

# Quality control in MR-only radiotherapy treatment planning using multi-task learning and uncertainty estimation

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# Talk summary

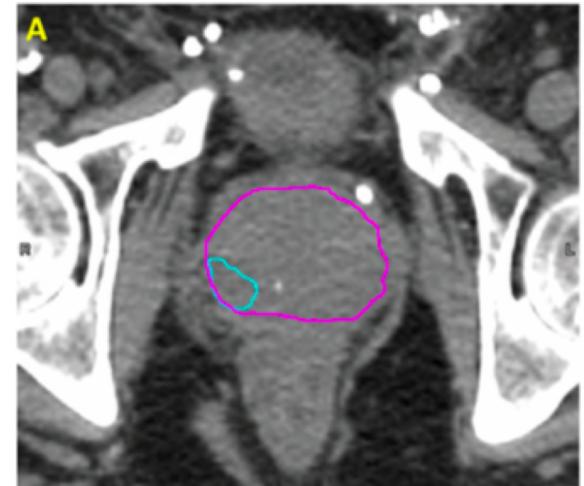
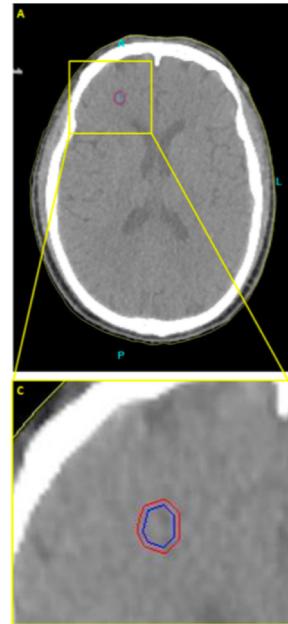
- MR-only radiotherapy treatment planning
- Methods for synthetic CT generation and organ at risk segmentation
- Deep learning for MR-only radiotherapy treatment planning [MICCAI & MIDL 2018]

# Automated CT synthesis and OAR segmentation from MRI

- Treatment planning requires both computed tomography (CT) and magnetic resonance imaging (MRI)

## With only CT

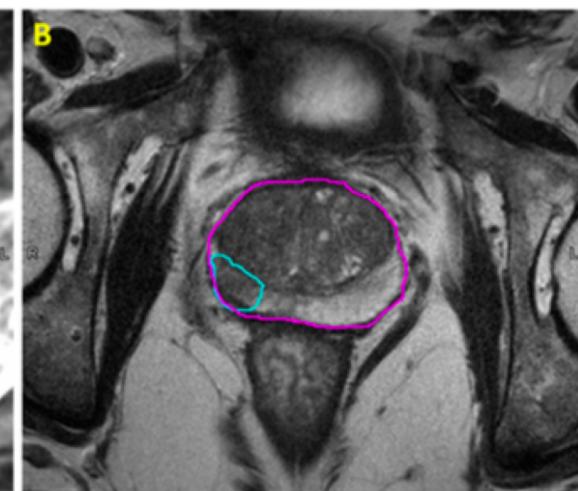
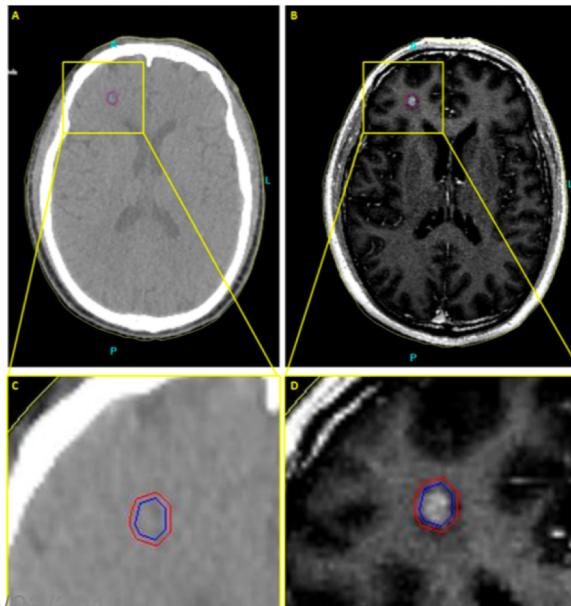
- No contrast between tumour and surrounding normal tissue
- Errors in the delineation of OARs



