

# X<sup>2</sup>-Gaussian: 4D Radiative Gaussian Splatting for Continuous-time Tomographic Reconstruction

## Supplementary Material

### 1. Details of Dataset

**DIR Dataset** We collected 4D CT scans from the DIR dataset [4], which were acquired from patients with malignant thoracic tumors (esophageal or lung cancer). Each 4D CT was divided into 10 3D CT volumes based on respiratory signals captured by a real-time position management respiratory gating system [7]. For each patient, the CT dimensions are  $256 \times 256$  in the x and y axes, while the z-axis dimension varies from 94 to 112 slices. The z-axis resolution is  $2.5 \text{ mm}$ , and the xy-plane resolution ranges between  $0.97$  and  $1.16 \text{ mm}$ . The CT scan coverage encompasses the entire thoracic region and upper abdomen. Following the approach in literature [3, 13], we preprocessed the original data by normalizing the density values to the range of  $[0, 1]$ . We simulated the classical one-minute sampling protocol used in clinical settings by uniformly sampling 300 paired time points and angles within a one-minute duration and a  $0$  to  $360$  angular range. Based on the respiratory phase corresponding to each timestamp, we selected the appropriate 3D CT volume, and then utilized the tomographic imaging toolbox TIGRE [1] to capture  $512 \times 512$  projections.

**4DLung Dataset** 4D CTs in 4DLung dataset [6] were collected from non-small cell lung cancer patients during their chemoradiotherapy treatment. All scans were respiratory-synchronized into 10 breathing phases. For each patient, the CT scans have dimensions of  $512 \times 512$  pixels in the transverse plane, with the number of axial slices varying between 91 and 135. The spatial resolution is  $0.9766$  to  $1.053 \text{ mm}$  in the transverse plane and  $3 \text{ mm}$  in the axial direction. Following the same pipeline as DIR dataset, We captured 300 projections with sizes of  $1024 \times 1024$ .

**SPARE Dataset** The 4D CT images from the SPARE dataset [11] have dimensions of  $450 \times 450$  pixels in the transverse plane and 220 slices in the axial direction, with an isotropic spatial resolution of  $1.0 \text{ mm}$  in all directions. Following the same methodology as the DIR dataset, we acquired 300 projections, each with dimensions of  $512 \times 512$  pixels.

### 2. Implementation details of baseline methods

We conducted comparison with various 3D reconstruction methods, which were directly applied to 4D reconstruction under the phase binning workflow. Traditional algorithm FDK [10] was implemented using the GPU-accelerated TIGRE toolbox [1]. We evaluated five SOTA NeRF-based

tomography methods: NeRF [9] (using MLP-based volumetric scene representation), IntraTomo [12] (using a large MLP for density field modeling), TensorRF [5] (utilizing tensor decomposition for efficient scene representation), NAF [13] (featuring hash encoding for faster training), and SAX-NeRF [3] (employing a line segment-based transformer). The implementations of NAF and SAX-NeRF used their official code with default hyperparameters, while NeRF, IntraTomo, and TensorRF were implemented using code from the NAF repository. All NeRF-based methods were trained for 150,000 iterations. We also evaluated three SOTA 3DGS-based methods: 3DGS [8] (introducing real-time rendering with 3D Gaussians), X-GS [2] (incorporating radiative properties into Gaussian Splatting), and R<sup>2</sup>-GS [14] (proposing a tomographic reconstruction approach to Gaussian Splatting). Since 3DGS and X-GS lack the capability for tomographic reconstruction, following [2], we leveraged their novel view synthesis abilities to generate an additional 100 X-ray images from new viewpoints for each 3D CT. These synthesized views, together with the training data, were used with the FDK algorithm to perform reconstruction. All 3DGS-based methods used their official code with default hyperparameters. All experiments were executed on a single NVIDIA RTX 4090 GPU.

### 3. More Quantitative Results

Tab. 1 and Tab. 2 present the comparative results for each patient in the 4DLung dataset and DIR dataset, respectively. Our method achieved optimal reconstruction results for nearly all patients across both datasets.

### References

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Table 1. Comparison of our X<sup>2</sup>-Gaussian with different methods on the 4DLung dataset.

Method	Patient1		Patient2		Patient3		Patient4		Patient5		Average	
	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM
FDK [10]	27.36	0.646	22.98	0.410	28.48	0.662	28.76	0.654	27.59	0.684	27.03	0.611
IntraTomo [12]	30.39	0.926	35.73	0.930	34.99	0.938	35.29	0.941	35.02	0.960	34.28	0.939
TensoRF [5]	30.42	0.907	36.67	0.931	34.64	0.933	35.14	0.944	35.86	0.969	34.55	0.937
NAF [13]	30.76	0.901	37.46	0.932	34.69	0.934	35.47	<b>0.947</b>	36.30	0.964	34.94	0.936
X-GS [2]	30.62	0.709	25.16	0.526	31.45	0.722	30.88	0.773	29.98	0.792	29.62	0.705
R <sup>2</sup> -GS [14]	33.19	0.918	39.22	0.972	37.90	0.960	37.29	0.939	38.96	0.970	37.31	0.952
Ours	<b>34.49</b>	<b>0.929</b>	<b>40.44</b>	<b>0.957</b>	<b>39.94</b>	<b>0.966</b>	<b>38.10</b>	0.943	<b>40.06</b>	<b>0.973</b>	<b>38.61</b>	<b>0.957</b>

Table 2. Comparison of our X<sup>2</sup>-Gaussian with different methods on the SPARE dataset.

Method	Patient1		Patient2		Patient3		Average	
	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM	PSNR	SSIM
FDK [10]	9.85	0.232	11.85	0.229	21.04	0.616	14.25	0.359
IntraTomo [12]	27.55	0.889	27.83	0.864	26.48	0.860	27.29	0.871
TensoRF [5]	26.88	0.863	27.21	0.832	26.64	0.877	26.91	0.857
NAF [13]	28.67	0.908	29.25	0.880	27.39	0.892	28.44	0.893
X-GS [2]	14.16	0.328	17.37	0.356	23.06	0.652	18.20	0.442
R <sup>2</sup> -GS [14]	30.04	0.907	32.06	0.901	31.26	0.916	31.12	0.908
Ours	<b>31.38</b>	<b>0.920</b>	<b>32.47</b>	<b>0.907</b>	<b>32.87</b>	<b>0.939</b>	<b>32.24</b>	<b>0.922</b>

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