

RISE OF THE MACHINES

(IN MR IMAGE ACQUISITION AND RECONSTRUCTION)

FLORIAN KNOLL

NYU

UCLA 2020 A.D.

Medical imaging in the 1970/1980s



Cooley, Tukey 1965
Lauterbur 1973

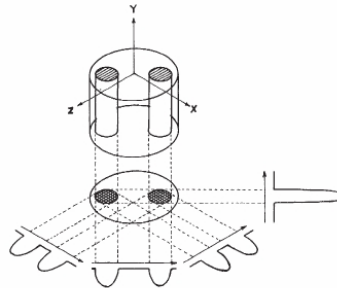
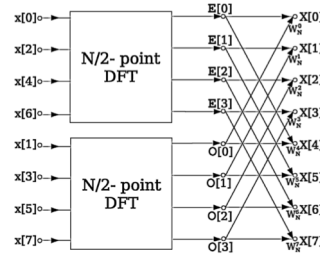
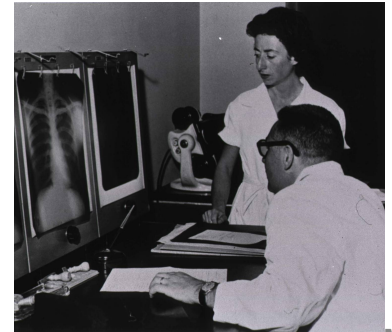


Fig. 1 Relationship between a three-dimensional object, its two-dimensional projection along the Y-axis, and four one-dimensional projections at 45° intervals in the XZ-plane. The arrows indicate the gradient directions.



Medical imaging today



Cooley, Tukey 1965
Lauterbur 1973

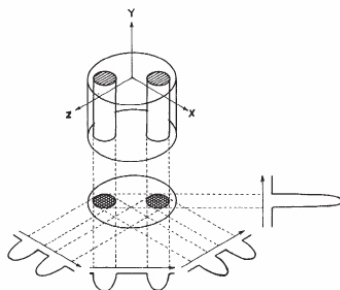
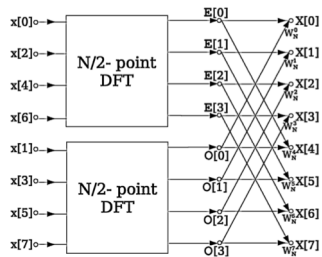
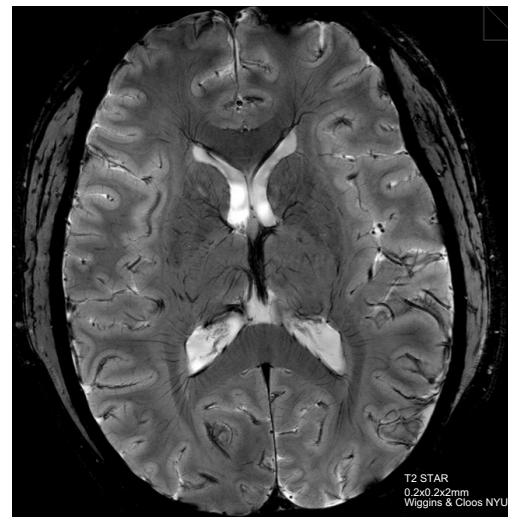
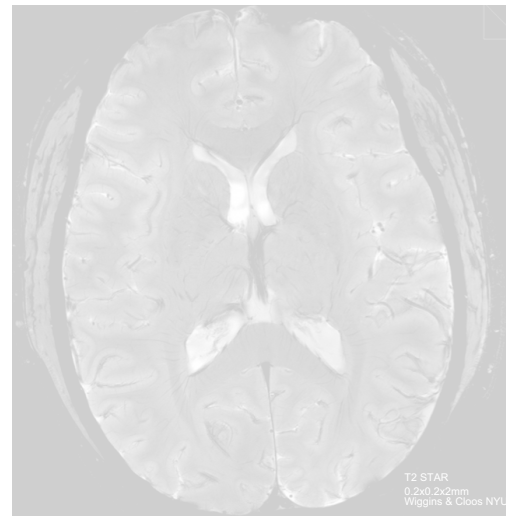


Fig. 1 Relationship between a three-dimensional object, its two-dimensional projection along the Y-axis, and four one-dimensional projections at 45° intervals in the XZ-plane. The arrows indicate the gradient directions.



