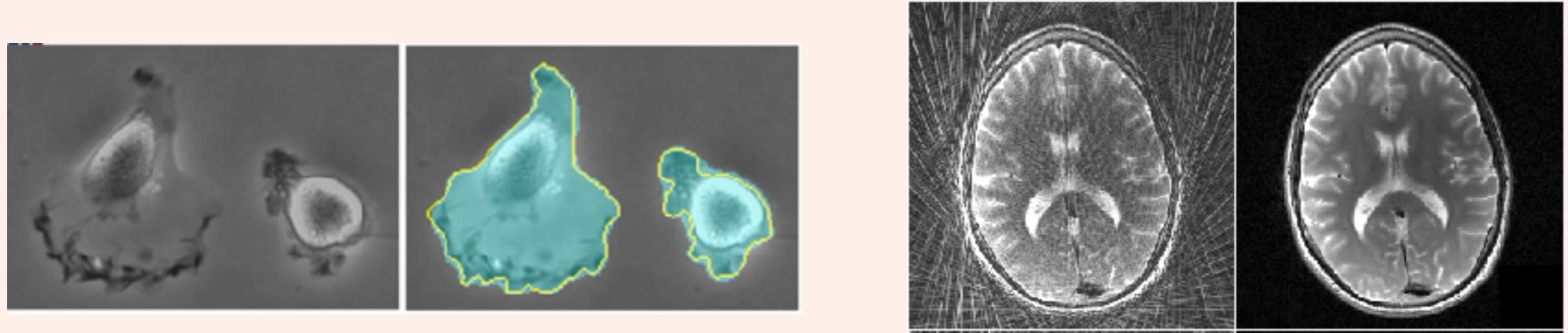


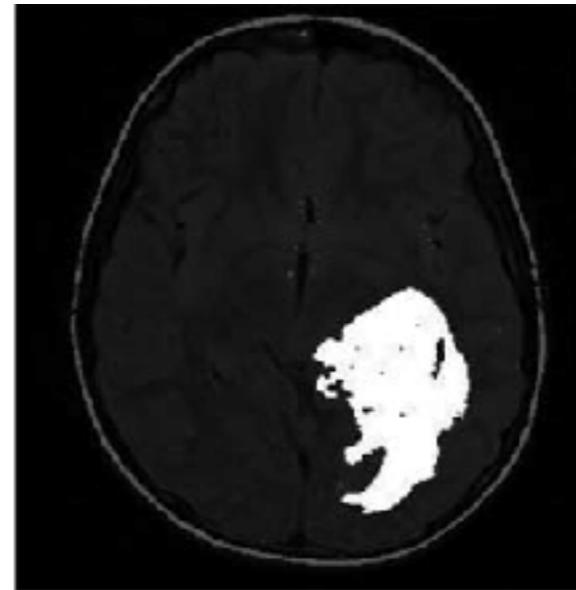
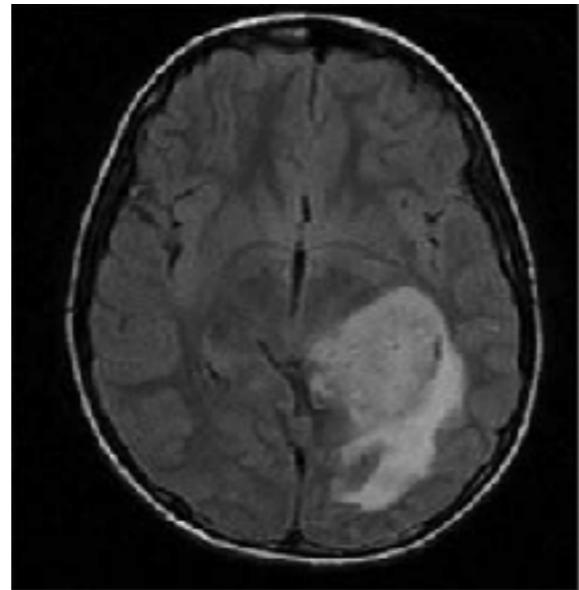
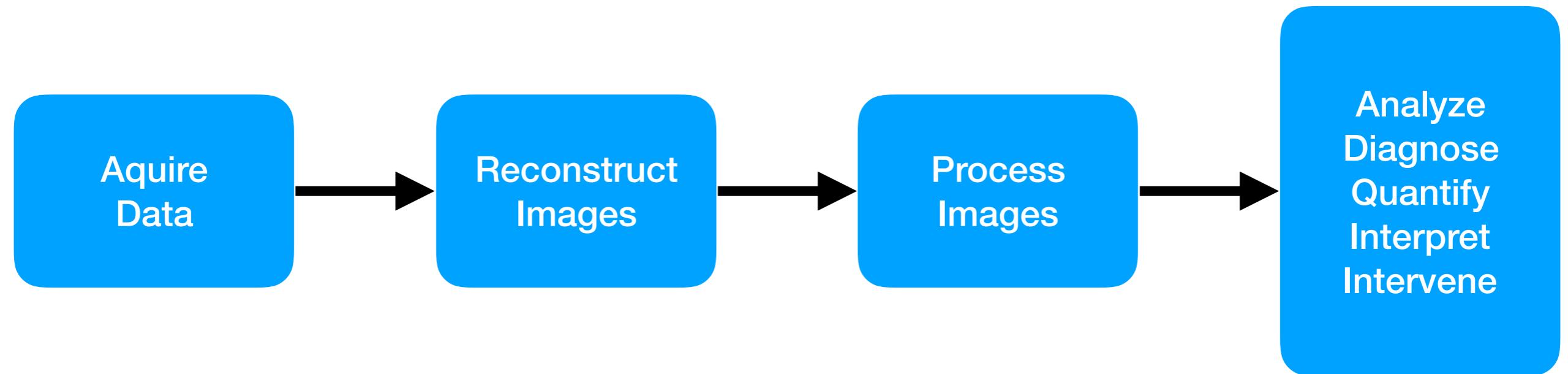
# Deep Learning in Biomedical Imaging: Analysis and Reconstruction



Greg Ongie  
Postdoc, Department of Statistics  
University of Chicago

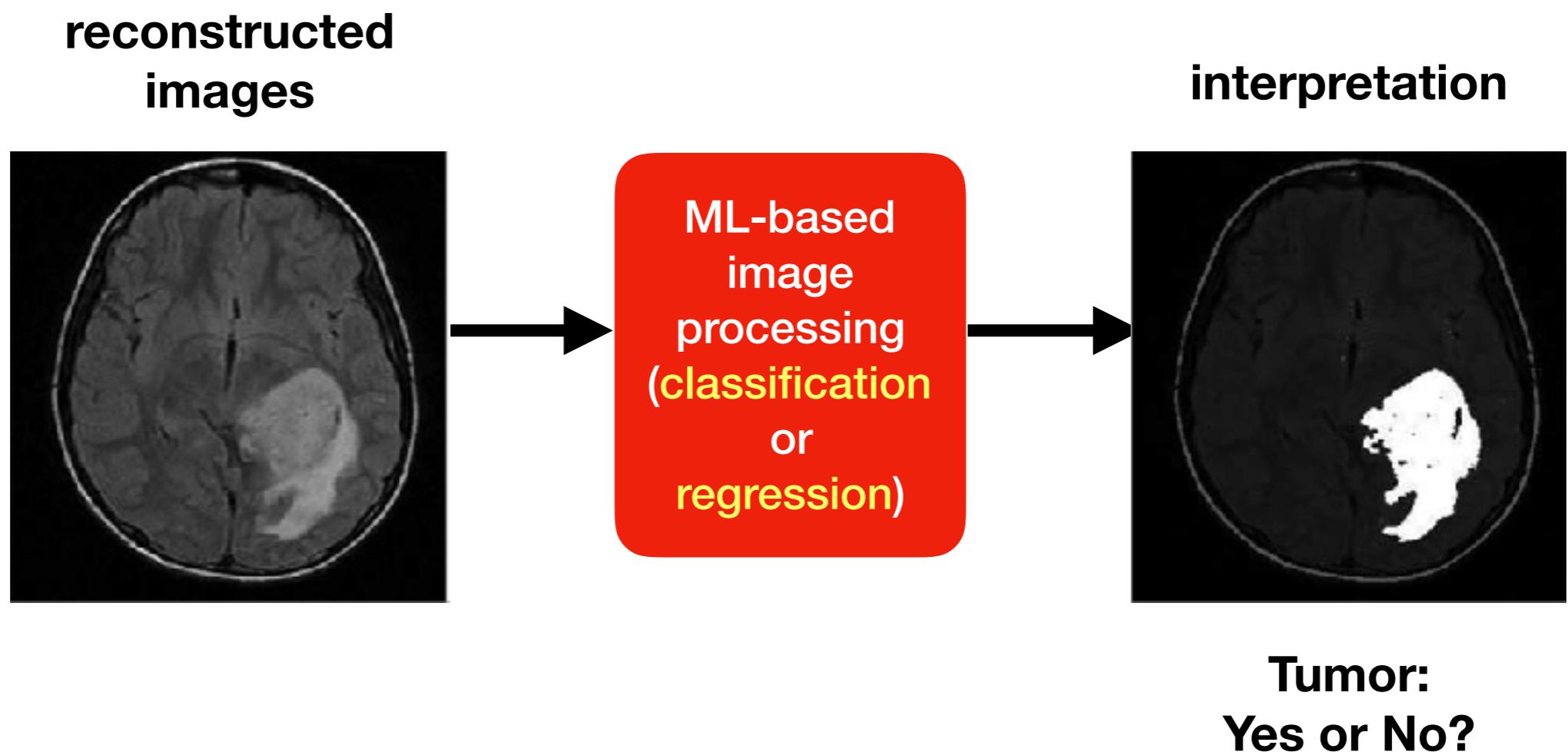
Guest Lecture  
Machine Learning for Biomedical Informatics  
August 22, 2019

# Biomedical imaging pipeline



# Machine learning in biomedical imaging

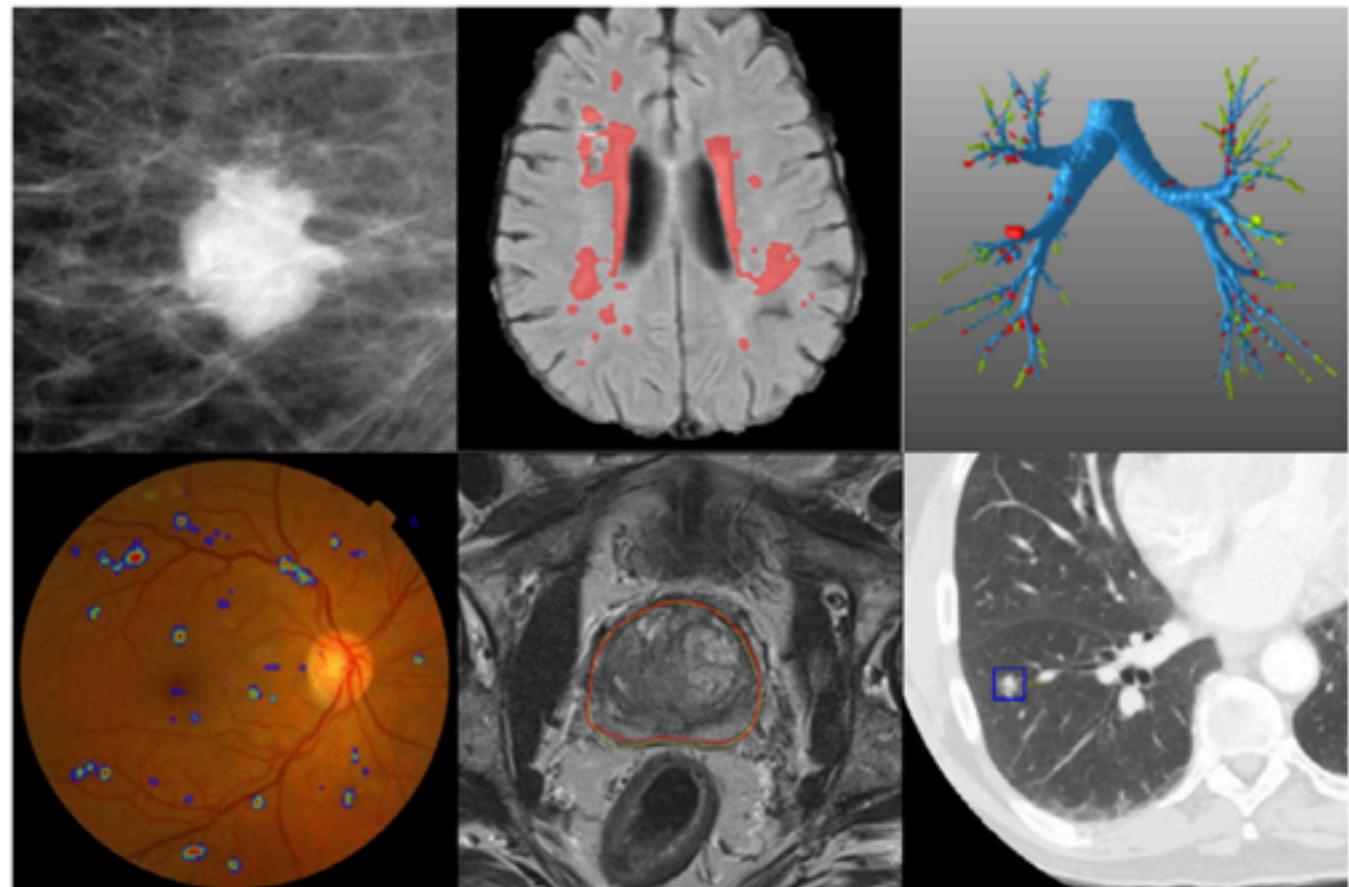
Most obvious place for machine learning in post-processing



# Deep learning in medical image analysis

Deep learning methods achieve state-of-the-art results on a wide variety of **image analysis** tasks:

- mammography mass classification
- segmentation of lesions in the brain
- leak detection in airway tree segmentation
- diabetic retinopathy classification
- prostate classification
- lung nodule classification



 ELSEVIER

Medical Image Analysis

journal homepage: [www.elsevier.com/locate/media](http://www.elsevier.com/locate/media)

---

Survey Paper

A survey on deep learning in medical image analysis

Geert Litjens\*, Thijs Kooi, Babak Ehteshami Bejnordi, Arnaud Arindra Adiyoso Setio, Francesco Ciompi, Mohsen Ghafoorian, Jeroen A.W.M. van der Laak, Bram van Ginneken, Clara I. Sánchez

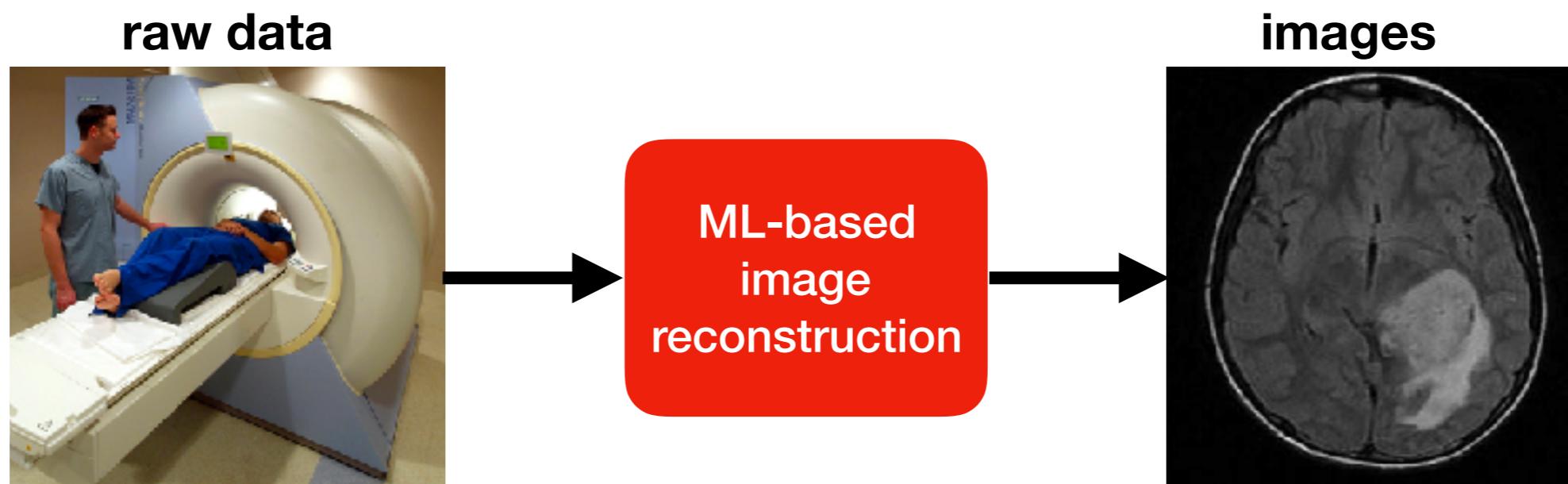
Diagnostic Image Analysis Group, Radboud University Medical Center, Nijmegen, The Netherlands

---

 CrossMark

# Machine learning for image recon?

Another (initially less obvious?) place for machine learning: **image recon**



Possibly easier (than diagnosis) due to lower bar:

- current reconstruction methods based on simplistic image models
- human eyes are better at detection (tumor vs. no tumor)  
than they are at **converting raw data to images**

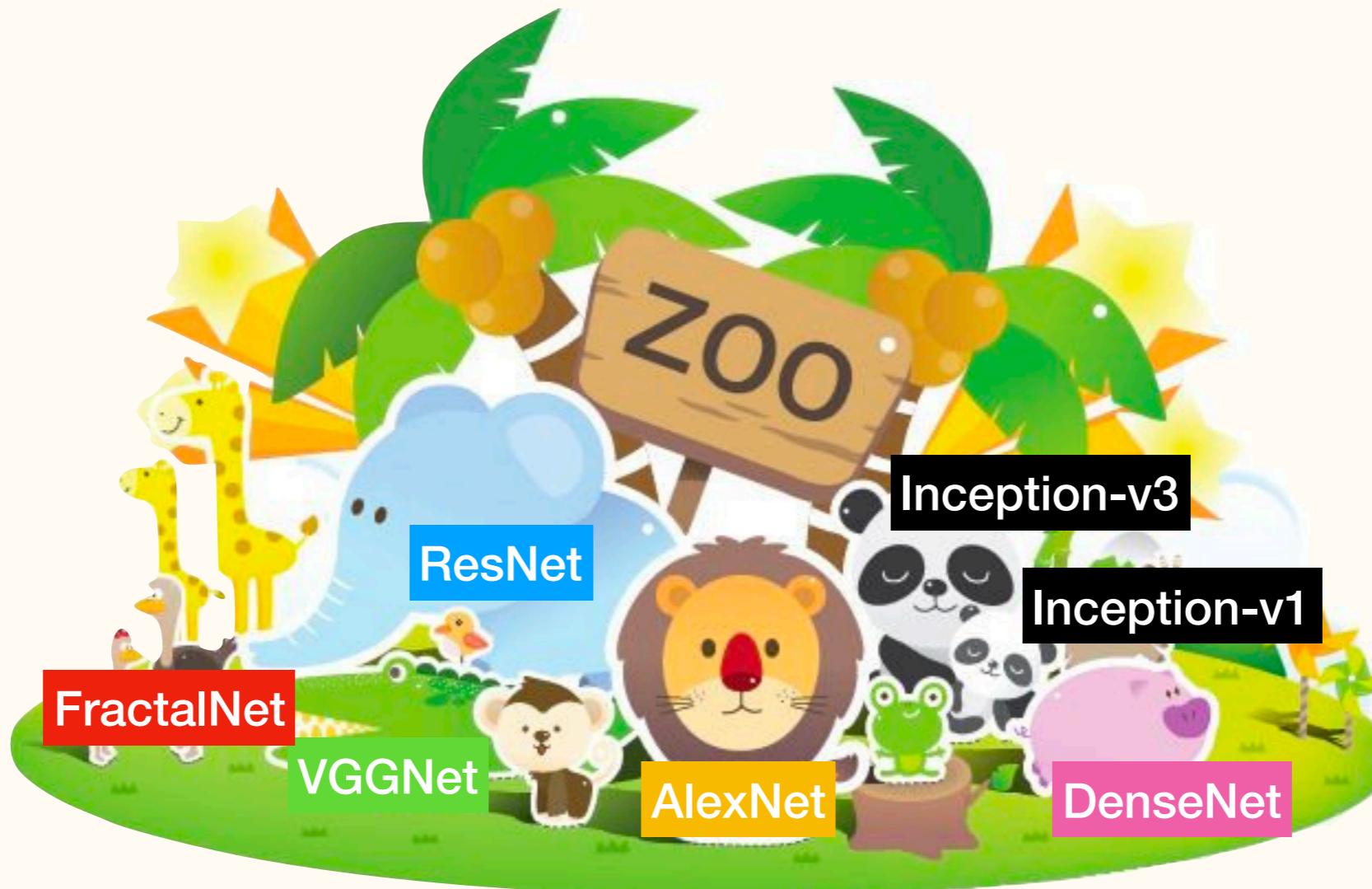


# Outline:

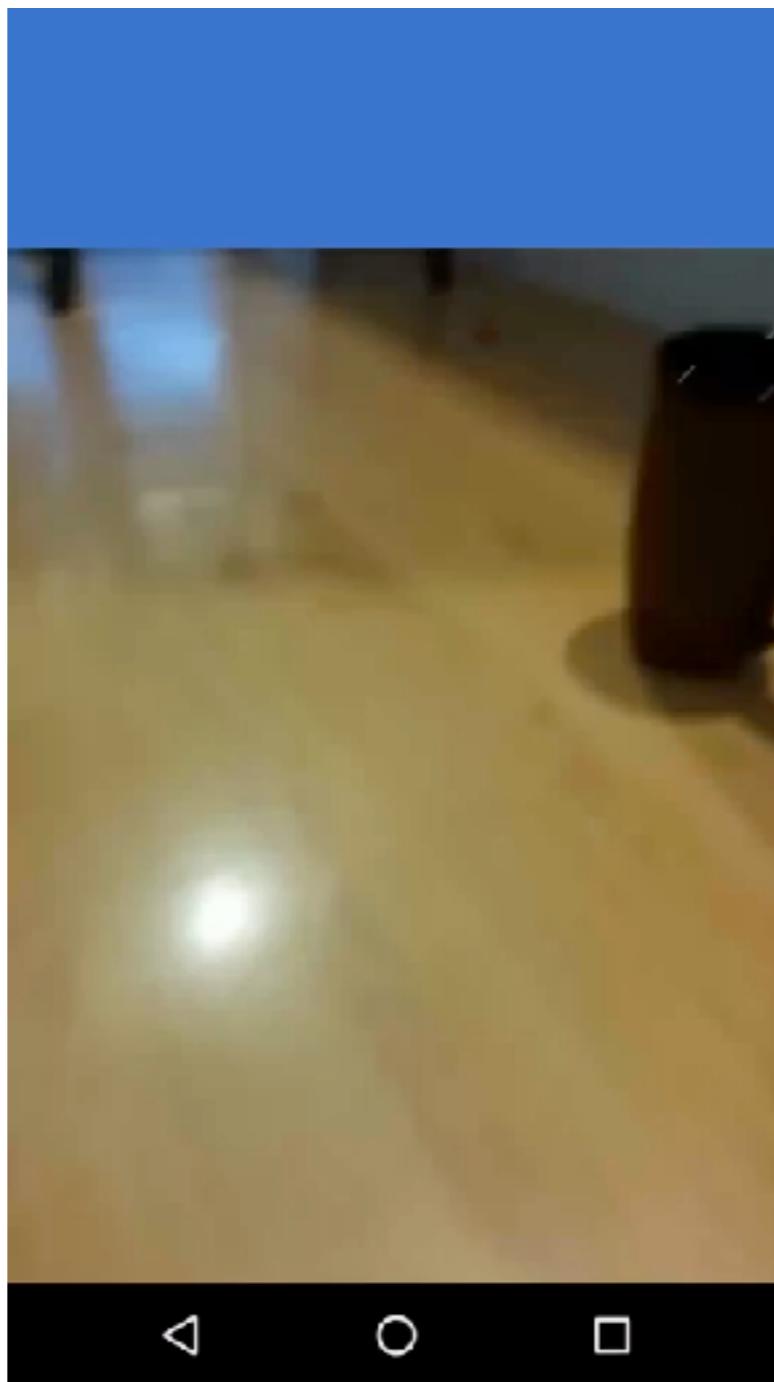
- I. Deep learning for biomedical image analysis (60 min)
  - 1. The CNN zoo
  - 2. Image classification/detection tasks
  - 3. Image segmentation with the U-net
- II. Deep learning for medical image reconstruction (60 min)
  - 1. Medical image reconstruction basics
  - 2. Learning to “enhance”
  - 3. Training generative models
  - 4. Unrolling of optimization algorithms

# Part I: Deep learning for biomedical image analysis

# The CNN Zoo

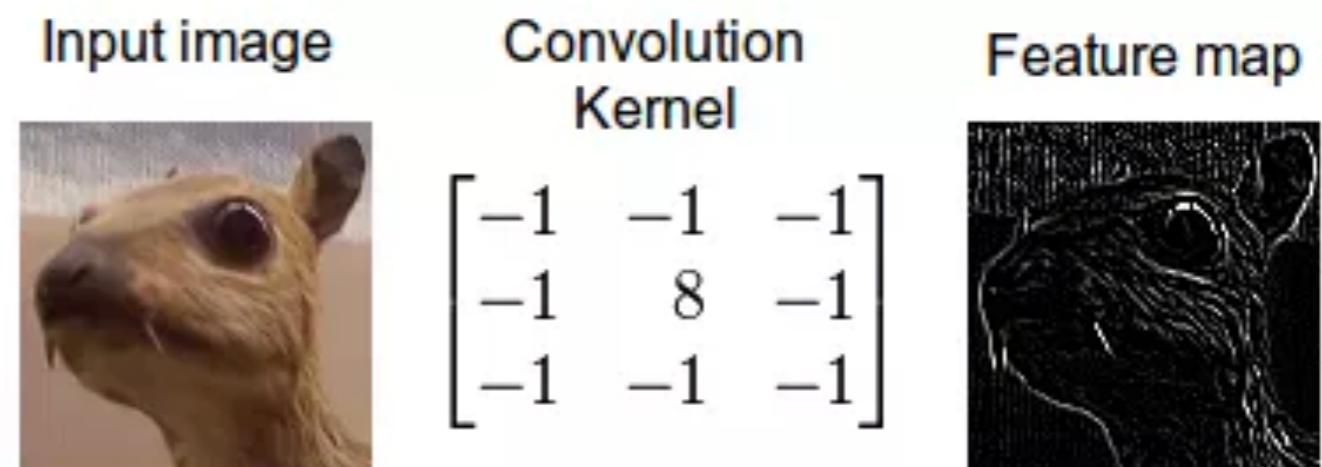
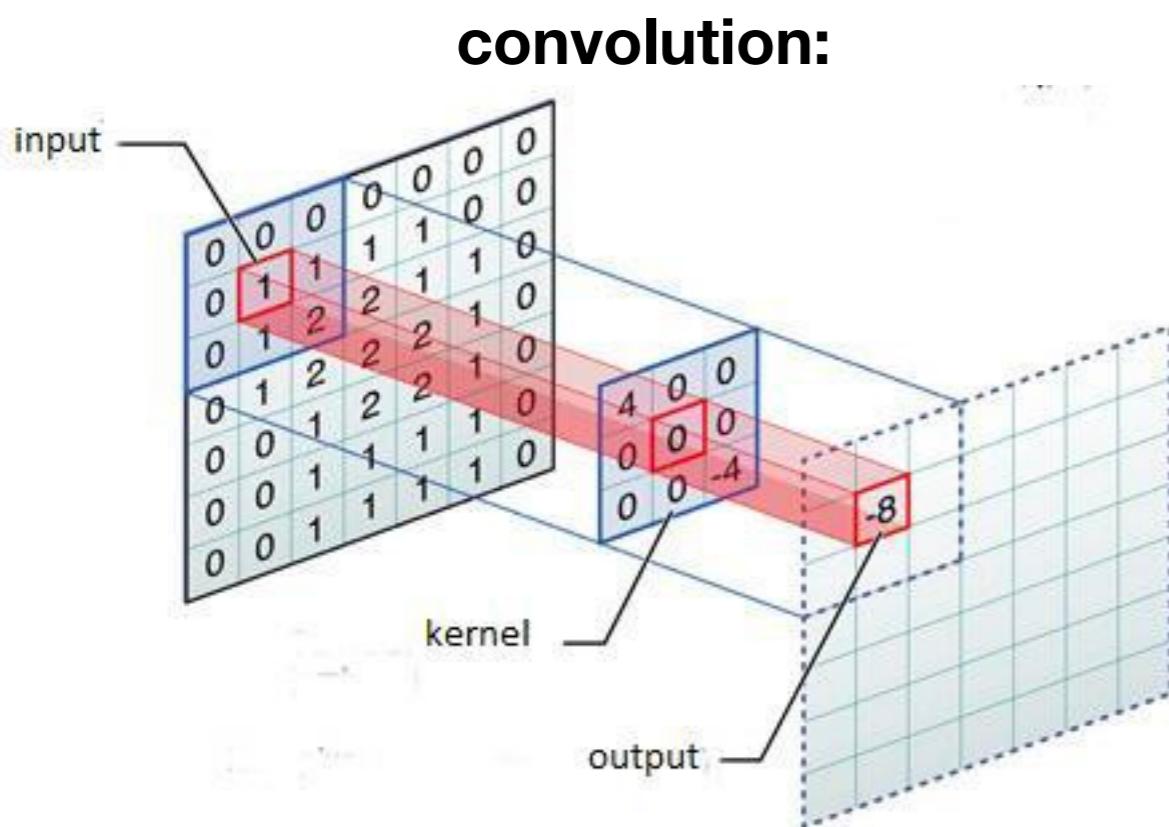
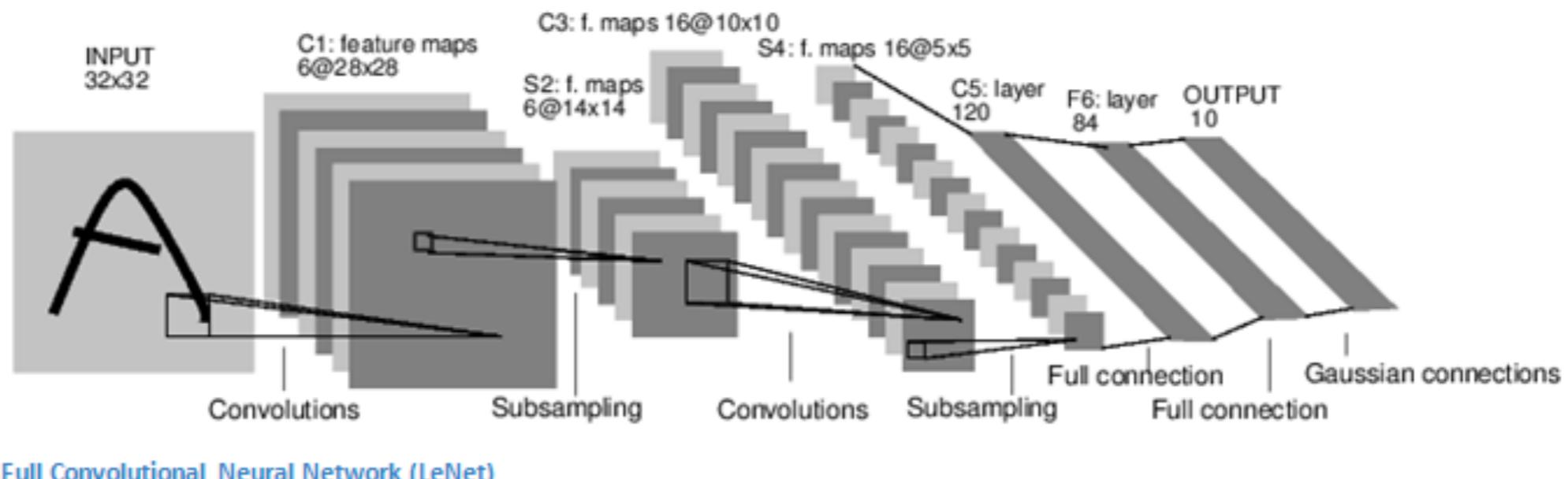


# TensorFlow demo app

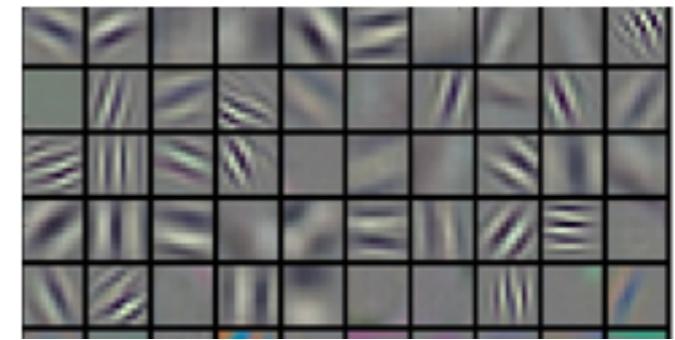


<https://www.youtube.com/watch?v=4oU4N6bAjR4>

# Convolutional Neural Networks (CNN)

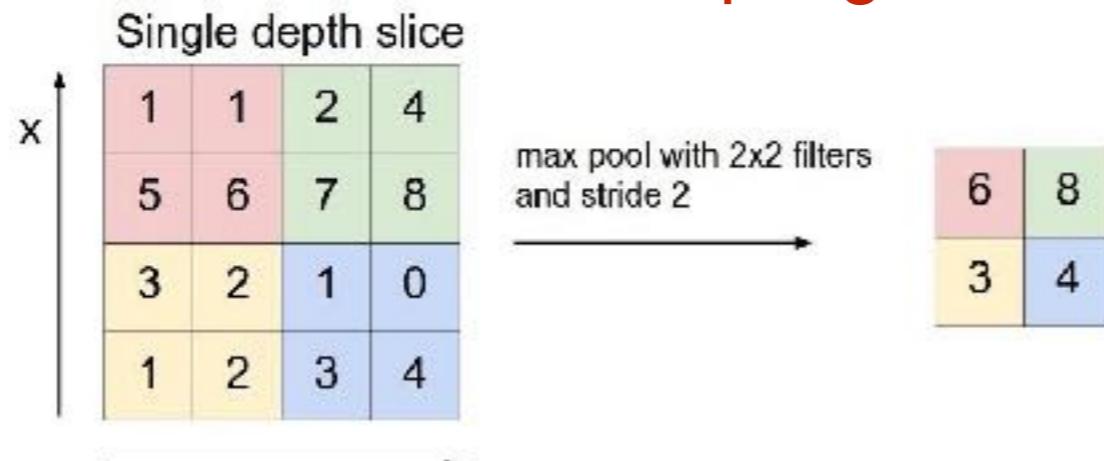
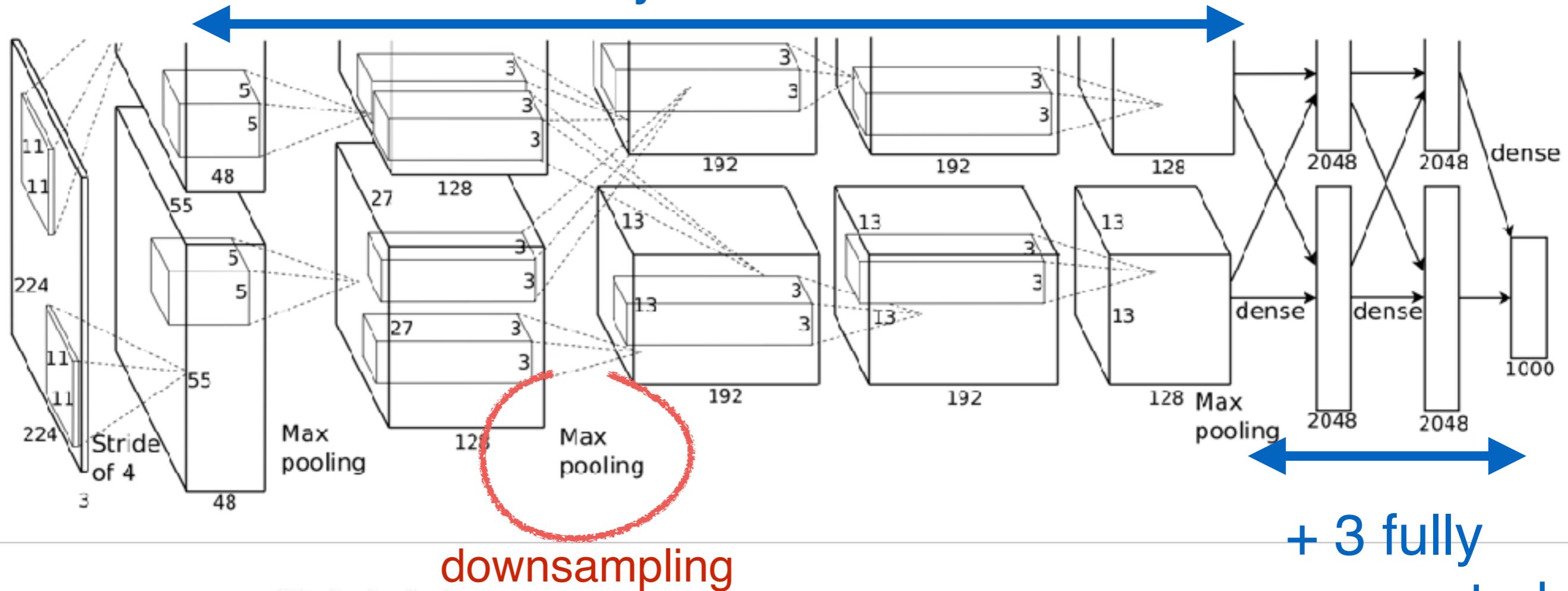


**filters  
learned  
from data**



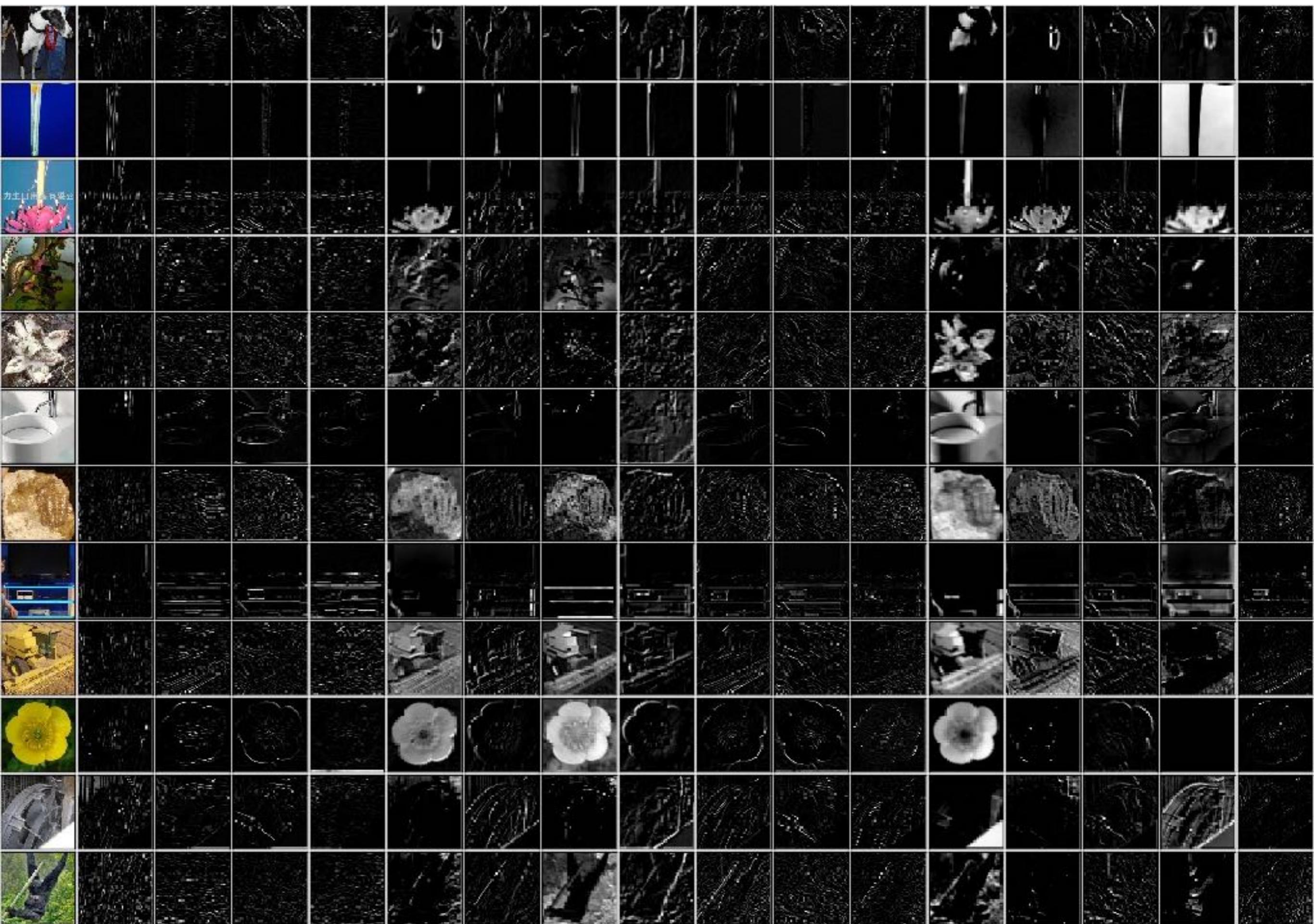
# CNN Example

**8 Layer Architecture!**  
**5 convolutional layers**

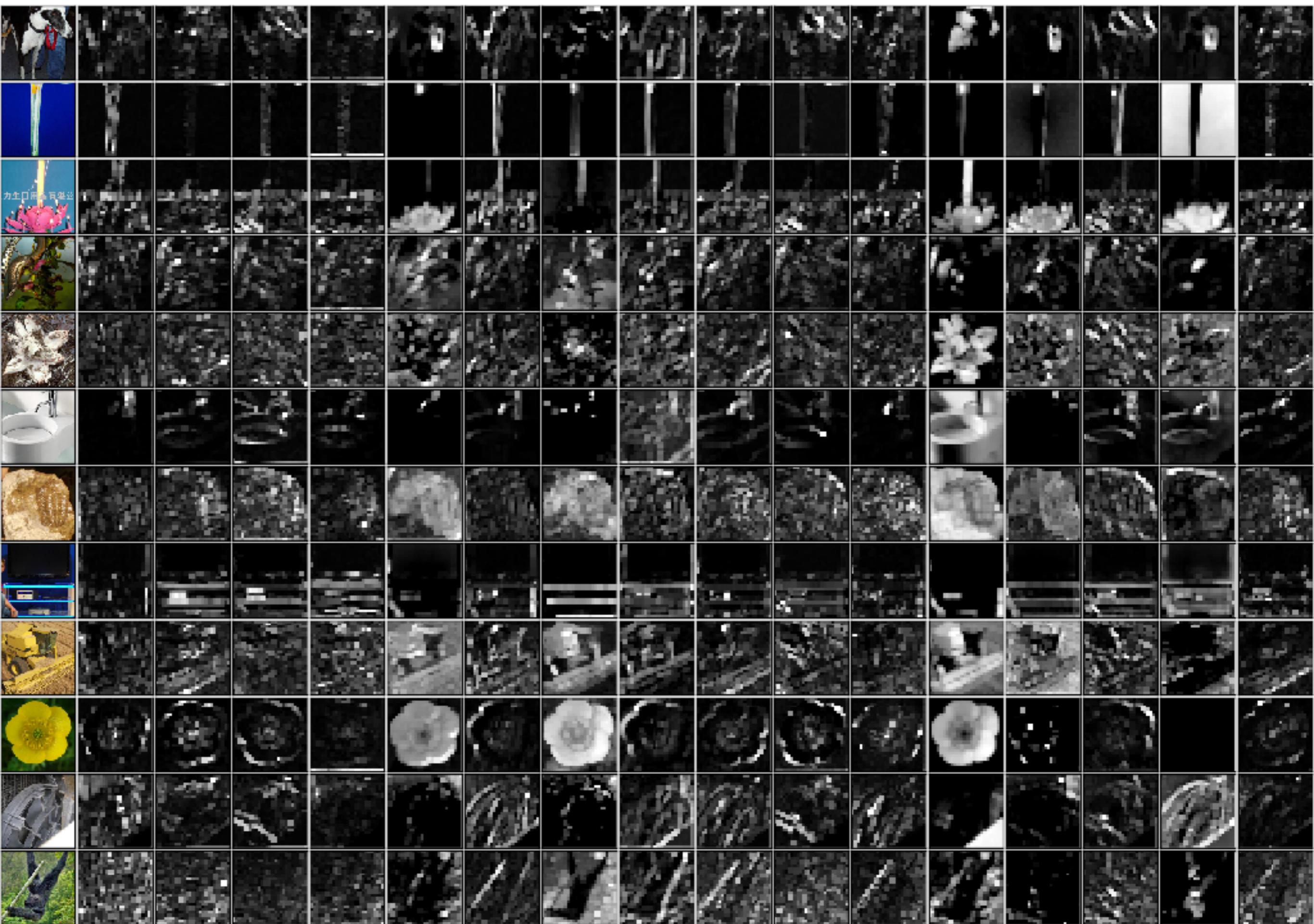


+ 3 fully  
connected  
layers

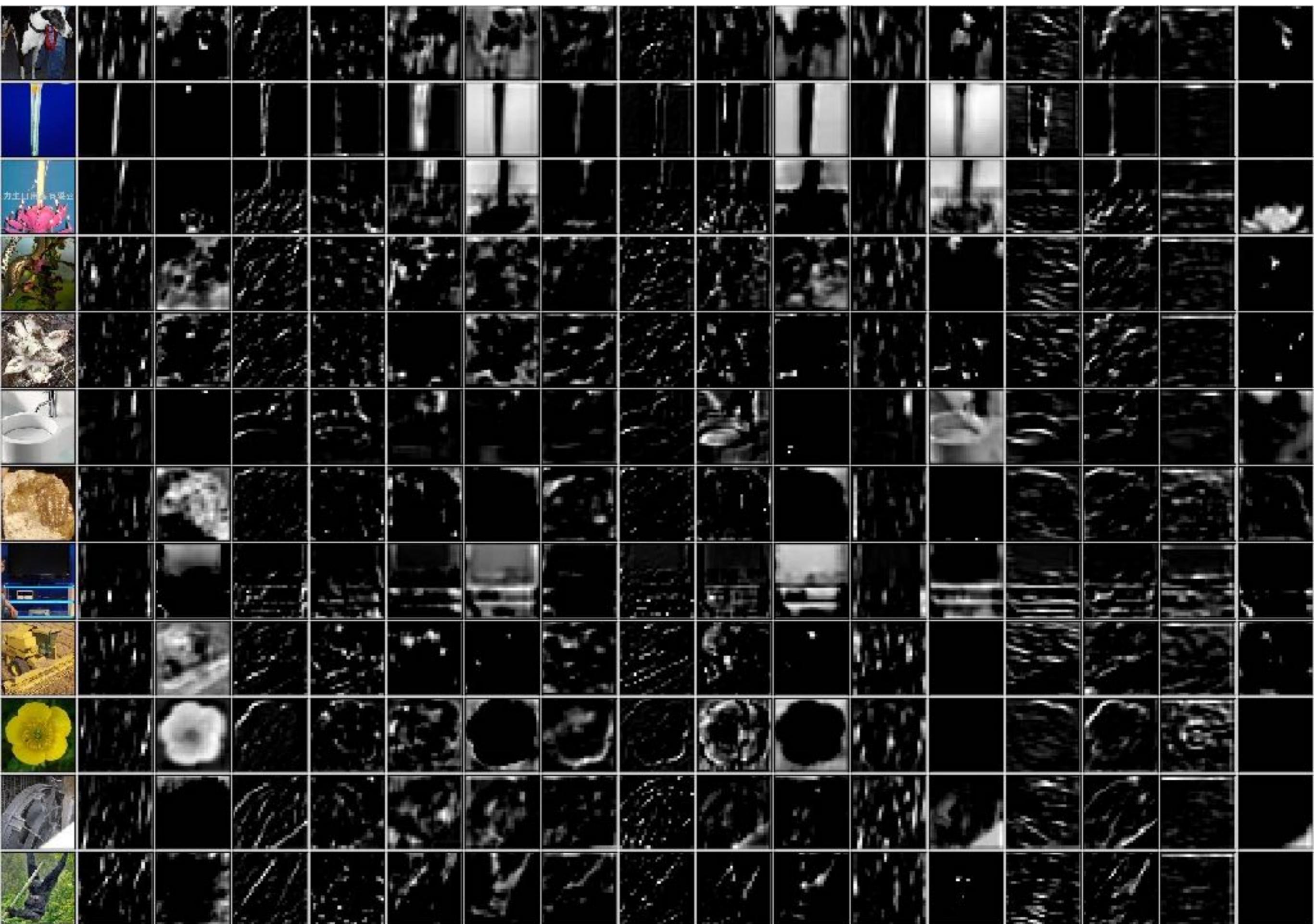
data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> conv4 -> conv5 -> pool3



