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# Computer-Assisted Diagnosis by Content-Based Image Retrieval – Clinical Use of Retrieval Systems and Databases

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## Overview



- CAD
- Challenges
- CBR
- Conclusions

## What is Computer-Assisted Diagnosis?

- Application of **computer** programs to **assist** physicians solving **diagnostic** problems
- Computer output as a **second opinion** to assist image interpretation by improving accuracy and consistency of diagnosis, reducing image reading time [Doi-BJR (79)2006]
- Automatic detection (CADe) and analysis (CADx) of certain diseases from medical images
- Originally applied to **detect** lesions in mammography and chest radiography
- Increasing attention in other disciplines

## And what is not ?

- CAD is NOT a replacement for human judgment
- In every case the physician is responsible for his final ruling

[Horsch, 2000, Computergestützte Diagnostik für Hautkrebsfrüherkennung, Ösophagustumorstaging und Gastroskopie, Hab.Schrift, TUM]

## Categories of CAD

### CADe: Abnormality detection

- o Used as “second reader” due to
- o “Lapse of attention problem”
- o Identification of potential regions of interest

#### **Note:**

Too many false positives!!

Patient Name: Philips5

Patient ID: xLNA5A

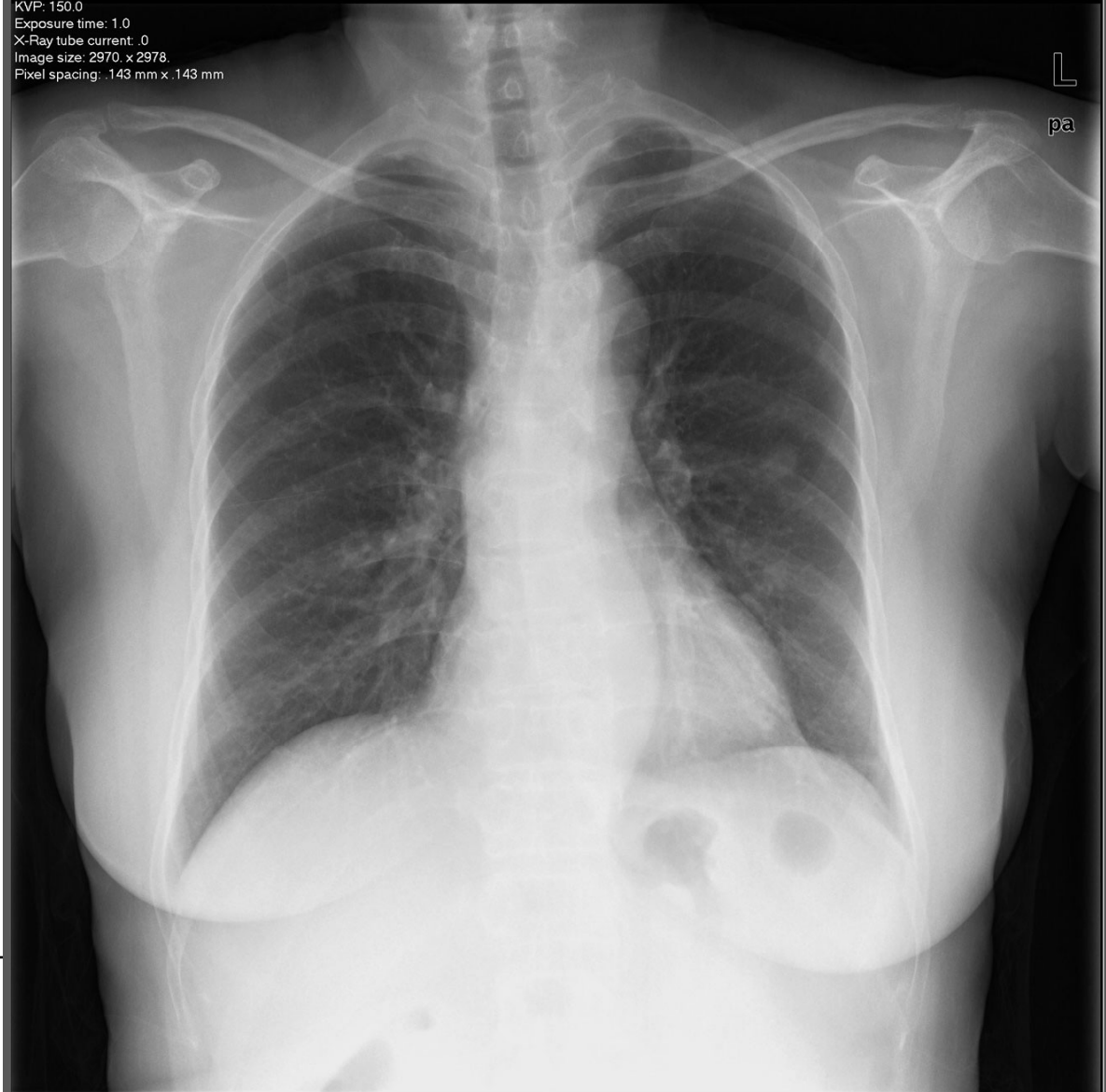
Birthdate: 2000/01/01

Sex: F

Computer

# Digital Chest Radiography

Imaging Date: 2004/12/29  
Modality: CR  
Imaging Institution: Demo  
Manufacturer: Philips Medical Systems  
Body part examined: CHEST  
KVP: 150.0  
Exposure time: 1.0  
X-Ray tube current: 0  
Image size: 2970 x 2978  
Pixel spacing: .143 mm x .143 mm