Computing/DL



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skygpu02      ok      -
skygpu03      closed  -
skygpu04      closed  -
skygpu05      closed  -
skygpu06      ok      -
skygpu07      ok      -
skygpu08      ok      -
skygpu09      ok      -
skygpu10      ok      -
skygpu11      closed  -
skygpu12      closed  -
skygpu13      ok      -
skygpu14      closed  -
skygpu15      closed  -
skygpu16      ok      -
skygpu17      ok      -
skynet        closed  -
skynet2       closed  -
```



Elements of the diagnostic pipeline

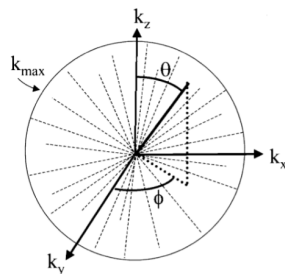
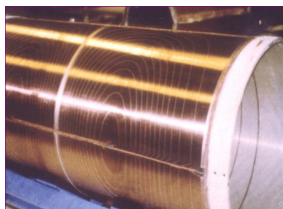
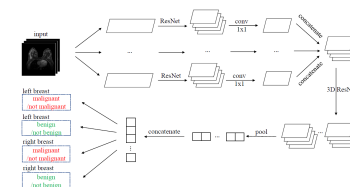
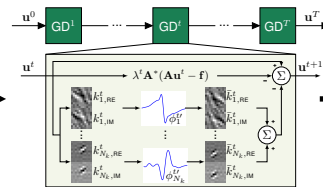
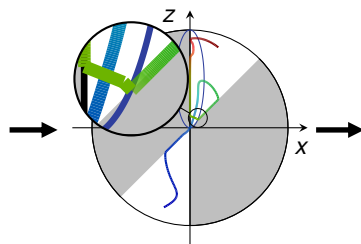
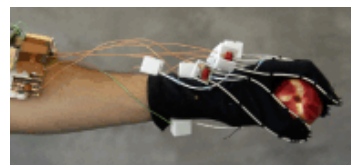
Hardware

Data acquisition

Pulse sequence design

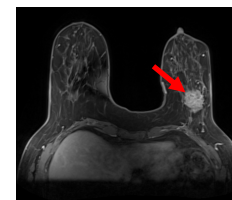
Reconstruction

Classification



↓
Diagnosis

Benign/Malignant



Cooperations

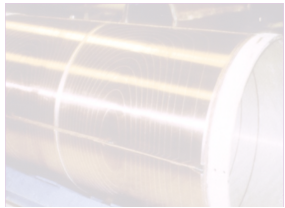


Tom Pock & Co



Image reconstruction

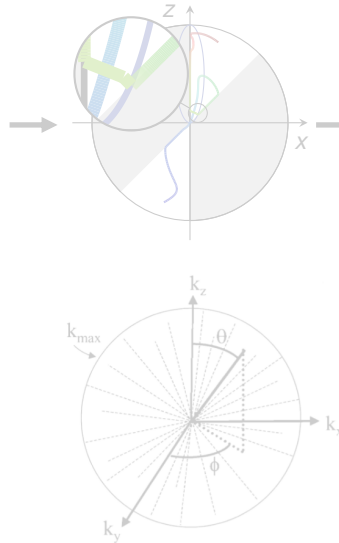
Hardware



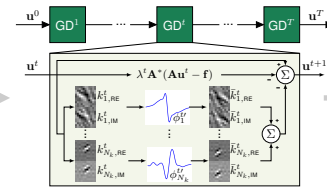
Data acquisition



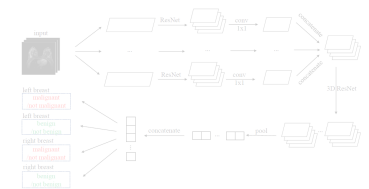
Pulse sequence design



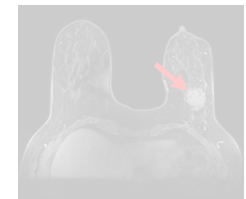
Reconstruction



Classification



Diagnosis



Benign/Malignant

MR data acquisition: Fourier (k-) space

$$f_k(k_x, k_y) = \int \int c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y) dx dy$$

$$f_k(k_x, k_y) = \sum \sum c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y)$$

$$f = Au$$

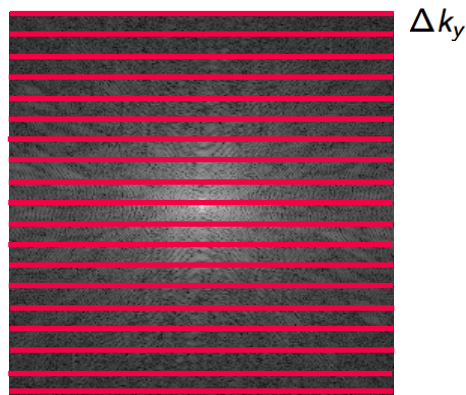


Image reconstruction: Inverse problem

$$f_k(k_x, k_y) = \int \int c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y) dx dy$$

$$f_k(k_x, k_y) = \sum \sum c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y)$$

$$f = Au$$

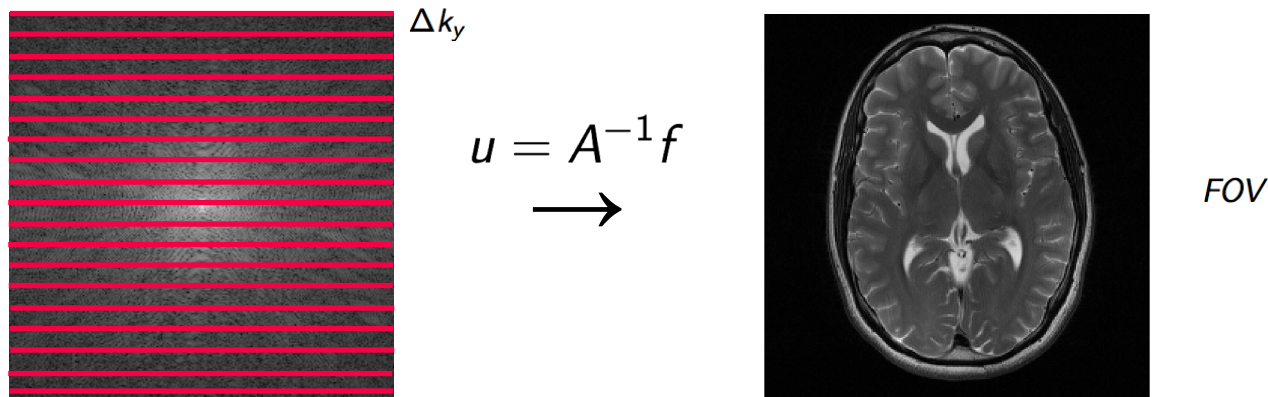
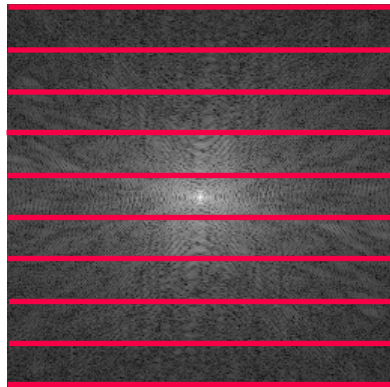


