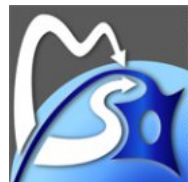




The MS-Multi-Spine Challenge

Evaluation Results, Discussion, and Conclusions

<https://portal.fli-iam.irisa.fr/MS-Multi-Spine/>



OFSEP
Observatoire Français
de la Sclérose en Plaques



CREATIS

Outline

1. Evaluation process, training data and testing data

- 1.1 The annotation process
- 1.2 Overall characteristics of the ground-truth
- 1.3 Detailed characteristics of the ground-truth
- 1.4 Experts performances

2. Results

- 2.1 Results on the different sequences combinations
- 2.2 Results for overall test set
- 2.3 Inter-methods variability and Results example

3. More Results

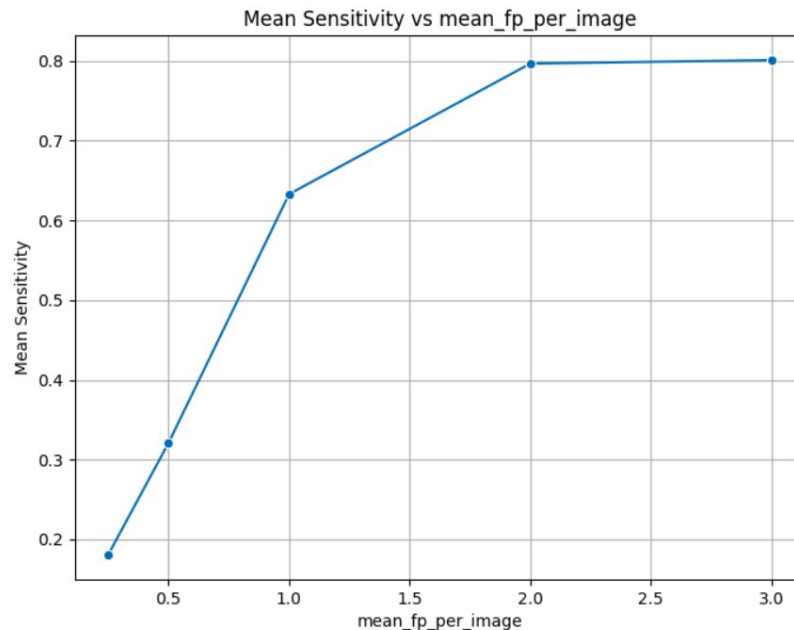
- 3.1 Dealing with the three-sequences combination
- 3.2 Added value of multi-sequence over T2 alone: some insights
- 3.3 Performances and dependency to IoU thresholds

4. Discussion and conclusions

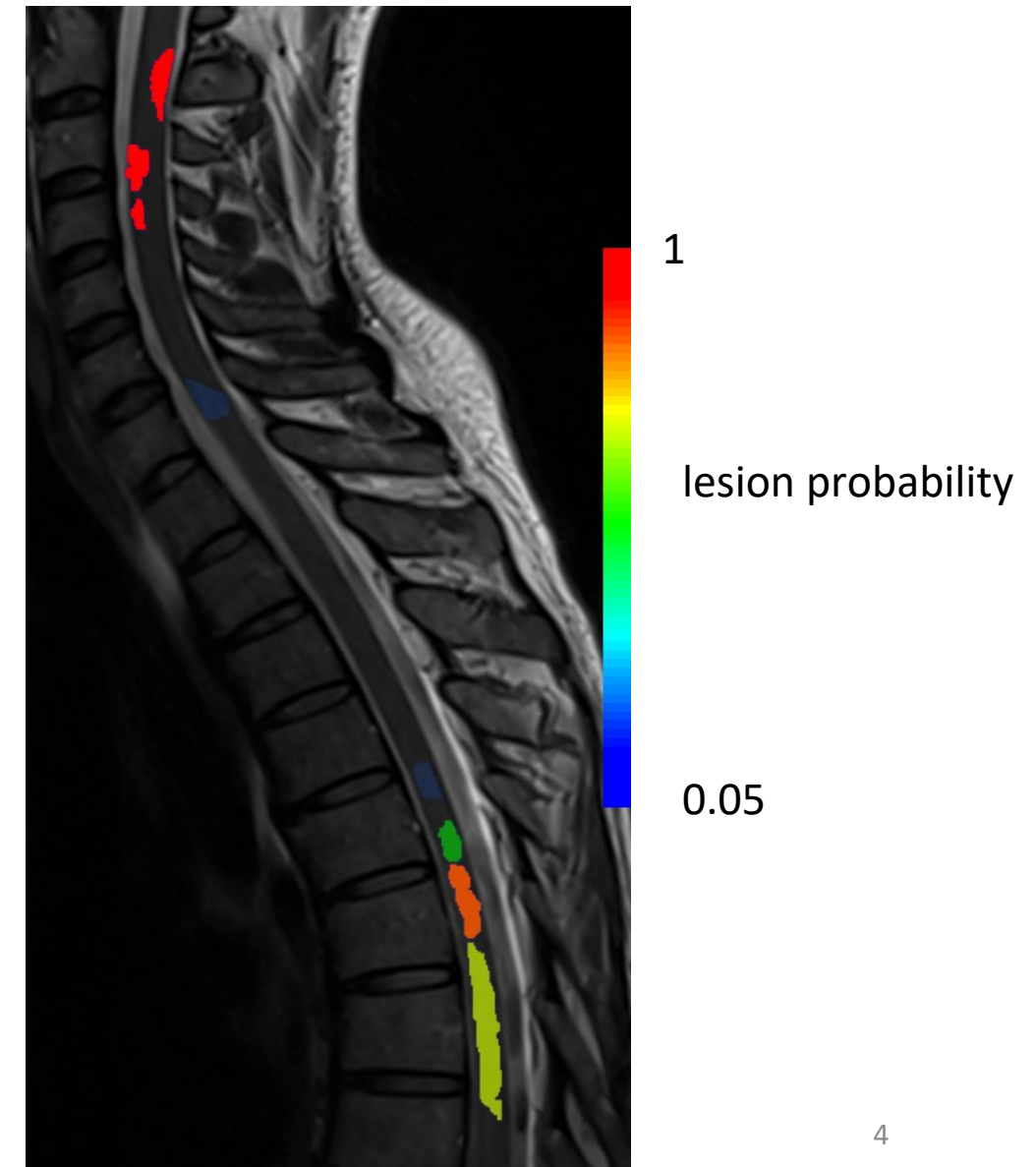
1. Evaluation process, training data and testing data

A calibrated detection-based evaluation

Participating methods must
detect lesions
— AND —
associate a probability to each detected
lesion



The challenge metric is the
mean sensitivity averaged among the five
false positive rates 0.25, 0.5, 1, 2 and 3.



1.1 The Annotation Process

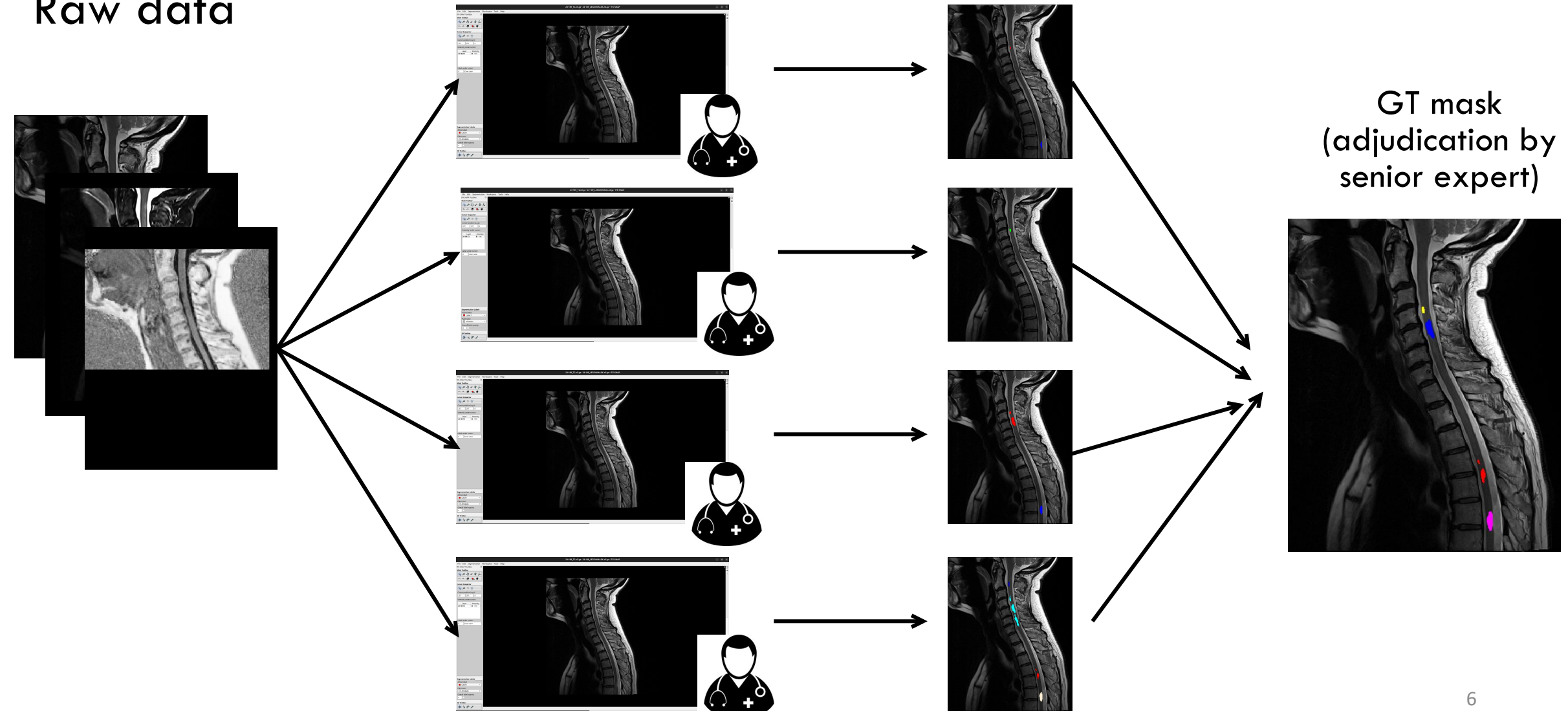
The annotation process

Raw data

Four independent
expert
annotations

Expert's
mask

GT mask
(adjudication by
senior expert)

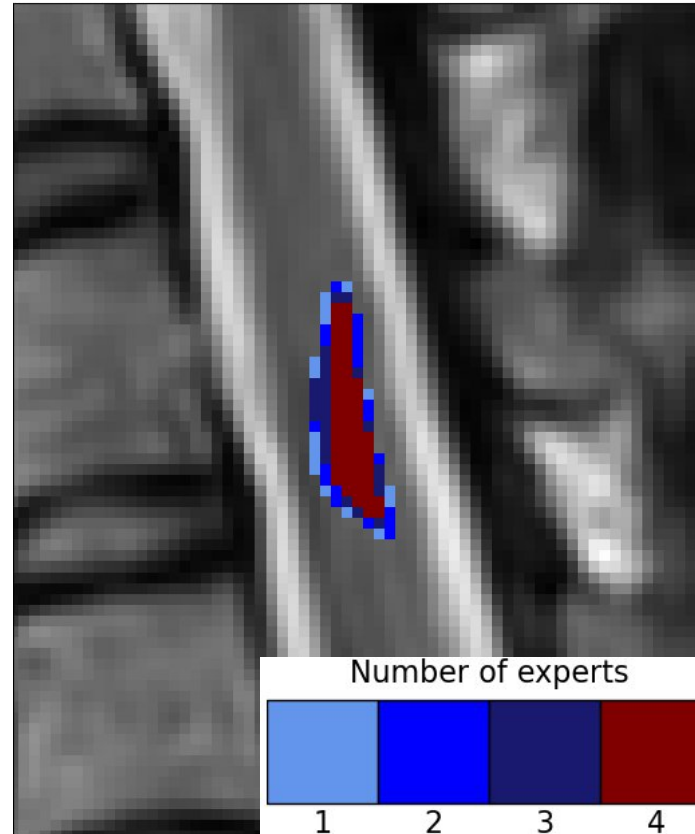


Adjudication: Lesion kept

T2-w



Voxel-wise agreement
between experts



Majority vote
and adjudication



Adjudication: Lesions removed

T2-w



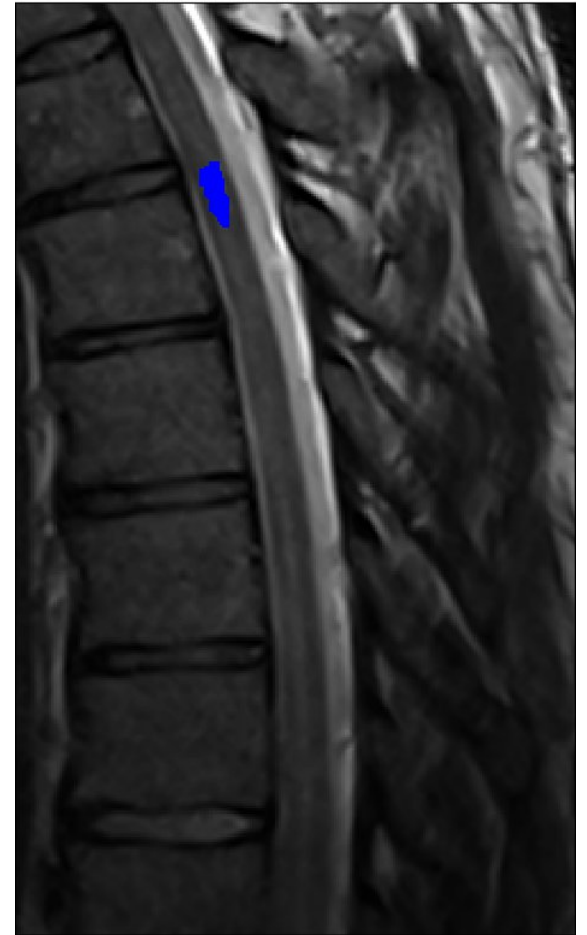
Voxel-wise agreement
between experts



Majority vote

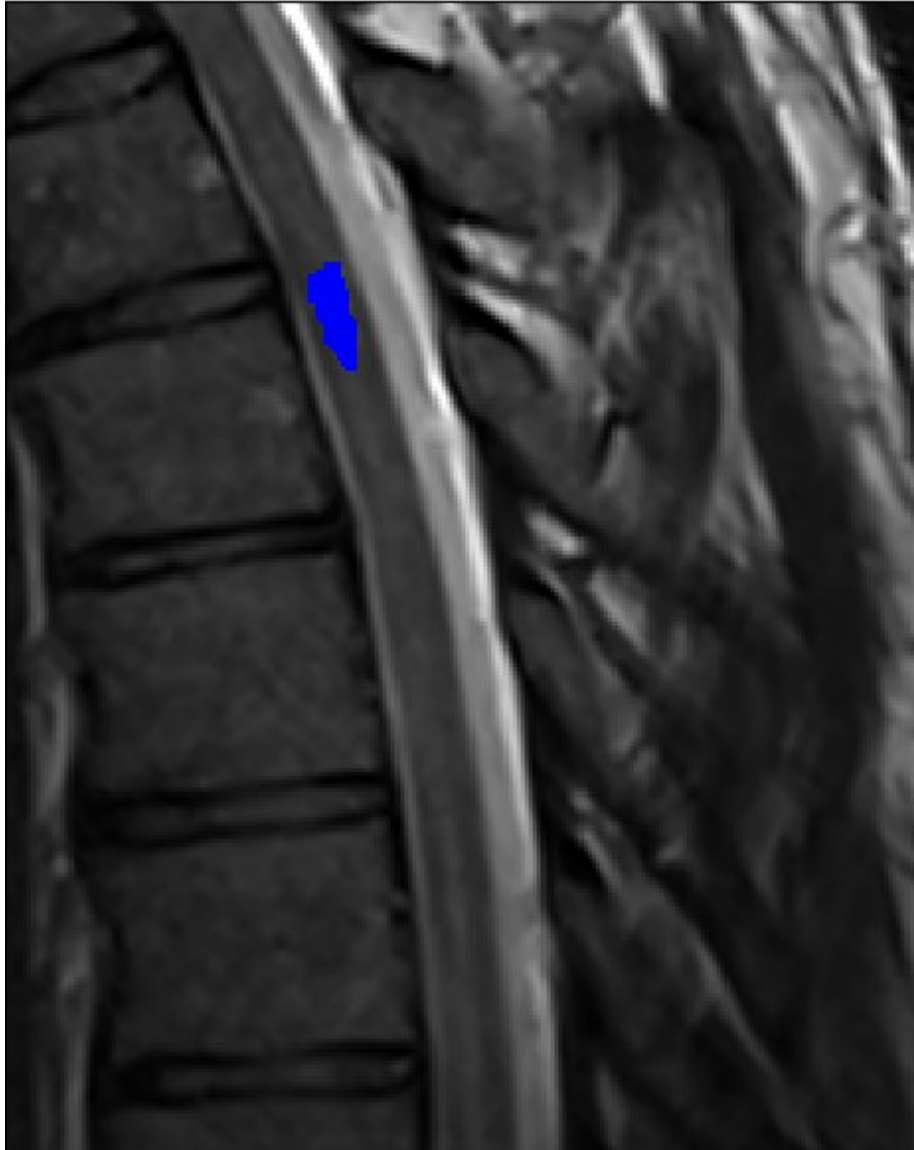


Adjudication



Adjudication: Lesions removed

Adjudication



Adjudication: Complex cases

Z=6

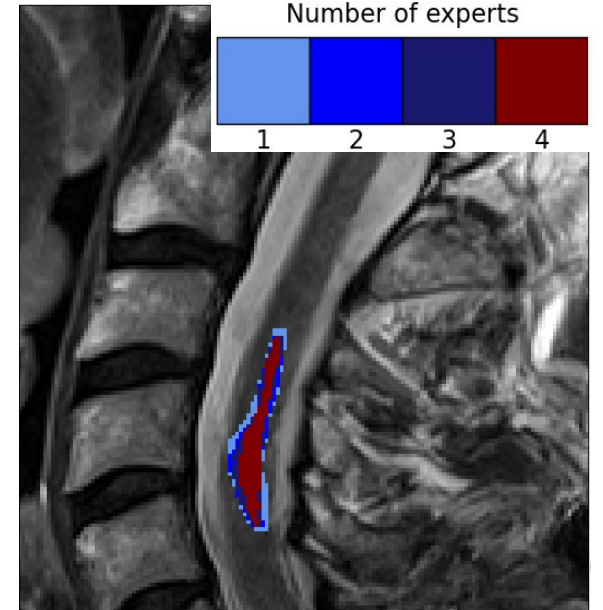
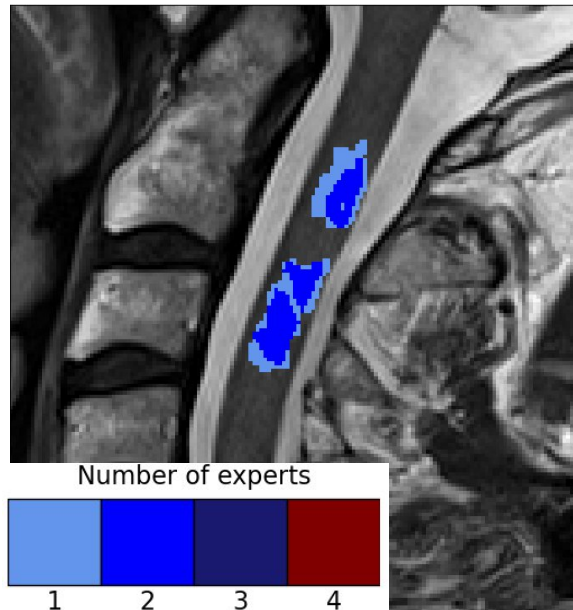
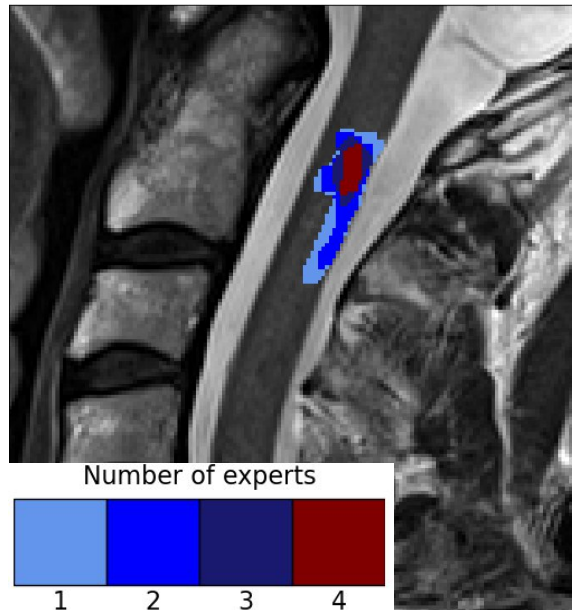
Z=7

