

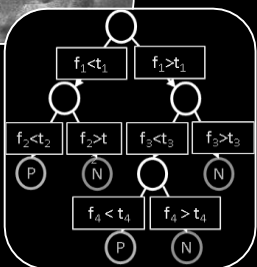
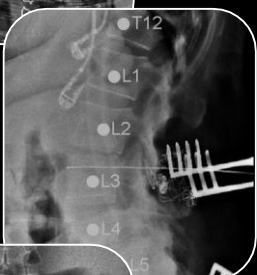
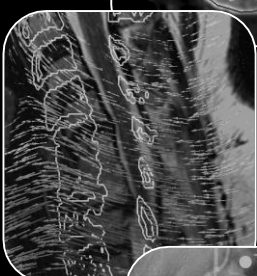


From Image Guidance to Image Analytics for Precision Spine Surgery

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Computer Science, Radiology, and Neurosurgery
Vice-Chair for BME Clinical and Industry Translation
Johns Hopkins University





THE WALL STREET JOURNAL.
Rate of Spine Surgery Soars

3 M
Spinal fusion surgery/year

\$12 B
market

32%
Increase in procedures between 2004 and 2015

73%
Increase in procedures between 2004 and 2015 in ages above 65

152%
Increase in cost of care between 2004 and 2015

13%
Patients with no improvement in leg pain

19%
Patients with no improvement in back pain

16%
Patients with no improvement in function

25%
Overall 90-day readmission rate

10%
30-day unplanned readmission rate

The Washington Post
Spinal fusions serve as case study for debate over when certain surgeries are necessary

The New York Times
Why 'Useless' Surgery Is Still Popular



Tools for Image-Guided Surgery

Automatic Planning

Statistical atlas / Active shape model (ASM) registration

Deformable Image Registration

Multi-modality (CT and MRI)

Target Localization

Vertebrae labeling

Surgical Device Localization

Implants (rigid and deformable) and robotics

→ Re-Purposed to Image Analytics at Scale

High-level feature extraction

Input to predictive models, clinical decision support (CDS)

Automatic Surgical Planning

Surgical Navigation

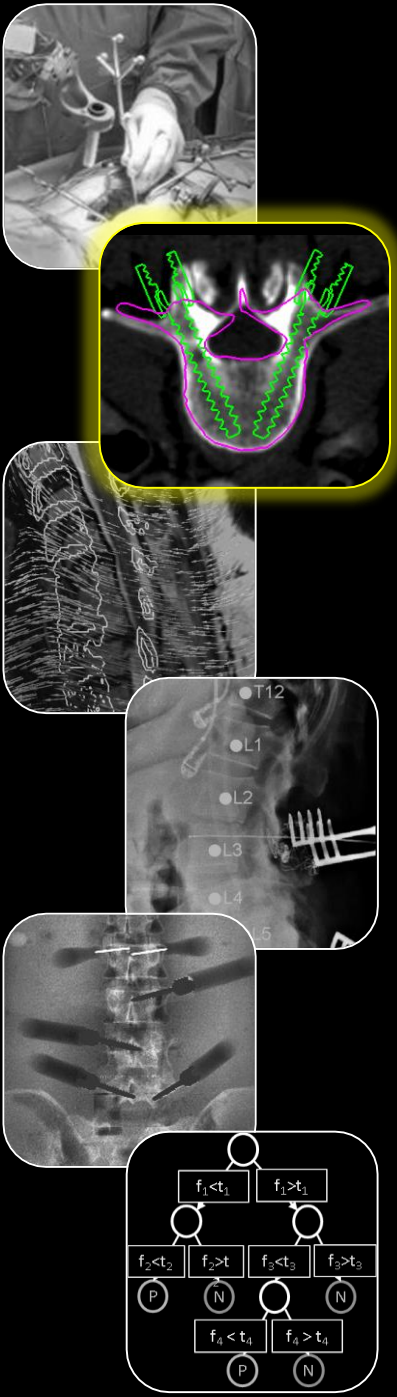
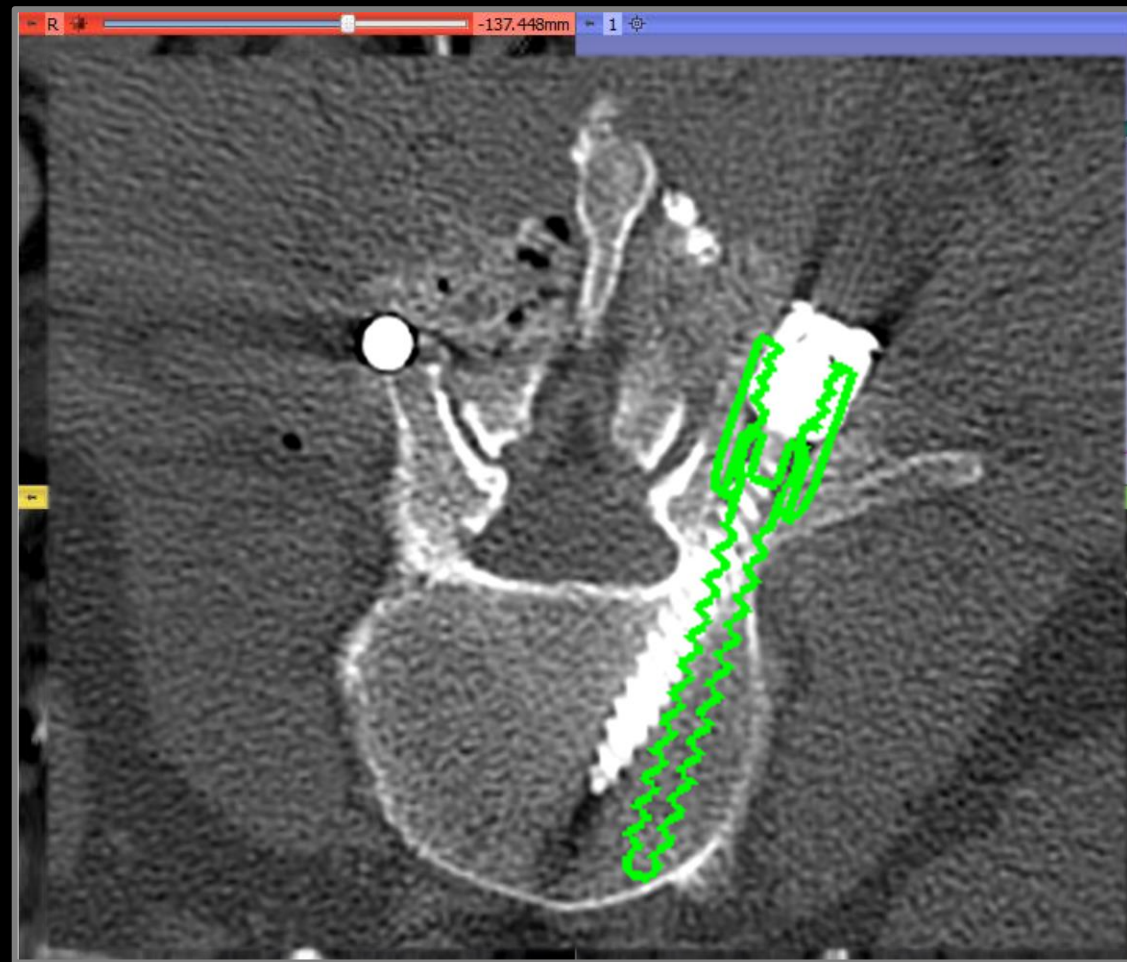
Mainstay for spinal MIS
Free-hand screw placement