Image reconstruction: R=2

$$f_k(k_x, k_y) = \int \int c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y) dx dy$$

$$f_k(k_x, k_y) = \sum \sum c_k(x, y) e^{-i(k_x x + k_y y)} u(x, y)$$

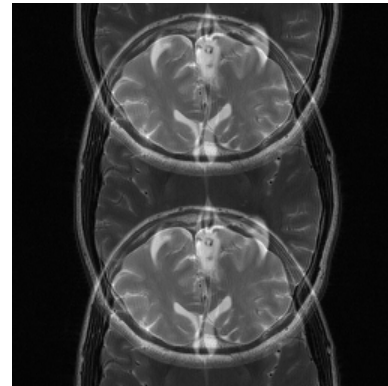
$$f = Au$$



$2\Delta k_y$

$$u = A^{-1}f$$

→



$\frac{FOV}{2}$

Compressed sensing: Sparse representation

$$\min_u \frac{\lambda}{2} \|Au - f\|_2^2 + \mathcal{R}(u)$$



Compressed sensing: Sparse representation

$$\min_u \frac{\lambda}{2} \|Au - f\|_2^2 + \mathcal{R}(u)$$

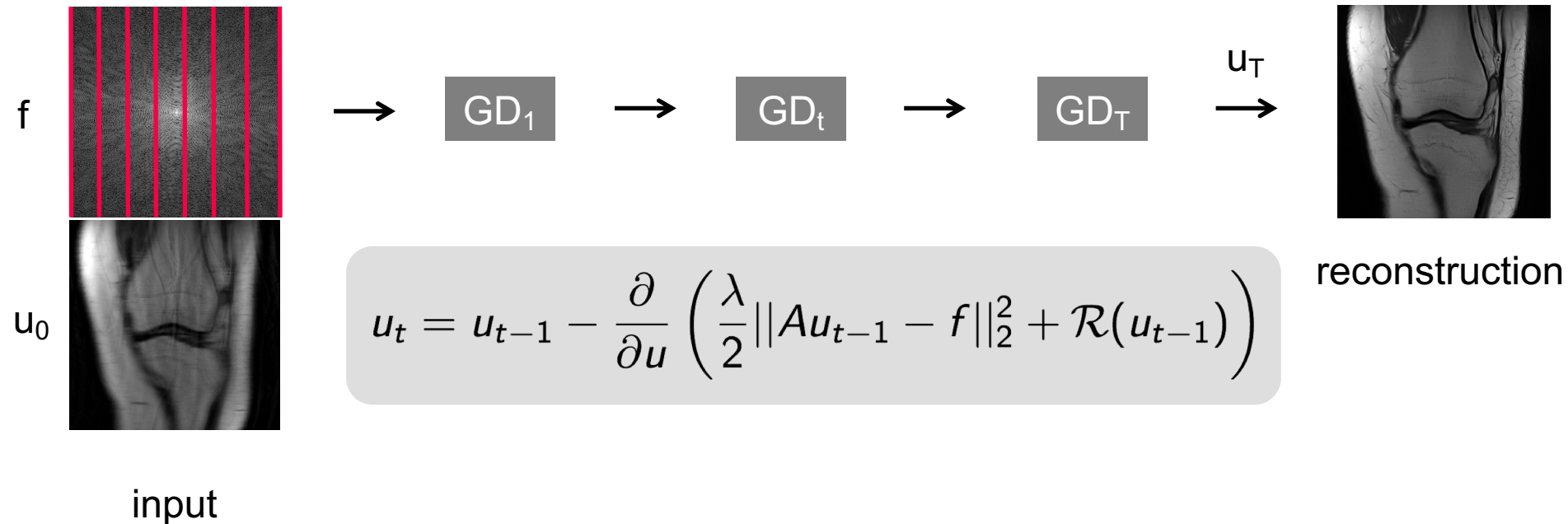
Total Variation (TV)

$$\min_u \frac{\lambda}{2} \|Au - f\|_2^2 + \|\nabla(u)\|_1$$



Lustig MRM (2007)
Rudin (1992)
Block MRM (2007)

Numerical implementation



CS \rightarrow machine learning image reconstruction

Fully sampled Zero-filling R=4



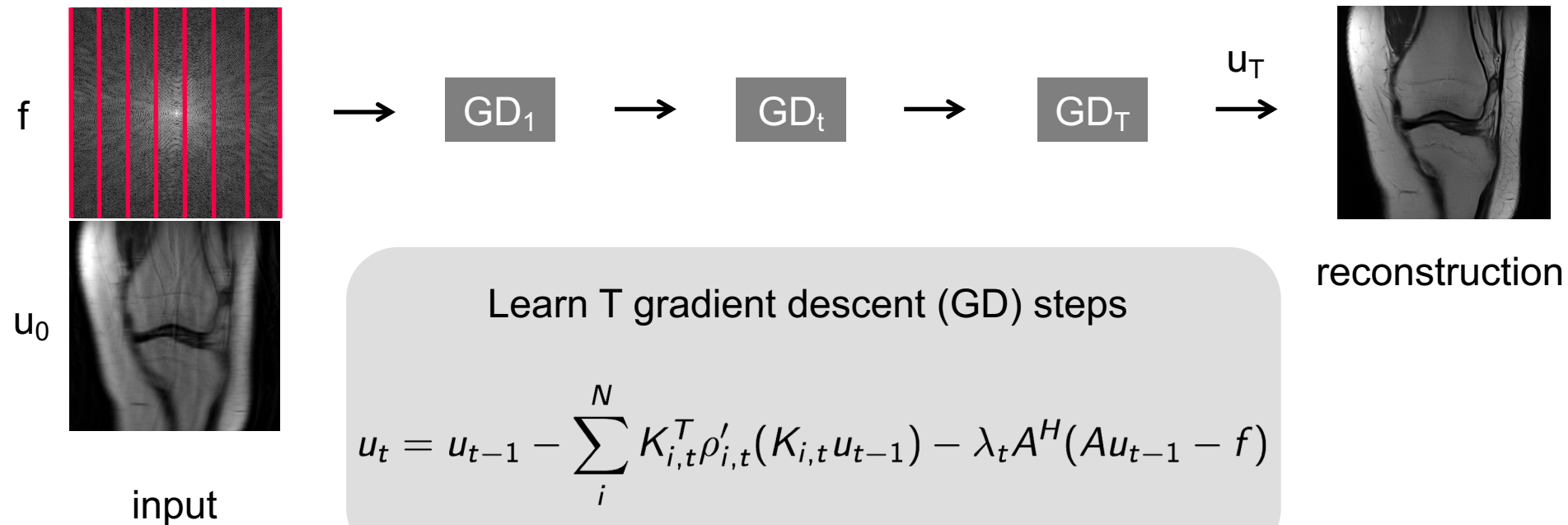
- Separate artifacts from image content
- Sparsifying transform \rightarrow Spatial filter kernels

∇_x ∇_y $K_i u \Leftrightarrow k_i * u$

- L1 norm \rightarrow Potential functions

$$\min_u \frac{\lambda}{2} \|Au - f\|_2^2 + \sum_i \rho_i(K_i u)$$

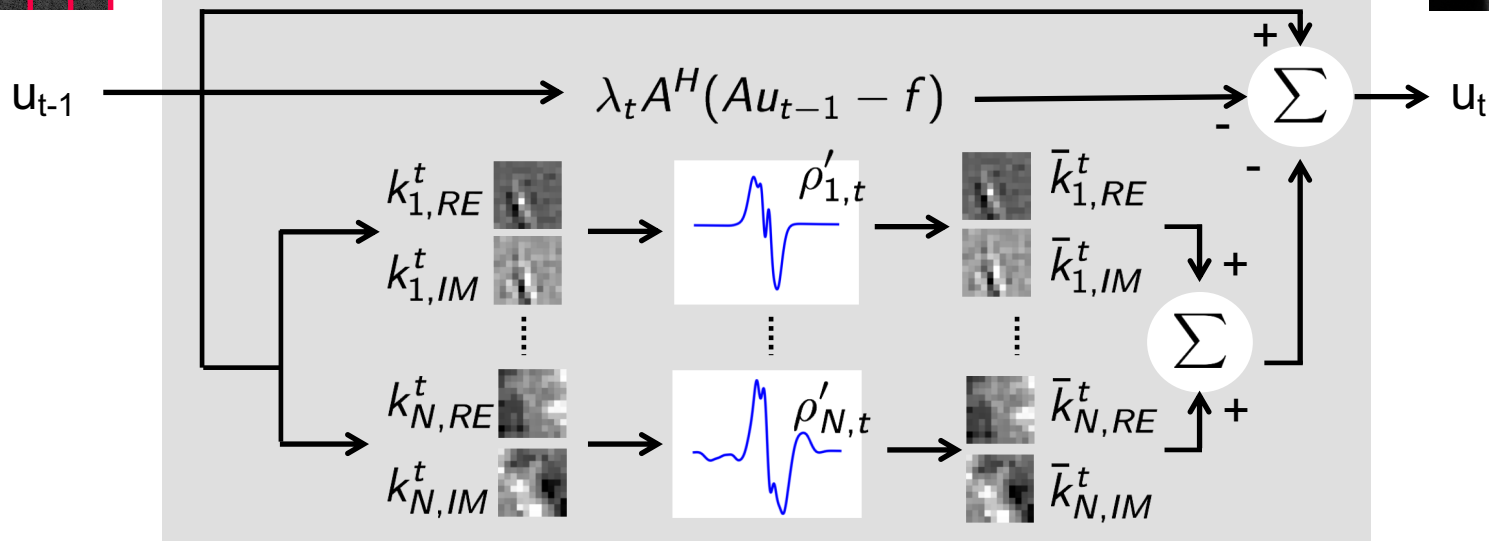
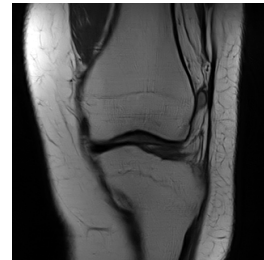
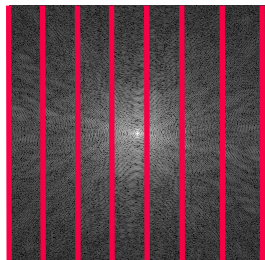
Learning the numerical optimization



input

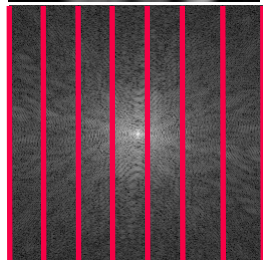
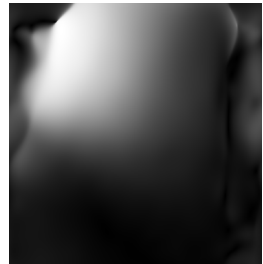
A “variational network”

reconstruction



$$u_t = u_{t-1} - \sum_i^N K_{i,t}^T \rho'_{i,t} (K_{i,t} u_{t-1}) - \lambda_t A^H (A u_{t-1} - f)$$

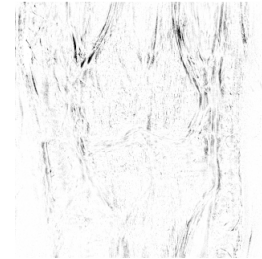
Learning for image reconstruction



input

$$\mathcal{L}_{\mathcal{R}}(\Theta_R) = \frac{1}{S} \sum_{s=1}^S \|u_s^T(\Theta_R) - u_{ref,s}\|_2^2$$

reconstruction error



reference



parameters



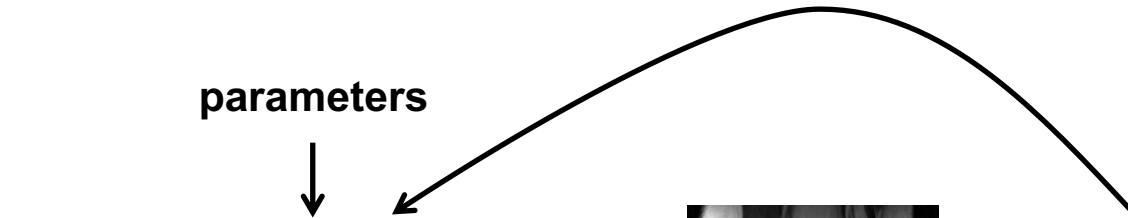
Reconstruction
model



reconstruction

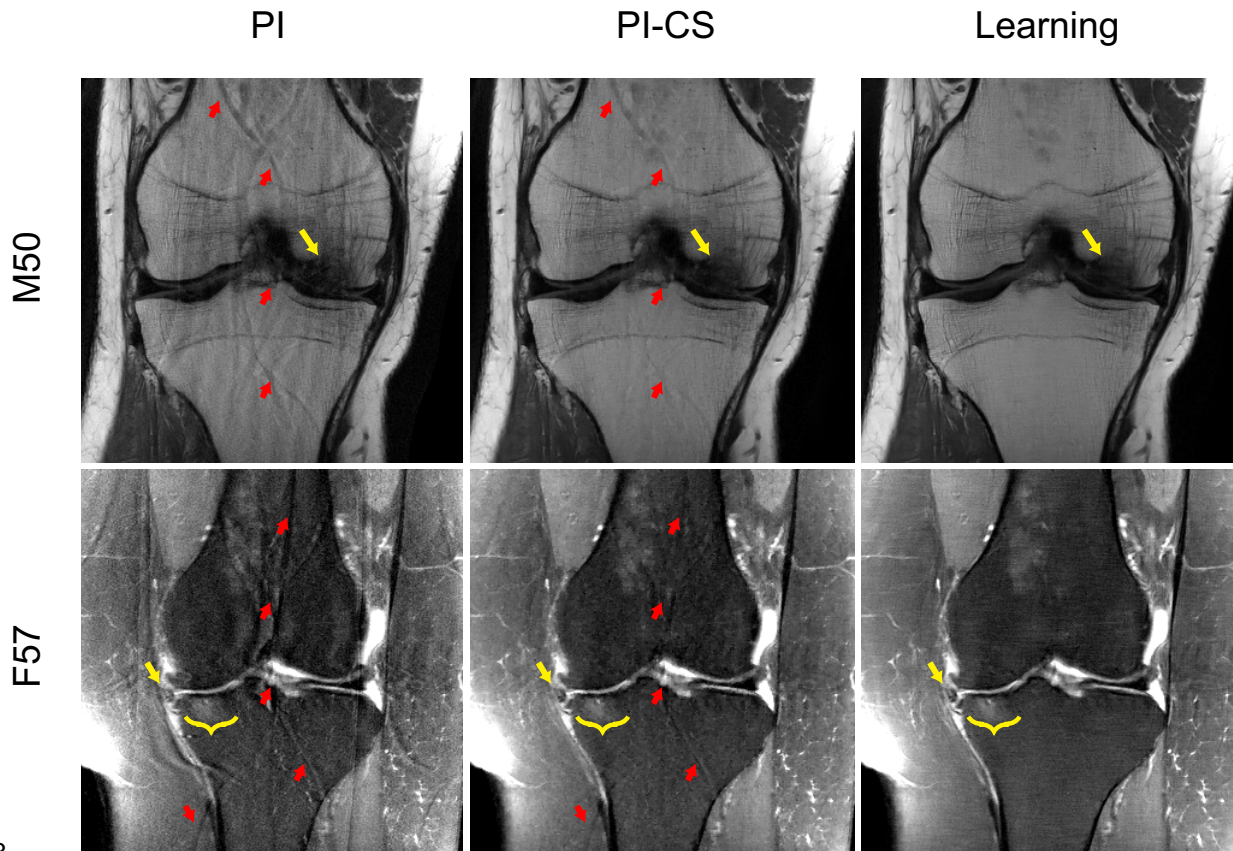


similarity
measure



