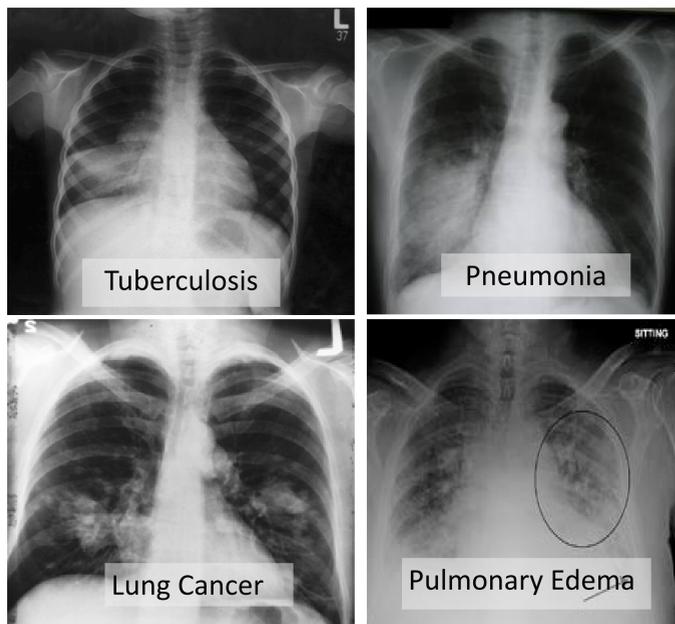


## Motivation

The National Library of Medicine, in collaboration with Indiana University School of Medicine, AMPATH (an organization providing HIV/AIDS treatment in Kenya), is developing a computer-aided system for screening and detecting the pulmonary pathologies in chest radiographs.

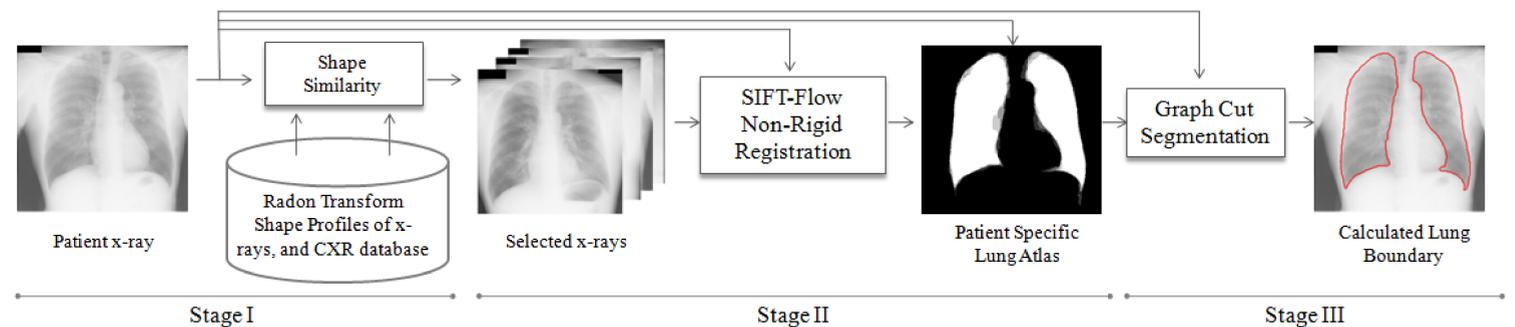


One of the first step of this system is the automatic detection of lung regions.

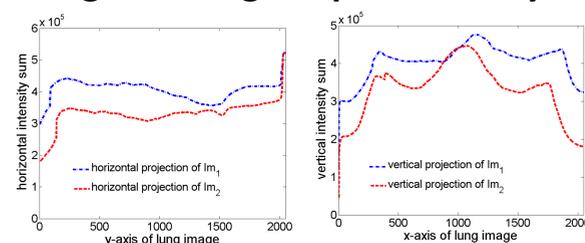
## System Overview

The system has three main stages

- Identifying training atlases most similar to the patient x-ray using a shape similarity measure.
- Creating the initial patient-specific anatomical model of lung shape using a deformable registration approach.
- Extracting refined lung boundaries using a graph-cuts optimization approach with a customized energy function.

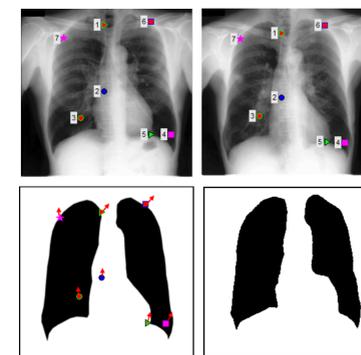


## Stage – I Lung Shape Similarity



The similarity between the projection profiles between the atlas in the database and the patient x-ray is measured using Bhattacharyya coefficient.

