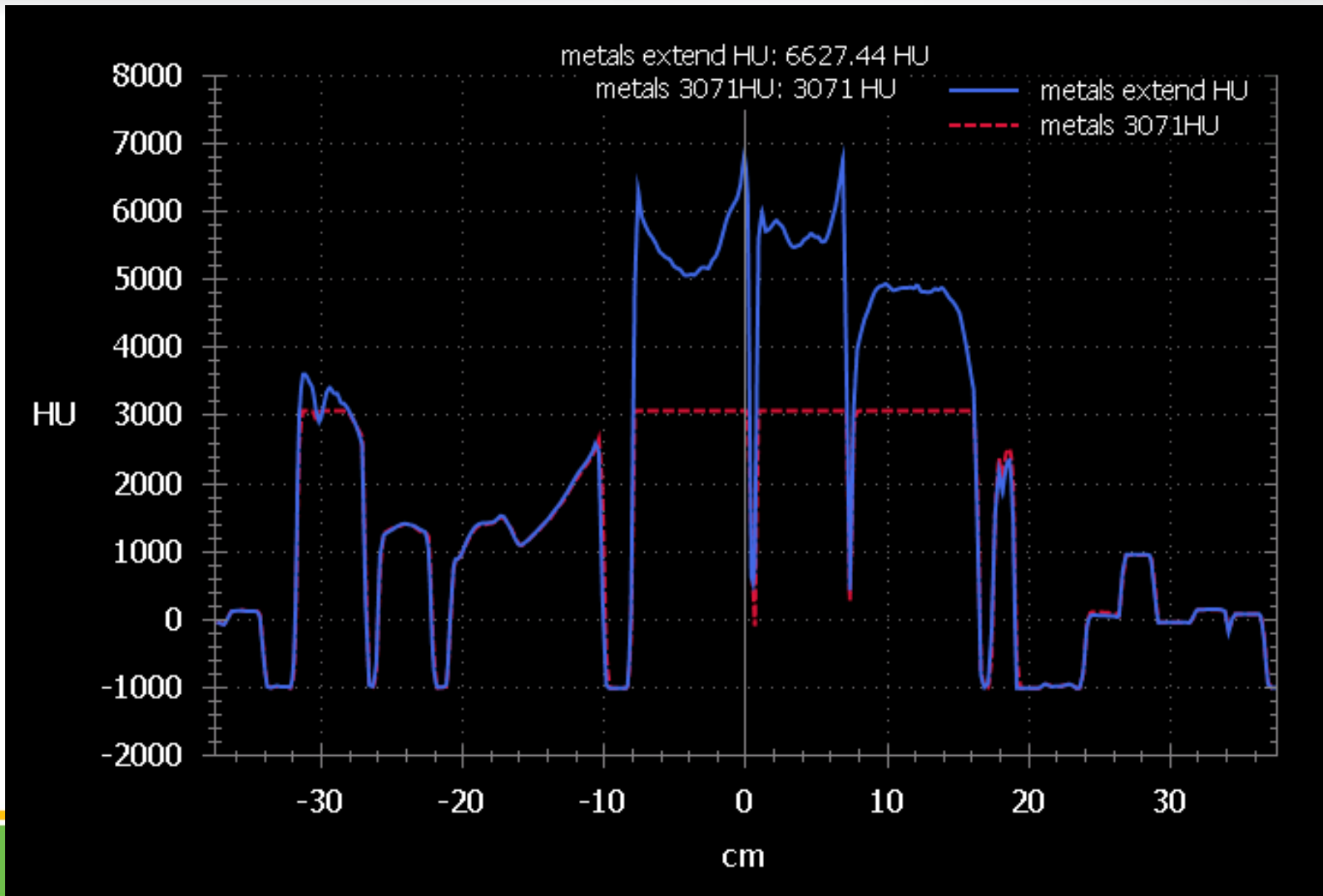
- A. Uniform
- B. Non-uniform (higher at edges)
- C. Non-uniform (lower at edges)
- D. 42



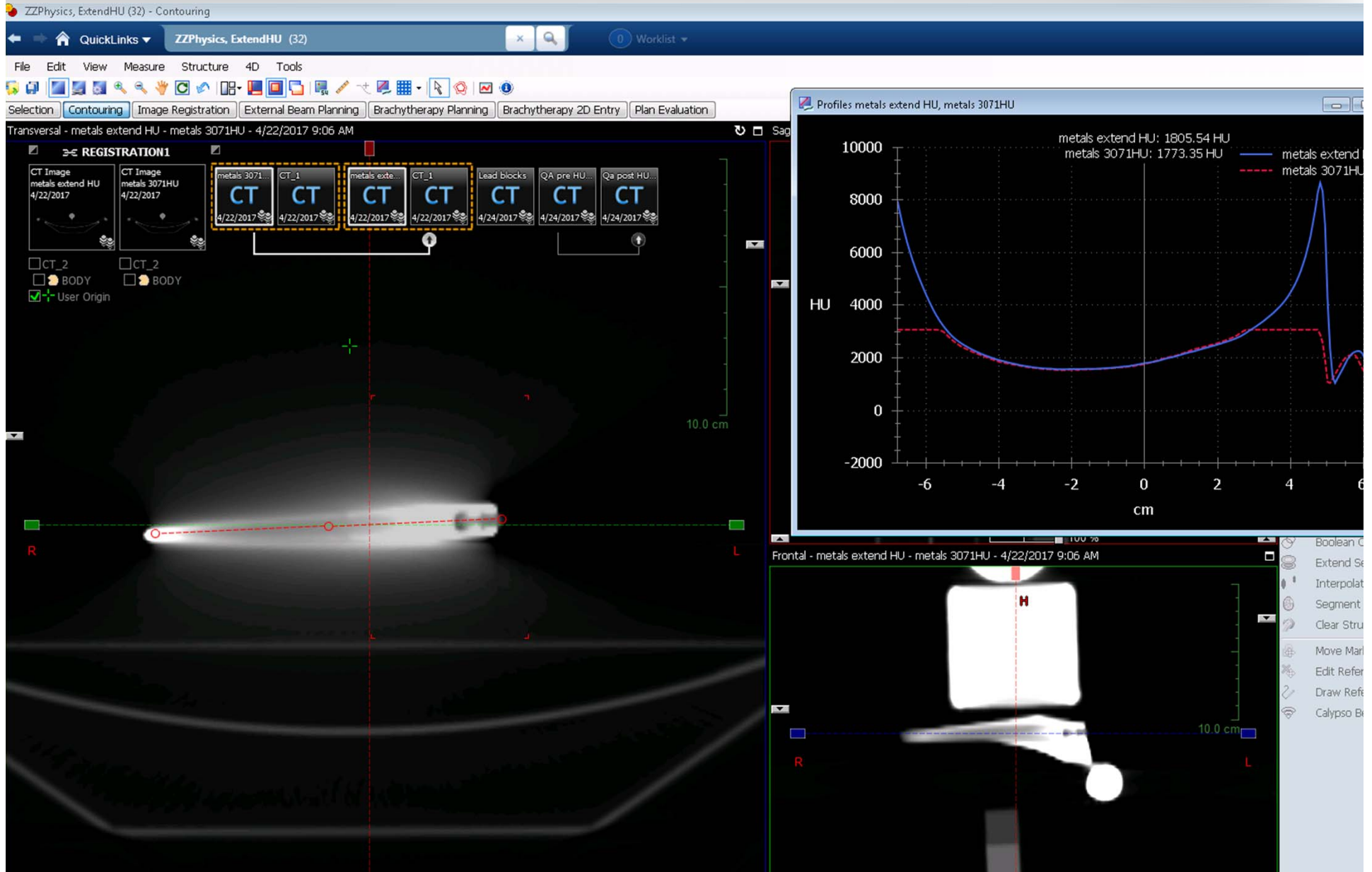
# Extended HU through metals



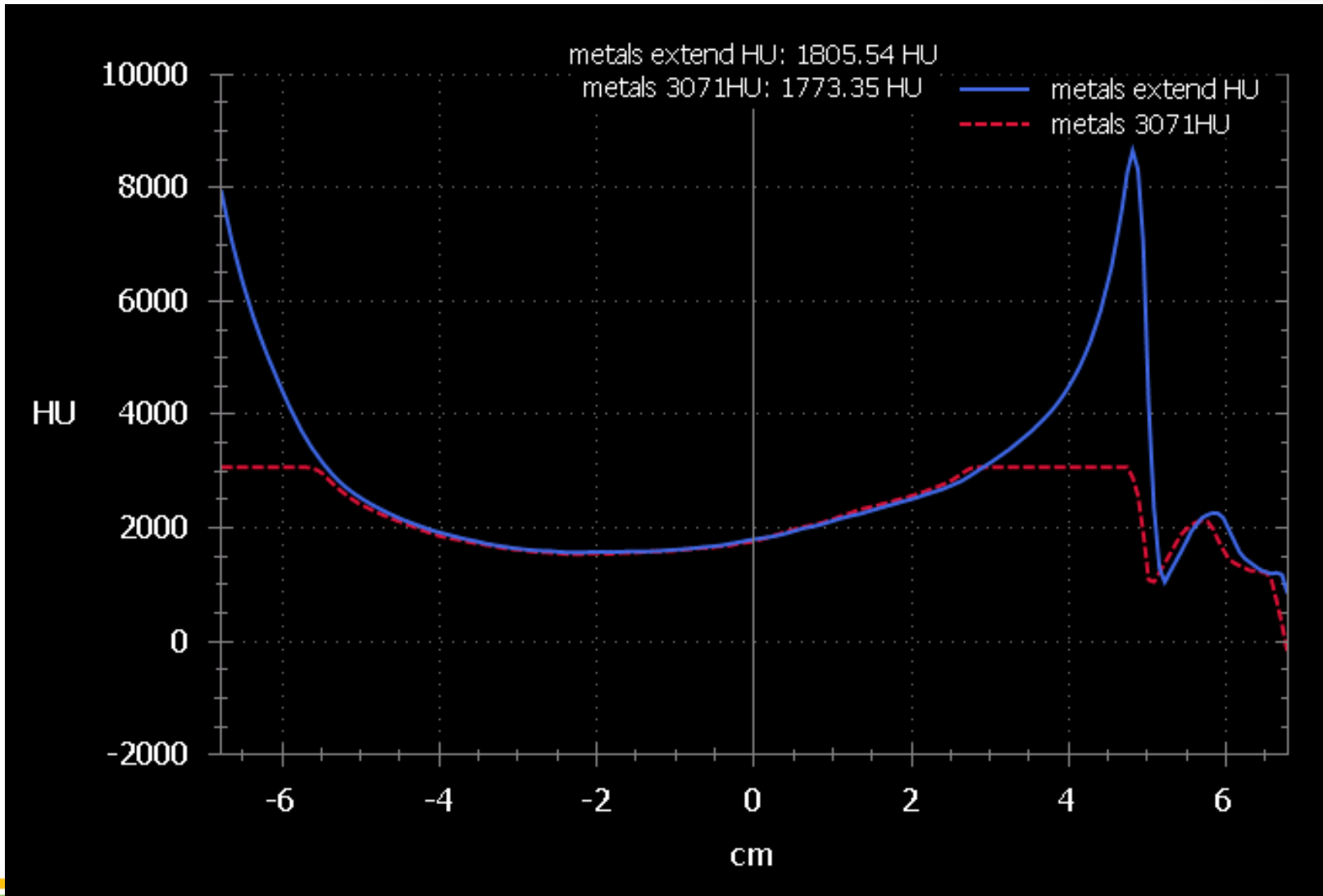
# Extended HU through metals



# Extended HU through hip prosthesis



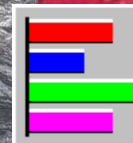
# Extended HU through hip prosthesis



# Do you like to go white water kayaking?

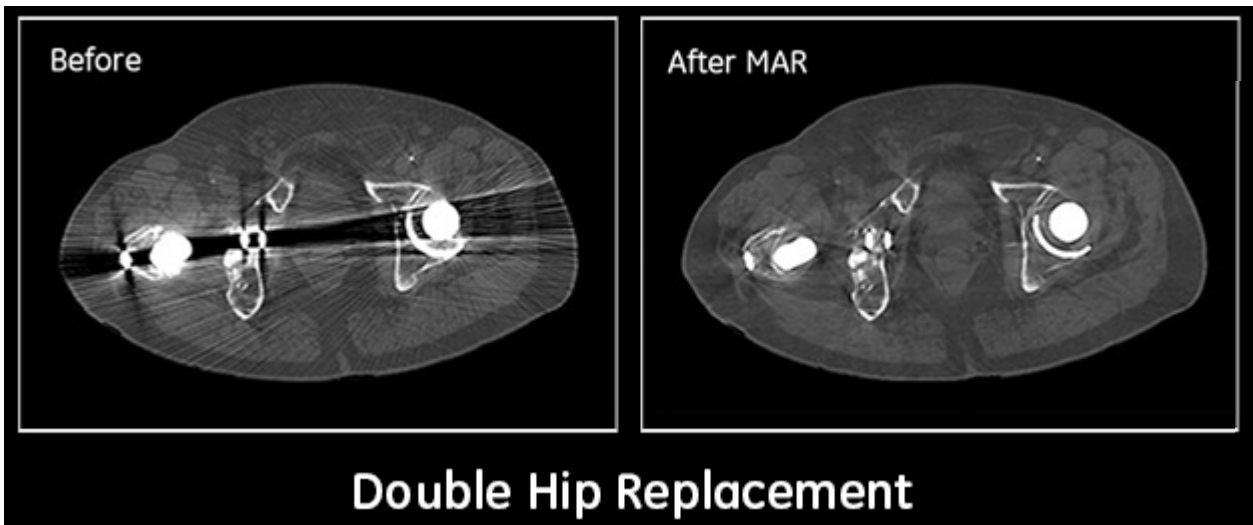
A. Yes

B. No



# Metal Artifact Reduction (MAR)

- Helps to reduce photon starvation, beam hardening and streak artifacts caused by metal in the body, such as hip implants.
- Uses same projections as normal CT





# MAR selection on GE discovery RT

Select the desired Scan Type.

Scan Type:

Rotation Time:

Rotation Length:

MAR Mode:

# Benefits of MAR

- Metal implants are more easily delineated.
- No affect on image quality if there is no metal
- Artifact is minimal visually and has negligible inaccuracy on dose calculations
- Save time contouring the artifacts

# Limitation of MAR

- Patient anatomy must not extend beyond the 50cm scan field-of-view.
- There will always be a non MAR scan as well.
- Extend additional scan range at both edges of the metal no less than 18mm.
- Must be helical (not axial or cine)
- No gantry tilt

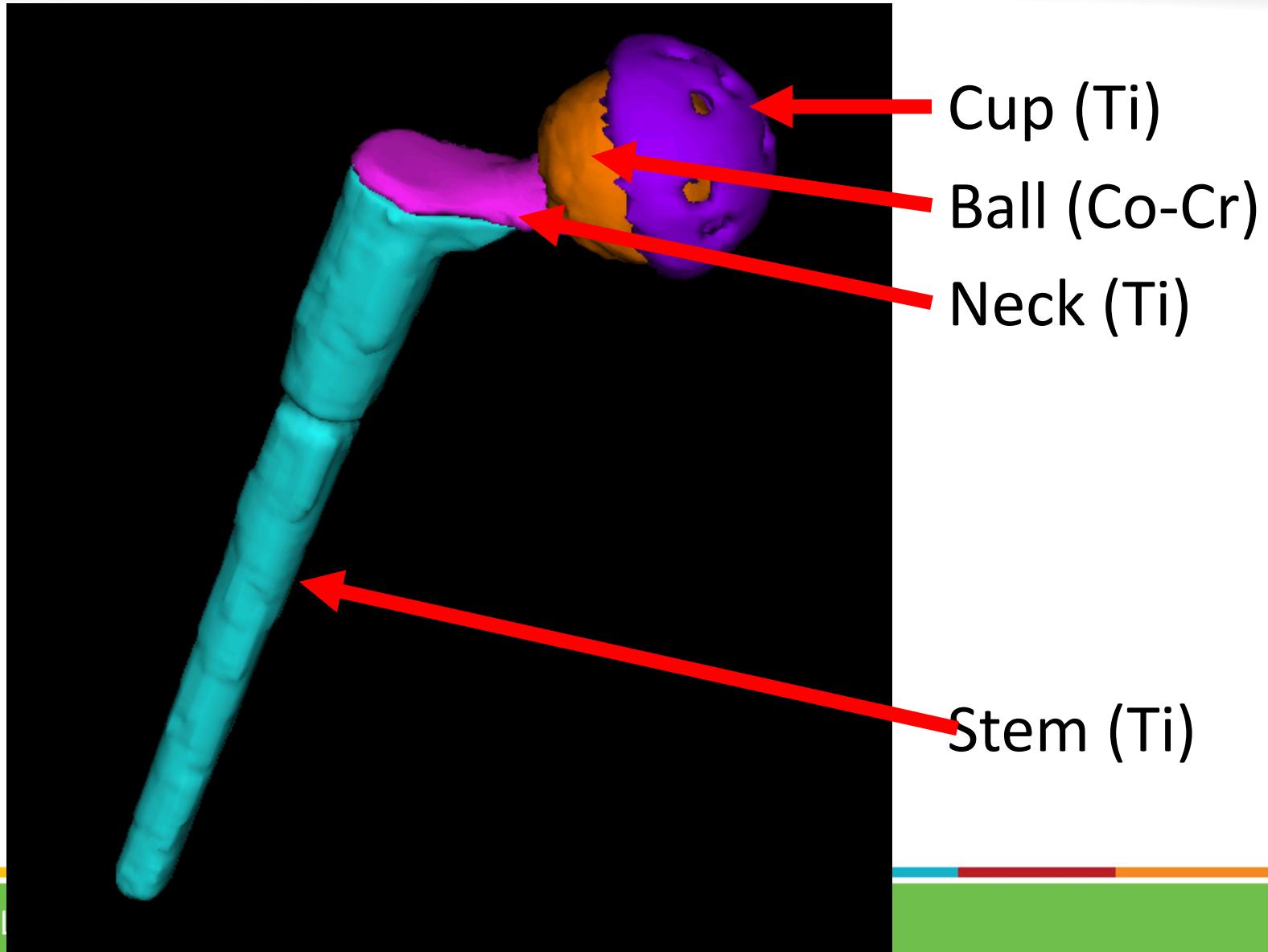
# High density materials in human body

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Stainless steel	8		Surgical wires, screws, some spinal fixation	0.07 0.5 0.5
Cobalt Chromium	8.4 – 8.8		Hip prostheses head	3
Amalgam	14 - 16		Teeth filling	0.5
Gold	19.3	13.96	Fiducial markers	0.08

