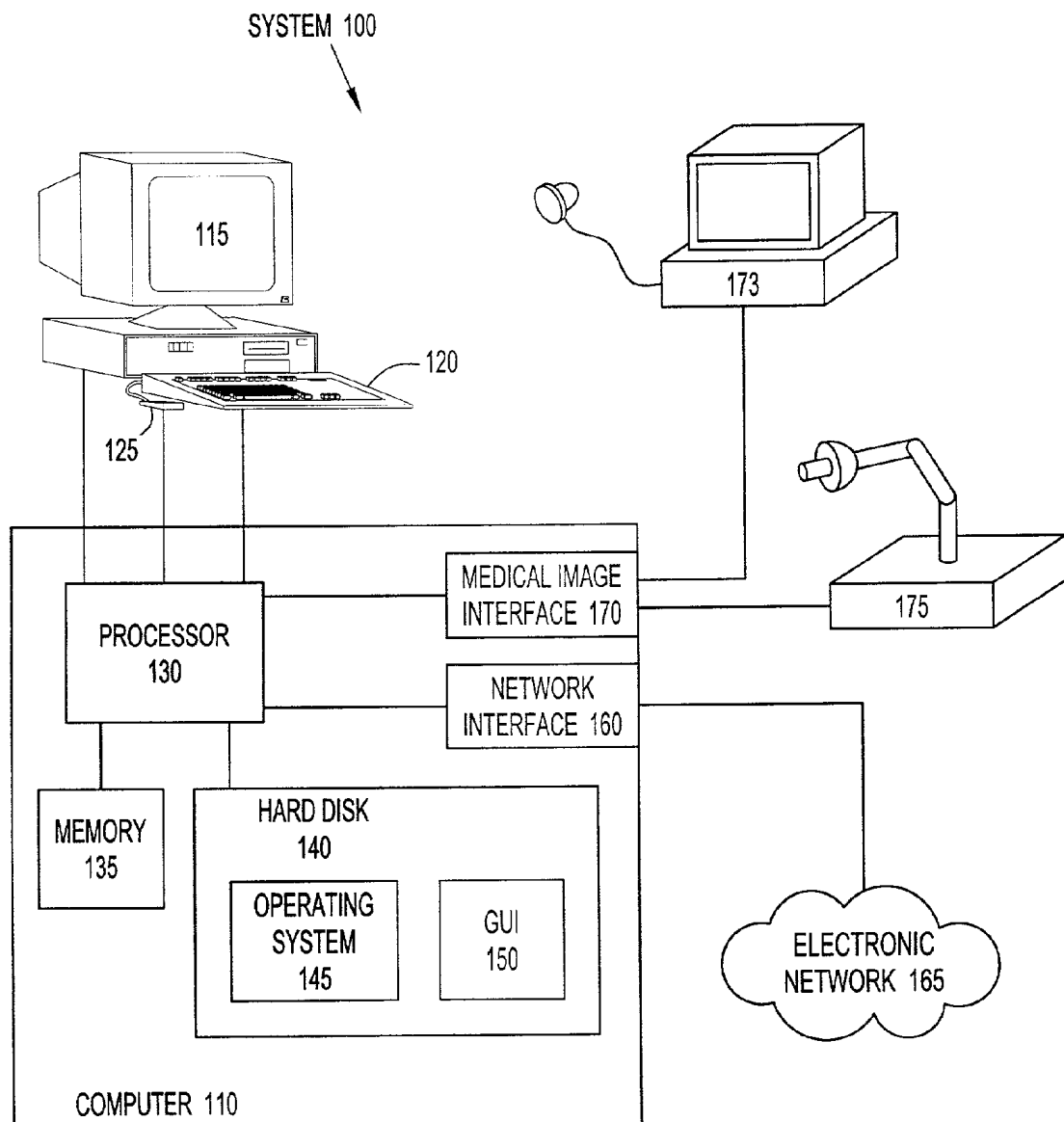




US 20020193677A1

(19) **United States**(12) **Patent Application Publication**
Thornton(10) **Pub. No.: US 2002/0193677 A1**(43) **Pub. Date: Dec. 19, 2002**(54) **SEED LOCALIZATION SYSTEM AND
METHOD IN ULTRASOUND BY
FLUOROSCOPY AND ULTRASOUND
FUSION**(52) **U.S. Cl. 600/407; 600/424; 600/439;
128/920; 600/3**(76) **Inventor: Kenneth B. Thornton, Charlottesville,
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SAN FRANCISCO, CA 94111-4067 (US)(21) **Appl. No.: 09/875,031**(22) **Filed: Jun. 7, 2001****Publication Classification**(51) **Int. Cl.⁷ A61B 6/00**(57) **ABSTRACT**

A seed localization system and method in which a computer-based system is used to determine the three-dimensional (3D) position of radiotherapy seeds with respect to an area of affected tissue, such as the prostate, using ultrasound (US) and fluoroscopy (FL) imaging, so that a radiotherapy dose may be calculated. One embodiment the present invention may be used to determine the 3D position of implanted brachytherapy seeds. An alternative embodiment of the invention may be used to determine the 3D position of implanted objects other than brachytherapy seeds. The seed localization system and method includes a graphical user interface useful for assisting a user of the seed localization system in its operation.



