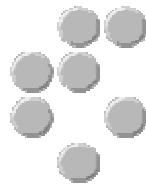
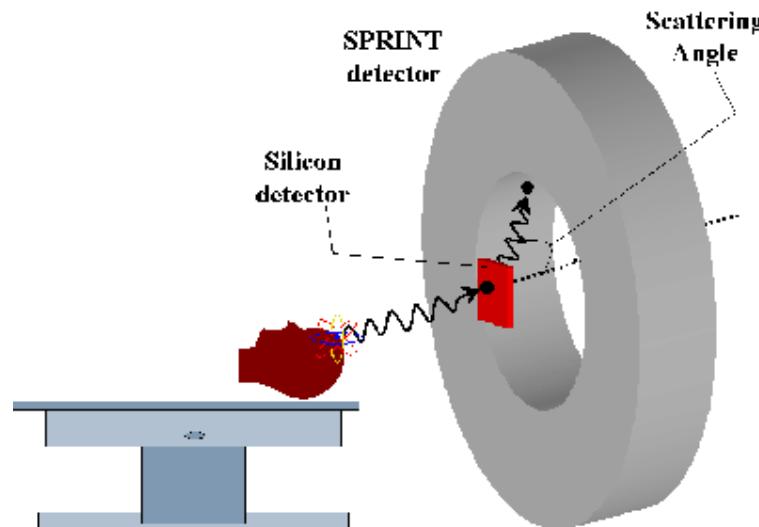
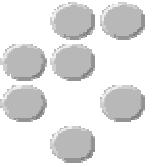


# First Coincidences in a Pre-Clinical Compton Camera Prototype for Medical Imaging



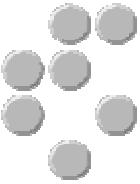
Andrej Studen,  
Jožef Stefan Institute  
for  
CIMA collaboration





## Outline

- Why Compton collimated imaging for medical applications?
- Promising results of our prototype.
- Simulations proving Compton collimation based devices useful at combating cancer .



## Single photon emission imaging

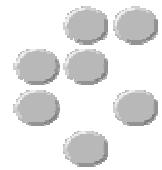
Radio tracers – atoms emitting  $\gamma$  rays.

Source	Energy [keV]	Half-life [min]
$^{99m}\text{Tc}$	140.5	6 h
$^{111}\text{In}$	245	2 days
$^{131}\text{I}$	364	8 days
$^{22}\text{Na}, ^{18}\text{F}, ^{11}\text{C}, ^{15}\text{O}$	511	950 days, 1.8 h

Bonded to a bio-molecule (glucoses, enzymes,...)

Detecting the spatial distribution of the sources is detecting the spatial distribution of the bio-molecule.

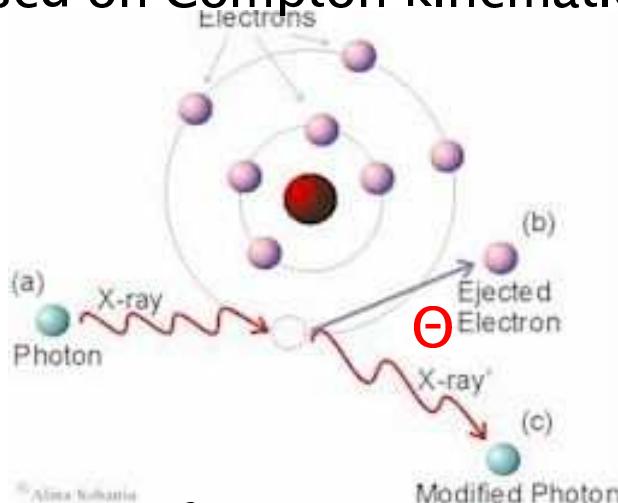
In vivo imaging of the bio-molecule metabolism in humans and animals.



## Compton collimated medical imaging

AIM: To detect the spatial distribution of the radio tracers

Reconstruction of the scattering angle based on Compton kinematics.



$$\sin^2 \frac{\theta}{2} = \frac{1}{\mu} \frac{\epsilon}{1 - \epsilon}$$



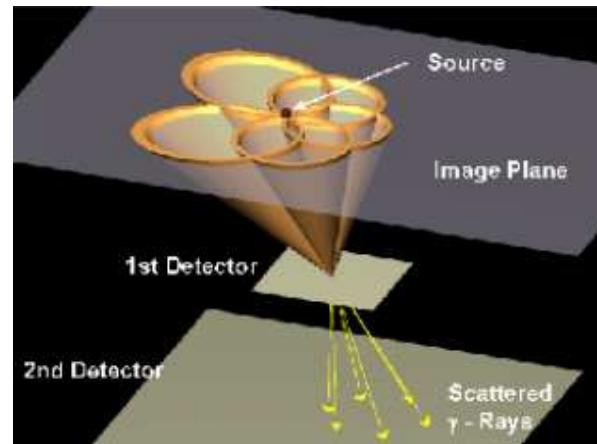
Measure:  $\epsilon$ , two interaction points

$\Theta$  – scattering angle

$\epsilon$  – fraction of the initial photon energy transferred to the electron

$\mu$  – energy of the initial photon in units of the electron rest mass

Two detectors:  
a scatterer(1<sup>st</sup>) and an absorber(2<sup>nd</sup>).



The cone with  
opening angle  $\theta$

Intersections of the cones reconstruct the  
3D spatial distribution of the sources.

## Requirements – resolution

Resolution of the reconstruction:

- scattered photon track (spatial resolution of both detectors)
- scattering angle (most challenging):
  - energy resolution in scatterer
  - Doppler broadening

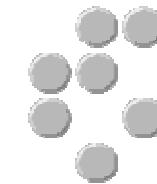
Energy resolution  $\Delta\epsilon$

$$\sin^2 \frac{\theta}{2} = \frac{1}{\mu} \frac{\epsilon}{1-\epsilon} \rightarrow \Delta\theta = \frac{1}{\sin\theta} \frac{\Delta\epsilon}{\mu(1-\epsilon)^2}$$

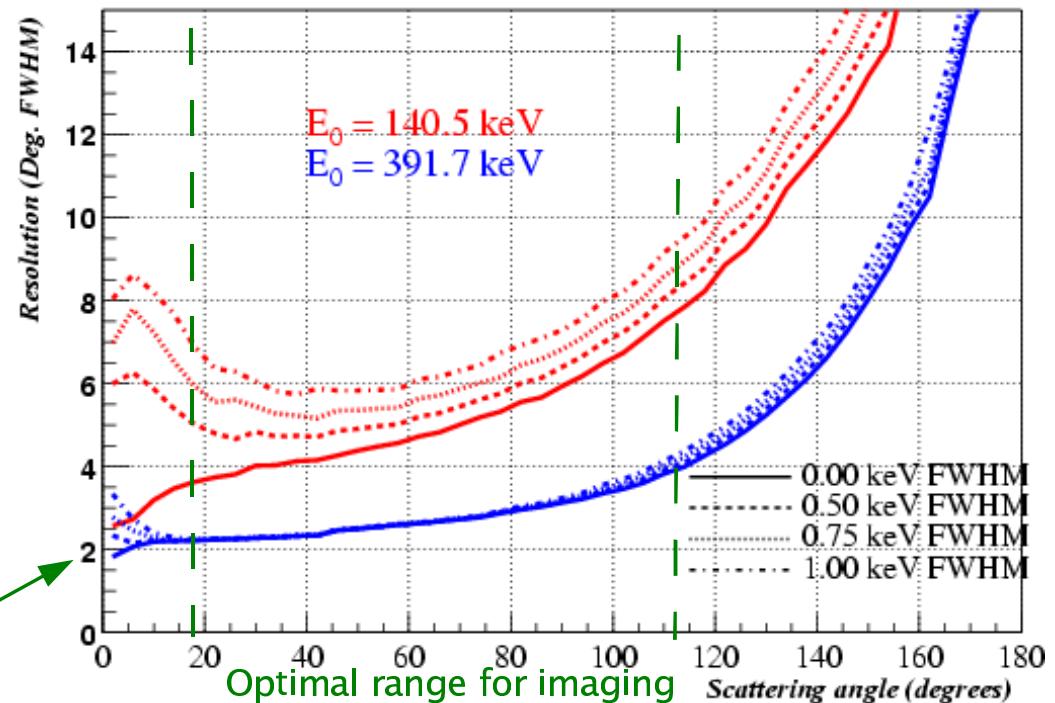
Doppler broadening

Bound electron has a non-negligible kinetic energy.