# Hip prosthesis

- Neck typically titanium alloy
- Head can be titanium or cobalt-chromium
- Cobalt chromium density 8.4-8.8 g/cc

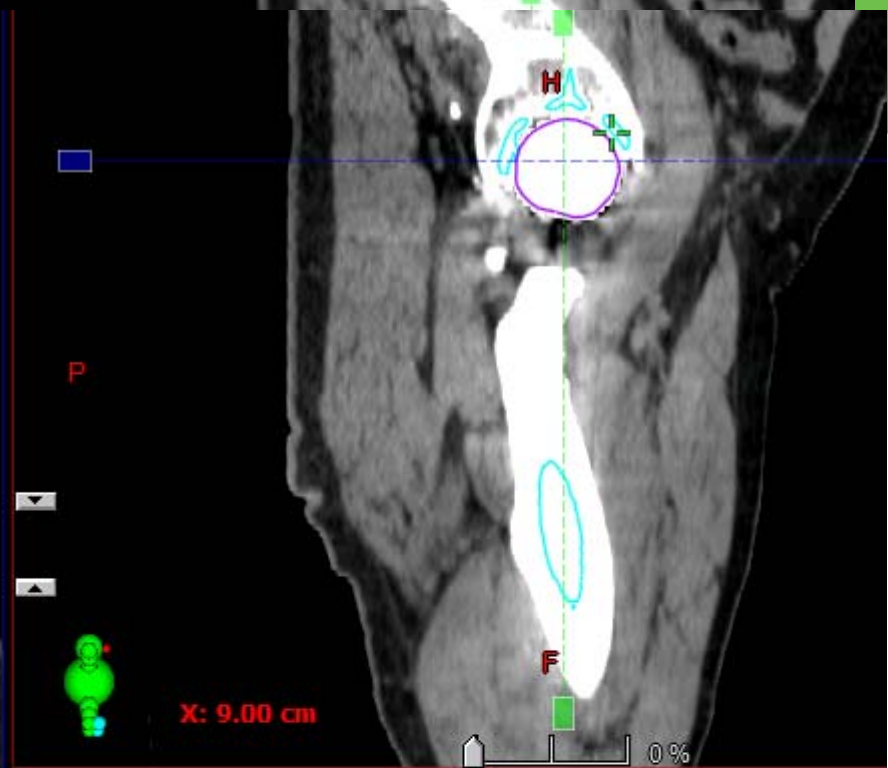
# Hip prosthesis assigned densities



225 HU



10.0 cm



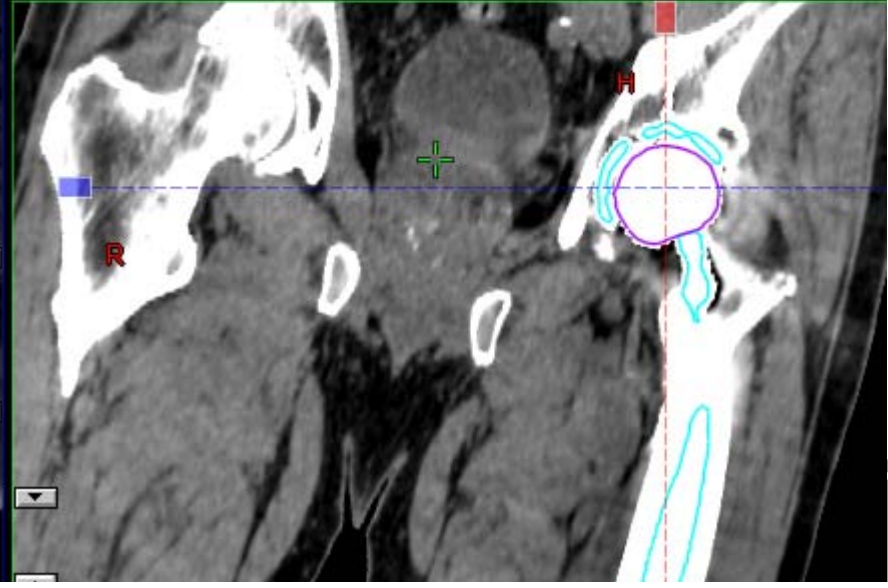
P

F

X: 9.00 cm

0%

Frontal - CT\_2 - CT\_1 - 6/5/2018 11:25 AM

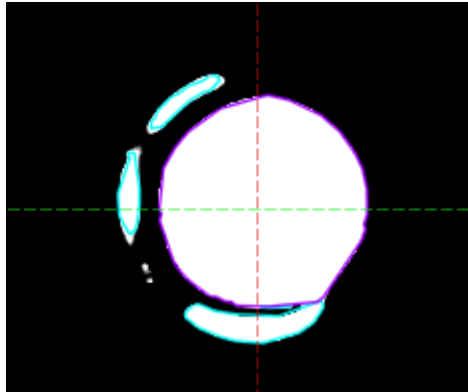


R

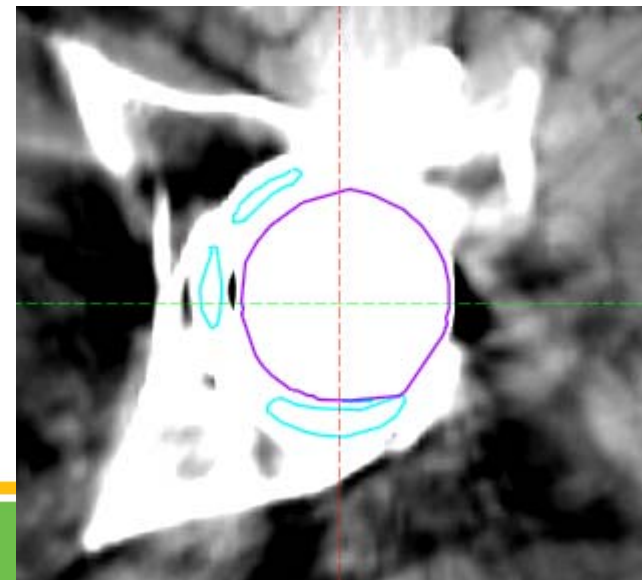
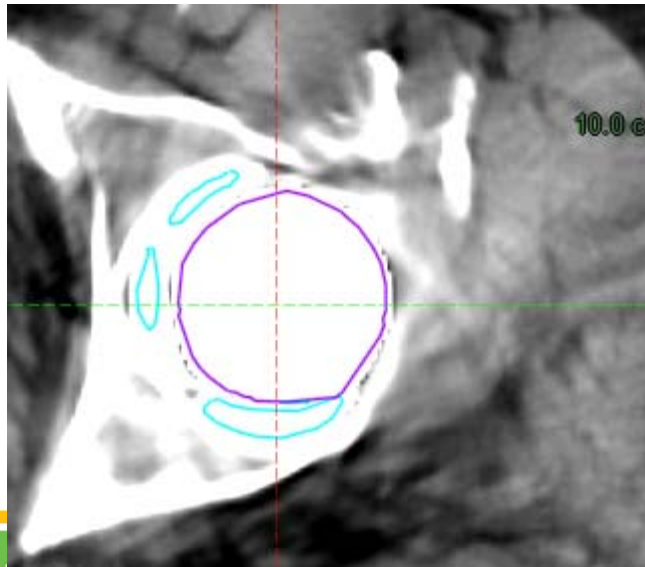
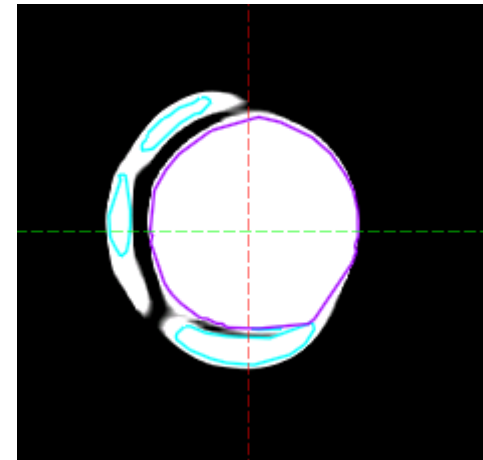
H

# MAR and window/level

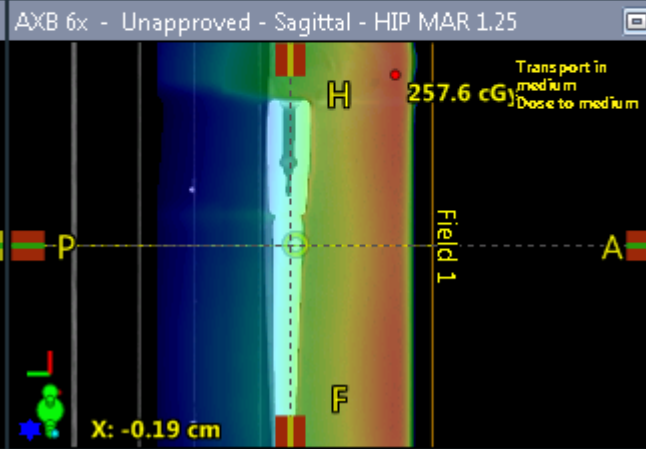
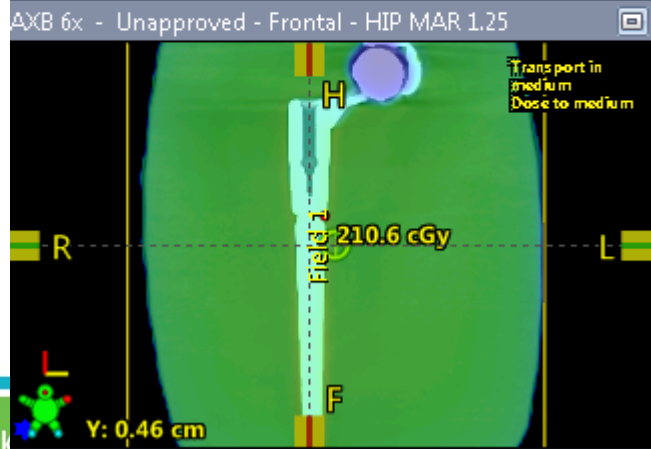
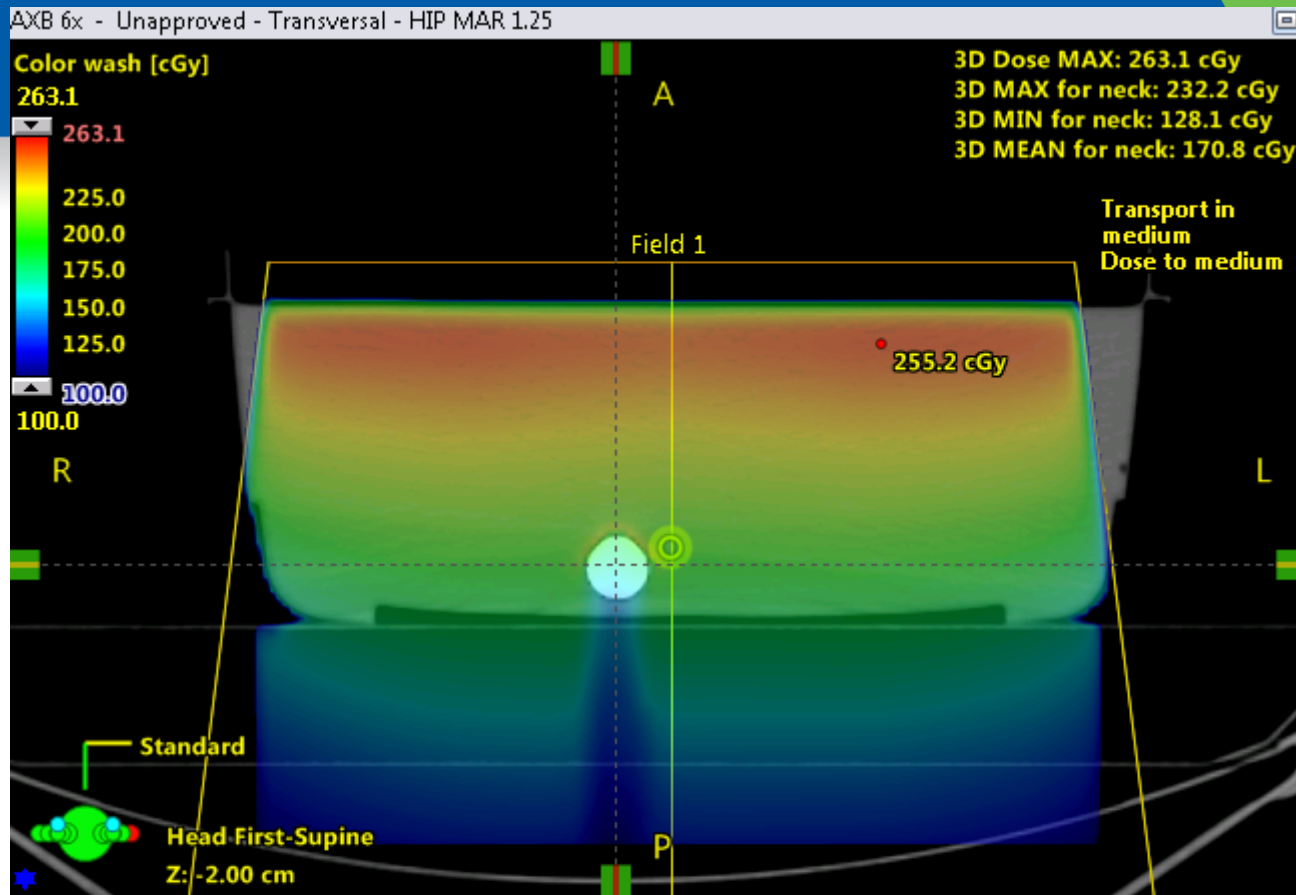
**MAR**

