

# TOF PET Imaging: Clinical and Research applications

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# State-of-the-art Clinical PET Instrument

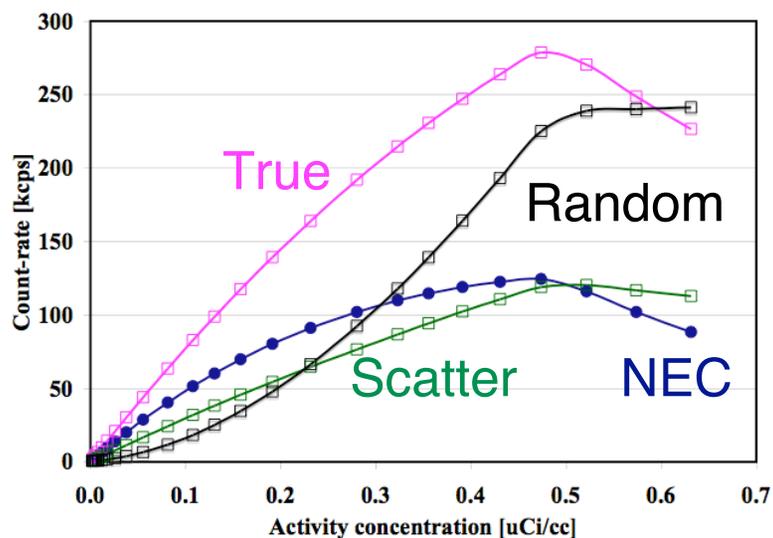
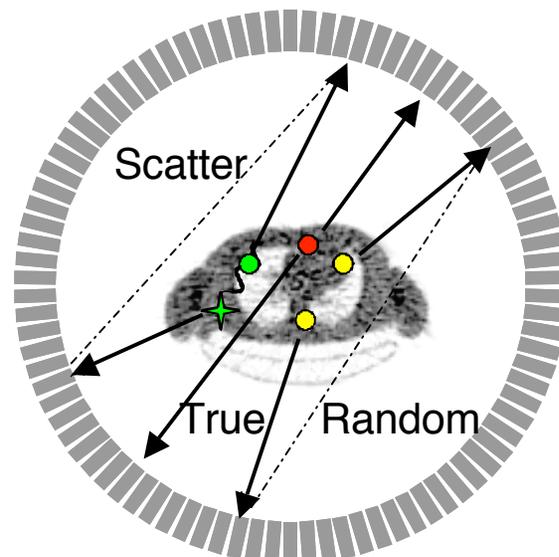


- Multi-modality
- Cost: PET and CT  
\$2M
- Reliability: uptime > 98%
- Throughput: < 30 minutes/patient
- Software: user friendly  
*QC(daily), acquisition, reconstruction, display, archive (PACS)*
- Performance: high spatial resolution, sensitivity

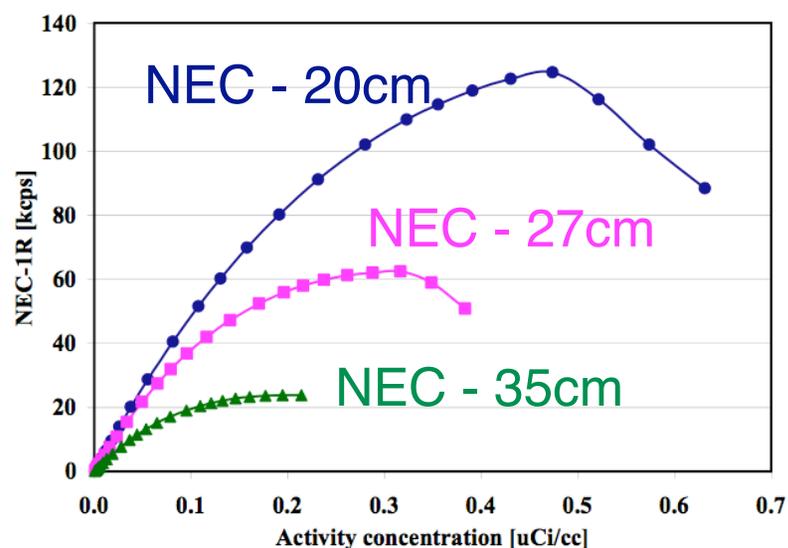
# State-of-the-art Clinical PET Performance

