

CT-Video Registration Accuracy for Virtual Guidance of Bronchoscopy

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CT-Guided Bronchoscopy for Lung Cancer Staging

- Bronchoscopic biopsy critical for staging.
- Physicians make errors when maneuvering bronchoscope to a biopsy site.
- Lymph nodes are hidden from endoscopic video, but visible in 3D CT analysis
→ *exploit CT using image guidance*
- CT-guidance of bronchoscopy
→ *reduce errors, improve biopsy success rate*

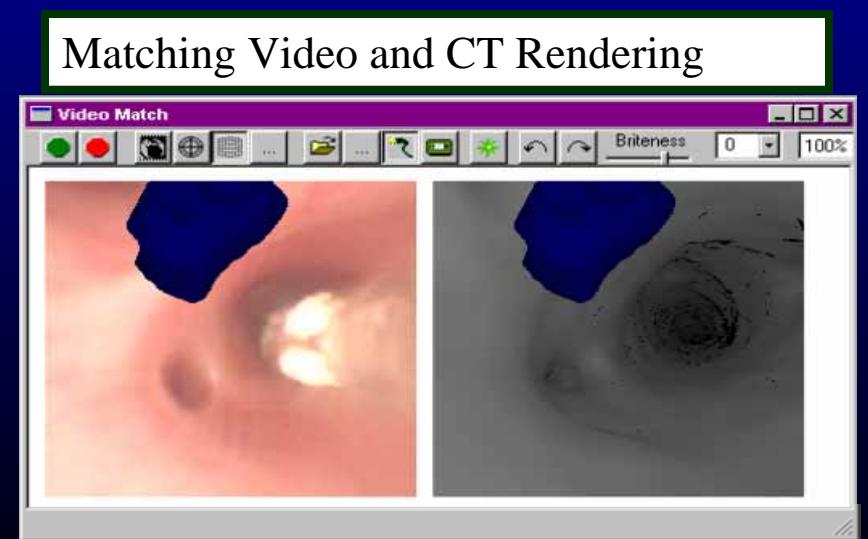
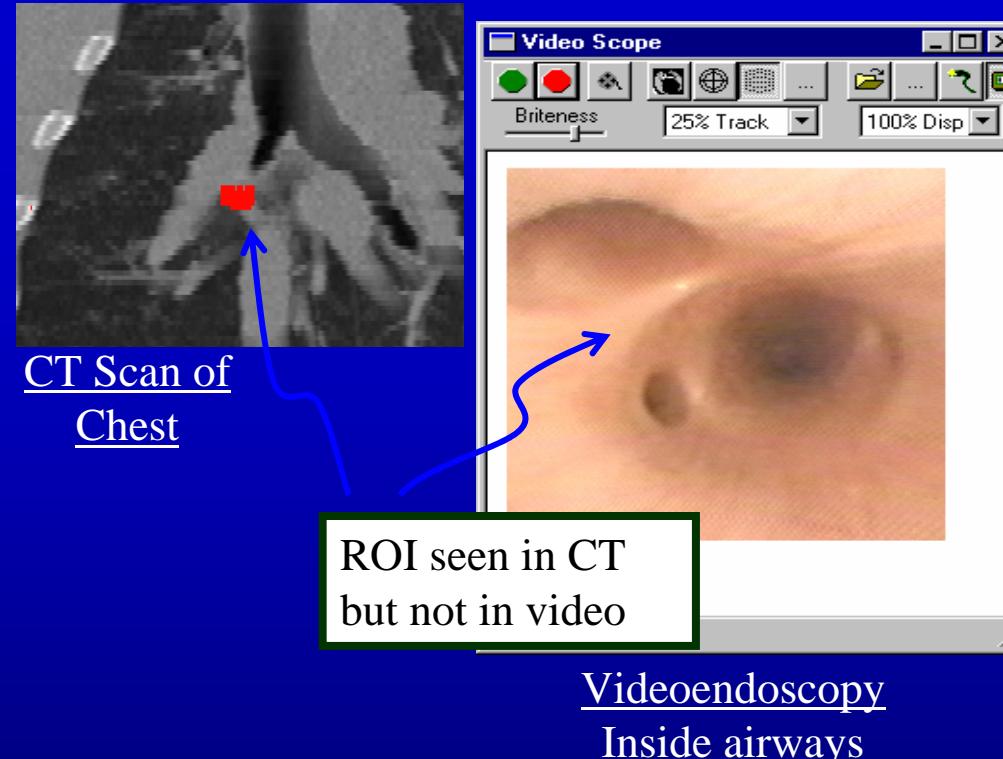


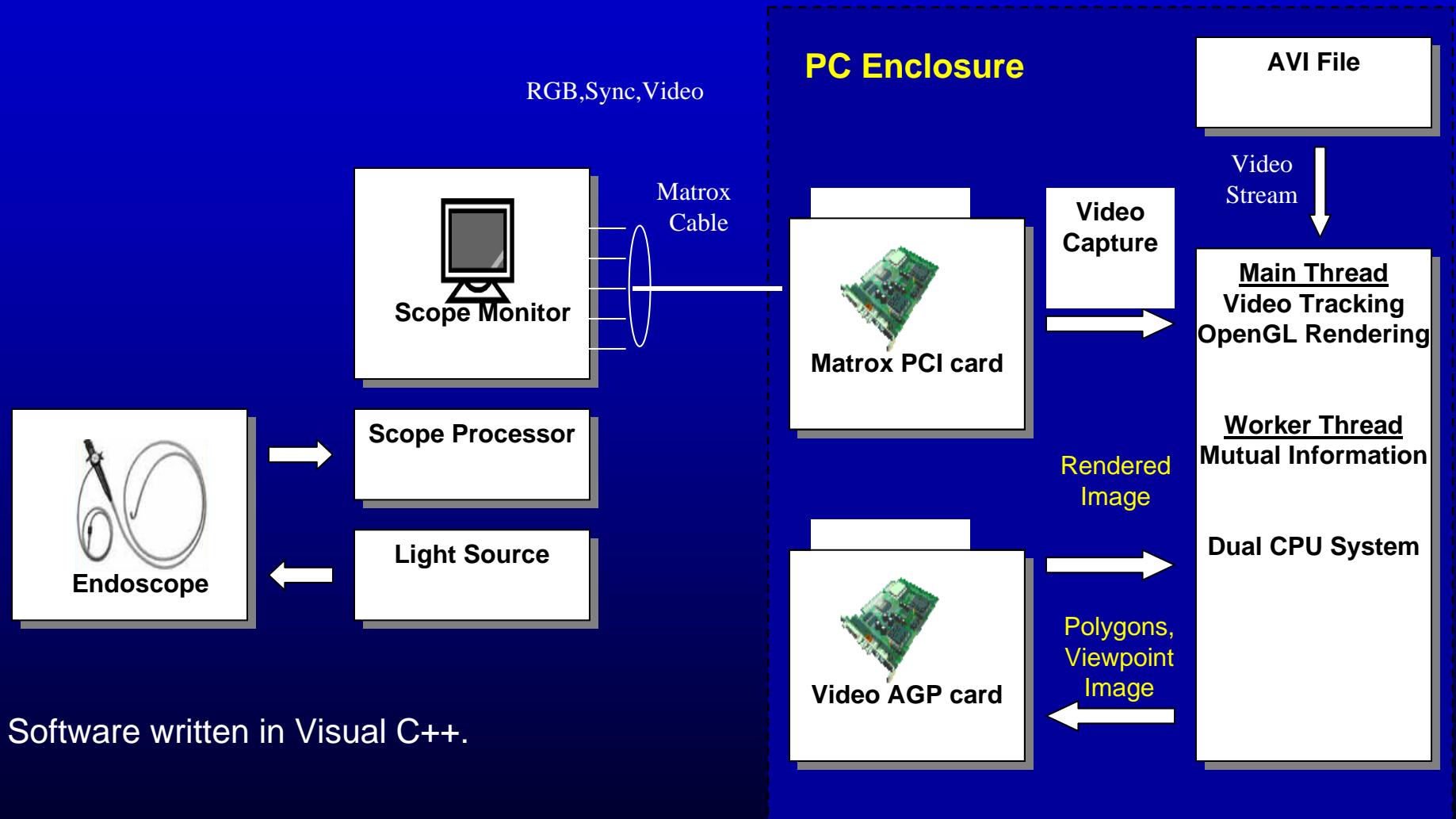
Image-Guided Bronchoscopy Systems

Show potential, but recently proposed systems have limitations:

- McAdams *et al.* (*AJR* 1998) and Hopper *et al.* (*Radiology* 2001)
 - Virtual bronchoscopy for lymph-node biopsy, but no live guidance.
- Solomon *et al.* (*Chest* 2000) – *E/M sensor attached to scope*
 - limited planning, many potential errors, limited guidance
- Bricault *et al.* (*IEEE-TMI* 1998) – *no device needed*
 - Registered videobronchoscopy to CT, but no live guidance.
- Mori *et al.* (*SPIE Med. Imaging* 2001, 2002) – *no device needed*
 - Registered videobronchoscopy to CT and tracked video.
 - Efforts not interactive: >20 sec to process each video frame.