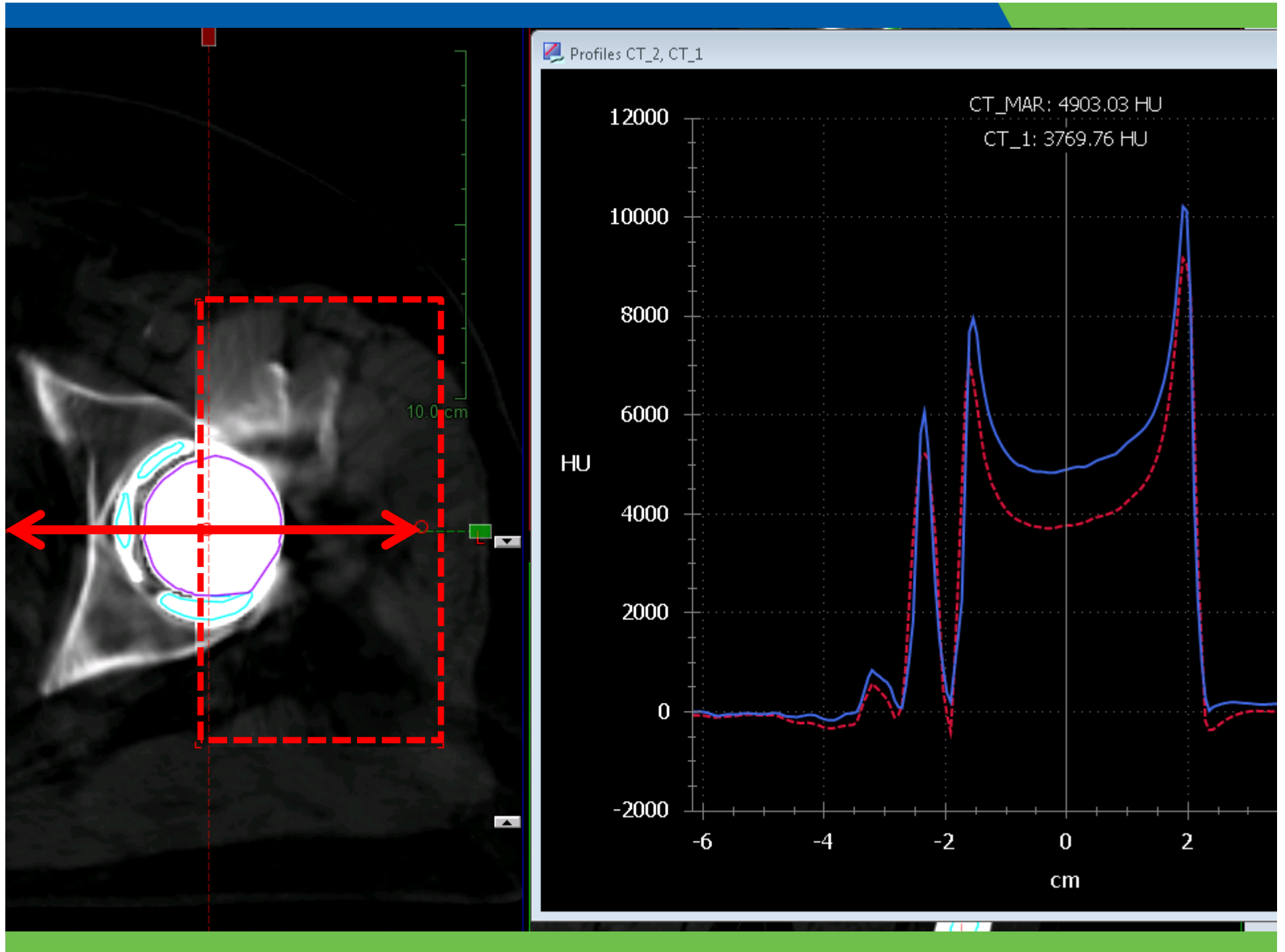


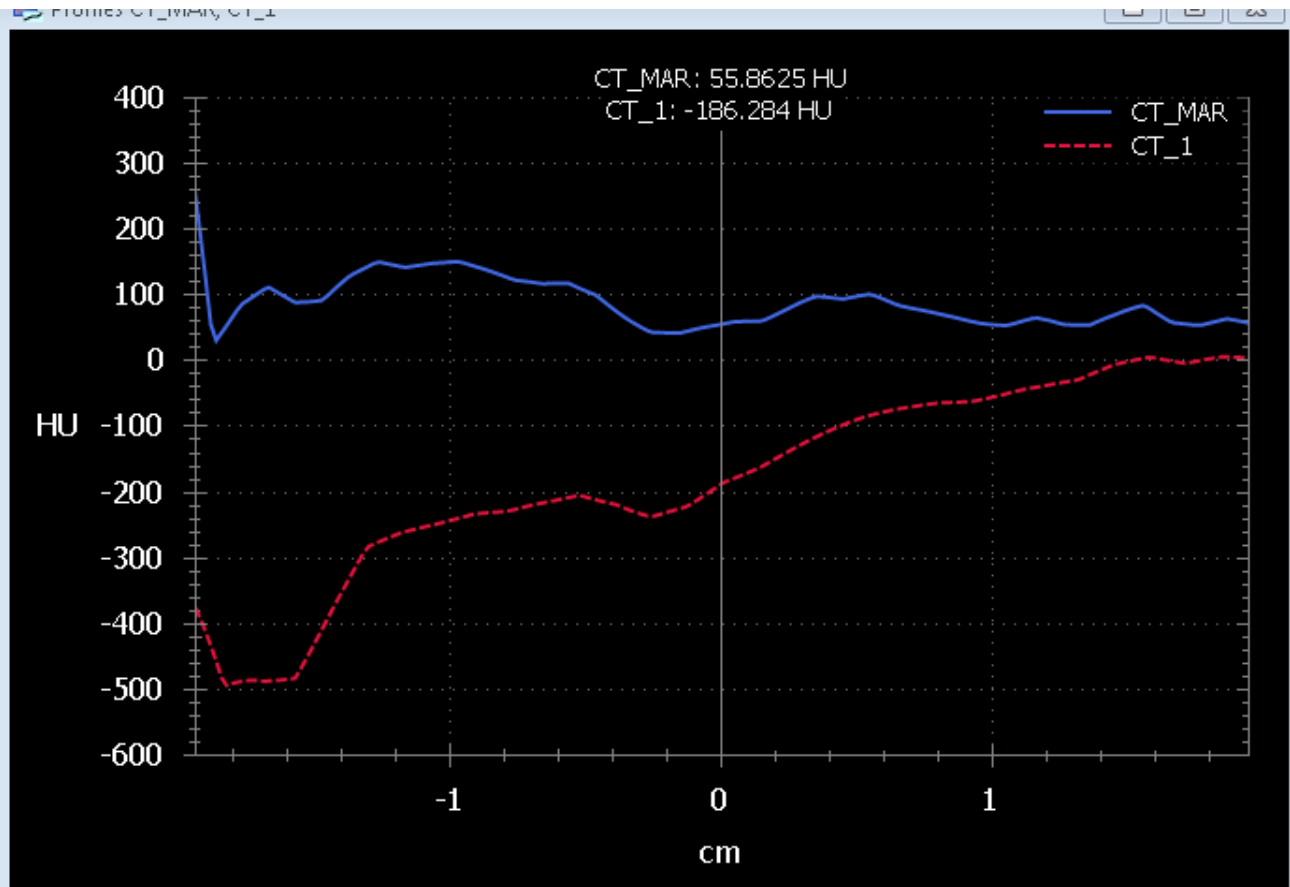
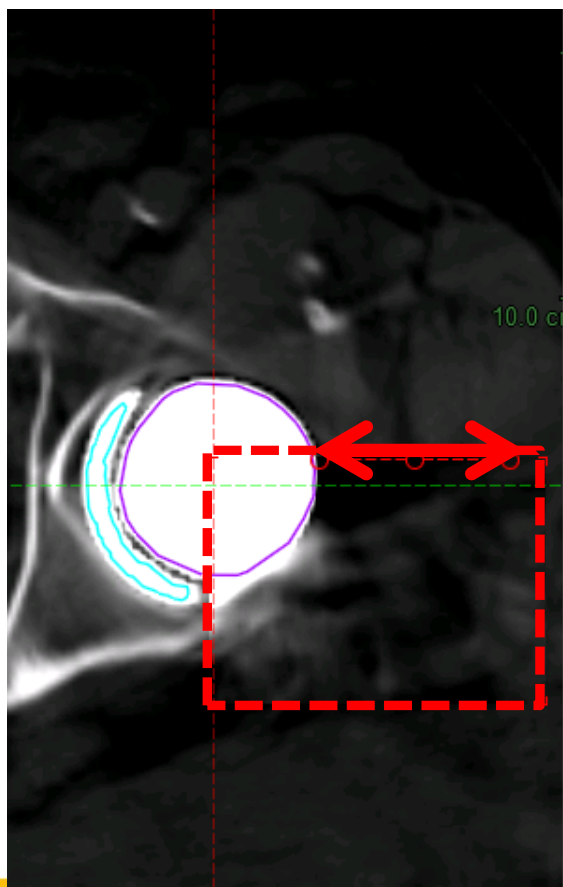
**Non-MAR**









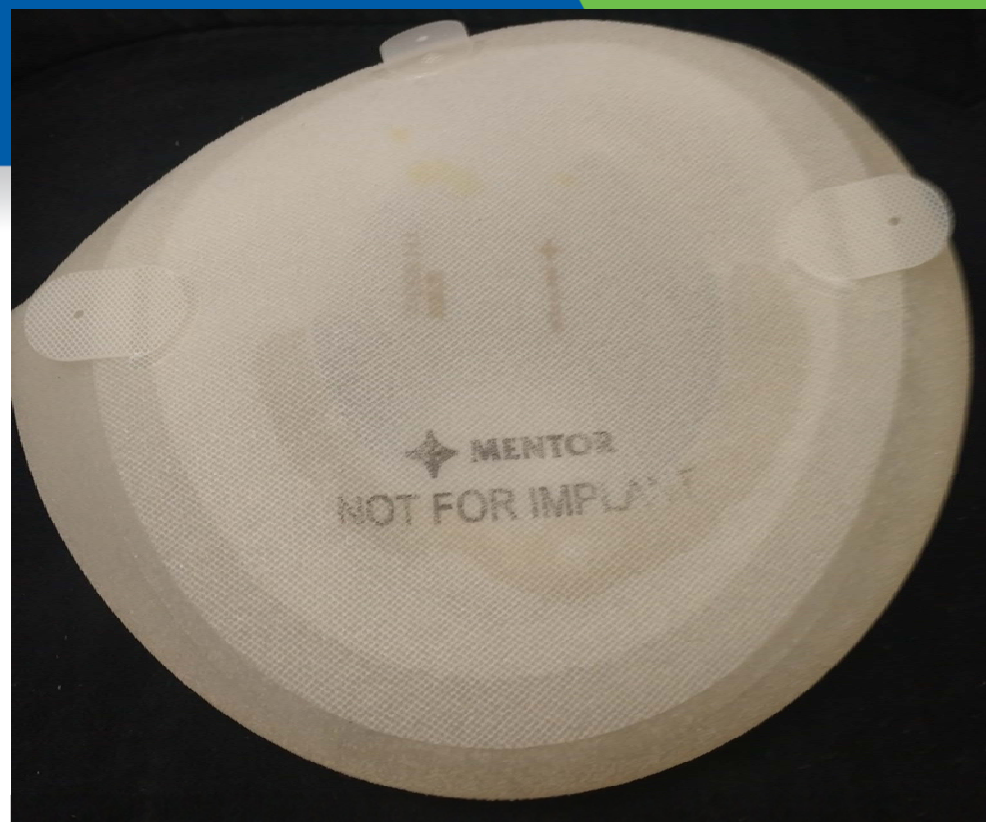


# What is your center's most common method for treating VMAT prostate with a hip prosthesis?

- A. Avoid entering through the prosthesis
- B. Avoid entering and exiting through the prosthesis
- C. Perform density correction using the measured HU
- D. Assign a bulk density to the prosthesis



# Breast Expanders



- neodymium magnet
  - height of 4.7 mm
  - diameter of 12.7 mm
- encased in stainless steel
  - 0.25 mm thick
- overall external dimensions are approximately
  - 36.5 mm inches in diameter and 10 mm in height

# Breast tissue expander



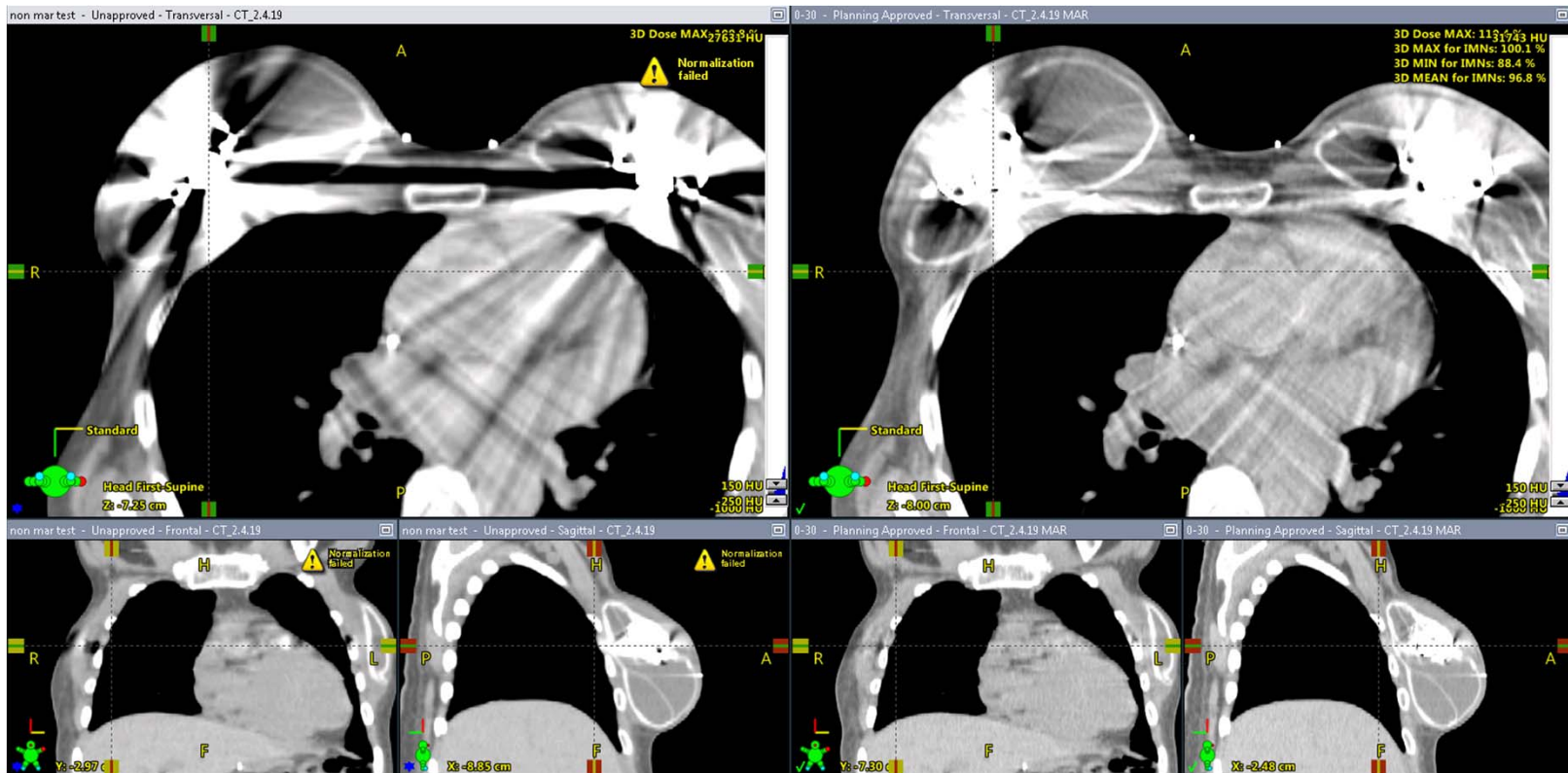
## *Radiation Therapy*

Mentor has not tested the *in-vivo* effects of radiation therapy with these devices and cannot warrant the safety of such use. The decision regarding the use of these devices in patients about to undergo radiation therapy should be made by the surgeon and the radiation oncologist.

