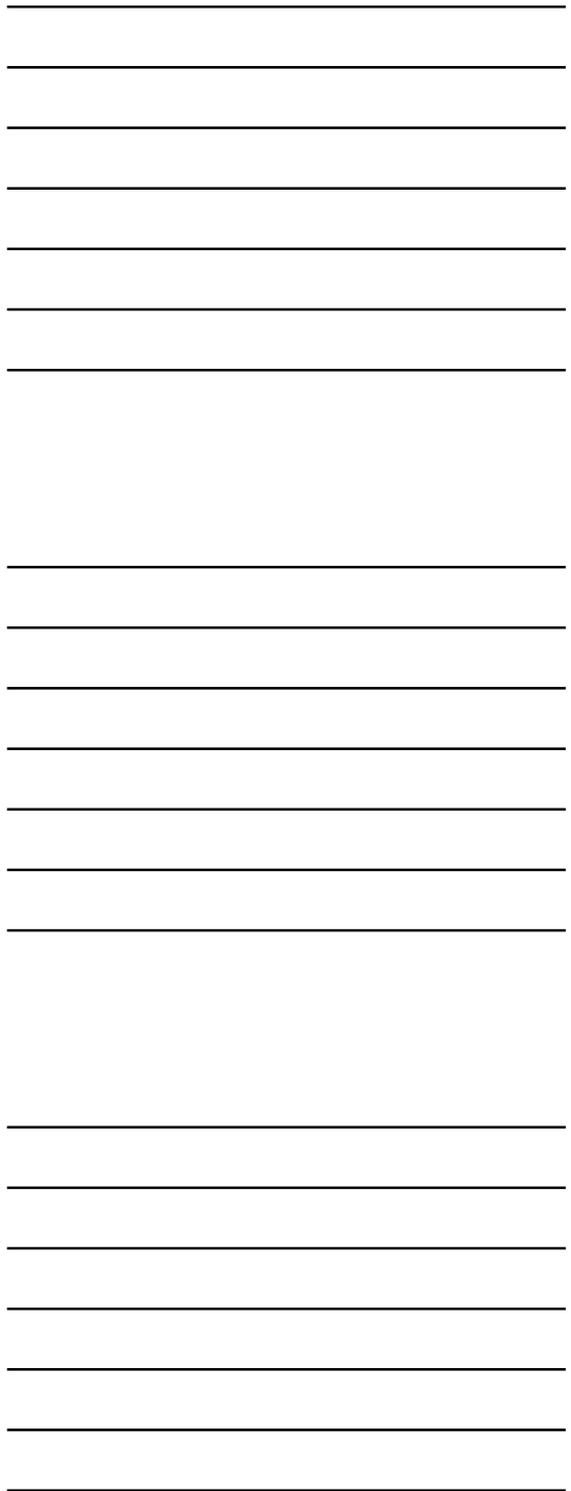


SAM session

Design, implementation and first results of the future standard for evaluation of PET-AS methods



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This presentation is based on the paper "Toward a standard for the evaluation of PET-Auto-Segmentation methods following the recommendations of AAPM task group No. 211: Requirements and implementation" which was recently published in Medical physics.

The paper is open access.



Background

PET imaging important tool in radiation oncology.

Patient staging, prognosis, radiation therapy planning, therapy monitoring, and detection/prediction of recurrences or metastatic disease

Accurate delineation and reliable PET segmentation methods.

The need for reliable PET-auto-segmentation (PET-AS) methods has been widely expressed

Reliable technique for routine clinical PET-AS?

There is currently no established agreement on the most reliable PET-AS technique

How to assess PET-AS algorithms?

The development of a standard benchmark has been recognised by many including AAPM TG211

Objectives

1. Review (a) requirements, (b) design and (c) implementation of a benchmark tool for the evaluation and the validation of PET-AS algorithms (PETASset)
2. Show the analysis and report tools available in PETASset
3. Discuss future developments of the benchmark

Standard requirements

Standard requirements Usability and accessibility

- Easy to use and learn: intuitive GUI
- Comprehensive documentation
- Accessible to the public
- Extendable



Standard requirements

Types of Reference Contours

Absolute truth: only available for simulated images.

