

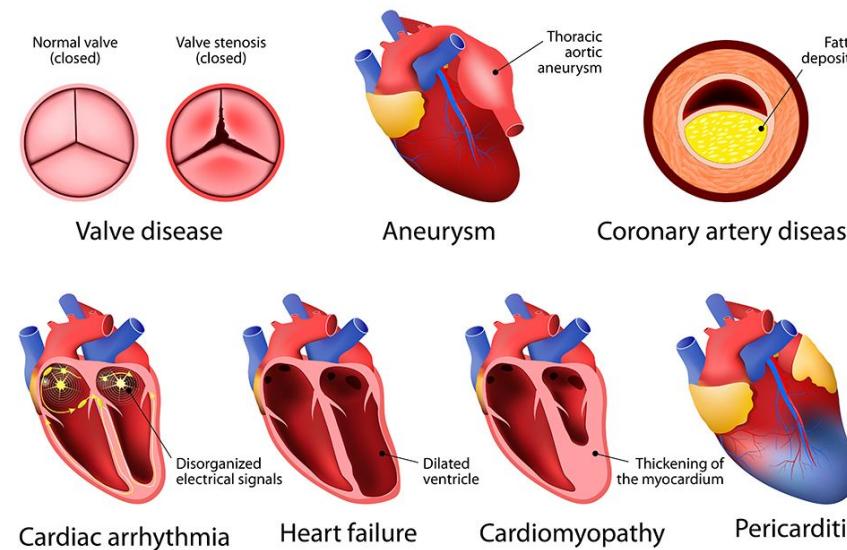
# Cardiac function & structure – Case study using DL

Medical Imaging-Deep Learning (MIDL) satellite meeting

11 July 2019



**Heart disease** is the leading cause of death globally, and evaluation of the structure and the function of the ventricles can provide useful information for diagnosis and characterization of disease.



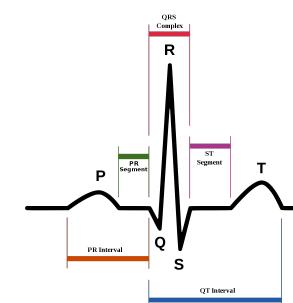
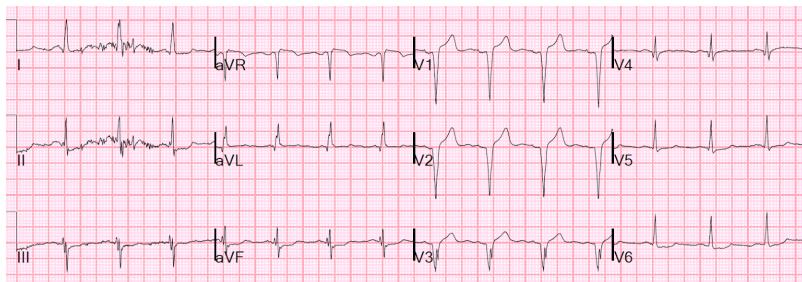
**Heart failure (HF)** is the primary cause of heart diseases, and that refers to a physiological state in which the heart is unable to pump sufficiently to maintain blood flow to meet the body's need. It usually occurs because the heart has become too weak or stiff.



# Diagnosis

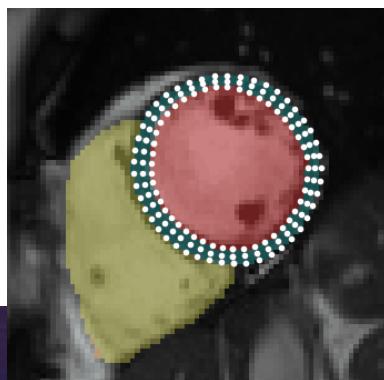
**Stress test**, which measure the health of your heart by how it responds to exercise.

**Electrocardiogram (ECG)**, which measure heart's rhythm and electrical activity.



QRS duration

**MR or ultrasound imaging** which provides structural and functional information of the heart.



Global parameters: volume, ejection fraction

Regional parameters: strain, velocity, displacements



# Clinical descriptors of cardiac function

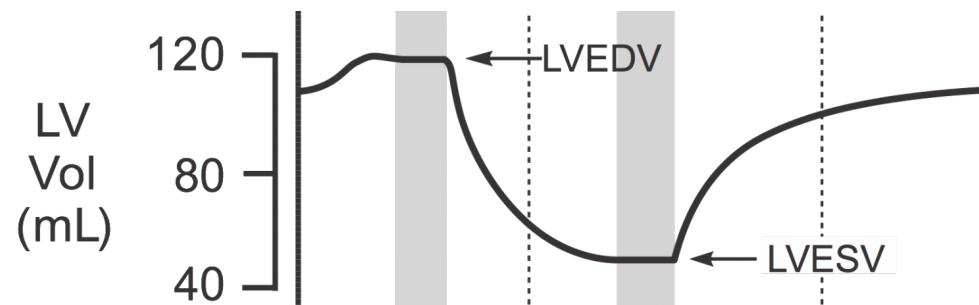
Gold standard parameters to identify cardiac patients is:

