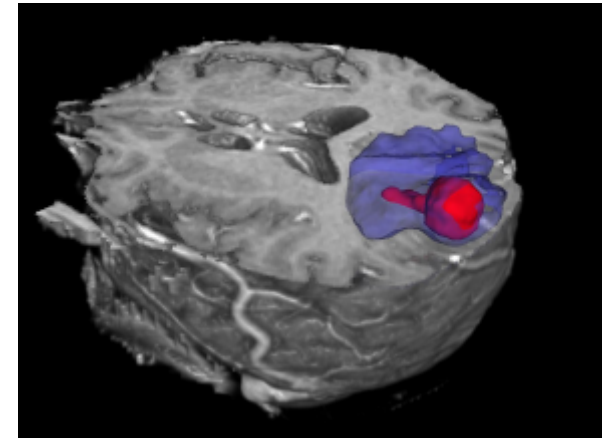




Mauricio Reyes,
Medical Image Analysis Group
Institute for Surgical Technology and Biomechanics
Univ. of Bern, Switzerland

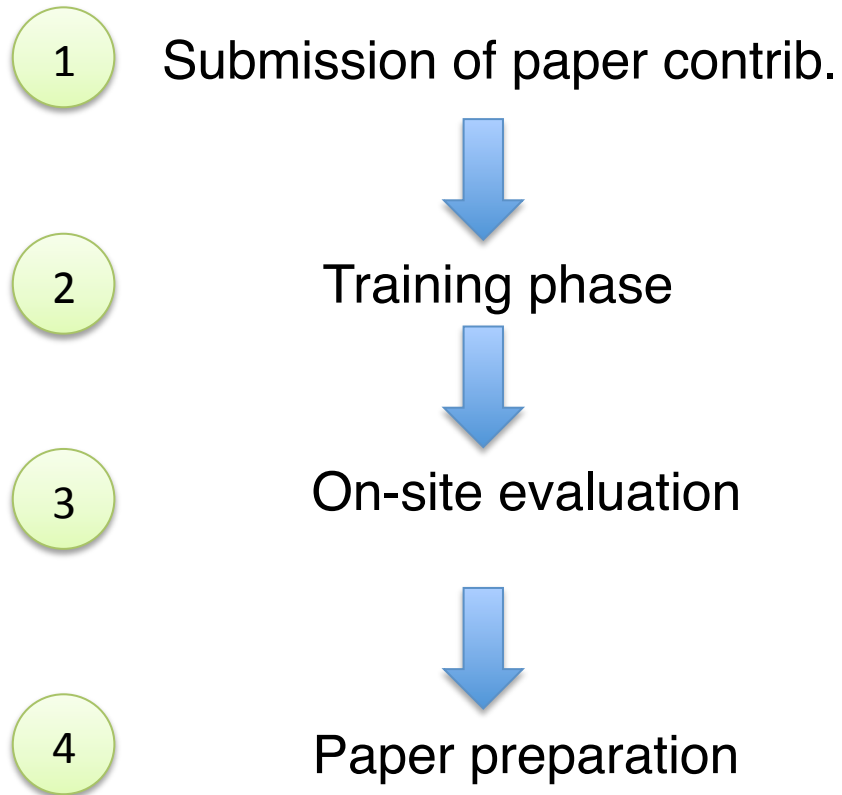
BraTS

- Aim: Objective benchmark of different algorithms on a standardized dataset
- Low- and high-grade gliomas
- 65 synthetic datasets
- 65 patient datasets (multiple centers, different scanners & acquisition protocols)
- Standardized pre-processing (skull-stripping, rigid registration, isotropic resampling)
- Groundtruth from fused manual segmentations by 7 independent experts (Bern, Debrecen, Boston)



