

Performance evaluation of registration (and segmentation?) algorithms in the absence of Gold Standard

X. Pennec



EPIDAURE Project
2004, route des Lucioles B.P. 93
06902 Sophia Antipolis Cedex
(France)

Overview

➡ Registration performances

- ❑ Types of errors
- ❑ Quantification of errors...
- ❑ ...with no gold standard

○ Performances estimation

○ Error prediction

○ Segmentation

○ Conclusion

Classification of registration algorithms

Registration = finding correspondences between homologous points (duality matches / transformation)

Feature space

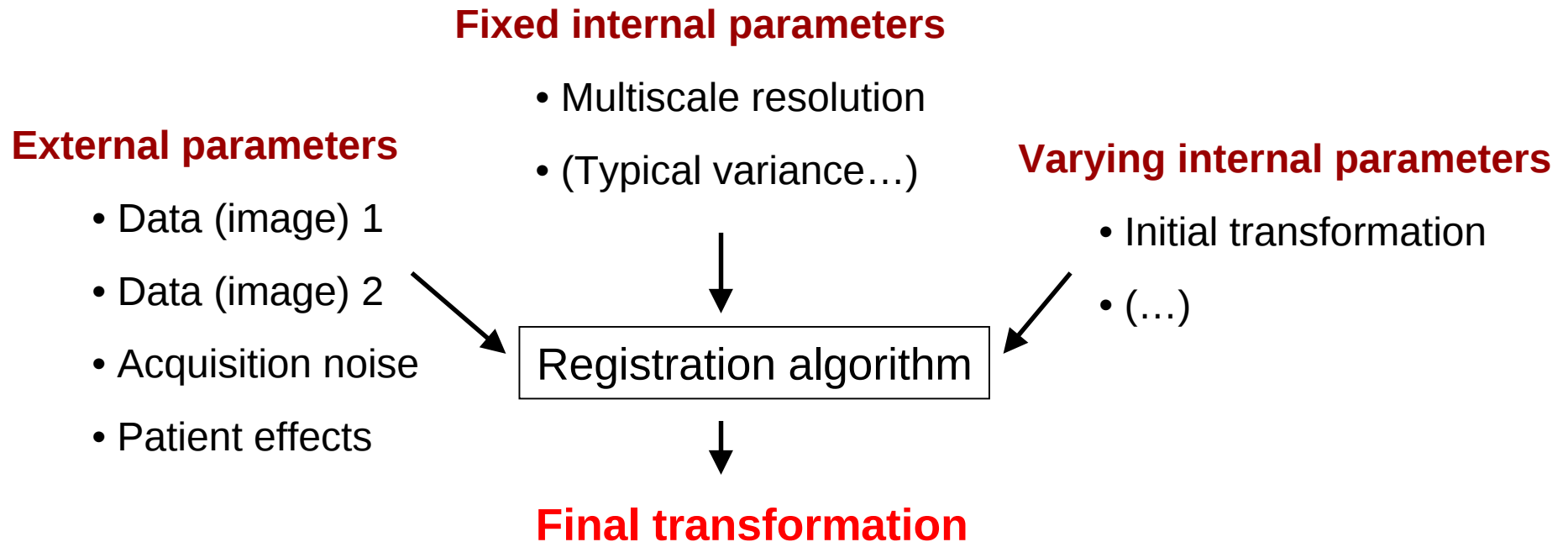
- ❑ 0D: **points**, landmarks, **frames**
- ❑ 1D: curves
- ❑ 2D: **surfaces**
- ❑ 3D: **volumes** (i.e. intensity-based methods)

Transformation space

- ❑ **Rigid**, affine, locally affine, deformable
- ❑ Dimensionality reduction (e.g. **3D/2D**)

Similarity metric (criterion), optimization scheme

Variability of a registration algorithm



Robustness: ability to find the right transformation (success/failure)

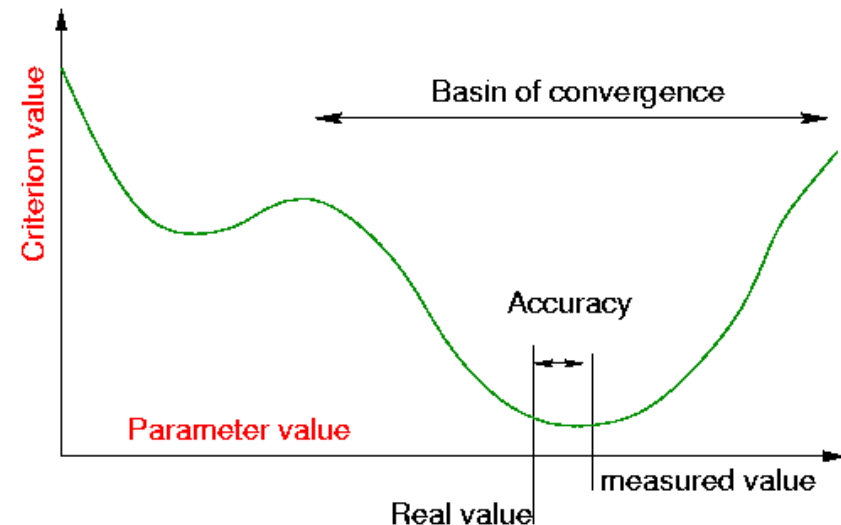
Repeatability: Variability w.r.t. varying internal parameters

Accuracy: Variability w.r.t. the ground truth for typical data

Types of errors for an energy minimization

Robustness

- ❑ Local minima at a global scale



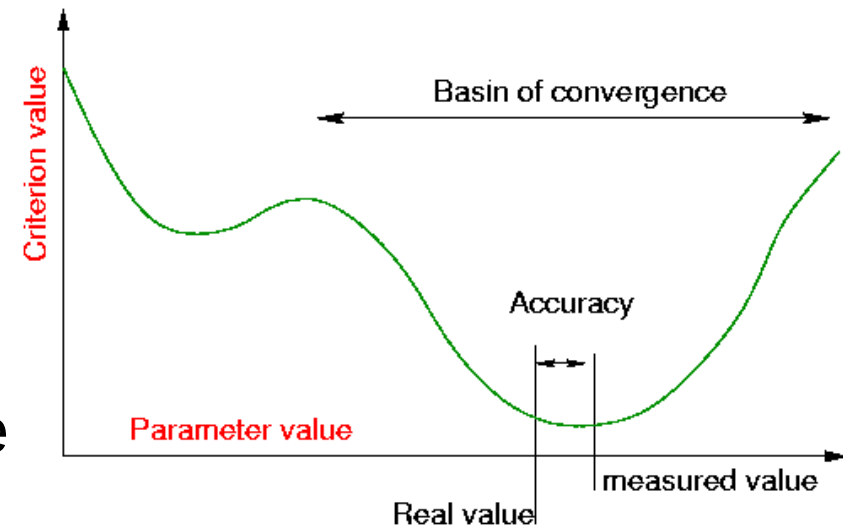
Uncertainty = deviation from the real transformation

- ❑ Bias (features, method, adequacy of the criterion)
- ❑ Accuracy
 - Extrinsic (sensitivity to the noise on the features)
 - Intrinsic or precision (optimization, interpolation, local minima)

Quantifying the registration errors

Robustness:

- ❑ size of the basin of attraction
- ❑ Probability of convergence



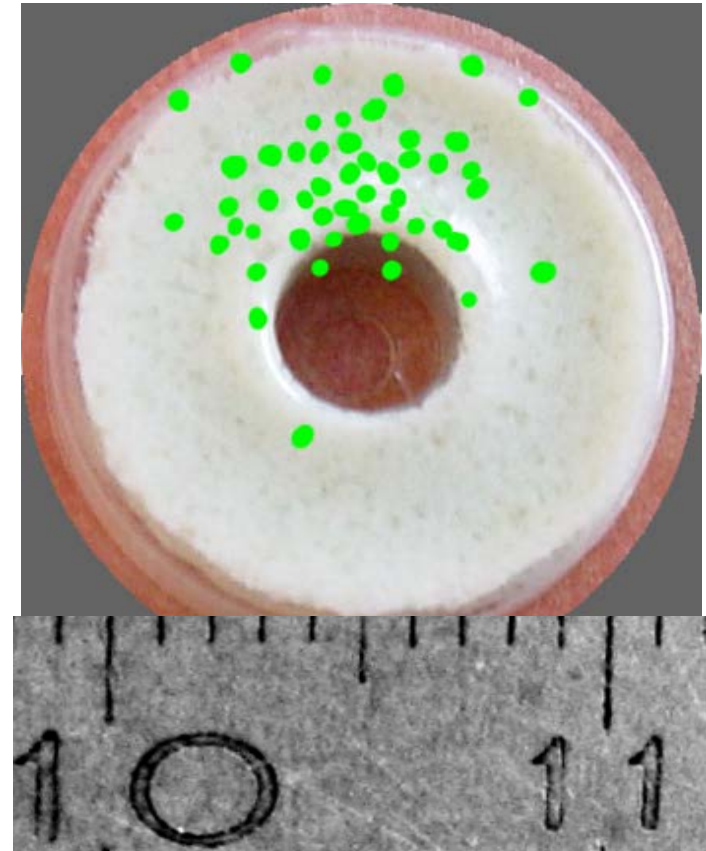
Uncertainty = deviation from the real transformation

- ❑ Maximum error: bound
- ❑ Mean Error: covariance matrix, std dev.
 - On the transformation (rotation σ_r [rad], translation σ_t [mm])
 - On test points (TRE σ_x)

Targeting using Augmented reality

User 1 (50 trials):

- ❑ Repeatability:
 $\sigma = 2.2$ mm
- ❑ Bias: 3.0 mm
- ❑ Accuracy:
 $\sigma = 3.7$ mm

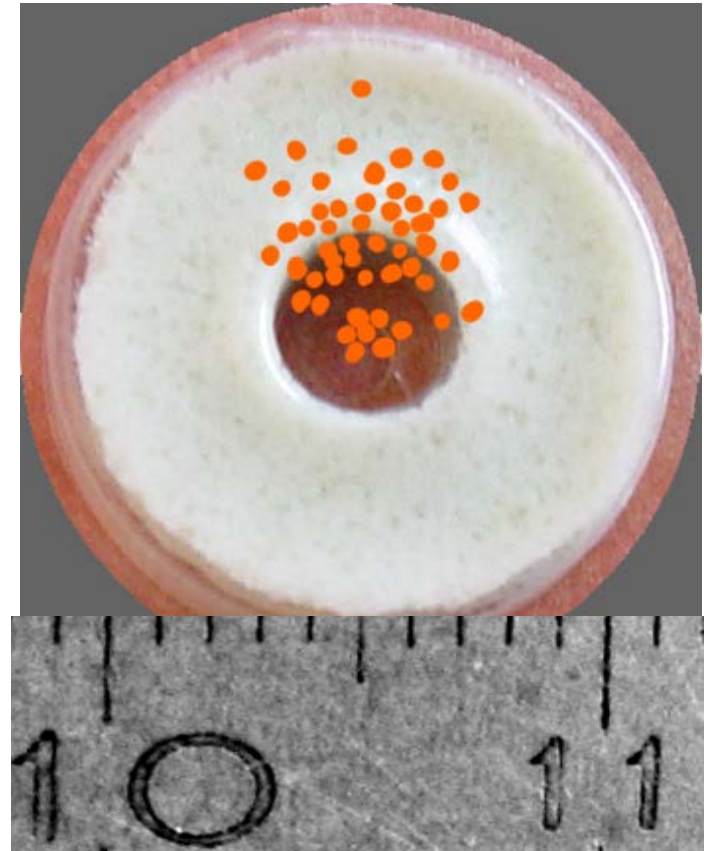


[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

Targeting using Augmented reality

User 2 (50 trials):

- ❑ Repeatability:
 $\sigma = 1.9 \text{ mm}$
- ❑ Bias: 1.3 mm
- ❑ Accuracy:
 $\sigma = 2.3 \text{ mm}$

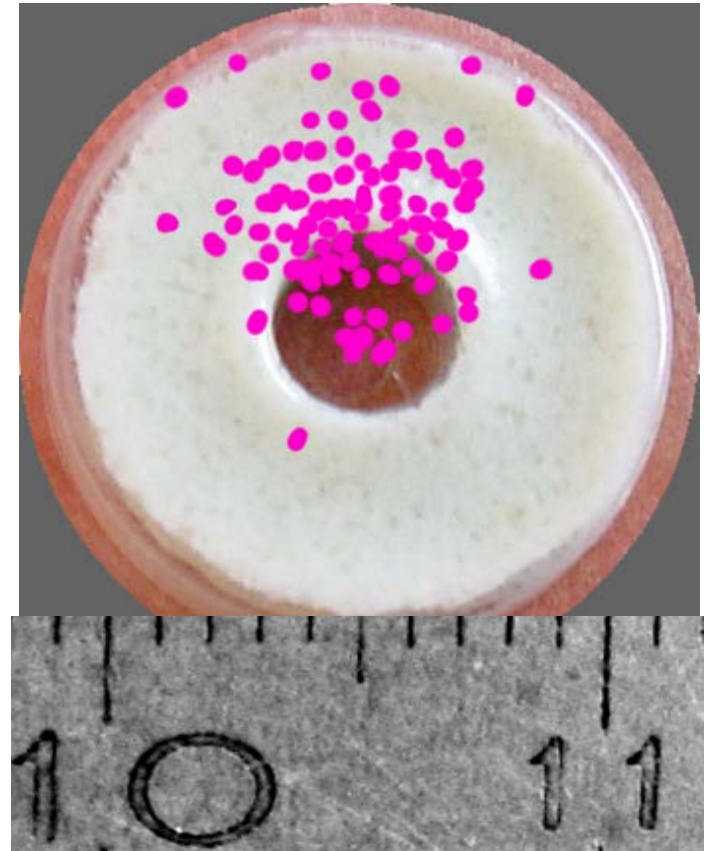


[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

Targeting using Augmented reality

Both users (100 trials):

- ❑ Repeatability:
 $\sigma = 2.2 \text{ mm}$
- ❑ Bias: 1.7 mm
- ❑ Accuracy:
 $\sigma = 2.8 \text{ mm}$



[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

Performance evaluation and validation

Synthetic data (simulation):

- ❑ Available ground truth
- ❑ Difficult to identify and model all sources of variability

Real data in a controlled environment (Phantom):

- ❑ Possible gold standard
- ❑ Performances evaluation in specific conditions
 - Difficult to test all clinical conditions
 - May hide a bias

Image database representative of the clinical application

- ❑ Usually no ground truth
- ❑ Should span all sources of variability

Performance evaluation without Gold Standard

Registration or consistency loops

- Pennec et al. IJCV 25(3) 1997 & MICCAI 1998.
- Holden et al. TMI 19(2), 2000
- Roche et al MICCAI 2000 & TMI 20(10), 2001.

