

Towards Big Data in Radiation Oncology

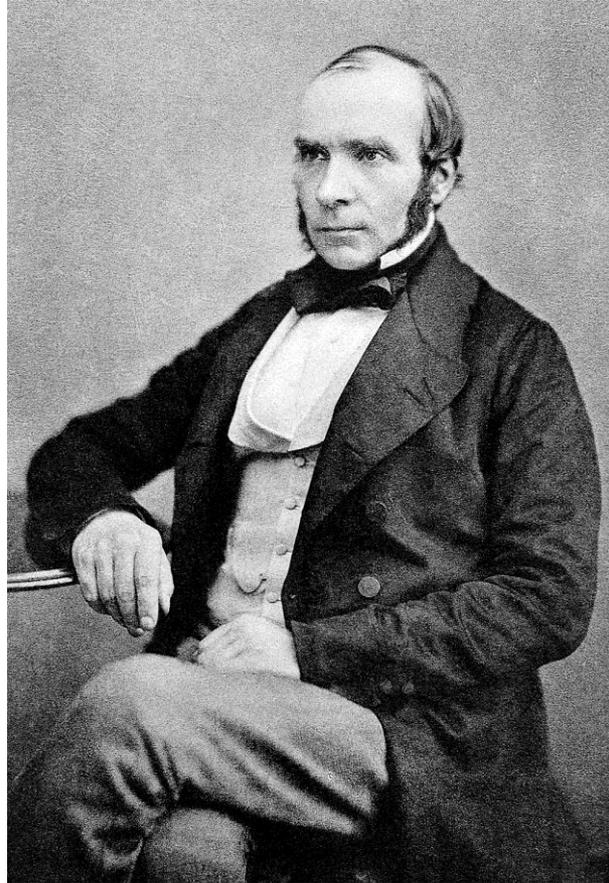
Dr. rer. nat. Klaus H. Maier-Hein (né Fritzsche)
Head of junior research group Medical Image Computing

dkfz.

GERMAN
CANCER RESEARCH CENTER
IN THE HELMHOLTZ ASSOCIATION



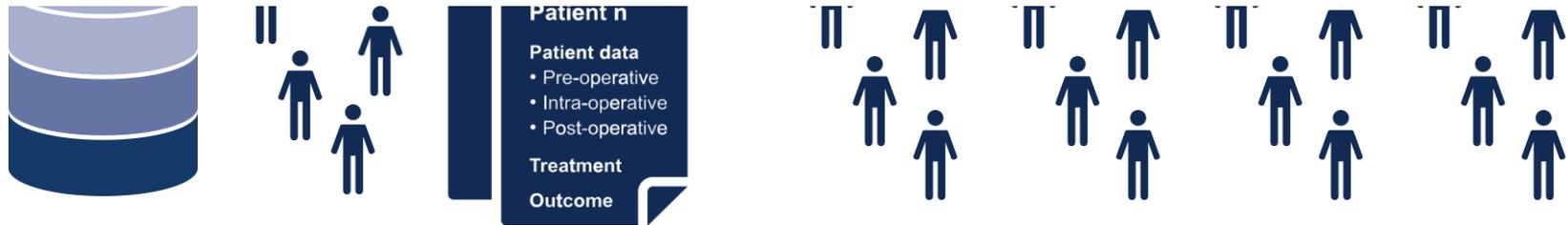
50 Years – Research for
A Life Without Cancer



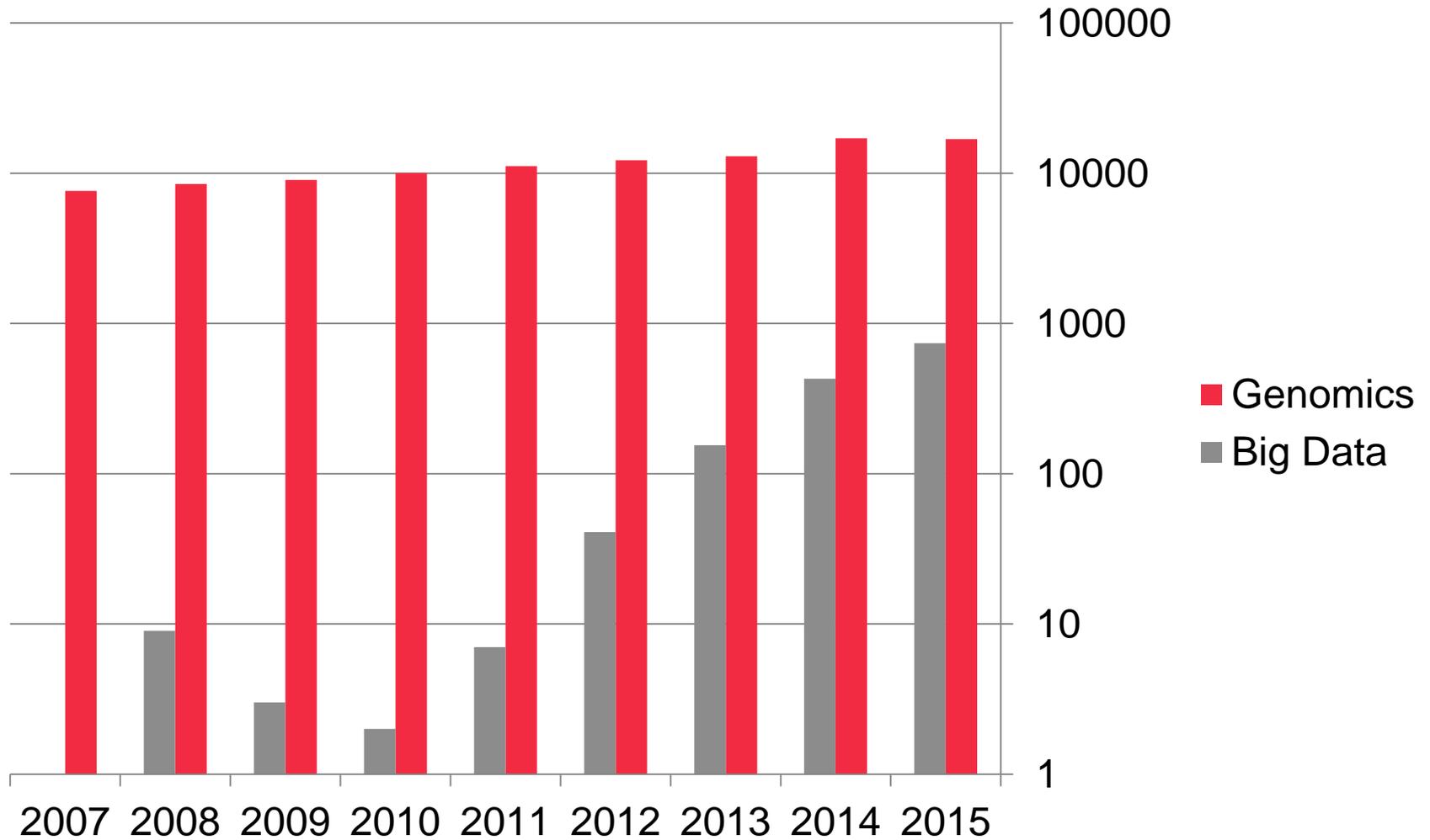
John Snow

The rise of big clinical databases

- Medicare Provider Analysis (MedPAR)
 - Diagnostic/procedure information, limited patient characteristics
- Swedish Colon Cancer Registry
 - Clinical factors, outcomes, co-morbidities
- The Cancer Genome Atlas (TCGA) and The Cancer Imaging Archive (TCIA)
 - Genomic and imaging data on a variety of cancers
 - Official repository for Nature Publishing Group



„Big data“ in Pubmed



- **Volume:** the quantity of generated and stored data
- **Variety:** the type and nature of the data
- **Velocity:** the speed at which the data is generated and processed
- **Variability:** the inconsistency in the data set can hamper processing
- **Veracity:** the varying quality of captured data



Hilbert, M. (2015). Digital Technology and Social Change [Open Online Course at the University of California] <https://canvas.instructure.com/courses/949415>

Atari 2600 Game „Breakout“



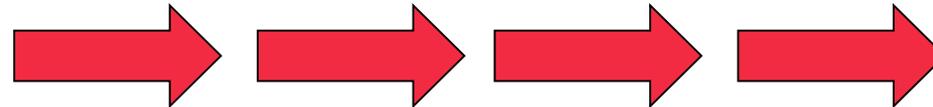
Previous Approach

- Generative Modeling



Data-driven approach (discriminative)

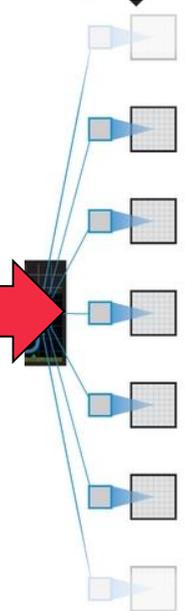
- Screen (40.000 pixels)
- Score



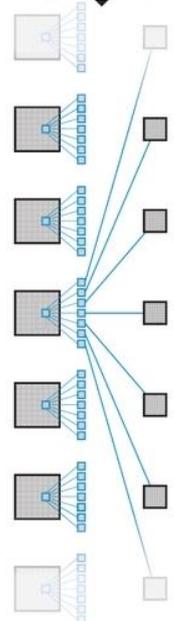
Action



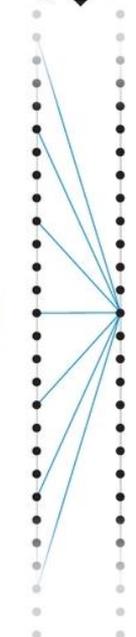
Convolution



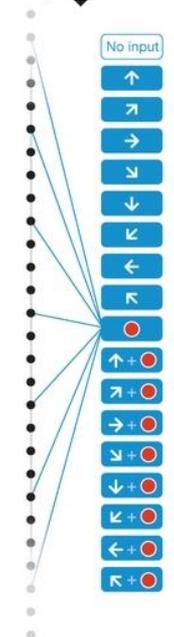
Convolution



Fully connected



Fully connected

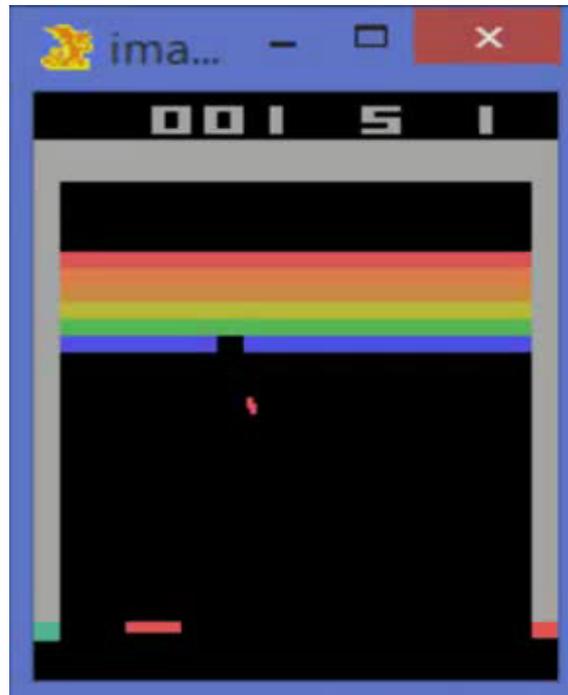


10 min training



Beginner level

120 min training



Expert level

240 min training



13x better than
human

Results

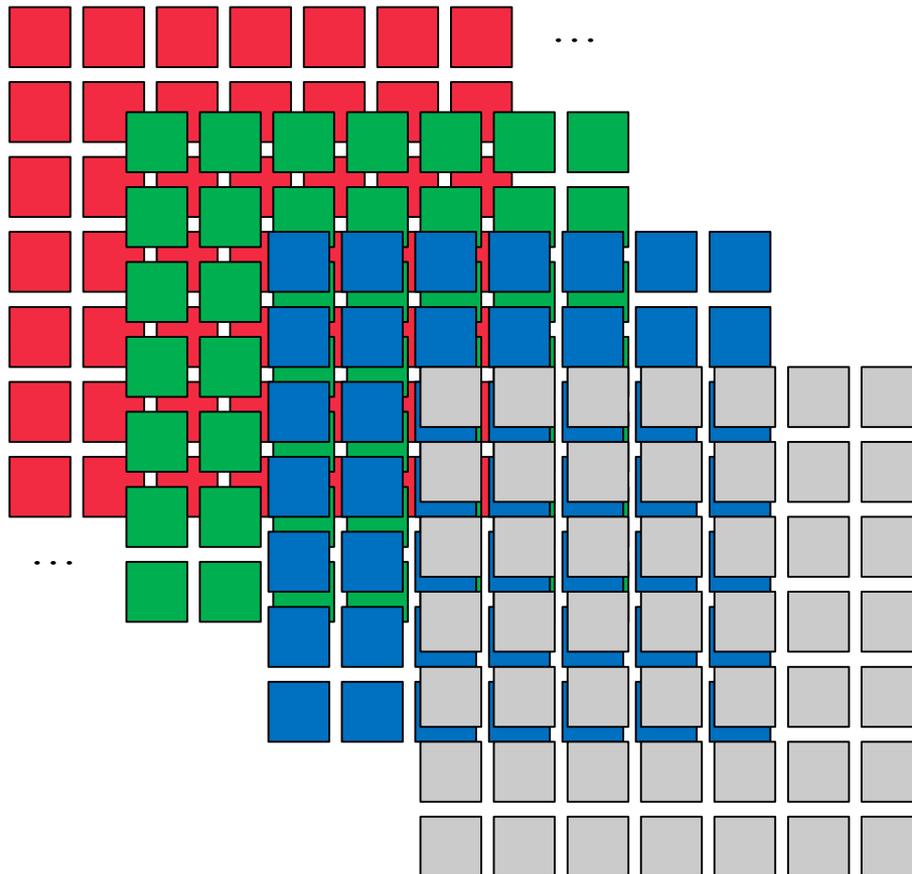


What does all this mean for us?

What does all this mean for us?