No device
needed

Our Group's Image-Guided Bronchoscopy System

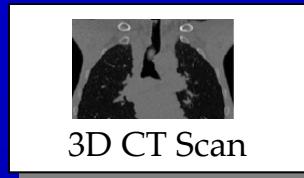


System Processing Flow

Data Sources

Image Processing

HTML
Multimedia
Case Study



Stage 1: 3D CT Assessment and Planning

- Segment 3D Airway Tree
- Calculate Centerline Paths
- Define Target ROI biopsy sites

Stage 2: Live Bronchoscopy

- Capture Endoscopic Video
- Correct Video's Barrel Distortion
- Track/Register Video and Virtual CT
- Map Target ROIs on Video



Site List

Segmented Airway Tree

Centerline Paths

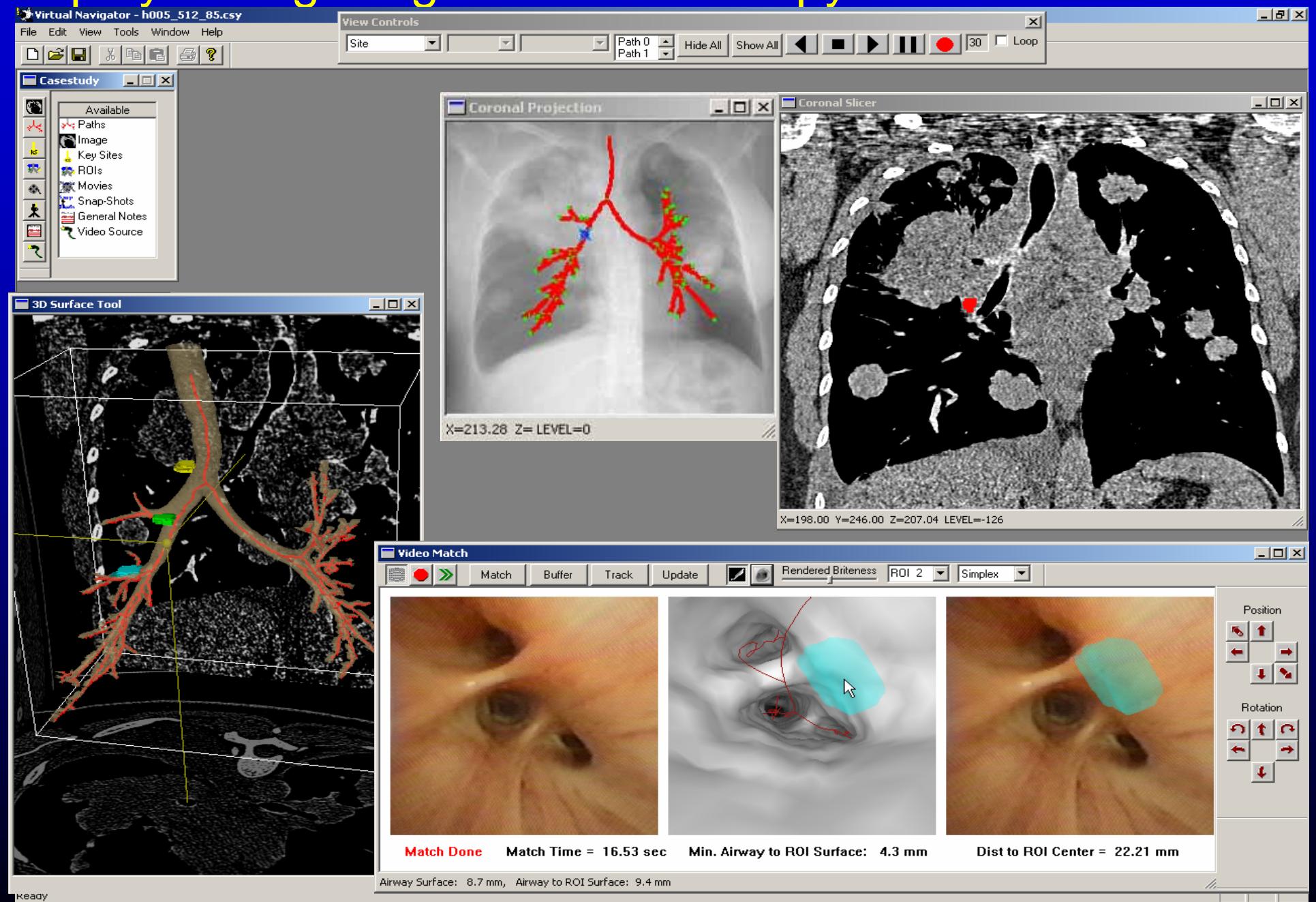
Screen Snapshots

Recorded Movies

Physician Notes

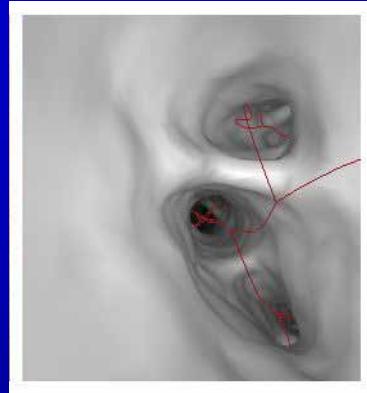
See: Helferty *et al.*, SPIE Med. Imaging 2001; Swift *et al.*, Comp. Med. Imag. Graph. 2002.

Display during Stage-2 Bronchoscopy

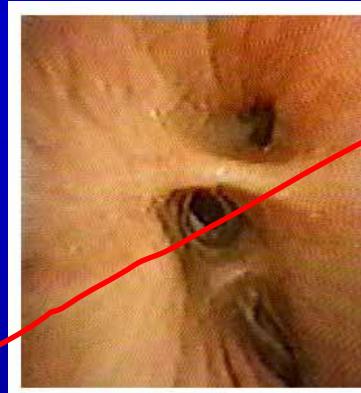


Case h005_512_85. Root site = (253.217.0), seger = (RegGrow, no filter), ROI #2 considered (Blue)

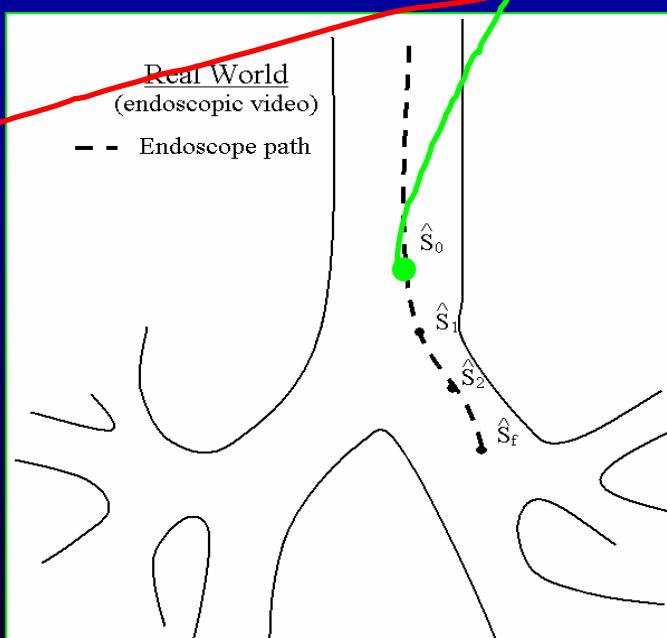
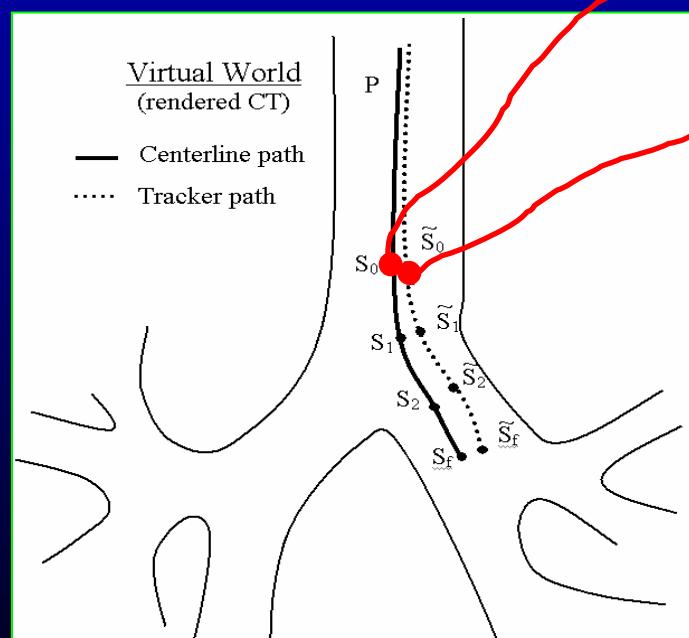
Stage 2: CT-Guided Bronchoscopy Protocol