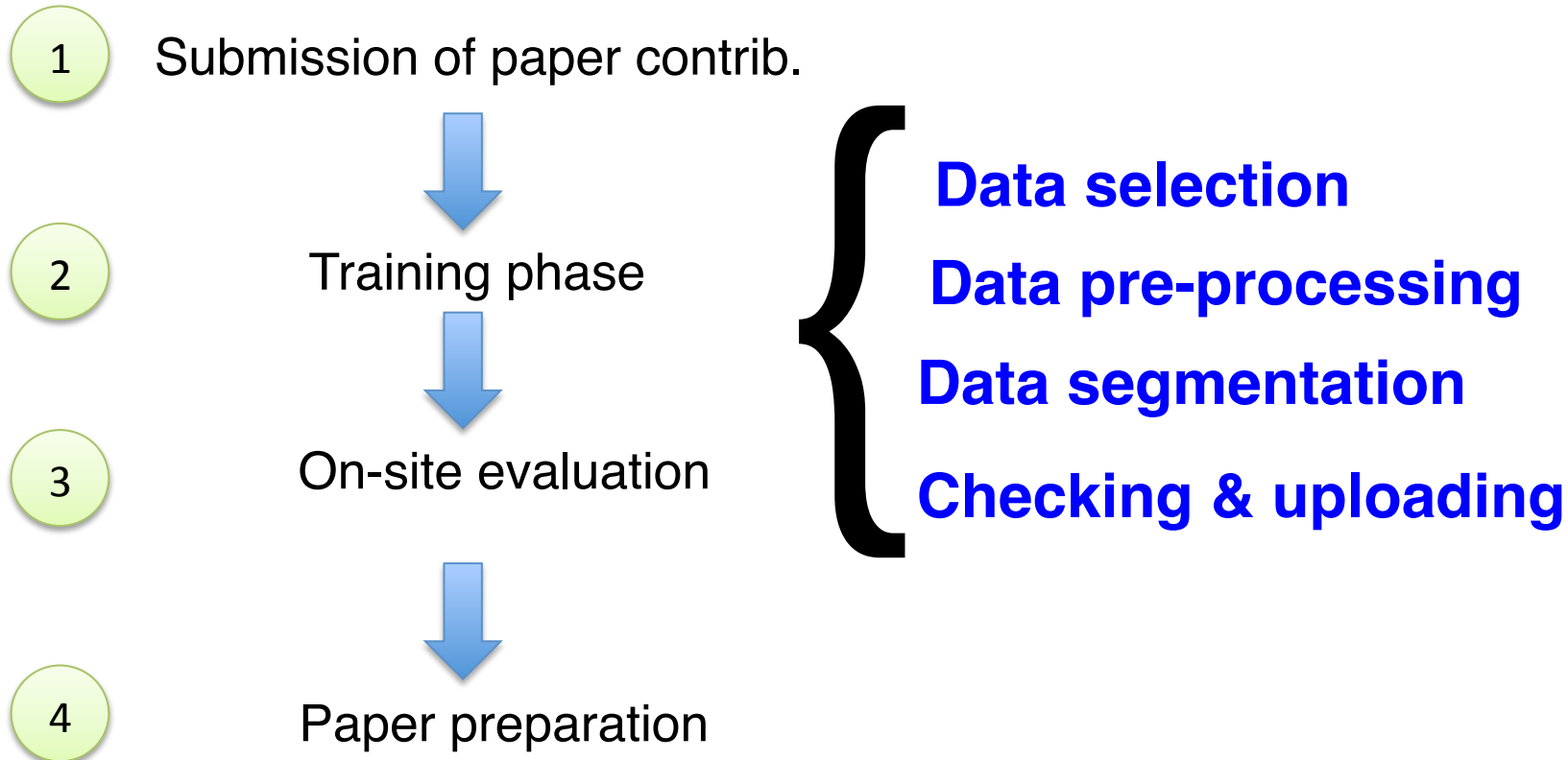
Concept BraTS

Miccai Segmentation challenge



Concept BraTS

Miccai Segmentation challenge – Organization point of view

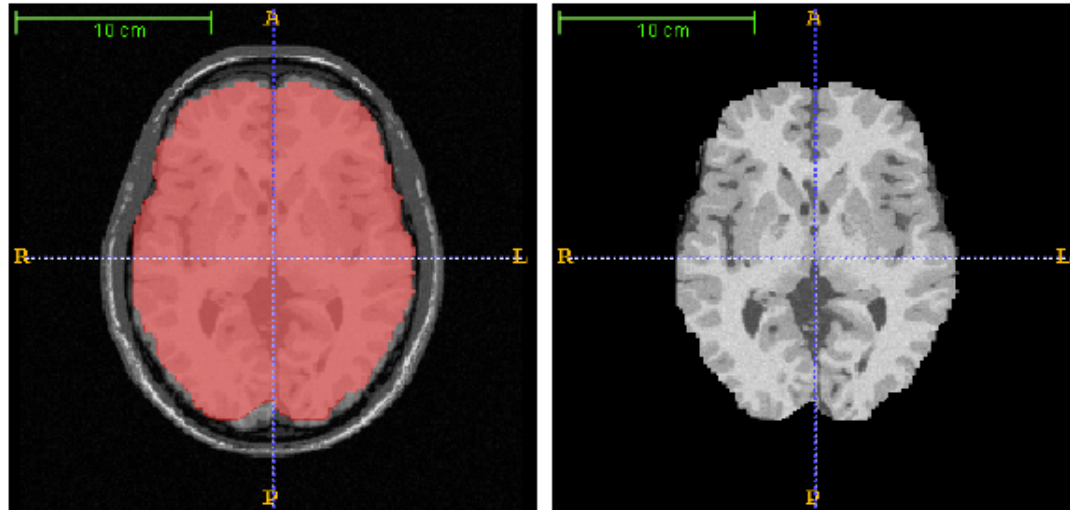


MRI modalities

- **T1-weighted**, native image, sagittal or axial 2D acquisitions, with 1-6mm slice thickness.
- **T1-weighted, post Gd image**, with 3D acquisition and 1 mm isotropic voxel size for most patients.
- **T2-weighted** image, axial 2D acquisition, with 2-6 mm slice thickness.
- **T2-weighted FLAIR** image, axial, coronal, or sagittal 2D acquisitions, 2-6 mm slice thickness.

Pre-processing

- Alignment to T1
- Skullstripping (semiautomatic)
- 1mm isotropic resampling

















BraTS 2012



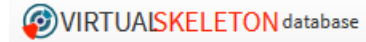
VIRTUAISKELETON database

- 13 total participants
- 7 on-site participants
- Mix of automatic and semi-automatic methods
- Evaluation of complete tumor and core (2 compartments)
- Computation time not counted for ranking








