Deep Learning for Ischaemic Stroke Lesion Segmentation on Acute Non-Contrast CT



Danny Wray | MEng Computer Science with Study Abroad Supervised by Dr Majid Mirmehdi and Dr Philip Clatworthy



What is ischaemic stroke?

- Stroke is a life-threatening condition in which blood supply to part of the brain is cut off, causing cells to become damaged and die.
- ➤ In <u>ischaemic stroke</u>, a clot forms or becomes lodged in a blood vessel in the brain, cutting off the flow of blood and therefore oxygen to the area that vessel usually supplies.
- The sooner a stroke patient is treated, the better their chances of recovery.

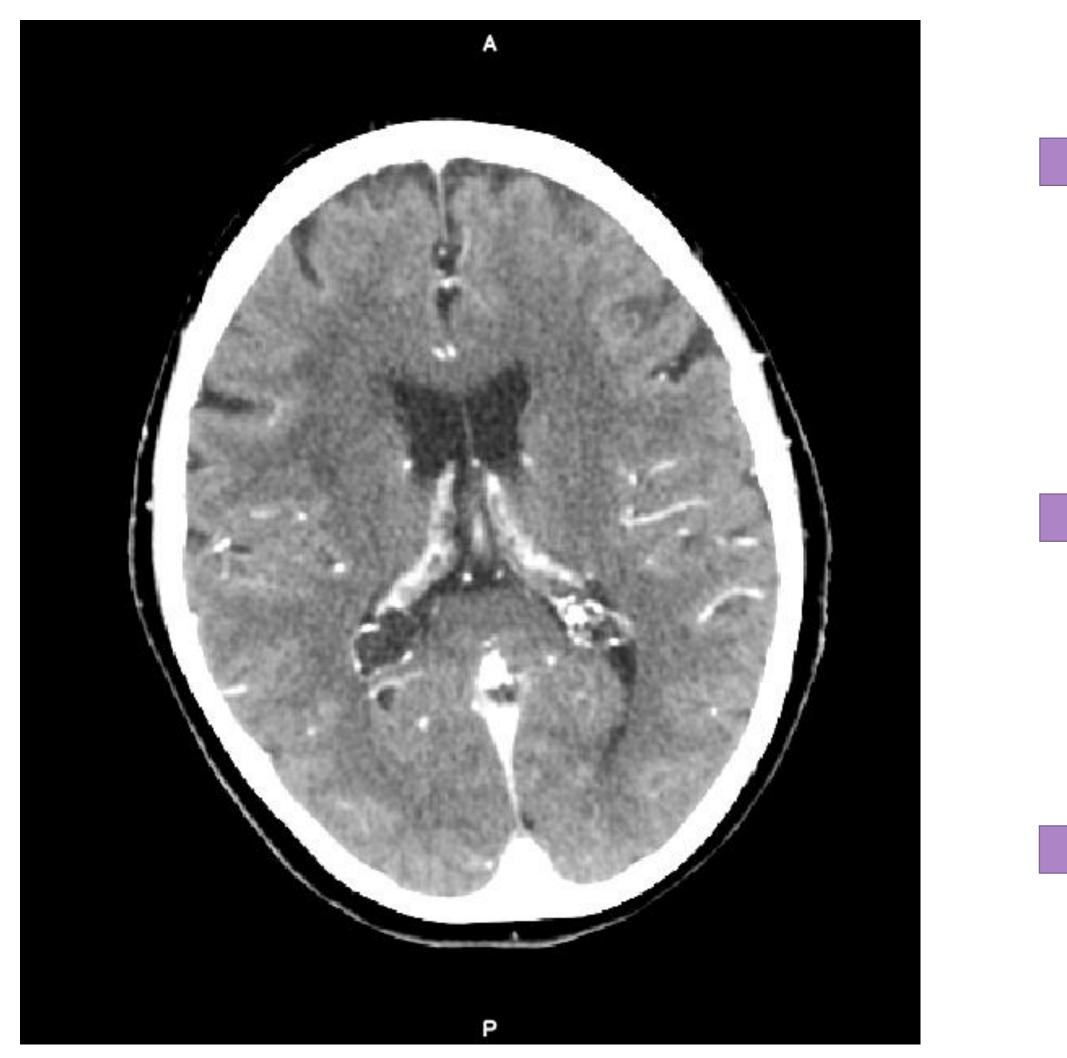
What is acute NCCT?

