

# Imaging whole-body biological circuits with total-body PET

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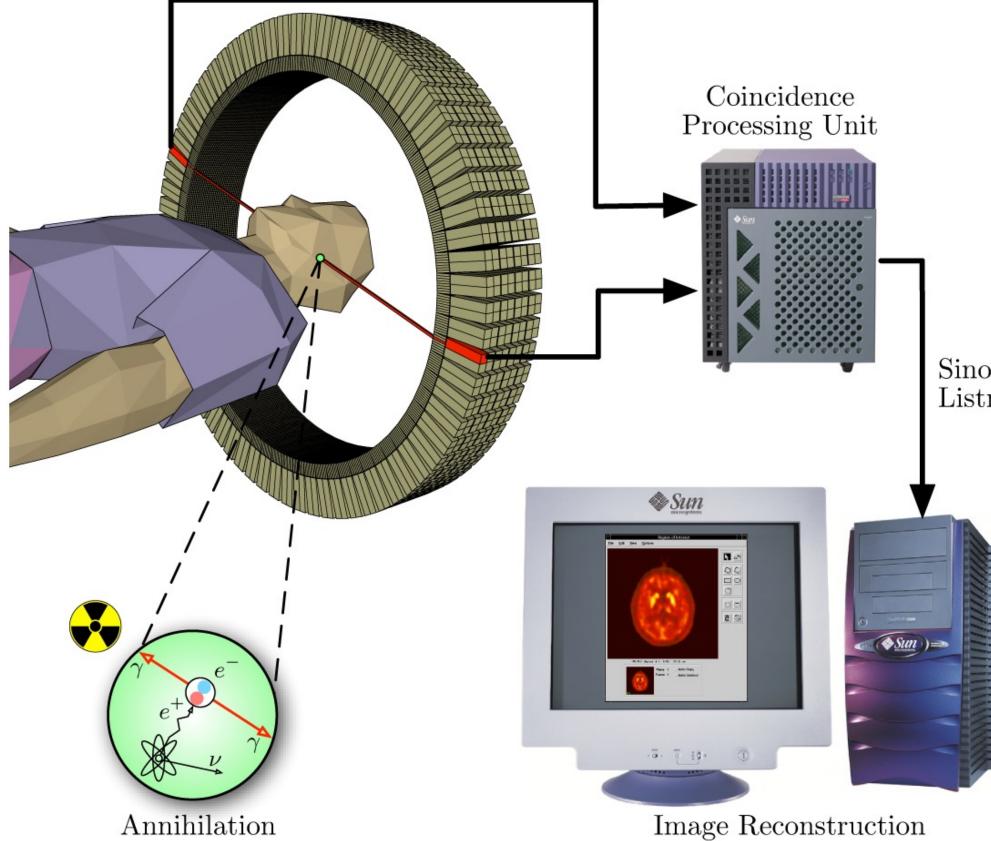
WWW: <u>http://emotion.utu.fi/</u>

# PEI is great because...

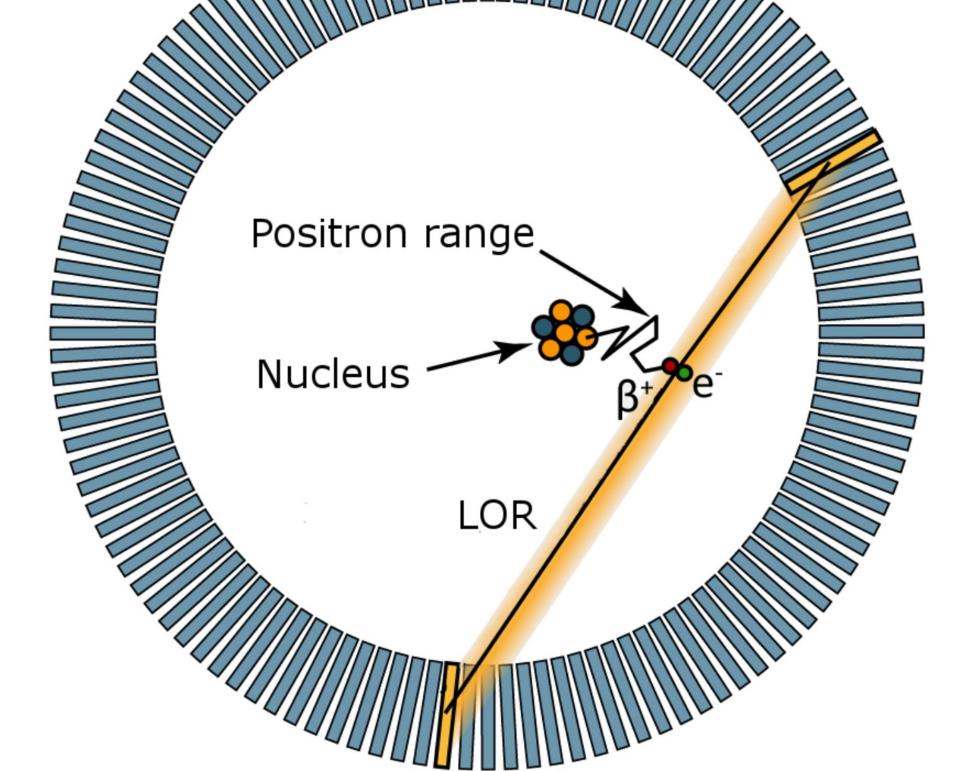
- ... it has high biological specificity
- radiochemists
- ... unlike MRI, it provides truly quantitative measurements

