

Extracting visual information from medical images



Henning Müller
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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)



UNIVERSITÉ
DE GENÈVE



MONASH University

- Exchange with Monash University, Melbourne, AUS

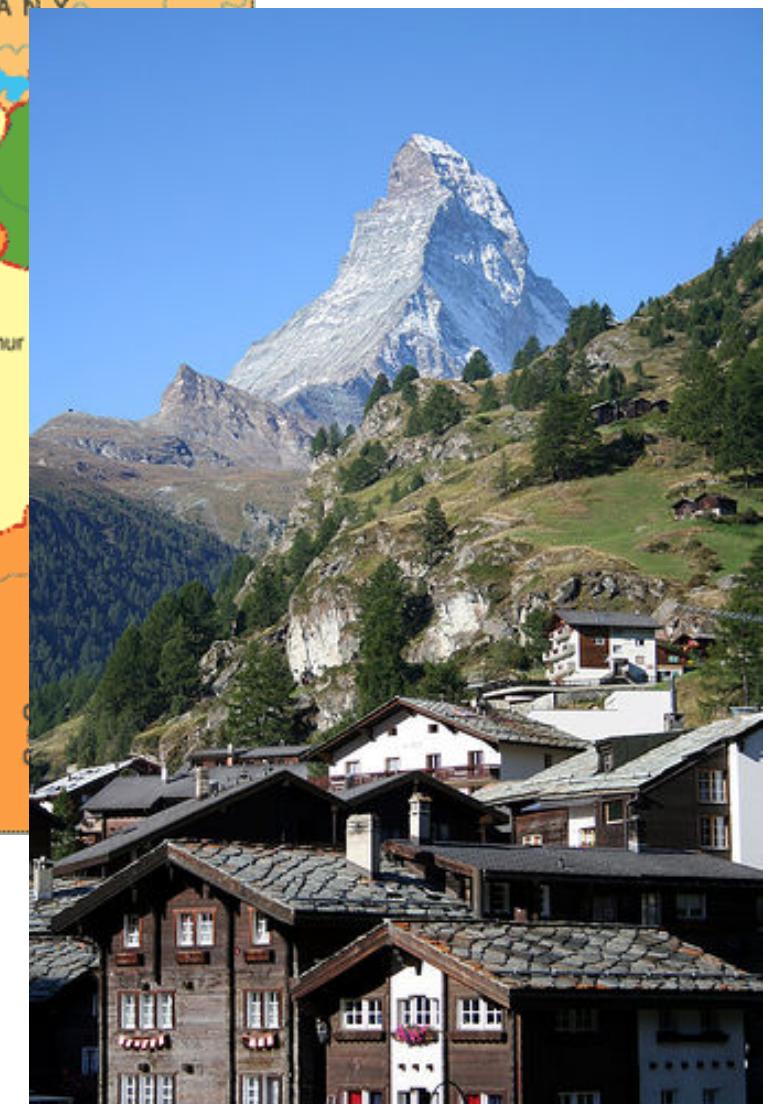
- Professor in radiology and medical informatics at the University of Geneva (2014-)

- Professor in Computer Science at the HES-SO, Sierre, Switzerland (2007-)  VALAIS WALLIS



- Visiting faculty at Martinos Center (2015-2016)

Where I am



Your background

- Who has a **computer vision** background?
- Who has a good background in **machine learning**?
- Who is working in a **clinical** position?

Objectives of this course part

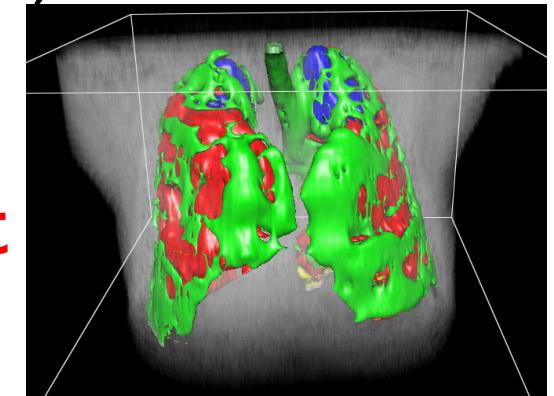
- Learn about how to **extract visual information** from images **automatically**
 - For decision support, similar case retrieval, etc.
- Make the **link** between **clinical data and visual data** algorithmically (influence of age on images...)
- How to make the difference between **diversity** of anatomy and the small regions of interest in images carrying most of the information
- Separate the **model-driven** aspects of information extraction from the **data-driven** parts
 - Machine learning in medical imaging

Links with other courses

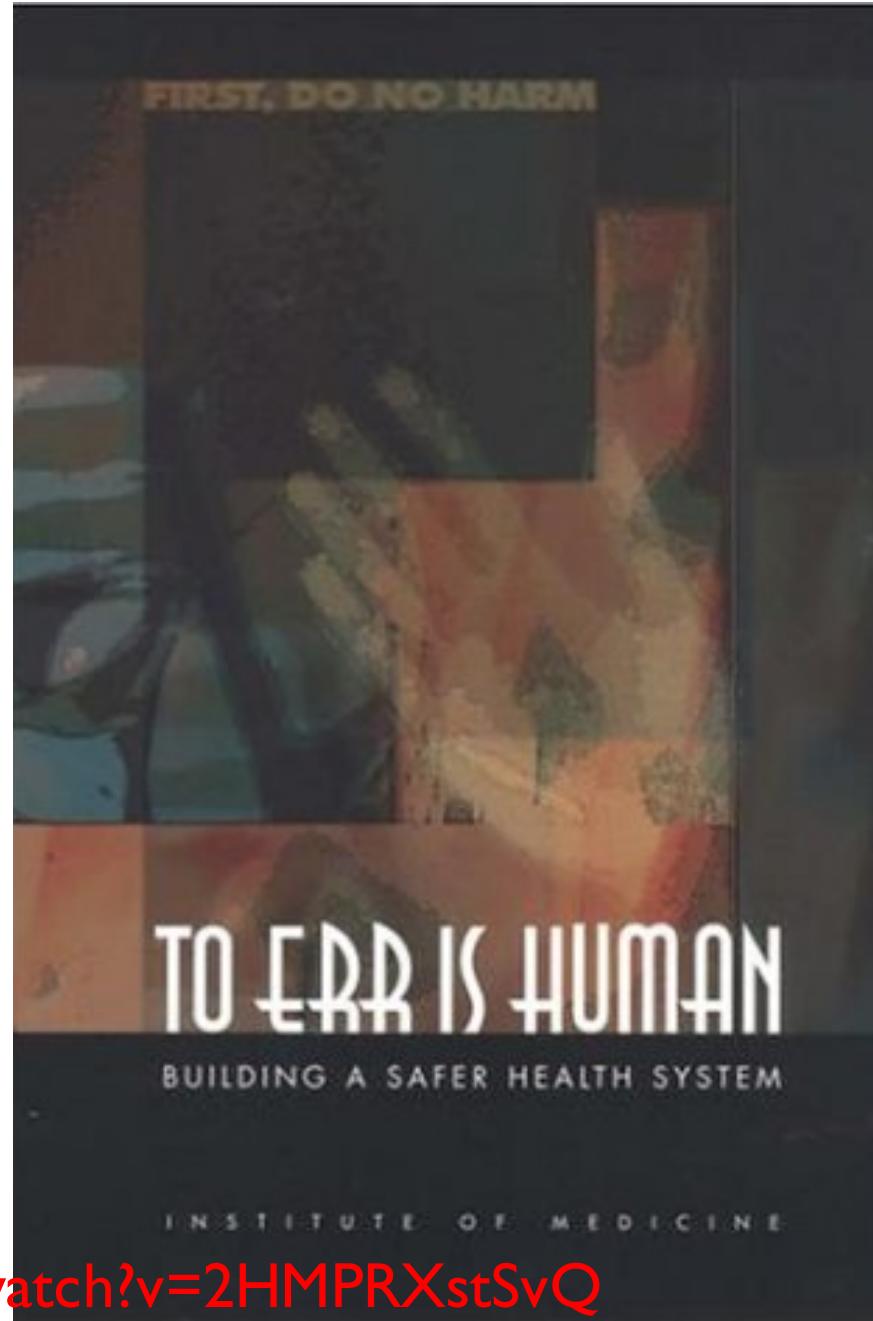
- Characteristics of images produced for research and for clinical work are essential
 - DICOM header information, protocols
- Visual information of images (**content**) is of limited usefulness if the **context** is unknown
- Much can be learned from **interactive** image analysis and **visualization** for automation
 - 3D Slicer
- **Clinical applications** are always the final goal, so translational aspects are important

Imaging applications: CADx, CADE

- Computer-Aided **Diagnosis** (CADx)
- Computer-Aided **Detection** (CADE)
 - Finding locations of lesions
- Computer-Aided **Decision Support**
- Many tools are in this area
 - Finding similar patients (retrieval)
 - Finding criteria for or against specific diseases (rules)
 - Prediction of **findings** such as tissue types
 - Predicting a **diagnosis** using machine learning



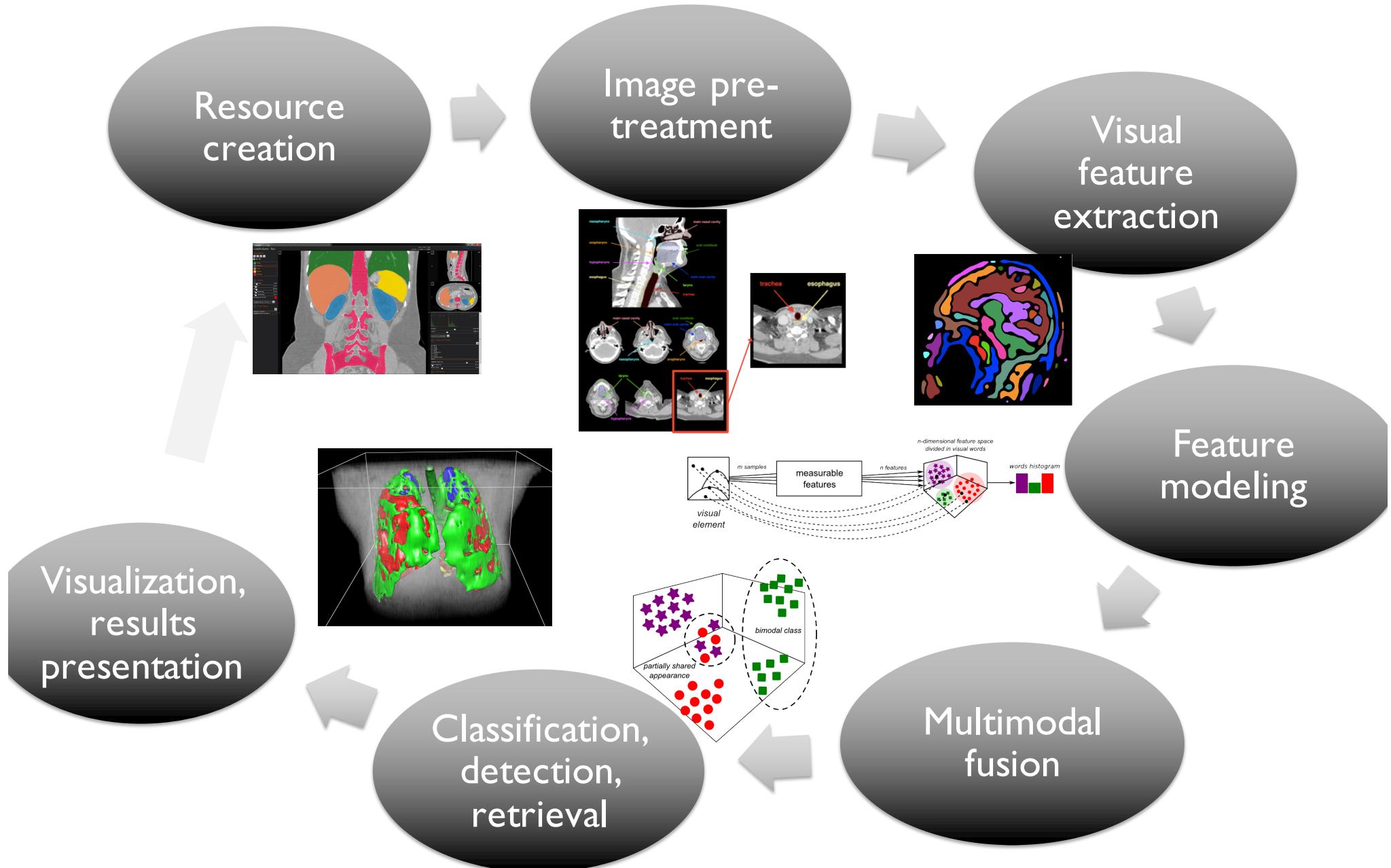
Why decision support?



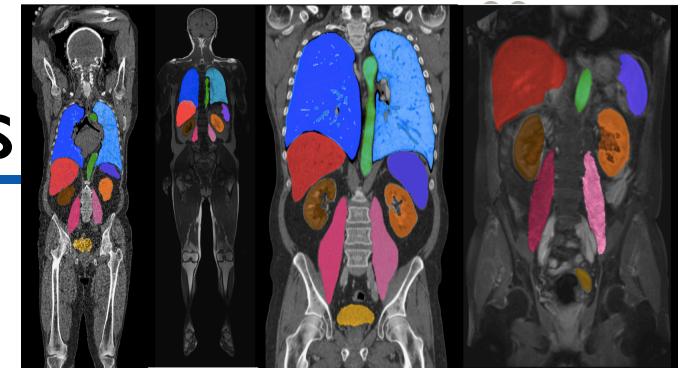
Geoff Hinton on radiology

<https://www.youtube.com/watch?v=2HMPRXstSvQ>

Steps in visual decision support

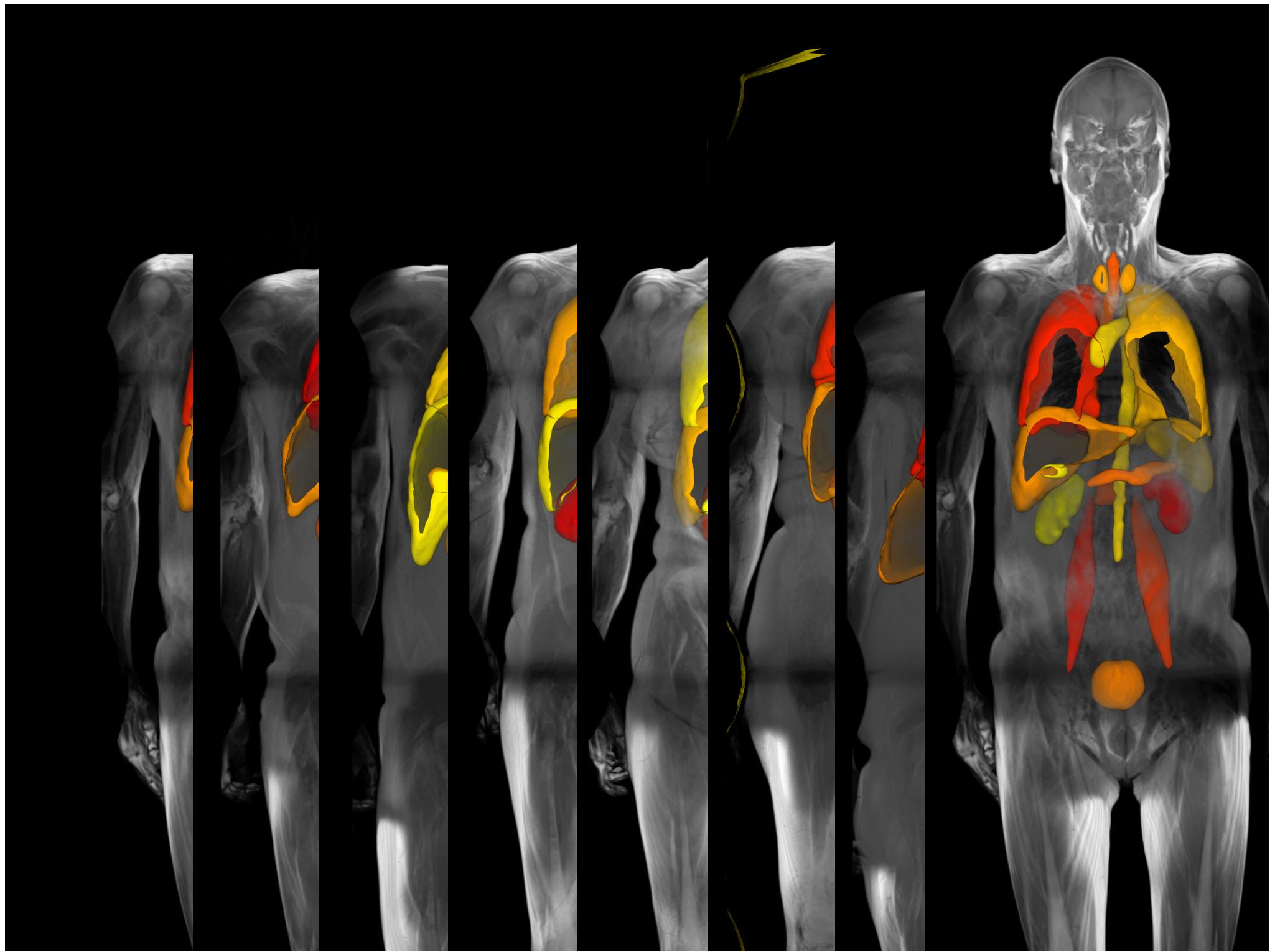


Annotating medical image regions



- Even “clear” annotations like entire organs are **subjective**
 - Even the same person at different moments annotates differently
 - Inter-annotator disagreement measures subjectivity
- Clear guidelines can create better annotations
 - Semi-automatic tools can harmonize but create a bias
 - Automatic segmentations often try to model a human annotator closely
 - **Data-driven** vs. **model-driven**
 - Organs, lesions, landmarks, other structures





Automatic segmentation techniques

- Based purely on grey levels/morphology (lung)
 - Requiring often some cleaning (on borders, holes)
- Simple **region growing** based on grey levels/textured
 - Based on a seed point in the structure
- **Atlas-based** annotations
 - Use manually annotated examples and register them to a new case
- **Model-based** segmentations using shape priors
- Deep learning-based segmentations

Comparing two algorithms

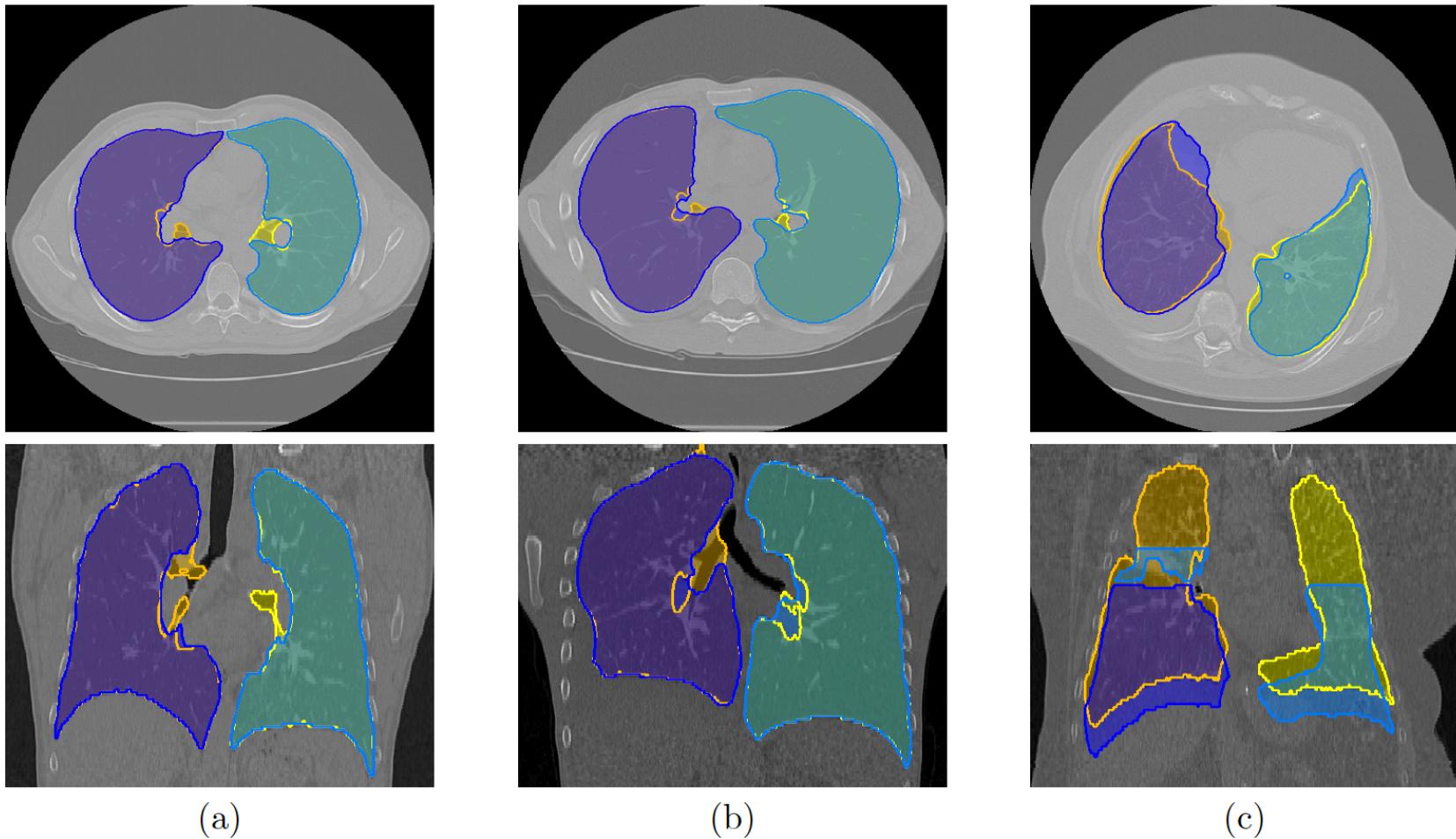
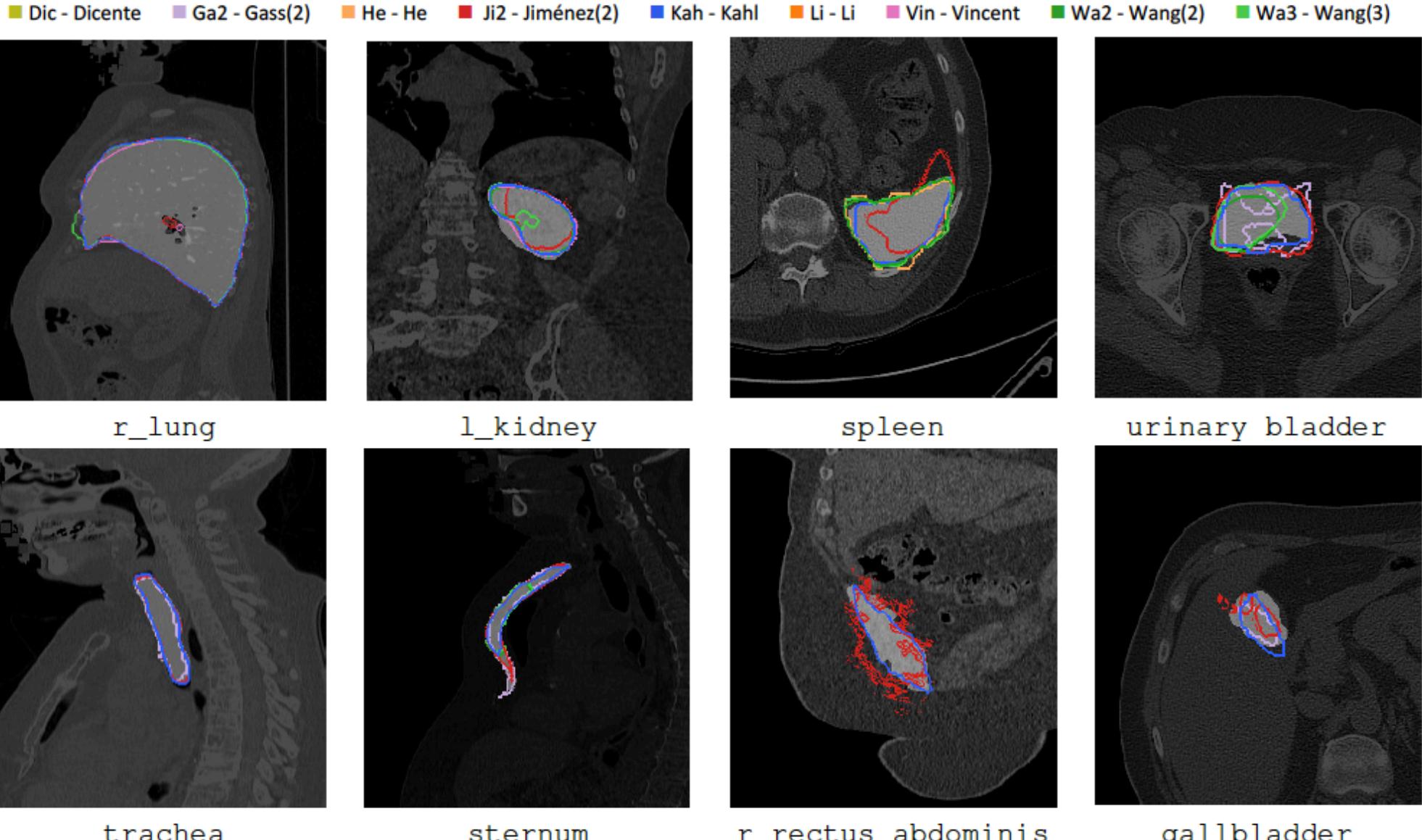


Figure 1: Three examples of the lung segmentation obtained by the two segmentation methods (axial and coronal views). The CIP segmentation is colored in dark blue (right lung) and light blue (left lung) and the DBC segmentation in orange (right lung) and yellow (left lung). When comparing both segmentations, examples (a) and (b) had a Dice coefficient of 0.9920 and 0.9943 respectively. On the other hand, (c) had a Dice coefficient of 0.6788 and was thus discarded from the final database.

