

# On the Need for Dynamic Segmentations in Quantitative Dynamic Nuclear Medicine

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# General Context: The Medical Aspect

- ▶ A drug, Candesartan, was synthesized with  $^{18}\text{F}$ . This drug is used for renal hypertension;
- ▶ The radiolabelled drug would be used to verify whether the drug would be useful for a given patient;
- ▶ For acceptance by Health Canada, it must first be shown that the radiopharmaceutical drug binds



- ▶ A preclinical run was made on rats and mice at two Canadian institutions.

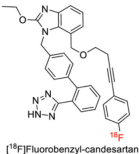
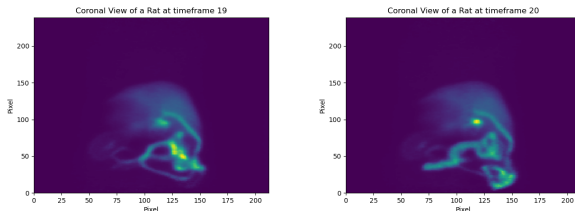


Figure: [ $^{18}\text{F}$ ]fluoropyridine-candesartan

# General Context: The Inception

- ▶ The left kidney of the animals had to be analyzed for pharmacokinetic parameters;
- ▶ The reference tool used would have been the Task Group 211 (TG-211) Report from the American Association of Physicists in Medicine (AAPM);
- ▶ The proposed methods are static and don't consider metabolic and physical movements of the subjects between timeframes.



**Figure:** Two temporally adjacent timeframes for a PET acquisition on a rat

# New Goal

- ▶ The new goal is to understand the impact of a static segmentation on a dynamic PET image;
- ▶ This would lead to a better understanding of:
  - ▶ Methodological Errors;
  - ▶ Impact of the segmentation method;
  - ▶ Impact upon the subsequent analyses (qualitative and quantitative).



Figure: Schematic Representation of the phantom

# Experimental Approach: Theoretical Model

- ▶ A simple two-compartment model is regulated by the following set of differential equations:

$$\begin{bmatrix} Q_1' \\ Q_2' \\ Q_3' \end{bmatrix} = \begin{bmatrix} -\frac{\gamma_{12}}{V_1} & 0 & 0 \\ \frac{\gamma_{12}}{V_1} & -\frac{\gamma_{23}}{V_2} & 0 \\ 0 & \frac{\gamma_{23}}{V_3(t)} & 0 \end{bmatrix} \begin{bmatrix} Q_1 \\ Q_2 \\ Q_3 \end{bmatrix}$$

- ▶ This model can be analytically solved for the two first compartments, which are of interest:

$$C_1(t) = \frac{Q_0}{V_1} e^{-\frac{\gamma_{12}}{V_1} t}$$

$$C_2(t) = Q_0 \left( \frac{\gamma_{12}}{\gamma_{23} V_1 - \gamma_{12} V_2} \right) \left[ e^{-\frac{\gamma_{12}}{V_1} t} - e^{-\frac{\gamma_{23}}{V_2} t} \right]$$

# Experimental Approach: Experimental Model

- ▶ In order to understand the limitations of static segmentations in dynamic imaging, a custom phantom was made;
- ▶ The phantom had three compartments with the two of interest;
- ▶ Many dynamic acquisitions were done with FDG.

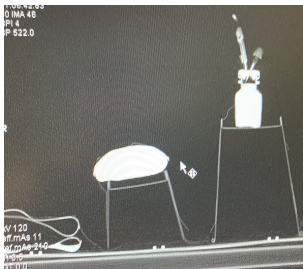
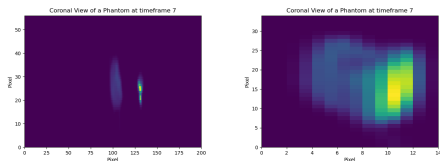


Figure: X-ray view of the phantom

# Analysis: First Steps

- ▶ With the images, we took a subsample (4-D subset of the image) of it containing the compartment of interest;
- ▶ We did various segmentations based on the AAPM TG-211 categories (statistical, gradient, and filling);
  - ▶ The segmentation were done on a given timeframe and kept constant for the whole dynamic acquisition;
- ▶ We selected by hand the segmentations that gave a roughly desirable shape.

