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3D Whole Brain Segmentation using Spatially Localized Atlas Network Tiles

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Abstract

Detailed whole brain segmentation is an essential quantitative technique in medical image analysis, which provides a non-invasive way of measuring brain regions from a clinical acquired structural magnetic resonance imaging (MRI). Recently, deep convolution neural network (CNN) has been applied to whole brain segmentation. However, restricted by current GPU memory, 2D based methods, downsampling based 3D CNN methods, and patch-based high-resolution 3D CNN methods have been the de facto standard solutions. 3D patch-based high resolution methods typically yield superior performance among CNN approaches on detailed whole brain segmentation (>100 labels), however, whose performance are still commonly inferior compared with state-of-the-art multi-atlas segmentation methods (MAS) due to the following challenges: (1) a single network is typically used to learn both spatial and contextual information for the patches, (2) limited manually traced whole brain volumes are available (typically less than 50) for training a network. In this work, we propose the spatially localized atlas network tiles (SLANT) method to distribute multiple independent 3D fully convolutional networks (FCN) for high-resolution whole brain segmentation. To address the first challenge, multiple spatially distributed networks were used in the SLANT method, in which each network learned contextual information for a fixed

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spatial location. To address the second challenge, auxiliary labels on 5111 initially unlabeled scans were created by multi-atlas segmentation for training. Since the method integrated multiple traditional medical image processing methods with deep learning, we developed a containerized pipeline to deploy the end-to-end solution. From the results, the proposed method achieved superior performance compared with multi-atlas segmentation methods, while reducing the computational time from >30 hours to 15 minutes. The method has been made available in open source (<https://github.com/MASILab/SLANTbrainSeg>).

Keywords

Deep Learning; Whole Brain Segmentation; SLANT; patch; tiles; Brain Segmentation; Network Tiles; Multi-atlas; Label Fusion

1 INTRODUCTION

Whole brain segmentation is essential in the scientific and clinical investigation for understanding the human brain quantitatively, which provides a non-invasive tool to quantify brain structures from a single clinical acquired structural magnetic resonance imaging (MRI). A manual delineation on brain structures has been regarded as the long-held “gold standard”. Yet, manual delineation is resource and time intensive, which is impractical to be deployed on a large-scale. Therefore, fully-automated algorithms have been desired to alleviate the manual efforts. In the 1990s, fuzzy c-mean methods had been used to parcellate a brain MRI to three tissues: gray matter (GM), white matter (WM), and cerebrospinal fluid (CSF) (Pham and Prince, 1999). Since then, advanced whole brain segmentation methods have been proposed including, but not limited to, region growing, clustering, deformation models, and atlas-based methods (Pham et al., 2000).

Atlas-based segmentation is one of the most prominent families among the segmentation methods, which assigns tissue labels to the unlabeled images using structural MR scans as well as the corresponding manual segmentation. In atlas-based segmentation models, the deformable registration methods are typically used to spatially transfer an existing dataset (atlas) to a previously unseen target image (Gass et al., 2013; Guimond et al., 2000; Wu et al., 2007). Single-atlas segmentation has been successfully applied to some applications (Gass et al., 2013; Guimond et al., 2000; Wu et al., 2007). However, the single-atlas segmentation suffers inferior performance when targeting large inter-subject variation on anatomy (Doan et al., 2010), as reviewed in (Iglesias and Sabuncu, 2015). More recent approaches employ a multi-atlas paradigm as the de facto standard atlas-based segmentation framework (Heckemann et al., 2006; Rohlfing et al., 2004b). In multi-atlas segmentation, the typical framework is: (1) a set of labeled atlases are registered to a target image (Avants et al., 2008; Klein et al., 2009; Ourselin et al., 2001; Zitova and Flusser, 2003), and (2) the resulting label conflicts are addressed using label fusion (Aljabar et al., 2009; Artaechevarria et al., 2009; Asman et al., 2014; Asman and Landman, 2013b; Coupé et al., 2011; Heckemann et al., 2006; Isgum et al., 2009; Lötjönen et al., 2010; Sabuncu et al., 2010; Wang et al., 2013; Warfield et al., 2004; Wolz et al., 2013; Wu et al., 2014). With intensity harmonization (Tustison et al., 2010), whole brain registrations (Avants et al., 2011), and

multi-atlas label fusion (MALF), state-of-the-art MAS methods are able to segment brain from a clinical acquired T1-weighted (T1w) MRI volume to more than 100 labels using a small number of manually traced and representative scans. MAS approaches have been regarded as the de facto standard whole brain segmentation methods due to their superior performance on accuracy and reproducibility.

To deal with the local anatomical variations from imperfect registrations, the patch-based methods (Asman and Landman, 2013a; Bai et al., 2013; Coupé et al., 2011; Wang and Yushkevich, 2013; Wu et al., 2015; Zhang et al., 2012) have been proposed. Meanwhile, the multi-atlas label fusion theory has been developed to model the spatial relationships between atlases and targets in 3D patches. To improve the performance of MAS for longitudinal data, the 4D patch MALF method was proposed (Huo et al., 2017) to incorporate the probabilistic model of temporal performance of atlases to the voting-based fusion. However, one of the major limitations of the traditional MAS methods is the high computational cost. Therefore, the MALF is typically performed with a small number of atlases (e.g., <100 atlases for whole brain segmentation). To utilize the larger number of atlases or even previously unlabeled scans, many previous efforts have been proposed to develop faster and more robust MAS segmentation methods using unlabeled or automatically labeled data (Eskildsen et al., 2012; Wolz et al., 2010). With the similar intuition, the machine learning techniques have been incorporated into MAS to replace the traditional voting based or statistical model patch MALF. A number of machine learning MALF methods have been developed to learn MAS model from the larger number of atlases (Asman et al., 2015; Bai et al., 2015; Tong et al., 2013; Vakalopoulou et al., 2018; Wang et al., 2018; Zikic et al., 2013). The core idea of learning from training image patches contributes to and inspires a large number of deep convolutional neural networks (CNN) methods, including our proposed method.