Patient Name: Philips5

Patient ID: xLNA5

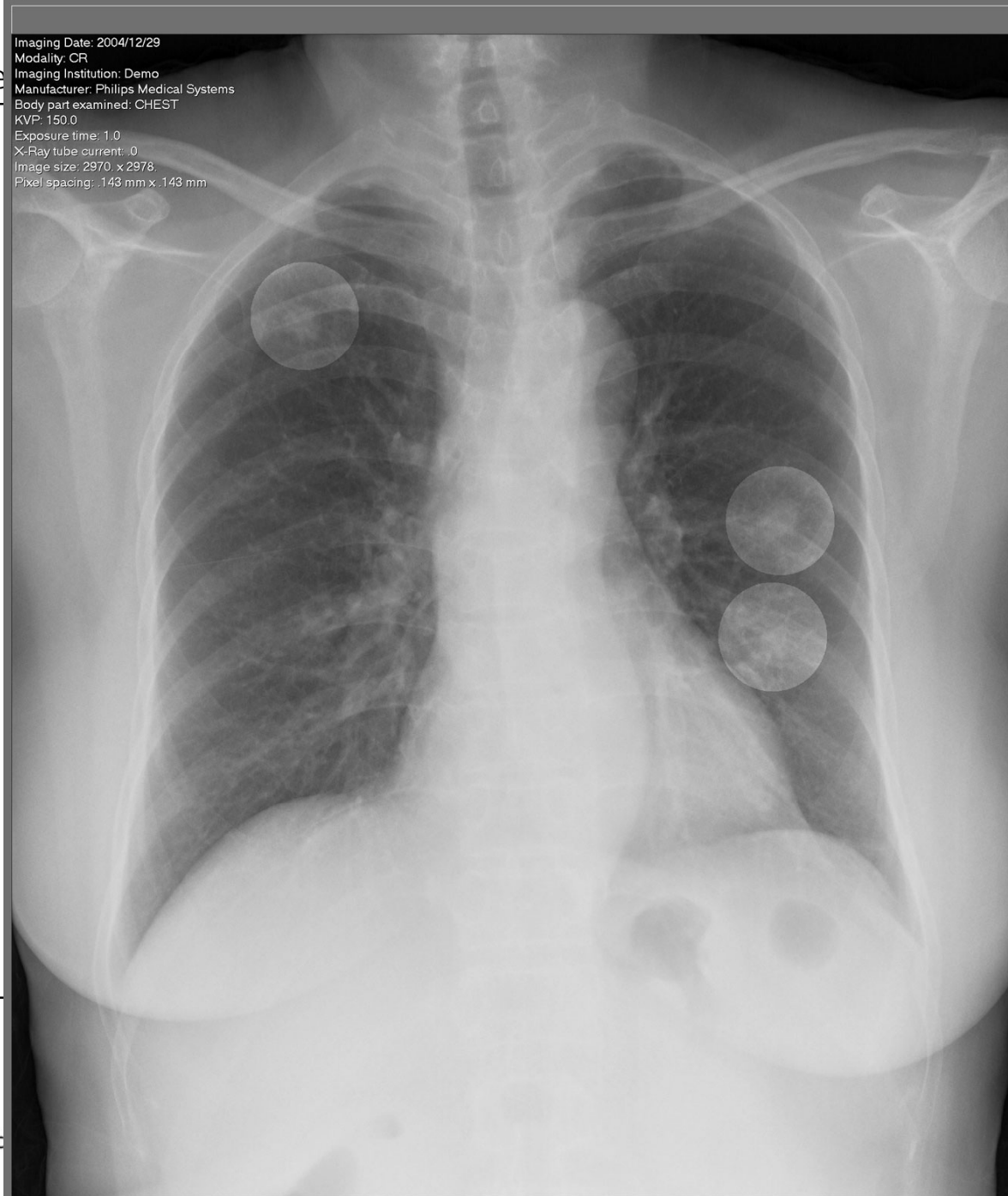
Birthdate: 2000/01/01

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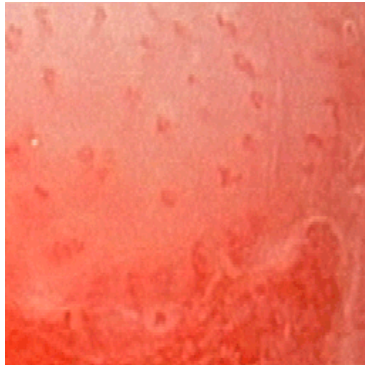
## Categories of CAD

1. Abnormality detection (CADe)
2. Diagnosis support by interactive and automatic extraction of features from image data and feature classification (CADx)
  - o asking the "computer's opinion" about a particular region.
  - o Is this a Barret Esophagus?
  - o Is this a benign lesion?
  - System responds with a probability of disease



# Computer Assisted Endoscopy

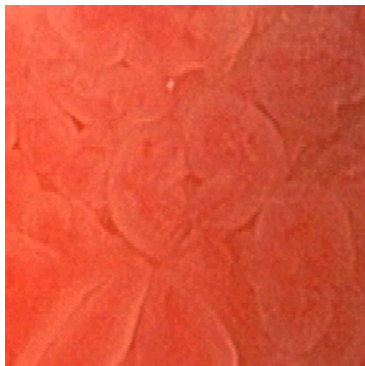
(Gastroesophageal Reflux Disease, GERD)



