



Surgical Planning Laboratory  
Brigham and Women's Hospital  
Boston, Massachusetts USA

a teaching affiliate of  
Harvard Medical School



**Fraunhofer**  
MEVIS



Universität Bremen

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# 3D Slicer

## Ron Kikinis, M.D.

Robert Greenes Distinguished Director of Biomedical Informatics, Dept. of Radiology, BWH  
Professor of Radiology, Harvard Medical School  
Professor of Medical Image Computing, FB 3, Uni Bremen

- 
- Founding Director, Surgical Planning Laboratory, Brigham and Women's Hospital
  - Institutsleiter, Fraunhofer MEVIS
  - Principal Investigator, National Alliance for Medical Image Computing, Quantitative Image Informatics for Cancer Research, and Neuroimage Analysis Center,
  - Research Director, National Center for Image Guided Therapy



# Acknowledgments

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**National Alliance for Medical Image Computing**

[www.na-mic.org](http://www.na-mic.org)

- Ferenc Jolesz, MD, my mentor
- Collaborators and colleagues



**Neuroimage Analysis Center**

[nac.spl.harvard.edu](http://nac.spl.harvard.edu)



**Surgical Planning Laboratory,  
Brigham and Women's Hospital**

[spl.harvard.edu](http://spl.harvard.edu)



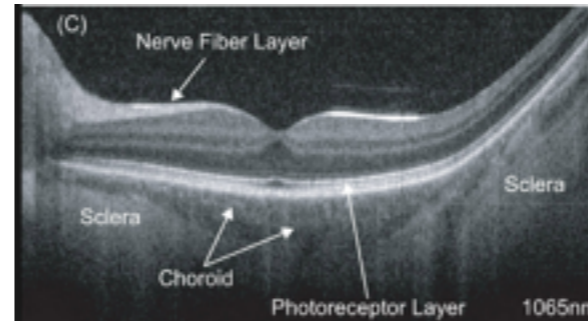
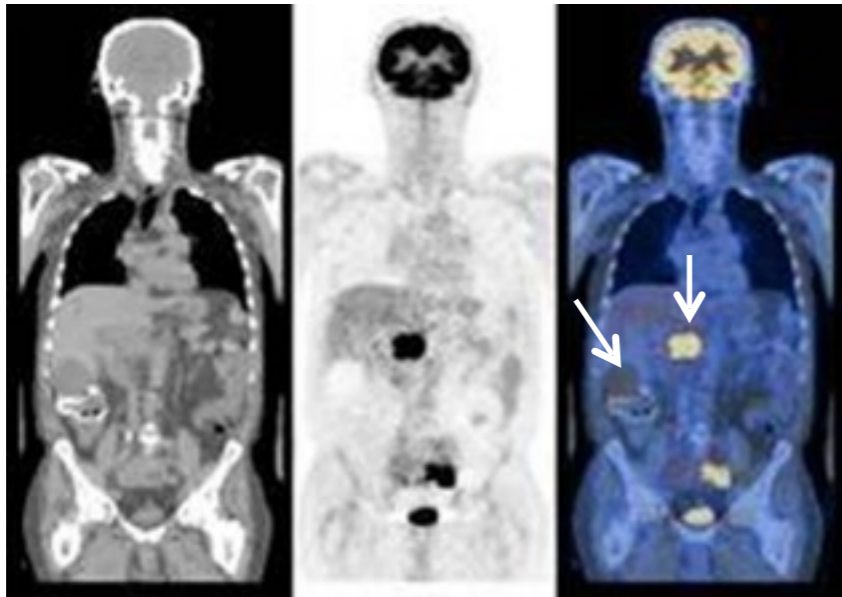
**National Center For Image Guided Therapy**

[www.ncigt.org](http://www.ncigt.org)

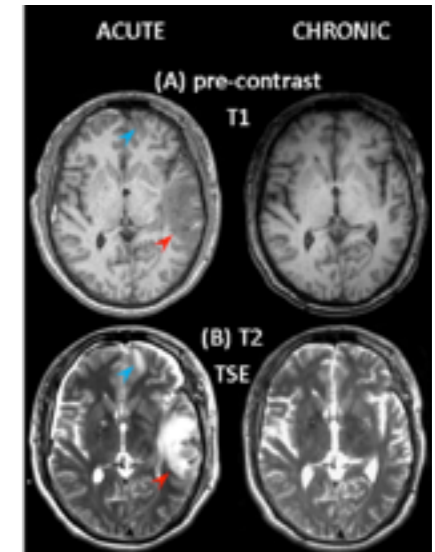


# Imaging Modalities

PET CT:  
<http://nucmed.wikispaces.com/Wendt+Talk+6>

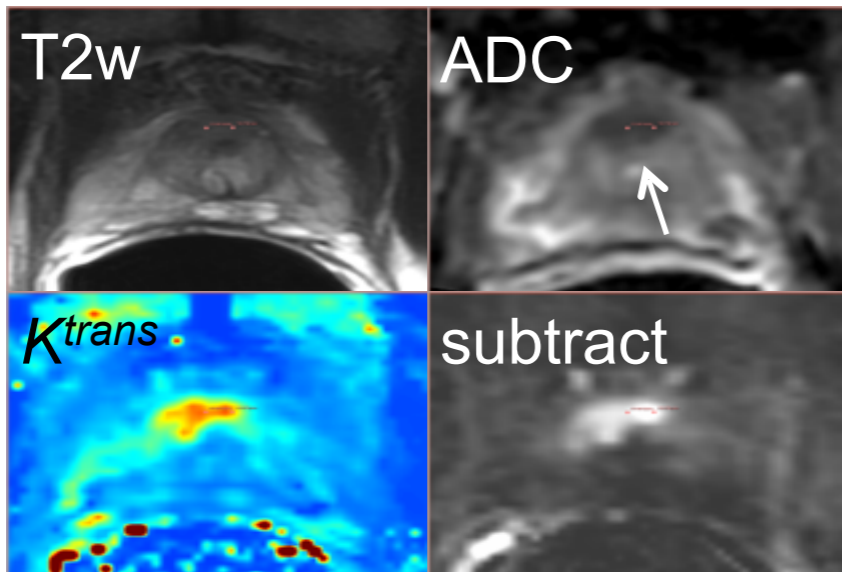


OCT: <http://spie.org/x88950.xml?pf=true&ArticleID=x88950>



MR Images:  
 P. Vespa,  
 J. Alger,  
 UCLA

Complex MRI:  
 Fedorov et al.  
 2012. JMRI. 36(4):  
 987-992.



## This is just a partial list

- X ray radiography
- Magnetic resonance imaging (MRI)
- Nuclear medicine
- Computed Tomography
- Tomography
- Ultrasound
- Optical Coherence Tomography
- Photoacoustic imaging
- Thermography
- Light Microscopy
  - Bright, dark field
  - Phase contrast
  - Fluorescence
  - Confocal

4D Ultrasound:  
[http://ultrasoundcarespecialist.com/html/anib\\_3d4d.html](http://ultrasoundcarespecialist.com/html/anib_3d4d.html)

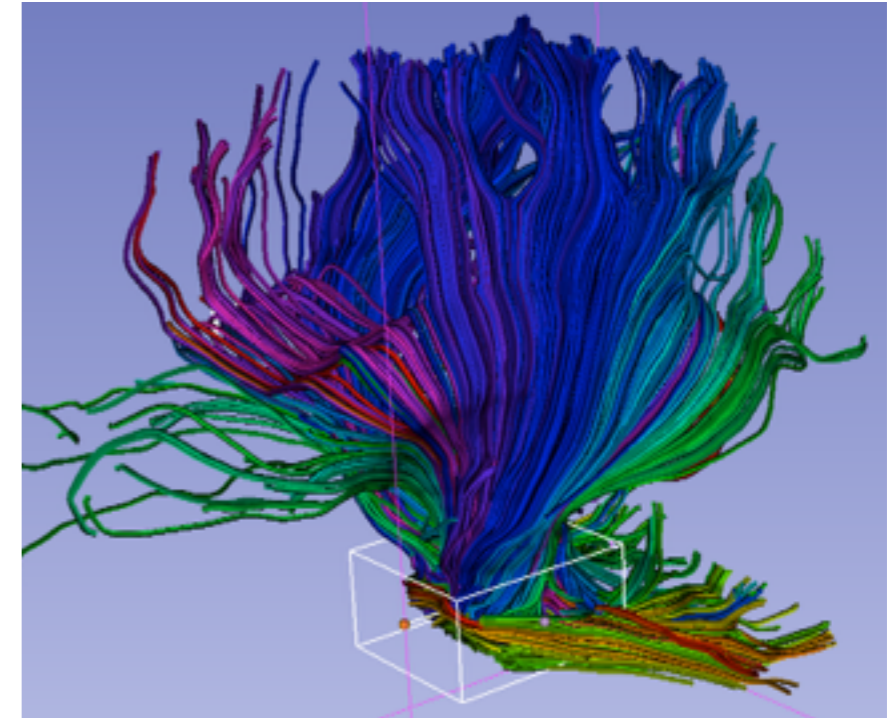
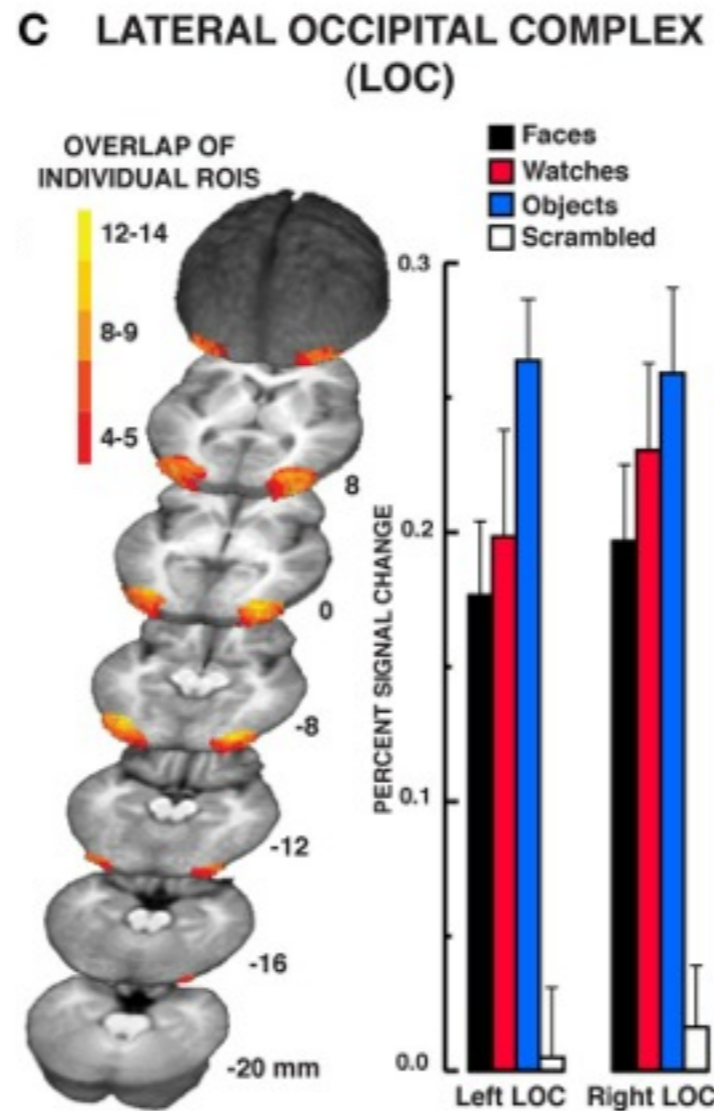
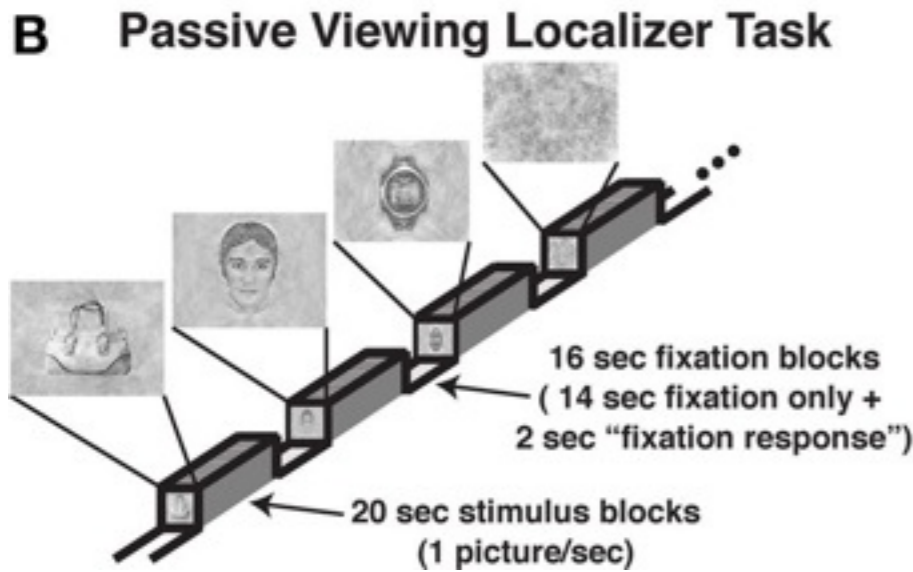
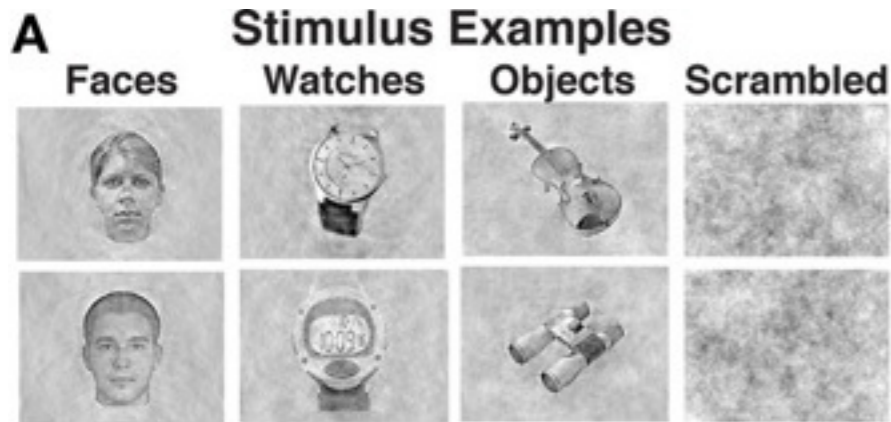
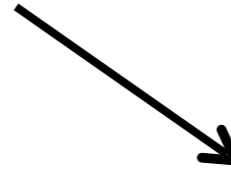


Chubby Cheeks

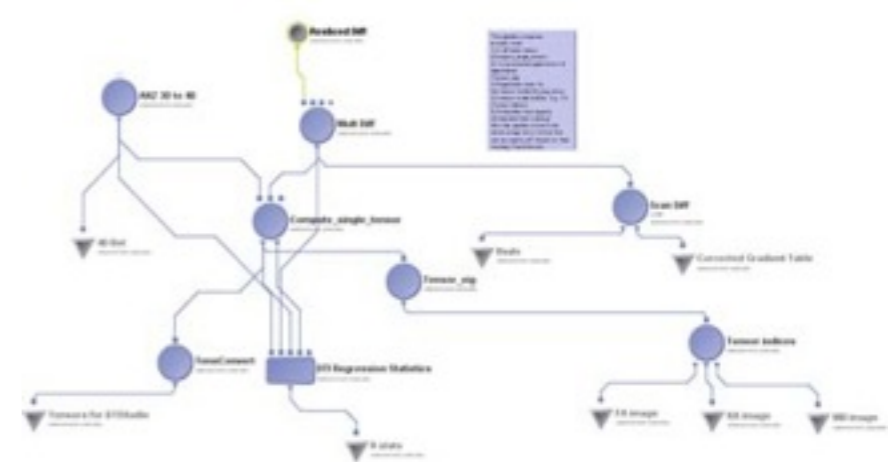
# Examples of Complexity

fMRI

dMRI



DTI streamlines: <http://wiki.slicer.org/slicerWiki/index.php/Slicer4:VisualBlog>



DTI processing: <http://www.loni.ucla.edu/~ophillip/DTIPipelines.html>

[http://www.frontiersin.org/human\\_neuroscience/10.3389/fnhum.2010.00181/full](http://www.frontiersin.org/human_neuroscience/10.3389/fnhum.2010.00181/full)

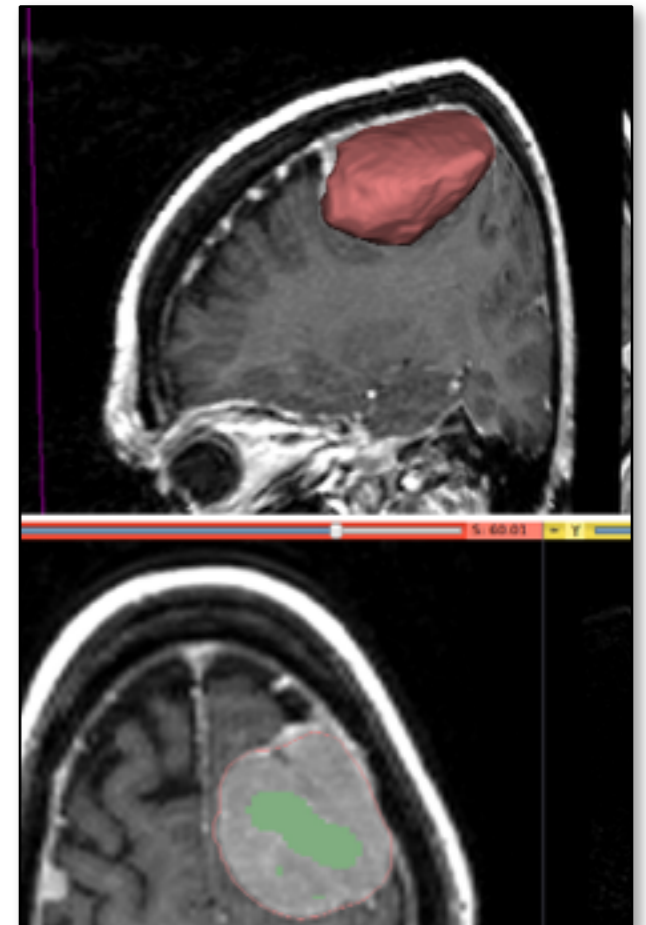


# What is MIC

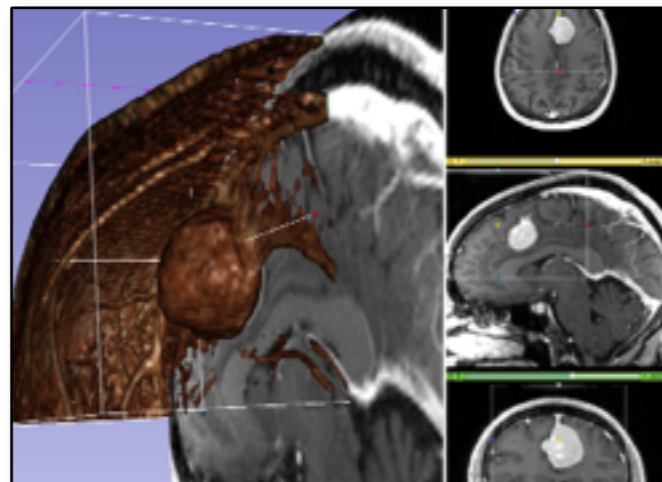
- Goal: extraction of clinically relevant information and knowledge from medical images using computational methods such as:
  - image segmentation
  - image registration
  - image-based physiological modeling
  - visualization

<http://wiki.slicer.org/slicerWiki/index.php/Documentation/Nightly/Modules/RobustStatisticsSegmenter>

result

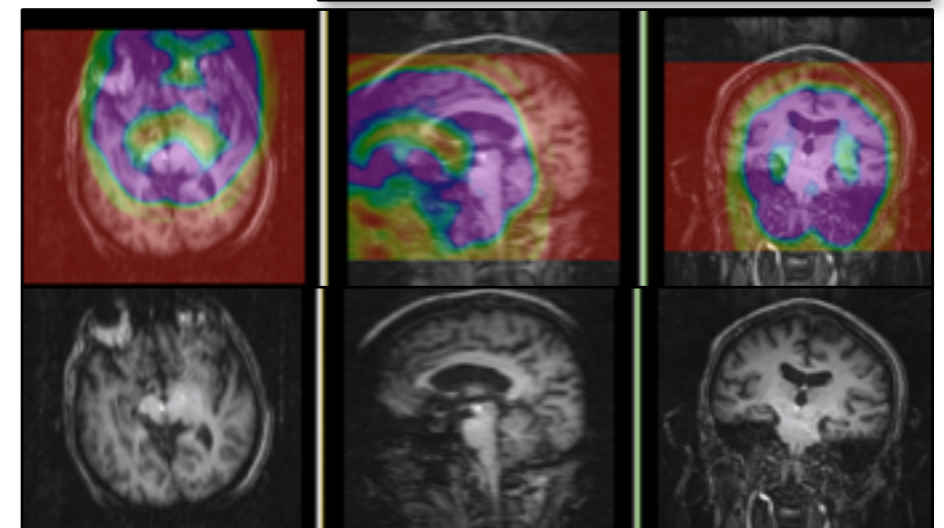


initialization



Volume rendering

before



after

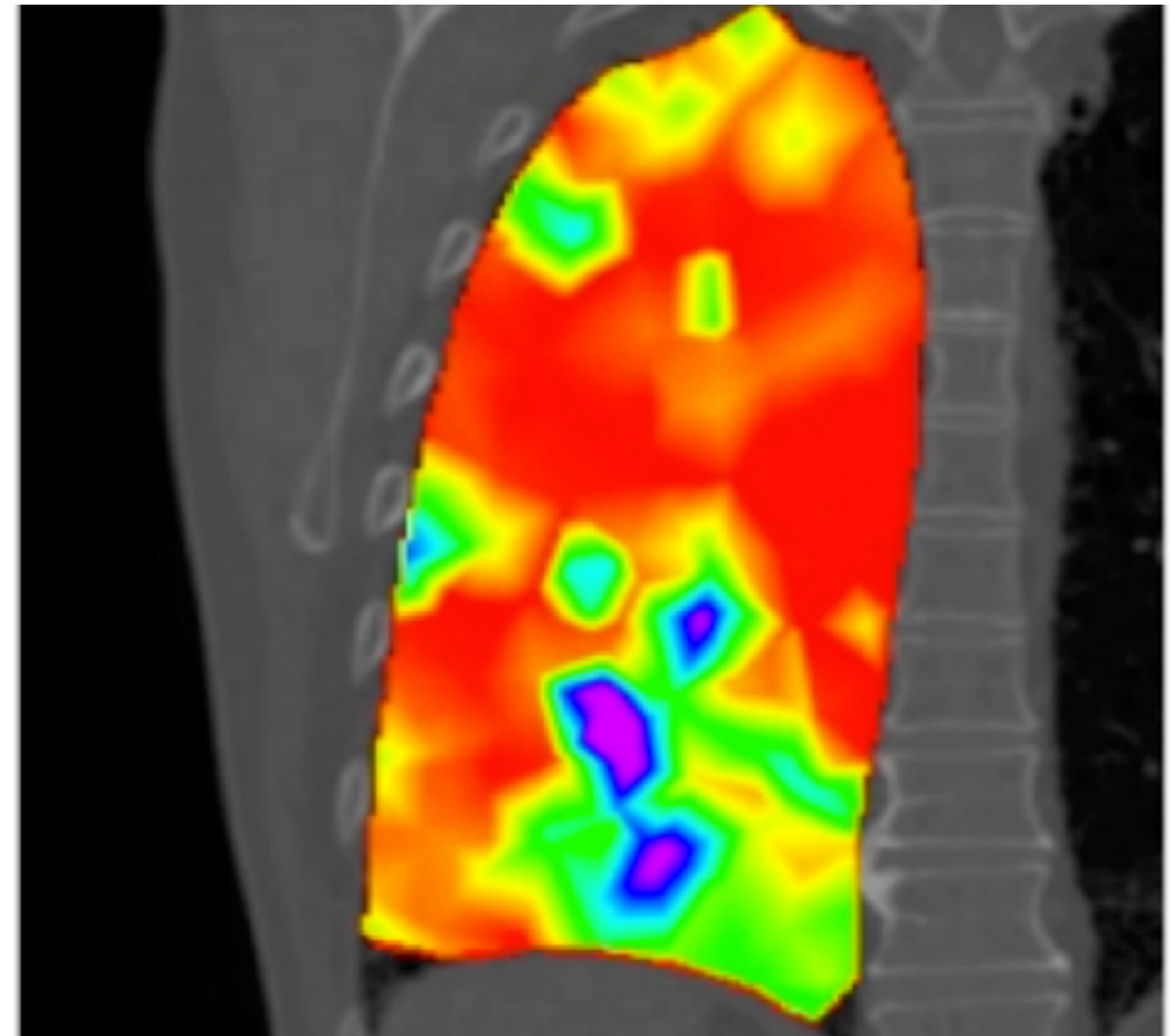
[http://wiki.slicer.org/slicerWiki/index.php/Documentation/Nightly/Registration/RegistrationLibrary/RegLib\\_C14](http://wiki.slicer.org/slicerWiki/index.php/Documentation/Nightly/Registration/RegistrationLibrary/RegLib_C14)



# The Increasing Importance of MIC

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- More data and modalities:  
gigabytes to terabytes
- More complexity
  - fMRI, molecular imaging dMRI, 4DUS
- More applications
  - Discovery, Diagnosis
  - Therapy monitoring





# Different Styles of Research

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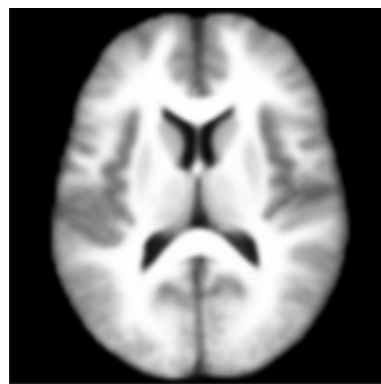
- Group Comparisons
- Subject Specific Analysis (SSA)
- Technologies are often developed for group comparisons
- Additional scientific research is necessary to use such technologies for SSA