Recently, CNN methods have been widely developed to applied to whole brain segmentation. The straightforward strategy of performing whole brain segmentation is to fit all brain volume to a 3D CNN based segmentation network, like U-Net (Çiçek et al., 2016) or V-Net (Milletari et al., 2016). Unfortunately, it is impractical to fit the clinical used high-resolution MRI (e.g., 1mm or even higher isotropic voxel size) to state-of-the-art 3D fully convolutional networks (FCN) due to the memory limitation of prevalent GPU. Another challenge of using CNN methods is that the manually traced whole brain MRI scans with detailed annotations (e.g., >100 labels) are rare commodities for any individual lab. To address the challenges of GPU memory restriction and limited training data, many previous efforts have been made. As a pioneer, de Brébisson (de Brébisson and Montana, 2015) proposed a unified CNN network to learn 2D and 3D patches as well as their spatial coordinates for whole brain segmentation. Then, such network has been extended to BrainSegNet (Mehta et al., 2017), which employed 2.5D patches for training a CNN network. Recently, DeepNAT (Wachinger et al., 2017) was proposed to perform hierarchical multi-task learning on 3D patches. These methods modeled the whole brain segmentation as a per-voxel segmentation problem. More recently, from another “image-to-image” perspective, the powerful fully convolution networks (FCN) have introduced to the whole brain segmentation. Roy et al., (Roy et al., 2017) developed a 2D based method to train an FCN network using large-scale auxiliary labels on initially unlabeled data. Although the training was in a 2D manner, Roy et al., revealed a promising direction on how to leverage

the whole brain segmentation network not only using manually traced images but also using initially unlabeled data. However, 2D based segmentation methods typically yield inferior spatial consistency on the third dimension. Therefore, it is appealing to perform 3D FCN (e.g., 3D U-Net (Çiçek et al., 2016)) on whole brain segmentation for higher spatial consistency. Recently, multi-task learning (Rajchl et al., 2018), complementary learning (Dey and Hong, 2018), improved loss function (Wong et al., 2018), and semi-supervised learning (Ganaye et al., 2018) have been applied to whole brain segmentation. Among such works, Rajchl et al. proposed a novel 3D multi-task learning network structure, which was able to achieve decent segmentation performance. However, the input image size of such network is limited to $128 \times 128 \times 128$ (2,097,152 voxels) due to the GPU memory, which missed about two third of spatial information compared with 1mm isotropic brain volume in MNI space $172 \times 220 \times 156$ (5,903,040 voxels). Therefore, directly applying 3D FCN to whole brain segmentation (e.g., with 1mm isotropic resolution in MNI space or even higher resolution) is still restricted by the current graphics processing unit (GPU) memory. To address such challenges, Li et al., (Li et al., 2017) proposed a 3D CNN based sliding window based method, which used a single network to learn the patches at the different spatial location. In such a design, the single network implicitly learns two things: (1) “where the patch is located in the brain?”, and (2) “how to assign labels for that patch”. (1) decides the candidate labels for such patch among 133 labels, while (2) decides how to label each voxel in the patch.

In this work, we propose the spatially localized atlas network tiles (SLANT) method to alleviate the difficulties of patch-based learning by employing multiple independent 3D FCN networks that each network is only responsible for a particular spatial location. As multiple networks are used, the task of each network is simplified to focus on the patches from the similar parts of the brains with smaller spatial variations (e.g., each network deals with a particular sub-section of the brain as Figure 1). To enable such strategy, affine registration and standard brain space in traditional medical image processing are used to roughly normalize each brain to the same space. Finally, the label fusion technique is used to achieve the final segmentation from the network tiles. This work extended our conference publication (Huo et al., 2018b) with (1) more complete illustrations on method and experiments, (2) new surface-based validation, (3) docker implementation, (4) new baseline methods, and (5) detailed regions of interests (ROIs) level analyses. Both the docker and the source code of SLANT have been made freely available online (<https://github.com/MASILab/SLANTbrainSeg>).

2 Methods

The processing pipeline of SLANT method has been presented in Figure 1. The SLANT pipeline employed the historical efforts in medical image processing including intensity harmonization, registration, and label fusion.

2.1 Registration and Intensity Harmonization

The input of the SLANT pipeline is a single MRI T1w 3D brain scan. 45 manually traced MRI T1w 3D brain scans had been employed as the training data for training a deep

convolutional network, multi-atlas segmentation, and intensity normalization. The first step in SLANT pipeline was an Affine registration from the target image to the MNI305 template (Evans et al., 1993) using NiftyReg (Ourselin et al., 2001). Then, an N4 bias field correction (Tustison et al., 2010) was performed to alleviate the bias from the imaging procedure. Note that MRI is a non-scaled imaging technique, which means the intensities of acquired scans varies across different scanners, and even different scans from the same scanner. Therefore, to further normalize the intensities across different scans, a regression-based intensity normalization method was introduced in the SLANT pipeline.

First, we define an MRI volume as a vector $I \in \mathbb{R}^{N \times 1}$, where N is the number of voxels and $\mathbb{R}$ means real numbers. Next, I was normalized to I' by subtracting the mean intensity value and divided by standard deviation (std). The intensities were then harmonized by a pretrained regression model from all training atlases on “sorted intensity” in MNI 305 space. Briefly, the sorted intensity V_S for I was calculated by $V_S = \text{sort}(I'(mask > 0))$, where the “sort” operation rearrange the intensities from largest to smallest. The “mask” was a binary hard mask learned from the average brain tissue probabilistic map (averaging brain tissue label in 45 atlases) by thresholding the probability with 0.5. The *mask* is able to exclude the non-brain tissue intensities when performing regression. To train the robust regression (Huber, 1981), mean sorted intensity vector $\bar{V}_s$ was obtained by averaging all V_S from all atlases. When segmenting a new testing scan, we modeled the relationship between $\bar{V}_s$ (precalculated from all atlases) and the linear sort intensity vectors V_S (from the testing scan) as $\bar{V}_s = \beta_1 \cdot V'_s + \beta_0$. For the testing scan, the β_0 and β_1 are learned adaptively from deploying a robust regression using “robustfit” function in Matlab, whose weight function is “huber”. The $\bar{V}_s$ is learned from all atlases before deploying the segmentation, while the V'_s is obtained from the testing scan when running the segmentation. After getting the coefficients β_1 and β_0 , we can get normalized volume $\hat{I}'$ from sorted volume I' for the testing scan as $\hat{I}' = \beta_1 \cdot I' + \beta_0$. Then, the normalized $\hat{I}'$ for the testing scan was used the next learning stage.

2.2 Network Tiles

From registration and normalization, all training and testing brain volumes were mapped to the same MNI 305 standard space, whose resolution is 1 mm isotropic with $172 \times 220 \times 156$ voxels. Since the high-resolution imaging volume could not be fitted into GPU memory using prevalent FCN networks, we employed k independent 3D U-Net as a network tiles to cover the entire MNI space. Each 3D U-Net was a sub-network, whose resolution is a compromise between memory limitations and spatial resolution. For each 3D U-Net, we modified the decoder part upon the original 3D U-Net implementation to be compatible with 133 labels output. As shown in Figure 1, 133 3D output channels have been employed in the deconvolutional layers in each 3D U-Net. j th sub-network covers the sub-space $\mathcal{V}_n$, which was presented by the corner coordinate (x_j, y_j, z_j) as well as the sub-space's size (d_x, d_y, d_z) , $j \in \{1, 2, \dots, k\}$

$$\psi_n = [x_n : (x_n + d_x), y_n : (y_n + d_y), z_n : (z_n + d_z)] \quad (1)$$

Both non-overlapped (SLANT-8) and overlapped (SLANT-27) network tiles have been introduced in Figure 2. Briefly, SLANT-8 covered the entire MNI space using eight U-Nets by covering $k = 2 \times 2 \times 2 = 8$ non-overlapped subspaces. Each sub-space in SLANT-8 covered $86 \times 110 \times 78$ voxels (each dimension is about the half the MNI 305 space) with 1mm isotropic resolution. On the other hand, SLANT-27 covered $k = 3 \times 3 \times 3 = 27$ overlapped subspaces. Each sub-space in SLANT-27 covered $96 \times 128 \times 88$ voxels.

