

Compressed SENSE1 Year Update

Ruth Pearson
Clinical Lead – Training
Cobalt Health



Compressed SENSE – First experiences

Philips 3T Ingenia Static MRI with in-bore experience

Installed 2017

Compressed SENSE 3 month trial autumn 2018



Compressed SENSE....1 year update

- ❖ Patient throughput and image quality during 3 month trial
- ❖ Patient feedback
- ❖ Throughput results with CS compared to pre-CS
- ❖ Application of CS to other examinations

Compressed SENSE

**Sensitivity
Encoding**

+

**Compressed
Sensing**

SENSE using parallel imaging
and coil sensitivity reference
scans

Under-sampling data which is then
reconstructed and filtered

Acceleration technique resulting in faster scan times and / or increased quality



Compressed SENSE **Speed done right. Every time.**

Liesbeth Geerts-Ossevoort, PhD; Elwin de Weerd, PhD; Adri Duijndam, PhD;
Gert van Ijperen, PhD; Hans Peeters, PhD; Mariya Doneva, PhD; Marco Nijenhuis,
Alan Huang, PhD

Since its introduction, MR has been challenged by matters of speed. Today, the imperative to shorten MR exams without impeding image quality has become even more urgent, because an increase in chronic conditions has led to a growing use of MR, which when combined with declining reimbursements has created a need for a paradigm shift in productivity^(1,2). This white paper explains the main principles of Compressed SENSE and how it introduces a paradigm shift in productivity, how Compressed SENSE was designed around image quality, and how it advances productivity for clinical MR imaging.

All authors are Philips employees

More information can be found in
articles on Netforum



Registered Charity No: 1090790

Compressed SENSE

**‘Compressed SENSE accelerates scans by up to 50%
with virtually equal image quality’**

Sint-Jan Hospital in Bruges, Belgium:

30-50% decrease in scan time

30% most sequences with same image quality

50% high contrast with same image quality

50% other examinations with image quality compromise

https://www.philips.co.uk/healthcare/product/HCNMRF203/compressed-sense---brain-mr-clinical-applications?elqTrackId=090d3444b16c4373bfb9247299392082&elqaid=1274&elqat=2#_watch

