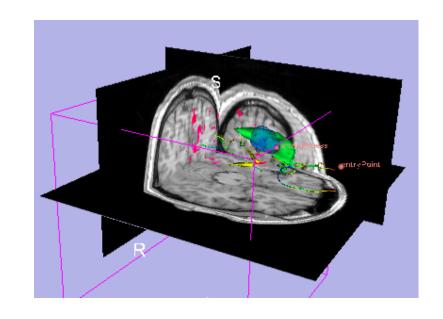


Image Guided Therapy in Slicer3

Planning for Image Guided Neurosurgery

Danielle Pace, B.CmpH Isaiah Norton Haiying Liu





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NEDO Intelligent Surgical Instruments Project Kiyo Chinzei



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- Takashi Suzuki, Faculty of Advanced Techno-Surgery, Institute of Advanced Biomedical Engineering and Science, Tokyo Women's Medical University
- Stephen Whalen, Department of Neurosurgery, Brigham and Women's Hospital

for their helpful comments and suggestions

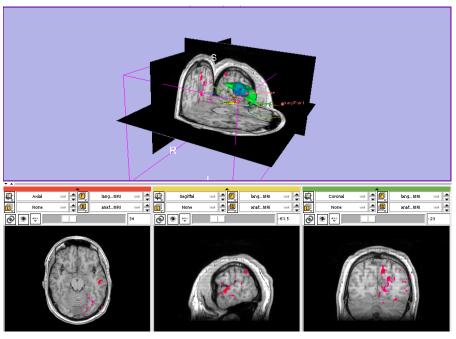


Learning objectives

Following this tutorial, you will be able to perform many common Image Guided Therapy tasks using Slicer3, including:

- image registration
- model making
- DTI tractography

using the example of preoperative planning for image guided neurosurgery



Material 3DSlicer

This course requires the installation of the Slicer3 software and the training datasets accessible at the following locations:

- Slicer3 software and building instructions: http://www.slicer.org/pages/Downloads
- Patient dataset, SPL-PNL brain atlas, and three pre-computed MRML scenes

http://wiki.na-mic.org/Wiki/index.php/IGT: ToolKit/Neurosurgical-Planning

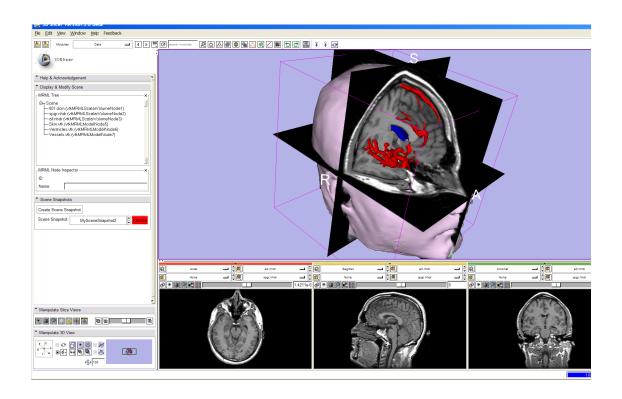
Disclaimer: It is the responsibility of the user of 3D Slicer to comply with both the terms of the license and with the applicable laws, regulations and rules.



Prerequisites

Data Loading and Visualization in Slicer3:

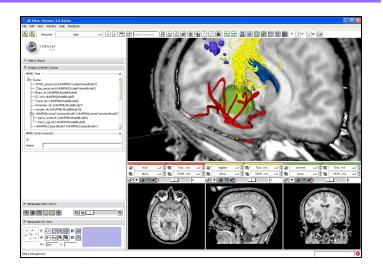
http://wiki.na-mic.org/Wiki/index.php/Slicer:Workshops:Slicer3_Training





3D Slicer

- Integrates algorithms and utilities for medical image computing research and Image Guided Therapy into a single framework
- Is both an end-user application and a platform for research
- The precompiled program and the source code are both freely downloadable



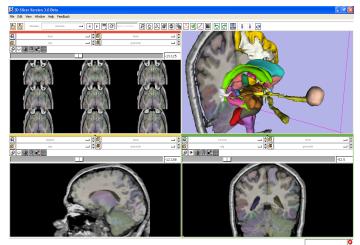




Image Guided Therapy (IGT) in Slicer3

Slicer3 has extensive support for IGT, including:

- Visualization
- Registration
- Segmentation
- Model making
- Diffusion Tensor Imaging
- Quantification
- Filtering
- Interfacing to imaging devices, trackers and medical robots

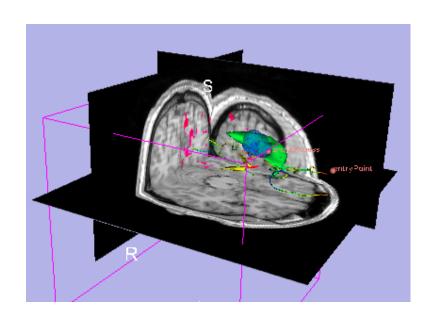


Focus of this tutorial





The goal of neurosurgical planning



Prior to surgery:

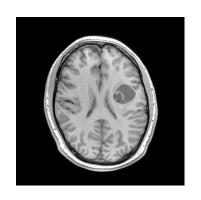
- Integrate image information from multiple sources, including anatomical MRI, functional MRI and diffusion tensor imaging
- Highlight structures of interest
- Determine the best surgical approach



Clinical Case - brain tumour resection

- Imaging showed a large lesion in the left frontal region of the brain, predicted to be a glioma (brain tumour originating from glial cells)
- Preoperative imaging included 3D SPGR MRI, T2-weighted MRI and FLAIR MRI, language and motor functional MRI (fMRI) imaging, and diffusion tensor imaging (DTI)
- fMRI showed speech areas close to the lesion
- Surgical procedure: left frontal craniotomy and tumour resection

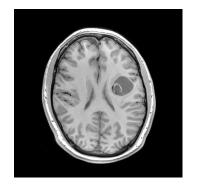
See the clinical_background file within the patient dataset for more information



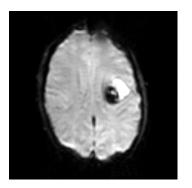


Tutorial datasets

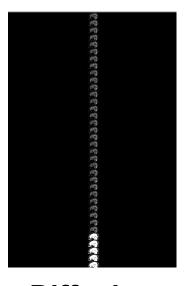
- Three clinical datasets from a single patient with a large tumour in the left frontal region
- SPL-PNL brain atlas (based on a single healthy patient)



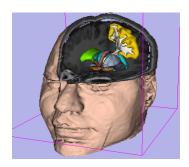
SPGR MRI (anatomical)



Language fMRI



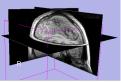
Diffusion Weighted Images



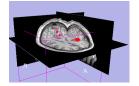
SPL-PNL brain atlas



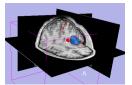
Overview







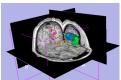
 Incorporating fMRI data using image registration and thresholding



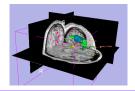
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



 Incorporating brain fiber tractography from diffusion weighted images



1. Annotating the preoperative plan and saving the scene



Anatomical imaging

Utility of anatomical imaging in IGT:

- Visualize brain structures of interest, such as the lesion
- Perform measurements on structures of interest
- Provide context for the rest of the scene



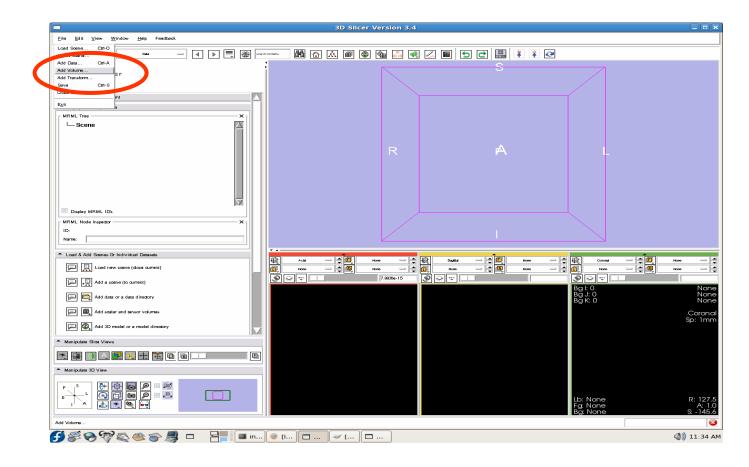
Anatomical imaging

Steps involved in this section:

Load anatomical MRI from patient dataset



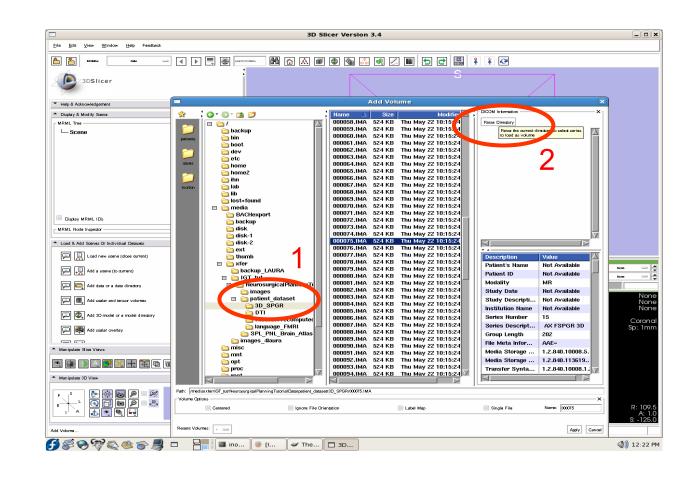
Select "Add Volume" from the File menu





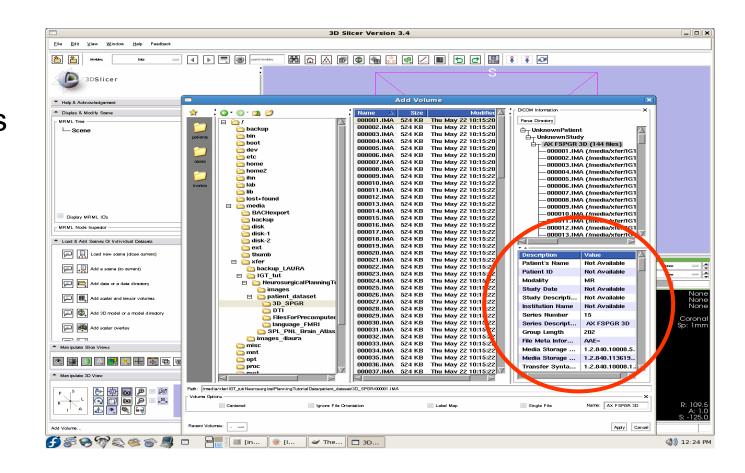
Select the "3D_SPGR" folder under patient_datas et

Click "Parse Directory"





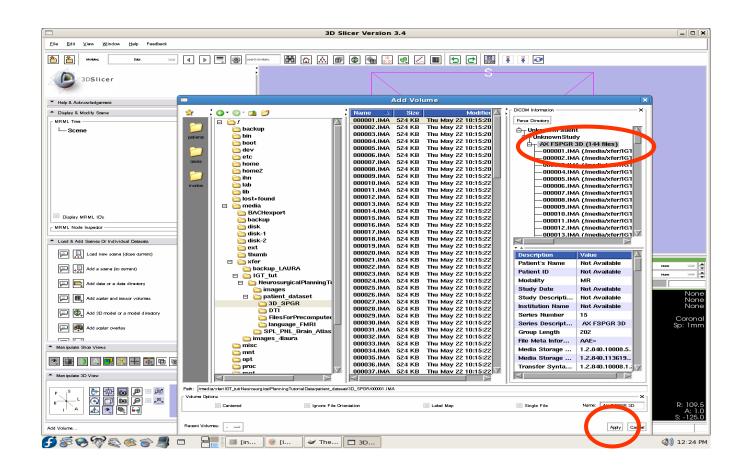
Note the DICOM fields at right, displaying patient information and scan parameters.





Select "AX FSPGR 3D"

Click
"Apply" to load the file.



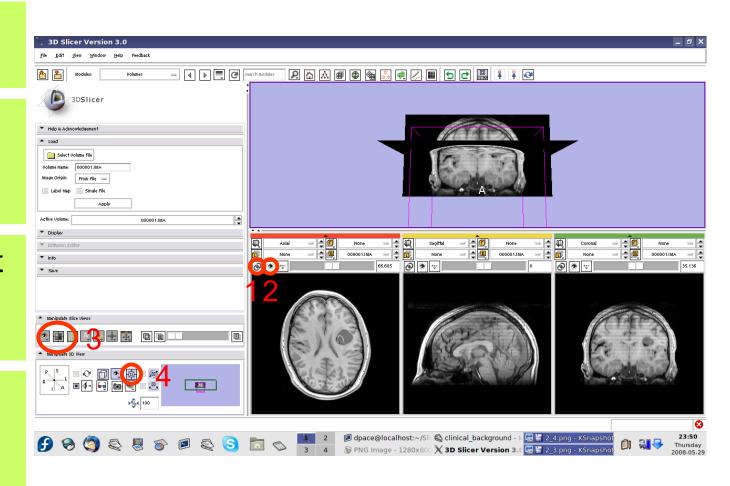


Click on the "link" button

Click on the "visibility" button

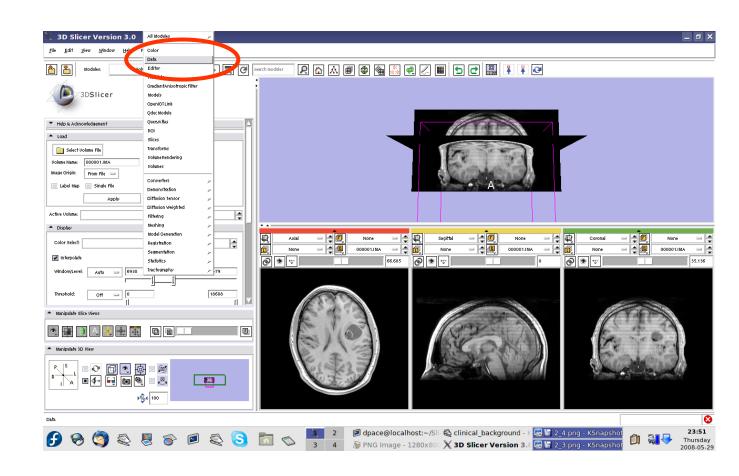
Click on the "fit to window" button

Click on the "center 3D view" button





Open the Data module

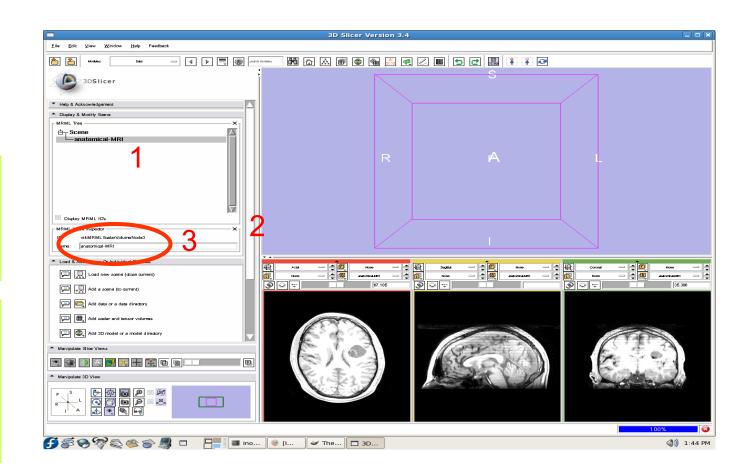




Click on the "AX SPGR 3D" node

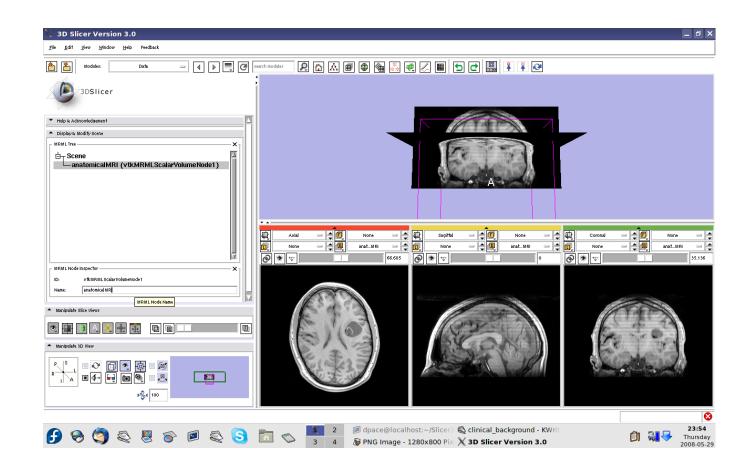
Expand the "Node Inspector",

enter
"anatomicalMRI" and
press Enter



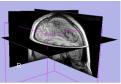


Observe that the name of the node is changed in the MRML tree

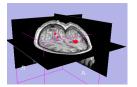




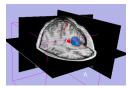
Overview



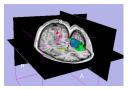
1. Loading and visualizing anatomical MRI data



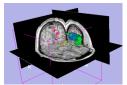
1. Incorporating fMRI data using image registration and thresholding



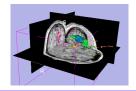
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



 Incorporating brain fiber tractography from diffusion weighted images



Annotating the preoperative plan and saving the scene

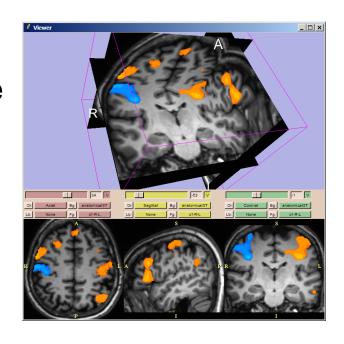


Functional MRI (fMRI)

fMRI:

- Measures the blood oxygen level in each part of the brain while the patient performs a task, such as a speech or motor task
- Statistical techniques are used determine which brain regions are active during the task
- This statistical pre-processing has already been done using SPM

(http://www.fil.ion.ucl.ac.uk/spm/)





Courtesy S. Pujol,

Gollub

W. Plesniak and R.



Functional MRI (fMRI)

Utility of functional MRI in IGT:

- Damage to regions of the brain important for language or movement could result in problems with speech, reading or movement
- Knowing where these regions are allows us to modify our surgical plan so that we avoid them (as much as possible)



Functional MRI (fMRI)

Steps involved in this section:

Load language fMRI from patient dataset

Register language fMRI with anatomical MRI

Threshold language fMRI to find regions with high activation

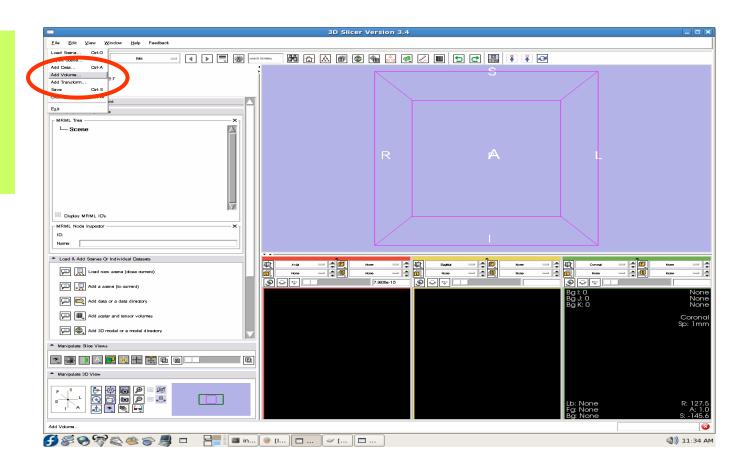


Open the Volumes module





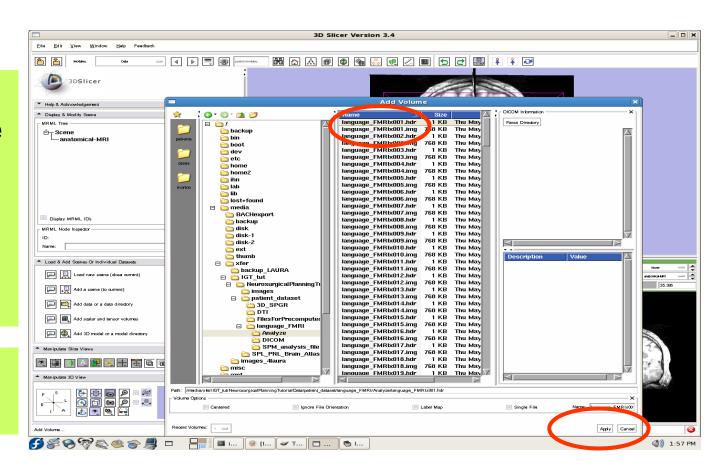
Go to File menu and select "Add Volume"





