

Radiomics

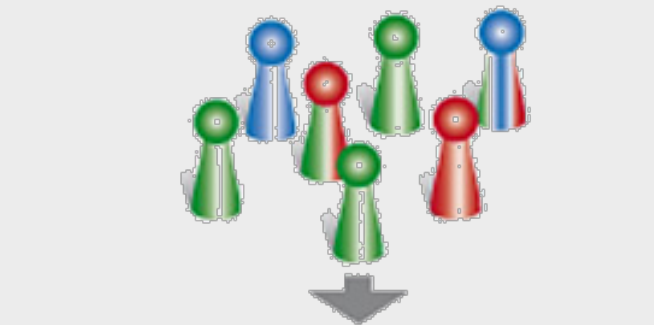
PD Dr. rer. nat. Klaus H. Maier-Hein (né Fritzsche)
Head of junior research group Medical Image Computing



GERMAN
CANCER RESEARCH CENTER
IN THE HELMHOLTZ ASSOCIATION



50 Years – Research for
A Life Without Cancer



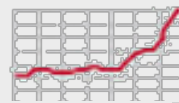
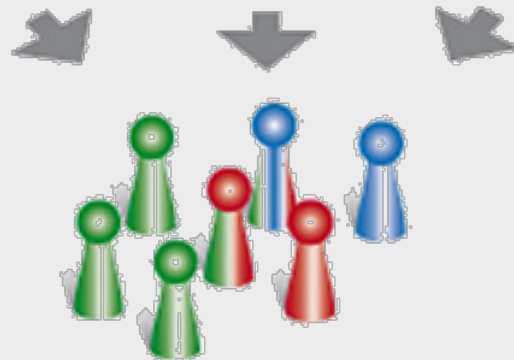
Cancer patients



*Analysis of
blood, DNA,
urine, tissue*



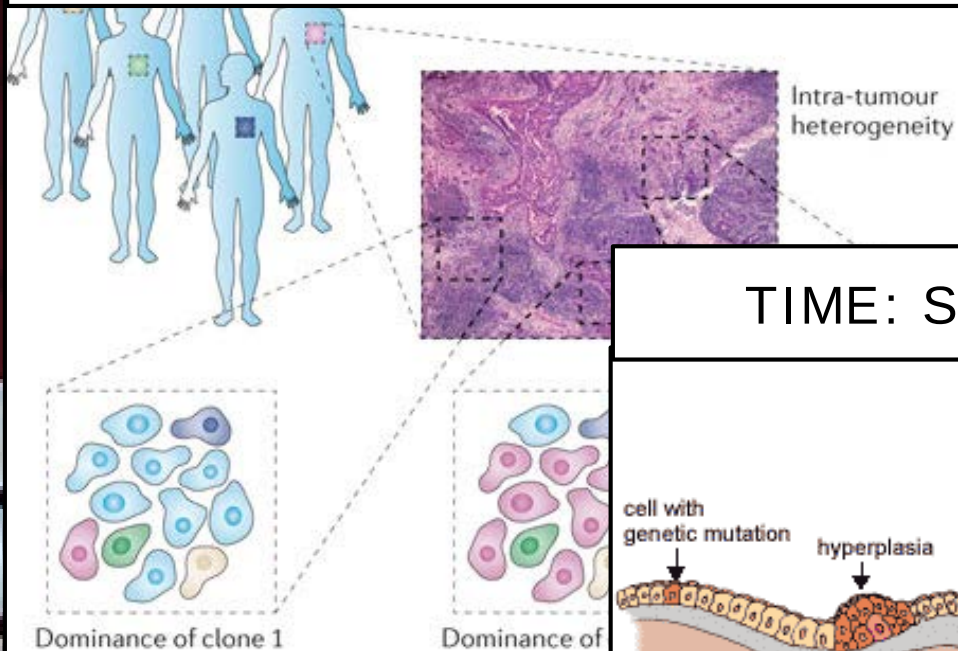
*Individualized
Therapy*



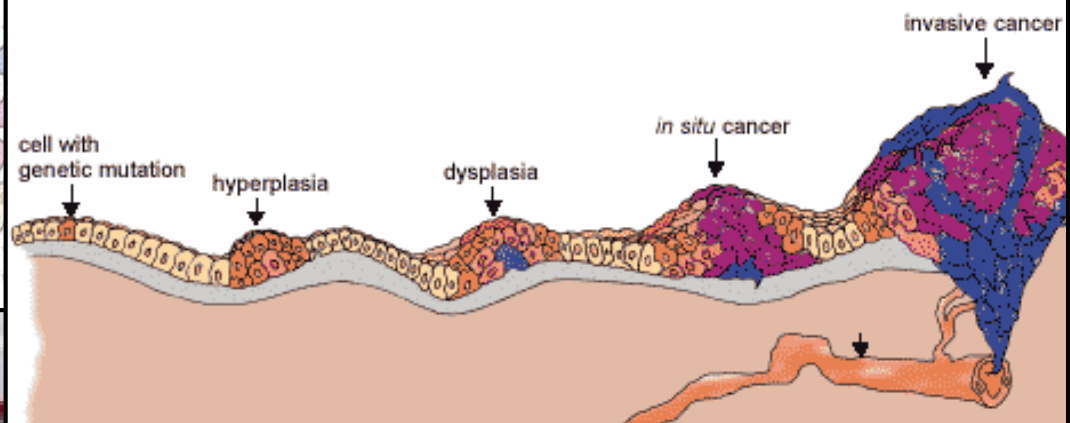
Effect

Big data challenge in precision oncology

SPACE: Intra-tumour heterogeneity



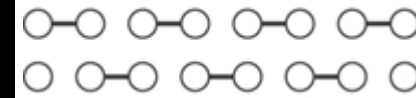
TIME: Stages of development





Courtesy of Israelitisches Krankenhaus, Hamburg, Germany
 Research use only. Not intended for clinical use.

a Kontinuität



b räumliche Nähe



c Ähnlichkeit



d „Gemeinsames Schicksal“



e Geschlossenheit



f „Gute Fortsetzung“



g Symmetrie



From data to information

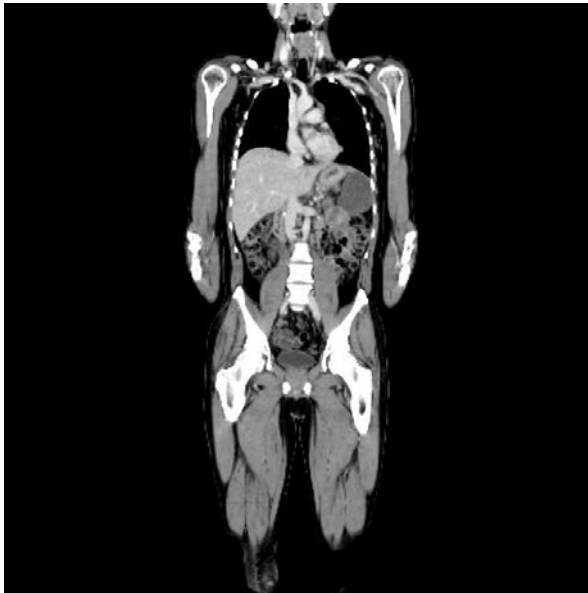
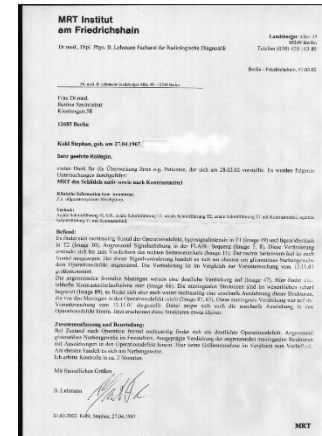
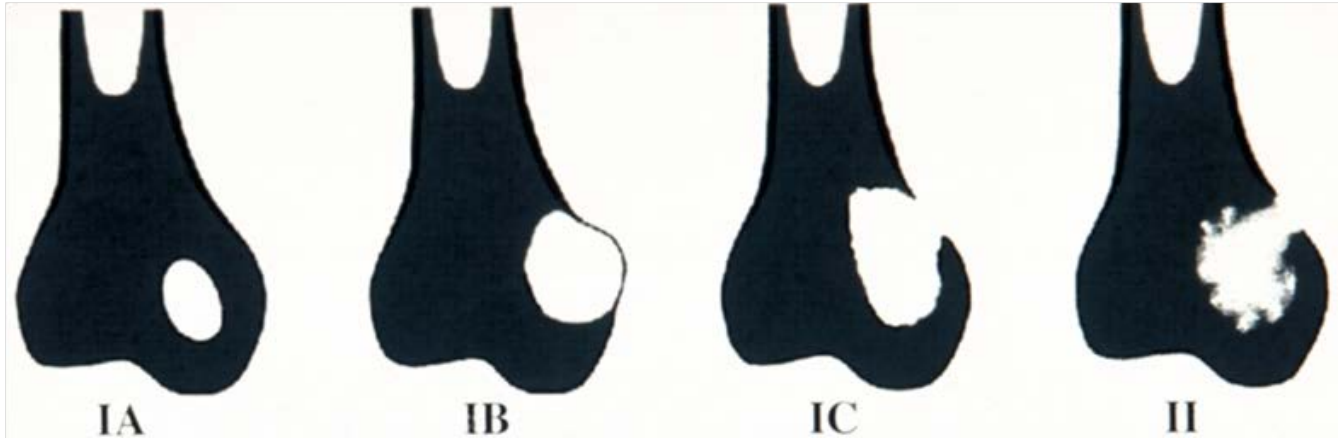


Image data



Medical report

Quantitative radiology?