Robotic Assistance

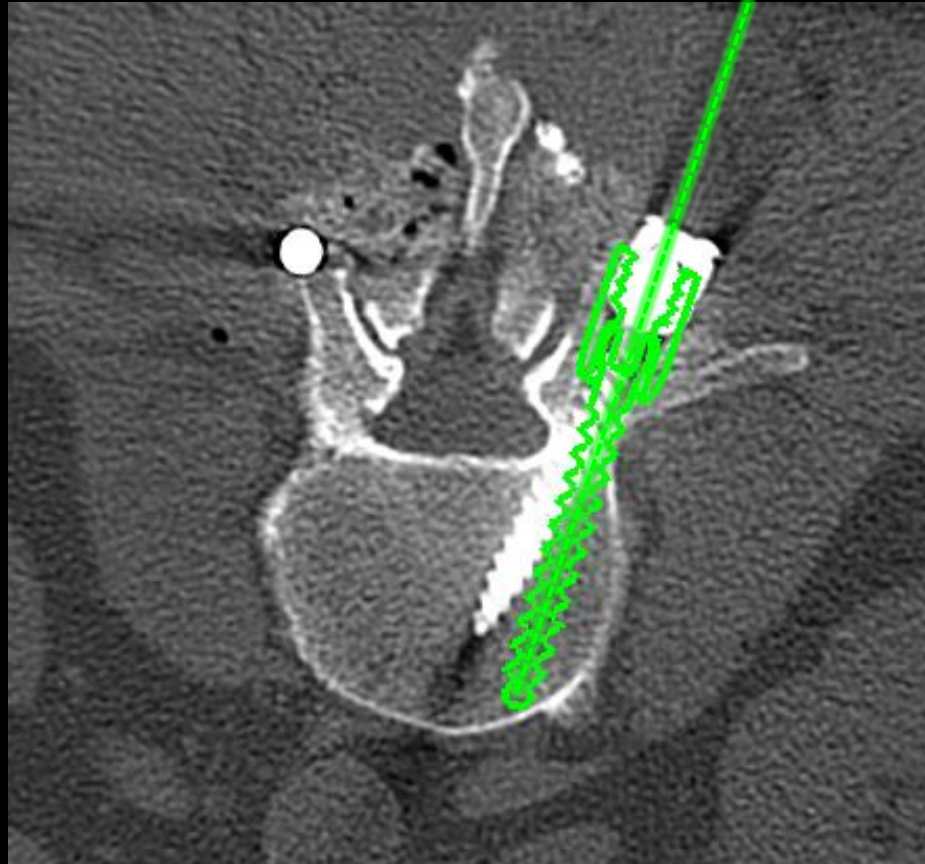
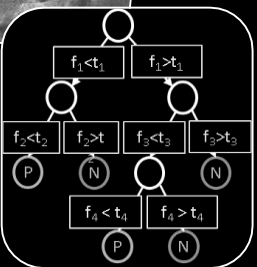
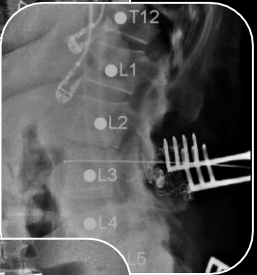
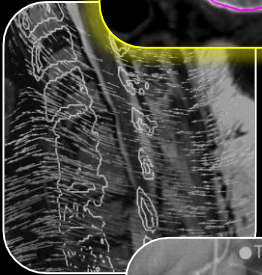
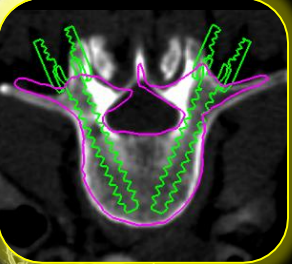
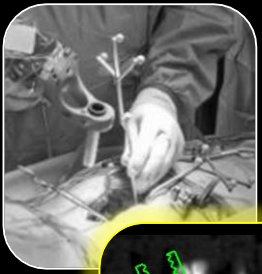
Planning is *required* for
robot positioning

Quality Assurance

Analyze deviations between
planned and delivered



Automatic Surgical Planning



→ Automatic, High-Level Image Feature Extraction

Definition of a “reference plan”