2.3 Label Fusion

When separating entire MNI space to k subspaces, the overlapped strategy (as SLANT-27) would provide more than one segmentation results for a single voxel. Herein, an extra step other than concatenation is required to obtain the final segmentation label for that voxel from multiple candidates. In this work, the majority vote label fusion method was employed to get the final segmentation results. Briefly, the majority vote label fusion method was used to fuse k segmentations $\{S_1, S_2, \dots, S_k\}$ from network tiles to a single final segmentation S_{MNI} in MNI space.

$$S_{\text{MNI}}(i) = \underset{l \in \{0, 1, \dots, L-1\}}{\operatorname{argmax}} \frac{1}{k} \sum_{m=1}^k p(l | S_m, i) \quad (2)$$

where $\{0, 1, \dots, L-1\}$ represents L possible labels for a given voxel i ($i \in \{1, 2, \dots, N\}$). $p(l | S_m, i) = 1$ if $S_m(i) = l$, and 0, otherwise. The space outside each network tile was excluded in the label fusion. Then, final segmentation in the original target image space was achieved by registering S_{MNI} to original space from affine registration (Ourselin et al., 2001). Note that for the non-overlapped strategy (as SLANT-8), the naïve concatenation was employed to obtain a final single segmentation directly without using label fusion. If more than one label were equally voted after majority vote for a voxel, the smaller label is used as final label for such voxel.

2.4 Boost Learning on Unlabeled Data

Inspired by (Roy et al., 2017), we trained the network tile using large-scale auxiliary labels from existing segmentation tools on initially unlabeled MRI scans. In this study, non-local spatial staple label fusion (NLSS) based multi-atlas segmentation pipeline (Asman and Landman, 2014) was performed on 5111 multi-site scans. 45 T1-weighted (T1w) MRI scans from Open Access Series on Imaging Studies (OASIS) dataset (Marcus et al., 2007) with BrainCOLOR labeling protocol (Klein et al., 2010) were used as the atlases. All testing scans and atlases were affinely registered to the MNI305 template (Evans et al., 1993) using NiftyReg (Ourselin et al., 2001). Before performing the more time-consuming deformable registration, atlas-selection (Aljabar et al., 2009; Langerak et al., 2013; Langerak et al., 2010; Rohlfing et al., 2004a) is typically performed to select a subset of the most

representative atlases to reduce the computational complexity. Practically, 10–20 atlases are sufficient for a good multi-atlas segmentation (Aljabar et al., 2009).

In our pipeline, 15 atlases were selected for each testing images by performing a PCA based atlas-selection (Asman et al., 2015). To obtain the PCA manifold from all 45 atlases (or 5111+45 atlases for large-scale MAS), the 3D intensities within the same MNI brain mask of each atlas were converted to a 1D vector. Then, a naïve PCA project was performed on 1D vectors from all atlases to learn the PCA manifold. Once a testing scan is projected to the same PCA manifold, the 15 atlases with smallest Euclidean distance to the testing scan were selected as the atlases to segment the testing scans. The 15 selected atlases were pairwise registered (Avants et al., 2008; Ourselin et al., 2001) and fused to achieve the target segmentation. For non-rigid registration, we use symmetric image normalization (SyN), with a cross correlation similarity metric convergence threshold of 10^{-9} and convergence window size of 15, provided by the Advanced Normalization Tools (ANTs) software (Avants et al., 2008). For NLSS, the patch neighborhood was set to 3 mm isotropic and the search neighborhood was set to 5 mm isotropic. The spatial standard deviation was set to 1.5 mm. The maximum iteration number was set to 100.

First, the large-scale auxiliary labels were employed to train each network tile, which can be regarded as a pre-training stage. Then, a smaller set of manually traced training images was used to further fine-tune the network tiles. During the fine-tuning, the entire 3D U-Net in network tile was trained without freezing any layers.

3 Containerized Implementation

Since the proposed SLANT method integrates a variety of image processing algorithms (e.g., registration, deep segmentation, label fusion etc.), it might be time-consuming for researchers to repeat the processing outside of our lab. Therefore, we developed a containerized implementation that provided end-to-end segmentation solution using Docker container. Using such implementation, the SLANT method can be deployed on any MRI T1w scans using one line of command.

3.1 Whole Brain Segmentation Docker

Docker (<https://www.docker.com>) is an open-source container technology, which provides a lightweight solution to deploy image processing algorithms in an operating system (OS) independent fashion. Unlike the traditional virtual machine that employs hypervisors to emulate the virtual hardware, the Docker container rests upon a single OS that results in a neater and smaller capsule. To enable the GPU acceleration required by the SLANT method, the NVIDIA-Docker (<https://github.com/NVIDIA/nvidia-docker>) was employed, which an extension of Docker with GPU capability.

In this paper, we present the SLANT Docker with details of implementation. First, a preprocessing step including N4 bias field correction, intensity normalization, and an affine registration to MNI space has been converted to a single binary executable file using MATLAB mcc compiler. Then, the trained network tiles including the Python source code and parameters were included in the Docker. Next, the label fusion and inverse registration

to original space has been converted to a single binary executable file using MATLAB mcc compiler. The Docker was established on Ubuntu 16.04 with CUDA 8.0, MATLAB 2016a, Python 2.7, and PyTorch 0.2. The Docker has been saved in our dockerhub (<https://hub.docker.com/u/masidocker>), which can be deployed to the local computer by calling the following command:

```
sudo docker pull masidocker/spiders:deep_brain_seg_v1_0_0
```

3.2 Run SLANT in Docker

Once the docker has been imported to the local computer. The users are able to obtain the final output files by running a single command:

```
sudo nvidia-docker run -it --rm -v {input path}:/INPUTS/ -v {output path}:/OUTPUTS  
masidocker/spiders:deep_brain_seg_v1_0_0 /extra/run_deep_brain_seg.sh
```

4 Data

One training dataset and three testing datasets have been used in the validation. The training and testing cohort are all MRI T1w 3D volumes. The training strategies of different methods have been shown in Figure 3.

4.1 Training Cohort

The training cohort consisted of 45 T1-weighted (T1w) MRI scans from Open Access Series on Imaging Studies (OASIS) dataset (Marcus et al., 2007). Each scan was manually traced to 133 labels based on BrainCOLOR protocol (Klein et al., 2010) by Neuromorphometrics Inc. (<http://www.neuromorphometrics.com/>). 5111 multi-site T1w MRI scans from nine different projects (Table 1) are used to obtain the large-scale auxiliary training data.