Cross-comparison of criterions

- Hellier et al MICCAI 2001 & TMI 22(9), 2003.

Ground truth as a hidden variable (EM like algorithms)

- Granger, MICCAI 2001 & ECCV 2002,
- Warfield, MICCAI 2002, [Staple, segmentation]
- Nicolau, IS4TM 2003

Error prediction

- Pennec et al. ICCV 1995, IJCV 25(3) 1997 & MICCAI 1998.
- Fitzpatrick et al, MedIm 1998, TMI 17(5), 1999.
- Nicolau et al, INRIA Research Report 4993, 2003

Overview

✓ Registration performances

⇒ Performances estimation

- ⇒ MR/US intensity-based registration
- Surface-based registration

○ Error prediction

○ Segmentation

○ Conclusion

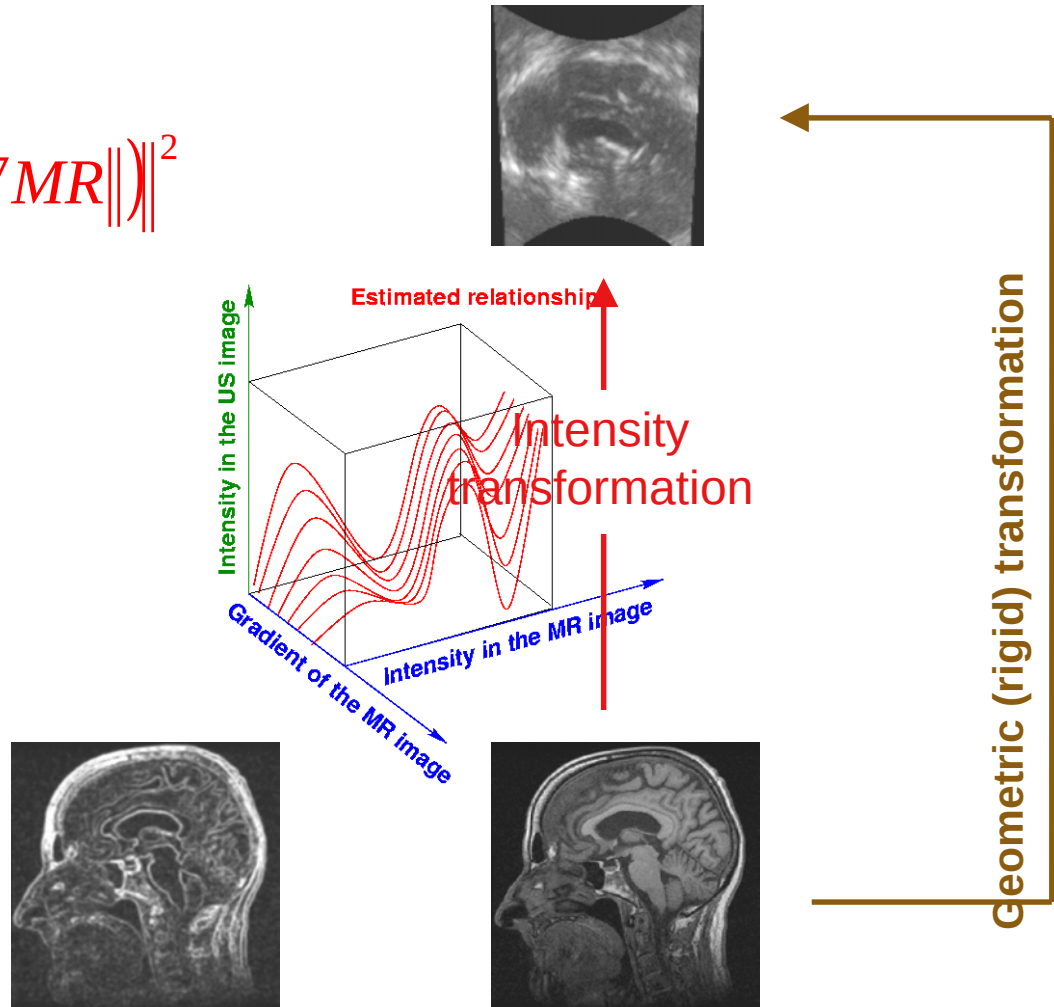
MR / US registration

➡ *Bivariate correlation ratio*

$$C(T, f) = \left\| T(US) - f(MR, \|\nabla MR\|) \right\|^2$$

Alternated search

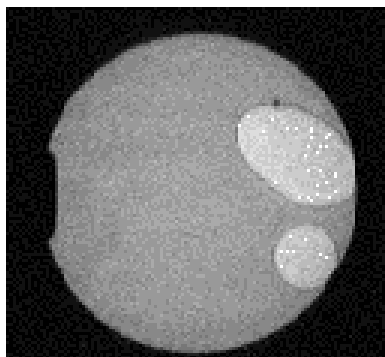
- function f
- transformation T



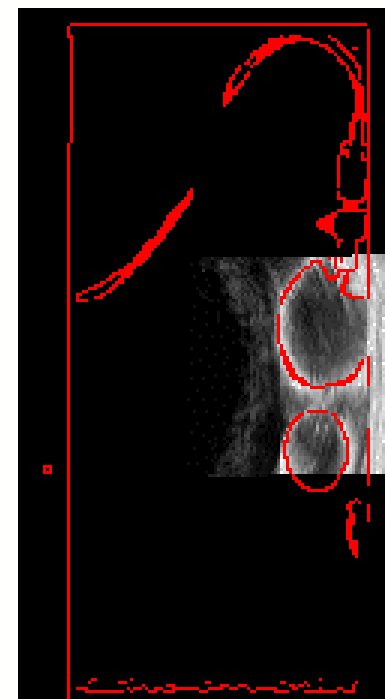
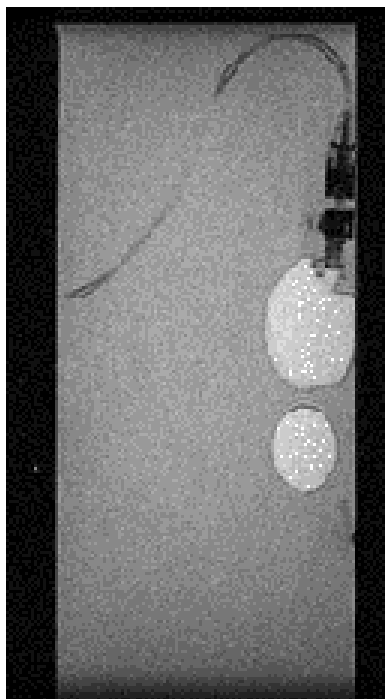
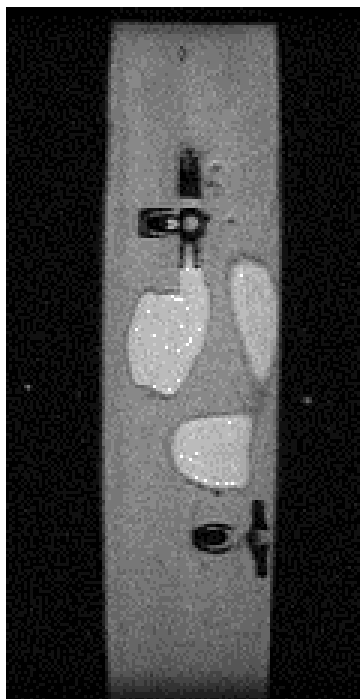
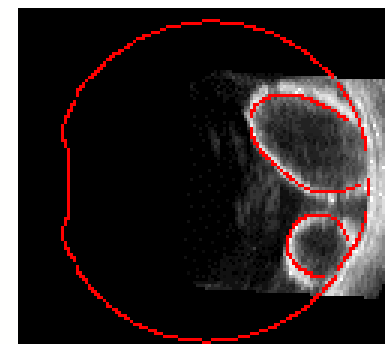
[A. Roche, X. Pennec et al., MICCAI 2000, TMI 20 (10) 2001.]

Results on a phantom

MR image

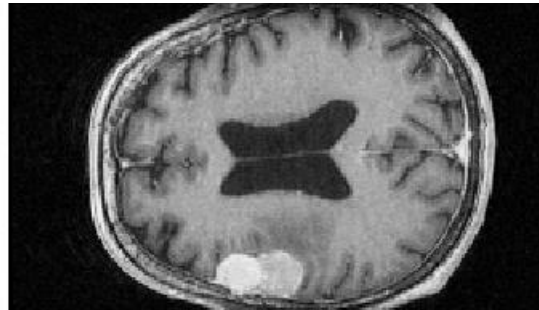


Registered US image, manual init.

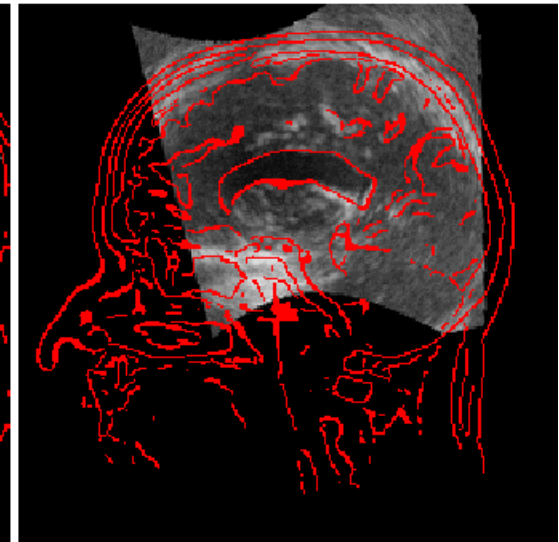
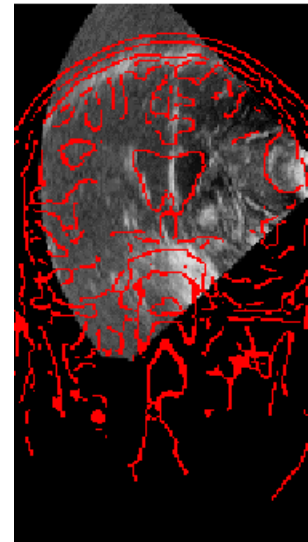
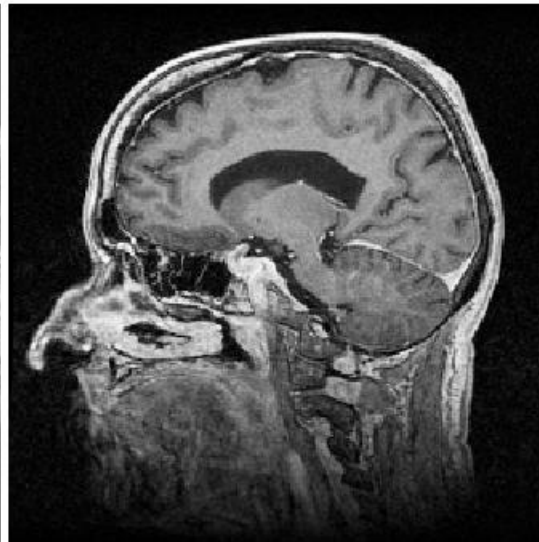
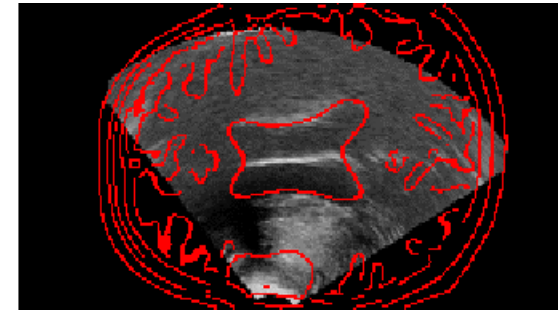


Results on per-operative patient images

MR Image



Registered US



Evaluation of MR / US registration

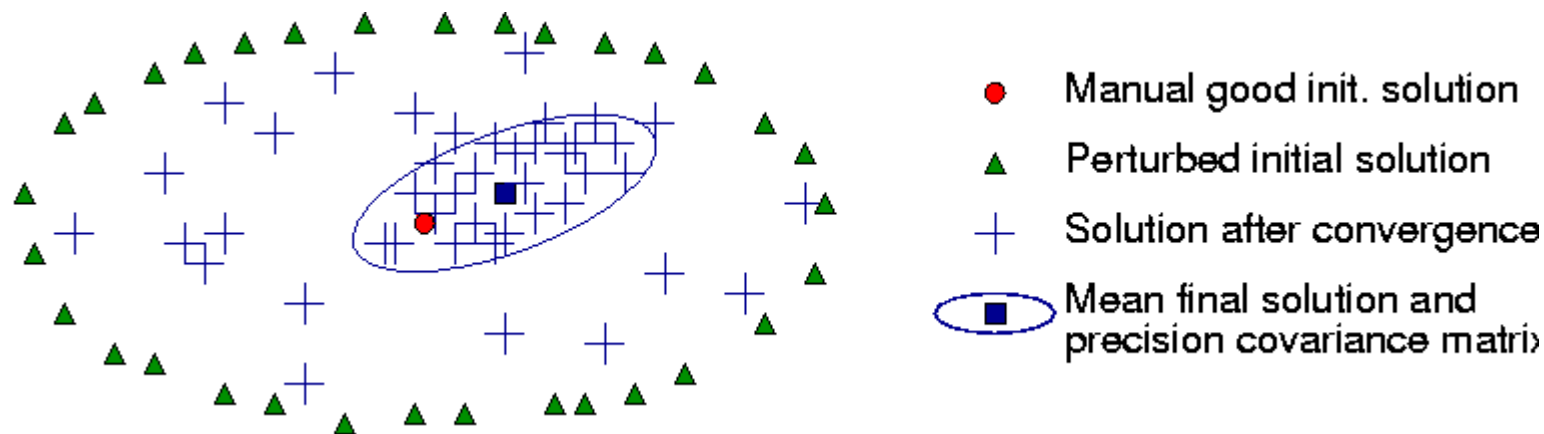
Robustness w.r.t. initial transformation