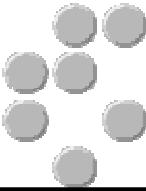
1 mm res.  
3 cm from detector



Angular resolution combined (Si)



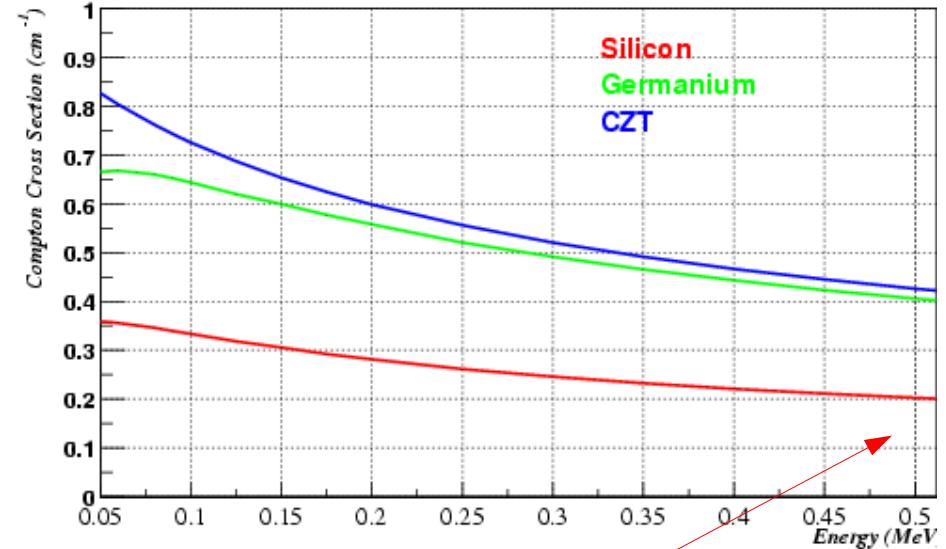
Resolution on electron energy in the scatterer should not be worse than 1 keV FWHM for resolution on a mm scale.



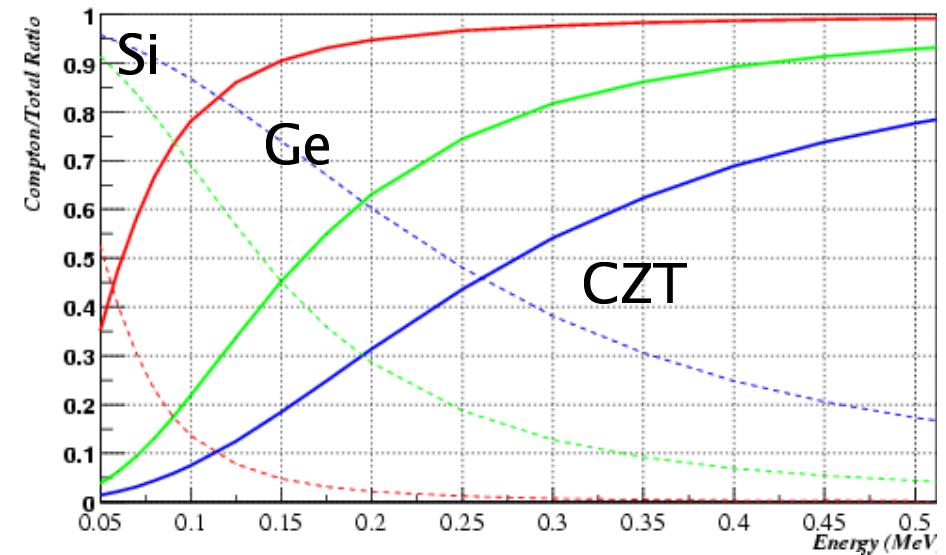
## Requirements – Si as a scatter detector

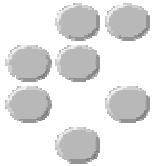
- Good energy and position resolution.
- Mature processing and wide-spread use.
- Simple operating conditions (hospitals!).
- Robustness.
- High Compton to photo-interaction ratio (but low interaction probability).
- Reasonable price.

Silicon seems a good candidate!



2% in 1 mm

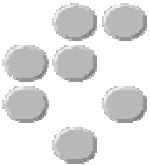




## Requirements – Absorber: NaI coupled to PM tubes

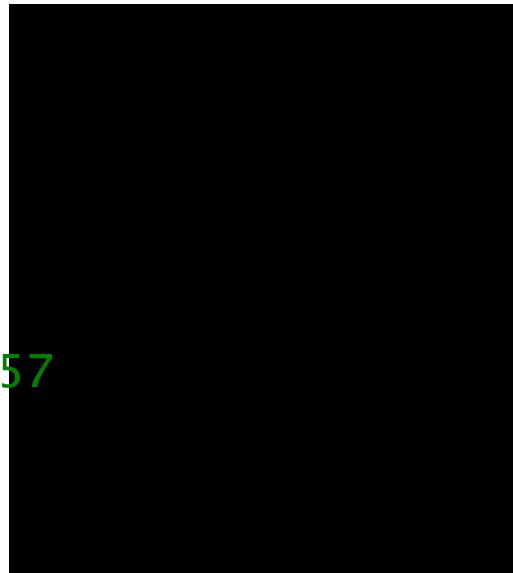
- Good efficiency for photo-absorption.
- Good spatial resolution.
- Energy resolution not crucial.
- Simple and ready to use, on the market for 50 years.
- Wide-spread use in medical imaging.

Scintillator-PM modules should do the job.



## Comparison with present imagers

Hal Anger, 1957

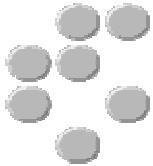


Siemens, 2000

- Mechanical collimation: trade-off of efficiency vs. spatial resolution.
- “Electronic” collimation in Compton camera (**no mechanical collimation needed, no trade-off**) increases efficiency for a few orders of magnitude at 5 times better spatial resolution.

BUT:

- **Technically demanding.**
- **Demanding image reconstruction.**



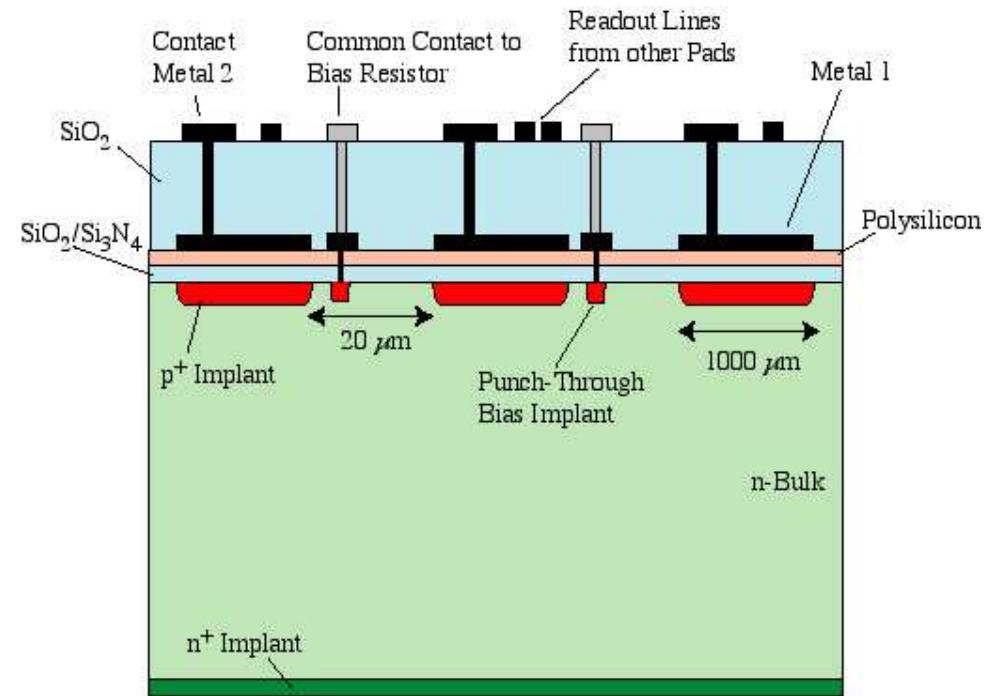
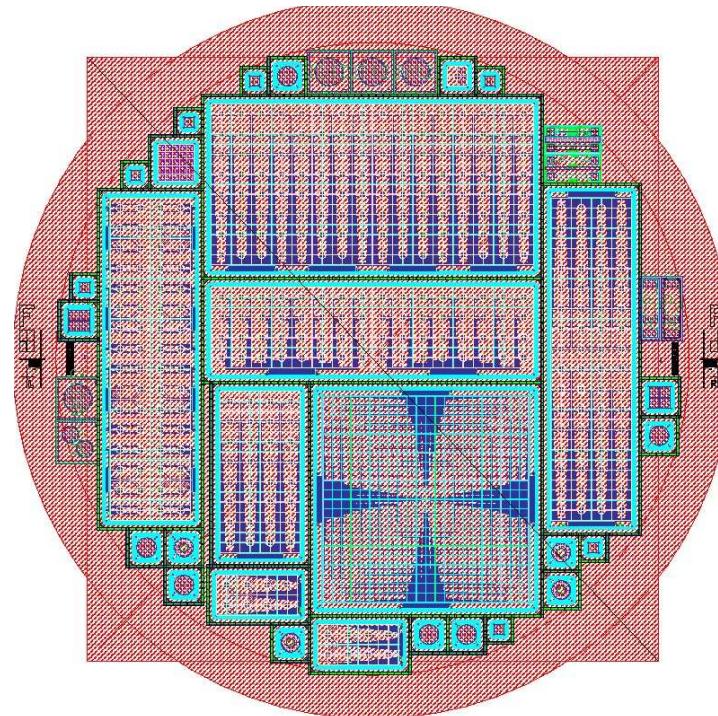
## SETUP – Outline

Scatter detectors:  
sensors, electronics, trigger.

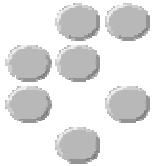
Absorber:  
crystal, electronics, trigger.

Coincident setup:  
readout, timing properties, reconstruction.

