Coarse to Fine Vertebrae Localization and Segmentation with SpatialConfiguration-Net and U-Net

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Keywords: Vertebrae Localization, Vertebrae Segmentation, SpatialConfiguration-Net, U-Net, VerSe 2019 Challenge.

Abstract: Localization and segmentation of vertebral bodies from spine CT volumes are crucial for pathological diagnosis, surgical planning, and postoperative assessment. However, fully automatic analysis of spine CT volumes is difficult due to the anatomical variation of pathologies, noise caused by screws and implants, and the large range of different field-of-views. We propose a fully automatic coarse to fine approach for vertebrae localization and segmentation based on fully convolutional CNNs. In a three-step approach, at first, a U-Net localizes the rough position of the spine. Then, the SpatialConfiguration-Net performs vertebrae localization and identification using heatmap regression. Finally, a U-Net performs binary segmentation of each identified vertebrae in a high resolution, before merging the individual predictions into the resulting multi-label vertebrae segmentation. The evaluation shows top performance of our approach, ranking first place and winning the MICCAI 2019 Large Scale Vertebrae Segmentation Challenge (VerSe 2019).

1 INTRODUCTION

Localization and segmentation of vertebral bodies from spinal CT volumes is a crucial step for many clinical applications involving the spine, e.g., pathological diagnosis (Forsberg et al., 2013), surgical planning (Knez et al., 2016), and postoperative assessment (Amato et al., 2010). Due to the highly repetitive structure of vertebrae, large variation in the appearance of different pathologies including fractures and implants, as well as different field-of-views, most methods for localizing and segmenting vertebral bodies are based on machine learning. As both localization and segmentation are difficult tasks on their own, the majority of proposed methods focus on only one task.

For the task vertebrae localization, or more generally anatomical landmark localization, a widely used way of incorporating global shape information is to use statistical shape models (Cootes et al., 1995). (Lindner et al., 2015) extend upon this strat-

egy by using a constrained local model that iteratively refines global landmark configuration on top of local feature responses generated from random forests. (Glocker et al., 2012) have combined random forests with graphical models based on Markov random field restricting the responses to only feasible locations. In addition to extending their method, (Glocker et al., 2013) have introduced the MICCAI CSI 2014 Vertebrae Localization and Identification Challenge dataset, which has been used as a benchmark for localizing and identifying vertebrae in spinal CT volumes. Although a lot of research has focused on improving landmark localization methods incorporating random forests (Ebner et al., 2014; Lindner et al., 2015; Bromiley et al., 2016; Urschler et al., 2018), due to the advances of deep learning (Le-Cun et al., 2015), most recent best-performing methods for anatomical landmark localization are based on convolutional neural networks (CNNs). (Chen et al., 2015) proposed a framework that combines random forest used for coarse landmark localization, a shape model incorporating the information of neighboring landmarks for refining their positions, and CNNs for identification of landmarks. However, their proposed method does not use the full potential of CNNs, as they are only used for iden-

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DOI: 10.5220/0008975201240133

ISBN: 978-989-758-402-2; ISSN: 2184-4321

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In Proceedings of the 15th International Joint Conference on Computer Vision, Imaging and Computer Graphics Theory and Applications (VISIGRAPP 2020) - Volume 5: VISAPP, pages 124-133

tification, not for localization. In the related computer vision task human pose estimation, (Toshev and Szegedy, 2014) introduced CNNs to regress coordinates of landmarks. However, regressing the coordinates directly involves a highly nonlinear mapping from input images to point coordinates (Pfister et al., 2015). Instead of regressing coordinates, (Tompson et al., 2014) proposed a simpler, imageto-image mapping based on regressing heatmap images, which encode the pseudo-probability of a landmark being located at a certain pixel position. Using the heatmap regression framework for anatomical landmark localization, (Payer et al., 2016) proposed the SpatialConfiguration-Net (SC-Net) that integrates spatial information of landmarks directly into an endto-end trained, fully-convolutional network. Building upon (Payer et al., 2016), (Yang et al., 2017) generate predictions for vertebral landmarks with missing responses, by incorporating a pre-trained model of neighboring landmarks into their CNN. Recently, (Mader et al., 2019) adapted the heatmap regression networks for predicting more than a hundred landmarks on a dataset of spinal CT volumes. (Liao et al., 2018) proposed a three stage method for vertebrae identification and localization. They pre-train a network to classify and localize vertebrae simultaneously, use the learned weights to generate responses with a fully convolutional network, and finally remove false-positive responses with a bidirectional recurrent neural network. To reduce the amount of information that needs to be processed, (Sekuboyina et al., 2018) proposed to project the 3D information of spine anatomy into 2D sagittal and coronal views, and solely use these views as input for their 2D CNN for vertebrae identification and localization. However, due to this projection, beneficial volumetric information may be lost. Very recently, (Payer et al., 2019) improved their volumetric fully convolutional SC-Net, outperforming other methods on the dataset of the MICCAI CSI 2014 Vertebrae Localization and Identification Challenge (Glocker et al., 2013).

