

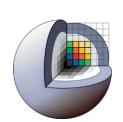


Applications of SSA: Growth Modeling

Ezgi Mercan Murat Maga Richard Hopper



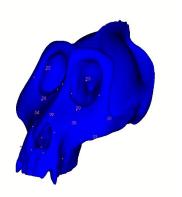




Images



Landmarks (or semi-landmarks)



Mean shape, PCs, eigen values...

Now what?



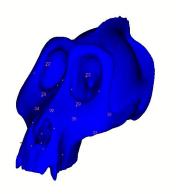


Images + Variables

Landmarks (or semi-landmarks)



Mean shape, PCs, eigen values...

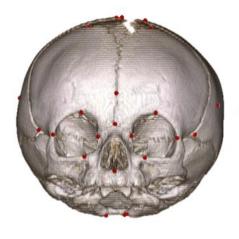


Now what? **Statistical Models**

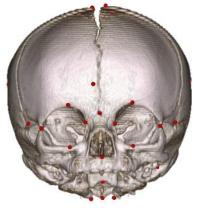


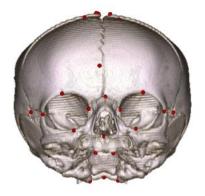
Growth Modeling

- CT scans of pediatric human skull
- Variables: Age, Sex, Diagnosis
- Anatomical Landmarks
- Linear model: $landmark.position \sim age$











Growth Modeling

 Linear regression on age to predict coordinates of each landmark

$$LM1_x \sim a_{1x} \times age + b_{1x}$$

$$LM1_y \sim a_{1y} \times age + b_{1y}$$

$$LM1_z \sim a_{1z} \times age + b_{1z}$$

$$LM2_x \sim a_{2x} \times age + b_{2x}$$

$$LM2_y \sim a_{2y} \times age + b_{2y}$$

$$LM2_z \sim a_{2z} \times age + b_{2z}$$

Problems:

- Landmark positions are <u>not independent</u>
- Number of landmarksx 3 models

...



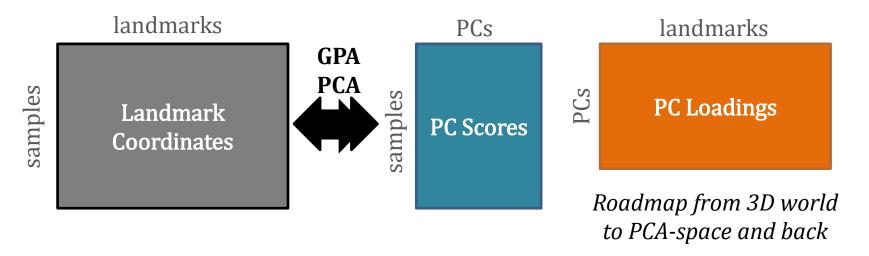
GPA + PCA

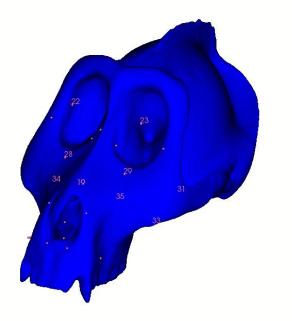
PC.scores~ age

- In our data, first 20 PCs explains 90% of the variation, i.e. just 20 models
 - Dimensionality reduction
 - Noise removal
- PCs are orthogonal
- Each PC is a linear combination of all landmarks.



Growth Modeling

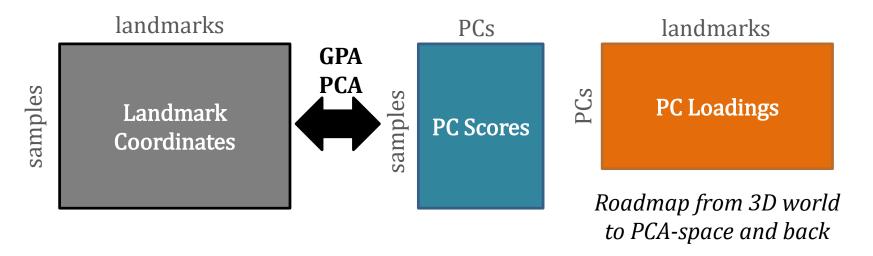




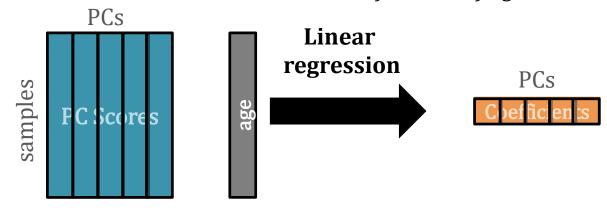
- Using the PC loadings and new PC scores, you can create new landmark coordinates.
 - Then morph a mesh to these new landmark positions.
- Morphs are realistic as long as your new PC scores are within the population parameters.