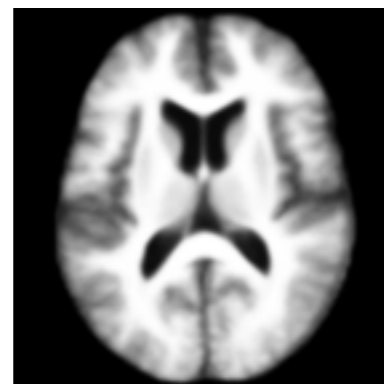
# Group Comparisons

- Often used in basic imaging research
- Targets normal appearing structures. Questions: What is the....
  - Typical appearance
  - Normal variability
- Extensive resources are deployed: personnel, computational
- Most of our research is of this type, it's the easiest way to get results suitable for publication

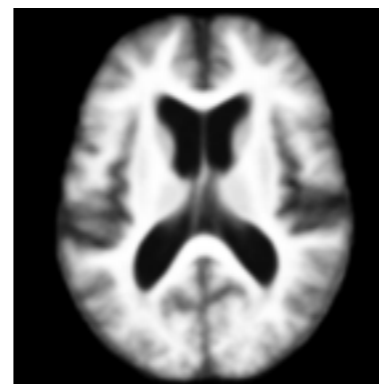
M.R. Sabuncu, S.K. Balci, M.E. Shenton, and P. Golland. Image-Driven Population Analysis Through Mixture Modeling. IEEE Transactions on Medical Imaging, 28(9):1473 - 1487, 2009



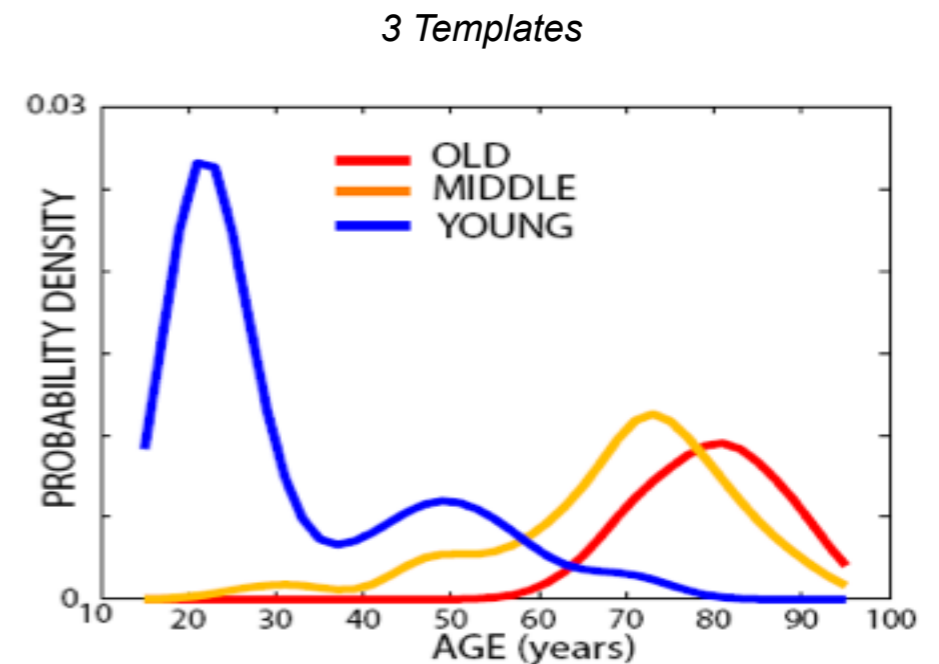
Young



Middle



Old

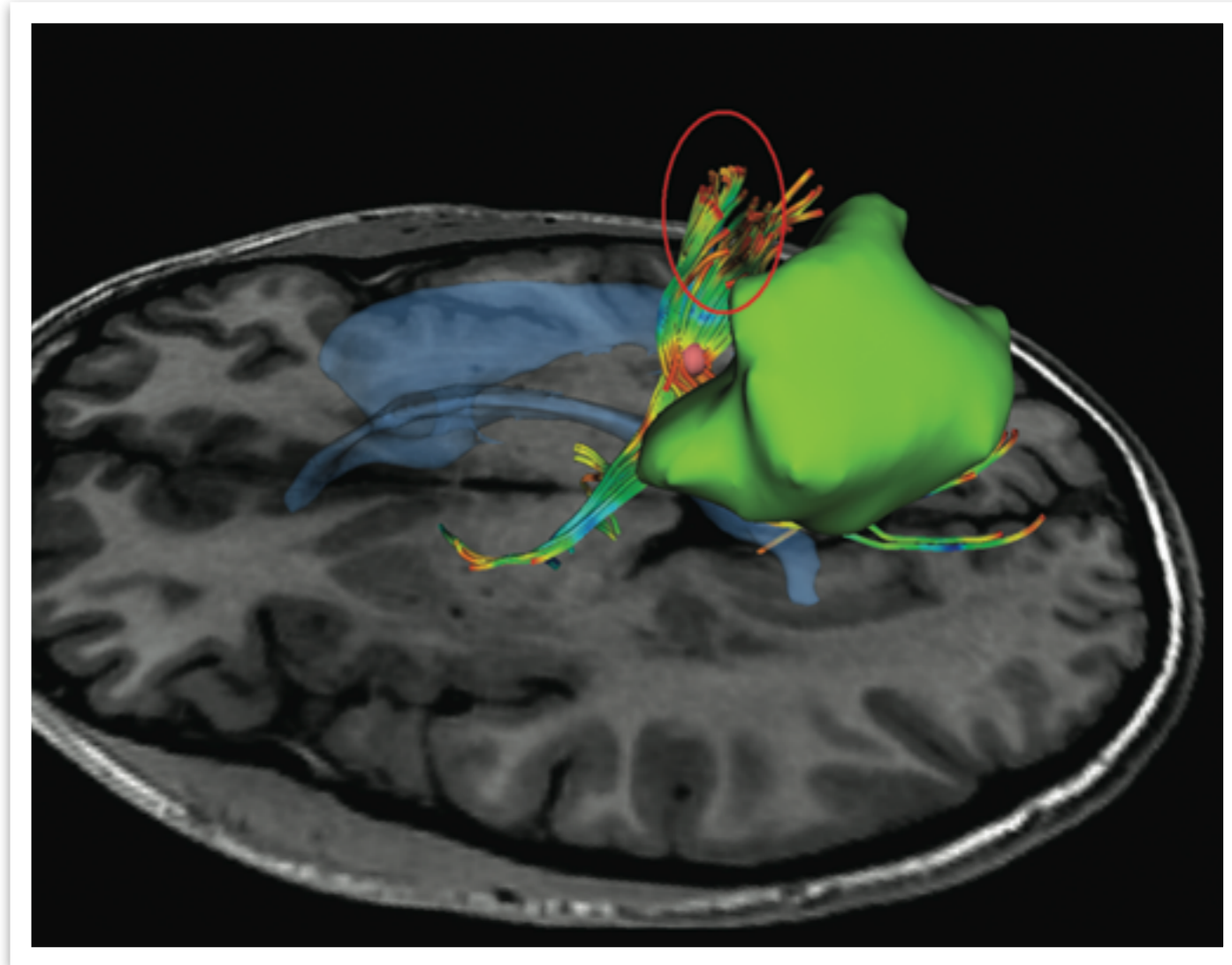






# Subject Specific Analysis

- Targets focal pathology:
  - Where is the pathology?
  - What are important surrounding structures
- Limited resources:
  - Time
  - Personnel
  - Computational
- Interactive work is the norm



Lack of quality in the processing pipeline can **NOT** be compensated by adding subjects  
(you have only one subject)



# Subject Specific Analysis (SSA)

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- Quick and good enough is better than slow and perfect!
- Image processing problems cannot be compensated by adding subjects (you have only one)
- Interactive work is the norm

**"Ron's rules for tools"** is an informal set of rules that developers should keep in mind when working on interactive tools for translational clinical research. If you follow them, you will create tools that many people will use.

- You make it, I break it.
- Your tool does not exist, until it works on my laptop with my data.
- I am lazy. I do not like to move the mouse or to type.
- No more than one simple parameter.
- I have Attention deficit disorder: Make your algorithm fast.



# SSA Challenges

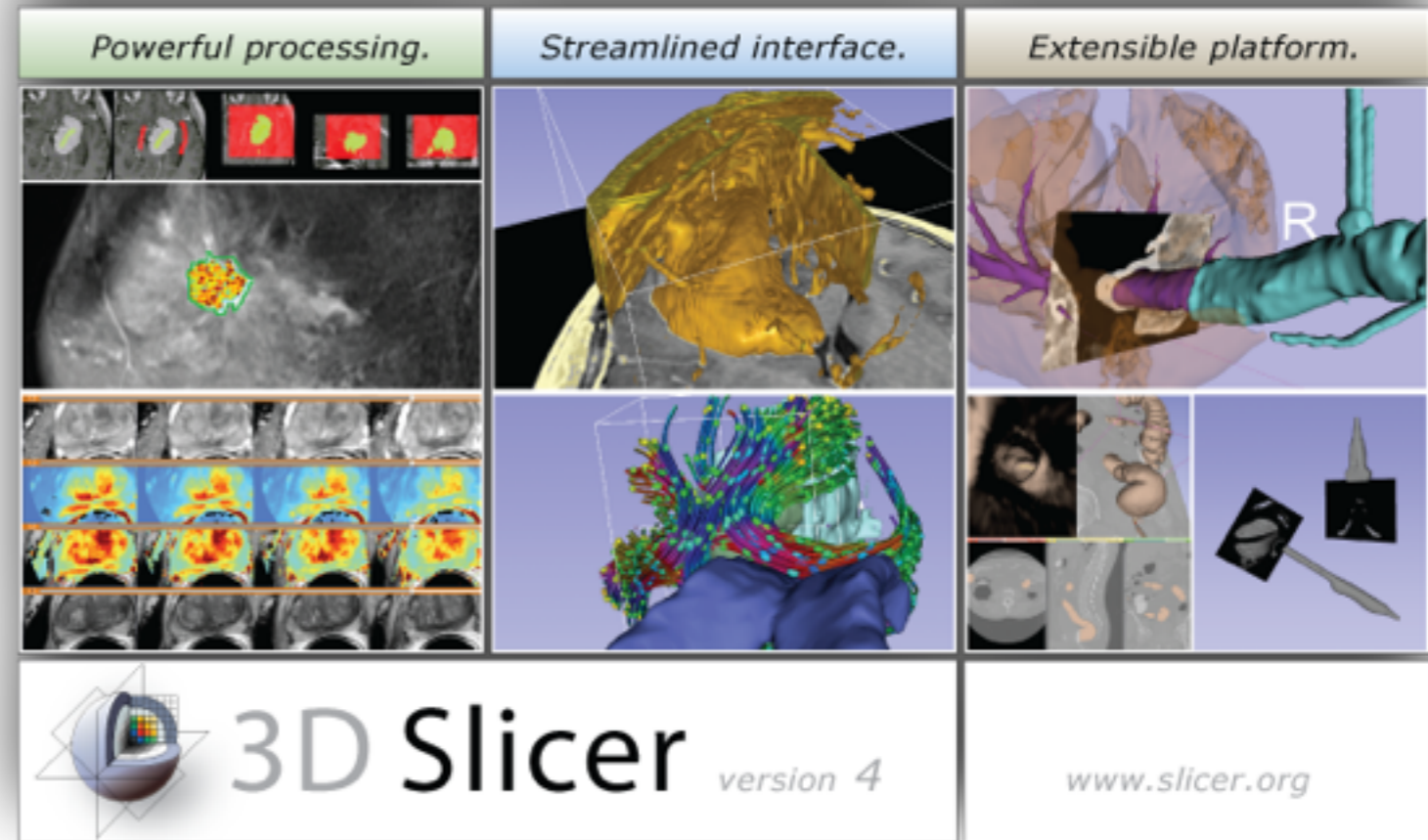
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- Many patients have visible pathology. Most MIC technology was developed for analysis of healthy looking subjects
- Tools need to be robust, easy to learn, and quick
- Due to the “valley of death”, very little technology has made it from research into clinical devices



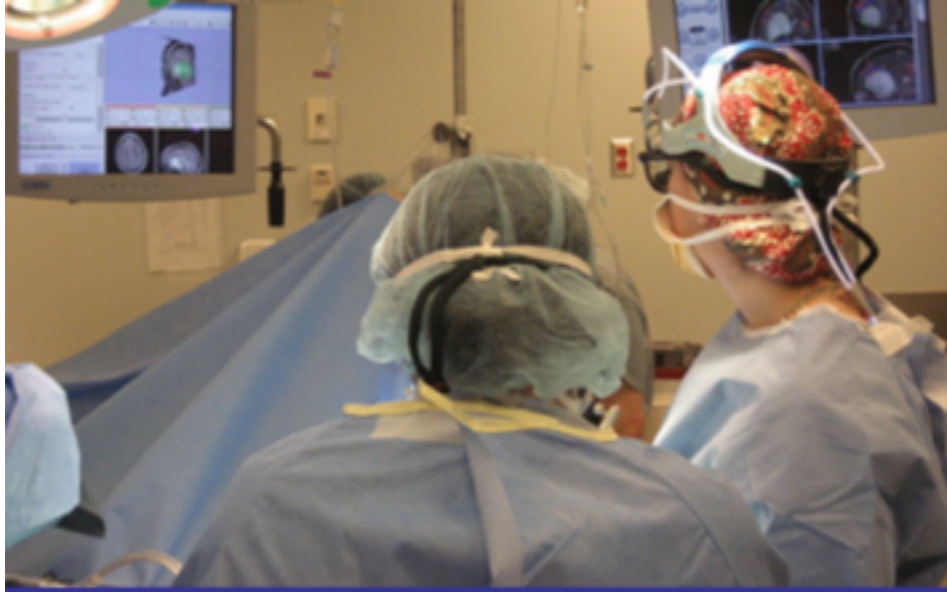
# 3D Slicer

- Platform for subject specific analysis
  - An end-user application
  - A platform for delivering software tools
- 
- Free open source software
    - Enables scientific collaboration
    - License allows painless translation to proprietary clinical tools
  - Well-engineered high-performance core
    - Software engineering methodology, multi-platform
  - Many options for extensions and for sharing them
  - Cross-platform



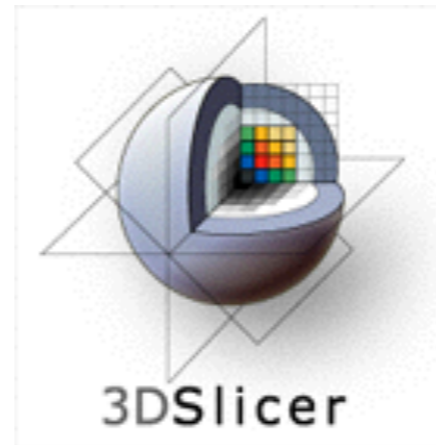


# Easy to Use, Easy to Extend



## What does a user expect ?

- Easy Install and Upgrade
- “Standard” Clinical Behavior
- Advanced Functionality
- Consistent Interface
- Easily Deployable
- Extensible and Reconfigurable
- Rich Utility Libraries



## What does a developer need ?

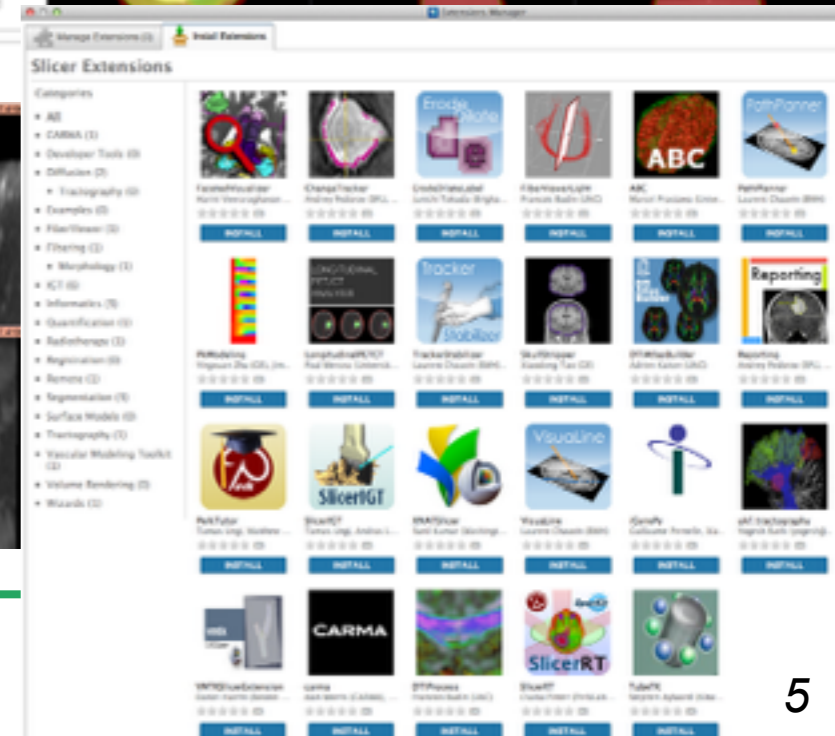
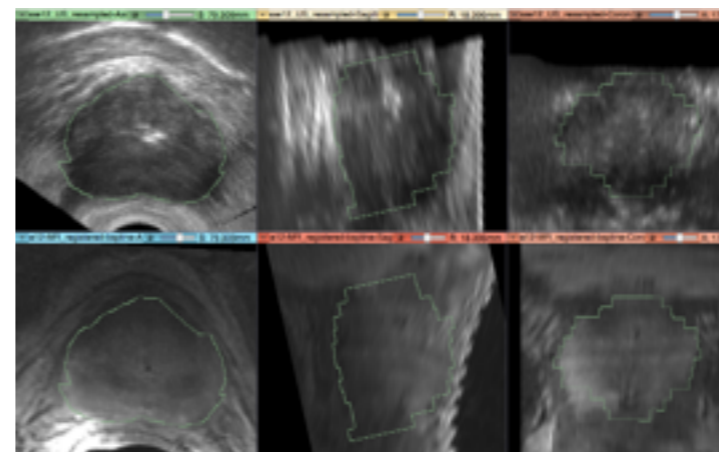
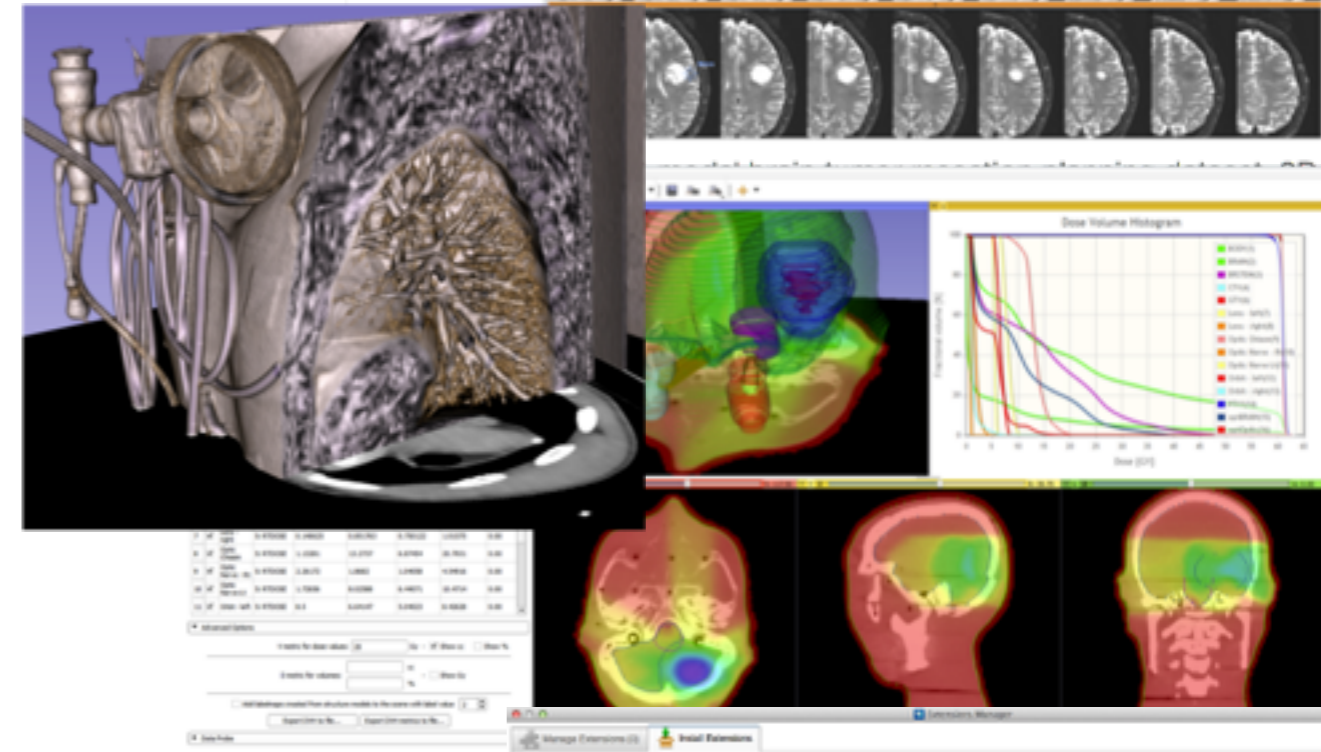
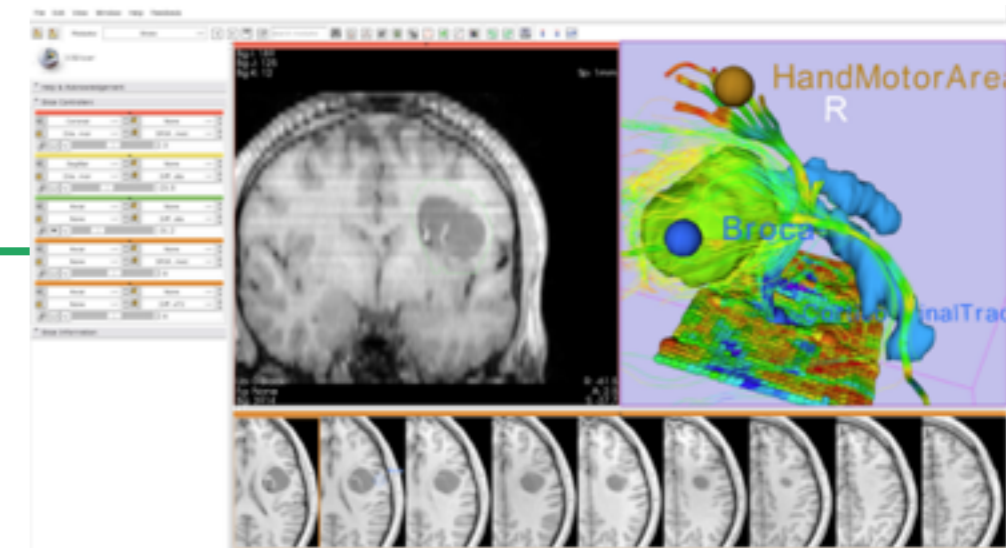
- Easily Deployable
- Extensible and Reconfigurable
- Rich Utility Libraries
- Stable Base

3D Slicer: a cross platform system for translating innovative algorithms into clinical research applications



# Slicer As A Platform

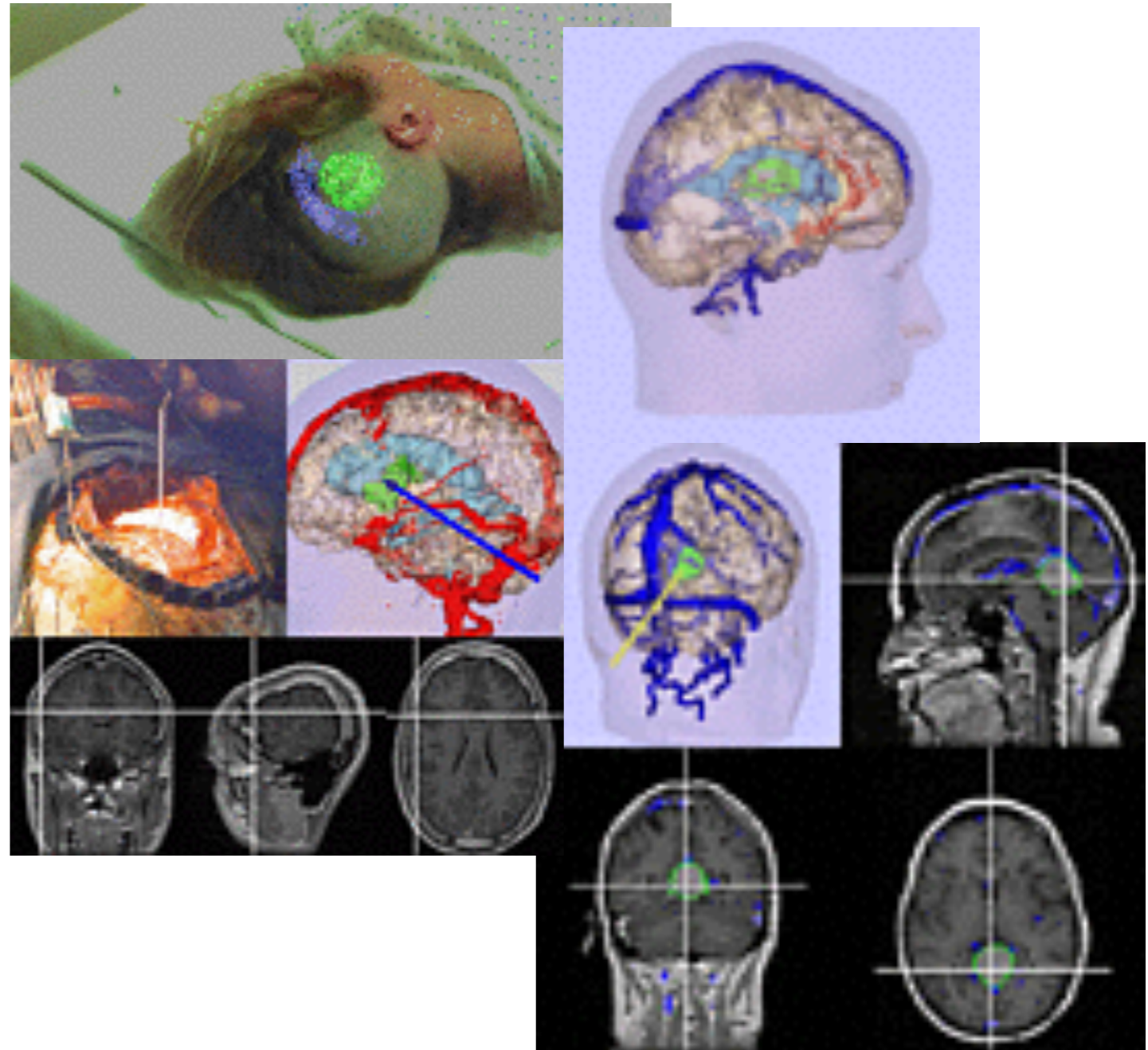
- Both basic and high-end features
  - Powerful visualization and layouts
  - Multi-modality, time series, segmentation, registration, dMRI
  - Dicom, PACS, device interfaces
  - Extensible through Python, Plug-ins
  - “App store” for sharing extensions
- Support and training
- Cross-platform
- *Research software*
  - *not FDA approved*