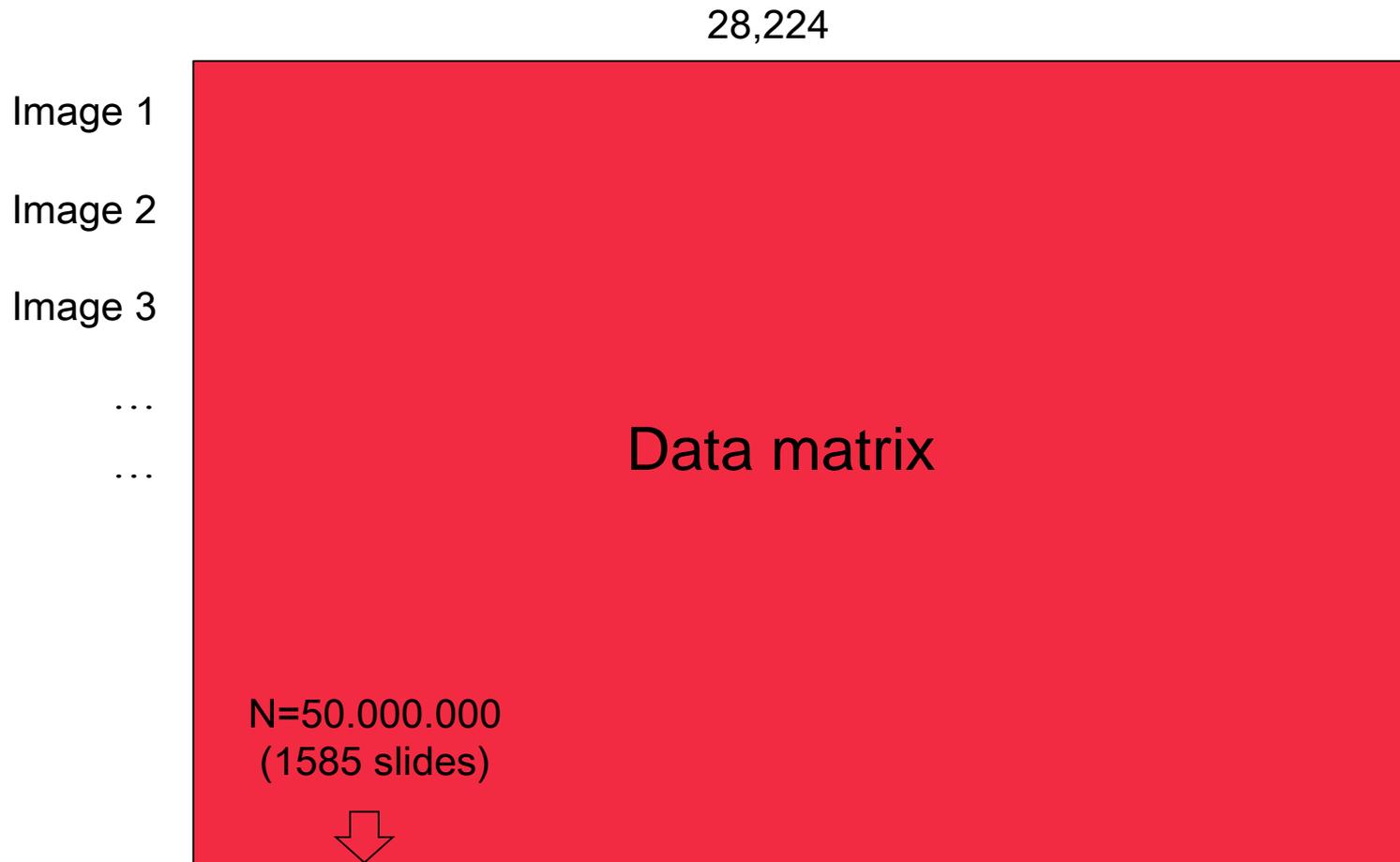
- Computers are great in learning from images

$$I = 84 \cdot 84 \cdot 4 = 28,224 \text{ numbers}$$



What does all this mean for us?

- Computers are great in learning from images





What about medical imaging?

- Computers are great in learning from images

BUT

- Data matrices are wiiiddeeeee
.....

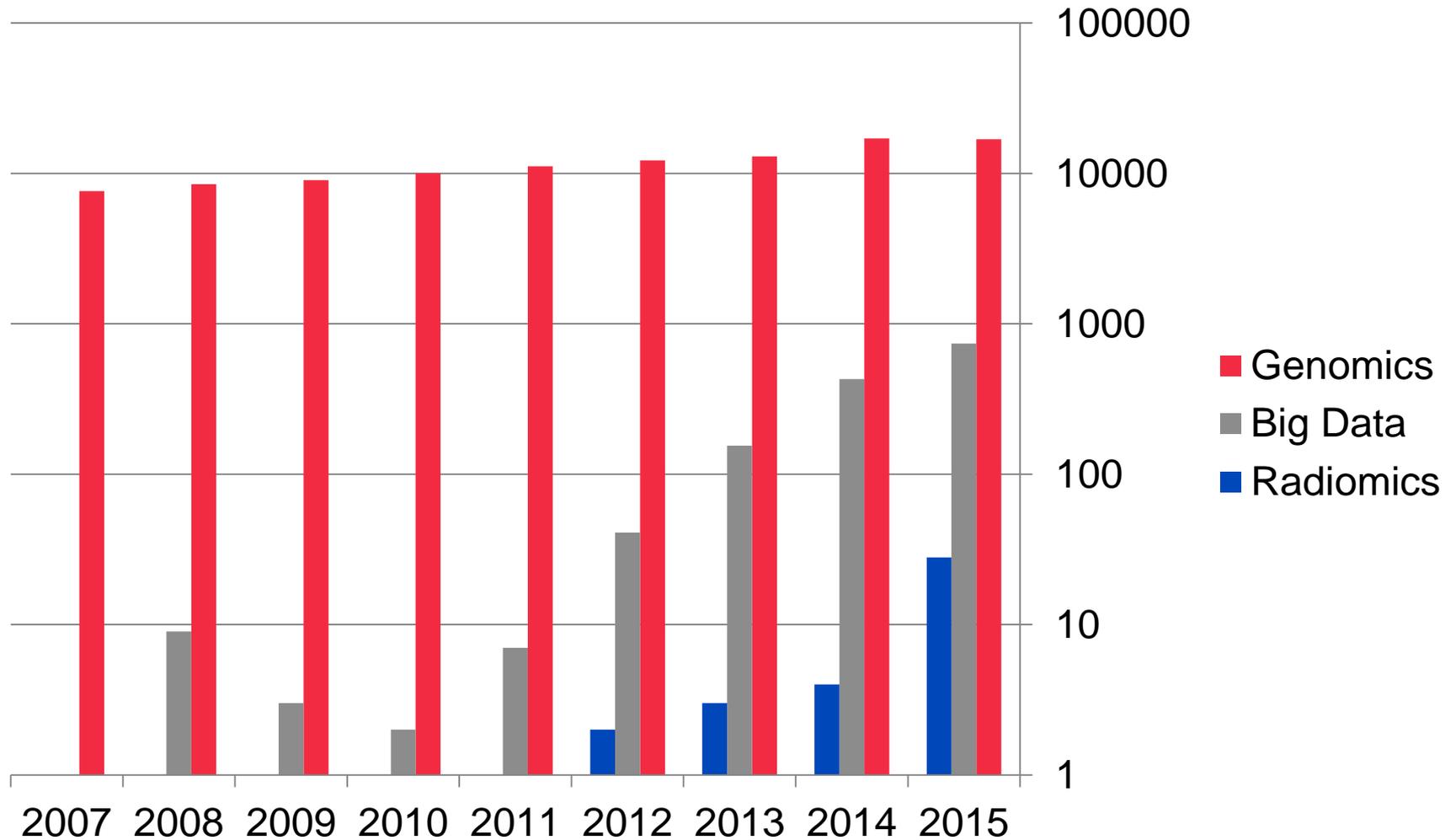
N=30.000



I=128*128*128

- Meaningful data annotation difficult to get
- Image data = dark data

„Radiomics“ in Pubmed



-omics – a field of study studying the *totality* of some sort

-ome – addresses the objects of study

Radiomics (idea)

- Clinical practice
 - Segmentation of tumor (RECIST, CTV, GTV)
 - Not predictive (overall/progression free survival)
 - Qualitative descriptions (“peripherally enhancing spiculated mass in left lobe”)

- Potential of images
 - Intensity, Texture, Shape
 - Growth and response predictions
 - ...

Radiomics (definition)

- “extraction and analysis of large amounts of advanced **quantitative** imaging features with **high throughput**” [1]
- core hypothesis: resulting models provide diagnostic, prognostic or predictive information [2]
- Radiogenomics



[1] Kumar V et al. Radiomics: the process and the challenges. Magn Reson Imag 30, 1234–1248 (2012).

[2] Lambin P et al. Radiomics: extracting more information from medical images using advanced feature analysis. Eur. J. Cancer 48, 441–446 (2012).

Radiomics features

S4.

We calculate 17 first features and TF (T1, cT

4.1.

First order features are denoted with N the ROI

The probability of the center

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

20.

21.

22.

23.

24.

25.

26.

27. - 32

33. - 38

39. - 44

45. - 50

51. - 56

57. - 62

63. - 68

69. - 74

75. - 80

81. - 86

87. - 92

93. - 98

99. - 104

105. - 110

111. - 116

117. - 122

123. - 128

129. - 134

135. - 140

141. - 146

147. - 152

153. - 158

159. - 164

165. - 170

We calculate all features. Definition:

-
-
-
-
-
-
-

27. - 32

33. - 38

39. - 44

45. - 50

51. - 56

57. - 62

63. - 68

69. - 74

75. - 80

81. - 86

87. - 92

93. - 98

99. - 104

105. - 110

111. - 116

117. - 122

123. - 128

129. - 134

135. - 140

141. - 146

147. - 152

153. - 158

159. - 164

165. - 170

171. - 176

177. - 182

183. - 188

189. - 194

195. - 200

201. - 206

207. - 212

213. - 218

219. - 224

225. - 230

231. - 236

117. - 122 (1, 2, 3)

within a bins to the center

We calculate of the feature

Necessity

-
-
-
-

165. - 170

167. - 172

169. - 174

171. - 176

173. - 178

175. - 180

177. - 182

179. - 184

181. - 186

183. - 188

185. - 190

187. - 192

189. - 194

191. - 196

193. - 198

195. - 200

197. - 202

199. - 204

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

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.)

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

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.)

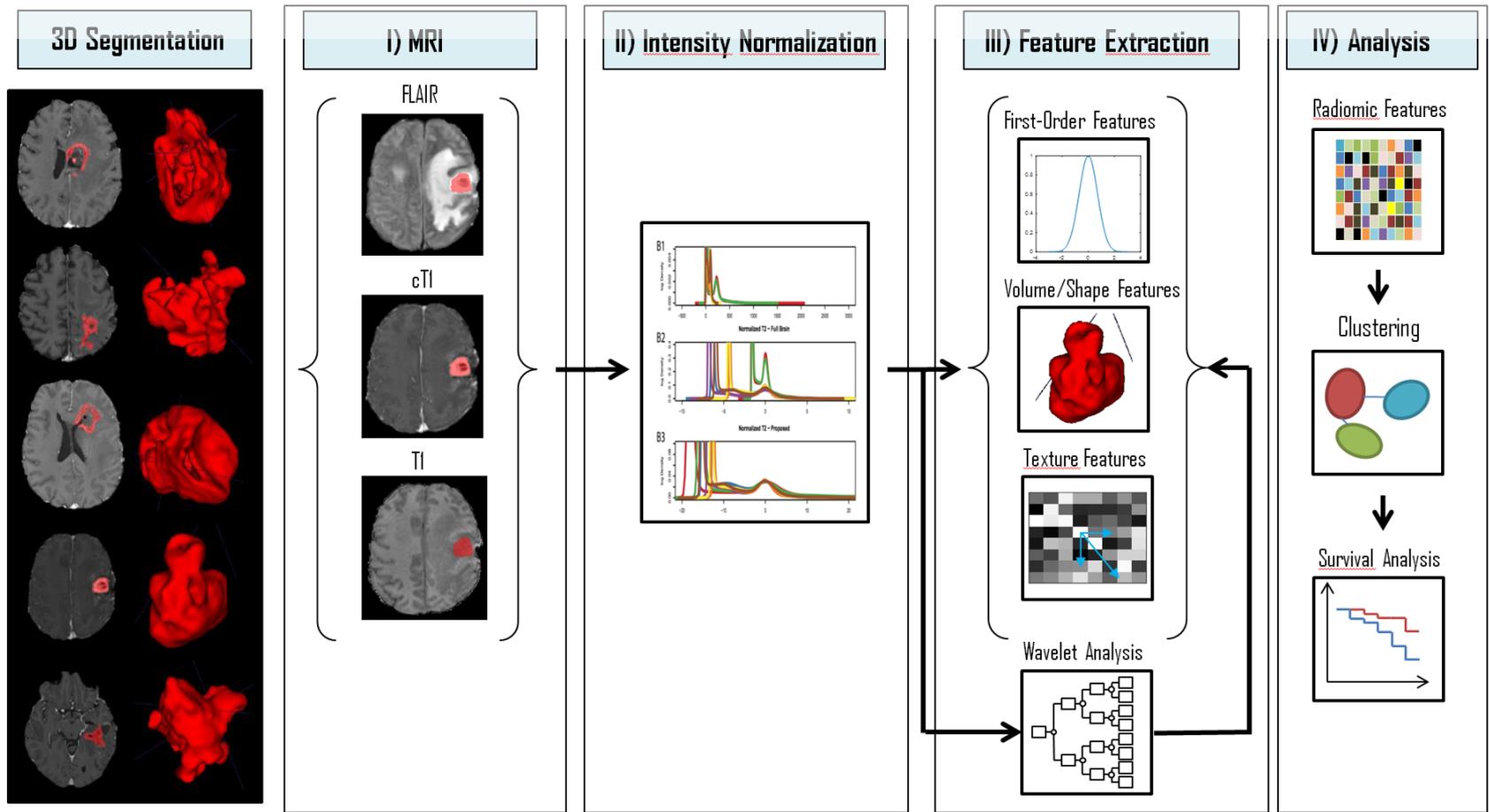
$$SRLGLE = \frac{1}{N_{run}} \sum_k \sum_l \frac{1}{k^2 l^2} P(k, l)$$