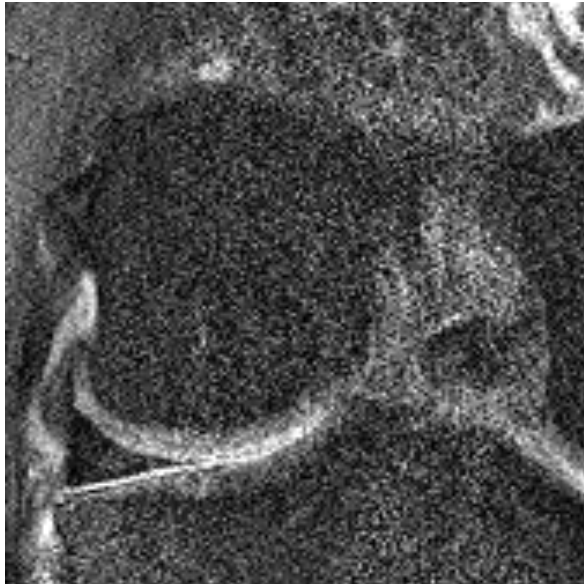
Hammernik MRM 2018

Some reconstruction examples, R=4



Small fissure in tibial cartilage, R=4

PI



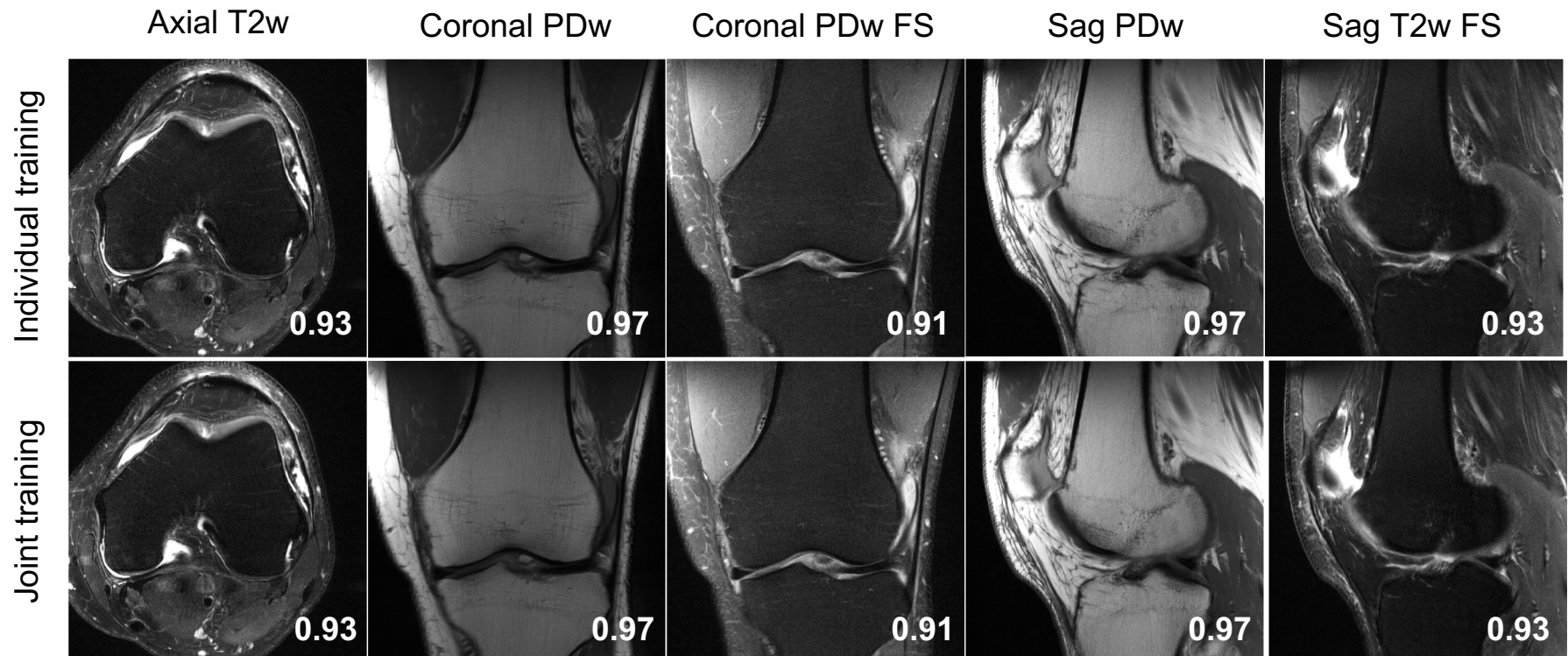
PI-CS



Learning

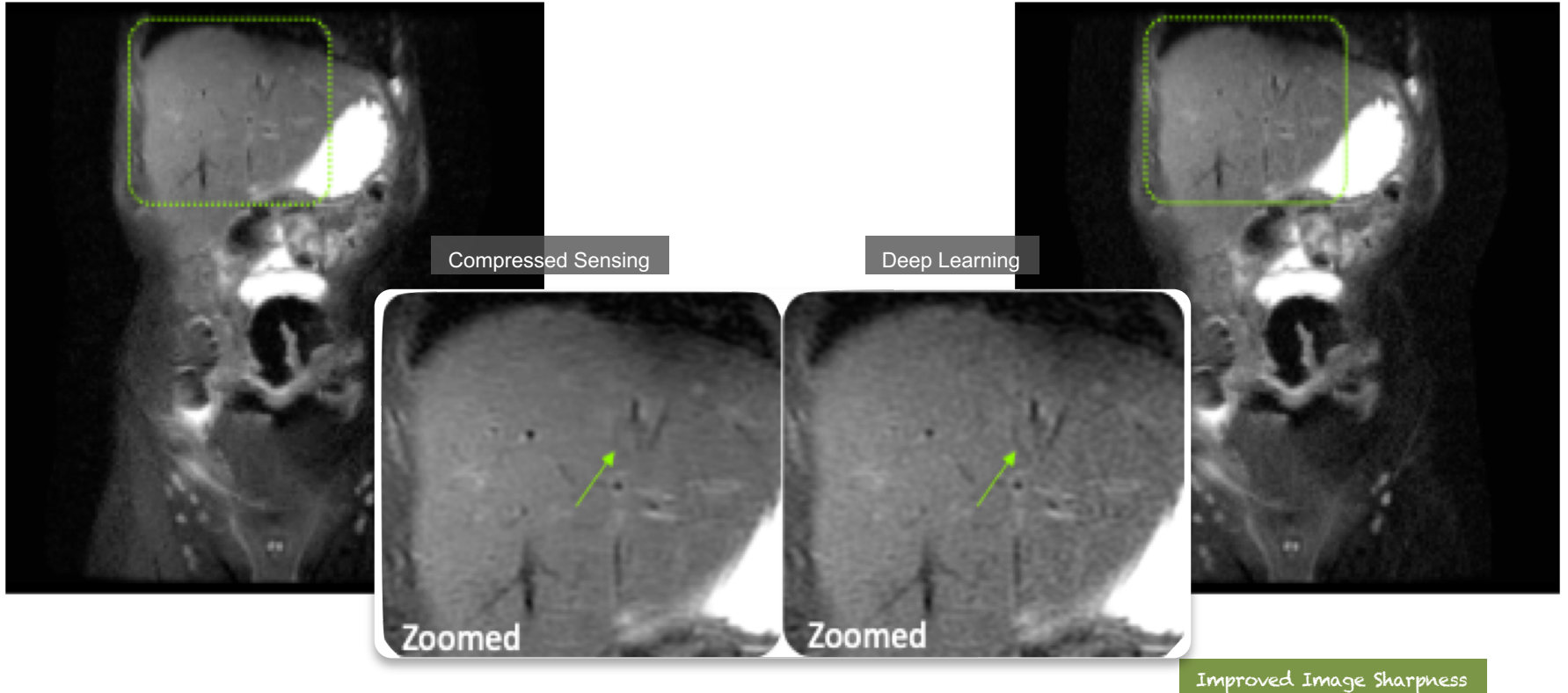


Robustness and generalization: Sequences

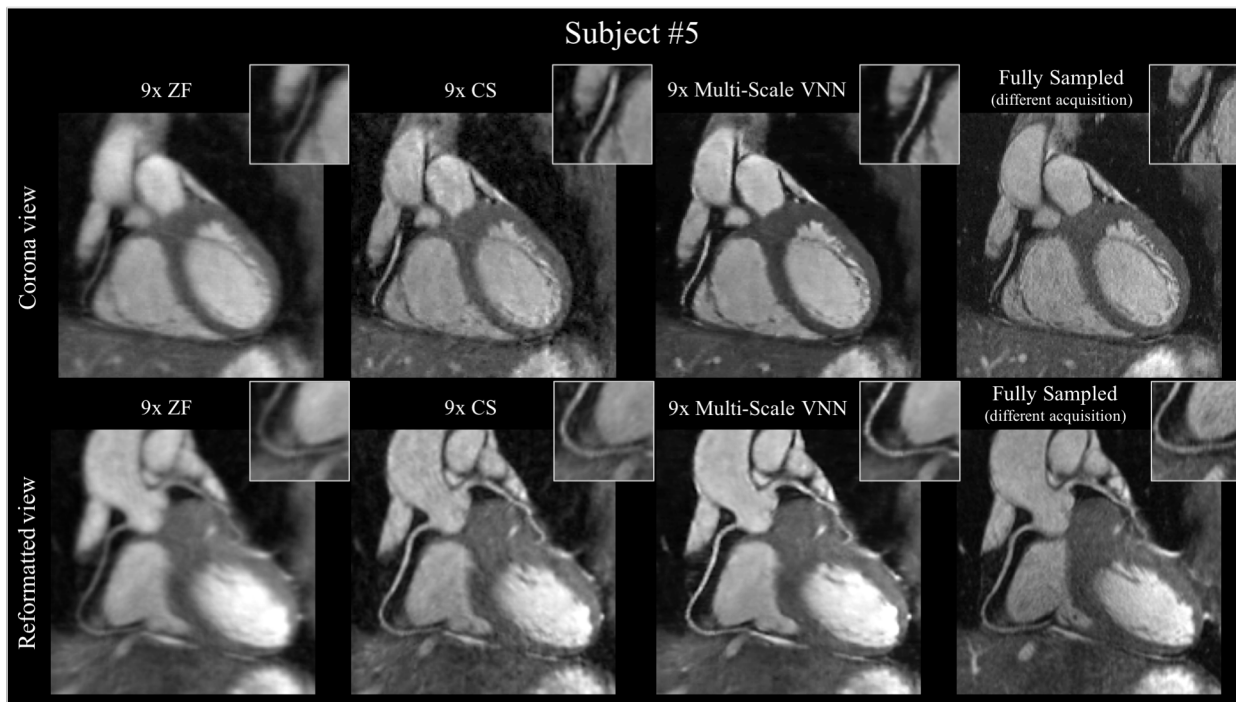




Abdominal Imaging: Clinical Study



Free breathing 3D whole heart coronary angiography



- Average **acquisition time** (m:s) was **18:55** for the **fully sampled** acquisition and **4:11** for an **acceleration of 5x**.
- Average **reconstruction time** was **~5 minutes** for **CS** and **~20 seconds** for the **VNN framework**.

Slides courtesy of Claudia Prieto (Kings College)

Where are we as a field?

Evaluation

We tested our algorithm on data from **10 clinical patients** per sequence and reconstructed the whole imaged vol-

Hammernik MRM 2018

Evaluation on raw MRI scanner data. Cartesian k -space test data (of Fig. 4) were acquired from **a healthy volunteer** on a 3T Siemens Trio MRI scanner with a spin-

Zhu Nature 2018

Evaluation of the trained VN model was performed in the remaining **27 patients** (nine males, 18 females) in comparison with the PICS reconstruction.

Chen Radiology 2018

The evaluation was done via a 3-fold cross validation, where for two folds we **train on 7 subjects then test on 3 subjects**, and for the remaining fold we train on 6 subjects and test on 4 subjects. While the original sequence has size $256 \times 256 \times T$,

Qin IEEE TMI 2018

The aggregated **test error across 10 subjects**

Schlemper IEEE TMI 2018

Comparison to computer vision



14,197,122 images, 21841 synsets indexed

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What do these images have in common? *Find out!*

2019 fastMRI reconstruction challenge and dataset