- geographic

- thin, sclerotic margin

- geographic

- distinct, well-margined border

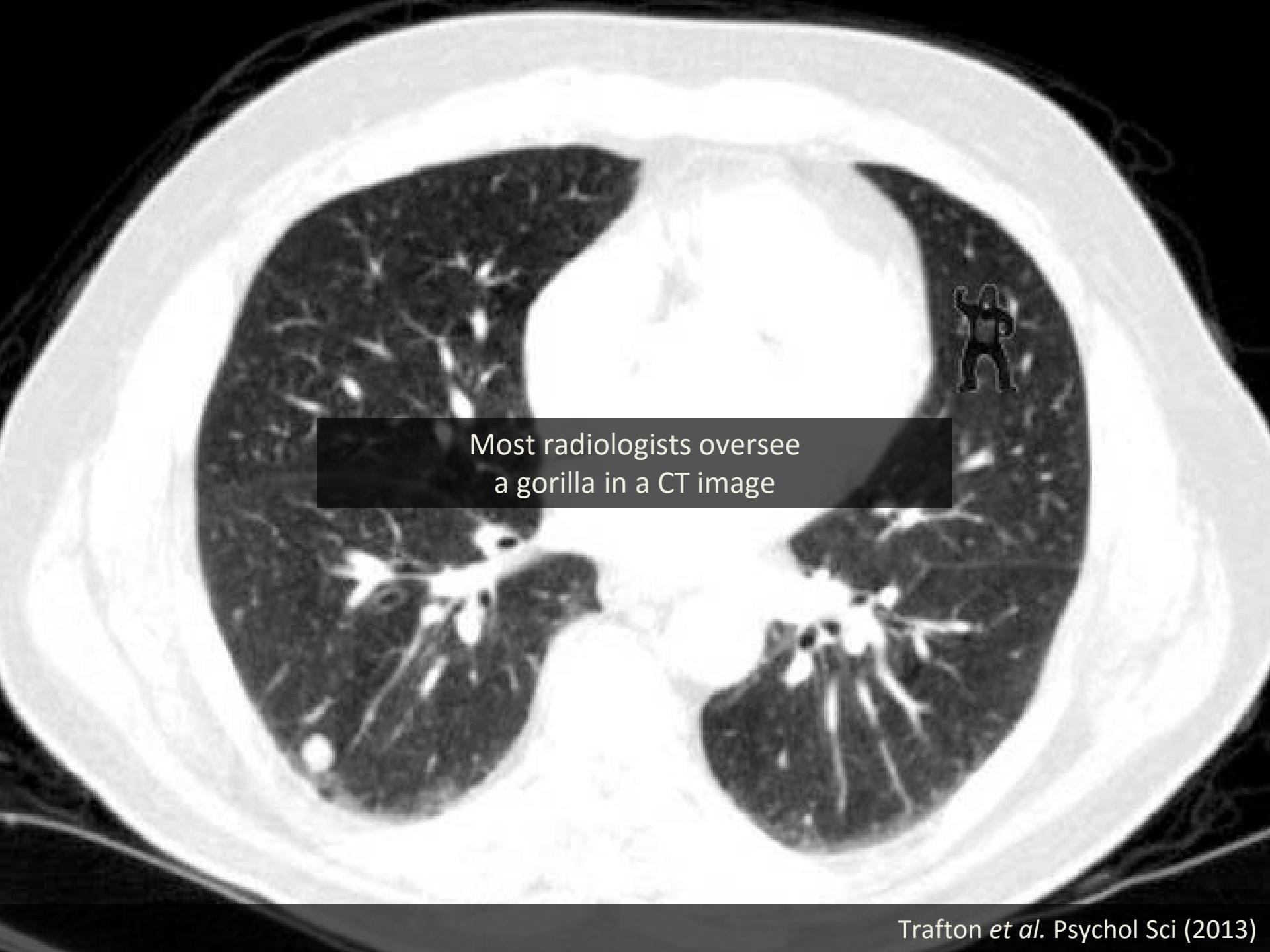
- not sclerotic

- geographic

- indistinct border

- moth-eaten

- permeative



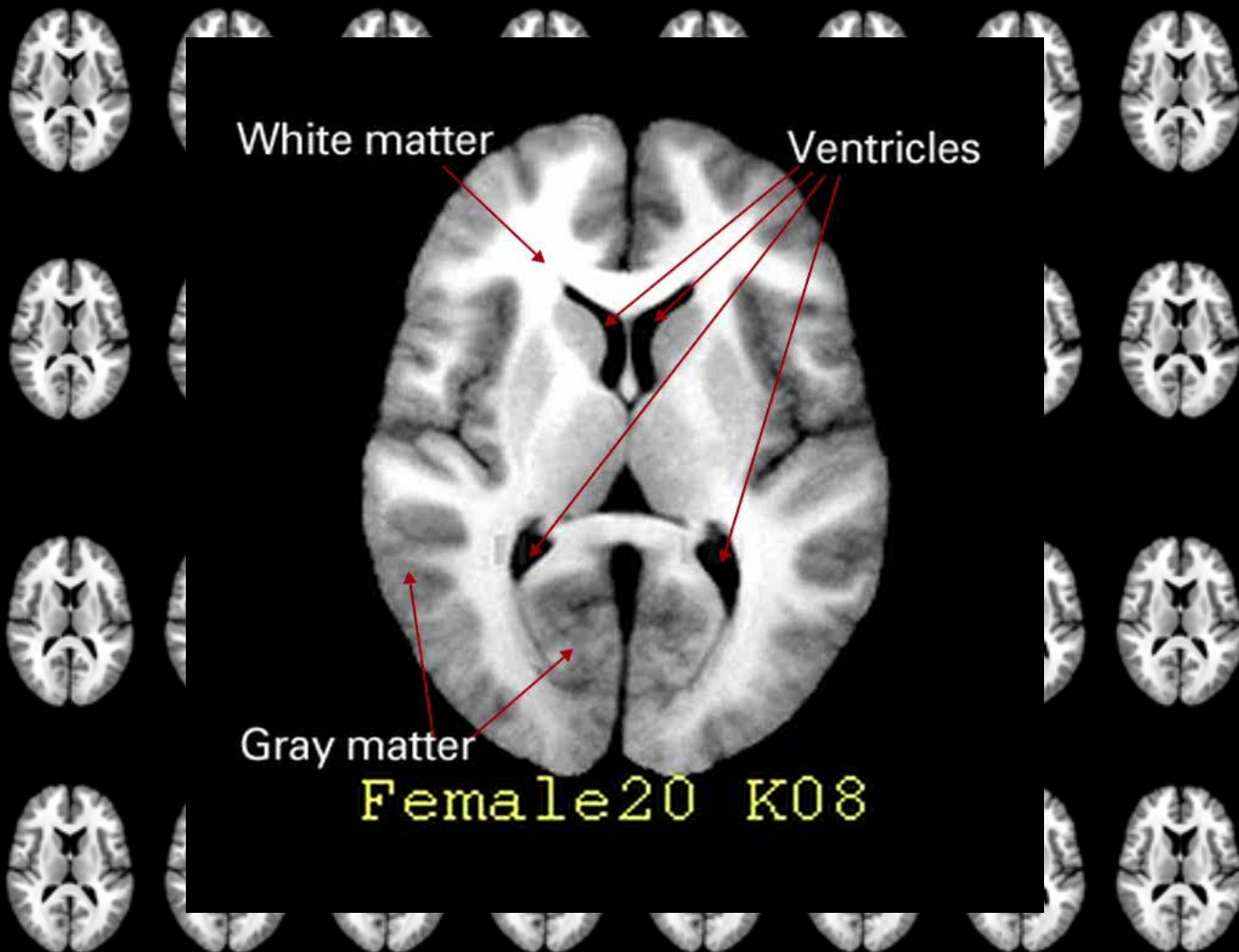
Most radiologists oversee
a gorilla in a CT image

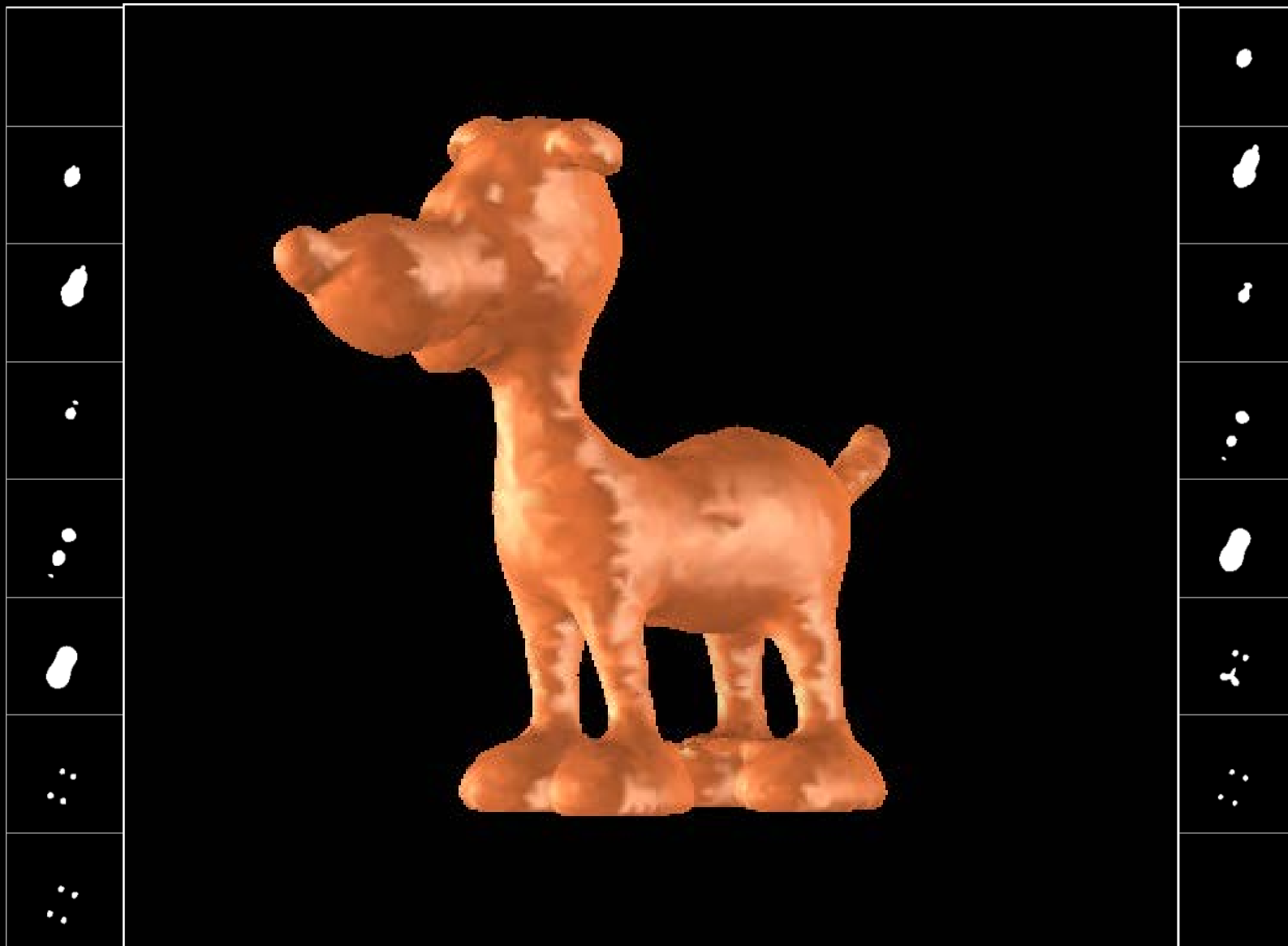
White matter

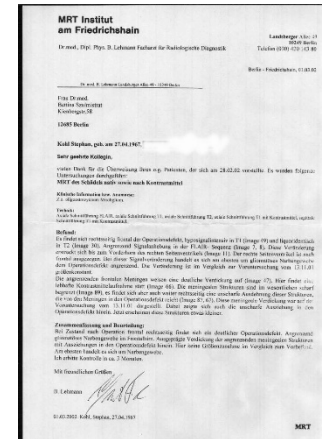
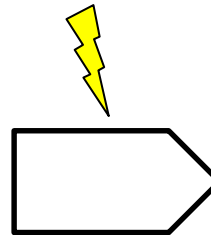
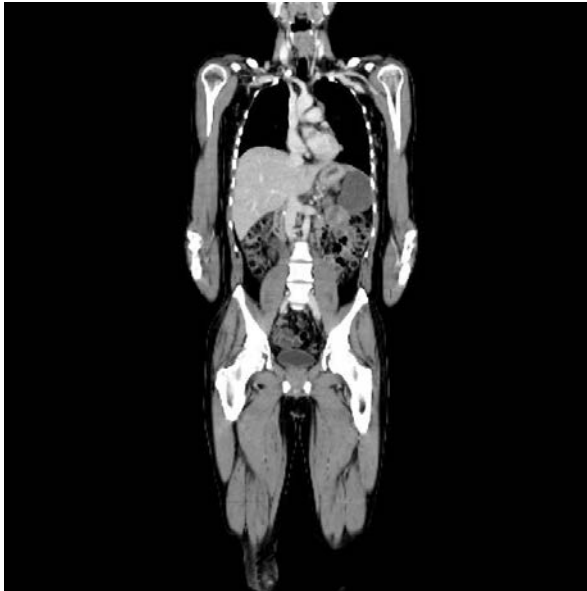
Ventricles