Growth Modeling

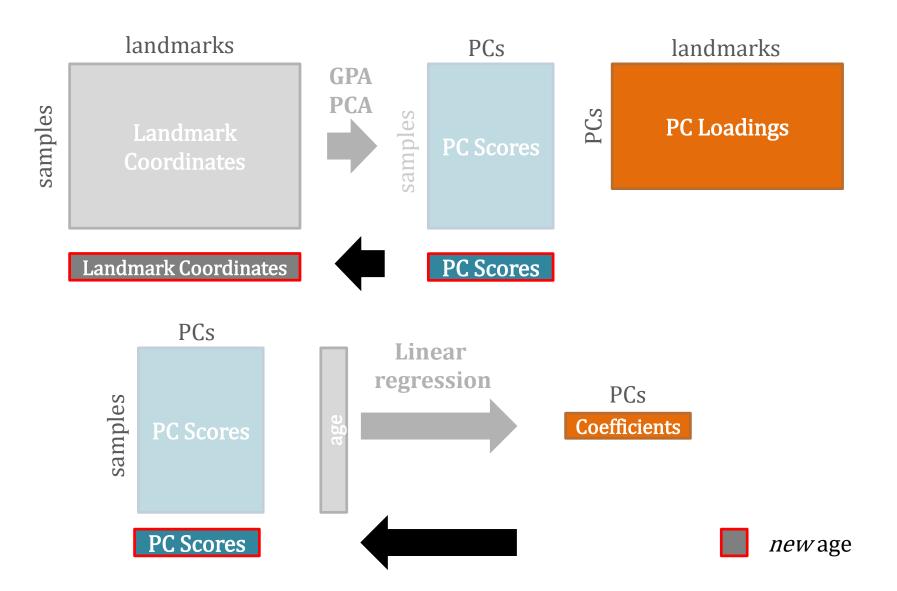


Model each PC as a function of age



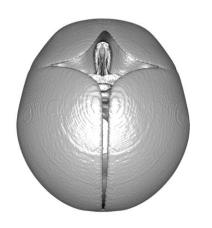


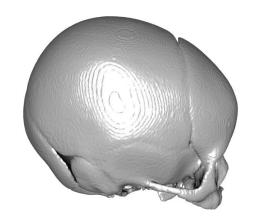
Inference





0-6m Normal Growth Model





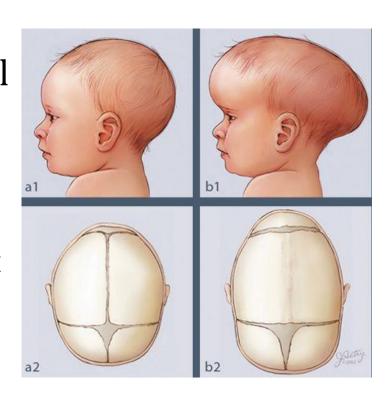
 Thin Plate Splines to warp a reference mesh to inferred landmark positions

!! TPS is accurate at and around the landmark locations but interpolates other surfaces.



Population-level Growth Models

- Sagittal craniosynostosis
 (premature fusion of sagittal
 suture) occurs in
 approximately 1 in every
 5000 births.
- If not surgically corrected, it can cause increased intracranial pressure which can lead to developmental problems.





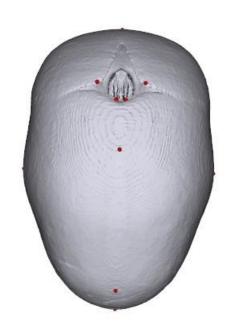
Population-level Growth Models

 Apply the same methodology to unoperated 0-6mo patients with sagittal craniosynostosis.

