

Deep Learning for Medical Imaging

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Deep neural networks learn hierarchical feature representations

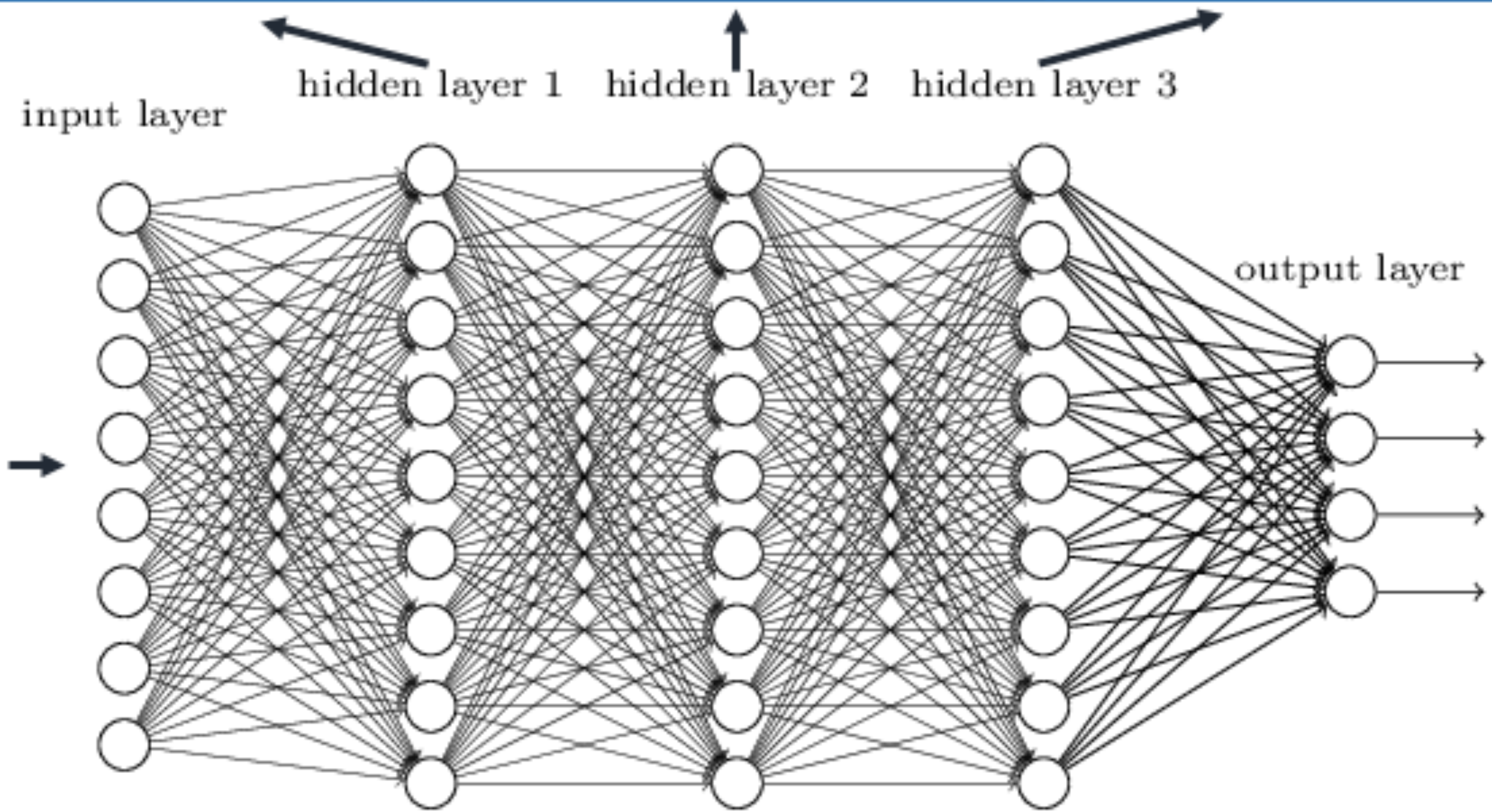
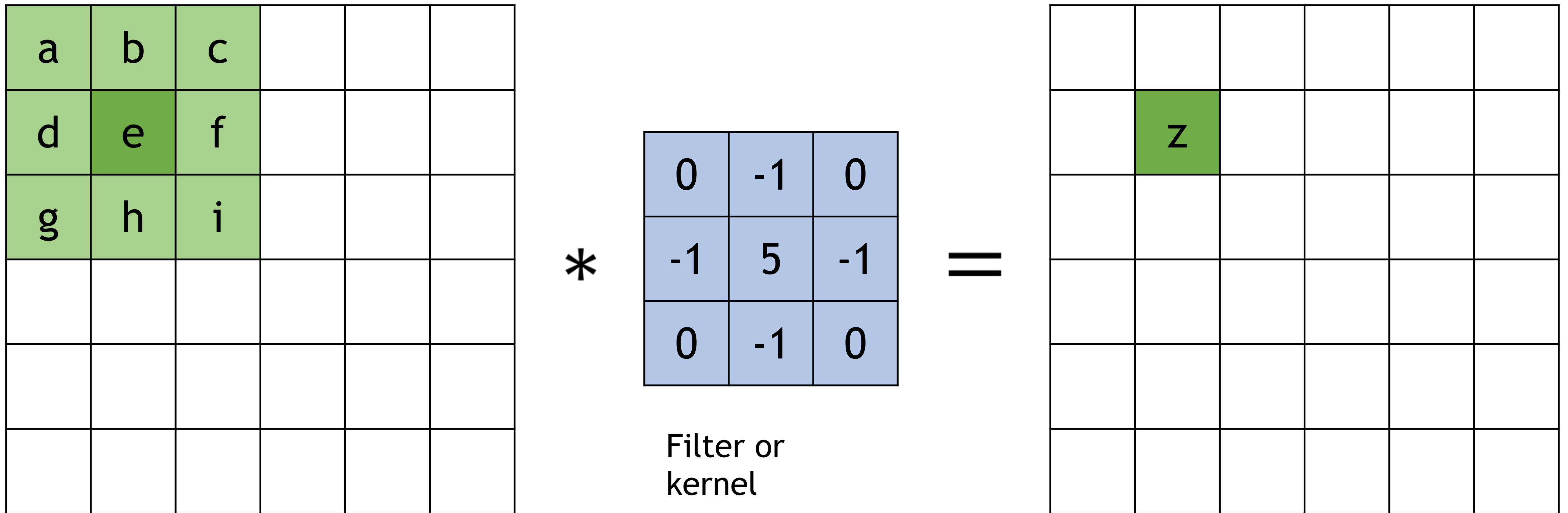