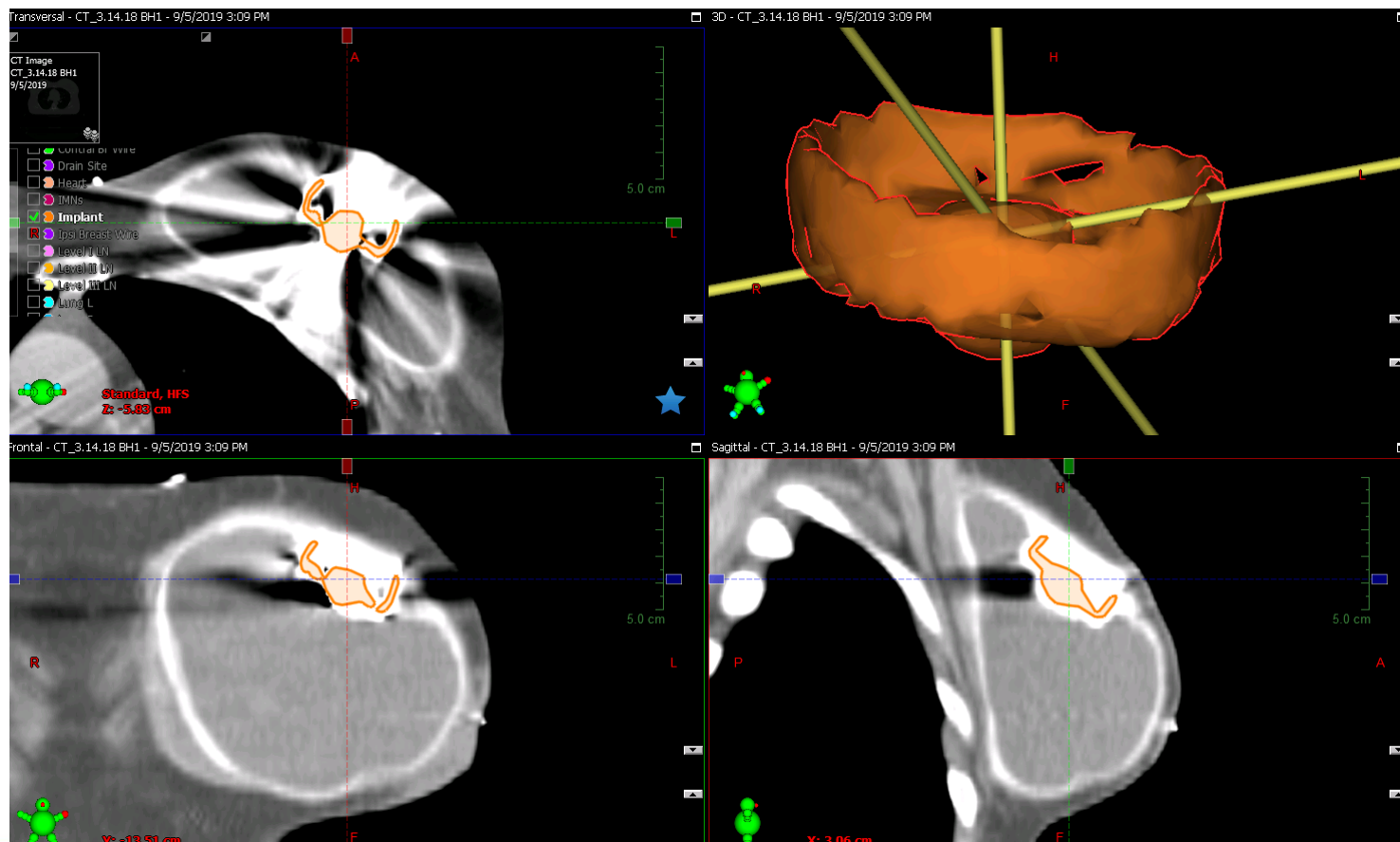
# Breast expander

Non MAR

MAR

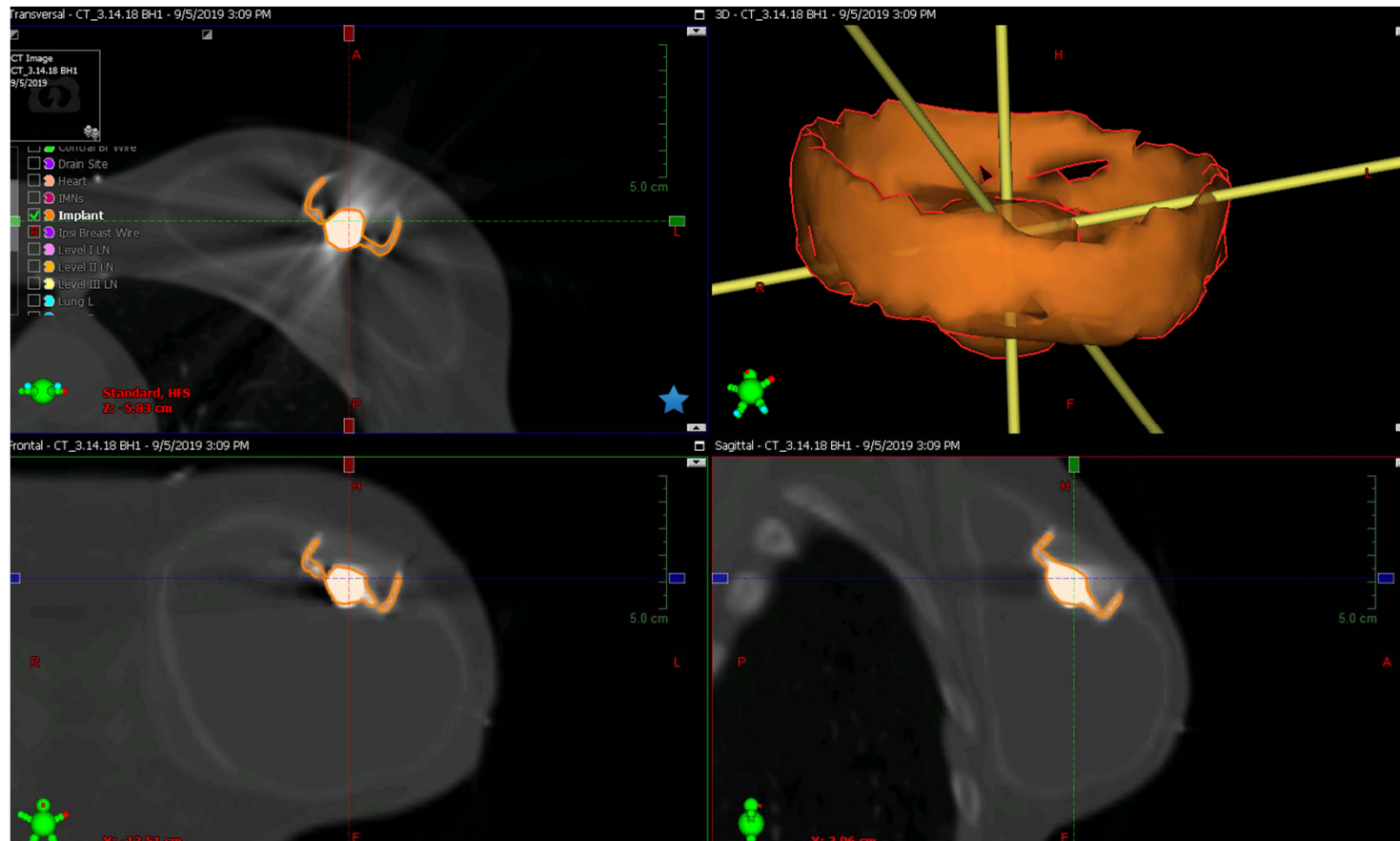


# Non- MAR extended HU – breast W/L

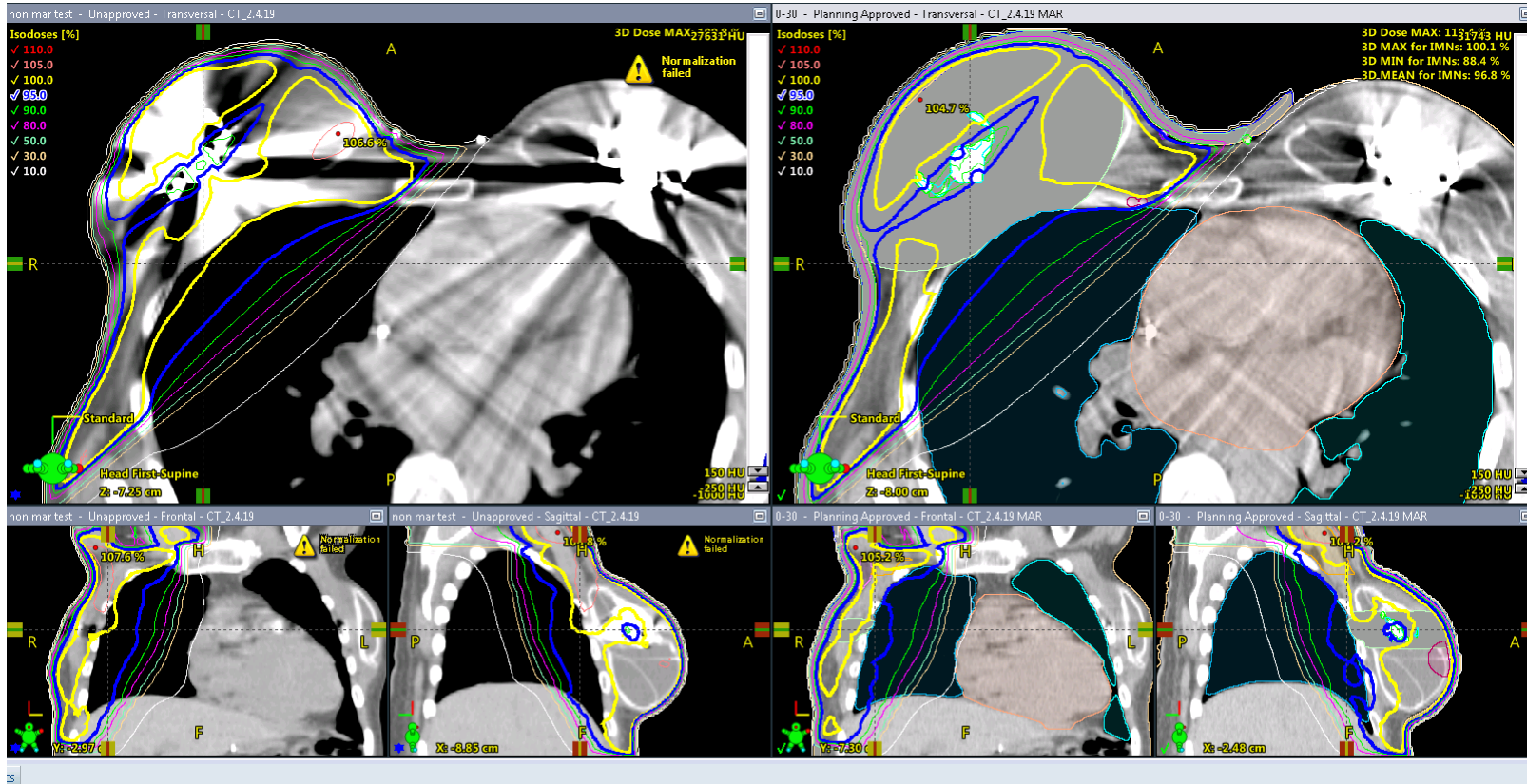




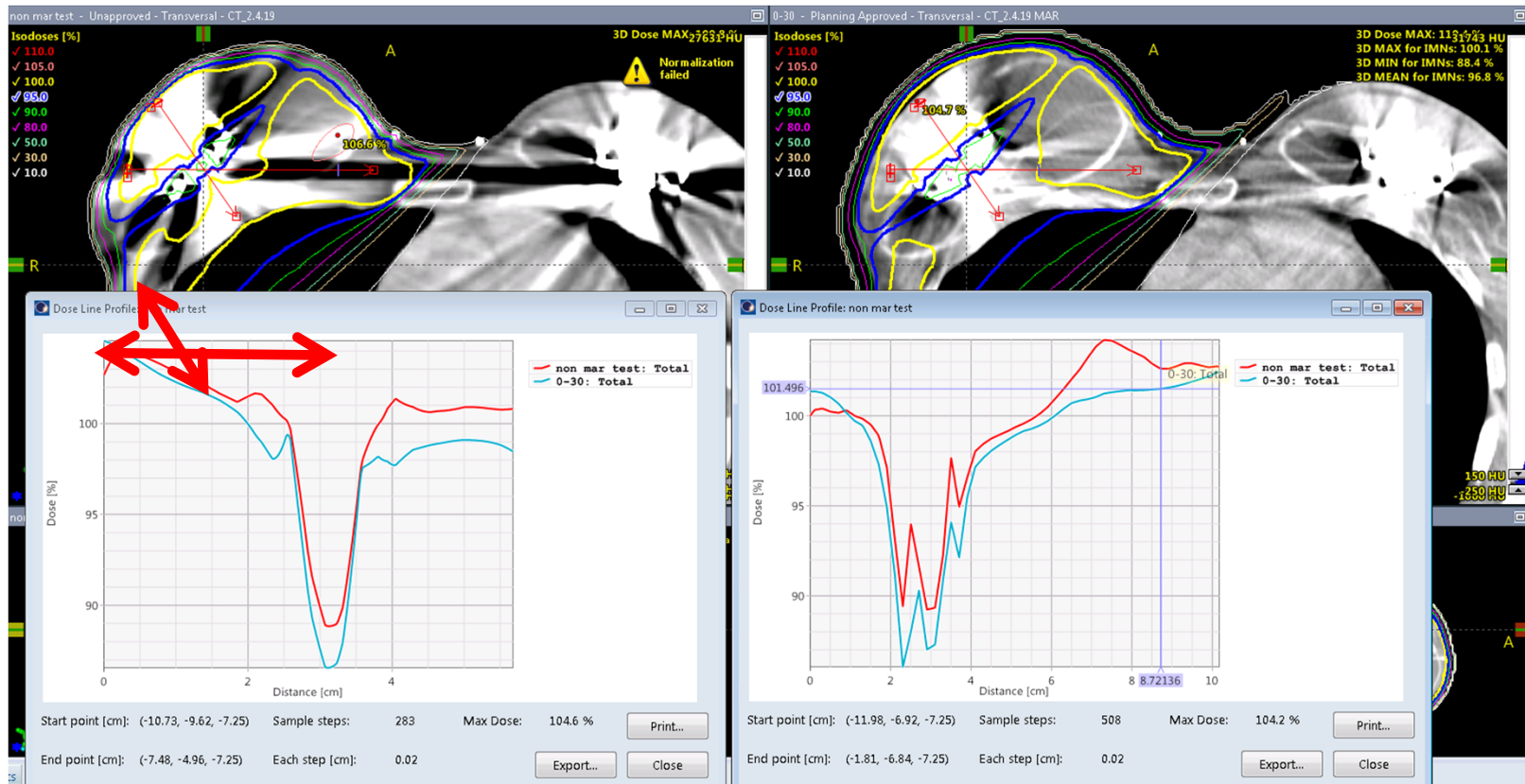
# MAR extended HU



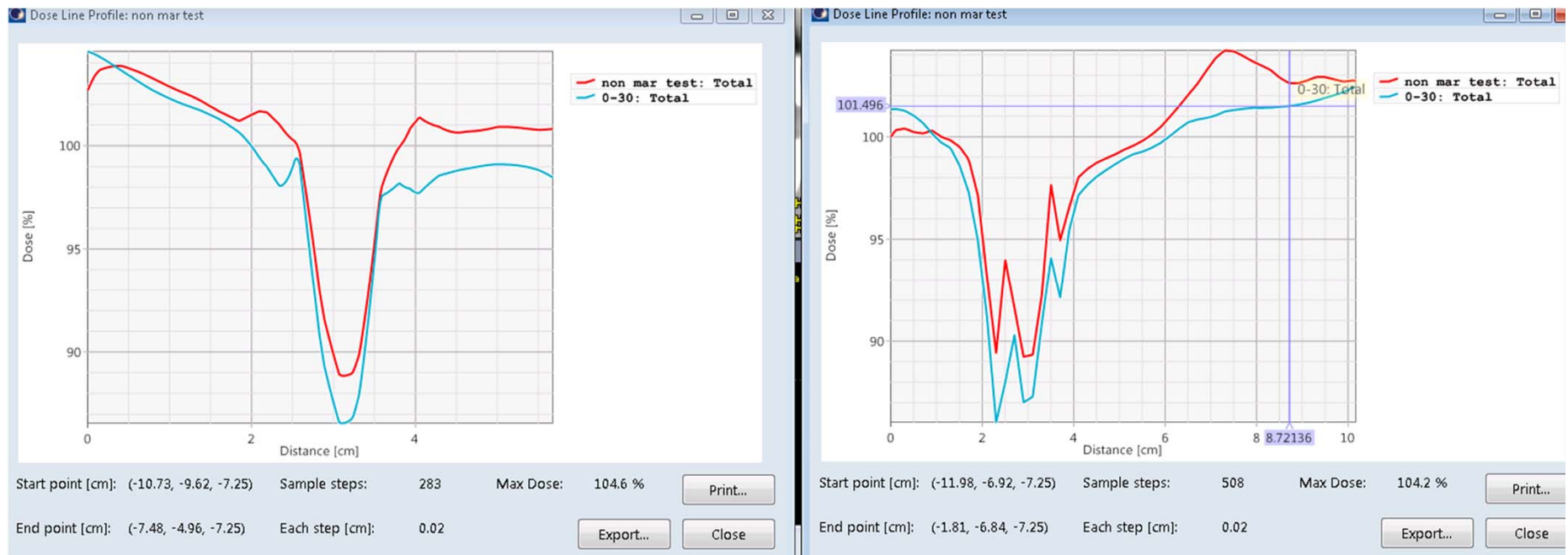
# Bulk density on MAR image



# Dose profiles through expander

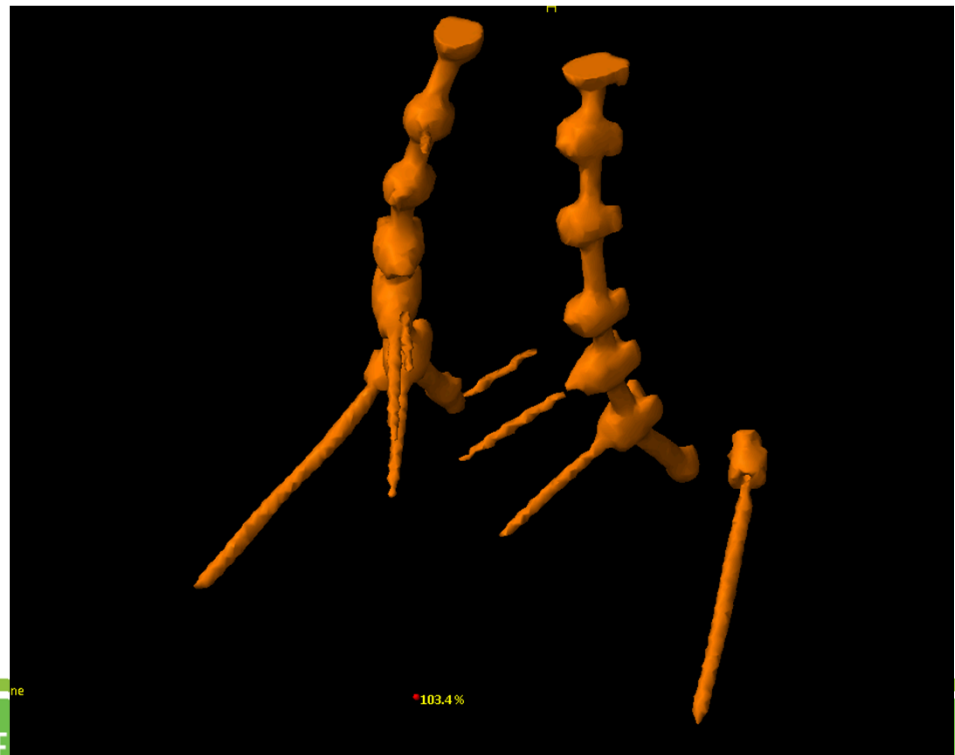


# Dose profiles through breast expander

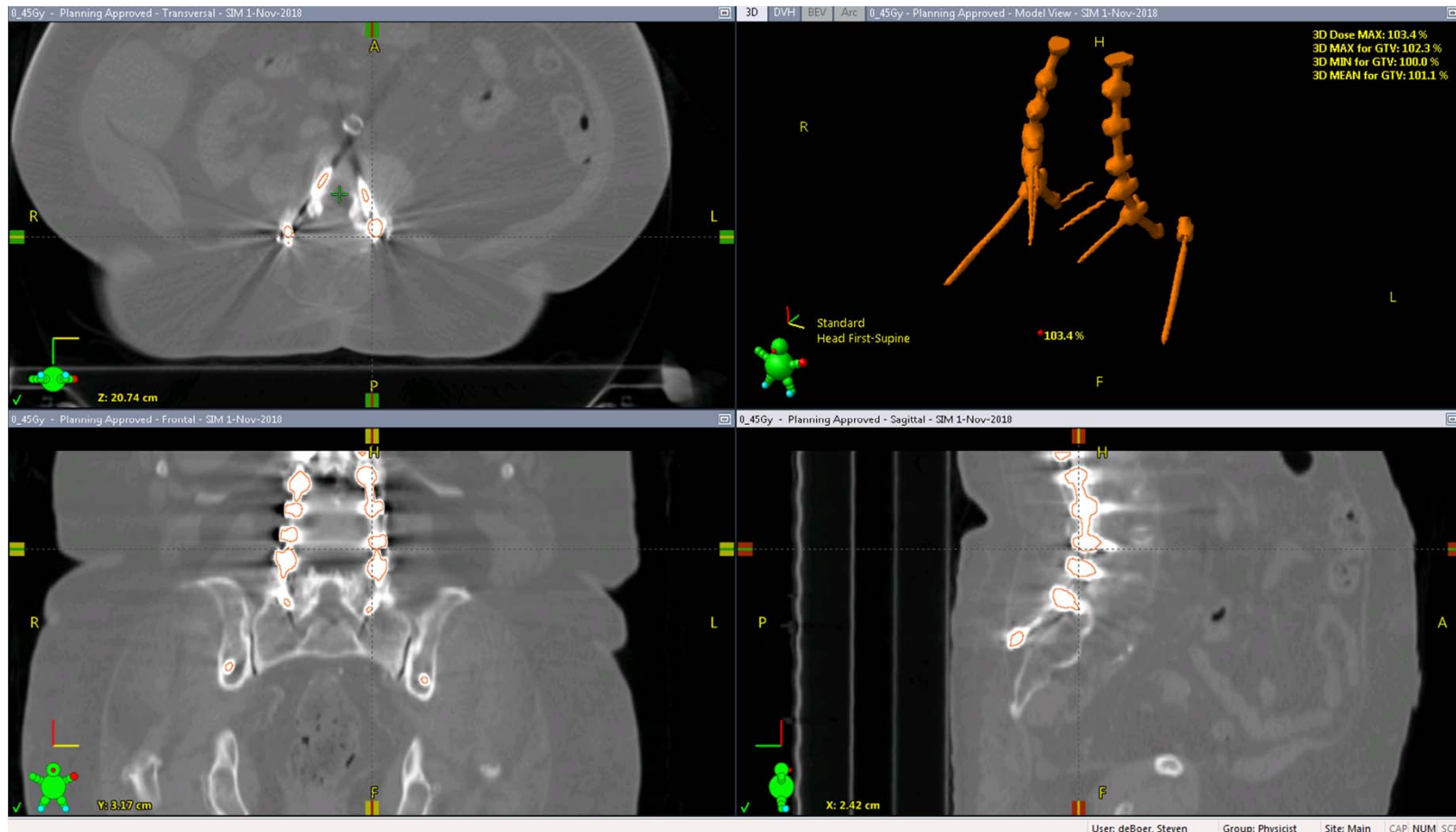


# Spinal fixation

- Rods typically titanium alloy
- Screws may be stainless steel



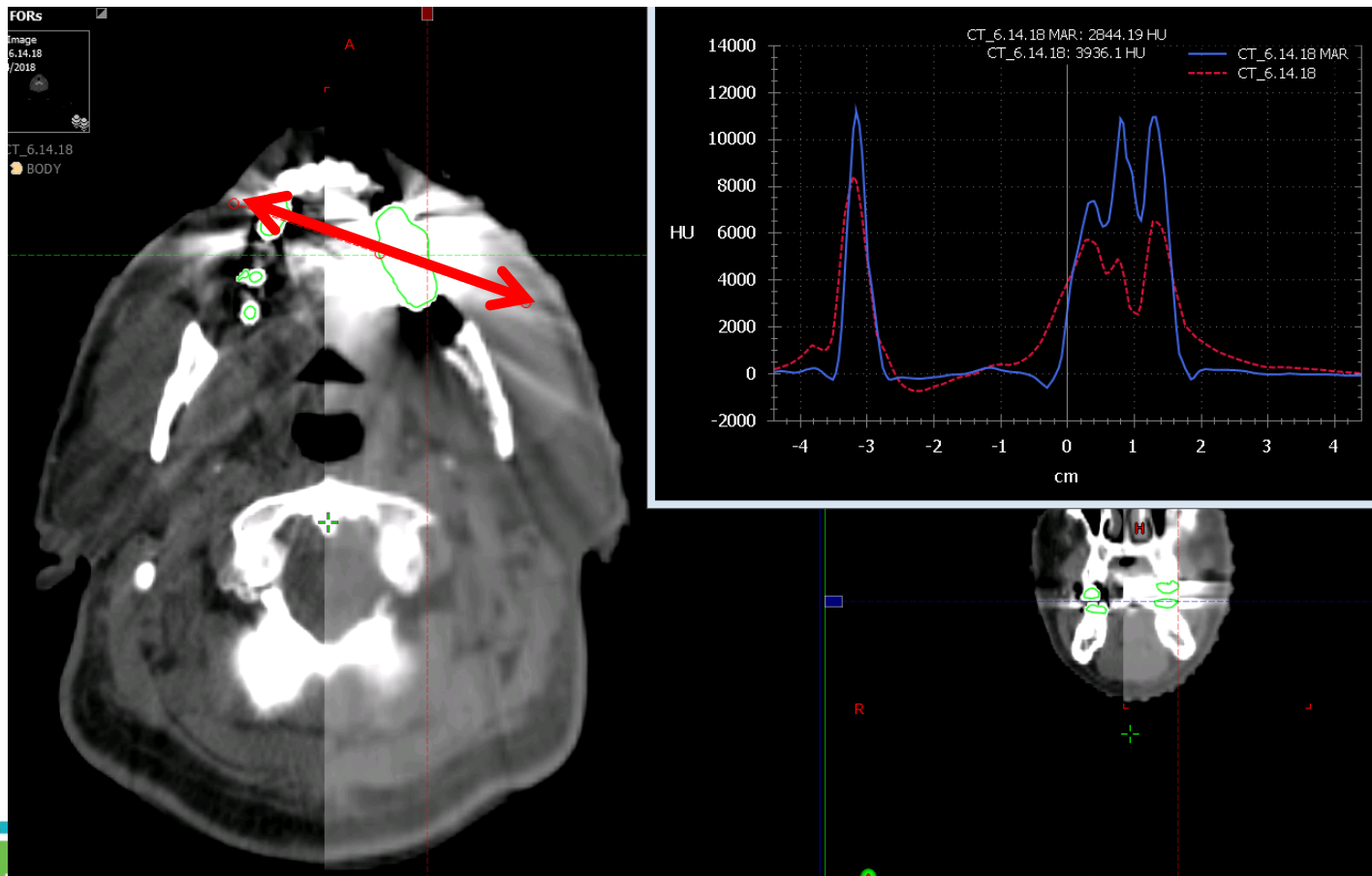
# Spinal fixation



# Dental Fillings

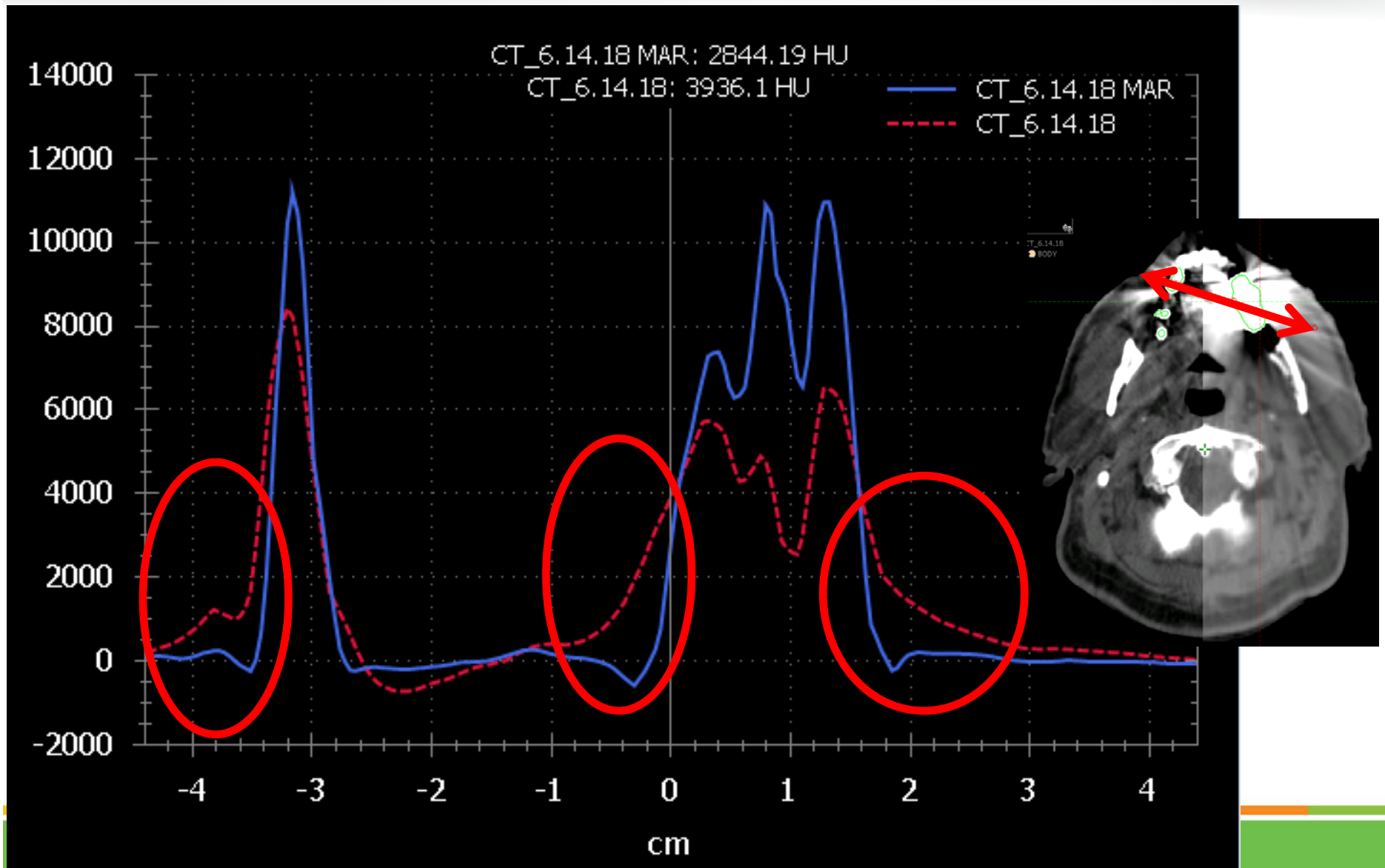
- Historically silver amalgam (silver, mercury...)
- Density 14-16 g/cc
- Not currently commonly used but very common is current and near future patient population
- Large artifacts, very hard to contour
  - (should it be teeth, lips, air...?)
- MAR and extended HU very helpful

# HU profile through dental amalgam

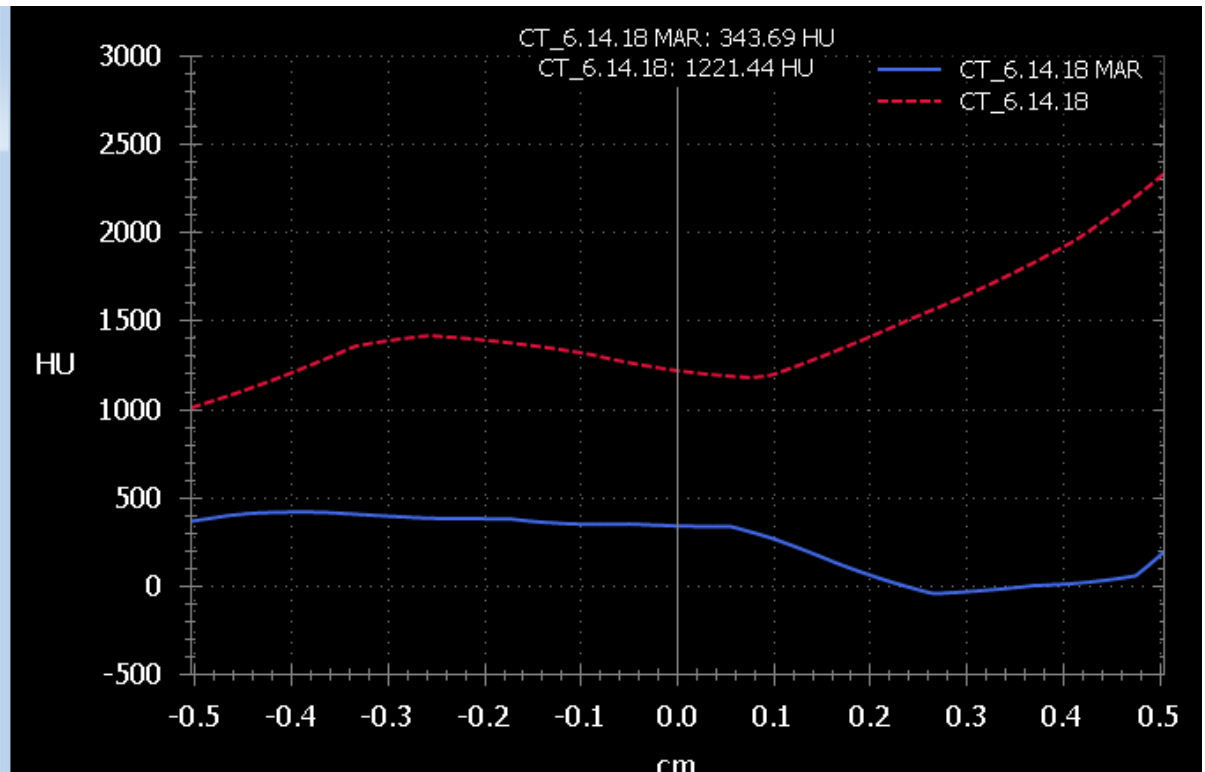