Normal Tissue



Corpus



Cardia



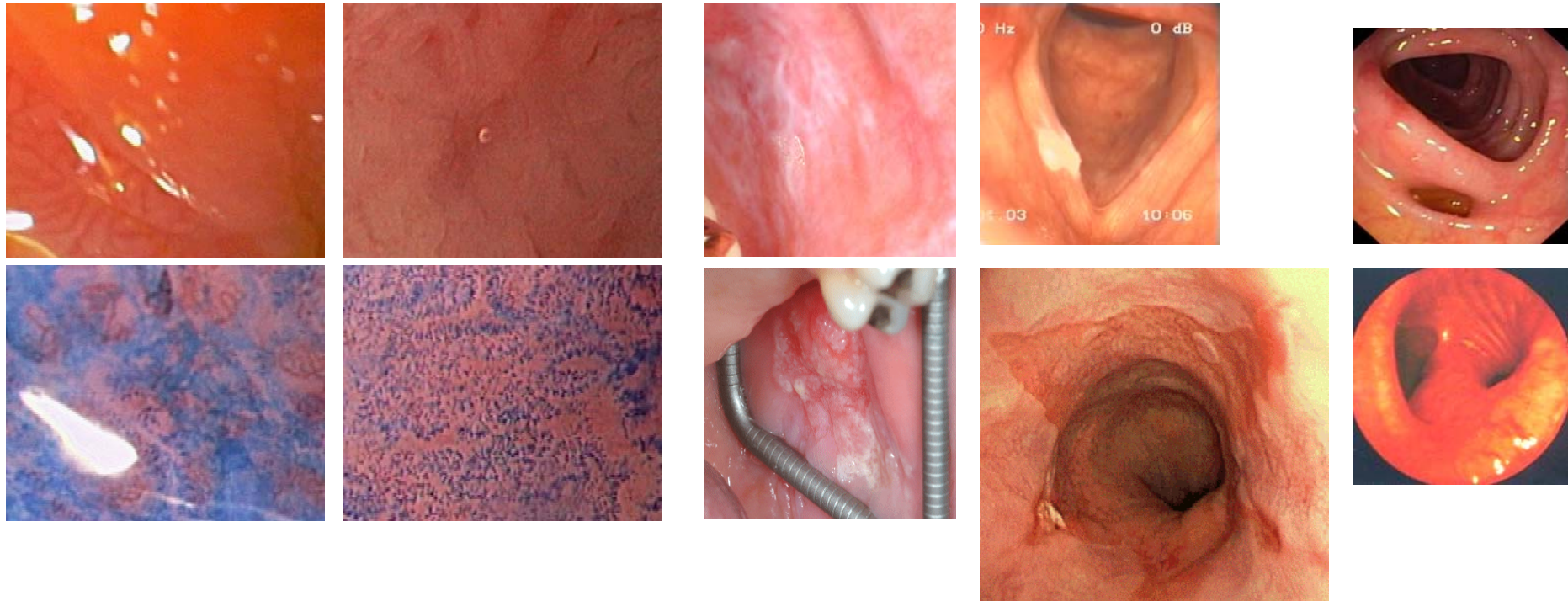
Barrett



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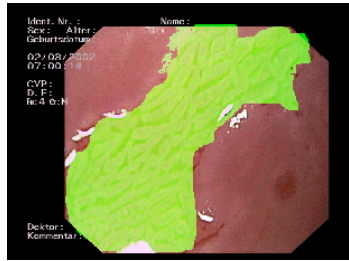


# CAD and endoscopy



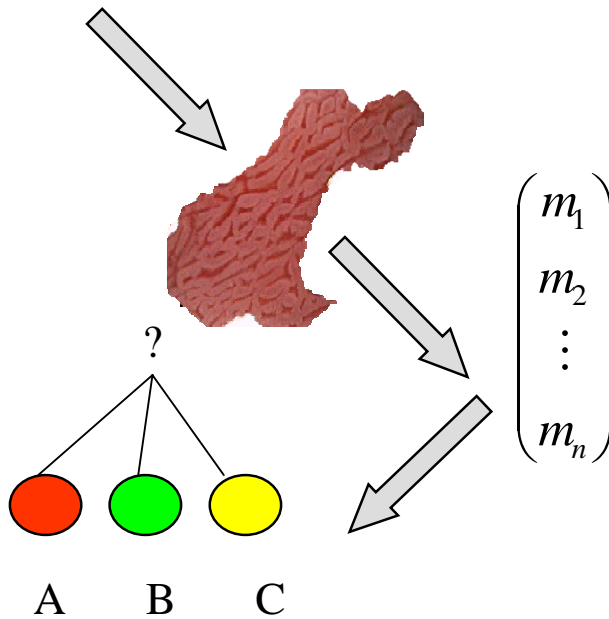
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## CAD System Overview



CAD systems comprise several steps:

- preprocessing of images or enhancement
- (auto) detection and segmentation of regions of interests (ROI's)
- description of these regions (ROI) by features
- Selection of an adequate feature set
- Classification / pattern recognition
- Presentation and visualisation of results



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## An example: the **EndoCAD** - system



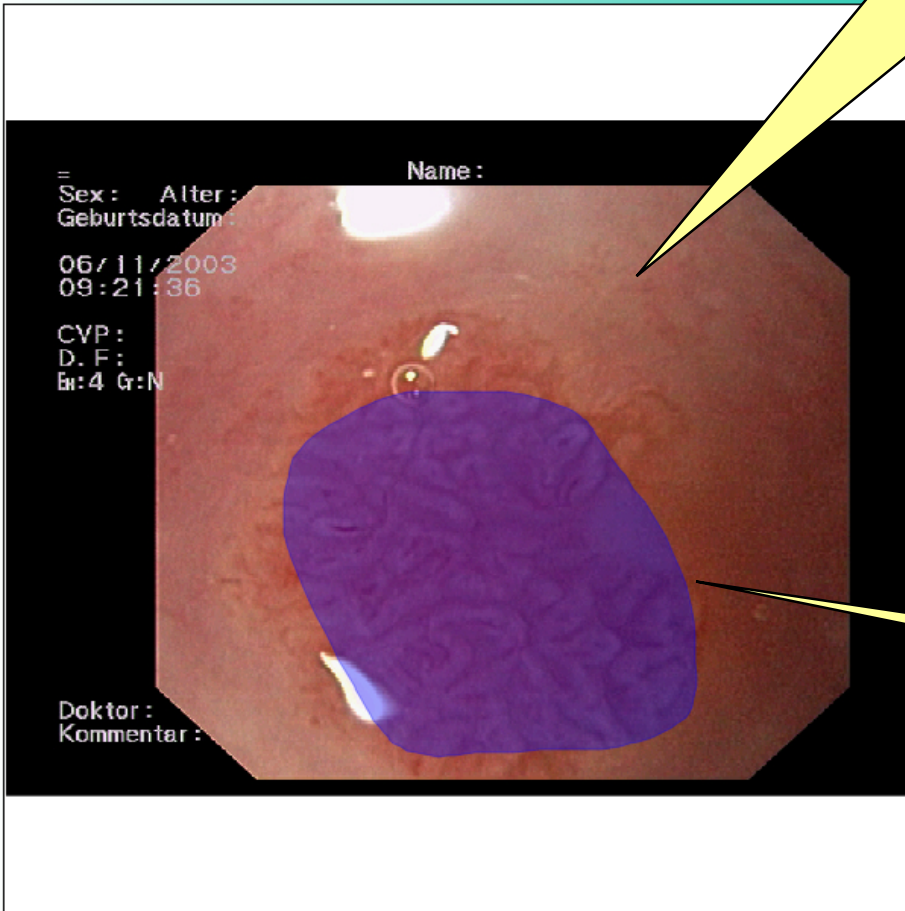
- Is a member of the CADx technology family of the Fraunhofer IIS
- The technology platform is applicable to different application fields such as
  - o dermatoscopy (**DermaCAD**®),
  - o mammography (**mammoCAD**®)
  - o and endoscopy (**EndoCAD**®)