Single best estimate: surrogate of truth provided for physical phantom images and in the special case of patient images for which histopathology data are available.

Multiple equally best estimates: consensus manual expert delineations when no single delineation can be considered to be the best.

Krivov AS, Fenchon LM. Pathology-validated PET image data sets and their role in PET segmentation. Clin Transl Imaging. 2014;2:253-267.

Standard requirements

Categories of accuracy metrics

Level I: metrics that assess the agreement in terms of volumetric properties such as the number of voxels in the VOI and the statistics of PET signal integrated over that volume.

Level II: metrics that quantify the geometric agreement including spatial matching between a particular PET- AS contour and the RC.

Level III: metrics that evaluate the clinical relevance of the disagreement between PET-AS contours and RCs.

Standard requirements

Robustness

Across datasets: governed by differences in anatomy and physiology

Within a dataset: resulting from differences in tumour volume shape & size between different patients

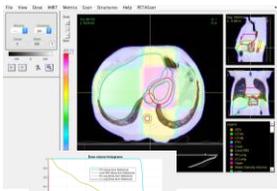
Within an image: according to differences in image reconstruction and noise levels across different realisations of that image

Hsieh M, Lee J, Schmelzer CR, et al. Classification and evaluation strategies of auto-segmentation approaches for PET: report of AAPM Task Group No. 211. Med Phys. 2017;44:e1-e42.

Implementation of requirements

PETASset Platform

CERR: Computational Environment for Radiotherapy Research



CERR A COMPUTATIONAL ENVIRONMENT FOR RADIOTHERAPY RESEARCH

Why CERR?

- CERR provides a GUI for software applications for processing and analyzing research results in radiology and medical physics research.
- CERR is written in the widely used Matlab language (version 7 or later) allowing for the easy development of additional applications.
- CERR will support and display research data from a wide range of commercial or academic hardware devices, including imaging devices such as PET, SPECT and CT/SPECT systems.
- CERR provides a common framework for the creation of multi-modality medical image datasets for clinical trial and research studies, including automatic data acquisition and processing (e.g. DICOM protocol handling, processing).

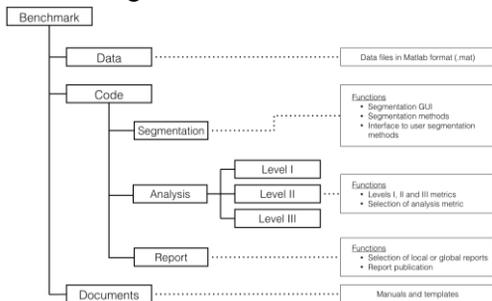
<http://www.cerr.info>
<https://github.com/adityaapte/CERR>

Washington University in St. Louis
 Memorial Sloan-Kettering Cancer Center

Dasay, JG, Blanco AT, Clark VH. CERR: a computational environment for radiotherapy research. Med Phys. 2013;30:979-985.

PETASset

Package structure and content



PETASset Data

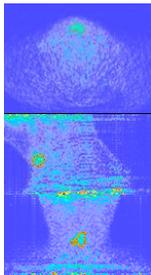
Images and reference contours

Dataset	Reference	Center	Data type	Anatomical region	Number of studies	Number of series/study	Number of structures/series	Reference contour	CT data	Additional features
UCLPTLU	Waser et al. ¹⁰	University of Cologne	Patient	Lung	10	2	1	Specimen	Yes	2 voxel sizes/PET scan
UCLPTHN	Daijose et al. ¹¹	de Loozevain	Patient	H&N	7	1	1	Specimen	No	-
MILPTAB	Zhao et al. ¹²	Fondazione IRCCS Ca' Grande, Ospedale Maggiore Policlinico	Phantom	Lung & Pelvis	11	6	1	CT	No	Different acquisition instances
BRENPHN	Hatt et al. ¹⁴	LaTMI, INSERM	Phantom	H&N	6	1	1	Simulation	No	Heterogeneous (2 RC contours)
BRENPLU			Phantom	Lung	2	1	1	Simulation	No	Heterogeneous (2 RC contours)
SIMPPLU	Berthon et al. ¹⁸	MSKCC/Carroll University	Patient	Lung	10	5	1	Simulation	No	5 RC geometries/3 reconstruction/5 acquisition instances
SIMPTHN			Patient	H&N	10	5	1	Simulation	No	5 RC geometries/3 reconstruction/5 acquisition instances
SIMPTAB			Patient	Pelvis	10	5	1	Simulation	No	5 RC geometries/3 reconstruction/5 acquisition instances