BRATS 2012					
Real data		whole		core	
Dice (in %)		<i>LG/HG</i>		<i>LG/HG</i>	
 Bauer	60	34 / 70	29	39 / 26	
 Geremia	61	58 / 63	23	29 / 20	
 Hamamci	69	46 / 78	<u>37</u>	43 / 35	
 Shin	32	44 / 27	9	0 / 12	
 Subbanna	29	0 / 32	27	0 / 30	
 Zhao (I)	34	na / 34	37	na / 37	
 Zikic	<u>70</u>	49 / 77	25	28 / 24	

BRATS 2012					
Synthetic data		whole		core	
Dice (in %)		<i>LG/HG</i>		<i>LG/HG</i>	
 Bauer	87	87 / 88	81	86 / 78	
 Geremia	83	83 / 82	62	54 / 66	
 Hamamci	82	74 / 85	69	46 / 80	
 Shin	8	4 / 10	3	2 / 4	
 Subbanna	81	81 / 81	41	42 / 40	
 Zhao	na	na / na	na	na / na	
 Zikic	<u>91</u>	88 / 93	<u>86</u>	84 / 87	

BraTS 2013

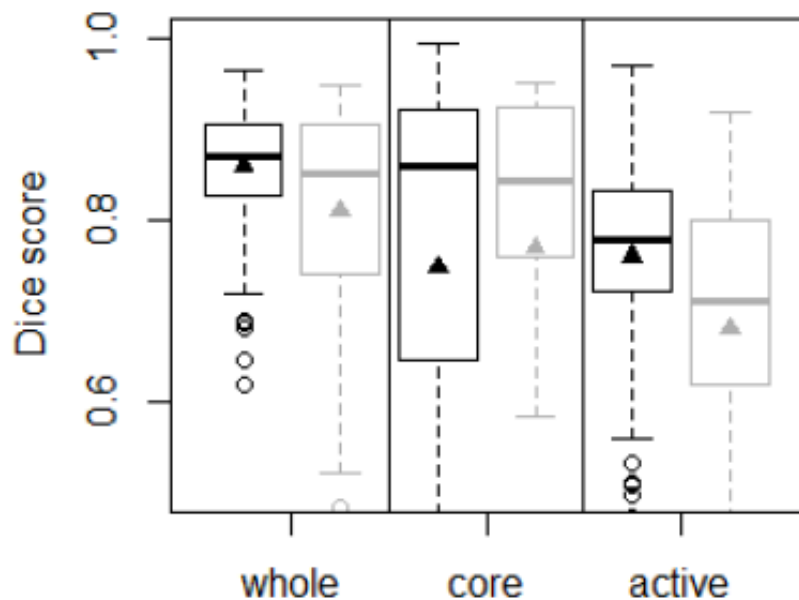


- 11 total participants
- 7 on-site participants
- Only automatic methods
- Mostly decision forest – based methods (due to their success in 2012)
- Evaluation of complete tumor, core and enhancing tumor (3 compartments)
- Data from BraTS 2012 + additional NCIA images
- Computation time not counted for ranking

