

## Specific Aims

Medical research significantly benefits from the development and proliferation of imaging-related analysis packages, particularly those softwares which have been tailored for specific application domains. Although several such established packages exist for *neuroimaging* research (e.g., FSL, FreeSurfer, AFNI, SPM), no such package exists for pulmonary imaging analysis. The primary goal of this proposal is to develop a robust, open-source image analysis toolkit and dissemination platform, along with annotated data, specifically targeted at the pulmonary research community.

Although methodological research is continually being presented at conferences and published in various venues, the unfortunate reality is that much of this work exists strictly in “advertisement” form. Oftentimes the underlying code is unavailable to other researchers or is implemented in a limited manner (i.e., strictly as proof-of-concept software). Frequently, crucial parameter choices are omitted in the corresponding publication(s) which makes external implementations difficult. In addition, the data used to showcase the proposed methodologies are often private and actual data visualization is limited to carefully selected snapshots for publication (i.e., advertisement) purposes which might not be representative of algorithmic performance. Finally, many of these analysis methods are patented and/or integrated into proprietary commercial software packages which severely limits accessibility to researchers.

As a corrective alternative, this proposal will provide an open-source software toolkit for core pulmonary image analysis tasks across multiple modalities, many of which we have proposed previously in past publications. These basic tasks include pulmonary image registration, template building for cross-sectional and longitudinal (i.e., respiratory cycle) analyses, and functional and structural lung image segmentation. In addition to the software, we will provide both the input and output data consistent with open-science principles not only so that other users can it to reproduce our results, but it will also allow researchers to use it in an unrestricted manner in their own studies. Formally, this proposal is defined by the following specific aims:

- **Specific Aim 1: Develop a set of open-source software tools for CT, proton, and He-3 pulmonary computational analysis.** These open-source software tools will specifically target pulmonary image analysis and comprise core application functions such as inspiratory/expiratory registration for inferring pulmonary kinematics, ventilation-based segmentation, lung and lobe estimation, airway segmentation, and calculation of clinical indices for characterization of lung development and pathology.
- **Specific Aim 2: Provide multiple sets of multi-modal annotated lung data (CT, proton, and He3) for unrestricted public use.** In addition to the public unavailability of the algorithms used to produce the results discussed in certain publications, the input and output data is also typically not available. Such availability would be invaluable to other researchers in the community for appropriation for their own purposes including algorithmic performance assessment and running the proposed prior-based methods requiring annotated input data.
- **Specific Aim 3: Evaluate and disseminate multiple complete studies with input data from multiple investigators to showcase the utility of the tools and data provided with this proposal.** In order to maximize the utility of the proposed pulmonary image analysis framework, our proposal also includes making available the input data from multiple researchers (with their permission) involved in a variety of pulmonary research questions and the output data produced by the framework. Among other purposes, this contribution will provide complete, concrete examples demonstrating usage of the proposed contribution.

As principal developers of the popular, open-source ANTs (Advanced Normalization Tools) package, we have extensive experience in the development of well-written software that has gained much traction in the neuroscience community. We have also participated in several image analysis competitions for a variety of applications (neuro, pulmonary, and cardiac) and data scaling and believe that this will also contribute to our success in accomplishing the goals of this application.

## Research Strategy

### 3(a) Significance

#### 3(a.1) The importance of publicly available software tools for domain-specific medical image analysis

Well-vetted and publicly available software is a significant benefit to targeted research communities. For example, the neuroscience community has greatly benefited from highly evolved software packages such as FreeSurfer [1], the FMRIB Software Library (FSL) [2], the Analysis of Functional NeuroImages (AFNI) package [3], and the Statistical Parametric Mapping (SPM) package [4]. Performing a pubmed query for any one of these softwares every year for the past decade (cf Figure 1) illustrates the growing use of such packages and the research studies that are produced as a result. However, despite the absolute number of articles produced using such software and the year-by-year usage increase, no such analogous set of tools exist for pulmonary-specific research. In fact, in a recent review of CT- and MRI-derived biomarkers for pulmonary clinical investigation, the authorial consensus is that “universally available image analysis software” is a major hinderance to more widespread usage of such imaging biomarkers [5].

