#### Medical Computer Vision and Health Informatics Workshop



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- 2 Semantic Segmentation with Incomplete Annotations
- 3 Experiments



# Context: Semantic Segmentation of Medical Images

- Semantic Segmentation: class label for each image pixel / voxel
- Deep ConvNets: tremendous sucess for visual recognition
- Semantic Segmentation of natural images: Fully Convolutional Networks (FCN), e.g. DeepLab [Chen et al., 2018]
  - Adpated FCN architectures for medical images, e.g. U-Net [Ronneberger et al., 2015]
  - FCN: base architecture for leading approaches in recent medical segmentation challenges, e.g. LITS'17 [Han, 2017, Li et al., 2017]



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### Datasets for Medical Image Semantic Segmentation

- ConvNets: large amount of data with clean annotations
- Annotation very costly for semantic segmentation: pixel-level labeling
  - Exacerbated in medical images: 3D data, highly qualified professionals needed, e.g. tumors (extreme appearance variations)



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# Semantic Segmentation of 3D CT-scans

Internal dataset<sup>1</sup>: ~ 1000 patients of 100 × 512 × 512 images



3D segmentation: focusing on 2D slices  $\Rightarrow$  independent training in each image



<sup>1</sup>IRCAD: https://www.ircad.fr/fr/

- Large scale dataset, BUT:
  - Clinical experts: focus on a subset of organs
    - $\Rightarrow$  Incomplete annotations wrt full Ground Truth



- How to train deep ConvNets in this context ?
  - Organ(s) missing the whole volumes, but: organ segmented in volume ⇒ complete annotation for that class
  - Core idea: generating clean target labels from noisy input labels
    - Binary mask  $w_k$  for each class  $\Rightarrow$  ambiguous vs non-ambiguous pixels



#### 3 Experiments

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Standard FCN not adapted to this context, e.g. DeepLab [Chen et al., 2018]



- Shared Fully Convolutional Layers, ResNet [He et al., 2016]
- Last tensor:  $1 \times 1 \text{ conv} + \text{soft-max} \Rightarrow \text{single class prediction}$
- ► Incomplete annotation: "background" ⇔ missing organ ⇒ conflict with pixels with proper organ annotations during training

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- Our approach for Semantic segmentation with MIssing Labels and convnEts (SMILE)
- ▶ Depart from the (K + 1) multi-class classification formulation, classify each organ independently using K binary classifiers



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- Binary CE loss at each pixel:  $L_k(\hat{y_k}, y_k^*) = -(y_k^* \log(\hat{y_k}) + (1 y_k^*) \log(1 \hat{y_k}))$
- Final loss: weighted sum of binary losses:

$$L(\hat{y}, y^{*}) = \sum_{k=1}^{K} w_{k} L_{k}(\hat{y_{k}}, y_{k}^{*})$$



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#### • Core SMILE component: binary weight maps $w_k \in \{0; 1\}$

- Selecting or ignoring each pixel for class k
  - ▶ Class k present in volume:  $w_k = 1 \forall$  pixel in volume
  - Class k absent:

$$w_k = \begin{cases} 1 \text{ if } \exists k' \neq k \text{s.t.} w_{k'} = 1 \ (\Rightarrow y_k^* = -1), \\ 0 \text{ otherwise (pixel ignored)} \end{cases}$$



- Analysis of labels used by FCN baseline and SMILE vs Ground Truth (GT)
- For class k:
  - $\beta_k$  ratio of voxels in a volume
  - $\blacktriangleright$   $\alpha$  the ratio of missing labels for this organ in the dataset.



$$\epsilon = \sum_{k' \neq k} \beta_{k'}$$

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- Both baseline and SMILE: only true positive
  - BUT only use  $(1 \alpha) \cdot \beta_k$  vs  $\beta_k$



$$\epsilon = \sum_{k' \neq k} \beta_{k'}$$

Baseline:

• False Negatives (FN):  $\alpha \cdot \beta_k$ , *i.e.* unannotated pixels indeed belonging to the organ

$$\bullet \quad \frac{\mathsf{TP}}{\mathsf{FN}} = \frac{1-\alpha}{\alpha}: \ \alpha > 0.5 \Rightarrow \frac{\mathsf{TP}}{\mathsf{FN}} < 1$$

