

Medical 3D data retrieval



Henning Müller

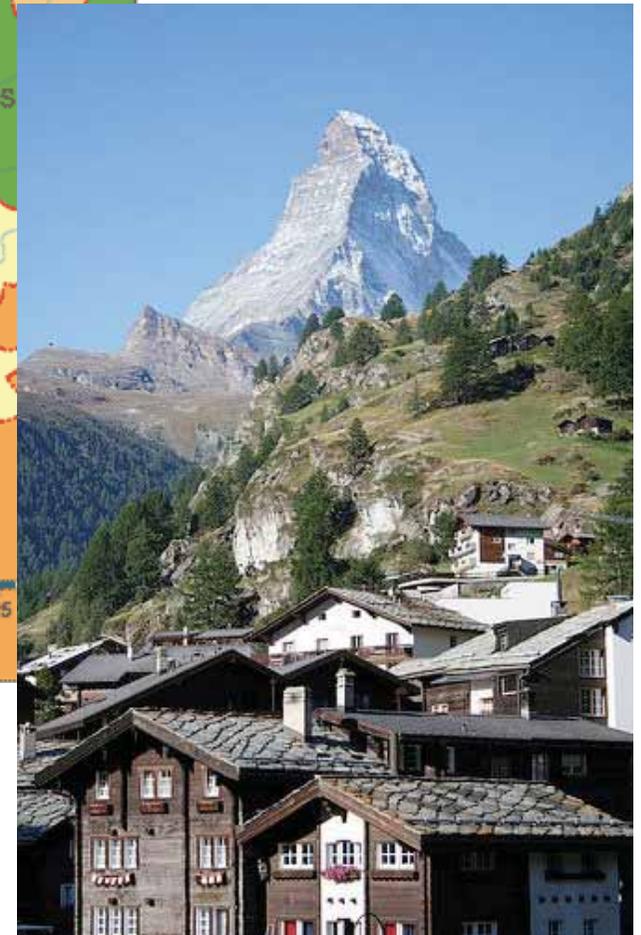
Hes·SO VALAIS WALLIS

Haute Ecole Spécialisée
de Suisse occidentale

Fachhochschule Westschweiz

University of Applied Sciences
Western Switzerland

Where we are

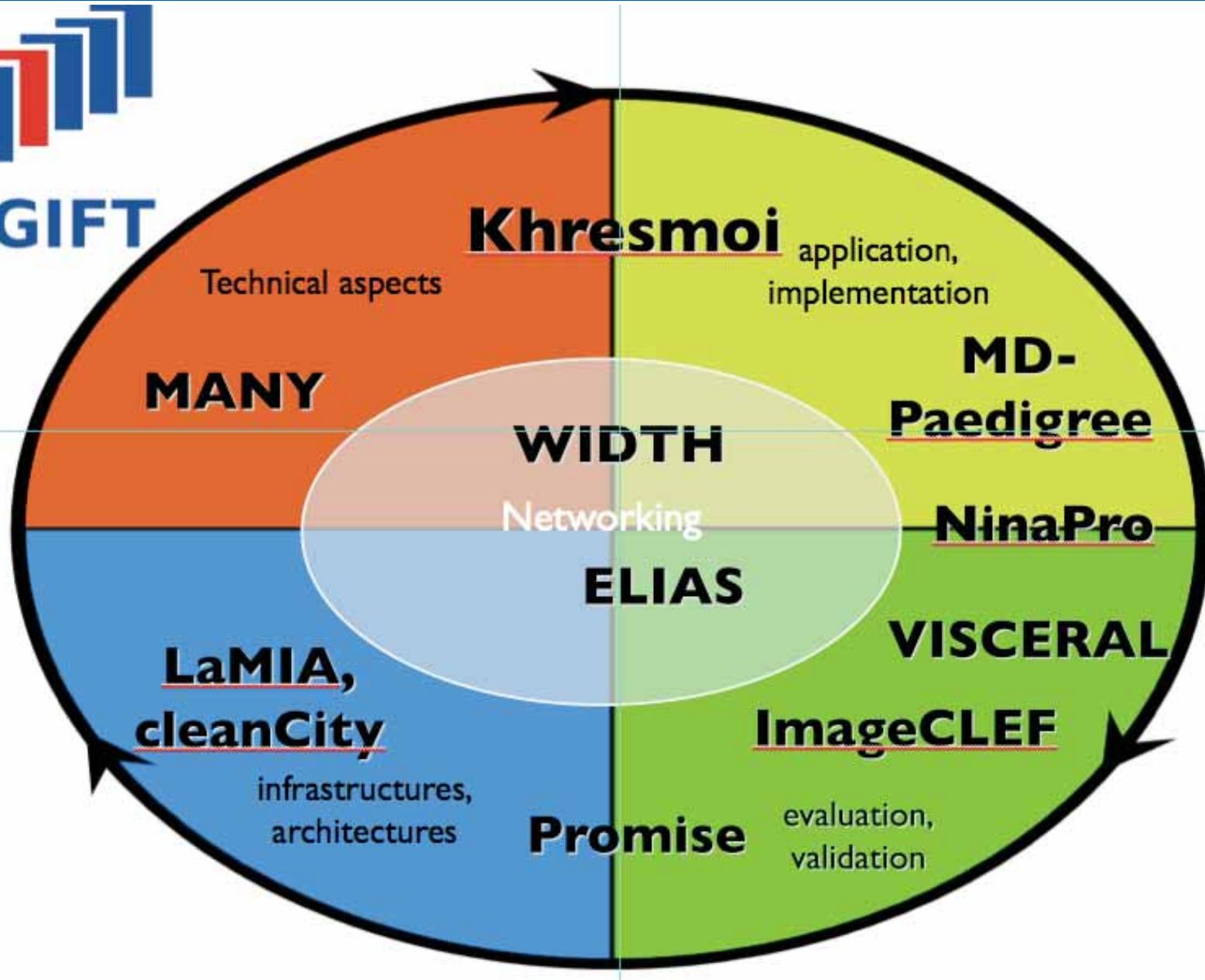


Who I am



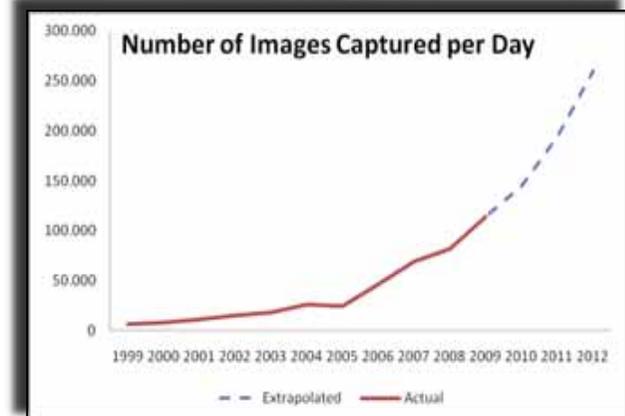
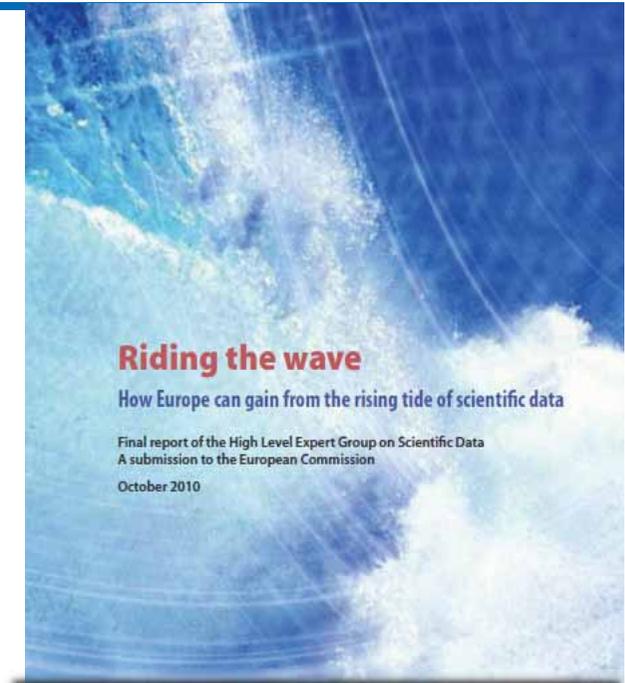
- **Medical informatics** studies in Heidelberg, Germany (1992-1997)
 - Exchange with Daimler Benz research, USA
- PhD in **image processing**, image retrieval, Geneva, Switzerland (1998-2002)
 - Exchange with Monash University, Melbourne, AUS
- Postdoc, assistant prof. in Geneva University hospitals in medical informatics (2002-)
- Professor in Computer Science at the HES-SO, Sierre, Switzerland (2007-)

What we do



Why we are doing this

- **Much imaging data** is produced
- Imaging data is very **complex**
 - And getting more complex
- Imaging is **essential** in diagnosis and treatment planning
- Images out of their **context** lose most of their sense
 - Clinical data is necessary
 - Diagnoses are often not precise
- Evidence-based medicine & case-based reasoning



Topics today

3D texture analysis



MANY



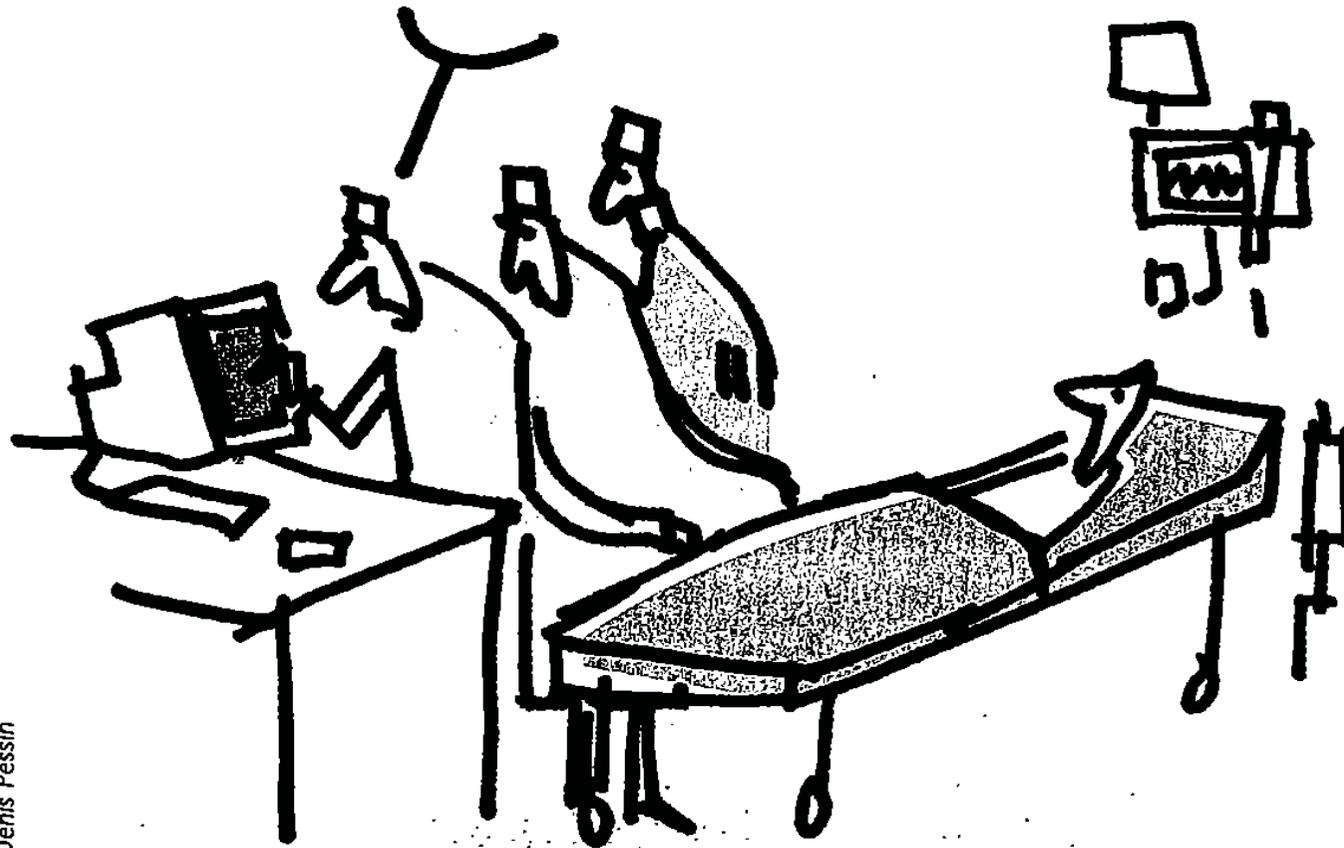
parADISE

Radiology image retrieval

3D organ detection & retrieval



DOES IT HURT
WHEN I PRESS HERE?