Spatial resolution: 4-5 mm *fwhm*  
isotropic, center FOV

Sensitivity: 5-10% absolute



$$NEC = T (1 + S/T + R/T)$$



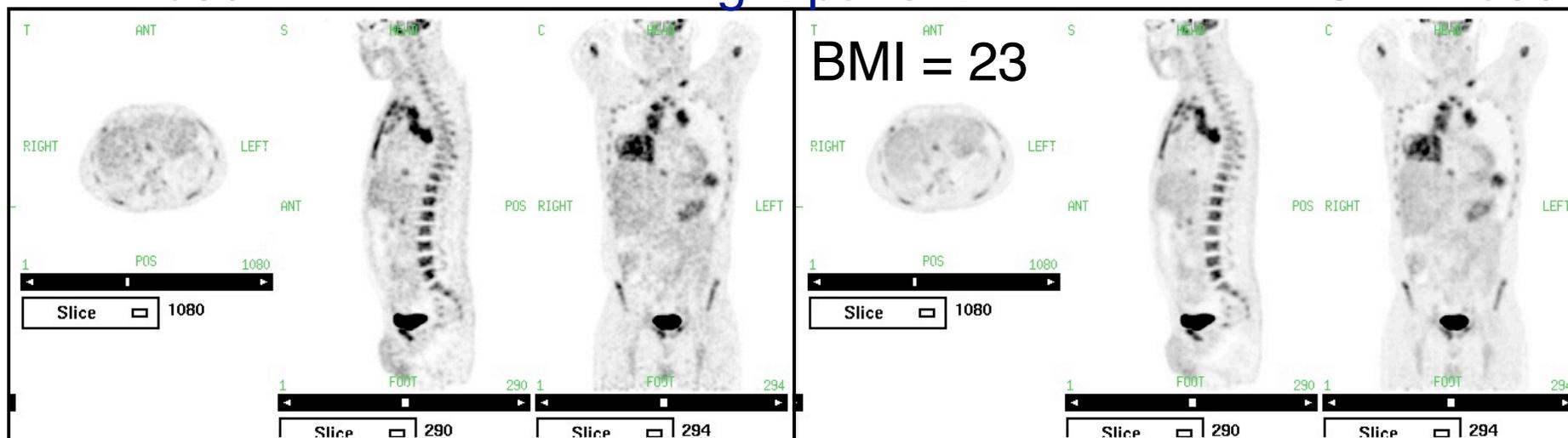