Endoluminal 3D
CT rendering



Live video from
bronchoscope

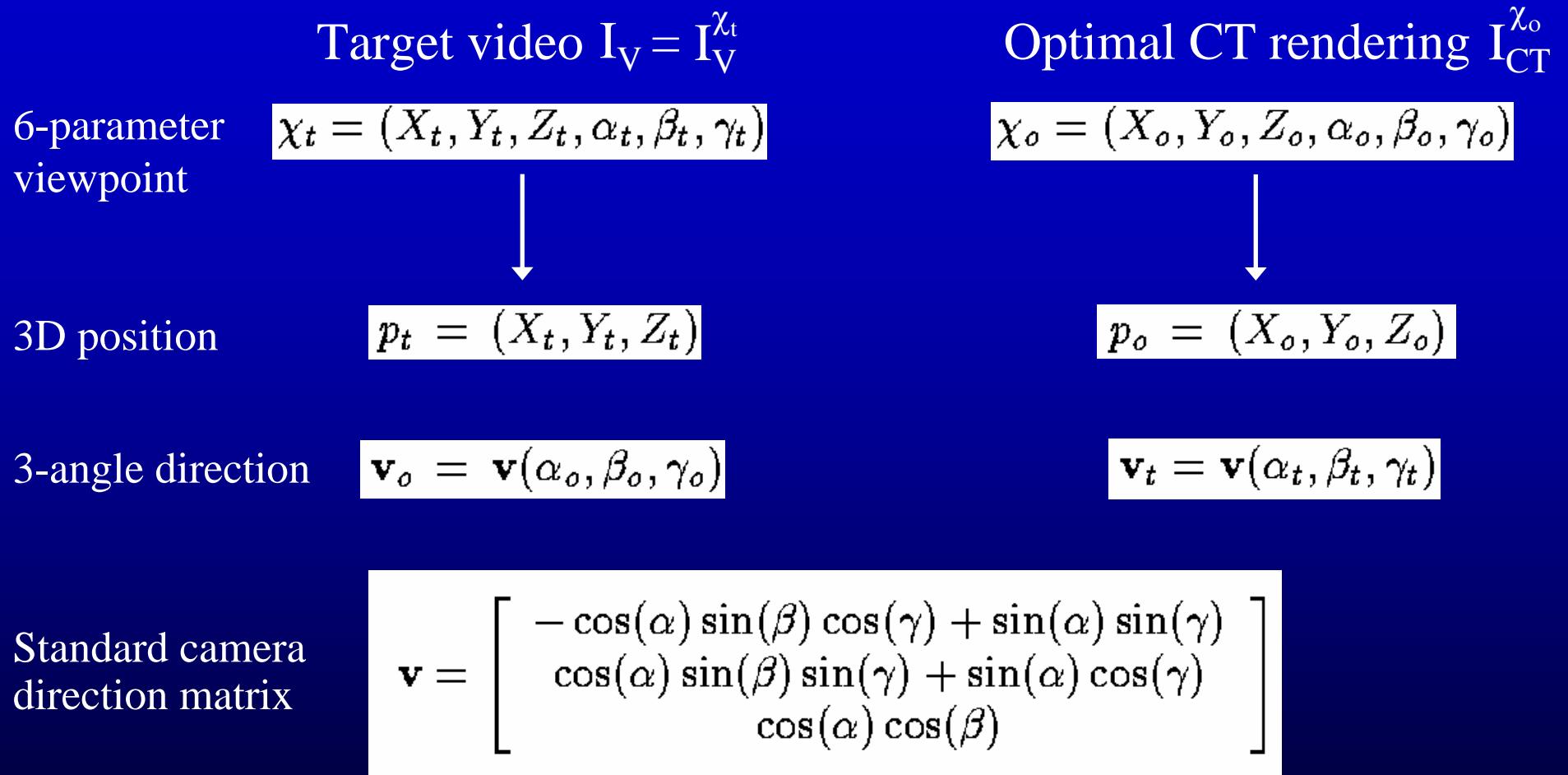


1. Provide Virtual-World CT rendering $\rightarrow I_{CT}$
2. Move bronchoscope “close” to I_{CT} \rightarrow target view I_V
3. Register Virtual World to target view I_V

4. Go to Step 1 unless biopsy site reached

Key Step:
CT-Video Registration

CT-Video Registration Problem: *Viewpoints*



CT-Video Registration Problem: *Optimization Problem*

Normalized Mutual Information (NMI):

$$S_{NMI}(I_{CT}^{\chi}, I_V) = \frac{h(V) + h(CT)}{h(V, CT)}$$

$h(V), h(CT)$ – entropies
based on image
histograms (PDFs)

NMI Optimization:

$$\chi_o = \arg \left\{ \max_{\chi \in N_{\chi_i}} [S_{NMI} (I_{CT}^{\chi}(i, j), I_V(i, j))] \right\}$$

χ_i – starting point for I_{CT}^{χ}

Ref: Studolme et al., *Pattern Recognition*, 1/99.

CT-Video Registration Problem:

Optimization Algorithms Tested

1. Steepest Ascent
2. Nelder-Mead Simplex
3. Simulated Annealing

CT-Video Registration Problem: Error Measures for Tests

Position error

$$e_p = \|p_o - p_t\|$$

Angle error

$$e_a = \cos^{-1}(\mathbf{v}_o \cdot \mathbf{v}_t)$$

Needle error

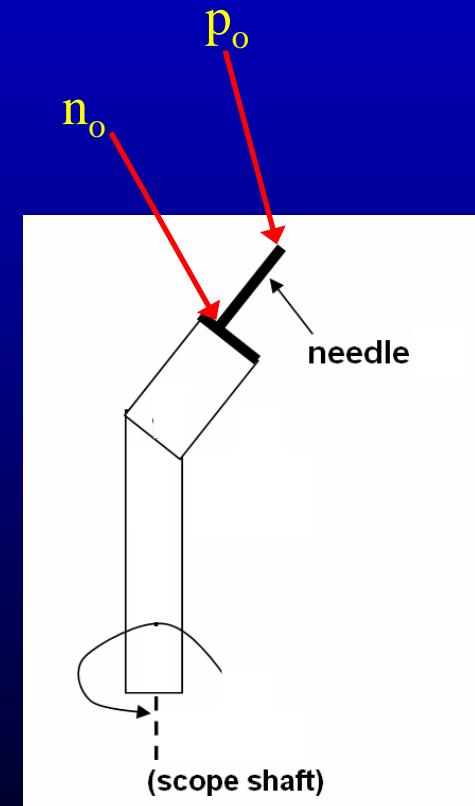
$$e_n = \|\mathbf{n}_o - \mathbf{n}_t\|$$

where:

$$\mathbf{n}_o = \mathbf{p}_o + d_n \mathbf{v}_o, \quad \mathbf{n}_t = \mathbf{p}_t + d_n \mathbf{v}_t$$

“needle” position for
optimal CT view ($I_{CT}^{\chi_o}$)

needle position for
bronchoscope (I_V)



Registration Protocol for Tests

1. Target video frame: I_V View to optimize: $I_{CT}^{\chi_o}$
2. Registration process:
 - a. Fix 5 parameters of I_{CT} 's viewpoint to I_V 's true viewpoint:
 $-10 \text{ mm} < \Delta X, \Delta Y, \Delta Z < 10 \text{ mm}$
 $-20^\circ < \Delta \alpha, \Delta \beta, \Delta \gamma < 20^\circ$
 - b. Initialize I_{CT} 's remaining parameter away from true value
 - c. Run NMI optimization until convergence
 - d. Measure errors

errors for
acceptable
registrations

final X, Y, Z position/needle errors $< 5\text{mm}$
final α, β, γ angle errors $< 5^\circ$

