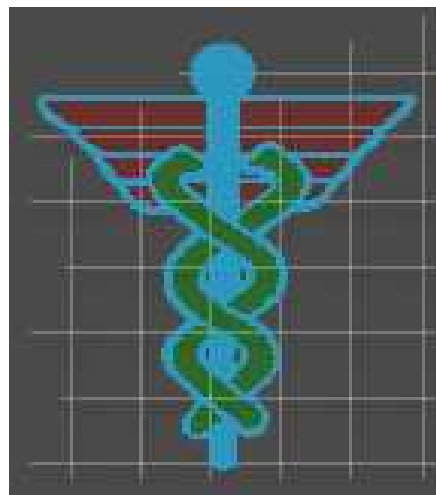




MEDIGRID

ACI-GRID project

French ministry of research



Medical image processing on grids
<http://www.creatis.insa-lyon.fr/MEDIGRID>

Johan Montagnat



Partners



French National Center for Scientific Research



CREATIS

Signal & image processing

Radiology department



Communicating IS

Information system

ERIC

Image processing



Medical applications on GRIDs

- Medical applications have specific requirements for grid computing:
 - Data:
 - ◆ Are heterogeneous
 - ◆ Have a strong semantic
 - ◆ Are distributed over medical sites
 - ◆ Are confidential (security issues)
 - Processings
 - ◆ Are often correlated (pipelines of processings)
 - ◆ Computation time is often important (physicians will accept to wait for minutes at most)
 - ◆ Computation time is sometimes critical (e.g. real time simulation)
 - ◆ Emergency situation: ambulance jobs
- Existing grids are not taking into account all these requirements today



MEDIGRID Objectives

- Use computation GRIDs to face recent challenges in medical data analysis. We are focusing on two application kinds:
 - Computation intensive image processing algorithms
 - ◆ Parallelization
 - ◆ Reduced computation time
 - Management of very large datasets
 - ◆ Distributed storage
 - ◆ Massive distributed processing
 - ◆ Statistical analysis



1. Complex modeling of anatomical structures

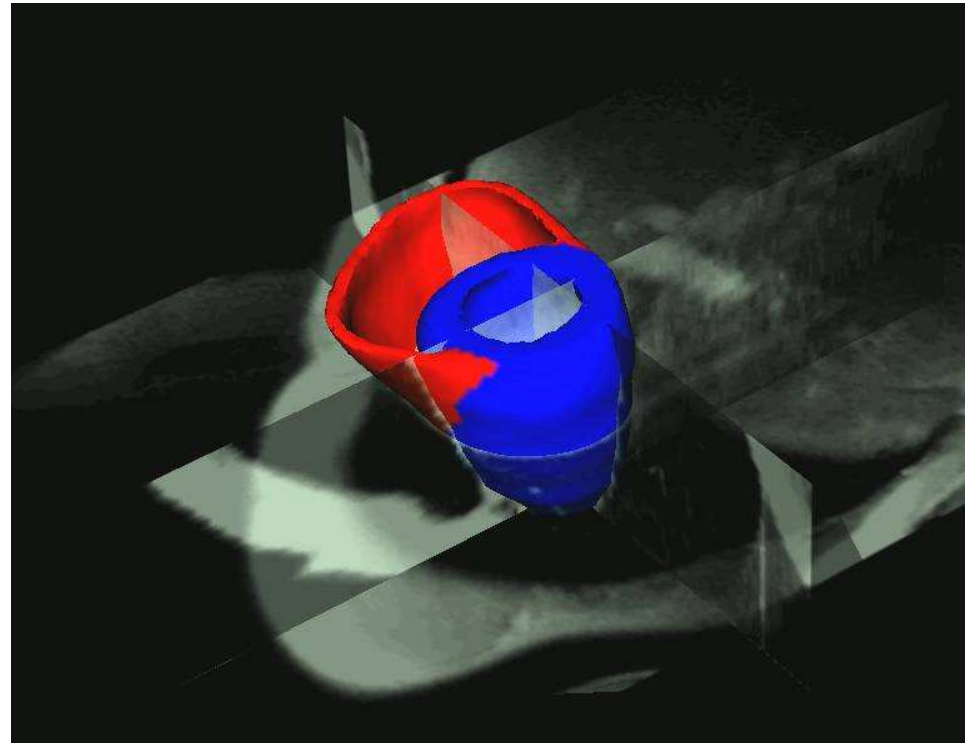
- Anatomical modeling for:

- Segmentation
- Quantitative analysis

- Linear Finite Element

Modeling of biomechanics

- Parallelization of large linear systems



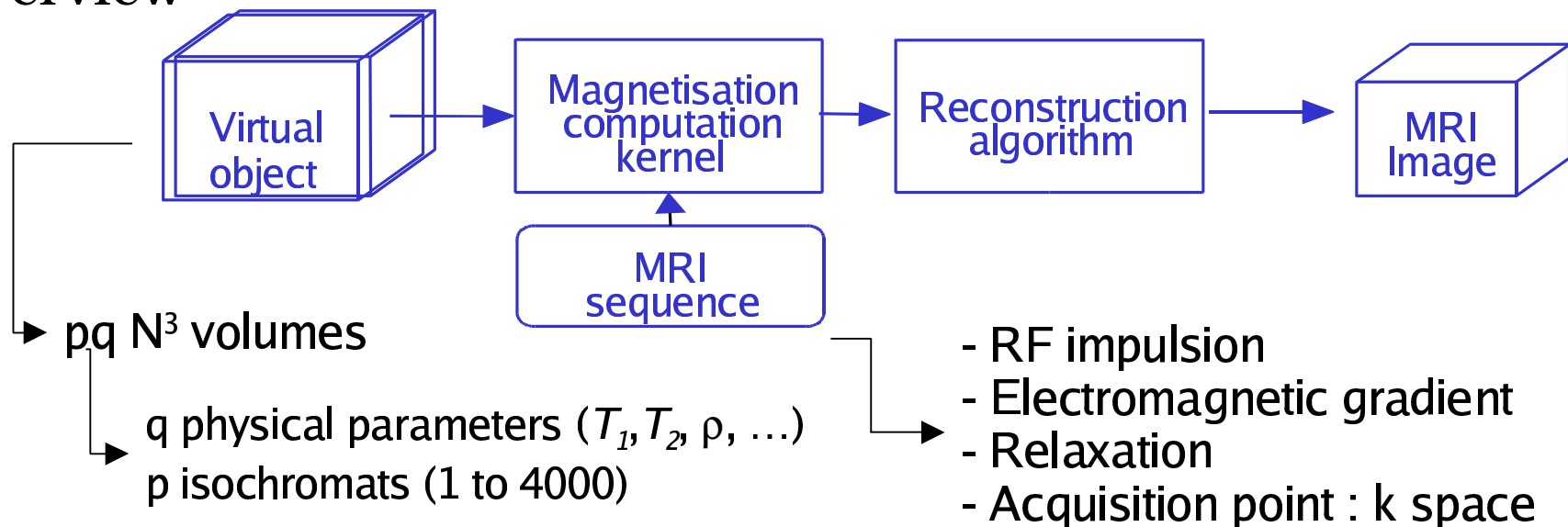
- Modeling / segmentation of 3D+T cardiac sequences in a reasonably short amount of time (few minutes)



2. Simulation of MRIs

- Produce simulated images from a perfectly known model for:
 - Artifacts study and correction
 - Image processing evaluation
 - MRI sequences testing and design