© Denis Pessin

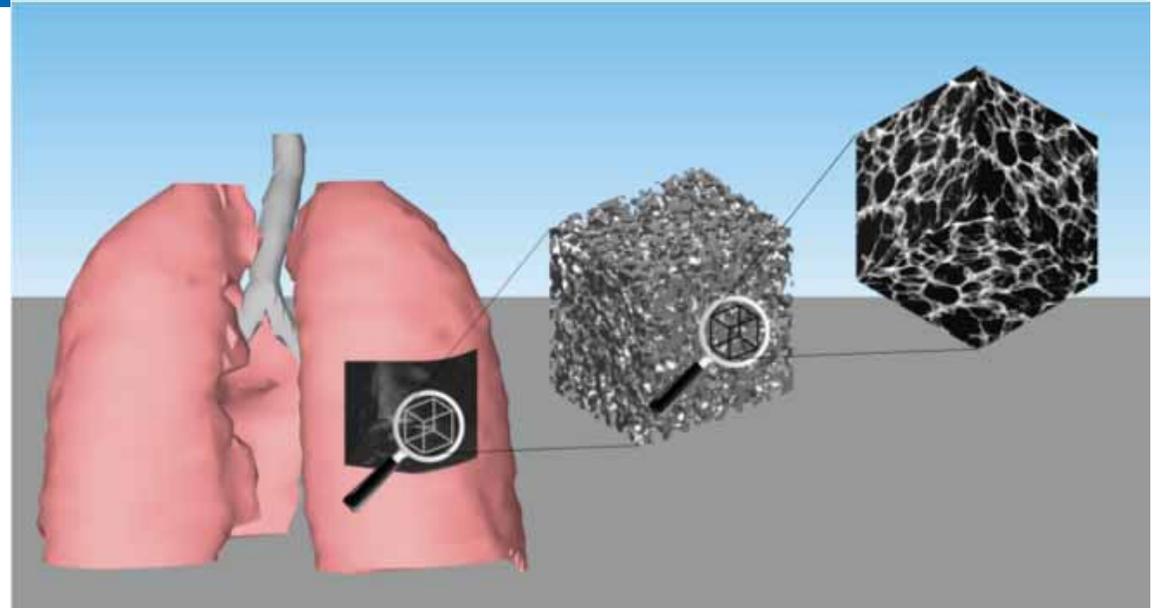
PESIN

3D texture



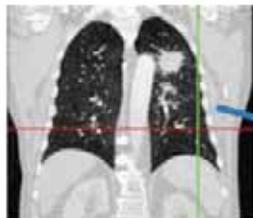
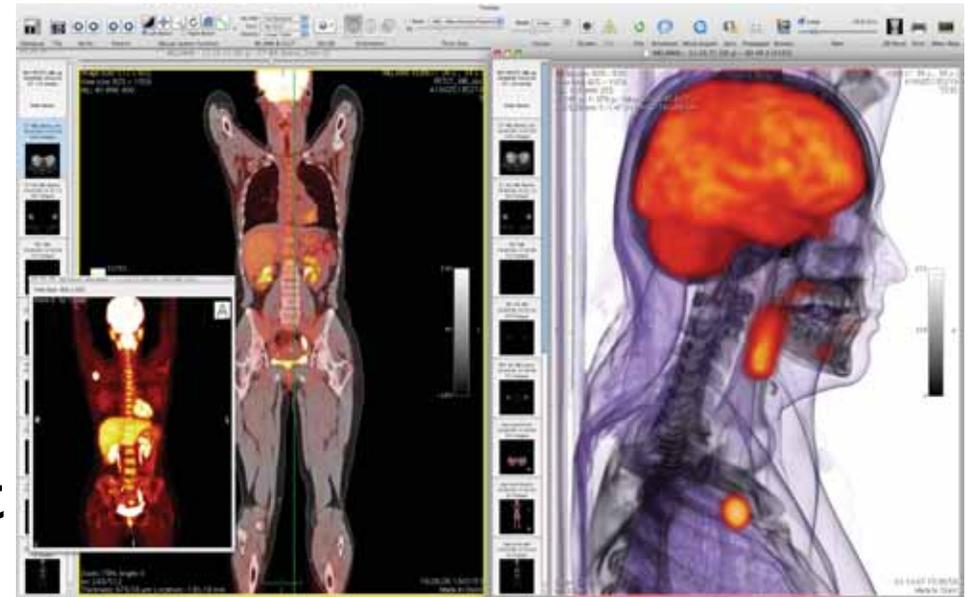
3D texture vs. 3D objects

- Not the outer shape of structures but the **inner structure**
- Hard to visualize, often in several views
- Borders are important because texture needs to be compared inside the same objects
 - Exact place can be important, shape of organs as well
- Variations among subjects are very high
 - Particularly for healthy tissue, linked to other factors

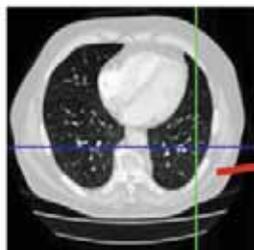


Viewing 3D texture

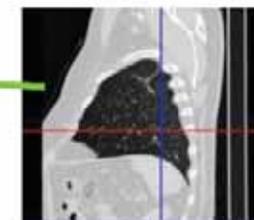
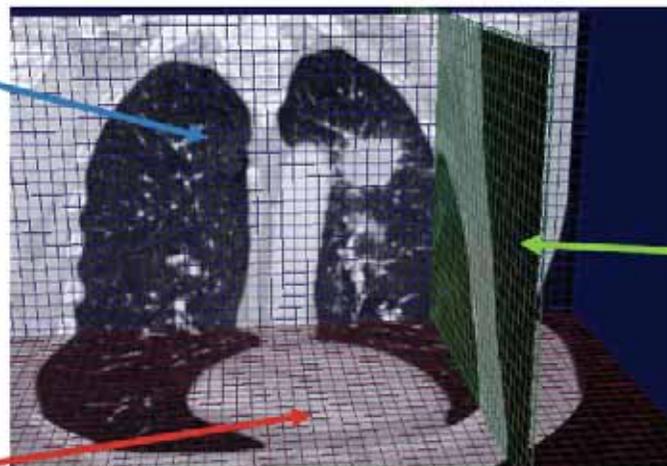
- **Multi-planar** rendering
- **3D views**
 - Semi-transparency
 - MDs need to get used to it



Coronal

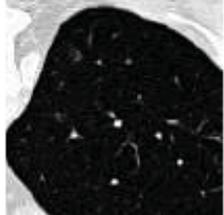
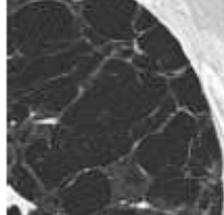
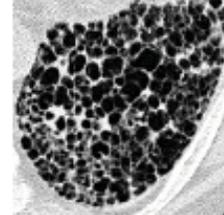
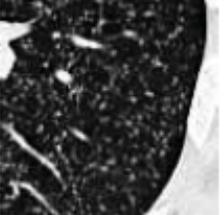


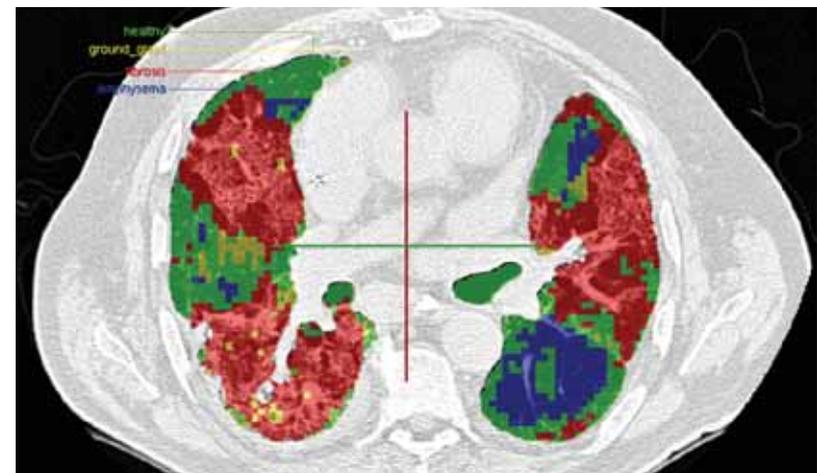
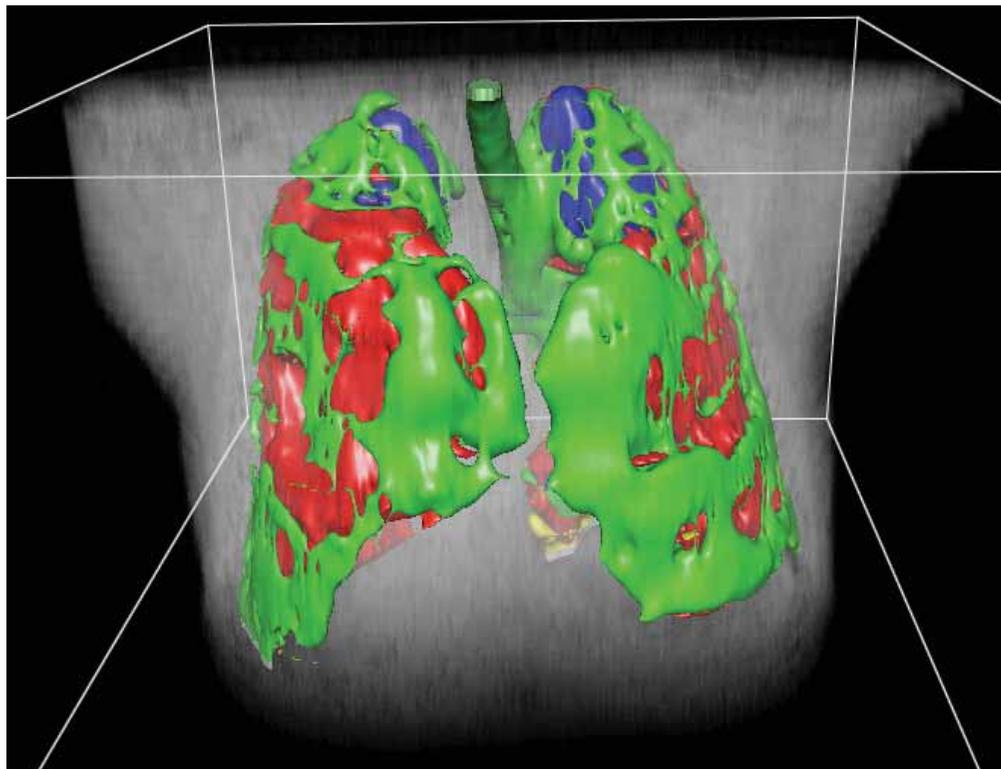
Axial