Click on the first
.hdr image in the
Analyze folder
within the
language_FMRI
folder of the
patient dataset,

then click "Apply"

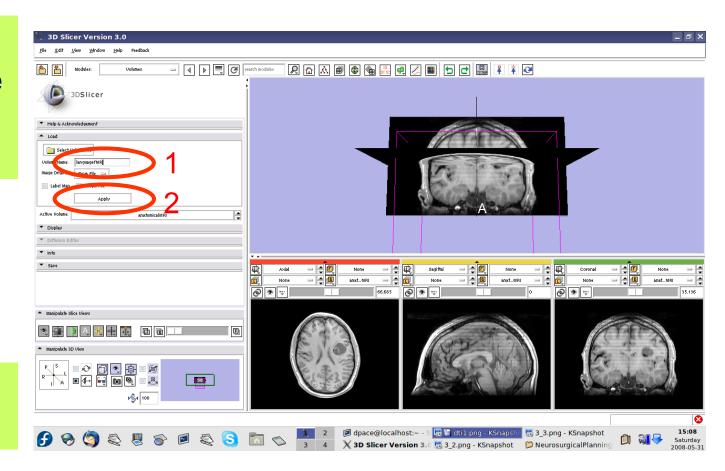




Set the Volume Name to languagefMRI

Keep the image origin set to "From File"

Click on "Apply"





Set the background volume to anatomicalMRI

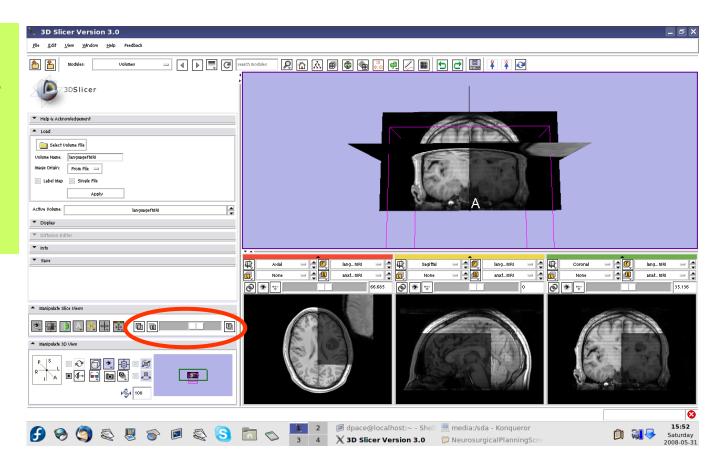
Click on the "fit to window" button

Click on "Center 3D View" button.





Scale the opacities to see both the foreground and background layers





Note that the image volumes are not aligned

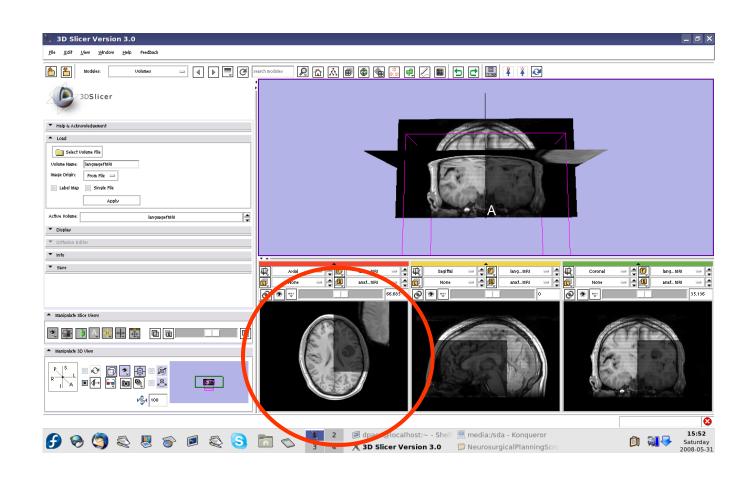
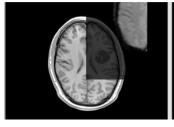
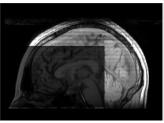
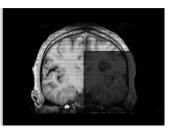




Image-to-Image registration

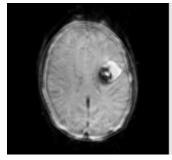


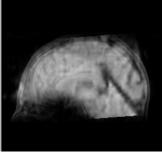


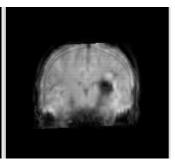


The anatomical MRI and functional MRI image volumes are not aligned









The anatomical MRI and functional MRI image volumes overlap

Image registration aligns two images together with the goal of making the corresponding

anatomy overlap



Image-to-image registration

Steps involved in image registration:

Initial manual transformation

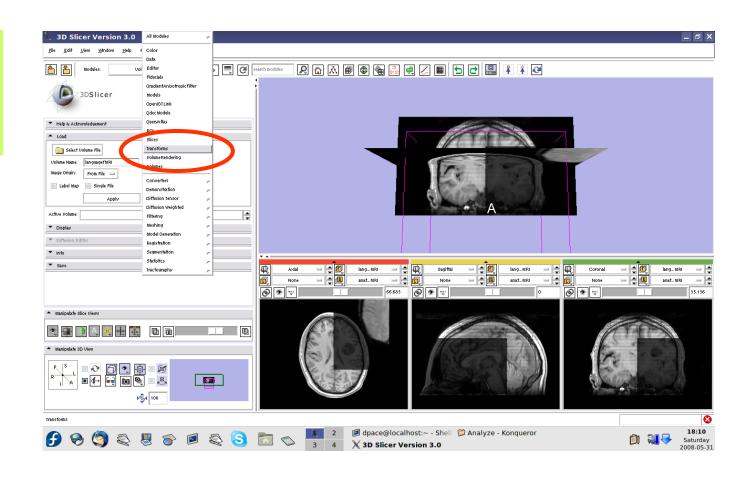
Automatic affine registration

- An affine transformation estimates the rotation, translation, scale and shear needed to align the moving image with the fixed image
- Slicer's affine registration module uses mutual information to estimate the similarity between two images



Initial manual transformation

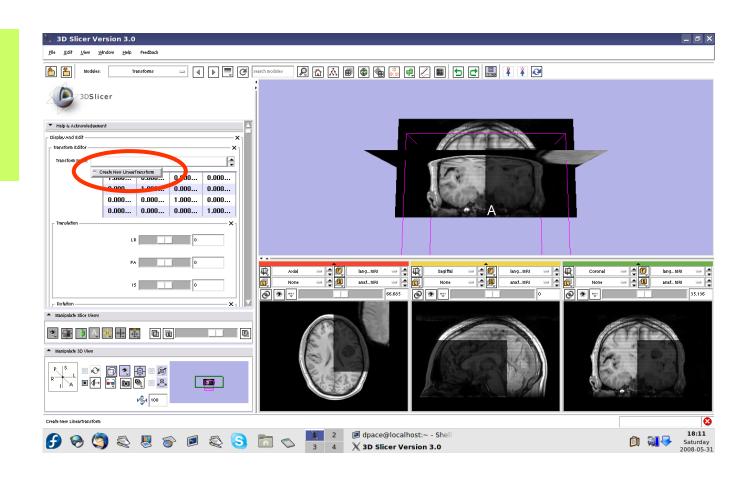
Open the Transforms module





Create a new linear transform

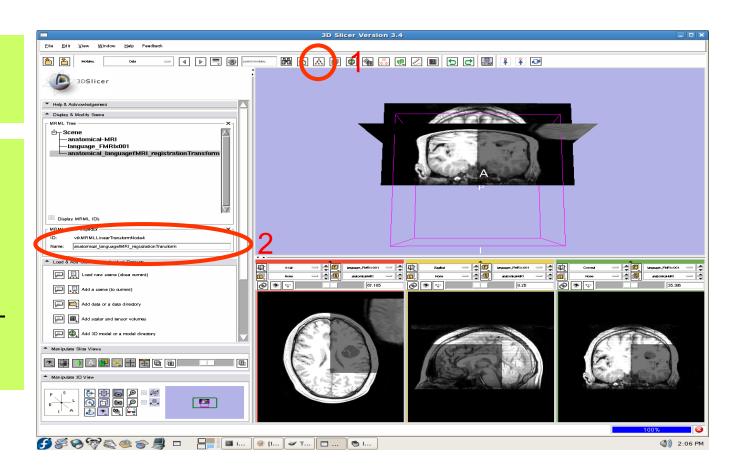
The new transform is initialized to the identity matrix





Open the Data module

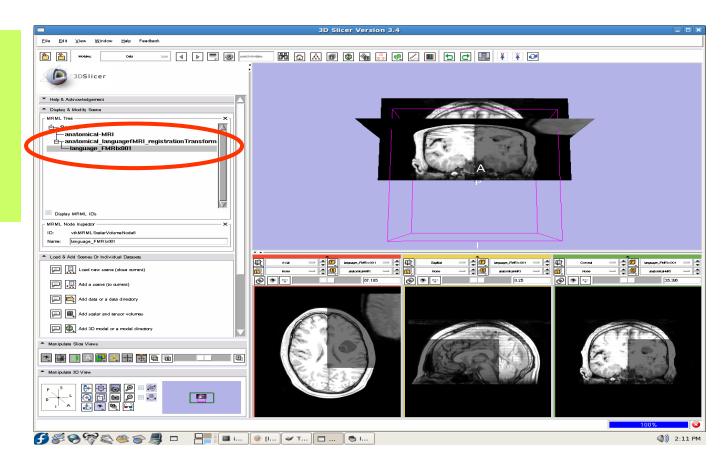
Change the name of the transform to "anatomical_ languagefMRI_ registration Transform"





Drag the languagefMRI node under the transform node

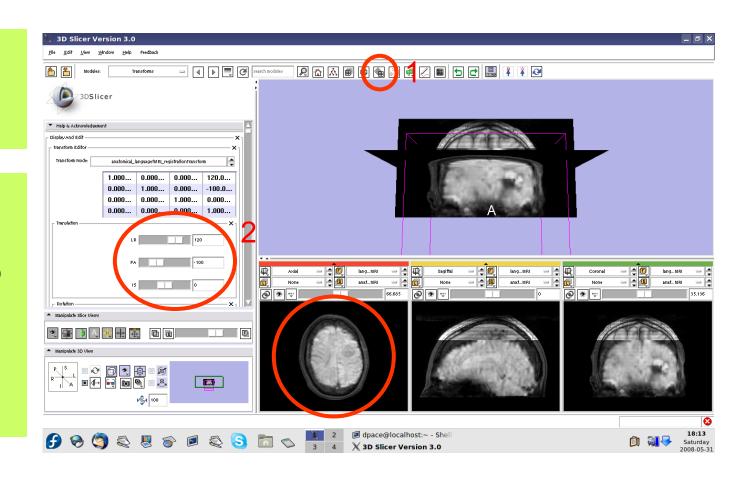
Now any changes to the transform node are applied to the language fMRI image volume





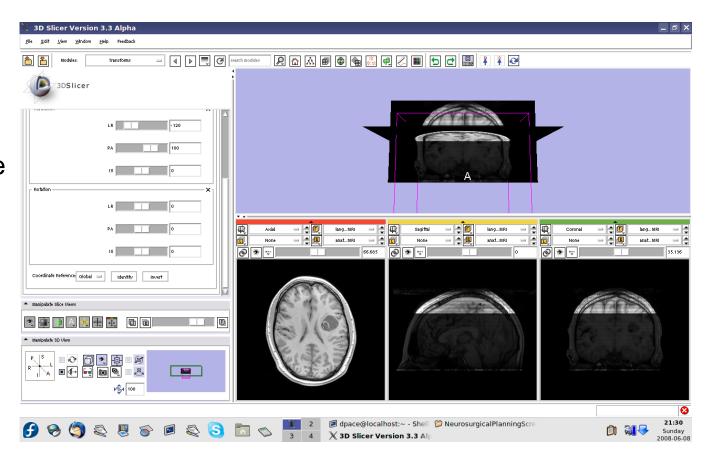
Open the Transforms module

Adjust the translation components to roughly align the two image volumes in the axial plane



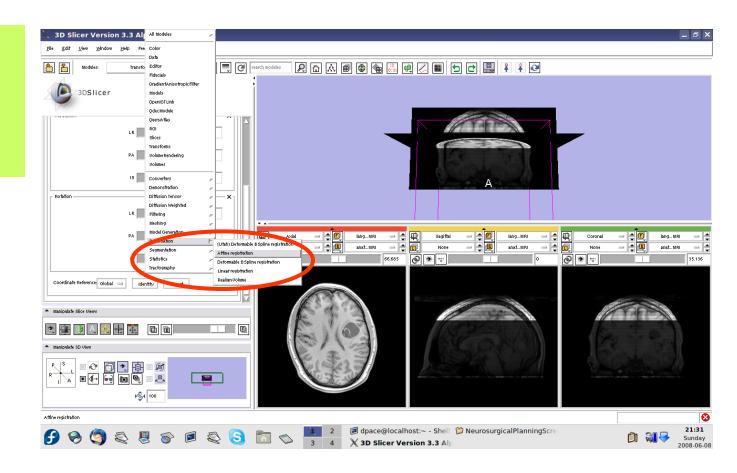


This initial transformation matrix "pushes" the language fMRI image onto the anatomical MRI image.



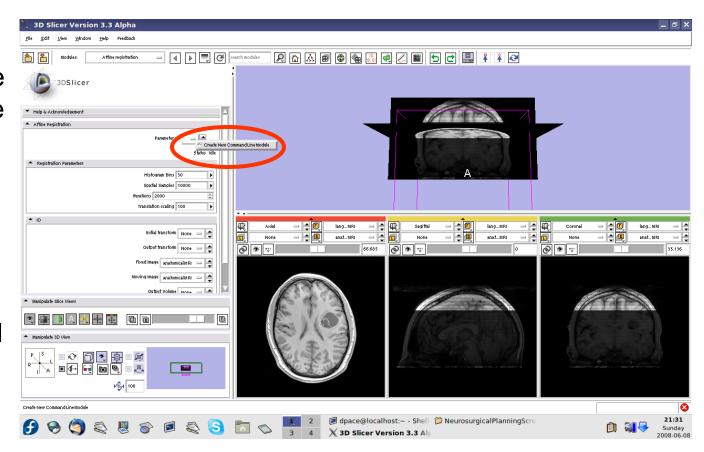


Open the Affine Registration module



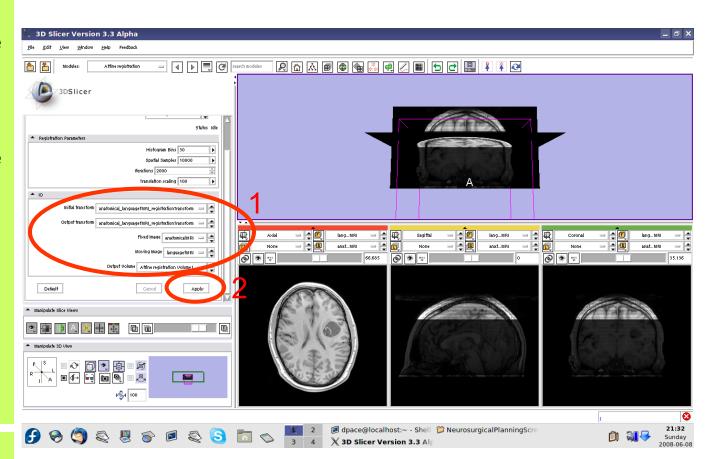


Note that the Affine registration module supports multiple sets of parameters for repeated use. To create a new set, select "Create new CommandLineModule"





- Initial transform = anatomical_language fMRI_registration Transform
- Output transform = anatomical_language fMRI_registration Transform
- Fixed Image = anatomicalMRI
- Moving Image = languagefMRI
- Output Volume =Create New Volume

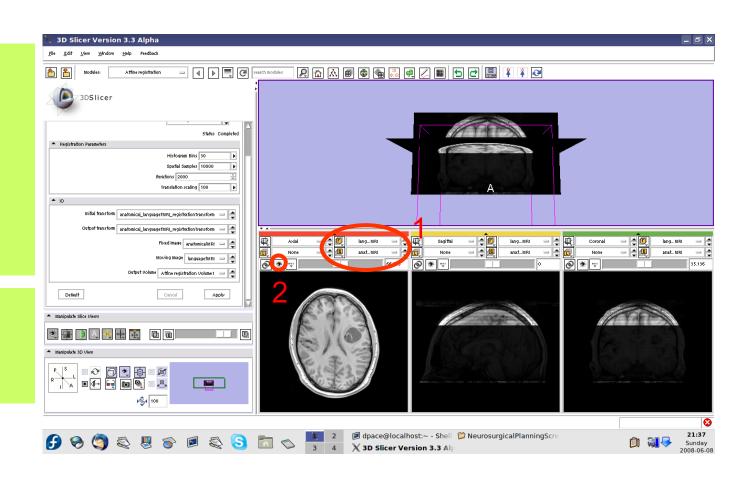


Click "Apply"



Set the foreground to languagefMRI, and the background to anatomicalMRI

Click on the "fit to window" button



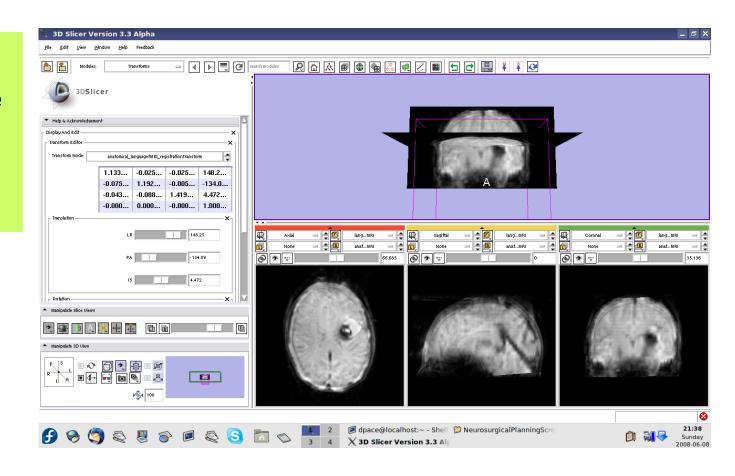


The transform now sets the moving image (languagefMRI) in alignment with the fixed image (anatomical MRI)





