Voxel-MARS and CMARS: Methods for Early Detection of Alzheimer's Disease by Classification of Structural Brain MRI



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PRESENTATION OUTLINE



• Future Outlook



Discussion

- Definitions

- Alzheimer's Disease (AD)
- Most common neurodegenerative disease
- Most common cause of dementia
- Causes problems with memory, thinking and behavior, interferes with daily tasks, eventually leads to death
- Prevalence gets higher due to increasing life expectancy

Mild Cognitive Impairment (MCI)

- Cognitive impairments beyond the expected ones due to age and education
- Increasing risk of converting to AD (at a rate of approximately 10% to 15% per year according to Petersen et al., 2004)



MOTIVATION - Current status (1/2)

Percentage

25

20

15

10

5

0

Age

Percentage changes in selected causes of death (all ages) between 2000 and 2014.

(2017 ALZHEIMER'S DISEASE FACTS AND FIGURES, Alzheimer's Association, USA)



- Current status (2/2)

Only **45%** of AD patients or their caregivers **are told of the diagnosis**.

(2017 ALZHEIMER'S DISEASE FACTS AND FIGURES, Alzheimer's Association, USA)



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- How is the diagnosis made?

■ No single test to diagnose

- Definite diagnosis can only be made postmortem (Cuingnet et al, 2011)
 - amyloid plaques
 - neurofibrillary tangles
- Medical history, physical exams, laboratory tests, neurobiological and mental assessment
 - A laborious process
 - Not allowing early-detection
 - Lacking **objectivity**

- Brain imaging to eliminate other possibilities
 - Tumors
 - Strokes
 - Hemorrhage
 - Fluid collection
 - Traumatic injuries
- No CAD system has yet been a part of the clinical routine



OBJECTIVES

To develop a procedure which improves the **early detection of AD** using **structural brain MRI** volumes.

- No new, unfamiliar requirements sMRI is already a part of the clinical practice.
- **Objectivity** Procedure does not depend on manual assessment of the data.
- Performance High accuracy, especially high sensitivity is aimed.

To build a foundation for a **fully-automated computer**assisted diagnostic system.



BACKGROUND

Neuroimaging Biomarkers
 Classification with MARS/CMARS

STRUCTURAL ALTERATIONS in AD

An illustration showing the structural alterations developed in mild and severe Alzheimer's Disease.

Taken from:

https://www.brightfocus.org/alzheim ers/infographic/progressionalzheimers-disease



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NEUROIMAGING BIOMARKERS

ROI-based methods suffer from (Zhang and Wang, 2015):

- Requirement of the expert knowledge
- Dependency to the **experience level**
- Difficulty in implementation of mutual information b/w voxels
- Potential existence of other relevant regions
- Examiners' tendency to manual segmentation

Voxel intensity-based «whole brain» approach provides:

- Largest set of initial baseline features
- Possibility of expanding the procedure for other neurodegenerative diseases

Neuroimaging-based biomarkers





10/45

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MARS

- Multivariate Adaptive Regression Splines



 $h(X_1, X_2)$

A reflected pair of two hinge functions: The basis functions $(x-t)_+$ (solid orange) and $(t-x)_+$ (broken blue) used by MARS where $t = 0.5^*$

Model function:

$$\hat{f}(\boldsymbol{x}) = \beta_0 + \sum_{m=1}^M \beta_m B_m(\boldsymbol{x})$$

Basis functions:



Function $h(X_1, X_2)$, resulting from multiplication of two piecewise linear MARS basis functions*

(*) T. Hastie, R. Tibshirani and J. Friedman, *The Elements of Statistical Learning: Data Mining, Inference and Prediction*, 2 ed., Springer, 2009

A reflected pair:				
$(x-t)_{+} = \{ \begin{array}{c} x-t, \\ 0, \end{array} \}$	if $x > t$ otherwise			
$(t-x)_{+} = \{ \begin{array}{c} t-x, \\ 0, \end{array} \}$	if $x < t$ otherwise			



MARS

- Avoiding Overfit through the Backward Step

Backward step cancels out some basis functions and update coefficients accordingly.

