



TRAINED nnU-NET MODEL FOR SEMANTIC SEGMENTATION OF HUMAN ADULT CERVICAL VERTEBRAE FROM CT-SCANS



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INTRODUCTION

The need for automatic segmentation of the spine keeps rising^[1]

Patient-based and population-based finite element models of the cervical spine used to perform **numerical simulations require perfectly segmented vertebral geometries** from CT-Scans^[2, 3]

Various segmentation models already exist, but always exhibit **low performance on the cervical spine**^[4-8]

Cervical vertebrae are morphologically different than thoracic and lumbar vertebrae, which might explain low local performance

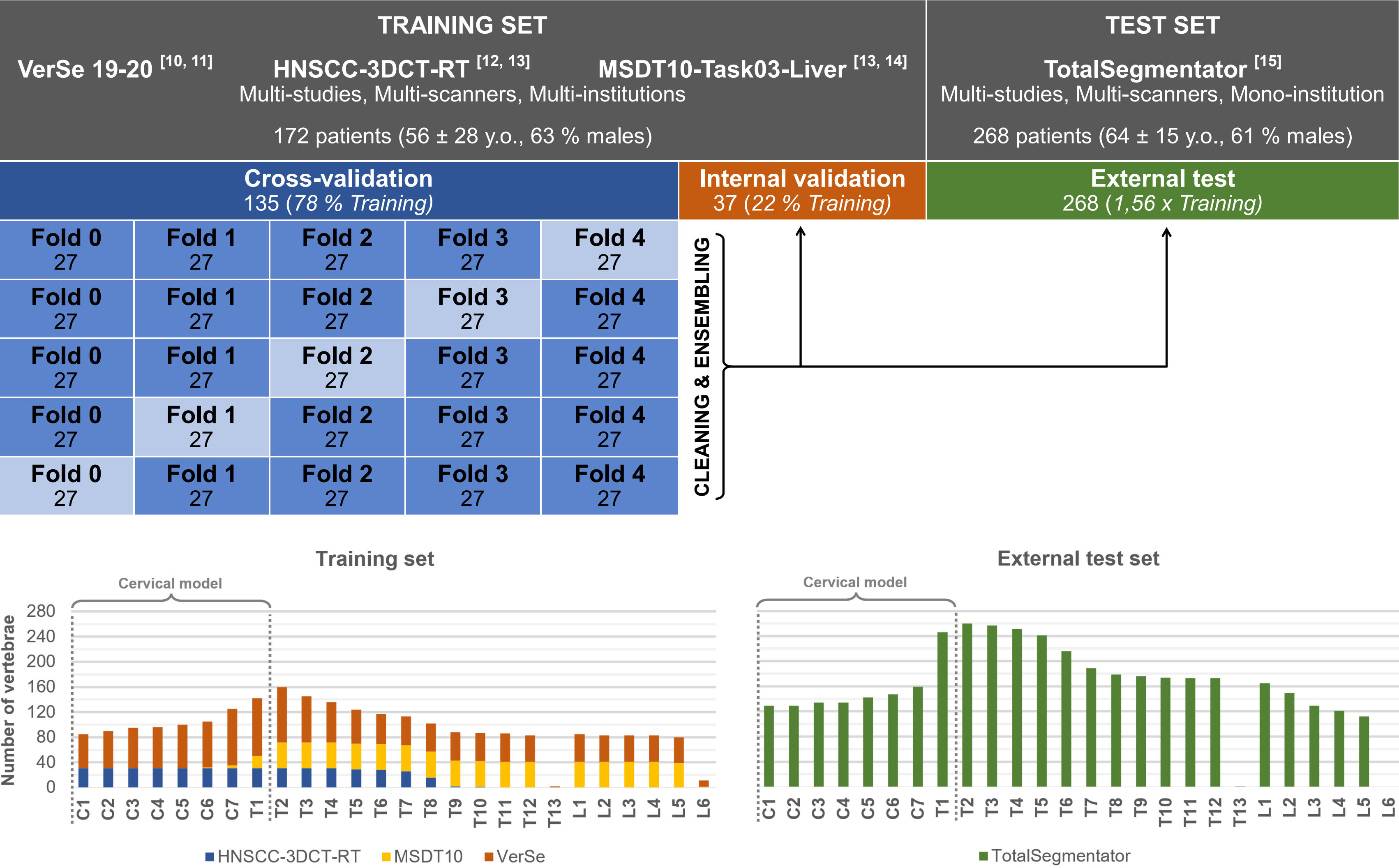
nnU-Net is an adaptive versatile semantic segmentation method frequently used in medical images analyses^[9]