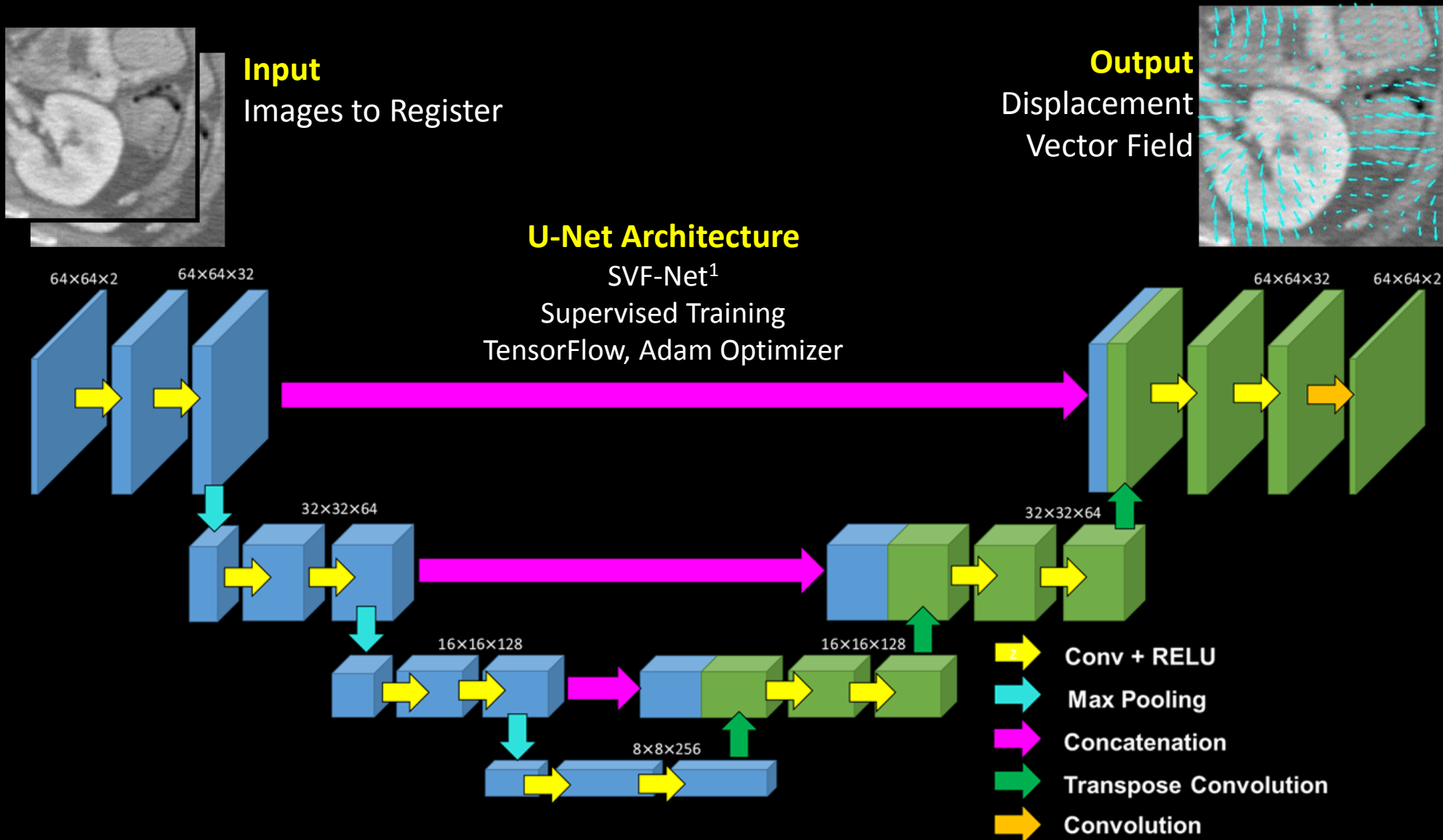
Patient-specific planning

Surgeon-specific prefs via atlas

Post-operative QA

Retrospective analysis,
correlation with outcomes

Deformable Image Registration



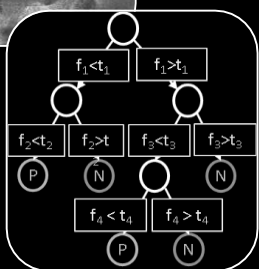
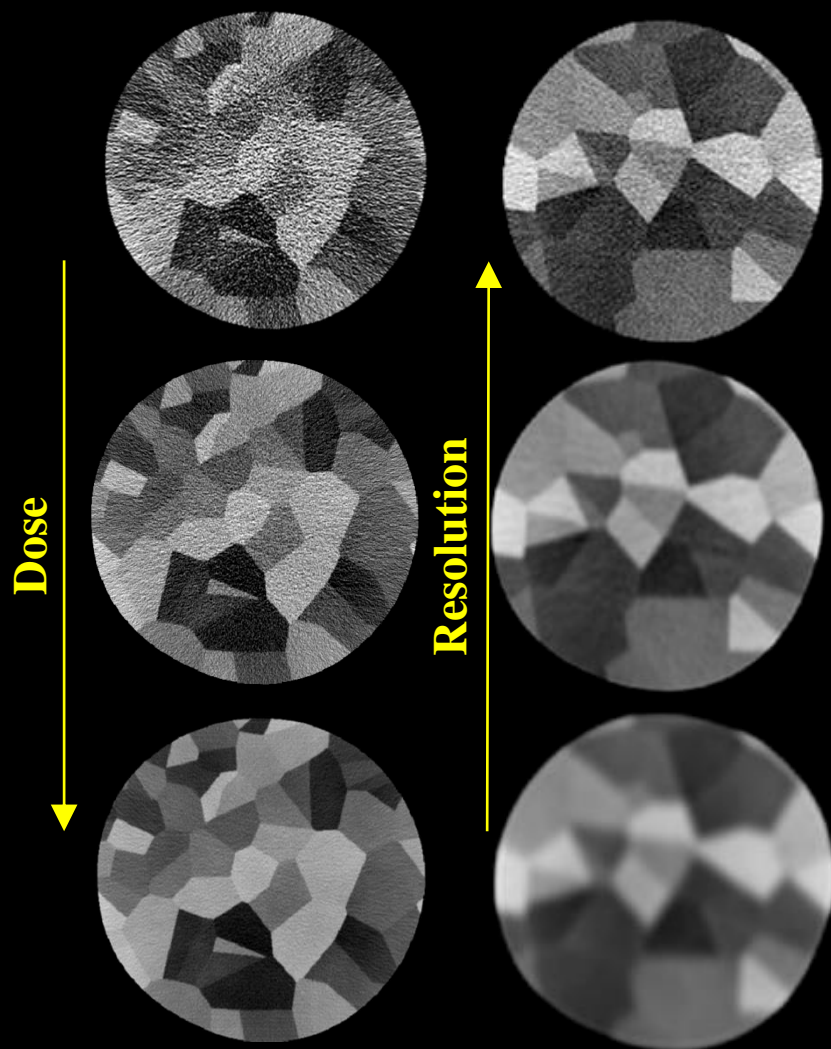
[1] Rohé *et al.* MICCAI (2017)

Deformable Image Registration

→ Suitability to Deformable Registration in Large Datasets

Widely varying imaging protocols
(dose, noise, resolution)

Matching statistics is optimal...
but a *diverse* training set
yields a robust single network.



Target Localization

Automatic Vertebral Labeling in CT

Relatively simple networks for object detection in 2D – **YOLO¹**

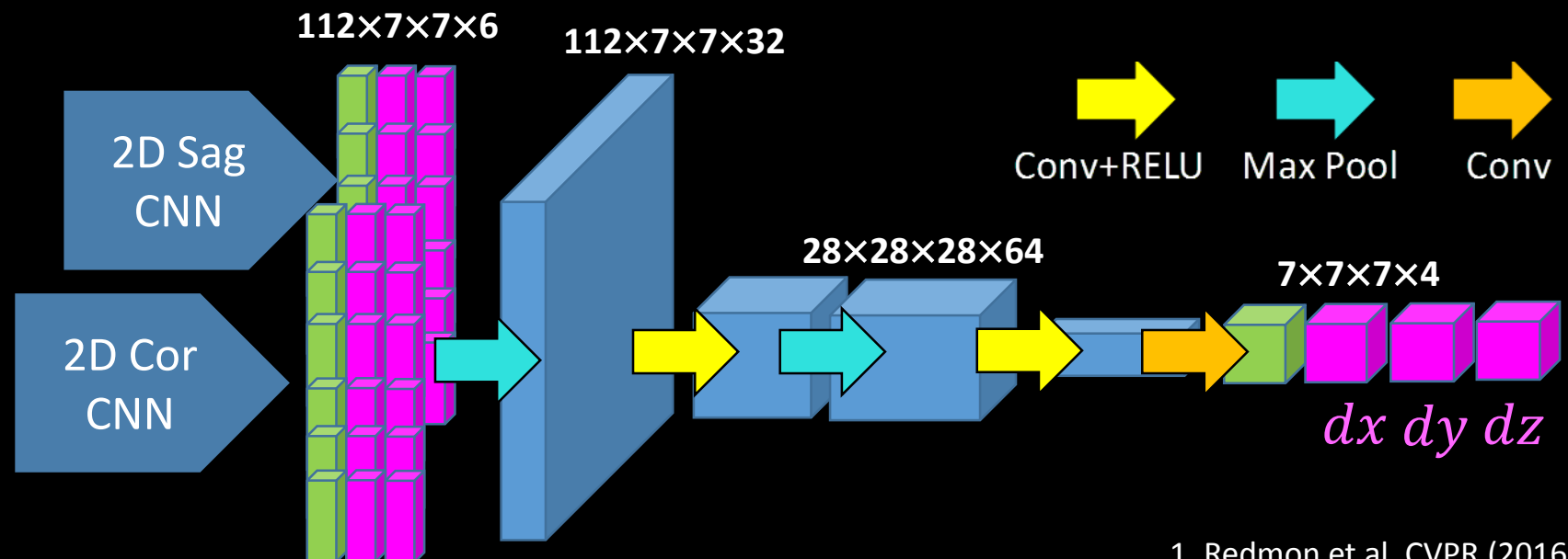
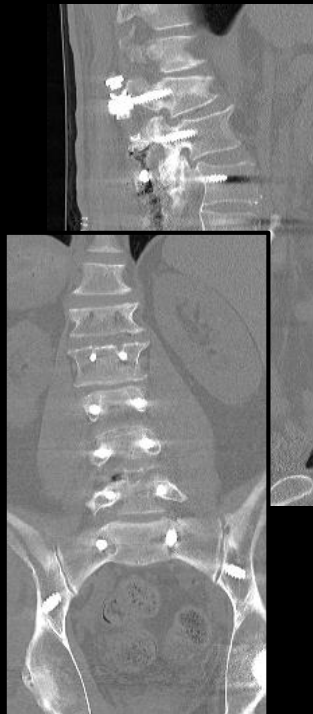
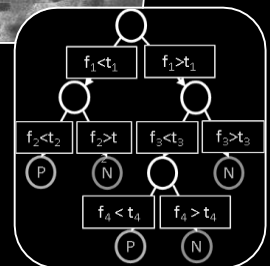
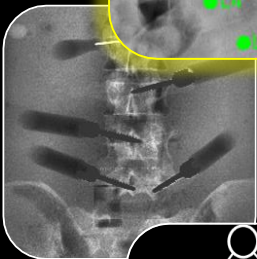
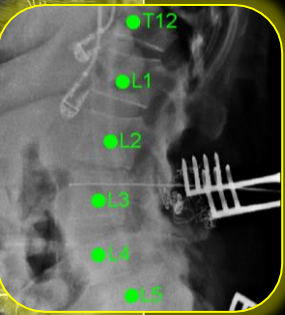
Combine slice-by-slice detections