The screenshot shows the top portion of the fastMRI website. At the top left, there are logos for 'facebook AI Research' and 'NYU Langone Health'. On the top right, there are links for 'Home' and 'Leaderboards'. The main header area has a blue background with a pattern of white diagonal lines. The text 'fastMRI' is prominently displayed in white, with the subtitle 'Accelerating MR Imaging with AI' below it. Below the header is a light blue section titled 'Latest News & Updates' on the left. To the right of this title are two news items, each with a small image, a date, a short description, and a 'Read More' link. The first news item is dated '11-21-2018' and mentions 'New fastMRI open source AI research tools from Facebook and NYU...'. The second news item is dated '08-20-2018' and mentions 'Facebook and NYU School of M launch research collaboration...'. Navigation arrows are visible to the right of the news items.

What is fastMRI?

fastMRI is a collaborative research project between Facebook AI Research (FAIR) and NYU Langone Health. The aim is to investigate the use of AI to make MRI scans up to 10 times faster.

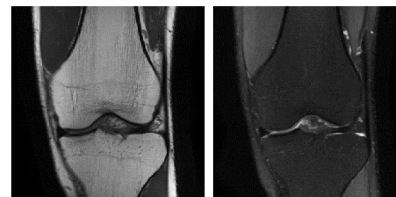
By creating accurate images from under-sampled data, AI image reconstruction could enable faster scanning times, providing an improved experience for patients and potentially making MRIs accessible to more people.

To enable the broader research community to participate in this important project, we are open-sourcing our baseline models, evaluation metrics, convenient Pytorch loaders, and providing a public leaderboard to share results. Check out our [GitHub repository](#).

NYU Langone Health has released fully anonymized raw data and image datasets, that you can access at [this link](#).

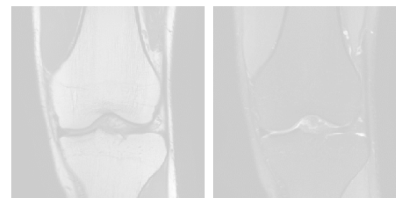
Public data set for image reconstruction

- **MSK (knee)**
 - Rawdata (fully sampled): 1398 cases

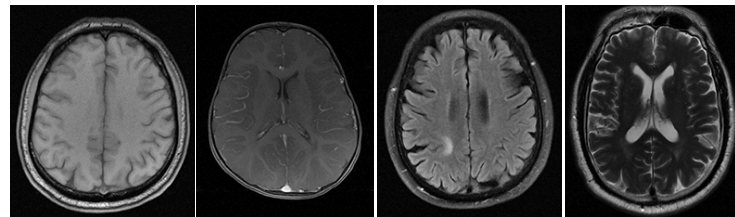


Public data set for image reconstruction

