

AI for CMR across scanners, sites and populations

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**The
Alan Turing
Institute**



Canon
CANON MEDICAL

Declaration of Conflicts

- Receive grant support from Canon Medical

A visual bio

Dipl. ECE @ Aristotle University

PhD & MSc @ EECS/ECE Northwestern

Faculty @ Northwestern
EECS/Radiology

Director of PRIAn @ IMT

@ University of Edinburgh

Canon Medical/RAEng

Prof/Chair in ML, CV

Turing Fellow

ELLIS Fellow



At VIOS we do interdisciplinary AI

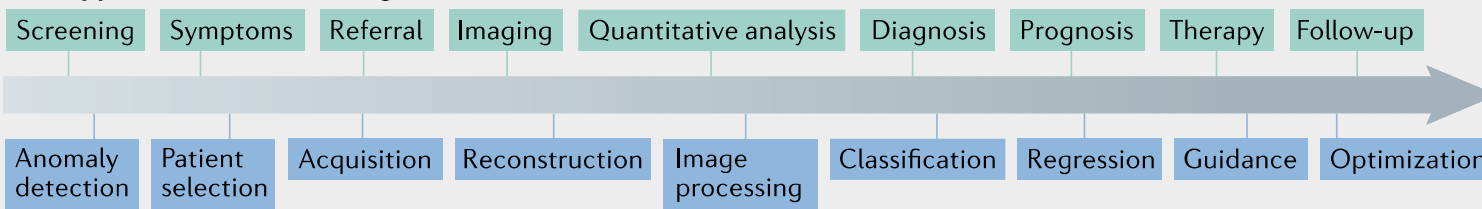


CMR a key tool in clinical workflows

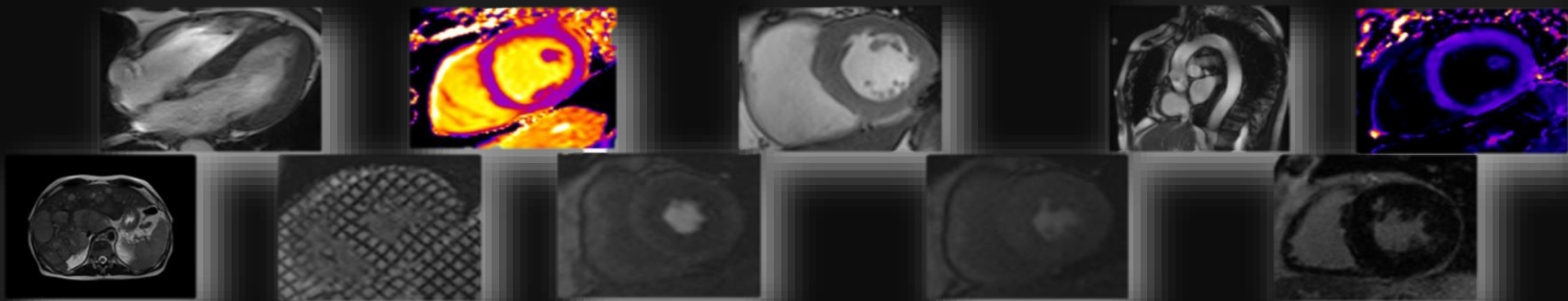
Clinical workflows



AI-supported decision-making

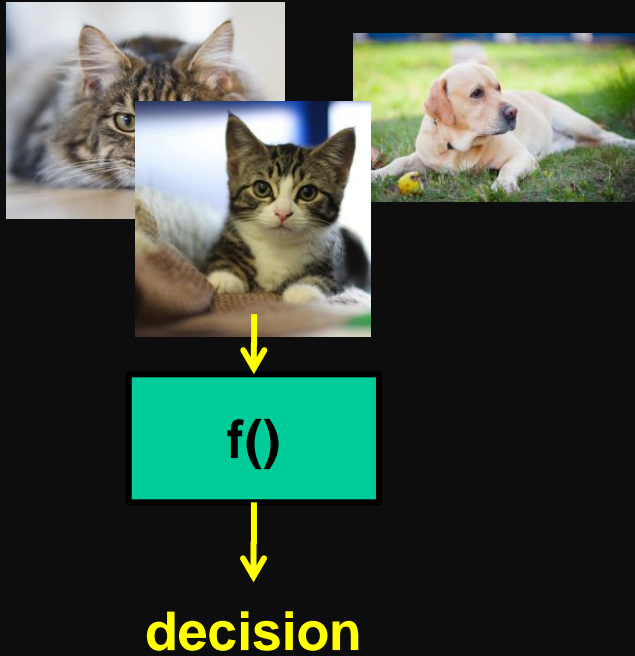


AI-based algorithms




CMR

Deep learning



- Needs **examples**

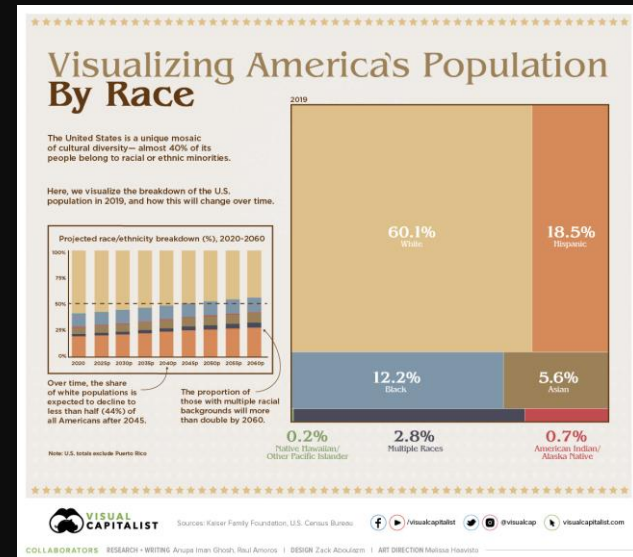
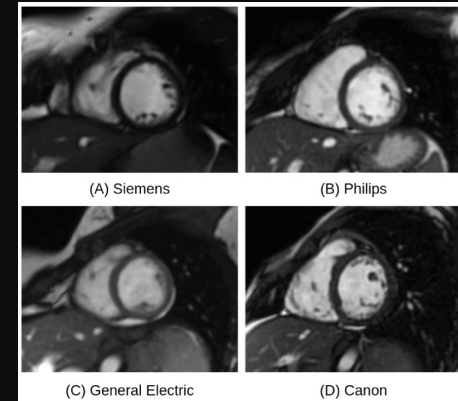
(, cat)

(, dog)

Scanners, Sites and Populations

Origins of **variation**:

- Scan parameters (e.g. resolution)
- Scanner (e.g. 1.5T vs 3T, vendor)
- Sequence used (e.g. T2w, cine, T1)
- Population (e.g. ethnicity, gender)
- Site (e.g. protocols)



Scanners, Sites and Populations

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Type of **shift(s)**:

Acquisition

Population, prevalence,
manifestation

Annotation, population

The naïve solution

- **Classical ML**
more data variation → better performance

- ✓ Better AI generalise to
 - **Sensor** variation
 - **Population** variation



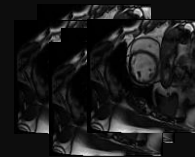
Vendor A



Vendor B



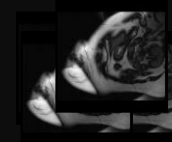
Vendor C



Vendor A



Vendor B



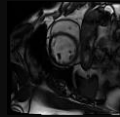
Vendor C

The impossible gold standard

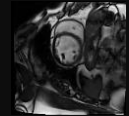
Gold standard to **isolating effects** of e.g. scanner: the same patient “*travelling*” to be imaged by all vendors



Vendor A



Vendor B

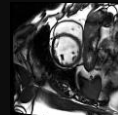


We will have to repeat this for **any** effect we want to isolate.

But what if we can separate influence of imaging from anatomy/pathology?



Vendor C

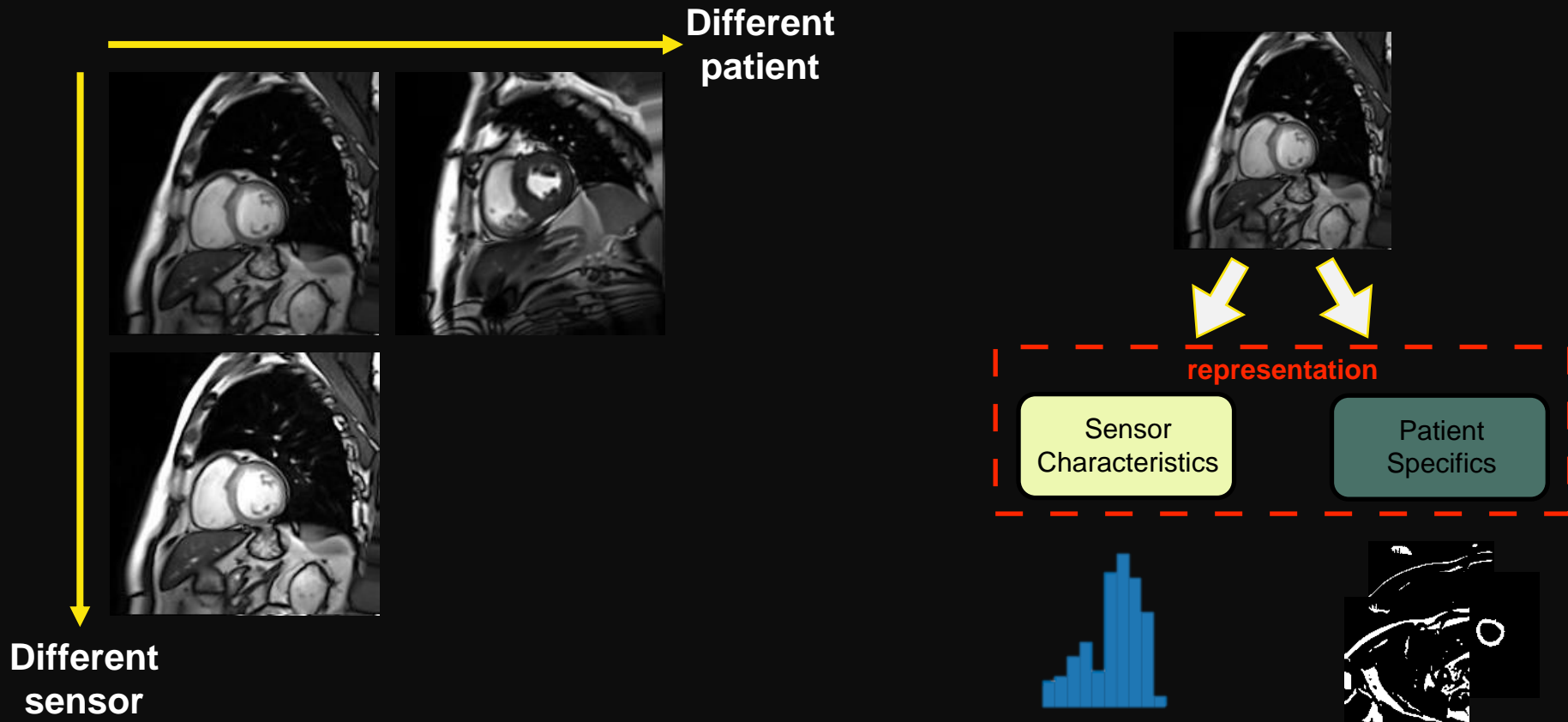


How to achieve generalisation?

- During **training**:
 - Harmonisation
 - Domain generalization
 - Invariance
 - Adaptation
 - Data diversity by synthesis
- During **application (deployment)**
 - Test-time adaptation / training

LEARN REPRESENTATIONS

Disentangled representations



- ✓ Separate & organize factors of variation!
- ✓ Such separation works in images, timeseries, text, ...
- ✓ A paradigm shift...

To learn more



2nd MICCAI 2021 tutorial
vios.science/tutorials/dream2021



1st MICCAI 2022 workshop
on disentanglement
<https://mad.ikim.nrw>

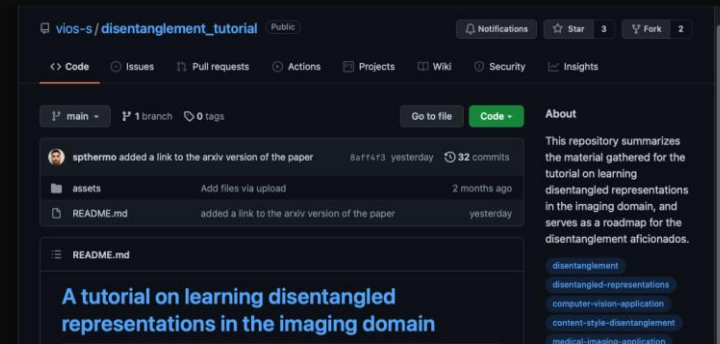
A Tutorial on Learning Disentangled Representations in the Imaging Domain

Xiao Liu*, Pedro Sanchez*, Spyridon Thermos, Alison Q. O'Neil and Sotirios A. Tsaftaris, *Senior Member, IEEE*,