Alternatively, 3D CNN – requires ~100x more memory

Deeper network to improve accuracy – **Inception V2 Network**

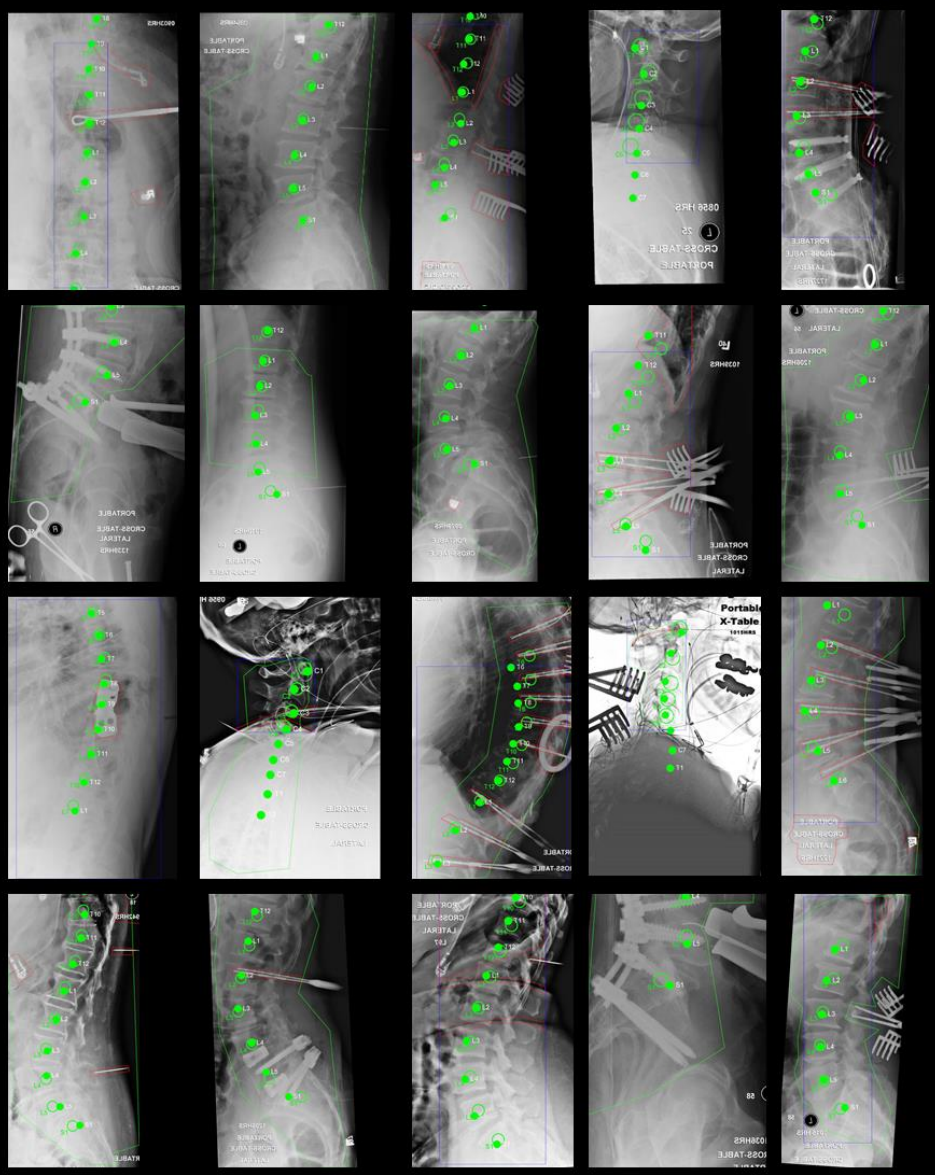
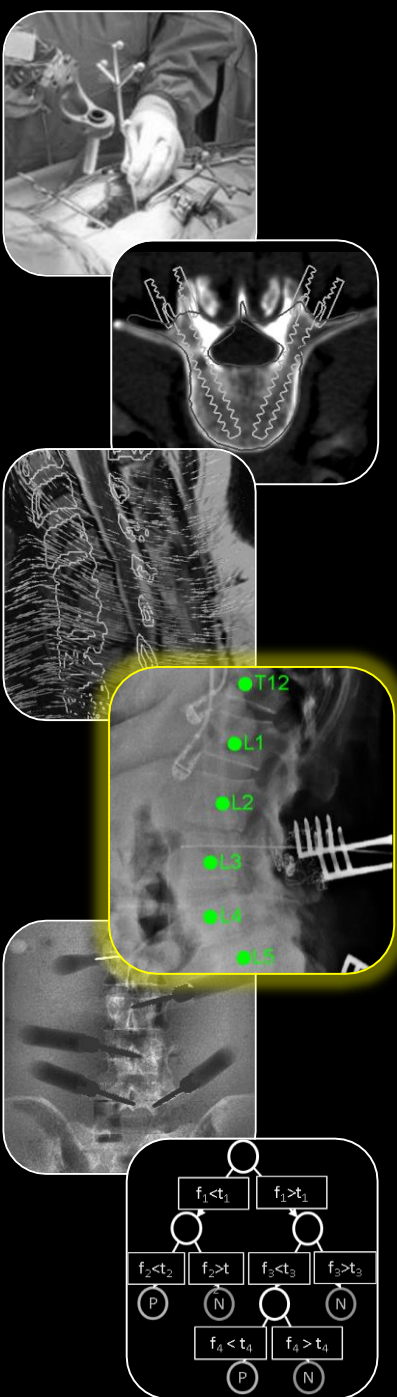
42 layers deep (combines 7x7, 5x5, and 3x3 convolutions) **F-RCNN**

→ **Ortho-2D** (parallel orthogonal slice detections)



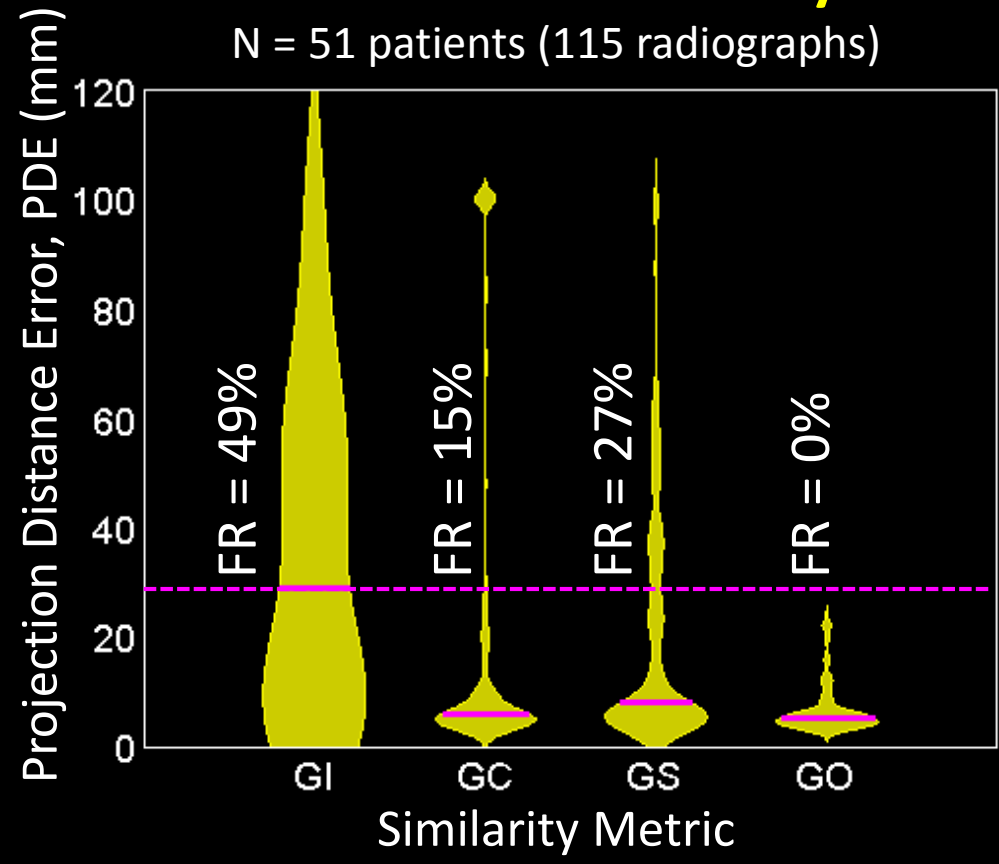
1. Redmon et al, CVPR (2016)
Levine et al., SPIE Medical Imaging (2019)