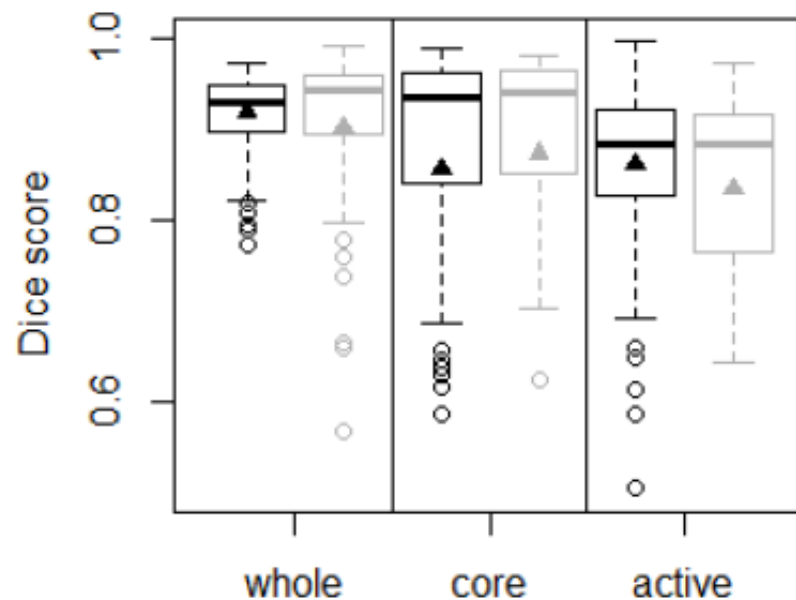
BRATS 2013			
Real data	whole	core	active
Dice (in %)	<i>HG only</i>	<i>HG only</i>	
 Cordier	84	68	65
 Doyle	71	46	52
 Festa	72	66	67
 Meier	82	73	69
 Reza	83	72	72
 Tustison	<u>87</u>	<u>78</u>	<u>74</u>
 Zhao (II)	84	70	65

Manual Segmentations

Rater vs. Rater



Rater vs. Fused



Evaluation platform – Virtual Skeleton Database (VSD)

VIRTUASKELETONdatabase Browse Challenges

BRATS2013
BRATS2012
MIA 2012

BRATS 2013 - Multicenter Brain Tumor Segmentation

Segmentation of brain tumors is a critical step in treatment planning and evaluation of response to therapy. It is also one of the most challenging tasks in medical image analysis, due to the variable shape and heterogeneity of such tumors. Multicenter data will be used for segmentation of four tumor subregions, while inter-reader agreement from clinicians will be used as a benchmark for comparing the algorithm.

Take me to BRATS 2013



Login

Login

Login as demo user

Forgot password? Request a new one here!



Register

Explain the registration procedure, show option to the demo

Register Demo



Supported by

Computer Aided and Image Guided Medical Interventions – National Centres of Competence in Research (NCCR) of the Swiss National Science Foundation – University of Bern, Institute for Surgical Technology and Biomechanics – Bern University of Applied Sciences, Engineering and Information Technology

VSD Features

- User management
- File management
 - File Sharing
 - Folder structure + sharing
- Multiple file-type support
 - Image formats (dicom, hdr, mhd, mha, nii)
 - Statistical models (HDF5)
- Full-text search
- Meta-data (incl. FMA ontology)
- Integration of external libraries - ITK and HDF5
- System integration (webdav)
- Discussions (forum), rating and comments on datasets
- De-identification
- Advanced upload
 - Segmentation recognition
 - Dataset recognition
 - Version handling
 - Auto-linking of objects
- Hosting MICCAI segmentation challenge

Evaluation metrics

- Dice coeff.
 - Specificity
 - Sensitivity
 - Average/Hausdorff distance
 - Kappa
-
- Limitation: no “clever” combination of metrics. Used aggregation of rankings

Ranking system

- Per-metric ranking
- Divided by regions (complete, core, enhancing)

Dice		
complete	core	enhancing
0.79 (1)	0.65 (1)	0.53 (1)

Sensitivity		
complete	core	enhancing
0.81 (2)	0.73 (1)	0.66 (1)