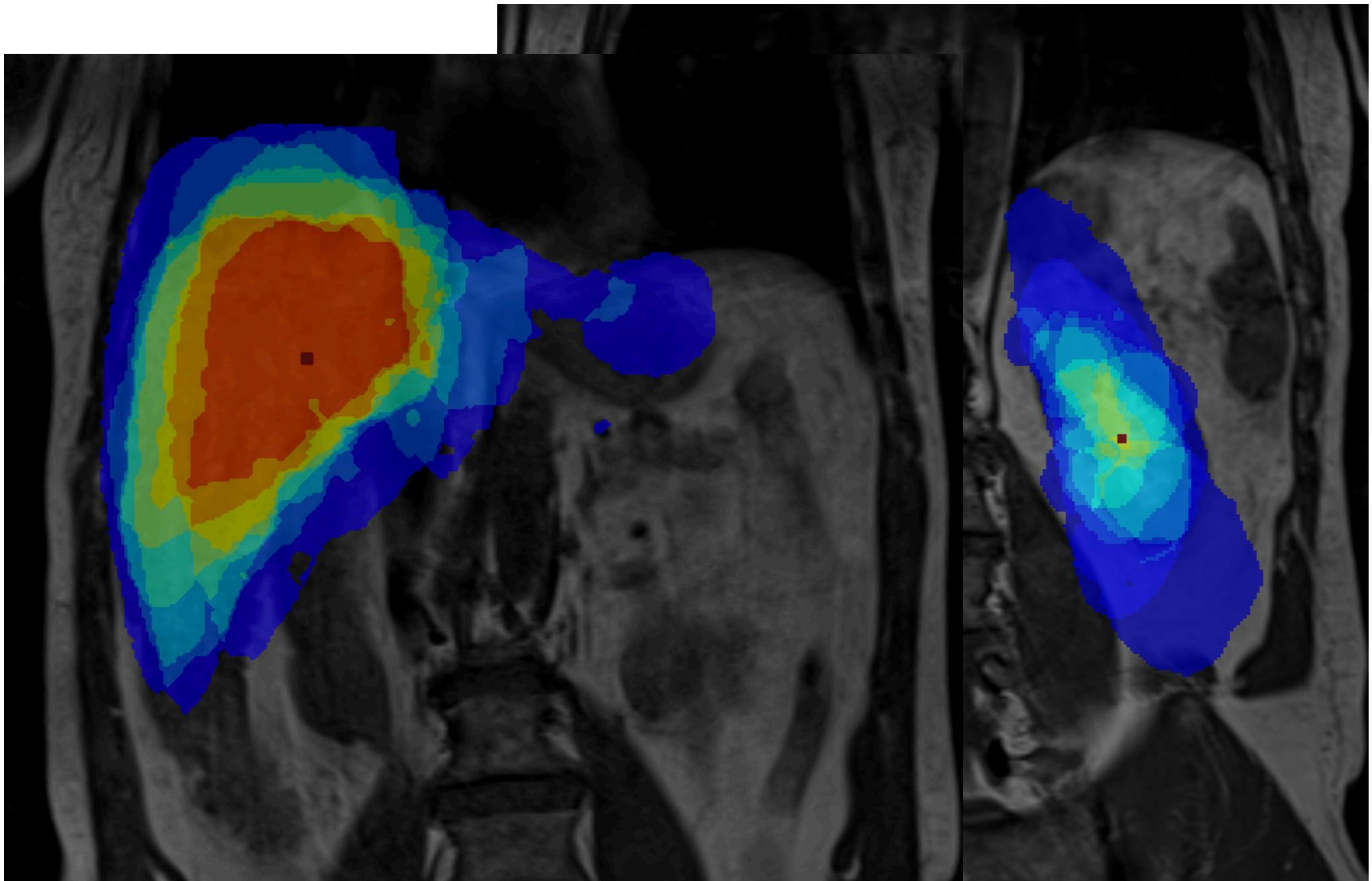
Comparing several organs/tools

Anatomy2–3 Unenhanced CT whole body participant sample segmentations



Oscar Alfonso Jiménez del Toro et al., Cloud-based Evaluation of Organ Segmentation and Landmark Detection Algorithms: VISCERAL Anatomy Benchmarks, *IEEE Transactions on Medical Imaging*, 2016.

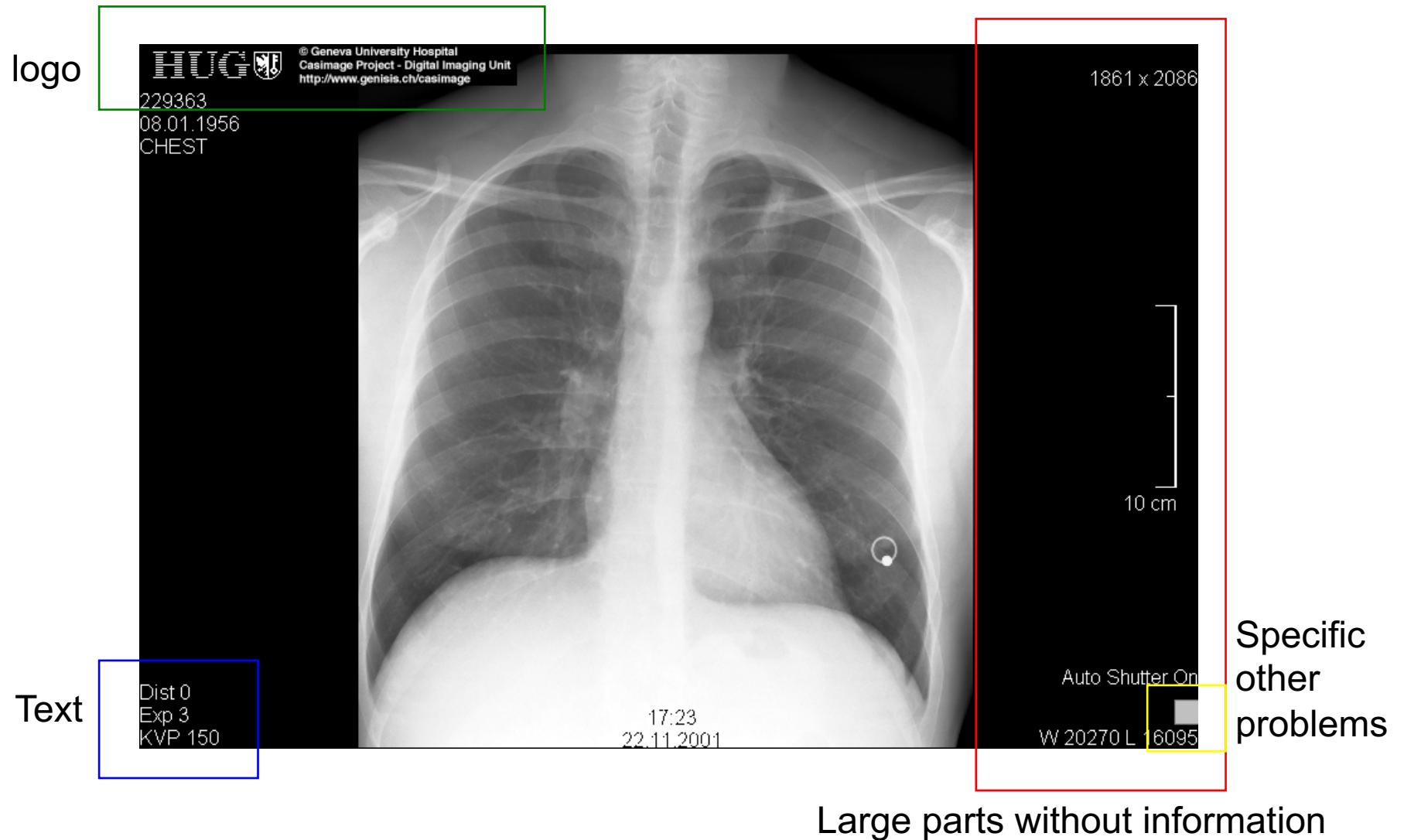
Example atlas-based segmentation



Detection of regions of interest

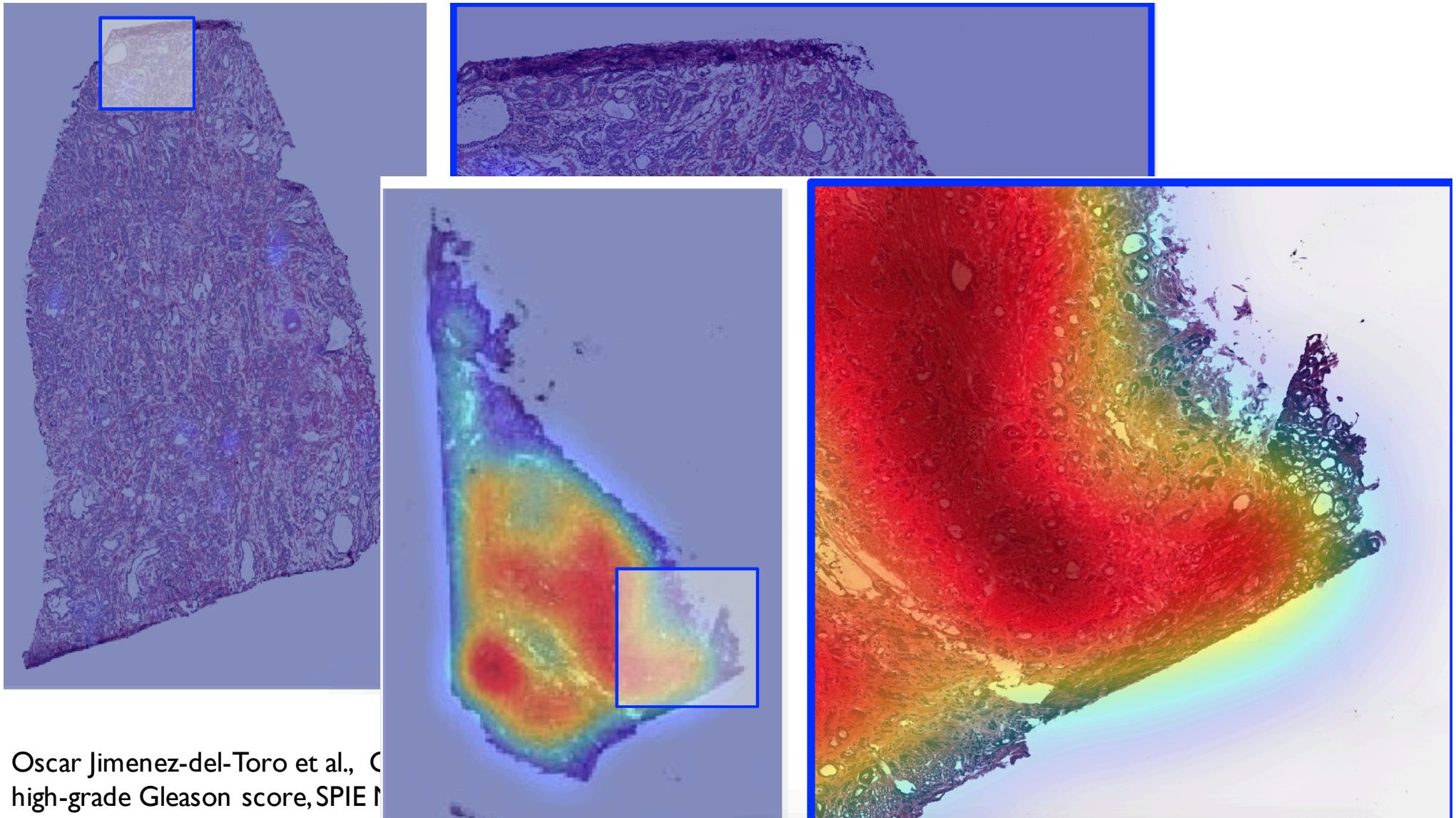
- Avoids having to read the entire image data (efficiency) or missing important findings
 - Finding a **needle in a haystack**
 - Incidental findings, how to deal with them
- Make results less observer-dependent/subjective
 - Extract **quantitative** criteria locally
 - Input for a more detailed analysis of regions of interest, removing noise
 - Comparing apples with apples ...
 - Automating the analysis workflow

Removing noise

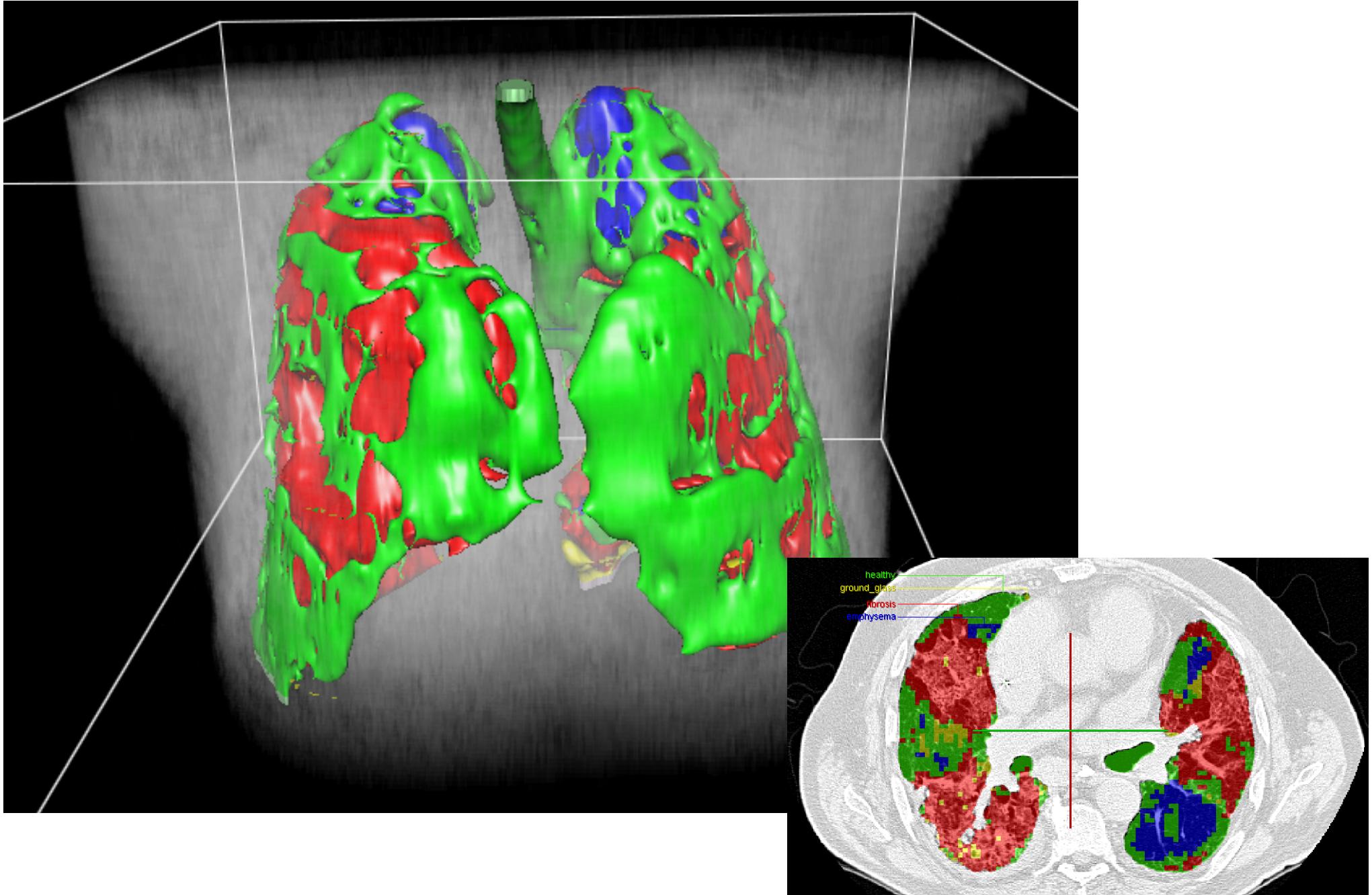


Examples: ROI detection (DL)

- Find areas with high vs. low Gleason grades



Example: 3D ROIs in lung CT



Types of visual features

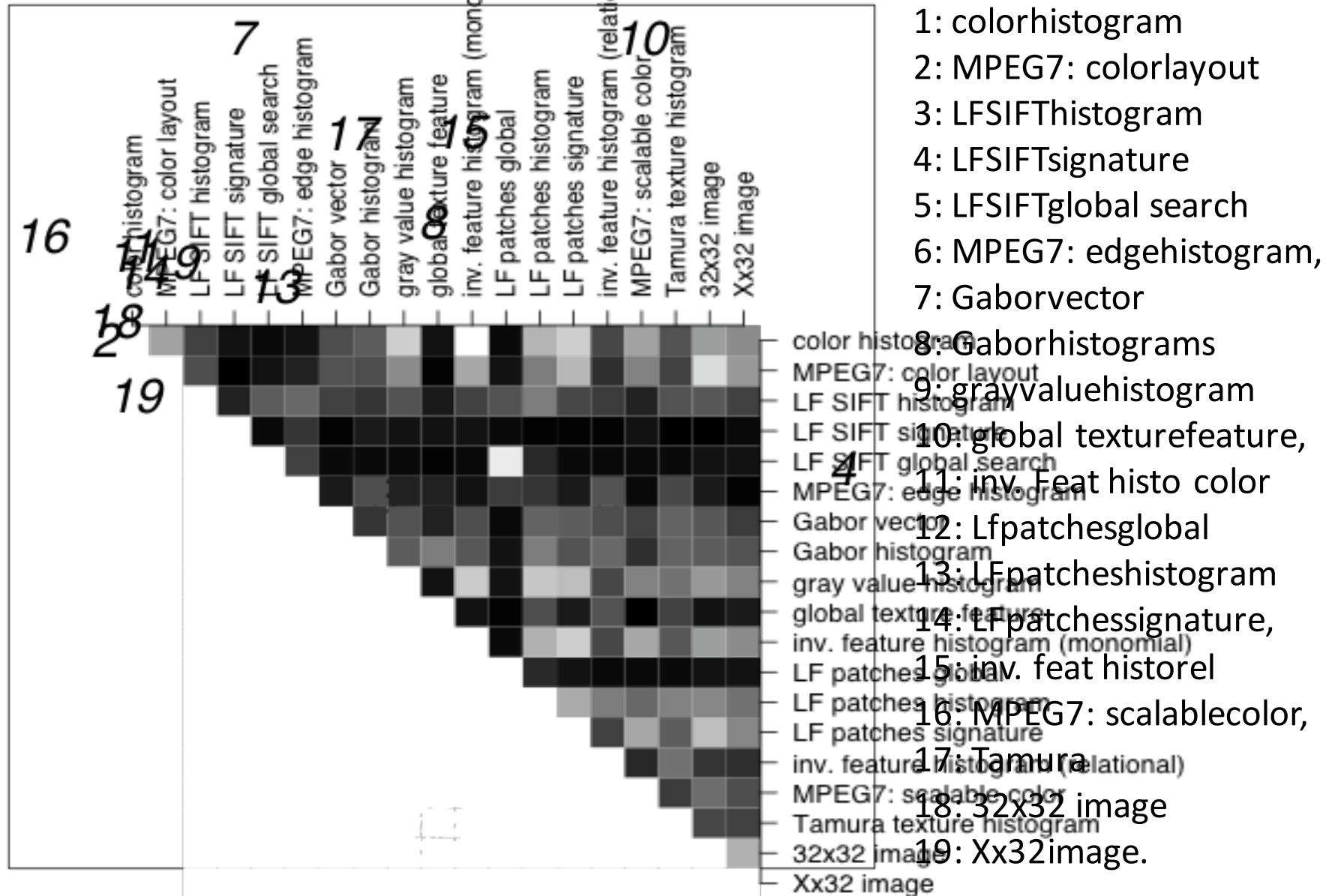
- Handcrafted vs. partially learned vs. fully learned
 - Deep learning vs. traditional approaches
- Classifications of visual features
 - Low level vs. mid level vs. semantic/high-level
 - Higher levels via feature modeling (visual words) or latent semantic techniques, sometimes matching words and pictures
- Type of information that is modeled
 - Shape vs. grey level/color vs. texture
- Local vs. global features
 - Local based on segmentation or partitioning
- 2D vs. 3D vs. nD

The semantic gap ...