- ❑ Manual initial transformation is easy up to 20mm and 15 deg.
- ❑ What is the probability to converge to the right transformation?
 - Determine the right transformation
 - What is inlier (CV to the right transfo) and outlier ?
Determine repeatability

Consistency (accuracy?) of the registration

- ❑ Registration loops versus comparison of transformations
- ❑ Toward a “bronze standard” registration

Robustness and repeatability

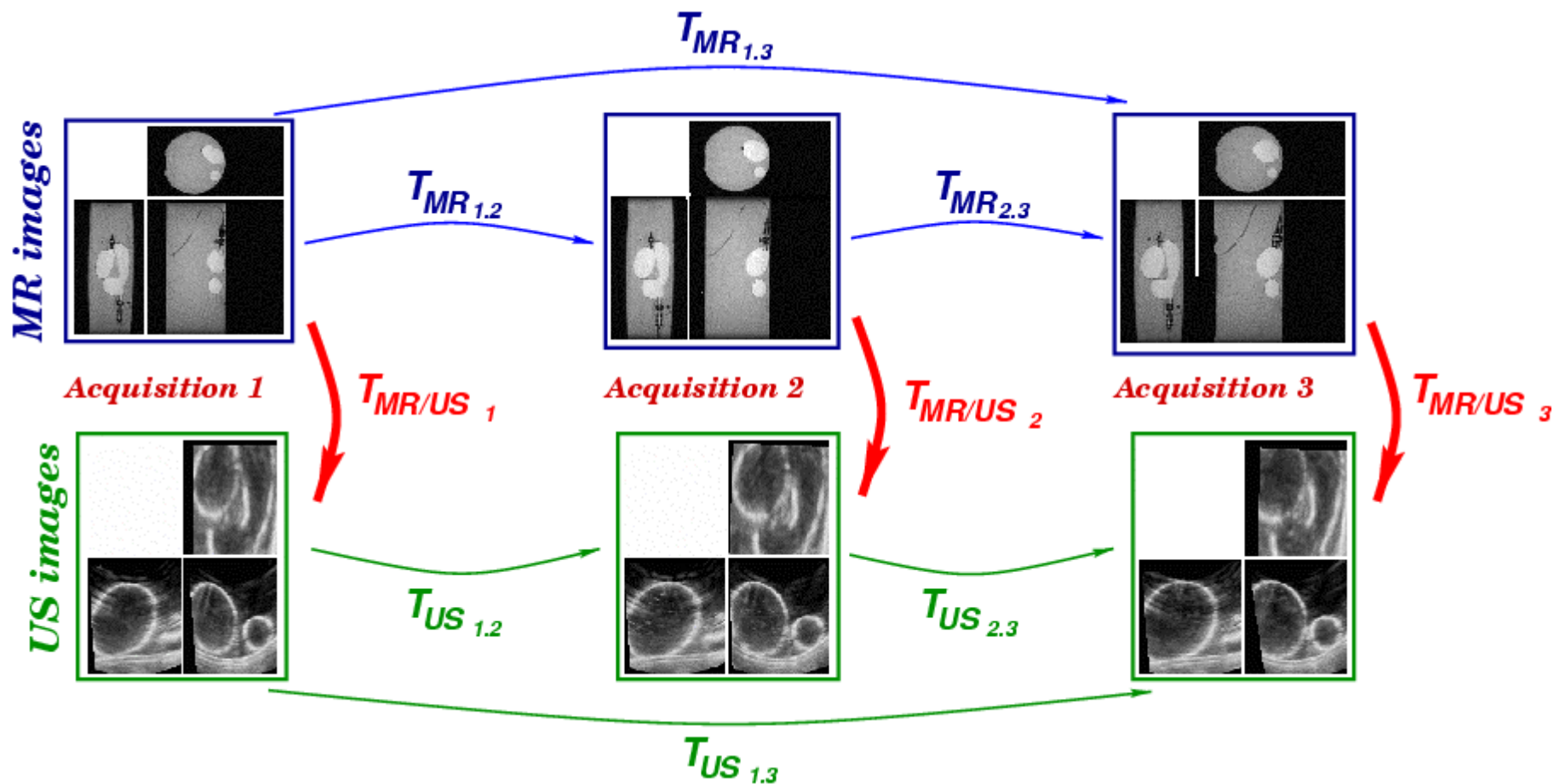


- Find the mean of good results and its variability

Success rate, $\sigma_{rot}, \sigma_{trans}$

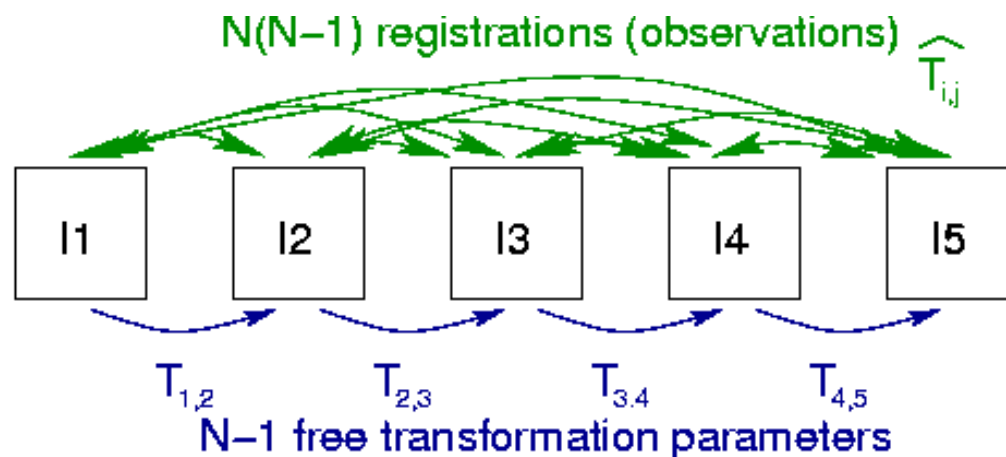
- Robust Fréchet mean
$$\bar{T} = \arg \min_T \left(\sum_i \min(\mu^2(T_i, T), \chi^2) \right)$$
- ML estimation of a mixture Gaussienne + uniforme (EM)

Accuracy Evaluation (Consistency)



$$\sigma_{loop}^2 = 2\sigma_{MR/US}^2 + \sigma_{MR}^2 + \sigma_{US}^2$$

Multiple a posteriori registration



Best explanation of the observations (ML) :

- ❑ Robust Fréchet mean $d^2(T_1, T_2) = \min(\mu^2(T_i, T), \chi^2)$
- ❑ Robust initialisation and Newton gradient descent

Result

$$T_{i,j}, \sigma_{rot}, \sigma_{trans}$$

Results on the phantom dataset

Data (varying balloons volumes)

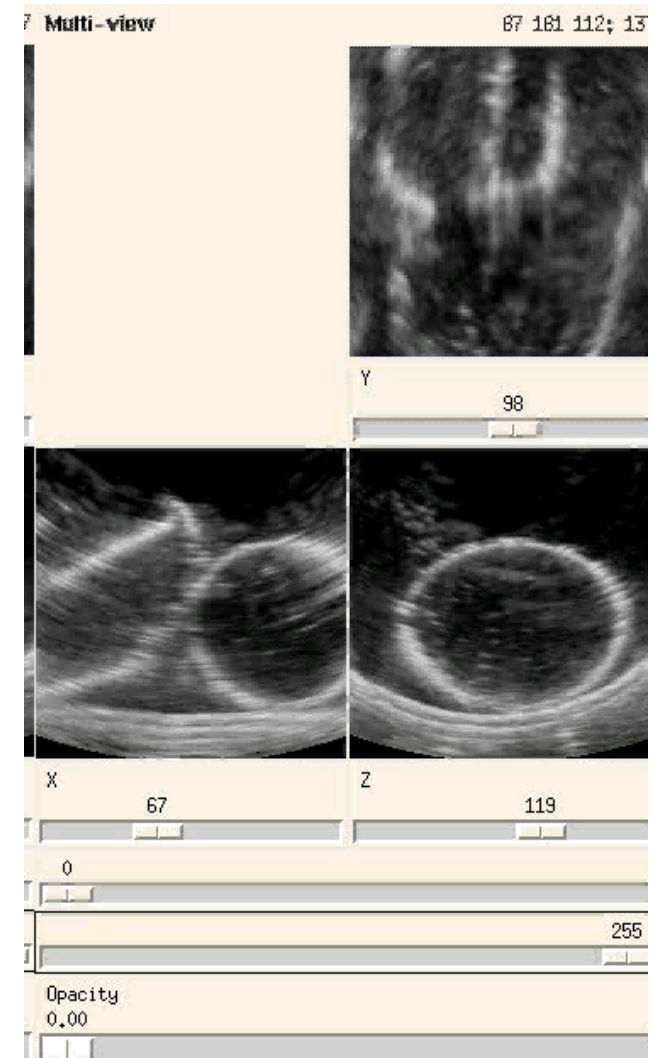
- ❑ 8 MR (0.9 x 0.9 x 1.0 mm)
- ❑ 8 US (0.4 x 0.4 x 0.4 mm)
- ❑ 54 loops

Robustness and repeatability

	Success	var rot (deg)	var trans (mm)
MI	39%	0.40	0.27
CR	52%	0.43	0.25
BCR	76%	0.14	0.09

Consistency of BCR

	var rot (deg)	var trans (mm)	var test (mm)
Multiple MR	0.06	0.1	0.13
Multiple US	0.60	0.4	0.71
Loop	1.62	1.43	2.07
MR/US	1.06	0.97	1.37



Results on per-operative patient images

Data (per-operative US)

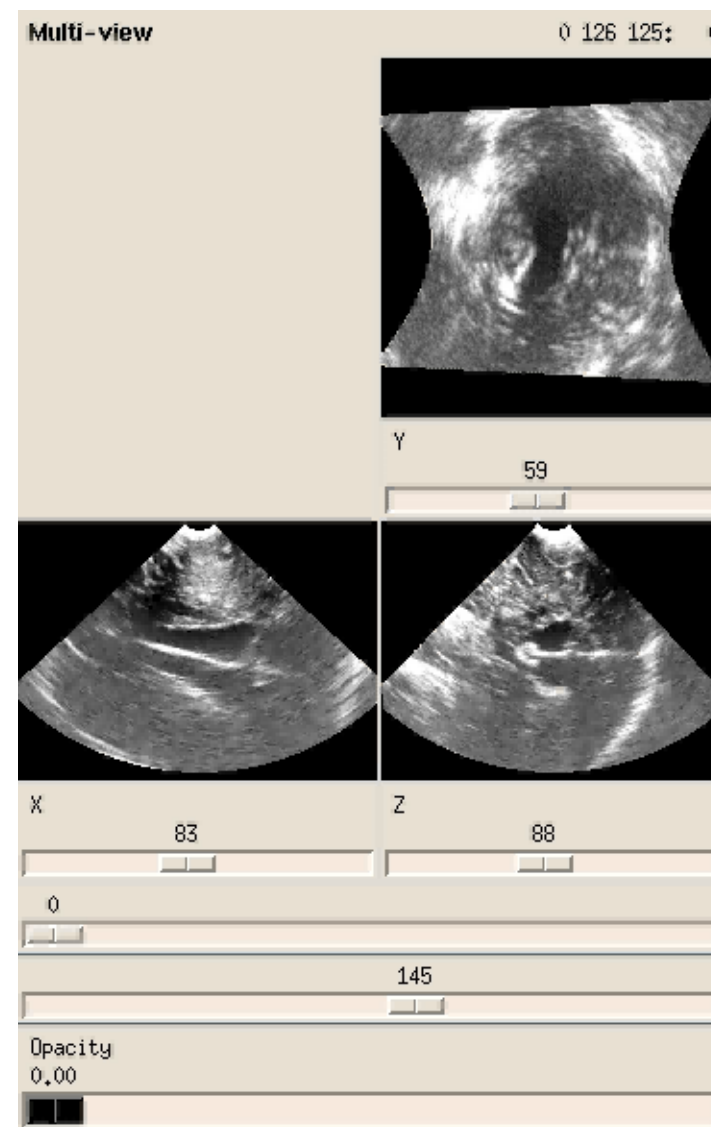
- ❑ 2 pre-op MR (0.9 x 0.9 x 1.1 mm)
- ❑ 3 per-op US (0.63 and 0.95 mm)
- ❑ 3 loops

Robustness and precision

	Success	var rot (deg)	var trans (mm)
MI	29%	0.53	0.25
CR	90%	0.45	0.17
BCR	85%	0.39	0.11

Consistency of BCR

	var rot (deg)	var trans (mm)	var test (mm)
Multiple MR	0.06	0.06	0.10
Loop	2.22	0.82	2.33
MR/US	1.57	0.58	1.65