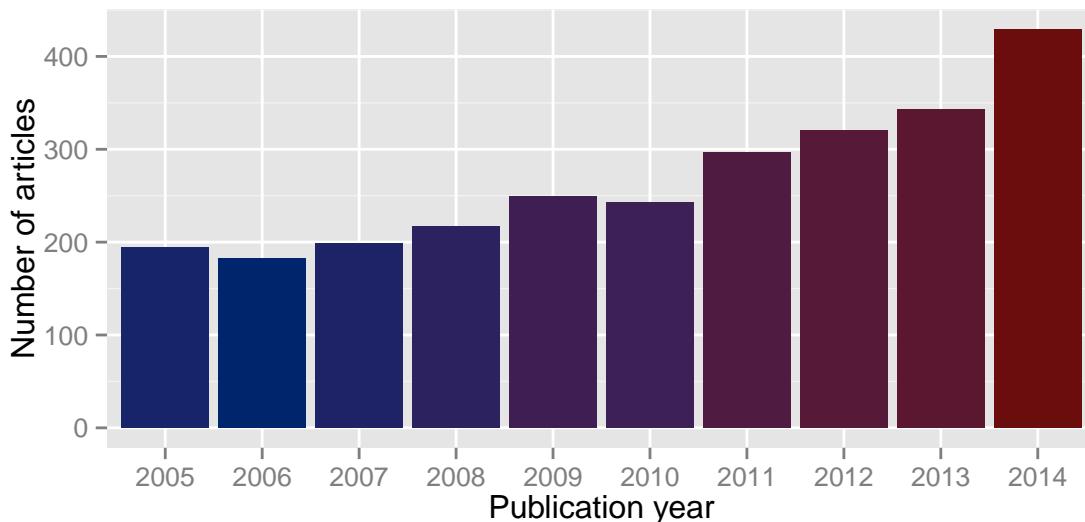


Figure 1: Number of articles per year which cite publicly available neuroimaging analysis packages (specifically, FreeSurfer, AFNI, FSL, and SPM). Although the benefits seem clear for the neuroscience community, analogous efforts within the pulmonary community have yet to be undertaken.

Medical image analysis libraries (e.g., the NIH-sponsored Insight ToolKit) provide extensive algorithmic capabilities for a range of generic image processing tasks. However, tailored software packages for certain application domains (e.g., lung image analysis) are not available despite the vast number of algorithms that have been proposed in the literature. Note that the goals of this proposal would significantly support the National Library of Medicine’s own open-source directives in that all software would be developed using the established Insight ToolKit’s coding and testing standards with the eventual idea that much (if not all) of the actual code would be contributed for inclusion in future versions of the Insight ToolKit as we have done in the past. It should also be noted that open-source software, in general, has documented benefits within the targeted communities for which it is developed and supported. In addition to the increase in research output illustrated earlier, open-source permits students and researchers to learn specific computational techniques in a social environment [6]. This, in turn, provides motivation for user-based support including potential contributions such as bug fixes and feature additions. Additional analyses have shown the tremendous cost savings that open-source software yields [7].

#### 3(a.2) ANTs and the neuroimaging community

Deficiency of publicly available tools within the neuroscience community has been one of the primary motivations for the inception and continued development of our Advanced Normalization Tools (ANTs). ANTs takes advantage of the mature Insight

ToolKit in providing an optimal software framework for building scripts and programs specifically for neuroimaging. For example, the following core neuroimage processing algorithms have been made available through our ANTs toolkit (complete with online self-contained examples with developer-tuned parameters) and have been used extensively by our group and others:

- brain normalization [8, 9] (<https://github.com/stnava/BasicBrainMapping>),
- brain template generation [10] (<https://github.com/ntustison/TemplateBuildingExample>),
- skull-stripping or brain extraction [11, 12] (<https://github.com/ntustison/antsBrainExtractionExample>),
- prior-based brain tissue segmentation [8] (<https://github.com/ntustison/antsAtroposN4Example>),
- cortical thickness estimation [12, 13] (<https://github.com/ntustison/antsCorticalThicknessExample>),
- brain tumor segmentation [14] (<https://github.com/ntustison/ANTsAndArboles>), and
- cortical labeling [15, 16] (<https://github.com/ntustison/MalfLabelingExample>).

