

Brain Imaging: data management & processing

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DIR & BRIC
SINAPSE collaboration











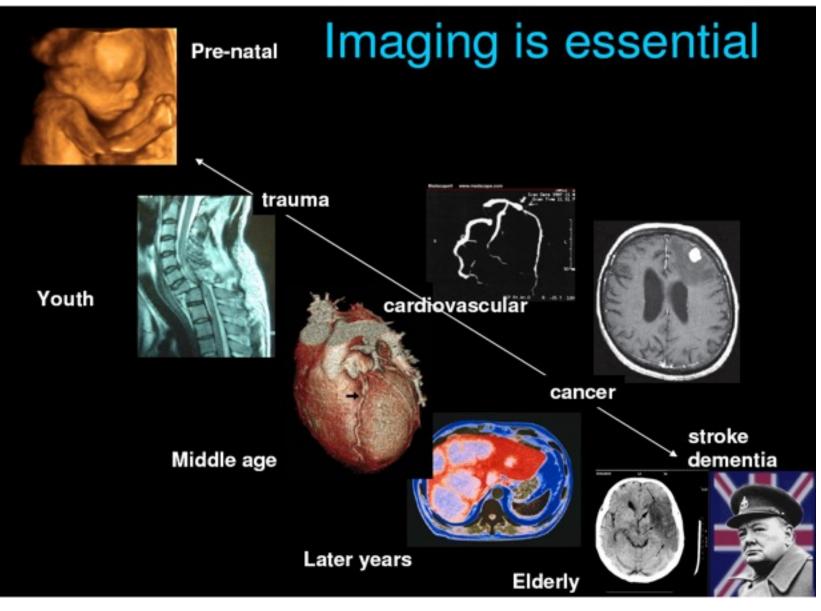


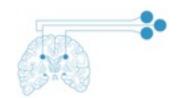






Slide by J. Wardlaw



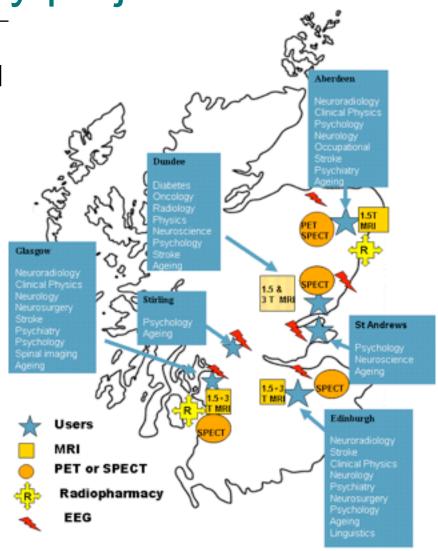


The SINAPSE Project

- Stands for Scottish Imaging Network: a Platform for Scientific Excellence.
- Pooling initiative of six Scottish universities: Aberdeen, Dundee, Edinburgh, Glasgow, St. Andrews and Stirling.
- Main objectives:
 - develop imaging expertise,
 - support multi-centre clinical research in conjunction with the Clinical Research Networks,
 - improve the ability of neuroscientists to collaborate on clinical trials,
 - have a direct impact on patient health.

SINAPSE priority projects

- Stroke, the brain and the blood-brain interface
- Ageing brain to dementia
- Novel molecular imaging markers for major psychiatric disorders
- Innovative radiotracers for CNS inflammation



DIR involvement

- Information governance & data deidentification
 - Networking
 - Development of de-identification tool
- Data sharing infrastructure
 - Facilitating multi-centre studies
- Portal for brain imaging
 - Improving usability
- Image Analysis methods