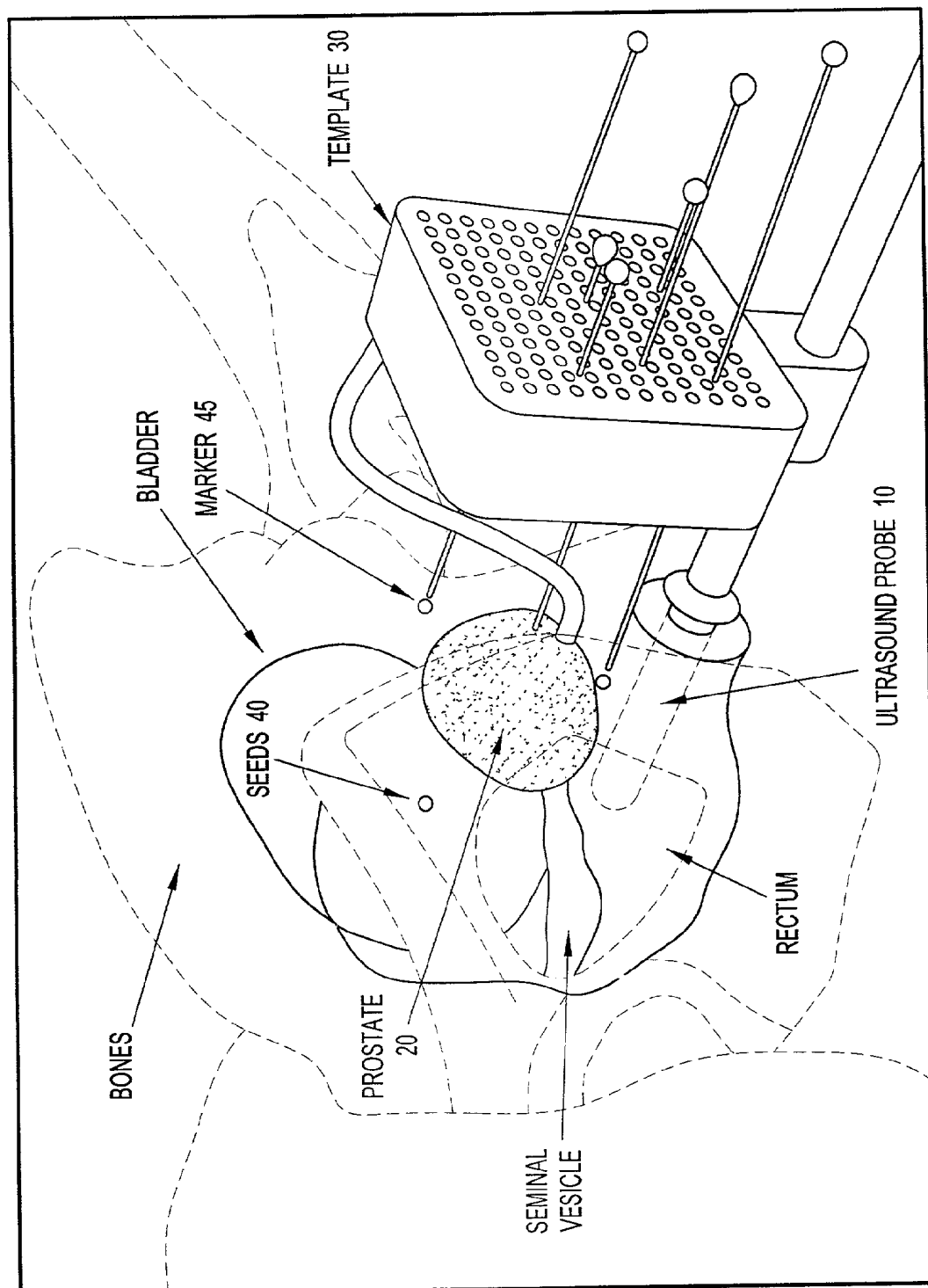


FIG. 1

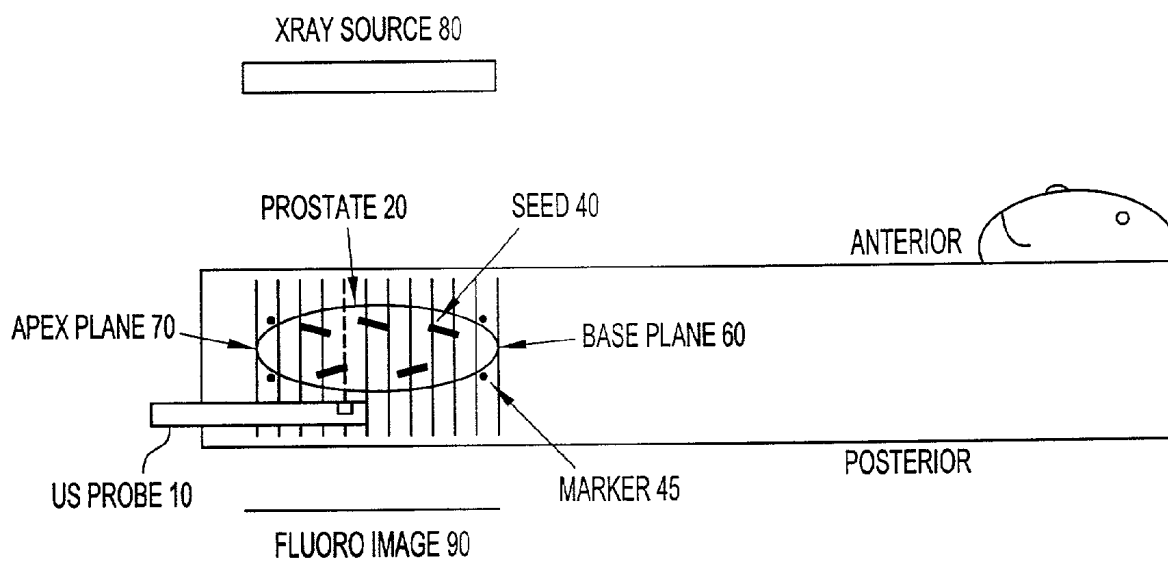


Fig. 2

AP View of Prostate and Point Markers

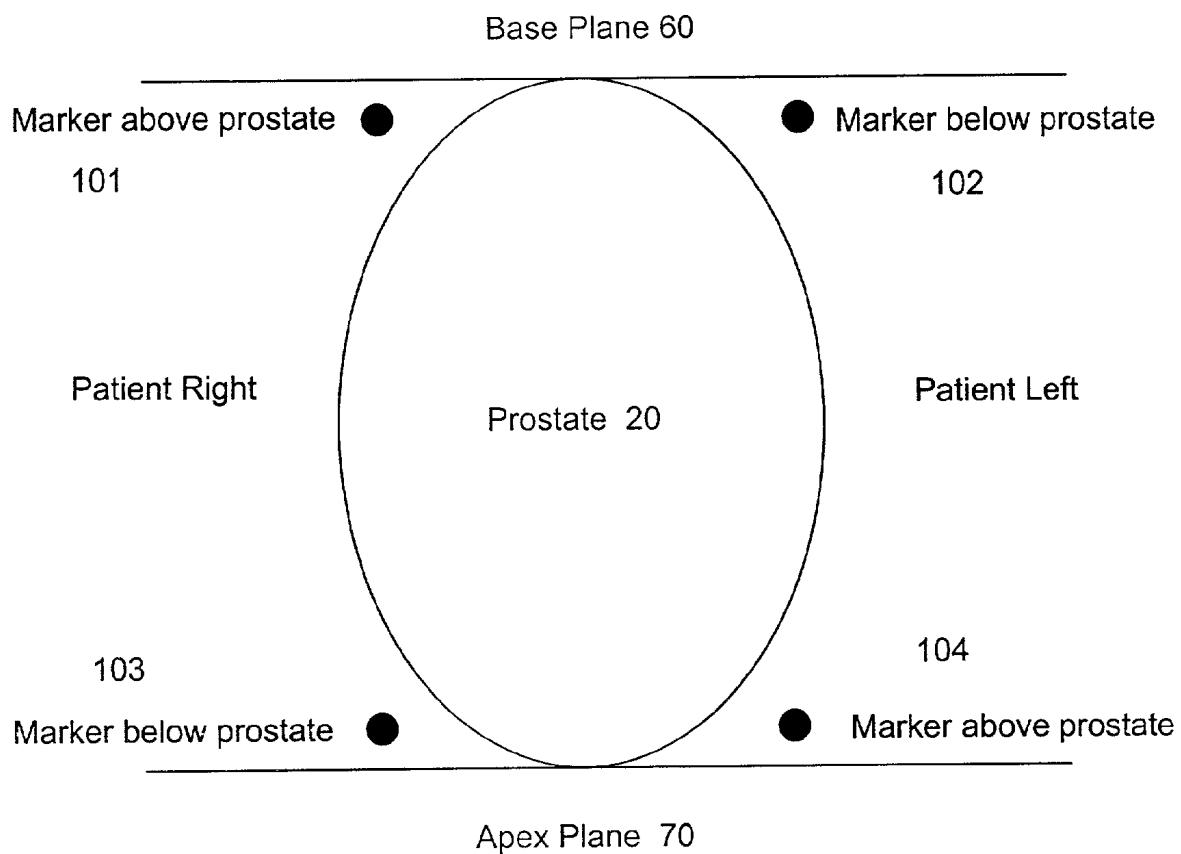


Fig. 2a

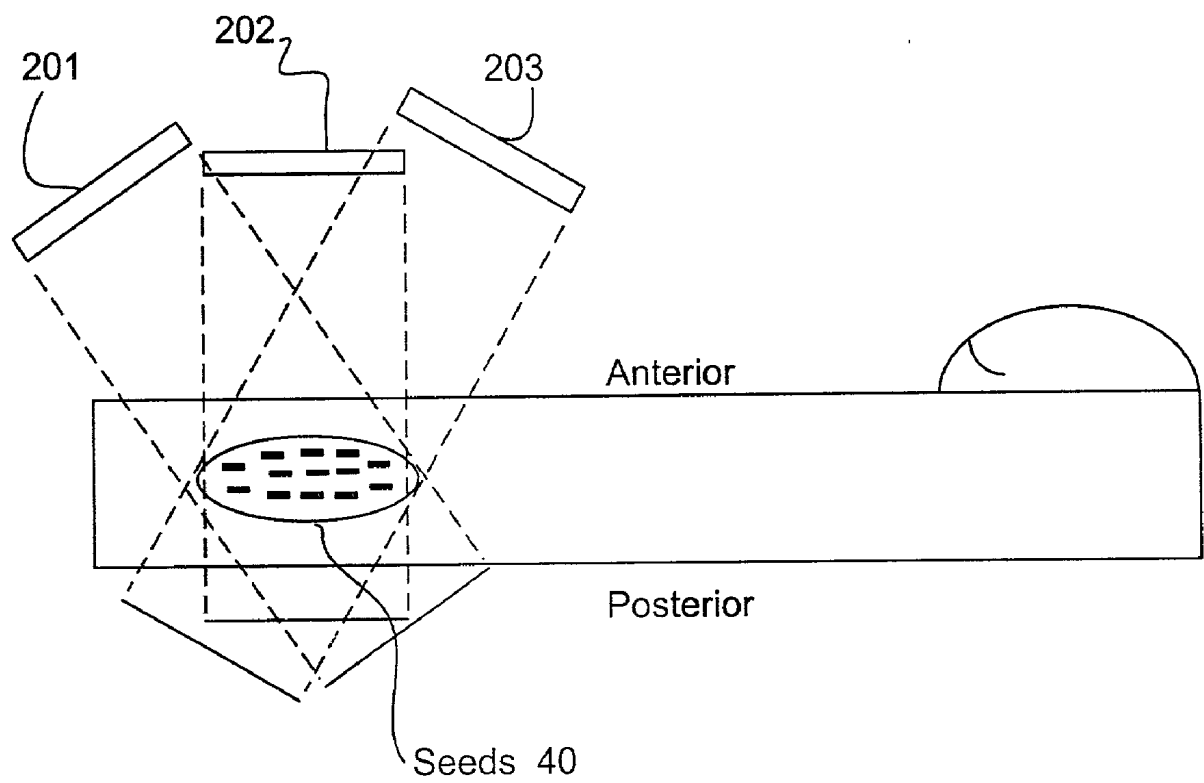


Fig. 2b

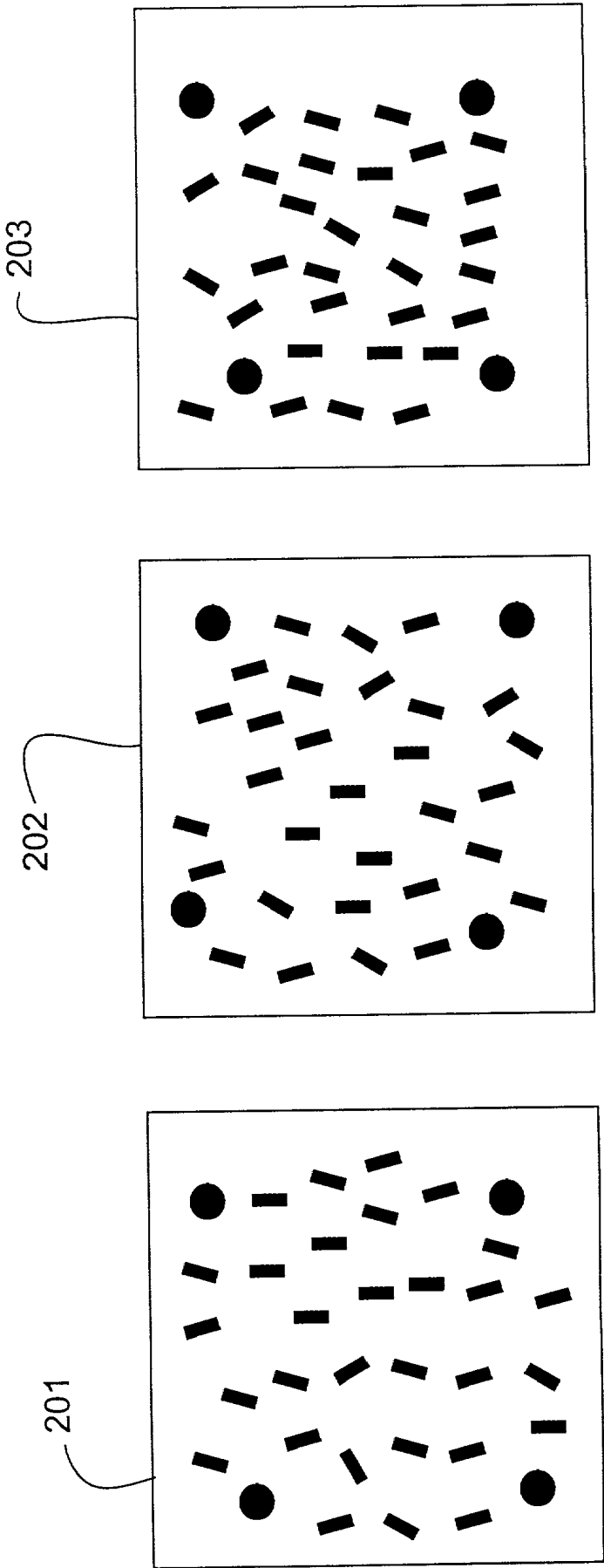


Fig. 2c

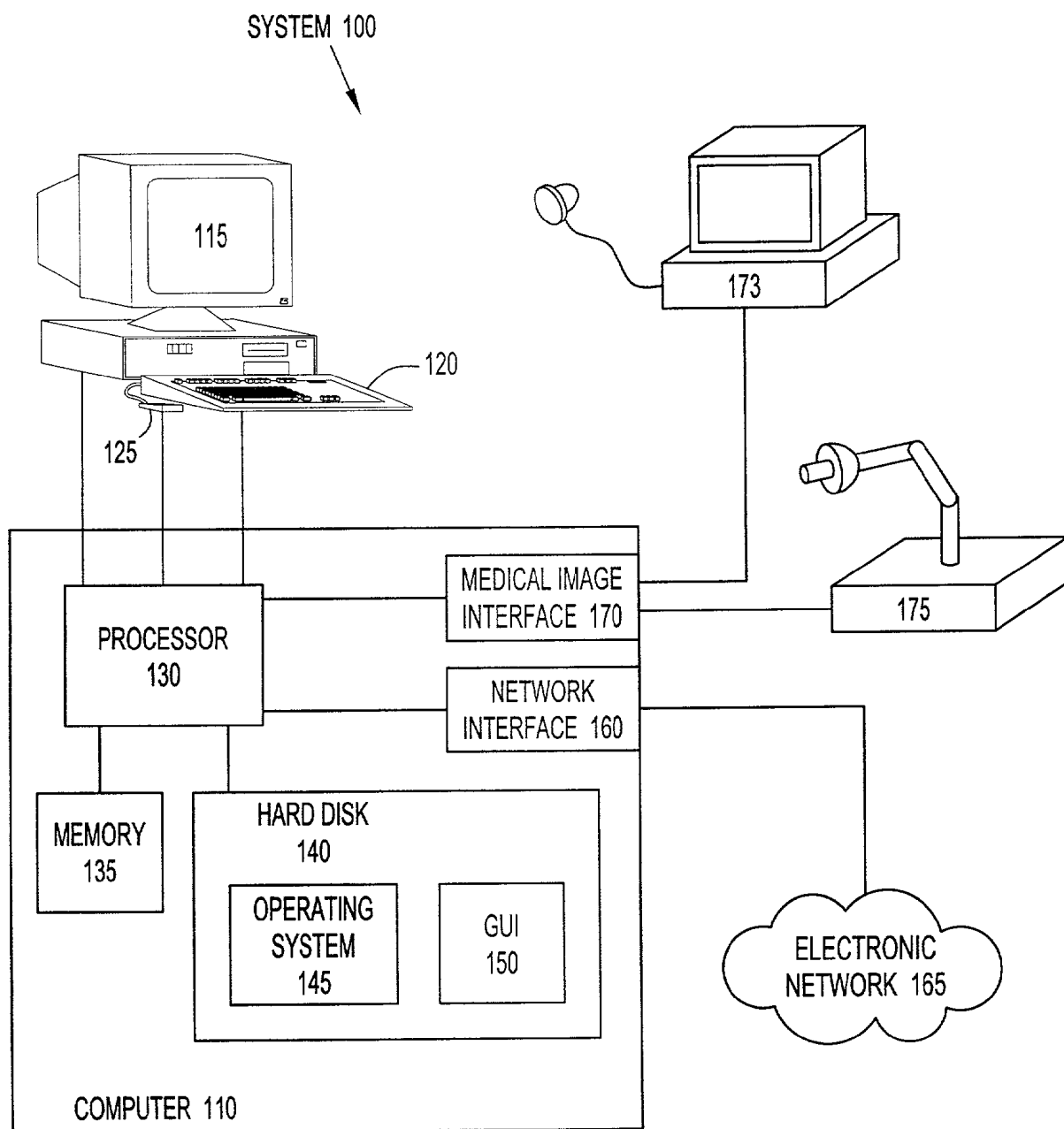


Fig. 3

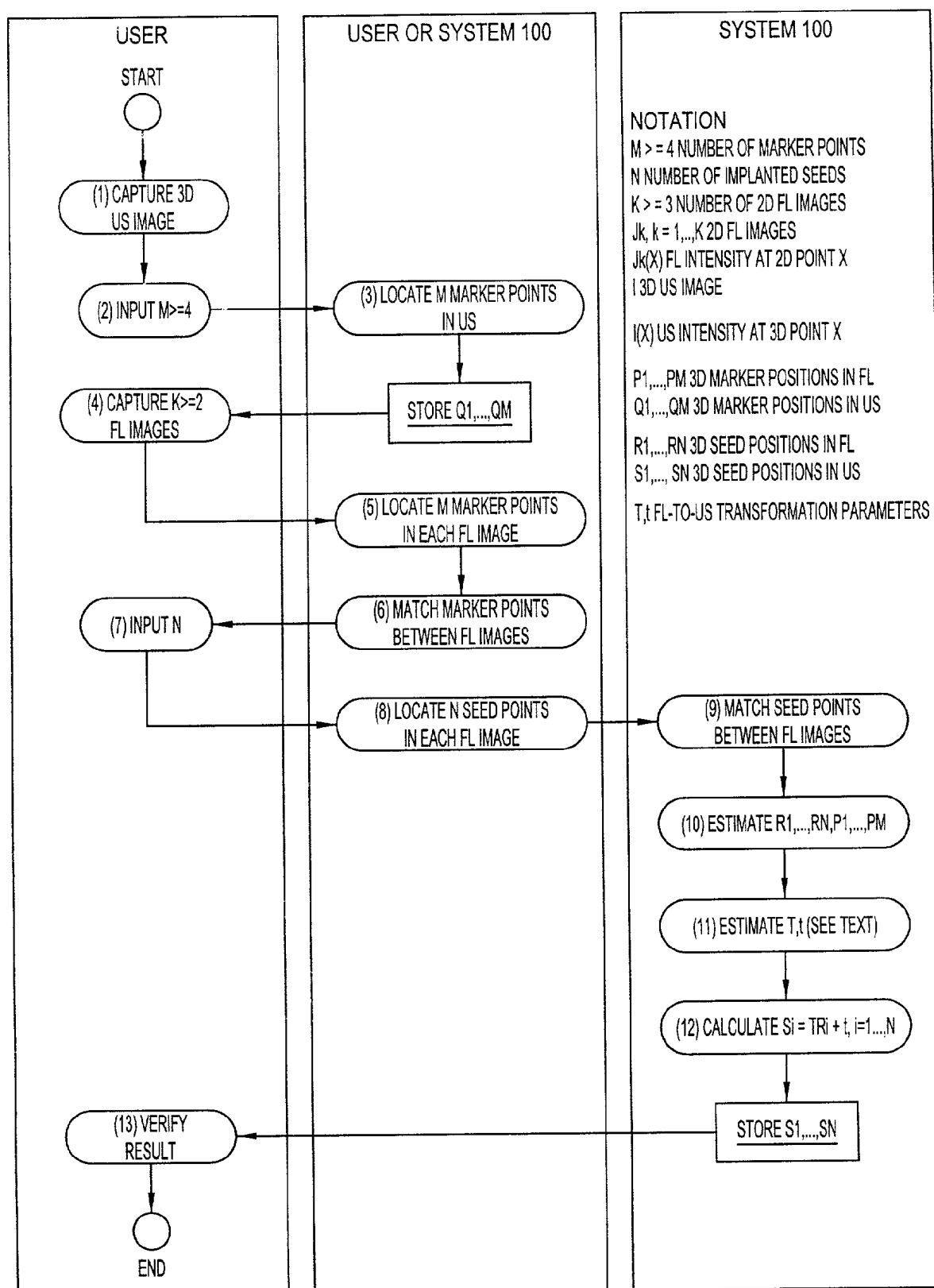


FIG. 4

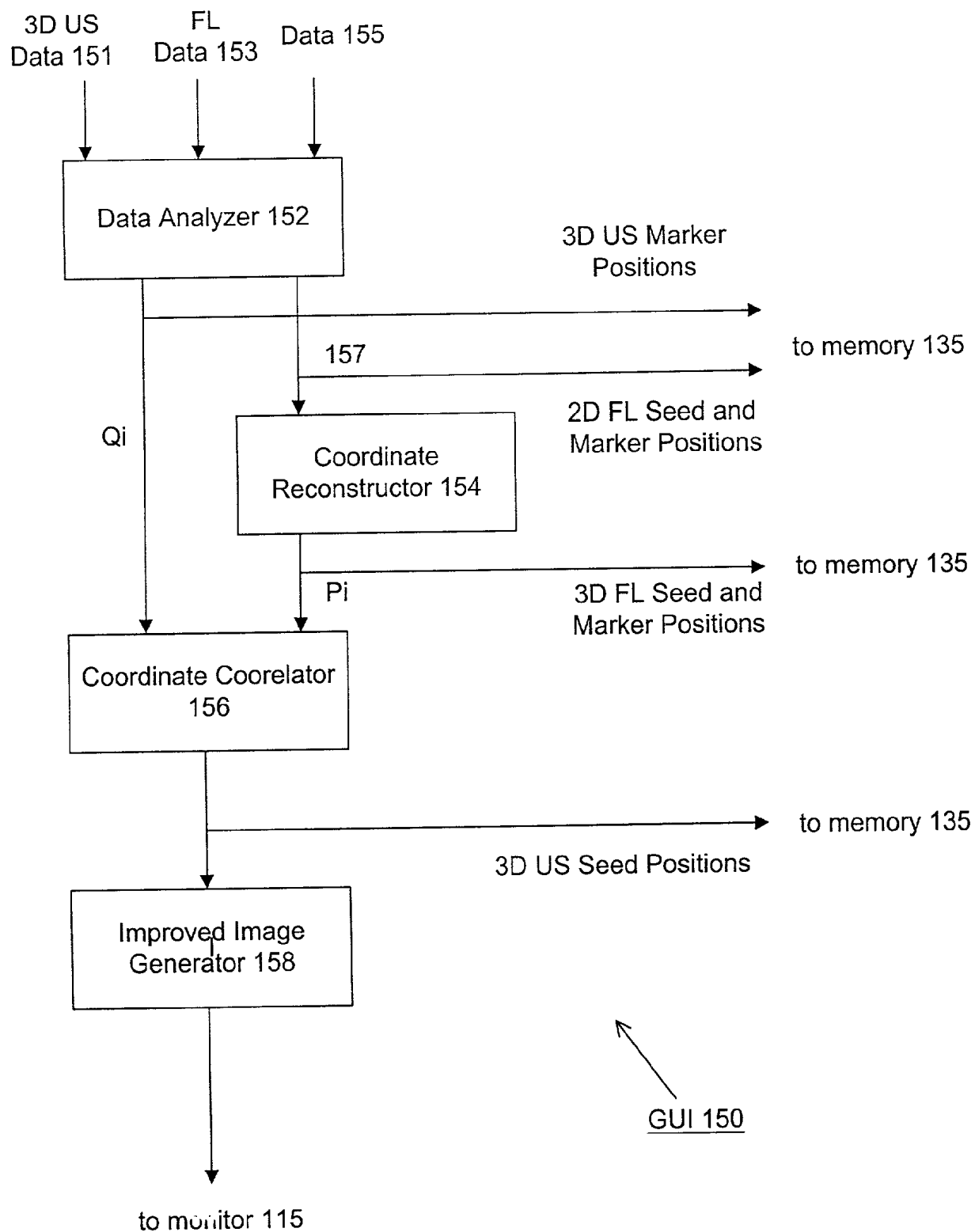


Fig. 5

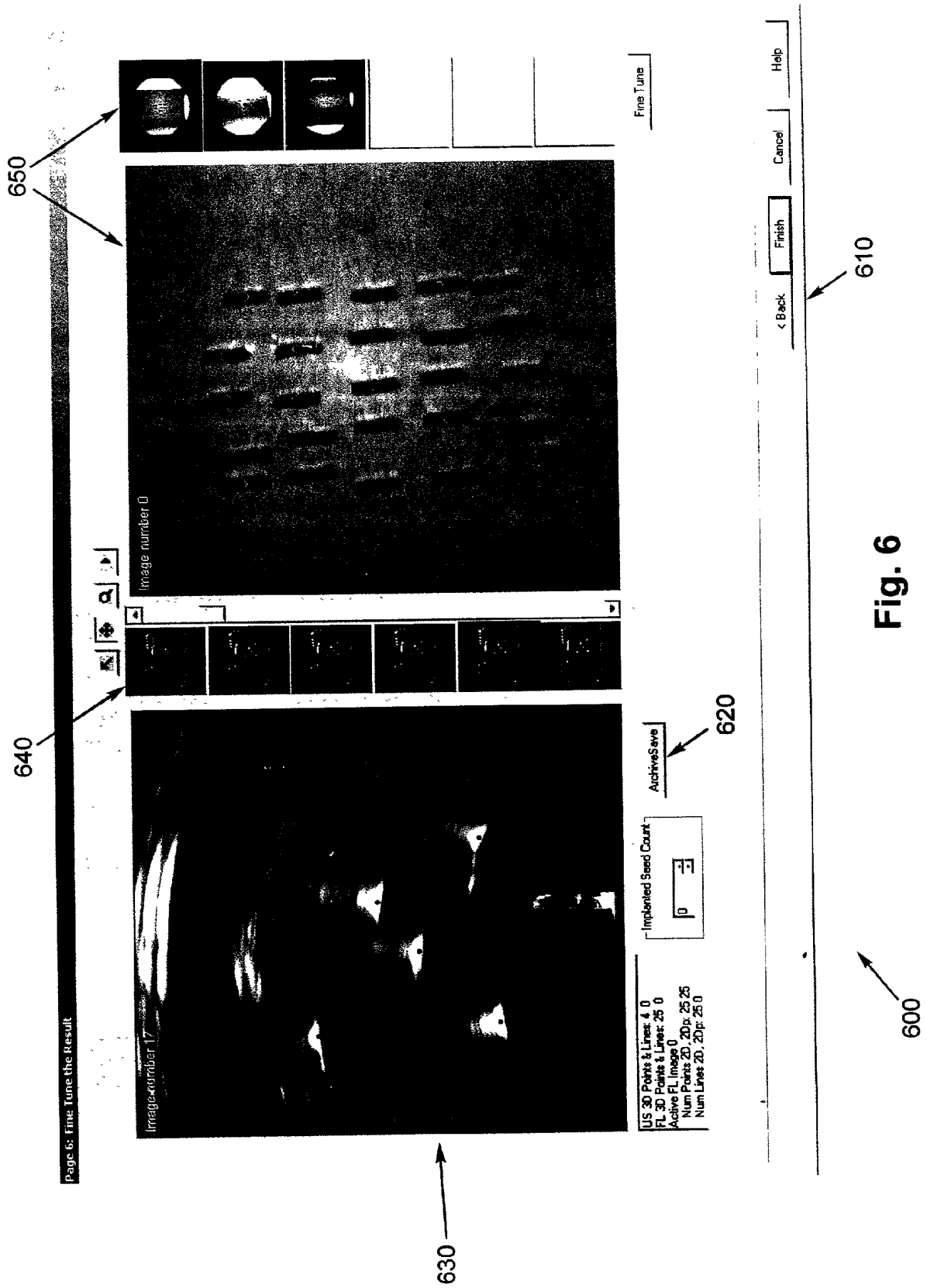


Fig. 6

SEED LOCALIZATION SYSTEM AND METHOD IN ULTRASOUND BY FLUOROSCOPY AND ULTRASOUND FUSION

BACKGROUND OF THE INVENTION

[0001] 1. Field of the Invention

[0002] This invention relates generally to systems and methods for the treatment of cancer using radiation, and, more specifically, to systems and methods for the treatment of cancer using implanted brachytherapy seeds.

[0003] 2. Background

[0004] Brachytherapy, a useful technique for treating cancer, is a radiation treatment using a solid or enclosed radioisotopic source on the surface of the body or a short distance from the area to be treated. With respect to prostate cancer, for example, brachytherapy involves the implantation of radiotherapy seeds into the prostate. The effectiveness of the brachytherapy treatment depends, however, on the particularized placement of the implanted brachytherapy seeds to achieve a preferred radiotherapy dose.

[0005] The radiotherapy dose administered to the patient may be calculated by observing the three dimensional (3D) positions of the brachytherapy seeds with respect to the affected tissue. Computed tomography (CT) is one technique used to determine the three dimensional locations of the seeds. A common problem with using CT, however, is that many operating rooms do not contain CT equipment. This makes it impossible to evaluate and subsequently adjust the dose of radiotherapy while the patient is in the treatment position. For example, if "cold spots" are found after imaging with CT, then the patient must be re-treated.

[0006] Therefore, it would be advantageous to provide a system and method that provide the capability of determining the three-dimensional location of brachytherapy seeds without requiring use of CT.