In addition to public availability, some of these algorithms have been showcased in international competitions and have performed extremely well [15, 17, 18].

### **3(a.3) The significance of ANTs for the pulmonary imaging community**

Analogously, several algorithmic categories exist for lung image analysis which, as we have stated previously, do not exist in any comprehensive, publicly available package. An extensive survey concentrating on the years 1999–2004 is given in [19] which covers computer aided diagnosis of lung disease and lung cancer in CT (i.e., detection and tracking of pulmonary nodules) and provides an overview of the many relevant segmentation methods for pulmonary structures. Although many algorithms existed at the time, continued technical development has only increased the number of available algorithms. The following is a small sampling of more recently reported techniques for CT analysis:

- whole lung differentiation from the chest wall (e.g., [20–23])
- bronchial structure extraction (e.g., [24, 25]; the many submissions to the recent Extraction of Airways from CT (ExACT) challenge of the 2nd International Workshop on Pulmonary Image Analysis [26]),
- vasculature segmentation (e.g., [27, 28]),
- lobe and/or fissure detection (e.g., [29, 30]), and
- feature extraction and classification (e.g., [31–33]).

Since this list is restricted to CT image analysis, inclusion of additional techniques specific to other modalities will have additional benefit. For example, ventilation-based segmentation for analysis of ventilation lung imaging (e.g., [34] which was implemented within the ANTs framework) will also have significant impact in a comprehensive lung image analysis suite. Since most of the tools that have been developed within the ANTs framework have generic applicability, crucial to the development of our proposed toolset will be domain-specific experience. For example, although ANTs performance in brain registration has been independently evaluated and found to be of relatively high quality [Klein2009], tailoring our registration tool in the EMPIRE10 challenge (Evaluation of Methods for Pulmonary Image REGistration 2010) required significant empirically-based tuning. In addition, new innovations in diffeomorphic registration technology has led to a Symmetric Normalization B-spline variant which has demonstrated preferred normalizations [35], particularly for pulmonary data [36].

Given our previous experience in providing well-vetted tools for neuroimage analysis and our extensive pulmonary research background, our group is well-suited for accomplishing the aims of this proposal and much of it has and will use ITK and ANTs as a software foundation.

### **3(b) Innovation**

Given the lack of open-source solutions for pulmonary image analysis, the proposal goals would produce an innovative framework for corresponding research. Many algorithms have been proposed in various technical venues but that which we propose would provide well-vetted and easy-to-use implementations of specific robust methodologies, many of which have been developed by our group.

An additional innovative component we are proposing is the inclusion of data and detailed instructions for generating reproducible, multimodality pulmonary studies using the proposed package with input data from several of our external collaborators and colleagues. Specifically, we have asked several scientists and researchers who are familiar with our work to provide imaging data of various modalities which we will then process using the proposed toolkit. These processed data will then not only be returned to the corresponding providers with detailed instructions on how to obtain these results in their own labs but will also be provided to the public for any interested researcher to reproduce the results. Given the different image acquisition sources, this strategy should also demonstrate the robustness of our tools.

Included in these analyses will be studies dealing with our own data. Clinical findings will be published in traditional venues (e.g., Chest) for the interested researcher. In addition, we will provide all image data and the quantitative analysis scripts as a companion release to accompany the paper (e.g., see previous similar offerings from our group [12, 35]). Such a comprehensive clinical investigation using these tools will not only provide insight into the specifics of certain pulmonary pathologies but will also provide a tangible mechanism for using the tools created with this proposal.

### 3(c) Approach

**Specific Aim 1.** To develop a set of open-source software tools for CT, proton, and He-3 pulmonary computational analysis. Development will include several basic tools:

*B-spline-based Symmetric Normalization.* A thorough comparative evaluation with the well-known ANTs SyN algorithm was performed with a B-spline variant. The evaluation utilized multiple publicly available, annotated brain data sets and demonstrated statistically significant improvement in label overlap measures [35]. We also used the EMPIRE10 challenge framework to provide an additional comparison in the context of pulmonary CT image registration [37]. Due to the performance of this new variant, it has become the preferred transformation model for small deformation image registration problems (e.g., lung and cardiac [38] applications).