Image Convolution (1)



$$z = 0 \times a + (-1) \times b + 0 \times c + (-1) \times d + 5 \times e + (-1) \times f + 0 \times g + (-1) \times h + 0 \times i$$

Image Convolution (2)

1	2	4	1	0	2
0	1	0	0	1	1
1	0	3	2	3	0
4	3	4	1	0	1
2	4	1	1	2	0
4	2	5	2	6	4

*

0	-1	0
-1	5	-1
0	-1	0

Filter or
kernel

=

	3				

$$3 = 1 \times 0 + 2 \times (-1) + 4 \times 0 + 0 \times (-1) + 1 \times 5 + 0 \times (-1) + 1 \times 0 + 0 \times (-1) + 3 \times 0$$

Image Convolution (3)

1	2	4	1	0	2
0	1	0	0	1	1
1	0	3	2	3	0
4	3	4	1	0	1
2	4	1	1	2	0
4	2	5	2	6	4

*

0	-1	0
-1	5	-1
0	-1	0

Filter or
kernel

=

	3	-8			

Image Convolution (4)

1	2	4	1	0	2
0	1	0	0	1	1
1	0	3	2	3	0
4	3	4	1	0	1
2	4	1	1	2	0
4	2	5	2	6	4

*

0	-1	0
-1	5	-1
0	-1	0

Filter or
kernel

=

	3	-8	-4		

Image Convolution (5)

1	2	4	1	0	2
0	1	0	0	1	1
1	0	3	2	3	0
4	3	4	1	0	1
2	4	1	1	2	0
4	2	5	2	6	4

*

0	-1	0
-1	5	-1
0	-1	0

Filter or
kernel

=

	3	-8	-4	1	

Image Convolution (6)

1	2	4	1	0	2
0	1	0	0	1	1
1	0	3	2	3	0
4	3	4	1	0	1
2	4	1	1	2	0
4	2	5	2	6	4

*

0	-1	0
-1	5	-1
0	-1	0

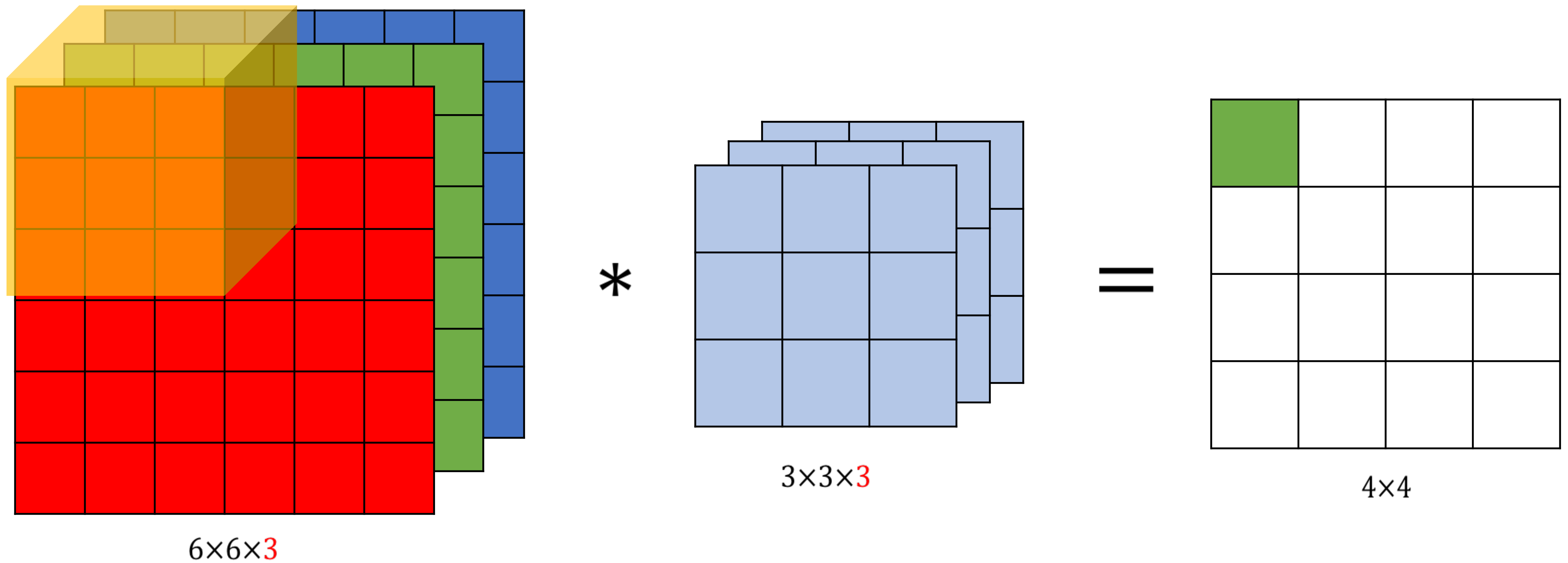
Filter or
kernel

=

	3	-8	-4	1	
	-8				

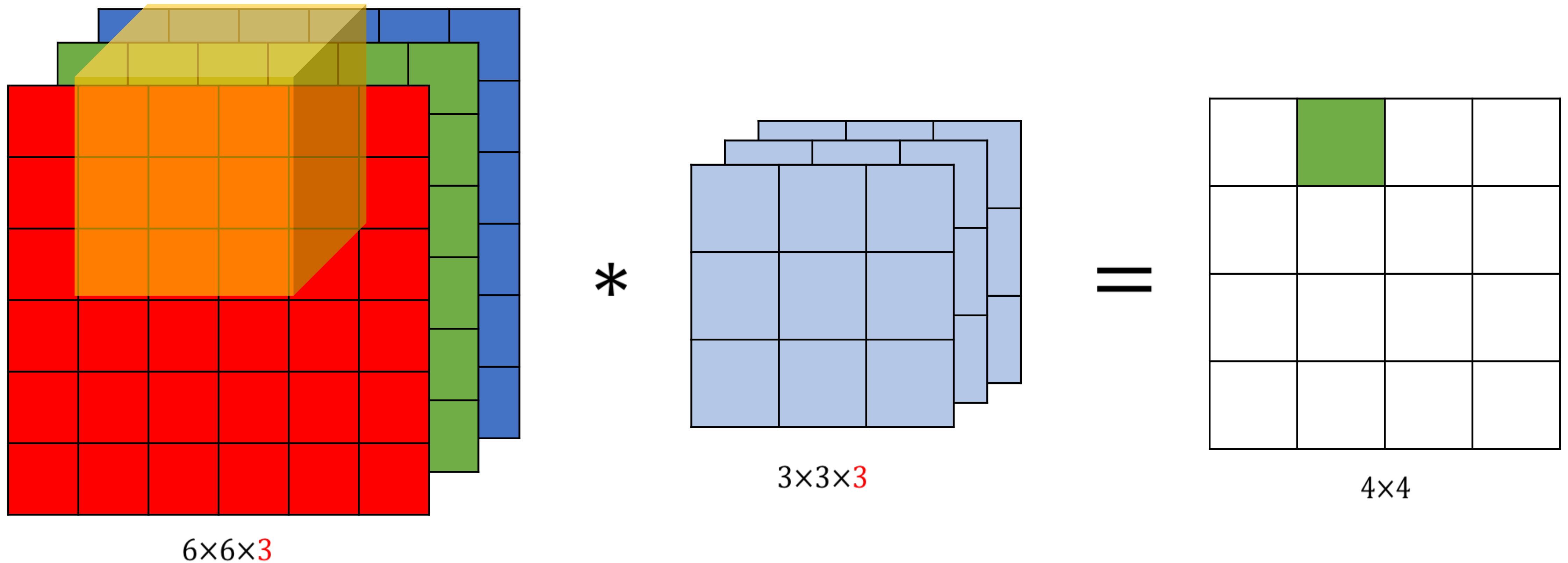
And so on...