Z=8

T2-w



Voxel-wise
agreement
between experts



Adjudication: Complex cases

Z=6

Z=7

Z=8

Majority vote
(Lesions marked
as problematic)



Adjudication

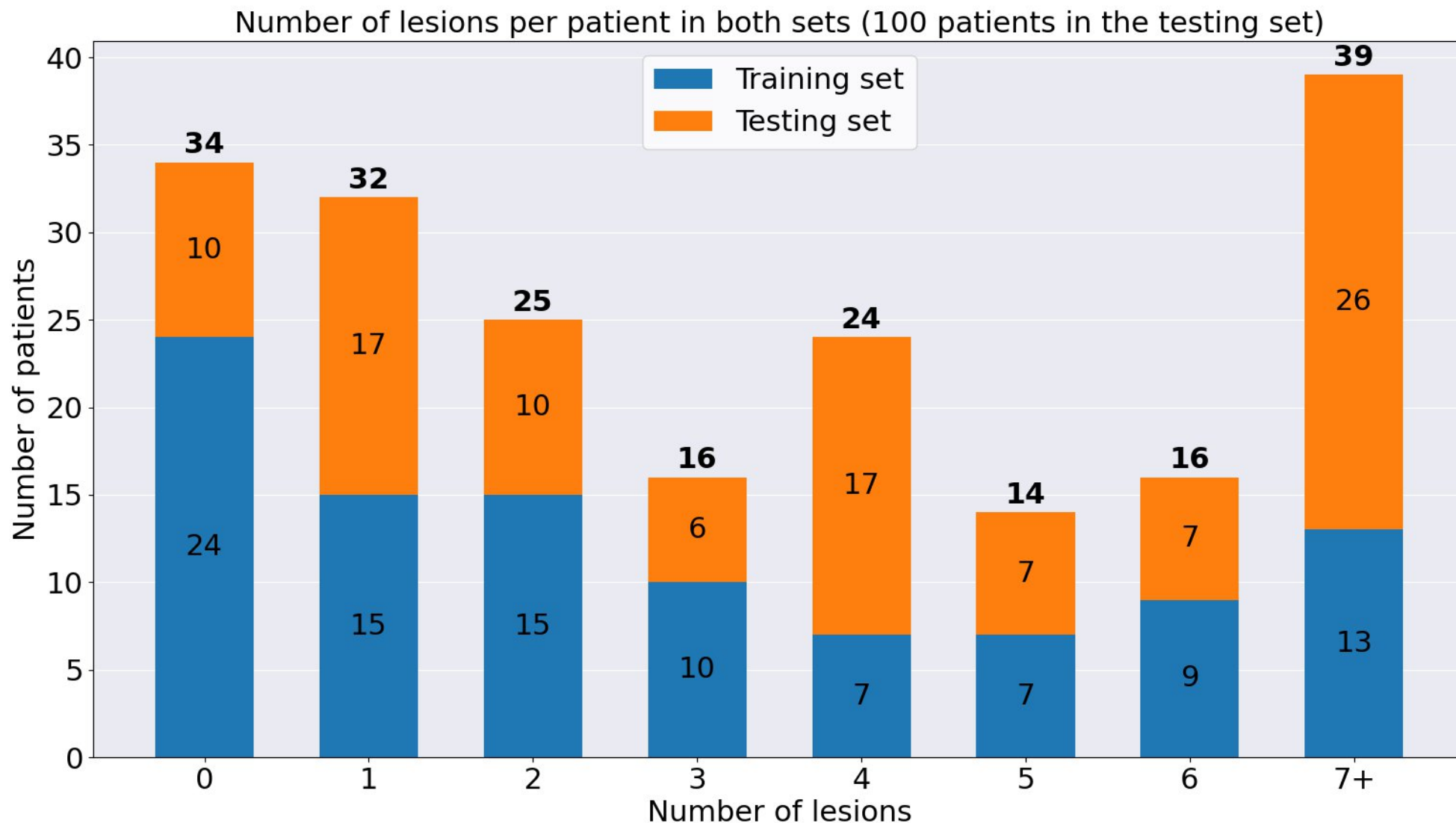


1.2 Characteristics of the ground-truth

Number of lesions in both sets

Training set:
Mean lesion
Nb=
 3.01 ± 2.89

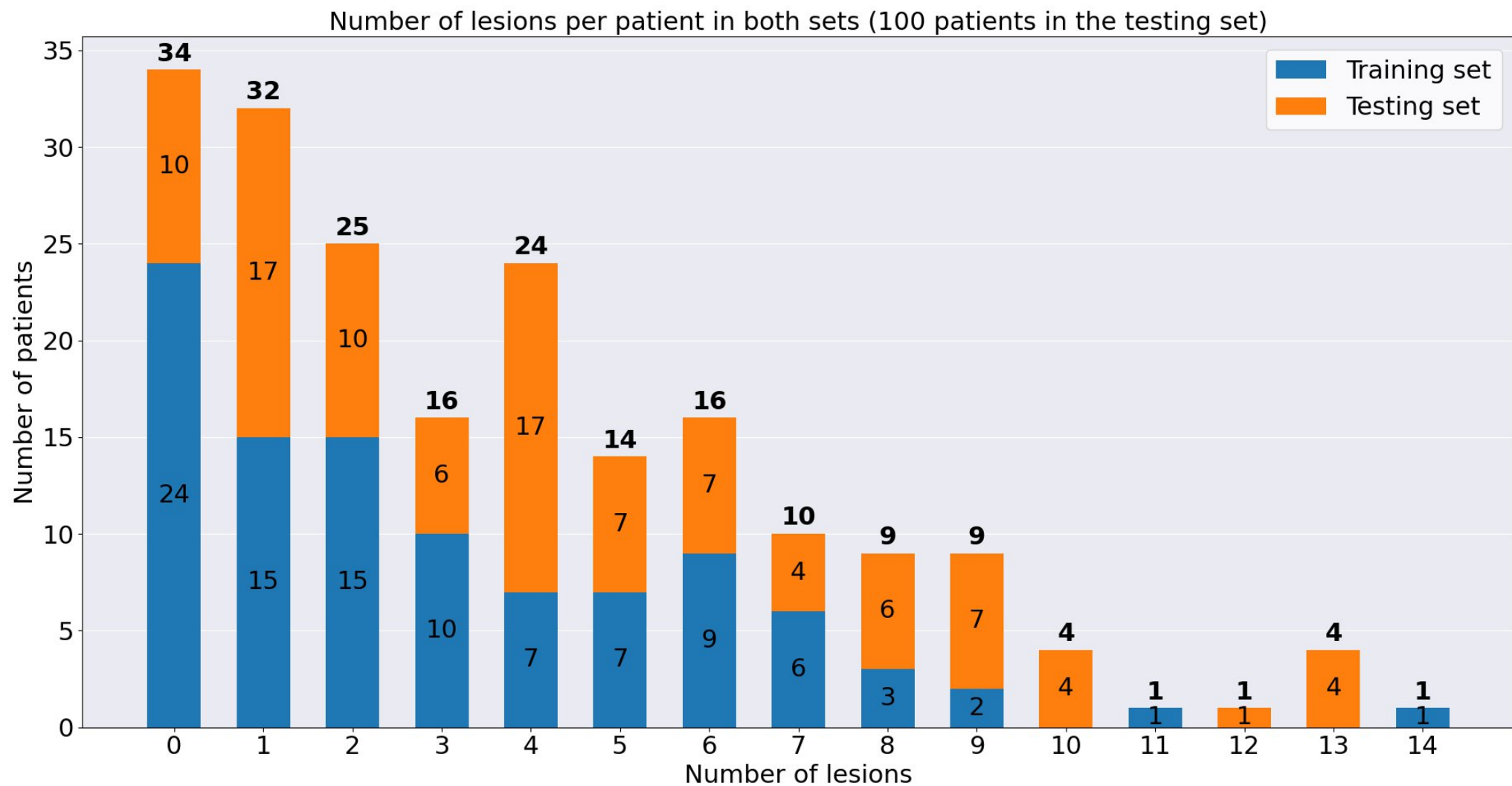
Testing set:
Mean lesion
Nb=
 4.43 ± 3.48



Number of lesions in both sets

Training set:
Mean lesion
Nb=
 3.01 ± 2.89

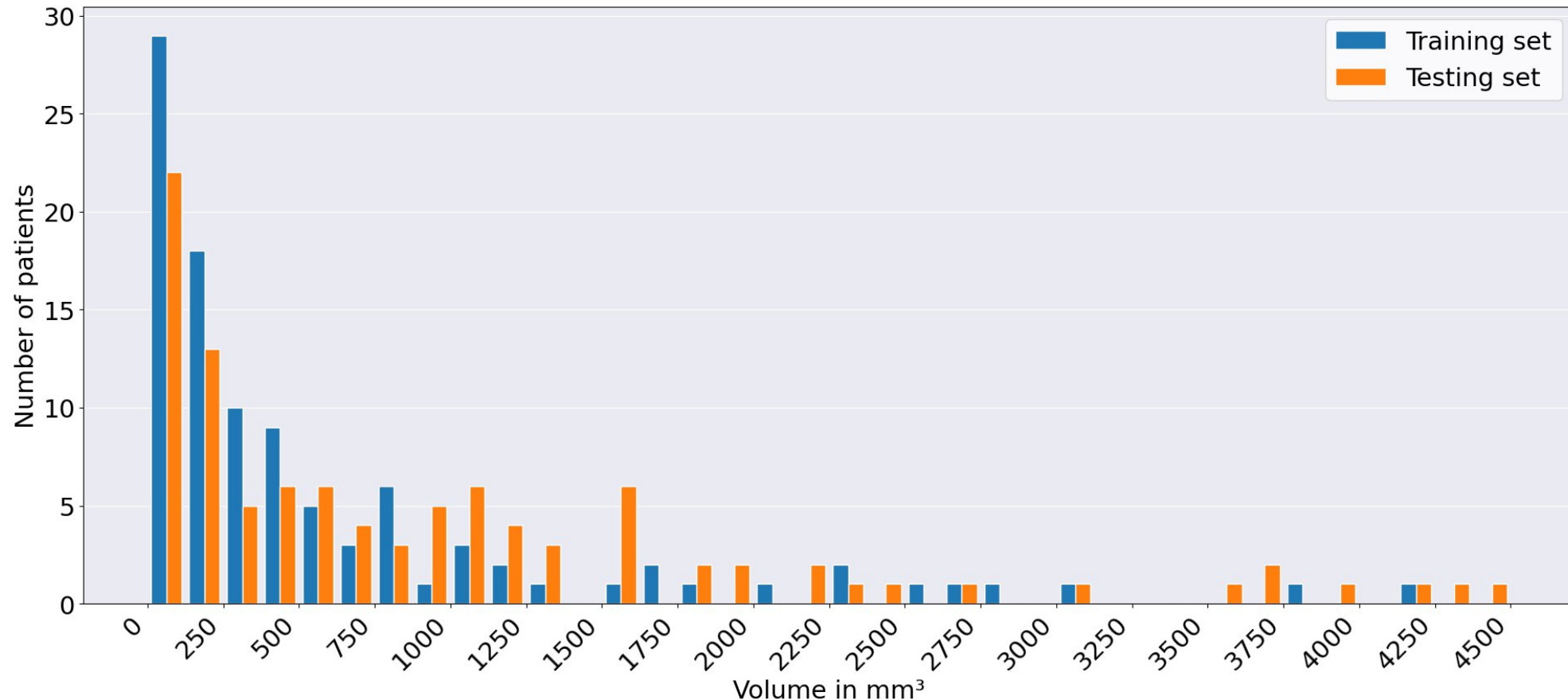
Testing set:
Mean lesion
Nb=
 4.43 ± 3.48



Volume of lesions per patient (in mm³) in both sets

Training set:
Mean lesion
Volume =
 $602 \pm 847 \text{ mm}^3$

Testing set:
Mean lesion
Volume =
 $951 \pm 1076 \text{ mm}^3$

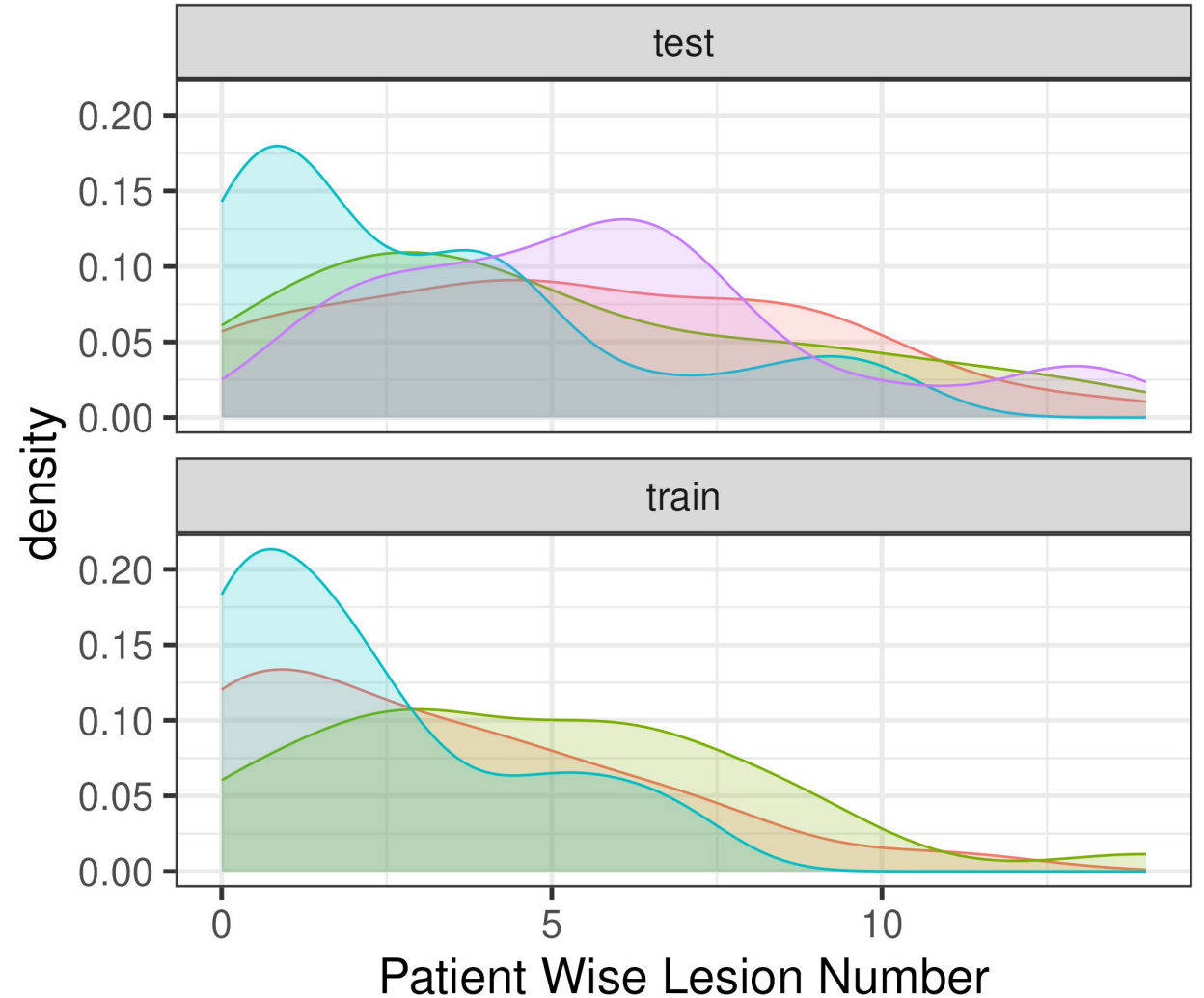
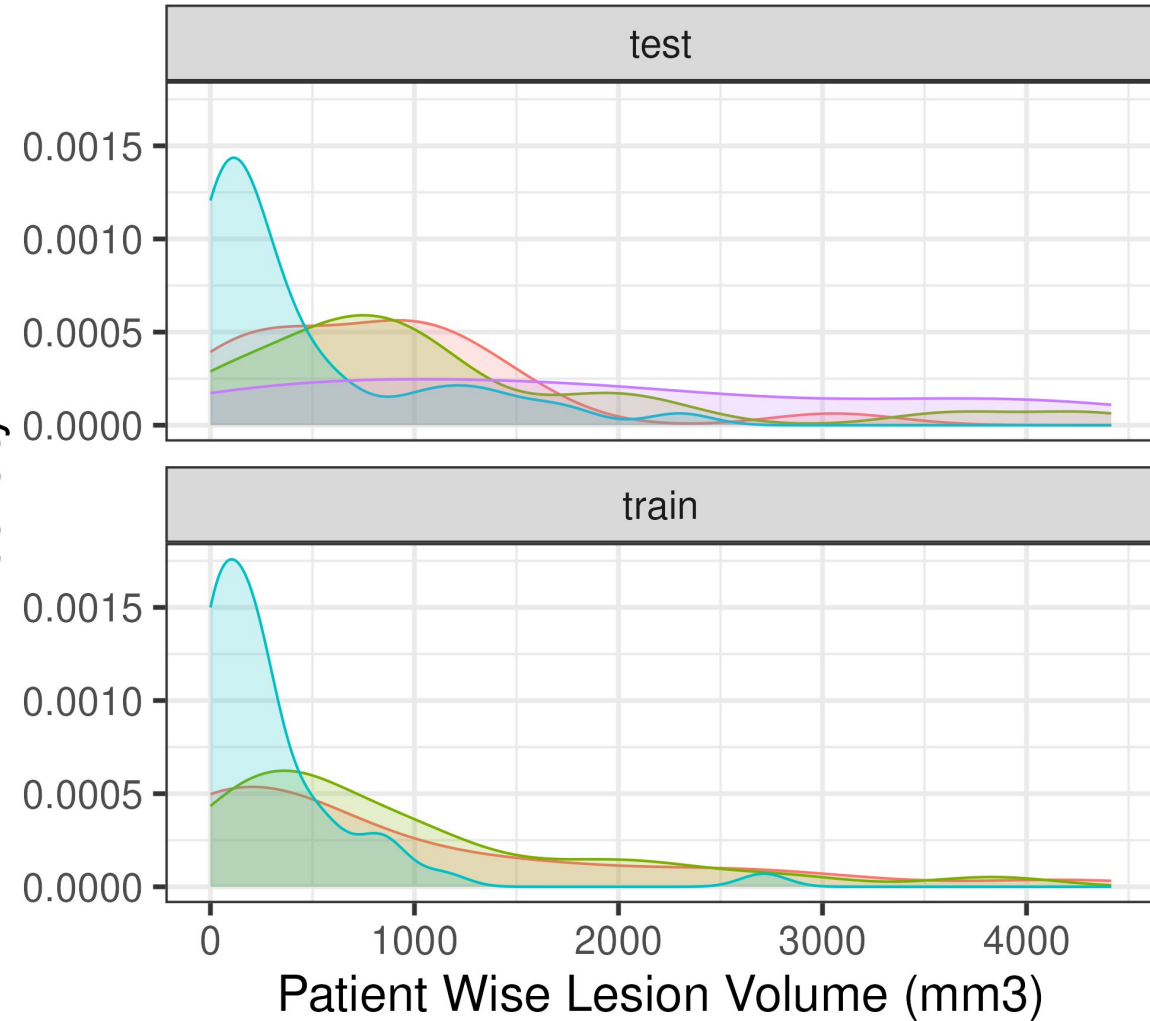


1.3 Characteristics of the ground-truth for each sequences combination

Average lesions characteristics per patient for each sequences combination:

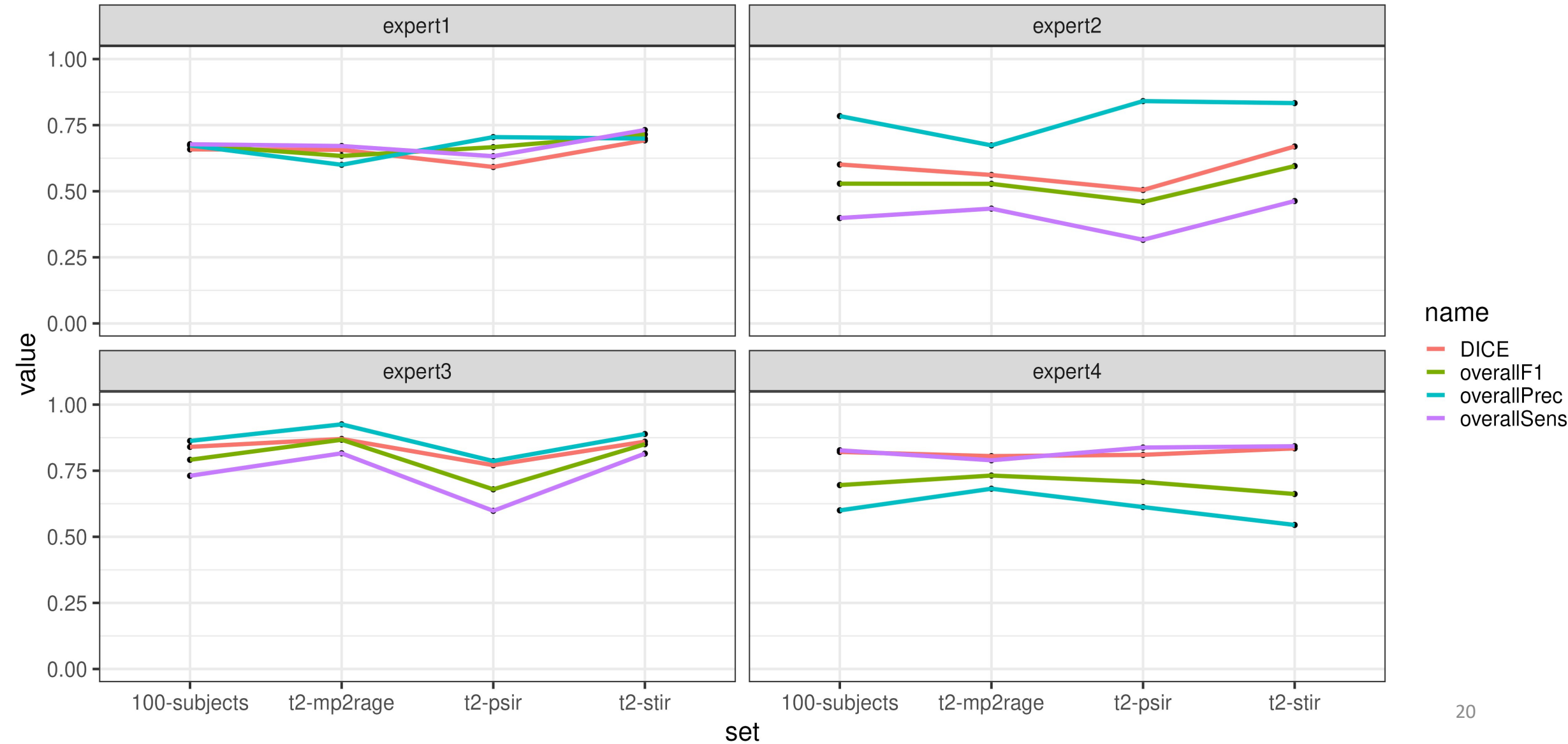
sequences

- T2_MP2RAGE
- T2_PSIR
- T2_STIR
- T2_STIR_MP2RAGE

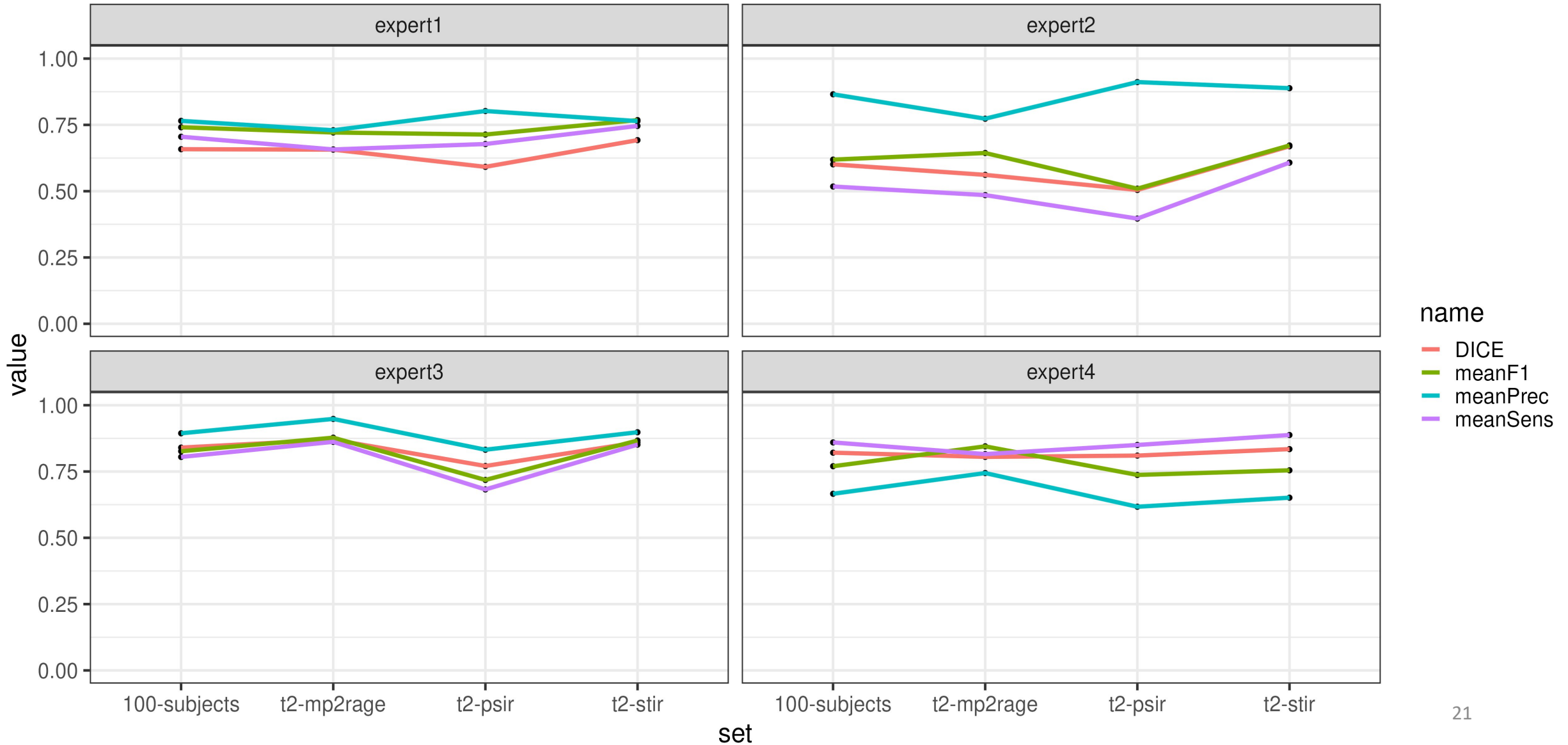


1.4 Performances of experts

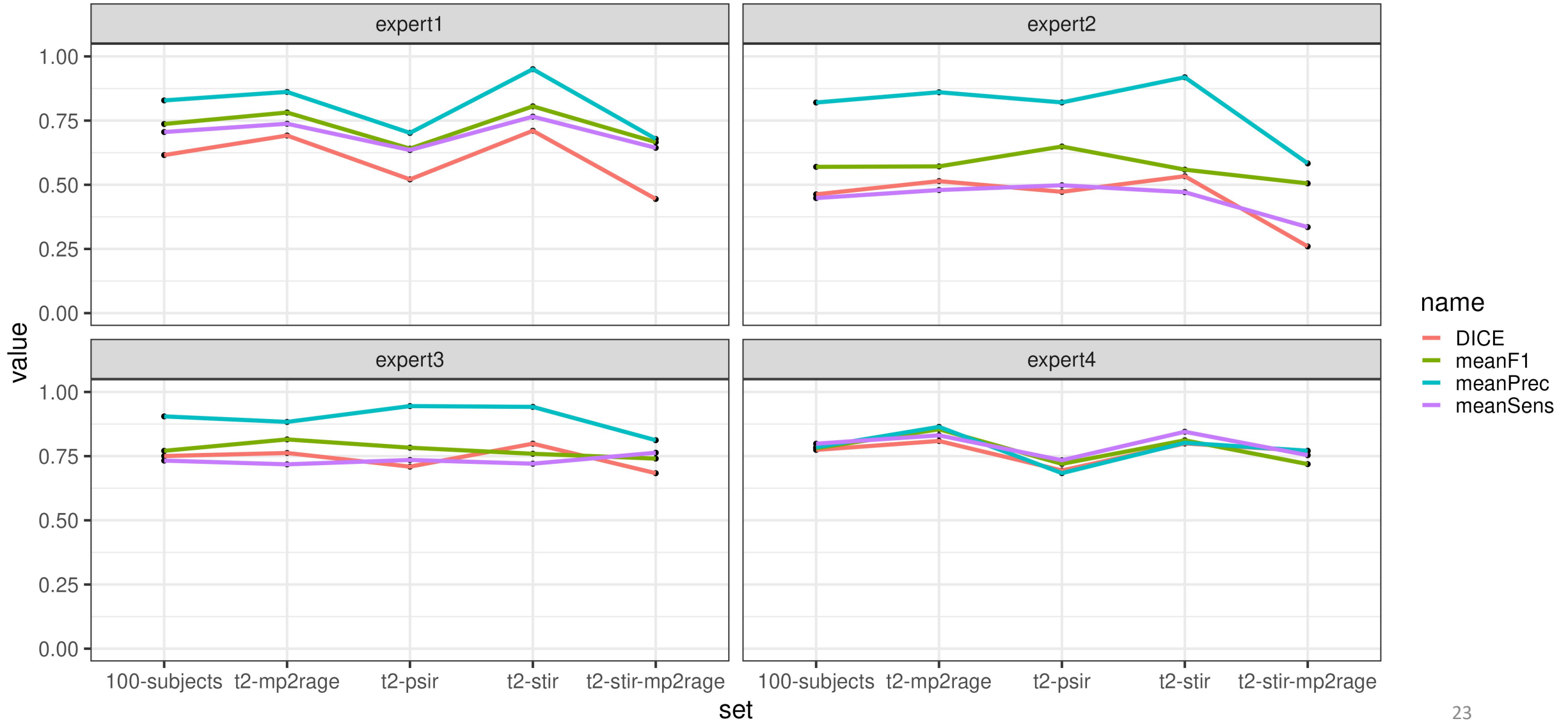
Performances of experts against final Ground Truth (with IoU threshold 0.2) on the train set



Performances of experts against final Ground Truth (with IoU threshold 0.2) on the train set



Performances of experts against final Ground Truth (with IoU threshold 0.2) on the test set

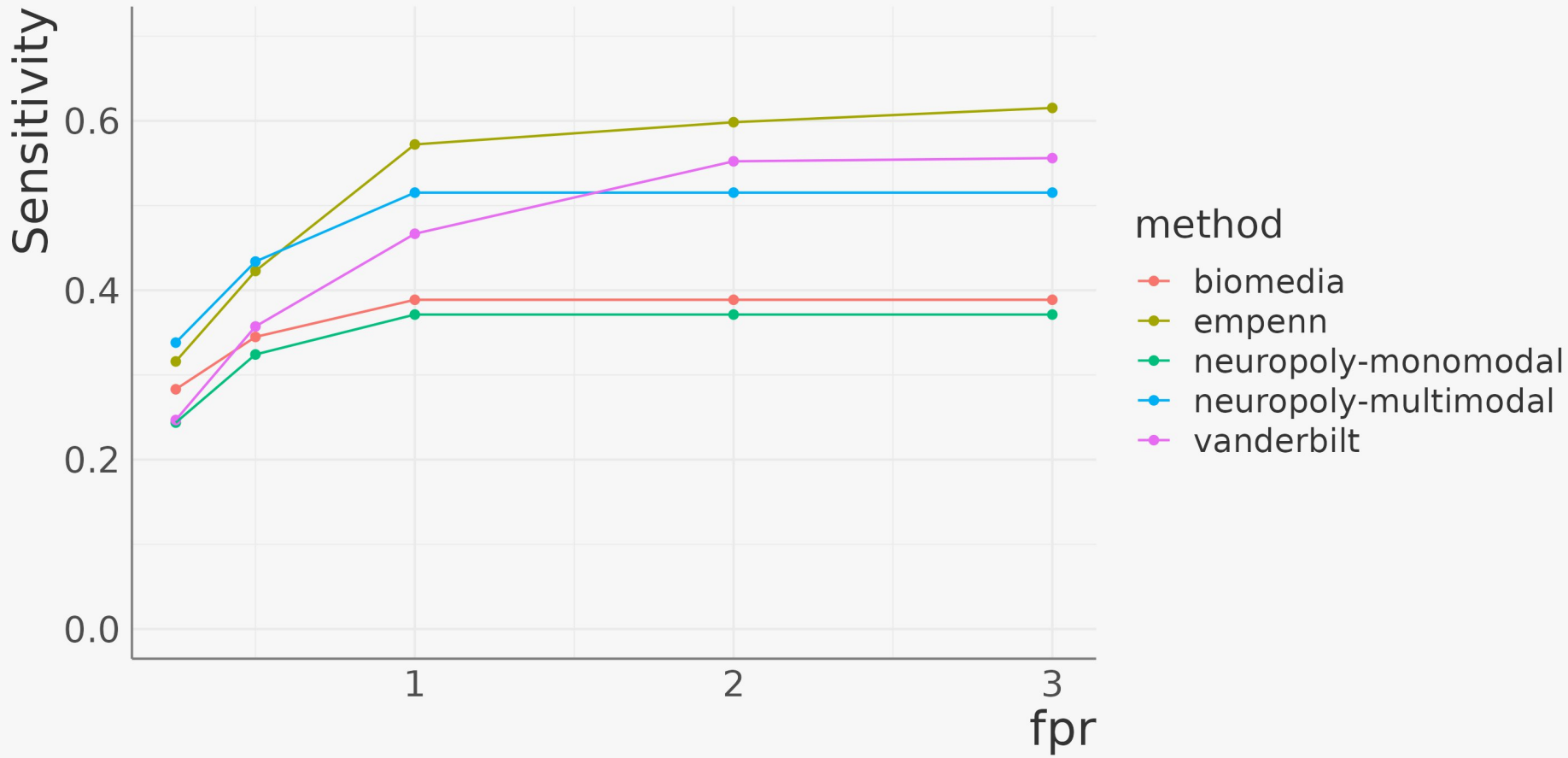


2. Results

2.1 Results on the different sequences combinations

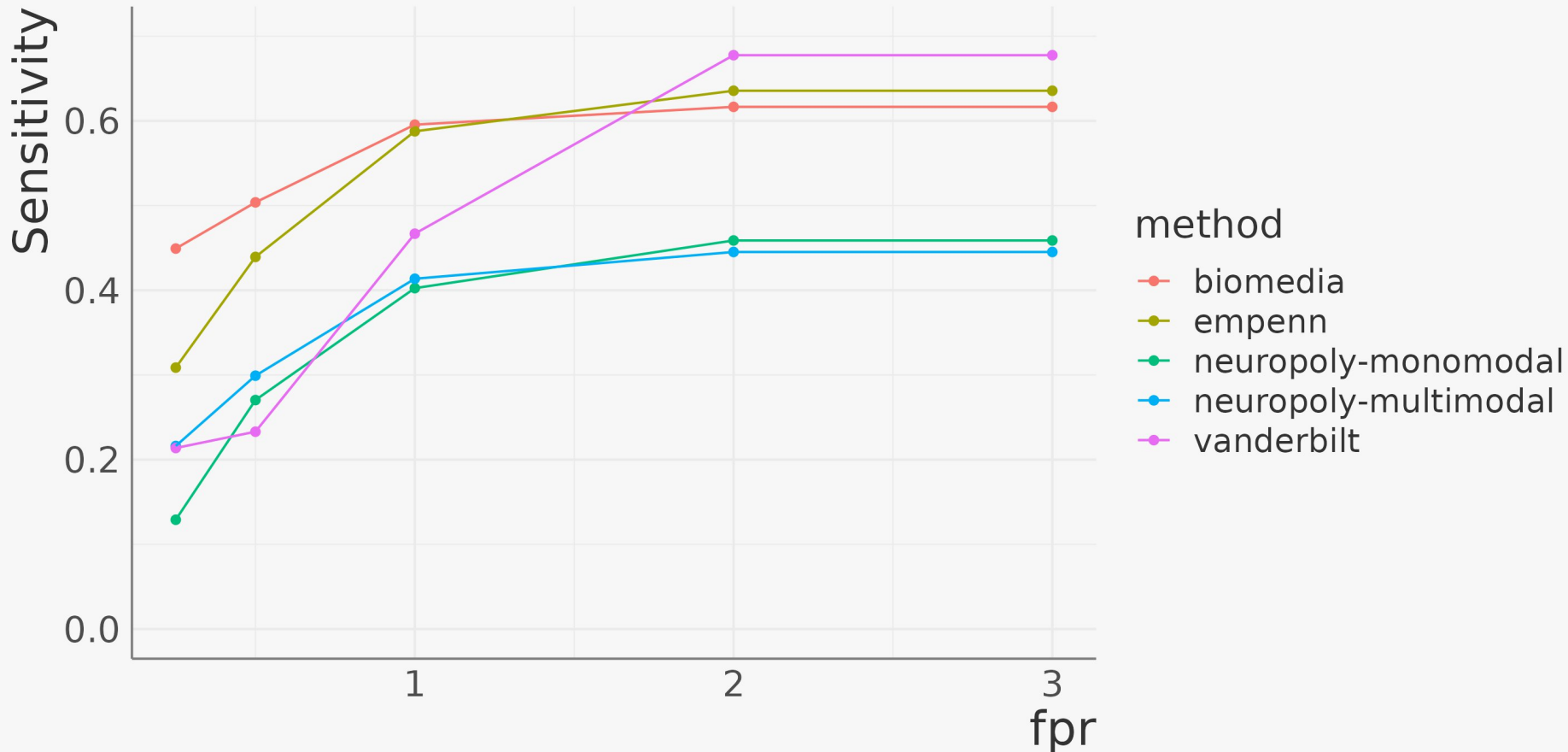
Results for the combination t2+stir (N=60)

t2-stir
N=60.



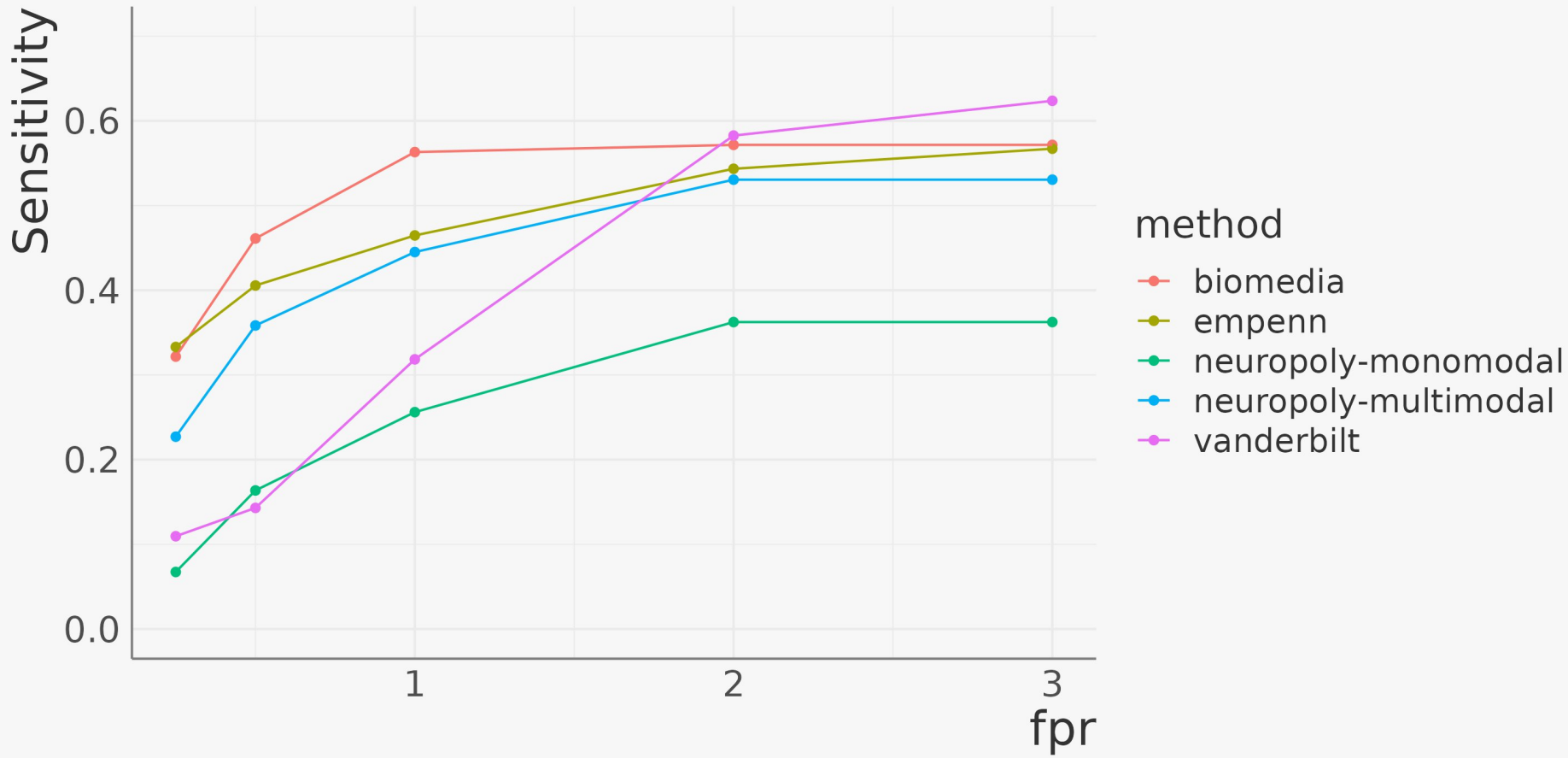
Results for the combination t2+psir (N=20)

t2-psir
N=20.