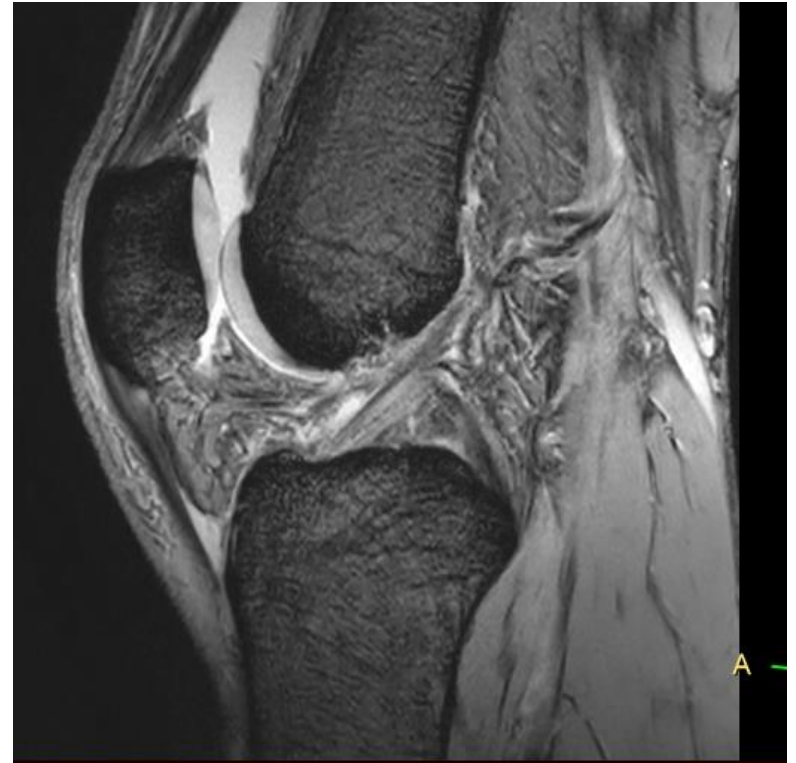


Cobalt
Diagnostic Imaging for Life

Knee



Sense 1.2
4min 2secs



CS 2.5
1min 57secs

Knee

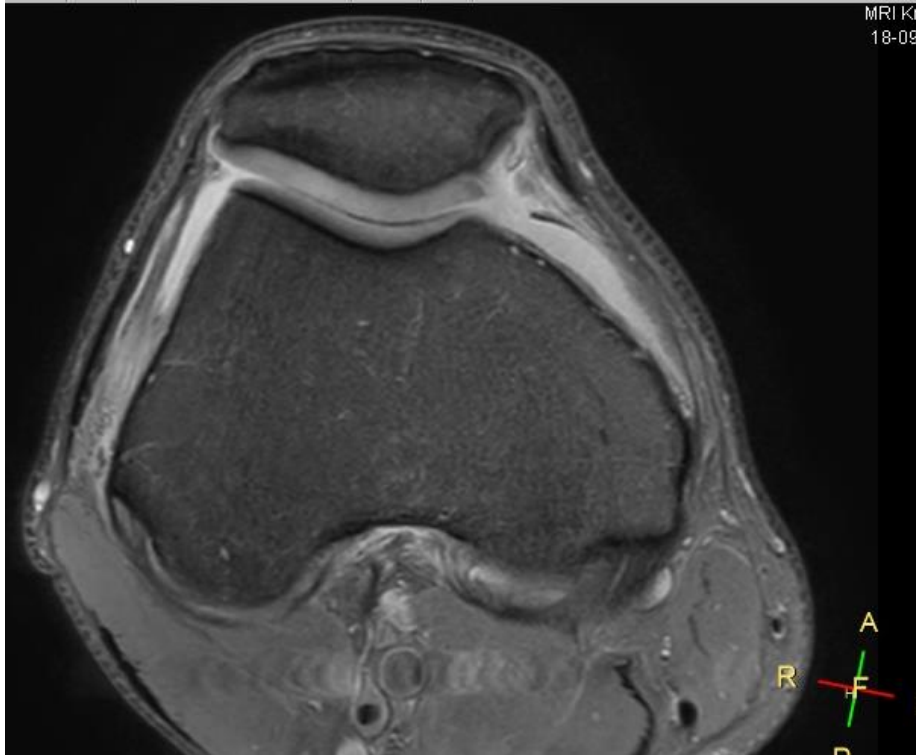


SENSE 1.3
2mins 45secs

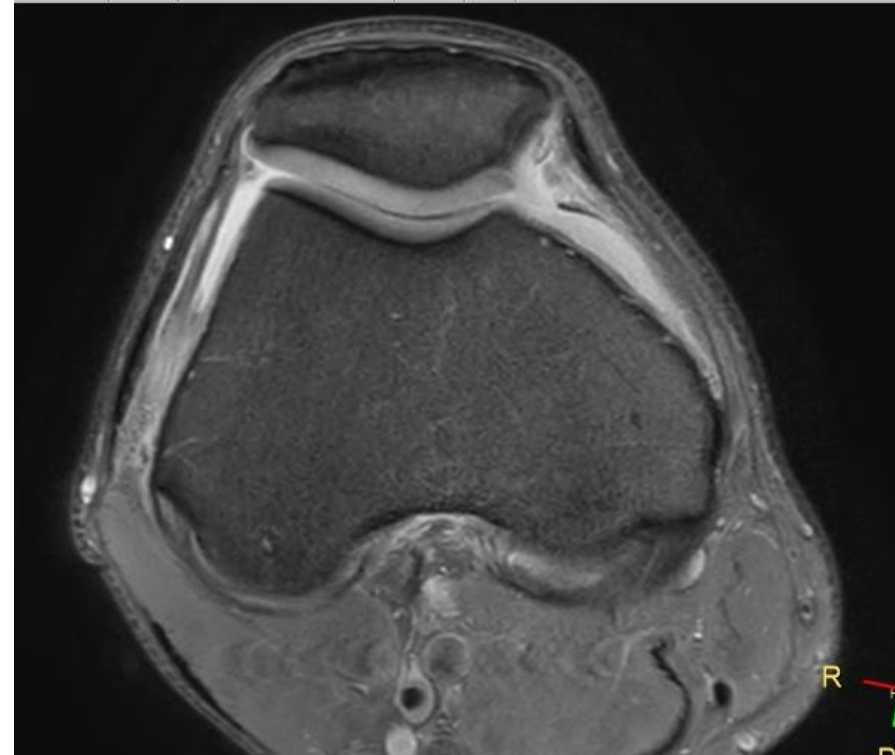


CS 2
1min 45secs

Knee

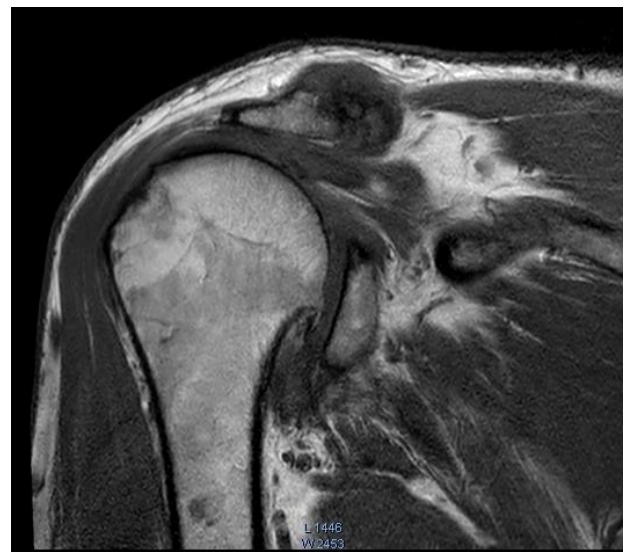
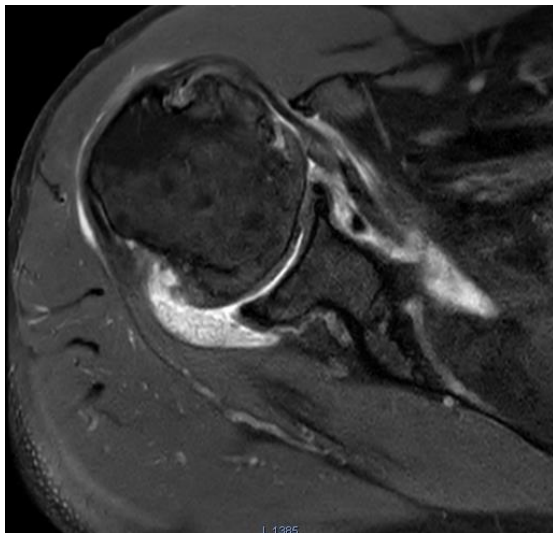
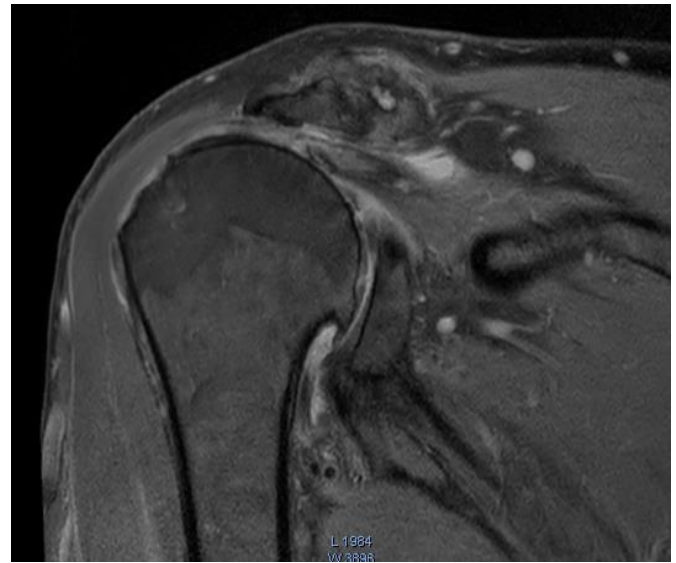
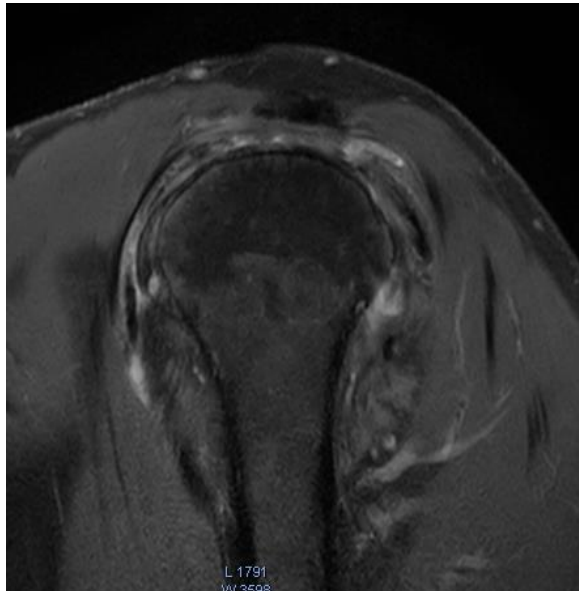


