

Artificial Intelligence in Medicine

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Deep Learning in Medical Image Processing

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Center for Brain Sciences



האוניברסיטה העברית בירושלים
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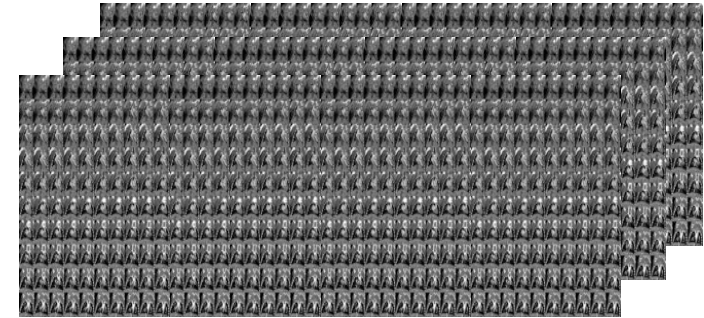
Outline

1. Motivation: Medical Image Processing (MIP)
2. Machine Learning in MIP - *very briefly*
3. Deep Learning classification methods in MIP
4. State of the art and conclusions

1. Motivation: Medical Image Processing (MIP)

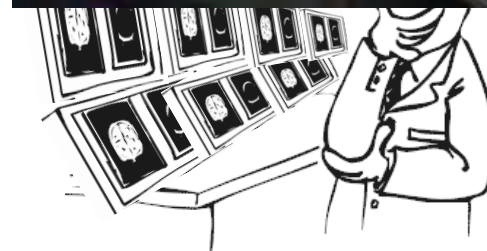
Medical imaging plays a central role in medicine!

- **30%** of all patients that reach a hospital get an image
- Over **2 billion/year** worldwide!
 - 750M CT; 250M MRI; growth of **+10% per year**.
- **Imaging devices** are now widespread worldwide.
 - They get better (and larger) all the time.
- Manpower shortage: **+2% per year**, junior radiologists

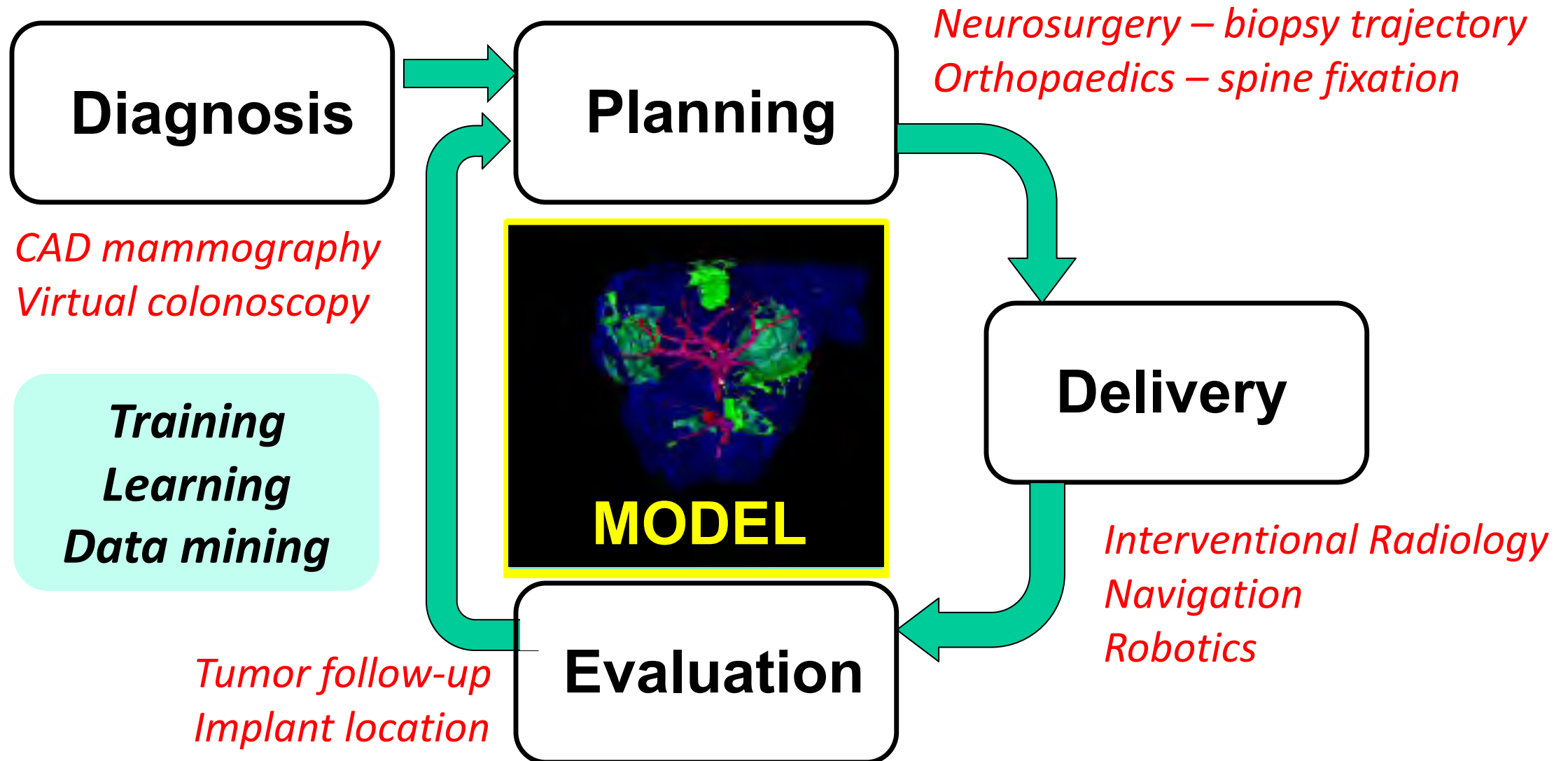


BUT...

- *Who is going to look at them?*
- *For what purpose? For how long?*
- *What information will be extracted?*
- *What about the population at large?*



Models in the patient treatment cycle



Classification in Medical Image Processing

Determine to which class a scan/set of pixels/voxels belongs to

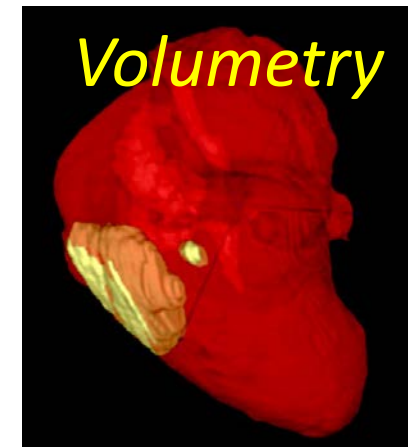
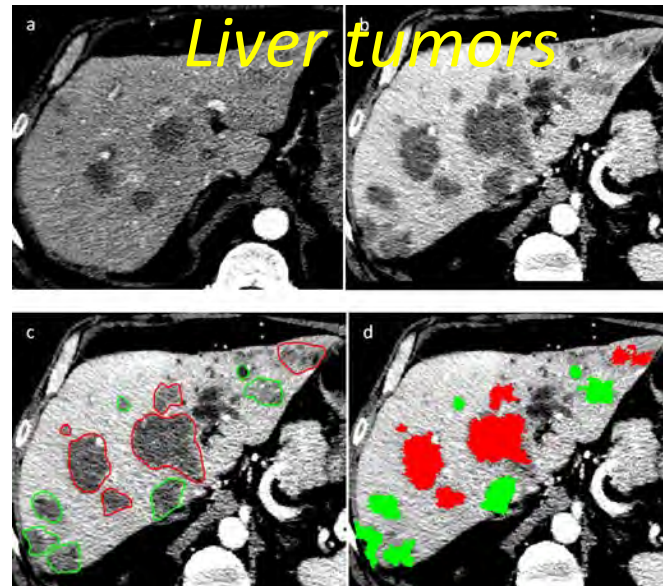
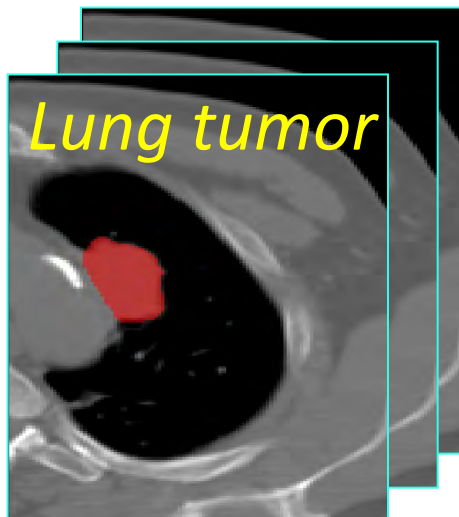
TECHNICAL

CLINICAL

Classification

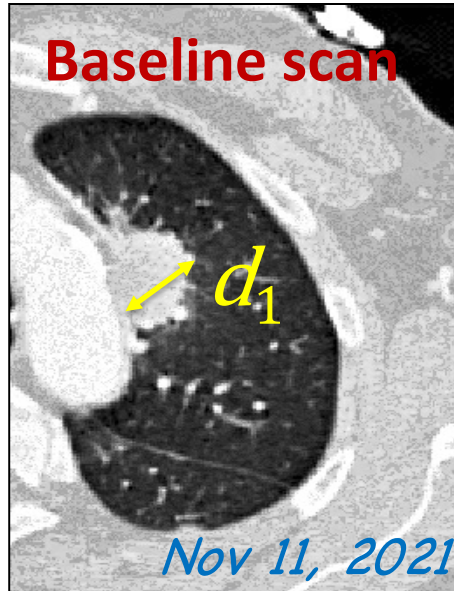
*Detection
Identification
Segmentation
Grading*

*Volumetry
Incidental findings
Follow-up
Triage, ranking*



Classification: example

Clinical task: tumor follow-up in chest CT scan

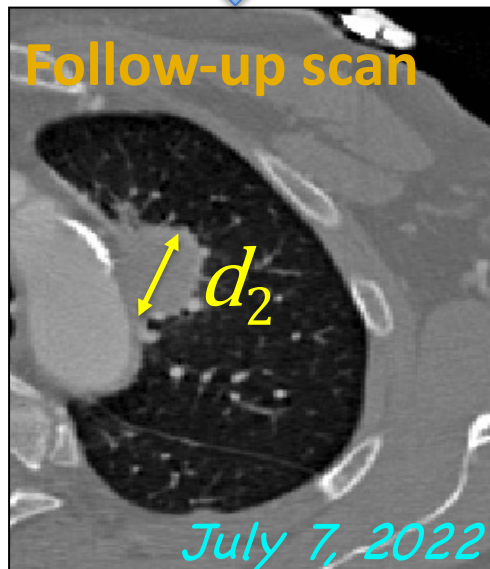


FEATURES

Tumor diameter: d_1, d_2
Diameter change: $\Delta d\%$

RELATION

$$\Delta d = \left(\frac{d_2 - d_1}{d_1} \right) \times 100\%$$



CLASSES

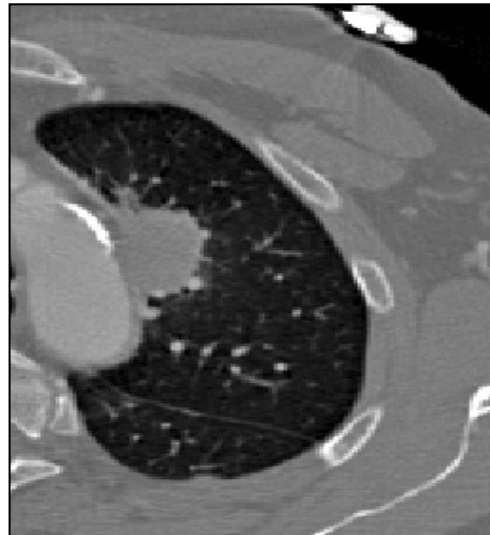
Progression $\Delta d \geq +20\%$

Regression $\Delta d \leq -30\%$

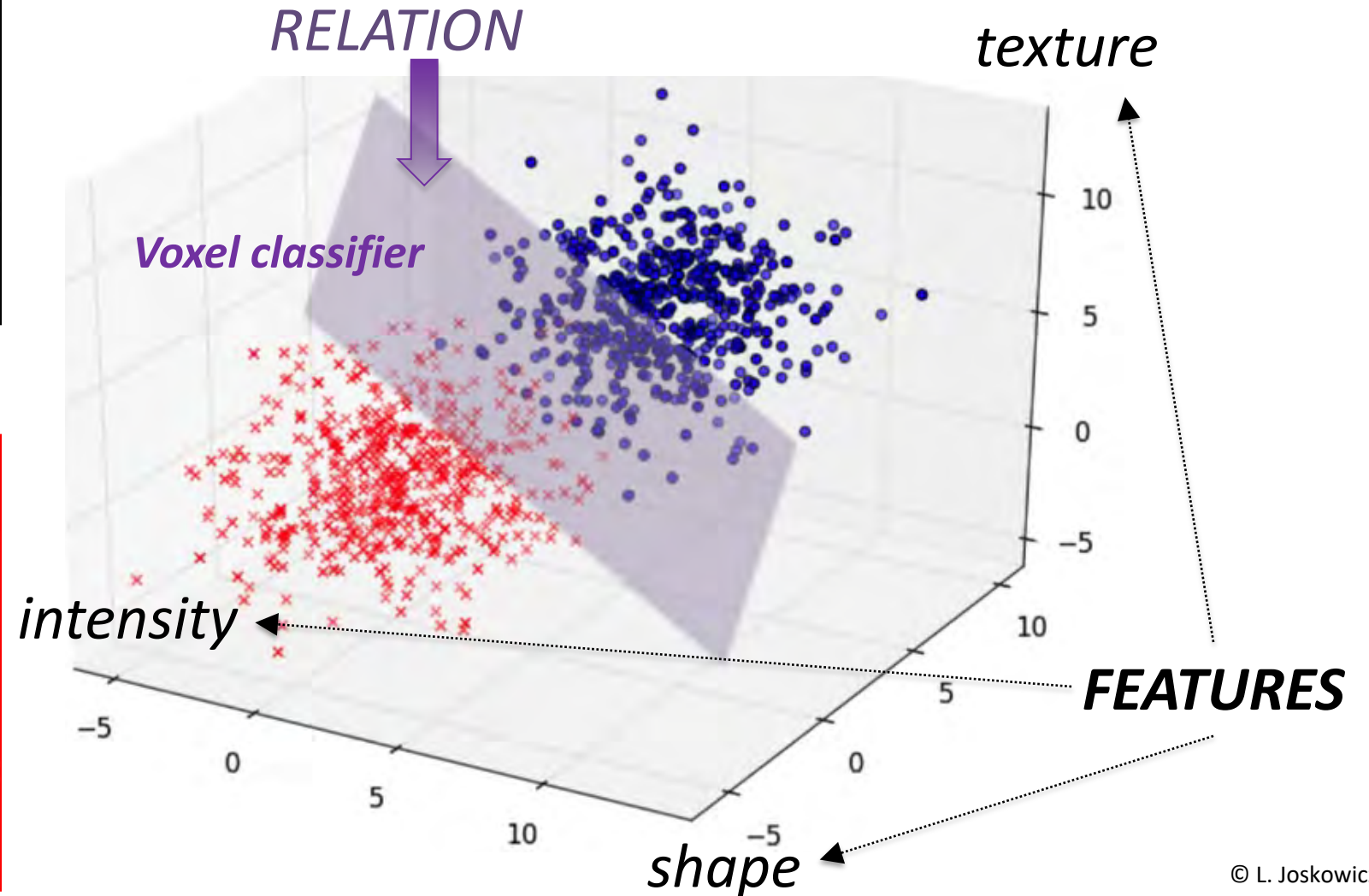
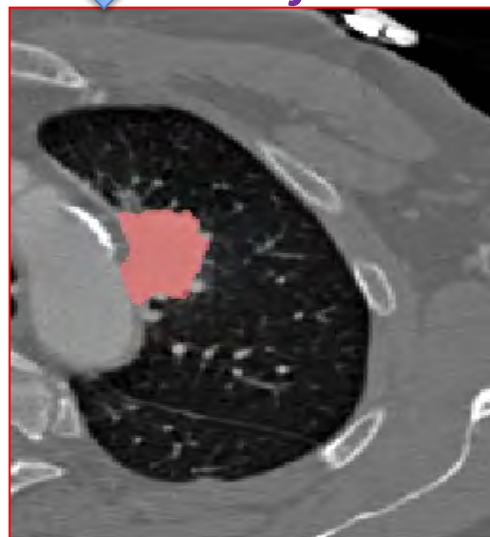
Stable $-30\% \leq \Delta d \leq +20\%$

