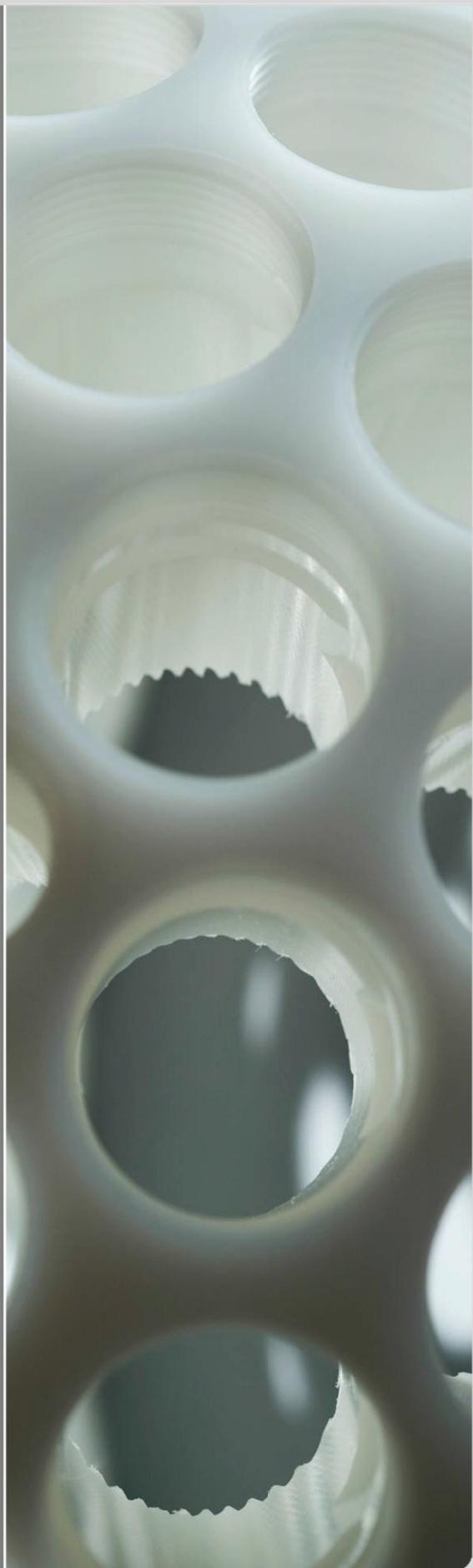


# Preliminary results: Pilot study with 3D Ultrasound Computer Tomography

N.V. Ruiter, H. Gemmeke et al

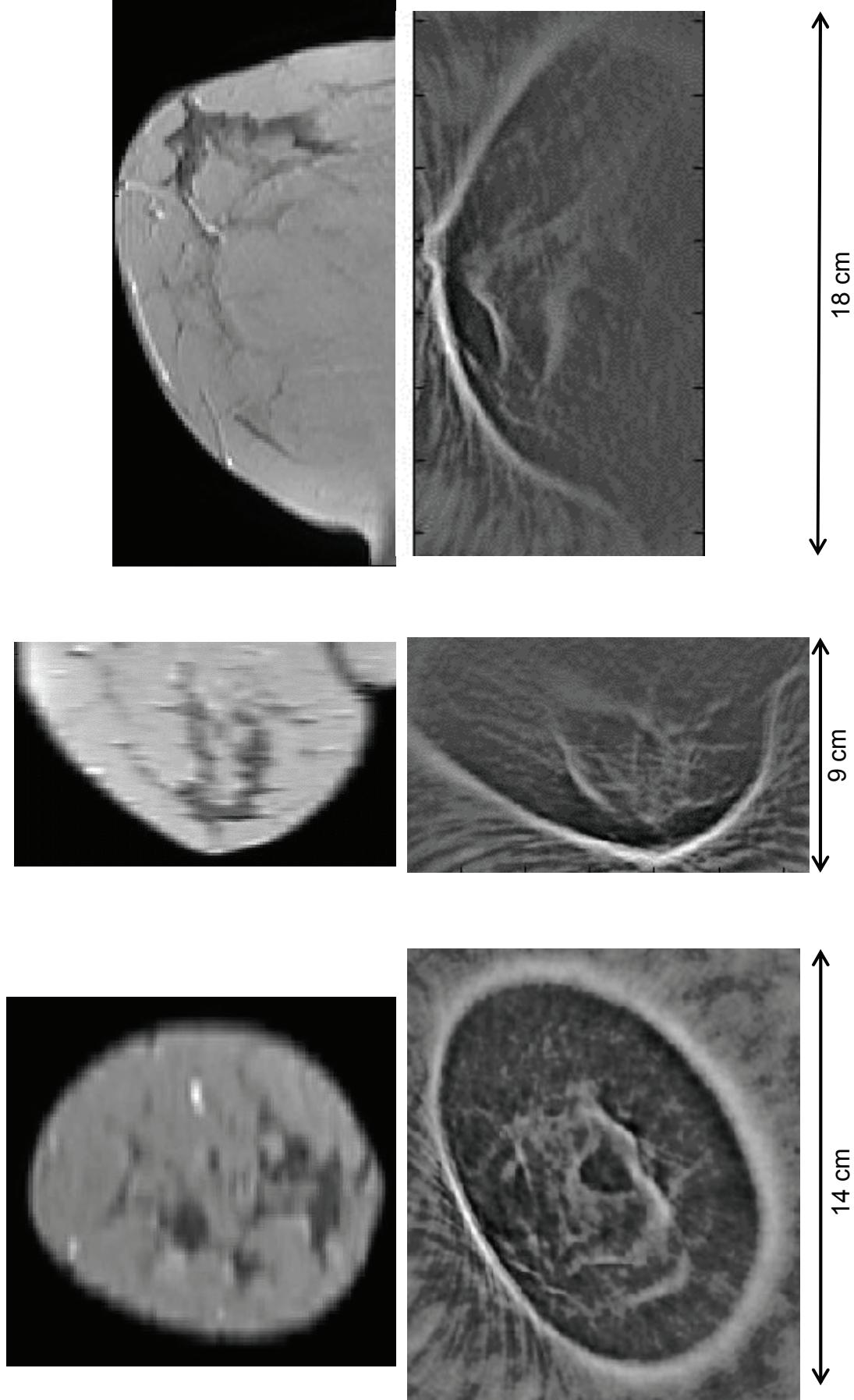
INSTITUTE OF DATA PROCESSING AND ELECTRONICS