ACC = 0.6689 $ACC = 0.6689$ $ACC = 0.6689$ $ACC = 0.6757$							
0.541 // 0 -0.317 * max(0, x[2561] - 0.497) // 1 -1.29 * max(0, 0.497 - x[2561]) // 2 +0.247 * max(0, 0.0838 - x[994] - 0.0838) * max(0, 0.497 - x[2561]) // 3 +0.691 * max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.497 - x[2561]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.497 - x[2561]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.213 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.255 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.625 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.625 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.625 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.625 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 4 +0.625 max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) // 7 +1.81 * max(0, x[2542]0.226) * max(0, 0.497 - x[2561]) // 7 +0.626 * max(0, 1.03 - x[912] - 1.03) // 7 +0.0952 * max(0, 1.03 - x[912]) // 8 +0.0952 * max(0, 1.03 - x[912]) // 8 +0.201 * max(0, 1.03 - x[912]) // 8 +0.201 * max(0, -0.574 - x[2155]) // 10 +0.251 * max(0, -0.574 - x[2155]) // 10 +0.255 max(0, -0.574 - x[2155]) // 10 +0.255 max(0, -0.574 - x[2155]) // 10 +0.255 max(0, -0.574 - x[2155]) // 10 +0.295 max(0, -0.		ACC = 0.66	89		ACC =	0.6757	
$+0.269 * \max(0, x[2840] - 0.165) // 13 +0.604 * \max(0, 0.165 - x[2840]) // 14 +0.72 * \max(0, 0.165 - x[2840]) // 12$	0.541 -0.317 * +0.247 * +0.691 * -4.72 * +0.117 +1.88 * +0.130 -0.626 * +0.0952 +0.201 * +0.251 * +0.269 *	<pre>* max(0, x[2561] - 0.497) max(0, 0.497 - x[2561]) * max(0, x[994] - 0.0838) * max(0, 0.497 - x[2561]) * max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) max(0, 0.497 - x[2561]) * max(0, 0.497 - x[2561]) max(0, 0.497 - x[2501]) * max(0, 0.6715 x[2967]) max(0, x[2542]0.226) * max(0, 0.497 - x[2561]) max(0, x[2542]0.226) * max(0, 0.497 - x[2561]) max(0, x[2542] - 1.03) * max(0, x[912] - 1.03) * max(0, x[2155]0.574) * max(0, x[2155]0.574) * max(0, x[2840] - 0.165) * max(0, 0.165 - x[2840])</pre>	// 0 // 1 // 2 // 3 // 4 // 5 // 6 // 7 // 8 // 9 // 10 // 11 // 12 // 13 // 14	BACKWARD STEP	0.467 -0.325 -1.14 * +0.213 +0.625 -4.67 * +1.81 * -0.579 +0.107 +0.208 +0.258 +0.295 +0.72 *	<pre>max(0, x[2561] - 0.497) max(0, 0.497 - x[2561]) max(0, x[994] - 0.0838) * max(0, 0.497 - x[2561]) max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) max(0, 0.497 - x[2561]) * max(0, x[2967] - 0.0715) max(0, x[2542]0.226) * max(0, 0.497 - x[2561]) max(0, x[912] - 1.03) max(0, 1.03 - x[912]) max(0, 1.03 - x[912]) max(0, x[2155]0.574) max(0, -0.574 - x[2155]) max(0, x[2840] - 0.165) max(0, 0.165 - x[2840])</pre>	// 0 // 1 // 2 // 3 // 4 // 5 // 6 // 7 // 8 // 9 // 10 // 11 // 12



CMARS

- Conic Multivariate Adaptive Regression Splines

MARS - Backward Algorithm





CMARS - Optimization



14/45

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CMARS - Conic Quadratic Optimization

CMARS replaces the backward step, does not remove basis functions. Instead, update coefficients.