Overview

✓ Registration performances

⇒ Performances estimation

- ✓ MR/US intensity-based registration

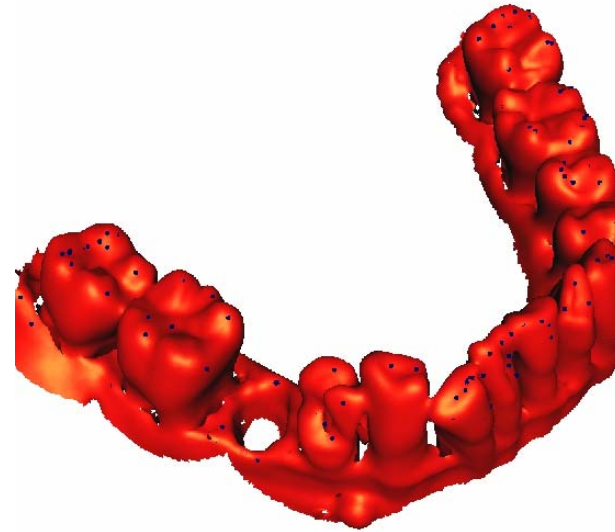
- ⇒ Surface based registration

○ Error prediction

○ Segmentation

○ Conclusion

Points and surface registration for computer guided oral implantology

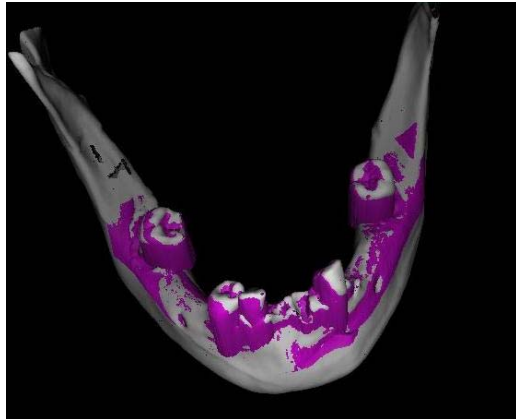


- ❑ Three point/surface registration pb.
- ❑ Robustness wrt the initial transfo
- ❑ Detection of failures
- ❑ Accuracy

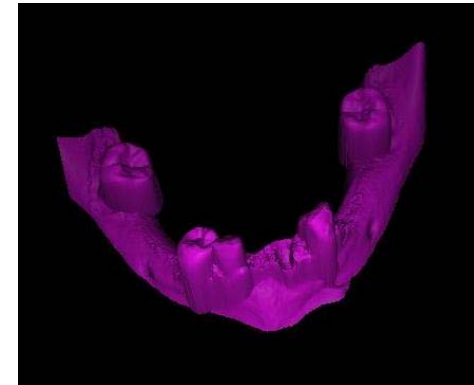
[AREALL, PhD Thesis S. Granger, MICCAI'01, ECCV'02]

Three points / surface registrations problems

**Pre-operative CT Scan
Bone and teeth surfaces**



**Optical scan of dental cast
Teeth and gum surfaces**

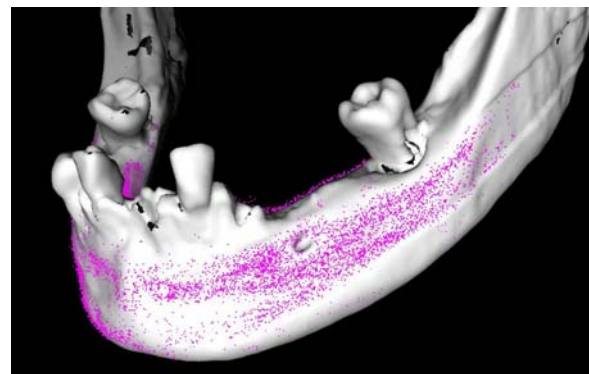
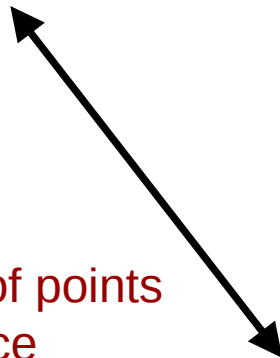


Surface / surface



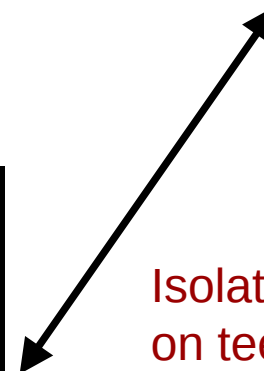
Per-operative
consistency loop

Large clouds of points
on bone surface



Per-operative points

Isolated points
on teeth surface



Points / surface registration algorithm

Data modeling

- ❑ Surface : Gaussian mixtures
- ❑ Independent point measures

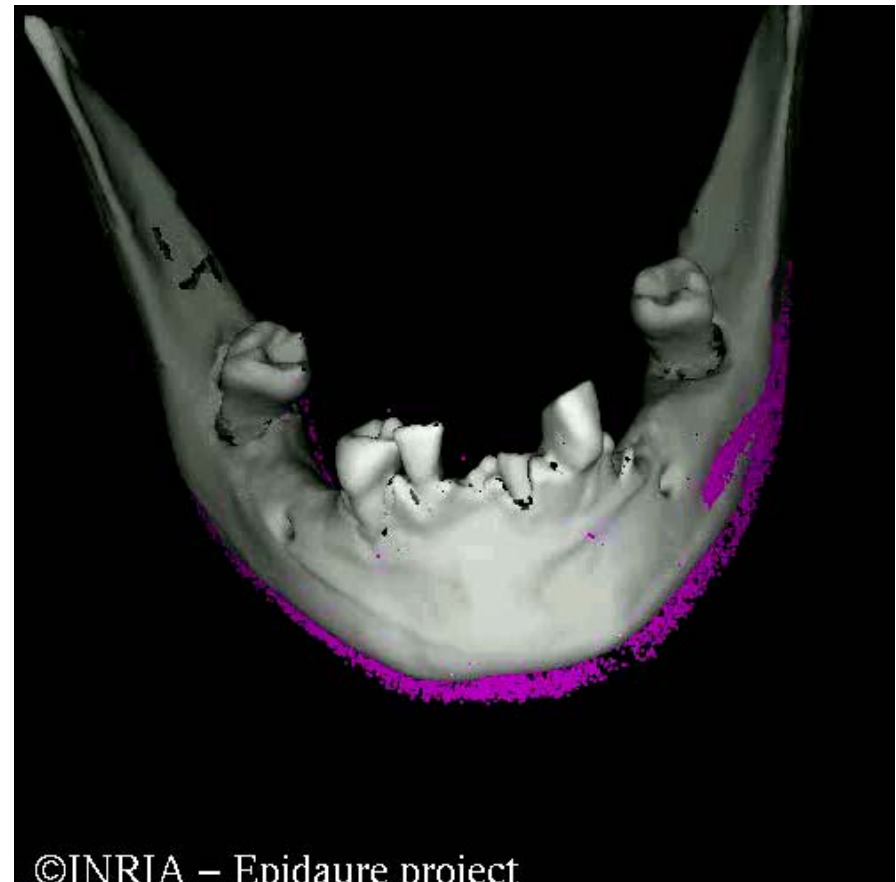
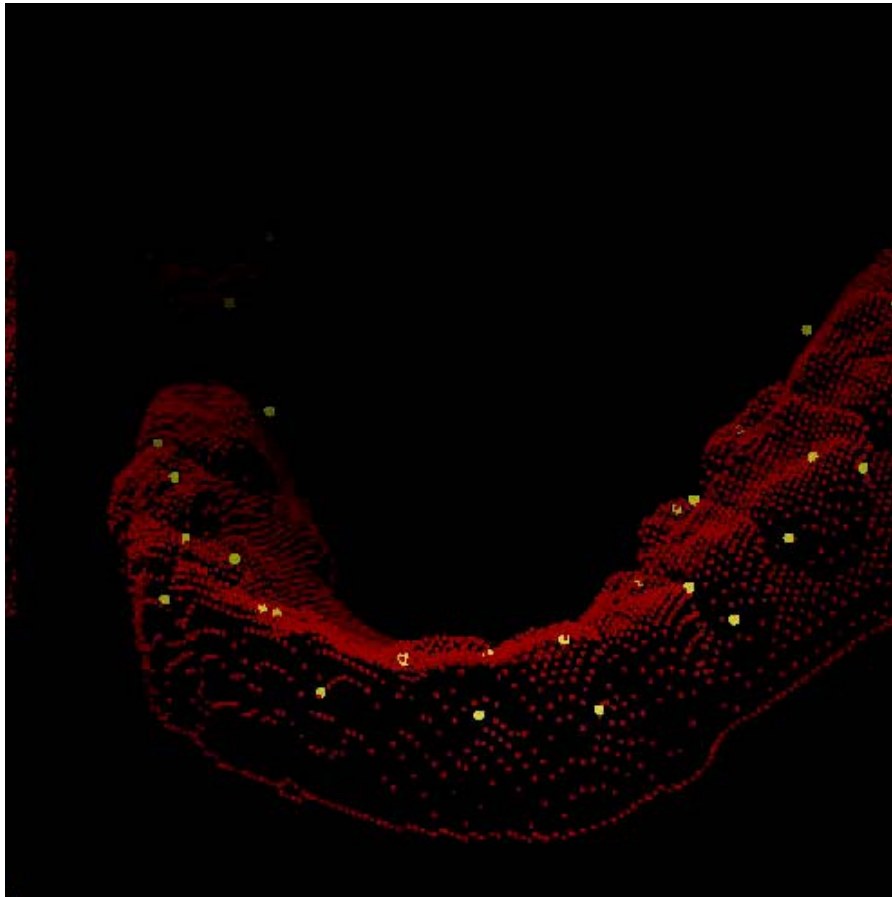
Algorithm

- ❑ ML estimation of the transformation: EM variant of ICP
- ❑ Multi-scale scheme on variance: principal axis -> ICP
- ❑ Multi-resolution scheme on points: computation time

	Sucess	Repeat. (mm)	Time (s)
ICP	15%	0	320
Basic EM	27%	0	530
Multiscale ICP	79%	0,1	25
Multiscale EM	88%	0	58

[S. Granger, X. Pennec et al., MICCAI 2001, ECCV 2002]

Points / surface registration



Points / surface registration performances

❑ Isolated points to surface registration

	CV basin (translation)	Repeatability	Fault detection (criterion value)
ICP	2 mm	0.2 mm	difficult
Multiscale EM	10 mm	0.007 mm	easy (100%)

❑ Surface to surface registration

	CV basin (translation)	Repeatability	Fault detection (criterion value)
ICP	6 mm	0.02 mm	easy
Multiscale EM	> 8 mm	0.005 mm	easy (100%)

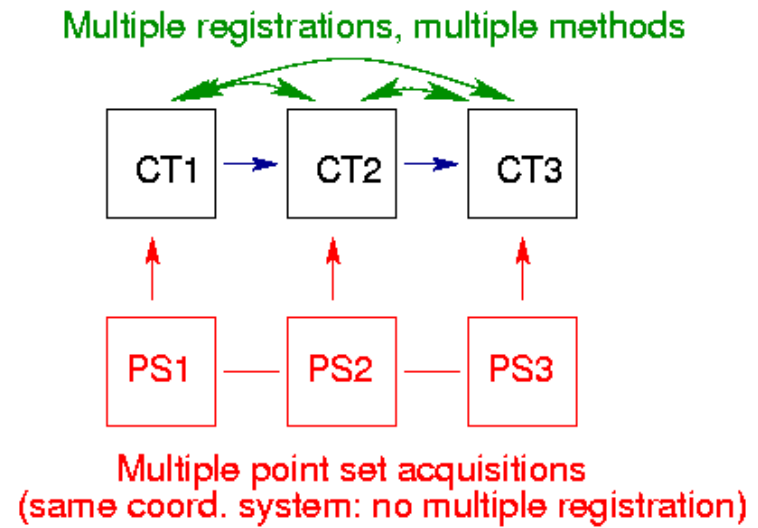
❑ Large clouds of points to surface registration

	CV basin (translation)	Repeatability	Fault detection (criterion value)
ICP	2 mm	0.04 mm	possible
Multiscale EM	5 mm	0.001 mm	easy

Points / surface registration accuracy

Measuring the uncertainty

- ❑ Multiple data acquisitions: independent transfo.
- ❑ Repeat on many subjects
- ❑ Bias will have to be tested on the real system.



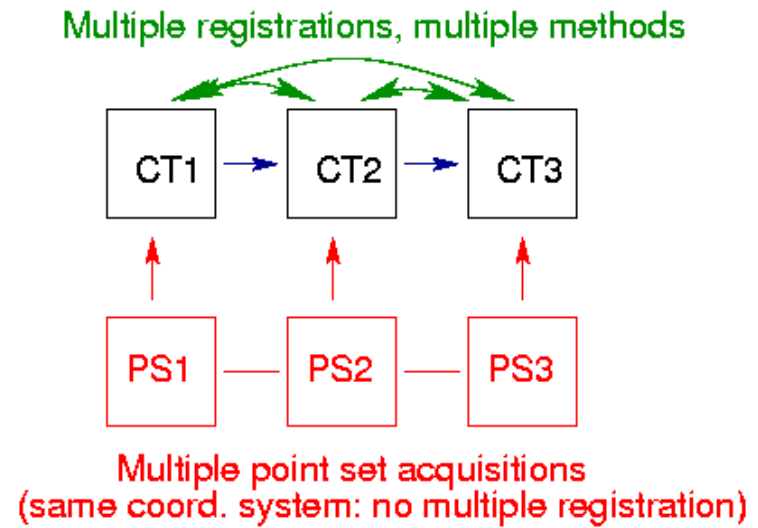
Establish a “bronze standard” based on several CT images

- Crest lines (extraction at two scales): 0.12 deg / 0.20 mm
- Yasmina (SSD and correlation ratio): 0.14 deg / 0.18 mm
- Aladin (correlation by block matching): 0.13 deg / 0.20 mm
- Multiscale EM-ICP: 0.08 deg / 0.10 mm
- **Bronze standard:** 0.03 deg / 0.04 mm

Points / surface registration accuracy

Measuring the uncertainty

- ❑ Multiple data acquisitions: independent transfo.
- ❑ Repeat on many subjects
- ❑ Bias will have to be tested on the real system.