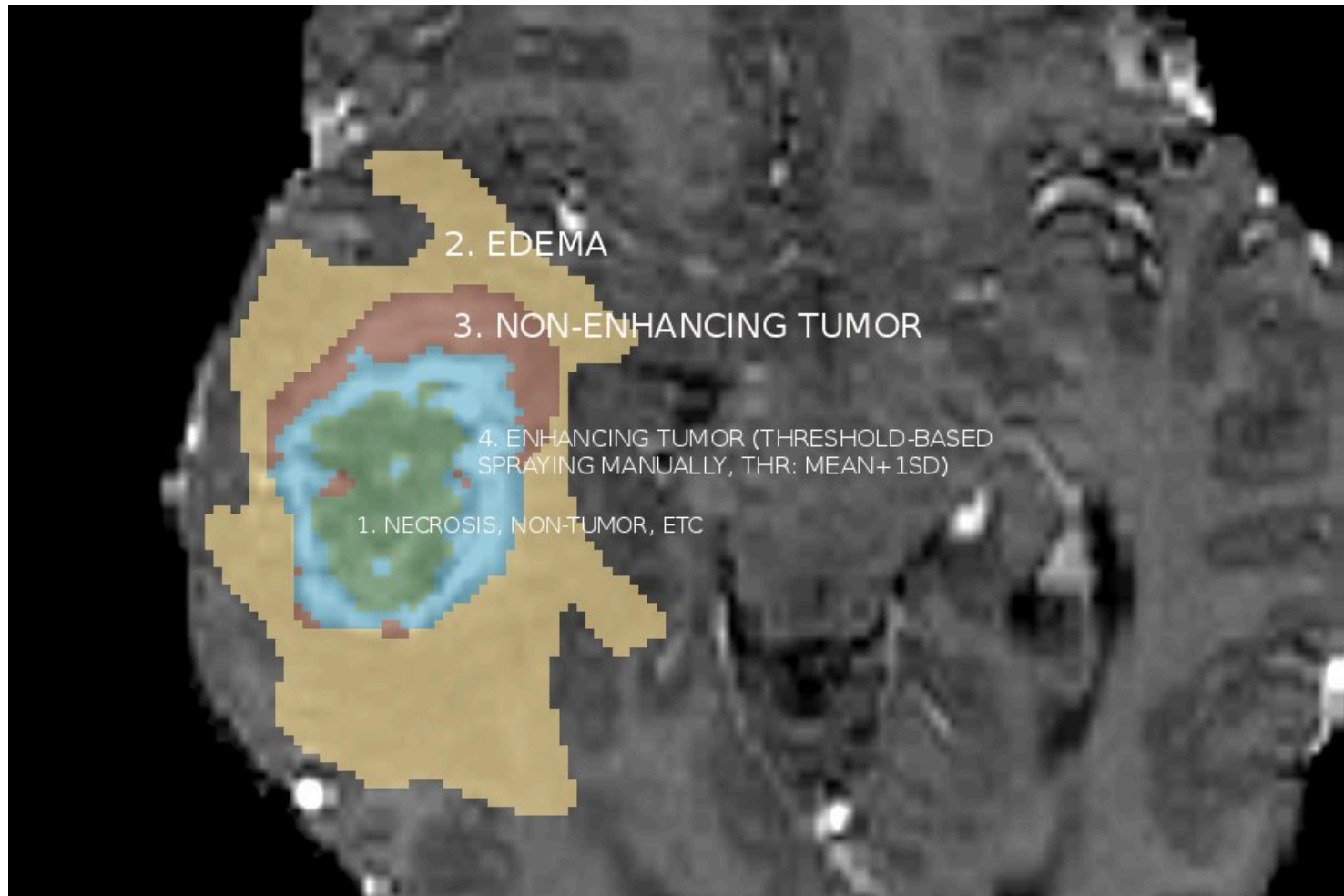
Positive Predictive Value		
complete	core	enhancing
0.83 (1)	0.70 (1)	0.51 (1)

Improvements to labels (after BraTS 2012)

- 2-labels:
 - 1 for edema
 - 2 for active tumor

- 4-labels:
 - 1 for necrosis
 - 2 for edema
 - 3 for non-enhancing tumor
 - 4 for enhancing tumor
 - 0 for everything else

