

# Model observers for 3D image modalities

François Bochud,  
Sabine Schmid, Anaïs Viry, Ivan Diaz and  
Francis R. Verdun

Lausanne, Switzerland

AAPM 2013, Indianapolis



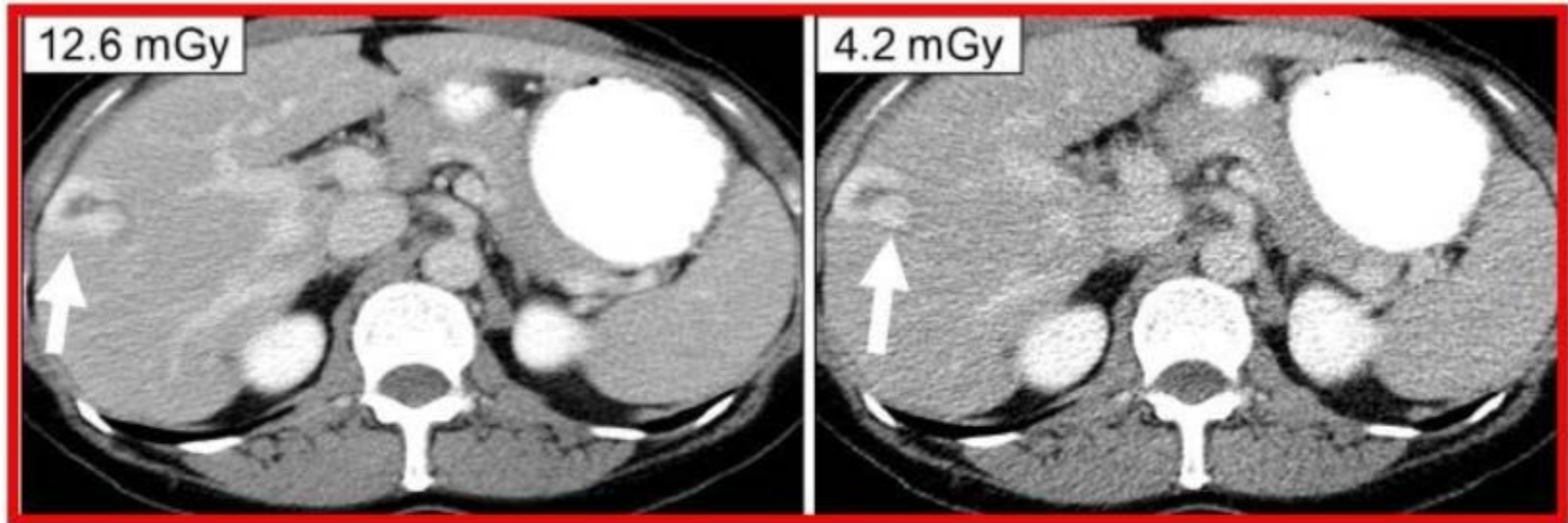


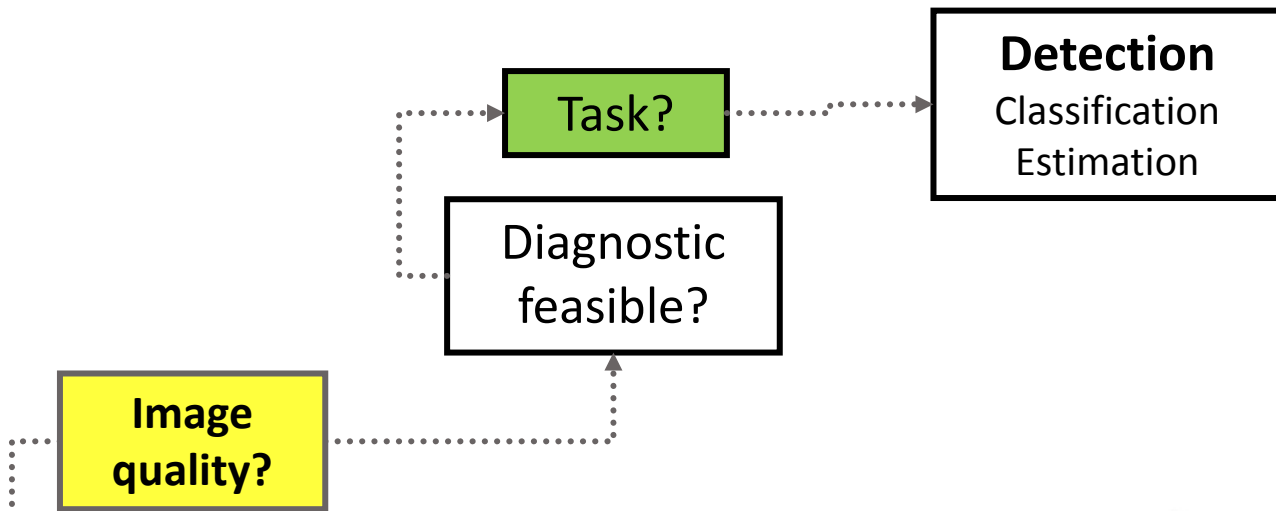
Image Quality: Unnecessarily high

Image Quality: Adequate for diagnosis

**High quality /Crisp images may look nice but they impart higher radiation dose to patients**

**Start using images with some noise without loss of diagnostic information**

*Images courtesy of: MK Kalra, S. Singh, MGH Webster Center  
for Advanced Research and Education in Radiation*



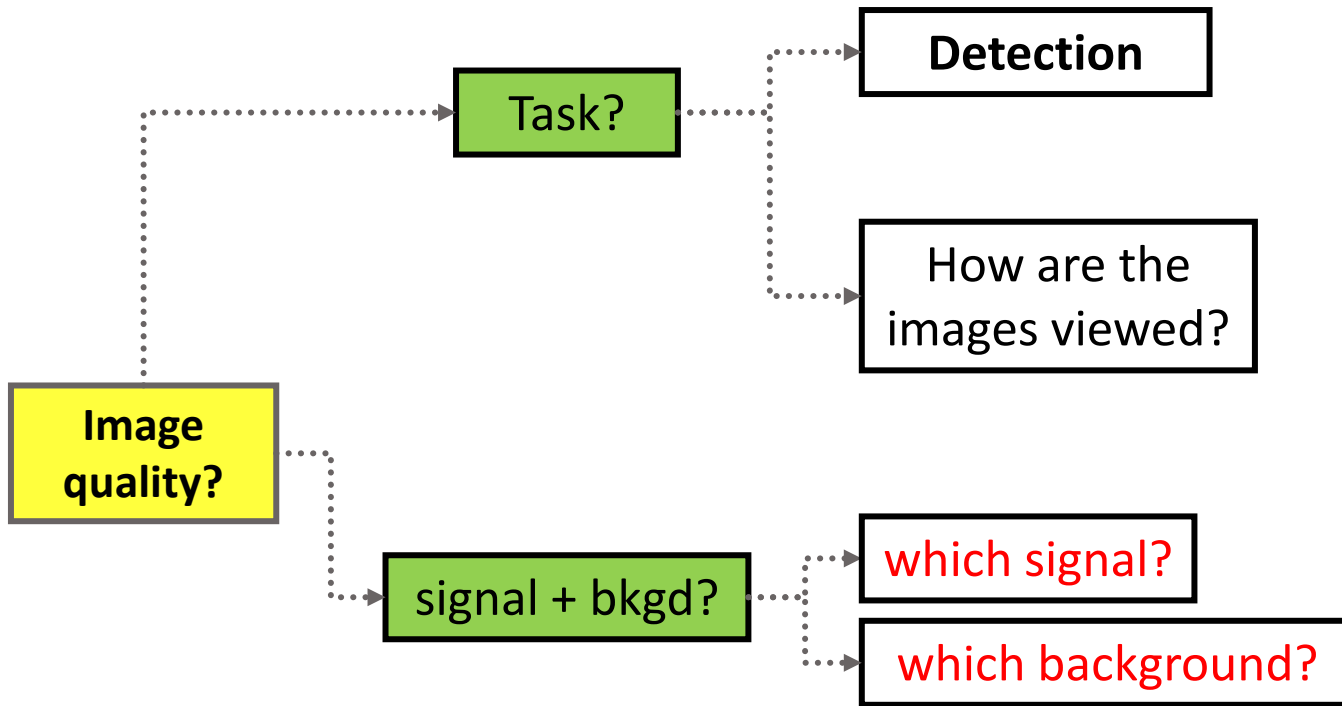
# Detection

- Interaction of signal and background





Things are easier when we know  
where to look...



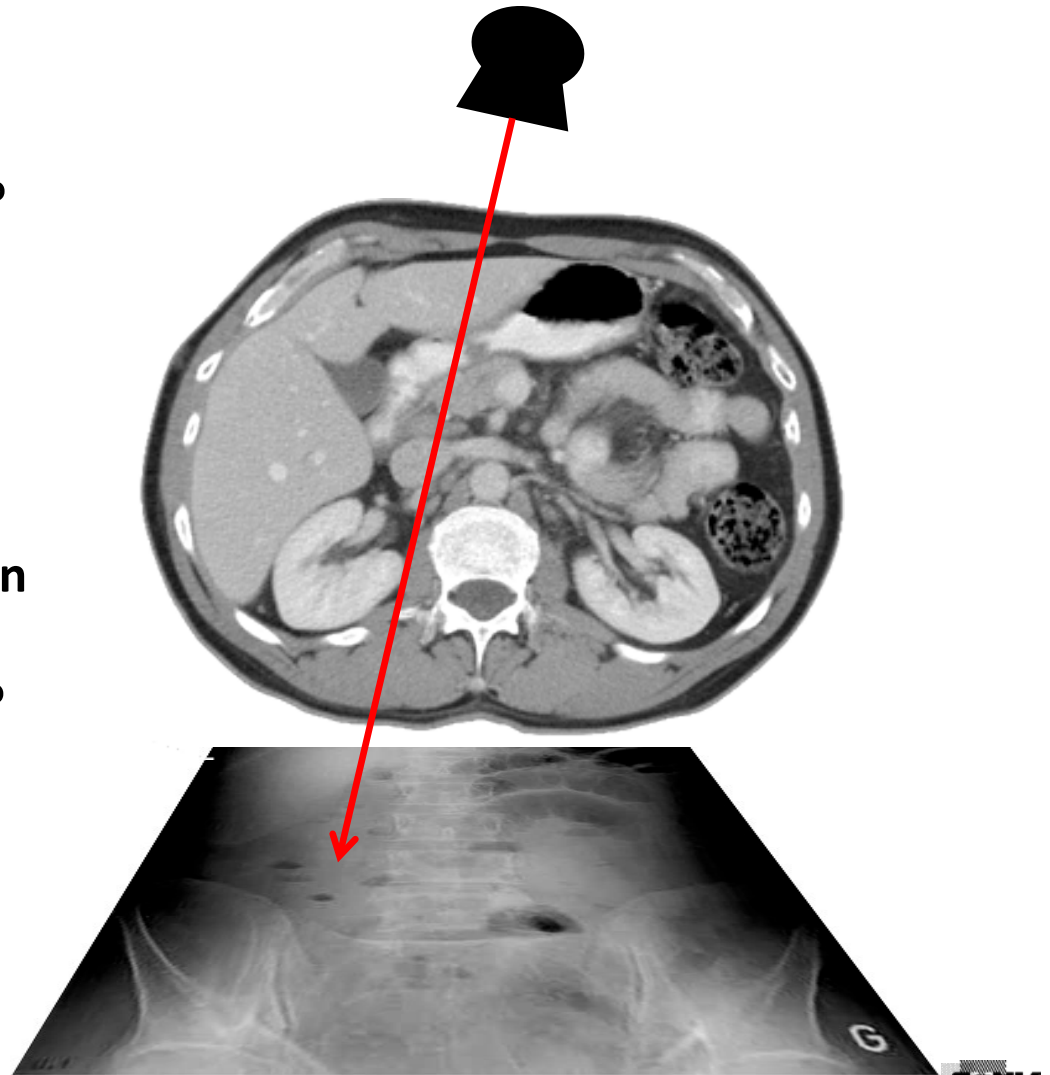
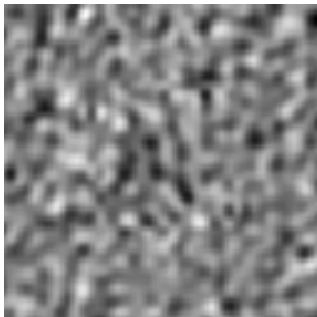
# What is the "true" signal in 3D?