$$NEC \sim SNR^2$$

# Image quality depends on patient size

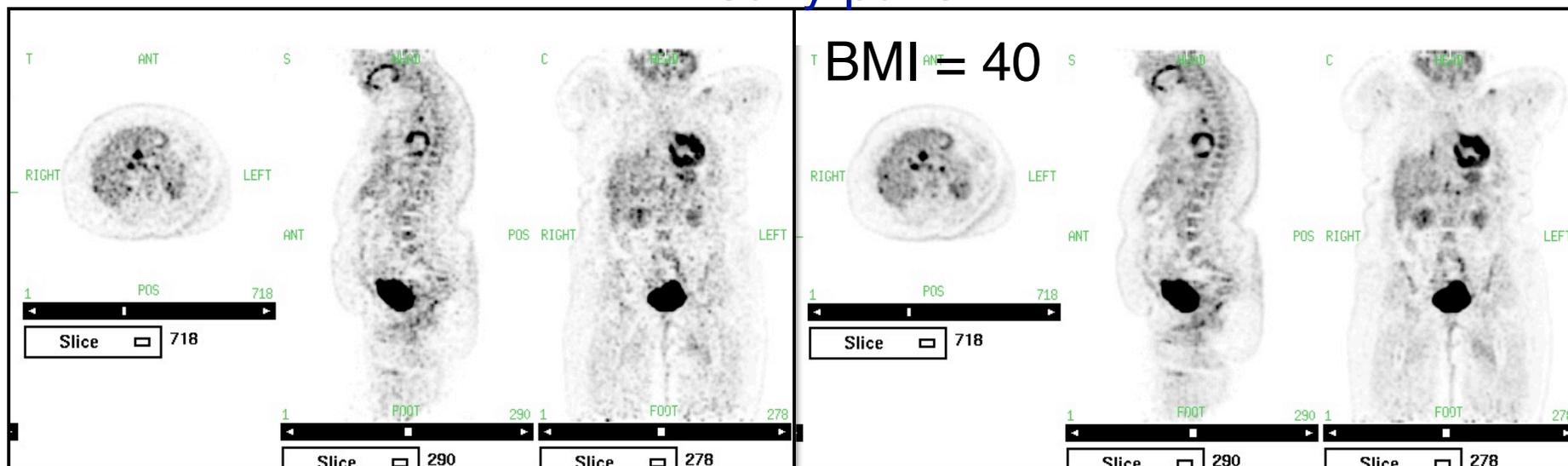
1 min/bed

Light patient

3 min/bed