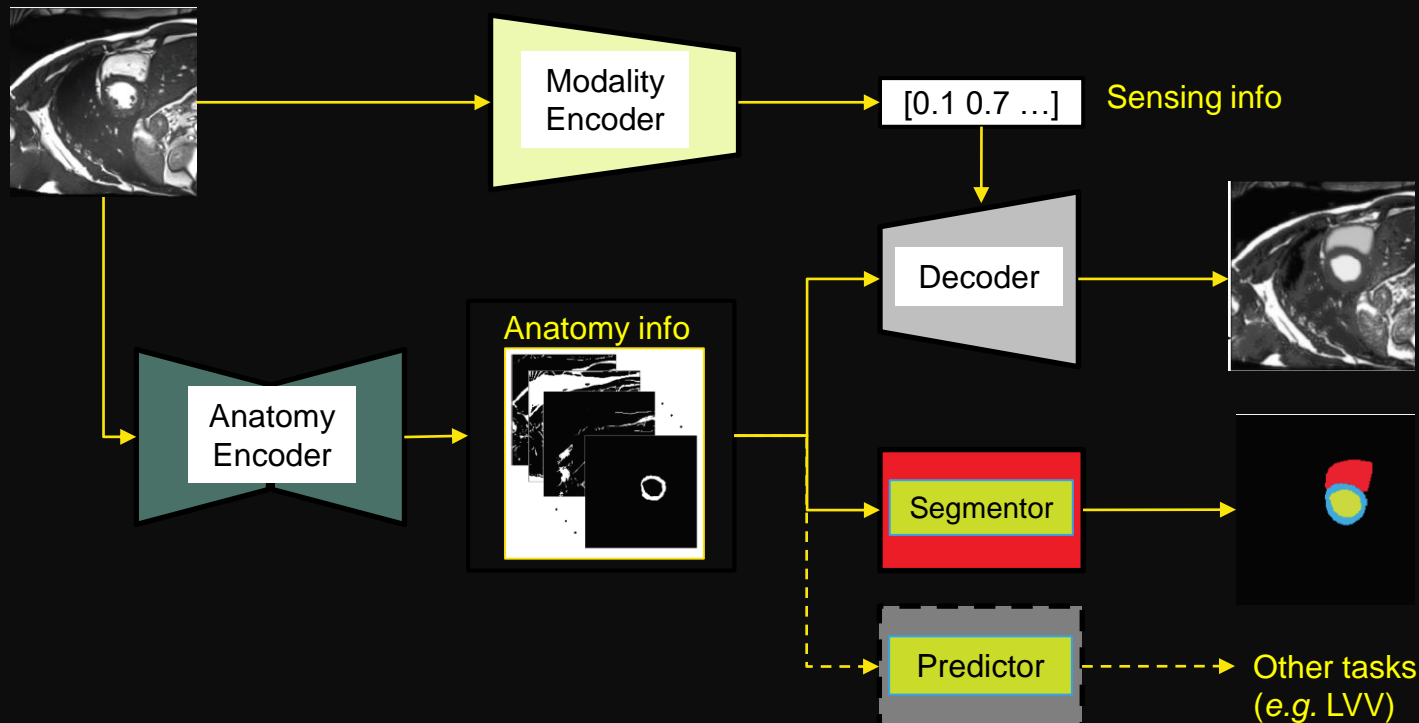
Abstract—Disentangled representation learning has been proposed as an approach to learning general representations. This can be done in the absence of, or with limited, annotations. A good general representation can be readily fine-tuned for new target tasks using modest amounts of data, or even be used directly in unseen domains achieving remarkable performance in the corresponding task. This alleviation of the data and annotation requirements offers tantalising prospects for tractable and affordable applications in computer vision and healthcare. Finally, disentangled representations can offer model explainability and can help us understand the underlying causal relations of the factors of variation, increasing their suitability for real-world deployment. In this tutorial paper, we will offer an overview of the disentangled representation learning, its building blocks and criteria, and discuss applications in computer vision and medical imaging. We conclude our tutorial by presenting the identified opportunities for the integration of recent machine learning advances into disentanglement, as well as the remaining challenges.

Index Terms—disentanglement, disentangled representation, content-style, applications, tutorial, computer vision, medical imaging.

