Blind Source Separation and Deconvolution of Dynamic Medical Image Sequences

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Outline

- Problem description
- Current approaches
- Blind source separation (BSS)
- Deconvolution in BSS (BCMS)
- Automatic regions of interest in BSS (FAROI)
- Automatic relevant determination and deconvolution in BSS (S-BSS-vecDC)
- On validation of the algorithms

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The scheme of scintigraphy:



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CT:



Scintigraphy:



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The scheme of tissues detection from renal scintigraphy sequence:





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Why should we do that?

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Why should we do that?

e.g. Relative Renal Function (RRF) computation in clinical practise:

- Computed from parenchyma activity during accumulation.
- L_p is activity in the left parenchyma.
- R_p is activity in the right parenchyma.
- RRF (for the left kidney):

$$\mathsf{RRF} = \frac{L_{\rho}}{L_{\rho} + R_{\rho}} \tag{1}$$

It is possible to select a specific region and obtain its activity in time.



[M. Caglar et al., Nuclear medicine communications, vol. 29, no. 11, p. 1002, 2008.]

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- Clear activity of parenchyma can be achieved by subtraction of reference background.
- Problems: it is very time consuming and highly dependent on physician.

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Kidneys borders can be found using software AUTOROI.



[E. Garcia et al., Nuclear medicine communications, vol. 31, no. 5, p. 366, 2010.]

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- Focused only on kidney border.
- Manual interaction is necessary.

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Dynamic renal study is examined in [Ståhl et al. 2011]; based on compartment modeling.



Fig. 6. The injection, blood/tissue, left kidney, right kidney and bladder compartment

[D. Ståhl et al., Image Analysis, 557-568, Springer Berlin Heidelberg, 2011.]

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Fig. 6. The injection, blood/tissue, left kidney, right kidney and bladder compartment

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A whole kidney is one compartment.

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Dynamic studies of tumor are examined in [Chen et al. 2011].



[L. Chen et al., Medical Imaging, IEEE Transactions on, no. 99, pp. 1-16, 2011.]

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Dynamic studies of tumor are examined in [Chen et al. 2011].



[L. Chen et al., Medical Imaging, IEEE Transactions on, no. 99, pp. 1-16, 2011.]

- Manual setting of number of compartments is necessary.
- Huge computation issues.

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Consider following scalar model:

$$d = ax + e$$
 (2)

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$$d = ax + e \tag{2}$$

Since $e \sim \mathcal{N}(0, r_e)$, then

$$f(d|a, x, r_e) = \mathcal{N}(ax, r_e)$$
(3)

and priors for a and x are chosen as

$$f(a|r_a) = \mathcal{N}(0, r_a) \tag{4}$$
$$f(\mathbf{x}|\mathbf{r}_a) = \mathcal{N}(0, r_a) \tag{5}$$

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- Following Variational Bayes (VB) method, we construct the posterior density and compute estimates of parameters a and x using iterative algorithm.
- Iterative VB algorithm estimates parameter using estimates of others.

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Each recorded image is a superposition of biological tissues:

$$\mathbf{d}_t = \mathbf{a}_1 \mathbf{x}_{1,t} + \mathbf{a}_2 \mathbf{x}_{2,t} + \dots + \mathbf{a}_r \mathbf{x}_{r,t}$$
(6)

- t is the time index
- r is the number of physiological tissues
- d is the observed image (stored column-wise)
- ► **a**_k is the image of the *k*th tissue (stored column-wise)
- $x_{k,t}$ is the weight of the *k*th tissue image in time *t*

[J.W. Miskin. Ensemble learning for independent component analysis, PhD thesis, University of Cambridge, 2000.] Problem specifics:

- Poisson observation noise.
- Positivity of tissue images and time-activity curves.
- Unknown number of tissues.

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$$f(\mathbf{d}_t|\mathbf{A}, \mathbf{X}, \omega) = \mathbf{t} \mathcal{N}(\mathbf{A} \bar{\mathbf{x}}_t, \omega^{-1} \mathbf{I}_p \otimes \mathbf{I}_n),$$
(7)

$$f(\omega) = \mathsf{G}(\vartheta_0, \rho_0), \tag{8}$$

$$f(\mathbf{x}_k|v_k) = t\mathcal{N}(\mathbf{0}_{n,1}, v_k^{-1}I_n),$$
(9)

$$f([v_1,...,v_r]) = \prod_{k=1}^{r} G(\alpha_{k,0},\beta_{k,0}),$$
 (10)

$$f(\mathbf{a}_k) = t\mathcal{N}(\mathbf{0}_{p,1}, I_p), \tag{11}$$

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 Note that biologically meaningful solution is not guaranteed.

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[O. Tichý, V. Šmídl, and M. Šámal. In ECCOMAS Conf. on Comp. Vision and Medical Image Proc., 2013.] Motivation:

The time-activity curves of tissues are convolution of the input activity (the blood) and tissue-specific kernels.