Target Localization

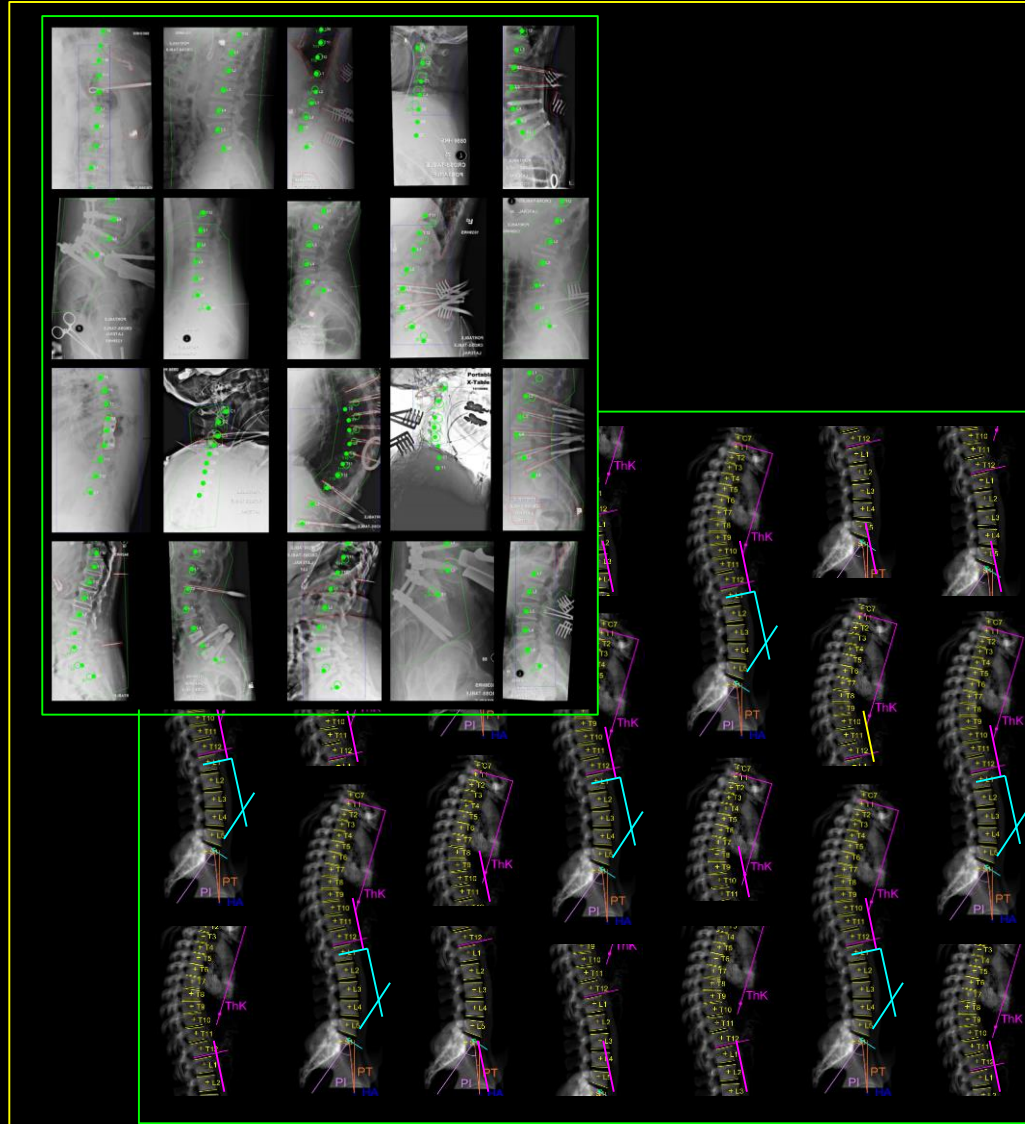
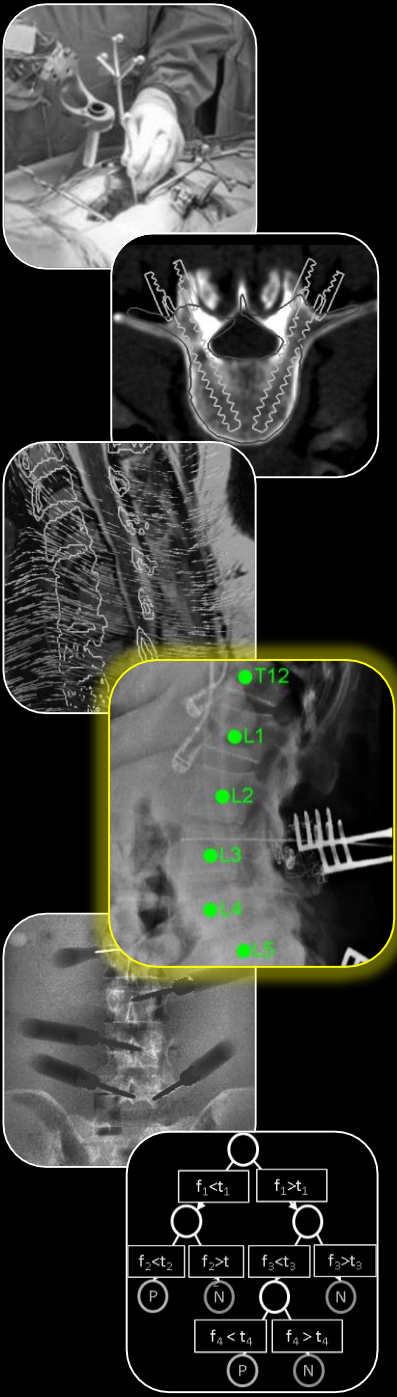


Localization Accuracy

N = 51 patients (115 radiographs)



Target Localization



→ Automatic Spine Labeling

Suitability to large datasets

Determination of levels treated

Initialization of planning / registration

→ Automatic GSA

A strong determinant of clinical outcome

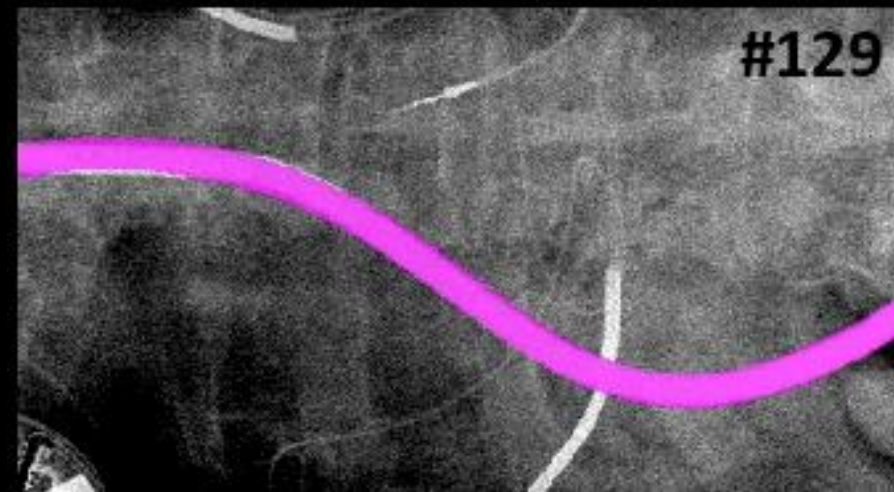
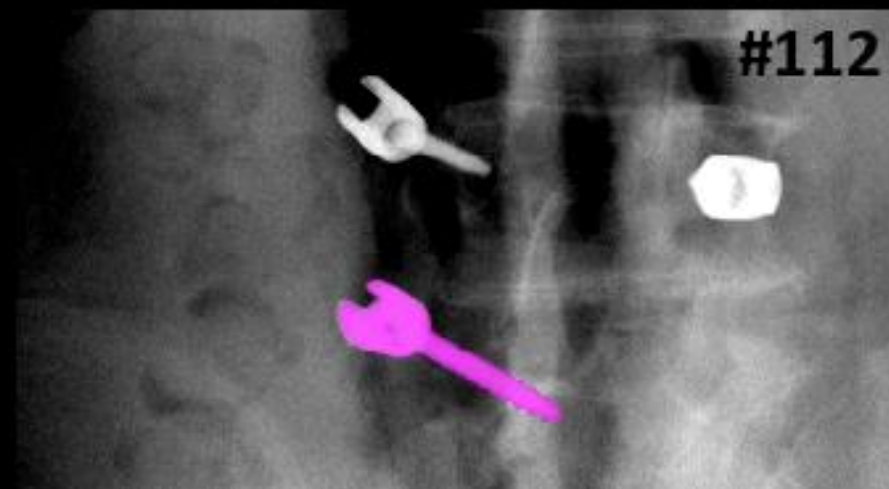
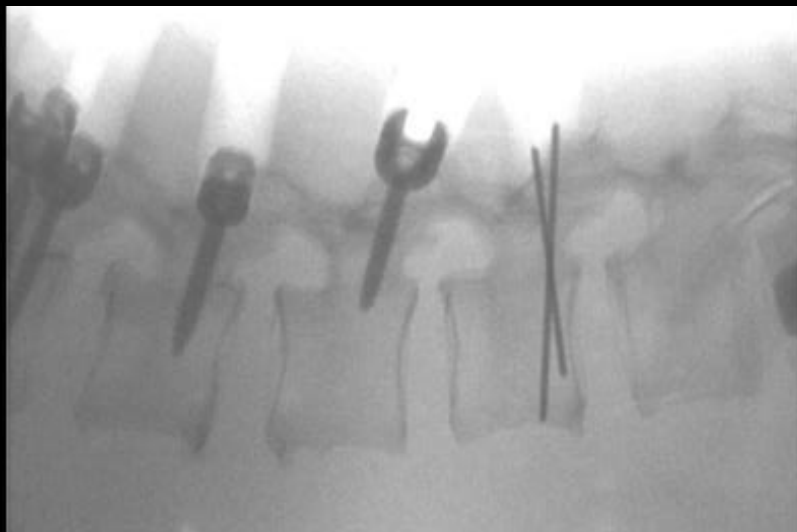
High-level feature extraction:

Preoperative GSA

Change (preop-to-postop) GSA

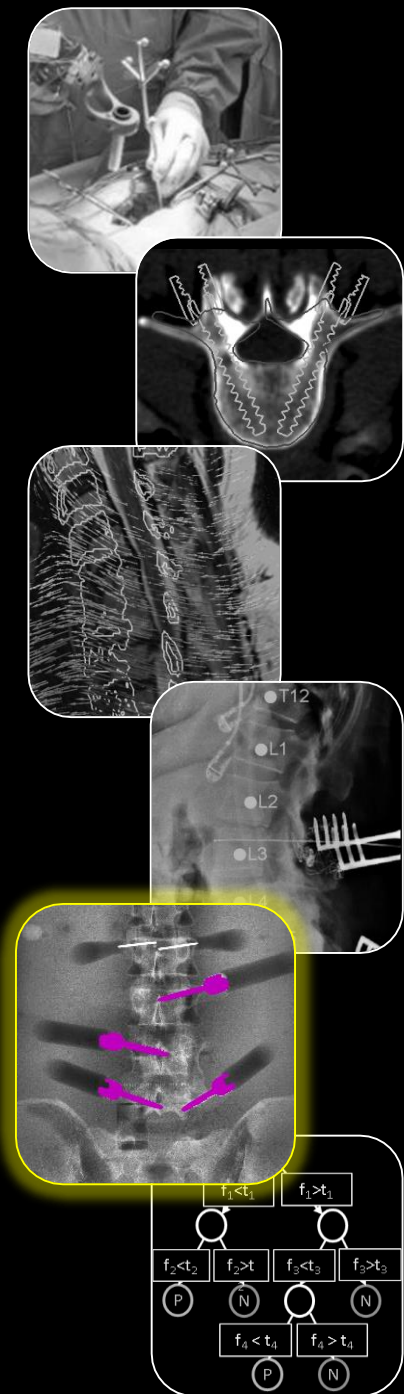
Device Localization

$$\hat{u} = \arg_u \max_{\theta} \sum_{\theta} GC \left(P_{\theta}, \int_{\vec{r}} C(u) d\vec{r} \right)$$



$C(u)$

$\int_{\vec{r}} C(u) d\vec{r}$



Device Localization

→ High-Level Feature Extraction

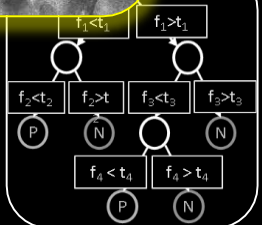
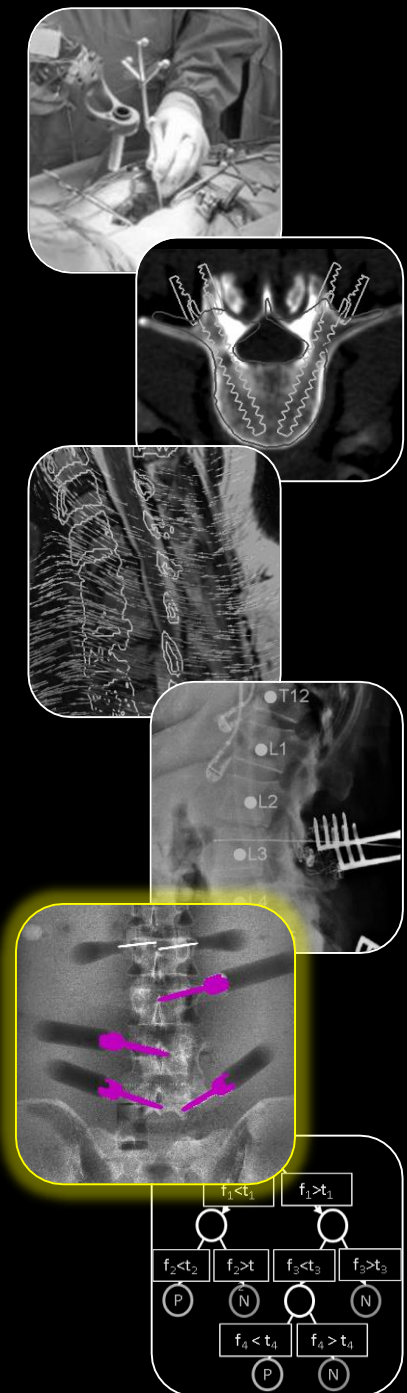
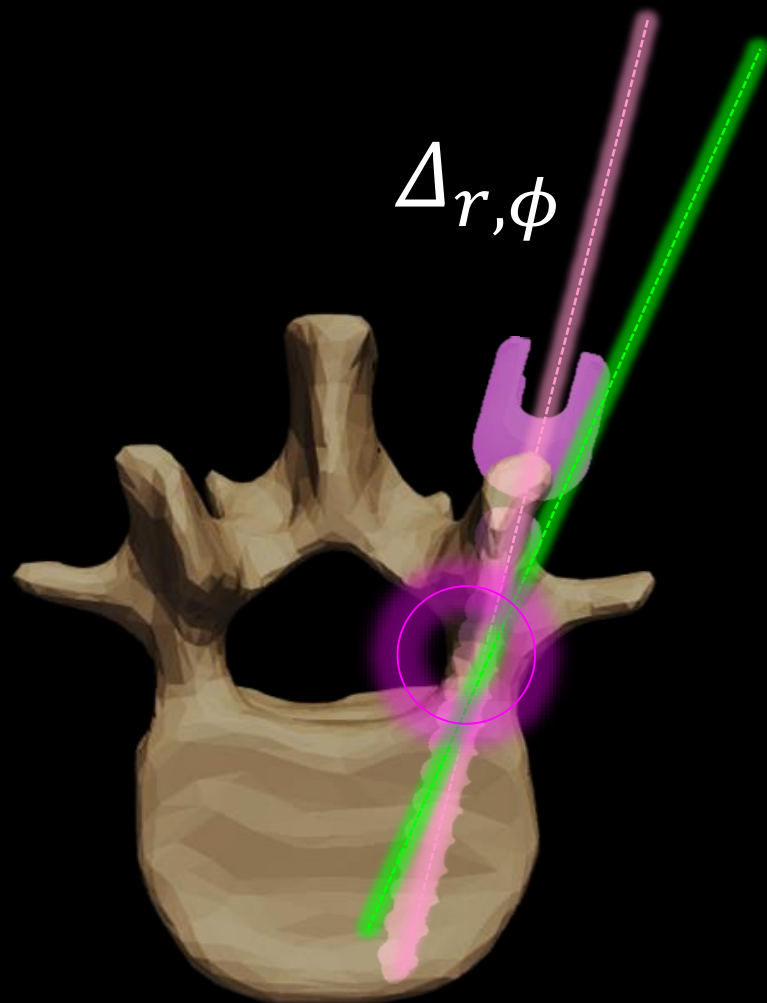
Automatic determination of breach

$$\Lambda_{screw} \cap \Lambda_{vertebrae}$$

Number and type of screws

Planned vs delivered position

$$\Delta_{r,\phi} = \vec{d}_{screw} - \vec{d}_{plan}$$

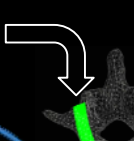
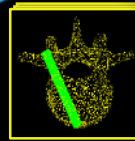
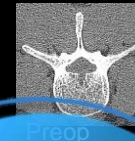
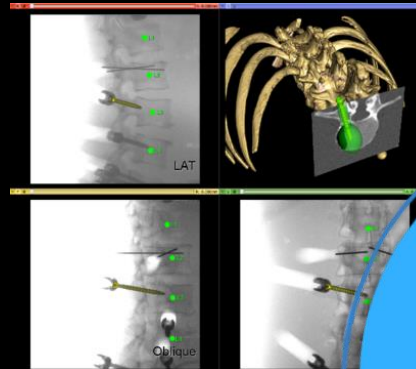


Spine Surgery Outcomes Prediction

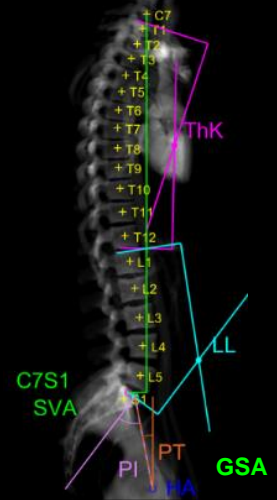
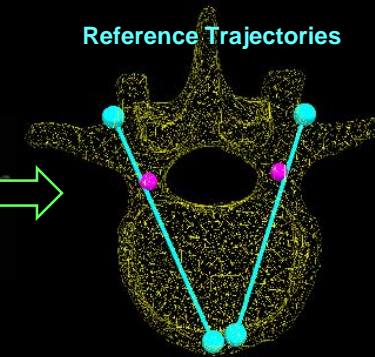
Automated Extraction of High-Level Image Features

Level detection
Spinal curvature
Implant placement
Deviation from ideal trajectory ...