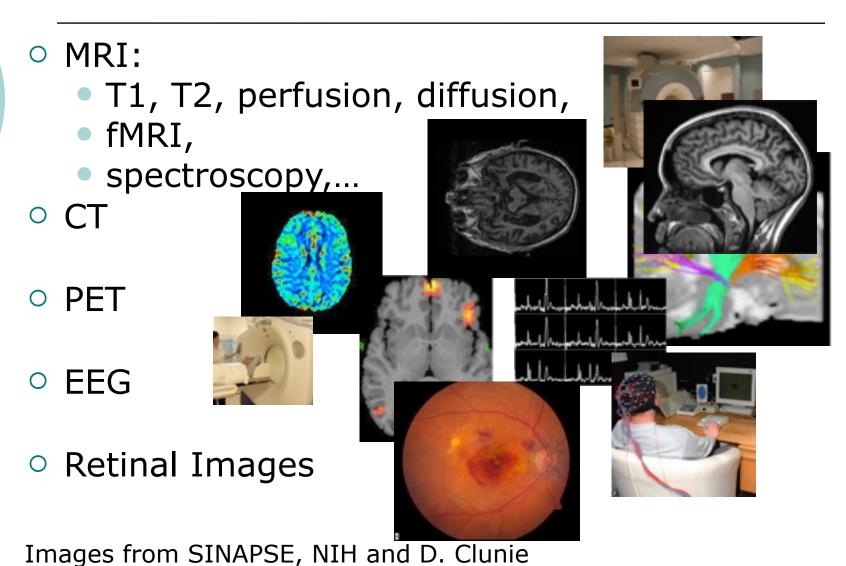
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Data in SINAPSE

- O MRI:
 - T1, T2, perfusion, diffusion,
 - fMRI,
 - spectroscopy,...
- o CT
- PET
- EEG
- Retinal Images

Images from SINAPSE, NIH and D. Clunie

Data in SINAPSE



Data Sharing

- Information governance and Privacy protection
 - MIDAS
 - DICOM Confidential
- Centralised storage
 - Server in ECDF (Edinburgh Computing and Data Facilities)
 - Storage space and databases
- Other: Portal & automatised QA

Data Protection Act

- UK's Data Protection Act (1998). Implements the European Community Data Protection Directive 1995.
- Establish individuals' rights on data held about them and obligations for organisations or people processing personal data.
- Personal data must be processed in a fair and lawful manner.
 - 8 DPA principles.
- Other legislation pieces apply to medical data.
 - Common law: duty of confidentiality.
 - Human Rights Act 1998 (article 8).

MIDAS meeting (18th March 2009)

 Medical Imaging Data Access and Sharing



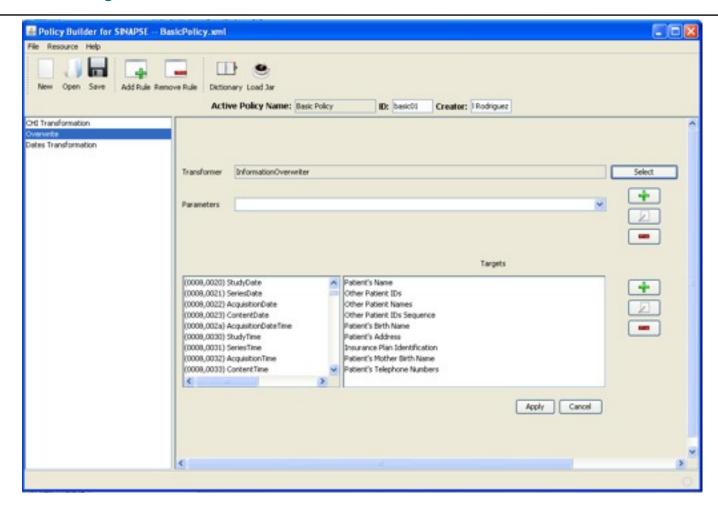
- Hosted in the e-Science Institute
- Brought together representatives from the NHS Scotland & the universities
- Successful meeting with useful discussion
 - Came out with a roadmap for improving the data sharing between both sides
 - Report circulated between attendees
- Two follow-up meetings in September 2010 and March 2011