Gray-level

A gray level
Each element

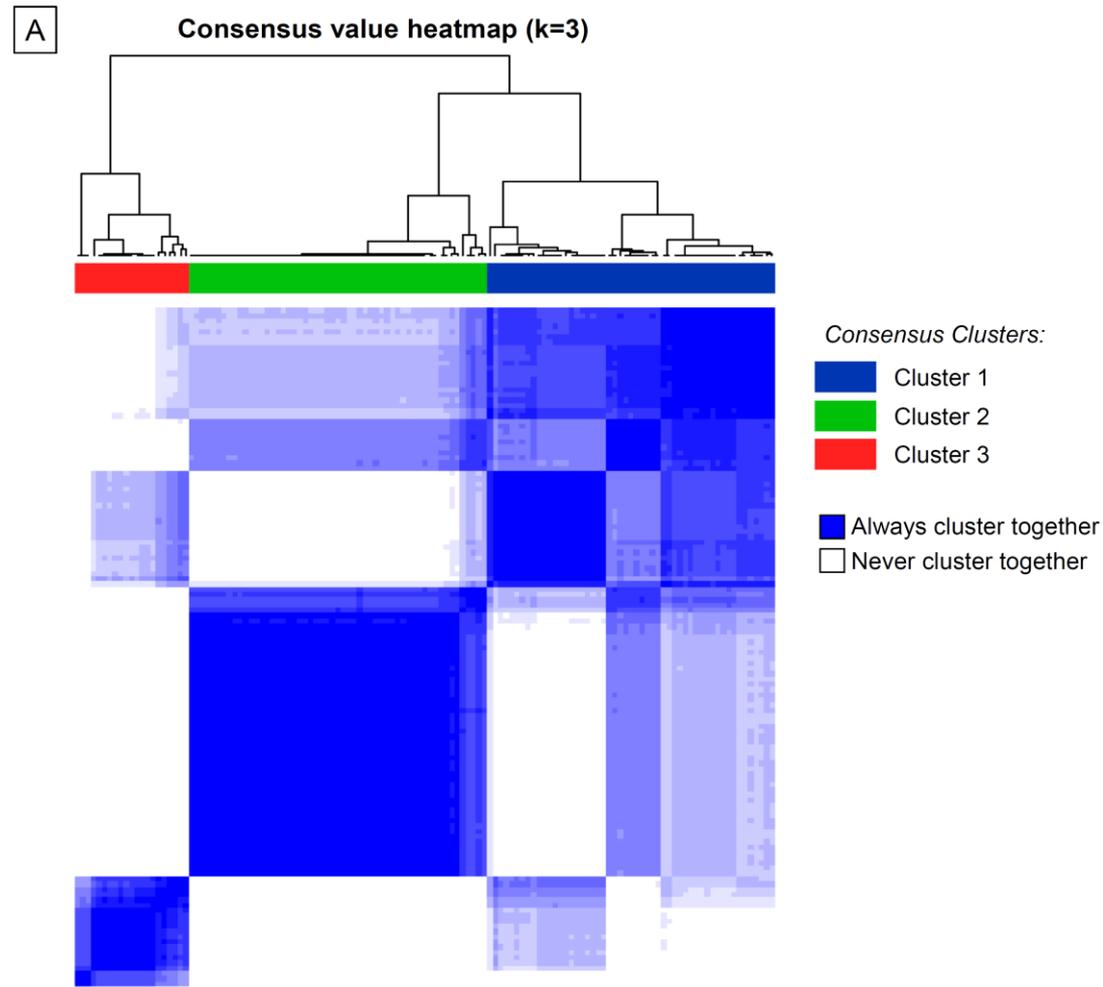
Predicting antiangiogenic treatment response in glioblastoma

- 4842 quantitative MRI features (T1, cT1, FLAIR), 129 patients



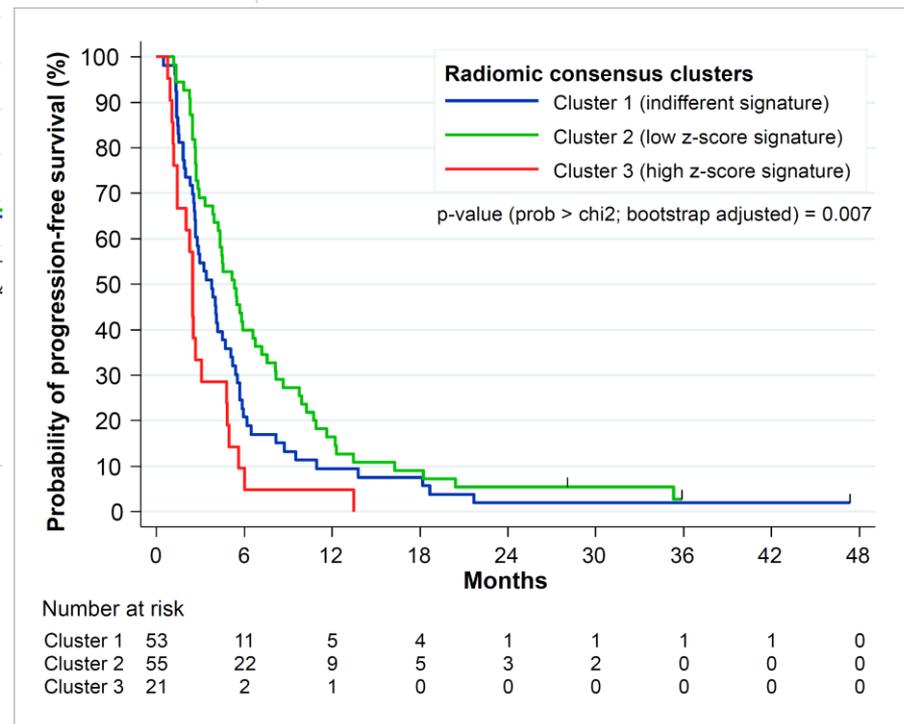
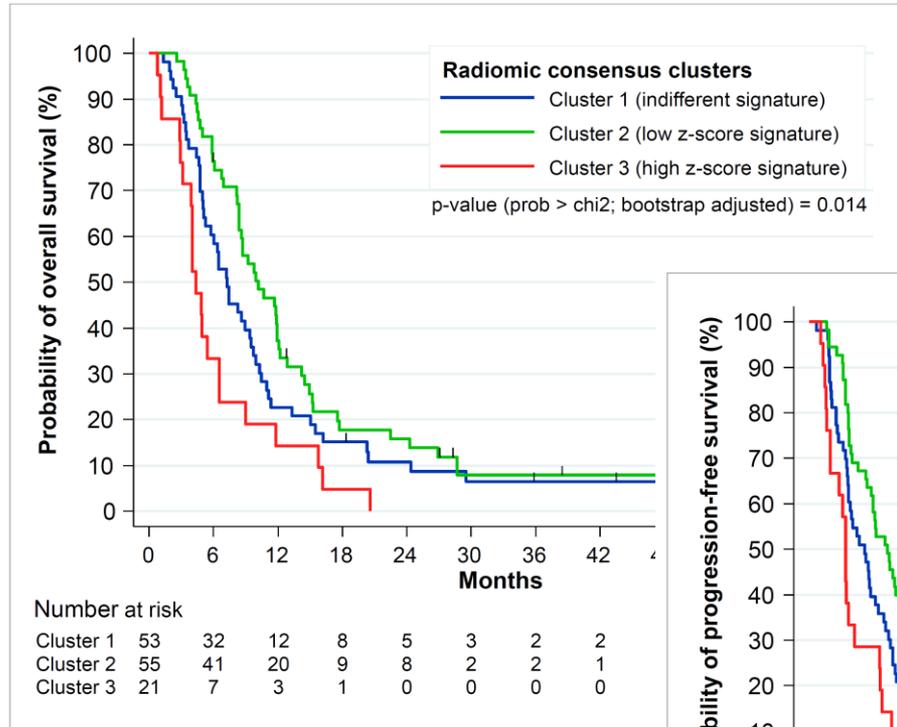
Kickingeder P et al. Large-scale radiomic profiling of glioblastoma identifies an imaging signature for predicting and stratifying antiangiogenic treatment response. (submitted)

Predicting antiangiogenic treatment response in glioblastoma



Kickingreder P et al. Large-scale radiomic profiling of glioblastoma identifies an imaging signature for predicting and stratifying antiangiogenic treatment response. (submitted)

Predicting antiangiogenic treatment response in glioblastoma

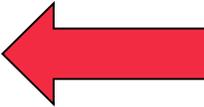


Kickingeder P et al. Large-scale radiomic profiling of glioblastoma identifies an imaging signature for predicting and stratifying antiangiogenic treatment response. (submitted)

Contribution to personalized medicine

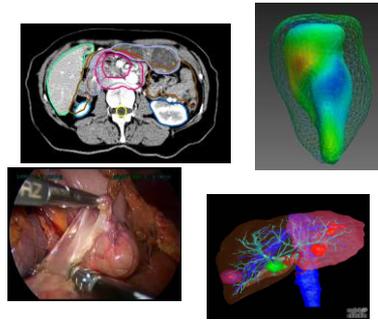
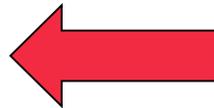
- Genomic/proteomic technologies **blind** to spatial + temporal tumor heterogeneity
 - Based on biopsy or invasive surgery
 - Analysis of small portions of the tumor
- Strengthen the role of medical imaging in „personalized medicine“
 - Comprehensive view of entire tumor
 - Monitor development and progression of disease/response to therapy
 - Noninvasive, existing data

Big data challenges

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

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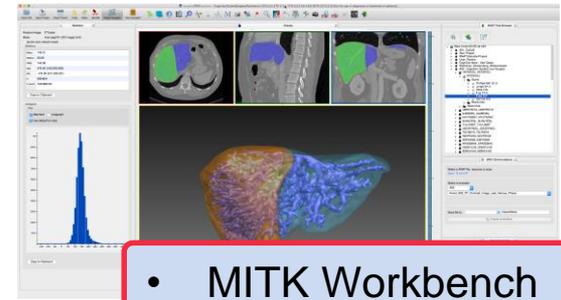
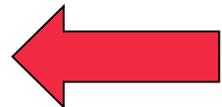


XNAT:

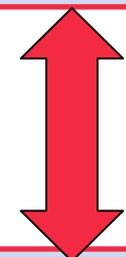
- Study collections
- Study objects
- Imaging sessions
- Annotations

Big data challenges

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- MITK Workbench
- CTK Command Line
- Python Scripting

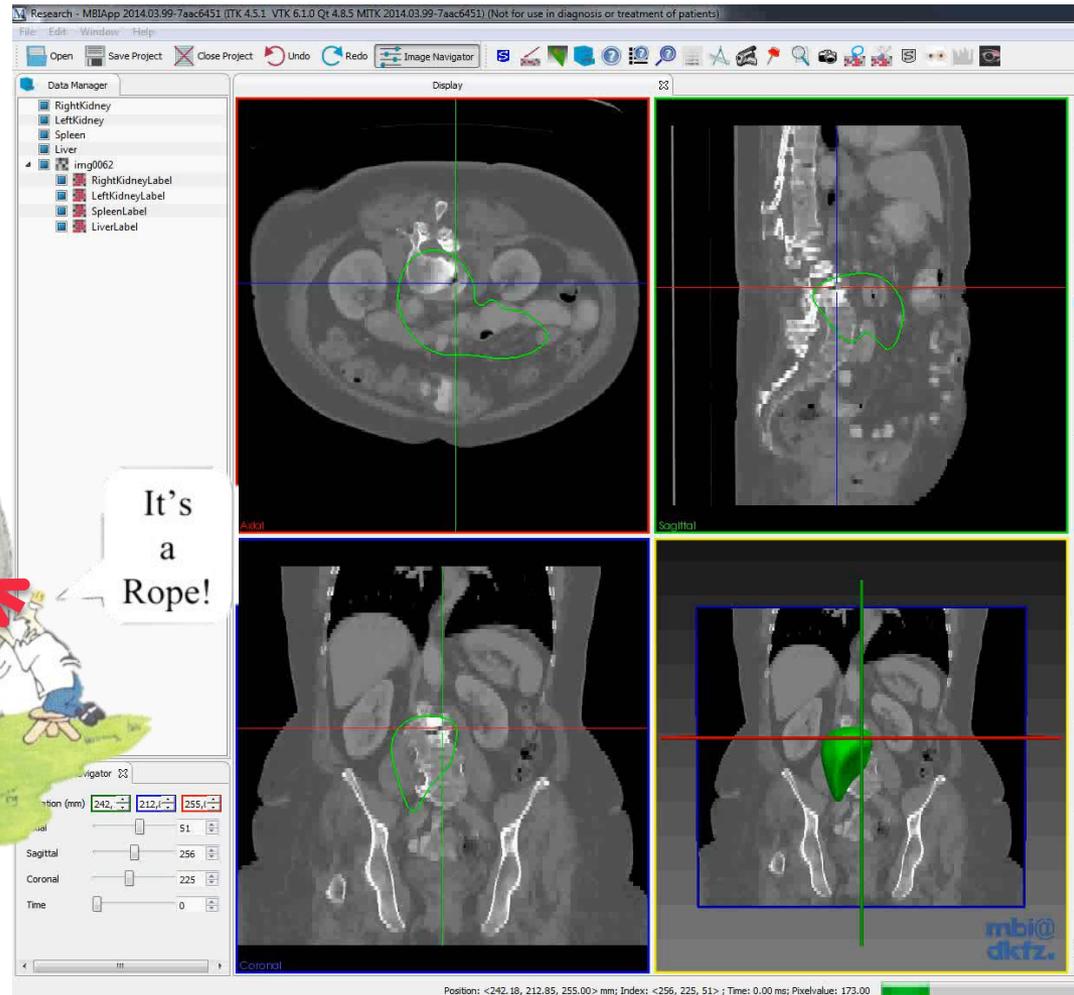
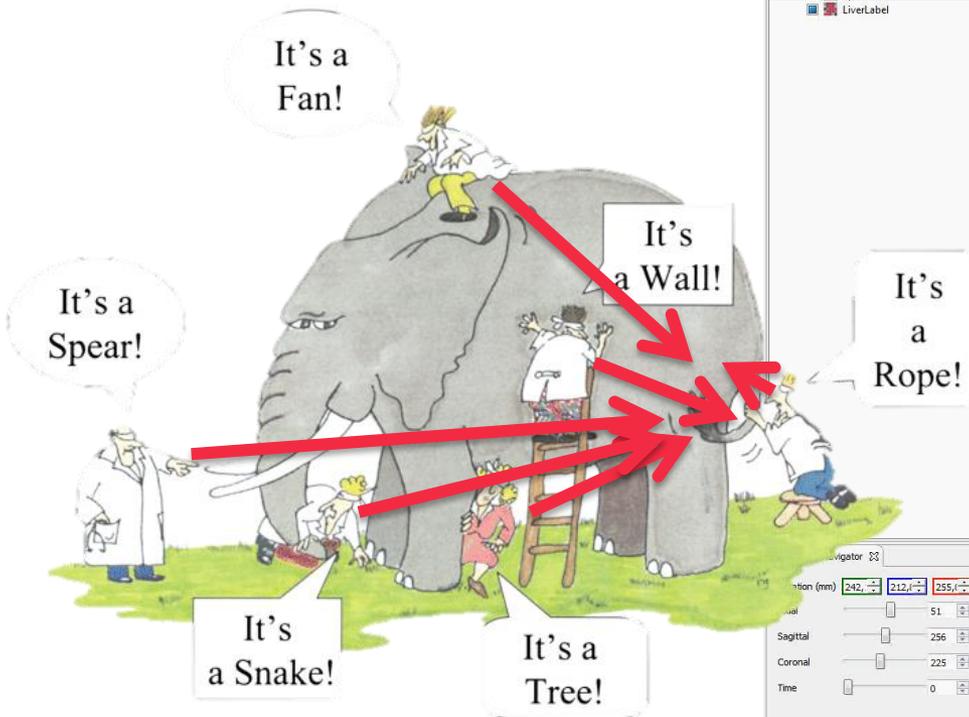


- XNAT:
- Study collections
 - Study objects
 - Imaging sessions
 - Annotations

Novel generation of machine-learning driven segmentation techniques

~~Question asked: IS THIS ...?~~

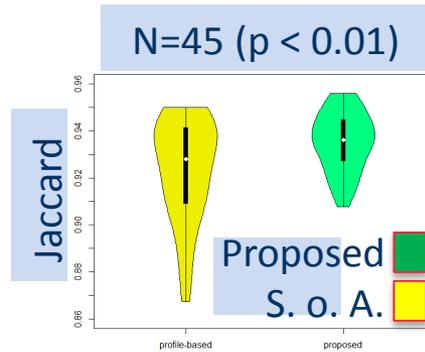
Novel question: WHERE IS ...?