Results for the combination t2+mp2rage (N=40)

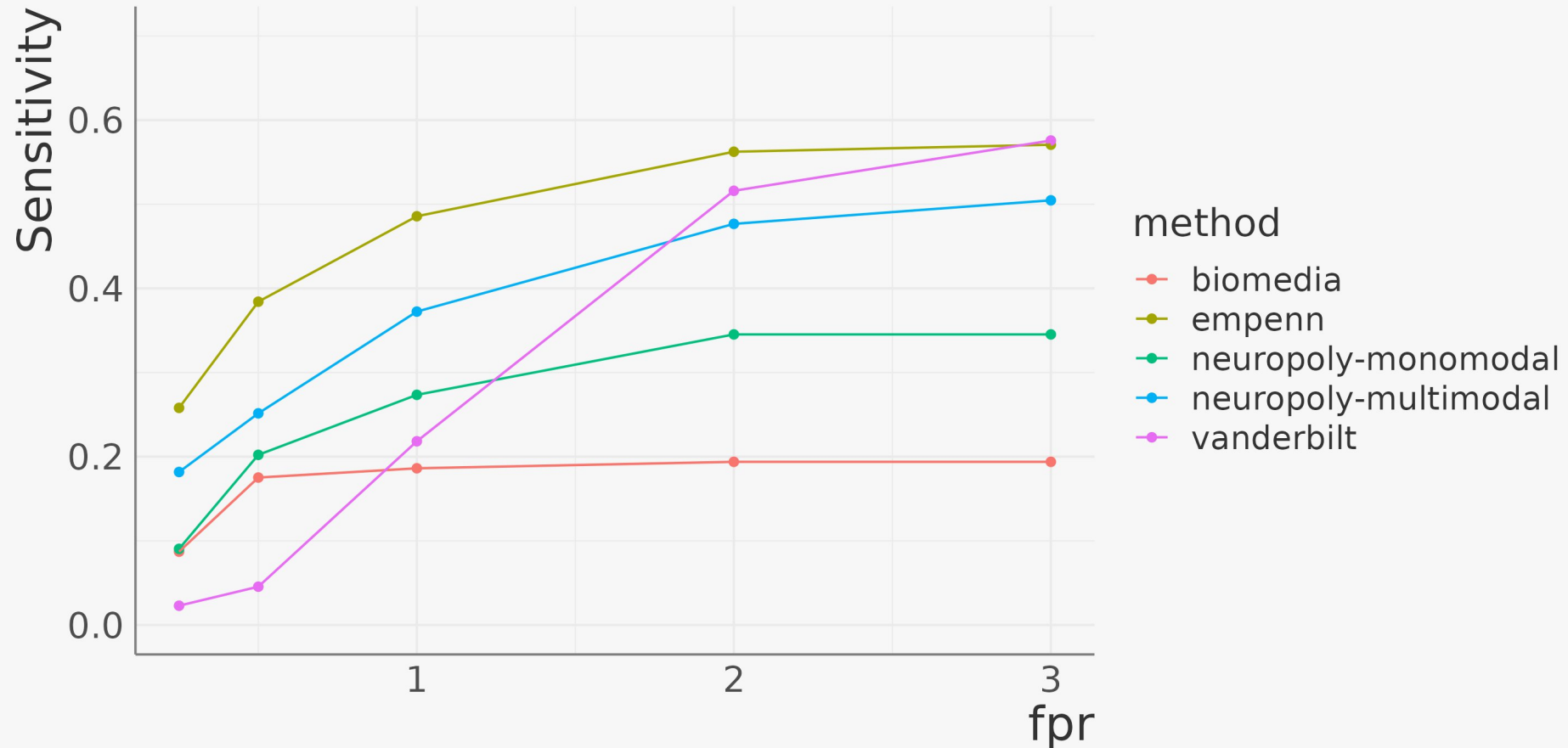
t2-mp2rage
N=40.



Results for the combination t2+mp2rage+stir (N=20)

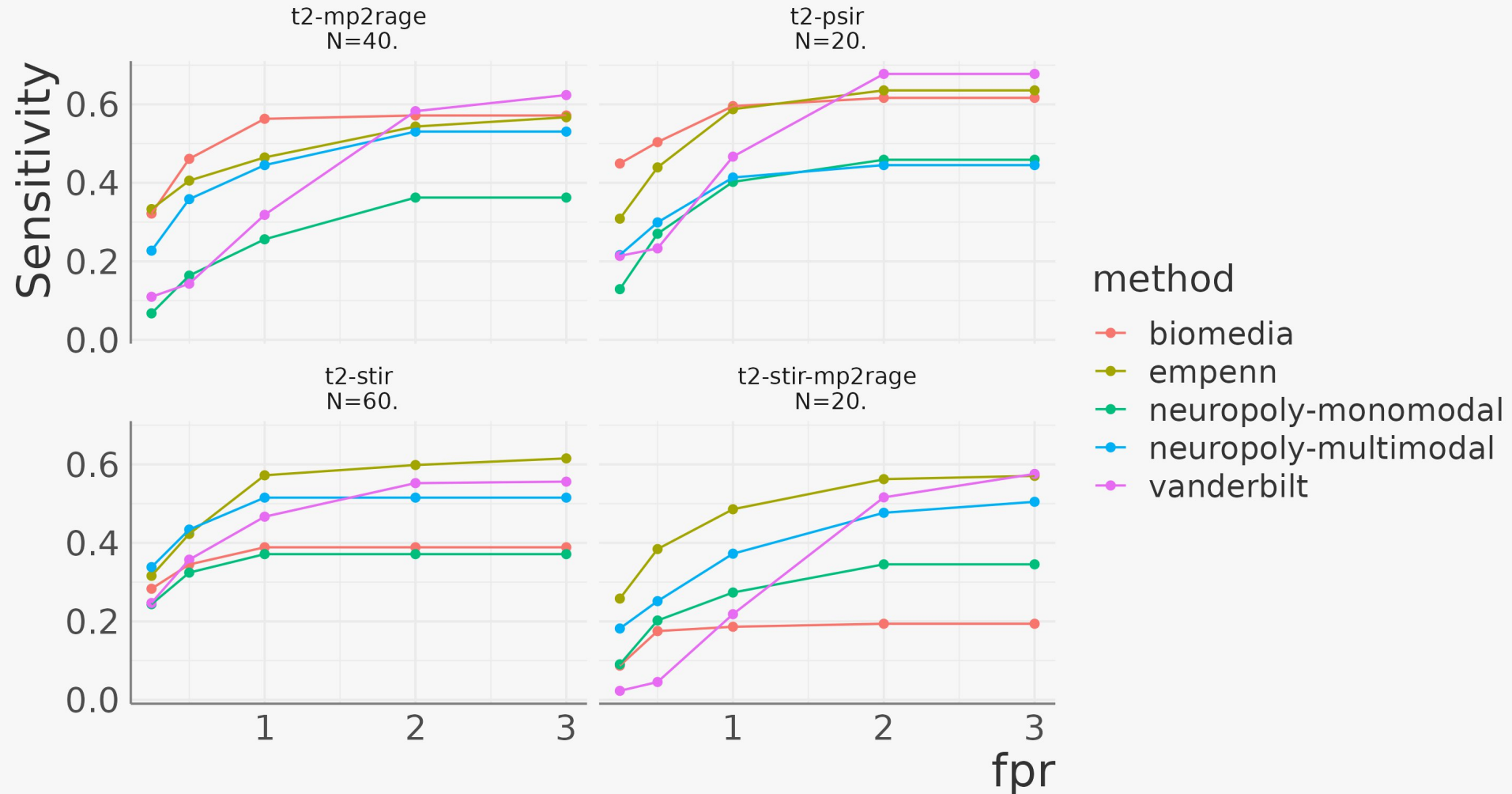
t2-stir-mp2rage

N=20.



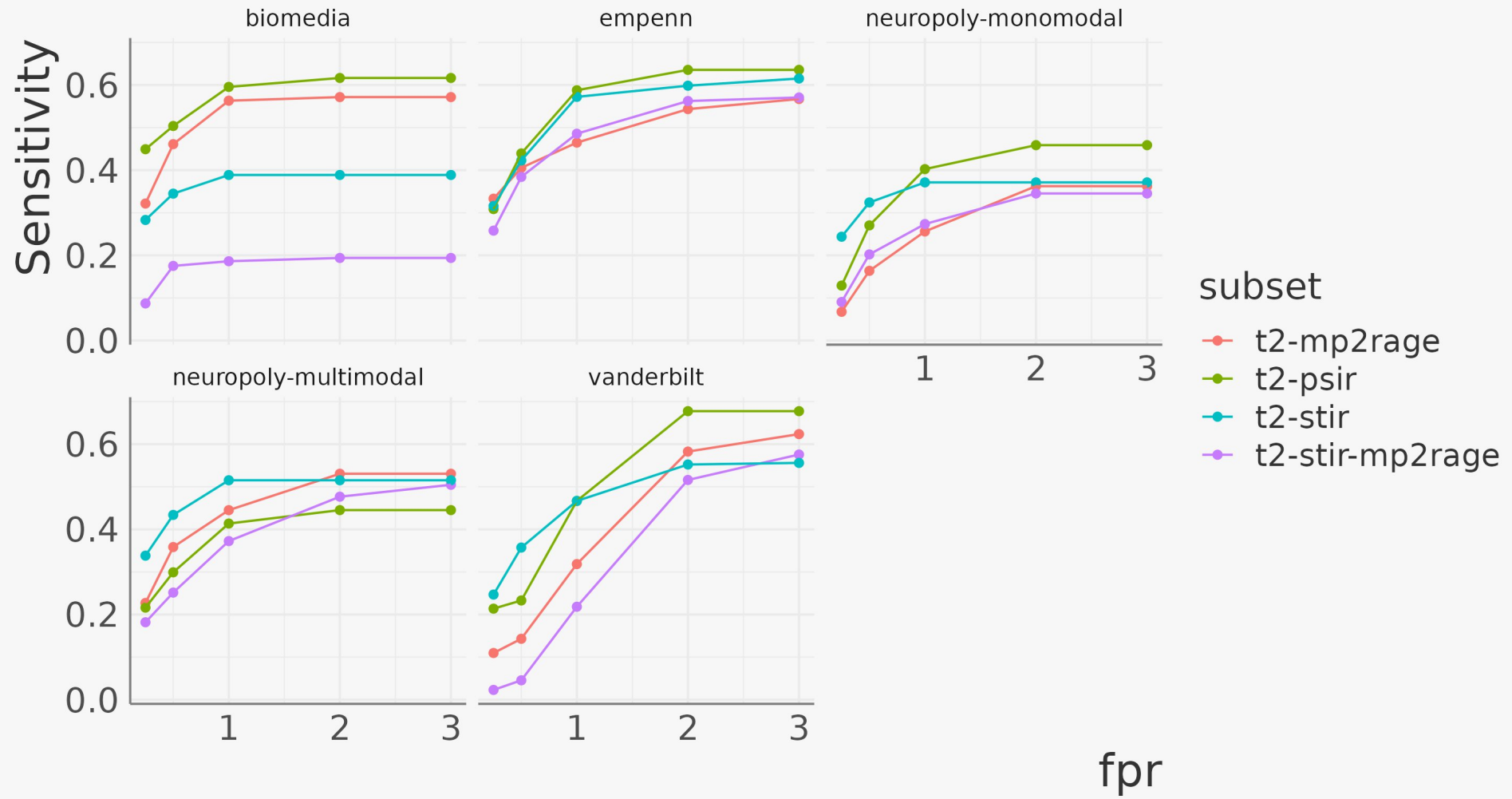
Summary for the different combinations

FROC curves: overview

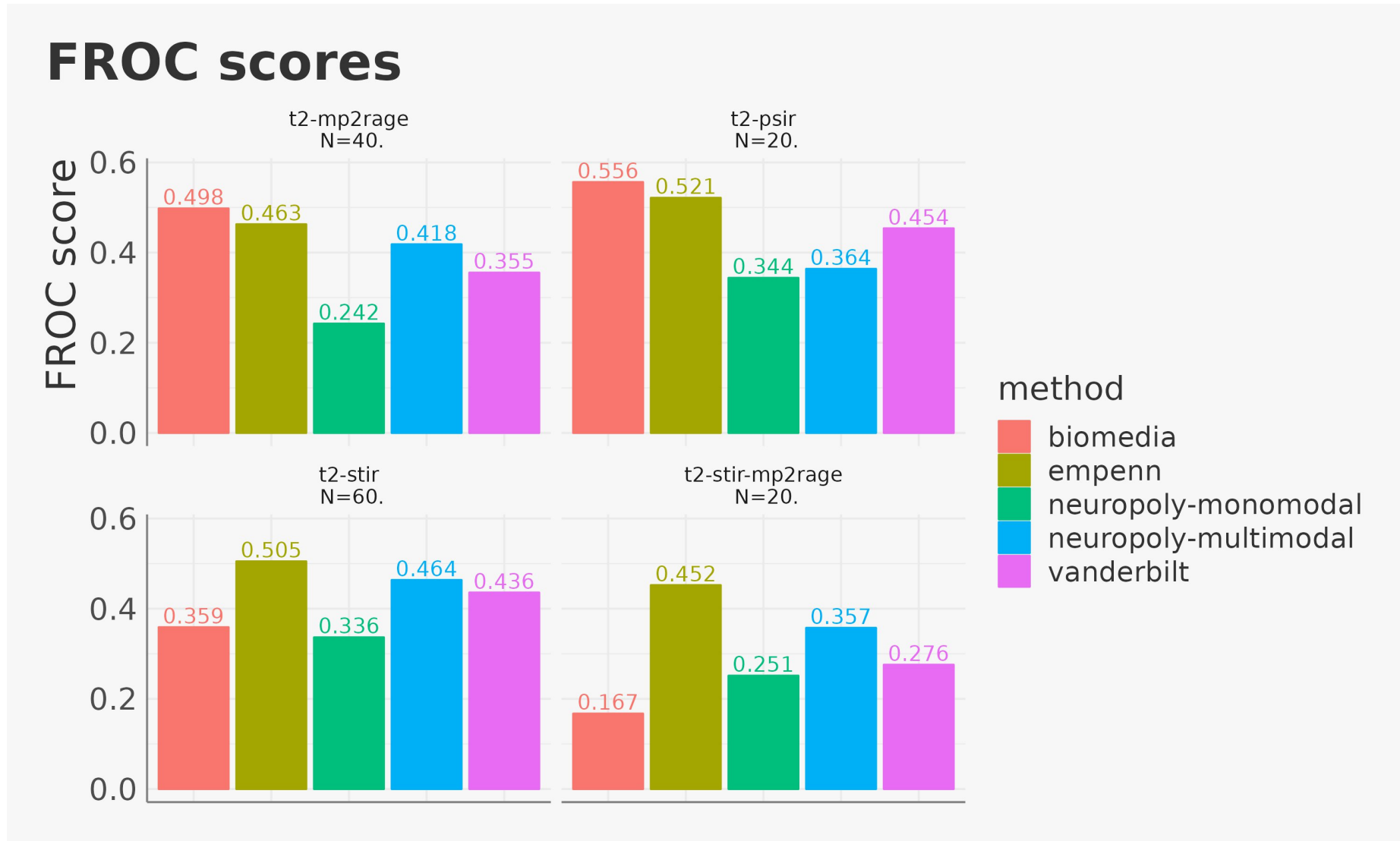


Summary for the different combinations

FROC curves: overview

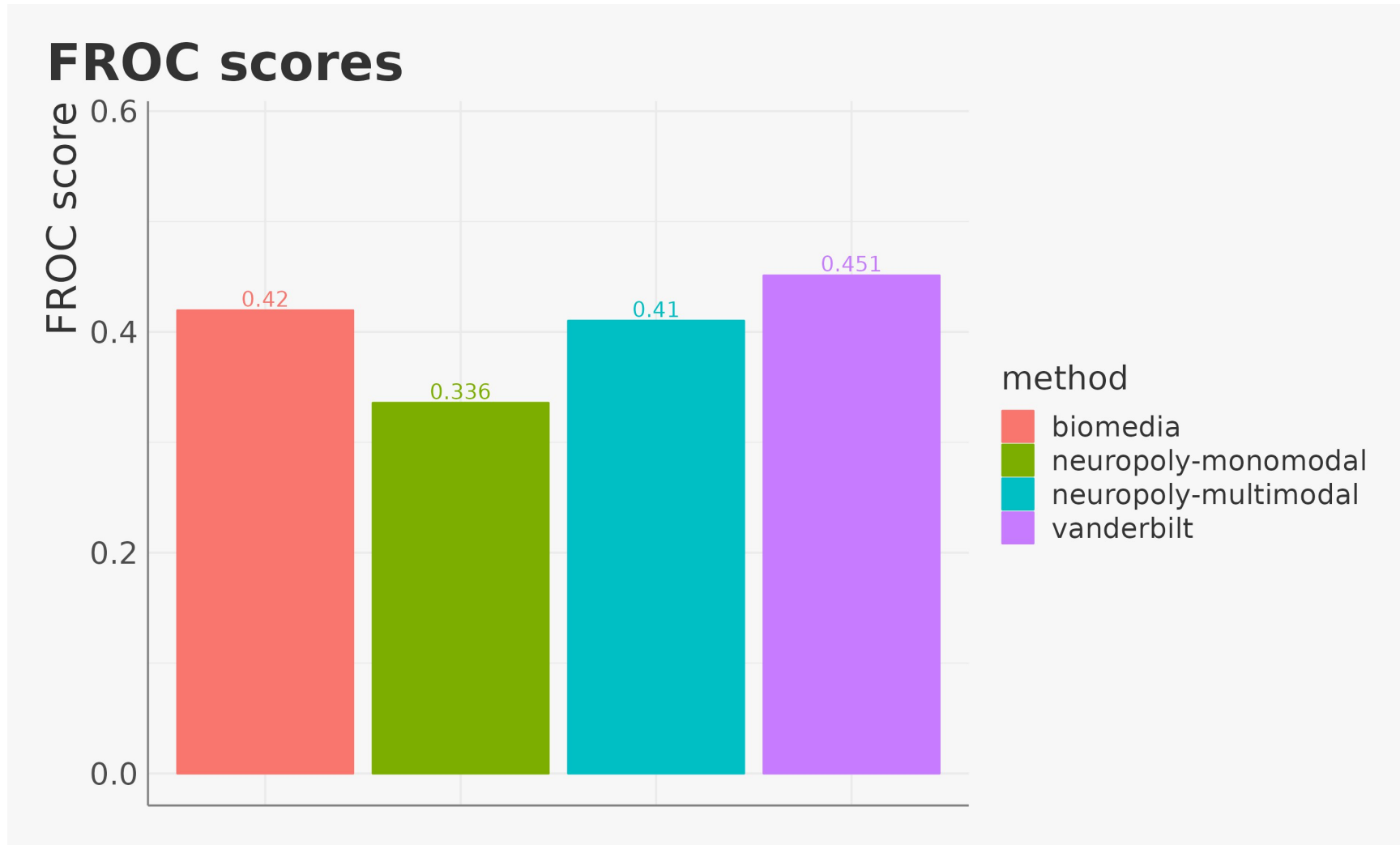


Summary for the different combinations

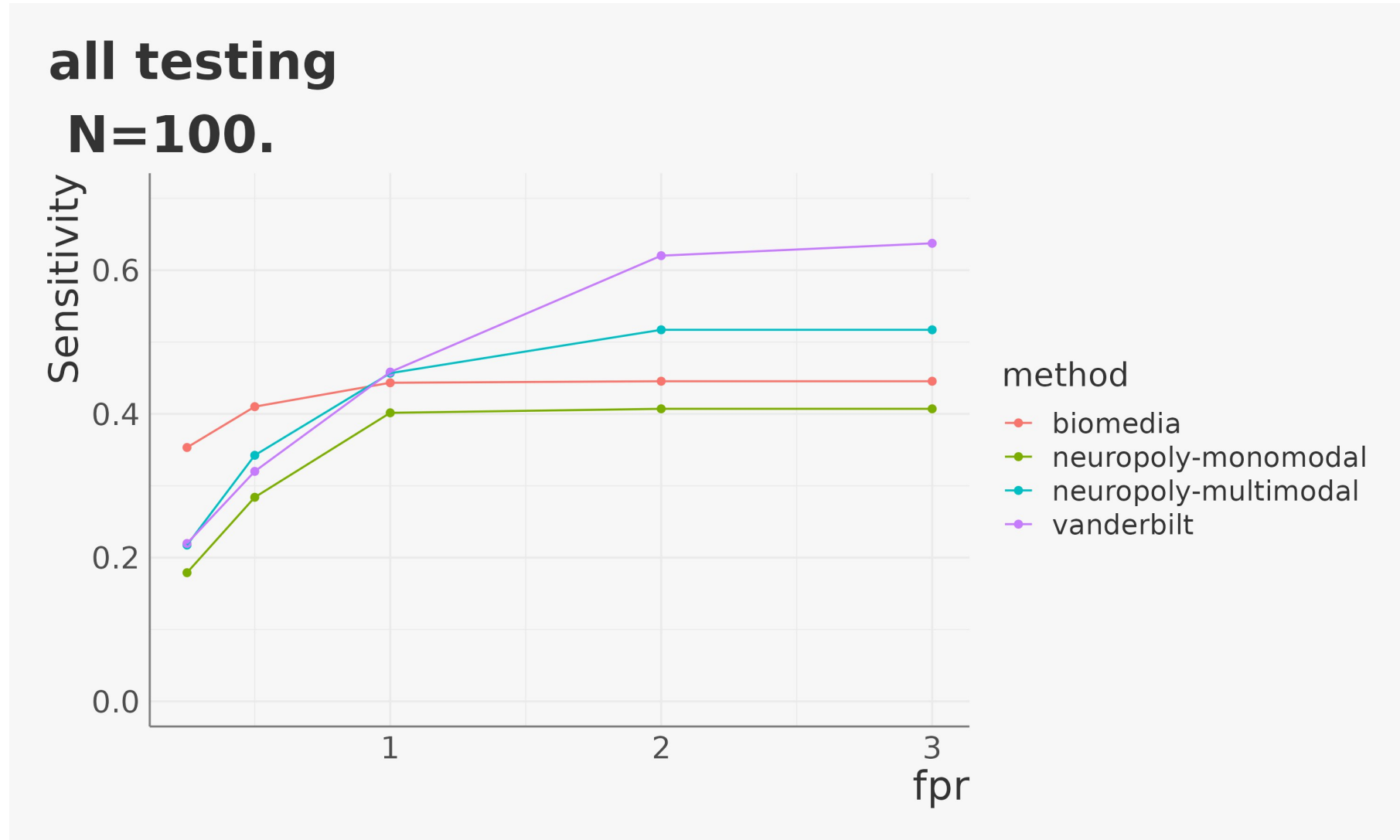


2.2 Results for overall test set ($N=100$)

Results for overall test set (N=100)