For the task vertebrae segmentation, due to the specific shape of vertebrae, many methods incorporate models of their shape. Using statistical shape models, (Klinder et al., 2009) introduce a multistage approach for identifying and segmenting vertebral bodies. (Hammernik et al., 2015) use the mean shape of a vertebra as initialization for their convex variational framework. Other methods modeling the vertebra shape include superquadric models (Štern et al., 2011), models based on game theory (Ibragimov et al., 2014), as well as atlas-based models (Wang et al., 2016). Similar to vertebrae localization, recently, machine learning approaches are



Figure 1: Overview of our proposed coarse to fine fully automatic vertebrae localization, identification, and segmentation. The three-step approach works for spine CT volumes having a large range of different field-of-views, as well as pathologies.

predominantly used for vertebrae segmentation, due to the large variation of the appearance and pathologies in clinical CT volumes of the spine. (Chu et al., 2015) proposed to use random forests for identifying the centroids of vertebral bodies. These centroids are then used to restrict another random forest that performs voxelwise labeling and segmentation of the vertebral body. Coupling shape models with CNNs, (Korez et al., 2016) use the outputs of a CNN as probability maps for a deformable surface model to segment vertebral bodies. Evaluated on the challenging MICCAI 2016 xVertSeg dataset identifying and segmenting lumbar vertebrae, (Sekuboyina et al., 2017) and (Janssens et al., 2018) use similar two stage approaches to first localize a bounding box around the lumbar region, and then to perform a multi-label segmentation of the vertebrae within this region. However, as the xVertSeg dataset is only used for segmenting the five lumbar vertebrae, these methods are not designed for spinal CT images that have a varying number of visible vertebrae. A different approach was introduced by (Lessmann et al., 2019), who use a single network to use instance segmentation of all vertebrae. By traversing the spinal column with a sliding window, they propose to segment each vertebra at a time, while the network incorporates information of



Figure 2: Input volume and the predicted spine heatmap \hat{h}_{spine} of the spine localization network. The predicted coordinate \hat{x}_{spine} is the *x* and *y* coordinate of the center of mass of \hat{h}_{spine} .

already segmented vertebrae.

Our main contributions presented in this paper are:

- We developed a coarse to fine fully automatic method for localization, identification, and segmentation of vertebrae in spine CT volumes. We first roughly localize the spine, then localize and identify individual vertebrae, and finally segment each vertebra in high resolution.
- We tackle the challenging problem of simultaneously segmenting and labeling vertebrae in the presence of highly repetitive structures by doing the localization and identification step first, and then doing a binary segmentation of individually identified vertebrae.
- We perform evaluation and comparison to stateof-the-art methods on the MICCAI 2019 Large Scale Vertebrae Segmentation Challenge (VerSe 2019), involving real-world conditions concerning image composition and pathologies. Our proposed method achieves top performance, ranking first place and winning the VerSe 2019 challenge.

2 METHOD

We perform vertebrae localization and segmentation in a three-step approach (see Fig. 1). Firstly, due to the large variation of the field-of-view of the input CT volumes, a CNN with a coarse input resolution predicts the approximate location of the spine. Secondly, another CNN in higher resolution performs multiple landmark localization and identification of the individual vertebra centroids. Lastly, the segmentation CNN in the highest resolution performs a binary segmentation of each localized vertebra. The results of the individually segmented vertebrae are then merged into the final multi-label segmentation.

2.1 Spine Localization

Due to the varying field-of-view, spine CT volumes often contain lots of background that does not contain useful information, while the spine may not be in the center of the volume. To ensure that the spine is centered at the input for the subsequent vertebrae localization step, as a first step, we predict the approximate *x* and *y* coordinates $\mathbf{\hat{x}}_{spine} \in \mathbb{R}^2$ of the spine. For localizing $\mathbf{\hat{x}}_{spine}$, we use a variant of the U-Net (Ronneberger et al., 2015) to perform heatmap regression (Tompson et al., 2014; Payer et al., 2016) of the spinal centerline, i.e., the line passing through all vertebral centroids. The target heatmap volume $h_{\text{spine}}(\mathbf{x}; \sigma_{\text{spine}}) : \mathbb{R}^3 \to \mathbb{R}$ of the spinal centerline is generated by merging Gaussian heatmaps with size σ_{spine} of all individual vertebrae target coordinates \mathbf{x}_i into a single volume (see Fig. 2). We use the L2-loss to minimize the difference between the target heatmap volume h_{spine} and the predicted heatmap volume $\hat{h}_{\text{spine}}(\mathbf{x}) : \mathbb{R}^3 \to \mathbb{R}$. The final predicted spine coordinate $\hat{\mathbf{x}}_{spine}$ is the x and y coordinate of the center of mass of \hat{h}_{spine} .

Our variant of the U-Net is adapted such that it performs average instead of max pooling and linear upsampling instead of transposed convolutions. It uses five levels where each convolution layer has a kernel size of $[3 \times 3 \times 3]$ and 64 filter outputs. Furthermore, the convolution layers use zero padding such that the network input and output sizes stay the same.

Before processing a spine CT volume, it is resampled to a uniform voxel spacing of 8 mm and centered at the network input. The network input resolution is $[64 \times 64 \times 128]$, which allows spine CT volumes with an extent of up to $[512 \times 512 \times 1024]$ mm to fit into the network input. This extent was sufficient for the network to predict \mathbf{x}_{spine} for all spine CT volumes of the evaluated dataset.



