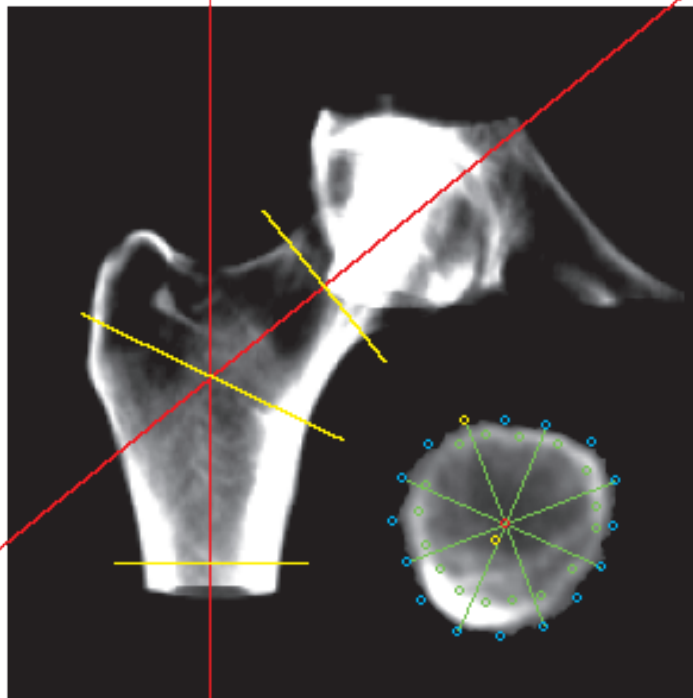


Bone Investigational Toolkit

BITTM

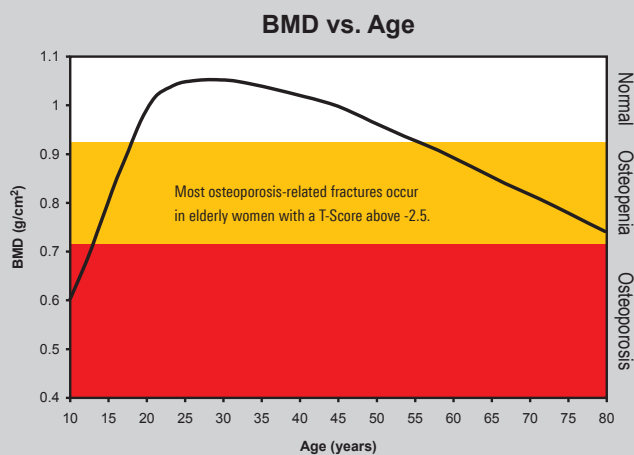


Biomechanical Bone Integrity Assessment

Mindways

The Bone Densitometry Problem

Bone densitometry is widely used to identify individuals at risk of osteoporosis-related fracture. The World Health Organization, among others, recommends classifying patients with a hip BMD T-score below -2.5 as osteoporotic in the absence of other indications. While hip T-scores may provide a convenient framework for characterizing the prevalence of osteoporosis, this method does not accurately identify many individuals at risk of fracture. It has been reported from numerous fracture studies that the majority of study participants suffering a fracture did not have a hip T-score below -2.5. It has also been found in trials that treatment with various pharmaceuticals can decrease fracture risk much more than would be predicted based on the more modest gains observed in bone mineral density. These and other findings reveal that consideration of factors beyond bone mineral density is necessary to better identify at-risk individuals.



Most elderly women are classified as osteopenic (T-Score between -1 and -2.5) by current WHO guidelines, yet BMD does not do a good job of identifying at-risk individuals in this group.

Modern helical and multi-slice CT scanners quickly generate volumetric data sets containing a wealth of information about bone mineral density, bone distribution and geometry, and biomechanical integrity. QCT PRO has been used for years to provide clinical estimates of bone mineral density (BMD) of the spine and proximal femur from such volumetric data sets. Mindways now provides the QCT PRO Bone Investigational Toolkit (BIT) to enable researchers and others to access data heretofore inaccessible to QCT PRO users.