- Overview

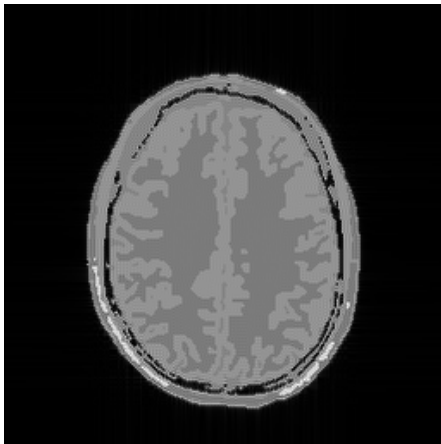




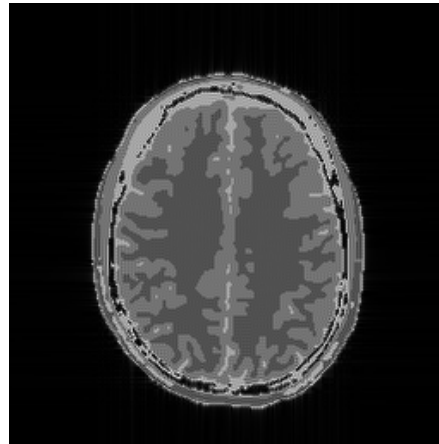
First results

- Synthesized images

2D (256²)
brain MRI

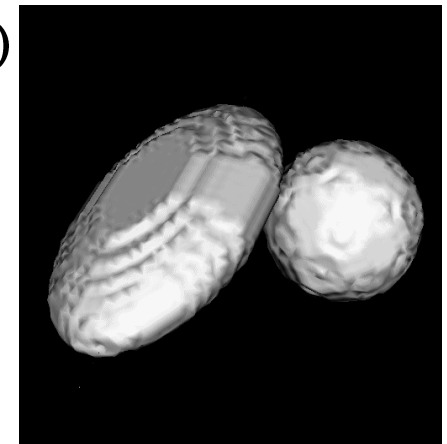


T1 contrast



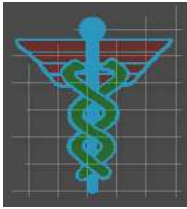
T2 contrast

3D (64³)



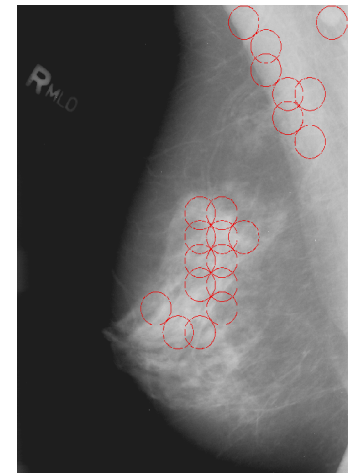
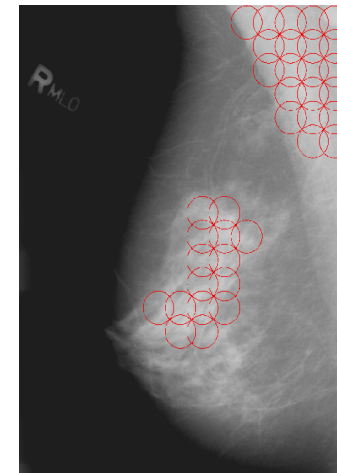
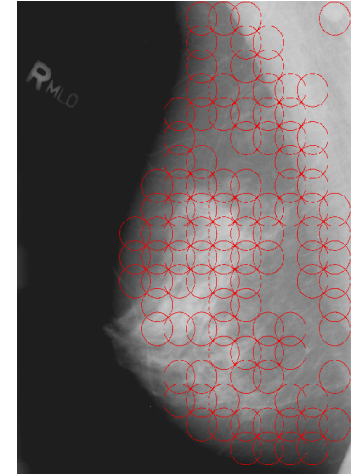
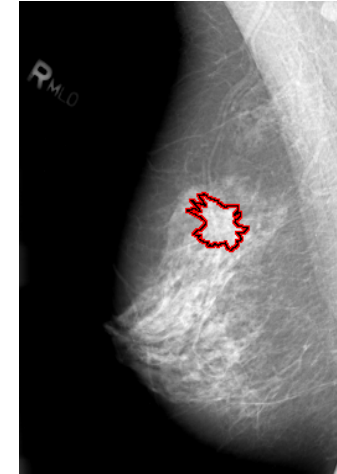
- Computation time

- 2D: small cluster ($1024^2 = 2.3$ days)
- 3D: full scale grid ($128^3 = 2.3$ days, $512^3 = 104$ years)