# 3D Slicer History

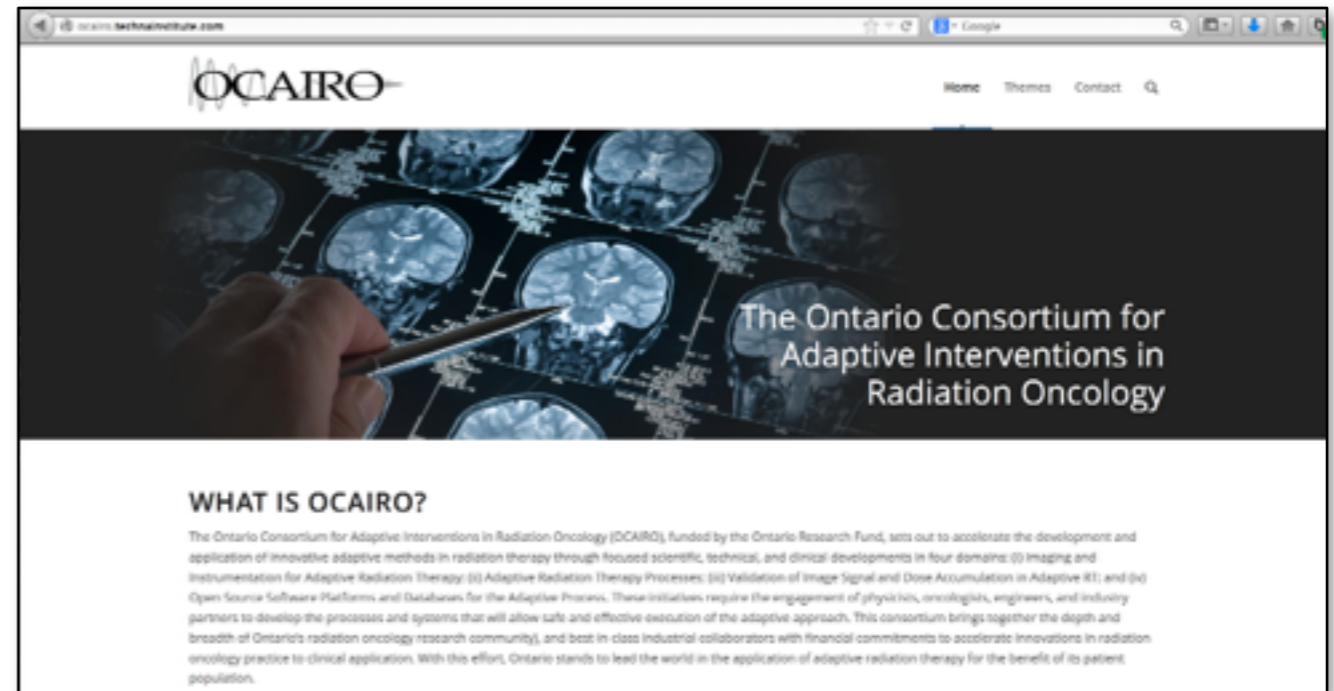
1997: Slicer started as the masters thesis of David Gering, in a collaboration between the Surgical Planning Lab (Harvard) and CSAIL (MIT)





# 3D Slicer Today

- Community Effort







# Slicer Community At A Glance

3D Slicer project analysis from Ohloh.net

<http://www.ohloh.net/p/3376>

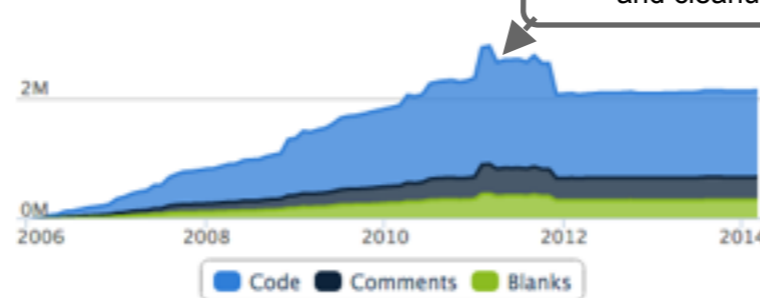
## In a Nutshell, Slicer...

- ... has had 33,653 commits made by 91 contributors representing 1,427,063 lines of code
- ... is mostly written in C++ with an average number of source code comments
- ... has a well established, mature codebase maintained by a large development team with decreasing Y-O-Y commits
- ... took an estimated 403 years of effort (COCOMO model) starting with its first commit in January, 2006 ending with its most recent commit about 20 hours ago

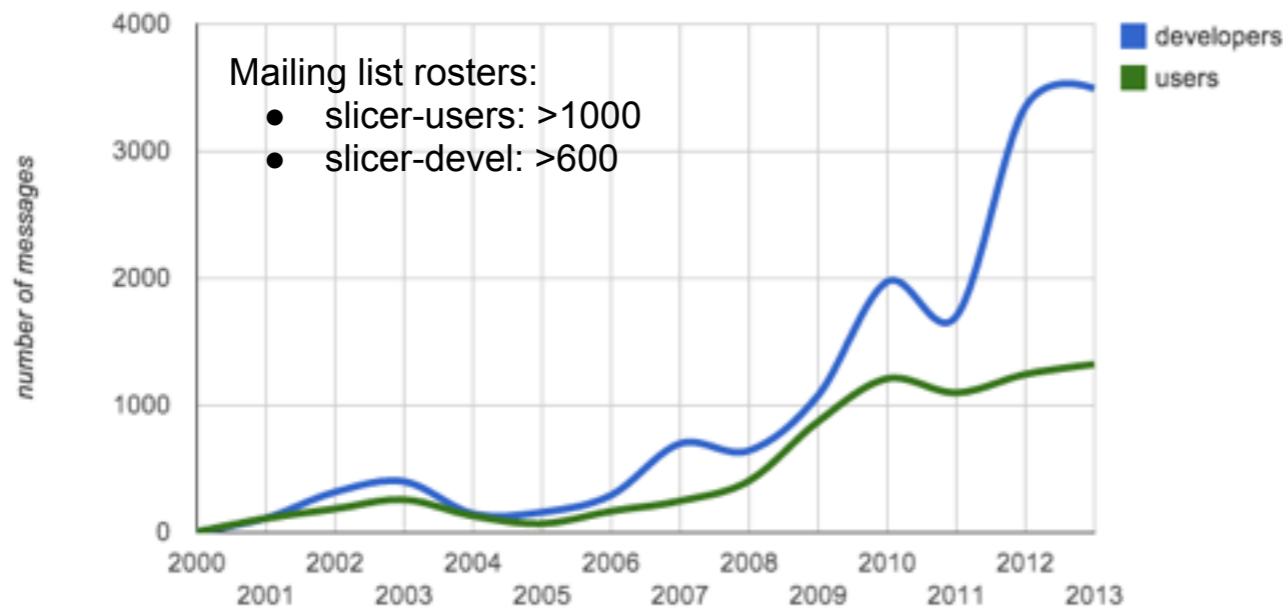
## Languages



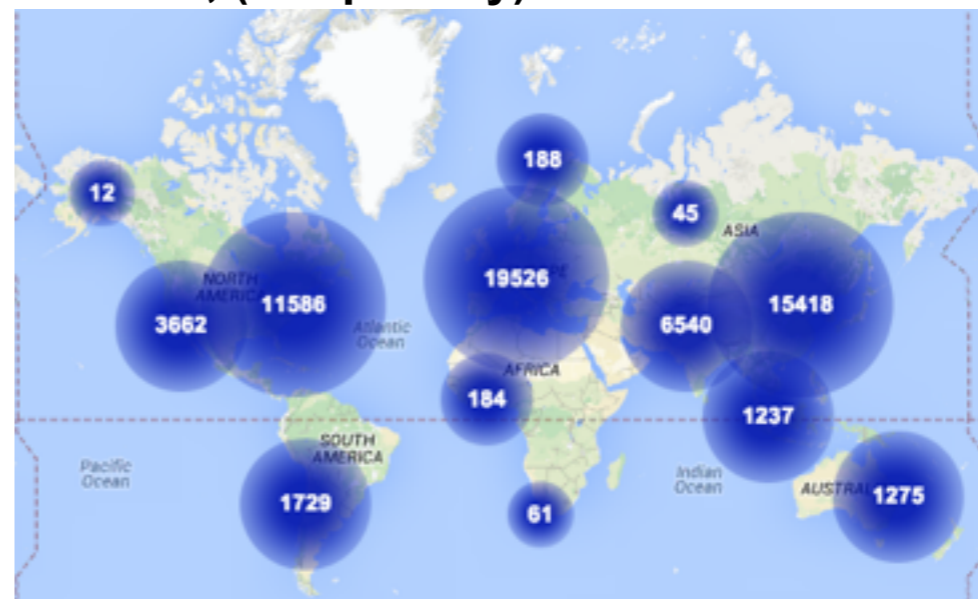
## Lines of Code



## 3D Slicer mailing list messages posted 2000-2013



Total number of 3D Slicer downloads in 2013: **61463, (160 per day)**



17

<http://massmail.spl.harvard.edu/public-archives/slicer-users/>  
<http://massmail.spl.harvard.edu/public-archives/slicer-devel/>

<http://download.slicer.org/stats>



# Features

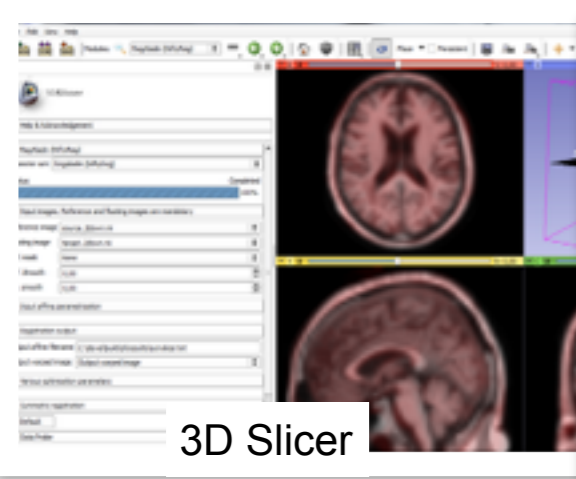
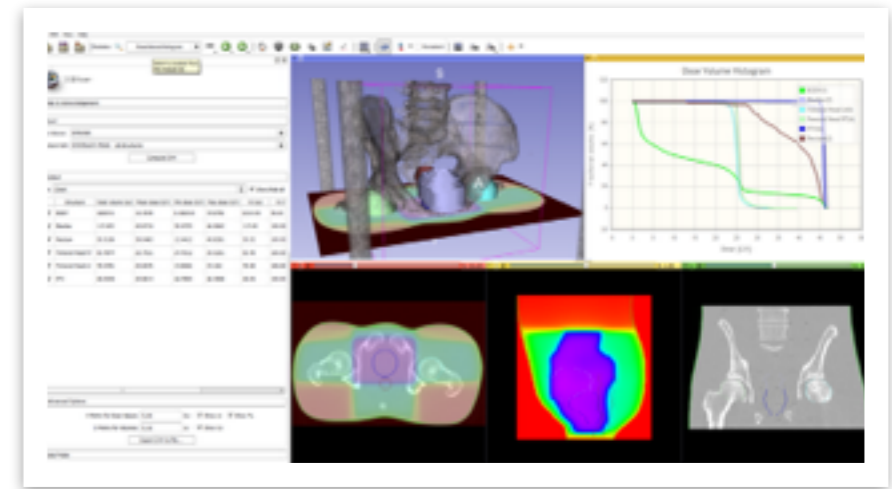
CLI Plug-ins  
Shareable across several platforms



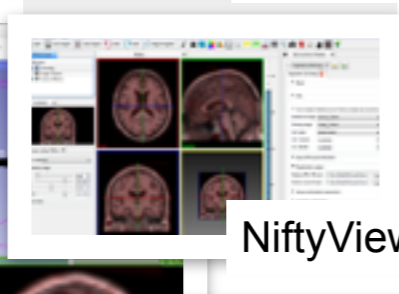
MevisLab

- Volume Rendering
- .mrb files
- Layouts
- Sceneviews
- Annotations
- DICOM

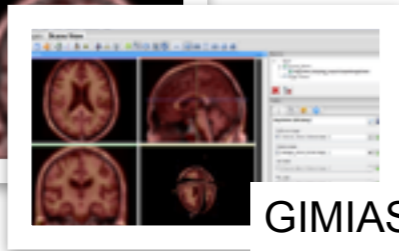
Quantitative imaging  
Line, scatter, bar charts



3D Slicer

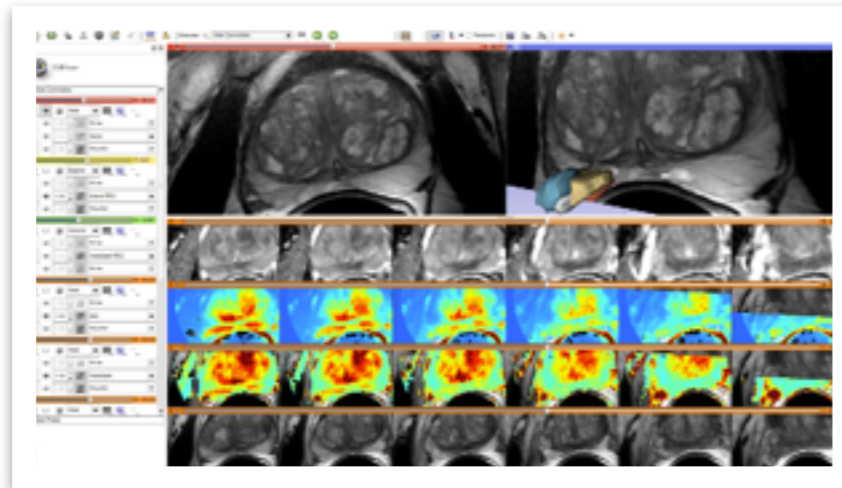


NiftyView

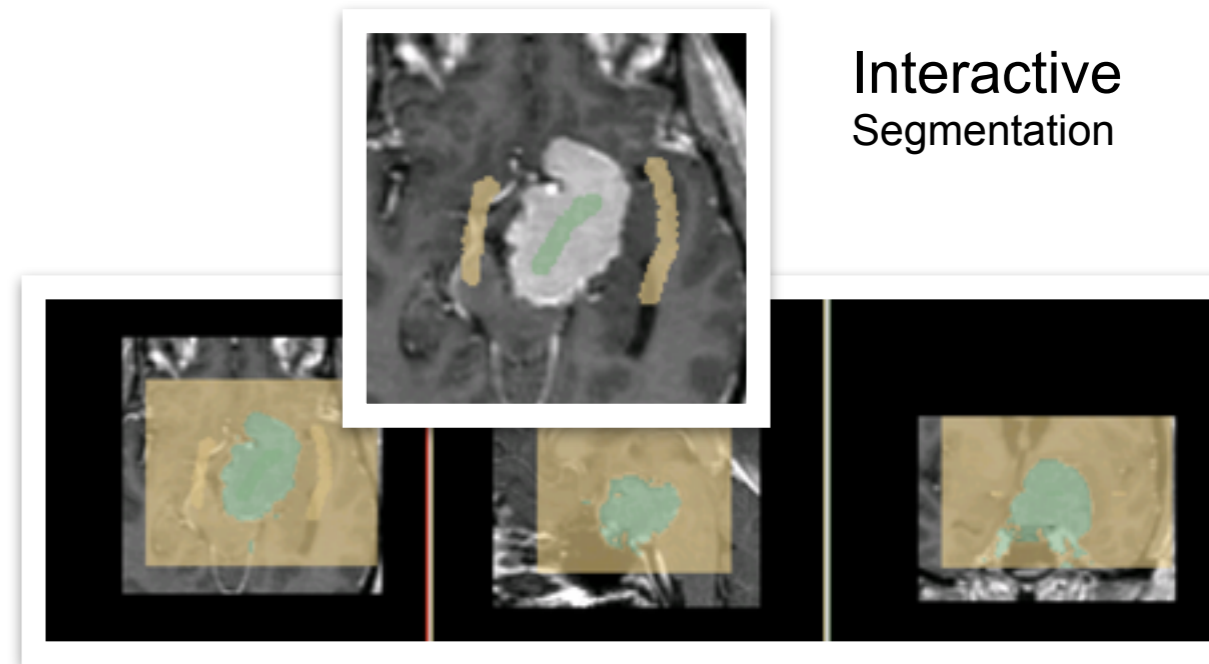


GIMIAS

Support for multi-dimensional data  
Compare view, Lightbox, crosshair

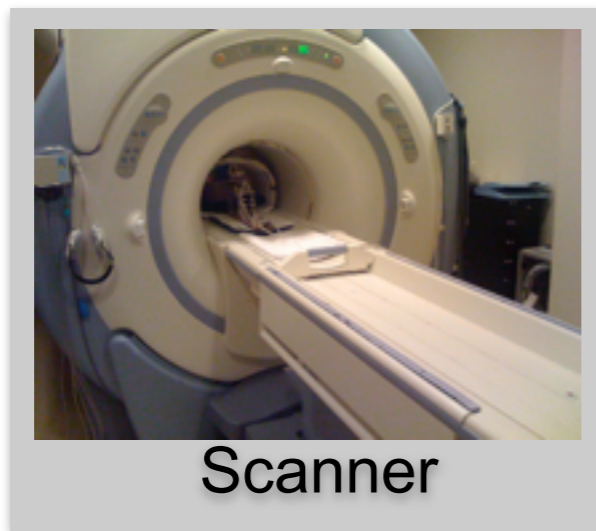


Interactive Segmentation

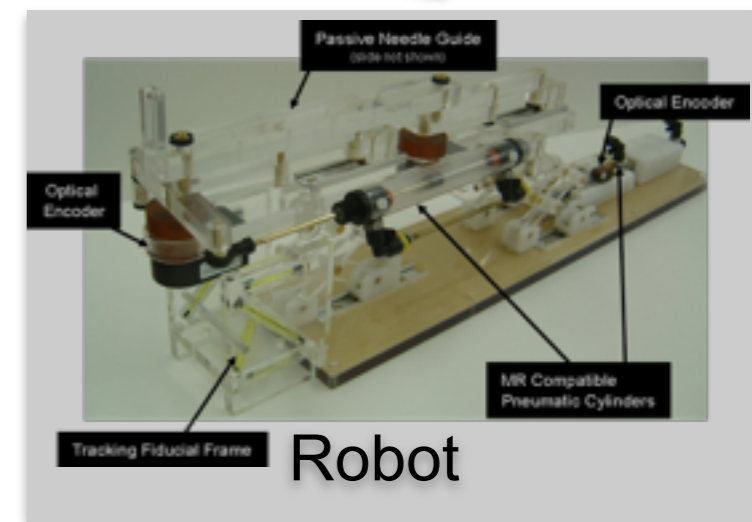
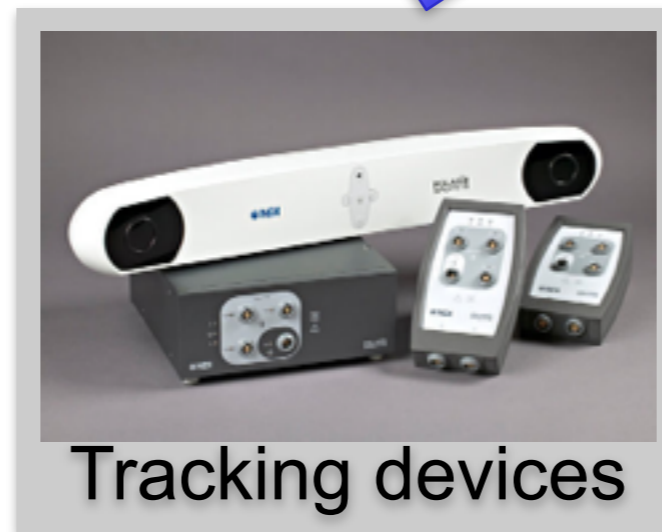
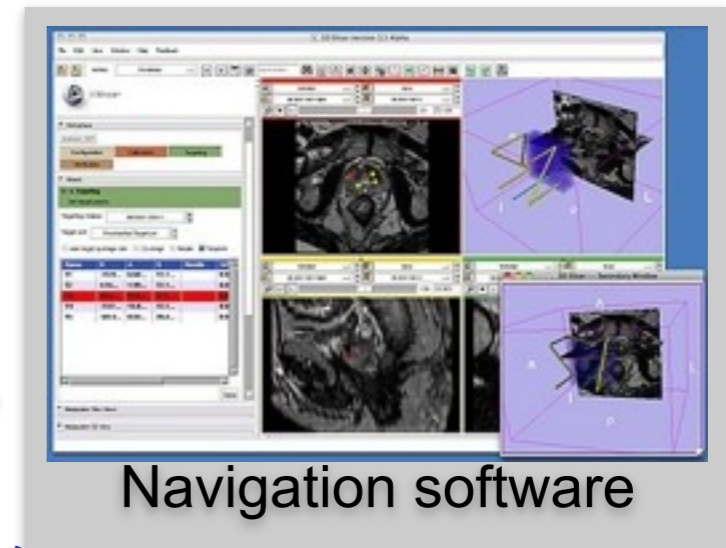
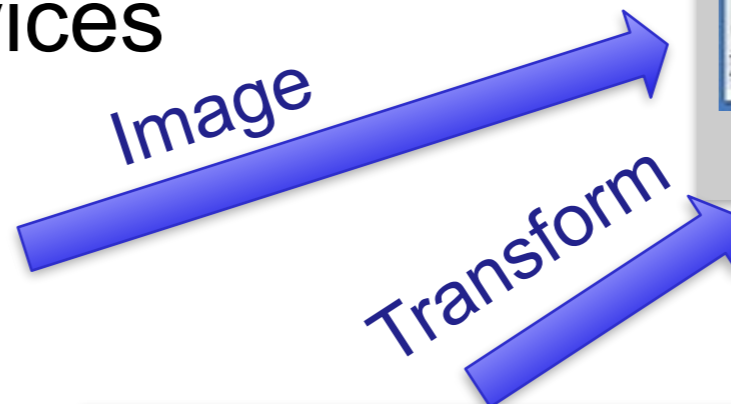


# Slicer and Devices

- Two-way communication
  - Imaging devices
  - Optical tracking devices
  - Robotic devices
  - More



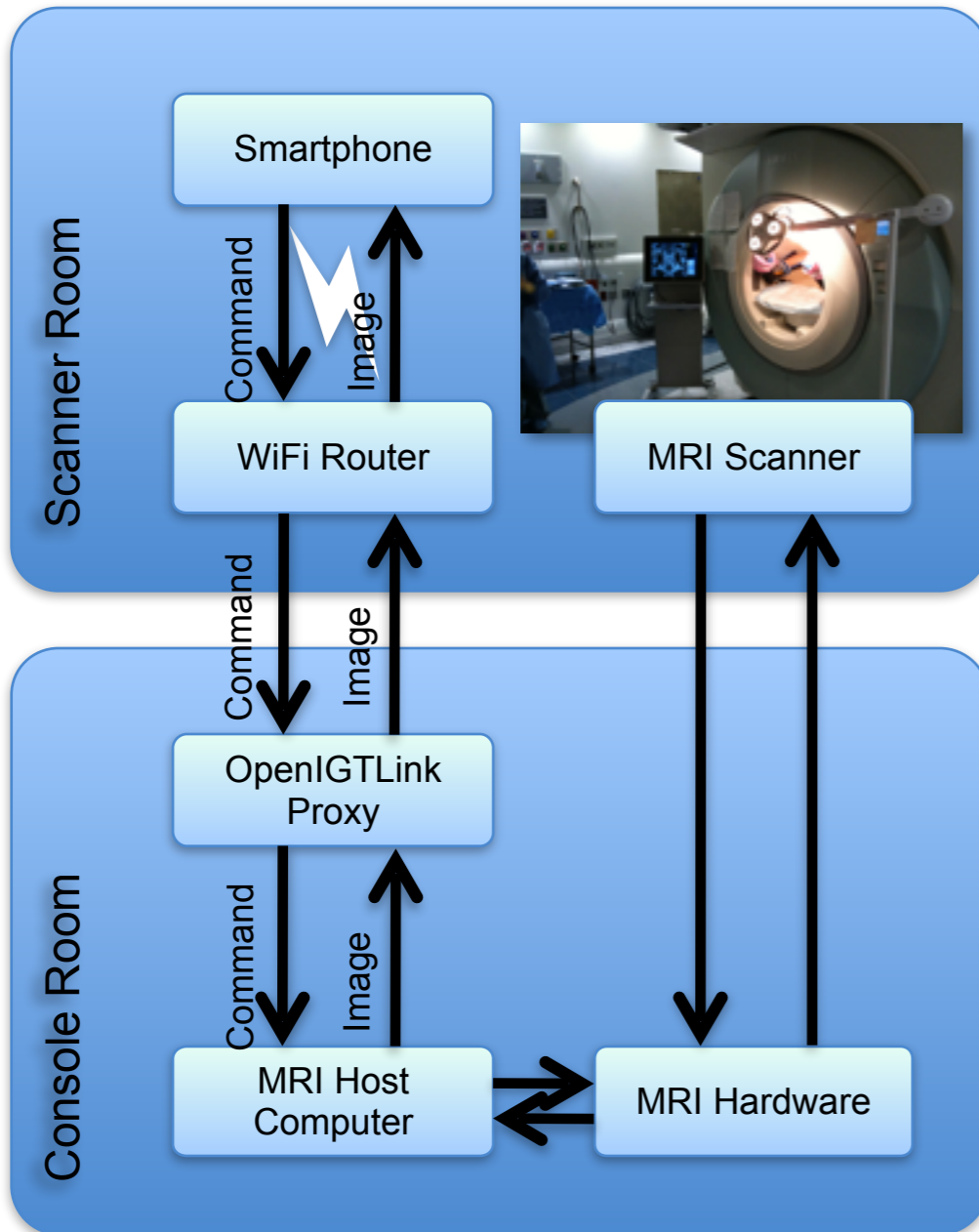
OpenIGTLink





# OpenIGTLink: API for Devices

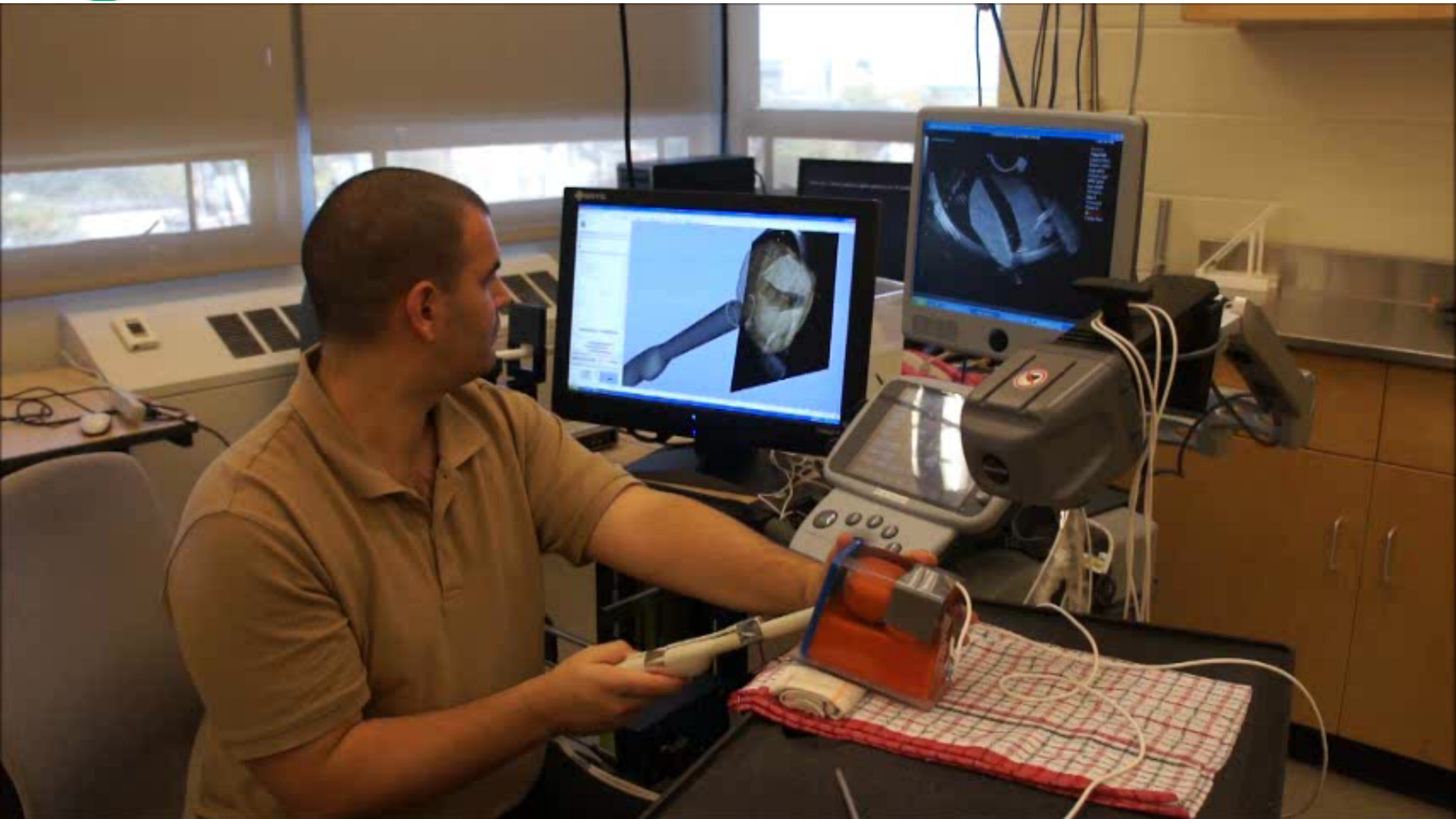
Use an iPhone to control scan plane acquisition