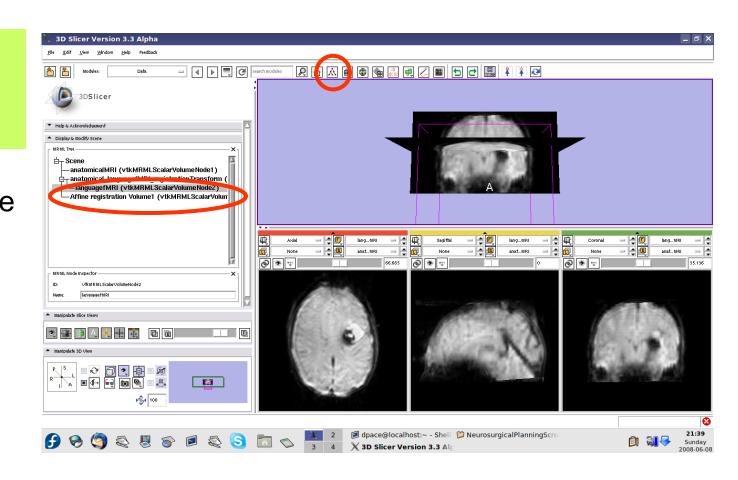
Click on the transform node to see that the matrix has changed





Open the Data module

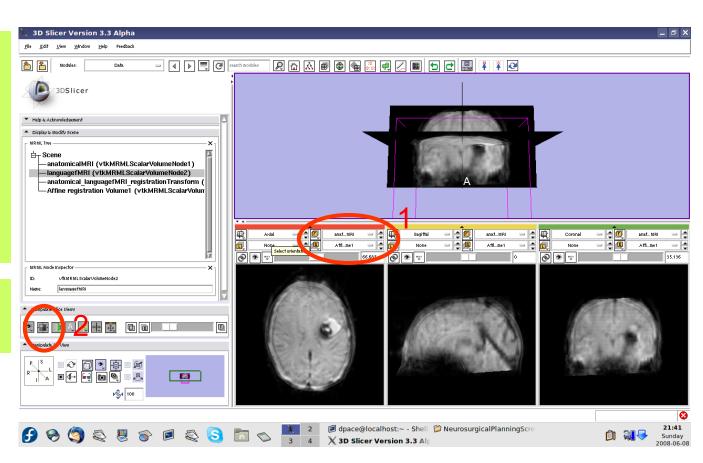
The new volume in the MRML scene is the resampled moving image (the language fMRI)





Set the foreground to anatomical MRI and the background to Affine registration Volume1

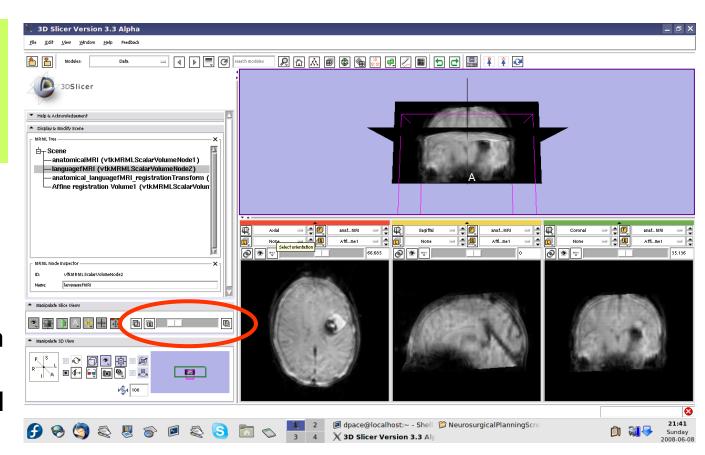
Click on the "fit to window" button





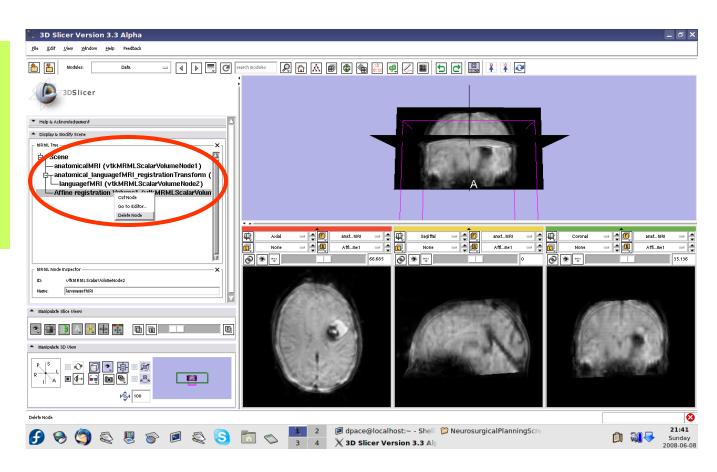
Scale the opacities to see that the images are aligned

The new image is the moving image (language fMRI) transformed and resampled to align with the fixed image (anatomical MRI)





Right-click on the Affine registration Volume1 node and select "Delete node"





Threshold image intensity

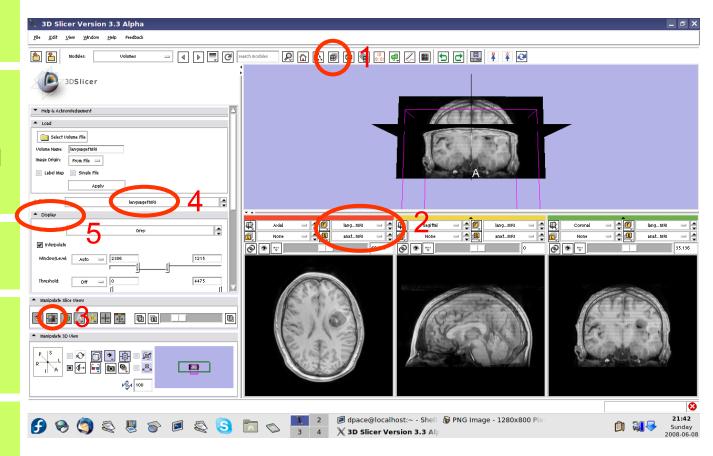
Open the Volumes module

Set the foreground to languagefMRI, and the background to anatomicalMRI

Click on the "fit to window" button

Set the active volume to languagefMRI

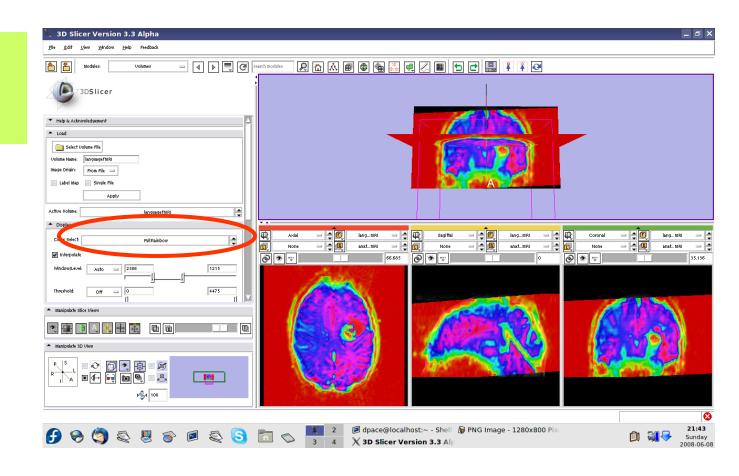
Expand the Display pane





Threshold image intensity

Set the Color to FullRainbow





Threshold image intensity

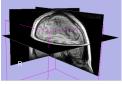
Set the threshold to Manual and adjust to highlight only high-intensity regions

Note that there are speech activation regions close to the tumour

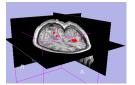




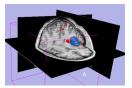
Overview



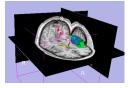
1. Loading and visualizing anatomical MRI data



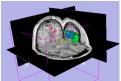
1. Incorporating fMRI data using image registration and thresholding



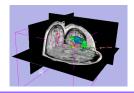
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



 Incorporating brain fiber tractography from diffusion weighted images



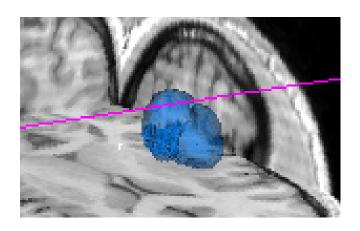
Annotating the preoperative plan and saving the scene



Model Making in Slicer3

Utility of model making in IGT:

- View the structure as a complete unit (instead of slice by slice)
- Perform measurements, such as volume measurements, that can be difficult to perform on the image volume itself





Model Making in Slicer3

Steps involved in this section:

Place a seed point on the tumour in the anatomical MRI

Segment the tumour volume in the anatomical MRI

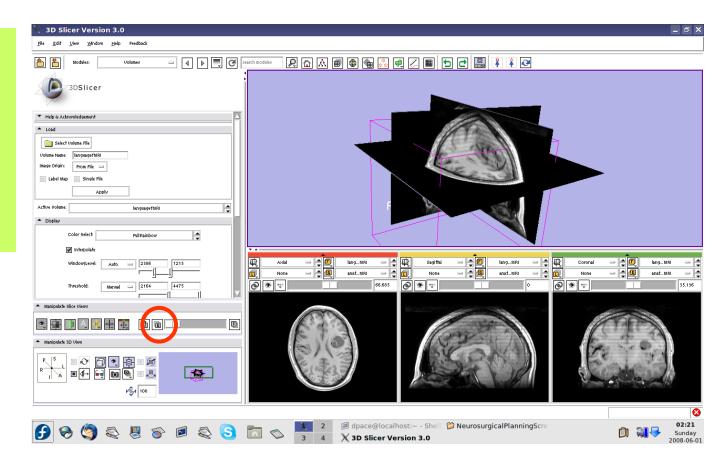
Create the tumour model using Slicer3's ModelMaker

Change the tumour model's appearance

Save the tumour model

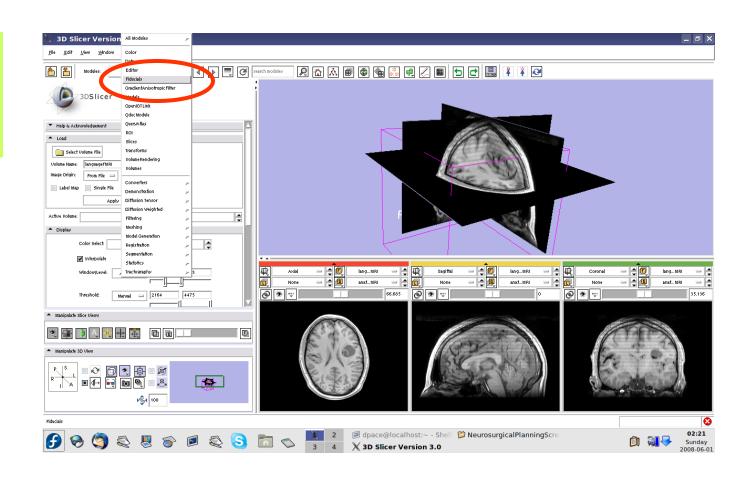


Click on the Background layer button to show the anatomical MRI alone



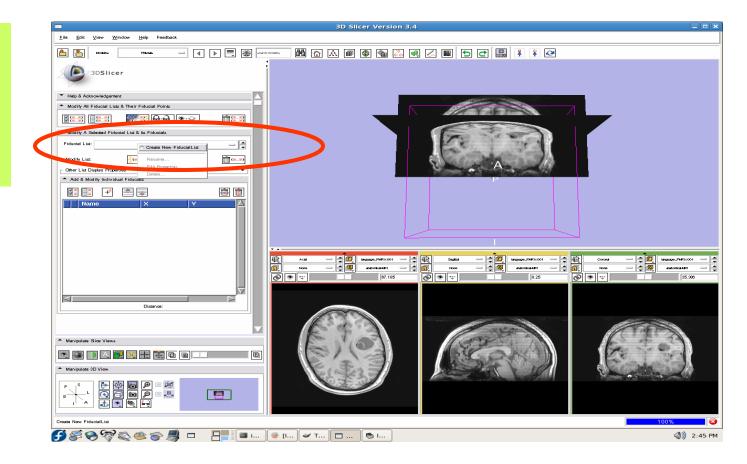


Open the Fiducials module



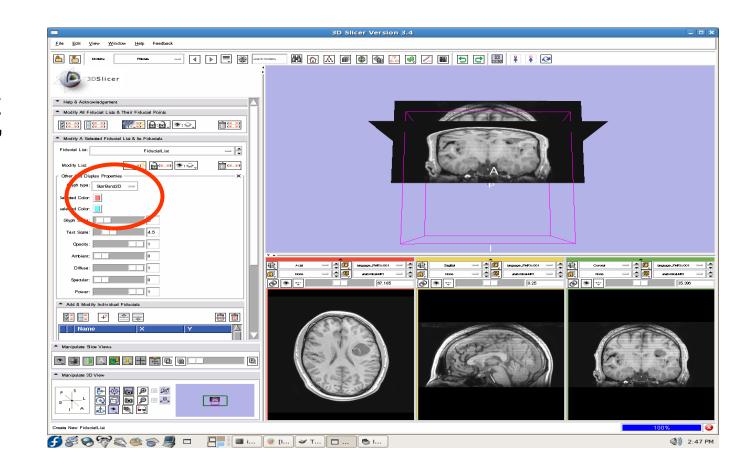


Create a new Fiducial List



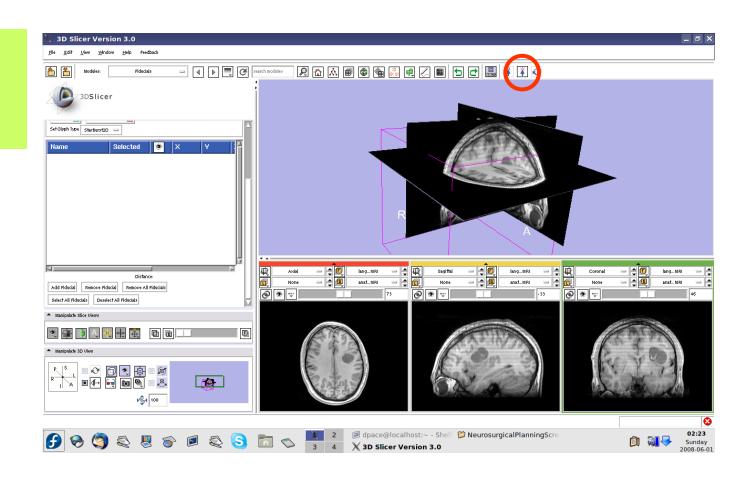


Expand "Other **Display List** Properties." Controls include fiducial color (default: pink), and shape (starburst)





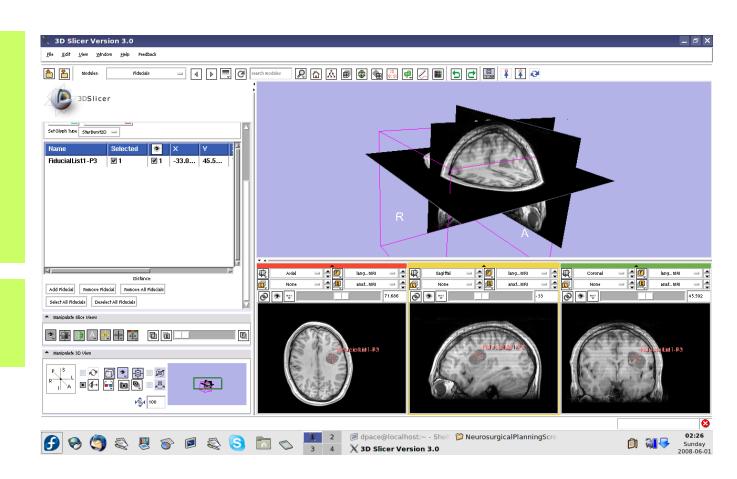
Set the mouse mode to "place items"





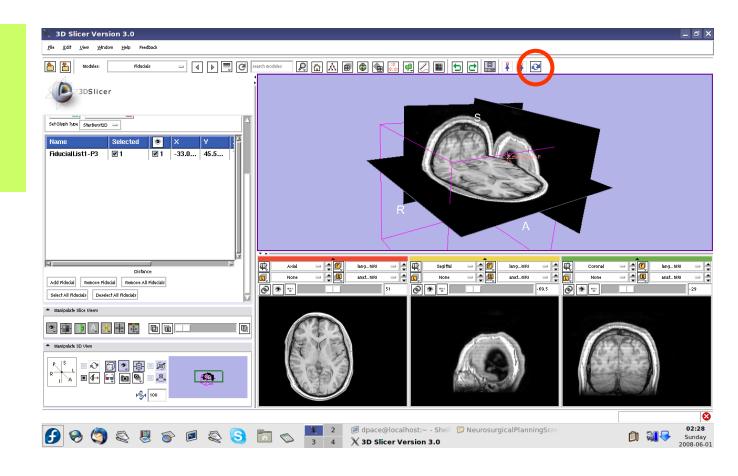
Slice through the image volume until you see the tumour in all three views

Click once to place the seed



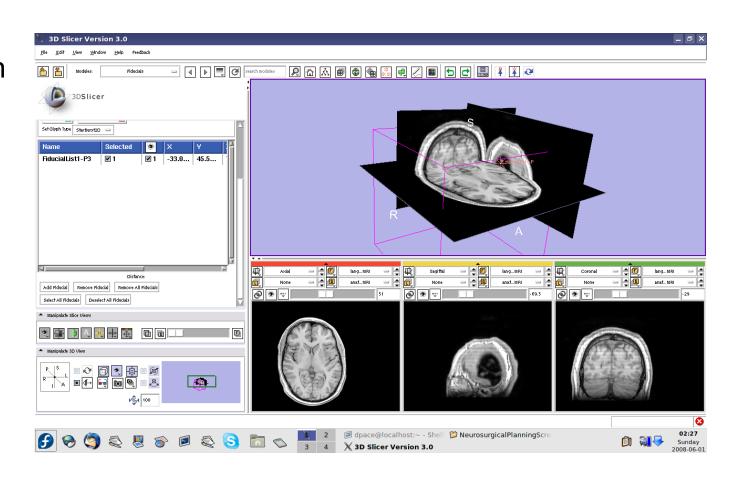


Set the mouse mode to "transform view"





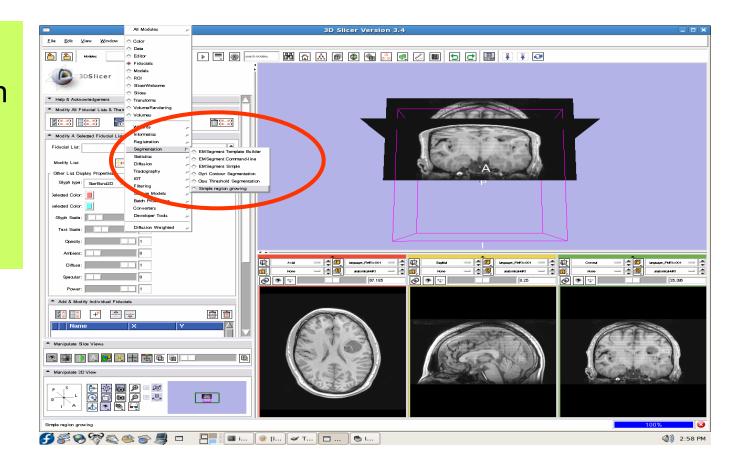
The fiducial can also be seen in the 3D Viewer





Segment the tumour volume

Open the "Segmentation -> Simple Region Growing" module



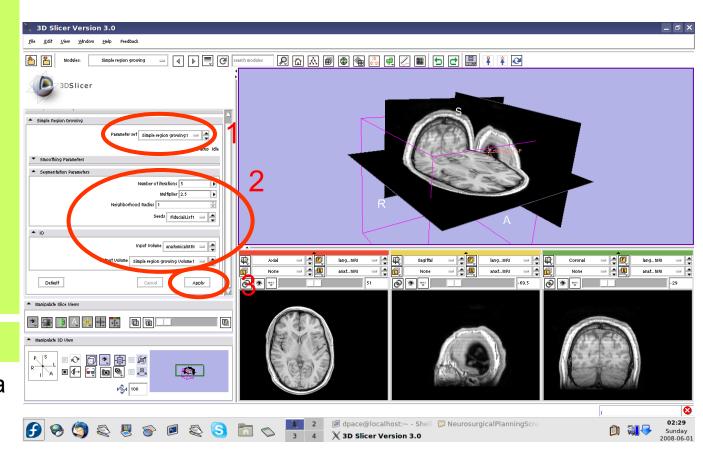


Segment the tumour volume

- Parameter set =Simple regiongrowing
- # of iterations = 1
- Seeds = FiducialList1
- Input Volume = anatomicalMRI
- Output Volume =Create NewVolume