Test #1: Performance of Optimization Algorithms

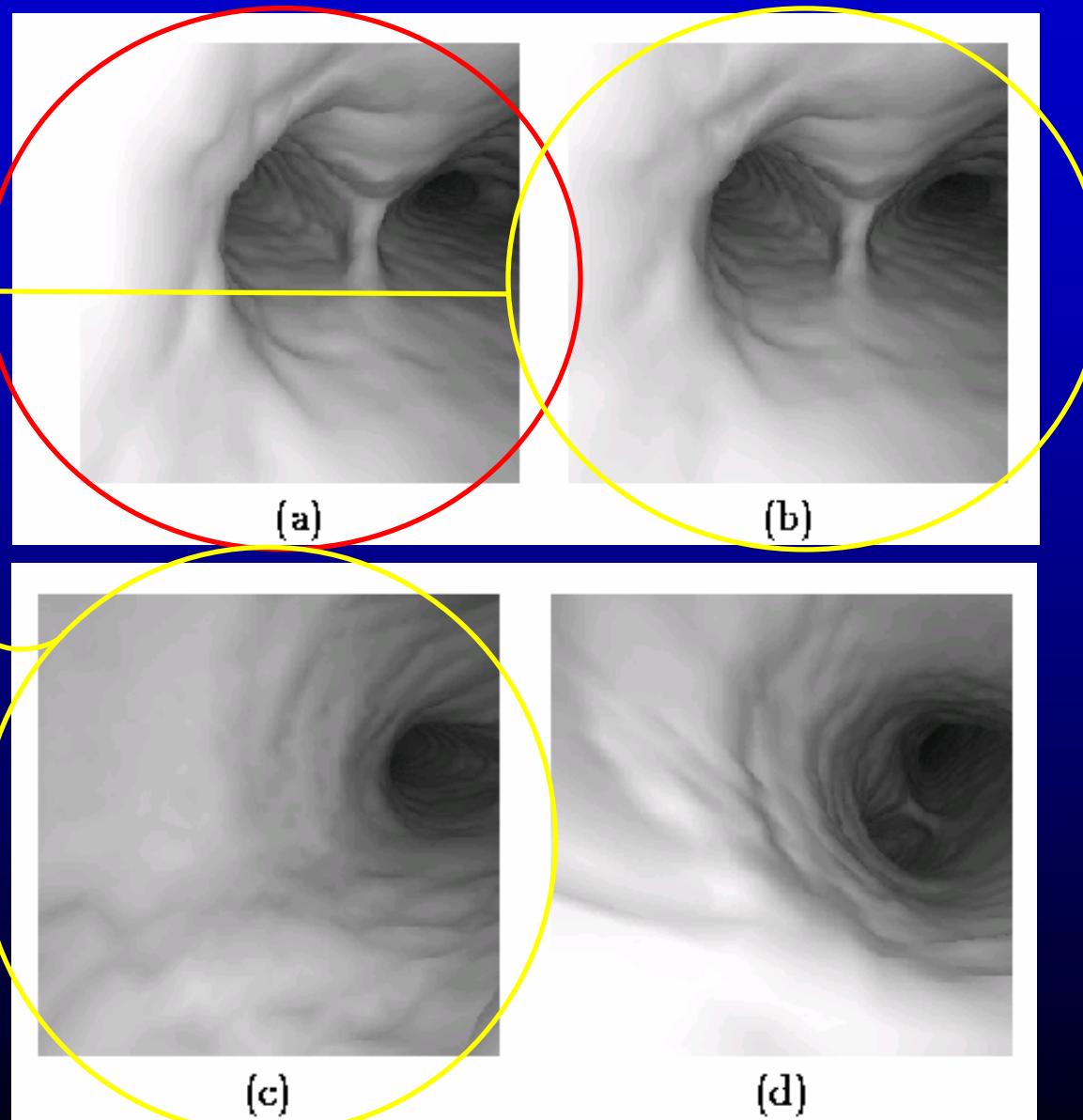
- (a) Eliminate video and CT source differences
- (b) Measure registration error precisely

1. Target video frame: I_V -- known fixed virtual CT view
2. View to optimize: $I_{CT}^{\chi_o}$ -- based on SAME 3D CT image as I_V
3. Test each optimization algorithms: stepwise, simplex, annealing

Test #1 -- Performance of Optimization Algorithms

Example Registrations $I_{CT}^{\chi_o}$

- (a) Test “video” view I_V
- (b) “Good” simplex result
($\Delta X = 8\text{mm}$) $I_{CT}^{\chi_o}$
- (c) “Poor” annealing result
($\Delta Y = 10\text{mm}$) $I_{CT}^{\chi_o}$
- (d) “Poor” annealing result
($\Delta \text{yaw} = 20^\circ$) $I_{CT}^{\chi_o}$

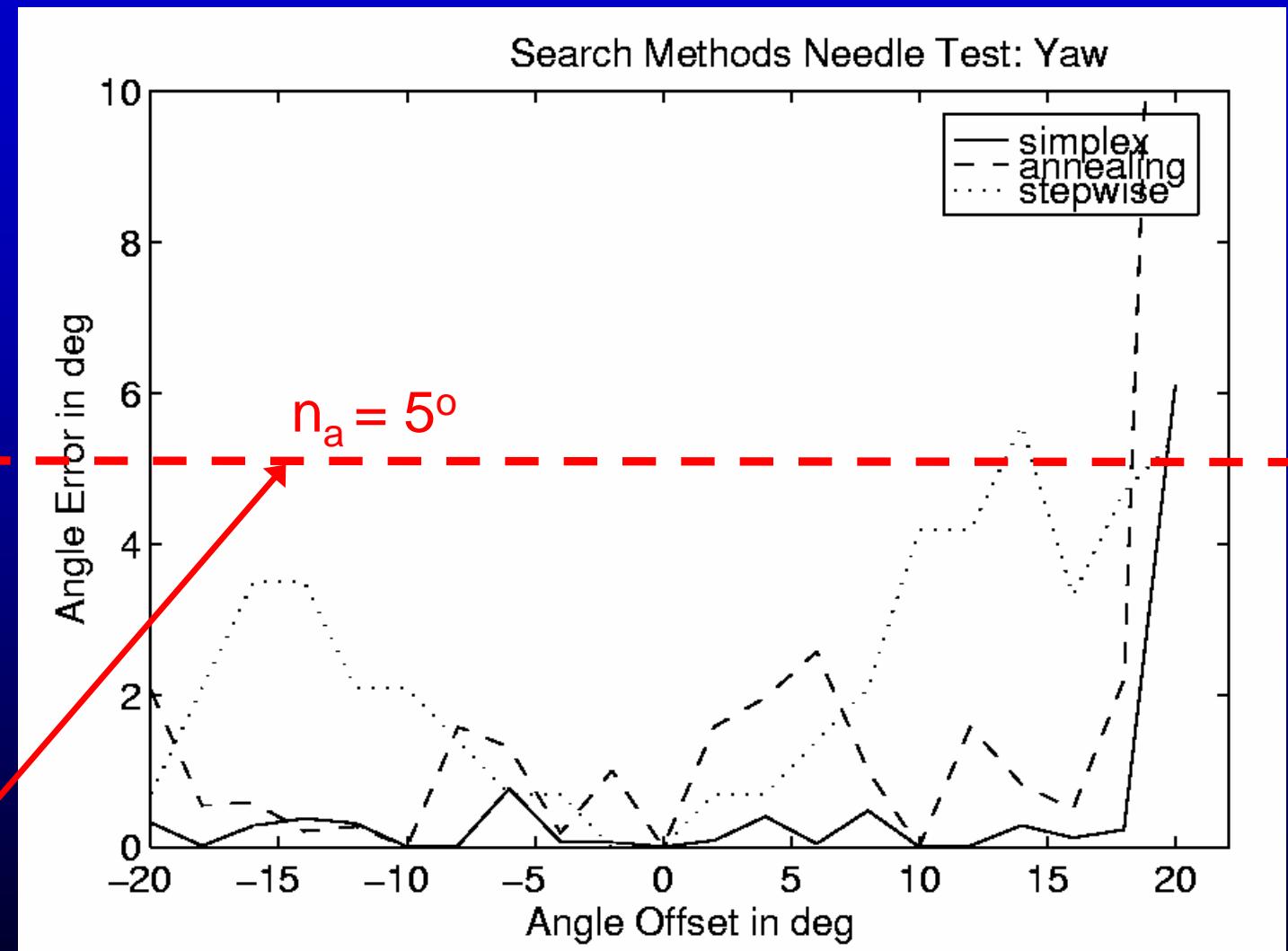


Test #1 -- Performance of Optimization Algorithms

Example Error Plot (n_a)

Initial $\Delta \beta$ (yaw) varied.
Other 5 parameters
of I_{CT} 's viewpoint χ
start at "true" values

