### Deep learning for medical imaging school 2021

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**Virtual edition** 



## **Fundamental concepts of deep learning**

# From the description of conventional architectures to medical imaging applications

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## Image analysis through CNN





- Input image as a vector
- Image 256 x 256

 $x^{(i)} \in \mathbb{R}^{[65536 \times 1]}$ 

• One single hidden layer,  $n^{[1]} = 64$ 

# param > 4 M

#### Too much parameters to learn for image analysis

## Image analysis through CNN

How to adapt neural networks for image analysis ?

Introduction of convolution layers



- Shared parameters
- Spatial consistency

Much less parameters to learn !

## **Fundamental components**

Convolution layers Pooling leayers *Receptive field*  Parameters to learn – weights of convolutional filters



• *Ex.*  $3 \times 3$  filter size

 $# param = 3 \times 3 \times 3 + 1$ = 28

• Conv

Input image filtering + activation function

feature map

## **Convolutional layer**





Conv



feature maps

## **Convolutional layer**

Multi-layers scheme



## **Convolutional layer**

Multi-layers scheme



## Pooling

- Applied separately to each feature map
- Reduction of the spatial resolution of the feature maps
- Reduction of the memory footprint / computational cost
- Introduction of invariance properties for small translation, rotation and scaling

#### Max pooling

135	212	189	56
164	201	204	145
30	126	189	156
36	45	38	12

212	204
126	189

## **Receptive field**



Part of the input image that impacts the value of a given point on a feature map

## **Receptive field**

- Receptive field increases with the depth of a network
- A large receptive field is essential to capture spatial contextual information
- At a cost of higher number of parameters



## How to have a large receptive field without too many parameters ?

## **Applications**

## Image classification

## **Image classification**



#### Predict a single class (or a probability distribution for a set of classes) for a given image

## **Some difficulties**



#### What a human sees

What a computer sees

## **Others difficulties**



#### Simple for a human, what about for a computer ?

## ImageNet



- Challenge for image classification (2010  $\rightarrow$  2017)
- 1 000 object classes to recognize
- 1 431 167 images

### ImageNet

Annual ranking





[Krizhevsky, NIPS, 2012]

**AlexNet** 



## AlexNet

- First deep network to work nicely on ImageNet
- Exploit fundamental steps that are still using (ReLU, data augmentation, dropout)
- 8 convolutional layers
- # param ~ 62M
- Use GPU for training

Responsible for the deep learning revolution in computer vision

Input
11 x 11 conv, 96
5 x 5 conv, 256
Pool
3 x 3 conv, 384
Pool
3 x 3 conv, 384
3 x 3 conv, 256
Pool
FC 4096
FC 4096
FC 1000
Softmax

VGG



#### [Simonyan and Zisserman, arxiv, 2014]

VGG

#### Simpler architecture

 $3\times3$  convolutions, ReLU and  $2\times2$  max pooling

• Deeper network

17 layers (vs 8 layer for AlexNet)

• Key idea:

Cascade 2 convolutions of size  $3 \times 3$ produces the same receptive field than a single convolution of size  $5 \times 5$  but with few parameters

Input 3 x 3 conv, 64 3 x 3 conv. 64 Pool x 3 conv. 128 x 3 conv. 128 Pool 3 x 3 conv, 256 3 x 3 conv. 256 Pool x 3 conv. 512 x 3 conv. 512 3 x 3 conv, 512 3 x 3 conv. 512 Pool 3 x 3 conv. 51 3 conv. 51 3 conv. 512 3 conv, 512 Pool FC 4096 FC 4096 FC 1000 Softmax



#### [Szegedy, CVPR, 2015]

## Network completely redesigned to be very deep



## **Inception module**

- Choice for each layer
  - Convolution or pooling ?
  - If convolution, what size of filter ?



## **Inception module**

### 🕨 Key idea

- Compute each output in parallel
- Concatenation of the results
- Let the learning process choose !