• ... its targets are limited only by physics and the imagination of the

# Why conventional PET sucks?



Sinogram/ Listmode Data

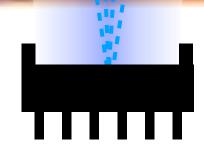


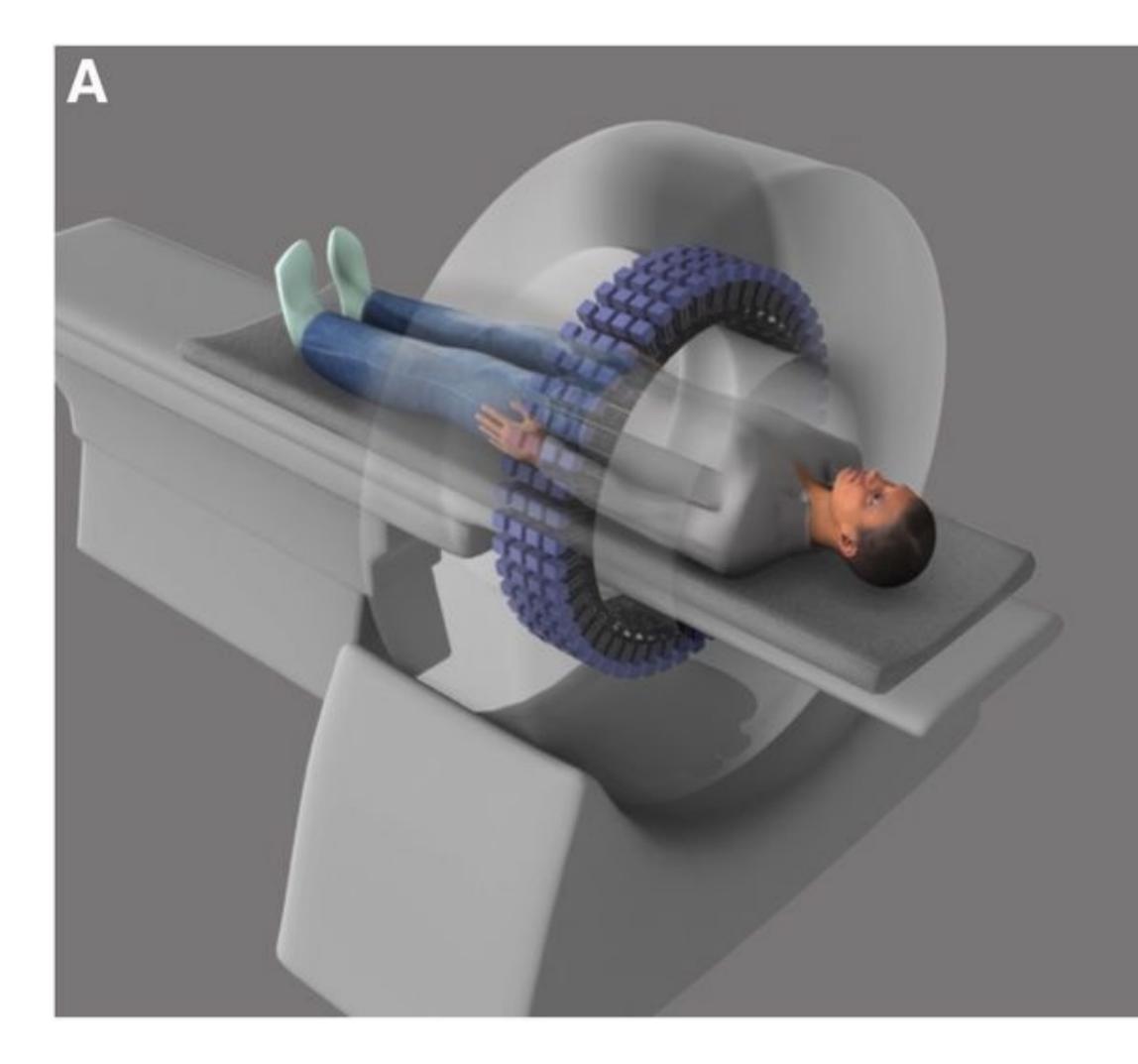
### A) Linear lines of response

# ..... 90% of body is always outside the scanner

## **B)** Angular lines of response

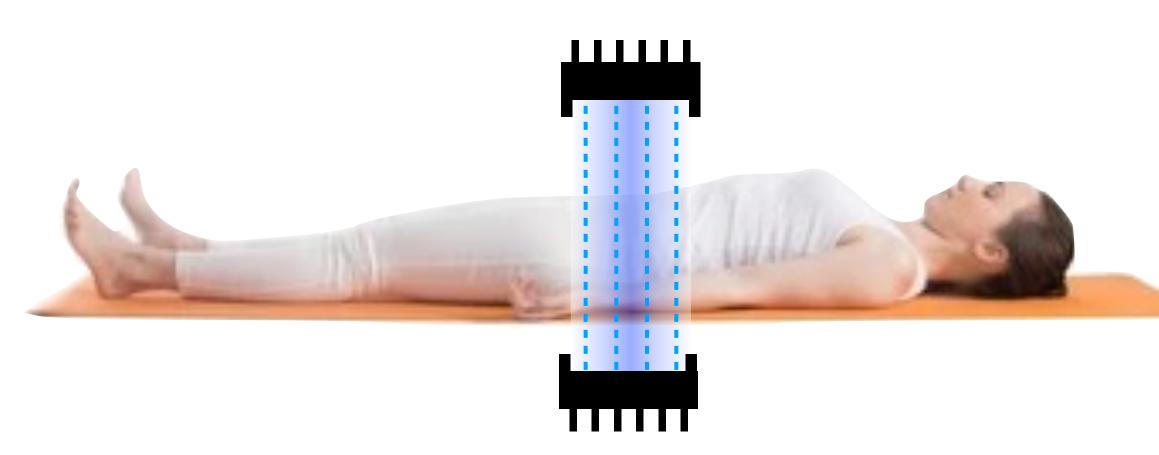




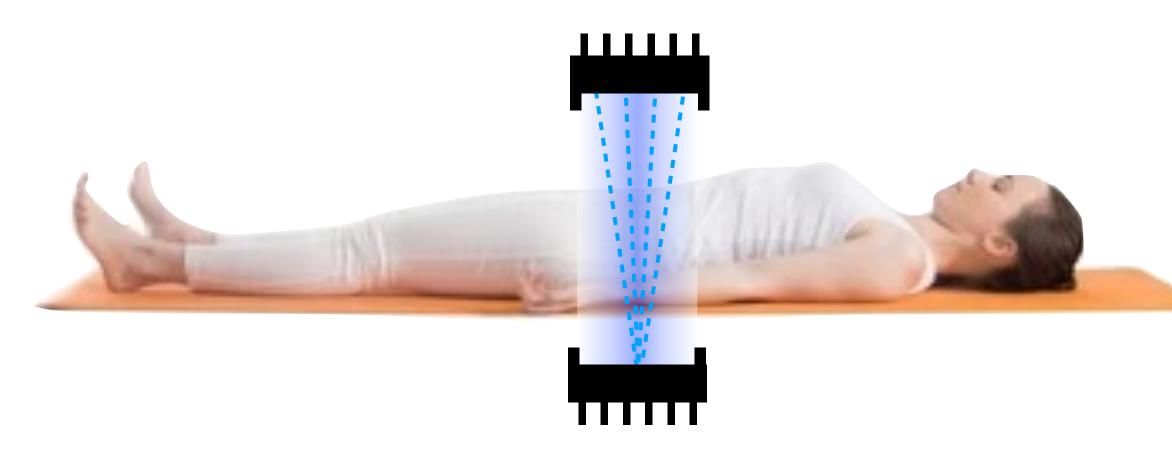


Cherry et al (2018)

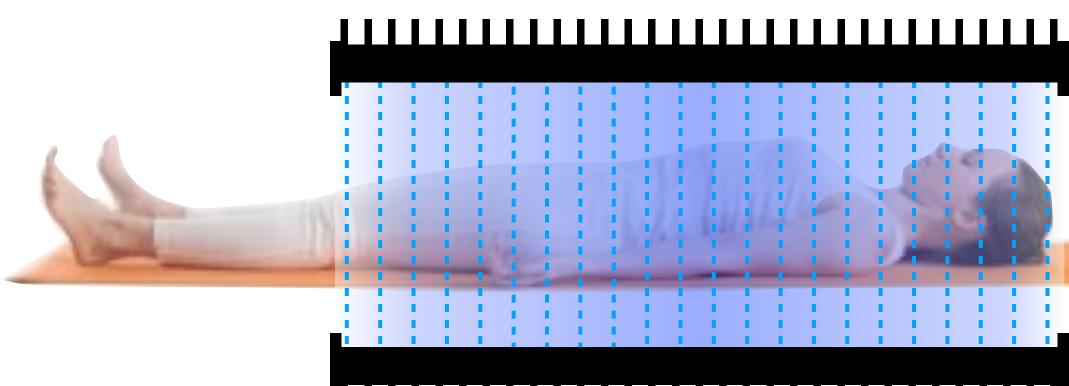
A) Conventional PET: linear lines of response



B) Conventional PET: angular lines of response



### C) Total-body-PET: linear lines of response



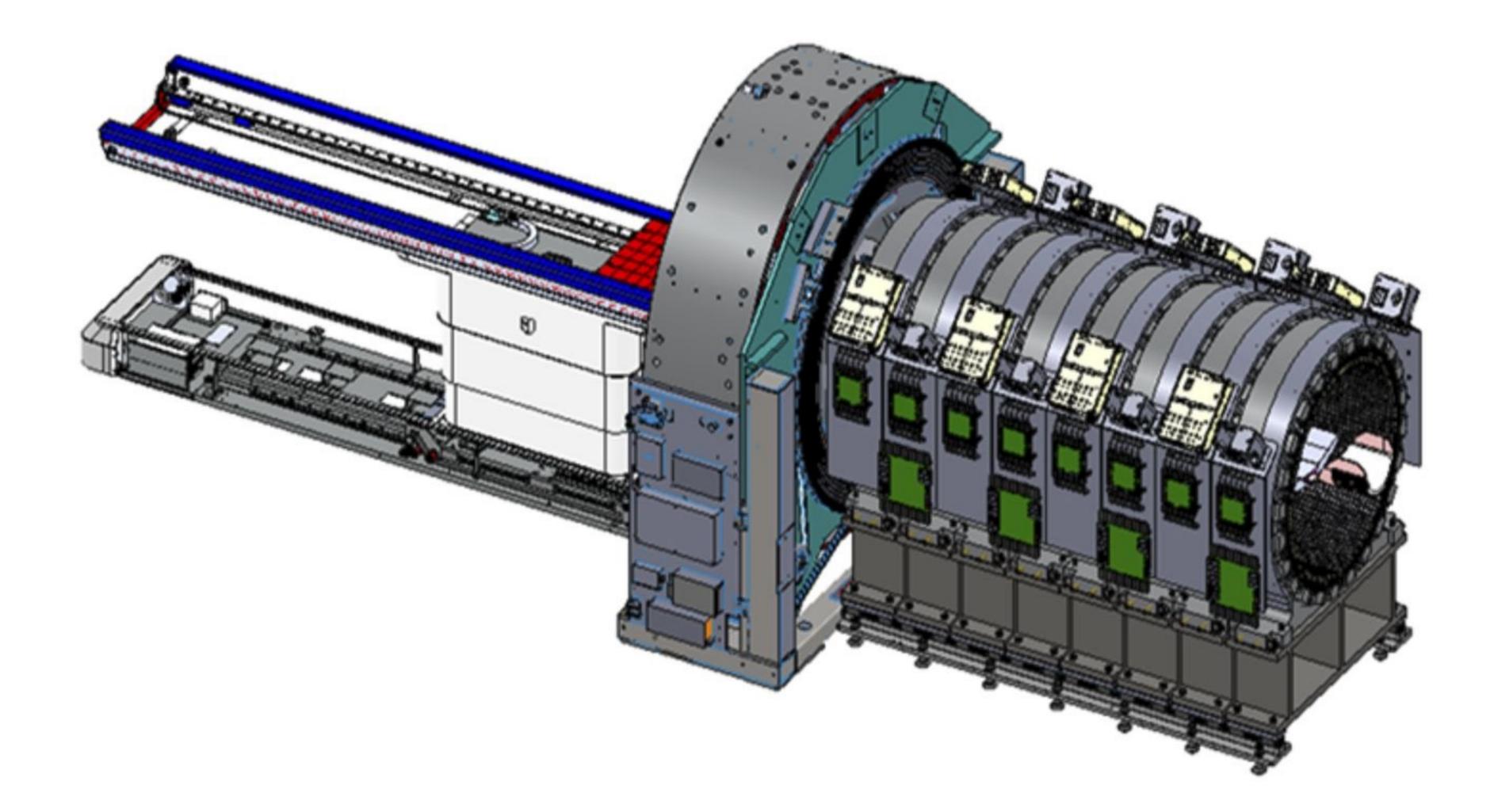
# D) Total-body-PET: angular lines of response