	ACC = 0.66	689		ACC = 0.7027	
0 + + + + + + + + + + + + +	ACC = 0.66 .541 0.317 * max(0, x[2561] - 0.497) 1.29 * max(0, 0.497 - x[2561]) 0.247 * max(0, x[994] - 0.0838) * max(0, 0.497 - x[2561]) 0.691 * max(0, 0.0838 - x[994]) * max(0, 0.497 - x[2561]) 4.72 * max(0, 0.497 - x[2561]) * max(0, x[2967] - 0.0715) 0.117 * max(0, 0.497 - x[2561]) * max(0, 0.0715 - x[2967]) 1.88 * max(0, x[2542]0.226) * max(0, 0.497 - x[2561]) 0.138 * max(0, -0.226 - x[2542]) * max(0, 0.497 - x[2561]) 0.626 * max(0, x[912] - 1.03) 0.0952 * max(0, 1.03 - x[912]) 0.201 * max(0, x[2155]0.574) 0.251 * max(0, -0.574 - x[2155])	<pre>// 0 // 1 // 2 // 3 // 4 // 5 // 6 // 7 // 8 // 9 // 10 // 11 // 12</pre>	CMARS	ACC = 0.7027 0.541 -0.328 $\max(0, x[2561] - 0.497)$ -0.772 $\max(0, 0.497 - x[2561])$ +0.164 $\max(0, x[994] - 0.0838) * \max(0, 0.497 - x[2561])$ +0.399 $\max(0, 0.0838 - x[994]) * \max(0, 0.497 - x[2561])$ -2.8 * $\max(0, 0.497 - x[2561]) * \max(0, x[2967] - 0.0715)$ +0.00296 * $\max(0, 0.497 - x[2561]) * \max(0, 0.0715 - x[2967])$ +1.94 * $\max(0, x[2542]0.226) * \max(0, 0.497 - x[2561])$ +0.0239 * $\max(0, -0.226 - x[2542]) * \max(0, 0.497 - x[2561])$ +0.257 $\max(0, x[912] - 1.03)$ +0.257 $\max(0, x[2155]0.574)$ +0.32 * $\max(0, -0.574 - x[2155])$	// 0 // 1 // 2 // 3 // 4 // 5 // 6 // 7 // 8 // 9 // 10 // 11 // 12
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WHY MARS/CMARS?

MARS

- Nonparametric: No prior assumption of any parametric form on the data
- Adaptive: Learning from the data
- Enables **nonlinear** models: Modelling interactions and dependencies between variables
- Enables flexible, complex models: Superposition of linearly independent BFs
- Global: Assessing the data as a whole, determining significance of the variables.

CMARS

- Preserves information: Re-weighting the relevancy of variables
- Mathematically more **integrated**: Involves utilization of regularization and modern optimization tools



PROPOSED METHODOLOGY

Study Data
 Feature Extraction Method
 Dimensionality Reduction Procedure

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STUDY DATA - Subject Groups in (Cuingnet et al., 2011)

- Performances of 10 different approaches of various researchers have been evaluated using 509 subjects from the ADNI database (Cuingnet et al., 2011):
 - 5 voxel-based methods,
 - 3 methods based on cortical thickness, and,
 - 2 methods based on the **hippocampus**
- 3 classification experiments were performed:
 - CN/AD, CN/MCIc, and MCIc/MCInc

- Image properties:
 - T1-weighted MR images,
 - ADNI acquisition protocol,
 - When available, **baseline scan**, otherwise visiting scan,
 - Pre-processed images with some post-acquisition corrections:
 - image geometry corrections,
 - magnetic field intensity non-uniformity corrections, and,
 - "Best" quality scan is determined by the ADNI investigators.







STUDY DATA

- Demographic Characteristics

Demographic characteristics of the studied patients. (Adapted from Cuingnet et al., 2011)

Diagnosis	Number	Age	Gender	MMS	Centers
CN (Train)	81	76.1 ± 5.6 [60 - 89]	38 M/43 F	29.2 ± 1.0 [25 - 30]	35
AD (Train)	69	75.8 ± 7.5 [55 - 89]	34 M/35 F	23.3 ± 1.9 [18 - 26]	32
MCIc (Train)	39	74.7 ± 7.8 [55-88]	22M/17F	26.0 ± 1.8 [23 - 30]	21
MCInc (Train)	67	74.3 ± 7.3 [58-87]	42M/25F	27.1 ± 1.8 [24 - 30]	30
CN (Test)	81	76.5 ± 5.2 [63 - 90]	38 M/43 F	29.2 ± 0.9 [26 - 30]	35
AD (Test)*	67	76.0 ± 7.1 [57 - 91]	32 M/35 F	23.2 ± 2.1 [20 - 27]	33
MCIc (Test)	37	74.9 ± 7.0 [57 - 87]	21 M/16 F	26.9 ± 1.8 [24 - 30]	24
MCInc (Test)	67	74.7 ± 7.3 [58 - 88]	42 M/25 F	27.3 ± 1.7 [24 - 30]	31