Click "Apply"

This step may take a few minutes to run - wait until the status says "Completed"



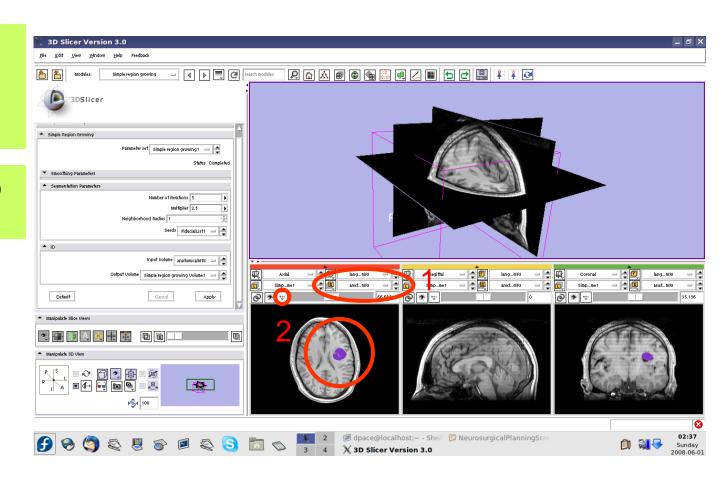


Segment the tumour volume

Set the background to anatomicalMRI

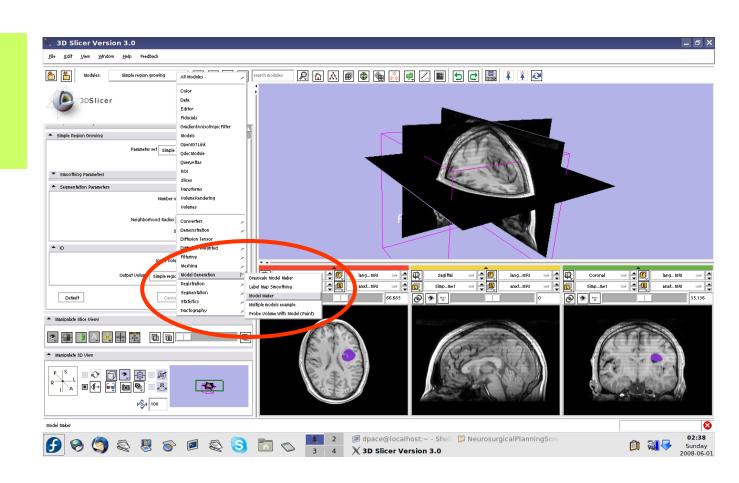
Click on the "fit to window" button

The tumour is segmented by the label layer called "Simple Region growing Volume1" (shown in purple)





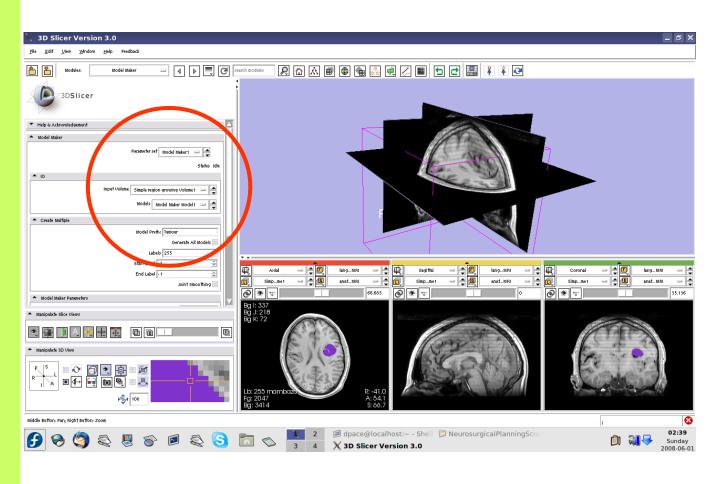
Open the Model Maker module





- Parameter set =Create newCommandLineModule
- Input Volume =Simple regiongrowing Volume1
- Models = CreateNewModelHierarchy
- Model Prefix =Tumour
- Labels = 255

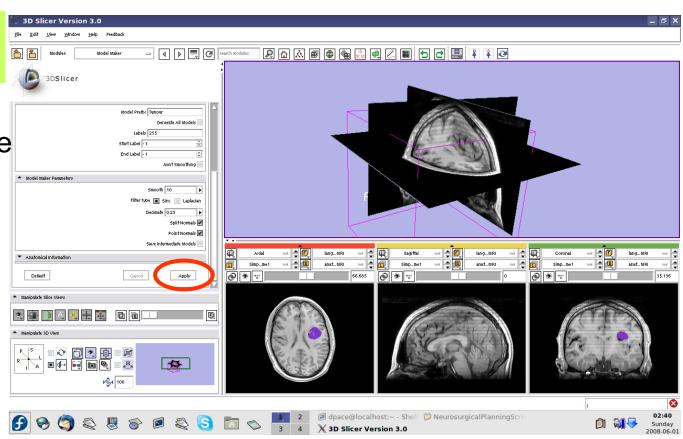
 (scroll over the purple tumour and note the "Lb"
 value)





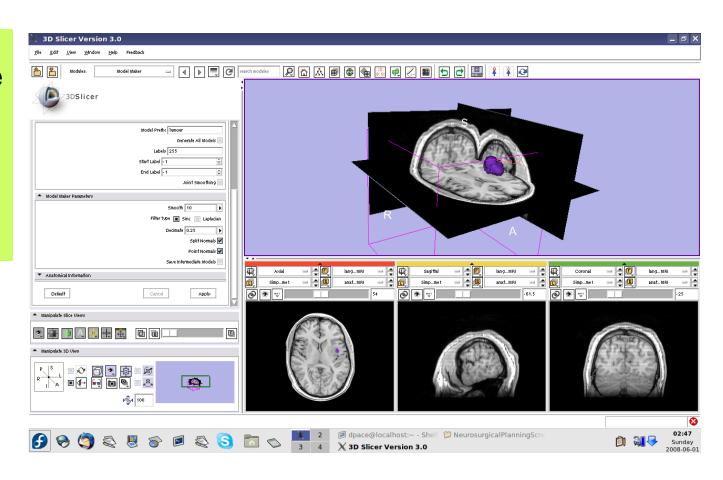
Click "Apply"

This step may take a few minutes to run - wait until the status says "Completed"





Slice through the image volume to expose the tumour model in the 3D Viewer

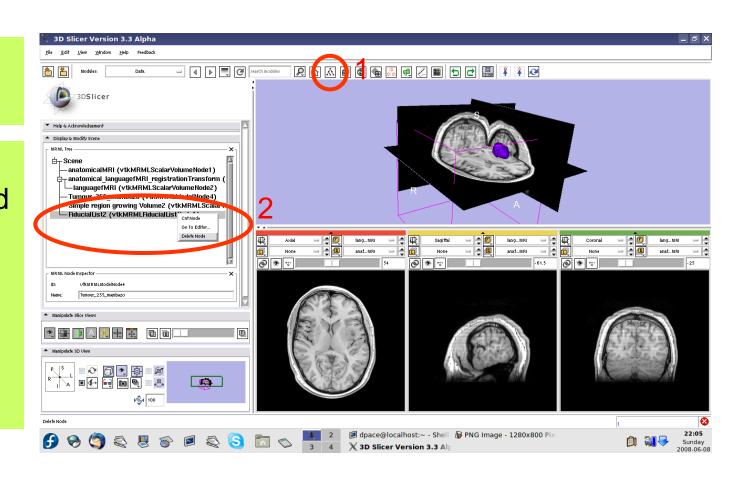




Create the tumour model

Open the Data module

Delete the
FiducialList and
Simple region
growing
Volume by
right-clicking
and selecting
"Delete Node"

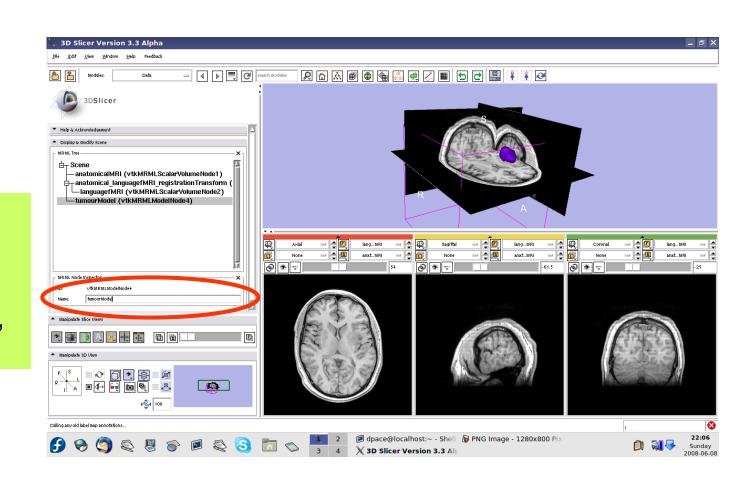




Create the tumour model

Note that the model now appears in the MRML tree

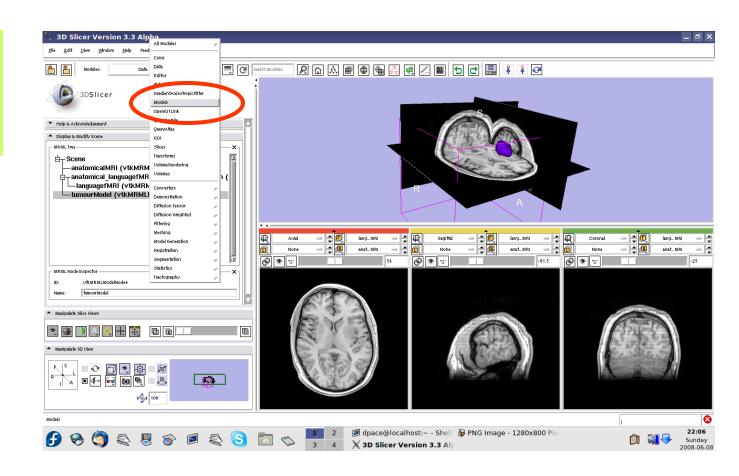
Change the name of the model to "tumourModel"





Change the model's appearance

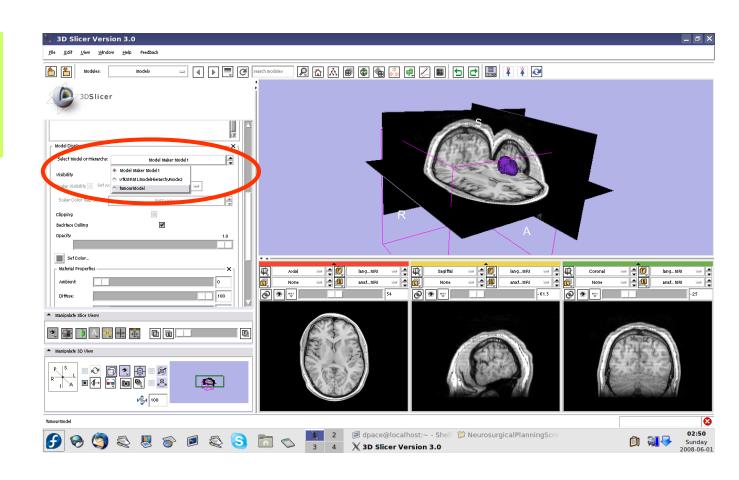
Open the Models module





Change the model's appearance

Select the tumour model





Change the model's appearance

Set the model's opacity to 0.6

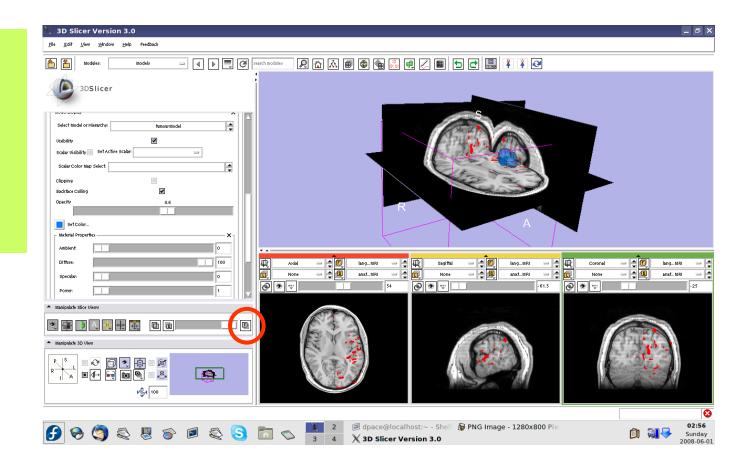
Click on the box next to "Set Color" to change the colour of the model to blue





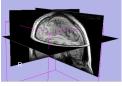
View the anatomical MRI, fMRI and tumour model

Click on the Foreground layer button to show the language fMRI data

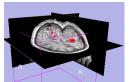




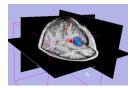
Overview



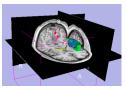
1. Loading and visualizing anatomical MRI data



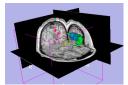
 Incorporating fMRI data using image registration and thresholding



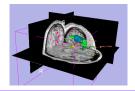
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



 Incorporating brain fiber tractography from diffusion weighted images

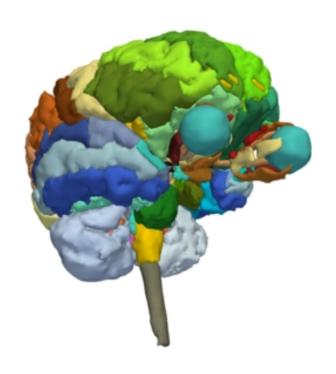


Annotating the preoperative plan and saving the scene



The SPL-PNL Brain Atlas

http://www.na-mic.org/pages/Special:PubDB_View? dspaceid



Includes:

- Anatomical MRI
- Label maps
- >160 models

from a healthy volunteer



Incorporating a brain atlas

Utility of an atlas in IGT:

 Estimate the positions, orientations and shapes of important brain structures without having to segment each one in the patient dataset



Incorporating a brain atlas

- Components of the brain atlas used here:
 - Anatomical MRI image
 - Three models of segmented brain structures
- Using a brain atlas to approximate where brain structures are in the patient:
 - Register the atlas's MRI with the patient's MRI to determine the transformation between the atlas and the patient
 - Use the same transformation to transform the atlas models so that they overlap with the patient's MRI



Incorporating a brain atlas

Steps involved in this section:

Import MRML scene Inspect the MRML scene Registration using the MRML scene

- The precomputed MRML scene contains a copy of the patient's anatomical MRI, the atlas's anatomical MRI, three models:
 - Left and right optic tracts
 - Left anterior superior temporal gyrus

and the transformation between the patient and the atlas

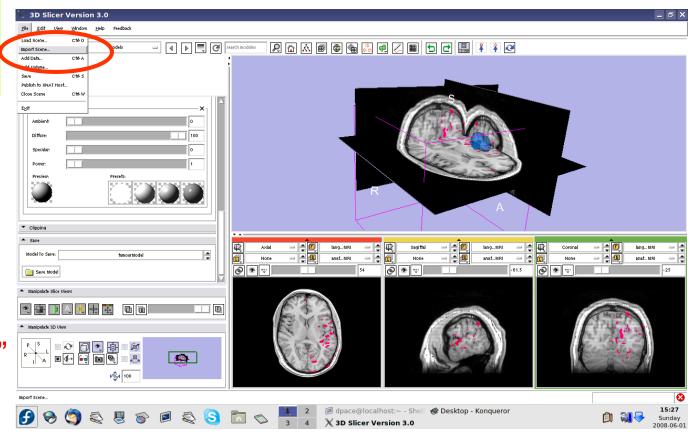
The anatomical MRIs of the patient and the atlas were registered with an initial manual transform followed by an automatic affine registration



Import the patient-atlas registration transform scene

Select File -> Import Scene

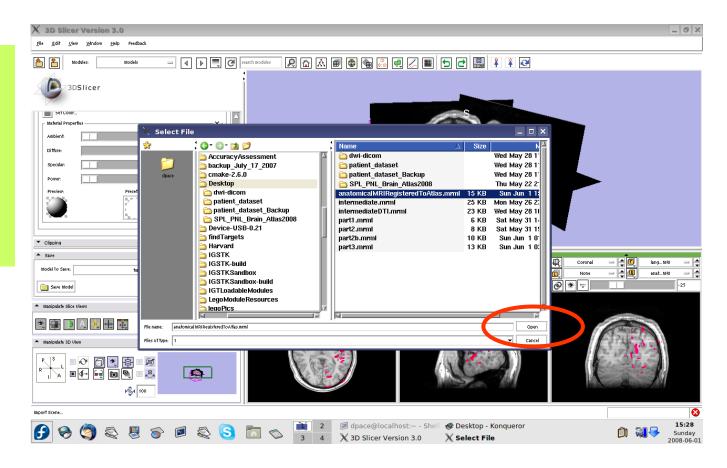
Note: Make sure that you select "Import Scene" and not "Load Scene", as "Load Scene" will delete your work so far





Import the patient-atlas registration transform scene

Select
"anatomical
MRI Registered
ToAtlas.mrml",
then click
"Open"

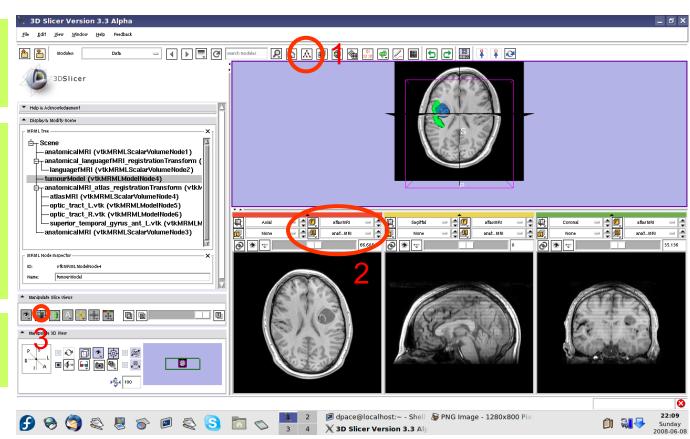




Open the Data module

Set the foreground to atlasMRI and the background to anatomicalMRI

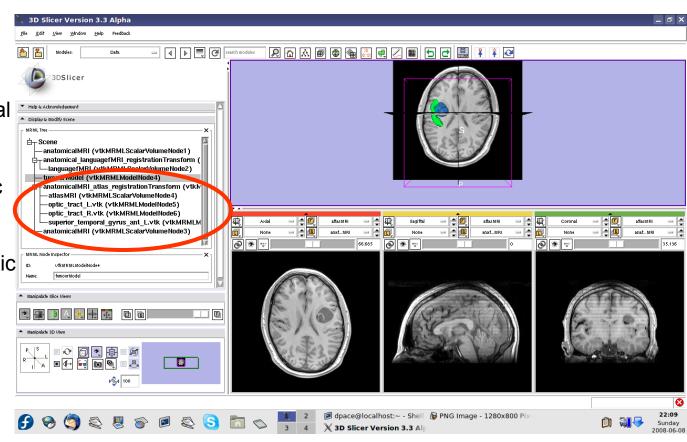
Click on the "fit to window" button





Inspect the atlas MRML scene - 6 new nodes

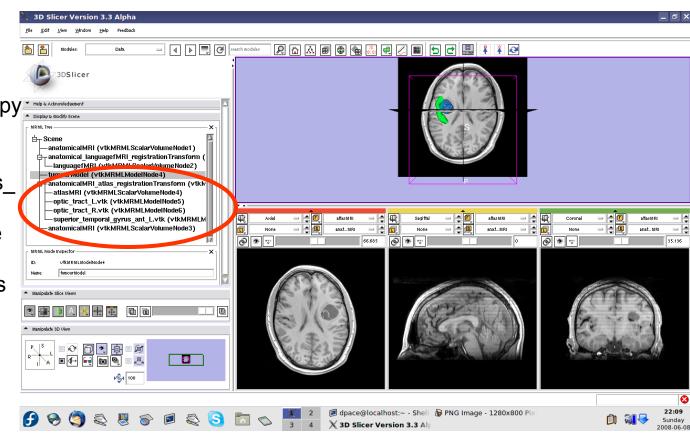
- atlasMRI = anatomicalMRI from the atlas
- optic_tract_L.vtk =
 model of the left optic
 tract
- optic_tract_R.vtk = model of the right optic tract
- Superior_temporal_ gyrus_ant_L.vtk = model of the left anterior superior temporal gyrus