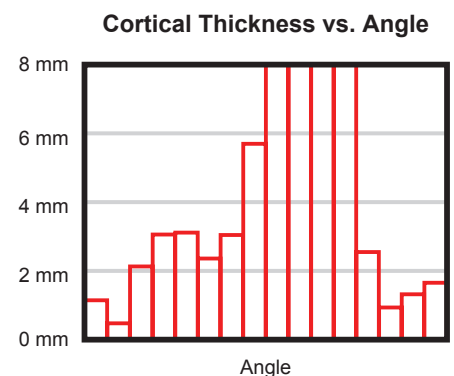
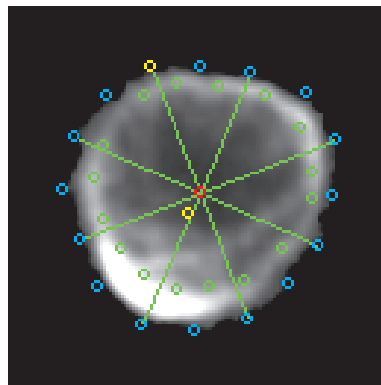
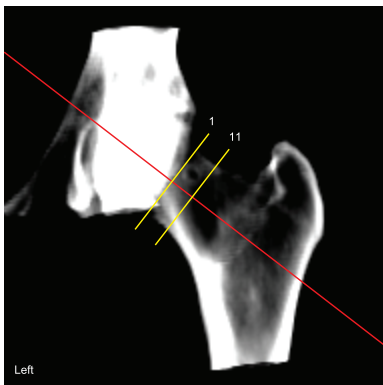
Bone Strength

There is a well established, significant correlation between bone mineral density and bone strength, but bone mineral density is only one of many factors that determine bone strength. Other factors such as bone distribution (geometry) play significant roles in determining bone strength and ultimately fracture risk for an individual. These observations and the wide availability of DXA have motivated numerous, extensive, studies involving the use of DXA to estimate properties of biomechanical relevance such as cross-sectional moment of inertia, section modulus and cross-sectional area to characterize the distribution of bone with the goal of improving fracture risk assessment. The results of these studies, however, show little improvement in fracture risk assessment beyond that achieved with bone density testing. Failure to improve fracture risk assessment with these methods has been attributed to limitations associated with DXA including critical patient-positioning requirements and limitations of using a 2D imaging method to accurately characterize complex 3D structures such as the spine and hip.

Volumetric QCT imaging is the key to surmounting the limitations of DXA for accurately characterizing bone geometry.

Volumetric QCT provides a detailed, 3D representation of bone structure, and the QCT PRO Bone Investigational Toolkit provides the means for extracting density, distribution and geometry information relevant to understanding bone strength or characterizing the change in bone distribution as well as in BMD in response to therapy.

Image	1	2	3
Trabecular BMD (mg/cm ³)	145	149	154
Cortical BMD (mg/cm ³)	374	392	407
Total CSA (cm ²)	13.600	12.761	12.022
Total Bone CSA (cm ²)	1.572	1.581	1.576
Cortical CSA (cm ²)	2.377	2.591	2.664
Cortical Bone CSA (cm ²)	0.556	0.634	0.677
Max CSMI, bone (cm ⁴)	1.57	1.57	1.51
Max Z, bone (cm ³)	0.85	0.81	0.86
Max CSMI, geo, cort (cm ⁴)	2.22	2.53	2.51
Max Z, geo, cort (cm ³)	1.20	1.44	1.48
Avg. Cort. Thick (mm)	3.31	3.33	3.24
Max/Min Thick	4.4	4.0	3.9
Geo to CM Disp (mm)	1.47	1.50	1.89
Buckling Ratio	5.9	5.7	5.7
Eccentricity	1.18	1.14	1.12
FC1 Magnitude (mm)	4.16	3.97	3.85
FC1 Phase (degrees)	212	211	208