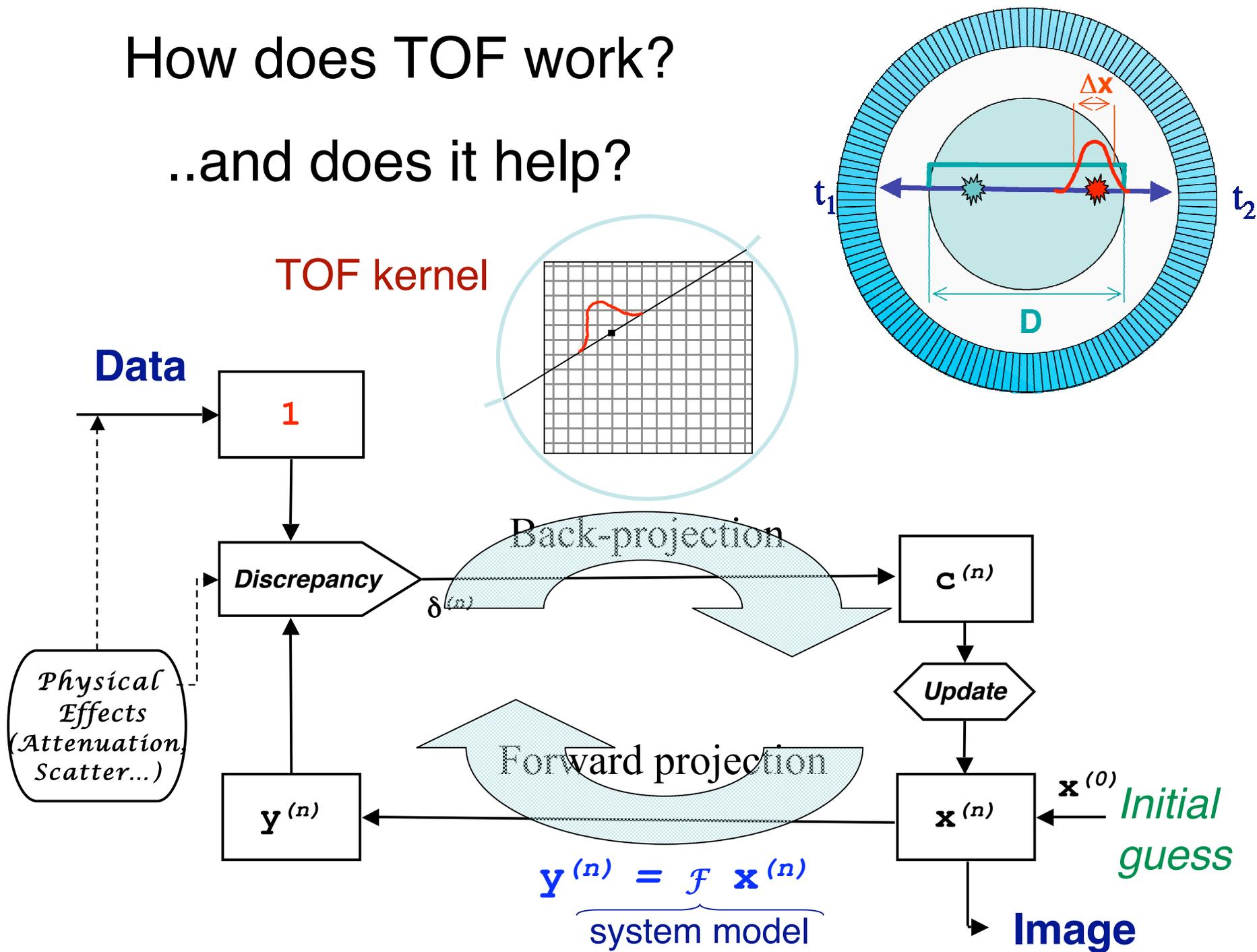


Heavy patient

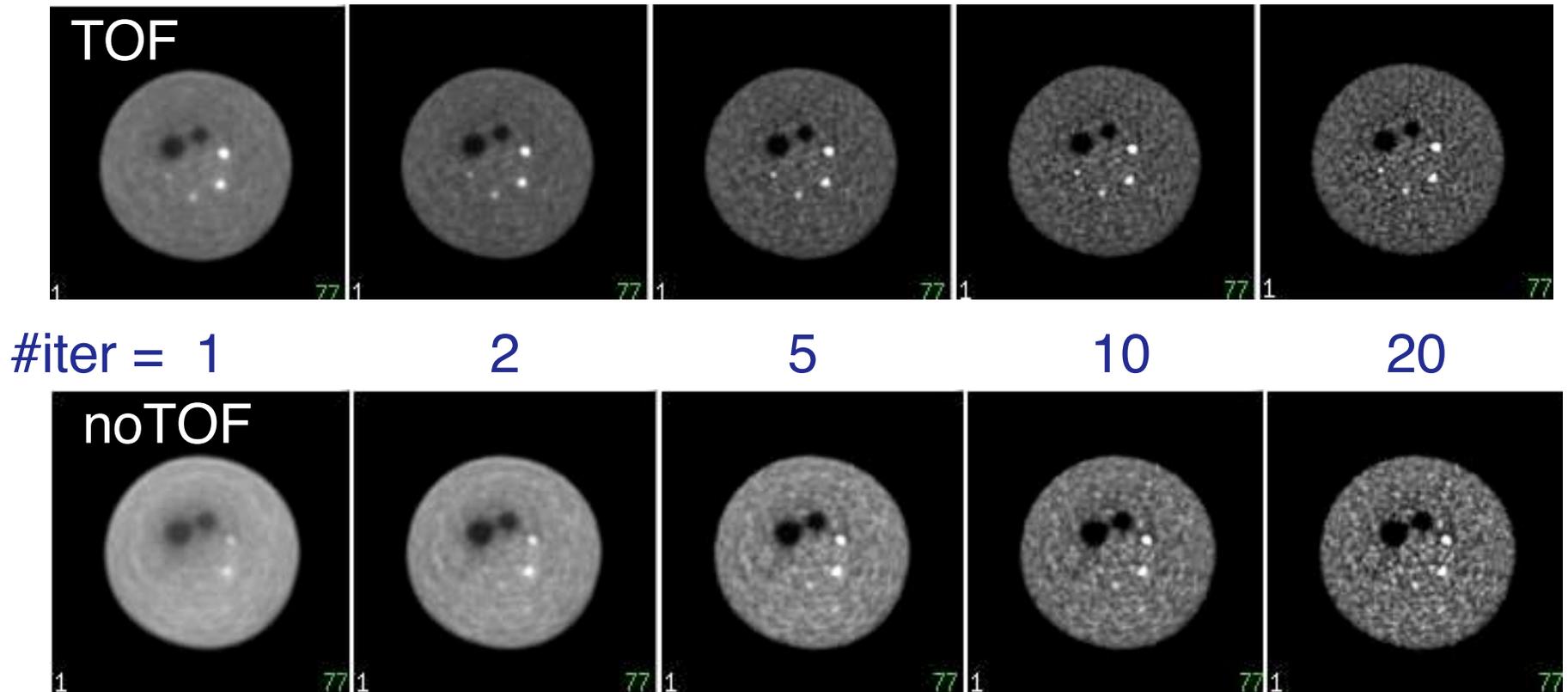


# How does TOF work?

..and does it help?



