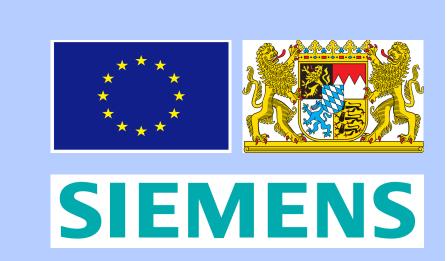
Multi-modal Surface Registration for Markerless Initial Patient Setup in Radiation Therapy using Microsoft's Kinect Sensor

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Coarse Initial Patient Setup in Fractionated Radiation Therapy

- Patient setup reproducibility in fractionated radiation therapy (RT): Prior to each fraction, the oncological patient must be aligned to reference planning data
- Conventional coarse initial setup: Manual procedure using lasers + skin markers → tedious, time-consuming and error-prone
- Non-radiographic setup verification using range imaging (RI) modalities:
- Automatic patient (re-)positioning at a fine scale
- Requires conventional coarse initial alignment

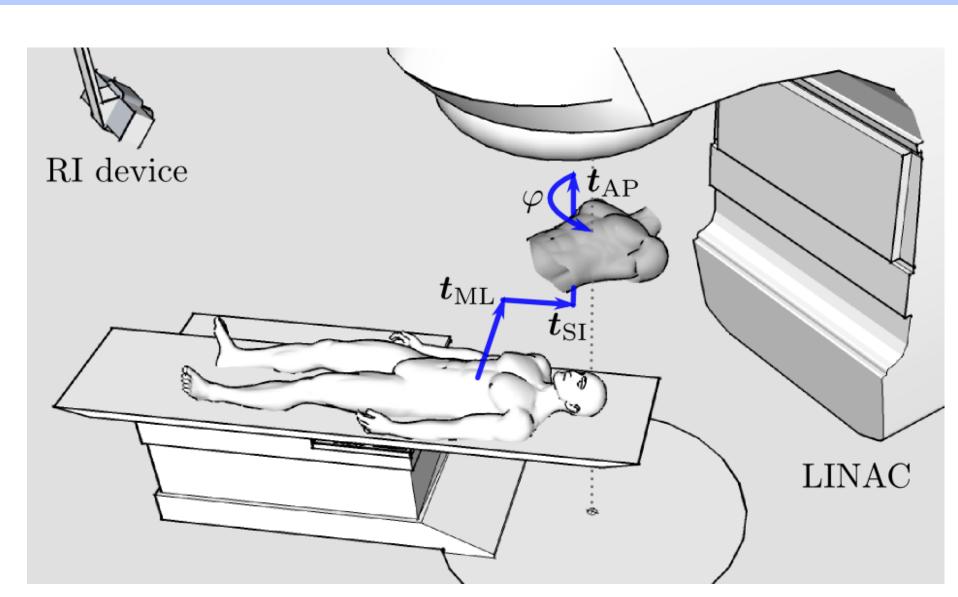


Fig. 1: Illustration of the proposed automatic coarse initial patient setup. The estimated transformation (blue) is applied to the treatment table.

- Goal: Markerless RI-based solution for automatic coarse initial patient setup → superseding the need for lasers and skin markers
- Idea: Estimate transformation from correspondences based on matching local surface descriptors
 - → capable of coping with partial matching
 - → capable of handling gross initial misalignments
- Challenge: Multi-modal surface description (CT/RI)
- → invariance to mesh representation and resolution
- → robustness to variations in topology that occur due to body distortion and respiratory motion

Surface Registration Framework

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- Point-based registration method matching local invariant descriptors:
- **1.** Encode local topology by invariant features \rightarrow sets of coordinate/feature pairs
- 2. Establish correspondences by descriptor matching (cross validation strategy)
- 3. Prune set of correspondences by geometric consistency analysis
- 4. Estimate rigid-body transformation w.r.t. treatment table coordinate system

