

AGIR: Analyse Globalisée des Données Radiologiques

LRI – LAL (CNRS, UP-11)
LIMSI (CNRS, UP-6 ET 11)
St Anne Tenon FMP

AIGorille (INRIA, CNRS, INPL)
CRAN (CNRS, INPL, UHP)

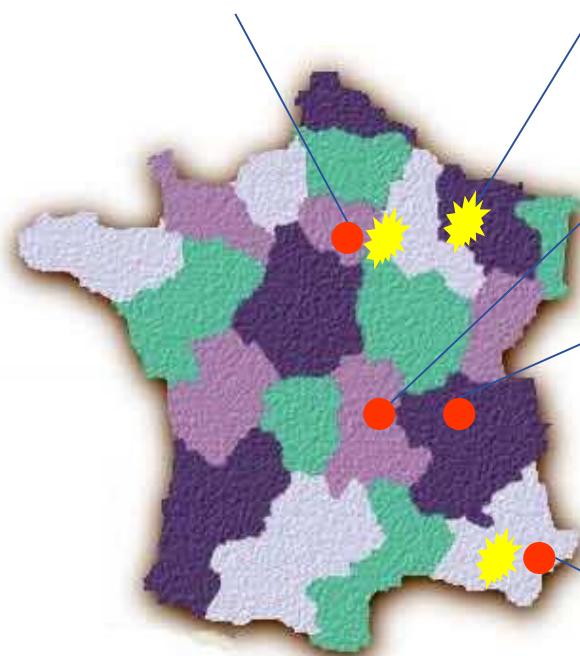
LPC (CNRS, IN2P3,
UBP)

CHRU Clermont-Ferrand

CREATIS
(CNRS, INSERM,
INSA, UCBL)

14 chercheurs informatique
6 médecins
6 thésards
4 ingénieurs
10 temps pleins

Rainbow (CNRS, I3S, UNSA)
Epidaure (INRIA-Sophia)
Centre Antoine Lacassagne



Medical applications evaluation *P-Y Bondiau*

Interactive volume reconstruction
A. Osorio

Cardiological images Segmentation
I. Magnin

Humanitarian Medical Development
V. Breton

Image registration in oncology
X. Pennec

Workflow Management *J. Montagnat*

Services for Interactivity
C. Germain

Medical data Management
J. Montagnat

Medical data access protocols
J-M. Moureaux

Middleware evaluation *E. Jeannot*

Medical Apps.

Algorithm Gridification

Dissemination *C. Germain*

Core Grid Medical Services

AGIR

Analuse Globalisée des Données d 'Imagerie Radiologique

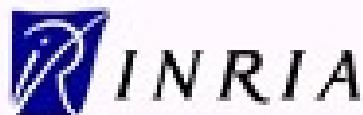
From Image Registration in Oncology to Complex Workflows on the GRID

Xavier Pennec, PhD, INRIA-Sophia, projet Epidaure

Johan Montagnat, PhD, I3S, Rainbow team

Tristan Glatard, I3S, Rainbow + INRIA, Epidaure teams

Pierre-Yves Bondiau, MD, PhD, Centre Antoine Lacassagne, Nice



- **The Medical application:**
 - Registration for oncology
- **The scientific question:**
 - Evaluation / comparison of registration algorithm performances
- **The technical challenge:**
 - Running the workflow on the GRID

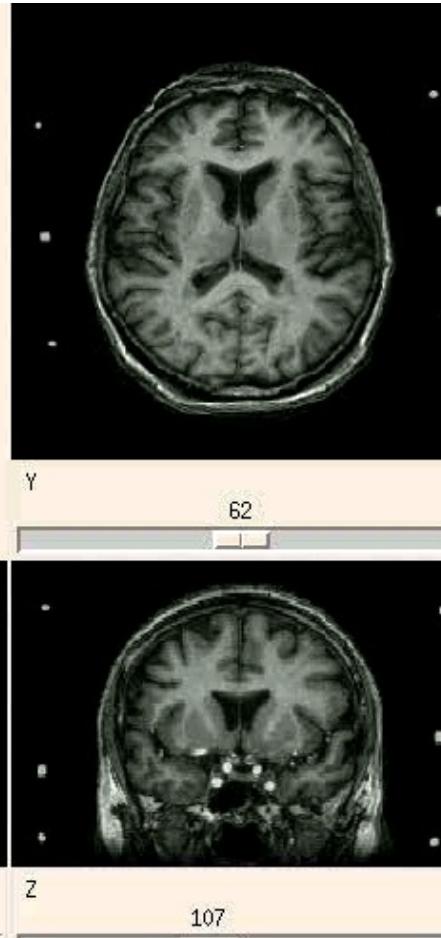


- **Registration / segmentation are basic components of medical image analysis**
 - Registration: finding homologous points / transformation
 - Segmentation: give anatomical label to each image point
- **Registration for brain radiotherapy**
 - Planning
 - Fusion of image modalities (multimodal, rigid)
 - Warp atlas to patient image for segmentation (mono-modal, non-rigid)
 - Definition of Target volumes and Organs at risk: dose optimization
 - Follow-up (monomodal rigid)



http://www.healthgrid.org/docs/pdf/WhitePaperdraft_v1.1-3reviewedv2.pdf
(ch 3/4)

Image Registration for Oncology



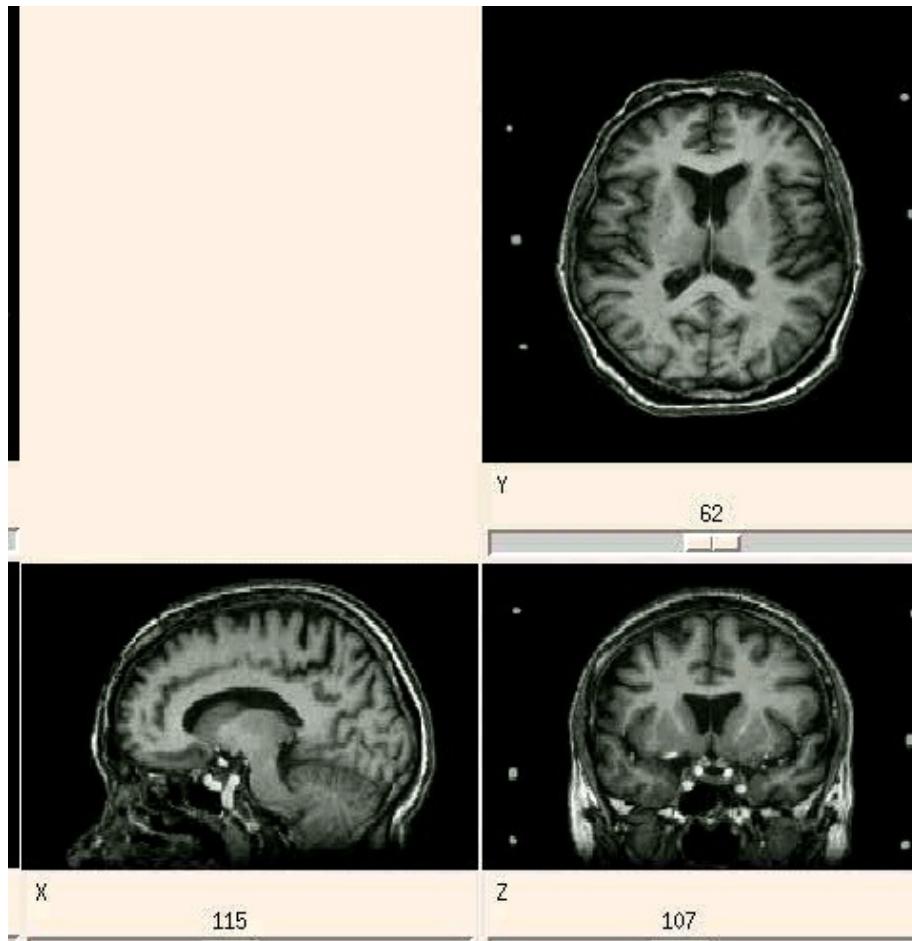
**Inter-subject registration
Affine transformation**

