

CT to MRI Image Translation Using CycleGAN: A Deep Learning Approach for Cross-Modality Medical Imaging

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Abstract: Medical imaging plays a crucial role in healthcare, with Magnetic Resonance Imaging (MRI) and Computed tomography (CT) as key modalities, each having unique strengths and weaknesses. MRI offers exceptional soft tissue contrast, but it is slow and costly, while CT is faster but involves ionizing radiation. To address this paradox, we leverage deep learning, employing CycleGAN and U-Net to translate CT scans into MRI-like images. This approach eliminates the need for additional radiation exposure or costs. Our results, which show the effectiveness of our image translation method with an MAE of 0.5309, MSE of 0.37901, and PSNR of 52.344, demonstrate the promise of this invention in lowering healthcare costs, expanding diagnostic capabilities, and improving patient outcomes. The model was trained for 500 epochs with a batch size of 500 on an Nvidia GPU, RTX -A6000.

1 INTRODUCTION

A key component of contemporary healthcare is medical imaging, which gives medical personnel a visual representation and comprehension of the human body's interior architecture. Computed tomography (CT) and magnetic resonance imaging (MRI) are two of the most widely utilized medical imaging techniques. These technological advancements offer unique yet complementary perspectives on the human anatomy.


MRI is a non-invasive medical imaging method that creates finely detailed images of the body's internal structures by utilizing radio waves, strong magnets, and a computer. A well-known feature of MRI is its remarkable soft tissue contrast. It is a vital tool for many medical applications, such as neuroimaging, cancer, and musculoskeletal imaging, due to its exceptional ability to visualize organs, muscles, nerves, and other soft tissues.

Contrarily, CT is an alternative imaging technique that makes use of X-ray technology. It produces "slices," or cross-sectional, images of the body that can be assembled into three-dimensional

representations. CT scans are renowned for their effectiveness and speed, which enables quick picture capture. They are very helpful for seeing blood arteries, identifying fractures, and imaging bone structures.

There are many CT scanners, but a few MRI ones. Therefore, the idea of image translation from a CT scan to an MRI image is extremely important in the realm of medical imaging. The goals of this study project are to realize this image translation and to greatly improve diagnostic capacities. The image translation enables medical practitioners to take advantages of both methods, using MRI's soft tissue contrast and CT scans' comprehensive information. Thus, this development is promising for more thorough and precise diagnoses, which eventually enhance patient care and treatment results. Both patients and healthcare providers stand to gain from this substantial reduction in medical expenses and waiting times.

To provide context and insight into the significance of our own work, we begin by taking up methodologies of prior research studies that have paved the way for our contributions. We have not found any previous work on translating a CT scan to an MRI image, but previous work in other medical

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image translation has introduced the concept of using Generative Adversarial Networks (GANs) for image-to-image translation[5]. Pix2pix, UNIT [3], CycleGAN [1] and UNET[9] models have been used in previous research. Training images used in our work are not paired. CycleGAN can seamlessly handle such unpaired data [2]. Therefore, our method to translate a CT scan into an MRI image leverages CycleGAN's capacity. By embracing cycle consistency, the CycleGAN model learns to map CT and MRI images in both directions. It generates synthetic MRI images from CT and can revert these generated MRI images to their original CT-like representations. The effectiveness of our model is examined through experiments

2 DATASET

The dataset used in this research was obtained from an open-source repository on Kaggle. The dataset was meticulously aggregated to serve as the foundation for training the CycleGAN model, specifically designed for image-to-image translation.

This dataset is essential to our work because it allows us to develop and assess our methodology for translating CT to MRI images. It supplies the basis for the CycleGAN model's training and testing, ultimately leading to improvements in cross-modality medical imaging.