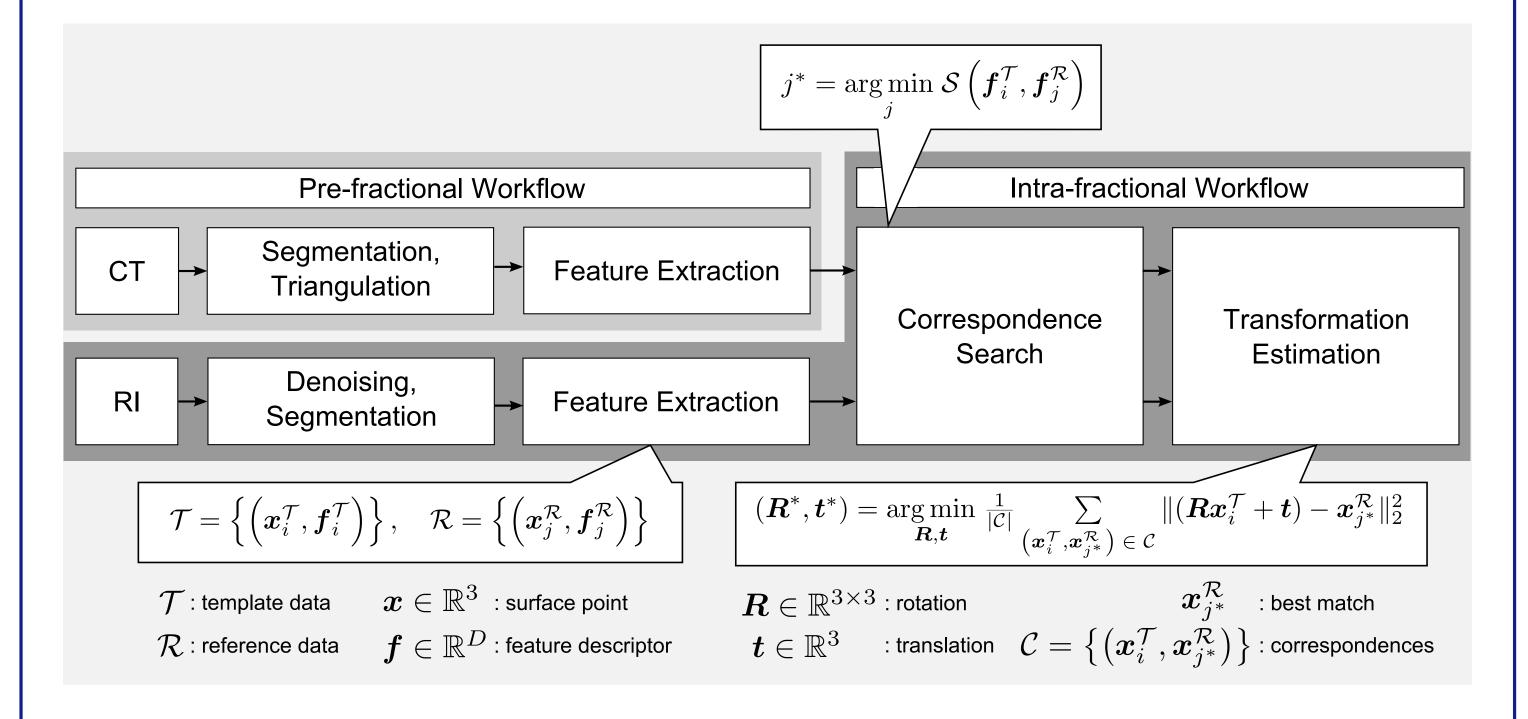
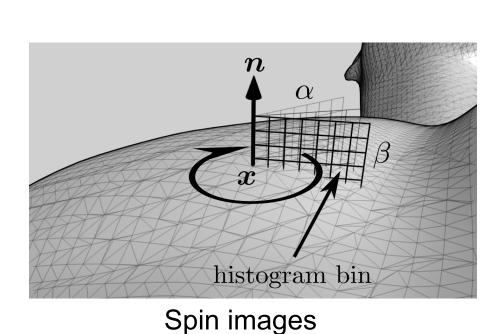


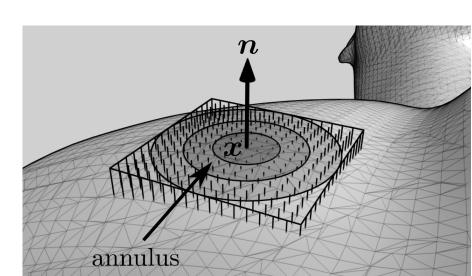
Fig. 2: Flowchart of the feature-based surface registration framework. Data propagates from left to right. The shading indicates the parts of the workflow that are performed prior to the first fraction.

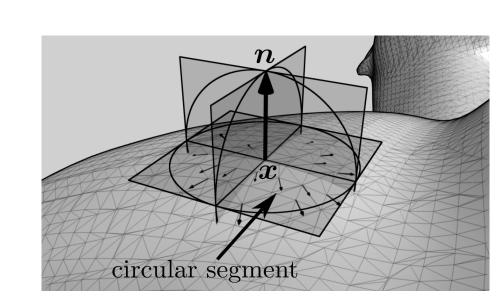
3-D Surface Descriptors

• Contribution: Extension of state-of-the-art descriptors to handle different mesh resolutions (multi-modal registration scenario) and topological variations that occur due to low signal-to-noise ratio of RI sensors.