MR T1 Images

256x256x120 voxels

Atlas to patient registration
for radiotherapy planning

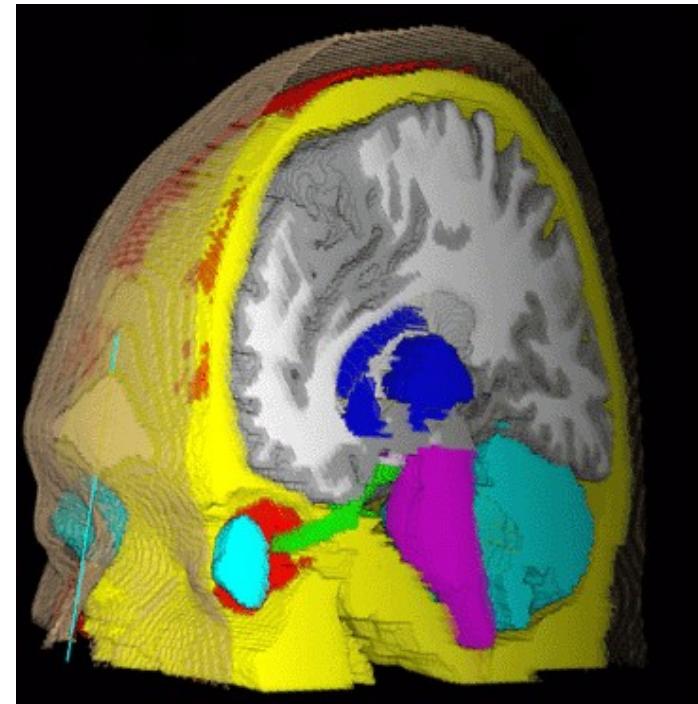
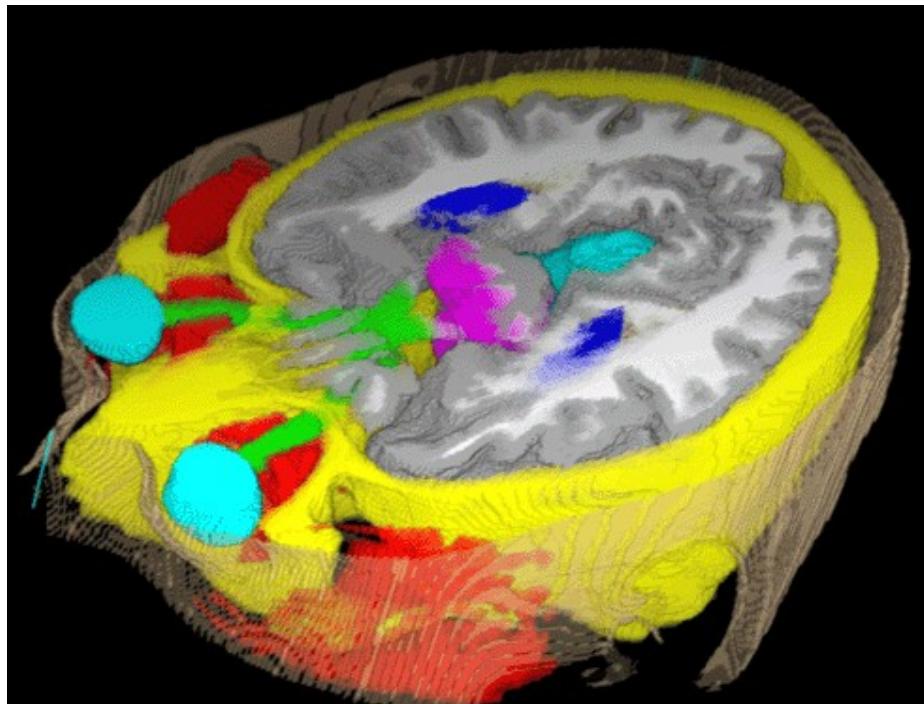
Correct size and position but high remaining variability in cortex and deep structures



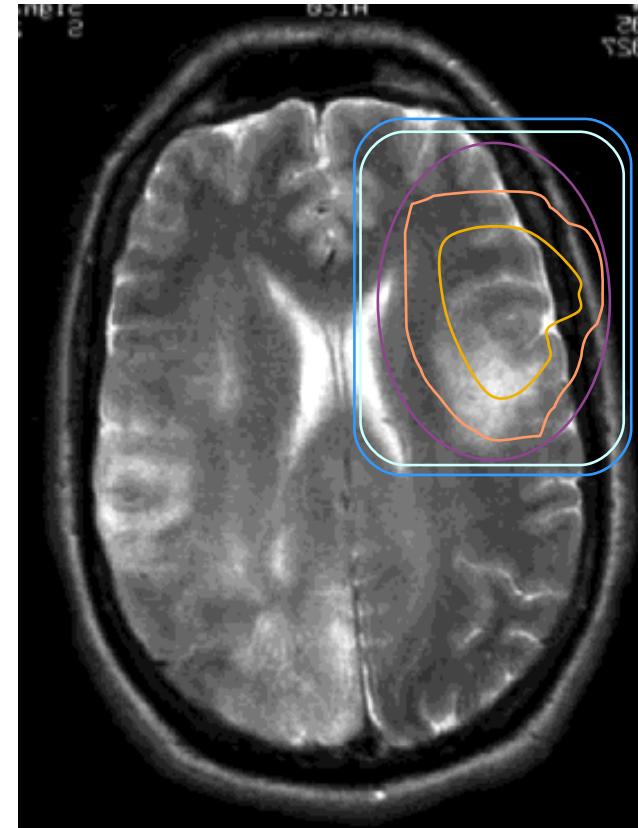
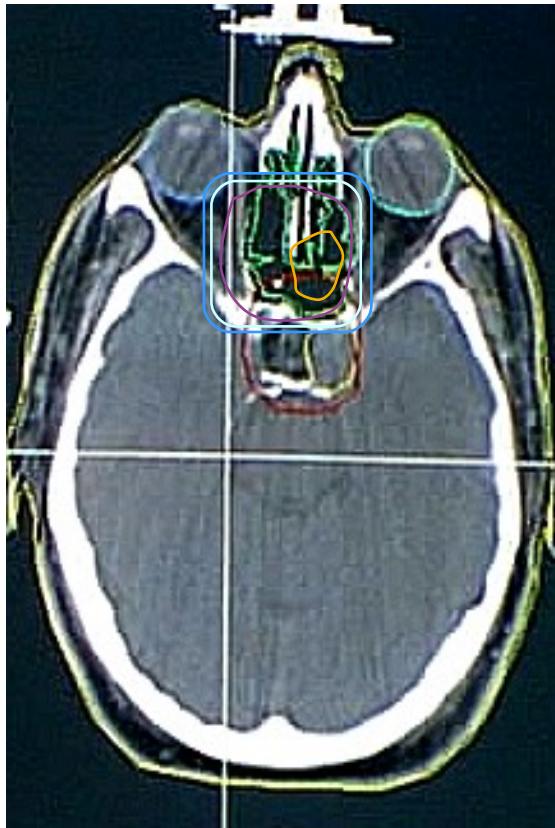
Registration in 5 min on 15 PCs

Adaptive non-stationary visco-elastic inter-subject registration

Propagate the segmentation of structure of interest from the atlas to the patient image



- Define target volume and organs at risk thanks to the segmentation
- Optimize the irradiation process to
 - maximize the dose within the tumor
 - minimize it within neighboring organs at risk



- **There is no universal registration algorithm**
 - More than 600 references on medical image registration in 1997
 - More than 100 papers each year... (70 at MICCAI 2004 only)
- **Registration algorithms as Grid services**
 - Use up to date algorithm
 - **Evaluation / comparison of algorithm performances**
- **Challenges**
 - Inter-operability (coordinate systems, transformation format...)
 - Ontology describing data, registration problems and algorithms

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Variability of a registration algorithm

External parameters

- Data (image) 1
- Data (image) 2
- Acquisition noise
- Patient effects

Fixed internal parameters

- Multiscale resolution
- (Typical variance...)

Varying internal parameters

- Initial transformation
- (...)

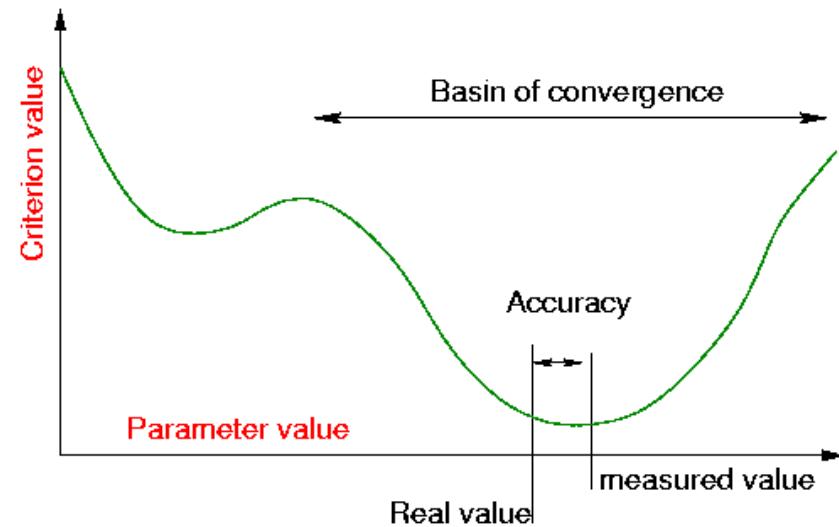
Registration algorithm

Final transformation

- **Robustness:** ability to find the right transformation (success/failure)
- **Repeatability:** w.r.t. some parameters (e.g. initialization)
- **Accuracy:** Variability w.r.t. the ground truth for typical data

- Robustness:

- size of the basin of attraction
 - Probability of convergence

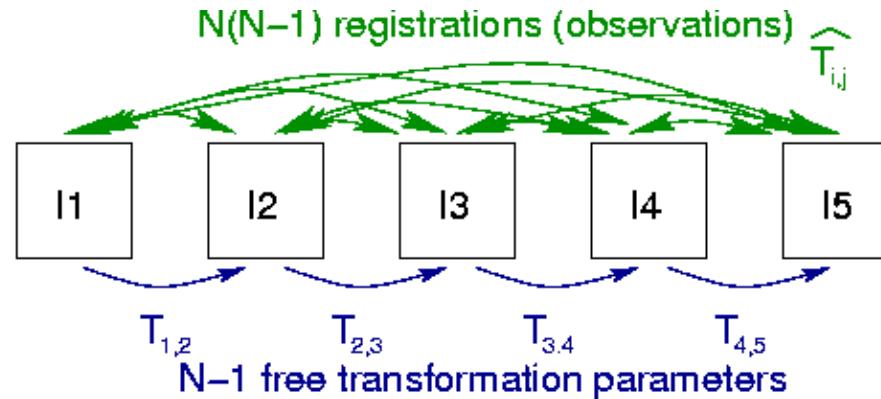


- Uncertainty = deviation from the real transformation

- Mean Error: covariance matrix, std dev.
 - On the transformation (rotation σ_r [rad], translation σ_t [mm])
 - On test points (TRE σ_x)