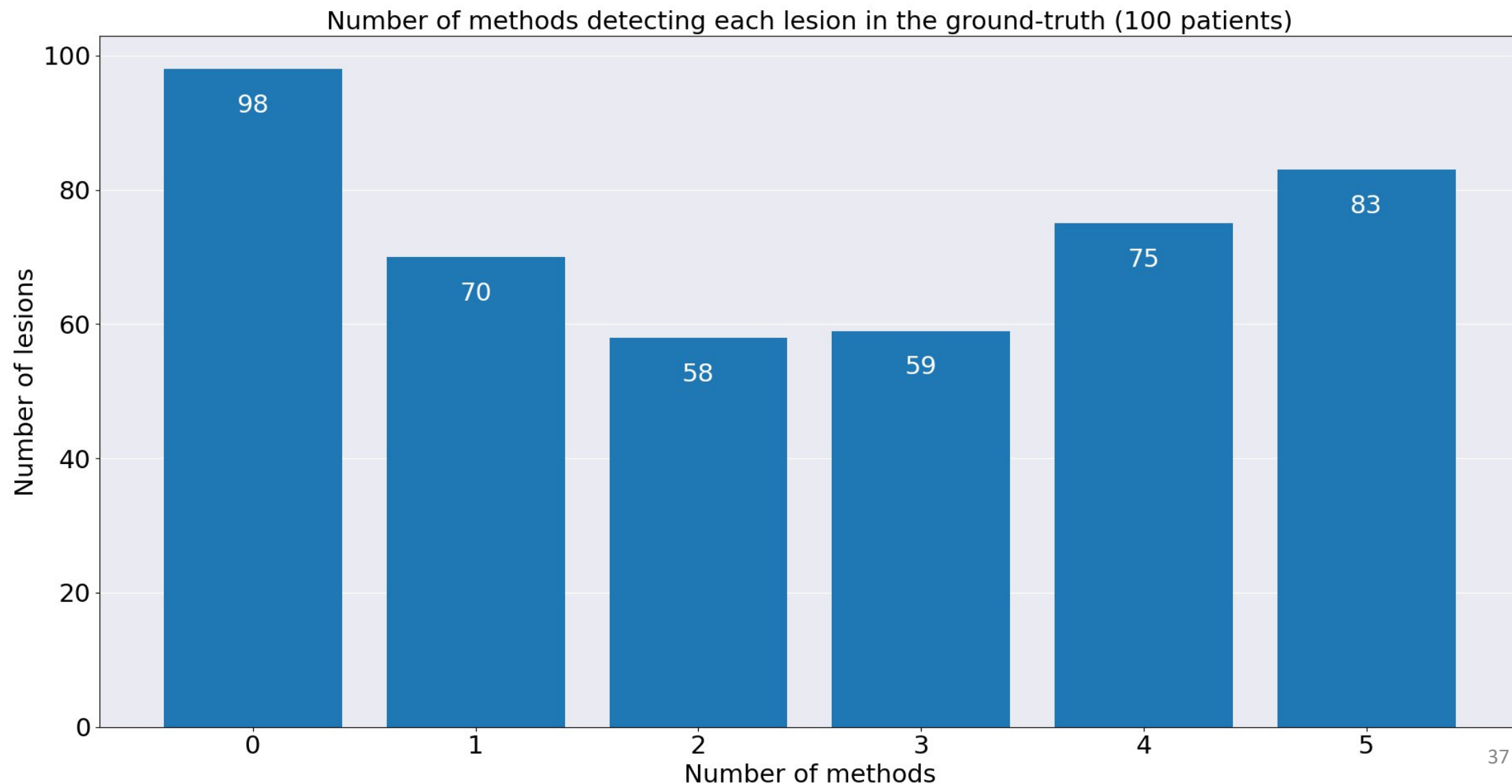
Results for overall test set (N=100)



2.3 Inter-method variability with examples

Results for overall test set (N=100)

IoU threshold 0.2, decision threshold=0

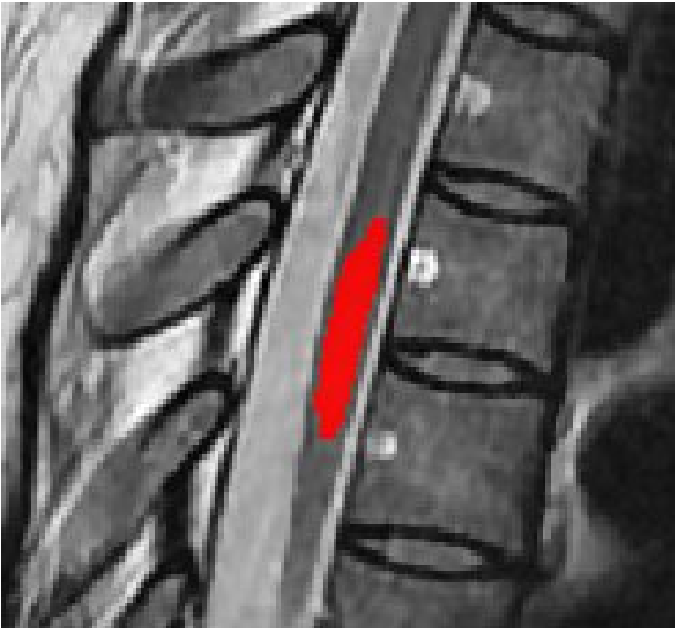


Lesions detected by all methods

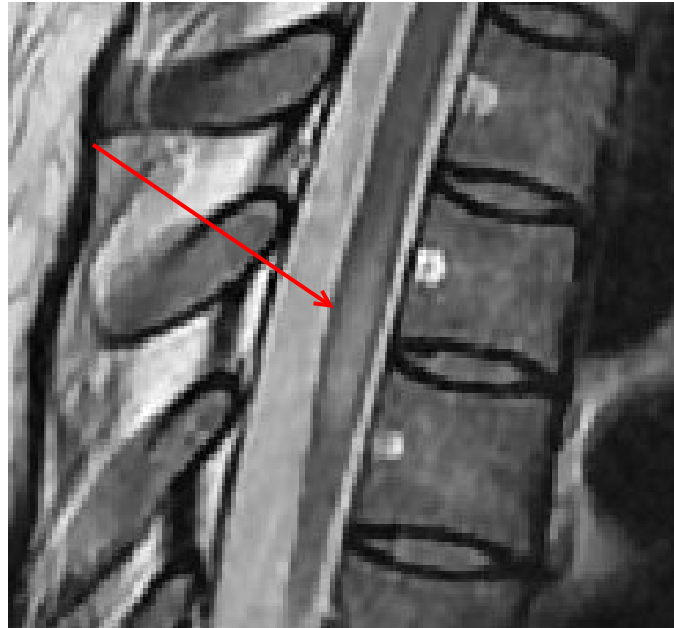
Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + STIR (4/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



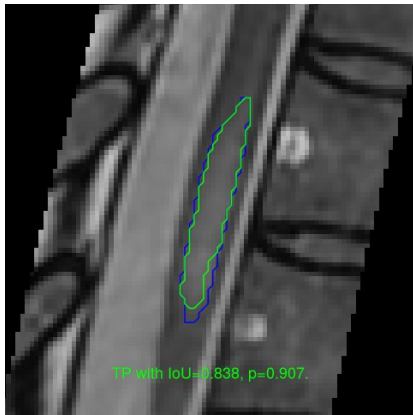
STIR rawdata:



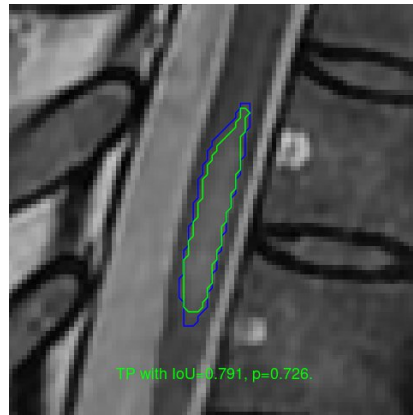
Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + STIR (4/4 experts)

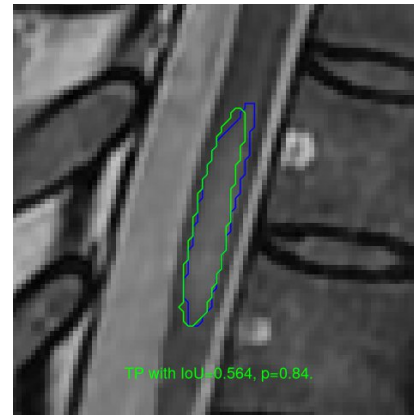
BioMedIA



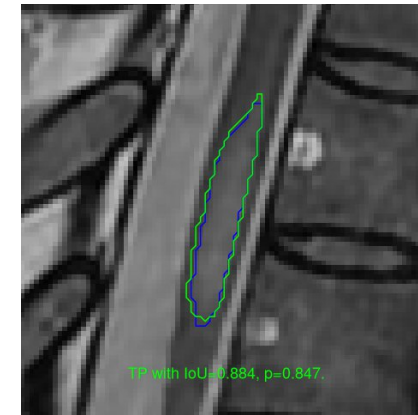
Empenn



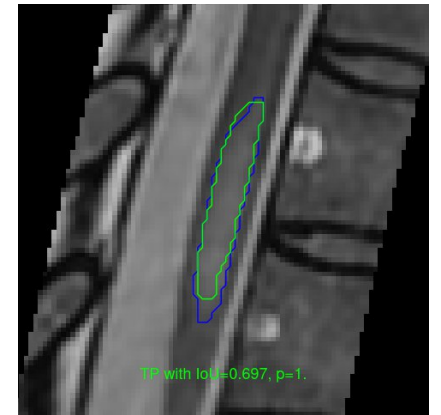
Neuropoly
(monomodal)



Neuropoly
(multimodal)



Vanderbilt



predicted lesion outline

GT lesion outline

Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + PSIR (4/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



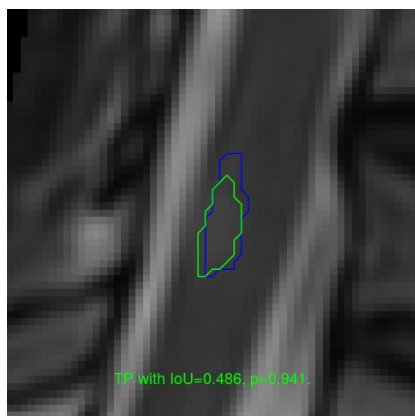
PSIR rawdata:



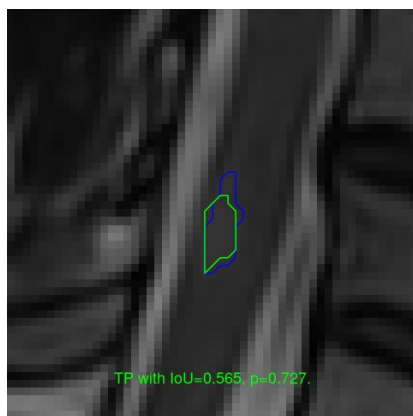
Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + PSIR (4/4 experts)

BioMedIA



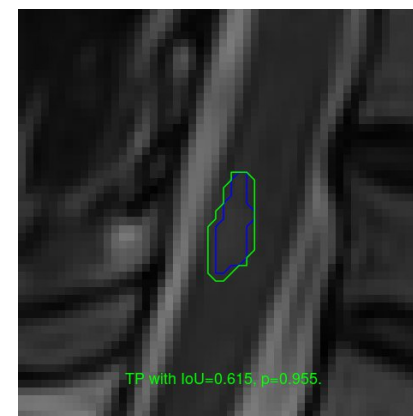
Empenn



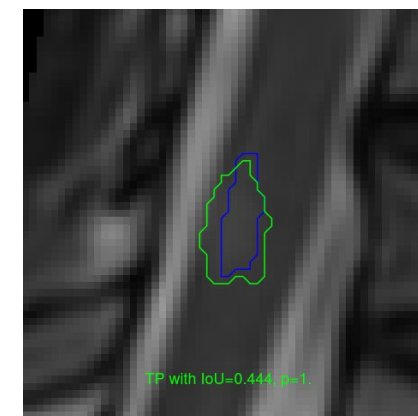
Neuropoly
(monomodal)



Neuropoly
(multimodal)



Vanderbilt



predicted lesion outline

GT lesion outline

Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + MP2RAGE (4/4 experts)

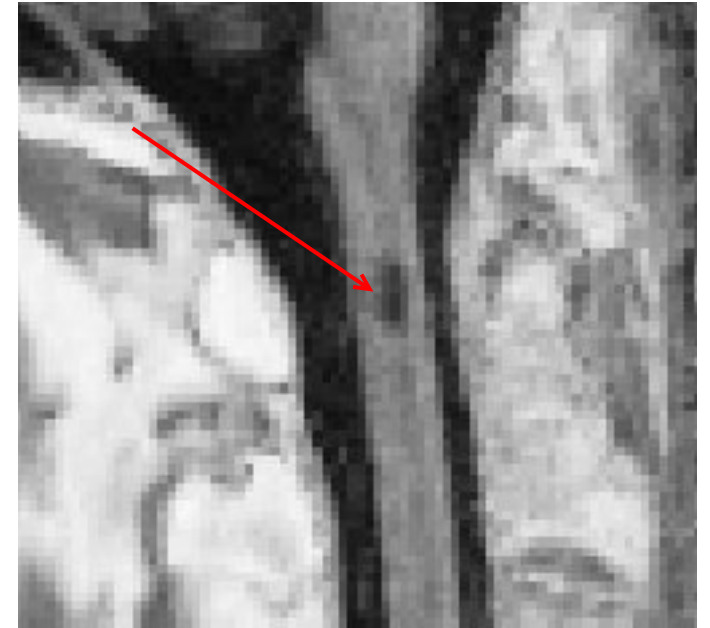
T2-w rawdata +
GT segmentation:



T2-w rawdata:



MP2RAGE rawdata:



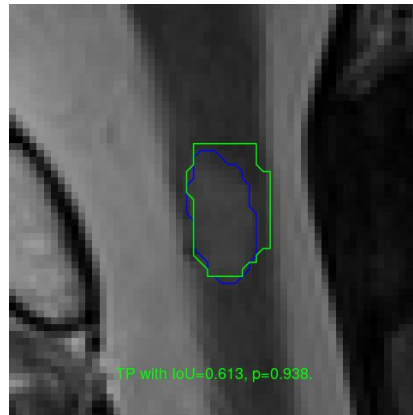
Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + MP2RAGE (4/4 experts)

BioMedIA



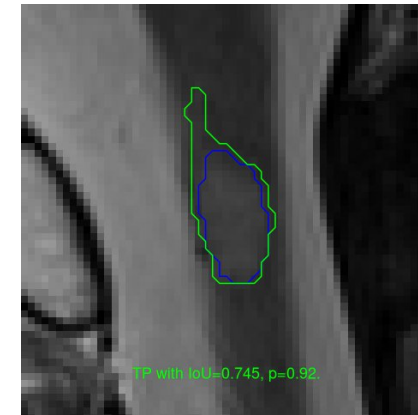
Empenn



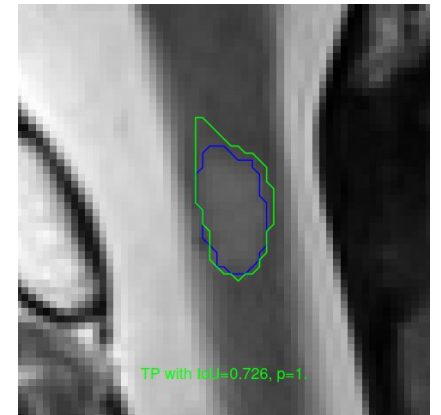
Neuropoly
(monomodal)



Neuropoly
(multimodal)



Vanderbilt



predicted lesion outline

GT lesion outline

Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + STIR + MP2RAGE (4/4 experts)

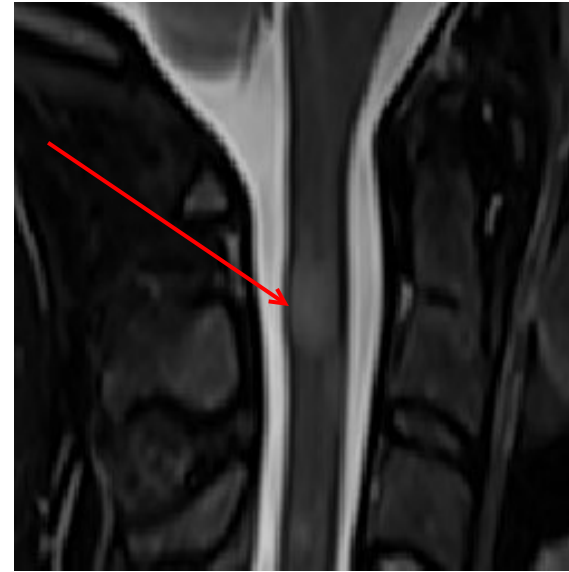
T2-w rawdata +
GT segmentation:



T2-w rawdata:



STIR rawdata:



MP2RAGE
rawdata:



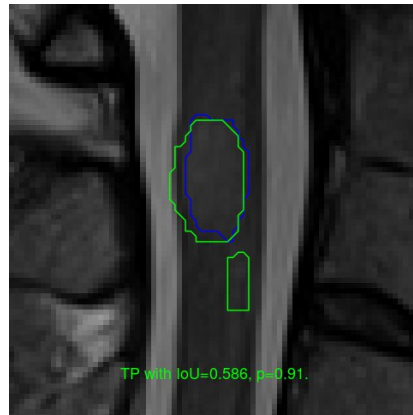
Lesions detected by all methods (IoU threshold 0.2):

Example: T2-w + STIR + MP2RAGE (4/4 experts)

BioMedIA



Empenn



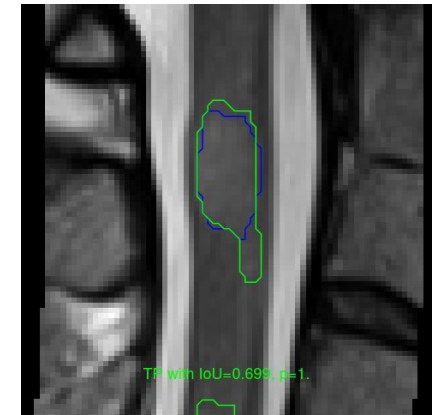
Neuropoly
(monomodal)



Neuropoly
(multimodal)



Vanderbilt



predicted lesion outline
GT lesion outline

Lesions detected by no method

Lesions detected by no method

(IoU threshold=0, decision proba threshold=0)

Example: T2-w + STIR (4/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



STIR rawdata:



Lesions detected by no method

(IoU threshold=0, decision proba threshold=0)

Example: T2-w + PSIR (3/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



PSIR rawdata:



Lesions detected by only one method

(IoU threshold=0, decision proba threshold=0)

Example: T2-w + MP2RAGE (3/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



MP2RAGE rawdata:



Lesions detected by no method

(IoU threshold=0, decision proba threshold=0)

Example: T2-w + STIR + MP2RAGE (1/4 experts)

T2-w rawdata +
GT segmentation:



T2-w rawdata:



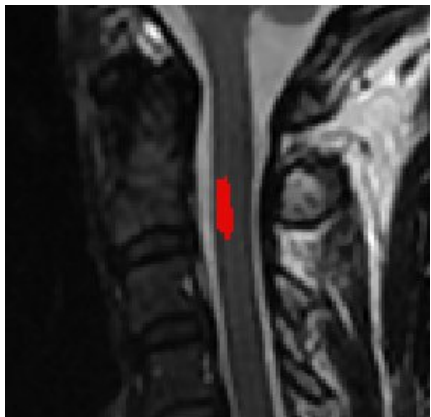
STIR rawdata:



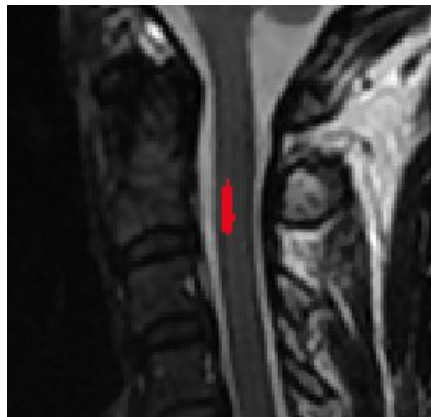
Lesions detected by all methods that are not
in the ground truth

Subject without any lesion in ground truth:

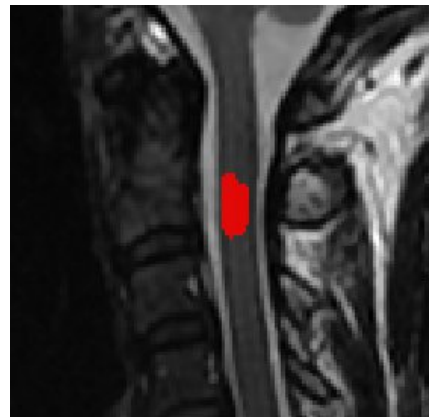
BioMedIA



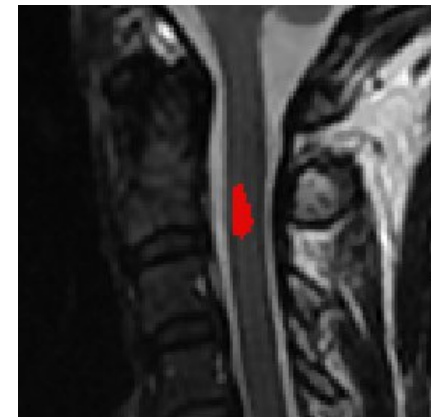
Empenn



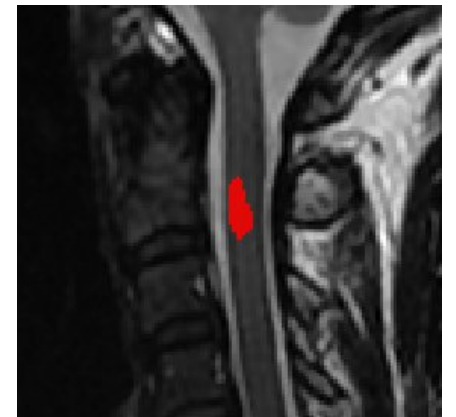
Neuropoly
(monomodal)



Neuropoly
(multimodal)



Vanderbilt

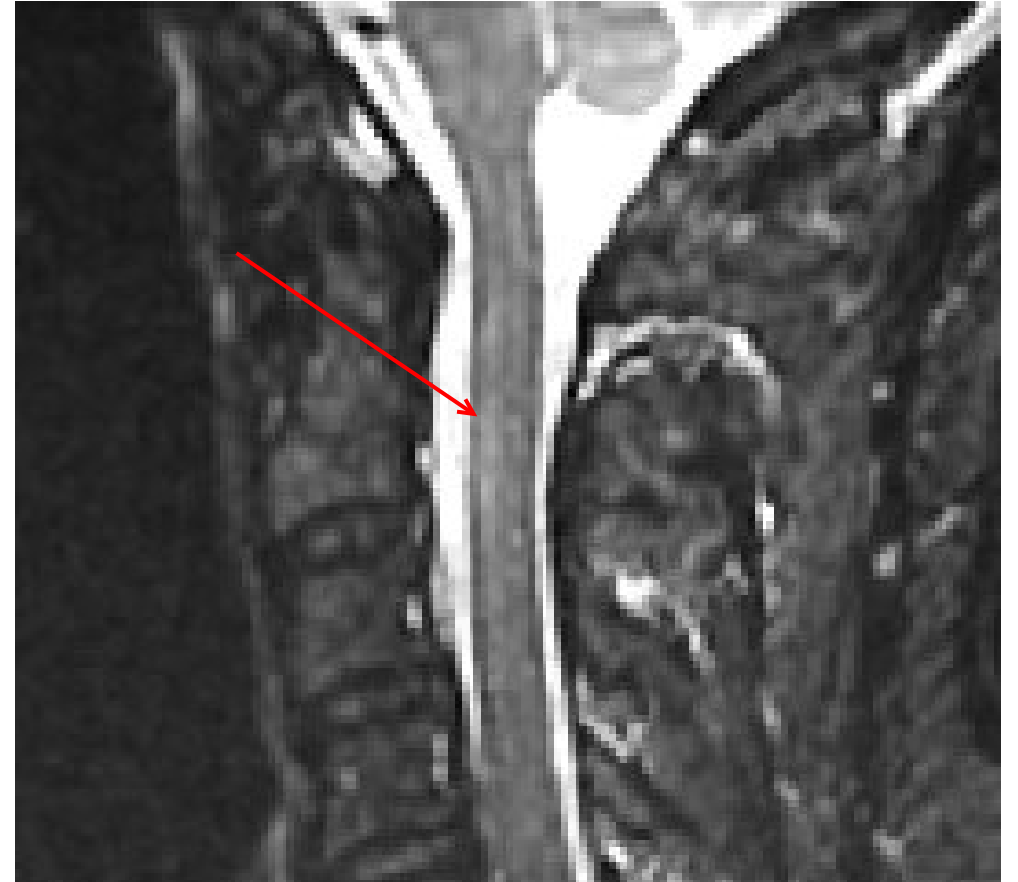


Subject without any lesion in ground truth:

T2-w rawdata:



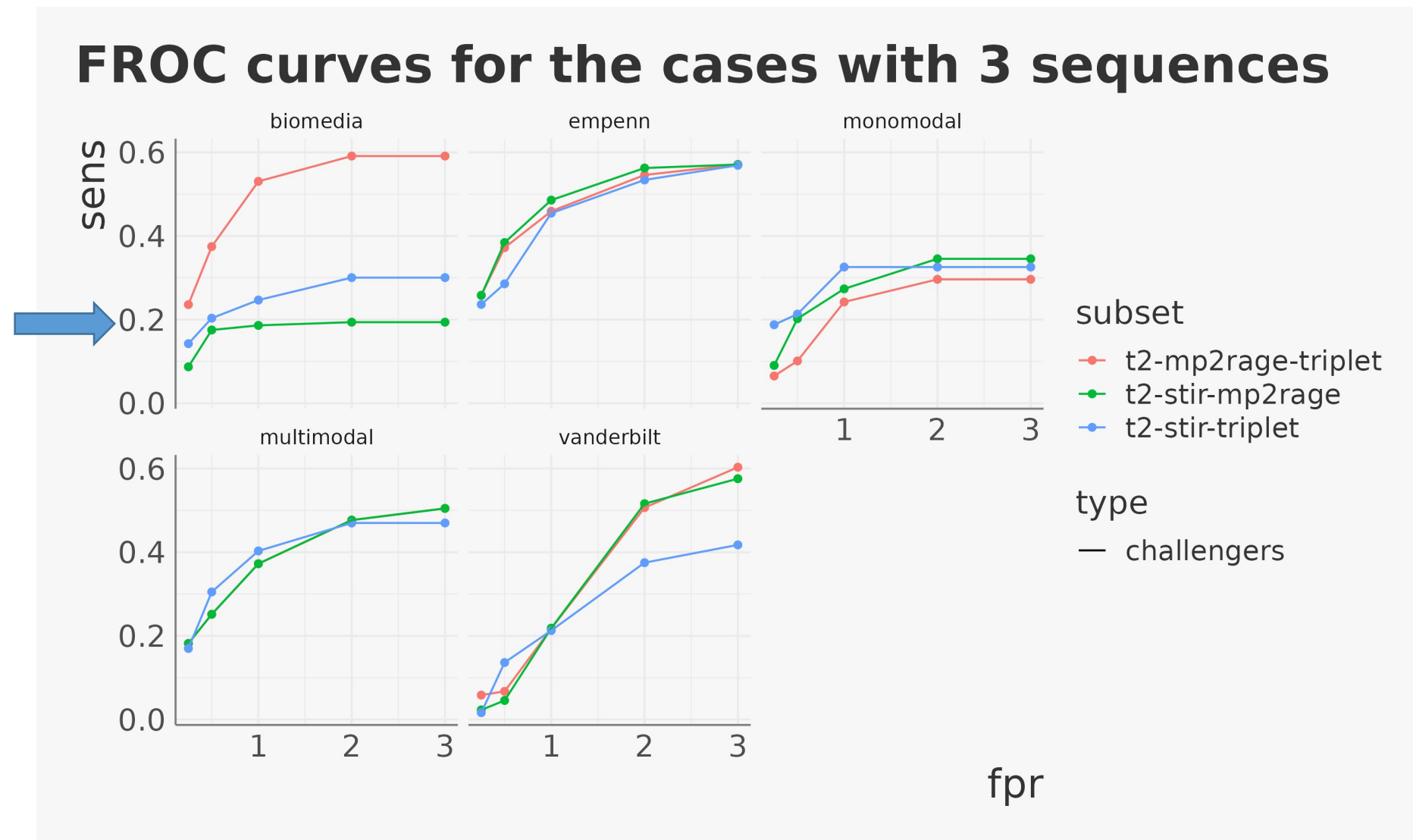
STIR rawdata:



3. More Results

3.1 Dealing with the three-sequences combination

The case with 3 sequences (only at testing time)



3.2 Added value of multi-sequence over T2 alone: some insights

Do we improve performance wrt to t2Sag only?

We compare to predictions using only t2Sag inputs with two models:

nnUnet-t2Sag:

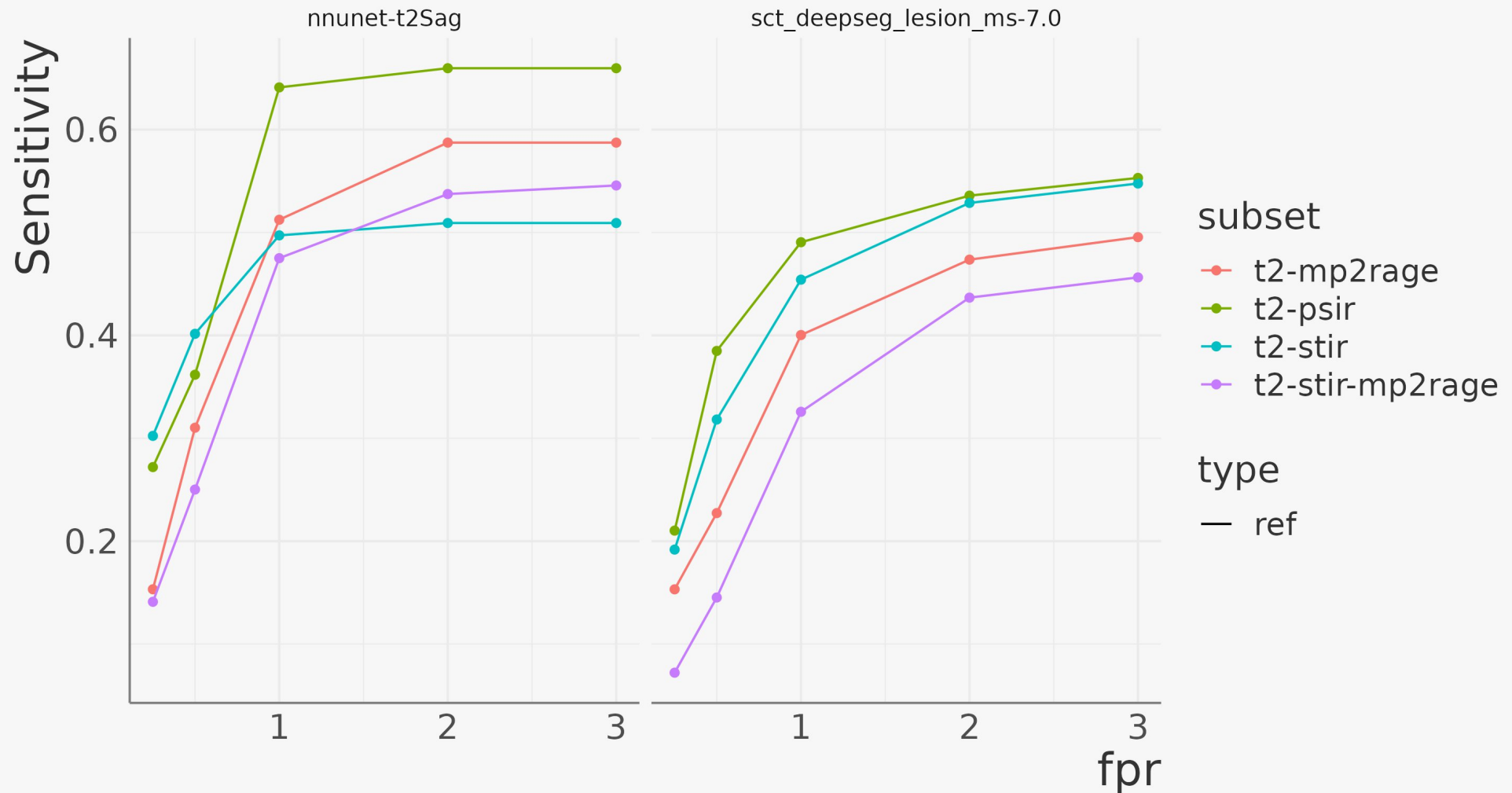
- nnU-Net (3D U-Net) with batch size: 2, patch size: [256, 64, 128], features per stage: 32, 64, 125, 256, 320, 320, kernel size: [3,3,3] for all stages, strides: [1,1,1] puis [2,2,2] for the other 5 stages, 1000 epochs
- Trained on the 100 preprocessed t2Sag in the training set.
- 0.5 binarisation threshold on softmax outputs to create instances.
- Instance probabilities are assigned as the maximum softmax score within the region.

sct_deepseg_lesion_ms 7.0:

- Softmax outputs are produced using the freely available `sct_deepseg_lesion_ms (v7.0)`.
- 0.5 binarisation threshold on softmax outputs to create instances.
- Instance probabilities are assigned as the maximum softmax score within the region.

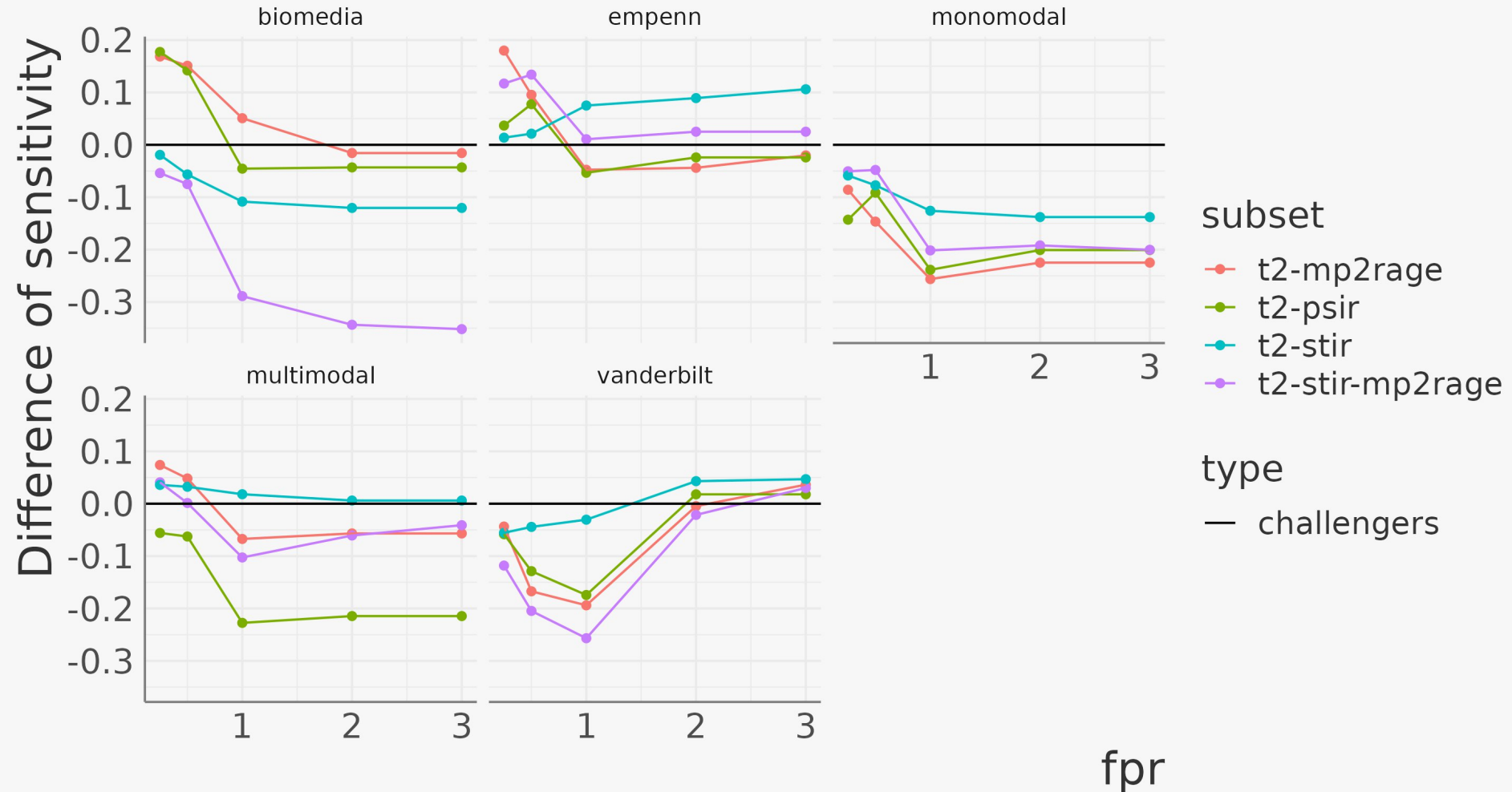
Do we improve performance wrt to t2Sag only?

FROC curves for t2Sag model



Do we improve performance wrt to t2Sag only?