Figure 3: Input volume and individual heatmap predictions of the vertebrae localization network. The yellow rectangle indicates that not the whole input volume is processed at once, but overlapping cropped sub-volumes that are centered at $\hat{\mathbf{x}}_{spine}$. The network predicts simultaneously *N* heatmaps, i.e., a single heatmap \hat{h}_i for each individual vertebrae v_i . For visualization, the predicted heatmaps are colored individually and combined into a single image. The final landmark coordinates $\hat{\mathbf{x}}_i$ are identified as the longest sequence of local maxima of $\hat{\mathbf{x}}_i$ that does not violate anatomical constraints.

2.2 Vertebrae Localization

To localize centers of the vertebral bodies, we use the SpatialConfiguration-Net (SC-Net) proposed in (Payer et al., 2019). The network effectively combines the *local appearance* of landmarks with their *spatial configuration*. The *local appearance* part of the network uses five levels consisting of two convolution layers before downsampling to the lower level, and two convolution layers after concatenating with the upsampled lower level. Each convolution layer uses a leaky ReLU activation function and has a kernel size of $[3 \times 3 \times 3]$ and 64 filter outputs. The *spatial configuration* part consists of four convolutions with $[7 \times 7 \times 7]$ kernels in a row and is processed in one fourth of the resolution of the *local appearance* part.

The SC-Net performs heatmap regression of the *N* target vertebrae v_i with i = 1...N, i.e., each target coordinate \mathbf{x}_i is represented as a Gaussian heatmap volume $\hat{h}_i(\mathbf{x}; \sigma_i) : \mathbb{R}^3 \to \mathbb{R}$ centered at \mathbf{x}_i . For *N* target vertebrae v_i , the network predicts simultaneously all *N* output heatmap volumes $\hat{h}_i(\mathbf{x}) : \mathbb{R}^3 \to \mathbb{R}$. As loss function, we use a modified L2-loss function, which also allows learning of the individual σ_i values for the target Gaussian heatmap volumes \hat{h}_i :

$$L = \sum_{i=1}^{N} \sum_{\mathbf{x}} \|\hat{h}_{i}(\mathbf{x}) - \overset{*}{h}_{i}(\mathbf{x};\sigma_{i})\|_{2}^{2} + \alpha \|\sigma_{i}\|_{2}^{2}.$$
 (1)

For more details of the network architecture and loss function, we refer to (Payer et al., 2019).

A schematic representation of how the input volumes are processed to predict all heatmaps \hat{h}_i is shown in Fig. 3. Each network input volume is resampled to have a uniform voxel spacing of 2 mm, while the network is set up for inputs of size [96 × 96 × 128], which allows volumes with an extent of [192 × 192 × 256] mm to fit into the network. With this extent,

many images of the dataset do not fit into the network and cannot be processed at once. To narrow the processed volume to the approximate location of the spine, we center the network input at the predicted spine coordinate $\mathbf{\hat{x}}_{spine}$ (see Sec. 2.1). Furthermore, as some spine CT volumes have a larger extent in the *z*-axis (i.e., the axis perpendicular to the axial plane) that would not fit into the network, we process such volumes the same way as proposed by (Payer et al., 2019). During training, we crop a subvolume at a random position at the z-axis. During inference, we split the volumes at the z-axis into multiple subvolumes that overlap for 96 pixels, and process them one after another. Then, we merge the network predictions of the overlapping subvolumes by taking the maximum response over all predictions.

We predict the final landmark coordinates $\hat{\mathbf{x}}$ as follows: For each predicted heatmap volume, we detect multiple local heatmap maxima that are above a certain threshold. Then, we determine the first and last vertebrae that are visible on the volume by taking the heatmap with the largest value that is closest to the volume top or bottom, respectively. We identify the final predicted landmark sequence by taking the sequence that does not violate the following conditions: consecutive vertebrae may not be closer than 12.5 mm and farther away than 50 mm, as well as the following landmark may not be above a previous one.

2.3 Vertebrae Segmentation

For creating the final vertebrae segmentation, we use a U-Net (Ronneberger et al., 2015) set up for binary segmentation to separate a vertebra from the background (see Fig. 4). The final semantic label of a vertebra is identified through the localization label as predicted by the vertebrae localization network (see Sec. 2.2). Hence, we use a single network for all



Network Input

Figure 4: Input volume and segmented vertebrae of the spine segmentation network. The yellow rectangle shows the cropped region around a single vertebrae v_i and indicates that each localized vertebra $\hat{\mathbf{x}}_i$ is processed individually. Each individual vertebra sigmoid prediction \hat{l}_i is then transformed and resampled back to the original position. The final multi-label segmentation \hat{l}_{final} is obtained by setting the label at each voxel to the label of \hat{l}_i that has the largest response.

vertebrae v_i , as the network does not need to identify, which vertebra it is segmenting, but it only needs to separate each vertebra individually from the background.