Normal Infant Model

Sagittal Craniosynostosis Model

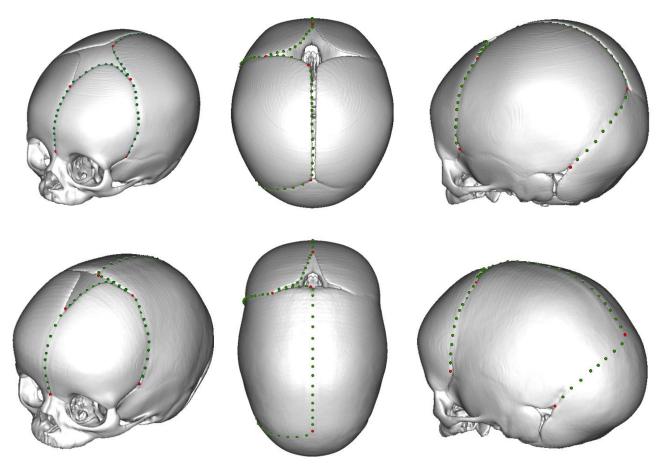






Population-level Growth Models

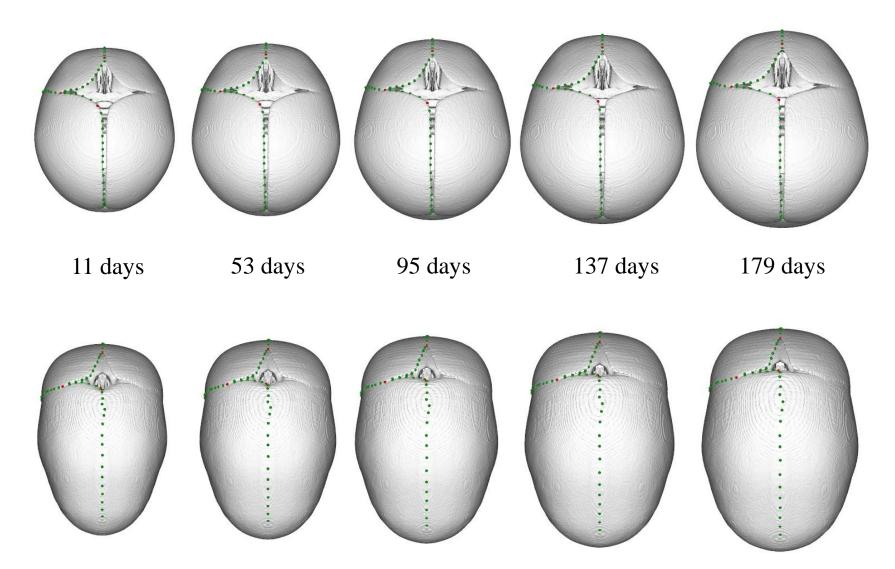
 Semi-landmark the reference image and transfer them to all instances in the model







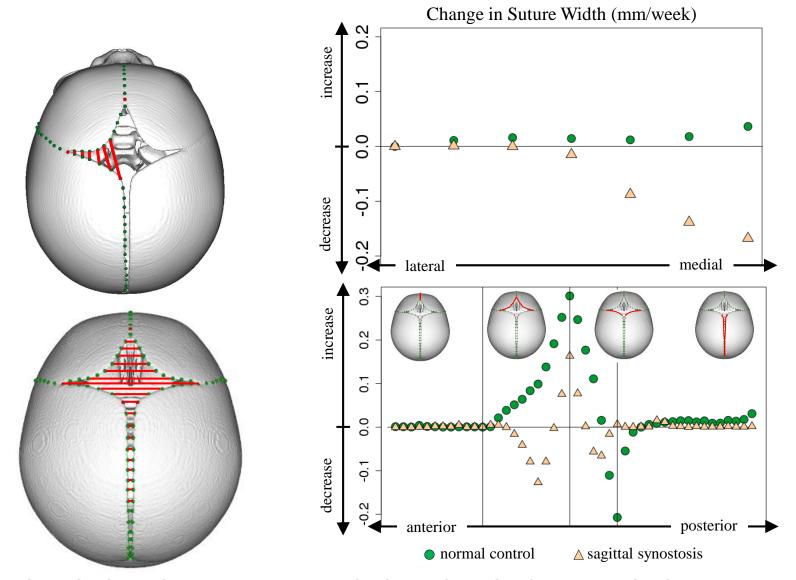
Growth at the Sutures







Suture Closure



Cranial Growth in Isolated Sagittal Craniosynostosis Compared with Normal Growth in the First 6 Months Of Age, **E. Mercan**, R.A. 15 Hopper, A.M. Maga, Journal of Anatomy, 2019.