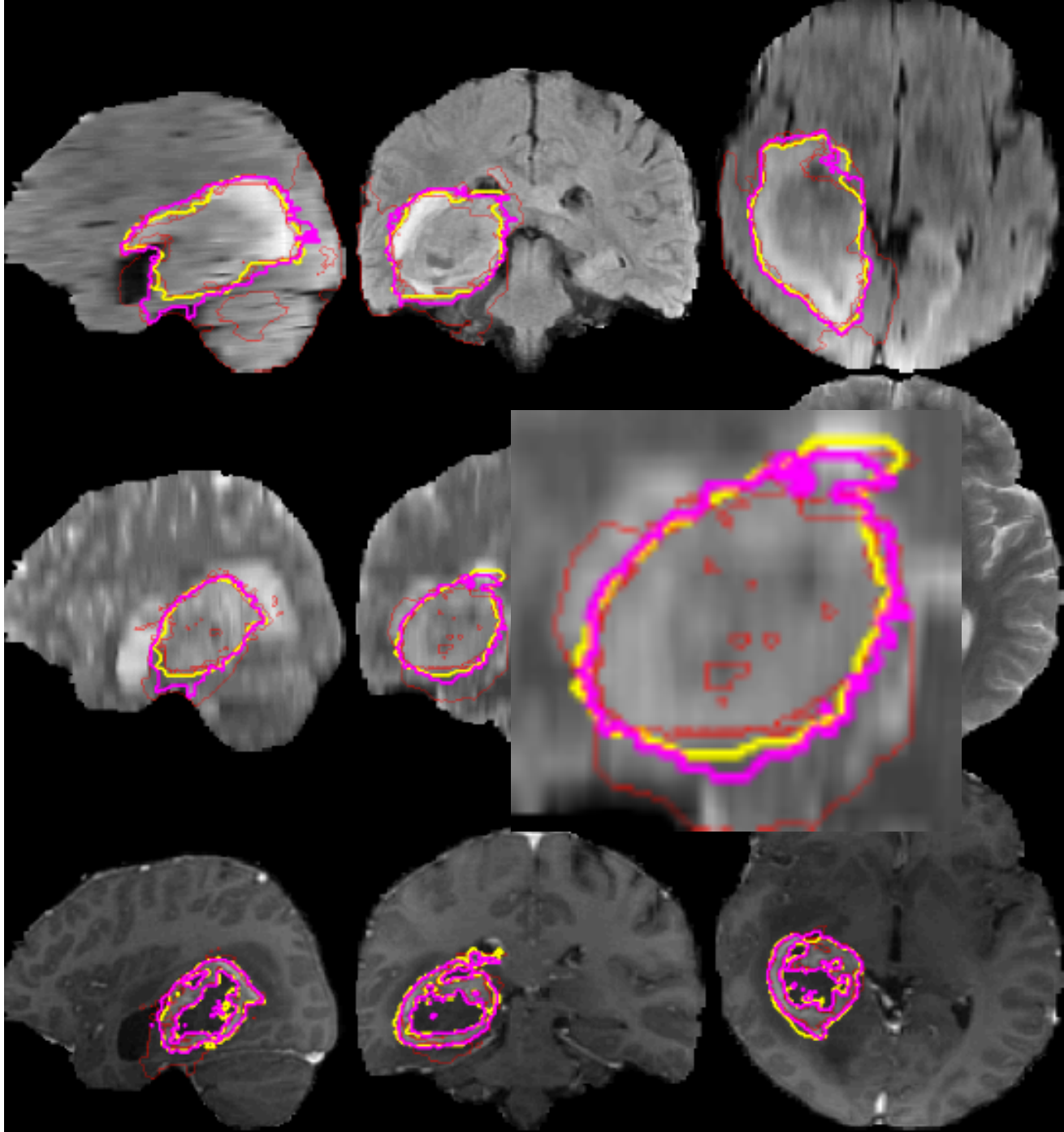
Evaluation























Region 1: complete tumor (labels 1+2+3+4 for patient data, labels 1+2 for synthetic data)

Region 2: Tumor core (labels 1+3+4 for patient data, label 2 for synthetic data)

Region 3: Enhancing tumor (label 4 for patient data, n.a. for synthetic data)