# Silicon sensors



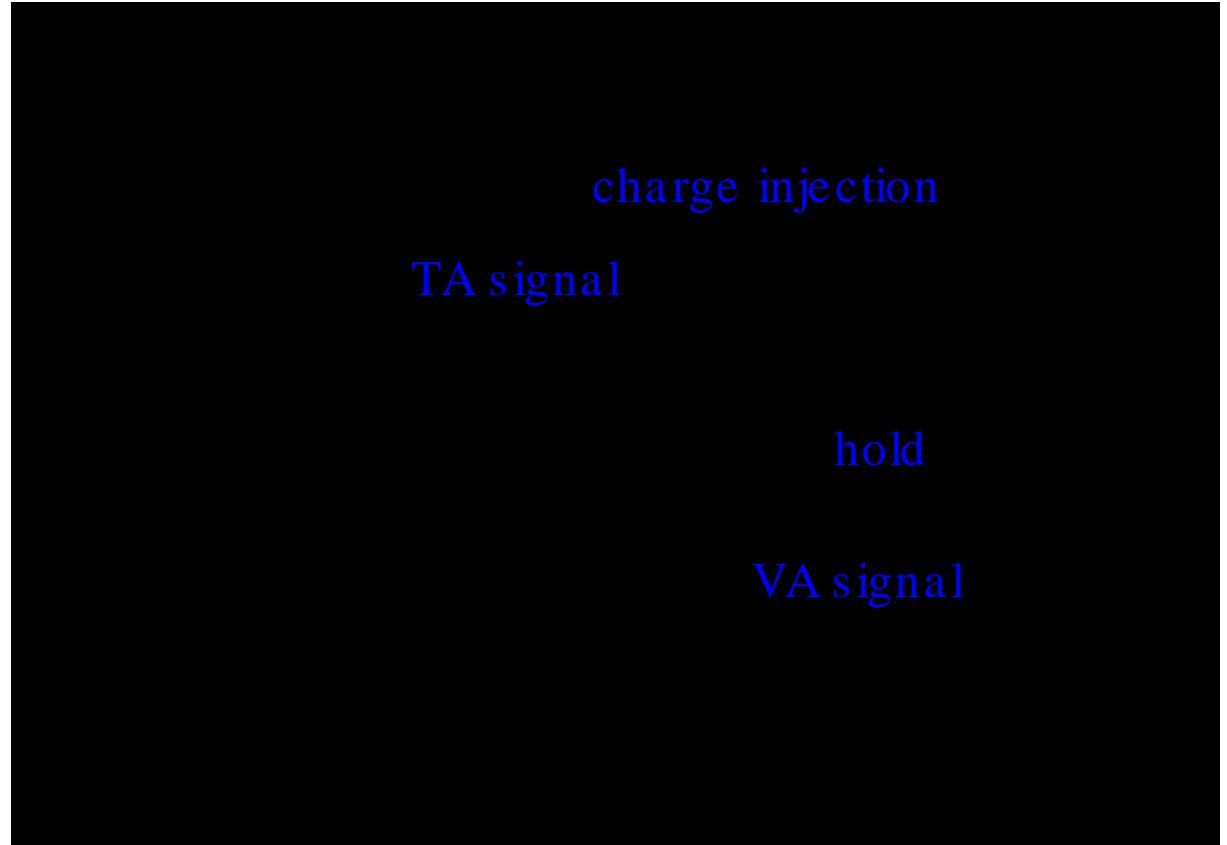
- SINTEF, 0.5 mm & 1 mm thick
- $1.4 \times 1.4 \text{ mm}^2$  pads, double metal
- Currents less than 100 pA/pad measured
- DC coupled

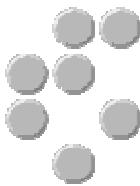


## Front-end electronics – VATAGP3

VATAGP3(IDEAS, Norway):

- 128 channels, amplifiers and shapers.
- Low-noise, self-triggering
- Shaping time of 150 ns for trigger.
- Shaping time of 0.5–5  $\mu$ s for analog output.
- Sample & Hold.

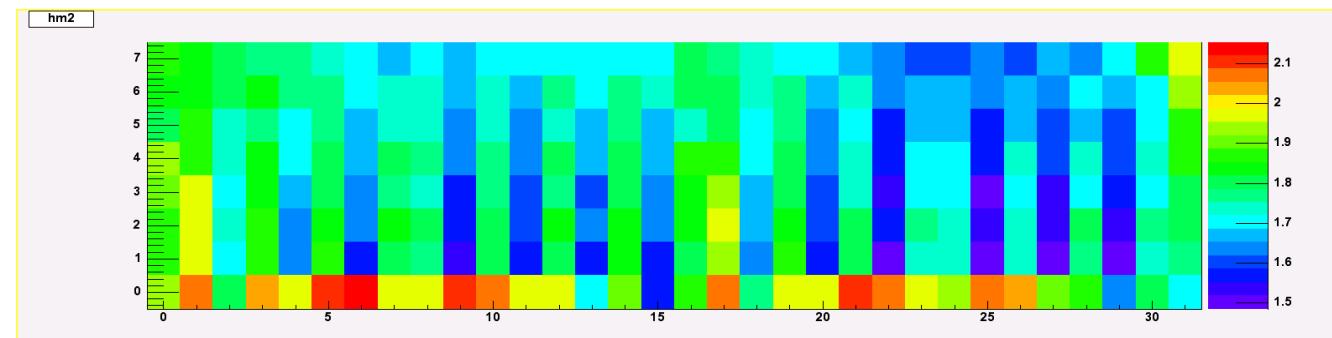




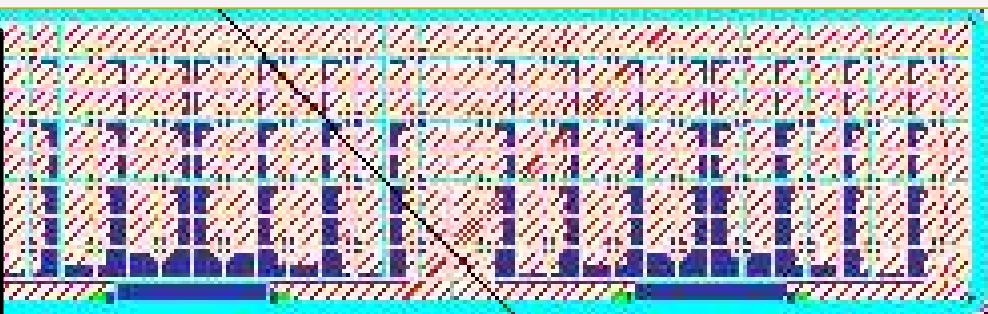
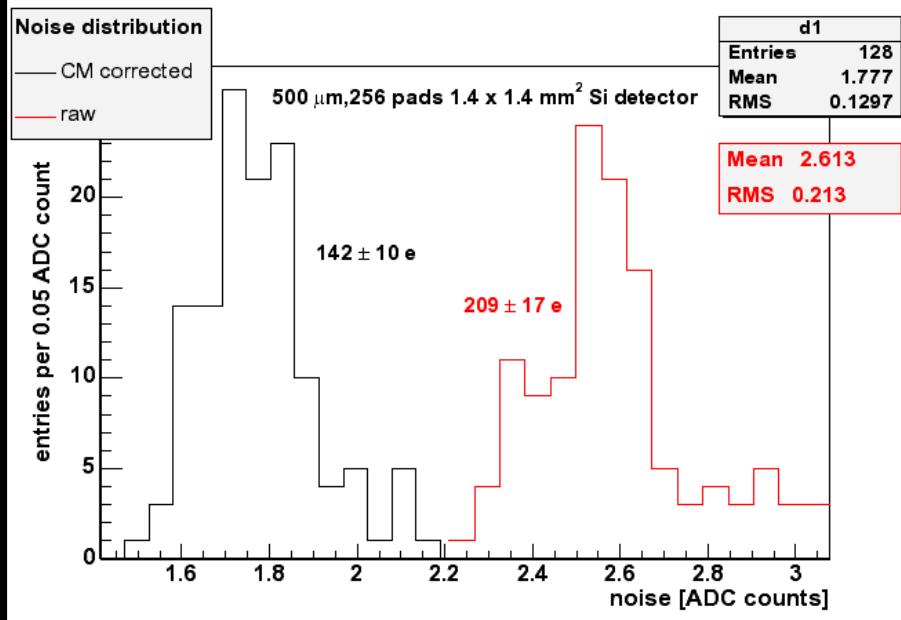
## VA part

CR-RC shaping, shaping time of 4  $\mu$ s selected

Measured noise, mapped to detector:



Measured noise distribution:

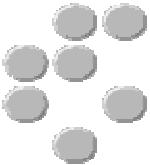


Noise correlated to 2<sup>nd</sup> metal layer capacitance

Current contribution less than 100pA

@ 4  $\mu$ s : less than 45 e ENC  $\rightarrow$  small

$\sigma_{\text{total}} = 142 \text{ e ENC} \rightarrow 1.2 \text{ keV FWHM} \rightarrow \text{quite good!}$



## TA part – the trigger

CR-RC shaping, 150 ns shaping time.

Noise: 500 e ENC.

Time-walk and jitter spread the timing of the pulse.