FEATURE EXTRACTION

- Voxel-Based Morphometry (VBM) using SPM

SPM

- a MATLAB suite to organize and interpret neuroimaging data
- analysis of brain imaging data sequences
- a series of images from different cohorts, or time-series from the same subject
- MRI, fMRI, PET, SPECT, EEG, and MEG

VBM

- sensitive to the differences b/w
 local composition of brain
 tissues, while discounting
 positional and other large-scale
 variations in gross anatomy
- mass-univariate (analysis of each voxel separately)
- independent of the a priori assumption that abnormalities are contained within specific anatomical regions



UNIFIED SEGMENTATION - MoG --> The Objective Function **Bias field** correction (Top) An example MoG model visualization*. (Bottom) T1 MRI Tissue intensity Frequency distributions*. Template Tissue matching segmentation * Taken from Ashburner's SPM course notes Image Intensity $P(\boldsymbol{y}|\boldsymbol{\mu},\boldsymbol{\sigma},\boldsymbol{\gamma}) = \prod_{i=1}^{l} \left(\sum_{k=1}^{l} \frac{(\boldsymbol{\gamma}_{k})}{(2\pi\sigma_{k}^{2})^{\frac{1}{2}}} \exp \right)$ 0.04 Grey Matter White Matter 0.035 CSF Bone Soft Tissue 0.03 Air/Background Lobability Density 0.05 0.05 0.015 $-\log P(\boldsymbol{y}|\boldsymbol{\mu},\boldsymbol{\sigma},\boldsymbol{\gamma},\boldsymbol{\beta},\boldsymbol{\alpha})$ $= -\sum_{i=1}^{r} \log \left(\frac{\rho_i(\boldsymbol{\beta})}{\sum_{k=1}^{K_i} \gamma_k b_{i,k}(\boldsymbol{\alpha})} \sum_{k=1}^{K_i} \frac{\gamma_k b_{i,k}(\boldsymbol{\alpha})}{(2\pi\sigma_k^2)^{\frac{1}{2}}} \exp \left(-\frac{(\rho_i(\boldsymbol{\beta})y_i - \mu_k)^2}{2\sigma_k^2} \right) \right)$ 0.01 0.005 400 500 100 200 300 600 700 800 900 1000 Intensity

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UNIFIED SEGMENTATION

- Native Space-Aligned Tissue Probability Maps (TPM)





SPATIAL NORMALIZATION - MNI* Space



*MNI: Montreal Neurological Institute

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- DARTEL Templates & Flow Fields

Diffeomorphic Anatomical Registration Through Exponentiated Lie Algebra

- A diffeomorphism is a differentiable mapping with a differentiable inverse, i.e., non-zero Jacobian determinant.
- Modeling transformations with diffeomorphisms ensures certain unique and desirable topological properties.
- The exponential mapping maintains only a single vector field that is constant in time.







(Left) Initial vs final averages of GM, WM, and CSF

(Top) Flow-field example



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FINAL STEPS

- Smoothing & Intensity Modulation

Spatial Smoothing

- 8 mm FWHM,
- Improvement of the signal to noise ratio (SNR), thus, sensitivity – The Matched Filter Theorem,
- Improving validity of the statistical tests by making the error distribution more normal,
- Accommodation of anatomical and functional variations between subjects,
- Reduction of spatial resolution of the data.

Intensity Modulation

- Correction of the volumetric differences which are inevitably introduced by warping,
- Normalized tissue volume is adjusted by multiplying by its relative volume before and after warping,
- Total amount of tissues are preserved.



- Tissue Probability Maps (TPM)





DESIGN MATRIX - AD/CN Group



DIMENSIONALITY REDUCTION

a 3-Step, Hybrid Procedure for Feature Selection

Step I: Statistical Analysis

Step III: Within-Class Norm Thresholding Step II: Tissue Probability Criteria



28/45

DIMENSIONALITY REDUCTION

- Step I: Statistical Analysis

GLM: General Linear Model is a generalization of multiple linear regression model to the case of more than one dependent variable.

