



Neural Network Approach for Photon-counting Detection – The First Step: PPE Correction

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Outline

- X-ray Detectors: EIDs vs. PCDs
- PCD Data Degradation
- Trigger Threshold Correction
- Monte-Carlo Simulation
- Discussions & Conclusion

Energy-integrating Detectors (EIDs)

- Mature technology in all current x-ray scanners
- Energy integration over the entire x-ray spectrum



Drawbacks of EIDs

- Energy-dependent information lost
 - Linear attenuation not tissue-type sensitive
- Data quality degenerated due to the dark current (electric/Swank noise)
 - Low SNR
- Low-energy photons under weighted

Poor contrast, beam-hardening

Photon-counting Detectors (PCDs)

- Voltage cross the threshold counted, individually and energy-sensitively
- Multiple energy windows spanning the spectral dimension for CT imaging



Advantages of PCDs

- Spectrally unique contrast
 - K-edge and fluorescence imaging, beam-hardening avoidance
- Low radiation dose
 - No electronic noise,

balanced photon weights, improved SNR

- High spatial resolution
 - Desirable for radiomics

PCD Data Degradation

- Pulse Pileup Effect (PPE)
- Charge sharing
- K-escape x-rays
- Compton scattering

Pulse Pileup Effect (PPE)



Pulse Pileup Effect (PPE)



Pulse Pileup Effect (PPE)

- PCDs degrade in the performance of detection tasks when the count rate exceeds 20% of the maximum rate
- Current compensation/calibration methods are not optimal and difficult to extend for different applications
 - Model must be accurate to
 - describe the detection process
 - Optimization must be specific to
 - address intended tasks
 - such as material decomposition or
 - contrast estimation

NN-based Trigger Threshold Correction



Trigger Threshold

- X-ray tube energy: 120 KeV
- Normal threshold: < 120 KeV
- Tigger threshold: > 120 KeV

Signal strength over the trigger threshold indicates whether PPE occurs and how severe it is

NN-based Correction for PPE





• X-ray spectrum – TASMICS

150

- 43 Combinations of Attenuators
 - Water, Bone, Blood w. 20% Gd
 - Thickness T = {20, 30} cm
 - Bone: T(bone) = {0, 1, 3, 5} cm
 - 20% Gd: T(Gd) = [0:4:20] cm
 - T(water) = T T(bone) T(Gd)

Normailzed Pulse Shape (deadtime = 1 μ s) ······· Unipolar Pulse 1 **Bipolar Pulse** Pulse Shaper 0.8 Unipolar Pulse Energy (keV) 0.6 Bipolar Pulse 0.4 0.2 0 0 2 3 4 5 6 7 8 9 1 Time (μ s) Photon • Detector Type Incident Paralyzable Inactive Paralyzable Active Nonparalyzable Inactive Nonparalyzable Active

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Time

Training and Testing Datasets

- 1,000 measurements for each attenuator
- Dataset 1:
 - 36 attenuators
 - Training, validation, testing = 60%, 20%, 20%
- Dataset 2:
 - 7 attenuators

- Deadtime Loss Ratio (DLR)
 - Paralyzable detector: $DLR = 1 \exp(-rate * deadtime)$
 - Nonparalyzable detector: DLR = 1 1/(1 + rate * deadtime)
- Coefficient of Variation (COV)

$$COV = RMSD/mean(\sum_{bin=1}^{N_b} n_{true,bin})$$
$$RMSD = \sqrt{mean(\sum_{bin=1}^{N_b} (n_{true,bin} - n_{predict,bin})^2)}$$

- Neural Network Model
 - + Fully-connected NN with 1 hidden layer
 - 512 hidden units
 - Dropout and L2 regularizer
- Unbiased Estimator

$$n_{unbiased,bin} = \frac{1}{N} \sum_{i=1}^{N} n_{true,bin}^{i}$$

Unipolar Pulse & Paralyzable Detector



• Bipolar Pulse & Paralyzable Detector



Unipolar Pulse & Nonparalyzable Detector



Bipolar Pulse & Nonparalyzable Detector



Future Plan for PPE Correction

- Systematic Simulation Study
- Phantom Experiments
- Preclinical Testing

How to Collect Unbiased Data?

- Perform realistic simulation with professional software tools
- Reduce the incident flux for PPE-free data via time integration

Future Plan for CS Correction

Charge Sharing: one photon is detected by multiple pixels with lower energies



Conclusion

We have proposed an NN/ML approach to handle PPE and other artifacts in PCD data

- Extract an optimal relationship between PCD data before and after degradation of any kind
- Potentially, the NN/ML approach can outperform the existing patented methods for PCD data correction, and improve photon-counting CT image reconstruction

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