Convolutions with multiple input channels (RGB images) (1)



The red **3** is the number of input channels

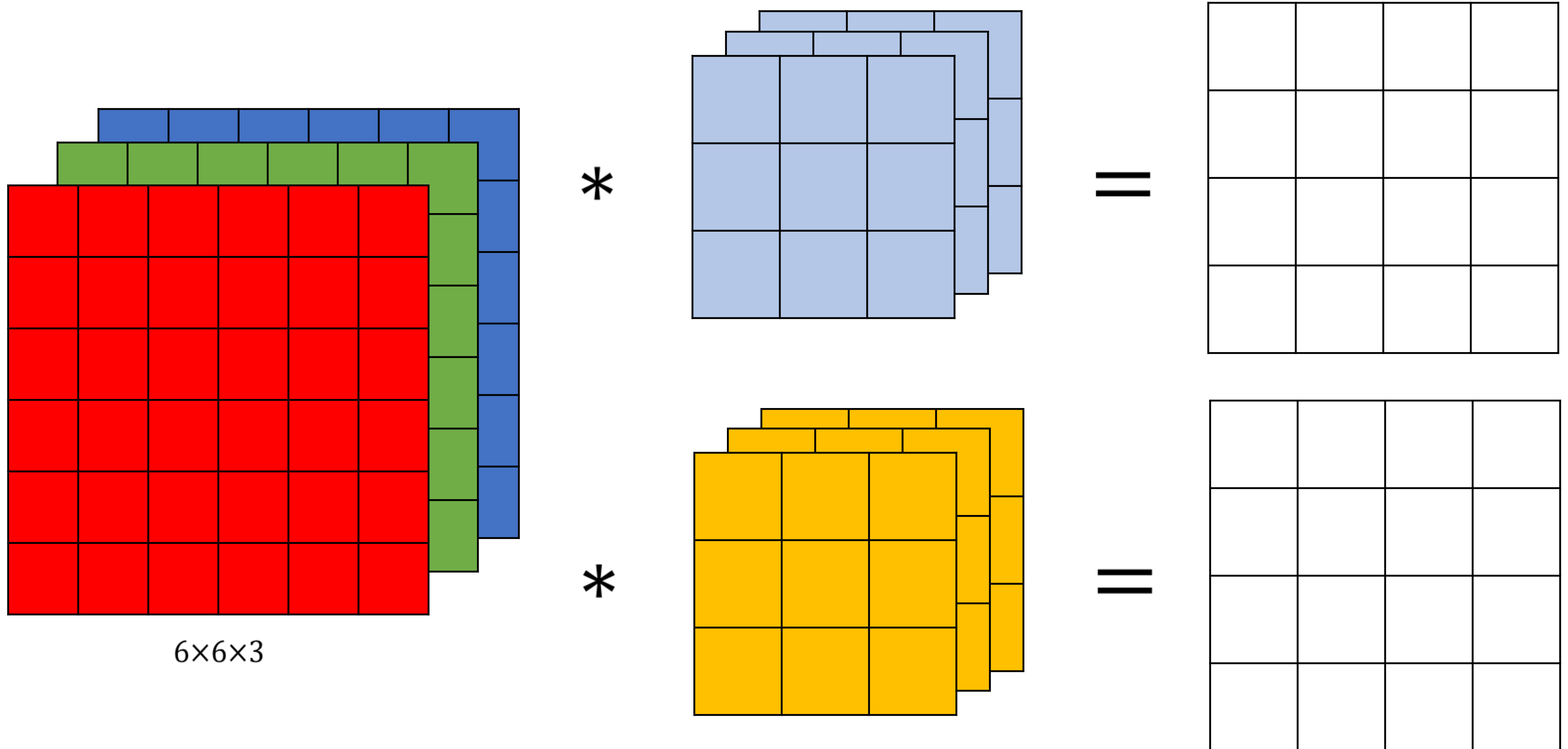
Convolutions with multiple input channels (RGB images) (2)



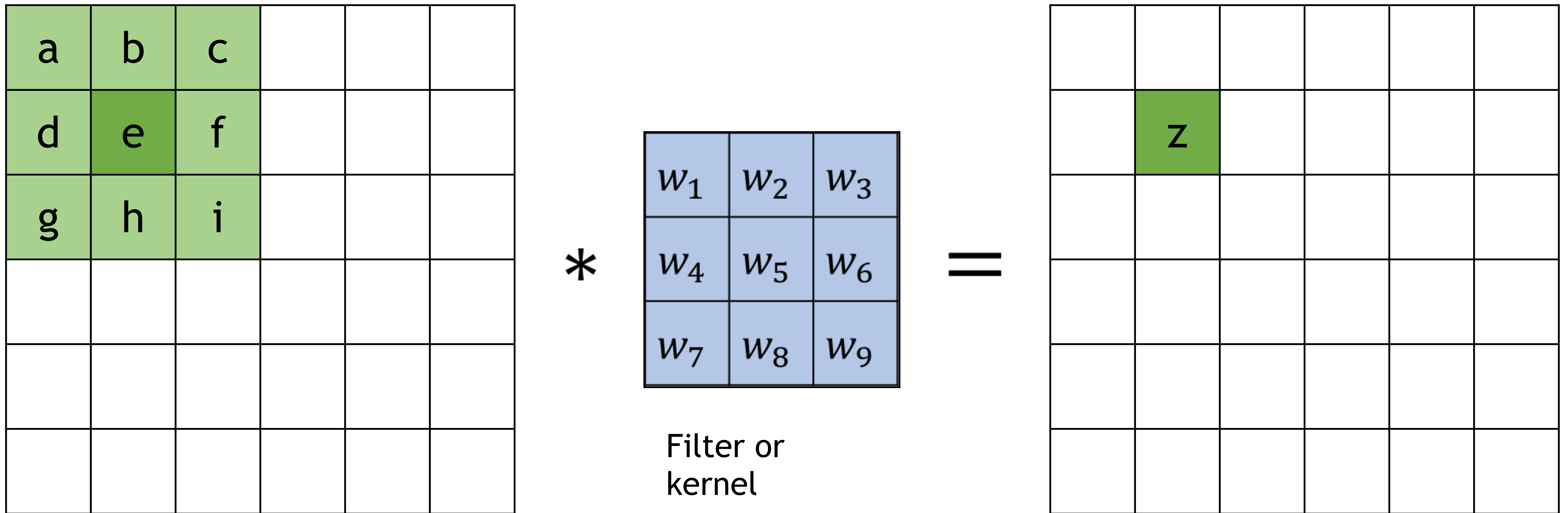
The red **3** is the number of input channels