No SENSE
2mins 45secs

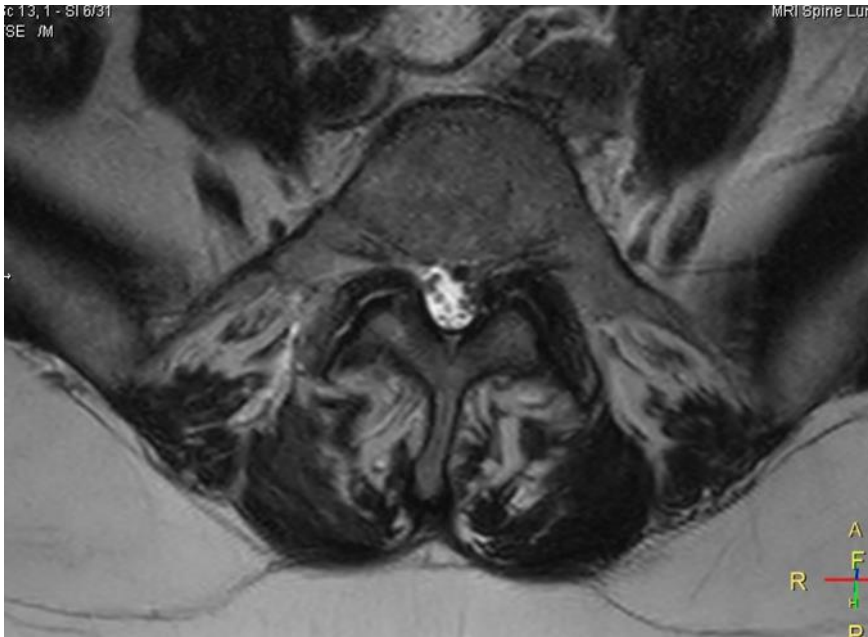


CS 2
1min 25secs

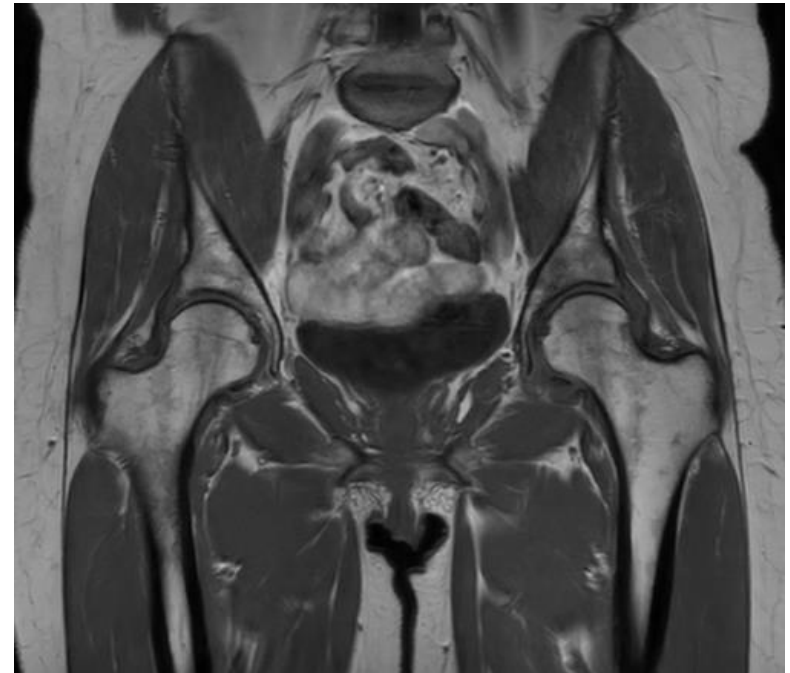
Shoulder



Compressed SENSE

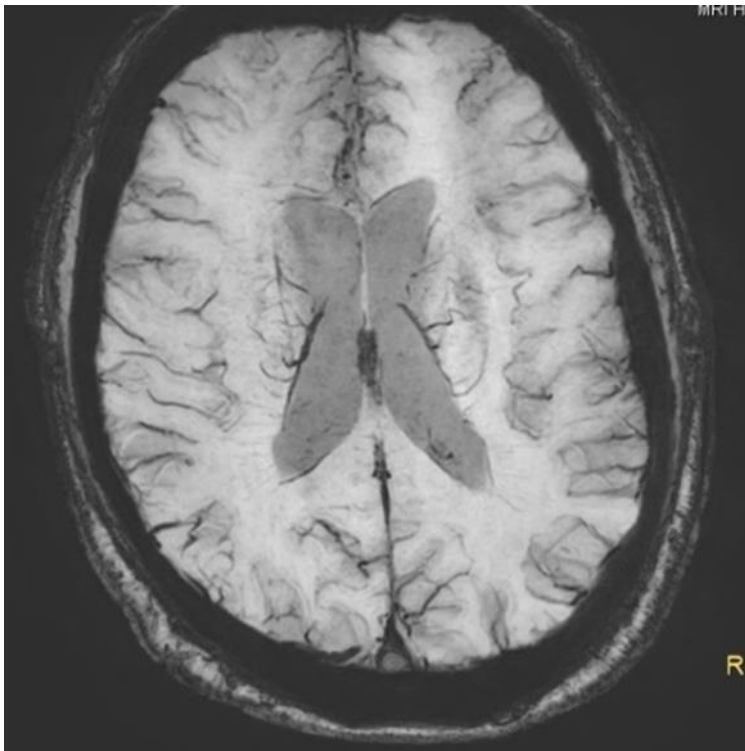


CS 2
2min 26secs

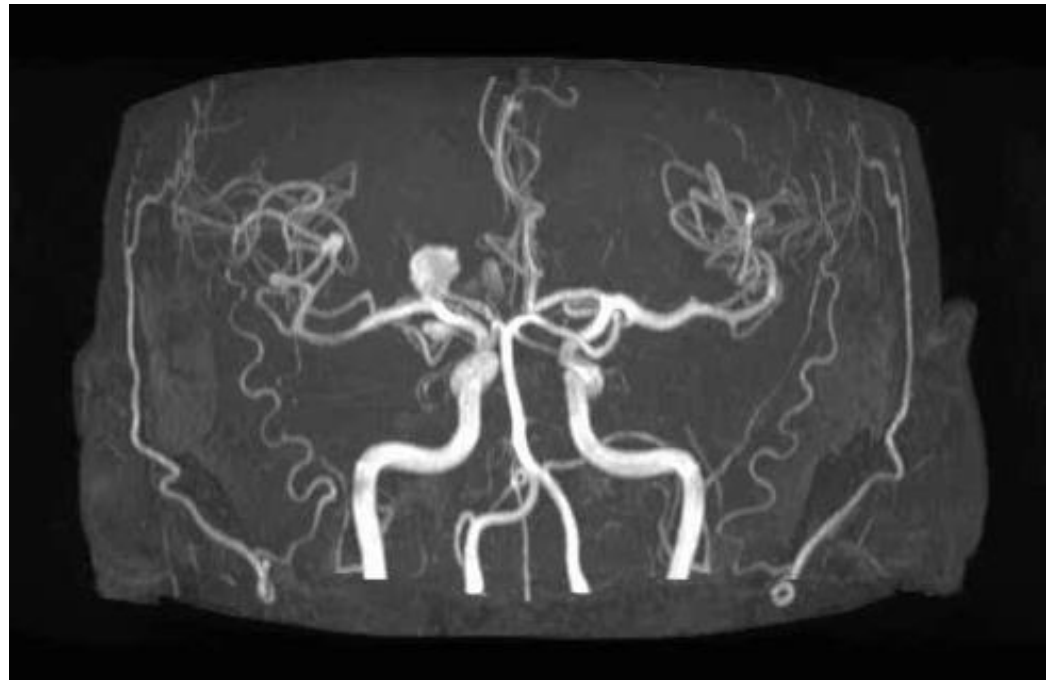