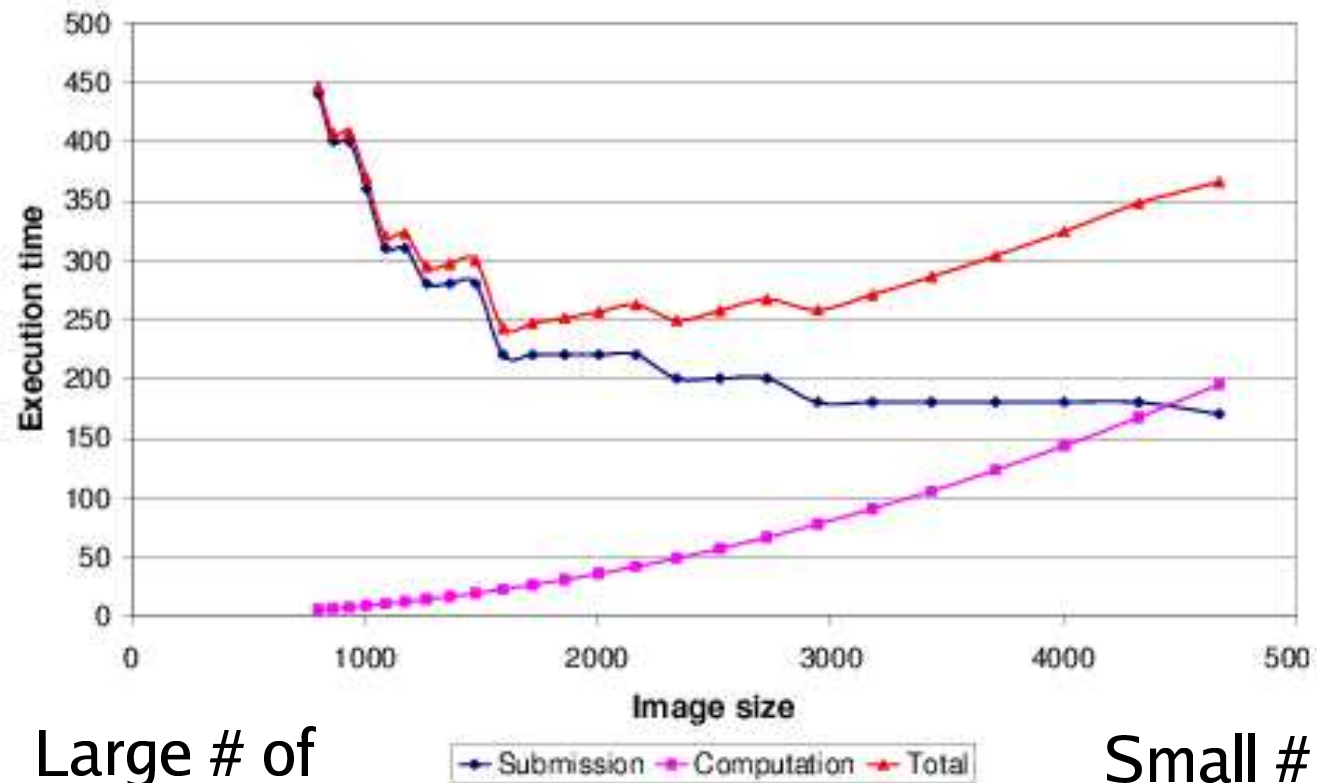
3. Mammographies analysis

- More than 10000 images, 450 Gbytes
- 400 sub regions (e.g.) per image
- About 250 variables extracted on each region for training and for CBIR
 - Texture, gray-levels and shape analysis
 - Image indexation
- Indexing requires about 30 minutes of computations per image (Sun Ultra-10, 440 MHz), no optimization