Since each vertebra is segmented independently, the network needs to know, which vertebra it should segment in the input volume. Thus, from the whole spine CT image, we crop the region around the localized vertebra, such that the vertebra is in the center of the cropped image. During training, we use the ground-truth vertebra location \mathbf{x}_i , while during inference, we use the predicted vertebra coordinate $\hat{\mathbf{x}}_i$. Additionally, we create an image of a Gaussian heatmap centered at the vertebra coordinate $\hat{\mathbf{x}}_i$. Both the cropped and the heatmap image are used as an input for the segmentation U-Net. The U-Net is modified as described in Sec. 2.1. It is set up to predict a single output volume $\hat{l}_i(\mathbf{x}) : \mathbb{R}^3 \to (0,1)$, while the sigmoid cross-entropy loss is minimized to generate predictions close to the target binary label volume $\hat{l}_i(\mathbf{x}) : \mathbb{R}^3 \to \{0,1\}$. The input volumes are resampled to have a uniform voxel spacing of 1 mm, while the network is set up for inputs of size $[128 \times 128 \times 96]$, which allows volumes with an extent of $[128 \times 128 \times 96]$ mm.

To create the final multi-label segmentation result, the individual predictions of the cropped vertebra inputs need to be merged. Therefore, the sigmoid output volumes \hat{l}_i of each cropped vertebrae *i* are transformed and resampled back to their position in the original input volume. Then, for each voxel in the final label image $\hat{l}_{\text{final}}(\mathbf{x}) : \mathbb{R}^3 \to \{0...N\}$, the predicted label is set to the label *i* of the vertebra that has the largest sigmoid response. If for a pixel no vertebra prediction \hat{l}_i has a response > 0.5, the pixel is set to be the background.

3 EVALUATION

We evaluate our proposed framework for multi-label spine localization and segmentation on the dataset of the VerSe 2019 challenge¹. The dataset consists of spine CT volumes of subjects with various pathologies, where every fully visible vertebra from C1 to L5 is annotated. As some subjects contain the additional vertebra L6, at maximum N = 25 vertebrae are annotated. The training set consists of 80 spine CT volumes with corresponding ground-truth centroids \mathbf{x}_i and segmentations l_i for each vertebra v_i .

 l_{final}

The VerSe 2019 challenge contains two test sets. The first test set consists of 40 publicly available spine CT volumes with hidden annotations. The participants of the challenge had to submit the predictions on the first test set to the evaluation servers, which did in turn evaluate and rank the submitted results on a public leaderboard. The second test set consists of an additional 40 hidden spine CT volumes. To obtain evaluation results on the second test set, the challenge participants had to submit a Docker image of the proposed method that creates the predictions. The organizers of the challenge then performed an internal evaluation on the hidden second test set. The final rank of each participant of the VerSe 2019 challenge is defined by the performance on the 80 CT volumes of both test sets and was announced at the workshop of MICCAI 2019 (Sekuboyina, 2019).

3.1 Implementation Details

Training and testing of the network were done in Tensorflow², while we perform on-the-fly data prepro-

¹https://verse2019.grand-challenge.org/

²https://www.tensorflow.org/

Vertebrae <i>v_i</i>	$\begin{array}{c c} PE_i \text{ (in mm)} \\ mean \pm SD \end{array}$	ID _i % (#identified of #total)	$\begin{array}{c} \text{Dice}_i\\ \text{mean} \pm \text{SD} \end{array}$	\mathcal{H}_i (in mm) mean \pm SD	
Cervical $(i = C1C7)$	7.45 ± 8.70	91.07% (102 of 112)	0.91 ± 0.10	5.88 ± 9.50	
Thoracic $(i = T1 \dots T12)$	5.56 ± 6.31	88.99% (388 of 436)	0.93 ± 0.14	6.78 ± 16.67	
Lumbar ($i = L1 \dots L6$)	4.48 ± 2.08	90.45% (284 of 314)	0.96 ± 0.02	6.41 ± 9.05	
All $(i = C1 \dots L6)$	5.71 ± 6.28	89.79% (774 of 862)	0.94 ± 0.11	6.53 ± 13.49	

Table 1: Results of a three-fold cross-validation on the VerSe 2019 challenge training set consisting of 80 volumes. The table shows results grouped by cervical, thoracic, and lumbar vertebrae, as well as results for all vertebrae combined.

cessing and augmentation using SimpleITK³. We performed network and data augmentation hyperparameter evaluation on initial cross-validation experiments using the training set of the VerSe 2019 challenge. All networks are trained with a mini-batch size of 1, while the spine localization network is trained for 20,000 iterations, the vertebrae localization network for 100,000 iterations, and the vertebrae segmentation network for 50,000 iterations. For the U-Net we use the Adam optimizer (Kingma and Ba, 2015) with a learning rate of 10^{-4} , for the SC-Net we use the Nesterov (Nesterov, 1983) optimizer with a learning rate of 10^{-8} . The spine and vertebrae localization networks use L2 weight regularization factor of 5^{-4} , the vertebrae segmentation network uses a factor of 10^{-7} . We set $\sigma_{spine} = 3$ pixel for the spine localization network; Same as in (Payer et al., 2019), we set $\alpha = 100$ in (1) for learning the size σ_i of the target heatmaps h_i in the vertebrae localization network.

Due to the different orientations, each CT volume is transformed into a common orientation for further processing. Furthermore, to reduce noise on the input volumes, they are smoothed with a Gaussian kernel with $\sigma = 0.75$ mm. To obtain an appropriate range of intensity values for neural networks, each intensity value of the CT volumes is divided by 2048 and clamped between -1 and 1. For data augmentation during training, the intensity values are multiplied randomly with [0.75, 1.25] and shifted by [-0.25, 0.25]. The images are randomly translated by [-30, 30] voxels, rotated by $[-15^{\circ}, 15^{\circ}]$, and scaled by [-0.85, 1.15]. We additionally employ elastic deformations by randomly moving points on a regular 6×6 pixel grid by 15 pixels and interpolating with 3rd order B-splines. All augmentation operations sample randomly from a uniform distribution within the specified intervals.