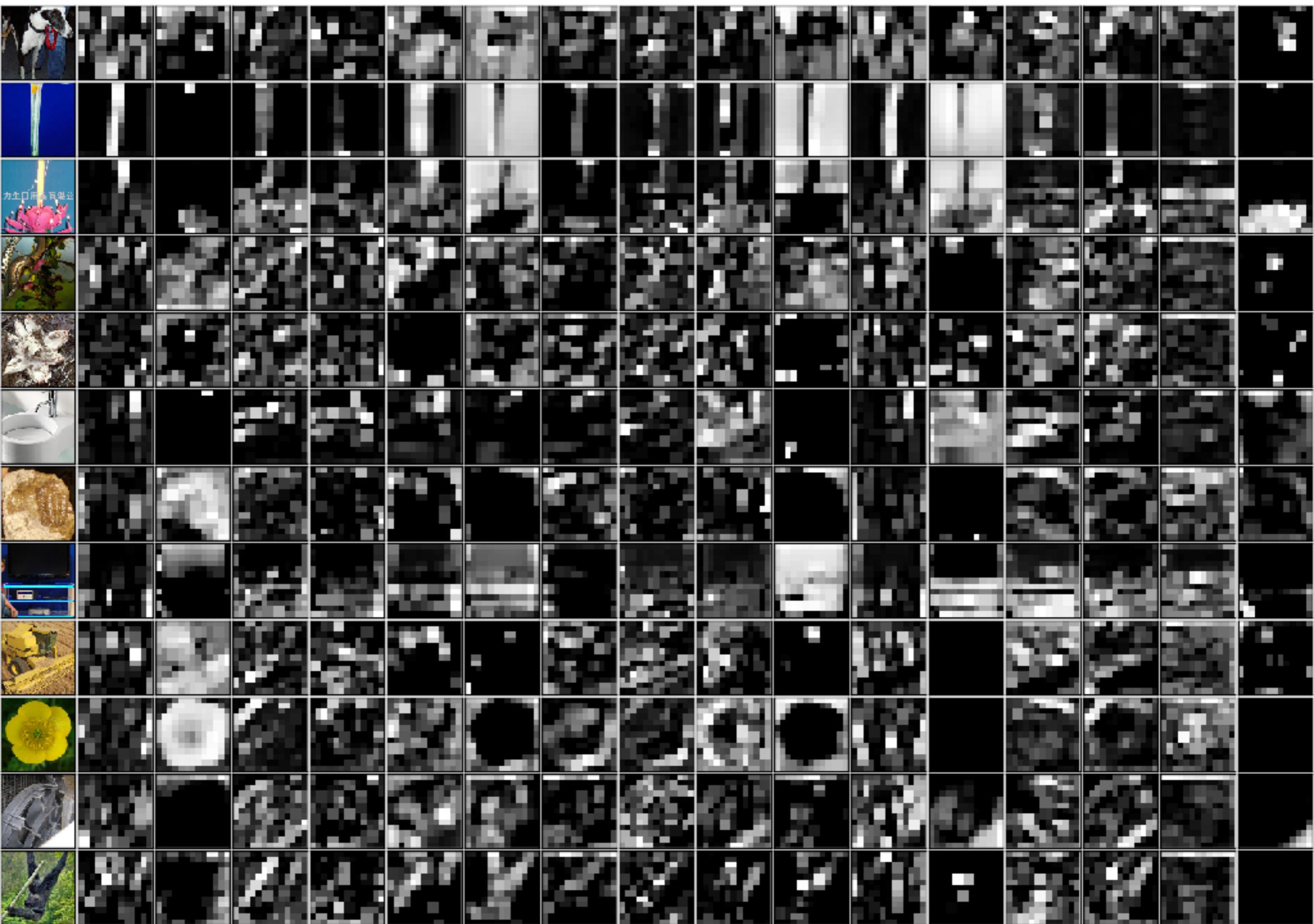
data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> conv4 -> conv5 -> pool3



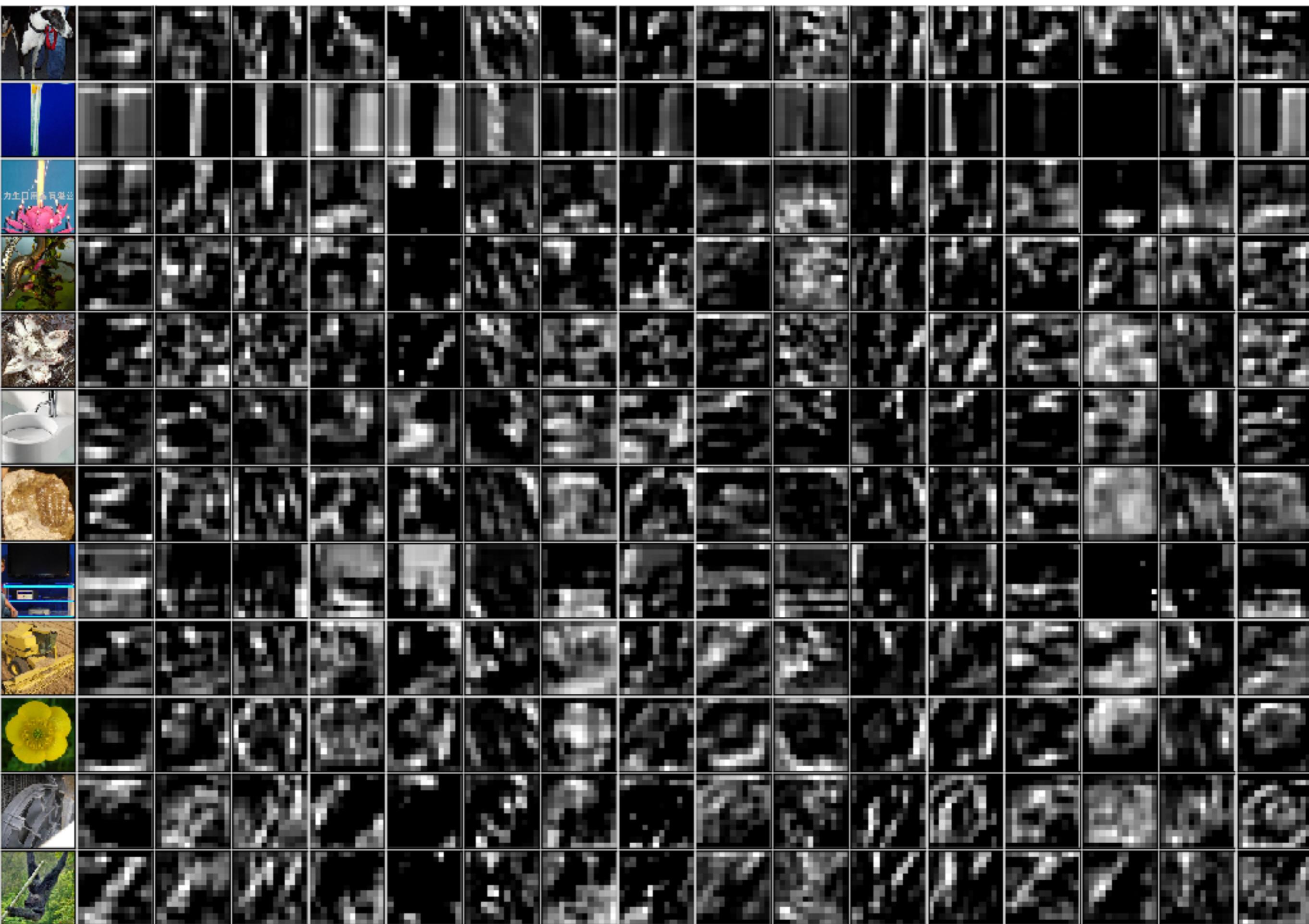
data -> conv1 -> pool1 -> **conv2** -> pool2 -> conv3 -> conv4 -> conv5 -> pool3



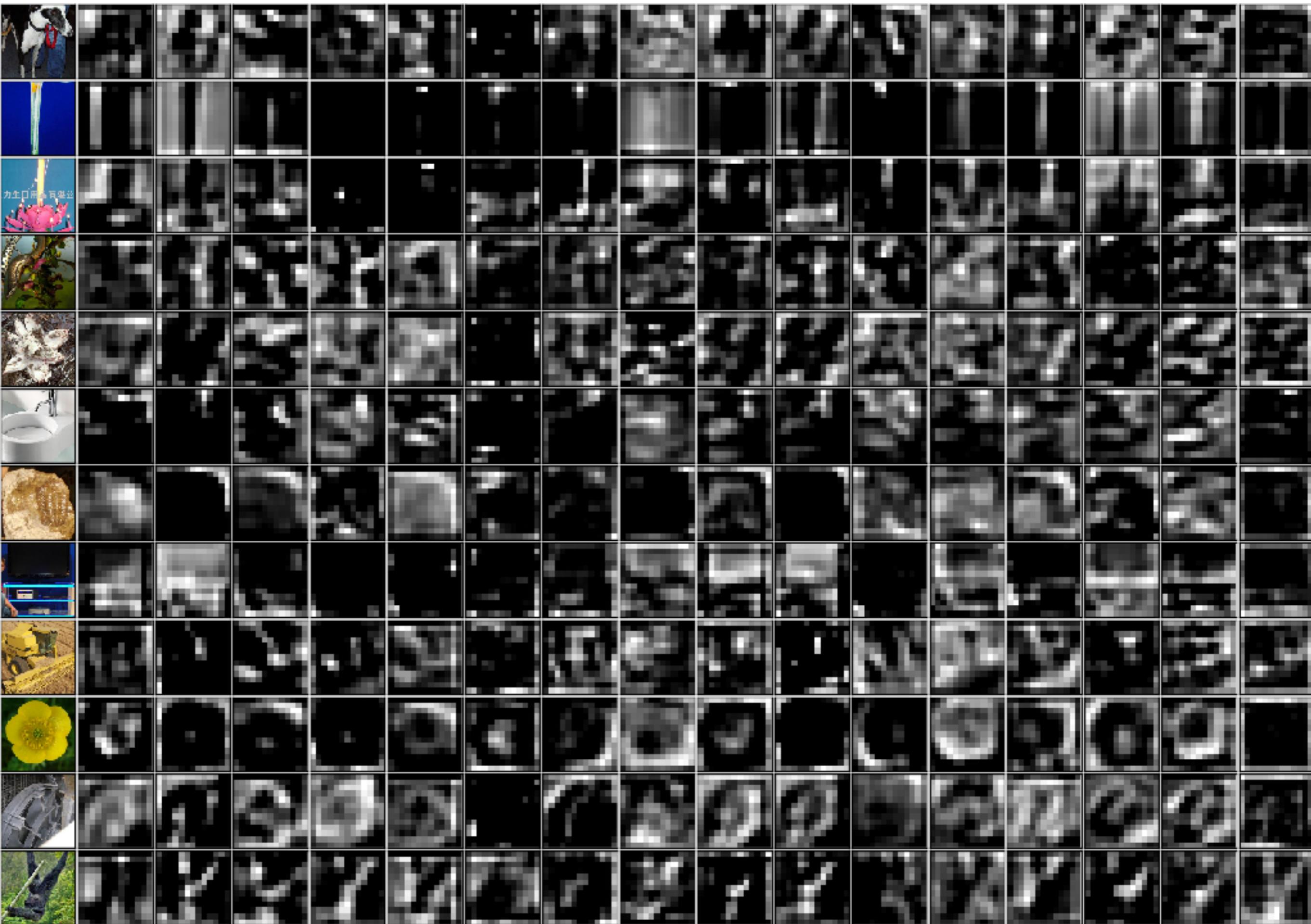
data -> conv1 -> pool1 -> conv2 -> **pool2** -> conv3 -> conv4 -> conv5 -> pool3



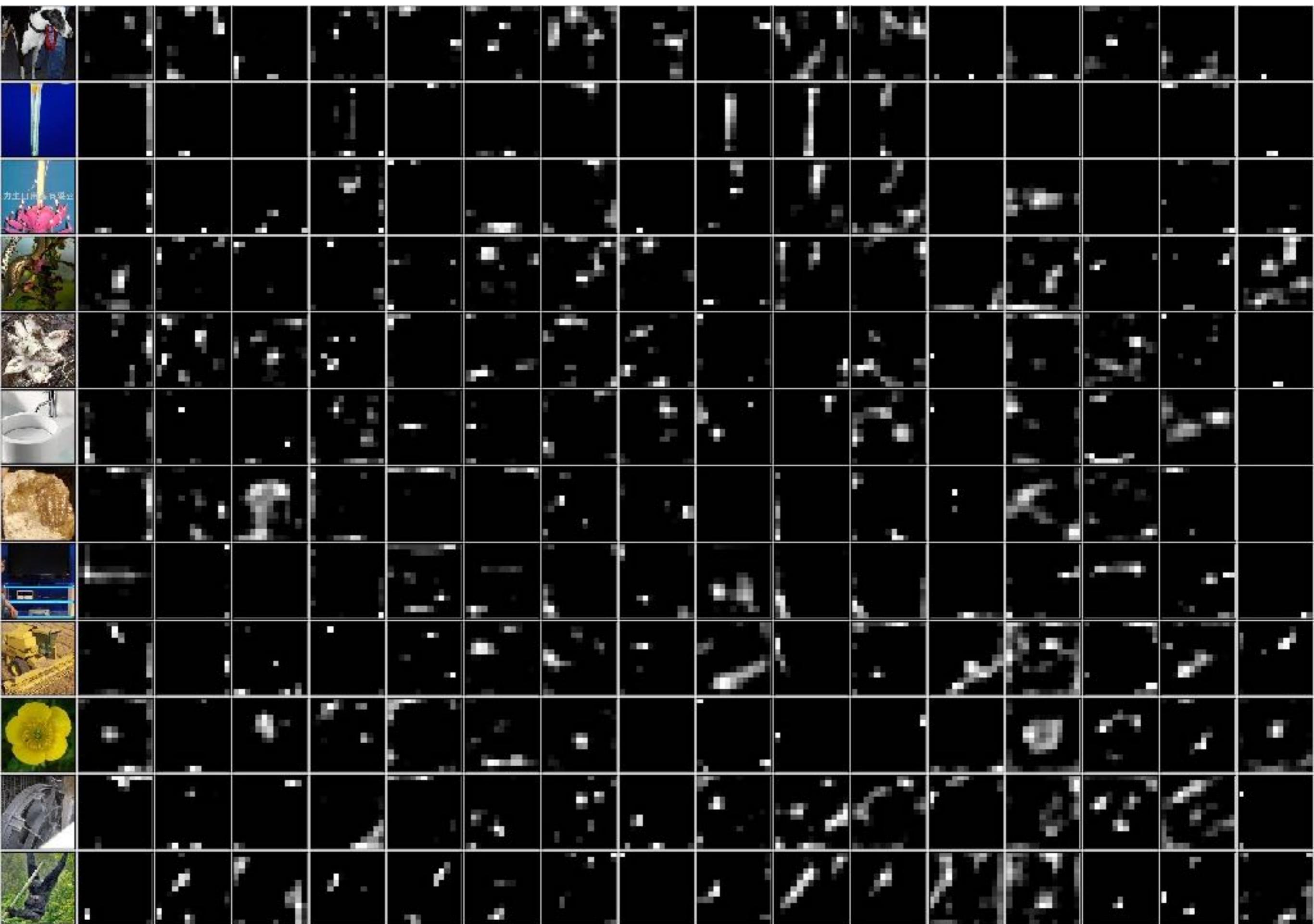
data -> conv1 -> pool1 -> conv2 -> pool2 -> **conv3** -> conv4 -> conv5 -> pool3



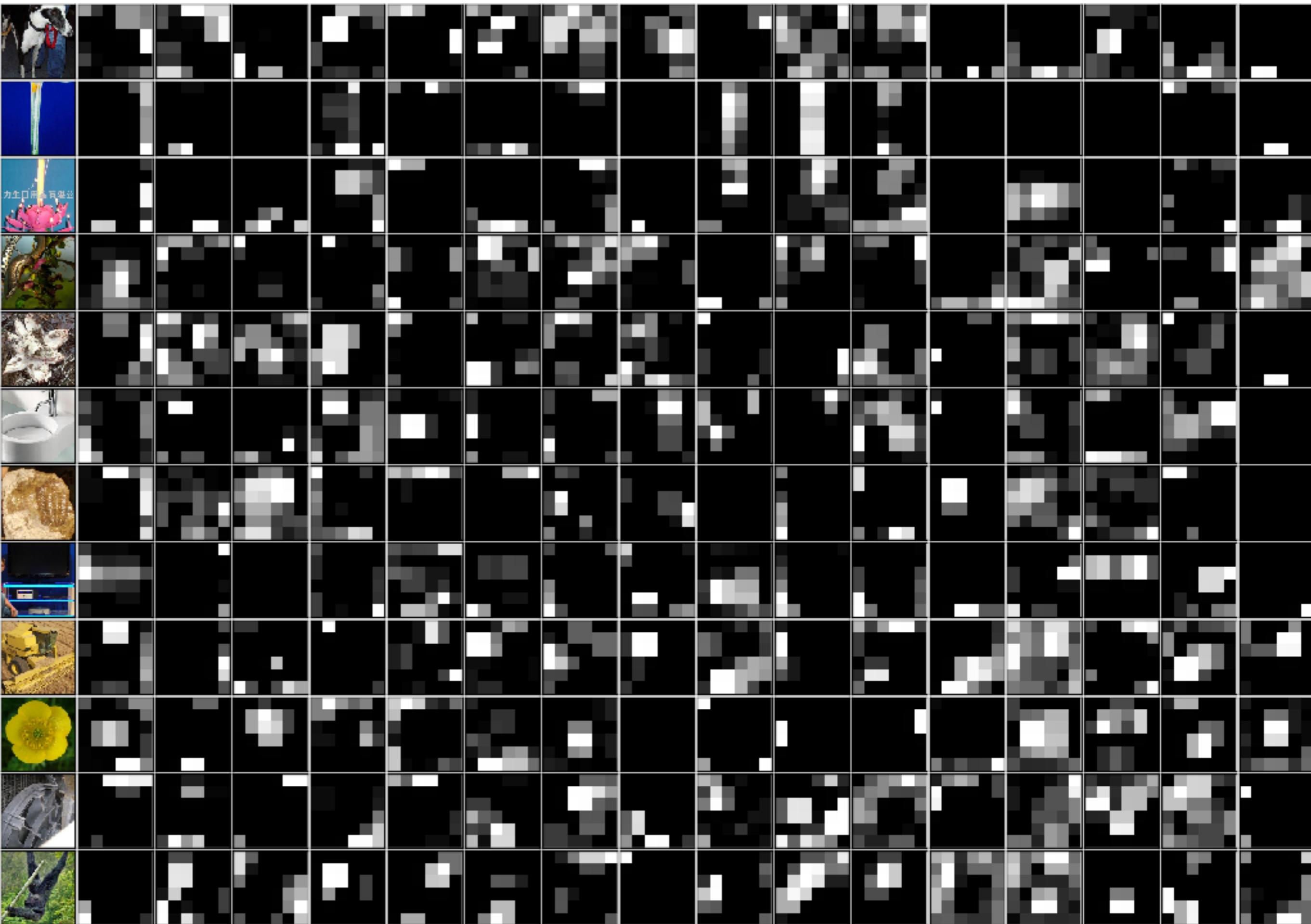
data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> **conv4** -> conv5 -> pool3



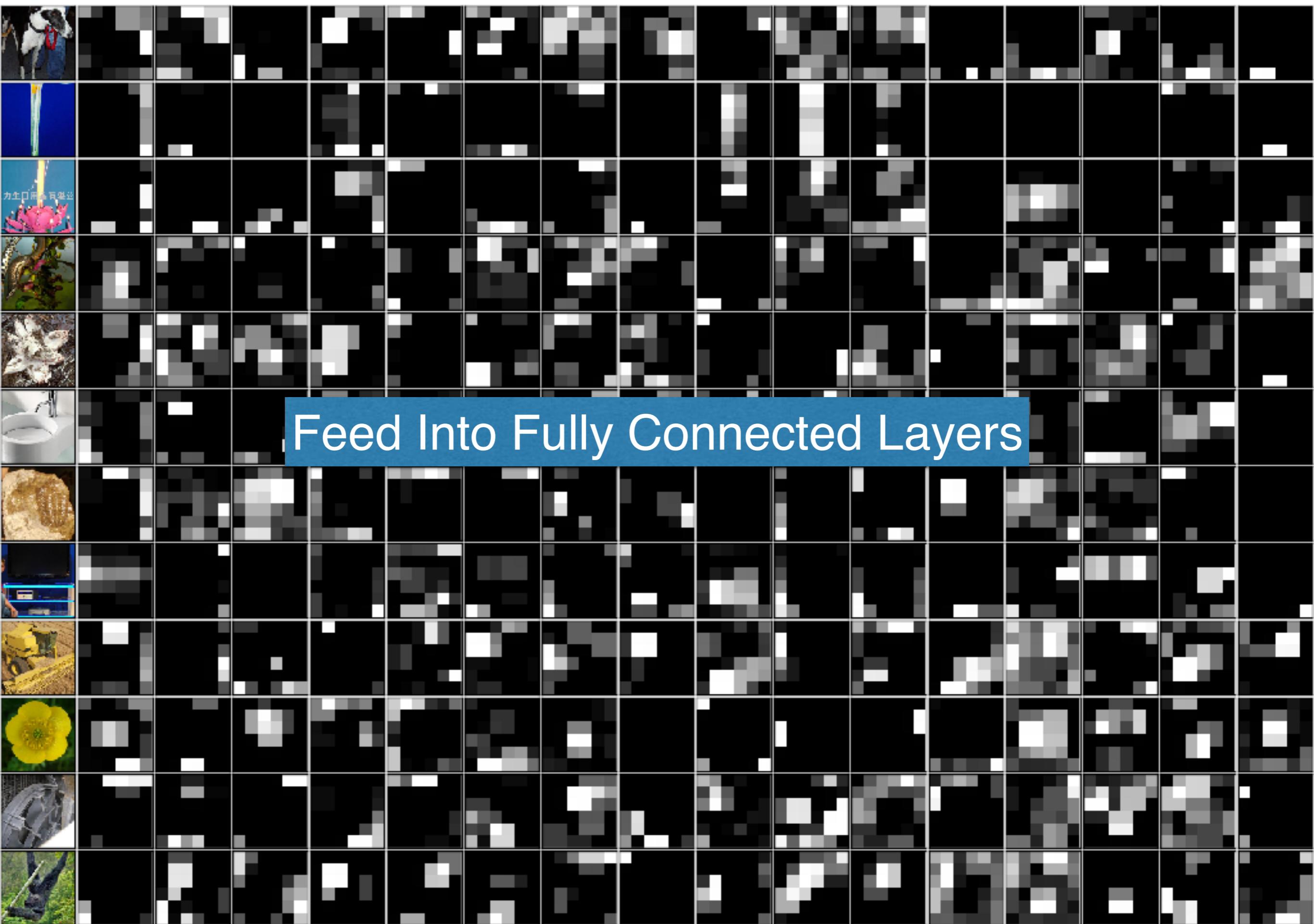
data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> conv4 -> **conv5** -> pool3



data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> conv4 -> conv5 -> pool3



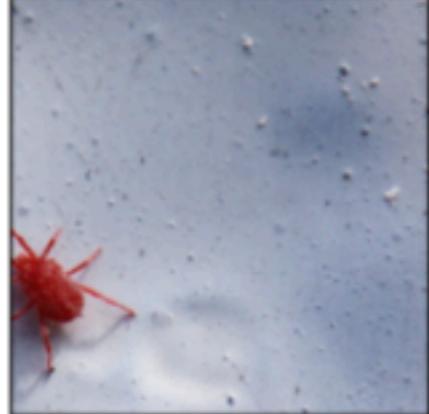
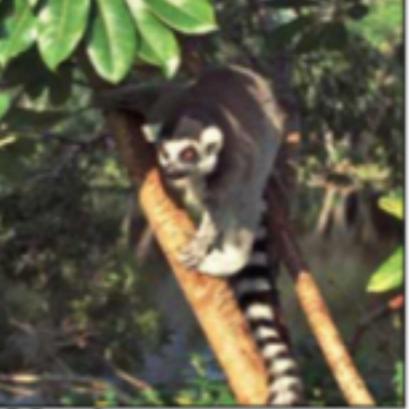
data -> conv1 -> pool1 -> conv2 -> pool2 -> conv3 -> conv4 -> conv5 -> pool3



# ImageNet Large Scale Visual Recognition Challenge (ILSVRC)

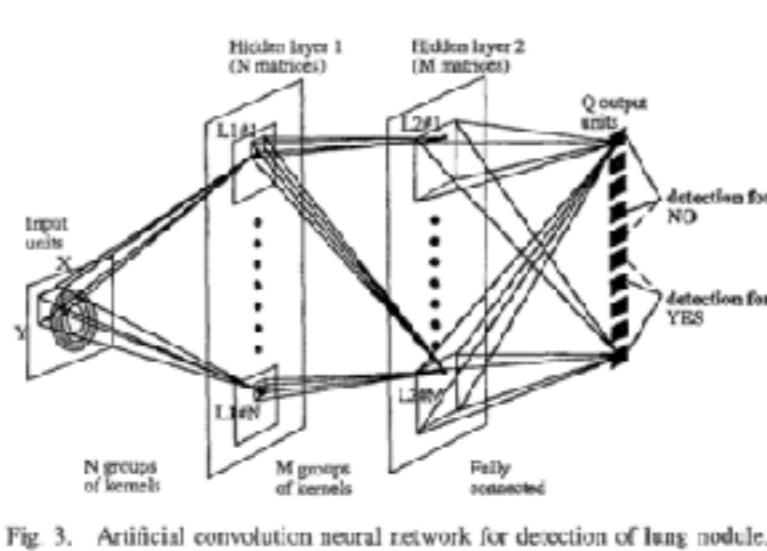
IMAGENET

1000 categories  
1.2M train images,  
150,000 test images

			
<b>mite</b> black widow cockroach tick starfish	<b>container ship</b> lifeboat amphibian fireboat drilling platform	<b>motor scooter</b> go-kart moped bumper car golfcart	<b>leopard</b> jaguar cheetah snow leopard Egyptian cat
			
<b>grille</b> convertible grille pickup beach wagon fire engine	<b>mushroom</b> agaric mushroom jelly fungus gill fungus dead-man's-fingers	<b>cherry</b> dalmatian grape elderberry ffordshire bullterrier currant	<b>Madagascar cat</b> squirrel monkey spider monkey titi indri howler monkey

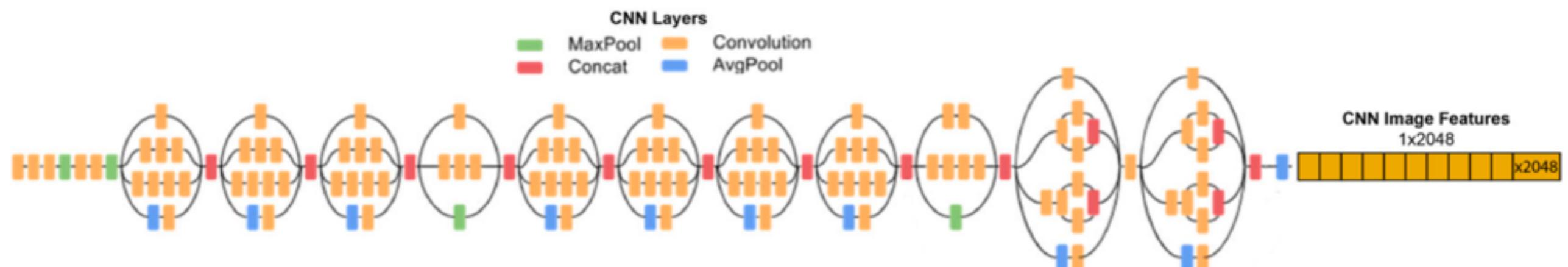
# CNN's Then and Now

**1995:**



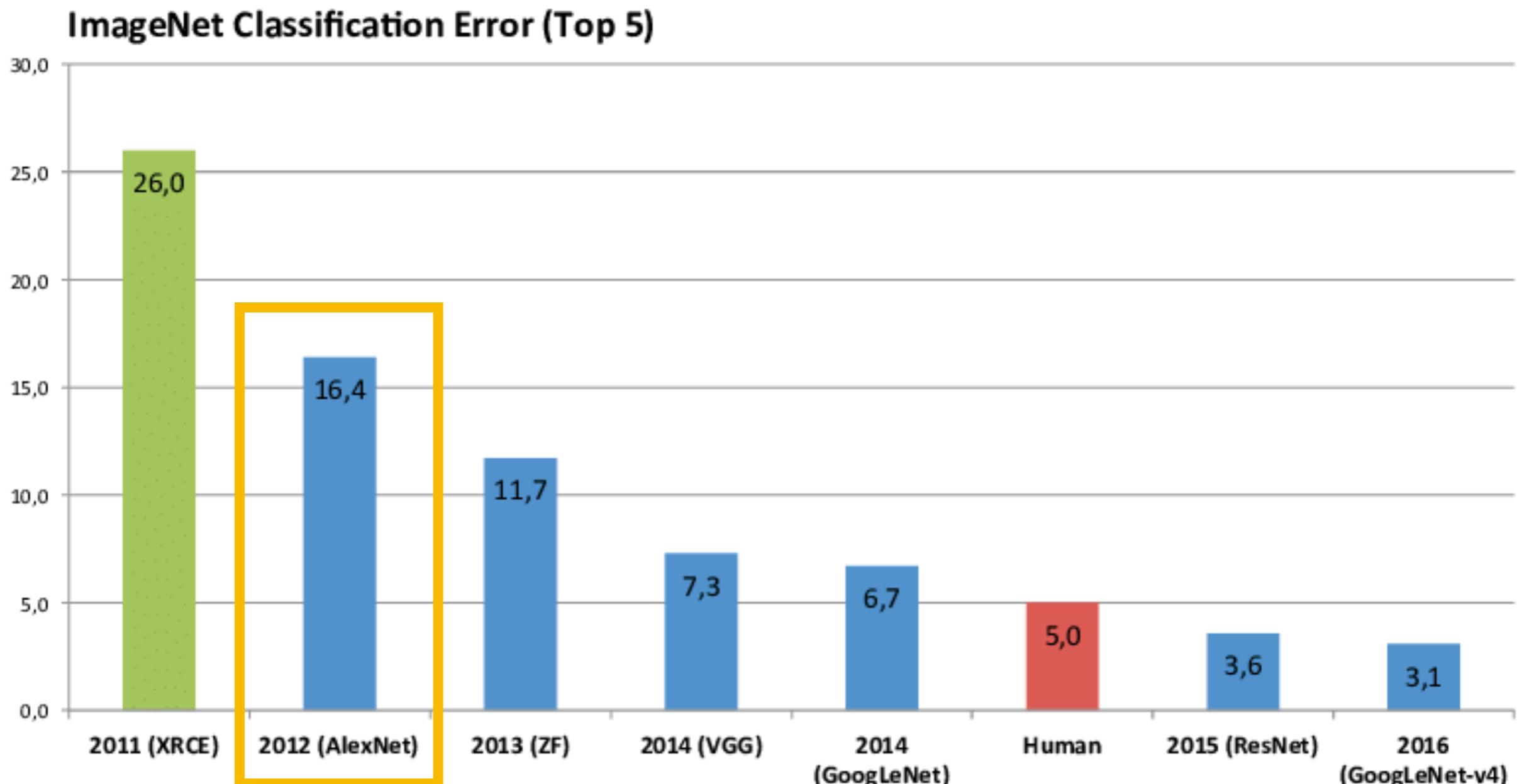
~2 layers

2019:



$\sim$ 100 layers

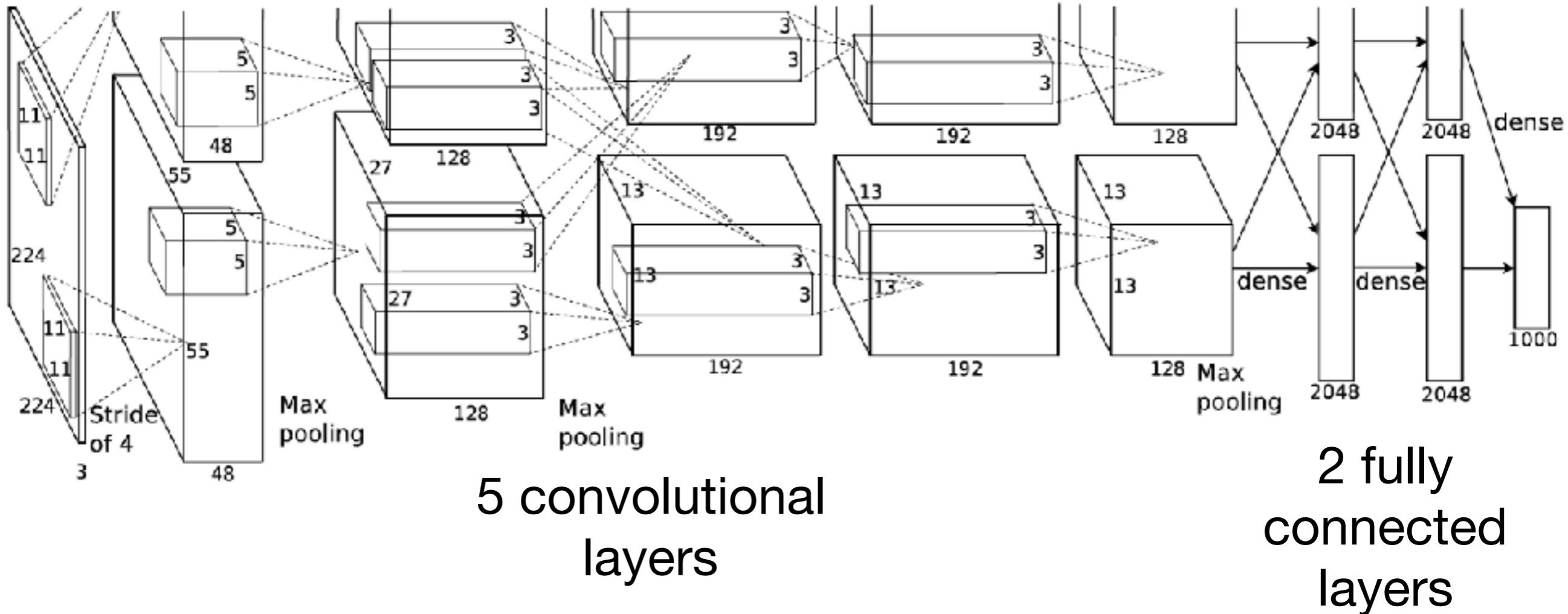
# ImageNet Challenge Winners



Year (winner)

Figure: Gustav von Zitzewitz

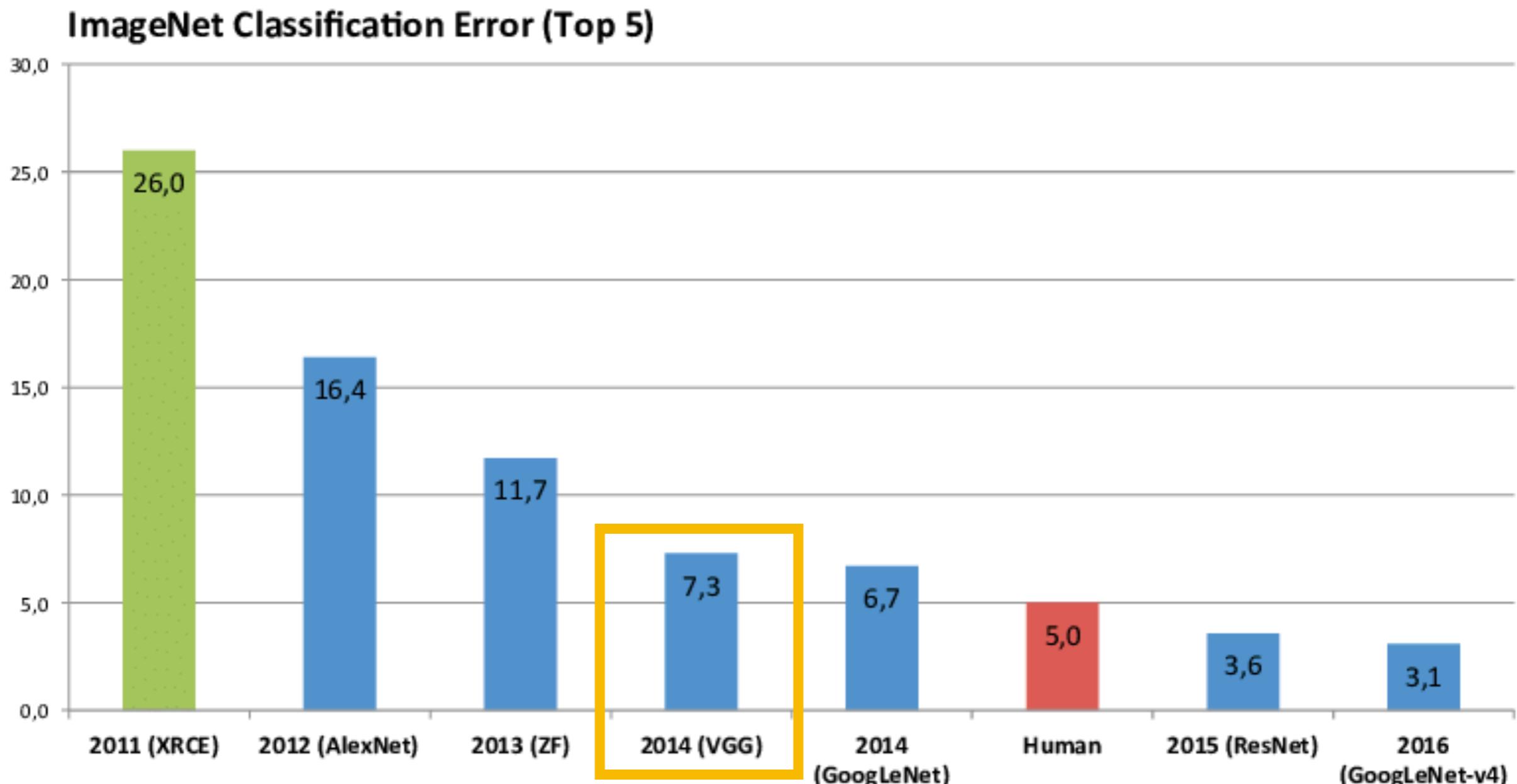
# AlexNet [Krizhevsky et al., 2012]



Main Innovations:

- non-smooth ReLU activations
- Used dropout instead of explicit regularization
- Max pooling to reduce the size of the network

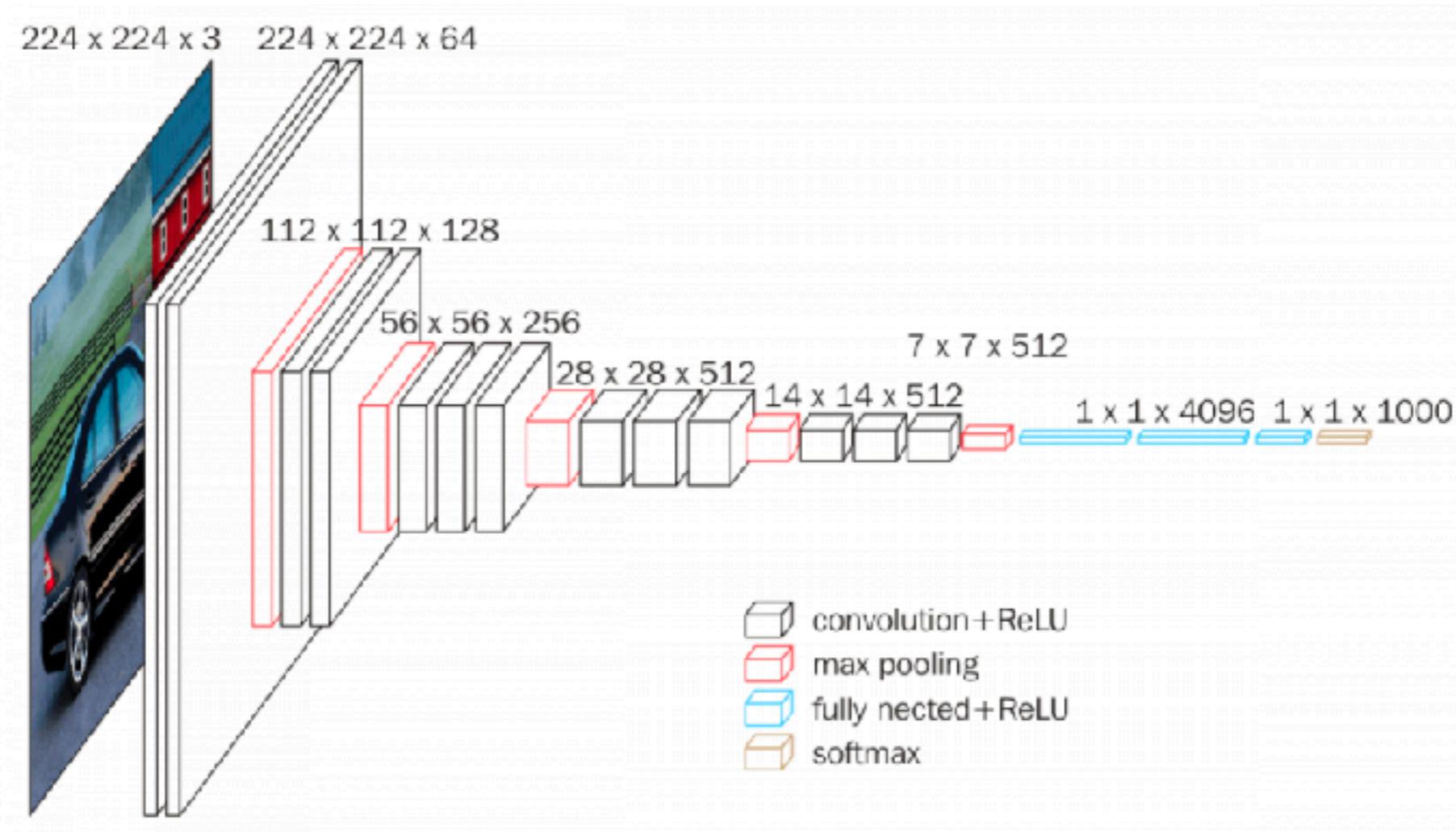
# ImageNet Challenge Winners



Year (winner)

Figure: Gustav von Zitzewitz

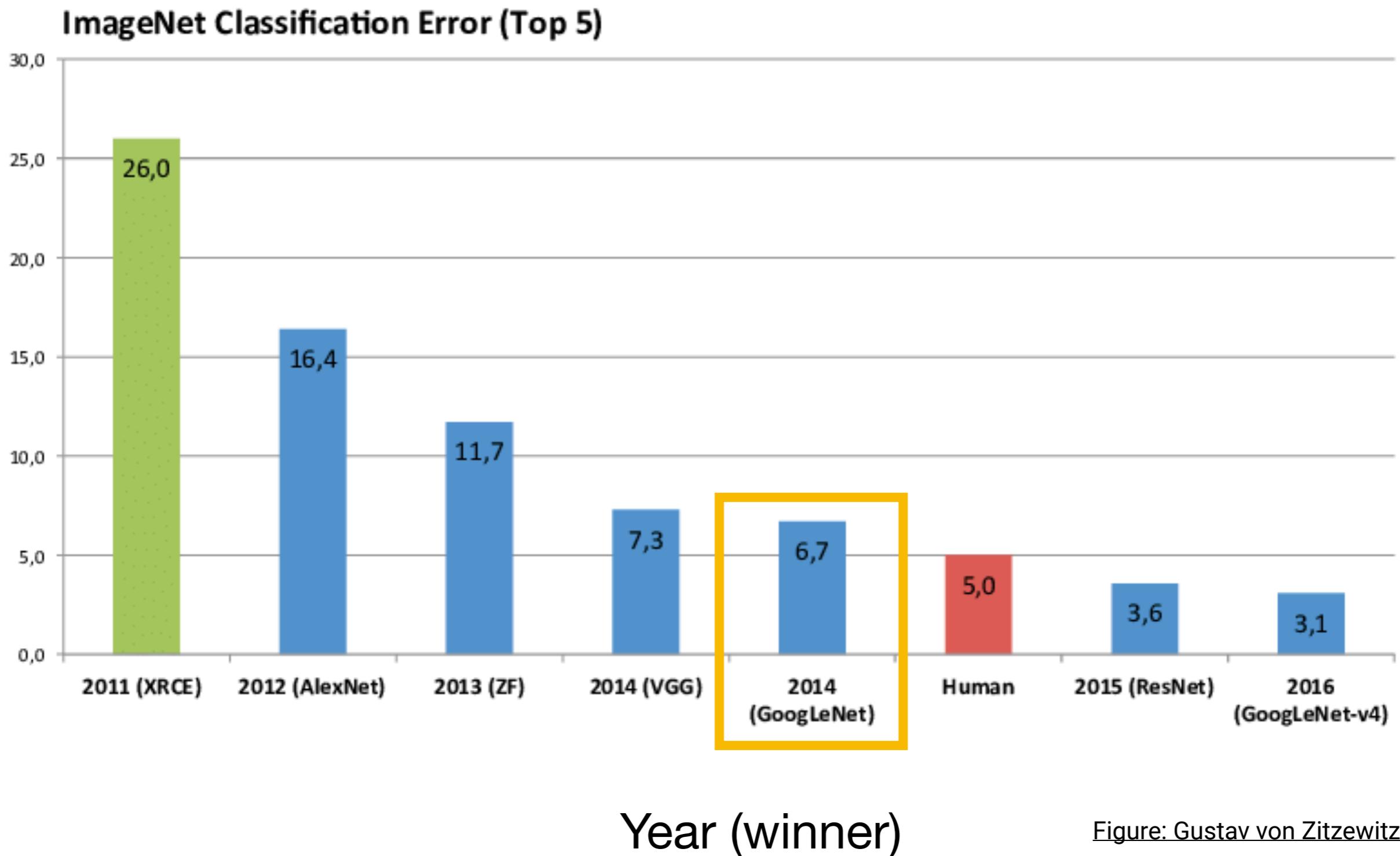
# VGGNet [Simonyan & Zisserman , 2012]



## Main Innovations:

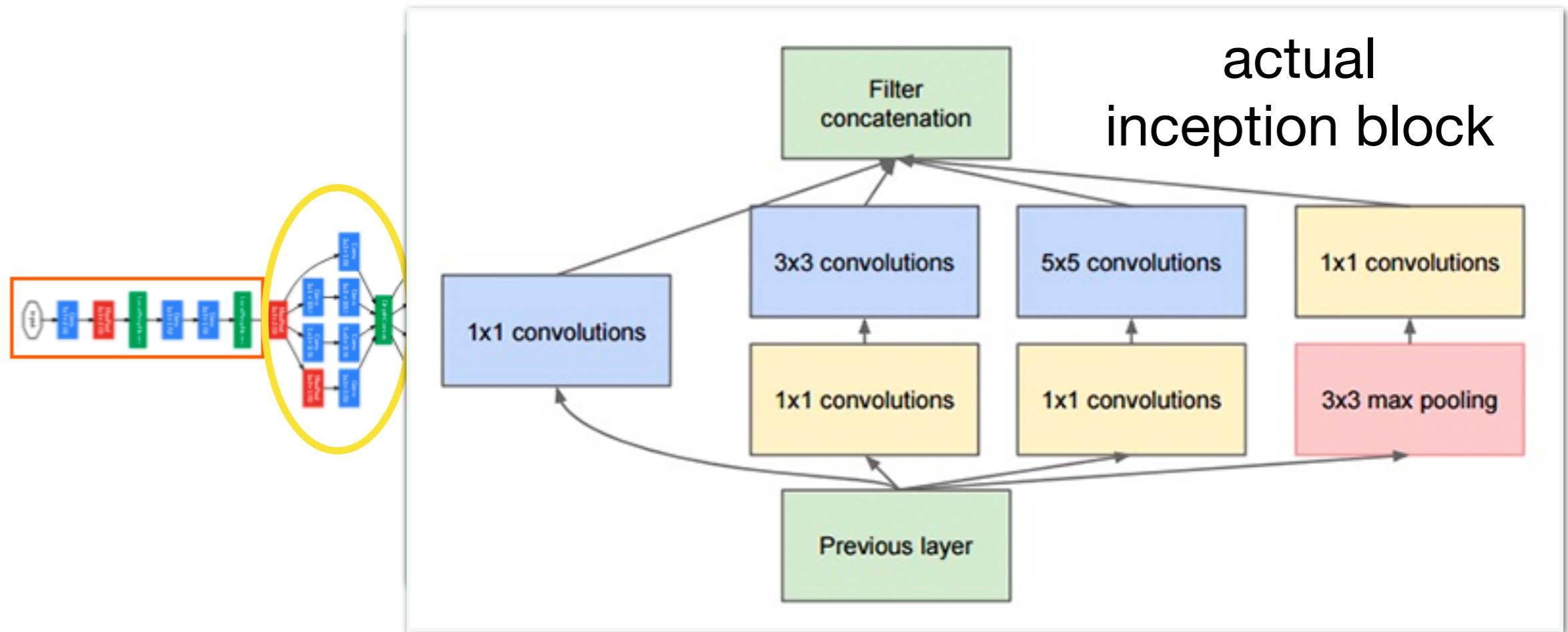
- Far deeper: 16-19 convolutional layers
- More & smaller filters per layer  
(e.g., rather than one  $7 \times 7$  convolution use three  $3 \times 3$  convolutions)