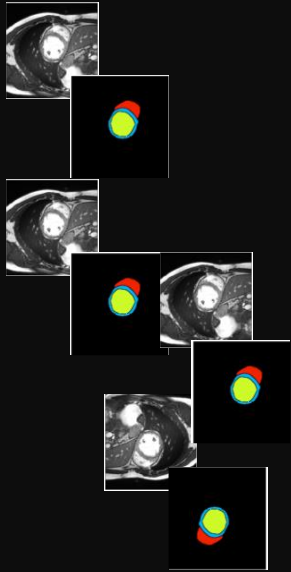
Sep 2021



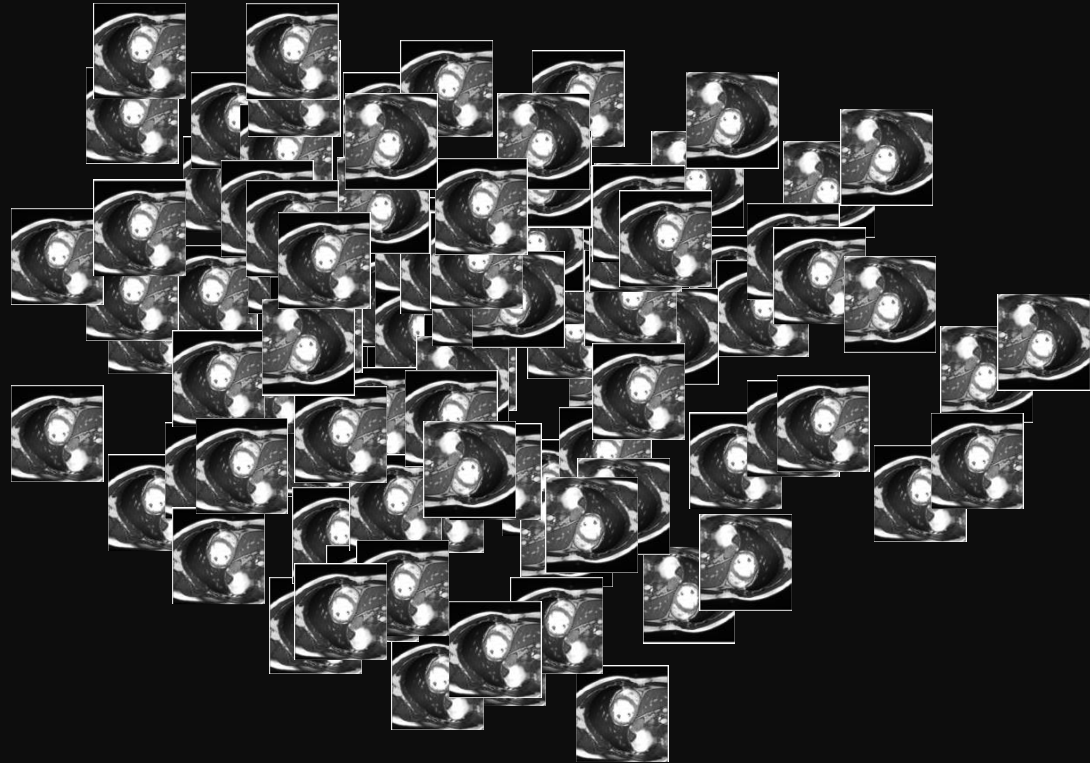
Disentangling the learning of anatomy



Use unlabeled images



Annotated images
and masks

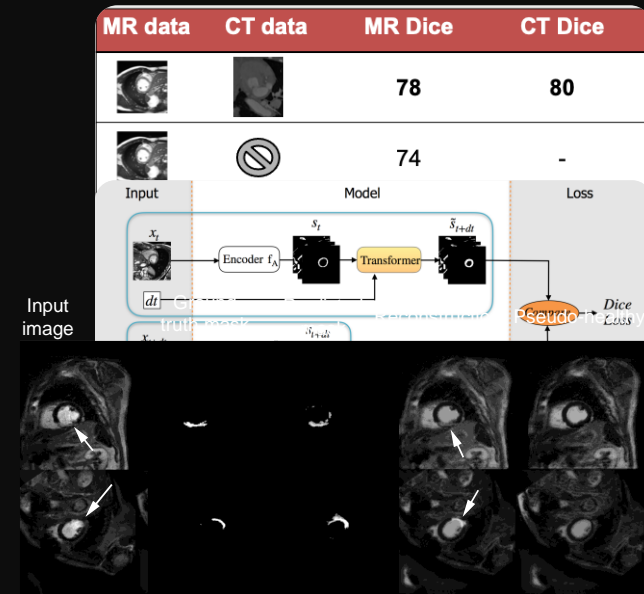


Other images

Only with 6% of annotated data: 75.6 (Dice)
[all annotated data 84 Dice]

What else we can do

- ✓ **MRI** and **CT**¹
- ✓ **Leverage EHR**¹
- ✓ Exploit **temporal** relationships²
- ✓ Expand to **pathology**^{4,5}
- ✓ Use **multi-input**⁶

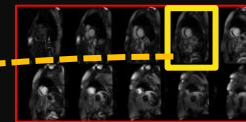
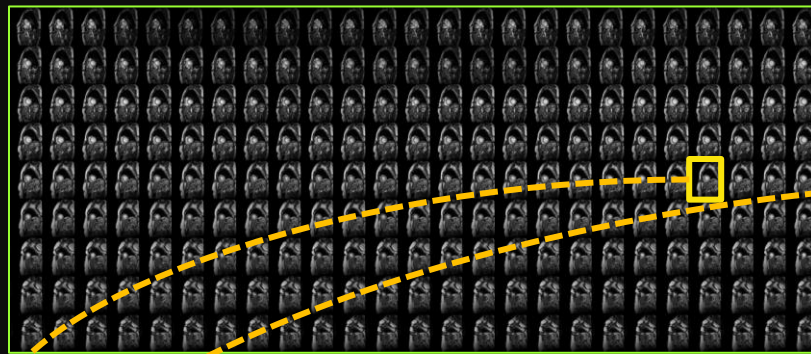


1. Chartsias, Joyce, Papanastasiou, Semple, Williams, Newby, Dharmakumar, Tsiftaris (2018 & 2019) Disentangled Representation Learning in Cardiac Image Analysis. MedIA and MICCAI
2. Valvano, Chartsias, Leo, Tsiftaris Temporal Consistency Objectives Regularize the Learning of Disentangled Representations DART @MICCAI 2019
3. Chartsias, Papanastasiou, Wang, Semple, Newby, Dharmakumar, Tsiftaris, Disentangle, align and fuse for multimodal and zero-shot image segmentation. STACOM @ MICCAI 2019, arXiv 1911.04417, & IEEE TMI 2020
4. Jiang, Wang, Chartsias, Tsiftaris, Max-Fusion U-Net for Multi-Modal Pathology Segmentation with Attention and Dynamic Resampling," 2020 MyoPS Challenge, STACOM, a MICCAI 2020 workshop
5. Jiang, Chartsias, Zhang, Papanastasiou, Semple, Dweck, Semple, Dharmakumar, Tsiftaris, "Semi-supervised Pathology Segmentation with Disentangled Representations," DART, a MICCAI 2020 workshop
6. Chartsias, Papanastasiou, Wang, Semple, Newby, Dharmakumar, Tsiftaris, Disentangle, align and fuse for multimodal and zero-shot image segmentation. STACOM @ MICCAI 2019, arXiv 1911.04417, & IEEE TMI 2020

How we review CMR images in a protocol

- Use multiple inputs **simultaneously**
- **Relate** across inputs to find the “**common**”
- Find and separate the “**unique**”

