Objective Evaluation of Multiple Sclerosis Lesion Segmentation using a Data Management and Processing Infrastructure

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MSSEG Miccai 2016 Challenge:
Objective Evaluation of Multiple Sclerosis Lesion Segmentation using a Data Management and Processing Infrastructure

Olivier Commowick, Christian Barillot and FLI / OFSEP

Workshop FLI-SFR – October 11, 2018


Background: multiple sclerosis

- Highly variable evolution
- Clinical classification in 4 types
- Two main stages
  - Early: variable evolution
  - Later: parallel evolution

Lesion segmentation in MS

- Lesion load and lesion count crucial in MS
  - Part of diagnosis (McDonald criteria)
  - Evaluation of drug effectiveness

- Delineation of lesion tedious
  - Manual → time consuming
  - Subject to intra- / inter-individual variability

→ Automatic segmentation is key

Why a segmentation challenge?

- A huge number of automatic segmentation methods
  - Tissue classification & outlier detection
  - Machine learning (random forests, deep, etc.)
  - Many others

- Large variety of modalities used
  - T1, T2, FLAIR, PD…

- Large variety of implementations
  - GPU, Matlab, Python, C++ …

5 surveys in the last 5 years involving 50+ methods
Why a segmentation challenge?

- Evaluation complicated
  - Each method evaluated on a specific set
  - No comparison possible

- The challenge concept
  - Have all methods evaluated on a common dataset

- Main drawbacks
  - Possibility to adapt parameters to each patient
  - Ground truth not well defined

Styner et al., 2008. 3D Segmentation in the Clinic: A Grand Challenge II: MS lesion segmentation. Insight journal.
An OFSEP and FLI challenge @ MICCAI

- **Evaluation objectives**
  - Evaluate algorithms developed in the community
  - In a well defined computational framework (FLI)
    - Same set of parameters for all images
    - With respect to a solid ground truth

- **Additional objectives (OFSEP)**
  - Evaluate lesion segmentation algorithms for MS
  - Fully automatic, on standardized images
    - Standardized but different centers

http://www.ofsep.org
MICCAI challenge: The Data

• Challenge data
  • 53 patients from 4 different scanners
  • Modalities: 3DFLAIR, T2/DP, 3DT1, 3DT1-Gado
    - OFSEP consensus
  • 7 manual segmentations for each patient

• Two datasets drawn
  • Training (open): challengers tune their algorithms
  • Testing (closed): evaluation database

<table>
<thead>
<tr>
<th>Center / #exams</th>
<th>Training set</th>
<th>Testing set</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Siemens Verio 3T (Rennes)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>03 - GE Discovery 3T (Bordeaux)</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>07 - Siemens Aera 1.5T (Lyon)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>08 - Philips Ingenia 3T (Lyon)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>
Dataset examples (with experts consensus)

FLAIR from center 01

Not in the Training

FLAIR from center 03

FLAIR from center 07

FLAIR from center 08
A well defined execution and evaluation framework

- Pipelines provided by the challengers
  - Black box (docker) including their optimal parameters
  - Parameters chosen or optimized on training set

- Pipelines started automatically on testing set
  - On France Life Imaging (FLI-IAM) computing platform
  - By FLI-IAM project engineers
  - Ensures a uniform set of parameters on the whole testing database

https://portal.fli-iam.irisa.fr/msseg-challenge/overview
France Life Imaging computing platform
Challenge participations

- Thirteen pipelines including a variety of algorithms
  - Machine learning:
    - Random forests
    - Deep learning
  - Model Inference (Bayes, Markov, …):
    - Tissue classification approaches
- Training phase: 2 months (at home)
- Integration phase: 3 to 4 months (on FLI-IAM system)
  - Docker packaging and integration help by FLI
- Evaluation (independent from challengers): 2 months
Which evaluation? Metric categories

- Evaluation of MS lesions segmentation: tough topic
  - Which ground truth? → LOP STAPLE consensus
  - What is of interest to the clinician?

- Two metric categories:
  - Detection: are the lesions detected, independently of the precision of their contours? → F1 score
  - Segmentation: are the lesions contours exact?
    - Overlap → Dice score
    - Surface-based measures → Mean surface distance

https://portal.fli-iam.irisa.fr/msseg-challenge/evaluation
### No lesion case results

<table>
<thead>
<tr>
<th>Evaluated method</th>
<th>Lesion volume (cm³)</th>
<th>Number of lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team 1</td>
<td>8.25</td>
<td>18</td>
</tr>
<tr>
<td>Team 2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Team 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Team 4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Team 5</td>
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<td>Team 6</td>
<td>0.47</td>
<td>7</td>
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<tr>
<td>Team 7</td>
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<td>Team 8</td>
<td>0</td>
<td>0</td>
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<td>Team 9</td>
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<tr>
<td>Team 13</td>
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<td>4</td>
</tr>
</tbody>
</table>
Visual results for center 01

Consensus

Team 7

Team 8

Team 9

Team 10

Team 11

Team 12

Team 13
Visual results for center 03 (*not in the training phase*)
Groups of methods: Comparison to Experts

- Automatic #1
- Consensus of Automatic
- Experts
- Automatic #2

Graph showing performance metrics (F1 score vs. Dice score) for different groups.
Segmentation performance vs lesion load

Average Dice as a function of total lesion load

$R^2 = 0.82197$
Take home messages from the challenge

• Standardized acquisitions necessary for MS
  • Yet differences remain
  • Need for large database with many expert delineations (i.e. big issue in medical imaging)

• Automatic computing platform
  • Great tool for
    • challenges organization
    • Open Science
    • Certification of algorithms (e.g. industrial solutions)
  • Fair comparison → no parameter tuning during test
  • No work from challengers after pipeline integration

• Main results
  • Individual algorithms still trailing behind experts
  • Unknown images lead to more failures