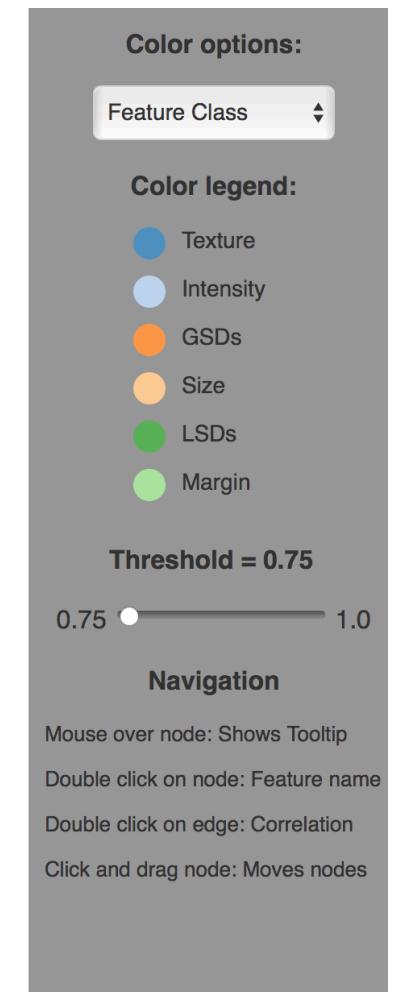
Correlation between Features

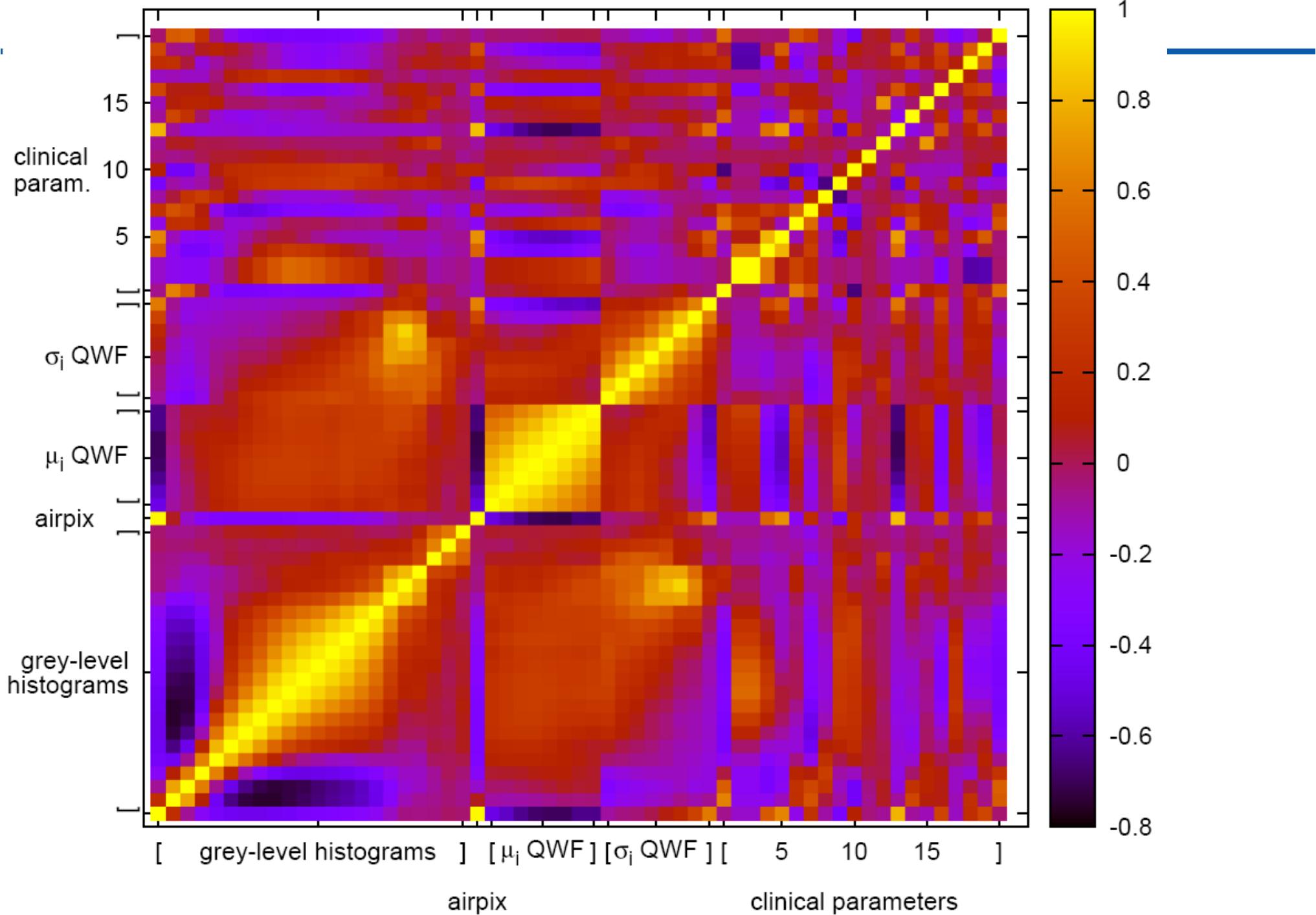
T. Deselaers, D. Keysers, & H. Ney, Features for image retrieval: an experimental comparison, Inform. Retrieval (2008) 11:77.



Feature exploration

Lung nodule feature explorer



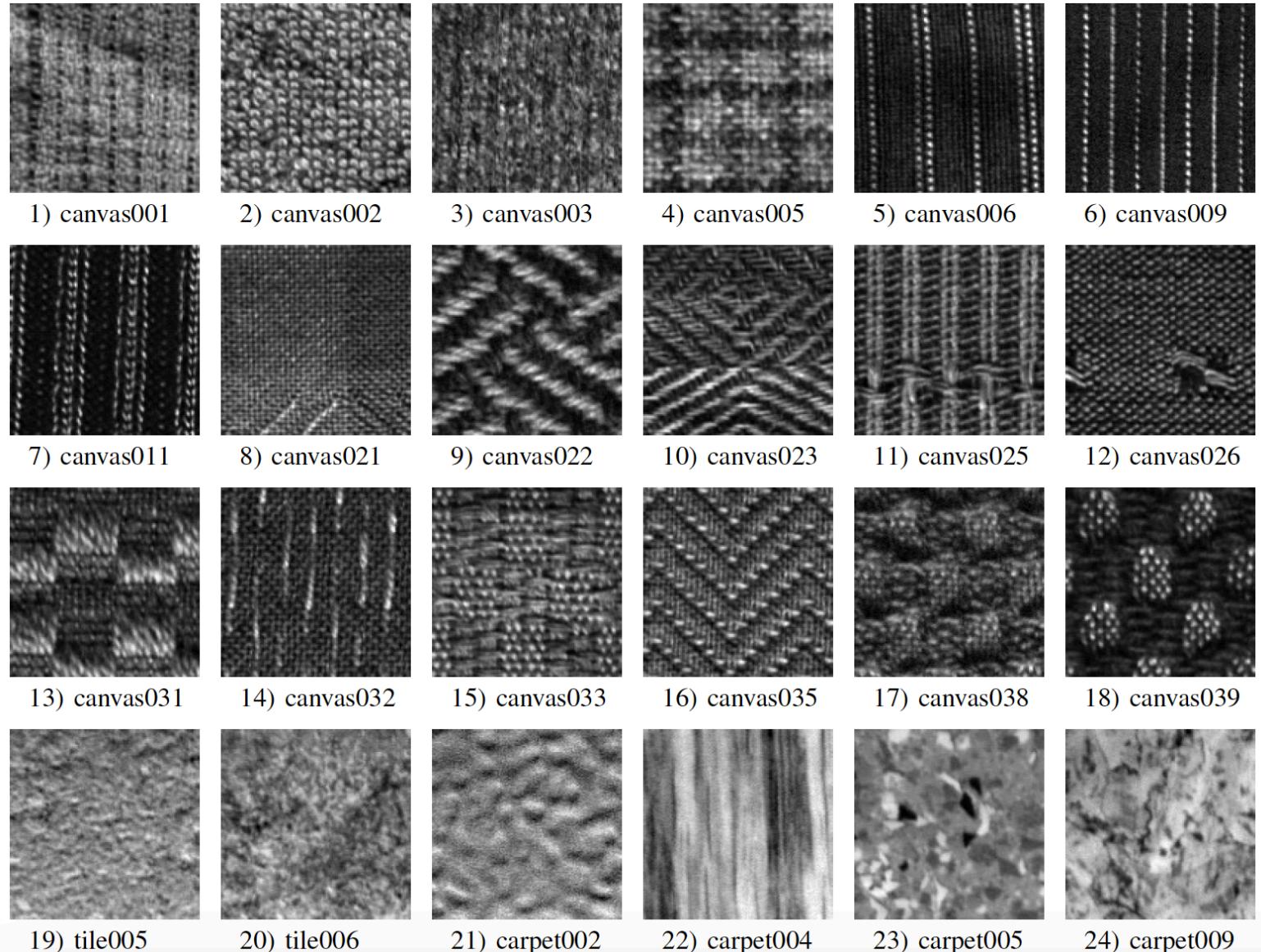


Color/grey level features

- Resolution in the feature space is important for comparisons (particularly using histograms)
 - Level/window settings to concentrate on the interesting aspects (for example in the case of CT)
- Different color spaces (RGB, HSV, CIE Lab/Luv) that correspond more or less to human perception
- Global counting or relationships of local colors
 - Often using a simple histogram intersection

Texture

- “the feel, appearance, or consistency of a surface or a substance”

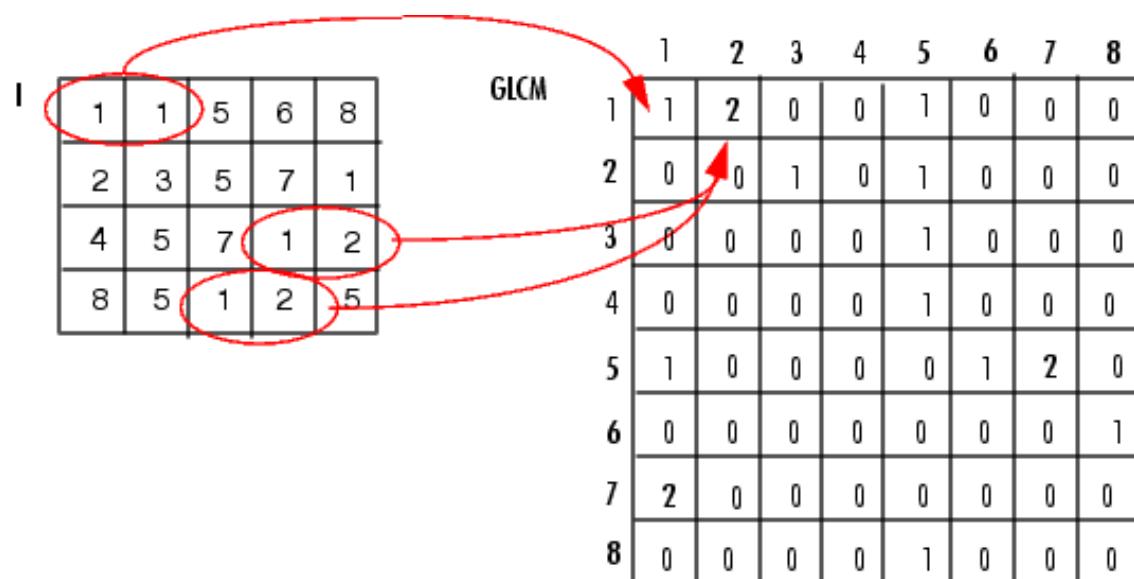


Texture features

- Tamura texture features (1978)
 - Coarseness – coarse vs. fine
 - Contrast – high vs. low
 - Directionality – directional vs. non-directional
 - Linelikeness – line-like vs. non-line-like
 - Regularity – regular vs. irregular
 - Roughness – rough vs. smooth
- Grey level co-occurrence matrices (Haralick, 1979)
 - Choice of scales, directions
- Gabor filters, Wavelets
 - Steerable wavelets allow for texture learning (Riesz)
- Local Binary Patterns (LBP)

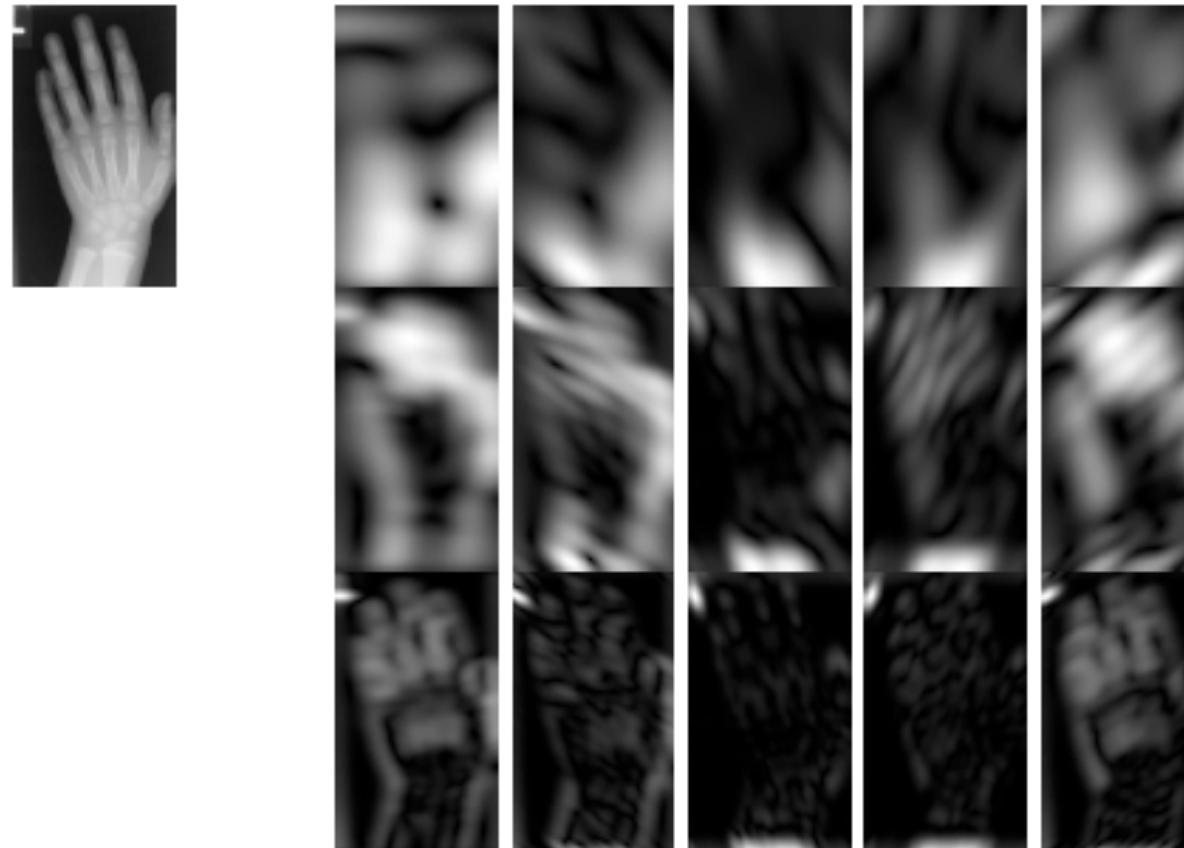
Gray-Level Co-Occurrence Matrices

- Statistical descriptor for texture properties of an image by comparing neighboring pixels
 - **Direction** and **distance**
 - Features extracted from several matrices in general
 - Extract features from matrix
 - Entropy
 - Contrast
 - Correlation
 - ...



Gabor Features

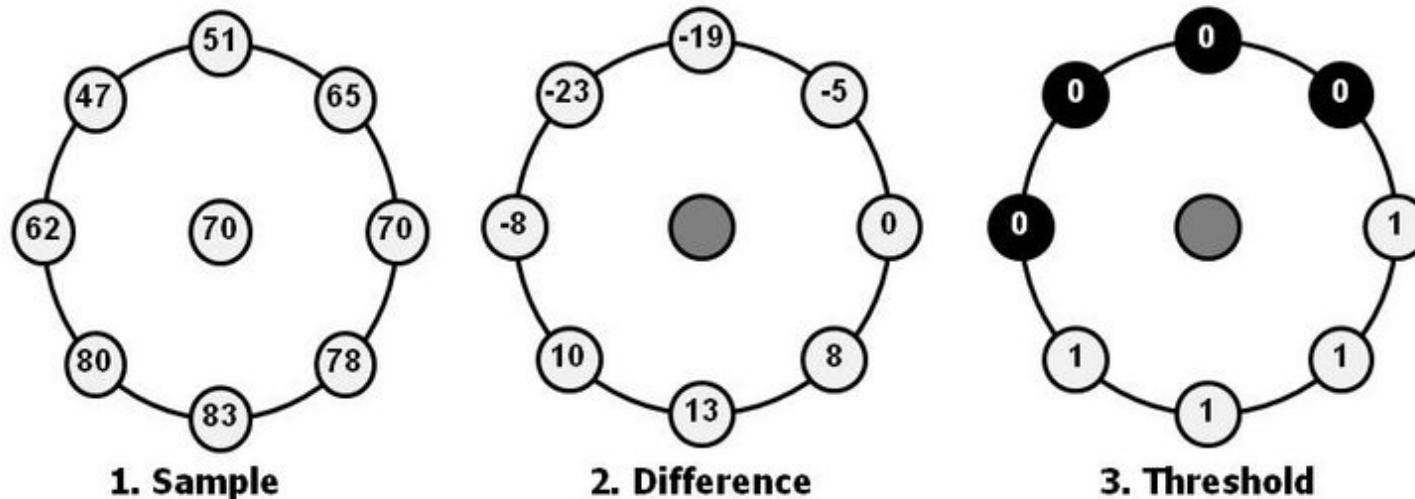
- Obtain several values per pixel denoting spatial **frequencies** and **directions**
 - Often four directions, three scales, similar to GLCM



Local binary patterns

The value of the LBP code of a pixel (x_c, y_c) is given by:

$$LBP_{P,R} = \sum_{p=0}^{P-1} s(g_p - g_c)2^p \quad s(x) = \begin{cases} 1, & \text{if } x \geq 0; \\ 0, & \text{otherwise.} \end{cases}$$

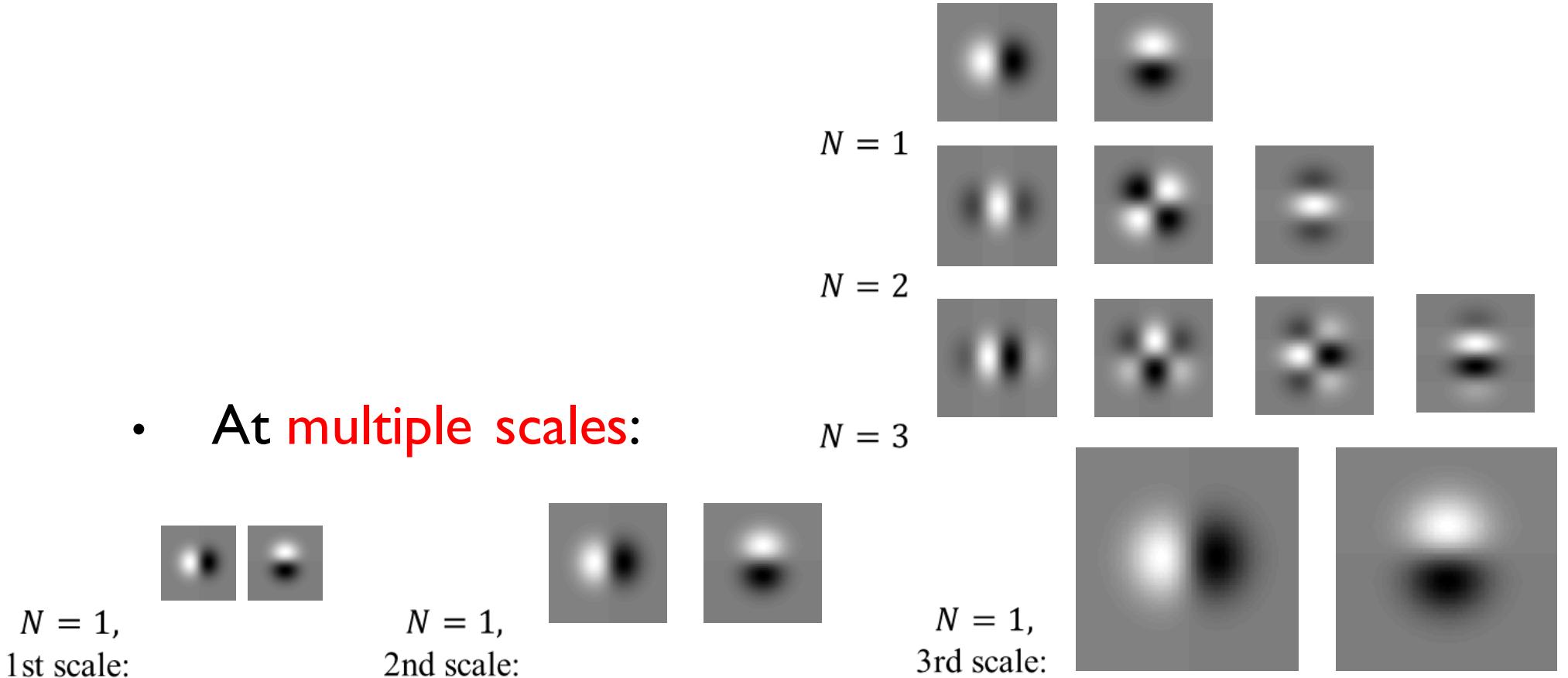


$$1*1 + 1*2 + 1*4 + 1*8 + 0*16 + 0*32 + 0*64 + 0*128 = 15$$

4. Multiply by powers of two and sum

The Riesz transform

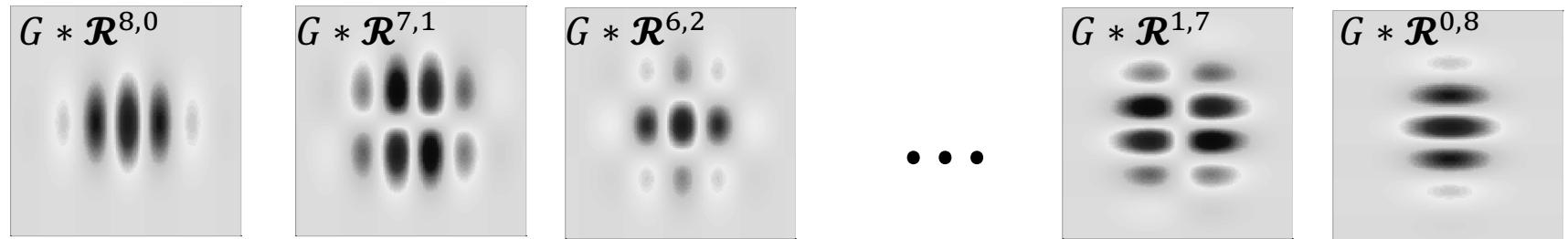
- The Riesz transform implements Nth-order directional derivatives:



The Riesz transform:

- A Riesz filterbank constitutes a **dictionary** of basic textures:

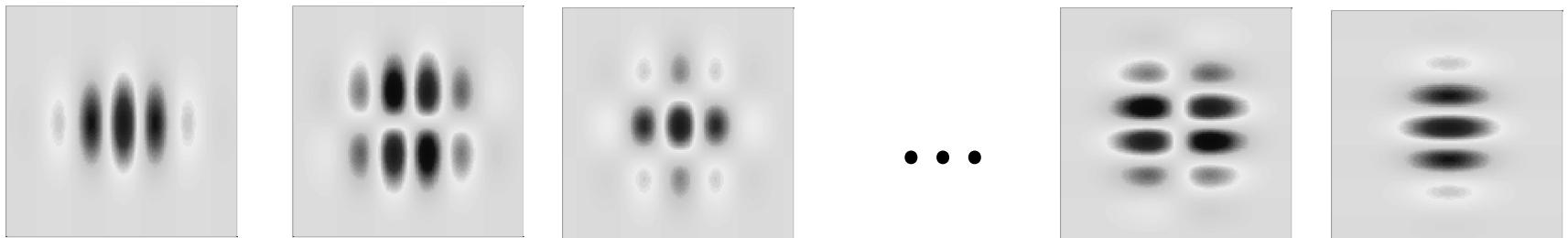
Riesz filterbank ($N = 8$)



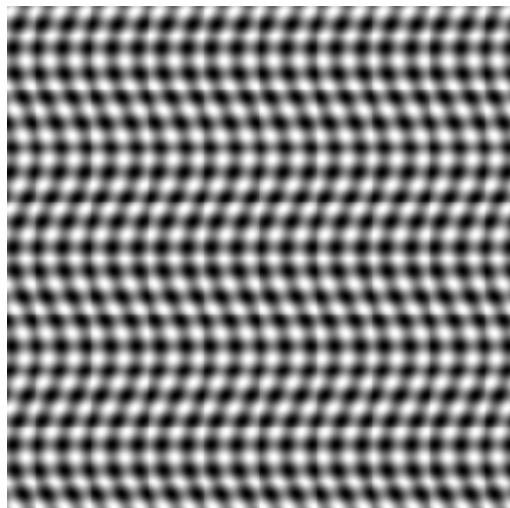
- Texture signatures are built using a **linear combination** of the Riesz templates

$$\Gamma_c^N = w_1(G * \mathcal{R}^{N,0})_{s_1} + w_2(G * \mathcal{R}^{N-1,1})_{s_1} + \dots + w_{4N+4}(G * \mathcal{R}^{0,N})_{s_4}$$

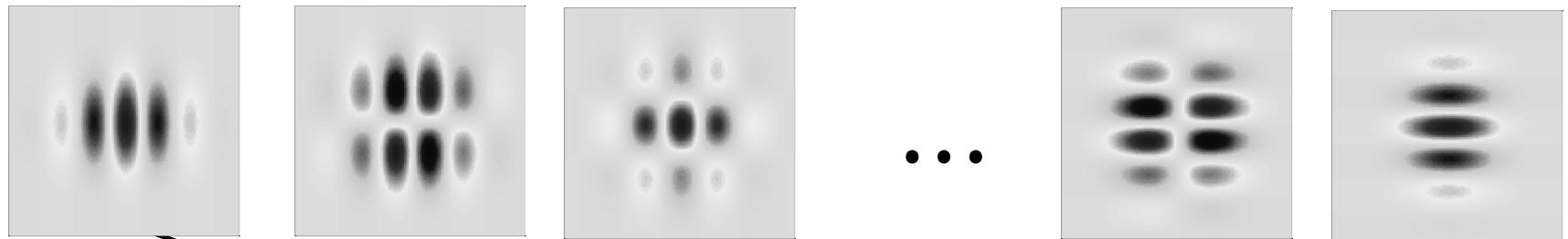
Riesz
filterbank
($N = 8$)



Texture to learn:

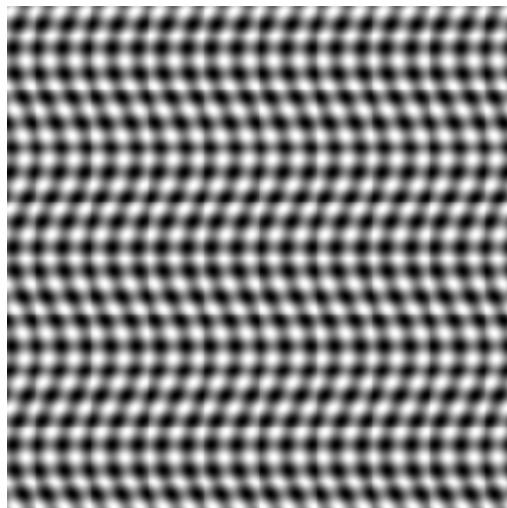


Riesz
filterbank
($N = 8$)

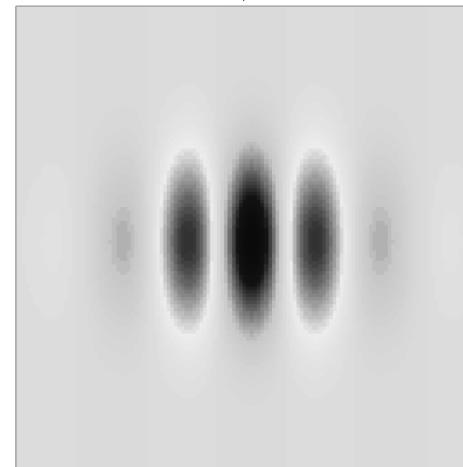
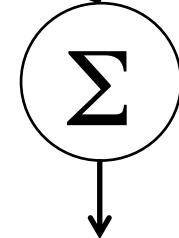


$w_1 = 2.9$

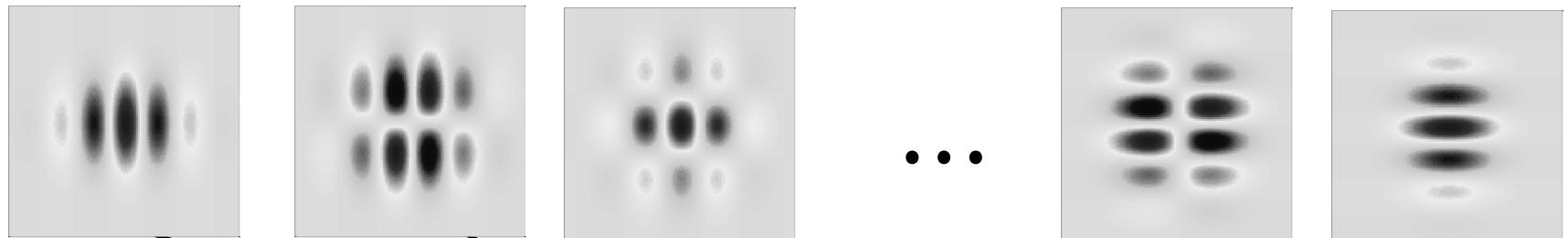
Texture to learn:



...



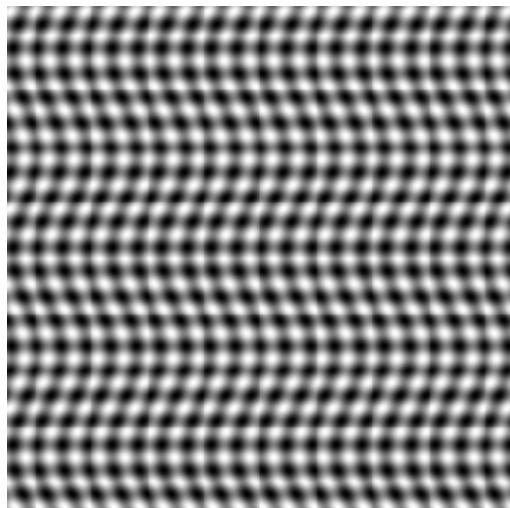
Riesz
filterbank
($N = 8$)



$w_1 = 2.9$

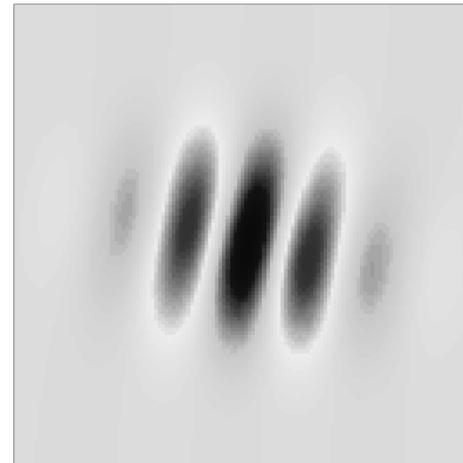
$w_2 = 1.7$

Texture to learn:

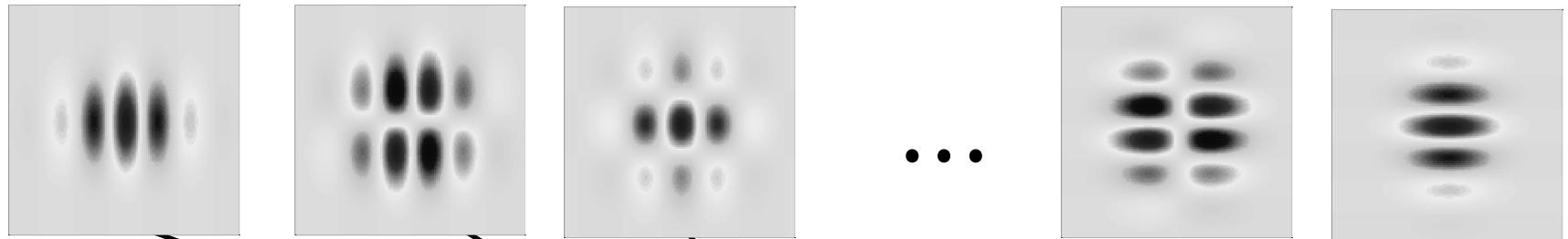


...

Σ



Riesz
filterbank
($N = 8$)



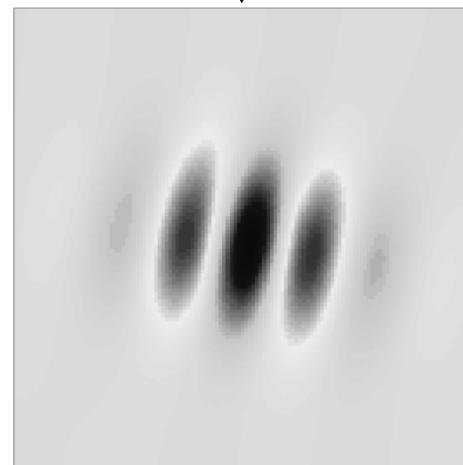
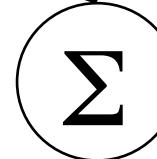
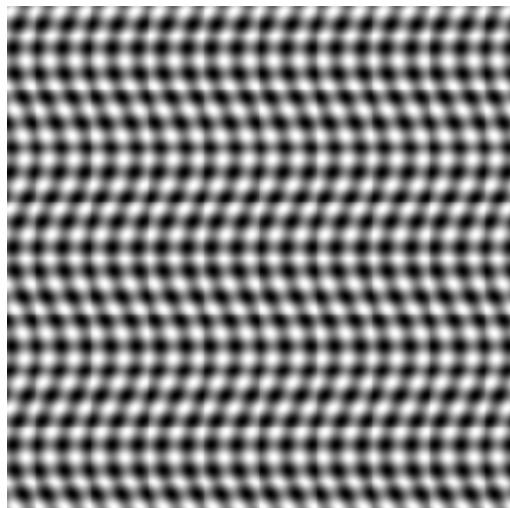
$$w_1 = 2.9$$

$$w_2 = 1.7$$

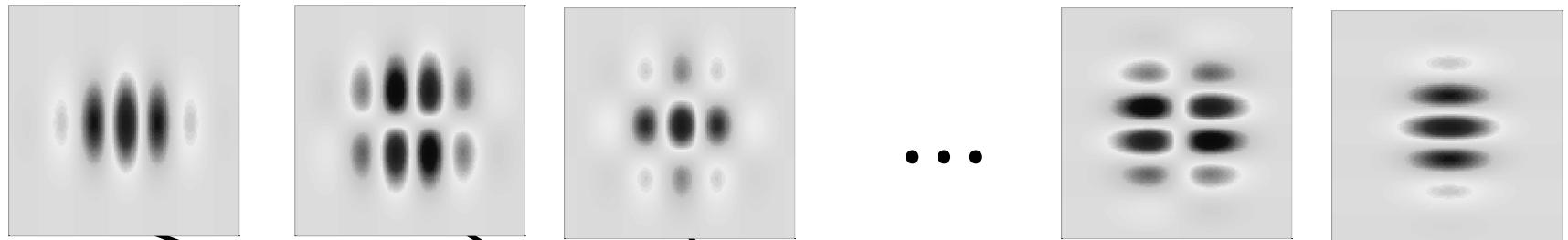
$$w_3 = -0.8$$

...

Texture to learn:



Riesz
filterbank
($N = 8$)



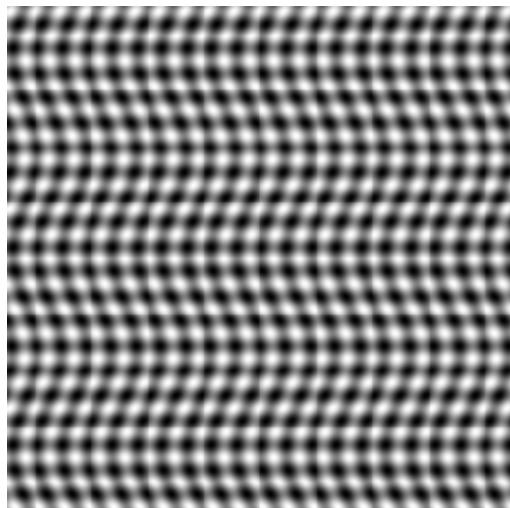
$$w_1 = 2.9$$

$$w_2 = 1.7$$

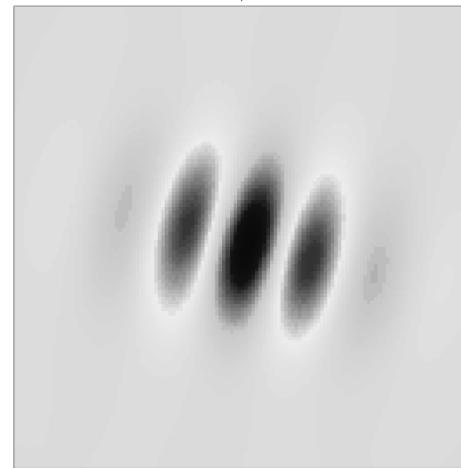
$$w_3 = -0.8$$

...

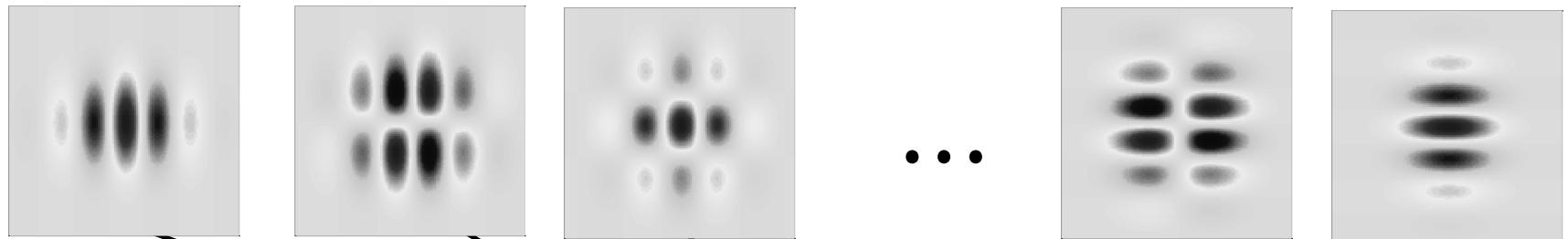
Texture to learn:



$$\Sigma$$



Riesz
filterbank
($N = 8$)



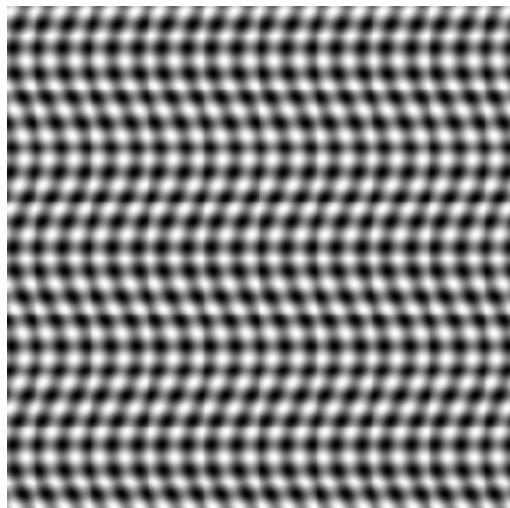
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$$w_2 = 1.7$$

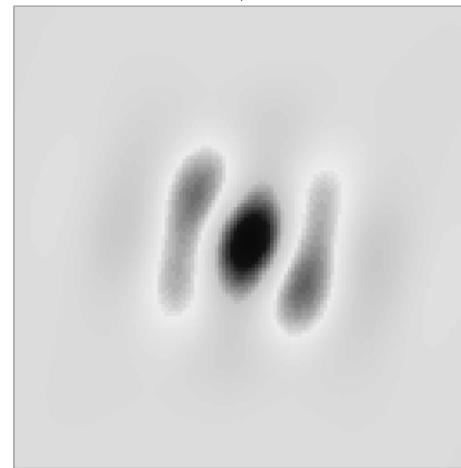
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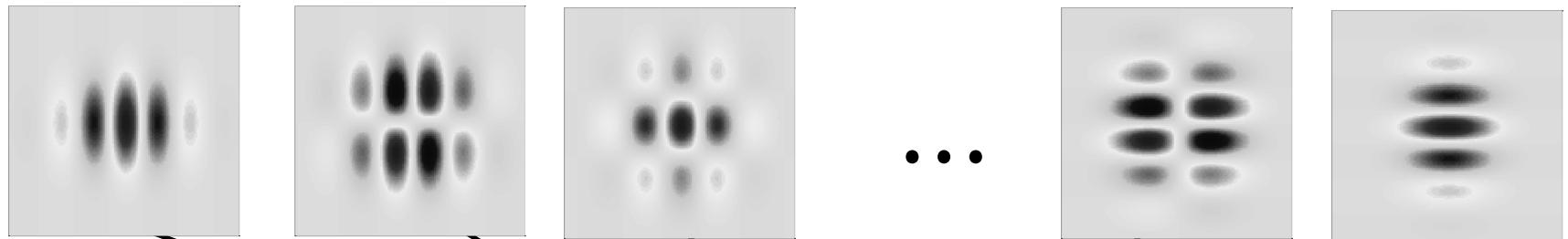
Texture to learn:



$$\Sigma$$



Riesz
filterbank
($N = 8$)



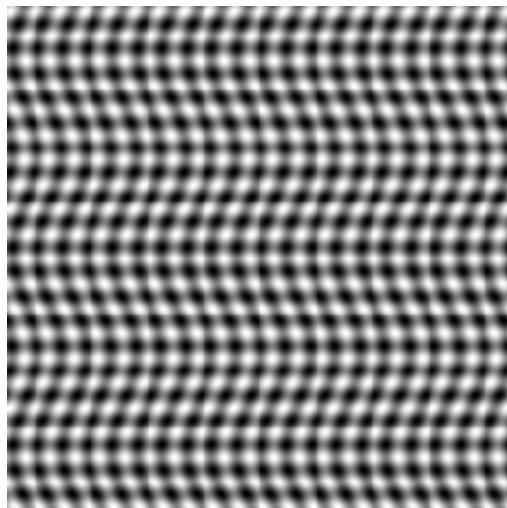
$$w_1 = 2.9$$

$$w_2 = 1.7$$

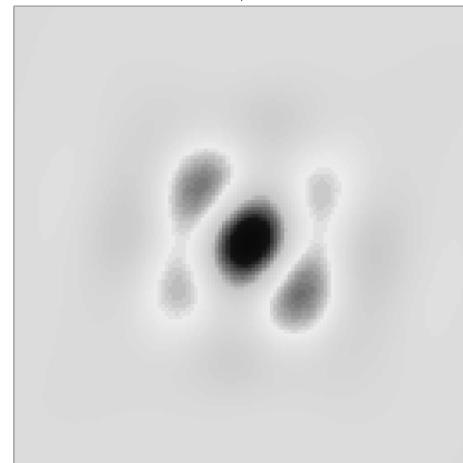
$$w_3 = -0.8$$

$$w_{N-1} = -0.1$$

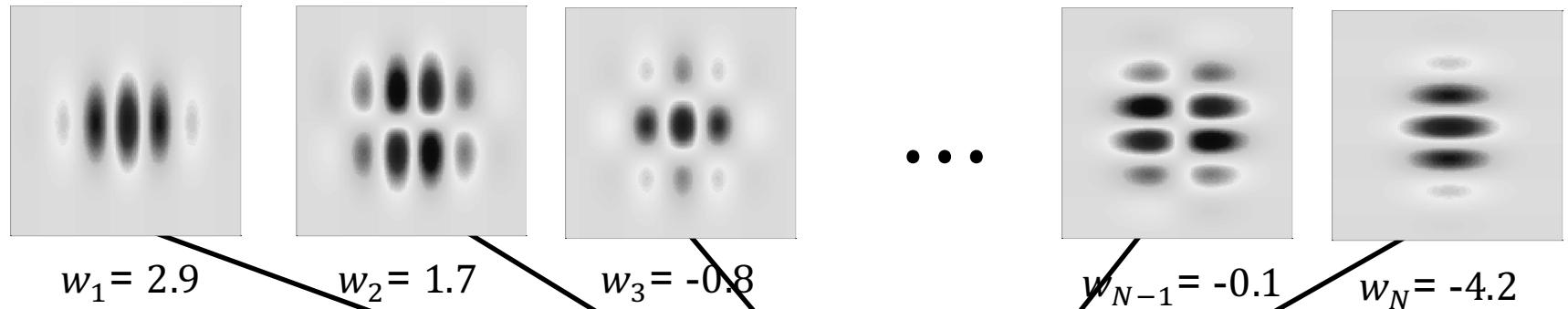
Texture to learn:



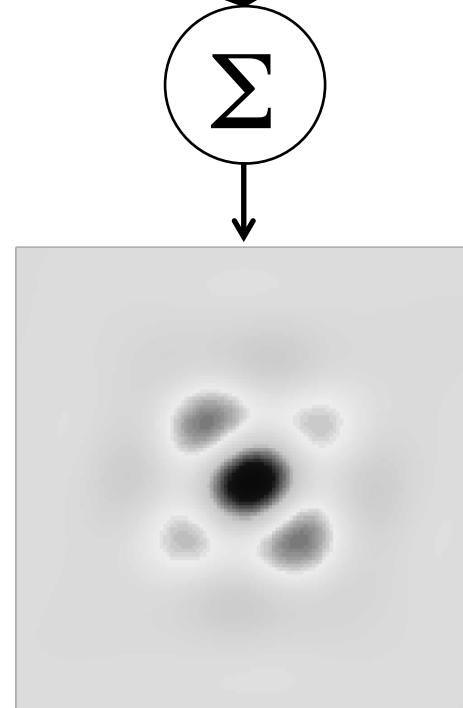
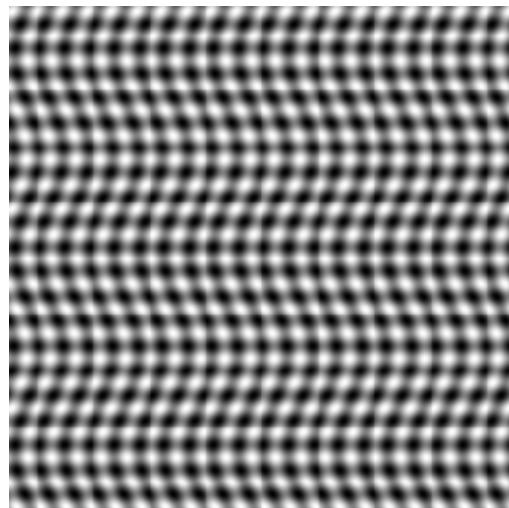
$$\Sigma$$



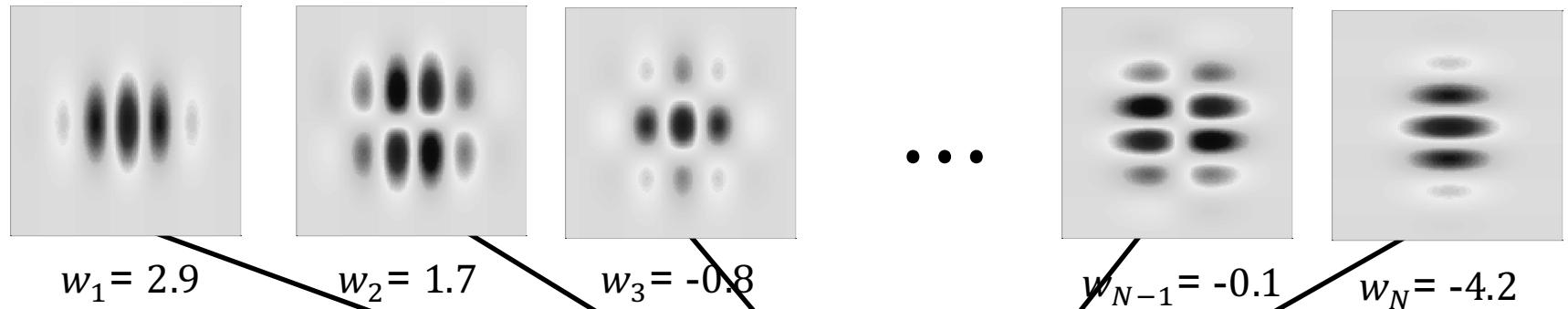
Riesz
filterbank
($N = 8$)



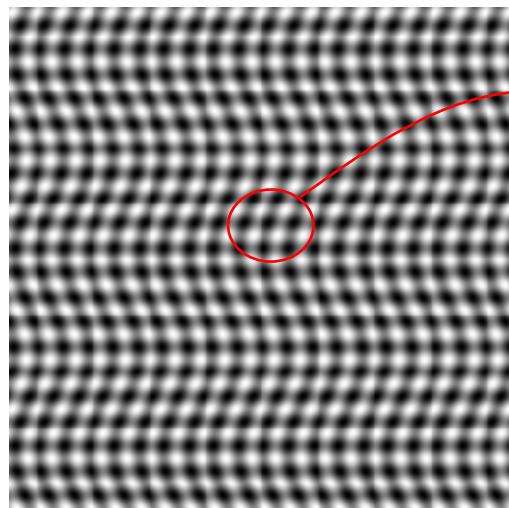
Texture to learn:



Riesz
filterbank
($N = 8$)

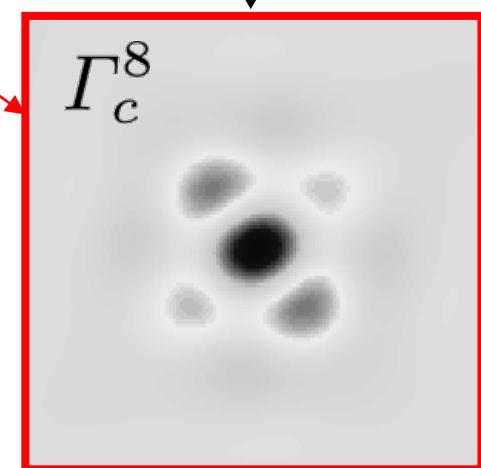


Texture to learn:



$$\Sigma$$

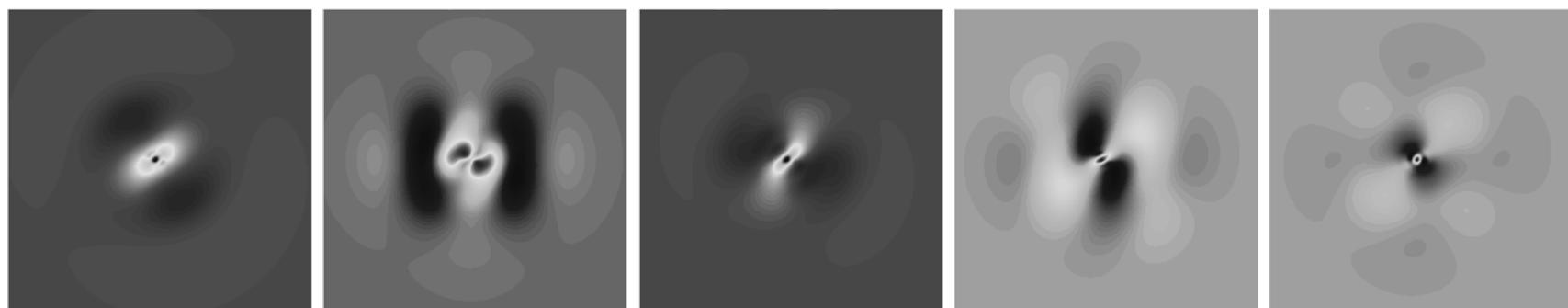
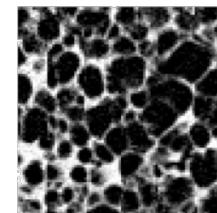
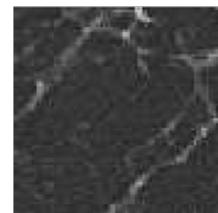
$$\Gamma_c^8$$



Associated
texture
signature

Learned 3D signatures

- Learn combinations of **Riesz wavelets** as digital signatures using SVMs
 - Create signatures to detect small local lesions and visualize them

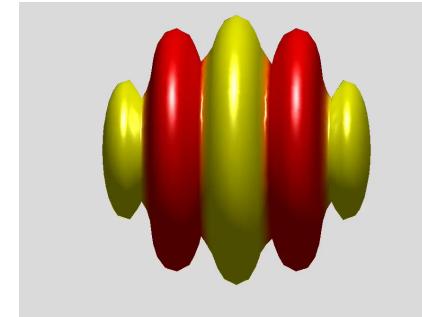
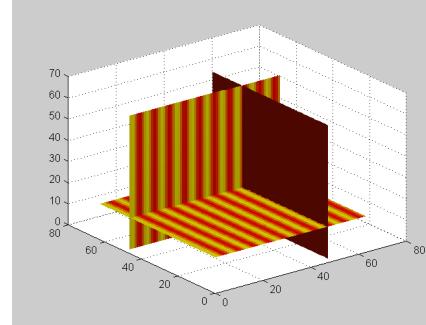


Adrien Depeursinge, Antonio Foncubierta–Rodriguez, Dimitri Van de Ville, and Henning Müller, Rotation-covariant feature learning using steerable Riesz wavelets, IEEE Transactions on Image Processing, volume 23, number 2, page 898–908, 2014.

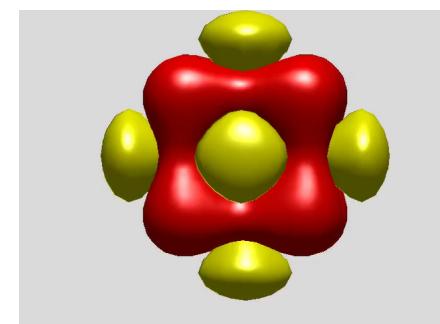
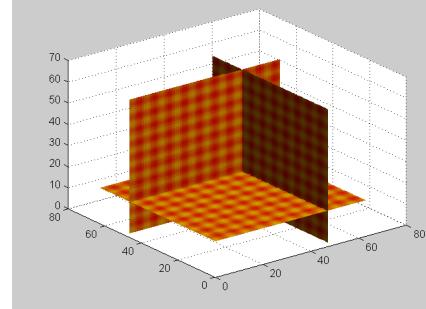
Learning Riesz in 3D

- Most medical tissues are naturally 3D
- But modeling gets more **complex**

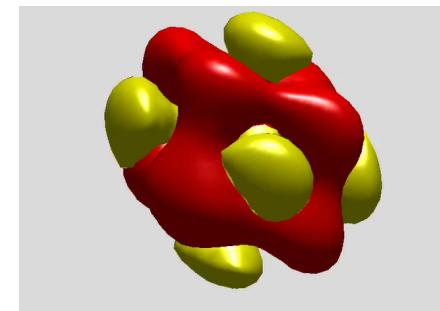
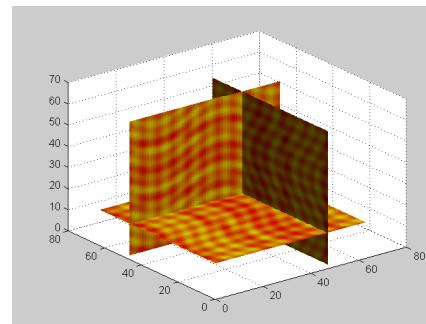
- Vertical **planes**



- 3-D **checkerboard**

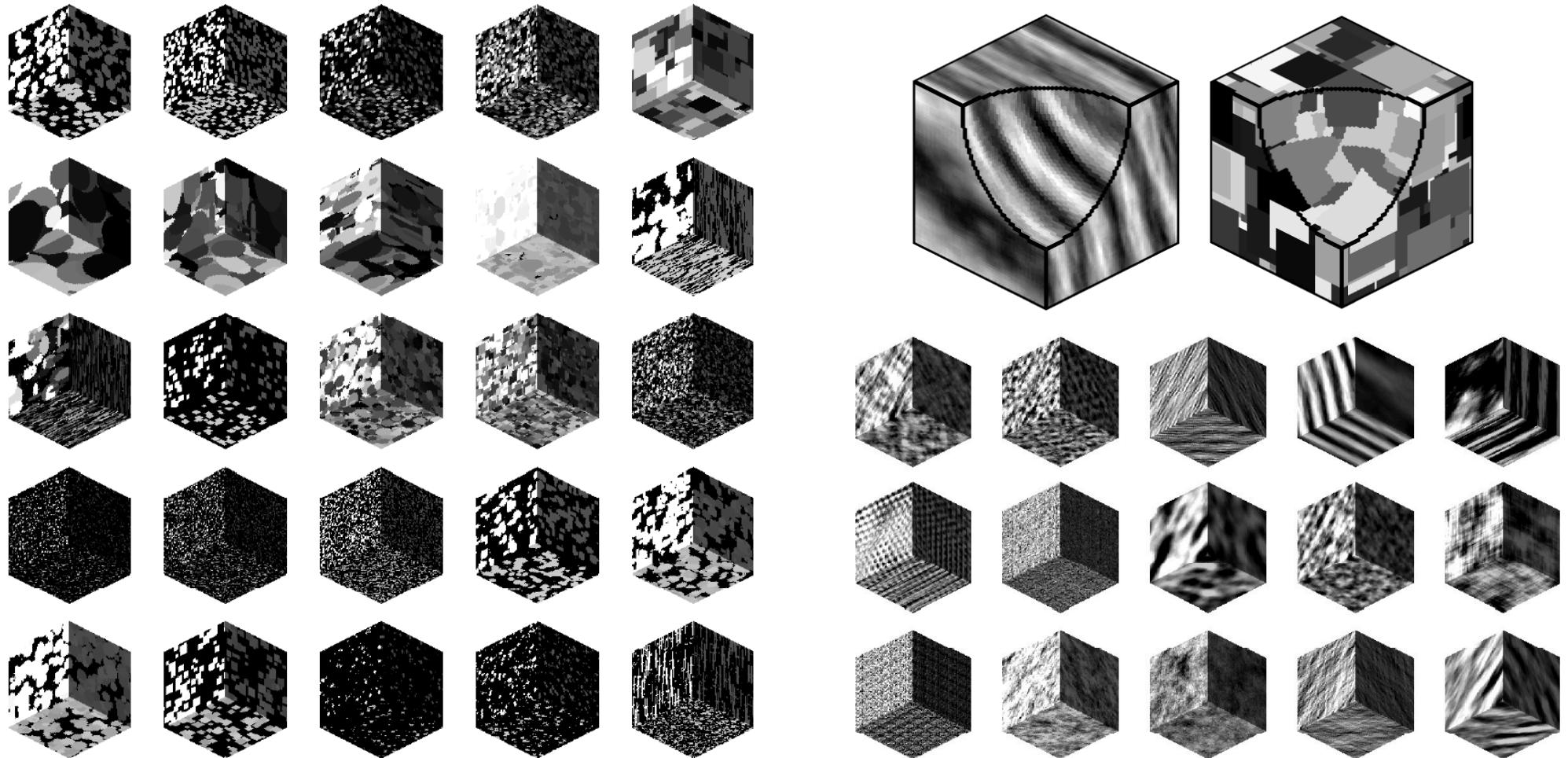


- 3-D **wiggled** checkerboard

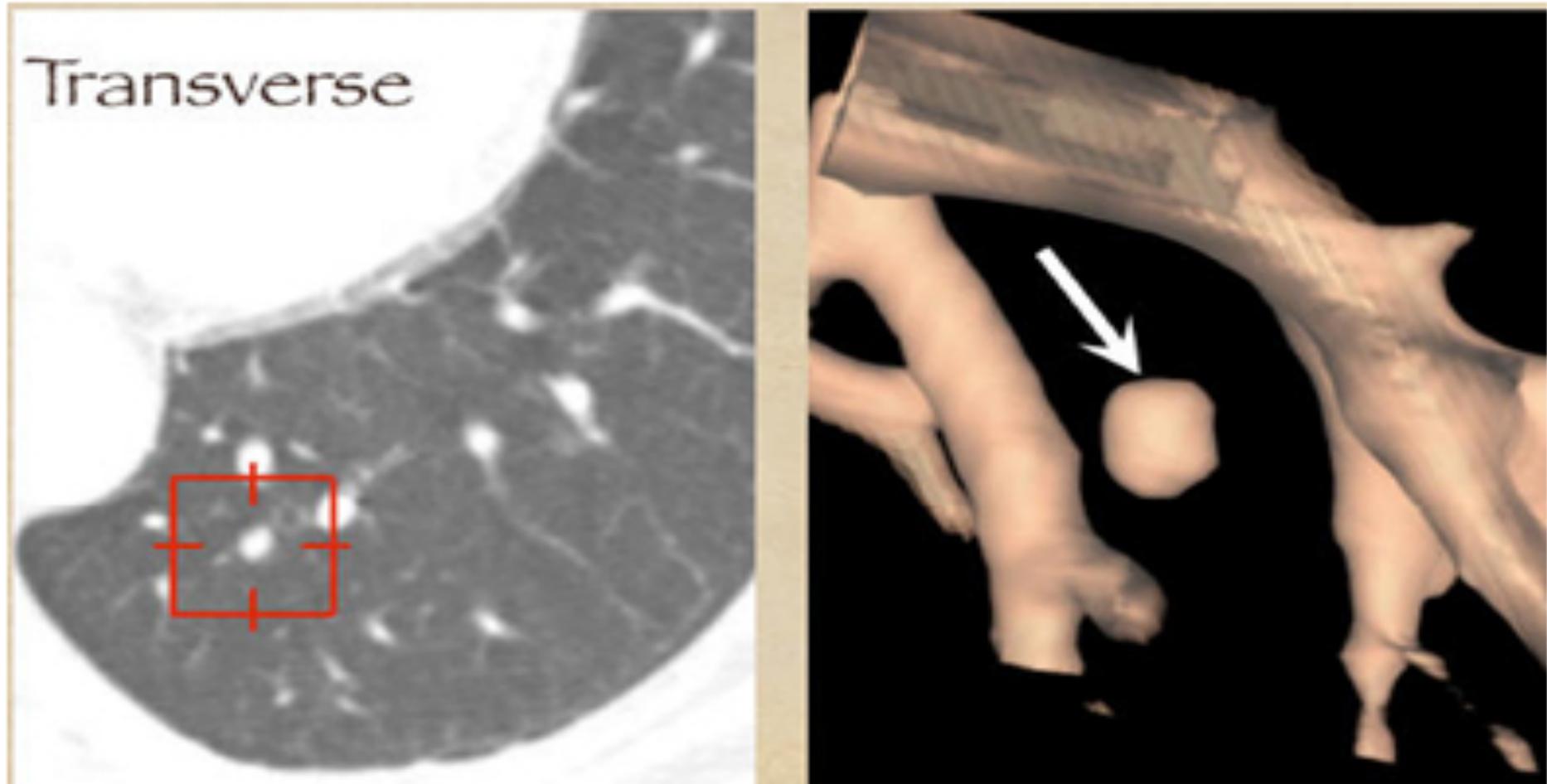


Solid 3D texture

- Hard to **visualize**
- Most texture measures are translated to 3D

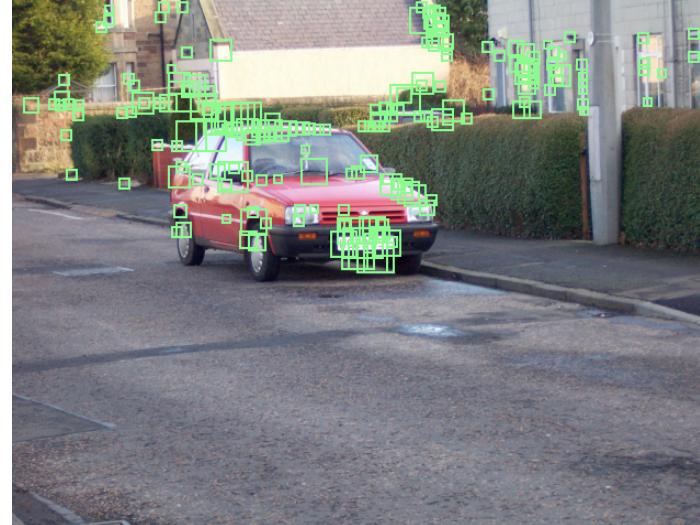
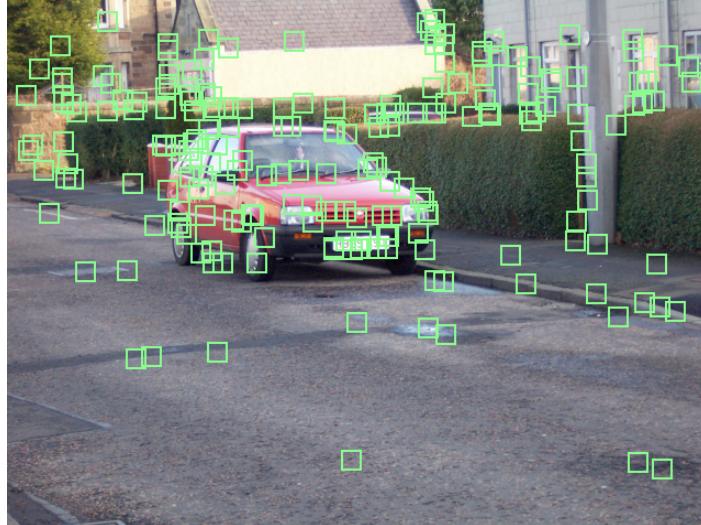


3D can be really important



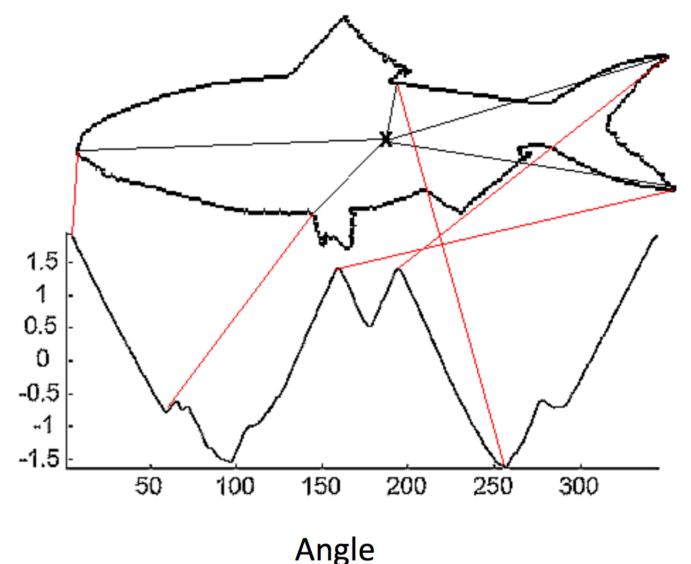
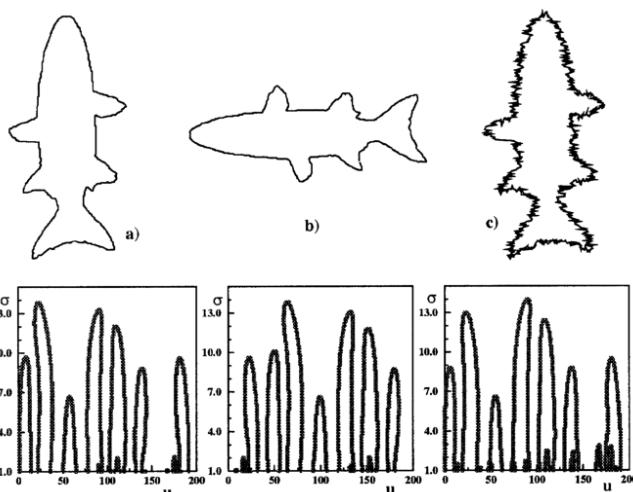
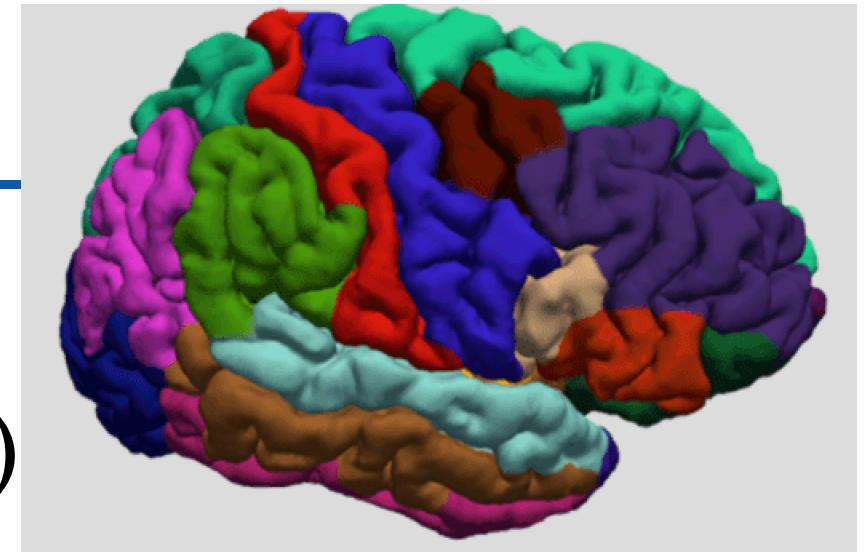
CT finding (left) has the appearance of an adjacent vessel in transverse-section reconstruction and was not called by any of the four LIDC readers. After viewing transverse, coronal, sagittal, and volume-rendered reconstructions (right), all four university readers called the finding a lung nodule.