#### **Difficulty: too much outputs and parameters**





**Dimension reduction for K<F** 

Acts as a feature pooling function that can be learned

## **Inception module**

► Key idea



Dimension reduction through bottleneck layers composed by  $1 \times 1$  convolutions

Efficiency

#### AlexNet

8 layers # param  $\sim$  62M

Input	11 x 11 conv, 96	5 x 5 conv, 256	Pool	3 x 3 conv, 384	Pool	3 x 3 conv, 384	3 x 3 conv, 256	Pool	FC 4096	FC 4096	FC 1000	Softmax
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#### GoogLeNet

22 layers # param  $\sim$  5M



#### **GoogLeNet** has 12x less parameters than AlexNet !



#### [He, CVPR, 2016]





• Higher training and testing errors!

**Optimization problem:** *vanishing gradient* 



Estimate residual rather than the transformation itself



### Benefits

- Modeling of less information, potentially easier to learn
- Residual connections preserve the gradient flow during back propagation
- Possible design of very deep architectures (> 100 layers)



## **DenseNet (Densely connected)**

## 🕨 Key idea

## The features calculated in a layer are concatenated with the inputs of all other layers in a block



[Huang, CVPR, 2017]

## **Applications**

## Semantic segmentation

## **Semantic segmentation**

#### Predict the right class for each pixel of an image



Input image

Segmentation

Can be seen as a dense and structured classification problem
# **Fully-CNN: from classification to segmentation tasks**

[Long, ICCV, 2015]

Standard CNN for classification







**Fully-CNN** 

• Generation of very coarse segmentation maps

Adding oversampling operations at the end of the network

# **Oversampling layer**



## Padding 2, stride 1 Increased spatial dimension

# **Encoder / decoder based architectures**

#### [Badrinarayanan, PAMI, 2017]



• Spatial resolution lost during subsampling

Adding of skip connections between the encoder and the decoder

**U-Net** 



[Ronneberger, MICCAI, 2015]

# Exploit all the good ideas to create a light and efficient network

## Key points

- Expression of the input image in an optimal space with reduced dimensions
- ResNet-based architecture to create a deep network
- Use of features pooling (1x1 conv) to reduce the total number of parameters

#### Modeling of the input image



**ENet** 

#### ResNet-based architecture



**ENet** 





#### Performances

- Segmentation quality equivalent or better than the state-of-the art in deep learning
- # parameters: 0.37 M
- Network size < 6 MB
- Execution time (NVIDIA TitanX)

640x360 px => 7 ms 1280x720 px => 21 ms 1920x1080 px => 46 ms

# **Applications**

# **Object detection**

# **Object detection**





Input image

**Detected classes** 

#### Find the objects/classes present in an image and their location

# **R-CNN (Region-CNN)**

#### Training stage



#### Several training stage (CNN, SVM, regression for bounding box)

[Girshick, CVPR, 2014]

# **R-CNN (Region-CNN)**

Region extraction



#### • Classical method using graph

Significant generation of bad candidates

Inference stage



# **Fast R-CNN**



• 20x faster than R-CNN during inference !

Extraction of the region proposals remains a weak point of the method

# **Faster R-CNN**

[Ren, NIPS, 2017]



Integration of a region proposal network

End-to-end trainable network !

# **Region Proposal Network (RPN)**

[Ren, NIPS, 2017]



# **Execution performance (inference stage)**



# **Applications**

# Instance segmentation

### **Instance segmentation**





Input image

Segmented result

#### Detects and segments all instances of objects/classes present in an image

# Mask R-CNN

[He, ICCV, 2017]



# **Mask R-CNN**

#### Example of application – self-driving car



# Illustration of the use of CNNs in medical application

# Deep learning in cardio-vascular imaging

# Many methods have been successfully applied so far

Algorithms



Fully-connected neural network





Convolutional neural networks

Fully convolutional neural networks



Recurrent neural network



Generative adversarial network

# Many methods have been successfully applied so far

## Applications



**Plaque risk assessment** 

Calcium Score	Risk		
0	Very low		
1-99	Low		
100-399	Moderate		
> 400	High		

#### **Calcium scoring**



Ejection fraction estimation



**Content-based image retrieval** 



**CT dose reduction** 

## Many methods have been successfully applied so far



# Automatic quantification of cardiac volumes and clinical indices

# **Segmentation of cardiac structures**

## MR imaging





Myocardium (MYO)
 Left ventricle (LV)
 Right ventricle (RV)