Training took $\approx 3:30$ h for the spine localization network, $\approx 28:00$ h for the vertebrae localization network, and $\approx 12:00$ h for the vertebrae segmentation network, on an Intel Core i7-4820K workstation with an NVIDIA Titan V running Arch Linux. The inference time is dependent on the field-of-view and the number of visible vertebrae on the input CT volume. On the 40 volumes of the test 1 set of the VerSe 2019 challenge, inference per volume takes on average $\approx 4:20$ m, divided into ≈ 5 s for spine localization, ≈ 45 s for vertebrae localization, and $\approx 3:30$ m for vertebrae segmentation.

3.2 Metrics

The localization performance is evaluated with two commonly used metrics from the literature, describing localization error in terms of both local accuracy and robustness towards landmark misidentification. The first measure, the point-to-point error $PE_i^{(J)}$ for each vertebra i in image j, is defined as the Euclidean distance between the target coordinate $\mathbf{\hat{x}}_{i}^{(j)}$ and the predicted coordinate $\mathbf{\hat{x}}_{i}^{(j)}$. This allows calculation of the mean and standard deviation (SD) of the point-topoint error for all images overall or only a subset of landmarks. The second measure, the landmark identification rate ID_i, is defined as the percentage of correctly identified landmarks over all landmarks *i*. As defined by (Glocker et al., 2013), a predicted landmark is correctly identified, if the closest ground-truth landmark is the correct one, and the distance from predicted to ground-truth position is less than 20 mm.

The segmentation performance is also evaluated with two commonly used metrics from the literature. The first measure is the Dice score $\text{Dice}_i^{(j)}$ for each label *i* in image *j*, which is defined as twice the cardinality of the intersection of ground-truth label $\hat{l}_i^{(j)}$ and predicted label $\hat{l}_i^{(j)}$ divided by the sum of the cardinality of both ground-truth and prediction. The second measure is the Hausdorff distance $\mathcal{H}_i^{(j)}$ between ground-truth label $\hat{l}_i^{(j)}$ and predicted label $\hat{l}_i^{(j)}$ and predicted label $\hat{l}_i^{(j)}$ for each label *i* in image *j*, which is defined as the greatest of all the distances from a point in one set to the closest point in the other set. For both measures, the mean and standard deviation for all images over all or only a subset of labels are calculated.

³http://www.simpleitk.org/

Table 2: Results on the overall VerSe 2019 challenge test set, which is comprised of 40 volumes in test 1 set and 40 volumes in test 2 set. The table lists all methods that submitted valid localizations or segmentations, which allowed the organizers to calculate the evaluated metrics. The predictions for vertebrae localization and segmentation of test 1 set were generated and submitted by the participants, while the predictions of test 2 set were generated by the organizers with the submitted Docker images. The methods are ranked as described in the VerSe 2019 challenge evaluation report (Sekuboyina, 2019). The metrics show the mean values for all vertebrae of test 1 and test 2 set, respectively. Entries with a "-" indicate failure of metric calculation, because of erroneous or missing predictions, or missing Docker images.

Rank Tea		Score	test 1 set			test 2 set				
	Team		ID _{all}	PE _{all}	DSC _{all}	\mathcal{H}_{all}	ID _{all}	PEall	DSC _{all}	\mathcal{H}_{all}
1 st	christian_payer	0.691	95.65	4.27	0.909	6.35	94.25	4.80	0.898	7.34
2 nd	iFLYTEK	0.597	96.94	4.43	0.930	6.39	86.73	7.13	0.837	11.67
3 rd	nlessmann	0.496	89.86	14.12	0.851	8.58	90.42	7.04	0.858	9.01
4 th	huyujin	0.279	-	-	0.847	12.79	-	-	0.818	29.44
5 th	yangd05	0.216	62.56	18.52	0.767	14.09	67.21	15.82	0.671	28.76
6 th	ZIB	0.215	71.63	11.09	0.670	17.35	73.32	13.61	0.690	19.25
7 th	AlibabaDAMO	0.140	89.82	7.39	0.827	11.22	-	-	-	_
8 th	christoph	0.107	55.80	44.92	0.431	44.27	54.85	19.83	0.464	42.85
9 th	INIT	0.084	84.02	12.40	0.719	24.59	-	-	-	-
10 th	brown	0.022	-	-	0.627	35.90	-	-	-	_
11 th	LRDE	0.007	0.01	205.41	0.140	77.48	0.00	1000.00	0.356	64.52

3.3 Results

We evaluated our proposed framework on the MICCAI VerSe 2019 Grand Challenge. We performed a three-fold cross-validation on the publicly available training set consisting of 80 annotated volumes to evaluate the individual steps of our proposed approach, i.e., spine localization, vertebrae localization, and vertebrae segmentation. As the purpose of this cross-validation is to show the performance of the individual steps, instead of using the predictions of the previous steps as inputs (i.e., $\hat{\mathbf{x}}_{spine}$ for vertebrae localization, and $\hat{\mathbf{x}}_i$ for vertebrae segmentation), the networks use the ground-truth annotations as inputs (i.e., $\hat{\mathbf{x}}_{spine}$ for vertebrae localization, and $\hat{\mathbf{x}}_i$ for vertebrae segmentation).