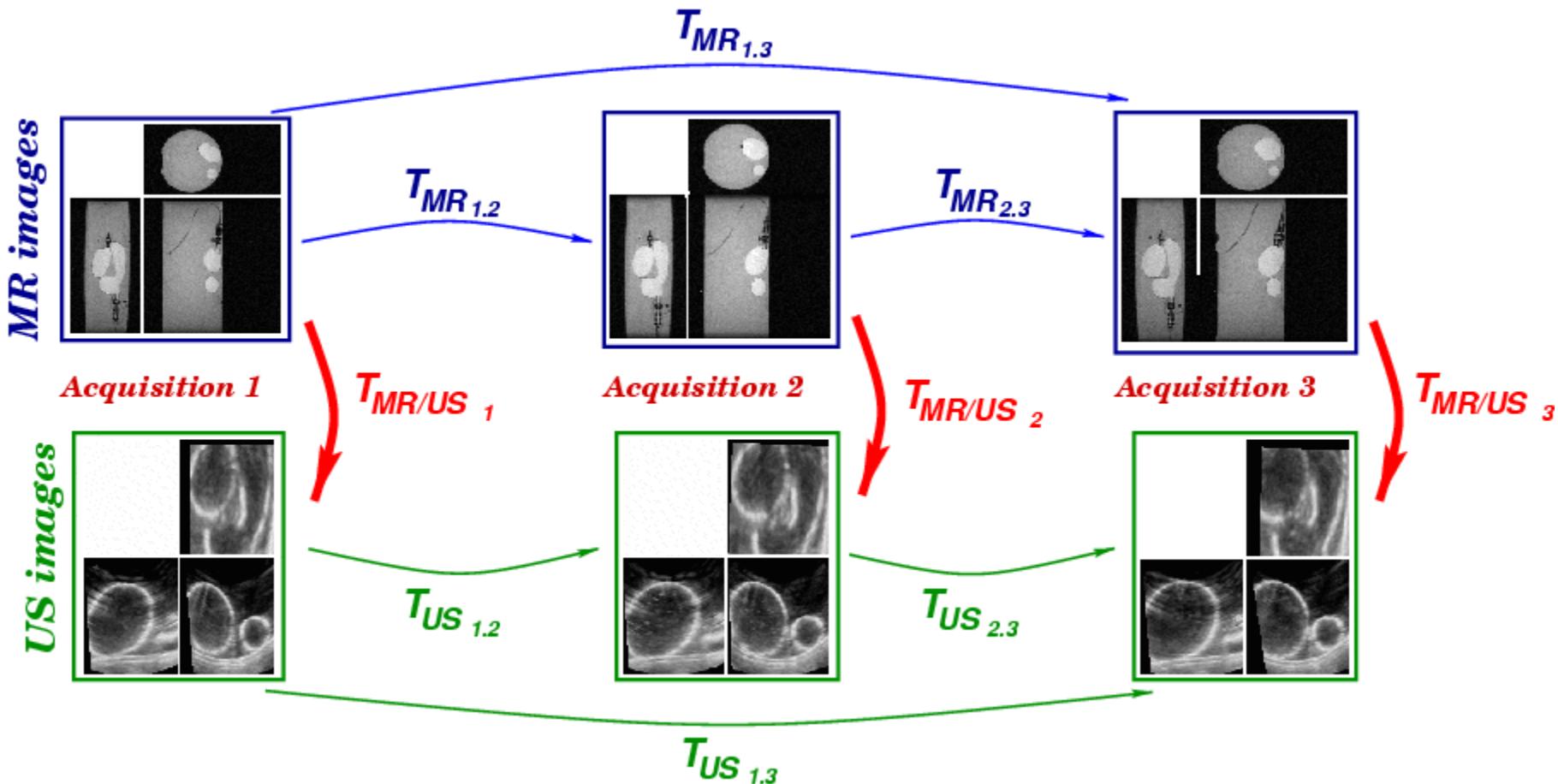
- **Synthetic data (simulation):**
 - Available ground truth
 - Difficult to identify and model all sources of variability
- **Real data in a controlled environment (Phantom):**
 - Possible gold standard
 - Performances evaluation in specific conditions
 - Difficult to test all clinical conditions
 - May hide a bias
- **Image database representative of the clinical application**
 - Usually no ground truth
 - Should span all sources of variability

- **Bronze standard: The exact result is an unknown variable**
 - Unbiased estimation: use redundant information
 - use many different registration algorithms (average biases, so that precision ~ accuracy)
 - Use many different data (redundant information to ensure precision)
 - Average transformations (maximal consistency)



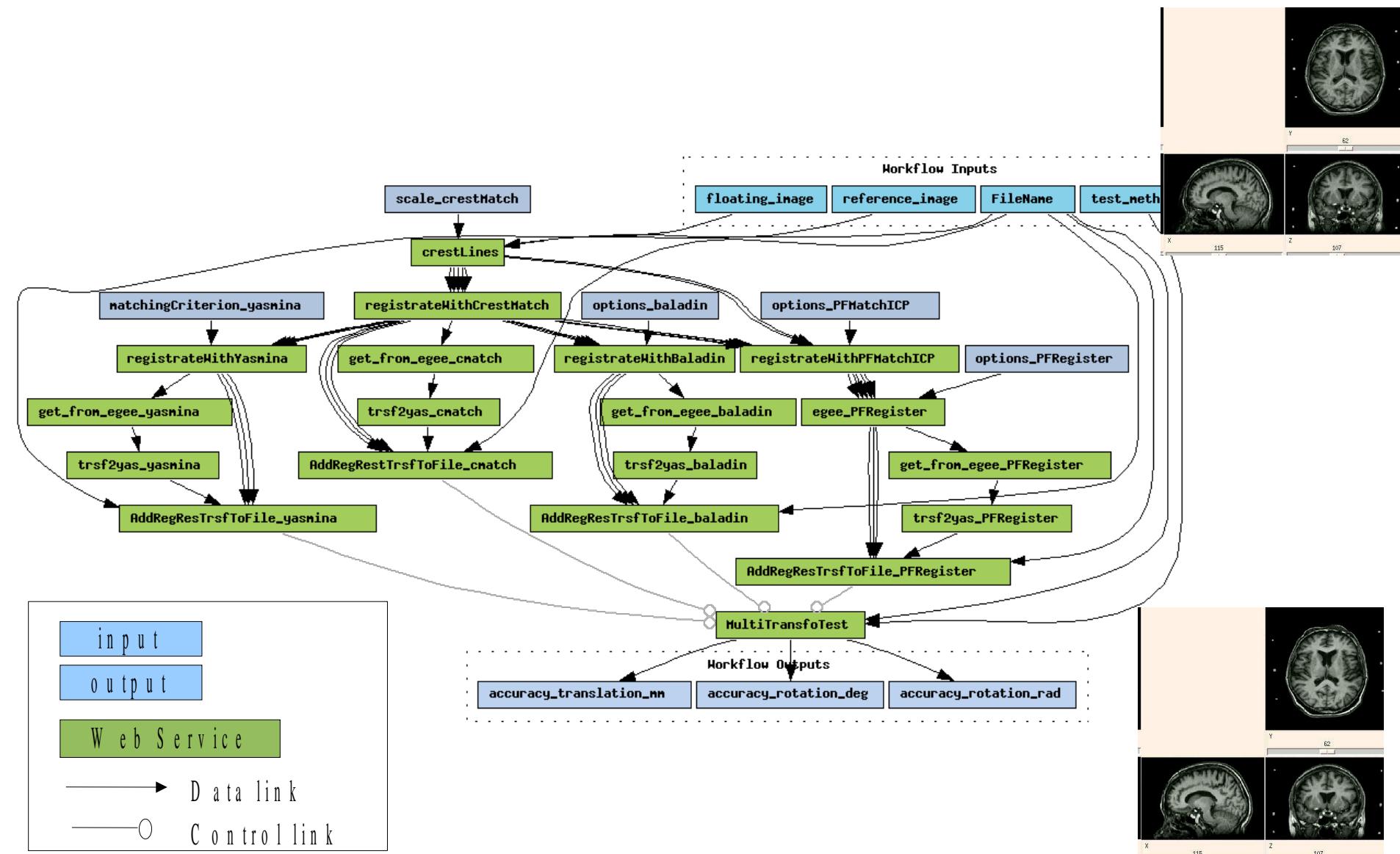
- **Best explanation of the observations (ML) :**
 - Robust Fréchet mean
 - Robust initialisation and Newton gradient descent
- **Result** $T_{i,j}, \sigma_{rot}, \sigma_{trans}$

$$d^2(T_1, T_2) = \min(\mu^2(T_i, T), \chi^2)$$



$$\sigma_{loop}^2 = 2\sigma_{MR/US}^2 + \sigma_{MR}^2 + \sigma_{US}^2$$

- **Data intensive application:**
 - High number of images across different databases
 - High number of registration algorithms
- **Grid validation protocol (PhD Tristan Glatard)**
 - Find available data that match the problem description
 - Find the algorithms that can deal with them
 - Find and organize the resources to do the job



