Brain Tumor Tissue Segmentation and Survivability Prediction

in BraTS 2020 MRI Scans

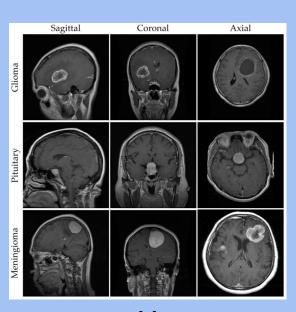
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Brain Tumor Detection & Diagnosis

- Brain Tumors: Abnormal growth in the brain, can impair function if untreated.
- MRI: High-resolution, non-invasive brain imaging.
- Challenges:
 - Diagnosis depends on variable MRI image quality and expert interpretation.
 - Invasive biopsies accurate, but painful and prone to errors.

Solution:

- Computer Vision: Improves tumor detection, segmentation, and classification.
- Enables faster, accurate, and consistent diagnosis.



Prognosis & Survivability of Brain Tumors

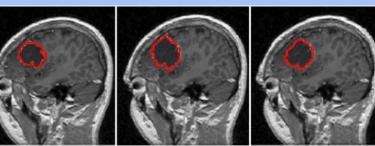
Predicting survivability directly from MRI scans can be very useful.

Challenges: Manual segmentation/annotation and prognosis prediction of MRIs is inconsistent and subjective.

Solution: DL-based segmentation of MRI Images → + Age, prediction of Survival with two separate models

Benefits: Consistency, can offer insight into correlation between tissue type and

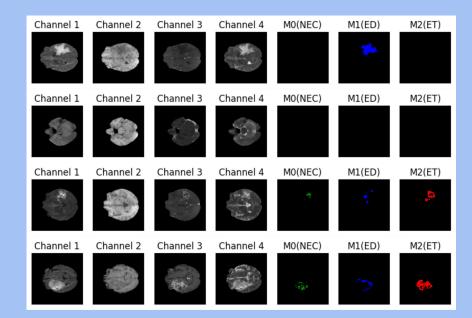
prognosis



[1]

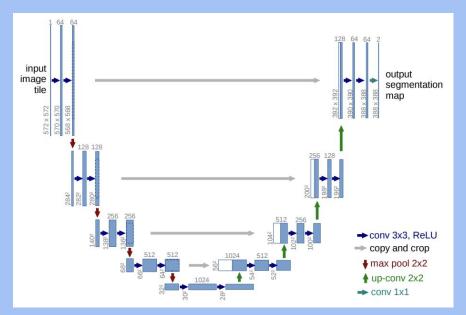
The Dataset (BraTS 2020)

- Images: Multimodal MRI scans: T1, T1Gd, T2, T2-FLAIR
 - Pre-processed: co-registered, 1
 mm³ resolution, skull-stripped
- Masks: 3 Channels Necrotic/non-enhancing tumor core
 (NEC), Peritumoral edema (ED),
 Enhancing tumor core (ET)
- Survival Data: age, #days, extent of resection (EOR)



Segmentation (UNet-based)

- Data Preprocessing Images/masks resized to 256 × 256, split 80-10-10 (train/val/test).
- UNet Biomedical Image
 Segmentation Model, ResNet-18
 encoder with ImageNet weights,
 customized segmentation head
- Dice Loss weighted to address class imbalance, measures pixel overlap
- Trained with full original model, then fine-tuned with everything frozen except custom segmentation head.



Classification (ResNet50-based)

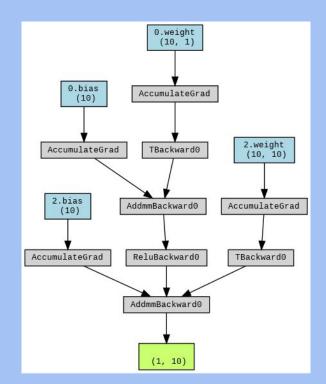
Survival Data Preprocessing: Categorized into three quantile-based bins:

Short: 5–265 days

Medium: 268–476 days

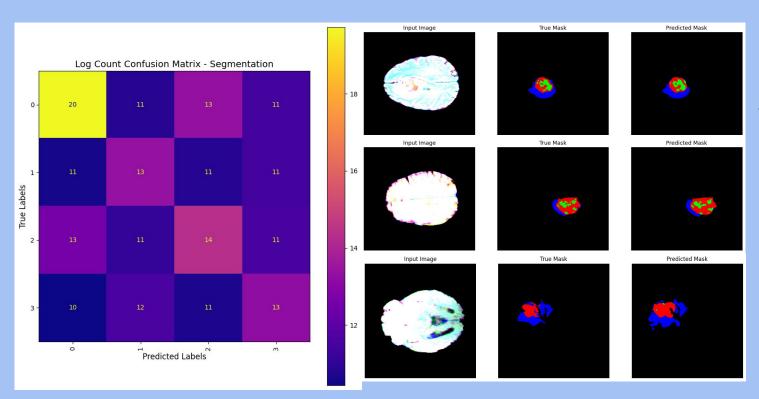
Long: 486–1767 days

- Mask Preprocessing: Masks resized to 224 × 224, stratified split 80-10-10 (train/val/test).
- Resnet50: Pre-trained on ImageNet with custom output layers and an age processing layer for combined mask and age feature classification.
- Trained the full original model with early stopping. Evaluated using cross-entropy loss