2.1 Dataset Content

The dataset comprises a collection of CT and MRI scans, focusing on brain cross sections. These images were sourced from various listed repositories and were subsequently organized into separate directories for both training and testing purposes. The dataset is divided into two primary domains: Domain A, which contains CT scans, and Domain B, which comprises MRI scans. This clear separation enables the effective utilization of the dataset for CycleGAN-based image translation, ensuring that the model can learn and map the distinct features and characteristics of CT scans to their MRI counterparts.

The dataset is available under the Creative Commons Attribution-Non-Commercial-Share Alike 4.0 International License (CC BY-NC-SA 4.0). This licensing arrangement governs the usage, redistribution, and modification of the dataset, emphasizing the importance of proper attribution, non-commercial usage, and the continuity of the open-source spirit.

3 METHODOLOGY

Deep learning has become a viable approach to bridge the image gap. Specifically, image-to-image translation challenges have demonstrated the potential of GANs.

GANs could be a great option in the field of medical imaging, as CT and MRI scans offer many forms of information. The contrast, texture, and anatomical characteristics of these modalities differ, hence a model that can capture complex data distributions is required. GANs are highly effective in simulating intricate transformations.

3.1 GAN model Selection

One significant obstacle in the field of medical imaging is the dearth of paired data, or sets of comparable CT and MRI pictures of the same individuals. CycleGAN is a great option for the CT to MRI translation challenge because of its ability to handle unpaired data. In order to guarantee the model's efficacy even when the amount of paired data is restricted, it incorporates a cycle consistency loss that compels translated images to return to their original domains.

3.2 CycleGAN

The core of this research's image-to-image translation lies in the innovative architecture of CycleGAN. CycleGAN is a type of GAN that is particularly well-suited for unpaired image translation tasks, making it a powerful choice for transforming CT scans into MRI-like images. CycleGAN comprises two key components: the generator and the discriminator. The generator is responsible for creating the translated images, in this case, generating synthetic MRI scans from CT scans. The discriminator, on the other hand, is tasked with distinguishing between real MRI images and those generated by the generator.

3.2.1 Generator Architecture

Figure 1 shows the architecture of CycleGAN generator. The CycleGAN generator has 3 sections: Encoder, Transformer and Decoder.[1]

The encoder receives the input CT image. The encoder uses convolutions to extract features from the input image and compresses the image representation while increasing the number of channels. Three convolutions make up the encoder, which shrinks the representation to one-fourth the size of the original image. When we feed an image into the encoder with dimensions of (256, 256, 3), the result is (64, 64, 256).

Following the application of the activation function, the encoder's output is then fed into the transformer. The residual blocks in the transformer are six or nine, depending on the magnitude of the input. We adopt six residual blocks for medical image translation. The transformer's output is then fed into the decoder, which increases the representation's size to its initial size by using a 2-deconvolution block of fractional strides.

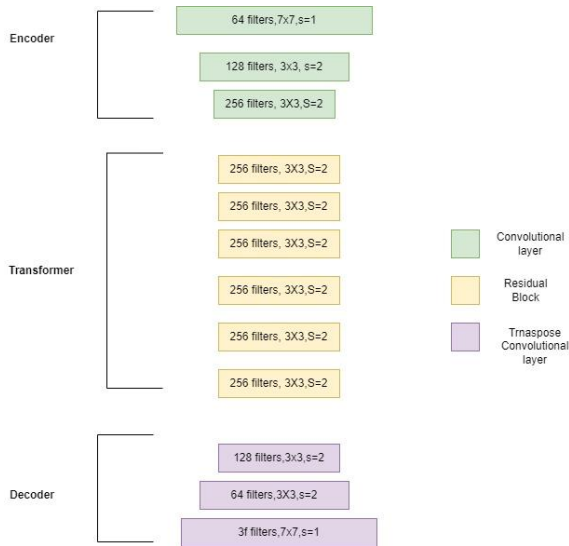


Figure 1: CycleGAN Generator

3.2.2 Discriminator Architecture

The CycleGAN discriminator uses PatchGAN [12]. The Patch GAN differs from a regular GAN discriminator in that the regular GAN maps a 256x256 image to a single scalar output that indicates whether the image is real or fake. In contrast the Patch GAN maps a 256x256 image to an $N \times N$ array of outputs X , where each element X_{ij} indicates whether

the patch ij in the image is real or fake. Figure 2 shows the architecture of the discriminator.