Isolated points to surface registration accuracy

- ICP: 0.35 mm (50 pts) 0.19 mm (200 pts)
- Multiscale EM-ICP: 0.25 mm (50 pts) 0.16 mm (200 pts)

Point clouds to surface registration accuracy

- ICP: 0.17 mm (1500 pts)
- Multiscale EM-ICP: 0.17 mm (1500 pts)

Overview

✓ Registration performances

✓ Performances estimation

⇒ Error prediction

⇒ 3D/3D feature-based registration

○ 3D/2D registration for Augmented Reality

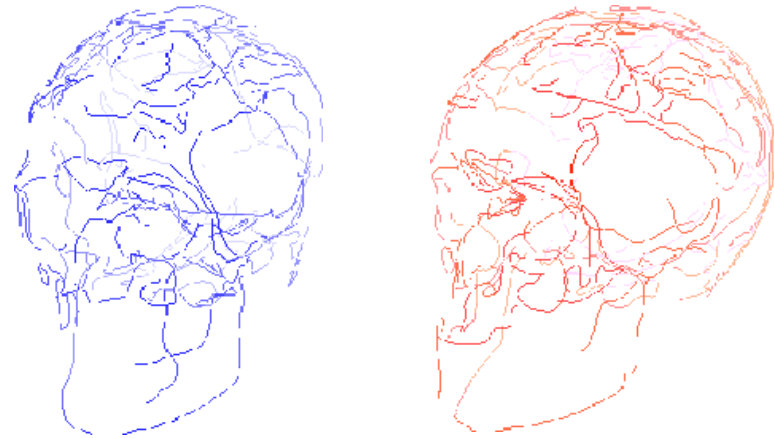
○ Segmentation

○ Conclusion

Uncertainty of feature-based registration

Matches estimation

- ❑ Alignment
- ❑ Geometric hashing
- ❑ ICP



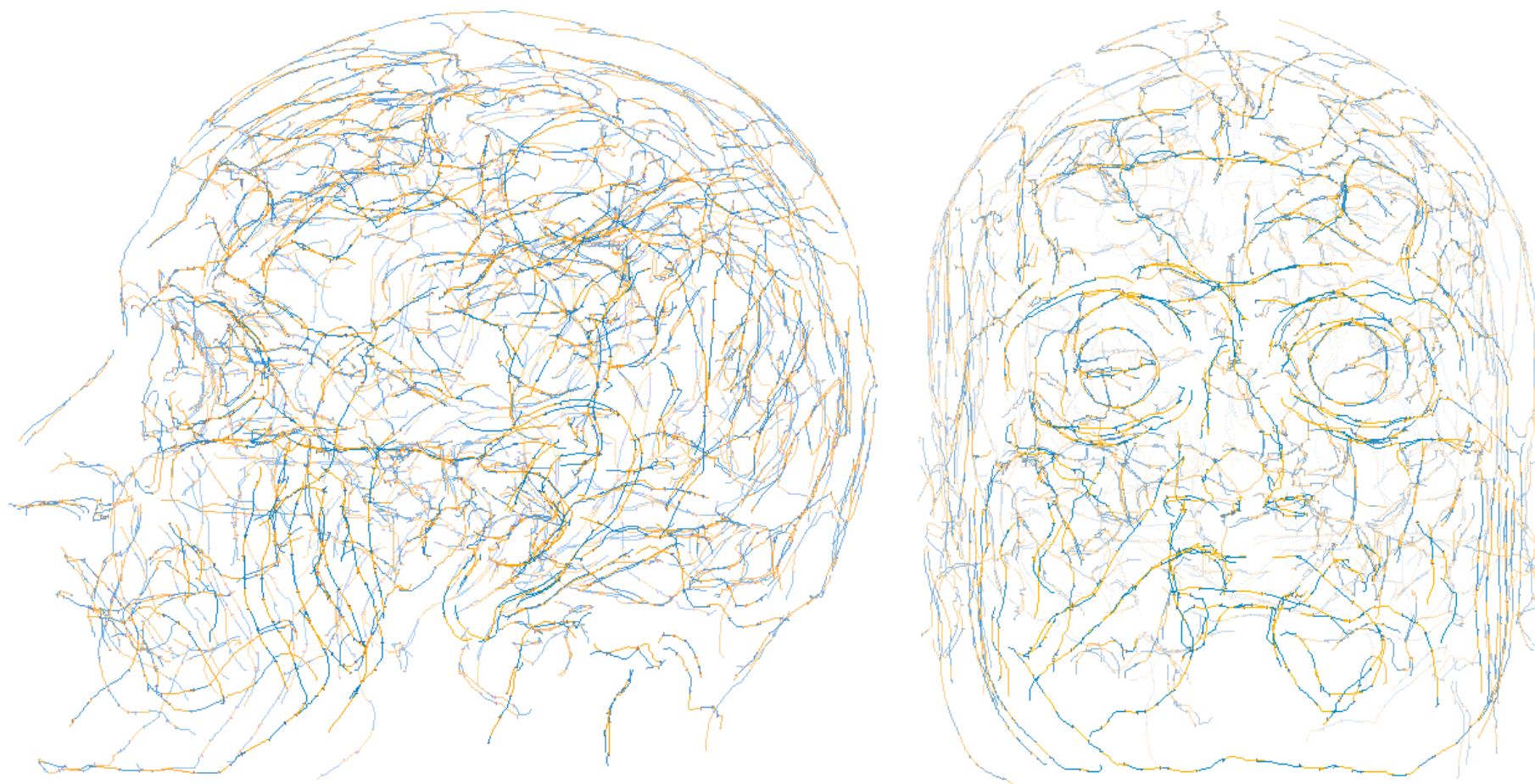
Least square registration

$$C(T, \chi) = \sum_i \|y_i - T * x_i\|^2$$

- ❑ Propagation of the errors from the data to the optimal transformation at the first order (implicit function theorem):

$$\Sigma_{\chi\chi} = \sigma^2 . Id \quad \Rightarrow \quad \Sigma_{TT} = \sigma^2 . H^{-1} \quad \text{with} \quad H = \frac{\partial^2 C(T, \chi)}{\partial T^2}$$

Registration of MR T1 images of the head



Typical object accuracy: 0.06 mm

860 matched frames among 3600

Typical corner accuracy: 0.125 mm

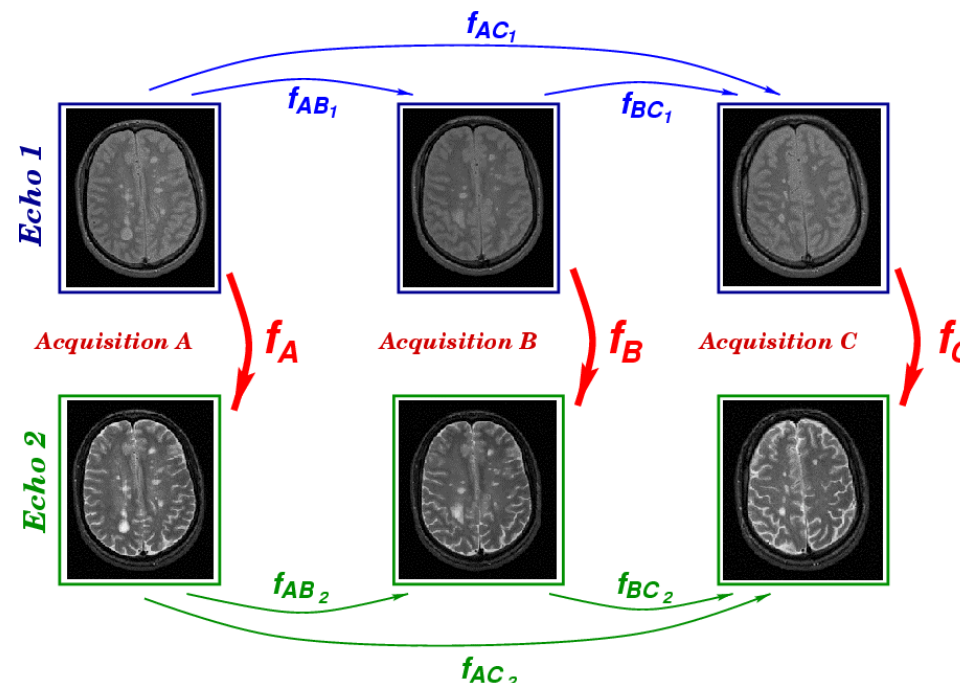
Validation of the error prediction

Comparing two transformations
and their Covariance matrix :

$$\mu^2(T_1, T_2) \approx \chi_6^2$$

Mean: 6, Var: 12

KS test



Brigham and Women's Multiple sclerosis database

- ❑ 24 3D acquisitions over one year per patient
- ❑ T2 weighted MR, 2 different echo times, voxels 1x1x3 mm
- ❑ Predicted object accuracy: 0.06 mm.

[X. Pennec et al., Int. J. Comp. Vis. 25(3) 1997, MICCAI 1998]

Validation of the error prediction

Comparing two transformations
and their Covariance matrix :

$$\mu^2(T_1, T_2) \approx \chi_6^2$$

Mean: 6, Var: 12

KS test

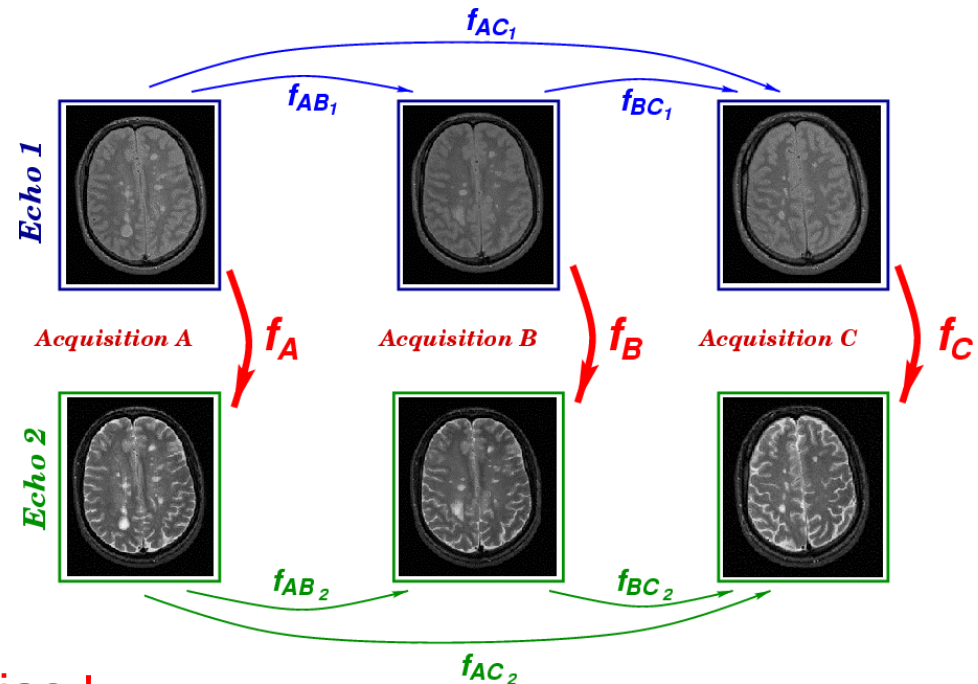
Intra-echo: $\mu^2 \approx 6$, KS test OK

Inter-echo: $\mu^2 > 50$, KS test failed, **Bias !**

Bias estimation: (chemical shift, susceptibility effects)

- $\sigma_{rot} = 0.06$ deg (not significantly different from the identity)
- $\sigma_{trans} = 0.2$ mm (significantly different from the identity)

Inter-echo with bias corrected: $\mu^2 \approx 6$, KS test OK



[X. Pennec et al., Int. J. Comp. Vis. 25(3) 1997, MICCAI 1998]

Overview

- ✓ Registration performances

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- ⇒ Error prediction

 - ✓ 3D/3D feature-based registration

 - ⇒ 3D/2D registration for Augmented Reality

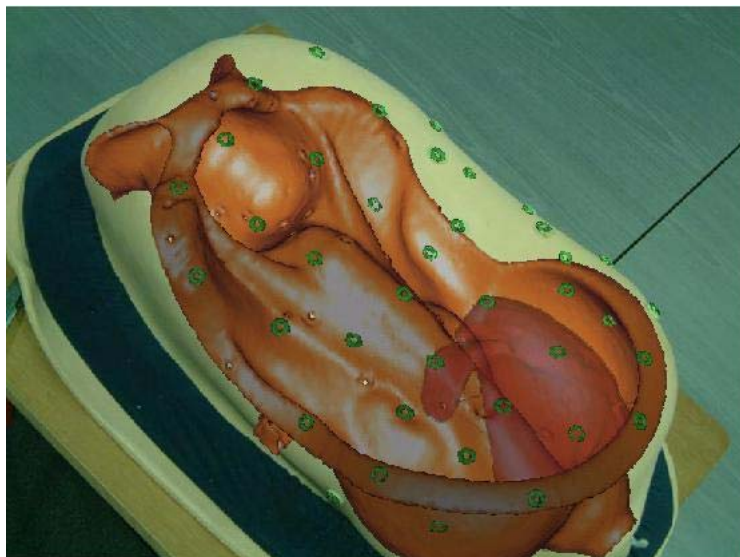
- Segmentation

- Conclusion

Augmented reality guided radio-frequency tumor ablation

Current operative setup at IRCAD (Strasbourg, France)

- Per-operative CT “guidance”
- Respiratory gating
 - ➡ Marker based 3D/2D rigid registration



S. Nicolau, X.Pennec, A. Garcia, L. Soler, N. Ayache



Increase 3D/2D registration accuracy: A new Extended Projective Point Criterion

Standard criterion:

$$\sum_{l=1}^M \sum_{i=1}^N \left\| P^l(T^* M_i) - m_i^l \right\|^2$$

- ❑ image space minimization (ISPPC)
- ❑ noise only on 2D data

Complete statistical assumptions + ML estimation

- ❑ Gaussian noise on 2D and 3D data
- ❑ Hidden variables M_i (exact 3D positions)

$$\sum_{l=1}^M \sum_{i=1}^N \frac{\left\| P^l(T * M_i) - \tilde{m}_i^l \right\|^2}{2\sigma_{2D}^2} + \sum_{i=1}^N \frac{\left\| M_i - \tilde{M}_i \right\|^2}{2\sigma_{3D}^2}$$

