

# Resource Optimized Neural Architecture Search for 3D Medical Image Segmentation

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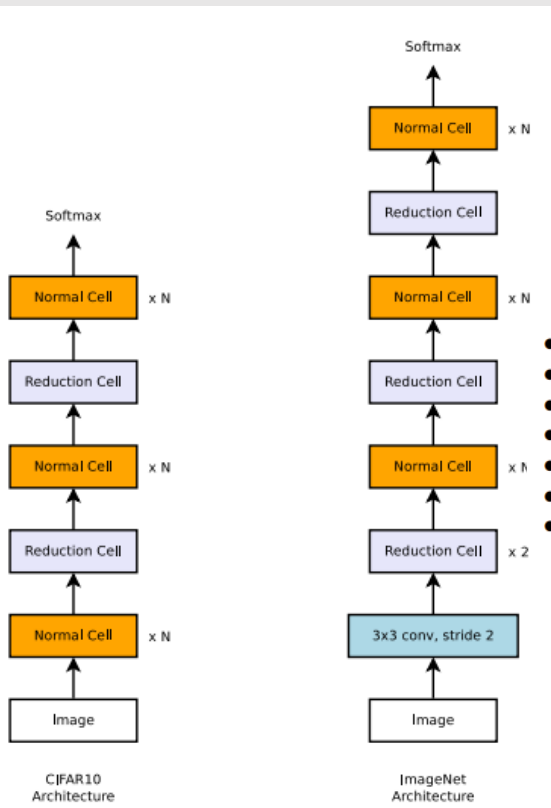
# Introduction

- Research using deep neural networks for 3D medical image segmentation has exploded producing excellent methods such as U-Net
- Performance of methods is influenced by manual tasks :  
post-processing, hyperparameter tuning, and designing an optimal architecture.

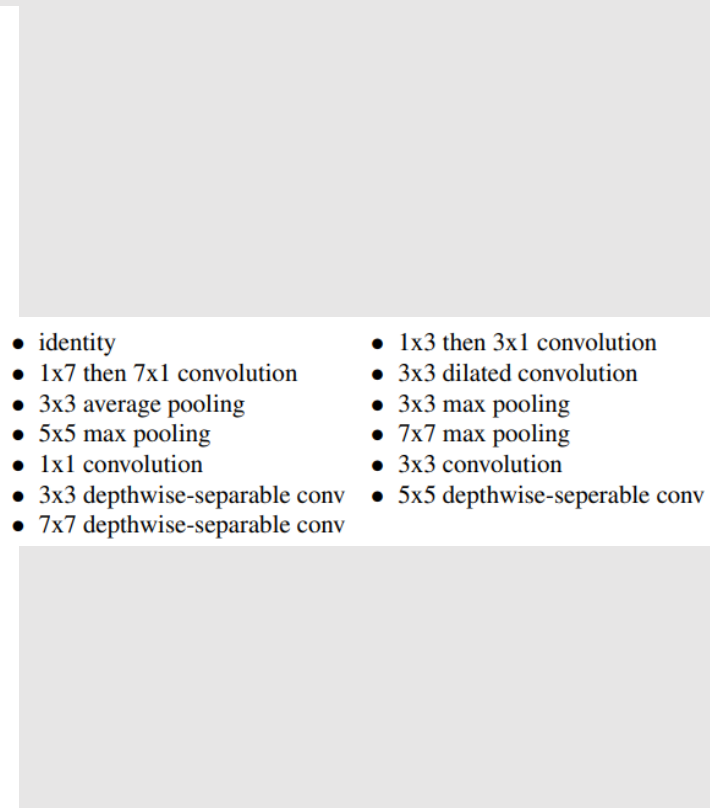
⇒ AutoML, Neural Architecture Search

⇒ Despite their success in natural image processing, these methods are difficult to apply to the segmentation of 3D medical image

