



MRI Texture Analysis for the Characterisation of Childhood Brain Tumours

Ahmed E. Fetit Supervisors: Prof Theo Arvanitis, Prof Andrew Peet and Dr Jan Novak

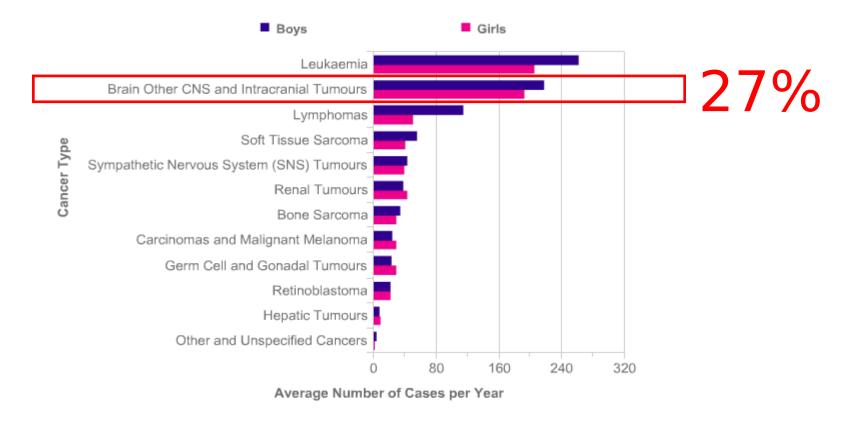
Ahmed E. Fetit University of Warwick & Birmingham Children's Hospital UK

Problem

Problem

THE UNIVERSITY OF Institute of Digital Healthcare design: develop: deploy: evaluate Children's Hospital

UK Childhood Cancer Statistics:

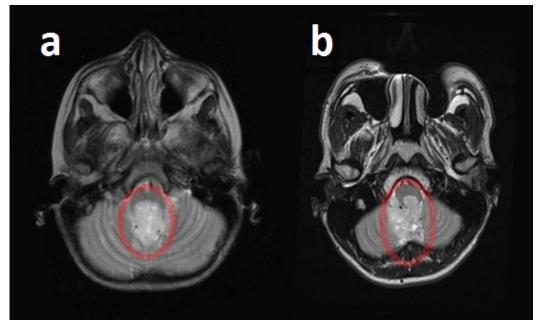


Obtained from: Cancerresearchuk.org

Problem



T2-Weighted MRI scans of two cases of paediatric brain tumours:



Medulloblastoma

Ependymoma

Obtained from: CCLG e-Repository

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Initial characterisation of tumours from MRI scans is usually performed via radiologists' visual assessment.

Different brain tumour types do not always demonstrate clear differences in physical appearance. Using conventional MRI to provide a definite diagnosis would lead to inaccurate results.

Current diagnosis gold standard: invasive histopathological examination.

Need for quantitative, accurate and non-invasive diagnostic aid \rightarrow *Texture* ?

Texture

What is Texture?



What is 'Texture'?



https://www.flickr.com/photos/sergiotumm/15725948227/in/explore-2014-11-30/lightbox/

No universal definition. In medical image processing: *The spatial variation of pixel intensities* Based on pixel intensities -> Quantitative -> Captures patterns beyond human vision



Textural Feature Extraction:

Statistical:

First Order (Histogram) Features
Second Order (Grey-Level Co-Occurence Matrix) Features
Higher Order (Grey-Level Run-Length Matrix) Features

Transformation: •Wavelet

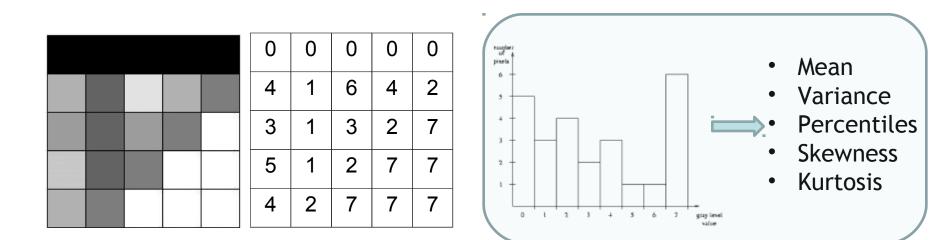
Model-based: •Autoregressive Model



First Order (Histogram):

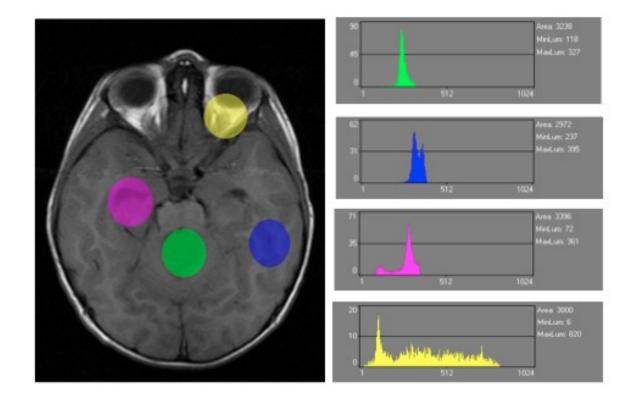
The lower the pixel intensity value, the darker the value