*Multi-feature CT and multi-modal MRI template generation.* we generate subject-specific templates directly from the image data. Given the variability in lung shape across populations and the lack of publicly available lung atlases, generating population- or subject-specific templates enhances the accuracy of the longitudinal analysis described in this work. Applicable to pulmonary data is the template construction algorithm described in [10] which was applied to T1-weighted brain data. However, the simultaneous acquisition of the <sup>3</sup>He and <sup>1</sup>H images lends itself to multimodal processing [14] in which both modalities are used to simultaneously produce <sup>3</sup>He and <sup>1</sup>H templates. This process is represented in Fig. 1 for a single subject.

*Atlas-based lung segmentation.* Identification of anatomical structure in MRI is often a crucial preprocessing step for quantification of morphological features or functional information. Quantitative regional analysis often requires the identification of lung and lobar anatomy. Although much algorithmic research for lung segmentation has been reported in the CT literature [39], co-opting such technologies is complicated by MRI-specific issues such as RF coil inhomogeneity, presence and resolution of structural detail, and the absence of a physically-based intensity scaling.

We recently proposed a multi-atlas approach for automatically segmenting the left and right lungs in proton MRI [36]. Multi-atlas approaches to segmentation have proven highly successful in neuroimaging [Reference 15; Wang:2013aa] which translates readily to a pulmonary context. Many current strategies for lung image segmentation employ low-level processing techniques based on encodable heuristics. Consensus-based strategies, in contrast, optimize the prior knowledge applied to a specific segmentation problem (cf Figure 2).

*Atlas-based lobe estimation.* For regional investigation of certain lung pathologies and conditions, it is often useful to quantify measurements of interest within more localized regions, such as the lobes. However, as mentioned previously, there is little (if any) usable information in proton MRI for image-based lobar segmentation which has led to alternative geometric subdivisions which are ad hoc, non-anatomical, and do not adequately address intra- and inter-subject correspondences. However, we can take advantage of inter-subject similarities in lobar geometry to provide a prior-based estimation of lobar divisions using a consensus labeling approach (cf Figure 2).

To generate the lobe segmentation in a target proton lung image, we first generate the binary lung mask for the proton lung image as described in the previous subsection. We then register the set of CT lung masks to the target binary lung mask using the same registration approach mentioned earlier [35]. Subsequently, we warp the set of CT lobe labels to the target image using the CT mask-to-proton mask transformation. Since we have no intensity information inside the target lung mask and

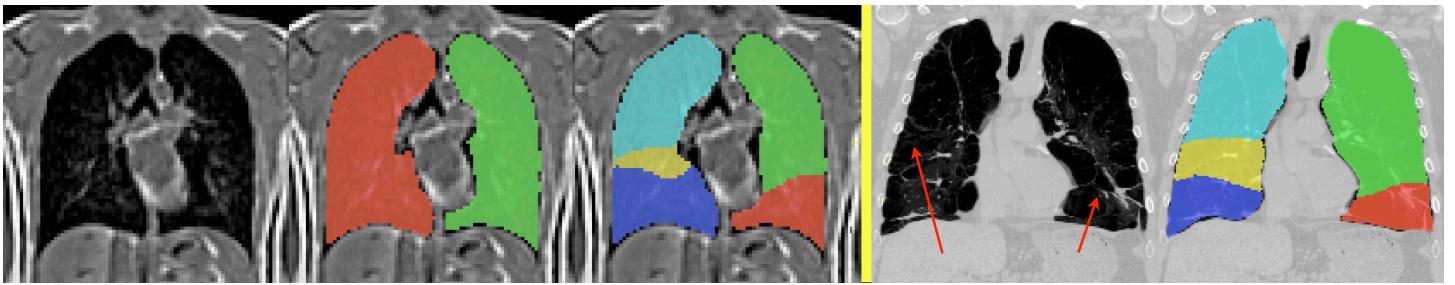


Figure 2: Sample lung and lobe estimation results in both proton MRI and CT using our atlas-based strategy. (Left) Lung segmentation and lobe estimation results for the given proton MRI. Although lobe estimation is dependent solely on the warped atlases, we are able to obtain accurate estimates of lobes which are useful for more regional analysis and provide a more intuitive and universal subdivision of the lungs than previous partitioning schemes. (Right) The utility of this method extends to CT where the integrity of lobar anatomical markers (such as the lack fissures illustrated by the red arrows) have been compromised due to disease.