DICOM Confidential

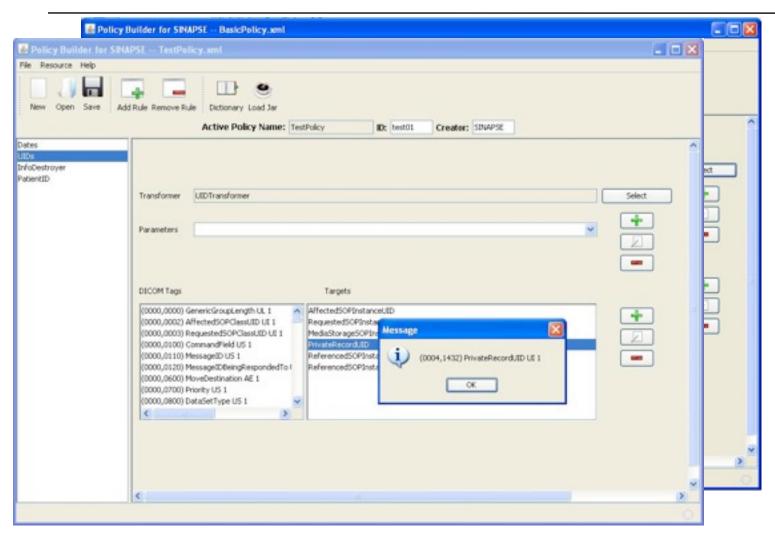
- A DICOM de-identification toolkit
 - Implemented in Java
 - Highly configurable
 - Configurable pipeline for chaining different operations
- Privacy Policies expressed in XML documents
 - PolicyEditor: a graphical policies creation tool
- Transformation classes distributed in signed jar files
- DICOM read/write through an interface that allows using different libraries
 - dcm4che2
 - pixelmed

Policy Editor

Policy Editor



Policy Editor



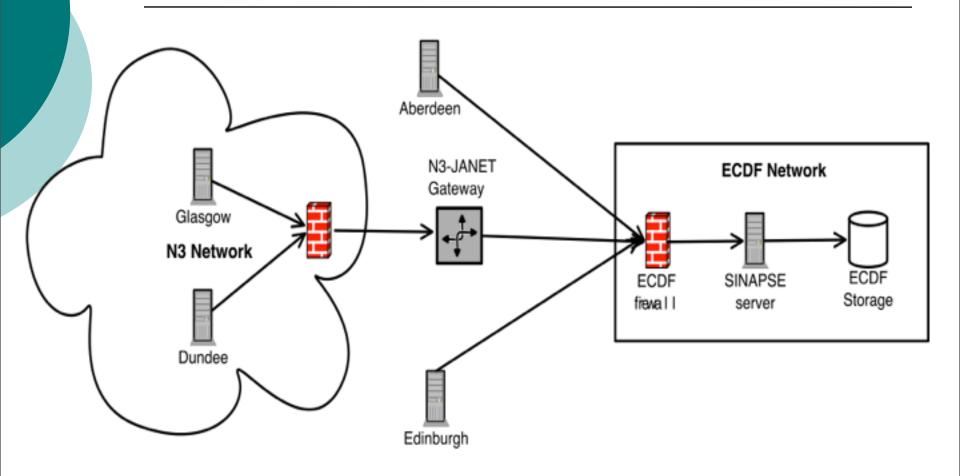
MRI QA in SINAPSE

- QA is used to monitor the performance of MRI scanners
 - particularly important in multicentre imaging studies
- Previous work in SINAPSE towards establishing a common QA protocol
 - 7 participant MR scanners in 4 centres
 - Framework for monitoring the quality of the data
 - It will facilitate the combination of data between centres