Classification: features space

Clinical task: tumor volume by segmentation



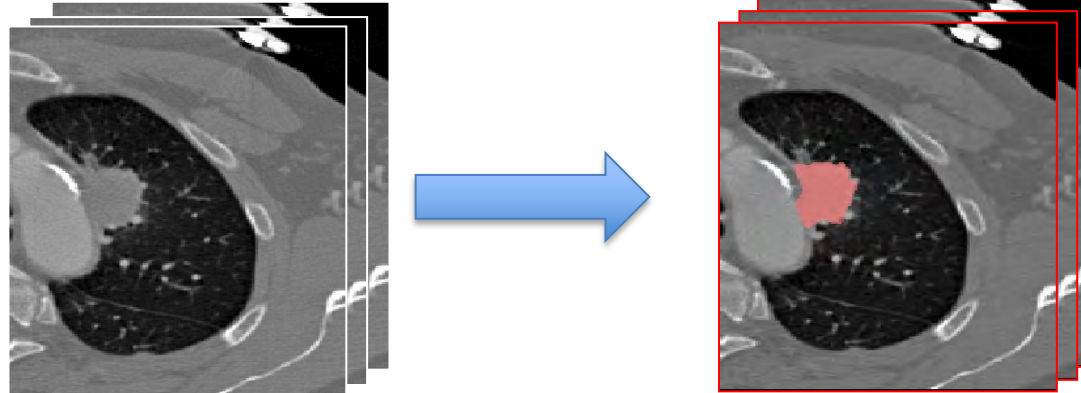
Voxel classification



Models in computational radiology

Model = features + relations between features

Task: tumor segmentation by voxel classification



Program

```

51 // save to file
52 void saveToFile(void *data, size_t nBytes, std::string fileName) {
53     FILE * fp = fopen(fileName.c_str(), "wb");
54     if (!fp) {
55         LOG_ERR("Can't access " << fileName);
56     }
57
58     size_t n = fwrite(data, 1, nBytes, fp);
59     if (n != nBytes) {
60         LOG_ERR("Error saving vector to " << fileName);
61     }
62     fclose(fp);
63 }
    
```

Manual modeling

Machine learning

Deep learning



Features
intensity, texture
shape, location

MANUAL

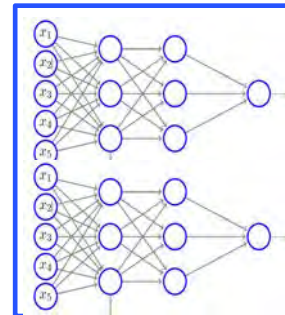
Features
intensity, texture
shape, location

MANUAL

Features
Derived from data
Implicit

AUTOM

Network



Relations
Boundary
differences, ...

MANUAL

Relations
Derived by
regression, SVM, ...

AUTOM

Relations
Derived from data
Implicit

AUTOM

Models in Medical Image Processing

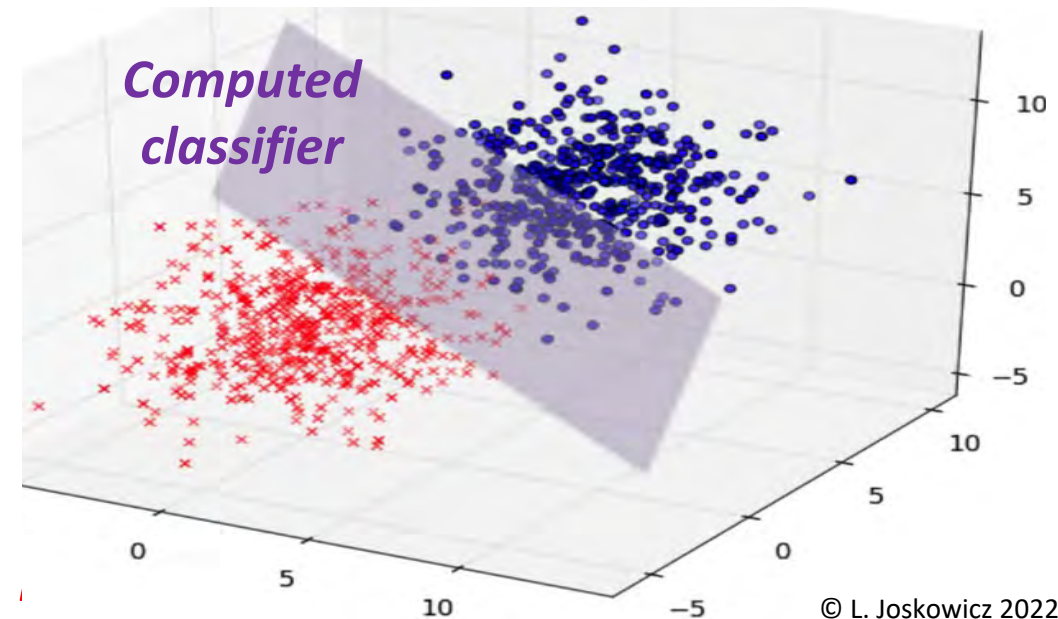
<i>Manual modeling</i>	<i>Machine learning</i>	<i>Deep learning</i>
Mostly knowledge Limited data	Some knowledge Some data	Mostly data Limited expert knowledge

The NO FREE LUNCH axiom

- *Each approach requires effort and data*
- *The type of effort and size of data is different*
- *The effort by engineers and clinicians is different*

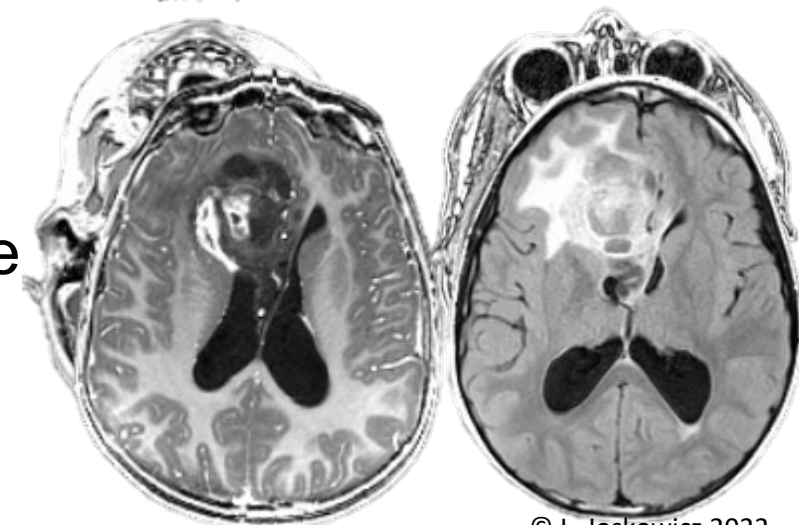
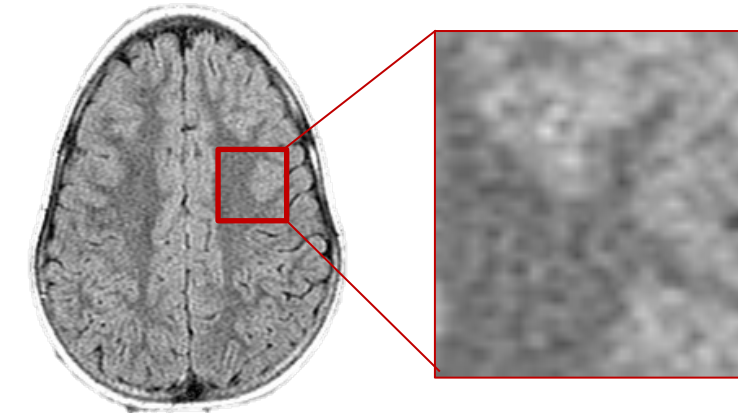
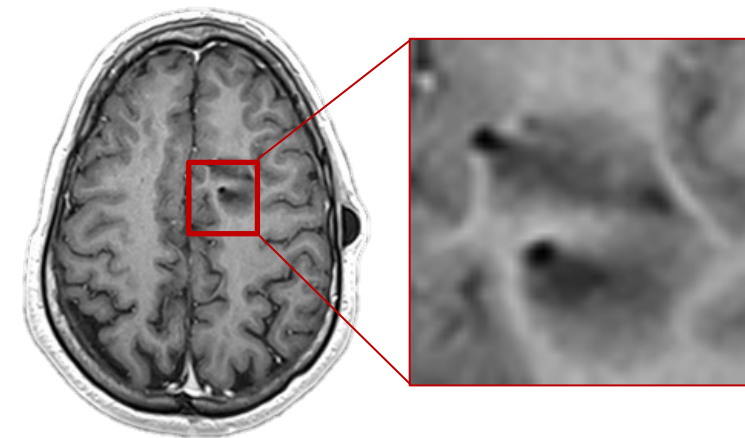
2. Machine learning methods in MIP

1. Define the regions of interest (ROI) on the image
2. Define the features to be computed for each ROI (10-50)
3. Define a way to compute feature values in each ROI to obtain a k -dimensional vector
4. Choose a classifier to classify the resulting k -dimensional vectors.
Common classifiers are:
 - Regression
 - Single Value Decomposition
 - k Nearest Neighbors
 - Decision trees
 - ...



Typical requirements

- Sample size: ~50 cases per label
- Data set homogeneity: sequence type, resolution, etc.
- Exclusion criteria: scans of patients with multiple pathologies from different origins
- Good data quality
- Clear criteria for segmentation of the target area for classification
- Manual labeling of cases relative to a gold standard
- Prior knowledge regarding important characteristics of the target area for classification - not mandatory but useful!
- Adequate computational power



Machine learning: classification features

Common features

Sum average:

$$\text{sum average} = \sum_{i=2}^{2N_g} [iP_{x+y}(i)]$$

Sum entropy:

$$\text{sum entropy} = - \sum_{i=2}^{2N_g} P_{x+y}(i) \log_2[P_{x+y}(i)]$$

Sum variance:

$$\text{sum variance} = \sum_{i=2}^{2N_g} (i - SE)^2 P_{x+y}(i)$$

Variance:

$$\text{variance} = \sum_{i=1}^{N_g} \sum_{j=1}^{N_g} (i - \mu)^2 P(i, j)$$

Long Run Emphasis (LRE)

$$LRE = \frac{\sum_{i=1}^{N_g} \sum_{j=1}^{N_r} j^2 p(i, j | \theta)}{\sum_{i=1}^{N_g} \sum_{j=1}^{N_r} p(i, j | \theta)}$$

Gray Level Non-Uniformity (GLN)

$$GLN = \frac{\sum_{i=1}^{N_g} [\sum_{j=1}^{N_r} p(i, j | \theta)]^2}{\sum_{i=1}^{N_g} \sum_{j=1}^{N_r} p(i, j | \theta)}$$

Run Length Non-Uniformity (RLN)

$$RLN = \frac{\sum_{j=1}^{N_r} [\sum_{i=1}^{N_g} p(i, j | \theta)]^2}{\sum_{i=1}^{N_g} \sum_{j=1}^{N_r} p(i, j | \theta)}$$

Energy:

$$\text{energy} = \sum_{i=1}^{N_g} \sum_{j=1}^{N_g} [P(i, j)]^2$$

Entropy (H):

$$\text{entropy} = - \sum_{i=1}^{N_g} \sum_{j=1}^{N_g} P(i, j) \log_2[P(i, j)]$$

Homogeneity 1:

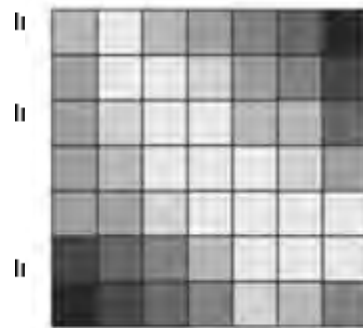
$$\text{homogeneity 1} = \sum_{i=1}^{N_g} \sum_{j=1}^{N_g} \frac{P(i, j)}{1 + |i - j|}$$

Homogeneity 2:

$$\text{homogeneity 2} = \sum_{i=1}^{N_g} \sum_{j=1}^{N_g} \frac{P(i, j)}{1 + |i - j|^2}$$

Informational measure of correlation 1 (IMC1):

$$IMC1 = \frac{HXY - HXY1}{\max\{HX, HY\}}$$



	1	2	3	4	5	6	7	8
1	66	16	17	8	4	0	0	0
2	18	0	9	7	3	2	0	0
3	17	9	2	9	5	2	1	0
4	8	7	9	12	4	4	2	0
5	4	3	5	4	4	6	2	1
6	0	2	2	4	6	2	5	2
7	0	0	1	2	2	5	2	3
8	0	0	0	0	1	2	3	0

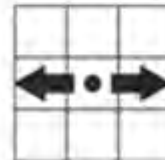


	1	2	3	4	5	6	7	8
1	0.21	0.05	0.05	0.03	0.01	0.00	0.00	0.00
2	0.05	0.00	0.03	0.02	0.01	0.01	0.00	0.00
3	0.05	0.03	0.01	0.03	0.02	0.01	0.00	0.00
4	0.03	0.02	0.03	0.04	0.01	0.01	0.01	0.00
5	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.00
6	0.00	0.01	0.01	0.01	0.02	0.01	0.02	0.01
7	0.00	0.00	0.00	0.01	0.01	0.02	0.01	0.01
8	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00

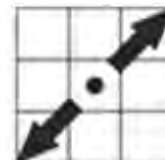


Energy: 0.067
 Contrast: 2.493
 Homogeneity: 0.785
 Entropy: 1.444
 Cluster Tend.: 39.231