4.2 Validation and Testing Cohort

Three cohorts have been included in this study as validation and testing cohorts. The validation cohort consisted of five T1w MRI scans from the same OASIS dataset as training data. Such dataset was used to decide hyperparameters for training and evaluated the performance of the proposed method on the same site testing data. Then, the remaining testing cohorts were used as independent testing data to evaluate the performance of the proposed method as external validations.

OASIS Dataset.—Five withheld T1w MRI scans from OASIS dataset with manual segmentation (BrainCOLOR protocol) were used as the first validation dataset. The resolution of raw T1w scans varies from $256 \times 270 \times 256$ to $256 \times 334 \times 256$, all with 1mm isotropic spatial resolution. The OASIS IDs of the 45 training and five validation scans can be found in (<https://github.com/MASILab/SLANTbrainSeg>).

Colin27 Dataset.—The Colin27 T1w MRI scan, a high-quality averaging image from 27 scans from the same subject, was used as the first testing dataset. The high-resolution Colin27 T1w scan (Aubert-Broche et al., 2006) was manually traced following BrainCOLOR protocol, which has 0.5mm isotropic spatial resolution with $362 \times 434 \times 362$

voxels. This cohort contained one testing scan, which evaluated the performance of different methods on high-quality and high-resolution scenarios.

CANDI Dataset.—The second testing cohort contains 13 T1w MRI scans from the Child and Adolescent Neuro Development Initiative (CANDI) (Kennedy et al., 2012), which were manually traced following BrainCOLOR protocol. The scans had the same $256 \times 128 \times 256$ resolution with $0.94 \times 1.5 \times 0.94$ mm voxel size. This testing cohort evaluates the performance of the proposed method on (1) independent external validation dataset, (2) different population, whose age range (5–15 yrs.) was not covered by OASIS training cohort (18–96 yrs.).

5 Experimental Design

5.1 Training

The experimental design for evaluating different methods have been shown in Figure 3. This figure demonstrated the major components for different segmentation methods. “(45)” indicated the 45 OASIS manually traced images were used in training, while “(5111)” indicated the 5111 auxiliary label images were used in training. First, joint label fusion (JLF) (Wang and Yushkevich, 2013) and non-local spatial staple (NLSS) (Asman and Landman, 2014), two state-of-the-art multi-atlas label fusion methods, were employed as the baseline methods on whole brain segmentation. The hyper-parameters were defined as the recommended values of whole brain segmentation from the publications. The baseline multi-atlas methods used 45 OASIS training data and atlases.

Next, three previously proposed deep learning based whole brain segmentation methods: patch-based network (de Brébisson and Montana, 2015), naive 3D U-Net (Çiçek et al., 2016), and HC-Net (Li et al., 2017) methods were employed as additional CNN baseline methods. Using the affine registration (“Reg”) as preprocessing, the “Reg.+U-Net” was also evaluated. To train the “Naïve U-Net”, the original T1 MRI scans were resampled to the $96 \times 128 \times 88$ resolution volumes for training using bilinear interpolation. To train the “Reg.+U-Net”, the registered T1 MRI scans in MNI space were resampled to the $96 \times 128 \times 88$ resolution volumes for training using bilinear interpolation for intensity scans and nearest neighbor interpolation for label scans. In testing stage, the output segmentation volumes were resampled (and inverse registered for the “Reg.+U-Net”) back to the original image space. Such resolution is a compromise considering GPU memory limitation, ratios among three dimensions, and the network design. Both “Naïve U-Net” and “Reg.+U-Net” used only one 3D U-Net shape network. Using 8 or 27 independent U-Net shape networks, the proposed SLANT segmentation pipelines were evaluated on both non-overlapped scenarios (“SLANT-8”) and overlapped scenarios (“SLANT-27”).

The source code of patch-based network (de Brébisson and Montana, 2015) and HC-Net (Li et al., 2017) were obtained from the link provided by the publications (https://github.com/adbrebs/brain_segmentation and <https://github.com/gift-surg/HighRes3DNet>), whose hyper-parameters had been kept the same as the publications. For the hyper-parameters that could not be founded in the publications, they were set as the default values in the source code. In Figure 3, “45” means manually labeled scans were used during training, while “5111”

means the auxiliary labeled scans were used as training data. The “Reg.” means the affine registration has been employed as a preprocessing stage.

To be a fairer comparison, the same 3D segmentation network with the same hyper-parameters has been used for different U-Net (as the entire network) and SLANT experiments (as one network tile among 8 or 27 network tiles). Briefly, batch size = 1, input resolution = $96 \times 128 \times 88$, input channel = 1, output channel = 133, optimizer = “Adam”, learning rate = 0.0001. Meanwhile, all the preprocessing and registration methods are kept same for different U-Net and SLANT experiments. All the experimental networks can fit into an NVIDIA Titan GPU with 12 GB memory. For training using 5111 auxiliary label scans, 6 epochs were trained for a 3D segmentation network that each epoch took ~4 training hours. Therefore, training SLANT-27 using 5111 scans on 6 epochs took $27 \times 6 \times 4 = 648$ hours (27 days) on a single GPU. Each network in SLANT-8 or SLANT-27 took more than 11 GB memory on NVIDIA Titan GPU. The detailed computational time of preparing 5111 auxiliary labels, training one epoch, and testing one scan are provided in Table 7. For training from scratch using 45 manual labeled scans, 1000 epochs were trained. For fine-tuning using 45 manual labeled scans, 30 epochs were trained. The results reported in this paper were from the epoch number with the best performance for each method on five OASIS validation images. Then, the network parameters with such epochs were used on testing cohorts Colin27 and CANDI.

5.2 Evaluation Metrics

We employed the Dice similarity coefficients (DSC) as the main evaluation measurement for different approaches by comparing their segmentation results against the ground truth voxel-by-voxel. DSC is a ratio of twice the amount of intersection to the total number of voxels in automatic segmentation A and manual segmentation M , which is defined as:

$$DSC = \frac{2|A \cap M|}{|A| + |M|} = \frac{2|TP|}{2|TP| + |FP| + |FN|} \quad (3)$$

where TP is true positive, FP is false positive, FN is false a negative. Surface error measurements are the complimentary metrics to evaluate the quality of the segmentations. Therefore, we defined the vertices on the automatic segmentation and manual segmentation as X and Y respectively. Then, the mean surface distance (MSD) from the automatic segmentation to manual segmentation is defined as:

$$MSD(X, Y) = \text{avg}_{y \in Y} \inf_{x \in X} d(X, Y) \quad (4)$$

where $\inf$ represents the infimum, and avg means the average.

The differences between methods were evaluated by Wilcoxon signed rank test (Wilcoxon, 1945) and the difference was significant means $p < 0.05$ in this paper.