66 studies

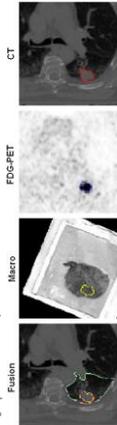
PETASset Data

Head & Neck



UCL H&N, 7 different PET scans each with 2 voxel sizes/PET scans.

Files: UCLPTHN_01.mat.bz2 - UCLPTHN_02.mat.bz2 - UCLPTHN_03.mat.bz2 - UCLPTHN_04.mat.bz2 - UCLPTHN_05.mat.bz2 - UCLPTHN_06.mat.bz2 - UCLPTHN_07.mat.bz2

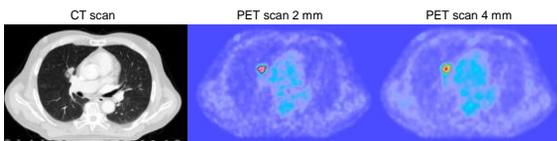


Daleno J.F., Sibomana M., Bui A., Doumont T., Lecomte M., Gr egoire V. Tri-dimensional automatic segmentation of PET volumes based on measured sources in background-free conditions: influence of reconstruction algorithms. *Radiother Oncol.* 2003;69:647-650.
Wang M., Lee J.A., Wynyard B. et al. Gradient-based delineation of the primary GTV on FDG-PET in non-small cell lung cancer: a comparison with threshold-based approaches, CT and surgical specimens. *Radiother Oncol.* 2011;98:117-125.

PETASset Data

Lung

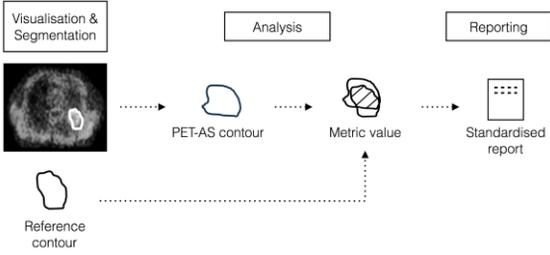
UCL Lung, 10 different CT and PET scans each with 2 voxel sizes/PET scans.



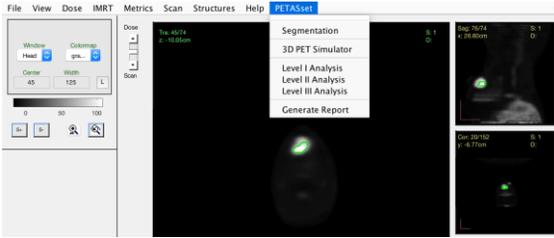
Files: UCLPTLU_01.mat.bz2 - UCLPTLU_02.mat.bz2 - UCLPTLU_03.mat.bz2 - UCLPTLU_04.mat.bz2 - UCLPTLU_05.mat.bz2 - UCLPTLU_06.mat.bz2 - UCLPTLU_07.mat.bz2 - UCLPTLU_08.mat.bz2 - UCLPTLU_09.mat.bz2 - UCLPTLU_10.mat.bz2

wof B. et al. Gradient-based delineation of the primary GTV on FDG-PET in non-small cell lung cancer: a comparison with threshold-based approaches, CT and surgical specimens. *Radiother Oncol.*