### \_\_\_\_

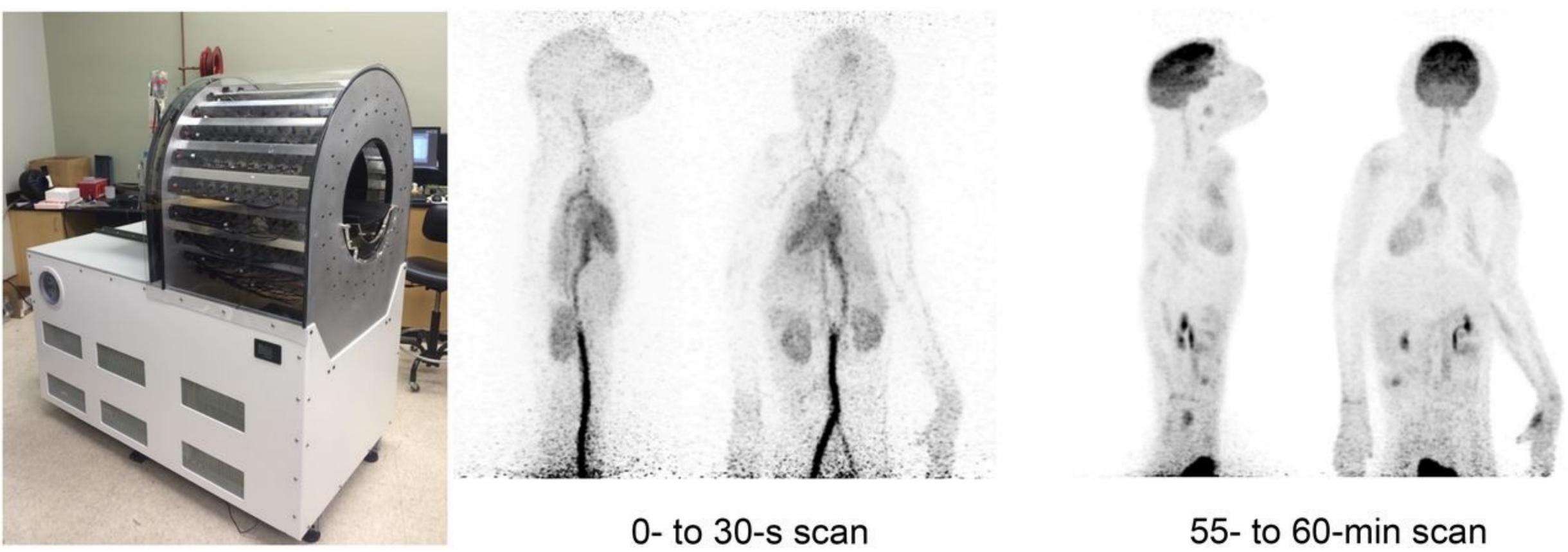


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Cherry et al (2018)



# 55- to 60-min scan

Cherry et al (2018)