Figures from Phys.Med.Bio  
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# Automated CT synthesis and OAR segmentation from MRI

With MRI

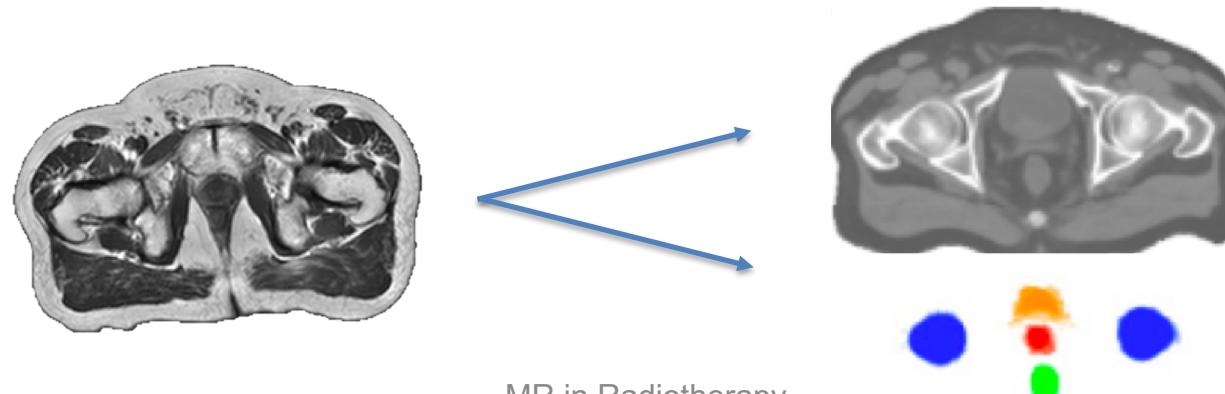


## Difficulties introduced with MR-CT registration

- Image registration of MR to CT scans
  - Introduces geometrical uncertainty: ~2mm in brain and ~2-3mm for prostate [Haider et al. 2018]
  - Systematic errors → shift high dose regions away from target + geometric miss
- Unnecessary CT scanning → radiation dose, patient time and imaging costs

## MR-only radiotherapy treatment planning

- No image registration – generate a synthetic CT scan directly from MR
- Segmentation of key structures performed using MR scans with high soft-tissue contrast