# ImageNet Challenge Winners



# Inception-v1 (a.k.a. GoogleNet)

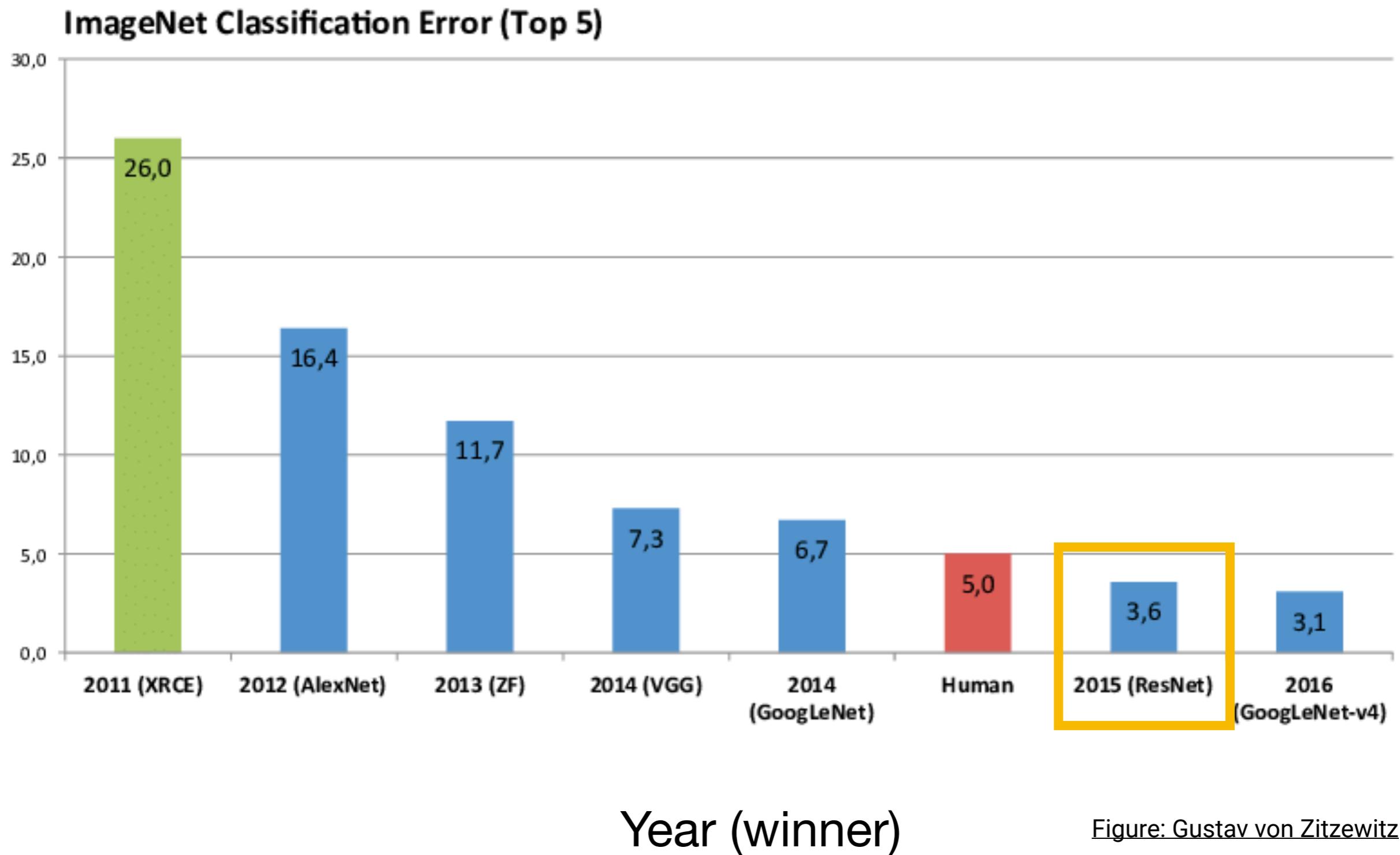
## [Szegedy et al., 2014]



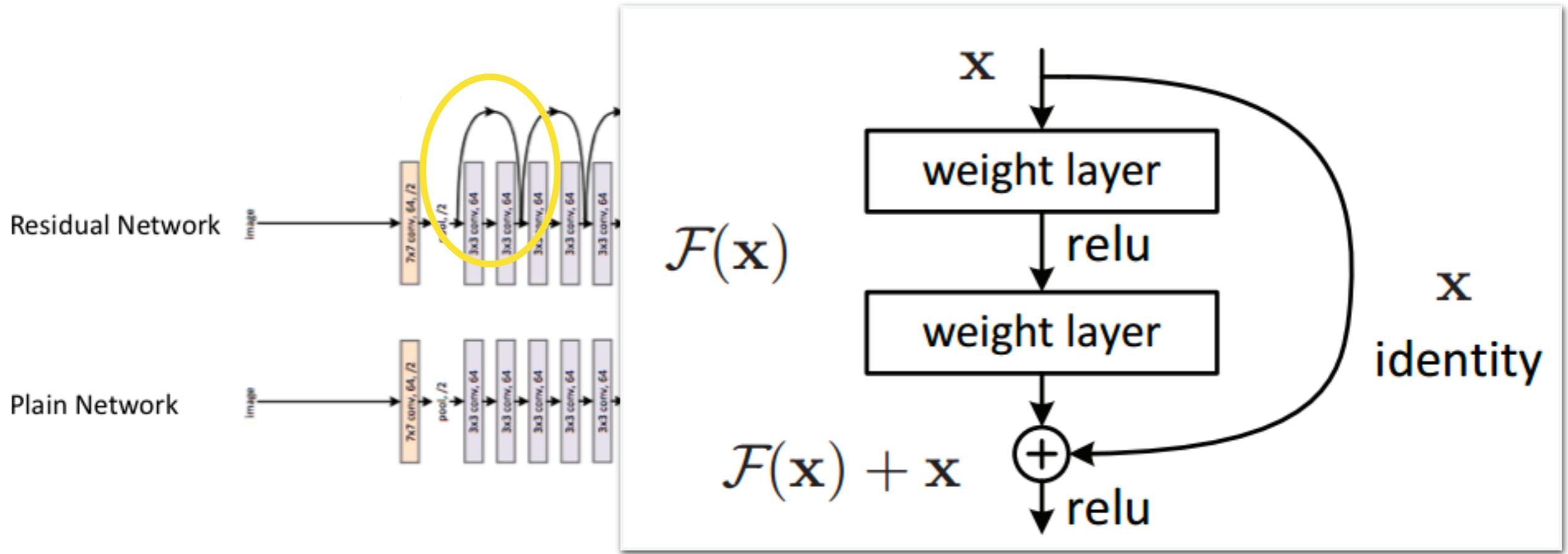
### Main Innovations:

- Replace standard convolutional blocks with “inception block”
- Extracts features at multiple scales simultaneously
- No fully connected layers at the end — global average pooling

# ImageNet Challenge Winners



# ResNets [He et al., 2014]

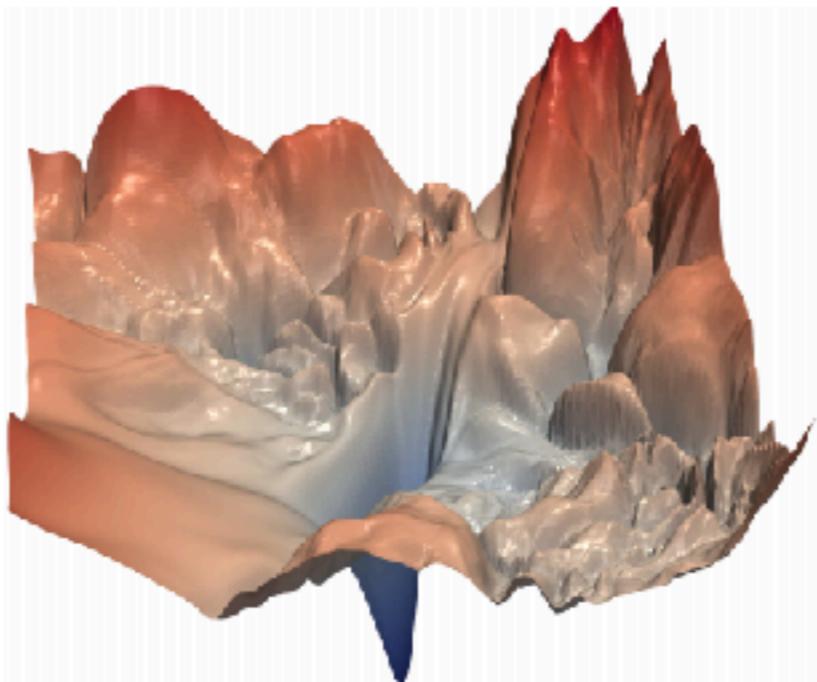


## Main Innovations:

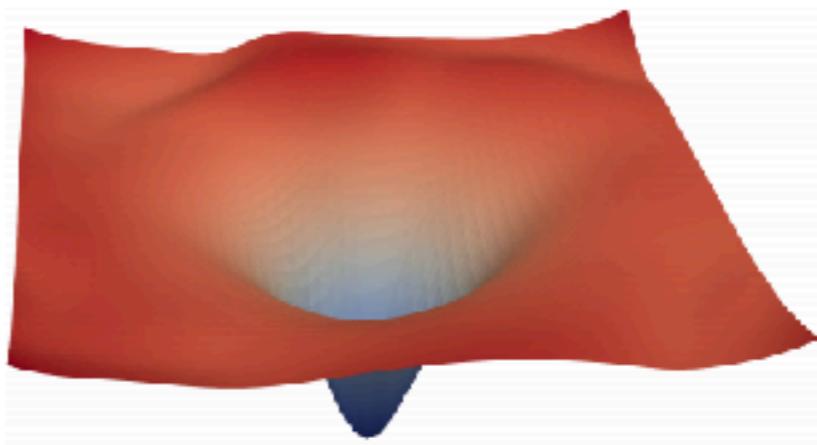
- “Skip connections”
- Alleviates “vanishing gradients” issue of deep networks
- Faster training, fewer “hacks” needed (e.g., batch normalization)
- Can train vastly deeper model, e.g., 100+ layers

# ResNets—smoother loss landscapes

2-D projections of optimization landscape



(a) without skip connections



(b) with skip connections

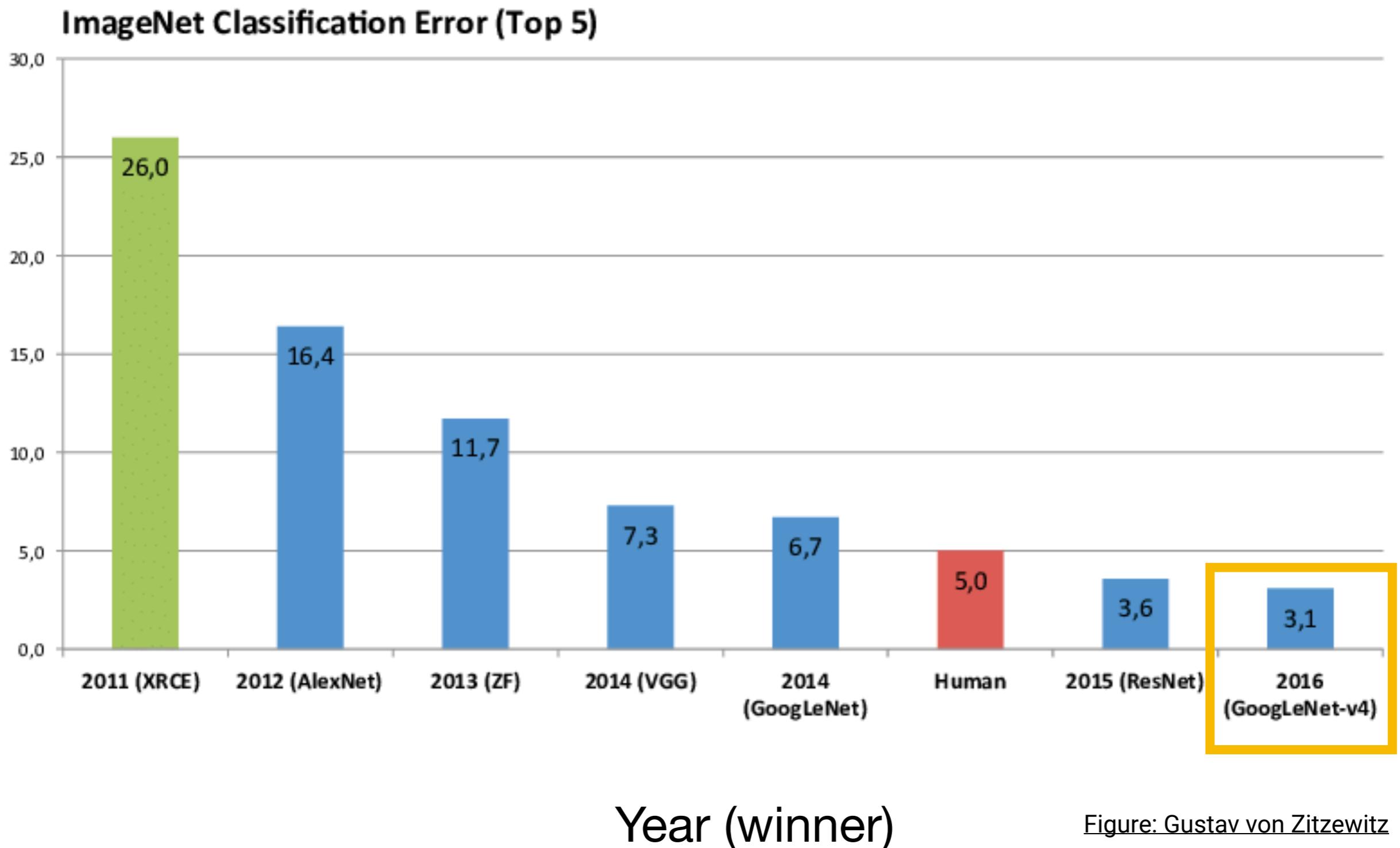
Figure 1: The loss surfaces of ResNet-56 with/without skip connections. The proposed filter normalization scheme is used to enable comparisons of sharpness/flatness between the two figures.

## Visualizing the Loss Landscape of Neural Nets

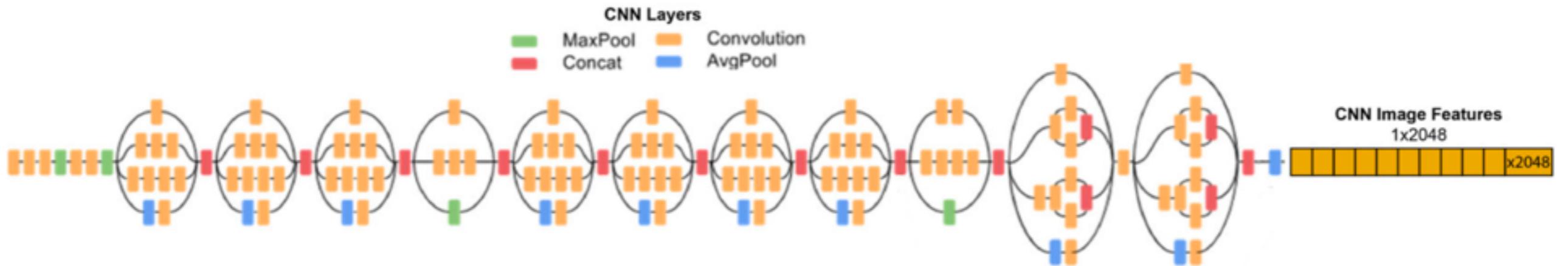
Hao Li<sup>1</sup>, Zheng Xu<sup>1</sup>, Gavin Taylor<sup>2</sup>, Christoph Studer<sup>3</sup>, Tom Goldstein<sup>1</sup>

<sup>1</sup>University of Maryland, College Park <sup>2</sup>United States Naval Academy <sup>3</sup>Cornell University  
`{haoli, xuzh, tomg}@cs.umd.edu, taylor@usna.edu, studer@cornell.edu`

# ImageNet Challenge Winners



# Inception-v3, -v4, -ResNet

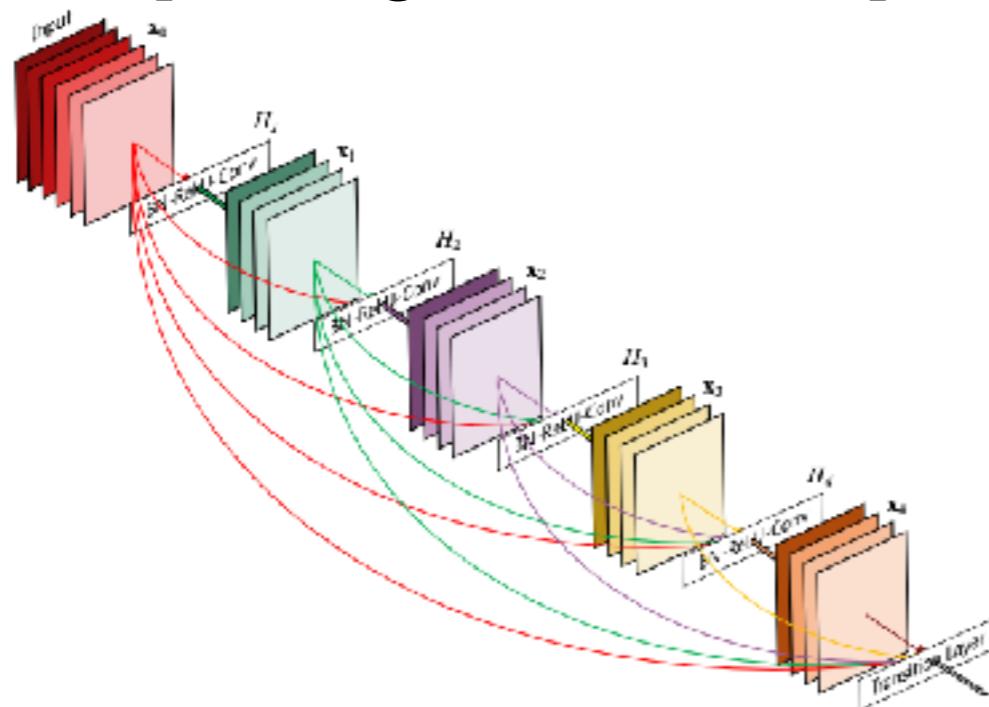


## Main Innovations:

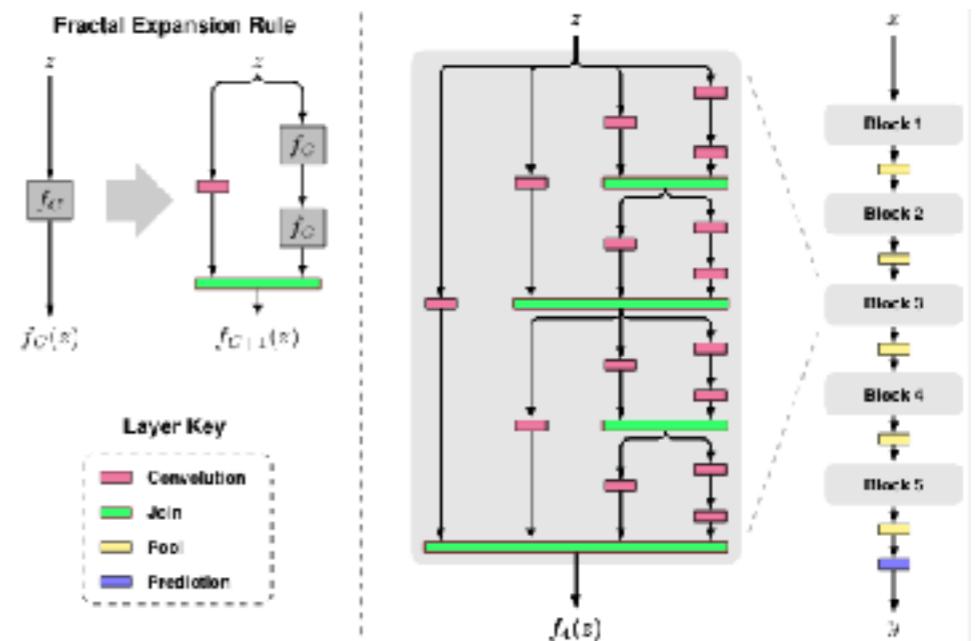
- Inception-v3 - Deeper, more efficient inception blocks
  - Inception-v4 - “”
  - Inception-ResNet - adds skip connections to inception blocks

# ...and many others

## DenseNets [Huang et al., 2016]



## FractalNets [Larsson et al., 2016]



## Squeeze-and-Excitation Nets [Hu et al., 2017]

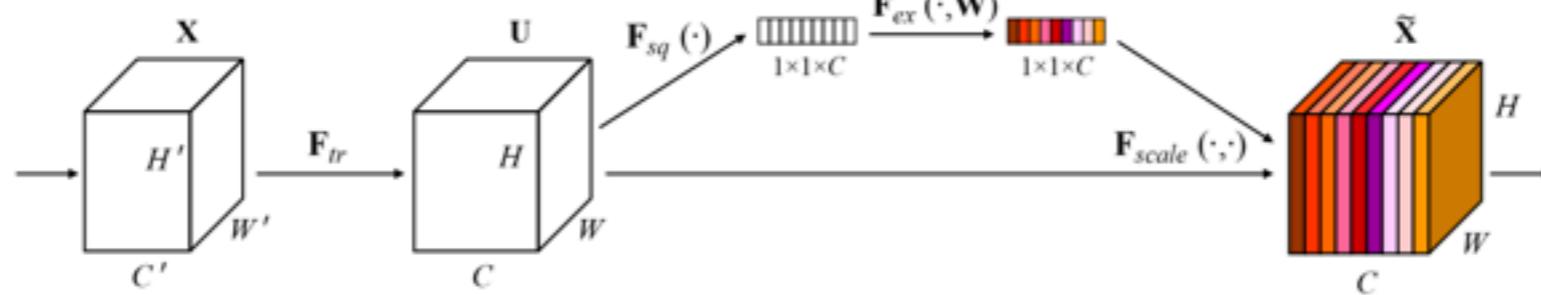


Fig. 1. A Squeeze-and-Excitation block.



# What network architecture should I use?

- Short answer: It doesn't matter too much!
- Most state-of-the-art networks are available in standard deep learning toolboxes
- Task will dictate architecture
- Constraints:
  - Memory
  - Size of training set
  - Deployment

# Challenges adapting deep CNN's to biomedical imaging problems

- **Challenge 1: Limited Training Data**
  - 1M+ training examples ImageNet, biomedical imaging 100-10k typical
  - How do we train a deep CNN without overfitting?
- **Challenge 2: Complex Input Formats**
  - 3D volumes are commonplace in medical imaging
  - multi-stream or multi-modal data (e.g., CT + MRI scans, text + image)
  - measurement domain data (e.g., raw data from MRI scanner)
- **Challenge 3: Tasks Beyond Classification**
  - Task is not classification/regression (or is inefficiently represented as such)
    - Segmentation
    - Image restoration/reconstruction

# Biomedical image classification/detection



# Application: Detecting skin cancer by classification of lesions in photographs

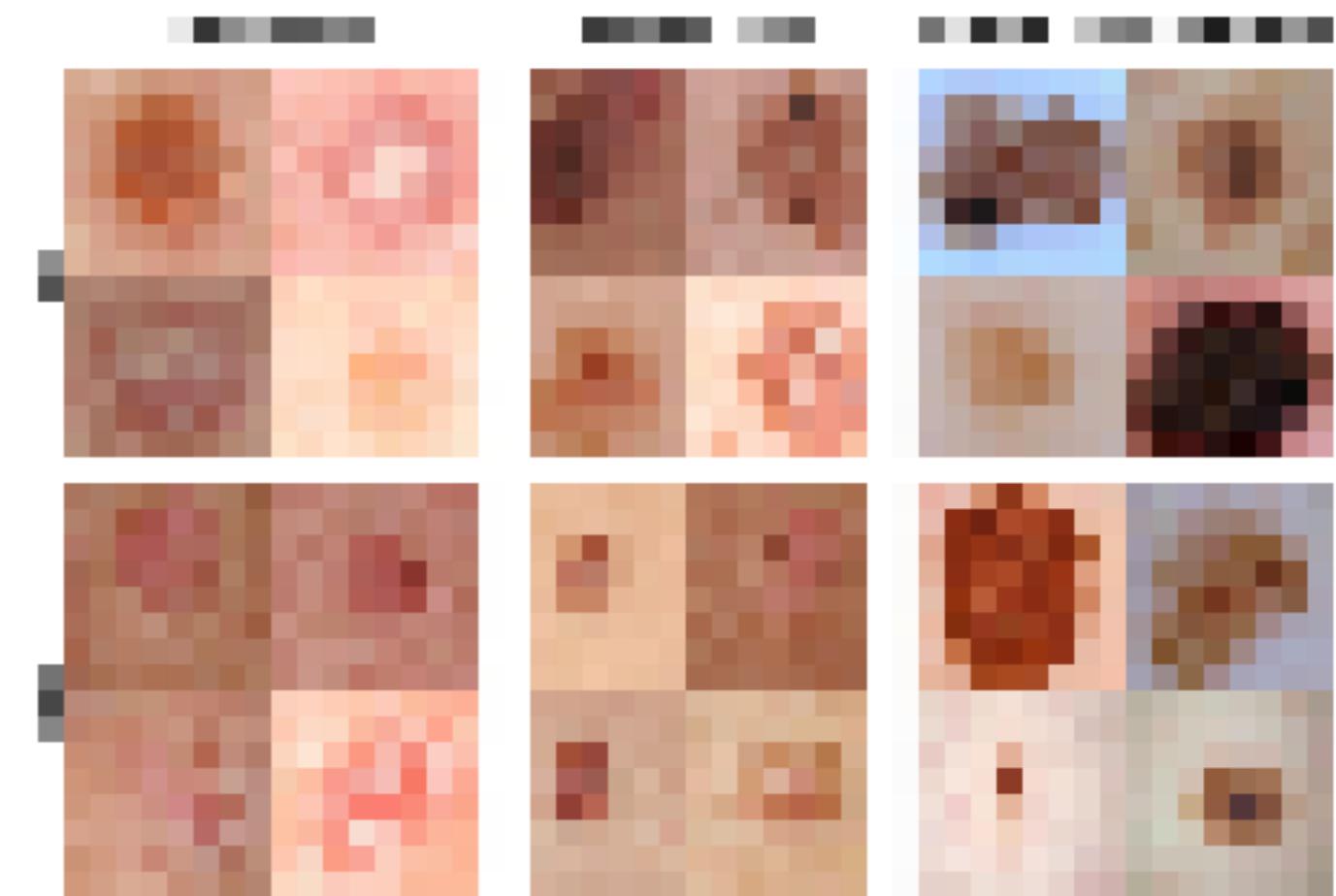


Figure: [Esteva et al., 2017]



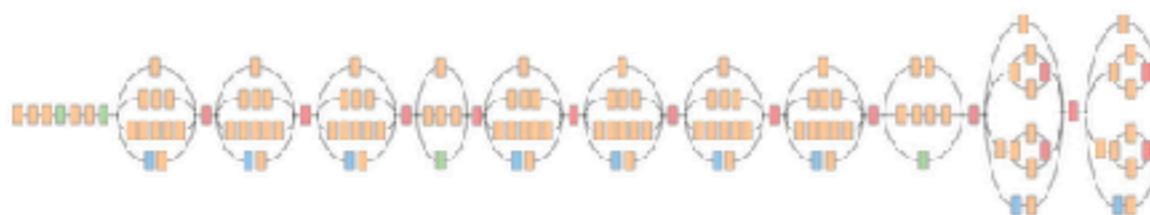
- Nature paper [Esteva et al., 2017]
- Dataset of 129,450 clinical images
- 2,032 different diseases.

# Use Inception-v3 network

Skin lesion image



Deep convolutional neural network (Inception v3)



- Convolution
- AvgPool
- MaxPool
- Concat
- Dropout
- Fully connected
- Softmax

Training classes (757)

- Acral-lentiginous melanoma
- Amelanotic melanoma
- Lentigo melanoma
- ...
- Blue nevus
- Halo nevus
- Mongolian spot
- ...
- ...

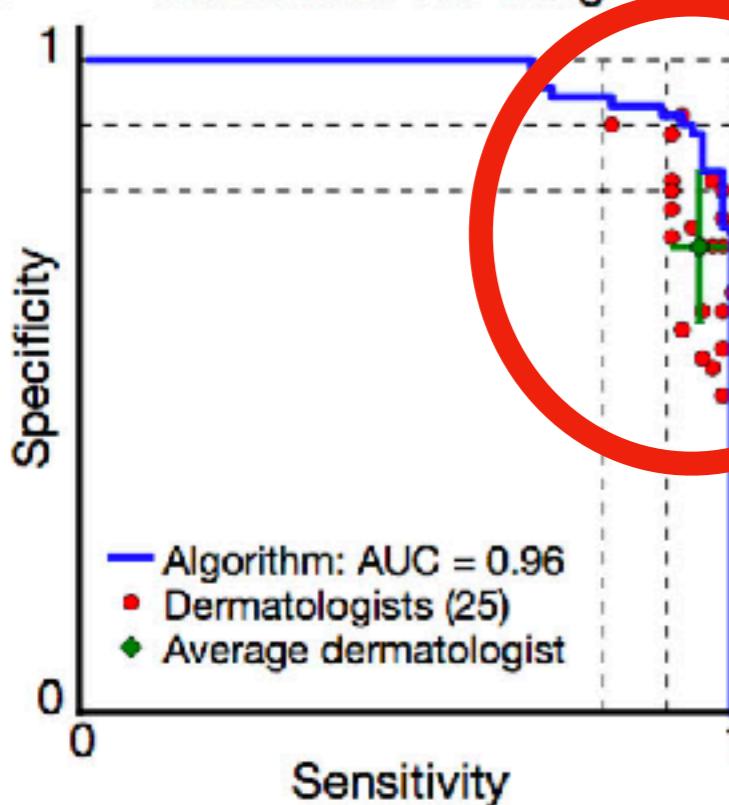
Inference classes (varies by task)

- 92% malignant melanocytic lesion
- 8% benign melanocytic lesion

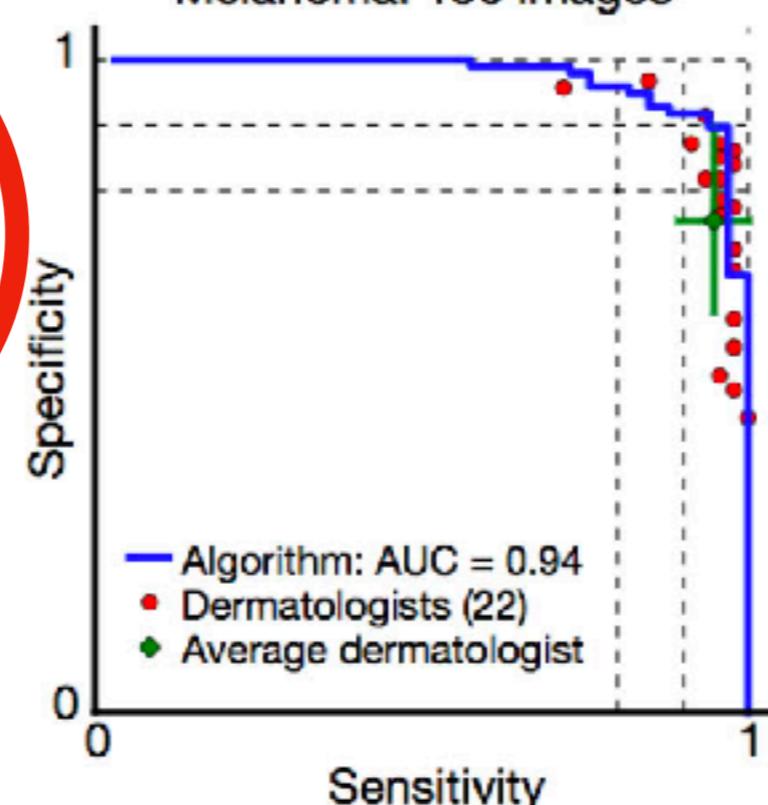
CNN outperforms dermatologists!

a

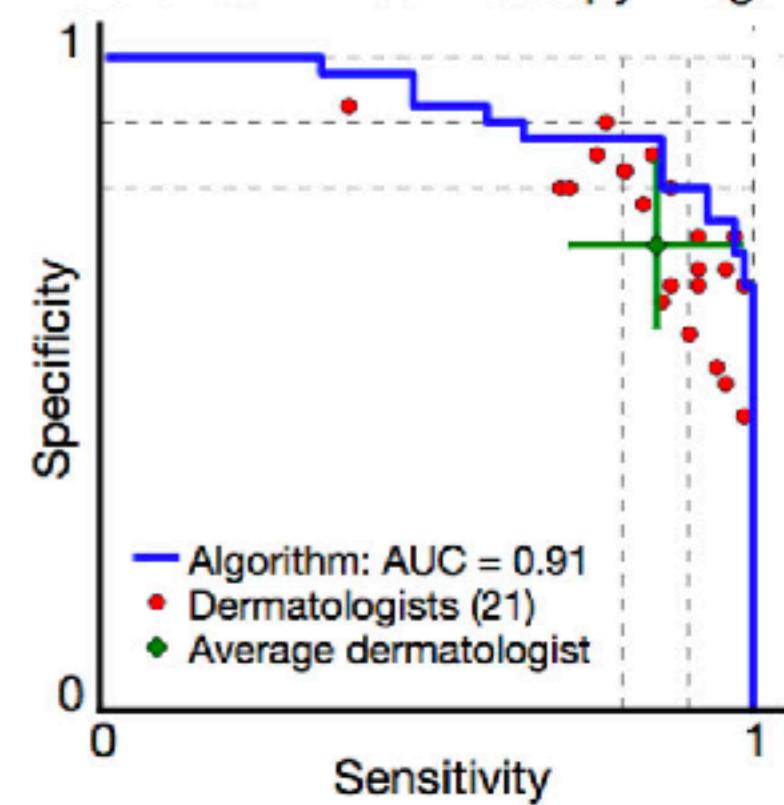
Carcinoma: 135 images



Melanoma: 130 images



Melanoma: 111 dermoscopy images



# Transfer Learning

- (Esteva et al., 2017), and nearly every other biomedical image classification approach makes use of *transfer learning*

- **Idea:** Pre-train the network on ImageNet, then fine-tune by retraining on your own data.

- retrain only **final layers**
- retrain **end-to-end**

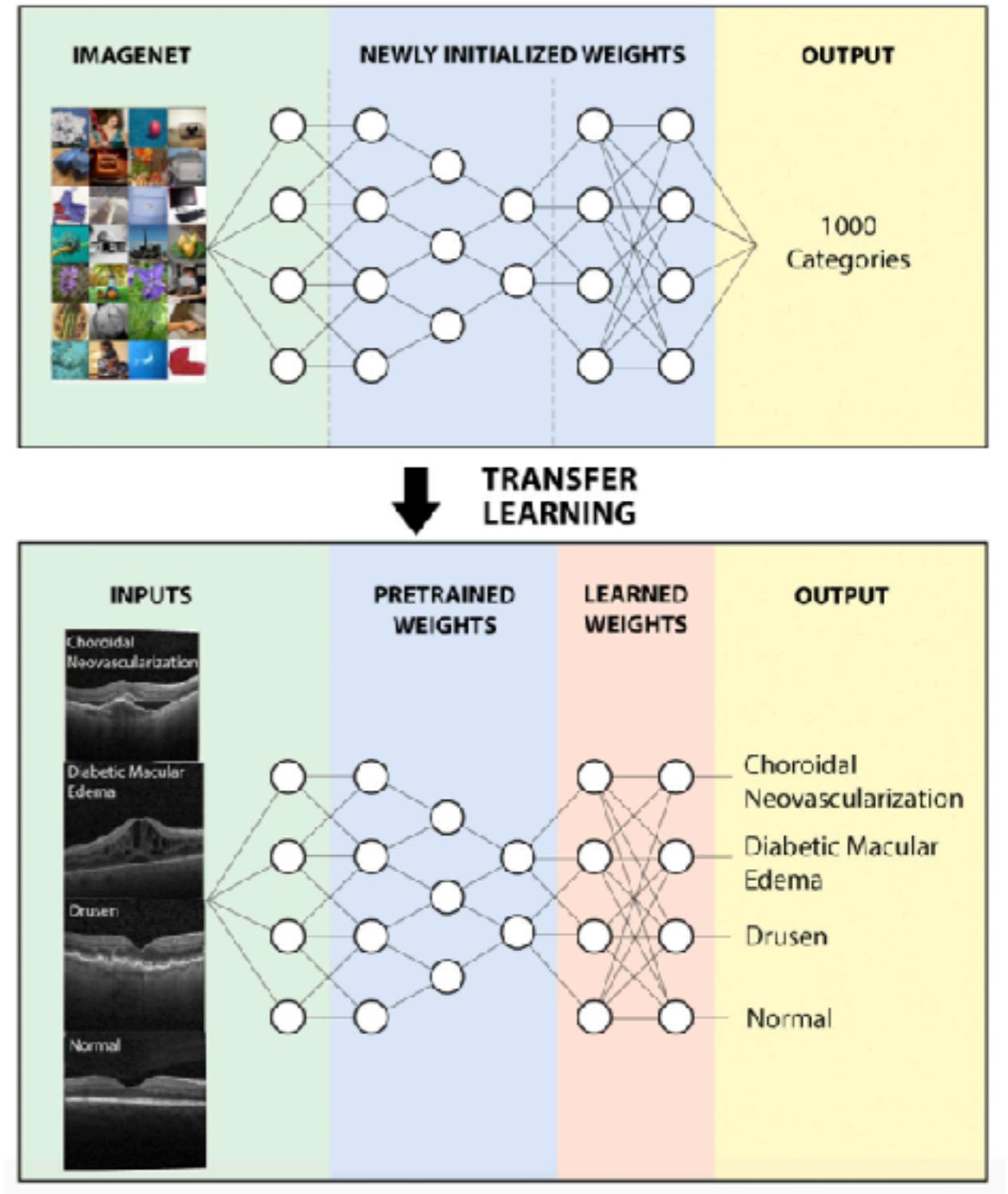
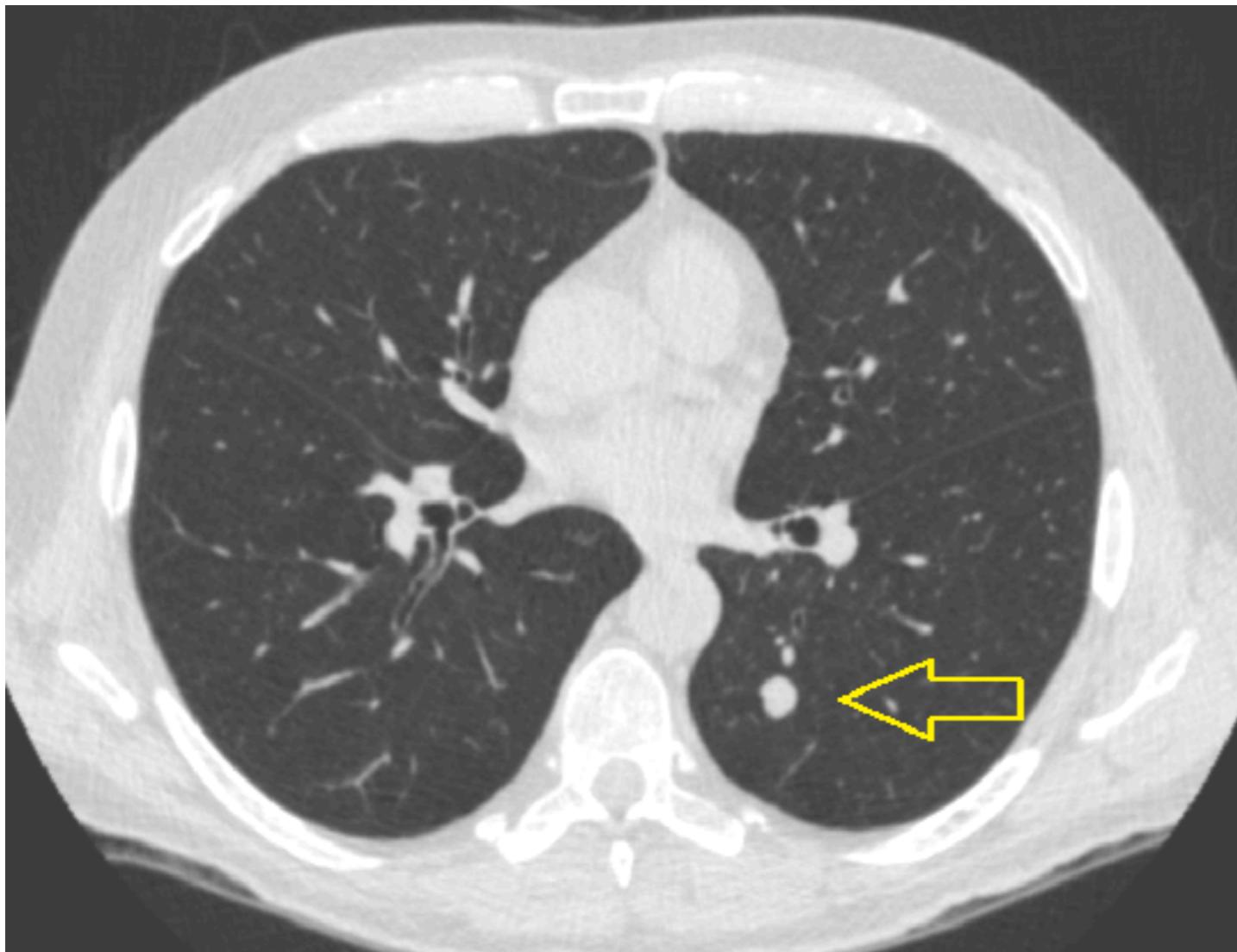


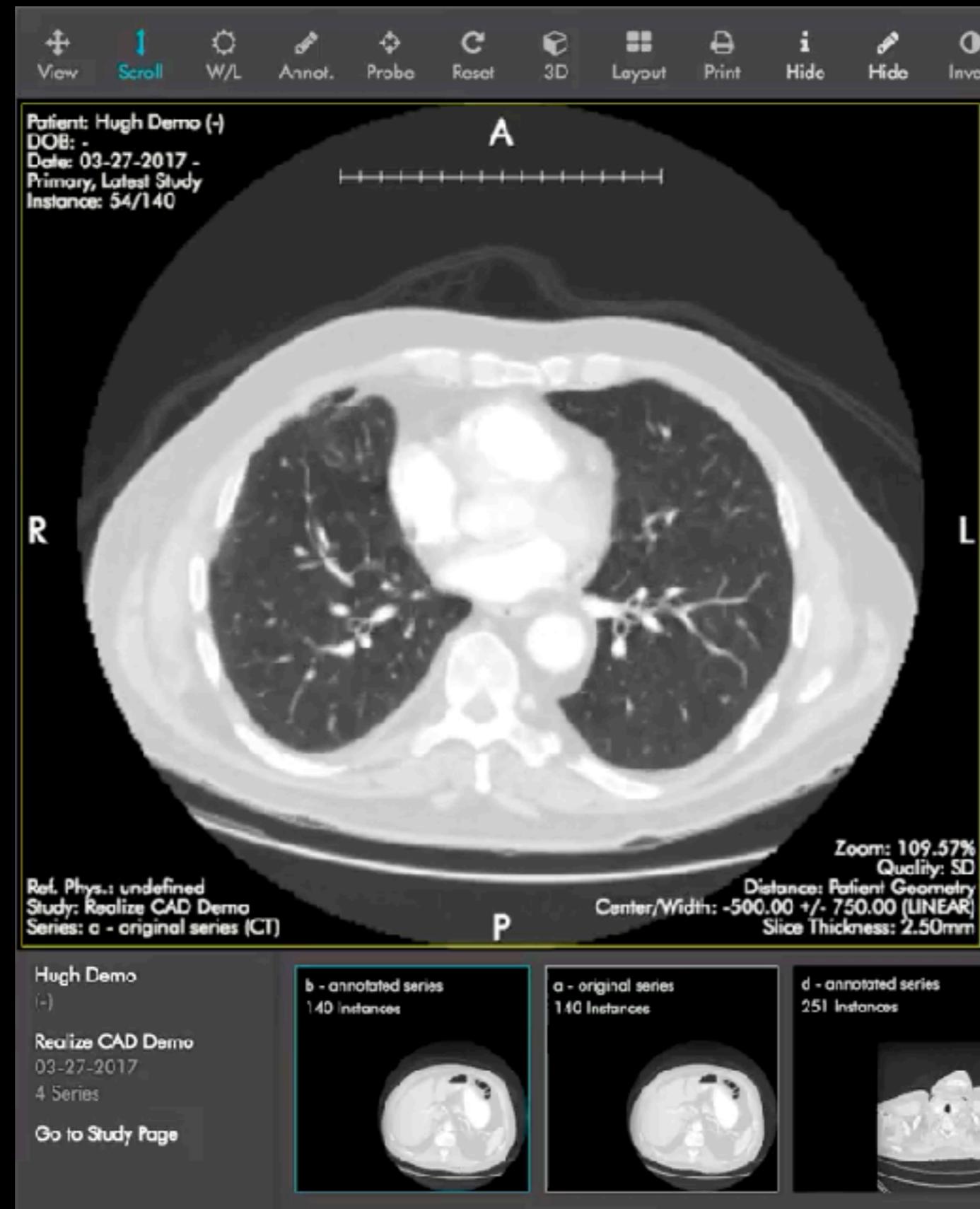
Figure: (Kermany et al., 2018)

# Application: Lung nodule detection in chest CT scans



- Early stage lung cancers detectable via low-dose CT scans
- Manifest as small pulmonary nodules
- Demanding task for radiologists:  
~200-400 axial slices per scan

Figure: [http://www.diagnijmegen.nl/index.php/Lung\\_Cancer](http://www.diagnijmegen.nl/index.php/Lung_Cancer)



Realize AI: <https://ambrahealth.com/directory/realize-ai/>  
Video: [https://www.youtube.com/watch?v=X\\_8bpuL0G3Q](https://www.youtube.com/watch?v=X_8bpuL0G3Q)

# Potential for CNN's

IEEE TRANSACTIONS ON MEDICAL IMAGING, VOL. 14, NO. 12, DECEMBER 1995

711

## Artificial Convolution Neural Network Techniques and Applications for Lung Nodule Detection

Shih-Chung B. Lo, Shyh-Liang A. Lou, *Member, IEEE*, Jyh-Shyan Lin, Matthew T. Freedman, Minze V. Chien, *Member, IEEE*, and Seong K. Mun, *Member, IEEE*

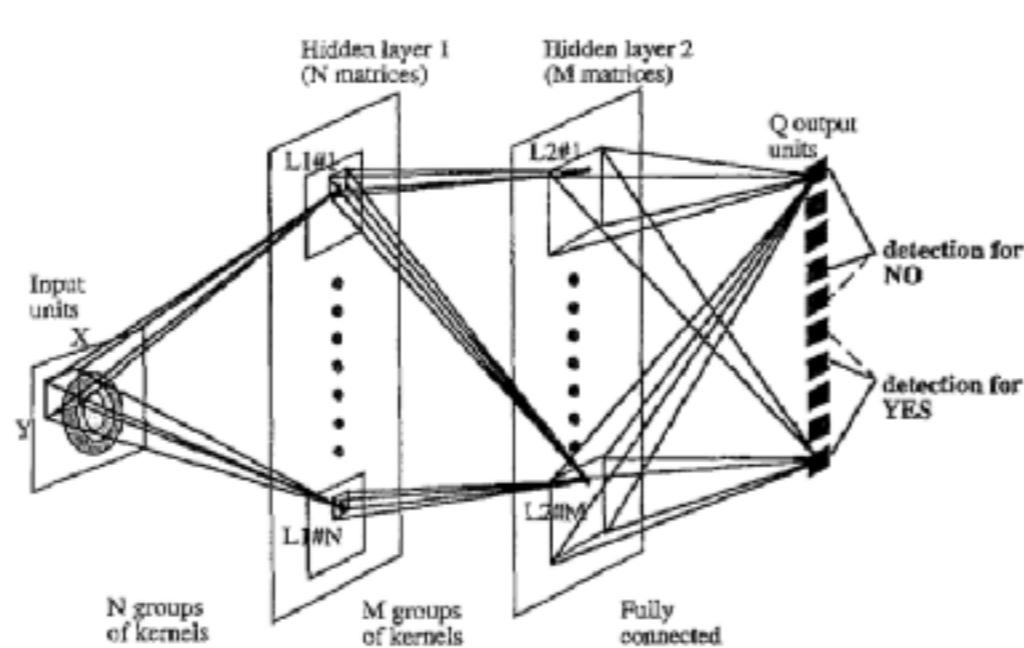
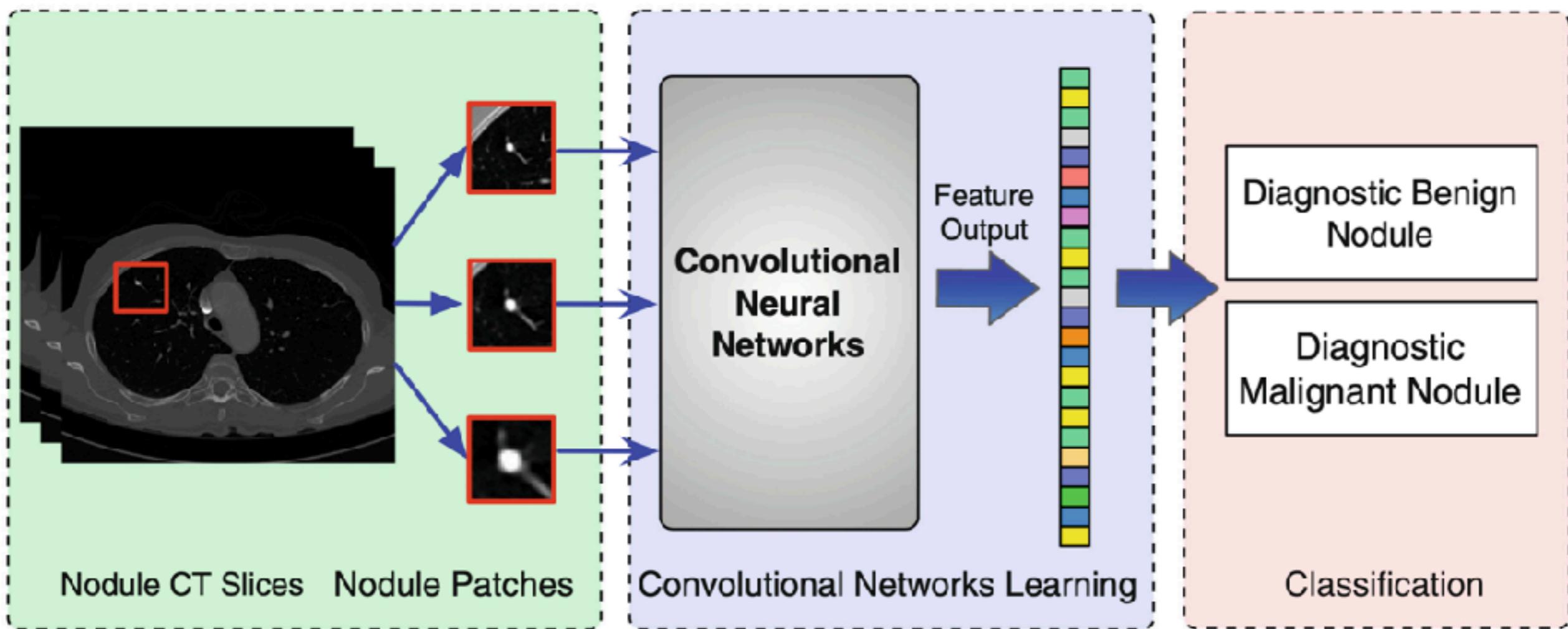


Fig. 3. Artificial convolution neural network for detection of lung nodule.