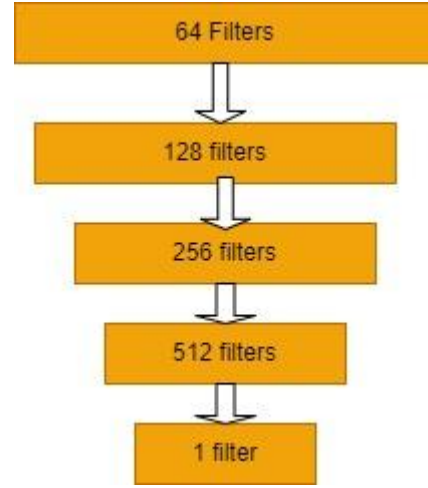


Figure 2: CycleGAN Discriminator

3.2.3 CycleGAN architecture

The strength of CycleGAN lies in its cycle consistency constraint, a defining feature of ensuring the model translates an input image from one domain to the other and back to the original input image. In the context of this study, this means that if we translate a CT scan into an MRI-like image and then revert it to the original domain, it should closely resemble the original CT scan. This cycle consistency is integral to achieving high-quality and anatomically accurate translations. Figure 3 shows the architecture of CycleGAN. In this study, image A is a CT scan, and image B is an MRI-like image.

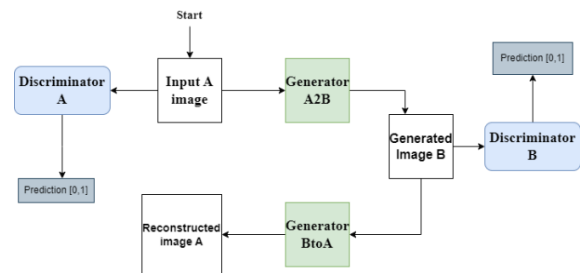


Figure 3: CycleGAN

CycleGAN architecture also incorporates adversarial losses, which compel the generator to produce images that are indistinguishable from real MRI scans, as judged by the discriminator. This adversarial training encourages the generator to create highly realistic images.

The architecture's ability to work with unpaired datasets is a significant advantage. In traditional supervised learning, paired data (where each input has a corresponding output) is required, which can be challenging to obtain in medical imaging. CycleGAN's ability to handle unpaired data makes it a valuable tool for this CT-to-MRI image translation task.

3.3 CycleGAN Losses

The effectiveness of CycleGAN in image-to-image translation tasks is attributed to a collection of carefully designed loss functions[4], each serving a specific purpose to guide the training process and ensure the desired results. The key losses employed in CycleGAN architecture are explained in this subsection.

3.3.1 Adversarial Loss

Adversarial loss is fundamental in GAN-based models and aims to make the generated images indistinguishable from real images. The discriminator and generator networks are trained to compete against one another using the adversarial loss. The discriminator network seeks to discern between real and generated images, while the generator network attempts to produce realistic images enough to trick it. The adversarial loss is given by:

$$Loss_{adversarial} = \frac{1}{m} \sum (1 - D_B(G(A)))^2 \quad (1)$$

$$Loss_{adversarial} = \frac{1}{m} \sum (1 - D_A(F(B)))^2 \quad (2)$$

where

G : Generator transforming input image A to B.

F : Generator transforming image B to A.

D_B : Discriminator for B.

D_A : Discriminator for A.

In the context of CT to MRI translation, the generator is pitted against the discriminator, which

learns to differentiate between genuine MRI scans and translated MRI-like images. The generator's objective is to minimize this loss by creating convincing images enough to fool the discriminator.

3.3.2 Cycle Consistency Loss

Cycle Consistency loss is the defining characteristic of CycleGAN. It enforces the model to maintain consistency when translating images in both directions.