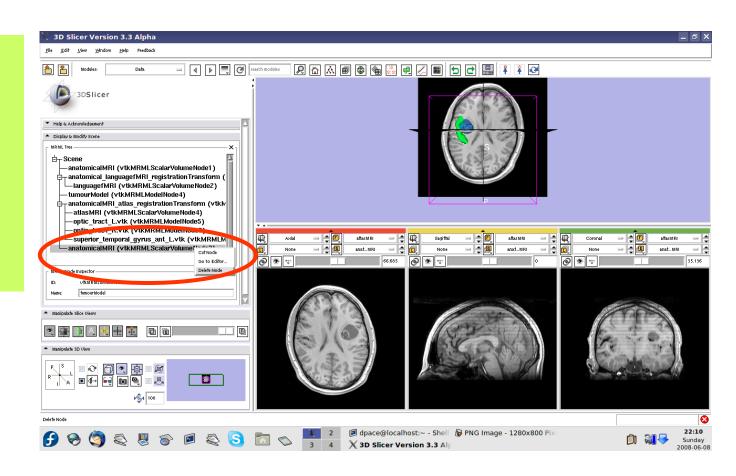
Inspect the atlas MRML scene - 6 new nodes

- anatomical MRI = copy of the patient's anatomical MRI
- anatomicalMRI_atlas_ registration
 Transformation = the transformation
 between the patient's anatomical MRI and the atlas's MRI





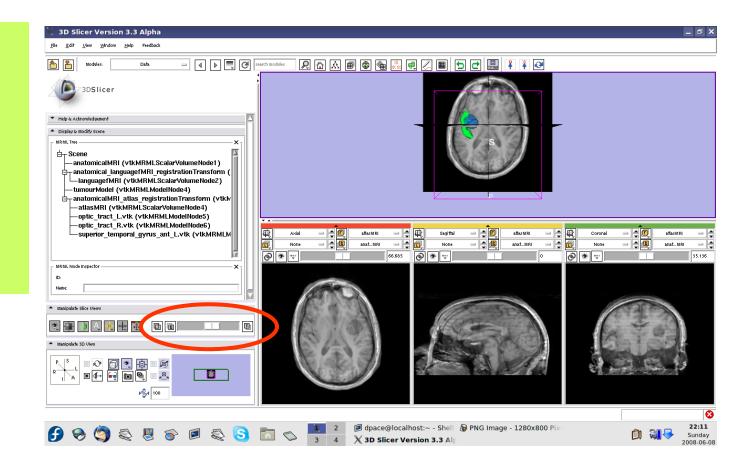
Delete the duplicate anatomicalMRI node by right-clicking and selecting "Delete Node"





Inspect the patient-atlas registration

Scale the opacities to see how well the atlas MRI and patient anatomical MRI image volumes are aligned





Inspect the patient-atlas registration

- Important note: Since an affine registration was used, the brain structure models from the atlas may not match the anatomy of the patient:
 - Affine registration does not account for differences in brain shape
 - The patient's tumour will deform brain structures compared to the healthy atlas subject
- Thus the brain structure models give only a rough idea of their positions in the patient
- Non-linear registration could be used to partially remedy this - ex. B-Spline registration in Slicer3

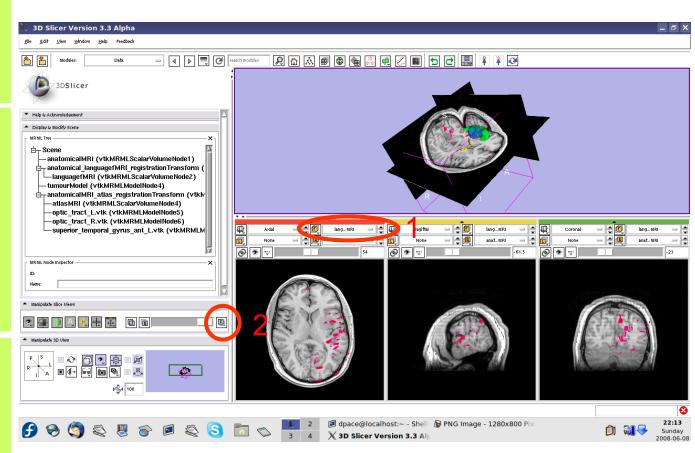


Inspect the entire scene so far

Set the foreground to languagefMRI

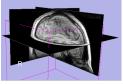
Click on the Foreground layer button to show the language fMRI data

Slice through the image volume to get a good view

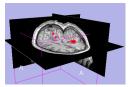




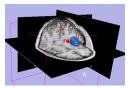
Overview



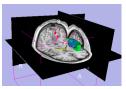
1. Loading and visualizing anatomical MRI data



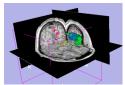
 Incorporating fMRI data using image registration and thresholding



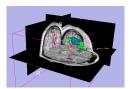
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



1. Incorporating brain fiber tractography from diffusion weighted images



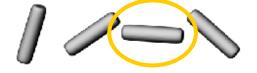
Annotating the preoperative plan and saving the scene



Diffusion Sensitizing Gradients

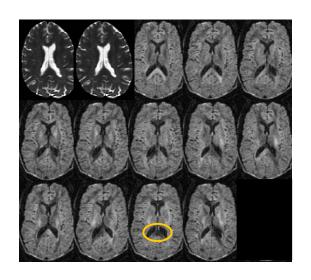








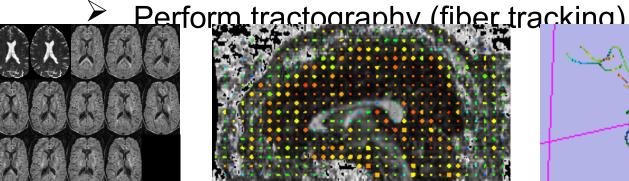
Diffusion Weighted Images



 Each diffusion weighted image shows the diffusion of water in the direction of the diffusion sensitizing gradient



- Acquire diffusion weighted images (DWI) and baseline images
 - Estimate a tensor at each voxel to create a Diffusion Tensor Image (DTI)
 - Calculate a scalar "diffusion anisotropy index", such as fractional anisotropy, to quantify the diffusion's anisotropy





Utility of Diffusion Tensor Imaging in IGT:

- Major tracts that run between functionally important regions of the brain must remain intact to prevent side effects for the patient
- Knowing where these tracts are allows us to modify our surgical plan so that we avoid them (as much as possible)



Steps involved in this section:

Load and inspect the DWI data

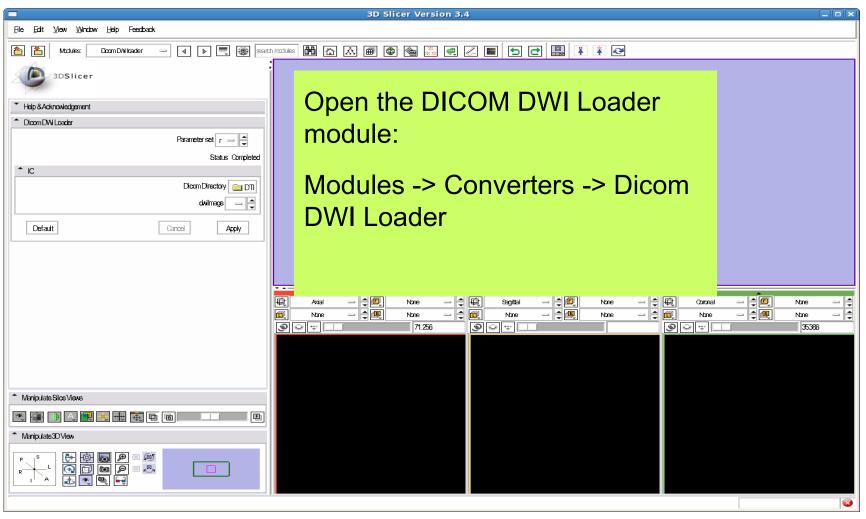
Create and inspect the tensors using a precomputed MRML scene

Place the tractography seed points

Perform tractography

Registration using a precomputed MRML scene

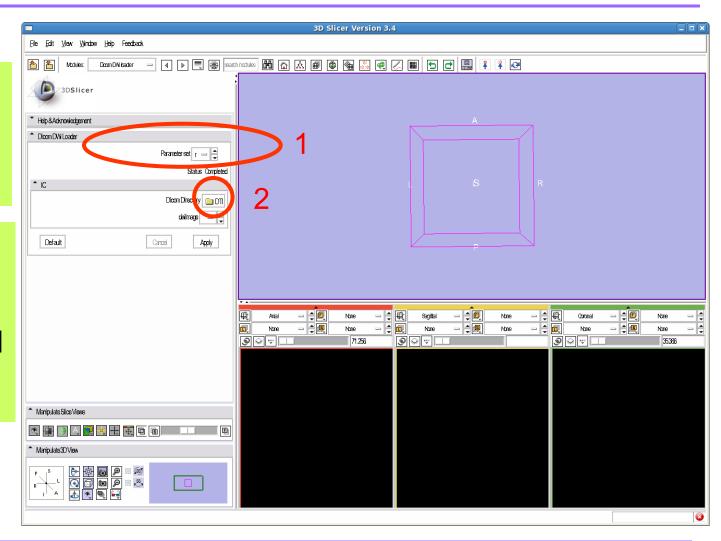






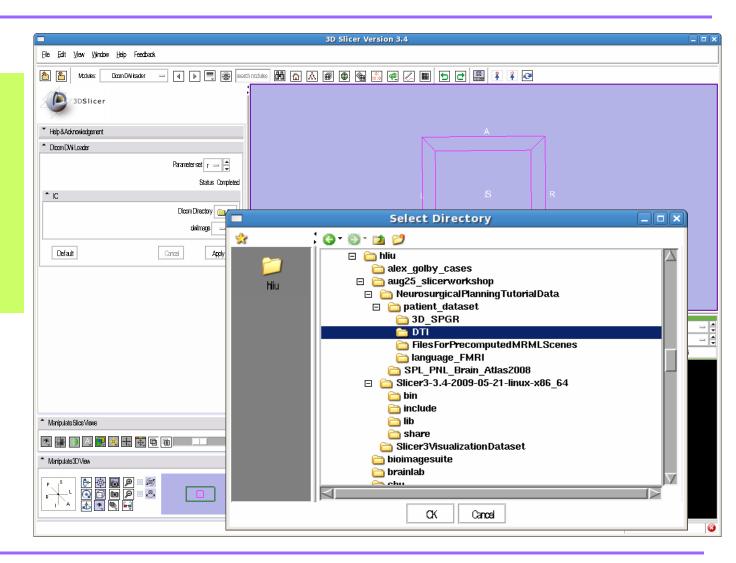
Create a new CommandLine Module

Click on the folder icon to set the DICOM directory





Click on the DTI folder within the patient dataset, then click "OK"

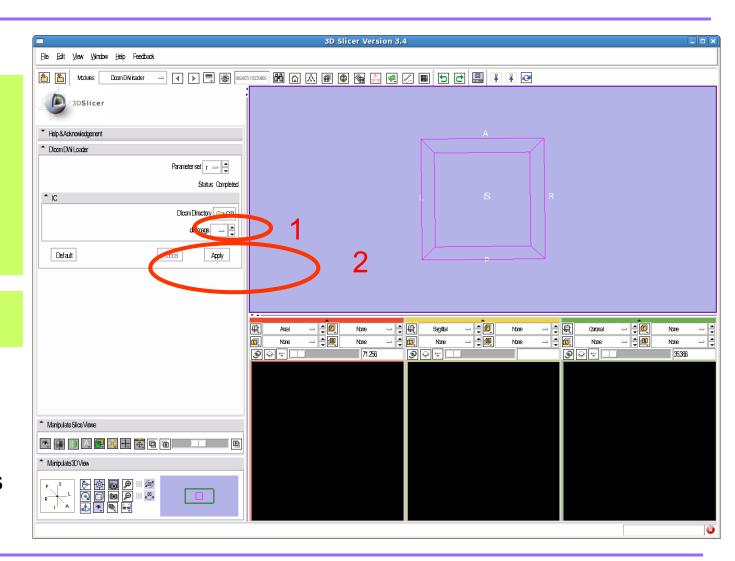




Set the dwilmage to "Create New Diffusion Weighted Volume"

Click "Apply"

This step may take a few minutes. Wait until Status says "Completed"

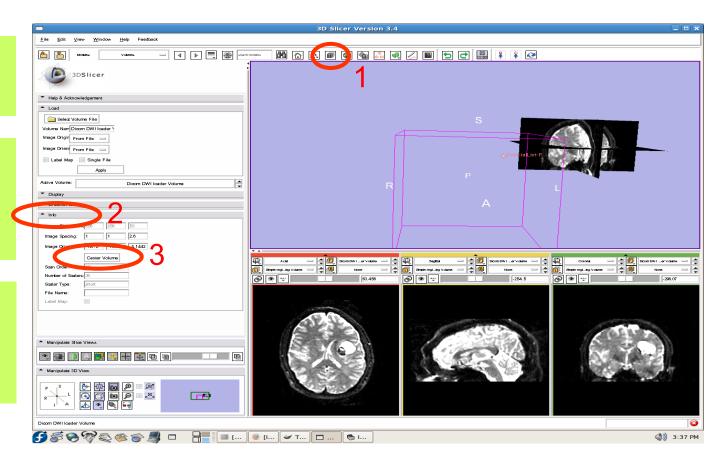




Select the Volumes Module

Close "Display" tab and expand "Info" tab.

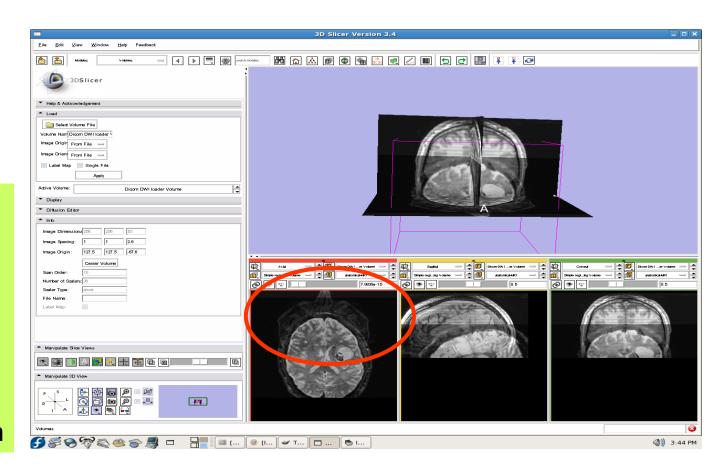
Select "Center Volume"





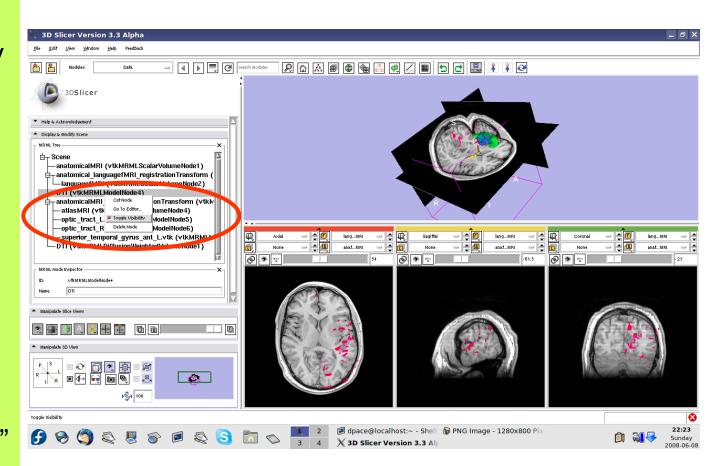
Note that the volumes are not correctly aligned.

Repeat the steps from slide 41 to align the volumes using manual transform followed by affine registration





Turn the visibility off for the four models in the scene (tumour, left and right optic tracts, and left anterior superior temporal gyrus) by right-clicking and selecting "Toggle Visibility"

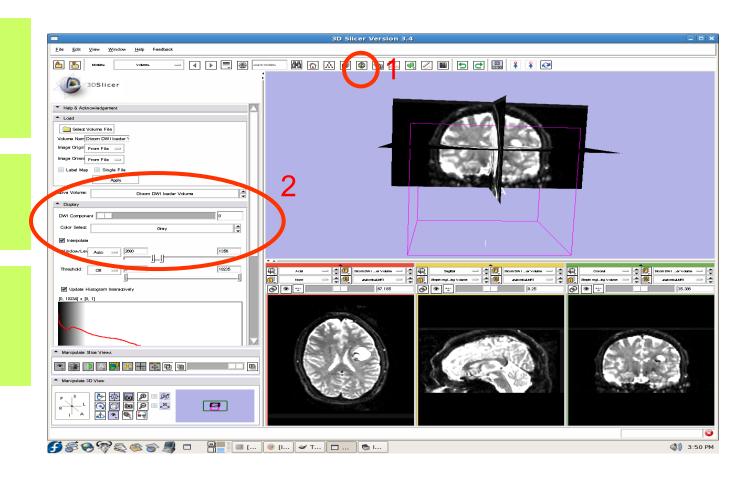




Open the Volumes module

Open the Display pane

Set the active volume to the DTI volume



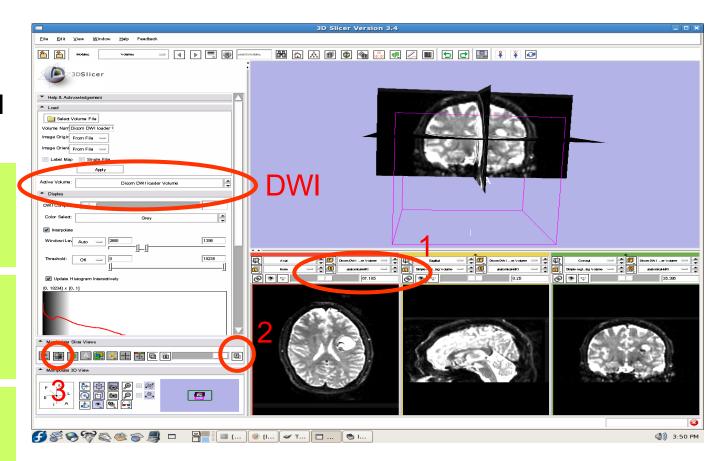


Note that the Display pane now allows you to select the DWI volume

Set the background to DTI

Click on the Background layer button

Click on the "fit to window" button

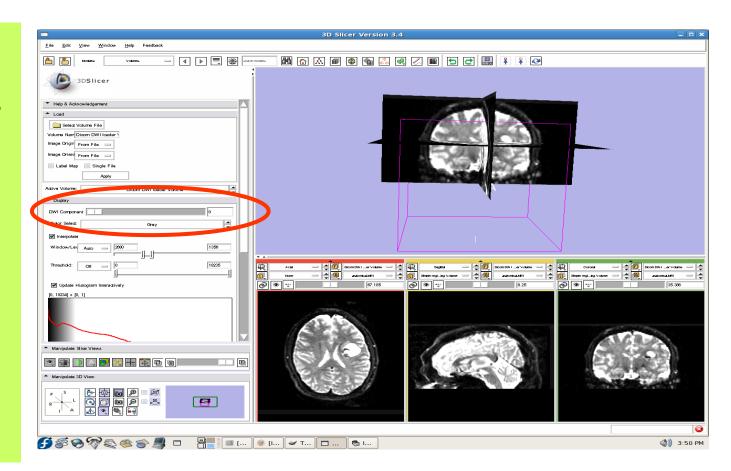




Scroll through the 36 volumes in the set:

-0 to 4 are baseline images

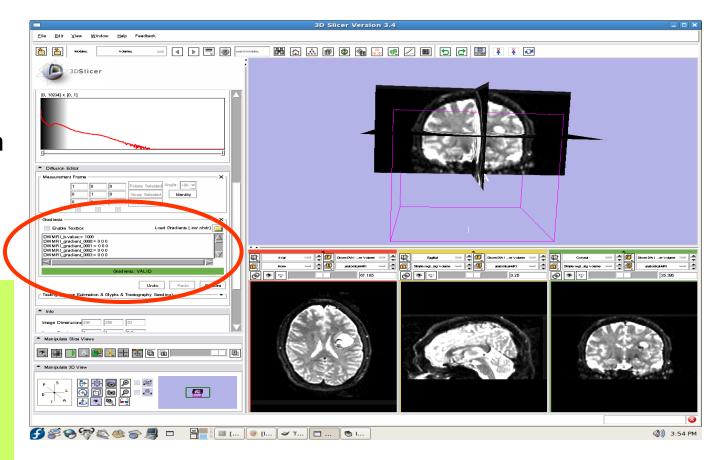
-5 to 35 are diffusion weighted images





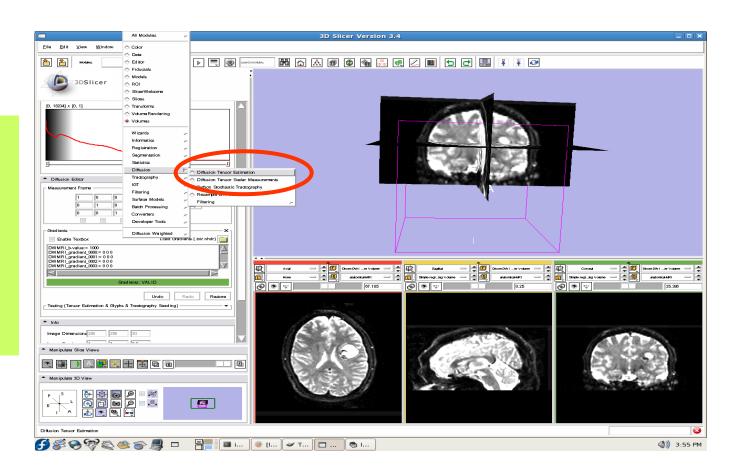
Note that the Diffusion Editor pane within the volumes module is activated when diffusion weighted images are loaded

Expand the Diffusion Editor pane and note the gradients used to acquire the images





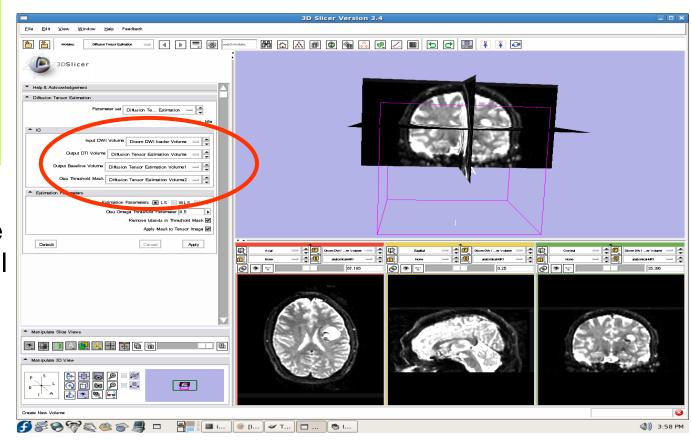
Select the Module "Diffusion Imaging -> Diffusion Tensor Estimation"





Set the three "Output" fields to "Create New DiffusionTensor Volume"

You would click
"Apply" to compute
the tensors, but will
upload a MRML
scene of
precomputed
tensors because
computing tensors
takes a while

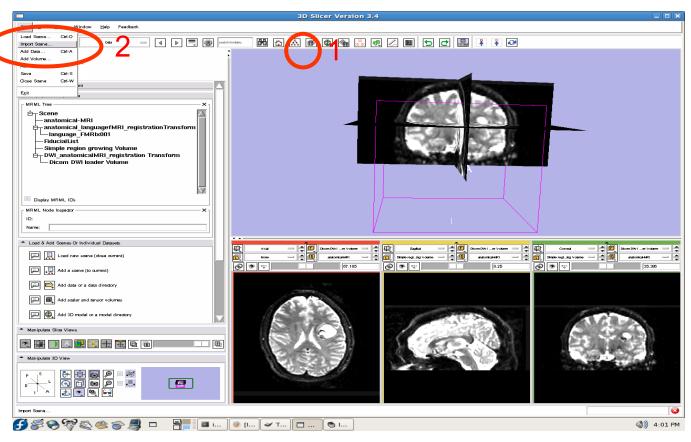




Open the Data module

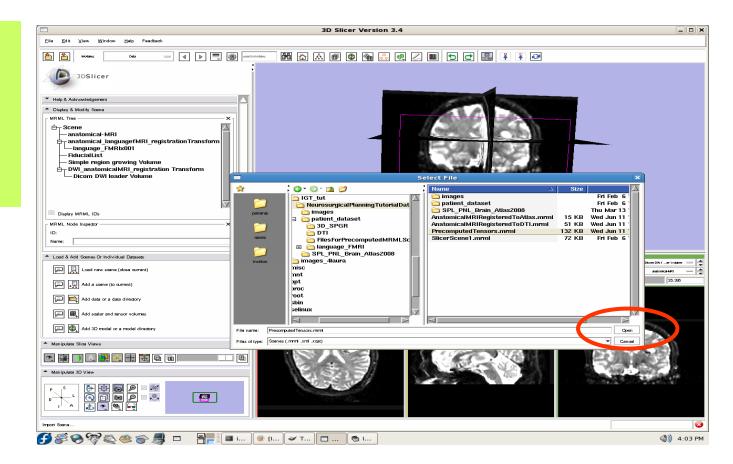
Select File -> Import Scene

Note: Make sure that you select "Import Scene" and not "Load Scene", as "Load Scene" will delete your work so far





Select
"precomputed
Tensors.mrml",
then click
"Open"

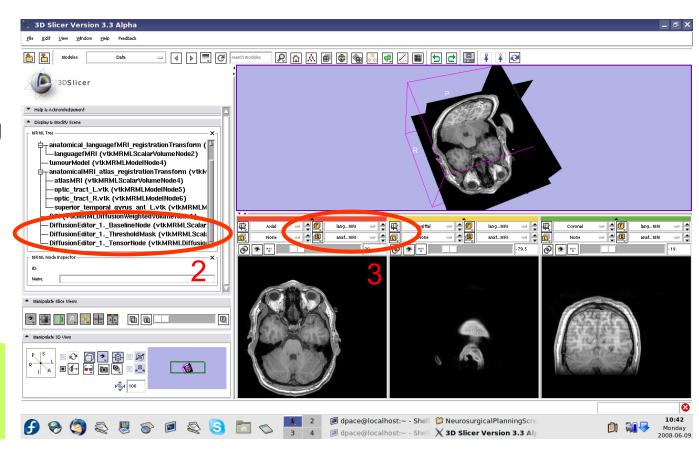




3 new nodes:

- Baseline Node:image withoutdiffusion weighting
- Threshold Mask: mask excluding the background
- TensorNode =
 the tensors

Set the background to the tensor node

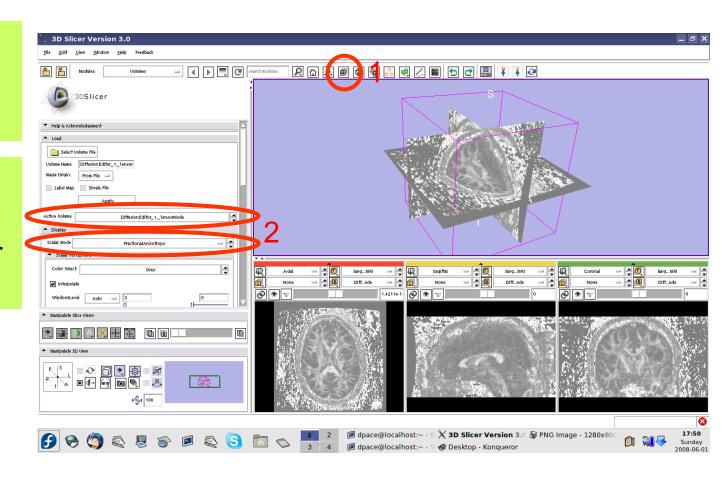




Open the Volumes module

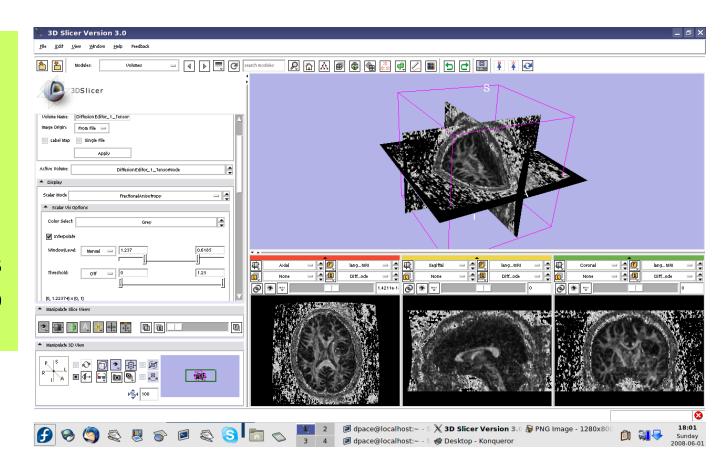
Set the active volume to the diffusion tensor node

The fractional anisotropy is displayed by default





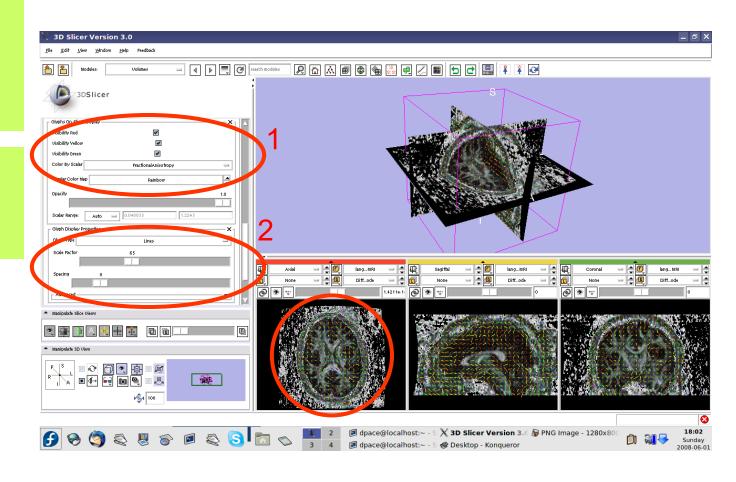
Set the
Window/Level
to Manual and
adjust the
levels to invert
the image so
that the tensors
will be easier to
see





Scroll down and turn the glyphs on for all three views

Adjust the scale factor and the spacing

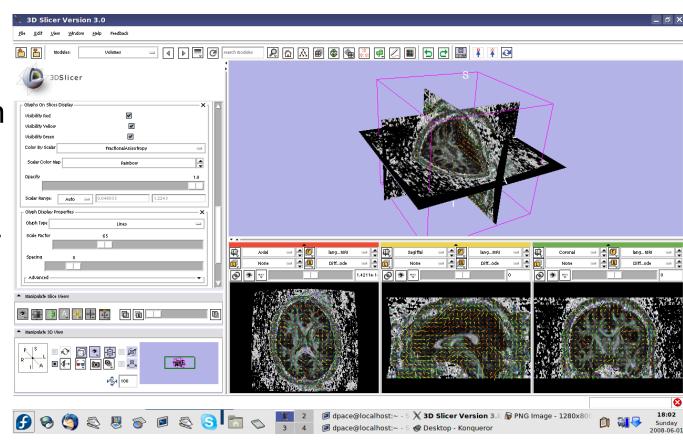




Line direction: the direction of the tensor's main eigenvector

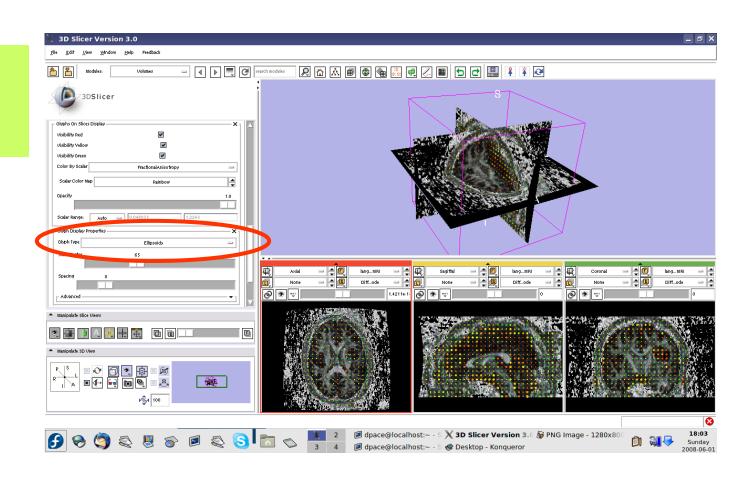
Line magnitude: the magnitude of the diffusion

Line colour: fractional anisotropy



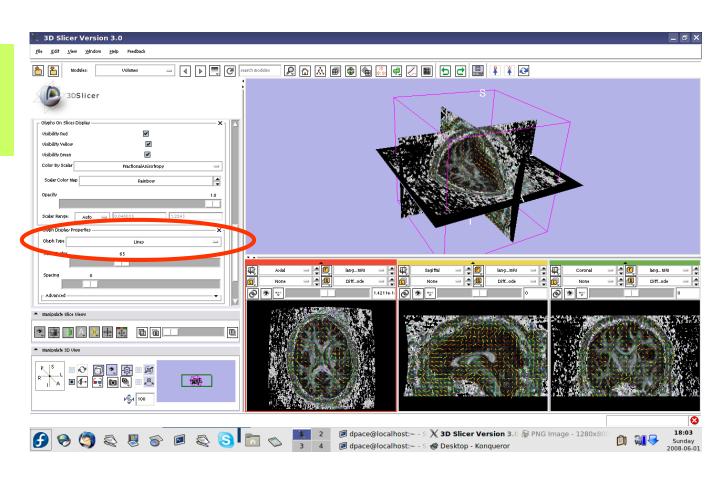


Change the Glyph Type to "Ellipsoids"





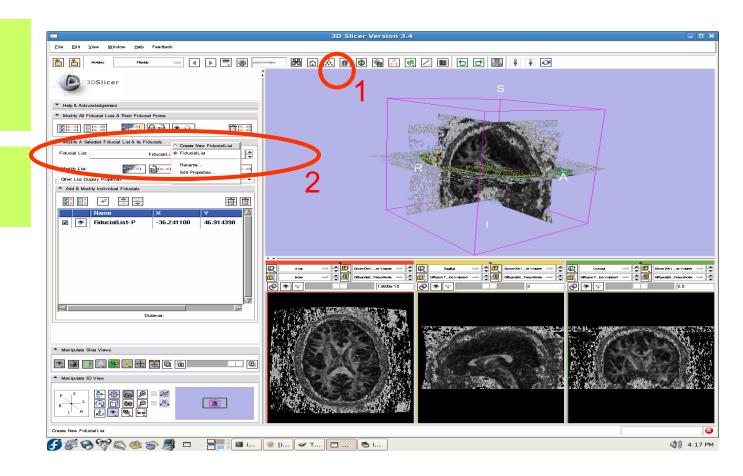
Change the Glyph Type back to "Lines"





Open the Fiducials module

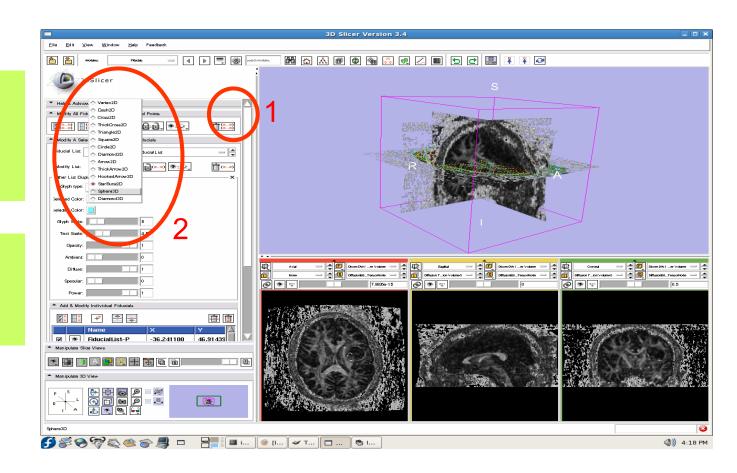
Create a new Fiducial List





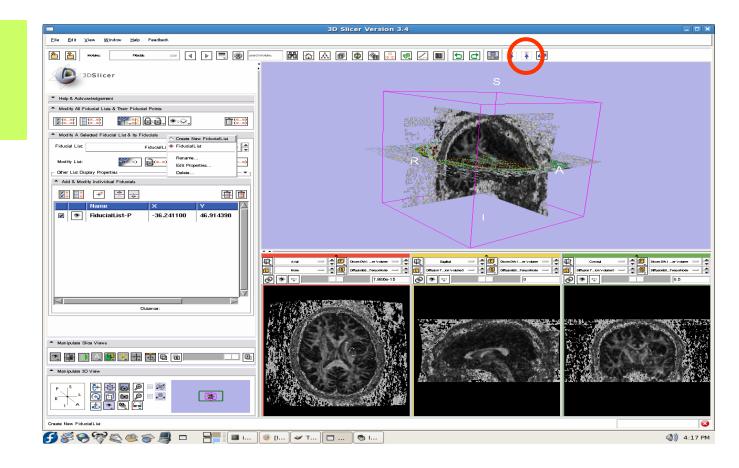
Expand "Other Display List Properties."