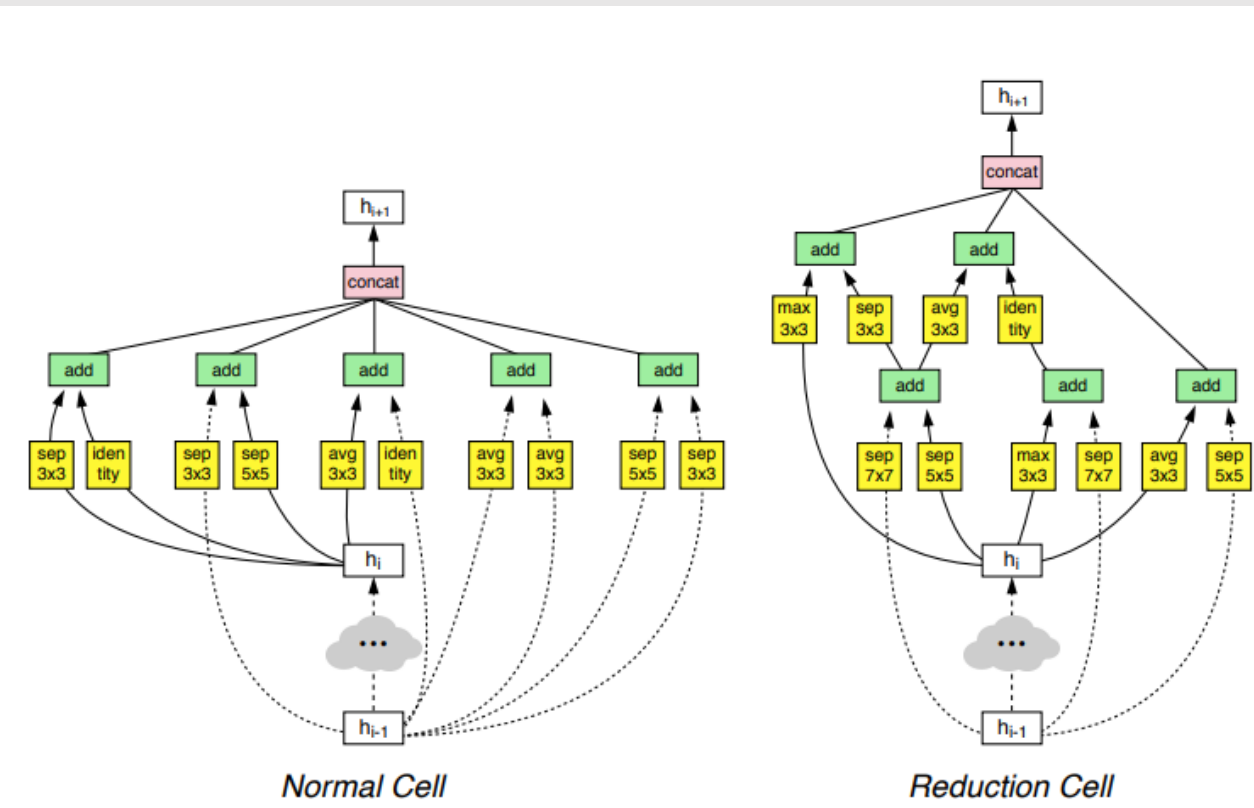
# Related Works - What is NAS



Baseline architecture

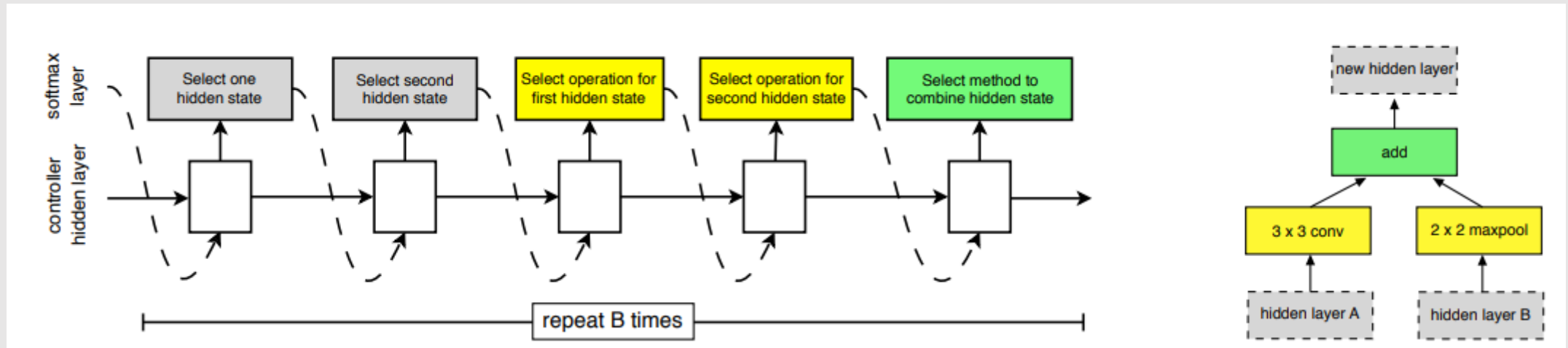


Building blocks



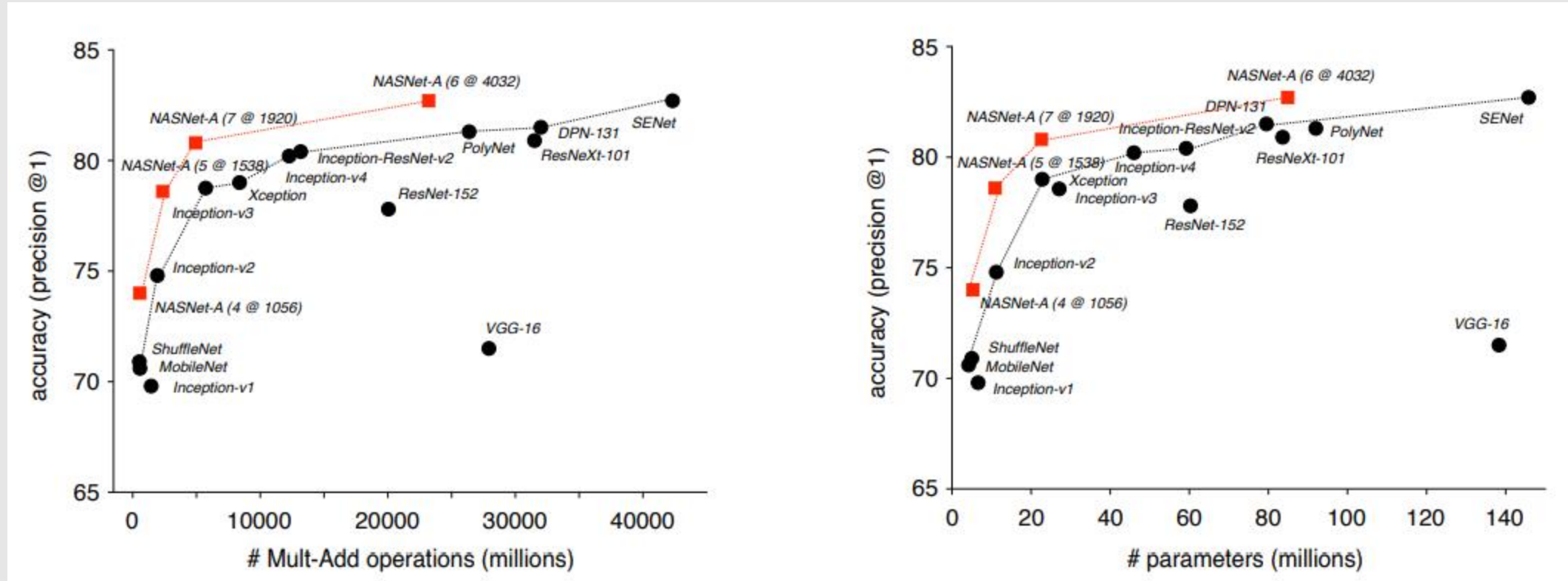
Convolution Cells

# Related Works - What is NAS



Controller architecture

# Related Works - What is NAS



Better than human

# Related Works - What is NAS

## Requirements & Limitations

- Large amount of computational costs (FLOPS)
- Large amount of memory

The controller RNN was trained using Proximal Policy Optimization (PPO) [51] by employing a global workqueue system for generating a pool of child networks controlled by the RNN. In our experiments, the pool of workers in the **workqueue consisted of 500 GPUs**.