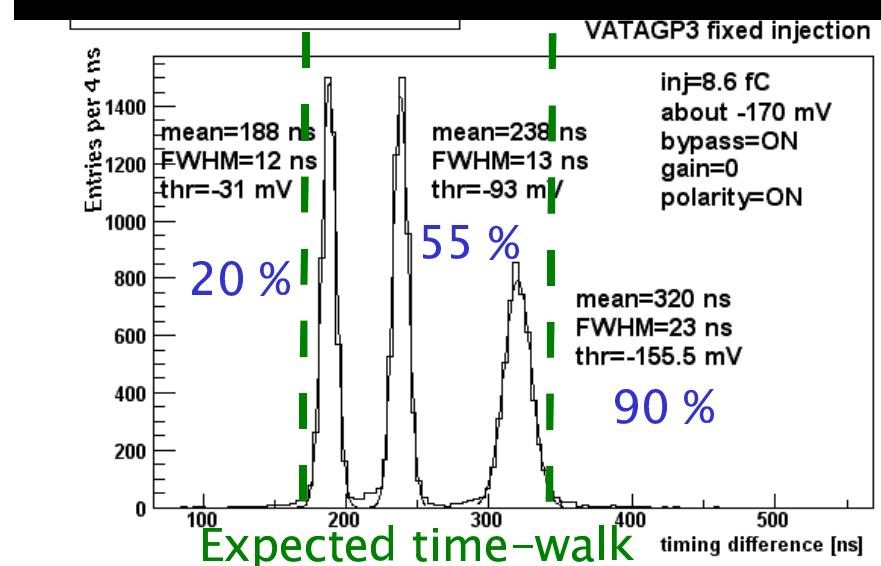
No on-chip time-walk compensation.

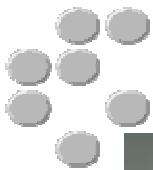
Predicted time-walk of 150 ns.

Measured jitter from 12 to 23 ns FWHM.

**Essential for coincidence time-window!**

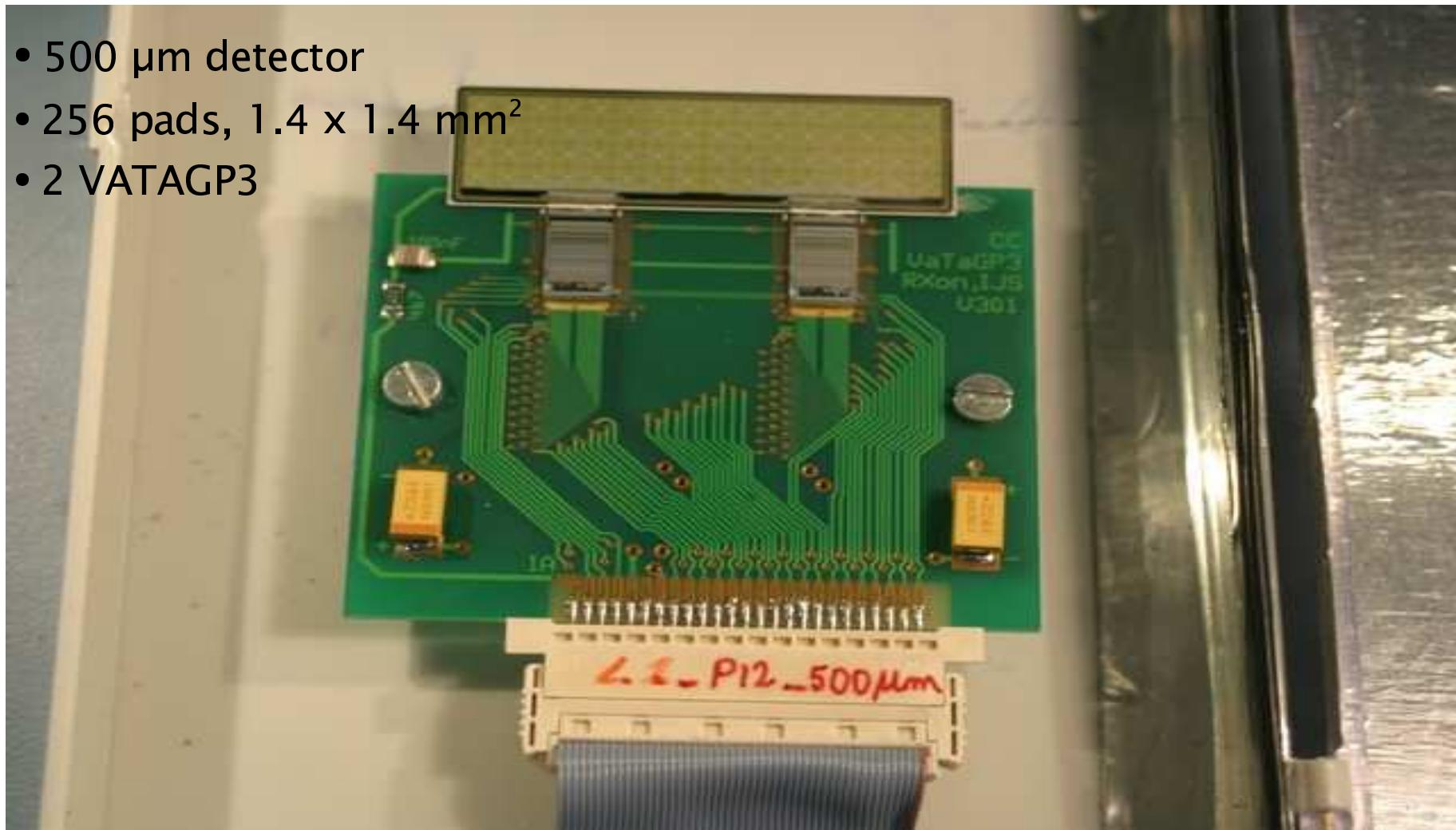
Fast shaped pulse (TA)

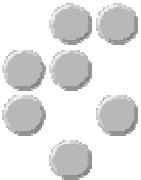




## Scatter detector module

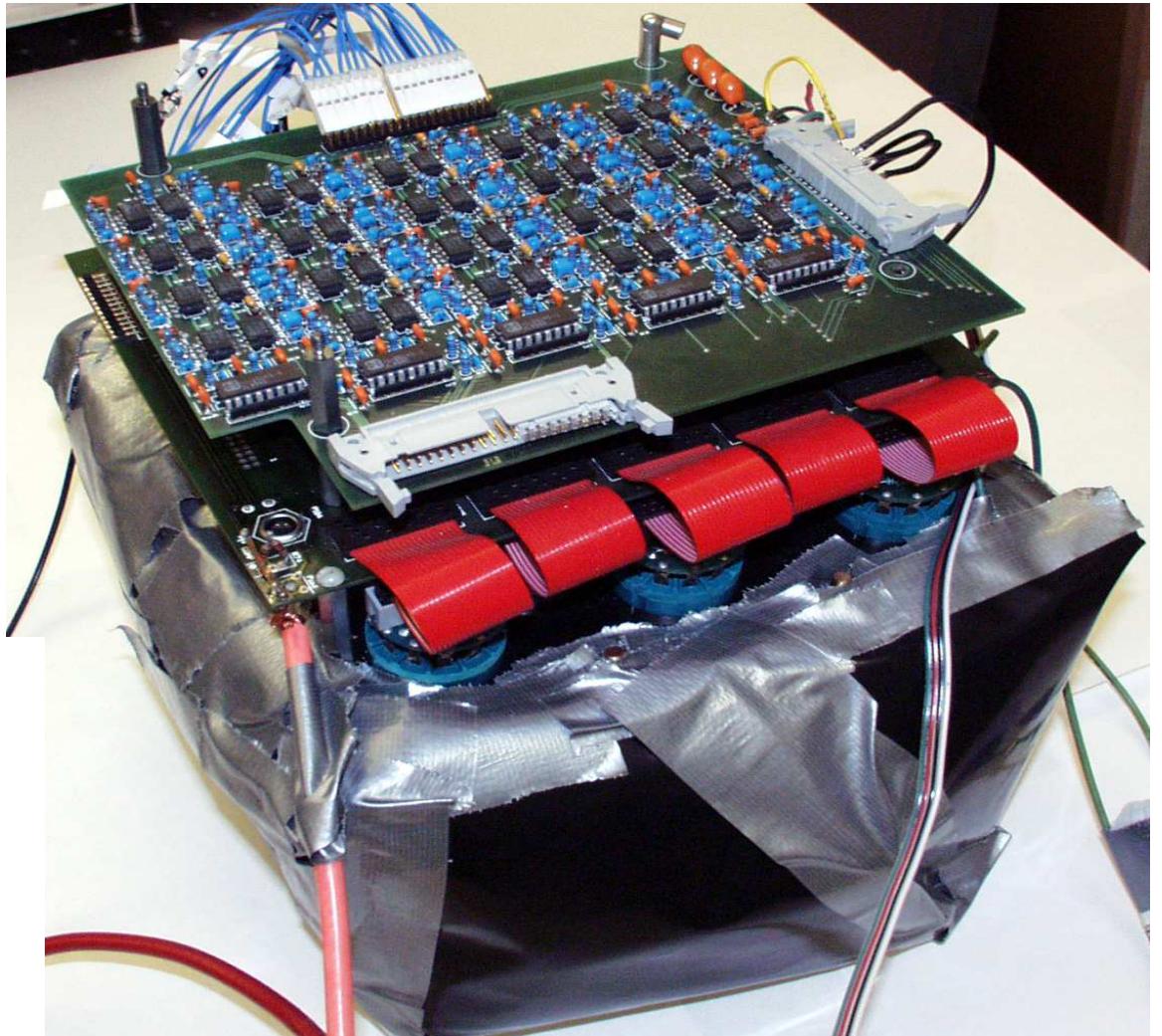
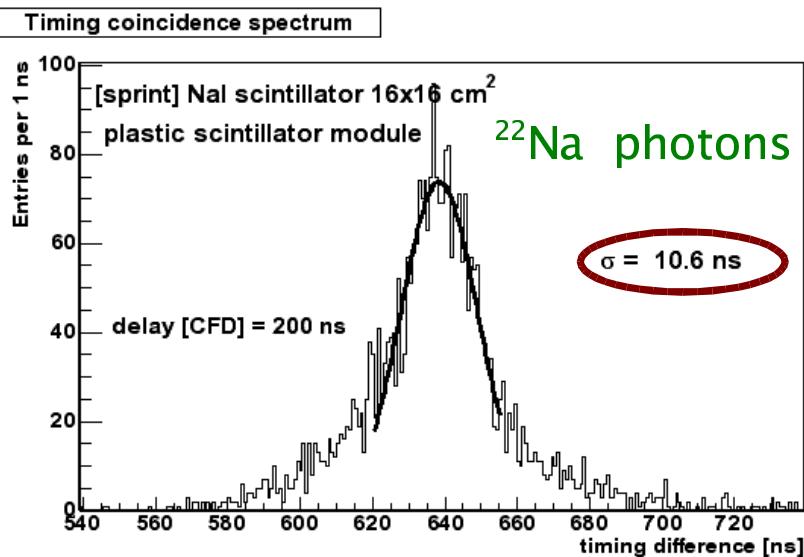
- 500 µm detector
- 256 pads,  $1.4 \times 1.4 \text{ mm}^2$
- 2 VATAGP3