Systems

Live image from camera



- HMI is optimized for intuitive interaction via touch-screen
- Can be enhanced using "live-wire" technology
- Characterization of different tissue types using a set of textural, morphological, color and functional parameters

Manual delineation via touchscreen

Accuracy / Probability of result

Classification Result:

Barrett

Accuracy:

72%

## Challenges of CAD

- Input : Image (or other data)
- Output: Detection / Classification Result
- Detection → Too Many False Positives
- Classification → Many CAD Systems are better than experienced physicians, but not accepted
- Systems are not transparent
- Black Box „Phenomena“

## Plausibility

- Describe findings in images with well-known and accepted ontologies
  - Mammography → BIRADS
  - Dermatology → ABCD
- no commonly accepted description language for all fields

→ Ontology-free image description

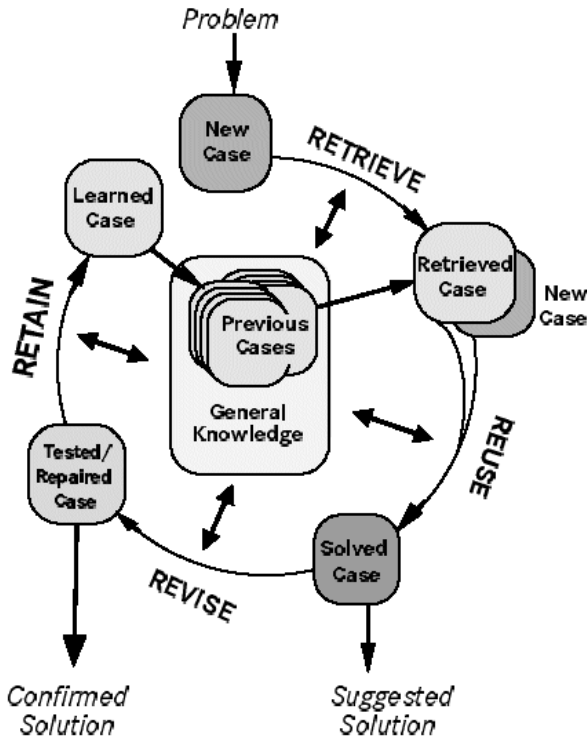
## Overview



- CAD
- Challenges
- CBR – Case-based reasoning  
& Evidence based medicine
- Conclusions



## CBR System Overview (R4-Paradigm)



The Case-Based Reasoning Process Model according to Aamodt and Plaza

Assumption: “similar problems have similar solutions”

Given a new Problem ...

... **retrieve** similar and known problems and related solutions from database

... **reuse** the retrieved information to find a solution for the given problem

... **revise** the solution using additional information (e.g. biopsy)

... **retain** solution into database

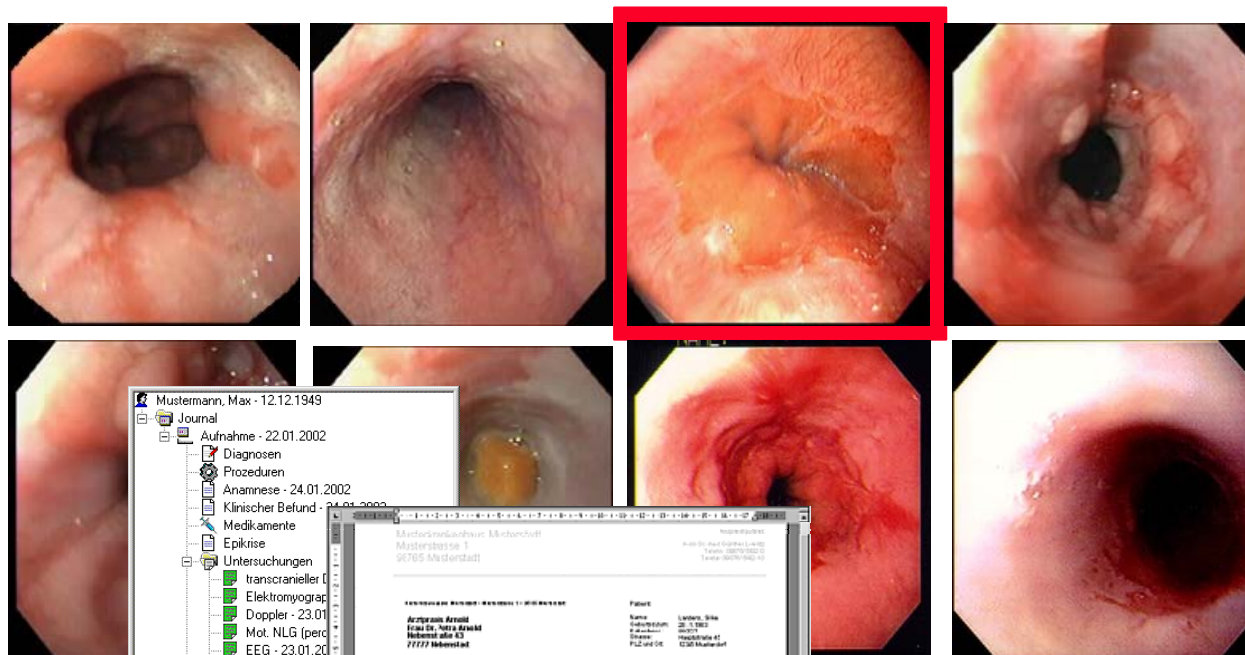
## Overview



- CAD
- CADe and CADx
- **CBR ----- and CBIR**
- Conclusions

# Case Based Reasoning (CBR)

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Mustermann, Max - 12.12.1949