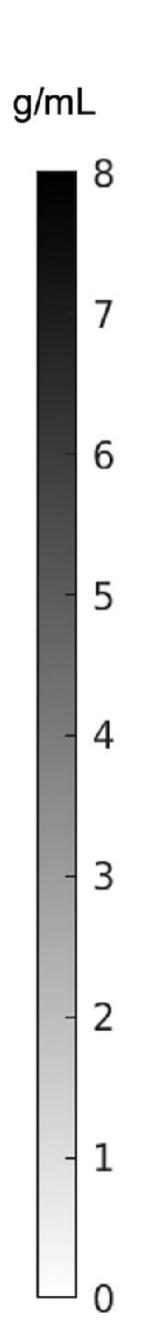


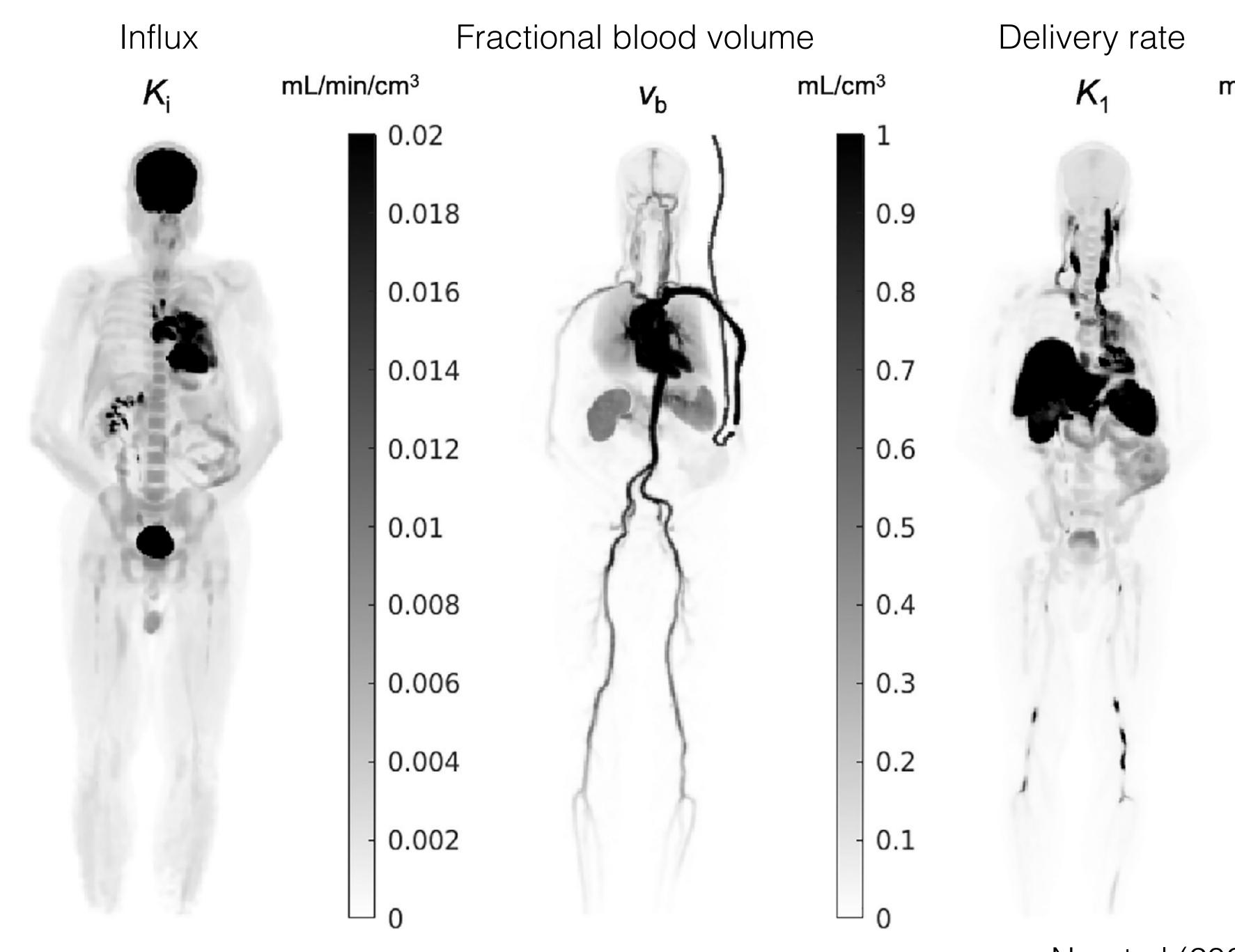
# 0 min 0 sec

# UC Davis / EXPLORER Team

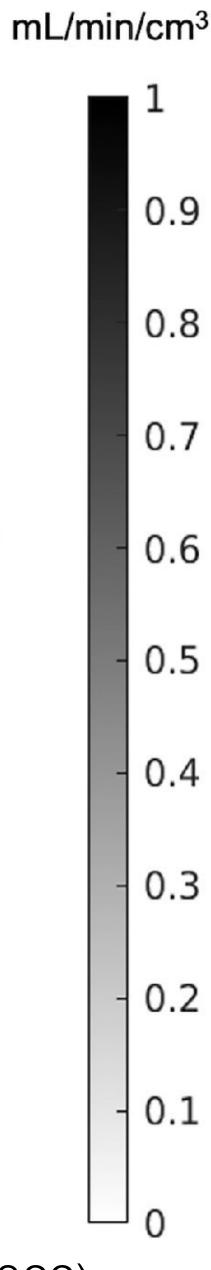








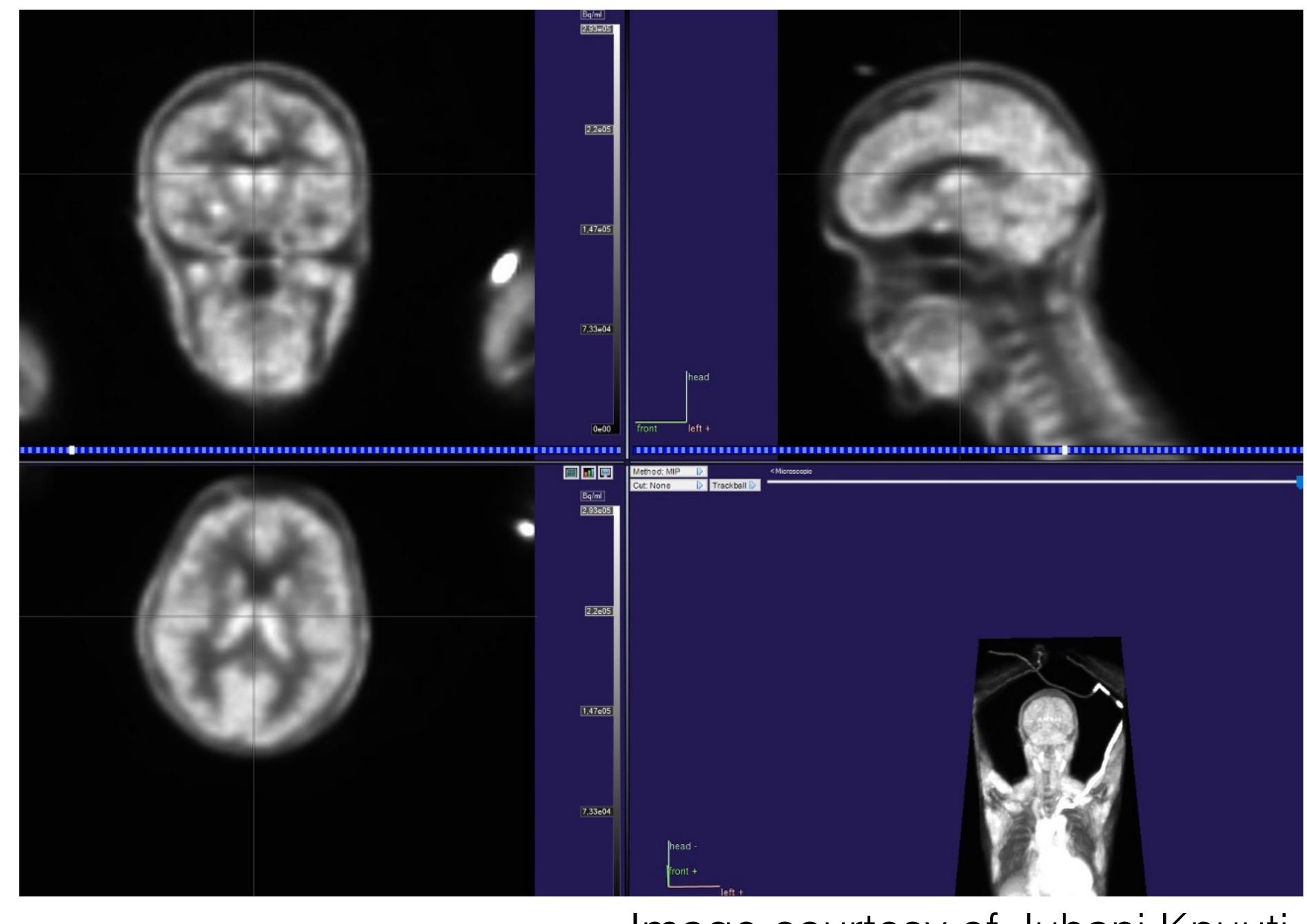
Ng et al (2022)