# Modern approaches

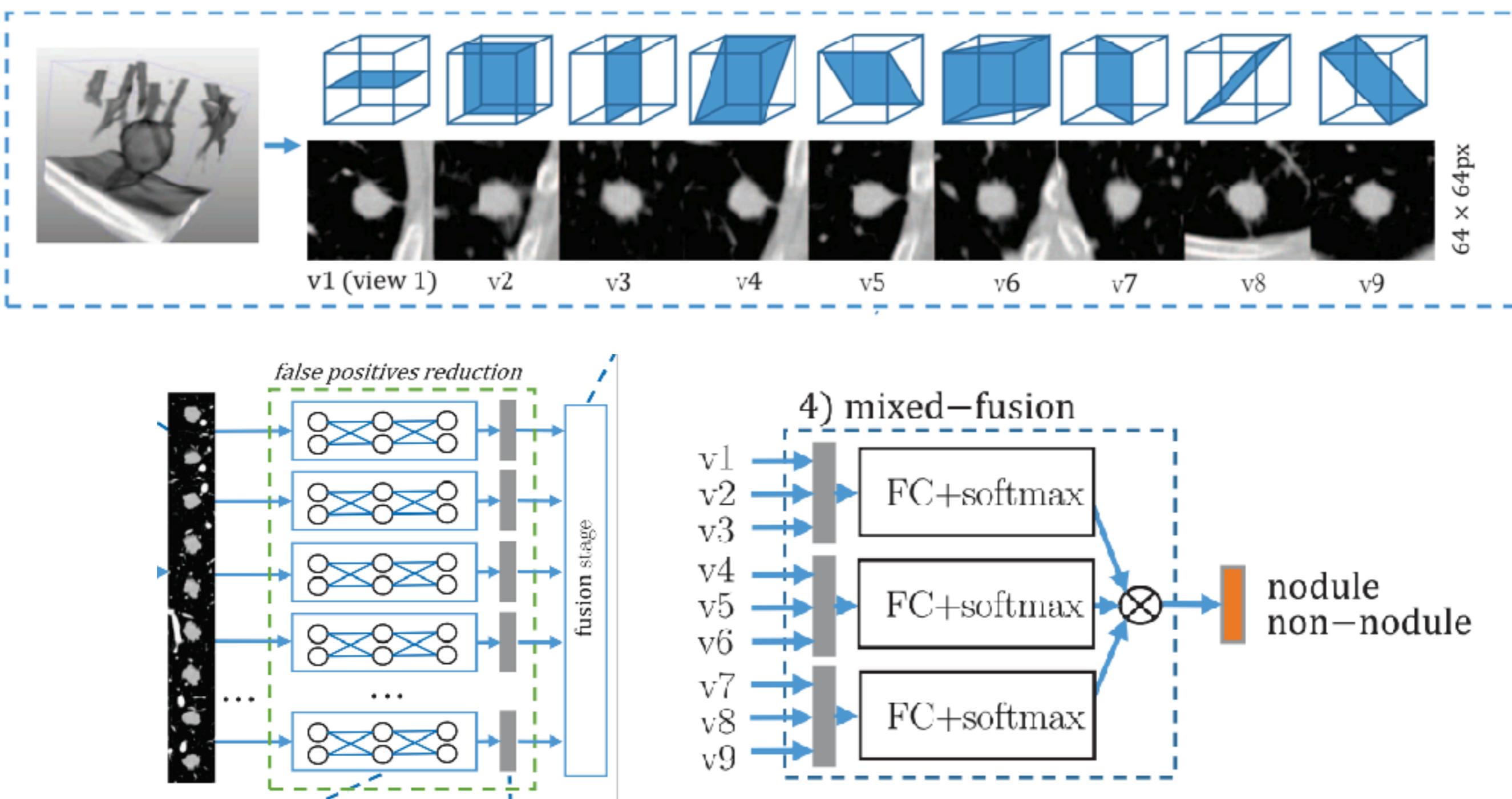
- Multi-scale approach [Shen et al., 2015]
- Trains 3 CNN's simultaneously on patches at different scales

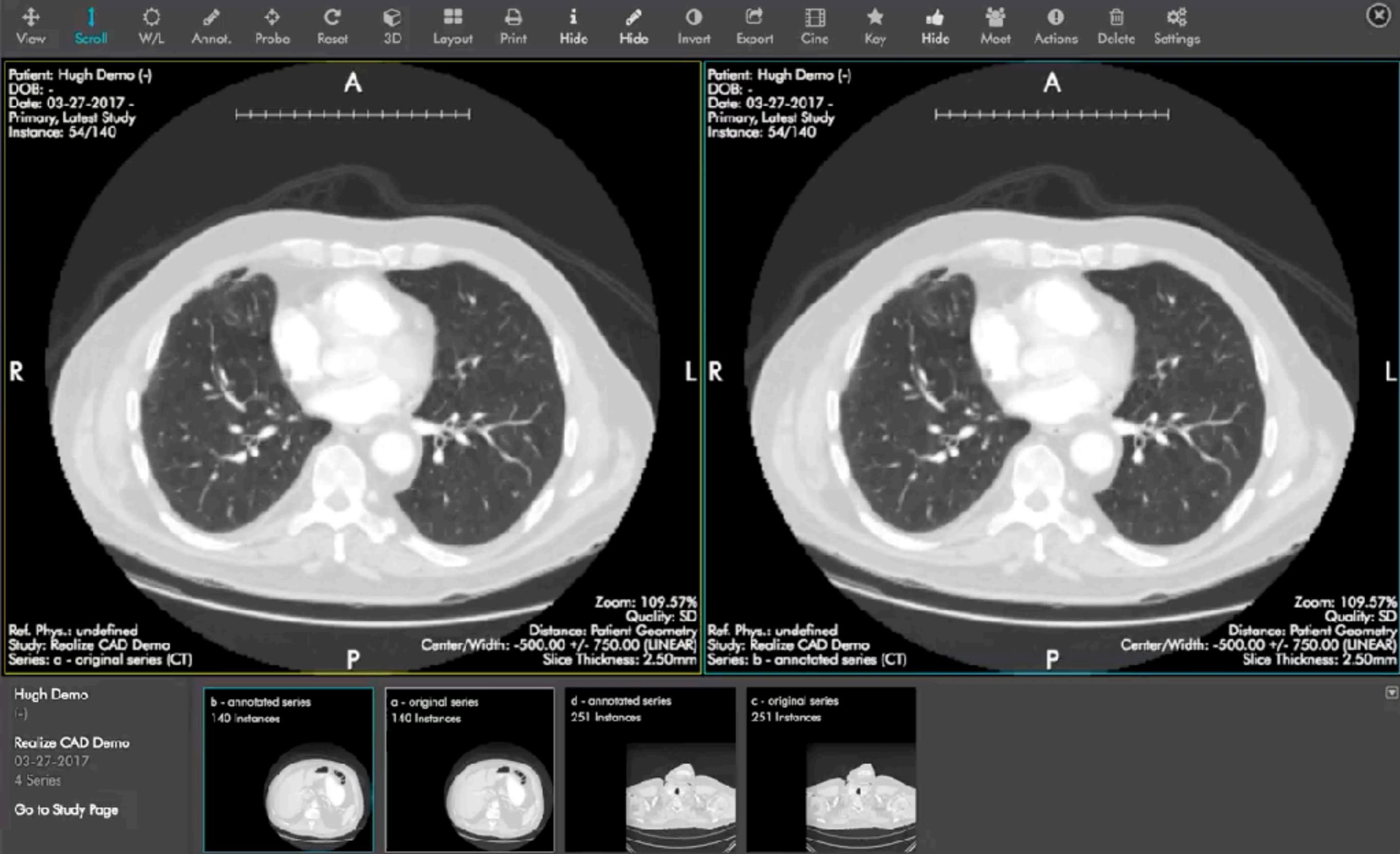


- Uses domain specific knowledge:  
nodule sizes vary from < 3 mm to >30 mm

# Modern approaches

- Multi-view approach [Setio et al., 2016]
- Trains 9 CNN's simultaneously for 9 different views of nodule

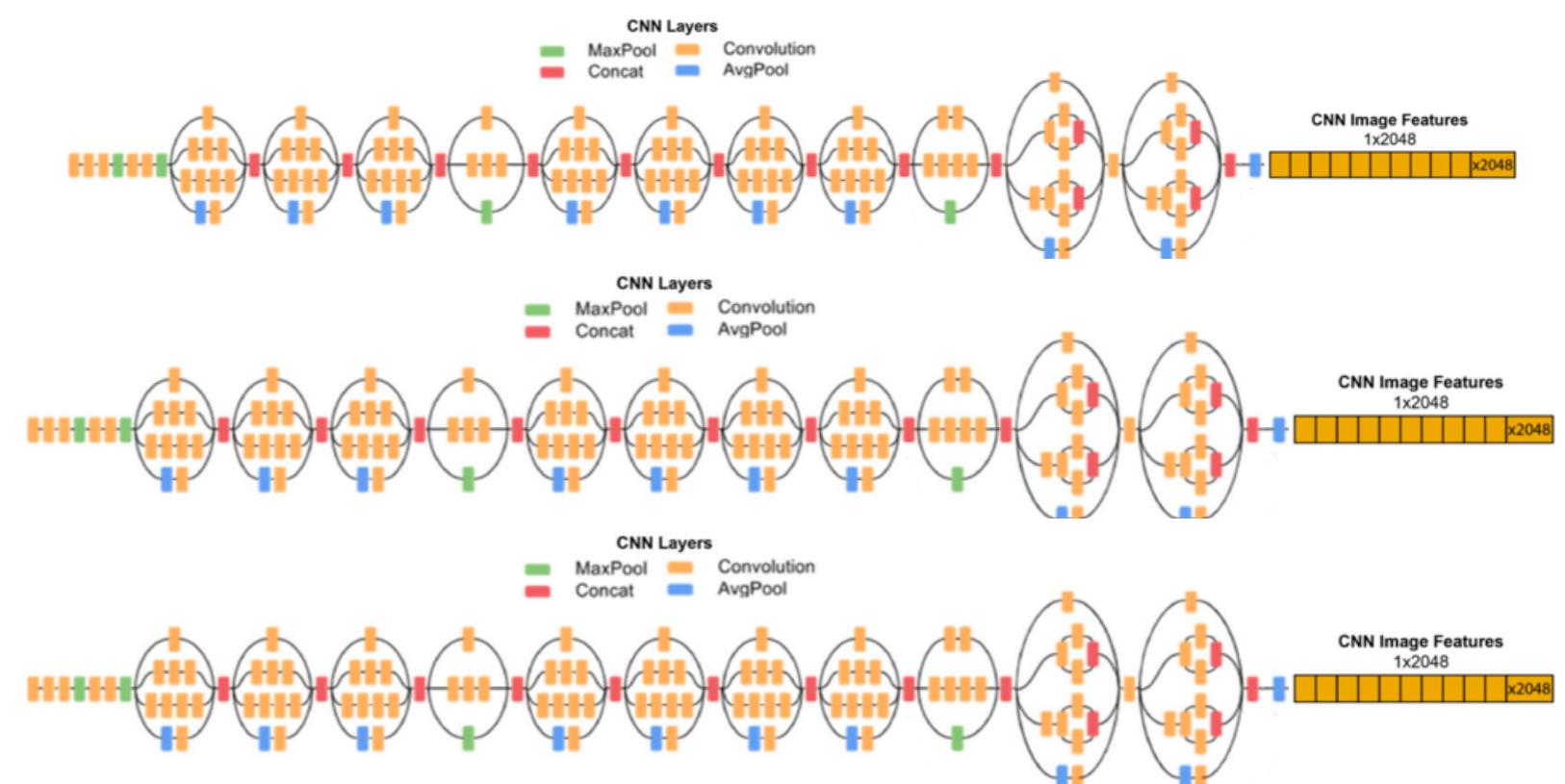
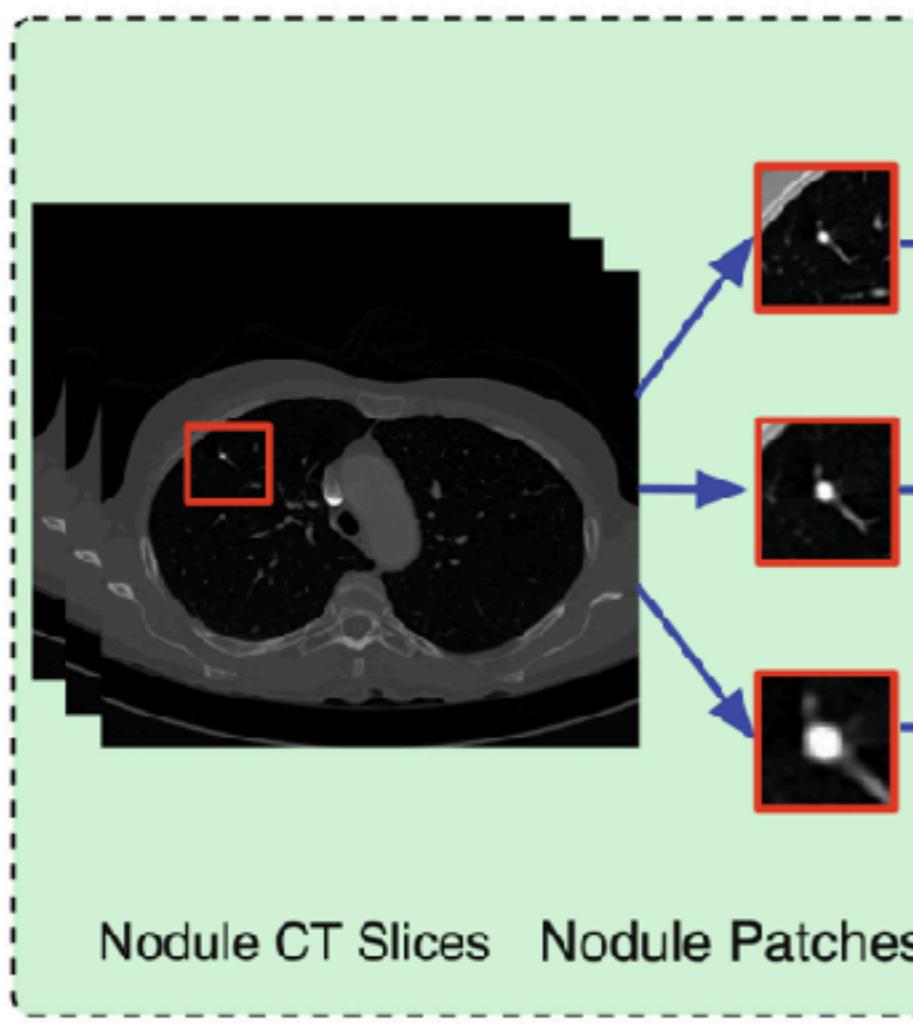




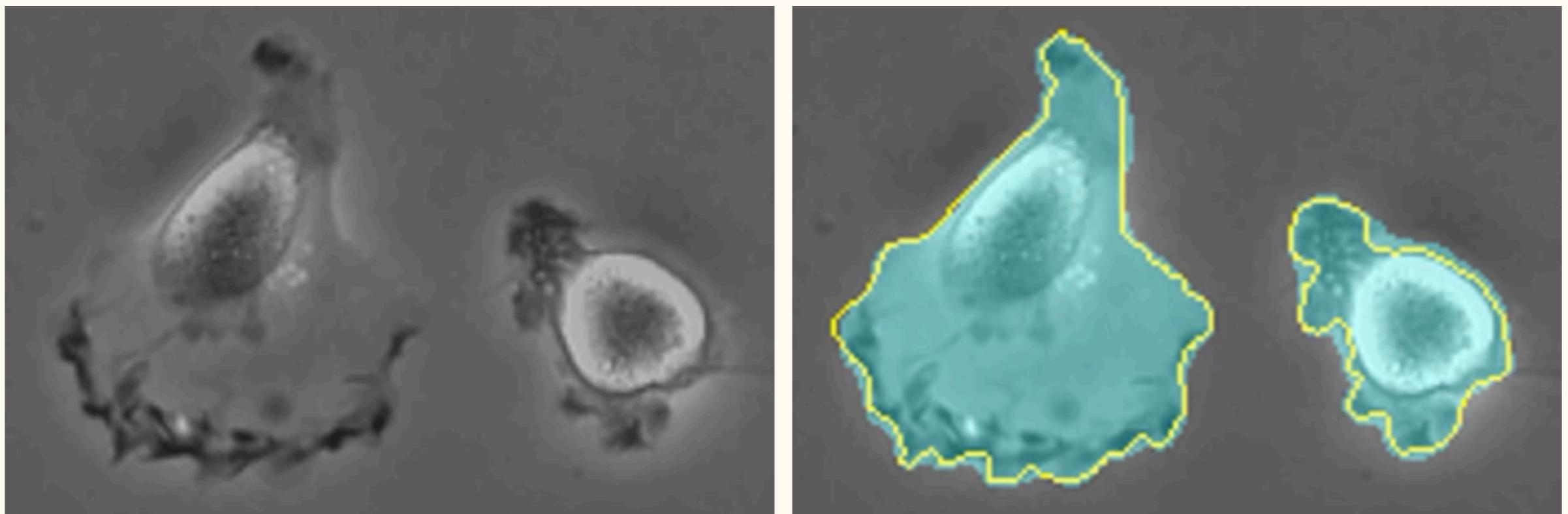
Realize AI: <https://ambrahealth.com/directory/realize-ai/>  
Video: [https://www.youtube.com/watch?v=X\\_8bpuL0G3Q](https://www.youtube.com/watch?v=X_8bpuL0G3Q)

# Takeaway

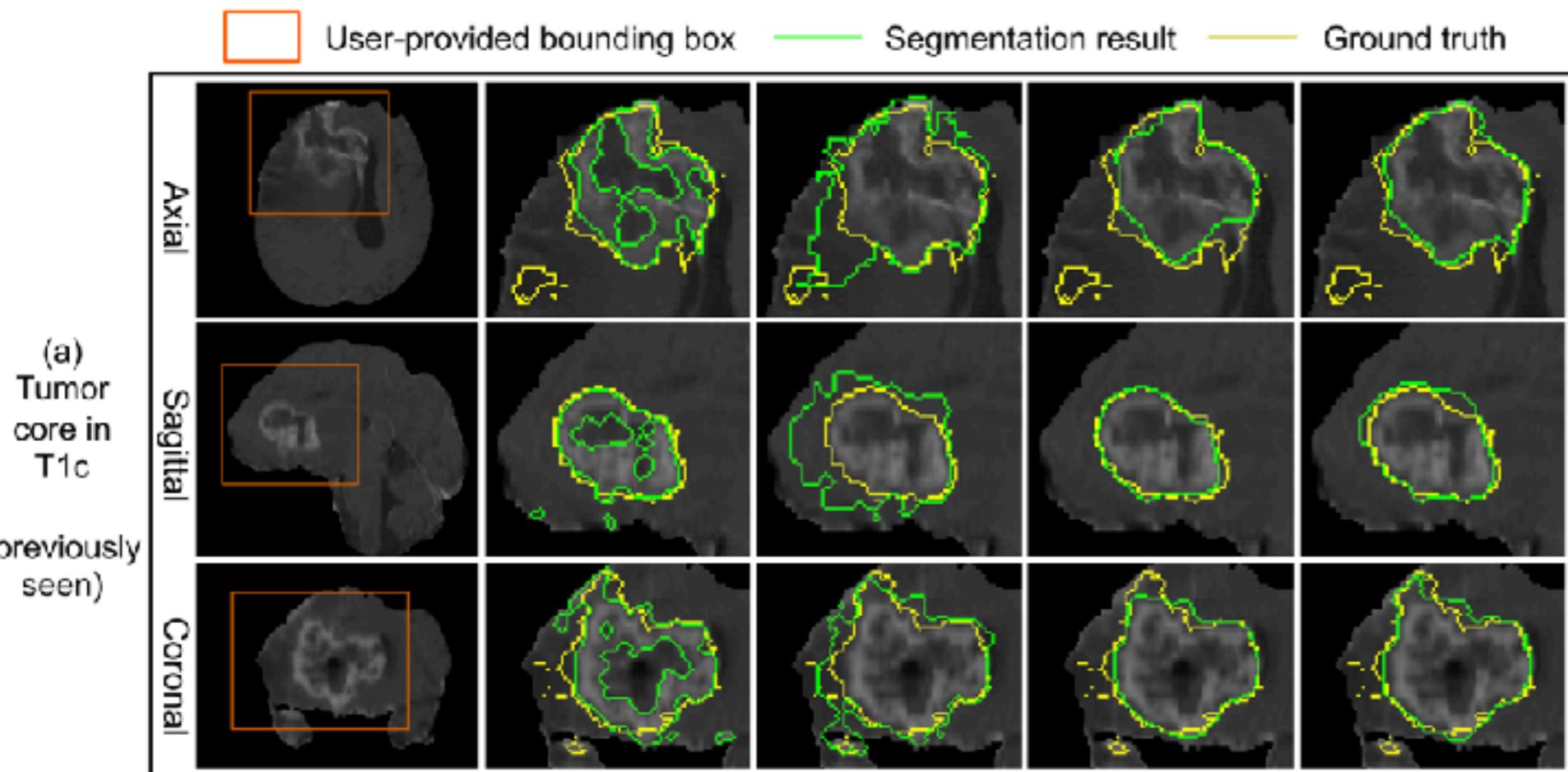
Main innovations in classifying biomedical images with CNNs are in “meta-architectures” that make use of **domain specific knowledge**



# Biomedical Image Segmentation with the U-net



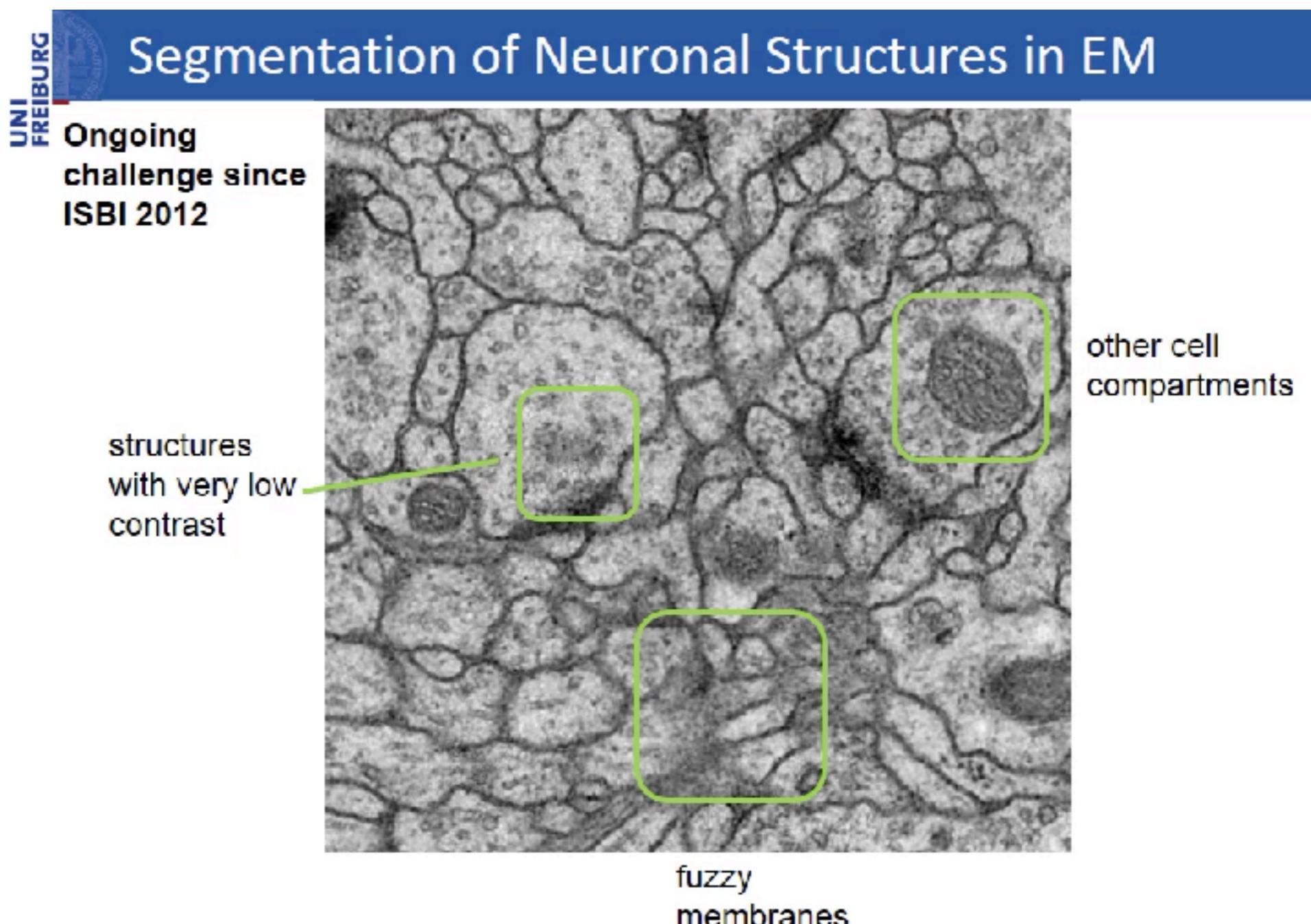
# What is segmentation?



**Goal:** partition image into multiple regions that share attributes for *localization* or *quantification*

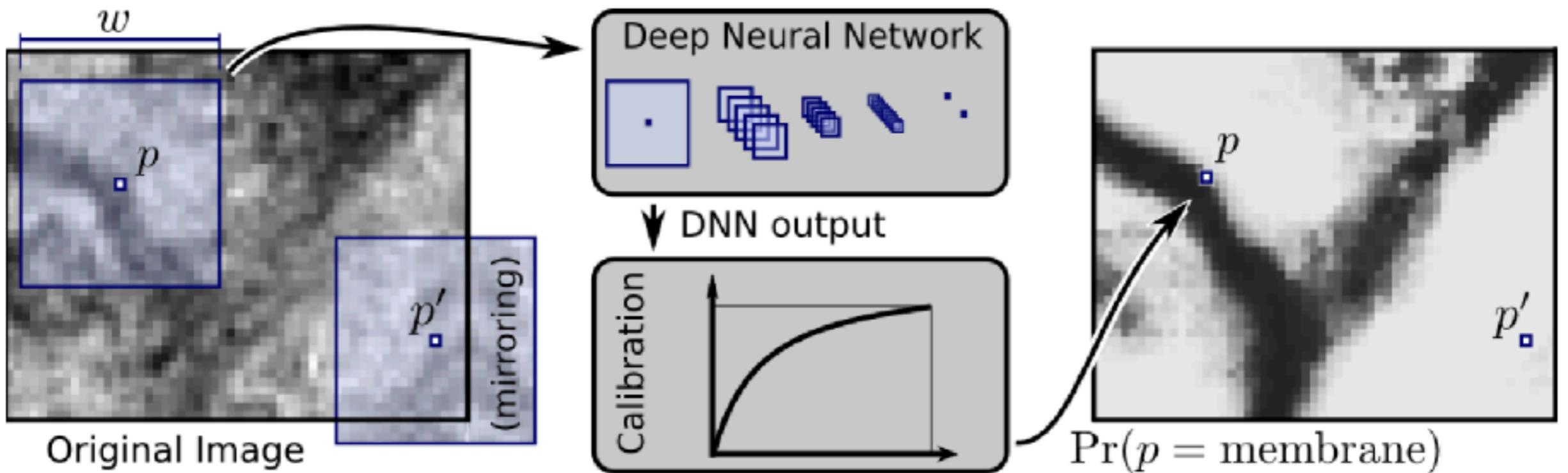
Example: Tumor segmentation in MRI brain scans

# Application: Segmentation of neuronal structures in electron microscope stacks



# Segmentation = pixel-wise classification?

- Classify pixel-wise with deep CNN classifier
- Use a “sliding window” approach

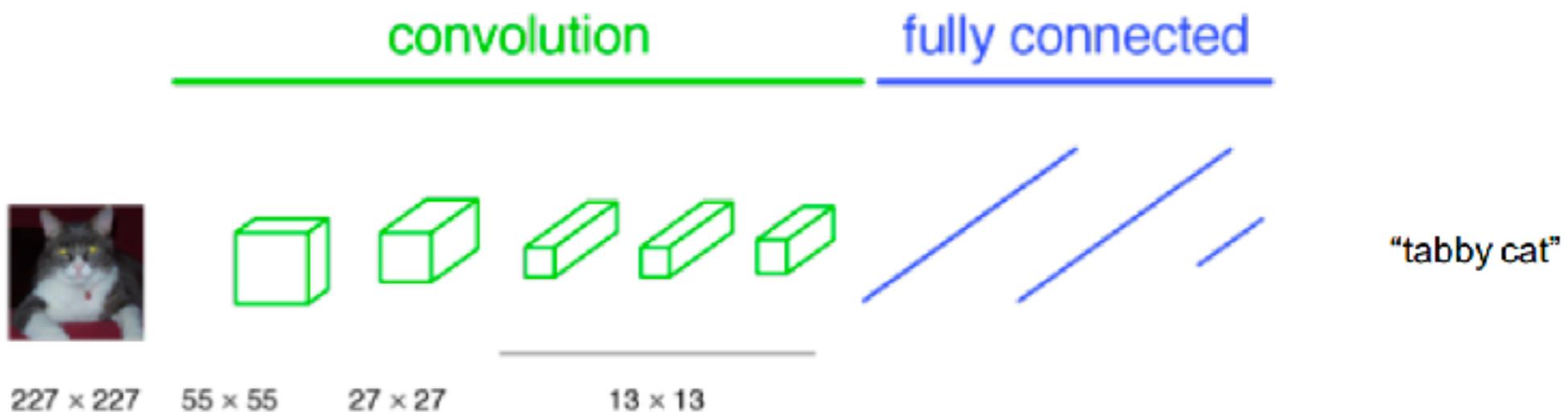


[Ciresan et al., 2012]

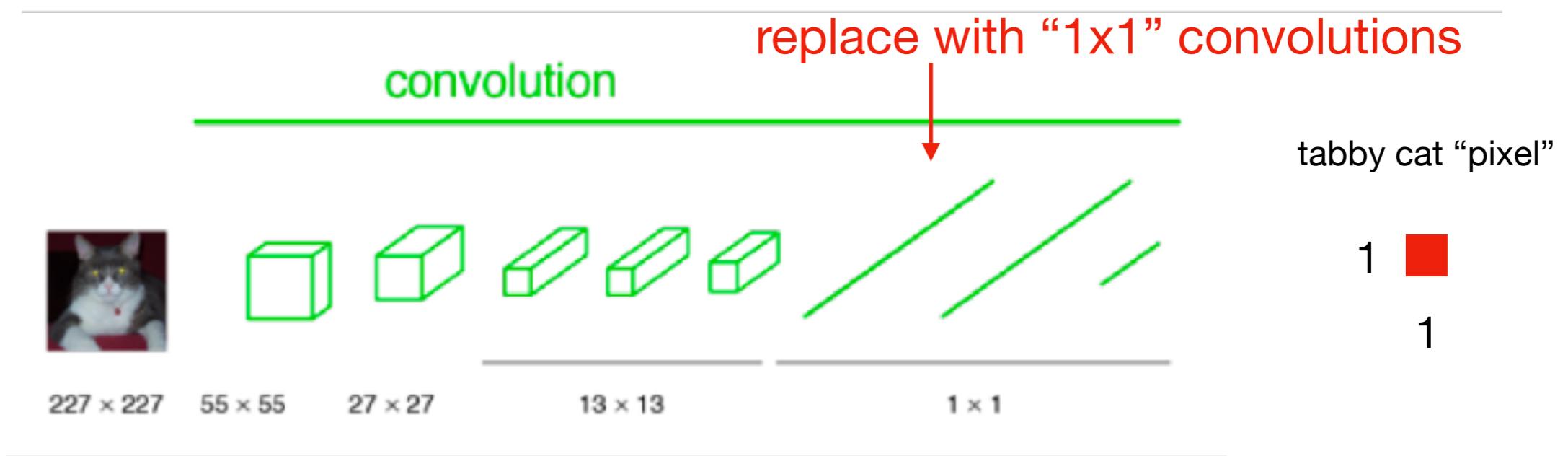
- Drawbacks: Inefficient to scale to large images
- Only uses local information

# Fully convolutional neural networks (fCNN)

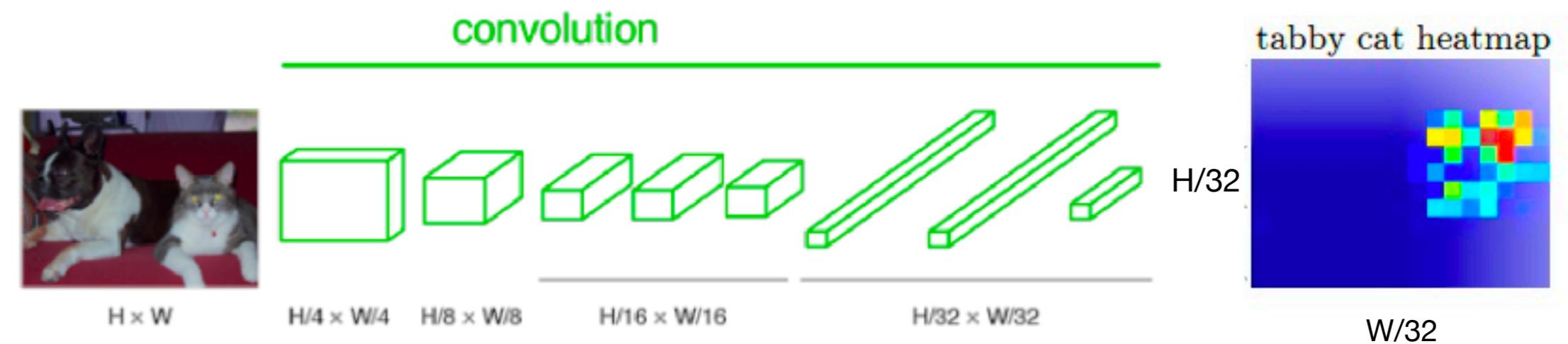
typical  
CNN



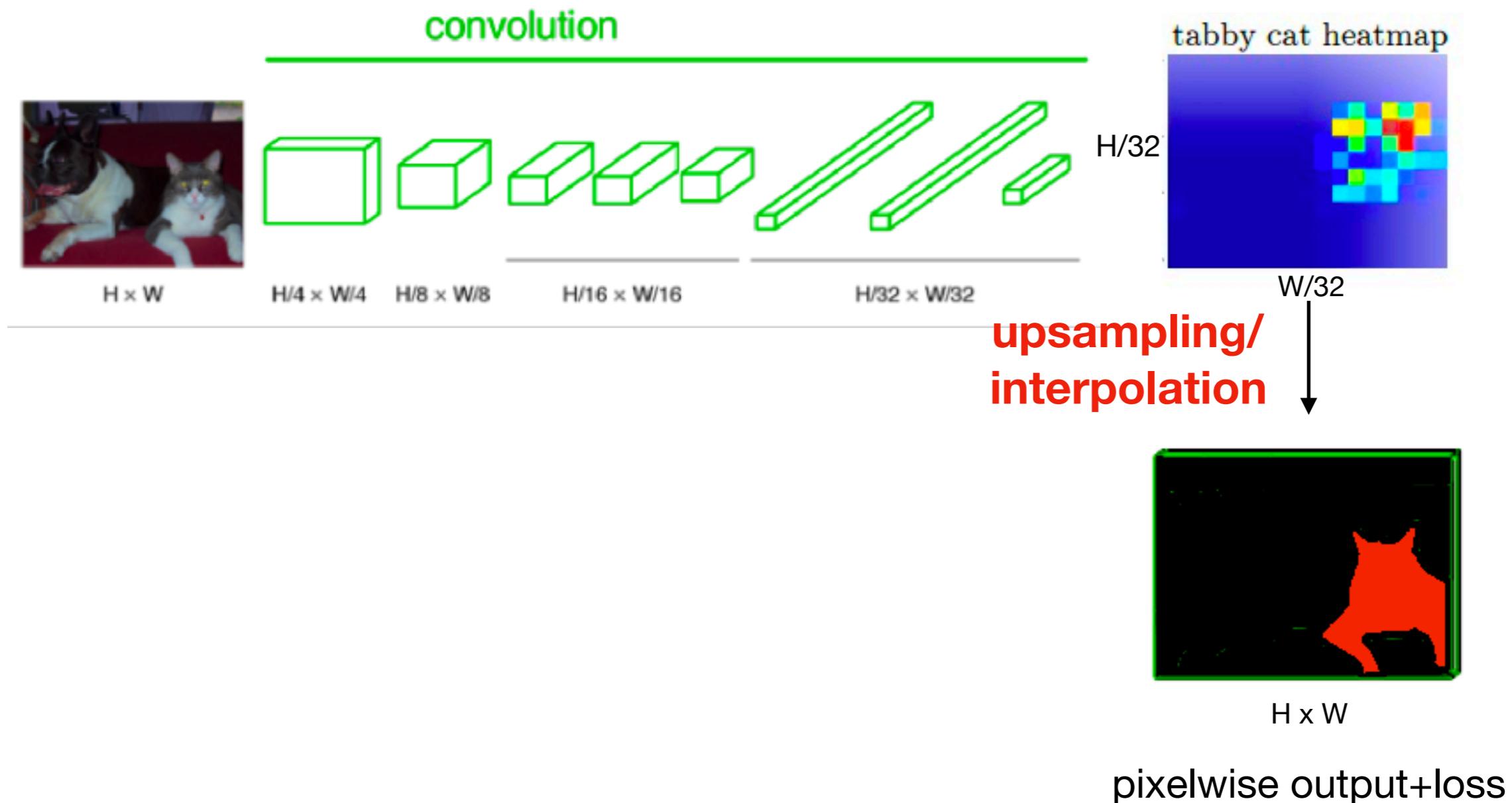
fCNN



fCNN  
(w/ arbitrary  
input shape)



# fCNN Segmentation Network [Long et al., 2014]



# Skip connections in fCNNs

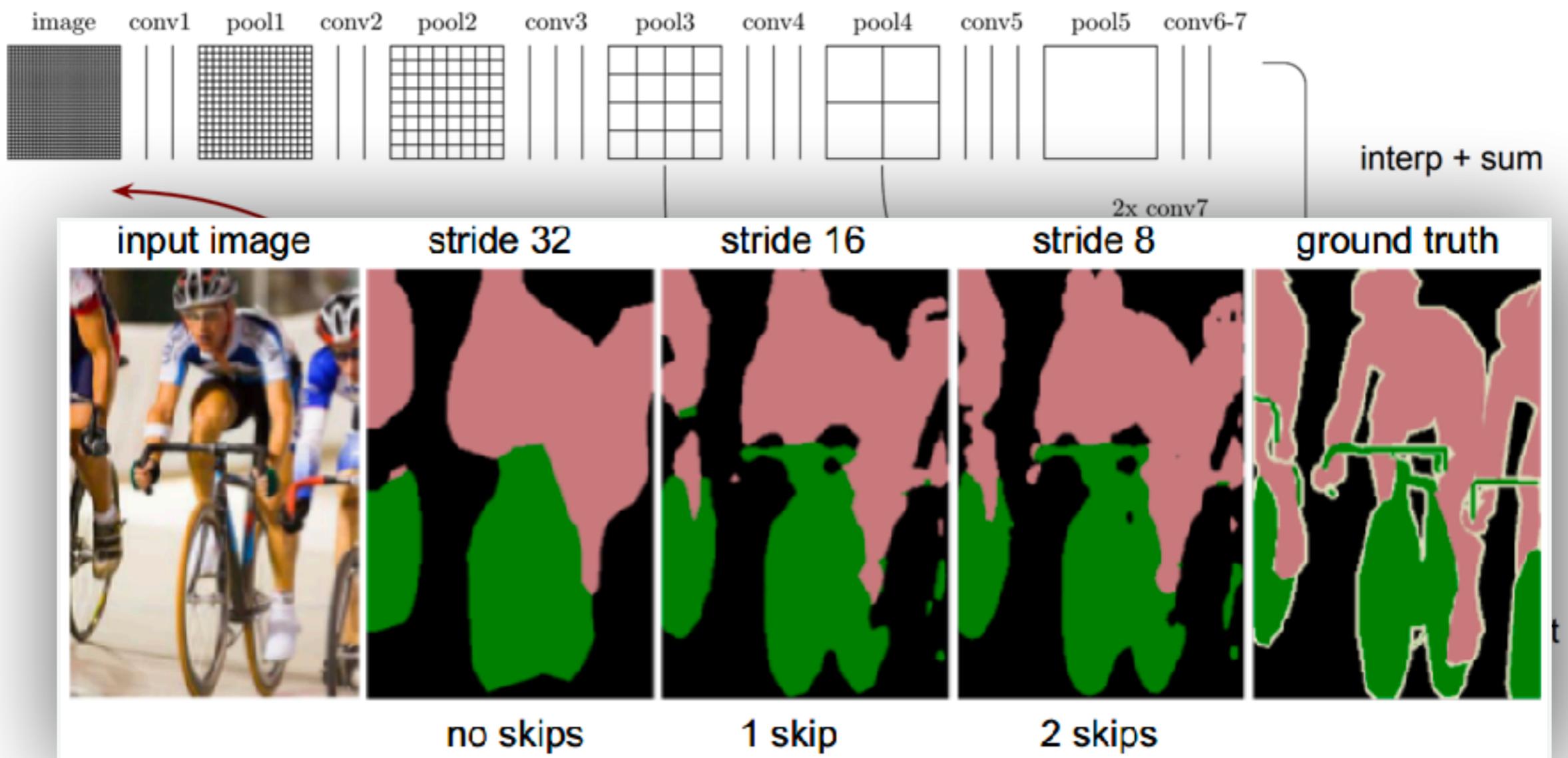


Figure: [Long et al., 2014]

# U-net architecture [Ronneberger et al. 2015]

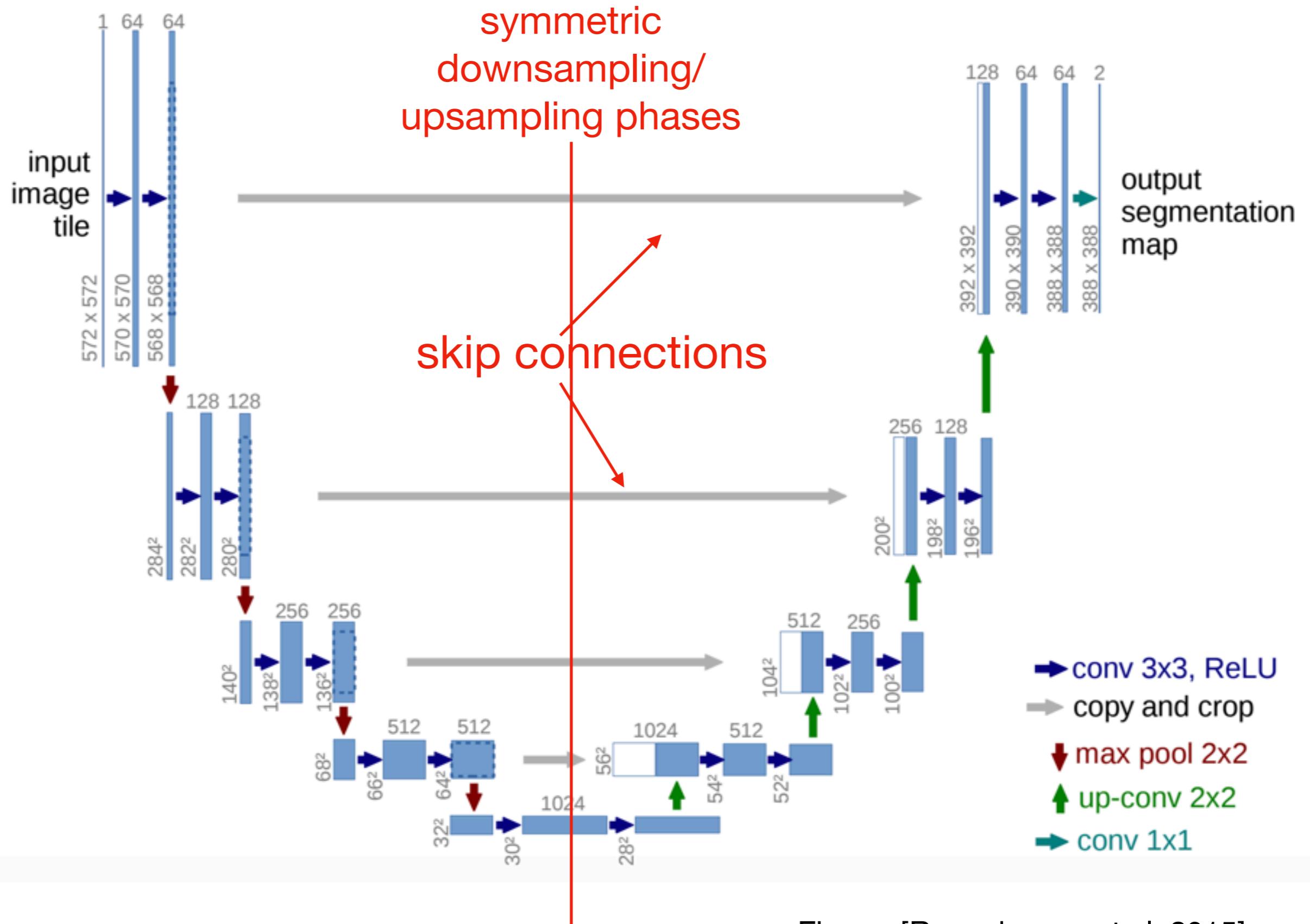
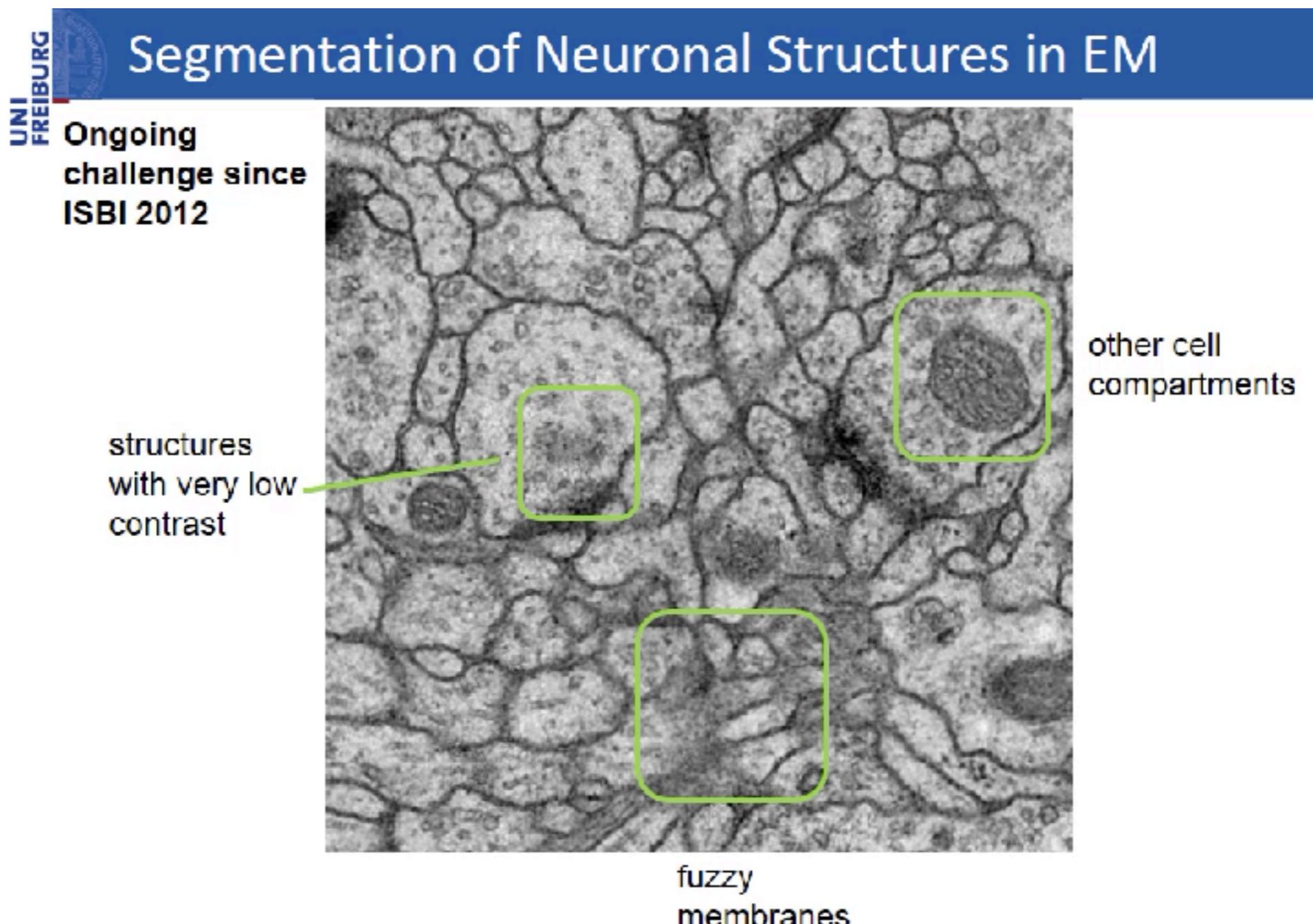


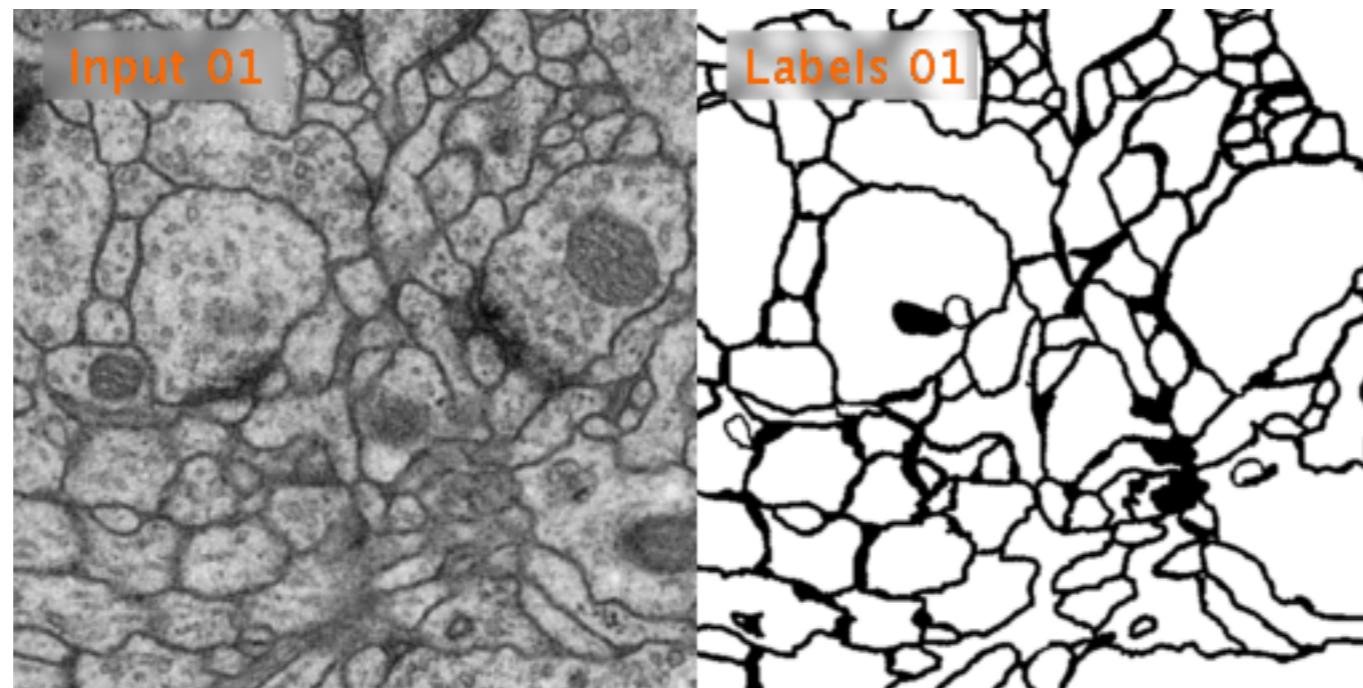
Figure: [Ronneberger et al. 2015]

# Application: Segmentation of neuronal structures in electron microscope stacks



# Issue: Very Little Training Data

- Hand-labelled segmentations difficult to obtain
  - e.g., ISBI 2012 challenge has only 30 training images!



