

Challenges in post-treatment Dose Calculations using image-based Quantification of Y-90 SPECT/CT Data

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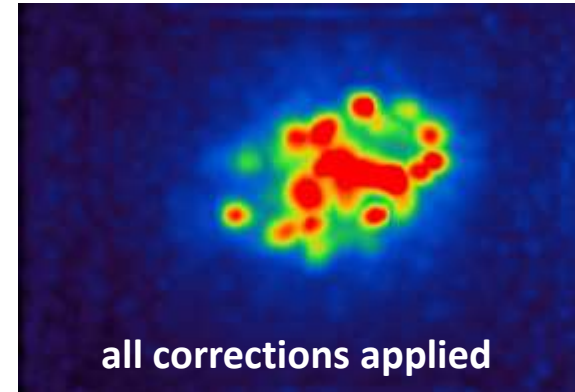
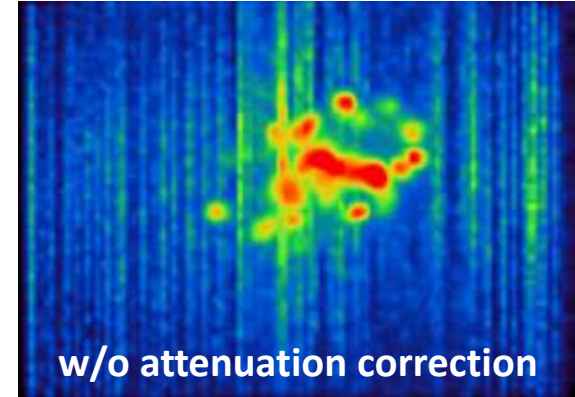
- Motivation
- Study details
- Jaszczak & Body Phantom Measurements
- VOI Threshold Selection
- Total Activity & Volume
- Dose Calculations
- Conclusions & Outlook

Cancer Treatment using Y-90

- Treatment of non-resectable liver cancer using Y-90 SIRT
- Applicable for primary carcinoma and metastasis
- Y-90: pure high-energy β -emitter, 64 h half-life
- Transarterial infusion of active microspheres (20 – 30 μm)
- Staying permanently in the patient's body
- Evaluation of doses to healthy liver and tumour
→ quantified post treatment imaging

SIRT post-treatment Imaging

- Low probability branch of $e^- - e^+$ pair generation \rightarrow PET
 - SPECT possible, utilizing bremsstrahlung photons
 - Continuous spectrum complicates reconstruction and quantification
 - Software with Monte-Carlo based scatter and attenuation correction and collimator modelling
- \rightarrow Quantification of SIRT SPECT/CT data



This study

- 17 SIRT patients treated at *AKH Vienna* between May 2017 and May 2018
- *Sirtex* resin-based *SIR-Spheres*
- Applied activities 0.58 – 2.77 GBq
- SPECT/CT using *Siemens Symbia Intevo* with ME-Collimator
- Reconstruction & Evaluation with *Hermes Medical Solutions'* *Hybrid Recon 2.2* & *Hybrid Viewer 3.0*
- Measurement of Jaszczak and NEMA IEC Body Phantom