Tokuda J., et al. CARS 2012, June 27-30, Pisa Italy



# US Tracking: 2011: Bench



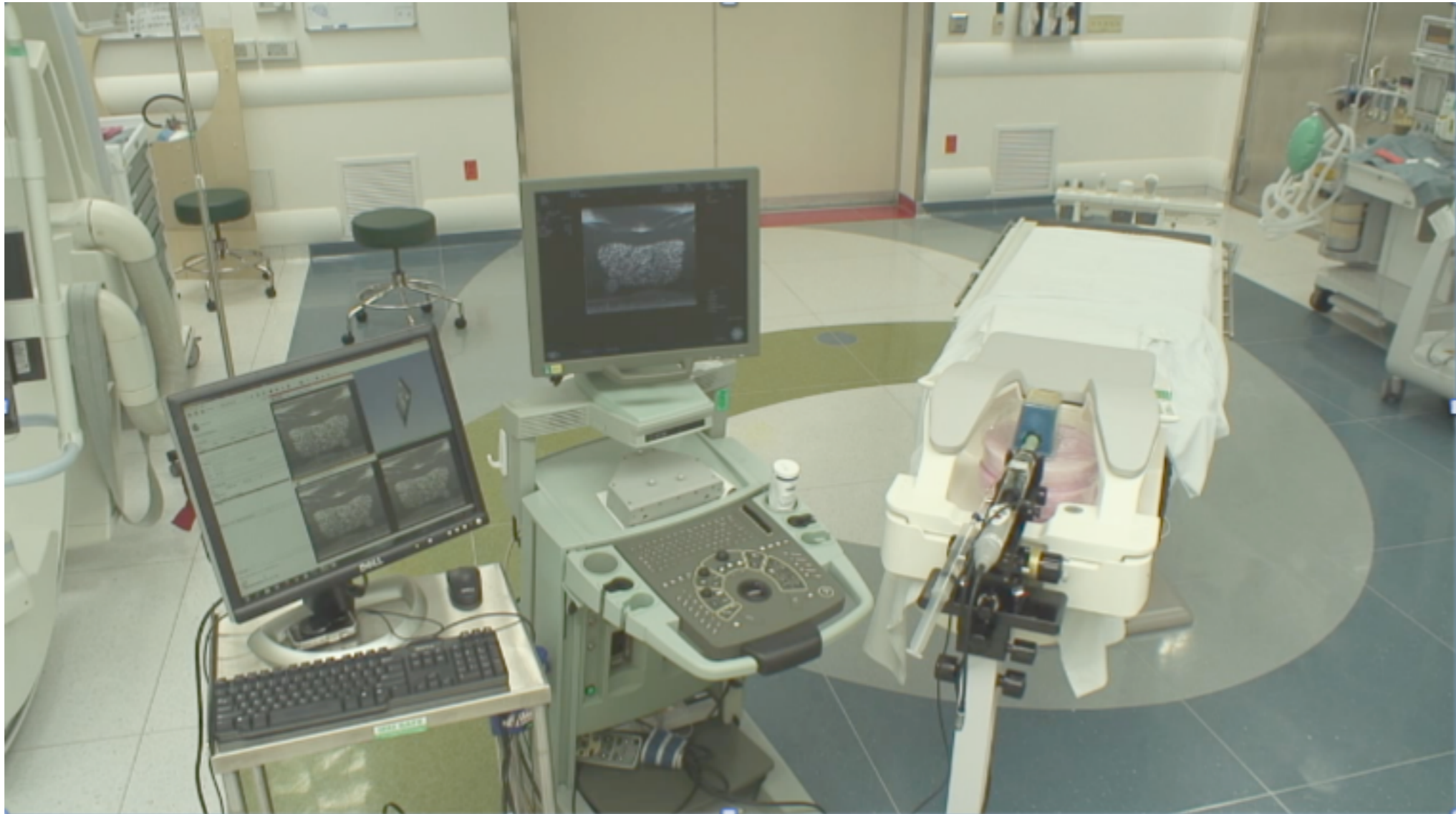


# US Tracking 2012: To Bedside



Sketch courtesy Wendy Plesniak

Research setup in AMIGO showing BK ProFocus and TRUS BK 8848 transrectal probe with orientation spatial sensor, interfaced to 3DSlicer via PlusServer library and OpenIGTLink.





# 3D Printing

- 3D printing is a commodity today
- Is revolutionizing prototyping
- Hardware increasingly resembles software: the value is in the design



Image courtesy N. Farhat



# Web Capabilities

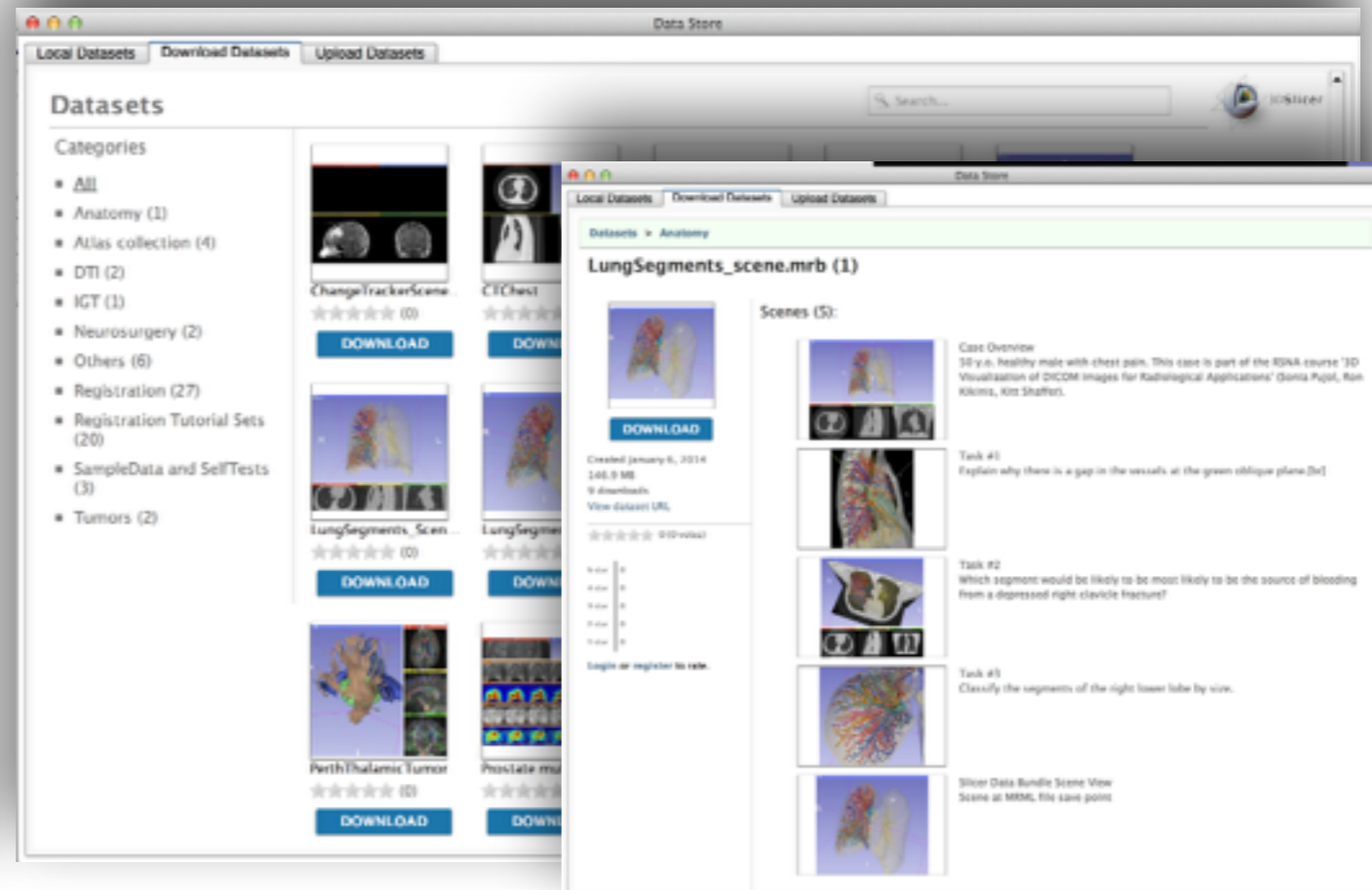
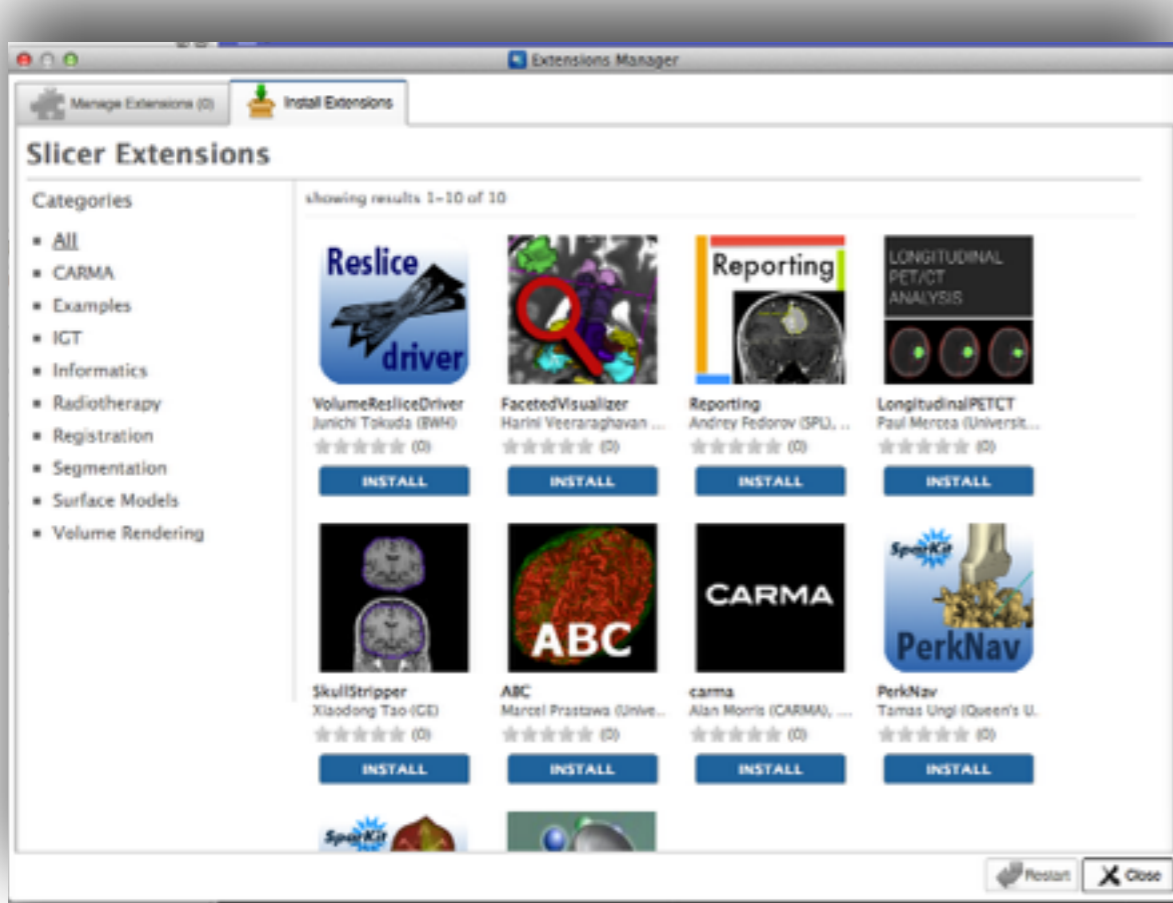
## QtWebKit enables Web services

### Extension Manager and catalog

- Share plug-ins with users
- Easy Installation

### Data Store

- Web-based public repository of .mrb files allows sharing
- Sceneviews are exposed in the web interface



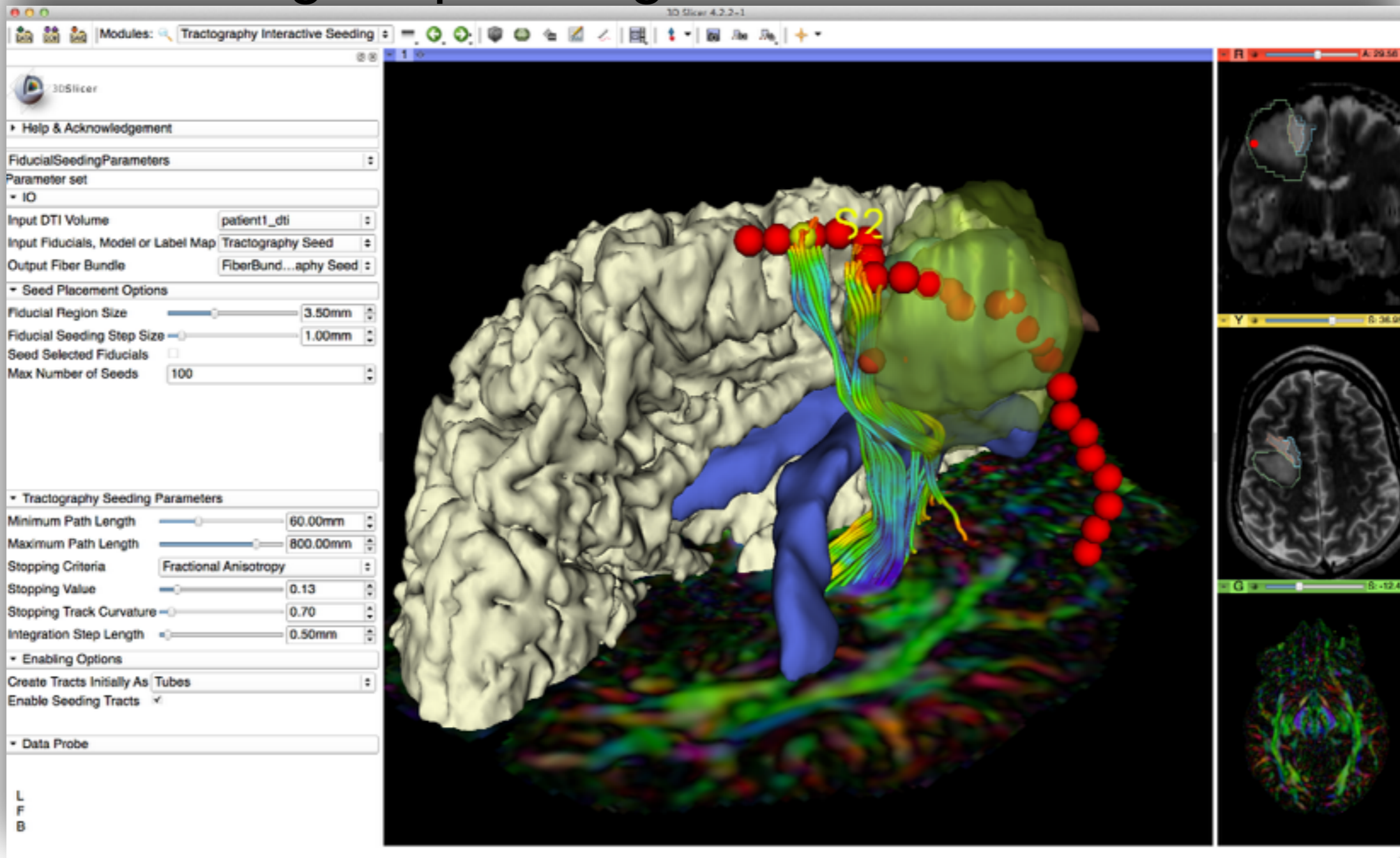






# Clinical Example 2

- Surgical planning

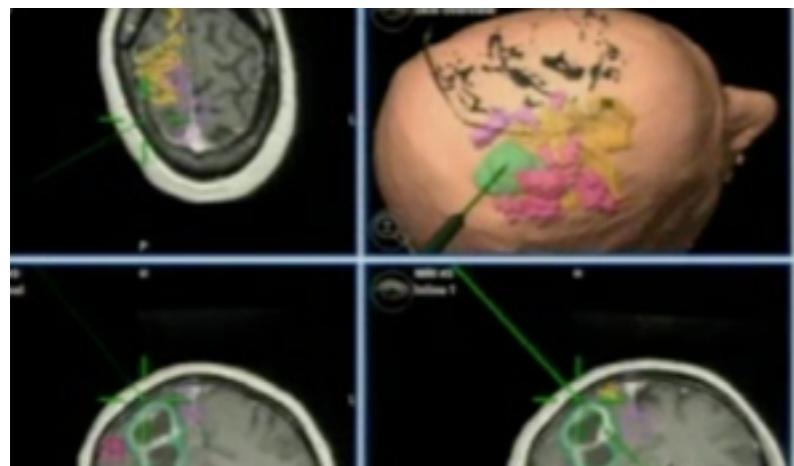
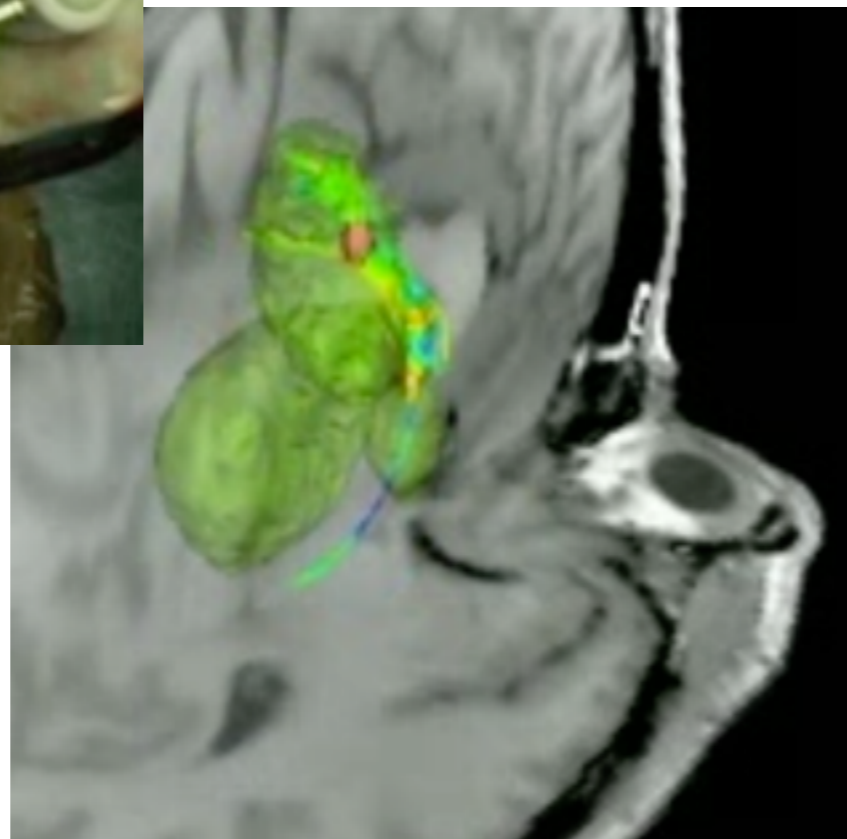
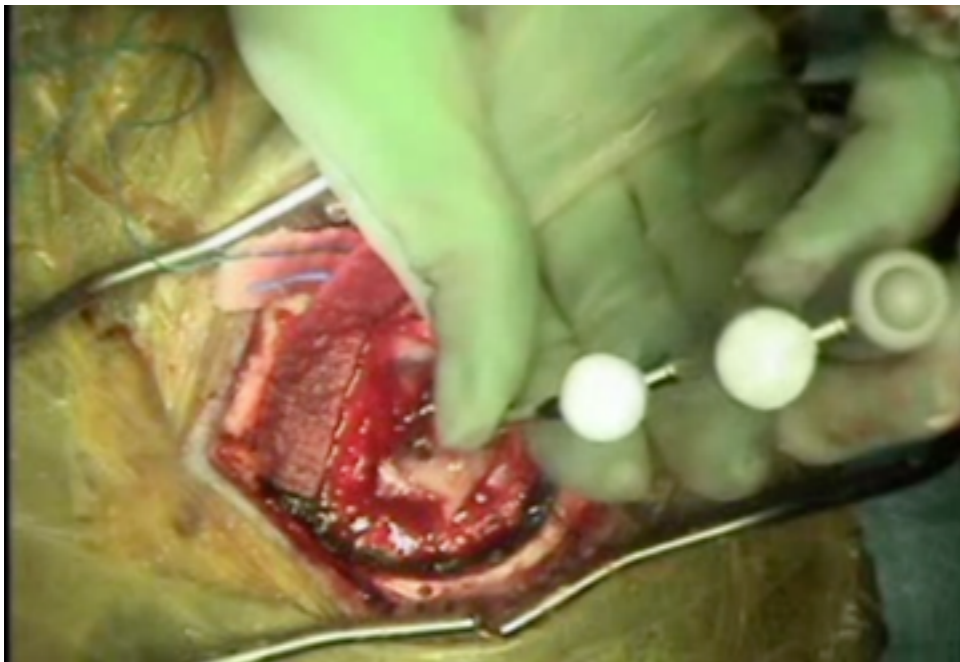