# Pre Study Experiments

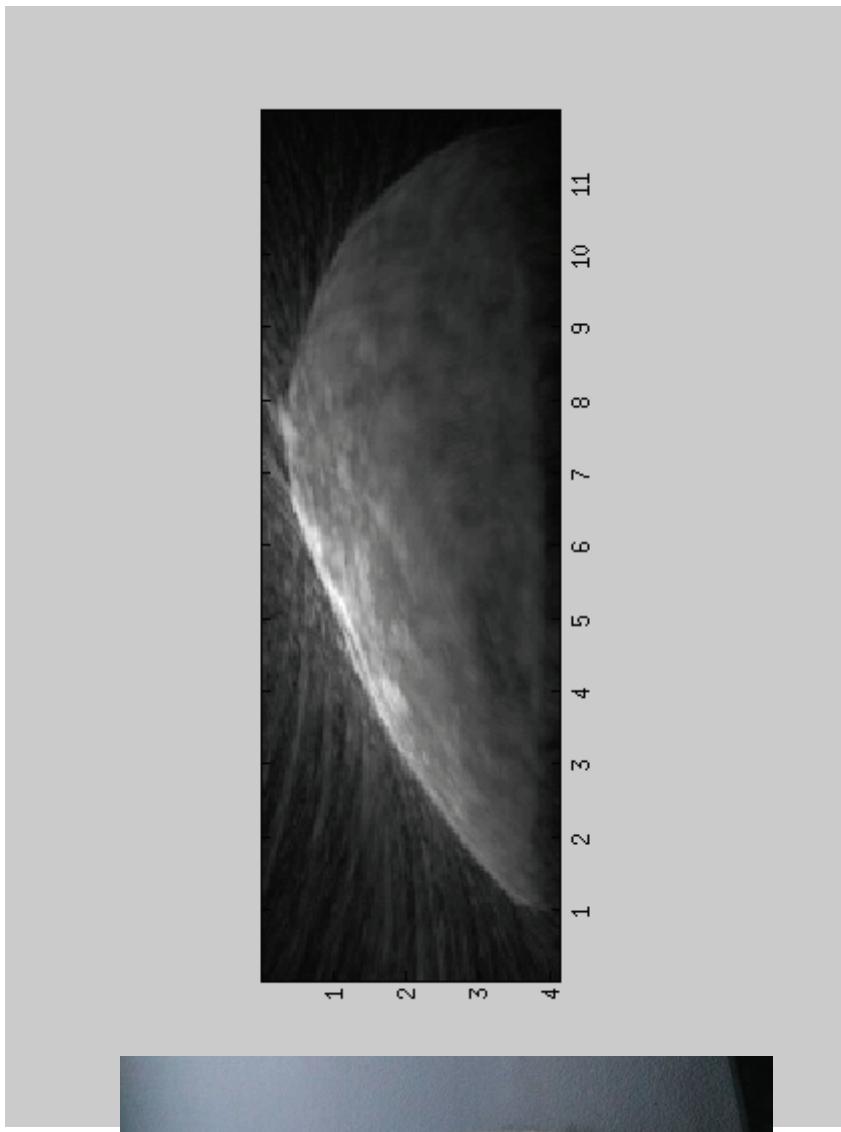


## MRI and USCT slices of first volunteer (P1)

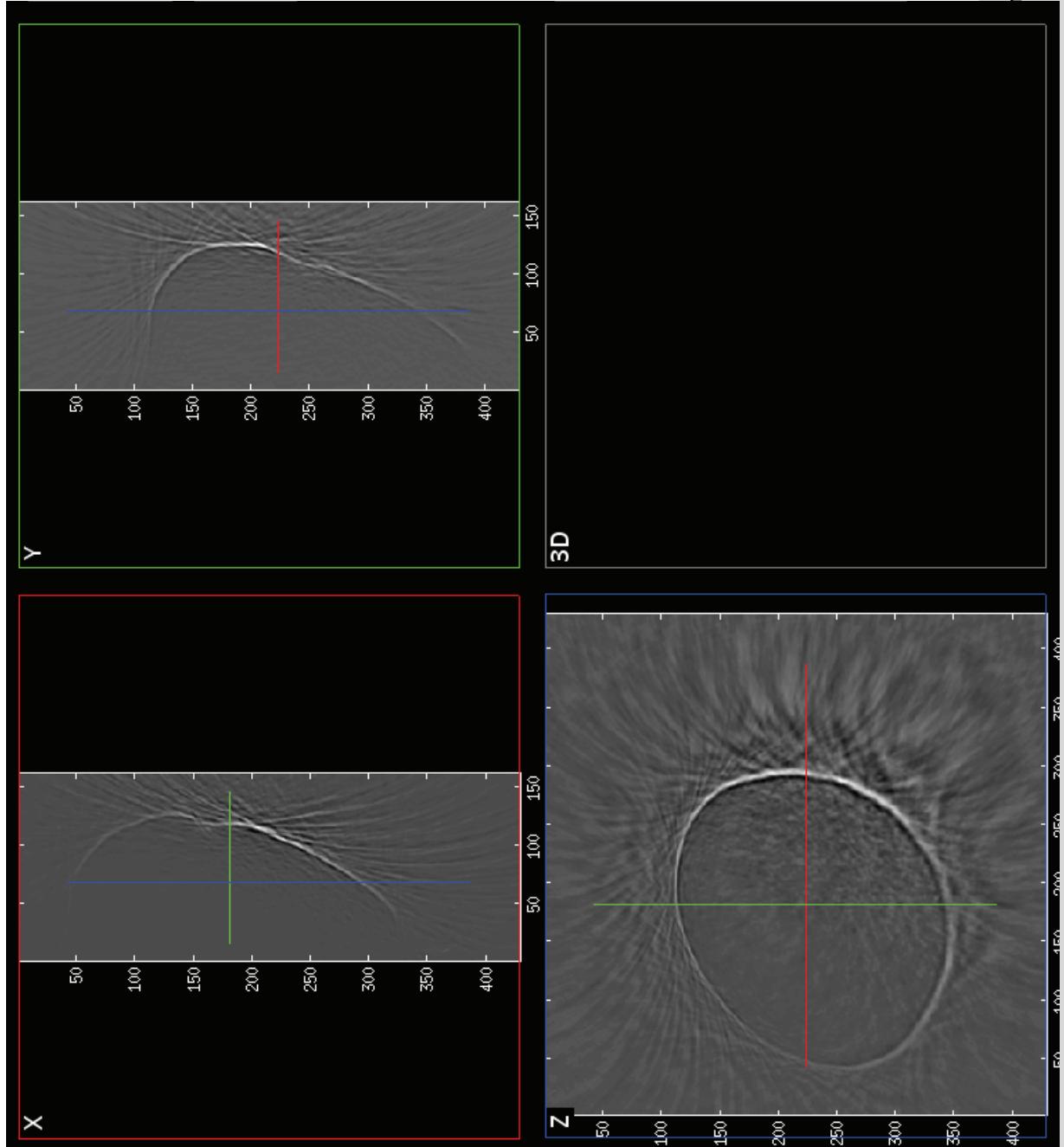


## Additional Results: Breast implant

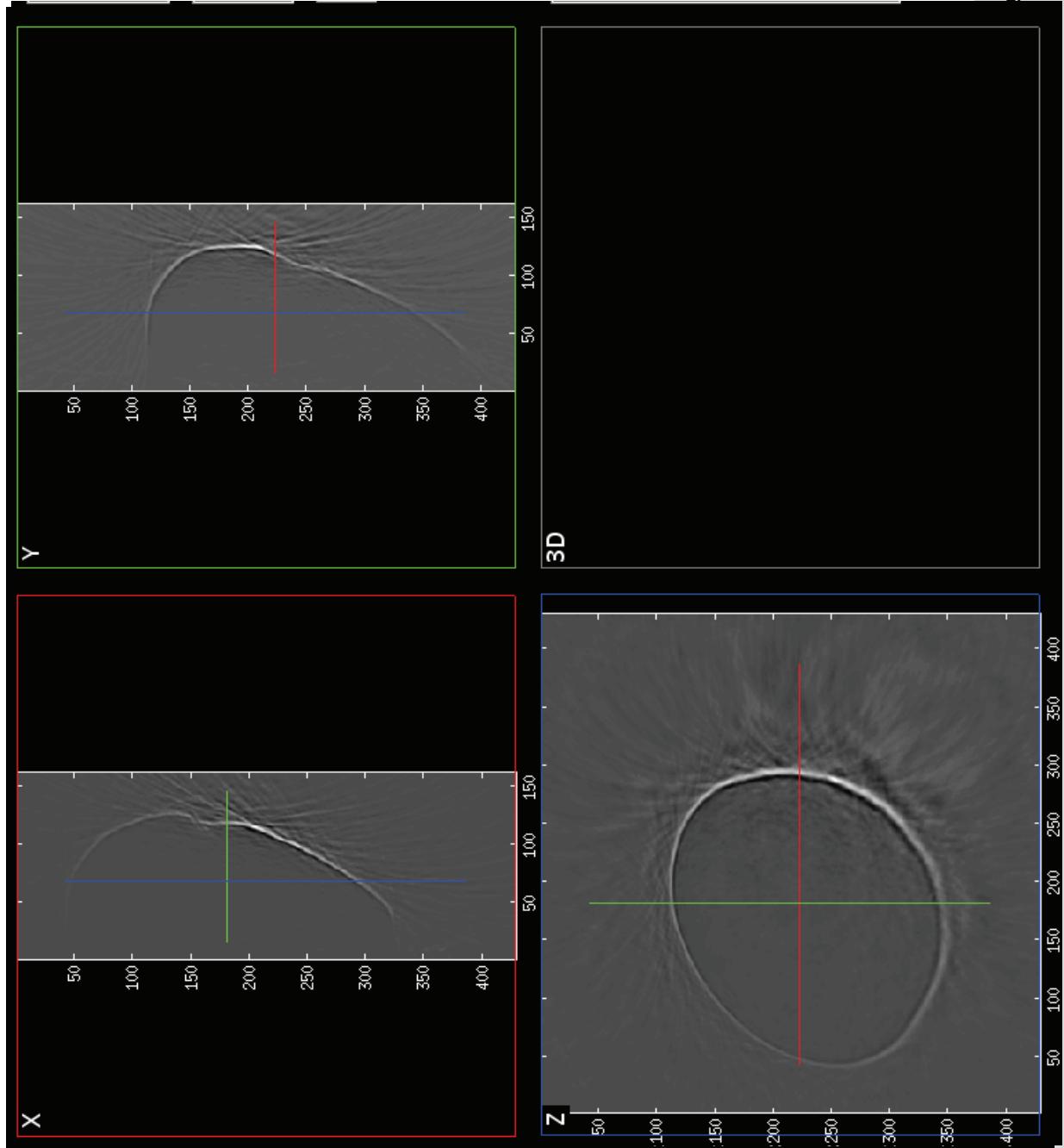