6 Results

6.1 Validation

Qualitative results of segmentation from three scans from OASIS validation cohort were shown in Figure 4. The sensitivity analyses had been demonstrated in Figure 5, which presented the model used for validation and testing among different training epochs. The overall segmentation performance on the entire OASIS validation cohort had been shown in Figure 6. In the validation, JLF and NLSS were evaluated as benchmarks using 45 atlases and 5111+45 atlases. The “Patch-DCNN” and “Naïve U-Net” were performed using 45 atlases in the original image space. By introducing the affine registration (“Reg.”) as preprocessing, the “Reg. + HC-Net” and “Reg. + U-Net” were conducted as additional benchmarks. The proposed SLANT-8 and SLANT-27 methods were evaluated on using 45 manual atlases, 5111 auxiliary atlases, and 5111+45 atlases.

6.2 Testing

The qualitative performance on Colin27 and CANDI was presented in Figure 4. In Figure 6, the quantitative results of baseline methods and proposed SLANT methods. The mean Dice similarity coefficient (DSC) between automatic methods and manual segmentations was calculated for all testing subjects were showed as boxplots. The SLANT-27 using 5111 auxiliary labels for pretraining and fine-tuned (“FT”) by 45 manual labels achieved highest median DSC values and was used as a reference method (“REF”) in statistical analysis. If the difference to REF was significant from Wilcoxon signed rank test, the method was marked with “*” symbol. The mean DSC values on all anatomical labels (excluding background) between automated methods and manual tracing in original image space were showed as boxplots. From the results, affine registration (“Reg. + U-Net”) leveraged the performance of “U-Net” significantly, compared with “Naïve U-Net”. For the same “Reg. + U-Net” network, training strategy using 5111 auxiliary labeled scans achieved superior segmentation performance than the strategy only using 45 manual labels. In Figure 7, the quantitative results were also presented as the mean surface distance (MSD) values, which demonstrated that the proposed SLANT-27 method using 5111 auxiliary labels and fine-tuning achieved superior performance compared with baseline methods. The Table 2 3, and 4 presented the detailed quantitative measurement for all methods in terms of DSC, MSD, and Hausdorff distance, which also posed that the proposed SLANT-27 method with fine-tuning achieved the best performance validation and testing cohorts. As shown in Figure 4, the “Patch-DCNN” and “Naïve U-Net” did not achieve meaningful segmentation results for Colin 27 since it is difficult for the network to capture the complicated spatial variations (e.g., different original spatial locations) from only 45 training scans. However, after reducing such spatial variations by introducing a simple affine-registration, the same UNet (“Reg+U-Net” with 45 training scans) achieved large improvements on DSC. As the entire proposed pipeline has been implemented in a docker container, we defined our standard report (Figure 8) for quality assurance (QA) purpose. As a result, users will able to review the segmentation results immediately after finishing the segmentation. The performance of each anatomical region was showed in Figure 9, which was presented as box plots. Totally 129 regions have been compared since the label 71, 72, and 73 were not defined in the manual segmentation of testing cohorts. The brain regions defined in BrainCOLOR protocol

was presented in Table 5. To visualize the performance of all regions in an organized manner, we sorted the ROIs based on 1D low dimensional feature values from multidimensional scaling (MDS). Briefly, the mean, median, and std of each method were concatenated to a 2D matrix, which each row is a subject. Then, the MDS was deployed on such a matrix to have a 1D low dimensional representation of results for each brain region. We plotted the results of all brain regions from the smallest MDS value (top left) to largest (bottom right) to visualization the patterns of segmentation performances. From the results, the larger brain regions typically yielded better segmentation performance. The number of brain regions that a method achieved the best median DSC performance was showed in Table 6. The “ ” indicated the tolerable DSC differences that considered the methods to have equal performance. Each number in Table 6 indicated that the number of overall best performance of such method on all ROIs with a certain value of . From the results, the proposed SLANT-27 method consistently achieved the largest number of best performance regions.

7 Conclusion

In this study, we developed the SLANT high-resolution whole brain segmentation method, which combined the canonical medical image processing approaches (registration, harmonization, label fusion) with the deep neural networks. The proposed method addresses the GPU memory limitation on high-resolution 3D learning by introducing the network tiles. The SLANT network tiles used multiple spatially distributed 3D networks to learn segmentation at different spatial locations rather than learning all 3D patches at different spatial locations using a single network. To achieve decent segmentation performance with limited manually labeled whole brain segmentation scans, a large-scale 5111 initially unlabeled MRI T1w scans were used as auxiliary training data by applying the multi-atlas segmentation.

The internal validation and external validation (testing) have been deployed on the trained models, whose corresponding epoch number was learned from sensitivity analyses (Figure 5). From Table 2 and Table 3, the proposed SLANT-27 method achieved better overall segmentation performance. The final qualitative results were shown in Figure 4, while the quantitative results were shown in Figure 6 and Figure 7 respectively in terms of volume and surface evaluation methods. Moreover, the proposed method requires ~15 minutes, compared with >30 hours are typically required by multi-atlas segmentation methods.

8 Discussion

The network tile has been proposed to address the memory issues for high-resolution brain segmentation. In this study, 27 tiles are used for segmenting 1mm isotropic resolution MRI scans. In the future, the memory for a single GPU would be enough for housing the entire scan with the rapid development of hardware. However, the memory limitation would still exist when segmenting higher resolution MRI scans (e.g., 0.5 mm isotropic resolution MRI scans or even histology scans). Therefore, the proposed network tile strategy could be adapted for such applications.

The major limitation of the proposed method is that the larger computational resource is required. If multiple GPUs are available (e.g., eight GPUs for SLANT-8, 27 GPUs for SLANT-27), both training and testing time would be the same as single GPU based methods. Otherwise, when only a single GPU is available, the computational time for both training and testing will be linearly increased with the number of network tiles. The NLSS multi-atlas segmentation pipeline is used as one benchmark method and also for auxiliary training. Around 36 hours are typically required since 15 pairwise registration (~2 hours per pair) and non-local search label fusion (~6 hours) are employed. Many efforts have been proposed to accelerate the process using GPU acceleration (Modat et al., 2010), atlas selection (Lötjönen et al., 2010), fast patch matching (Giraud et al., 2016) etc. The speed of whole brain segmentation could be accelerated using such techniques.

In this study, MAS using the NLSS is employed to achieve 5111 automatic auxiliary segmentation, which is an accurate but resource intensive segmentation method. For instance, if each scan needs 36 hours using multi-atlas segmentation, 21 computational years are required for a single workstation. Meanwhile, the large-scale medical image processing infrastructure (Huo et al., 2018a) and high performance computing cluster at Vanderbilt University were used. These resources access more than 10,000 computational cores. Therefore, 5111 multi-atlas segmentation jobs can be finished in two days if using about half of the ACCRE's resource (at an expense that would be impractical for routine inquiry). Practically, we typically used about 100 cores, which took more 2.5 month to process all data. Now, since we have made the SLANT Docker container freely available online (<https://github.com/MASILab/SLANTbrainSeg>), it only takes 15 minutes to segment a single scan. Therefore, a single workstation with a single GPU could process more than 5000 MRI scans within two months on a single work station, which enables other researchers to perform the auxiliary training using their own data. If multiple GPUs are available, the computational time to prepare auxiliary segmentations could be further reduced.

