#### SASRO 2022

Evaluation of different OARs automatic segmentation techniques for Left Breast Cancer

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## Disclosure

#### I have no conflicts of interest within the framework of this presentation





# About the speaker

- License in radiotherapy, 2001
- Radiation therapist (RTT) and dosimetrist, (2001-2010), Lisbon, Portugal
- Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, since 2010
- Master in Health management in 2010





# Introduction

- Automatic contouring increasing in radiation oncology departments
- Potential to reduce the time required to contouring the organs at risk (OAR)
- Reduce subjectivity linked to the different users more homogeneous contours
- An objective evaluation must be made to analyze the results of automatic contouring with respect to their accuracy





# Automatic contouring solutions in RayStation

#### **Atlas-Based Segmentation**

- Templates with multiple image sets atlases –
- Best matching atlases through rigid image registration and deformable registration
- The more fusion atlases, the longer the computation time

#### **Deep Learning Segmentation**

- Neural networks trained on a large number of previously segmented data sets.
- Optimization learning is required
- Garbage In.....Garbage out





# **Atlas-Based Segmentation**



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# **Deep Learning Segmentation**





(1 min)

### Materials and Methods Similarity metrics

- Quantitative evaluation of automatic segmentation vs manual segmentation of OARs by means of the following geometrical metrics: Dice Similarity Coefficient (DSC); Overlap index (OI); Volume Difference (Dv)
- DSC is the most used metric in validating medical volume segmentations (2), evaluates the similarity of two delineations by comparing the overlap area (3)
- OI normalizes the size of the correctly automatic segmented region over the manual reference segmentation (4)
- **DV** measures the absolute size difference of the segmented regions, as a fraction of the size of the manual reference segmentation





### Materials and Methods (cont.)

 Random selection of 20 left breast cancer patients with contours done manually and reviewed by the medical expert. These contours will be the benchmark for comparison (the "ground truth")

$$\blacktriangleright$$
DSC = 2(Va  $\cap$  VM) / (Va + VM)

$$>$$
OI = (Va  $\cap$  VM) / VM

$$PDv = (Va - VM) / VM$$

• The closer the **DSC** index and **OI** are to 1, and the closer the **Dv** index is to 0, the better the results of the automatic contouring are





# **Results**





#### **Contra-lateral breast volumes differences**

#### **Descriptive Statistics** VM VAB VML 666.4 593.8 648.1 Mean Std. Deviation 447.3 258.9 456.2 1647.8 1044.0 1706.2 Range

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)





### **Contra-lateral breast similarity**

#### Dice Similarity Coefficient (DSC)

#### **Descriptive Statistics**

	DSC (AB) Breast R	DSC (ML) Breast R
Mean	0.88	0.89
Std. Deviation	0.09	0.03
Range	0.43	0.14

#### Overlap index (OI)

	OI (AB) Breast R	OI (ML) Breast R
Mean	0.89	0.88
Std. Deviation	0.15	0.06
Range	0.62	0.23

#### Volume Difference (DV)

#### **Descriptive Statistics**

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	DV (AB) Breast R	DV (ML) Breast R
Mean	0.01	-0.03
Std. Deviation	0.22	0.09
Range	1.07	0.41



AB (Atlas Based segmentation)

ML (Deep Learning segmentation)



### Contralateral breast - Example







### Lung R volumes differences

#### Descriptive Statistics

	VM	VAB	VML
Mean	2630.3	2522.4	2552.6
Std. Deviation	348.0	329.8	330.8
Range	1380.8	1313.5	1324.5

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)





### Lung R similarity



#### Dice Similarity Coefficient (DSC)

	DSC (AB) Lung R	DSC (ML) Lung R
Mean	0.97	P<.001 0.98
Std. Deviation	8.89e-3	6.86e-3
Range	0.03	0.02