Gray matter

Female20 K08







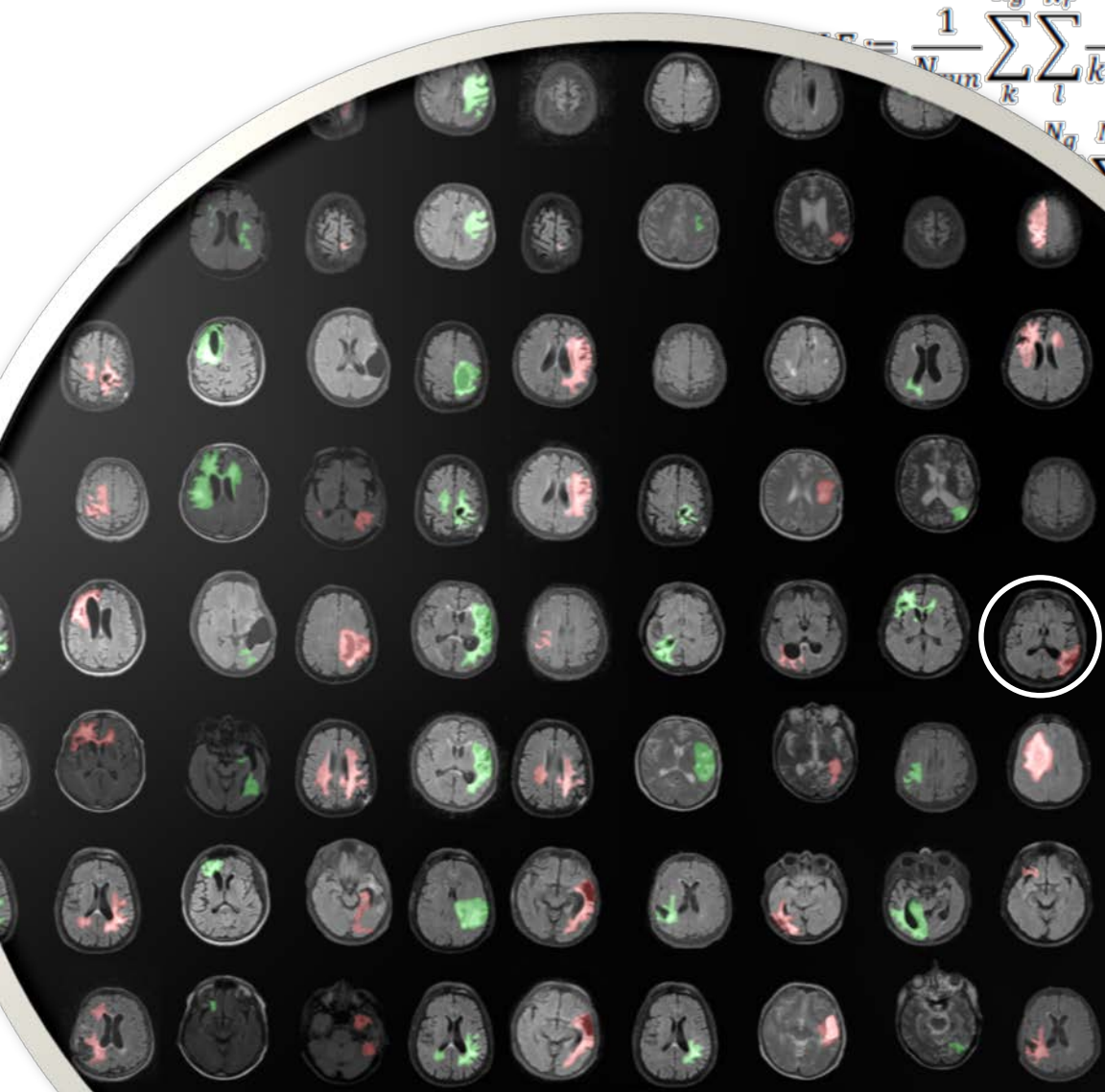
Outline

- 1. Radiomics - Introduction**
2. Machine Learning
3. Computer Vision
4. Radiomics – Challenges ahead

„-omics“

a field of study studying
the totality of some sort

Radiomics: Sequencing of images



- Dynamics
- Texture
- Shape
- Function
- Intensity
- ...

$$SRLGLE := \frac{1}{N_{run}} \sum_k \sum_l \frac{1}{k^2 l^2} P(k, l)$$

$$variance := \sum_i^{2N_g} (i - \overline{P_{x+y}})^2 * P_{x+y}(i)$$

$$IDMN := \frac{1}{N^2} \sum_i \sum_j \frac{P(i, j)}{1 + (i - j)^2}$$

$$R = \frac{1}{N_{run}} \sum_l \left[\sum_k \frac{P(k, l)}{1 + (i - j)^2} \right]$$

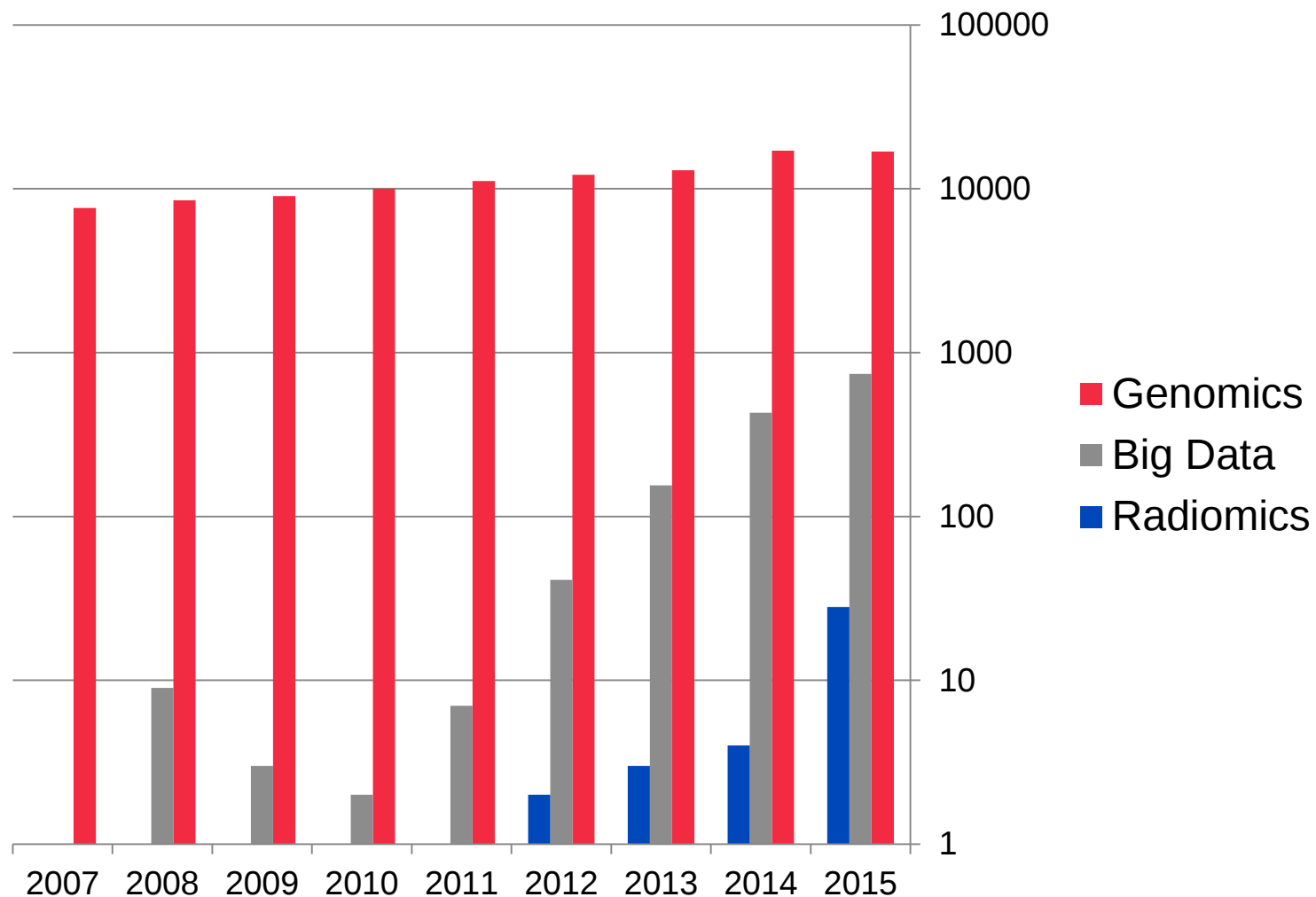
$$N := \frac{1}{N} \sum_i \sum_j \frac{P(i, j)}{1 + |i - j|}$$