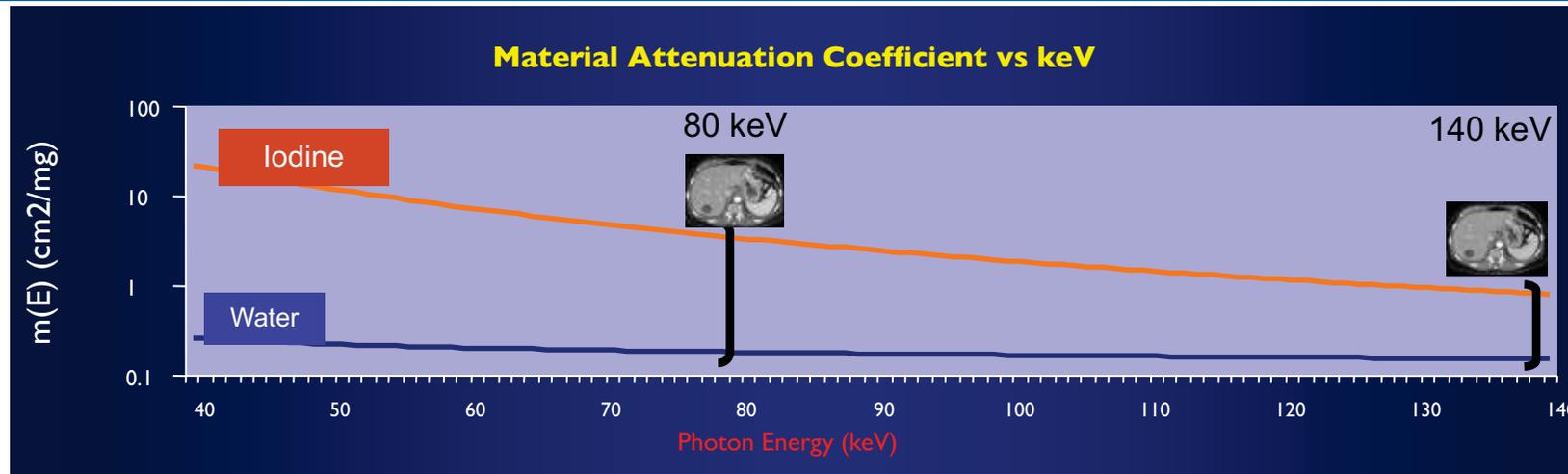
Sagittal

A short video

visual aspect					
class	healthy	emphysema	ground glass	fibrosis	micronodules



4D texture, pulmonary embolism



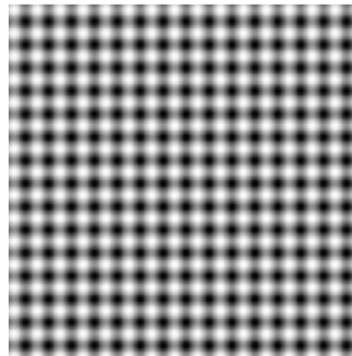
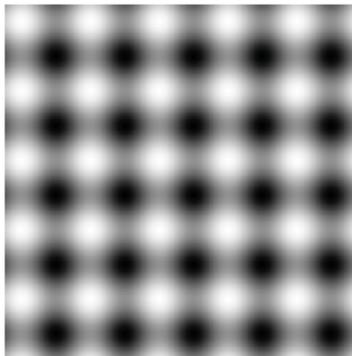
- 4D **dual energy** CT
 - Other 4D data include time components
 - Goal is to measure **tissue perfusion**

 - Find whether and which parts of the lung are blocked
 - Emergency radiology has very little time for decisions
- Do things that physicians can not do (quantifying)

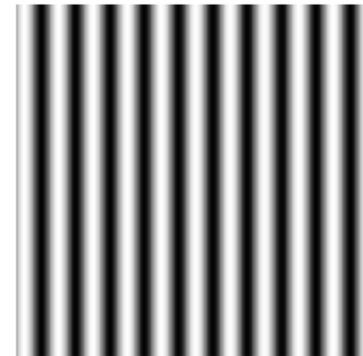
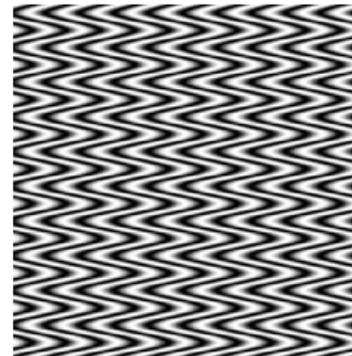
Texture characteristics

- Localized characterizations of **scales** and **local orientations** are important for textures
- Often **choices** for characterization are **arbitrary**
- **Riesz** transform implements n^{th} order directional derivatives at multiple scales
 - Linear combinations of the filters allows to create texture templates to detect specific textures