# Related Works - What is NAS

## Main Tasks

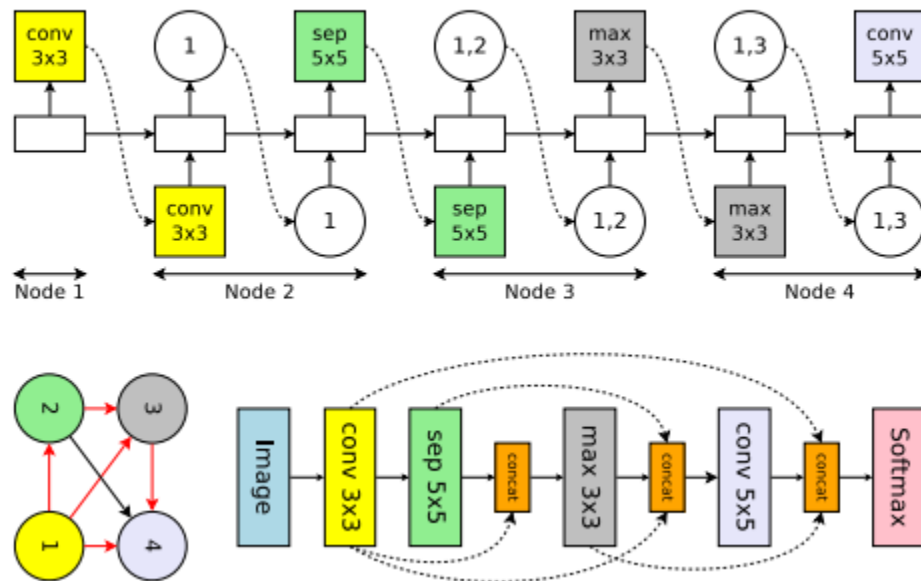
- Image Classification (2D, ImageNet, CIFAR10)
- Image Segmentation (2D, PASCAL VOC)
- Text Classification (Penn Treebank)

# RONASMIS

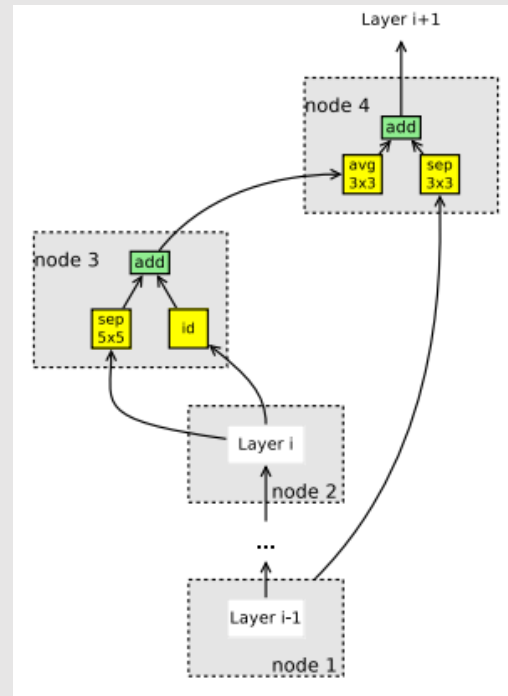
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- Short training time (1.39 days for 1GB dataset)
- Small amount of gpu computational power (1 RTX 2080Ti with 10.8GB)
- Focus on **micro** search space

## 2.3. Designing Convolutional Networks



macro search space



micro search space



# RONASMIS

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- Avoid retraining (**continuously training child network** during architecture search process)
- Addition-based skip-connection
- only includes elements that significantly impact the final performance of 3D medical image segmentation