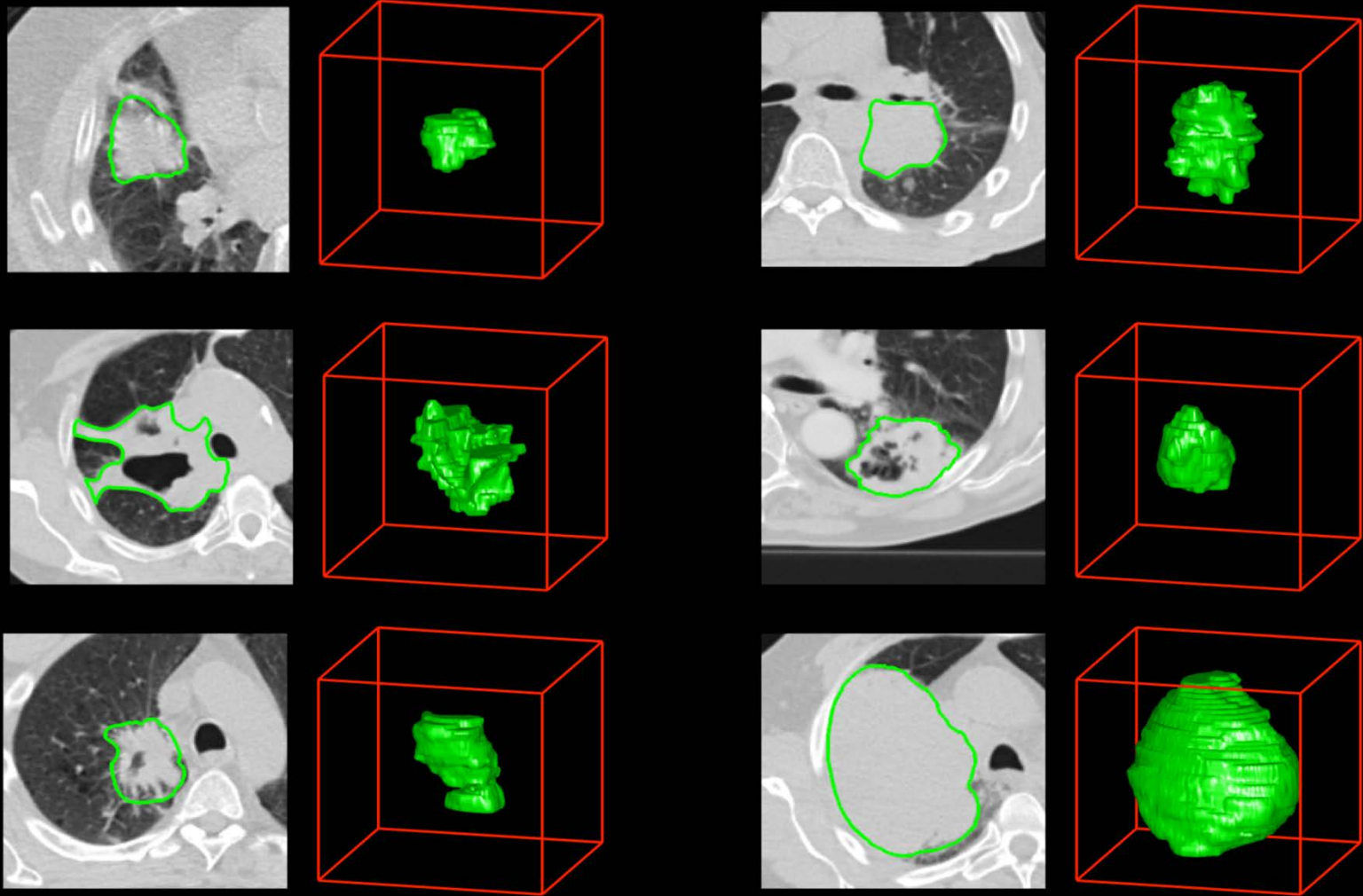
„Radiomics“

analyzing large amounts of
quantitative image features

„Radiomics“ in Pubmed

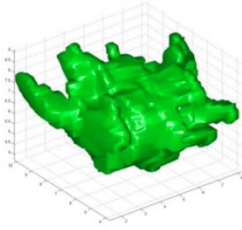


Tumors differ from each other

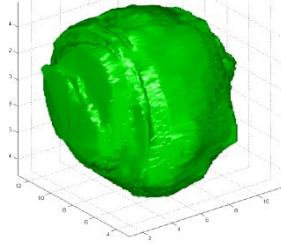


Quantitative features capture the phenotyp

Shape features

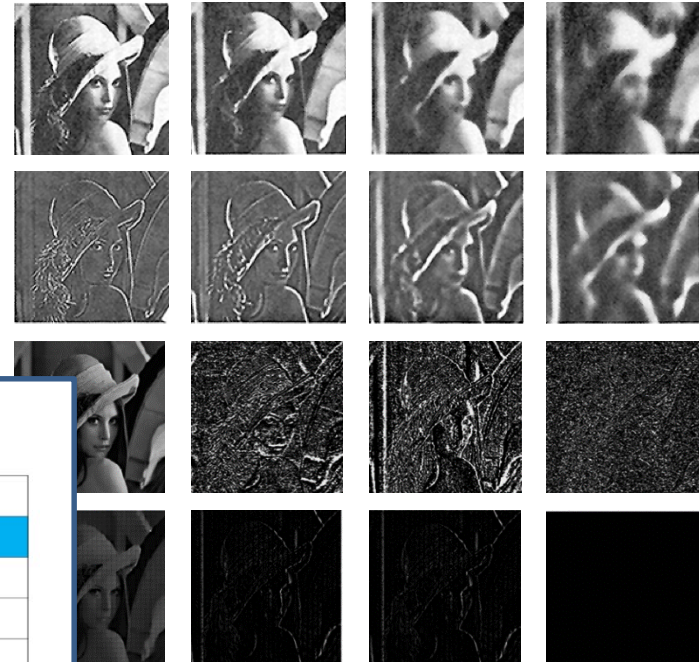


Compactness

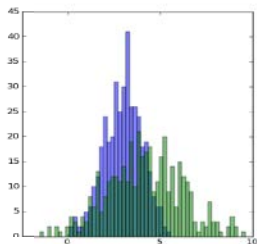


Sphericity

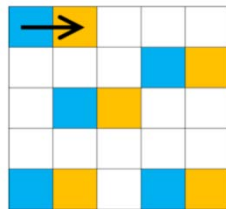
Image transforms



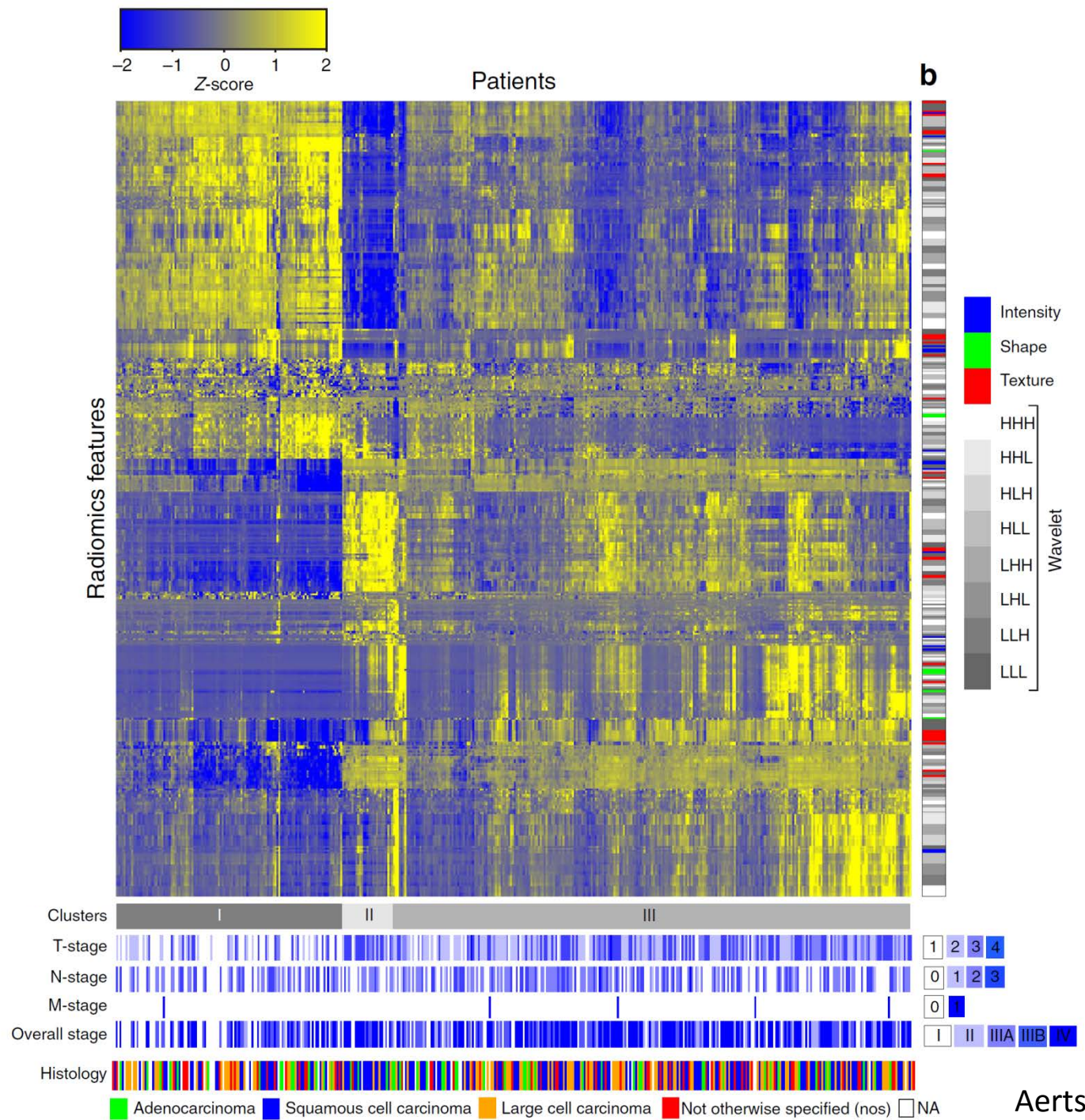
Intensity features



Occurence



Texture



Where do we go from here?



- Complete? Redundant?
- Transferable?
- Only CT?
- Only single lesions?
- IT-Infrastruktur?
- Efficient? Reproducible?

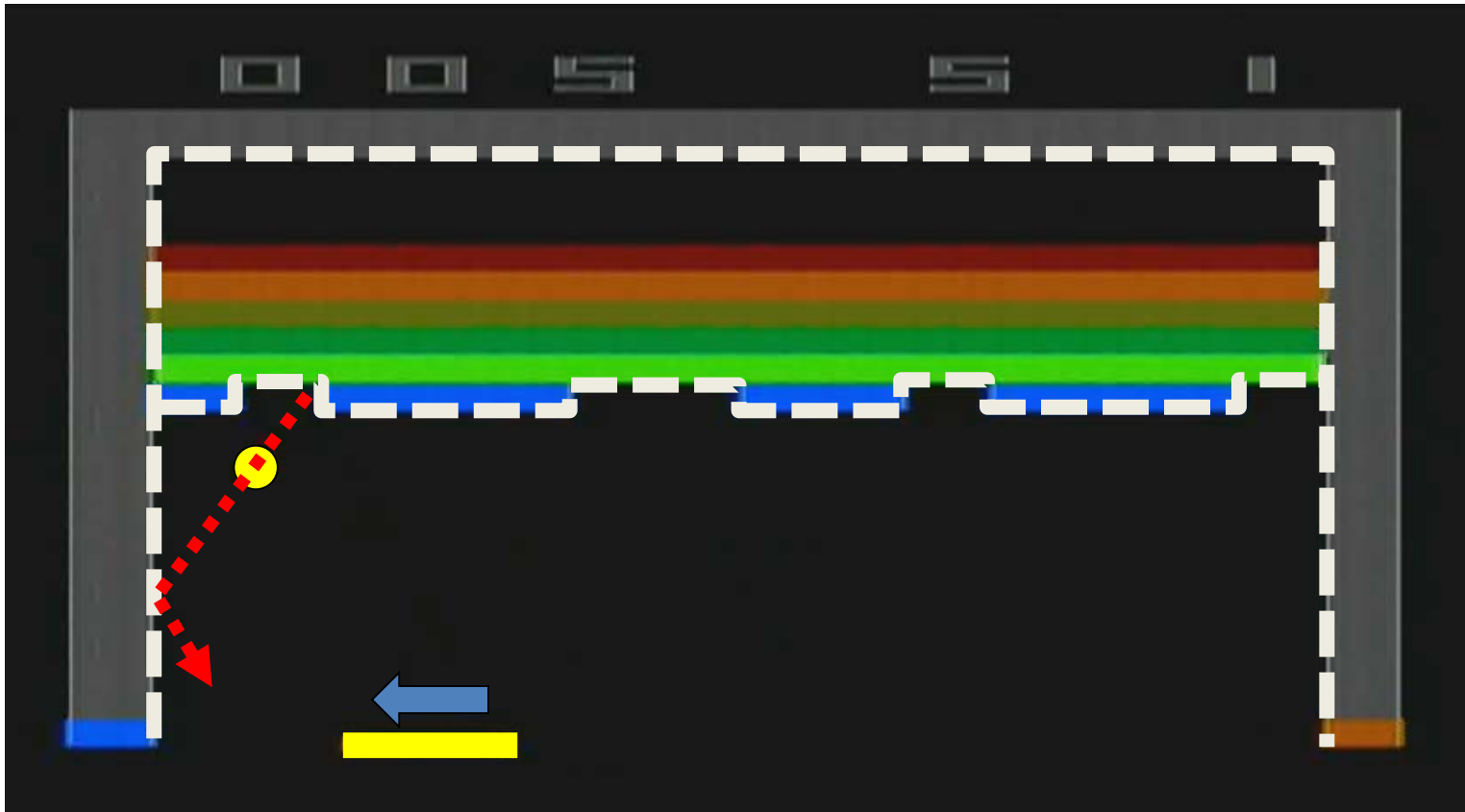
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1. Radiomics - Introduction
2. **Machine Learning**
3. Computer Vision
4. Radiomics – Challenges ahead

Atari 2600: „Breakout“



„Programmed behavior“





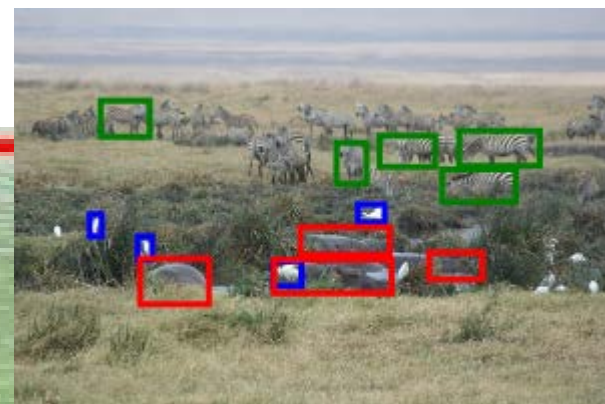
After 100 Games



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- 3. Computer Vision**
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Detecting Objects in Images