Convolutions with multiple outputs

4x4x2

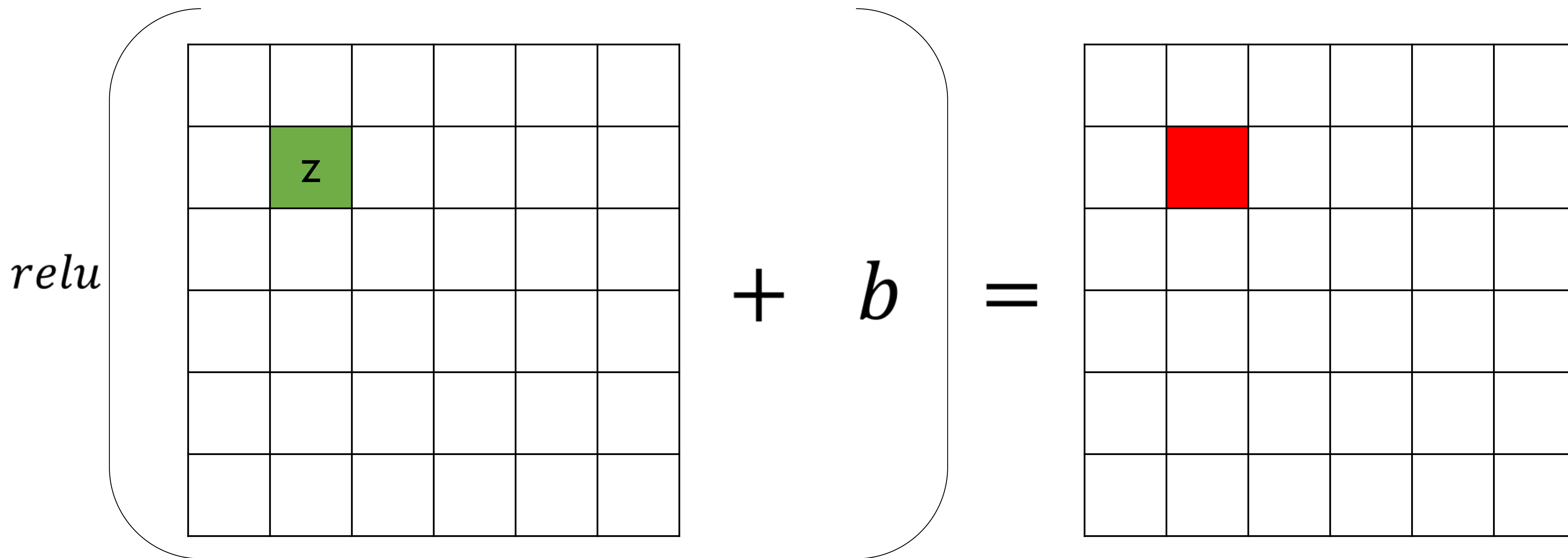


Convolution Layer (2)



$$z = \text{relu}(w_1a + w_2b + w_3c + w_4d + w_5e + w_6f + w_7g + w_8h + w_9i + b)$$

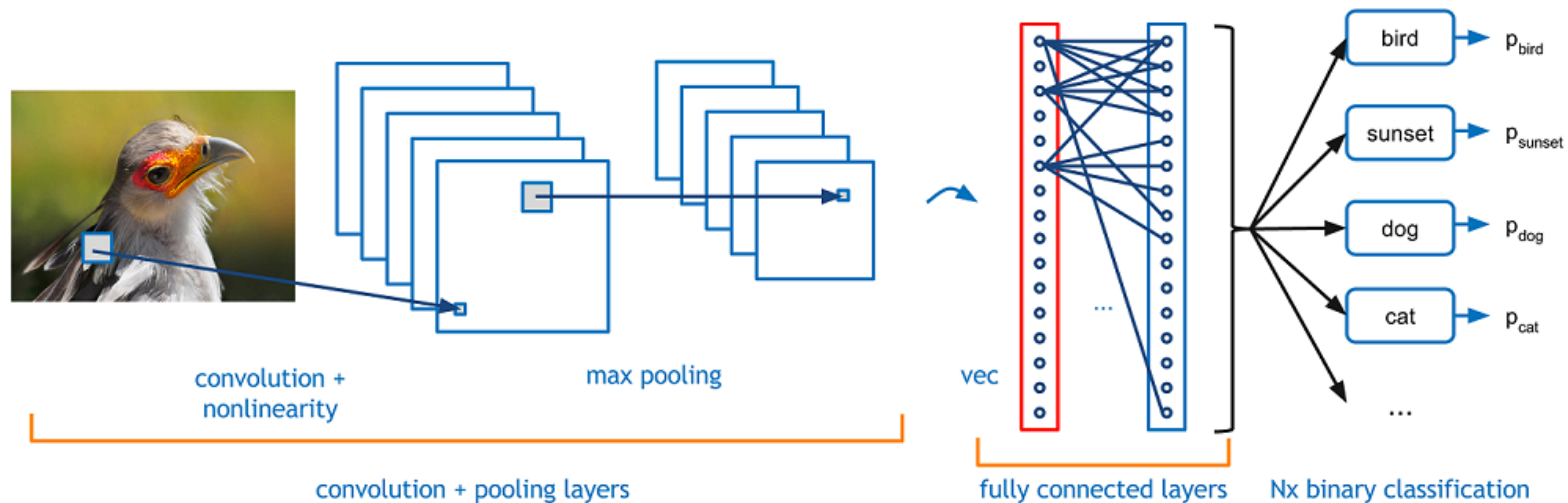
Convolution Layer (3)



