

I INTRODUCTION

CCTA = Coronary Computed Tomography Angiography
Preferred non-invasive technique for detection of coronary artery disease

Problem: Cardiac Motion Artifacts

- May occur despite ECG-correlated acquisition and gated reconstruction
- Manifest in arc-shaped blurring and intensity undershoots
- Potentially limit or even preclude diagnosis or cause misinterpretations

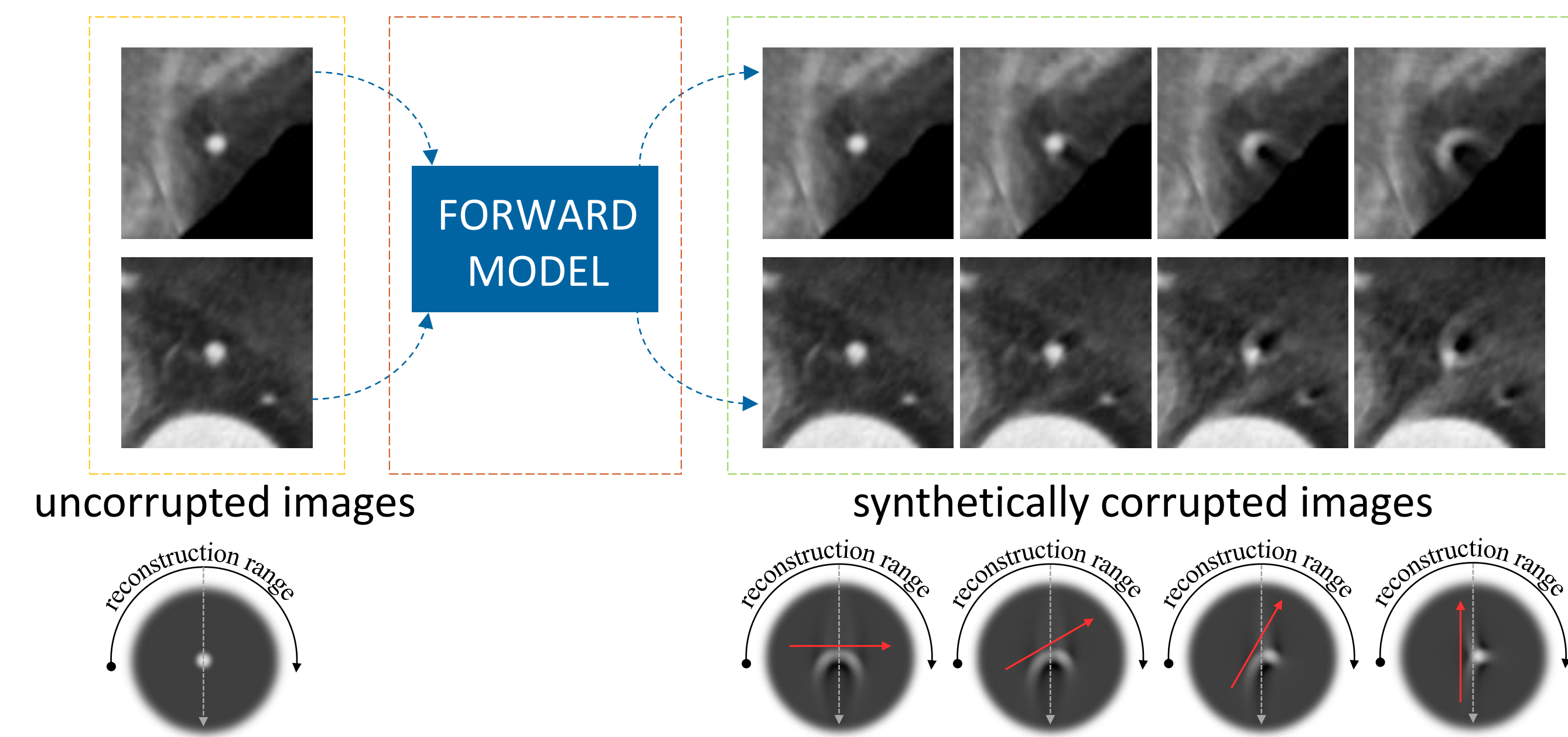
State of the art: Cardiac Motion Compensation

- Key components: motion vector field (MVF) estimation and subsequent motion compensated filtered back-projection (MC-FBP) [1,2]
- MVF estimation via 3D/3D registration of multiple heart phases [3,4]
- MVF estimation via iterative minimization of handcrafted artifact measures [5]

Can we perform motion estimation from a single reconstructed CT image based on the coronary artifact appearance?