SMILE:

- Only true positives and true negatives
- Less true negatives than baseline:  $(1 \alpha) \cdot (1 \beta_k) + \epsilon vs (1 \beta_k)$ 
  - $\approx \alpha$  less negatives, but as  $\beta << 1$ , e.g.  $\beta = 0.05^2$  $\Rightarrow$  in practice, largely enough negative to train

<sup>2</sup>organs  $\Leftrightarrow$  small volume portion

### Incremental self-supervision and relabeling

- SMILE True Positives (TP) labels  $\propto (1 \alpha)$
- Motovation: automatically increasing number of TP labels
  - Compensate for incomplete annotations
- Auto-supervision: create target positive labels
  ⇒ SMILEr (re-labeling)
- Using a curriculum strategy [Bengio et al., 2009]
  - 1. Train ConvNet with SMILE: certain labels only, *i.e.* true positives and negatives ⇒ "easy samples"
  - 2. Seek for new true positives with current model
    - "Harder samples", automatic labeling
    - Use this new labels as target to train a new model with more positives
    - Iterate
- $\frac{TP}{FP}$ : key indicator of SMILEr sucess

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SMILEr algorithm: applied for each binary organ classifier independently<sup>a</sup>

**Algorithm 1** Algorithm for training SMILEr for class *k* 

**Require:** Training set  $\{(\mathbf{x}_i, \mathbf{y}_i^*)\}, \gamma_{max}, T$ , SMILE model  $m_0$  for class k. 1: Initialize  $\mathbf{y}_{i,0}^* = \mathbf{y}_i^*$ ,  $N_u \leftarrow$  number of unannotated images for class k 2. for t=1 to T do  $\gamma_t = \frac{t}{\tau} \gamma_{max}$ 3: for i=1 to  $N_{\mu}$  do 4.  $\hat{y}_i^+ \leftarrow (m_t, \mathbf{x}_i)$  // Find predicted positive pixels by  $m_t$  in image  $\mathbf{x}_i$ 5:  $y_{i,t}^{*,+} \leftarrow (m_t, \mathbf{x}_i, \gamma_t, \hat{y}_k^+) // \text{Assign new} \oplus \text{taget labels}$ 6:  $y_{i,t}^* = y_{i,t-1}^* \cup y_{i,t}^{*,+} //$  Augment training set 7: end for 8:  $m_t = train(\{(\mathbf{x}_i, \mathbf{y}_{i,t}^*)\},) // \text{Re-train model with augmented training set}$ 9: 10: end for **Ensure:** SMILEr Model  $m_T$ 

<sup>a</sup>Ignoring the dependence on class k for the sake of clarity.



#### 3 Experiments

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### Dataset and setup

- Experiments on sub-set of our dataset with complete ground truth annotations
- ▶ 72 3D CT-scan volumes (~ 100 512 × 512 images) for three organs: liver, pancreas and stomach
- $\blacktriangleright$  Partially annotated dataset generated: randomly removing  $\alpha\%$  of organs in the volumes independently
- Comparison of our methods (SMILE, SMILEr) wrt DeepLab baseline
  - Train 80% / Test (20%), K = 5 datasplits



### Quantitative results



### SMILEr re-labeling, $\alpha = 50\%$



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# SMILEr re-labeling, $\alpha = 70\%$

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# SMILEr re-labeling, $\alpha = 70\%$

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## Re-labeling method





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# Re-labeling method





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## Re-labeling method





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# Segmentation results, $\alpha = 70\%$



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# Segmentation results, $\alpha = 70\%$



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# Conclusion

- Method for learning with incomplete ground truth annotations
- First stage: train only with correct label
- Second stage: re-label positives
- Future works:
  - Evaluation in larger datasets with more classes
  - Using 3D conv backbones models
  - Using uncertainty estimate [Kendall and Gal, 2017] for selecting target auto-supervision labels



#### Joint work with:

- Olivier Petit, PhD Student
- Luc Soler, Prof. at IRCAD, Visible Patient CEO

Questions?

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