

DiffErentiable Temporal (DETECT) Loss for Liver Cancer Screening in 4D Dynamic Contrast-Enhanced MRI

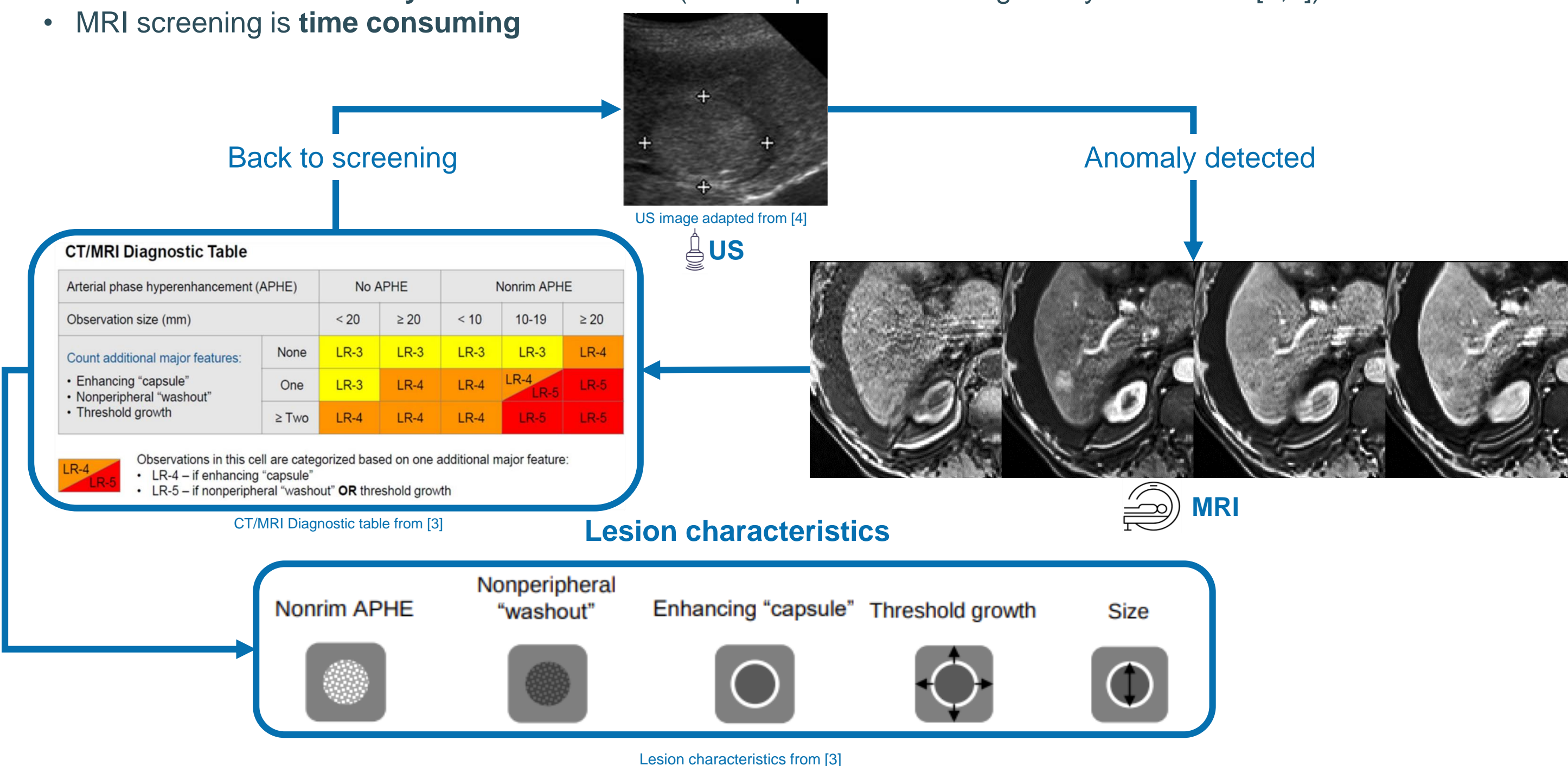
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BACKGROUND