CT atlas lung masks, we use a simply majority voting strategy to generate the optimal labeling for the target image. Following the majority voting, we remove any labelings outside the lung mask and assign any unlabeled voxels with the label closest in distance to that voxel.

*Ventilation-based image segmentation.* Developments in MRI research utilizing noble gases, such as  $^3\text{He}$  and  $^{129}\text{Xe}$ , have demonstrated the capability of visualizing alveolar and bronchial air spaces. Currently, hyperpolarized  $^3\text{He}$  MRI is a low-risk investigatory technique that provides high spatial and temporal resolution images of the air spaces of the lungs and has been used to investigate a variety of lung diseases. Automated or semiautomated approaches for classifying areas of varying degrees of ventilation are of potential benefit for facilitating such investigation.

In [34], we presented an automated algorithmic pipeline for ventilation-based partitioning of the lungs in hyperpolarized  $^3\text{He}$  and  $^{129}\text{Xe}$  MRI. Since then, we have continued to improve this segmentation pipeline including the recent introduction of an ANTs-based implementation of the patch-based denoising protocol described in [40]. An example of a set of longitudinal segmentation results are provided in Figure 3.

*Quantitative CT indices.* Imaging biomarkers for characterizing emphysema in CT have been well researched, although there are ample opportunities to refine these methods as well as to introduce more advanced approaches. Examples of the latter include texture analysis for identifying the centrilobular and groundglass opacities and fractal and connectivity approaches to differentiate centrilobular from panlobular emphysema. The indices for CT image analysis can roughly be divided into those that characterize the pulmonary parenchyma and those that characterize the airways. The former are important for subjects with an emphysematous component of disease, whereas the latter are important for subjects with a bronchitic component of disease. Such indices can also be studied not only at any particular single time point, but also for changes with time. The addition of quantitative morphologic measurements of the airways provides an assessment of the contribution of airway changes to chronic lung disease.

Table 1 provides an historical overview of the type of discriminative measurements that have been used for CT lung assessment. *An important premise of this proposal is that many of these measurements can also be directly applied to discriminative analysis using  $^3\text{HeMRI}$  for a variety of lung diseases.* We have already implemented many of these image features and have contributed the result of our work to the Insight Toolkit (ITK) of the National Institutes of Health (e.g., [41, 42]). As an open-source repository for medical image analysis algorithms, contribution of our work to the ITK allows researchers full access to the latest image analysis algorithms in addition to avoiding research redundancy. It is also beneficial in that the entire ITK community participates in the vetting of the software library.

[7;9;16;18;19;24;25;26;30;31;32;33;37;41;46;54;55;56;57;59;61;63;64;65;66;68;70;74;76;77;82;83;84;85;92;98;110;111;112;114;117;118]

*Airway and vessel segmentation.* We should propose to implement something here. We should look at the Slicer/VMTK airway segmentation model.

**Specific Aim 2.** To provide multiple sets of multi-modal annotated lung data (CT, proton, and  $\text{He}3$ ) for public use.