TOF converges faster, and achieves better contrast for given noise



**35-cm diameter phantom**

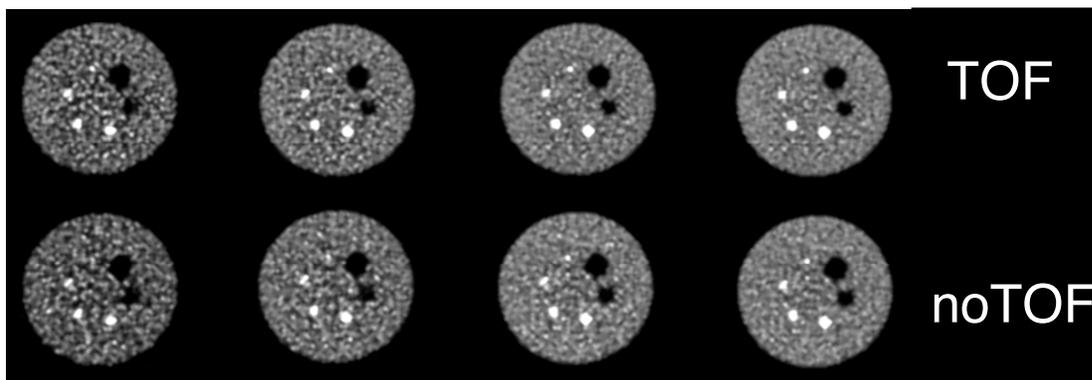
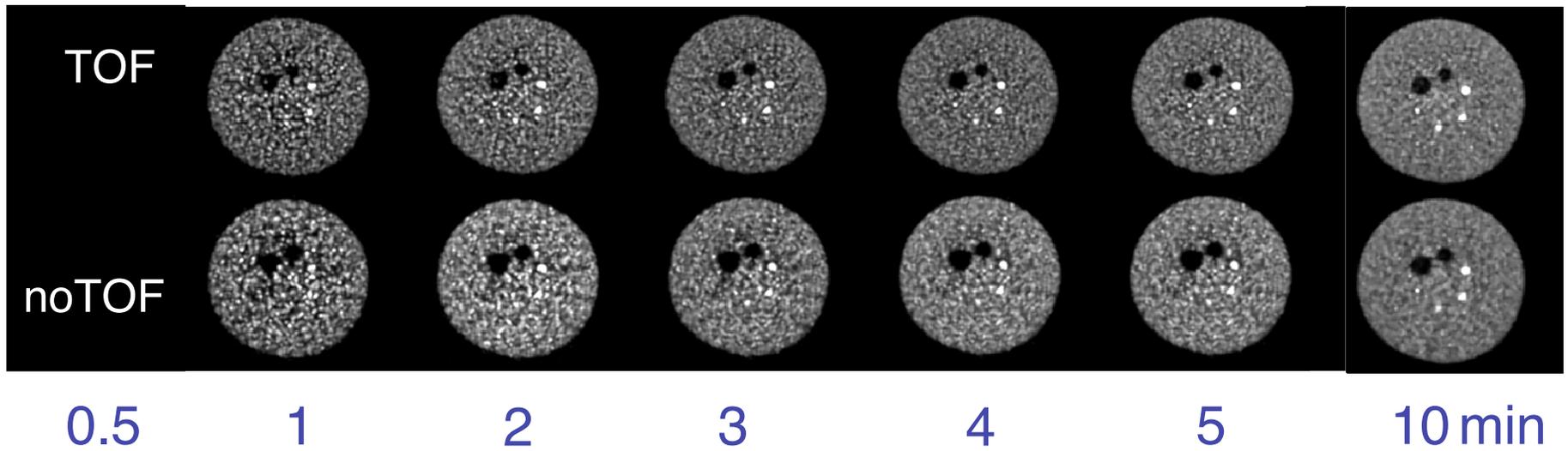
**5 minute scan time**