The histogram represents a count of the number of pixels in the image that have a certain grey value



Texture Analysis Methods

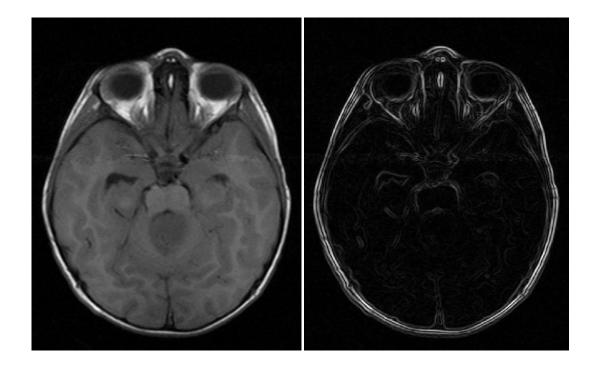




Texture Analysis Methods



Absolute Gradient:



Extract mean, variance, skewness, kurtosis

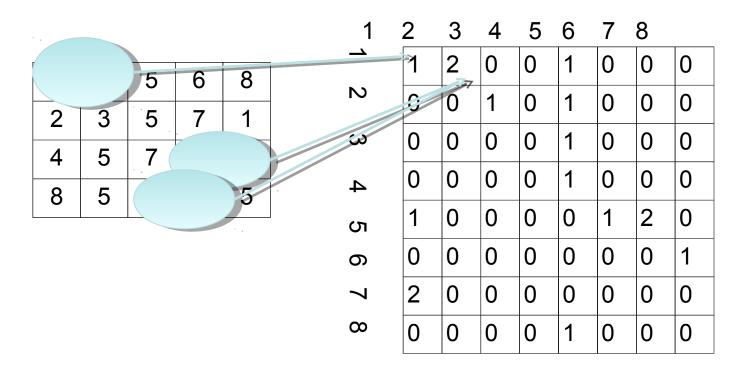
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Texture Analysis Methods



Second Order (Grey-Level Co-Occurence Matrix):

- Define a direction and a distance
- Count number of pixel pairs that have a certain sequence



Example image

GLCM for P0



Some GLCM features include:

Angular Second Moment (ASM): Measure of local homogeneity; high ASM values indicate good homogeneity.

Contrast (CON): Estimates local variation; high CON values indicate low homogeneity.

Entropy (ENT): Measure of randomness within the image; high ENT indicates low homogeneity.

14 features. Formulae and explanation available at paper by Haralick et al 1973

Textural Features for Image Classification

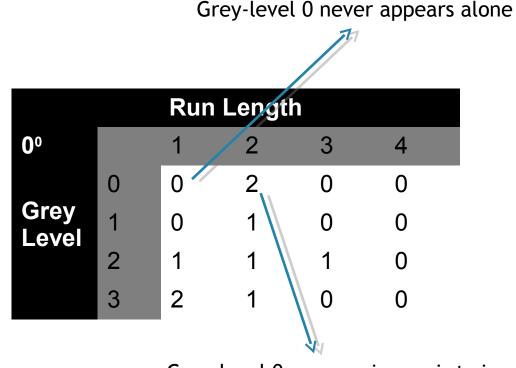
ROBERT M. HARALICK, K. SHANMUGAM, AND ITS'HAK DINSTEIN



Higher order (Grey-Level Run-Length Matrix):

Example image

0	0	2	2
1	1	0	0
3	2	3	3
3	2	2	2



Grey-level 0 appears in a pair twice

*Run length matrices are computed for 0, 45, 90 and 135 degree directions

Some GLRLM features include:

Short Run Emphasis: Measure of the proportion of runs in the image that have short lengths. Coarse textures tend to assume a high value.

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Long Run Emphasis: Measure of the proportion of runs in the image that have long lengths. Smooth textures tend to assume a high value.



SRE	0.932	0.563
LRE	1.349	16.929



Detailed Explanation of Techniques:

Clinical Radiology (2004) 59, 1061-1069

REVIEW

Texture analysis of medical images

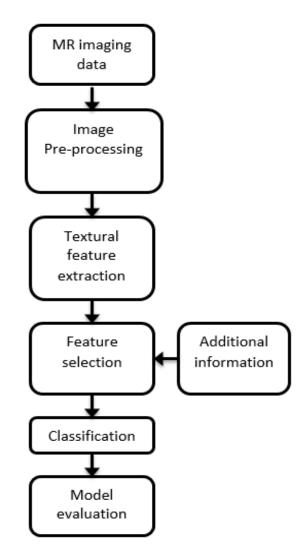
G. Castellano*, L. Bonilha, L.M. Li, F. Cendes