Another limitation is that a traditional affine registration is used, which takes about 5 minutes. In the future, the computational time of such registration could be alleviated using deep learning based affine registration methods. Meanwhile, NVIDIA Titan GPU with 12GB memory was used to train the SLANT network. If the less GPU memory is available, the input size of each patch could be reduced be compatible with the hardware. However, that might lead to even more atlas tiles compared with SLANT-8 and SLANT-27.

In this study, 45 atlases were used as fully annotated training data, which contains the 35 open source atlases from MICCAI 2012 challenge on multi-atlas labelling. In the large number of previous publications (which used the challenge data), 15 were typically used as training while 20 were used as testing. Since 2012, we have acquired more data with manual segmentation. We decided to use 45 atlases rather than 15 atlases for training the SLANT methods. The rationale is to maximize the segmentation performance on behalf of training data since more training data typically yield to superior performance for learning based methods. To compare with the state-of-the-art multi-atlas segmentation methods, the benchmarks in this study were all performed using the same 45 atlases with the recommended hyper-parameters in the publications.

This work demonstrates the value of canonical medical image processing approaches in this deep learning era. Thanks to affine registration, the performance of U-Net was leveraged by a significant margin (“Reg.+U-Net (45)” vs. “Naïve U-Net (45)”). Moreover, the same network achieved superior performance with more training data (“Reg.+U-Net (5111)” vs. “Reg.+U-Net (45)”), even were acquired from other automatic methods rather than manual delineations. Note that, more computational resources are required to train a network using 5111 auxiliary labeled scans compared with only using 45 scans. Therefore, the faster training strategy or adaptive sampling strategies could be the future directions to further accelerate the process.

The Patch DCNN and HC-Net were run based on the default hyperparameters in the code and the optimal parameters in the publications. We used such hyperparameters directly since they were published and have been tuned for brain segmentation tasks. Meanwhile, the same standard 3D U-Net hyper-parameters are used to train the “Naïve U-Net” and “Reg.+U-Net” (on both 45 and 5111 down-sampled scans) without heavy tuning. Then, the same hyper-parameters are directly used to train the proposed SLANT-8 and SLANT-27 without additional tuning. Therefore, the same hyper-parameters are used to train “Naïve U-Net”, “Reg.+U-Net”, SLANT-8 and SLANT-27 without individual tuning (the hyper-parameters can be found in <https://github.com/MASILab/SLANTbrainSeg>). When presenting the results, different epoch numbers with optimal performance on validation cohort are selected for the different methods respectively. Then the trained models corresponding to such epoch numbers are directly applied to the independent testing cohorts without further tuning. However, the performance of both benchmark methods and proposed methods could be further improved by performing additional tuning of the hyper-parameters on validation cohort respectively.

In this study, only $2 \times 2 \times 2$ (SLANT-8) and $3 \times 3 \times 3$ (SLANT-27) configurations are evaluated since they lead to a better balance between performance and computational cost compared with the larger number of tiles (e.g., $4 \times 4 \times 4$ (SLANT-64) or more). The SLANT-27 achieved better performance compared with the SLANT-8 by introducing (1) more overlapped spatial locations, and (2) multi-atlas label fusion. In our pipeline, only the majority vote is employed. However, other label fusion methods might further leverage the segmentation performance. Another interesting finding is that when the “SLANT-27 (5111)” was only trained by NLSS labels, it achieved better performance than NLSS on testing dataset. Meanwhile, the 3D U-Net was used as the network tile in this work, which can be replaced by other 3D segmentation networks.

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Figure 1.

The proposed SLANT-27 (27 network tiles) whole brain segmentation method is presented, which combines canonical medical image processing (registration, harmonization, label fusion) with 3D network tiles. 3D U-Net framework is used as each tile, whose deconvolutional channel numbers are increased to 133. The tiles are spatially overlapped in MNI space, whose intensity inputs and segmentation outputs for one tile are visualized.

Figure 2.

This figure presents the SLANT-8 and SLANT-27. SLANT-8 covered eight non-overlapped sub-spaces in MNI, while SLANT-27 covered 27 overlapped sub-spaces in MNI. Middle coronal slices from all 27 sub-spaces were visualized (lower panel). The number of overlays as well as sub-spaces' overlays were showed (middle panels). The incorrect labels (red arrow) in one sub-space were corrected in final segmentation by performing majority vote label fusion.

Figure 3.

This figure demonstrates the major components for different segmentation methods. “(45)” indicated the 45 OASIS manually traced images were used in training, while “(5111)” indicated the 5111 auxiliary label images were used in training. The joint label fusion (JLF) and nonlocal spatial STAPLE (NLSS) methods were used as baseline methods.

Figure 4.
Qualitative results of manual segmentation, multi-atlas segmentation methods, patch based DCNN method, HC-Net, U-Net approaches, and proposed SLANT methods.

Figure 5.

Sensitivity results of training SLANT-8 and SLANT-27. The mean Dice similarity coefficient (DSC) between automatic methods and manual segmentations for different training epochs were showed as boxplots. The Left panels showed the segmentation performance on five OASIS validation cohort using 5111 auxiliary labeled scans. The best performance was from epoch 5, which was used as initial parameters for fine-tuning, whose performance was showed in the right panels. As a result, the model at epoch 28 after fine-tuning was used for SLANT-8 and SLANT-27.

Figure 6.

Quantitative results of baseline methods and proposed SLANT methods. The mean Dice similarity coefficient (DSC) between automatic methods and manual segmentations for all testing subjects were showed as boxplots. The SLANT-27 using 5111 auxiliary labels for pretraining and fine-tuned (“FT”) by 45 manual labels achieved highest median DSC values and was used as reference method (“REF”) in statistical analysis. If the difference to REF was significant from Wilcoxon signed test, the method was marked with “*” symbol.

Figure 7.

Quantitative results of baseline methods and proposed SLANT methods. The mean surface distance (MSD) between automatic methods and manual segmentations for all testing subjects were showed as boxplots. The SLANT-27 using 5111 auxiliary labels for pretraining and fine-tuned (“FT”) by 45 manual labels achieved lowest median MSD values and was used as reference method (“REF”) in statistical analysis. If the difference to REF was significant from Wilcoxon signed rank test, the method was marked with “*” symbol.

SLANT Deep Whole Brain Segmentation Result

Figure 8. The screenshot of Docker output report designed by us. The users will able to review the segmentation quality immediately after the scan.

Figure 9.
Quantitative results of all regions of interests (ROIs) by comparing SLANT-27 and representative baseline methods.

Table 1.

Data summary of 5111 multi-site images.