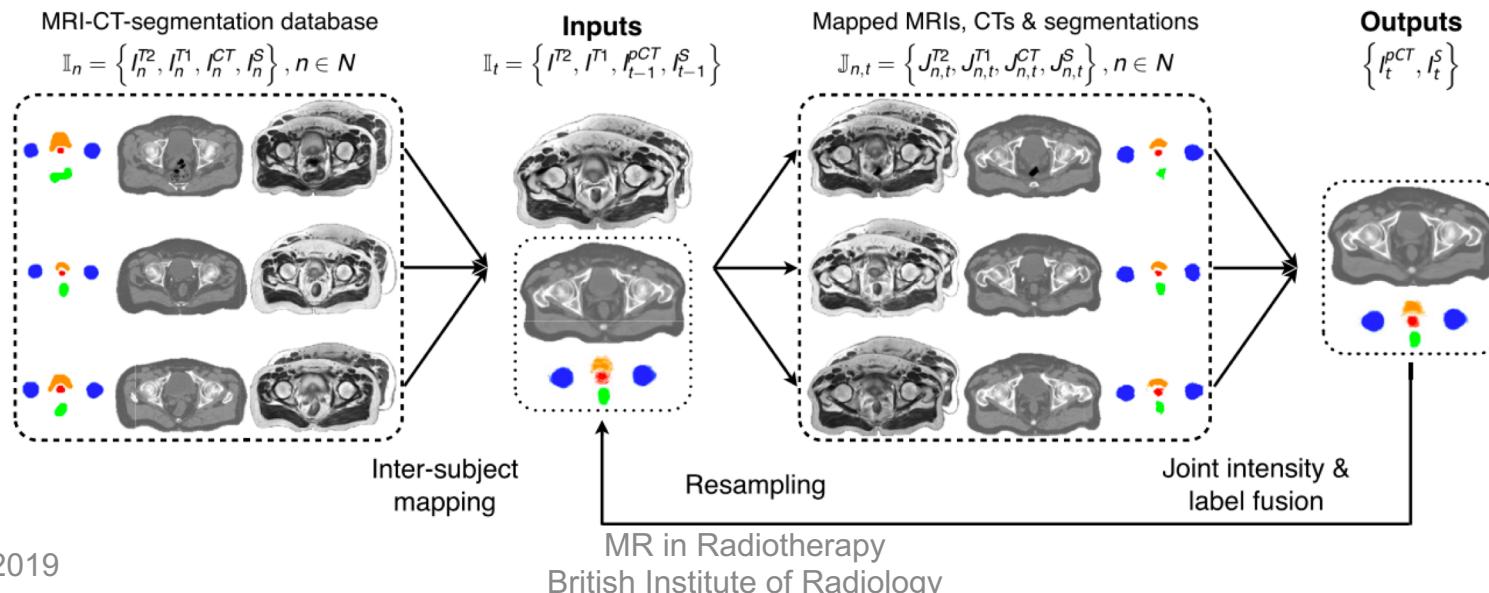


# MR-only radiotherapy treatment planning

- Traditional methods
  - Label fusion: registration, propagation and fusion [Burgos et al., 2017]
- Machine learning
  - Generative models [Cardoso et al., 2015]
  - Random forest regression [Jog et al., 2017]
  - Convolutional neural networks [Wolterink et al., 2017]

# Traditional methods for synCT generation and OAR segmentation

- Registration, propagation and fusion [Burgos et al., 2017]



# Traditional methods for synCT generation and OAR segmentation

- **Limitations**
  - Data sharing: the algorithm by itself is useless..
  - No concept of uncertainty: what are the errors in the synCT and segmentation?
  - Fully deterministic
  - Requires inter-patient registration (>10) at every iteration of the algorithm

# Deep learning for synCT generation and OAR segmentation

## Limitations of old methods

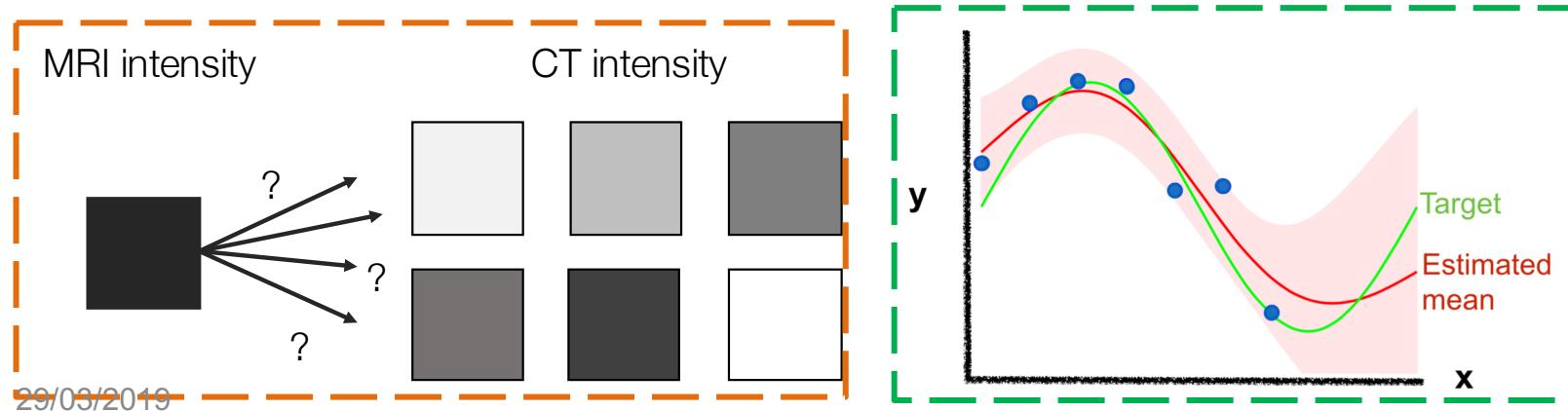
1. Data sharing issue
2. Fully deterministic system
3. No concept of uncertainty
4. Inter-patient registration is required

