Multi-slice-to-volume registration for reducing targeting error during MRI-guided transrectal prostate biopsy

Andras Lasso¹, Andriy Fedorov², Janice Fairhurst², Junichi Tokuda², Kemal Tuncali², Robert Mulkern², Nobuhiko Hata², Clare M. Tempany², and Gabor Fichtinger¹

¹Laboratory for Percutaneous Surgery, Queen's University, Kingston, Canada;

² Surgical Planning Laboratory, Department of Radiology, Brigham and Women's Hospital, Boston, MA, United States

Introduction

Context

- MRI-guided prostate biopsy workflow: Biopsy target points identified based on multi-parametric MRI review. Plan is warped to the intraprocedural configuration in the beginning of the procedure. [1]
- Intra-procedural motion of the prostate gland may dislocate the target points, leading to targeting errors.
- Registration of the planning image to intra-procedural scan showing the deformation can be used to reduce errors in needle placement.
- Most of the existing methods are impractical for routine clinical use because they require lengthy acquisition of volumetric images.

Purpose

 Evaluate a deformable image registration approach that relies on sparse MR imaging to recover motion and deformation of the prostate during MR-guided biopsy.

Registration method

Pre-processing

Registration

- Intensity inhomogeneity correction
- Sparse volume construction (Fig. 1.)

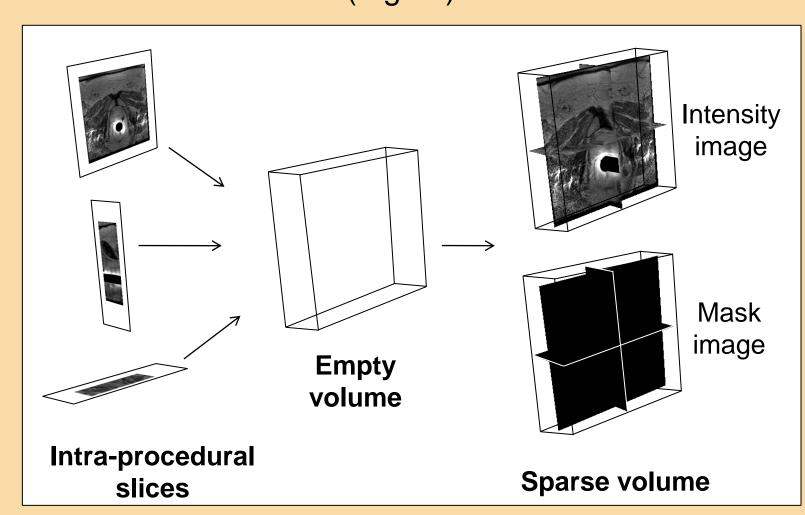


Figure 1: A sparse volume is created from a few intra-procedural slices

Stage 1 Stage 2 Sparse volume fixed image fixed image Compute metric Compute metric (MMI) (MMI) ROI: P ROI: P+R+PB metric value metric value Optimize Optimize transformed transformed metric metric moving image moving image (L-BFGS-B) (GD) transform parameters transform parameters Transform Transform image result **Prostate** image transform (B-spline, motion (rigid) 30mm grid) transform

Figure 2: Overview of the slice-to-volume registration algorithm. *MMI*: Matter Mutual Information; *ROI*: region of interest. *P:* prostate, *R:* rectum, *PB:* pubic bone; *GD*: gradient descent; *L-BFGS-B:* limited-memory Broyden–Fletcher–Goldfarb–Shannon optimizer with simple bounds.

Evaluation method and results

Imaging

- Clinical images of one patient, acquired by a Siemens Magnetom Verio 3T scanner.
- Target planning volume: axial T2w TSE sequence (320x320x320 voxels, 0.625x0.625x4.8mm voxel size)
- Intra-procedural slices: HASTE protocol (320x244 voxels, 0.94x0.94x3.6mm voxel size, 18 seconds acquisition time) and TrueFISP protocol (320x320 voxels, 1.25x1.25x3.6mm voxel size, 7 seconds acquisition time).

Evaluation

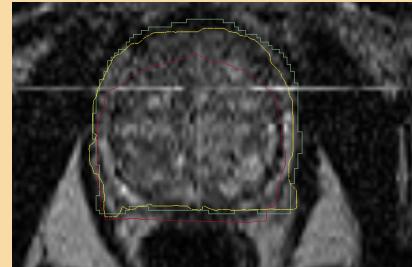
- Accuracy of the registration was qualitatively assessed by comparing the manually segmented prostate gland contours on the planning and slice images with and without registration.
- Robustness of the rigid registration step was evaluated by performing repeated registrations with the randomly perturbed initial transformation (±20mm translation and ±10° rotation).

Quantitative results

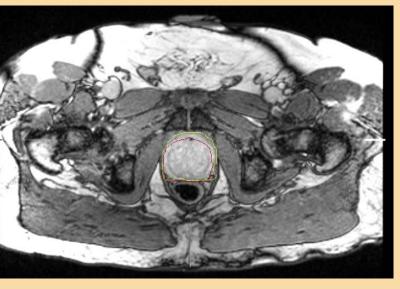
- Distance between the contours without registration: up to 3-4mm.
- With rigid registration: reduced to about 1-2mm.
- With additional non-rigid registration: reduced to about 1mm.
- In 95% of the experiments evaluating robustness, the registration result was within 0.4 mm translation and 0.5° rotation difference as compared to the non-perturbed result in case of the HASTE protocol, and within 1.8 mm and 2.5° difference with the TrueFISP.
- Average computation time. Rigid registration step: 3 seconds. Non-rigid step: 12 seconds.

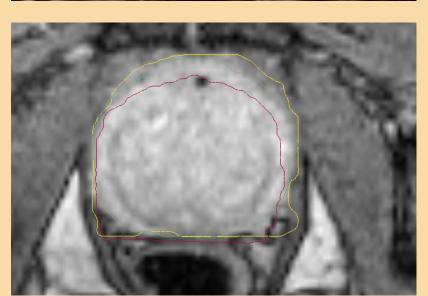
Qualitative results





HASTE slices





TrueFISP slices

Figure 3: Prostate contours from the target planning volume overlaid on the axial intra-procedural slice.

Left column: whole slice. Right: column: prostate region magnified. Contour colors: Red: without registration. Orange: rigid registration. Green: deformable registration

Conclusions

- The proposed registration technique may be able to estimate the prostate motion and deformation during MRI-guided prostate biopsy procedures by a quick multi-slice acquisition followed by a fully automatic computation step.
- Further testing on more patients is needed to confirm the results.

References

- [1] Tuncali, K., J. Tokuda, I. Iordachita, S S-E. Song, A. Fedorov, S. Oguro, A. Lasso, F. M. Fennessy, Y. Tang, C. M. Tempany, et al., "3T MRI-guided Transperineal Targeted Prostate Biopsy: Clinical Feasibility, Safety, and Early Results", ISMRM 2011, vol. 19, pp. 53, 2011.
- [2] Tadayyon H, Lasso A, Kaushal A, Guion P, Fichtinger G. 2011. Target Motion Tracking in MRI-guided Transrectal Robotic Prostate Biopsy. IEEE Transactions on Biomedical Engineering. 58:3135-42.



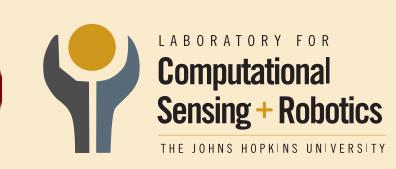
Target

planning

volume



moving image



moving image