## Synthetic addition

- Addition before each projection?
- Addition after each projection?
- Addition on the 3D volume?
- Replacement in the 3D volume?

## Already present during acquisition

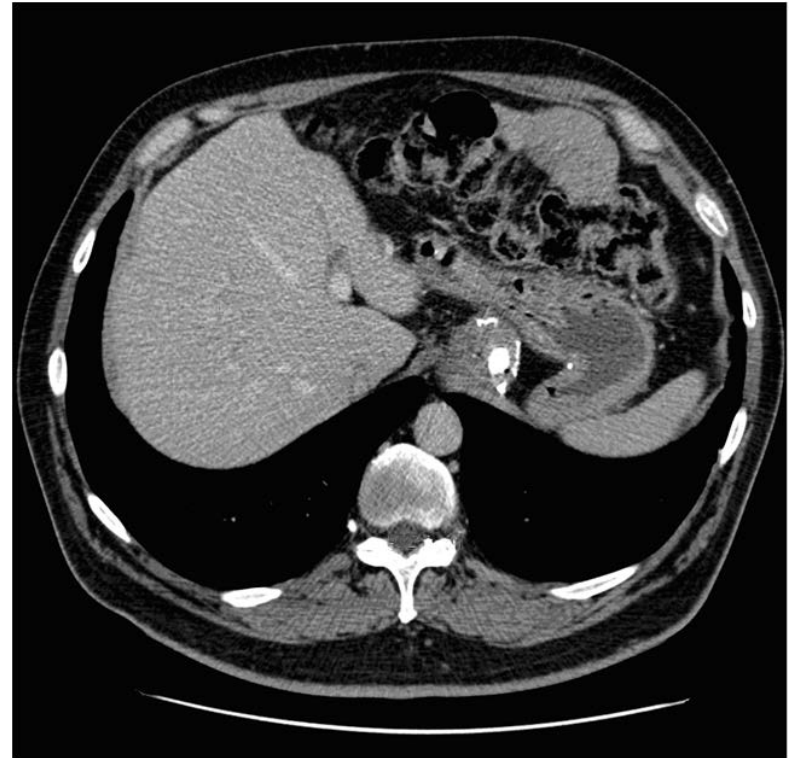
- Where exactly?
- How do you know its real shape?



# Background variation more complex in 3D than in 2D

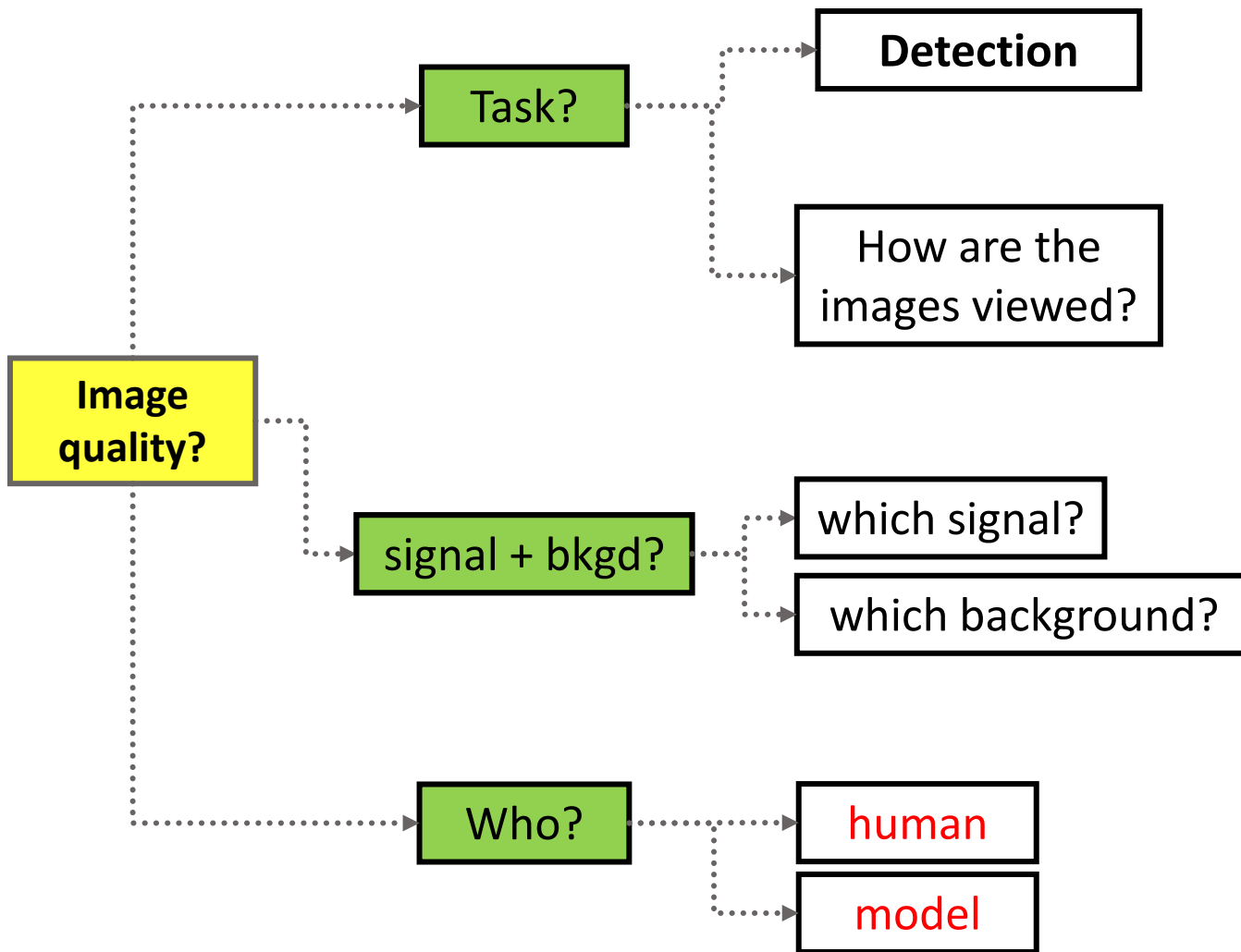


*Almost no system noise  
in the **lung***

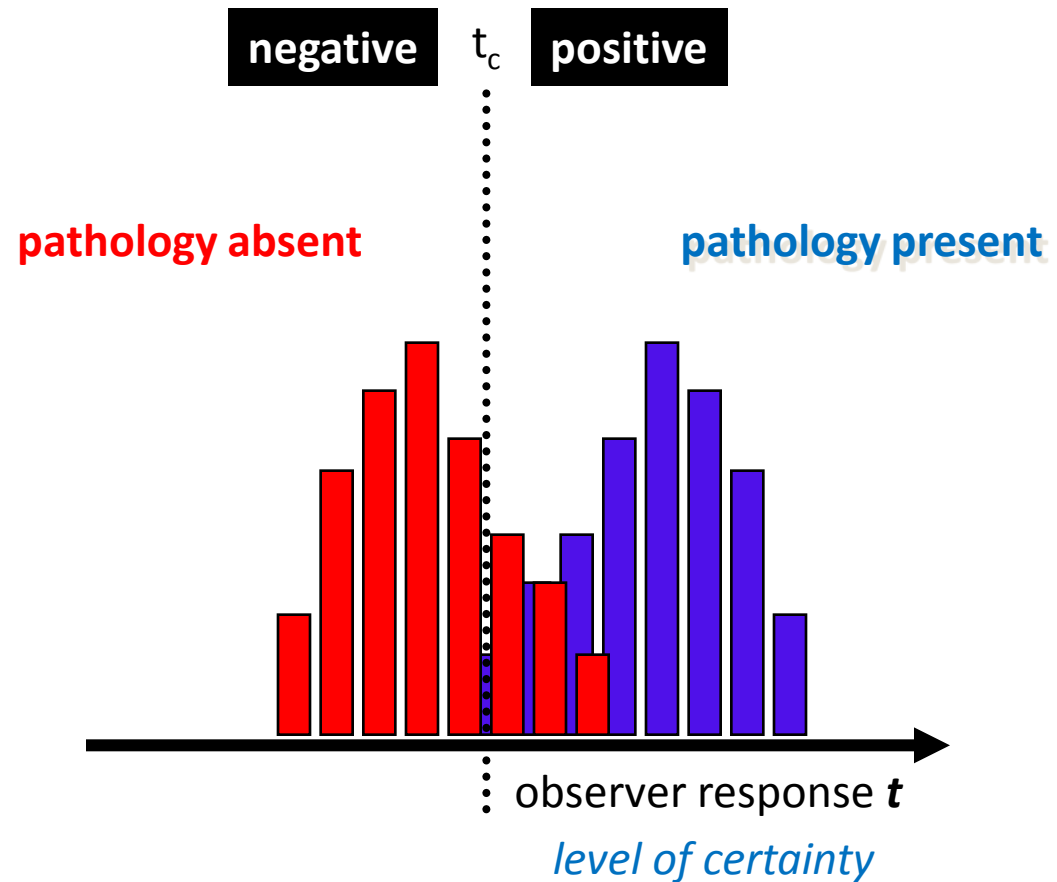
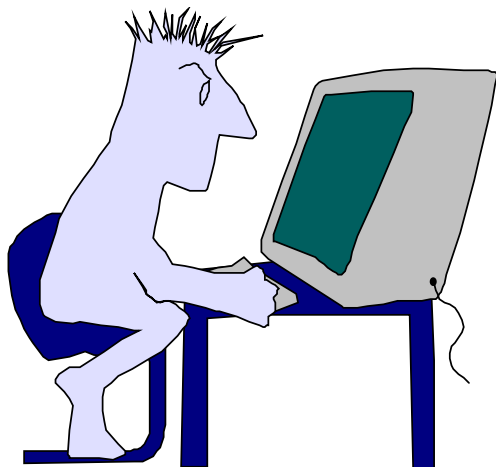