- Journal
  - Aufnahme - 22.01.2002
  - Diagnosen
  - Prozeduren
  - Anamnese - 24.01.2002
  - Klinischer Befund - 24.01.2002
  - Medikamente
  - Epikrise
  - Untersuchungen
    - transcranieller D
    - Elektromyograp
    - Doppler - 23.01
    - Mot. NLG (perc
    - EEG - 23.01.20
    - SSEP (median
    - Autonome Herz
    - Cranio-Corporo
    - Autonome Herz
    - EEG - 05.02.20
  - Dokumente
  - Arztbriefe
  - Arztbrief
  - Anzeigen
  - Aufnahmeanze

Mustermann, Max - 12.12.1949

Mustermann, Max - 12.12.1949  
Musterstrasse 1  
92705 Musterstadt

Abteilung	Abteilungsleiter	Facharzt	Name	Lehrstuhl	Wohnort
Abteilung	Abteilungsleiter	Facharzt	Dr. Dr. Martina Blecher	20. 1. 1962	92705 Musterstadt
			Dr. Dr. Martina Blecher	20. 1. 1962	92705 Musterstadt
			Dr. Dr. Martina Blecher	20. 1. 1962	92705 Musterstadt

Siehe gemäß Frau Dr. Anhalt, was am 22.01.2002 in Musterstadt bei Herrn Mustermann (Musterstr. 1) durchgeführt wurde.

Die Diagnose lautet: Polypoides Divertikel im Bereich des Blinddarmes. Die weitere Behandlung erfolgt nach Rücksprache mit dem Kollegen in Musterstadt.

Die bei der Aufnahme durchgeführte Koloskopie wurde als normal befunden. Die bei der Aufnahme durchgeführte Biopsie ergab eine chronische Entzündung im Bereich des Divertikels. Die weitere Behandlung erfolgt nach Rücksprache mit dem Kollegen in Musterstadt.

Hierzu stellen Ihnen neben dem Foto der Aufnahme zwei weitere Bilder zur Verfügung. Bitte beachten Sie, dass die Bilder nicht vergrößert werden können.

Nicht nur wegen Maximalität, sondern auch wegen der Diagnose, ist die weitere Behandlung nach Rücksprache mit dem Kollegen in Musterstadt zu empfehlen.

Abbildung Nr. 1

Abbildung Nr. 2

Dr. Dr. Martina Blecher

Empfänger: Blecher, Martina

Nachrichtlich an: Absender

Institution: Gemeinschaftspraxis Blecher / Kich

Strasse: Hauptstraße 545

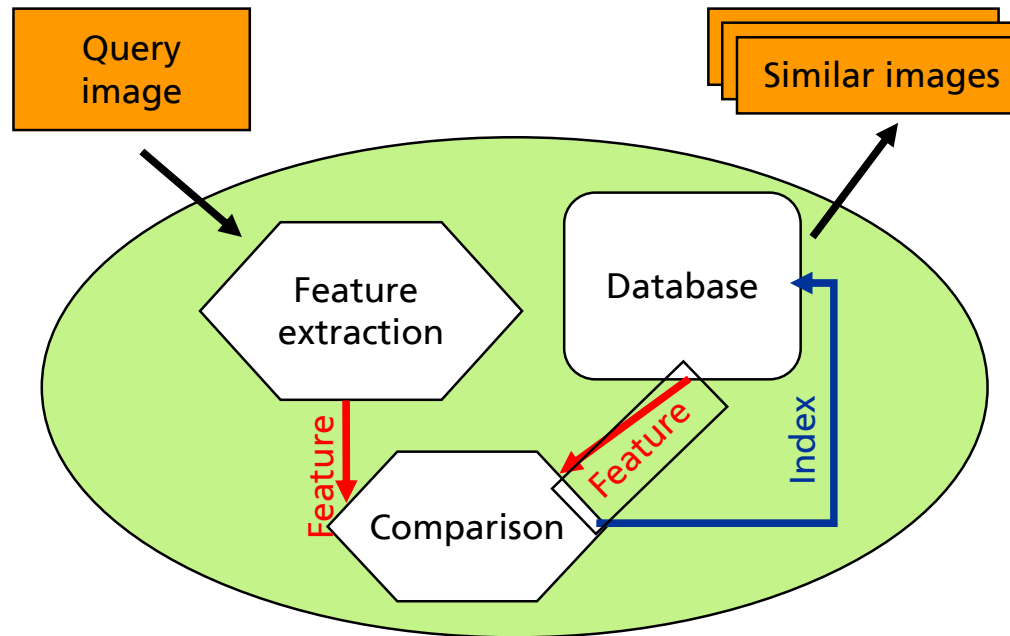
PL / Postort: 92705 / Bergdorf

Betreff: ColonMed-Entscheidung

OK Abbrechen



# CBIR - Content based Image retrieval



## Back to the EndoCAD System



- Characterization of different types of tissues by a set of textural, morphological, color and functional features
- Using these features a content based comparison of images is possible
- We need a metric between features and a classifier
- This allows retrieval of images from a database which are similar by image contents ("query by example", NO implicit keyword search)