# Clinical Example 3

## Image Guided Therapy Interfacing to clinical devices

- Intraoperative Fiber Tracking
- Relies on pre-op data
- Slicer+Brainlab

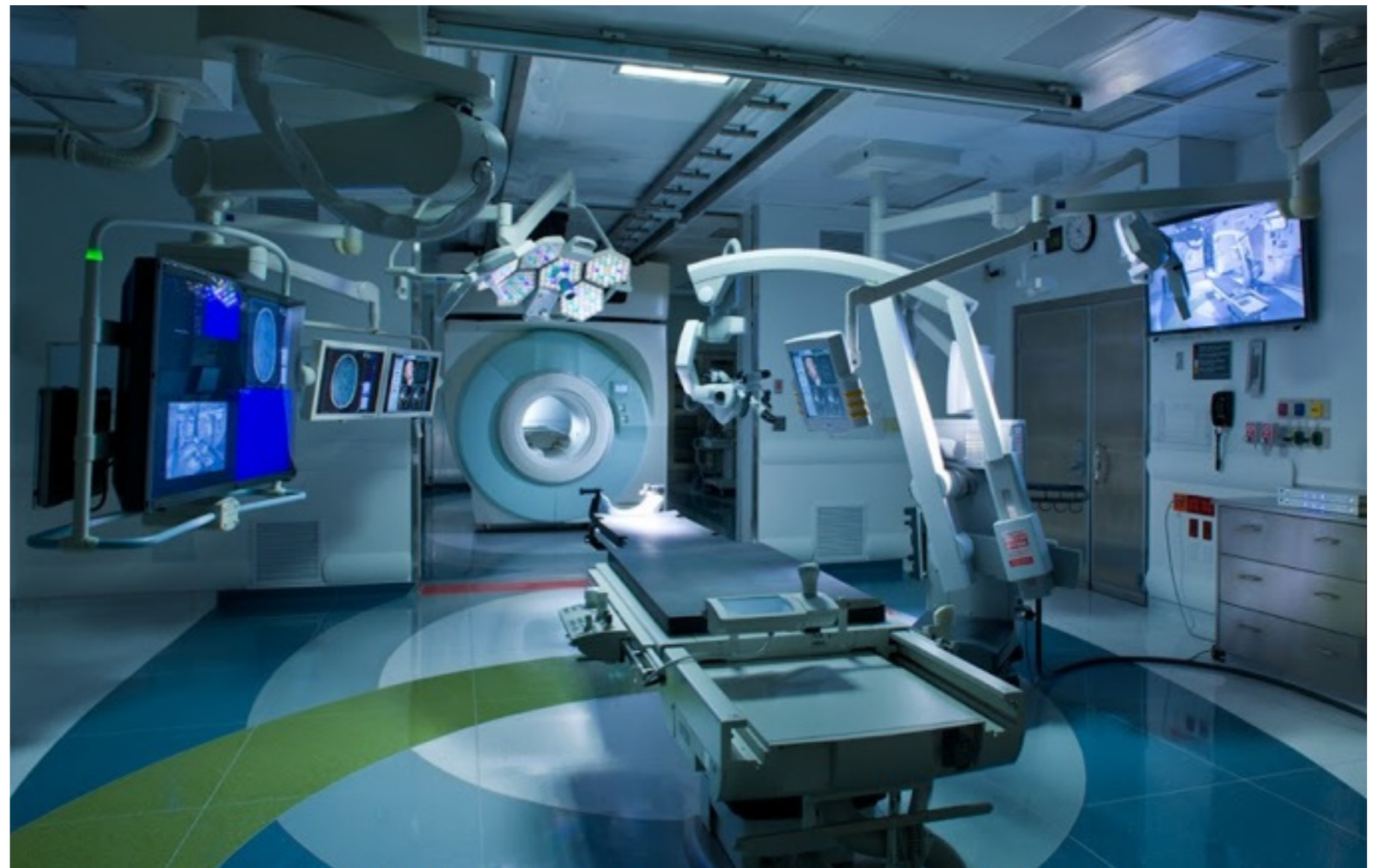




# Clinical Example 4

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Image-guided navigation to localize and excise parathyroid adenoma





# AMIGO Parathyroid Team

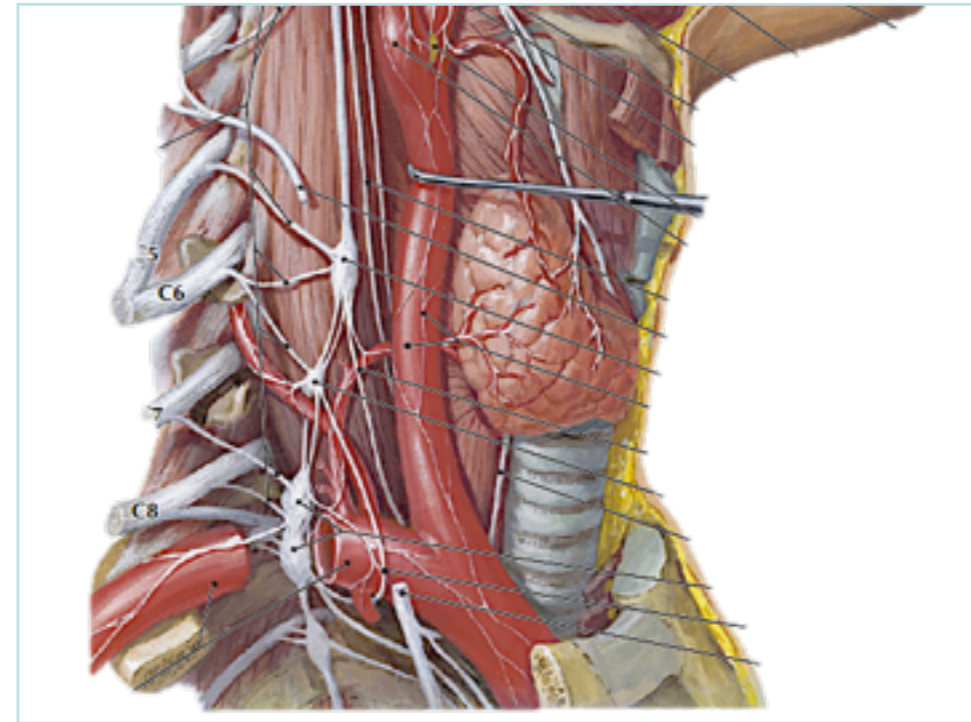
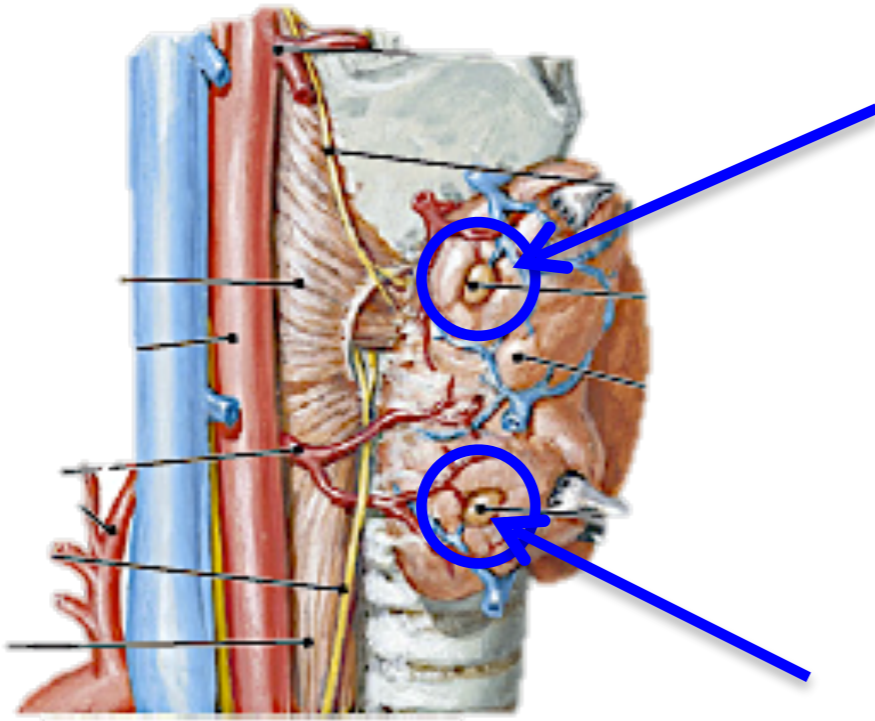
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- Surgeon: Daniel Ruan, MD
- Radiologist: Thomas Lee, MD
- Navigation Scientist: Jayender Jagadeesan, PhD

## **AMIGO Support Team**

- Techs/Nurses: Dan Kacher, Janice Fairhurst, Angela Kanan, Shivon Cesar, Sue Sheehan, Sandra Lawson, Julia Bousquet, Sean Jackson, Nikita Aristarkhov

# Problems with Diagnosis and Surgical Resection



- Small glands hidden behind the thyroid gland
- As small as a rice grain
- Numerous sensitive structures around the parathyroid making surgical resection difficult
- Damage to laryngeal nerve could lead to hoarseness, inability to speak and difficulty in breathing



# Intraoperative MRI

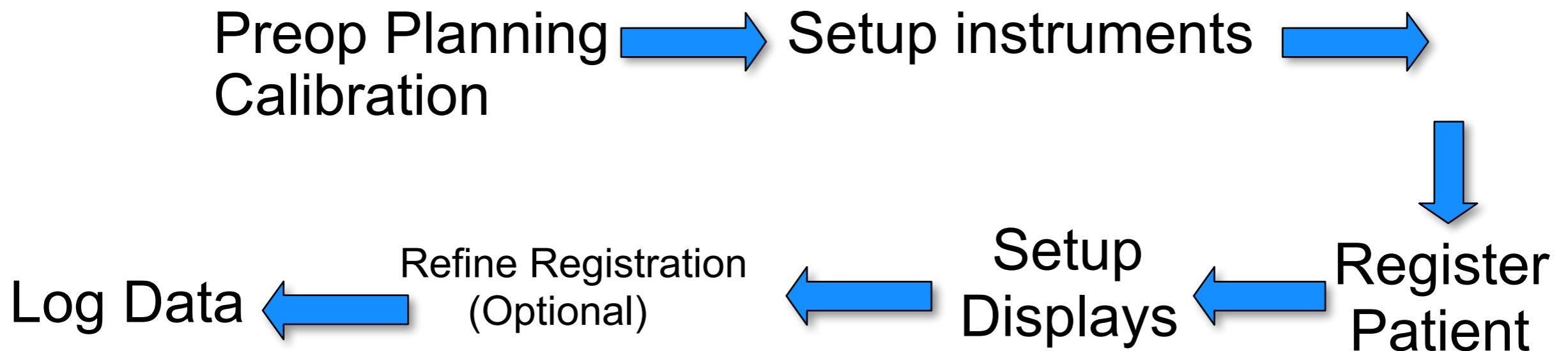
- Fiducials placed on the patient for enabling “Patient-to-Image” registration
- Cardiac coil utilized for imaging the patient
- Cartridge built to house the cardiac coil and EM flat plate transmitter
- Imaging
  - Gross T1 3mm slices
  - Hi-res T2 images





# Intraoperative Guidance

- Module developed in 3D Slicer
- Software and ATC hardware decoupled
  - OpenIGTLink communication
- Wizard Workflow





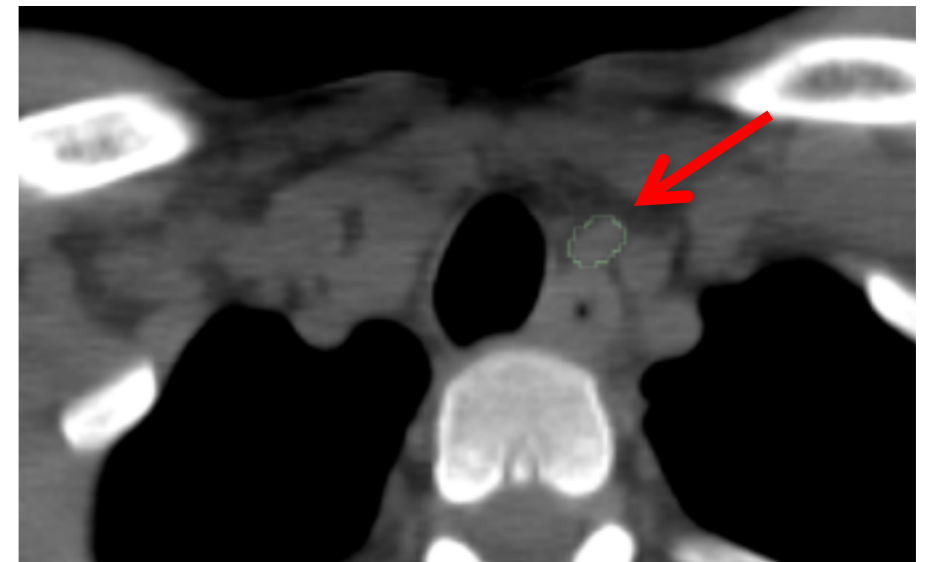


# Diagnostic Imaging

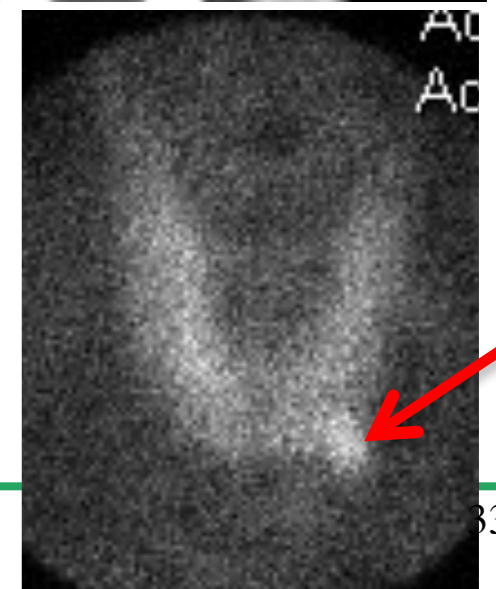
DCE MRI



CT



Sestamibi scans



Jayender et. al, Segmentation of parathyroid tumors from DCE-MRI using Linear Dynamic System analysis, ISBI 2013



# Intraoperative Video

x 2 speed



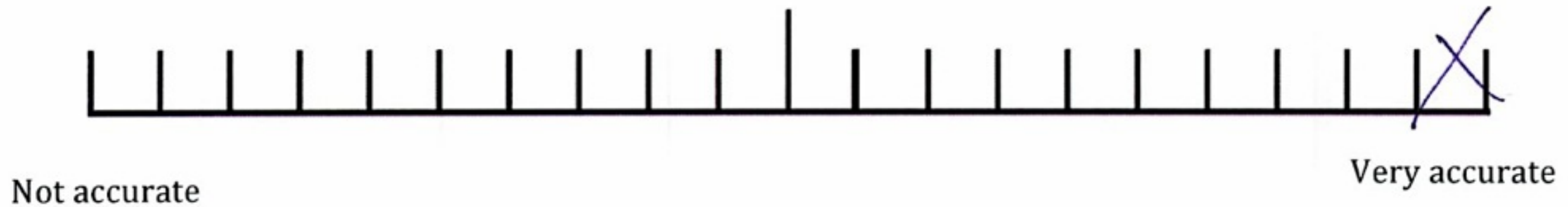


# Result of Navigation System

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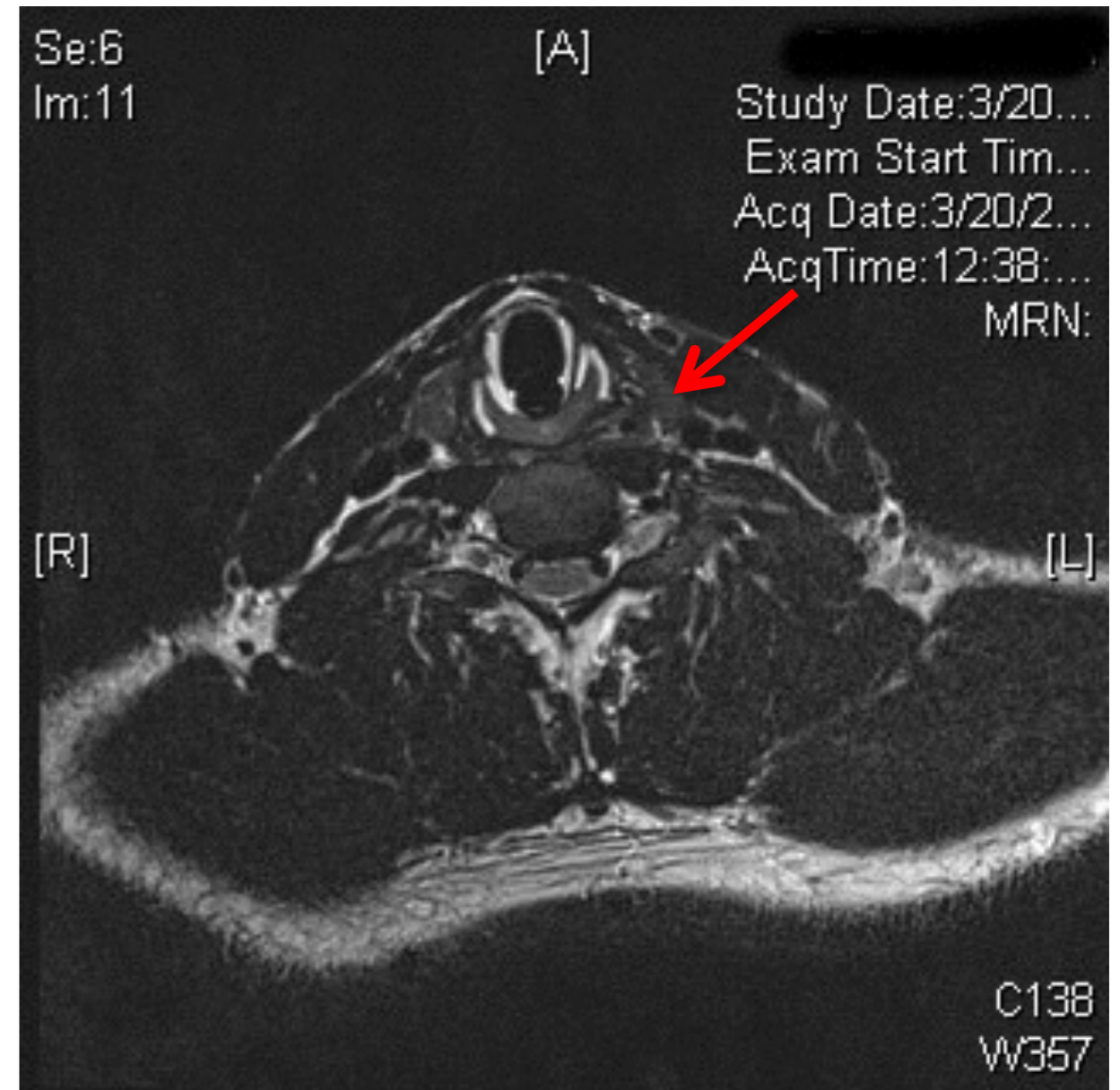
## Smart Pointer

How accurate was the smart pointer in localizing the tumor?





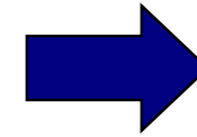
# Postoperative scan





# Clinical Research Example 5

Only 20% of smokers develop COPD



Genetic factors



Multi-center study funded by the National Heart, Lung and Blood Institute (NHLBI).

Co-PIs: Drs. James Crapo, Edwin Silverman.

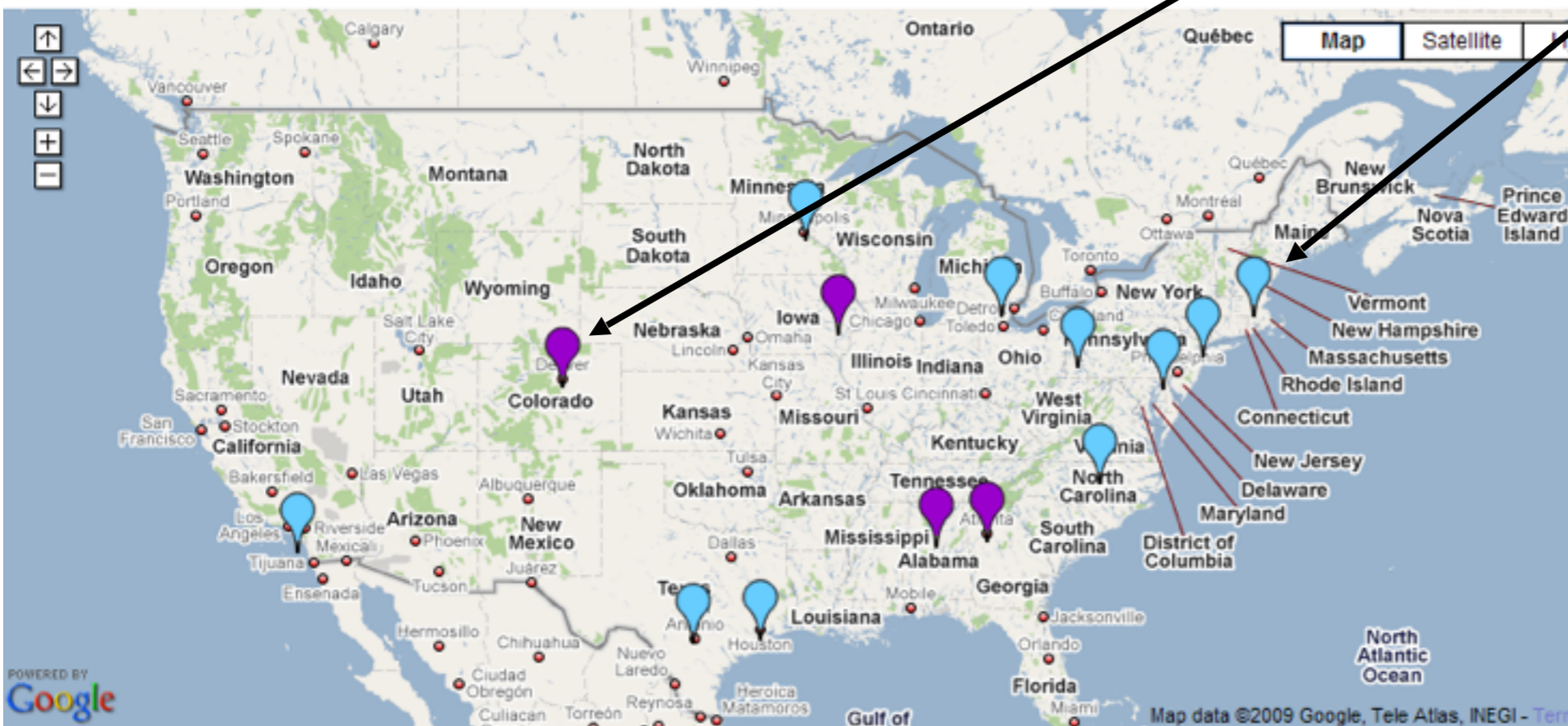
**21 clinical sites**

**3 image analysis centers:**

- Denver
- Boston
- Iowa

**2 imaging platforms:**

- VIDA
- Slicer





# Emphysema Classification for Gene Discovery



- Identification of emphysema patterns based on local histogram classification



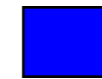
Normal



Severe CLE



Mild CLE



PLE



Moderate CLE



Paraseptal

- Centrilobular (CLE) and panacinar (PLE) emphysema
- GWAS in 9000 smokers
- New genetic markers for emphysema were found near the *CHRNA3/5* locus on 15q25 and near *MMP12* and *MMP3* on 11q22

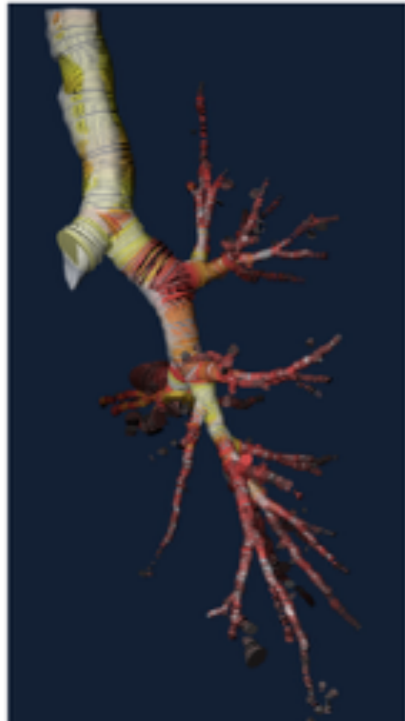
*Castaldi PJ, San Jose Estepar R, Sanchez Mendoza C, Crapo JD, Lynch D, Beaty TH, Washko GR, Silverman EK, Proc. ATS, 2012, p.A3808.*



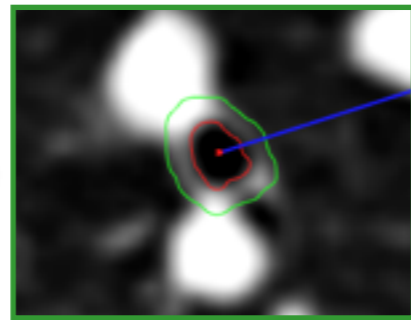
# Phenotype Extraction In The Lung

Airways

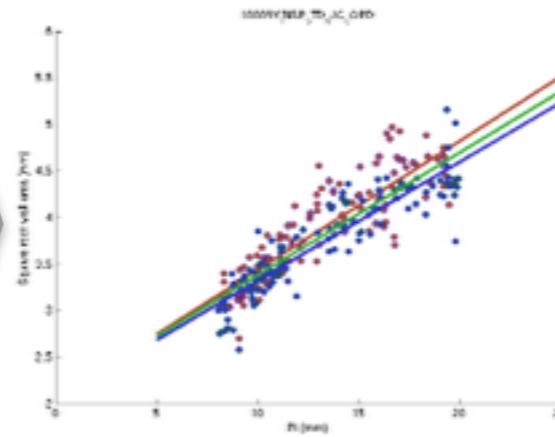
Extraction



Sizing

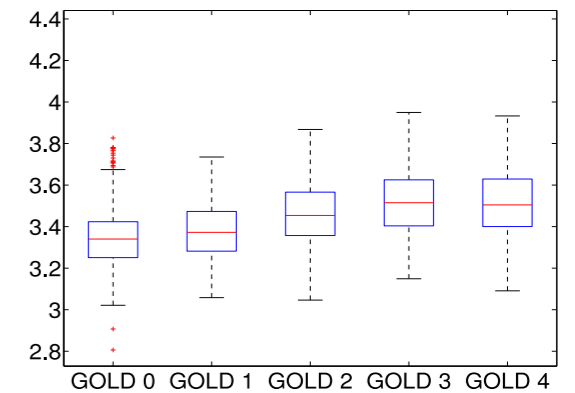


Phenotype



Airway Wall corresponding to a 10 mm internal Perimeter

Population Study

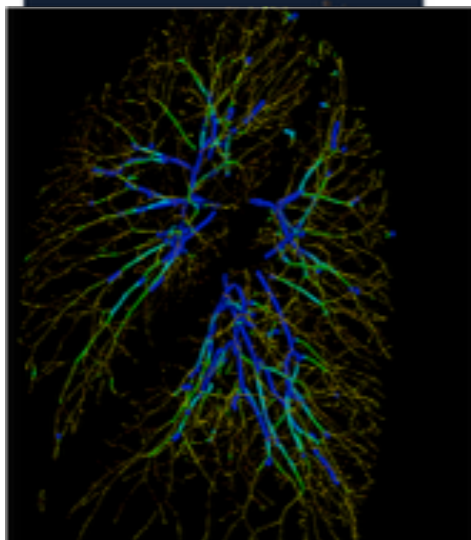


Smoker Controls

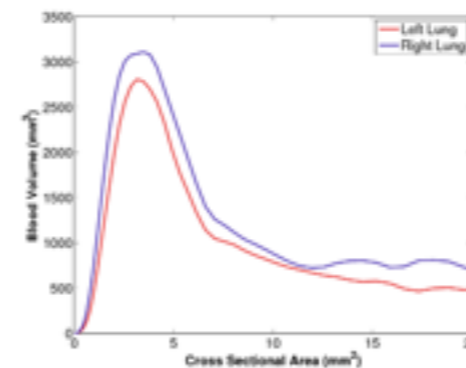
Severe Disease

San Jose Estepar R et al, Automatic Airway Analysis for Genome-Wide Association Studies in COPD, ISBI 2012