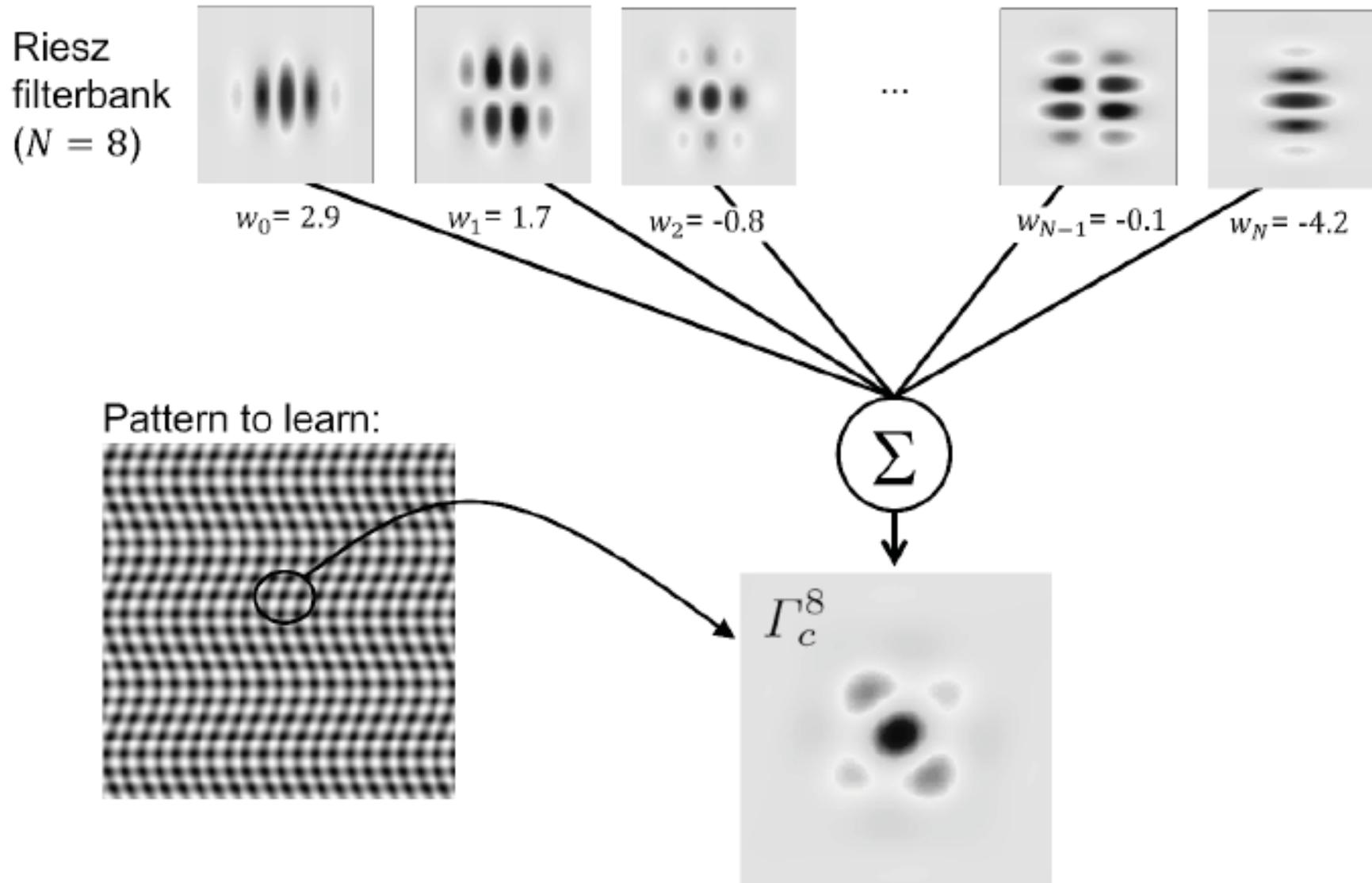
scale



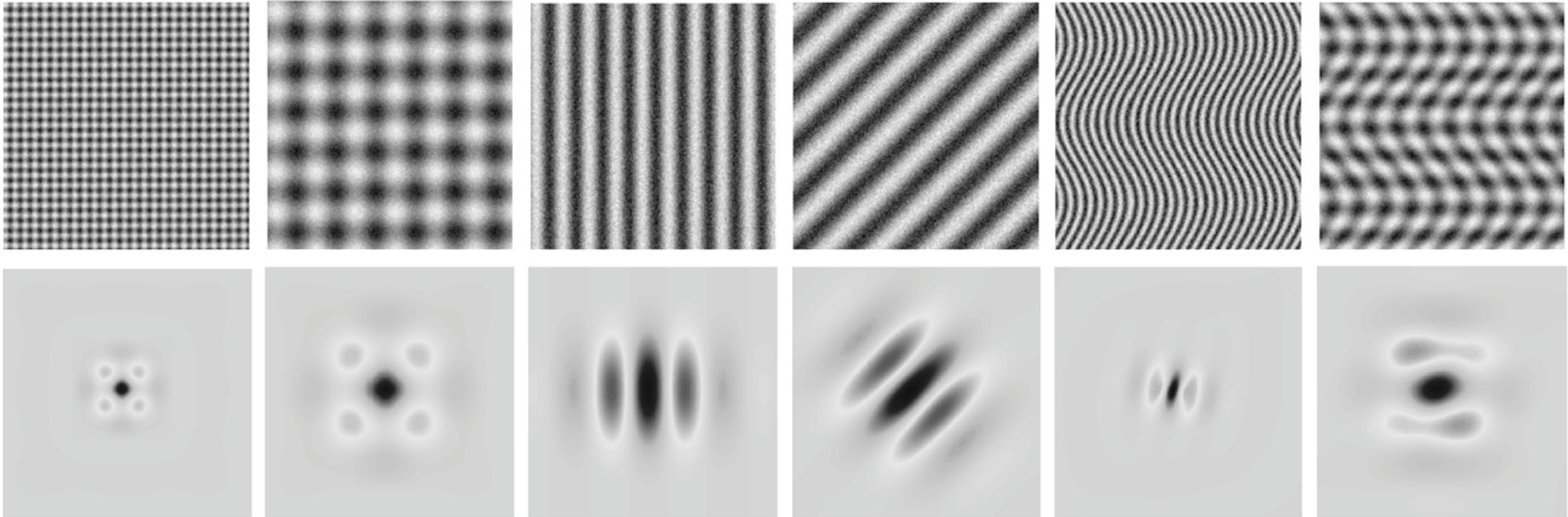
local orientation



Combining filters for detection

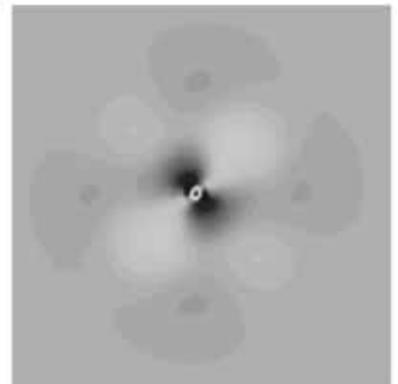
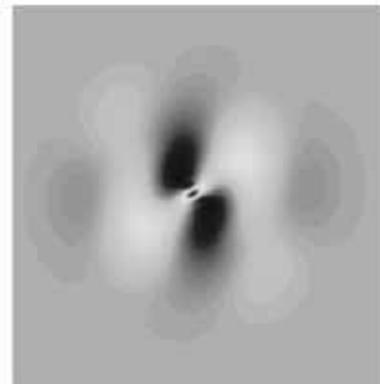
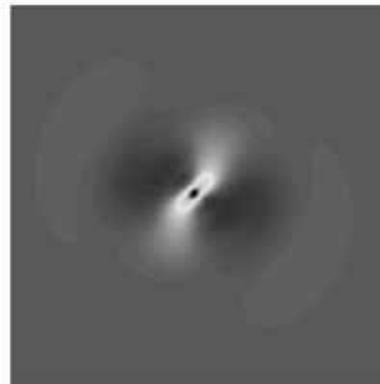
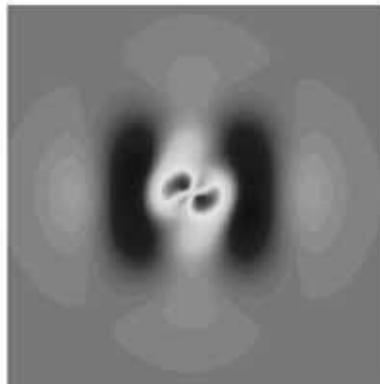
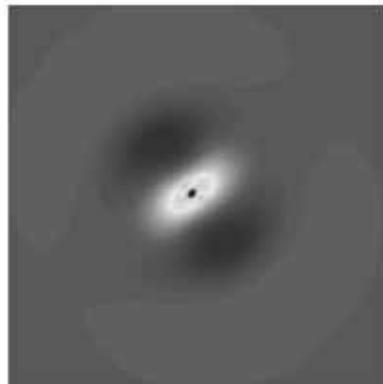
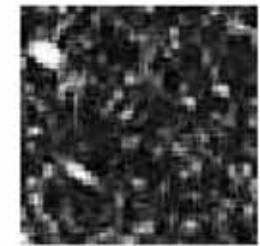
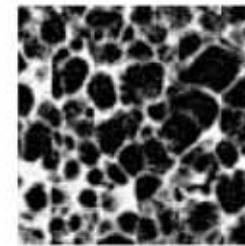
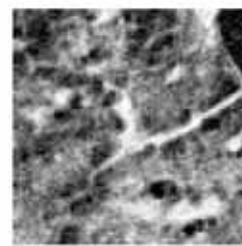
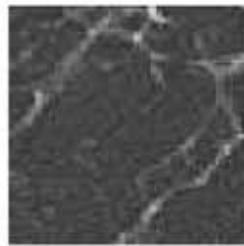
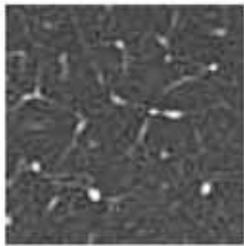


Texture templates



Scale and orientation modeling

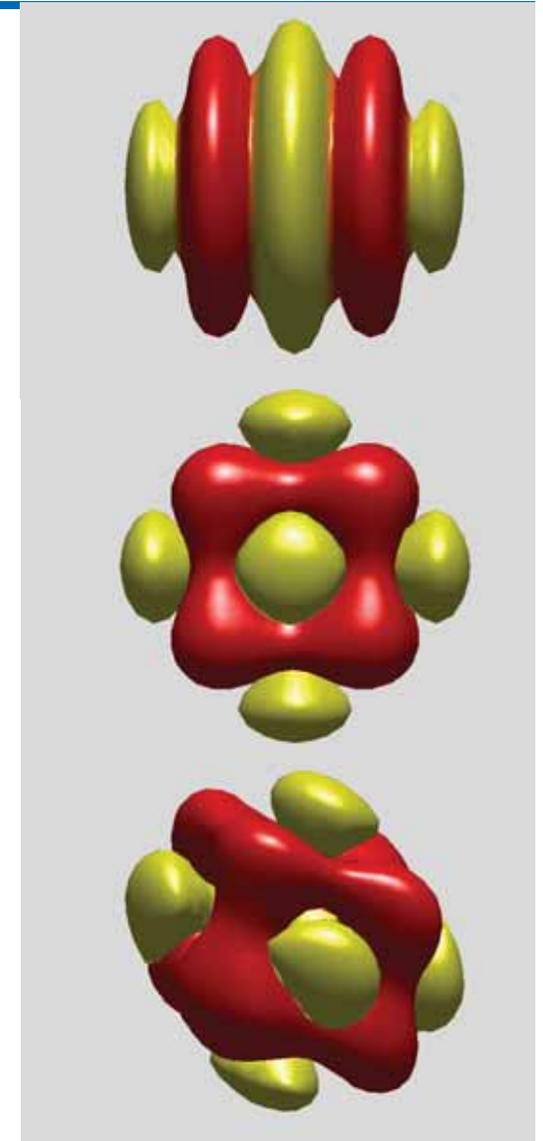
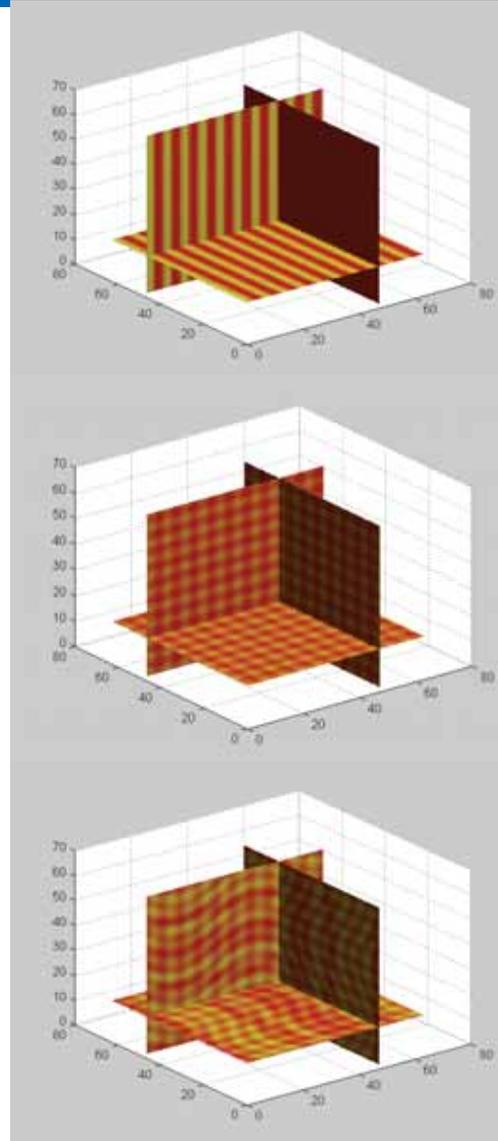
Templates for lung textures



Signatures allow for **visually checking** the modeled information

3D texture templates

- Vertical planes
- 3D checkerboard
- 3D wiggled checkerboard

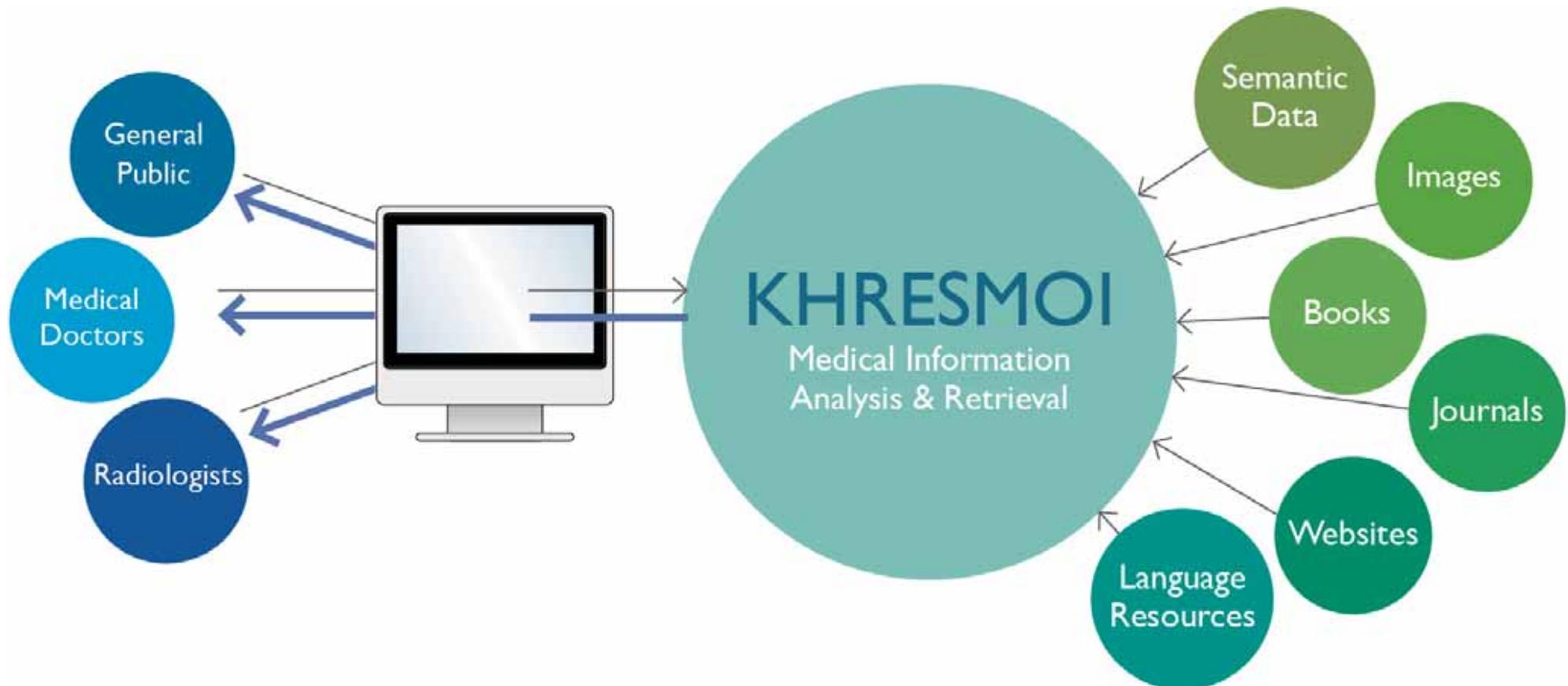


Radiology image retrieval



Khresmoi application

- Mixing **multilingual** data from many resources and **semantic** information for medical retrieval
- LinkedLifeData