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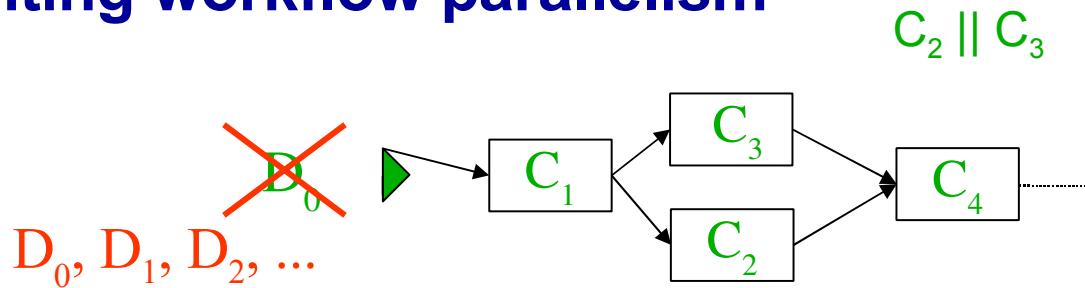
- **Workflow description**

- Business workflows (e.g. BPEL)
 - Control-centric
- Scientific workflows (e.g. Scuffl)
 - Data-centric

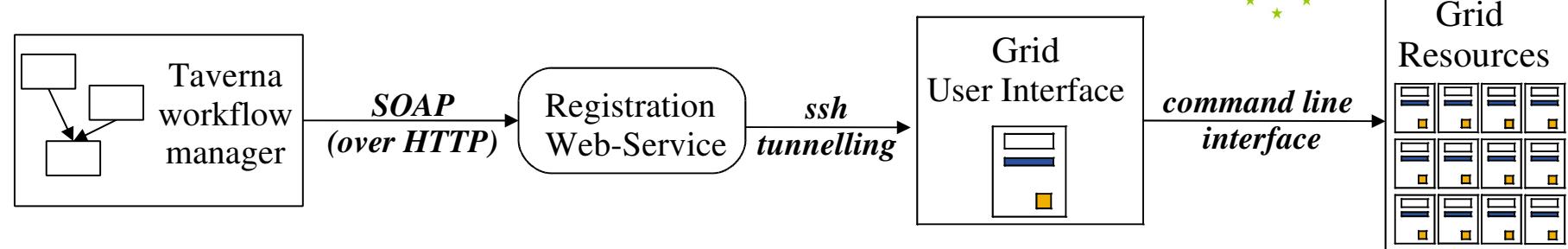
- **Workflow execution**

- Task-based workflows (e.g. DAGMan)
 - Explicit mention of data dependencies
 - Complex workflow, simple optimisation
 - Service-base workflows (e.g. Taverna)
 - Independent expression of processors and input data-sets
 - Simple workfkows, complex optimisation
- ← **CS friendly**
- ← **user friendly**

- Chosen workflow management tool: Taverna
 - Developed in the UK eScience myGrid project (bioinformatique)
 - Open source : <http://taverna.sourceforge.net>
 - Based on web-services
 - Most powerful workflow manager for description
- Exploiting workflow parallelism

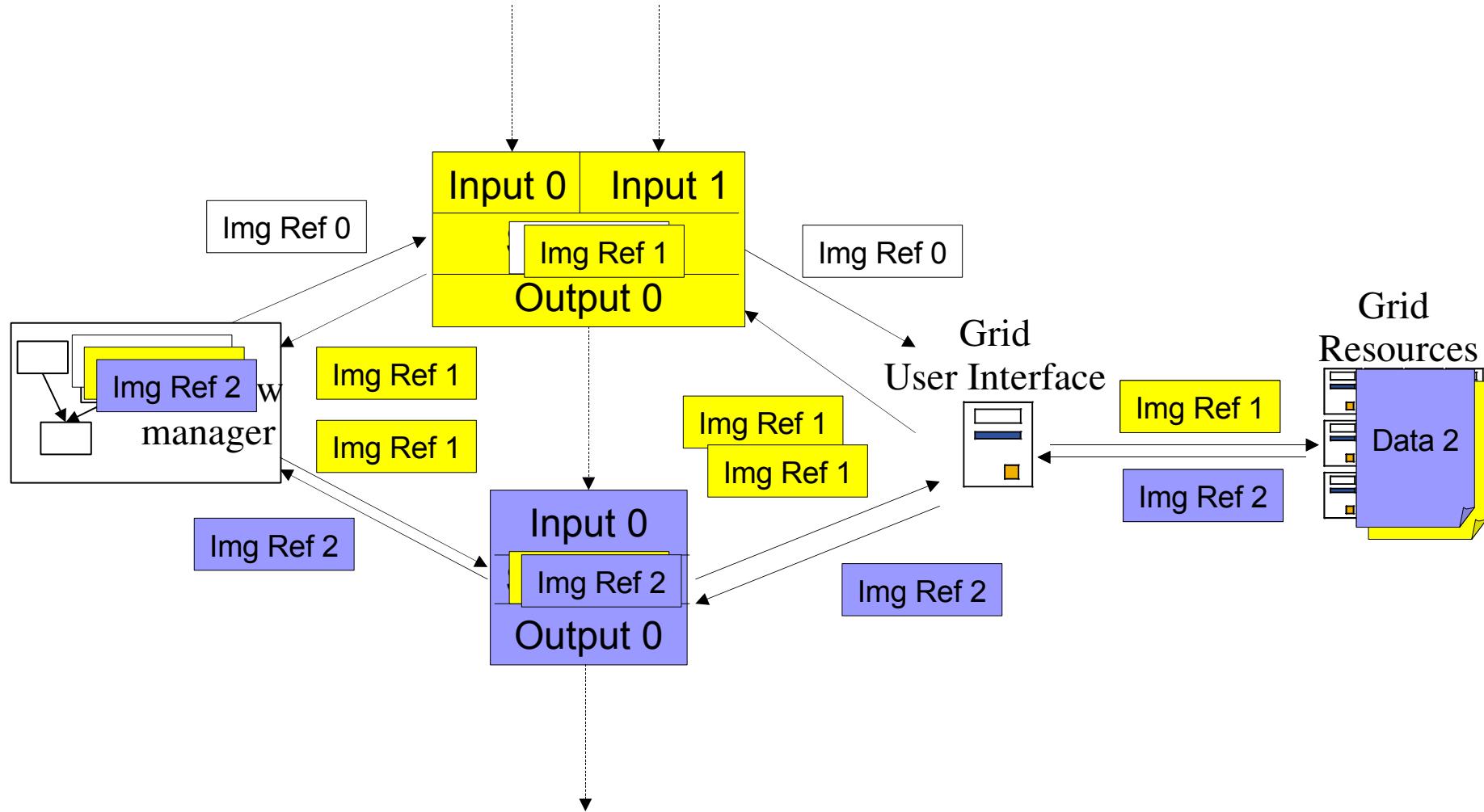


- Grid interface (Grid 5000 / EGEE)



eGEE
Enabling Grids
for E-science

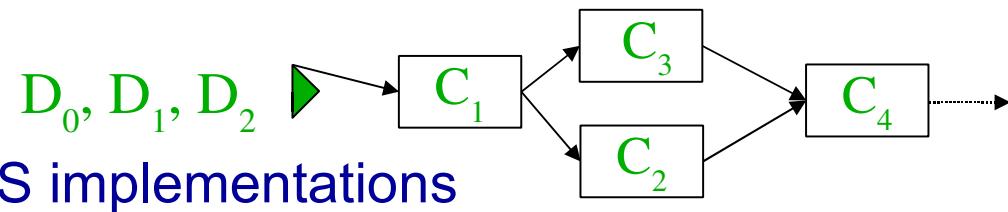
Grid'5000



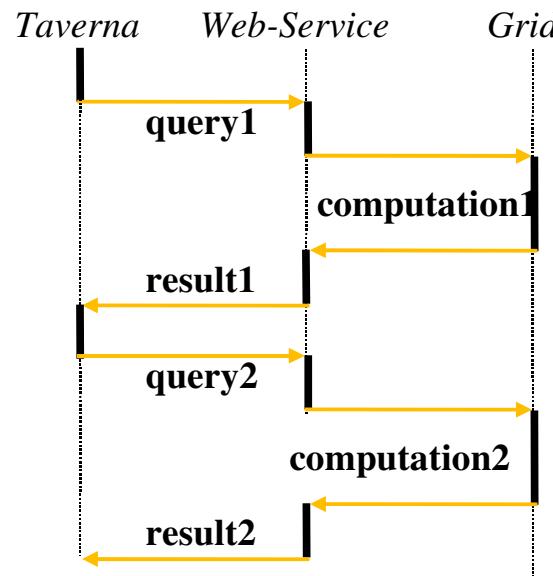
- Data
 - « Masses de données »
- Services
 - Standard (Web-Services)
 - Independent (legacy code, services developed independently)
- Execution engine
 - Isolated from the grid
- Grid
 - Batch-oriented system
 - No global workflow view
 - Not even WS view

- **Data parallelism:**

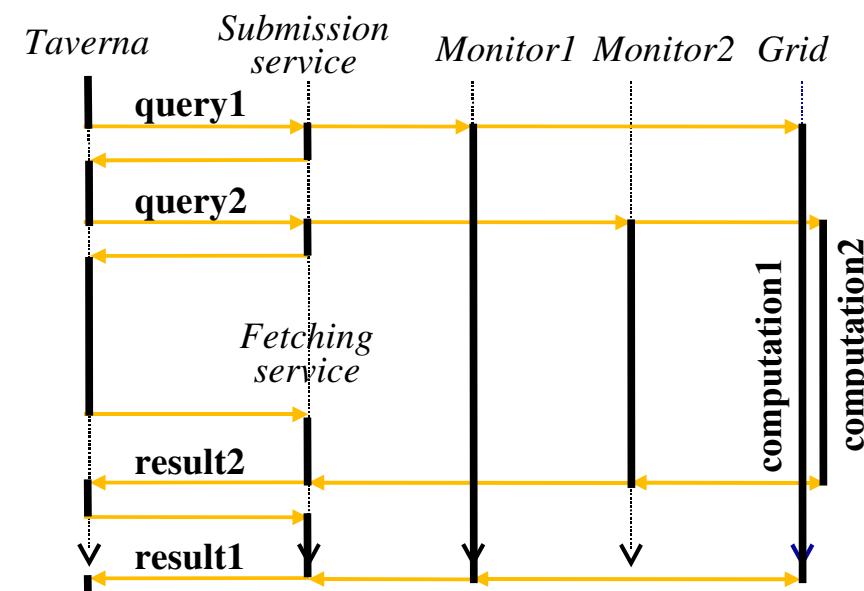
- Lack of asynchronous WS implementations
- Patch with submission/fetching services
 - Data order is not preserved (send 1/2/3, receive 3/1/2)
 - Need a track record for each result