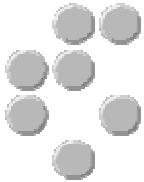




## Absorber module

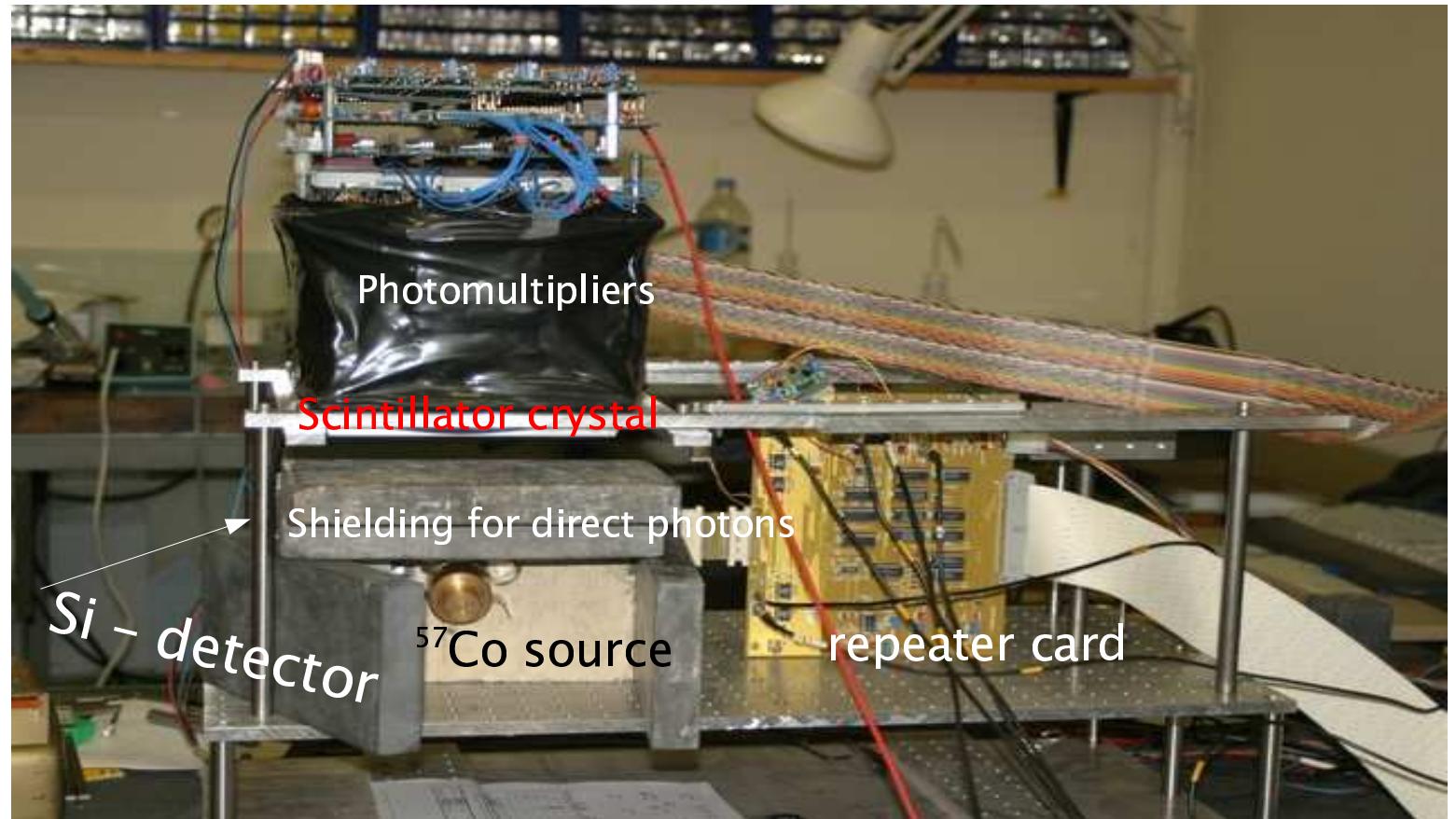
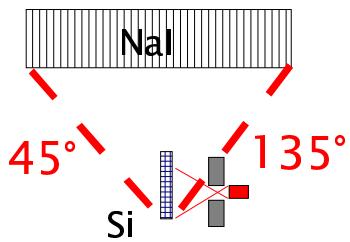
- $16 \times 16 \times 1 \text{ cm}^3$  block of NaI
- 20 PM tubes with 500 ns shaped output
- Summing amplifiers
- Trigger on CFD on 500 ns shaped hardware energy sum -> **timing!**

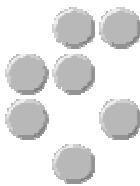




## Compton camera setup

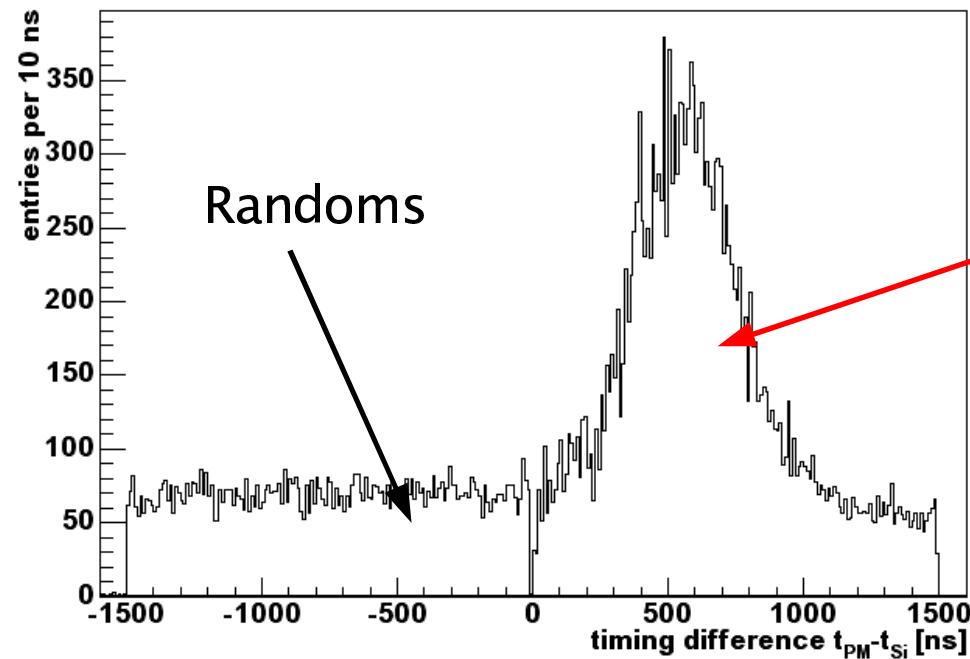
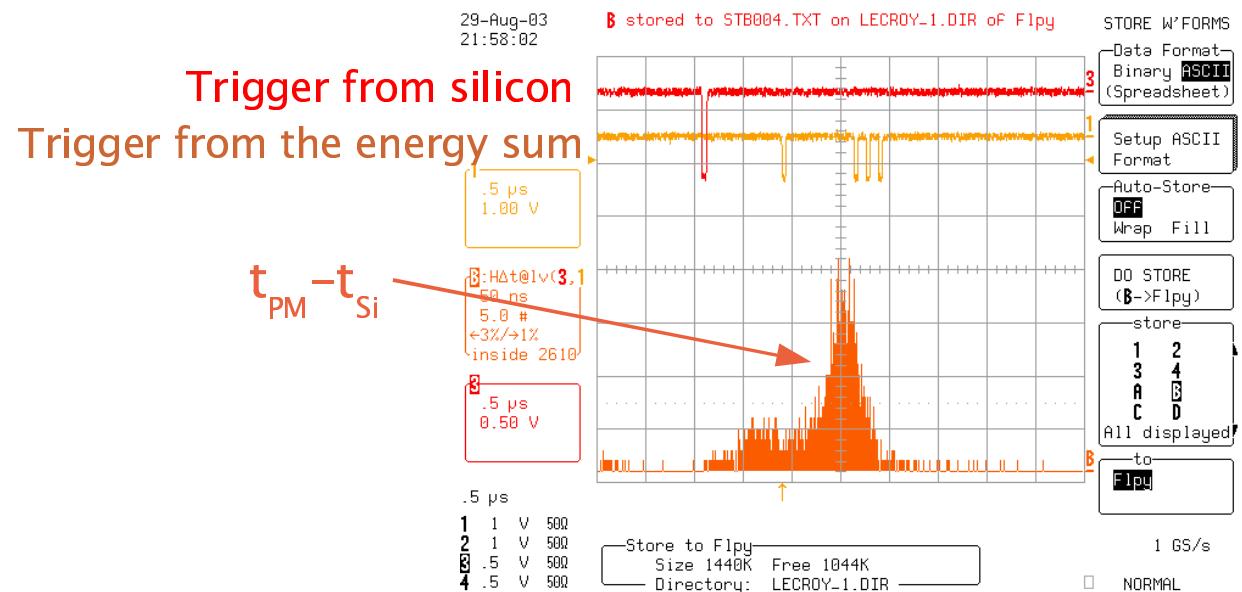
View from the side