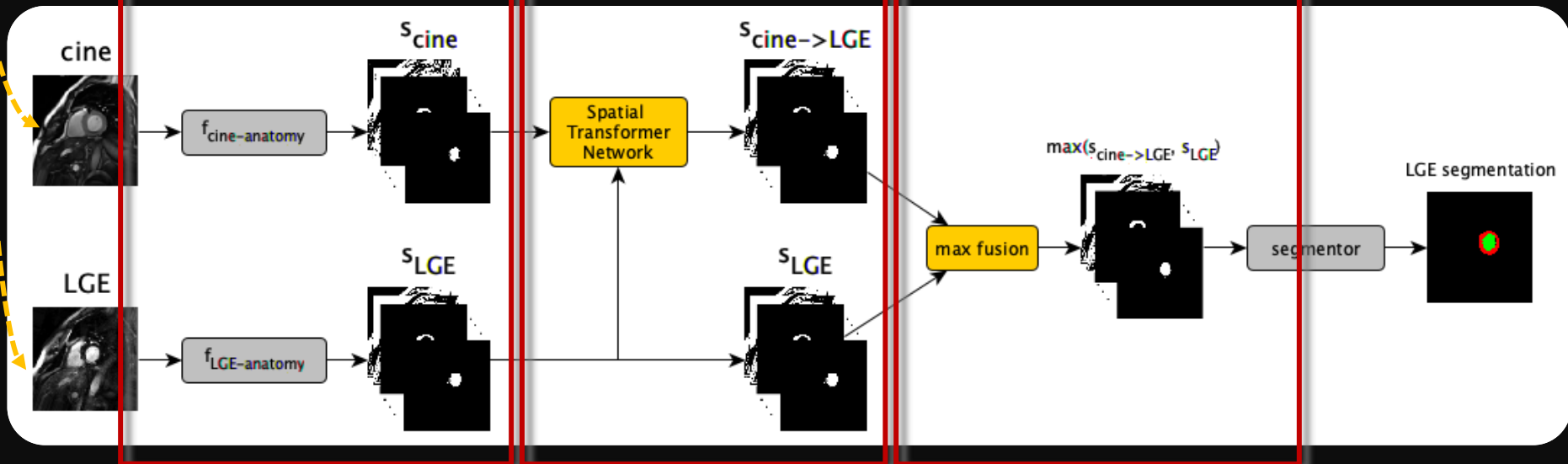
DAFnet: Disentangle, Align and Fuse



disentangle

align

fuse

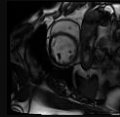


ACHIEVING GENERALISATION

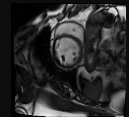
Because of better representations

Remember this!

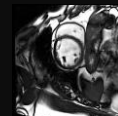
Gold standard to **isolating effects** of e.g. scanner: the same patient “*travelling*” to be imaged by all vendors



Vendor A



Vendor B

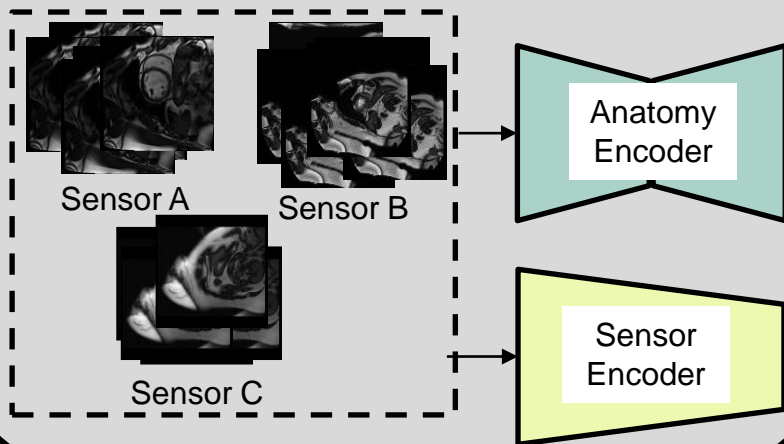


Vendor C

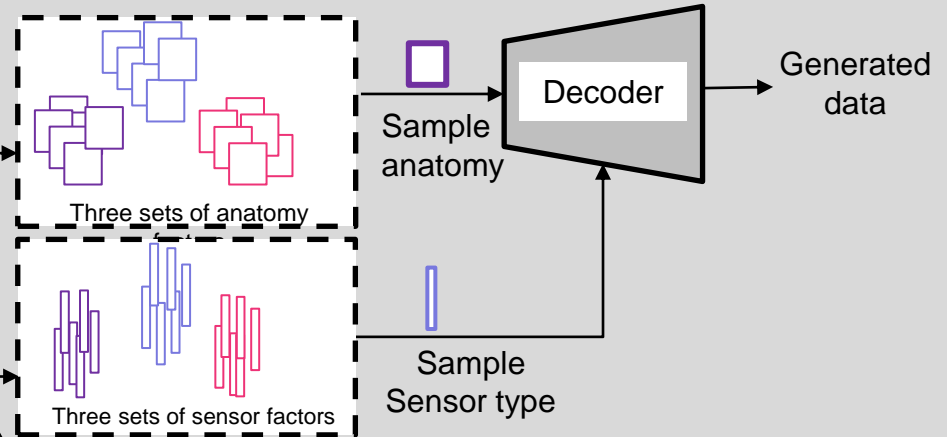
Now we can simulate this!

New combinations of factors

Extract factors



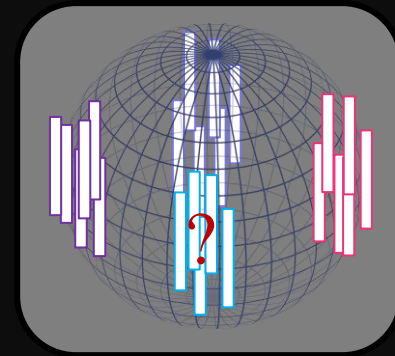
Create new data



1. Take images from **different** sites/scanners
2. **Separate** anatomy from sensor variation
3. Create **new** virtual combinations

