



The Impact of Deep Learning on Radiology

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www.cc.nih.gov/drd/summers.html

Disclosure

- Patent royalties from iCAD
- Research support from Ping An
- Software licenses to Imbio, Zebra Med.

Disclaimer

 Opinions discussed are mine alone and do not necessarily represent those of NIH or DHHS.



Overview

- Background
- Radiology imaging applications
- Data mining radiology reports and images
- Challenges and pitfalls

We've Entered the Deep Learning Era

- Hand-crafted features less important
- Large annotated datasets more important
- Impact: More and varied researchers can contribute, accelerating the pace of progress

Deep Learning

- Convolutional neural networks (ConvNets)
- An improvement to neural networks
- More layers permit higher levels of abstraction
- Similarities to low level vision processing in animals
- Marked improvements in solving hard problems like object recognition in pictures

PubMed Articles



Deep Learning Improves CAD

Dataset	# Patients	# Targets
sclerotic lesions	59	532
lymph nodes	176	983
colonic polyps	1,186	252



Dataset	Sensitivity ¹	$\mathbf{Sensitivity}^2$	AUC^1	AUC ²
sclerotic lesions	57% 13%	70% 77%	n/a 0.76	0.83
colonic polyps(>=6mm)	58%	75%	0.70	0.94
colonic polyps(>=10mm)	92%	98%	0.94	0.99

Summers et al. Gastroenterology 2005; Roth et al. IEEE TMI 2015

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Hua, Liu, Summers et al. ARRS 2012; Roth et al. IEEE TMI 2015





 90 CTs with 388 mediastinal LNs 86 CTs with 595 abdominal LNs Sensitivities 70%/83% at 3 FP/vol. and 84%/90% at 6 FP/vol., respectively H Roth et al., MICCAI 2014



- Deeper CNN model performed best
- GoogLeNet for mediastinal LNs
- Sensitivity 85% at 3 FP/vol.

HC Shin et al., IEEE TMI 2016

Lymph Node Segmentation







I Nogues et al. RSNA 2016

Lymph Node CT Dataset

- doi.org/10.7937/K9/TC IA.2015.AQIIDCNM
- TCIA CT Lymph Node
- 176 scans, 58 GB
- Annotations, candidates, masks



Acknowledgements

We would like to acknowledge the individuals and institutions that have provided data for this collection:.

National Institutes of Health, Bethesda MD. Special thanks to Dr. Holger R. Roth and Dr. Ronald Summers, *Imaging Biomarkers and Computer-Aided Diagnosis Laboratory*, Grant Magnuson Clinical Center.

Pancreas CAD using CNN



H Roth et al., MICCAI 2016





H Roth et al., SPIE MI 2015

Data Augmentation

- During training, input images are sampled at different scales and random non-rigid deformations
- Degree of deformation is chosen such that the resulting warped images resemble plausible physical variations of the medical images
- Can help avoid overfitting

ConvNet training with scales and non-rigid deformations

Data augmentation at each superpixel bounding box:

N_s scales (zoom-out)





 N_{d} deformations













TPS deformation fields

~800k training images from 60 patients Roth et al. RSNA 2015

Pancreas CT Dataset

- doi.org/10.7937/K9/ TCIA.2016.tNB1kq BU
- TCIA CT Pancreas
- 82 scans, 10 GB





The Cancer Imaging Archive (TCIA) Public Access

Blog

SPACE SHORTCUTS

How-to articles

Troubleshooting articles

CHILD PAGES

B Collections

Pancreas-CT

Pages / Wiki / Collections

Pancreas-CT

Created by smberryman, last modified by ksmith01 on Mar 06, 2017

Summary

The National Institutes of Health Clinical Center performed 82 abdominal contrast enhanced 3D CT scans (~70 seconds after intravenous contrast injection in portal-venous) from 53 male and 27 female subjects. Seventeen of the subjects are healthy kidney donors scanned prior to nephrectomy. The remaining 65 patients were selected by a radiologist from patients who neither had major abdominal pathologies nor pancreatic cancer lesions. Subjects' ages range from 18 to 76 years with a mean age of 46.8 ± 16.7. The CT scans have resolutions of 512x512 pixels with varying pixel sizes and slice thickness between 1.5 - 2.5 mm, acquired on Philips and Siemens MDCT scanners (120 kVp tube voltage).

A medical student manually performed slice-by-slice segmentations of the pancreas as ground-truth and these were verified/modified by an experienced radiologist.