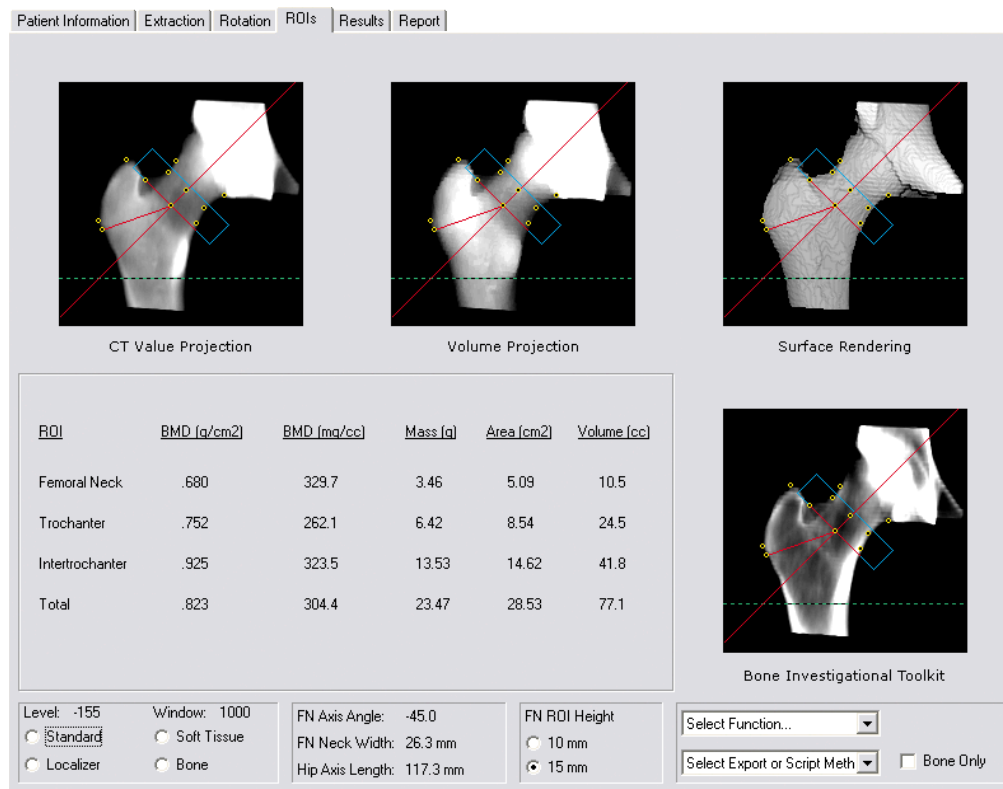


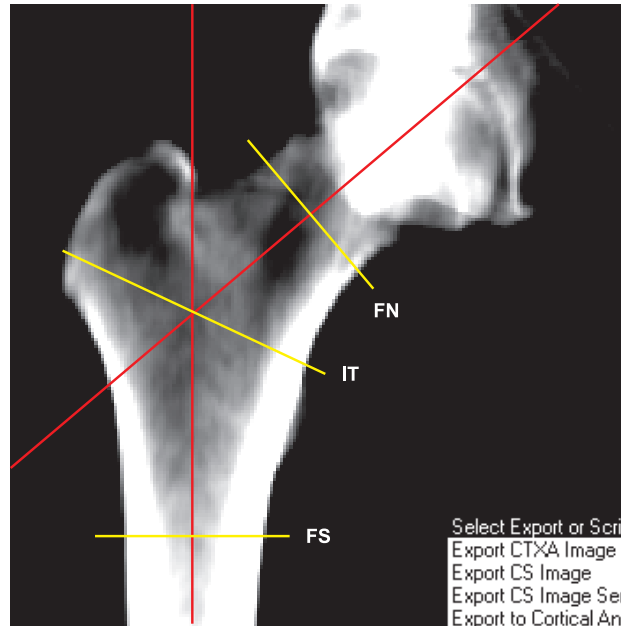
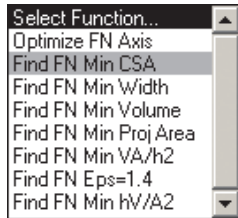
Moving Beyond Bone Densitometry

