## Cascaded ResNets for Joint Liver and Hepatic Vessel Segmentation

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**Biography** – My name is Omar Ali, I am a second year PhD student working on the development of deep learning algorithms for the curative treatment of primary liver cancer. Prior to my PhD in medical imaging, I received a bachelor of engineering in Mechanical Engineering at the American University of Beirut and a master's degree in Biomechanical Engineering at Ecole Polytechnique. This PhD is currently funded by Guerbet, a world leader in medical imaging, and by the Ile de France Region as part of the Paris Region PhD call for projects in 2019.

## Summary :

**Background** Liver and hepatic vessel segmentations are of fundamental importance for the diagnosis and surgical planning of liver diseases [1]. However, unlike liver segmentation which has been vastly studied and produces remarkable results [2], vessel segmentation, particularly hepatic vessel segmentation using deep learning techniques, remains an active research area requiring further performance enhancement [3].

**Methods** We propose an automatic liver and hepatic vessel segmentation approach using cascaded convolutional neural networks for portal and hepatic veins segmentation. This working pipeline consists of two separate major steps: (i) automatic segmentation of the liver, and (ii) automatic segmentation of the vessel structures within the liver region. This cascaded architecture is adopted to help avoid over-segmentations outside the region of interest (ROI), and to ensure hierarchical learning of the different features in the input data [4].

Two fully convolutional neural networks are sequentially constructed and trained to segment 2D CT slices. These Residual Networks (ResNets) are designed with short and long skip connections, and two deep supervision layers [5]. The architecture of both networks is detailed in Figure 1(A), and the overall cascaded architecture can be seen in Figure 1(B).

In the first step developed to automatically segment the liver region, Model 1 is fed an axial CT slice and outputs its prediction of the liver mask. On the other hand, Model 2, designed to segment the hepatic vessels, takes the axial CT slice as input along with the features-rich output of the last convolutional layer from the pretrained frozen liver model, and yields its prediction of the hepatic vessels mask [6].

**Results and Discussion** The liver segmentation model trained on an internal dataset with more than a thousand annotated abdominal CT volumes, achieved an overall dice coefficient of 91% and 93% when evaluated on the LiTS and IRCAD public datasets respectively. Additionally, the proposed cascaded network approach, achieved an average dice coefficient of  $53 \pm 13\%$  on the validation set.

However, the task of hepatic vessel segmentation is of particular complexity because of the large anatomical variability in the size, position and branching of the different vessels namely the portal and hepatic veins. Nevertheless, the cascaded network remains capable of detecting the most important hepatic vessels (Figure 2), which consist of the portal vein, the inferior vena-cava and the hepatic veins (right, middle, and left).

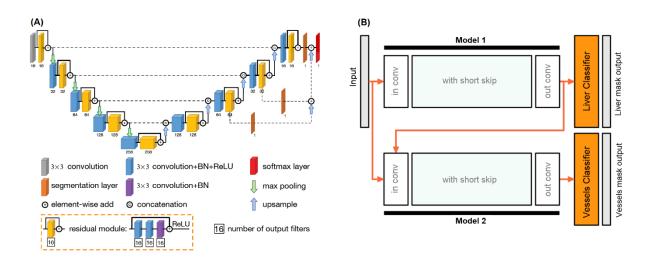


Figure 1: (A) Liver and vessel networks architecture (modified from [5]), (B) Cascaded networks architecture (modified from [6]).

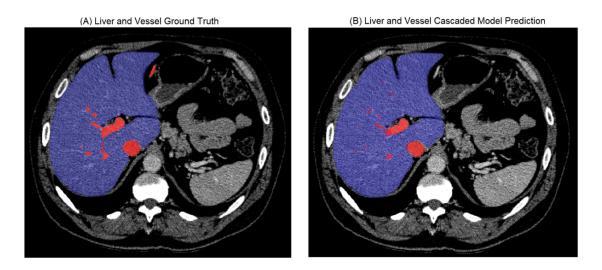


Figure 2: (A) Ground truth vessel segmentation (B) Cascaded network prediction

**Conclusion** The developed networks are able to generate accurate liver segmentations (>90%) and decent hepatic vessel segmentations (53%). Other methods are being tested to improve the current vessel segmentation results i.e. 2.5D and 3D approaches, multi-input approach, and a cascaded multi-input approach.

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