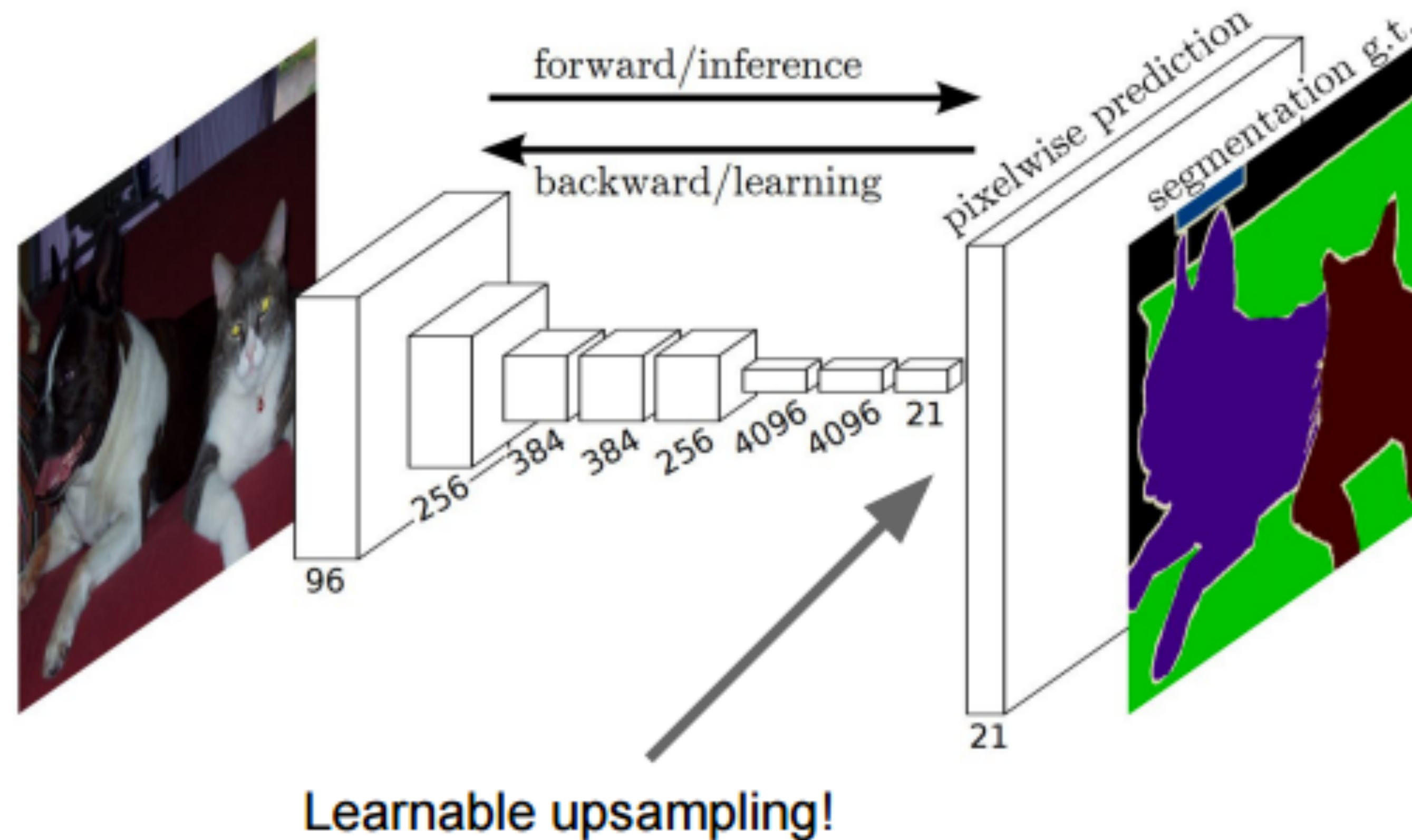
$$activation = \text{relu}(w_1a + w_2b + w_3c + w_4d + w_5e + w_6f + w_7g + w_8h + w_9i + b)$$

<http://cs231n.github.io/assets/conv-demo/index.html>

Convolution Neural Network (CNN)



Fully Convolutional Network (FCNN)



Deep Learning for Prediction of Ischemic Stroke Lesion

Segmentation

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Motivation (1)

- Ischemic Stroke is one of the leading causes of death and disability worldwide [Truelsen et al.];
- Patient outcome is extremely dependent on treatment decisions physicians make during the acute phase (around less than 3 hours after stroke);
- Stroke treatment procedures always involve medical imaging techniques:
 - Computed Tomography (CT);
 - Magnetic resonance imaging (MRI).

Motivation (2)

- The ischemic stroke lesion seen in the image can be seen by trained physicians;
- What is less clear is how the lesion will evolve over time and react to treatment;
- Automatic semantic segmentation and prediction methods can help;
- **Goal:** To predict the segmentation of an ischemic stroke lesion after it has stabilized (90 days after the stroke) using only MRI data collected at the time of the stroke.

Data Description

- MRI sequences for 75 patients (training/test = 43/32 patients), the data was provided as part of the ISLES 2017 challenge;
- 6 different maps/channels (previously skull stripped, anonymized and co-registered):
 - Apparent Diffusion Coefficient (ADC);
 - Cerebral Blood Volume (CBV);
 - Cerebral Blood Flow (CBF);
 - Mean Transit Time (MTT);
 - Time To Peak (TTP) - concentration of contrast agent;
 - Time at which the residue function reaches its maximum value (Tmax).
- Ground truth provided by manually outlined follow-up scans acquired when the stroke lesion had stabilised.

