

Deep Convolutional Encoder Networks for Multiple Sclerosis Lesion Segmentation



Tom Brosch^{1,4}, Youngjin Yoo^{1,4}, Lisa Y.W. Tang⁴, David K.B. Li^{2,4},
Anthony Traboulsee^{3,4}, and Roger Tam^{2,4}

¹Department of Electrical and Computer Engineering, UBC ²Department of Radiology, UBC

³Division of Neurology, UBC ⁴MS/MRI Research Group, The University of British Columbia, Vancouver, Canada



MS / MRI
Research Group

INTRODUCTION

- Multiple sclerosis (MS) is an inflammatory and demyelinating disease of the central nervous system, and is characterized by the formation of lesions, primarily visible in the white matter on conventional MRIs.
- Imaging biomarkers based on the delineation of lesions, such as lesion load and lesion count, have established their importance for assessing disease progression and treatment effect.
- We propose a new method for segmenting MS lesions that processes entire MRI volumes through a neural network with a novel objective function to automatically learn features tuned for lesion segmentation.

CONTRIBUTIONS

- Our network processes entire volumes instead of patches, which removes the need to select representative patches, eliminates redundant calculations where patches overlap, and therefore scales up more efficiently with image resolution.
- Our approach combines feature learning and segmentation in a single model, which allows for the automatic learning of features that are tuned towards lesion segmentation.
- We propose a new objective function based on a weighted combination of sensitivity and specificity, designed to deal with unbalanced classes, as is the case for lesions, which typically comprise less than 1% of the image voxels.

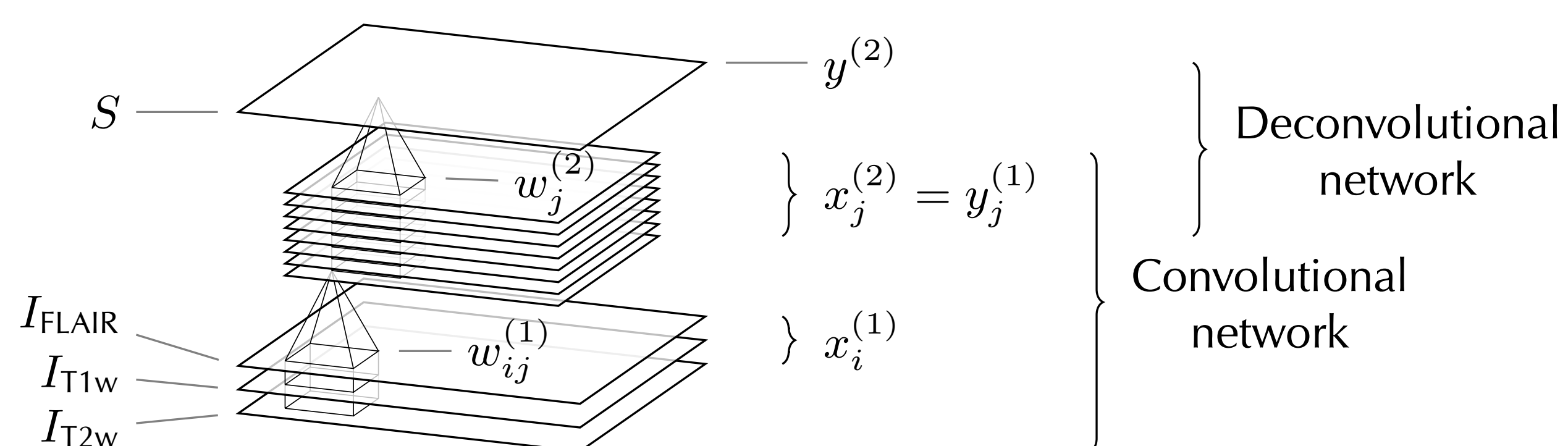
METHOD

- The task of segmenting MS lesions is defined as finding a function s that maps multi-modal images I , e.g., $I = (I_{\text{FLAIR}}, I_{\text{T1}}, I_{\text{T2}})$, to corresponding lesion masks S .
- Given a training set (I_n, S_n) , finding s is modeled as an optimization problem of the following form

$$\hat{s} = \arg \min_{s \in \mathcal{S}} \sum_n E(S_n, s(I_n))$$

where \mathcal{S} is the set of possible segmentation functions, and E is an error measure.

- The set of possible segmentation functions, \mathcal{S} , is modeled by the following 3-layer convolutional encoder network:



- The input layer is composed of the image voxels of different modalities.
- The convolutional layer extracts features from the input layer at each voxel location.
- The deconvolutional layer uses the extracted features to predict a lesion mask and thereby classify each voxel of the image in a single operation.
- The error measure, E , is a weighted sum of the mean of squared differences of the lesion voxels (sensitivity) and non-lesion voxels (specificity), reformulated to be error terms:

$$E = r \frac{\sum_{\vec{p}} (S(\vec{p}) - y^{(2)}(\vec{p}))^2 S(\vec{p})}{\sum_{\vec{p}} S(\vec{p})} + (1 - r) \frac{\sum_{\vec{p}} (S(\vec{p}) - y^{(2)}(\vec{p}))^2 (1 - S(\vec{p}))}{\sum_{\vec{p}} (1 - S(\vec{p}))}$$

ACKNOWLEDGEMENT

This work was supported by the Natural Sciences and Engineering Research Council of Canada and the Milan and Maureen Ilich Foundation.