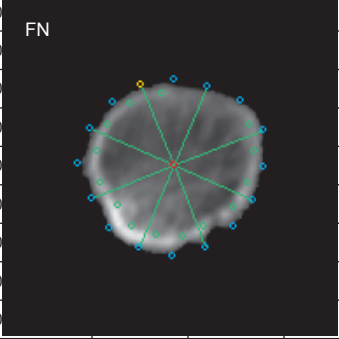
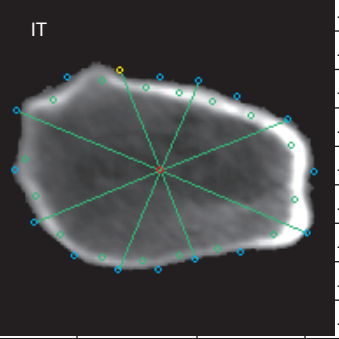
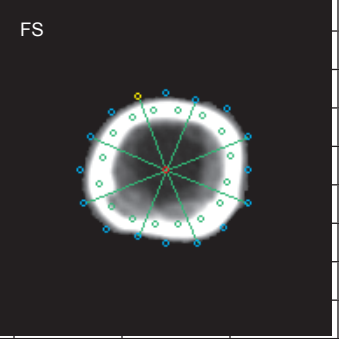
The OCT PRO Bone Investigation Toolkit (BIT) provides you access to a vast array of measures and capabilities for characterizing the proximal femur. Volume density, in addition to DXA-like area density, in cortical, trabecular and total bone compartments are just a start. Tools to facilitate consistent femoral-neck region-of-interest analysis in serial studies, femoral neck cross-sectional image analysis, and characterization of femoral-neck cortical-bone thickness and distribution are included. Or you can develop your own sophisticated measurement algorithms based on calibrated image data exported from BIT. BIT includes analysis scripts to help you customize and automate your analyses and apply the analyses consistently to large sets of data.

BIT Cross-Sectional Image Measurements

- Cortical Area
- Trabecular Area
- Cortical Thickness
- Principal Axes
- Bending Moments (CSMI)
- Section Moduli
- Buckling Ratio



