	The VAMPIRE Challenge: Preliminary results from a multi-institutional study CT ventilation image accura						
	SYDNEY MEDICAL SCHOOL	John Kipritidis, CINSW Early Career Fellow					
i viz	Cancer	Radiation Physics Laboratory					
ISW		UNIVERSITY OF SYDNEY					
æ 5	YDNEY	SAM JOINT IMAGING-THERAPY SCIENTIFIC SYMPOSIUM AAPM Annual Meeting, July 31st - August 4th 2016 Washington DC, USA					

SYDNEY	Learning Objectives

- ① To understand the need for common datasets to validate and improve CT ventilation imaging (CTVI)
- (2) To learn about common tools for evaluating CTVI accuracy
- ③ To learn about a global initiative to identify the most accurate CTVI algorithms

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Outline

> Goals and barriers for cross-modality validation of CTVI

- > VAMPIRE: Realizing a multi-institutional validation dataset for CTVI
- > VAMPIRE Challenge: Preliminary results based on USYD algorithm

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Goals and barriers for cross-modality validation

CTVI-guided functional avoidance lung cancer RT is now a clinical reality and can have a
material impact on functional dosimetry.



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	Goals and bar	riers	for cross-modality validatio
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SYDNEY	Goals and barriers for	cross-modality validation
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> Variable results across different clinical / pre-clinical validation studies:

 Study
 Modality
 Subjects
 Key finding

 Yamamoto et al. [1]
 PFT
 15 human subjects
 Moderate correlations (range 0.43-0.73) between CT ventilation-definee
 SAM hint: Are these studies directly comparable? Different subjects, Different 4DCT protocols, Different validation metrics, Different "ground truth" ventilation mode ٠

- 1

99mTc-DTPA = tech is: PFT = pa

S. Kida et al. (2016) Radiother Oncol 118 (3) pg. 521-527

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Goals and barriers for cross-modality validation

> 90% of clinical 4DCT scans suffer image artifacts due to irregular breathing. Yamamoto et al. (2008) UROBP 72 (4) 1250-1258







> Different clinical ventilation images have different pros/cons in terms of image quality:















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STONEY VAMPIRE: Realizing a common validation dataset

 "Ventilation Archive for Medical Pulmonary Image Registration Evaluation" 50 pairs of 4DCT and 'ground truth' ventilation scans from three institutions (more soon)







	SYDNEY	/AMPIRE	∃: Realizir	ng a comi	mon vali	dation d	ataset
			Image	quality++			
=	CT/GT Modalities	DTPA V-SPECT	Technegas V-SPECT	Galligas 4DPET/CT	Xenon CT	MAA Q-SPECT	Hyp. Gas MRI
na	4D cone-beam CT	-		-	-	-	
ge o	Low-dose 4DCT	-	-	25	-	-	
ent	Treatment planning 4DCT	21	-	-	-	-	•
lity	Regularity gated 4DCT	-	-	-	4	-	•
‡	Breath hold CT	-	-	-	-	-	-
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-	SYDNEY	VAMPIRI	E: Realizi	ng a comi	mon vali	dation c	lataset
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=	CT/GT Modalities	DTPA V-SPECT	Technegas V-SPECT	Galligas 4DPET/CT	Xenon CT	MAA Q-SPECT	Hyp. Gas MRI
na	4D cone-beam CT	-	11	-	-	11	-
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ent	Treatment planning 4DCT	21	11	18	-	32	
lity	Regularity gated 4DCT	-	-	-	4	-	-
ŧ.	Breath hold CT	-	-	18	-	-	Up to 70
\checkmark	,	LEGEND	Inaugural VAMPIR Challenge!	E VAMPIRE II (Date TBA)	N/A		



SYDNEY	Outline
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SYDNEY		Inaugural VAMPIRE	Challenge
The VAMPIRE	Challenge is inspired I	by MIDRAS & EMPIRE10 (http://em	pire10.isi.uu.nl)
EMRIF Evaluation of Metho Image Registration	E10 ds for Pulmonary 2010	is 1 bits	an Oncology Hall, Phys. Vol. 26, No. 2, go. 353–596, 2020 Cosyndyd C 2020 Elliser in the Printed on U.C.A. Alight memory Ellish XCA/USI-we Fout main
Regardentists of Manuaria C II anks is one of the appendix of the second second second second second of the OMPERCEI characteristic and the second apportance is the second second second second second apportance is the second second second second second second second second second second second second second second second second second s	With an and the second	accuracy metrics for CTVI?)	EGISTRATION ACCURACY
The DPH/HL21 informance was increased in some metrics and the construction of the source of the metrics and the construction of the source of the construction of the source of the source of the source of construction of the source of the particle of the construction of the source of the particle of the the other and a performance of the particle of the the other the source of the particle of the the other the state of the source of the particle of the the other the state of the source of the particle of the the other the state of the source of the particle of the the other the state of the source of the particle of the source of the source of the source of the particle of the source of the the other the state of the source of the sour	2000 with an initial set of 20 way pairs to the Theyseneous a nucleon bit and the second results of the memory of the second second second second second second al., "Characteristic second second second second second al., "Characteristic second second second second second second second second second second second second to the hast second secon	KREYT K. BROCK, PRLD., ON BENALF OF THE DEFORMANCE RECET Pricess Magaret Hopital, University Health Network, Departments of Radiation Oneo Toronts, Toronts, Oracis, Canada	NATION ACCURACY CONSIDERTIES logy and Modical Biophysics, University of
desembleast a set of 20 scan pairs to be regel deformation fail (the desembling) images, one should be advertised after contracting boards should be accompanied by a description of the state of the advertised on a description of the	real. For each regularities they should produce 3 for each orderpain direction (X, X) . These trages Bisland, all to prove a possiverial. Each set of reacts a supertities in pdf format. Passas error each time you		