Phantom Measurements @ AKH Vienna

Jaszczak Phantom

$A = 564 \text{ MBq}$

$t_{\text{measurement}} = 15, 30 \text{ min}$

Necessary for calibration



NEMA IEC Body Phantom

$A = 465 \text{ MBq}$

$t_{\text{measurement}} = 15, 30 \text{ min, 8 h}$

Evaluation of reconstruction



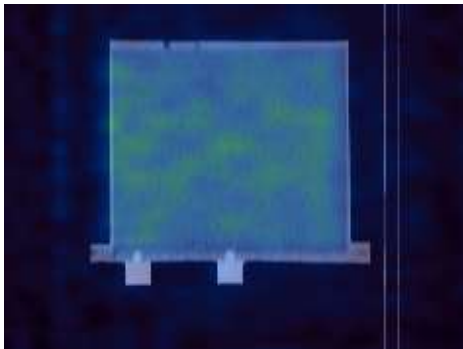
Phantom Measurements @ AKH Vienna

Jaszczak Phantom

For correct volume,
activity 3 % underestimated

Mean SUV \approx 1.0

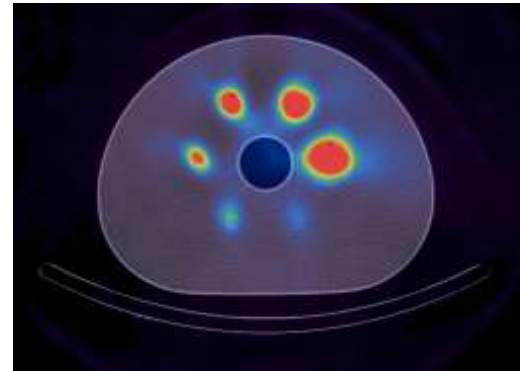
Very precise results



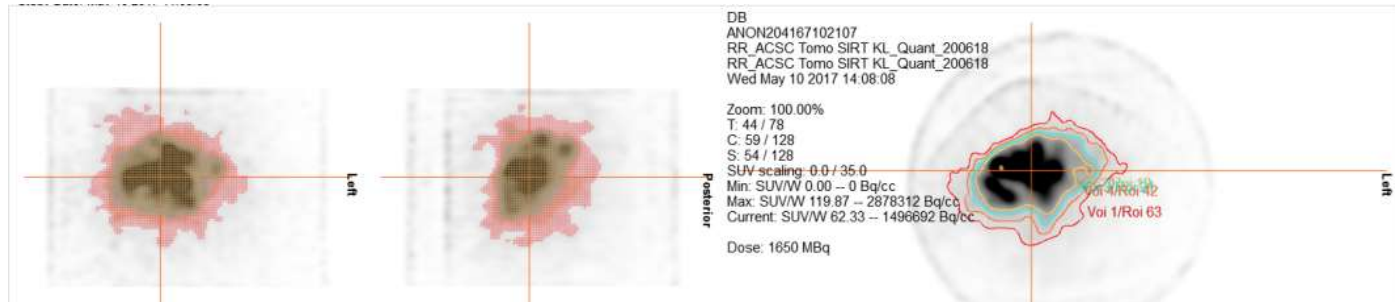
NEMA IEC Body Phantom

For spheres activity severely
underestimated

Total activity correct,
but VOI definition arbitrary



Quantitative Evaluation



DB	SUV min	SUV max	Bq/cc	V (cm ³)	A tot(MBq)
Voi 1	3,16	119,87	266050,69	7335,08	1951,50
Voi 2	11,75	119,87	600625,69	1912,25	1148,55
Voi 3	8,39	119,87	491192,97	2741,41	1346,56
Voi 4	5,50	119,87	382051,22	4140,95	1582,05
applied			V_{Liver} ca.	2300,00	1650,00

→ Large impact of threshold selection for Volume of Interest (VOI)