*Quantum noise very present  
in the **liver***





# Detection task: observer modeling

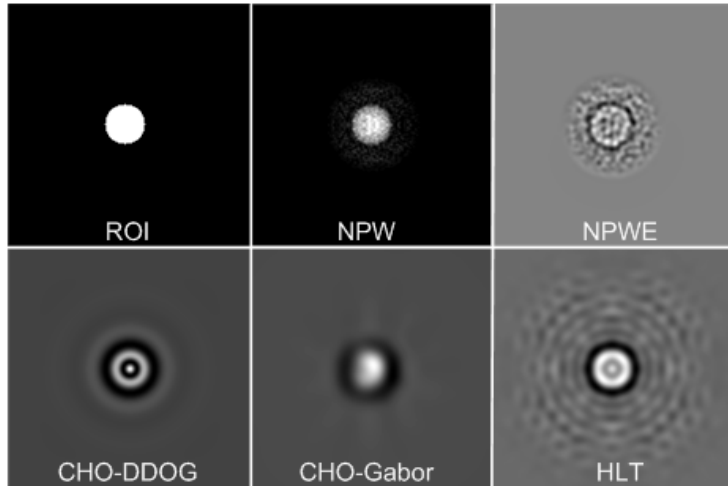


# Linear model observer

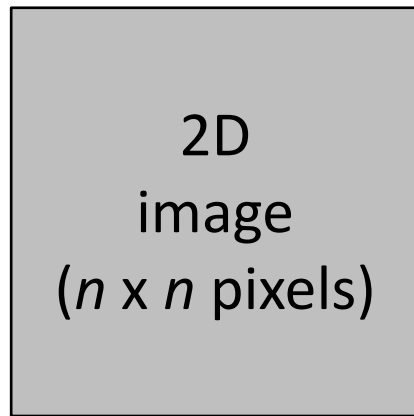
$$t = \mathbf{w}^T \mathbf{g} + \varepsilon$$

Observer's template

Image



# Channelizing mechanism

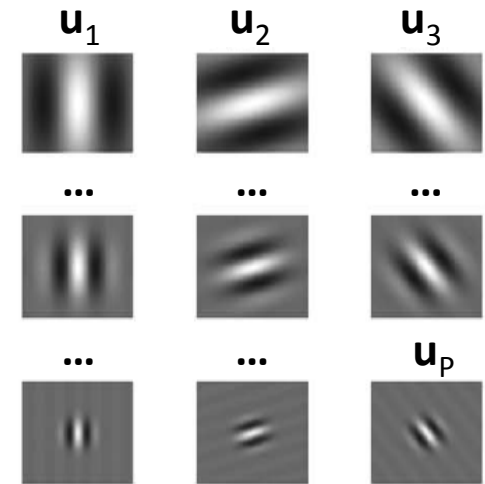


$\mathbf{g}$



P channel responses

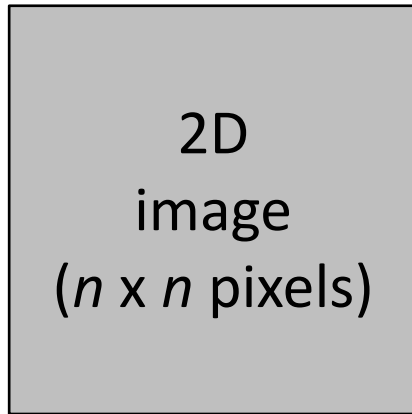
$$\begin{pmatrix} v_1 = \mathbf{u}_1^t \mathbf{g} \\ \dots \\ v_p = \mathbf{u}_p^t \mathbf{g} \end{pmatrix} = \mathbf{v}$$



*examples of channels  
(each has the same  
dimension as the image  $\mathbf{g}$ )*

*reduces dimensionality  
mimic our visual system*

# Channelized Hotelling observer (CHO)



$\mathbf{g}$



P channel  
responses

$$\begin{pmatrix} v_1 = \mathbf{u}_1^t \mathbf{g} \\ \dots \\ v_p = \mathbf{u}_p^t \mathbf{g} \end{pmatrix} = \mathbf{v}$$

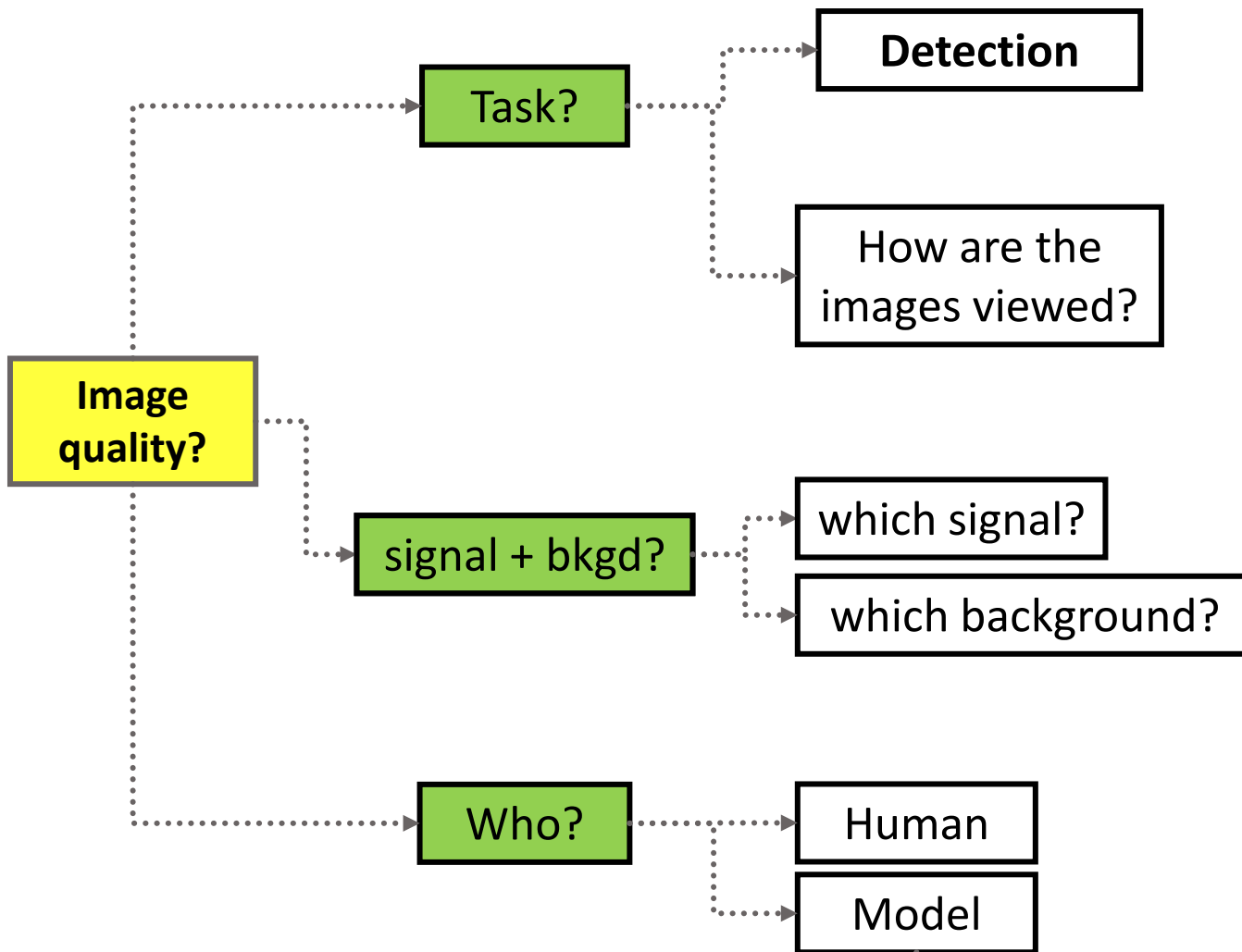
*reduces dimensionality  
mimic our visual system*



$$\mathbf{t} = \mathbf{w}^t \mathbf{v} + \epsilon$$

$$\mathbf{w}_{HO} = \mathbf{K}_v^{-1} \Delta \mathbf{v}$$

*best linear template*



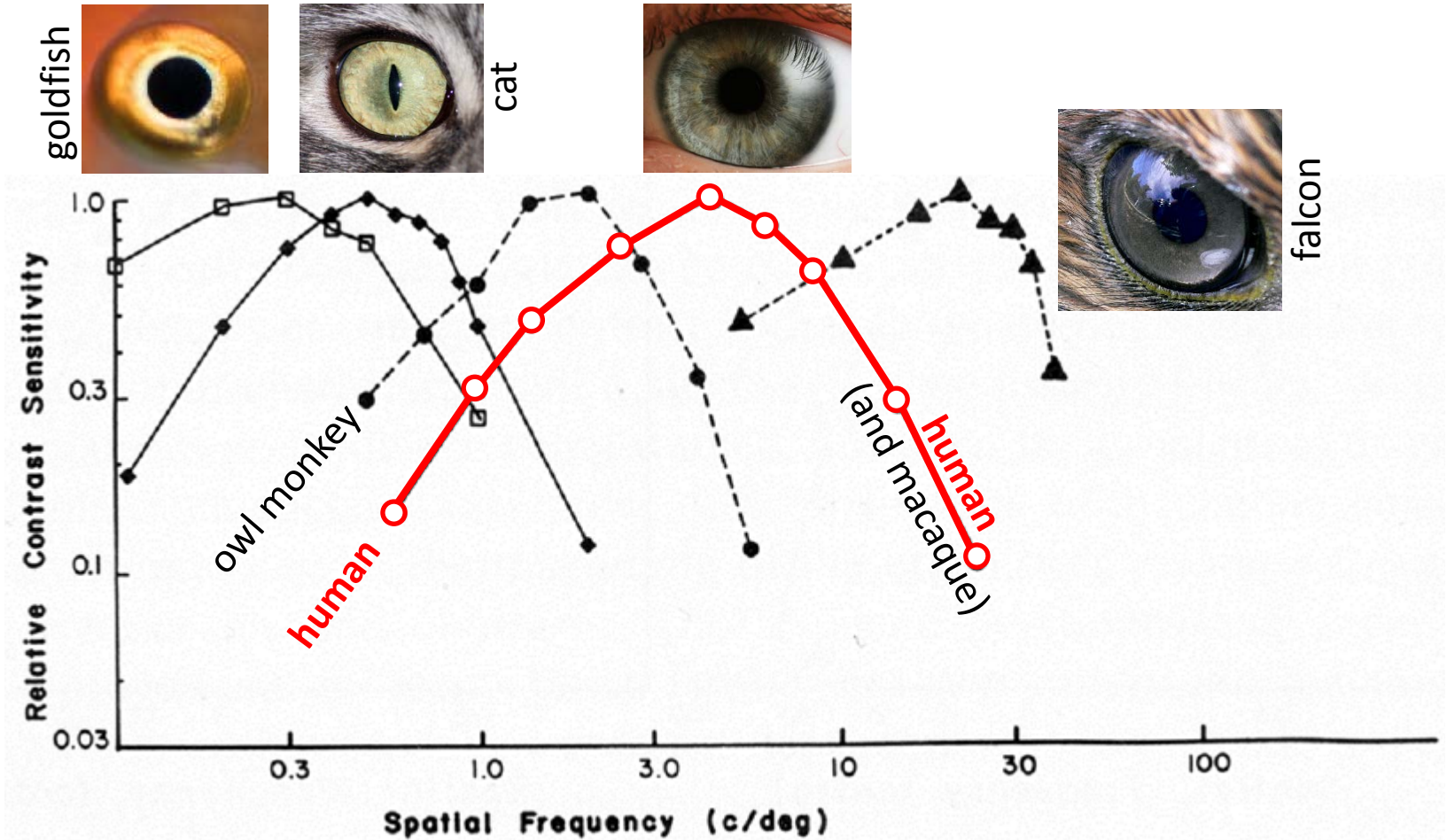
*to assess the information present in the image*  
 (potential to tune detectors)