FROC curves relative to t2Sag nnUNet

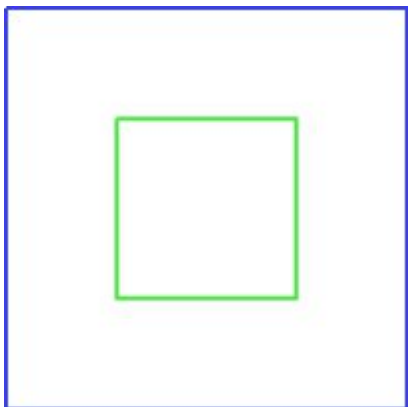


3.3 Performances and dependency to IoU thresholds

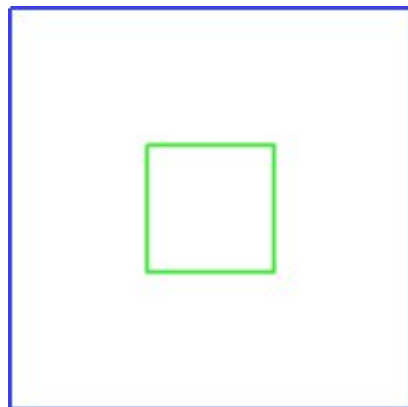
Dependency to IoU thresholds

— prediction
— ground-truth

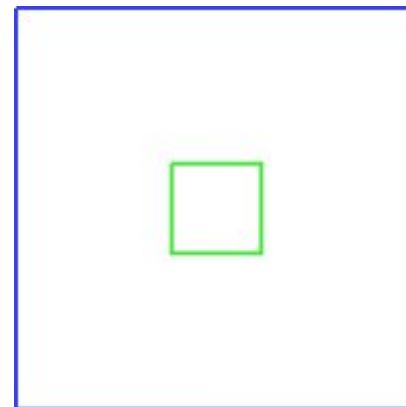
IoU score:
0.20



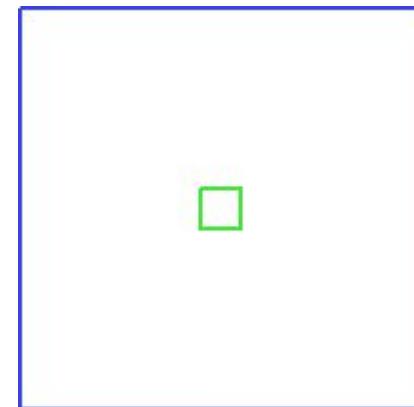
IoU score:
0.10



IoU score:
0.05



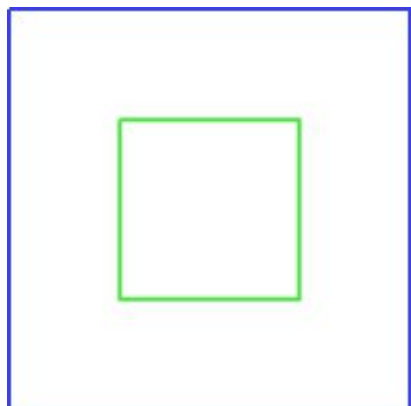
IoU score:
0.01



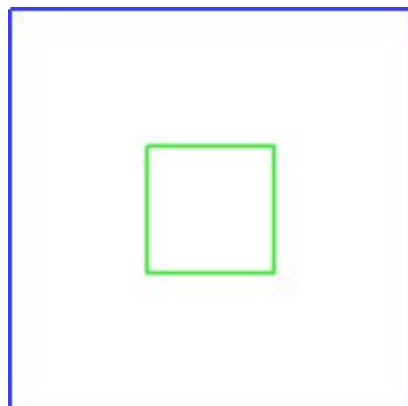
Dependency to IoU thresholds

— prediction
— ground-truth

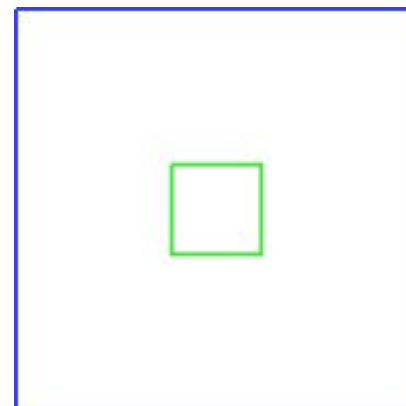
IoU score:
0.20



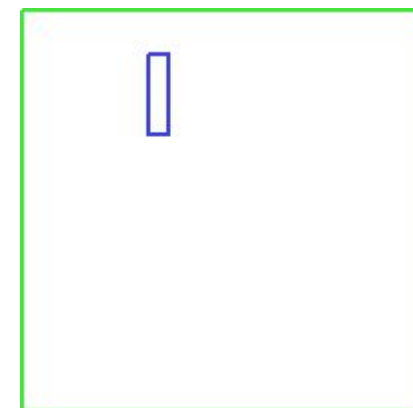
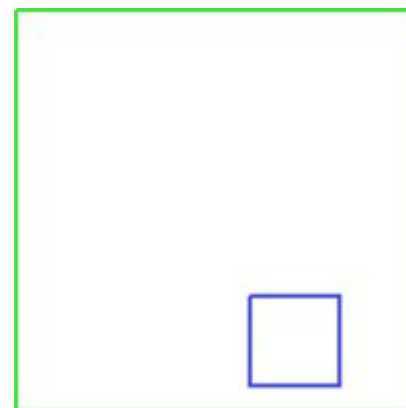
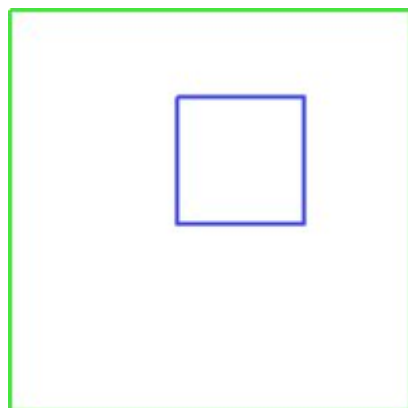
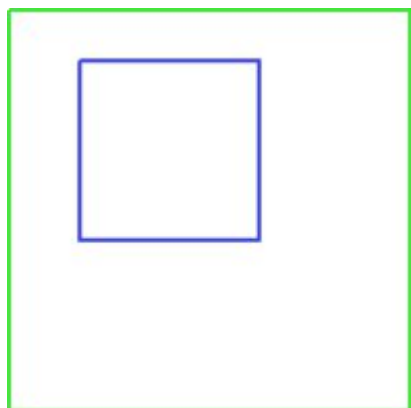
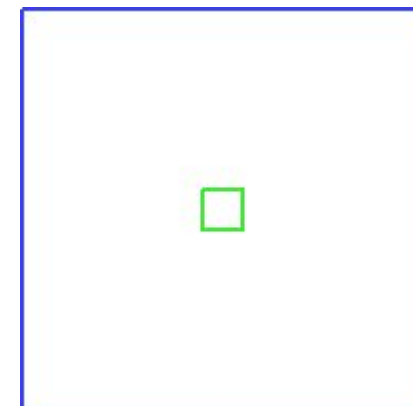
IoU score:
0.10



IoU score:
0.05



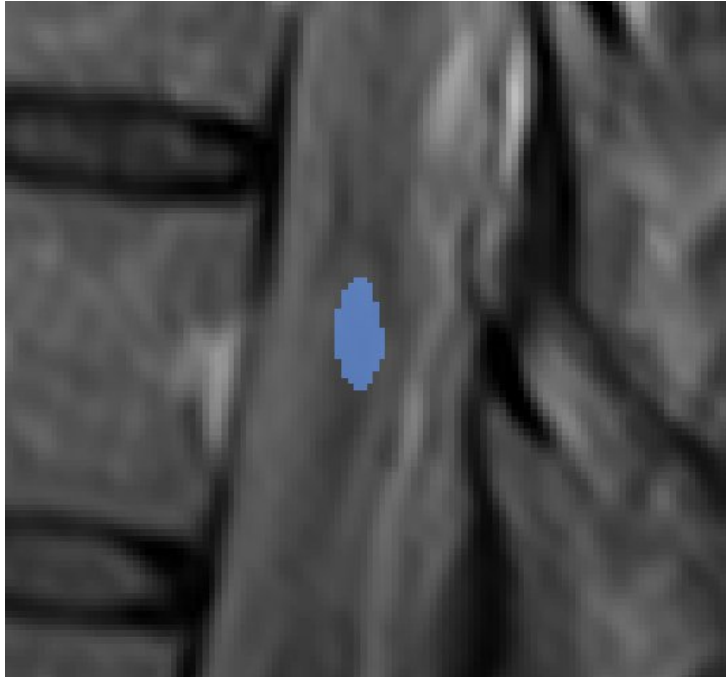
IoU score:
0.01



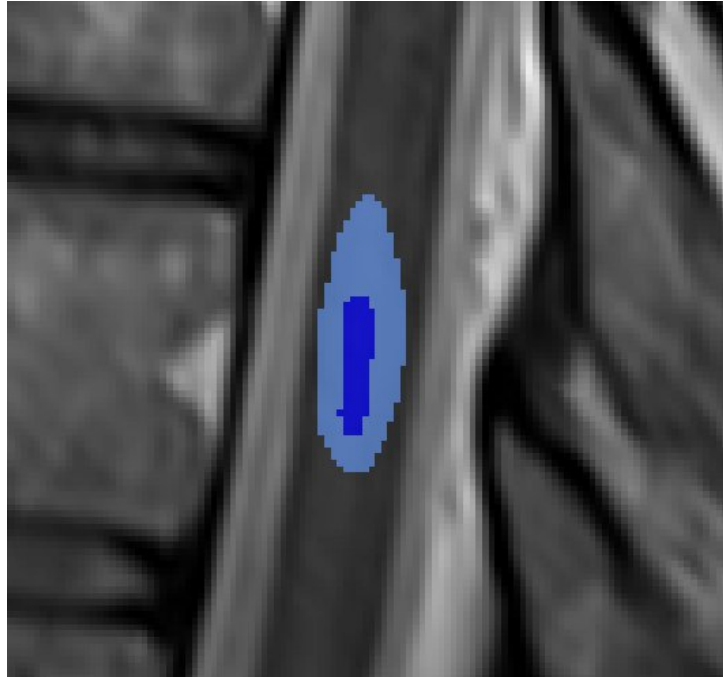
Dependency to IoU thresholds ($\text{IoU} = 0.191$)

Prediction: 
Ground-truth: 

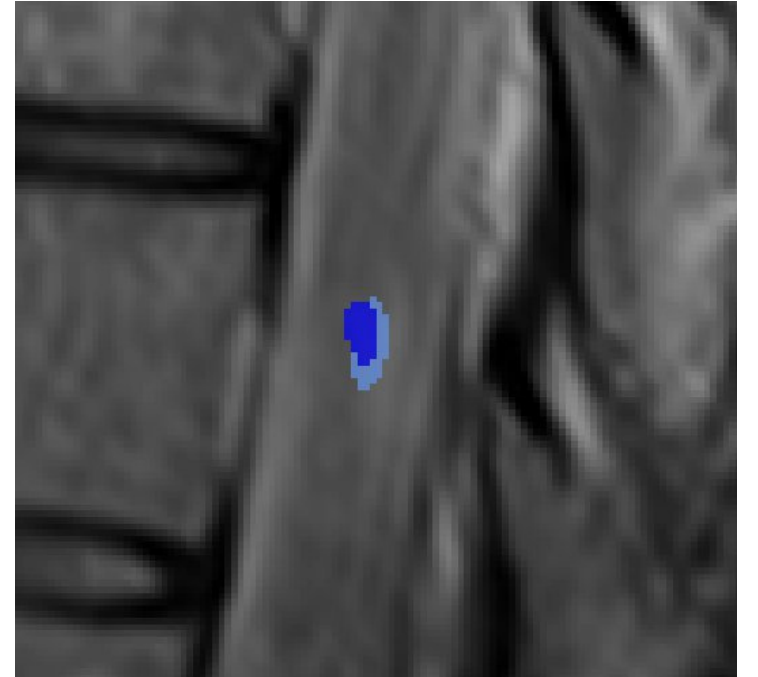
$Z=7$



$Z=8$

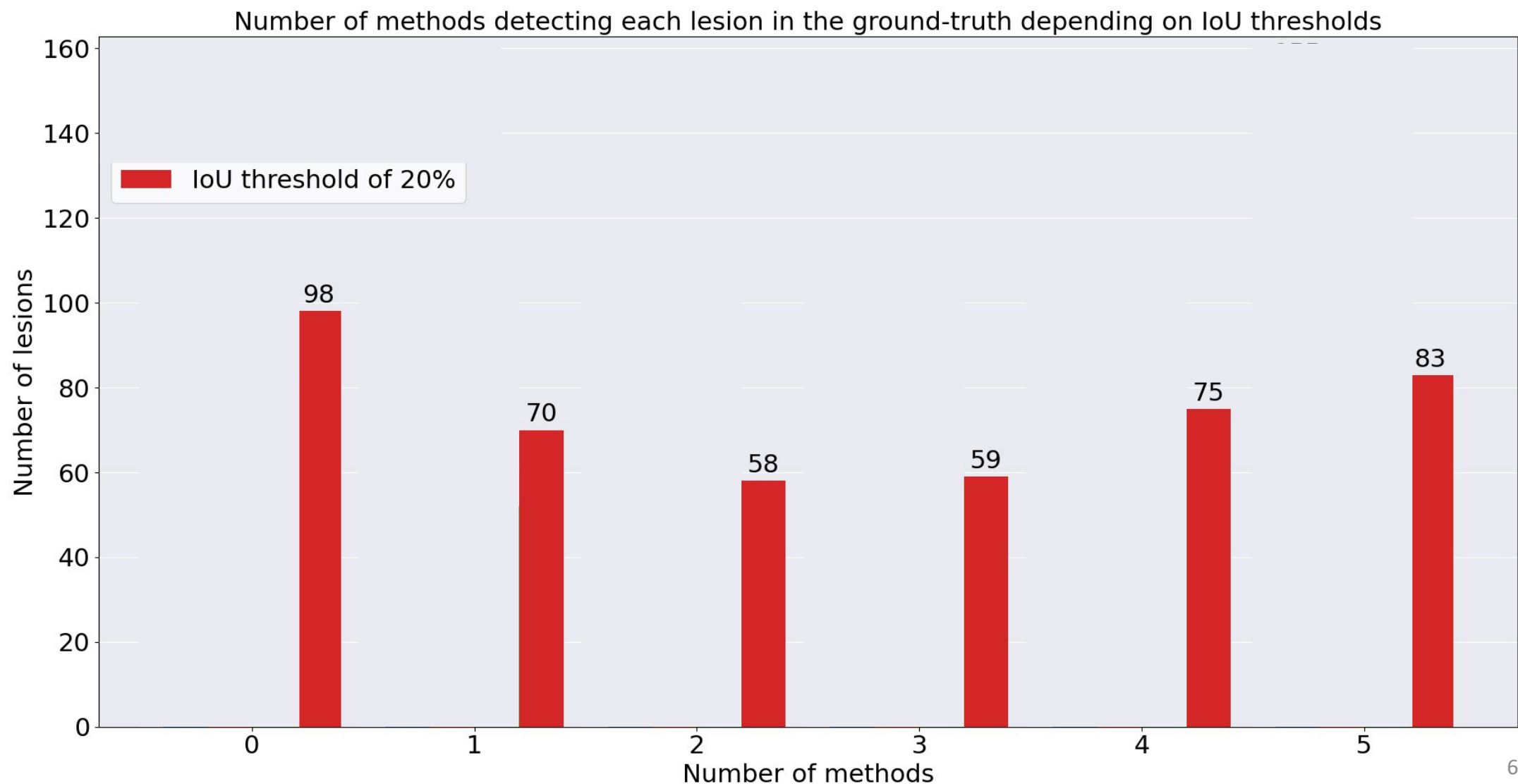


$Z=9$



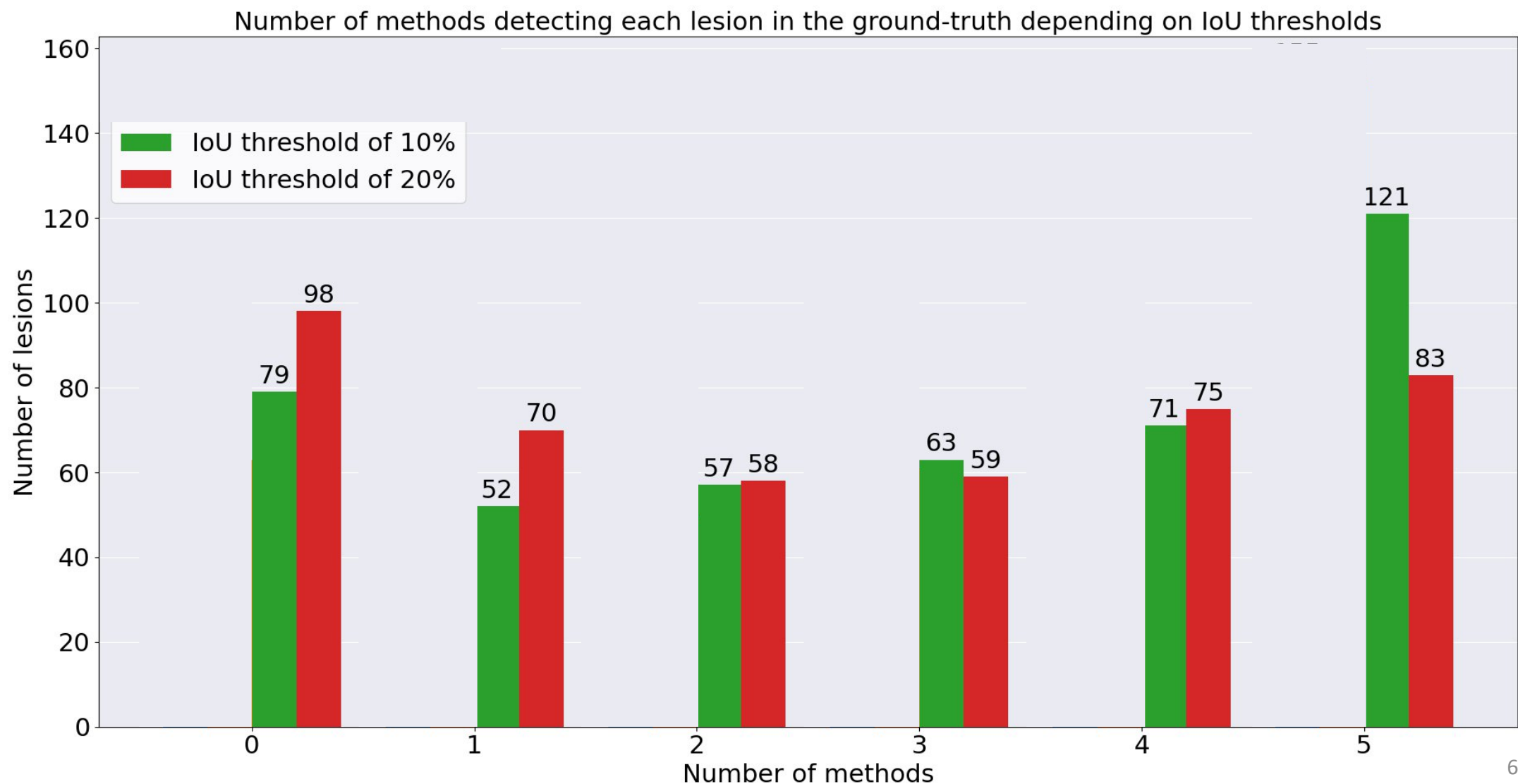
Results for overall test set (N=100)

Multiple IoU thresholds: 0%, 1%, 10% and 20% without decision threshold



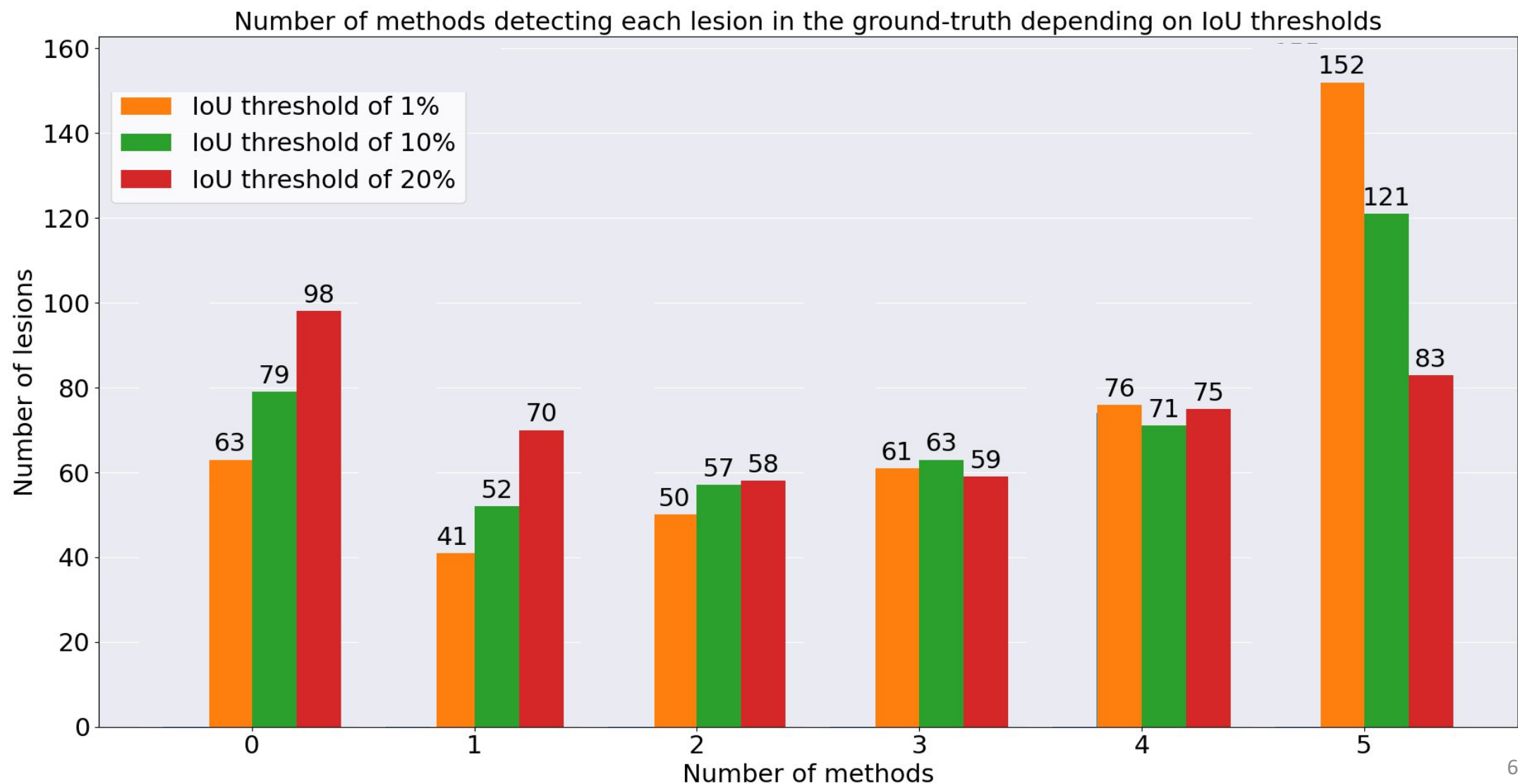
Results for overall test set (N=100)