The results for the three-fold cross-validation of the individual steps of our approach are as follows: For spine localization, the PE_{spine} mean \pm SD is 4.13 \pm 8.97 mm. For vertebrae localization and segmentation, Table 1 shows quantitative results for the cervical, thoracic, and lumbar vertebrae, as well as for all vertebrae combined.

We participated in the VerSe 2019 challenge at MICCAI 2019 to evaluate our whole fully automatic approach and compare the performance to other methods. For this, we trained the three individual networks for spine localization, vertebrae localization, and vertebrae segmentation on all 80 training images. We performed inference on the test volumes by using the predictions from the previous step as inputs for the next step. We submitted our predictions on the test 1 set, as well as a Docker image for the organizers to generate predictions on the hidden test 2 set. Table 2 shows the quantitative results on the test 1 and test 2 sets of methods that submitted valid predictions before the deadlines of the VerSe 2019 challenge as announced at the challenge workshop at MICCAI 2019 (Sekuboyina, 2019). Our fully automatic approach ranked first on the combined localization and segmentation metrics on the overall 80 volumes of both test sets.

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4 DISCUSSION

As announced at the VerSe 2019 workshop at MICCAI 2019, our method won the VerSe 2019 challenge. Our fully automatic vertebrae localization and segmentation ranked first on the 80 volumes of both test 1 and test 2 set combined, supporting the proposed three-step approach that combines the SpatialConfiguration-Net (Payer et al., 2019) and the U-Net (Ronneberger et al., 2015) in a coarse to fine manner.

The cross-validation experiments on the 80 annotated training volumes confirm the good performance of the individual steps of our proposed three-step approach (see Sec. 3.3 and Table 1). The first stage, the spine localization, performs well in approximating the center position of the spine, achieving a point error PE_{spine} of 4.13 mm. Visual inspection showed only one failure case for a CT volume that is completely out of the training data distribution. This volume does not show the spine, but the whole legs. Only in the top of the volume, a small part of the spine is visible, specifically the two vertebrae L4 and L5.

The second stage, the vertebrae localization, achieves a mean point error PEall of 5.71 mm and an identification rate ID_{all} of 89.79% for all vertebrae. By analyzing the individual predictions for cervical, thoracic, and lumbar vertebrae, we see differences among the vertebrae types. As the thoracic vertebrae are in the middle, being far away from the visible top or bottom of the spine, it is harder for the network to distinguish between these vertebrae. This can be seen in the smaller ID_{thoracic} of 88.99%, as compared to $ID_{cervical} = 91.07\%$ and $ID_{lumbar} = 90.45\%$. However, having more training data of individual vertebrae helps the networks for predicting the vertebral centroids more accurately, which can be seen at the smaller PE_{lumbar} of 4.48 mm (on average ≈ 62 annotations) as compared to $PE_{thoracic} = 5.56 \text{ mm}$ (≈ 36 annotations) and $PE_{lumbar} = 7.45 \text{ mm}$ ($\approx 16 \text{ annota-}$ tions per vertebrae).

Having more annotations per vertebrae is also beneficial for the final third stage, the vertebrae segmentation. Here we can observe that again the lumbar vertebrae have the best performance in terms of Dice score $\text{Dice}_{\text{lumbar}} = 0.96$, while the Dice score decreases with less training data per vertebrae type, i.e., $Dice_{thoracic} = 0.93$ and $Dice_{cervical} = 0.91$. However, for the Hausdorff metric \mathcal{H} , we do not see noteworthy differences among the vertebrae types. Moreover, the standard deviations of \mathcal{H} are large, which indicates outliers. We think that this is due to noise in the ground-truth annotation, sometimes containing spuriously annotated voxels far off the actual vertebrae region. Such misannotated isolated pixels are negligible in the Dice score, but lead to large errors and standard deviations in the Hausdorff metric.

The values on the test sets consisting of 80 volumes in Table 2 demonstrate the overall performance of our fully automatic, coarse to fine approach. When compared with the results of the cross-validation, the localization results improved on both test sets, as can be seen in both $PE_{all} = 4.27$ mm and $PE_{all} = 4.80$ mm, as well as $ID_{all} = 95.65\%$ and $ID_{all} = 94.25\%$. This indicates that the localization network benefits from more training data (80 CT volumes in the test sets as compared to ≈ 54 in the cross-validation), especially due to the large variation and different pathologies in the dataset.

For the segmentation metrics, the results on the test sets are slightly worse as compared to the cross-validation, i.e., $\text{Dice}_{all} = 0.909$ and $\text{Dice}_{all} = 0.898$, as well as $\mathcal{H}_{all} = 6.35$ mm and $\mathcal{H}_{all} = 7.34$ mm. The reason for this performance drop is that the vertebrae segmentation is dependent on the vertebrae localization. In contrast to the cross-validation, which uses the

ground-truth vertebral centroids $\mathbf{\hat{x}}_i$ as input to show the performance of the segmentation network alone, the segmentation network that generated results on the test sets takes the predicted vertebral centroids $\mathbf{\hat{x}}_i$ as input to show the performance of the whole fully automatic approach.