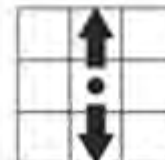
||



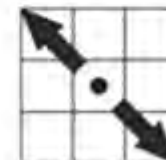
0°



45°



90°



135°

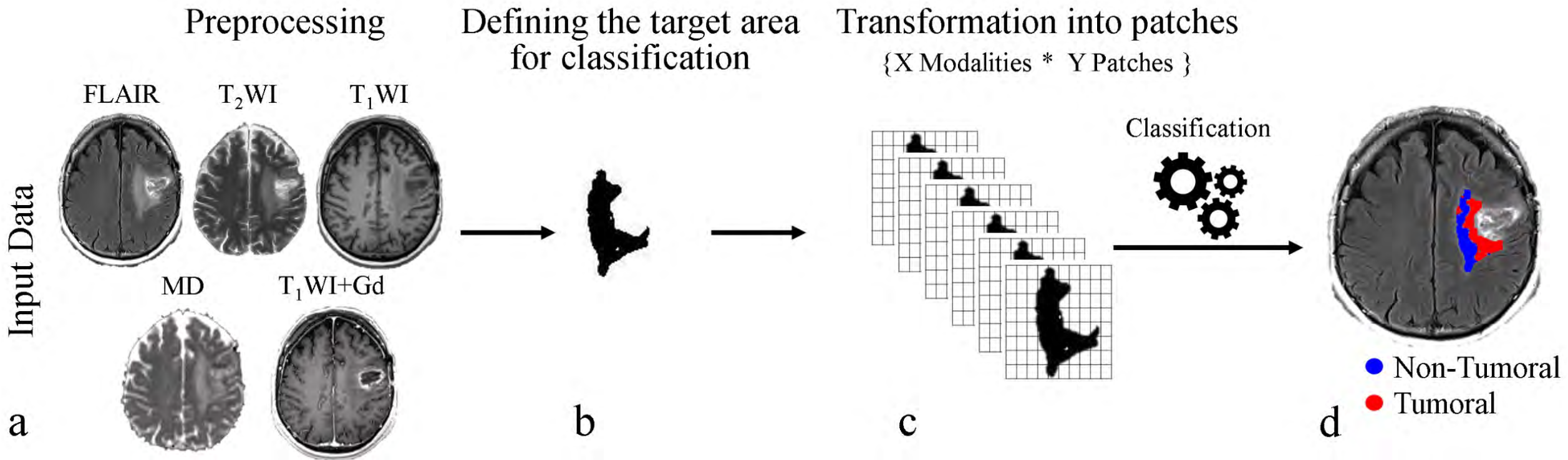


All Directions

Example: classification of tumor components

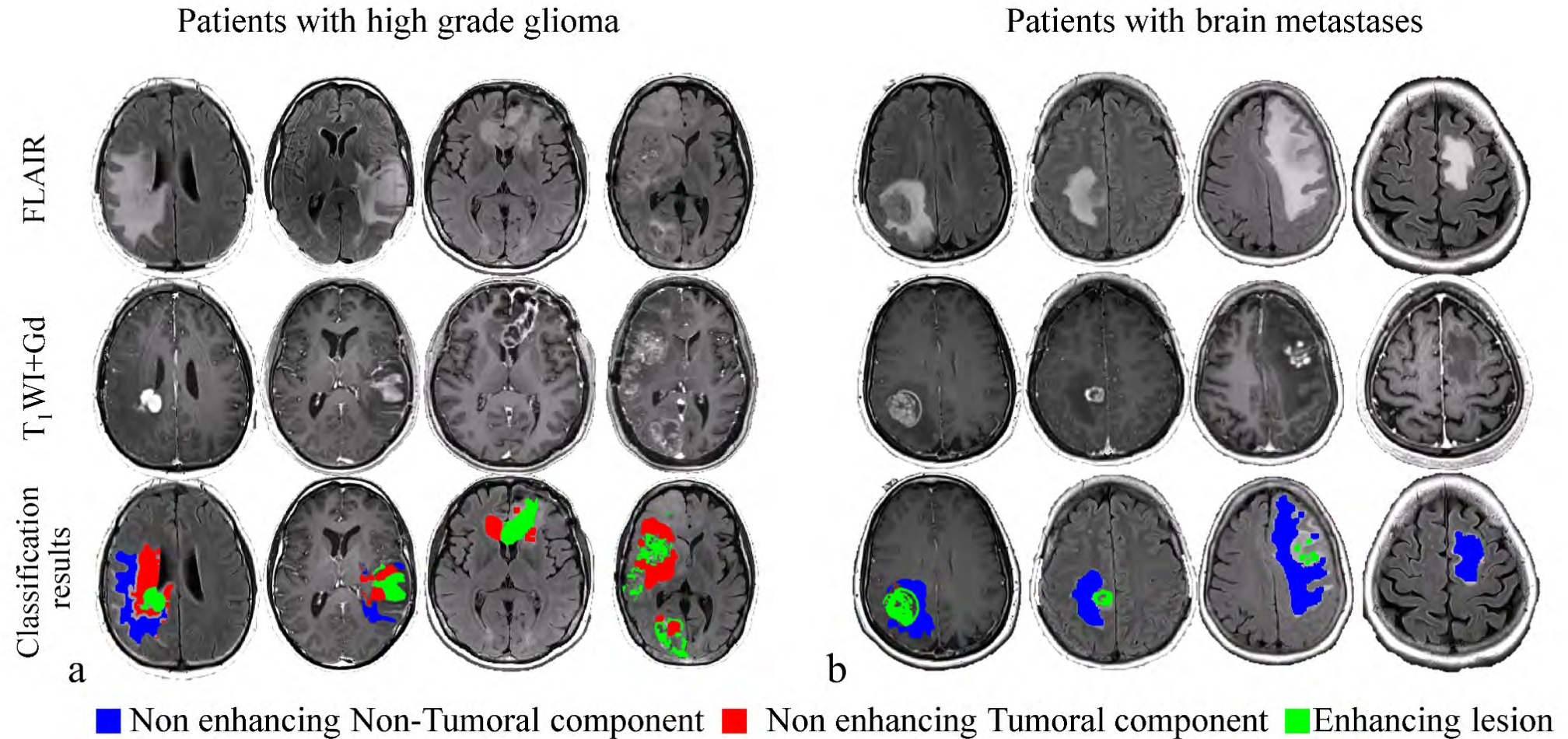
Differentiation between vasogenic edema and infiltrative tumor in patients with high grade gliomas using texture patch based analysis

DATA ANALYSIS



Example: classification of tumor components

Differentiation between vasogenic edema and infiltrative tumor in patients with high grade gliomas using a texture patch based analysis

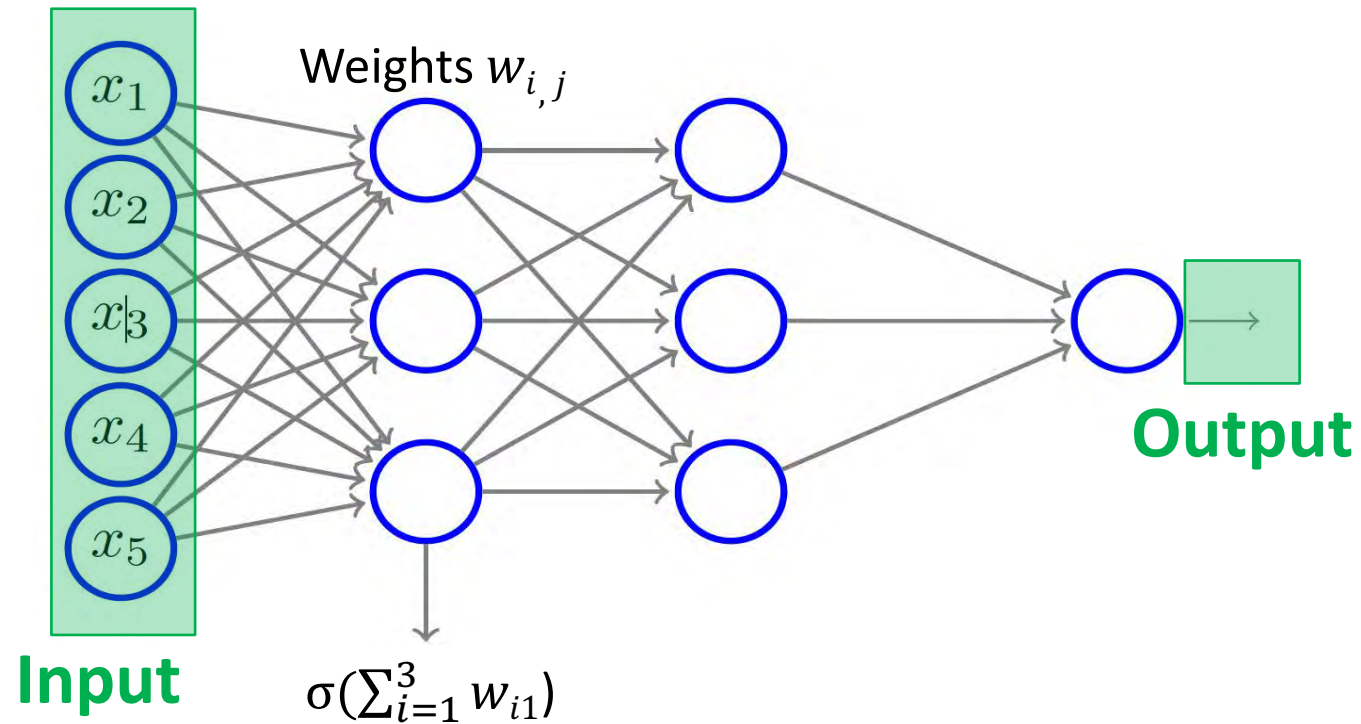


3. Deep learning methods in MIP

- Useful for tasks for which it is **hard to find an algorithm** but for which we can **collect examples** of the input-output of the desired results
- Classification is based on a **Neural Network**
- **Training data** is required as in machine learning
- **Layers:** **input** and **output** layers, **hidden** layers
- Many layers → deep neural network → deep learning

Neural networks

Deep learning = set the weights of an **artificial neural network** to implement an **unknown classification function**



Neurons
Individual
processing units

Network
input-output
connections

Training consists of adjusting the weights of the various units/layers based on the input-output pairs

Neural network model (1)

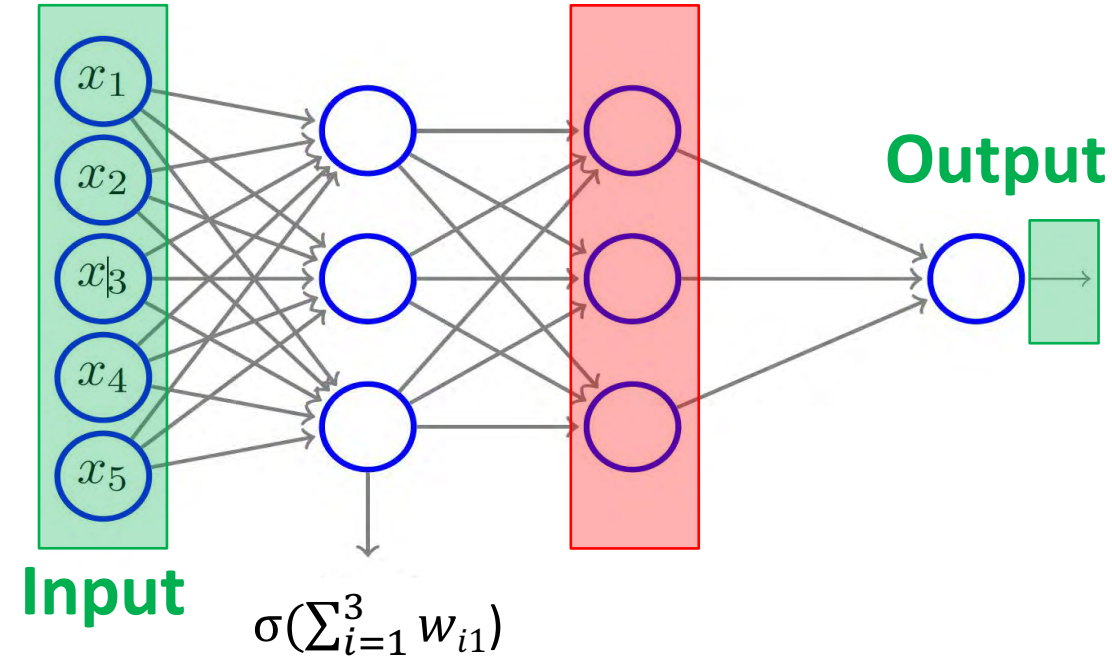
Neuron model

- \mathbf{x} : input features vector
 - a : output neuron activation
- $$a = \sigma(\mathbf{w}^T \mathbf{x} + b)$$
- \mathbf{w} and b : learned parameters vectors
 - σ : neuron non-linear function

Neural network model

- L layers of stacked neurons
- Signal is **propagated** by layers

$$a_L = \sigma(\mathbf{w}_L^T \sigma(\mathbf{w}_{L-1}^T \dots (\mathbf{w}_1^T \mathbf{x} + b_1) \dots) + b_L)$$







Weights vector

$$\mathbf{w}_i = (w_{i1}, w_{i2}, \dots, w_{in})$$

\mathbf{w}_i^T transpose

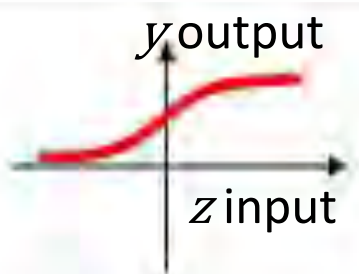

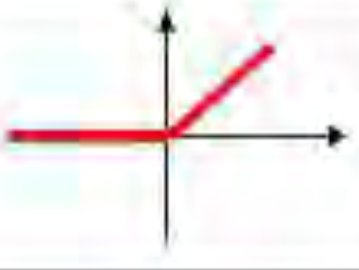
Neural networks: activation units

Activation function	Equation	Example	1D Graph
Unit step (Heaviside)	$\phi(z) = \begin{cases} 0, & z < 0, \\ 0.5, & z = 0, \\ 1, & z > 0, \end{cases}$	Perceptron variant	
Sign (Signum)	$\phi(z) = \begin{cases} -1, & z < 0, \\ 0, & z = 0, \\ 1, & z > 0, \end{cases}$	Perceptron variant	
Linear	$\phi(z) = z$	Adaline, linear regression	
Piece-wise linear	$\phi(z) = \begin{cases} 1, & z \geq \frac{1}{2}, \\ z + \frac{1}{2}, & -\frac{1}{2} < z < \frac{1}{2}, \\ 0, & z \leq -\frac{1}{2}, \end{cases}$	Support vector machine	

*Neuron
Function*

$$y = \phi(z)$$

Neural networks: activation units

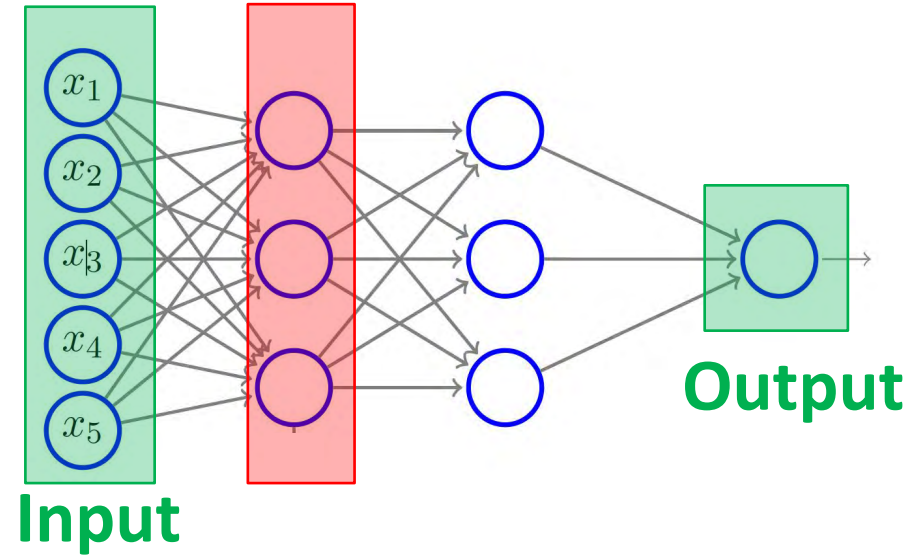
Activation function	Equation	Example	1D Graph
Logistic (sigmoid)	$\phi(z) = \frac{1}{1 + e^{-z}}$	Logistic regression, Multi-layer NN	
Hyperbolic tangent	$\phi(z) = \frac{e^z - e^{-z}}{e^z + e^{-z}}$	Multi-layer Neural Networks	
Rectifier, ReLU (Rectified Linear Unit)	$\phi(z) = \max(0, z)$	Multi-layer Neural Networks	

*Neuron
Function*
 $y = \phi(z)$

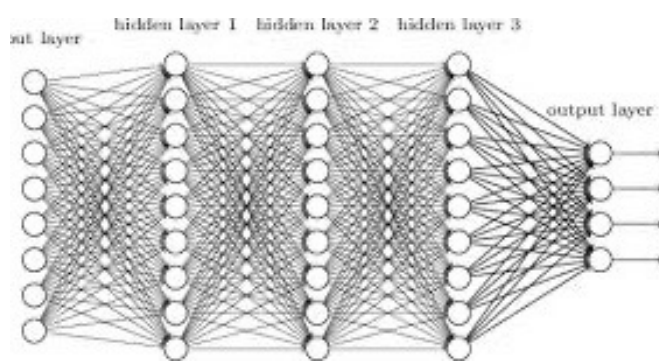
Neural networks: architectures

Terminology

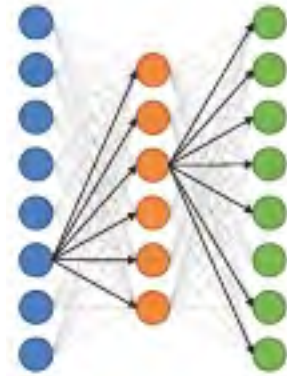
- Input layer: x
- Output layer: a_L
- Intermediate layers: hidden
- Many layers $L \rightarrow$ deep network



Network architectures



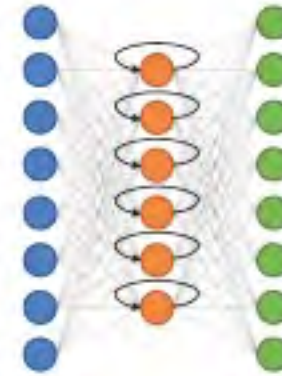
FCN: Fully Connected Network



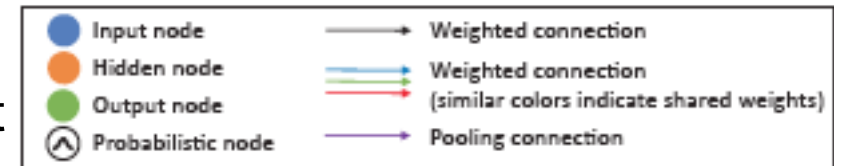
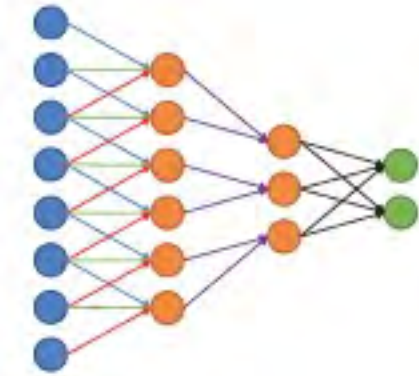
Auto-encoder