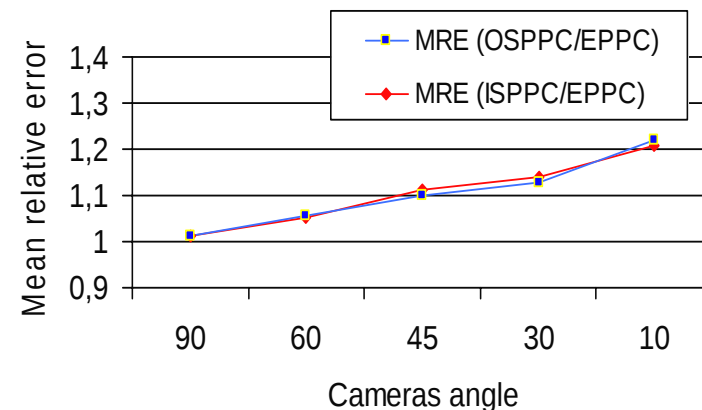
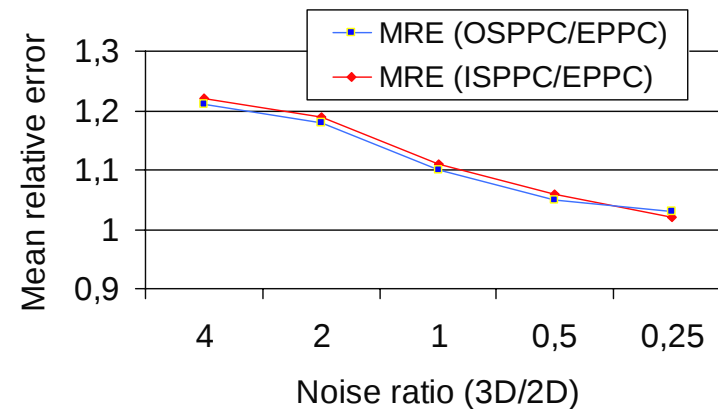
Performance evaluation of EPPC vs ISPPC

Simulation

- ❑ Better TRE (up to 20%)
 - large 3D/2D noise ratio
 - small cameras angle

- ❑ Better robustness

	Proba of CV	
ISPPC	57%	91%
OSPPC	85%	96%
EPPC	94%	99%



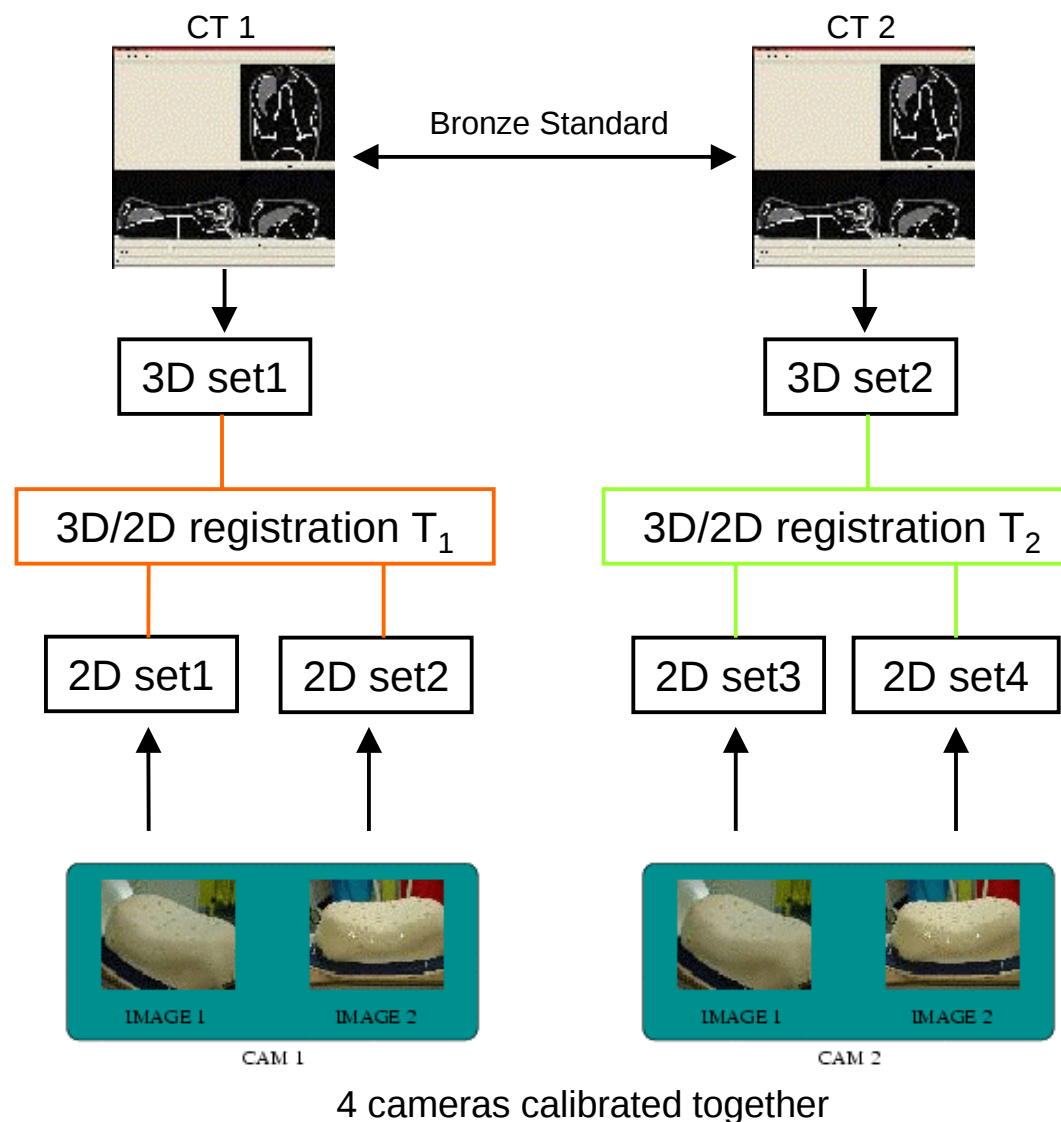
- ❑ Com. Time 10 to 20 larger

[S. Nicolau et al., IS4TM 2003]

Phantom acquisition protocol

Registration protocol:

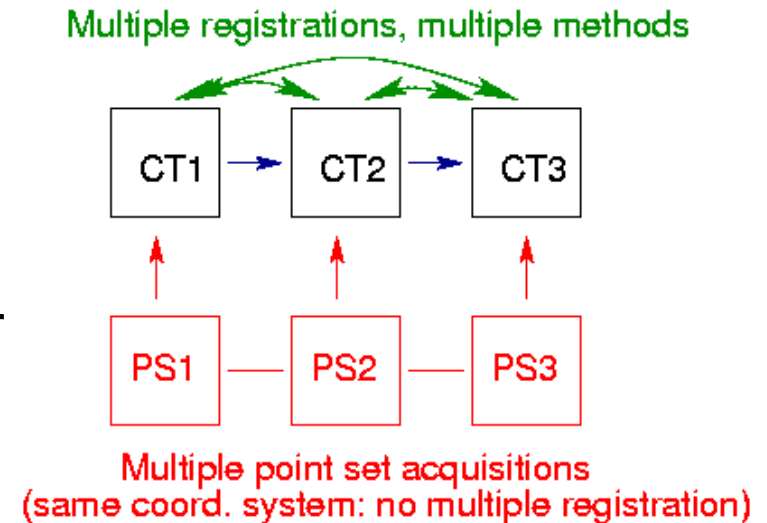
- ❑ Real 2D and 3D images of a phantom
- ❑ Multiple CT acquisitions: independent transfo.
- ❑ 2 pairs of cameras calibrated together
- ❑ Soft skin (unwanted motion ~1.5 mm).



Phantom bronze standard

Measuring the uncertainty

- ❑ Multiple CT acquisitions: independent transfo.
- ❑ 2x2 cameras calibrated together
- ❑ Soft skin (motion ~1.5 mm).



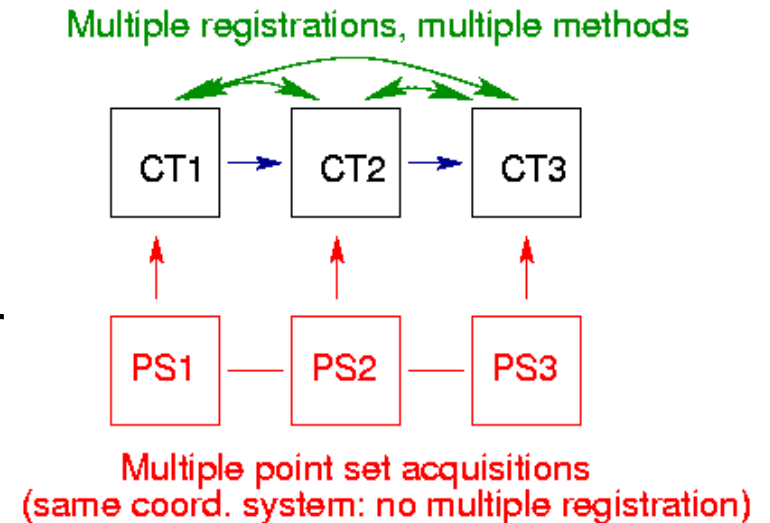
Establish a “bronze standard” based on several CT images

- | | |
|---|---------------------------|
| ● Crest lines (extraction at two scales): | 0.04 deg / 0.27 mm |
| ● Yasmina (SSD and correlation ratio): | 0.04 deg / 0.41 mm |
| ● Aladin (correlation by block matching): | 0.09 deg / 0.56 mm |
| ● Multiscale EM-ICP: | 0.08 deg / 0.68 mm |
| ● Bronze standard: | 0.01 deg / 0.07 mm |
| ● Fiducials: | 0.15 deg / 0.85 mm |

Phantom bronze standard

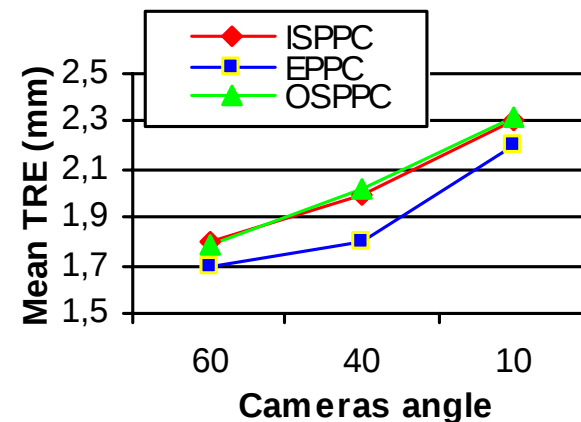
Measuring the uncertainty

- ❑ Multiple CT acquisitions: independent transfo.
- ❑ 2x2 cameras calibrated together
- ❑ Soft skin (motion ~1.5 mm).



Performances evaluation

- ❑ EPPC TRE up to 9 % better:
24 -> 20 markers
- ❑ Mean TRE of 2 mm
- ❑ Comp. Time: 0.2 s



[S. Nicolau et al., IS4TM 2003]

Whole loop accuracy evaluation

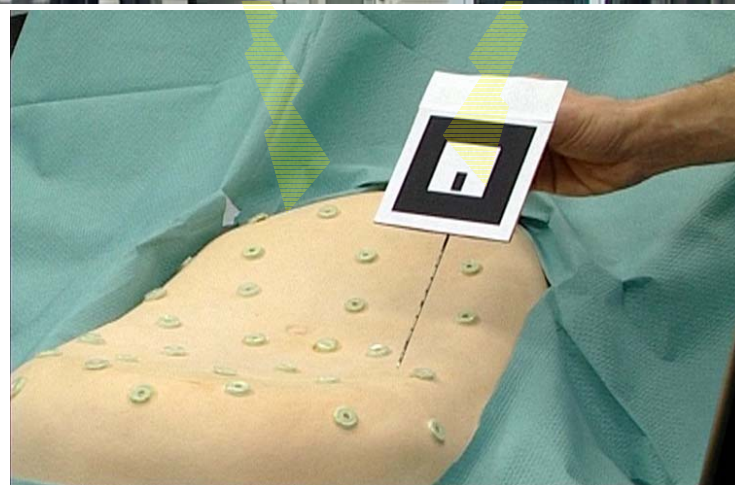
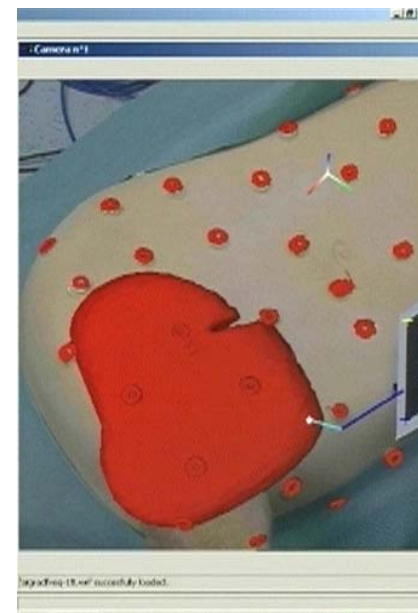
Left monitor with AR
& needle tracking