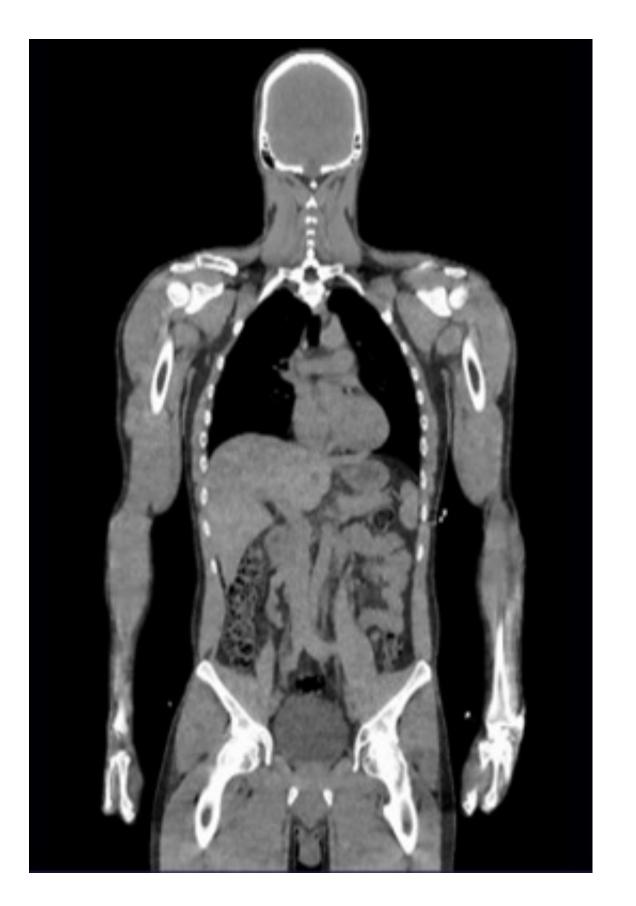


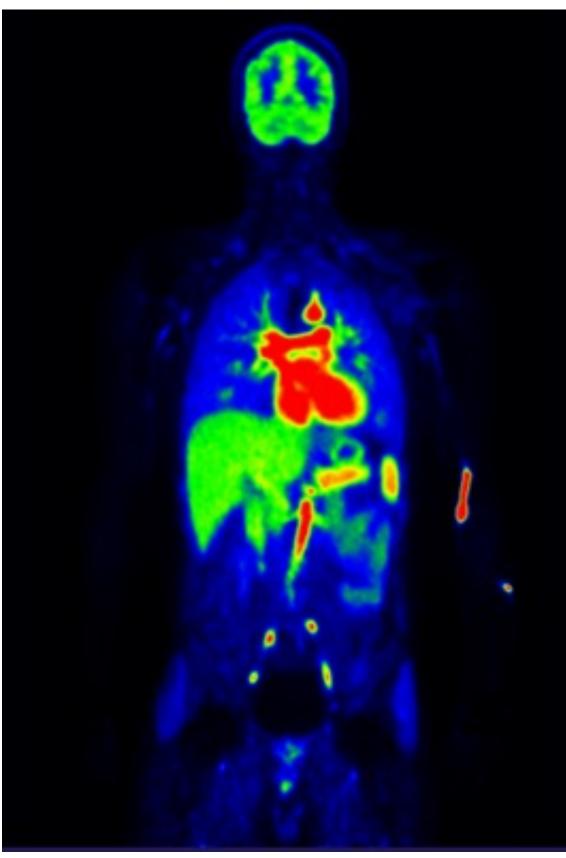


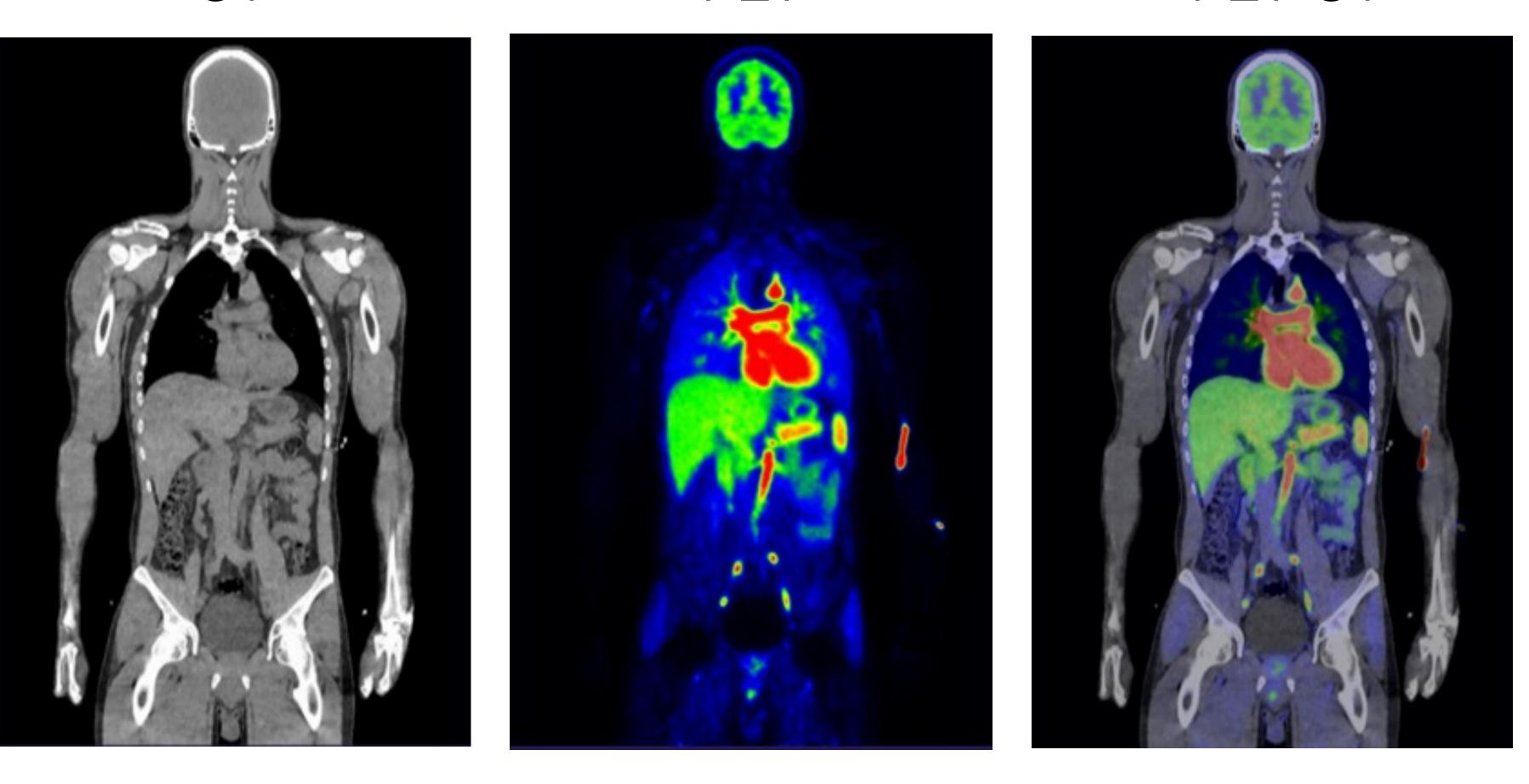


# Image courtesy of Juhani Knuuti

# Imaging whole-body biological circuits CT PET-CT PET







# Improving the SNR

- Siemens Quadra scanner can pick up ~24 times more gamma counts than conventional PET-CT
- events

• SNR of a reconstructed PET scan is  $\sqrt{N}$  where N is the number of

• Event detection depends on sensitivity (S), injected activity (A) and imaging time (T) scaled by constant (k), thus  $SNR = k \times \sqrt{S \times A \times T}$ 

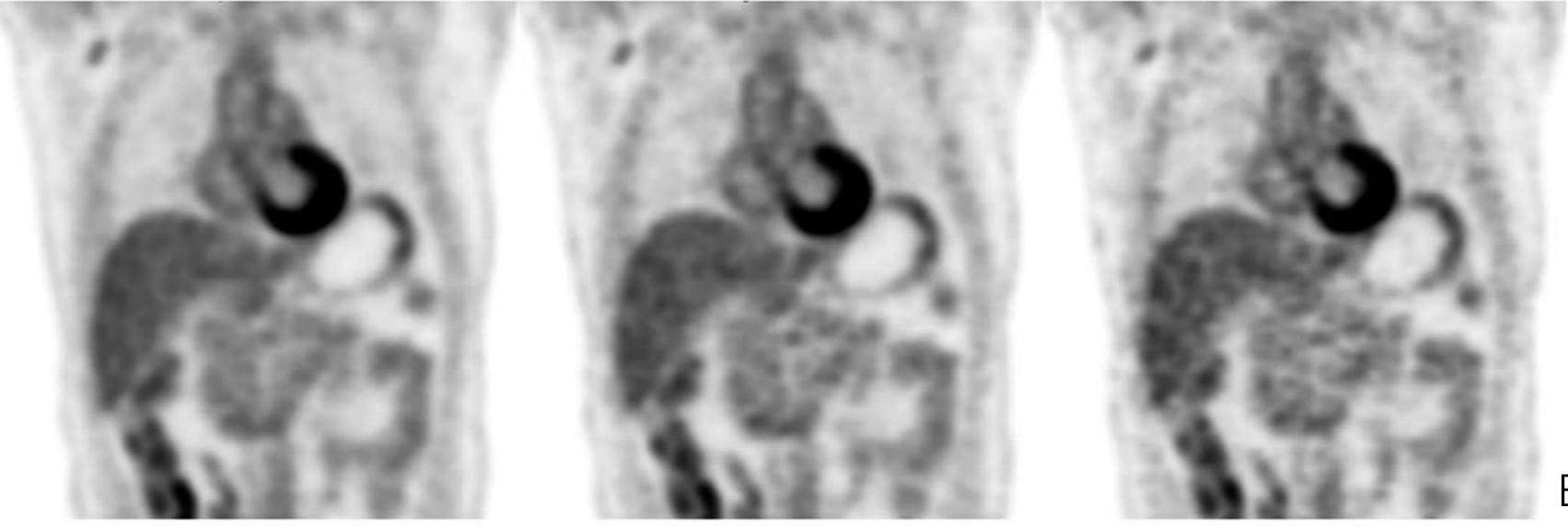
# What to do with the increased sensitivity

- Increase SNR by a factor of  $\sqrt{24} = 4.9$  while keeping the protocol otherwise fixed
- Reduce imaging times with a factor of 24,
  - Routine 24-minute [18F]FDG scan could be accomplished in just one minute.
  - Significantly increases patient throughput and comfort, which decreases subject motion, further improving image quality.
- Image-based input can be routinely used (e.g. carotid artery) as it will be most • likely in the imaging —> reduced workload

# What to do with the increased sensitivity • Reduce the injected activity by a factor of 24.

- - Typical whole-body [18F]FDG scan requiring ~480 MBq injected activity  $\rightarrow$  now injection 20 MBq  $\rightarrow$  effective doses < 0.3 mSv.
  - **Up to 40 consecutive scans** with the same effective dose that is currently • received from a single scan,
  - **Permits multi-injection activation studies** with short-lived radiotracers • (1502), longitudinal studies with more datapoints, or multi-ligand studies
- **Routine whole-body imaging** allows diagnosis of conditions outside main  $\bullet$ target region

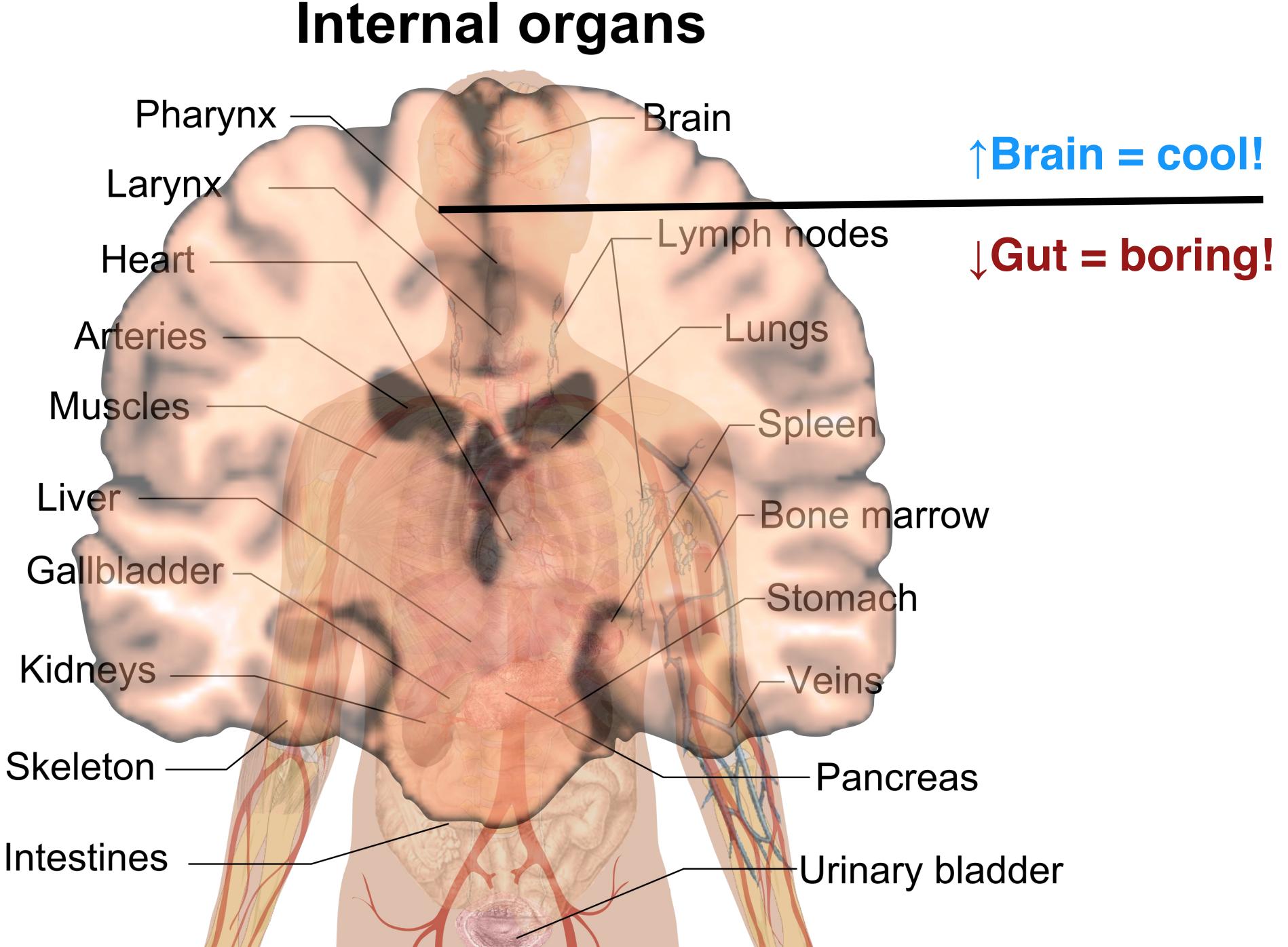
256 MBq injected activity (18F-FDG)