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y = Xb + u

y: the vector of independent observations
X: contains the tissue probabilities as features
b: the vector of unknown parameters
u: errors - independent and identically distributed
(i.i.d.) random variables with mean value 0

Two-sample *t*-Test

- Compare the means of the two populations at each voxel
- Discriminate the statistically significant voxel positions from others



29/45

DIMENSIONALITY REDUCTION - Step II: Tissue Probability Criteria

A modification to the STAND Score (Vemuri, 2008)

1. $P_{GM}(i,j) + P_{WM}(i,j) < \tau_1, \ \forall i \in [1, 2, ..., n]$

sum of probabilities of being gray matter and white matter is smaller than the first threshold, τ_1

2. $\overline{P_{GM}}(j) + \overline{P_{WM}}(j) < \tau_2$

the sum of the sample means of probabilities of being gray matter and white matter is smaller than the second threshold, τ_2

Optimum thresholds:

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$$\tau_1 = 0.5 \text{ and } \tau_2 = 0.7$$

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DIMENSIONALITY REDUCTION - Step III: Within-Class Norm Thresholding

$$\|P(j)\|_{2} = \sqrt{\sum_{i=1}^{n} (P(i,j))^{2}}$$
$$\mu_{c} = \frac{\sum_{j \in c} \|P(j)\|_{2}}{j_{c}}, \quad c \in \{GM, WM, CSF\}$$
$$\|P(j)\|_{2} < \epsilon \mu_{c}$$
$$\epsilon = 0.9$$





31/45

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PERFORMANCE EVALUATION

Parameter Optimization
 Results
 Discussion

Voxel-MARS (ANOR SI: OR in Neuroscience)

Voxel-MARS: a method for early detection of Alzheimer's disease by classification of structural brain MRI

The Alzheimer's Disease Neuroimaging Initiative

Annals of Operations Research

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Ann Oper Res DOI 10.1007/s10479-017-2405-7



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OR IN NEUROSCIENCE

Voxel-MARS: a method for early detection of Alzheimer's disease by classification of structural brain MRI

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Abstract Neuroscience is of emerging importance along with the contributions of Operational Research to the practices of diagnosing neurodegenerative diseases with computeraided systems based on brain image analysis. Although multiple biomarkers derived from Magnetic Resonance Imaging (MRI) data have proven to be effective in diagnosing Alzheimer's disease (AD) and mild cognitive impairment (MCI), no specific system has yet been a part of routine clinical practice. This paper aims to introduce a fully-automated voxelbased procedure, Voxel-MARS, for detection of AD and MCI in early stages of progression. Performance was evaluated on a dataset of 508 MRI volumes gathered from the Alzheimer's Disease Neuroimaging Initiative database. Data were transformed into a high-dimensional space through a feature extraction process. A novel 3-step feature selection procedure was applied. Multivariate Adaptive Regression Splines method was used as a classifier for the first time in the field of brain MRI analysis. The results were compared to those presented in a previous study on 28 voxel-based methods in terms of their ability to separate control normal (CN) subjects from the ones diagnosed with AD and MCI. It was observed that our method outoerformed all of the others in sensitivity (83,58% in AD/CN and 78,38%

Data used in preparation of this article were obtained from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database (adni.loni.usc.edu). As such, the investigators within the ADNI contributed to the design and implementation of ADNI and/or provided data but did not participate in analysis or writing of this report. A complete listing of ADNI investigators can be found at: http://adni.loni.usc.edu/wp-content/ uploads/how_to_apply/ADNI_Acknowledgement_List.