**ideal**

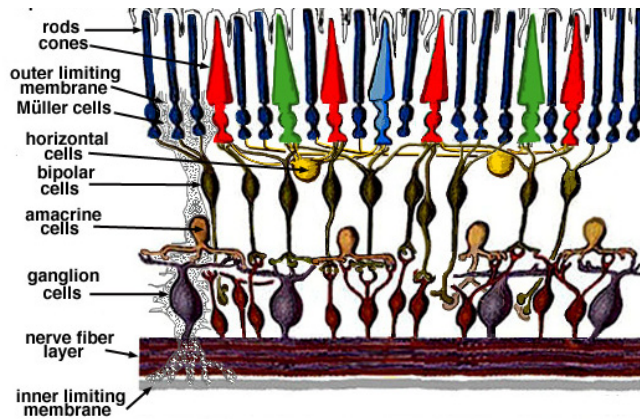
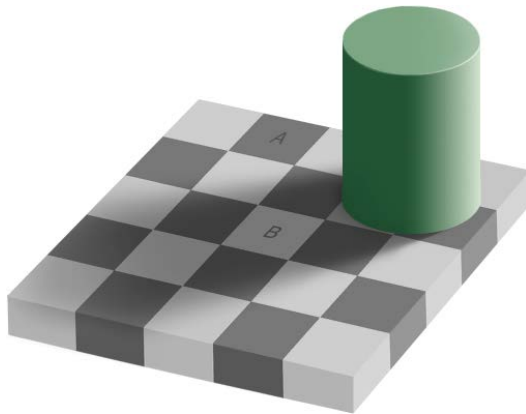
**anthropomorphic**

*to assess the information available to a human observer*  
 (potential to tune processing & display)

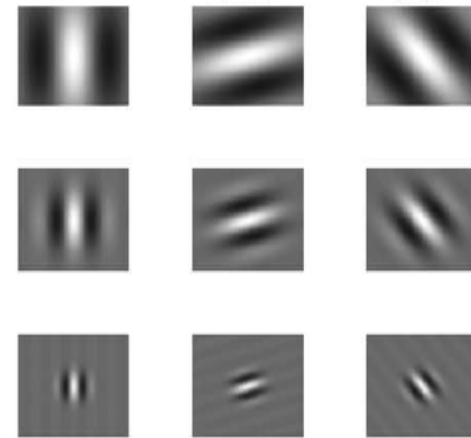
# Our contrast sensitivity peaks around **4 cycles per degree**



# The visual cortex does not analyze the image pixel by pixel

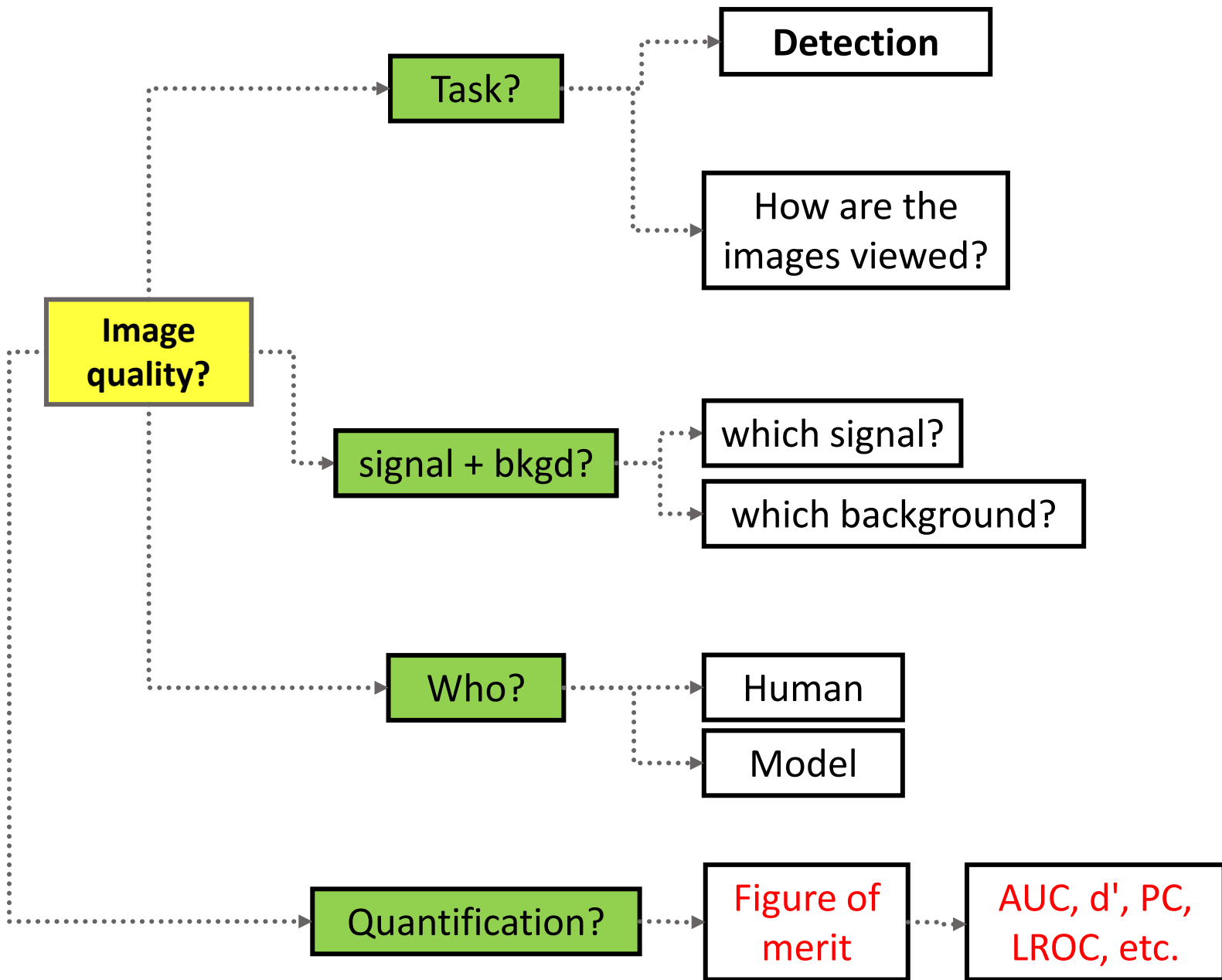


*Pre-processing is performed at the retina level*



*Images appear to be processed as "seen" through channels*



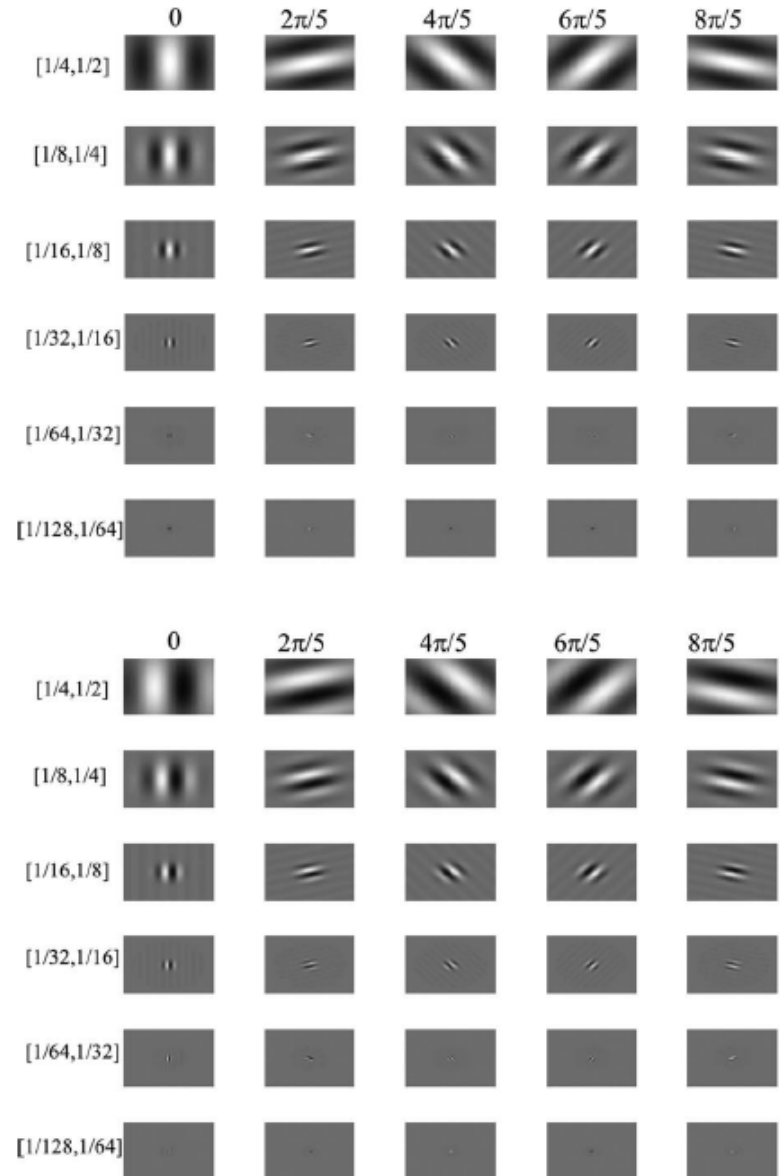


*have to be cautiously chosen in order to be able to do **comparisons***

# Examples of model observers recently used in Medical Physics

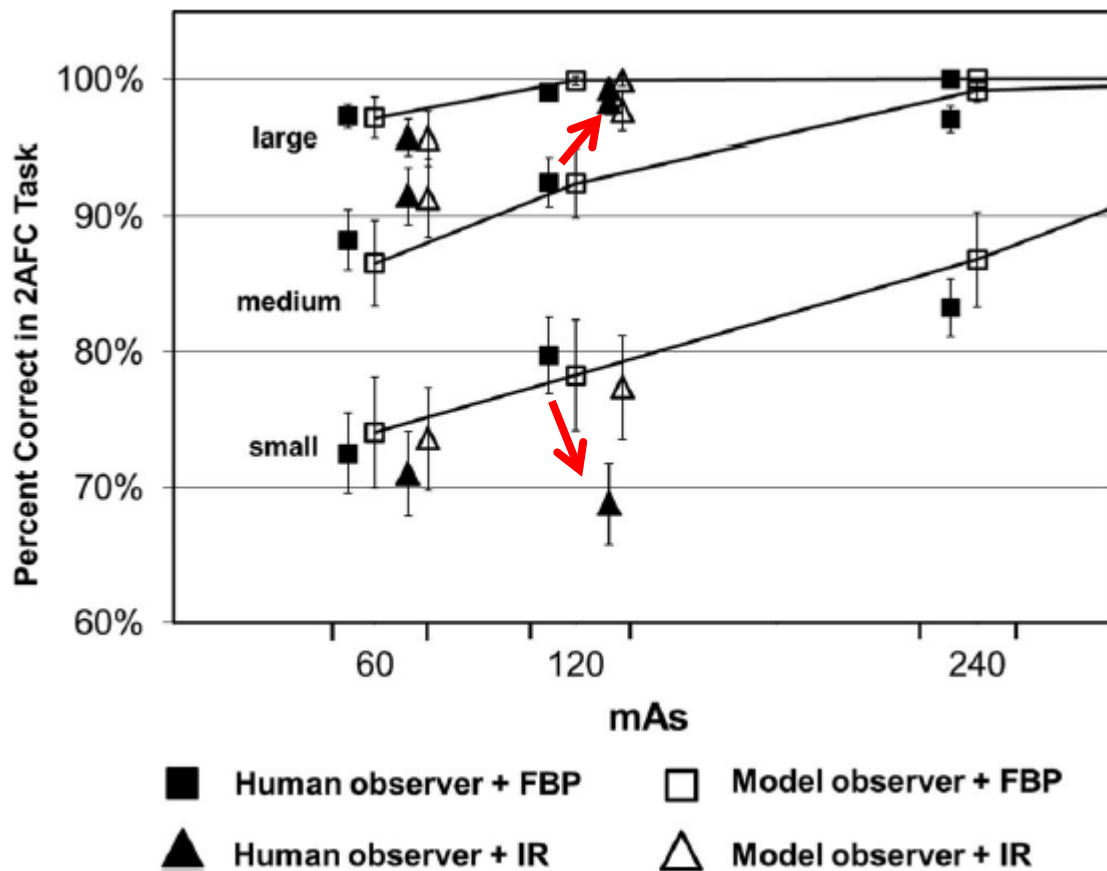
# Detection in chest CT

- Comparison between FBP & IR
- 100 repetitions of each condition
  - several mAs
  - with & without rod
- 2-AFC experiment
  - 4 human observers
  - CHO
    - Gabor 60 channels
    - Adjusted internal noise