CS 2.5
2min 23secs

Compressed SENSE



CS 5
2min 47secs



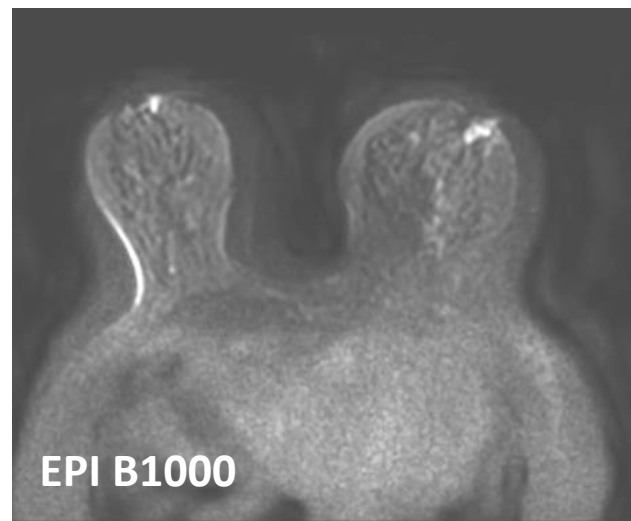
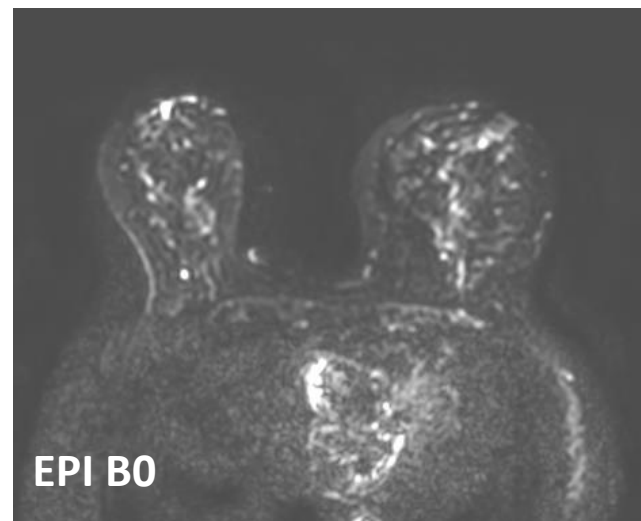
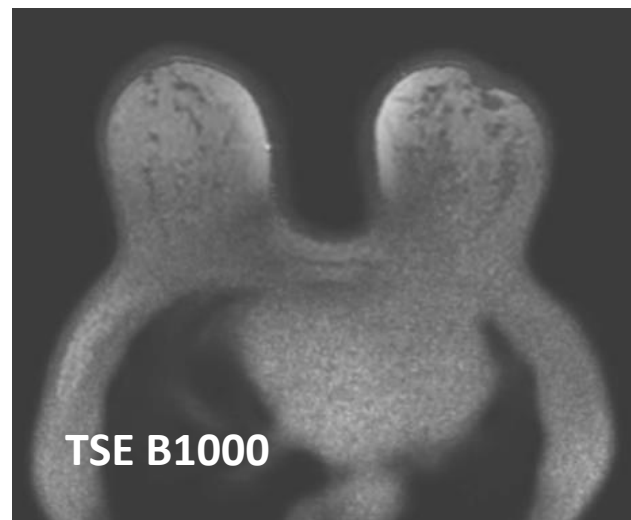
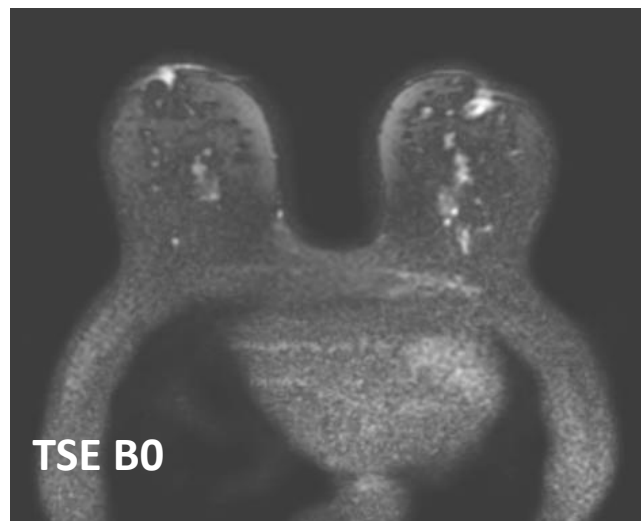
CS2
2mins