Study Name	Website	Images	Sites
Baltimore Longitudinal Study of Aging (BLSA)	www.blsa.nih.gov	605	4
Cutting Pediatrics	vkc.mc.vanderbilt.edu/ebri	586	2
Autism Brain Imaging Data Exchange (ABIDE)	fcon_1000.projects.nitrc.org/indi/abide	563	17
Information eXtraction from Images (IXI)	www.nitrc.org/projects/ixi_dataset	523	3
Attention Deficit Hyperactivity Disorder (ADHD200)	fcon_1000.projects.nitrc.org/indi/adhd200	949	8
National Database for Autism Research (NDAR)	ndar.nih.gov	328	6
Open Access Series on Imaging Study (OASIS)	www.oasis-brains.org	312	1
1000 Functional Connectome (fcon 1000)	fcon_1000.projects.nitrc.org	1102	22
Nathan Kline Institute Rockland (NKI rockland)	fcon_1000.projects.nitrc.org/indi/enhanced	143	1

Table 2.

Mean and median Dice similarity coefficients (DSC) values on three validation cohorts

Methods	Training Scans #	OASIS Dataset		Colin 27	CANDI Dataset	
		mean±std DSC	median DSC	DSC	mean±std DSC	Median DSC
JLF	45	0.746±0.009	0.746	0.646	0.590±0.033	0.585
JLF	5111+45	0.715±0.012	0.708	0.653	0.626±0.029	0.631
NLSS	45	0.760±0.012	0.756	0.712	0.677±0.029	0.680
NLSS	5111+45	0.752±0.013	0.750	0.705	0.680±0.025	0.677
Patch DCNN	45	0.702±0.011	0.701	0.012	0.409±0.038	0.422
Naive U-Net	45	0.606±0.012	0.605	0.000	0.375±0.043	0.380
Reg. + HC-Net	5111	0.509±0.097	0.520	0.700	0.434±0.146	0.480
Reg. + U-Net	45	0.706±0.009	0.711	0.621	0.514±0.081	0.536
Reg. + U-Net	5111	0.726±0.012	0.722	0.695	0.669±0.023	0.671
SLANT-8	45	0.699±0.014	0.707	0.597	0.519±0.070	0.528
SLANT-8	5111	0.753±0.011	0.750	0.717	0.694±0.024	0.694
SLANT-8 + FT	5111+45	0.768±0.011	0.763	0.726	0.704±0.025	0.705
SLANT-27	45	0.766±0.008	0.766	0.665	0.621±0.062	0.619
SLANT-27	5111	0.759±0.011	0.754	0.721	0.694±0.024	0.697
SLANT-27 + FT	5111+45	0.776±0.012	0.775	0.732	0.711±0.023	0.712

Table 3.

Mean and median mean surface distance (MSD) values (mm) on three validation cohorts

Methods	Training Scans #	OASIS Dataset		Colin 27	CANDI Dataset	
		mean±std MSD	median MSD	MSD	mean±std MSD	Median MSD
JLF	45	0.956±0.075	0.943	0.328	1.635±0.152	1.654
JLF	5111+45	1.112±0.090	1.071	0.325	1.540±0.167	1.475
NLSS	45	0.938±0.076	0.935	0.260	1.289±0.136	1.280
NLSS	5111+45	0.972±0.084	0.955	0.268	1.285±0.131	1.272
Patch DCNN	45	1.185±0.120	1.180	10.494	4.392±0.789	4.267
Naive U-Net	45	1.458±0.085	1.448	11.673	4.377±0.677	4.201
Reg. + HC-Net	5111	6.478±2.630	6.148	0.301	6.591±5.242	4.793
Reg. + U-Net	45	1.302±0.068	1.267	0.394	2.548±0.853	2.281
Reg. + U-Net	5111	1.046±0.075	1.038	0.277	1.313 ±0.118	1.306
SLANT-8	45	3.798±0.534	4.065	1.320	4.999±0.898	4.774
SLANT-8	5111	1.118±0.091	1.138	0.285	1.284±0.127	1.274
SLANT-8 + FT	5111+45	1.273±0.196	1.221	0.299	1.303±0.139	1.296
SLANT-27	45	0.907±0.051	0.878	0.297	1.606±0.349	1.544
SLANT-27	5111	0.938±0.071	0.923	0.259	1.219±0.112	1.209
SLANT-27 + FT	5111+45	0.867±0.065	0.860	0.246	1.141±0.106	1.125

Table 4.

Mean and median Hausdorff distance (HD) values (mm) on three validation cohorts

Methods	Training Scans #	OASIS Dataset		Colin 27	CANDI Dataset	
		mean±std HD	median HD	HD	mean±std HD	Median HD
JLF	45	8.161±0.572	8.252	2.786	10.167±0.770	9.941
JLF	5111+45	8.524±0.512	8.484	2.754	9.572±0.705	9.414
NLSS	45	7.926 ±0.527	7.935	2.537	9.066±0.592	9.042
NLSS	5111+45	8.031±0.493	7.954	2.572	9.063 ±0.649	8.939
Patch DCNN	45	28.501±11.695	25.113	27.111	40.425±3.533	41.306
Naive U-Net	45	18.454±5.781	16.837	18.733	60.815±4.595	60.764
Reg. + HC-Net	5111	76.466±6.160	77.810	4.263	64.171±6.088	64.654
Reg. + U-Net	45	13.178±2.450	13.072	6.030	38.584±4.926	38.816
Reg. + U-Net	5111	8.336±0.551	8.119	2.590	9.538±0.933	9.364
SLANT-8	45	44.058±3.895	44.844	13.353	54.789±2.384	56.146
SLANT-8	5111	30.791±5.030	30.037	7.167	24.196±3.572	24.321
SLANT-8 + FT	5111+45	33.670±6.442	32.535	7.700	28.605±3.712	29.743
SLANT-27	45	9.993±1.165	9.867	3.913	20.901±4.613	20.648
SLANT-27	5111	8.247±0.818	8.002	2.578	9.195±1.003	9.083
SLANT-27 + FT	5111+45	8.224±0.775	8.267	2.643	9.328±1.273	8.901

Table 5.

