Machine Learning for Large-Scale Quality Control of 3D Shape Models in Neuroimaging

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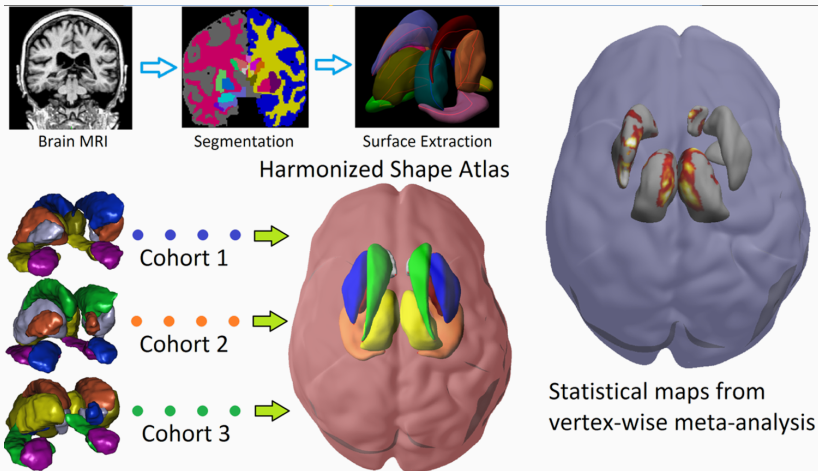

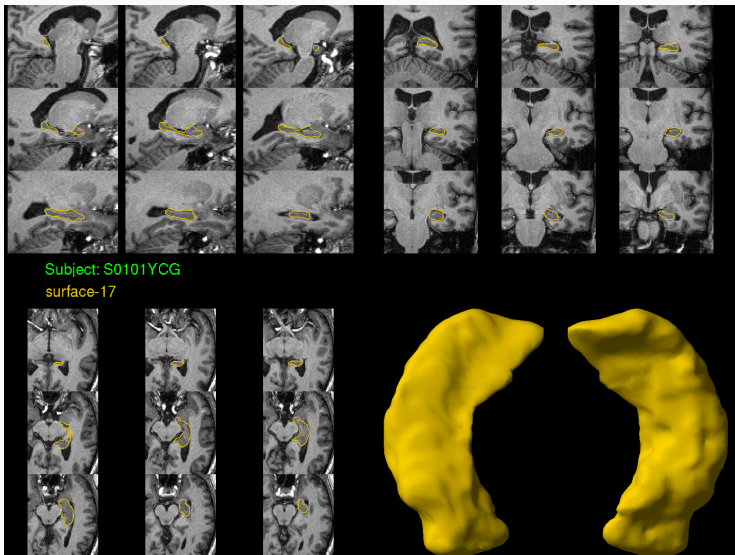[1]these authors contributed equally

Table of contents

Quality check: the problem

Subcortical structures analysis

Brain MRI Segmentation Surface Extraction

Harmonized Shape Atlas

Cohort 1

Cohort 2

Cohort 3

Statistical maps from vertex-wise meta-analysis

Subject: S0101YCG
surface-17
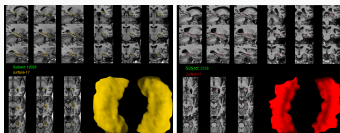
Subject: S5018MIE
surface-17

Subject: 118
surface-17

— QC is the practical bottleneck in big-data neuroimaging, especially for the coming big datasets like UK Biobank

— QC for for 100 subjects takes ~7-15 hours

— Each time you rerun segmentation, you need to rerun QC
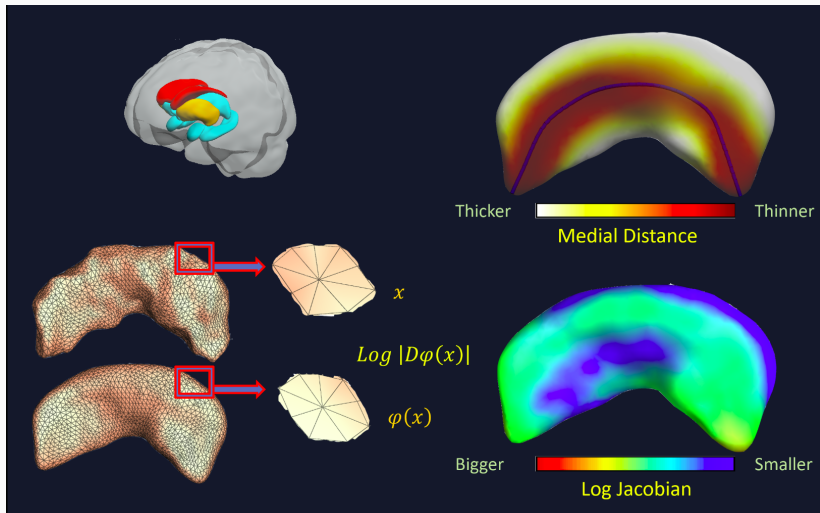
— We don't know bias introduced by raters