- **MSK (knee)**
 - Rawdata (fully sampled): 1398 cases



- **Neuro (brain)**
 - Rawdata (fully sampled): 7002 cases

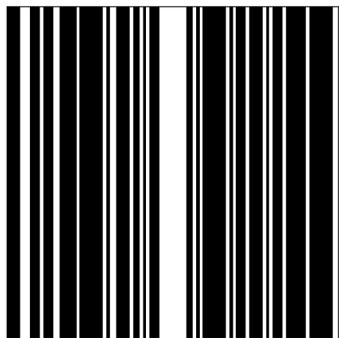


Reconstruction challenge

Undersampled



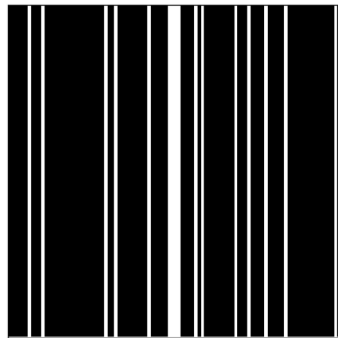
R=4



Reconstruction



R=8



Reference



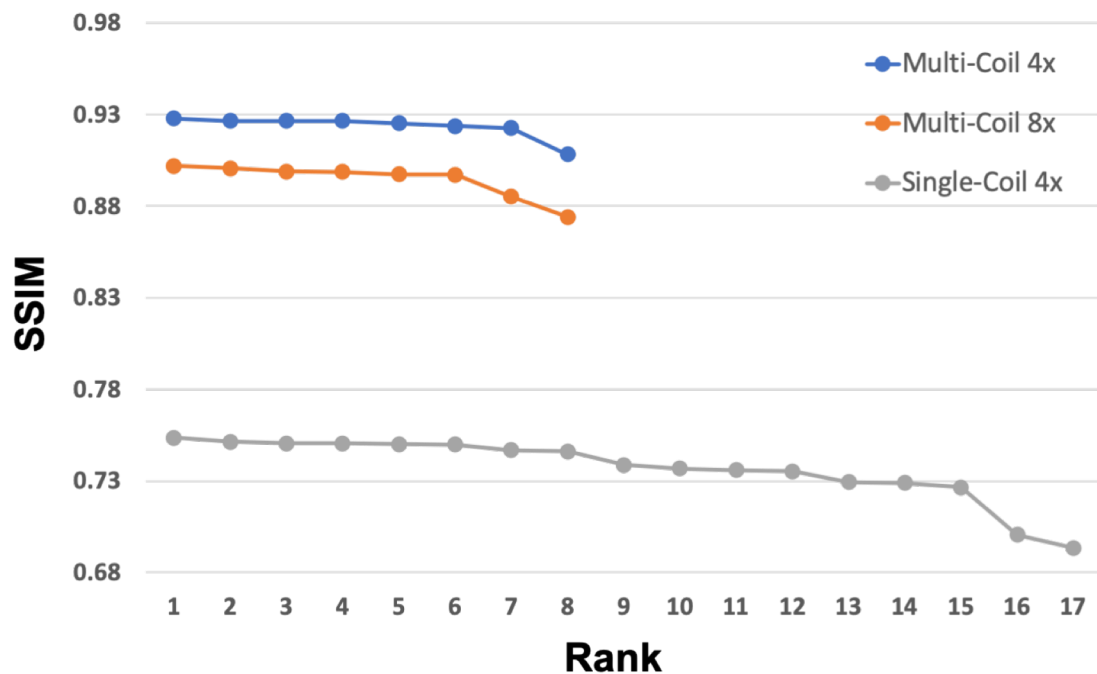
Error

Leaderboard

Challenge tracks

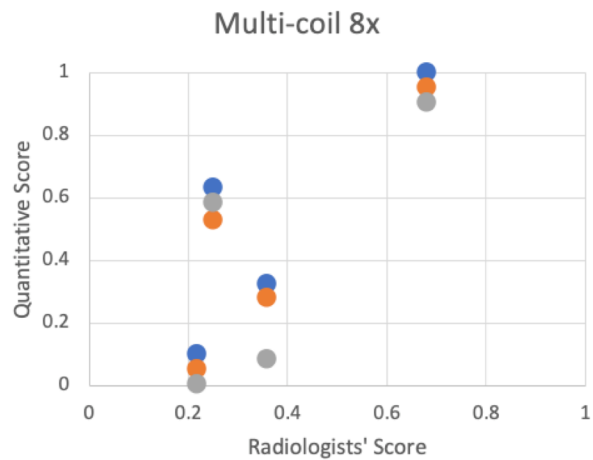
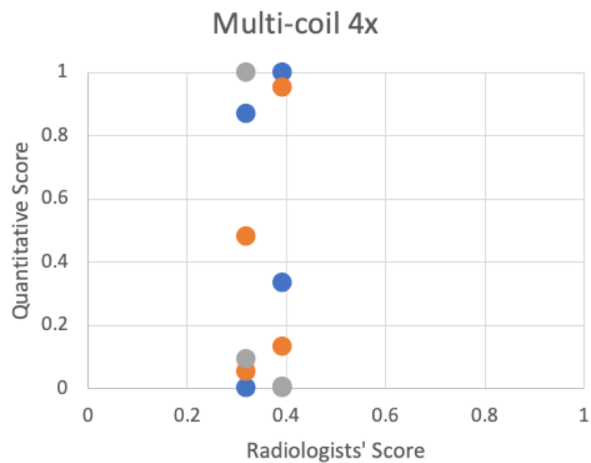
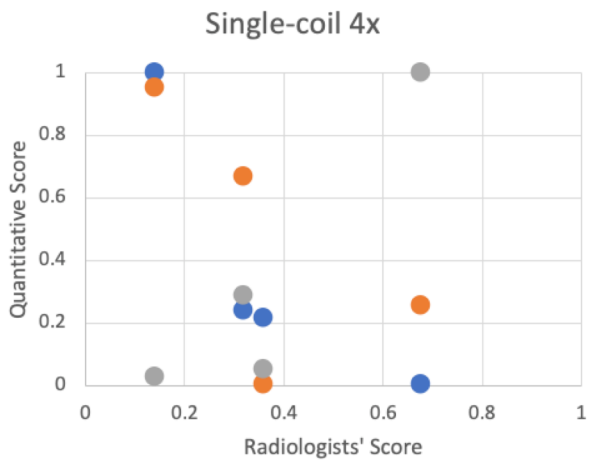
- **Multi coil 4x:**
 - Clinically relevant, 2x faster than clinical standard
 - 8 submissions (>25 on test leaderboard)
- **Multi coil 8x:**
 - Push models to limits. 4x faster than clinical standard
 - 8 submissions (>25 on test leaderboard)
- **Single coil 4x:**
 - Easier to experiment, single coil measurement, not used clinically
 - 17 submissions (>70 on test leaderboard)

Two stage evaluation: 1: SSIM



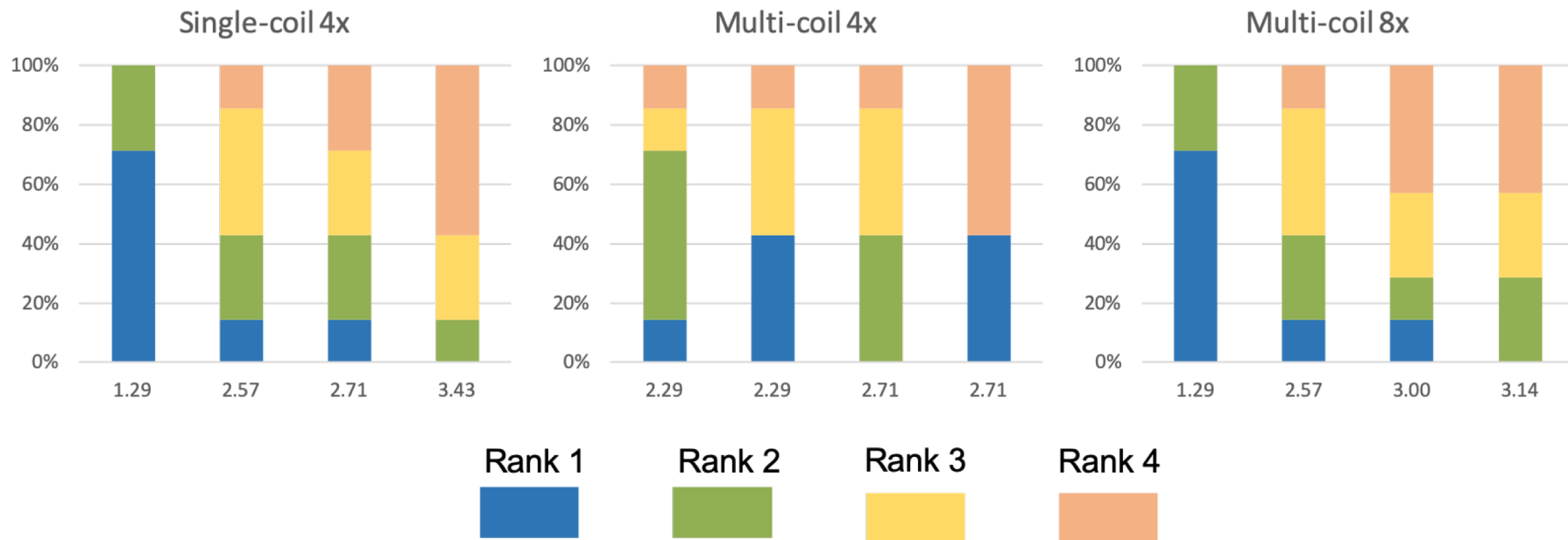
			NMSE	SSIM	PSNR	NYU DATA ONLY
Adaptive-CS-Net by Philips & LUMC 9/17/2019	4x 8x	0.005 0.009	0.927 0.902	39.907 37.437	✓	
Auto-calibrating deep learning by AM 9/19/2019	4x 8x	0.005 0.009	0.928 0.901	39.807 37.173	✓	
SigmaNet by holykpace 9/19/2019	4x 8x	0.005 0.009	0.927 0.899	39.715 37.009	✓	
I-RM by Altmsterdam 9/18/2019	4x 8x	0.006 0.010	0.925 0.899	39.223 36.816	✓	
MSDC-RNN by MSDC-RNN 9/19/2019	4x 8x	0.005 0.009	0.927 0.897	39.740 37.081	✓	
Dense Head UNet by BISPL Lab 9/19/2019	4x 8x	0.006 0.010	0.924 0.897	39.065 36.605	✓	
Pi-DCN by Samoyed 9/18/2019	4x 8x	0.006 0.012	0.922 0.885	39.111 35.817	✓	
0919 by fo 9/19/2019	4x 8x	0.007 0.014	0.908 0.874	37.484 34.851	✓	

Quantitative scores vs radiologists



● NMSE ● PSNR ● SSIM

Quantitative scores vs radiologists



Multi coil R=4 results

Ground truth

Philips & LUMC
Avg rank: 2.286

MSDC-RNN
Avg rank: 2.286

holyspace
Avg rank: 2.714

AM
Avg rank: 2.714



Multi coil R=8 results