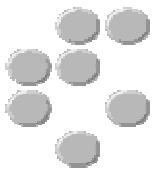




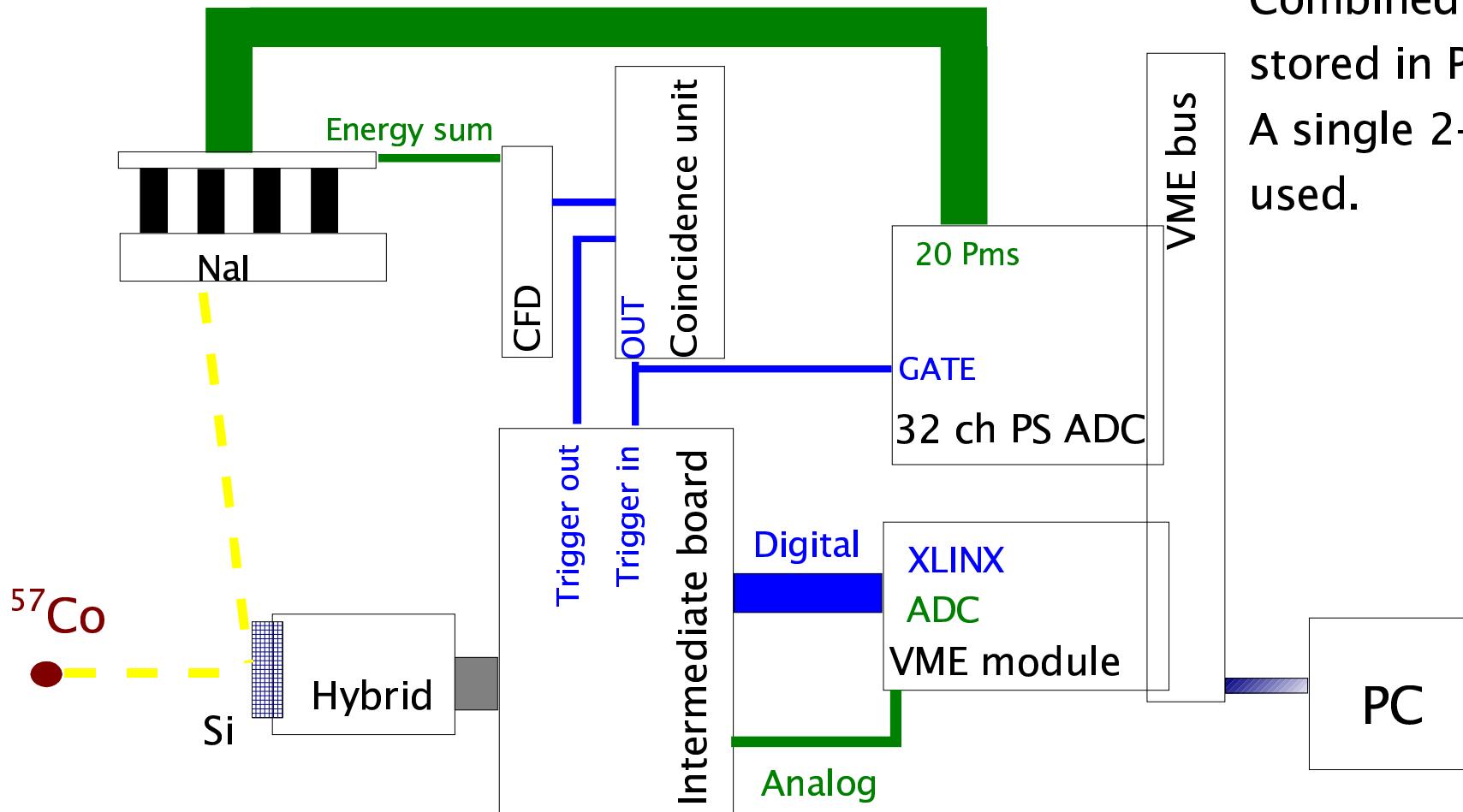
# Coincidences

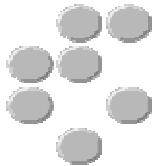
Timing correlation on the oscilloscope.





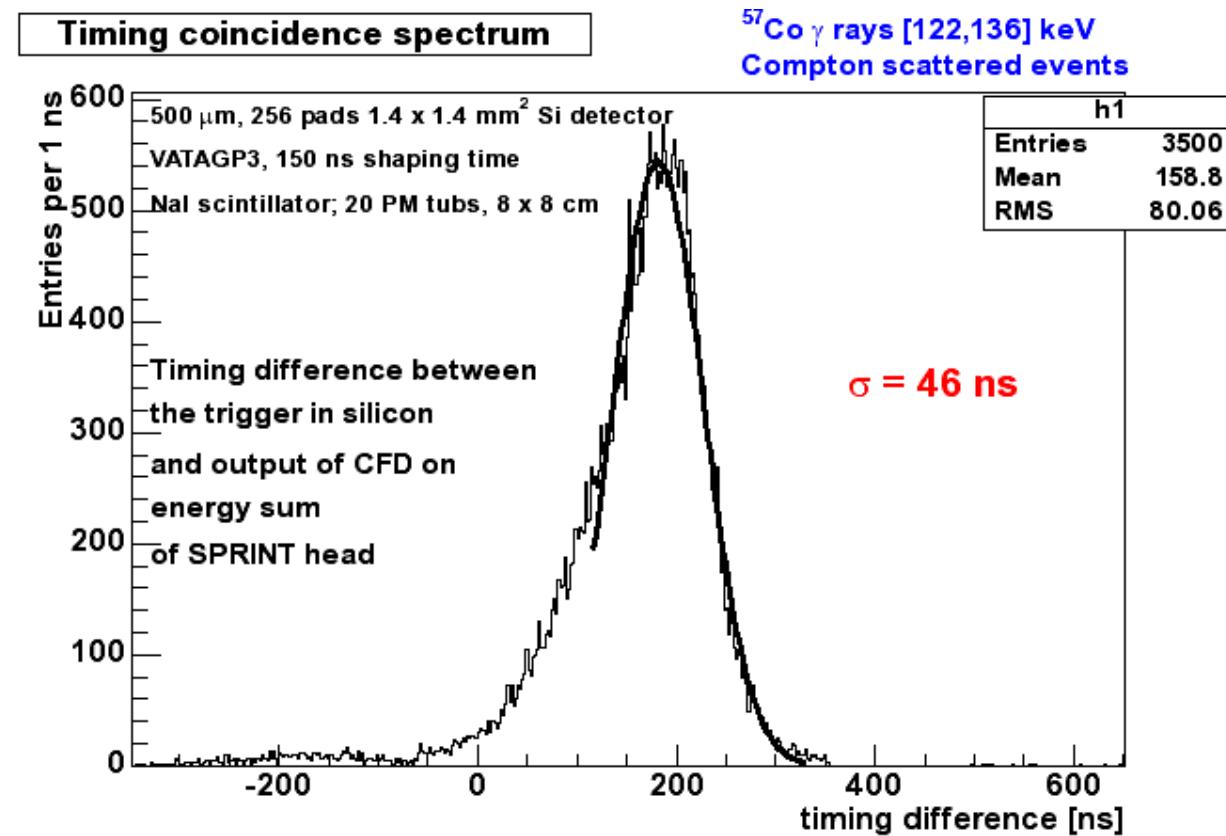
## Trigger, readout and data-storage

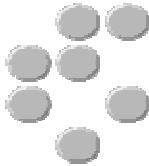




## Timing properties

- Asymmetric
- Tail towards shorter times – lower energies in silicon
- Coincident window of 400 ns used
- Low rate of randoms