The informed patient

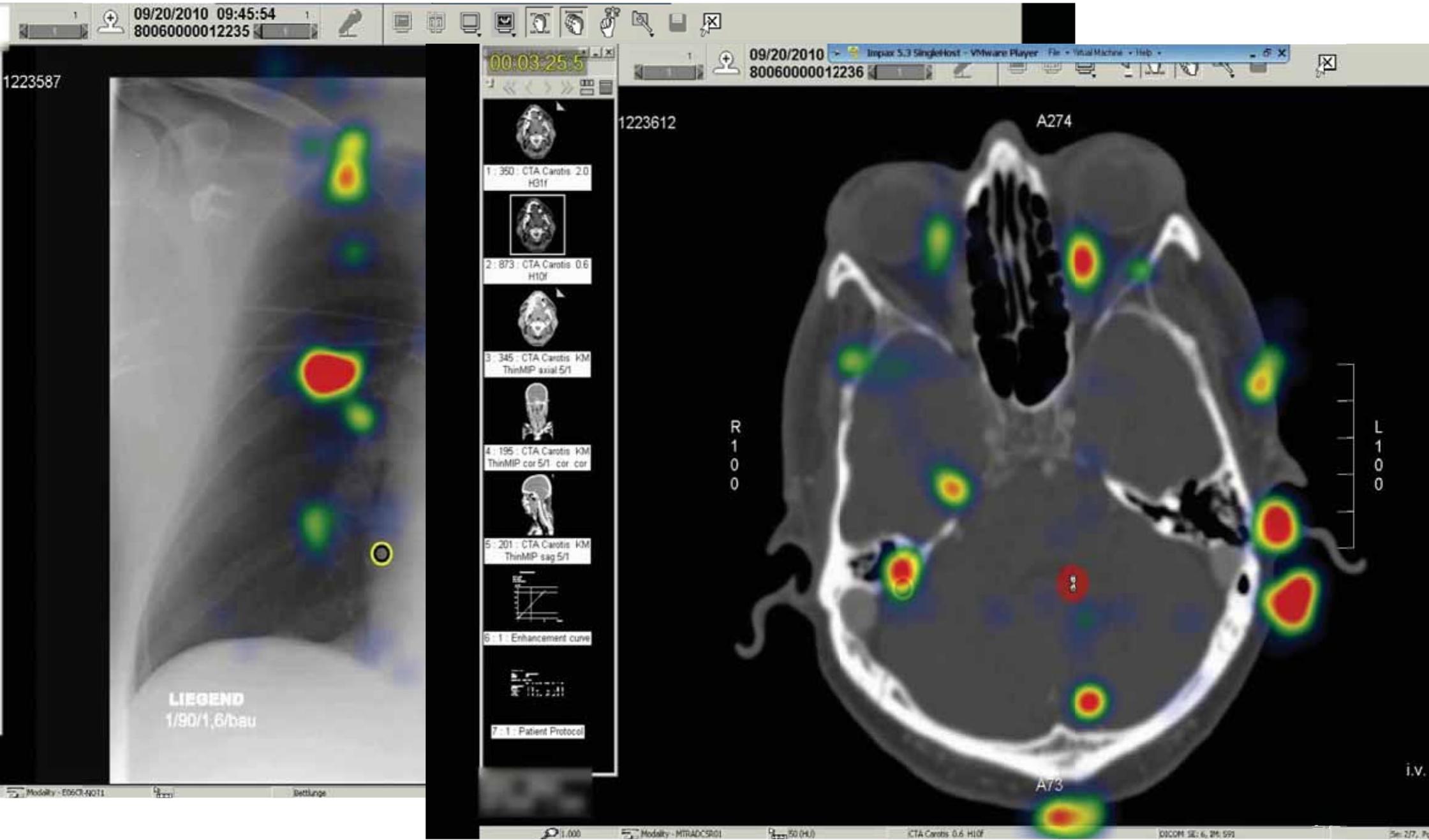


"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."

Identifying user requirements

- **Surveys** among several radiologists
 - Also GPs and patients
- **Observing** diagnosis processes
 - Analyzing search log files
- **Eye tracking** on a radiology viewing station
- What are information needs and what are tasks that are hard and where help is needed?
- Test the developed systems in user studies
 - Analyze feedback
 - Record the system use for understanding problems

Eye tracking

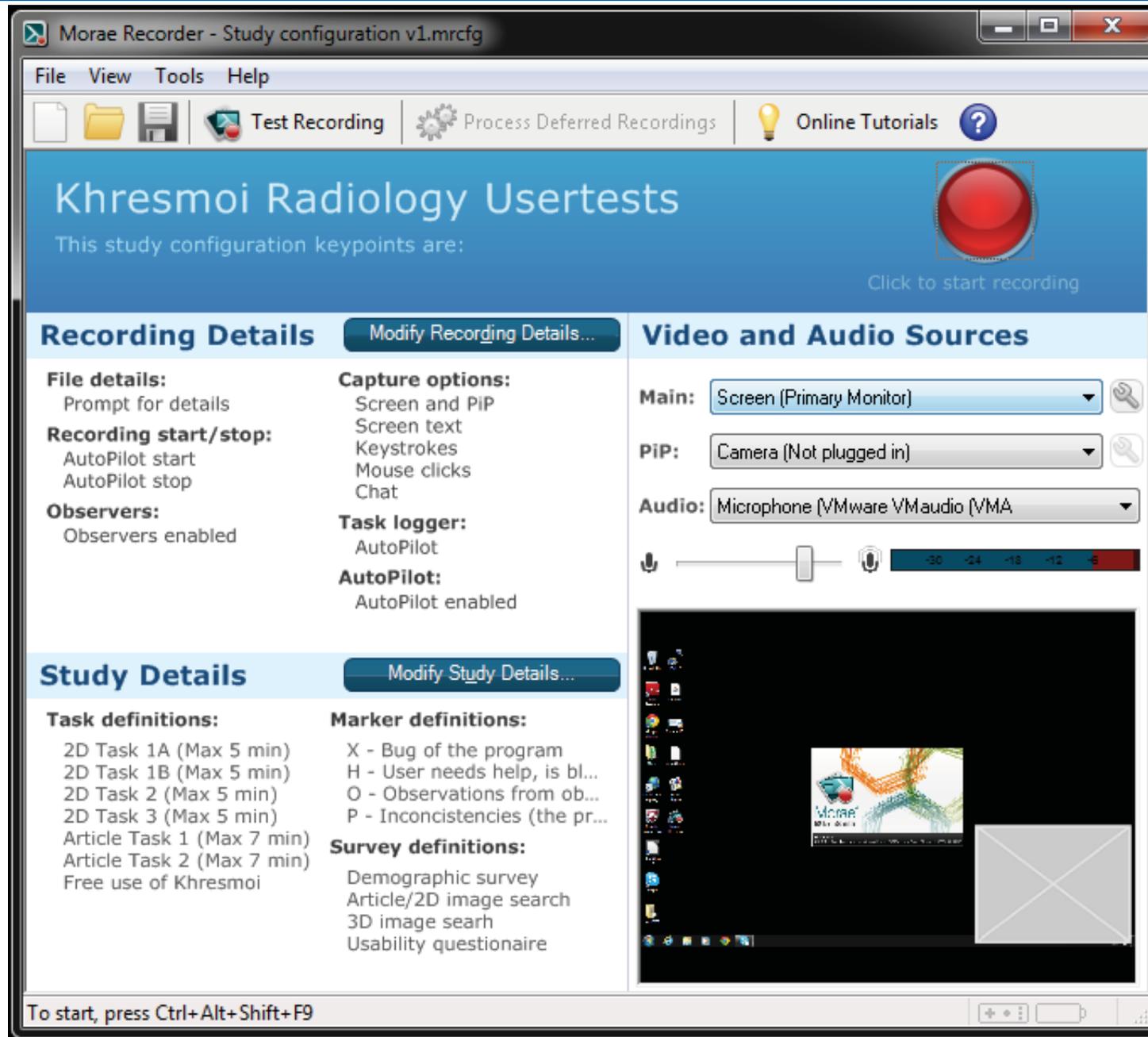


The image displays a medical software interface with two main windows. The left window, titled '1223587', shows a sagittal CT scan of the neck with a heatmap overlay. A yellow circle highlights a specific area on the right side of the image. The right window, titled '1223612', shows an axial CT scan of the head with a heatmap overlay. The heatmap in the right window shows several high-intensity (red) areas, indicating areas of interest. The interface includes a toolbar at the top with various icons for navigation and analysis. A central panel lists several items:

- 1: 350 - CTA Carotis 2.0 H31f
- 2: 873 - CTA Carotis 0.6 H10f
- 3: 345 - CTA Carotis KM ThinMP axial 5/1
- 4: 195 - CTA Carotis KM ThinMP cor 5/1 - cor cor
- 5: 201 - CTA Carotis KM ThinMP sag 5/1
- 6: 1 - Enhancement curve
- 7: 1 - Patient Protocol

At the bottom of the interface, there is a status bar with the following information: Modality: E06C4011, Bettlage, Modality: MTRADC01, 50 (4.0), CTA Carotis 0.6 H10f, DICOM SE: 6, 01, 001, and 25/ 27, 70.

Recording user tests



Morae Recorder - Study configuration v1.mrcfg

File View Tools Help

Test Recording Process Deferred Recordings Online Tutorials ?

Khresmoi Radiology Usertests

This study configuration keypoints are:

Click to start recording

Recording Details

[Modify Recording Details...](#)

File details:
Prompt for details

Recording start/stop:
AutoPilot start
AutoPilot stop

Observers:
Observers enabled

Capture options:
Screen and PIP
Screen text
Keystrokes
Mouse clicks
Chat

Task logger:
AutoPilot

AutoPilot:
AutoPilot enabled

Video and Audio Sources

Main: Screen (Primary Monitor)

PIP: Camera (Not plugged in)

Audio: Microphone (VMware VMaudio (VMA))

Audio level: -30 -24 -18 -12 -6

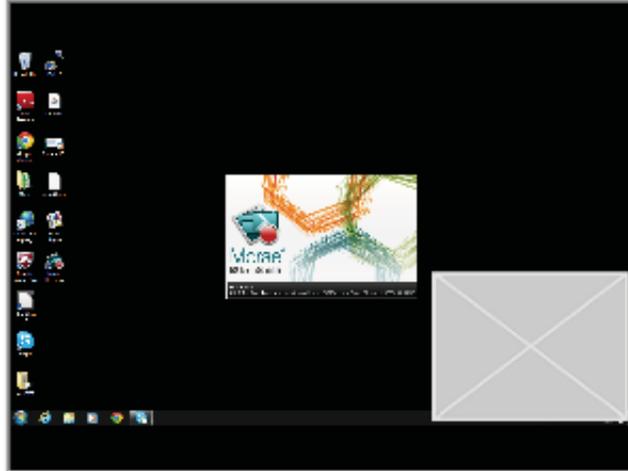
Study Details

[Modify Study Details...](#)

Task definitions:
2D Task 1A (Max 5 min)
2D Task 1B (Max 5 min)
2D Task 2 (Max 5 min)
2D Task 3 (Max 5 min)
Article Task 1 (Max 7 min)
Article Task 2 (Max 7 min)
Free use of Khresmoi

Marker definitions:
X - Bug of the program
H - User needs help, is bl...
O - Observations from ob...
P - Inconcisencies (the pr...