Automated QC: method

Shape classification: idea

— Use human ratings and shape descriptors to train binary classifier to distinguish shapes which passed QC (**PASS**) and those which didn't (**FAIL**)

— Tweak classifier to catch as many FAILs as possible (i.e. set low probability threshold)

— Test results for robustness on a distribution which differs from train distribution
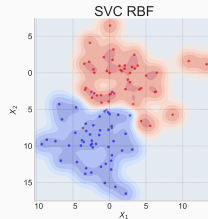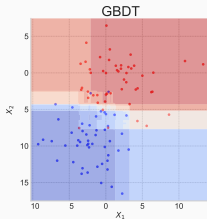
Shape features: formulae

Each ROI is approximated with mesh with ~2,500 or ~1,250 vertices. Each vertex p of mesh model M is endowed with two shape descriptors:

- **Medial Thickness**, $D(p) = \|c_p - p\|$, where c_p is the point on the medial curve c closest to p.
- **LogJac(p)**, Log of the Jacobian determinant J arising from the template mapping, $J : T_{\phi(p)}M_t \to T_p M$.
- **Two global features**: the shape-wide feature median, and the shape-wise 95th percentile feature threshold.

- **Gradient Boosted Decision Trees (GBDT)**. In our experiments we used the Xgboost implementation due to speed and regularization heuristics, with the logistic loss function

- **Support Vector Classifier (SVC)** with the radial basis function (RBF) kernel. We used scikit-learn's implementation of SVC

Performance metrics

TF = TRUE FAIL, FF = FALSE FAIL, TP = TRUE PASS, and FP = FALSE PASS.

$$\text{F-recall} = \frac{TF}{TF + FP},$$

proportion of FAILS caught — ↑ **is better**.

$$\text{F-share} = \frac{TF + FF}{\text{Number of observations}},$$

share of the test sample labeled as FAIL — ↓ **is better**.

$$\text{Modified F-score} = 2 \times \frac{\text{F-recall} \times (1 - \text{F-share})}{\text{F-recall} + (1 - \text{F-share})},$$

allows to compare models — ↑ **is better**.
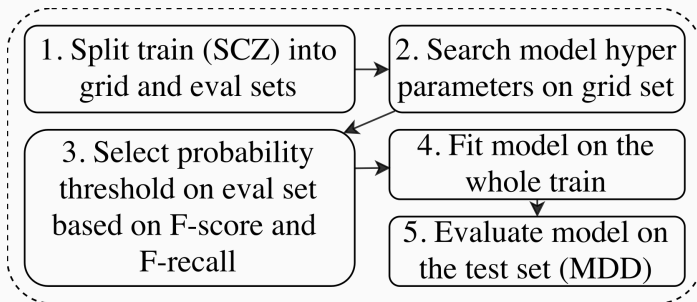
Data and experiments

We used the ENIGMA Schizophrenia (train, 21 sites) and Major
Depressive Disorder (test, 4 sites) working groups' data.

	FAIL %	accumbens	caudate	hippocampus	thalamus	putamen	pallidum	amygdala
Train	mean±std	3.4±4.6	1.4±1.9	3.2±3.0	1.5±2.3	0.7±0.9	3.6±4.7	0.8±0.8
	max	16.4	8.7	11.4	9.2	2.9	15.5	2.6
	min	0.0	0.0	0.5	0.0	0.0	0.0	0.0
	size	3017	3018	3018	3018	3017	3018	3018
Test	mean±std	4.7±4.5	1.4±1.5	4.9±4.8	1.4±1.5	0.4±0.8	1.9±2.0	0.8±0.9
	max	10.5	3.5	11.4	3.5	1.6	3.8	2.1
	min	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	size	12931	12933	12936	12936	12936	12935	12936

Sample sizes for each ROI vary slightly due to FreeSurfer
segmentation failure.