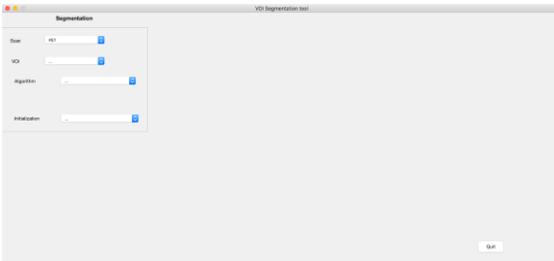
PETASset Code Workflow



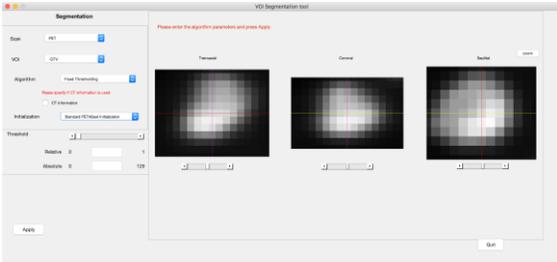
PETASset Code Segmentation



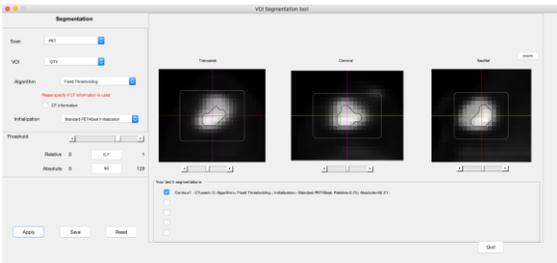
PETASset Code Segmentation



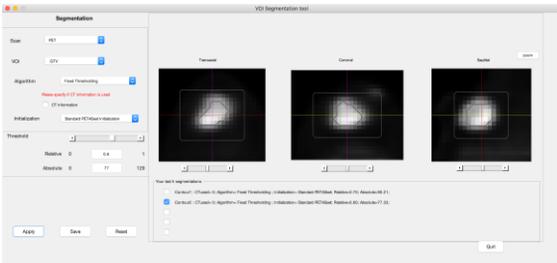
PETASset Code Segmentation



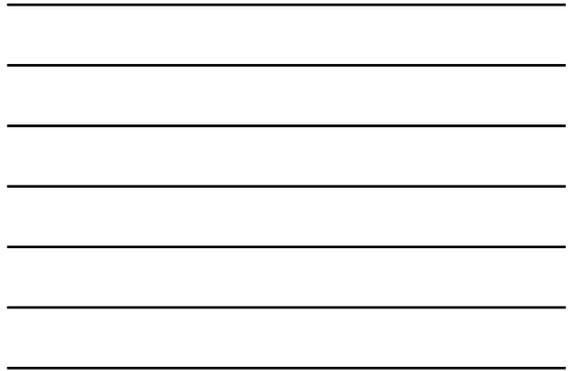
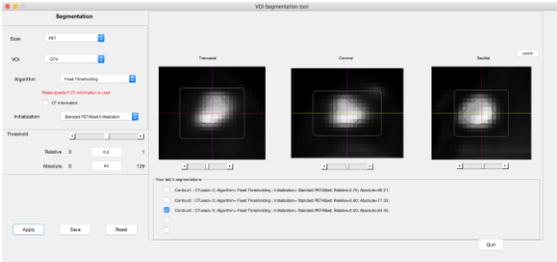
PETASset Code Segmentation



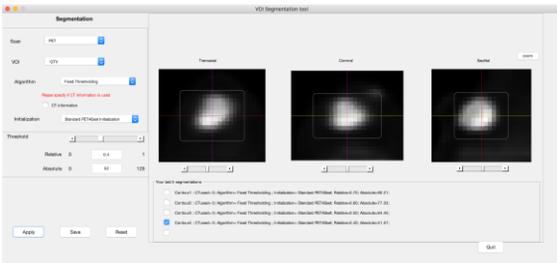
PETASset Code Segmentation



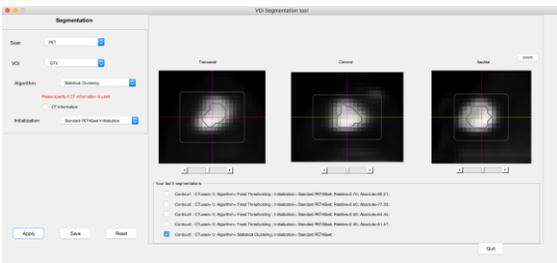
PETASset Code Segmentation



PETASset Code Segmentation



PETASset Code Segmentation



PETASset Code

Local report example



PETASset Code

Global report

Global Report: designed to include the performance of PET-AS methods across several cases.