Stereoscopic HD video acquisition



Right monitor with AR
& needle tracking



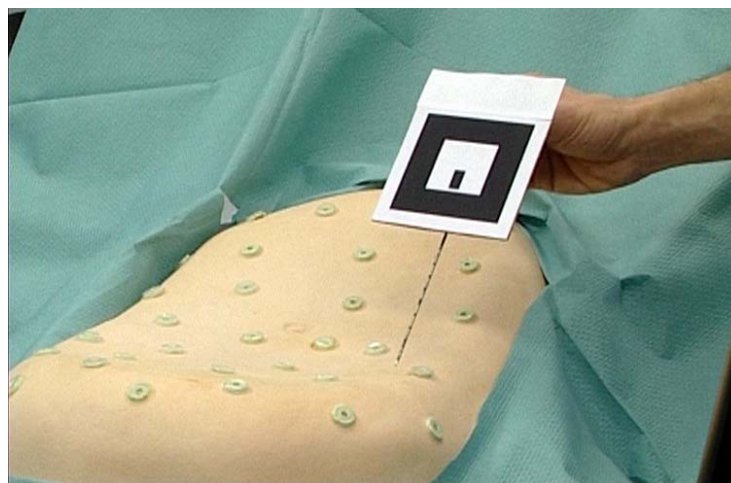
Real scene: phantom + needle

Whole loop accuracy evaluation

Left monitor with AR
& needle tracking

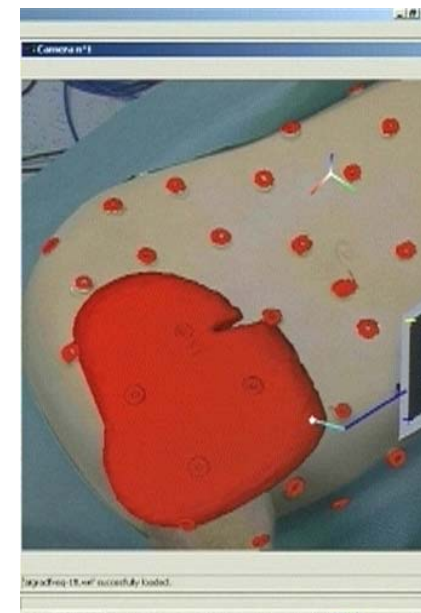


Endoscopic control



Real scene: phantom + needle

Right monitor with AR
& needle tracking



DivX Video File

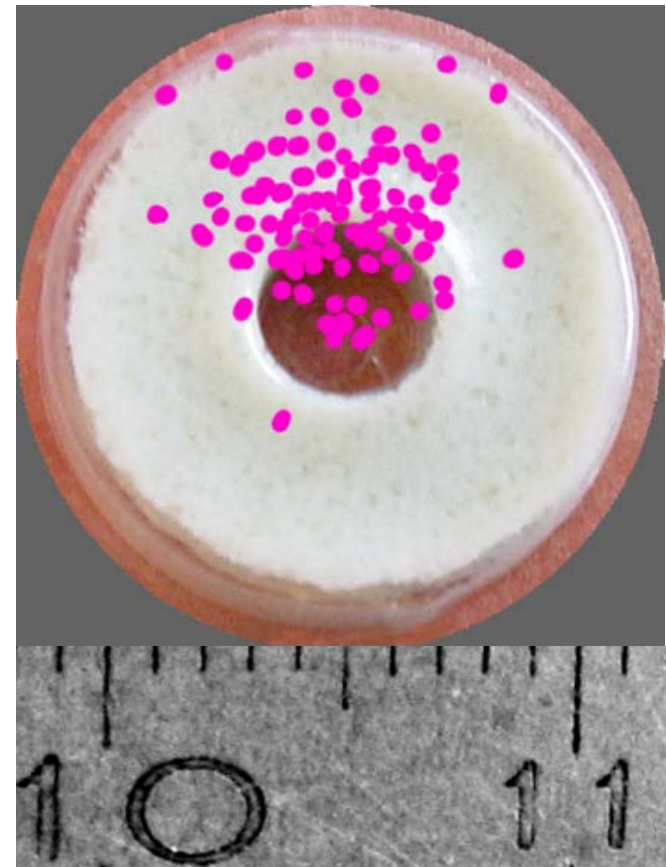
Whole loop accuracy evaluation

Experimental setup

- ❑ Two participants (comp. sci. + surgeon)
- ❑ 100 needle targetings

Measures

- ❑ Distribution of hits
(endoscopic view, video recording)
- ❑ Average deviation from target
 $2.8 \text{ mm} \pm 1.4$
- ❑ Average targeting time:
 $46.6 \text{ sec.} \pm 24.64$



[S. Nicolau, A. Garcia et al., Aug. & Virtual Reality Workshop, Geneva, 2003]

Improving the safety

Performances evaluation

- ❑ Hundreds of simulations
- ❑ Multiple phantom experiments

⇒ Difficult to span the whole range of parameters

Error propagation

- ❑ Predict target registration error for a given configuration
- ❑ 1st order propagation of the 2D and 3D noise on points

⇒ Need to validate for the absence of biases

[S. Nicolau et al., INRIA RR 4993, 2003]

Validation of the error prediction

Incremental validation protocol

- ❑ Check non linearities of the criterion (1st order propag.)

- Simulation

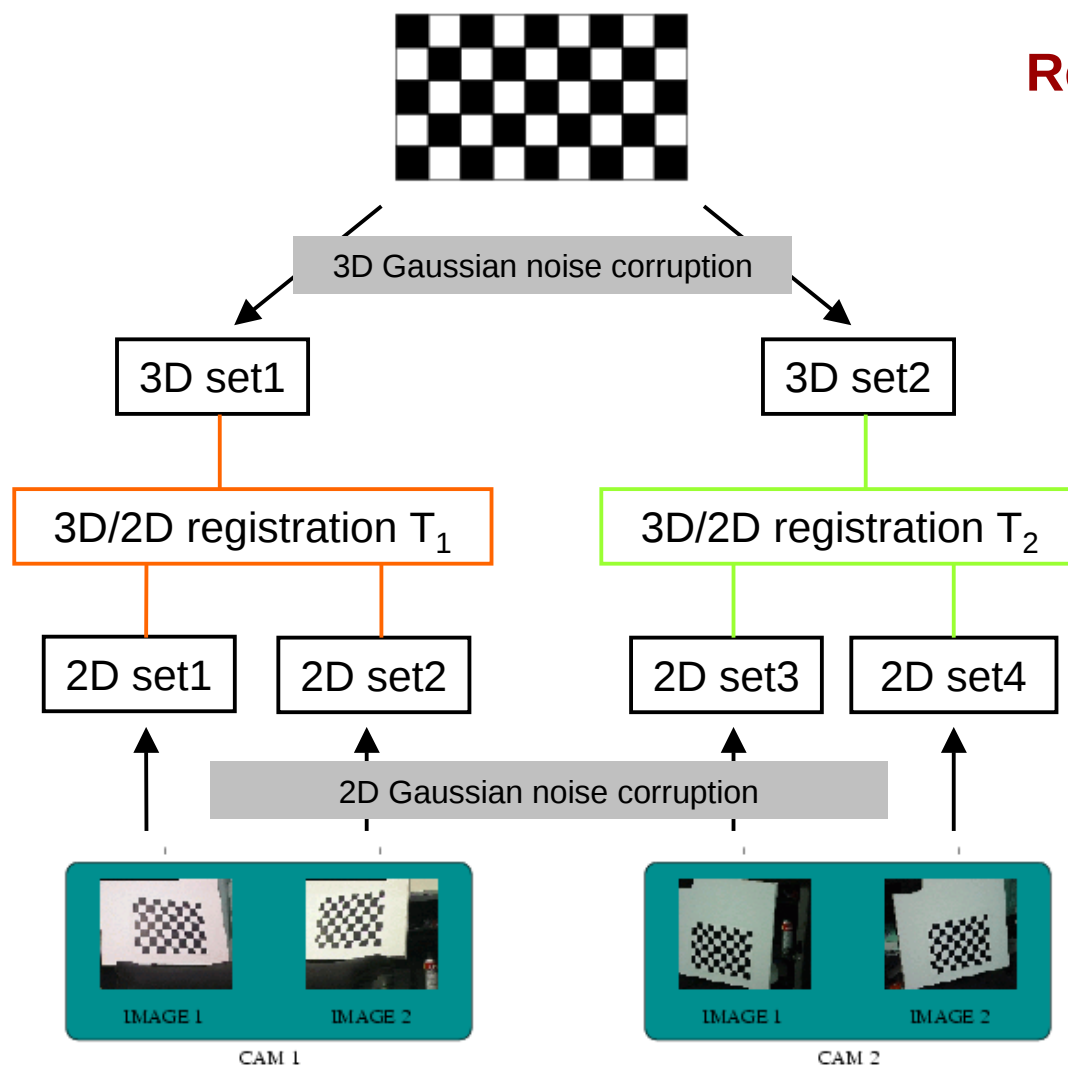
	$\mu^2 (3)$	$\sigma (2.45)$	KS-conf. (0.01... 1.0)
SPPC	3.020	2.506	0.353
EPPC	3.016	2.486	0.647

- ❑ Check unbiased and accurate calibration
 - Real 2D images with synthetic (Gaussian) noise
- ❑ Check Gaussian 3D and 2D noise on points
 - Real 2D and 3D images of a phantom

Validation methodology

- ❑ Mahalanobis distances (1D χ^2 measures)
- ❑ KS tests

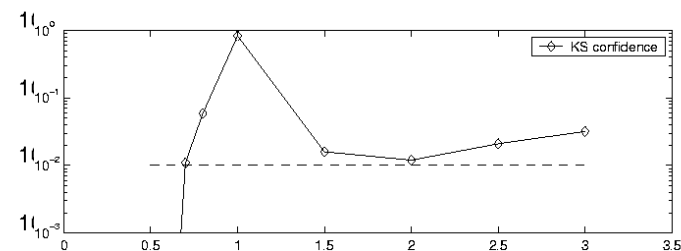
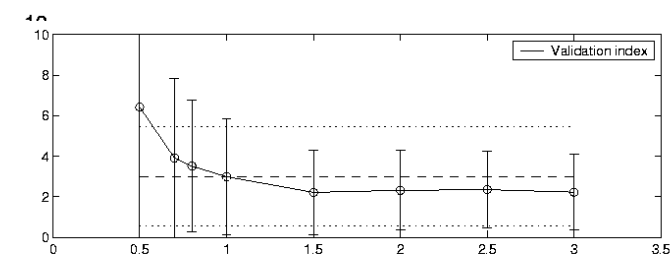
Check unbiased and accurate calibration



4 cameras calibrated together

Registration loops:

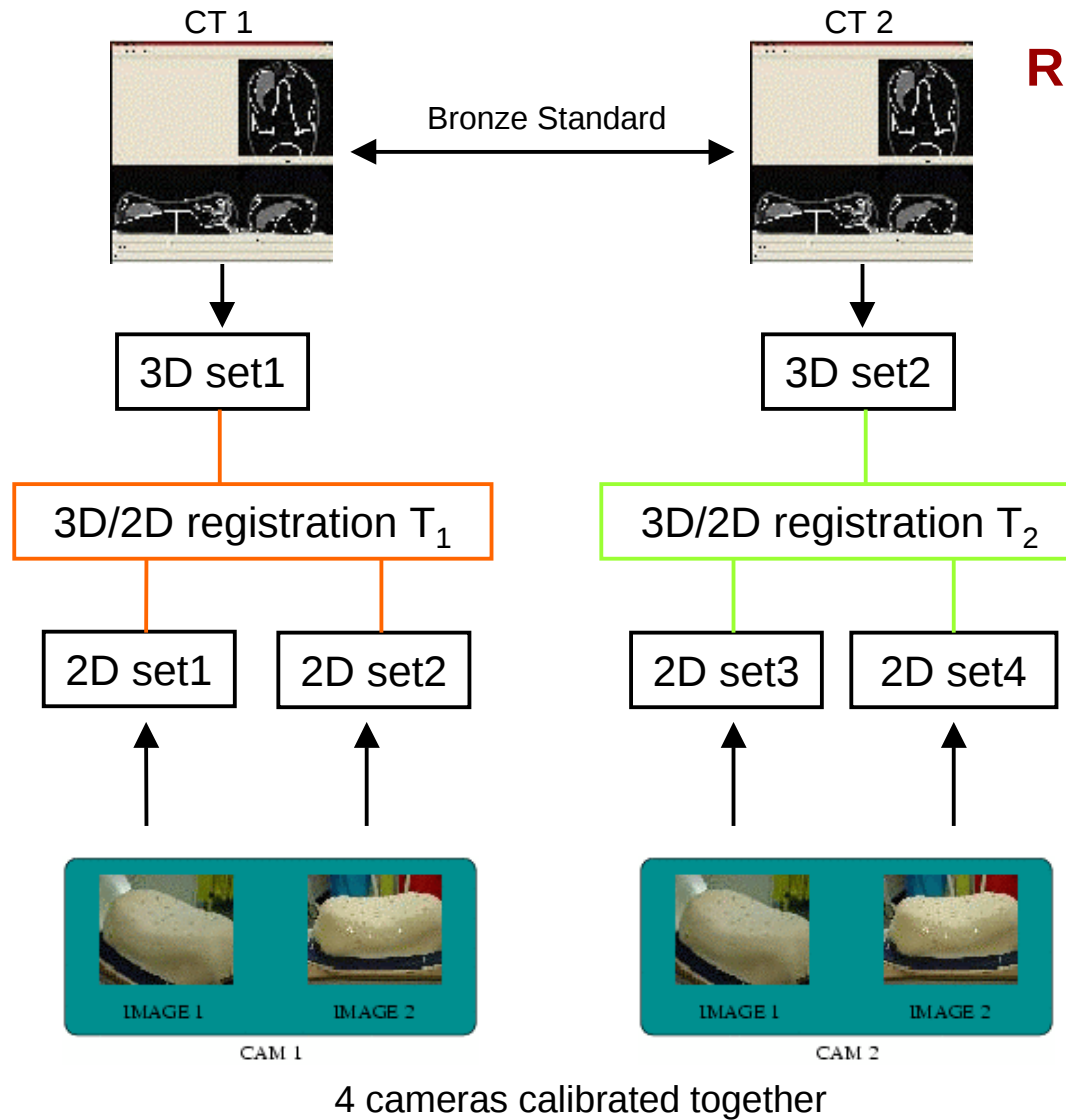
- Real 2D images with synthetic (Gaussian) noise



- Number of points < 36
- 2D and 3D noise > 0.7

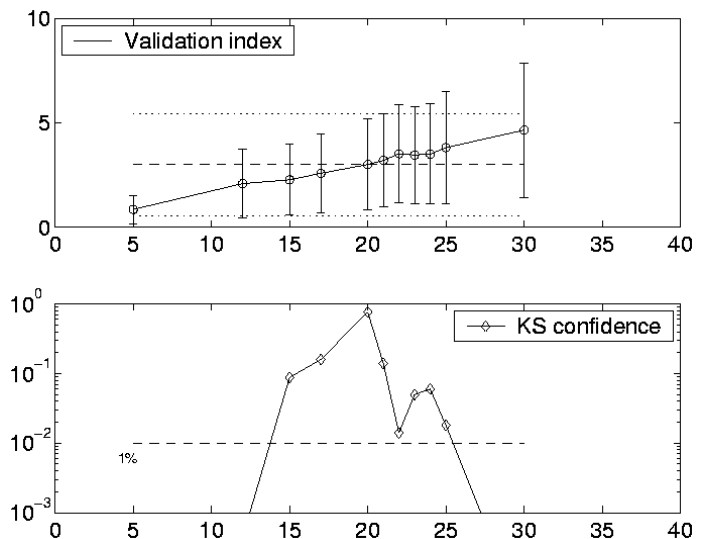
Successful validation if TRE > 1.5 mm

Check Gaussian 3D and 2D noise on points



Registration loops:

- Real 2D and 3D images of a phantom



Consistent motion of the skin
(about 1 mm)

Good error prediction in our
application range

Validation of the error prediction

Incremental validation protocol

- ❑ Check non linearities of the criterion
 - OK
- ❑ Check unbiased and accurate calibration
 - OK if registration TRE > calibration accuracy (~ 1.5 mm)
- ❑ Check Gaussian 3D and 2D noise on points
 - Consistent motion of the skin of ~ 1.5 mm (bias)
 - OK within our application range if overestimation of the 3D noise

[S. Nicolau et al., INRIA RR 4993, 2003]

Overview

- ✓ Registration performances

- ✓ Performances estimation

- ✓ Error prediction

- ⇒ Segmentation

- Conclusion

Validating Automatic Segmentation

Segmentation result: what measure to use?