Interest Points – local information



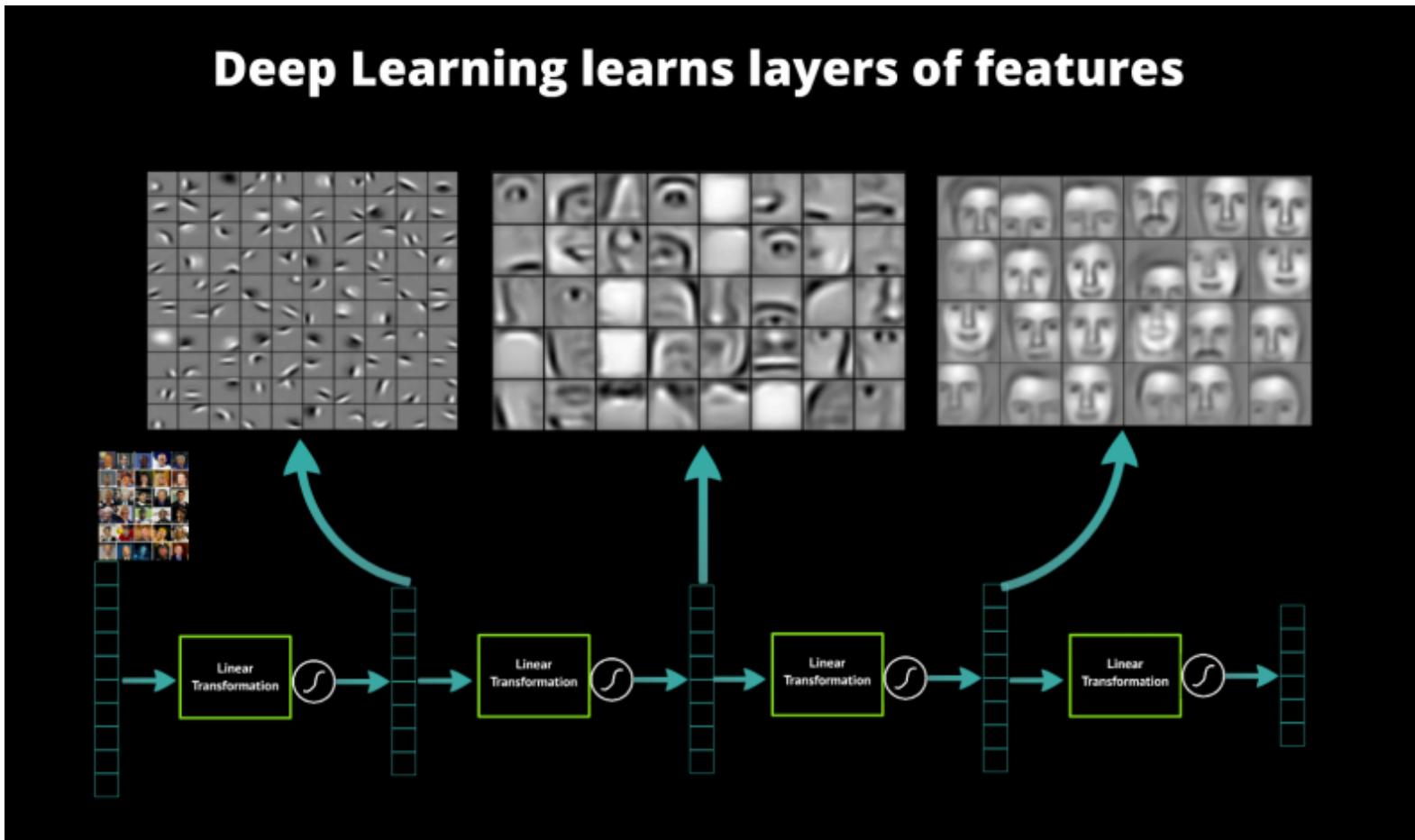
Shape features

- 2D vs. 3D
- **Invariances** (rotations, size)
- Bounding box, aspect ration, circularity, centroid, chain code, ...
- Invariant statistical moments (Zernicke moments)
- Curvature scale space



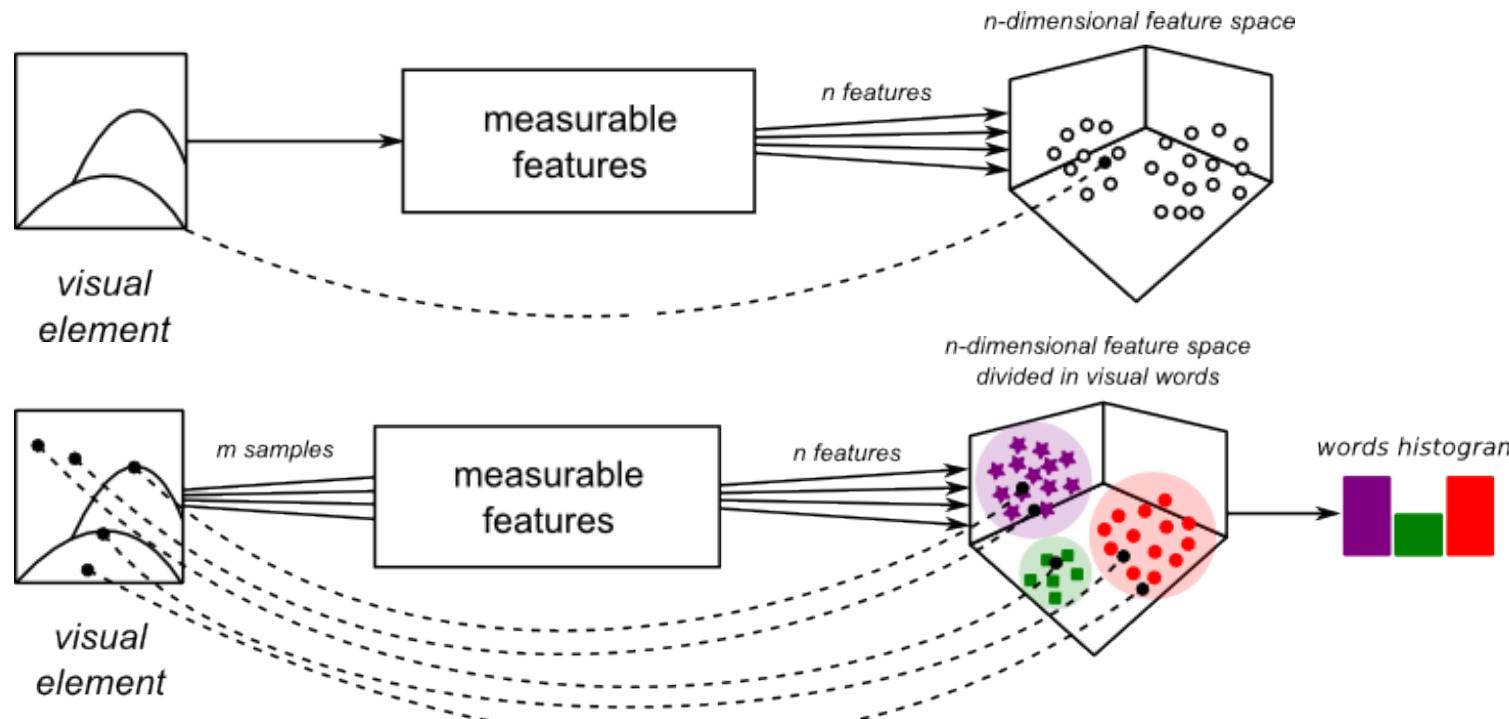
Deep learning-based features

- Deep learning has several layers of neurons
- Usually “features” are not used and **all is learned**
 - Specific output layers can be used as features



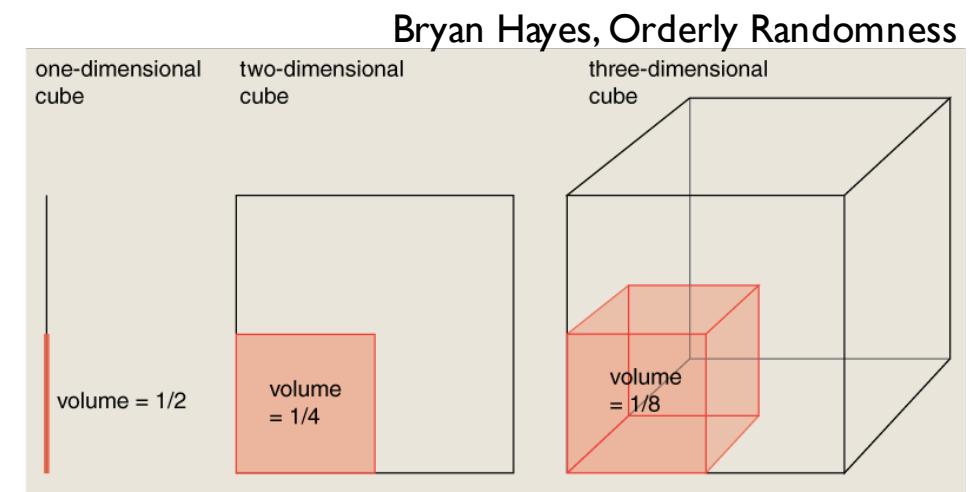
Visual feature modeling

- **Visual words** instead of raw visual features
 - Reducing the “curse of dimensionality”
 - Use features based on the data actually present in a database



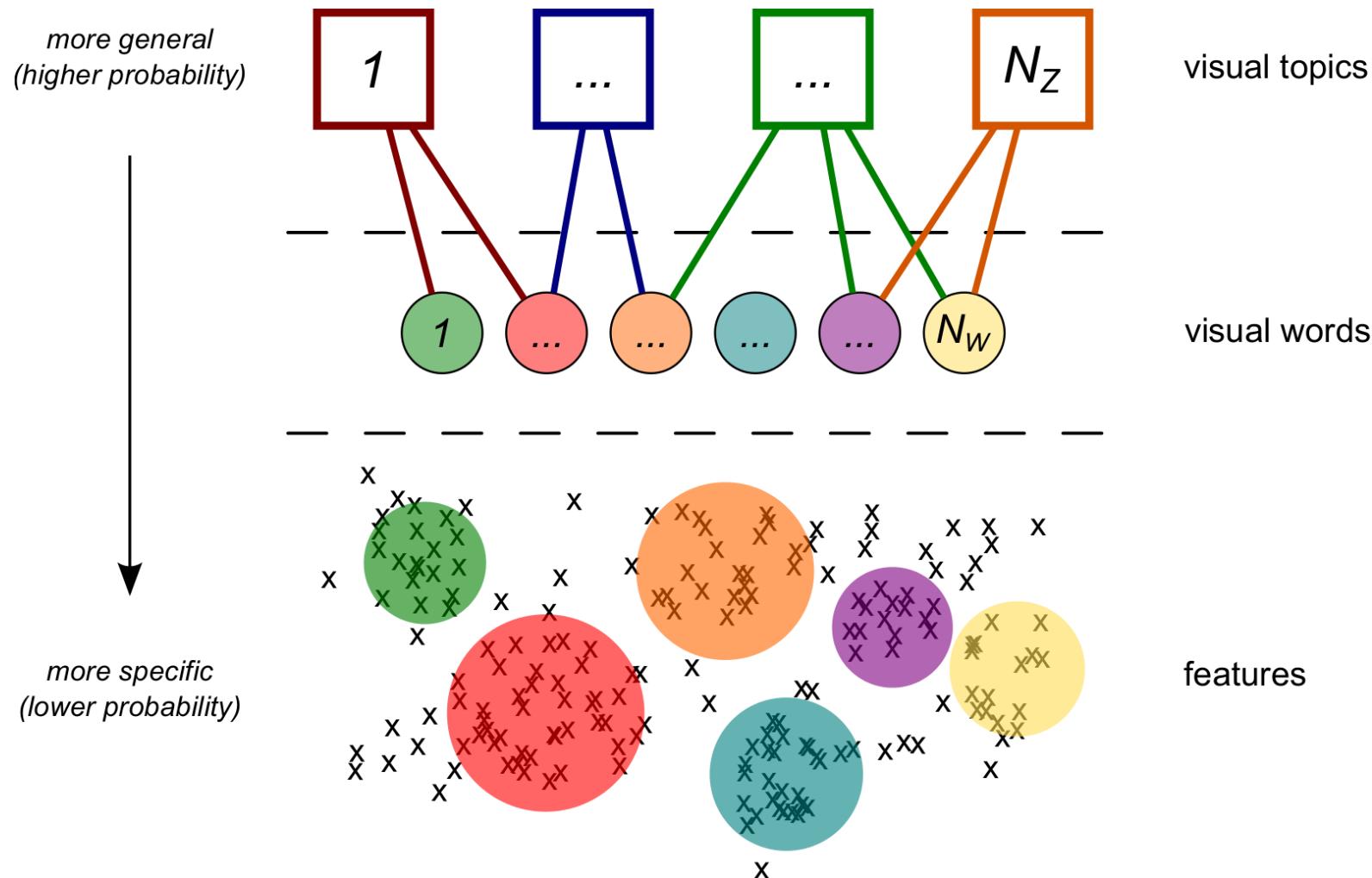
Curse of dimensionality

- “The curse of dimensionality refers to **various phenomena** that arise when analyzing and organizing data in **high-dimensional spaces** (often with hundreds or thousands of dimensions) that do not occur in low-dimensional settings such as the three-dimensional physical space of everyday experience.”
Wikipedia
- Increasing numbers of features mean that **generalization** requires **exponential** data amounts
- Volume of a space increase with more dimensions, so data gets increasingly **sparse**
 - Distance between all items becomes similar
 - Automatic classification is then hard (using kNN)



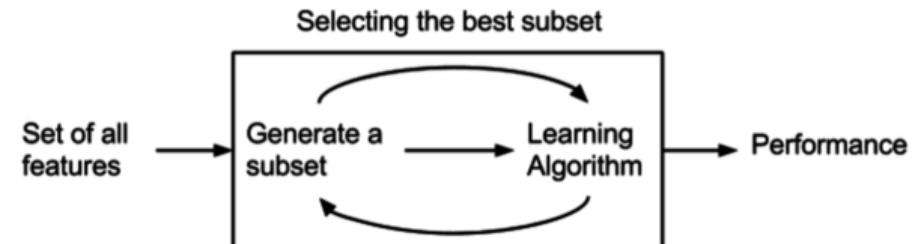
Latent semantic analysis

- Find underlying links between (visual) words
 - Find **synonyms, homonyms, so ambiguous words**



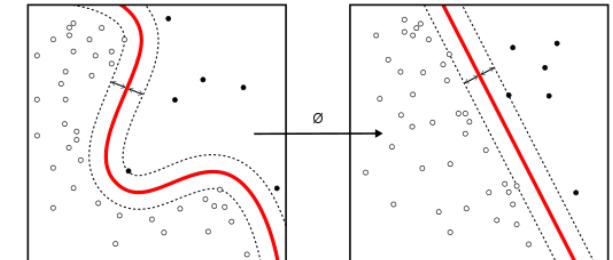
Feature selection strategies

- Variable selection, attribute selection, ...
- **Goal:** simpler models, lower storage, faster training, avoid overfitting, remove redundancy
- Many approaches
 - Exhaustive search, best first, greedy forward and backward, ...
 - Filter, wrapper, embedded
- **Criteria** to select features
 - Correlation between features, mutual information, accuracy of the created models



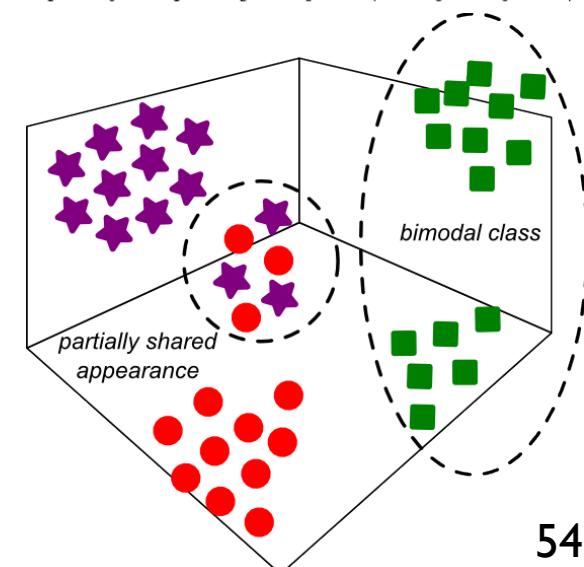
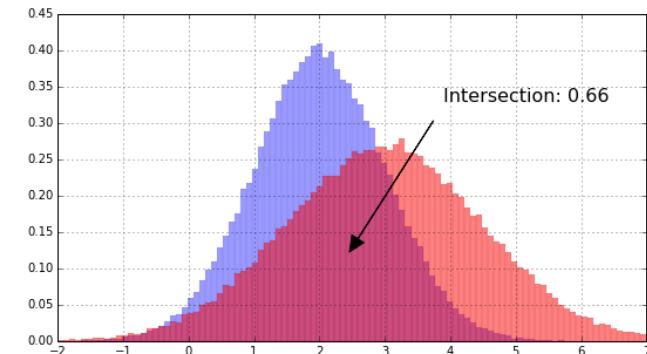
Dimensionality reduction

- Feature selection
- Principal component analysis (PCA)
 - Linear mapping of data onto fewer dimensions
 - Mapping to 2D, 3D allows to visualize data
- Kernel PCA
 - Nonlinear space, maximizing variance
- Linear Discriminant Analysis (LDA)
 - Finding a linear combination to best separate classes
- ...



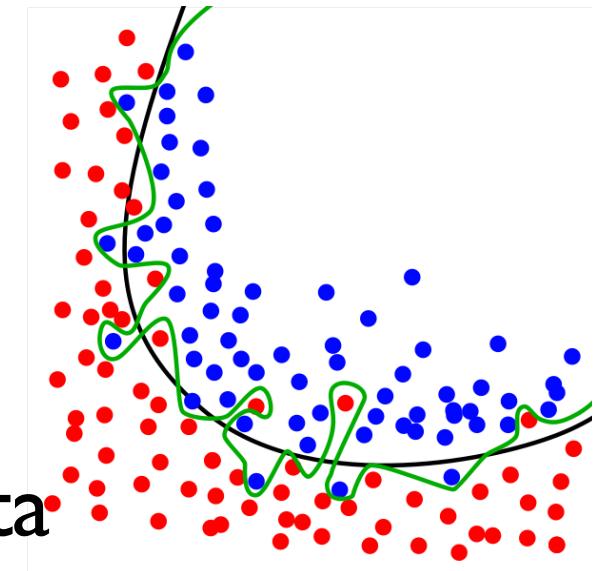
Distance measures

- Visual features represent structures in an n-dimensional space
 - Hopefully our visual features separate the items well
 - Many **distance metrics** exist
 - Histogram intersection
 - City block distance
 - **Euclidean** distance
 - Earth Movers distance
 - Mahalanobis, Bhattacharyya, ...