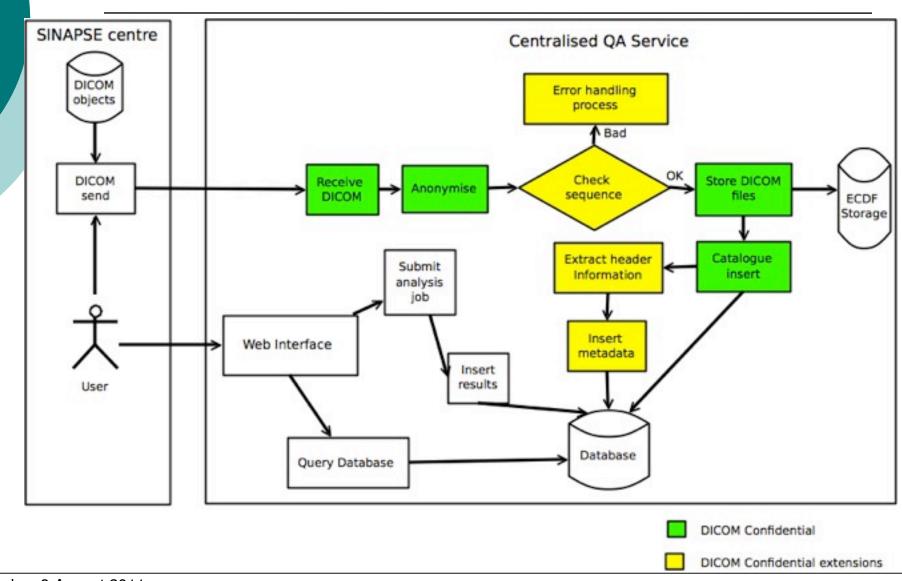
Motivation for an automatic system

- Remove the burden of some manual tasks currently being done in the centres
- Allow checking the correctness of the sequence parameters used
- Ensure the consistency of the software used for the analysis and
- Facilitate the reanalysis of the data
- Enforce (pseudo-)anonymisation policies across collaborations

Network Configuration

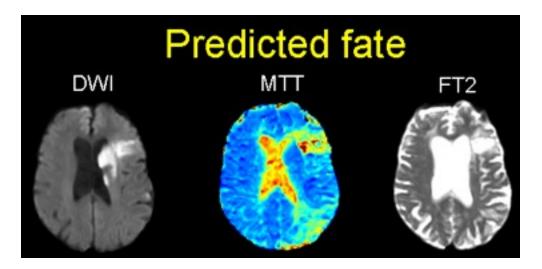


Automatised MRI QA flowchart

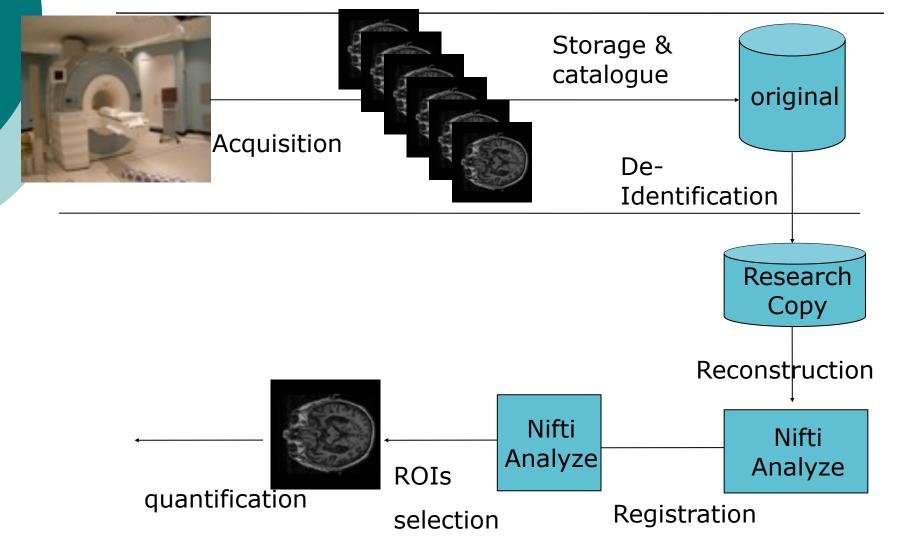


Example Image Analysis Application: Stroke

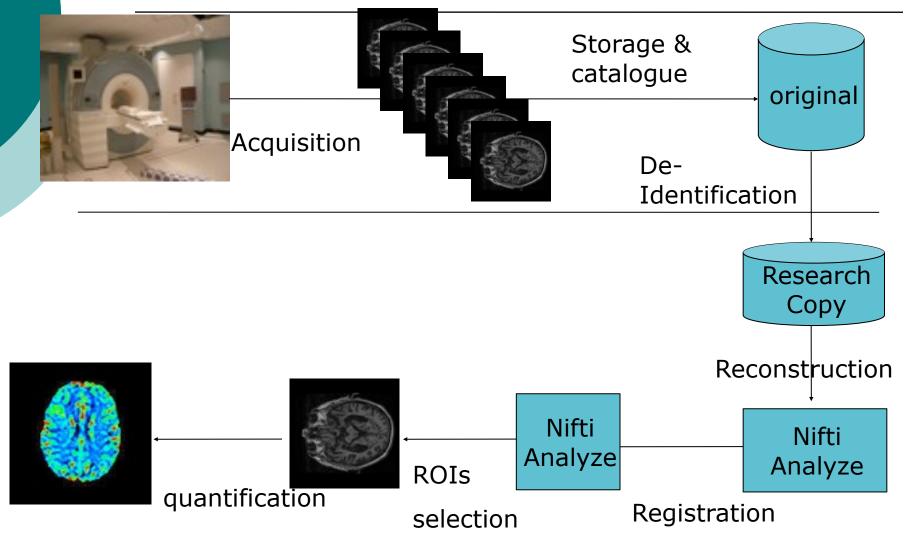
 Identifying the potentially salvageable tissue so that treatment can be delivered effectively