## Using deep learning

1. Share derived model-parameters
2. Fully probabilistic – knowledge of the model that generates the synCT or segmentation
3. Model uncertainty in the process
4. Very fast! (for 1 patient: 10 seconds versus 24hours)

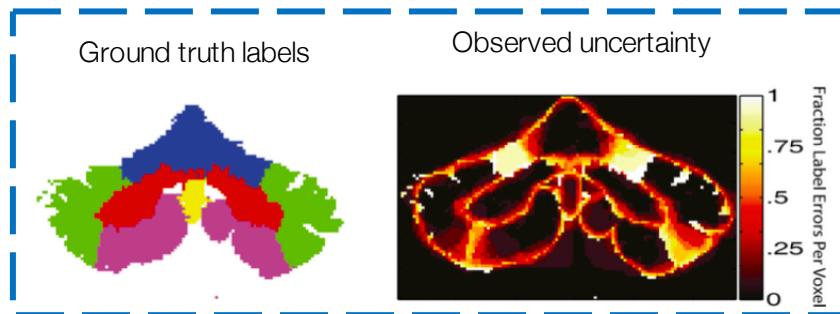
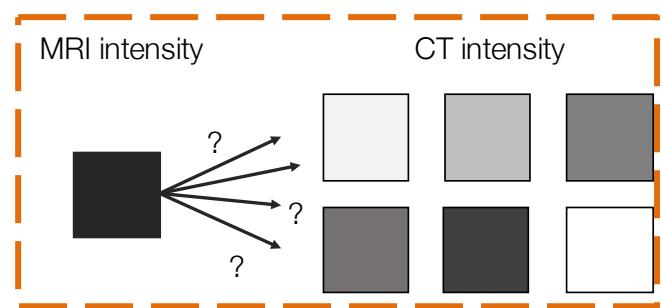
## Our work

- Desirable properties of the CNN
  - a) Accurate prediction for the synCT and the OAR segmentations
  - b) Knowledge of the uncertainty in the predictions to be exploited for quality control
  - c) Ability to sample from the model to generate realistic predictions for probability dose delivery



## What is task uncertainty?

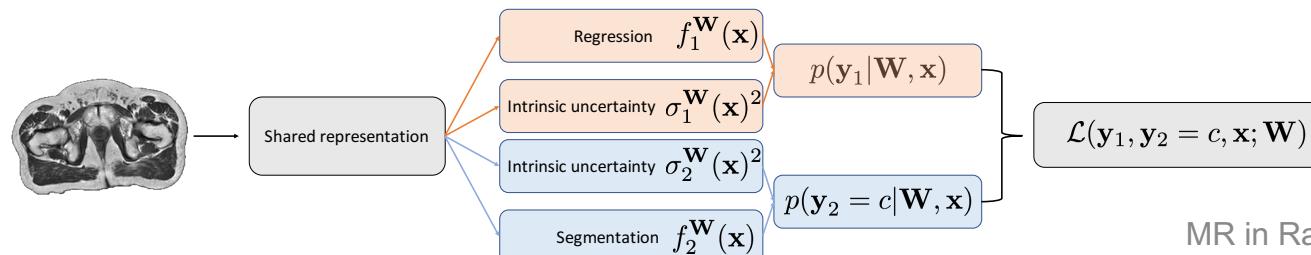
- Inherent ambiguity in the problem
- Uncertainty is spatial varying e.g. organ segmentation
- We want to be able to predict this uncertainty
- Why?
  - It can improve the quality of the predictions
  - Knowledge of this uncertainty can be used for quality control in the synthetic CT