Compressed SENSE Time Saving

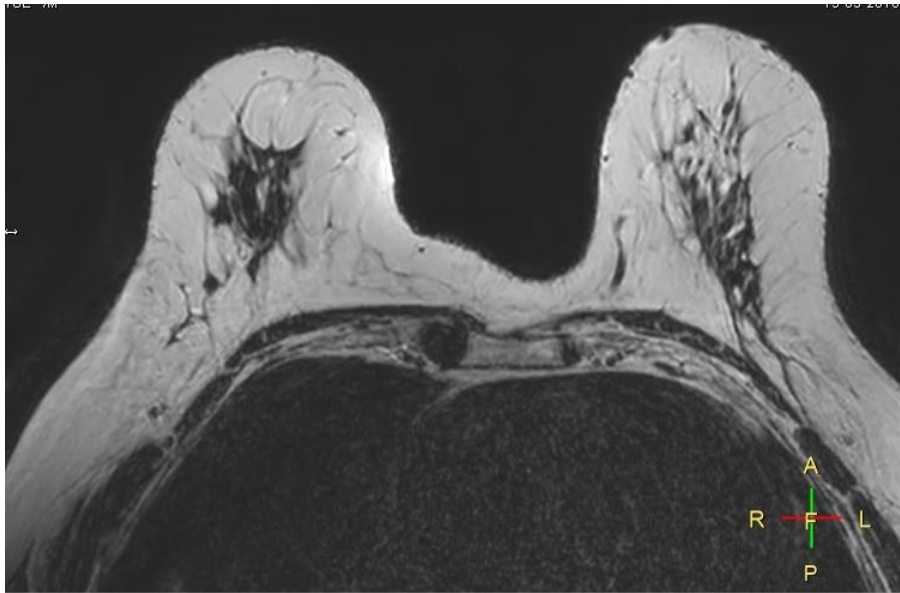
	Standard examination	Compressed Sense
Knee	12 mins	6 mins
Shoulder	17 mins	9 mins
Ankle	22 mins	13 mins
L-spine	21 mins	16 mins
Brain (4 sequences)	14 mins	8 mins

Breast

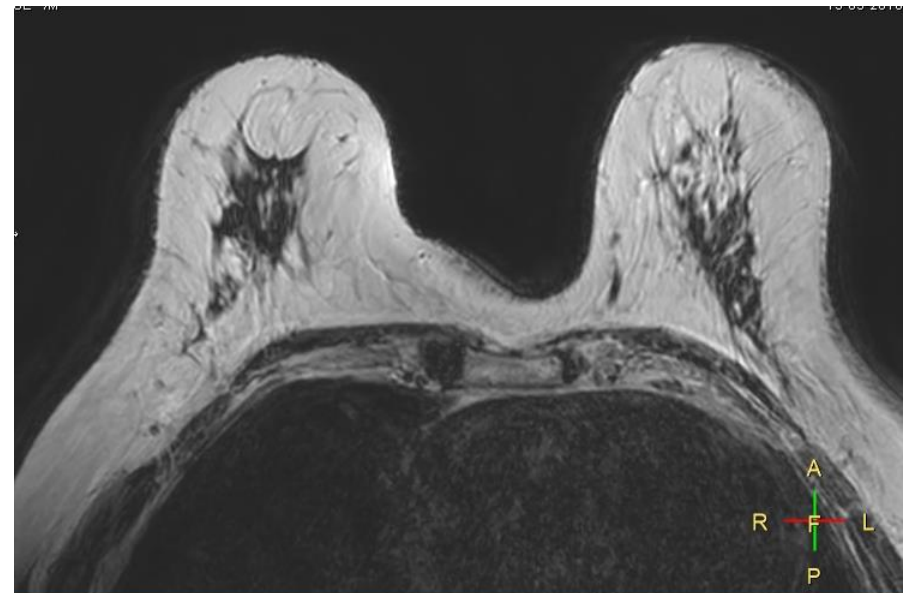
EPI	TSE
SENSE 3	CS 4
2 NSA	6 NSA
2.2x2.2 acq resolution	1.97x2.21 acq resolution
1.2x1.2 recon resolution	1.47x1.47 recon resolution
2mm slice thickness 5mins 26secs	4 mm slice thickness 6mins