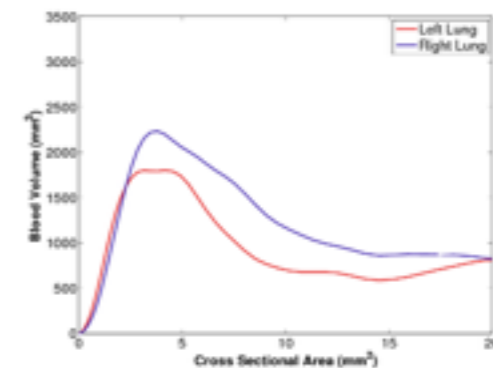
Vessels



Smoker control



Severe disease



Shift in blood volume per cross sectional area indicating distal pruning and proximal remodeling with disease progression

- The National Alliance for Medical Image Computing (NA-MIC), is a distributed community of researchers
- Focus on
  - Subject specific image analysis
  - NA-MIC kit, including 3D Slicer as a platform for dissemination
- Funded by NIH through the NCBC program since 2004

**NA-MIC Wiki**

**General**

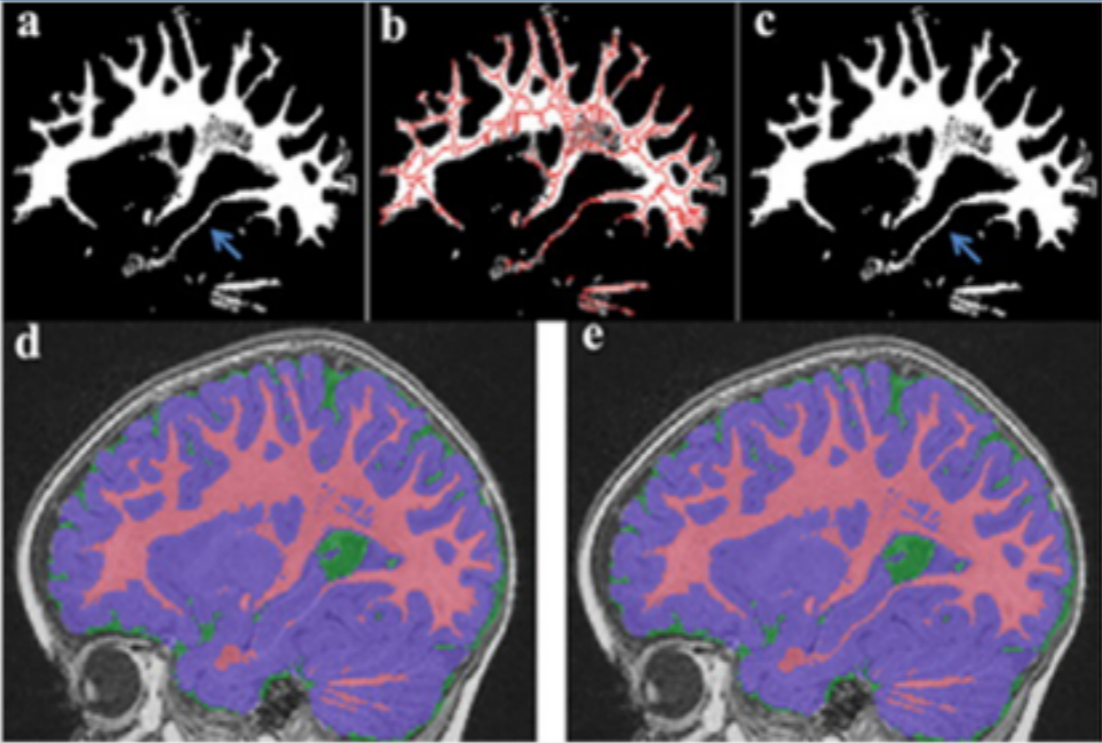
- ▶ Overview
- ▶ Organization
- ▶ Contact Us

**Center Components**


- ▶ Algorithms
- ▶ Engineering
- ▶ Driving Biological Projects
- ▶ Collaboration Grants

**Resources**

- ▶ Publication DB
- ▶ Image Gallery
- ▶ Downloads
- ▶ Service
- ▶ Training
- ▶ Dissemination
- ▶ Events
- ▶ Links



Adaptive Prior Probability and Spatial Temporal Intensity Change Estimation for Segmentation of the One-Year-Old Human Brain. [Read more...](#)



**6th NCIGT and NIH Image Guided Therapy Workshop**

This event will be held on **March 21-23, 2013**, in Doubletree by Hilton Washington DC in Crystal City, VA. The topic for this year is **Interventional applications for a changing healthcare environment.**

[Read more...](#)

[NEWS ARCHIVE](#)





# NA-MIC in Numbers

- 3D Slicer software used worldwide as platform for development and sharing
- Large impact on NIH grantees: 31 funded collaborations across schizophrenia, lupus, autism, lung disease, cardiac disease, brain cancer, liver, colon, prostate, musculoskeletal disorders.
- International funding: Canada, Germany, Spain, Italy, Japan, Australia.
- “Common Toolkit”: joint transatlantic effort
- Trained 55 engineers, 35 grad students, 20 post-docs.
- 2000+ investigators trained in 63 workshops
- 500+ full size papers, including awards
- 15 “Project-weeks”, weeklong working efforts twice a year: over 650 participants

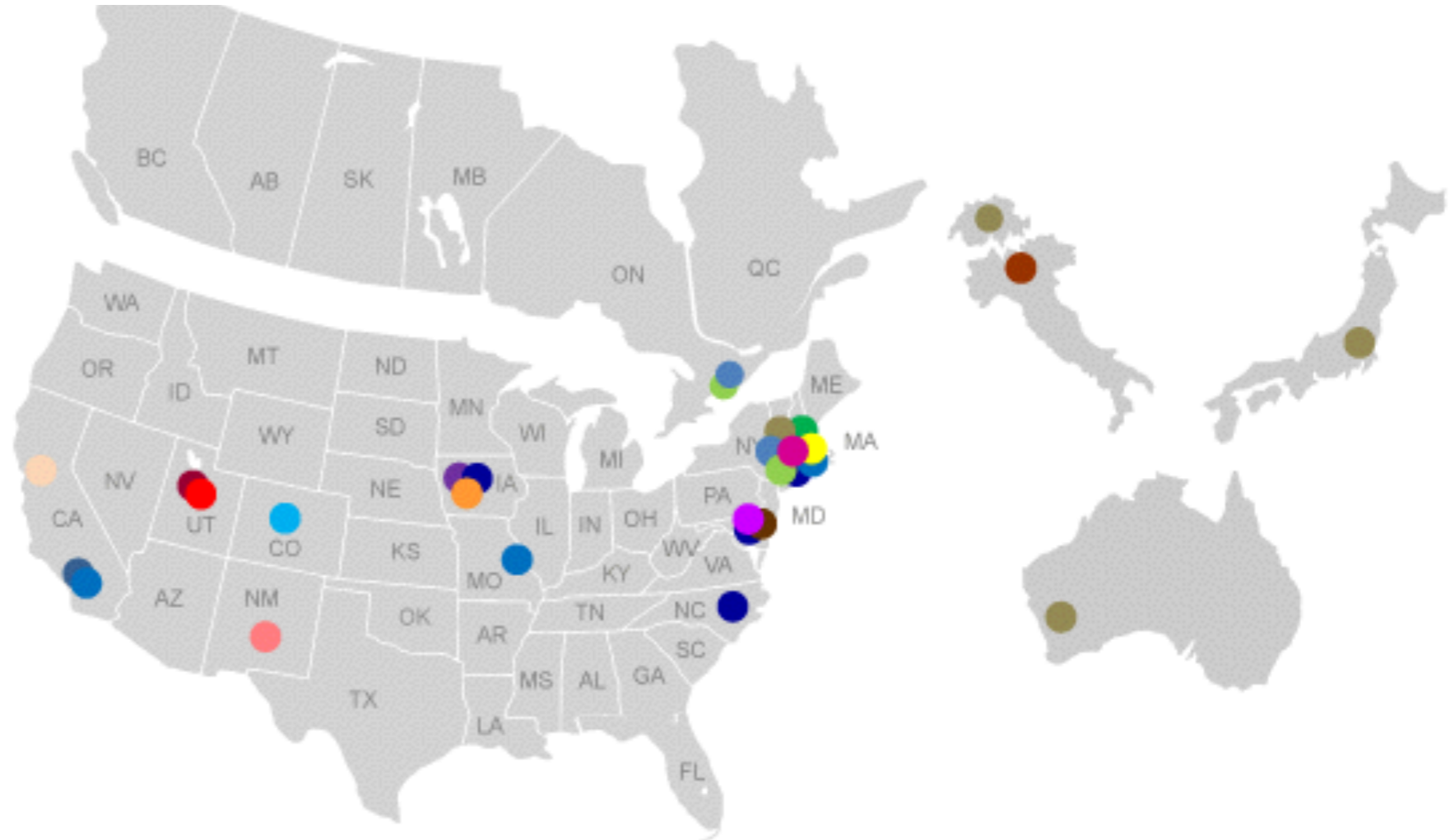




# NA-MIC Community



- Autism
- Brain Cancer
- Depression
- Head and Neck Cancer
- Huntington's Disease
- Lupus
- Schizophrenia
- Traumatic Brain Injury
- VCFS
- Neuroimage Analysis
- Lung Disease
- Atrial Fibrillation
- Cardiovascular Disease
- Liver Cancer
- Colon Cancer
- Prostate Cancer
- Orthopedic Injury
- Neuromuscular Dynamics
- Image Informatics



## Active

- |                                |                      |                   |               |               |               |               |                    |
|--------------------------------|----------------------|-------------------|---------------|---------------|---------------|---------------|--------------------|
| ● R01MH084795                  | ● U41RR019703        | ● NSF CCF-0916526 | ● R01EB008171 | ● U01HL089897 | ● R01CA124377 | ● R01CA131718 | ● R01CA11128       |
| ● R01EB005973                  | ● U54EB005149-05S2   | ● U54GM072970     | ● P41RR013218 | ● R01EB006733 | ● R01NS050568 | ● R21EB009900 | ● U54EB005149-05S3 |
| ● UL1RR025758                  | ● U54LM008748        | ● U24RR025736     | ● U24RR021992 | ● U24RR021382 | ● U24RR026057 | ● AIST, Japan | ● UWA, Australia   |
| ● Mario Negri Institute, Italy | ● CO-ME, Switzerland | ● OCAIRO, Canada  |               |               |               |               |                    |

## Completed

- U54EB005149-04S1



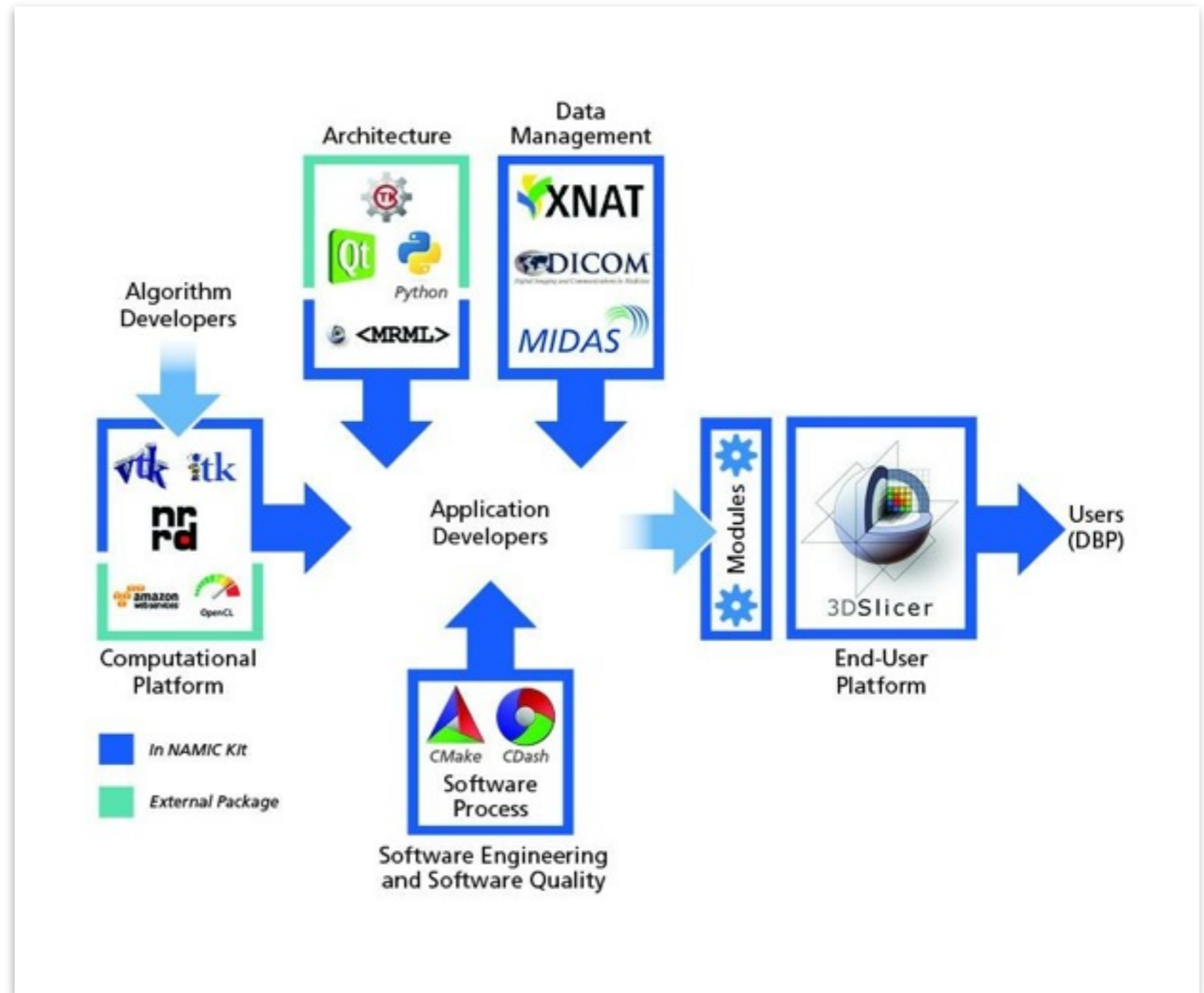
# The NA-MIC Kit

The NA-MIC Kit is a free open source platform to support translational research in MIC

**Slicer is built on the NA-MIC Kit**

## Common Features

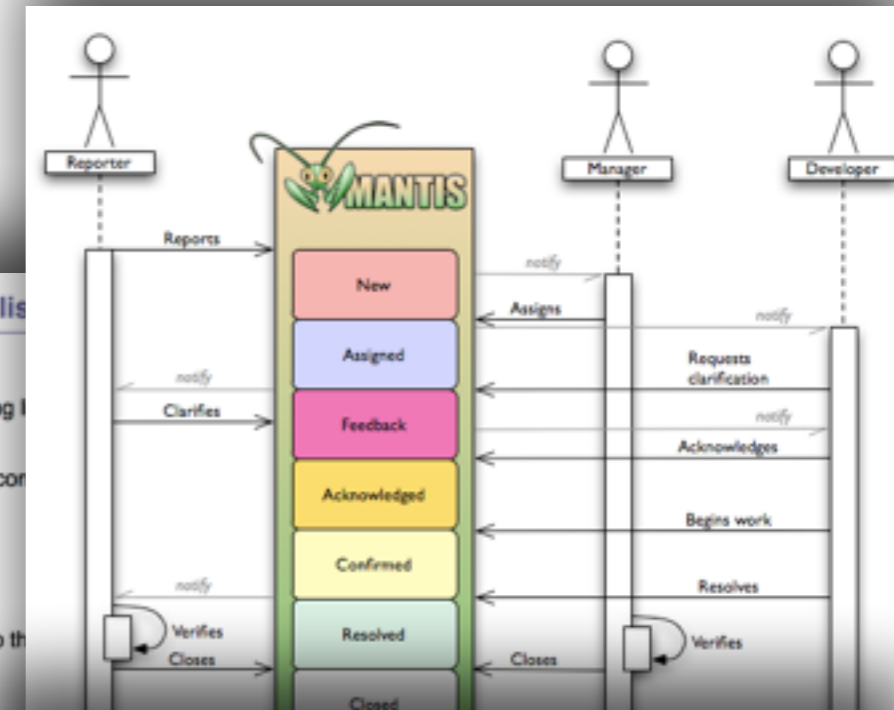
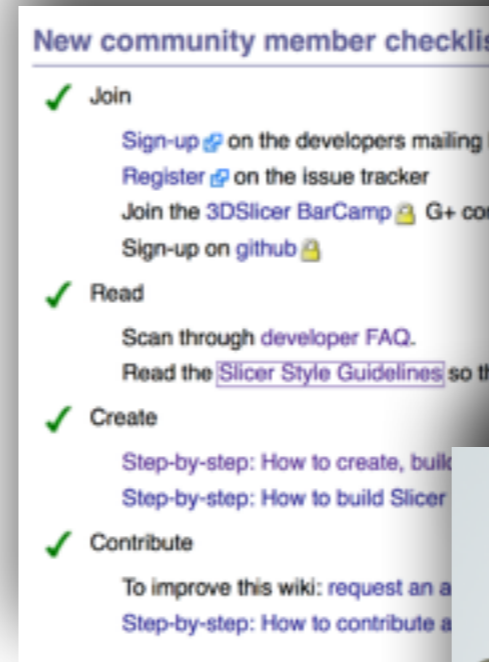
- BSD style Open Source
- No known IP liabilities
- Compiled on all supported platforms
- Optimized Interoperability of the components





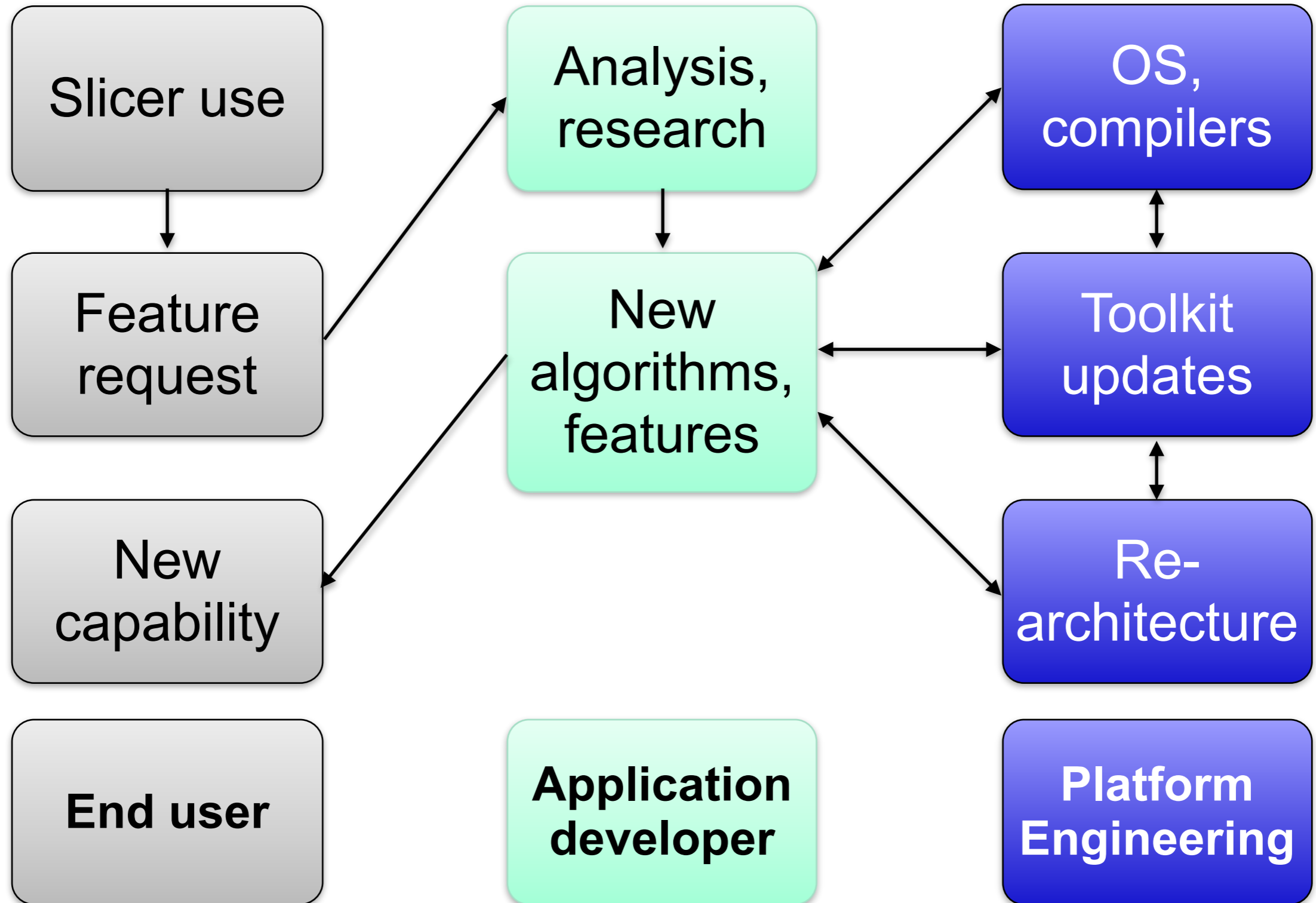
# Principled Software Process

- Documented workflows
- Github is used as repository
  - distributed
  - allows offline work
  - sharing with granularity
- Slim trunk, most functionality is in plug-ins





# Slicer Development Process





# Application Development

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- Algorithm research comes first
- Implementation workflow once the algorithms are known:
  - Create individual modules as plug-ins
  - Create workflows based on the modules
  - Use the extension manager for distribution



# Platform Engineering

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- The Slicer platform is based on many toolkits and libraries
- Operating systems change constantly
- Ongoing effort is needed for updating the versions used by the NA-MIC kit and Slicer
- Modifications and patches are pushed downstream to the toolkits and libraries



# What it takes

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- Money, money, money
- Time, time, time
  - Platform engineering for translational MIC is expensive and difficult to find funding for
  - It takes time to bring together an interdisciplinary community





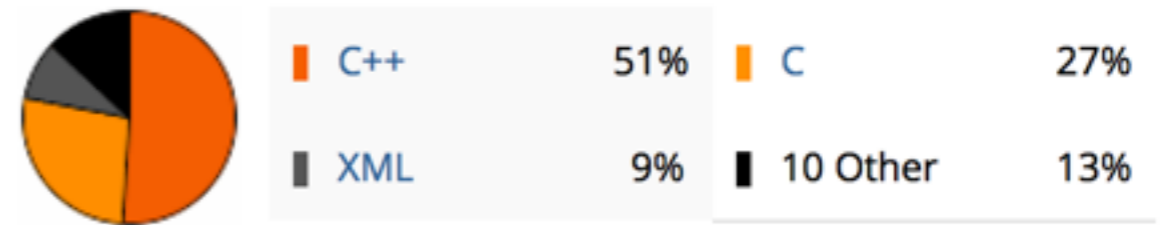
# Work

- 1 Ph.D. thesis is one to two person-years of actual work
- Slicer represents over 100 person years in direct effort

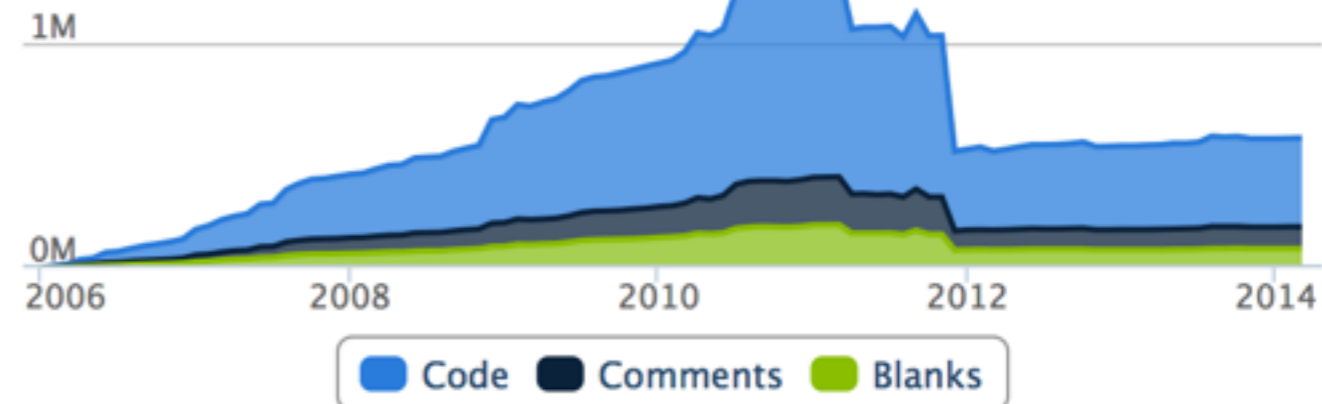
## In a Nutshell, Slicer4...

- ... has had 20,538 commits made by 97 contributors representing 397,670 lines of code
- ... is mostly written in C++ with an average number of source code comments
- ... has a well established, mature codebase maintained by a large development team with decreasing Y-O-Y commits ← work moved to plug-ins
- ... took an estimated 105 years of effort (COCOMO model) starting with its first commit in January, 2006 ending with its most recent commit 2 days ago

## Languages



## Lines of Code





# NA-MIC Kit Engineering Team

---

FeiZhao	clisle	hliu	kquintus	nobyhata	taylor
Michael.jeulinl	davisb	hong	lantiga	padfield	tgl
Yong	demian	hyang	lassoan	partyd	tokuda
alexey	domibel	ibanez	lauren	pieper	tringo
andy	dpace	ilknur.kabul	lorensen	pinter	ungi
atriveg	fedorov	inorton	maddah	pkarasev	vmagnotta
awiles	finetjul	jcfr	malaterre	pkarasev3	vrnova
aylward	francois_budin	jcross186	matthew.bowman	pohl	wjp
barre	freudling	joe.snyder	mccormic	rjosest	ygao
benjamin.long	gcasey	johan.andruejol	mike	rsierra	yumin
bess	haehn	jvs	millerjv	samset	zach.mullen
blezek	harveerar	karthik	mscully	sankhesh	zack.galbreath
casey.goodlett	hayes	kedar_p	naucoin	sylvain	
christopher.mullins	hjohnson	kerstin	nicky	taox	

*Special thanks to Jean-Christophe Fillion-Robin, Julien Finet, Steve Pieper, Nicole Aucoin, Andrey Fedorov, Jim Miller, Andas Lasso*



# Open Source (OS)

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- Collaborate and move freely
  - Good match for the migratory lifestyle of scientist
  - Advantageous for collaborations
  - Neutral territory in multi-vendor settings
- Extensible



# Upsides for Industry

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- Potential advantages:
  - Compared to closed systems more people track changes and detect problems
  - Easy access to world class algorithms and architectures.
  - Community can be engaged
- Open Source approaches are practical
  - Costs are potentially lower
  - They permit the organization to focus on its key product skills, not on commodity capabilities



# Challenges for Industry

---

- Avoid leakage of proprietary information through clear rules and strategies
- Monitor the open source community for shifting focus and direction
- Internal development is likely to be needed for key features.
- Summary: Risks are manageable, but need to be managed

# From Tools to Medical Product

---

- Open Source facilitates scientific exchange
  - BTW: Open Source means no restriction on use (i.e. no restriction on commercial use)
- All Medical Products are closed source due to significant regulatory requirements
- How to bridge?