Pre-Processing

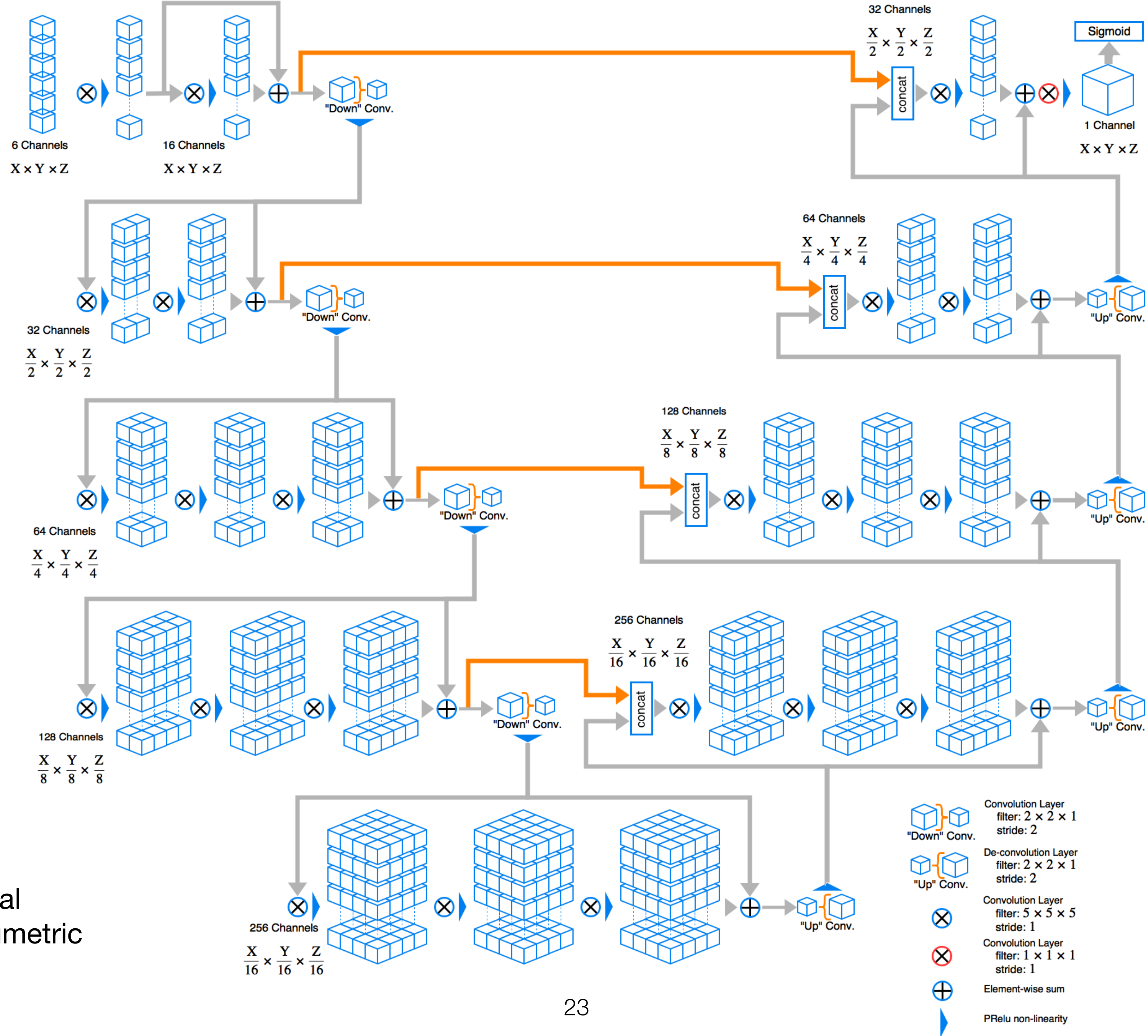
- Individually scale each channel to have zero mean and unit variance;
- Stack the 6 channels to create a 4 dimensional image:

$$\textit{width} \times \textit{height} \times \textit{depth} \times 6$$

- No re-scaling or re-sampling of the images was performed meaning the network was fed images of different sizes and spatial resolutions (competition driven choice - maybe not ideal).

Methods (1)

- Fully Convolutional Neural Network [Long et al.] with a “V-Net” architecture [Milletari et al.];
- Trained in Tensorflow with asynchronous Stochastic Gradient Descent (SGD) in Google Cloud ML Engine:
 - This allows to take advantage of multiple machines with GPUs which considerably speed up training and the iterative process of building a neural network.
- Code available at <https://github.com/MiguelMonteiro/ISLES2017>



Milletari F., Navab N. & Ahmadi S. A. (2016). V-Net: Fully convolutional neural networks for volumetric image segmentation.

Methods (3)

- Custom Loss function: sum of the cross-entropy loss with the “soft” Dice loss
 - N is the number of voxels;
 - y_n is the correct label;
 - \hat{y}_n is the predicted probability.

$$L_{\text{cross-entropy}} = -\frac{1}{N} \sum_{n=1}^{n=N} y_n \log(\hat{y}_n) + (1 - y_n) \log(1 - \hat{y}_n)$$
$$L_{\text{Dice}} = -\frac{2 \sum_{n=1}^{n=N} y_n \hat{y}_n}{\sum_{n=1}^{n=N} y_n + \sum_{n=1}^{n=N} \hat{y}_n}$$

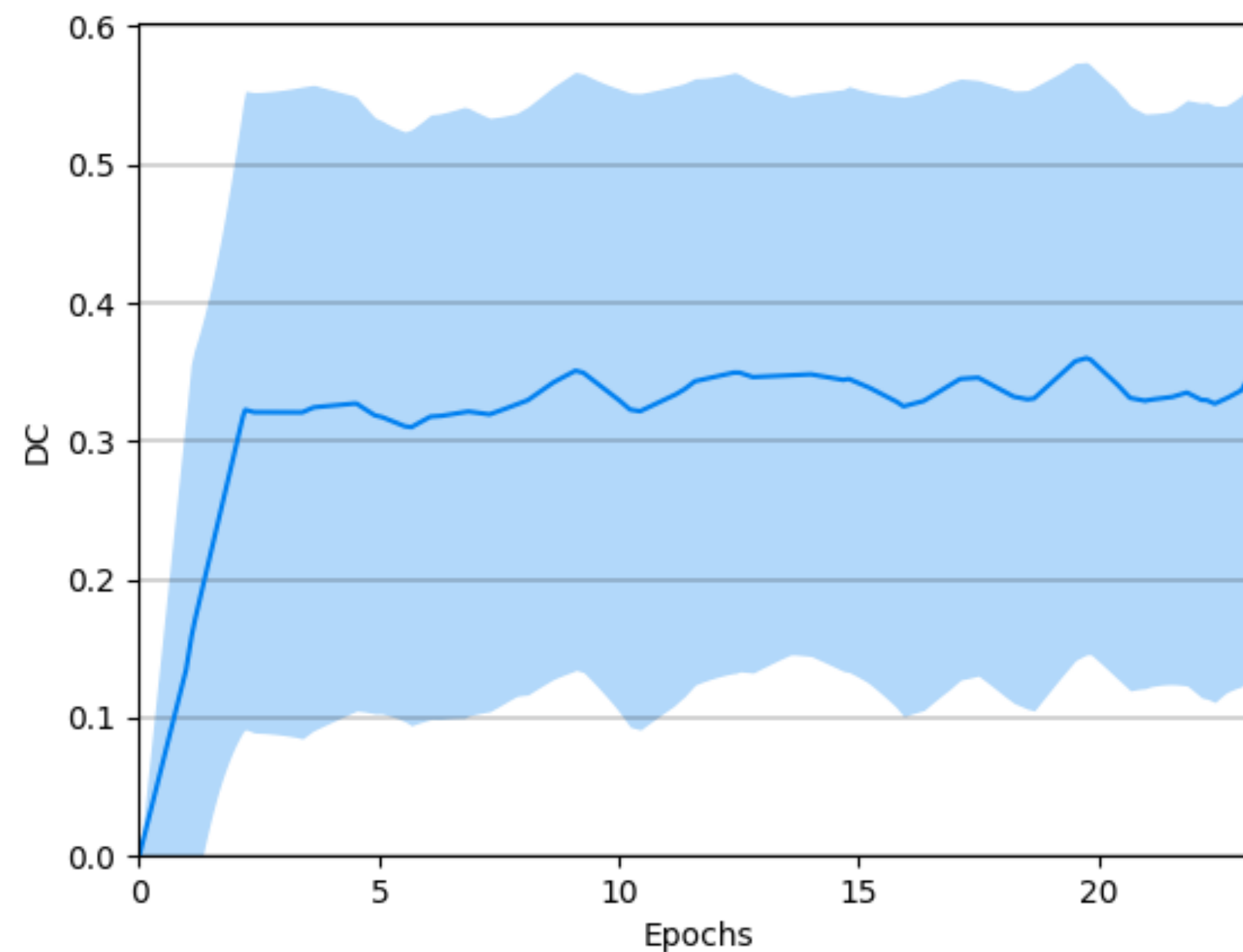
$$L = L_{\text{cross-entropy}} + L_{\text{Dice}}$$