2011: Computers outperform humans



TEAM	METHOD	TOTAL
[3] IDSIA ★	Committee of CNNs	99.46%
[1] INI-RTCV ★	Human Performance	98.84%
[4] sermanet ★	Multi-Scale CNNs	98.31%
[2] CAOR ★	Random Forests	96.14%
[6] INI-RTCV	LDA on HOG 2	95.68%
[5] INI-RTCV	LDA on HOG 1	93.18%
[7] INI-RTCV	LDA on HOG 3	92.34%

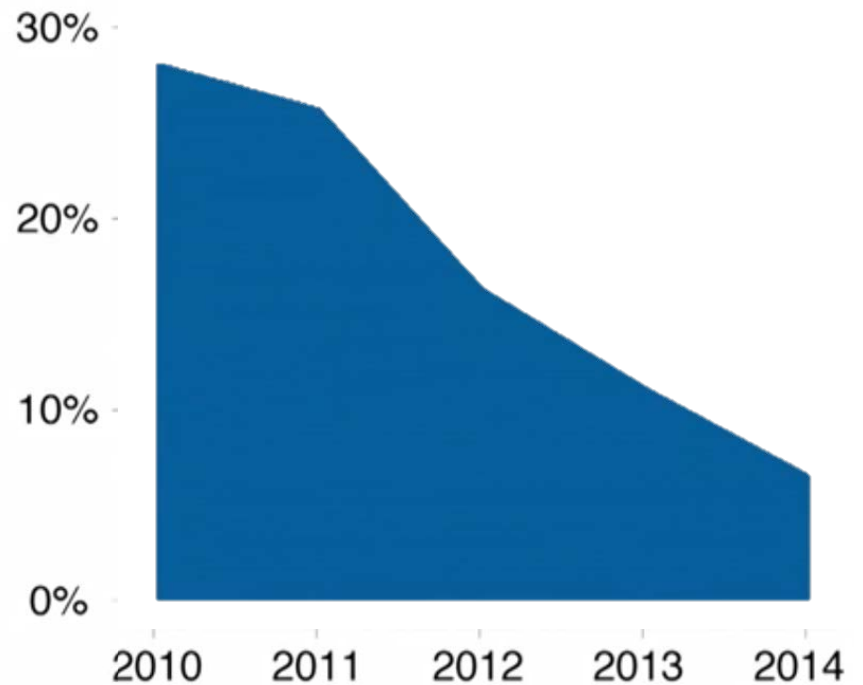
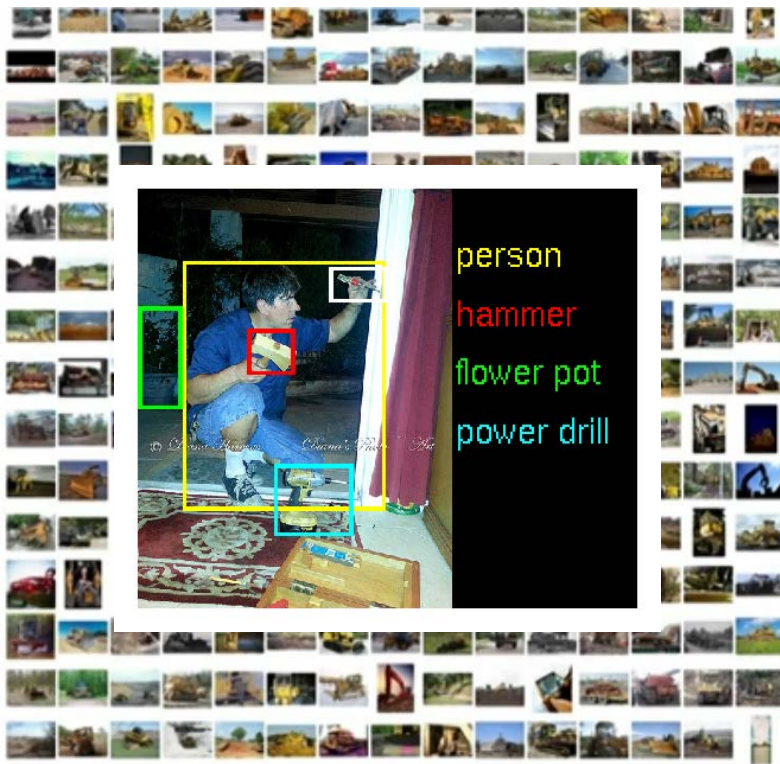
following properties:

- Single-image, multi-class classification problem
- More than 40 classes
- More than 50,000 images in total
- Large, lifelike database

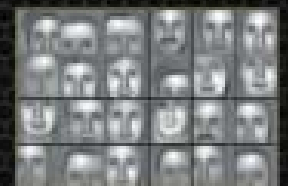
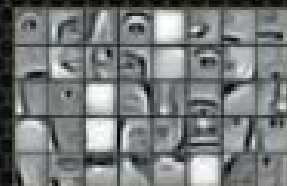
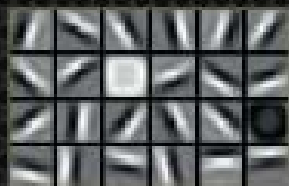
2014: ImageNet

ImageNet: 1.5 mio images

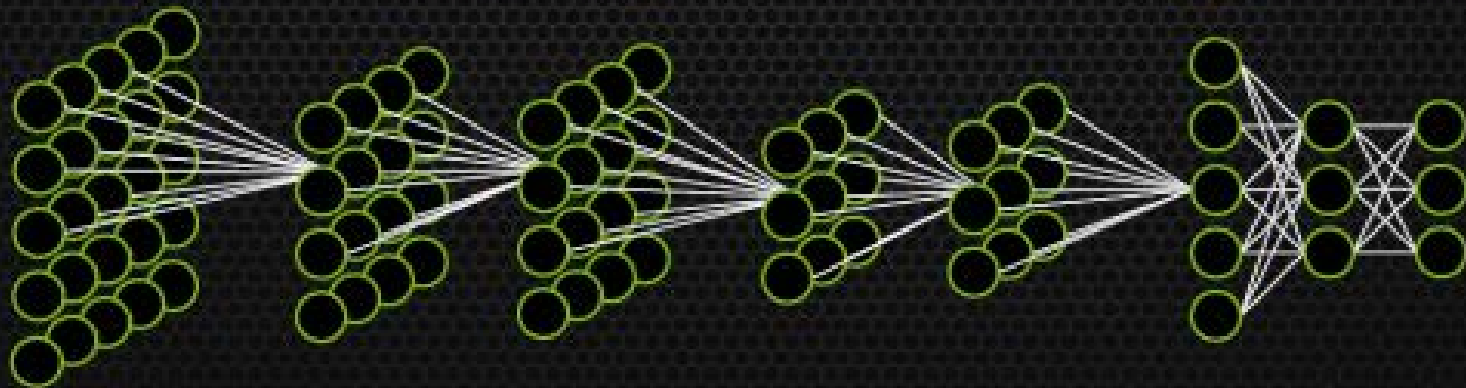
Detection rate



Levels of abstraction in neural nets



Image



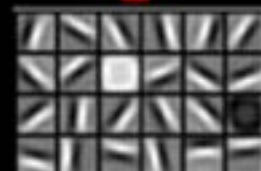
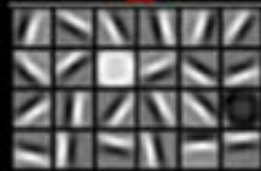
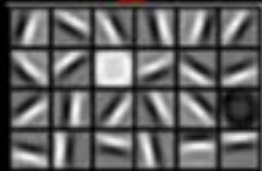
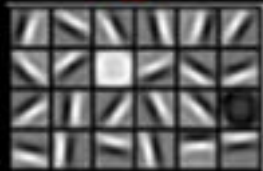
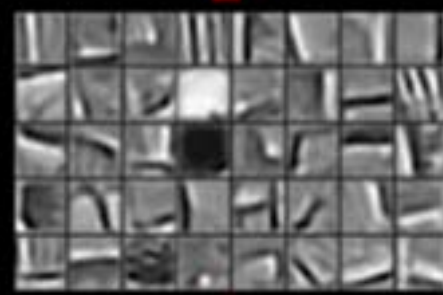
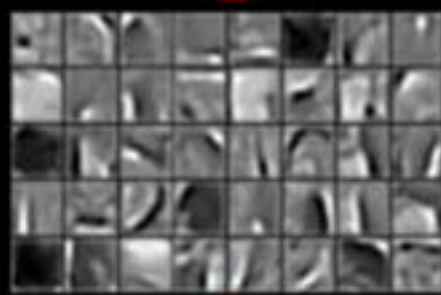
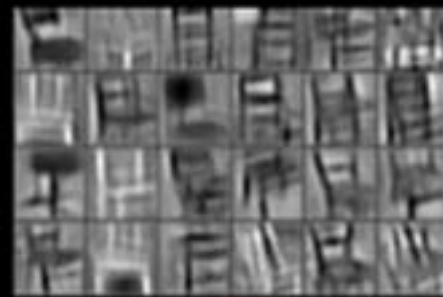
"Sara"

Faces

Cars

Elephants

Chairs



2015: Image Captions



A refrigerator filled with lots of food and drinks.

A



Neckarfront Tübingen

B



Turner (1805)

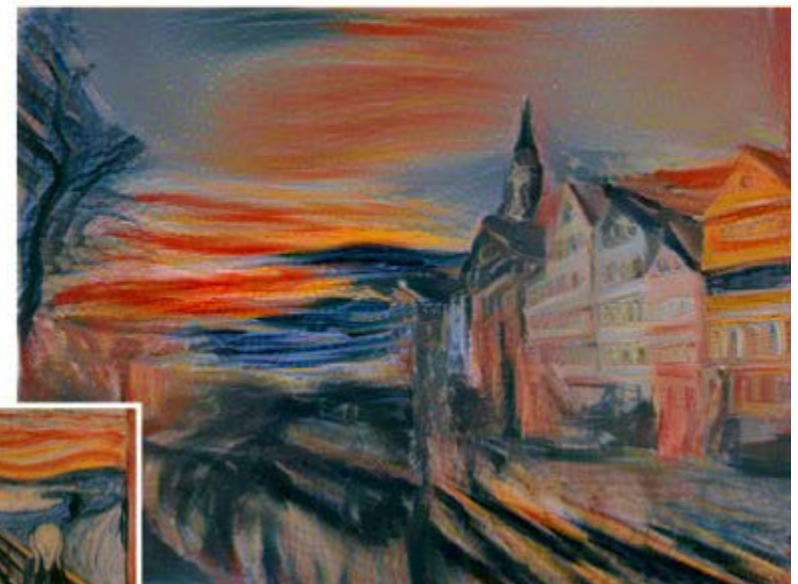
C



van Gogh (1889)



D



Munch (1893)



2015: Inceptionism



Outline

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4. **Radiomics – Challenges ahead**

Radiology = Atari Game?