First results



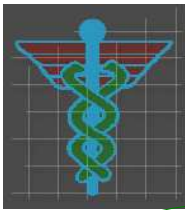
Large # of
small jobs

Small # of
large jobs

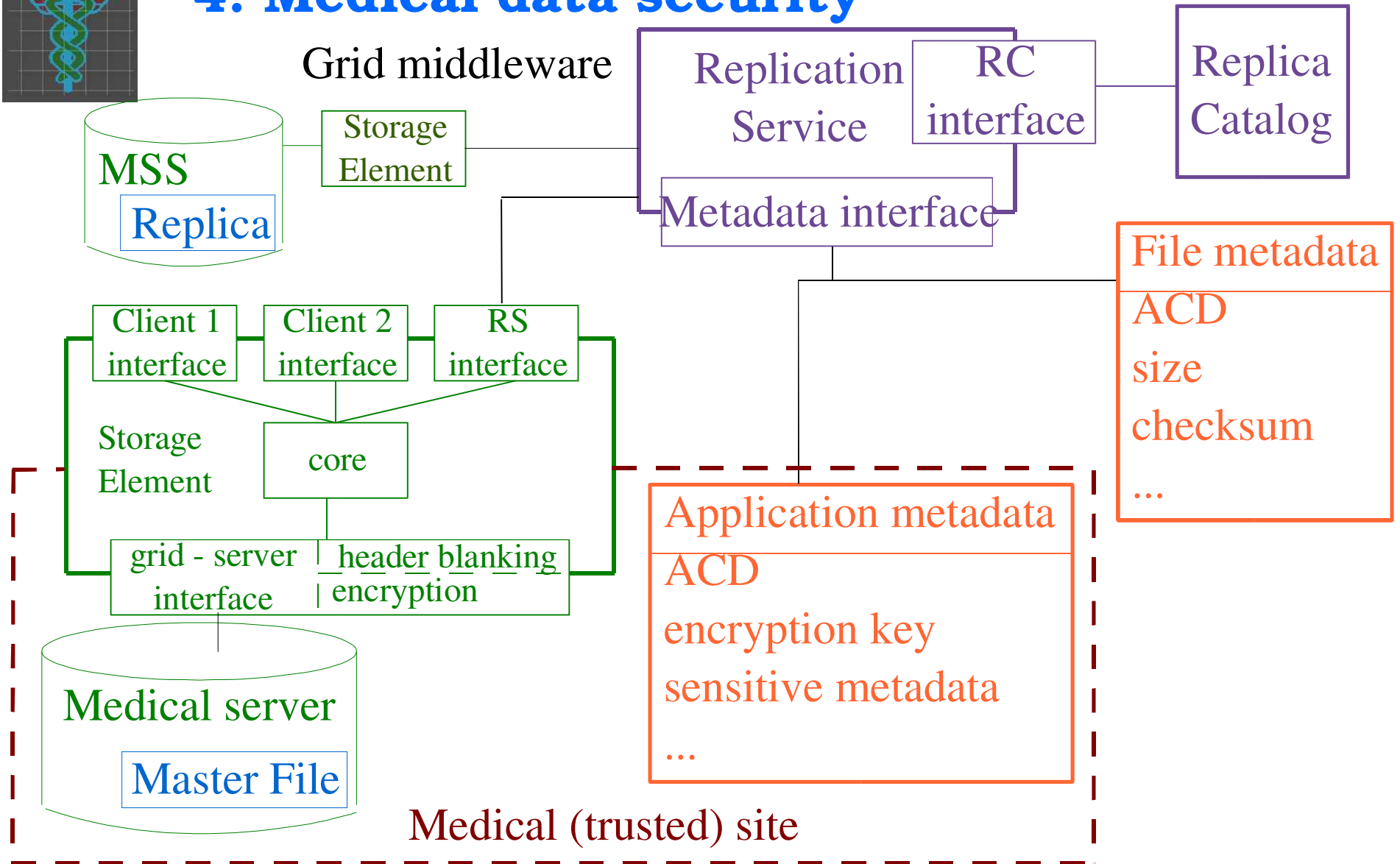


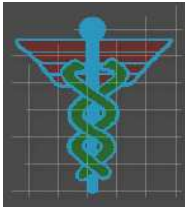
4. Shared and distributed data management