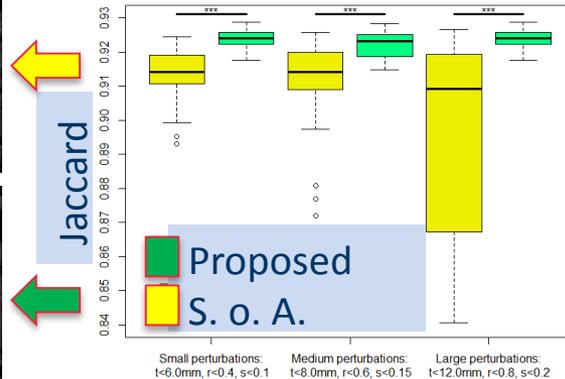
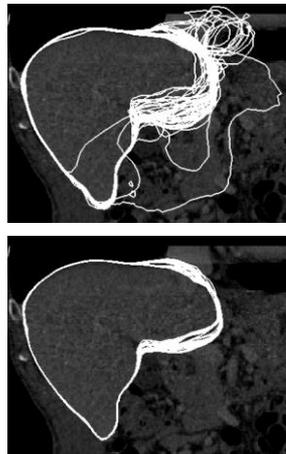
Norajitra T, et al. Improved 3D Statistical Shape Model Guidance using Regression-based Landmark Detection. *IEEE TMI*, 2015 (submitted)
Norajitra T, et al. 3D Regression Voting on CT-Volumes for the Human liver for SSM Surface Appearance Modeling. *Shape 2014*
Norajitra T, et al. 3D SSM Incorporating 3D Random Forest Regression Voting for Robust CT Liver Segmentation, *SPIE 2015*



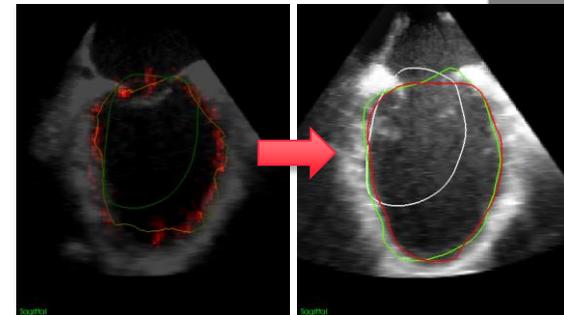
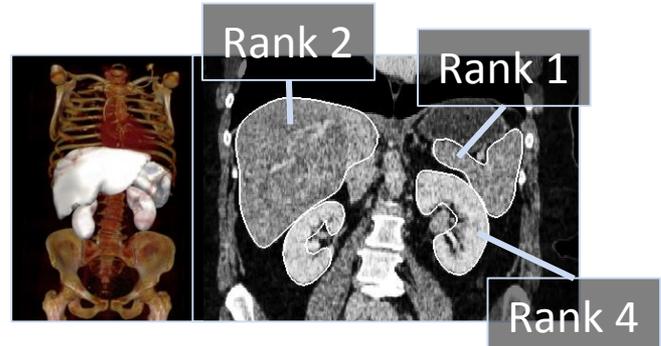
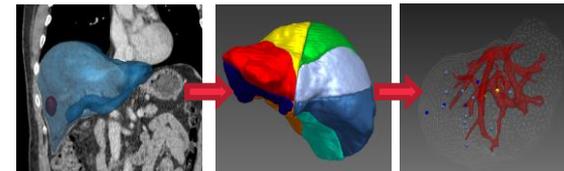
Novel generation of machine-learning driven segmentation techniques



Improved Accuracy

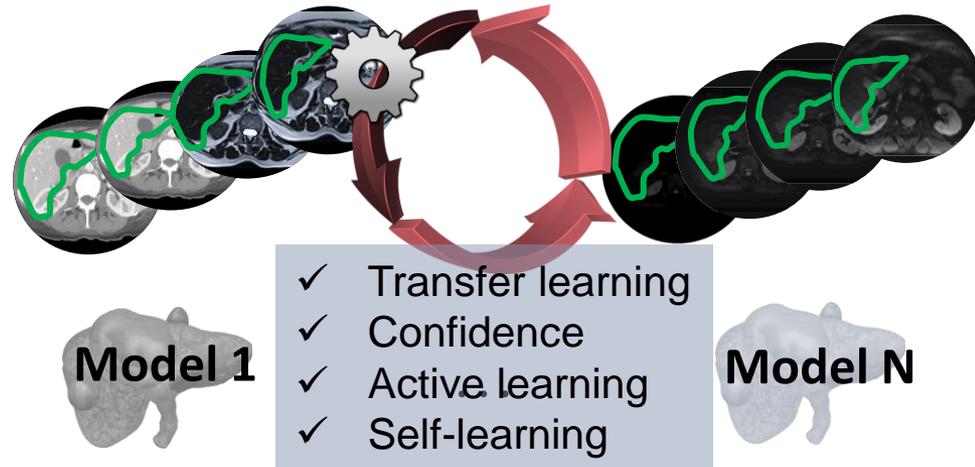
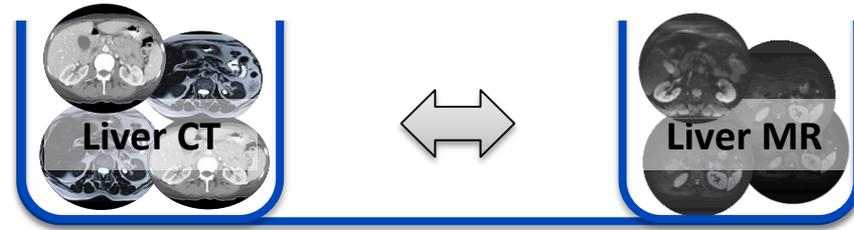
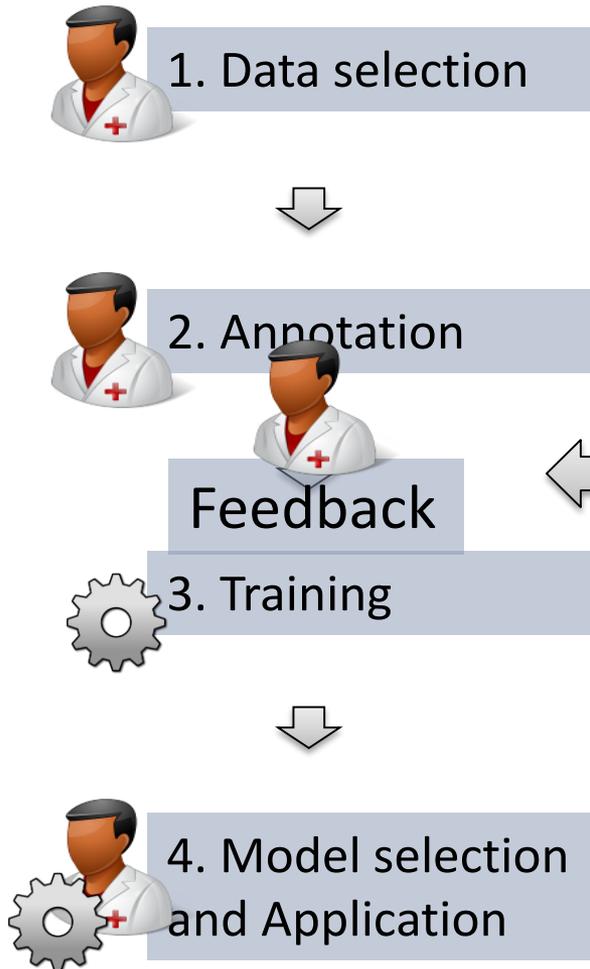


Independent of Initialization



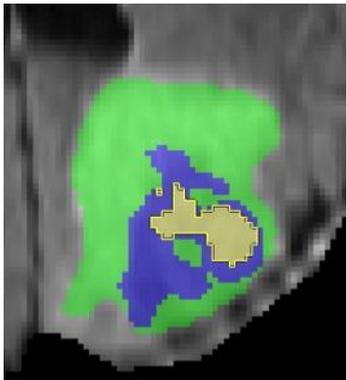
[1] Norajitra T, et al. **IEEE-TMI 2015**. 3D Statistical Shape Models incorporating Landmark-wise RRF. (*submitted*)
 [2] Norajitra T, et al. **Shape 2014**. 3D Regression Voting on Human liver CTs for SSM Surface Appearance Modeling.
 [3] Norajitra T, et al. **SPIE 2015**. 3D SSM incorporating 3D RRFVoting for Robust CT Liver Segmentation.

Self-learning models

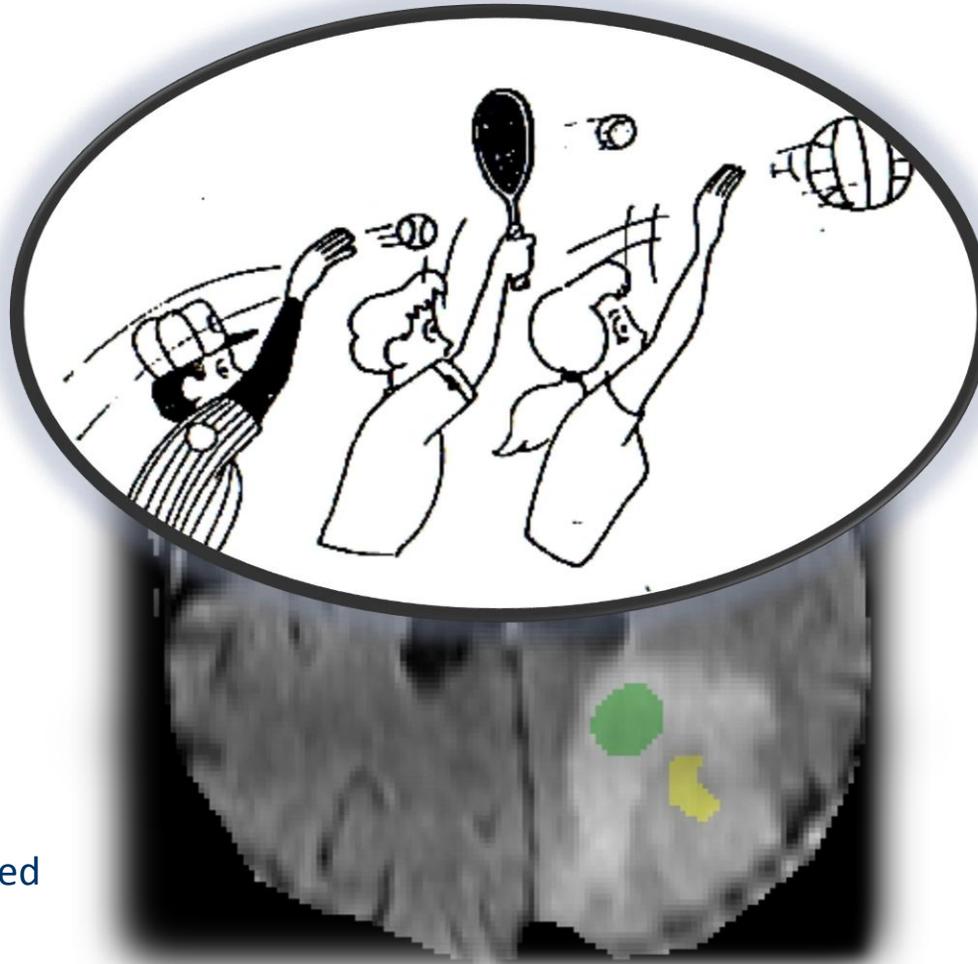
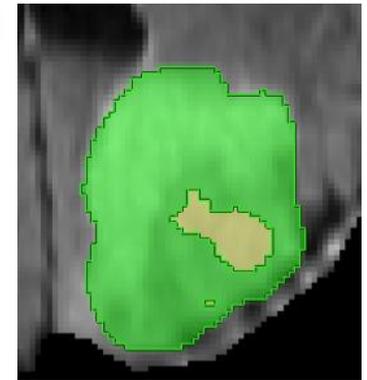