Hepatocellular Carcinoma (HCC) screening standard

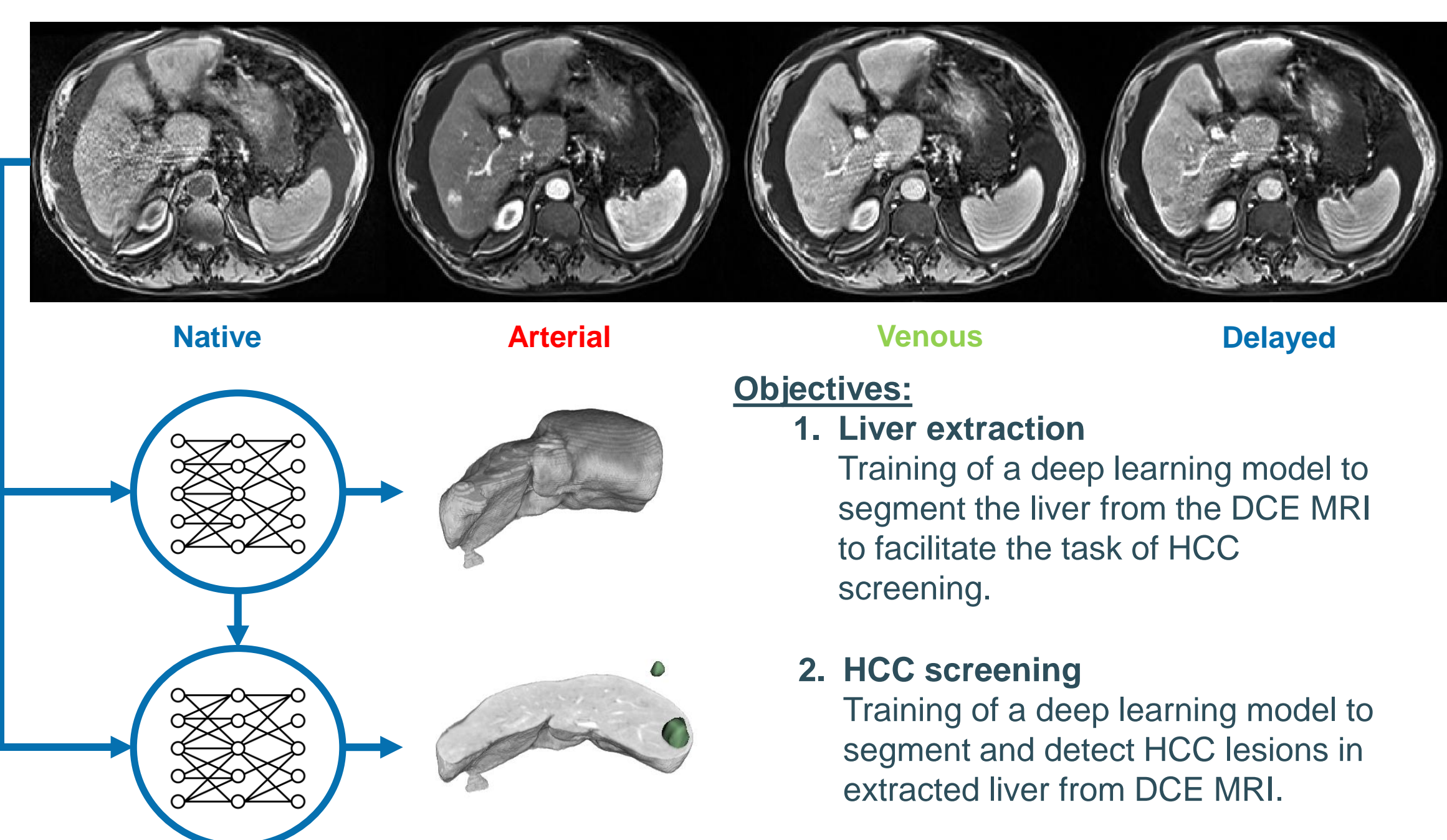
- Patients considered **at-risk** of HCC undergo ultrasound (US) **every 6 months**
- US has **limited sensitivity** for HCC detection (47% for patients with large body or cirrhosis [1,2])
- MRI screening is **time consuming**



AIMS

Deep learning for HCC detection in 4D MRI

- **Dynamic Contrast-Enhanced (DCE) MRI** allows to diagnose HCC **without** the need for **biopsy**
- A deep learning algorithm can **support experts** in that screening task