Spinal Labeling



Reference Trajectories



Clinical / Demographic Data

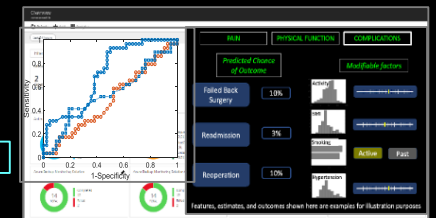
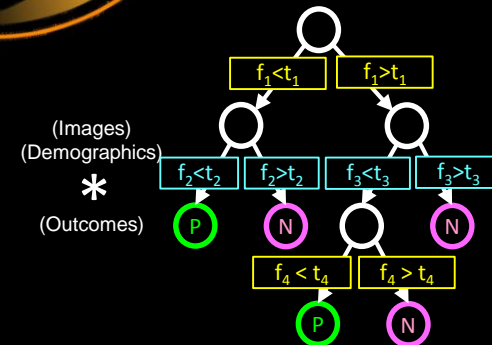


PROMIS-29

Patient
Demographic
Data
(EHR)



Predict Outcome / Decision Support



Patient Selection
Surgical Planning
Rehabilitative Path

Spine Surgery Outcomes Prediction

$$\text{Classifier: } f(x) = \sum_{t=1}^T \alpha_t h_t(x)$$

h_t : decision tree with index t
 x_n : input for n^{th} observation

$$\text{Weights: } \alpha_t = \frac{1}{2} \log \frac{1 - \epsilon_t}{\epsilon_t}$$

Classification Error:

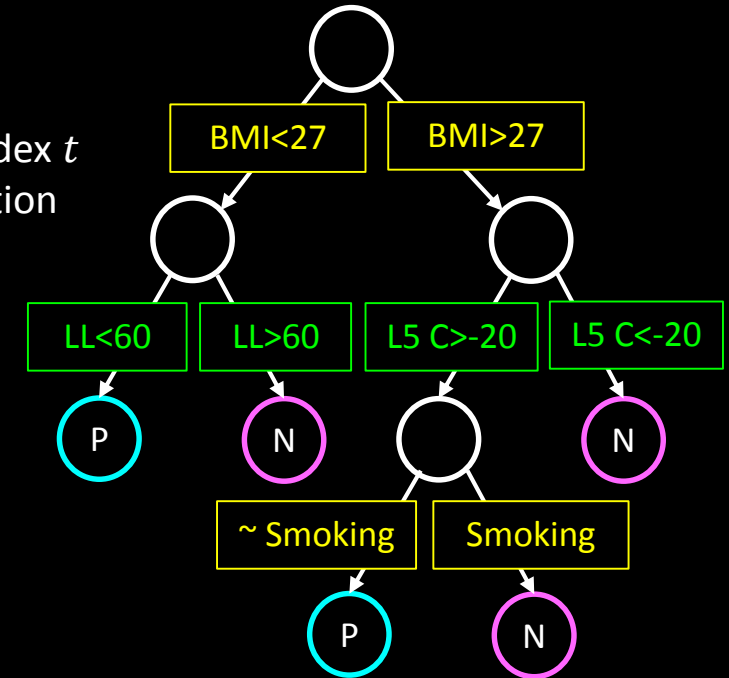
$$\epsilon_t = \sum_{n=1}^N d_n^{(t)} I(y_n \neq h_t(x_n))$$

y_n : true outcome variable

I : indicator function

$d_n^{(t)}$: weight of the observation n in t

Boosted Decision Tree



Ada-Boost classifier

N classes = 2

N samples = 84

Learning cycles = 30

Learning rate = 0.1

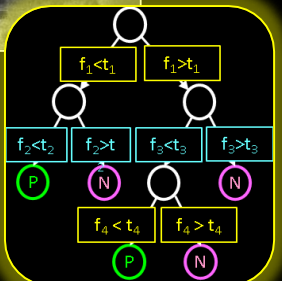
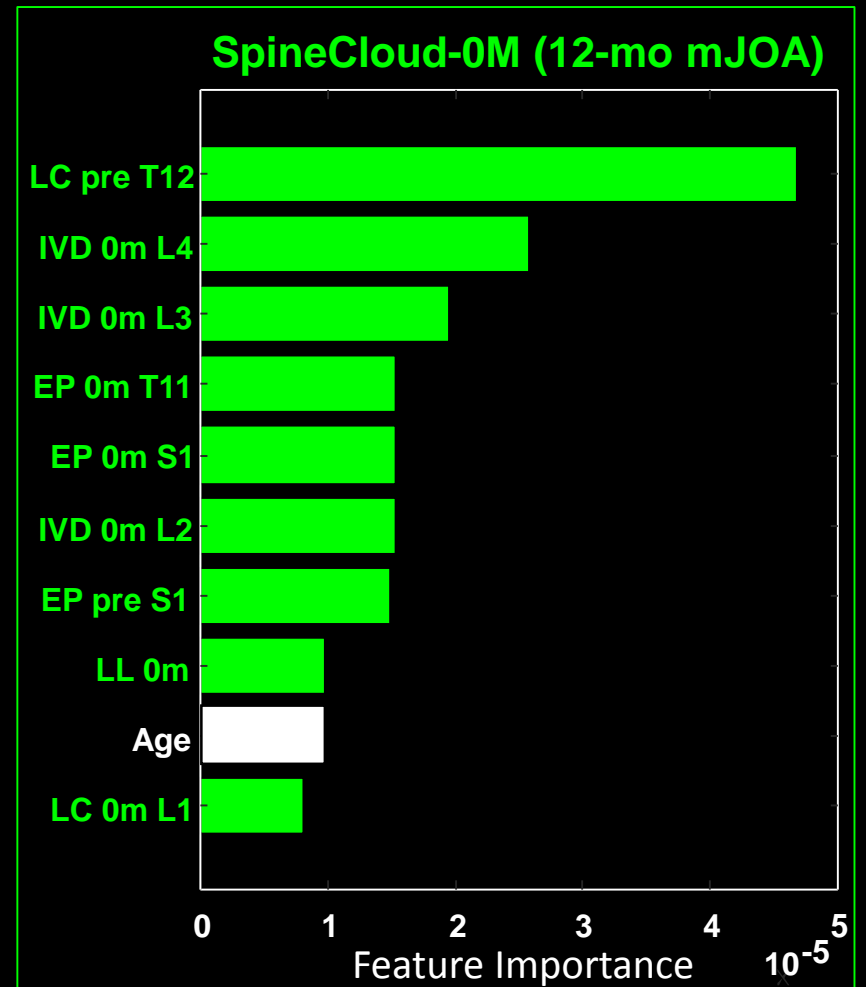
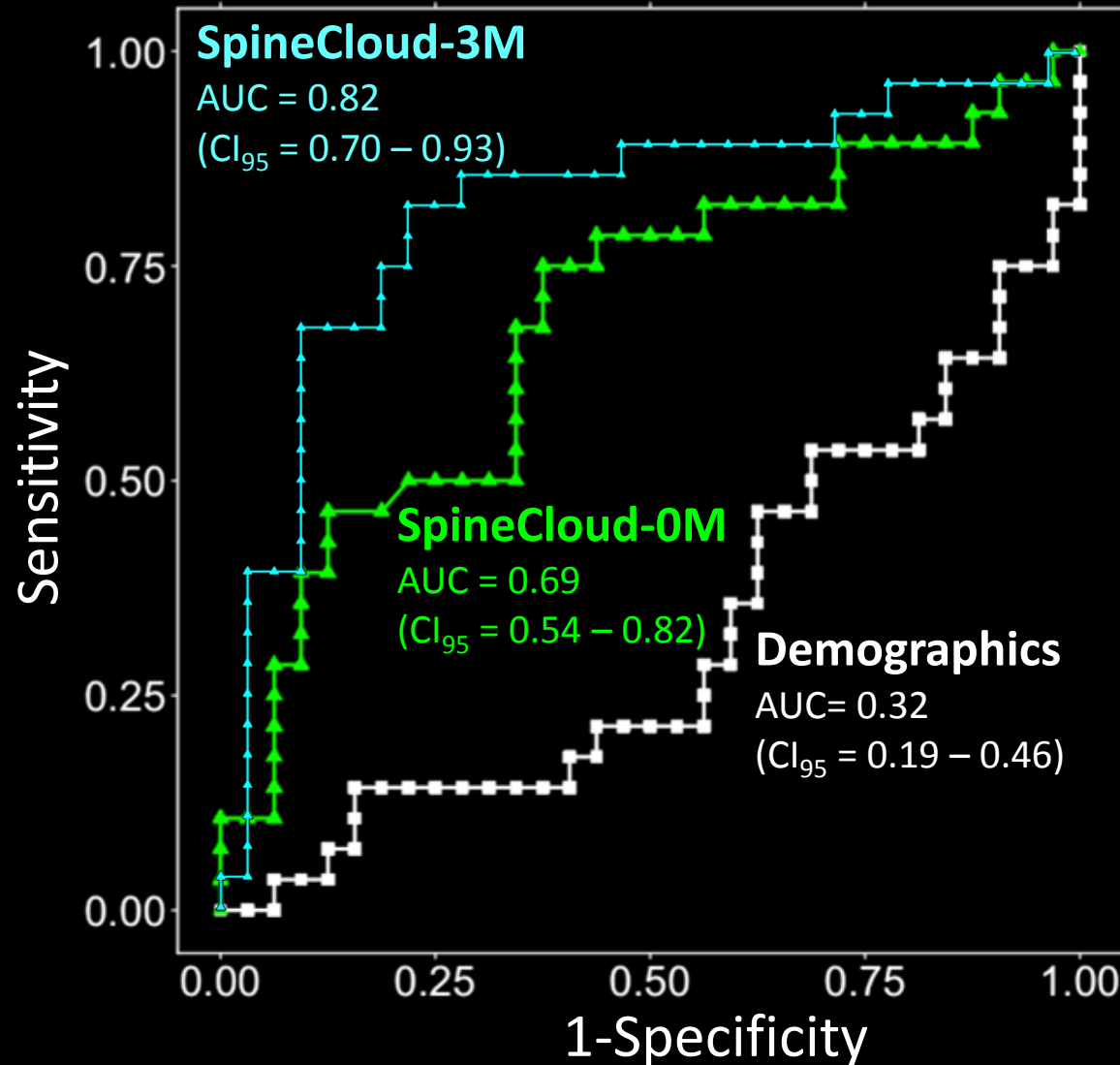
K-fold cross validation