BRIEF DESCRIPTION OF THE DRAWINGS

[0007] **FIG. 1** is a three dimensional illustration of a preferred implant geometry used to orient the coordinate space for the system and method of the present invention;

[0008] **FIG. 2** is a side view of an implant geometry used with an embodiment of the present invention;

[0009] **FIG. 2a** is an anterior-posterior (AP) view of an implant geometry showing the positions of the implanted markers used with an embodiment of the present invention;

[0010] **FIG. 2b** is a side view illustrating the geometry of FL image capture used in an embodiment of the present invention;

[0011] **FIG. 2c** is a schematic illustration of three FL images showing markers distinguishable from seeds;

[0012] **FIG. 3** is a block diagram of an embodiment of the system of the present invention;

[0013] **FIG. 4** is a flow chart diagram of an embodiment of a method according to the present invention;

[0014] **FIG. 5** is a block diagram of the structure of a graphical user interface of an embodiment of the present invention; and

[0015] **FIG. 6** is a screen shot display of the graphical user interface according to an embodiment of the present invention.

SUMMARY OF THE INVENTION

[0016] The present invention provides a system and method for determining the three-dimensional (3D) position of implanted radiotherapy seeds with respect to an area of affected tissue, such as the prostate, so that a radiotherapy dose may be calculated. While in one aspect the invention determines the 3D position of implanted brachytherapy seeds, in another aspect the invention determines the 3D position of implanted objects other than brachytherapy seeds (e.g. fiducial markers). The present invention uses ultrasound (US) and fluoroscopy (FL) imaging and does not require computed tomography (CT) imaging.

[0017] In one aspect, the invention provides a method and system for determining the position of implanted seeds with increased accuracy by determining the 3D seed positions in the most recently acquired US treatment volume/image, or group of US treatment data.

[0018] The present invention also provides a system and method for determining the 3D position of implanted radiotherapy seeds with respect to an area of affected tissue such that the dosimetry to the affected tissue may be determined intraoperatively, permitting dynamic adjustment of the treatment plan.

[0019] The present invention further provides a system and method of user visualization of the 3D position of implanted brachytherapy seeds by providing an interactive, computer-generated, graphical user interface.

[0020] Those of skill in the art, upon inspection of this specification and the drawings hereto, will appreciate that many features and variations are provided by the system and method according to the present invention.

DETAILED DESCRIPTION OF THE INVENTION

[0021] The present invention comprises a system and method for determining the three-dimensional (3D) position of radiotherapy seeds with respect to an area of affected tissue, such as the prostate, using ultrasound (US) and fluoroscopy (FL) imaging, so that a radiotherapy dose may be calculated. One embodiment of the present invention may be used to determine the 3D position of implanted brachytherapy seeds. An alternative embodiment of the invention may be used to determine the 3D position of implanted objects other than brachytherapy seeds.

[0022] **FIG. 1** illustrates a 3D view of the implant geometry of one embodiment of the invention. Referring now to **FIG. 1**, an ultrasound probe **10** is inserted into the rectum (beneath prostate **20**) and images are formed in vertical slices through prostate **20**. These vertical image slices are planes parallel to the plane of template **30** and orthogonal to the axis of probe **10**. The "base" and "apex" planes of the prostate (not shown) are the vertical planes farthest from the template **30** and closest to template **30**, respectively. Typically in standard practice, a therapist plans where within a region of prostate **30** to implant brachytherapy seeds **40**. Brachytherapy seeds **40** are typically cylinders 0.8 mm in diameter and 4.5 mm in length. The planned 3D position of

a seed **40** is specified by a triple of (x,y,z) coordinates specifying the center of the seed **40** cylinder. The (x,y) coordinates of the triple correspond to one of the holes in template **30**. The x coordinate corresponds to the horizontal axis of template **30** and the y coordinate corresponds to the vertical axis of template **30**. The z coordinate is the depth within prostate **20** (i.e. some vertical plane parallel to template **30**, between the apex and the base, and orthogonal to the axes of probe **10** and needles **50**). Markers **45** are preferably spherical in shape to distinguish them from seeds **40**, although other shapes are possible. Markers **45** are inserted prior to inserting seeds **40** and may be placed around the periphery of the prostate **20**. Markers **45** are not coplanar. (By definition, A set of N points $\{(x_i, y_i, z_i) | i=1, \dots, N\}$ are coplanar if and only if there exists 4 constants A,B,C,D such that $A^2+B^2+C^2+D^2 \neq 0$ and $Ax_i+By_i+Cz_i+D=0$ for all $i=1, \dots, N$.)

[0023] Further details concerning radioactive seed implant planning, delivery, and verification may be found in Wallner, Kent et al., "Prostate Brachytherapy Made Complicated," SmartMedicine Press, Seattle, Wash., 1997, the entire disclosure of which is hereby incorporated into this specification as if set forth herein. Further details concerning standards for practice with respect to prostate seed implant brachytherapy may be found in articles by Yu, Yan et al., "Permanent Prostate Seed Implant Brachytherapy: Report of the American Association of Physicists in Medicine Task Group No. 64," Medical Physics, Volume 26, No.10, October 1999, pp. 2054-2076, and Nag, Subir et al., "American Brachytherapy Society (ABS) Recommendations for Transperineal Permanent Brachytherapy of Prostate Cancer," International Journal of Radiation Oncology Biology Physics, Volume 44, No. 4, 1999, pp. 789-799, the entire disclosures of which are hereby incorporated into this specification as if set forth herein.

[0024] As shown in FIG. 1, template **30** is registered with respect to ultrasound probe **10**. Brachytherapy seeds **40** may be preloaded into hollow needles **50** (though other methods are possible) and placed through specific pre-planned holes in template **30**. Needles **50** are inserted into prostate **20** using template **30** as a guide until seen on the ultrasound image appearing on an ultrasound image monitor (not shown). The therapist may then appropriately position seeds **40** within prostate **20**. Seeds **40** are held in place by a central stylet while needle **50** is withdrawn, leaving seeds **40** embedded at discrete locations within a region of prostate **20**.

[0025] In an alternative embodiment, seeds **40** in FIG. 1 may represent implanted objects other than brachytherapy seeds. Further, in another alternative embodiment of the invention the tissue to be treated may be tissue other than prostate **20**.

[0026] FIG. 2 is a side view of one embodiment of the implant geometry. Referring now to FIG. 2, cylindrical seeds **40** are located in prostate **20** at points usually between the base plane **60** and apex plane **70**. Markers **45**, often spherical, may be placed around the periphery of prostate **20**. Prostate **20**, typically 40-60 mm in length, is well visualized in the US, but cannot be as clearly seen in the FL **90**. Seeds **40** are well visualized in the FL **90**, but cannot always be seen in the US. Referring back to FIG. 1, implant needles **50** (reference FIG. 1) and markers **45** (reference FIGS. 1 and 2) can be seen in both the US and the FL **90**.

Only five brachytherapy seeds **40** are shown in FIG. 2, although typically 70-120 seeds are implanted.

[0027] In an alternative embodiment of the invention, seeds **40** in FIG. 2 may represent implanted objects other than brachytherapy seeds. Further, in another alternative embodiment of the invention the tissue to be treated may be tissue other than prostate **20**.

[0028] FIG. 2a illustrates an anterior-posterior (AP) view of the implanted markers **45**. In a preferred embodiment, at least four markers **45** are implanted around the periphery of prostate **20**. In one embodiment of the present invention, as shown in FIG. 2a, near apex plane **70** the left marker **103** is above prostate **20** and the right marker **104** is below prostate **20**. Markers **45** cannot be located in the same plane as seeds **40**. To prevent the markers **45** from being coplanar, the opposite convention is used near base plane **60**, i.e., the left marker **101** is below prostate **20** and the right marker **102** is above prostate **20**. The markers **45** are preferably chosen for imaging characteristics that allow them to be distinguishable from seeds **40**. Since seeds **40** are typically cylindrical, in one embodiment of the invention the markers **45** are spherical.

[0029] FIG. 2b illustrates a side view of the FL imaging geometry. At least two FL images of the prostate seeds **40** and markers **45** are necessary. By way of example, three FL images **201**, **202**, and **203** are shown in FIG. 2b. The system **100** does not need to know the geometry of the FL images; rather, the therapist orients the FL imaging equipment "on-line" to maximize the visibility of seeds **40** and markers **45**. For example, in some imaging positions, many of the seeds may overlap and not be distinguishable. These positions are to be avoided. As those skilled in the art will appreciate, imaging positions with greater "disparity" (i.e., greater separation between the images) lead to more accurate 3D reconstruction of the seed and marker positions.

[0030] FIG. 2c is a schematic illustration of three FL images **201-203**. At least two FL images of the seeds **40** and markers **45** are necessary. Markers **45** may be chosen to be easily distinguishable from seeds **40**. The user or system **100** locates the seeds **40** and markers **45** in each image and then matches the markers **45** between the images as described herein. The system **100** automatically matches the seeds **40** between the images. There are typically 70-120 implanted seeds in the prostate. Once the markers are matched, the system **100** automatically matches the seeds as described herein.

[0031] FIG. 3 illustrates seed localization system **100** according to an embodiment of the present invention. In one embodiment, seed localization system **100** is implemented using programmed instructions executing on a standard personal computer platform. In this embodiment seed localization system **100** includes a personal computer **110** having a standard set of peripherals, including a color monitor **115** or other suitable monitor, keyboard **120**, mouse **125**, microprocessor **130**, memory **135**, non-volatile storage such as a hard disk drive **140**, and a standard operating system software **145** such as Microsoft® Windows™. In one embodiment, system **100** is also connected to an electronic network **165** through a network interface **160**. In one embodiment, application software instructions are implemented in seed localization system **100** using the C++ programming language. Seed localization system **100** is capable of storing

image data and processing stored image data in the manner described herein. In one embodiment, a user interacts with seed localization system **100** using graphical user interface **150**.