# From Open to Closed Source

---

Open source



Closed source

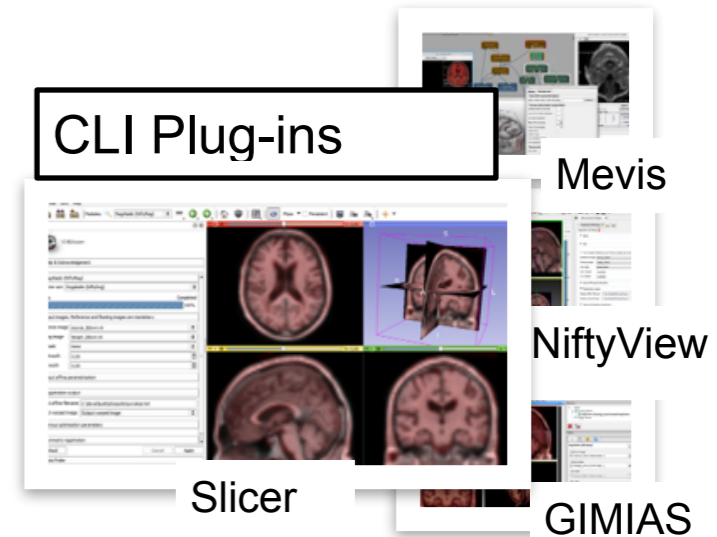
Plug-ins

3D Slicer  
MITK

MedINRIA

Mevis Lab

syngo.via , Advantage  
Windows, Vitrea





# CTK: An example of OPM



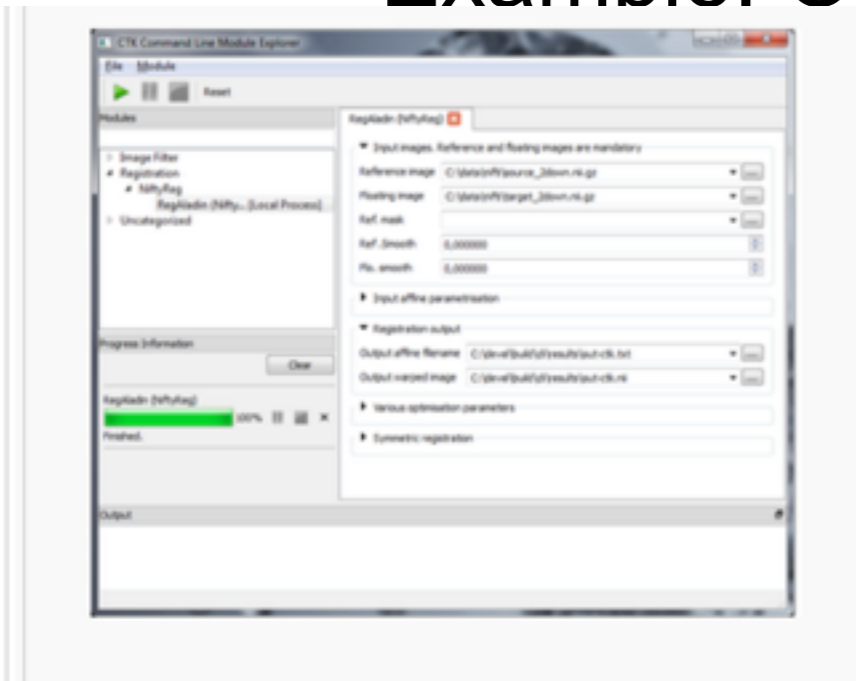
- Common infrastructure elements
- International and transatlantic group of contributors
- Free Open Source Software under a BSD license
- Dicom, application hosting, CLI, Widgets and more

<p><b>DICOM</b></p> <p>Provides high-level classes supporting query and retrieve operations from PACS and local databases. Includes Qt widgets to easily set up a server connection and to send queries and view the results. <a href="#">DCMTK.gp</a> is used as the underlying toolkit.</p> <p><a href="#">Read more...</a></p>	<p><b>DICOM Application Hosting</b></p> <p>Aims at creating a C++ reference implementation of the <a href="#">DICOM Part 19 Application Hosting specifications</a>. It provides an infrastructure to create both hosts and hosted applications. The project is still in alpha status but may be useful for conformance testing and initial experimentation.</p> <p><a href="#">Read more...</a></p>				
<p><b>Widgets</b></p> <p>A collection of Qt Widgets for usage in biomedical imaging applications.</p> <p><a href="#">Read more...</a></p>	<p><b>Plugin Framework</b></p> <p>A dynamic component system for C++, modeled after the <a href="#">OSGi iP</a> specifications. It enables a development model where applications are (dynamically) composed of many different (reusable) components following a service oriented approach.</p> <p><a href="#">Read more...</a></p>				
<p><b>Command Line Interfaces</b></p> <p>A technology that allows the algorithms written as self-contained executables to be used in multiple end-user application environments without modifications.</p> <p><a href="#">Read more...</a></p>					

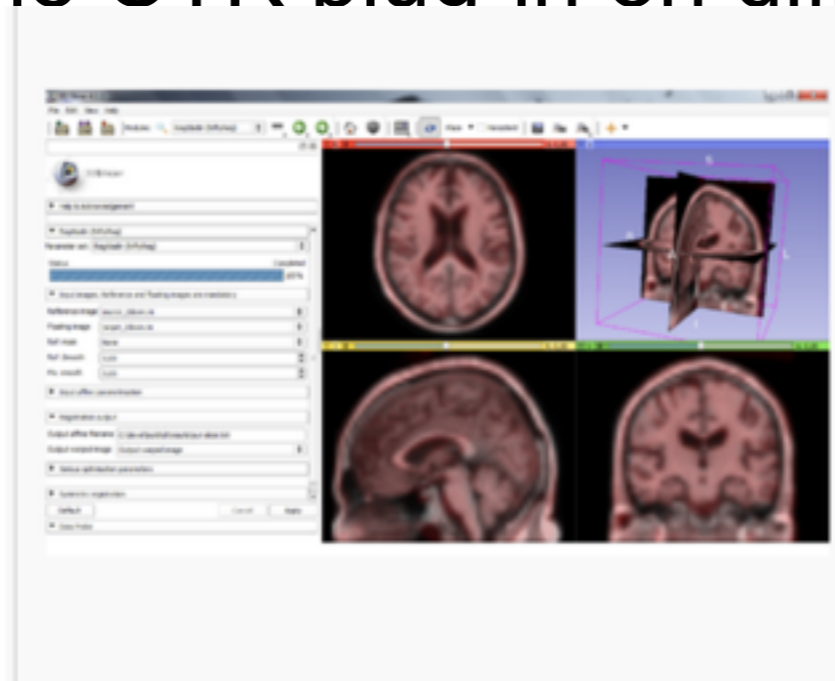


# Plug-Ins: The Key for Translation

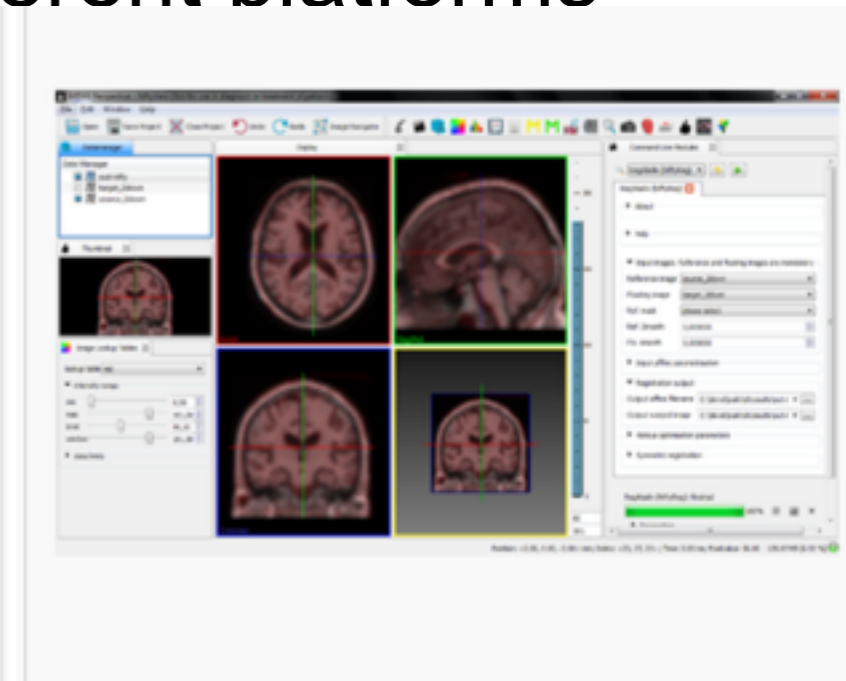
- Example: One CTK plug-in on different platforms



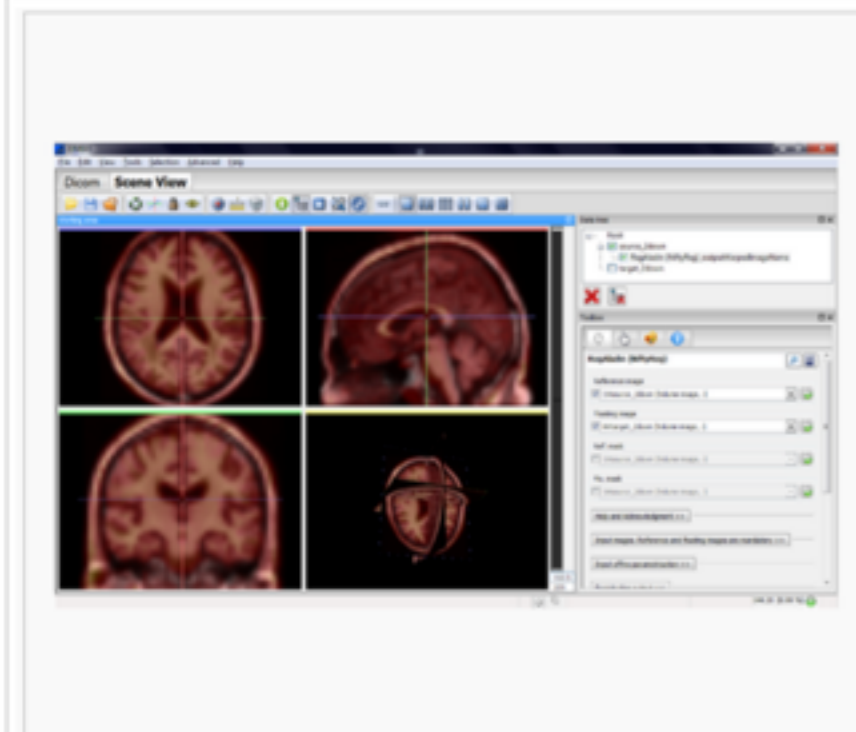
CTK command line module explorer



3D Slicer



NiftyView



GIMIAS



MedInria



# Social Engineering

---

- How to build an Open Community?

- Mutual Self Interest:

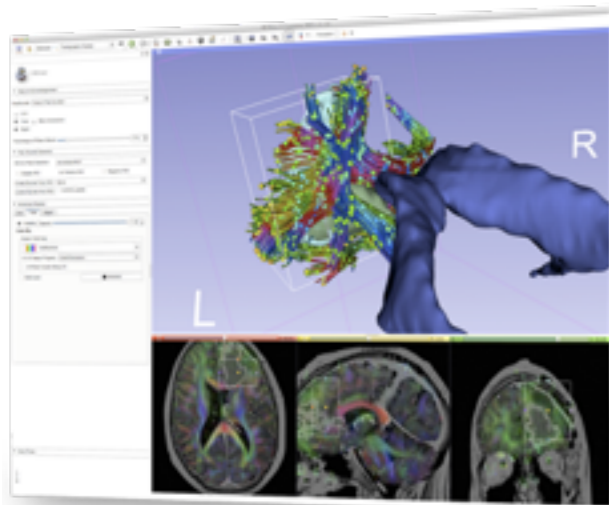
- If I get more out of something than I put into it, it is attractive

- Community building:

- Us versus them.

Combine social media with in-person events.

Interdisciplinary nature is an additional challenge

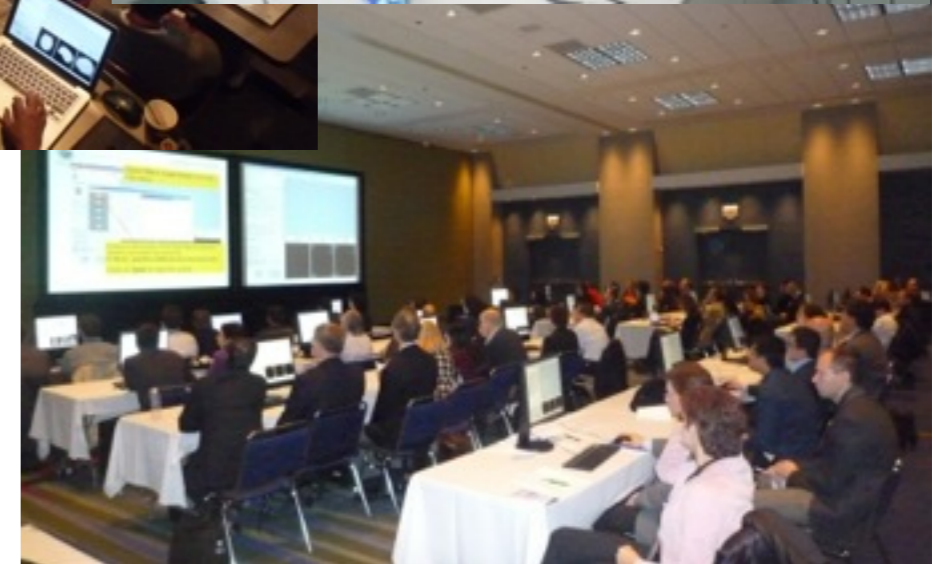




# User Training Events

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- Hands-on training workshops at national and international venues
- More than 2,700 clinicians, clinical researchers and scientists trained since 2005





# Project Week

- Every 6 months, alternating between Boston and Utah
- A working week: Focus on programming and platform updates
- In-person nature encourages socializing
- A key for community building

## **16<sup>th</sup> Project Week: Salt Lake City, Utah, January 2013**

•80 attendees: 17 academic institutions, 4 companies

•54 Projects: TBI, Atrial Fibrillation, Slicer 4 Extensions, Huntington's Disease, Head and Neck Cancer, Stroke, IGT, Radiation Therapy, Medical Robotics, Infrastructure Engineering

## **17<sup>th</sup> Project Week: MIT, Summer June 2013**

•104 attendees: 22 academic institutions, 13 companies

•75 Projects: Huntington's Disease, TBI, Atrial Fibrillation and Cardiac Image Analysis, Radiation Therapy, IGT and Device Integration with 3D Slicer, COPD, and Infrastructure Engineering





# Conclusions

---

- Free Open Source Software
  - Facilitates translation: bridging the valley of death
  - Is a win-win proposition: the OPM principle
  - Requires proper policies and governance
- Slicer and the NA-MIC kit are a good example of FOSS for translational work



# Acknowledgments

---



**National Alliance for Medical Image Computing**

[www.na-mic.org](http://www.na-mic.org)

- Ferenc Jolesz, MD, my mentor
- Collaborators and colleagues



**Neuroimage Analysis Center**

[nac.spl.harvard.edu](http://nac.spl.harvard.edu)



**Surgical Planning Laboratory,  
Brigham and Women's Hospital**

[spl.harvard.edu](http://spl.harvard.edu)



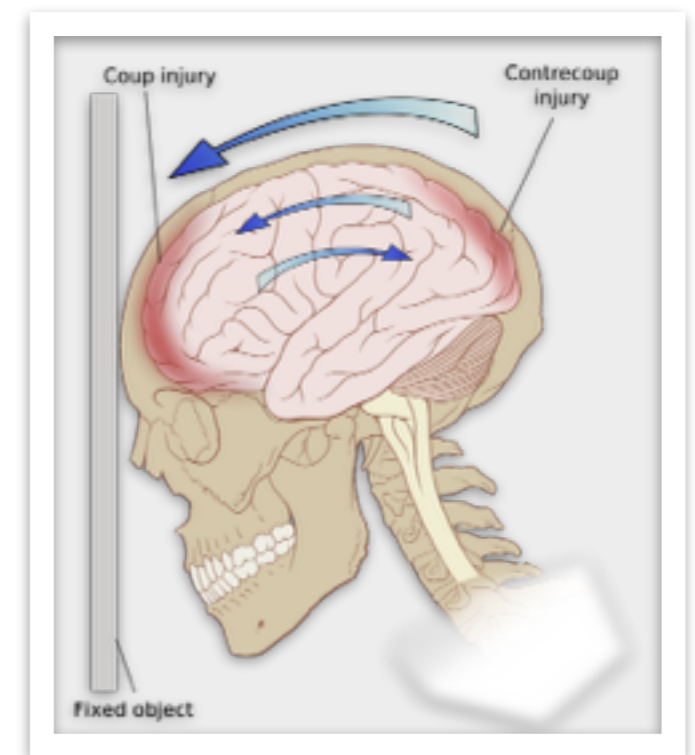
**National Center For Image Guided Therapy**

[www.ncigt.org](http://www.ncigt.org)



# Traumatic Brain Injury Facts

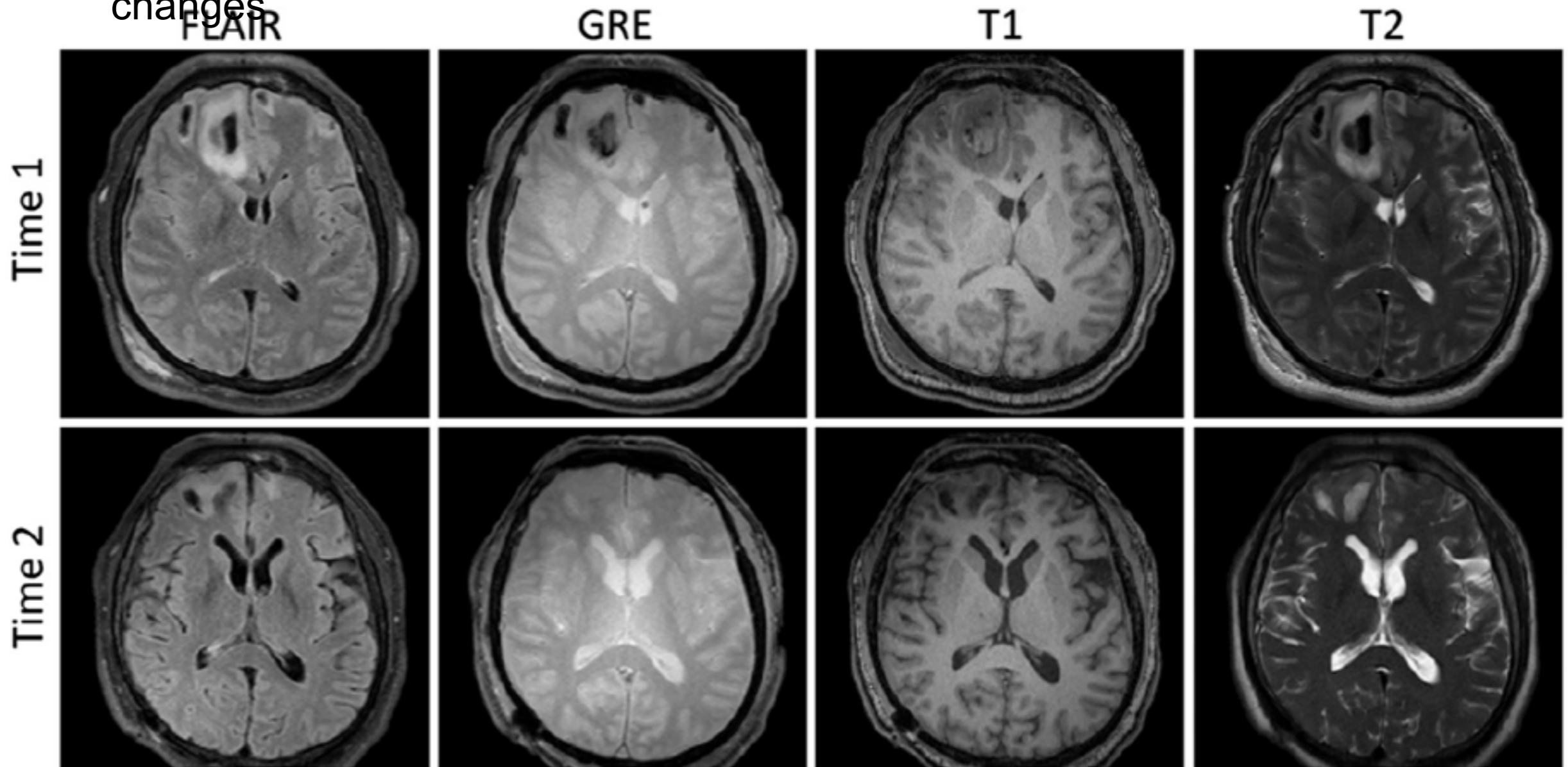
- There are approximately 1.5 million new cases of non-fatal traumatic brain injury (TBI) in the US every year.
- The worldwide incidence of this condition has been estimated to amount to at least 6.8 million TBI cases every year.
- The financial burden of this condition in the USA alone amounts to over \$56 billion annually
- More than half of the cases are classified as moderate or severe
- NA-MIC collaboration:
  - UCLA: Jack vanHorn, Andrey Imiria, Paul Vespa
  - UTAH: Guido Gerig, Marcel Prastawa, Bo Wang
  - Kitware: Stephen Aylward, Danielle Pace





# Traumatic Brain Injury

Brain images of patients with traumatic brain injury undergo dramatic changes



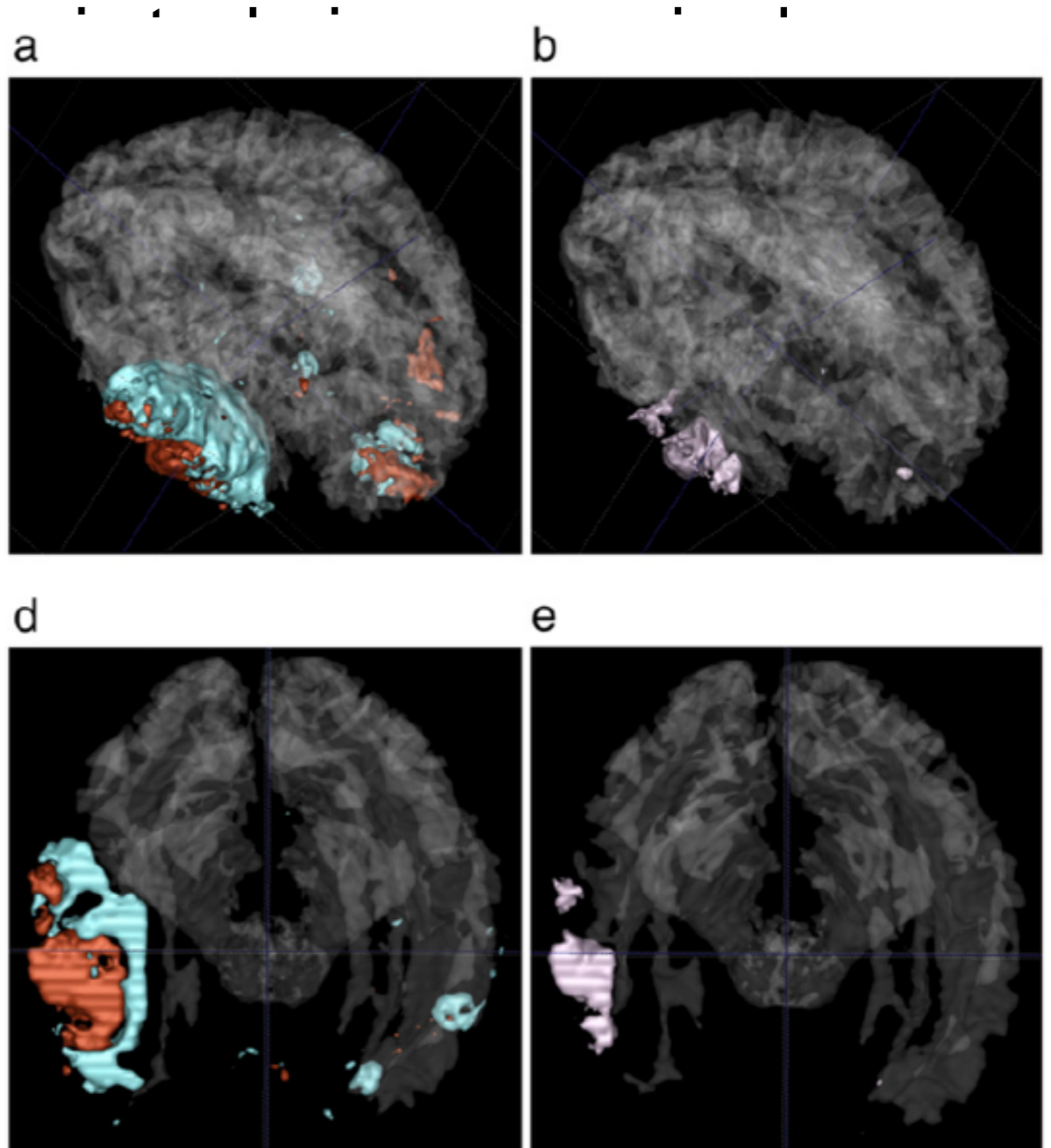




# Example Traumatic Brain Injury

Neuroimage analysis  
creation of techn

- EM segmenter (Prastawa et al.)
- Non-rigid regis (Pace et al.)