- Goal: single-phase, image-based 2D motion vector estimation
- Constraint: constant linear motion in the axial plane

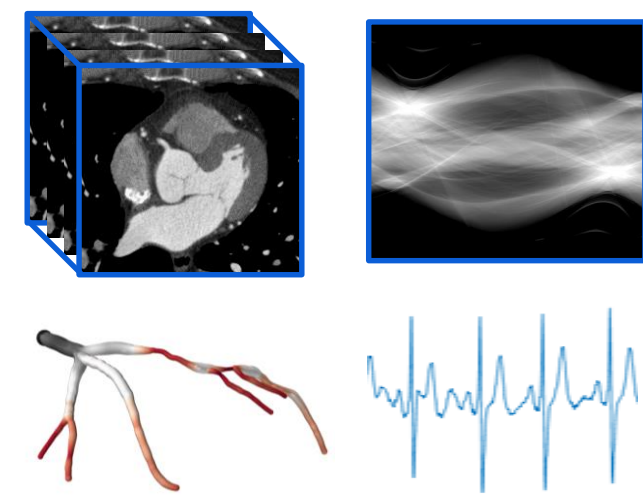
II DATA GENERATION



Main idea: Forward model [6, 7] introduces artificial motion to high quality CT cases to generate the required input and label data for supervised learning

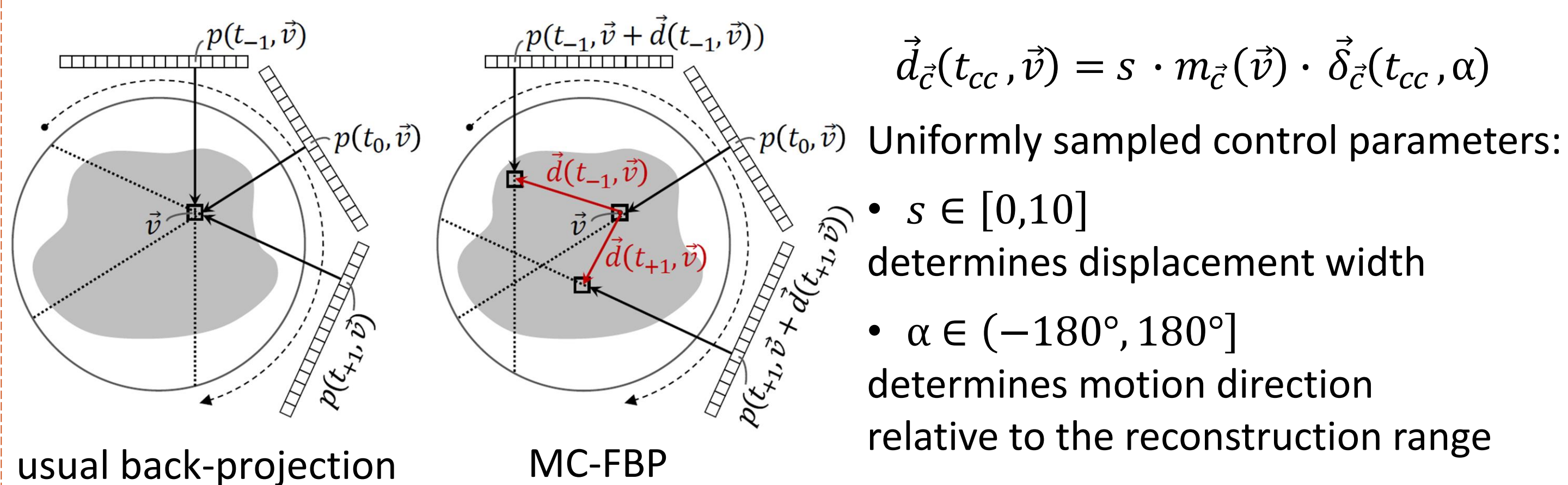
Reference Data

- Step-and-shoot cardiac CT data sets with excellent image quality
- Coronary artery tree including centerline and lumen contour
- Corresponding ECG-triggered raw projection data