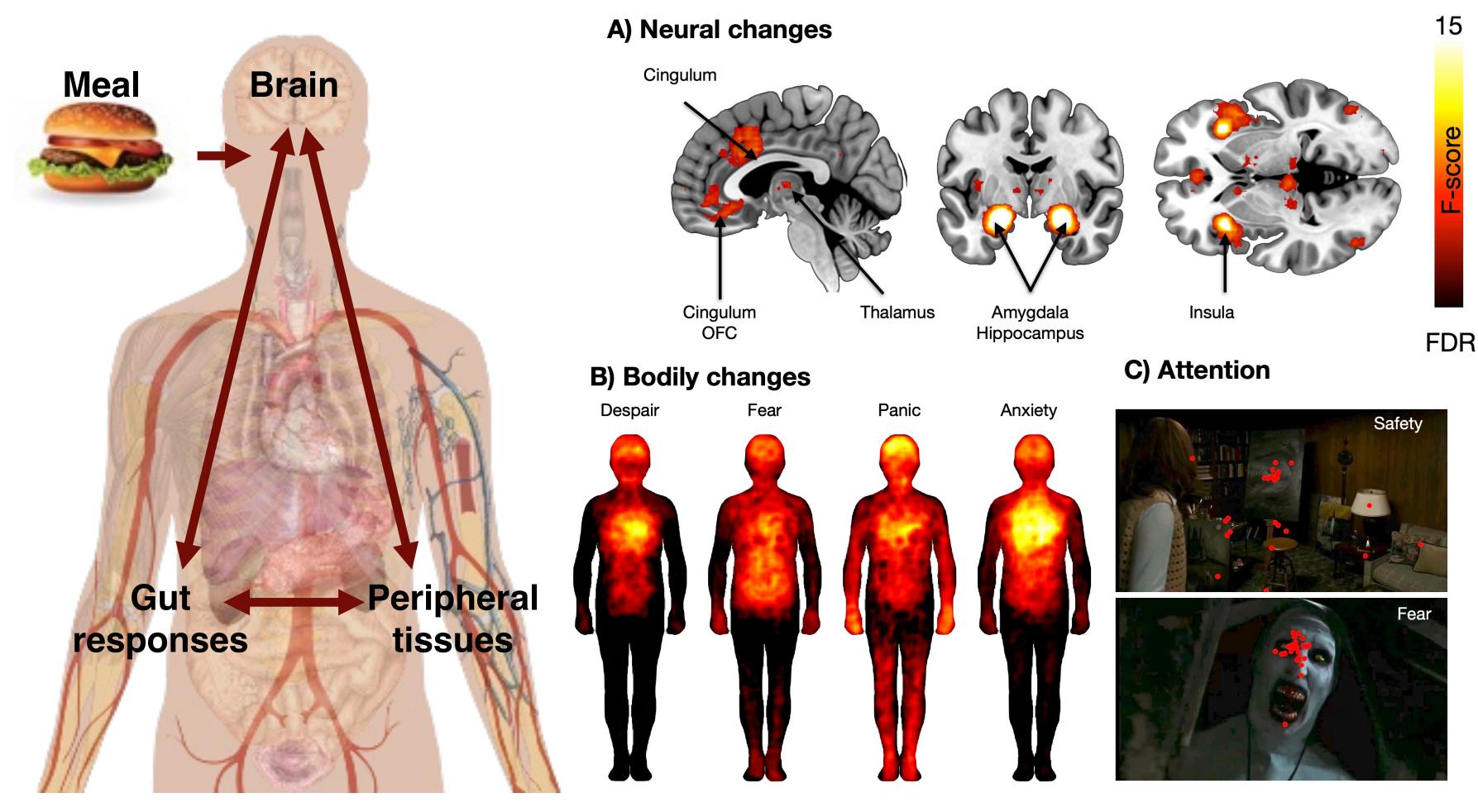


18.75 s

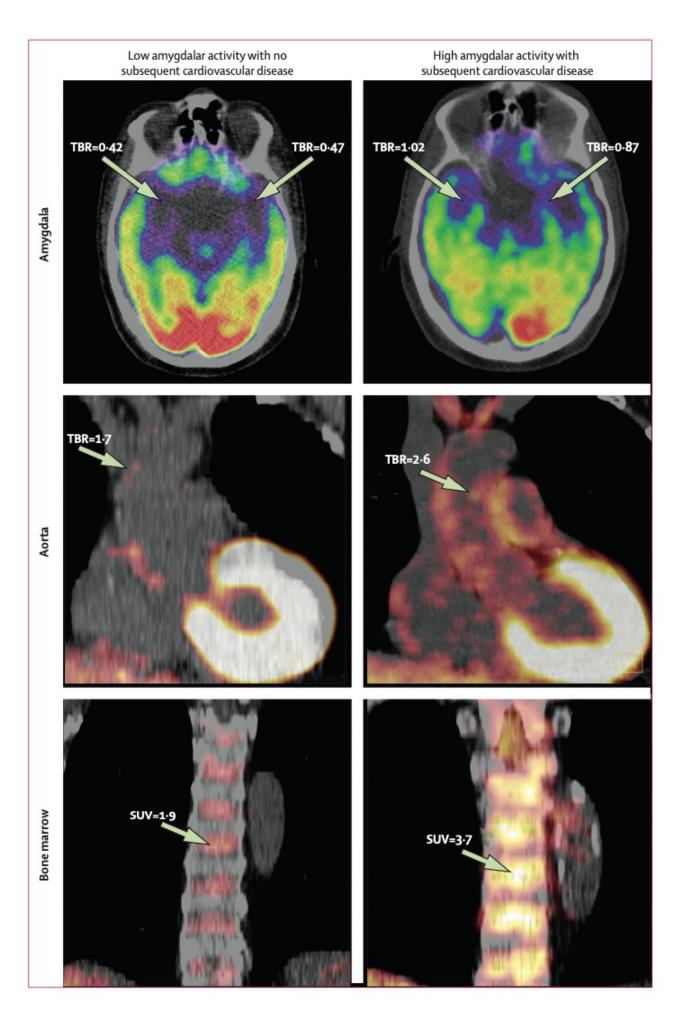
Badawi et al (2019)