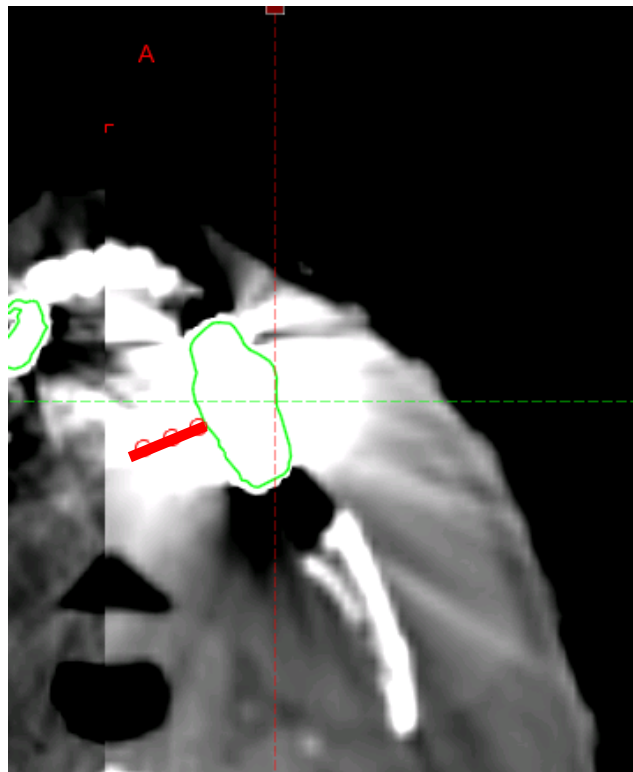




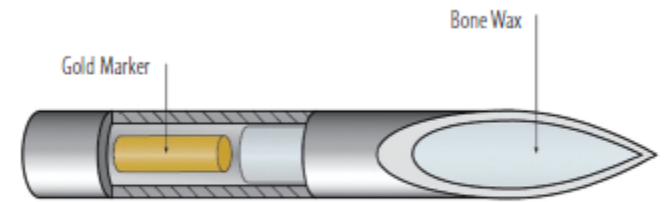
# HU profile through dental amalgam



# HU profile in dental artifact



# Gold seeds



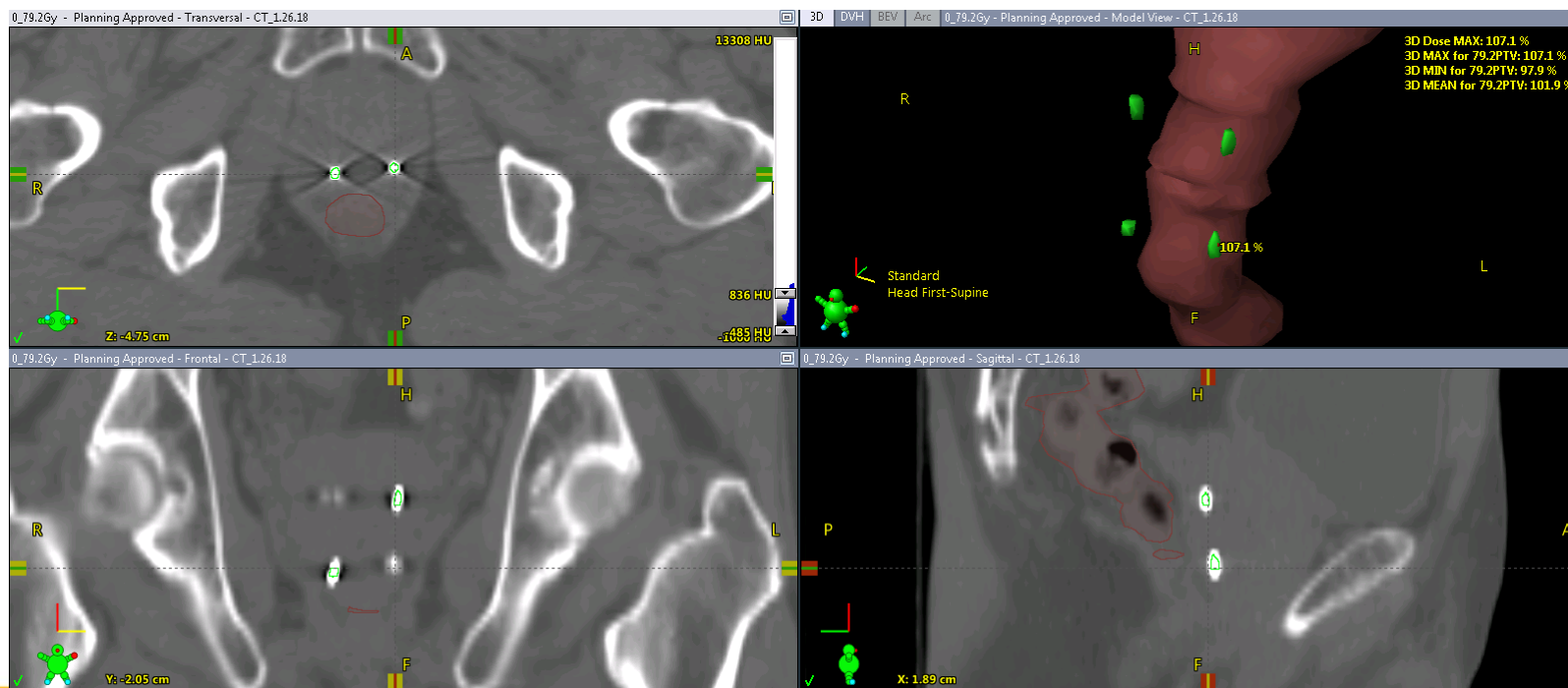
*Mick® Gold Fiduciary Markers are each individually preloaded in a pre-waxed needle*

- Used for matching prostate location with orthogonal kV imaging
- (Pure gold ( $z=79$ ,  $\rho = 19.3 \text{ g/cc}$ ))
- 0.08 to 0.12 cm diameter
- 0.3 to 0.5 cm long



# Gold seeds: Challenges for dose calculation

- Contoured diameter about 0.25 but actual diameter is 0.08 cm
- Volume is over estimated by a factor of 5 to 10 times



# Gold seeds: dose grid limit

- The actual size of the seeds (0.08 cm) is smaller than the 0.1 cm dose grid.
- Calculations at this level are not expected to be accurate.
- Experiments with 6 cm long by 0.08 cm diameter seeds placed 0.25cm apart demonstrated that the shadowing of the gold seeds was not seen for every seed using a single direct field.