Neuroimage Laboratory, Faculty of Medical Sciences, State University of Campinas, Brazil

Some Work in the Literature

Analysis Pipeline







Data -40 children with brain tumours -Medulloblastoma, pilocytic astrocytoma and ependymoma - T1, T2 and diffusion-weighted MRI	Supervised learning - SVM classifier - Classify tumour types - Classify MB subtypes - Randomly split data to training and testing sets - Repeated 500 times
Preprocessing -Normalisation to the mean value of white- matter -Manual ROI segmentation	Results - Up to 79% classification accuracy for tumour type classification, using T1 and T2-weighted images



Data -40 children with brain tumours -Medulloblastoma, pilocytic astr and ependymoma - T1, T2-weighted MRI	r c/ (for anners) on any
Preprocessing -Manual ROI segmentation -ImageJ software	Results -PNN yielded 90% accuracy on T1 and 93% accuracy on T2 (Leave-
TA -Histogram statistics - Autoreg model -GLCM -Wavelets -GLRLM	(3) One-Out) Iressive - LDA's results were noticeably poorer (around

Anonymised T1 and T2-weighted MR Images (Secure database)

21 Children diagnosed with brain tumours

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Tumours fall into:medulloblastoma (7),pilocytic astrocytoma(7)ependymoma(7)
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(1) Want to see if we could used classifiers trained with textural features to discriminate between the tumour types(2) Want to see if 3D TA leads to better classification performance

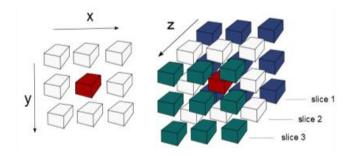




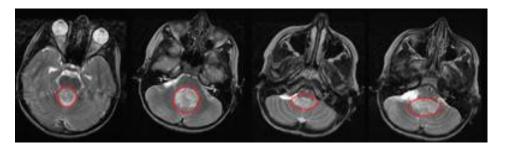


2D: Each voxel has 8 immediate neighbours in 4 directions

3D: Each voxel has 26 immediate neighbours in 13 directions



Voxel spatial separation

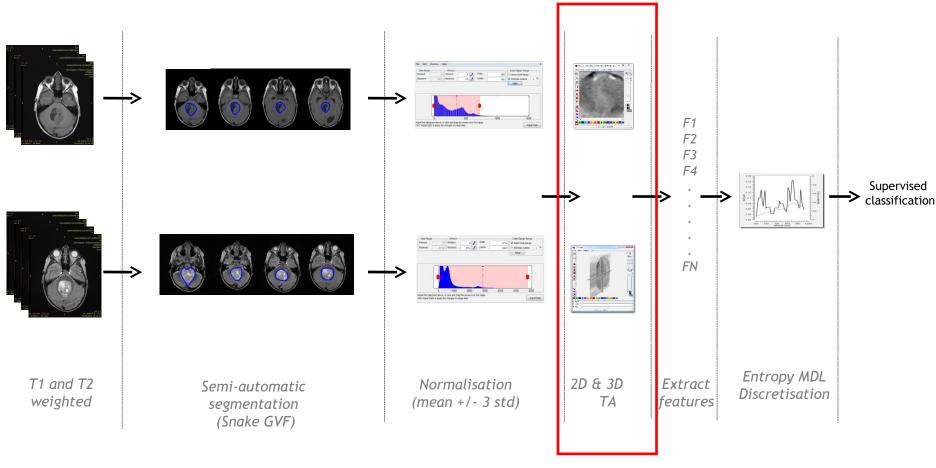


T2-Weighted slice for one medulloblastoma case. Obtained from: CCLG e-Repository

Can 3D capture more information?

Analysis Pipeline





Does 3D TA improve classification?



	Classifier A		Medulloblastoma As (MB)			Pilocytic strocytoma Epe (PA)		dymoma (EP)
Feature Set		Accuracy %	Sens %	Spec %	Sens %	Spec %	Sens %	Spec %
	Bayes	62	43	93	71	71	71	79
	kNN	86	86	93	86	100	86	86
2D	C. Tree	48	43	71	43	64	57	86
-	SVM	86	86	93	86	100	86	86
	Bayes	71	71	86	71	93	71	79
3D	kNN	100	100	100	100	100	100	100
	C. Tree	86	86	93	71	93	100	93
	SVM	96	86	100	100	93	100	100



			Medulloblastoma (MB)		Pilocytic Astrocytoma (PA)		Ependymoma (EP)	
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The use of 3D textural information extracted from MR images, instead of 2D features, has the potential to increase computerised classification of childhood brain tumours.



Expand the study to include larger datasets in order to confirm the robustness of 3D TA under different protocols.

Investigate possible over-optimistic bias in the results:

3D-trained kNN yielded 100% with all metrics. (Might be because feature selection was carried out outside the leave-one-out loop)





Questions?