## Longitudinal change: acute vs. chronic

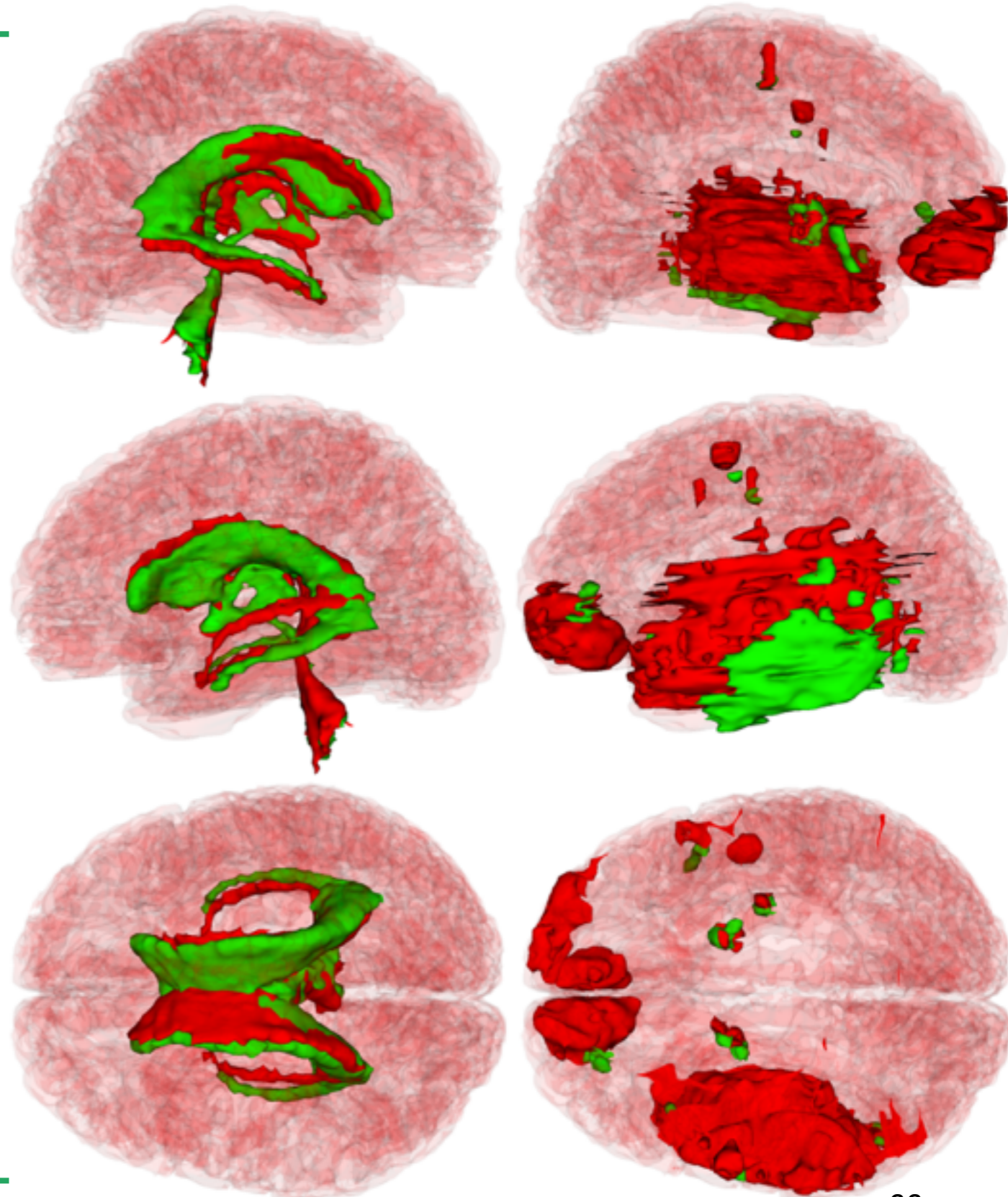
Wang B., Prastawa M., Irimia A.,  
Chambers M.C., Vespa P.M., Van Horn  
J.D., Gerig G. *A Patient-specific  
Segmentation Framework for  
Longitudinal MR Images of Traumatic  
Brain Injury*. Proceedings of SPIE  
2012;8314, 831402.

 acute  
 chronic

Wang et al., Univ. Utah

(C) VENTRICULAR SYSTEM

(D) LESIONS





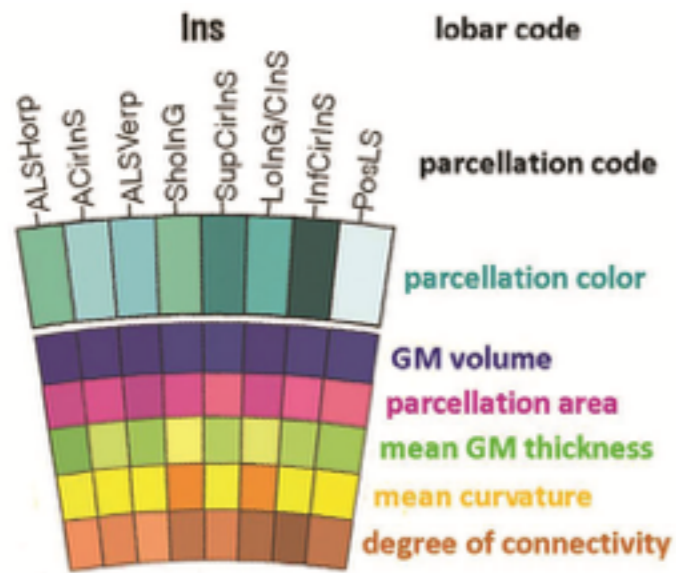
# DTI

---

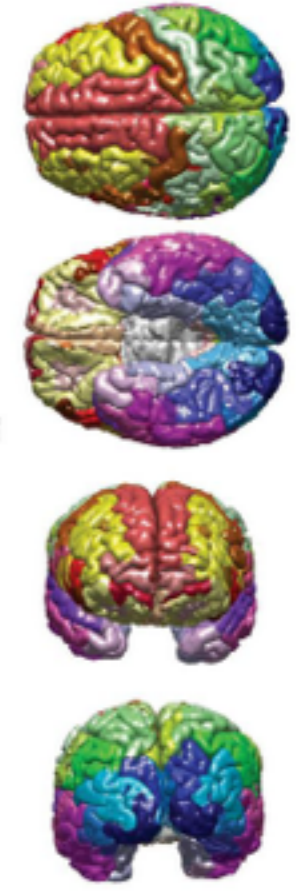
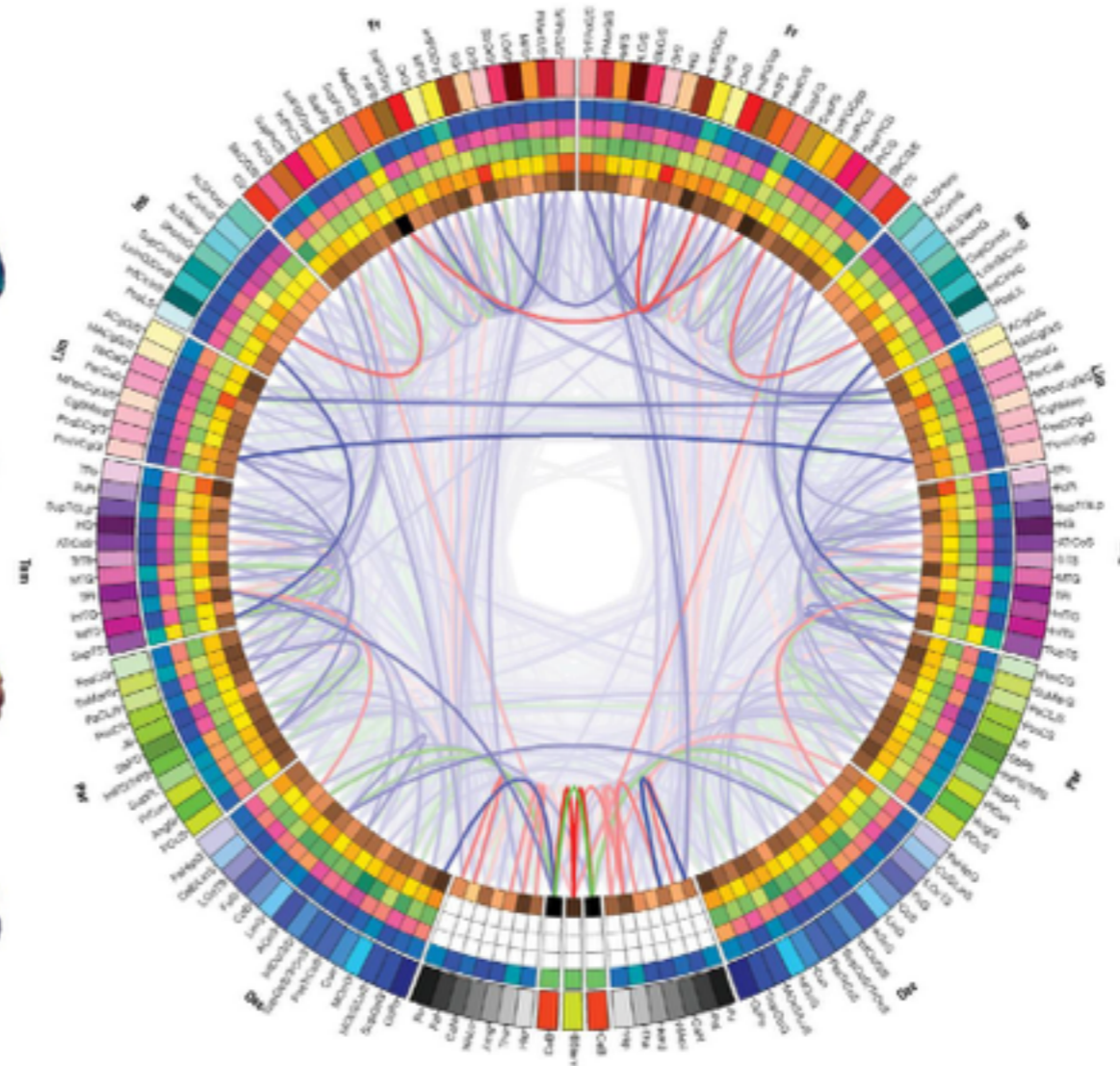
- The UCLA group had acquired good quality DWI data in both acute and chronic patients
- Once segmentation and registration work on TBI subjects, parcellation of the grey matter and analysis of the white matter are possible



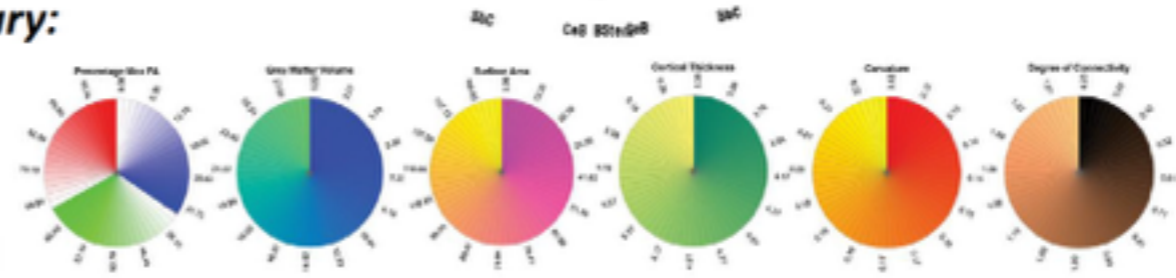
# Connectograms



a  
a1



**Sample Summary:**  
 N=100  
 Right handed  
 Males  
 25-36 years old

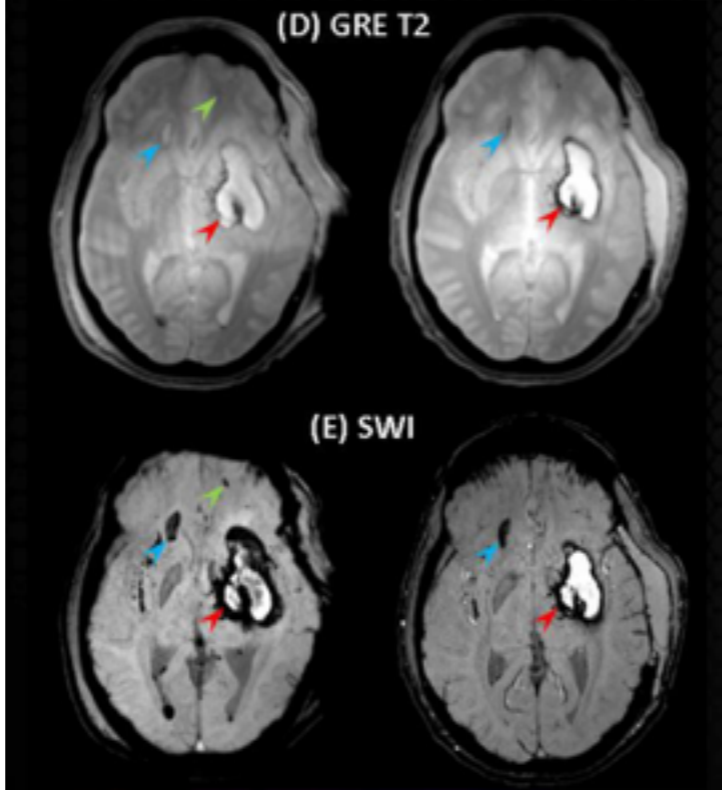




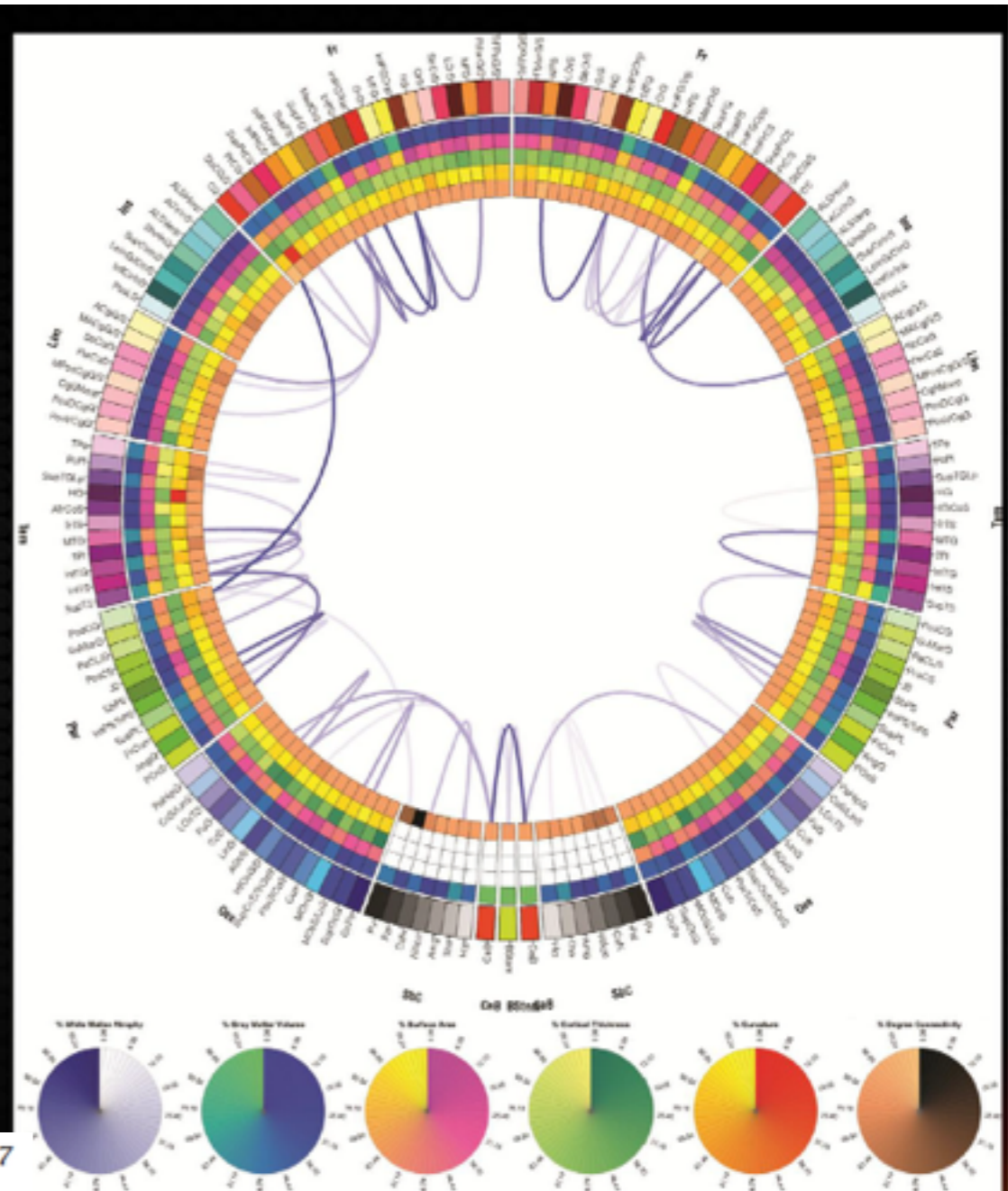
# Personalized Connectomics

Streamlines, which are reduced by more than 20% as a result of brain trauma

## Characterizing Fiber Pathway Damage in TBI



A. Irimia et al. / NeuroImage: Clinical 1 (2012) 1-17





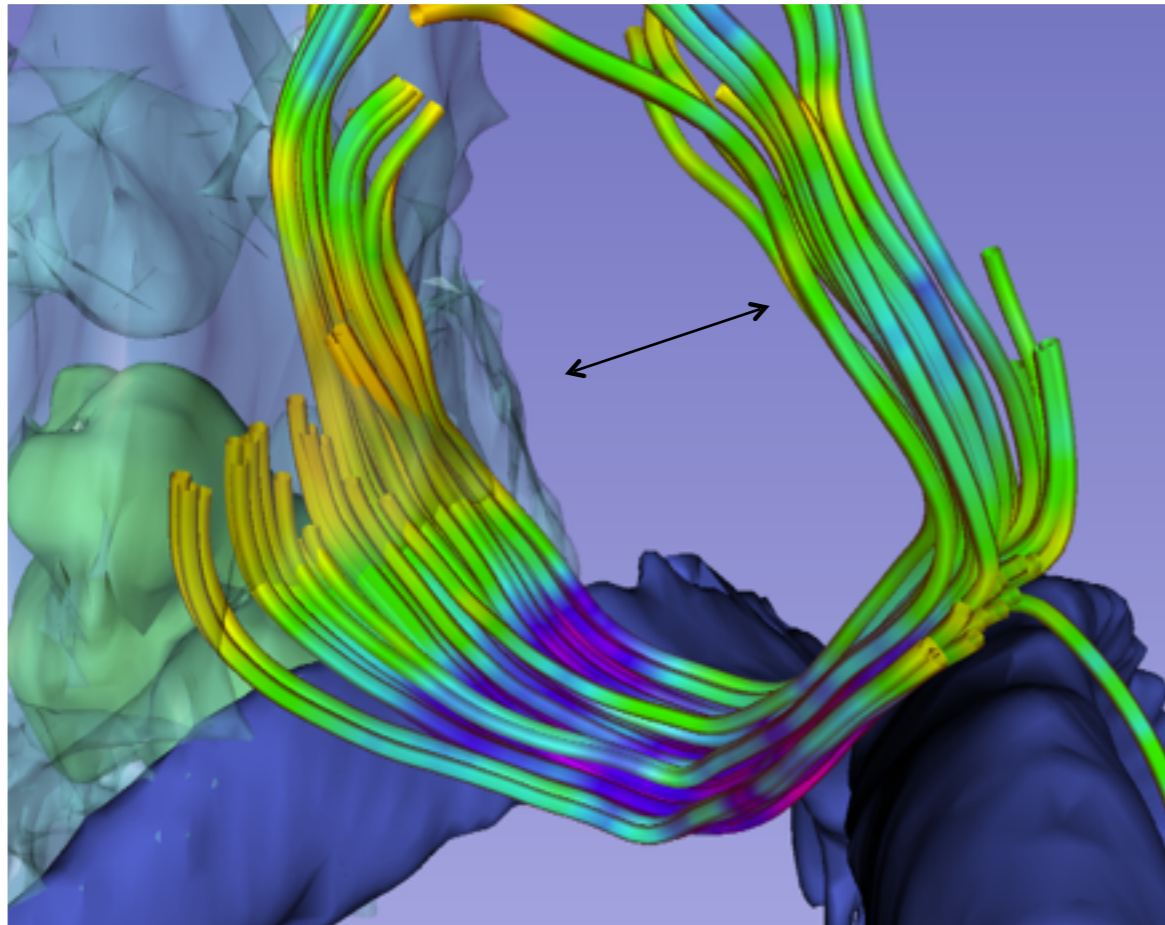
# SSA: The Effects of Pathology

---

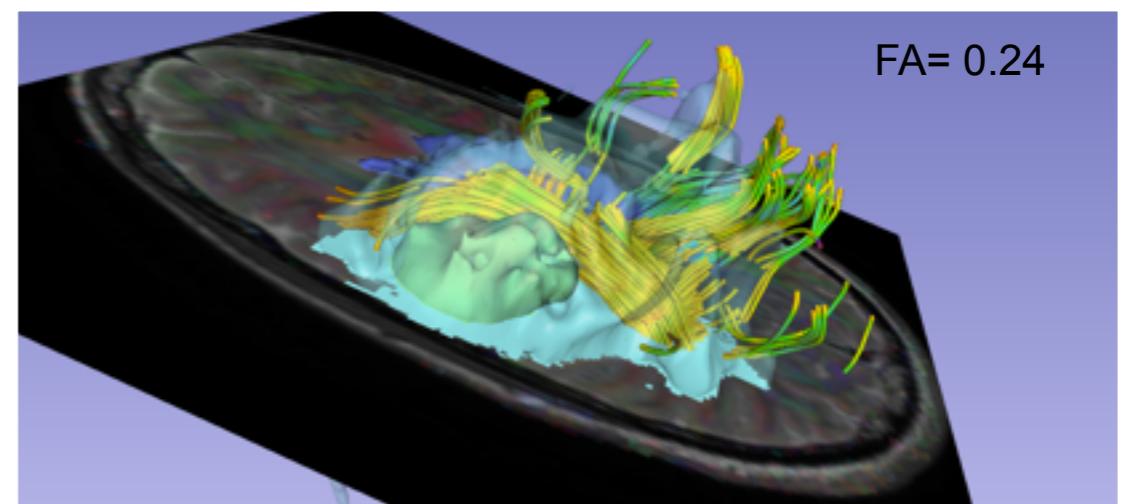
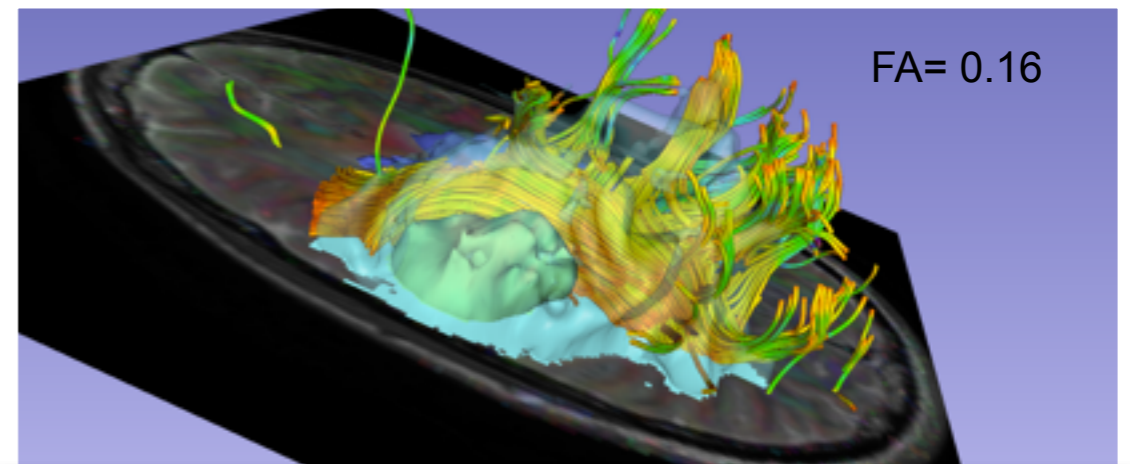
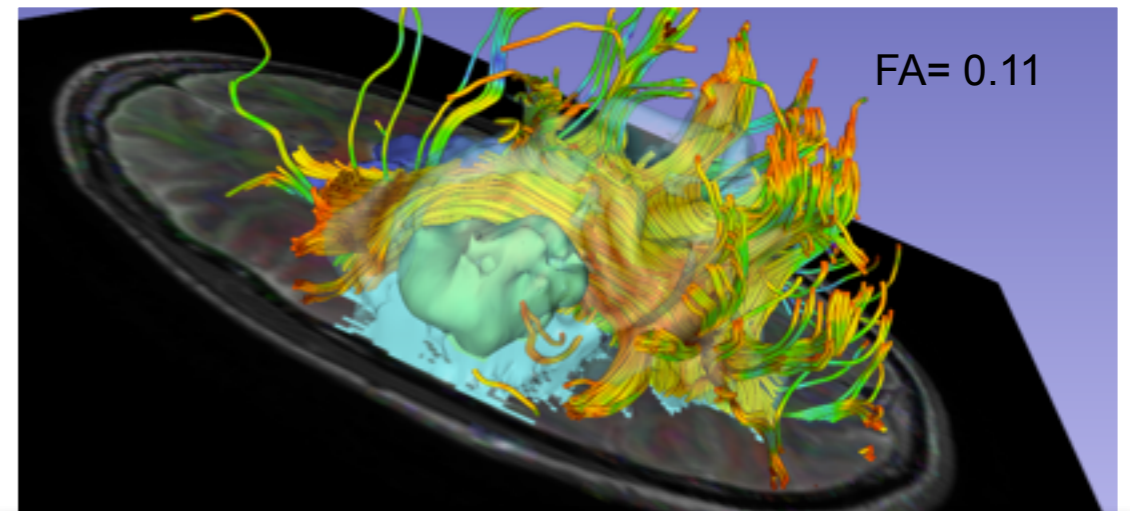
- Focal pathology introduces focal changes, which make it difficult to define general rules upon which algorithms are based
- Example: Effect of brain tumors on fractional anisotropy of adjacent white matter.



# FA Changes Around a Tumor



of the  
es re





# Dislocation of Normal Anatomy

The cortico-spinal  
midline