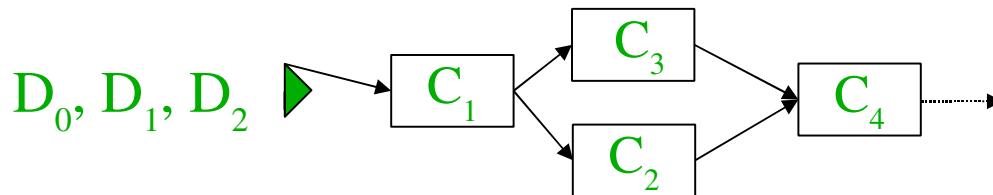
- Synchronous interaction



- Asynchronous interaction



- Data + component parallelism: streaming (Pipelining)



| C_1 | D_0 | D_1 | D_2 | - | - | - | - |
|-------|-------|-------|-------|-----------|-----------|-----------|------|
| C_2 | - | - | - | C_1*D_0 | C_1*D_1 | C_1*D_2 | - |
| C_3 | - | - | - | C_1*D_0 | C_1*D_1 | C_1*D_2 | - |
| C_4 | - | - | - | - | - | - | Mean |

| C_1 | D_0 | D_1 | D_2 | - | - |
|-------|-------|-----------|-----------|-----------|------|
| C_2 | - | C_1*D_0 | C_1*D_1 | C_1*D_2 | - |
| C_3 | - | C_1*D_0 | C_1*D_1 | C_1*D_2 | - |
| C_4 | - | - | - | - | Mean |

- N_w sequential steps, N_D Data sets, Mean time T per component

- Execution time = $N_D \cdot N_w \cdot T$ vs $(N_D + N_w - 1) \cdot T$

- Example for registration:

- $n_D = 50$; $n_w = 4$; $T = 30\text{min}$

- Execution time = 100h vs 26.5 h

- Data intensive applications

- **Development of a new execution engine : MOTEUR**

- compatible with Taverna description (Scufl)
 - Allowing data and component parallelism
 - Implementing result traceability

<http://www.i3s.unice.fr/~glatard>

- **Execution infrastructures**



> 1000 procs

Grid'5000

OAR batch submitter



research infrastructure

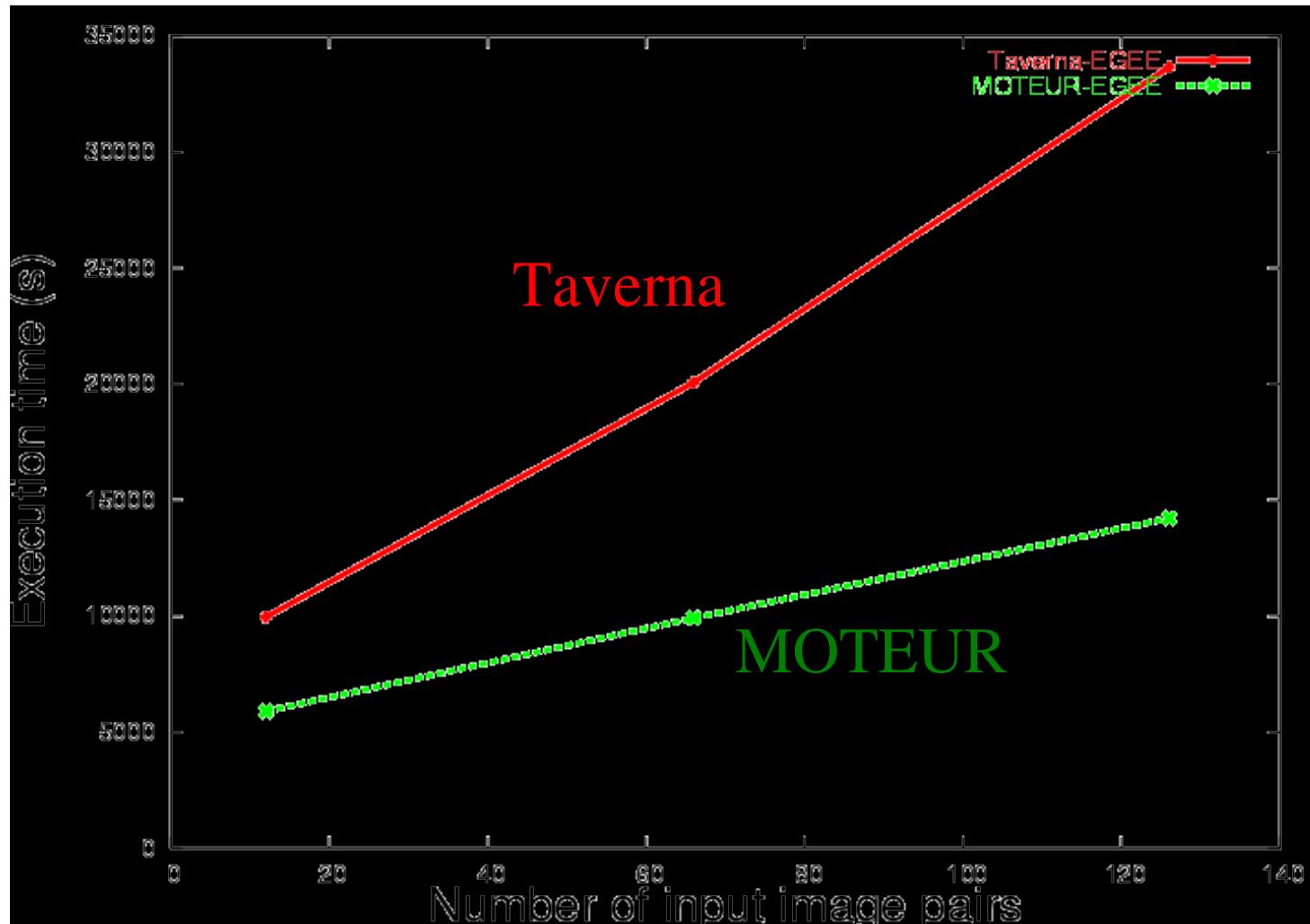
eGEE

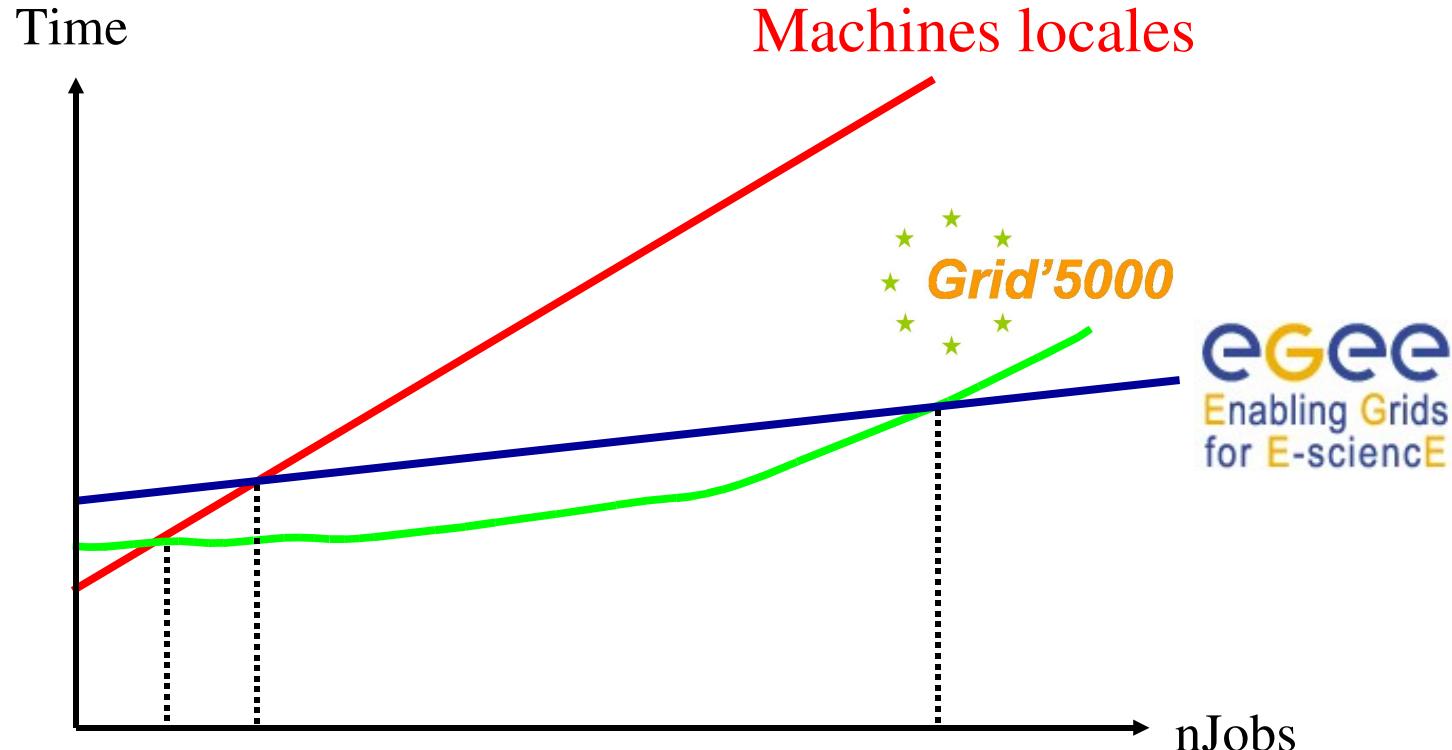
Enabling Grids
for E-sciencE

> 16000 procs, 5 PB

LCG2 middleware (migration to gLite)