10, 13, 17, 22-mm hot spheres (6:1 contrast); 28, 37-mm cold spheres

*Philips Gemini TF*

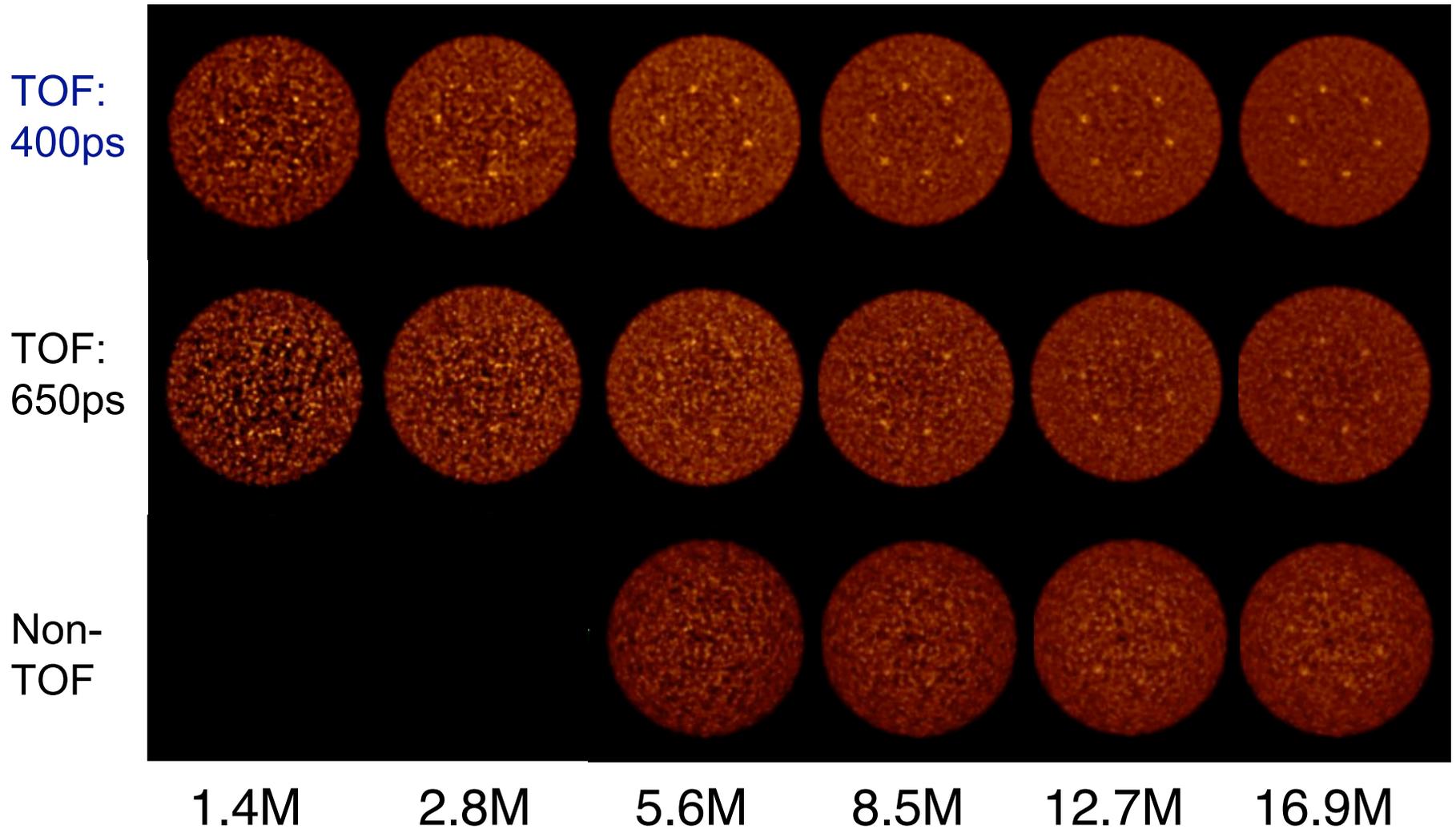
# TOF benefit is more significant for larger size phantom (patient)