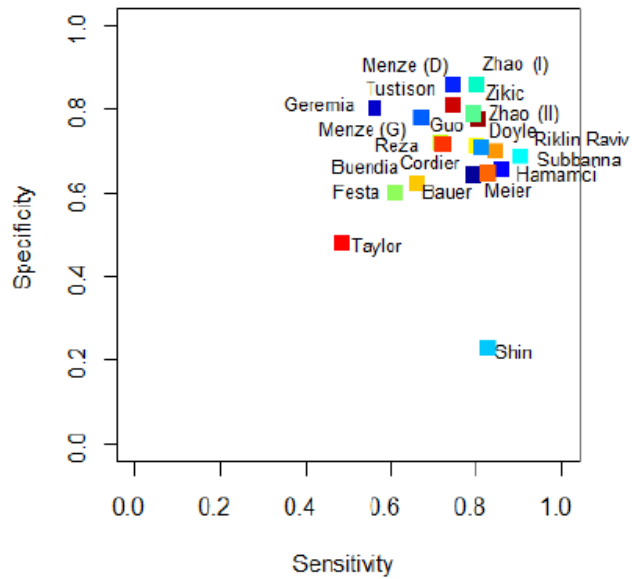


Results

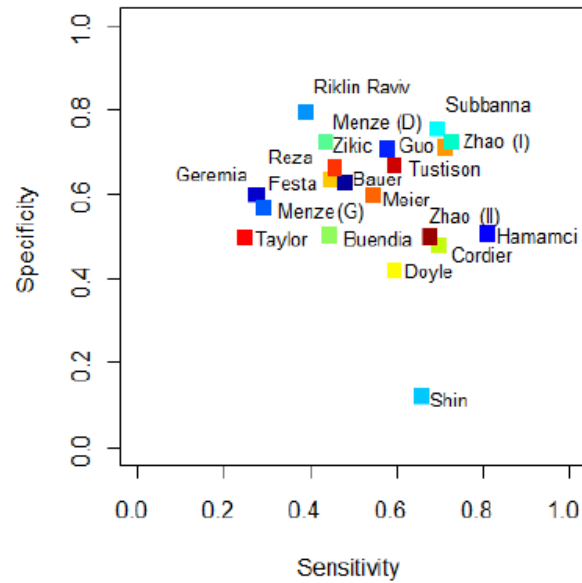
	whole		core		active	time (min) (arch).
Dice (in %)		<i>LG/HG</i>		<i>LG/HG</i>		
 Bauer	68	49/74	48	30/54	57	8 (CPU)
 Buendia	57	19/71	42	8/54	45	X(XX)
 Cordier	68	60/71	51	41/55	39	200 (CPU)
 Doyle	74	63/78	44	41/45	42	X (XX)
 Festa	62	24/77	50	33/56	61	30 (CPU)
 Geremia	62	55/65	32	34/31	42	X (XX)
 Guo	74	71/75	65	59/67	49	X (XX)
 Hamamci	72	55/78	57	40/63	59	20 (CPU)
 Meier	69	46/77	50	36/55	57	6 (CPU)
 Menze (D)	78	81/76	58	58/59	54	20 (CPU)
 Menze (G)	69	48/77	33	9/42	53	10 (CPU)
 Reza	70	52/77	47	39/50	55	X (XX)
 Riklin Raviv	74	<i>na/74</i>	50	<i>na/50</i>	58	8 (CPU)
 Shin	30	28/31	17	22/15	5	8 (Cluster)
 Subbanna	75	55/82	70	54/75	59	70 (CPU)
 Taylor	44	24/51	28	11/34	41	1 (Cluster)
 Tustison	75	68/78	55	42/60	52	100 (CPU)
 Zhao (I)	82	78/84	66	60/68	49	X (XX)
 Zhao (II)	76	67/79	51	42/55	52	20 (CPU)
 Zikic	75	62/80	47	33/52	56	2 (CPU)
Best Combination	88	86 / 89	78	66 / 82	71	
Fused_4	82	68 / 87	73	62 / 77	65	