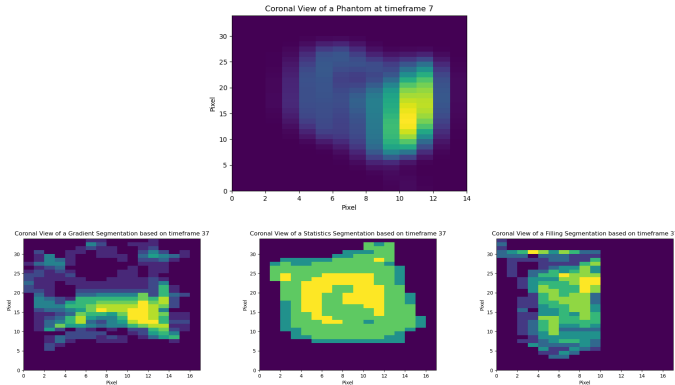


**Figure:** Left: A top view of a given dynamic acquisition at a given timeframe

Right: The subset for the second compartment (right)



# Analysis: The Segmentations



**Figure:** Top: Reconstructed Image centered around the second compartment for a given timeframe;  
Bottom: Segmentations of the top image based, respectively, on gradients, statistics, and filling methods.

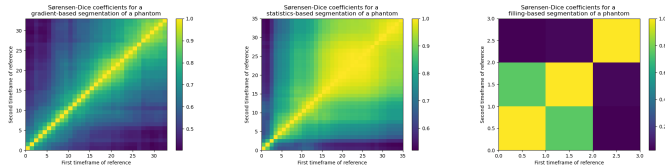


# Analysis: Sørensen-Dice Coefficient

- ▶ The Sørensen-Dice coefficient can be used to compare two segmentations;

$$D(A, B) = \frac{2|A \cup B|}{|A| + |B|}$$

- ▶ For a given segmentation, the segmentations based on different timeframes were compared.



**Figure:** Dice Coefficients for a given dynamic acquisition based on many timeframes.

N.B.: The number of decent segmentations varied greatly with the method.



# Analysis: Pharmacokinetic Parameters

- ▶ By using the two-compartment model, it is possible to estimate the pharmacokinetic parameters;
- ▶ This extraction was made using the *Dynesty* package in *Python*.

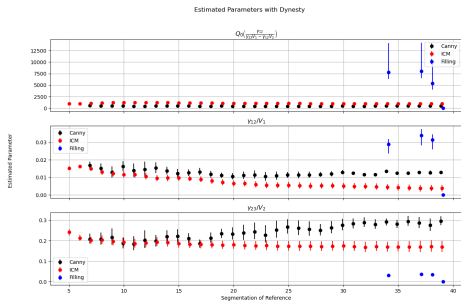


Figure: Pharmacokinetic parameters obtained via *Dynesty* for a specific dynamic acquisition.

# Summary

- ▶ The results so far indicate that static segmentations are not adequate for dynamic acquisitions, even in the simplest case;
- ▶ For preclinical dynamic images, more work needs to be done;
- ▶ Possible future endeavours include:
  - ▶ The use anatomical images;
  - ▶ The use of segmentations valid for dynamic images;
  - ▶ The integration of sufficient uncertainties in the proposed results.

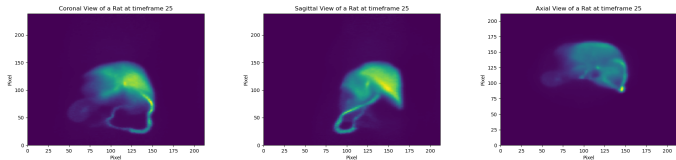
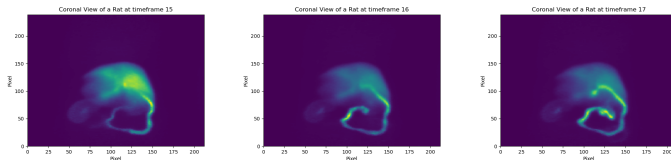


Figure: Three views for a dynamic acquisition on a rat



# Manual Segmentations: Why Not

- ▶ The image for a given timeframe is not necessarily very different from the subsequent one;
- ▶ The shape is not always nice and solid;
- ▶ The model requires the whole volume to be segmented;
- ▶ There is a high risk for inter- and intra-user variability.



**Figure:** Three temporally adjacent timeframes for a given phantom acquisition



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# Selection of the Segmentations

- ▶ Some segmentations were not kept for the analyses;
  - ▶ It was too early in the acquisition;
  - ▶ The visual segmentation was aberrant.

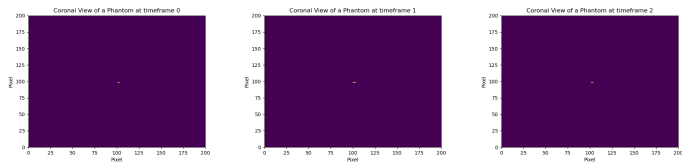


Figure: Some segmentations that were not kept for the subsequent analyses