- Transfer learning less useful in segmentation context

# Solution: Data Augmentation

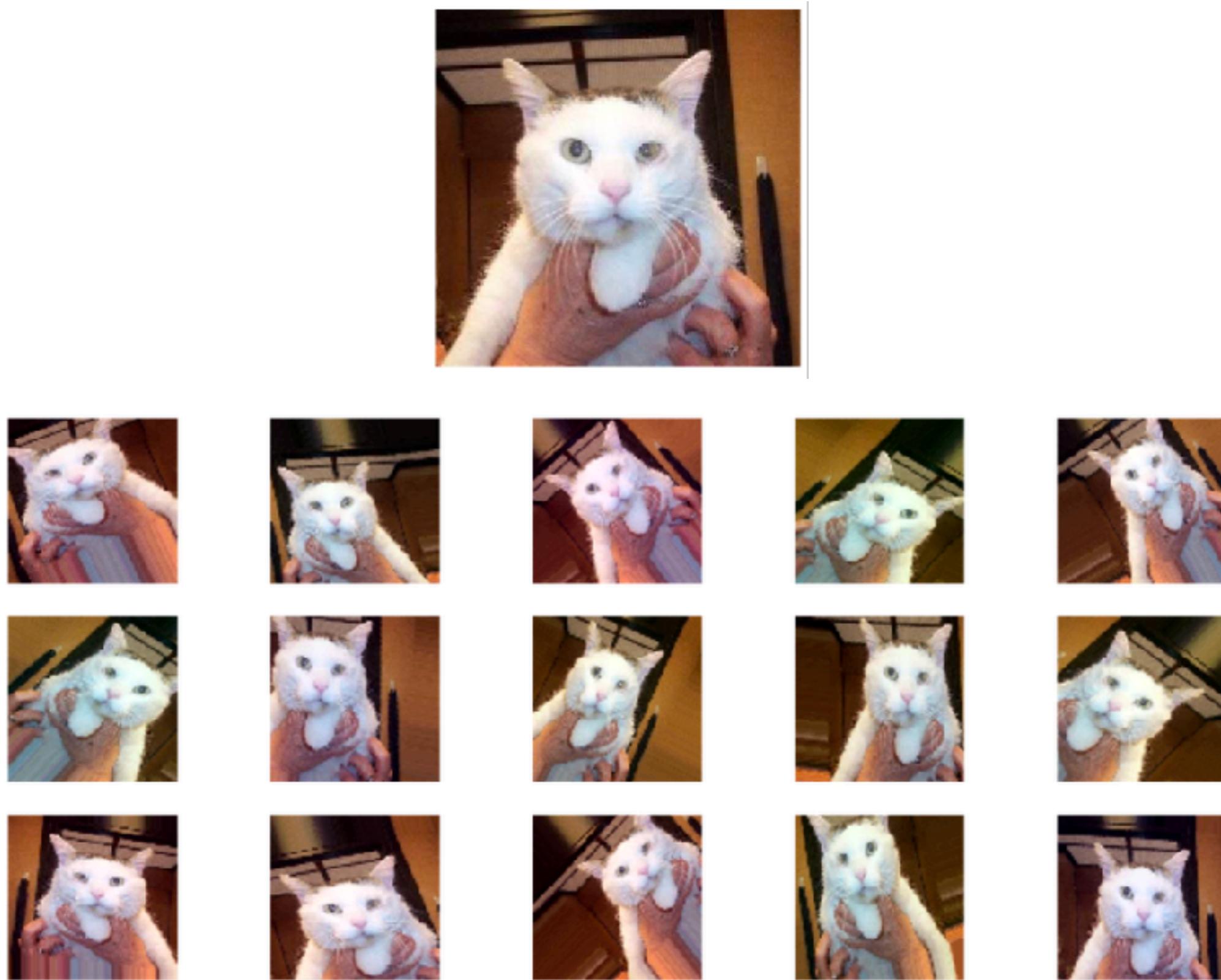
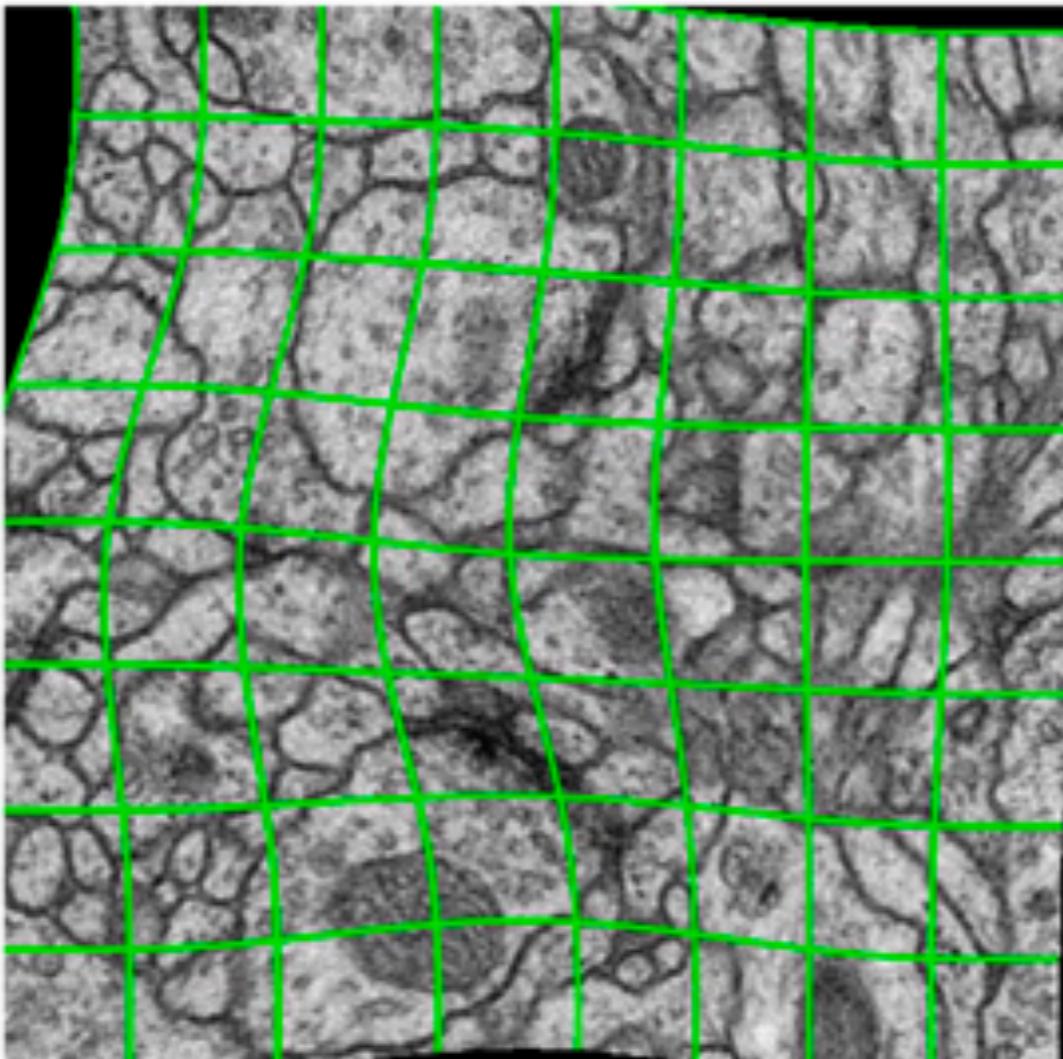


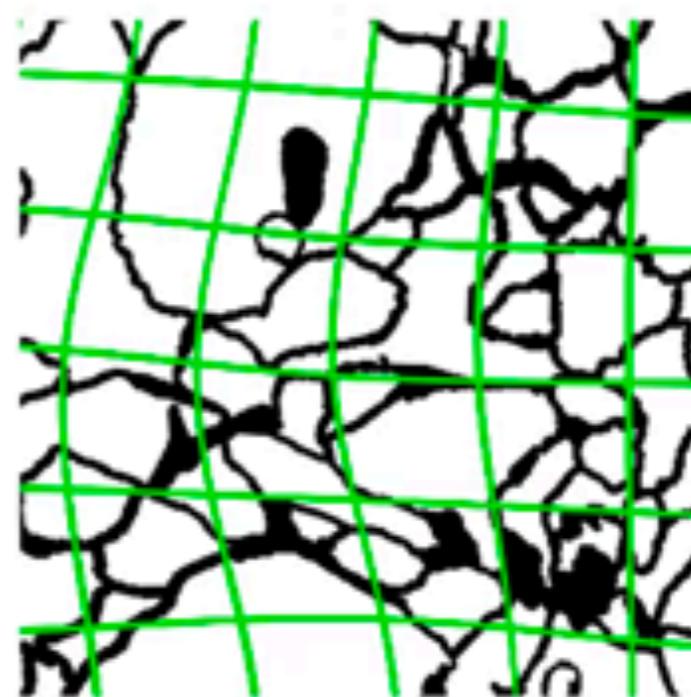
Figure: [https://m2dsupsdlclass.github.io/lectures-labs/slides/04\\_conv\\_nets/index.html#82](https://m2dsupsdlclass.github.io/lectures-labs/slides/04_conv_nets/index.html#82)

# Solution: Data Augmentation



resulting deformed image

(for visualization: no rotation, no shift, no extrapolation)



correspondingly deformed  
manual labels

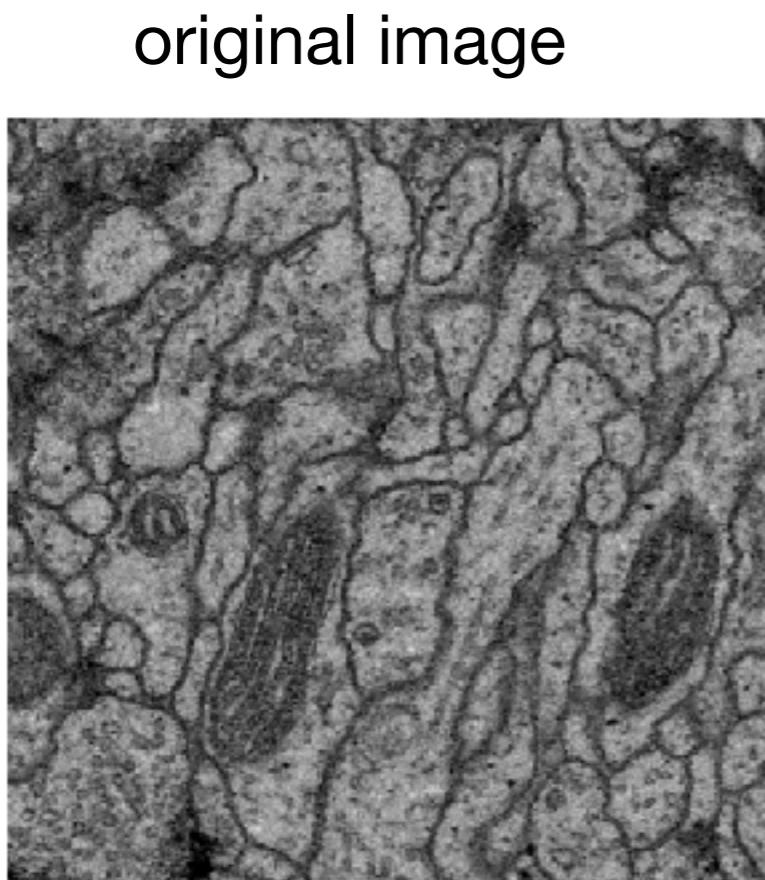
# Other Improvements: Task specific loss functions

binary cross-entropy:  $L_{bce} = \sum_i y_i \log o_i + (1 - y_i) \log (1 - o_i)$

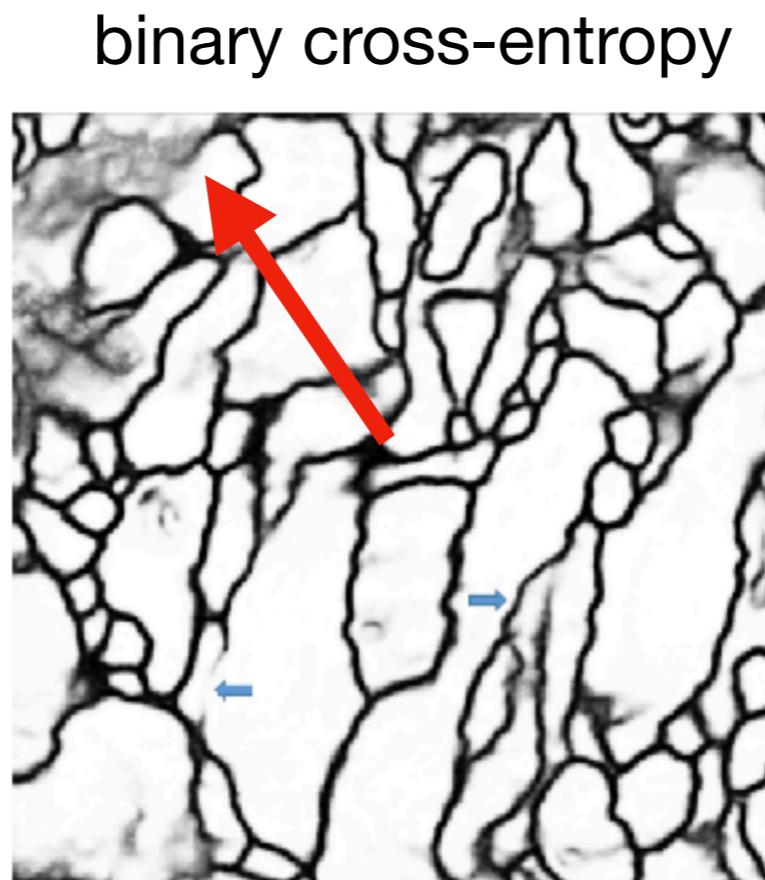
$y_i$  = true labels  
 $o_i$  = predictions

“Dice” loss:  
(common metric  
used in segmentation)

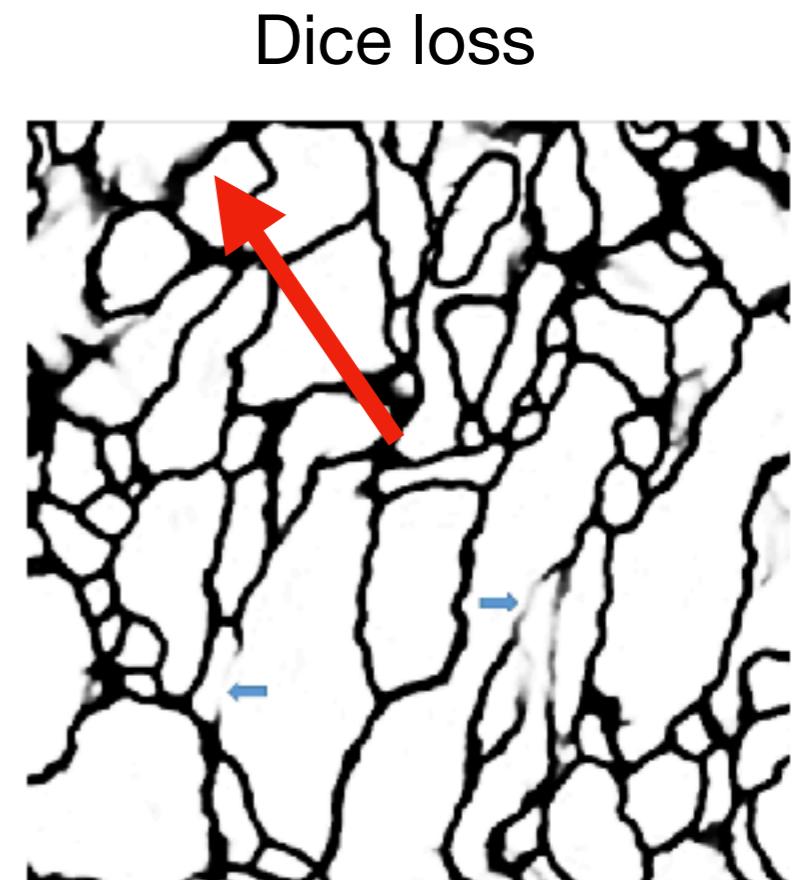
$$L_{Dice} = -\frac{2 \sum_i o_i y_i}{\sum_i o_i + \sum_i y_i}$$



original image



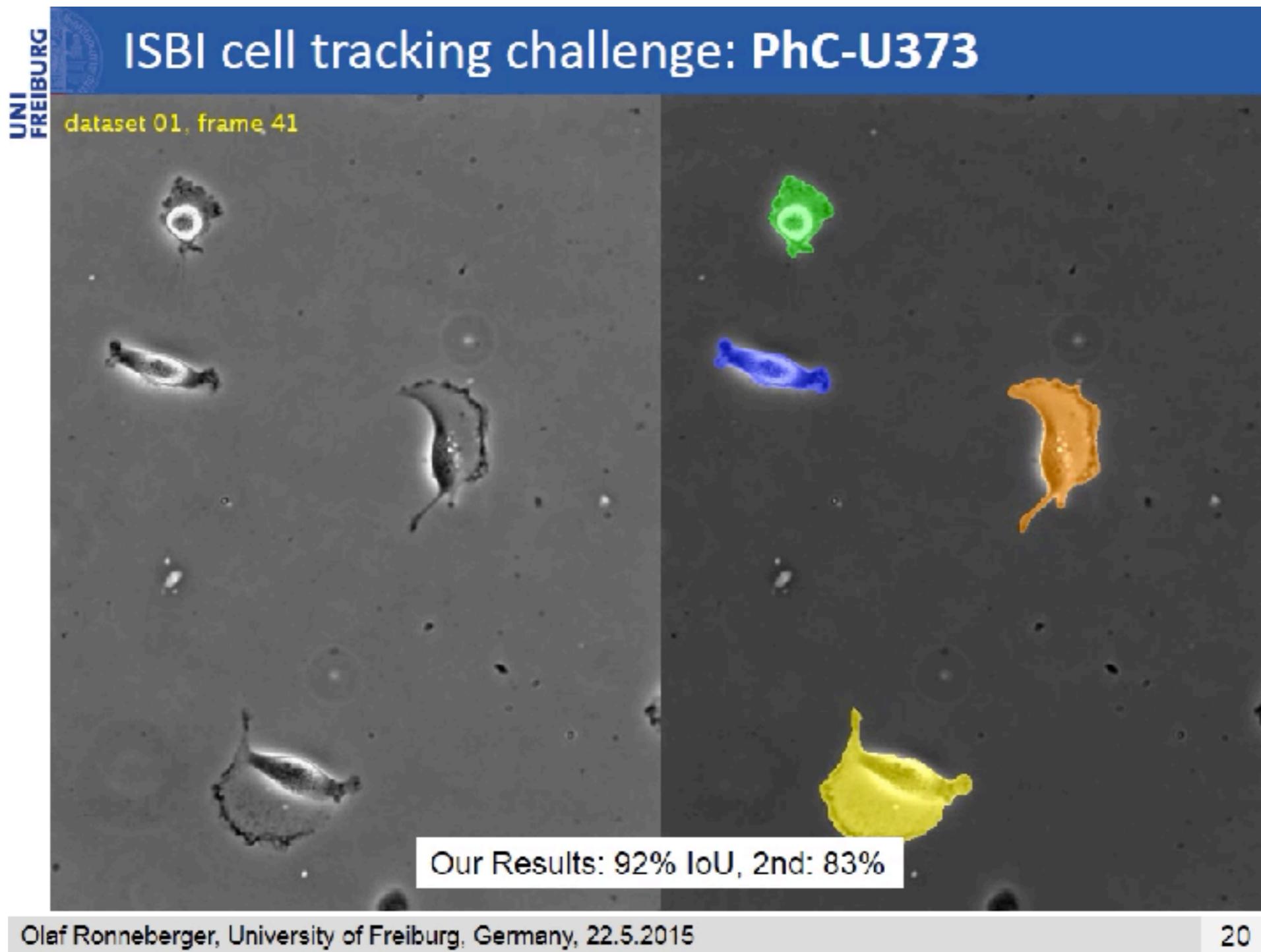
binary cross-entropy



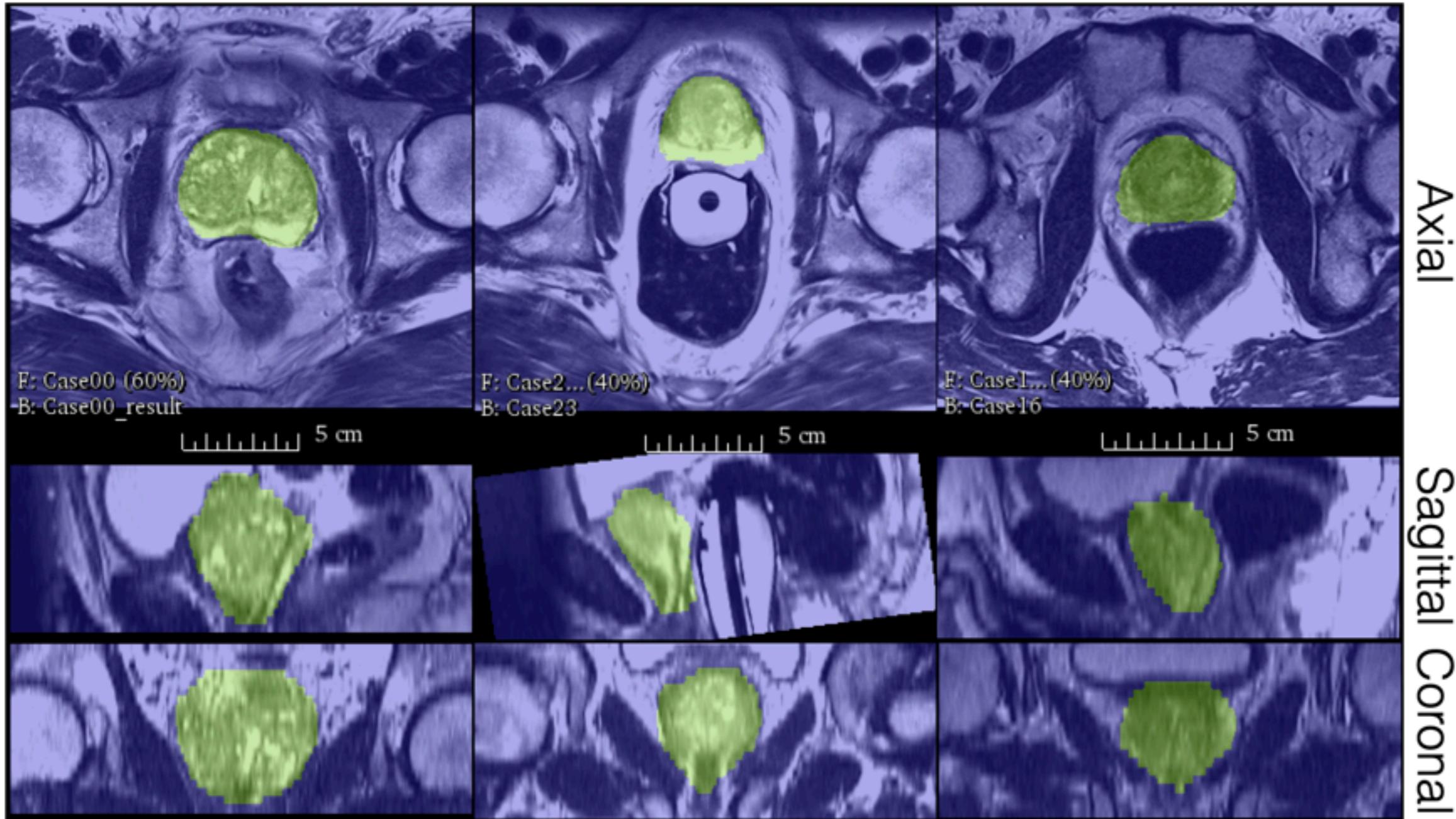
Dice loss

Figure: [Drozdzal et al. 2016]

# Other applications: Cell segmentation in light microscopy images



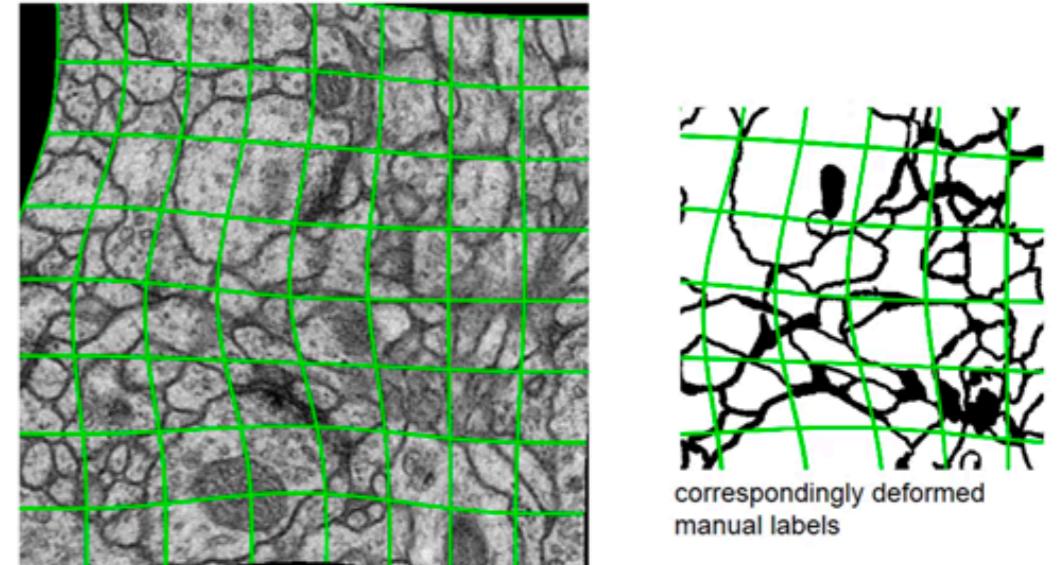
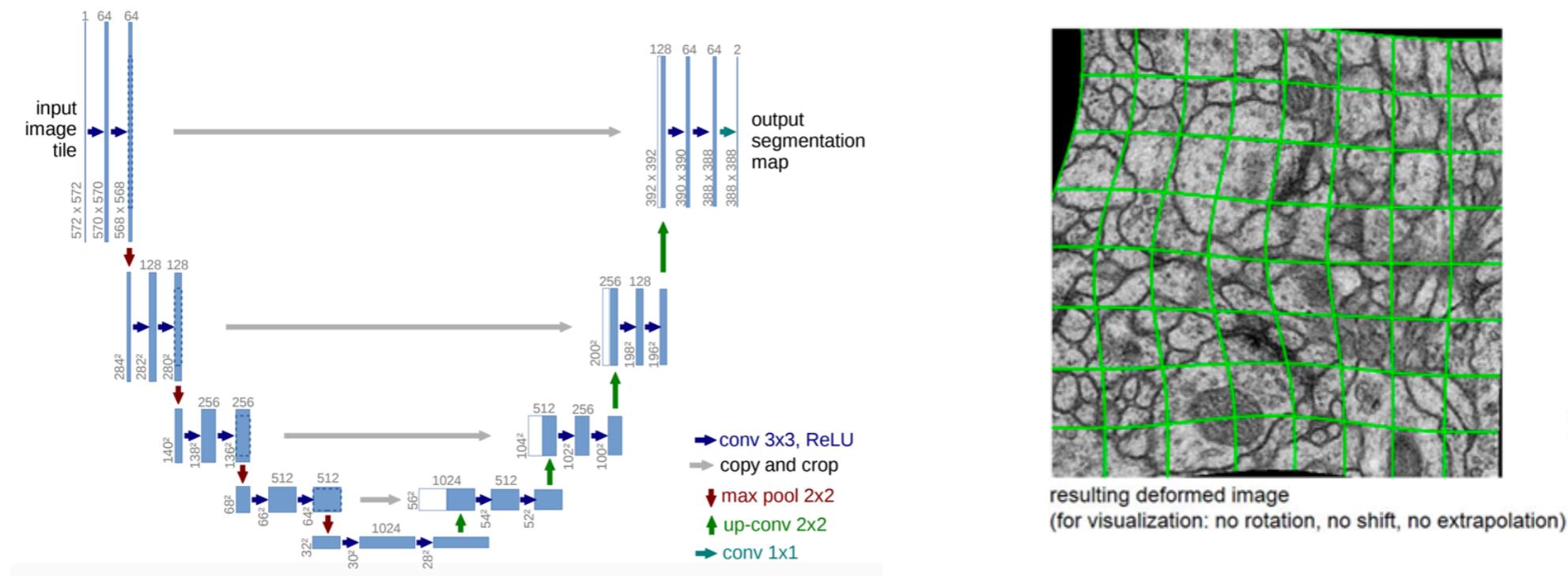
# Other applications: Segmentation of prostate in 3D MRI scans



V-net [Milletari et al., 2016]

# Takeaway

- Standard CNN classification architectures are inefficient/poor choices for segmenting biomedical images.
- High-quality segmentation of biomedical images is made possible with **fully connected neural networks** (such as the U-net)
- **Domain specific knowledge** (data augmentation & custom loss functions) yields more improvements.

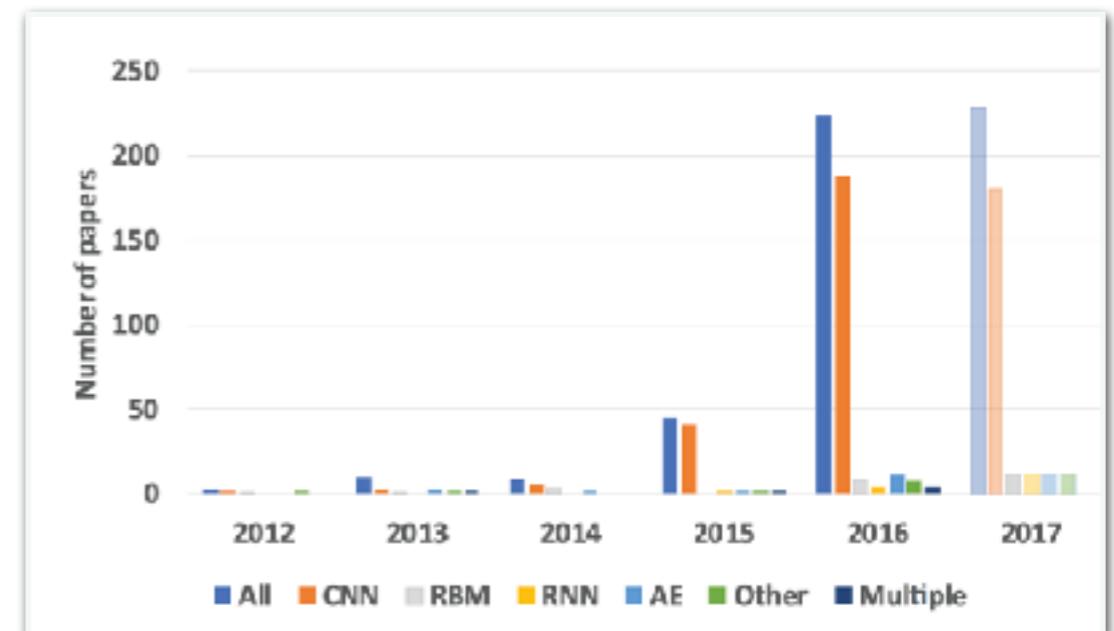


# Recap and Outlook

# Successful applications of deep learning in biomedical image analysis

- **Classification/Detection**
  - Skin lesion classification from photographs for skin cancer detection
  - Lung nodule classification in CT images for lung cancer detection
- **Segmentation**
  - Segmentation of neuronal structures in electron microscope stacks
  - Cell tracking in light microscopy images
  - Prostate segmentation in 3D MRI images
- **& Many, many more –**

Hundreds of new publications and patents every year

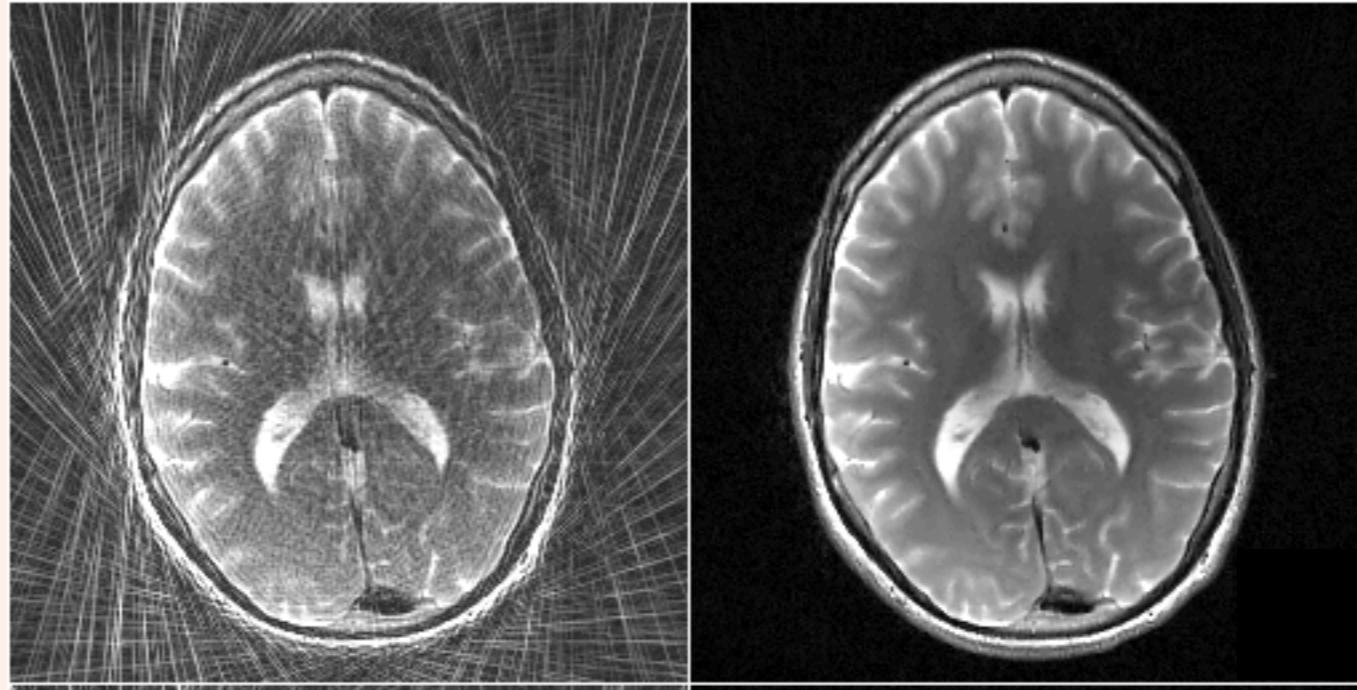


[Litjens et al., 2017]

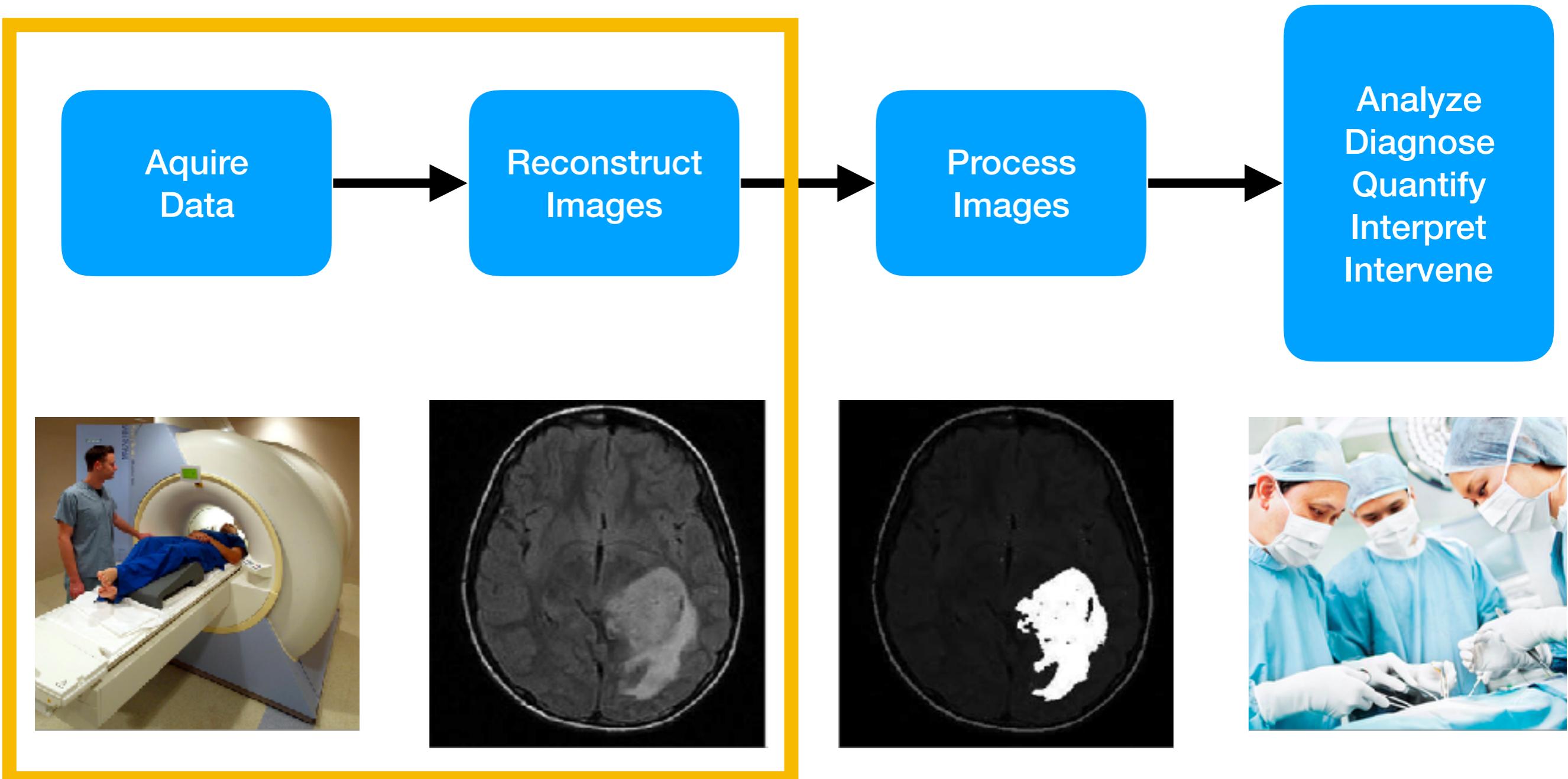
# Challenges in deep learning for biomedical imaging

- **Challenge 1: Limited Training Data**
  - Transfer Learning — pre-train on ImageNet
  - Data Augmentation — shifts, rotations, warps of data
  - Not talked about: Generative models, few-shot learning
- **Challenge 2: Complex Input Formats**
  - Multi-scale/multi-view concatenations of CNN's
  - Not talked about: 3-D CNN's, incorporating semantic information
- **Challenge 3: Tasks Beyond Classification**
  - Fully convolutional neural nets for segmentation
  - Modified loss functions - Dice loss in place of cross-entropy
  - Not talked about: image restoration/reconstruction problems (next)

# Part II: Deep learning for biomedical image reconstruction



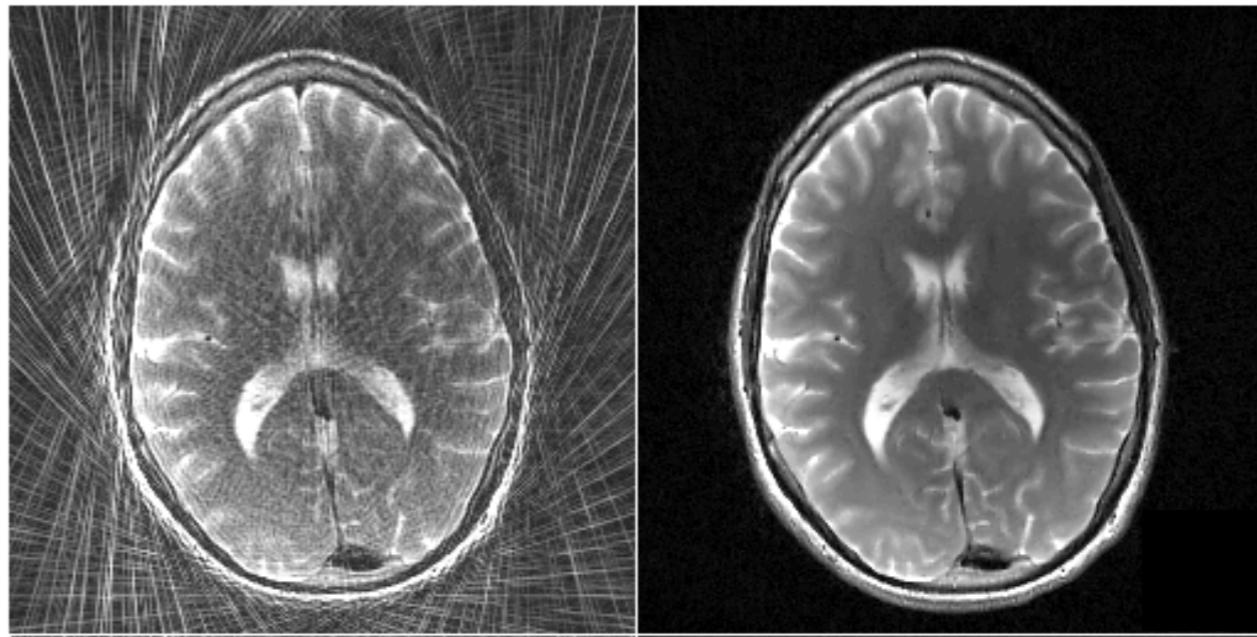
# Biomedical imaging pipeline



# Why bother? In MRI...

## Magnetic Resonance Imaging (MRI)

- Long scan-time (30-90 minutes)
- Physical limits to how fast one can take measurements
- Could take fewer measurements, but at the expense of a noisy/lower-resolution image



## Goals:

**faster scans:** accelerate MRI acquisition (take fewer measurements)

**faster recons:** reduce computational cost of reconstruction

**better images:** improve spatio-temporal resolution (e.g., dynamic MRI)

# Why bother? In CT...

**X-ray Computed Tomography** (CT, aka a CAT scan)

Uses ionizing radiation – potentially harmful to patient

ORIGINAL INVESTIGATION

## Projected Cancer Risks From Computed Tomographic Scans Performed in the United States in 2007

Amy Berrington de González, DPhil; Mahadevappa Mahesh, MS, PhD; Kwang-Pyo Kim, PhD; Mythreyi Bhargavan, PhD; Rebecca Lewis, MPH; Fred Mettler, MD; Charles Land, PhD

“Overall, we estimated that approximately 29,000 future cancers could be related to CT scans performed in the US in 2007.”

### Goals:

**lower dose:** try to use lower radiation doses, yet achieve same image quality

**faster recons:** reduce computational cost of reconstruction

# Other applications: Medical imaging

## Positron Emission Tomography (PET)

### 200x Low-dose PET Reconstruction using Deep Learning

Junshen Xu<sup>†</sup>, Enhao Gong<sup>†</sup>, John Pauly and Greg Zaharchuk\*

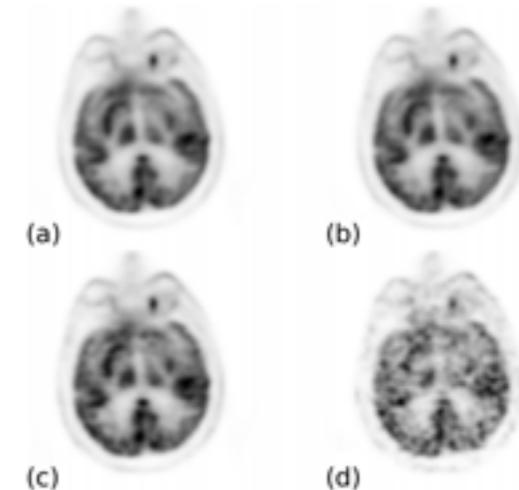


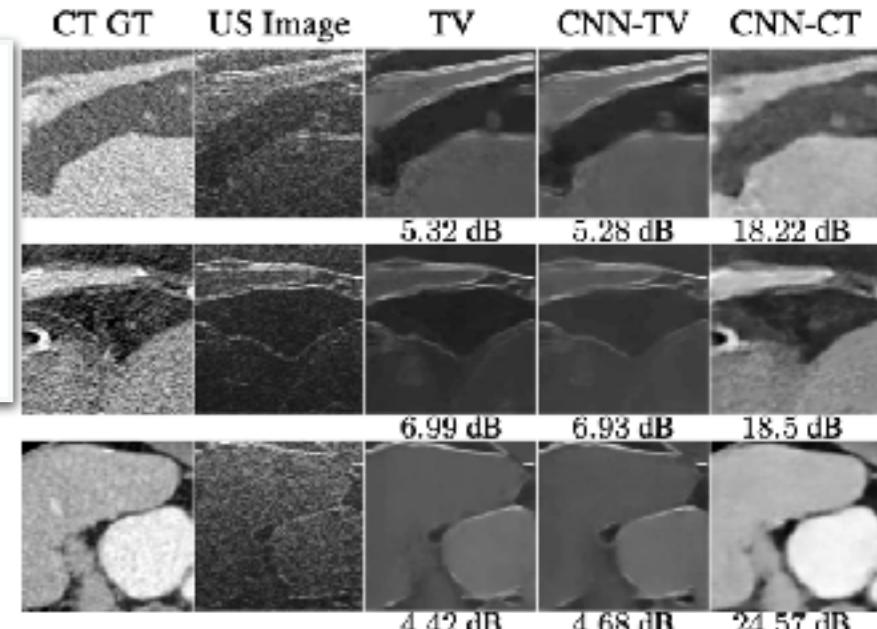
Fig. 1. PET images with normal dose and different levels of dose reduction. (a) standard-dose, (b) quarter-dose, (c) twentieth-dose, and (d) two-hundredth-dose.