Results

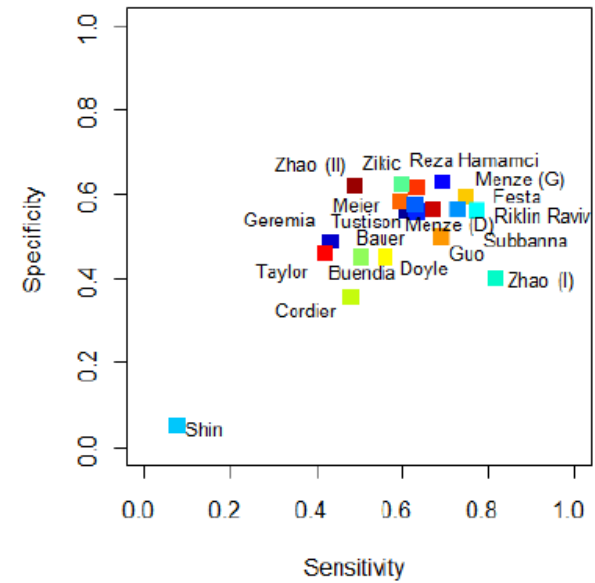
Whole tumor



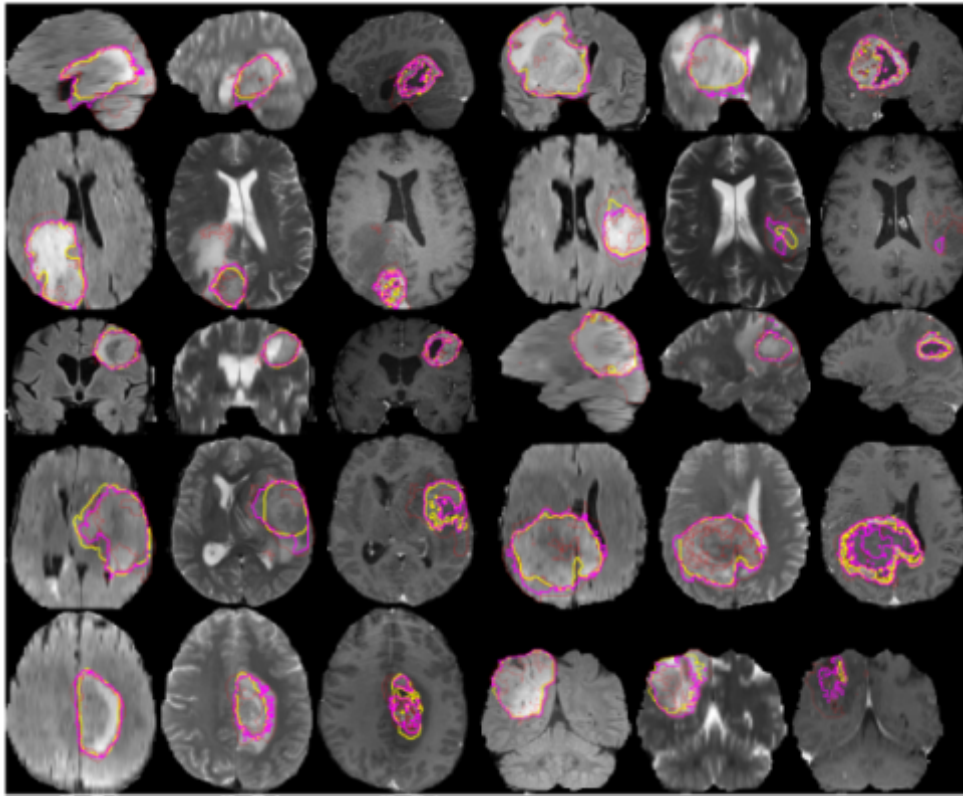
Tumor core



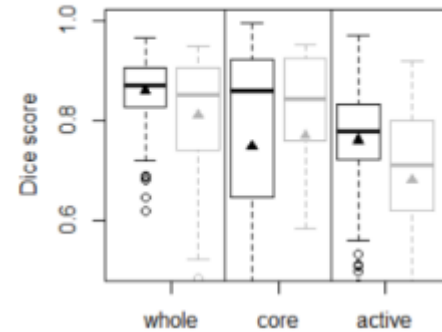
Active tumor



BraTS Conclusion



Rater vs. Rater



	whole	core	active	time (min) (arch).
Dice (in %)	<i>LGHG</i>	<i>LGHG</i>		
Bauer	68 49/74	48 30/54	57	8 (CPU)
Buendia	57 19/71	42 8/54	45	X(XX)
Cordier	68 60/71	51 41/55	39	200 (CPU)
Doyle	74 63/78	44 41/45	42	X (XX)
Festa	62 24/77	50 33/56	61	30 (CPU)
Geremia	62 55/65	32 34/31	42	X (XX)
Guo	74 71/75	65 59/67	49	X (XX)
Hamamci	72 55/78	57 40/63	59	20 (CPU)
Meier	69 46/77	50 36/55	57	6 (CPU)
Menze (D)	78 81/76	58 58/59	54	20 (CPU)
Menze (G)	69 48/77	33 9/42	53	10 (CPU)
Reza	70 52/77	47 39/50	55	X (XX)
Riklin Raviv	74 <i>na/74</i>	50 <i>na/50</i>	58	8 (CPU)
Shin	30 28/31	17 22/15	5	8 (Cluster)
Subbanna	75 55/82	70 54/75	59	70 (CPU)
Taylor	44 24/51	28 11/34	41	1 (Cluster)
Tustison	75 68/78	55 42/60	52	100 (CPU)
Zhao (I)	82 78/84	66 60/68	49	X (XX)
Zhao (II)	76 67/79	51 42/55	52	20 (CPU)
Zikic	75 62/80	47 33/52	56	2 (CPU)
Best Combination	88 86 / 89	78 66 / 82	71	
Fused_4	82 68 / 87	73 62 / 77	65	

Recommendations

- Long-term impact => sustainability and consistency of the comparisons
- Using training and evaluation datasets.
Publications
- Cross-evaluation and cross-evaluation...
- Close or far away from clinical scenarios?



Thanks for your attention!