## Ejection fraction (EF)

- Computes the amount of blood of the left ventricle (LV) pumps out with each contraction.
- Represents difference between end diastolic LV volume (LVEDV) and end systolic LV volume (LVESV) as a percentage of LVEDV

$$\text{LVEF} = (\text{LVEDV} - \text{LVESV})/\text{LVEDV} * 100$$

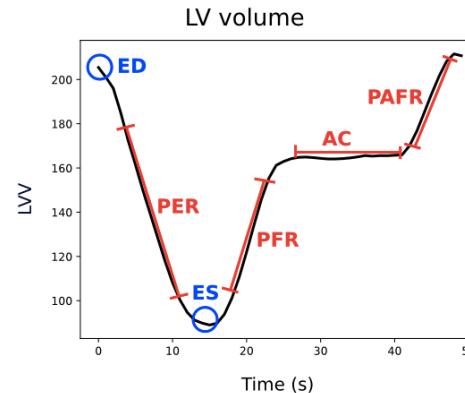
- Normal heart's ejection fraction between 50 and 70 percent



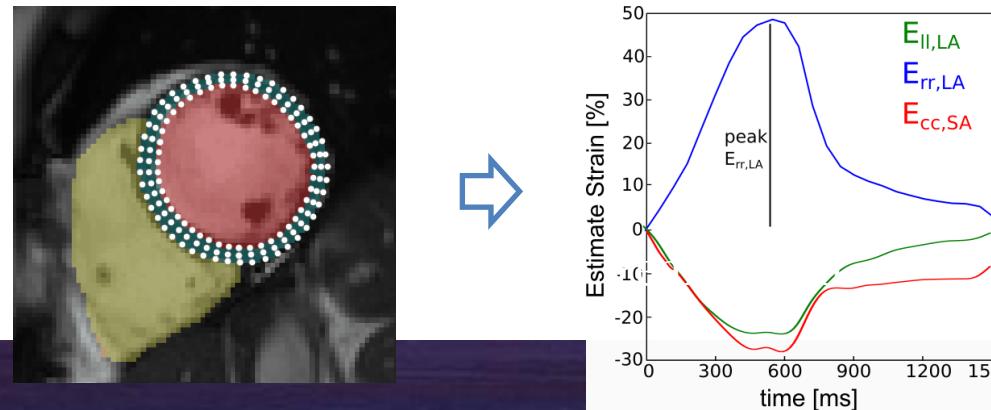


# Clinical descriptors of cardiac function

**Peak ejection and filling rates:** indices of systolic and diastolic function.



**Myocardial strain:** Quantify regional LV function (shortening, thickening and lengthening of the myocardium)





# Case study:

## Clinical database

45 subjects with cine short axis MR sequence

- Normal: 21
- Heart failure: 24

## Part 1: Automatic segmentation of cine MR sequence

## Part 2: Classification between different healthy and heart failure subjects using clinical metrics



# Data

Download file called `scd_lvsegs.npz`

- images – ED and ES cine short axis images
- segs – ED and ES segmentation of cine short axis images
- caseNames – Patient name
- caseIndices – Start and end of ED and ES for each subject
- caseTypeNames - ‘Normal’, ‘Heart Failure’
- caseVoxelSize – Voxel size
- caseTypes – 1, 2 or 3
- isEDImg – 1 for ED and 0 for ES
- segTypes – ‘Background’, ‘LV pool’