Segmentation Label Propagation



Gao et al. IEEE ISBI 2016

Segmentation Label Propagation

Original labels

Propagated labels

Verified labels



Gao et al. IEEE ISBI 2016

Colitis CAD





Wei et al. SPIE, ISBI 2013

Colitis CAD



Extract region proposals (~3k)

J Liu et al. SPIE Med Imaging 2016

Colitis CAD



- 26 CT scans of patients with colitis
- 260 images
- 85% sensitivity at 1 FP/image

J Liu et al. SPIE Med Imaging and ISBI 2016







93.7% Sensitivity95.0% Specificity0.986 AUC







J Liu et al. Med Phys 2017

Prostate



Tsehay et al. SPIE MI 2017

Prostate



Cheng et al. SPIE MI 2017

Spine Metastasis CAD



J Burns, J Yao et al. RSNA 2011; Radiology 2013

Deep Learning Improves CAD

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Roth et al. IEEE TMI 2015



Computerized Medical Imaging and Graphics

Vertebral Fracture CAD



Yao et al. CMIG 2014

Vertebral Fracture CAD

ORIGINAL RESEARCH 🔳 COMPUTER APPLICATIONS

Automated Detection, Localization, and Classification of Traumatic Vertebral Body Fractures in the Thoracic and Lumbar Spine at CT¹

Joseph E. Burns, MD, PhD Jianhua Yao, PhD Hector Muñoz, BS Ronald M. Summers, MD, PhD

To design and validate a fully automated computer system for the detection and anatomic localization of traumatic thoracic and lumbar vertebral body fractures at computed tomography (CT).

92% sensitivity for fracture localization

Purpose:

- 1.6 FPs per patient
- Most common FP: nutrient foramina (39% of all FPs)

Burns et al. Radiology 2016

Radiology

Posterior Elements Fracture CAD



- 18 trauma patients
- 55 fractures
- Test set AUC 0.857
- 71% / 81%
 sensitivities at 5 / 10 FP/
 patient

Roth et al. SPIE Med Imaging 2016

Anatomy Classification Using Deep Convolutional Nets



1,675 patients

- 4,298 images
- Test set AUC 0.998
- 5.9%
 classification
 error

H Roth et al., IEEE ISBI 2015



HC Shin et al. CVPR 2015

- Trained on 216,000 key images (CT, MR, ...)
- 169,000 CT images
- 60,000 patient scans
- Recall-at-K, K=1 (R@1 score)) was 0.56

HC Shin et al. CVPR 2015



axial,contrast,mri,sagittal,post,flair,enha ncement,blood,dynamic,brain,relative,v olume, this, precontrast, from, tesla, fse, di ffusion, gradient, resection, comparisons, maps, philips, progression, some, suscepti bility,perfusion,stable,achieva,techniqu e,echo,weighted,1.5,evidence,mass, findings, hemorrhage, enhanced, impressi on, frontal, signal, coronal, dti, tumor, t1ffe, hydrocephalus, magnevist, reformatio ns, bolus, lesion

Topic 17:

breast, performed, suspicious, breasts, see n, impression, mass, screening, mammogr am, dated, annual, cancer, mri, benign, bila teral,was,bi-rads,mammograms, Negative, dense, history, calcifications, im ages, views, studies, quadrant, mammogra phy,volume,organ,aspect,suggested,cat egory, mastectomy, before, tissue, enhanc ement, microcal cifications, heterogeneo usly, prior, family, examination, recomme nd, malignancy, high, suggest, outer, mass es, developing, clip, patient

spine,cord,cervical,thoracic,spinal,level, canal,lumbar,sagittal,vertebral,neural,di sc,signal,mri,body,technique,levels,findi ngs,foramina,mild,disk,nerve,within,sm all,marrow,central,bodies,normal,impre ssion, enhancing, conus, syrinx, this, narro wing, lesions, roots, contrast, throughout, bone, degenerative, foramen, protrusion, multiple, 15-s1, also, abnormal, c5-c6, posterior, changes, heights

Topic 78:

bone,lesion,hip,knee,femoral,lytic,femu r,proximal,head,sclerotic,joint,shoulder, hips, evidence, pelvis, distal, lesions, findin gs,humeral,lateral,fracture,medial,hum erus,focal,impression,bony,prosthesis,hi story, iliac, pain, bilateral, blastic, avn, acet abulum, seen, marrow, sclerosis, view, bot h,osteolytic,cortical,heads,area,cortex,e ffusion, replacement, tibial, involving, con sistent, views

HC Shin et al. CVPR 2015 & JMLR 2016

Topic: Metastases



Topic 77-0:

kidney,images,abdomen,e.g,prior,mass, pancreas,following,cysts,adrenal,liver,f oci,renal,contrast,approximate,includin g,focus,cyst,bilateral,masses,size,enhan cing,for,also,given,possibly,mid, 2.5,vascular,without,due,nephrectomy, please,1.5,from,few,multiphase, subcentimeter,least,comparison,patien t,dual-phase,length,apparent, complication,obtained,upper,study,low er,vhl

Topic 77-2:

bulky,pelvis,bone,gross,since,liver,abdo men,calcification,vascular,study,lung,m ass,isovue,dfov,without,contrast,admin istration,impression,metastasis,chest,fo r,images,mesenteric,axilla,following,hil um,cc/s,helical,multidetector,ascites, enteric,reason,apparent,complication,p leural,splenomegaly,pericardial,hydron ephrosis,delay,effusion,mediastinum,o btained,300,spine,gallbladder,report, 130,retroperitoneal,spleen,e.g

HC Shin et al. CVPR 2015 & JMLR 2016



"... and solid lobulated mass arises from the anterior lower pole of right kidney and measures 1.6 cm in diameter ..."