# Why care about the non-brain?

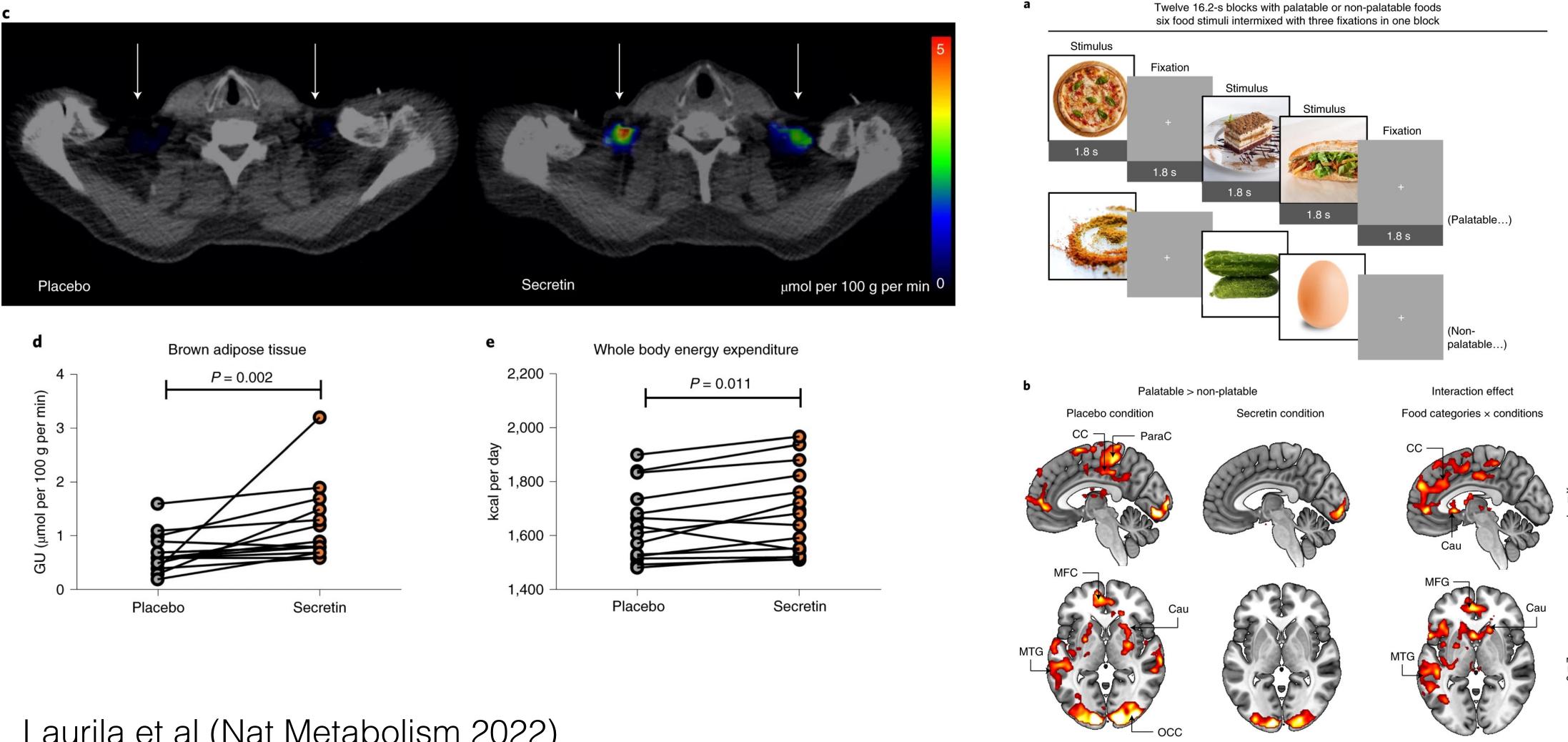


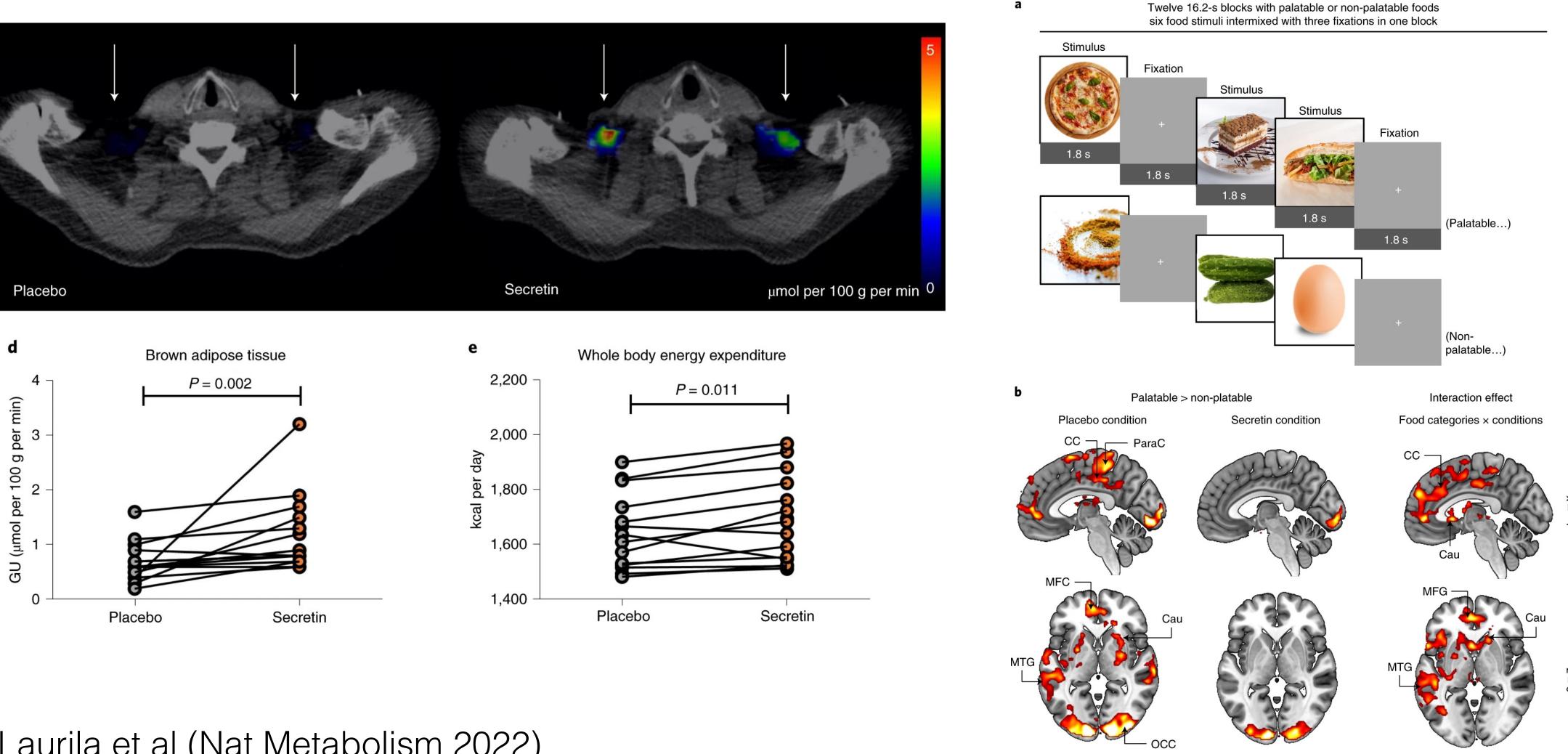
### Nummenmaa et al (2018)



# Tawakol et al (2017)

# Why care about the non-brain?





Laurila et al (Nat Metabolism 2022)

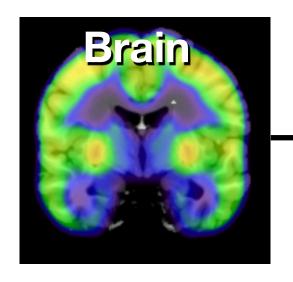


### Modern PET

### New state-of-the art

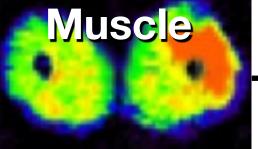
## **Simultaneous studies** of multiple systems