## CBIR

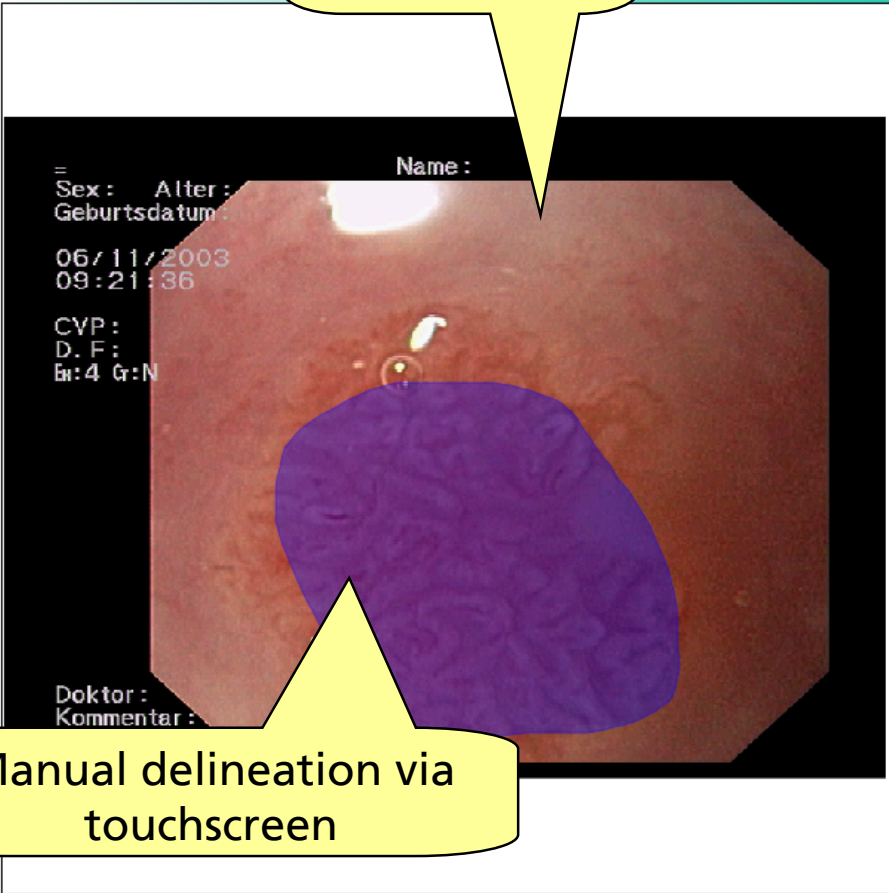
- With annotated and pathological validated images, diagnosis can be supported using case-based-reasoning (CBR) technology.
- Provision of similar reference cases in real time using an image database or an atlas (online lookup).
- Together with the reference cases all relevant patient history data could be retrieved and displayed during the examination process (in collaboration with the host archiving system)



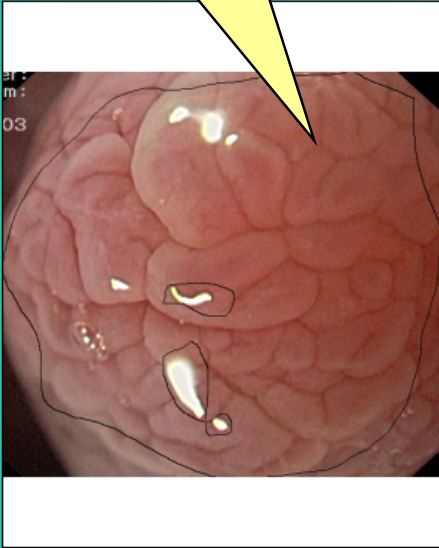
Live image from camera

Selected reference image from database

Selectors for retrieved reference images



Manual delineation via touchscreen



- Reference Images
- Barrett
  - Barrett
  - Epithelium
  - Barrett
  - Cardia
  - Barrett
  - Barrett