[0032] FIG. 4 illustrates an embodiment of a method **200** according to the present invention. Each step corresponds to a cell in FIG. 4. By way of example only, each step is numbered. The ordering or combination of the following steps may differ from the numerical ordering in FIG. 4 as would occur to one of ordinary skill in the art. Further, the column labeled "User or System **100**" denotes that the steps therein may be performed either by the user (using system **100**) or automatically by system **100**, in different embodiments as described below.

[0033] Referring now to FIG. 4, the method of the present invention comprises the following steps:

[0034] (1) In Step 1, the user selects for input one 3D US image of the prostate **20**. Any one of several methods or combinations thereof may be used to acquire a 3D US image. In one embodiment, the 3D image is "captured" directly from an ultrasound imaging device **173** using a medical image interface **170**. In another embodiment, the 3D image is loaded from non-volatile storage **140** or received via electronic network **190** according to standard protocols for medical images, such as "Digital Imaging and Communications in Medicine" (DICOM) protocols.

[0035] Any one of several methods or combinations thereof may be used to directly "capture" a 3D US image of prostate **20**. In one embodiment, a method is used wherein US probe **10** is moved ("stepped") from base plane **60** to apex plane **70** in small increments, and system **100** acquires a discrete 2D image after each step using the medical image interface **170**. The spacing between adjacent images (the step size or Z resolution) is a known value usually less than or equal to 2 mm. The X and Y resolutions of the images are also fixed through a "template registration" process that is known to those skilled in the art. The collection of 2D images are then assembled into a 3D image using standard techniques known to those skilled in the art.

[0036] Further details concerning template registration may be found in Mutic, Sasa et al., "A Simple Technique for Alignment of Perineal Needle Template to Ultrasound Image Grid for Permanent Prostate Implants," Medical Physics, Volume 27, No. 1, January 2000, pp.141-143, the entire disclosure of which is hereby incorporated into this specification as if set forth herein.

[0037] (2) In Step 2, the user inputs the number $M \geq 4$ of markers **45** implanted into the prostate. Typically $4 \leq M \leq 8$. If the user does not enter at least $M \geq 4$ an error message is displayed to the user. In an alternative embodiment of the invention, seed localization system **100** retrieves the number of implanted markers **45** from memory **135** or hard disk **140** or another input or memory device. In one embodiment of the invention system **100** receives the number of implanted markers via an electronic network **165** such as via FTP over the Internet (by way of example only).

[0038] (3) In Step 3, the user locates the M highly visible markers **45** in the 3D US image using seed

localization system **100**. M is known from step 2. In an alternative embodiment of the invention, seed localization system **100** may automatically locate M visible markers **45** using a variety of discrimination techniques known to those skilled in the art of medical imaging. The coordinates of these highly visible markers **45** are stored in memory as a series of 3D vectors Q_1, Q_2, \dots, Q_M . By way of example only, the memory in which coordinate vectors are stored may be memory typically associated with the personal computer of system **100** such as memory areas **135** (FIG. 3).

[0039] An arbitrary 3D point, X , in the 3D US image has a scalar intensity $I(X)$. Typically, $I(X)=0$ if the point is completely dark, and $I(X)=255$ if the point is completely bright. Because seeds **40** and markers **45** reflect more sonic energy than tissue, the seeds and markers appear in the 3D US image with greater scalar intensity, i.e., the seeds and markers show up as bright spots in the 3D US volume (i.e., 3D US image).

[0040] (4) In Step 4, the user selects for input K 2D FL images $J_k, k=1, \dots, K$ of the prostate **20**. In one embodiment of the invention, these images are "captured" directly from a fluoroscopy imaging device **175** using a medical image interface **170**. In another embodiment, the 2D images are loaded from non-volatile storage **140** or received via electronic network **190** according to standard protocols for medical images, such as "Digital Imaging and Communications in Medicine" (DICOM) protocols.

[0041] Any one of several methods or combinations thereof may be used to directly "capture" a 2D FL image of prostate **20**. In one embodiment, a C-arm device consisting of a x-ray source **80** and fluoroscopy image **90** is used. The C-arm is positioned at K discrete positions that cut across prostate **20** and such that seeds **40** and markers **45** are visible in the fluoroscopy image **90**. At each position, a FL image J_k is acquired using medical image interface **170**. The C-arm positions at which the images are acquired do not need to be known and are chosen to maximize the visibility of seeds **40** and markers **45** and to provide "maximum disparity" for reconstruction according to standard techniques known to those skilled in the art. In one embodiment of the invention, US probe **10** is not within the body for enhanced image clarity.

[0042] (5) In Step 5, the user locates the M highly visible markers **45** in each 2D FL image $J_k, k=1, \dots, K$ using seed localization system **100**. M is known from step 2. In an alternative embodiment of the invention, seed localization system **100** may automatically locate M visible markers **45** using a variety of discrimination techniques known to those skilled in the art of medical imaging. Because there are K FL images and M markers, the number of 2D positions determined by system **100** is $K \times M$. In one embodiment of the invention each 2D position is stored in memory **135** for later recall and processing.

[0043] An arbitrary 2D point, X , in a 2D FL image J_k has a scalar intensity $J_k(X)$. Typically, $J_k(X)=0$ if the point is completely dark, and $J_k(X)=255$ if the point is completely bright. Because markers **45** absorb more x-ray energy than tissue, the markers appear in the 2D FL image with lesser

scalar intensity, i.e., the markers show up as dark spots in the 2D FL image. Recall that the markers **45** may be chosen so that they are distinguishable from the cylindrical seeds **40** in each FL image. In one embodiment of the invention the markers **45** are spherical balls.

[0044] (6) In Step 6, in a preferred embodiment the user matches the marker points between the K images, i.e., orders the marker points so that marker point m ($1 \leq m \leq M$) in FL image 1 corresponds to marker point m in FL image 2, and so on through FL image K. In an alternative embodiment, seed localization system **100** may automatically perform these functions according to standard techniques known to those skilled in the art.

[0045] (7) In Step 7, the user inputs the number N of brachytherapy seeds **40** implanted using seed localization system **100**. Typically $70 \leq N \leq 120$. In one embodiment, system **100** requires that the user enter at least $N \geq 1$ seeds **40**. If the user does not enter at least $N \geq 1$ an error message is displayed to the user. In an alternative embodiment of the invention, seed localization system **100** retrieves the number of implanted seeds **40** from memory **150** or hard disk **140** or another input or memory device. In one embodiment of the invention system **100** receives the number of implanted seeds via an electronic network **190** such as via FTP over the Internet (by way of example only).

[0046] (8) In Step 8, the user locates the N seeds **40** in each 2D FL image $J_k, k=1, \dots, K$ using seed localization system **100**. N is known from step 7. In an alternative embodiment of the invention, seed localization system **100** may automatically locate the N seeds **40** using a variety of discrimination techniques known to those skilled in the art of medical imaging. Because there are K FL images and N seeds, the number of 2D positions determined by system **100** is $K \times N$. In one embodiment of the invention each 2D position is stored in memory **135** for later recall and processing.

[0047] Because seeds **40** absorb more x-ray energy than tissue, the seeds appear in the 2D FL image with lesser scalar intensity, i.e., the seeds show up as dark spots in the 2D FL image.

[0048] (9) In Step 9, system **100** automatically matches or correlates the seed points between the K images, i.e., orders the seed points so that seed point n ($1 \leq n \leq N$) in FL image 1 corresponds to seed point n in FL image 2, and so on through FL image K.

[0049] (10) In Step 10, system **100** reconstructs, in the FL coordinate system, the 3D seed positions R_1, R_2, \dots, R_N and the 3D marker positions P_1, P_2, \dots, P_M according to standard techniques known to those skilled in the art.

[0050] (11) In Step 11 seed localization system **100** finds a solution 3×3 matrix T and a 3×1 vector t that maps each 3D FL seed point R_i to its corresponding 3D US location S_i . In one embodiment of the invention an initial estimate for the pair (T,t) is found by seed localization system **100** by finding the unique solution to the optimization problem

$$\min_{T,t} \sum_{i=1}^M \|Q_i - TP_i - t\|^2.$$

[0051] Given the initial estimate, a final estimate is found by seed localization system **100** by solving the optimization problem

$$\max_{T,t} \sum_{i=1}^N I(TR_i + t).$$

[0052] The maximization problem may or may not have a unique solution. If the maximization problem has no unique solution, a locally optimal solution may be determined. The maximization operation is useful to optimize the transformation pair (T,t) in order to more precisely correlate the 3D US seed positions to the 3D US image.

[0053] (12) In Step 12 seed localization system **100** determines or calculates the 3D seed positions $\{S_i = TR_i + t | i=1, \dots, N\}$ in the US image and displays them in the 3D US image. Seeds **40** may appear within the 3D US image on the monitor as transparent, colored cylinders.

[0054] (13) Using seed localization system **100**, the user visualizes the positions of seeds **40** with respect to the 3D US image by viewing the image displayed on the monitor **115**.

[0055] Thus, a system and method has been shown for determining the three-dimensional (3D) position of implanted brachytherapy seeds with respect to an area of affected tissue. The system and method allows the practitioner to calculate a radiotherapy dose by examining images generated using ultrasound (US) and fluoroscopy (FL) imaging but not requiring computed tomography (CT) imaging. The system may incorporate portable C-arm FL systems as well. There is no requirement to use a fixed (pre-determined) FL imaging geometry or to accurately calibrate the FL images (e.g. each FL image may have a different, unknown magnification). There is also no requirement for a fixed external, fiducial system.