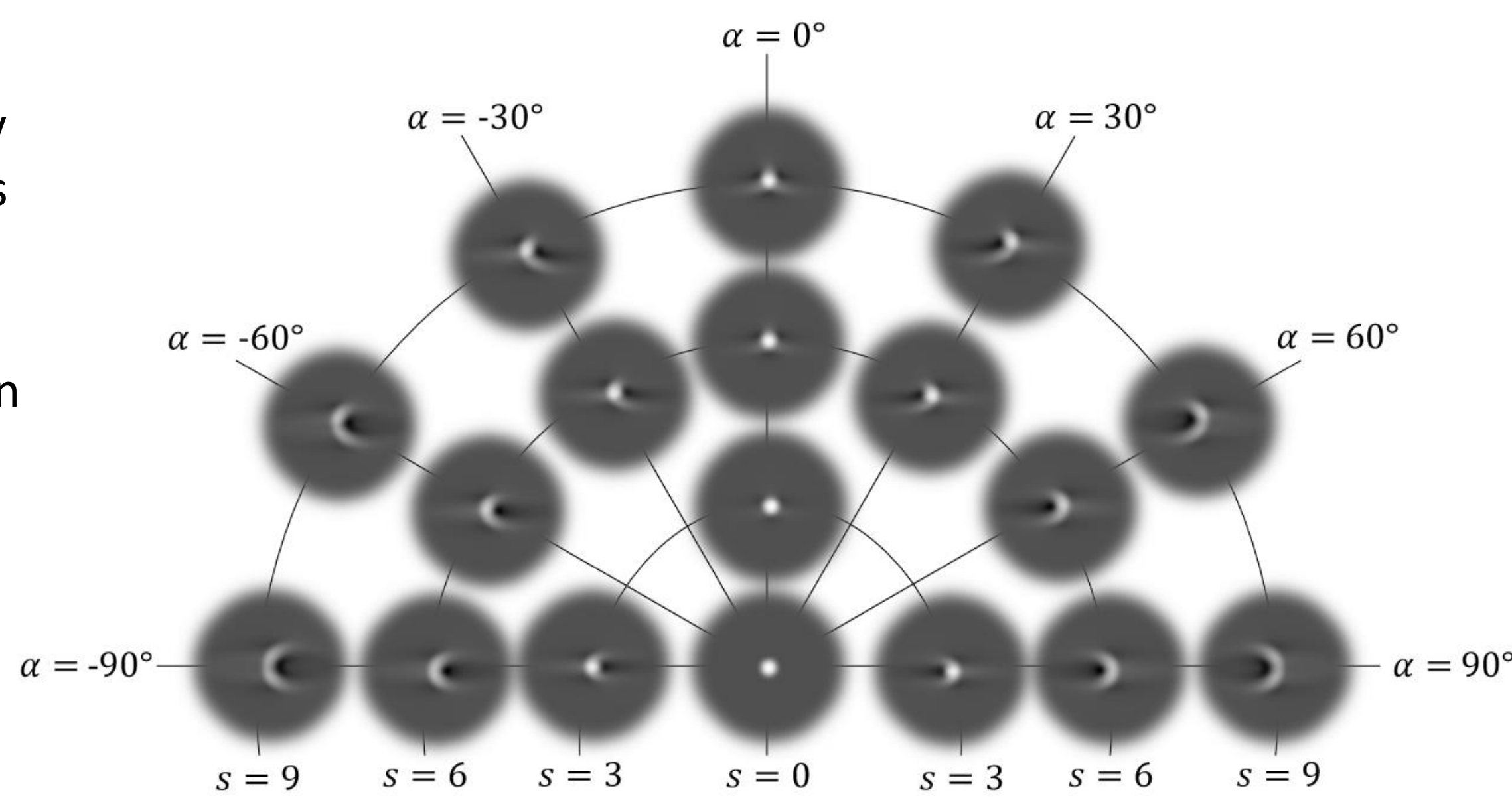
➤ Phantom case + 12 clinical cases

Motion Introduction



Patch Sampling

- axial coronary cross-sections
- orientation along mean reconstruction direction
- size 80 x 80 pixels
- resolution 0.4 x 0.4 mm²/pixel