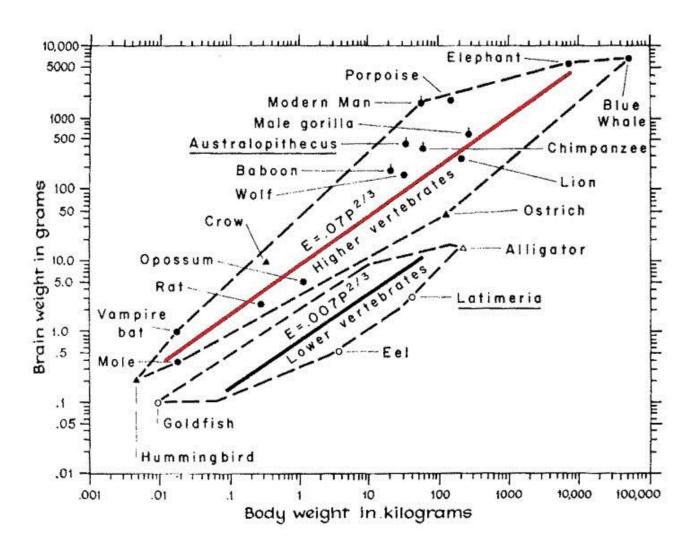


Design Decisions

- Size
- Symmetry
- Landmark positions
- Statistical model



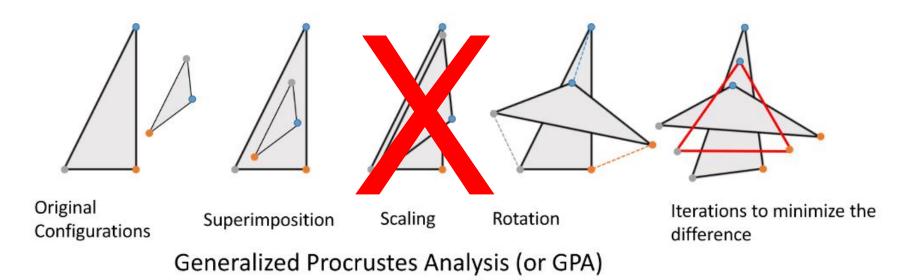
Allometry: Size + Shape





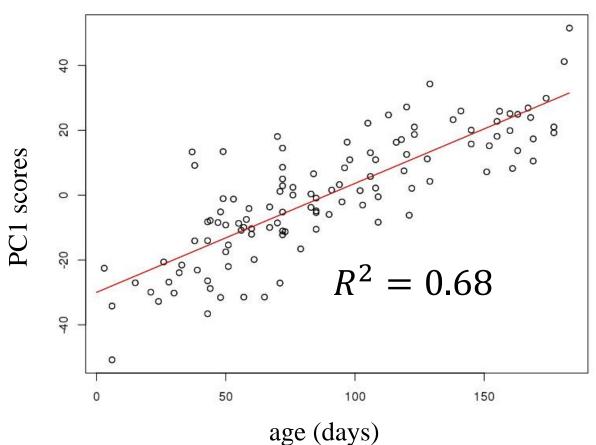
Scale in GPA

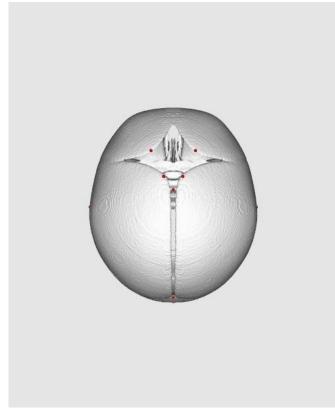
 Since we were interested in growth, we did not scale samples during Procrustes' alignment – which preserved size.





Dominant Shape Changes: PC1









First 5 PCs

Normal Infant Template











PC1

PC2

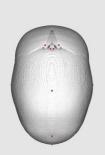
PC3

PC4

PC5

Sagittal CS Template







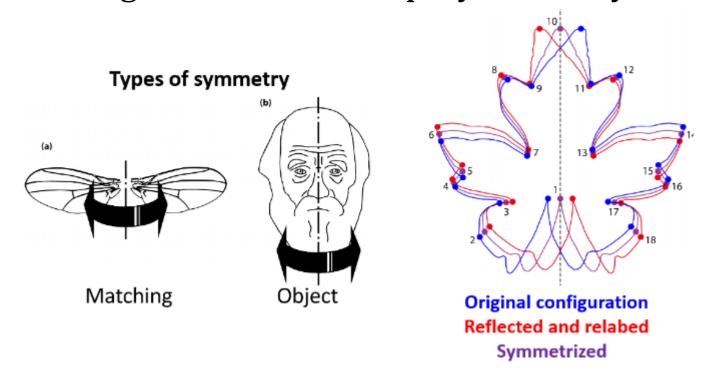






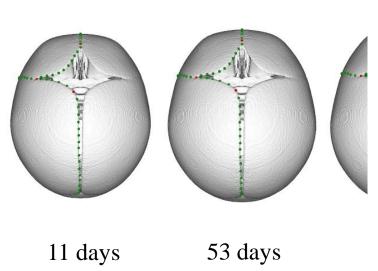
Symmetry

- We symmetrized landmarks by flipping around mid-sagittal plane
 - We lose normal asymmetry
 - A design decision to simplify the analysis

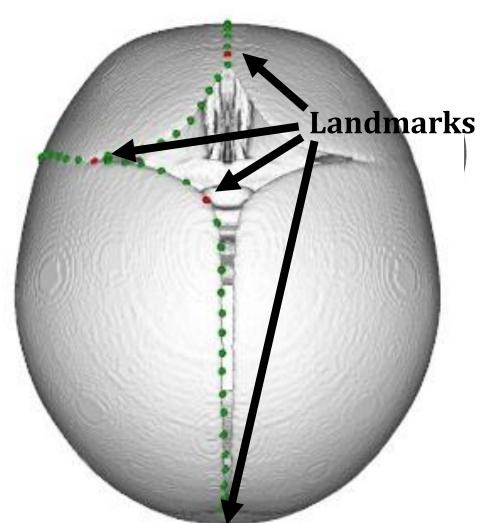




Growth at the Sutures



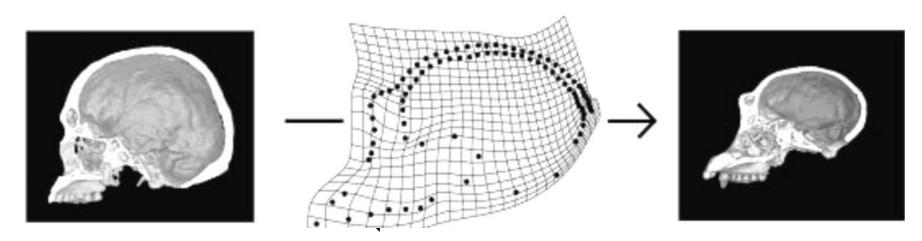
What are we measuring exactly?





