### AI Targeting And Measurement (AITAM)

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2003 : Spitzer

2021: Webb





#### Every Day Around The World An LDCT Scan Is Performed And A Serious Lesion Is Present



We Tested This Scenario With A Very Small 3D Printed Object





#### A Radiologist Will Try To Understand The Lesion And

Look For Clues In The Tumor Microenvironment, But the Image Quality Is Typically Low



### But What If:

AI Finds Serious Focal Abnormalities and Provides <u>Physics-Based Guidance</u> To The Technologist For When and How To Obtain A Much Higher Quality CT Scan of The Detected Abnormality?

> ...And We Did This In Seconds, While The Patient Is Still On The CT Table?

#### AITAM: AI Powered Scanner Providing Real-Time Guidance



AITAM Can Also Apply The Best Known AI/Computer Vision Algorithms To Perform The Measurement Given The Targeted CT Scan Recommendation And The Patient-Specific Images/Circumstances

# Imaging Physics and Signal Processing

#### **Resolution vs Noise Sampling Rate Also Matters** Edge Enhancement **Must Be Compatible With** • Performed in X,Y with recon kernels **Resolution** • Not supported in Z, so non-isotropic No information is gained SD) Image Noise (HU Better noise ∝ - $\sqrt{dose per voxel}$ Averaging • Performed in X, Y by recon kernels · Performed in Z by slice thickness Information is lost Dose Normalization Is 3D PSF Sigma Volume (mm<sup>3</sup>) **Needed (mAs) Better**

#### Nyquist+



# Imaging Physics and Signal Processing



#### The Improvements For Some Quantitative Measurements Can Potentially Be Dramatic



#### Measurement of Shapes Can Also Be Significantly Improved



#### <u>GE Discovery</u> <u>CT750 HD</u>







Cylinder Volume Bias Improved By 864 %





<u>Siemens</u> <u>SOMATOM</u> <u>Definition AS</u>



#### <u>GE Discovery</u> <u>CT750 HD</u>

<u>1.5 mm sphere</u> <u>volumes were</u> <u>not able to be</u> <u>segmented and</u> <u>measured</u>



1.5mm Sphere Volume Bias Improved By ?



1.5mm Sphere

Volume

Precision

Improved By ?

<u>Siemens</u> <u>SOMATOM</u> <u>Definition AS</u>

<u>1.5 mm sphere</u> <u>volumes were</u> <u>not able to be</u> <u>segmented and</u> <u>measured</u>



### Clinical Data



## Clinical Data



### Current Limitations of High Resolution Targeting

- A lot of CT protocol/image quality analysis/study is needed to avoid numerous artifacts present in targeted CT acquisitions.
- Issues such as 3D spatial warping are clearly present on many scanners/protocols.
- The good news is that we now have the phantoms and software tools to explore CT image quality much better than we did just a few years ago.
- The bad news is that this will take time scanning phantoms to figure out.



### Potential Implications

- CT visualization and measurement of small objects/features can very likely be improved many times over using AITAM methods.
- This very likely applies to ALL CT scanners.
- Follow-up CT lung screen scans can potentially be performed much earlier (weeks vs months).
- Radiologist decisions on lung nodules can likely be made with higher confidence and accuracy.

### Potential Implications

- Numerous other clinical applications are possible for these methods across CT (Vascular, PE, COPD, ...) and other modalities.
- Clinical trials using imaging to assess drug efficacy may benefit from these methods.
- Imaging research into AI for detection and radiomics can likely be improved with these methods.
- We have only explored the initial potential of AITAM methods. There are numerous other variations/implementations that are likely to yield improvements beyond what we have observed so far.

### AITAM Clinical Collaborators

• Jean Arsenault, IUCP Quebec

• Stephen Lam, University of British Columbia

• Mario Silva, University of Parma

• David Yankelevitz, Mount Sinai

### **Thank You**