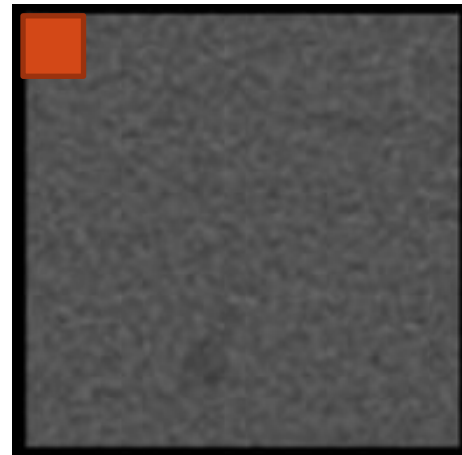
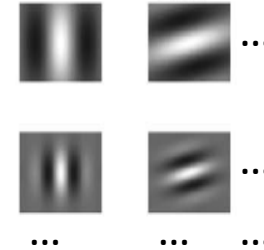
# Detection in chest CT

- Excellent adequacy between human and CHO
- IR slightly better at 120 kV for medium size rod – but not for small size



# Detection in chest CT (uncertain location)

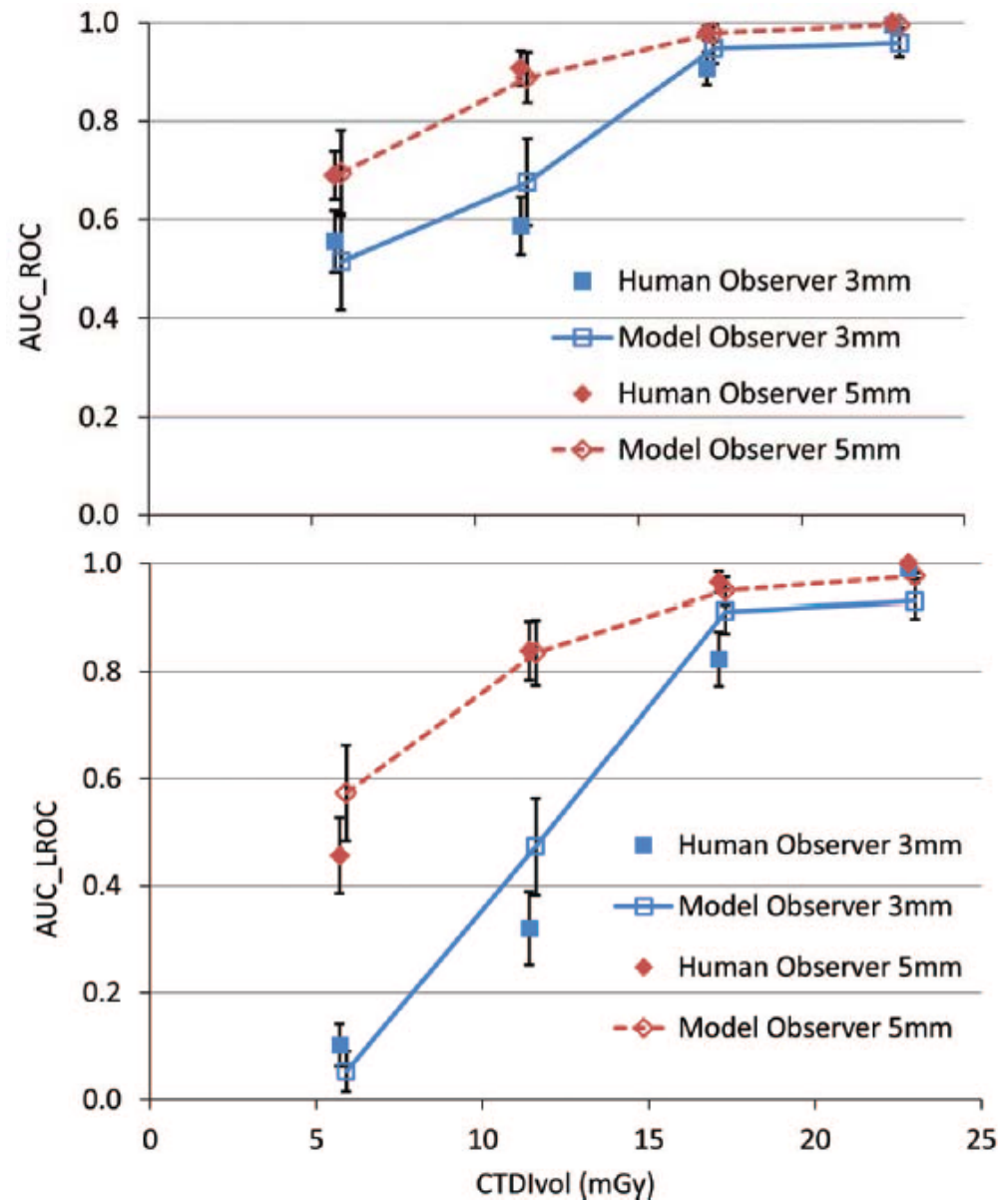
- Same experiment
  - but uncertain location
  - but defined in term of  $CTDI_{vol}$
- Same signal
  - but no large size
- Same observers
  - 3 humans
  - CHO
    - performed by scanning



$$\lambda = \max_{i \in ROI} (\lambda_i)$$

# Detection in chest CT (uncertain location)

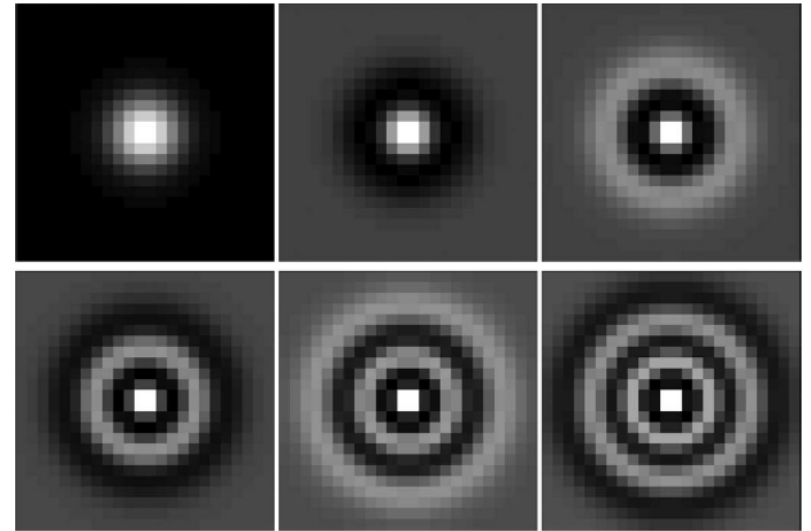
- Excellent adequacy between humans and CHO



# Discussion of the study regarding **model observers**

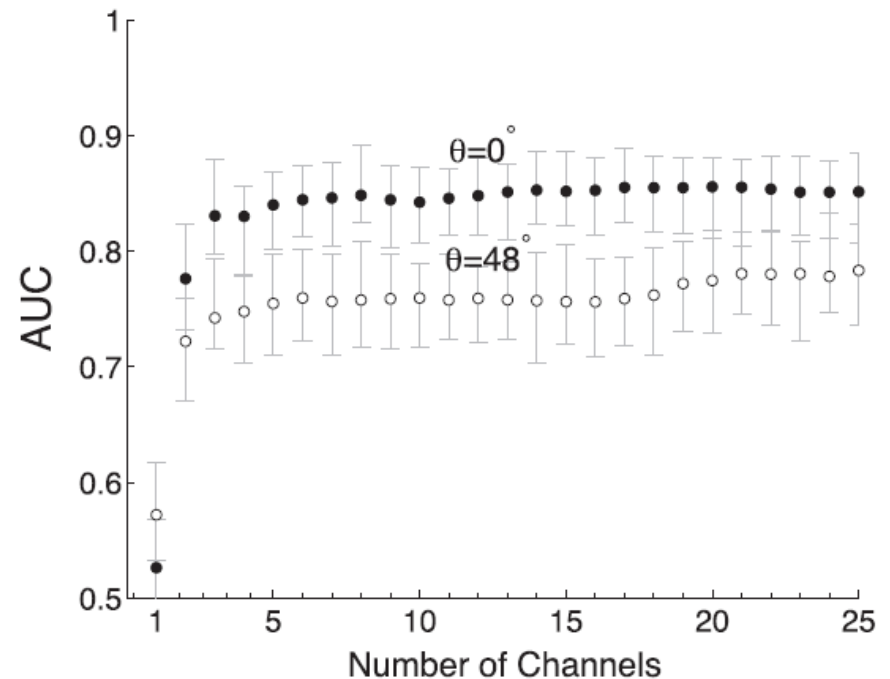
- **No anatomical noise** present
  - IR algorithms could have peculiar effects on anatomical backgrounds
- **(Too) many channels** in the CHO?
  - especially for a symmetric signal
- Images are 3D and reconstruction is 3D
  - Everything is performed in 2D
    - Humans look at 2D images
    - Models are **purely 2D**

# Detection



- Virtual trial framework specific for digital breast tomosynthesis
  - scan angles
  - number of projections
- Simulated image acquisition
  - Bakic's phantom
  - spherical microcalcification added before projection
- CHO
  - limited number of channels
  - AUC

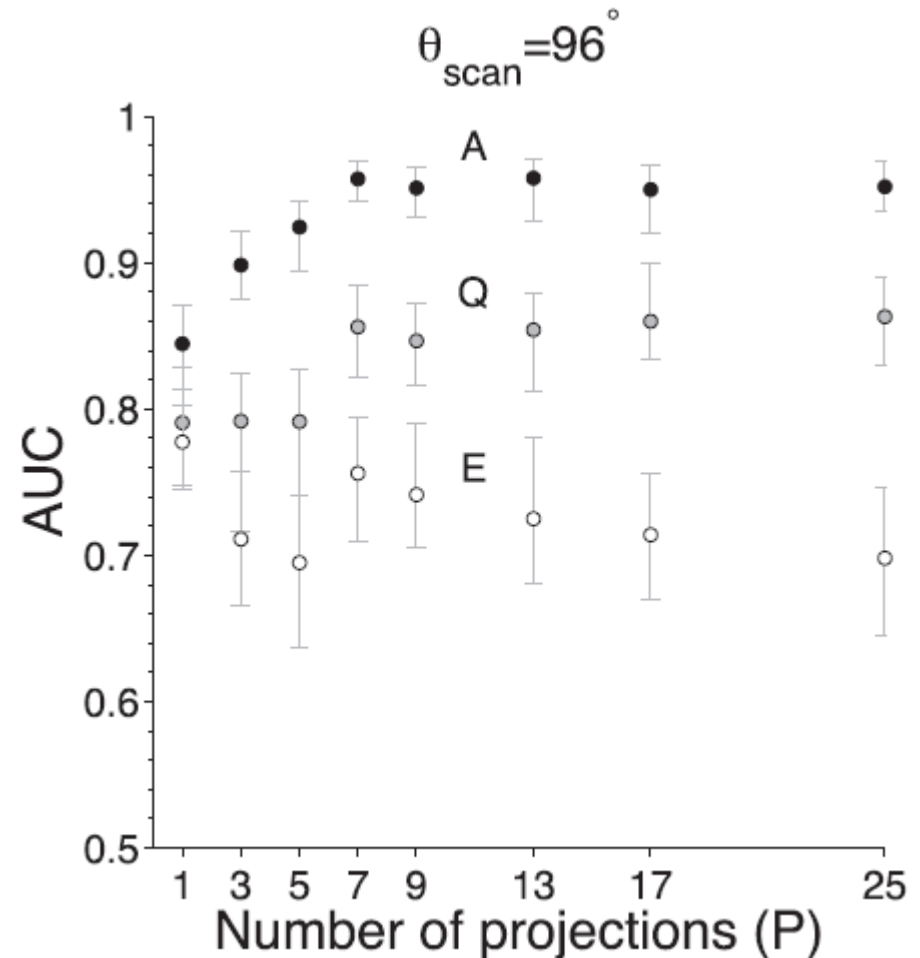
6 LG channels are adequate to mimic the **ideal observer** for a circular symmetric signal