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Table 6 Performance of our method is compared with the average outcomes of others

Case	Metric	Other methods	Voxel-MARS	Difference	Rank
AD/CN	SEN	71.46±5.65 [59-82]	83.58	+12.12	1
	SPE	89.39±5.03 [77-98]	86.42	-2.97	22
	PPV	85.18±6.23 [72-96]	83.58	-1.60	21
	NPV	78.93±3.88 [70-86]	86.42	+7.49	1
MCIc/CN	SEN	54.39±12.39 [22-73]	78.38	+23.99	1
	SPE	88.82±7.27 [73-99]	88.89	+0.07	17
	PPV	71.50±11.97 [50-89]	76.32	+4.82	12
	NPV	81.21±3.60[73-87]	90.00	+8.79	1
MCIc/MCInc	SEN	44.20±15.22 [22-70]	62.16	+17.96	2
	SPE	76.47 ±8.77 [61-91]	59.70	-16.77	16
	PPV	51.33±7.25 [39-67]	46.00	-5.33	12
	NPV	68.18±5.02 [66-79]	74.07	+5.89	7

Values in "other methods", "Voxel-MARS" and "difference" columns are given as percentages

Table 7 Our method compared with five methods on AD/CN classification

ID	Method name	SEN (%)	SPE (%)	PPV (%)	NPV (%)
0	Voxel-MARS	83.58	86.42	83.58	86.42
1.5.1 a	Voxel-COMPARE-D-gm	82	89	86	86
1.1.1 a	Voxel-Direct-D-gm	81	95	93	86
1.4.1 b	Voxel-Atlas-D-all	81	90	87	85
2.2	Thickness-Atlas	79	90	87	84
1.4.1 a	Voxel-Atlas-D-gm	78	93	90	83

Table 8 Our method compared with five methods on MCI/CN classification

ID	Method name	SEN (%)	SPE (%)	PPV (%)	NPV (%)
0	Voxel-MARS	78.38	88.89	76.32	90.00
1.3.1 a	Voxel-STAND-D-gm	73	85	69	87
3.1.1	Hippo-Volume-F	73	74	56	86
3.1.2	Hippo-Volume-S	70	73	54	84
1.4.2 a	Voxel-Atlas-S-gm	68	95	86	87
2.3	Thickness-ROI	65	94	83	85

An overall quantitative comparison of the performance of our method with other methods is introduced in Table 6. Performance statistics of other methods are presented in the format: "average (%) ± standard deviation (%) [range (%)]". In both of the AD/CN and AD/MCI classification cases, all 28 methods had produced reasonable results, whereas in MCI/MCInc classification case, only 15 of them had. Therefore, for the 3rd case, 13 methods producing "zero sensitivity" were not included in computations. The column "Difference" compares the results gathered using our method and the averages of other methods as percentage.

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PERFORMANCE MEASURES

		Actual Classes				
		POSITIVE (DISEASED)	NEGATIVE (HEALTHY)			
ctions	POSITIVE (DISEASED)	True Positive (TP)	False Positive (FP)			
Predi	NEGATIVE (HEALTHY)	False Negative (FN)	True Negative (TN)			

	ACCURACY:
	- (TP + TN)/(TP + TN + FP + FN)
Y)	SENSITIVITY (RECALL):
	- TP/(TP + FN)
١	SPECIFICITY:
)	- TN/(TN + FP)
	PPV (PRECISION):
	- TP/(TP + FP)
)	■ NPV:
	- TN/(TN + FN)
	■ AUC

PARAMETER OPTIMIZATION - *N*-Times Replicated *k*-Fold Cross-Validation

AD/CN: 150, MCI/CN: 120,

MClc/MClnc: 104 training samples.

To keep training samples constant at each iteration:

SAMPLE SIZE $\times (k-1)/k \approx 100$.

To keep total repetition at each iteration constant:

Keep $n \times k$ constant.

AD/CN:
$$n = 18$$
, $k = 3$, MCI/CN: $n = 9$, $k = 6$,
MCIc/MCInc: $n = 3$, $k = 18$





35/45

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Dimensionality Reduction - Results



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Dimensionality Reduction - A Comparison with Commonly-Used Methods

Our procedure for dimensionality reduction is compared with other commonly used techniques, in terms of sensitivity (SEN), specificity (SPE), positive predictive value (PPV), and negative predictive value (NPV) outcomes.