28,224 numbers per image

Image 1

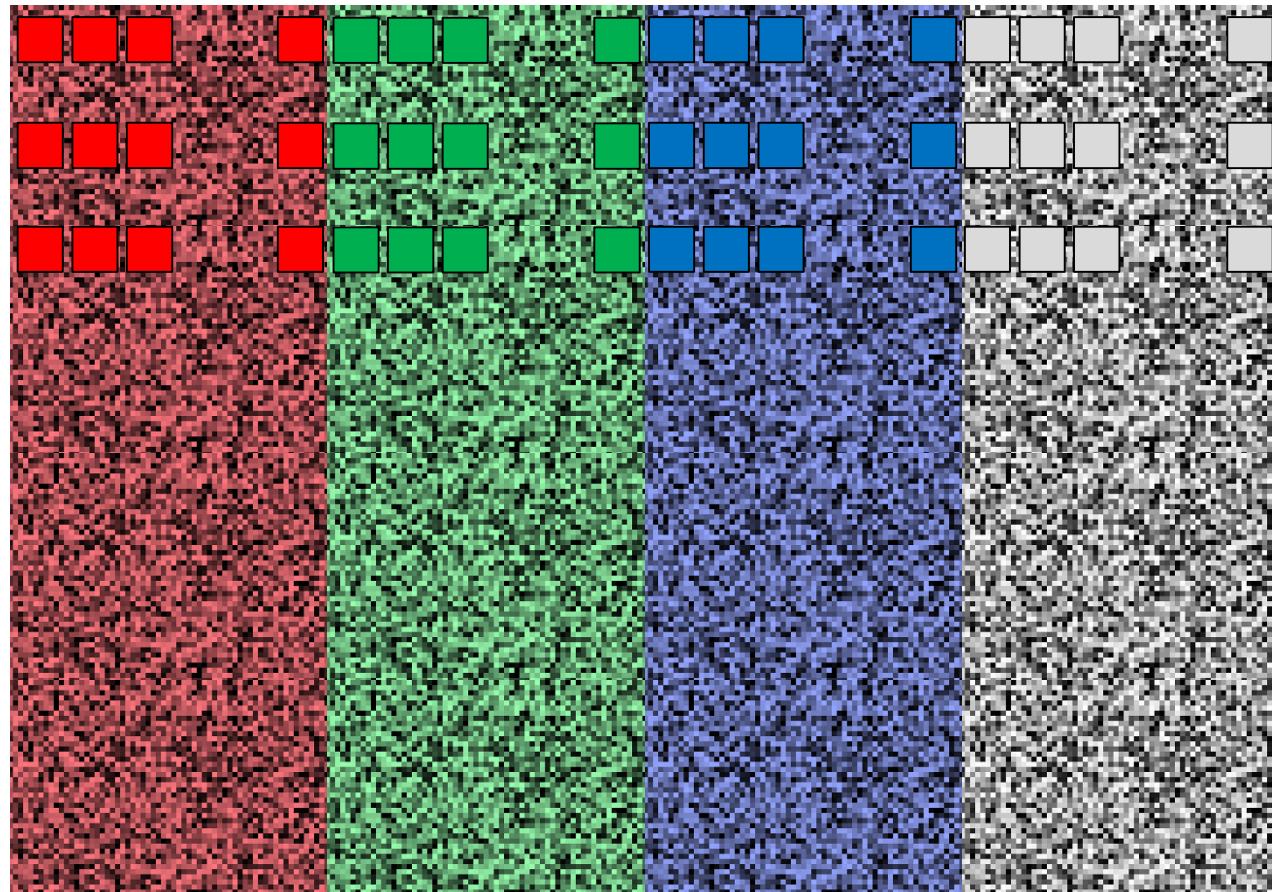
Image 2

Image 3

...

...

N = 50Mio
(1585 slides)





What about medical imaging?

Training data rare!

$N=30.000$



$I=128*128*128$

Reduction of Parameters (Radiomics)



$$LGLRE := \frac{1}{N_{run}} \sum_k \sum_l \frac{1}{k^2} P(k, l)$$

177. – 178. Number of runs (mean and std.dev.)

$$number\ of\ runs = N_{runs} := \sum_k \sum_l P(k, l)$$

179. – 180. Run length nonuniformity (RLN) (mean and std.dev.)

$$RLN := \frac{1}{N_{run}} \sum_l \left[\sum_k P(k, l) \right]^2$$

181. – 182. Run percentage (RP) (mean and std.dev.)

$$RP := \frac{N_{run}}{N_p}$$

183. – 184. Short run emphasis (SRE) (mean and std.dev.)

$$SRE := \frac{1}{N_{run}} \sum_k \sum_l \frac{1}{l^2} P(k, l)$$

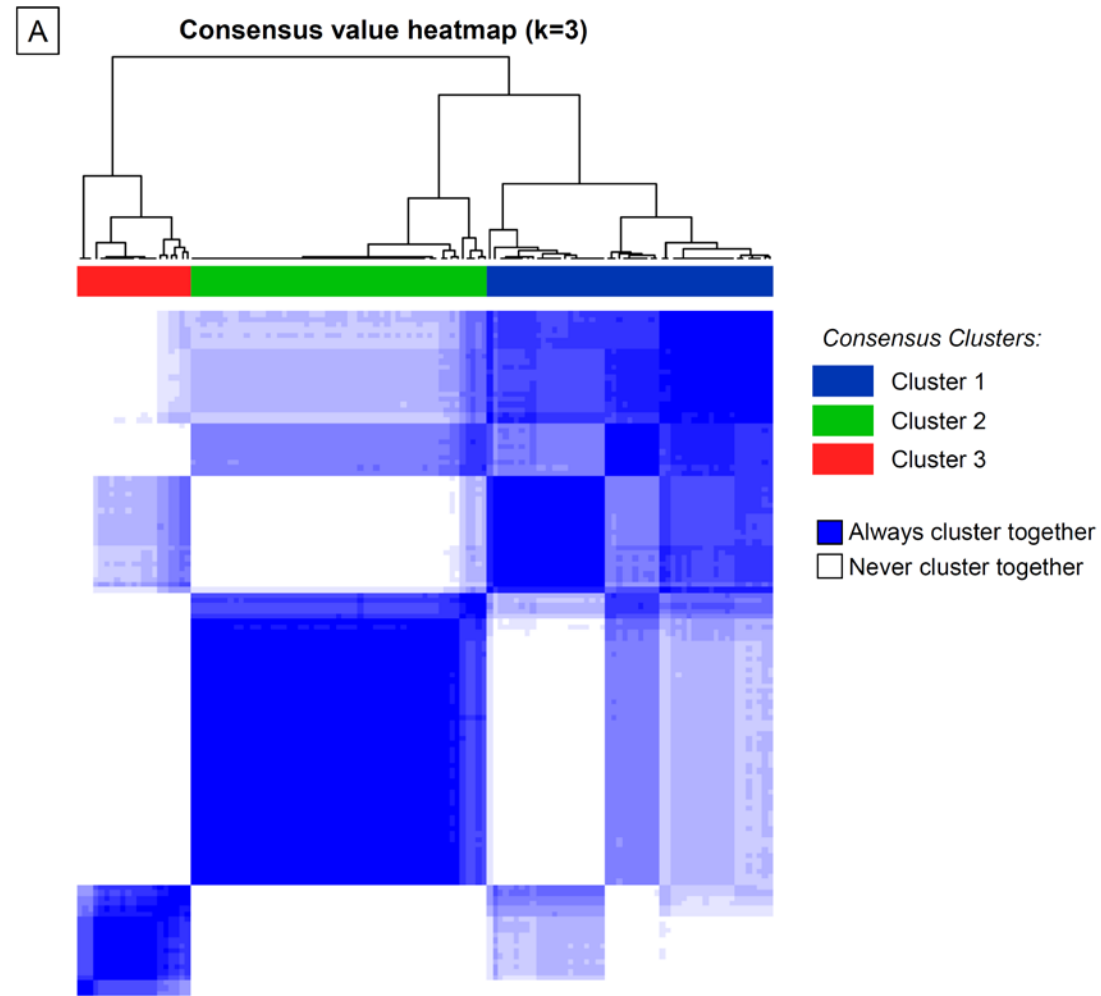
185. – 186. Short run high gray level emphasis (SRHGLE) (mean and std.dev.)

$$SRHGLE := \frac{1}{N_{run}} \sum_k \sum_l \frac{k^2}{l^2} P(k, l)$$

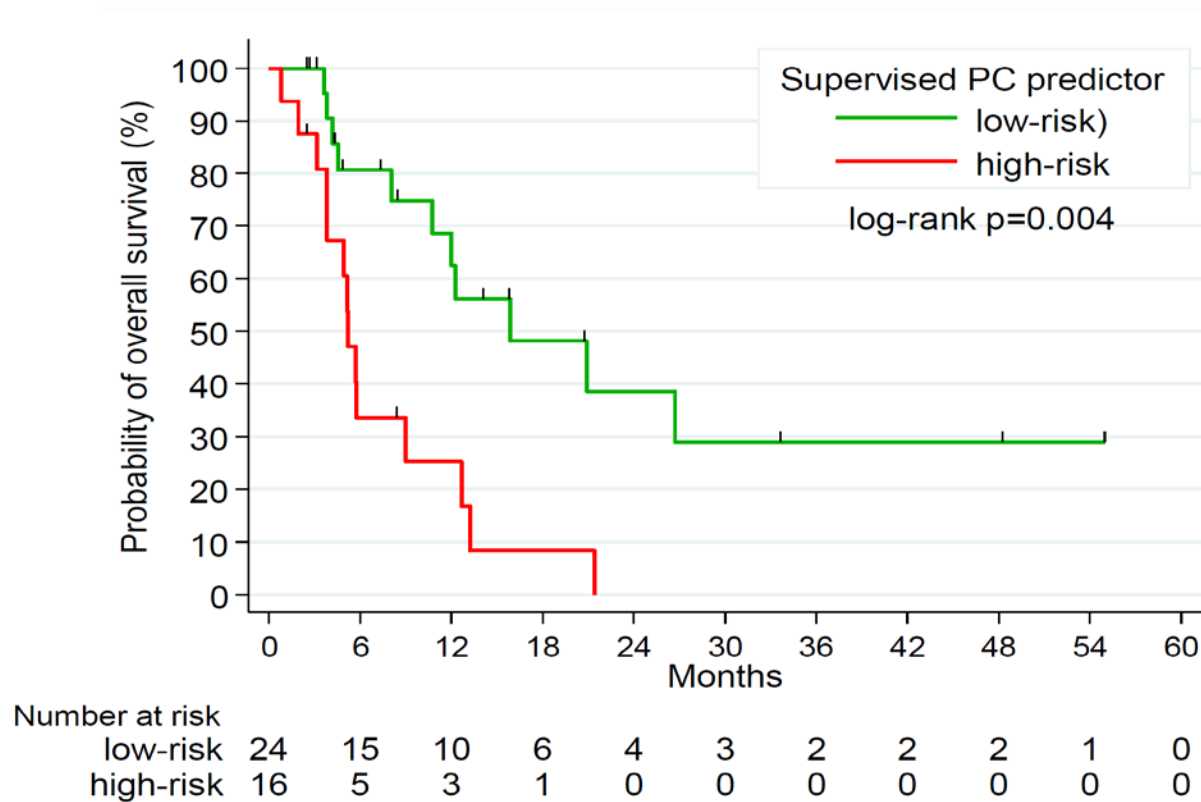
187. – 188. Short run low gray level emphasis (SRLGLE) (mean and std.dev.)

$$SRLGLE := \frac{1}{N_{run}} \sum_k \sum_l \frac{1}{k^2 l^2} P(k, l)$$

Predicting antiangiogenic treatment response in glioblastoma

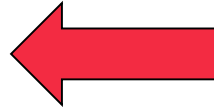


Prediction of therapy response in brain tumors



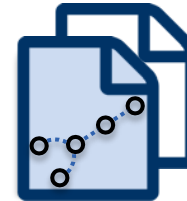
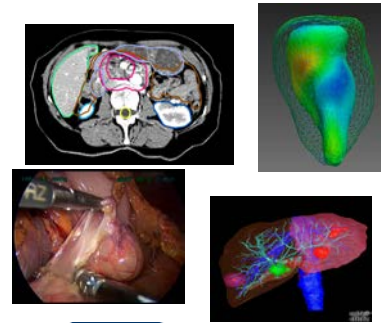
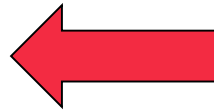
Challenges ahead