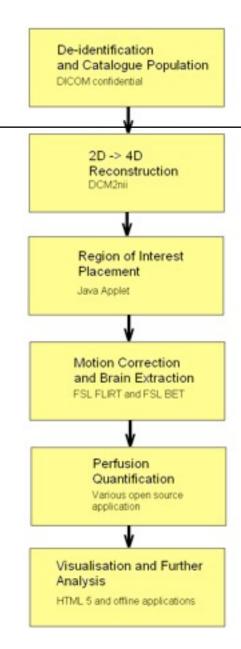
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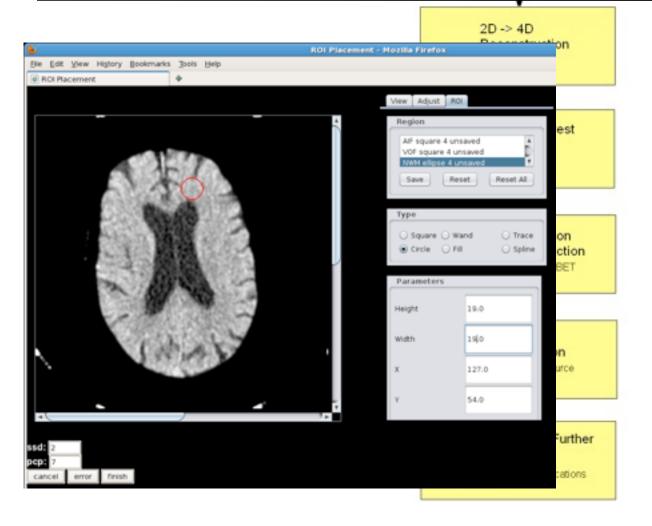
Example Image Analysis Application: Stroke



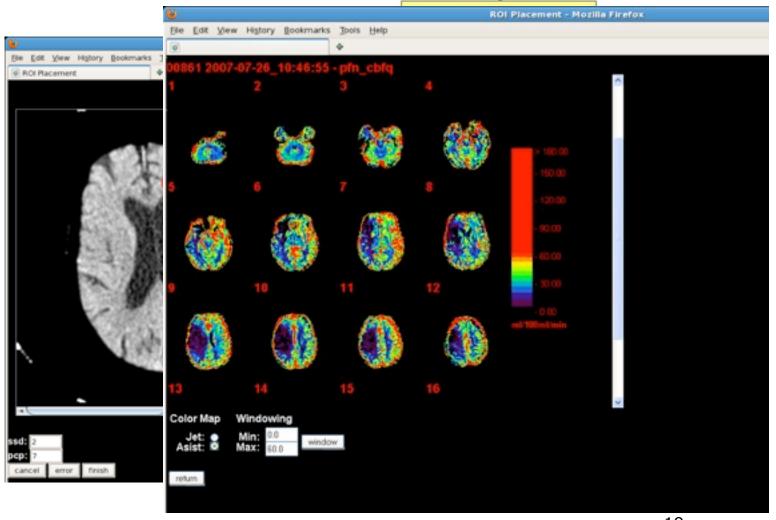
- In collaboration with ECDF and BRIC
 - A production portal at ECDF almost finished
- Brain perfusion image as example
- Main developments:
 - General solution for portal single signon authentication to the cluster
 - Databases: catalogue and application workflow support
 - Application specific portlets







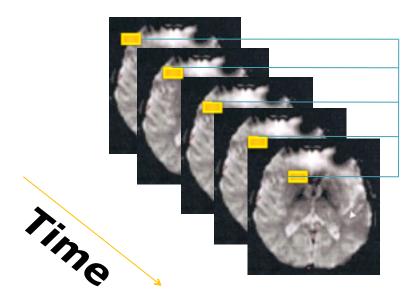
De-identification and Catalogue Population DICOM confidential