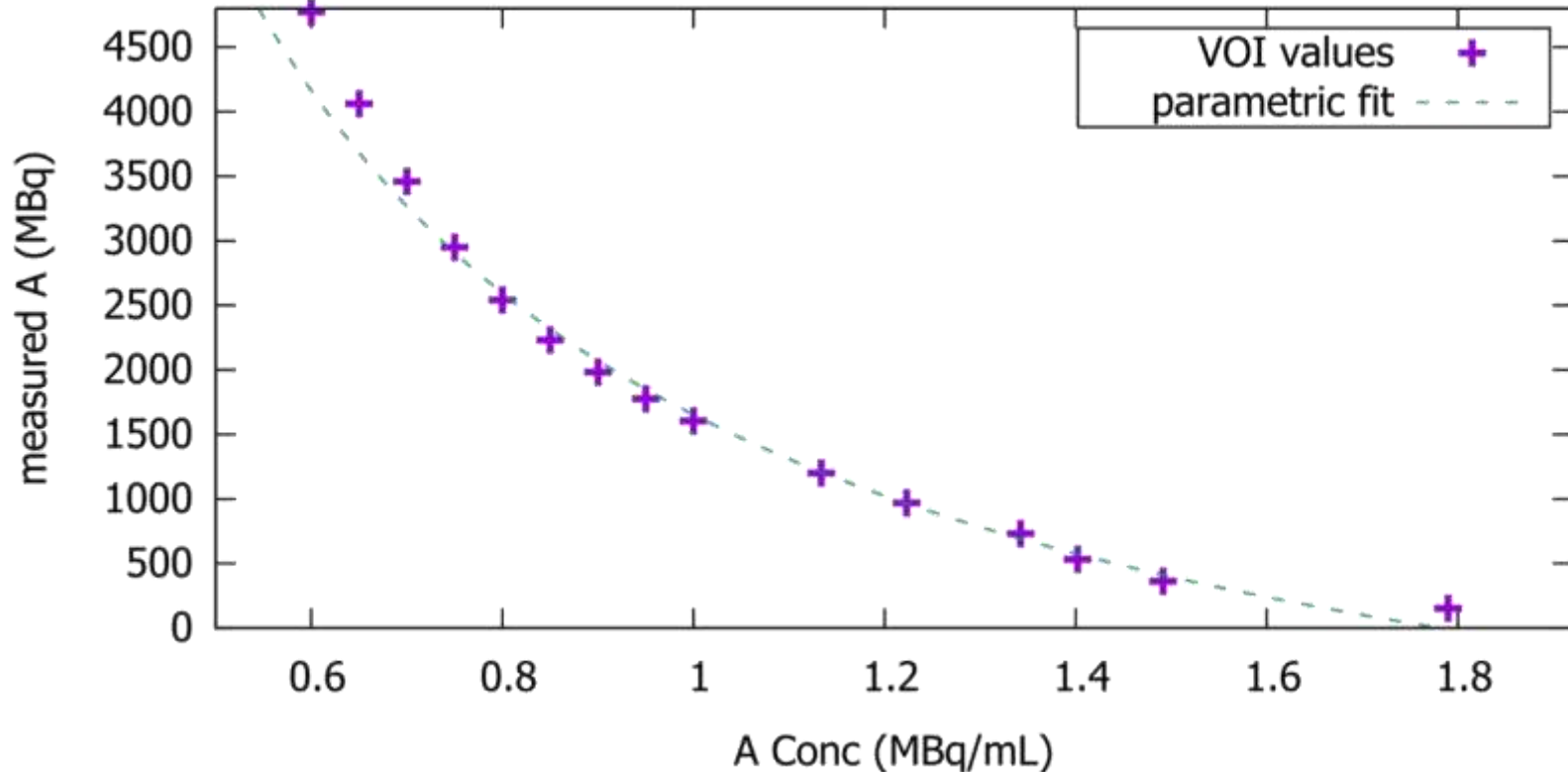
Threshold Selection

- Stringent criteria necessary
- Evaluation of dataset with 4 different VOI thresholds
 - 20 % of max. SUV value (Shcherbinin et.al., 2008)
 - SUV = 4.0
- Thresholds with background corrections tested but discarded

Relation between Threshold and Activity

- Mathematical relation between VOI threshold (MBq/mL) and VOI total activity investigated
 - Best guess $A_{tot} = \frac{a}{A_{Conc}} * b$
 - Fit using nonlinear least-squares Marquardt-Levenberg algorithm; parameters a, b
- Calculation of threshold yielding correct total activity
- Investigation of common behaviour