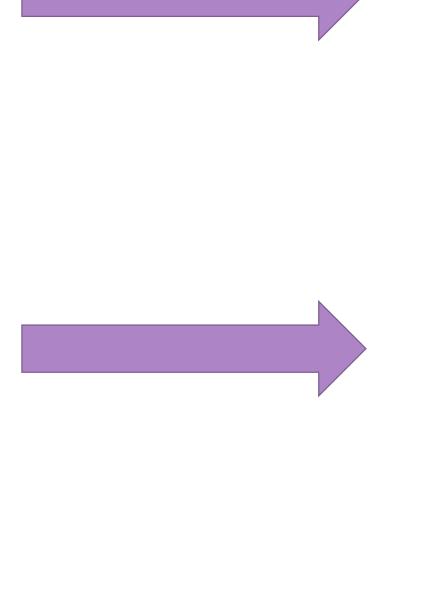
- A computed tomography (CT) scan uses x-rays to take a series of pictures of the body from different angles, which are then combined together into a 3D volume by a computer.
- In certain cases, a contrast material is injected or drunk which will stand out on the CT scan. In a <u>non-contrast CT</u> (NCCT), this is not done.
- An <u>acute</u> scan is taken shortly after symptom onset, when the stroke is in its 'acute' phase.

What are CNNs?

- A convolutional neural network (CNN) is a biologically-inspired learning algorithm which works particularly well with image data.
- The core building block of a CNN is the convolution operation, in which a matrix called a kernel slides over the input image.
- At each position, the sum is calculated of the dot products of each of the kernel values with the pixel value underneath it.

Can we train a classifier to detect the dead region of brain in CT scans of stroke patients?







Hypothesis: These scans contains subtle biomarkers which can be used for segmentationtoo subtle to segment by eye, but enough for a CNN?

Challenges

- Lack of Labeled Data: Deep learning typically requires a significant amount of labeled data. With fewer than thirty labeled CT volumes, we must take steps to avoid overfitting.
- Computational Demands of 3D Data: Moving from 2D kernels to 3D exponentially increases the number of trainable weight parameters.
- Subtlety of Early Ischaemic Changes: This task has mostly been attempted on MRI images, which are more sensitive than CT to the changes in the brain caused by a stroke.

Objectives

- 1. Acquire and annotate a <u>dataset</u> of acute NCCT scans of ischaemic stroke patients, labeled voxel-wise into core and background.
- 2. Evaluate the performance of various existing state-of-the-art CNN models on our dataset so as to better understand how a CNN learns the defining features of ischaemic core.
- 3. Design an <u>improved</u> network model which optimises segmentation on our data, inspired by the strengths and weaknesses of existing models, and other background research.

Progress so far

- Data Acquired: We have an unannotated dataset of NCCT scans with ethics approval for its use in this project. I am now working with Dr Clatworthy to label the scans.
- Framework Prepared: The NiftyNet deep learning framework for medical image analysis has been installed and configured on BC4, ready to train models on labeled data.
- Writing Dissertation: I have made significant progress on my dissertation, including drafts of introduction and background chapters.

Next steps for this project

- 1. Continue to Annotate Data: With the help of Dr Clatworthy, a stroke neurologist at Southmead Hospital, I will continue the time-intensive task of labeling our dataset voxel-wise into core and background. I hope to label at least fifteen suitable NCCT volumes.
- **2. Train Classifier with DeepMedic Model:** Using the modular NiftyNet framework, I will first train a classifier which uses the DeepMedic model by Kamnitsas et al, aiming to achieve relatively accurate segmentation results resembling theirs.
- 3. Train More Classifiers with Different Models: Once I have one trained classifier, I will train two or three more using alternative state-of-the-art network models. I will then evaluate how well each of these models performs on our data.