

Breakout Session 3: Track A

Small Bowel Segmentation - Challenges and Directions

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Small Bowel Segmentation

Challenges and Directions

PI: Dr. Ronald Summers

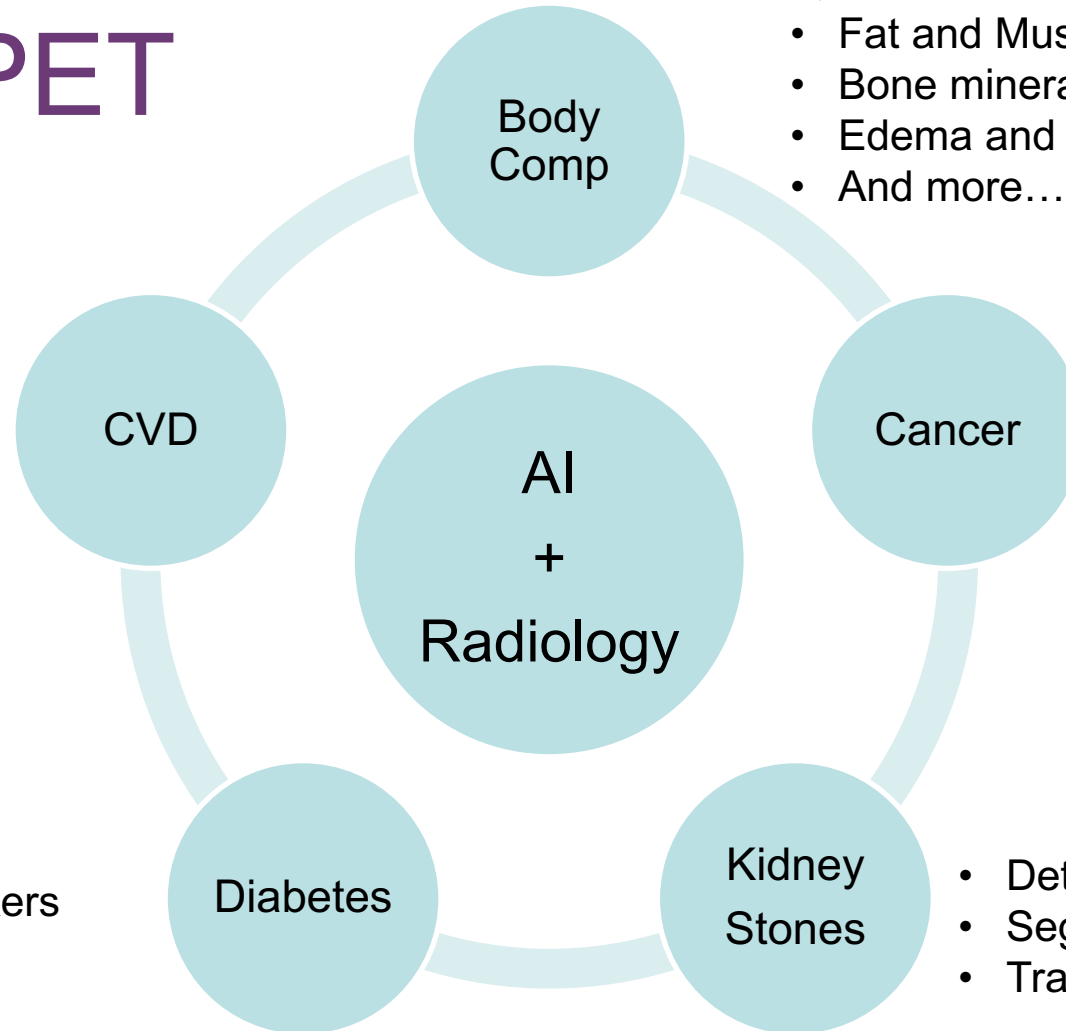
Pritam Mukherjee

Background: What We Do

CT, MRI, PET

- Atherosclerotic plaque
- Diagnosis on Chest X-rays
 - Pneumonia
 - Atelectasis
 - Cardiomegaly
 - ...many more

