

Motivation for Clinical Scan Registration

code available at
voxelmorph.mit.edu

Motivation: Existing registration methods fail on clinical images because of sparsity

Challenges

- Missing up to 85% of slices
- Inconsistent anatomy across acquired slices
- Traditional methods: slow
- Learning-based methods: low accuracy

Our Contribution

- Faster and more accurate clinical scan registration**
- > **100x** faster on a CPU
- More accurate on >**86%** of the test images

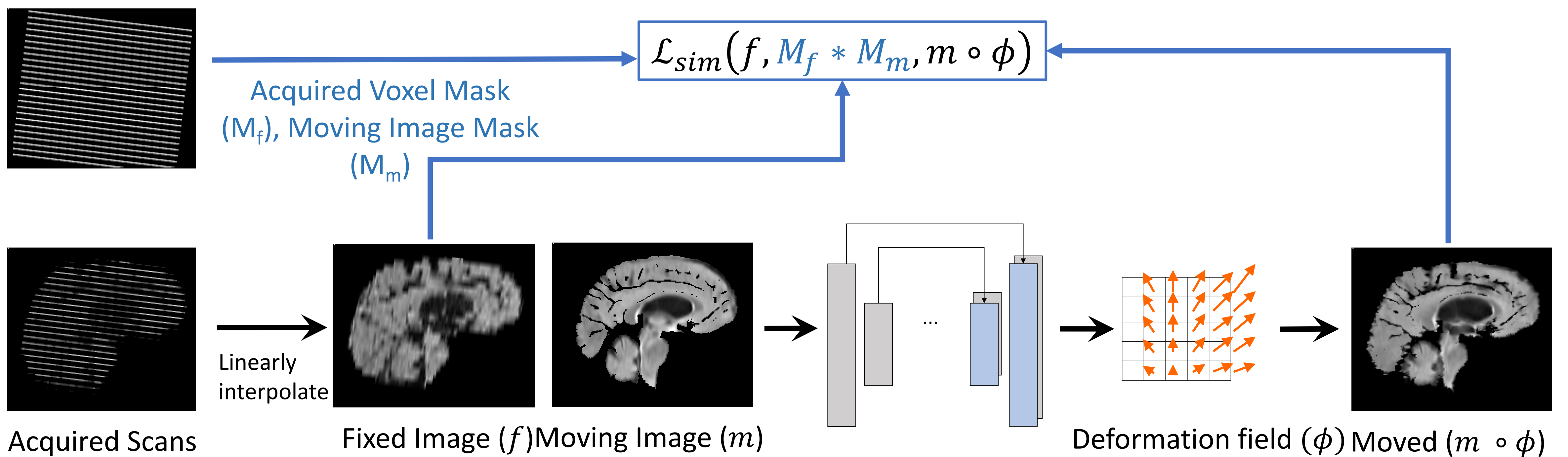
SparseVM

Current Methods

- All methods linearly interpolate acquired scans
- Patch-Based Approach: **Slow**, High Accuracy
- Learning-Based Approach: **Fast**, Low Accuracy

Our Method (SparseVM)

- New loss function combines best of both methods
- Evaluate loss only on acquired voxels
- Unsupervised learning method using CNN



Experiments and Results

Baselines

- ANTs: commonly used
- Patch-Based Registration (PBR) : most consistently accurate
- VoxelMorph (VM) with CC loss: fastest