TABLE III. Average Level I and Level II metric values calculated across the entire PETASset dataset and associated standard deviation.

Method	Level I Absolute metric error (% RC)			Level II			
	Volume	Max SUV	Mean SUV	DSC	S	PPV	HD (cm)
FLAB	27 ± 15	3.0 ± 12	6.3 ± 11	0.74 ± 0.07	0.69 ± 0.09	0.82 ± 0.09	0.25 ± 0.16
GMM	21 ± 25	5.0 ± 11	0.21 ± 10	0.76 ± 0.08	0.77 ± 0.08	0.78 ± 0.09	0.17 ± 0.12
FT30	60 ± 37	0.89 ± 11	3.7 ± 35	0.53 ± 0.08	0.43 ± 0.11	0.91 ± 0.10	0.30 ± 0.08
FT42	61 ± 70	0.36 ± 9.8	15 ± 20	0.64 ± 0.07	0.56 ± 0.09	0.88 ± 0.09	0.24 ± 0.08
RG	42 ± 21	0.18 ± 12	11 ± 18	0.68 ± 0.07	0.62 ± 0.10	0.85 ± 0.11	0.23 ± 0.10
KM	70 ± 163	2.7 ± 11	11 ± 58	0.73 ± 0.10	0.85 ± 0.05	0.69 ± 0.13	0.27 ± 0.20
GCM	39 ± 13	0.98 ± 9.6	9.0 ± 17	0.70 ± 0.06	0.65 ± 0.09	0.83 ± 0.09	0.19 ± 0.05
WT	42 ± 26	2.5 ± 11	3.3 ± 18	0.67 ± 0.07	0.63 ± 0.11	0.79 ± 0.10	0.22 ± 0.08
Range	2170	0.385-0.00	0.21-15	0.53-0.76	0.43-0.85	0.69-0.91	0.17-0.30
Median (SD)	42 (± 17)	1.7 (± 1.6)	7.7 (± 4.9)	0.69 (± 0.07)	0.64 (± 0.13)	0.83 (± 0.07)	0.24 (± 0.04)
Agreement limits (example)	(0.59)	(0.3,3)	(0,12.6)	(0.62,1)	(0.51,1)	(0.76,1)	(0.0,28)



Conclusions

PETASset was designed and built following AAPM TG211 report which identified the need for developing a standard evaluation framework designed for the assessment of PET-AS algorithms.

PETASset includes a shared database of reference images and contours used in published articles. We expect this database to grow over time.

PETASset allows users to evaluate segmentation methods by either importing segmentation contours produced by external applications, or by coding a new segmentation method in the benchmark platform.

Future work includes the design and implementation of metrics to evaluate the clinical implications of contour accuracy in radiotherapy treatment planning (Level III Analysis).



Acknowledgments

AAPM TG211 members

http://www.aapm.org/org/structure/default.asp?committee_code=TG211

This work was supported in part through NIH/NCI grant R01CA172638 (WL) and NIH/NCI Cancer Center Support grant P30 CA008748 (CRS, WL, ASK). BB and ES acknowledge support from Cancer Research Wales grant No. 7061 and 2476. HZ acknowledges support from the Swiss National Science Foundation under grant SNFN 31003A-149957 and the Swiss Cancer Research Foundation under grant KFS-3855-02-2016. JAL is a Research Associate with the Belgian F.R.S.-FNRS.

The work on this report was funded in part by the American Association of Physicists in Medicine.