HC Shin et al. CVPR 2015 & JMLR 2016



HC Shin et al. CVPR 2016



HC Shin et al. CVPR 2016



X Wang et al. WACV 2017

Clust	er #23
Word	Frequency
liver	524
abdomen	337
enhancement	217
mass	198
lesion	168
lobe	161
adenopathy	119
lesions	109
segment	58
bulky	45

X Wang et al. WACV 2017



X Wang et al. CVPR 2017

ChestX-ray8



T(IoBB)	Atelectasis	Cardiomegaly	Effusion	Infiltration	Mass	Nodule	Pneumonia	Pneumothorax
T(IoBB) = 0.1								
Acc.	0.7277	0.9931	0.7124	0.7886	0.4352	0.1645	0.7500	0.4591
AFP	0.0823	0.0487	0.0589	0.0426	0.0691	0.0630	0.0691	0.0264

X Wang et al. CVPR 2017



J Yao et al. MICCAI 2017





J Yao et al. MICCAI 2017

Ground Truth H

HNN

P-HNN



Bullae

Pleural Effusion Fine Details

Bronchus

Error in GT

A Harrison et al. MICCAI 2017

Ground Truth Mansoor [3] P-HNN Lung Field Ground-glass Esophagus Intestine **Fine Details**

A Harrison et al. MICCAI 2017



(a) Ground truth of tumor growth at different time points.





Statistical Learning Prediction Recall: 86.9%; Precision: 91.8%; Dice: 89.3%; RVD: 5.2%





Model-Based Prediction [9] Recall: 73.9%; Precision: 97.8%; Dice: 84.2%; RVD: 27.9%

(b) Prediction at the third time point (Day 720).

L Zhang et al. MICCAI 2017



L Zhang et al. MICCAI 2017

Challenges and Pitfalls

- Network architectures are complex
- Well-annotated large datasets are few
- Rapidly evolving hardware & software

Approaches

- Aggregate entire PACS image collections
 from multiple institutions
- Use the radiologist reports as annotations
- Transfer learning from other trained datasets

Imaging 3.0

- We can add value by making our reports more quantitative; AI & DL can help do this
- Doing so is a sure-fire way to add new useful information to improve patient care and maintain our clinical relevance
- It is important to be aware of the benefits of AI & DL, not just the risks



Gastrointestinal Imaging • Review

Progress in Fully Automated Abdominal CT Interpretation

Ronald M. Summers¹

OBJECTIVE. Automated analysis of abdominal CT has advanced markedly over just the last few years. Fully automated assessment of organs, lymph nodes, adipose tissue, muscle, bowel, spine, and tumors are some examples where tremendous progress has been made. Computer-aided detection of lesions has also improved dramatically.

AJR 2016; 207:67-79

CONCLUSION. This article reviews the progress and provides insights into what is in store in the near future for automated analysis for abdominal CT, ultimately leading to fully automated interpretation.

IEEE TRANSACTIONS ON MEDICAL IMAGING, VOL. 35, NO. 5, MAY 2016

Guest Editorial Deep Learning in Medical Imaging: Overview and Future Promise of an Exciting New Technique

HAYIT GREENSPAN, *Guest Editor* BRAM VAN GINNEKEN, *Guest Editor* RONALD M. SUMMERS, *Guest Editor* 1153

Conclusions

- Deep learning leading to large improvements in CAD and segmentation
- Pace of deep learning technology exceptionally fast
- Big data permit new advances
- Interest in deep learning and big data in radiology image processing is soaring

Acknowledgments

- Jack Yao
- Jiamin Liu
- Le Lu
- Nathan Lay
- Holger Roth
- Hoo-Chang Shin
- Xiaosong Wang
- Adam Harrison
- Ling Zhang
- Yifan Peng
- Zhiyong Lu
- Mohammadhadi Bagheri

- Nicholas Petrick
- Berkman Sahiner
- Joseph Burns
- Perry Pickhardt
- Mingchen Gao
- Daniel Mollura
- Jin Tae Kwak
- Brad Wood
- Nvidia for GPU card donations

Acknowledgements

- NCI
- NLM
- NHLBI
- NIDDK
- CC
- FDA
- Mayo Clinic
- DOD
- U. Wisconsin

- NIH Fellowship Programs:
 - Fogarty
 - ISTP
 - IRTA
 - BESIP
 - CRTP

To Learn More ...



www.cc.nih.gov/drd/summers.html X Wang et al. RSNA 2016