For each of seven ROI we combined left and right hemisphere data and trained FAIL/PASS classifier

1. Split train (SCZ) into grid and eval sets
2. Search model hyper parameters on grid set
3. Select probability threshold on eval set based on F-score and F-recall
4. Fit model on the whole train
5. Evaluate model on the test set (MDD)
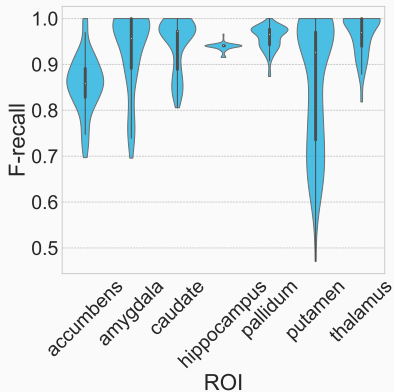
Repeat 100 times for each ROI

Important note. Results in our paper are reported for one grid/eval split. Since submission we've decided to investigate the robustness of our models.
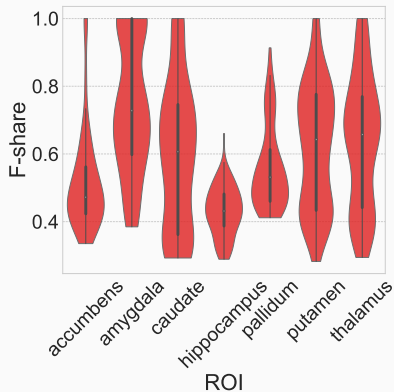
— Grid/eval set splits were 50/50 and stratified by sites and target

— For grid search we maximized ROC AUC on stratified 5-fold or Leave-One-Site-Out (LOSO) cross-validations

— We tried normed/non-normed by volume features

— On the evaluation set we tested 0.1, 0.2, ..., 0.9 quantile thresholds of classifier probabilities

— For final testing we chose the threshold with best F-score and F-recall ≥ 0.8
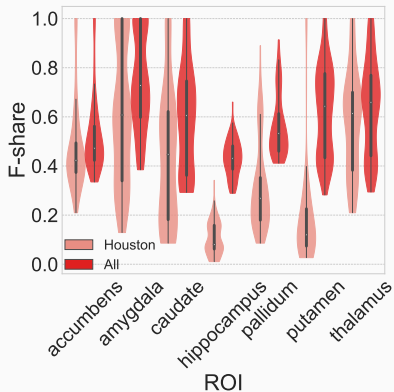
Results

F-recall and F-share distributions on test data

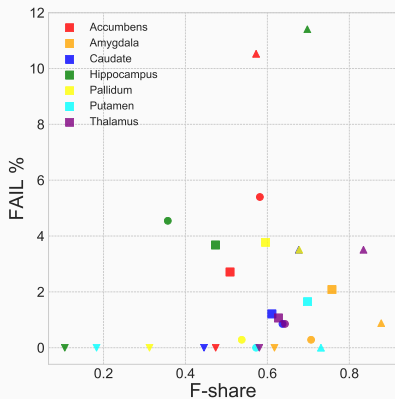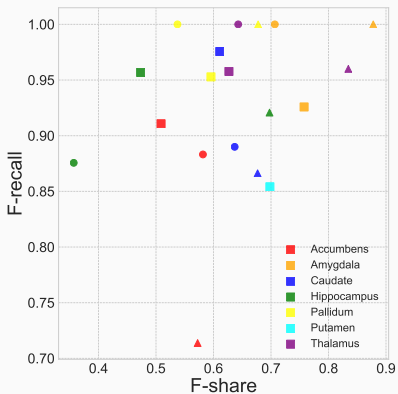

F-recall: ↑ is better

F-share: ↓ is better

F-share: ↓ is better

— Houston site is 12.3% of test data

— It has no TRUE FAILs, so F-recall is not available

— Models have overall lower F-share on it, especially 'better' ROIs

Mark shapes: ○ - CODE-Berlin (N=176); □ - Münster (N=1033); △ - Stanford (N=105); ▽ - Houston (N=195).
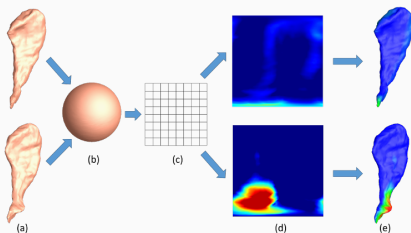
Discussion and future work

Conclusion: what we did

— Presented a preliminary study of potential solutions for semi-automated QC of subcortical structures

— Showed that ML can reduce human visual QC time by 30-50% for for six out of the seven regions in question

— Tested our results on diverse MRI datasets and populations and provided a baseline for future researchers in this area

- Increase the robustness of our models (lower F-share std)

- Convolutional and geometrical neural nets

- Visualization of models decisions

Concept: mockup attention map

Acknowledgements

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http://enigma.ini.usc.edu/ongoing/
enigma-schizophrenia-working-group/

http://enigma.ini.usc.edu/ongoing/
    enigma-mdd-working-group/
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Questions?

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Thank you!

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