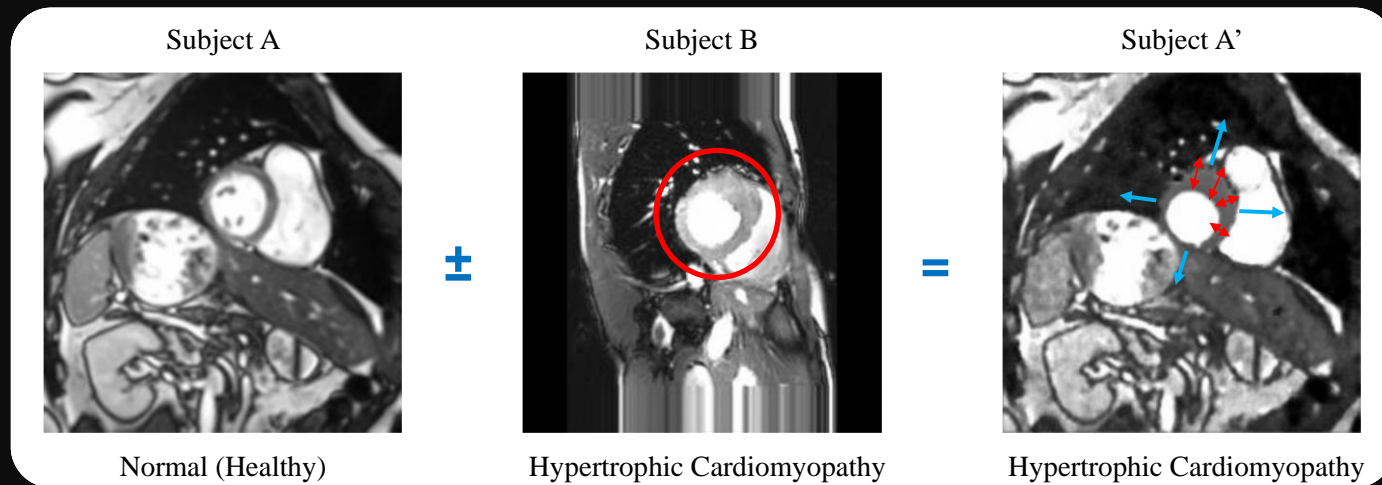
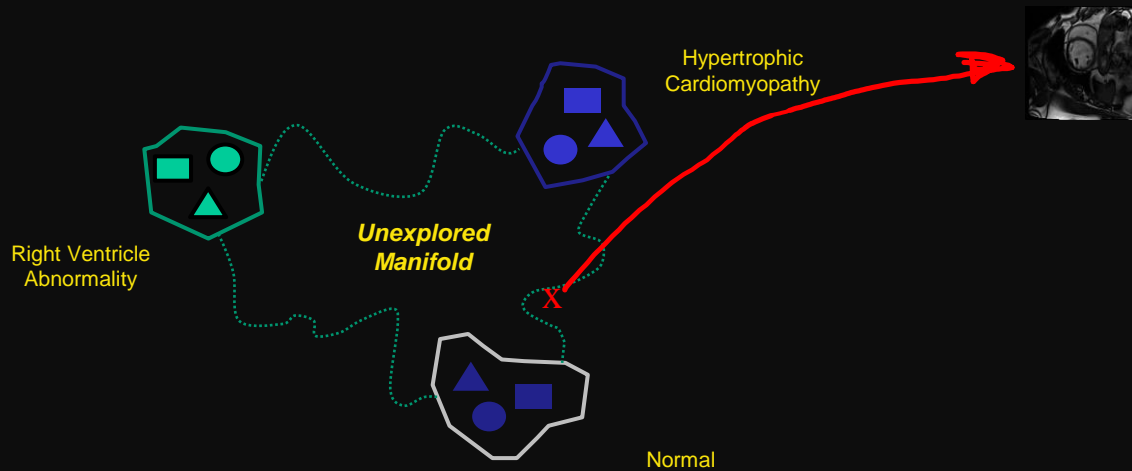
We can improve the representations

- **Penalise** if separation of variation is not good
 - **Meta-learning** domain generalization



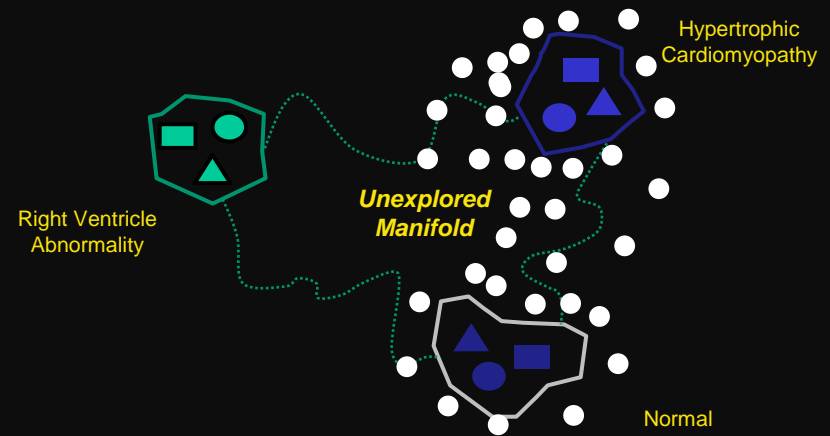
| | Fully supervised (nnUnet) | Random mixing (semi-supervised + disentanglement) | Fully supervised meta-learning (w/o disentanglement) | Semi-supervised meta-learning |
|------|---------------------------|---|--|--------------------------------------|
| 20% | 64.85 (5.2) | 76.73 (11) | 73.5 (12) | 79.6 (11) |
| 100% | 71.51 (5.4) | 81.37 (11) | 80.95 (13) | 82.25 (11) |