## Ultrasound Imaging

### TOWARDS CT-QUALITY ULTRASOUND IMAGING USING DEEP LEARNING

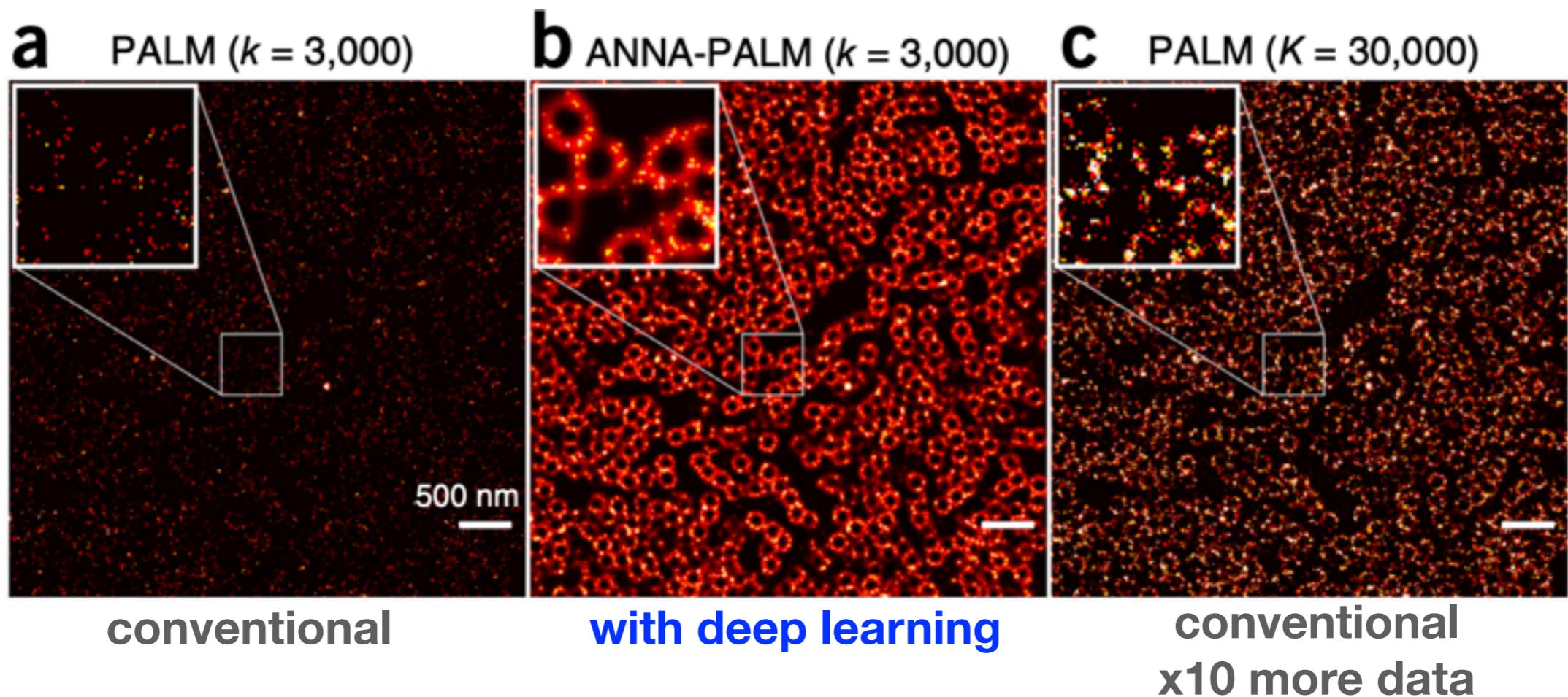
Sanketh Vedula<sup>\*,†</sup> Ortal Senouf<sup>\*,†</sup> Alex M. Bronstein<sup>†</sup> Oleg V. Michailovich<sup>†</sup> Michael Zibulevsky<sup>†</sup>

<sup>\*</sup> Technion – Israel Institute of Technology  
<sup>†</sup> Electrical and Computer Engineering, University of Waterloo, Canada



# Other applications: Biological imaging

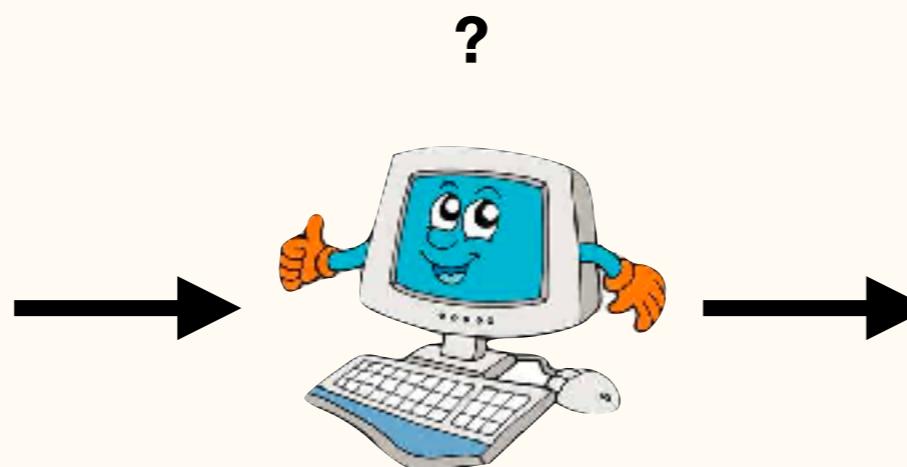
**Cell imaging**  
super-resolution localization fluorescence microscopy



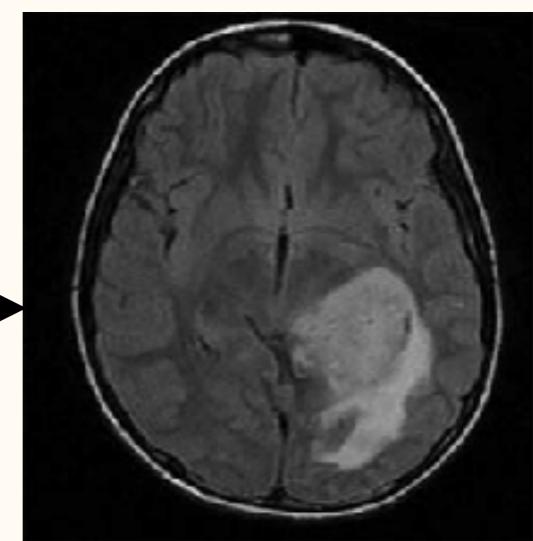
Deep learning massively accelerates super-resolution localization microscopy

# Medical image reconstruction basics

raw data



images



# Background: MRI Acquisition

MRI: Data is acquired in spatial frequency domain (k-space)

k-space

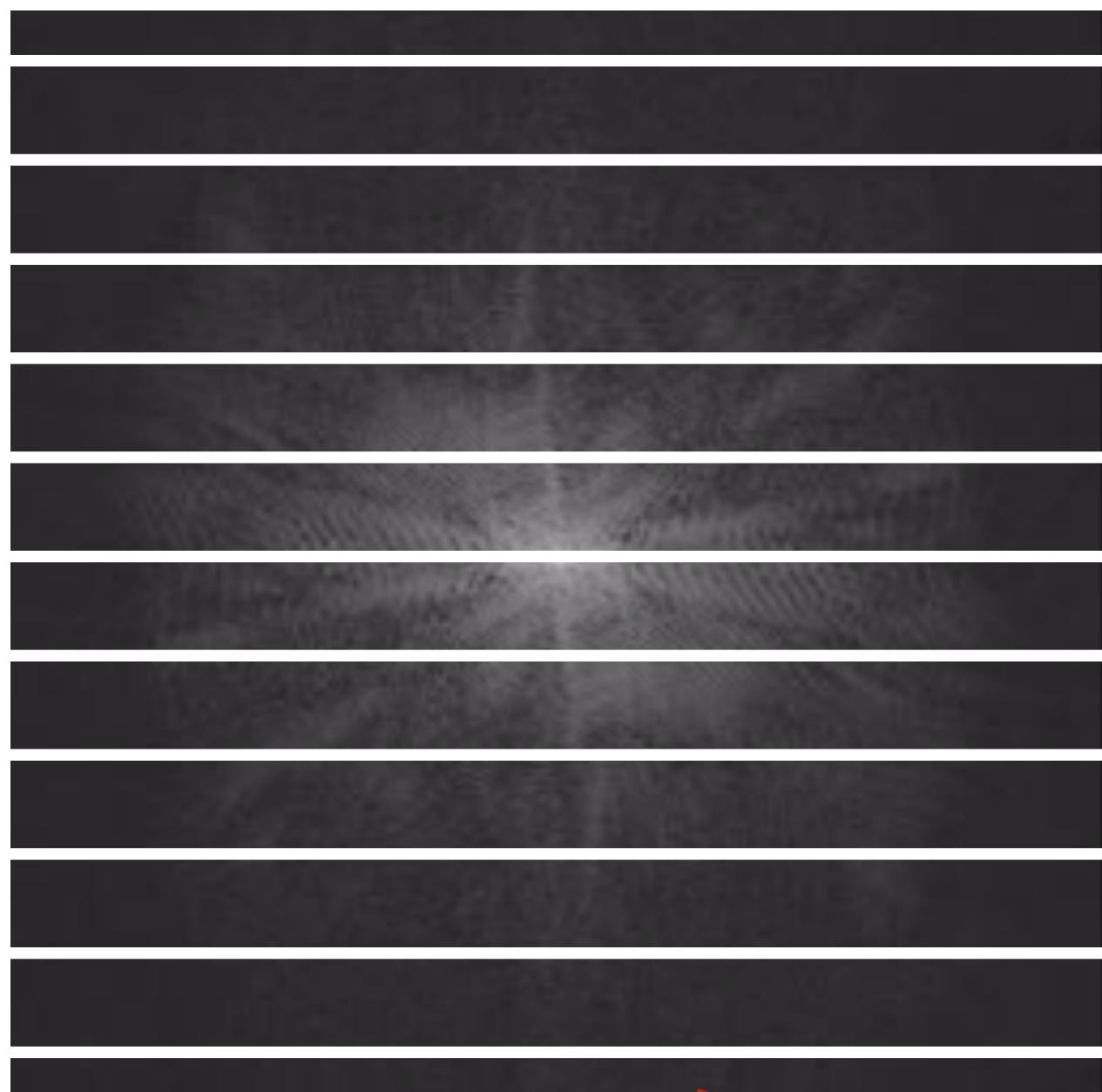
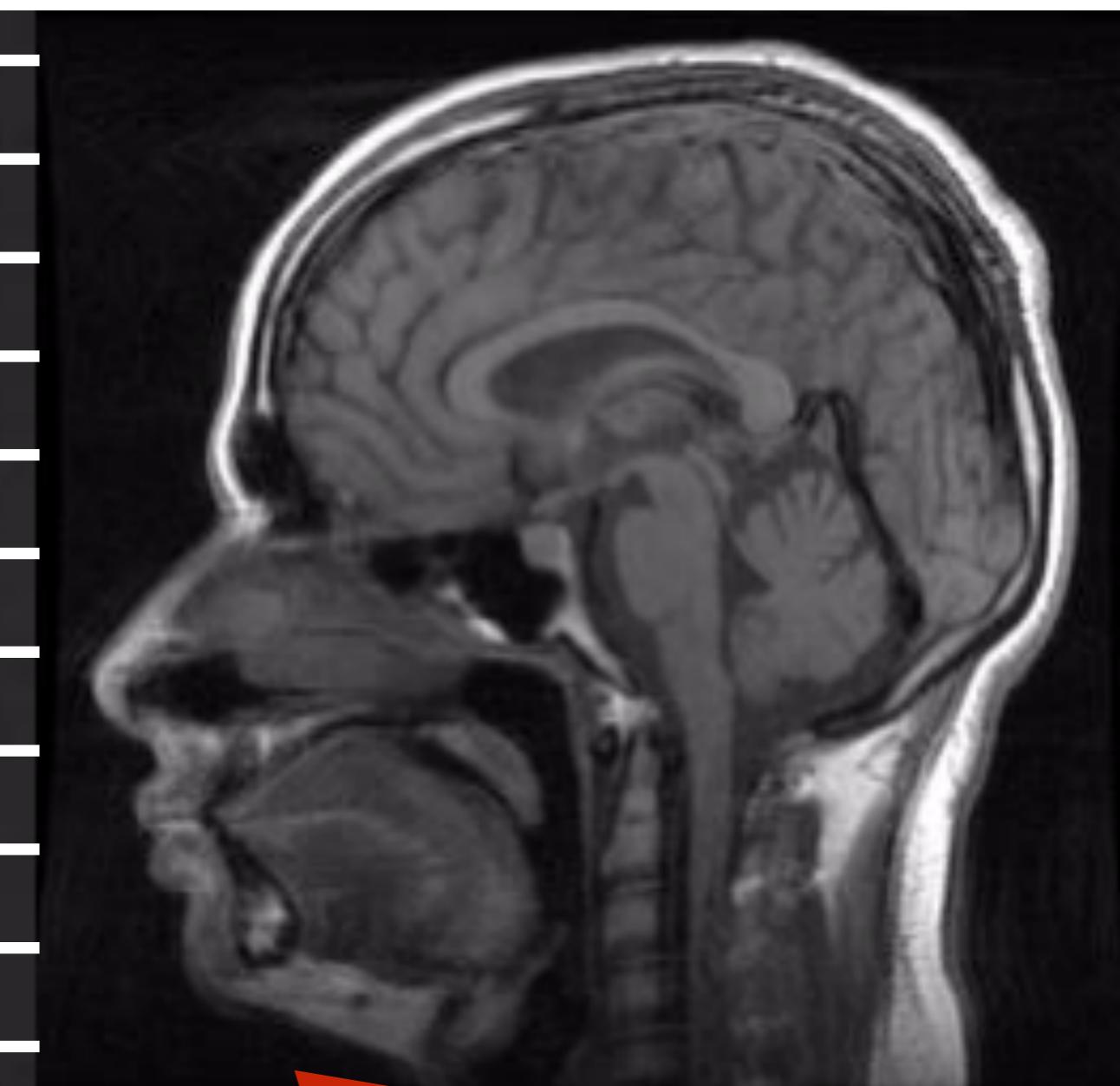


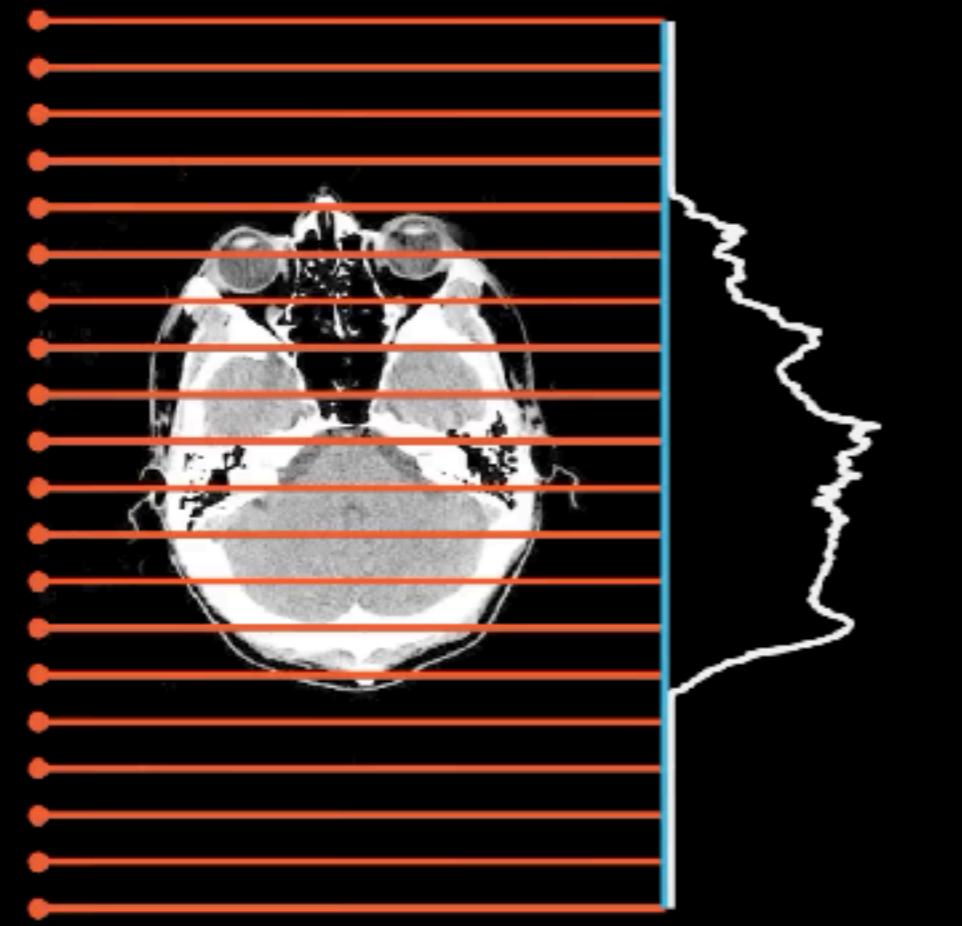
image domain



Inverse Fourier transform



# Background: Computed Tomography



Video credit: Samuli Siltanen

[https://www.youtube.com/watch?v=q7Rt\\_OY\\_7tU](https://www.youtube.com/watch?v=q7Rt_OY_7tU)

# Abstraction: Linear inverse problem

linear  
measurement  
operator

$$y = H(x)$$

measurements

image

# Abstraction: Linear inverse problem

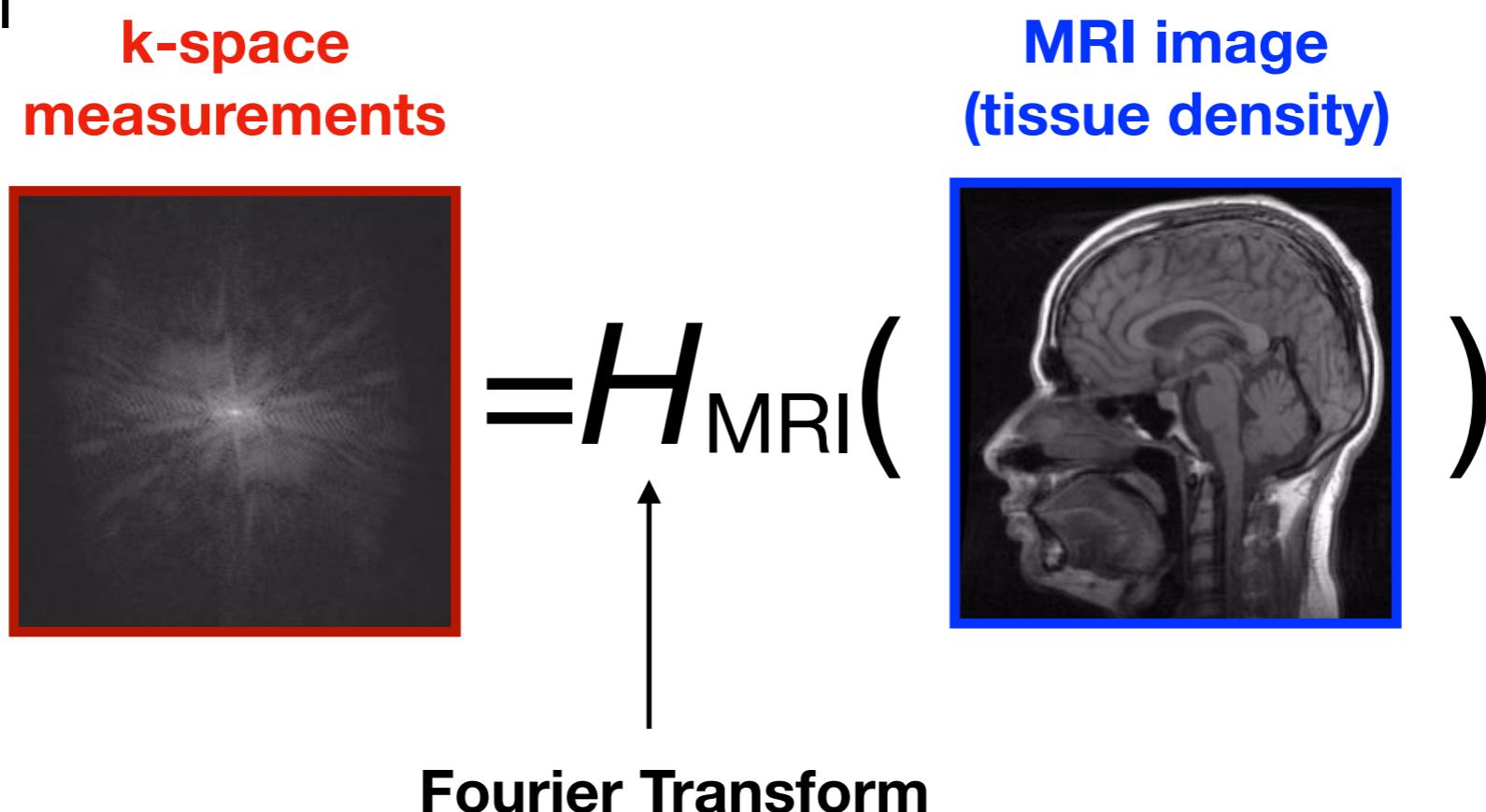
$$y = H(x)$$

linear  
measurement  
operator

image

measurements

Example: MRI



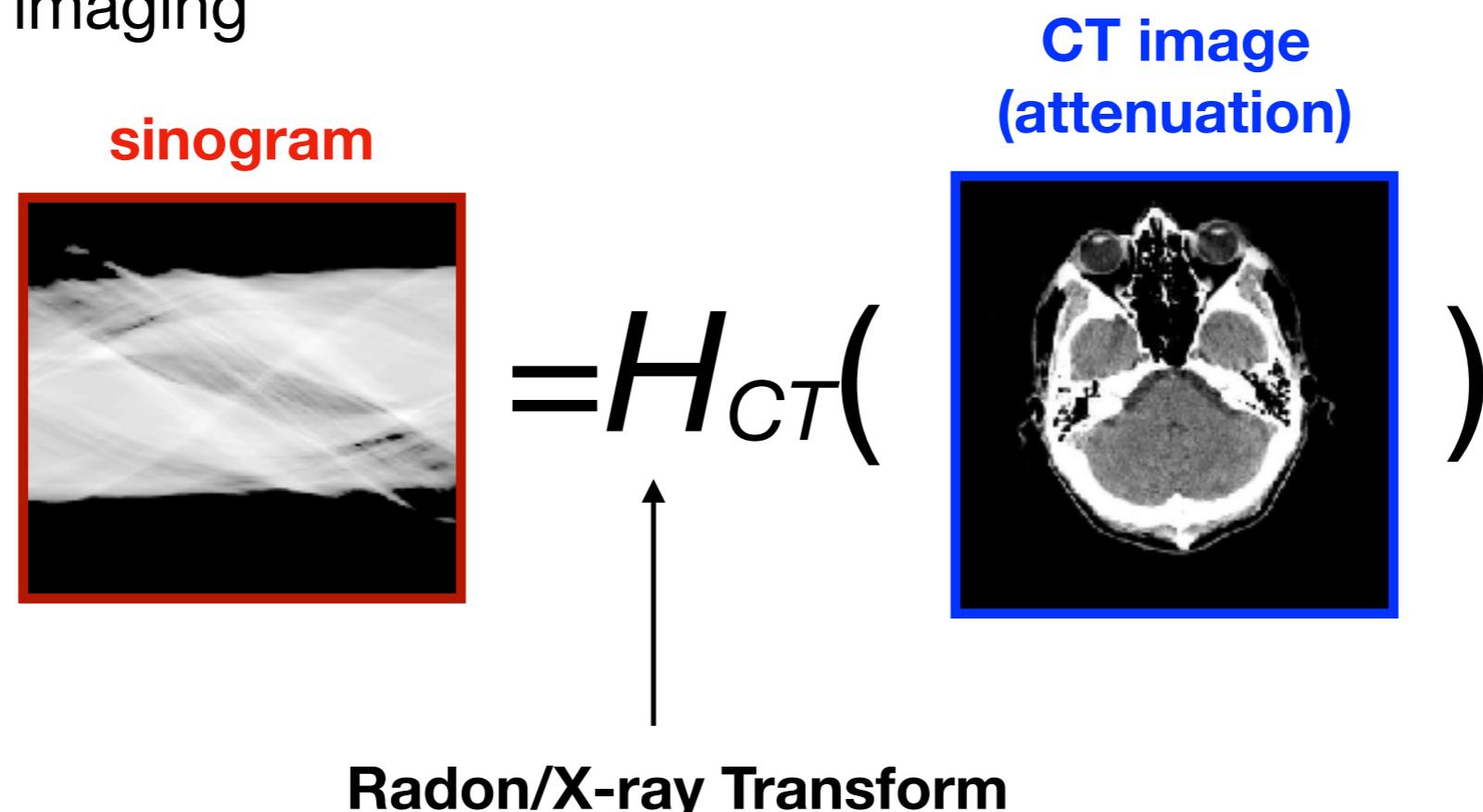
# Abstraction: Linear inverse problem

$$y = H(x)$$

linear  
measurement  
operator

**measurements**      **image**

Example: CT imaging



# Abstraction: Linear inverse problem

$$\underset{\text{measurements}}{y} = \underset{\text{image}}{H(x)}$$

linear  
measurement  
operator

Write as matrix equation:

$$\underset{\text{vectorized measurements}}{\left| \right.} = \underset{\text{measurement matrix}}{H} \underset{\text{vectorized image (unknowns)}}{\left. \right|}$$

# Abstraction: Linear inverse problem

$$y = H(x)$$

linear  
measurement  
operator

**measurements**      **image**

Write as matrix equation:

matrix inverse

Too big to  
invert exactly—  
Find  
approximate  
solution

$$H^{-1} \parallel = \parallel$$

vectorized  
measurements

vectorized  
image  
(unknowns)

# Conventional reconstructions

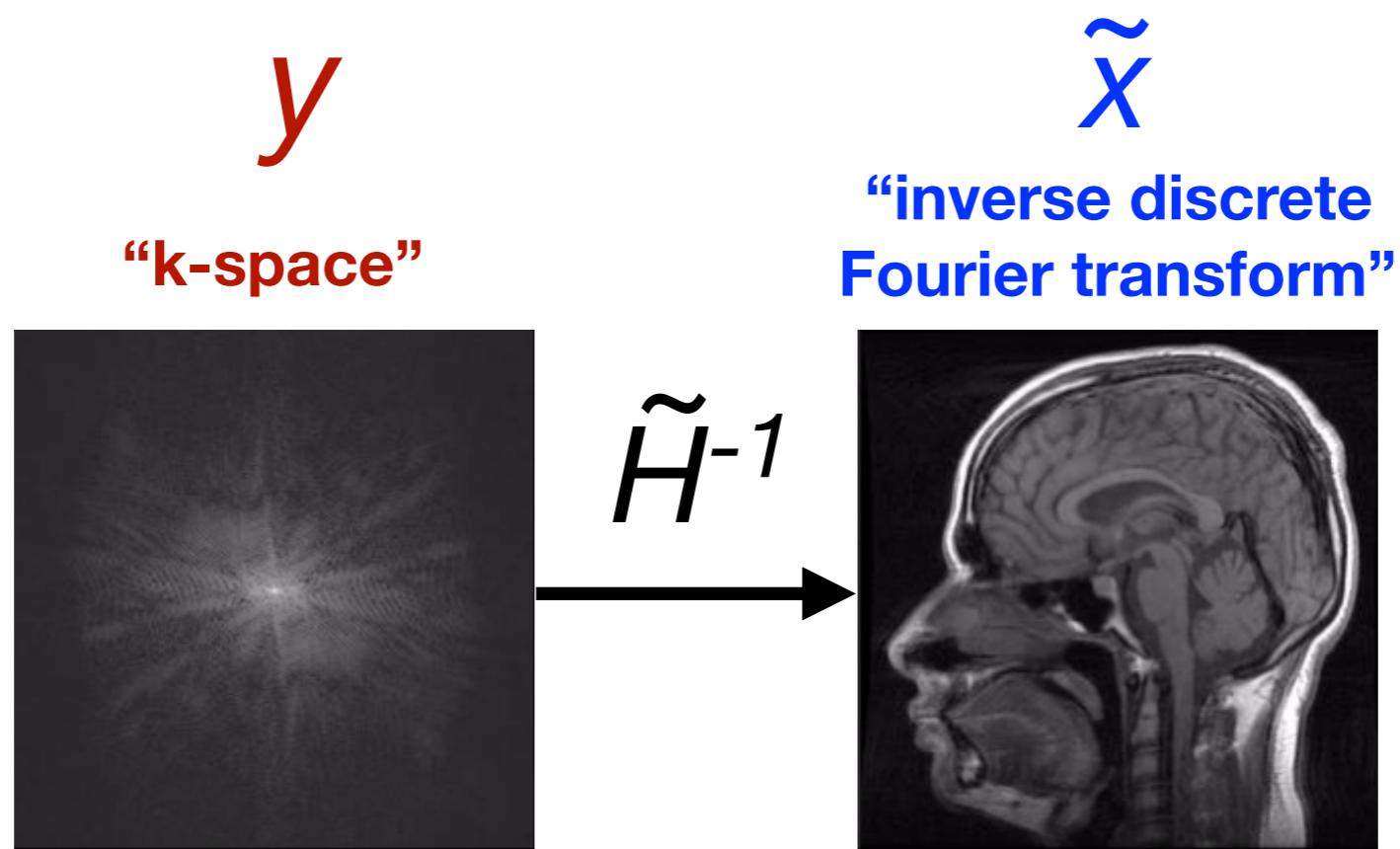
approximate  
inverse

$$\tilde{H}^{-1}(y) = \tilde{x}$$

measurements

reconstructed  
image

Example: MRI imaging



# Conventional reconstructions

approximate  
inverse

$$\tilde{H}^{-1}(y) = \tilde{x}$$

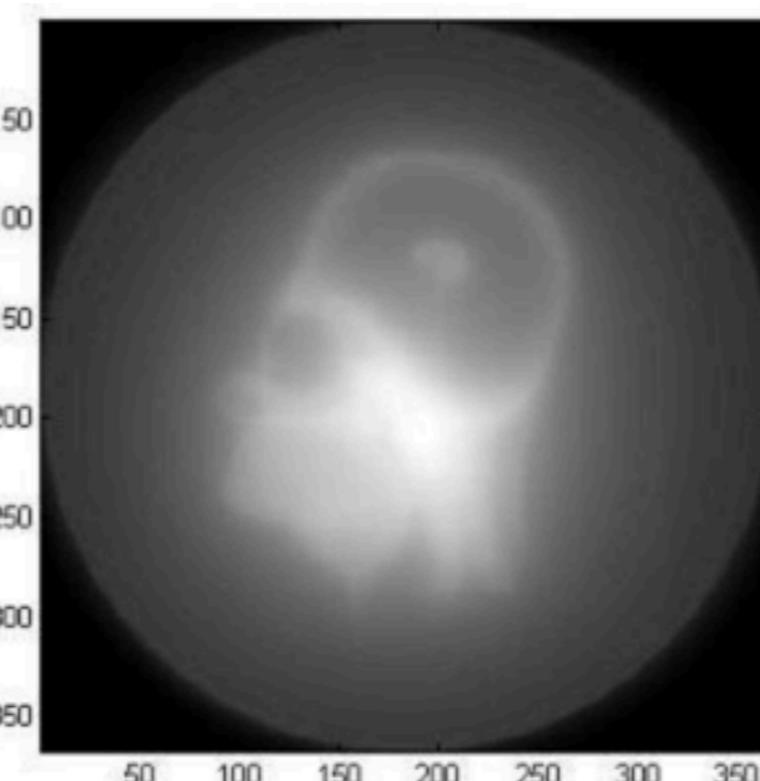
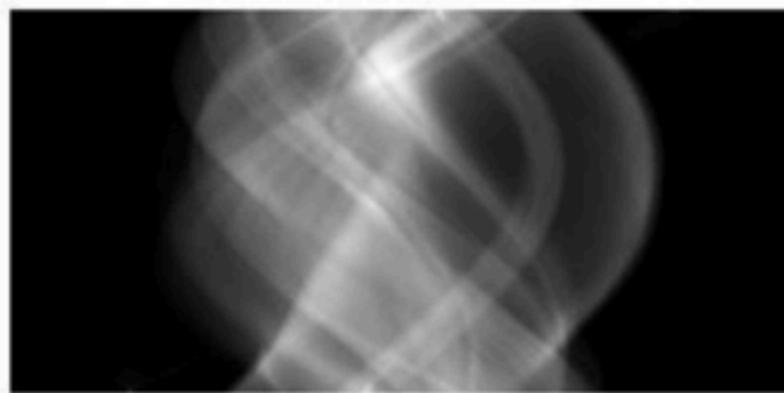
measurements

reconstructed  
image

Example: CT imaging

$y$

“sinogram”

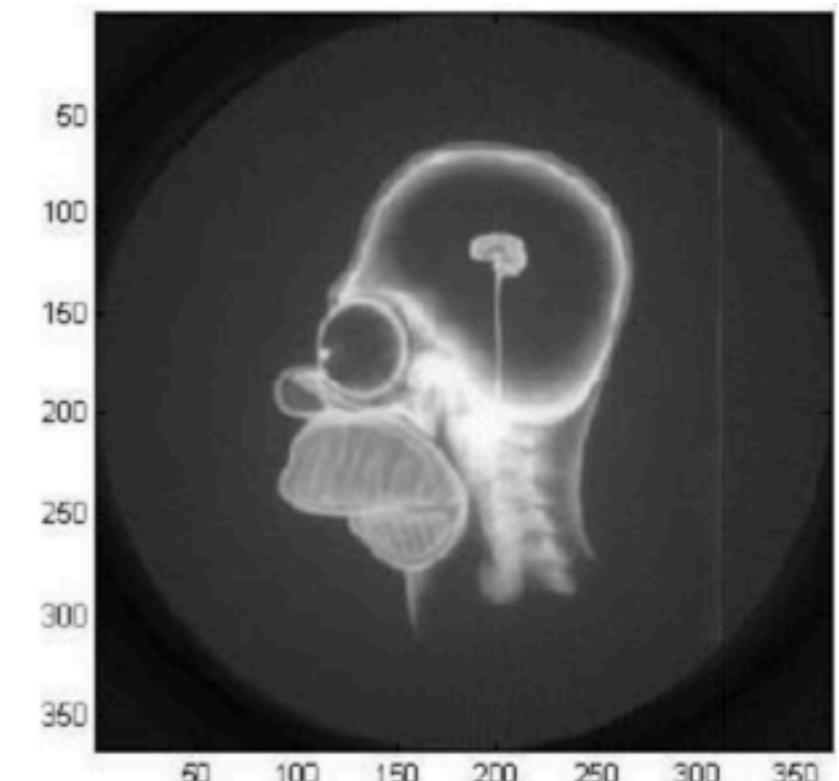


$$\tilde{x}_0 = \tilde{H}_0^{-1}(y)$$

“back-projection”

$$\tilde{x} = \tilde{H}^{-1}(y)$$

“filtered back-projection”



# Conventional reconstructions

approximate  
inverse

$$\tilde{H}^{-1}(y) = \tilde{x}$$

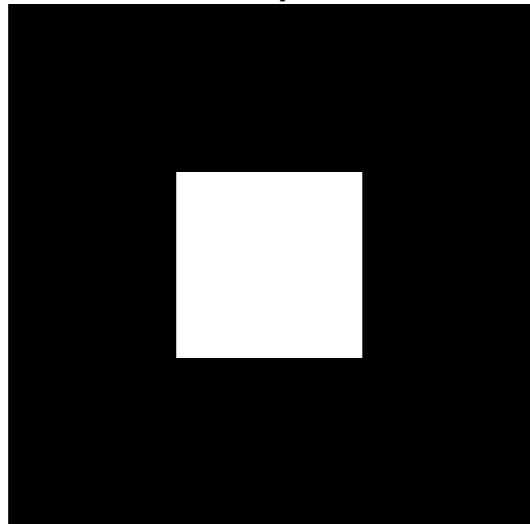
measurements

reconstructed  
image

- Need fully-sampled data to get ( $\# \text{measurements} = \# \text{pixels}$ )
- **Goal:** take fewer measurements (undersample) to speed up acquisition (in MRI), reduce dose (in CT)
- What happens to conventional reconstructions when we undersample?

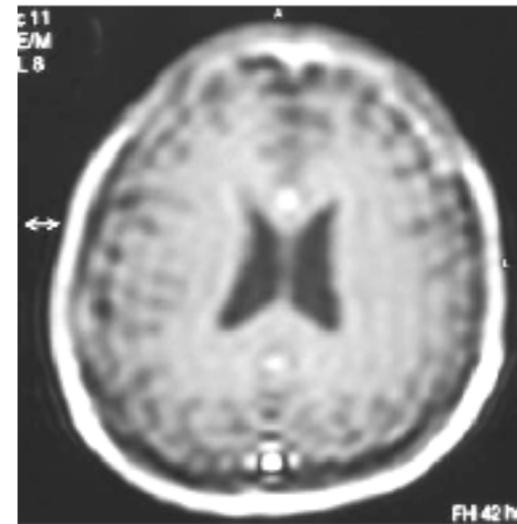
# Undersampling in MRI

sample locations  
in k-space

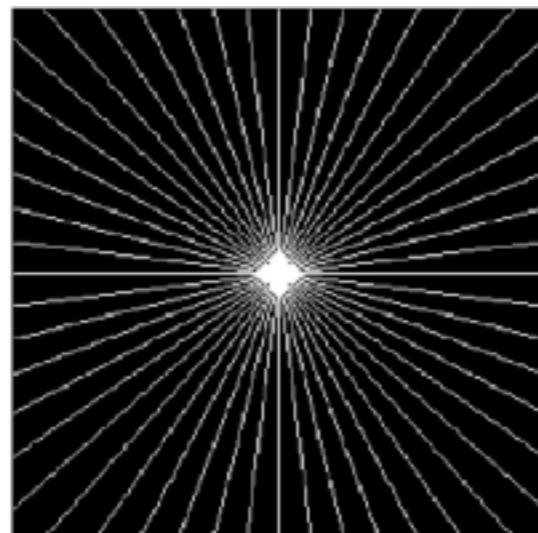
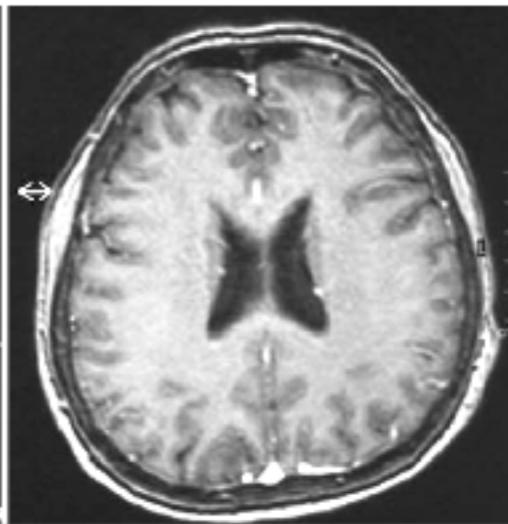


$$\tilde{H}^{-1}$$

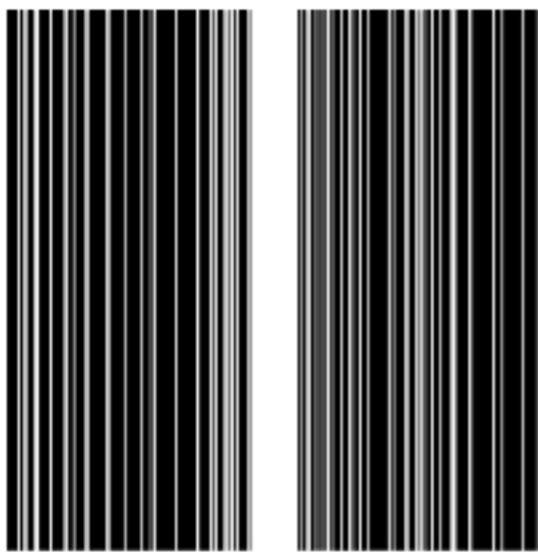
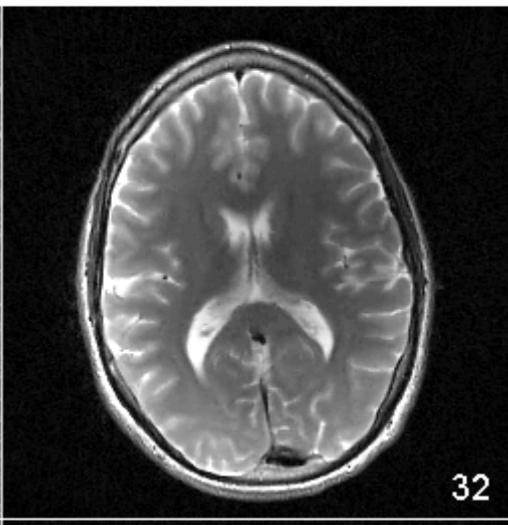
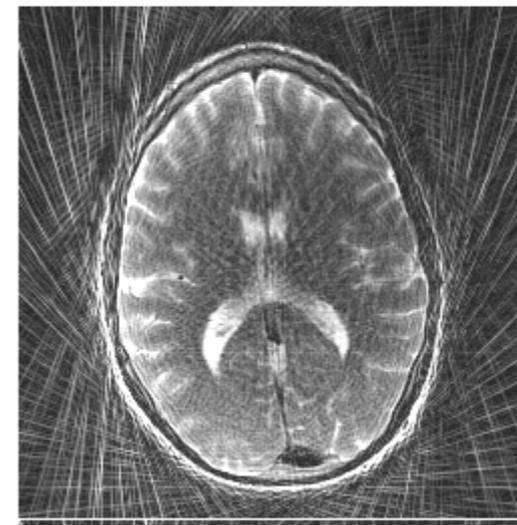
under-sampled  
recon



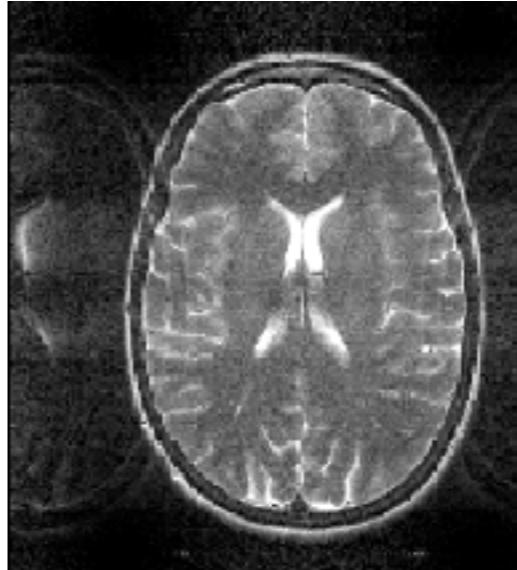
fully-sampled  
recon



$$\tilde{H}^{-1}$$

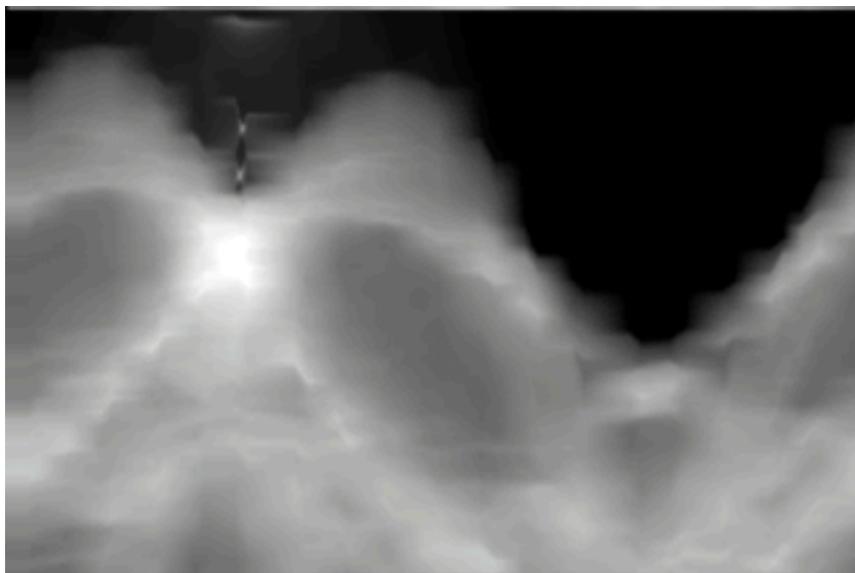


$$\tilde{H}^{-1}$$



# Undersampling in CT

full sinogram



$$\tilde{H}^{-1}$$
A thick black arrow pointing from the full sinogram to the reconstruction below it.

fully-sampled recon

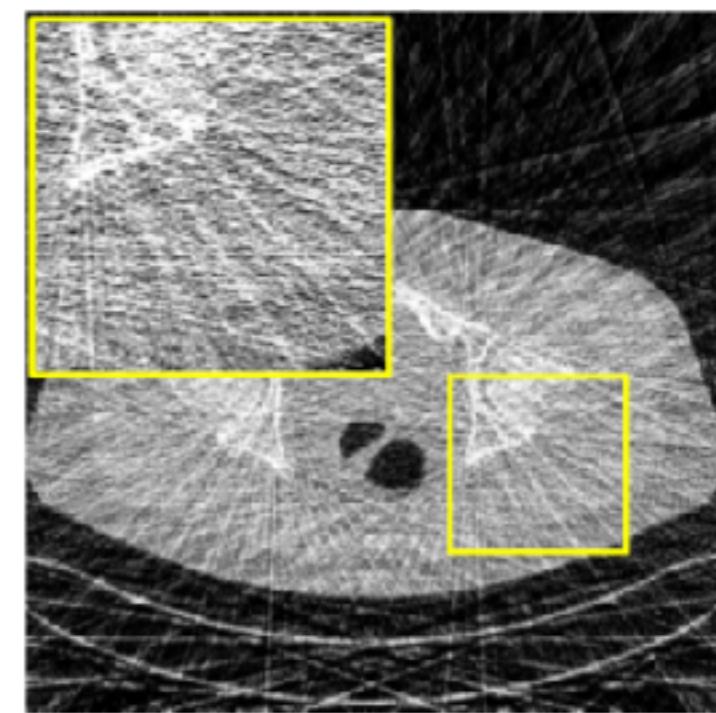


sparse view sinogram



$$\tilde{H}^{-1}$$
A thick black arrow pointing from the sparse view sinogram to the reconstruction below it.

undersampled recon



# Undersampling

linear  
measurement  
operator

$$\mathbf{y} = H(\mathbf{x})$$

measurements

image

Write as matrix equation:

$$\begin{matrix} \text{vectorized} \\ \text{measurements} \end{matrix} = \begin{matrix} \text{measurement} \\ \text{matrix} \end{matrix} \begin{matrix} \text{vectorized} \\ \text{image} \\ (\text{unknowns}) \end{matrix}$$

Fully-sampled  
Same # of equations  
as unknowns

# Undersampling

linear  
measurement  
operator

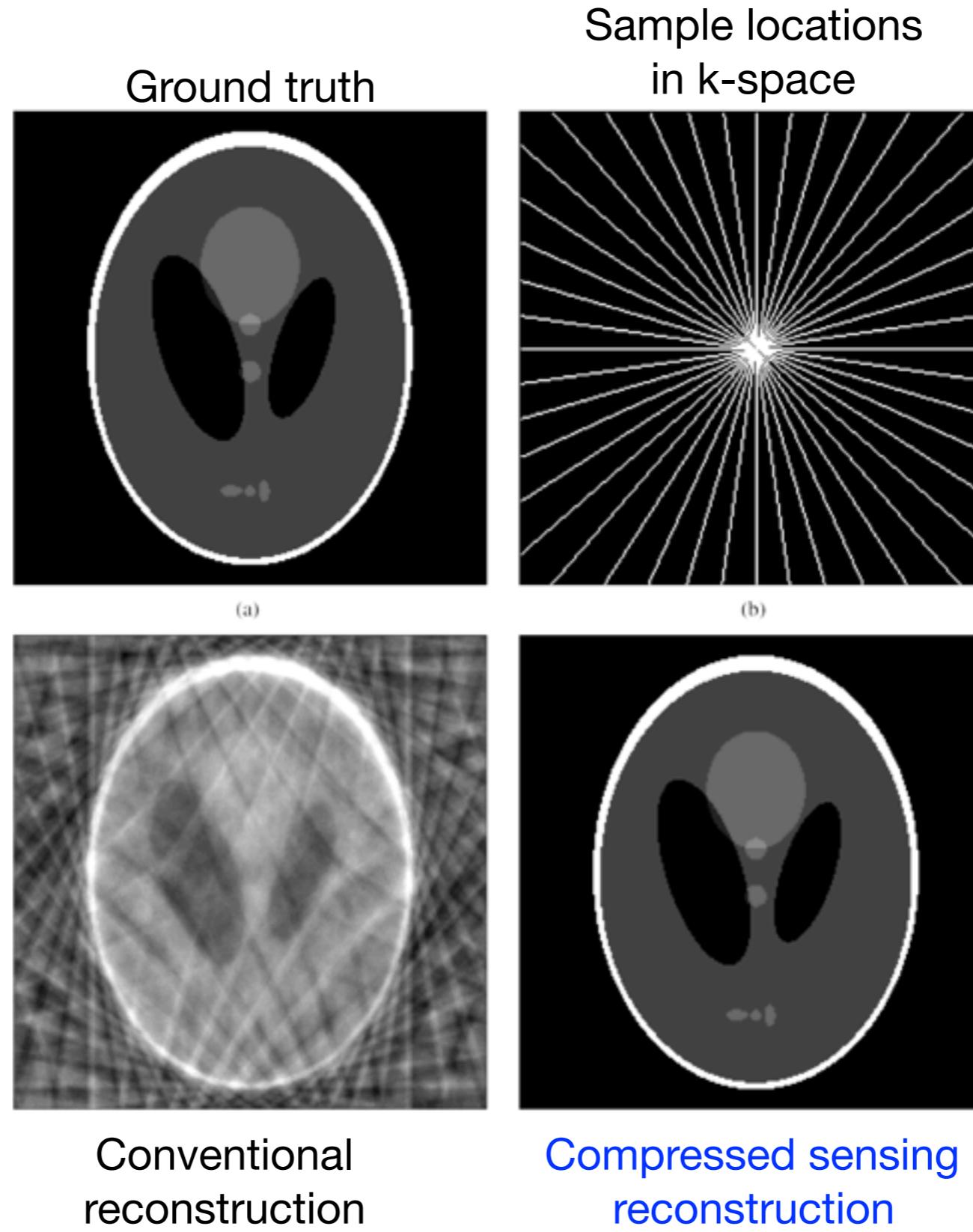
$$\underset{\text{measurements}}{y} = \underset{\text{image}}{H(x)}$$

Write as matrix equation:

Undersampled  
fewer equations  
than unknowns  
  
Infinitely many  
solutions!

$$\underset{\text{vectorized measurements}}{[} \underset{=} { } \underset{\text{measurement matrix}}{H} \underset{[}{]} \underset{\text{vectorized image (unknowns)}}{[}$$

# Compressed sensing - 2006



Exact  
reconstruction!