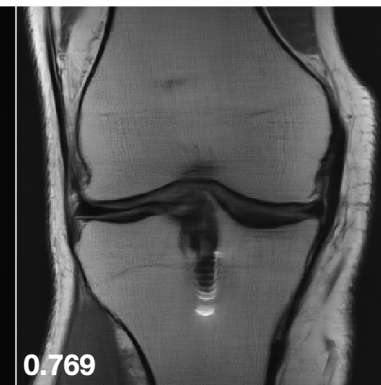
Ground truth

Philips & LUMC
Avg rank: 1.286

holyspace
Avg rank: 2.571

AM
Avg rank: 3.000

Almsterdam
Avg rank: 3.143



Multi coil R=8 results: Pathology

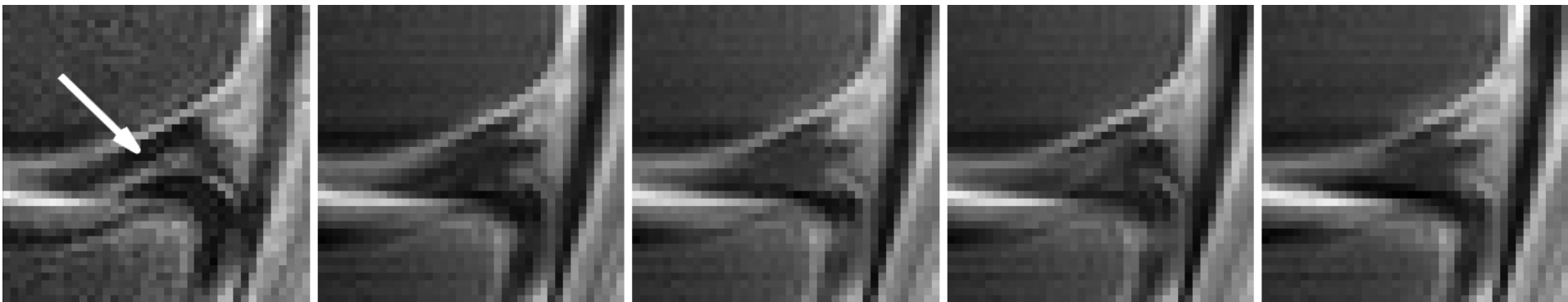
Ground truth

Philips & LUMC
Avg rank: 1.286

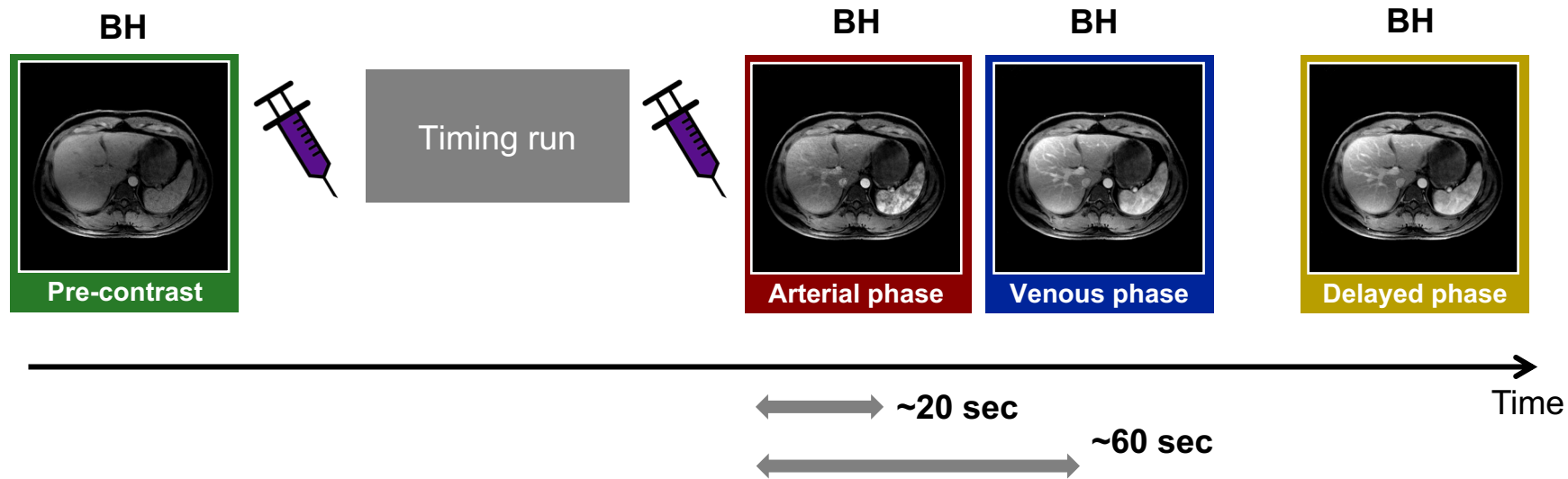
holykpace
Avg rank: 2.571

AM
Avg rank: 3.000

Almsterdam
Avg rank: 3.143

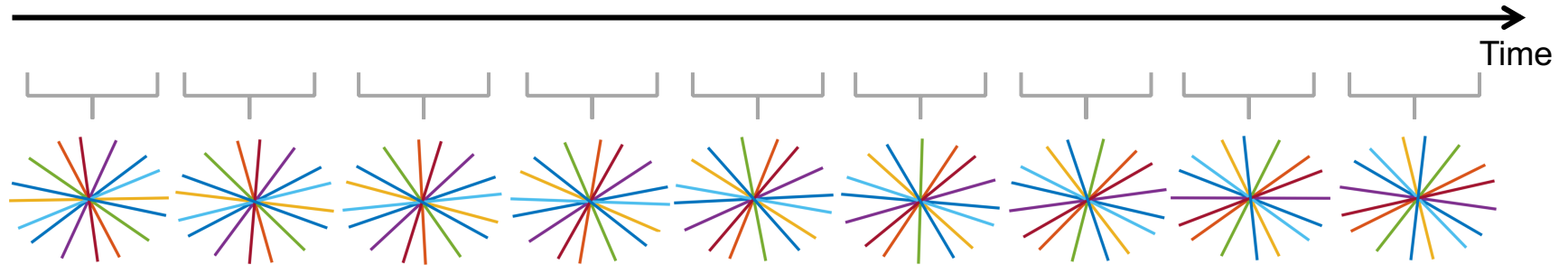


Dynamic data: Contrast enhanced exam

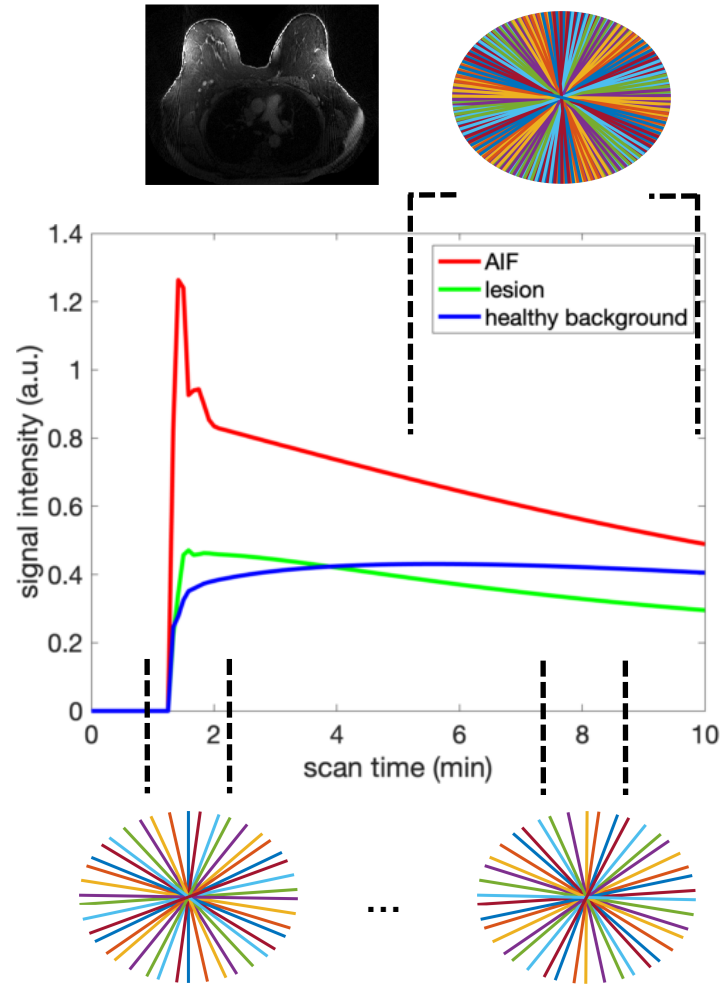


Dynamic data: Contrast enhanced exam

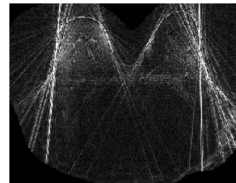
Continuous radial acquisition



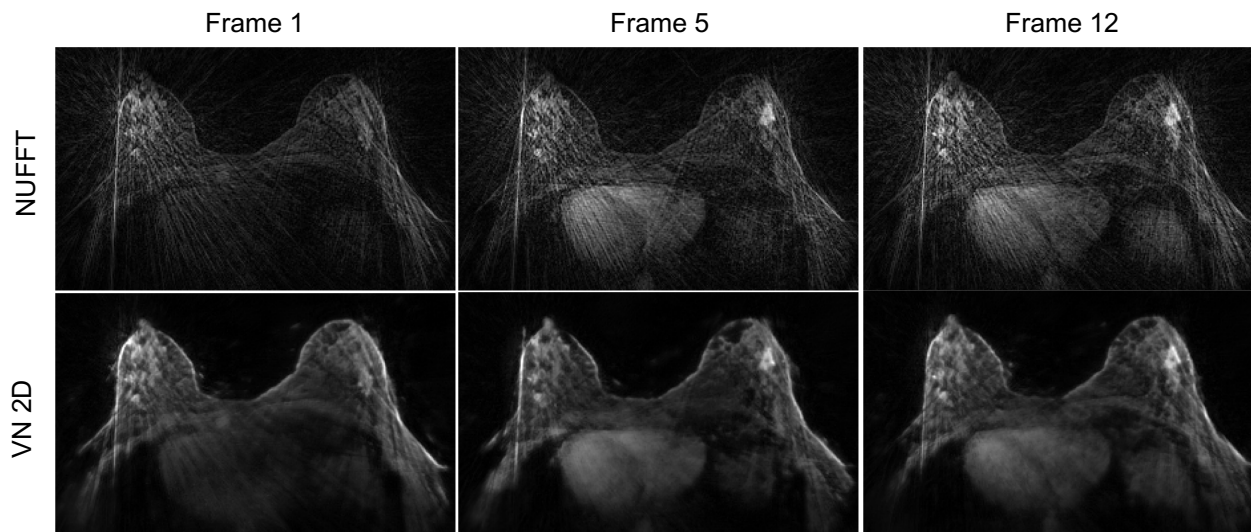
Training design?



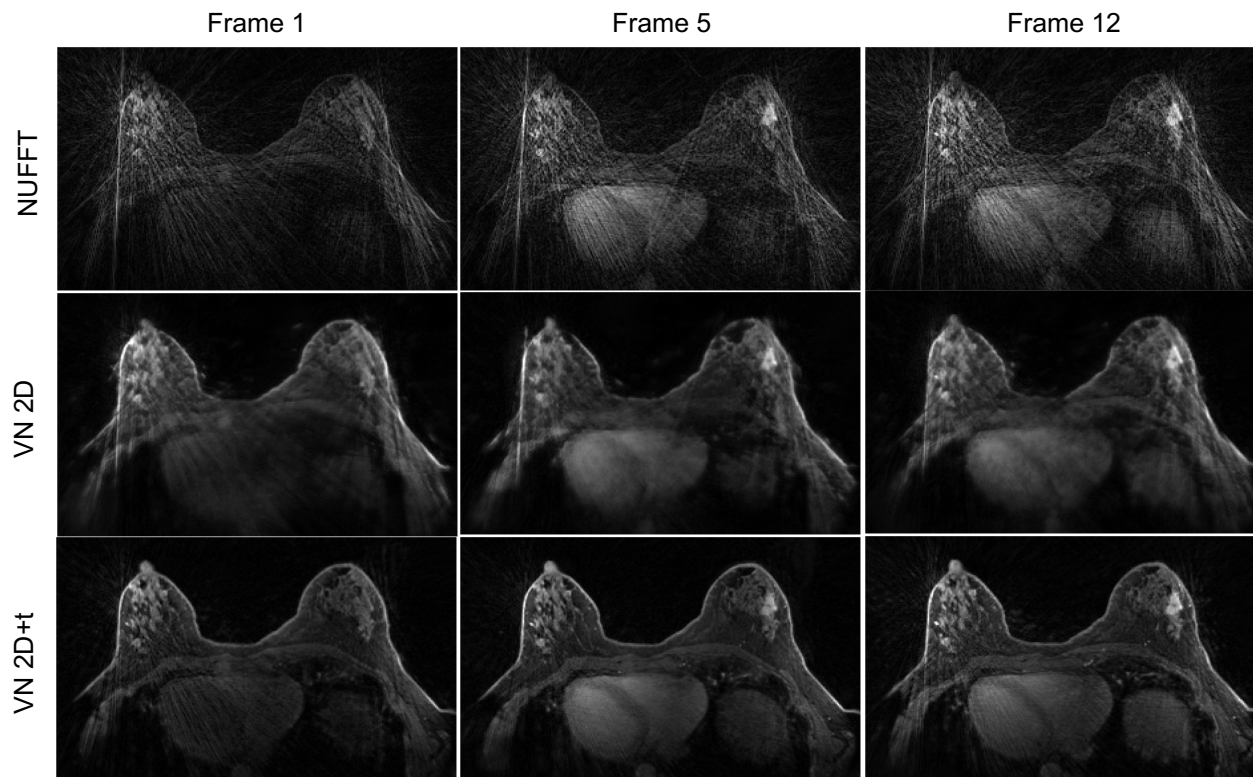
- Ground truth?
- Simulations/Transfer learning?
- Generalization?
- Unsupervised learning?
- Structure of spatiotemporal regularizer?



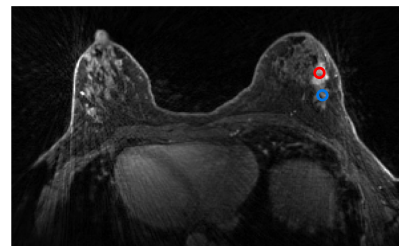
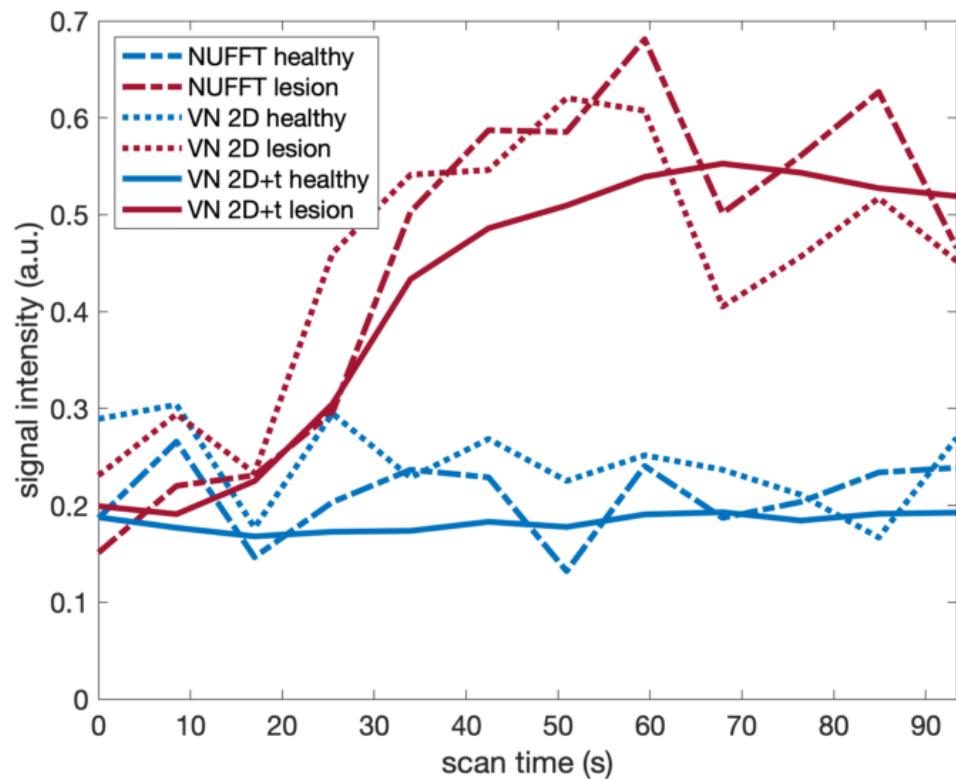
Continuous radial DCE breast cancer MRI



Continuous radial DCE breast cancer MRI



Continuous radial DCE breast cancer MRI



Reconstruction/Classification

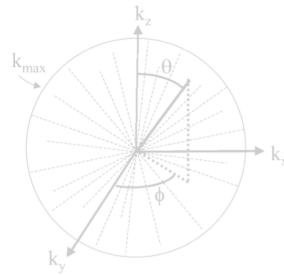
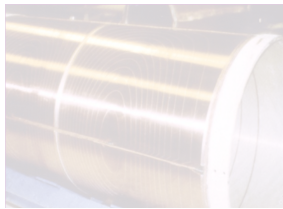
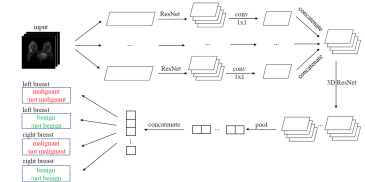
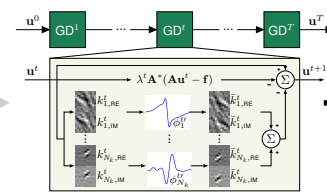
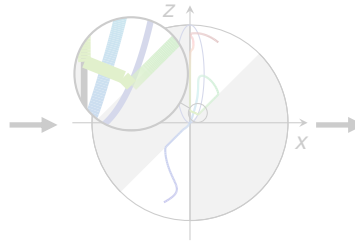
Hardware

Data acquisition

Pulse sequence design

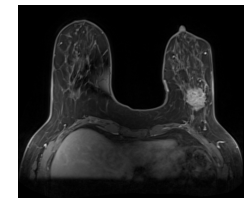
Reconstruction

Classification

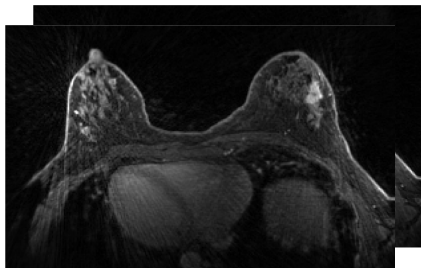


↓
Diagnosis

Benign/Malignant



Diagnostic classification

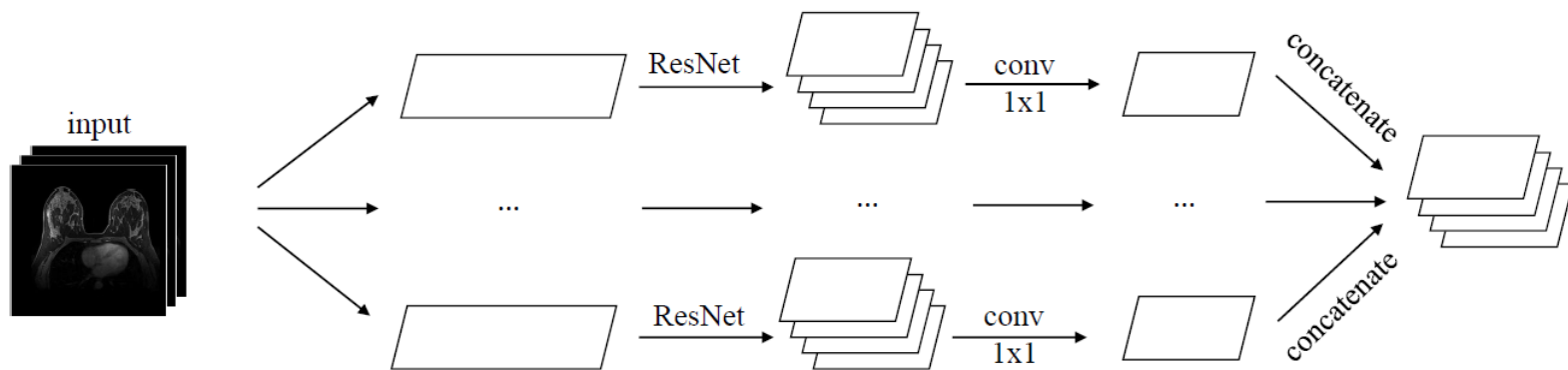


Predict presence of malignant and/or benign lesions in each breast

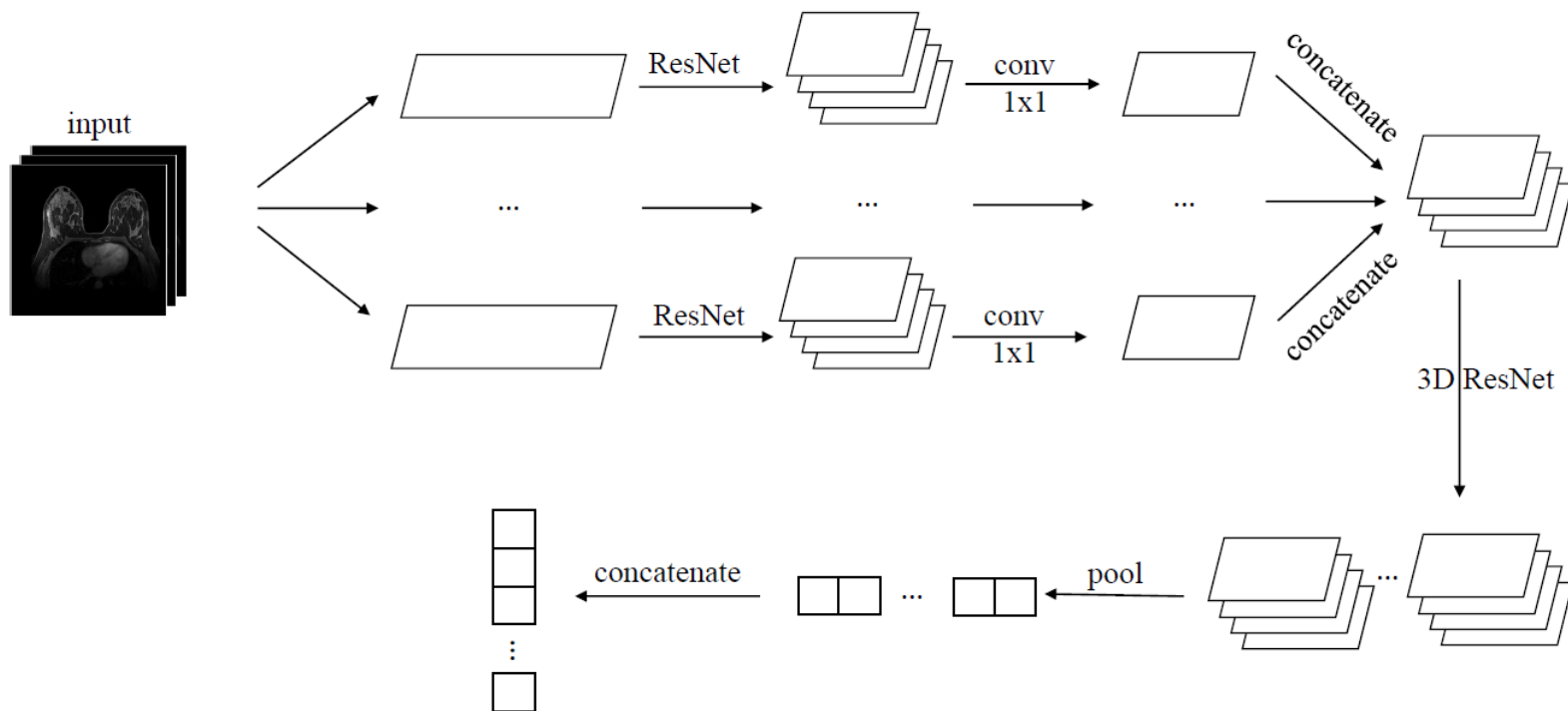
- 5000 training
- 1500 validation
- 1500 validation

$$\mathcal{L}_C(\Theta_C) = \frac{1}{S} \sum_{s=1}^S \sum_{\vartheta \in [L, R]} \sum_{\xi \in [m, b]} -\log \hat{p}_s^{\vartheta, \xi} (u_s^T; \Theta_C)$$