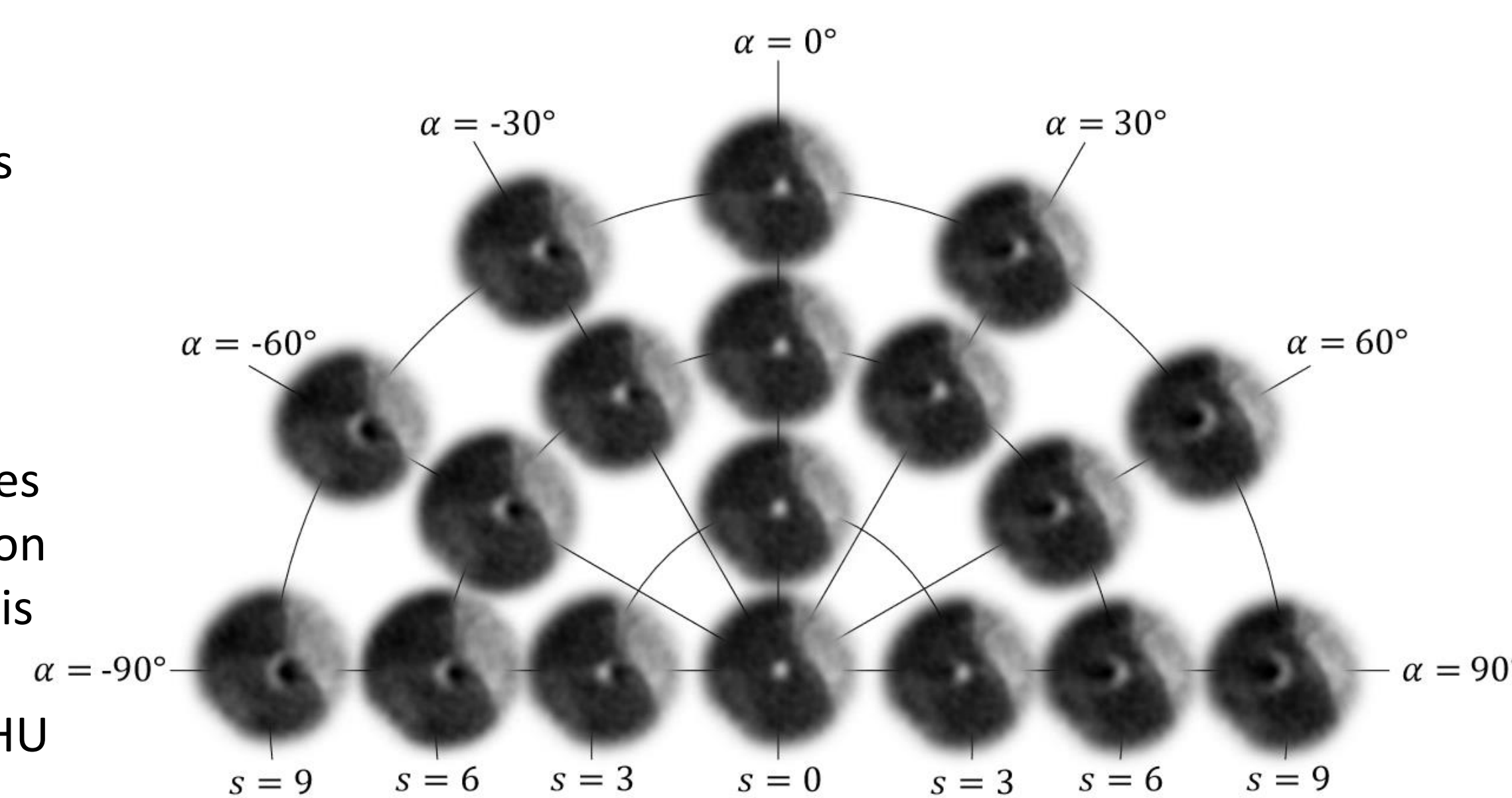


Phantom Study

- 6 000 samples
- vessel radius 0.8-1.6mm

Clinical Study

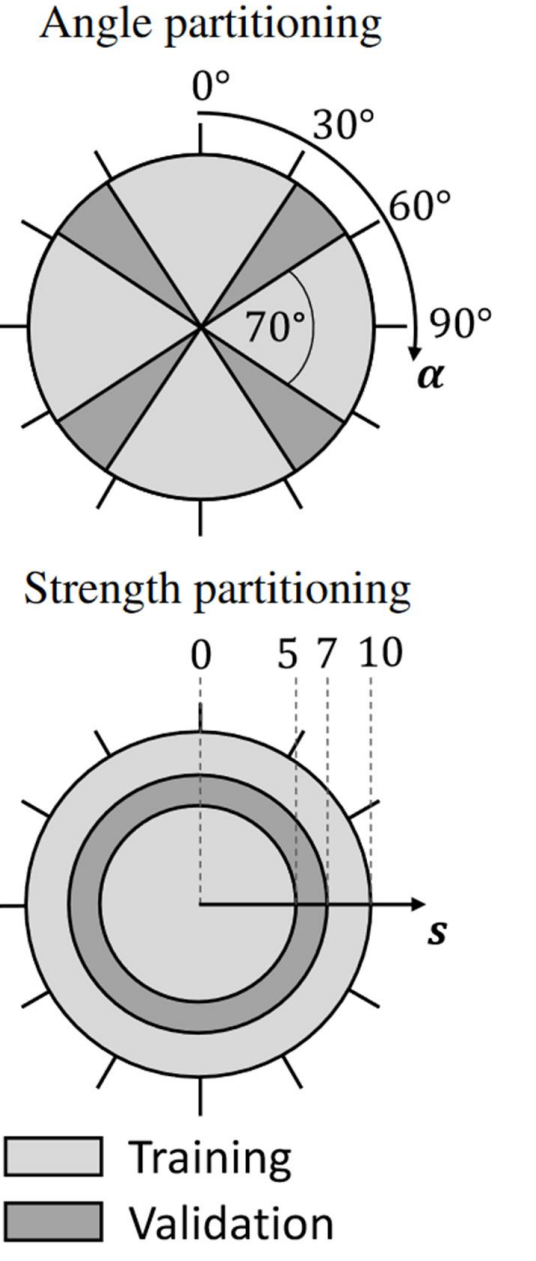
- 24 000 samples
- max. inclination of 45° to z-axis
- level 200 HU window 700 HU



III SUPERVISED LEARNING

Network Input: (60 x 60) axial cross-sectional image patches
Network Output: underlying 2D motion vector in cartesian coordinates $x = s \cos(\alpha)$, $y = s \sin(\alpha)$

- Data Separation
Phantom study: angle partitioning and strength partitioning
Clinical study: case-wise separation (10 Training, 2 Validation)
- Data Augmentation
Cropping: (80 x 80) to (60 x 60)
Mirroring: horizontal and vertical
- Learning Setup:
Loss: squared error $l = (x - \hat{x})^2 + (y - \hat{y})^2$