## 35-cm diameter phantom



## 27-cm diameter phantom

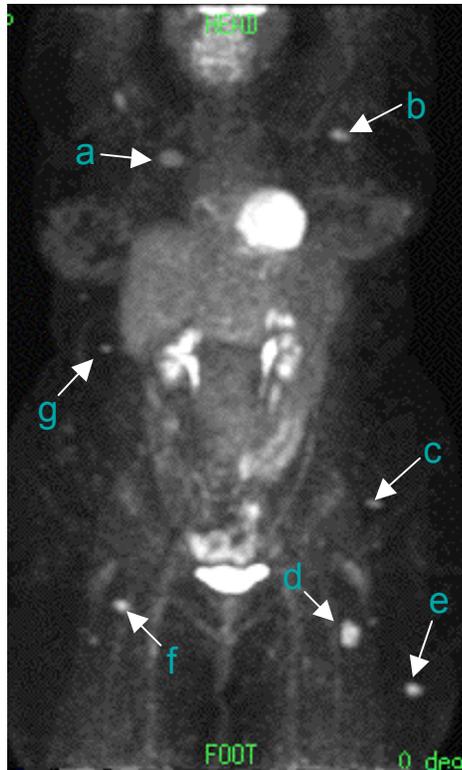
# TOF benefit is more significant as timing resolution improves



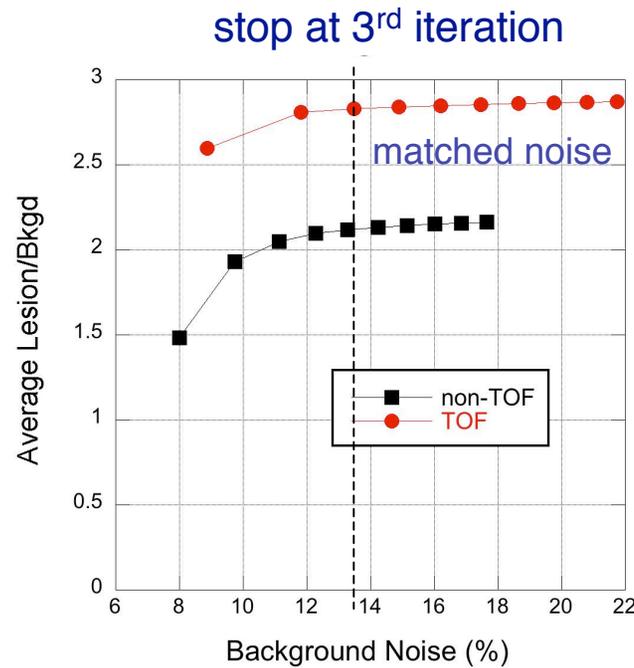
**35-cm diameter phantom**

*La-PET proto-type*

# TOF achieves higher contrast in patients for matched noise

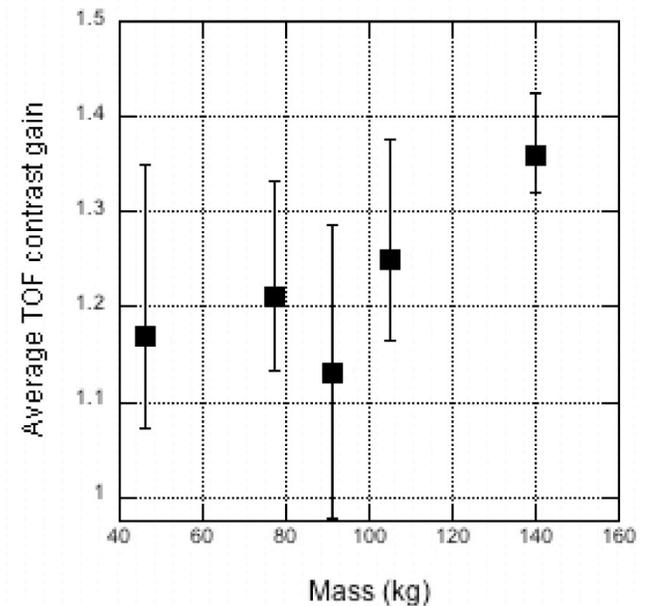


p542s0 (NHL)  
140 kg, BMI=45.6



TOF contrast gain for 1 lesion in patient 542

## Relative contrast gain increases with BMI



Average TOF contrast gain for each of 5 patients

# 34 year old female with a metastatic sarcoma in the right lung