# Gold seeds: HU and artifacts

- Gold HU can be underestimated due to small size.
- The dose calculation is affected by both high and low density artifacts
- Artifacts may not be consistent between different seeds, seed location, seed orientation, kVp used or patient.

# Experiment 2

- VMAT prostate
- Define seeds with
  - different HU (density)
  - different volume (actual versus imaged)
- Calculate dose

# Effects of seed size defined by CT and assigned density of gold

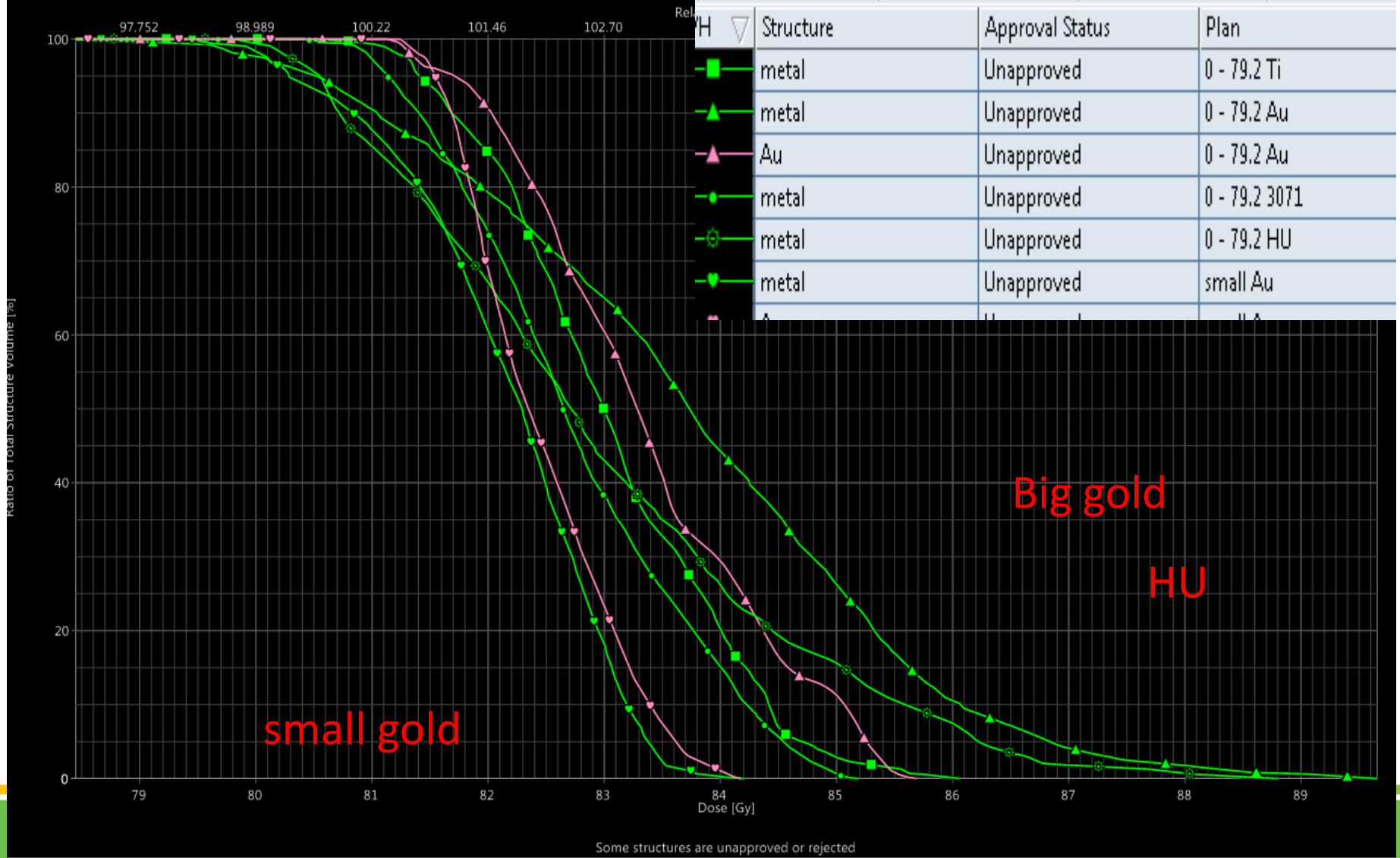
- Prostate:
- There is a small but significant volume of the prostate being under dose with the definition of gold to the 0.25 cm seed delineation.
- The maximum dose to the prostate is significantly higher (very small volume) when the 0.25 cm seed is defined as gold or if the CT HU are used.
- Nearly all of the high doses occur within the seeds.



# VMAT seed and prostate dose with different contours and densities

Seed Definition	Seed size (cm)	Seed HU	Artifact HU	Seed dose (%)			Prostate dose (%)		
				min	max	mean	min	max	mean
<b>3071</b>	0.25	3071	0	99.5	105.4	102.4	97.9	106.9	102.6
<b>CT HU</b>	0.25	<4306> 1415 to 10748	NA	98.7	109.9	102.7	96.8	109.9	102.6
<b>Ti</b>	0.25	4304	0	99.6	106.5	102.8	<b>98.5</b>	<b>106.5</b>	<b>102.7</b>
<b>Au</b>	0.25	14869	0	96.6	110.9	103.6	92.6	110.9	102.4
<b>Au small</b>	<b>0.08</b>	<b>14869</b>	<b>0</b>	<b>100.5</b>	<b>104.2</b>	<b>102.0</b>	<b>98.3</b>	<b>106.3</b>	<b>102.7</b>

PlanCompDVH3 - Dose Volume Histogram



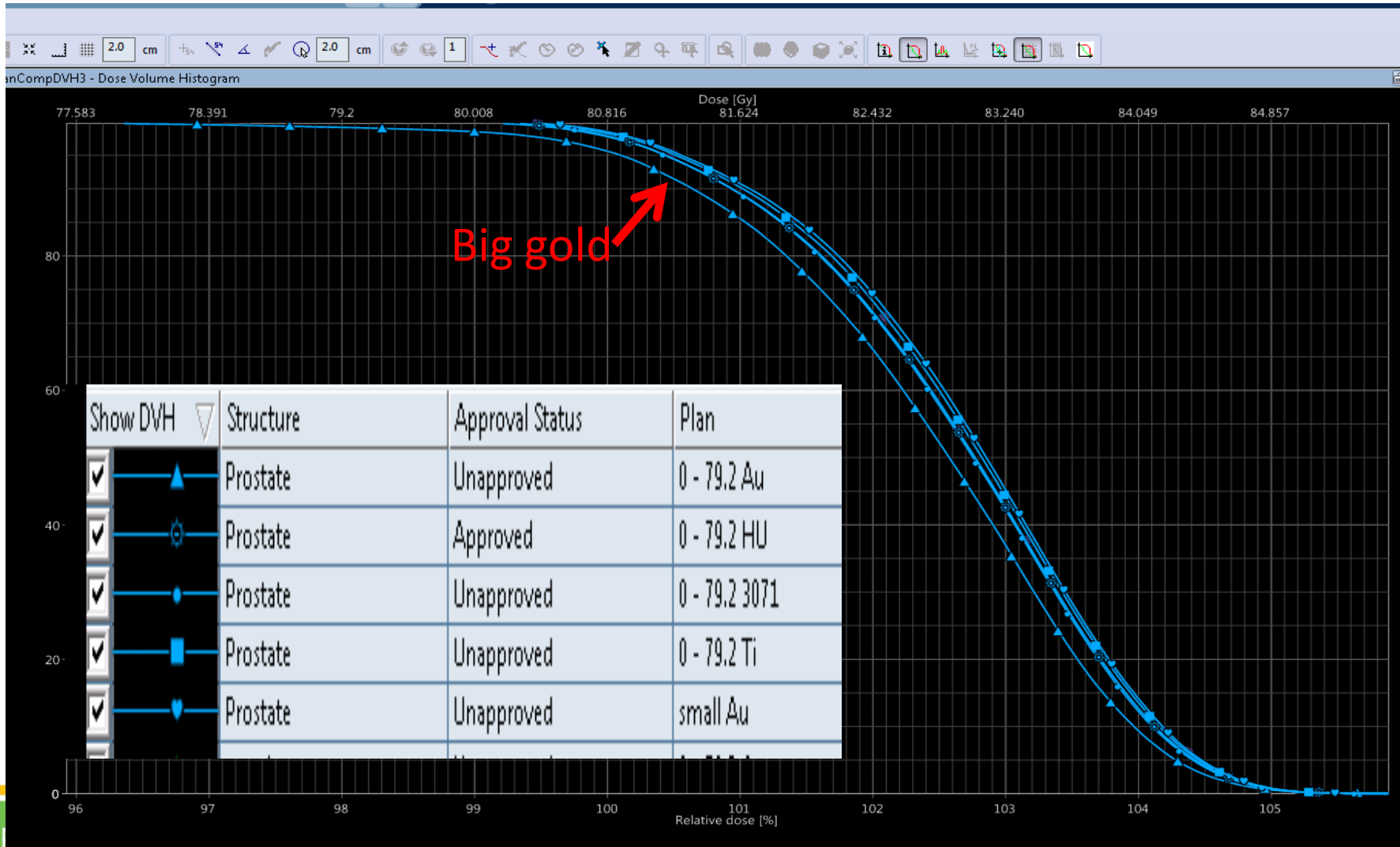
small gold

Big gold

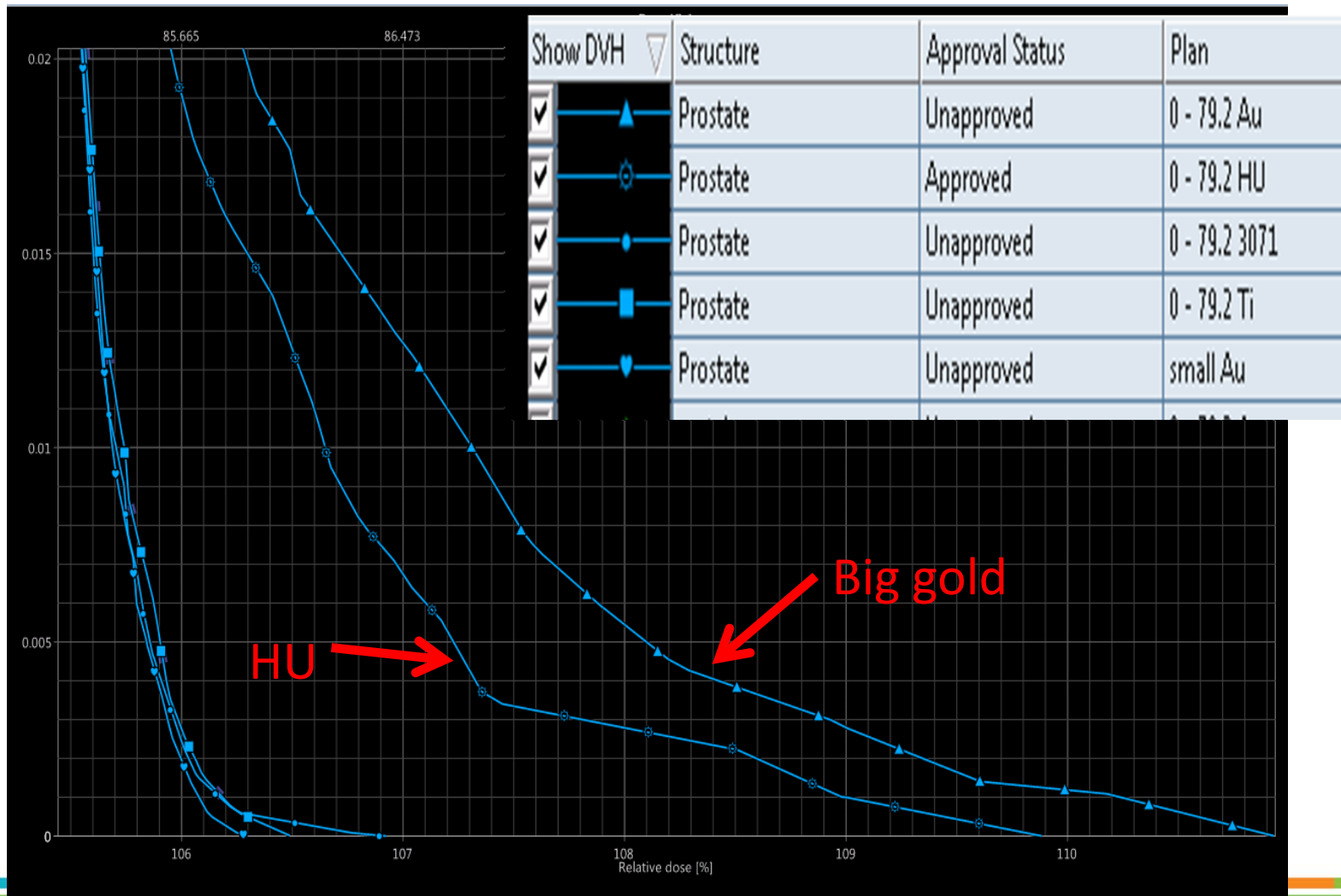
HU

Some structures are unapproved or rejected

# VMAT prostate dose with Au fiducials



# Prostate $D_{max}$ with Au seeds



# Gold seeds: Conclusion/recommendations

1. Defining the seed as 0.25 cm and assigning gold is an over estimation of the material in the prostate and should not be used. It would lead to erroneously reported maximum and minimum doses.
2. Allowing the CT to define the HU will be highly variable and should not be used.
3. Defining seeds as the actual size of 0.08 cm is extremely time consuming and not accurate or practical.
4. **The seeds should be defined as the 0.25 cm diameter and assigned a density of titanium.**
5. **For VMAT cases, defining the seeds and artifact as water will have minimal effect on the prostate reported dose (except hot spot)**
  - While recommendation 4 does not have strong evidence that it is the most accurate, it does fall between the extremes which have strong argument to be inaccurate. Furthermore, published papers using monte carlo showed that the dose shadow effect is minimal (< 5%) for a parallel opposed beam set so it is expected the effect would be even smaller for a VMAT plan. The backscatter dose enhancement is still present to an extremely small volume but it is impractical to attempt to calculate this accurately with our current system.