Survey definitions:
Demographic survey
Article/2D image search
3D image search
Usability questionnaire



To start, press Ctrl+Alt+Shift+F9

Data used for ParaDISE

- **Scientific** data of the biomedical literature
 - 600'000 articles and 1.6 mio figures of the open access literature (>4 mio images if separating compound figures)
 - Public data source but only 2D data
- **Clinical data** from the Vienna Medical University image archive
 - 5TB of data of two consecutive months
 - Radiology reports for each case
 - Private data source, so access only with password
- **Link** medical cases with similar cases from the literature based on image data and text

Connecting different data levels

Vorwerk and Hess *Radiation Oncology* 2011, 6:97
<http://www.ro-journal.com/content/6/1/97>

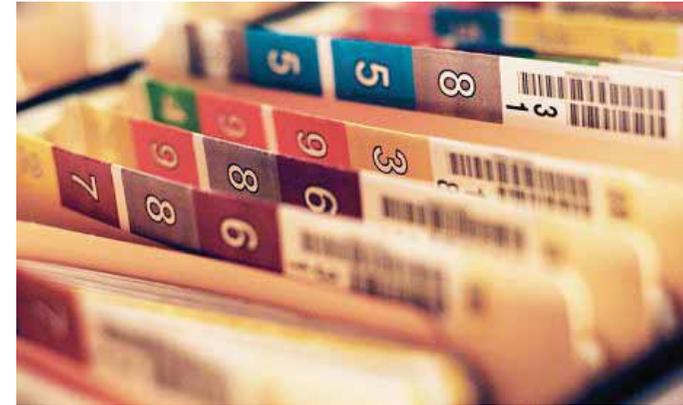


REVIEW

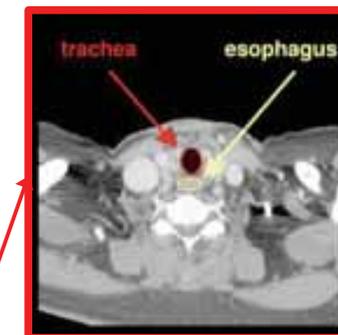
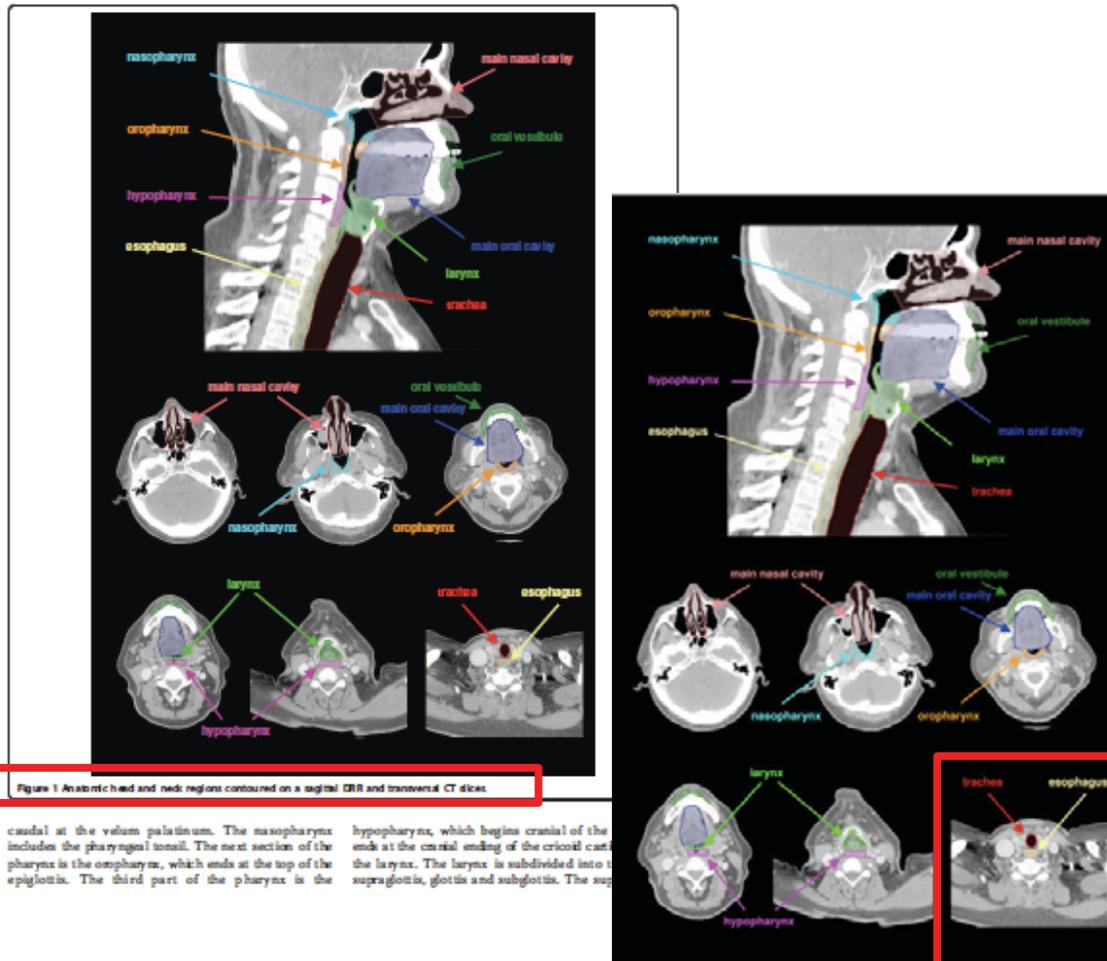
Open Access

Guidelines for delineation of lymphatic clinical target volumes for high conformal radiotherapy: head and neck region

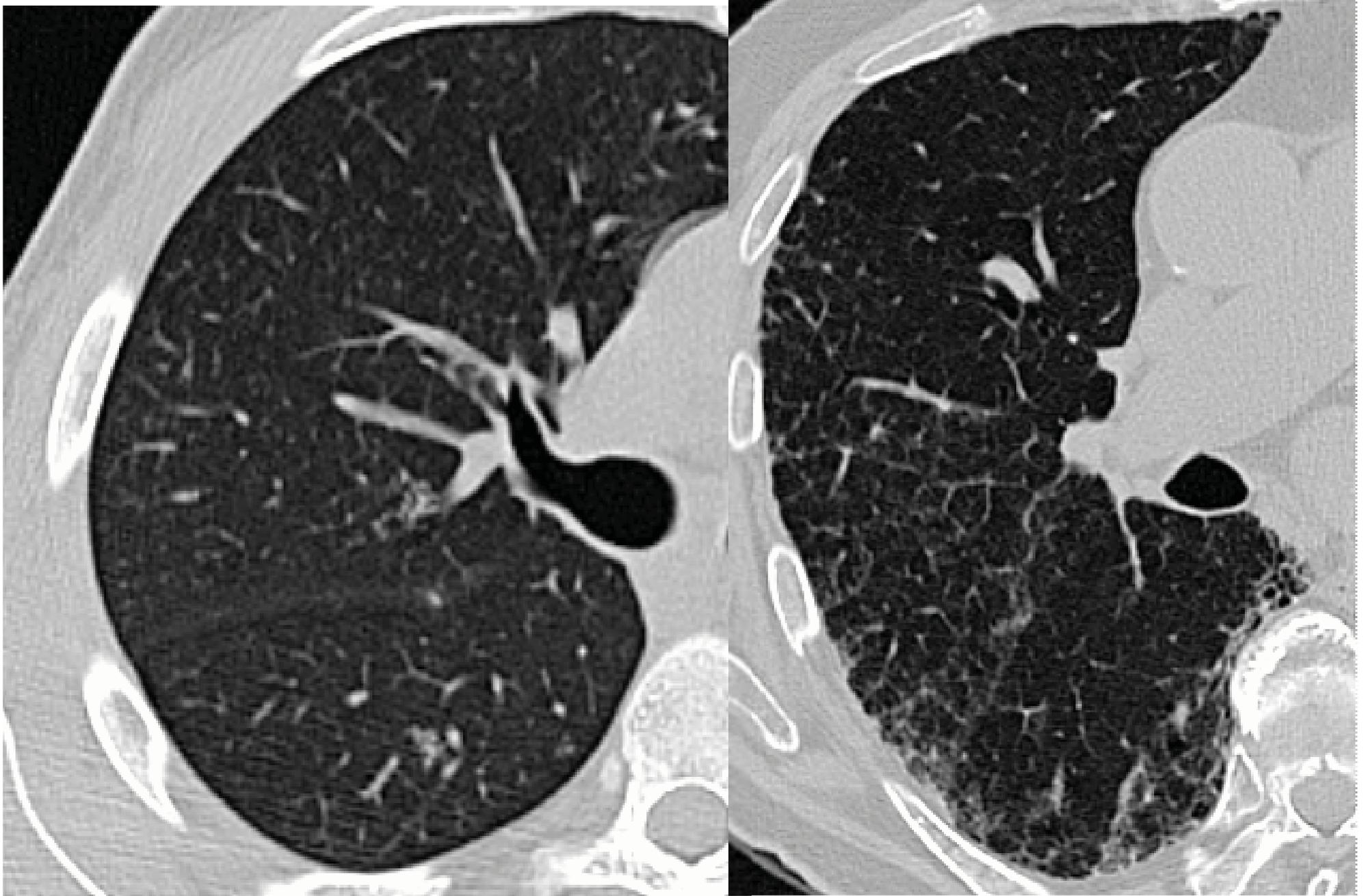
Hilke Vorwerk^{1,2*} and Clemens F Hess¹