Boltzmann Machine



RNN: Recurrent



Neural networks principles

The neural network computes the function:

$$a_L = \sigma(\mathbf{w}_L^T \sigma(\mathbf{w}_{L-1}^T \dots (\mathbf{w}_1^T \mathbf{x} + b_1) \dots) + b_L)$$

Three phases

- 1. Training:** compute the weights of each neuron by optimization using input-output pairs
- 2. Validation:** fine-tune the network hyper-parameters to improve its performance
- 3. Testing:** perform classification on unseen examples

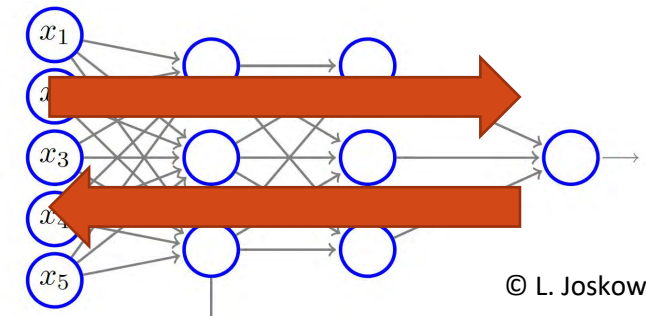
Neural networks principles

1. Training

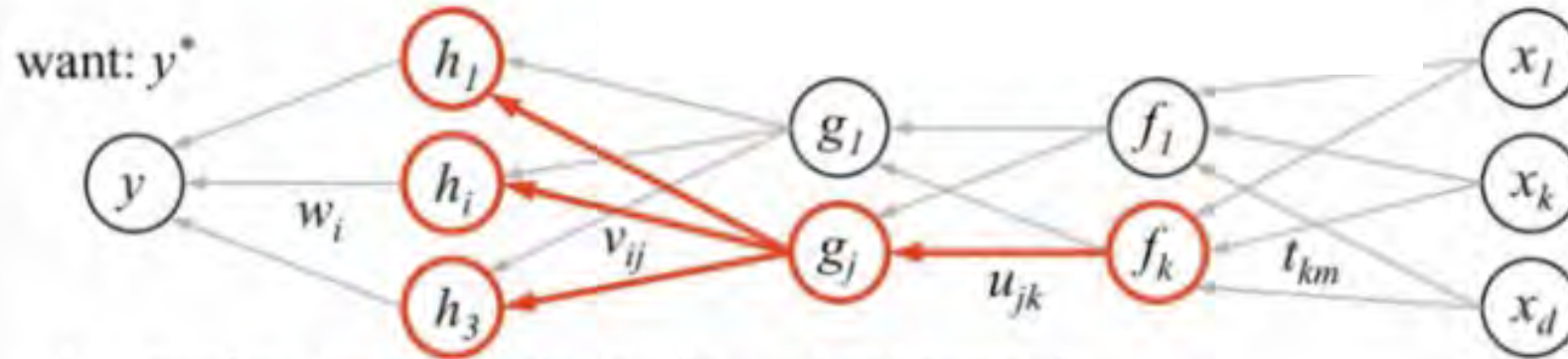
$$a_L = \sigma(\mathbf{w}_L^T \sigma(\mathbf{w}_{L-1}^T \dots (\mathbf{w}_1^T \mathbf{x} + b_1) \dots) + b_L)$$

Compute the weights of each neuron by optimization using input-output pairs.

- The computation is performed by **multi-parameter optimization**.
- The function that is optimized is called a **loss function**. It is the **difference** between the **observed** and the **computed** values.
- The loss function is optimized by iterative methods, e.g., gradient descent by **forward** and **backwards** propagation of training examples through the network.
- The training stops upon convergence.



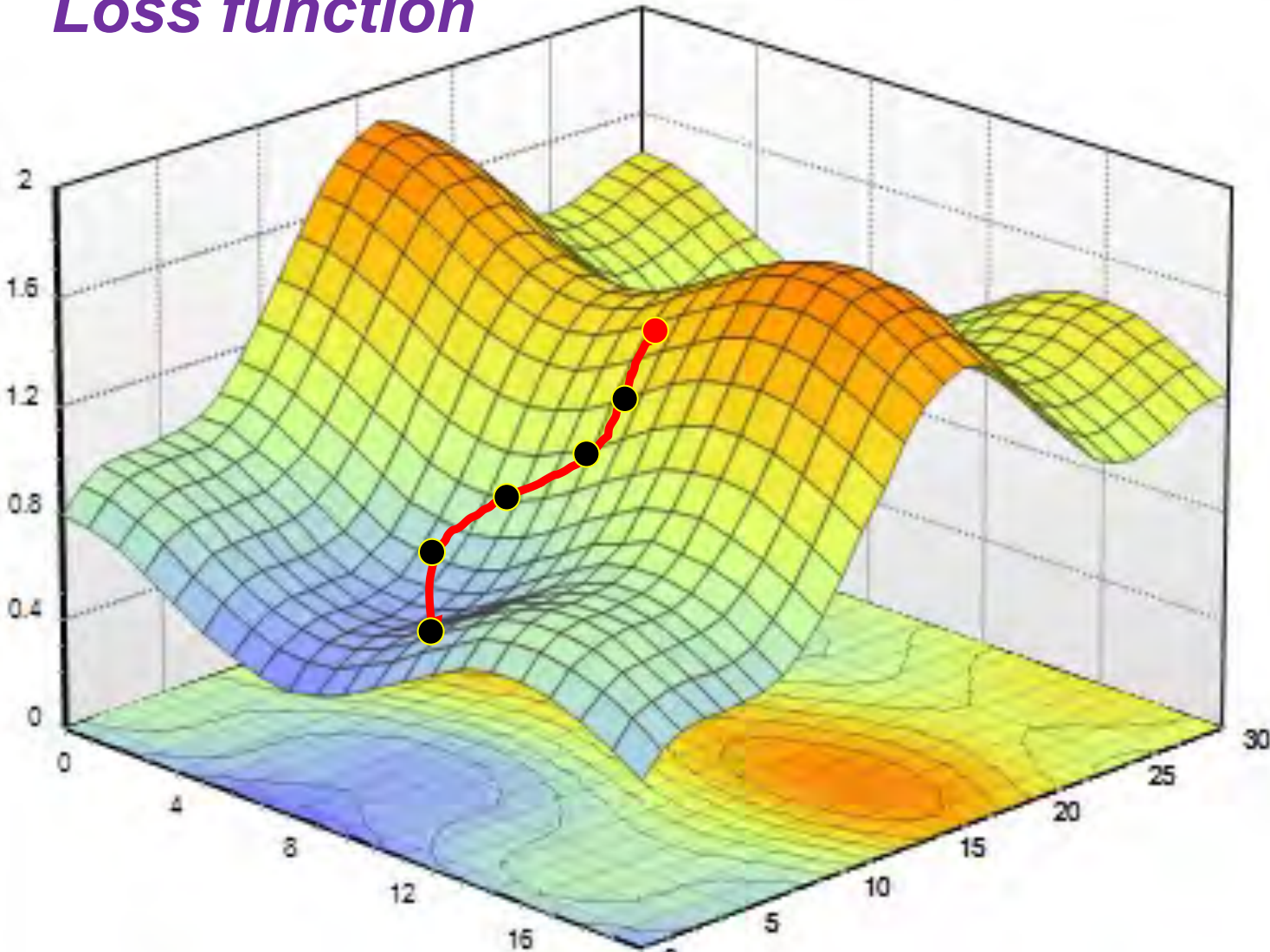
Forward and backward propagation



1. receive new observation $\mathbf{x} = [x_1 \dots x_d]$ and target y^*
2. **feed forward:** for each unit g_j in each layer $1 \dots L$
compute g_j based on units f_k from previous layer: $g_j = \sigma \left(u_{j0} + \sum_k u_{jk} f_k \right)$
3. get prediction y and error $(y - y^*)$
4. **back-propagate error:** for each unit g_j in each layer $L \dots 1$

Optimization

Loss function

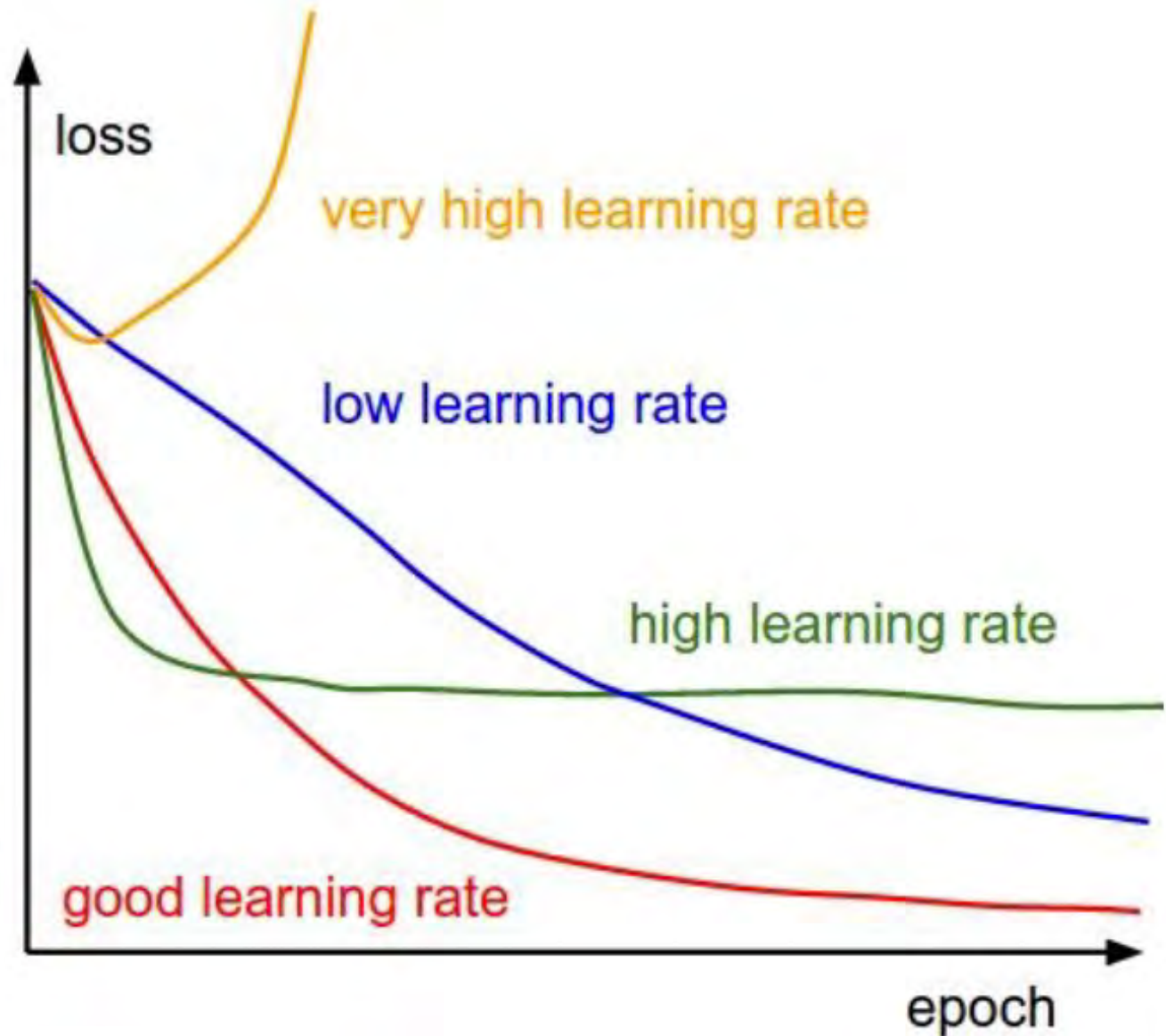
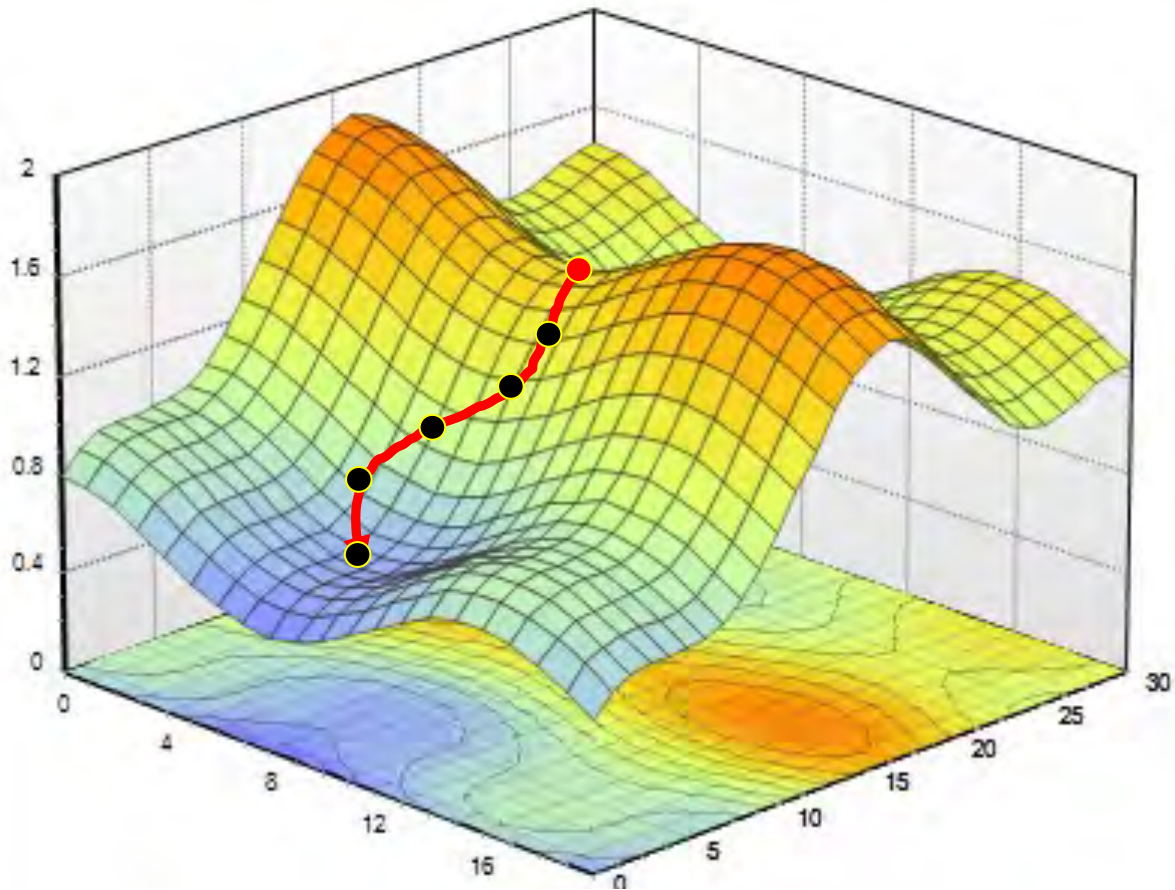


Method	Update equation
SGD	$g_t = \nabla_{\theta_t} J(\theta_t)$ $\Delta\theta_t = -\eta \cdot g_t$ $\theta_t = \theta_t + \Delta\theta_t$
Momentum	$\Delta\theta_t = -\gamma v_{t-1} - \eta g_t$
NAG	$\Delta\theta_t = -\gamma v_{t-1} - \eta \nabla_{\theta} J(\theta - \gamma v_{t-1})$
Adagrad	$\Delta\theta_t = -\frac{\eta}{\sqrt{G_t + \epsilon}} \odot g_t$
Adadelta	$\Delta\theta_t = -\frac{RMS[\Delta\theta]_{t-1}}{RMS[g]_t} g_t$
RMSprop	$\Delta\theta_t = -\frac{\eta}{\sqrt{E[g^2]_t + \epsilon}} g_t$
Adam	$\Delta\theta_t = -\frac{\eta}{\sqrt{\hat{v}_t + \epsilon}} \hat{m}_t$