# RONASMIS

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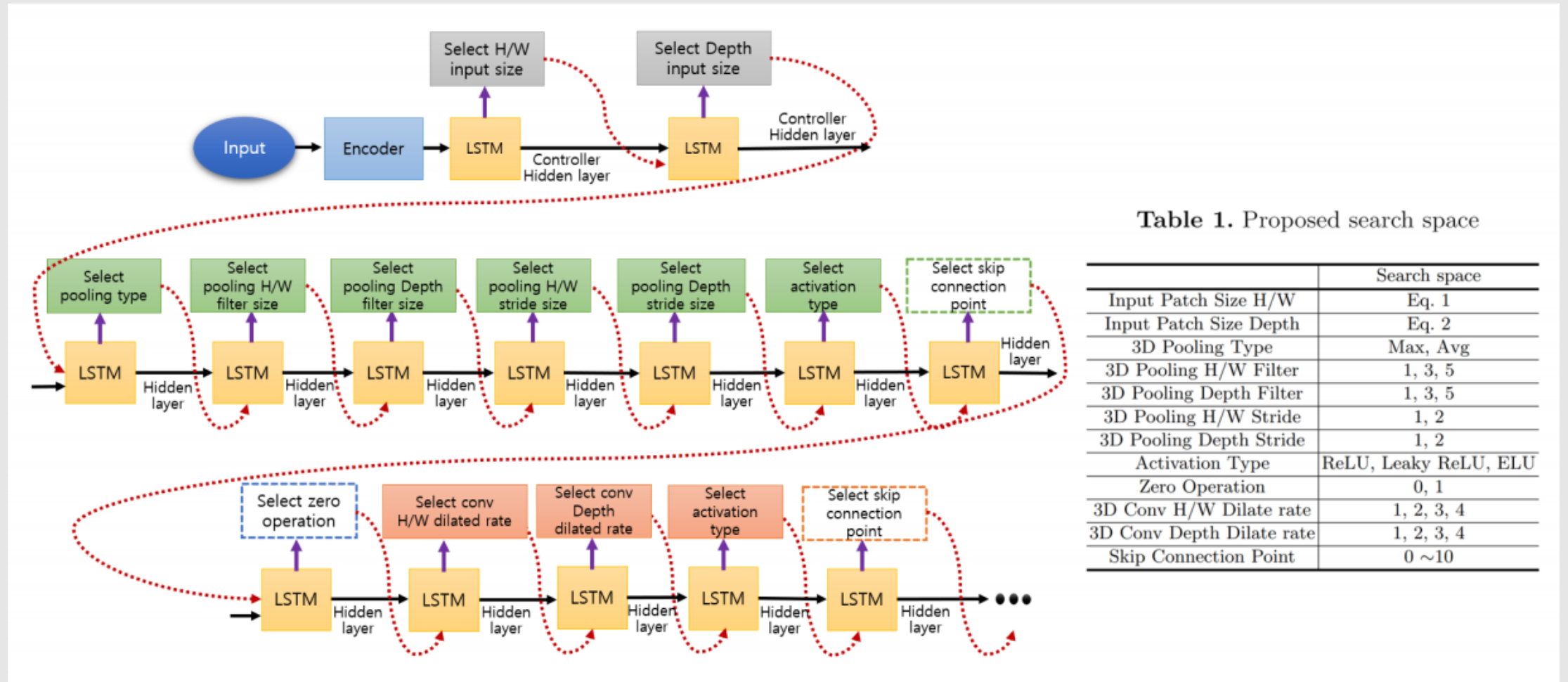
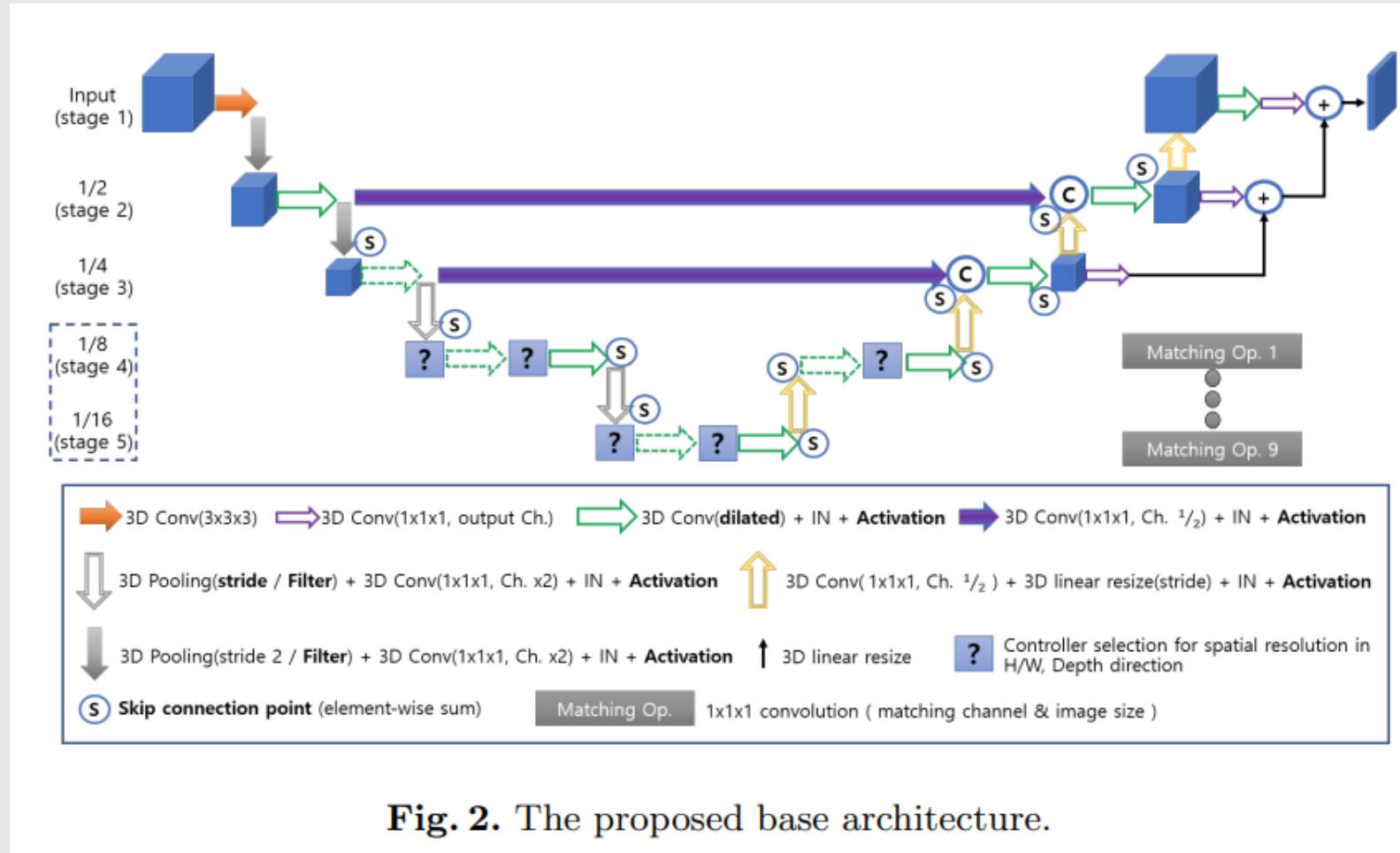