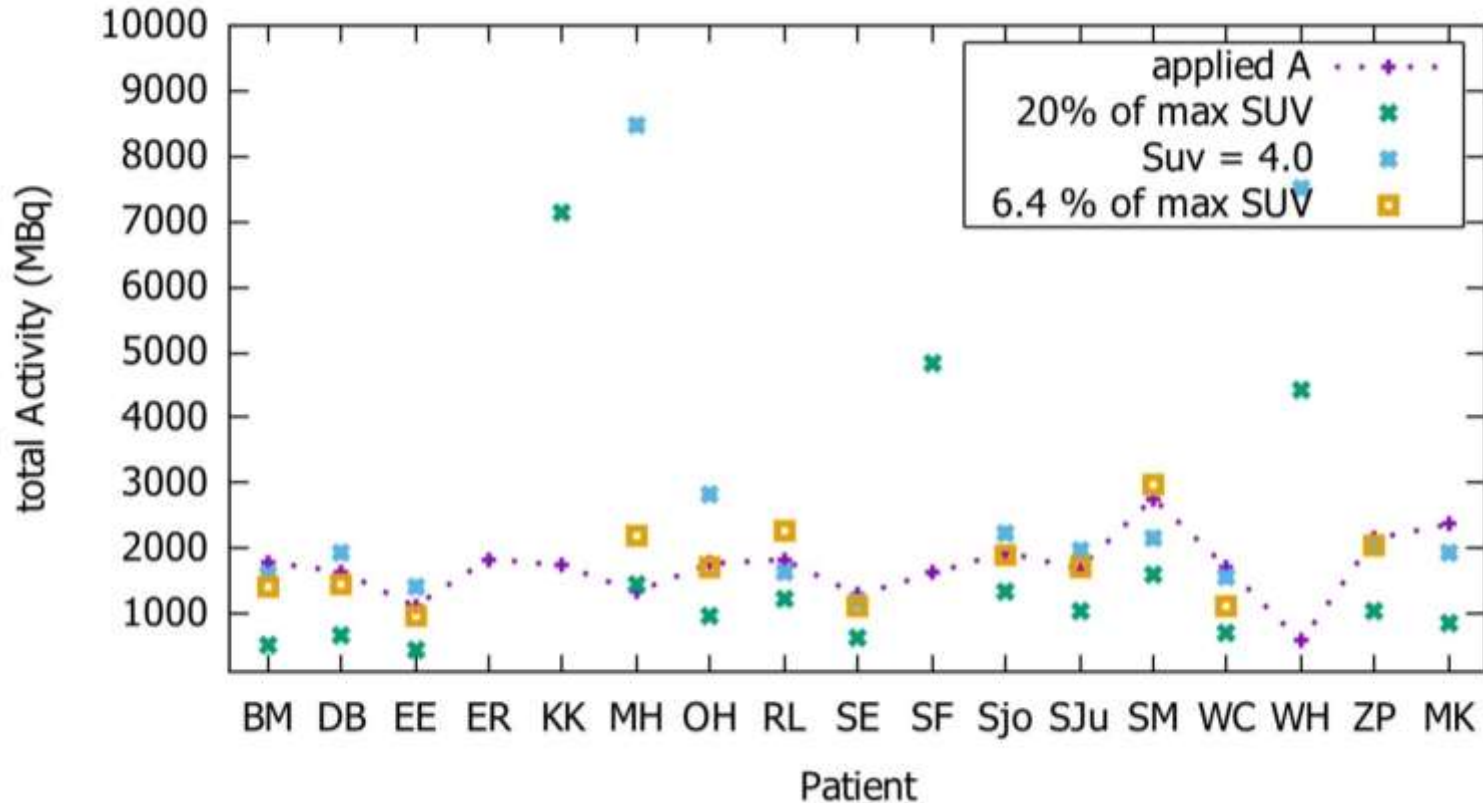
Relation between Threshold and Activity - SF



Threshold Selection

- Stringent criteria necessary
- Evaluation of dataset with different VOI thresholds
 - 20 % of max. SUV value (Shcherbinin et.al., 2008)
 - SUV = 4.0
- Thresholds with background corrections tested but discarded
- Excluding outliers best common threshold is 6,4 % of max. SUV value

Total activity



Activity → Dose ?