To make the generator network learn the proper mapping between the two domains, the cycle consistency loss is employed. An image is translated from one domain to other, and then back to the original domain to calculate cycle consistency loss. When the translated image is as similar to the original image as possible, the cycle consistency loss is light. The cycle consistency is given by

$$Loss_{cycle} = \frac{1}{m} [(F(G(A)) - A + (G(F(B)) - B)] \quad (3)$$

In the case of this research, it ensures that when a CT scan is transformed into an MRI-like image and then reverted to the CT domain, the resulting image closely resembles the original CT scan. This loss plays a critical role in ensuring anatomical accuracy and image fidelity.

The overall CycleGAN loss function is a weighted sum of the adversarial loss and the cycle consistency loss.

4 EXPERIMENTS

This section provides a detailed description of the experimental setup that was used to evaluate the suggested approach.

4.1 Experimental setup

Python 3.8.10 was used throughout the development of the complete framework, with TensorFlow 2.6.5 serving as the neural network computing backend and Keras serving as the deep learning framework. The integrated programming environment Visual Studio Code was used for both the framework's development and implementation.

To facilitate efficient model training and accelerate the image translation process, we leveraged the computational power of a dedicated GPU. Specifically, the experiment was conducted on an Nvidia GPU, RTX -A6000, equipped with CUDA Version 11.3. This GPU configuration allowed for the expedited execution of deep learning operations, significantly reducing the training time. The choice of such hardware specifications was instrumental in achieving the low time complexity of the proposed method, making it more time-efficient compared to other complex deep learning models. The utilization of this GPU configuration, combined with the streamlined deep learning framework, enables a seamless and efficient image translation process from CT to MRI scans.

4.2 Dataset Pre-processing

The primary objective of data pre-processing is to load and standardize the dimensions of the CT and MRI images. Each image is loaded, and its dimensions are resized to a uniform scale of 256x256 pixels. This resizing ensures consistency across all images, which is vital for neural network training. In order to expedite the training process, a subset of the data is selected. For the CT scans, 500 images out of 1742 are chosen, and for the MRI images, a subset of 500 out of 1744 images are selected. This subsampling facilitates a more efficient training process, especially for demonstration purposes. Note that CT and MRI scans are an unpaired dataset.

To make the data compatible with the neural network architecture, an essential pre-processing step is applied. The pixel values of the images are scaled to fit within the range of $[-1, 1]$. This scaling is imperative because the generator in the CycleGAN model employs the tanh activation function in its output layer, producing values within this range. Scaling the data accordingly, ensure that the generator can produce realistic and meaningful images.

These meticulous pre-processing steps result in a well-structured and appropriately scaled dataset. The dimensions of the data, after pre-processing, are as follows: The dataset consists of 1000 images, each with dimensions of 256x256x3 (width, height, and channels).

Data augmentation is done to compensate the limited dataset. Effective deep learning model training requires the diversification of datasets, which

is facilitated by data augmentation. Our goal in using augmentations is to reduce the likelihood of overfitting by simulating variables found in the real world.

4.3 Evaluation

Several metrics are used to assess the suggested CT to MRI image translation model based on the CycleGAN architecture in order to determine the model's performance. When comparing the translated images to actual MRI scans, these metrics objectively evaluate the translated images' fidelity and accuracy. The main assessment metrics include the Mean Absolute Error (MAE), and Mean Squared Error (MSE), Peak Signal-to-Noise Ratio (PSNR).