CONTACT INFORMATION AND VIDEO

✉ brosch.tom@gmail.com
 🌐 tbrosch.blogspot.com
 🔗 linkedin.com/in/tombrosch
 📄 researchgate.net/profile/Tom_Brosch

Video:



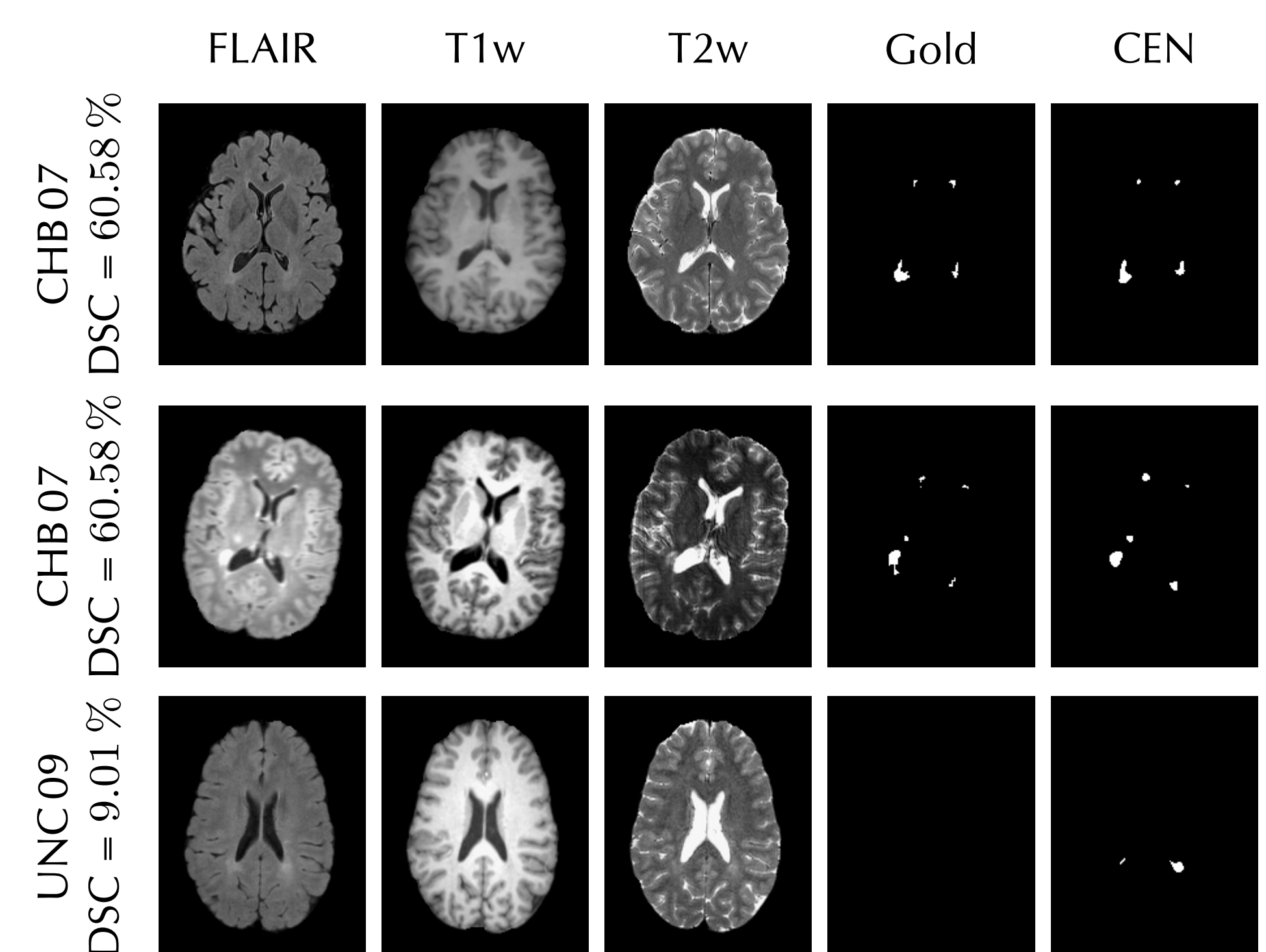
EVALUATION

► Evaluation on Public Data

Data set FLAIR, T1-, and T2-weighted MRIs of the 20 publicly available labeled cases from the MS lesion segmentation challenge 2008 [1].

Pre-processing Downsampled from the original isotropic voxel size of 0.5 mm³ to an isotropic voxel size of 1.0 mm³.

- Example segmentations of our method for three different subjects are shown below.
- Our method performed well and consistently despite the large contrast differences seen between the first two rows.
- In the third row, our method also segmented regions that have similar contrast, although these regions had not been identified as lesions by the manual rater, which highlights the difficulty in distinguishing focal lesions from diffuse damage, even for experts.