Class : Barrett  
Pat.ID : 131531  
Sex : Female  
Age : 49

YES NO

Relevance Feedback

Classification Result: Barrett  
Accuracy: 72%

Accuracy / Probability of result

Feedback buttons for query refinement

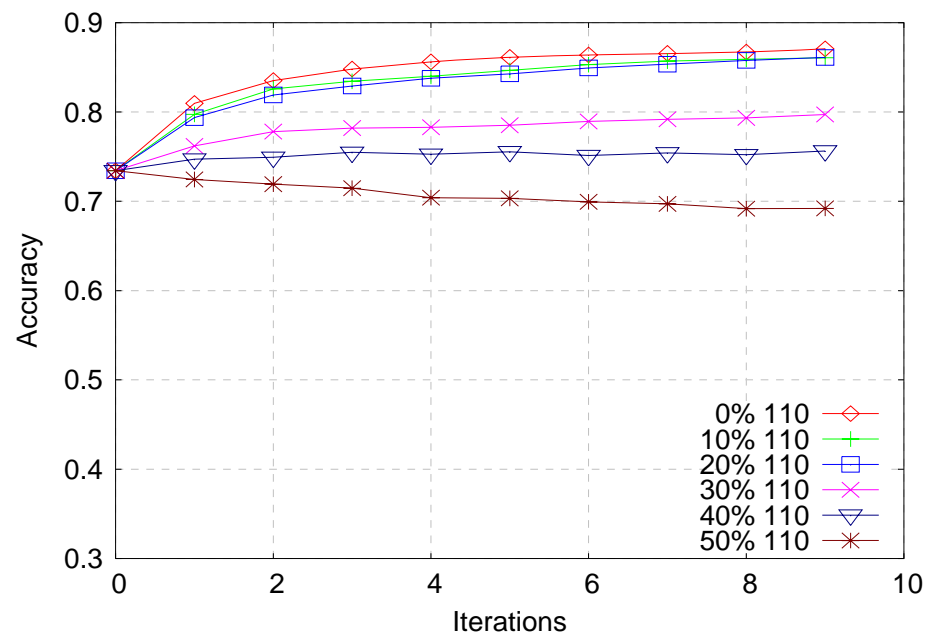
Example view of patient record

tenberg Bamberg 05/2008



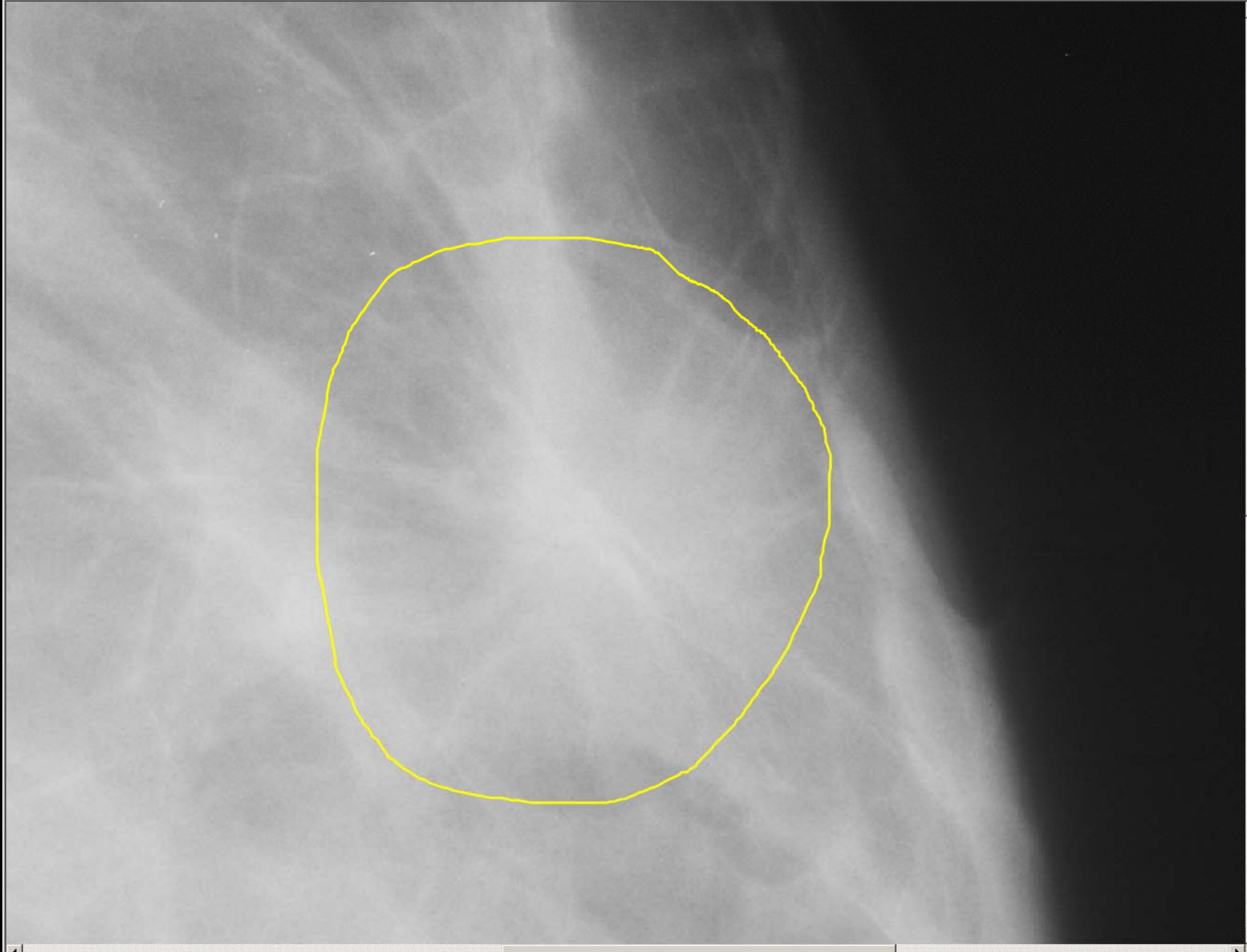
## Interactive Query Refinement

- Possibility to refine image queries
- Images can be marked as “relevant” or “irrelevant” (yes/no-buttons) to direct the next query to the users likings
- Experimental results with endoscopic images have shown that even with a significant amount of wrong user decisions the accuracy still grows for query iterations (graph)



Relevance feedback (prelim. Results from endoscopy)





Patient Data

Age (years):

Number of children:

Lesion type

Mass

Calcification

Mass attributes

Shape:

Margin:

Density:

Calcification attributes

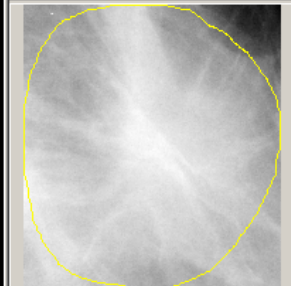
Type:

Subtype:

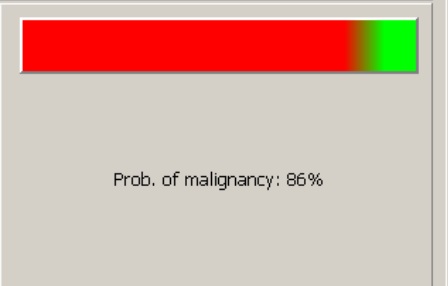
Distribution:



Query region of interest:




**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated

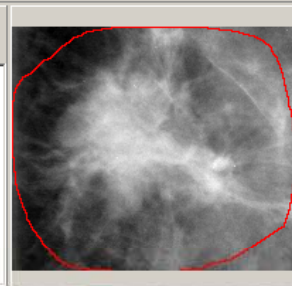



Retrieved regions of interest:



Diagnosis:  Similarity: 0.282681


**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated



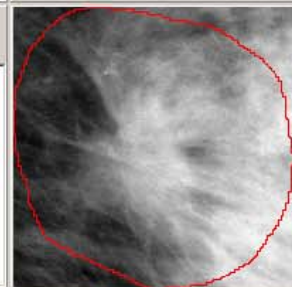
Diagnosis:  Similarity: 0.282681


**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated



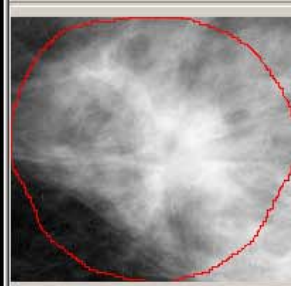
Diagnosis:  Similarity: 0.282681


**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated



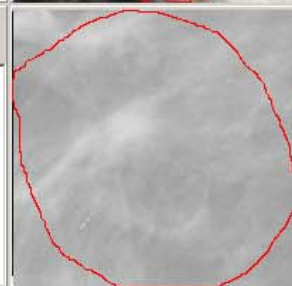
Diagnosis:  Similarity: 0.282681

**Attributes**  
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Mass shape: irregular  
Mass margin: spiculated



Diagnosis:  Similarity: 0.282681


**Attributes**  
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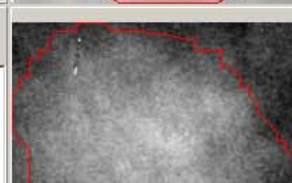
Diagnosis:  Similarity: 0.282681


**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated



Diagnosis:  Similarity: 0.282681

**Attributes**  
Age: 55  
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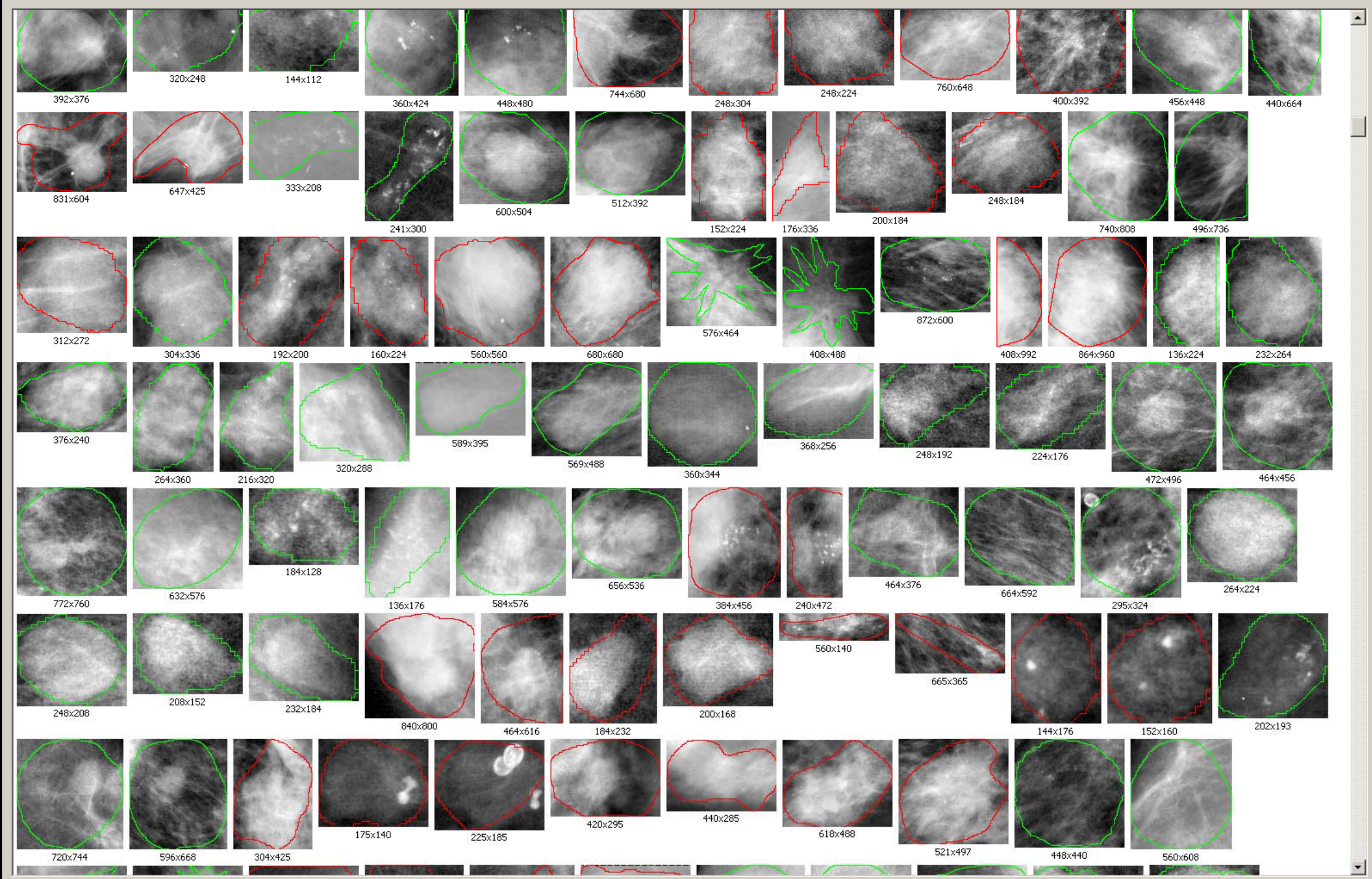
Diagnosis:  Similarity: 0.282681

**Attributes**  
Age: 55  
Mass shape: irregular  
Mass margin: spiculated





Image 1: test\_florida Database Browser Image 2: B\_3047\_1



## Overview



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## Resume

### In all medical disciplines

- An increased need of CAD can be observed
- Acceptance depends on plausibility
- CBR is a non-verbal description of images
- Use machine learning approaches
- Use large-scale data reference image bases
- Need for annotated reference data bases!!!