## Our contribution

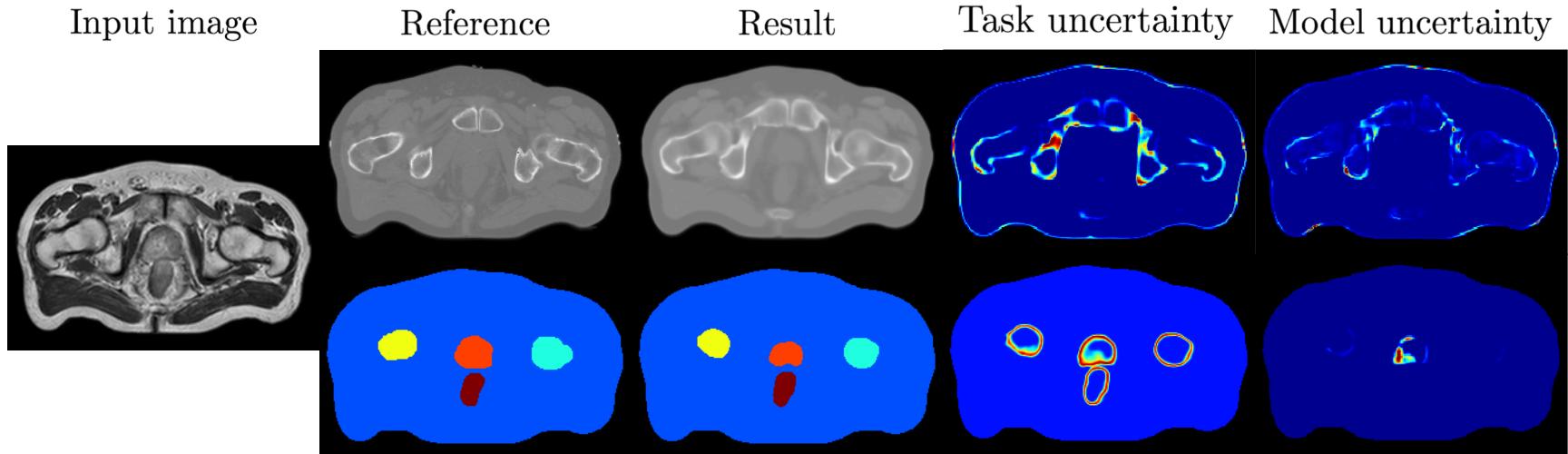
- Probabilistic multi-task network
  - Shared network + **regression** and **segmentation** specific branches
- Predict task-specific uncertainty for regression and segmentation to analyse model predictions
- Applied Bayesian modelling to enable stochastic sampling at test time

$$\mathcal{L}(\mathbf{y}_1, \mathbf{y}_2 = c, \mathbf{x}; \mathbf{W}) = \frac{\|\mathbf{y}_1 - f_1^{\mathbf{W}}(\mathbf{x})\|^2}{2\sigma_1^{\mathbf{W}}(\mathbf{x})^2} + \frac{\text{CE}(f_2^{\mathbf{W}}(\mathbf{x}), \mathbf{y}_2 = c)}{2\sigma_2^{\mathbf{W}}(\mathbf{x})^2} + \log\left(\sigma_1^{\mathbf{W}}(\mathbf{x})^2 \sigma_2^{\mathbf{W}}(\mathbf{x})^2\right)$$