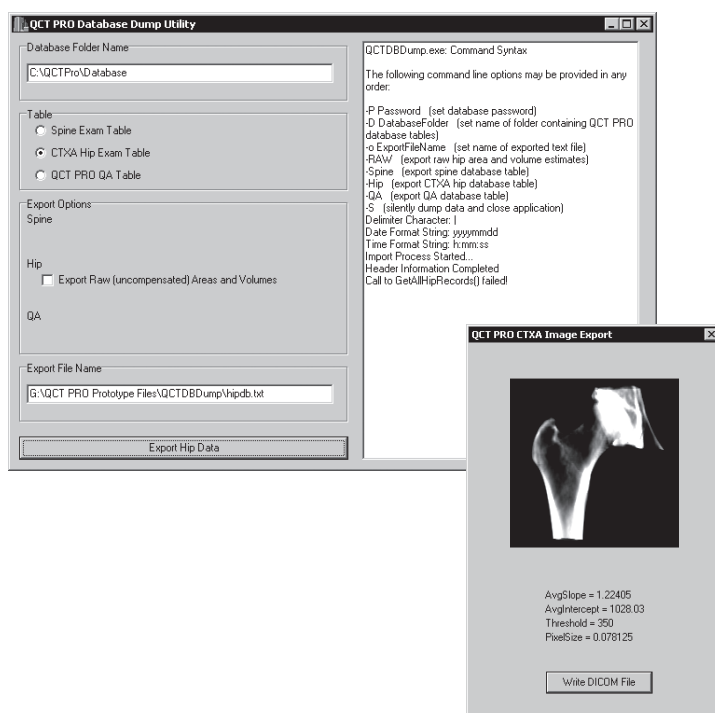
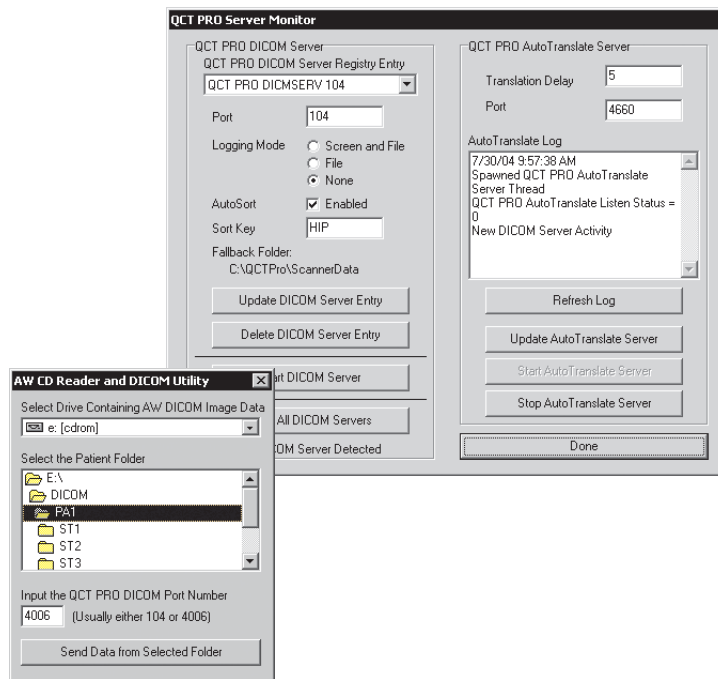


	Perimeter	BMD	Area	Cortical Width	Norm Width	Avg Cort Arc Length	Cortical Perimeter	Distance To CM	Distance To Center	Tangent Angle	Curvature	Radius of Curvature
Sector	(cm)	(mg/cm ³)	(cm ²)	(mm)	(mm)	(mm)	(mm)	(mm)	(mm)	(degrees)	(cm ⁻¹)	(cm)
1	0.83	398.0	0.032	0.47	0.23	6.77	6.84	23.28	19.05	-12.6	0.977	1.02
2	0.83	405.7	0.136	2.07	1.04	6.57	6.89	20.74	16.87	-50.5	1.057	0.95
3	0.82	408.8	0.127	2.00	1.01	6.32	6.71	16.59	13.67	-90.2	0.321	3.11
4	0.82	415.4	0.124	2.03	1.05	6.08	6.54	13.41	11.95	-101.9	0.215	4.64
5												2.57
6	0.83											1.71
7	0.83											1.19
8	0.83											1.01
9	0.83											1.16
10	0.83											1.62
11	0.83											2.11
12	0.83											2.07
13	0.83											1.62
14	0.83	365.2	0.040	0.62	0.28	6.45	6.56	17.60	14.75	47.7	0.609	1.64
15	0.80	410.3	0.067	1.06	0.54	6.34	6.51	19.78	15.88	25.2	0.519	1.93
16	0.81	362.5	0.009	0.13	0.06	7.32	7.34	23.21	18.75	6.4	0.451	2.22
Sum	13.14	7854.9	2.357	38.52	27.80	99.91	108.58	250.64	247.49	-187.4	10.008	30.57
Average	0.82	490.9	0.147	2.41	1.74	6.24	6.79	15.67	15.47	-11.7	0.626	1.91
Std Dev	0.02	145.0	0.108	1.75	1.72	0.45	0.47	4.10	2.31	103.1	0.251	0.95

