

Rapid Prototyping Applied to the Development of Lung Calibration Phantoms from Patient-Specific Anatomical Data

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Introduction

- Despite safety efforts, radiation accidents do happen!
- Radionuclides such as ²⁴¹Am & ²³⁸Pu can enter the lungs
- To assess radioactive burden, must first identify and quantify radioactivity in the lungs
- Lung counting is most direct method







Physical Lung Phantoms

- Lung counter calibrations performed using physical phantoms with removable lungs that are spiked with known activity.
- Existing phantoms have not been revised for decades.
- This research focuses on the adoption of modern rapid prototyping methods to revolutionize phantom design by using patient specific images.



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The RP Process

Rapid Prototyping (RP):

A group of technologies in which parts are quickly produced from 3d-data using an additive approach.

- 1. Create a CAD model of the design.
- 2. Convert the CAD model to STL format
- **3.** Slice the STL geometry into thin cross-sectional layers
- 4. Construct the model one layer atop another.
- 5. Clean and finish the model.



Heart

Liver

Generating Organ Geometries

Lungs

VIP-Man Voxel Phantom High Resolution Photographs from the Visible Human dataset (Xu et al. 2000)

- Any anatomical dataset (CT, MRI, photos, etc.)
- Capture organ surface data & convert to triangular polygon mesh (STL format).
- Useful software: VTK, 3D-Doctor, Rhinoceros 4.0

Triangular Mesh File of a Lung



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- STL file lists the triangular facet data for the lung surface.
- Each face uniquely defined by three vertices and a unit normal vector.
- STL files use planar faces, thus cannot describe curved shapes exactly.
- Smaller triangles → better approximation



Rapid Prototyping A Lung

- STL file of lung ported into Z-Corp 402 3D printer (RPI's Advanced Manufacturing Laboratory)
- STL file sliced into many thin layers (0.004 inches).
- Layers printed using a plaster powder-binder process
- $Cost = \frac{3}{inch^3}$
- Total print time = 3 hours







Physical Lung



Rapid Prototyping In Action





Producing A Lung Mold

- Plaster lung model is not tissue-equivalent
- Mold created for casting tissue-equivalent copies.
- Two-part, RTV silicone rubber block mold
- Dividing line chosen carefully to prevent locking
- Pour hole and rubber stopper.





Physical Lung





Designing A Lung Substitute Material

- Objective: Find or create a material which mimics the mass attenuation (μ/ρ) of lung tissue for low energy photons.
- Low energy → photoelectric effect is dominant (electron density)



• Thus, critical the parameters for a lung substitute (ICRP 89) are:

1) *Density*, $\rho = 0.26$ g/cm³

2) *Effective Atomic Number*, $Z_{eff} \approx 7.49$

$$Z_{eff} = \left(\sum_{n} f_{n} Z_{n}^{\xi}\right)^{1/\xi}$$

$$\xi \sim 2.94$$

(Traub et al 2006)



Lung Substitute Materials

- Many described in literature -- all begin with a candidate material which is then adjusted to meet specific needs.
- Two-part polyurethane foams with added 5.25% + CaCO₃ (Traub et al 2006)





Casting Lung Phantoms

- Density controlled by the amount of material poured into the mold.
- Volume of mold is known from the CAD model.
- Mold is clamped tightly because of the expanding force of foam.





Conclusions

- A lung phantom was created with similar geometry, density, and Zeff to real human lung.
- The process described is completely generalizable to different organs (e.g. lungs, heart, skeleton etc.)
- Rapid prototyping is a promising tool for allowing the creation of phantoms with patient-specific geometries.
- But, the prototyping materials generally cannot be used to fabricate tissue-equivalent phantoms directly.



Future

- Addition of radioactivity to the polyurethane foam
- Experimentally verify the attenuation coefficients
- Generate new tissue substitutes.
- Investigation of different rapid manufacturing techniques and the possibility of customization of materials.



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