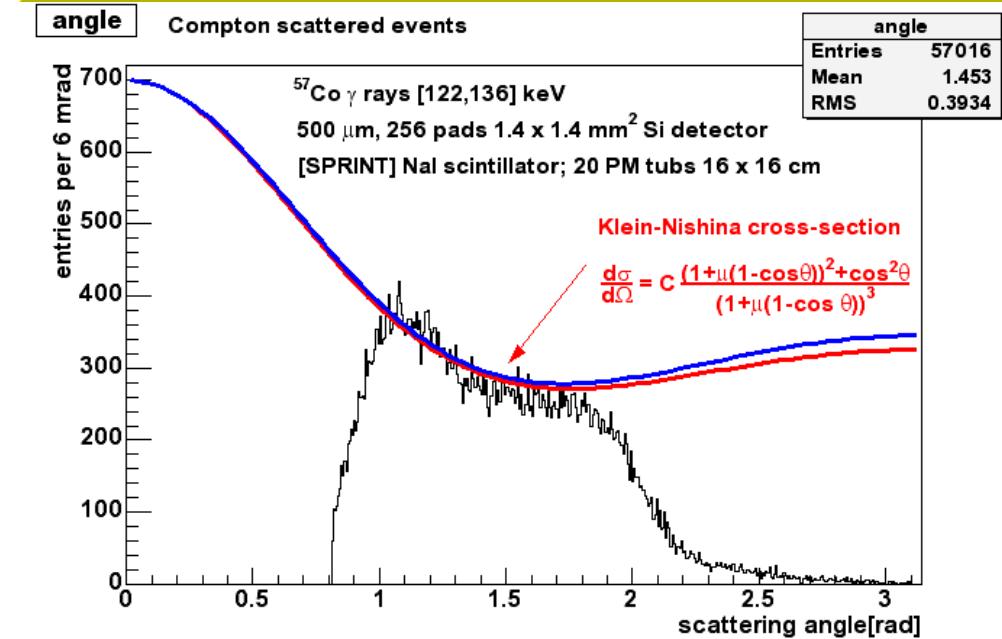
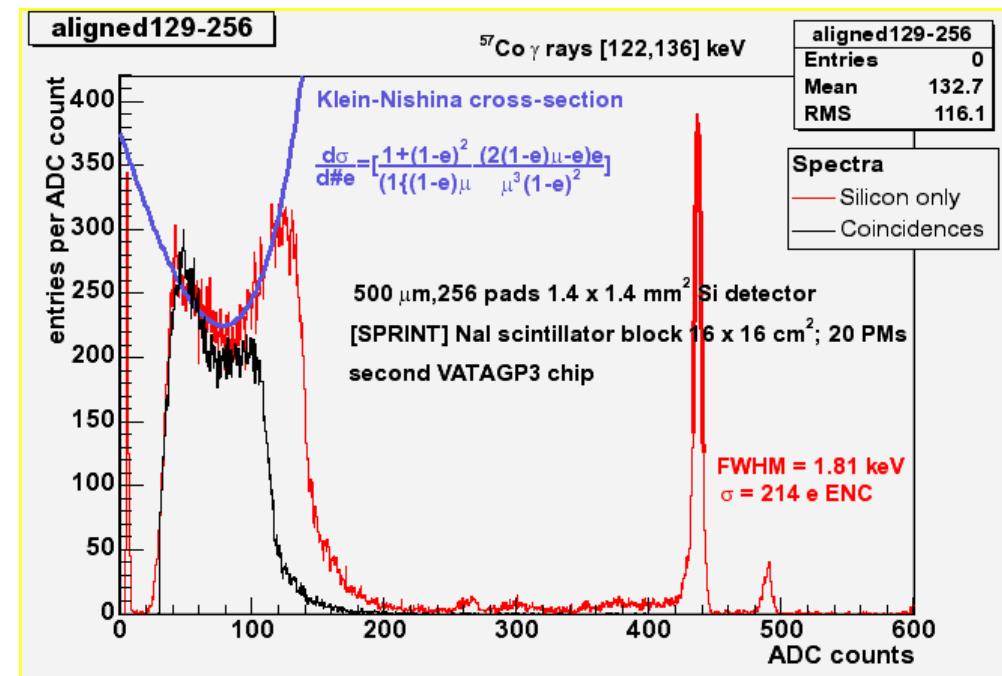




## Energy spectra Silicon detector

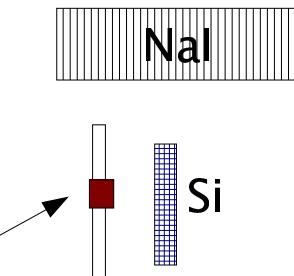
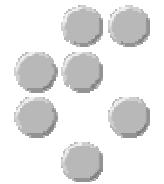
### Si-modules in self-triggering mode

- vs. coincident triggers:
- No photo-absorption peaks present in coincident spectrum
- low random coincidence rate
- Threshold in scatterer:  
 $8.2 \text{ keV} \rightarrow 0.8 \text{ rad}$
- Measured angular distribution  
-> fits Klein-Nishina formula

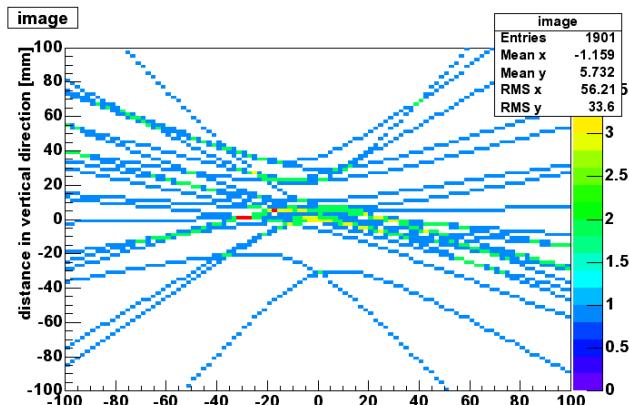


## Toy reconstruction

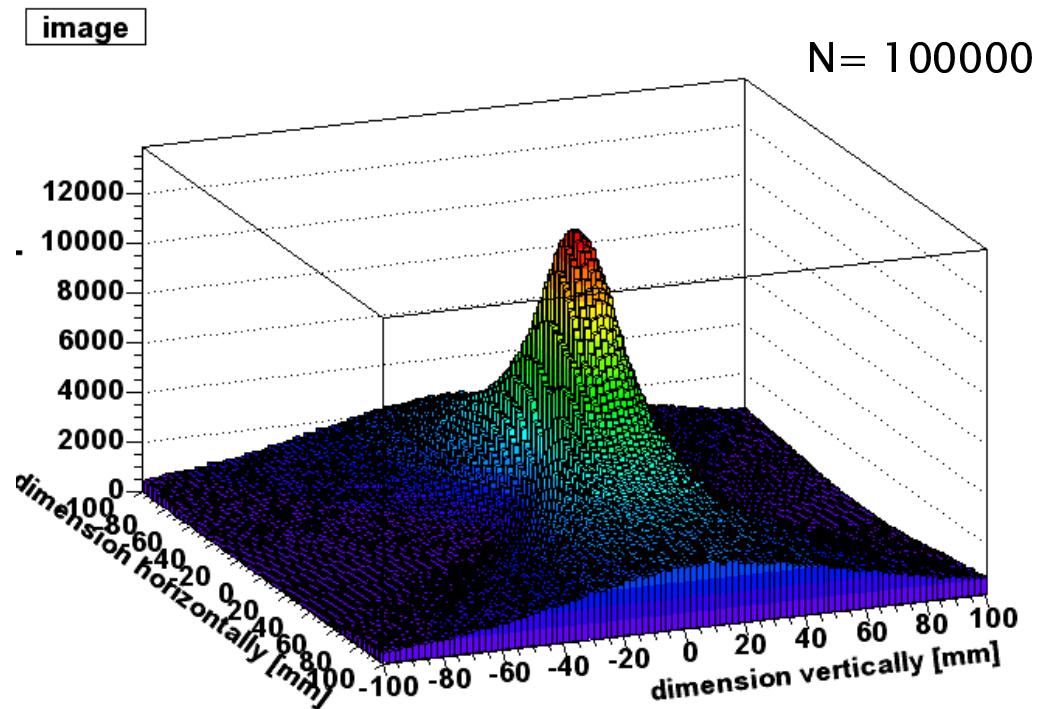
- 2D reconstruction on planes perpendicular to the scintillator plane, overlaying the cross-sections of cones with the plane in a histogram
- Low resolution:
  - poorly measured detector positions,
  - no scintillator calibration performed.



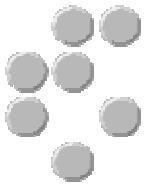
Plane containing the source



After N=10 events



Indication that the correct events are matched.