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- The time-activity curves of tissues are convolution of the input activity (the blood) and tissue-specific kernels.
- The shape of the kernels is expected to be formed by a constant plateau followed by monotonic decrease to zero.

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• Each time-activity curve, \mathbf{x}_k , is modeled as a convolution:

$$x_{t,k} = \sum_{m=1}^{t} b_{t-m+1} u_{m,k}$$
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 Convolution kernels of each tissue are modeled as additions stored in vectors w_k,

$$w_{i,k} = \begin{cases} h_k & s_k \le i \le s_k + l_k \\ 0 & \text{otherwise} \end{cases}$$
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BSS+ results

BCMS results



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Automatic regions of interest in BSS (FAROI)

[V. Šmídl, O. Tichý. In 2012 IEEE International Symposium on Biomedical Imaging (ISBI), IEEE, 2012.]



region of interest

(for the right kidney)



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[V. Šmídl, O. Tichý. In 2012 IEEE International Symposium on Biomedical Imaging (ISBI), IEEE, 2012.]



Each pixel $a_{i,k}$ in the tissue image \mathbf{a}_k has an indicator variable $\mathbf{i}_{i,k}$ such that

 $\mathbf{i}_{i,k} = \begin{cases} 1 & \text{i-th pixel has non-zero activity in the k-th factor,} \\ 0 & \text{i-th pixel has zero activity in the k-th factor.} \end{cases}$ (14)

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We would like to have two extremes:

$$f(\mathbf{a}_{i,k}) = \begin{cases} \mathsf{U}(0,1) & \mathbf{i}_{i,k} = 1, \\ \mathsf{t}\mathcal{N}(0,\xi_k^{-1}) & \mathbf{i}_{i,k} = 0, \end{cases}$$

- U(0, 1) is a prior model of the tissue.
- $t\mathcal{N}(0,\xi_k^{-1})$ is a model of a "soft zero".

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- U(0, 1) is a prior model of the tissue.
- $t\mathcal{N}(0,\xi_k^{-1})$ is a model of a "soft zero".
- ▶ We model $\mathbf{i}_{i,k}$ as a continuous variable, $\mathbf{i}_{i,k} \in \langle 0, 1 \rangle$

$$f(a_{i,k}) = \mathsf{U}(0,1)^{\mathbf{i}_{i,k}} \times \mathsf{t}\mathcal{N}(0,\xi_k^{-1})^{(1-\mathbf{i}_{i,k})} \tag{15}$$

(for computation reason)

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BSS:



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[C.M. Bishop and M.E. Tipping. The 16th Conference on Uncertainty in Artificial Intelligence, pages 46–53, 2000.] Automatic relevance determination (ARD) principle:

$$f(\mathbf{s}|\boldsymbol{\theta}) = \mathcal{N}(\mathbf{0}, \operatorname{diag}(\boldsymbol{\theta})), \tag{16}$$
$$f(\boldsymbol{\theta}_t) = \mathbf{G}(\alpha_0, \beta_0), \tag{17}$$

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The expected value of the prior variance of a redundant parameter approaches zero in the Variational Bayes solution.

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Scalar example again:

$$d = ax + e, \ e \sim \mathcal{N}(0, r_e) \tag{18}$$

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$$\boldsymbol{p}(\boldsymbol{a}|\boldsymbol{r}_{\boldsymbol{a}}) = \mathsf{t}\mathcal{N}(\boldsymbol{0},\boldsymbol{r}_{\boldsymbol{a}}^{-1}), \ \boldsymbol{p}(\omega_{\boldsymbol{a}}) = \mathsf{G}(\alpha_{\boldsymbol{a}},\beta_{\boldsymbol{a}}), \tag{19}$$



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$$\boldsymbol{\rho}(\boldsymbol{a}|\boldsymbol{r}_{\boldsymbol{a}}) = \mathsf{t}\mathcal{N}(\boldsymbol{0},\boldsymbol{r}_{\boldsymbol{a}}^{-1}), \ \boldsymbol{\rho}(\omega_{\boldsymbol{a}}) = \mathsf{G}(\alpha_{\boldsymbol{a}},\beta_{\boldsymbol{a}}), \tag{19}$$



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improved from [V. Šmídl, O. Tichý., ECML 2013, volume 8189 of LNCS, pages 548–563, Springer, 2013.] Matrix formulation of the data model:

$$D = [\mathbf{a}_1, \dots, \mathbf{a}_r][\mathbf{x}_1, \dots, \mathbf{x}_r]' = AX'.$$
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 Each time-activity curve arrise as convolution of the input function and tissue-specific kernels as

$$\mathbf{x}_k = \mathbf{b} * \mathbf{u}_k, \ \forall k = 1, \dots, r.$$
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 Each time-activity curve arrise as convolution of the input function and tissue-specific kernels as

$$\mathbf{x}_k = \mathbf{b} * \mathbf{u}_k, \ \forall k = 1, \dots, r.$$
 (21)

Thus,

$$D = AX' = A[\mathbf{u}_1, \dots, \mathbf{u}_r]' \begin{pmatrix} b_1 & 0 & 0 & 0 \\ b_2 & b_1 & 0 & 0 \\ \dots & b_2 & b_1 & 0 \\ b_n & \dots & b_2 & b_1 \end{pmatrix}' = AU'B'.$$
(22)

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• We adopt ARD principle for modeling A and U.