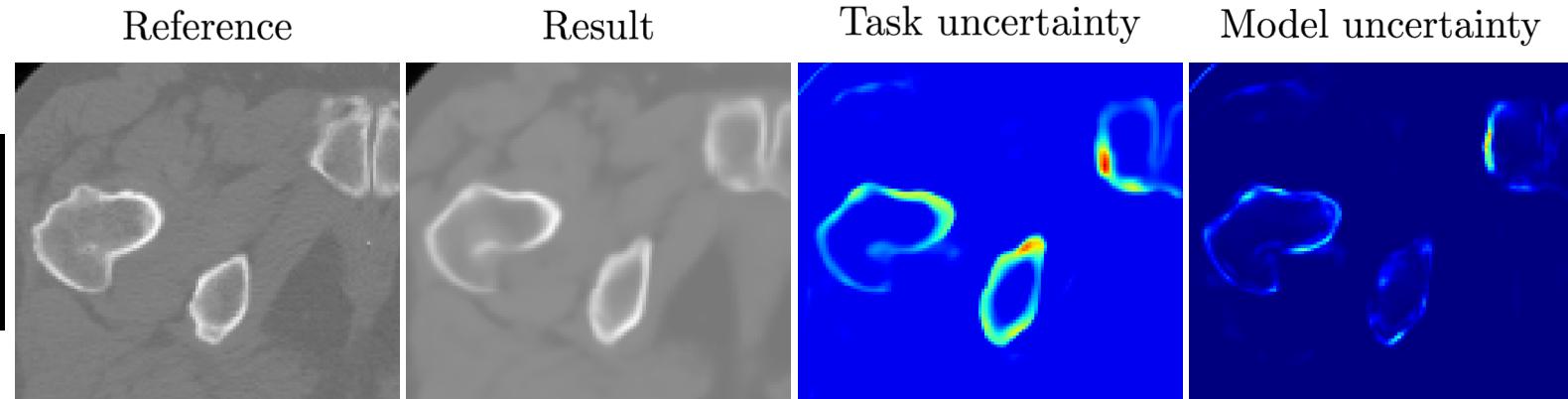
## Experiment on 15 prostate cancer patients

- 3-fold cross-validation for training and testing



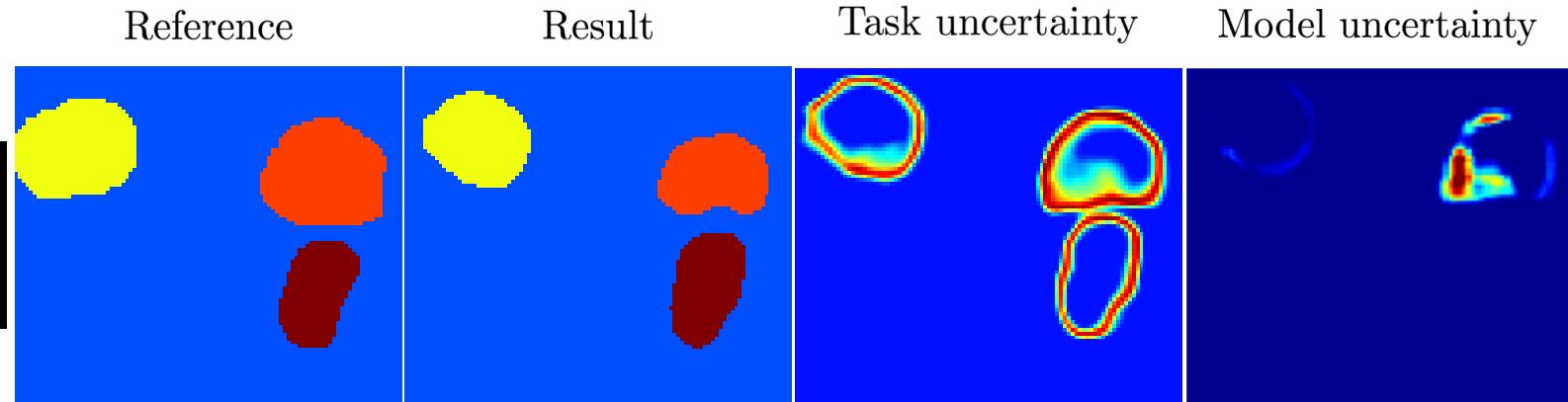
## Experiment on 15 prostate cancer patients