Evaluation (1)

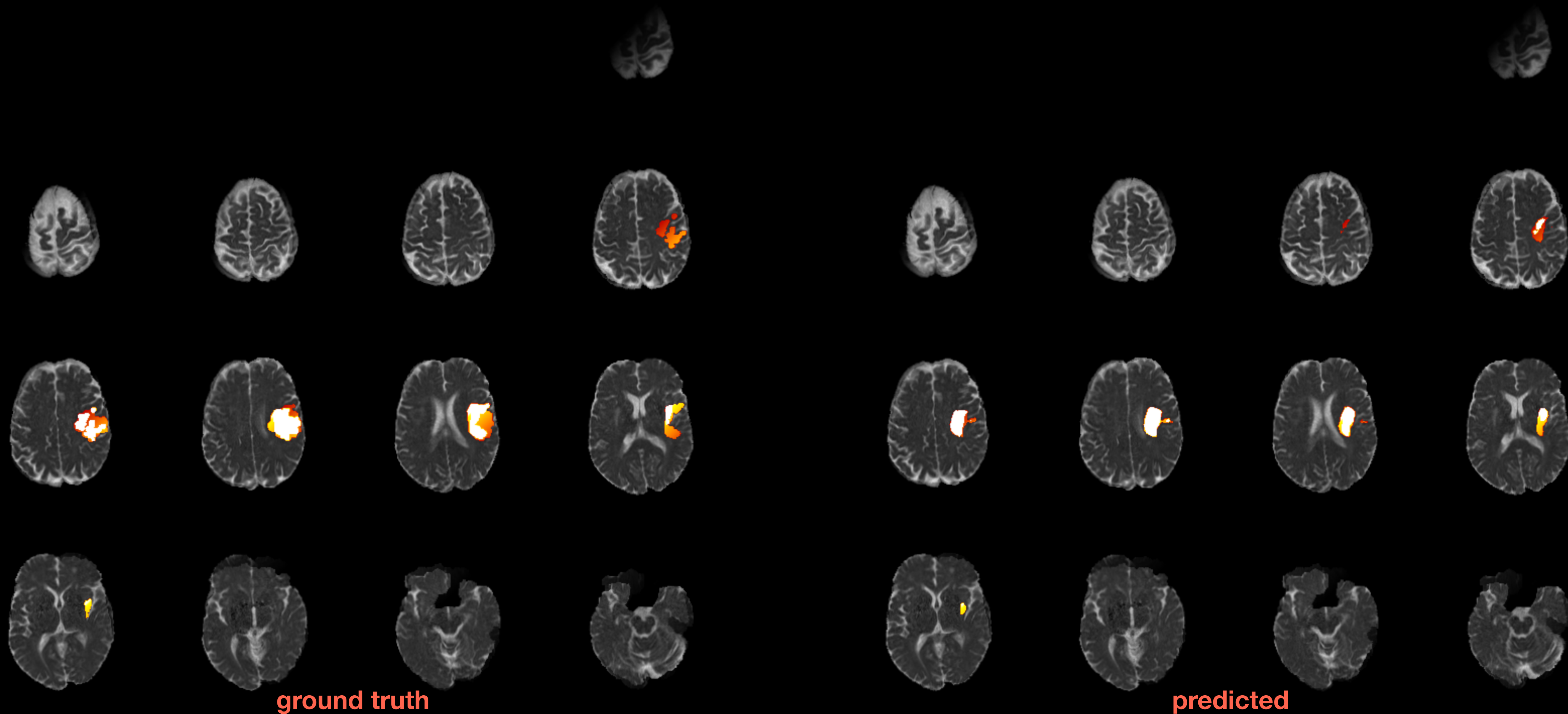
- Evaluation Metrics:
 - Dice Coefficient (DC) - overlap between ground truth and predicted volumes;
 - Hausdorff Distance - measures outliers;
 - Average Symmetric Surface Distance (ASSD) - measures overall surface deformity.
- Training with 5-fold cross-validation for hyper-parameter search.

Evaluation (2)