Sketch of the high-dimensional weights parameter space

Optimizers

Loss function



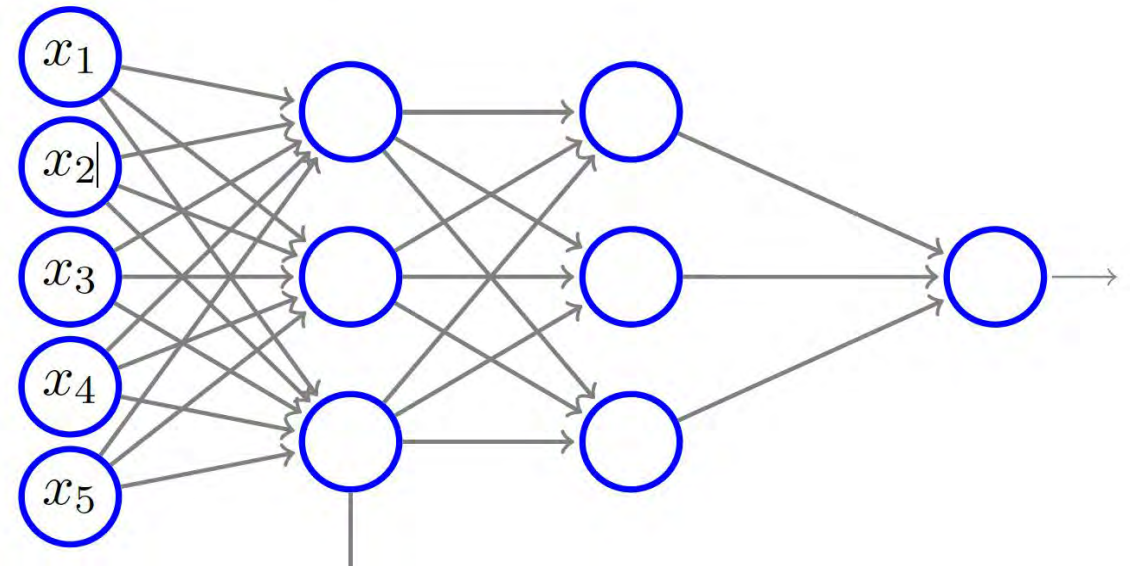
Sketch of the high-dimensional weights parameter space

Neural networks principles

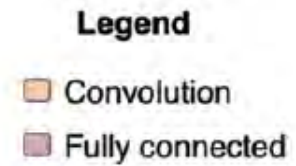
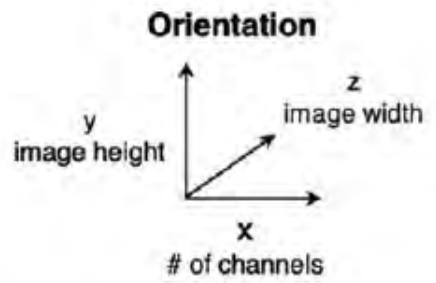
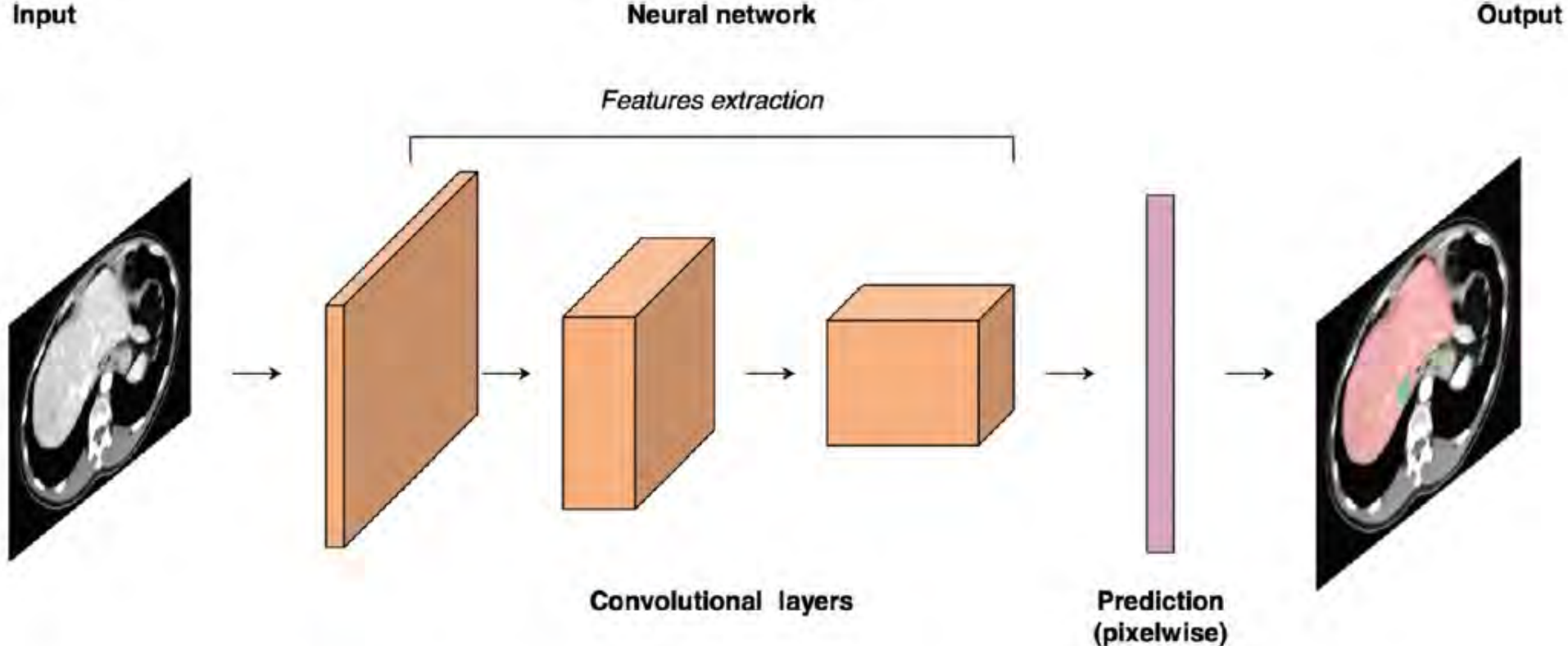
2. Validation

Fine-tune the network hyper-parameters to improve its performance

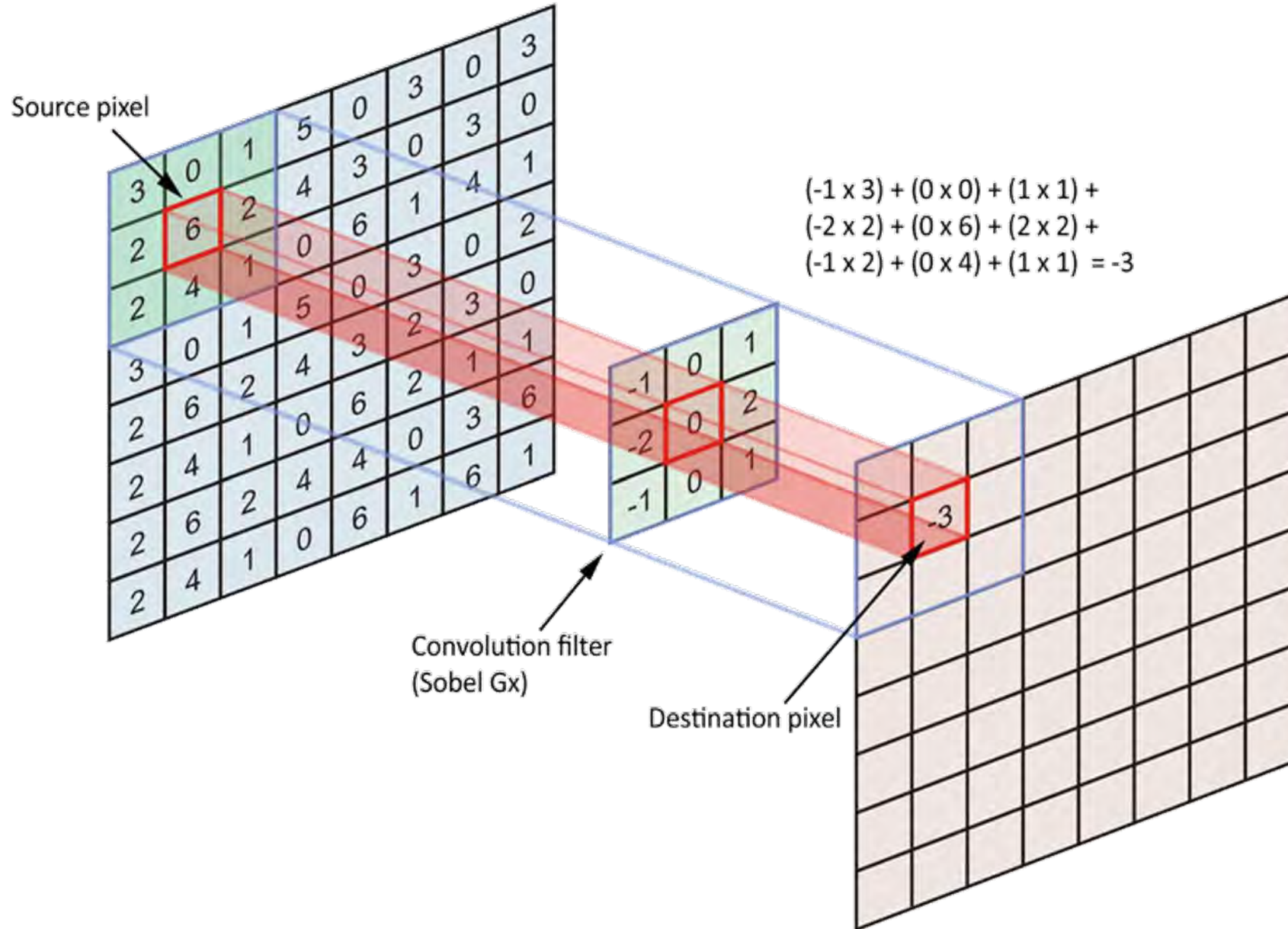
- Hyper-parameters include:
 - number of hidden layers and units
 - learning rate
 - activation functions
 - ...



Convolutional Neural Network for MIP

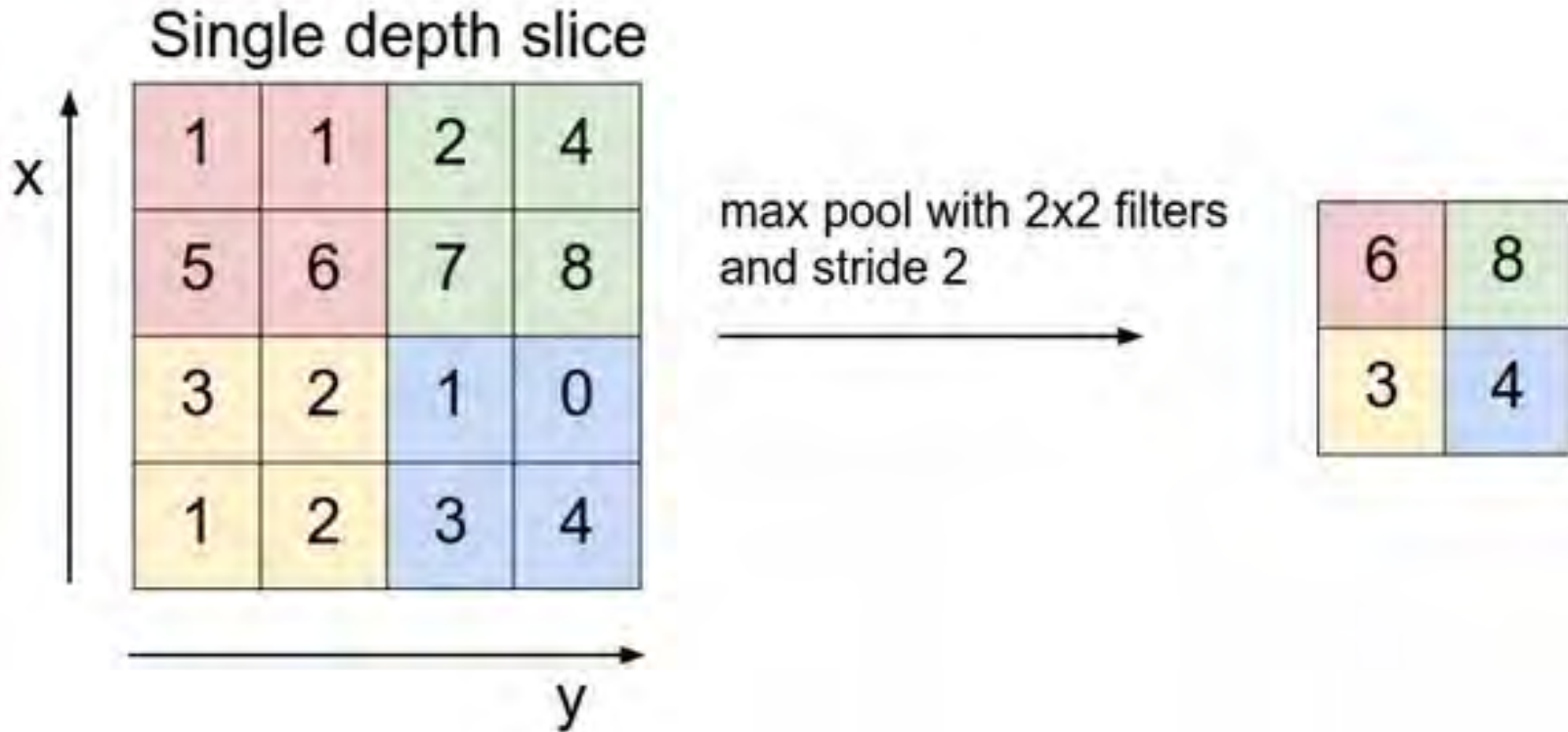


Convolution layer



Convolution is a kind of **weighted averaging** on a patch of the image

Max pooling layer



Characteristics

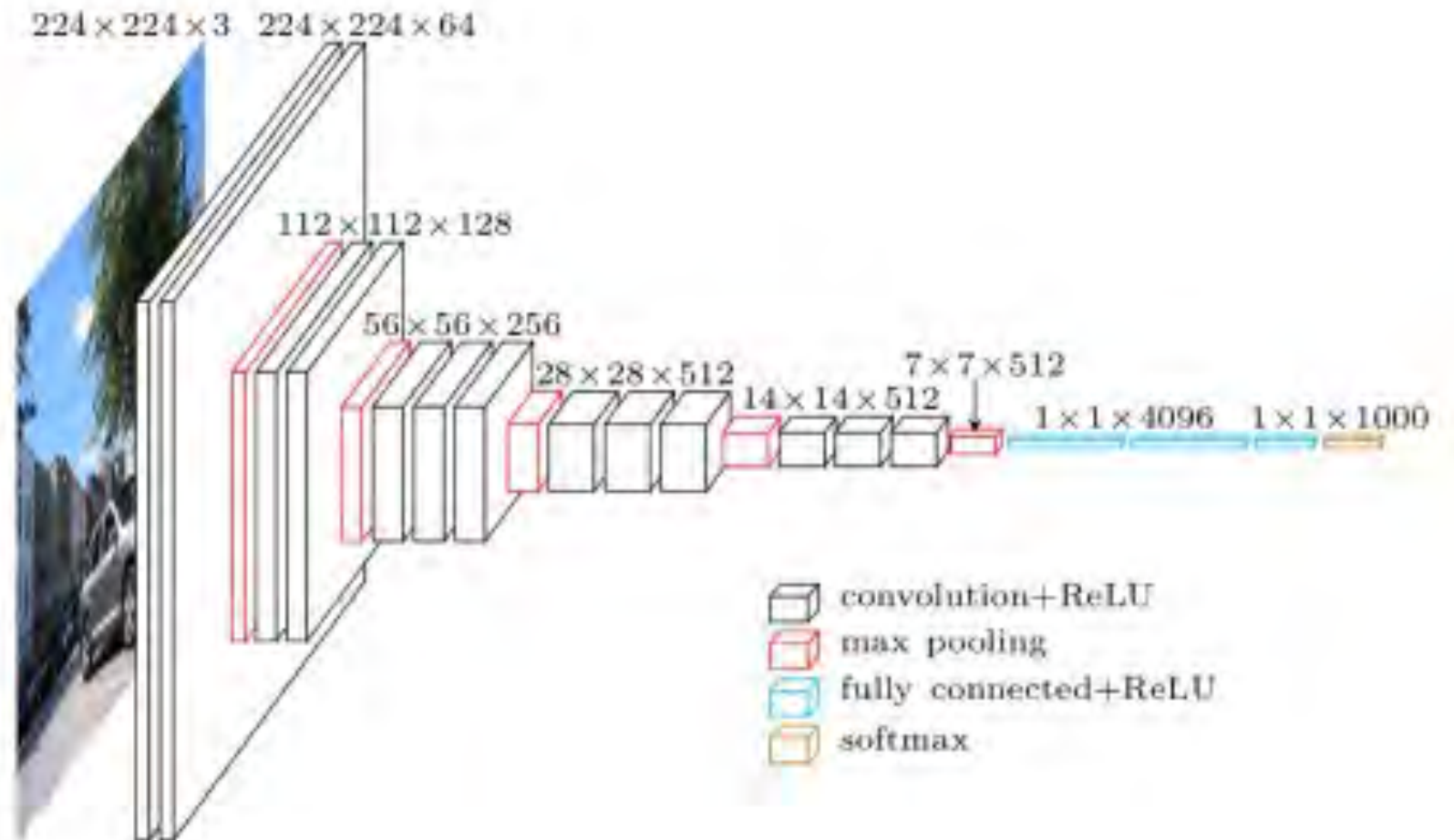
- Decreases image size by factor of 4
- Decreases location dependence
- Reduces memory requirements