- ❑ Volume (set of voxels) / surface / probability map
- ❑ important qualitative parameters for the application
 - Absolute or relative volume of the organ
 - Localization

Quantification of errors on end-points parameters

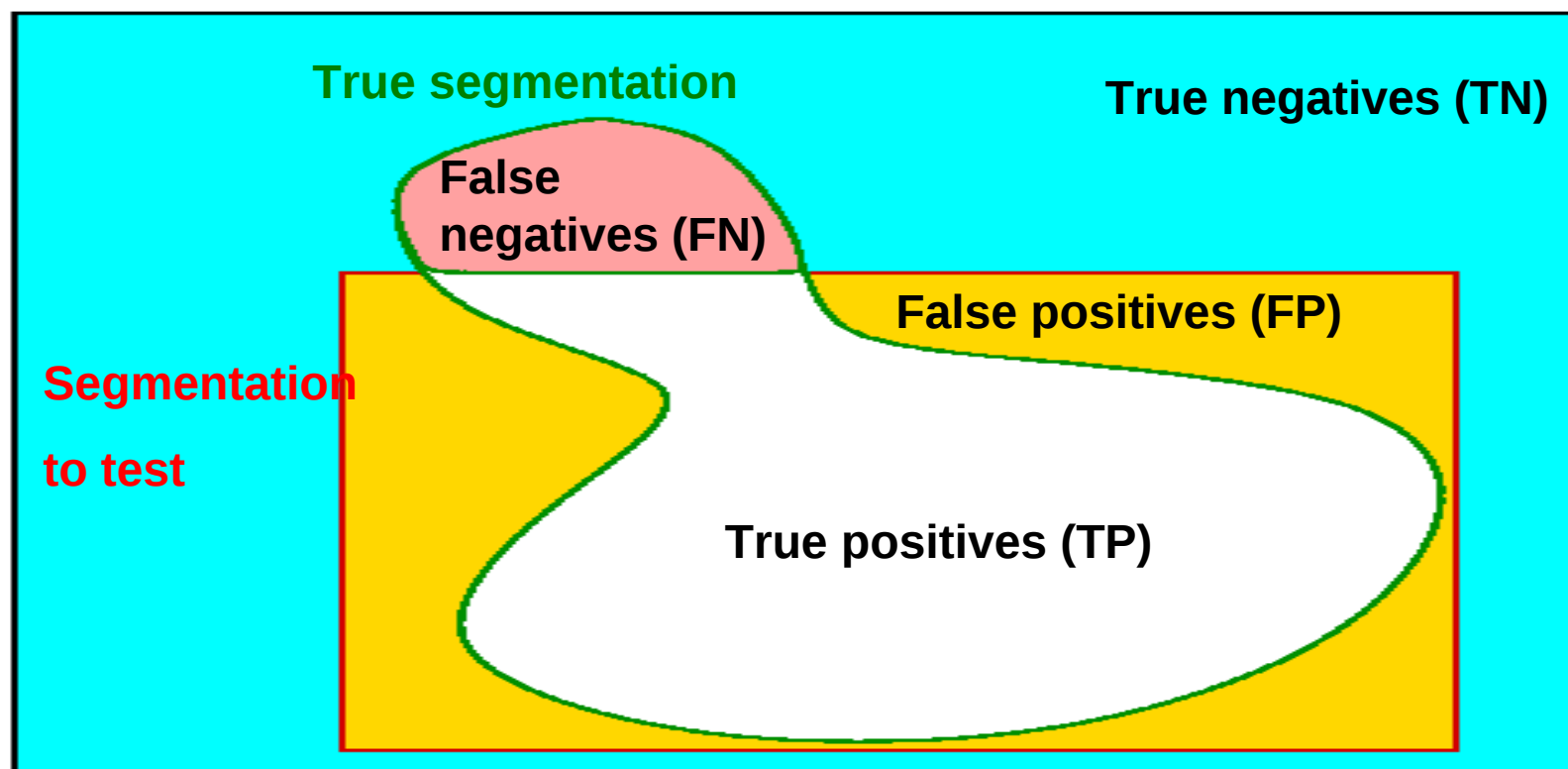
- Gross errors: outliers
- Small errors: accuracy

Ground truth segmentation by clinical experts

- ❑ intra and inter operator variability
 - limited accuracy (of the order of what we want to evaluate)

Sensitivity / specificity on volume

Sensitivity: $p = \frac{TP}{TP + FN}$ **Specificity:** $q = \frac{TN}{TN + FP}$



- ❑ Depends on the normalization volume !

Staple algorithm

Principle

- ❑ True segmentation volume = hidden variable
- ❑ Model of a segmentation method or operator:
 - Unknown Specificity
 - Unknown Sensitivity

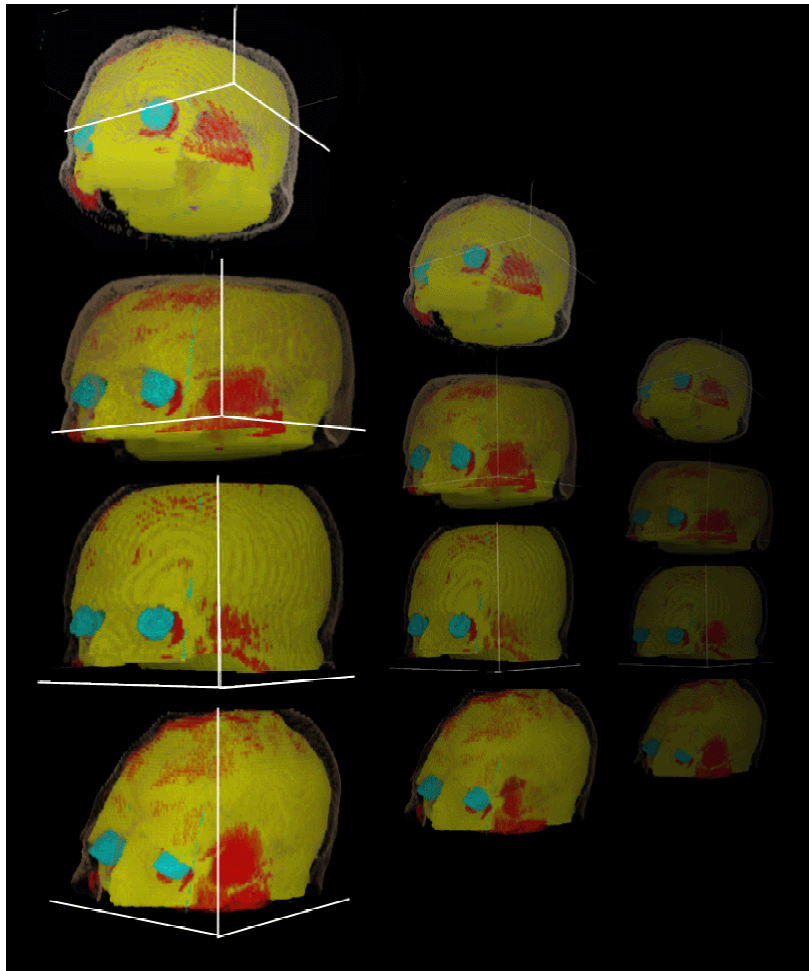
EM algorithm

- ❑ E-step: determine the “true” segmentation
- ❑ M-step: determine quality parameters for each expert

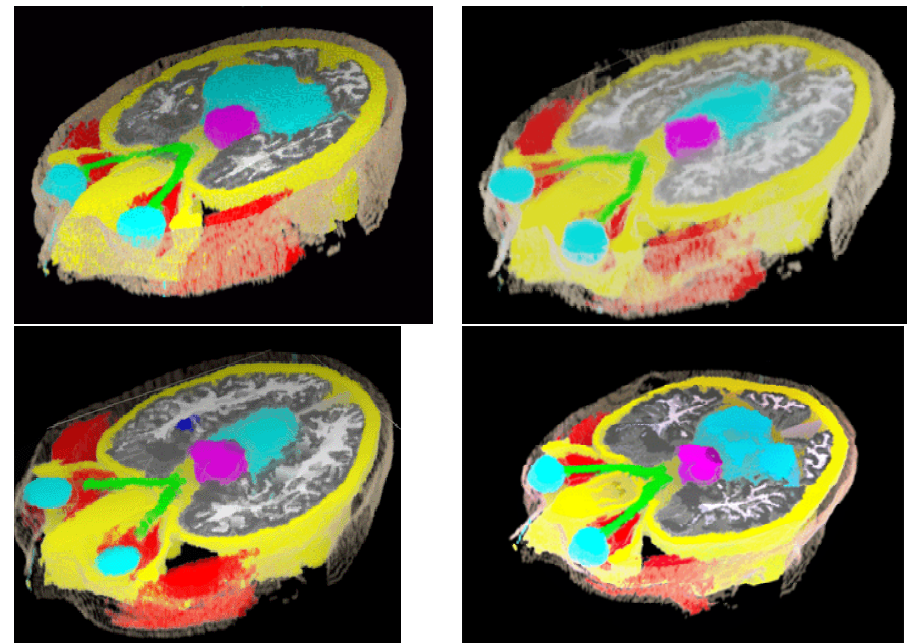
[S. Warfield, MICCAI 2002]

Atlas-based segmentation for radio-therapy

CAL Radiotherapy Atlas (P-Y Bondiau, MD, CAL, Nice)



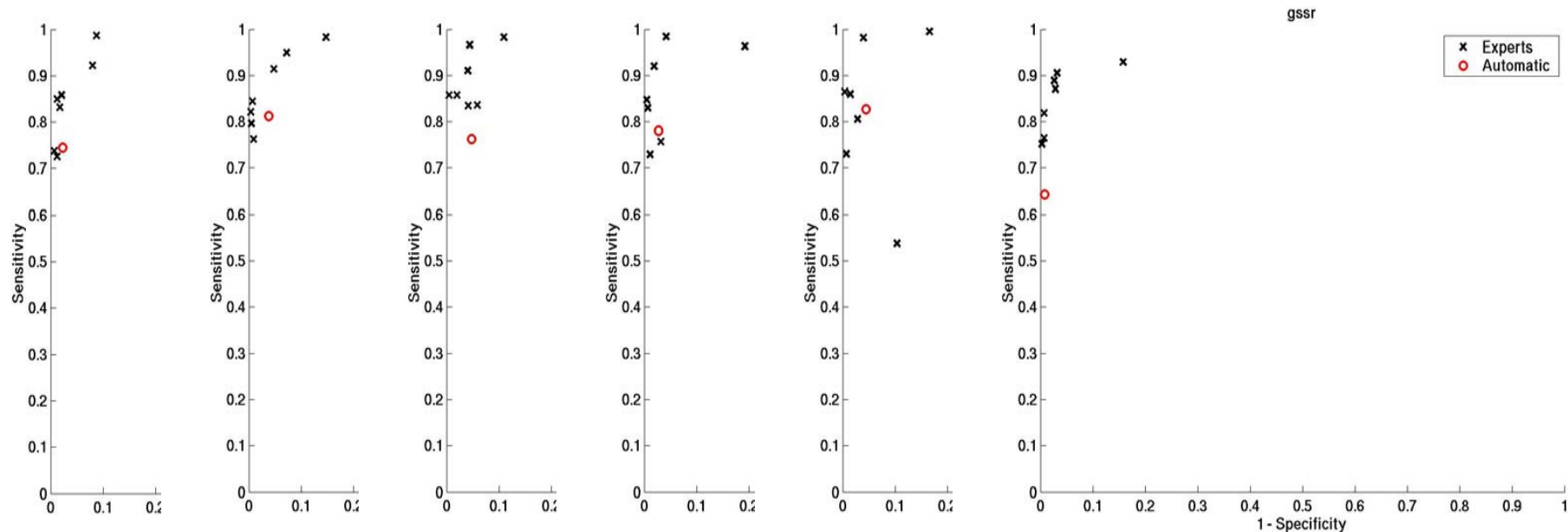
- Artificial MR image (MNI simulator)
- Segmentation of structures of interest
- Non-rigid registration with Pasha [Cachier, CVIU 2003]



Validation of the Brain-stem segmentation

“Ground truth”

- Brainstem volume for 6 patients, 7 experts



Ongoing work

- Choice of the optimal parameters (learning/test data)
- Incorporate a tumor model

Conclusion

Tools for performance evaluation without gold standard

- ❑ Registration or consistency loops
- ❑ Ground truth as a hidden variable
- ❑ Error prediction
- ❑ Cross comparison of criteria
- ❑ Leave-one-out methods

Methodological guidelines

- ❑ Identify (and model if possible) all sources of variability
- ❑ Incremental validation/evaluation setup to test for successive noise assumptions
- ❑ A database of test images should be representative of all clinical conditions

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