- Distributed data and distributed metadata
 - Metadata Distribution/Location Service (similar to GRID replication services for metadata)
 - Metadata and data should be synchronized (same lifetime, access authorization...)
 - Data traceability (How was data B produced? Which result was obtained from data A?)
- High level layer
 - Intelligent proxy hierarchy
 - Distributed dynamic indices for queries
 - Optimisation / caching of search requests

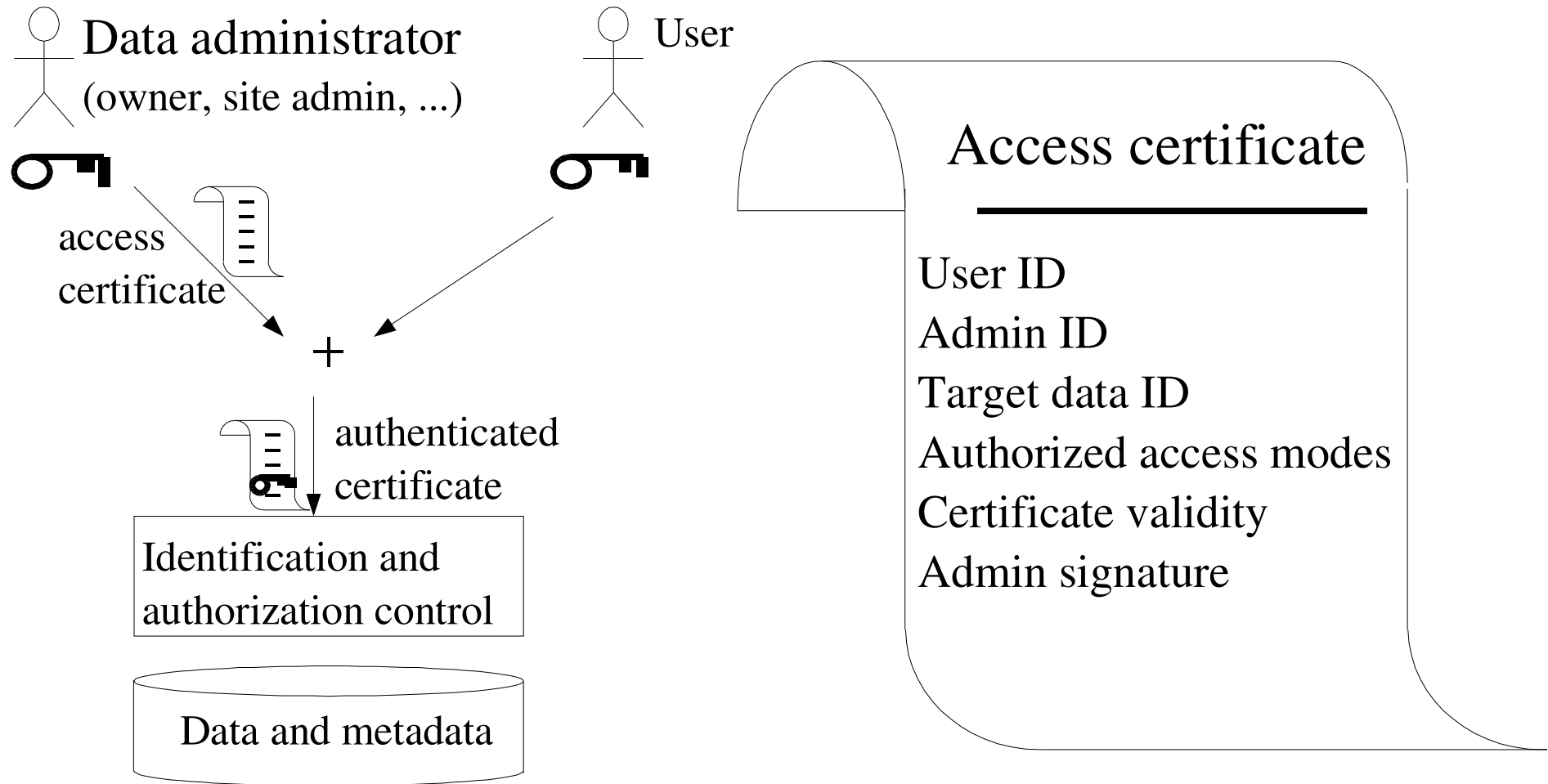


4. Medical data security