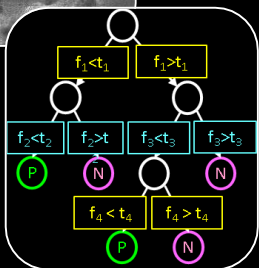
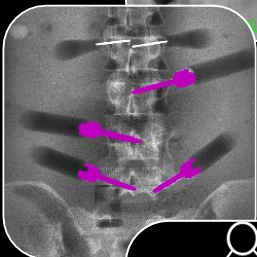
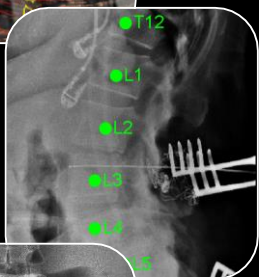
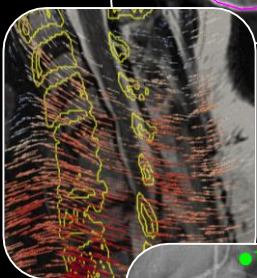
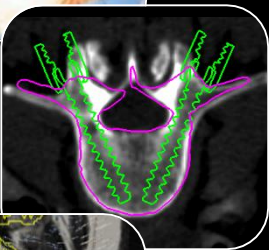
Friedman et al.. Ann. Stat. (2000)

H. Ishwaran, Electr. J. Stat. (2007)

Spine Surgery Outcomes Prediction

12 Months (mJOA Function)





New role for image registration / analysis methods developed for high-precision IGS

High-level feature extraction → Input to predictive models

A New “Precision” Paradigm for Surgery

Geometric precision

Millimeter targeting via navigation, robotics, etc.

Precision medicine

Patient-specific feature guide optimal treatment pathway

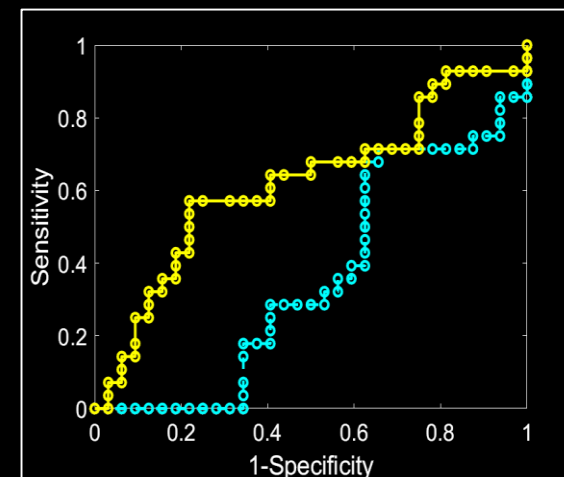
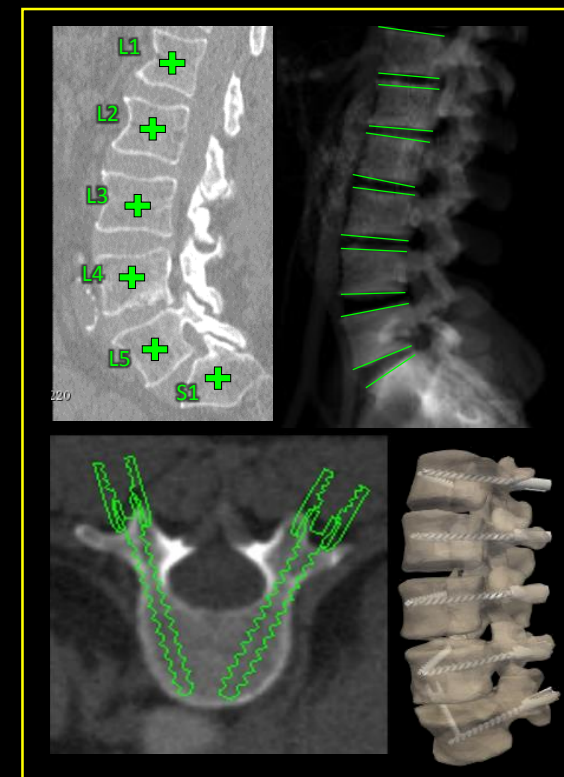
Explainable model → Actionable CDS

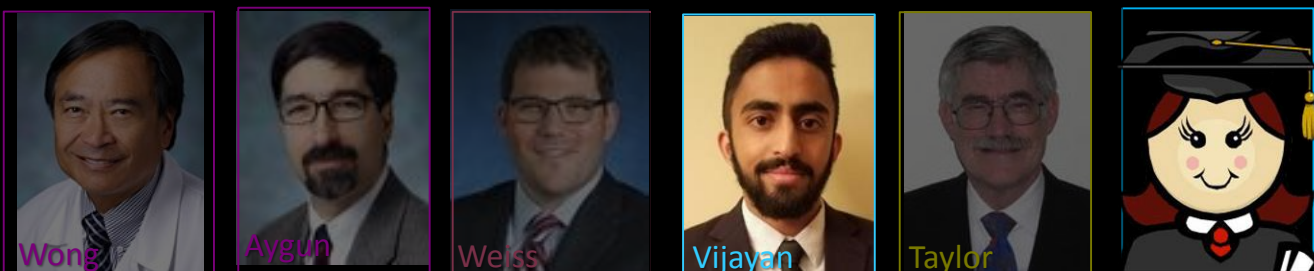
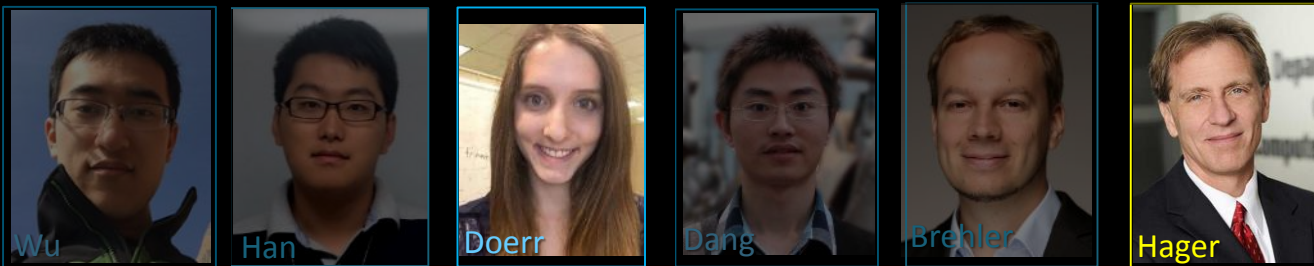
Features that cannot be derived from demographics alone

E.g., N levels to treat, targeted degree of curvature

Identify features that could improve trajectory, outcomes

Guide patient selection, planning, and rehabilitative pathway





Acknowledgments

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