- Imaging Biomarkers
- Risk prediction



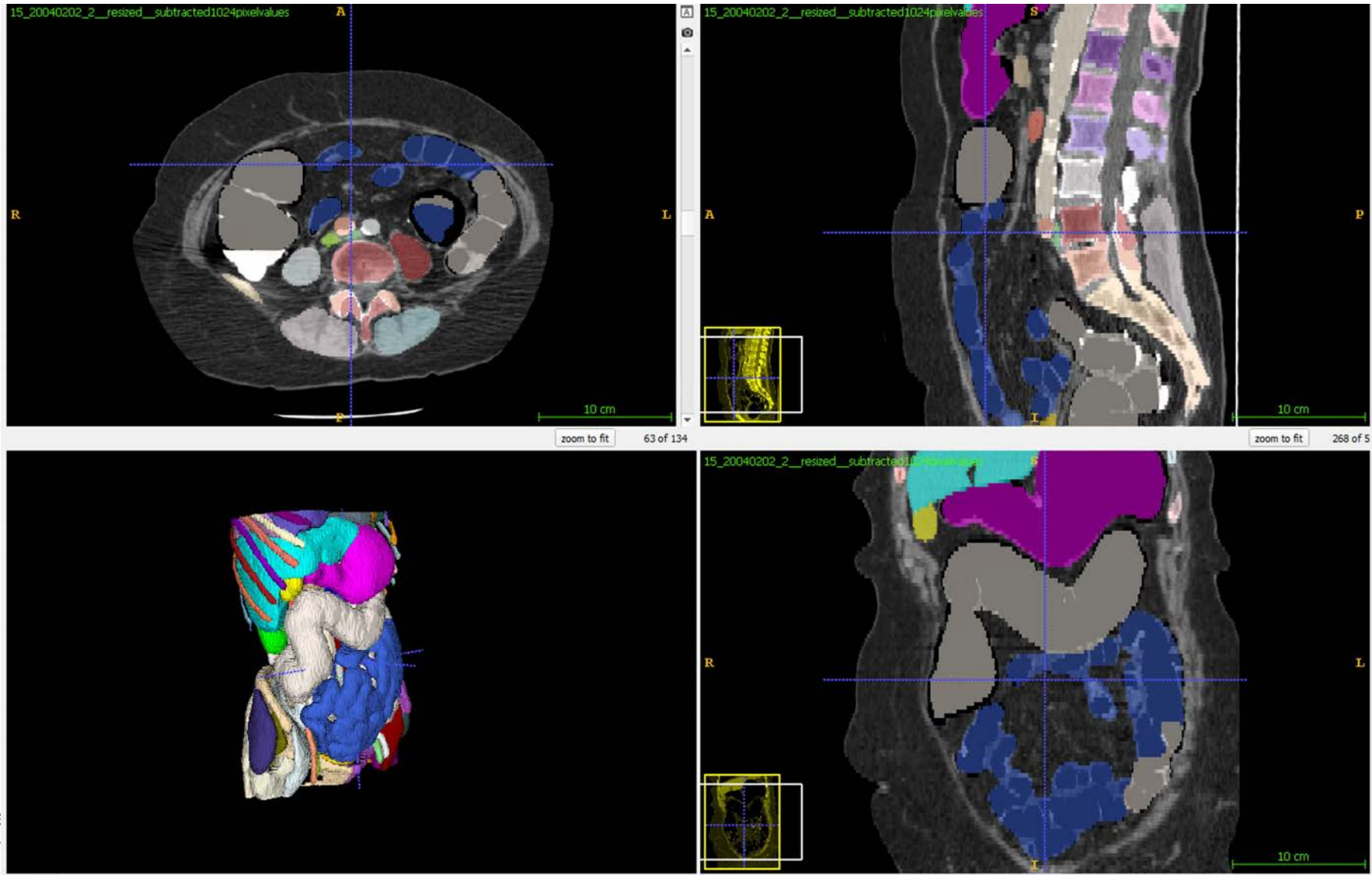
Quantification of:

- Fat and Muscle
- Bone mineral density
- Edema and ascites
- And more...

- Detection of lesions
- Segmentation
- Tracking and follow-up

- Detection
- Segmentation
- Tracking and follow-up

Background: Organ and structure segmentation



Background: Small bowel segmentation project

- Small bowel: largest is the longest section of the digestive tract
 - long (20 ~ 30 ft)
 - convoluted
- Segmentation and path tracking is very useful for
 - Detecting blockages
 - Detecting other abnormalities such as lesions (particularly, small **carcinoid tumors**)
 - Guiding surgery
- Difficult to do manually

Aims

Primary Goal

- Develop an AI model to automatically segment the small bowel in CT scans

Key bottleneck

- Lack of annotated data
 - no public datasets,
 - requires lot of time and effort to annotate, and is difficult without scale

Approach

- Use crowdsourcing to create a HVD dataset

Roadmap

- **Key personnel: Dr. Seungyeon Shin**, (postdoc, now faculty at Hanyang University)
- Curating an anonymized CT dataset
 - Data from the clinical center
 - Select DICOMs which contain suitable CT images (noncontrast, contrast, etc)
 - Convert DICOMs to niftis
 - Manual verification that images do not contain any PHI/PII
- Create interface for crowd-sourced annotation
 - Use Amazon Mechanical Turk
 - Tutorials and quality checks

Roadmap (contd.)