- 3-fold cross-validation for training and testing



## Experiment on 15 prostate cancer patients

- 3-fold cross-validation for training and testing



## Main results

1. Our model outperforms all baseline models including label fusion [Burgos et al., 2017]

Models	All	Bone	L femur	R femur	Prostate	Rectum	Bladder
Regression - synCT - Mean Absolute Error (HU)							
HighResNet [7]	<b>48.1(4.2)</b>	<b>131(14.0)</b>	78.6(19.2)	<b>80.1(19.6)</b>	<b>37.1(10.4)</b>	63.3(47.3)	<b>24.3(5.2)</b>
HighResNet + dropout	<b>47.4(3.0)</b>	<b>130(12.1)</b>	78.0(14.8)	77.0(13.0)	<b>36.5(7.8)</b>	67(44.6)	<b>24.1(7.5)</b>
HighResNet + dropout + hetero [6]	44.5(3.6)	128(17.1)	75.8(20.1)	74.2(17.4)	31.2(7.0)	56.1(45.5)	17.8(4.7)
Multi-task + homo noise weighting [1]	44.3(3.1)	126(14.4)	74.0(19.5)	73.7(17.1)	29.4(4.7)	58.4(48.0)	18.2(3.5)
Multi-atlas propagation [5]	45.7(4.6)	125(10.3)	-	-	-	-	-
Multi-task + dropout + hetero	43.3(2.9)	121(12.6)	69.7(13.7)	67.8(13.2)	28.9(2.9)	55.1(48.1)	18.3(6.1)



Multi-atlas propagation [5]                          45.7(4.6)                  125(10.3)  
Multi-task + dropout + hetero                          43.3(2.9)                  121(12.6)

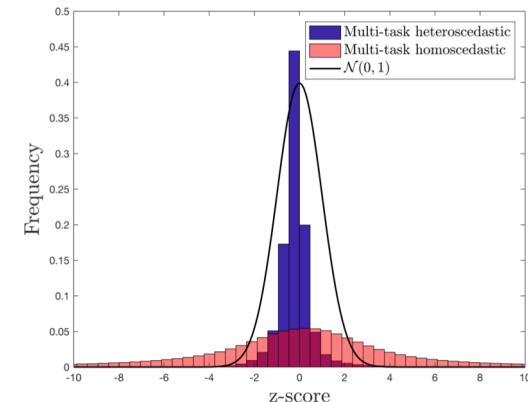
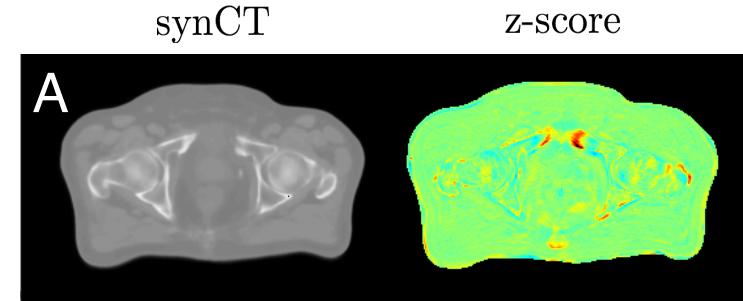
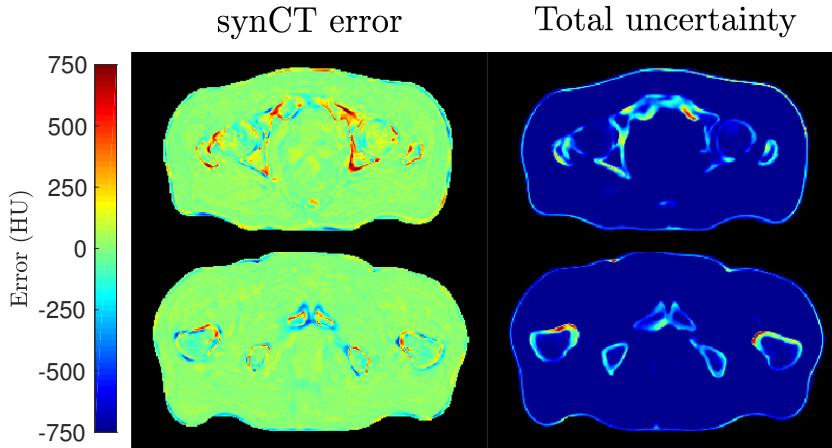
## Main results