# Performances measures :

- **Accuracy:** total number of subjects correctly classified
- **Precision:** proportion of subjects among the patients with positive test result
- **Recall (SEN) :** proportion of patients correctly classified

$$\text{ACC} = (\text{TP} + \text{TN}) / (\text{TP} + \text{TN} + \text{FP} + \text{FN})$$

$$\text{PRE} = \text{TP} / (\text{TP} + \text{FP})$$

$$\text{SEN} = \text{TP} / (\text{TP} + \text{FN})$$

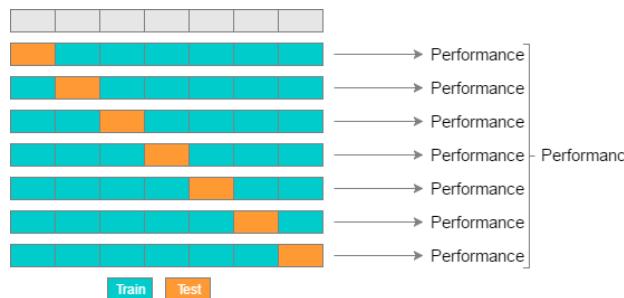


# Cross validation (balanced classes)

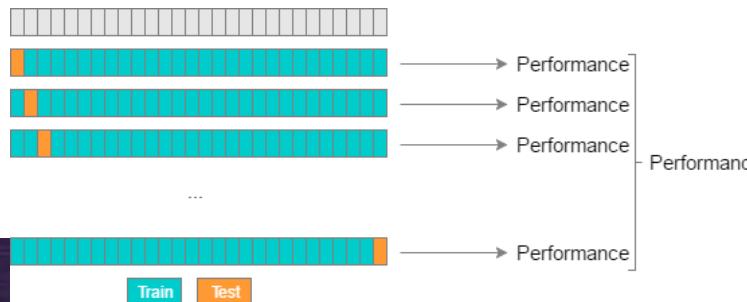
**Holdout:** Divide data into training and test set



**k-fold:** First divide the data into folds, and then apply holdout in each fold (non-exhaustive method)



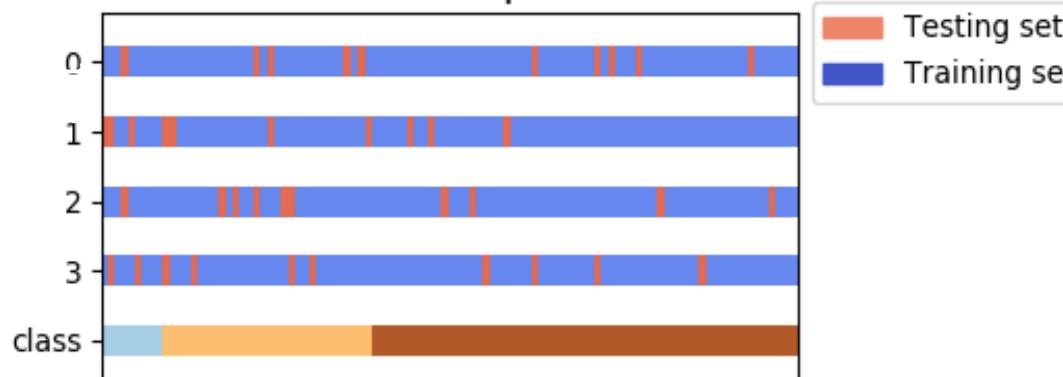
**Leave-one-out:** In each iteration there is a single sample that is reserved for testing while the others are used for training.