METHODS

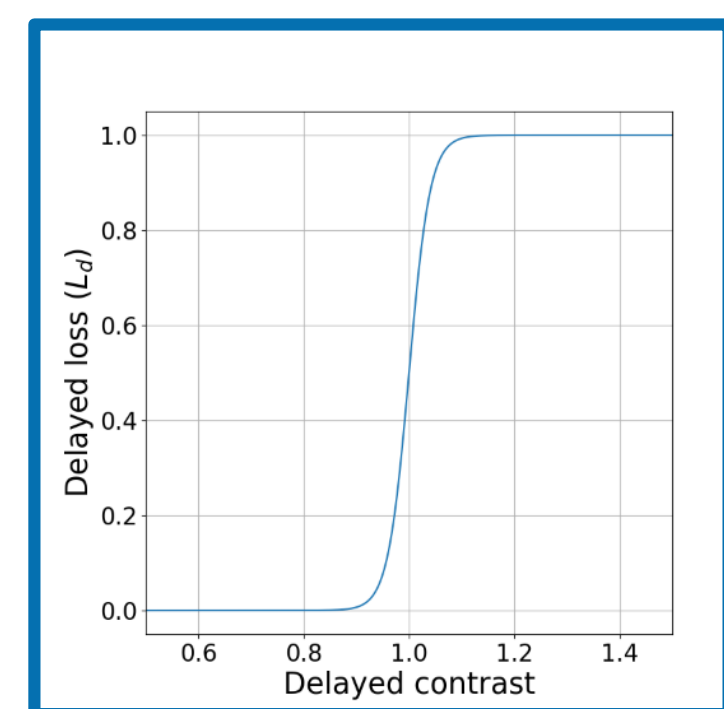
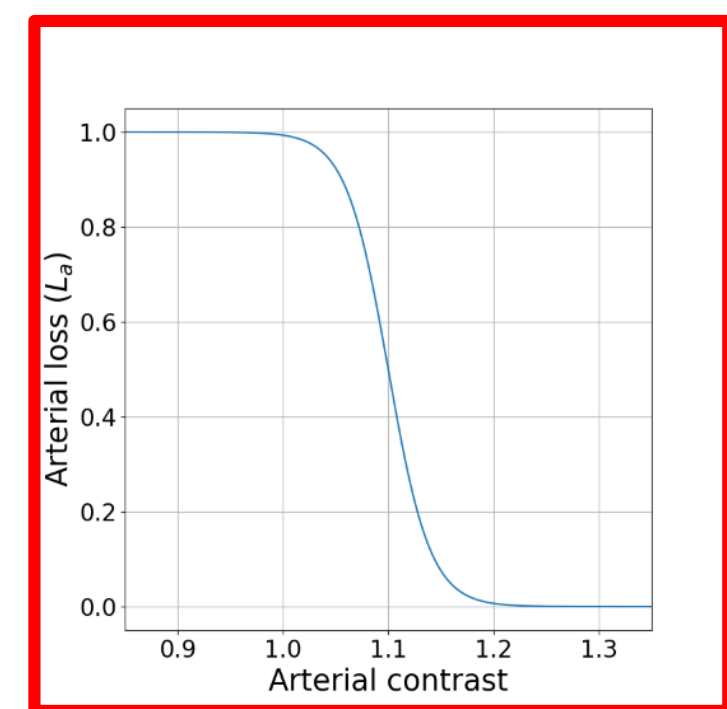
DiffErentiable Temporal (DETECT) Loss

The lesion characteristics **Nonrim APHE** and **Nonperipheral «washout»** can be **translated** into arterial and delayed **contrast functions** C_a and C_d :

$$C_a = \frac{MP_{50-100}(K_i)}{MP_{25-75}(K_{i,dil} - K_i)}$$

$$C_d = \frac{MP_{10-50}(K_i)}{MP_{25-75}(K_{i,dil} - K_i)}$$

Use of **sigmoids** to bound C_a and C_d between 0 and 1:



A **temporal loss** L_T is created by a weighted sum of the contrast losses L_a and L_d :

$$L_T = \gamma \cdot L_a + \delta \cdot L_d$$

The final **DETECT** loss consists in the combination of the temporal loss L_T and a Tversky loss L_{Seg} :

$$L_{DETECT} = \frac{1}{Z} \sum_{b=1}^B \sum_{i=1}^N (1 - \lambda) \cdot L_{T,b}(I, K_{\hat{M}_i}) + \lambda \cdot L_{Seg,b}$$

The L_{Seg} loss part helps the model to **generate candidate lesion**, and the L_T loss is used to **detect temporal malignancy patterns**, with a balance governed by λ .