When compared to other methods on both test sets, our method achieves the overall best performance. There exists a large gap between our method and the next best ranking methods in both localization and segmentation performance. However, when looking at the individual test sets, we can see that in test 1 set the second-best method has a better ID_{all} and $Dice_{all}$ as compared to our method, while our method has a better PE_{all} and \mathcal{H}_{all} . Nevertheless, in test 2 set the second-best method has a performance drop in all evaluation metrics, while the results from our method are stable. The better performance on the hidden test 2 set shows the good generalization capabilities of our method, enabling it to surpass all other methods and to win the VerSe 2019 challenge.

5 CONCLUSION

In this paper, we have presented a three-step fully automatic approach that performs vertebrae localization and segmentation in a coarse to fine manner. By combining the SpatialConfiguration-Net (SC-Net) for vertebrae localization and identification with the U-Net for vertebrae segmentation, our method has achieved top performance in the dataset of the VerSe 2019 challenge. The good generalization of our method to the hidden test 2 set of the challenge has enabled our method to rank first and to win the challenge overall. The competing methods await more detailed analysis and comparison in the paper summarizing the VerSe 2019 challenge. In future work, we plan to investigate how to combine the individual networks of our three-step approach into a single end-to-end trainable model.

ACKNOWLEDGEMENTS

D. Stern and M. Urschler gratefully acknowledge the support of NVIDIA Corporation with the donation of the Titan Xp and Titan V GPUs used in this research.

REFERENCES

Amato, V., Giannachi, L., Irace, C., and Corona, C. (2010). Accuracy of Pedicle Screw Placement in the Lumbosacral Spine Using Conventional Technique: Computed Tomography Postoperative Assessment in 102 Consecutive Patients. *J. Neurosurg. Spine*, 12(3):306– 313.

- Bromiley, P. A., Kariki, E. P., Adams, J. E., and Cootes, T. F. (2016). Fully Automatic Localisation of Vertebrae in CT Images Using Random Forest Regression Voting. In *Comput. Methods Clin. Appl. Spine Imaging*, pages 51–63.
- Chen, H., Shen, C., Qin, J., Ni, D., Shi, L., Cheng, J. C. Y., and Heng, P.-A. (2015). Automatic Localization and Identification of Vertebrae in Spine CT via a Joint Learning Model with Deep Neural Networks. In *Proc. Med. Image Comput. Comput. Interv.*, pages 515–522.
- Chu, C., Belavý, D. L., Armbrecht, G., Bansmann, M., Felsenberg, D., and Zheng, G. (2015). Fully Automatic Localization and Segmentation of 3D Vertebral Bodies from CT/MR Images via a Learning-Based Method. *PLoS One*, 10(11):e0143327.
- Cootes, T. F., Taylor, C. J., Cooper, D. H., and Graham, J. (1995). Active Shape Models-Their Training and Application. *Comput. Vis. Image Underst.*, 61(1):38– 59.
- Ebner, T., Štern, D., Donner, R., Bischof, H., and Urschler, M. (2014). Towards Automatic Bone Age Estimation from MRI: Localization of 3D Anatomical Landmarks. In Proc. Med. Image Comput. Comput. Interv., pages 421–428.
- Forsberg, D., Lundström, C., Andersson, M., Vavruch, L., Tropp, H., and Knutsson, H. (2013). Fully Automatic Measurements of Axial Vertebral Rotation for Assessment of Spinal Deformity in Idiopathic Scoliosis. *Phys. Med. Biol.*, 58(6):1775–1787.
- Glocker, B., Feulner, J., Criminisi, A., Haynor, D. R., and Konukoglu, E. (2012). Automatic Localization and Identification of Vertebrae in Arbitrary Field-of-View CT Scans. In *Proc. Med. Image Comput. Comput. Interv.*, pages 590–598.
- Glocker, B., Zikic, D., Konukoglu, E., Haynor, D. R., and Criminisi, A. (2013). Vertebrae Localization in Pathological Spine CT via Dense Classification from Sparse Annotations. In *Proc. Med. Image Comput. Comput. Interv.*, pages 262–270.
- Hammernik, K., Ebner, T., Stern, D., Urschler, M., and Pock, T. (2015). Vertebrae Segmentation in 3D CT Images Based on a Variational Framework. In *Comput. Methods Clin. Appl. Spine Imaging*, pages 227– 233.
- Ibragimov, B., Likar, B., Pernuš, F., and Vrtovec, T. (2014). Shape Representation for Efficient Landmark-Based Segmentation in 3-D. *IEEE Trans. Med. Imaging*, 33(4):861–874.
- Janssens, R., Zeng, G., and Zheng, G. (2018). Fully Automatic Segmentation of Lumbar Vertebrae from CT Images Using Cascaded 3D Fully Convolutional Networks. In *Proc. Int. Symp. Biomed. Imaging*, pages 893–897. IEEE.
- Kingma, D. P. and Ba, J. (2015). Adam: A Method for Stochastic Optimization. Int. Conf. Learn. Represent. arXiv1412.6980.