We can add bespoke anatomical diversity

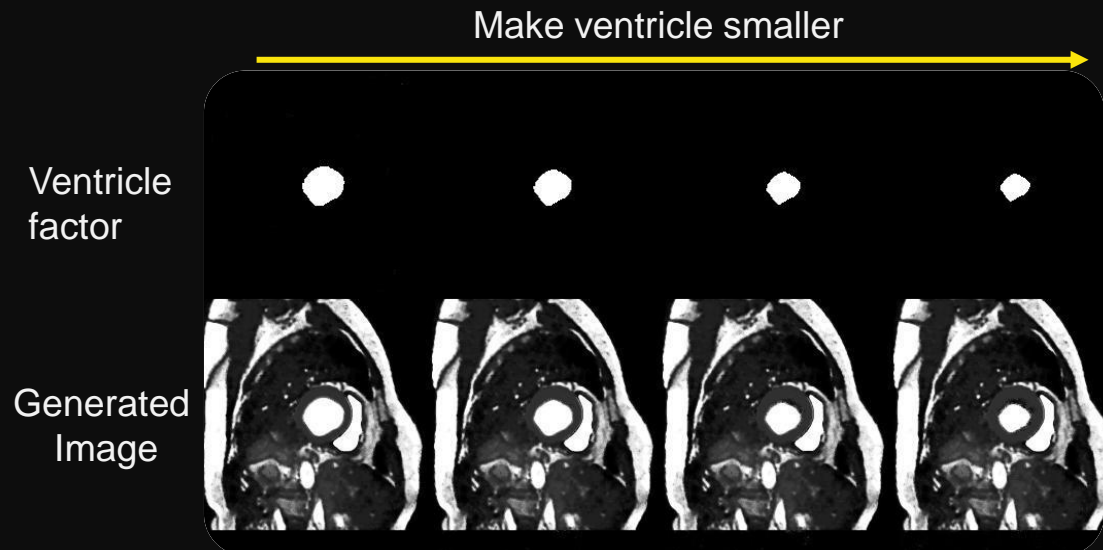


To correct for prevalence shifts

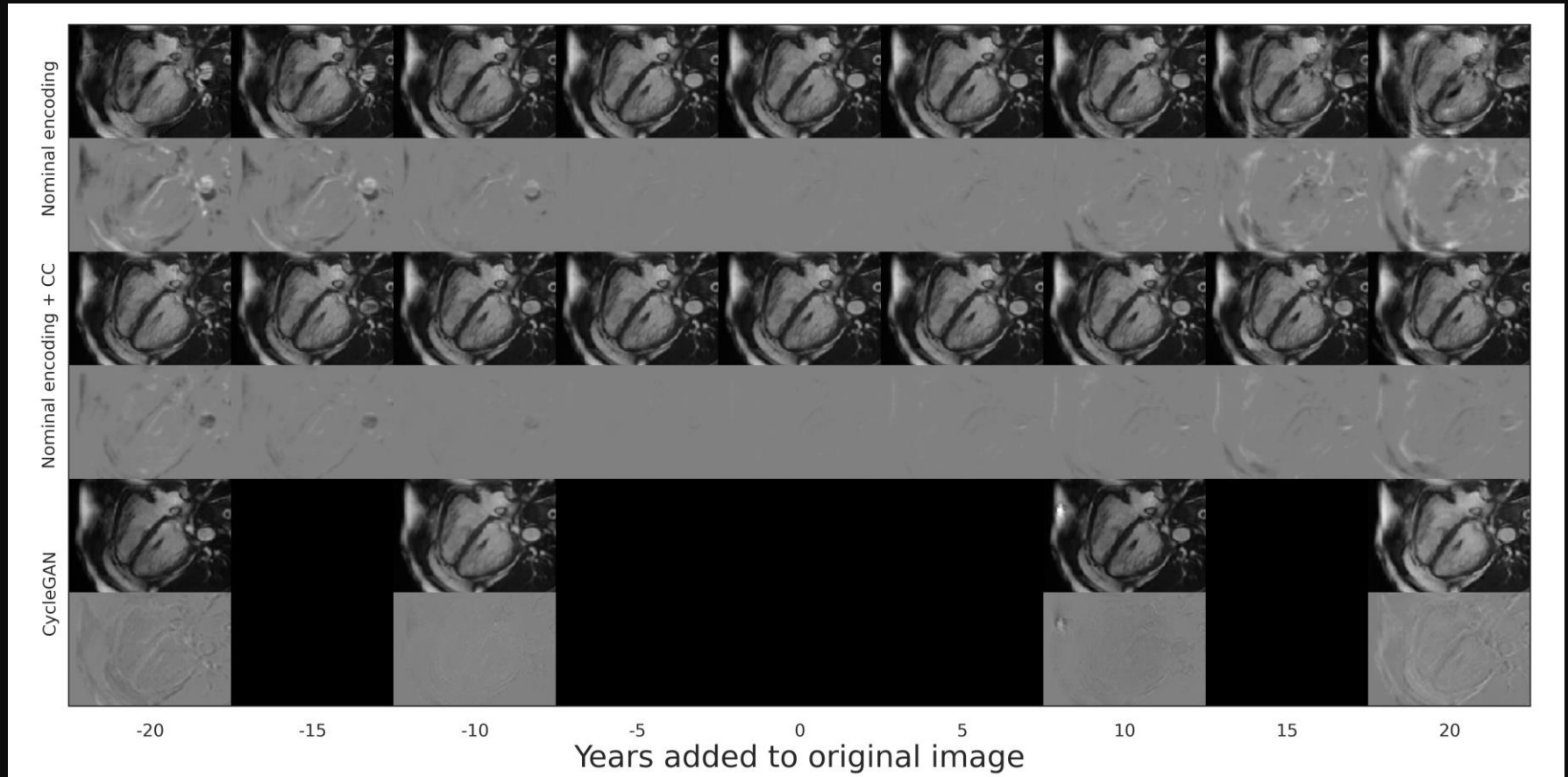
- ✓ Augment training sets:
 - Rare pathologies
 - Under-represented sites/hospitals
 - Gender/race imbalance