- Clinical indices
  - ➔ LV volumes
  - ➔ RV volumes
  - MYO masse
  - LV/RV ejection fraction

# **Segmentation of cardiac structures**

- Important literature
- Several open access datasets with online evaluation platform
- Capacity to compare and still improve methods
- Information on the inter / intra observer variability

CMRI datasets										
	<b>T</b> 7	Nb Subjects		Ground truth			Genericity		Online	
Name	Year	train	test	LV	RV	Муо	Pathology	$\times$ Centre	$\times$ Vendor	evaluation
Sunnybrook	2009	45		<ul> <li></li> </ul>	×	<ul> <li>✓</li> </ul>	<b>v</b>	×	×	×
STACOM	2011	100	100	~	×	<ul> <li>✓</li> </ul>	×	×	×	×
MICCAI RV	2012	16	32	×	~	×	×	×	×	×
Kaggle	2015	500	200	×	×	×	×	×	×	×
ACDC	2017	100	50	~	~	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	×	×	<ul> <li>✓</li> </ul>
M&Ms	2020	150	200	<ul> <li>✓</li> </ul>	<b>~</b>	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	×

#### [Bernard, IEEE TMI, 2018]

# **Ensemble U-Net segmentation method**

### One of the current best performing methods on ACDC dataset



[Isensee, Miccai, 2017]

# **Ensemble U-Net segmentation method**

#### **Anatomical metrics**

Methods	Left Ventricle Haus. dist. (mm)	Right Ventricle Haus. dist. (mm)	Myocardium Haus. dist. (mm)	
Inter-observer	7,1	13,2	7,4	
Intra-observer	4,7	8,4	5,6	
Isensee et al.	6,2	9,9	7,2	

#### **High segmentation quality**



#### **Clinical metrics**

Methods	LV Eject. Fract.	RV Ejec. Frac.	Myo. Mass.	
	Correlation	Correlation	Correlation	
lsensee et al.	0,997	0,910	0,987	

#### With few incoherence



How to guarantee anatomical coherence of the segmentation results ?

#### **Cardiac segmentation with strong anatomical guarantees**



[Painchaud, IEEE TMI, 2020]

#### **Cardiac segmentation with strong anatomical guarantees**



#### **16 anatomical metrics**

Correction of segmentation to guarantee the plausibility of anatomical shapes



Almost same accuracy than the original methods but with correct anatomical shapes



# **Segmentation of cardiac structures**

US imaging


## **Segmentation of cardiac structures**

- Less literature compared to MRI
- Few open access datasets with online evaluation platform
- Capacity to compare and still improve methods
- Information on the inter / intra observer variability

						Echo	cardio	graphic da	tasets				
-	N	V	Nb Sul	bjects		Groun	d tru	th	Vi	ew	Gene	ericity	Online
	Name	Year	train	test	LV <sub>endo</sub>	LV <sub>epi</sub>	LA	Pathology	A4C	A2C	$\times$ Centre	$\times$ Vendor	evaluation
	CETUS	2014	15	30	<ul> <li>✓</li> </ul>	×	×	<ul> <li>✓</li> </ul>	~	~	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	×
	CAMUS	2019	450	50	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	~	<ul> <li></li> </ul>	<ul> <li></li> </ul>	~	×	×	<ul> <li>✓</li> </ul>
	EchoNet	2019	10036		<ul> <li></li> </ul>	×	×	<ul> <li>✓</li> </ul>	<ul> <li></li> </ul>	×	×		×

## **Temporal-consistent segmentation method**

#### One of the current best performing methods on CAMUS dataset



[Wei, Miccai, 2020]