Transfer learning solves data annotation problem

Expert 1



Expert 2



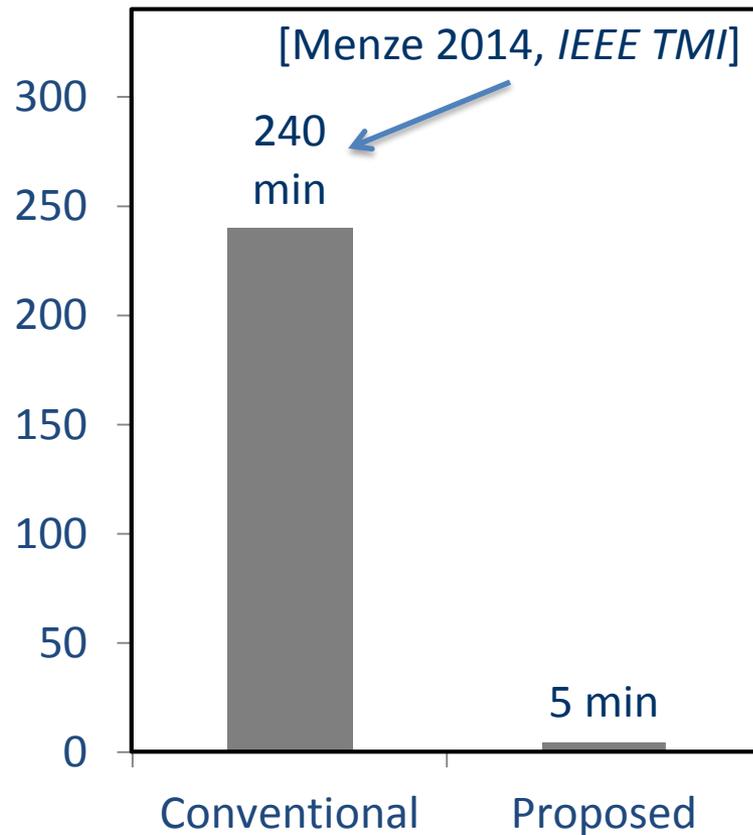
- Edema
- Active tumor
- Contrast-enhanced

[1] Götz M, et al. DALSA: Domain Adaptation for Supervised Learning from Sparsely Annotated MR Images. *IEEE TMI* 2015
[2] Götz M, et al. Extremely randomized trees based brain tumor segmentation, *Proc. MICCAI 2014 BraTS Challenge*, 2014
[3] Götz M, et al. Input Data Adaptive Learning (IDAL) for sub-acute Ischemic Stroke Lesion Segmentation. *Springer LLNC*, 2015

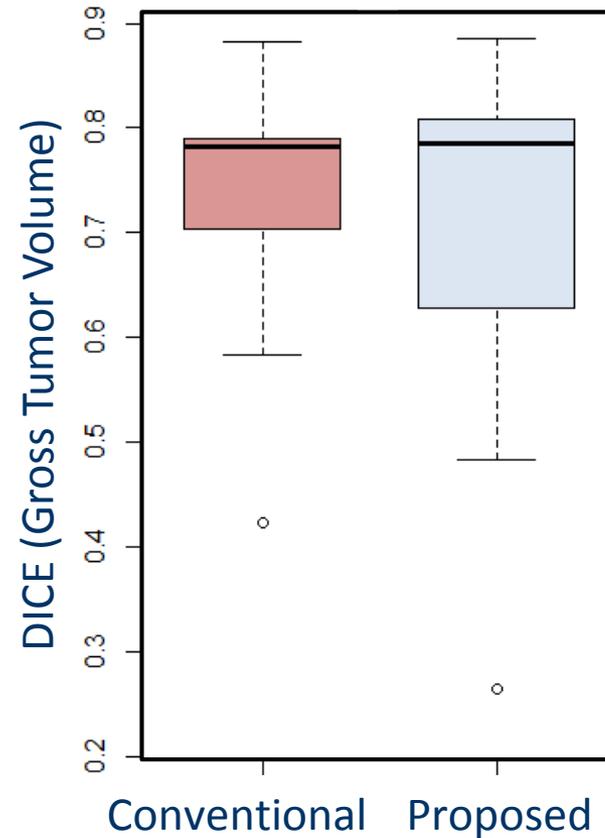


Reduced annotation time, similar accuracy

Labeling Time

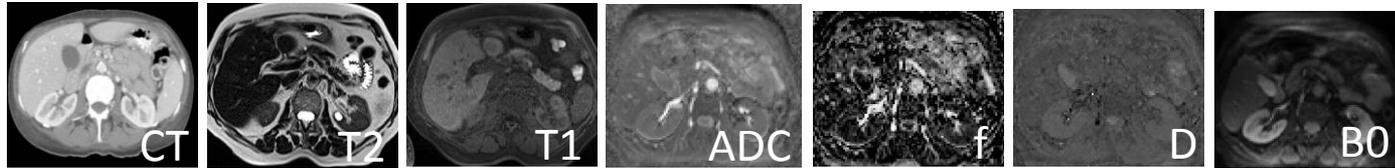


Segmentation Quality

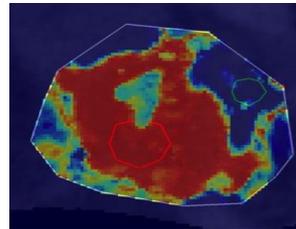


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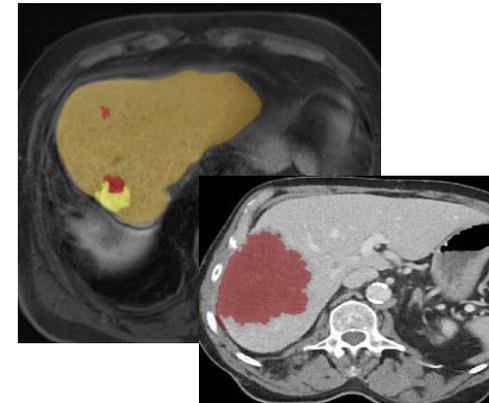
One method, many applications



DECT vs. Perfusions-CT

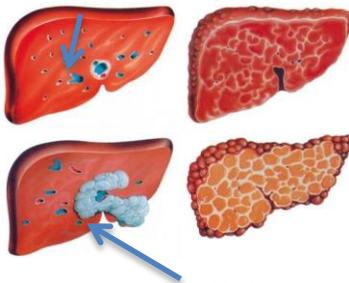


Tumor load/location



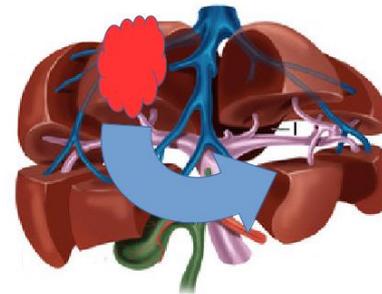
Tissue characterization

HCC vs. healthy



CCC vs. Fatty liver

Predictions

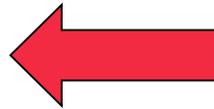


[1] Götz M, et al. **IEEE TMI 2015**. DALSA: Domain Adaptation for Learning from Sparsely Annotated MR Images.
 [2] Götz M, et al. **Proc. MICCAI 2014 BraTS Challenge, 2014**. Extremely randomized trees for tumor segmentation.
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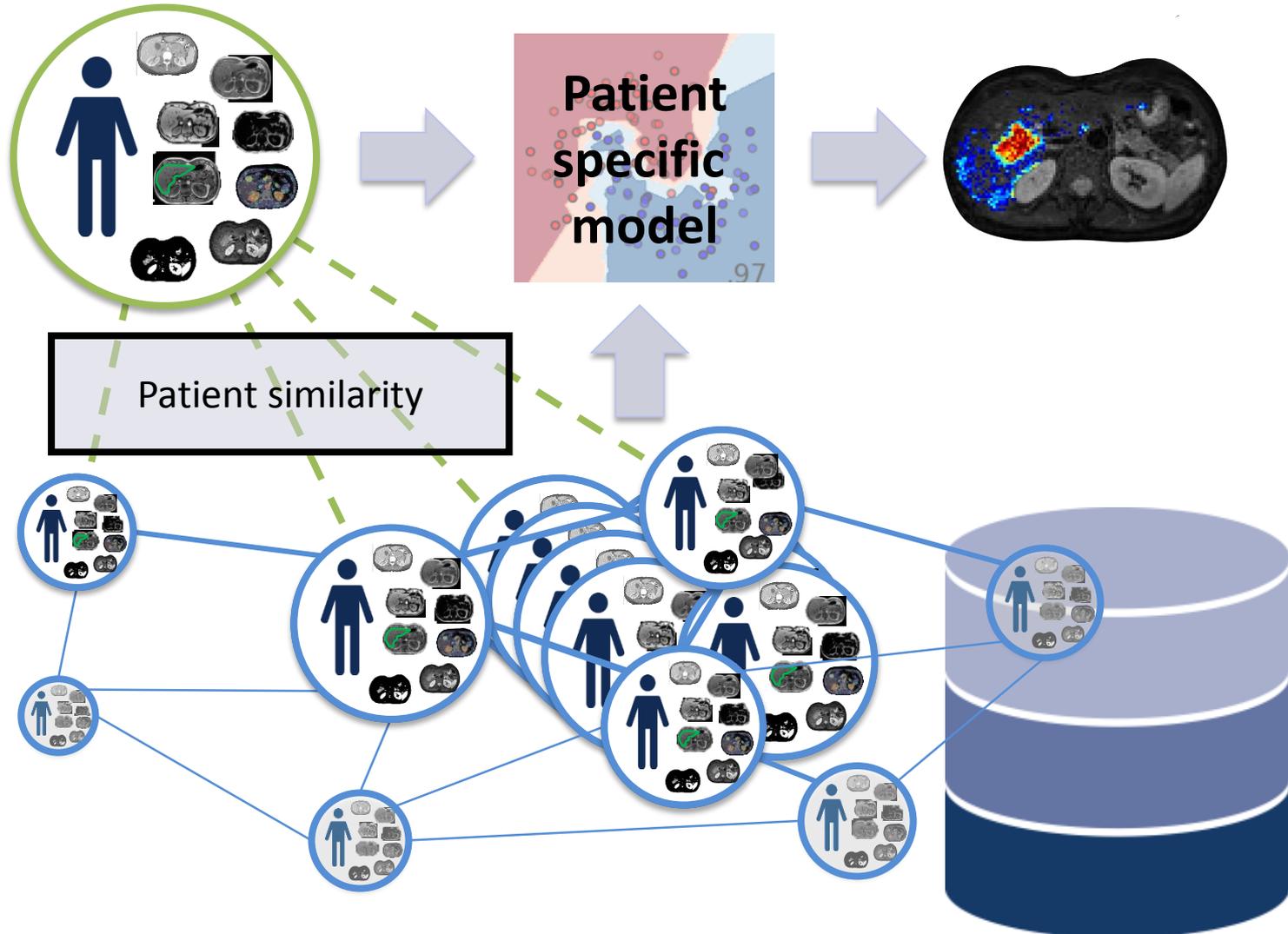


Big data challenges

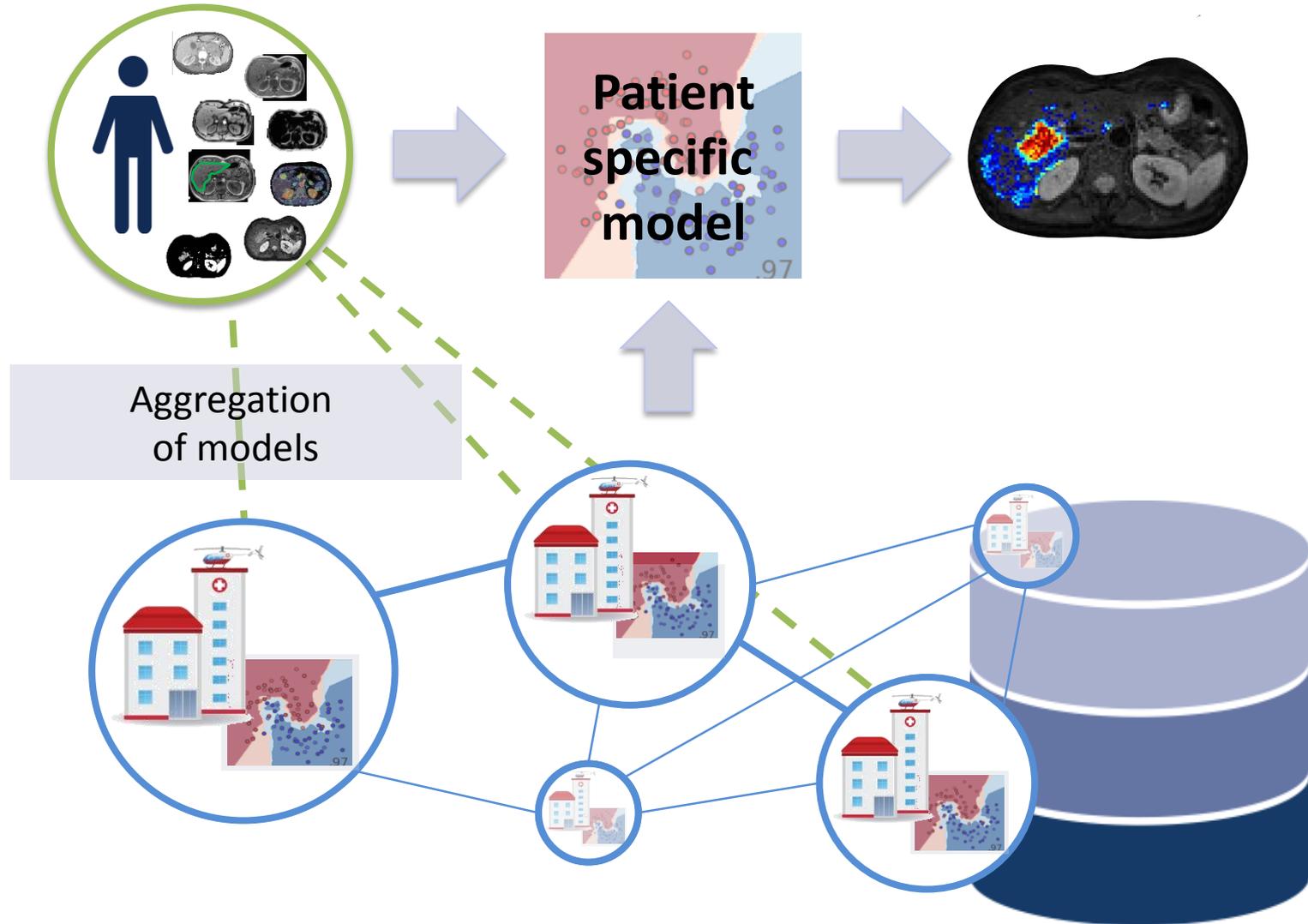
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Patient specific models