SYDNEY Inaugural VAMPIRE Challenge > We want high Spearman correlation (" r_s " or " ρ ") with clinical ventilation imaging. CTVI (from breath-hold CT) high 150 $cw(rg_X, rg_Y)$ SAM hint: note difference between Spearman and Pearson correlations: One describes monotonicity, the other linearity. Do we really expect linearity in this situation?

r_s = 0.65 (2.6x10⁶)

SYDNEY Inaugural VAMPIRE Challenge

> We also want overlap of defect regions: Dice similarity coefficient (DSC)

(68Ga PET/CT)

low Ventilation



	SYDNE	Ŷ	Inaugural VAMPIRE Challenge
What • ł f	is a "good Kida <i>et al.</i> unctionall	d" correlation? demonstrated that y adaptive treatme	t $r_{\rm g}$ ~0.4 between CTVI and SPECT can produce comparable nt plans:
tive function	Achievin	g r _s > 0.4 on a cor funct	isistent basis may support the efficacy of CTVI-guided ional avoidance lung cancer RT
Reia 0.3			comparable to SPECT ventilation functional image-based plans
0.2			Satoshi Kida ^{sh} , Matthieu Bal ^e , Sven Kabus ^d , Mohammadreza Negahdar ^e , Xin Shan ^e , Billy W. Loo Jr. ^e , Paul I. Keall ^e , Tokihiro Yamamoto ^{ne}
0.0 0	0.0 0 10 20 30 40 50 60 70 Dose (Gy)	10 40 50 60 70 Dose (Gy)	¹⁰ Spraveni ef Malanto Housing, Weining of Gallanti, Toshi Spravenik, Kill V. Sprave
		S. Kida <i>et al.</i> (2016) Radiother Oncol 118 (3) pg. 521-527	

SYDNEY	Inaugural VAMPIRE Challenge
 What is a "good" correlation? We found r_S = (0.66 ± 0.19) when comparing SPECT images for 11 patients with matched ventilation/perfusion. 	j V/Q- Best case: r ₂ = 0.91
Image courtesy Dr Fiona Hegi-Johnson (Nepean Hospital, NSW Australia)	Worst case: r ₆ = 0.54

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SYDNEY

Inaugural VAMPIRE Challenge

V-SPECT

Q-SPECT

What is the structure of the VAMPIRE Challenge? (And how to take part)

- Download the VAMPIRE Challenge Dataset

 Email john kipritidis @sydney.edu.au to register.
 Receive link to Dicom or MetaImage (MHA) download.
 Dataset divided into "Training" / "Validation" components (30% / 70% split). (Ground truth ventilation provided for Training component only)

 ② Upload your CTVI results:

DIR motion fields Processed CTVIs

- Answer a multiple-choice survey to characterize your algorithm
- Deadline is October, 2016.
- Voxel-based correlations performed at University of Sydney (+ others):
 Focus on Spearman r_s and DSC values for defect/non-defect regions
 Determine which CTVI algorithm(s) achieve the best spatial accuracy

Inaugural VAMPIRE Challenge

o 12 participating groups (so far!) using various commercial / open-source DIR software:





Advanced Normalization Tools (ANTs)



(6) Ventilation quantification

(7) Validation of and/or CTVI

Kipritidis et al. (2016) 2016 ISBI pg. 939-942

elasti

lov

(VEntilation via Scripted Pulmonary Image Registration)

 Stab-function (1) File import
 Option/ Functions
 Option/ Functions

 20 Thange cropping¹
 - OUT-based Cold Section - OUT-based Cold Sections
 - OUT-based Cold Sections

 20 Causestan Biltering⁴
 - OWT-based Cold Sections
 - OWT-based Cold Sections

 30 Causestan Biltering⁴
 - OWT-based Cold Sections
 - Owt-based Cold Sections

 61 Long generations⁴
 - Owt-based Cold Sections
 - Owt-based Cold Sections

 61 Deformable Image Registration UH
 - Owt-Cold Sections
 - Owt-Based Cold Sections

 61 Deformable Image Registration UH
 - Owt-Cold Sections
 - Owt-Based Cold Sections

 62 Sections⁴ Cold S

> In-bum
> Spearman correlate with clinical ventil

n of CTV



Plastimatch

(No algorithm "tuning" per se; visual checking of DIR)

Preliminary VAMPIRE Challenge results (VESPIR)

• Spearman correlations (Training data only)



SYDNEY	Preliminary VAMPIRE Challenge	results (<i>VESPIR</i>)				
o Spearman co	 Spearman correlations (Training data only) 					
	Xe-CT SPET (N-1) VALUE SPECT (N=10) Negative Spearman Negativ	The second secon				







Inaugural VAMPIRE Challenge

What are the benefits of participating in the VAMPIRE Challenge?

Benefit of providing your CTVI outputs:

· Learn how your CTVI algorithm fares against others.

Benefit of providing data:

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· Learn which CTVI methods are most accurate for your imaging data.

Following each VAMPIRE Challenge:

Where possible, full data will be publically released for purposes of CTVI validation

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Take home message

- > Validation remains a core focus of CTVI research.
- > The VAMPIRE dataset will begin to address the need for common validation datasets.
- Please contact us to participate in the Inaugural VAMPIRE Challenge
 → Email john.kipritidis@sydney.edu.au to take part!