Breast



CS 12
ACQ 0.8X0.72X1.8
RECON 0.63X0.63X0.9
3min 54

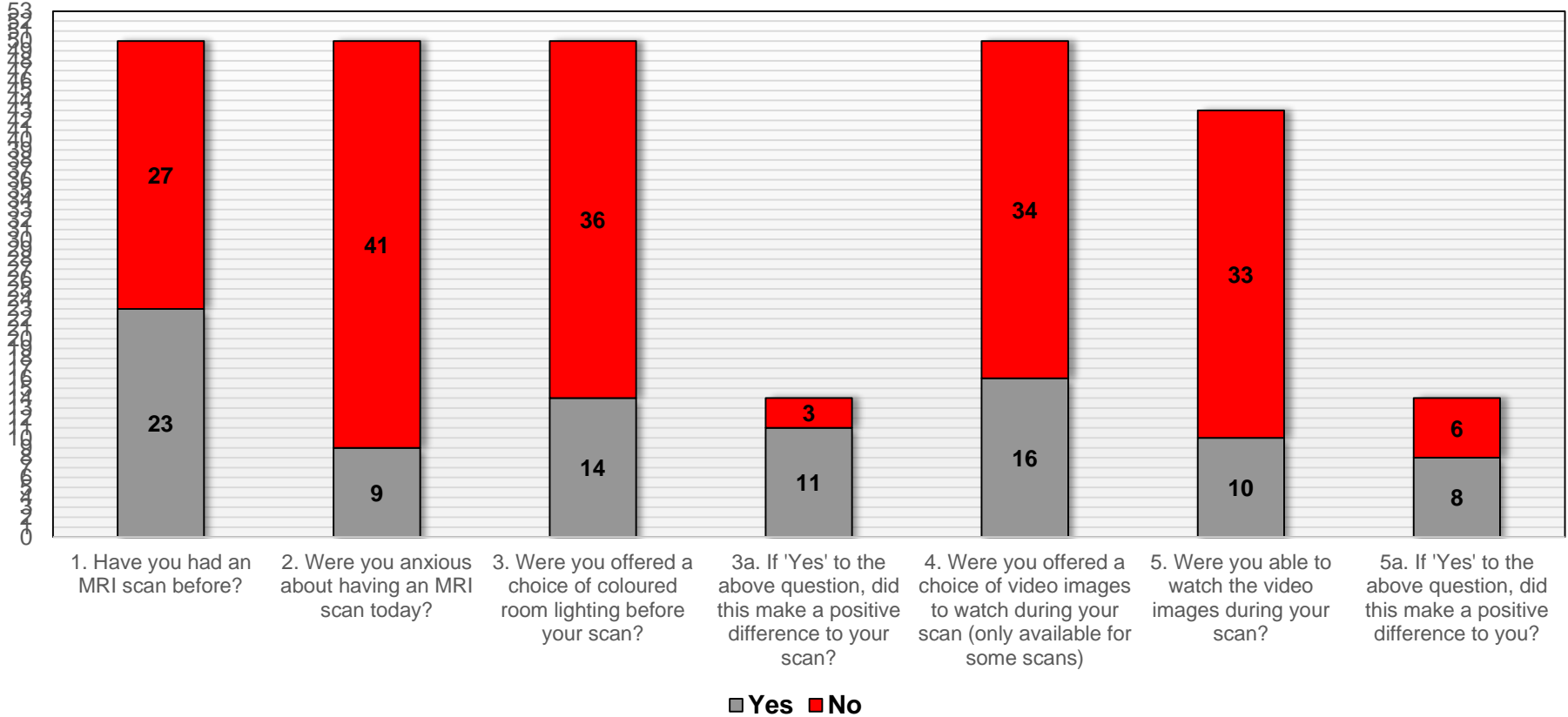


SENSE 3
ACQ 0.8X0.82X1.8
RECON 0.63X0.63X0.9
6min 32

Patient Comments

Question
1. Have you had an MRI scan before?
2. Were you anxious about having an MRI scan today?
3. Were you offered a choice of coloured room lighting before your scan?
3a. If 'Yes' to the above question, did this make a positive difference to your scan?
4. Were you offered a choice of video images to watch during your scan (only available for some scans)
5. Were you able to watch the video images during your scan?
5a. If 'Yes' to the above question, did this make a positive difference to you?

3T Static MRI Patient Questionnaires



If you have had an MRI scan before, how did your experience today differ from your previous scan(s)?

Scans now are much quicker, the video images take away the impression of the close proximity of the tunnel roof.

A lot more room/airy/more light

Very positive experience - offered video & radio. Calm, professional & caring staff. Not claustrophobic myself but can see how this would be a positive for anyone anxious or nervous about having an MRI.

The gurney was more comfortable to lay on & the machine much wider & therefore comfortable for my size.

Very quick.

Different part of body so difficult to compare, but very clear about process. Friendly & efficient staff & comfortable during scan.

The helmet was less constrictive.

Results after 3 month trial

MSK and routine brain appointment slots reduced to 20mins

**Weekly throughput comparison with previous year:
Additional 17-20 body parts per week**

No changes made to

- Breast list
- One stop clinic sessions
- Research
- Abdomen and pelvis (male / female)

Patient Throughput 2017 compared to 2019

Number of Examinations performed on the 3T							
	Jan	Feb	Apr	Jul	Aug	Sep	Total
3T scans in 2017	455	395	390	310	490	476	2516
3T scans in 2019	571	539	503	643	569	604	3429
Number increase in scans	116	144	113	333	79	128	913
Average Increase	20.3%	26.7%	22.5%	51.8%	13.9%	21.2%	26.6%

Patient Throughput 2017 compared to 2019

Number of Examinations performed on the 3T Grouped by Body Part							
	Jan	Feb	Apr	Jul	Aug	Sep	Total
Shoulders 2017	32	24	21	13	24	26	140
Shoulders 2019	42	36	32	38	30	36	214
Increase in Shoulder scans	10	12	11	25	6	10	74
Average increase in shoulder scans	23.8%	33.3%	34.4%	65.8%	20.0%	27.8%	34.6%