Convolutional Neural Network

Components

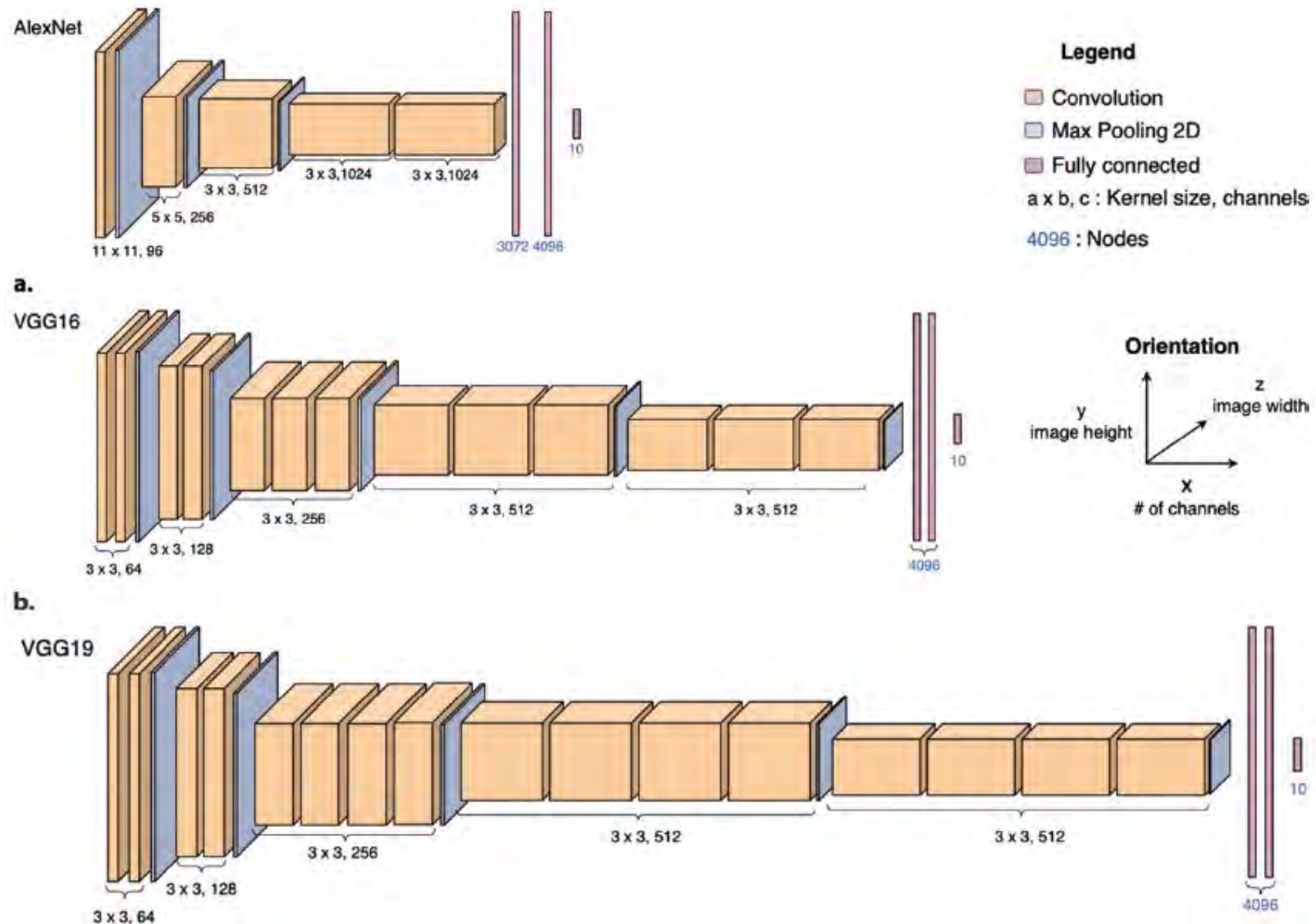
- Activation functions
 - ReLU, ELU, SReLU, PreLU
- Convolutional layers
 - Dimensionality vs complexity
 - Dilated convolution
- Aggregation layers
 - Global Pooling
 - Max/Mean Pooling
- Convolutions

Image patch size x # of features



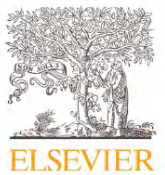
Convolutional Neural Networks: depth

Evolution in time:
2016-2022



The deep learning pipeline

Computer Methods and Programs in Biomedicine 158 (2018) 113–122



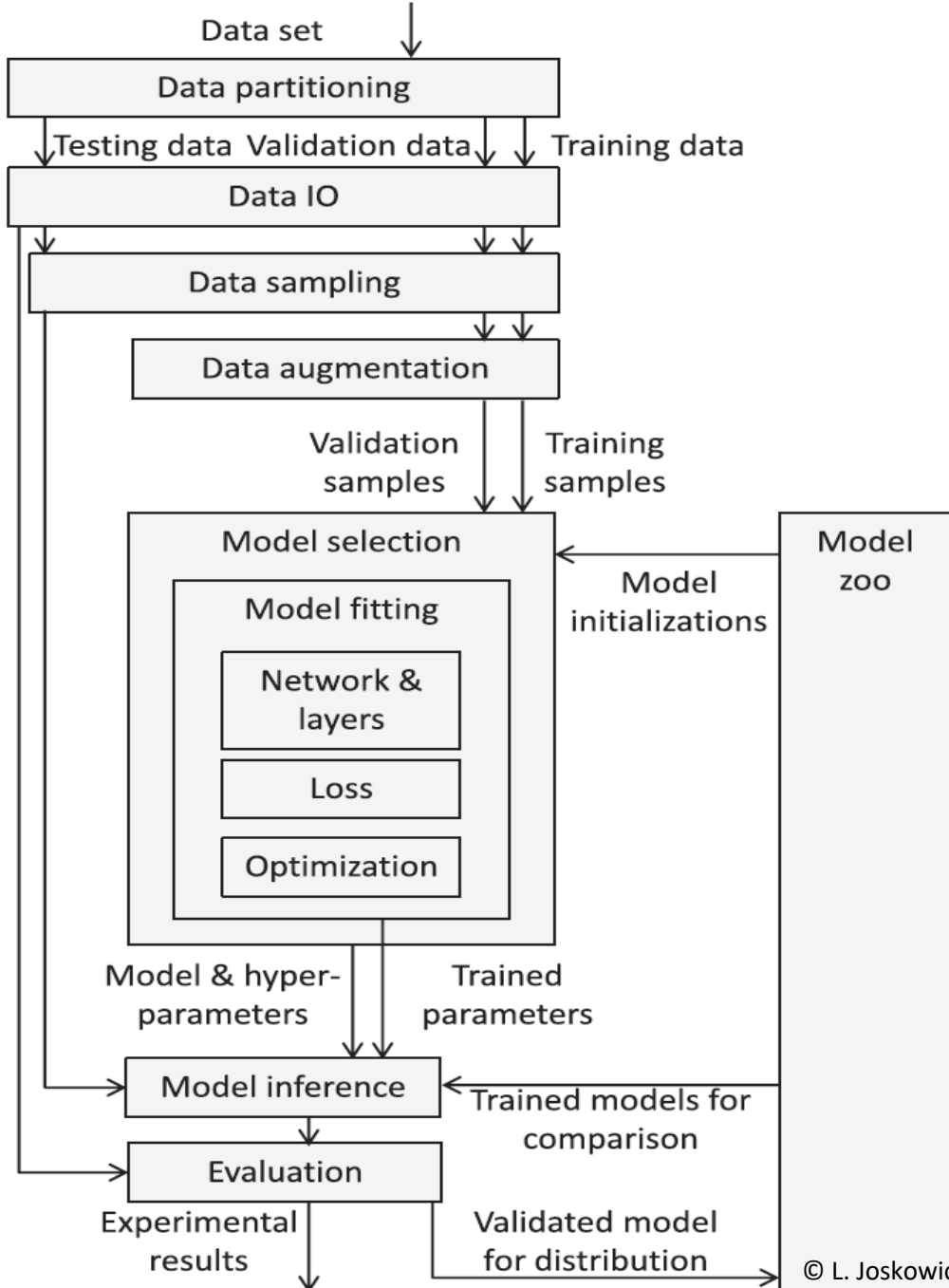
Contents lists available at [ScienceDirect](https://www.sciencedirect.com)
Computer Methods and Programs in Biomedicine
 journal homepage: www.elsevier.com/locate/cmpb



NiftyNet: a deep-learning platform for medical imaging

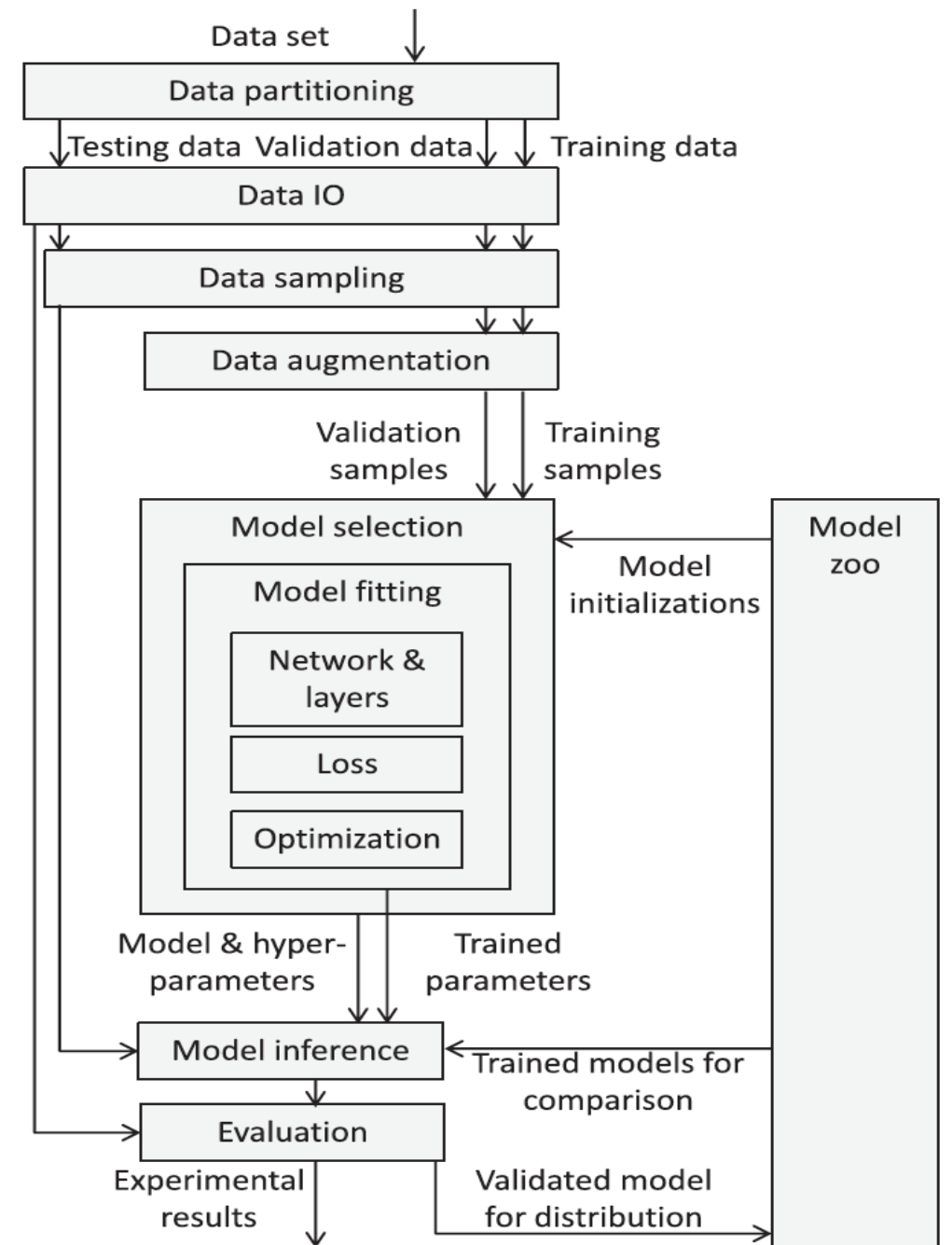
Eli Gibson^{a,b,1}, Wenqi Li^{a,1,*}, Carole Sudre^b, Lucas Fidon^a, Dzhoshkun I. Shakir^a,
 Guotai Wang^a, Zach Eaton-Rosen^b, Robert Gray^{c,d}, Tom Doel^a, Yipeng Hu^b, Tom Whyntie^b,
 Parashkev Nachev^{c,d}, Marc Modat^b, Dean C. Barratt^{a,b}, Sébastien Ourselin^a,
 M. Jorge Cardoso^{b,2}, Tom Vercauteren^{a,2}

^a Wellcome / EPSRC Centre for Interventional and Surgical Sciences (WEISS), University College London, UK
^b Centre for Medical Image Computing (CMIC), Departments of Medical Physics & Biomedical Engineering and Computer Science, University College London, UK
^c Institute of Neurology, University College London, UK
^d National Hospital for Neurology and Neurosurgery, London, UK



Key issues

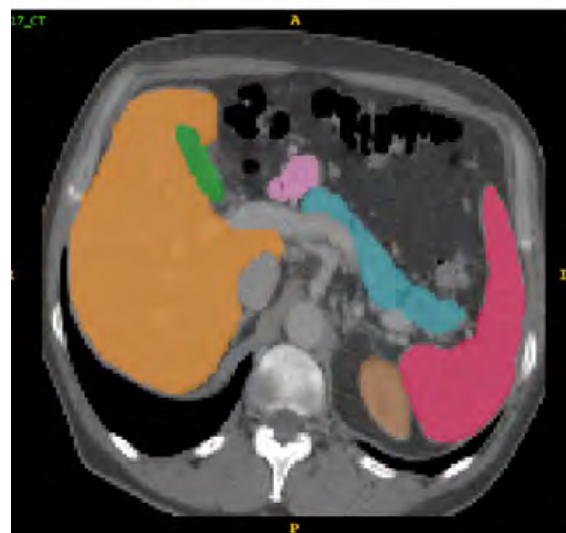
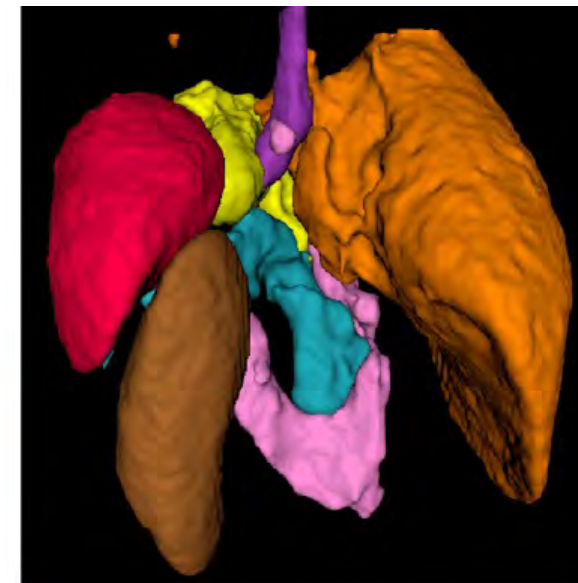
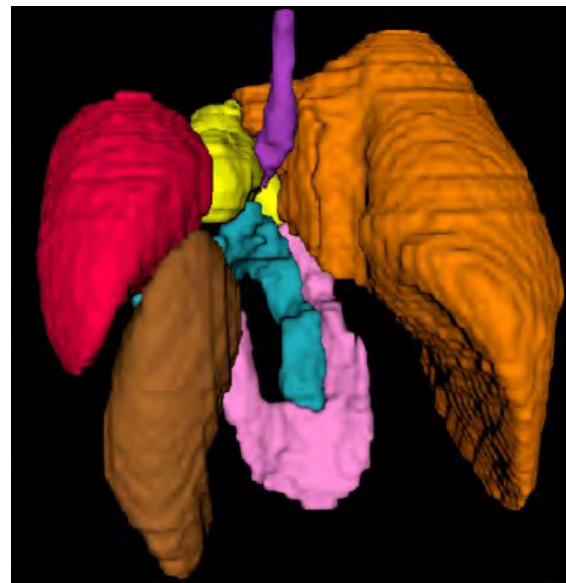
- **Data partitioning:** training, testing and validation sets
- **Randomized sampling:** during training
- Image data loading and sampling
- Data augmentation
- **Network architecture**
- Evaluation metrics for performance during training/ inference