4.3.1 MAE

MAE quantifies the average absolute difference between the pixel values of the translated MRI-like images and the corresponding real MRI scans. It is a valuable indicator of the overall dissimilarity between the generated and ground truth images. A lower MAE suggests a closer resemblance between the translated and real MRI images. MAE is given by

$$MAE = \frac{1}{n} \sum_{i=1}^n |y_i - \hat{y}_i| \quad (4)$$

where

n : no of samples or data

y_i : actual (observed) value for the i th sample

\hat{y}_i : predicted value for the i th sample

4.3.2 MSE

MSE computes the mean of the squared differences between the pixel values of the generated MRI-like images and the true MRI scans. This metric provides insights into the magnitude of errors of the generated MRI-like images, with smaller MSE values indicating reduced image dissimilarity. MSE is given by

$$MSE = \frac{1}{n} \sum_{i=1}^n (y_i - \hat{y}_i)^2. \quad (5)$$

4.3.3 PSNR

PSNR is a standardized measure to evaluate the quality of the generated images. It calculates the ratio of the peak intensity of an image to the root mean square error. Higher PSNR values signify a closer match to the real MRI scans, with increased image fidelity and reduced noise. PSNR is given by

$$PSNR = 10 \cdot \log_{10} \left(\frac{MAX^2}{MSE} \right) \quad (6)$$

where MAX is the maximum possible pixel value of the image.

5 RESULTS

Figures 4 and 5 shows the visual representation of the generated MRI-like images as the result of evaluating the effectiveness of the CycleGAN model for CT to MRI image translation.

After more than 50,000 iterations of rigorous training, the model was able to generate artificial MRI scans from CT data, as seen in these images. The presented pictures demonstrate how well the model can create MRI-like images from CT scans.

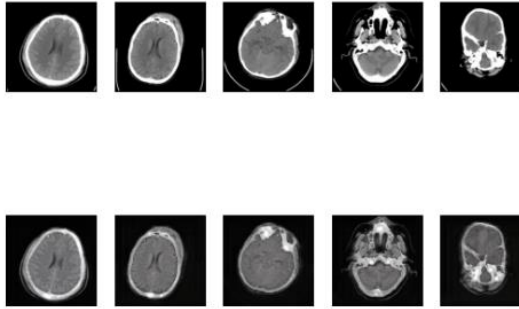


Figure 4: MRI images generated after training the CycleGAN model for 100 epochs

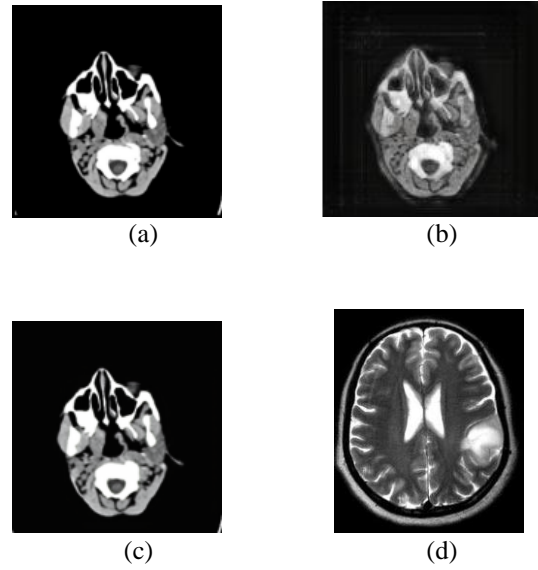


Figure 5: Output after using the CycleGAN model for test dataset: a. ground truth of CT, b. translated MRI ,c. reconstructed CT scan ,d. MRI image from unpaired test dataset for reference

The result shown in Figure 5(b) is a T1-weighted MRI image of the brain generated from a CT scan using a CycleGAN model. The image shows a decent overall representation of the brain anatomy, with clear visualization of the gray matter, white matter, cerebrospinal fluid, and major blood vessels.

However, it is important to note that this is a synthetic image and should not be used thoughtlessly for clinical diagnosis. Some subtle details may be lost in the generation process, and the image may not be as accurate as a real MRI scan.