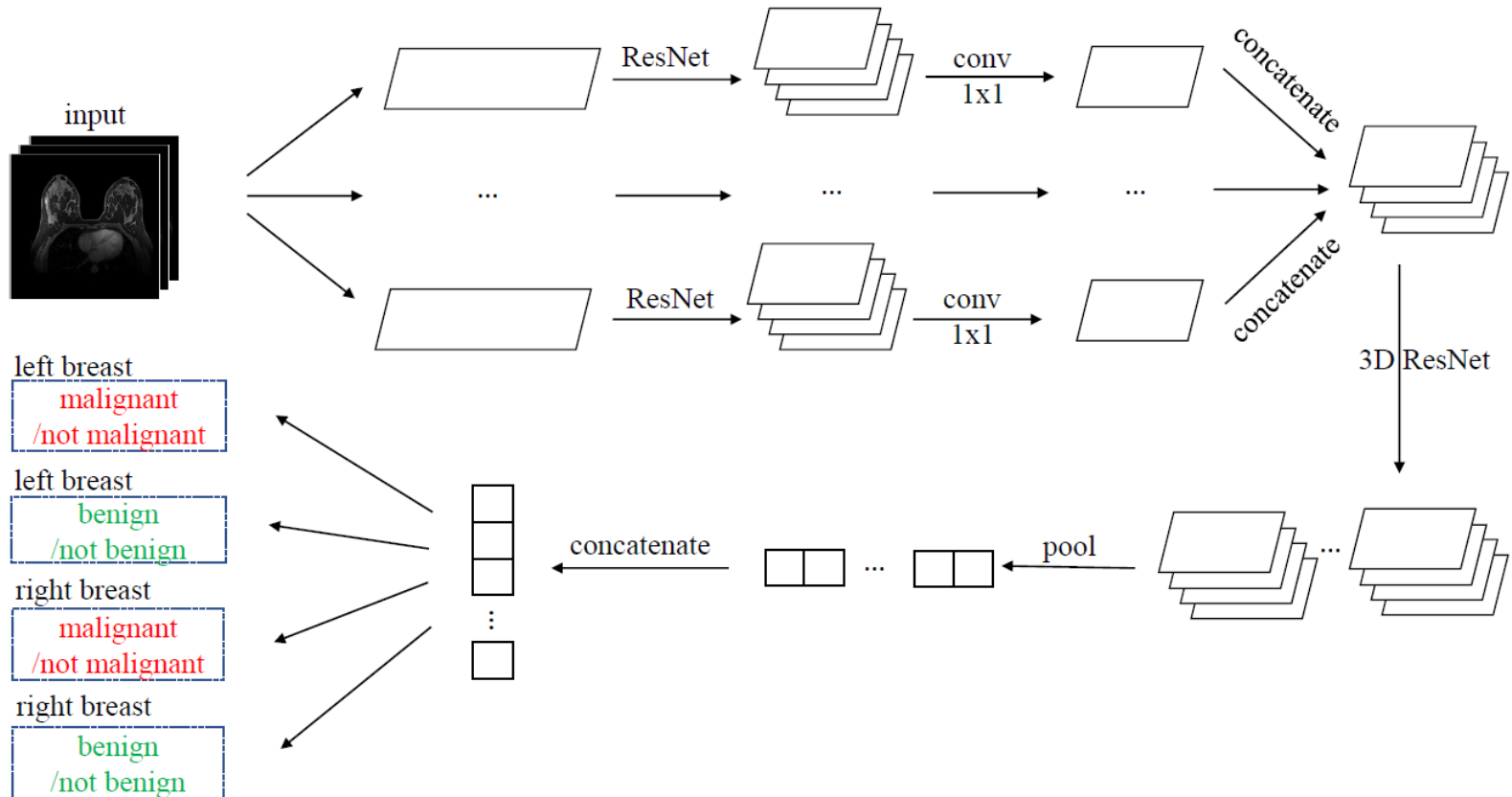
Diagnostic classification



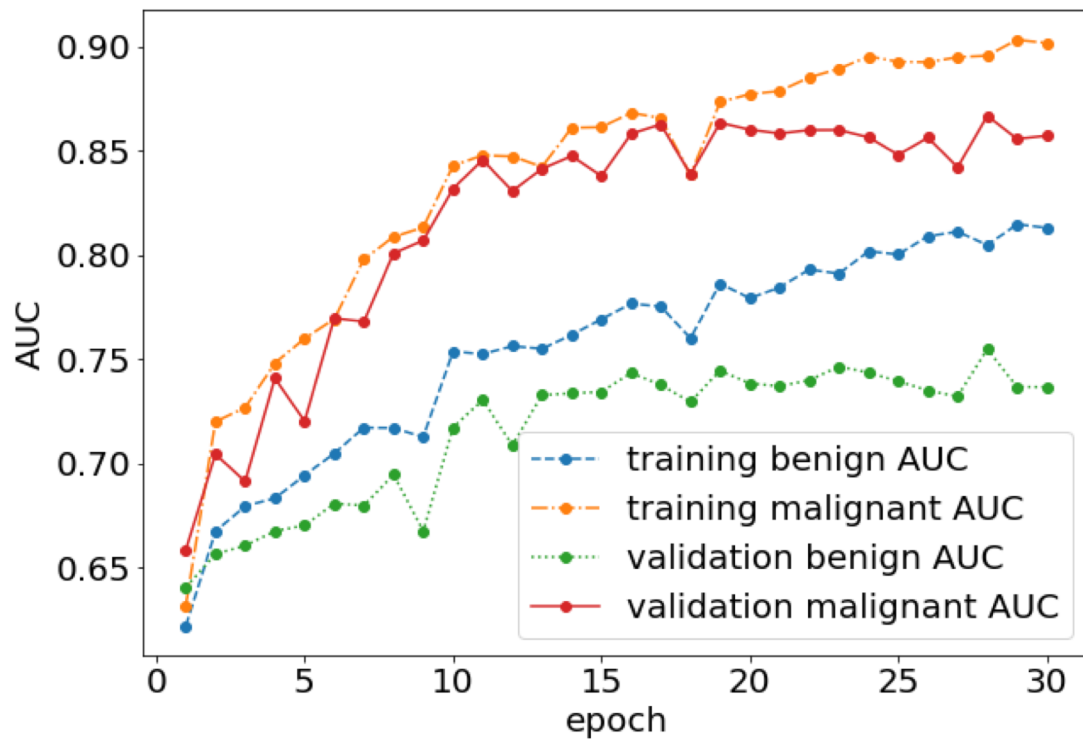
Diagnostic classification



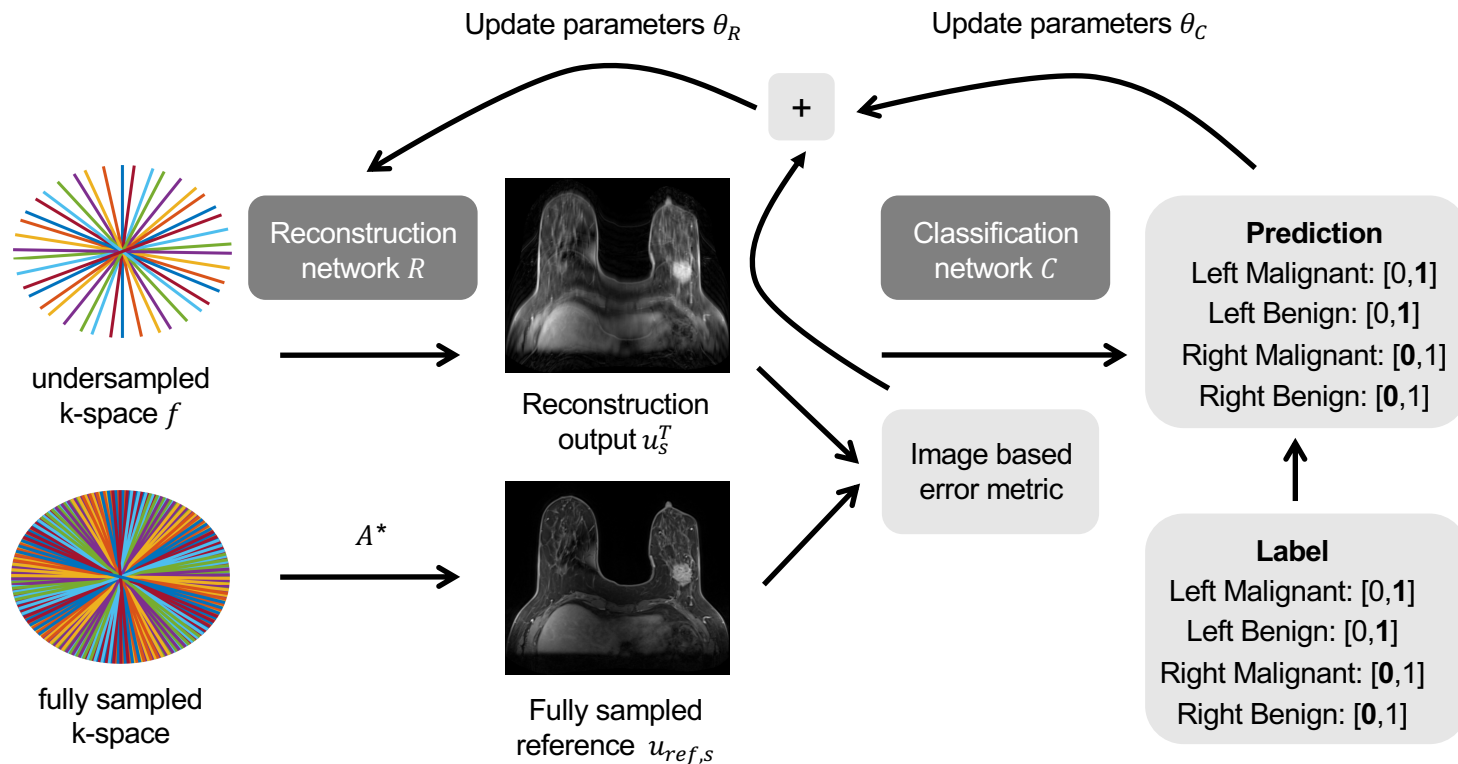
Diagnostic classification



Diagnostic classification



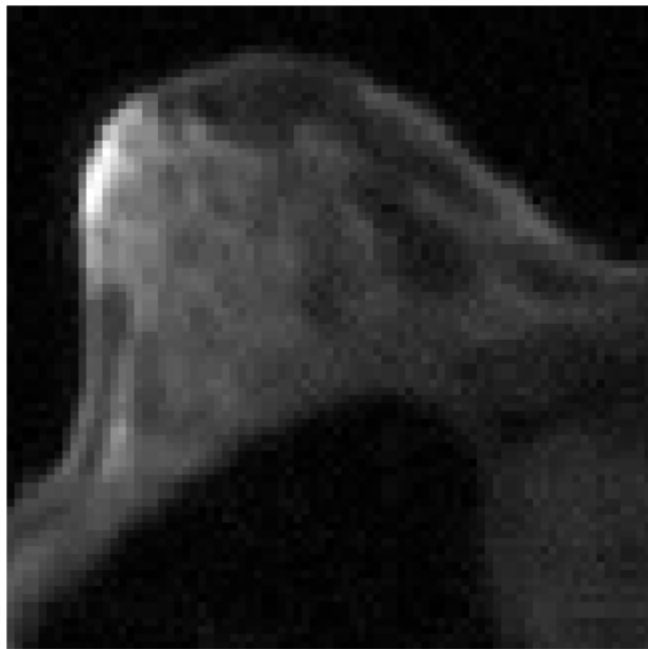
End to end reconstruction and classification



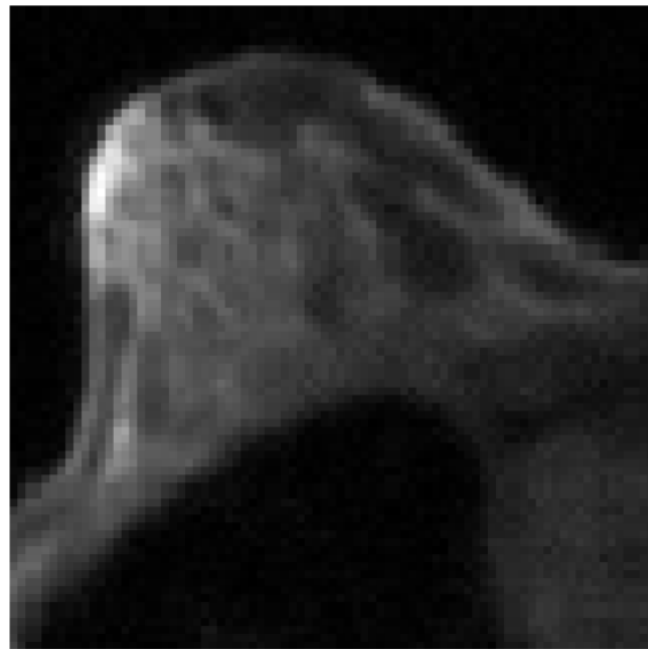
$$\mathcal{L}(\Theta_R, \Theta_C) = \mu \mathcal{L}_R(\Theta_R) + (1 - \mu) \mathcal{L}_C(\Theta_C)$$

End to end reconstruction and classification

Separate



End-to-end



Work in progress :-)

End to end optimization: Reconstruction/Classification

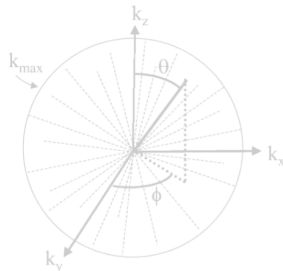
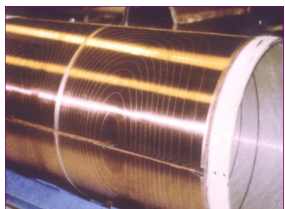
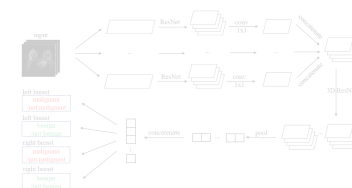
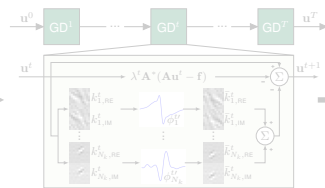
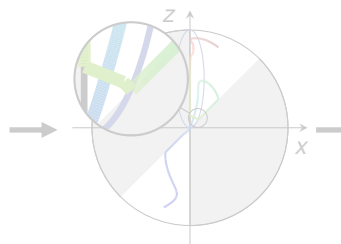
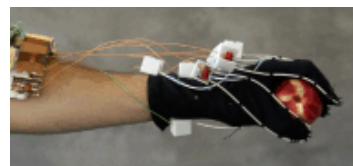
Hardware

Data acquisition

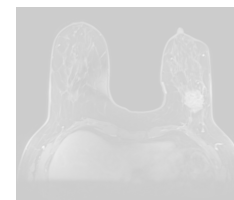
Pulse sequence design

Reconstruction

Classification



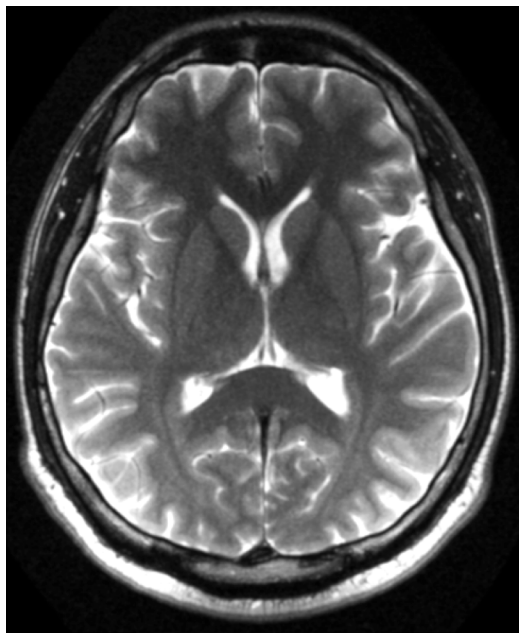
Diagnosis



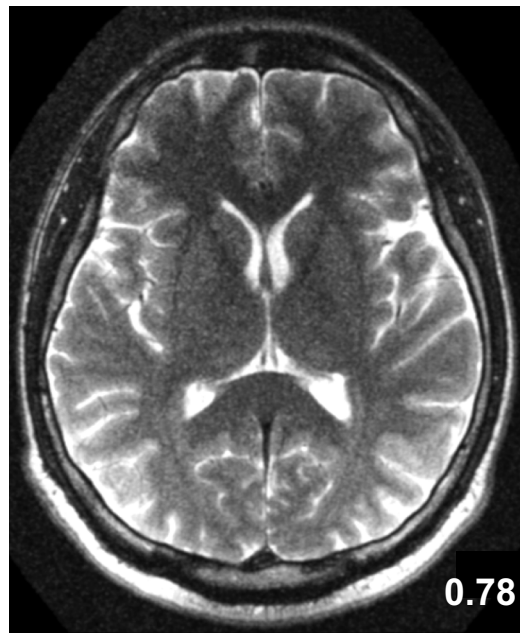
Benign/Malignant

Imaging at lower field strengths: 0.55T system

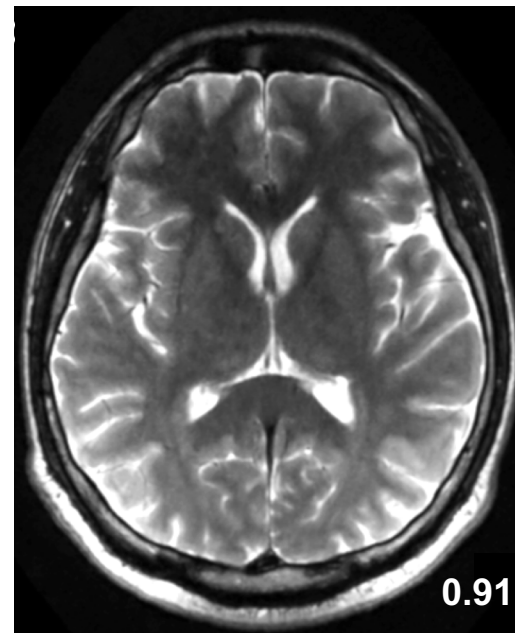
6 averages



1 acquisition IFT

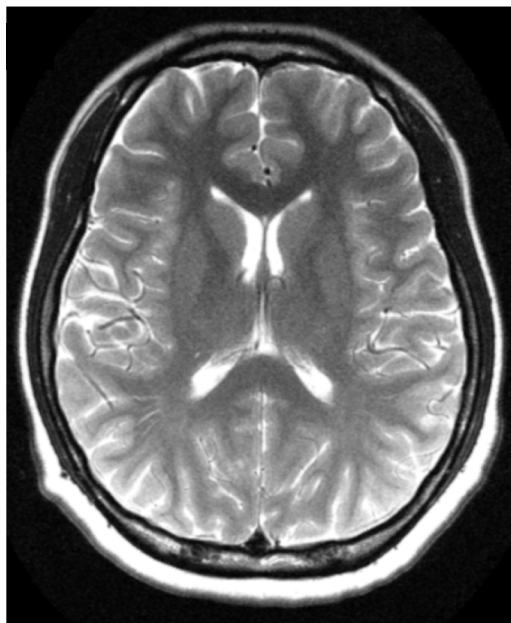


1 acquisition VN reconstruction



Imaging at lower field strengths: 0.55T system

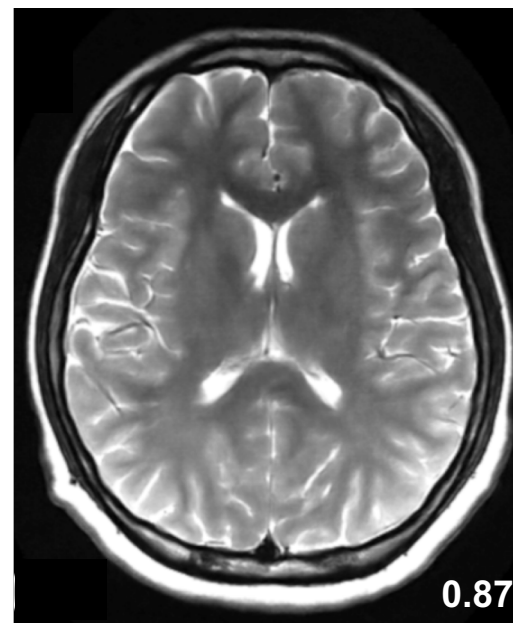
Fully sampled 6 avgs
($t_{\text{acq}}=14.5$ mins)



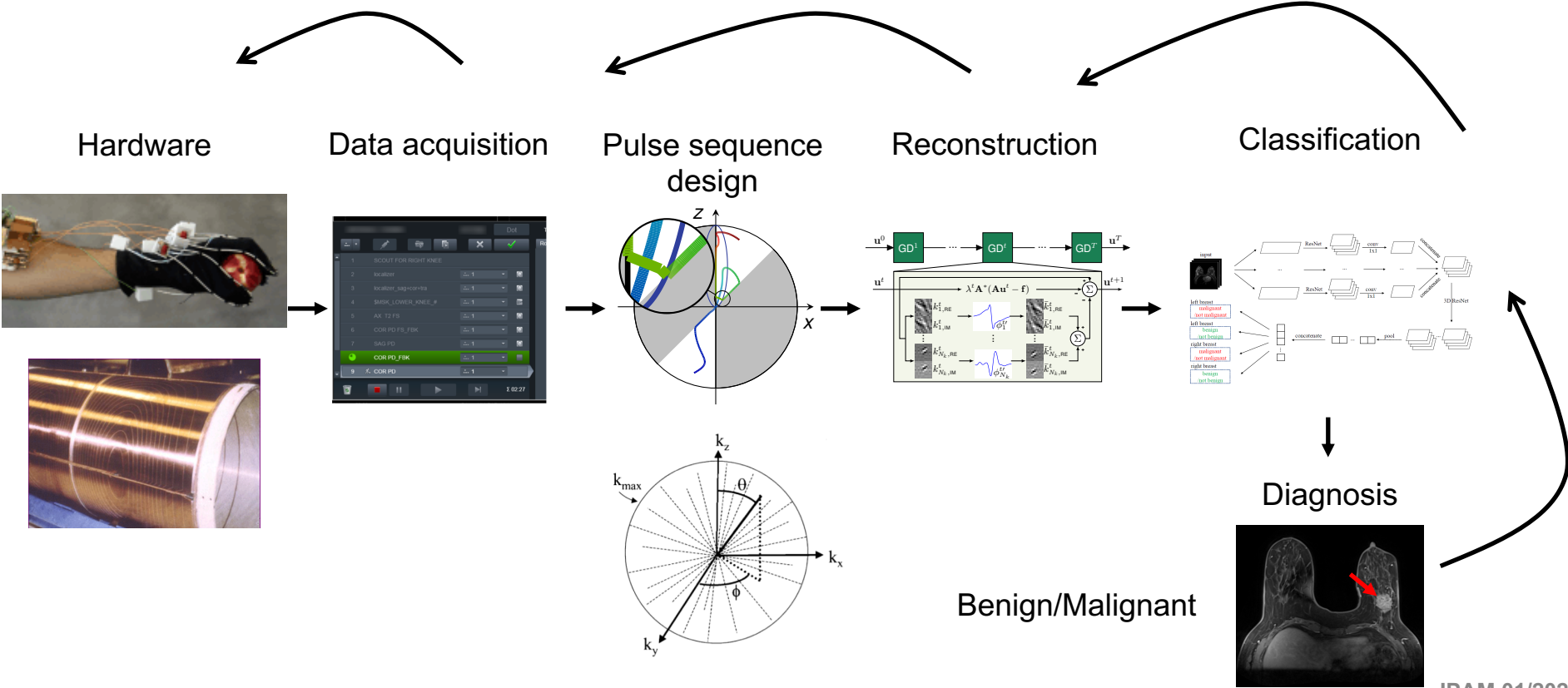
IFT: R=3 single acq
($t_{\text{acq}}=0.9$ mins)



VN: R=3 single acq
($t_{\text{acq}}=0.9$ mins)



Summary: End to end optimization of diagnostic pipeline



Open questions

- Robust enough for clinical routine?
- Integration in clinical workflow?
- Validation: When and how do things go wrong?
- Theory (Math 😊)!

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<https://med.nyu.edu/faculty/florian-knoll>