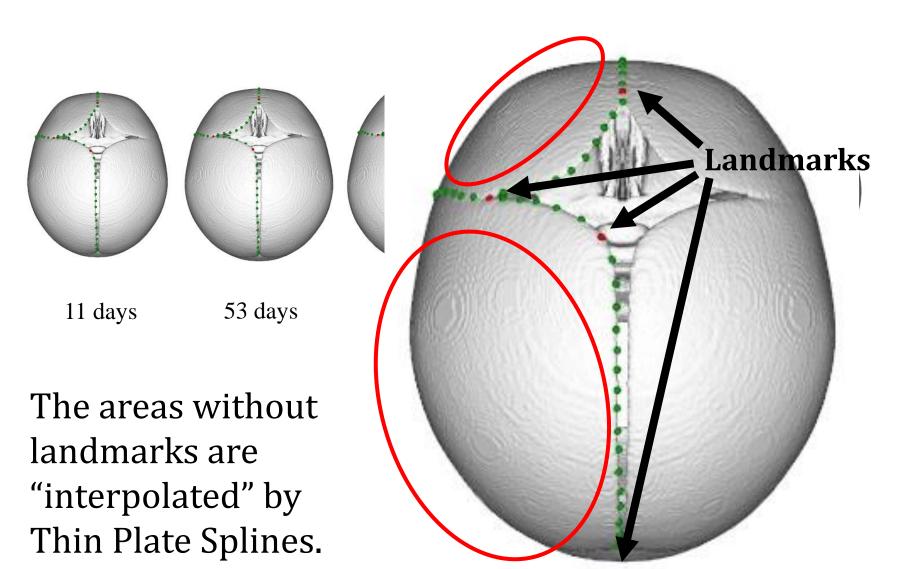
Inference

- Landmark coordinates are predicted for ages from 0 to 6mo using the linear model + PCA.
- Population template (with semi-landmarks at the sutures) is warped to predicted landmark coordinates using Thin Plate Splines.



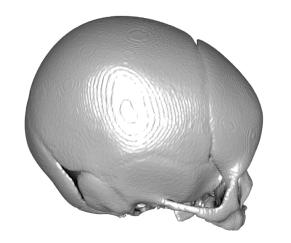


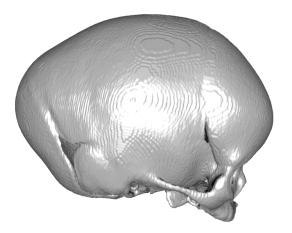
Growth at the Sutures

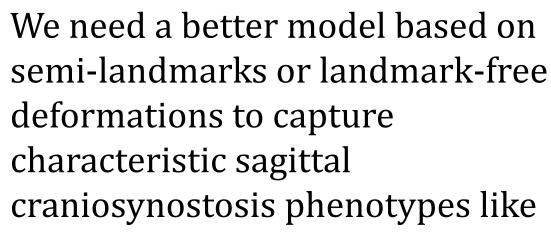




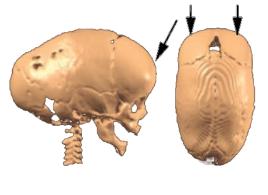
Growth at "Landmark-less" Areas

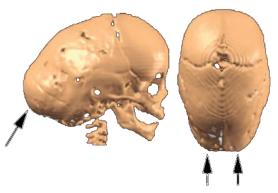


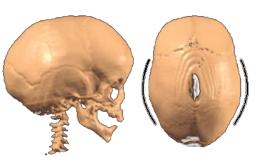




- frontal bossing,
- occipital protuberance and
- bitemporal protrusion.