- Capture
- Manage
- Process
- Share
- Integrate
- Analyze
- Interpret



Challenges ahead

- Capture
- Manage
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- Analyze
- Interpret

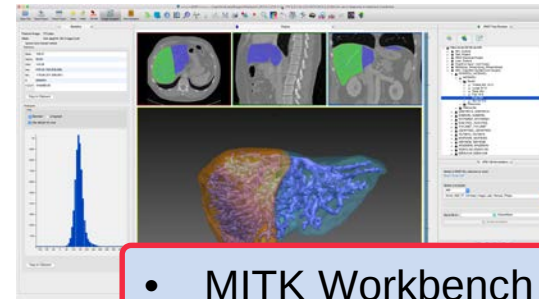
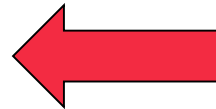


XNAT:

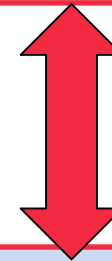
- Study collections
- Study objects
- Imaging sessions
- Annotations

Challenges ahead

- Capture
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- Interpret



- MITK Workbench
- CTK Command Line
- Python Scripting



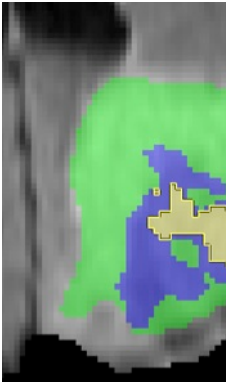
XNAT:

- Study collections
- Study objects
- Imaging sessions
- Annotations

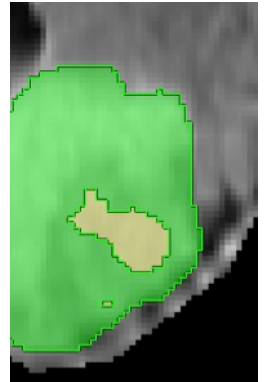
Each pixel one observation

TRANSFER OF LEARNING

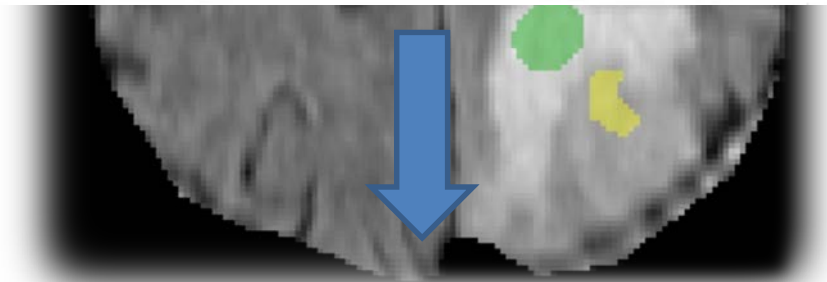
Expert

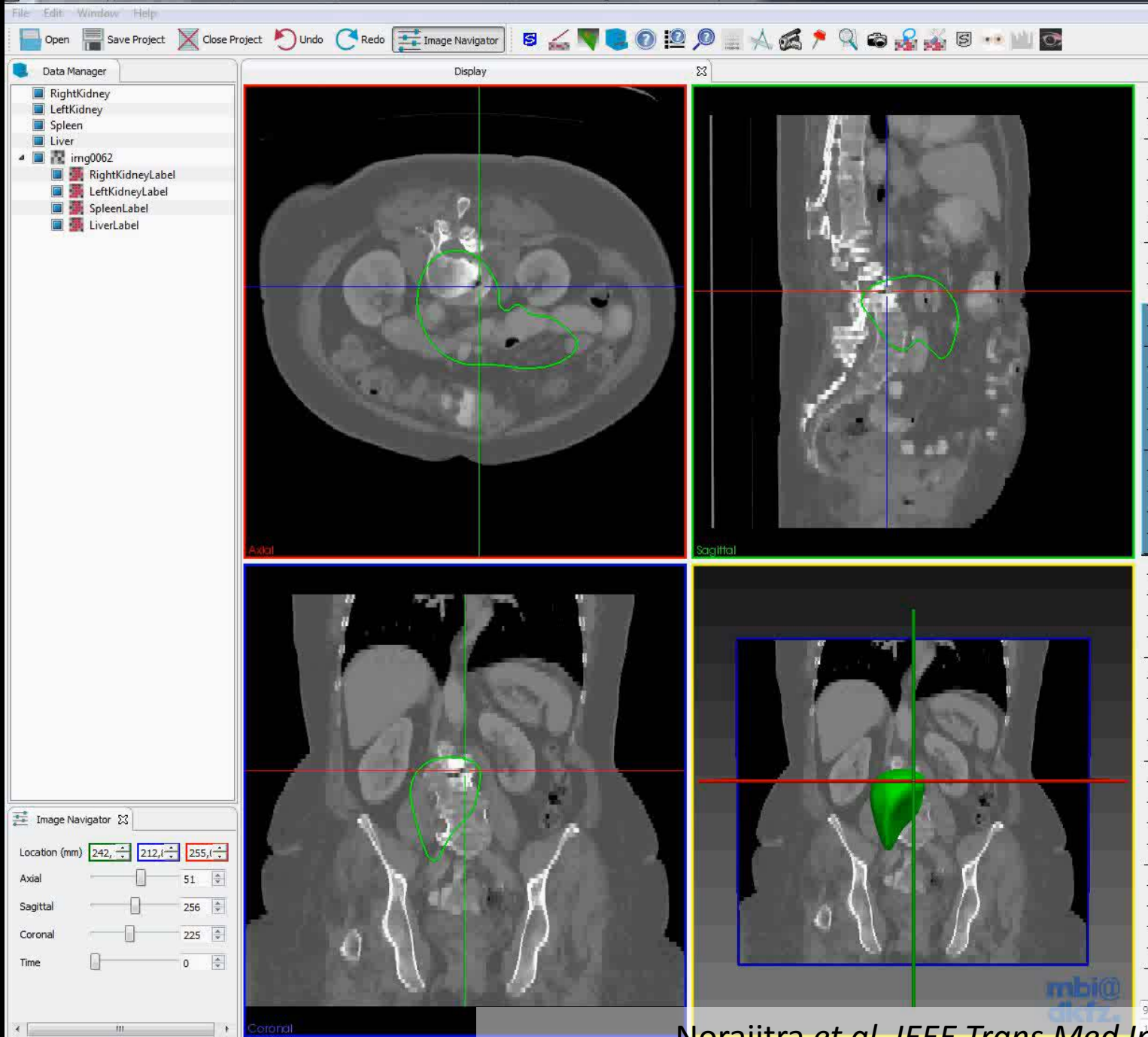


Expert 2



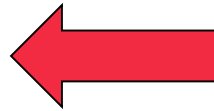
- Edema
- Active tumor
- Contrast-enhanced



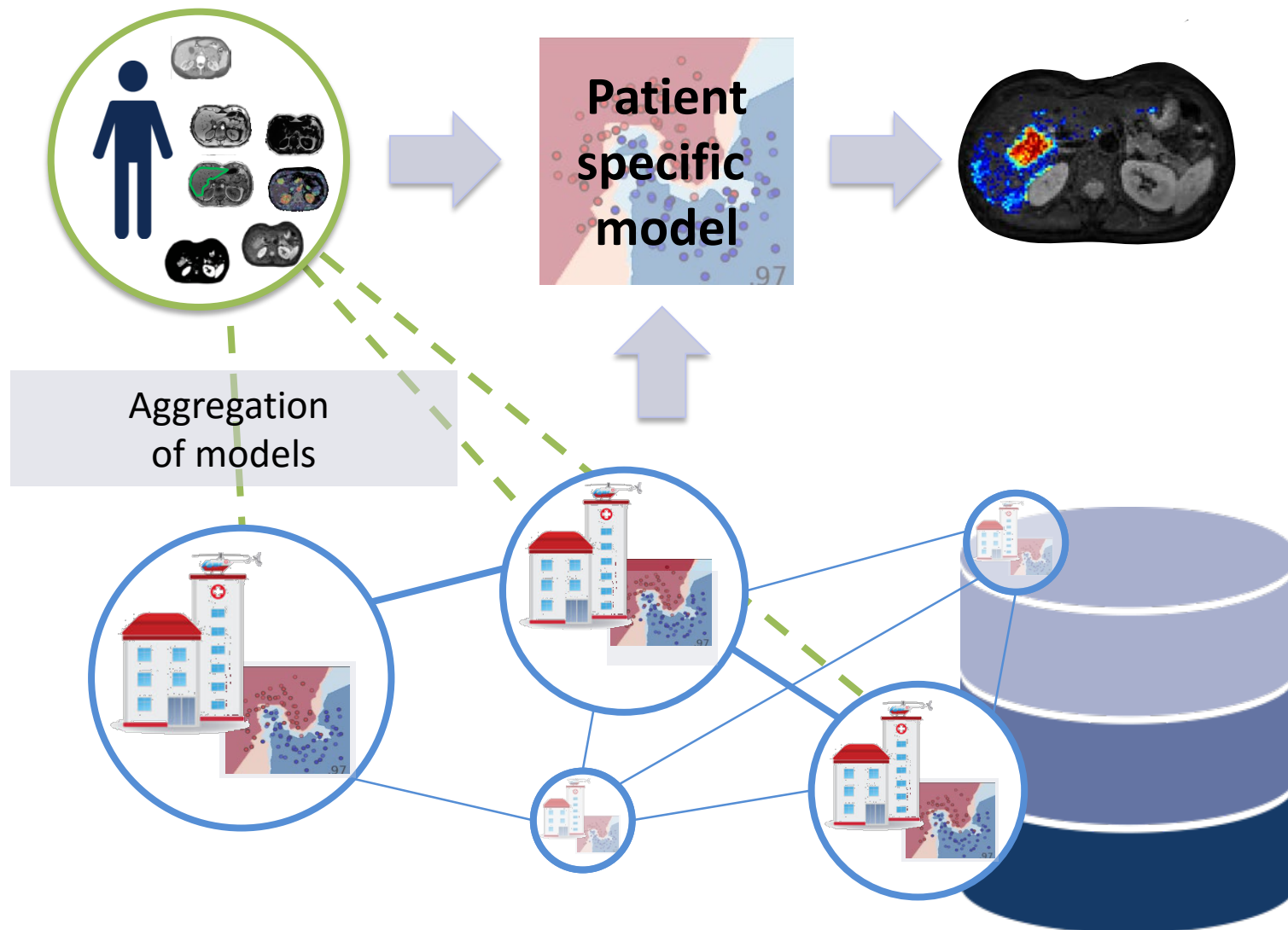


Challenges ahead

- Capture
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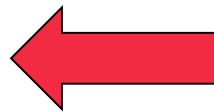


