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Automated diagnosis of neurodegenerative diseases from PET images of the brain

A proof of concept

AKADEMISKA SJUKHUSET

Why?

How?

MRI

Data preparation

and augmentation

Pretrained

ResNet-152

Fully connected

layer

clinical practise. The bold arrows indicates the chosen path of the project.

Figure 1: The left side illustrates the process of an automated diagnosis and the right side describes

Diagnosis of:

Healthy, Vascular Parkinsonism, Parkinson's Disease and Lewy Body Dementia

CT

SPECT

Parkinsonian disorders are irreversible and exhibits similar symptoms as those of Parkinson's disease. However, the causes vary greatly implying that a wrong diagnosis and treatment could cause severe side effects. Finding an early and unambiguous diagnosis for these disorders is hence vitally important. Clinical practise is for a medical professional to examine both

PET

Convolutional Neural Network

3D

medical images such as PET, SPECT, MRI or CT, with supplementary information. The ambition by using machine learning in an automated diagnosis is that the diagnosis can be set earlier and perhaps with greater precision. This project aims to prove that an automated diagnosis is possible using a convolutional neural network.

LBD

Medical professional

Additional

information

PD

The data: ¹¹C-PE2I PET

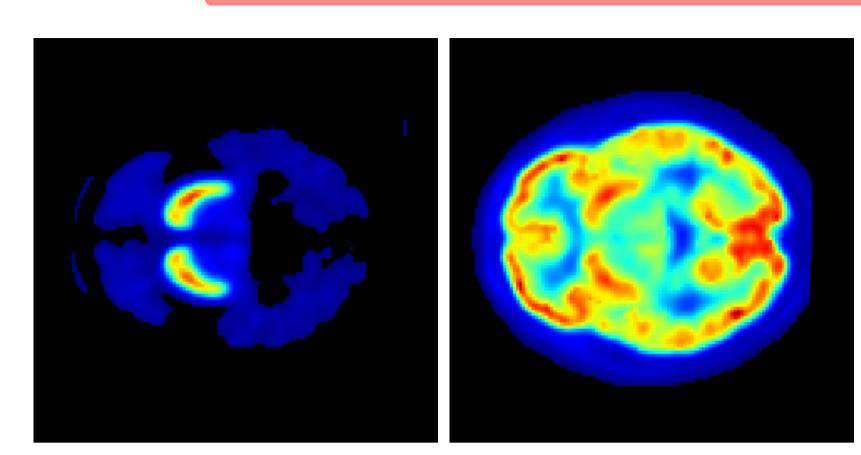


Figure 2: One slice from a ¹¹C-PE2I PET scan of • Spatially normalized and fitted into a healthy patient, DAT to the left and CBF to the right.

- 20 patients divided into 4 classes. 7 N / 4 VP / 4 PD / 5 LBD
- Volumetric shape 128x128x128.
- The ¹¹C-PE2I PET images yields information about dopamine activity (DAT) and cerebral blood flow (CBF) from one scan.
- a template brain.

Results

Table 1: Summary of the sensitivity measure calculated from 10 5-fold cross-validations.

Disease	Sensitivity[%]
Healthy	$\textbf{81.4} \pm \textbf{6.5}$
VP	$\textbf{75.0} \pm \textbf{11.2}$
PD	$\textbf{57.5} \pm \textbf{11.5}$
LBD	$\textbf{92.0} \pm \textbf{13.3}$

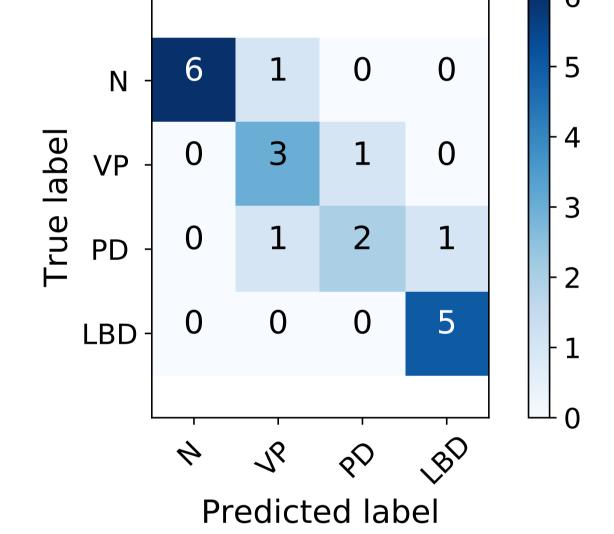


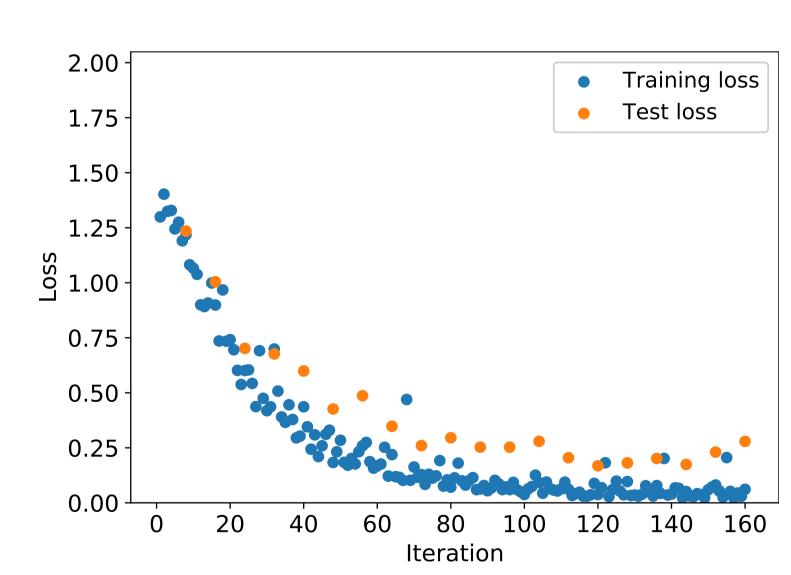
Figure 3: Confusion matrix of an entire 5-fold cross-validation.

Important to note is that the results

obtained may not disclose the

behaviour on fully unseen data as

the data is not of sufficient size to



be representative of all variances.

Figure 4: The cross-entropy loss of a single fold showing that the model captures features in the data.

Conclusions

With a limited data set, utilizing the data in a 2D fashion generated the best results as it made it feasible to exploit accessible machine learning techniques such as transfer learning

and data augmentation. Conclusively, an automated diagnoses with this approach using the ¹¹C-PE2I PET scan method has great promise for a future aid on a reliable diagnosis.

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