## Stage – II Registration



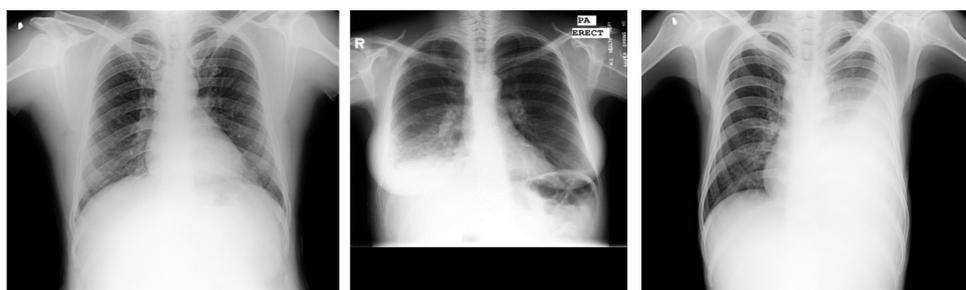
## Stage – III Segmentation

Desired segmentation criteria:

- The segmentation labels should be consistent with the image intensities,
- The neighborhood labels should be consistent with each other,
- The segmentation should fit the calculated shape model.

$$E(f) = \alpha_1 E_d(f) + \alpha_2 E_s(f) + \alpha_3 E_m(f),$$

## Challenges at Lung boundary detection



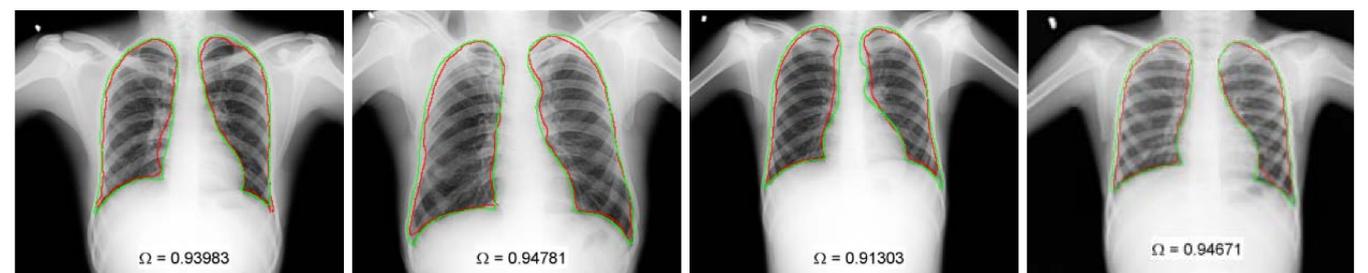
- Strong edges at rib cage and clavicle region
- Intensity variation at clavicle region
- Sharp corner at costrophenic angle
- Anatomical shape variations due to varying heart dimensions.

## Acknowledgment

This research was supported by the Intramural Research Program of the National Institutes of Health (NIH), National Library of Medicine (NLM), and Lister Hill National Center for Biomedical Communications (LHNCBC).

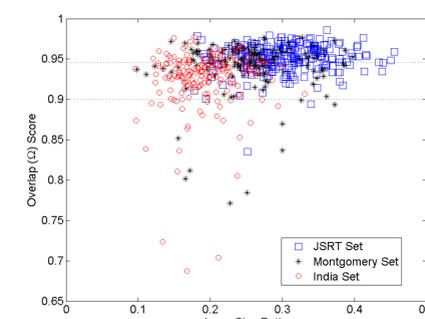
The details of the work will appear in IEEE, Transaction Medical Imaging, 2013.

## Results



Green and red contours indicate the gold standard and automatic segmentation results, respectively.

- JSRT set: contains 247 x-rays, among which 154 have lung nodules.
- Montgomery set: 138 x-rays, 58 of them are abnormal with manifestations of tuberculosis.
- India set: 397 x-rays.
- We manually generated gold standard segmentation under the supervision of a radiologist.



	$\Omega$
<b>Proposed System</b>	$0.954 \pm 0.015$
Hybrid Voting [15]	$0.949 \pm 0.020$
PC postprocessed [15]	$0.945 \pm 0.022$
Human Observer [15]	$0.946 \pm 0.018$
Fusing-Intensity&ShapePriors [28]	$0.940 \pm 0.053$
Hybrid ASM-PC [15]	$0.934 \pm 0.037$
Hybrid AAM-PC [15]	$0.933 \pm 0.026$
MISCP [31]	$0.930 \pm 0.045$
ASMOP [23]	$0.927 \pm 0.032$
Fuzzy-Curve [7]	$0.927 \pm 0.033$
ASM-SIFT [25]	$0.920 \pm 0.031$
ShRAC [29]	$0.907 \pm 0.033$
ASM-tuned [15]	$0.903 \pm 0.057$
ASM [25]	$0.870 \pm 0.074$
AAM [15]	$0.847 \pm 0.095$
Mean shape [15]	$0.713 \pm 0.075$