Compatibility

Import

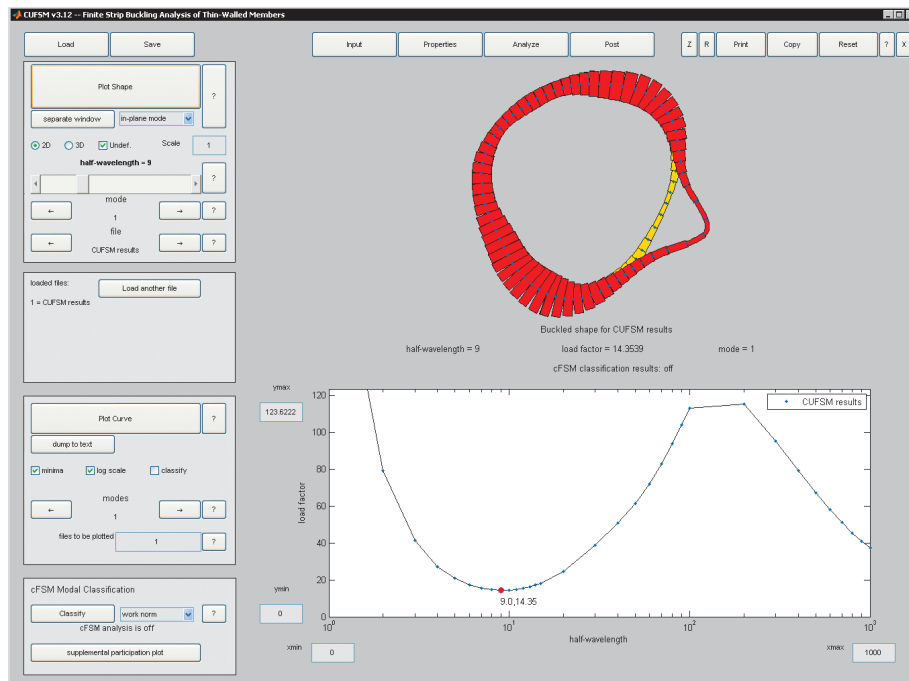
QCT PRO is a standalone, Windows-based, application that can be used to analyze data from virtually any whole-body CT scanner. DICOM, pervasive high-speed networks, and inexpensive high-capacity storage media allow data analysis to be untethered from the CT scanner. BIT makes it simple to import CT files received via network, CD or other storage media into QCT PRO running on your laboratory PC.