Set the glyph type to Sphere3D





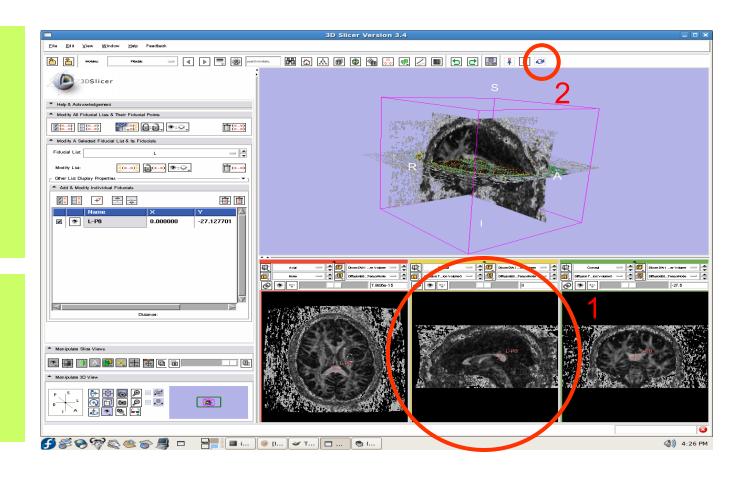
Set the mouse mode to "place items"





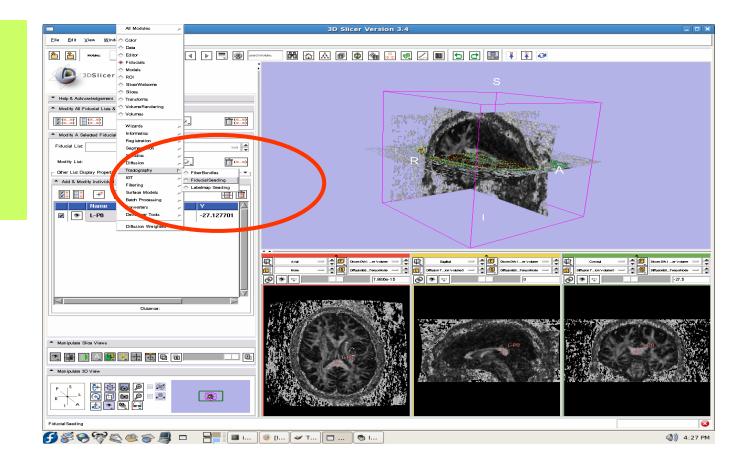
Click to place one fiducial point in the corpus callosum

Set the mouse mode to "transform view"



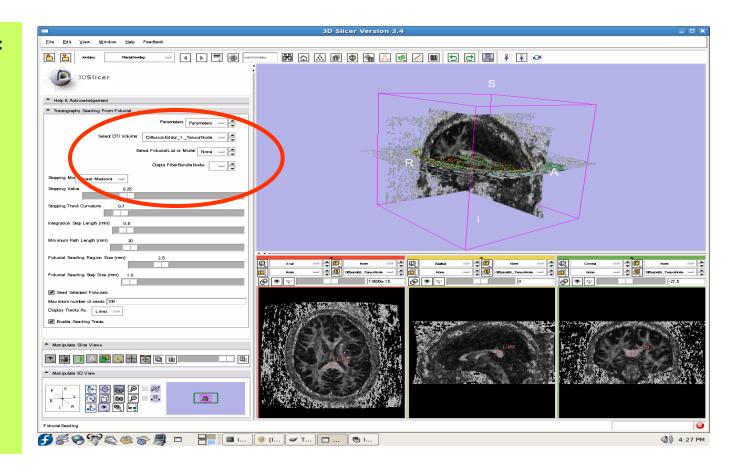


Open the tractography "Fiducial Seeding" module





- DTI volume =DiffusionEditor_1_TensorNode
- Fiducial list = FiducialList2
- OutputFiberBundleNode =Create NewFiber Bundle

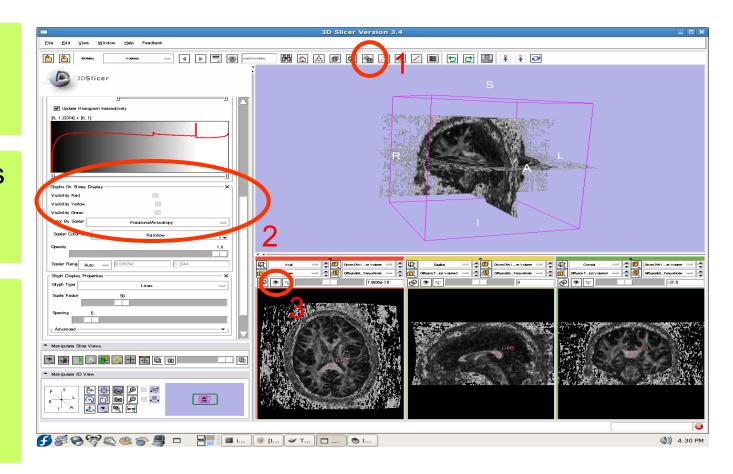




Open the Volumes module

Turn the glyphs off for all three views

Click on the "visibility" button to turn off the slice visibility

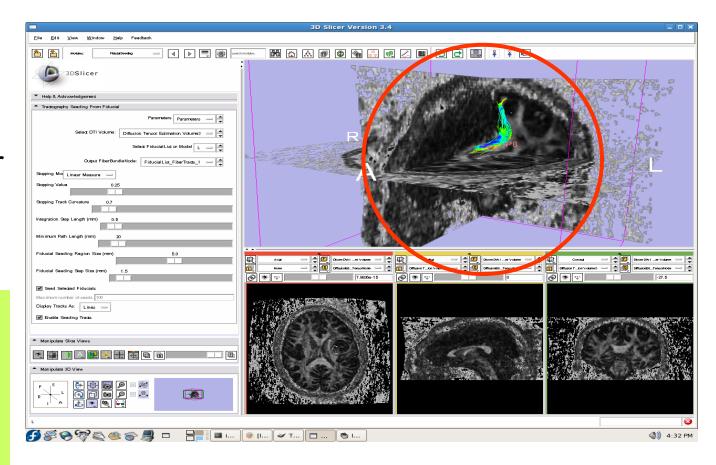




One tract is generated for each fiducial

The tract colour is the fractional anisotrophy by default.

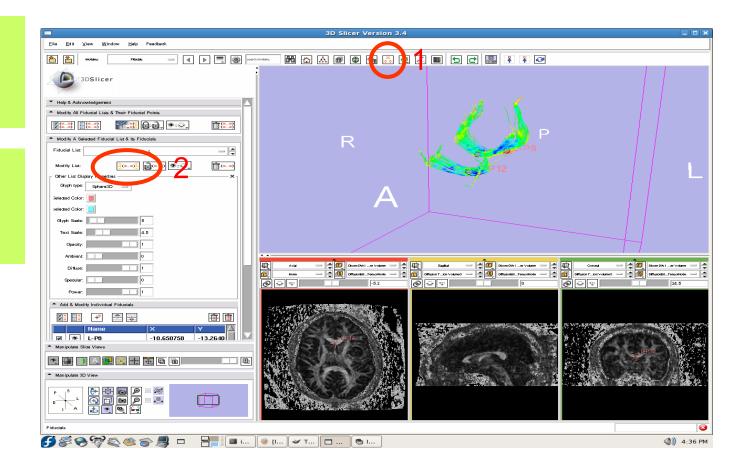
Click and drag the pink sphere in 3D view to interactively select tracts.





Open the Fiducials module

Turn off the visibility of the fiducials

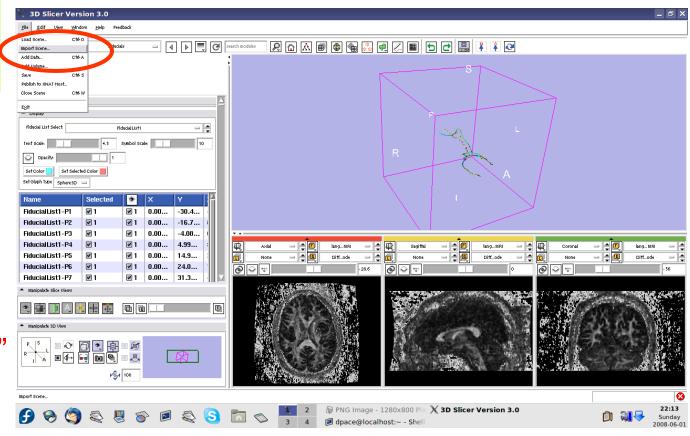




Import the anatomical-DTI registration transform

Select File -> Import Scene

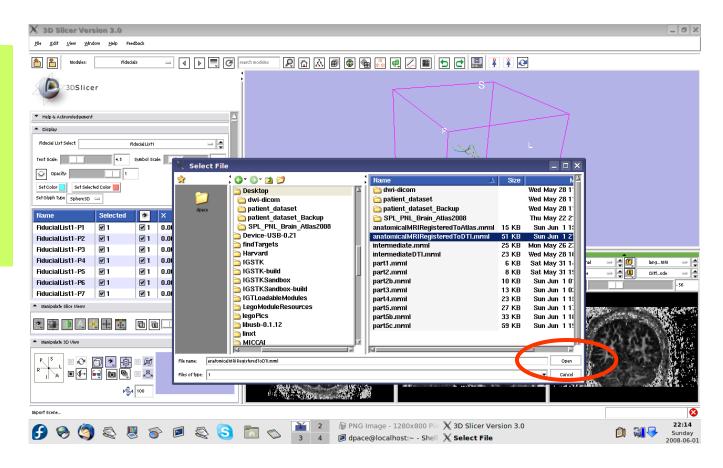
Note: Make sure that you select "Import Scene" and not "Load Scene", as "Load Scene" will delete your work so far





Import the anatomical-DTI registration transform

Select
"anatomical
MRI Registered
ToDTI.mrml",
then click
"Open"

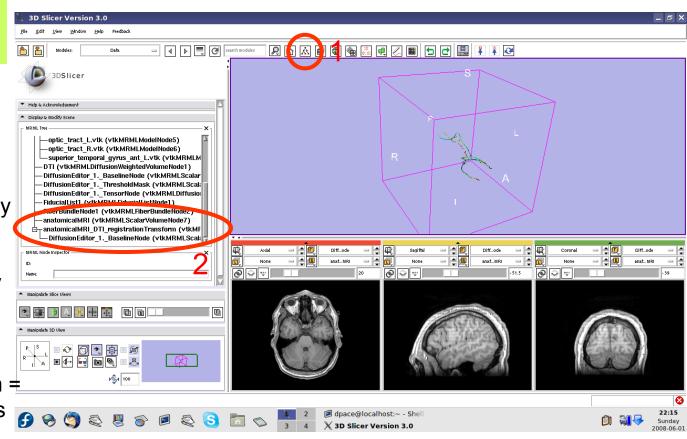




Open the Data module

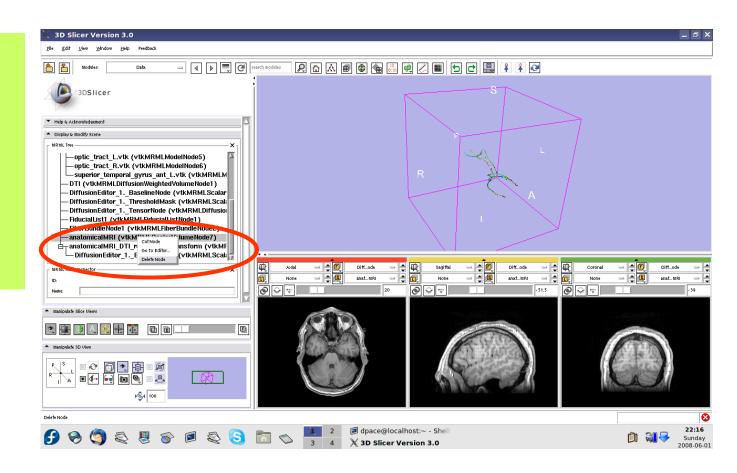
Inspect the atlas MRML scene - 3 new nodes

- anatomicalMRI = copy of the patient's anatomical MRI
- BaselineNode = copy of the patient's DTI baseline node
- anatomicalMRI_DTI_
 registrationTransform =
 aligns the DTI images
 with the anatomical
 image



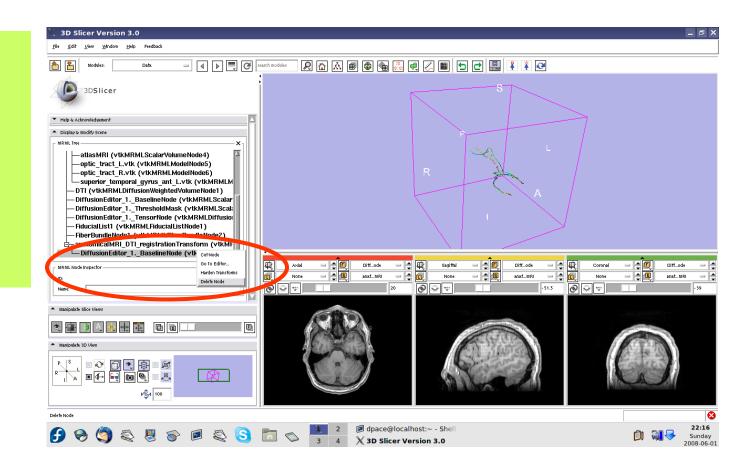


Delete the duplicate anatomicalMRI node by right-clicking and selecting "Delete Node"



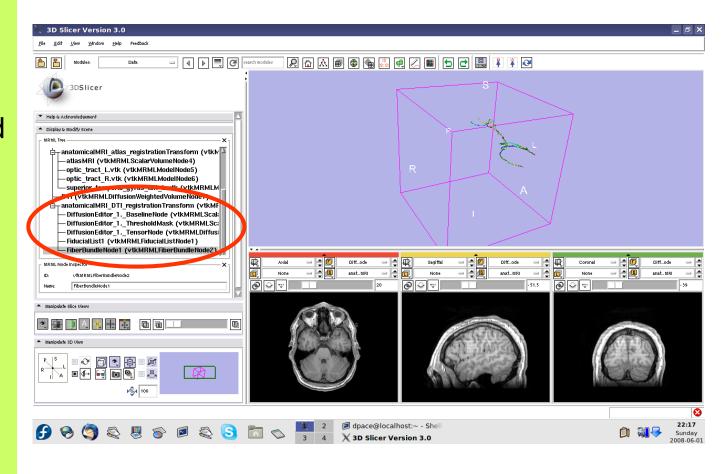


Delete the duplicate BaselineNode node by right-clicking and selecting "Delete Node"





Drag the three diffusion editor nodes, the fiducial list used to seed the tractography and the fiber bundle node under the anatomicalMRI registration **Transform**

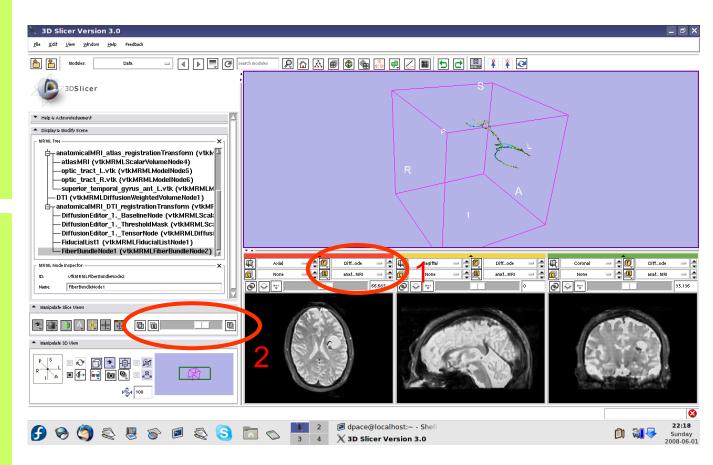




Inspect the anatomical MRI-DTI registration

Set the foreground to the baseline DTI node and the background to anatomicalMRI

Scale the opacities to see how well the atlas MRI and patient anatomical MRI image volumes are aligned

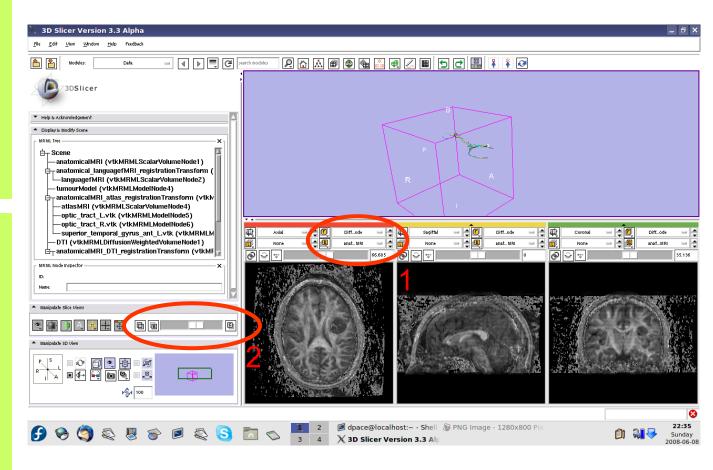




Inspect the anatomical MRI-DTI registration

Set the foreground to the tensor node and the background to anatomical MRI

Scale the opacities to see how well the DTI FA map and patient anatomical MRI image volumes are aligned

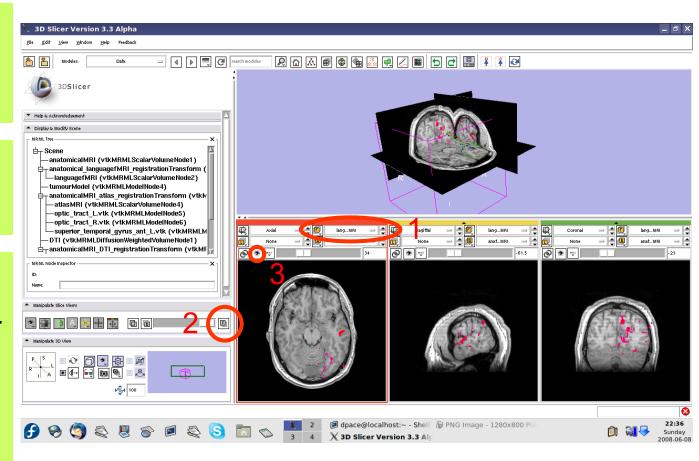




Set the foreground to languagefMRI

Click on the "visibility" button

Click on the Foreground layer button to show the language fMRI data



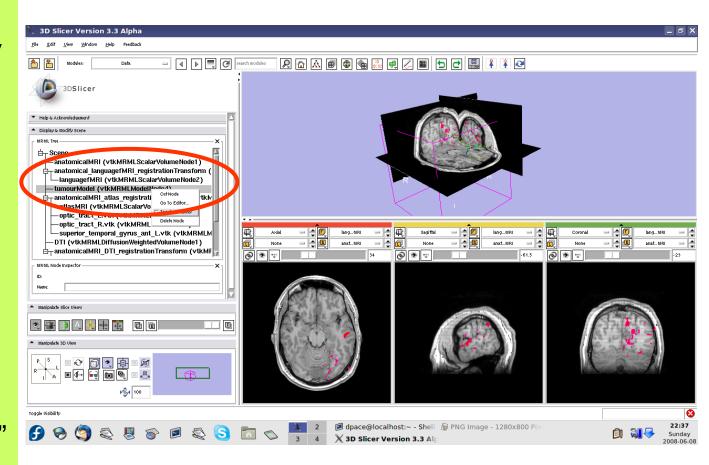


Slice through the image volume to get a good view



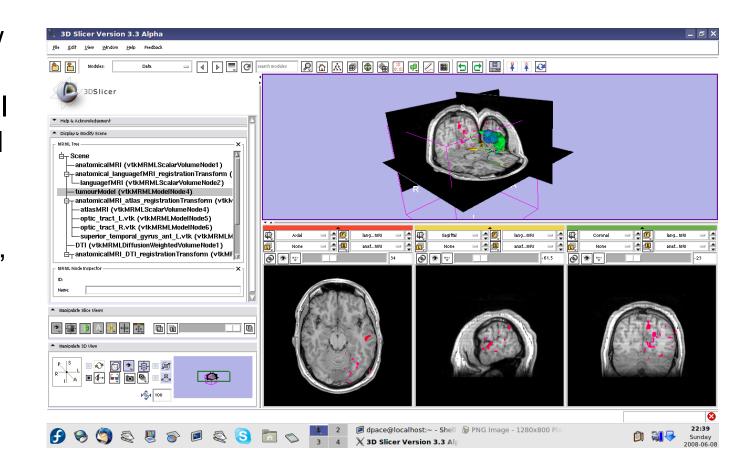


Turn the visibility on for the four models in the scene (tumour, left and right optic tracts, and left anterior superior temporal gyrus) by right-clicking and selecting "Toggle Visibility"



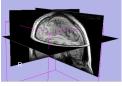


The scene now contains anatomical MRI data, functional MRI data, a segmented tumour volume, estimates of other brain structures and brain fiber tractography