Histograms trade-off descriptive power and positional precision for robustness and repeatability by compressing geometry into bins:







MeshHOG

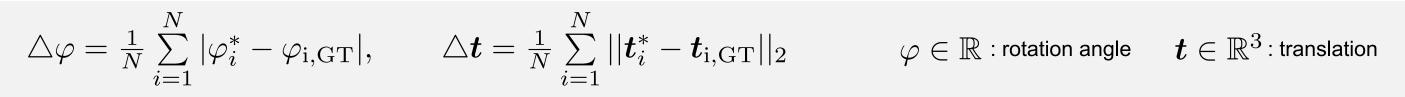
Baseline: Spin images [1]: Fixed metric bin width for multi-modal application

RIFF

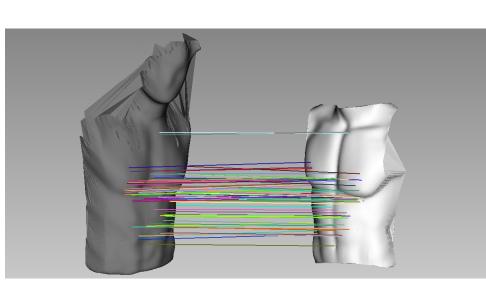
- RIFF [2]: Orthographic depth representation of the local 3-D surface topology w.r.t. tangent plane in a planar patch \rightarrow 2-D descriptors can be applied to surface data
- MeshHOG [3]: Extension of HOG for scalar fields defined on surface manifolds
 - → Circular uniform surface sampling [4] to cope with arbitrary mesh resolutions
 - → Scalar field: signed distance to local regression plane instead of curvature

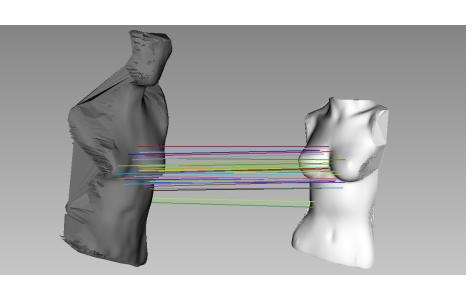
Experiments and Results

- Case study on real data from low-cost RI device (Microsoft Kinect)
- Data acquired in a clinical RT environment (Siemens ARTISTE)
- RI sensor: 240 mm from LINAC isocenter, 55° viewing angle, preprocessing: defect interpolation, temporal averaging (150 ms), edge-preserving filtering
- Evaluation: compare estimated transformation to ground truth for set of N poses:



- Multi-modal registration:
- Male (m) and female (f) anthropomorphic phantoms (CT/RI data)
- N = 20 different large initial misalignments [0, 200] mm, [0, 45]°
- Mono-modal registration:
- RI data from three healthy volunteers, captured at arbitrary respiration states
- N = 4 different large initial misalignments [0, 200] mm, [0, 10]°





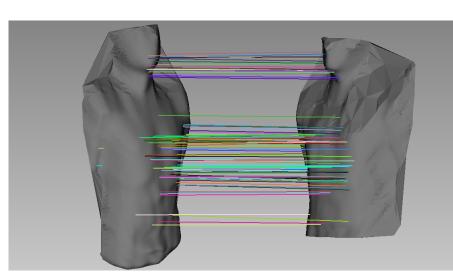


Fig. 3: Spatial distribution of point correspondences for multi-modal CT/RI (left, middle), for male and female phantom, and mono-modal registration (RI/RI), for volunteer data. Only a subset of the found correspondences is shown. Note the partial matching issue and the concentration of correspondences in regions with salient surface topology.

Descriptor	SR	Error	(m)	(f)	(m) & (f)	$\varphi_{\rm GT} \le 10^{\circ}$	$25^{\circ} \le \varphi_{\rm GT}$
MeshHOG	0.98	$\Delta \varphi$ [°]	1.0 ± 0.6	2.0 ± 1.6	1.5 ± 1.3	1.4 ± 1.0	1.7 ± 1.9
		$\Delta t[mm]$	13.7 ± 7.0	13.1 ± 5.4	13.4 ± 6.2	12.6 ± 3.9	14.6 ± 6.9
RIFF	0.95	$\Delta \varphi$ [°]	1.4 ± 1.2	2.0 ± 1.6	1.7 ± 1.4	1.3 ± 1.2	2.3 ± 1.8
		$\Delta t[mm]$	11.0 ± 4.1	12.8 ± 6.0	11.8 ± 5.1	12.2 ± 5.7	11.3 ± 3.7
Spin images	0.95	$\Delta \varphi$ [°]	0.7 ± 0.6	0.6 ± 0.5	0.7 ± 0.6	0.7 ± 0.5	0.7 ± 0.4
		$igg \Delta oldsymbol{t}[mm]$	13.3 ± 6.0	12.1 ± 4.8	12.7 ± 5.4	11.8 ± 3.2	14.0 ± 5.8

Conclusions

- Modified surface descriptors capable of coping with different mesh resolutions and variations in topology
- Feasible coarse initialization for patient setup refinement with RI-based position verification systems in RT
- Outlook: Multi-scale descriptor representations, multi-camera setup

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