Fig. 1. The proposed RNN based controller and search space. The left figure shows the structure of the proposed controller with dotted boxes indicating that there is a point not applicable in certain sections. Table 1. shows the proposed search space.

# RONASMIS

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**Fig. 2.** The proposed base architecture.

The Proposed Base Architecture : We use an architecture modified from UNet[9] for our base architecture as shown in Figure 2. The architecture combines the **decoder  $1 \times 1 \times 1$  convolution skip connections** in DeepLabV3+[2] and the **deep supervision scheme** proposed in [3]. Batch normalization is replaced with **instance normalization** to account for GPU memory.

# Training

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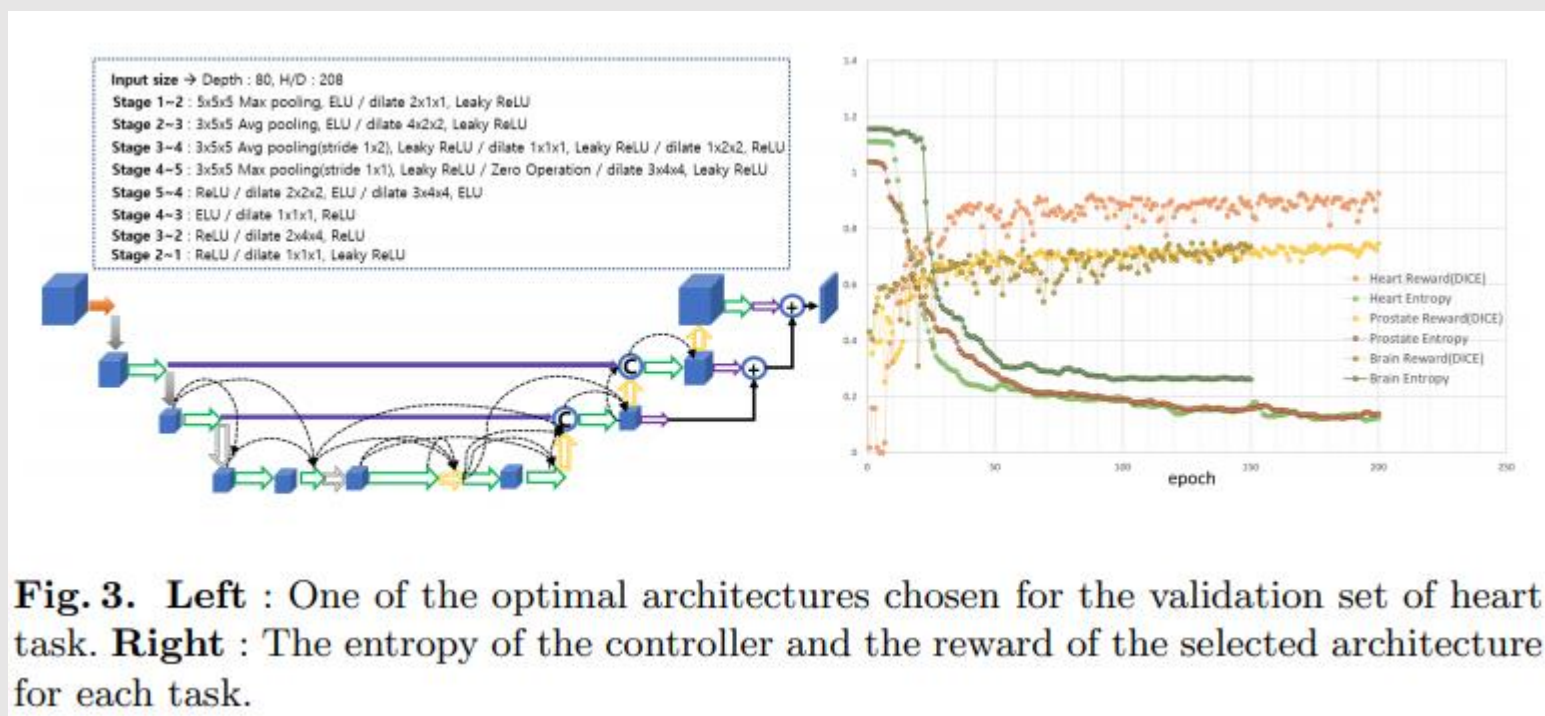
- Use a parameter sharing based reinforcement learning proposed by ENAS
- Controller creates 20 child networks and observe validation patient-wise dice scores of each network

# Evaluation

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## Datasets

- Medicaldecathlon (brain, heart, prostate)



# Evaluation

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**Table 2.** Mean Dice score for Brain tumor, Heart, and Prostate 3D segmentation tasks. V.D.A, Ensemble, T.T.A, and P.P indicate whether Various Data Augmentation, Ensembling, Test Time Augmentation, and Post-Processing were used to obtain the final result.

	3D U-ResNet[10]	SCNAS[10]	SCNAS ( transfer )	nnUnet[5]	RONASMIS ( non fine-tuning )
Brain Tumor	71.61	72.04	-	74.00	<b>74.14</b>
Heart	89.60	89.99	90.47	92.70	<b>92.72</b>
Prostate	63.77	65.30	67.92	74.54	<b>75.71</b>
V.D.A, Ensemble, T.T.A, P.P.	No	No	No	Yes	<b>No</b>
Training GPU	Tesla V100	Tesla V100	Tesla V100	-	<b>One RTX 2080Ti</b>
Inference of network	Overlapped patch-wise	Overlapped patch-wise	Overlapped patch-wise	Weighted overlapped patch-wise	<b>One-shot</b>

# Conclusion

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- Apply NAS to 3D medical imaging segmentation tasks
- Resource-optimized NAS framework outperforms state-of-the-art results obtained by manual design in the 3D medical image segmentation challenge
- Achieves excellent performance without using various data augmentation, ensembling, T.T.A, and post-processing.