Threshold for
acceptable
angle error n_a



Test #2: Impact of Airway Morphology -- 6 Test ROIs

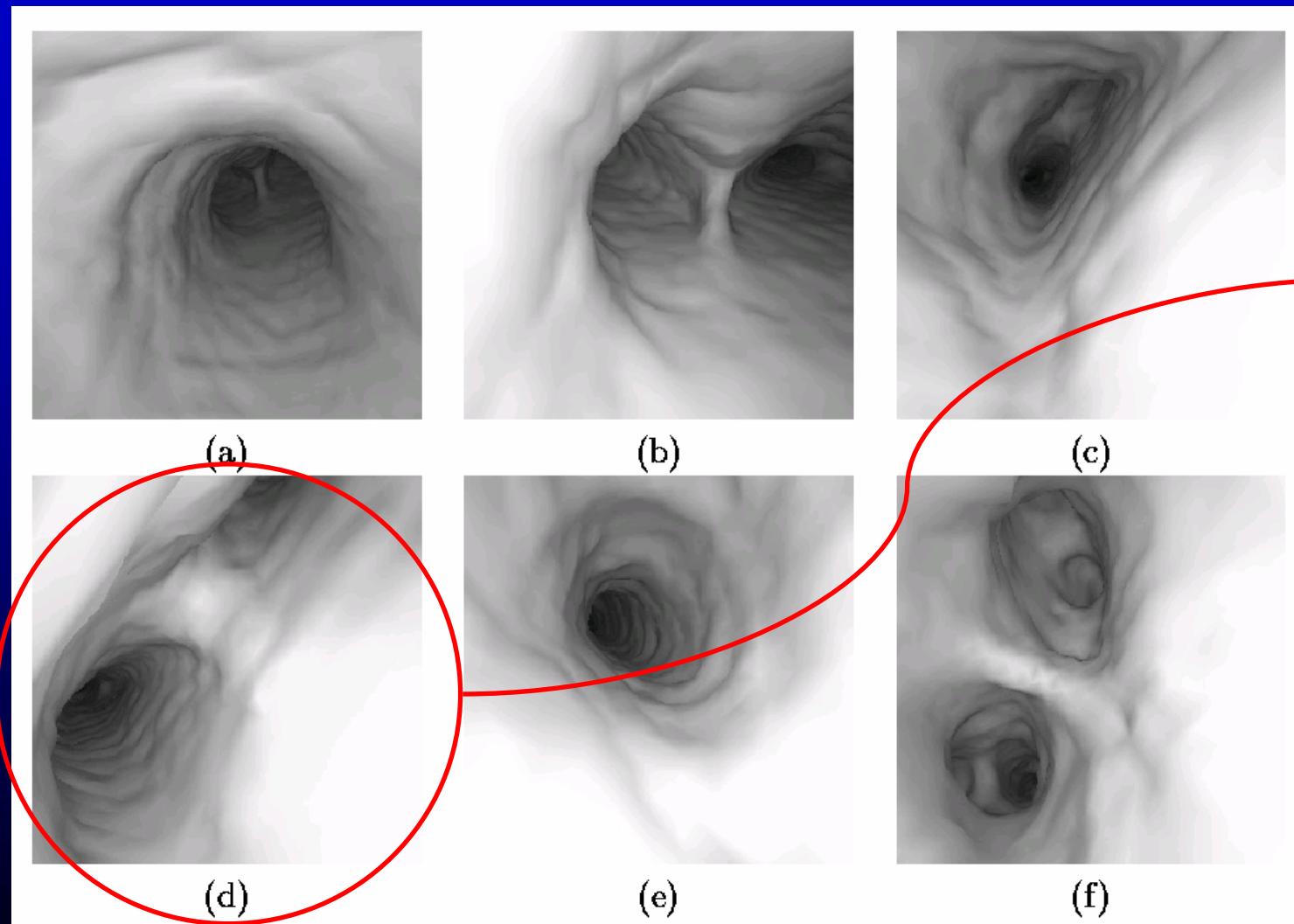
(a), (b) proximal and distal trachea

(c), (d) proximal and distal right main bronchus

(e), (f) proximal and distal left main bronchus

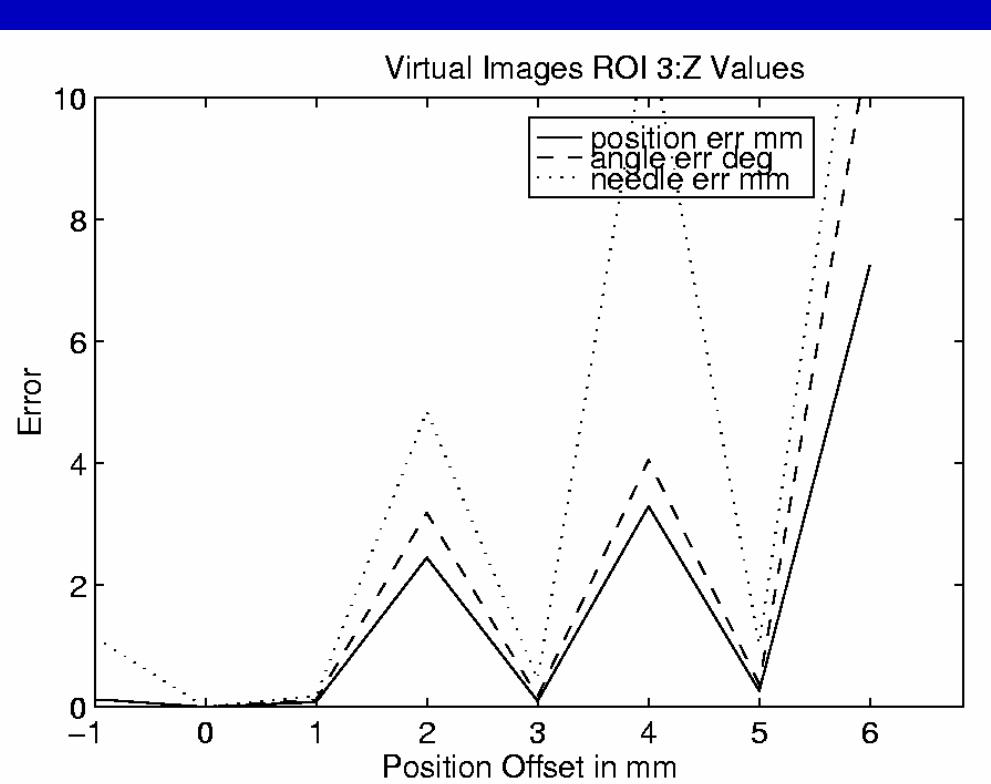
→ Run Simplex

Algorithm

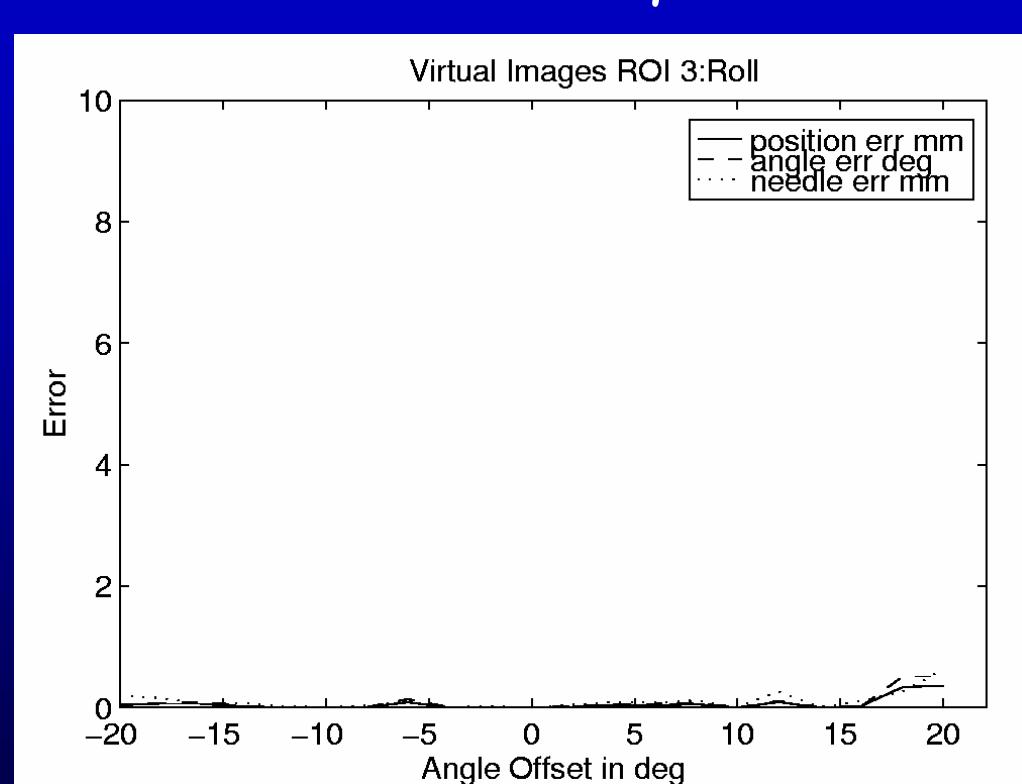


Test #2: Impact of Airway Morphology – ROI 3

ΔZ



Roll γ



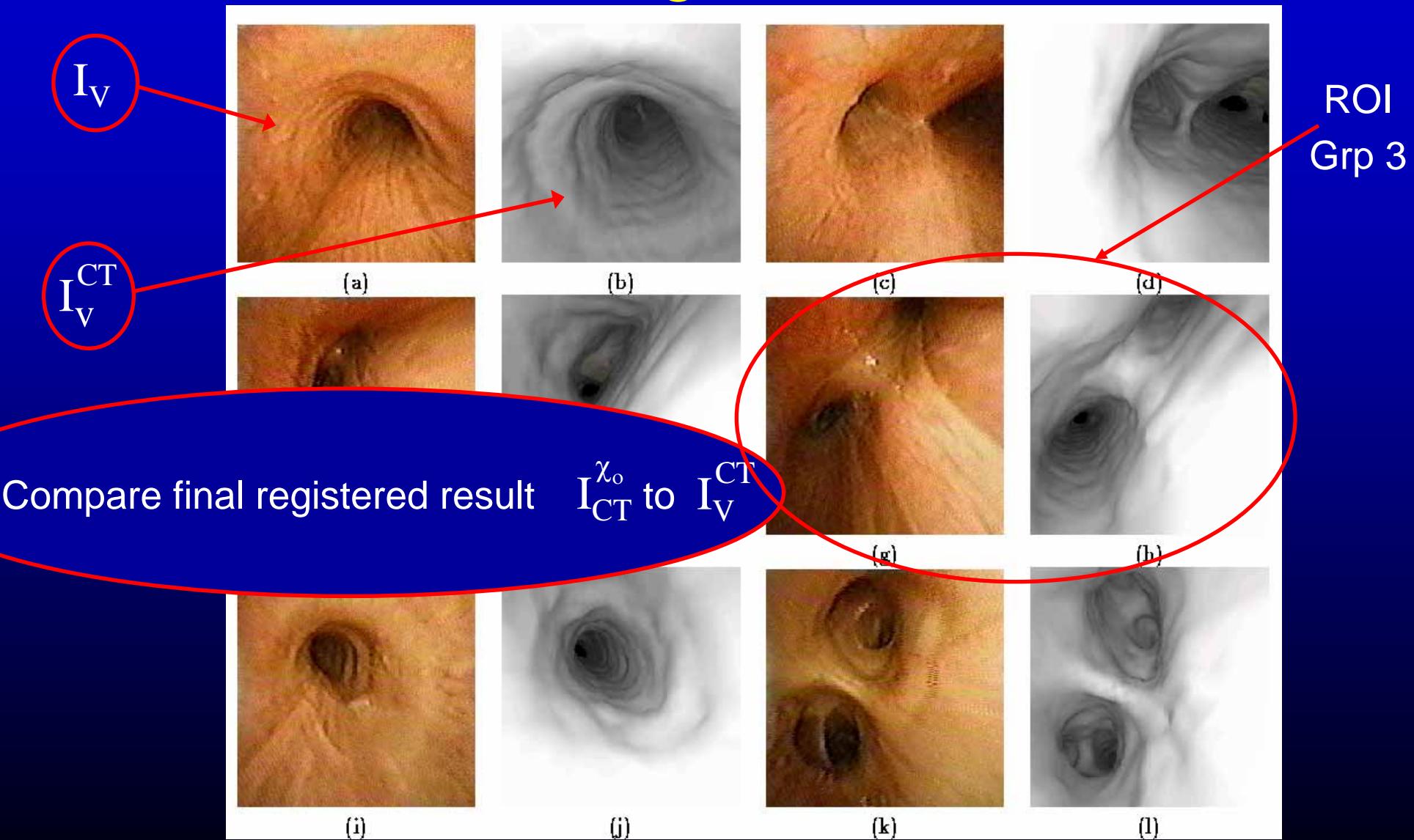
Test #2: Impact of Airway Morphology

Ranges of Starting Points that result in acceptable registrations

ROI Number	X bound min,max	Y bound min,max	Z bound min,max	Roll bound min,max	Yaw bound min,max	Pitch bound min,max
ROI 0	-10.0, 4.9	-10.0, 10.0	-10.0, 8.8	-20.0, 20.0	-20.0, 17.6	-20.0, 20.0
ROI 1	-7.6, 10.0	-10.0, 10.0	-10.0, 10.0	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
ROI 2	-10.0, 7.3	-6.4, 5.4	-5.1, 10.0	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