Network: 20-layer ResNet



IV EXPERIMENTS AND RESULTS

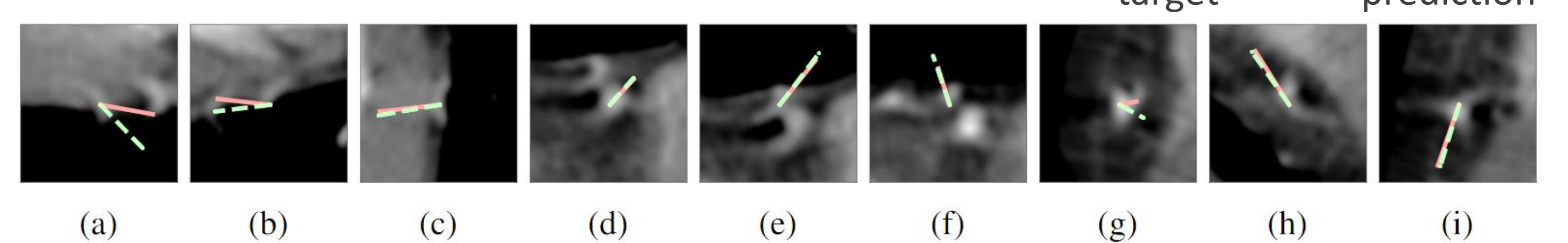
Table 1: Quantitative comparison of the validation results in the phantom and the clinical study.

Data	(x, y) error: $\varepsilon_{x,y}$	α error: ε_{α}	s error: ε_s
Phantom (angle partitioning)	0.088 ± 0.078	$1.084^\circ \pm 3.861^\circ$	0.062 ± 0.062
Phantom (strength partitioning)	0.086 ± 0.051	$0.559^\circ \pm 0.450^\circ$	0.053 ± 0.042
Clinical	1.497 ± 1.200	$20.659^\circ \pm 30.985^\circ$	0.942 ± 0.924

$$\varepsilon_{x,y} = \sqrt{(x - \hat{x})^2 + (y - \hat{y})^2}, \quad \varepsilon_{\alpha} = \min(|\alpha - \hat{\alpha}|, 360^\circ - |\alpha - \hat{\alpha}|), \quad \varepsilon_s = |s - \hat{s}|$$