- Quality checks
 - Manually annotated samples (n = 5), by a radiologist
 - Agreement with radiologist annotations would be used to assess
- Get crowdsourced annotations
- Perform additional quality checks
- Outputs:
 - HVD: annotated dataset
 - Model trained on annotated data

Progress

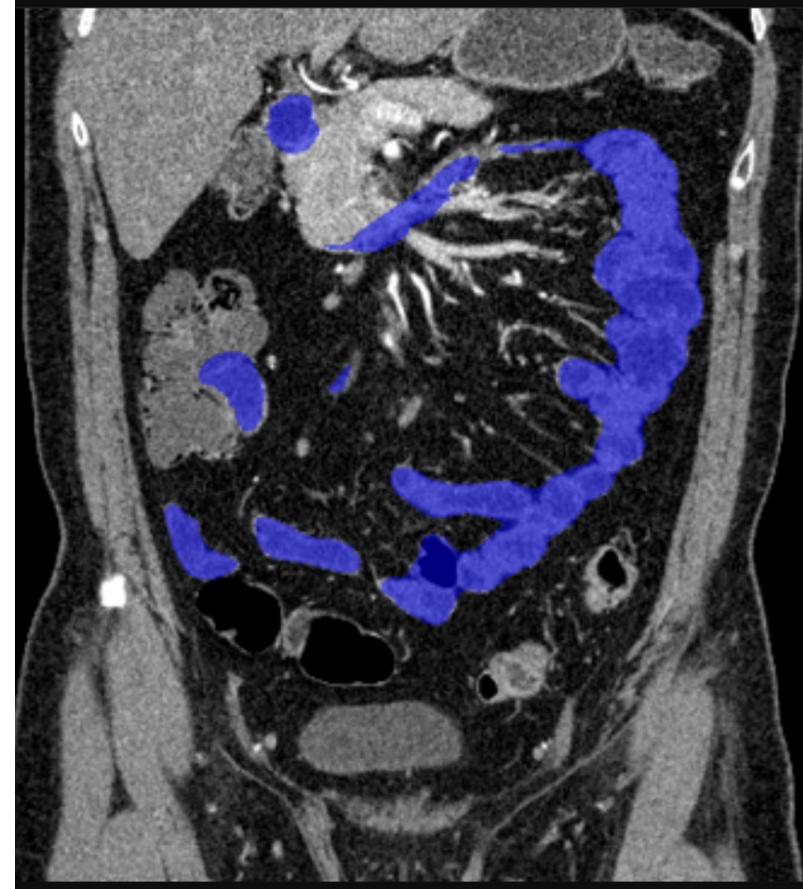
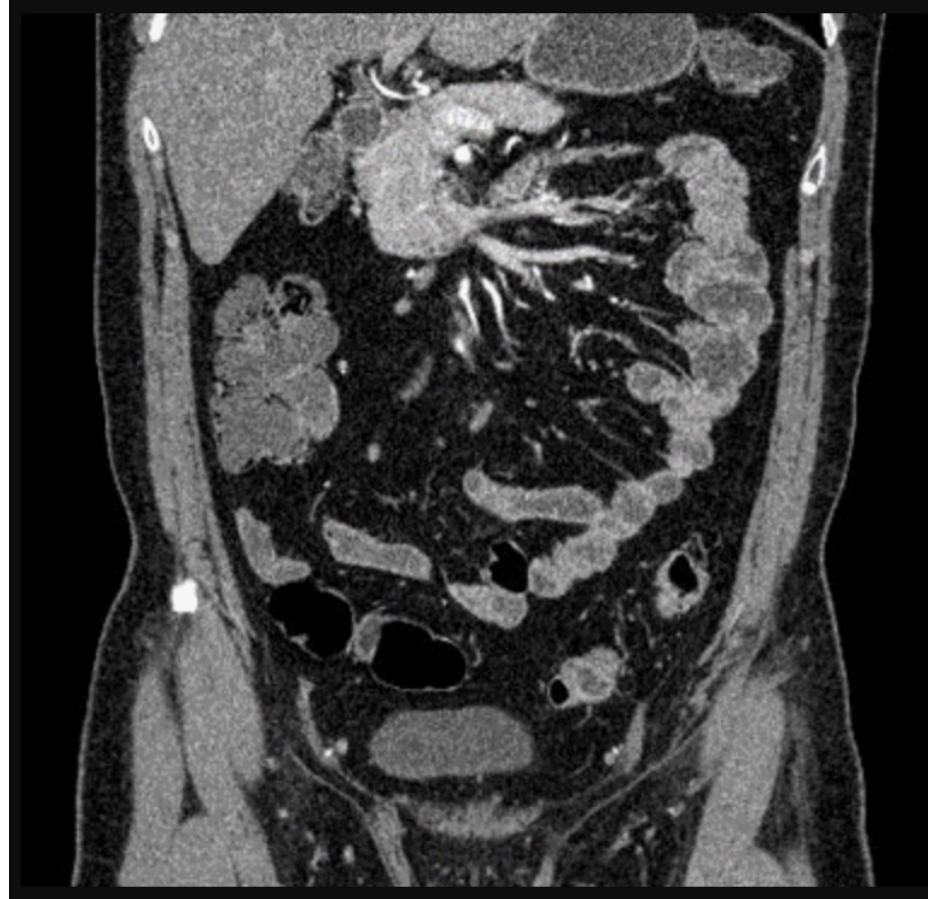
✓ Dataset curation