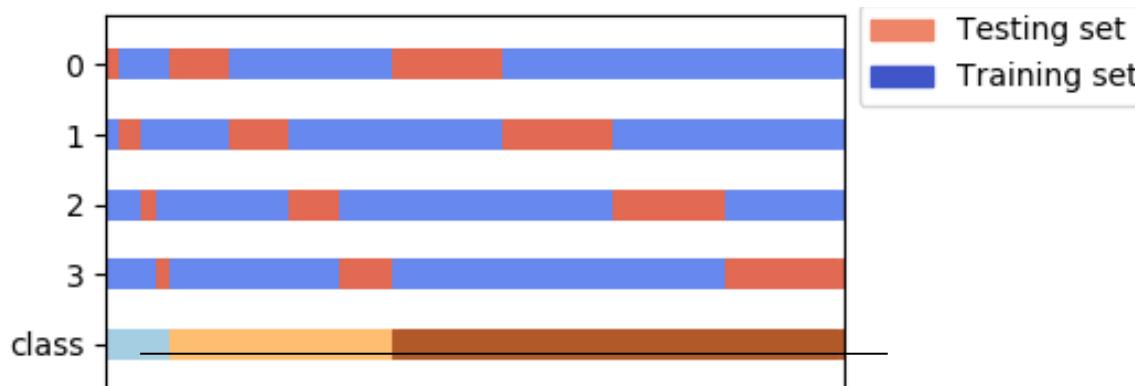


# Cross validation (unbalanced classes)

**Shuffle split:** Randomly divide data into training and test



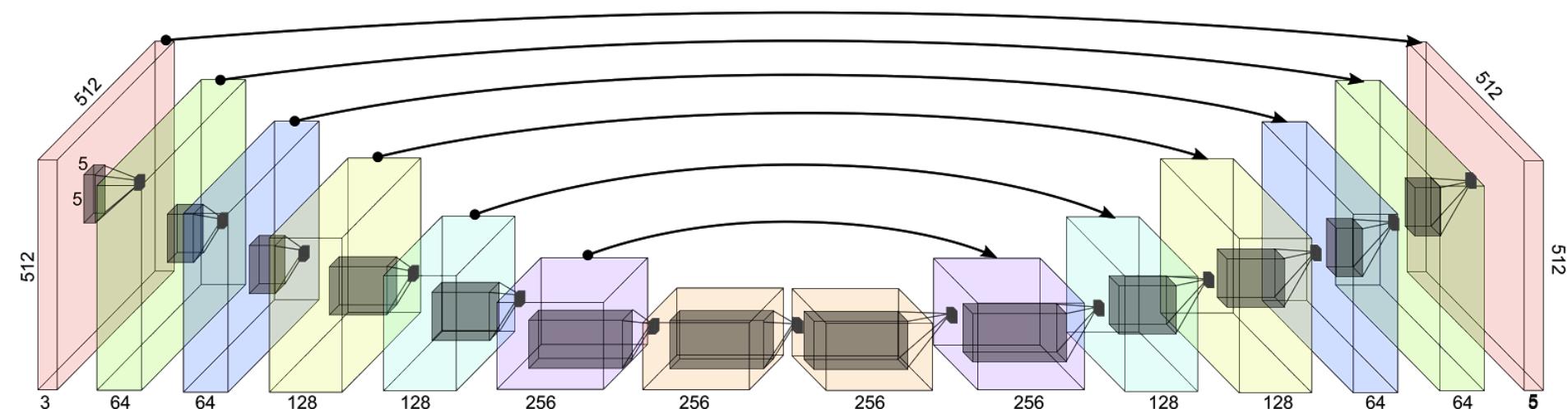
**Stratified k-fold:** variation of k-fold which returned stratified folds (each set contains approximately the same percentage of samples of each target class)





# Part 1:

**Aim:** Automatic segmentation of cine MR sequence using an autoencoder architecture

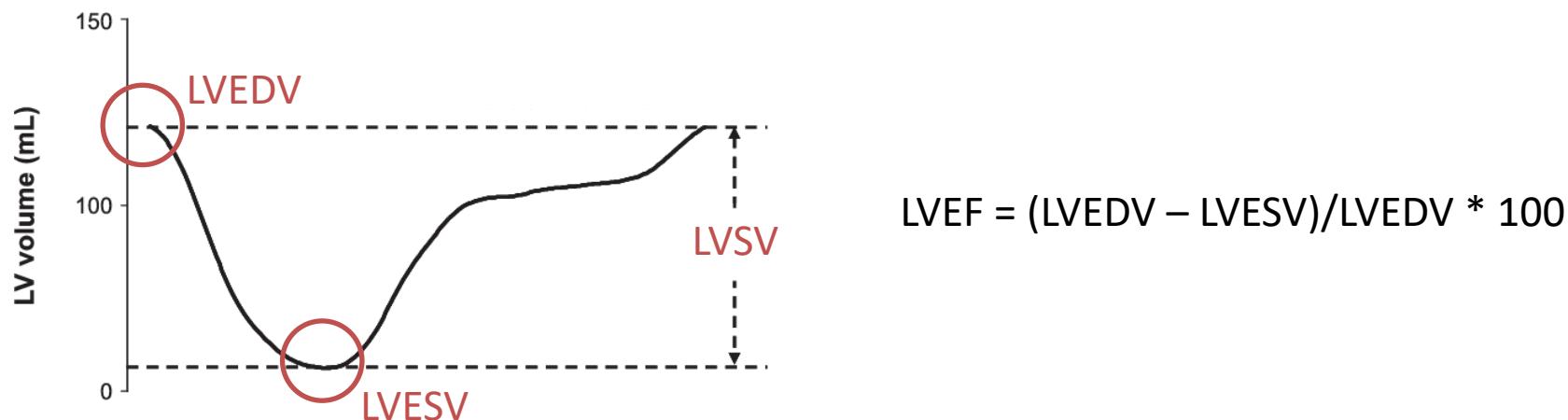




## Part 1:

**Aim:** Classification between different groups using clinical metrics

Compute LVEDV, LVESV, LSVS and LVEF and use them with a DNN for classification



Split training/test: 80/20 with balanced classes

# Questions?

Slides adapted from the Machine Learning for  
Biomedical Application course from King's College of  
London