# Detection in DBT

- A **simulation framework** and a tool to estimate image quality in DBT is **established**
  - an application with scan angle and number of projection has been shown for different noise regimes



# Discussion of the study regarding model observers

- Was it adequate to take the *ideal* observer?
  - **YES**: the goal was to choose hardware conditions
- It would have been different if the goal had been to choose *processing* or *display* conditions
- Image quality seems to be assessed **in 2D**

# Detection in Breast CT (real background)

- Selection of reconstruction of reconstruction parameters in IR
- Simulated image acquisition
  - breast model from mastectomy
  - spherical microcalcification added before projection
- Detectability for "ideal observer"

$$d'^2 = \sum_k \frac{|S(k)|^2}{P(k)}$$

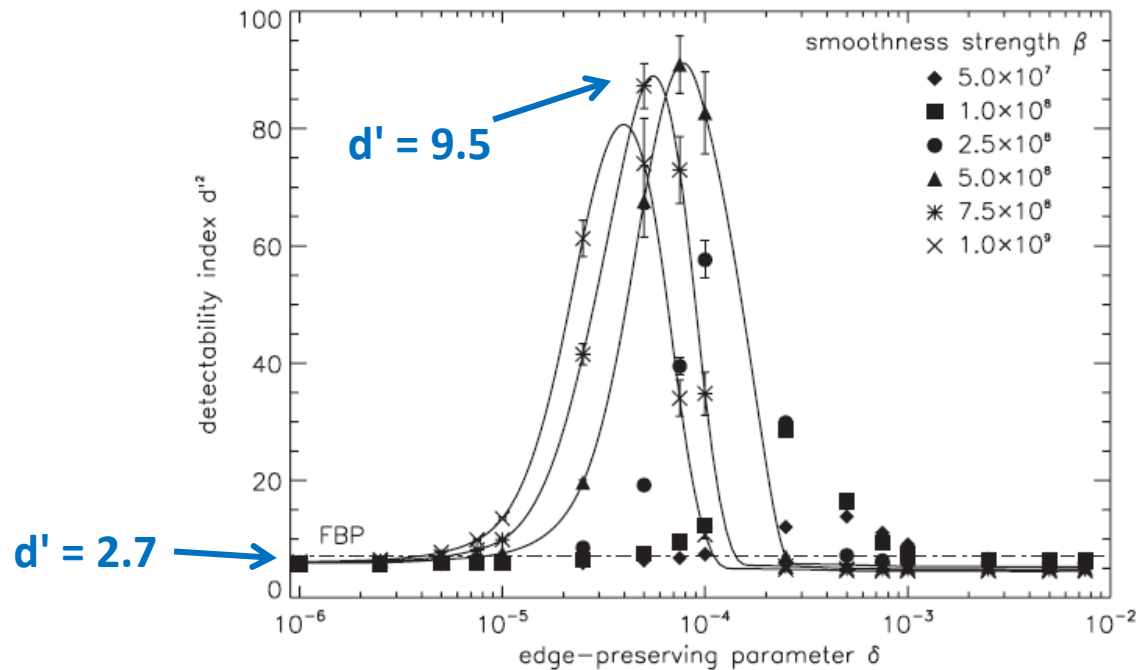
radial average Fourier transformed of the mean signal

radial average NPP

*ideal observer for stationary and isotropic noise+background*

# Detection in Breast CT (real background)

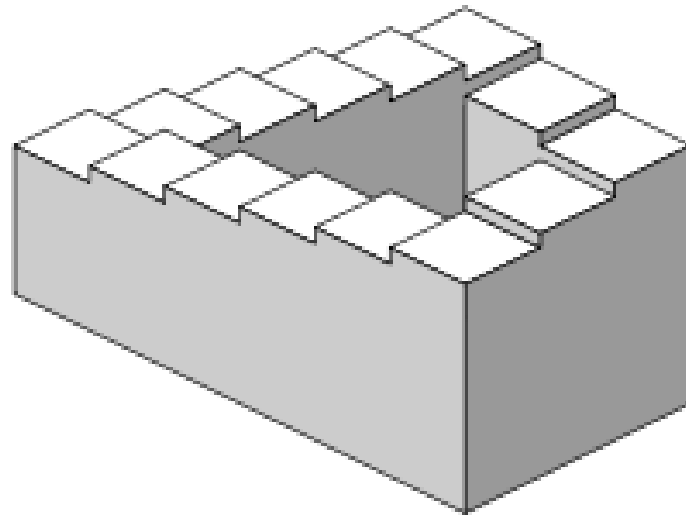
- Selection of reconstruction parameters
  - qualitatively by looking at the images
  - based on  $d'$



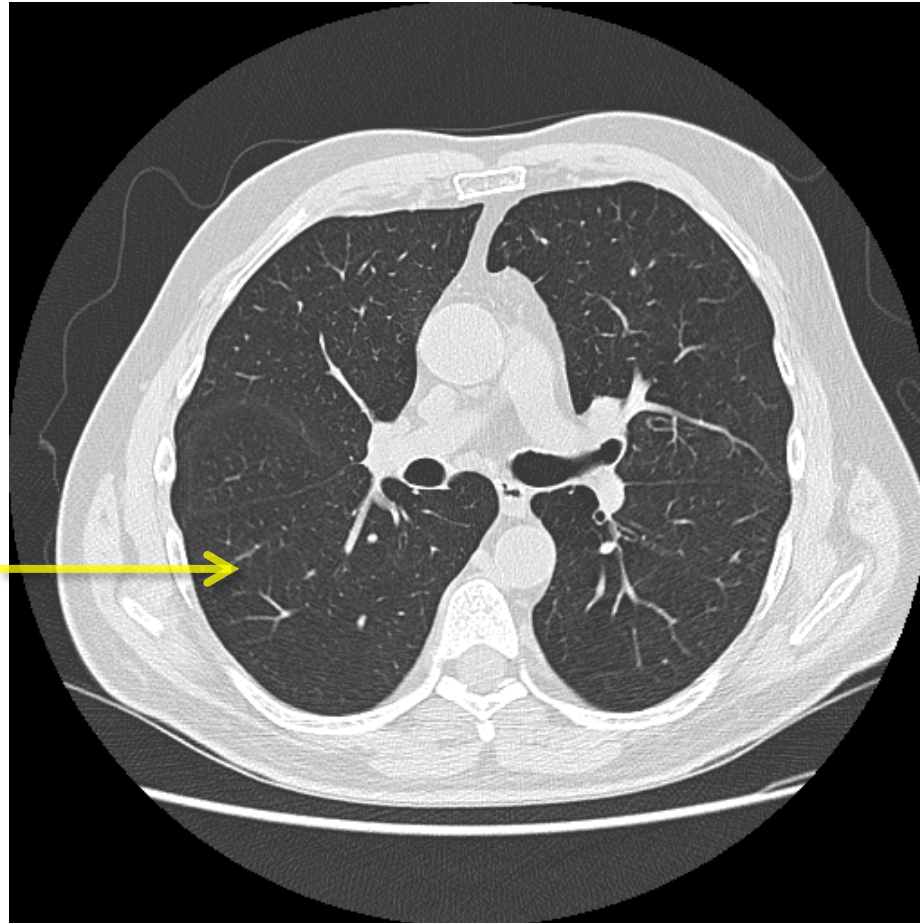
# Discussion of the study regarding model observers

- Partial use of the model
  - $d'$  calculated after exclusion of "**unnatural**" and "**patchy background textures**"
- **Expression** of the ideal observer used in a **different context**
  - anatomical breast imaging not stationary and not isotropic
- Ideal observer useful to estimate the **information content**
  - ideal observer would even prefer the sinograms!
- Image quality assessed in 2D