Linear Regression

Leave-One-Out-Cross-Validation errors

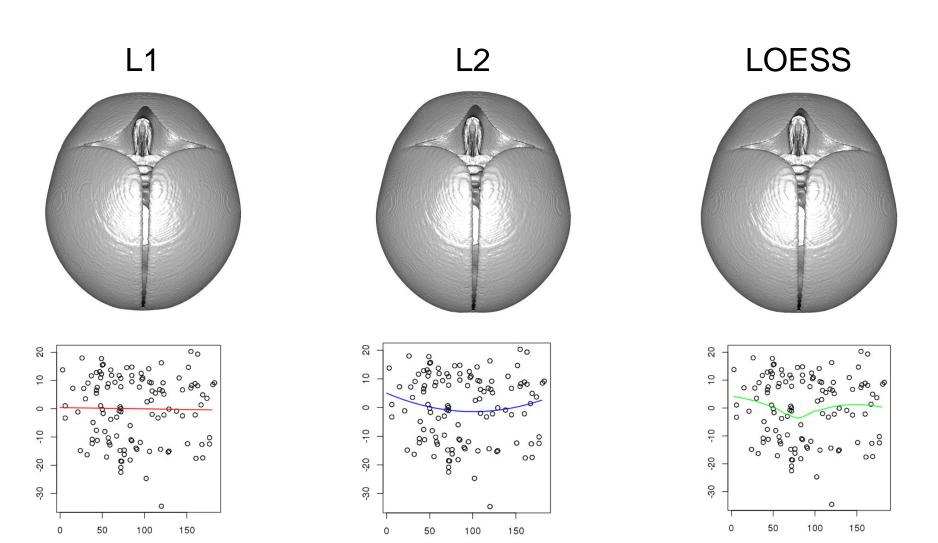
	Control						Sagittal Craniosynostosis					
	LOESS	L1	L2	LOESS PC20	L1 PC20	L2 PC20	LOESS	L1	L2	LOESS PC20	L1 PC20	L2 PC20
euR	9.22	9.11	9.17	9.26	9.14	9.21	6.25	6.11	6.17	6.16	6.06	6.10
euL	8.96	8.94	8.99	8.97	8.94	9.00	5.74	5.70	5.72	5.74	5.70	5.72
g	4.42	4.45	4.48	4.38	4.41	4.45	4.70	4.79	4.81	4.71	4.80	4.81
v	NA	NA	NA	NA	NA	NA	10.92	10.81	10.94	10.94	10.83	10.95
ор	8.94	8.86	8.88	8.97	8.88	8.89	7.31	7.40	7.45	7.28	7.39	7.43
poR	3.10	3.08	3.11	3.09	3.09	3.10	2.86	2.88	2.91	2.85	2.89	2.91

i

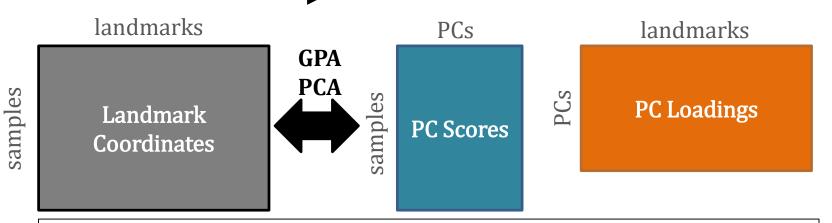
 You want the model with the least complexity (number of parameters) and least error.



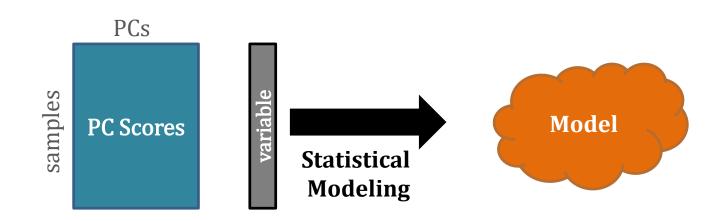
Linear Regression



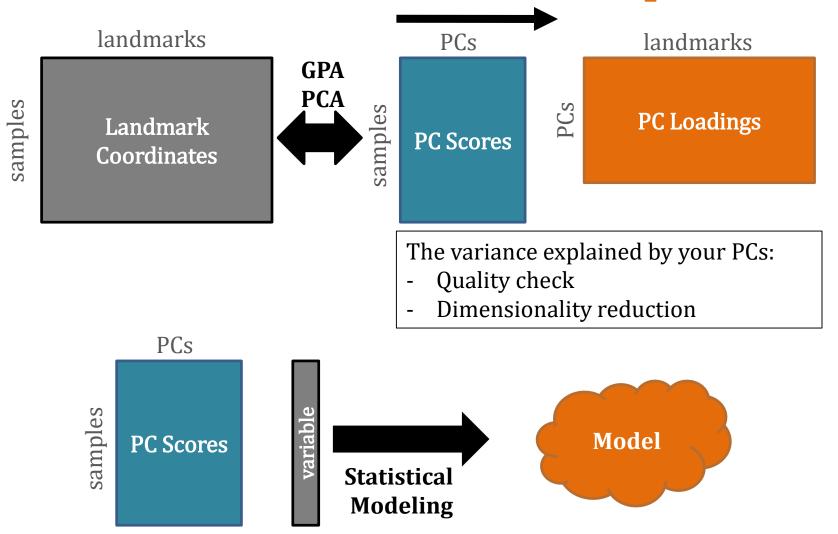




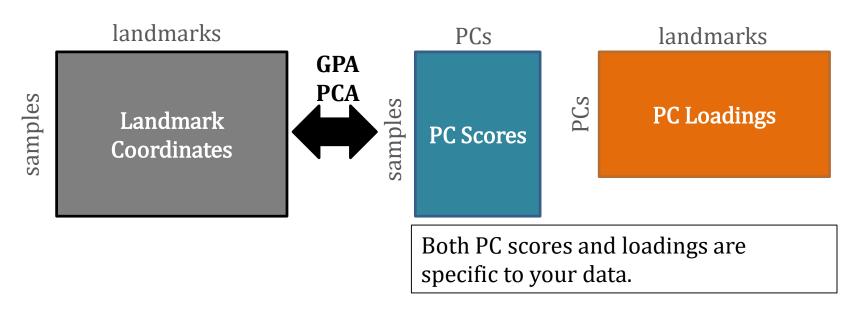
Stability of the PCA depends on number of samples and landmarks. Curse of high-dimensionality