- Polytech Silimed, 210 ml



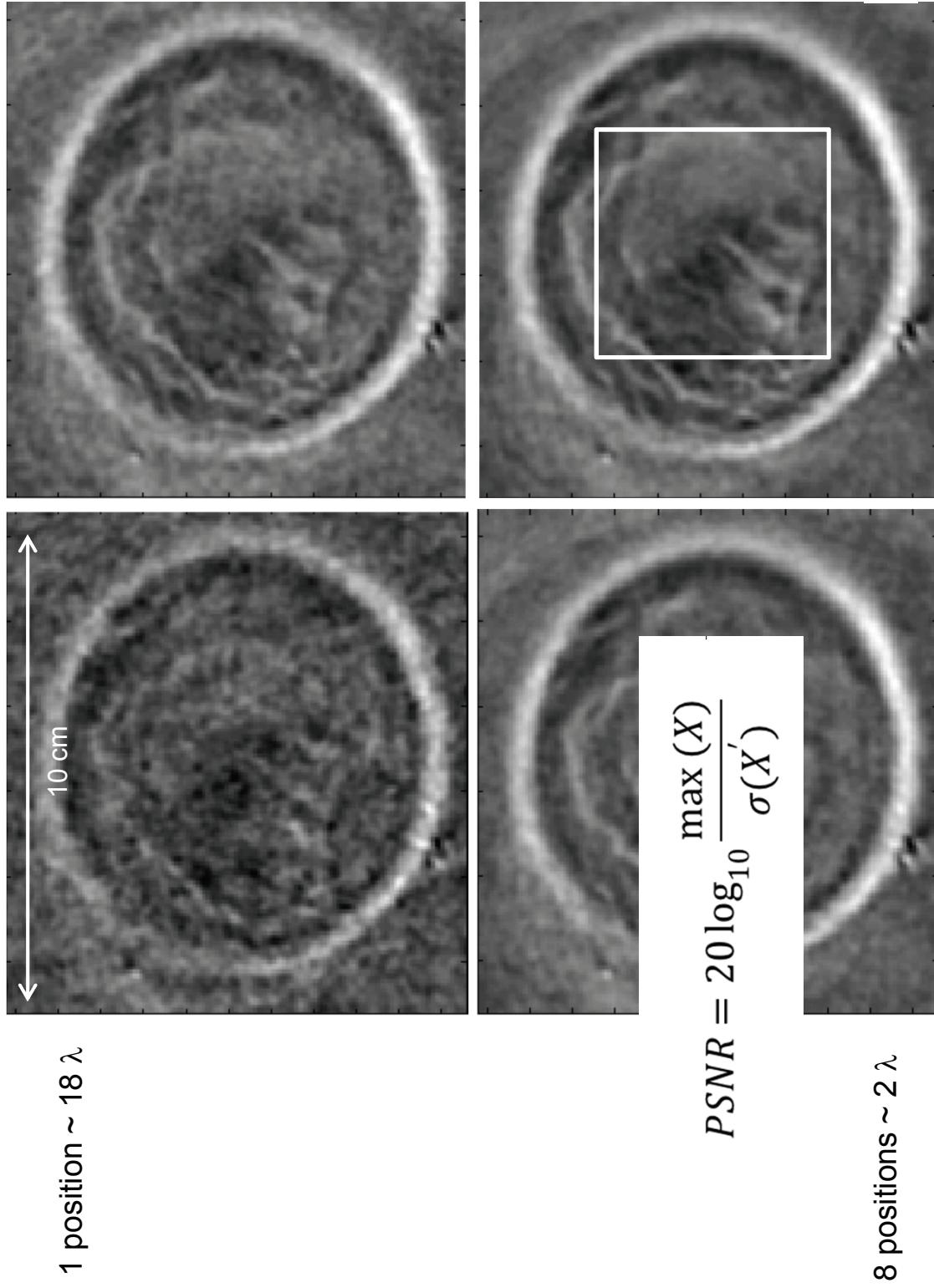
# Additional Results: Breast implant



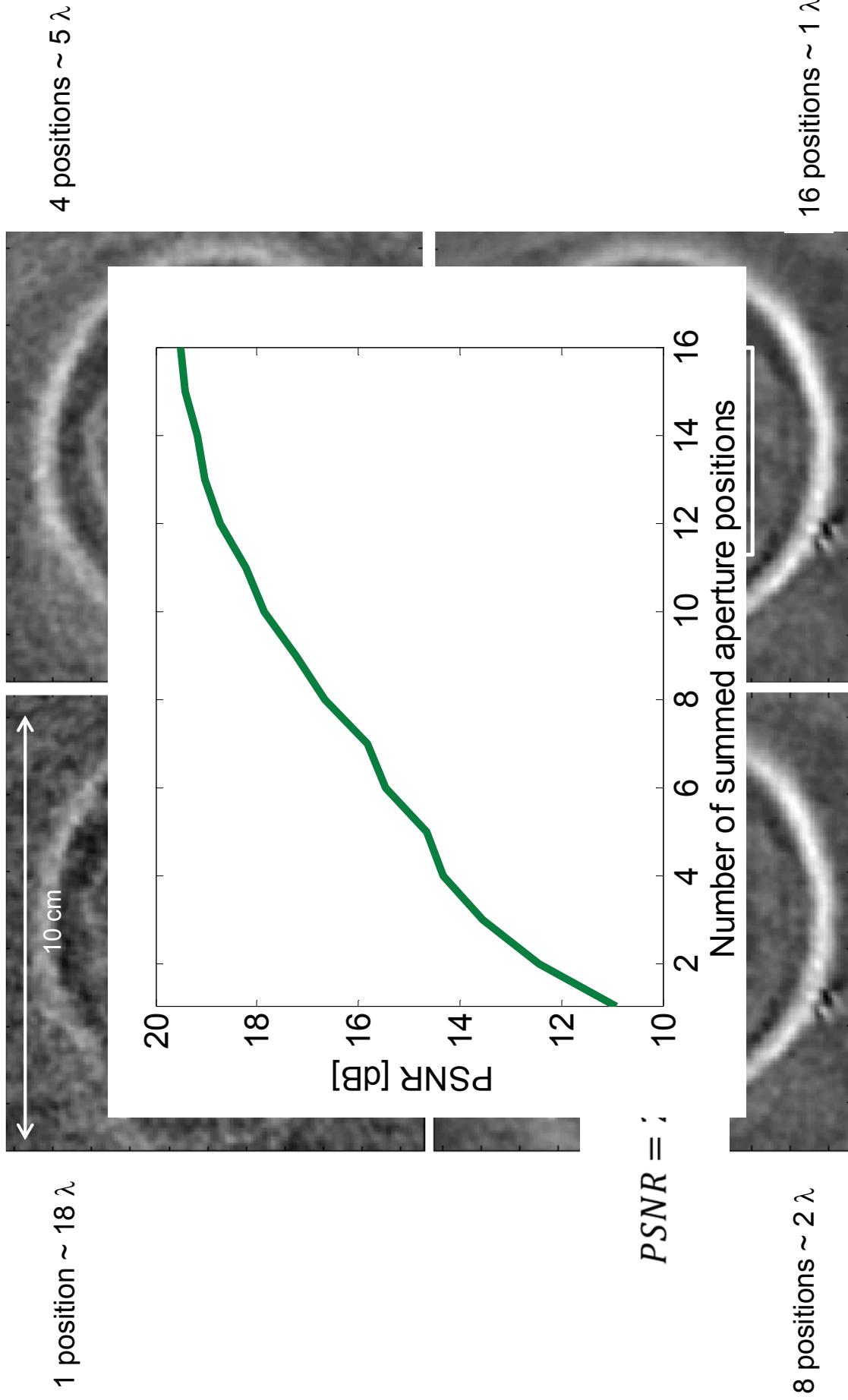
## Additional Results: Breast implant/more data