#### Overlap index (OI)

#### **Descriptive Statistics**

	OI (AB) Lung R	OI (I	ML) Lung R
Mean	0.95	P<.001	0.96
Std. Deviation	0.02		0.01
Range	0.06		0.05

#### Volume Difference (DV)

#### **Descriptive Statistics**

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	DV (AB) Lung R	DV (	ML) Lung R
Mean	-0.04	P<.001	-0.03
Std. Deviation	0.02		0.02
Range	0.06		0.05

### Lung R - Example







### Lung L volumes differences

escriptive Statistic	NM VM	VAR	VM
Mean	2262.4	2129.8	2180.9
Std. Deviation	359.2	354.3 P<	.001 351.9 P
Range	1331.4	1382.3	1364.2

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)







### Lung L similarity

DV (AB) Lung L





AB (Atlas Based segmentation)

ML (Deep Learning segmentation)



### Lung L - Example







### Heart volumes differences

	VM	VAB	VML
Mean	636.0	598.4	598.2
Std. Deviation	91.4	92.4	72.4
Range	311.5	272.6	268.4

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)







### **Heart similarity**

1 0.98 0.96 0.94 0.92 0.82 0.88 0.88 0.88 0.84 0.84 0.82 0.82 0.78 0.76 0.74 0.72 0.72

1 0.98 0.96 0.92 0.92 0.92 0.88 0.88 0.88 0.84 0.82 0.88 0.84 0.82 0.78 0.76 0.74 0.72 0.7

0.4

0.3

0.2

0 -0.1

-0.2

-0.3

-0.4

DV (AB) Heart 0.1



	DSC (AB) Healt	DSC (IVIL) Healt
Mean	0.91	P=.002 0.93
Std. Deviation	0.03	0.02
Range	0.10	0.08

#### Overlap index (OI)

**Descriptive Statistics** 

	OI (AB) Heart	OI (ML) Heart
Mean	0.88	P=.046 0.90
Std. Deviation	0.04	0.04
Range	0.20	0.16

#### Volume Difference (DV)

#### **Descriptive Statistics**

	DV (AB) Heart	DV (ML) Heart
Mean	-0.06	-0.06
Std. Deviation	0.09	0.04
Range	0.39	0.18





1

Total

AB (Atlas Based segmentation) ML (Deep Learning segmentation)













### Heart - Example







### Liver volumes differences

	VM	VAB	VML
Mean	1266.9	1298.5	1236.5
Std. Deviation	282.1	287.1	276.7
Range	1069.7	1063.0	1031.5

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)





### Liver similarity



Descriptive	Statistics
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	DSC (AB) Liver	DSC (ML) Liver
Mean	0.94	P<.004 0.96
Std. Deviation	0.04	8.89×10 <sup>-3</sup>
Range	0.16	0.03

#### Overlap index (OI)

**Descriptive Statistics** 

	OI (AB) Liver	OI (ML) Liver
Mean	0.95	0.95
Std. Deviation	0.04	0.01
Range	0.15	0.06

#### Volume Difference (DV)

#### **Descriptive Statistics**

		DV	(ML) Liver
Mean	0.03	P=.001	-0.02
Std. Deviation	0.05		0.02
Range	0.18		0.06



OI (AB) Liver

DV (AB) Liver



Total

AB (Atlas Based segmentation)

ML (Deep Learning segmentation)



### Liver - Example







### **Spinal Canal volumes differences**

Descriptive Statistics

	VM	VAB	VML
Mean	87.3	79.3	74.5
Std. Deviation	12.1	11.1 PZ.	8.9
Range	43.3	37.0	30.8

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)



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### **Spinal Canal similarity**



#### Overlap index (OI)

Descriptive	Statistics	

**Vaud** 

	OI (AB) Spinal Canal	OI (ML)	Spinal Canal
Mean	0.88	P=.002	0.80
Std. Deviation	0.08		0.02
Range	0.25		0.12