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- ▶ We adopt ARD principle for modeling *A* and *U*.
- Model of pixels:

$$f(\overline{\mathbf{a}}_i|\boldsymbol{\xi}_i) = t\mathcal{N}(\mathbf{0}_{1,r}, \operatorname{diag}(\boldsymbol{\xi}_i)^{-1}), \quad \forall i = 1, \dots, p,$$
(23)
$$f(\boldsymbol{\xi}_i) = \prod_{k=1}^r \mathbf{G}(\phi_{ik,0}, \psi_{ik,0}),$$
(24)

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Model of convolution kernels:

$$(\operatorname{vec}(U)|\Upsilon) = t\mathcal{N}(\mathbf{0}_{nr,1},\Upsilon^{-1}), \qquad (25)$$
$$f(\Upsilon) = \prod_{j=1}^{nr} \mathbf{G}(\alpha_{j,0},\beta_{j,0}), \qquad (26)$$

 Vectorized form of U allows us to model the relation between convolution kernels mutually

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- Vectorized form of U allows us to model the relation between convolution kernels mutually
- Model of the input function:

$$f(\mathbf{b}|\varsigma) = t\mathcal{N}(\mathbf{0}_{n,1},\varsigma^{-1}I_n),$$
(27)
$$f(\varsigma) = \mathbf{G}(\zeta_0,\eta_0),$$
(28)

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Example result:



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BSS:

Example result:



S-BSS-vecDC:

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Validation

How to validate or compare the algorithms since typically no ground truth is available?

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How to validate or compare the algorithms since typically no ground truth is available?

What we can do:

- Validation on synthetic data.
- Comparison with physician's separation results.
- Comparison on parameters such as RRF.

Validation on Synthetic Data

We generate data composed of 3 sources and noise.



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We have 19 sequences where activities of parenchyma and heart are selected using experienced physician.

- We have 19 sequences where activities of parenchyma and heart are selected using experienced physician.
- We use these physician's results as our ground truth.
- The statistics such as MSE, MAE, or median can be calculated for the whole dataset and compared.

Experiment description:

- ► Each image has resolution 128 × 128 pixels.
- ► Each sequence contains 100 180 images.

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- Each image has resolution 128×128 pixels.
- ► Each sequence contains 100 180 images.
- We use automated ROIs based on those from physician hiding left or right kidney = we have 38 kidneys in experiment.



 Activity of parenchyma is examined using algorithms: BSS, FAROI, CAM-CM, BCMS, S-BSS-vecDC.

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Example result:



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Example result:



algorithm	mean MLE \pm std MLE	mean MAE \pm std MAE	best MLE	best MAE
BSS+	$0.0314{\pm}0.0340$	0.1197±0.0687	3	4
FAROI	$0.0358 {\pm} 0.0469$	0.1202 ± 0.0860	9	7
CAM-CM	0.0376 ± 0.0262	$0.1444 {\pm} 0.0567$	0	1
BCMS	0.0207 ± 0.0296	0.0914±0.0601	10	11
S-BSS-vecDC	0.0124±0.0118	0.0730±0.0376	16	15

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algorithm	mean MLE \pm std MLE	mean MAE \pm std MAE	best MLE	best MAE
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Clinical Validation

 107 data sets are available on http://www.dynamicrenalstudy.org/ since March 2012.

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Clinical Validation

- 107 data sets are available on http://www.dynamicrenalstudy.org/ since March 2012.
- Data are well described and RRFs are given.



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Clinical Validation

99 datasets are used (2 kidneys are required).

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- Each dataset: 180 images taken after each 10 seconds as a matrix of 128 × 128 pixels.
- Part of accumulation of each sequence is selected.

Clinical Validation

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Our objection:

- Assessment of relative renal function using: BSS, FAROI, CAM-CM, BCMS, S-BSS-vecDC.
- Comparison with expert RRFs via cumulative histogram.

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Clinical Validation

 Quantiles of the difference of the estimated RRF from the reference value for all 99 patients.

algorithm	≦ 3%	≦ 5%	≦10%	≧10%
BSS+	38.4%	57.6%	78.8%	21.2%
FAROI	43.4%	58.6%	83.8%	16.2%
CAM-CM	30.3%	48.5%	63.6%	36.4%
CFA	42.4%	59.6%	82.8%	17.2%
S-BSS-vecDC	46.5%	68.7%	86.9%	13.1%

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Conclusion

- Blind source separation methods were introduced.
- Sparsity modeling of tissue images was proposed.
- Convolution model within blind source separation was proposed.
- Comparison on both synthetic and real data was given.

Thank you for your attention. Questions?

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