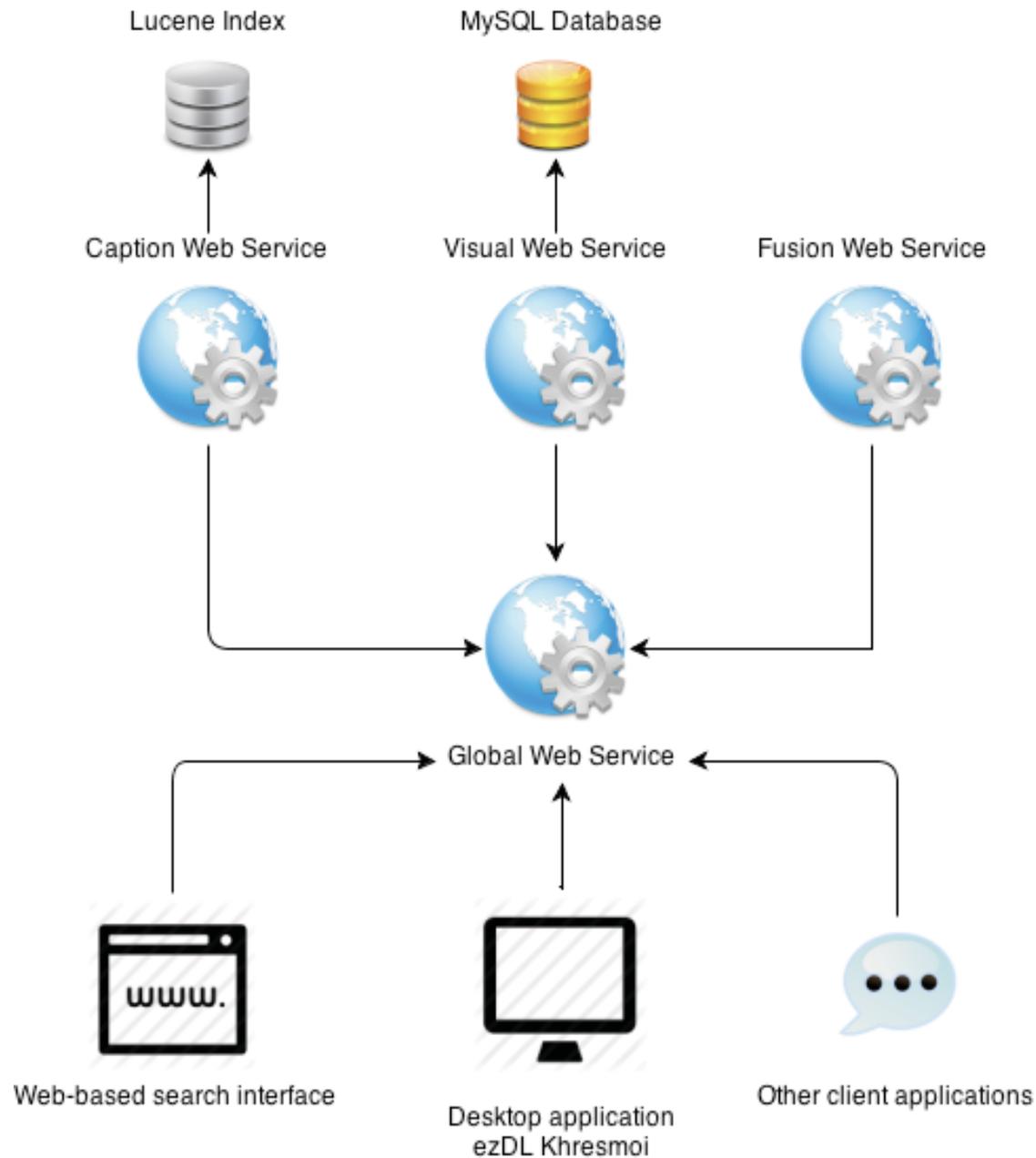
EHR, PACS



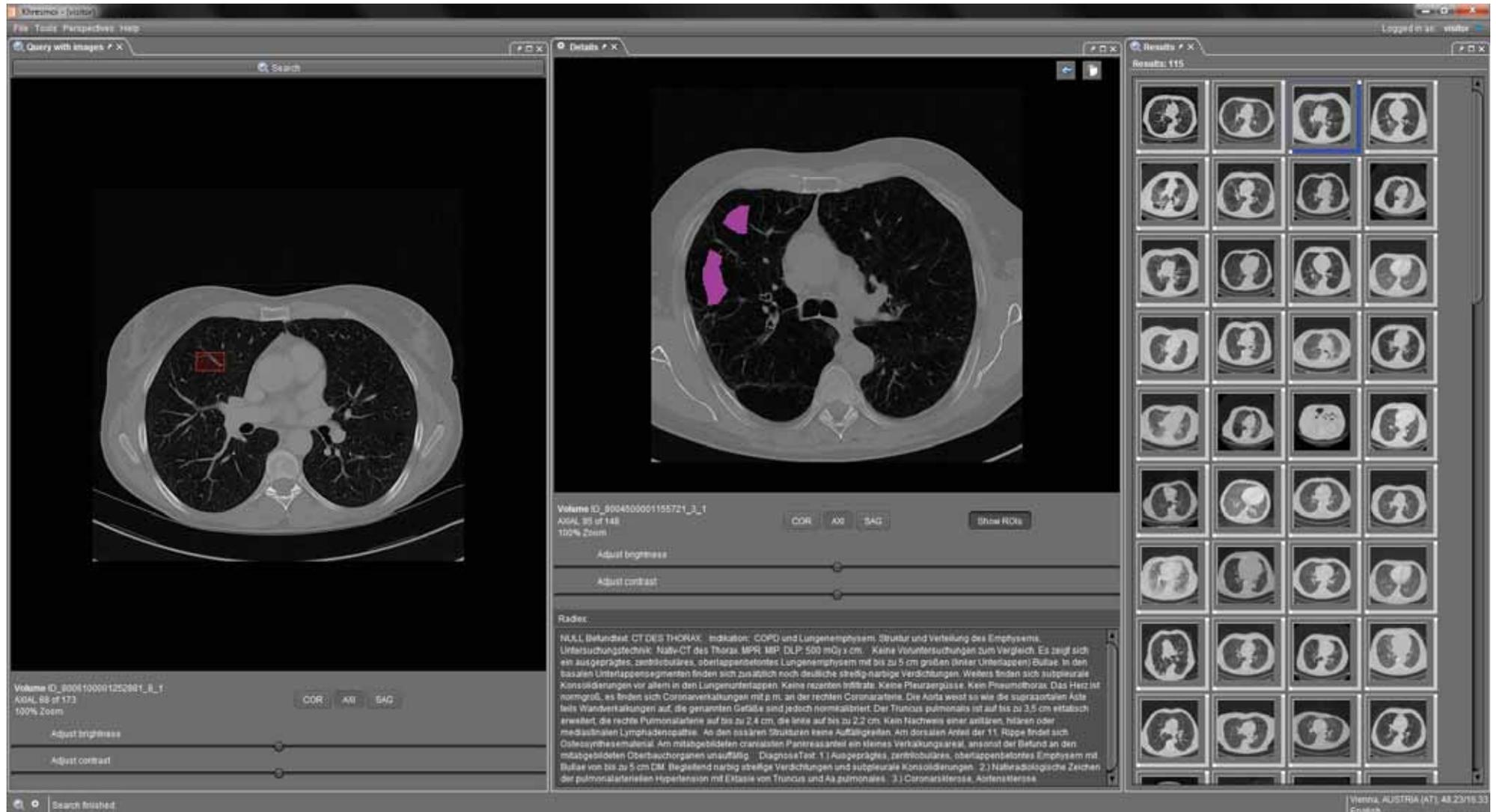
Context is important (25 yo vs. 88 yo)!



ParaDISE architecture



Interfaces for search: radiology



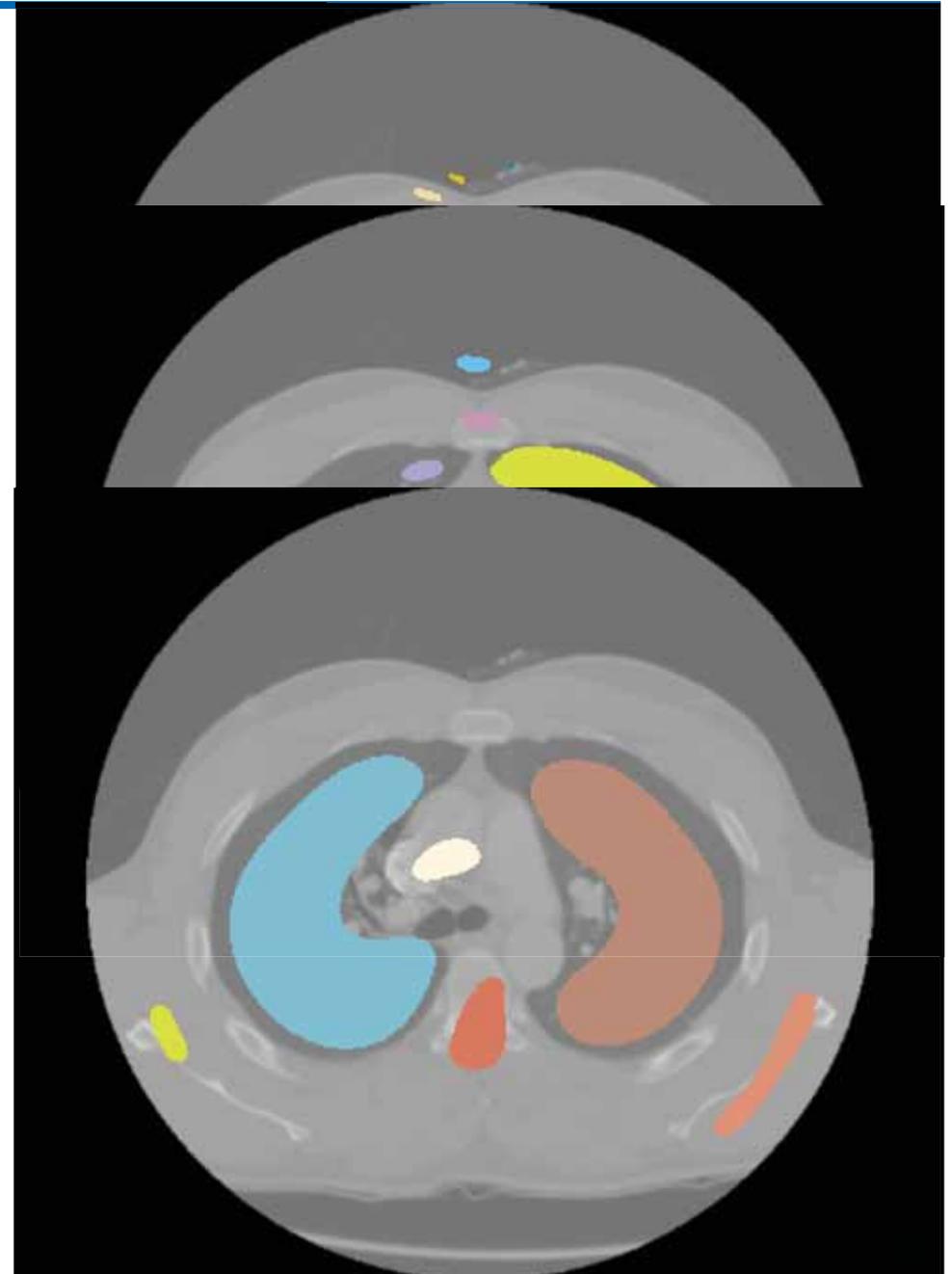
Semantics in radiology

- Map text to **ontologies** such as RadLex
 - LinkedLifeData is a huge knowledge source
 - Permits synonyms, hypernyms, several languages, etc.
- Use **structure** and **links**
 - Anatomic regions are linked with modalities
 - Specific findings (such as fibrosis or micro nodules) are linked with anatomic regions and also with modalities
- Use visual information and semantics to extract information from the images
 - Detecting modality and anatomic region from the images

Visual words in 3D

- **Visual features** can depend strongly on the application domain
 - Many benchmarks show that using a large feature set and then reducing it is often performing best
 - Early vs. late **fusion** is not absolutely clear
- Modeling the feature space based on what is actually present in the images
- Use techniques known in **text retrieval**
 - Removing stop words
 - Latent semantic analysis, synonyms, etc.