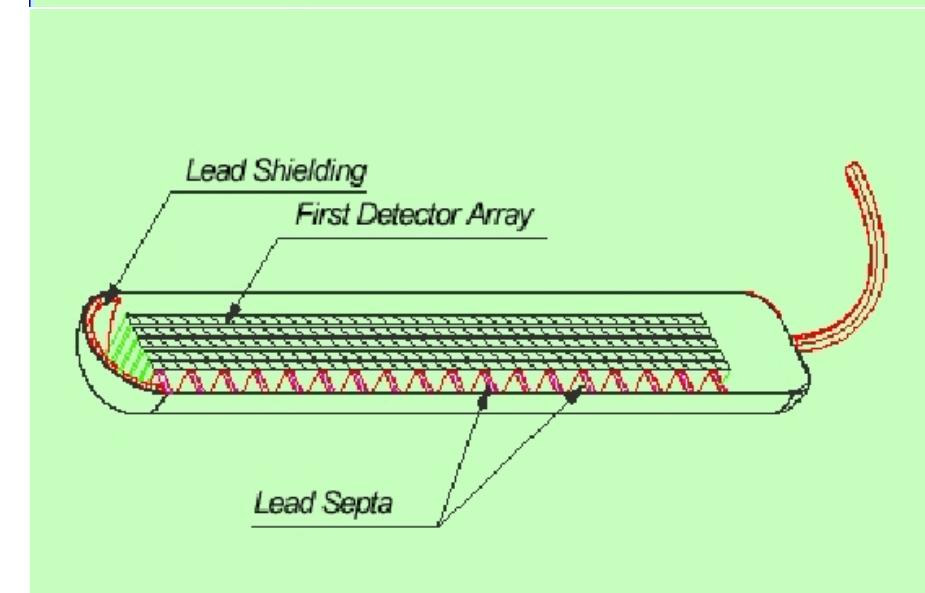
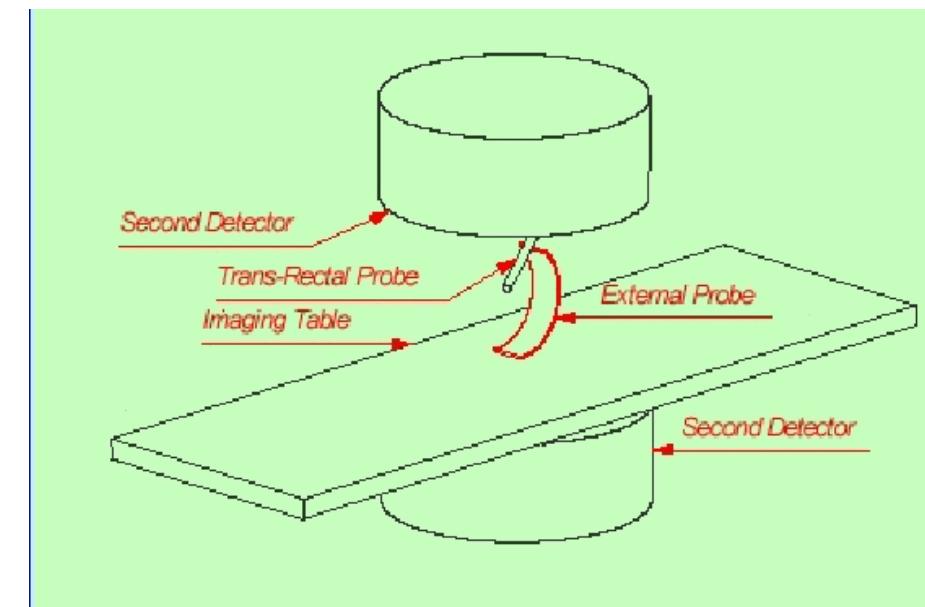
## Application: Prostate probe

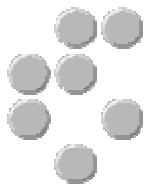
Motivation: **Prostate cancer.**

- 2<sup>nd</sup> most common cancer in men.
- ¼ of all cancers in men.
- 1/5 of men develop it.

AIM: To develop a non-invasive method for screening.

Status: Simulations.



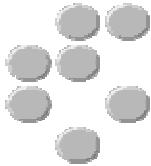


## Comparison of Compton probe vs. conventional imagers

Simulation results:

- 4 x 4 x 4 mm<sup>3</sup> voxel man phantom
- EGS4 physics simulation code.
- Compton probe (16 mm thick Si) inserted intrarectally
- external absorber ring surrounds the patient.

131 In (245 keV)	Efficiency [%]	Resolution [mm]
Compton Probe	1.80	2.5
High-Sensitivity Collimator	0.11	15.9
High-Resolution Collimator	0.04	10.5



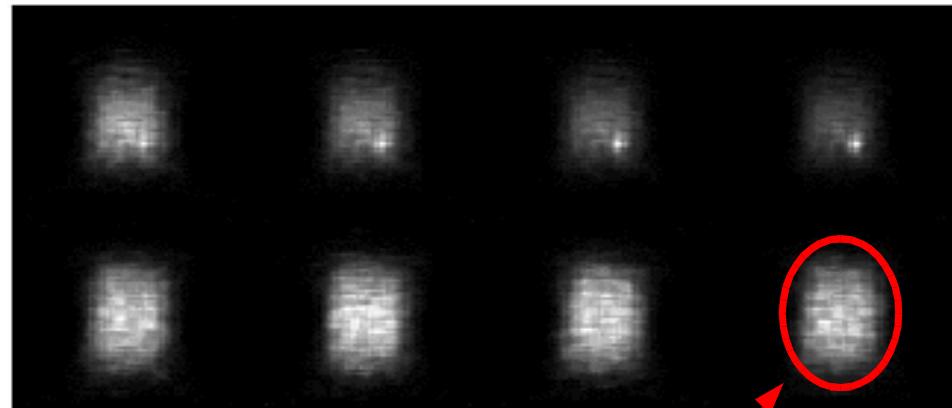
## Simulated tumors

### Compton probe

- Large field of view
- Proximity
- Higher resolution / efficiency

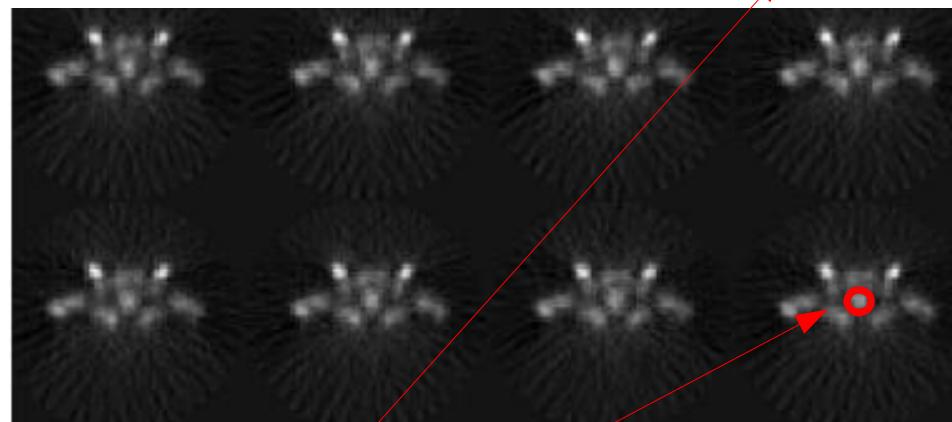
With tumor

5:1      10:1      15:1      20:1



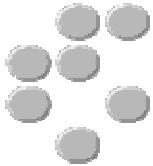
Background

With tumor



Background

Prostate



## Conclusions

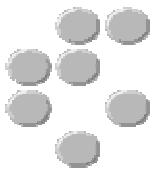
First coincidences have confirmed the Compton camera principle.

Still a lot of work to be done to integrate several layers of silicon with a full scintillator ring

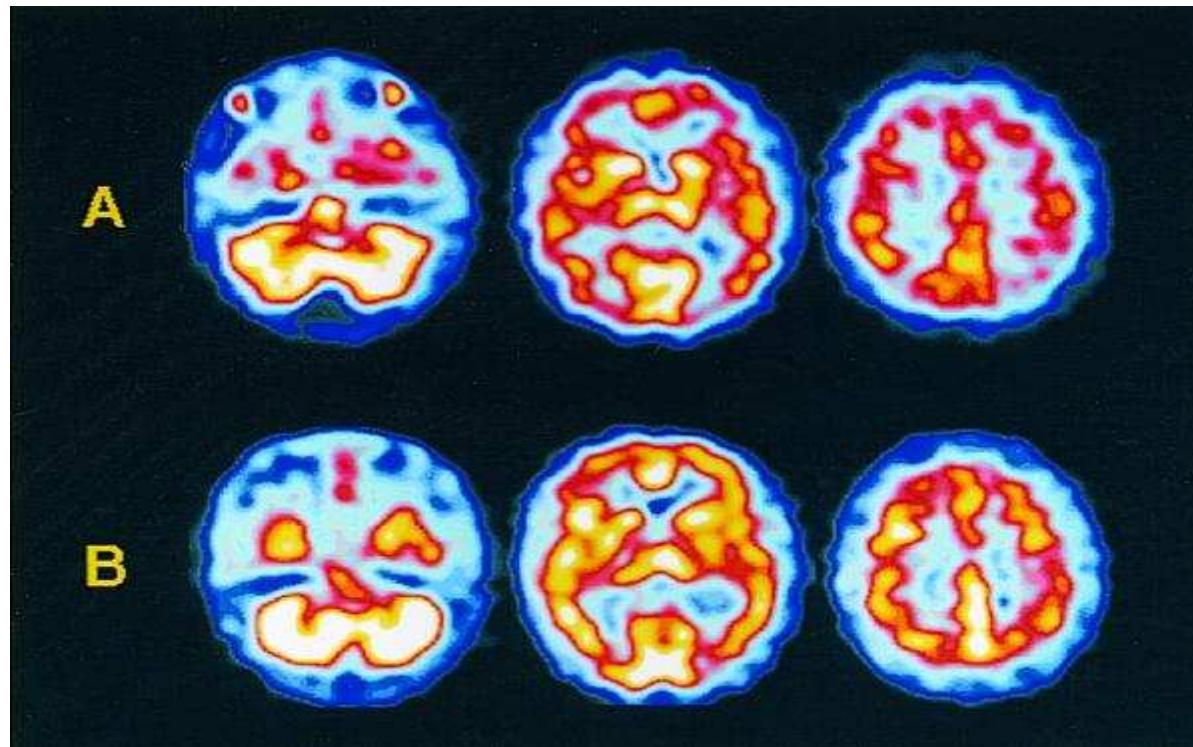
Prostate probe is an interesting application:

- High efficiency and resolution
- Aimed at screening
- Promising simulation results.

Aim for pre-clinical external probe prototype in early 2004.



## Example of emission tomography for detecting Creutzfeld–Jasobs disease -> brain scan



BMJ 316(7137):593–4