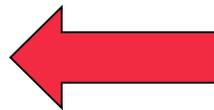


Distributed knowledge



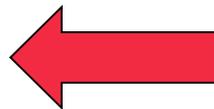
Big data challenges

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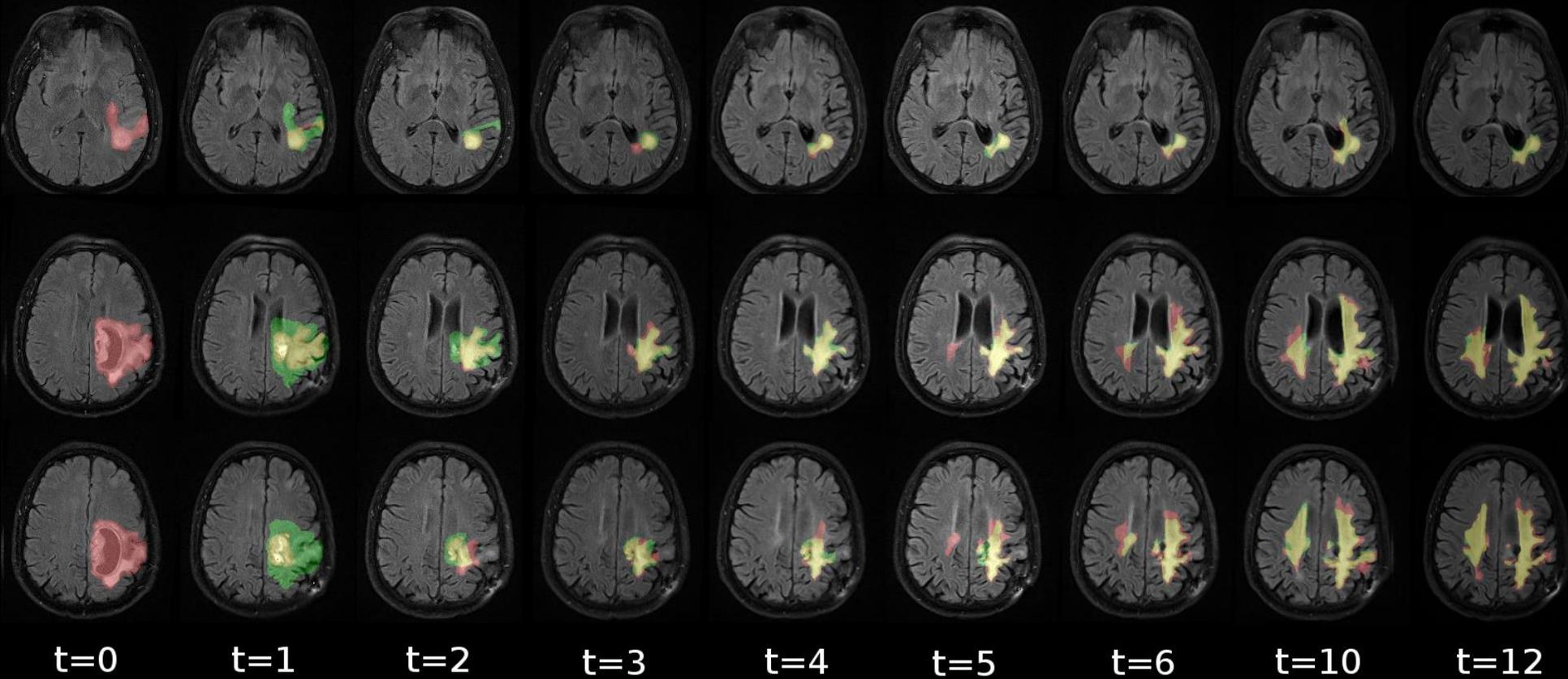


Big data challenges

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Prognostic models?



$t=0$

$t=1$

$t=2$

$t=3$

$t=4$

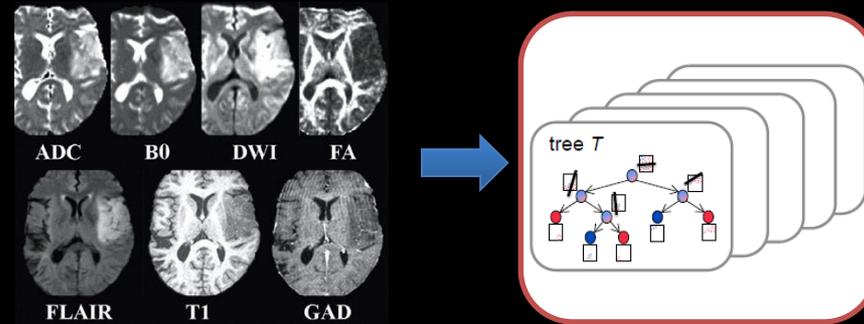
$t=5$

$t=6$

$t=10$

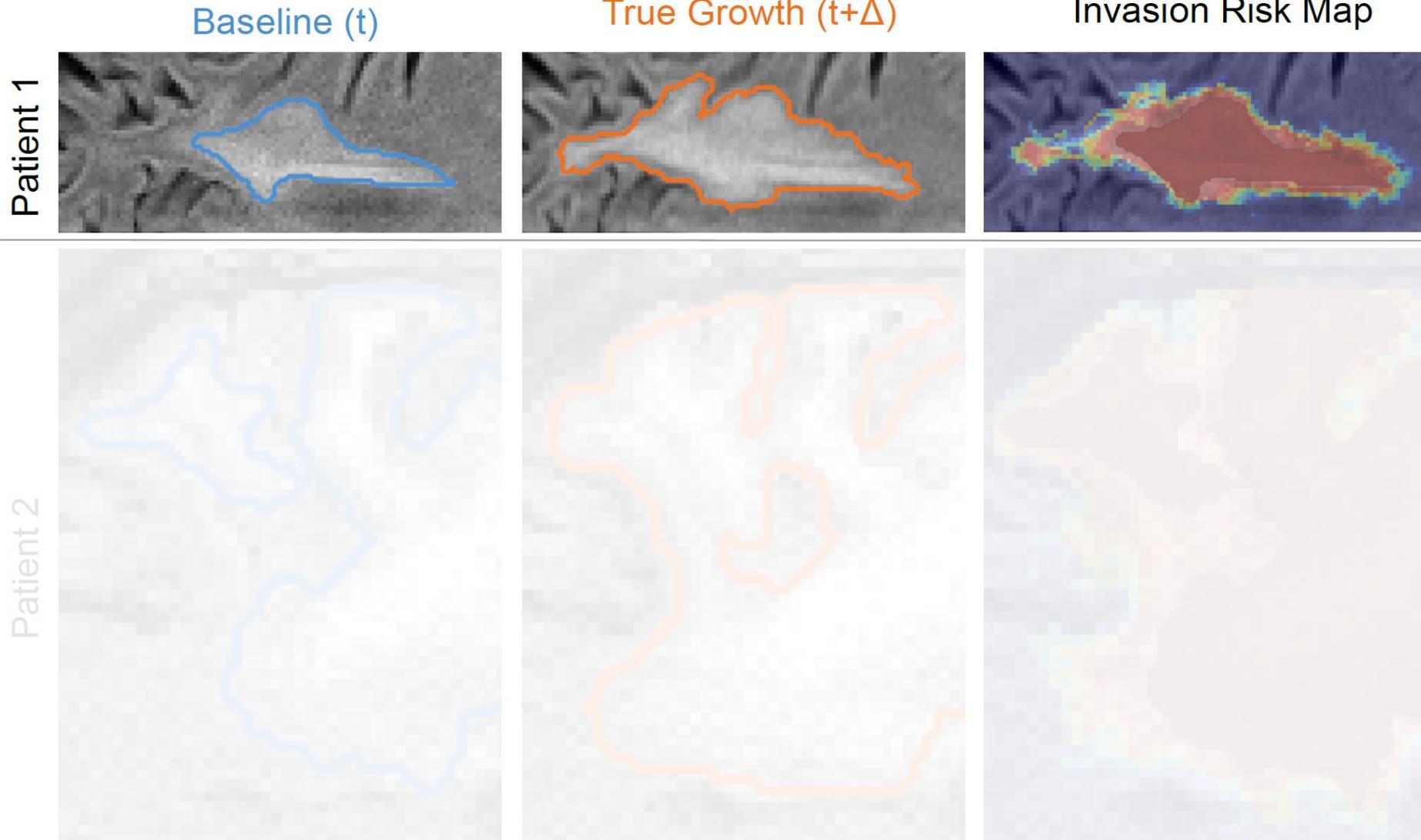
$t=12$

Machine learning & disease mechanisms



Current Tumor
Future Progression

Results



Baseline (t)

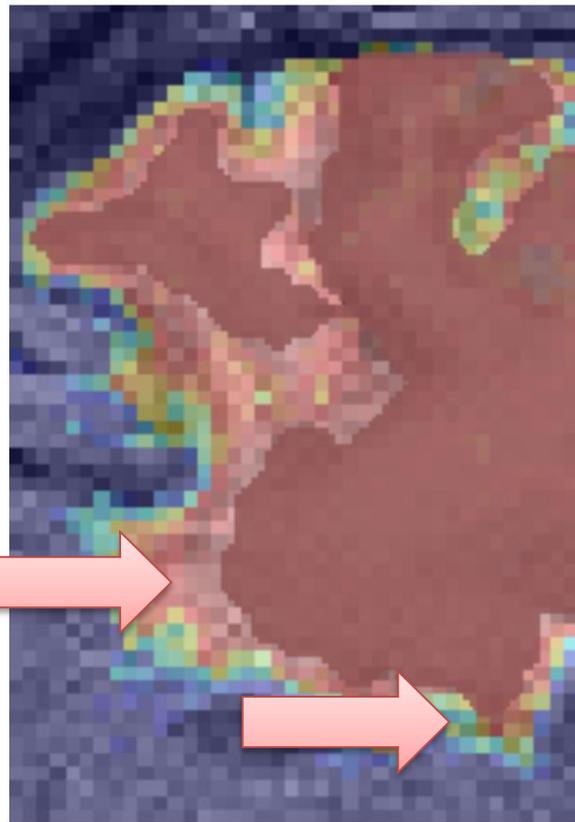
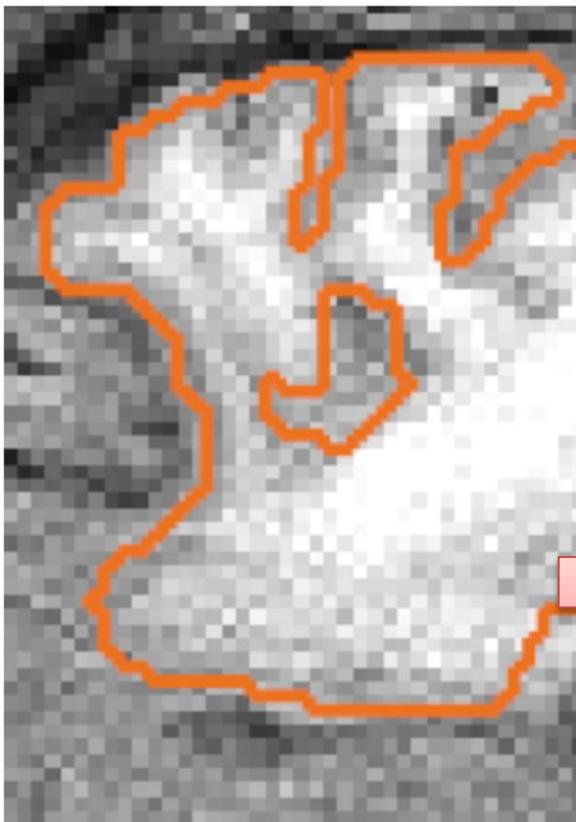
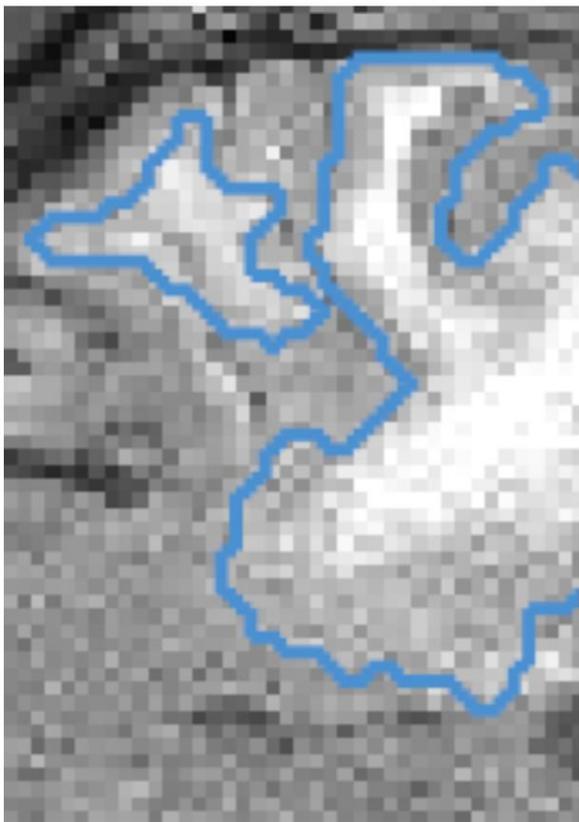
True Growth ($t+\Delta$)

Invasion Risk Map

Patient 1



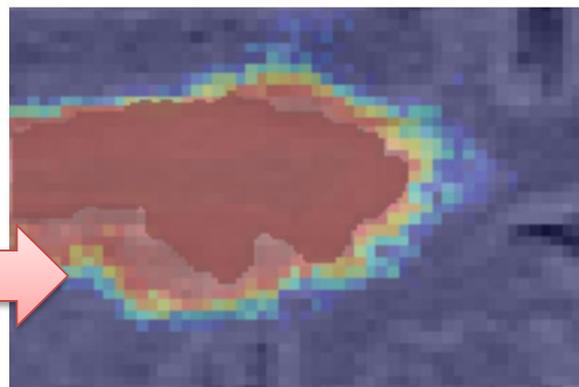
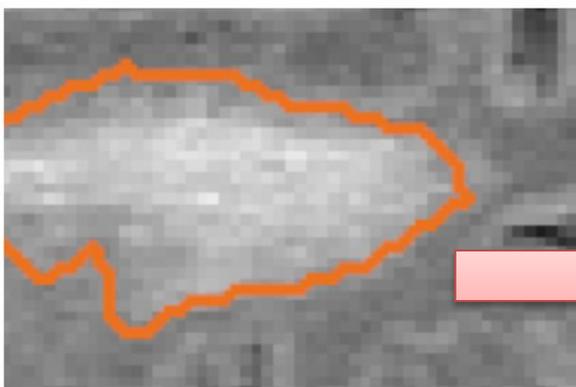
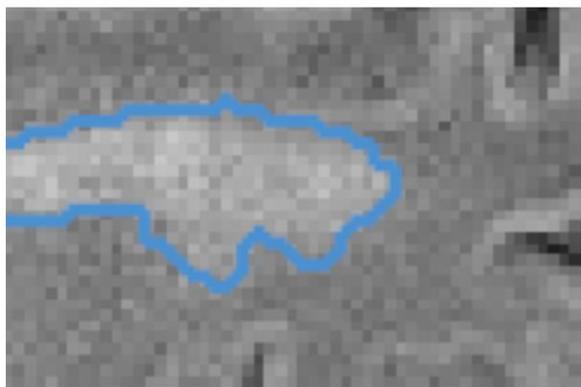
Patient 2