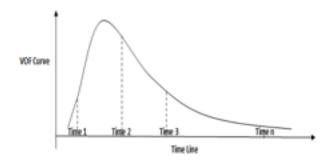


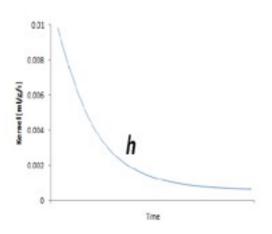
Perfusion Quantification



+ Contrast Agent Injection







GPGPU implementation

- Results needed in quasi-real time if we want clinical application
 - Some methods like local AIFs take up to 20 minutes
- Deconvolution is ideally parallele as the processing of each voxel is independent



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GPGPU Speedup

	Number of Voxels	Number of Time intervals	Overall Running Time	Parallel Version
	CT 512*512*2	32	9 min	2.25 min
-	MR 128*128*15	80	24 min	8 min

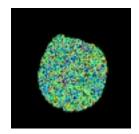
Speed up factor: 3 - 4

Noise Reduction using GPR

- Low contrast-to-noise ratio
 - CT data especially
 - Gaussian noise
- Noise is enlarged in deconvolution
 - ill-conditioned problem

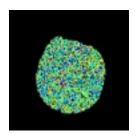
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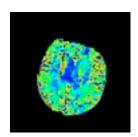
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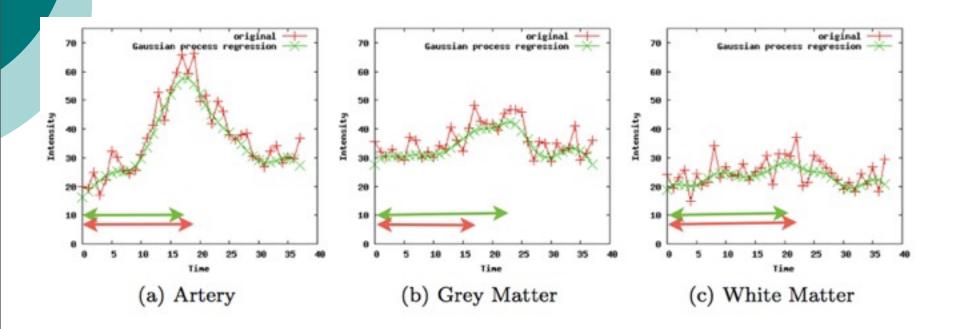
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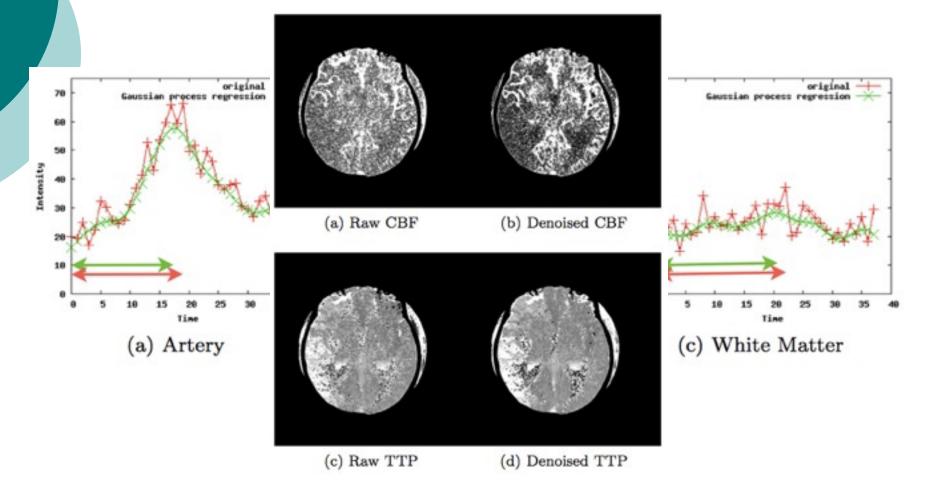




Noise reduction using GPR



Noise reduction using GPR



Questions