Fine grain data control





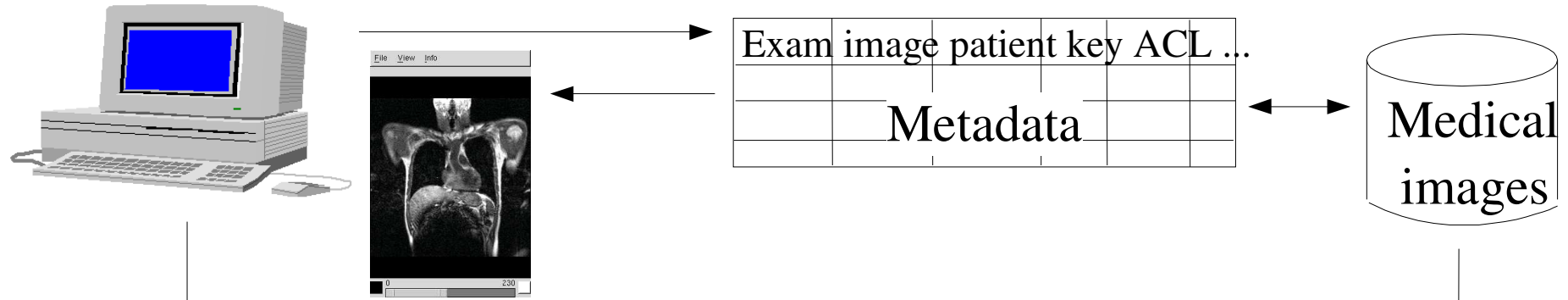
5. Hybrid (content-based and metadata) queries

- Content-based queries
 - Queries images over their content (medical images indexing and research)
 - Mixed content-based and metadata-based queries
- Job submission / data / metadata synchronisation
 - Use queries over metadata to describe input datasets for jobs
 - ◆ A job should be able to process a set of files (data)
 - ◆ A job should be able to process a set of files corresponding to some metadata (query + processing)