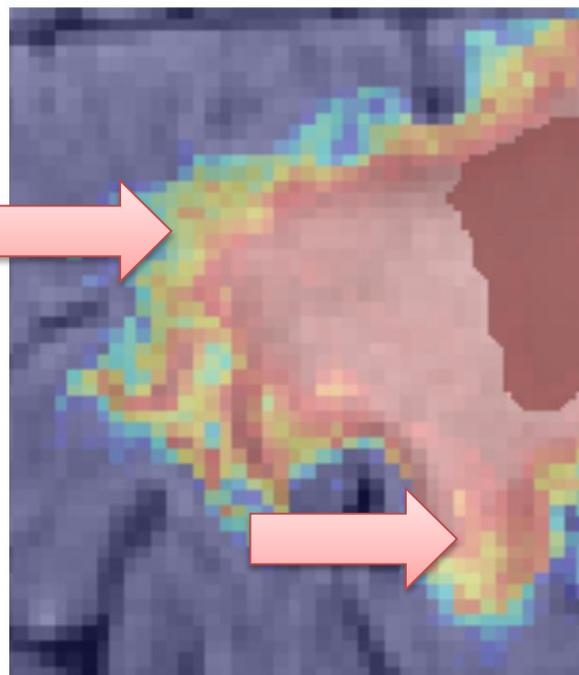
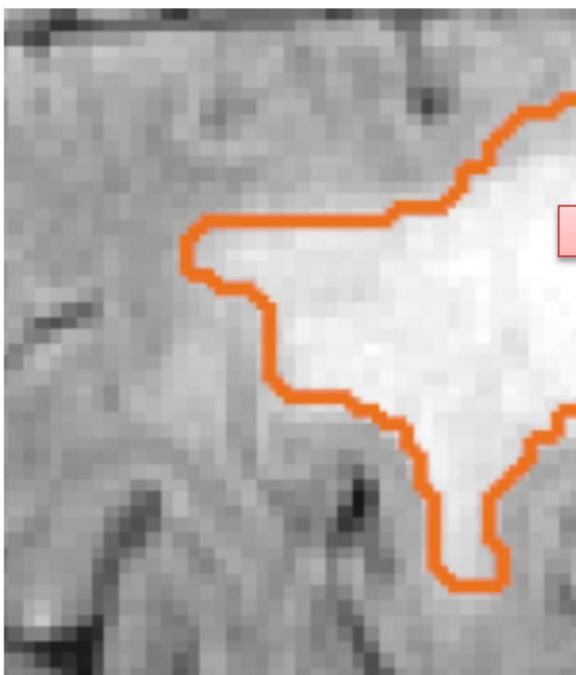
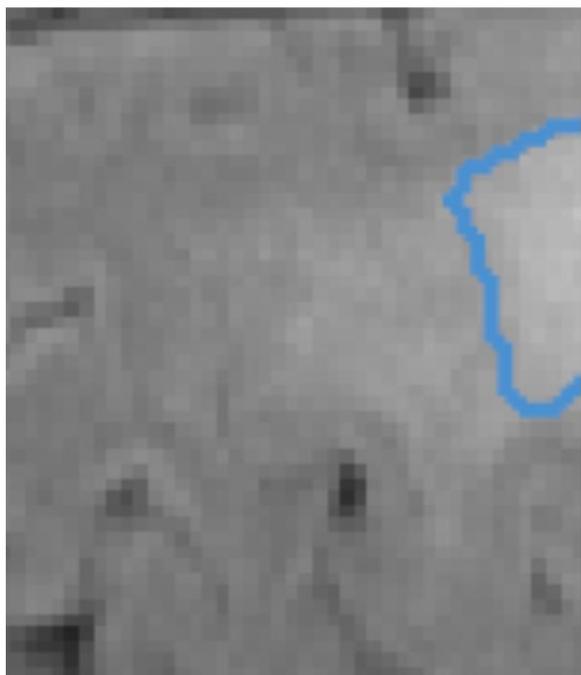
Patient 3



Patient 3



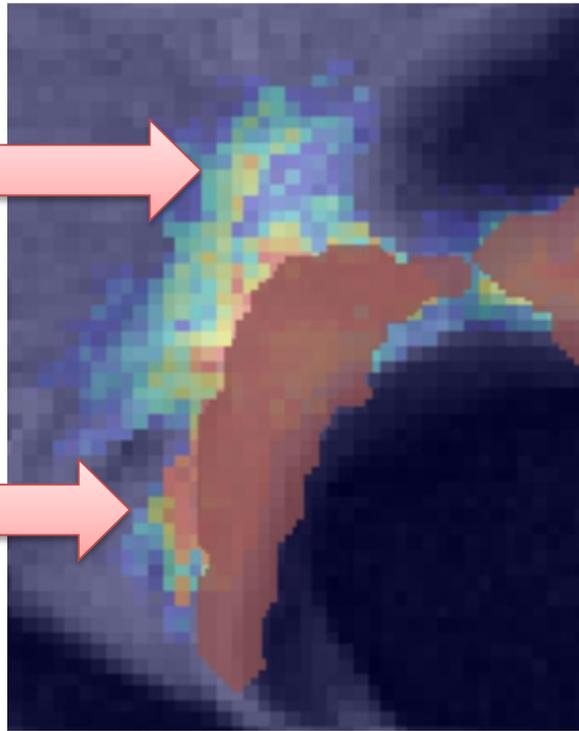
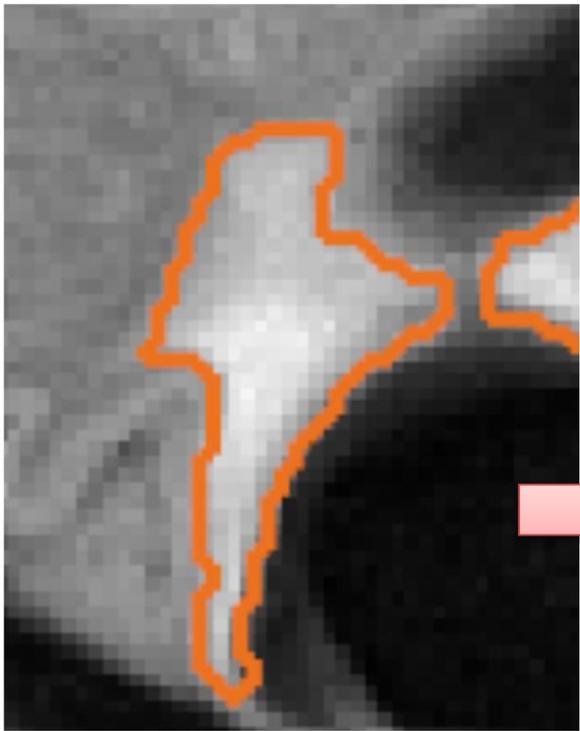
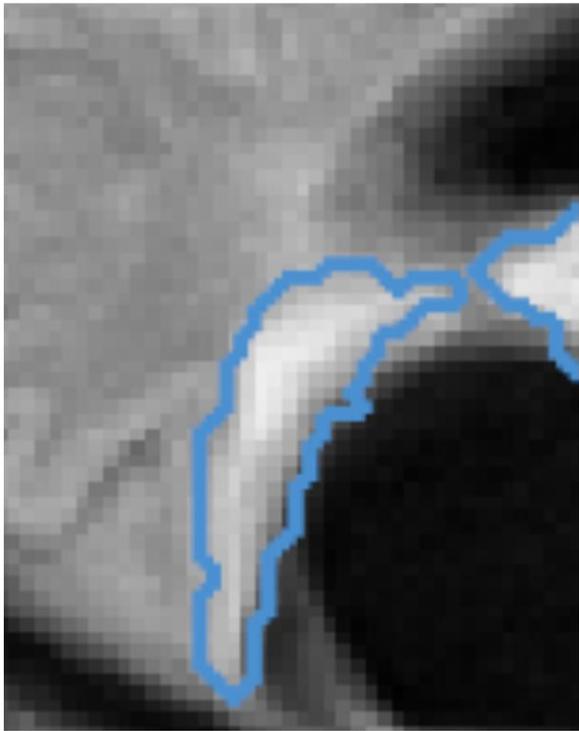
Patient 4



Patient 1



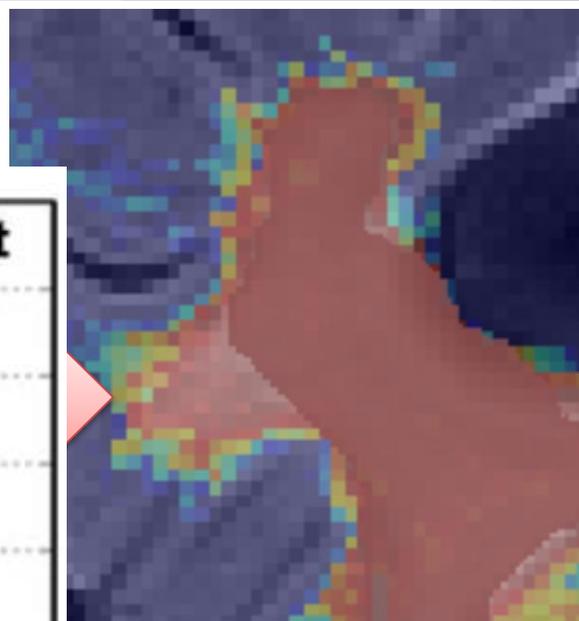
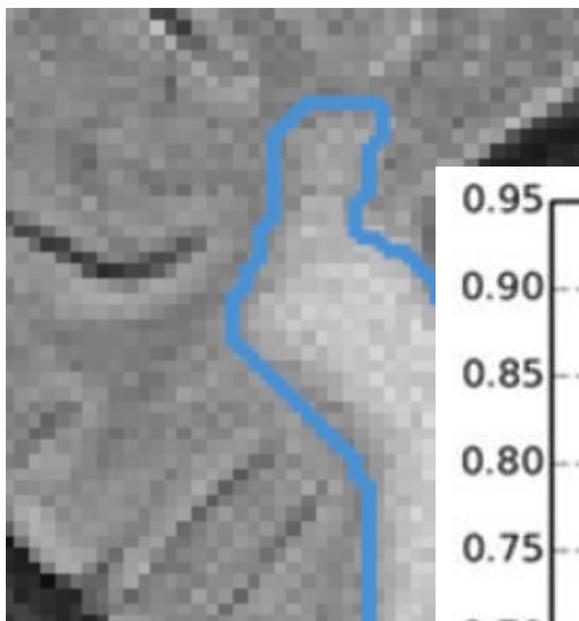
Patient 5



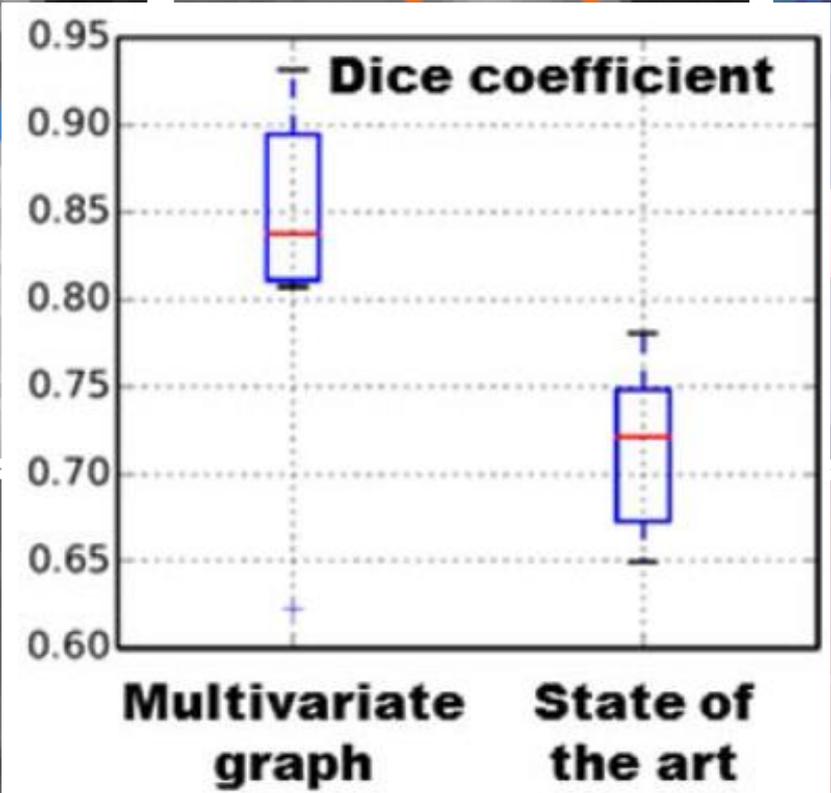
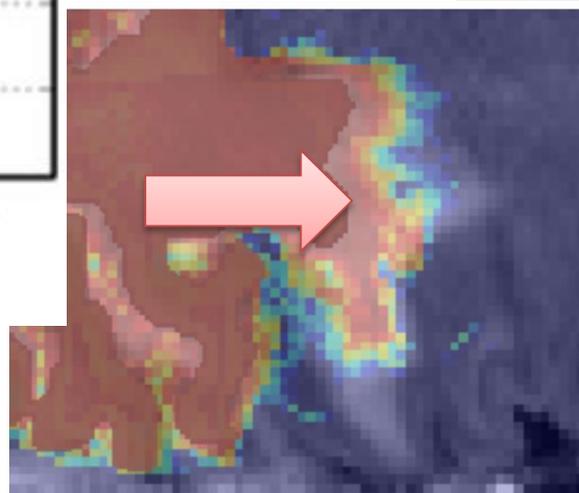
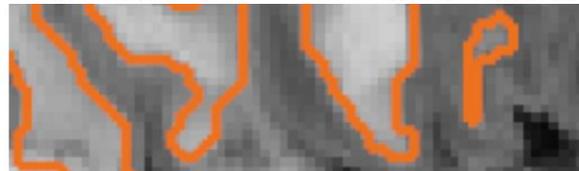
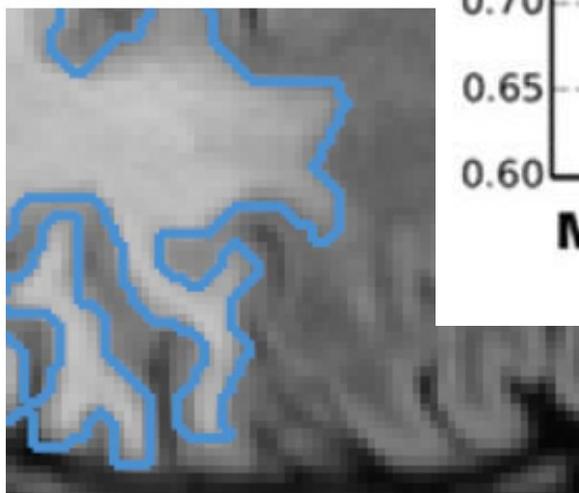
Patient 6