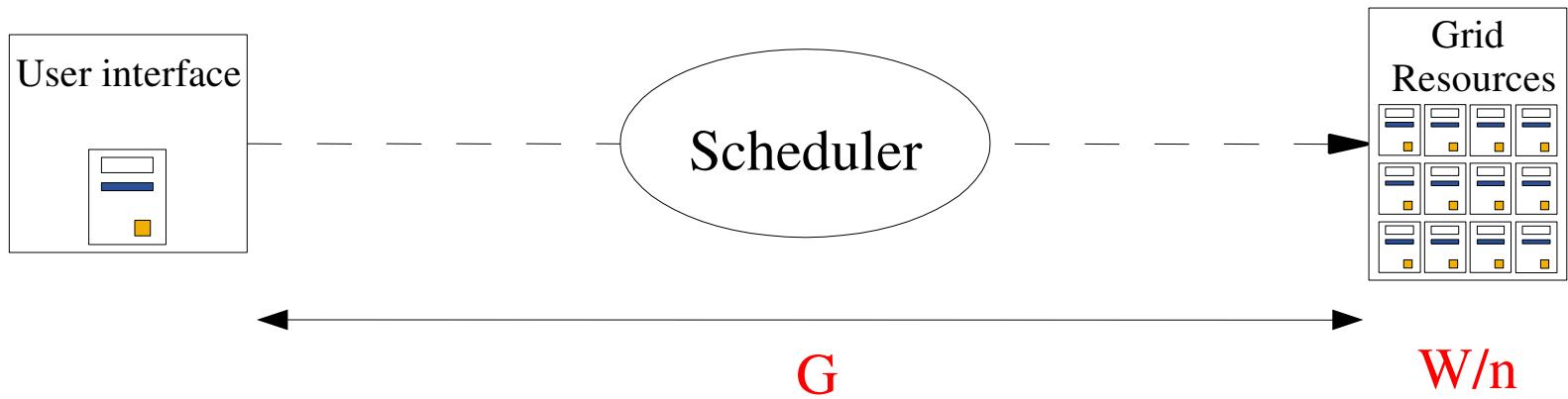
production infrastructure





- Monitoring processor performances
- Selecting infrastructure

- n jobs to be executed such that the total execution time is W
- Optimal processing: n tasks executed in W/n



- Grid overhead: scheduling + queuing time G
- Real execution time: $H = \max(G + W/n)$
- Hypothesis : G is a random variable (of unknown distribution)

- Minimize H expectation

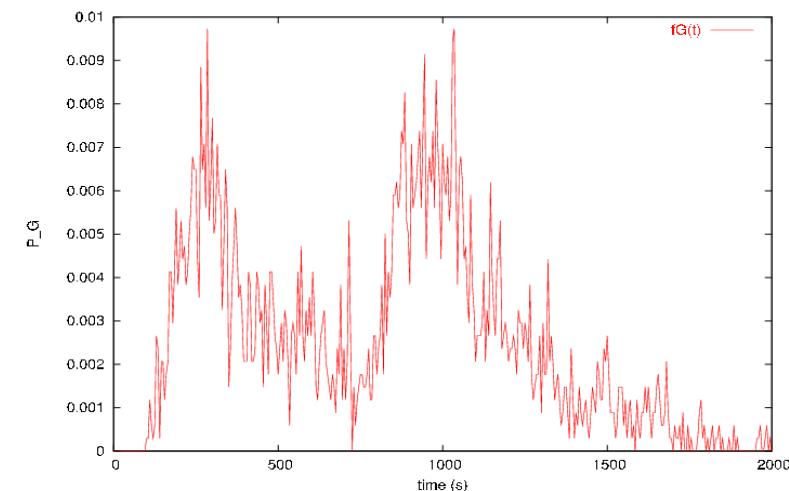
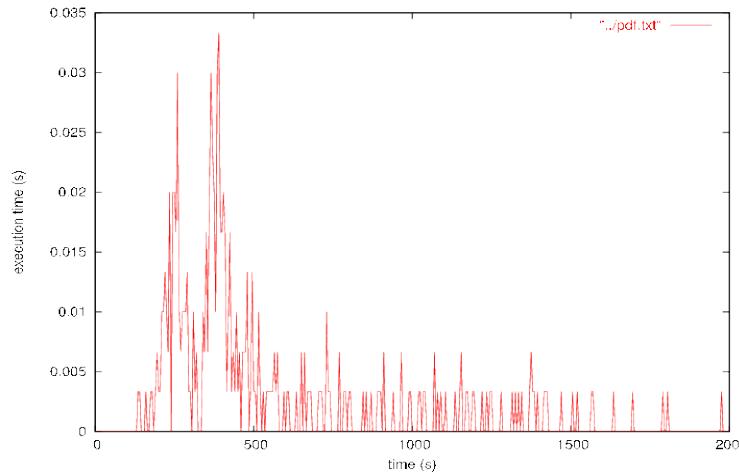
$$E_H(n) = \int_{\mathbb{R}} t.f_H(t)dt$$

$$F_H(t) = P(H < t) = \prod_{i=1}^n P\left(G + \frac{W}{n} < t\right) = P\left(G < t - \frac{W}{n}\right)^n = F_G\left(t - \frac{W}{n}\right)^n$$

$$f_H(t) = \frac{dF}{dt} = n.f_G\left(t - \frac{W}{n}\right).F_G\left(t - \frac{W}{n}\right)^{n-1}$$

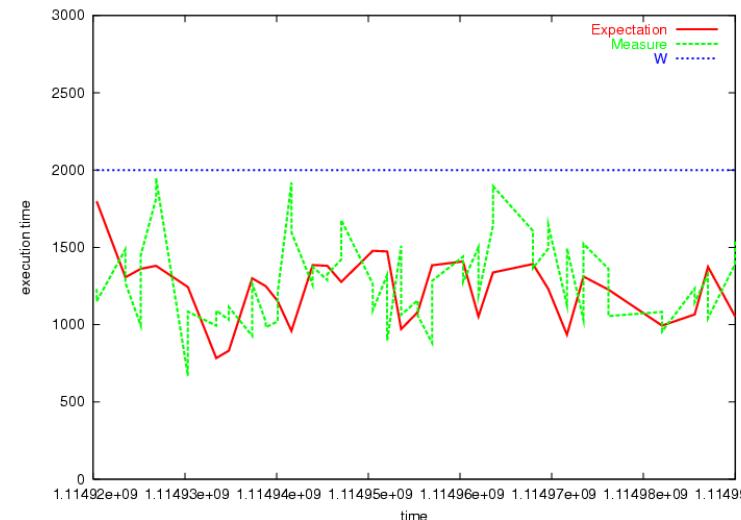
$$E_H(n) = \int_{\mathbb{R}} n.t.f_G(t).F_G(t)^{n-1}dt + \frac{W}{n}$$

- Unknown distribution function for G, varying through time



=> grid monitoring (test jobs submission)

- Preliminary results
 - 10% execution time by splitting W
 - 32% less jobs



- **MOTEUR: optimized workflow enactor prototype**
 - Exploiting control and data parallelism
 - Data traceability
 - Generic workflow engine
- **On-going work**
 - Granularity of jobs (tasks splitting)
 - Data migration cost estimation
 - Multiple infrastructures usage
- **The Bronze standard application**
 - Application prototyped, production starting
 - Benchmark for
 - registration algorithms
 - Compression

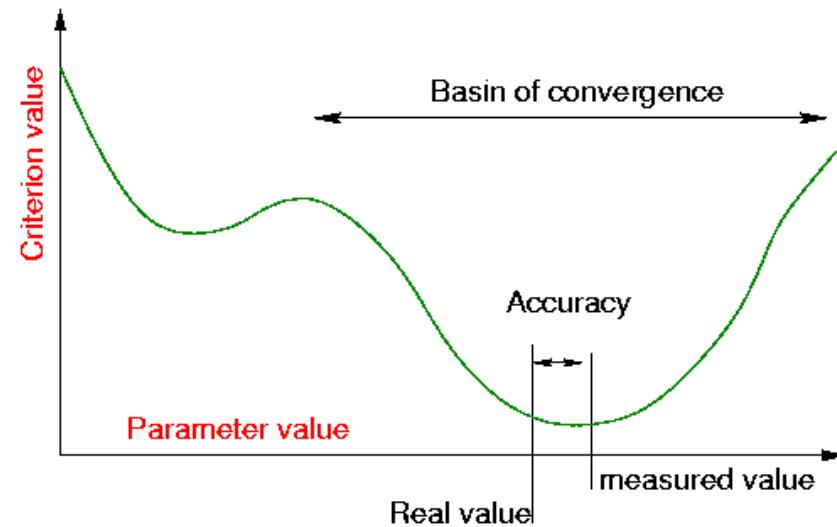
- **Bronze Standard**
 - Granger et al, MICCAI 2001 & ECCV 2002.
 - Nicolau et al, IS4TM 2003.
- **Workflows on GRIDS**
 - T. Glatard & al. Grid-enabled workflows for data intensive applications. IEEE Int. Symp. On Computer-based Medical Systems CBMS'05.
 - T. Glatard & al. PDP'06
 - T. Glatard & al. I3S Research Report, 2005,
<http://www.i3s.unice.fr/~glatard/>