Abdominal organ segmentation in CT

- Network trained on 90 abdominal CTs with manual segmentations from two public data sets
- V-Net segmentation: evaluated with 9-fold cross-validation

	Dice score	Relative volume difference	Mean absolute distance (voxels)
Spleen	0.94	0.03	1.07
L. Kidney	0.93	0.04	1.06
Gallbladder	0.79	0.17	1.55
Esophagus	0.68	0.57	2.05
Liver	0.95	0.02	1.42
Stomach	0.87	0.09	2.06
Pancreas	0.75	0.19	1.93
Duodenum	0.62	0.24	3.05

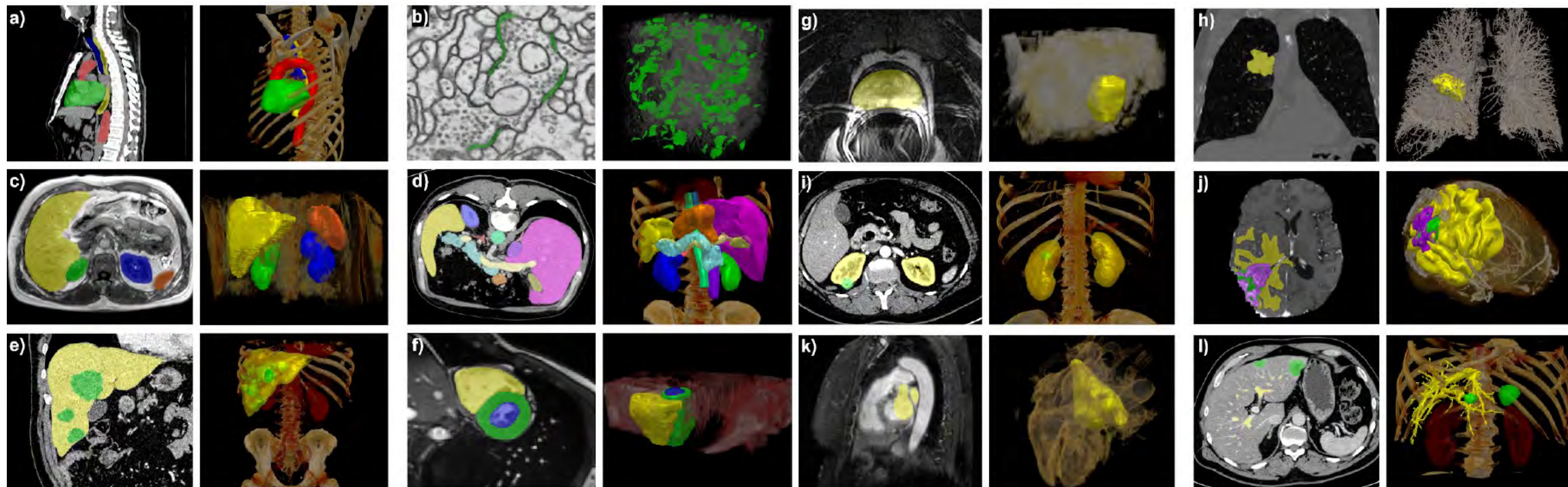


Reference standard

NiftyNet segmentation

State of the art: nnU-Net

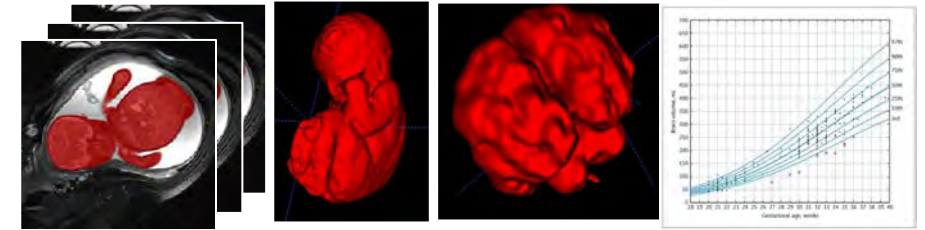
- Tested for the segmentation of a wide variety of images and structures
- Excellent results in 49 tasks in 19 public international competitions



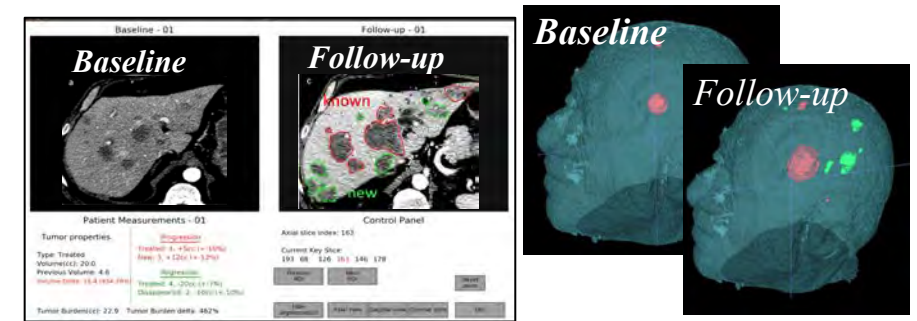
CASMIP Lab Projects



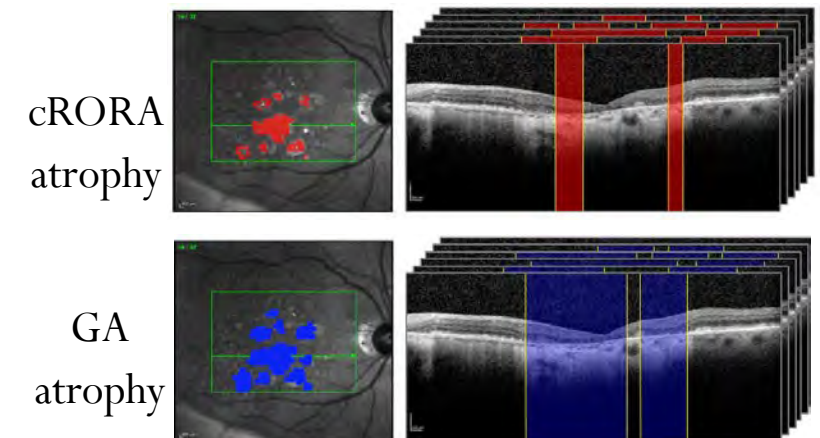
1. Fetal development in MRI (with TASME)
Segmentation and linear measurements of fetal body, brain, and placenta



2. Tumors follow-up in liver and lungs CT and brain MRI (with Profs. J. Sosna, Y. Shoshan)
Detection, segmentation and lesion changes analysis



3. Macular atrophy in OCT scans (with Prof. J. Levy)
Detection and segmentation of dry AMD atrophy in OCT



Deep learning: cautionary tales

Deep learning heavily relies on the training data

Size and distribution of the dataset

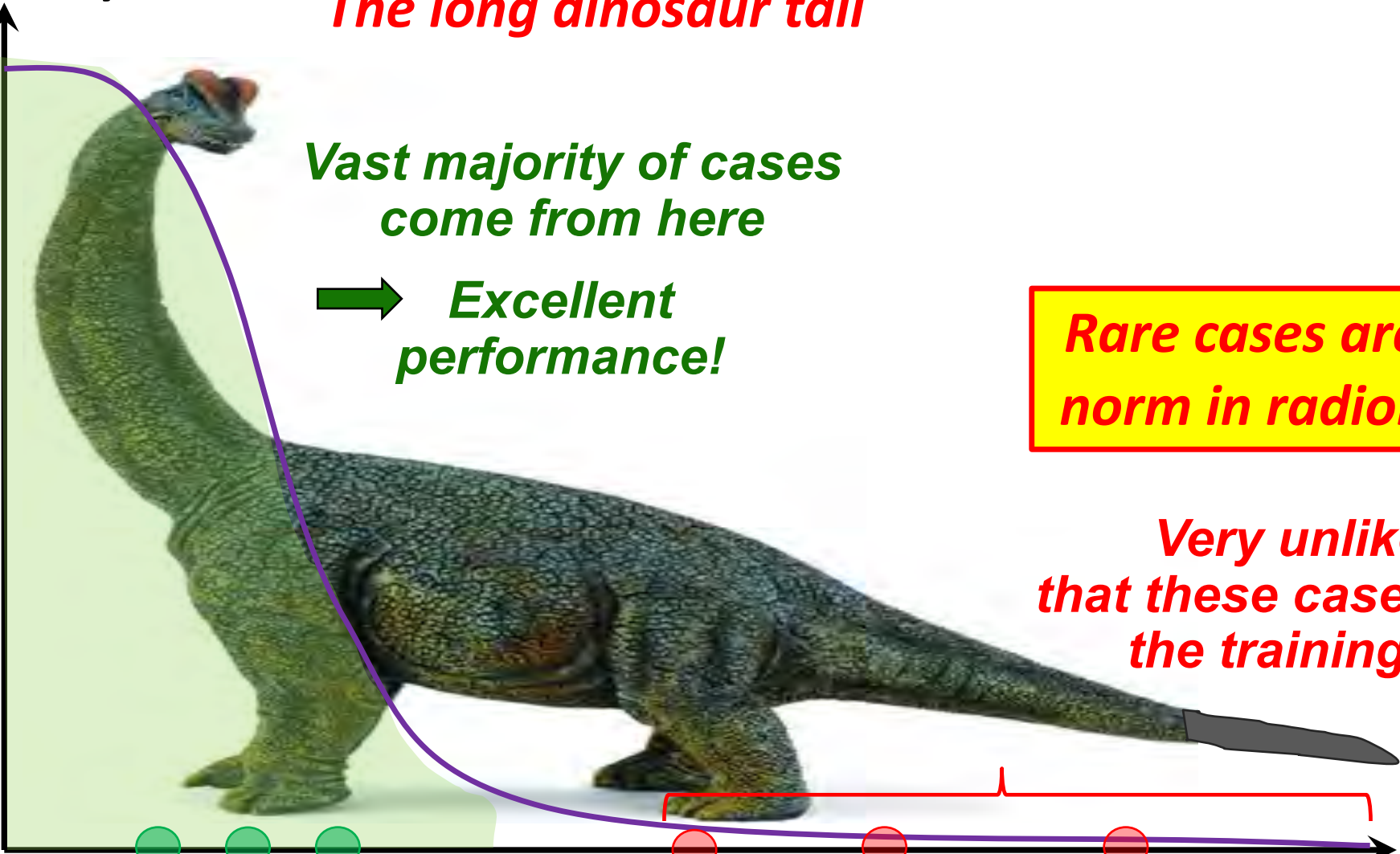
- GIGO effect: garbage in, garbage out
- Not enough data
- Data is not representative
- Beware of rare cases!
- Beware of imaging variations and noise
- More data is not always better



Cases distribution

The long dinosaur tail

Frequency



Vast majority of cases come from here

→ Excellent performance!

Rare cases are the norm in radiology!

Very unlikely that these cases are in the training set

Common cases

Rare cases

Case type

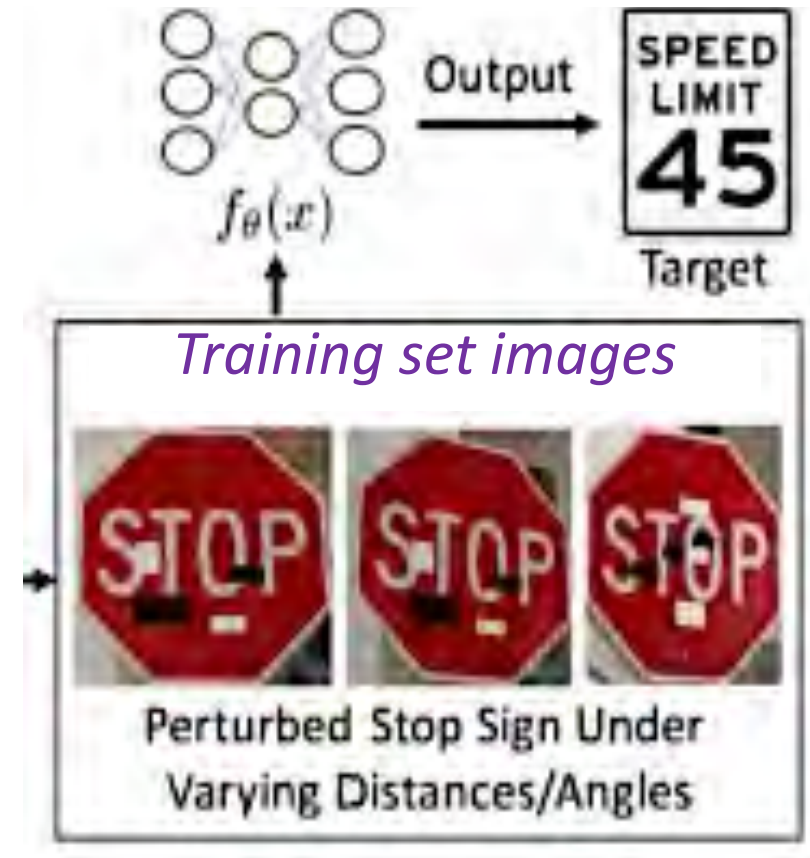
Deep learning: misclassification

Lack of robustness in the presence of small changes


























New image



CNN classifier Misclassification



Deep learning: misclassification

Distance/Angle	Subtle Poster	Subtle Poster Right Turn	Camouflage Graffiti	Camouflage Art (LISA-CNN)	Camouflage Art (GTSRB-CNN)
5' 0°					
5' 15°					
10' 0°					
10' 30°					
40' 0°					
<i>Misclassification rate</i>	100%	73.33%	66.67%	100%	80%

Observer variability – what to aim for?

*Original scan
Lung tumor*



***Ask 10 radiologists to
delineate the tumor***

Observer variability – what to aim for?

*Manual delineations
by 10 radiologists*

Study of 4 structures, 3,193 CT slices annotated

- **Manual segmentation variability 5-57%**
by type of structure, case, observer: 15-45%
- **Variability can be quantified and estimated**

*One color per
radiologist*

**High
variability**



Medical Image Analysis 50 (2018) 54–64

Contents lists available at ScienceDirect

Medical Image Analysis

journal homepage: www.elsevier.com/locate/media

Automatic segmentation variability estimation with segmentation priors

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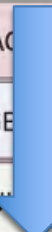

Narrow AI – long time and high costs!

Slide: K Dreyer

AI USE CASES IN DIAGNOSTICS

Modality 

Specialty	COMPUTED TOMOGRAPHY	MAGNETIC RESONANCE	POSITRON EMISSION	RADIOGRAPHY	ANGIOGRAPHY	ULTRASOUND	FLUOROSCOPY	
ABDOMINAL IMAGING								FINDINGS
BREAST IMAGING						tumors		FINDINGS
CARDIAC IMAGING								FINDINGS
EMERGENCY IMAGING				pneumonia				FINDINGS
MUSCULOSKELETAL								FINDINGS
NEURORADIOLOGY								FINDINGS
NUCLEAR MEDICINE								FINDINGS
PEDIATRIC IMAGING								FINDINGS
THORACIC IMAGING								FINDINGS
INTERVENTIONAL								FINDINGS
	ANATOMY	ANATOMY	ANATOMY	ANATOMY	ANATOMY	ANATOMY	ANATOMY	

Not cost-effective for the vast majority of common conditions!