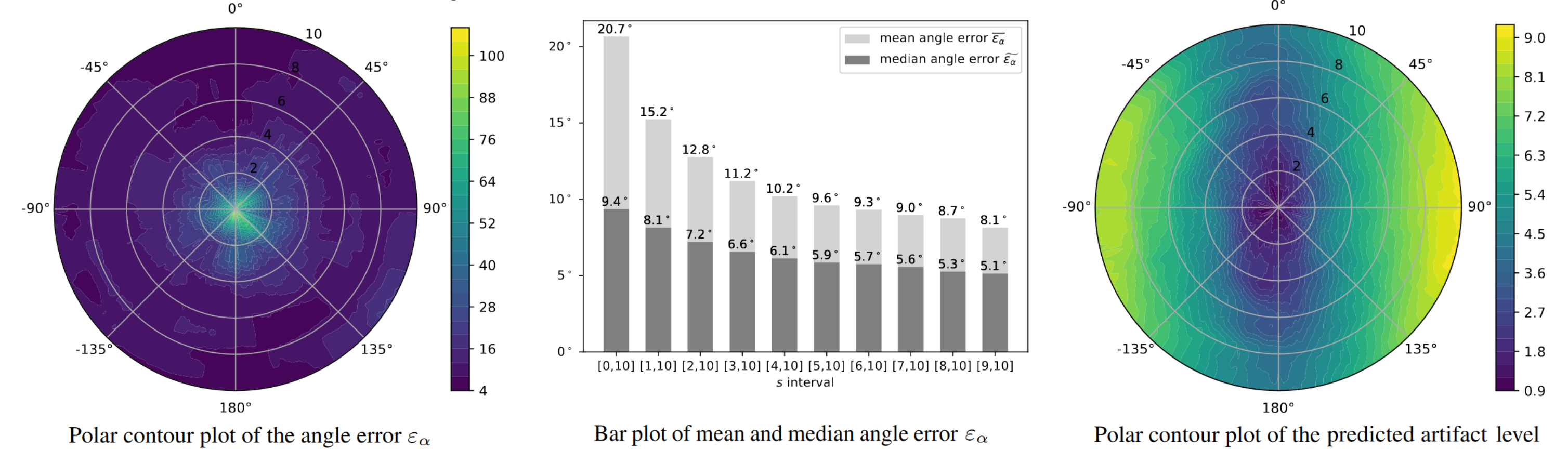
- accurate prediction substantially more difficult in clinical cases, due to variations in noise level, background intensities, vessel structure and contrast agent density