## Contrast over increasing aperture positions (P2)



## Contrast over increasing aperture positions (P2)



# Pilot study

## Overview of Planned Clinical Studies

- First pilot study: Ten interesting cases  
    → Evaluate and optimize imaging protocols
- Second measurements: Around 40 patients  
    → Evaluate visibility of lesions in multimodal images
- Ground truth available: Clinical MRI
  - Lesions ( $\geq 5\text{mm}$ ) are clearly visible in MRI
  - Further classification available or planned
- Engineering aim: Learn how to improve system for clinical routine
- First pilot study was carried out November 2012 at University Hospital Jena within 3 days.

# Patient population

- 10 patients, all with suspicious lesions (follow ups, transferrals, BRCA patients)

The following diagnoses were included:

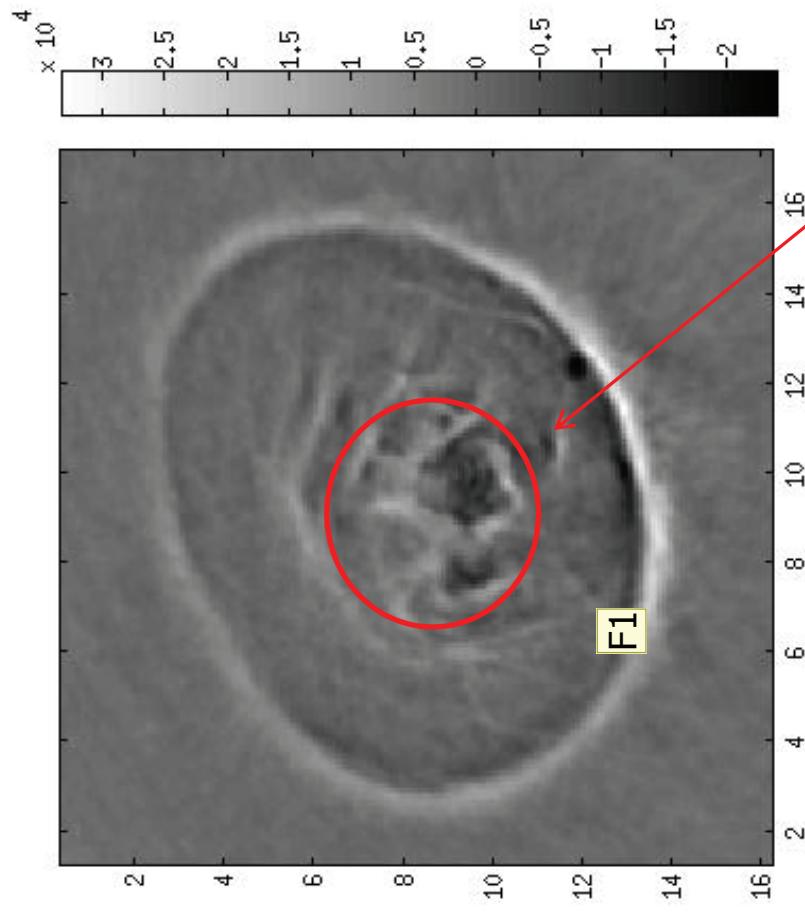
- 2 implants
- 4 cancers
- Also present:
  - Papillom
  - Fibroadenom
  - Mastopathie
  - Cysts