Main challenge: activity very inhomogeneously distributed

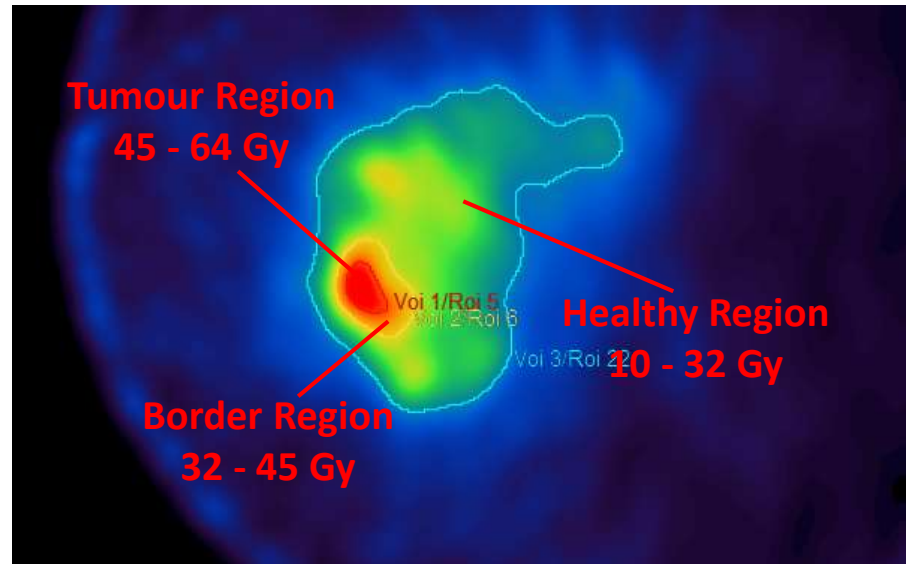
Constant dose:

$$\bar{D}(\text{Gy}) = \frac{49.67 * A_0 (\text{GBq})}{M(\text{kg})}$$

Example: A= 1.12 GBq

D= 36 Gy

$$D(\text{Gy}) = \frac{49.67 * 10^{-6}}{1.04} * c(\text{Bq cm}^{-3})$$

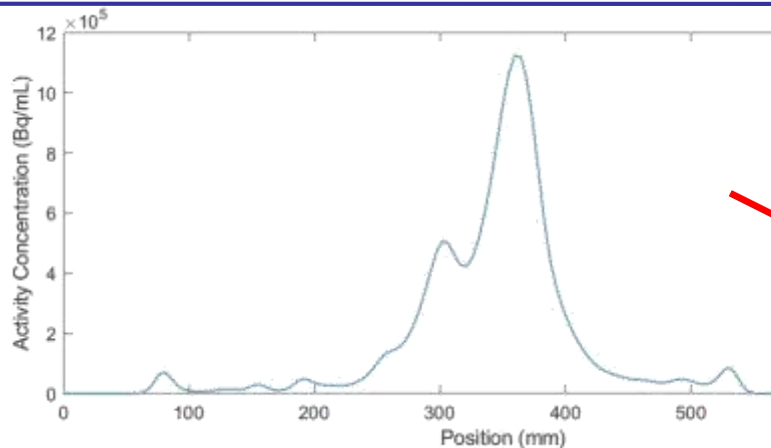


Formulae from:

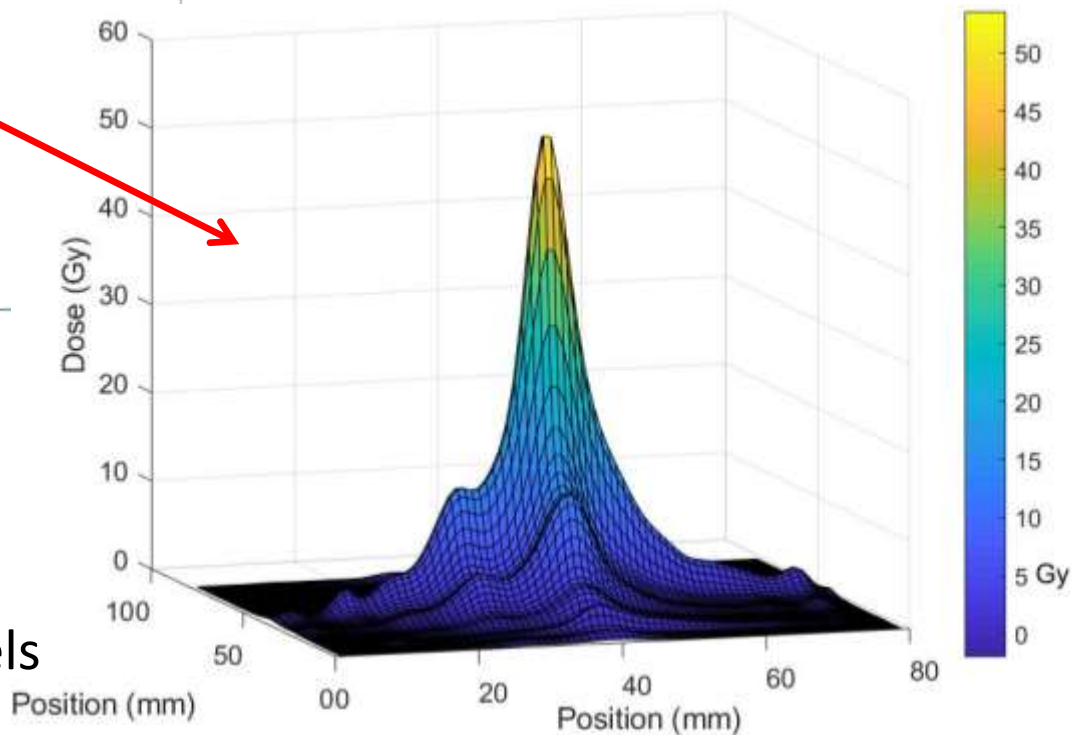
Dieudonne, A., Hobbs, R., et al.,

Clin. Transl. Imaging (2016) 4:273-282

More refined approach



Calculating a dose profile out
of the activity distribution
But: only for one layer
and interaction between voxels
is not taken into account



Conclusions & Outlook

- Quantitative reconstruction yields reasonable results
- Criteria for VOI thresholds improve reproducibility
 - 20% of max SUV for most accurate volumes as in *Shcherbinin et.al.*
 - Mathematical relation for best threshold value found
 - use beyond this study needs to be investigated
- Rough estimation of dose possible, but interactions between microspheres should be modelled

Outlook:

- Monte-Carlo based dose evaluation, yielding 3D dose model and values for tumour doses and healthy liver doses

Thank you for your attention!



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References

- **Dieudonne, Arnaud, et al.** Absorbed-dose calculation for treatment of liver neoplasms with Y-90 microspheres. *Clin. Transl. Imaging.* 4:273-282, 2016.
- **Shcherbinin, S., et al.** Accuracy of quantitative reconstruction in SPET/CT imaging. *Phys. Med. Biol.* 53: 4595-4604, 2008.
- **Porter, Charlotte A., et al.** Phantom and clinical evaluation of the effect of full Monte Carlo collimator modelling in post-SIRT yttrium-90 Bremsstrahlung SPECT imaging. *EJNMMI Research.* 8:7, 2018.
- **Sohlberg, Antti O. und Kajaste, Markus T.** Fast Monte Carlo-simulator with full collimator and detector modelling for SPECT. *Ann. Nucl. Med.* 26:92-98, 2011.