Table 1: The evaluation metrics with CNN and CycleGAN for CT to MRI translation

	CNN	CycleGAN
MAE	70.44	0.5309
MSE	60.867	0.37901
PSNR	9.457	52.344

Table 1 shows the metrics when the test dataset of CT scan images is passed through the model and translated as the MRI images and the real MRI images as well as translated MRI are compared. The CNN in this table is trained using a dataset in which each CT scan is paired with an MRI scan randomly. Results of CNN were not satisfying enough as it is not capable for handling the unpaired dataset. In contrast, CycleGAN demonstrate high performance.

5.2 Loss Plot

The training progression is depicted through loss graphs shown in Figures 6, illustrating the evolution of these loss components over time. Notably, the graphs showcase a consistent and substantial decrease in the loss values for all six components throughout the training process. This trend signifies the model's remarkable capacity to learn and adapt.

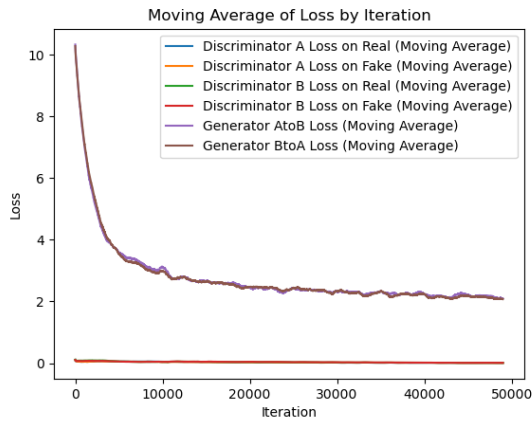


Figure 6: Loss of 100 epochs

6 CONCLUSIONS

This research represents a significant stride in the realm of cross-modality medical imaging, particularly in the context of CT to MRI image translation.

The implementation of the CycleGAN model has demonstrated exceptional potential in bridging the modality gap, allowing CT scans to be converted into high-quality MRI-like images. The study's significant contributions are applicable to various fields, most notably healthcare, where the synthesis of radiation-free, economically viable MRI-like data has the potential to transform diagnostic capabilities, save costs associated with healthcare, and shorten patient wait times.

The evaluation of the model's performance, as indicated by key metrics, including Mean Absolute Error (MAE), Mean Squared Error (MSE), and Peak Signal-to-Noise Ratio (PSNR), underscores the model's efficacy. With a low MAE and MSE and a

high PSNR, the translated MRI-like images exhibit a remarkable fidelity and similarity to real MRI scans. This not only reinforces the model's proficiency in generating high-quality images but also enhances its diagnostic potential.

Furthermore, this study increases the significance of the research by conducting a comparative analysis between the outcomes of the CycleGAN and a basic CNN model. As the work with CycleGAN with UNET as generator is still in process so the results of those will be compared with CycleGAN results. This comparative study lays the groundwork for upcoming advancements in the field of medical image processing and highlights the usefulness of sophisticated deep learning techniques.

7 FUTURE WORK

With the CycleGAN model, this work has established a solid basis for practical CT-to-MRI image translation, which could lead to major breakthroughs in cross-modality medical imaging[6]. Looking ahead, several interesting directions for more study and advancement become apparent.

Extending the model's capabilities to accommodate multi-modality translation, where both CT to MRI and MRI to CT translations can occur simultaneously, could enhance its clinical utility. Clinical validation and testing in partnership with healthcare institutions and medical practitioners are imperative steps for real-world deployment. Augmenting the dataset with a broader spectrum of clinical cases and conditions could further diversify the model's capabilities. Moreover, addressing ethical and regulatory considerations, including data privacy, patient consent, and compliance with healthcare regulations, is essential.

In the current trajectory, ongoing work is focused on modifying the CycleGAN by integrating UNET [9] as an alternative generator because by doing so it will help the model to increase the image quality by preserving fine details. UNET's ability to maintain spatial information might lead to more enhanced and sharper translation of images. With a comparative study underway to assess the relative advantages and disadvantages of these generator architectures. This research paves the way for continued advancements in CT to MRI image translation, with the potential to transform medical imaging and enhance patient care in diverse clinical scenarios.

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