# Some Impressions

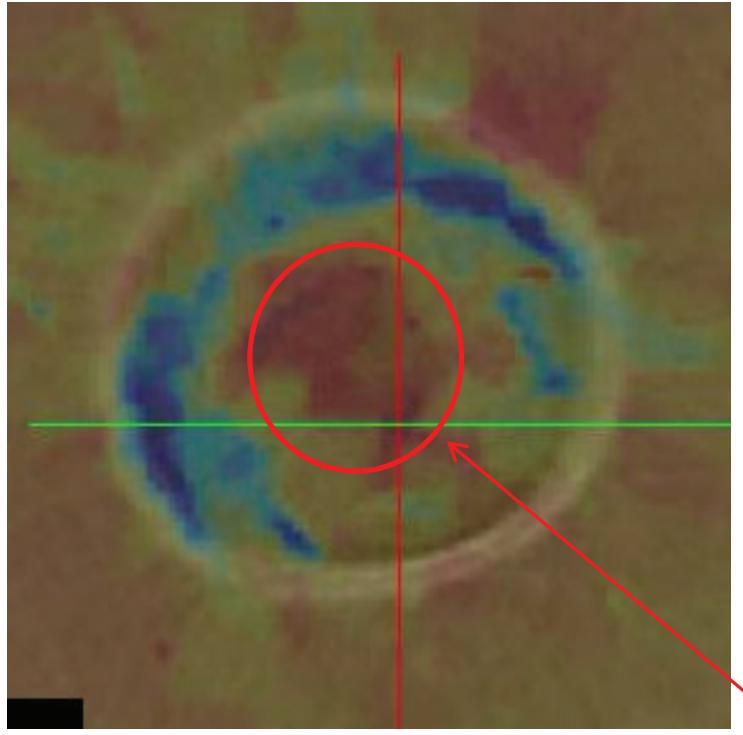


# Preliminary results: Cancer cases

Reflectivity (P12)

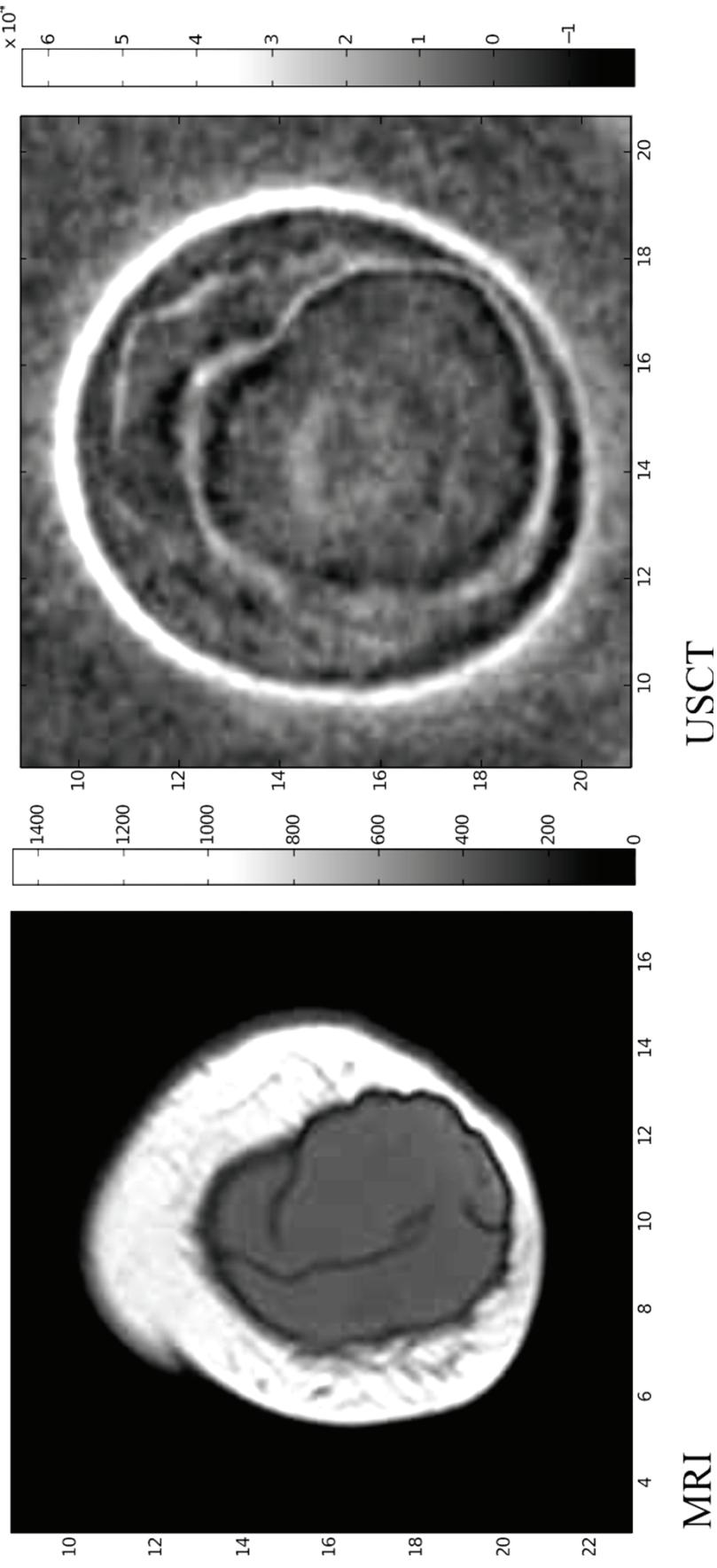


Fused SOS and reflectivity (P15)