Custom age processing layer

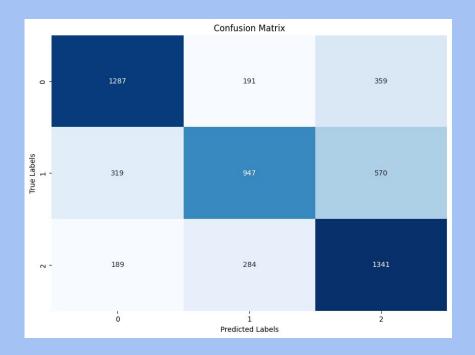
Results - UNet



Overall Testing Accuracy: 0.8986

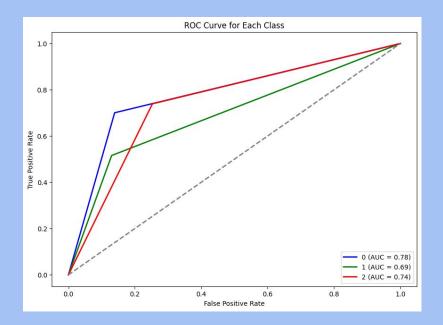
By Channels: NEC = 0.8728, ED = 0.8275, ET = 0.8942.

Results - ResNet50

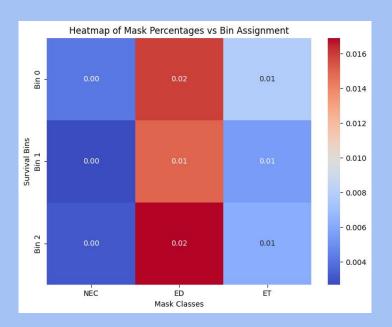


Test Loss: 0.6613 Test Accuracy: 0.6515

Bin	Accuracy
0	0.7006
1	0.5158
2	0.7393



Results - UNet + ResNet50



Before removing all black masks (Overall: 0.6014)

True Bin	Image Wise Acc(%)
0.0	0.6473
1.0	0.4586
2.0	0.6996

After removing all black masks (Overall: 0.8692)
After removing all black masks + majority vote across volume (Overall: 0.9831)

True Bin	Image Wise Acc(%)	Maj Vote Acc(%)
0.0	85.488127	97.625330
1.0	87.688098	99.316005
2.0	87.755102	97.959184

Future Directions

- Input Data Expansion: Incorporate axial, sagittal, and coronal images as input channels for segmentation and classification model
- **Data Augmentation:** Implement data augmentation techniques (e.g., rotation, flipping, brightness adjustments)
- Volume-Based Processing: Modify the ResNet50 model to take in all slices
 of a given volume as input channels instead of individual masks
- ResNet Variants: Evaluate the performance of other ResNet variants (e.g., ResNet34, ResNet101) for both segmentation Encoder and the Survival Classification Model

References

- 1. Akmalbek Bobomirzaevich Abdusalomov et al., "Brain tumor detection based on deep learning approaches and magnetic resonance imaging," *Cancers*, vol. 15, pp. 4172, August 2023.
- 2. Mahmoud Khaled Abd-Ellah et al., "A review on brain tumor diagnosis from MRI images: Practical implications, key achievements, and lessons learned," *Magnetic Resonance Imaging*, vol. 61, pp. 300–318, 2019.
- 3. Center for Biomedical Image Computing and Analytics, "BRATS 2020 dataset," 2020.
- 4. Awsaf, "BRATS 2020 training data," 2020.
- 5. B. H. Menze, A. Jakab, S. Bauer, J. Kalpathy-Cramer, K. Farahani, and J. Kirby et al., "The multimodal brain tumor image segmentation benchmark (BRATS)," *IEEE Transactions on Medical Imaging*, vol. 34, no. 10, pp. 1993–2024, 2015.
- 6. S. Bakas, H. Akbari, A. Sotiras, M. Bilello, M. Rozycki, and J. S. Kirby et al., "Advancing the cancer genome atlas glioma MRI collections with expert segmentation labels and radiomic features," *Nature Scientific Data*, vol. 4, pp. 170117, 2017.
- 7. S. Bakas, M. Reyes, A. Jakab, S. Bauer, M. Rempfler, and A. Crimi et al., "Identifying the best machine learning algorithms for brain tumor segmentation, progression assessment, and overall survival prediction in the BRATS challenge," *arXiv* preprint, vol. arXiv:1811.02629, 2018.
- 8. S. Bakas, H. Akbari, A. Sotiras, M. Bilello, M. Rozycki, and J. Kirby et al., "Segmentation labels and radiomic features for the pre-operative scans of the TCGA-GBM collection," *The Cancer Imaging Archive*, 2017.
- 9. S. Bakas, H. Akbari, A. Sotiras, M. Bilello, M. Rozycki, and J. Kirby et al., "Segmentation labels and radiomic features for the pre-operative scans of the TCGA-LGG collection," *The Cancer Imaging Archive*, 2017.
- 10. Olaf Ronneberger, Philipp Fischer, and Thomas Brox, "U-Net: Convolutional networks for biomedical image segmentation," *arXiv preprint arXiv:1505.04597*, 2015.
- 11. Reza Azad, Moein Heidari, Kadir Yilmaz, Michael Hüttemann, Sanaz Karimijafarbigloo, Yuli Wu, Anke Schmeink, and Dorit Merhof, "Loss functions in the era of semantic segmentation: A survey and outlook," *arXiv preprint arXiv:2312.05391*, 2023.

Thank You