- Equivalent results with state of the art in segmentation
- Label fusion method used 3D T1/T2 scans...we trained only using 2D slices from T2

	<i>L</i> femur	<i>R</i> femur	Prostate	Rectum	Bladder
Multi-atlas propagation [5]	0.89(0.02)	0.90(0.01)	0.73(0.06)	0.77(0.06)	0.90(0.03)
Multi-task + dropout + hetero	0.91(0.02)	0.91(0.02)	0.70(0.06)	0.74(0.12)	0.93(0.04)

## Using uncertainty for quality control

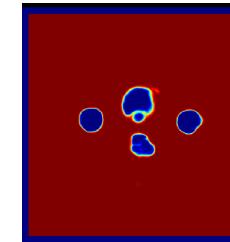
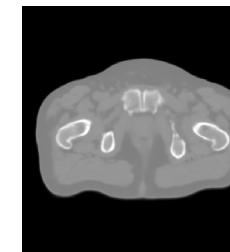
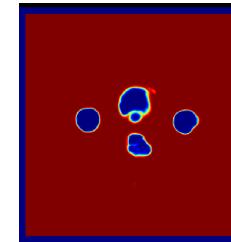
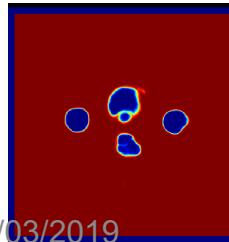
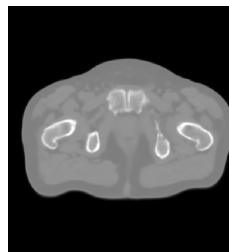
- Predicted uncertainty in the synCT correlates strongly with areas of high error
- Uncertainty is well calibrated



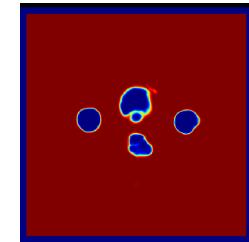
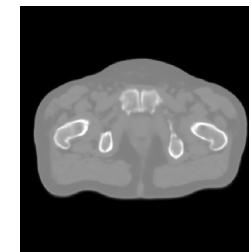
## Sampling from the model for probabilistic dose delivery estimations

- Bayesian model so we can sample from the posterior distribution at test time
- Generate multiple realistic realisations of the synCT given an MR scan
- Used in probabilistic dose delivery algorithms

Samples from the posterior



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Thank you for listening

- [1] Bragman et al. *Uncertainty in multitask learning: joint representations for probabilistic MR-only radiotherapy planning*, MICCAI 2018
- [2] Bragman et al. Quality control in radiotherapy-treatment planning using multi-task learning and uncertainty estimation, MIDL 2018
- Code will be released open-source as part of the NiftyNet package ([www.niftynet.io](http://www.niftynet.io))
- Download @ **pip install niftynet**



29/03/2019

MR in Radiotherapy  
British Institute of Radiology