HYPOTHESIS

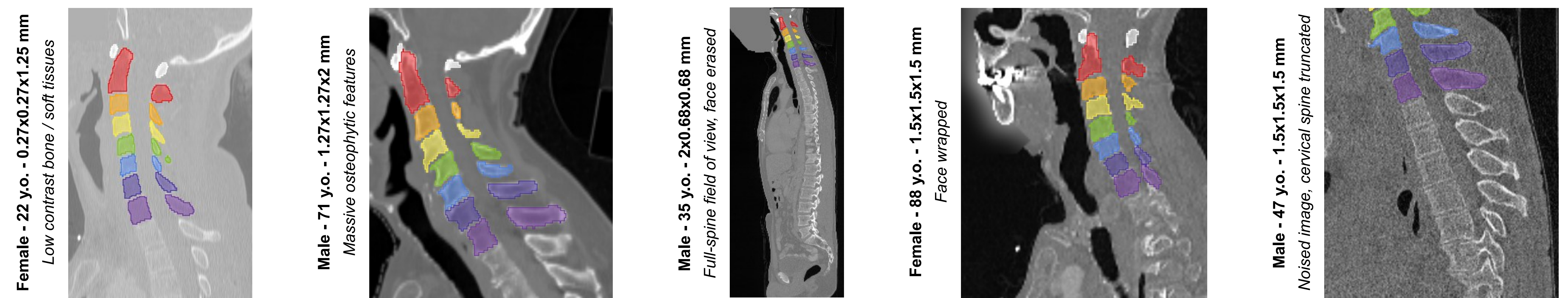
Training a semantic segmentation model specifically on the cervical spine segment could lead to better local segmentation performance than using a segmentation model trained on the full spine

Both approaches will be compared, using nnU-Net v.2 trained on publicly available datasets

METHODS



RESULTS: SPECIFIC EXAMPLES AND GLOBAL PERFORMANCE



Proposed cervical model performance (trained nnU-Net v.2 3d_fullres)							Deng et al. ^[8] model performance		
Vertebrae	DICE			H ₉₅ (mm)			Test public DICE / H ₉₅	Test private DICE / H ₉₅	Test VerSe DICE / H ₉₅
	Cross-val. [MIN, MAX]	Int. val. μ ± σ	Ext. test μ ± σ	Cross-val. [MIN, MAX]	Int. val. μ ± σ	Ext. test μ ± σ			
C1	[0.937, 0.952]	0.947 ± 0.018	0.959 ± 0.022	[0.90, 1.22]	1.00 ± 0.28	1.28 ± 0.77	0.951 / 1.55	0.957 / 1.34	0.446 / 1.69
C2	[0.953, 0.959]	0.959 ± 0.015	0.962 ± 0.041	[0.89, 1.02]	0.99 ± 0.44	1.25 ± 0.88	0.974 / 1.15	0.975 / 1.22	0.923 / 1.20
C3	[0.929, 0.948]	0.895 ± 0.196	0.943 ± 0.032	[0.94, 1.47]	3.17 ± 7.58	1.74 ± 1.29	0.934 / 8.73	0.945 / 7.55	0.605 / 1.32
C4	[0.922, 0.944]	0.890 ± 0.192	0.938 ± 0.046	[0.95, 1.48]	1.92 ± 2.76	1.50 ± 0.90	0.946 / 1.90	0.608 / 3.65	0.613 / 0.95
C5	[0.929, 0.943]	0.903 ± 0.154	0.941 ± 0.036	[0.99, 1.36]	1.80 ± 2.35	1.72 ± 1.29	0.573 / 2.43	0.726 / 3.13	0.231 / 0.95
C6	[0.872, 0.935]	0.923 ± 0.068	0.943 ± 0.027	[1.12, 3.21]	1.83 ± 2.24	1.42 ± 0.69	0.802 / 4.51	0.824 / 2.38	0.121 / 1.07
C7	[0.822, 0.952]	0.941 ± 0.025	0.957 ± 0.022	[1.08, 8.96]	1.27 ± 0.84	1.27 ± 0.59	0.930 / 2.18	0.899 / 2.16	0.228 / 4.04
T1	[0.872, 0.956]	0.953 ± 0.022	0.961 ± 0.089	[1.52, 3.25]	1.10 ± 0.70	1.32 ± 2.56	0.952 / 1.60	0.927 / 2.36	0.623 / 2.53
[C1, T1]	-	0.928 ± 0.111	0.951 ± 0.051	-	1.60 ± 2.99	1.43 ± 1.44	-	-	-
[C1, L6]	-	-	-	-	-	-	0.869 / 5.40	0.840 / 6.41	0.619 / 6.23

Cervical model vs. Full spine model (two-sided Mann-Whitney U-tests)				
Vertebrae	DICE		H ₉₅ (mm)	
	Int. val. p-value	Ext. Test p-value	Int. val. p-value	Ext. Test p-value
C1	0,759	0,188	0,558	0,063
C2	0,745	0,317	0,655	0,395
C3	0,503	0,395	0,751	0,211
C4	0,707	0,138	0,733	0,180
C5	0,720	0,744	0,669	0,509
C6	0,660	0,712	0,721	0,424
C7	0,608	0,873	0,509	0,843
T1	0,783	0,065	0,441	0,860
[C1, T1]	0,338	0,379	0,184	0,037

CONCLUSION

Results show better performance results than the literature^[4-8] for both the cervical and full-spine models

Both presented models show similar performance results

Unlike ours, **models in the literature were trained with unbalanced labels**^[4-8]. This might explain why **our models both perform similarly, but way better than the literature**

Our models were *not* trained *nor* tested on a pediatric population, and *neither* on fractured, metastatic or instrumented vertebrae

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