# Other investigations: gold seeds

*From Pontoriero et al*

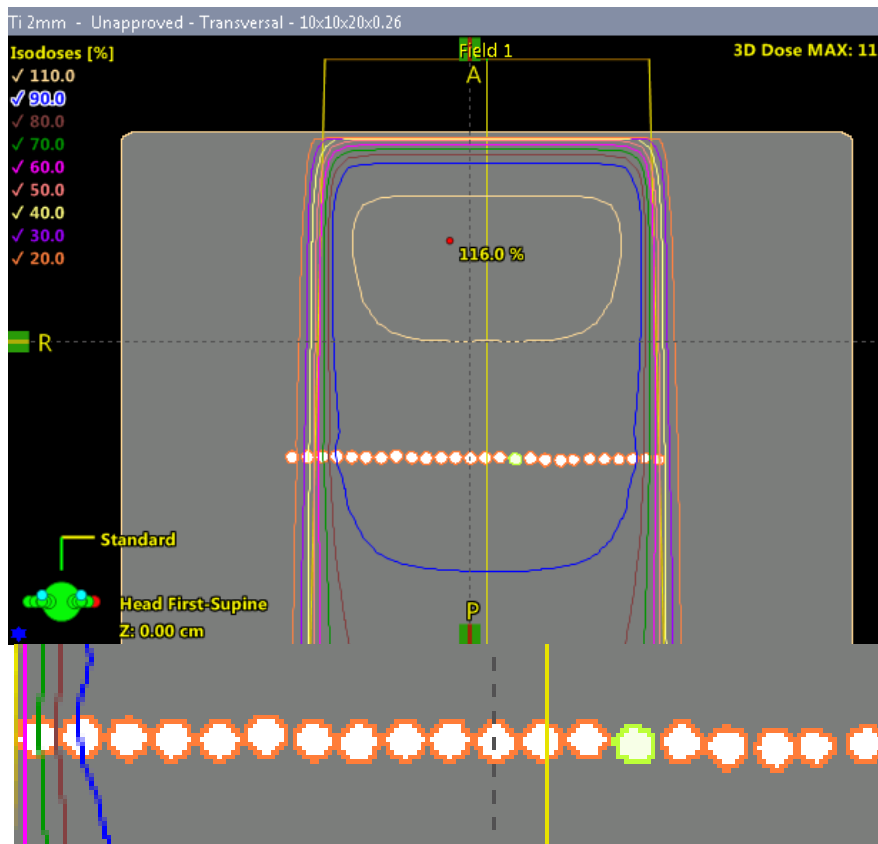
- less relevant when more beams are delivered.
- dose reduction was within 5% at 6 MV and 2% at 18 MV, when using two parallel and opposed beams.

*Vassiliev et al.*

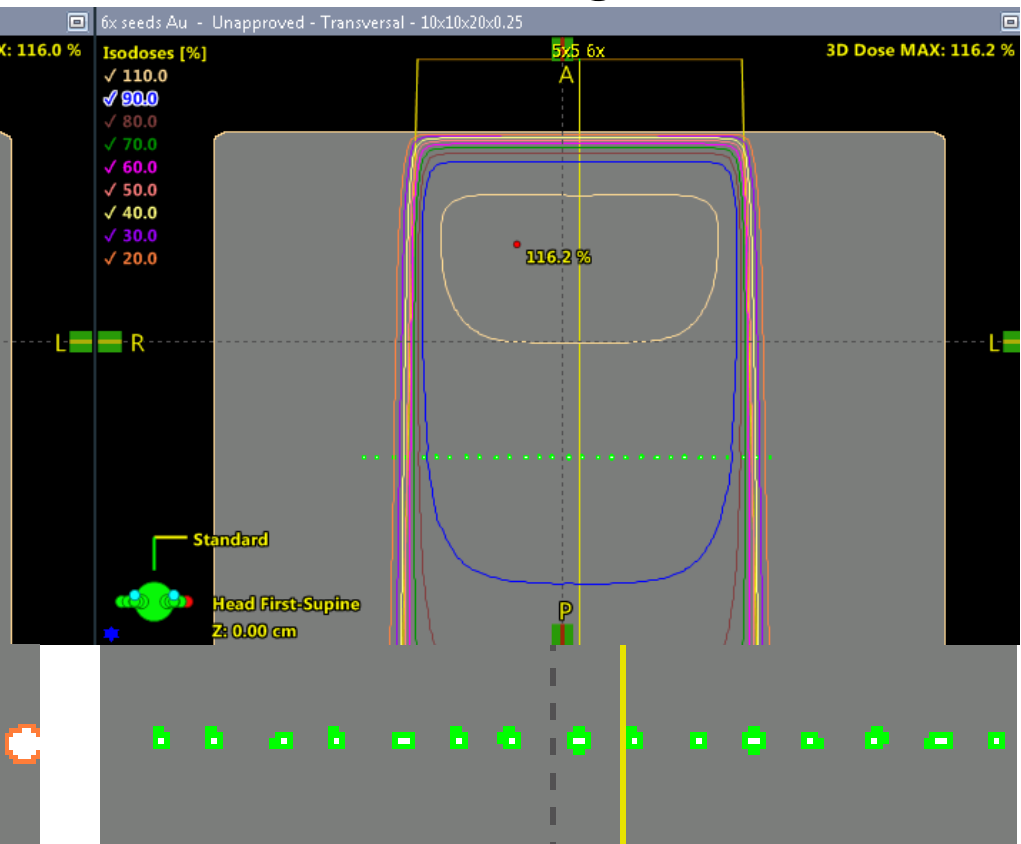
- 5 fields 17% hotspot at fiducial

# Contoured seed size and assigned density

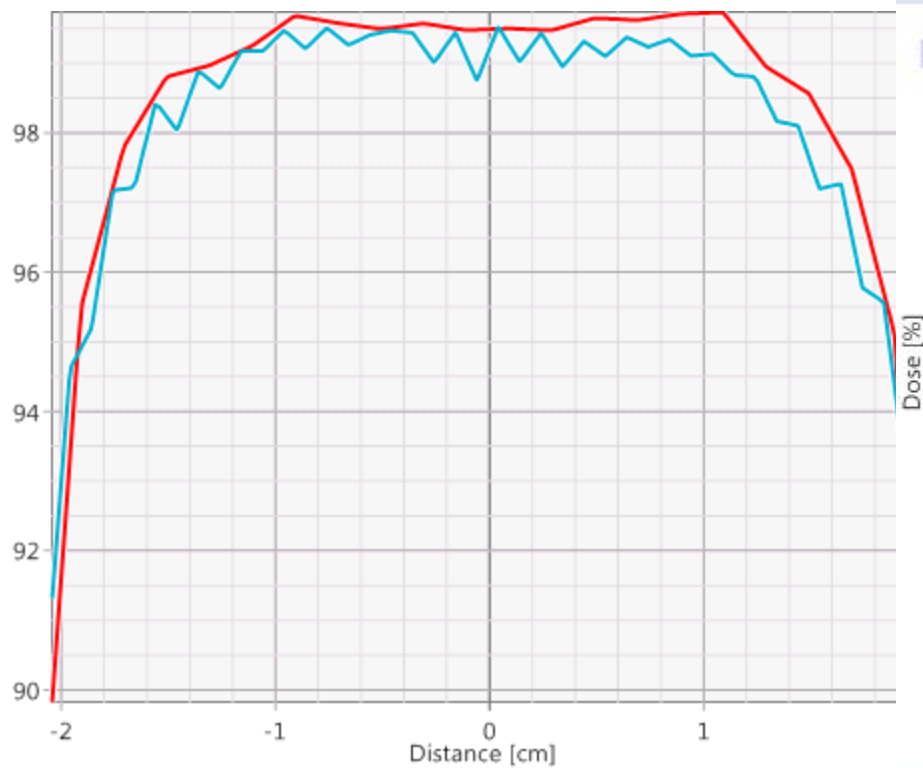
## 2.5 mm titanium



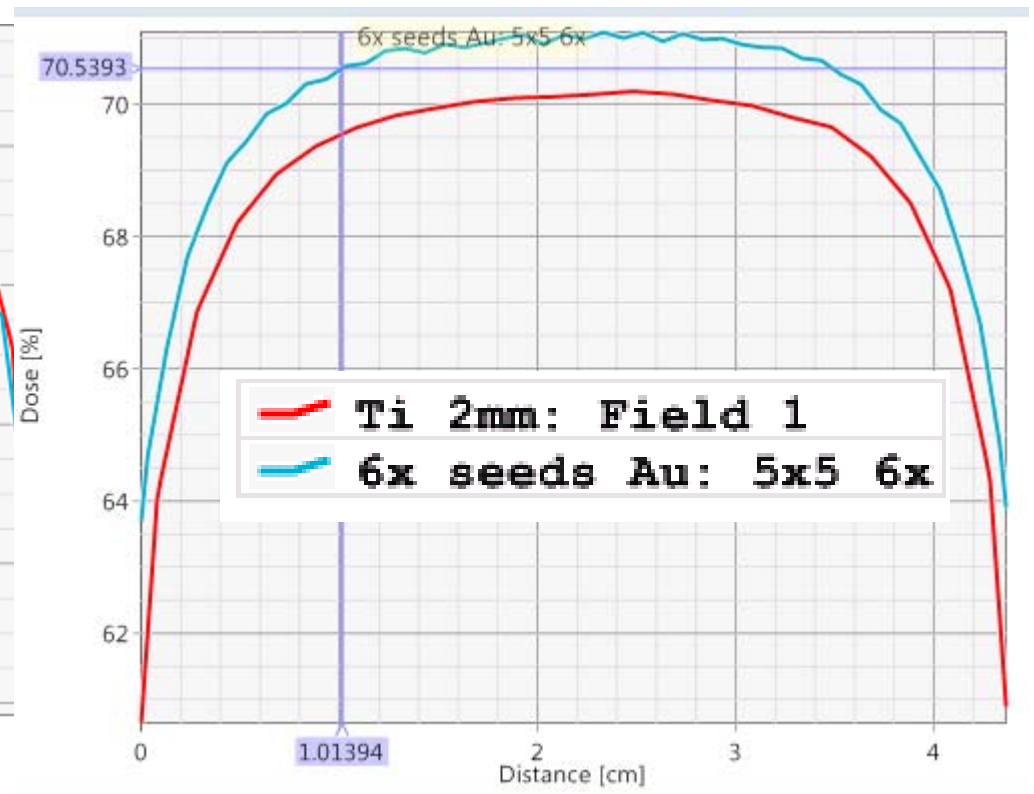
## 0.8 mm gold



### Just beyond seeds

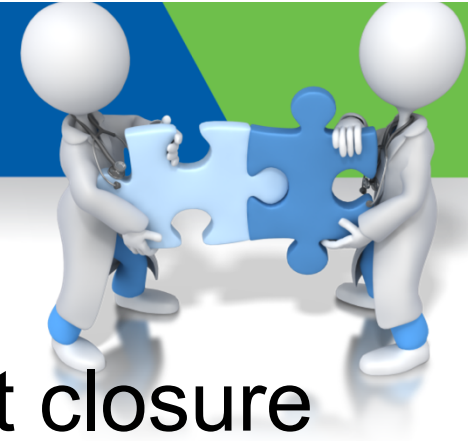


### 4 cm beyond seeds





# Surgical wires

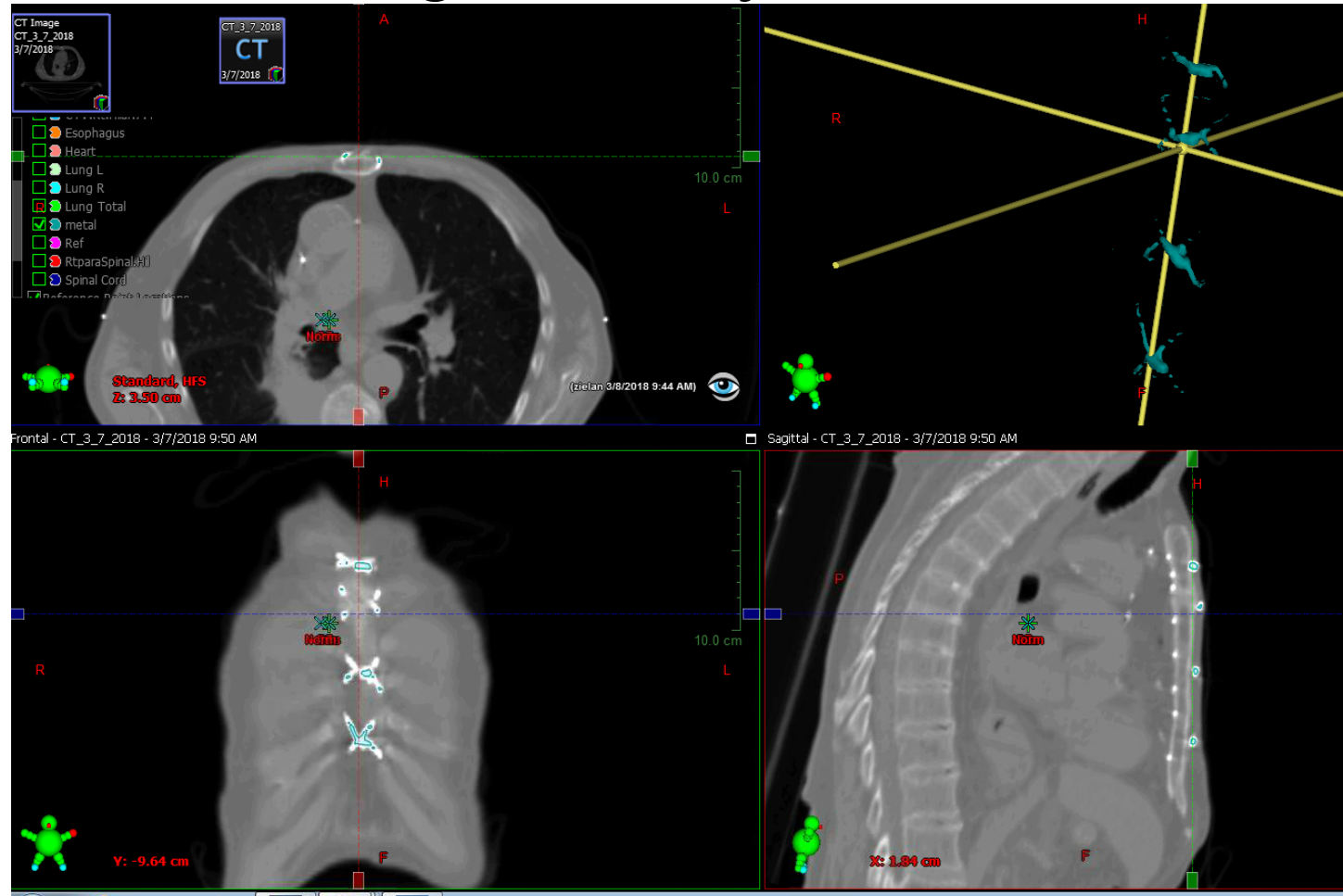


- Typically used for sternal chest closure
- Wires about 1 mm thick, wound in helical pattern
- Stainless steel
- Large image artifact
- Small shadow



# Surgical wire

- Stainless steel, high density, small shadow

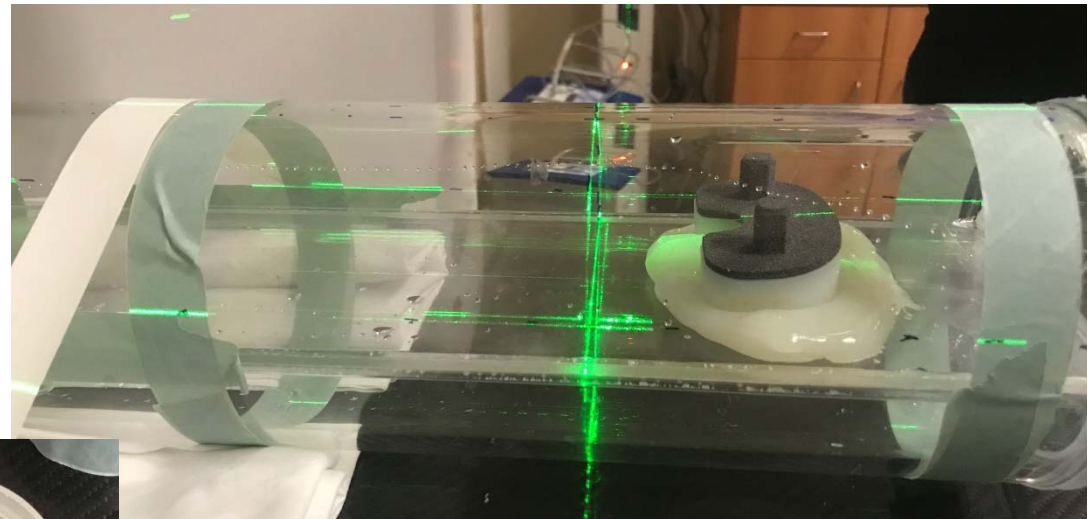
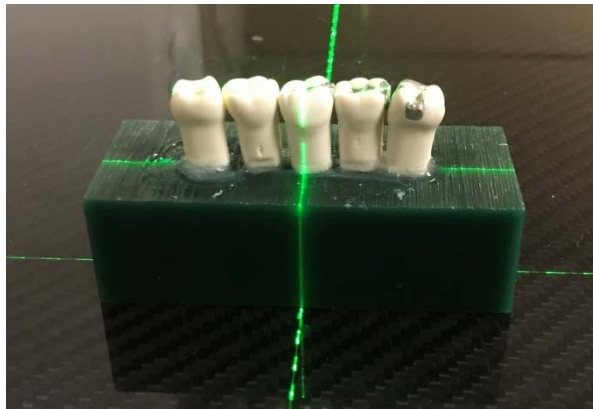