Post-Processing

- **Gaussian blurring** of probability maps
- **Dilation and erosion** of probability maps
- **Gaussian weighting** of patch predictions
- **Test-time augmentation** to improve prediction reliability
- **Local temperature scaling** to calibrate probability maps
- **Ensembling** for test dataset predictions

RESULTS

Datasets

Data split	Training and validation sets	Internal screening test set	Internal pre-surgery test set
HCC positive patients	65	14	39
HCC negative patients	-	82	-
Number of lesions	139	24	71
Lesions diameter (mm)	20.5+-11.8	23.5+-16.3	26.8+-14.0
LR-5	88	16	58
LR-4	23	4	4
LR-3	22	2	8

Experiments

1. nnU-Net

The nnU-Net [5] is an **automated** deep learning framework for medical image segmentation offering state of the art performance with **limited manual intervention** needed.

2. U-Net (Tversky)

Attention U-Net [6] trained with a Tversky loss function. **Penalty of false negatives and false positives** are governed by the α and β parameters and were set to 0.1 and 0.9 for the experiment.

3. U-Net (DETECT)

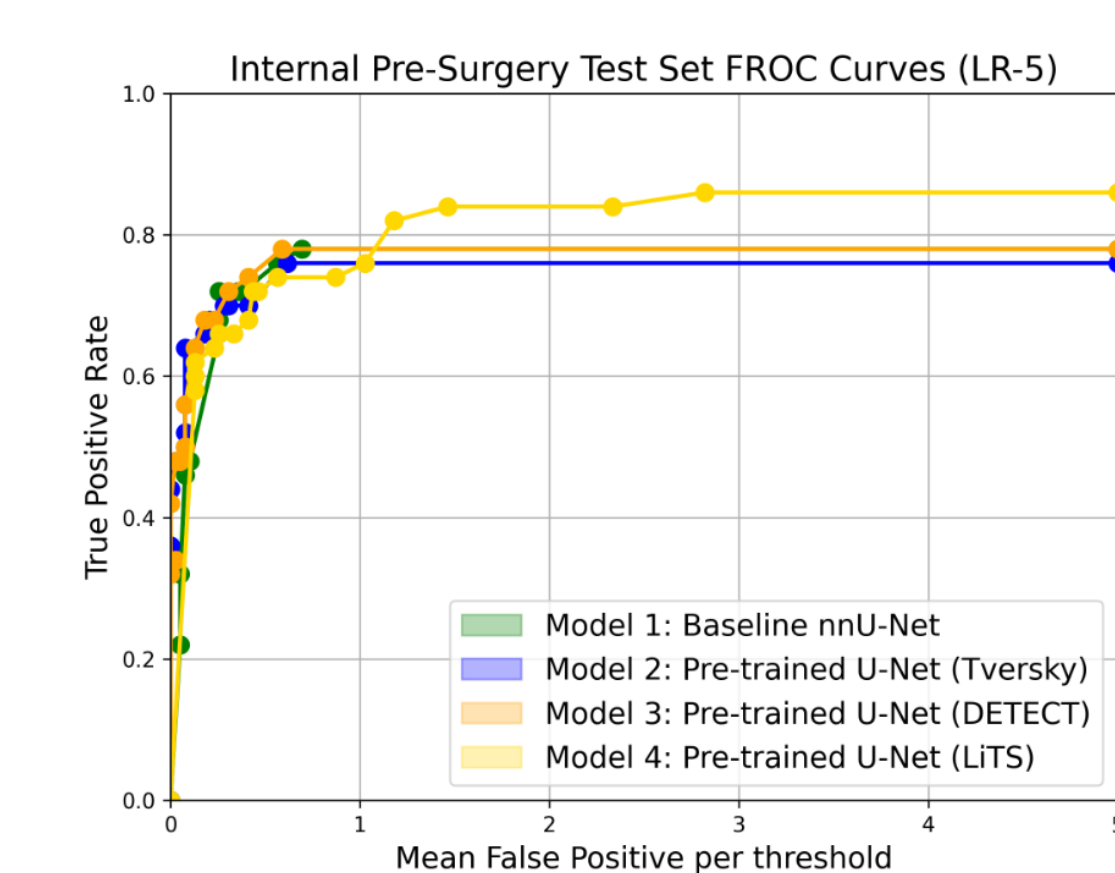
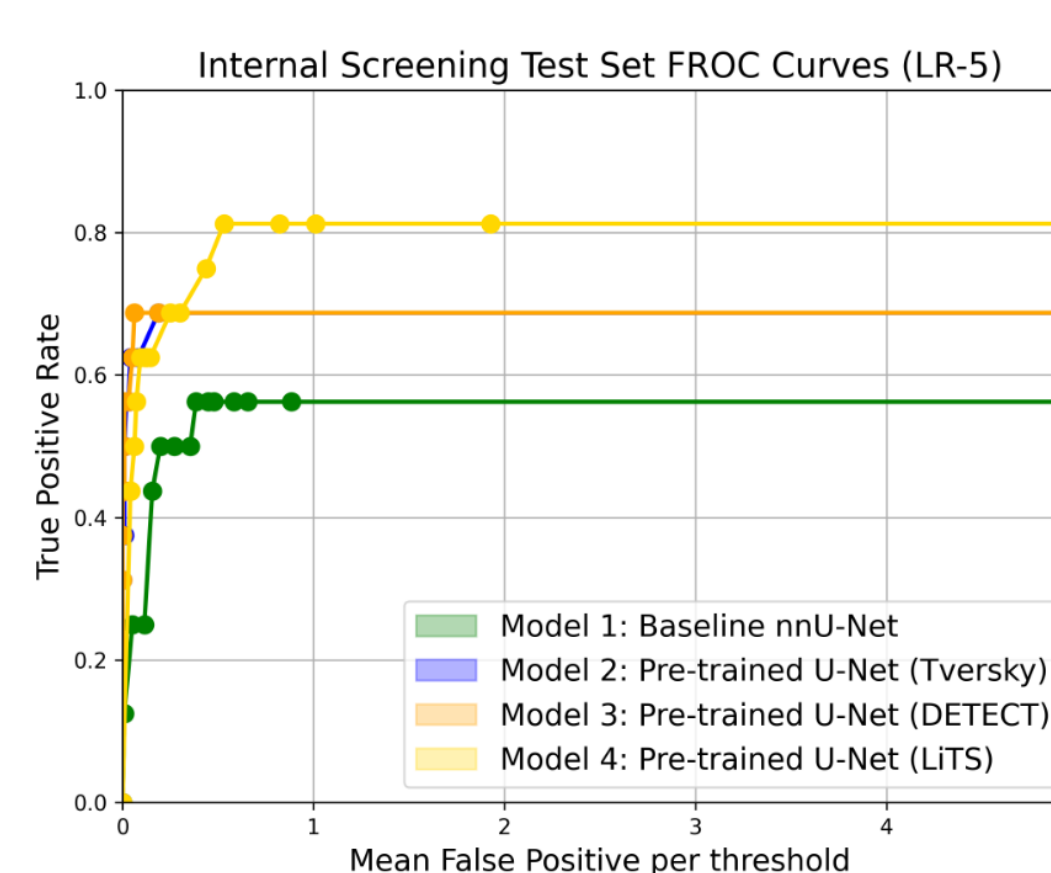
Attention U-Net **pre-trained** with a Tversky loss and **fine-tuned** with our **DETECT** loss function with parameters $\delta=0.5$, $\gamma=0.5$ and $\lambda=0$.

4. U-Net (LiTS)

Attention U-Net **pre-trained** with a Tversky loss at the detection of lesions in **CT imaging** (LiTS dataset with 1022 annotated lesions [7]) and **fine-tuned** with our internal MRI dataset.

$$TI = \frac{TP}{TP + \alpha FN + \beta FP}$$

Results



CONCLUSION

- The use of the **DETECT** loss function can improve the detection of **HCC lesions**
- When external data is available and a **higher number of false positives** is acceptable, a pre-trained model such as **U-Net (LiTS)** may be a more suitable option

REFERENCES

References: [1] Tzartzeva K et al., Gastroenterology 2018, [2] Kim SY, JAMA Oncol. 2017, [3] Chernyak V et al., Radiology, 2018, [4] Virmani J, Kumar V et al., J Digit Imaging 2013, [5] Isensee et al., Nat Methods 18 2021, [6] Oktay et al., 2018, [7] Patrick et al., Medical Image Analysis 2023