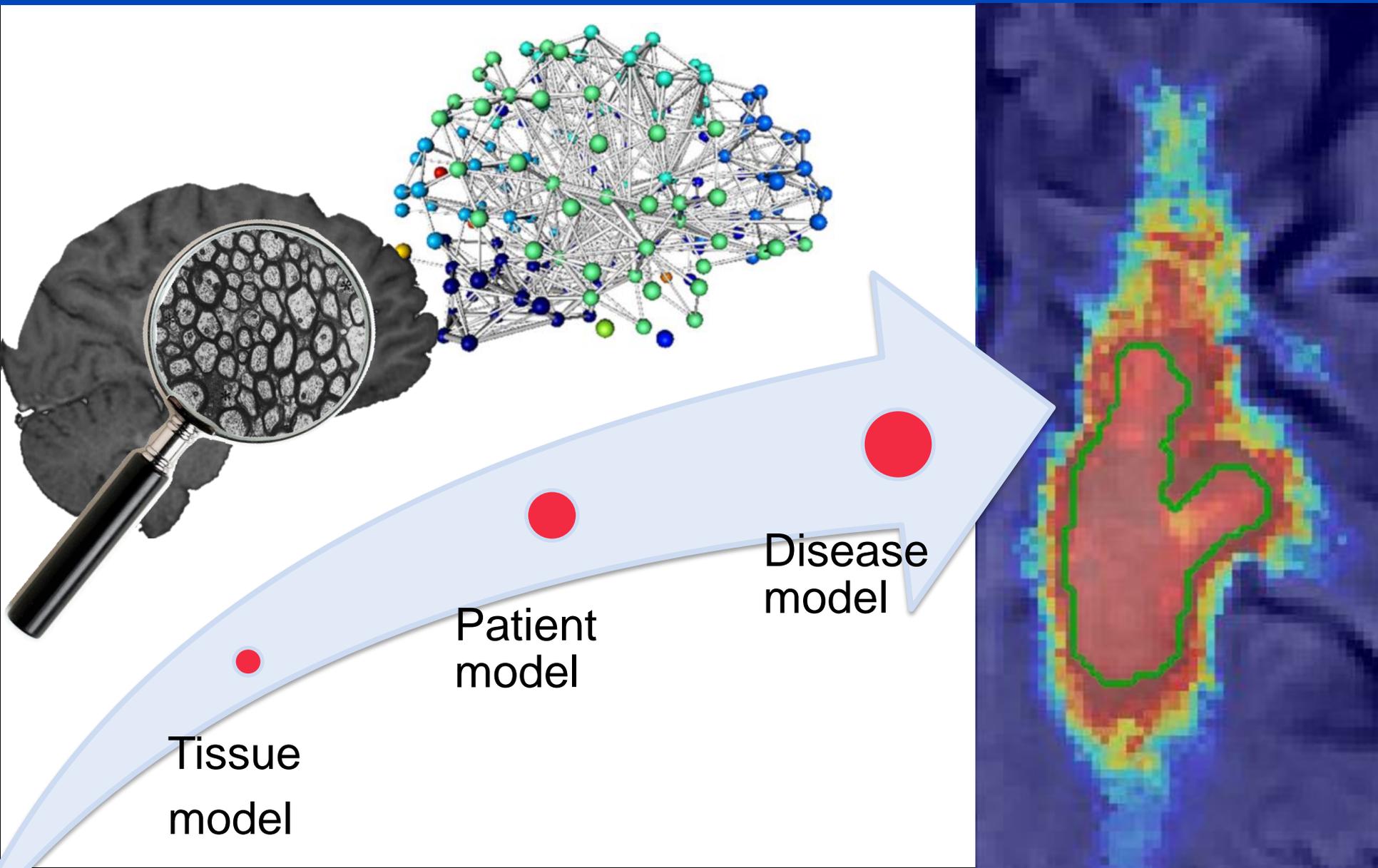
Patient 6



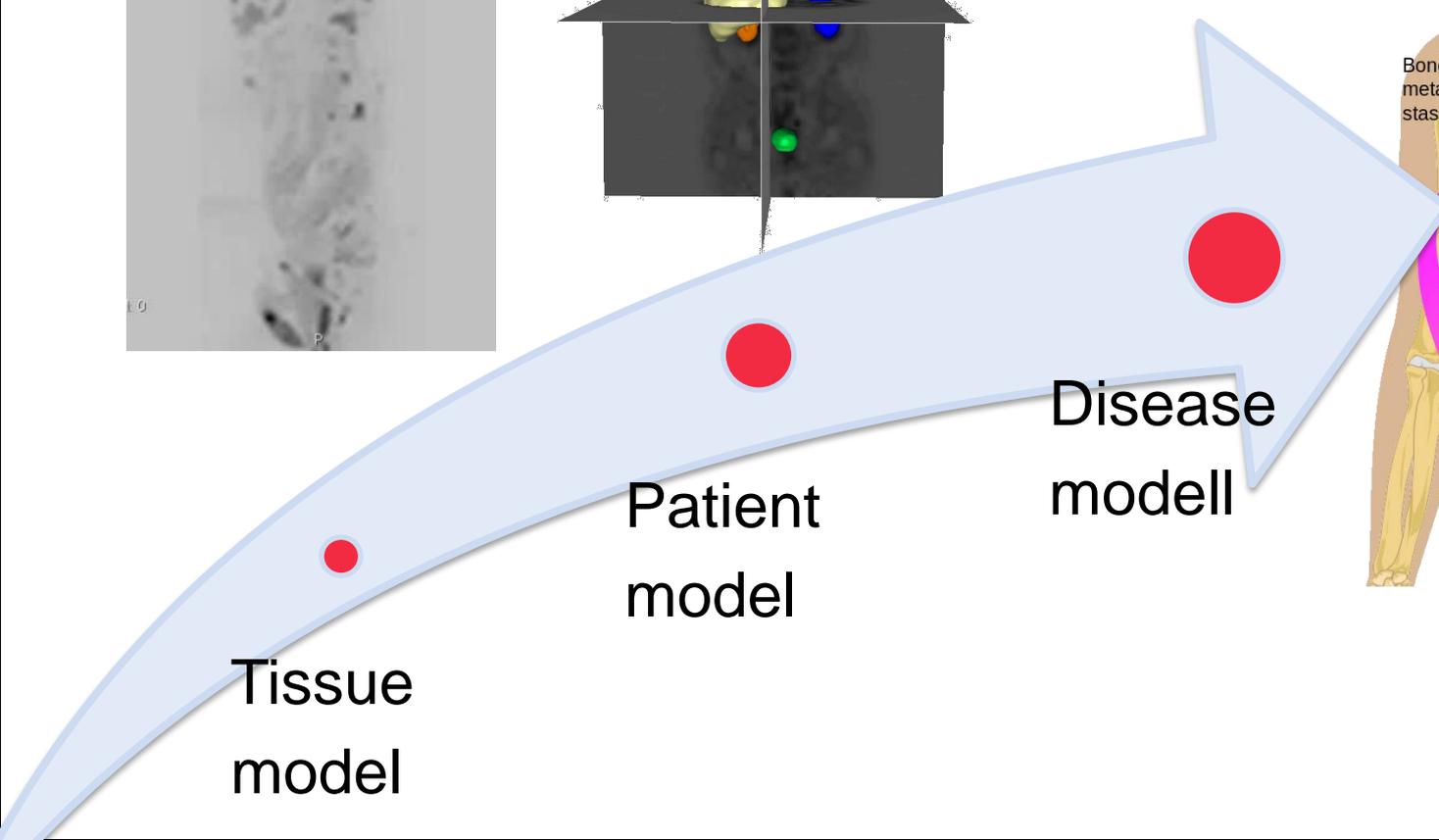
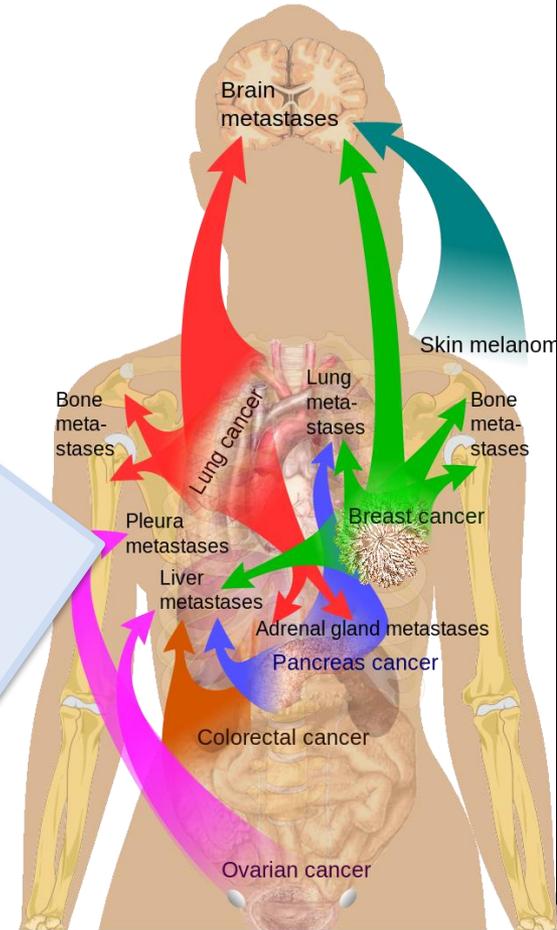
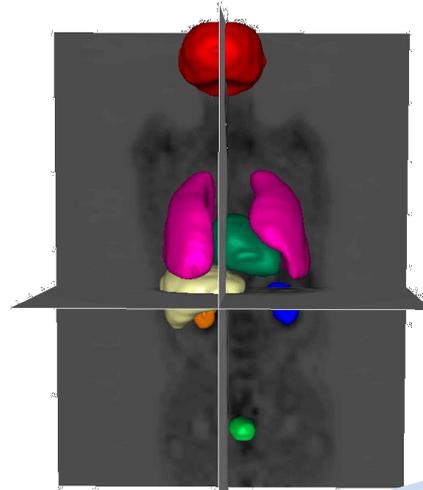
Patient 7



Prediction of brain tumor growth

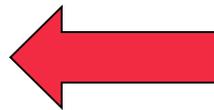


Modeling patterns of metastases



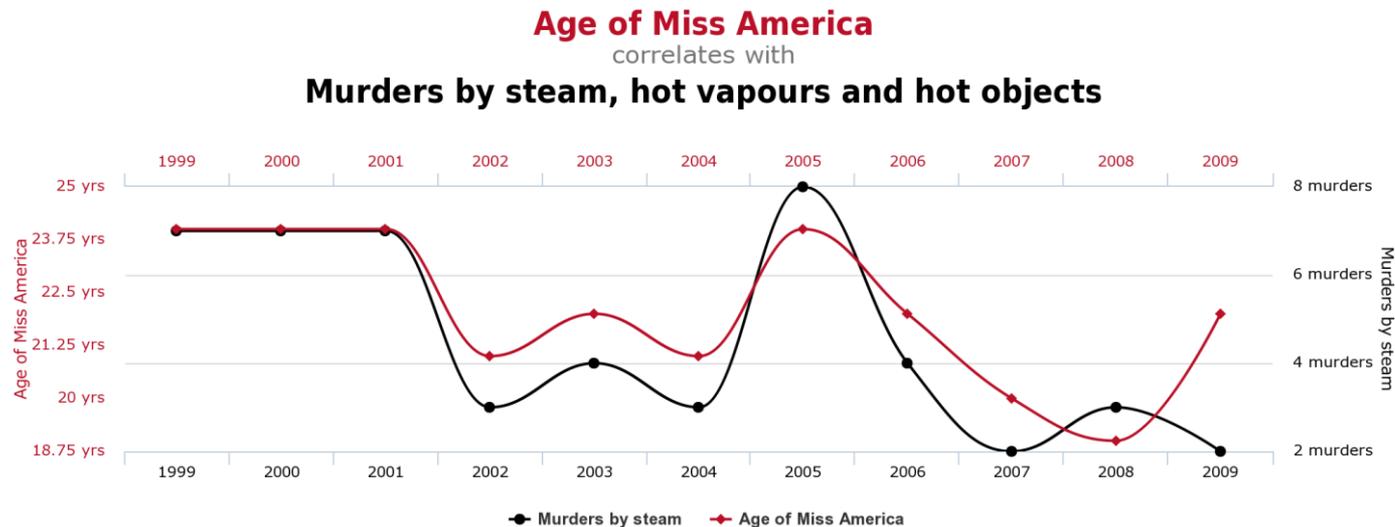
Big data challenges

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



Is the scientific method itself becoming obsolete?

- Proportion of false alarms among proposed “findings” may increase when one can measure more things
- Big Data’s is a new tool, finds associations, does not in show whether these have meaning
- Does not replace randomized clinical trials and other experimental designs



Summary

- More in the data than expected: Use data-driven approaches!
- Radiomics for image-based personalized medicine
- Potential impact for radiation therapy
- Many Challenges ahead

Thank you!



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Collaborators @KIT Karlsruhe



Collaborators @IWR Heidelberg



Collaborators @SFB/Transregio 125



The MITK team
The MBI team