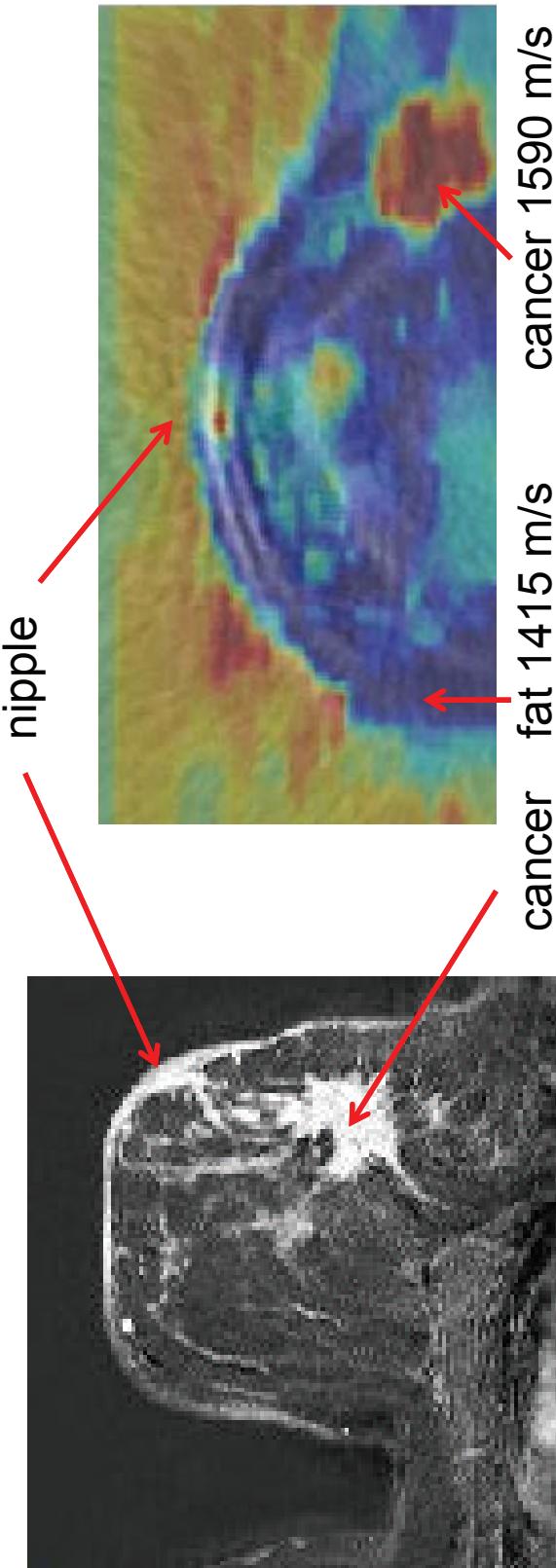
Cancer(?)

# Patient with an intact Implant



# A very strong cancer case

- P16, 64 years, left lateral  $5 \times 3 \times 4 \text{ cm}^3$  tumor with "satellites"



USCT: overlayed reflection and SoS image

MRI

# Success!!!

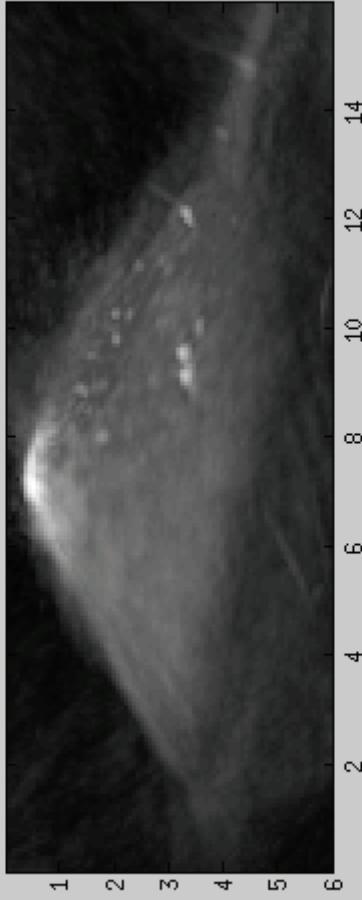
- Main aim: Evaluate and optimize imaging protocols

- Pros:

- Successful!
- Data of all but one patient ok
- Patient throughput ok
- Low amount of macroscopic patient movements (at least less than 1 mm)
- Lessons learned:
  - Patient bed: uncomfortable and problems with imaging the breasts' onset
  - Contralateral breast needed in same image quality
  - More "simple" cases needed
  - Speed of sound seems to have most "hits"
- Currently:
  - Adapt image reconstruction to MDs expectations (should look more like MRI and / or B-Scans, contralateral breast for differential diagnosis, ...)
  - Reach higher resolution

# Thank you!

- Algorithms and Imaging  
**N. V. Ruiter, M. Zapf, R. Dapp, T. Hopp, H. Gemmeke, et. al.**
- HW Acceleration  
**M. Birk, M. Balzer, E. Kretzek, et. al.**
- Sensors  
**B. Kohout, et. al.**
- DAQ und Hardware  
**D. Tsherniakhovski, S. Menshikov, et. al.**
- Design and Mechanics  
**L. Berger, B. Osswald, T. Piller, W. Frank, et. al.**



P2: Maximum intensity projection (axes in [cm])