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Analyse Globalisée des Données d'Imagerie Radiologique

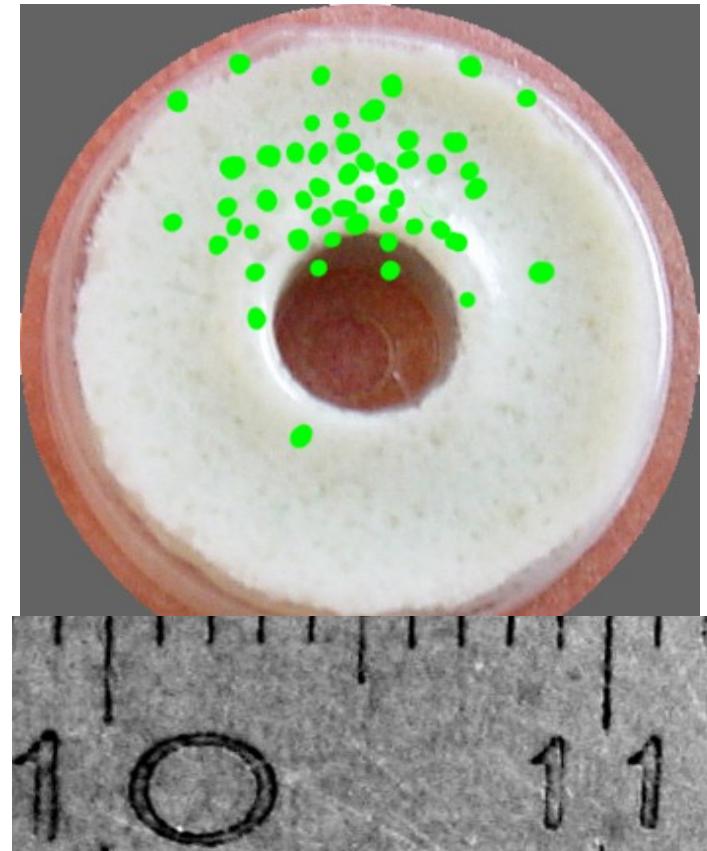
Types of errors for an energy minimization

- Robustness
 - Local minima at a global scale
- Uncertainty = deviation from the real transformation
 - Bias (features, method, adequacy of the criterion)
 - Accuracy
 - Extrinsinc (sensitivity to the noise on the features)
 - Intrinsic or precision (optimization, interpolation, local minima)



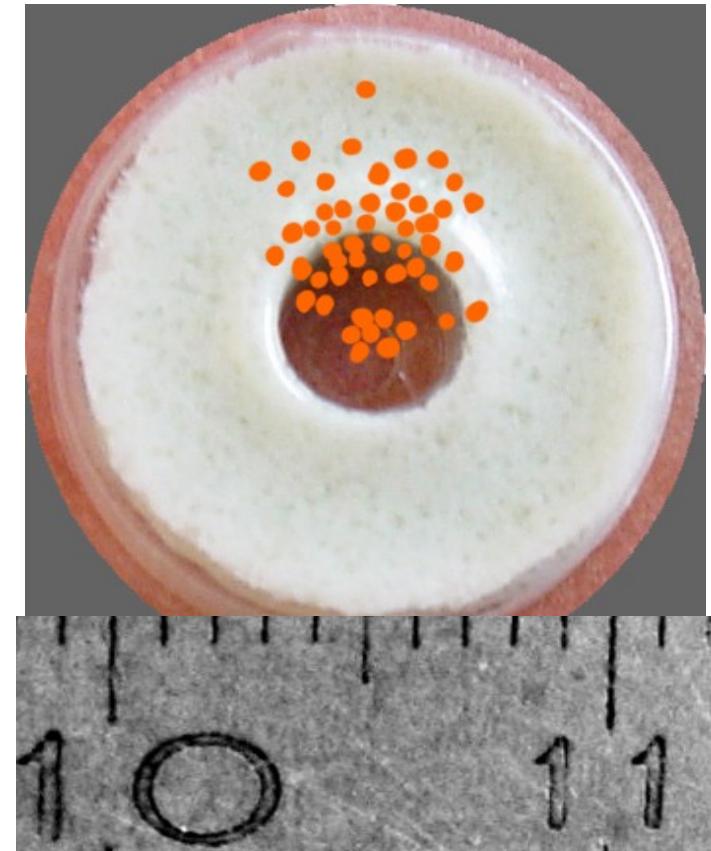
Targeting using Augmented reality

- User 1 (50 trials):
 - Repeatability:
 $\sigma = 2.2 \text{ mm}$
 - Bias: 3.0 mm
 - Accuracy:
 $\sigma = 3.7 \text{ mm}$



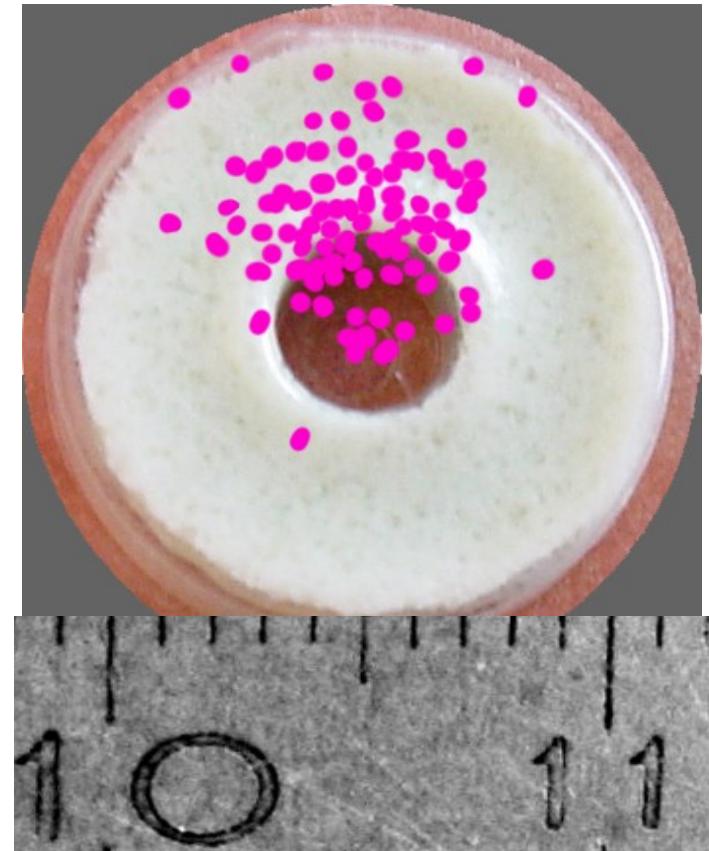
[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

- User 2 (50 trials):
 - Repeatability:
 $\sigma = 1.9 \text{ mm}$
 - Bias: 1.3 mm
 - Accuracy:
 $\sigma = 2.3 \text{ mm}$



[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

- Both users (100 trials):
 - Repeatability:
 $\sigma = 2.2 \text{ mm}$
 - Bias: 1.7 mm
 - Accuracy:
 $\sigma = 2.8 \text{ mm}$



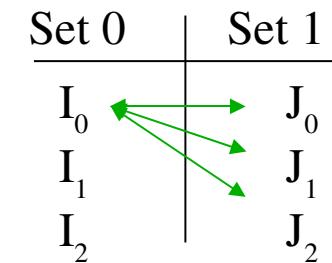
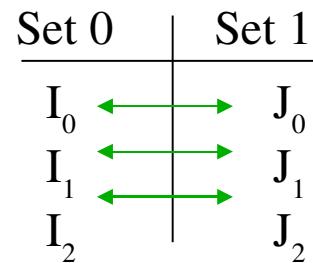
[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

- **Registration or consistency loops**
 - Pennec et al. IJCV 25(3) 1997 & MICCAI 1998.
 - Holden et al. TMI 19(2), 2000
 - Roche et al MICCAI 2000 & TMI 20(10), 2001.
- **Cross-comparison of criterions**
 - Hellier et al MICCAI 2001 & TMI 22(9), 2003.
- **Ground truth as a hidden variable (EM like algorithms)**
 - Granger, MICCAI 2001 & ECCV 2002,
 - Warfield, MICCAI 2002, [Staple, segmentation]
 - Nicolau, IS4TM 2003
- **Error prediction**
 - Pennec et al. ICCV 1995, IJCV 25(3) 1997 & MICCAI 1998.
 - Fitzpatrick et al, MedIm 1998, TMI 17(5), 1999.
 - Nicolau et al, INRIA Research Report 4993, 2003

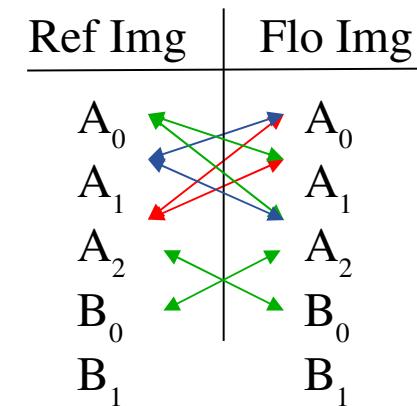
- **Limitations of the data iteration strategy description**