ROI 3	-10.0, 10.0	-10.0, 6.5	-10.0, 5.7	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
ROI 4	-10.0, 10.0	-7.1, 10.0	-10.0, 4.6	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
ROI 5	-10.0, 10.0	-10.0, 10.0	-10.0, 10.0	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
Average	-9.6, 8.7	-8.9, 8.6	-9.2, 8.2	-20.0, 20.0	-20.0, 19.6	-20.0, 20.0

Test #3: Registering CT to Real Video

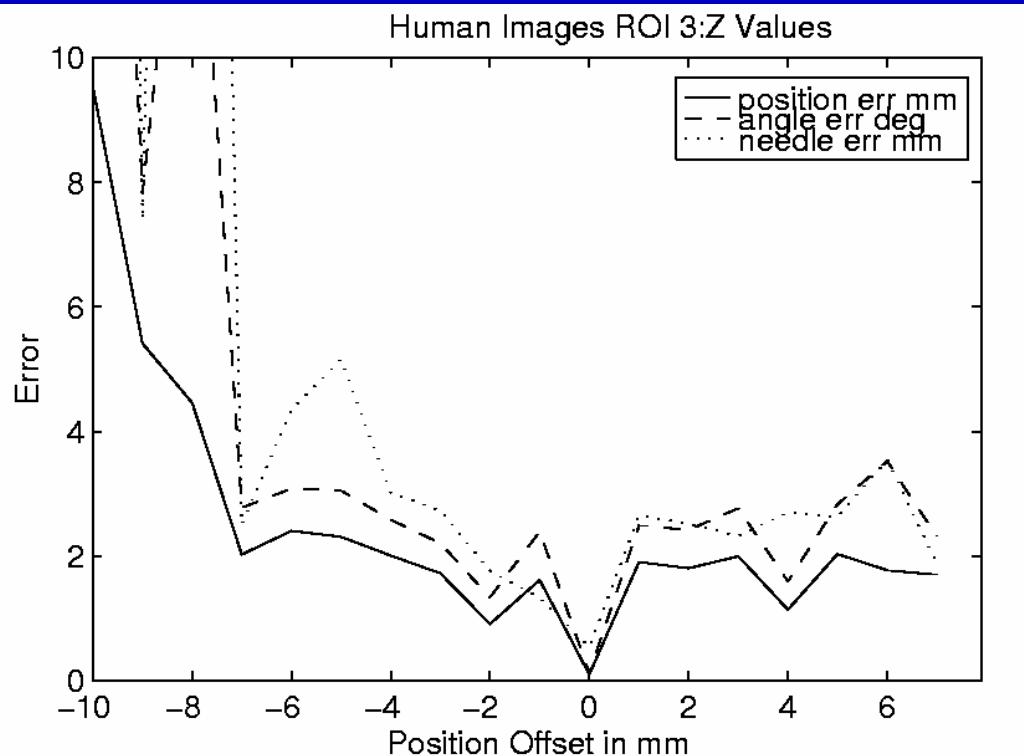
* 6 Matching Test Pairs



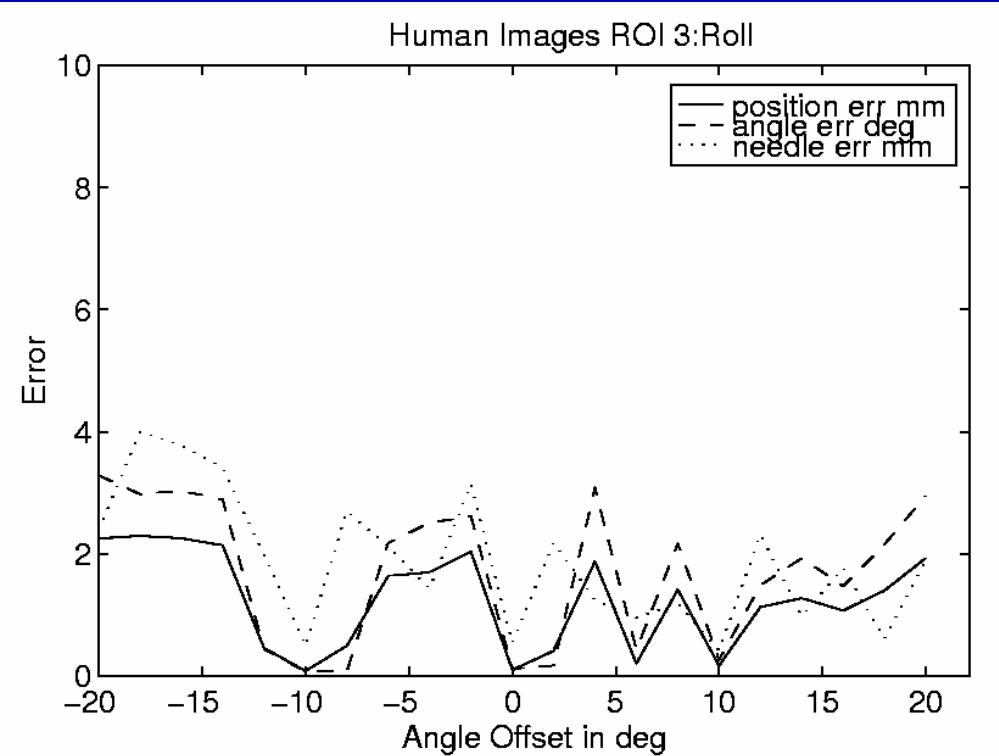
Test #3: Registering CT to Real Video

* ROI-3 Pair

ΔZ



Roll γ



Test #3: Registering CT to Real Video

* Summary over 6 ROI Pairs

Ranges of Starting Points that result in acceptable registrations

error type	X bound min,max	Y bound min,max	Z bound min,max	Roll bound min,max	Yaw bound min,max	Pitch bound min,max
position	-9.7, 8.9	-8.9, 8.9	-7.3, 9.4	-20.0, 20.0	-20.0, 20.0	-20.0, 20.0
angle	-9.4, 8.0	-7.8, 7.9	-6.6, 7.7	-18.6, 20.0	-20.0, 20.0	-20.0, 20.0
needle	-10.0, 7.9	-7.7, 6.0	-6.1, 7.1	-15.2, 14.0	-11.0, 17.4	-11.1, 13.8