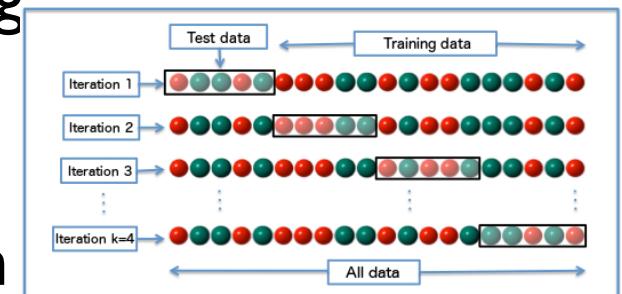
Overfitting

- “In overfitting, a statistical model describes random error or noise instead of the underlying relationship. Overfitting occurs when a model is excessively complex, such as having too many parameters relative to the number of observations.” Wikipedia
- Over fit models **do not generalize**
 - Not good on new or unseen data
 - Real risk in learning with many parameters or training on test data
 - Manual tuning to get good results
 - A model should **perform well on unseen data!**
 - Methods such as testing on unseen data can help



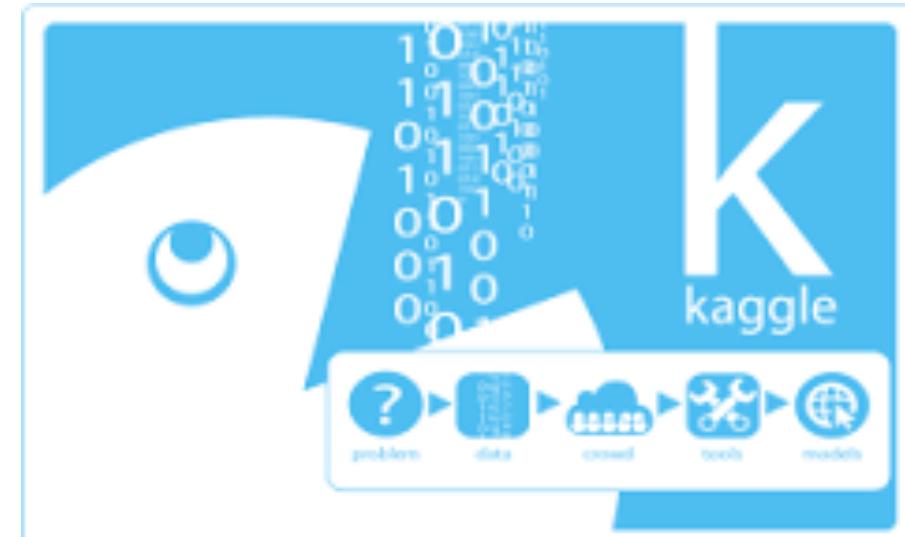
Evaluation methodologies for ML

- Clear **split of training and test data**
 - Sometimes validation data as part of training data
 - All parameters set only on training data
- **Leave-one-out cross validation**
 - When few items are in the data, maximize training data
 - Leave-one-patient-out, limits overfitting
- **N-fold cross validation**
 - Separate data in N folds, then use each time one for testing and all others for training
 - Random splits can make this non-reproducible



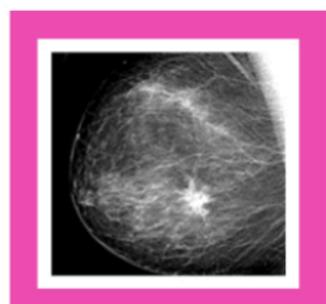
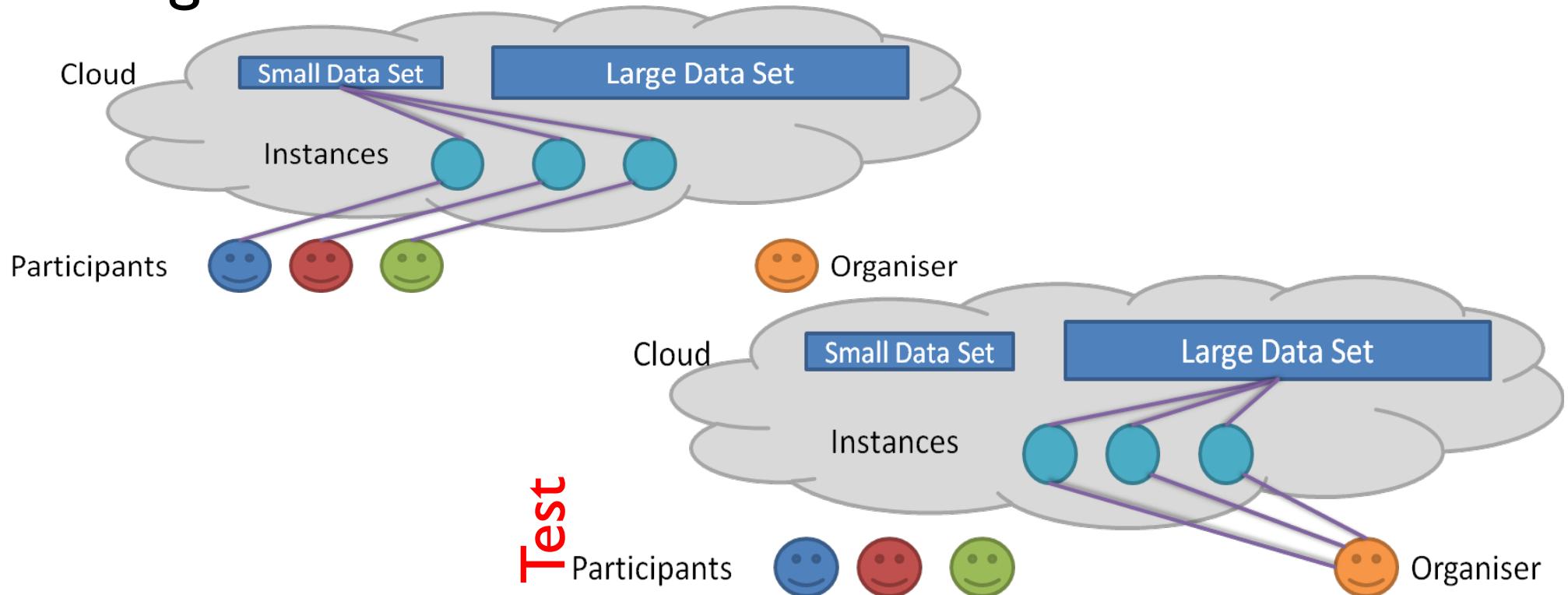
Scientific challenges

- Proposed at most **conferences** and **workshops** in machine learning and medical imaging
 - RSNA maybe to follow soon
- **Same data, same evaluation** methodology, workshop to discuss results among persons
 - Really make results comparable
- **Commercial** platforms
 - Kaggle
 - TopCoder
 - ...



Evaluation-as-a-Service

- Cloud-based evaluation, bringing the algorithms to the data



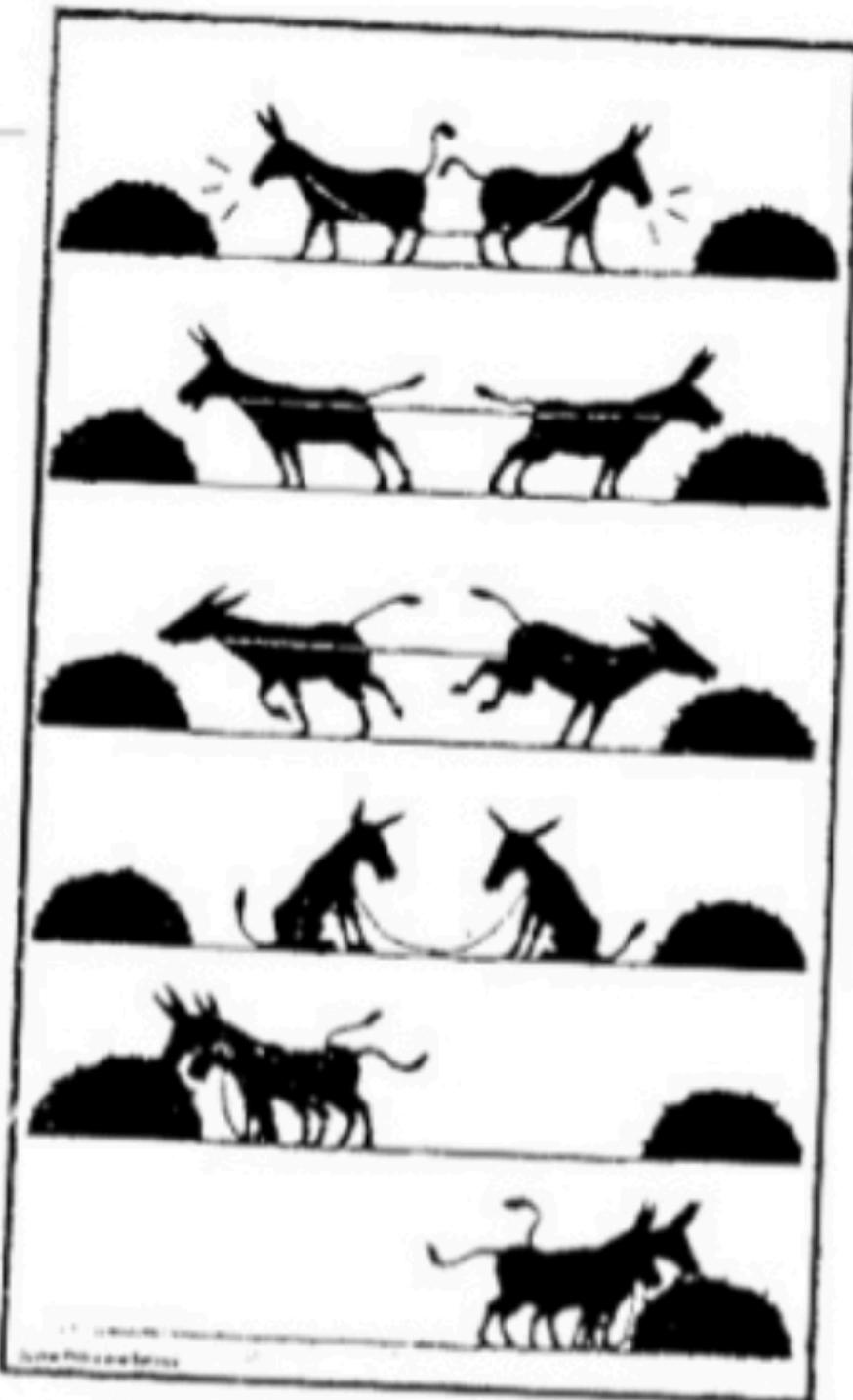
The Digital Mammography DREAM Challenge

Build a model to help reduce the recall rate for breast cancer screening

Learn more & register to participate here: www.synapse.org/Digital_Mammography_DREAM_Challenge

Scientific environment

- Competition
- Coopetition
- Cooperation



Supervised vs. unsupervised ML

- **Unsupervised**

- Clustering, find structure in a data space (group items)
- Number of clusters can be given (k-means) or not

- **Weakly supervised**

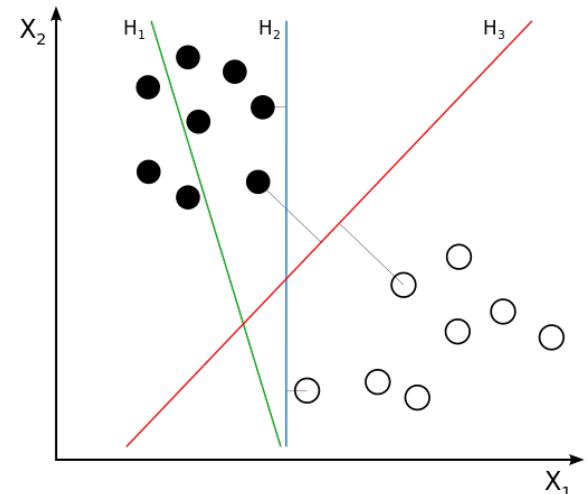
- Use some existing, potentially erroneous labels
- Images from the web with keywords close to images
 - Keywords from the radiology report to match with images

- **Supervised (classification)**

- Class labels exist and are considered of good quality
 - On different levels: ROI (local), organ (regional), full image
- **Reinforcement learning**

Machine learning approaches

- Key nearest neighbors (**kNN**), simplest approach
 - Parameter free, local approach
- Decision trees
 - Random forests
 - Support Vector machines (SVMs)
- Neural networks
 - More on deep learning later
- Boosting
- Linear classifiers such as naïve Bayes

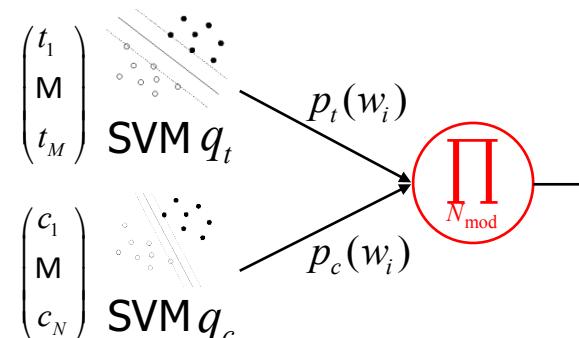


Information fusion

- Combine information from several sources (i.e. text or structured data with visual)
- Text data can be mapped to semantics to understand links
 - Also language-independent
- Early fusion
 - Combing all features using a single classifier in the end
- Late fusion
 - Using classifier output
 - Rank-based vs. score-based

COMPUTERTOMOGRAPHIE THORAX / ABDOMEN Indikation: Z.n. Semicastratio rechts. Staging erbeten.
Metastasestase? Der Patient wurde ueber die moeglichen Risiken und Nebenwirkungen im Rahmen der Kontrastmittel-Applikation informiert und bestaetigt sein Einverstaendnis. Der Patient hat keine weiteren Fragen.
Untersuchungstechnik: Brilliance 64, Philips Medical Systems, Kollimation 1x64x0.625mm; Zwerchfell bis Leberunterrand Arteriell , Applikation 300 Jopamiro , 120 + 40 ml 4 ml/sec, BT+ 16 sec, Obere Thoraxapertur bis Symphye Portalvenos , Delay 50 sec, Rekonstruktionen: MPR axial und coronal 3/2mm Weichteilfenster, MPR axial und Wirbelsaeule sagittal 3/2mm Knochenfenster, Thorax MPR axial und coronal 3/2mm und MIP axial 15/2mm Lungenfenster. Thorax: Kleinstes, offenbar verkalktes Granulom mit einem DM von etwa 1mm im apicalen Oberlappen rechts. Ansonsten kein Nachweis intrapulmonaler Rundherde. Keine Pleuraerguesse, kein Pericarderguss. Das zentrale Bronchialsystem frei, kein Nachweis eines bronchobstrukтивen Prozesses. Kein Nachweis pathologisch vergroesserter mediastinaler oder hilaeer Lymphknoten. Die Pulmonalarterien und die supraaortalen A.,ste homogen perfundiert. Abdomen: Die Leber von normaler Groesse und homogenem Enhancement, 2mm haltende Hypodensitaet subkapsulaer im Lebersegment VII. Dieses bei der geringen Groesse nicht naher charakterisierbar. Die Gallenblase normal gross, kein Nachweis roentgendichter Konkremente. Keine intra- oder extrahepatische Cholangiectasie. Das Pankreas von regulaerer Parenchymsaumbreite und homogenem Enhancement. Die Milz normgross. Die Nebennieren bds. schlank. Die Nieren bds. von regulaerer Lage, Form und Groesse. Das Nierenhohlräumsystem bds. normal weit. Einzelne bis 3mm im QDM haltende Lymphknoten paraaortal bds. Die Harnblase mit minimaler Fuellung, soweit beurteilbar unauffaellig. Bei St.p. Semicastratio rechts geringes Weichteilodem inguinal rechts. Im Knochenfenster kein Nachweis Metastasestase-suspekter Lesion.

Legend:
POSPATHOLOGY
NEGPATHOLOGY
IDX_NEIN
NEGATEDSTRING
ANATOMY



Many fusion techniques

- **Early fusion** can work better but often requires dimensionality reduction.
- **Rank-based** fusion (late)
 - Ranked list of items or classes are combined
 - If score distributions are not the same this can be better
- **Score-based** fusion (late)
 - Using scores of items for combined decision
 - Weighted linear combination
 - Sum of scores or simply minimum/maximum value
- **Borda** count, ...

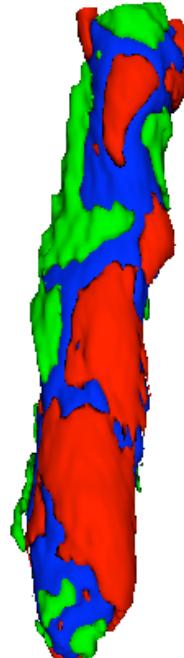
- Applications

Silver corpus (example trachea)

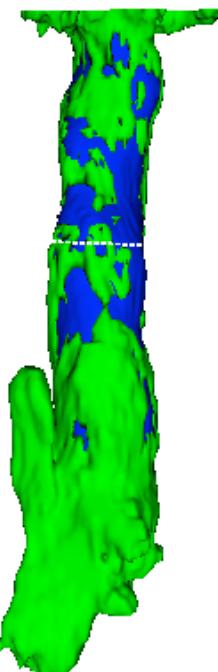
- Executable code of the VISCERAL scientific challenge for segmentation
 - Run it on new data, do **label fusion** of the results
 - **Silver corpus** that can be used for training

Participant segmentations

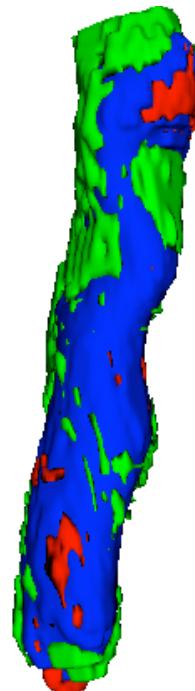
Dice 0.85



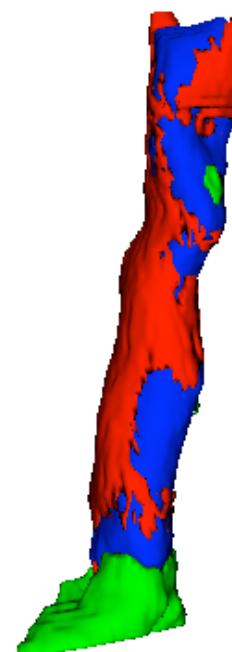
Dice 0.71



Dice 0.84

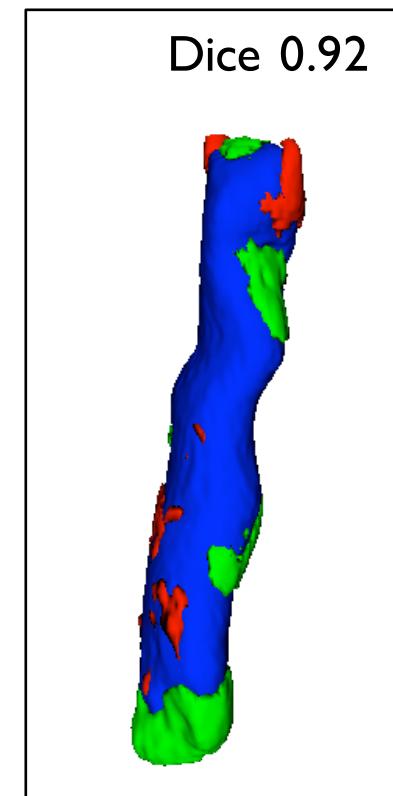


Dice 0.83



Silver Corpus

Dice 0.92



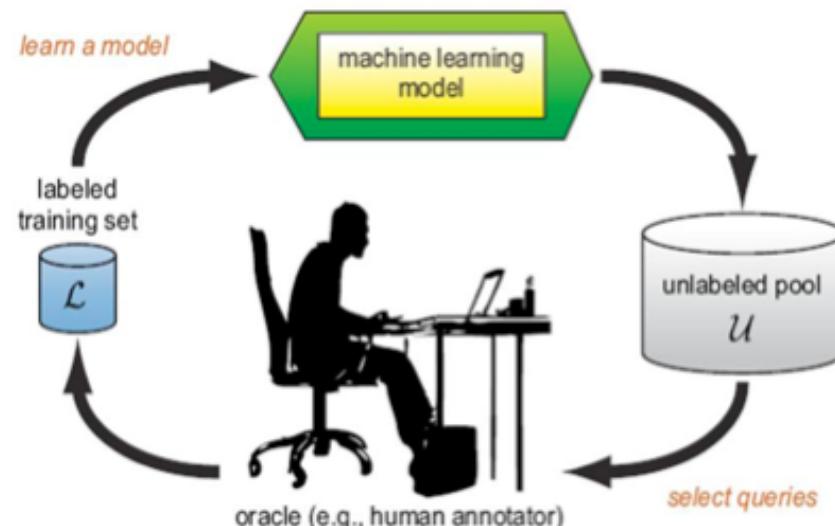
How to create labels for learning?

- Manual expert annotators
 - Expensive, time-consuming, does not scale well, quality
- Use associated documents
 - Radiology report, anamnesis, ICD codes
 - Quality not guaranteed
- Crowdsourcing
 - Non-expert annotations
 - Strict quality control is needed and focused task definition
 - Leverage outcomes of automatic tools



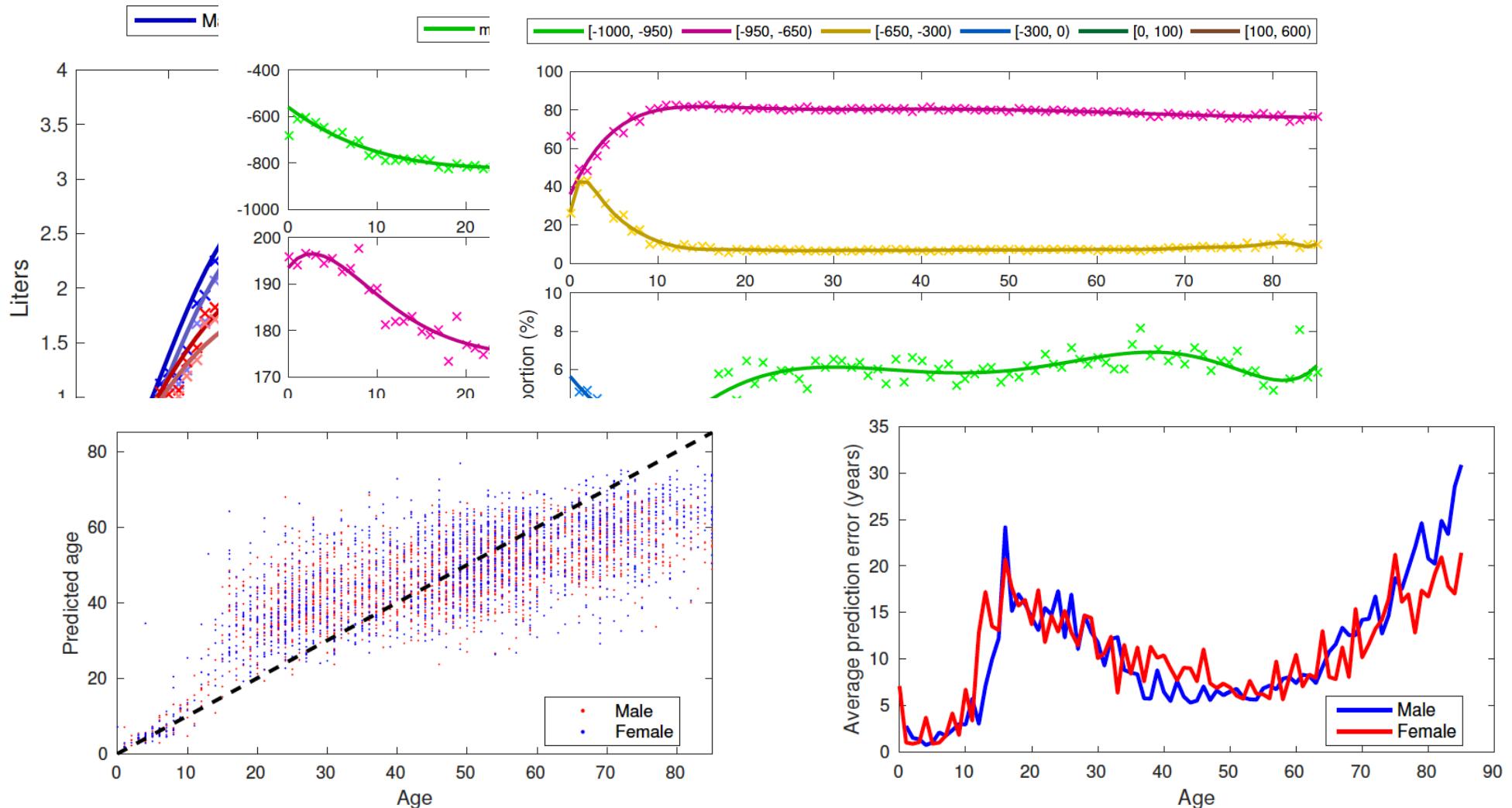
Active learning

- Let the algorithm decide which non-labelled instances are best to be annotated
 - Usually **iteratively** to maximize information gain
 - **Interactive** way to limit the amount of annotated data needed
 - **Visualization** can make things easier



Analysis with (almost) no labels

- Age prediction from lung CTs



Other applications

- **Detection** (i.e. of lung nodules)
- Classification of diseases or disease types/states
- Retrieval of **similar cases**
 - Based on visual or text/structured data
 - What is similarity in this context?
 - Evaluate it based on human judgements or outcomes
- Retrieval of **similar visual patterns**
 - Maybe mixed with other parameters to be chosen
 - How to give flexibility and keep interfaces simple?