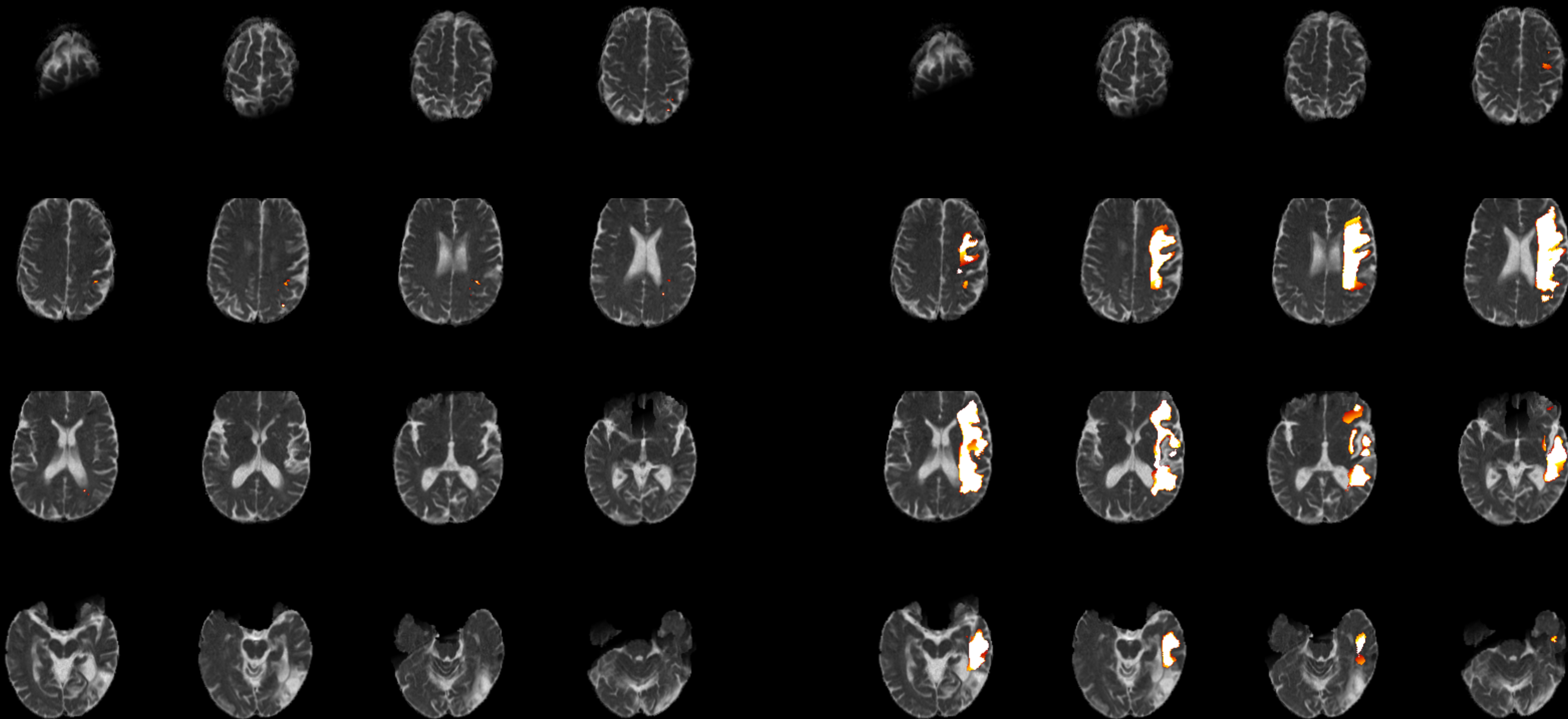
	DC	HD	ASSD
Proposed	0.357 ± 0.216	30.823 ± 18.512	4.426 ± 3.546
Cross-Entropy Loss	0.179 ± 0.204	54.383 ± 61.122	35.265 ± 67.517
Dice-Loss	0.000 ± 0.000	190.512 ± 42.516	190.512 ± 42.516



Median case (DC=42%)



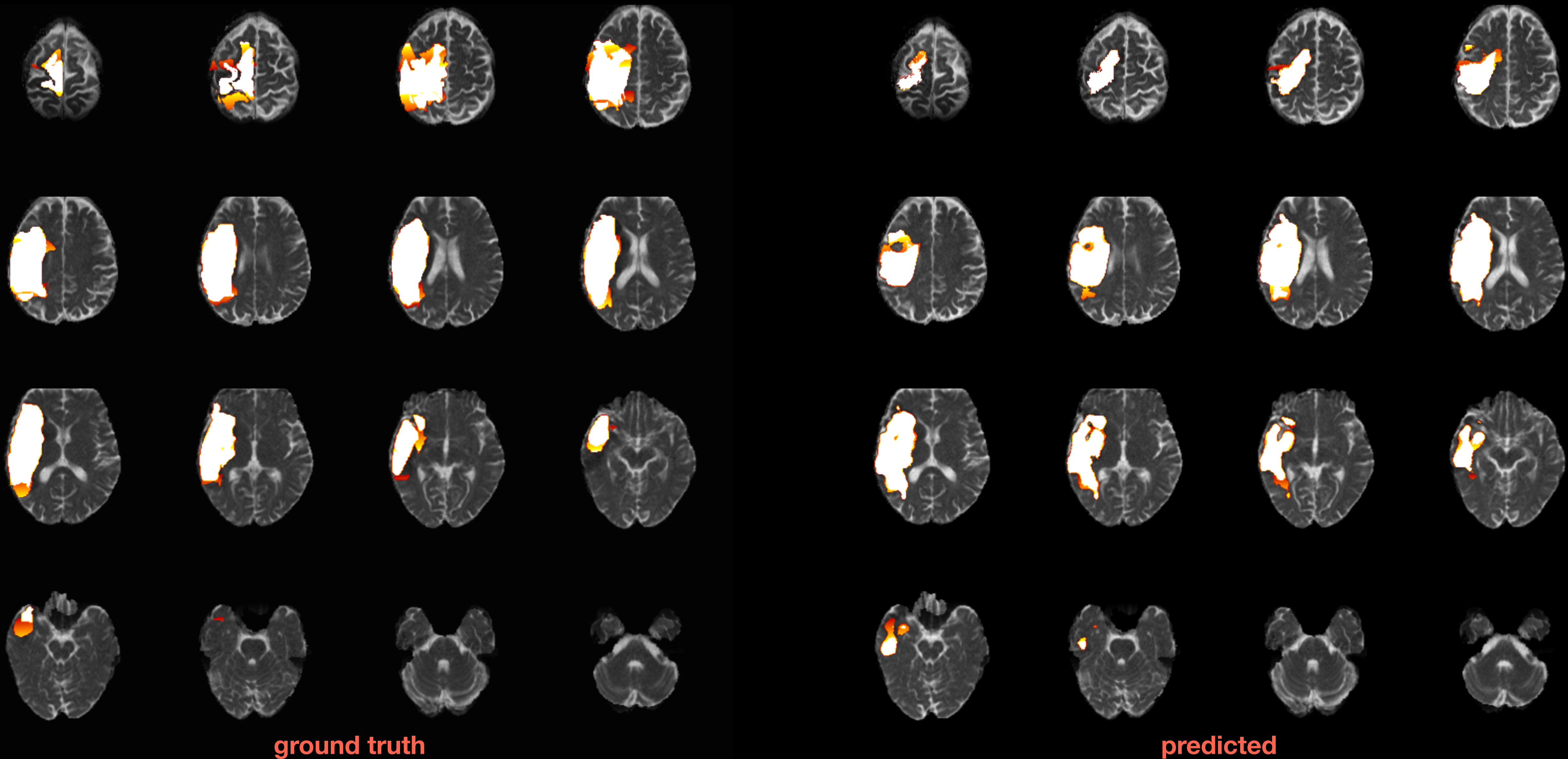
Worst case (DC=0%)



ground truth

predicted

Best case (DC=73%)



Future Challenges

- Incorporating tabular data such as the treatment information into the voxel-wise prediction;
- Better metrics to evaluate the prediction result.

Other applications

- Segmentation (organs, lesions, tumours etc...);
- Object Detection and classification;
- Image reconstruction;
- Image registration;
- MRI Pulse Sequence Generation;
- Image Synthesis for label generation;
- and more...

Questions?