[0056] Further, because the present invention reconstructs the seed positions from fluoroscopic images rather than from other images, the invention may be practiced in a wider variety of settings than was possible in the prior art. For example, the invention may be practiced in an operating room. There is no need for a radiotherapy simulator couch or other specialized equipment.

[0057] Because the invention may be practiced intraoperatively, the invention does not require the patient to be carefully repositioned in another room having specialized medical imaging equipment. Further, the inventive system and method differs from the prior art in that seed positions are not determined based on planned, pre-implant seed coordinates but rather on the actual 3D seed positions at the time of implant in the most recently acquired US treatment volume/image. Thus, the 3D seed locations are identified

much more accurately than in prior art systems and the user may validate the result. The dosimetry to the tissue under treatment may be determined intraoperatively, permitting dynamic adjustment of the treatment plan.

[0058] As shown in FIG. 3, one embodiment of the present invention comprises a computer-readable media 135 or 140 (by way of example only) on which is embodied a set of programmed instructions that cause one or more processors 130 to perform a sequence of Steps 1-13 (reference FIG. 4). In one embodiment said processors and computer-readable media are comprised within computer 110. In one embodiment of the invention, computer-readable medium 140 is a hard disk. Operating system 145 and graphical user interface (GUI) 150 are stored on hard disk 140 in one embodiment of the invention.

[0059] Referring again to FIG. 3, one embodiment of the invention includes a medical image interface 170. In this embodiment computer 110 acquires ultrasound and fluoroscopic images from ultrasound imaging device 173 and fluoroscopic imaging device 175 respectively. In an alternative embodiment of the invention, a network interface 160 is provided in addition to or instead of medical image interface 170. In this alternative embodiment computer 110 acquires ultrasound and fluoroscopic images through either medical image interface 170 or network interface 160. In one embodiment of the invention medical images are obtained through network interface 160 via a connection to an electronic network 165 as shown.

[0060] One embodiment of the present invention comprises a computer-generated, graphical user interface (GUI) 150 to guide the user in accomplishing Steps 1-13 described above (reference FIG. 4). GUI 150 is preferably implemented on computer system 110 using monitor 115, keyboard 120, and mouse 125 in the manner known to those of skill in the art. GUI 150 forms an improved 3D image of the region of implanted seeds by analyzing US and FL data. GUI 150 then allows the user to identify the location of each implanted seed in the region by displaying the improved 3D image.

[0061] FIG. 5 illustrates one embodiment of graphical user interface 150 in greater detail. Through processor 130 (FIG. 3), GUI 150 interacts with data input sources such as keyboard 120, mouse 125, memory 135, and hard disk 140. GUI 150 also interacts with medical image interface 170 as well as network interface 160 via processor 130.

[0062] From any of these data sources, GUI 150 is provided with 3D US data 151 representing an image of a 3D region of implanted seeds according to Step 1 of the present invention (reference FIG. 4). (References to "Steps" discussed herein are made with respect to FIG. 4.) GUI 150 is also provided with FL data 153 representing a plurality of K FL images of the same region according to Step 4 of the present invention.

[0063] Data analyzer 152 analyzes 3D US data 151. In one embodiment of the invention, data analyzer 152 also uses data 155 input from sources 120, 125, 135, 140, 160, or 170 (FIG. 3) to analyze 3D US data 151. Data analyzer 152 receives a number M corresponding to the number of implanted markers according to Step 2 of the present invention. This number M is comprised within data 155.

[0064] Data analyzer 152 locates the M highly visible markers according to Step 3 of the present invention. As

previously noted, in one embodiment of the invention the user provides input 155 to locate M highly visible markers. In an alternative embodiment, data analyzer 152 automatically locates M highly visible markers using a variety of discrimination techniques known to those skilled in the art of medical imaging.

[0065] Data analyzer 152 stores the 3D coordinates of these highly visible markers in memory as a series of vectors Q_1, Q_2, \dots, Q_M . By way of example only, the memory in which coordinate vectors are stored may be memory typically associated with the personal computer of system 100 such as memory areas 135 or 140 (reference FIG. 3).

[0066] Data analyzer 152 also analyzes FL data 153. Data analyzer 152 locates each implanted marker appearing in each FL image J_1, J_2, \dots, J_K comprised within FL data 153 according to Step 5 of the present invention. As previously noted, in one embodiment of the invention the user provides input 155 to locate each implanted marker appearing in each FL image J_1, J_2, \dots, J_K . In an alternative embodiment, data analyzer 152 automatically locates each marker using a variety of discrimination techniques known to those skilled in the art of medical imaging.

[0067] In one embodiment of the invention, data analyzer 152 stores the FL coordinates 157 of each marker in memory. By way of example only, the memory in which FL coordinates 157 are stored may be memory typically associated with the personal computer of system 100 such as memory areas 135 or 140 (FIG. 3).

[0068] Similarly to that described above, data analyzer 152 locates each implanted seed appearing in each FL image J_1, J_2, \dots, J_K comprised within FL data 153 according to Step 8 of the present invention. As previously noted, in one embodiment of the invention the user provides input 155 to locate each implanted seed appearing in each FL image J_1, J_2, \dots, J_K . In an alternative embodiment, data analyzer 152 automatically locates each seed using a variety of discrimination techniques known to those skilled in the art of medical imaging. In one embodiment of the invention, data analyzer 152 stores the FL coordinates 157 of each seed in memory. By way of example only, the memory in which FL coordinates 157 are stored may be memory typically associated with the personal computer of system 100 such as memory areas 135 or 140 (FIG. 3). According to Steps 6 and 9 of the present invention, coordinate reconstructor 154 receives from data analyzer 152 the discrete 2D positions 157 of each seed (and marker) appearing on images J_1, J_2, \dots, J_K , to determine which 2D positions correspond to the same seed (and marker). Coordinate reconstructor 154 then reconstructs the 3D FL coordinates R_1, R_2, \dots, R_N of the seeds and the 3D FL coordinates P_1, P_2, \dots, P_M according to Step 10 of the invention. In one embodiment of the invention, coordinate generator 154 stores each set of coordinates R_i and P_i for later recall and processing. By way of example only, the memory in which the 3D FL coordinates are stored may be memory typically associated with the personal computer of system 100 such as memory areas 135 or 140 (FIG. 3).

[0069] Coordinate correlator 156 maps each 3D FL marker point P_i provided by coordinate generator 154 to its corresponding 3D US location Q_i provided by data analyzer 152 according to Step 11 of the present invention. It then maps each 3D FL seed point R_i to its corresponding 3D US

location S_i . Improved image generator **158** then generates a 3D image that displays each seed's position within the 3D US image according to Step 13 of the invention. Then, according to step 13 of the present invention, a user may visualize the improved image on monitor **115**.

[0070] FIG. 6 illustrates a screen shot **600** of a PC display according to one embodiment of GUI **150**. FIG. 6 is given by way of example only. As can be seen in FIG. 6, GUI **150** has several unique features. The "Back" button **610** allows the user to backup to fix errors (e.g. move backward from Step 4 to Step 3). The "ArchiveSave" button **620** allows the user to save his work at any given step and to later resume the method at that step. As noted above, one of ordinary skill in the art will recognize that Steps 1-13 may be ordered differently than shown in FIG. 4 and yet be within the scope of this invention. GUI **150** allows the user of the inventive system to practice the steps of the inventive method in a manner flexible to the user.

[0071] As illustrated in FIG. 6, GUI **150** allows the user to select a 3D US image **630** from among a plurality of 3D US images **640**. Likewise, GUI **150** allows the user to select FL images **650** for analysis. GUI **150** also allows the user to visualize the determined 3D seed positions with respect to the 3D US image.

[0072] While the above description is set forth in specific detail, these details should not be construed as limitations on the scope of the invention but rather as an exemplification of embodiments thereof. Other variations may occur to a skilled artisan while remaining within the spirit and scope of the invention. By way of example only, the invention may be used to identify objects in tissue other than the prostate. The inventive system and method may also be used for other medical therapies or other 3D medical imaging purposes. Still other non-medical 3D imaging uses of the invention will be apparent to those of ordinary skill in the art.

We claim:

1. A system for determining the three-dimensional position of implanted objects comprising:

a computer system adapted to receive:

a three dimensional ultrasound image of a region of implanted objects, and

a plurality of two dimensional fluoroscopic images of the region of implanted objects;

wherein said computer system is adapted to form from said three dimensional ultrasound image and said plurality of two dimensional fluoroscopic images an improved three dimensional image of the region of implanted objects, said improved three dimensional image capable of indicating the location of each object implanted in the region.

2. The system of claim 1 wherein said computer system is provided with:

means for analyzing data from said three dimensional ultrasound image in combination with data from said plurality of two dimensional fluoroscopic images; and

means for displaying to a user said improved three dimensional image showing the location of each object implanted in the region.

3. The method of claim 2 wherein said implanted objects are brachytherapy seeds used in radiotherapy treatment of affected tissue.

4. The system of claim 1 further comprising:

a graphical user interface for determining the three-dimensional position of brachytherapy seeds with respect to an implanted region wherein the graphical user interface prompts and coordinates execution of a sequence of steps performed cooperatively by a user and a computer processor.