Visual words and region detection



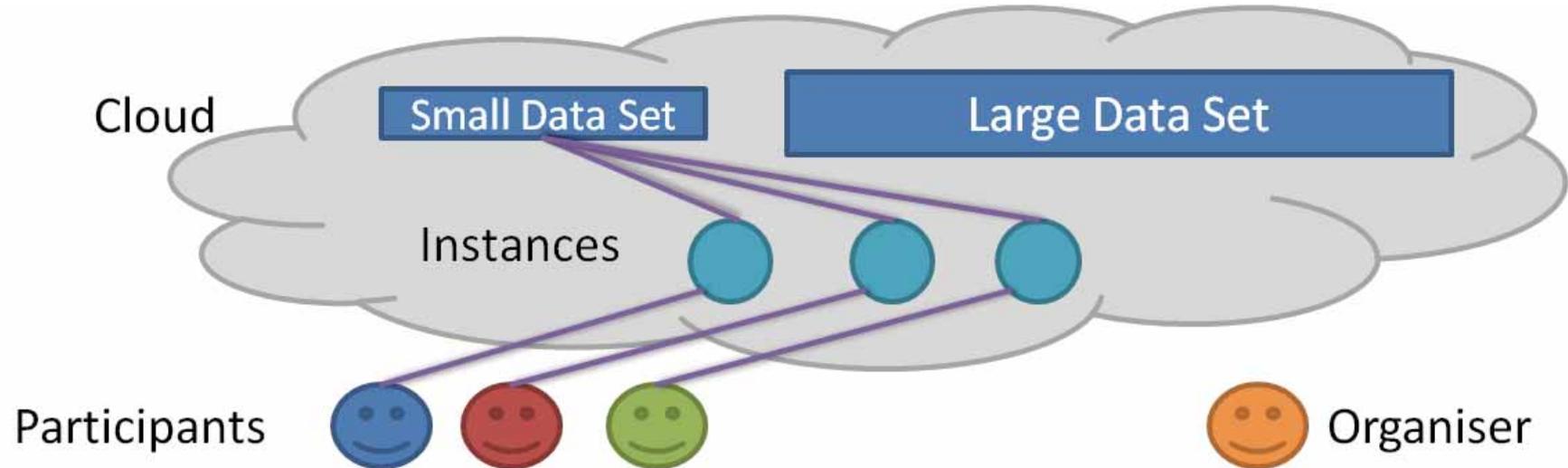
3D organ detection and retrieval



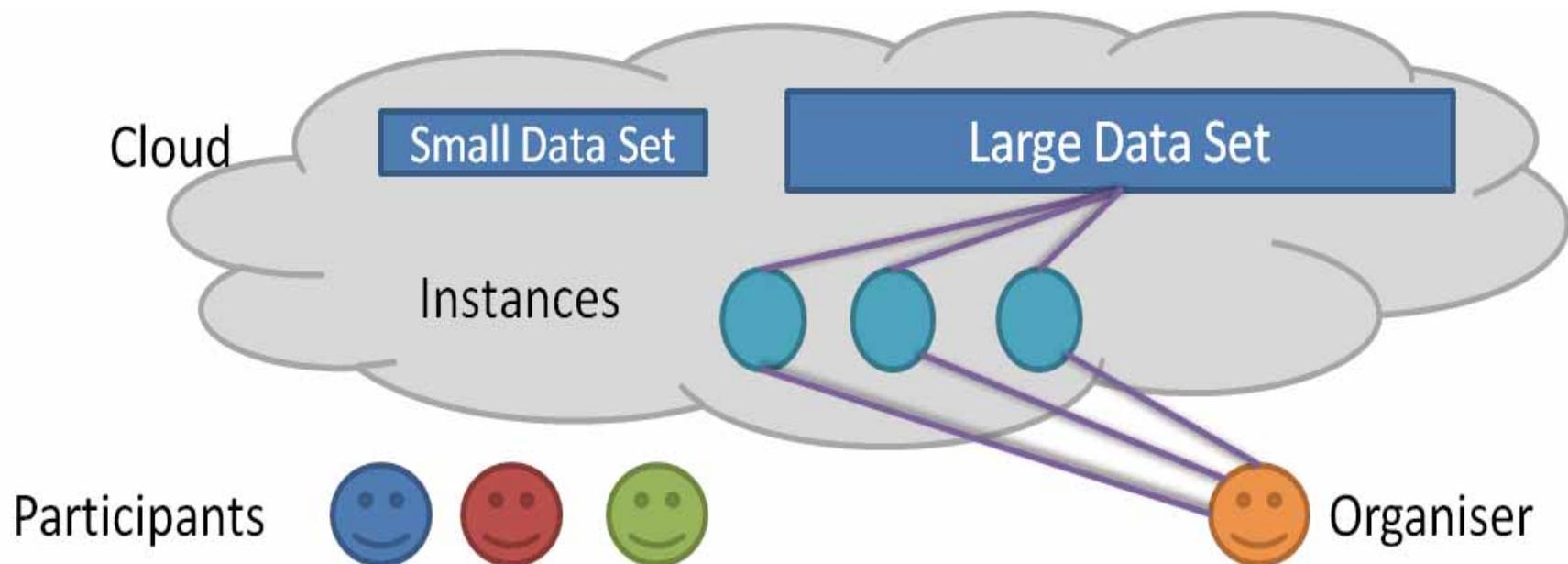
Goals

- Organize benchmarks on image analysis in **very large data** sets >10 TB
 - Identifying **anatomic** structures
 - Finding **similar cases**
- Many **challenges**
 - 10 TB can not be downloaded and also sending hard disks to participants is not easy
 - How can we obtain a solid ground truth to compare algorithms on a large scale
 - Scalability is a major factor, so efficiency of algorithms

Cloud-based benchmarking



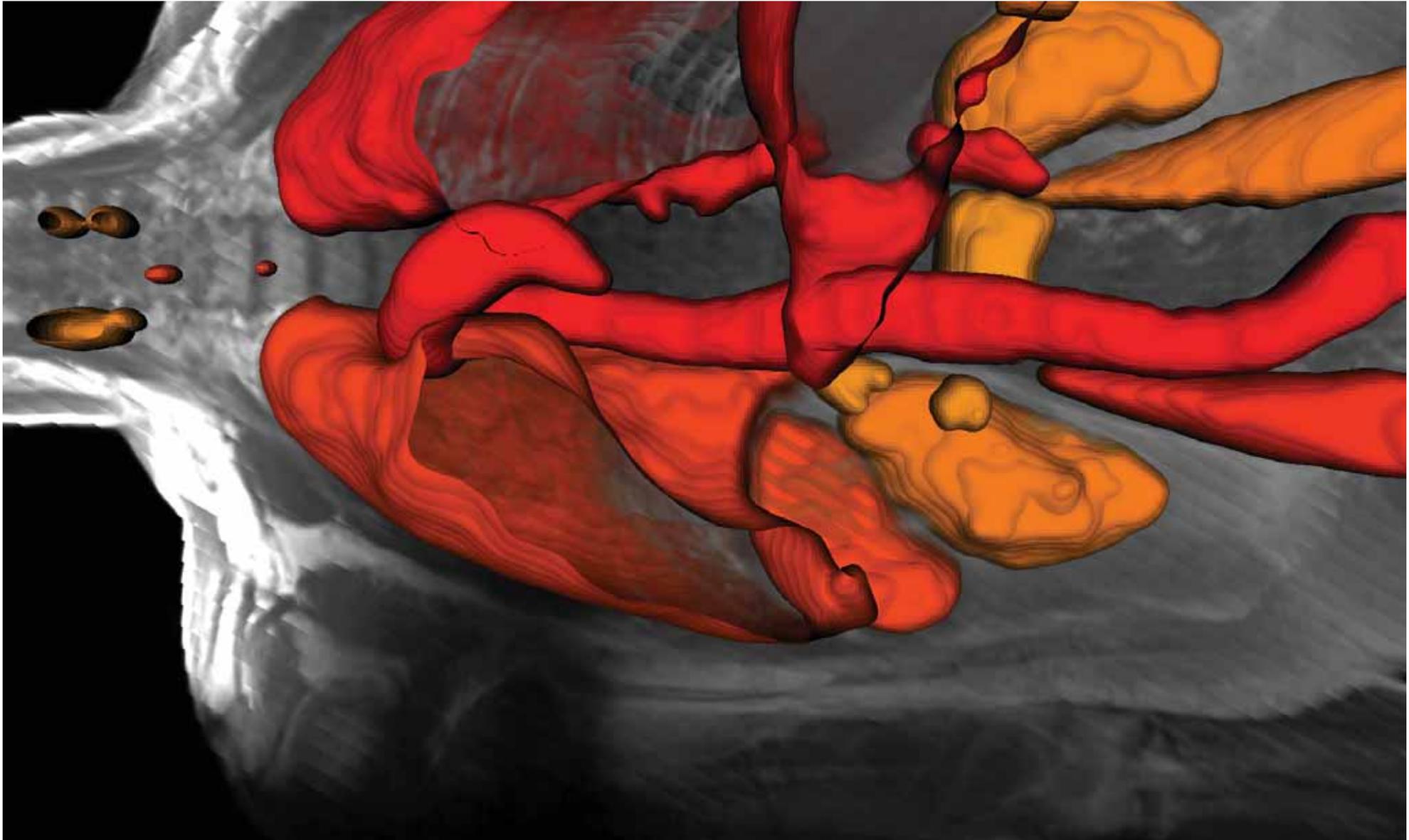
Test



Creation of the database



Annotated data (20-55 organs)



Gold and silver corpus

- Training data will be fully annotated manually
- Part of the test data will also be annotated manually (**gold corpus**)
 - Does not scale to 10 TB
- Based on results and evaluation a larger **silver corpus** will be created
 - Based on high quality systems on gold corpus via majority voting
 - Annotate organs where there are strong differences between participating systems
 - Maximize the gain of manual annotation

Participation is open!!

- Data will be released this summer (August 1)
 - <http://www.visceral.eu/benchmark-1/>
- Registration system is almost finished
- Participants will receive a **virtual machine** they can configure to their needs in the Azure cloud
 - Linux, Windows, ...
- First phase on training data (can be **downloaded** if really needed), access via Azure API
- Then the organizers will take over the virtual machine and run things on test data
 - Detailed protocol is being defined



MICCAI workshop

**MICCAI 2013:
Workshop on Medical
Computer Vision**

- <http://www.medicalcomputervision.org/>
- Linked to the **MICCAI** conference
 - Medical Image Computing for Computer Assisted Intervention
- Scientific part of the workshop and part related to **VISCERAL**
 - **Big data** in medical image analysis
- Discuss the challenges and orient the work of the project towards real challenges
 - **Community effort**

Conclusions

- Medical imaging offers **many interesting opportunities** in multidimensional data analysis
- **Challenges** remain such as data confidentiality, 3D/4D visualization, small regions of interest
 - Images should never be regarded out of their context
- **Application-driven** approaches can really help physicians and get support from them
- Creating (large) data sets for developing tools requires much effort
 - Open data sets are really important to advance science

Contact and more information

- More information can be found at

- <http://khresmoi.eu/>
- <http://visceral.eu/>
- <http://medgift.hevs.ch/>
- <http://publications.hevs.ch/>



- Contact:
 - Henning.mueller@hevs.ch