Patient Throughput 2017 to 2019

	% CHANGE
Ankle	46% to 64% increase
Breast	45% to 67% increase
Brain	37% to 76% increase
Knees *	10% to 60%
Shoulder	20% to 65%
Pelvis	40%-80%

Compressed SENSE....1 year update

- ✿ Additional work from local NHS trust
- ✿ Additional scanner time available for research
- ✿ CS utilised for efficiency

Prostate Waiting List

Long waiting list at local NHS Trust for staging MRI scans

Agreement to scan prostate examinations using their protocol with no report

Up to 11 patients per week

Protocol:

Sag T2w SFOV

Cor T2w SFOV

Ax T2w SFOV

DWI 500,1000

DWI 2000

Ax T1w whole pelvis

Antispasmodic

I.V. contrast agent

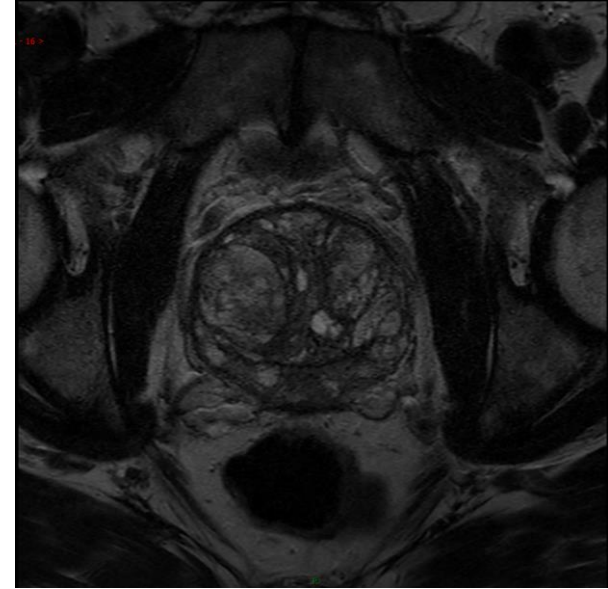
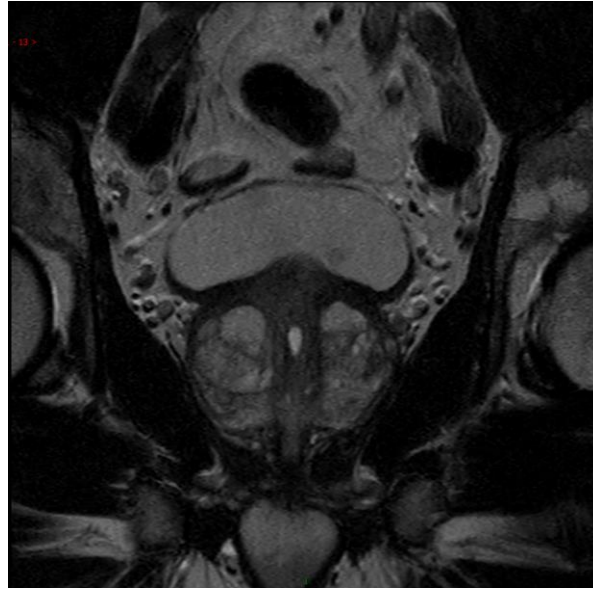
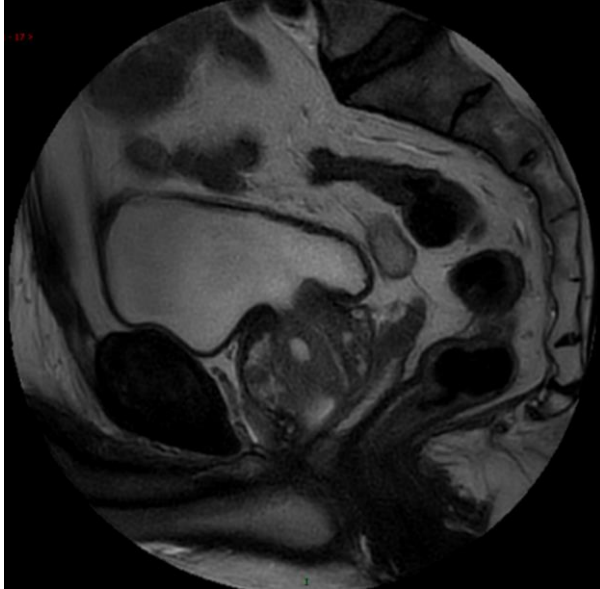
**>30mins
examination
time?**



Prostate Waiting List

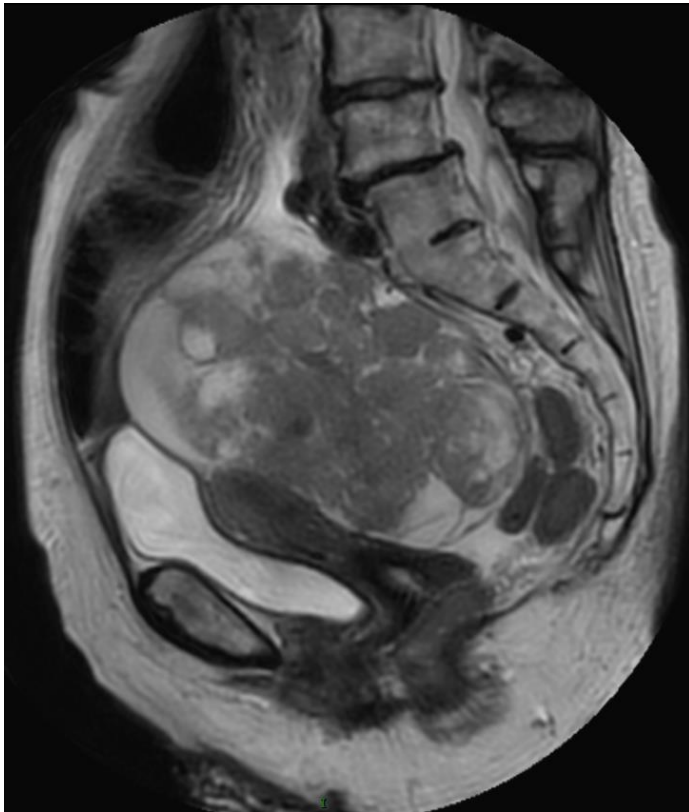
	Standard	Compressed Sense
Sag T2w multi-vane	5mins 13	No CS
Cor T2w SFOV	5min 47	3mins
Ax T2w SFOV	6mins	3min 38
DWI b500/b1000	5min 48	No CS
DWI b2000	5min 37	No CS
Ax T1w pelvis	3min 30	1min 16
TOTAL EXAMINATION TIME	>32 mins	25mins