- Klinder, T., Ostermann, J., Ehm, M., Franz, A., Kneser, R., and Lorenz, C. (2009). Automated Model-Based Vertebra Detection, Identification, and Segmentation in CT images. *Med. Image Anal.*, 13(3):471–482.
- Knez, D., Likar, B., Pernus, F., and Vrtovec, T. (2016). Computer-Assisted Screw Size and Insertion Trajectory Planning for Pedicle Screw Placement Surgery. *IEEE Trans. Med. Imaging*, 35(6):1420–1430.
- Korez, R., Likar, B., Pernuš, F., and Vrtovec, T. (2016). Model-Based Segmentation of Vertebral Bodies from MR Images with 3D CNNs. In *Proc. Med. Image Comput. Comput. Interv.*, pages 433–441.
- LeCun, Y., Bengio, Y., and Hinton, G. (2015). Deep Learning. *Nature*, 521(7553):436–444.
- Lessmann, N., van Ginneken, B., de Jong, P. A., and Išgum, I. (2019). Iterative Fully Convolutional Neural Networks for Automatic Vertebra Segmentation and Identification. *Med. Image Anal.*, 53:142–155.
- Liao, H., Mesfin, A., and Luo, J. (2018). Joint Vertebrae Identification and Localization in Spinal CT Images by Combining Short- and Long-Range Contextual Information. *IEEE Trans. Med. Imaging*, 37(5):1266– 1275.
- Lindner, C., Bromiley, P. A., Ionita, M. C., and Cootes, T. F. (2015). Robust and Accurate Shape Model Matching Using Random Forest Regression-Voting. *IEEE Trans. Pattern Anal. Mach. Intell.*, 37(9):1862–1874.
- Mader, A. O., Lorenz, C., von Berg, J., and Meyer, C. (2019). Automatically Localizing a Large Set of Spatially Correlated Key Points: A Case Study in Spine Imaging. In Proc. Med. Image Comput. Comput. Interv., pages 384–392.
- Nesterov, Y. (1983). A Method of Solving A Convex Programming Problem With Convergence rate O(1/k²). In *Sov. Math. Dokl.*, volume 27, pages 372–376.
- Payer, C., Štern, D., Bischof, H., and Urschler, M. (2016). Regressing Heatmaps for Multiple Landmark Localization Using CNNs. In *Proc. Med. Image Comput. Comput. Interv.*, pages 230–238.
- Payer, C., Štern, D., Bischof, H., and Urschler, M. (2019). Integrating Spatial Configuration into Heatmap Regression Based CNNs for Landmark Localization. *Med. Image Anal.*, 54:207–219.
- Pfister, T., Charles, J., and Zisserman, A. (2015). Flowing ConvNets for Human Pose Estimation in Videos. In *Proc. Int. Conf. Comput. Vis.*, pages 1913–1921.
- Ronneberger, O., Fischer, P., and Brox, T. (2015). U-Net: Convolutional Networks for Biomedical Image Segmentation. In *Proc. Med. Image Comput. Comput. Interv.*, pages 234–241.
- Sekuboyina, A. (2019). VerSe 19: Evaluation Report. https://deep-spine.de/verse/verse19_evaluation_ report.pdf. Accessed: 2019-11-14.
- Sekuboyina, A., Rempfler, M., Kukačka, J., Tetteh, G., Valentinitsch, A., Kirschke, J. S., and Menze, B. H. (2018). Btrfly Net: Vertebrae Labelling with Energy-Based Adversarial Learning of Local Spine Prior. *Proc. Med. Image Comput. Comput. Interv.*, pages 649–657.

- Sekuboyina, A., Valentinitsch, A., Kirschke, J. S., and Menze, B. H. (2017). A Localisation-Segmentation Approach for Multi-label Annotation of Lumbar Vertebrae using Deep Nets. arXiv:1703.04347.
- Štern, D., Likar, B., Pernuš, F., and Vrtovec, T. (2011). Parametric Modelling and Segmentation of Vertebral Bodies in 3D CT and MR Spine Images. *Phys. Med. Biol.*, 56(23):7505–7522.
- Tompson, J., Jain, A., LeCun, Y., and Bregler, C. (2014). Joint Training of a Convolutional Network and a Graphical Model for Human Pose Estimation. In Adv. Neural Inf. Process. Syst., pages 1799–1807.
- Toshev, A. and Szegedy, C. (2014). DeepPose: Human Pose Estimation via Deep Neural Networks. In *Proc. Comput. Vis. Pattern Recognit.*, pages 1653–1660.
- Urschler, M., Ebner, T., and Štern, D. (2018). Integrating Geometric Configuration and Appearance Information into a Unified Framework for Anatomical Landmark Localization. *Med. Image Anal.*, 43:23–36.
- Wang, Y., Yao, J., Roth, H. R., Burns, J. E., and Summers, R. M. (2016). Multi-atlas Segmentation with Joint Label Fusion of Osteoporotic Vertebral Compression Fractures on CT. In *Comput. Methods Clin. Appl. Spine Imaging*, pages 74–84.
- Yang, D., Xiong, T., Xu, D., Huang, Q., Liu, D., Zhou, S. K., Xu, Z., Park, J. H., Chen, M., Tran, T. D., Chin, S. P., Metaxas, D., and Comaniciu, D. (2017). Automatic Vertebra Labeling in Large-Scale 3D CT Using Deep Image-to-Image Network with Message Passing and Sparsity Regularization. In *Proc. Inf. Process. Med. Imaging*, pages 633–644.