#### Volume Difference (DV)

	DV (AB) Spinal canal	DV (ML) Spinal Canal	
Mean	-0.09	P=.019	-0.14
Std. Deviation	0.09		0.06
Range	0.29		0.21



Total

Total

Total

AB (Atlas Based segmentation) ML (Deep Learning segmentation)



### Spinal Canal - Example







### **Humeral Head L volumes differences**

	VM	VAB	VML
Mean	59.4	56.6 P= 017	44.1
Std. Deviation	8.7	7.1	5.6
Range	35.0	23.6	18.8

VM (manual reference segmentation)VAB (Atlas Based segmentation)VML (Deep Learning segmentation)



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### **Humeral Head L similarity**



	Overlap index (OI)
Descriptive Statistics	

OI (AB) Humeral Head		OI (ML) Humeral hea	
Mean	0.90	P<.001	0.74
Std. Deviation	0.08		0.07
Range	0.26		0.24

#### Volume Difference (DV)

Mean	DV (AB) Humeral Head	DV (ML) Humeral Head	
		P<.001	-0.25
Std. Deviation	0.08		0.07
Range	0.22		0.24

**Vaud** 



 $\Rightarrow$ 

Total

Total

Total

AB (Atlas Based segmentation) ML (Deep Learning segmentation)



### Humeral Head L - Example







# Discussion

- **Breast R**: no significant difference between the volumes. Still, the VAB and the VML tend to be smaller then the VM.
- Lung R: significant difference between the volumes. The VAB and the VML tend to be smaller then the VM. For the DSC, OI and DV, there's a significant difference between the VAB and VML. The index are overall better for VML.
- Lung L: significant difference between the volumes. The VAB and the VML tend to be smaller then the VM. The difference is higher for Lung L than for the Lung R (Heart anatomy influence?). For the DSC, OI and DV, there's a significant difference between the VAB and VML. The index are overall better for VML. The metrics are less good comparing with the Lung R.





- Heart: significant difference between the volumes. The VAB and the VML tend to be smaller then the VM. The mean value for VAB and VML are very similar, but VAB has a higher SD. For the DSC and OI, there's a significant difference between the VAB and VML, they are better for VML. For the DV, there's no significant difference between VAB and VML.
- Liver: significant difference between the volumes. The VAB it's larger than VM. For the DSC and DV, there's a significant difference between the VAB and VML. <u>The DSC and Dv are better for VML.</u> For the OI there's no significant difference.





- **Spinal Canal**: significant difference between the volumes. The VAB and the VML tend to be smaller then the VM. For the DSC, OI and DV, there's a significant difference between the VAB and VML. <u>The index are overall better</u> for AB regarding the DSC and OI. This overall difference can be linked to the fact that the VM as a higher length in the superior-inferior direction.
- Humeral Head L: significant difference between the volumes. The VAB and the VML are smaller. The VM it's contoured much higher in the superior direction. The AB and ML always segmented the humeral head without this superior margin. For the DSC, OI and DV, there's a significant difference between the VAB and VML. The index are overall better for AB regarding the DSC and OI.





# Conclusion

- As a user, we need to evaluate the quality segmentation output
- Awareness regarding the contouring "deskilling" risk
- Impact of the dose on different segmented OARs needs to be evaluated
- Bad segmentation not always may have an impact on dosimetry (it depends by the treatment site and treatment technique)





- Quality of segmentation was different because of the number of patients used to train each segmentation technique
- It's important the training datasets for both segmentation techniques, it must include real world patient's anatomical variability is feedback for vendors
- Importance of collaboration between the radiotherapy multidisciplinary team (RTT's, RO's, Phy's)





# References

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# Acknowledgments

Special thanks for the medical physicist, Michele Zeverino

Radiation oncologist Wendy Jeanneret Sozzi

**RTT Susana Leal** 

RTT Léonie Heym

Prof. Jean Bourhis

Prof. Raphaël Moeckli





# Thank you!

in the

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