5. The system of claim 4 wherein said graphical user interface further comprises:

a data input adapted to receive a number M corresponding to the number of implanted markers and a number N corresponding to the number of implanted seeds;

a data analyzer adapted to:

locate M highly visible implanted markers within the three dimensional ultrasound image, where $M \geq 4$; and

store on a computer-readable medium a series Q_1, Q_2, \dots, Q_M for $1 \leq i \leq M$ wherein Q_i corresponds to a unique set of three dimensional coordinates associated with each of the M highly visible markers.

6. The system of claim 5 wherein said data analyzer is further adapted to:

locate each implanted seed and marker appearing in each image of said plurality of two dimensional fluoroscopic images; and

store on a computer-readable medium a unique set of two dimensional coordinates corresponding to the location of each implanted seed and marker appearing in each of said two dimensional fluoroscopic images.

7. The system of claim 6 wherein said graphical user interface further comprises:

a coordinate reconstructor adapted to determine a series R_1, R_2, \dots, R_N and P_1, P_2, \dots, P_M where R_i and P_i correspond to a unique set of derived three dimensional coordinates associated with each implanted seed and marker, respectively, appearing in said plurality of two dimensional fluoroscopic images.

8. The system of claim 6 wherein said graphical user interface further comprises:

a coordinate correlator adapted to associate each said unique set of three dimensional FL coordinates P_i for $1 \leq i \leq M$ corresponding to the location of each of the M highly visible markers with each said unique set of identified three dimensional US coordinates Q_i for $1 \leq i \leq M$ corresponding to the same marker.

9. The system of claim 8 wherein said coordinate correlator is further adapted to:

map each said unique set of derived three dimensional FL coordinates R_i corresponding to an implanted seed to the three dimensional US coordinates S_i corresponding to the same implanted seed by the transformation $S_i = TR_i + t$.

10. The system of claim 9 wherein said coordinate correlator is further adapted to determine a solution to an optimization problem.

11. The system of claim 9 wherein said coordinate correlator is further adapted to:

determine a solution 3×3 matrix T and a 3×1 vector t wherein:

an initial estimate for (T, t) is found by determining the unique solution to the optimization problem

$$\min_{T, t} \sum_{i=1}^M \|Q_i - TP_i - t\|^2;$$

a final estimate is found by solving the optimization problem

$$\max_{T, t} \sum_{i=1}^N I(TR_i + t); \text{ and}$$

if the maximization problem has no unique solution, a locally optimal solution is determined.

12. A method for determining the three dimensional position of implanted seeds comprising the following steps:

obtaining a three dimensional ultrasound image of a region of implanted seeds;

obtaining a plurality of two dimensional fluoroscopic images of the region of implanted seeds;

forming an improved three dimensional image of the region of implanted seeds by analyzing data from said three dimensional ultrasound image in combination with data from said plurality of two dimensional fluoroscopic images; and

identifying the location of each implanted seed in the region by analysis of said improved three dimensional image.

13. The method of claim 12 wherein said implanted seeds are brachytherapy seeds used in radiotherapy treatment of affected tissue.

14. The method of claim 12 further comprising the step of:

inputting a number M corresponding to the number of implanted markers and a number N corresponding to the number of implanted seeds.

15. The method of claim 12 further comprising the steps of:

locating M highly visible implanted markers within the three dimensional ultrasound image, where $M \geq 4$; and

storing on a computer-readable medium a series Q_1, Q_2, \dots, Q_M for $1 \leq i \leq M$ wherein Q_i corresponds to a unique set of three dimensional coordinates associated with each of the M highly visible markers.

16. The method of claim 12 further comprising the steps of:

locating each implanted seed and marker appearing in each image of said plurality of two dimensional fluoroscopic images;

storing on a computer-readable medium a unique set of two dimensional coordinates corresponding to the location of each implanted seed and marker appearing in each said two dimensional fluoroscopic image; and

determining series R_1, R_2, \dots, R_N and P_1, P_2, \dots, P_M where R_i and P_i correspond to a unique set of derived three dimensional FL coordinates associated with each implanted seed and marker, respectively, appearing in said plurality of two dimensional fluoroscopic images.

17. The method of claim 16 further comprising the step of:

associating each said unique set of three dimensional FL coordinates P_i for $1 \leq i \leq M$ corresponding to the location of each of the M highly visible markers with each said unique set of identified three dimensional US coordinates Q_i for $1 \leq i \leq M$ corresponding to the same implanted marker.

18. The method of claim 12 wherein said step of forming an improved three dimensional image further comprises:

mapping each said unique set of derived three dimensional FL coordinates R_i corresponding to an implanted seed to its 3D US location S_i .

19. The method of claim 18 wherein said act of associating further comprises determining a solution to an optimization problem.

20. The method of claim 19 wherein said step of determining a solution to an optimization problem further comprises:

determining a solution 3×3 matrix T and a 3×1 vector t wherein:

an initial estimate for (T, t) is found by determining the unique solution to the optimization problem

$$\min_{T, t} \sum_{i=1}^M \|Q_i - TP_i - t\|^2;$$

a final estimate is found by solving the optimization problem

$$\max_{T, t} \sum_{i=1}^N I(TR_i + t); \text{ and}$$

if the maximization problem has no unique solution, a locally optimal solution is determined.

21. A computer-generated, graphical user interface for determining the three-dimensional position of brachytherapy seeds with respect to an implanted region wherein the graphical user interface prompts and coordinates execution of a sequence of steps performed cooperatively by a user and a computer processor, said sequence of steps comprising:

obtaining a three dimensional ultrasound image of a region of implanted seeds;

obtaining a plurality of two dimensional fluoroscopic images of the region of implanted seeds;

forming an improved three dimensional image of the region of implanted seeds by analyzing data from said three dimensional ultrasound image in combination with data from said plurality of two dimensional fluoroscopic images; and

identifying the location of each implanted seed in the region by analysis of said improved three dimensional image.

22. The graphical user interface of claim 21 wherein said implanted seeds are brachytherapy seeds used in radiotherapy treatment of affected tissue.

23. The graphical user interface of claim 21 wherein said graphical user interface further prompts and coordinates the step of:

inputting a number M corresponding to the number of implanted markers and a number N corresponding to the number of implanted seeds.

24. The graphical user interface of claim 21 wherein said graphical user interface further prompts and coordinates the steps of:

locating M highly visible implanted markers within the three dimensional ultrasound image, where $M \geq 4$; and

storing on a computer-readable medium a series Q_1, Q_2, \dots, Q_M for $1 \leq i \leq M$ wherein Q_i corresponds to a unique set of three dimensional coordinates associated with each of the at least four highly visible markers.

25. The graphical user interface of claim 21 wherein said graphical user interface further prompts and coordinates the steps of:

locating each implanted seed and marker appearing in each image of said plurality of two dimensional fluoroscopic images;

storing on a computer-readable medium a unique set of two dimensional coordinates corresponding to the location of each implanted seed and marker appearing in each said two dimensional fluoroscopic image; and

determining a series R_1, R_2, \dots, R_N and P_1, P_2, \dots, P_M where R_i and P_i correspond to a unique set of derived three dimensional coordinates associated with each implanted seed and marker, respectively, appearing in said plurality of two dimensional fluoroscopic images.

26. The graphical user interface of claim 25 wherein said graphical user interface further prompts and coordinates the step of:

associating each said unique set of derived three dimensional FL coordinates P_i for $1 \leq i \leq M$ corresponding to the location of each of the M highly visible markers with each said unique set of identified three dimensional coordinates Q_i for $1 \leq i \leq M$ corresponding to the same marker.

27. The graphical user interface of claim 25 wherein said graphical user interface further prompts and coordinates the step of:

mapping each said unique set of derived three dimensional FL coordinates R_i corresponding to an implanted seed to its 3D ultrasound coordinate S_i .

28. The graphical user interface of claim 27 wherein said step of associating further comprises determining a solution to an optimization problem.

29. The graphical user interface of claim 28 wherein said step of determining a solution to an optimization problem further comprises:

determining a solution 3×3 matrix T and a 3×1 vector t wherein:

an initial estimate for (T,t) is found by determining the unique solution to the optimization problem

$$\min_{T,t} \sum_{i=1}^M \|Q_i - TP_i - t\|^2;$$

a final estimate is found by solving the optimization problem

$$\max_{T,t} \sum_{i=1}^N I(TR_i + t); \text{ and}$$

if the maximization problem has no unique solution, a locally optimal solution is determined.

30. A computer-readable medium on which is embodied a set of programmed instructions that cause one or more processors to perform a sequence of steps, said sequence of steps comprising:

obtaining a three dimensional ultrasound image of a region of implanted seeds;

obtaining a plurality of two dimensional fluoroscopic images of the region of implanted seeds;

forming an improved three dimensional image of the region of implanted seeds by analyzing data from said three dimensional ultrasound image in combination with data from said plurality of two dimensional fluoroscopic images; and

identifying the location of each implanted seed in the region by analysis of said improved three dimensional image.

* * * * *

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摘要(译)

一种种子定位系统和方法，其中使用基于计算机的系统来确定放射治疗种子相对于受影响组织（例如前列腺）的区域的三维（3D）位置，使用超声（US）和荧光检查（FL）成像，从而可以计算放射治疗剂量。一个实施例，本发明可用于确定植入的近距离放射治疗种子的3D位置。本发明的替代实施例可用于确定除近距离放射治疗种子之外的植入物体的3D位置。种子定位系统和方法包括图形用户界面，用于在其操作中帮助种子定位系统的用户。