- As shown in the table below, our method compares favorably with the best methods reported on the MS lesion segmentation challenge 2008 data set.

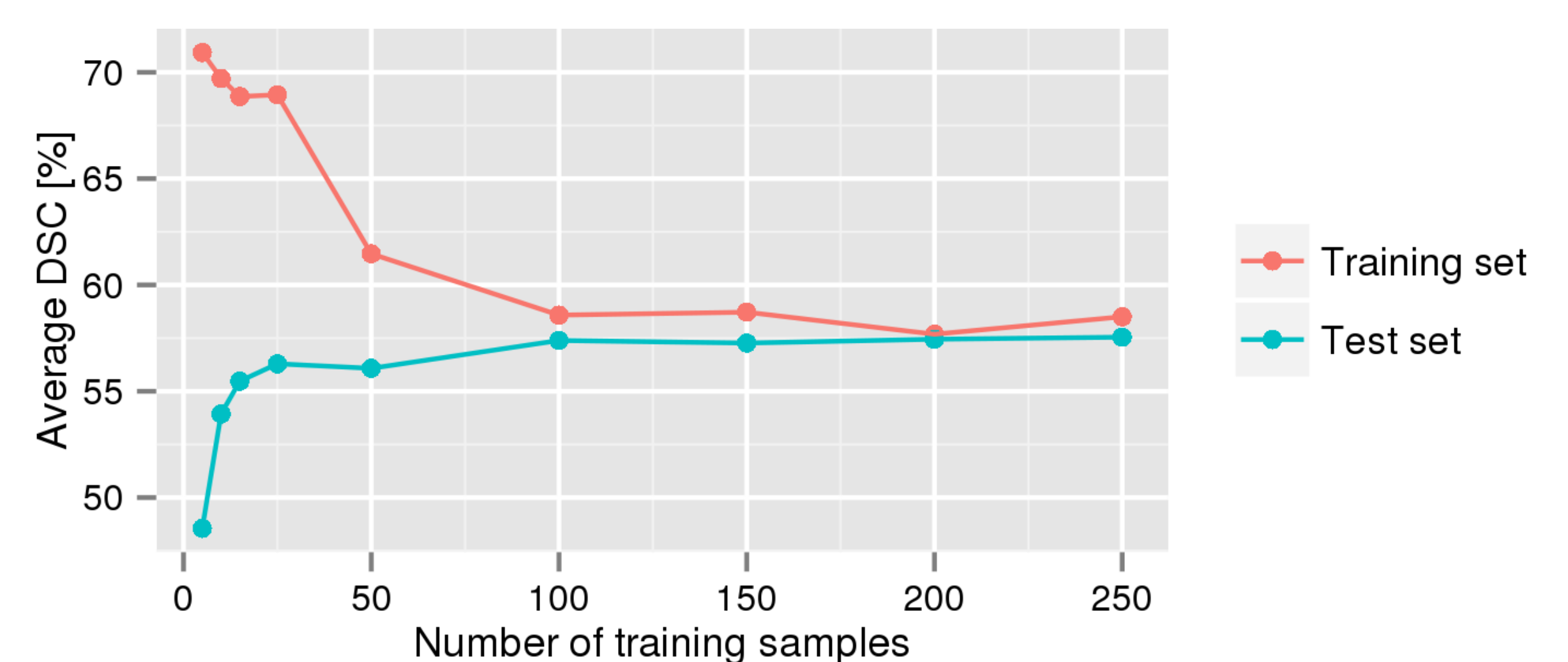
Method	TPR	PPV	DSC
Souplet et al. [2]	20.65	30.00	—
Weiss et al. [3]	33.00	36.85	29.05
Geremia et al. [4]	39.85	40.35	—
Our method	39.71	41.38	35.52

► Evaluation on a Large Data Set from an MS Clinical Trial

Data set The T2- and PD-weighted MRIs of 500 subjects acquired from 45 different scanning sites were split equally into training and test sets.

Pre-processing Rigid intra-subject registration, brain extraction, intensity normalization, and background cropping.

- Comparison of DSC scores calculated on the training and test sets for varying numbers of training samples.
- Approx. 100 samples were required to train the model without overfitting.



REFERENCES

- [1] Styner et al., "3D segmentation in the clinic: A grand challenge II: MS lesion segmentation" In: MIDAS Journal - MICCAI 2008 Workshop, pp. 1–6
- [2] Souplet et al., "An automatic segmentation of T2-FLAIR multiple sclerosis lesions." In: MIDAS Journal - MICCAI 2008 Workshop (2008)
- [3] Weiss et al., "Multiple sclerosis lesion segmentation using dictionary learning and sparse coding." In: MICCAI 2013, Part I. LNCS, vol. 8149, pp. 735–742.
- [4] Geremia et al., "Spatial decision forests for MS lesion segmentation in multi-channel MR images." In: MICCAI 2010, Part I. LNCS, vol. 6361, pp. 111–118.