- ✓ Data can be generated as **desired**

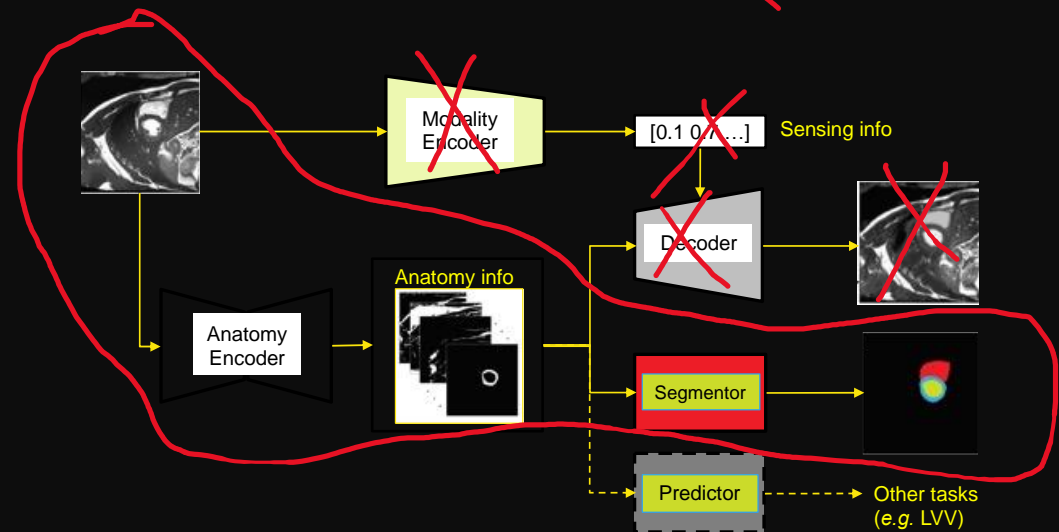


Correcting age distribution

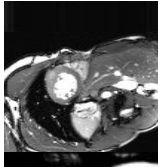



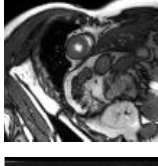



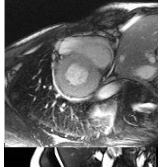



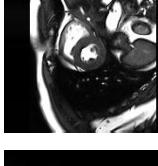

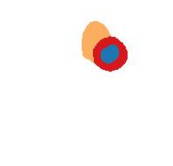

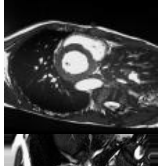



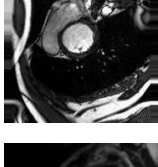



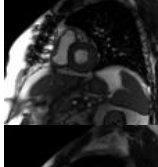









Generalisation by test-time training

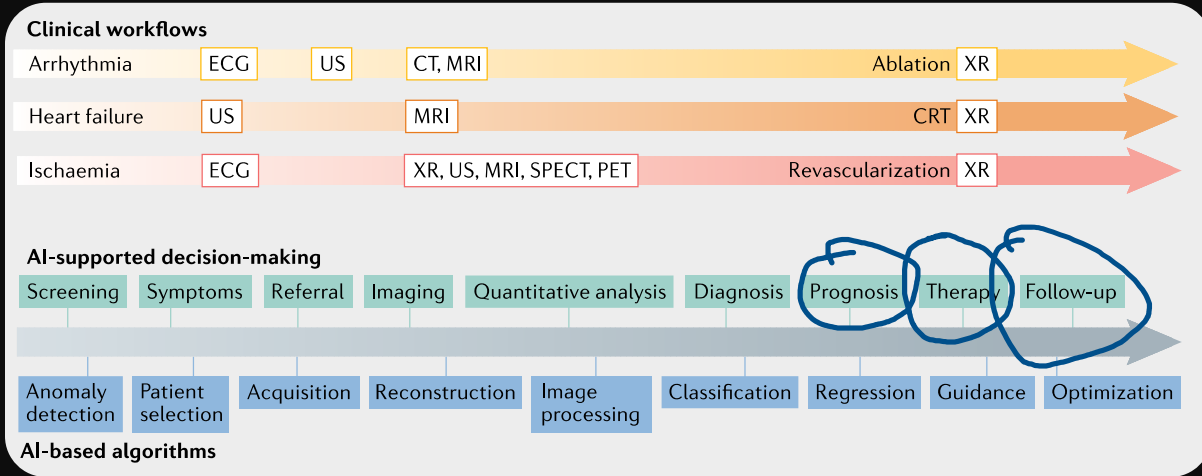
- **TTT**: adapt model on the fly **without** annotations
- Encoders, decoders, discriminators all capture **priors**
- At test time we **throw** components away
- Stop! **Reuse** them [1,2]



Gains

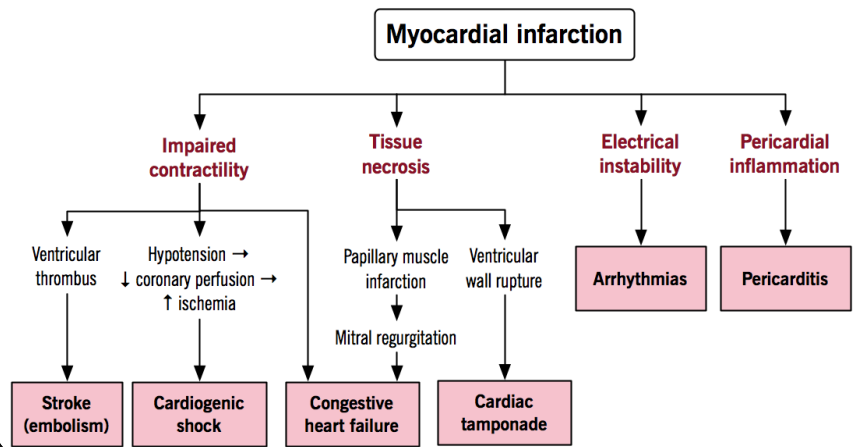
| Dataset | Input | Prediction | | True |
|-------------------------|---|---|---|---|
| | | Before TTT | After TTT | |
| ACDC _{1.5T→3T} |  |  |  |  |
| |  |  |  |  |
| M & Ms |  |  |  |  |
| |  |  |  |  |
| ACDC |  |  |  |  |
| |  |  |  |  |
| LVSC |  |  |  |  |
| |  |  |  |  |

AI and Health



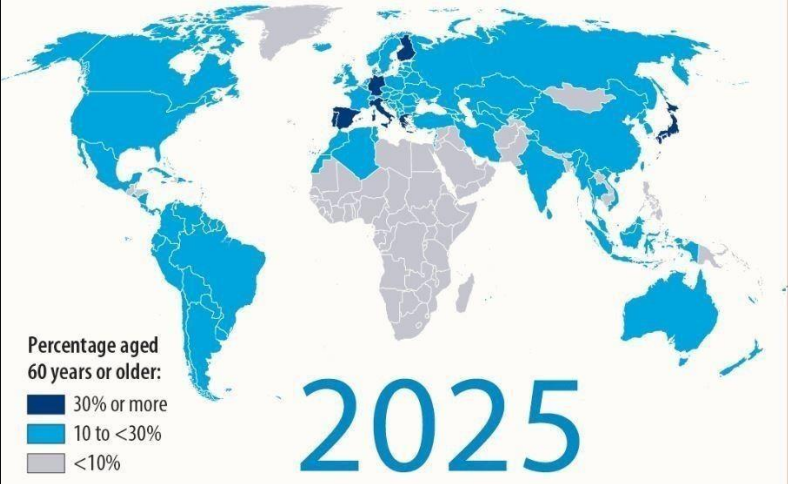
Complications of myocardial infarction

Dominique Yelle



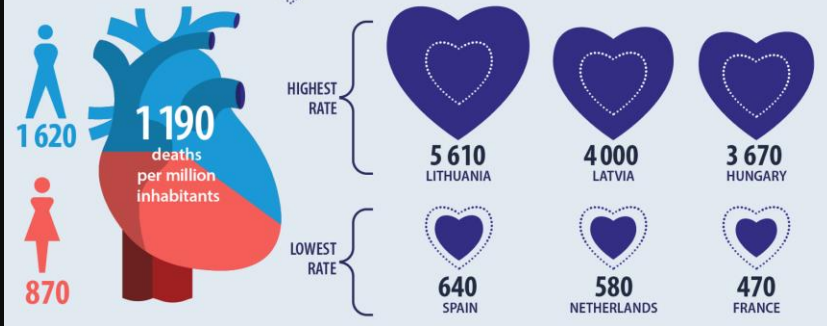
Sanchez & Tsafaris, (2022) Diffusion Causal Models for Counterfactual Estimation. Conference on Causal Learning and Reasoning

Populations are getting older



Standardised rate of deaths from coronary heart diseases in the EU

(per million inhabitants, 2016 data) EU value = 1 190



ec.europa.eu/eurostat



Thanks to my team...



We have several PhD/RA openings if you want to join us!

vios.science

...my collaborators...

UK

- S. Weir
- A. Smout
- A. O'Neil
- A. Frangi
- D. Newby
- S. Semple
- G. Papanastasiou
- M. Williams

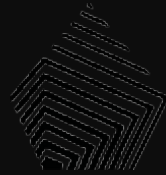
World

- R. Dharmakumar
- X. Papademetris
- N. Merchant
- H. Scharr
- P. Perata
- S. Bakas
- T. Arbel
- L. Maier-Hein

...funders and you!

EPSRC

Engineering and Physical Sciences
Research Council



Royal Academy
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CANON MEDICAL

[dstl]

Innovate UK



National Institutes of Health
Turning Discovery Into Health



BBSRC
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Medical
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Council

**The
Alan Turing
Institute**



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BB/P023487/1



ICAIRD

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