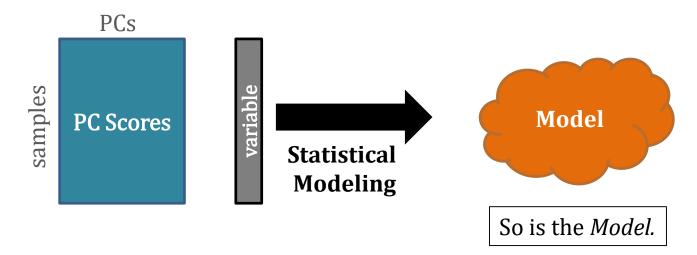






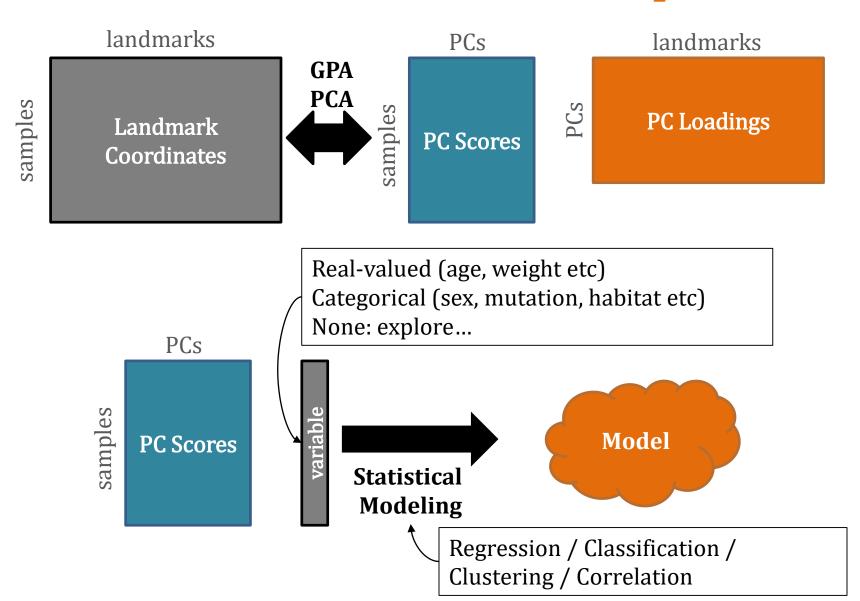














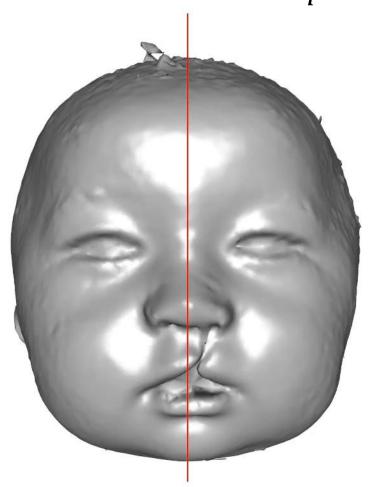


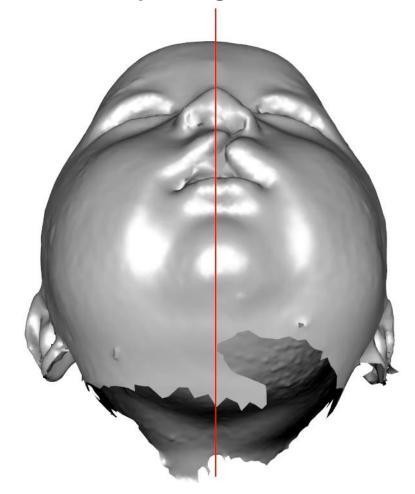
OTHER EXAMPLES



Cleft Lip Severity

 $landmark.positions \sim severity + age$



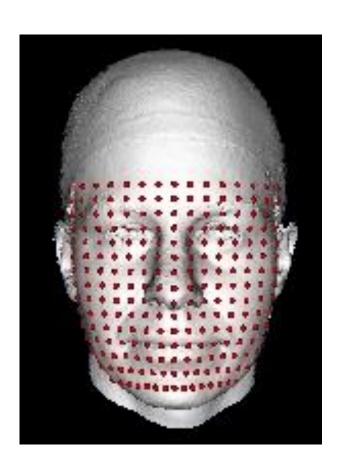


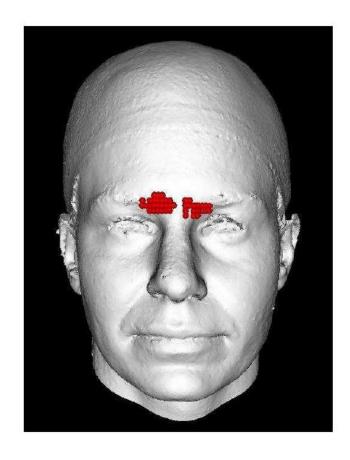




Feature Selection

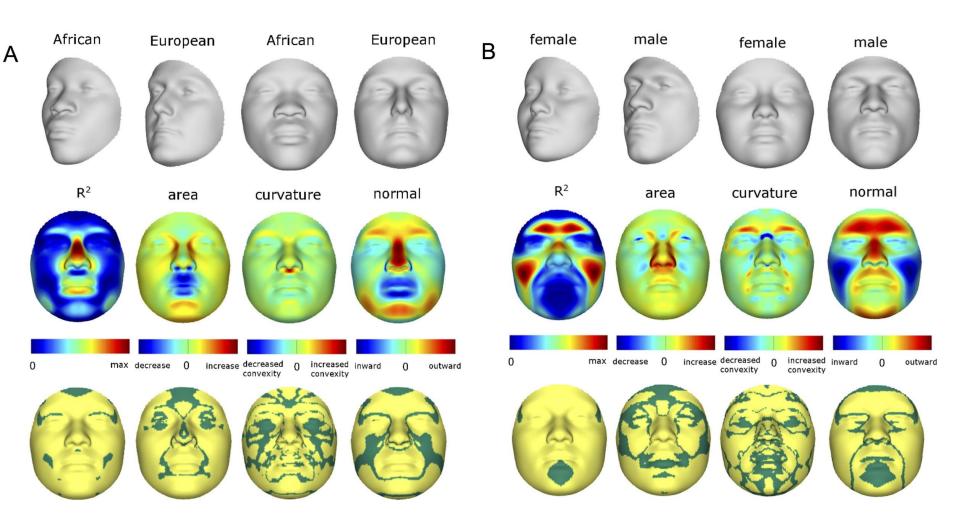
$semilandmark.positions \sim sex$







Sex and Genomic Ancestry



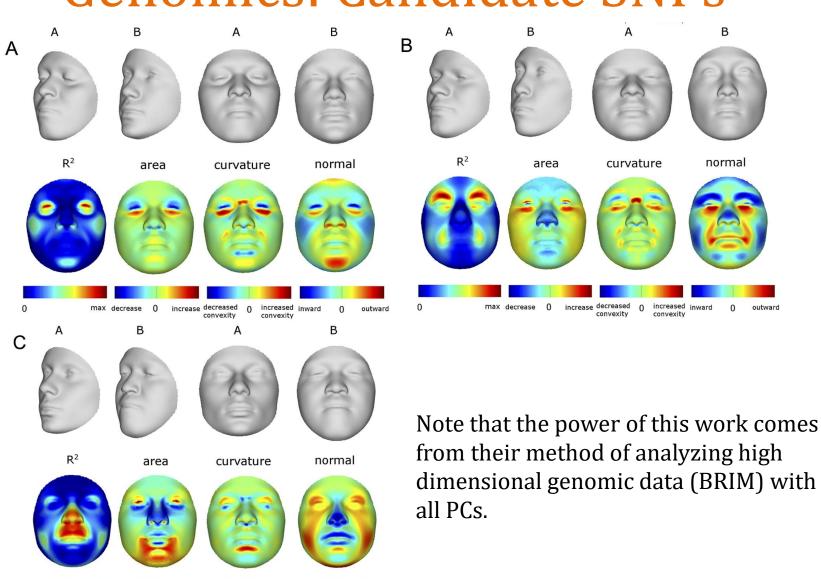
В

normal

outward



Genomics: Candidate SNPs