Export

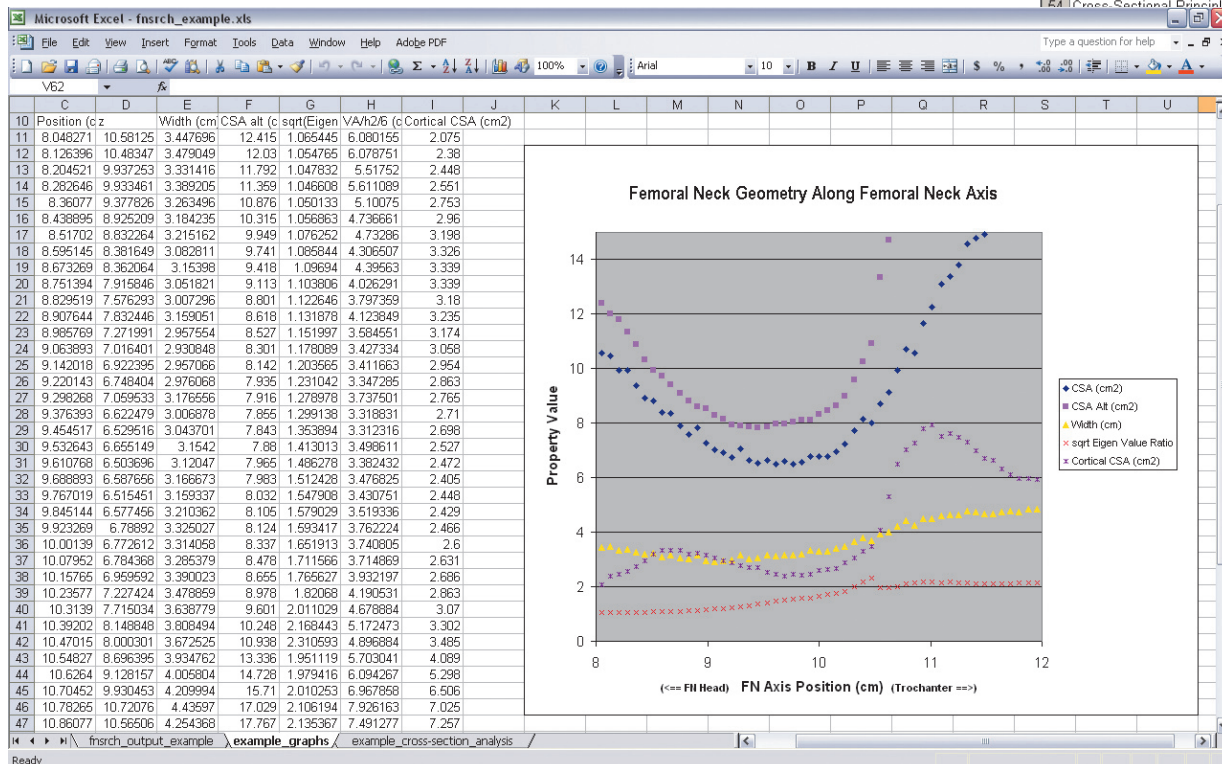
BIT analysis results are stored in the QCT PRO database. The contents of the QCT PRO database can be exported as delimited text files that can be imported into applications such as SPSS or Microsoft Excel or other applications for further data processing and statistical analysis. Additionally, 2D projection images, cross-sectional images and reformatted volumetric data sets can be exported in DICOM format for use in your own or third-party applications.

Modeling of cortical shell failure with third-party engineering models.



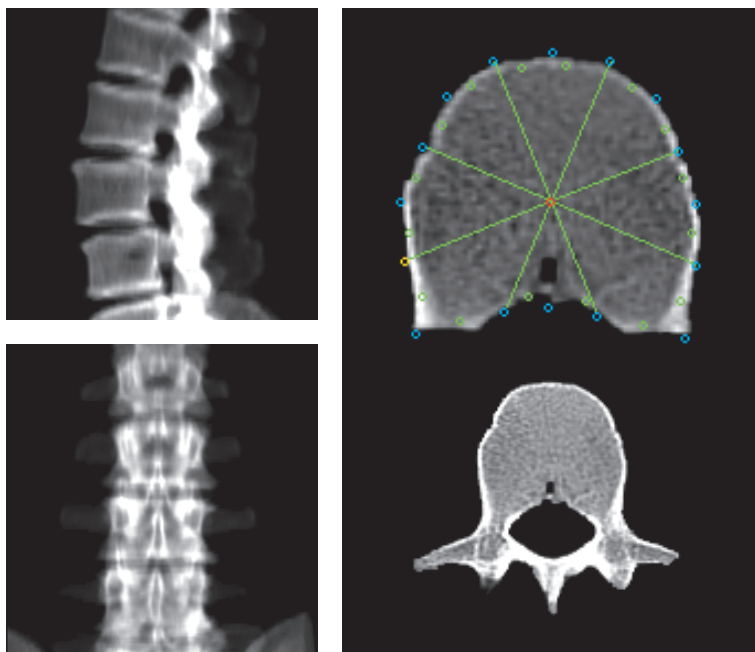
Schafer, B.W., Ádány, S. "Buckling analysis of cold-formed steel members using CUFSM: conventional and constrained finite strip methods." Eighteenth International Specialty Conference on Cold-Formed Steel Structures, Orlando, FL. October 2006.