# Conclusions / Recommendation

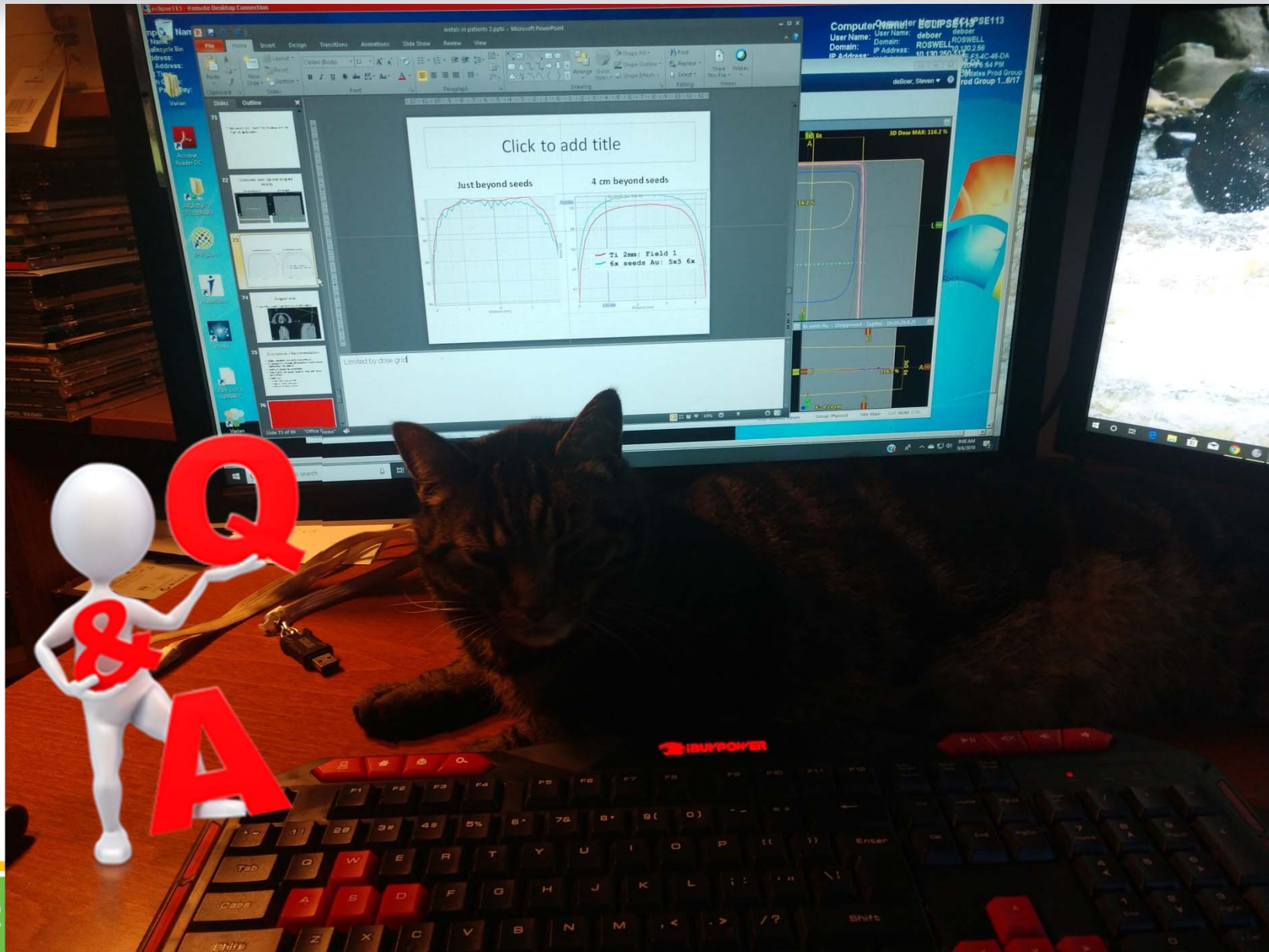
- Assign densities to metals and artifacts
- Extended HU can help differentiate metals and in delineating the objects
- Artifacts should be overridden
- Thin metals (Au seeds, surgical wire) only have local effect
  - Do not over contour
- MAR can
  - Yield more accurate HU
  - Help in metal delineation
  - Reduce streaking artifact

# Future work

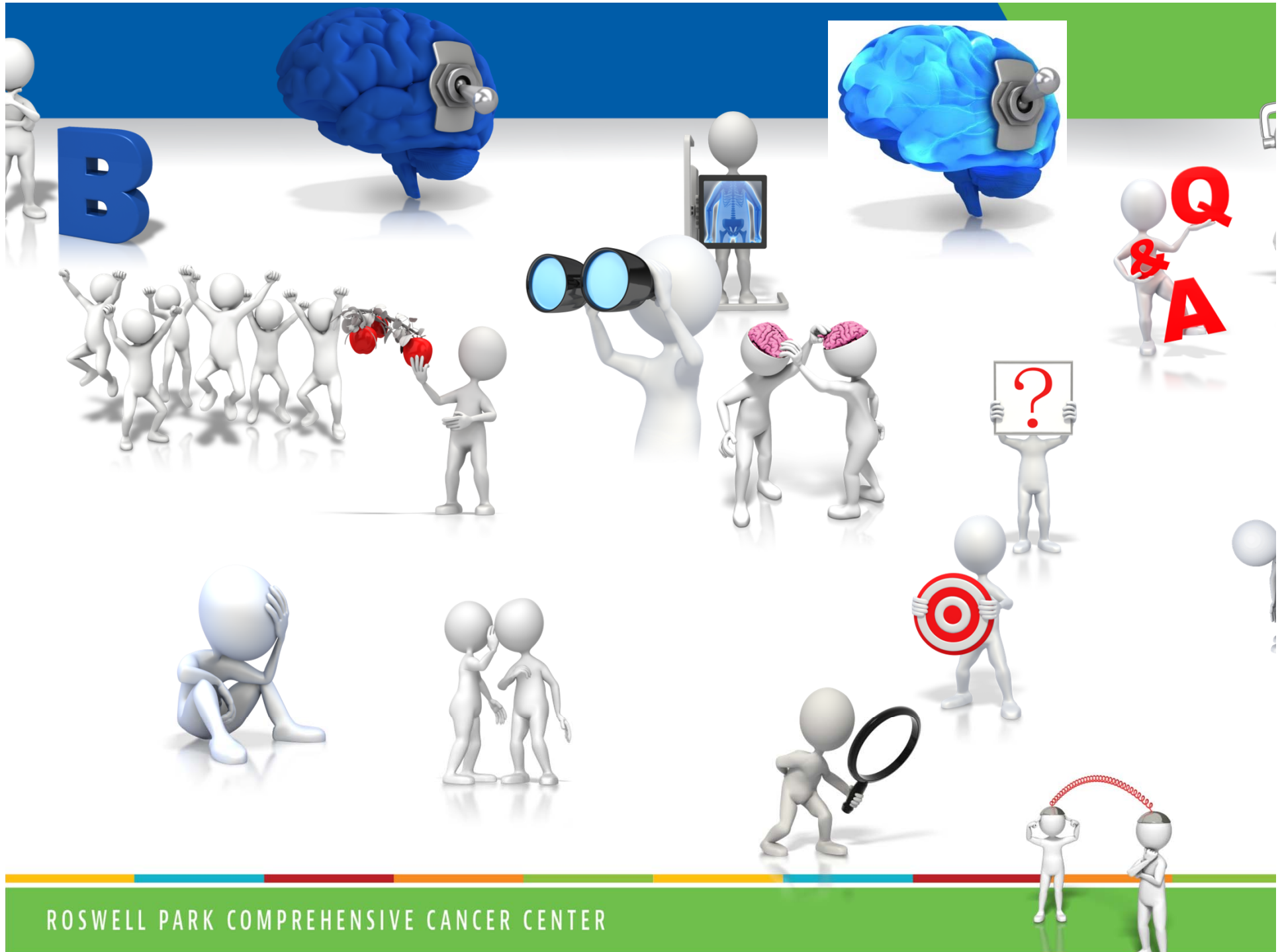
- Confirm with dose measurements



# Thanks !

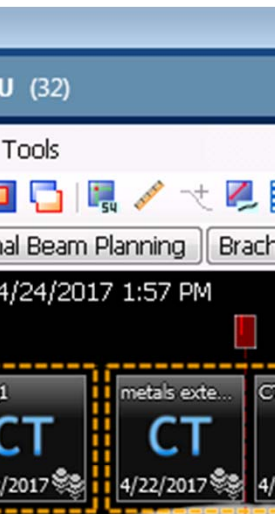
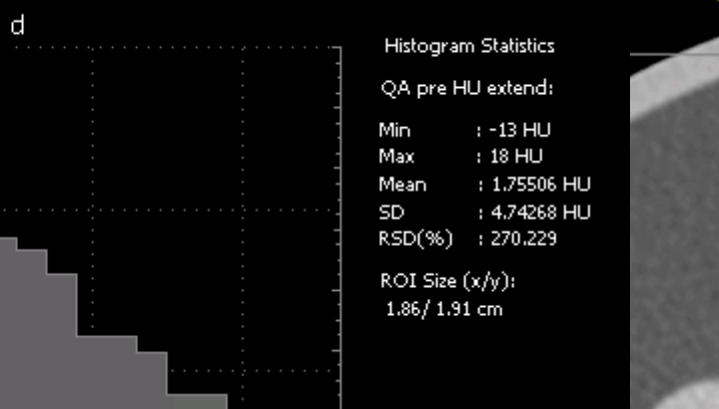
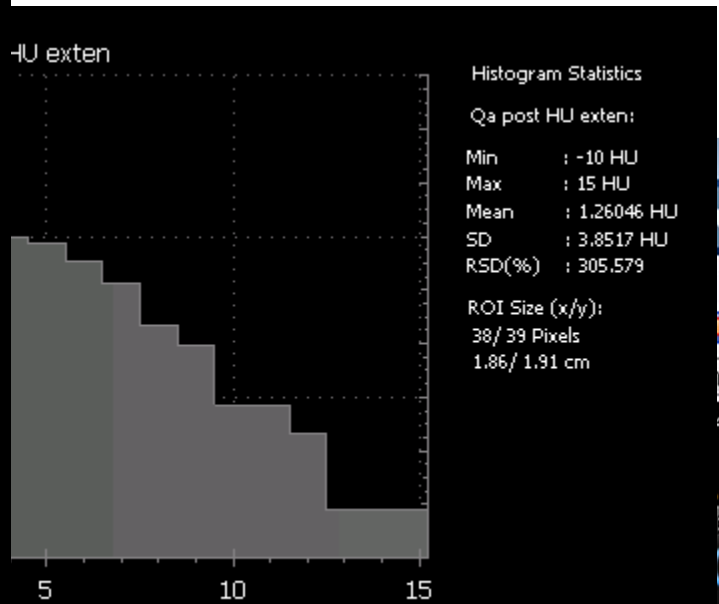
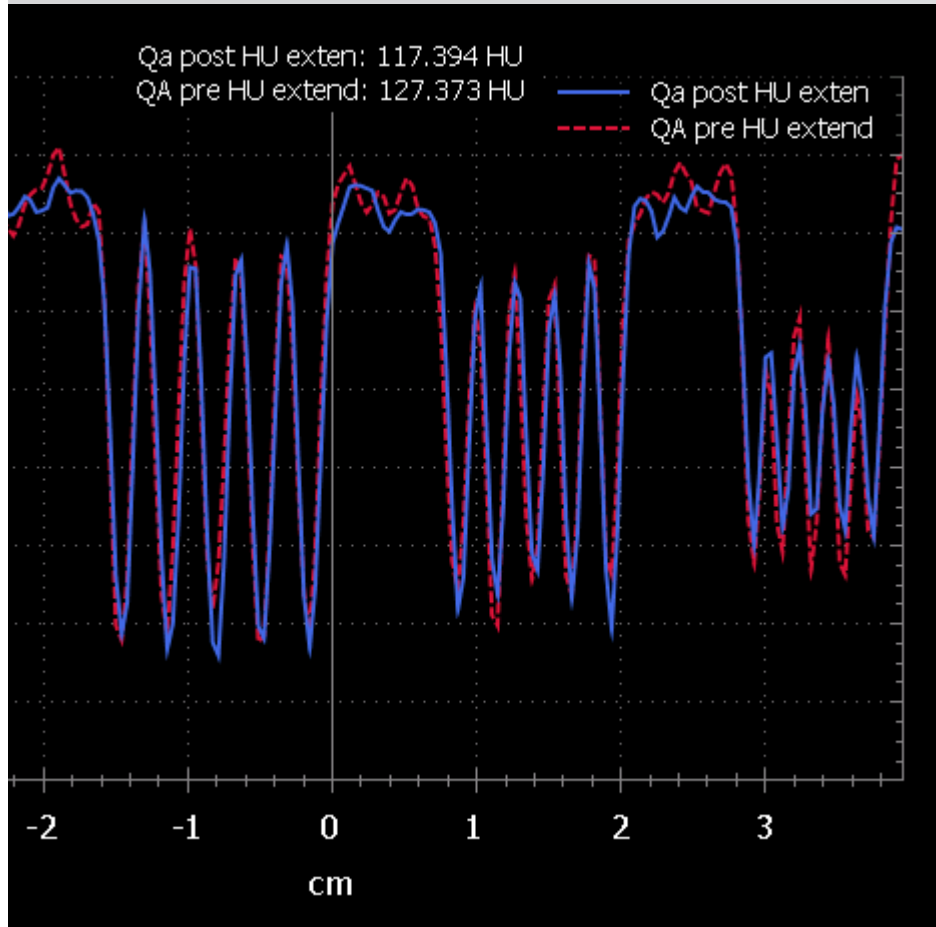




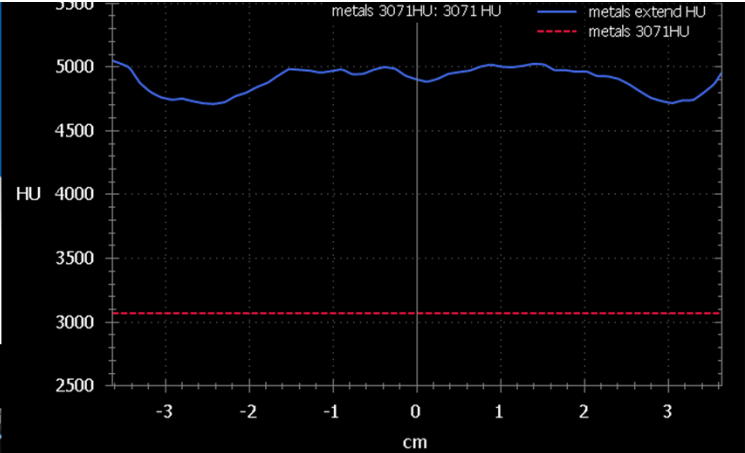


ROSWELL PARK COMPREHENSIVE CANCER CENTER

# Extended HU range – HU 0 to 200





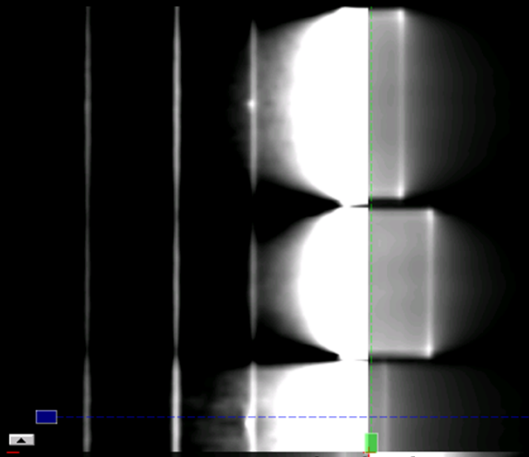


Transversal - metals extend HU - metals 3071HU - 4/22/2017 9:06 AM

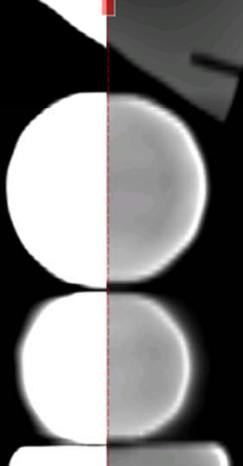
REGISTRATION1

- CT Image metals extend HU 4/22/2017
- CT Image metals 3071HU 4/22/2017
- metals 3071HU CT 4/22/2017
- CT\_1 CT 4/22/2017
- metals exte... CT 4/22/2017
- CT\_1 CT 4/22/2017
- Lead blocks CT 4/24/2017
- QA pre HU... CT 4/24/2017
- Qa post H CT 4/24/2017

CT\_2  CT\_2  
 BODY  BODY  
 + User Origin



Frontal - metals extend HU - metals 3071HU - 4/22/2017 9:06 AM



# Breast Expanders

- *“The magnet is a N42SH neodymium magnet with a height of 0.187 inches and a diameter of 0.500 inches. The magnet is encased in 0.010 inches thick 316L Stainless Steel, which comprises the distal end of the needle guard. The proximal end of the needle guard is hollow to allow entry of the needle into the port, but the overall external dimensions are approximately 1.437 inches in diameter and .392 inches in height”*



## *Radiation Therapy*

Mentor has not tested the *in-vivo* effects of radiation therapy with these devices and cannot warrant the safety of such use. The decision regarding the use of these devices in patients about to undergo radiation therapy should be made by the surgeon and the radiation oncologist.

- *From Pontoriero et al*
- *“The dose perturbation near the metal fiducial becomes less relevant when more beams are delivered. Indeed, Vassiliev et al. [9] observed that the dose reduction was within 5% at 6 MV and 2% at 18 MV, when using two parallel and opposed beams.*
- *At the best of our knowledge, the present study is the first report on dose perturbation using a common clinical beam setup (five beams) and confirms a dose increment around a gold fiducial which increases with photon energy, while a 17% average dose increment is observed around a steel fiducial, irrespective of photon energy. However, it is to be pointed out explicitly that steel fiducials are contraindicated when MRI is required.*
- *Dose increment around both steel and gold markers may cause undesirable dose “hot spots” into the treated volume. Theoretically, when fiducials are into the GTV (gross tumor volume) this increment could be desirable.*
- *In general, a dose “hot spot” should be considered significant, following the approach proposed in the ICRU Report Nr. 50 [23], when the diameter exceeds 1.5 cm, i.e. spherical volumes greater than 1.8 cm<sup>3</sup>. However, when small organs at risk have to be taken into account, Ref. [23] points out the need to take care of dose inhomogeneities at smaller scales.*
- *Therefore, even if, generally, the hot spot around a fiducial irradiated by five fields is not significant due to its small dimension (about 6 mm of diameter), such a perturbation can become significant near small organs at risk, as the urethra in the case of prostate treatments.”*