Evaluation Metric

Ventricle Dice: overlap of ventricle segmentations

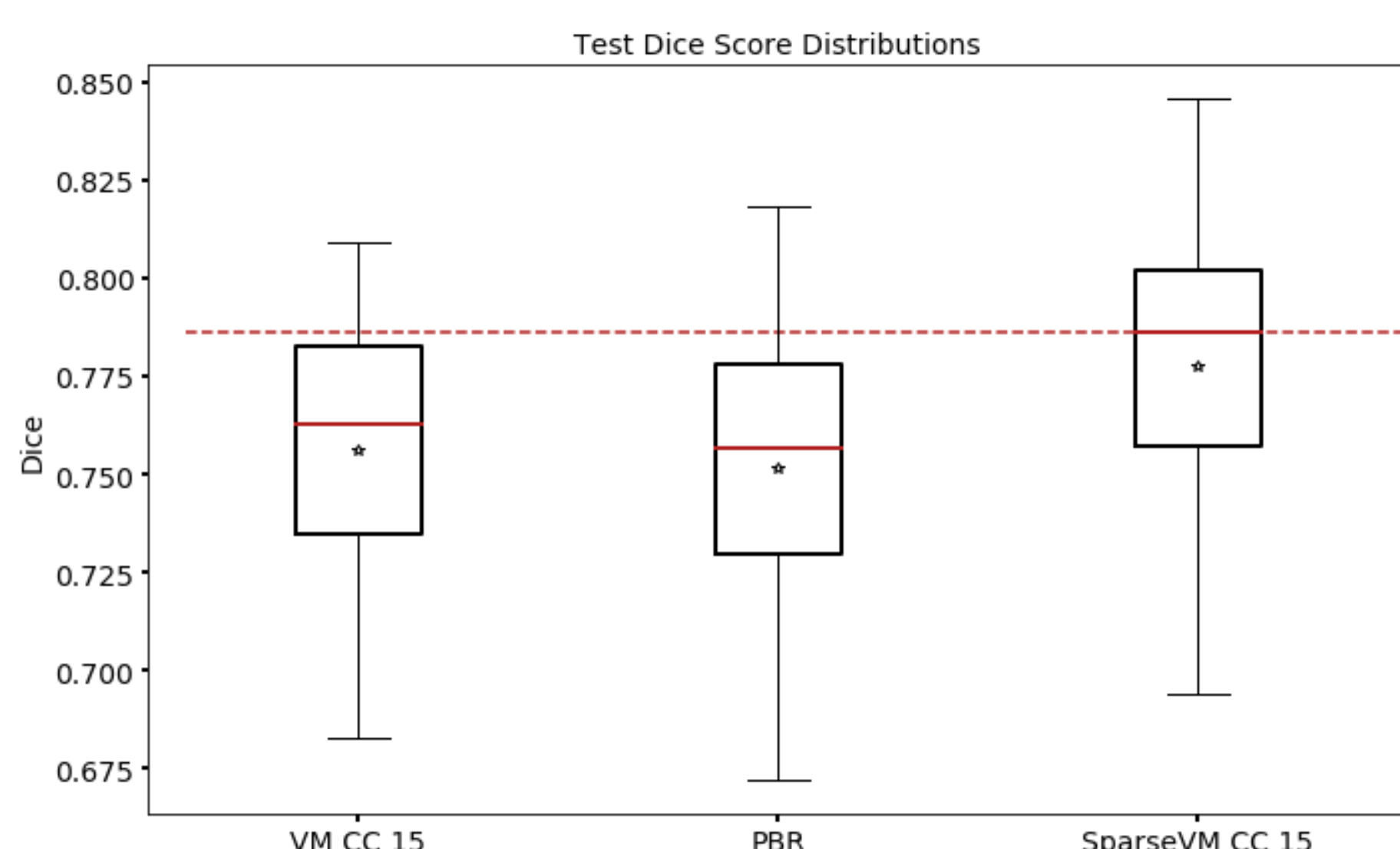
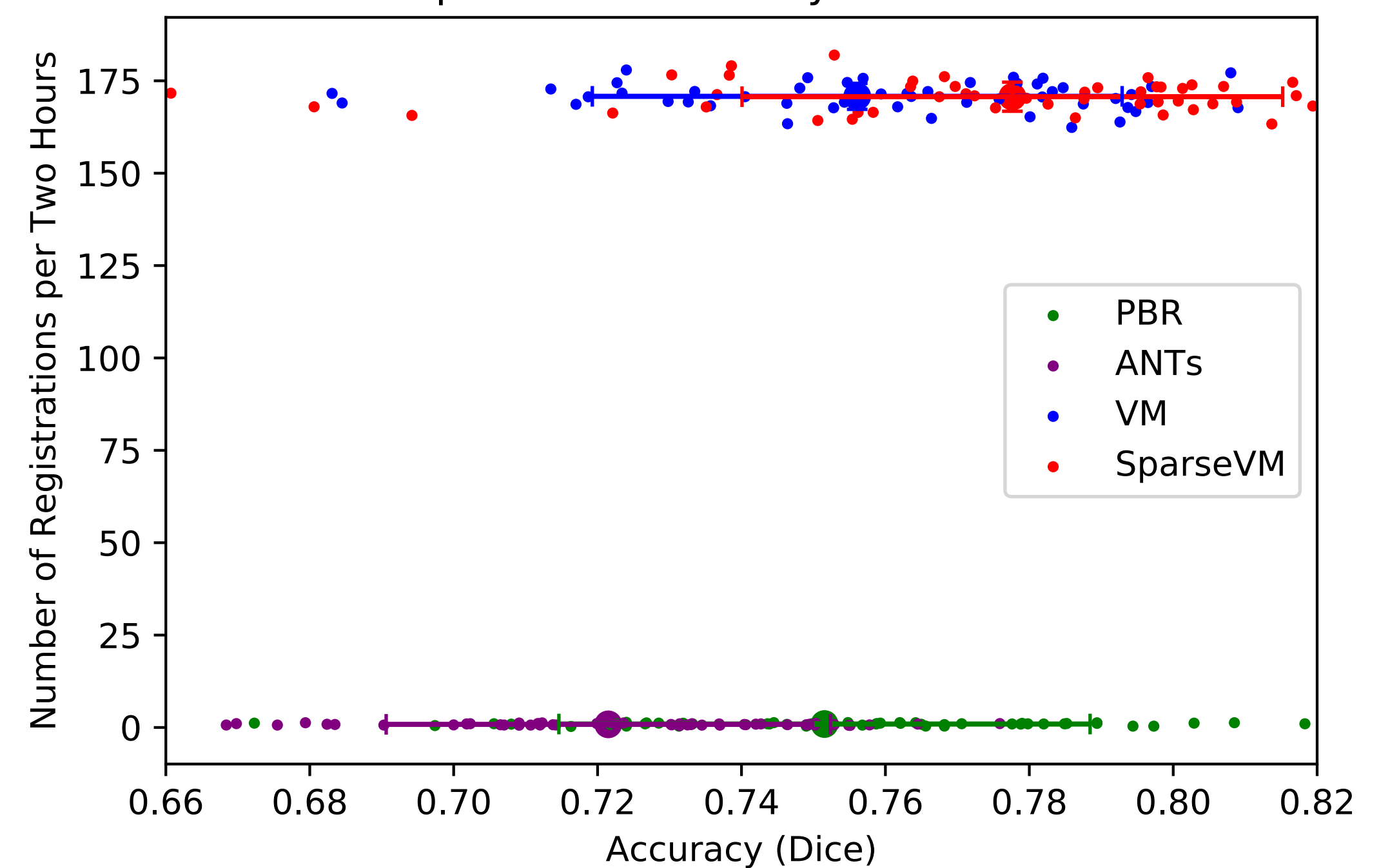
Dataset

3D T2-FLAIR MR stroke scans from MGH

Bottom Line

- Now register clinical images in a reasonable amount of time
- Implemented in new pipelines at MGH

Speed and Accuracy of Methods



Method	Average Dice (SD)	GPU (sec)	CPU(sec)
ANTs	0.722 (0.031)	-	9059 (2023)
PBR	0.752 (0.037)	-	9269 (5134)
VoxelMorph	0.756 (0.037)	0.313 (0.046)	40 (0.693)
SparseVM CC (ours)	0.778 (0.038)	0.303 (0.047)	41 (0.584)