Multiple IoU thresholds: 0%, 1%, 10% and 20% without decision threshold



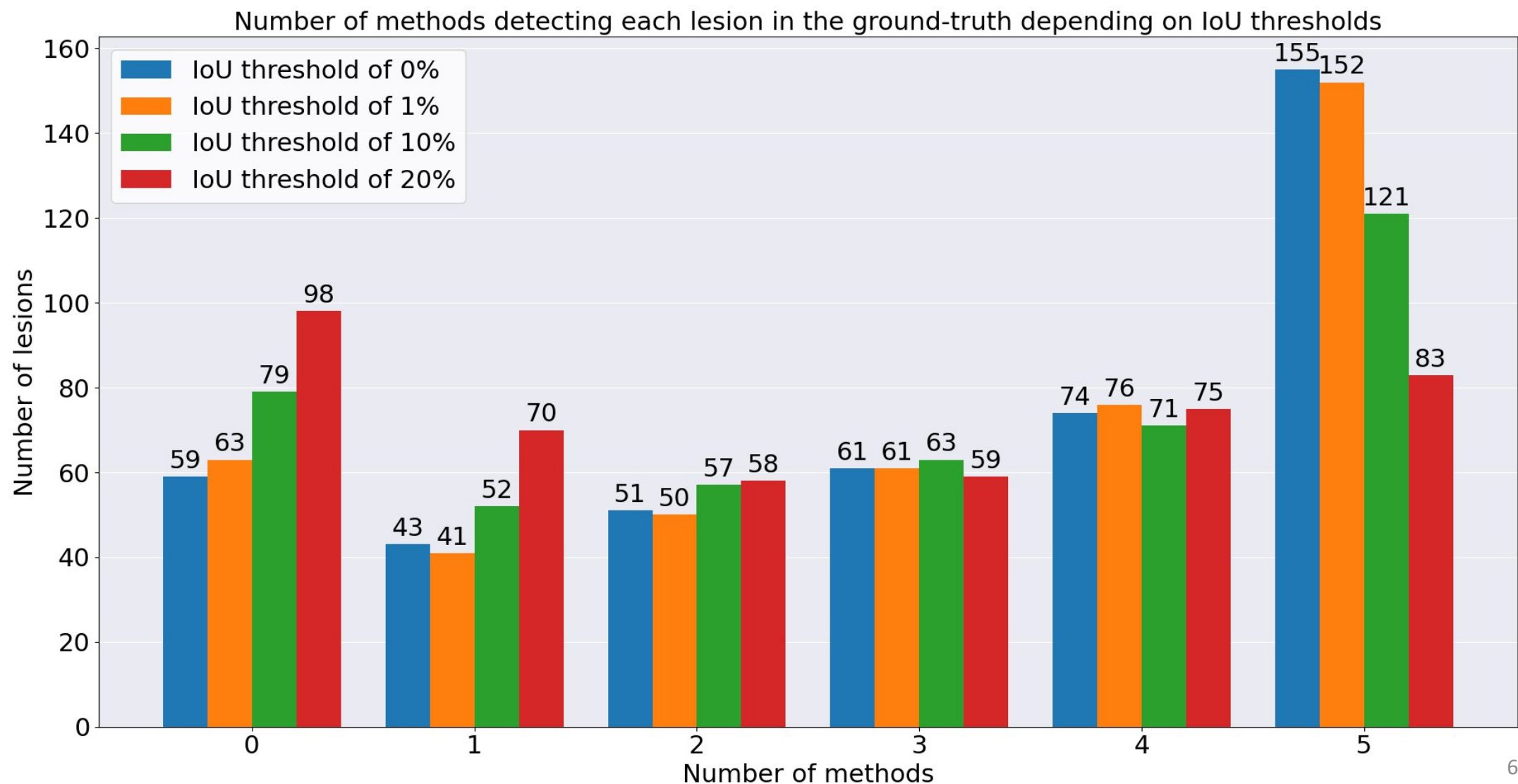
Results for overall test set (N=100)

Multiple IoU thresholds: 0%, 1%, 10% and 20% without decision threshold

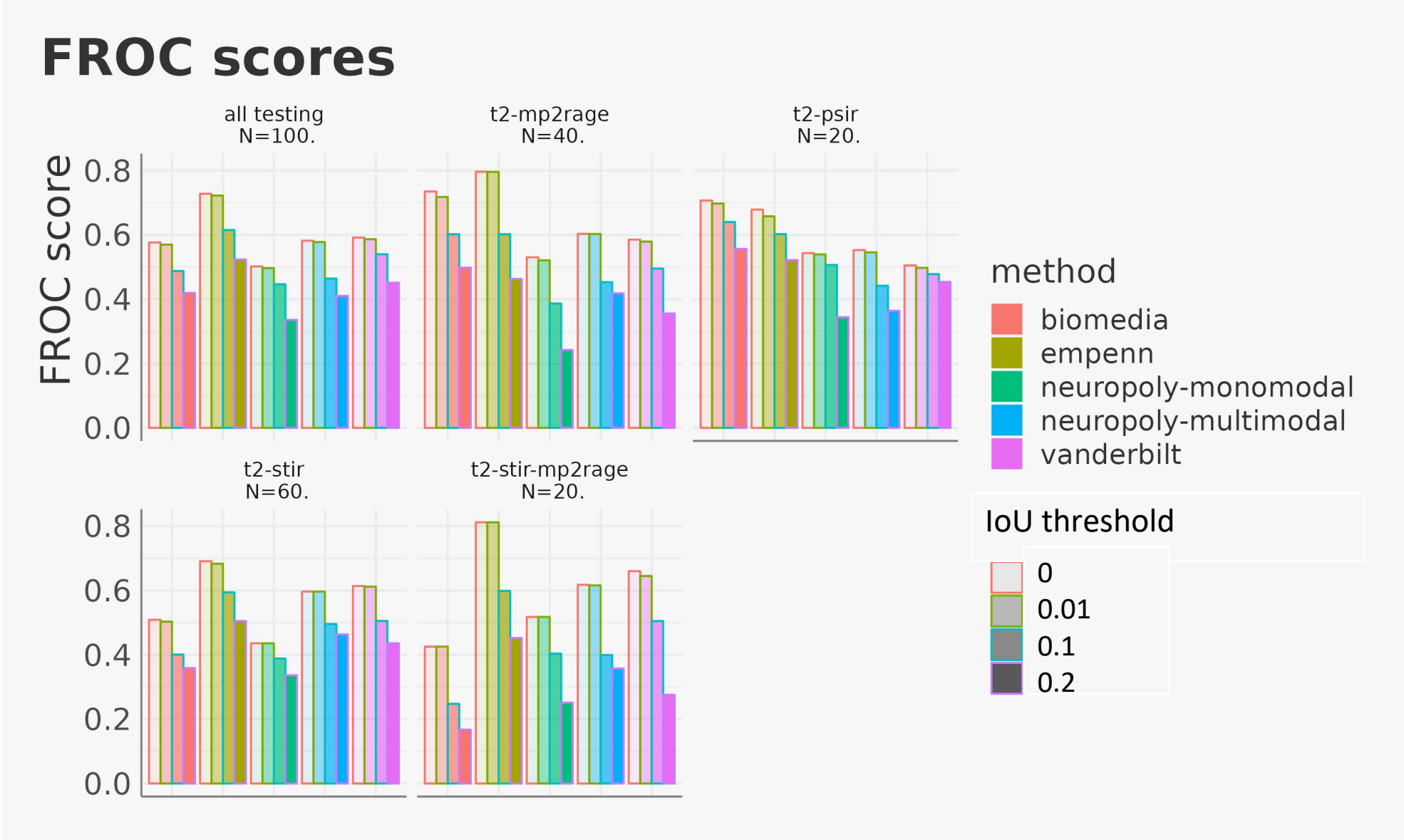


Results for overall test set (N=100)

Multiple IoU thresholds: 0%, 1%, 10% and 20% without decision threshold

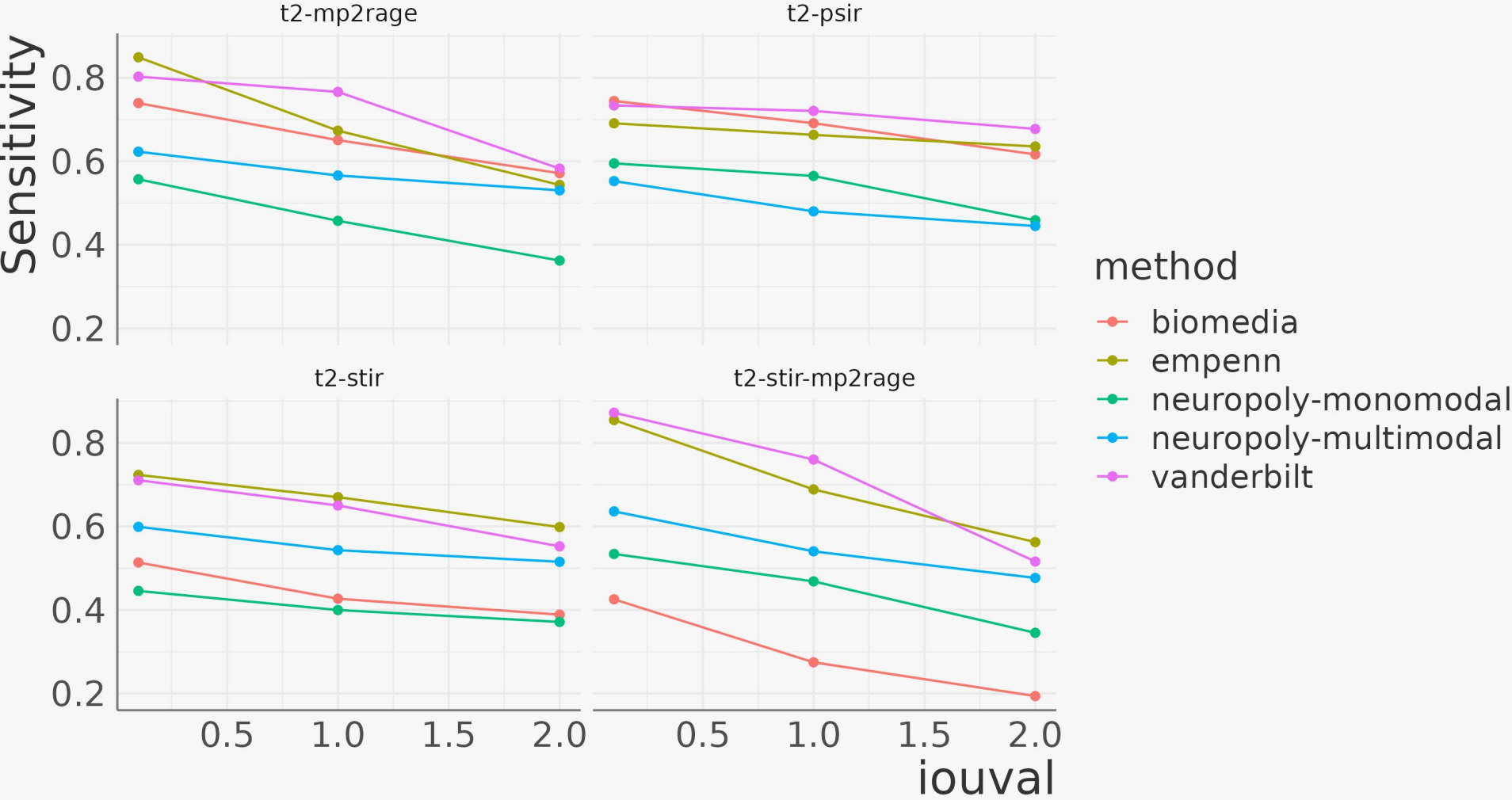


Dependency to IoU thresholds



Dependency to IoU thresholds

Sensitivity at FPR=2 for different IoU thresholds



3.5 Characteristics of methods at $\text{FPR}=1$ and $\text{FPR}=2$

Performances of methods at FPR=1 (with IoU threshold 0.10)

Method	Sensitivity	Precision	F1	DICE	Median Lesion load error (mm ³)
BioMedIA	0.504	0.737	0.550	0.476	253.361
Empenn	0.638	0.711	0.612	0.584	202.535
Neuropoly (monomodal)	0.484	0.753	0.534	0.443	242.714
Neuropoly (multimodal)	0.549	0.768	0.588	0.524	270.197
Vanderbilt	0.614	0.722	0.578	0.532	211.224
nnUnet	0.604	0.719	0.601	0.543	191.146
sct	0.540	0.671	0.520	0.511	320.651

Performances of methods at FPR=2 (with IoU threshold 0.10)

Method	Sensitivity	Precision	F1	DICE	Median Lesion load error (mm ³)
BioMedIA	0.507	0.617	0.497	0.476	253.361
Empenn	0.682	0.602	0.581	0.588	213.746
Neuropoly (monomodal)	0.484	0.753	0.534	0.443	242.714
Neuropoly (multimodal)	0.549	0.768	0.588	0.524	270.197
Vanderbilt	0.739	0.597	0.588	0.590	144.328
nnUnet	0.617	0.591	0.549	0.547	184.615
sct	0.619	0.572	0.519	0.535	301.652

5. Discussion & Conclusion

Overall

- First challenge on spinal cord lesion segmentation.
- Expert annotations are consistent with model inferences (as for now).
- We hope that the dataset will allow more research in this topic.

Results

- Overall, still a room for improving sensitivity (see *the examples of lesions detected by none of the methods even for the highest FPR*).

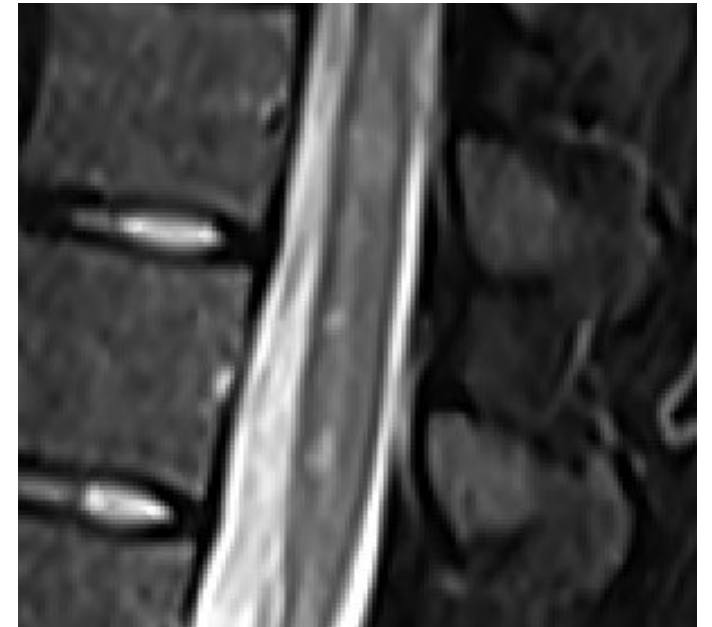
T2-w rawdata +
GT segmentation:



T2-w rawdata:

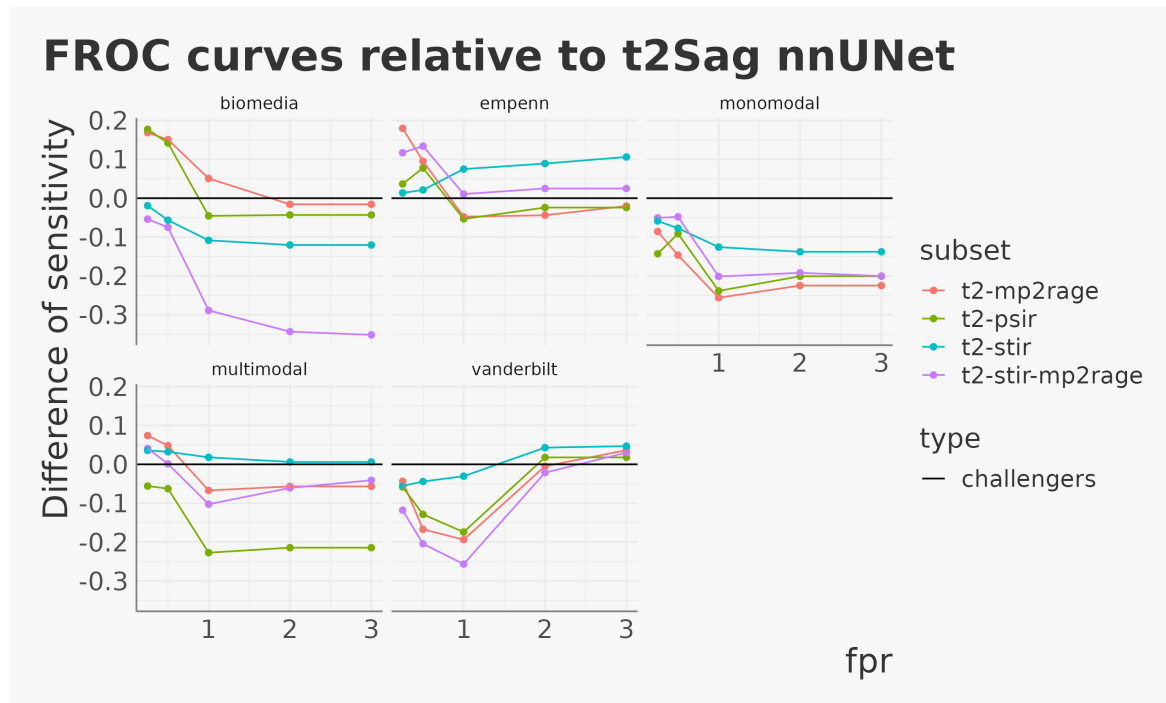


STIR rawdata:



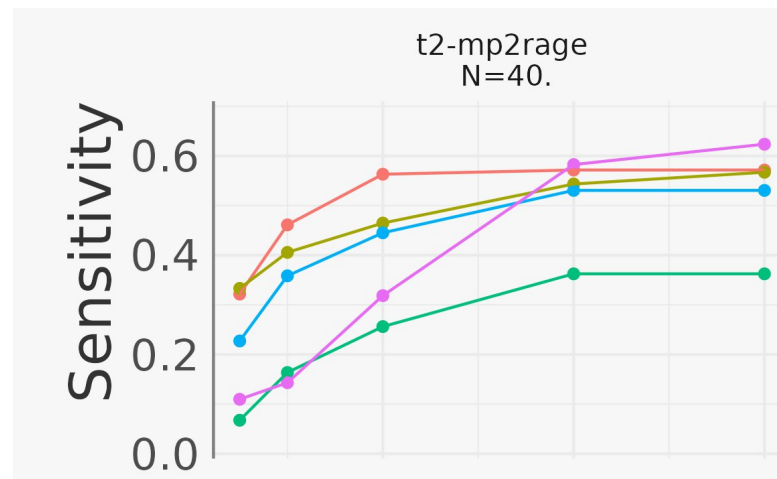
Results

- Overall, still a room for improving sensitivity (see *the examples of lesions detected by none of the methods even for the highest FPR*).
- Still difficult to evidence that automated methods take the best of multisequences (but more experiments are needed in particular for different FPR).



Results

- Overall, still a room for improving sensitivity (see *the examples of lesions detected by none of the methods even for the highest FPR*).
- Still difficult to evidence that automated methods take the best of multisequences (but more experiments are needed in particular for different FPR).
- Calibration is different from one method to another: some method performs better to other at lower FPR while other at higher FPR. The results suggest that this not just about having the best model, “probability calibration” may be an important factor.



Metrics

- The multi-threshold metric allowed to compare methods for some desired FPRs, which is very convenient for a principled comparison.

Metrics

- The multi-threshold metric allowed to compare methods for some desired FPRs, which is very convenient for a principled comparison.
- Difficult to be fully satisfied with what the IoU based detection metric reflect. IoU threshold was a bit too high but whatever its values, cases with big “semi-contiguous” lesions are problematic.

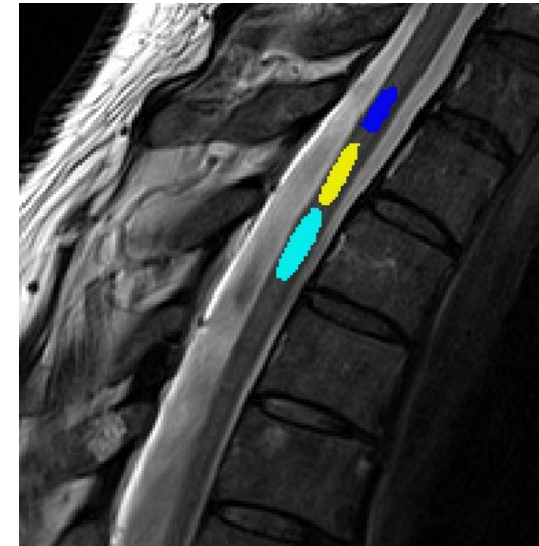
T2-w rawdata:



T2-w rawdata +
GT segmentation:



Prediction:



Ongoing work

- Investigate deeper on the added-value of multisequence (which of the submitted pipelines can run with T2 alone?).
- Investigate effect of data characteristics on model performance (scanner brand, lesions characteristics, sagittal coverage, sequence combination).
 - More principled statistical comparisons.

Thanks all for this challenge !

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