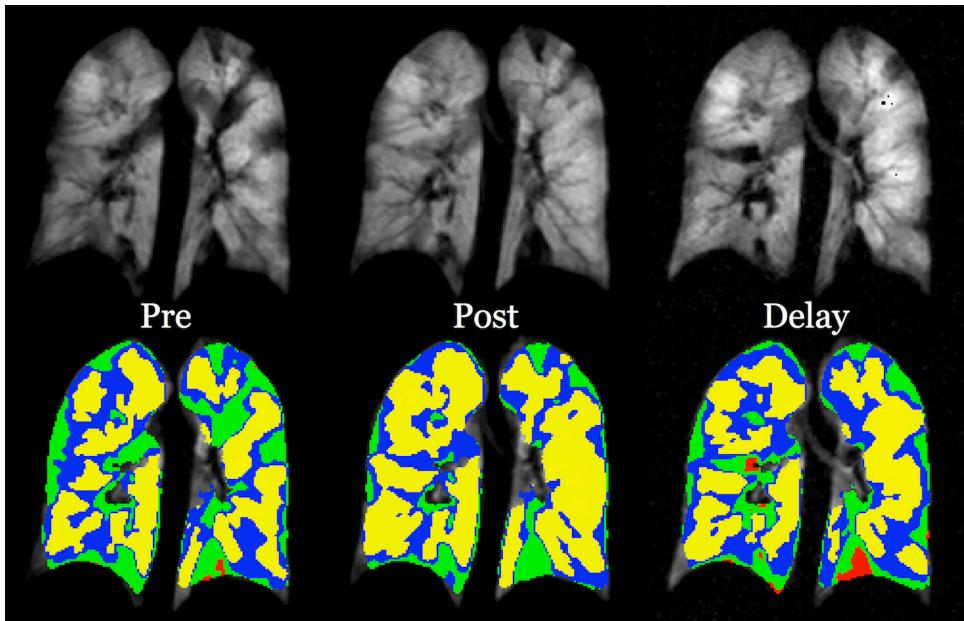


Figure 3: Pulmonary functional segmentation using the algorithmic framework first described in [34] for hyperpolarized  $^3\text{He}$  MRI. These data were taken from a current study looking at the implications in ventilation pre- and post-albuterol intake including an additional acquisition at some delay period following the post-albuterol imaging. The ventilation-based segmentation is as follows: red = no ventilation, green = poor ventilation, blue = normal ventilation, and yellow = normal to hyper-ventilation. Note the improvement in both the qualitative assessment of the ventilation map (top) and the corresponding segmentation time course (bottom) followed by an approximate return to pre-albuterol conditions following the delay period.