Khresmoi4radiology interface

Khresmoi - (khresmoi)

File Tools Perspectives Help

Search with images x

Details x

Results x

Results: 2D objects x

Results: 100

Relevance Enter filter terms

Choose filters

Ungrouped All Items (100)

By Age By Gender By Consensus

Volume ID_8004100001106336_7_1
AXIAL 74 of 145
100% Zoom Show ROIs

Befundtext: PE SPIRALE: Indikation: Dyspnoe, D-Dimer 2,0. PE ? Untersuchungstechnik: MD-CT: PE-Spirale nach i. v. Applikation von 120 ml nichtionischem KM, ES WURDE EIN HANDSCHRIFTLICHER BEFUND AUSGEFOLGT UND DANACH WIE FOLGT DIKTIERT!! Dieser wurde nachträglich ins RIS/KIS übertragen. Es liegt keine Voruntersuchung vor. Es zeigt sich eine reguläre Kontrastierung der Pulmonalarterien ohne HW auf eine PE. Ausgedehnte Pleuraergüsse bds. dorsal, rechtsseitig 6 cm, linksseitig 7 cm im DM haltend. Angrenzende UL-Teilatelektasen. Intrapulmär zeigen sich multiple in den OL teilweise konfluierende fleckförmige Verdichtungen, die einerseits eine Milchglastypen und andererseits jedoch auch eine interstitielle Komponente zeigen. In den apikalen OL-Abschnitten konfluieren diese Verdichtungen. In den UL beidseits sowie auch im Bereich des ML zeigen diese Verdichtungen teilweise auch solide Komponenten. Im Bereich der dorsobasalen Teilatelektasen finden sich mehrere fokale, runderliche, hypodense Läsionen. Die Bronchialwände sind verdickt. Mediastinal zeigt sich eine ausgeprägte Lymphadenopathie beidseits hilär sowie auch paratracheal und auch paraösophageal, die sich nach caudal bis in den Hiatus aorticus des Zwerchfells fortsetzt. Im Bereich des oberen Mediastinums zeigt sich eine massive

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AXIAL 73 of 145
100% Zoom

100% Zoom

Search Limit search to this patient

Search finished

Image CT scan of the thorax showing dextrocardia and bronchiectasis. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2940776>
Research • Images

Image "... Axial computed tomography scan of the chest and abdomen showing a large, well-defined, lobulated mass in the right upper lobe, likely a primary lung cancer. There is also evidence of mediastinal lymphadenopathy." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2630954>
Research • Images

Image Transverse CT views at the level of the right apical lobe and adjacent structures. A large, well-defined, lobulated mass is visible in the right upper lobe, likely a primary lung cancer. There is also evidence of mediastinal lymphadenopathy. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2843686>
Research • Images

Image "... Chest computed tomogram from a patient with pulmonary embolism. The upper panel shows advanced predominantly central pulmonary emboli involving the aortic arch. The lower panel shows mild ground glass opacity and pleural effusions." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3055815>
Research • Images

Image Axial section CT neck/thorax showing subcutaneous emphysema and a large, well-defined, lobulated mass in the right upper lobe, likely a primary lung cancer. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920271>
Research • Images

Image CT of the chest reveals a large mass in the right upper lobe, likely a primary lung cancer. There is also evidence of mediastinal and hilar lymphadenopathy. <http://www.chiroandoste.com/content/16/1/8>
Research • Images

Image "...pulmonary venous return of both lungs. An asymptomatic brachiocephalic vein (a-b). The right upper lobe vein drains into the superior vena cava." <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3201903>
Research • Images

Image "...MDCT : Axial (Panel A) and coronal view (Panel B) of the MIP algorithm. A large unilocular cystic mass (black arrows)." [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3201903](#)

Vienna, AUSTRIA (AT); 48.23/16.33
English (German)

Example for semantic text analysis

COMPUTERTOMOGRAPHIE THORAX / ABDOMEN Indikation: Z.n. Semicastratio rechts. Staging erbeten.

Metastasestase? Der Patient wurde ueber die moeglichen Risiken und Nebenwirkungen im Rahmen der Kontrastmittel-Applikation informiert und bestaetigt sein Einverstaendnis. Der Patient hat keine weiteren Fragen.

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_Legend:

POSPATHOLOGY

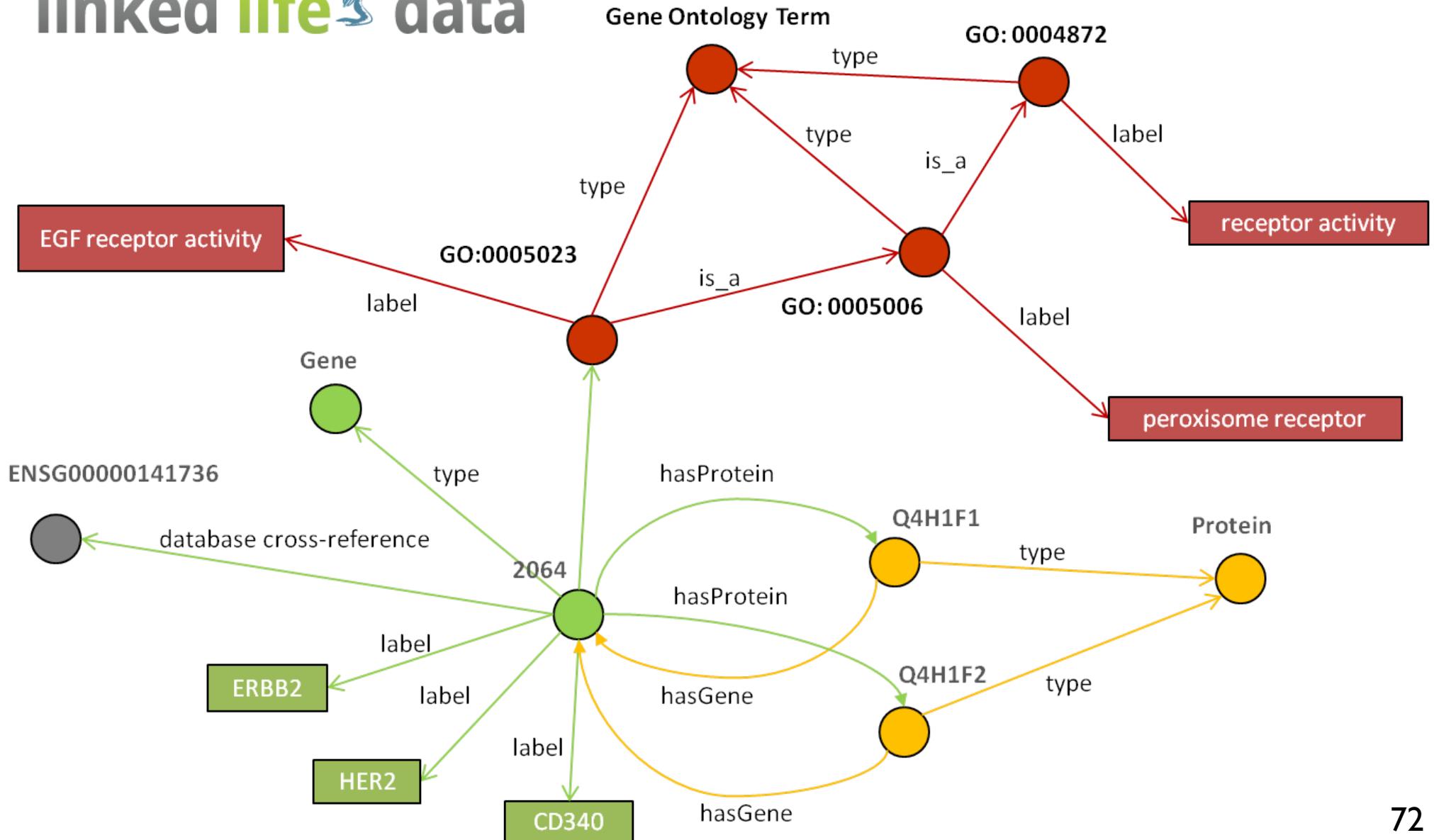
NEGPATHOLOGY

IDX_NEIN

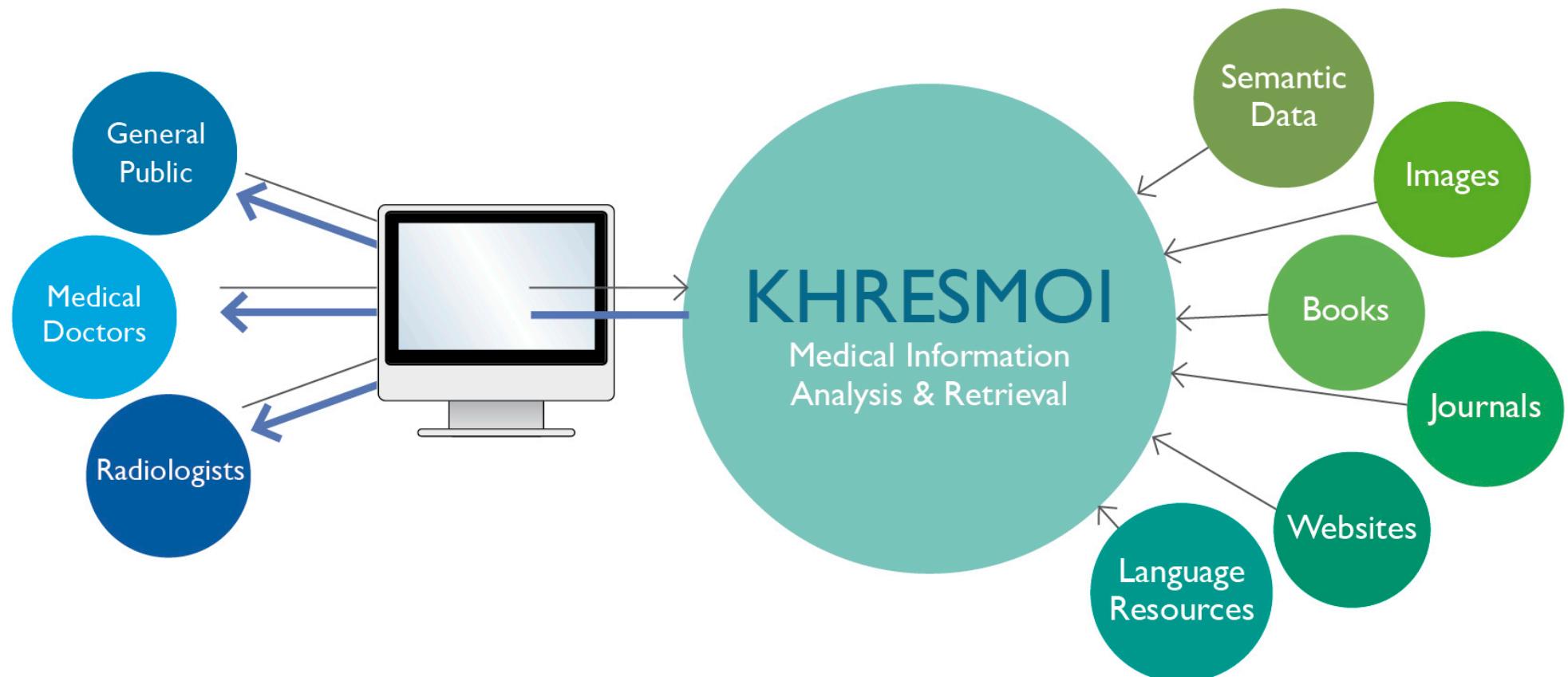
NEGATEDSTRING

ANATOMY

LinkedLifeData



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

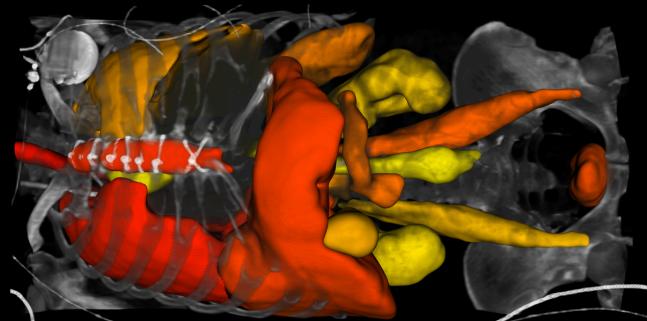
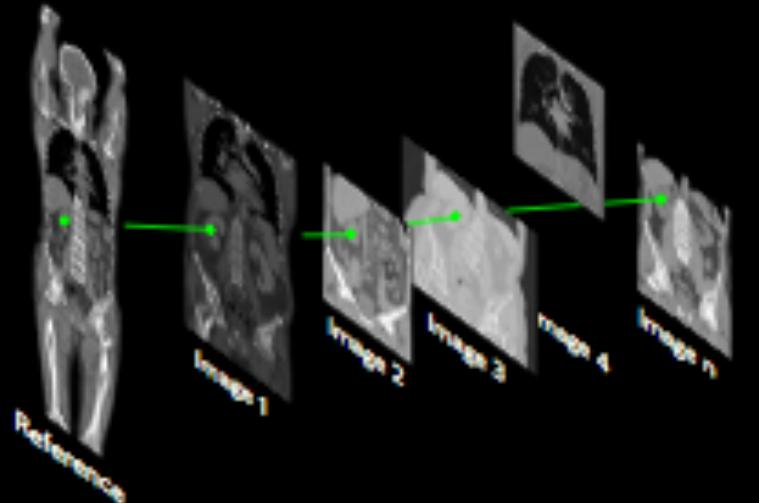


Allan Hanbury, Célia Boyer, Manfred Gschwandtner, Henning Müller, KHRESMOI: Towards a Multi-Lingual Search and Access System for Biomedical Information, Med-e-Tel, pages 412-416, Luxembourg, 2011.

KHRESMOI: towards retrieval in clinical data

Hofmanninger CVPR 2015

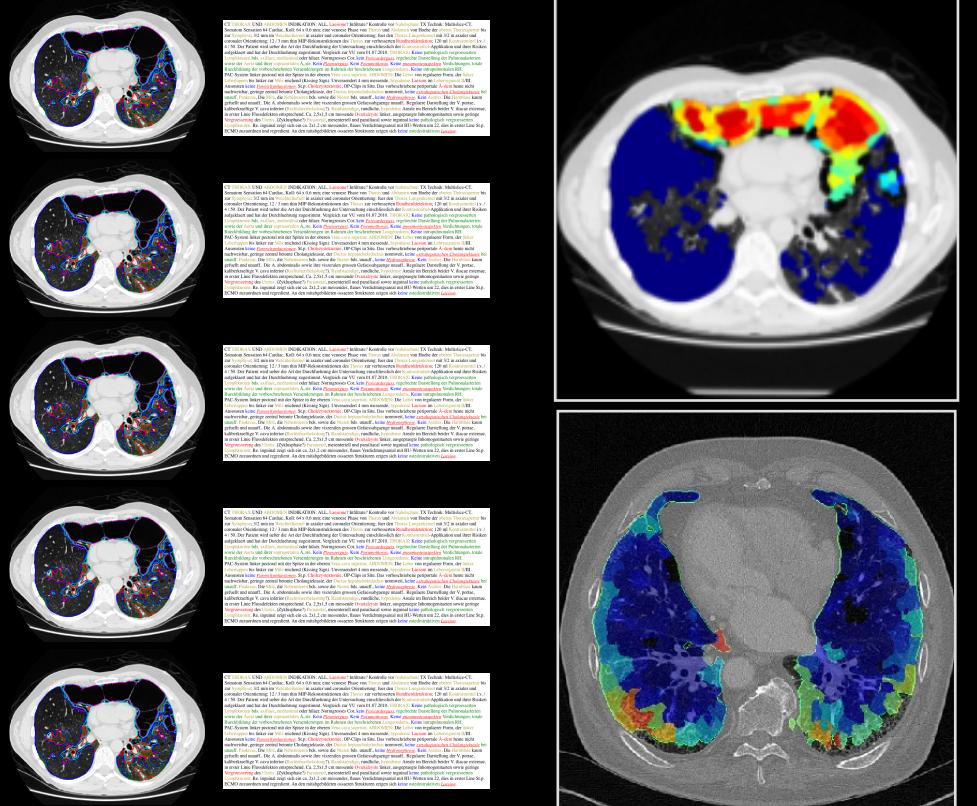
- Mapping imaging data to a reference space
- Compare observations across individuals
- Learn from clinical routine data



KHRESMOI: towards retrieval in clinical data

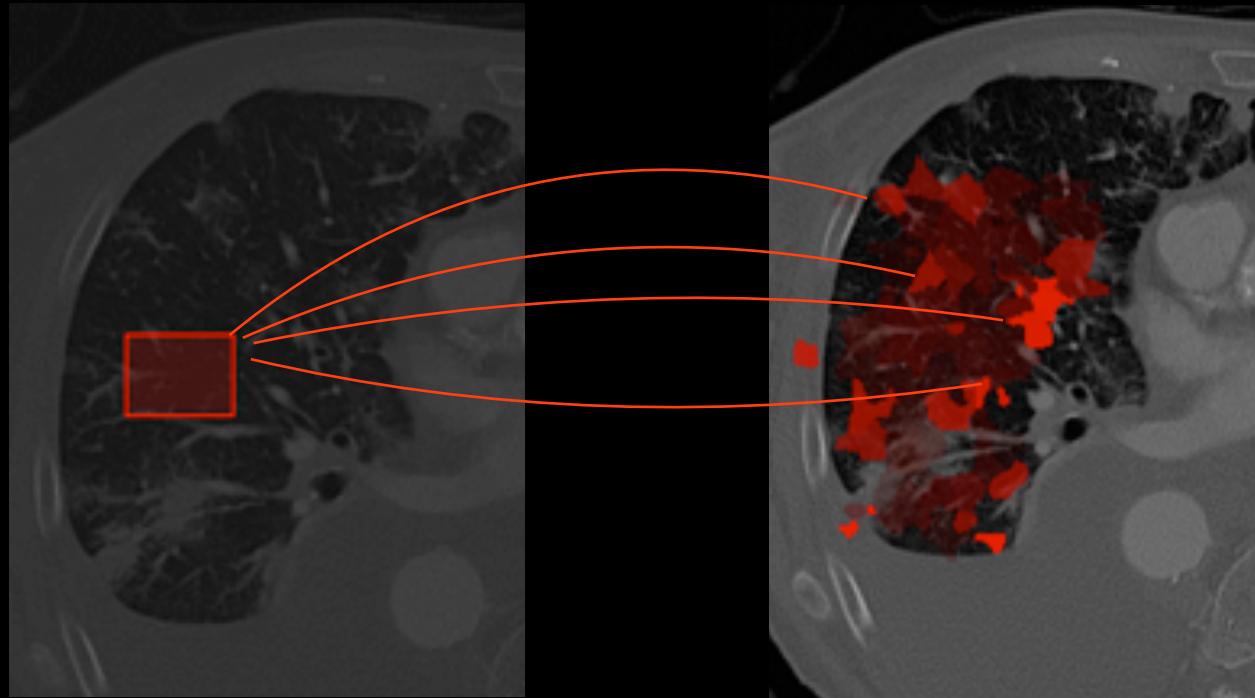
Hofmanninger CVPR 2015

- Combine imaging data and radiology report information
- Extract semantic information from radiology reports
- Identify visual signatures of findings from this combined data

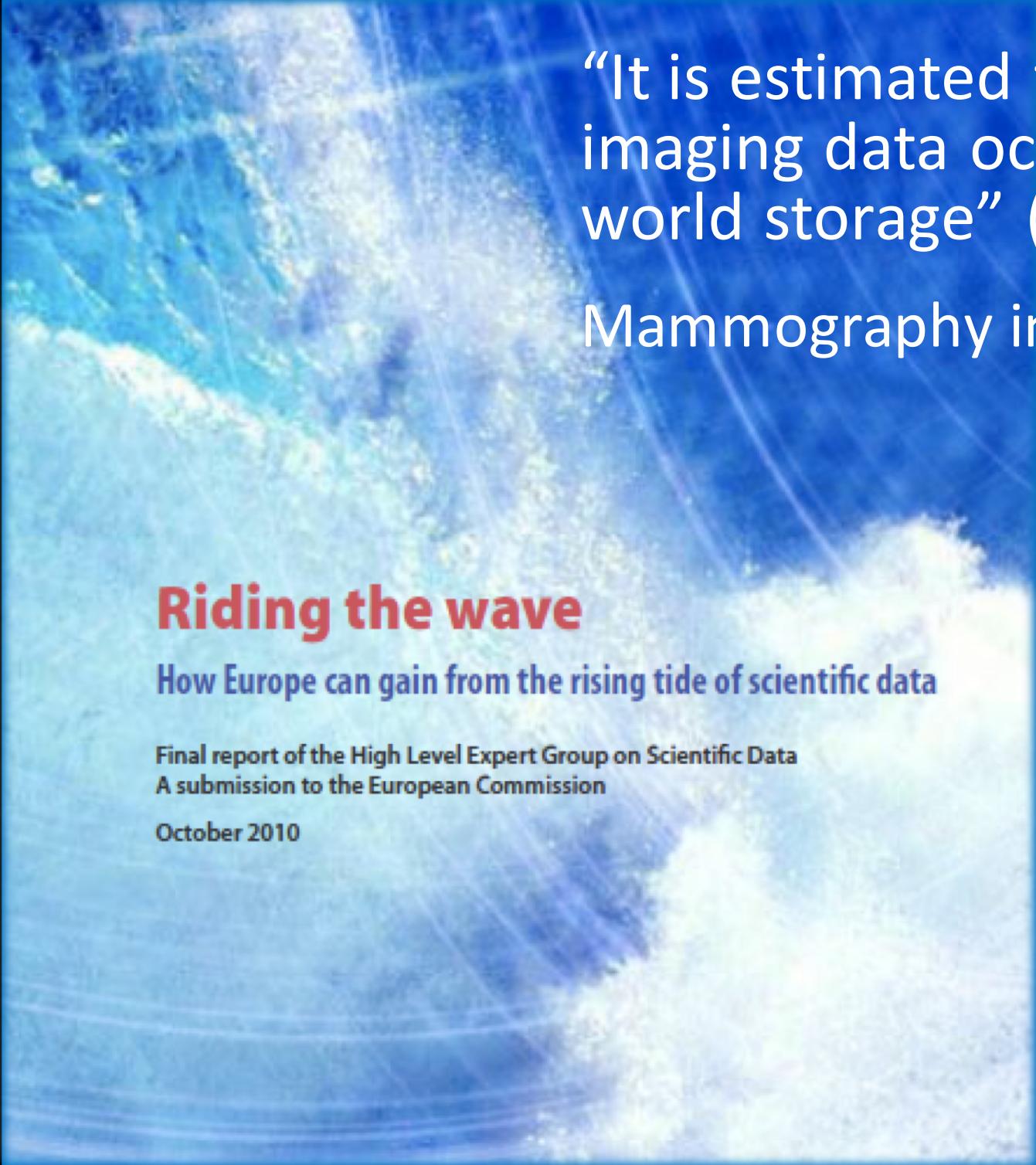


Markers for disease patterns, learned based on images + reports

We can use these features for retrieval



- Learn visual features that reflect findings / clinically relevant information
- Establish similarities between cases, and use it for search during clinical routine



“It is estimated that radiological imaging data occupies 30% of world storage” (2010)

Mammography in the US: 3PB/year

Riding the wave

How Europe can gain from the rising tide of scientific data

Final report of the High Level Expert Group on Scientific Data
A submission to the European Commission

October 2010

Big data, ...

- Three, four, five **Vs**
 - Volume, velocity, variety, veracity, value
- Big data is when data can **not easily be processed** by “normal” means
- **Thin** data (only factual)
 - A mile wide but an inch deep, facts on client behavior
- **Thick** data (data with context)
 - Understanding the why of the behavior, confirm hypotheses



Conclusions

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