# Compressed Sensing Reconstruction

Pose reconstruction as an **optimization problem**:

$$\underset{x}{\text{minimize}} \quad \|Hx - y\|^2 + r(x)$$

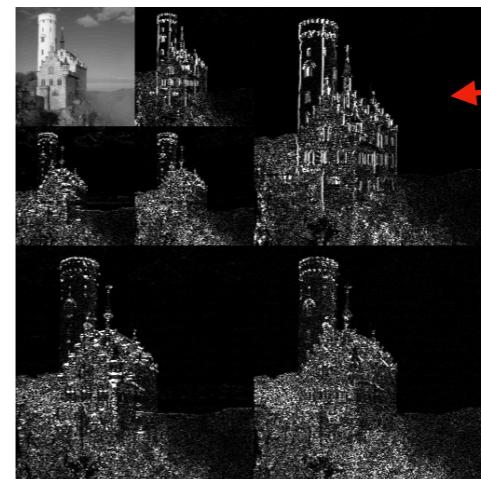
**data-fit term    regularizer**

Typically  $r(x)$  is chosen to promote sparsity of the image in some domain

e.g.,  
Wavelet  
sparsity



$$Wx$$



coefficients  
mostly  
zero

$$r(x) = \|Wx\|_1$$

Figure by Alessio Damato, [https://en.wikipedia.org/wiki/Wavelet\\_transform](https://en.wikipedia.org/wiki/Wavelet_transform)

Solve by an iterative method, e.g., **gradient descent**

Computationally costly: ~100x slower than conventional reconstruction

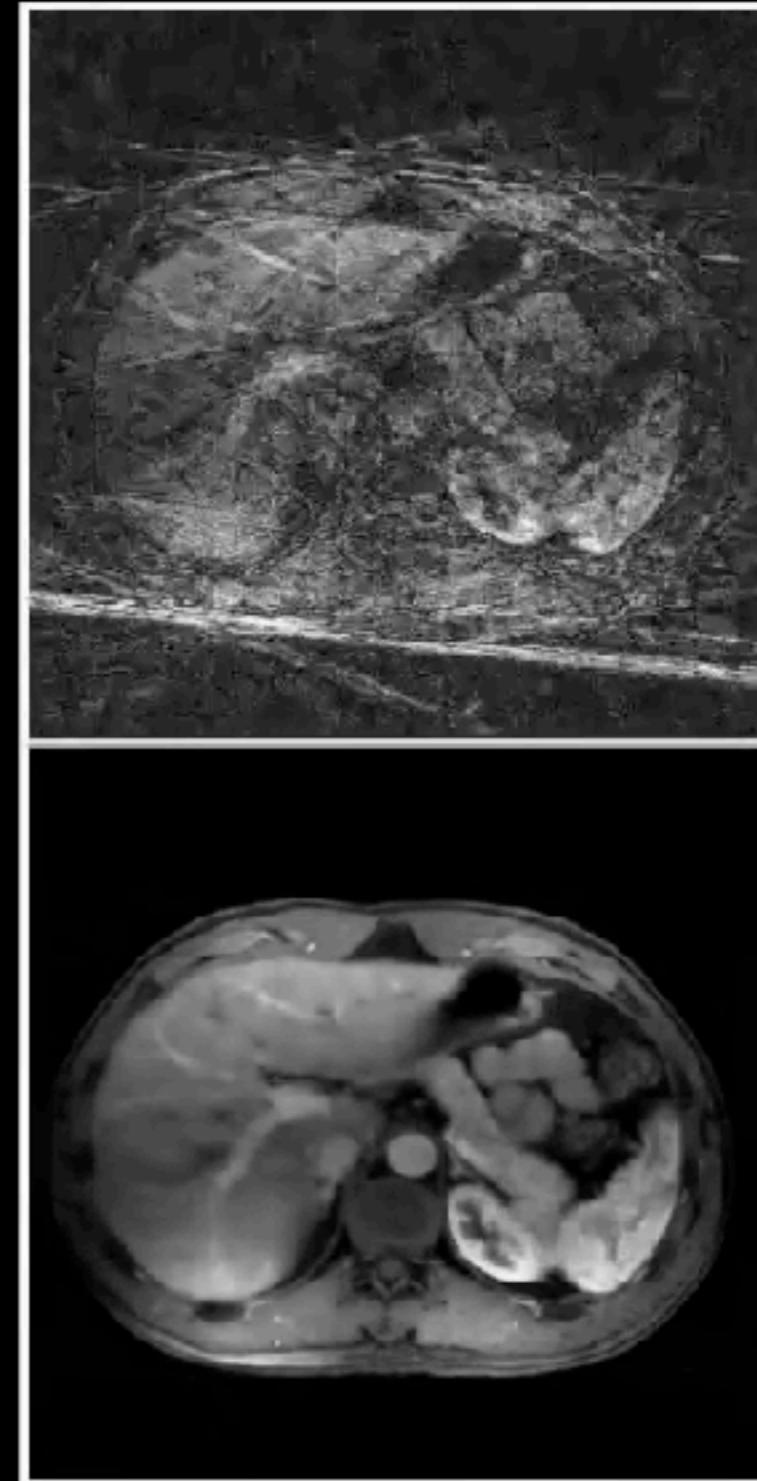
# Compressed Sensing Dynamic MRI

## Free-Breathing Liver Perfusion Imaging

- Retrospective selection of resolution
- Reconstruction with different timing possible
- Example: 13 spokes → 2 sec resolution
- Perfusion imaging during free breathing
- Here: 384 x 384 x 30 matrix
- Spatial resolution 1.0 x 1.0 x 3.0 mm<sup>3</sup>
- Temporal resolution 1.5 sec

Recon time: ~6 hours

Top: Gridding  
Bottom: GRASP



# The Truth About Compressed Sensing

---

“

In the literature, a lack of translation to final users is presently discernable: while there are over 120 papers about compressed sensing in MRI published in Magnetic Resonance in Medicine, there are only 8 papers in Radiology.

...

it is essential for the radiographer to get image feedback within seconds of the scan terminating for accelerated imaging to be practically useful. ”

Quote from [Hollingsworth, 2015]

- 
- Hollingsworth, K.G., 2015. Reducing acquisition time in clinical MRI by data undersampling and compressed sensing reconstruction. Phys. Med. Biol. 60(21), p.R297.

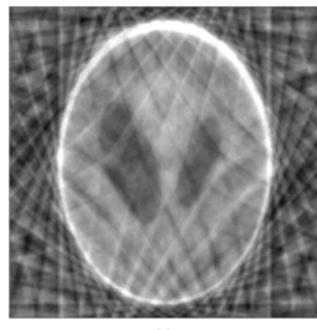
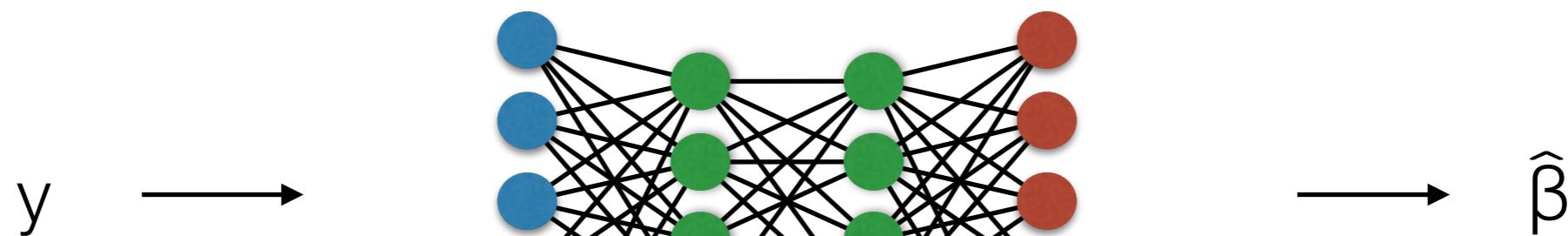
# ML to the rescue

Optimization algorithm

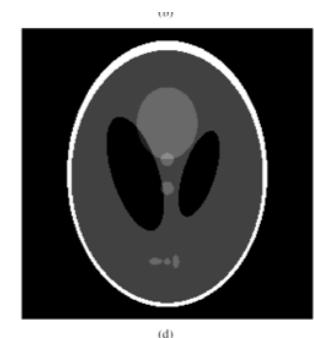
$$y \xrightarrow{\beta} \arg \min_{\beta} \|y - X\beta\|_2^2 + r(\beta) \rightarrow \hat{\beta}$$



Feed-forward deep neural network



Learn from training pairs



# Deep learning for image reconstruction

Approach 1: Learn to “enhance” traditional reconstructions

Approach 2: Train a generative model

Approach 3: Unrolling of optimization algorithms

# Approach 1: Learn to “enhance” traditional reconstructions



# “Enhancing” with Deep Learning

Single Image Super-resolution

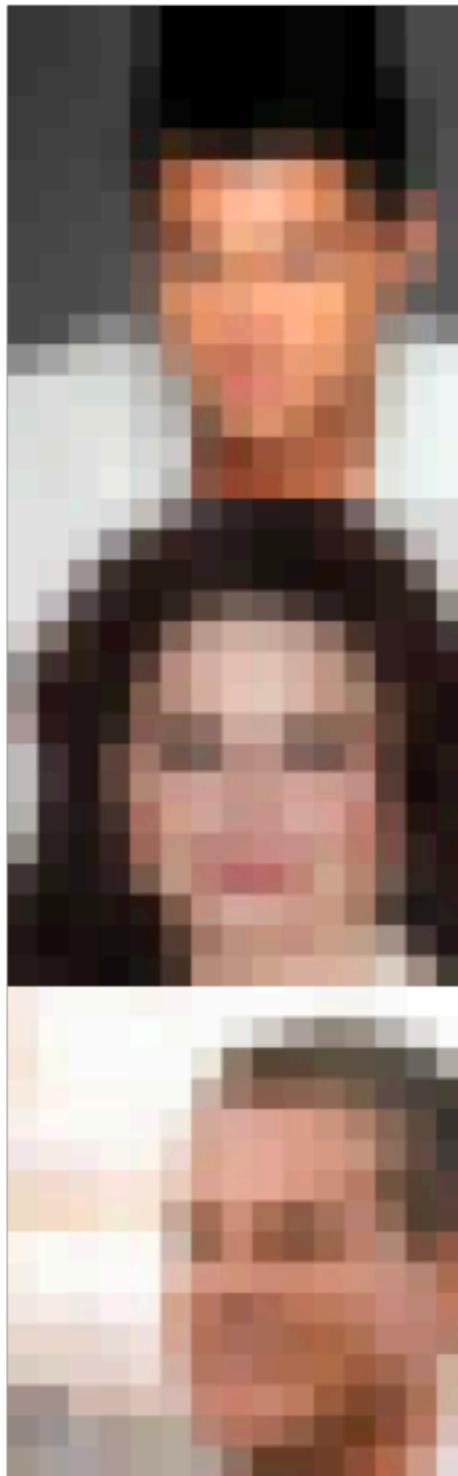


— Low-resolution  
Input —

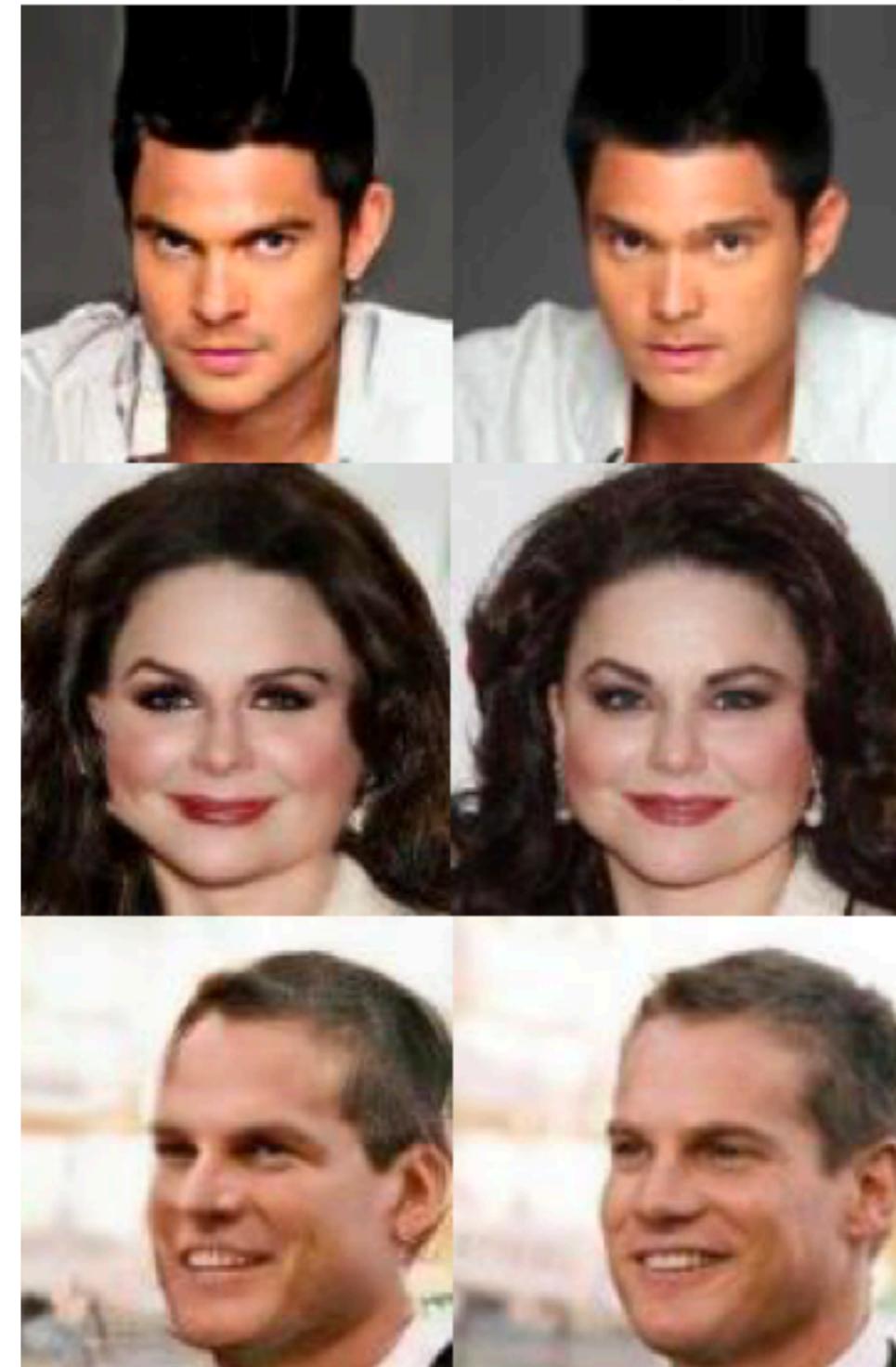
Deep  
Neural Network  
Output

— Ground Truth —

Input



Deep Neural Network Output



Ground Truth

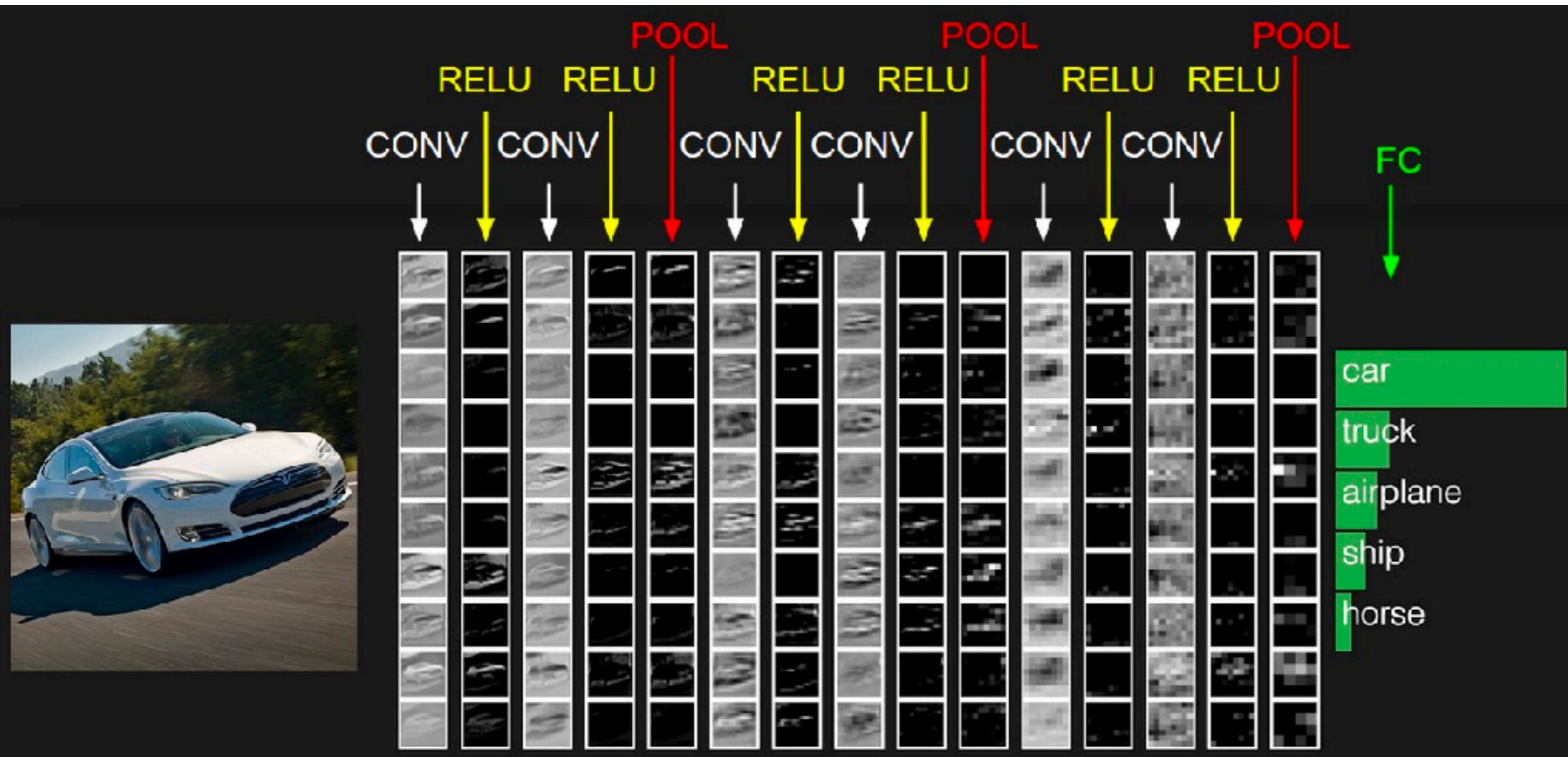
**Progressive Face Super-Resolution via Attention to Facial Landmark**

Deokyun Kim, Minseon Kim, Ghyun Kwon, Dae-Shik Kim

(Submitted on 22 Aug 2019)

# How to use CNN's to “enhance” images?

Most existing CNNs are designed for **classification tasks**, use “max pooling” layers



# Super-resolution with a CNN

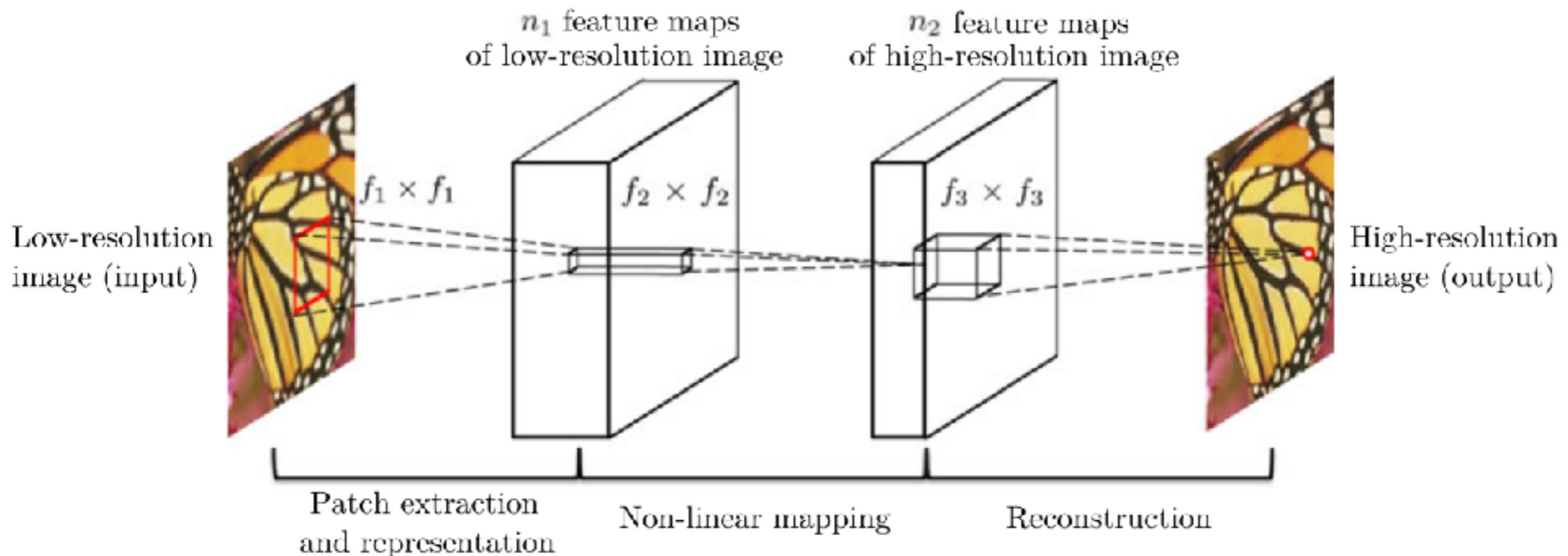
IEEE TRANSACTIONS ON PATTERN ANALYSIS AND MACHINE INTELLIGENCE, VOL. 38, NO. 2, FEBRUARY 2016

295

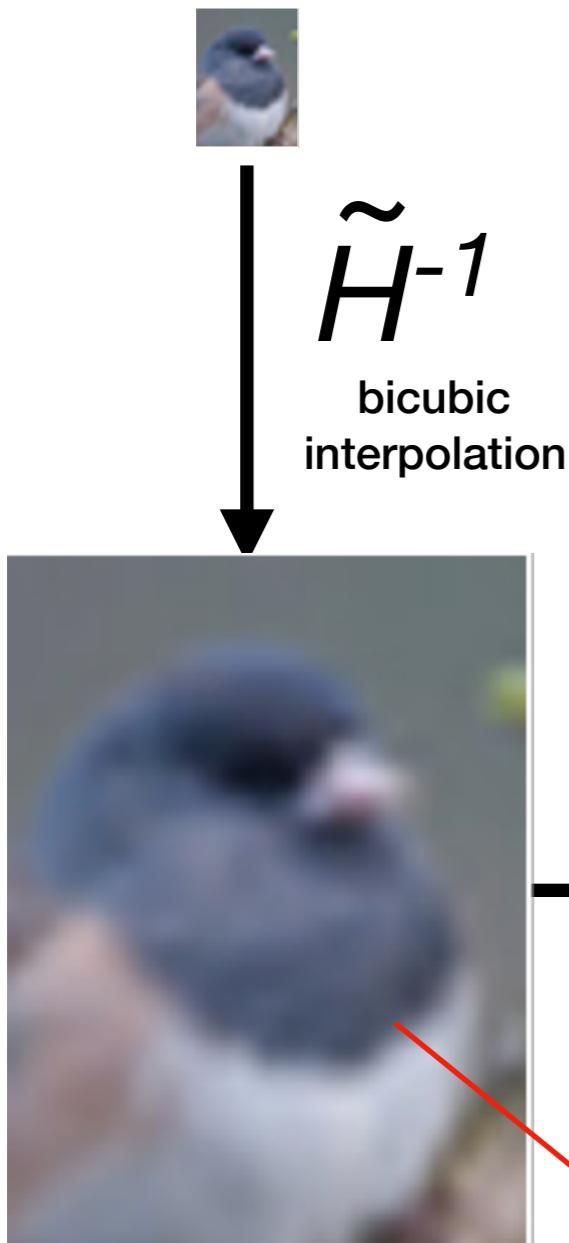
## Image Super-Resolution Using Deep Convolutional Networks

Chao Dong, Chen Change Loy, *Member, IEEE*, Kaiming He, *Member, IEEE*, and Xiaocou Tang, *Fellow, IEEE*

### 3 Layer CNN

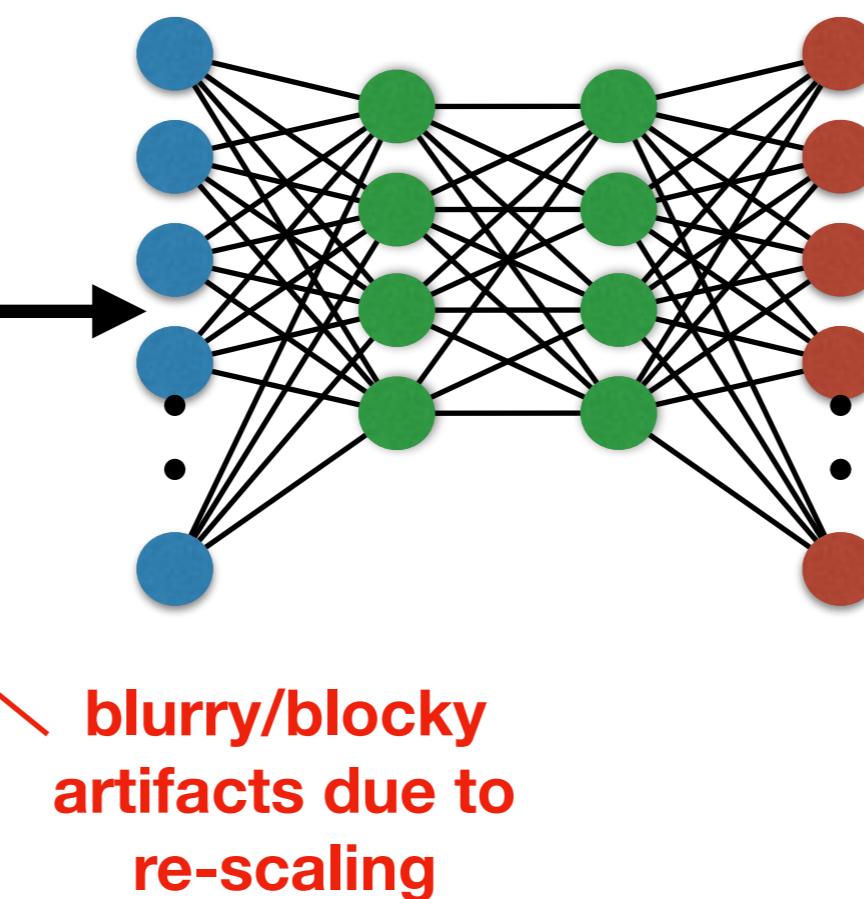


**raw data**  
**(low resolution image)**



# Super-resolution with CNNs

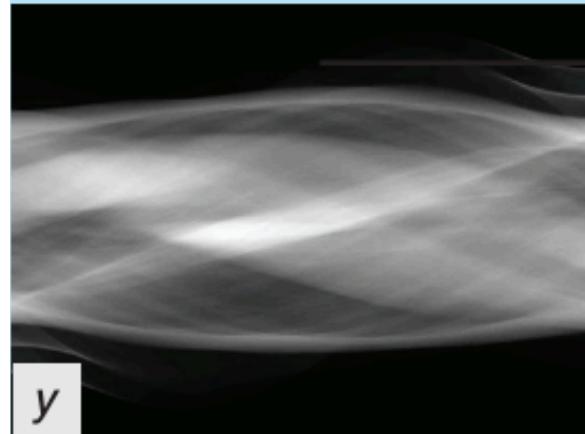
**Train deep CNN  
to remove artifacts**



**approximation  
of high-resolution  
image**

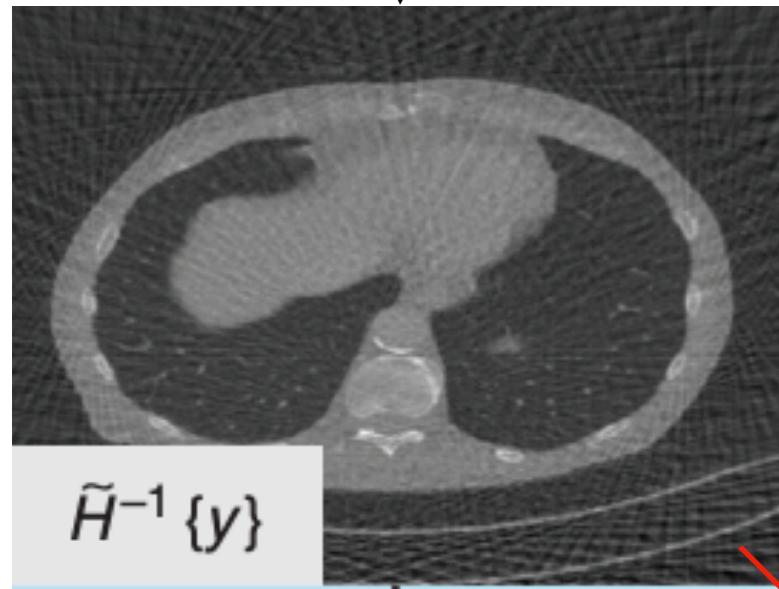


raw data  $y$   
(sparse view  
sinogram)



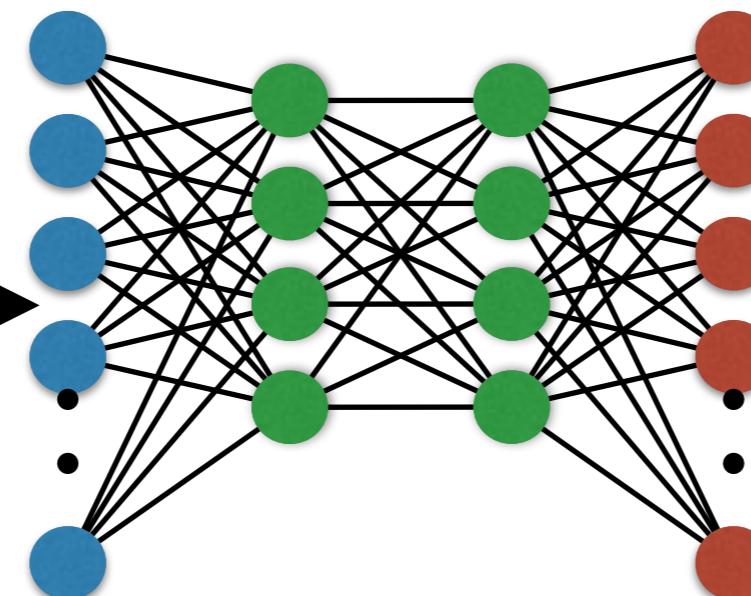
## Extension to medical imaging: CT reconstruction

$$y \downarrow \tilde{H}^{-1}$$

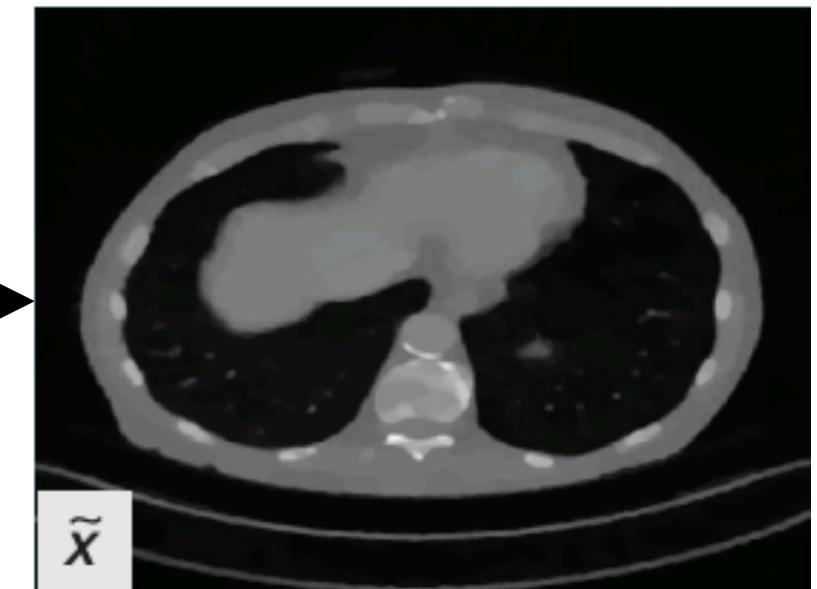


conventional reconstruction  
(filtered back-projection)

Train deep CNN  
to remove artifacts

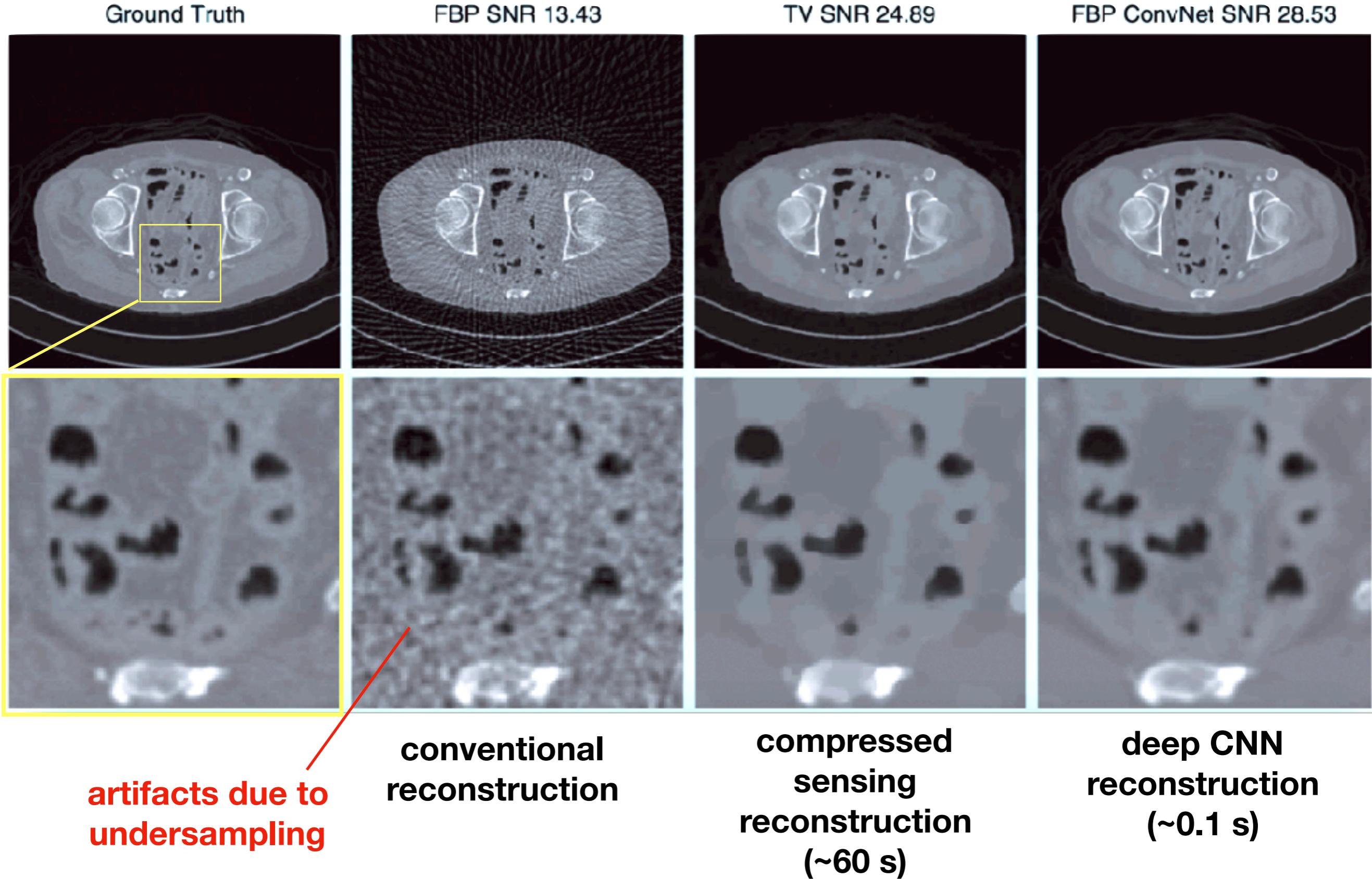


streaking  
artifacts due to  
undersampling



reconstruction

# Example “Deep” CT Reconstruction



McCann, M. T., Jin, K. H., & Unser, M. (2017). Convolutional neural networks for inverse problems in imaging: A review. *IEEE Signal Processing Magazine*, 34(6), 85-95.

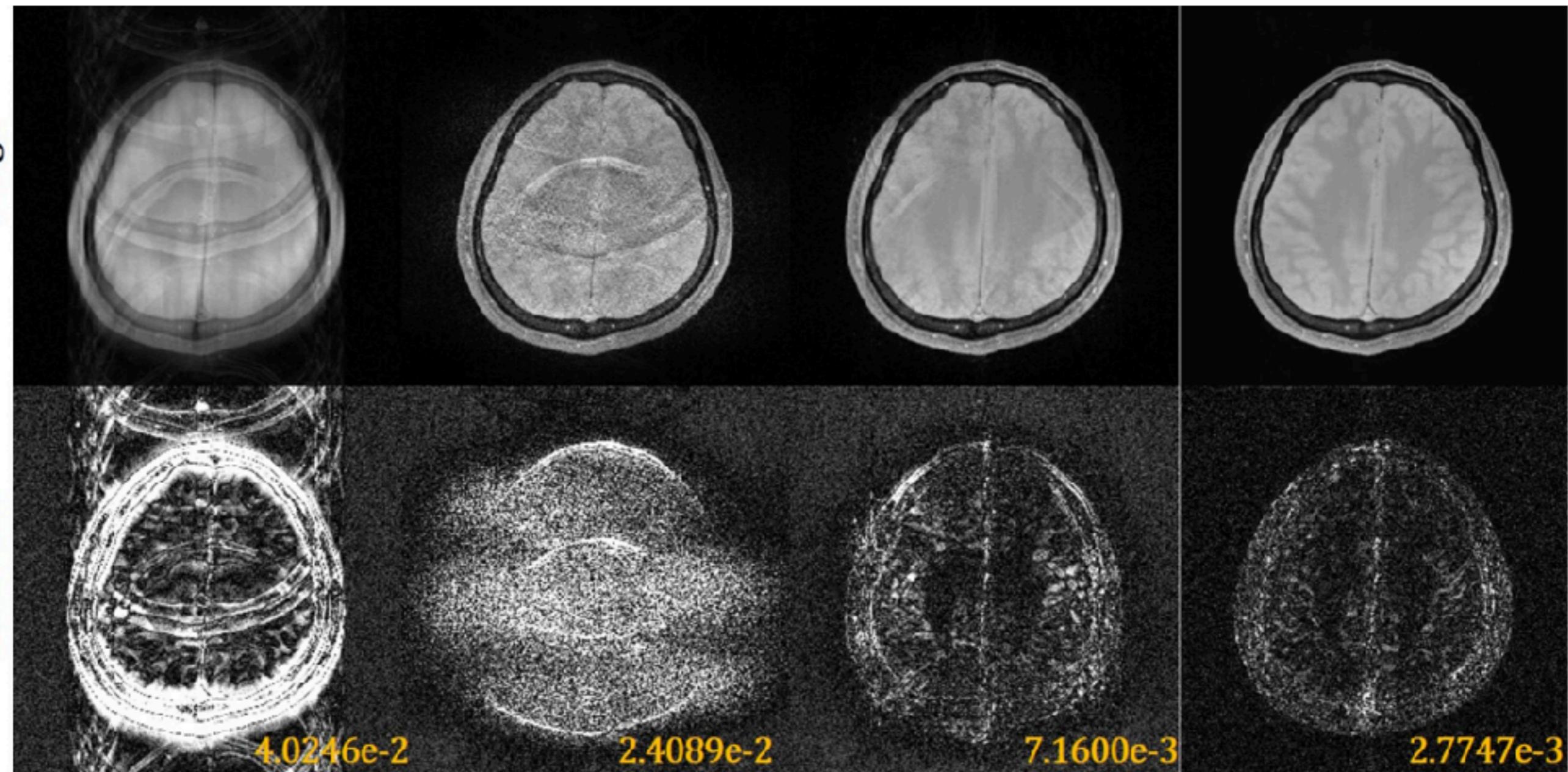
# Example “Deep” MRI Reconstruction

4-fold  
under sampled  
data

conventional  
reconstruction

compressed  
sensing  
reconstruction

Deep CNN  
reconstruction



Lee, D., Yoo, J., & Ye, J. C. (2017, April). Deep residual learning for compressed sensing MRI. In 2017 IEEE 14th International Symposium on Biomedical Imaging (ISBI 2017)(pp. 15-18). IEEE.

# Drawbacks to Deep CNNs

- Need to **retrain** CNN for any change in measurements
  - Undersampling rate (e.g., 2-fold, 4-fold, 10-fold, etc.)
  - Undersampling pattern (e.g., lines, spirals, radial, etc.)
  - Change in noise statistics (e.g., different scanner)
- Relatively **high sample complexity**
  - need many training images to avoid overfitting
- **Sensitive to perturbations**

# On instabilities of deep learning in image reconstruction - Does AI come at a cost?

Vegard Antun<sup>1</sup>

Francesco Renna<sup>2</sup>

Clarice Poon<sup>3</sup>

Ben Adcock<sup>4</sup>

Anders C. Hansen<sup>\*5,1</sup>

MRI knee image  
Original  $x$



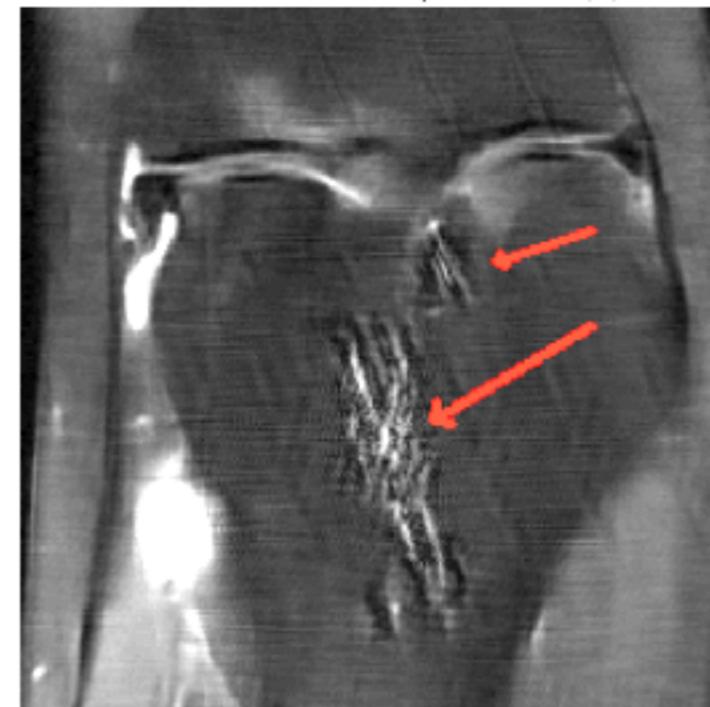
original + perturbation  
 $x + r_1$



MRI-VN  $f(Ax)$



MRI-VN  $f(A(x + r_1))$



Deep CNN  
Reconstructions

Artifacts arise  
from small  
perturbations

# Approach 2: Train a generative model (GAN)

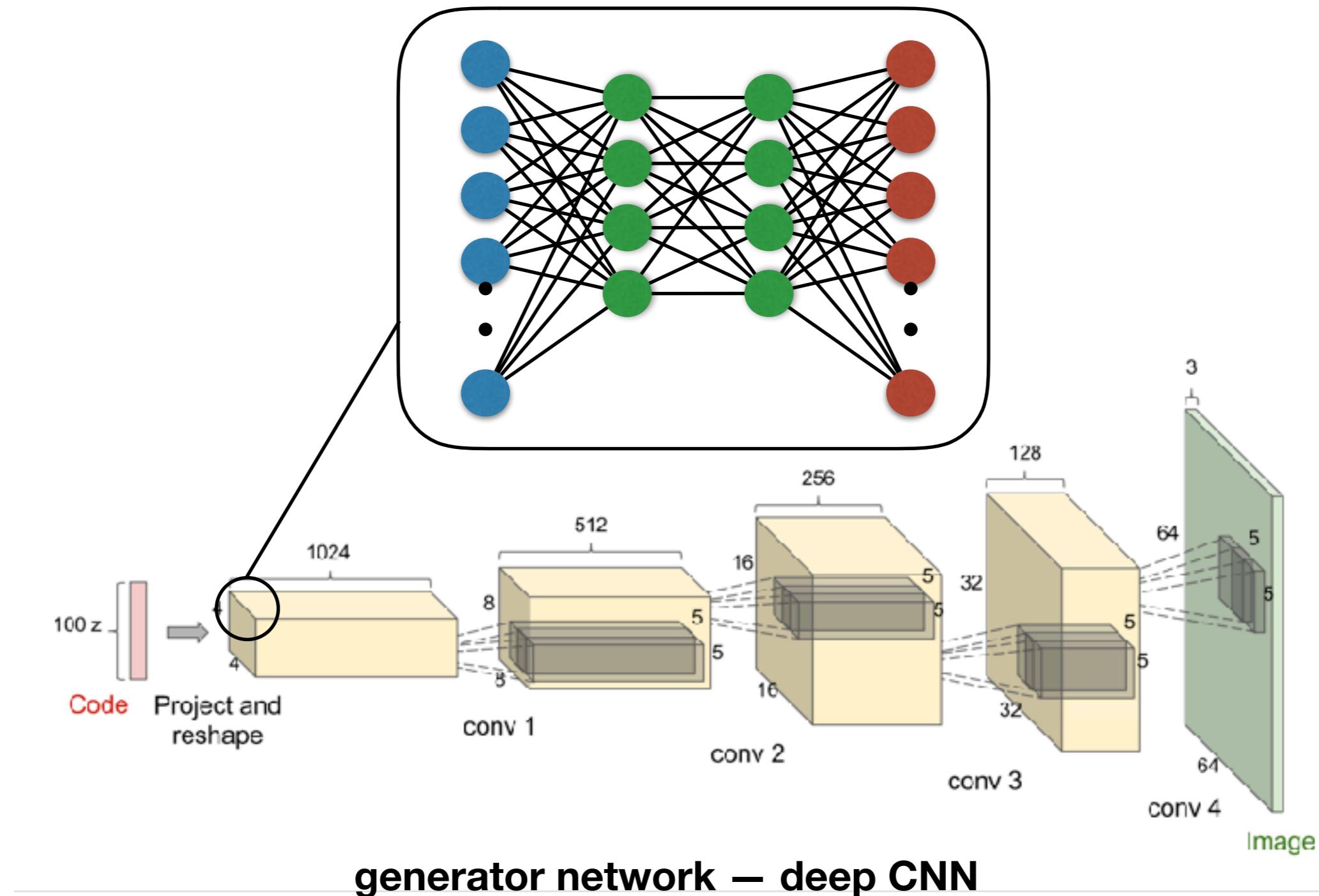


NVIDIA “Style-based GAN” face image model

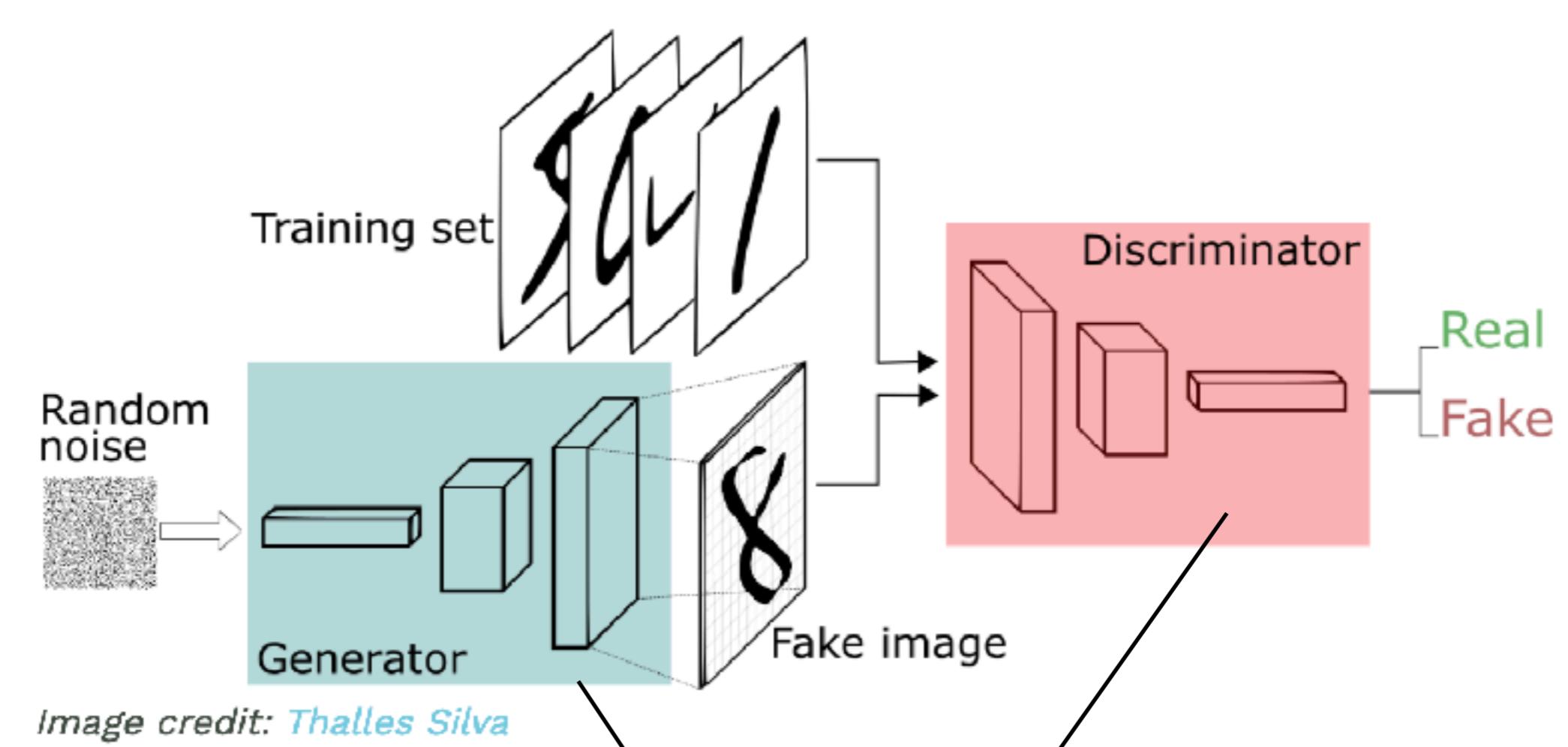
See also: <https://thispersondoesnotexist.com/>