Prostate Waiting List



MRI in Ovarian Cancer

The impact of multi-parametric MRI on the Staging and Management of Patients with suspected or confirmed ovarian cancer



Comparing CT and mpMRI

- Diagnostic accuracy
- Cost

Aim to avoid unnecessary cancer surgery or suboptimal surgery options

MRI in Ovarian Cancer

The impact of multi-parametric MRI on the Staging and Management of Patients with suspected or confirmed ovarian cancer

Protocol: Sag T2w TSE pelvis
Cor T2w TSE pelvis

Ax T2w chest/abdo/pelvis
Ax T1w DIXON chest/abdo/pelvis
Ax DWI chest/abdo/pelvis

} 3 stacks

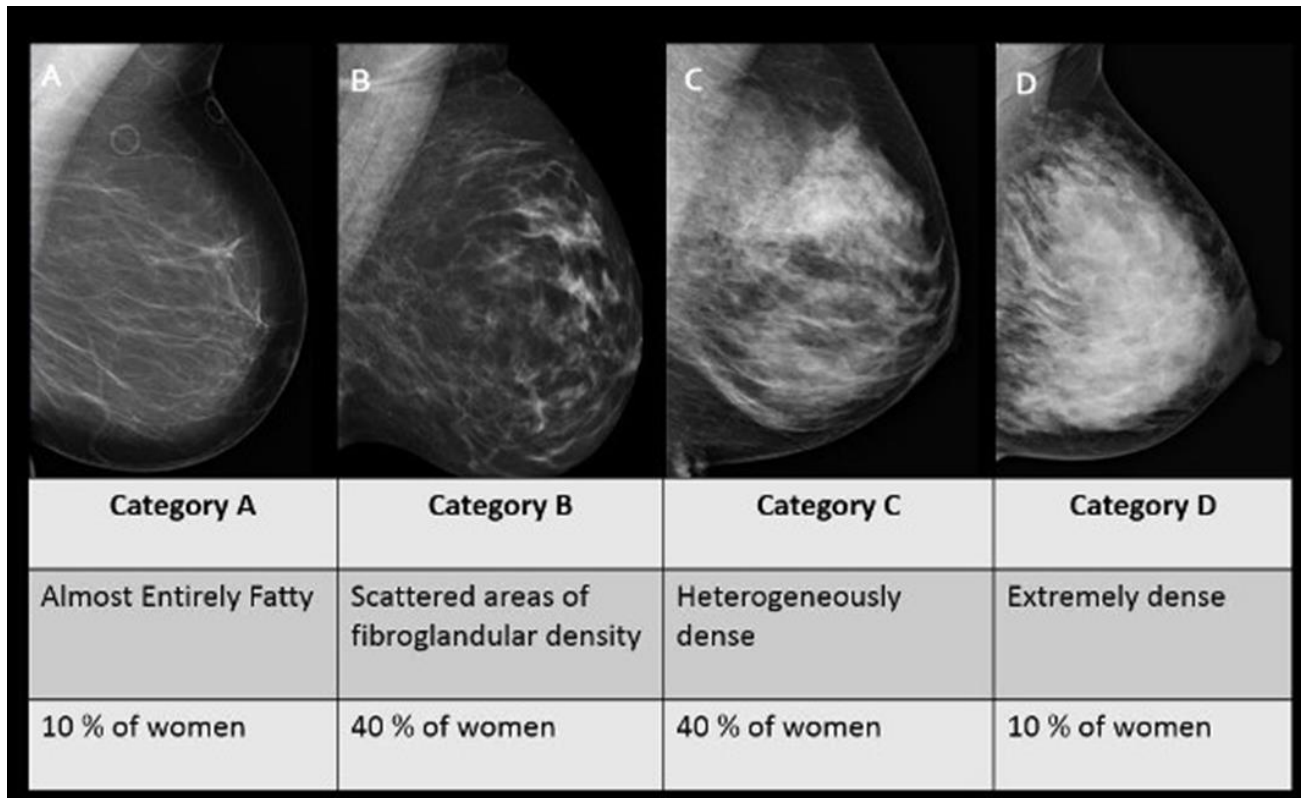
Cor T2w chest/abdo LFOV

Dynamic Ax T1w DIXON

Standard: 33mins
CS: 25mins

Breast

Abbreviated Breast Protocol For Imaging Dense Breasts



Abbreviated Breast Protocol

Alternatives to routine mammogram:

- Hand held or automated ultrasound
- Contrast enhanced spectral mammography
- Contrast enhanced MRI (routine clinical scanning protocol)

Abbreviated MRI protocol:

- Only for patients with dense breasts at routine mammography screening
- Age 50-70
- MRI supplementary to routine mammograms

Abbreviated Breast Protocol

<10 min scan time
20 min appointment



Axial T2w TSE (2D)

Dynamic C.E. Dixon

3 phases (pre + 2 post)

60sec dynamic time

recon: MIP

Subtraction

Standard: 12mins

CS: 5min 40mins

Compressed SENSE....1 year update

- 👍 Shorter examination times for routine scans
- 👍 Increased throughput
- 👍 Additional local waiting list work
- 👍 More time available for research studies
- 👍 Minimise scan time for long research protocol
- 👍 Maintain patient satisfaction

Thank you



Statistics - Fiona Deane

Patient questionnaire
analysis - Karen Hackling-
Searle