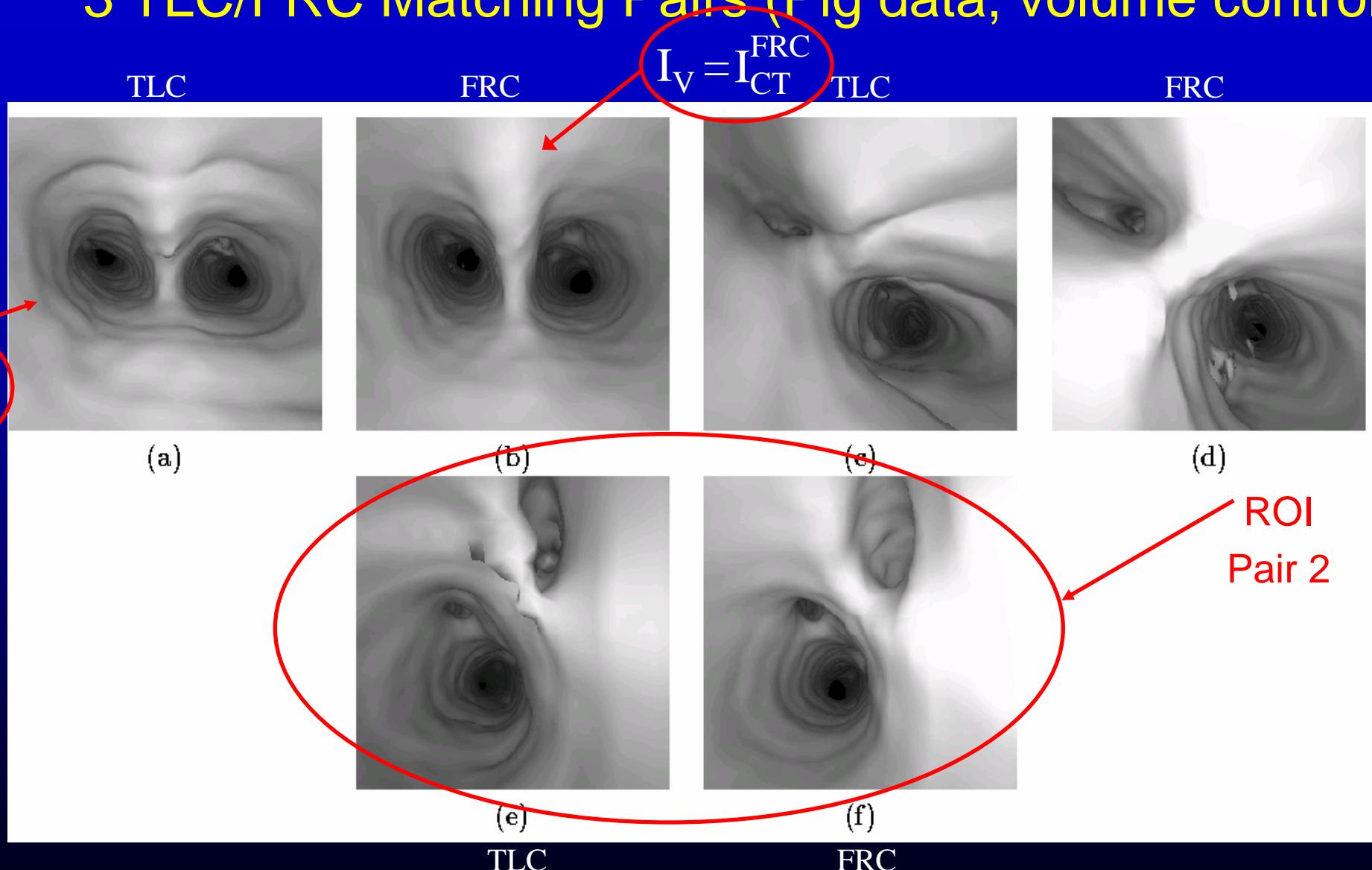
Test #4: Sensitivity to Different Lung Capacities

- * CT scan – done at full inspiration (TLC)
- * Bronchoscopy – done with chest nearly deflated (FRC)

1. Target “video” frame: $I_v = I_{CT}^{FRC}$ -- known fixed CT view (from FRC CT volume)
2. View to optimize: $I_{CT}^{\chi_o}$ -- CT view from TLC CT volume
3. Run Simplex optimization algorithm:
→ Compare final result $I_{CT}^{\chi_o}$ to previously matched result I_{CT}^{TLC}

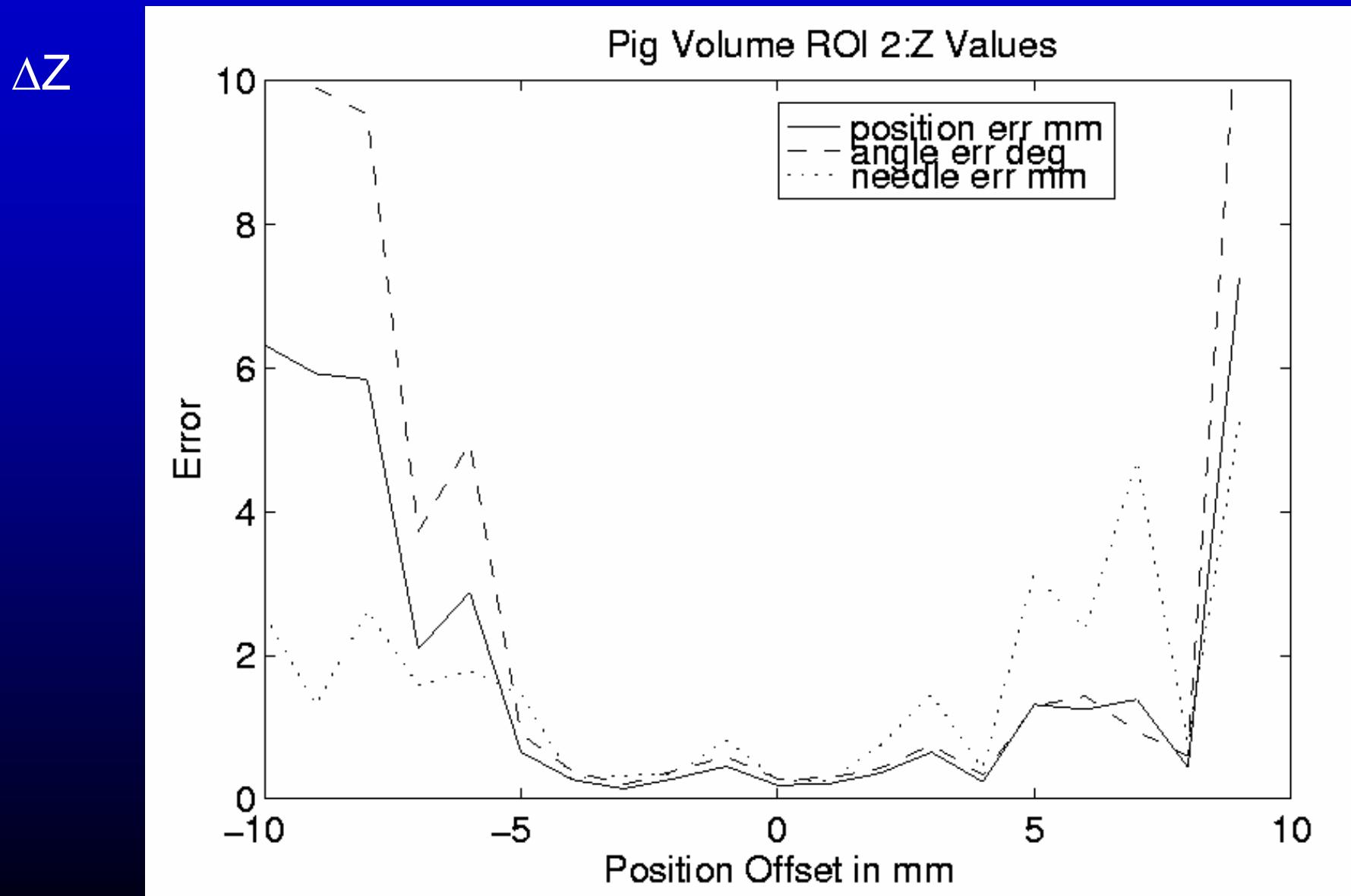
Test #4: Sensitivity to Different Lung Capacities