- 60 scans downloaded from PACS, anonymized
- Verified no PII/PHI
- Converted 3D volumes to multiple (~50) 2D slices
- 5 scans manually segmented

✓ Interface on AWS

- Explored options on AWS SageMaker Ground Truth
- Create 2D labeling job

Progress and Challenges (contd.)



Challenges

- **Challenging to get accurate segmentations based on 2D slices!**
 - I and another staff scientist tried out sample cases – failed miserably!
 - Even our PI, Dr. Summers, an experienced radiologists found it hard to do it accurately without being able to scroll through slices
 - Probably not feasible without medical training
- Possible solution: some 3D segmentation interface?

Challenges

- **Lack of expertise!**
 - No 3D segmentation interface built into AWS SageMaker
 - Lacking expertise to build a custom interface
 - Invest time and effort to learn it ourselves? Hire someone with expertise?
 - Immediate solution: hire expertise – advertised for a temp position – very few takers
 - A few interviews, but no suitable candidates
 - I and another staff scientist started the learning process – few hands-on resources for the specific task

Challenges

- **Missed opportunity!**
 - A group in Switzerland published TotalSegmentator: a segmentation tool
 - TotalSegmentator could segment the small bowel very well
 - A dataset of 1024 scans with small bowel segmentations made publicly available
 - Value of proposed dataset



Pivot to related projects

- Path tracking for small intestine
 - Reinforcement learning based approach – some preliminary work

[Home](#) > [Medical Image Computing and Computer Assisted Intervention – MICCAI 2022](#) > [Conference paper](#)

Deep Reinforcement Learning for Small Bowel Path Tracking Using Different Types of Annotations

[Seung Yeon Shin](#)  & [Ronald M. Summers](#)

Conference paper | [First Online: 16 September 2022](#)

6906 Accesses | **1** [Citations](#)

Part of the [Lecture Notes in Computer Science](#) book series (LNCS, volume 13435)

Pivot to related projects

- Detecting carcinoid tumors in the small intestine – last project for Dr. Shin
 - Deep learning based approach – some preliminary work

MEDICAL PHYSICS

The International Journal of Medical Physics Research and Practice

RESEARCH ARTICLE |  Full Access

Fully-automated detection of small bowel carcinoid tumors in CT scans using deep learning

Seung Yeon Shin , Thomas C. Shen, Stephen A. Wank, Ronald M. Summers

First published: 29 March 2023 | <https://doi.org/10.1002/mp.16391>

Other ideas

- Exploring large language models on the cloud
 - LLMs, like ChatGPT and GPT-4 have shown incredible promise
 - Open-source privacy-preserving LLMs may be suitable for our use cases
 - Very resource hungry – example, Falcon -180B requires **8 80GB A100** GPUs for inference!!



The image shows a screenshot of a journal article page from Radiology. The title of the article is "Feasibility of Using the Privacy-preserving Large Language Model Vicuna for Labeling Radiology Reports". The authors listed are Pritam Mukherjee, Benjamin Hou, Ricardo B. Lanfredi, and Ronald M. Summers. The page includes a navigation bar with links for "Latest Articles", "All Issues", "Collections", "For Authors", "Diagnosis Please", and "Multimedia".

Radiology

[Latest Articles](#) | [All Issues](#) | [Collections](#) ▼ | [For Authors](#) ▼ | [Diagnosis Please](#) | [Multimedia](#)

Feasibility of Using the Privacy-preserving Large Language Model Vicuna for Labeling Radiology Reports

 Pritam Mukherjee, Benjamin Hou,  Ricardo B. Lanfredi,  Ronald M. Summers 

Conclusions

- AWS – an amazing resource
- Can fill gaps in infrastructure for resource hungry projects
- **Challenge: lack of expertise/guidance**

Questions or Suggestions?

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