Distributed knowledge



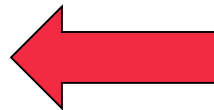
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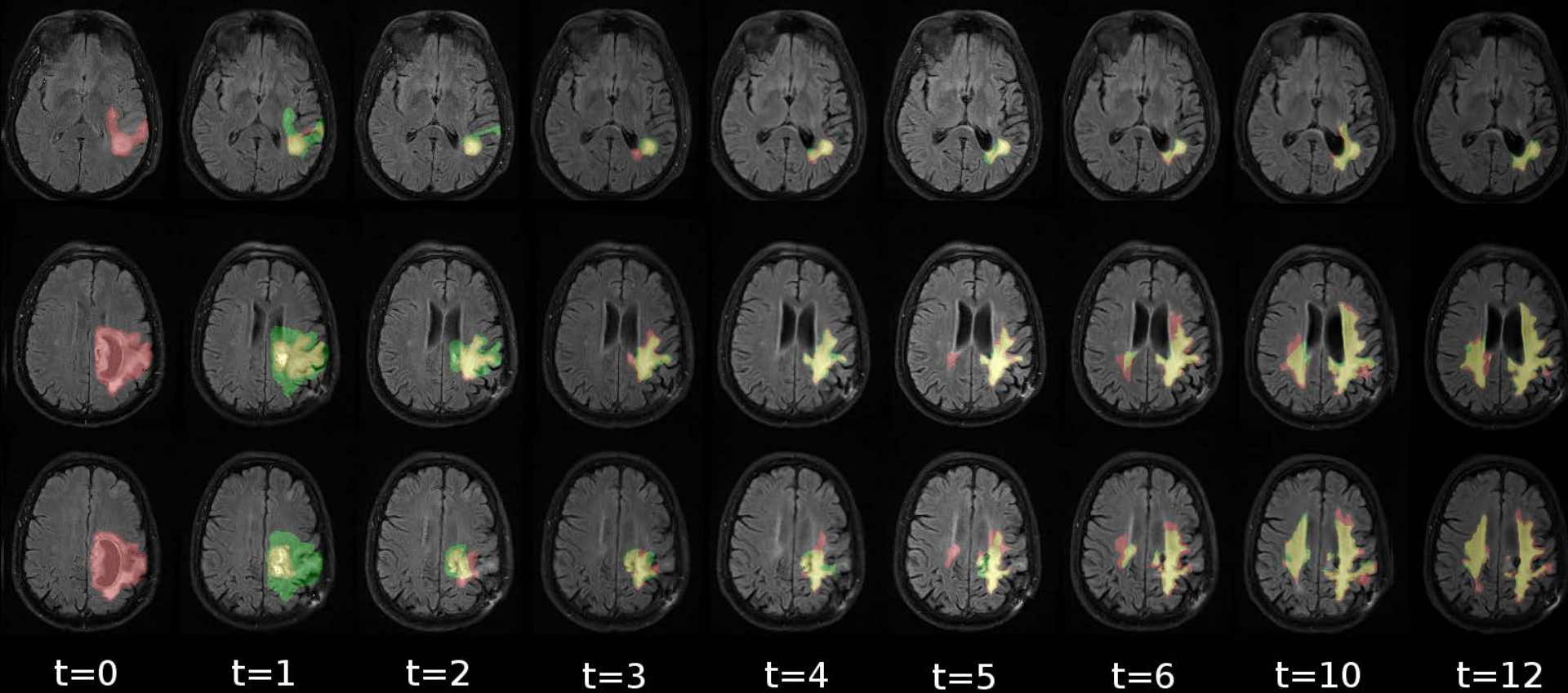


Challenges ahead

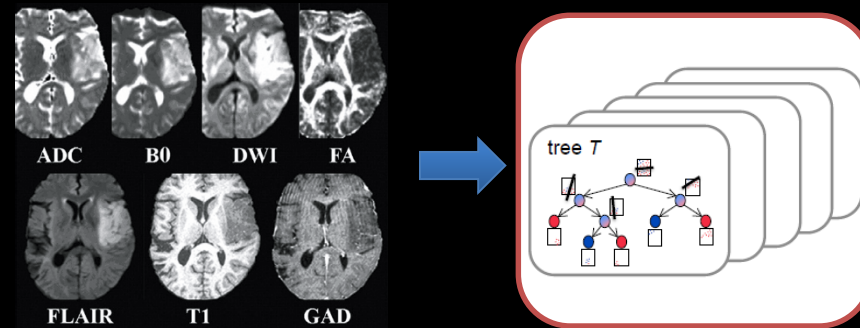
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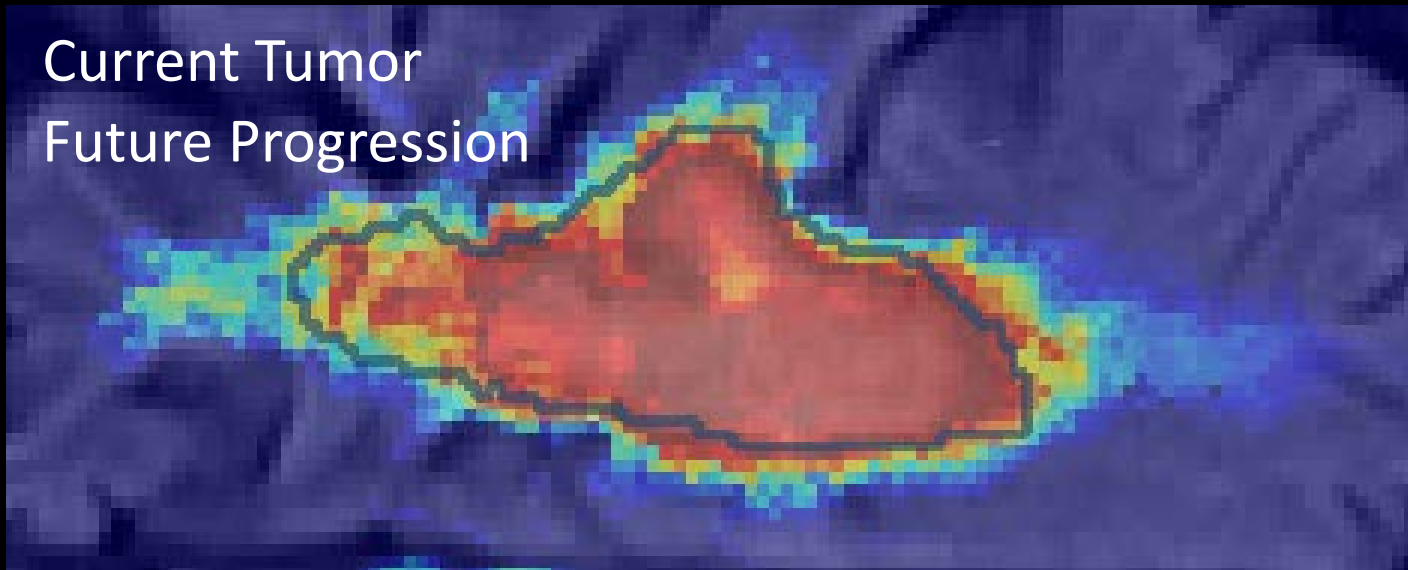
Prognostic models?



Machine learning & disease mechanisms

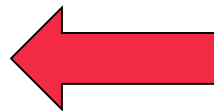


Current Tumor
Future Progression



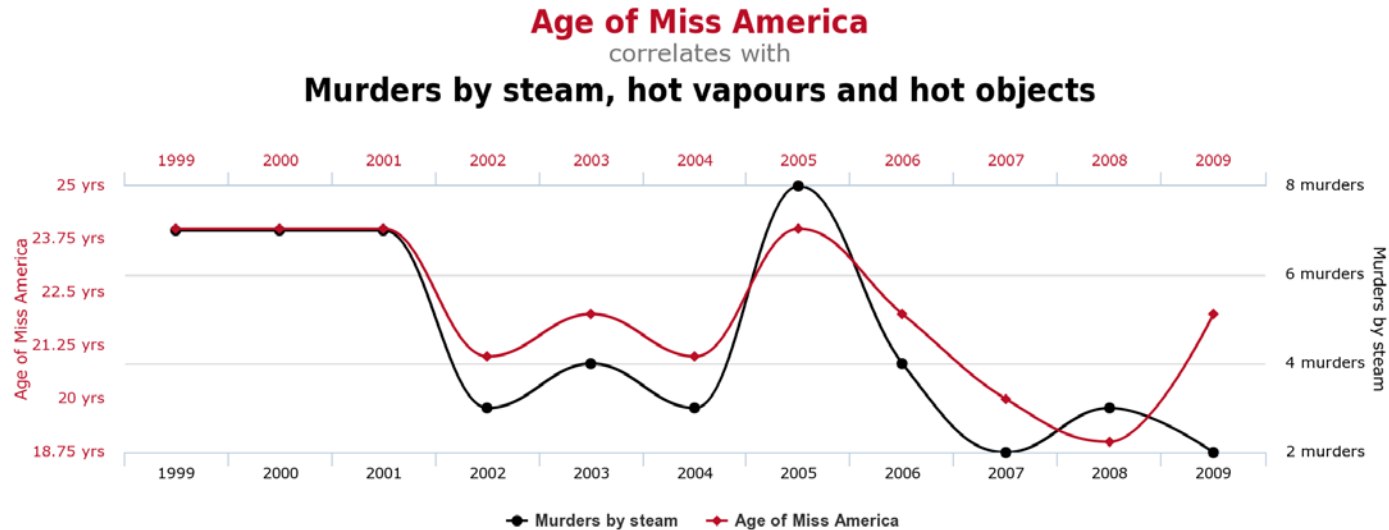
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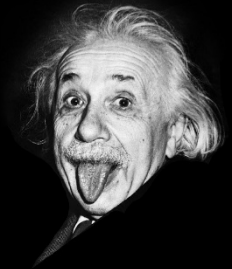
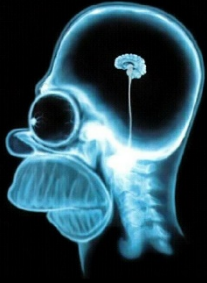


Is the scientific method itself becoming obsolete?

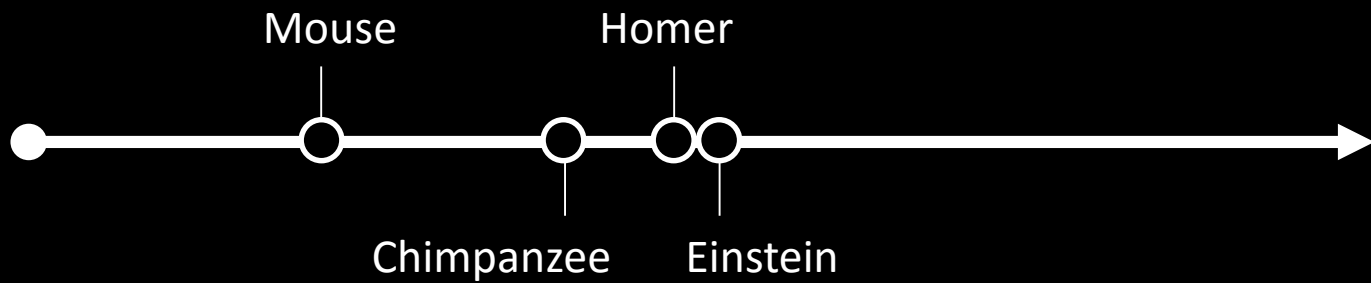
- False alarms may increase when one can measure more things
- Does not replace randomized clinical trials and other experimental designs



Intelligence



A.I. ➡



Thank you!



Dr. Peter Neher	Jens Petersen
Dr. Dr. J. Kleesiek	Fabian Isensee
Dr. Caspar Goch	Joseph Görres
Michael Götz	Jan Hettich
Jan Hering	Jonas Cordes
Christoph Kolb	M. Eisenmann
Tobias Norajitra	Vincent Reuter
Christian Weber	Alex Tschlatscher



Bram Stieltjes, Univ. Basel



Ofer Pasternak et al., Harvard, Boston



Gary Zhang, UCL, London



Ashish Raj, Weill Cornell, New York



Bülent Yener, Rensselaer Polyt.



Alex Leemans et al., Utrecht



Collaborators @DKFZ Heidelberg



Collaborators @Uni/NCT Heidelberg



Collaborators @KIT Karlsruhe



Collaborators @IWR Heidelberg



Collaborators @SFB/Transregio 125



The MITK team
The MBI team