List of ROIs

0	Unlabeled
4	3rd Ventricle
11	4th Ventricle
23	Right Accumbens Area
30	Left Accumbens Area
31	Right Amygdala
32	Left Amygdala
35	Brain Stem
36	Right Caudate
37	Left Caudate
38	Right Cerebellum Exterior
39	Left Cerebellum Exterior
40	Right Cerebellum White Matter
41	Left Cerebellum White Matter
44	Right Cerebral White Matter
45	Left Cerebral White Matter
47	Right Hippocampus
48	Left Hippocampus
49	Right Inf Lat Vent
50	Left Inf Lat Vent
51	Right Lateral Ventricle
52	Left Lateral Ventricle
55	Right Pallidum
56	Left Pallidum
57	Right Putamen
58	Left Putamen
59	Right Thalamus Proper
60	Left Thalamus Proper
61	Right Ventral DC
62	Left Ventral DC
71 *	Cerebellar Vermal Lobules I-V
72 *	Cerebellar Vermal Lobules VI-VII
73 *	Cerebellar Vermal Lobules VIII-X
75	Left Basal Forebrain
76	Right Basal Forebrain
100	Right ACgG anterior cingulate gyrus
101	Left ACgG anterior cingulate gyrus

102	Right AIns anterior insula
103	Left AIns anterior insula
104	Right AOrG anterior orbital gyrus
105	Left AOrG anterior orbital gyrus
106	Right AnG angular gyrus
107	Left AnG angular gyrus
108	Right Calc calcarine cortex
109	Left Calc calcarine cortex
112	Right CO central operculum
113	Left CO central operculum
114	Right Cun cuneus
115	Left Cun cuneus
116	Right Ent entorhinal area
117	Left Ent entorhinal area
118	Right FO frontal operculum
119	Left FO frontal operculum
120	Right FRP frontal pole
121	Left FRP frontal pole
122	Right FuG fusiform gyrus
123	Left FuG fusiform gyrus
124	Right GRe gyrus rectus
125	Left GRe gyrus rectus
128	Right IOG inferior occipital gyrus
129	Left IOG inferior occipital gyrus
132	Right ITG inferior temporal gyrus
133	Left ITG inferior temporal gyrus
134	Right LiG lingual gyrus
135	Left LiG lingual gyrus
136	Right LOrG lateral orbital gyrus
137	Left LOrG lateral orbital gyrus
138	Right MCgG middle cingulate gyrus
139	Left MCgG middle cingulate gyrus
140	Right MFC medial frontal cortex
141	Left MFC medial frontal cortex
142	Right MFG middle frontal gyrus
143	Left MFG middle frontal gyrus
144	Right MOG middle occipital gyrus
145	Left MOG middle occipital gyrus
146	Right MORG medial orbital gyrus
147	Left MORG medial orbital gyrus

148	Right MPoG postcentral gyrus medial segment
149	Left MPoG postcentral gyrus medial segment
150	Right MPrG precentral gyrus medial segment
151	Left MPrG precentral gyrus medial segment
152	Right MSFG superior frontal gyrus medial segment
153	Left MSFG superior frontal gyrus medial segment
154	Right MTG middle temporal gyrus
155	Left MTG middle temporal gyrus
156	Right OCP occipital pole
157	Left OCP occipital pole
160	Right OFuG occipital fusiform gyrus
161	Left OFuG occipital fusiform gyrus
162	Right OpIFG opercular part of the inferior frontal gyrus
163	Left OpIFG opercular part of the inferior frontal gyrus
164	Right OrIFG orbital part of the inferior frontal gyrus
165	Left OrIFG orbital part of the inferior frontal gyrus
166	Right PCgG posterior cingulate gyrus
167	Left PCgG posterior cingulate gyrus
168	Right PCu precuneus
169	Left PCu precuneus
170	Right PHG parahippocampal gyrus
171	Left PHG parahippocampal gyrus
172	Right PIns posterior insula
173	Left PIns posterior insula
174	Right PO parietal operculum
175	Left PO parietal operculum
176	Right PoG postcentral gyrus
177	Left PoG postcentral gyrus
178	Right POrG posterior orbital gyrus
179	Left POrG posterior orbital gyrus
180	Right PP planum polare
181	Left PP planum polare
182	Right PrG precentral gyrus
183	Left PrG precentral gyrus
184	Right PT planum temporale
185	Left PT planum temporale
186	Right SCA subcallosal area
187	Left SCA subcallosal area
190	Right SFG superior frontal gyrus
191	Left SFG superior frontal gyrus

192	Right SMC supplementary motor cortex
193	Left SMC supplementary motor cortex
194	Right SMG supramarginal gyrus
195	Left SMG supramarginal gyrus
196	Right SOG superior occipital gyrus
197	Left SOG superior occipital gyrus
198	Right SPL superior parietal lobule
199	Left SPL superior parietal lobule
200	Right STG superior temporal gyrus
201	Left STG superior temporal gyrus
202	Right TMP temporal pole
203	Left TMP temporal pole
204	Right TrIFG triangular part of the inferior frontal gyrus
205	Left TrIFG triangular part of the inferior frontal gyrus
206	Right TTG transverse temporal gyrus
207	Left TTG transverse temporal gyrus

*** indicates the three labels that were not included in Colin27 and CANDI cohorts.

Table 6.

Number of Best Performance among ROIs

Methods	=0	=0.01	=0.02	=0.03	=0.04	=0.05
JLF	1	1	2	4	7	11
NLSS	1	10	34	56	83	99
Patch DCNN	1	1	1	1	1	3
Reg. + U-Net (5111)	1	2	11	29	53	78
SLANT-8 + FT	40	79	105	116	122	123
SLANT-27 + FT	85	102	113	118	124	128

“ ” means the range of tolerance to be the best performance algorithm.

Table 7.

Summary of Computational Time

Methods	Training Scans #	Auxiliary Labels Generation Time using One CPU or GPU	Training Time For One Epoch	Testing Time on One Scan
JLF	45	N/A	N/A	≈ 34 hours
JLF	5111+45	≈ 21 CPU years or 2 GPU months	N/A	≈ 34 hours
NLSS	45	N/A	N/A	≈ 36 hours
NLSS	5111+45	≈ 21 CPU years or 2 GPU months	N/A	≈ 36 hours
Patch DCNN	45	N/A	≈ 2 mins	≈ 1 min
Naive U-Net	45	N/A	≈ 2 mins	≈ 1 min
Reg. + HC-Net	5111	≈ 21 CPU years or 2 GPU months	≈ 4 h	≈ 8 mins
Reg. + U-Net	45	N/A	≈ 2 mins	≈ 8 mins
Reg. + U-Net	5111	≈ 21 CPU years or 2 GPU months	≈ 4 h (or 2 mins with 27 GPUs)	≈ 8 mins
SLANT-8	45	N/A	≈ 16 mins (or 2 mins with 8 GPUs)	≈ 10 mins
SLANT-8	5111	≈ 21 CPU years or 2 GPU months	≈ 32 h (or 4 h with 8 GPUs)	≈ 10 mins
SLANT-8 + FT	5111+45	≈ 21 CPU years or 2 GPU months	≈ 32.25 h (or 4 h with 8 GPUs)	≈ 10 mins
SLANT-27	45	N/A	≈ 1 h (or 2 mins with 27 GPUs)	≈ 15 mins
SLANT-27	5111	≈ 21 CPU years or 2 GPU months	≈ 108 h (or 4 h with 27 GPUs)	≈ 15 mins
SLANT-27 + FT	5111+45	≈ 21 CPU years or 2 GPU months	≈ 109 h (or 4 h with 27 GPUs)	≈ 15 mins

* The testing times for the deep learning based methods include all required processing time beyond GPU time (starting time, registration, inverse-registration etc.) for one testing scan.