## **Temporal-consistent segmentation method**



## **Temporal-consistent segmentation method**

#### **Anatomical metrics**

Methods	LV endocardium Haus. dist. (mm)	LV epicardium Haus. dist. (mm)	Left atrium Haus. dist. (mm)			
Inter-observer	7,1	7,5	-			
Intra-observer	4,6	5,0	-			
Wei <i>et al.</i>	4,6	4,9	5,0			

# High segmentation quality with temporal consistency





ED (t=1)

t=4



t=7

#### ES (t=11)

#### **Clinical metrics**

Methods	LV volume ED Correlation	LV volume ES Correlation	LV Eject. Fract. Correlation			
Inter-observer	0,940	0,956	0,801			
Intra-observer	0,978	0,981	0,896			
Wei <i>et al.</i>	0,958	0,979	0,926			

## **Automatic quantification of cardiac volumes**

Is the problem solved ?



- 1. Needs for the clinicians to reinforce the annotation recommendations
- 2. Validation on complete (>1000) datasets with multi-centers / multi-vendors



ossibility to complement lung cancer screening programs to help identify subjects at elevated cardiovascular risk without the need for further imaging !

#### [Lessmann, IEEE TMI, 2017]

#### Dataset

- 3D CT scans from 1744 patients
- Multi-centers
  - 31 medical centers
- Multi-vendors
  - → 13 different scanner models
- Inter-observer assessment
  - ➔ subset of 100 scans
  - → annotation from 3 experts

#### Annotations

- Manually labeled
   → distributed among 5 experts
- Calcifications segmented in
  - Coronary arteries
  - Aorta
  - Aortic and mitral valves
- Time spent
  - → 5-10 min. for easy cases
  - → 60-90 min. for difficult cases

#### 2 steps CNN approaches with varying receptive field

- First network
  - → Large receptive field (RF) Patches: 155 px<sup>2</sup> RF: 131 px<sup>2</sup>
  - Cross entropy losses
  - Increasing dilation coefficient





- 2 steps CNN approaches with varying receptive field
  - Second network
    - Classify true positive and false positive from 1<sup>st</sup> CNN results
    - Smaller receptive field (RF) Patches: 65 px<sup>2</sup> RF: 65 px<sup>2</sup>
    - ➔ Single cross entropy loss



Overall perfo	$\left( \right)$	Confusion matrix									
Classifica	Calcium score categories						11-100				
	CAC	LAD	LCX	RCA		→	101-1	000	IV	•	> 1000
<b>Inter-observer</b> Sensitivity (%) False positive vol. (mm <sup>3</sup> ) F <sub>1</sub> score calcium	95 21 0.95	93 10 0.94	84 9 0.87	96 12 0.96		Ref	erence	Aut I	omat II	ic me	<b>thod</b> IV
Automatic method Sensitivity (%) False positive vol. (mm <sup>3</sup> ) F <sub>1</sub> score calcium	91 35 0.90	92 18 0.90	72 14 0.72	91 11 0.90		I II III		90 3 0	17 <b>59</b> 2	1 4 99	0 0 2
							90%	0 of ag	o green	nents	32

#### US imaging



#### **Conventional Doppler exams**

#### [Moradi, Miccai, 2016]

### Important source of information without annotation but with clinical reports

### Automatic labeling of semantic concepts

- Imaged valve
- Disease type
- Severity

How to automatically label this huge source of information in an a posteriori manner ? Learning of a fixed length vector representation of text paragraph

- Input
  - 10253 text paragraphs with valve labels from clinical reports



#### • Output

Text feature vector of size m

Transform network: from image to text feature

- Learning phase
  - 226 images and corresponding text reports





Extraction of semantic descriptors from the retrieved paragraphs

- Automatic extraction of
  - → Valve type
  - ➔ Valve disease
  - Pathology severity

#### Performances

- → Small validation on 48 tested samples
- → 91% of correct disease classification
- → 77% of correct disease severity classification



## That's all folks





ED (t=1)





t=7

ES (t=11)