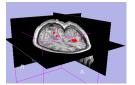




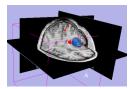
Overview



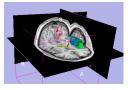
1. Loading and visualizing anatomical MRI data



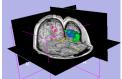
Incorporating fMRI data using image registration and thresholding



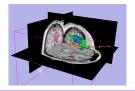
1. Creating a 3D model of the tumour volume



1. Predicting the locations of brain structures using image registration and a brain atlas



 Incorporating brain fiber tractography from diffusion weighted images



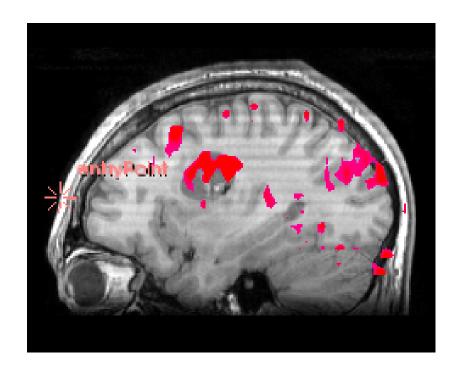
1. Annotating the preoperative plan and saving the scene



Plan annotation

Utility of plan annotation in IGT:

 Surgeons can mark important points on the plan, such as the planned surgical access point, so that their notes can be brought into the operating room





Plan annotation

Steps involved in this section:

Mark the entry point and the tumour access point on the plan

Measure the distance between the two points

Save the scene



Annotate the plan

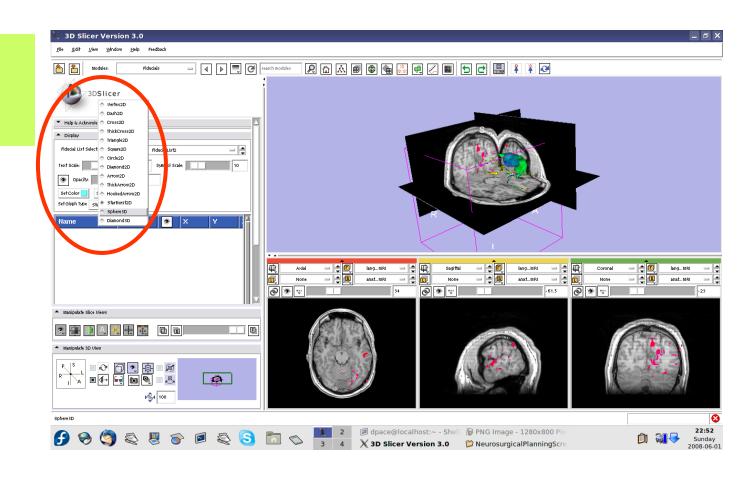
Open the Fiducials module

Create a new Fiducial List



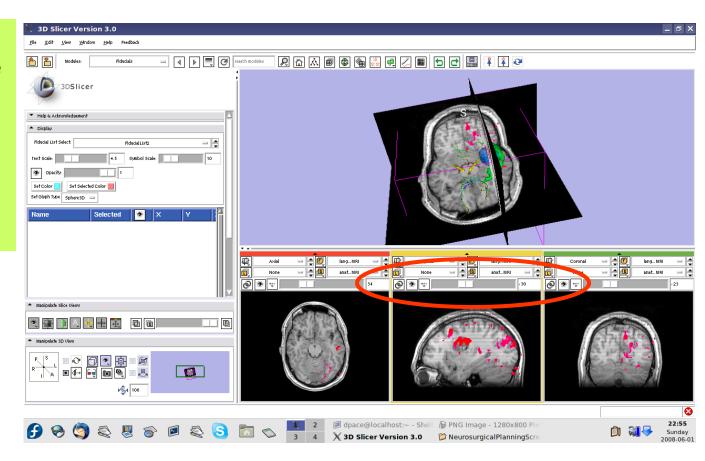


Set the glyph type to Sphere3D



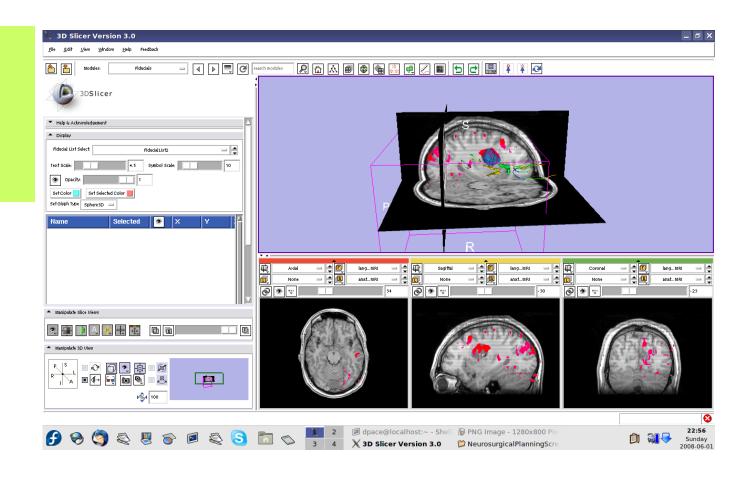


Slice through the sagittal plane until it roughly bisects the tumour volume



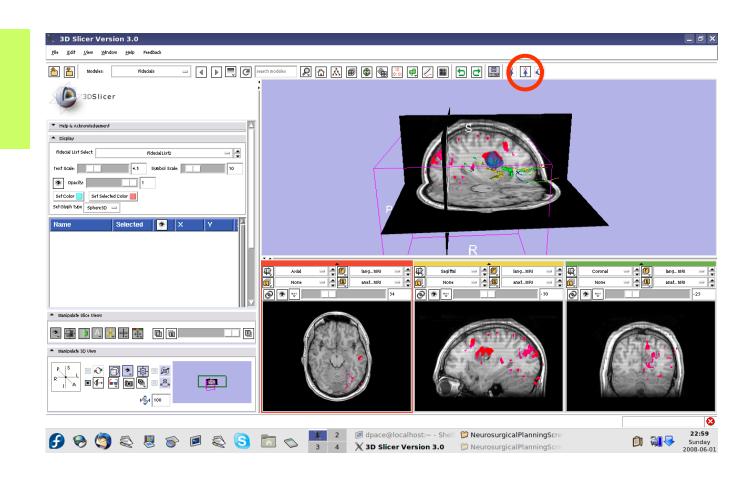


Adjust the 3D Viewer to get a view from the right



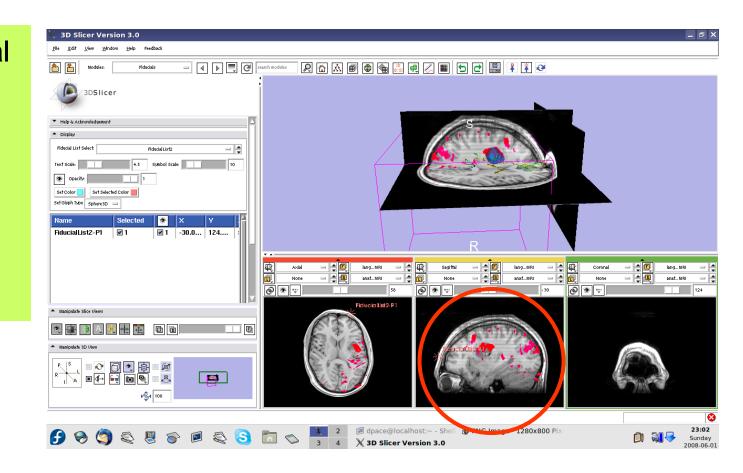


Set the mouse mode to "place items"



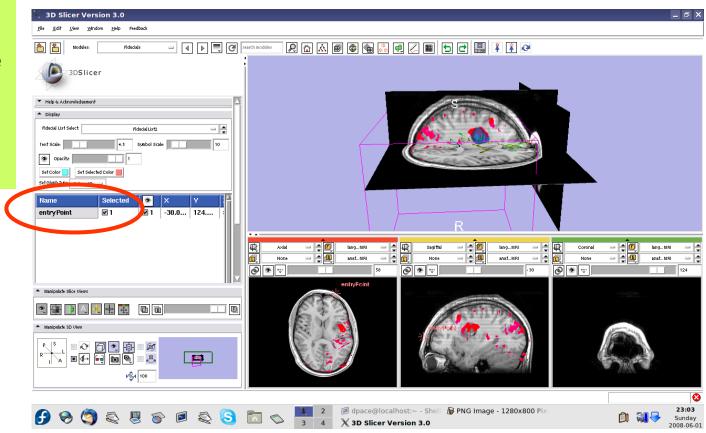


Place a fiducial on the sagittal plane representing the planned entry point for the left frontal craniotomy



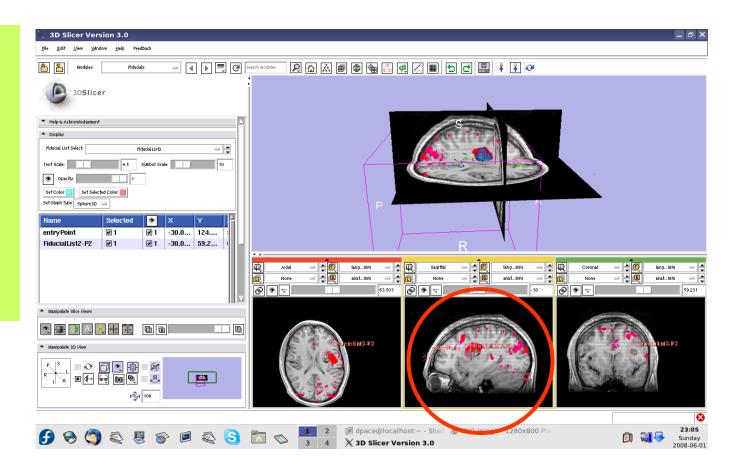


Double-click on the name of the fiducial and change it to "entryPoint"



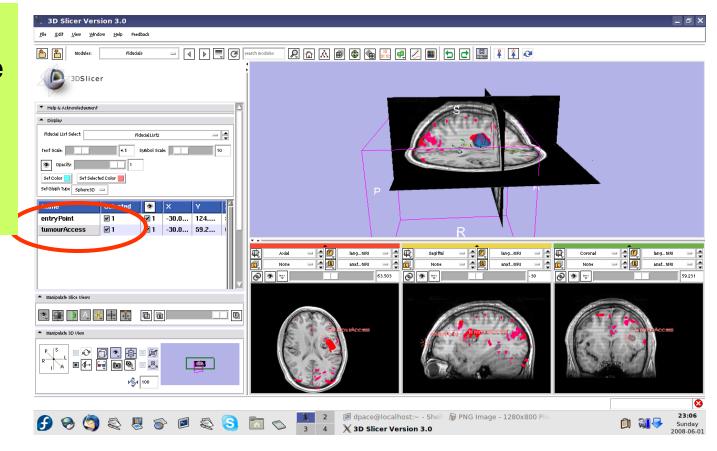


Place a fiducial on the sagittal plane representing the planned access point to the tumour





Double-click on the name of the fiducial and change it to "tumour Access"

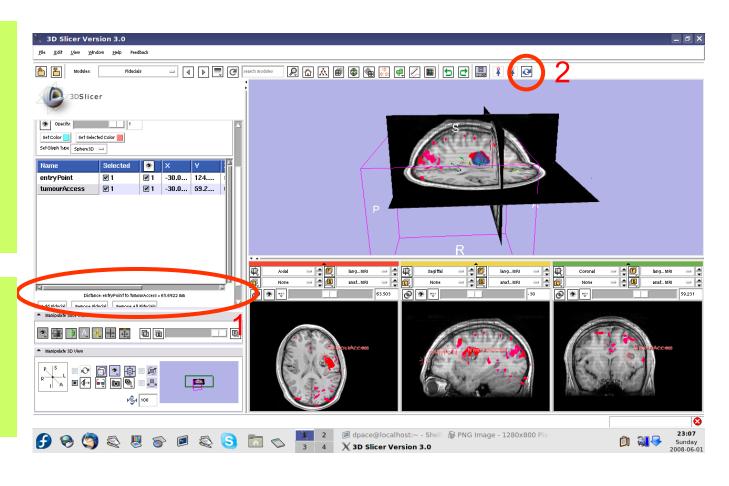




Distance measurements

Scroll down, and note that the distance between the two fiducials is shown

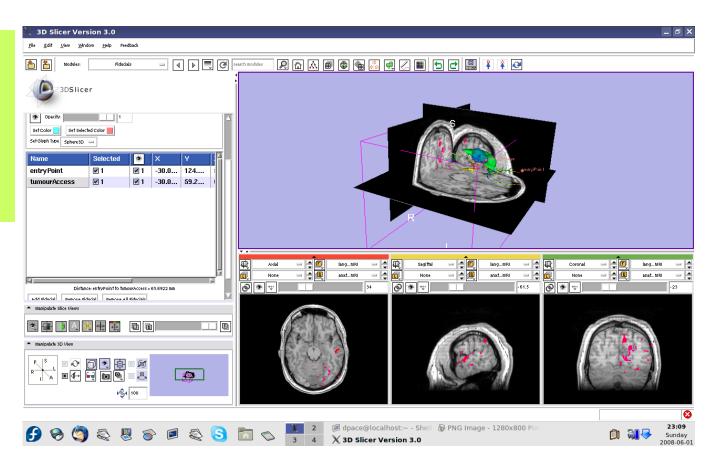
Change the mouse mode to "transform view"





Inspect the final scene

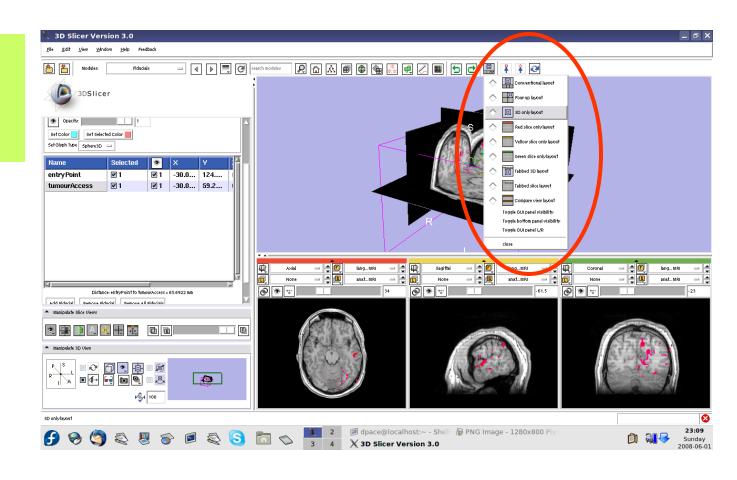
Slice through the image volume to get a good view





Inspect the final scene

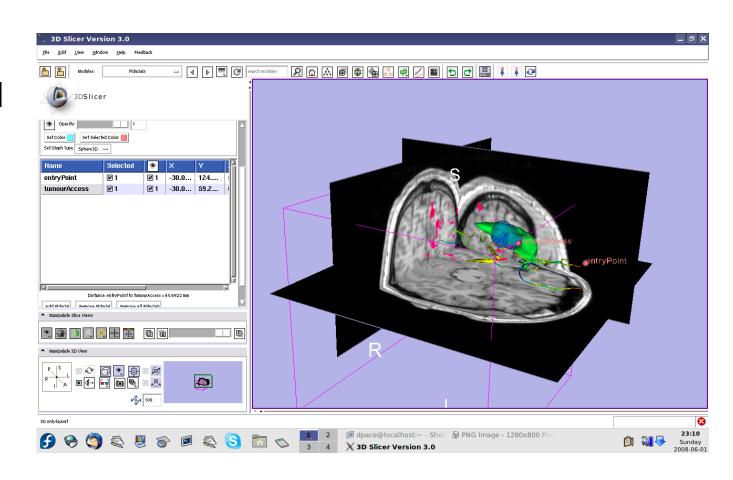
Set the layout to the "3D only layout"





Inspect the final scene

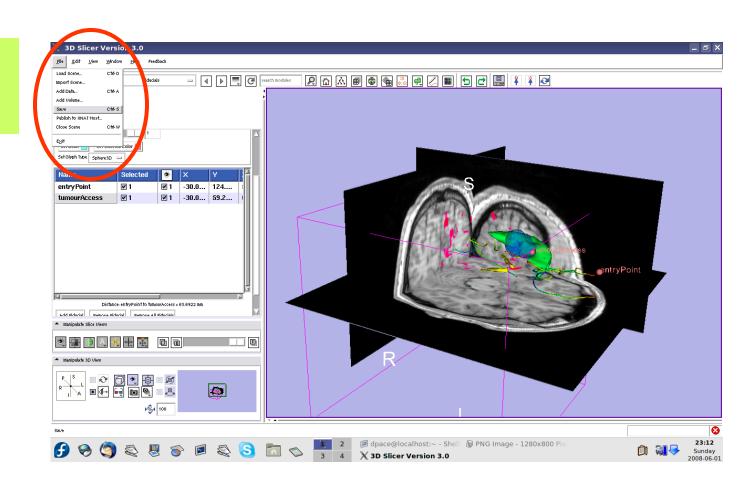
The result of neurosurgical planning





Save the scene

Select File -> Save



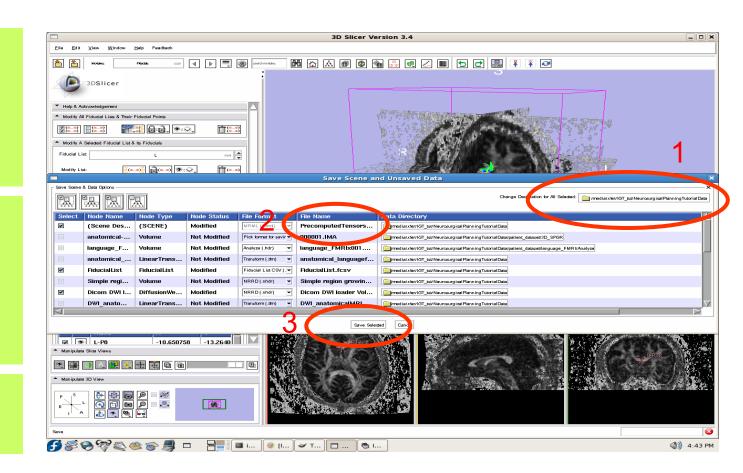


Save the scene

Click to set output directory for all files

Enter Scene Name under Node Type "Scene"

Click "Save Selected"





In this tutorial, you learned how to

- Register image volumes together
- Segment and build models of structures of interest
- Load diffusion weighted images, calculate tensors and perform fiber tractography

in order to build a preoperative neurosurgical plan incorporating

- anatomical MRI
- functional MRI
- a model of the tumour
- brain structure models
 from a registered atlas
- fiber tractography
- annotated fiducial points



Conclusions

- Slicer3 has extensive support for Image Guided Therapy
- Slicer3 is free open-source software that allows IGT researchers to share algorithms and work within a common framework



For more information...

Image registration:

Read about the mutual information similarity measure here:

Wells, S. *et al.*, Multi-modal volume registration by maximization of mutual information. Medical Image Analysis, 1(1):35-51 (1996).

Collignon, A. *et al.*, Automated multimodality image registration based on information theory. Proceedings of the International Conference on Information Processing in Medical Imaging, 263-274 (1995).



For more information...

Model Making:

- Slicer3 uses the marching-cubes algorithm to generate models - read about it here:
 - Lorensen, W.E. and Cline, H.E. Marching cubes: a high resolution 3D surface construction algorithm. ACM SIGGRAPH Computer Graphics 21(4):163-169, 1987.



For more information...

Diffusion Tensor Imaging:

- A review on DTI:
 - Le Bihan, D. *et al.*, Diffusion Tensor Imaging: concepts and applications. Journal of Magnetic Resonance Imaging, 13:534-546 (2001)
- A review on tractography:
 - Mori, S. and van Zijl, P.C.M., Fiber tracking: principles and strategies a technical review. NMR in Biomedicine, 15:468-480 (2002)