## Longitudinal voxelwise analysis of ventilation data

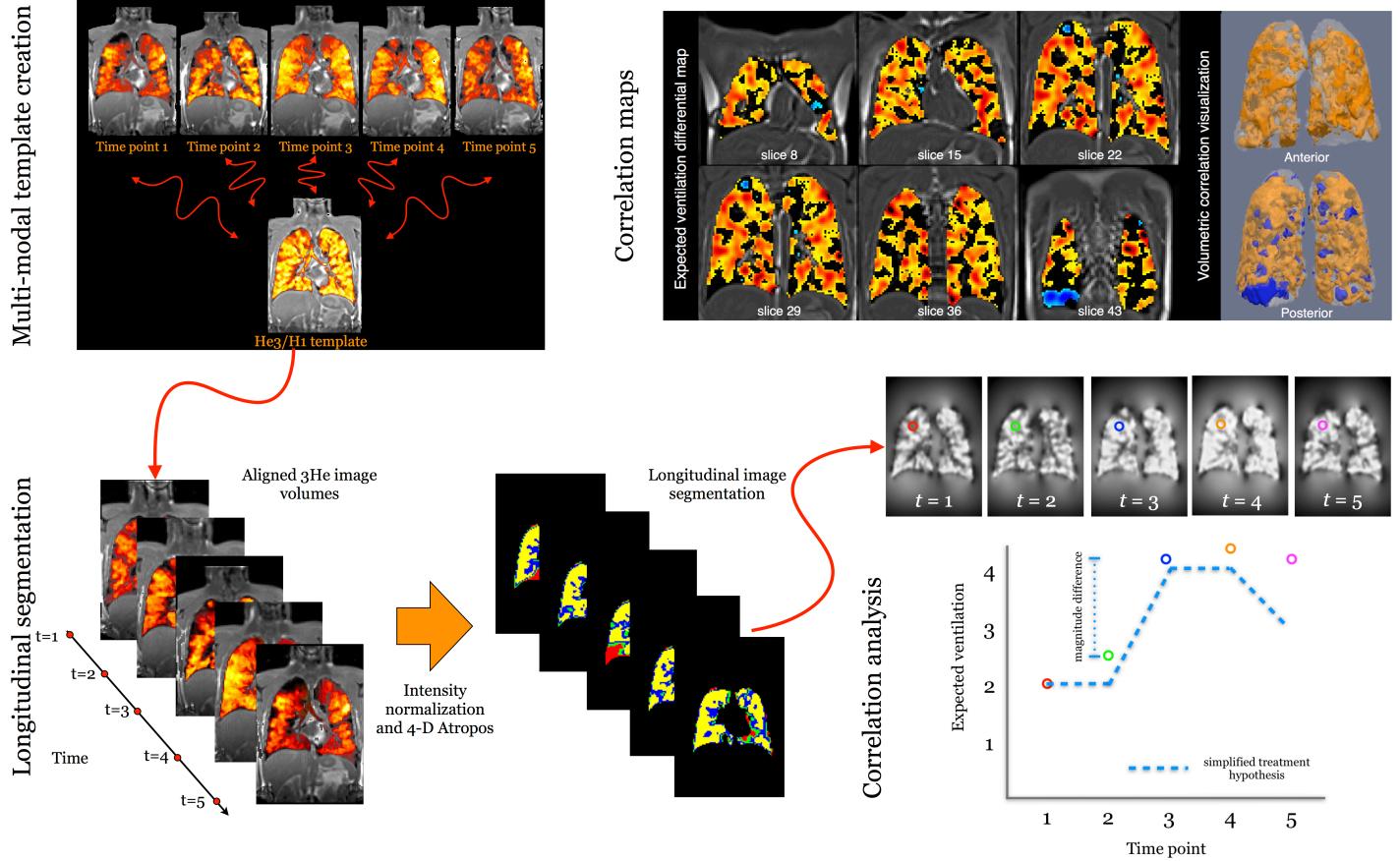


Figure 4: Voxelwise regression analysis to determine image-based response to treatment. First, a multi-modal, single-subject template is created to bring all time point images to the same coordinate system. 4-D segmentation is performed on the longitudinal time series of 3-D image volumes. Treatment effects are expected to follow the simplified treatment hypothesis illustrated with the dashed blue line in the plot on the right. To explore how the longitudinal change in expected ventilation follows this treatment hypothesis with image data, we smooth the aligned expected ventilation maps (to account for potential voxelwise misalignments) and then quantify how the voxelwise intensities regress with the simplified treatment hypothesis.

Volumetric Tissue Indices	Cooccurrence Matrix Texture Indices	Attenuation Histogram Statistics
lung volume lobar volume surface area surface area to volume ratio total lung weight tissue/airspace volumes of lung inspiration vs. expiration*	energy inertia contrast entropy correlation inverse difference moment cluster shade* cluster prominence* Haralick's correlation*	attenuation mean attenuation variance attenuation skewness attenuation kurtosis attenuation grey level entropy regional variants inspiration vs. expiration
Airway Indices		Deformation Indices
airway luminal diameter and area airway wall thickness percentage wall area thickness to diameter ratio airway branch angles airway segment length airway wall volumes (segmental and total)* inspiration vs. expiration		Jacobian of lung displacement lung deformation strain
Run-length Matrix Texture Indices		Stochastic Fractal Image Statistics
	short run emphasis long run emphasis grey level non-uniformity run-length non-uniformity run percentage low grey level run emphasis* high grey level run emphasis* short run low grey level emphasis* short high grey level run emphasis* long run low grey level emphasis* long high grey level run emphasis* inspiration vs. expiration*	mean variance skewness kurtosis grey level entropy inspiration vs. expiration*
Distribution of LAA Heterogeneity		Attenuation Mask Indices
10 partitions (std of 15 <sup>th</sup> %) slopes of density mask curves % size distribution of LAA areas volumetric cluster analysis inner core vs. outer rind inspiration vs. expiration*		HU density mask % HU density mask inspiration vs. expiration*

Table 1: Quantitative CT indices proposed for inclusion in the lung image analysis pipeline. Whole lung, regional, and voxelwise measurements are included, as well as population-based comparisons and longitudinal analysis of all indices. Indices marked with a “\*” denote novel measures which have not been previously utilized in chronic lung disease assessment but have shown classification capability in other application domains.

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