Karras, Laine, & Aila 2019  
<https://www.youtube.com/watch?v=kSLJriaOumA>

# Generative adversarial networks (GANs)



# Generative adversarial networks (GANs)



**Jointly train Generator and Discriminator network**

# GANs for super-resolution



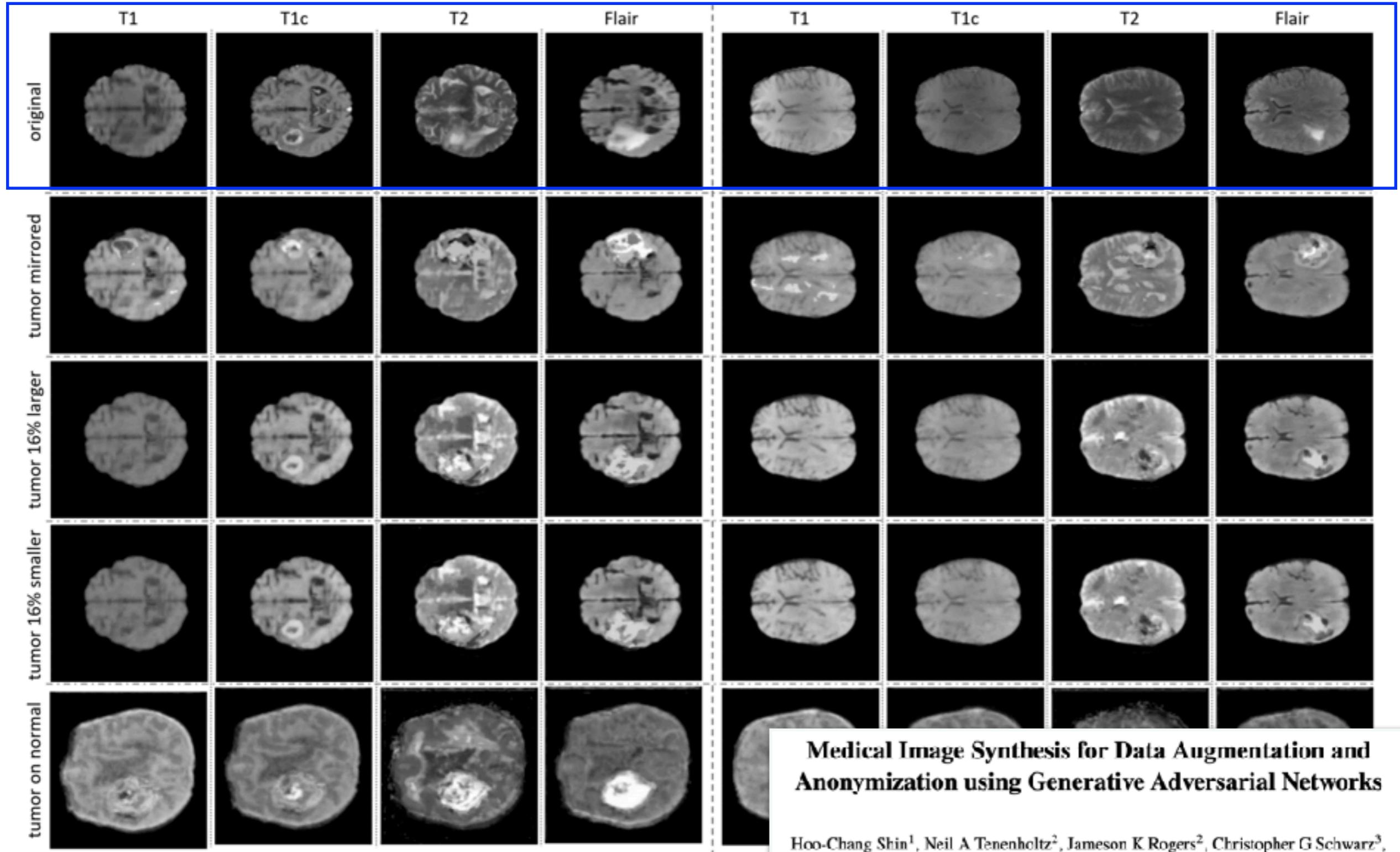
Figure 2: From left to right: bicubic interpolation, deep residual network optimized for MSE, deep residual generative adversarial network optimized for a loss more sensitive to human perception, original HR image. Corresponding PSNR and SSIM are shown in brackets. [4× upscaling]

## Photo-Realistic Single Image Super-Resolution Using a Generative Adversarial Network

Christian Ledig, Lucas Theis, Ferenc Huszár, Jose Caballero, Andrew Cunningham,  
Alejandro Acosta, Andrew Aitken, Alykhan Tejani, Johannes Totz, Zehan Wang, Wenzhe Shi  
Twitter

{cledig, ltheis, fhuszar, jcaballero, aacostadiaz, aaikten, atejani, jtots, zehanw, wchi}@twitter.com

## Real MRI images



### Medical Image Synthesis for Data Augmentation and Anonymization using Generative Adversarial Networks

Hoo-Chang Shin<sup>1</sup>, Neil A Tenenholtz<sup>2</sup>, Jameson K Rogers<sup>2</sup>, Christopher G Schwarz<sup>3</sup>,  
Matthew L Senjem<sup>3</sup>, Jeffrey L Gunter<sup>3</sup>, Katherine Andriole<sup>2</sup>, and Mark Michalski<sup>2</sup>

## Simulated MRI Images

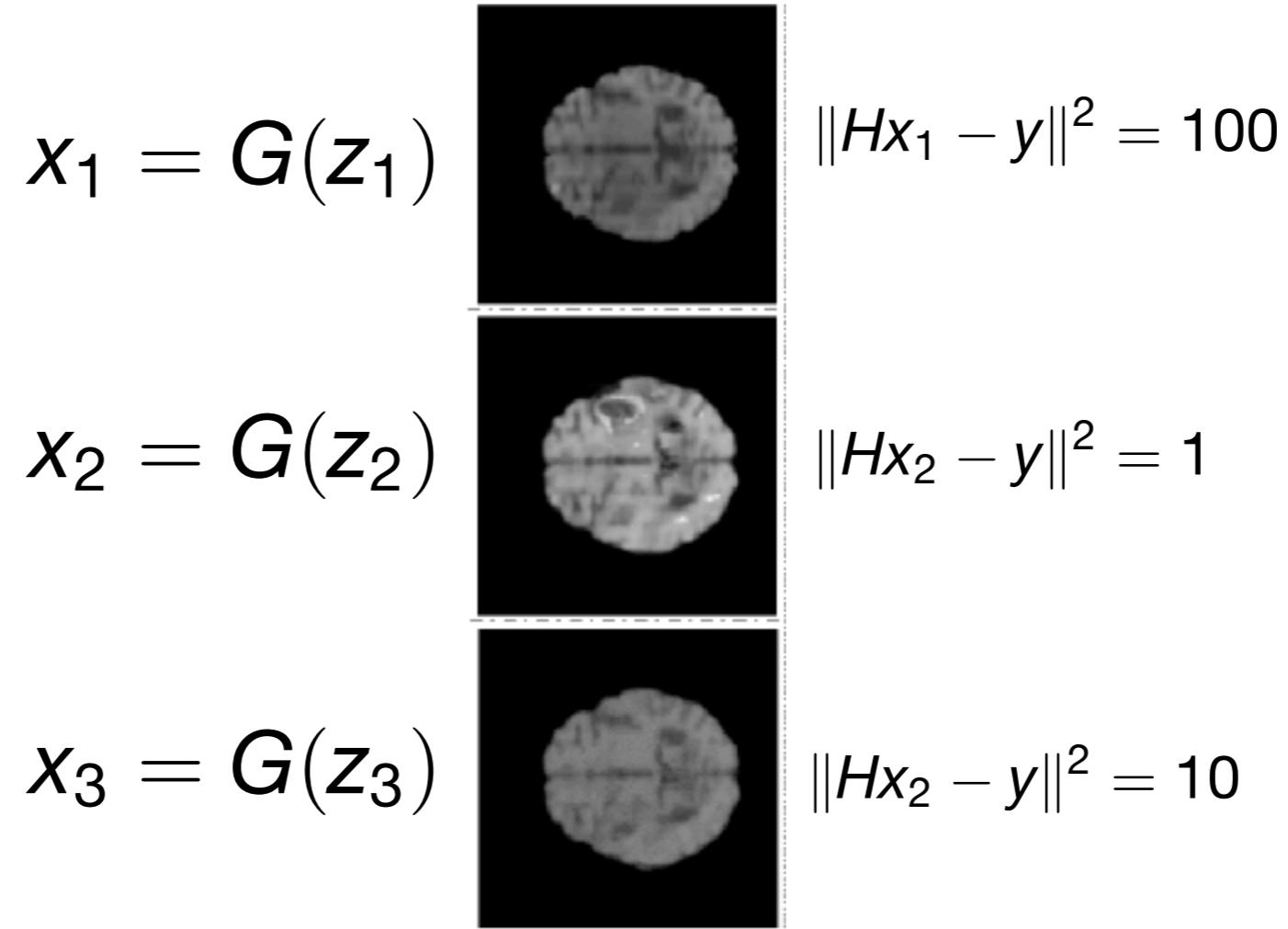
<sup>1</sup> NVIDIA Corporation

<sup>2</sup> MGH & BWH Center for Clinical Data Science, Boston, MA, USA

<sup>3</sup> Mayo Clinic, Rochester, MN, USA

# GANs for image reconstruction

Idea: Find image in the range of the generator that best fits the measurements



Find best  $z$  by solving an optimization problem, e.g., by gradient descent

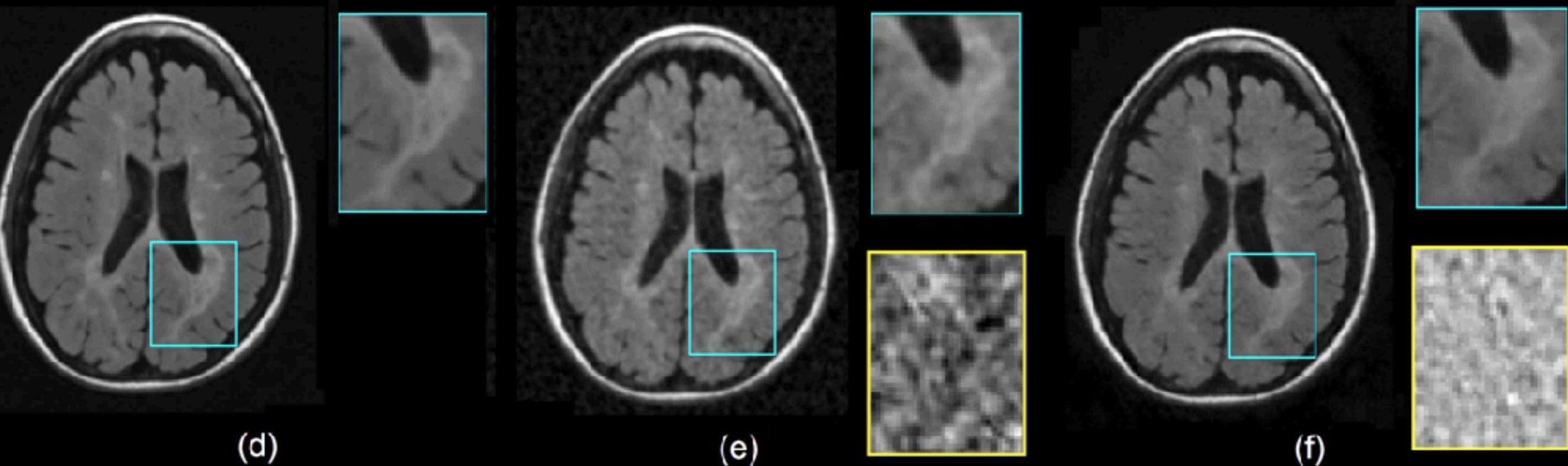
$$\underset{x \in \text{range}(G)}{\text{minimize}} \|Hx - y\|^2 \longrightarrow \underset{z}{\text{minimize}} \|HG(z) - y\|^2$$

# GANs for MRI Reconstruction

Ground truth

Compressed sensing  
Reconstruction

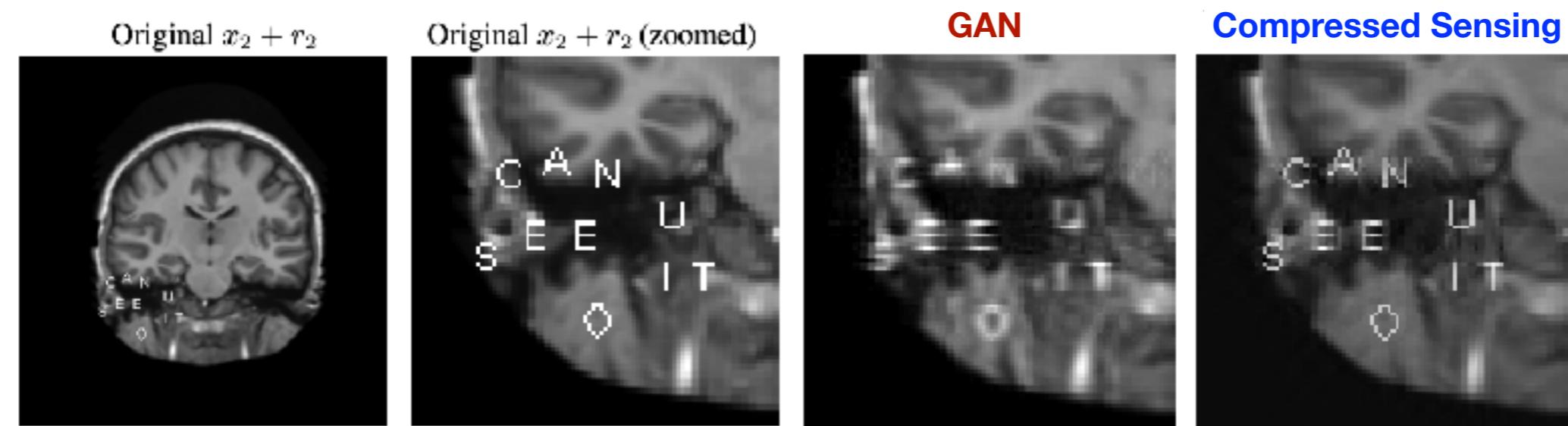
GAN  
Reconstruction



*DAGAN: Deep de-aliasing generative adversarial networks for fast compressed sensing MRI reconstruction'*

# Drawbacks to GANs

- Training an accurate GAN requires many training samples (NVIDIA faces: ~200,000 training examples)
- Reconstructed images must lie in the range of the GAN
  - If patient has abnormality not contained in training set, the abnormality may be “smoothed over” by the GAN



Antun, V., Renna, F., Poon, C., Adcock, B., & Hansen, A. C. (2019).

*On instabilities of deep learning in image reconstruction-Does AI come at a cost?. arXiv preprint arXiv:1902.05300.*

# Approach 3: Unrolling algorithms

---

## Learning to learn by gradient descent by gradient descent

---

**Marcin Andrychowicz<sup>1</sup>, Misha Denil<sup>1</sup>, Sergio Gómez Colmenarejo<sup>1</sup>, Matthew W. Hoffman<sup>1</sup>,  
David Pfau<sup>1</sup>, Tom Schaul<sup>1</sup>, Brendan Shillingford<sup>1,2</sup>, Nando de Freitas<sup>1,2,3</sup>**

<sup>1</sup>Google DeepMind   <sup>2</sup>University of Oxford   <sup>3</sup>Canadian Institute for Advanced Research

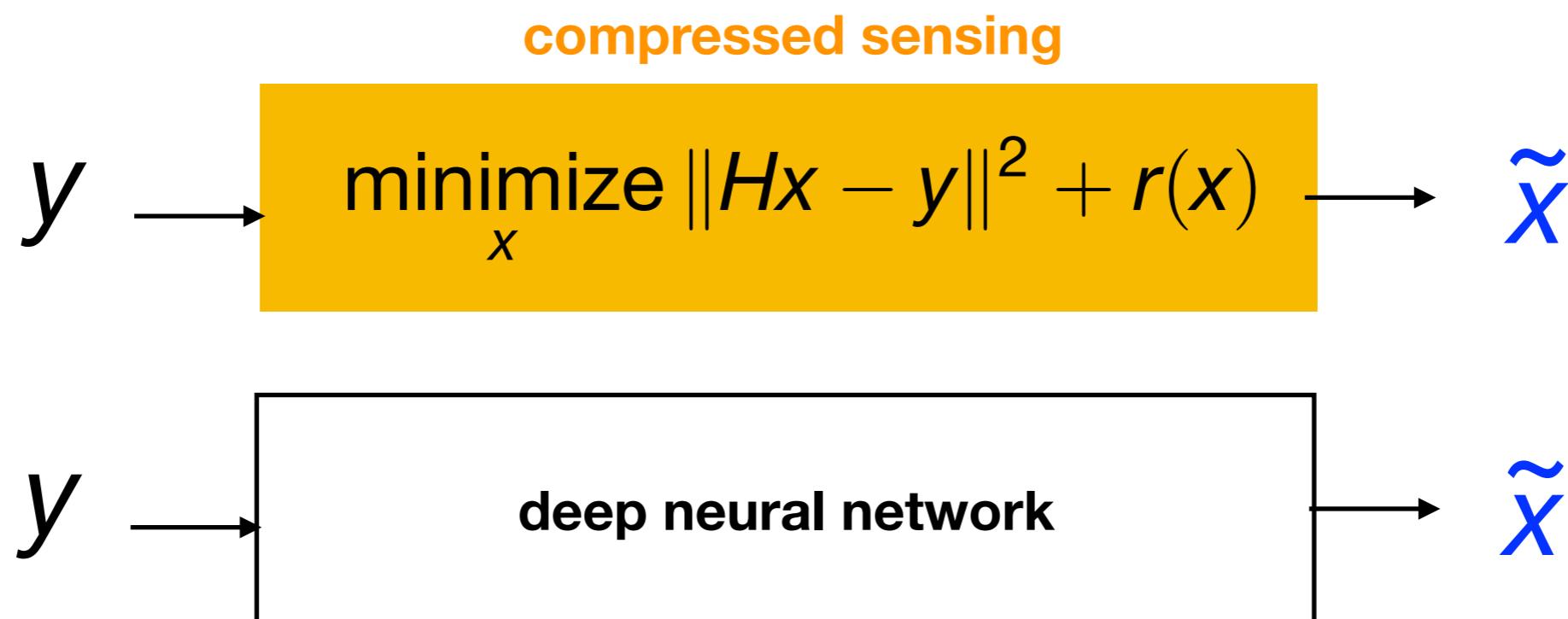
marcin.andrychowicz@gmail.com

{mdenil, sergomez, mwhoffman, pfau, schaul}@google.com

brendan.shillingford@cs.ox.ac.uk, nandodefreitas@google.com

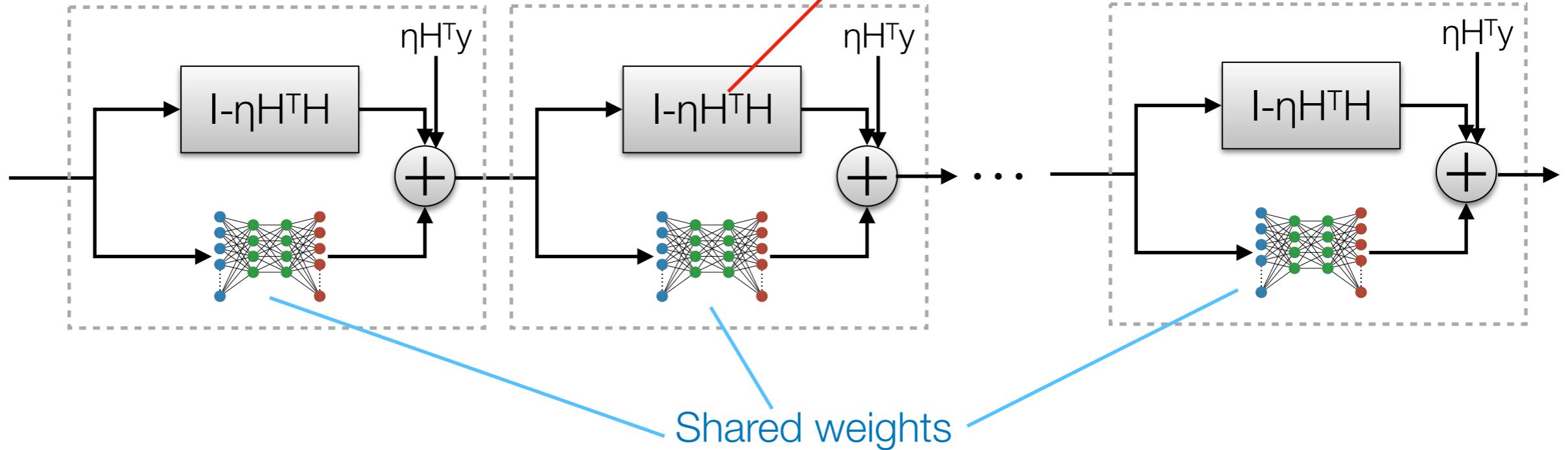
# Learning to Optimize via Deep Learning

- **Intuition:** Compressed sensing gives good reconstructions but requires solving a computational costly optimization problem each time
- Can we learn to solve the compressed sensing optimization problem with deep learning?



# Example: Unrolled gradient descent

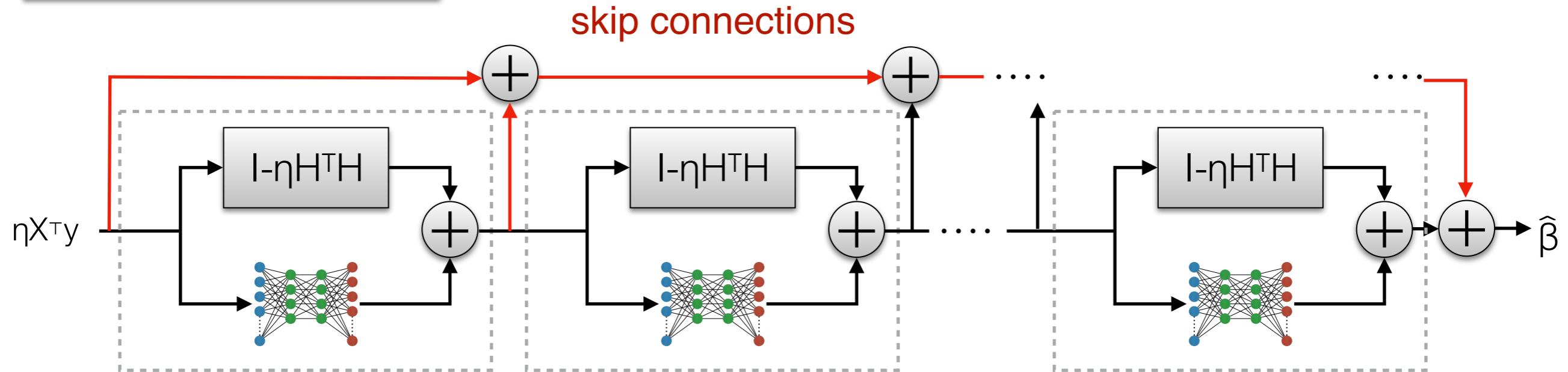
Gradient descent network



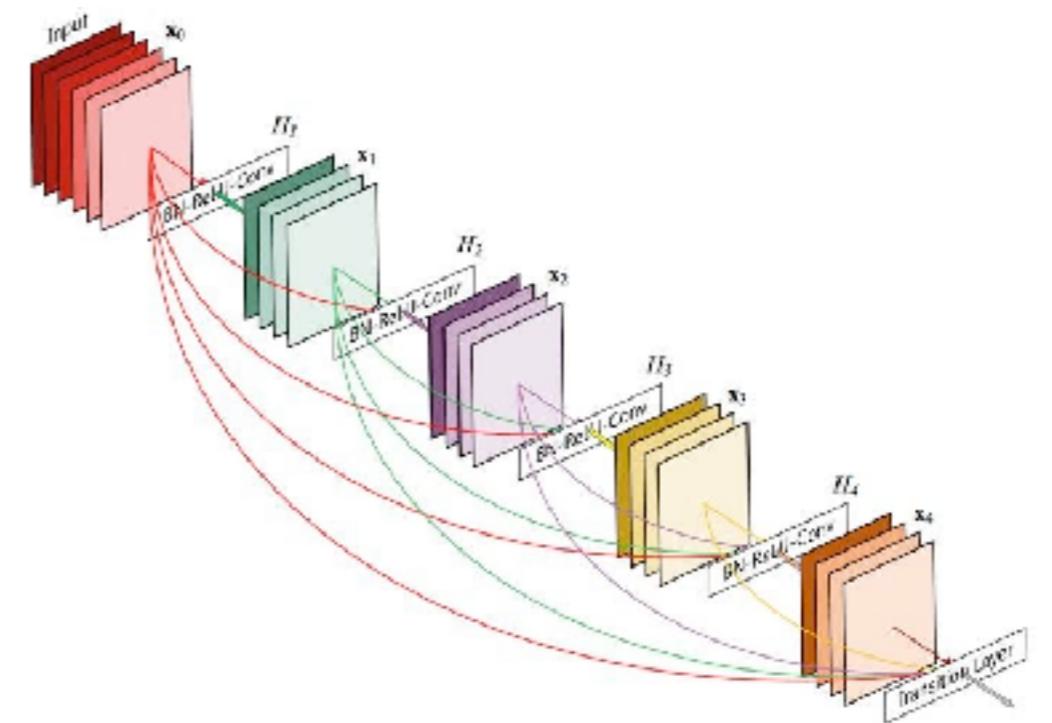
- Mimics finitely many iterations of gradient descent applied to  
$$\underset{x}{\text{minimize}} \|Hx - y\|^2 + r(x)$$
- Replace regularizer  $r(x)$  with learned neural network

# Neumann networks (O., Gilton, Willett, 2019)

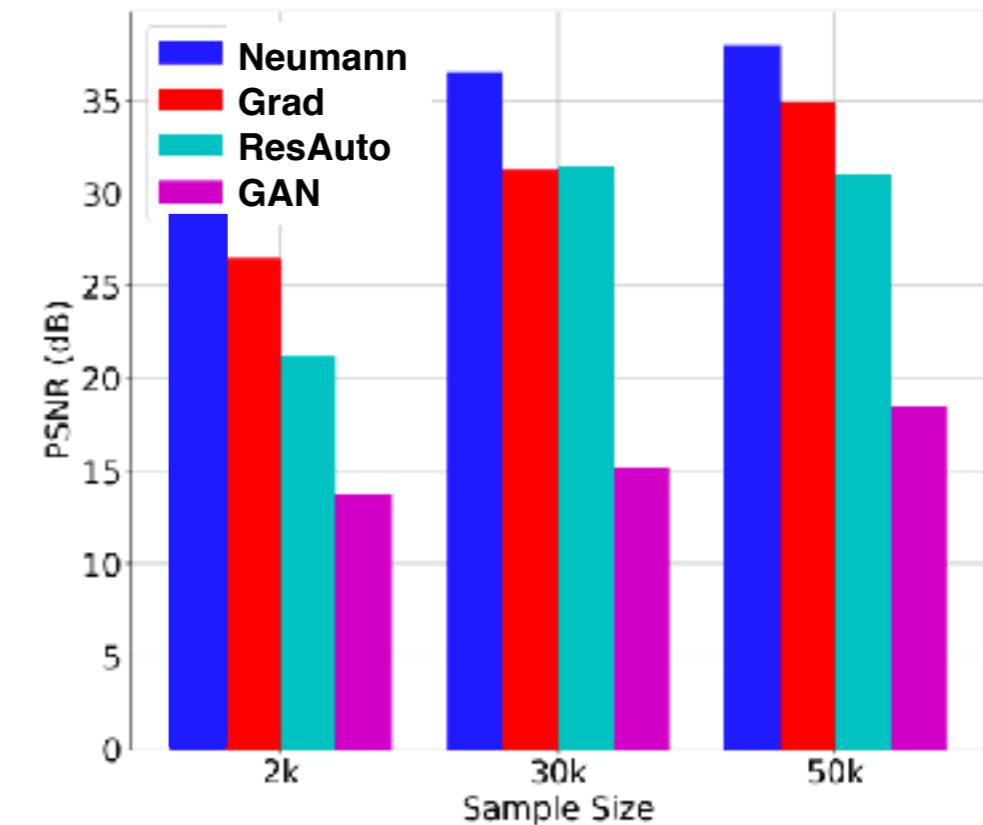
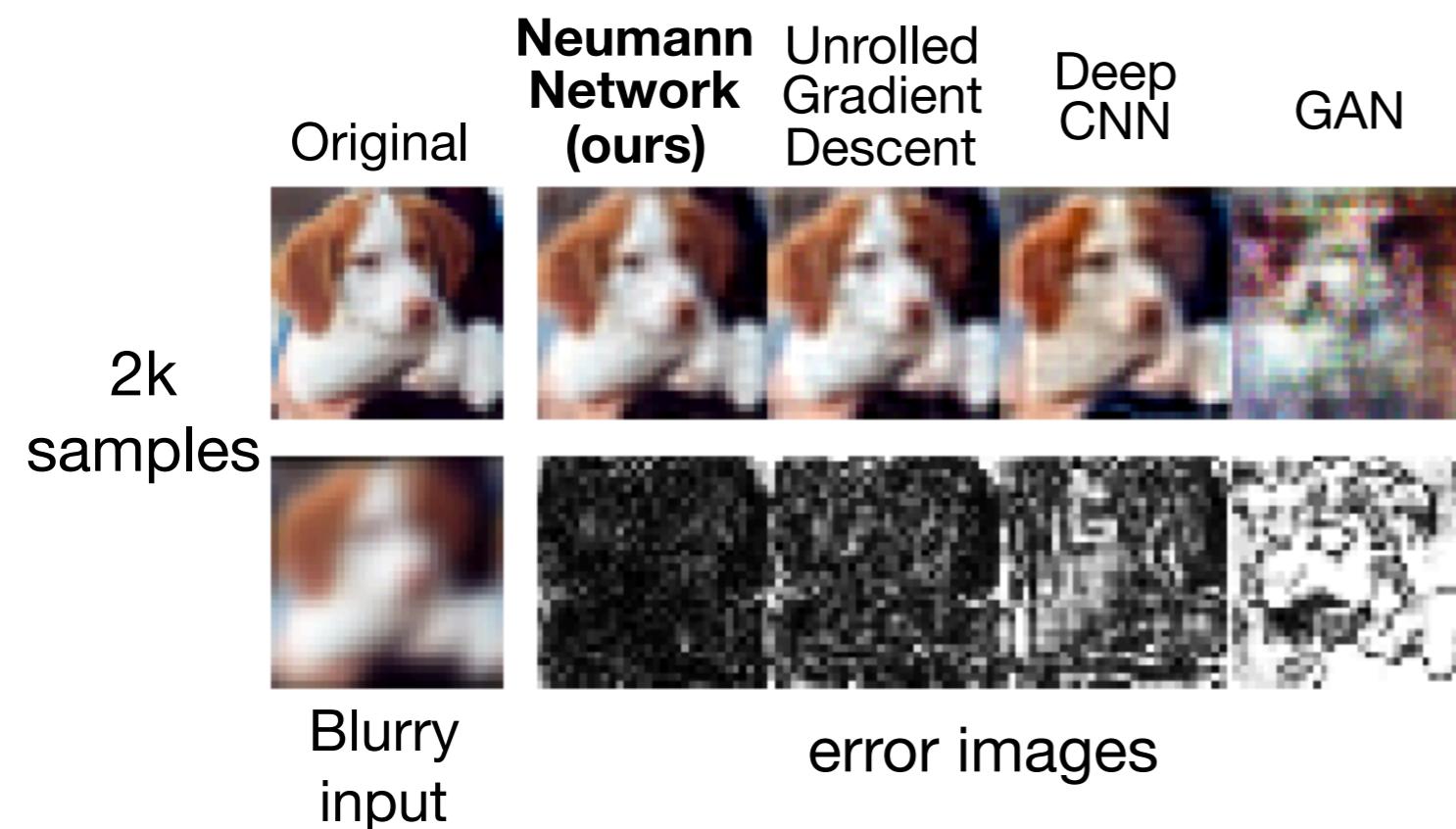
Neumann network



Dense Convolutional  
Networks  
(DenseNets)



# Sample Complexity - Deblurring task



Neumann Networks for Inverse Problems in Imaging

Davis Gilton, Greg Ongie, Rebecca Willett\*

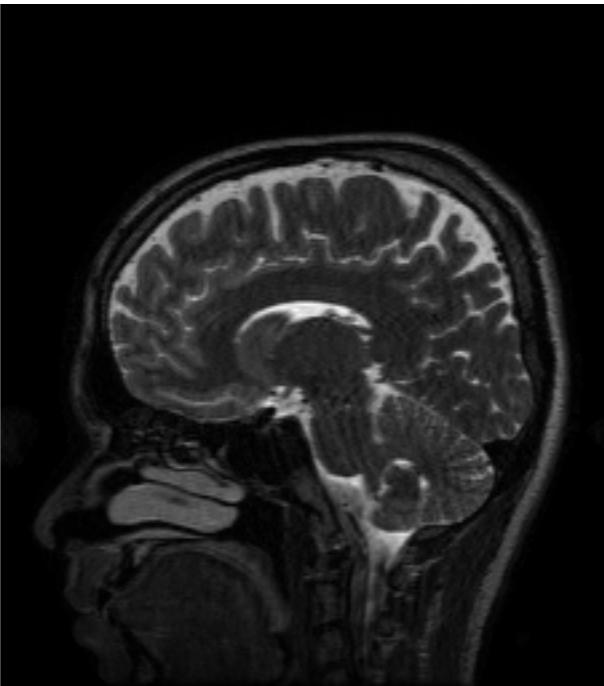
January 15, 2019

# MRI Reconstruction Results

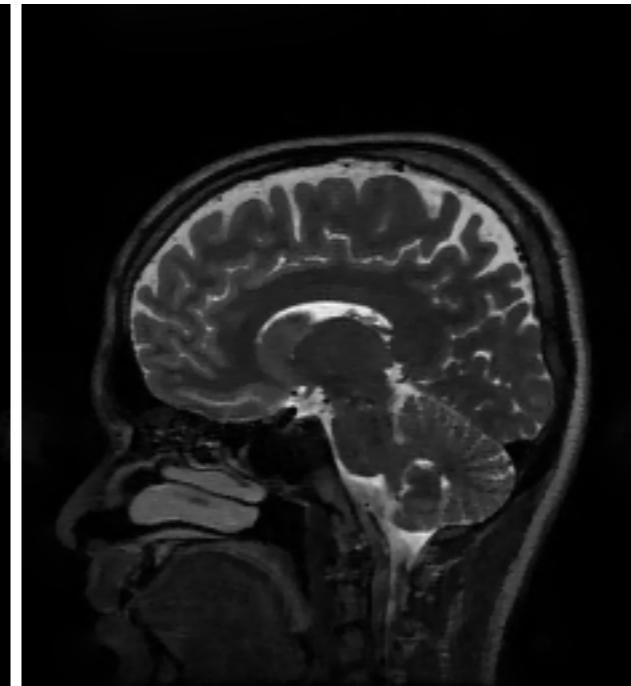
Original



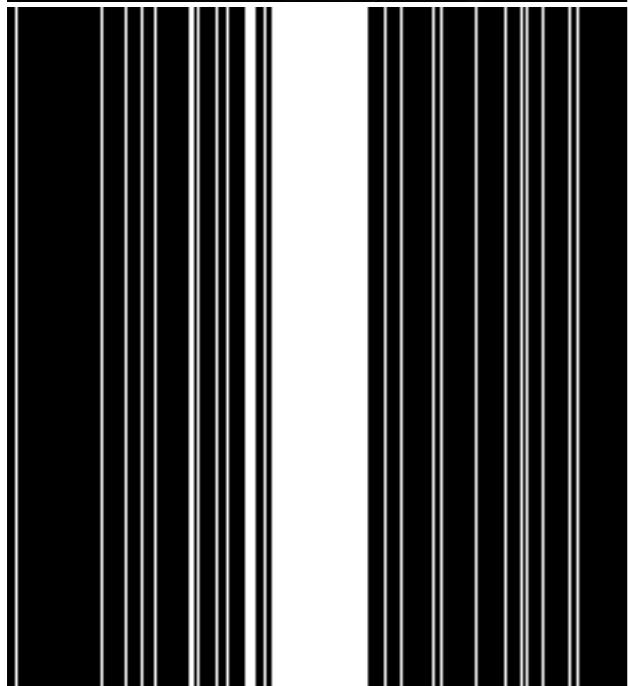
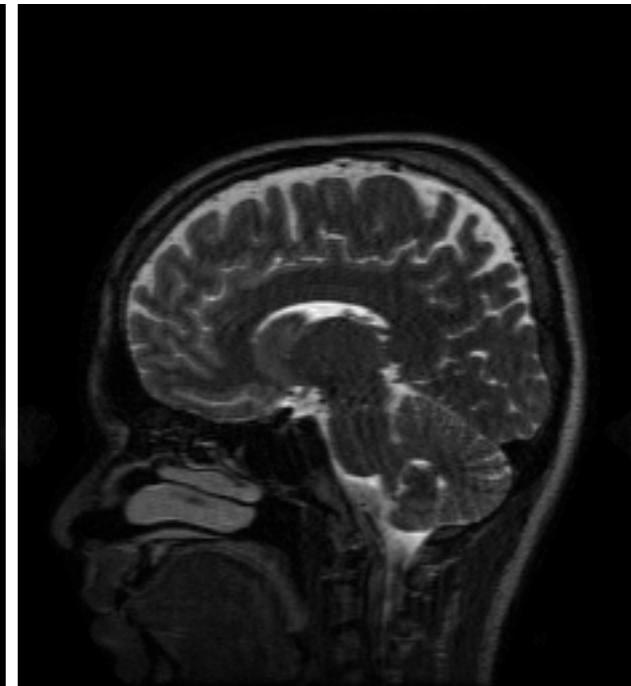
Neumann Network



Compressed Sensing  
Sensing



CNN



*k*-space Sampling  
Mask

PSNR: 34.95 dB  
Time: 16.3 sec

PSNR: 32.29 dB  
Time: 349.2 sec

PSNR: 32.39 dB  
Time: 1.6 sec

# Recap and Outlook

# Challenges in deep learning for biomedical imaging

- **Challenge 1: Limited Training Data**
  - Unrolling – incorporate forward model into network
- **Challenge 2: Complex Input Formats**
  - Use “approximate inverse” as input to network, rather than raw measurements
- **Challenge 3: Beyond Classification**
  - Adapt CNN’s to perform image restoration tasks
  - Use GAN’s or to model image distribution

# Going Forward: Uncertainty Quantification

How do we know we are not hallucinating features in the reconstruction?

Can we learn a full posterior?  $p(x|y)$

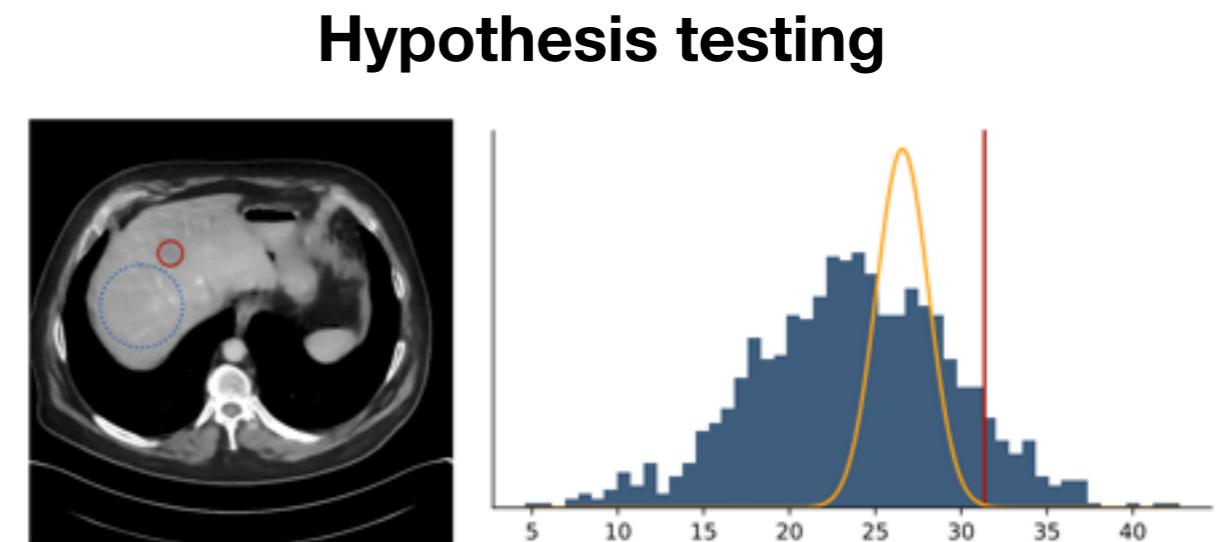
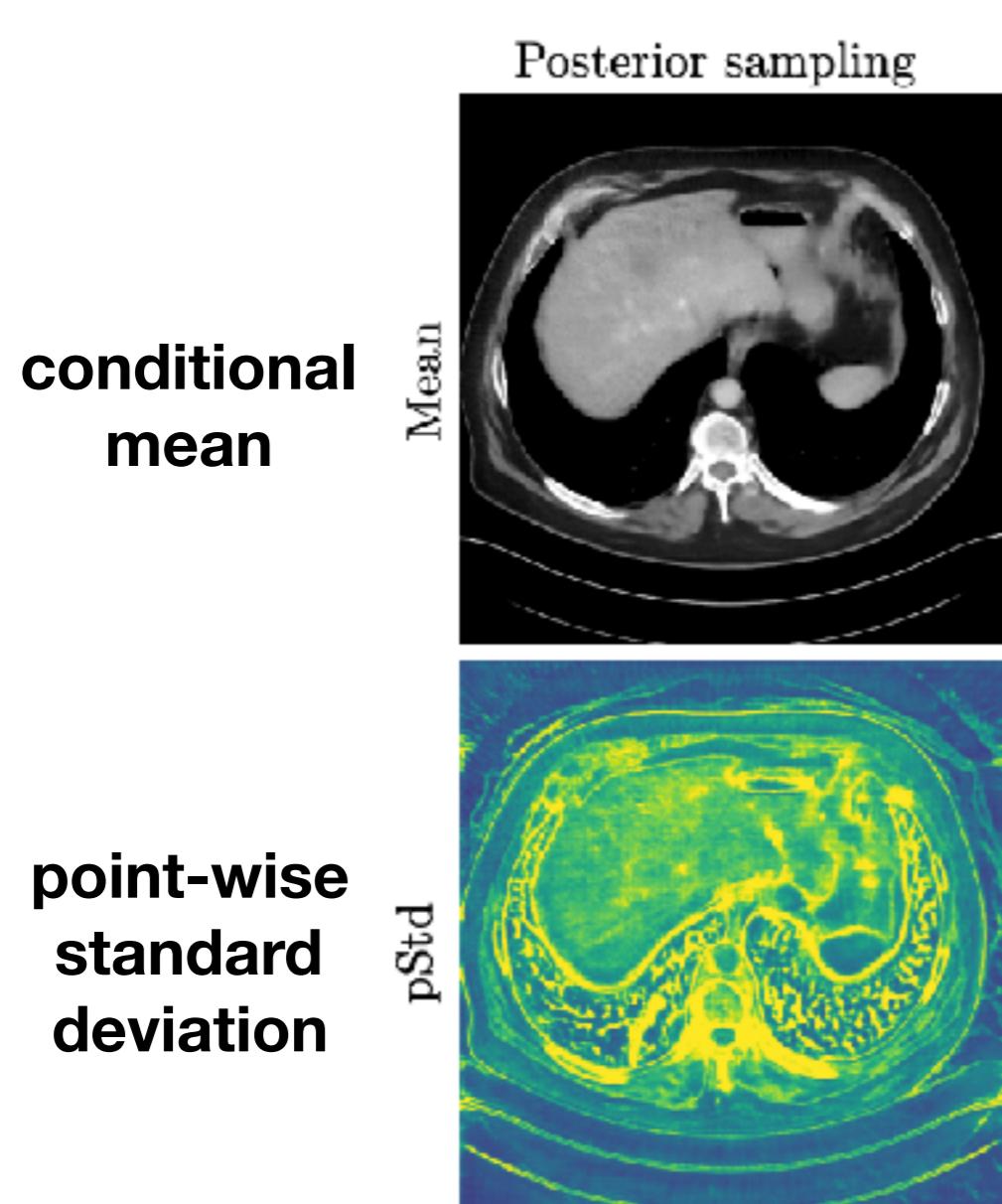


Fig. 4: The suspected tumor (red) and the reference region (blue) shown in the sample posterior mean image. Right plot shows average contrast differences between the tumor and reference region. The histogram is computed by posterior sampling applied to test data (fig. 2), the yellow curve is from direct estimation, and the true value is the red threshold.

## Deep Bayesian Inversion

Computational uncertainty quantification for large scale inverse problems

**Jonas Adler**

Department of Mathematics  
KTH - Royal Institute of Technology  
[jonas.adler@kth.se](mailto:jonas.adler@kth.se)

Research and Physics, Elekta

**Ozan Öktem**

Department of Mathematics  
KTH - Royal Institute of Technology  
[ozan@kth.se](mailto:ozan@kth.se)

# Access to Datasets

- Further advances will require standardized training and test sets
- Facebook/NYU FastMRI: 900 3-D knee MRI images

The screenshot shows the homepage of the fastMRI website. At the top, there are logos for Facebook AI Research and NYU Langone Health. To the right are navigation links: Home, Leaderboards, The Dataset, and Submission Guidelines. The main title "fastMRI" is prominently displayed in large white letters, with the subtitle "Accelerating MR Imaging with AI" below it. A blue banner runs across the top of the page. Below the banner, there is a section titled "Latest News & Updates" featuring two news items. The first item, dated 11-21-2018, discusses the release of open-source AI research tools from Facebook and NYU. The second item, dated 08-20-2018, announces a research collaboration between Facebook and NYU School of Medicine. On the left side, there is a section titled "What is fastMRI?" which provides a brief overview of the project's goal: to use AI to make MRI scans up to 10 times faster by creating accurate images from under-sampled data. It also mentions that NYU Langone Health has released fully anonymized raw data and image datasets. On the right side, there is a paragraph about enabling the broader research community to participate, mentioning open-sourcing baselines, models, evaluation metrics, Pytorch loaders, and a public leaderboard. It encourages checking out the GitHub repository.

Facebook AI Research 

Home Leaderboards The Dataset Submission Guidelines

# fastMRI

Accelerating MR Imaging with AI

Latest News & Updates

11-21-2018  
New fastMRI open source AI research tools from Facebook and NYU... [Read More](#)

08-20-2018  
Facebook and NYU School of Medicine launch research collaboration... [Read More](#)

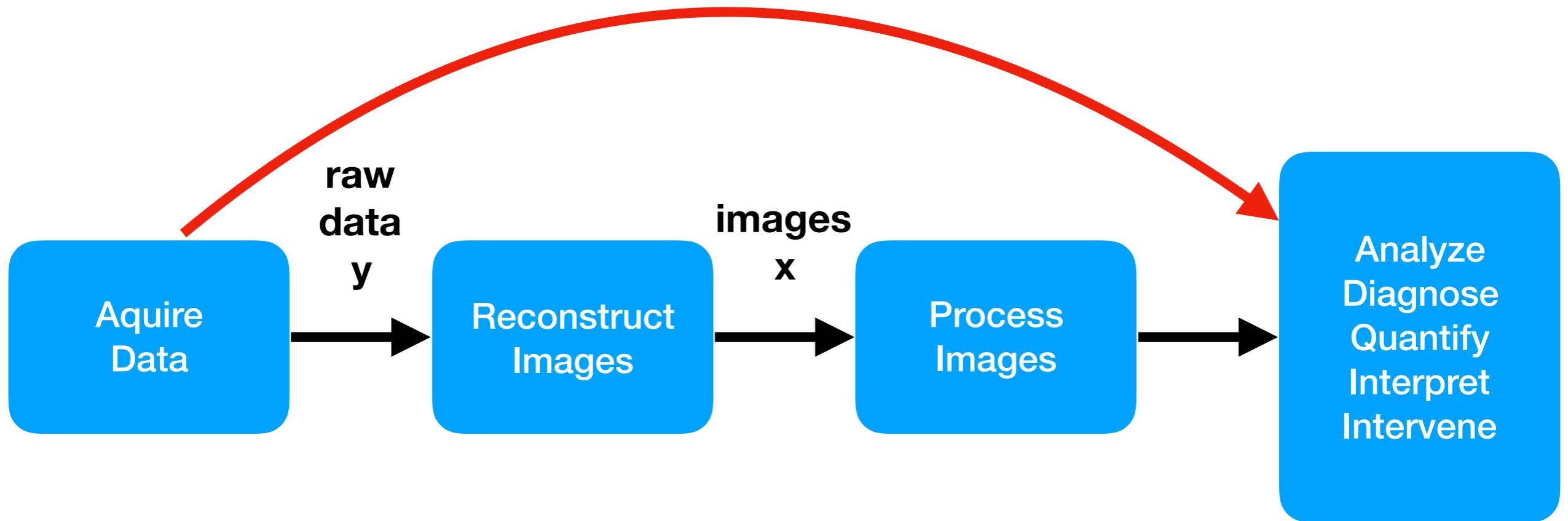
What is fastMRI?

fastMRI is a collaborative research project from Facebook AI Research (FAIR) and NYU Langone Health to investigate the use of AI to make MRI scans up to 10 times faster. By creating accurate images from under-sampled data, AI image reconstruction could enable faster scanning times, providing an improved experience for patients and potentially making MRIs accessible to more people.

To enable the broader research community to participate in this important project, we are open-sourcing our baselines, models, evaluation metrics, convenient Pytorch loaders, and providing a public leaderboard to share results. Check out our [GitHub repository](#). NYU Langone Health has released fully anonymized raw data and image datasets, that you can access at [this link](#).

<http://fastmri.org/>

# Is reconstruction even necessary?



# Thanks!

## Additional reading:

Litjens, G., et al. (2017). A survey on deep learning in medical image analysis. *Medical image analysis*, 42, 60-88.

Lundervold, A. S., & Lundervold, A. (2019). An overview of deep learning in medical imaging focusing on MRI. *Zeitschrift für Medizinische Physik*, 29(2), 102-127.

Kaggle data science bowl 2017: Lung nodule classification  
<https://www.kaggle.com/c/data-science-bowl-2017/overview>

McCann, M. T., Jin, K. H., & Unser, M. (2017). Convolutional neural networks for inverse problems in imaging: A review. *IEEE Signal Processing Magazine*, 34(6), 85-95.

email: [gongie@uchicago.edu](mailto:gongie@uchicago.edu)

web: [gregongie.github.io](http://gregongie.github.io)