# Can we model the 3D process?

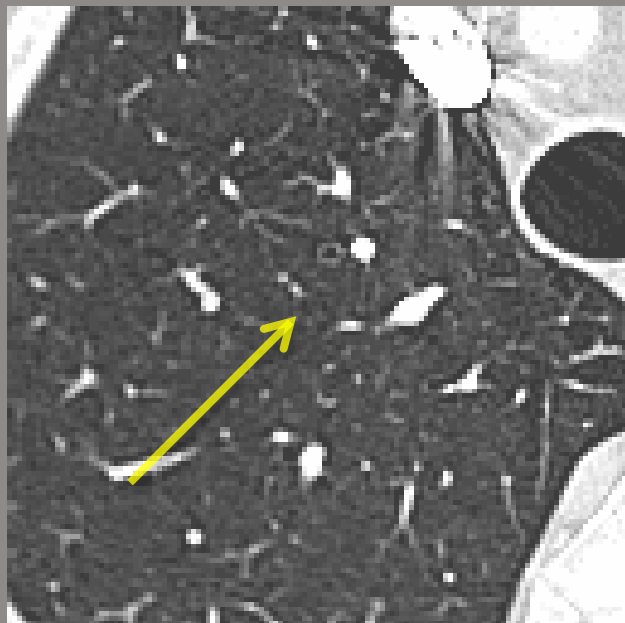


# Where is the nodule ?

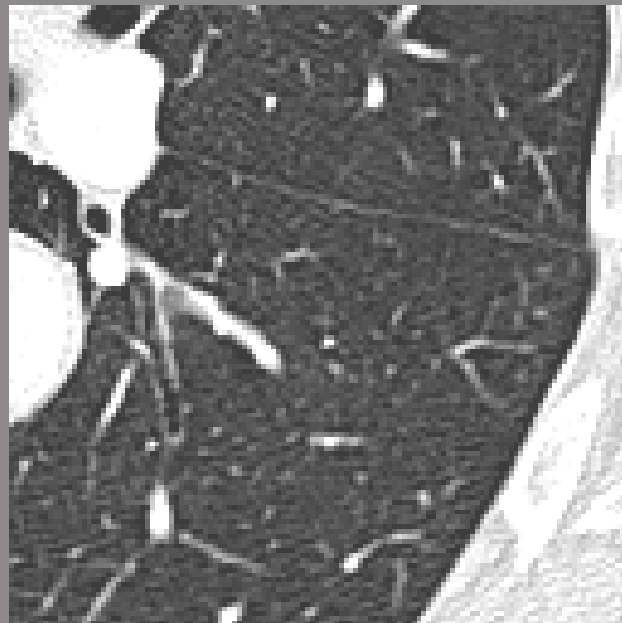


*the nodule "pops out" in 3D*

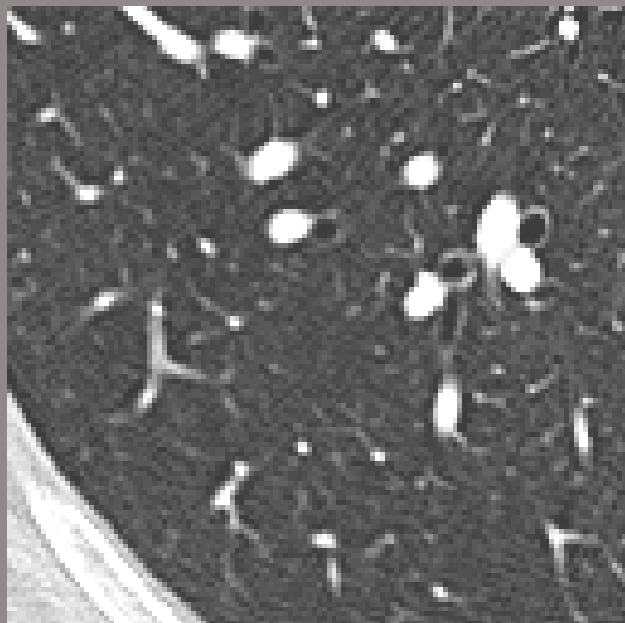
1



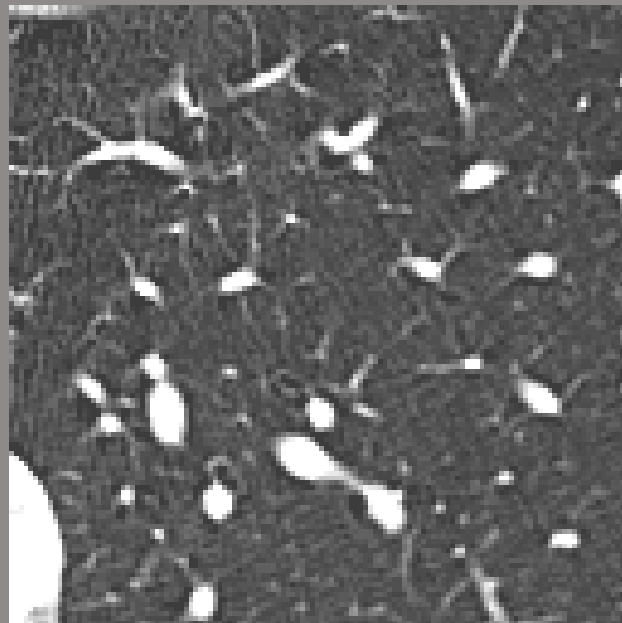
2



3

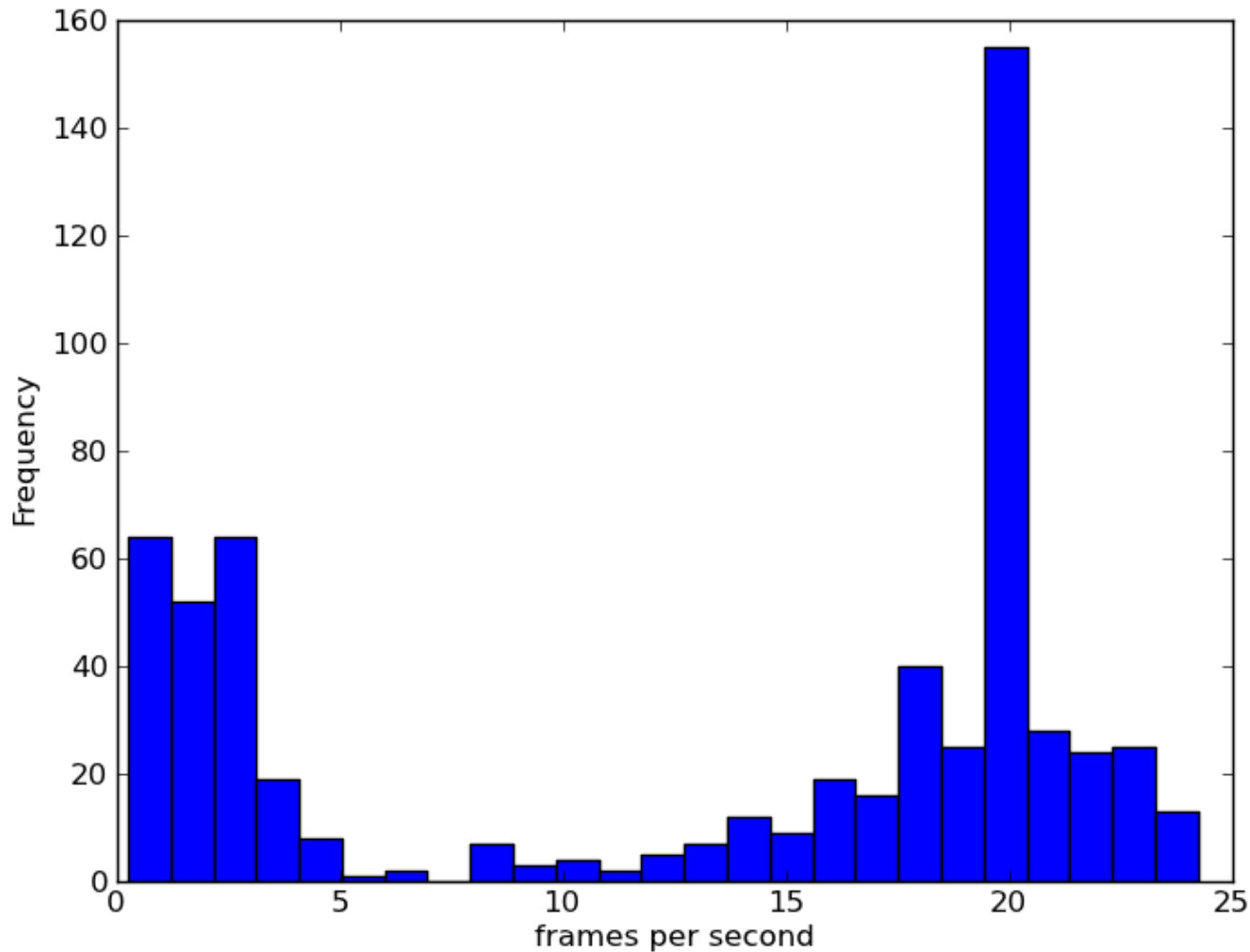


4



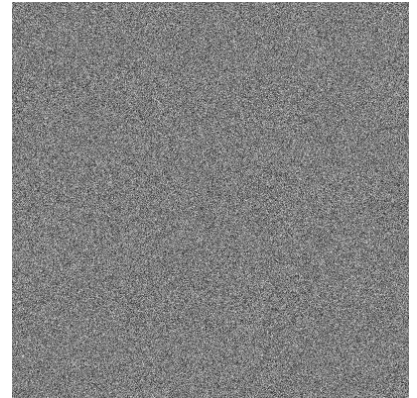


The real scanning speeds of the radiologists are variable.  
(the most likely speed was higher than expected)