increase decreased

convexity

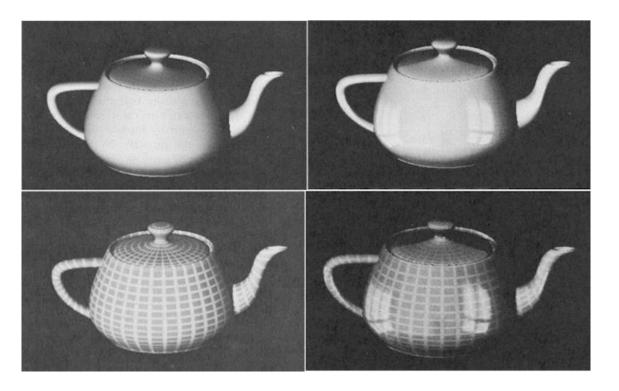
max decrease 0

increased inward

convexity



"Integrating SlicerMorph with R" lab after break.





With Great Power, Comes Great Responsibility

- Both PCA and most statistical models are sensitive to data size / dimensionality.
 - Cross-validation to check stability and reproducibility.
- Your model is as good as <u>your data</u> and <u>your assumptions</u>
 - Garbage in > Garbage out
 - SlicerMorph and other simple quality checks
- Understand what your model does
 - All models are wrong... but some are useful