AI and Radiology: bottlenecks

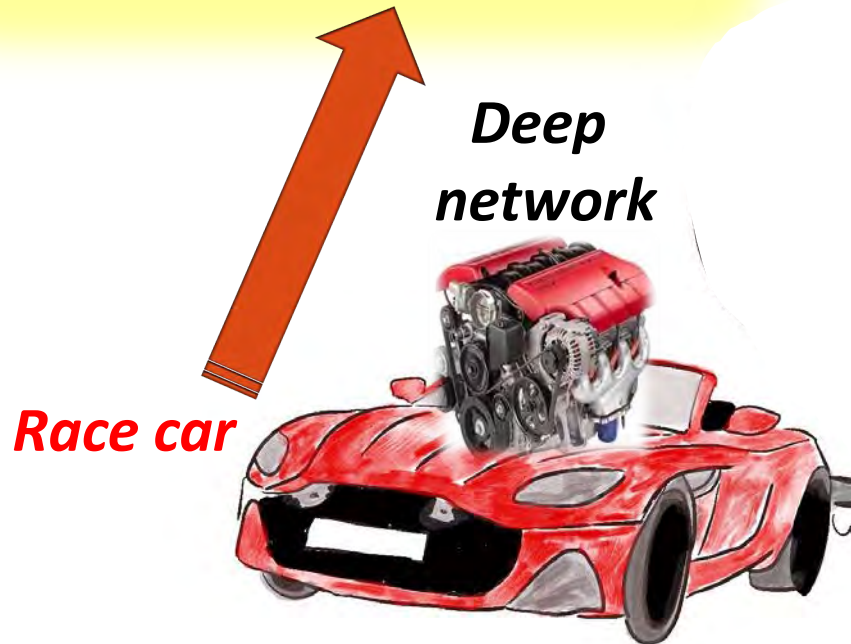
Developing AI-based radiology solutions requires

- **Large collection** of representative **datasets of scans**:
~1-5K for segmentation, 10-50K for classification
- **Manual expert annotation**: ~1,000+ radiologist hours for initial deployment, ~1,000+ for robustness and coverage
- **Custom development of solutions** for 100's of specific organs, structures, pathologies, and imaging protocols
→ **Narrow AI**: one Rad App for each!
- **Lengthy and costly development process** with several iterations until regulatory approval is obtained!

Deep learning and race cars

where's the catch?

Key Problem!



**Deep
network**



Present and future: AI in Radiology is hot!!

Is Artificial Intelligence The Doom of Radiology?



AI and Radiology is hot!!

The Changing Role of the Radiologist in the Age of AI

Martin Lindner | Nov 07, 2018

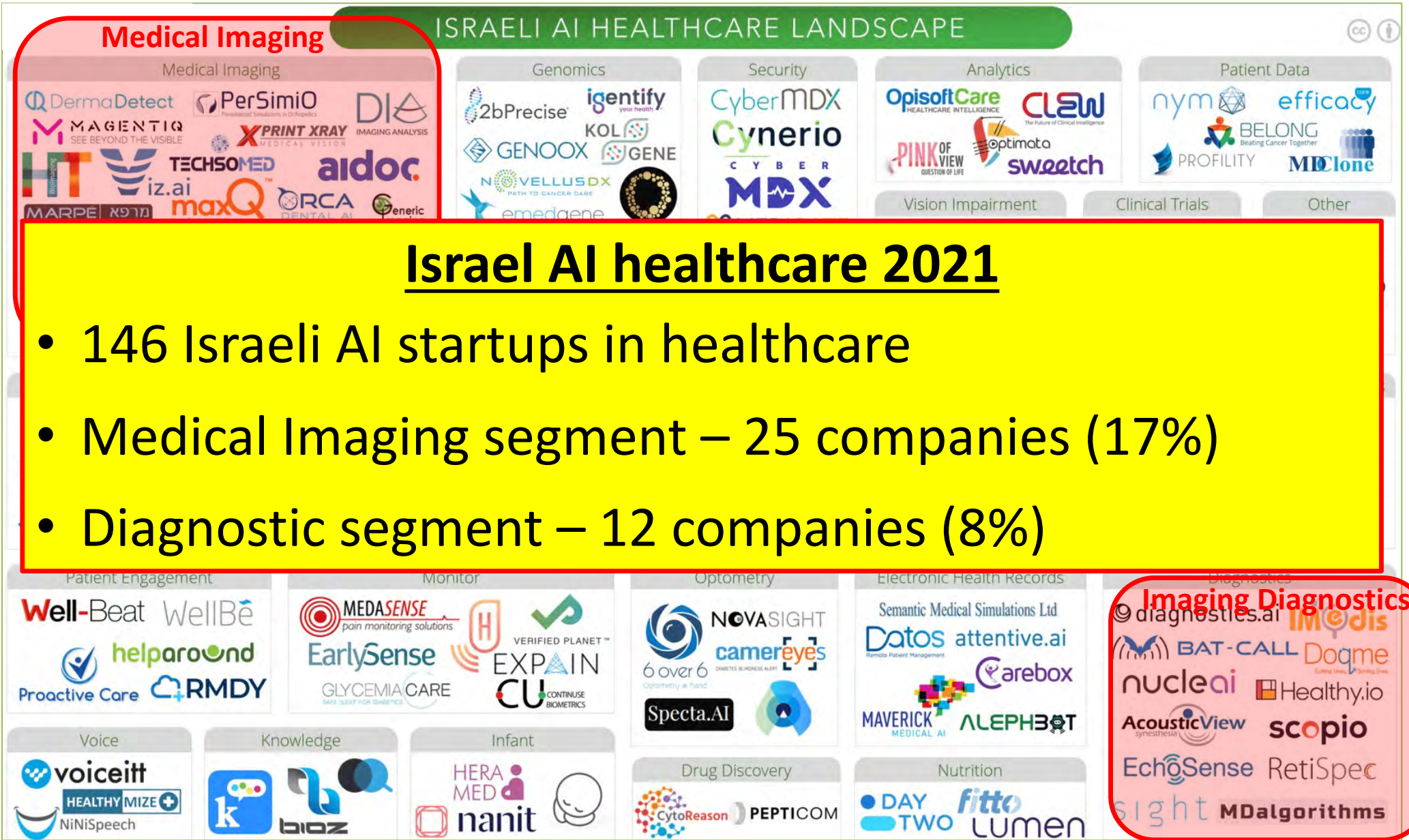


U | diagnostic imaging



The screenshot shows the Aidoc website interface. At the top, there is a navigation bar with links for Home, Blog, Team, Careers, Contact Us, and a See Demo button. Below the navigation bar is a large banner with the text "DEEP LEARNING TAILORED FOR RSNA" and the RSNA logo. The RSNA logo includes the text "Radiological Society of North America". To the right of the banner are links for Membership, Annual Meeting, Journals, and Education. Below the banner is a news section titled "RSNA News" with the main headline "RSNA Launches Radiology: Artificial Intelligence". Underneath the headline is a sub-headline: "First of three new online-only journals available to members now." At the bottom right of the news section, the date "January 30, 2019" is displayed.

The Radiology Market in Israel

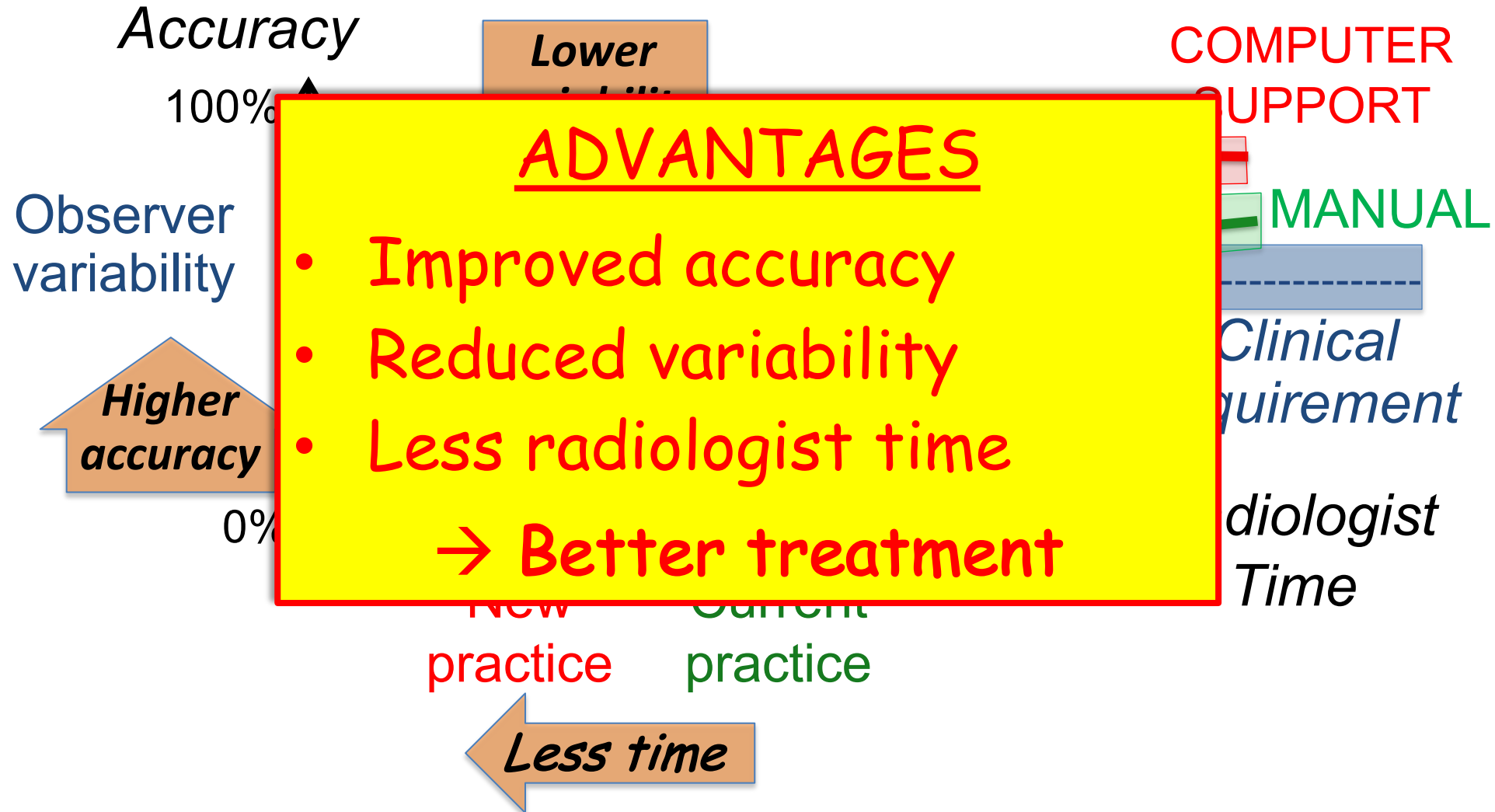


The future

- **Narrow intelligence** by deep learning is very effective for specific tasks!
- Expensive and time-consuming: ***clinicians are not annotators!***
- “Low hanging fruits” will be picked in the next 1 to 3 years
- Accelerate and increase coverage by involving the clinicians reducing effort and cost
- **Clinician in the loop bootstrapping** approach with unique methods for uncertainty estimation, error correction, and correction prioritization
- **Longer term viability** presents very significant challenges

AI will NOT replace radiologists any time soon
It will replace radiologists that do not use AI!

Computational radiology: paradigm shift



The future: combined imaging and patient data

Workflow of Radiomics in Neuro-Oncology

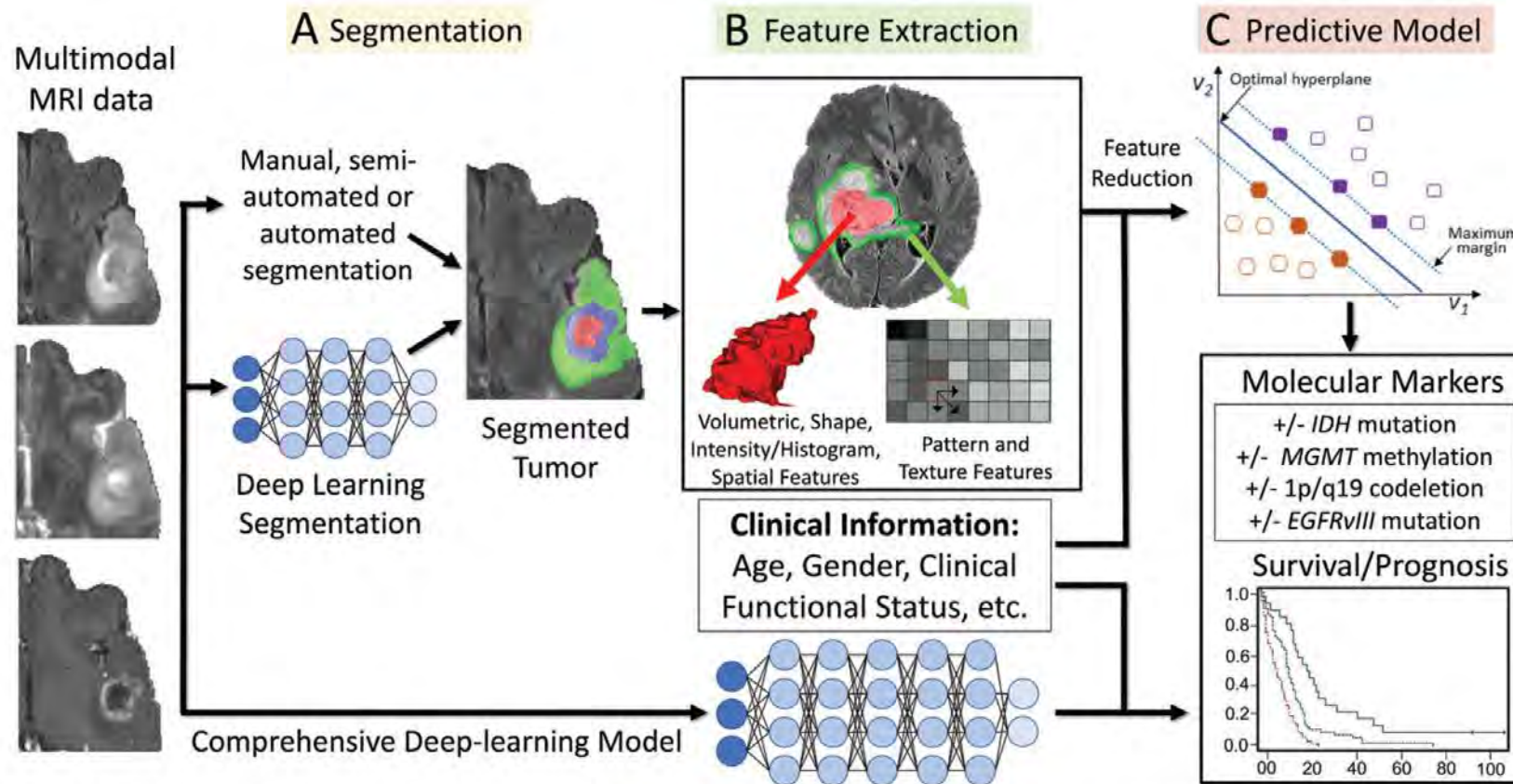


Figure 2: Workflow of radiomics in neuro-oncology. A, After preprocessing steps, multimodal MR images are segmented by using automated or manual methods. B, This is followed by feature extraction with use of a variety of different techniques. C, Machine learning methods are then trained on the features to generate models of underlying molecular markers and predict survival. Deep learning models can be used for performing each of the described steps individually or in a more comprehensive fashion (bottom pathway of figure). *EGFRvIII* = epidermal growth factor receptor variable III, *IDH* = isocitrate dehydrogenase, *MGMT* = O⁶-methylguanine-DNA-methyltransferase.

Team and collaborators



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Dr. Amit Davidson

Refael Vivanti
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Clara Herscu
Many others ...

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Thanks for your attention!



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Computer Aided Surgery and
Medical Image Processing Laboratory