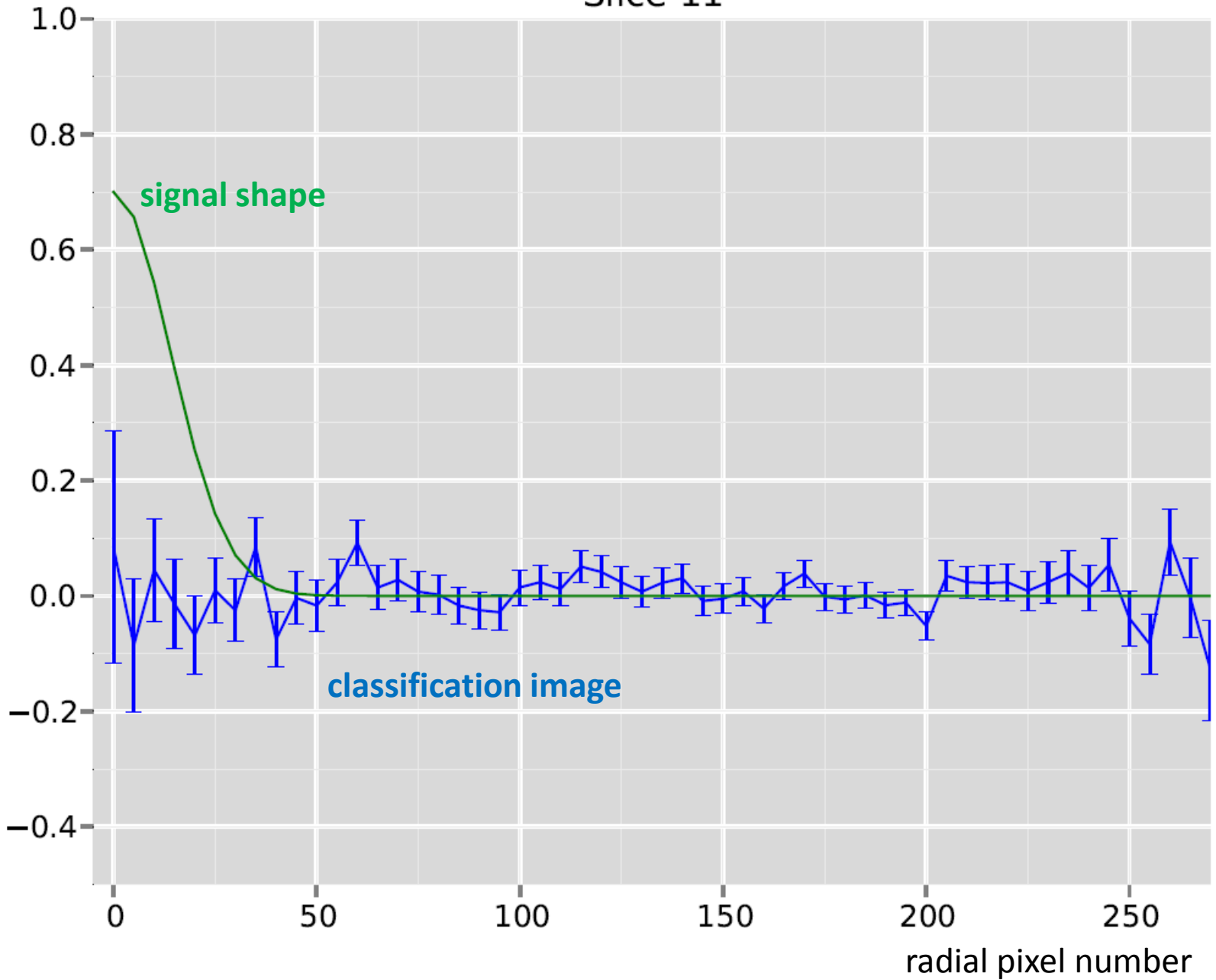


# The time response function needs to be estimated

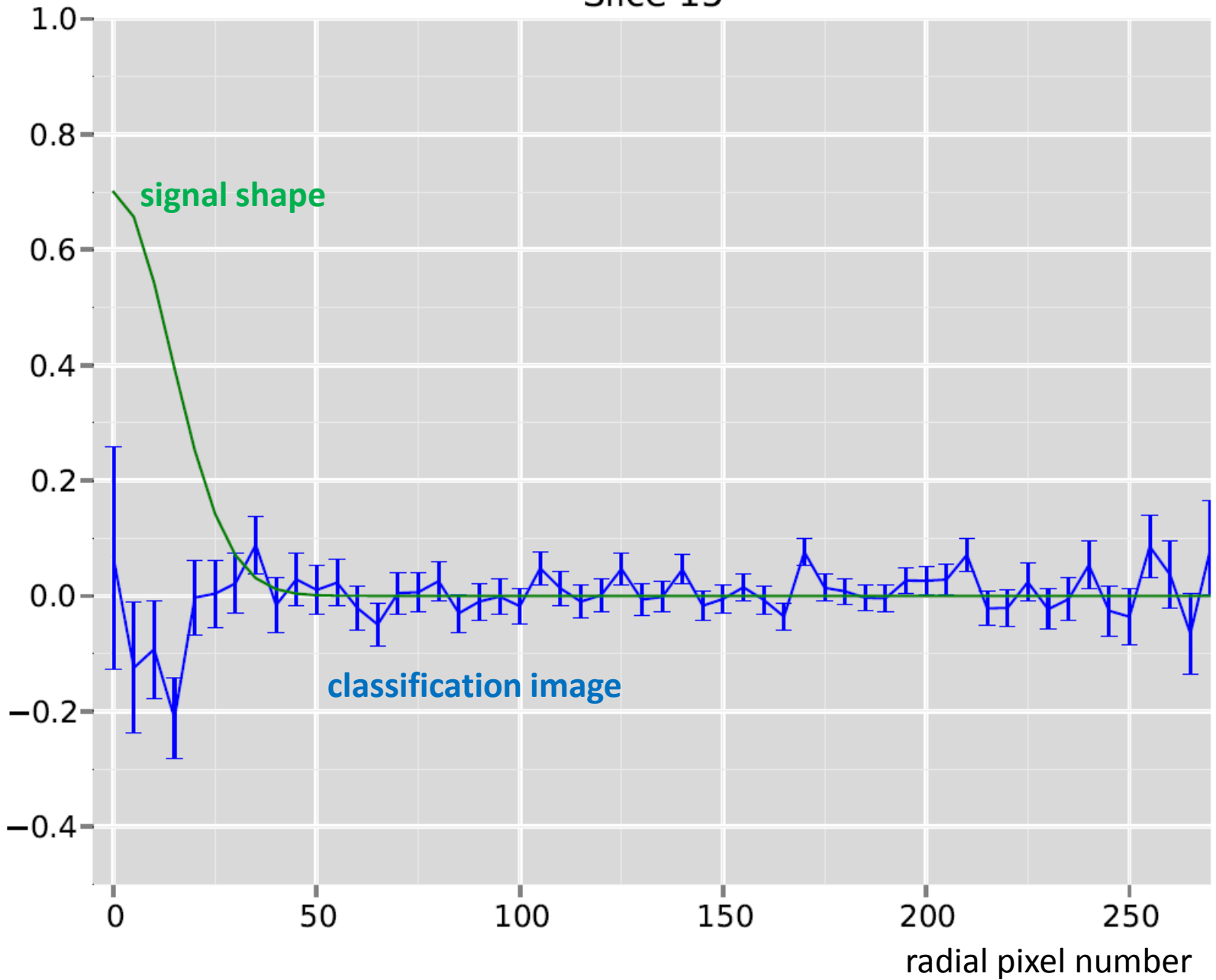
- It can be estimated by the **classification image** method
  - based on the work of Ahumada and Lovell (1971)
  - first applied to audition
- The idea:
  - “The stimuli used in an experiment, along with an observer’s decisions based on those stimuli, contain information about how the task is performed”
- Experiment
  - yes / no experiment
  - 29 slices of non-correlated Gaussian noise
  - middle slice Gaussian signal
  - 2000 trials
  - several speeds
- Analysis
  - separate noise fields by TP, TN, FP, FN
  - calculate average of each set and subtract the negative fields (FN, TN) from the positive fields



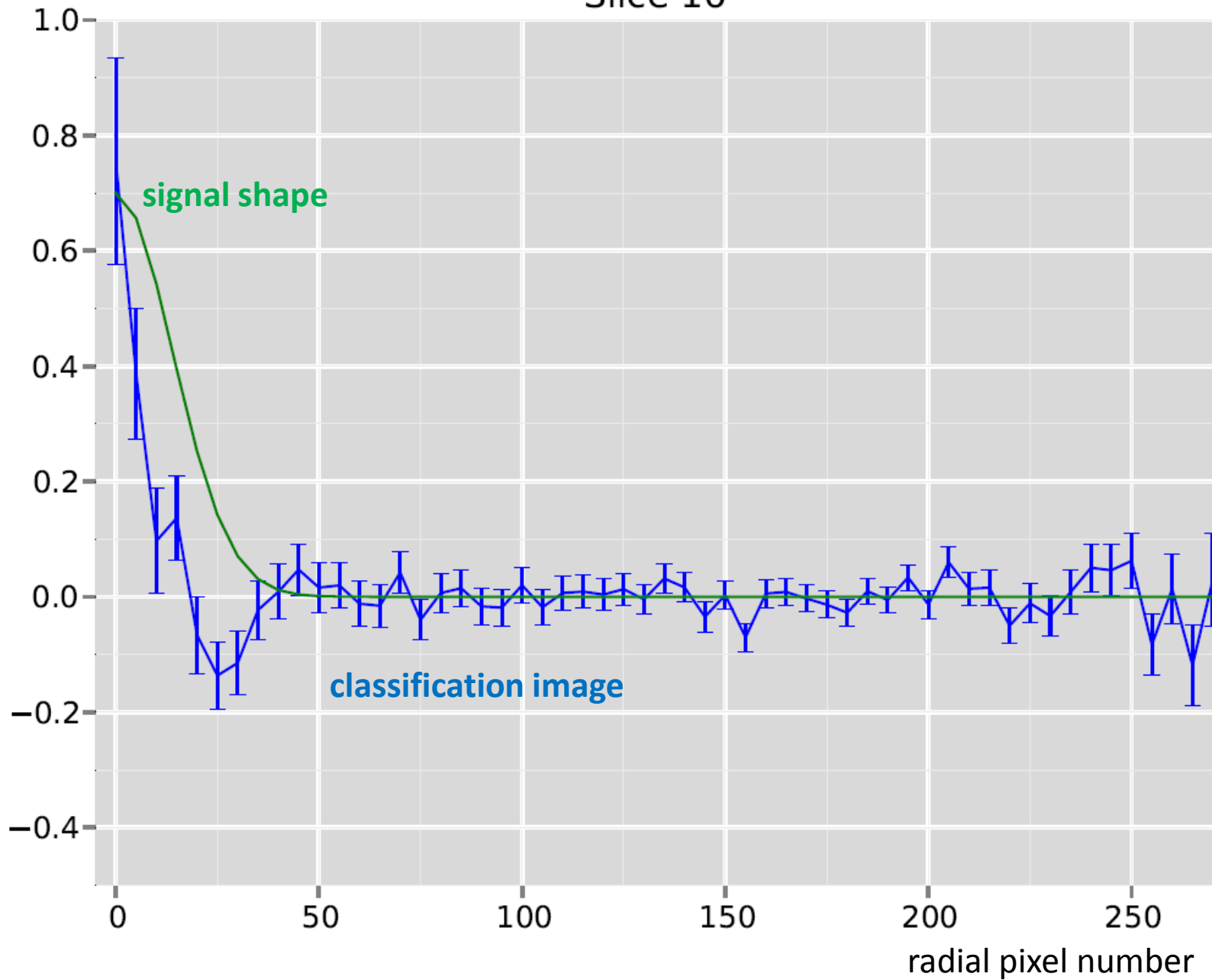
14 fps  
Slice 11



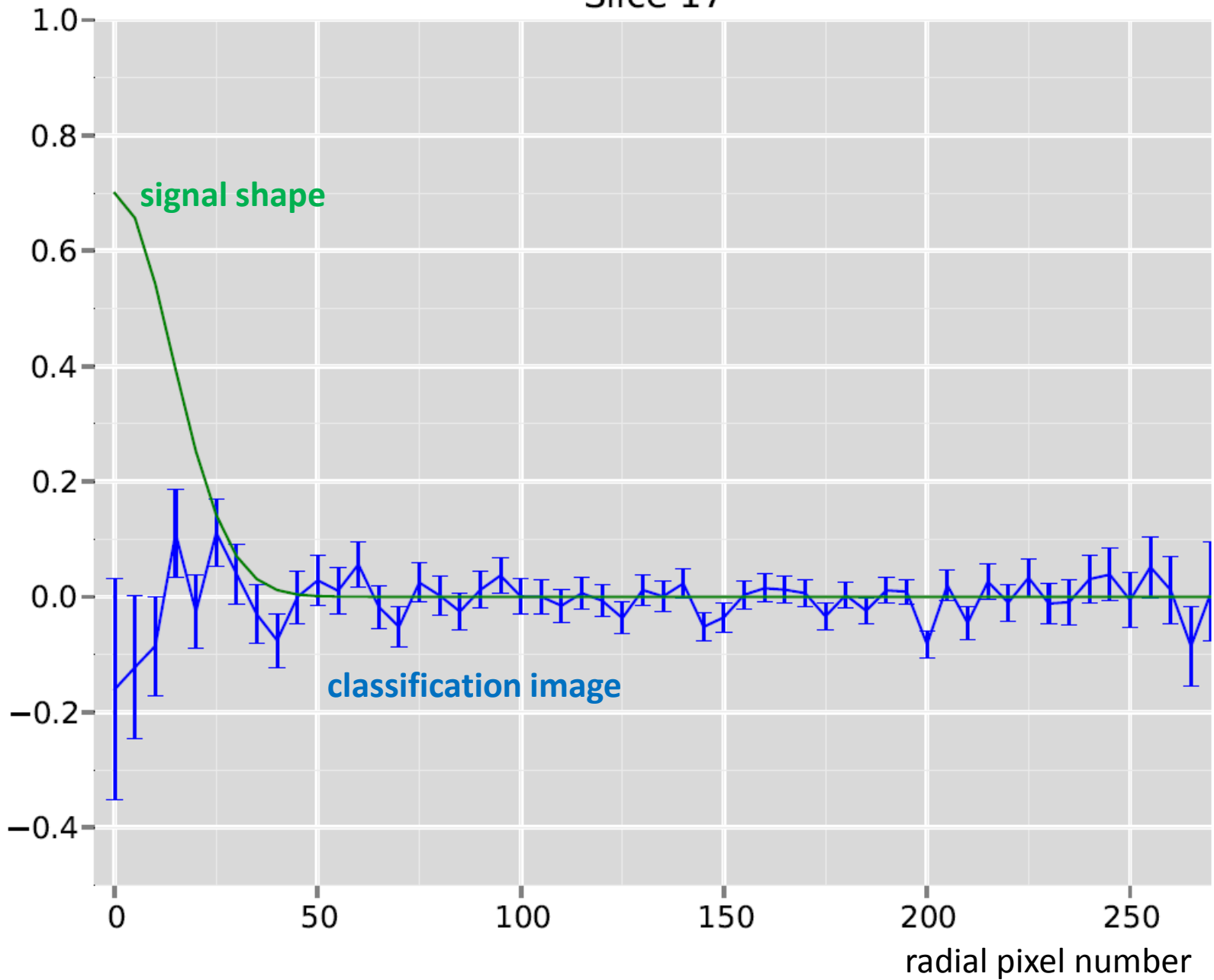
14 fps  
Slice 15



14 fps  
Slice 16



14 fps  
Slice 17



# 3D model observers