Qualitative Error Analysis



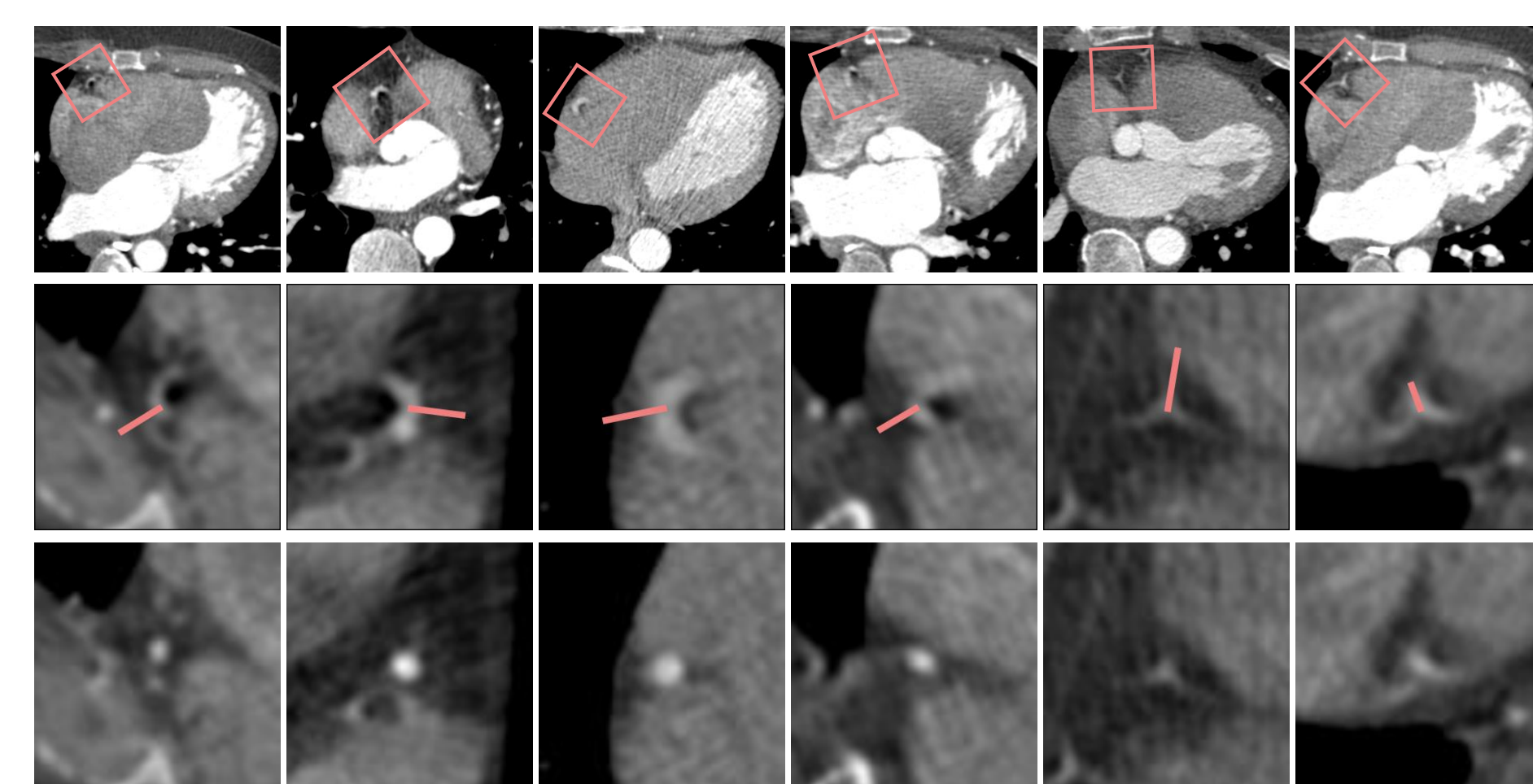
- prediction less accurate in case of non-visible coronary blurrings at the heart wall (a-c) and low level artifacts (g)

Quantitative Error Analysis



- most accurate prediction of the motion direction for patches with severe artifacts

Motion Compensation Experiment



- reasonable motion vector estimation in six test cases with real motion artifacts
- artifact reduction archived by subsequent MC-FBP in four of six test cases

Conclusion: Convolutional Neural Networks are remarkably successful in solving the ill-posed problem of image-based motion estimation. Model extension to 3D motion trajectories will be a part of future research.

REFERENCES

- [1] Van Stevendaal, U., von Berg, J., Lorenz, C., and Grass, M., "A motion-compensated scheme for helical cone-beam reconstruction in cardiac CT angiography," Medical Physics 35(7), 3239-3251 (2008).
- [2] Schäfer, D., Borgert, J., Rasche, V., and Grass, M., "Motion-compensated and gated cone beam filtered back-projection for 3-D rotational X-ray angiography," IEEE Transactions on Medical Imaging 25(7), 898-906 (2006).
- [3] Isola, A. A., Grass, M., and Niessen, W. J., "Fully automatic nonrigid registration-based local motion estimation for motion-corrected iterative cardiac CT reconstruction," Medical Physics 37(3), 1093-1109 (2010).
- [4] Bhargava, R., Pack, J. D., Miller, J. V., and Iatrou, M., "Nonrigid registration-based coronary artery motion correction for cardiac computed tomography," Medical Physics 39(7), 4245-4254 (2012).
- [5] Rohkohl, C., Bruder, H., Stierstorfer, K., and Flohr, T., "Improving best-phase image quality in cardiac CT by motion correction with MAM optimization," Medical Physics 40 (3) (2013).
- [6] Elss, T., Nickisch, H., Wissel, T., Schmitt, H., Vembar, M., Morlock, M., and Grass, M., "Deep-learning-based ct motion artifact recognition in coronary arteries," in [Medical Imaging 2018: Image Processing], 10574, 1057416, International Society for Optics and Photonics (2018).
- [7] Elss, T., Nickisch, H., Wissel, T., Bippus, R., Schmitt, H., Morlock, M., and Grass, M., "Motion artifact recognition and quantification in coronary CT angiography using convolutional neural networks," Submitted to Medical image analysis (2018).