* 3 TLC/FRC Matching Pairs (Pig data; volume controlled)



Test #4: Sensitivity to Different Lung Capacities

* ROI Pair #2 (Pig data; volume controlled)



Test #4: Sensitivity to Different Lung Capacities

* 3 TLC/FRC Matching Pairs (Pig data; volume controlled)

Ranges of Starting Points that result in acceptable registrations

error type	X bound min,max	Y bound min,max	Z bound min,max	Roll bound min,max	Yaw bound min,max	Pitch bound min,max
position	-6.6, 10.0	-10.0, 8.3	-8.7, 8.5	-20.0, 20.0	-20.0, 20.0	-20.0, 18.9
angle	-6.5, 10.0	-8.0, 6.5	-8.1, 8.2	-20.0, 20.0	-19.5, 20.0	-19.9, 18.5
needle	-6.2, 7.6	-7.9, 6.3	-9.4, 7.0	-19.0, 20.0	-17.2, 20.0	-19.8, 17.3

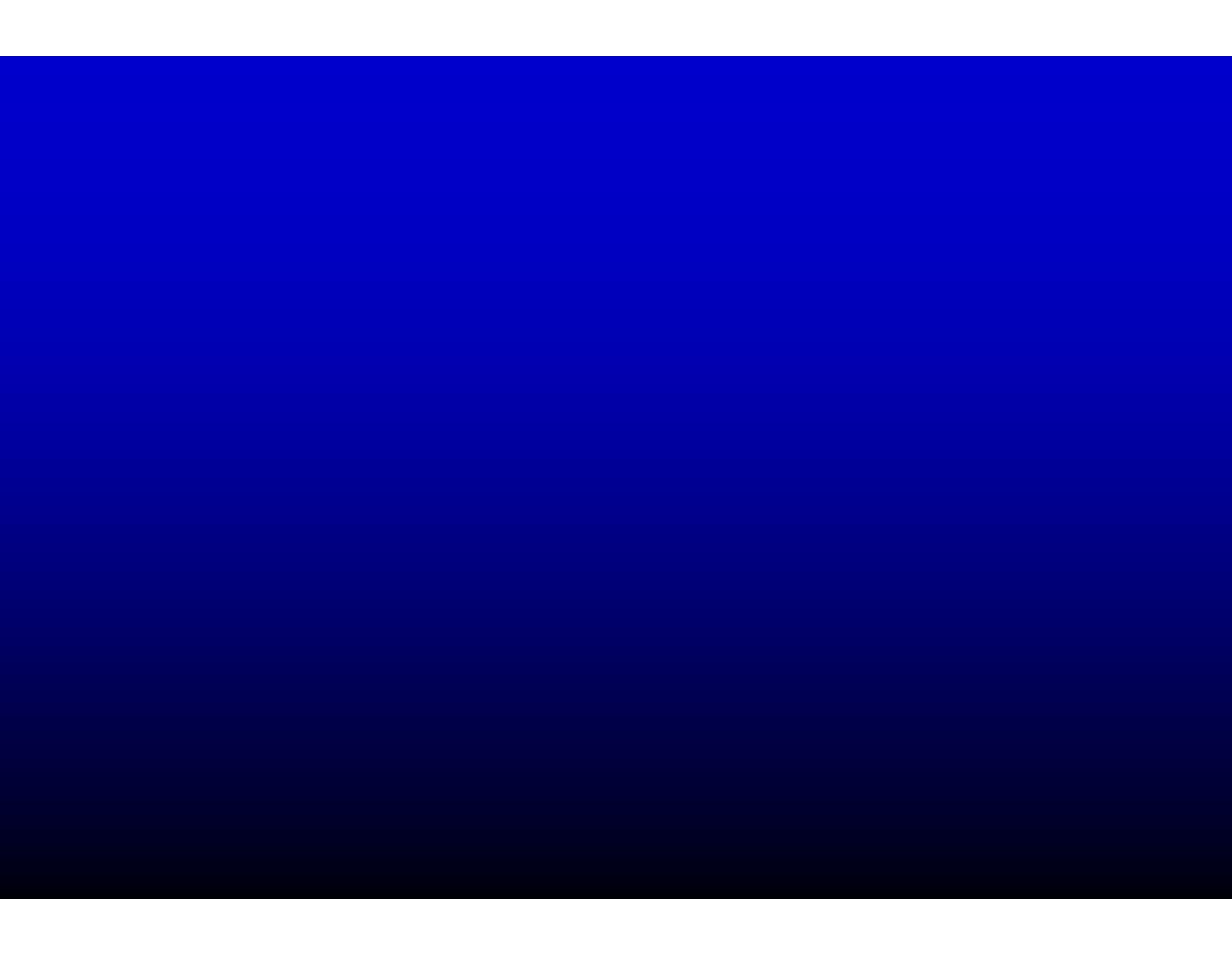
Discussion

1. Method successful and runs in near real-time (5 sec per registration).
2. Good airway segmentation and video/CT “camera” calibration important.
3. Registration successful:
 - a. over a wide range of anatomy
 - b. Independent of lung volume
 - c. +/- 8-10 mm position deviations, +/-15-20° direction deviation
4. Head toward continuous video tracking and CT-video registration.

→ Helferty et al. *SPIE Med. Imaging 2003*

Acknowledgements

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Steepest Ascent Algorithm

```
Initialize optimal viewpoint as initial viewpoint:  $\chi_o = \chi_i = \{X, Y, Z, \alpha, \beta, \gamma\}$ .  
Compute  $S_{max} = S_{NMI}^{\chi_o}$   
iteration = 0  
Do  
    Compute  $S_{NMI}^{\chi_i}$ ,  $i = 1, 2, \dots, 12$ , where  
         $\chi_1 = \{X + \Delta X, Y, Z, \alpha, \beta, \gamma\}$ ,  $\chi_2 = \{X - \Delta X, Y, Z, \alpha, \beta, \gamma\}$ ,  
         $\chi_3 = \{X, Y + \Delta Y, Z, \alpha, \beta, \gamma\}$ ,  $\chi_4 = \{X, Y - \Delta Y, Z, \alpha, \beta, \gamma\}$ , ...  
         $\chi_{11} = \{X, Y, Z, \alpha, \beta, \gamma + \Delta \gamma\}$ ,  $\chi_{12} = \{X, Y, Z, \alpha, \beta, \gamma - \Delta \gamma\}$   
     $\chi = \arg \max_{\chi_i} S_{NMI}^{\chi_i}$   
    If ( $S_{NMI}^{\chi} > S_{max}$ )  
         $S_{max} = S_{NMI}^{\chi}$   
         $\chi_o = \chi$   
    Else  
        break; /*  $\chi_o$  is the optimal viewpoint. */  
    iteration = iteration + 1  
While{iteration < MAX_ITER}
```

Also tested Nelder-Mead Simplex and Simulated Annealing

Test #2: Impact of Airway Morphology

Consider 6 Varied Airway Locations (ROIs)

1. Target video frame: I_v -- a known fixed virtual CT view
2. View to optimize: $I_{CT}^{\chi_o}$ -- based on SAME 3D CT image as I_v
3. Run Simplex optimization algorithm.

Test #3: Registering CT to Real Video

1. Target video frame: I_V -- known fixed video frame; have matching I_{CT}^V
2. View to optimize: $I_{CT}^{\chi_o}$ -- from corresponding CT image
3. Run Simplex optimization algorithm:
 - a. Fix 5 parameters of I_{CT} 's viewpoint to I_V 's true viewpoint
 - b. Run optimization
 - c. Compare final registered result $I_{CT}^{\chi_o}$ to I_{CT}^V
4. Test on three target “video/CT” matching pairs

Test #4: Sensitivity to Different Lung Capacities

- * CT scan – done at full inspiration (TLC)
- * Bronchoscopy – done with chest nearly deflated (FRC)

1. Target “video” frame: $I_V = I_{CT}^{FRC}$ -- known fixed CT view (from FRC CT volume)
2. View to optimize: $I_{CT}^{\chi_o}$ -- CT view from TLC CT volume
3. Run Simplex optimization algorithm:
 - a. Fix 5 parameters of I_{CT} 's viewpoint to I_V 's true viewpoint
 - b. Run optimization
 - c. Compare final result $I_{CT}^{\chi_o}$ to previously matched result I_{CT}^{TLC}
4. Test on three “FRC/TLC” matching pairs