### **Tissue-specific** imaging (3 h)

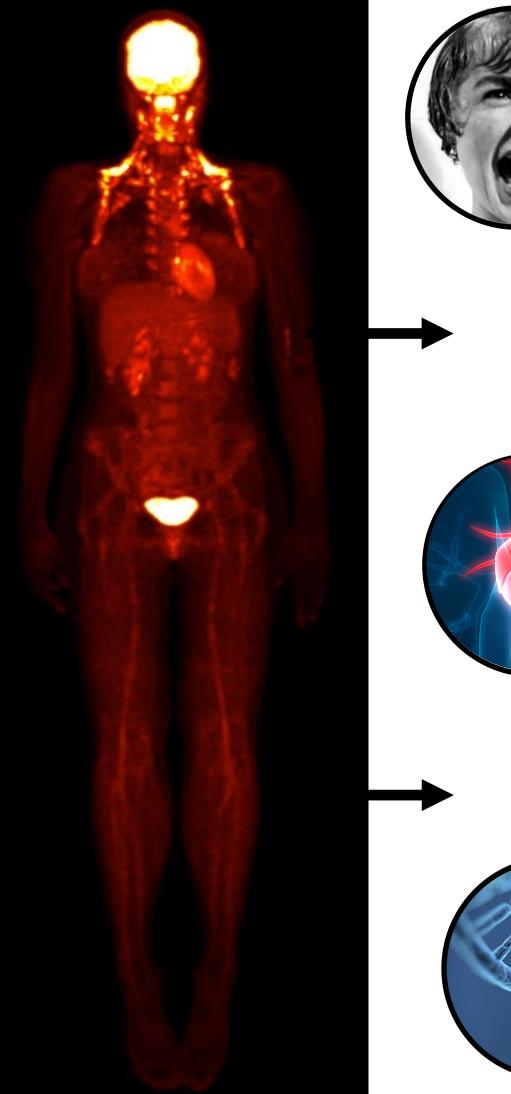


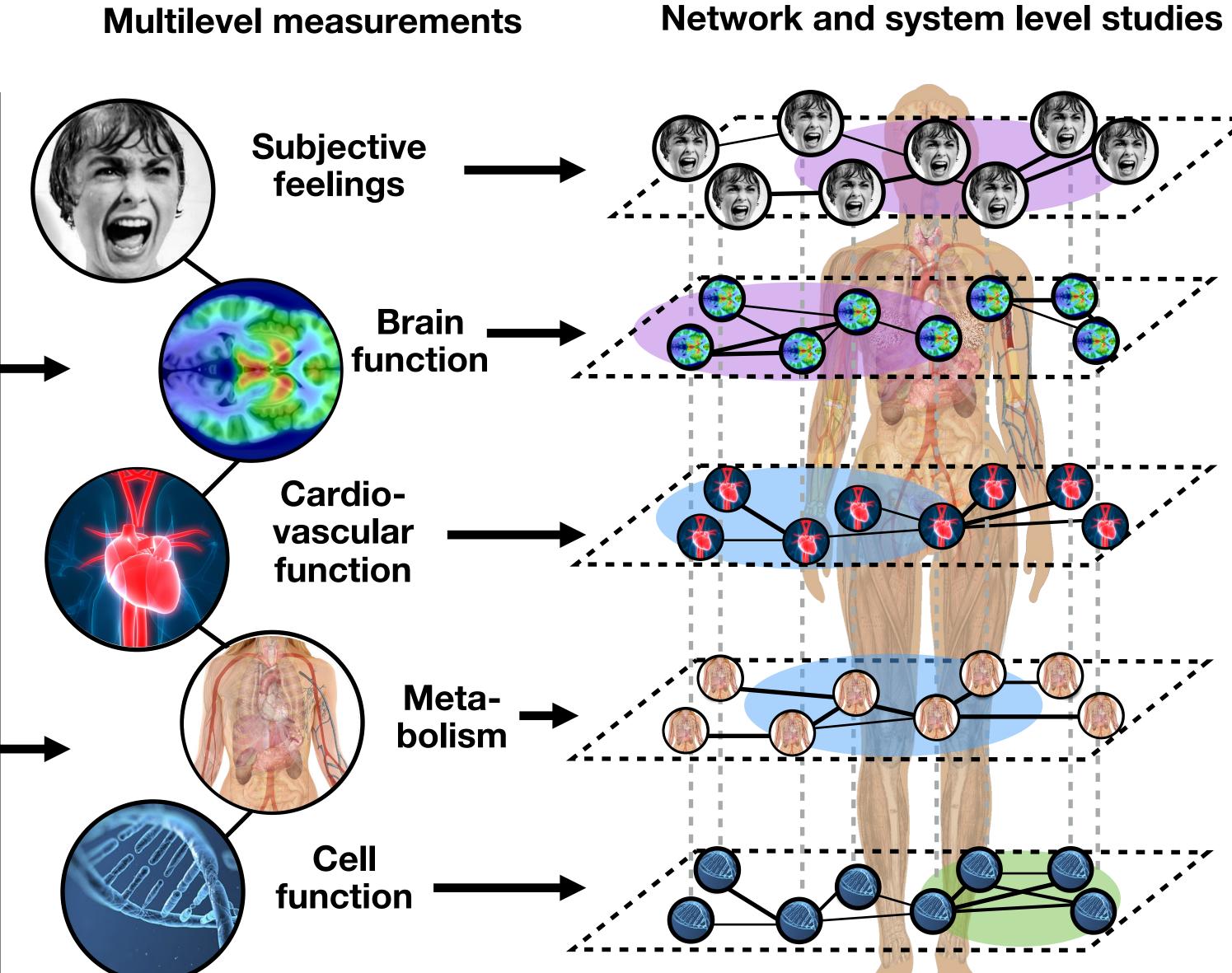






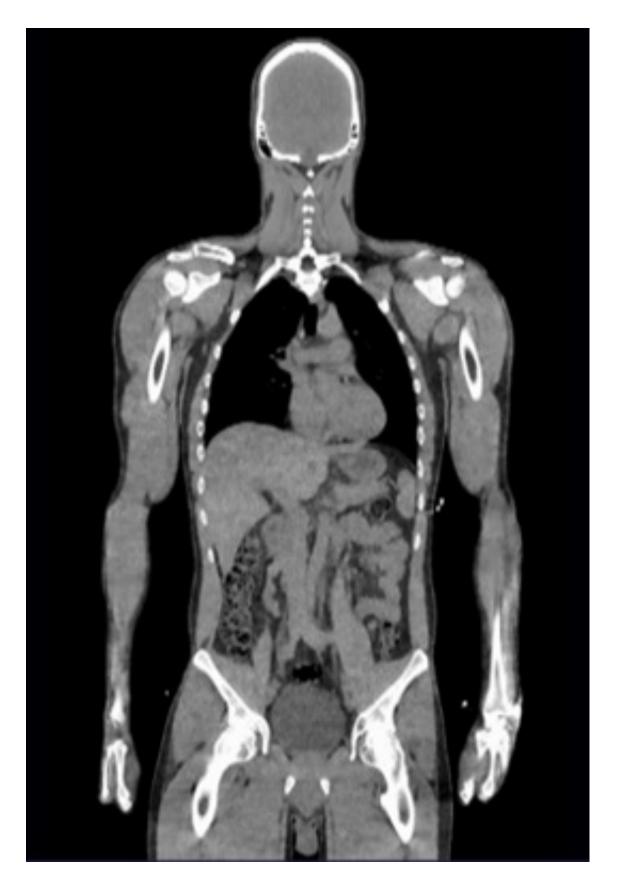
### **Ultrafast total**body imaging

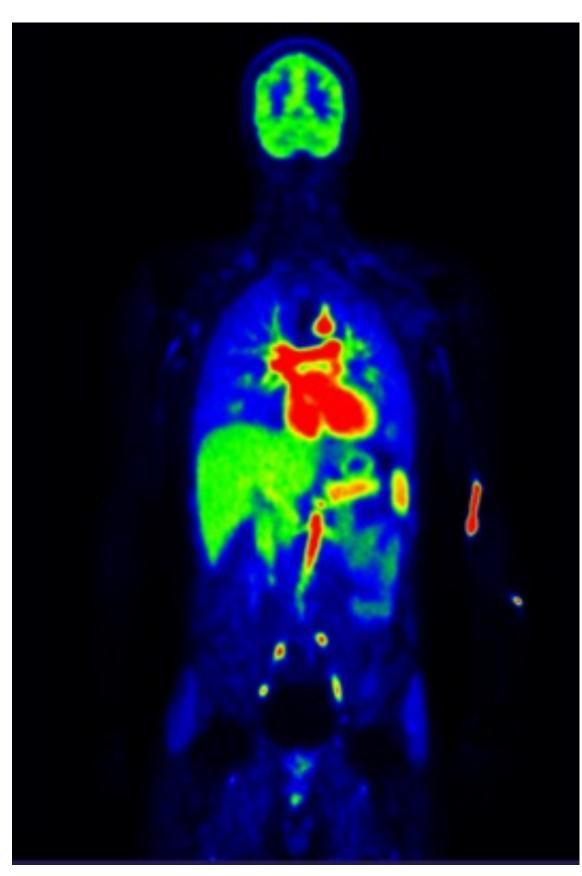


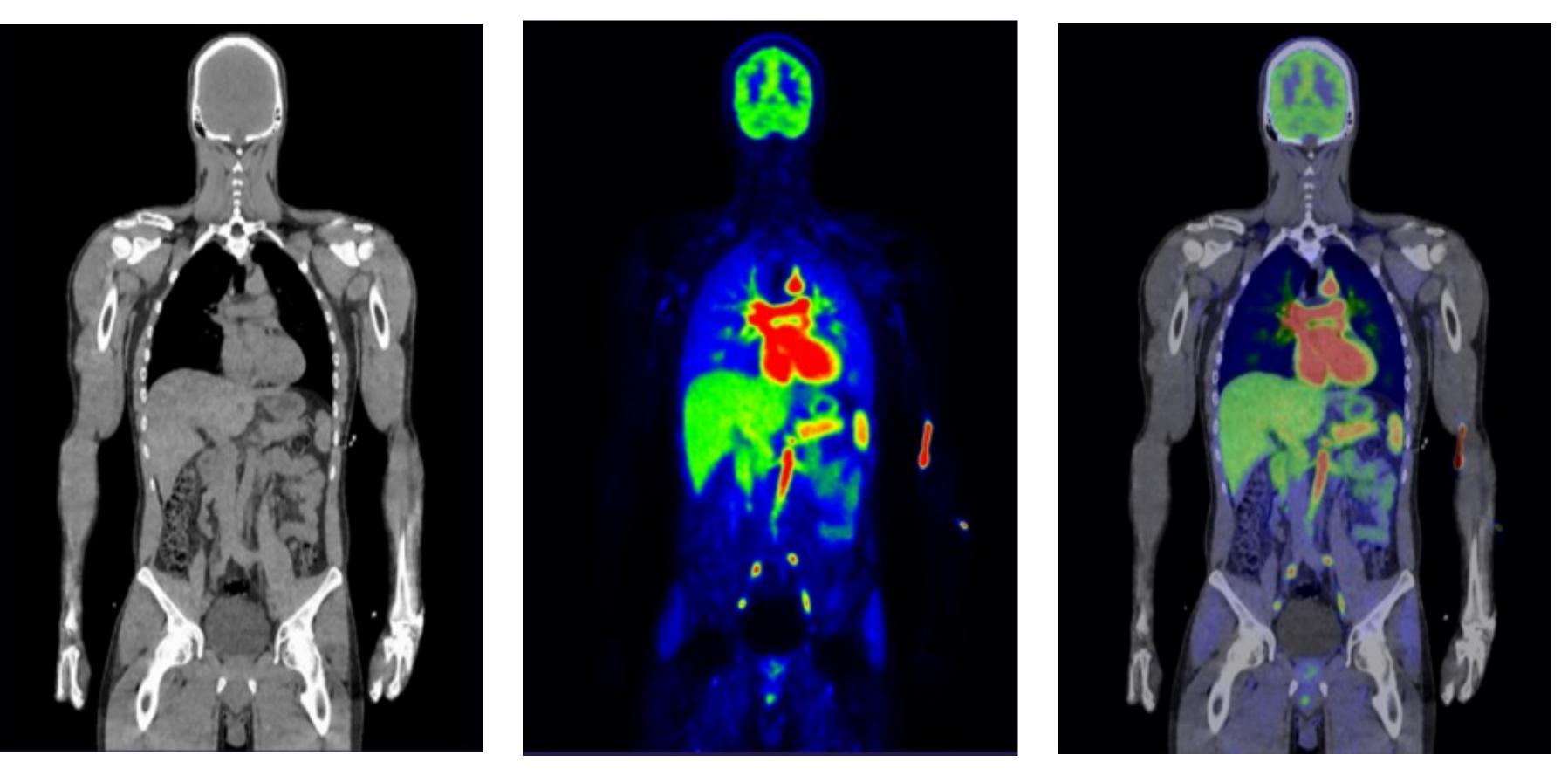


### **High-resolution multisystem** biological imaging

# Not just a walk in the park CT PET-CT PET







# Prospects of true multi-compartment modelling