- Scufl:

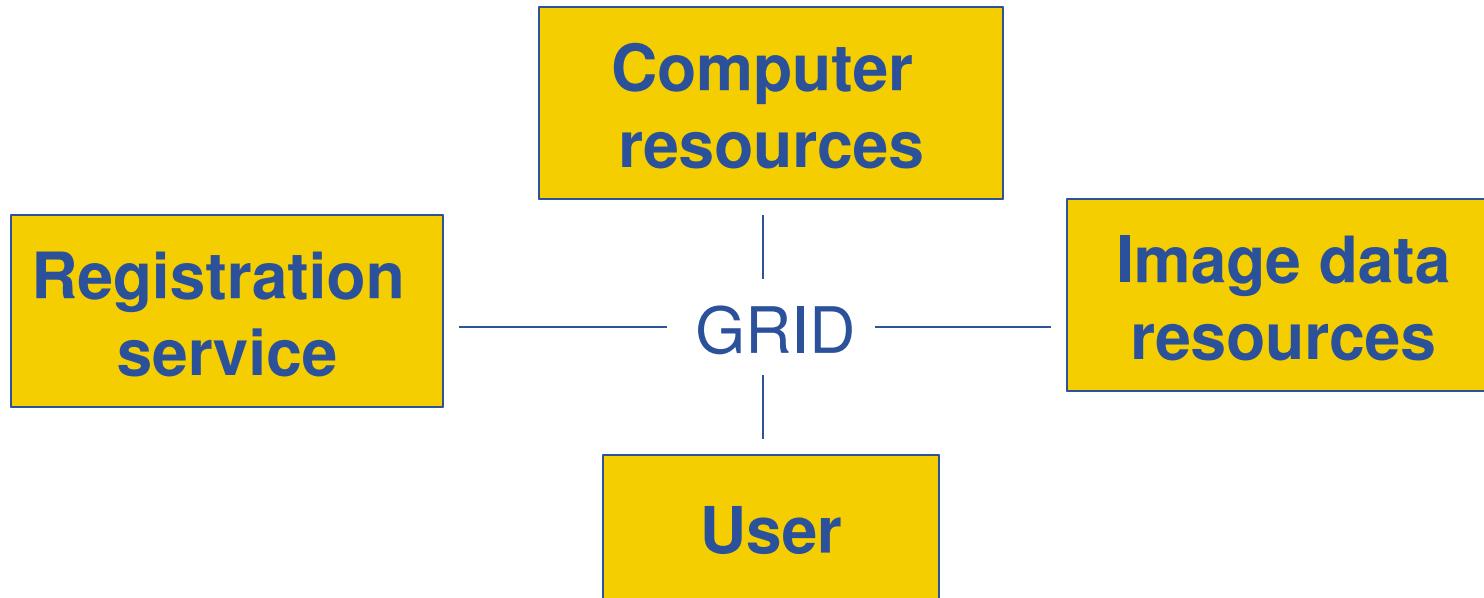
- dot and cross products operators



- In our case: register all images of
 - the same patient
 - the same modality
 - A different exam date



Grid registration services



- **Scenario 1:**
user accesses to registration services through the grid on his own data
- **Scenario 2:**
the user test his algorithm on standard image databases

Interoperability challenges

- **Image format (input / output)**
 - Dicom (communication module ?)
 - Basic 3D image format ?
- **Transformation formats**
 - Standardized displacement field / resampled image
 - Internal representation + std resampling function
- **Algorithm parameters / options**
 - Define std param. w.r.t. classes of registration problems
- **Interactivity**
 - State of advancement (reporting)
 - Interactive corrections

Ontology of Algorithms (registration service)

- **Type of data**
 - Images (2D, 3D, time series)
 - Point clouds, landmarks
- **Type of spatial transformation**
 - Rigid / similarity / affine
 - Non rigid (global / local) (splines, def. Fields, polyrigids...)
- **From Data to Transformation**
 - Comparison metric (SSD, Correlation coefficient) takes into account the intensity transformation
 - Optimization procedure
 - Interactivity

Ontology of Registration Problems (image databases)

- **Modality involved (specifies the type of data)**
 - Monomodal (CT, MR, US, Video, point measures...)
 - Multimodal (combination of above)
 - Atlas to modality
- **Image content (specifies the type of transformation)**
 - Anatomical part concerned (head, thorax, abdomen...)
 - Changes expected
 - *intrasubject / intersubject / atlas*
 - *Smooth evolution / pathology*

- **Description du Workflow**
 - Expose Tristan
- **Image database standardization**
 - Geometrie des images (dicom -> simple 3D format)
 - Que faire avec des images tiltees ?
 - Format des images (pour l'instant inr)
- **Registration algorithm standardization**
 - Format des transformations: gerer les multiples conversions
 - Description du parametrage des algorithmes pour des types de recalage donnees, eg: MR T1, T1i, T2, PD, Flair

- **Probleme medical**
 - Organe / pathologie
 - Probleme de recalage (e.g fusion pour planning oncologie)
- **Base de donnee image**
 - 2 types d'images (e.g. MR T1, T1i, T2, PD, Flair...)
 - Nb patients suffisant, Nb instant temporels >1 ?
- **Compression**
 - Nb parametres? Compression sur 1 ou les 2 images ?
 - PB de compression: optimale (stockage) / aleatoire (pertes reseau)
- **Recalage**
 - Influence de l'algorithme / influence des parametres
 - Resultat = transformation

- **Evaluation du Resultat:**
 - Erreur / resultat sans compression (ou ground truth?)
- **Synthese de la population erreur+parametres**
 - Resume (rigide): stddev rotation/translation, %outliers
 - 30 a 50 exp / parametre a tester
 - Combien de parametres
 - compression / image / recalage / ??
 - Echelle de mesure
 - Absolue
 - Relative (requiert la variabilite normale)
- **Quelle est la question scientifique?**
 - E.g.: l'influence de la compression est negligable / la variabilite normale

- Temps de calcul des algorithmes de recalage dans le workflow des bronze standard :

| <i>Algorithm</i> | <i>Local execution (cluster of 4 PCs)</i> | <i>Execution on EGEE</i> | <i>Speed-up</i> |
|--|---|--------------------------|-----------------|
| CrestLine (25 crest lines extractions) | 6h15 | 49min | 7.65 |
| Baladin (75 registrations) | 24h25 | 4h07 | 5.93 |
| CrestMatch (25 registrations) | 5h29 | 24min | 13.7 |
| PFMatchICP (50 registrations) | 2h42 | 37min | 4.38 |
| PFRegister (50 registrations) | 7min | 23min | 0.3 |
| Yasmina (50 registrations) | 16h11 | 1h41 | 9.6 |
| Total execution time | 24h25 | 4h07 | 5.93 |

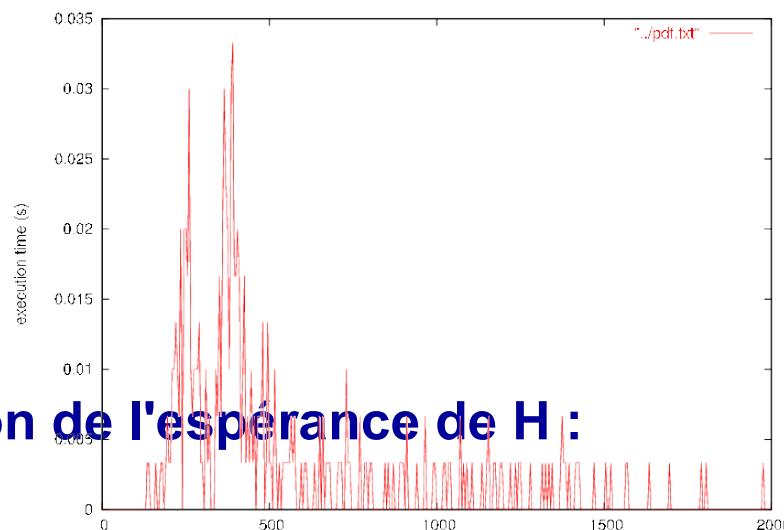
- Problème de la granularité des jobs soumis :
 - soumettre un job introduit un surcoût (soumission, ordonnancement, ...)
 - les jobs de durée faible sont pénalisés

Ordonnancement sur la grille (2)

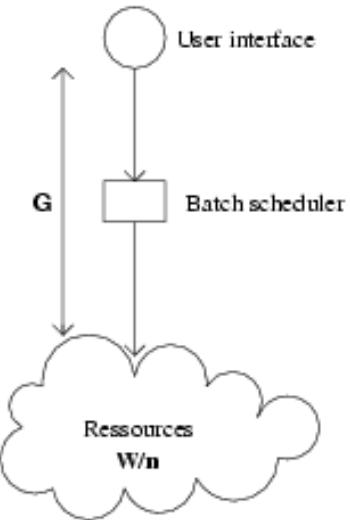
- But : optimiser le nombre n de jobs à soumettre pour exécuter une tâche de durée W
- Temps total d'exécution :

$$H = \max(G + W/n)$$

- G est une va dont la loi change au cours du temps
- Mesure de la densité de probabilité de G :



- Minimisation de l'espérance de H :



$$E_H(n) = \int_{\mathbb{R}} n.t.f_G(t).F_G(t)^{n-1} dt + \frac{W}{n}$$

Medical Apps.

Algorithm Gridification

Dissemination C. Germain

Medical applications evaluation P-Y Bondiau

Interactive volume reconstruction
A. Osorio

Cardiological images Segmentation
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Humanitarian Medical Development
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Image registration in oncology
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Medical data Management
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Medical data access protocols
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