Microsoft Excel - Book1	
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4	Patient Information
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6	First Name EDITH
7	Sex F
8	DOB 3/2/1952
9	Age 52
10	MR Number HipAnalysisBasics
11	
12	Exam Information
13	Date 3/5/2004
14	Number 288
15	Scanner CT
16	Physician GE LightSpeed16
17	Radiologist Trim x 4
18	Technologist
19	
20	Original Image and CT Calibration Information
21	Slope 1.2890
22	Intercept 1016.5
23	FUC 1.0170
24	Pixel Size 0.7422
25	Threshold 1460
26	FN ROI Height 0.945
27	
28	Split Femoral Neck Results
29	Threshold 1460
30	Region Bone BMD (g/cm3) CSA (cm2) Mass (g) Volume (cm3)
31	Superior Cortical 494.4 1.028 0.480 0.971
32	Superior Trabecular 184.7 2.423 0.423 2.269
33	Superior Total 276.9 3.451 0.903 3.260
34	Inferior Cortical 683.6 1.471 0.950 1.389
35	Inferior Trabecular 225.4 1.378 0.293 1.302
36	Inferior Total 461.9 2.848 1.243 2.691
37	
38	Hip Axis Results
39	Hip Axis Length (mm) 117.6
40	Hip Axis (X1,Y1) 35 21
41	Hip Axis (X2,Y2) 147 133
42	
43	Cross-Sectional Summary Results
44	Threshold 1460
45	Pixel Size 0.3711
46	Bone-Center Coordinates
47	CenterX (pixels) Y (pixels)
48	Geometric Center 110.6 94.1
49	Mass Center 106.8 101.2
50	Cortical Area (cm2) 2.68
51	Average Cortical BMD (mg/cm3) 603.1
52	Cortical Perimeter (cm) 9.67
53	
54	Cross-Sectional Principal Axis Strength Calculation

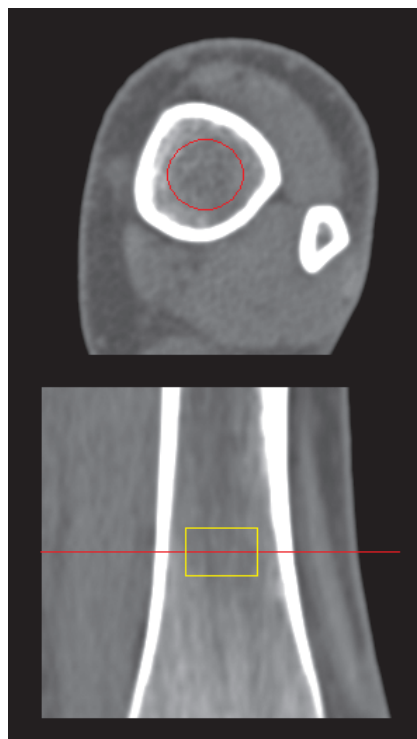


Extensibility

While the QCT PRO Bone Investigational Toolkit was designed around analyses of the proximal femur, and it includes tools specific to this region, many tools available in BIT can be applied to cross-sectional images from other anatomical regions. Works in progress include developing additional tools within the BIT framework customized for other anatomical regions such as the spine and long bones such as the tibia.



Projection, volumetric and geometric analysis of the spine.



Bone density and bone geometry assessment at peripheral sites.

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Tel: +1 512 912 0871
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Email: info@qct.com

www.qct.com

The QCT PRO Bone Investigational Toolkit includes:

- DICOM File Import Tools
- Supplementary Femoral Neck Analysis and Image Export Tools
- Cross-Sectional Image Analysis Module
- QCT PRO Header Editor for anonymizing cases
- QCT PRO Image Editor
- QCT PRO Database Export Utility

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