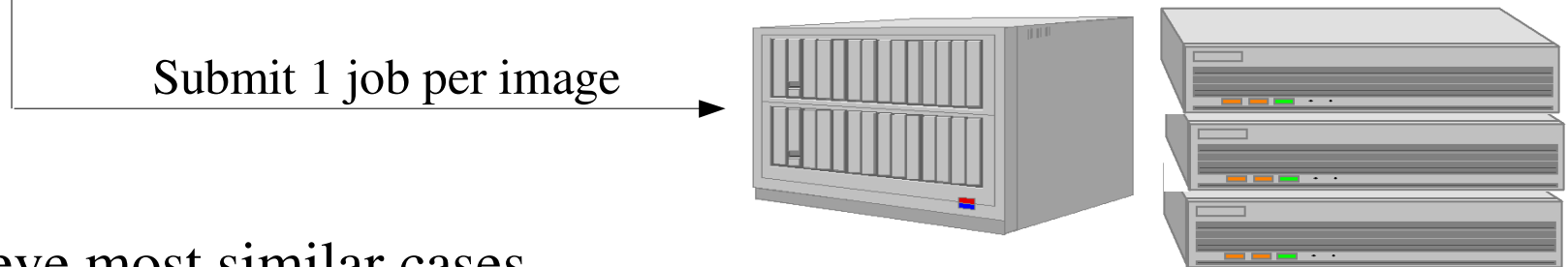


First experiment on the EDG testbed

1. Query the medical image database and retrieve a patient image

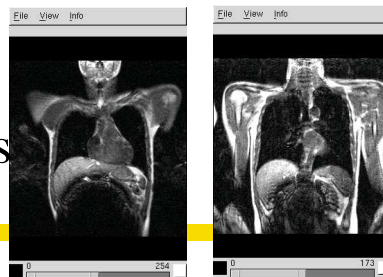


2. Compute similarity measures over the database images

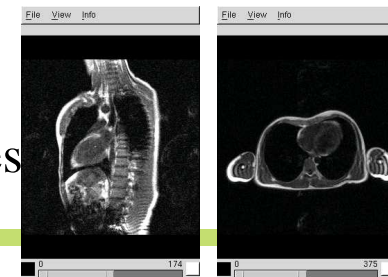


3. Retrieve most similar cases

Similar images



Low score images





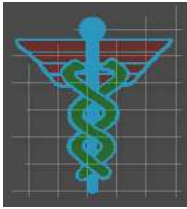
Data and users

- Medical Data

- Images and metadata
- Nominative (critical) and non-nominative (private) data
- DICOM3 standard compliance for medical images

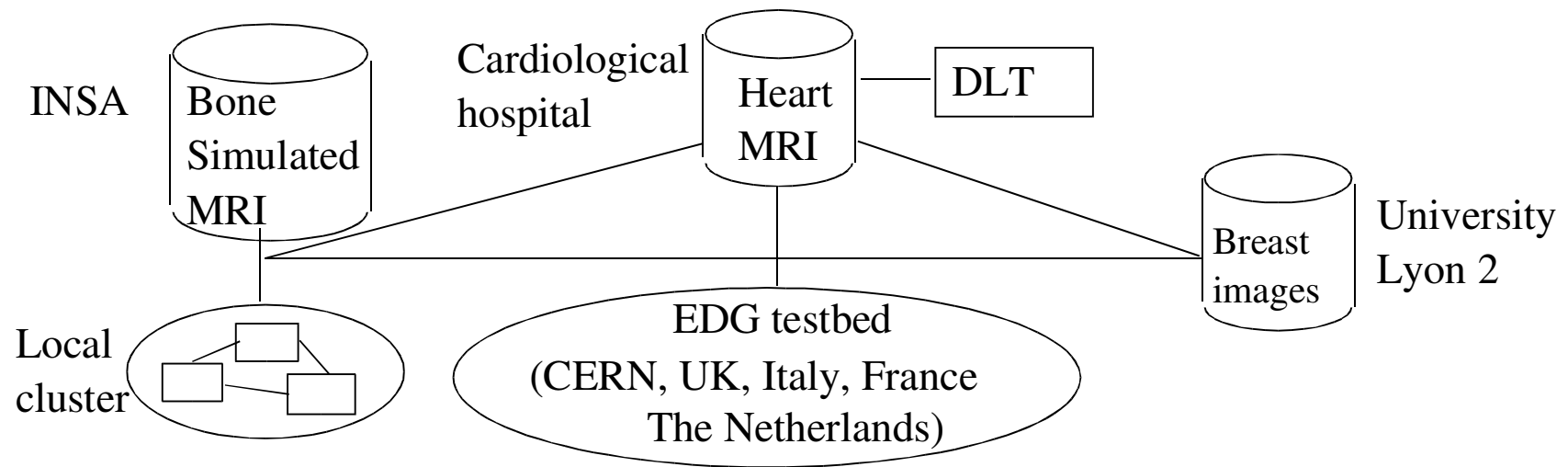
- Users

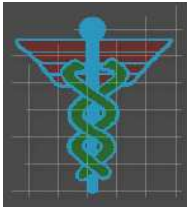
- **Patient**: has free access to its medical data.
- **Physician**: has complete read access to his/her patients data. Few persons have read/write access.
- **Researchers**: may obtain read access to anonymous medical data for research purposes. Nominative data should be blanked before transmission to these users.



Testbed

- 4 image sources, 3 sites:
 - Heart sequences acquired at the Lyon cardiological hospital
 - Bone structure database from ESRF Grenoble
 - Mammographies from the DDSM
 - Simulated MRI images





Conclusions

- Significant growth of the grid awareness in the medical imaging community
 - Healthgrid'04, Clermont-Ferrand, France, January 2004
<http://clermont04.healthgrid.org>
 - EU projects (DataGrid, CrossGrid...), e-Science, BIRN...
- Limitations of existing middlewares for biomedical applications
 - Complex datasets management
 - Security
 - Interactivity
 - ...