	SEN (%)	SPE (%)	PPV (%)	NPV (%)
Voxel-MARS	83.58	86.42	83.58	86.42
PCA	82.09	71.60	70.51	82.86
MDS	82.09	71.60	70.51	82.86
Laplacian Eigenmaps	79.10	74.07	71.62	81.08
Kernel PCA	2.99	95.06	33.33	54.23
Diffusion Maps	91.04	1.24	43.26	14.29
GDA	0	100	-	54.73
None	67.16	81.48	75.00	75.00



Classification with MARS (1/3) - AD/CN Case

Performance of Voxel-MARS in **AD/CN** classification is compared to those of the 5 highest-ranking methods in terms of sensitivity. **Voxel-MARS** provides the **highest sensitivity outcome**.

Method ID	Method Name	SEN	SPE	PPV	NPV
0	Voxel-MARS	83.58%	86.42%	83.58%	86.42%
1.5.1 a	Voxel-COMPARE-D-gm	82%	89%	86%	86%
1.1.1 a	Voxel-Direct-D-gm	81%	95%	93%	86%
1.4.1 b	Voxel-Atlas-D-all	81%	90%	87%	85%
2.2	Thickness-Atlas	79%	90%	87%	84%
1.4.1 a	Voxel-Atlas-D-gm	78%	93%	90%	83%



Classification with MARS

- A Comparison to the Average Success Rates

	AD/CN				
	SEN	SPE	PPV	NPV	
AVERAGE	71.46%	89.39%	85.18%	78.93%	
STD. DEV.	5.65%	5.03%	6.23%	3.88%	
MARS	83.58%	86.42%	83.58%	86.42%	
DIFF.	12.12%	-2.97%	-1.60%	7.49%	



Feature Extraction Method: VBM - A Comparison with Other Feature Descriptors

ACCURACY	SIFT*	HOG**	Voxel-MARS				
Our Implementation	0.71	0.74	0.85				
(Toews et al., 2010)	0.71	_	_				
(Daliri, 2012)	0.75	-	-				
(Chen et al., 2014)	0.74	-	-				
(Cattell et al., 2016)	-	0.90*	-				
(Ameer et al., 2017)	-	0.68	-				
(Unay and Ekin, 2011)	-	0.74	-				
*SIFT: Scale-Invariant Feature Transform							

Voxel-MARS outperforms feature descriptors in terms of accuracy.

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 * (Cattell et al., 2014) does not involve early diagnosis, involves classification of amyloid status.



7/9/2018 EURO 2018 Valencia

**HOG: Histogram of Oriented Gradients

Classification with CMARS

Accuracy gathered by CMARS for varying parameter values. $(M_{max} \in \{11, 21, ..., 101\}; K_{max} \in \{1, 2, 3\}; \widetilde{M} = 1).$ Higher accuracy in higher dimensions and higher degree of interactions.







MARS vs. CMARS

- Confusion matrices
- SEN and SPE outcomes

per classification group, acquired by MARS & CMARS.

CMARS provided higher specificity in:

- AD/CN
- MClc*/MClnc**

classification cases.

*MCIc: Mild Cognitive Impairment converting to AD, **MCInc: MCI not converting to AD.

		True Classes							
		AD/CN		M	MCI/CN		MCIc/M	MCIc/MCInc	
MARS		Н	D	Н		D	Н	D	
Predictions	Healthy	70	11		72	8	40	14	
	Diseased	11	56		9	29	27	23	
	TOTALS	81	67		81	37	67	37	
CMARS			D						
			D of	П	07	U 40	П 40	U 10	
Predictions	Healthy	(1	20)	67	15	42	16	
	Diseased	10	47		14	24	- 25	21	
	TOTALS	81	67	,	81	37	67	37	
					MCL	CN	MClo	MCInc	
		AL							
MARS	SEN (%)	83.58			78.38		62.16	62.16	
	SPE (%)	86	5.42		88.89		59.70	59.70	
CMARS	SEN (%)	70.15			64.86		56.76	56.76	
	SPE (%)	87.65			82.72		62.69	62.69	



42/45

CONCLUSIONS

ConclusionsFuture Outlook

CONCLUSIONS

- Contributions

- A solid basis for a fully-automated Computer-Aided Diagnosis system for early AD diagnosis is built.
- Qualitative and quantitative comparison between VBM and Feature Descriptorbased approach is made. VBM is shown to be more effective in early diagnosis.
- A novel, 3-step, hybrid Dimensionality Reduction procedure employing both Statistical Analysis and Domain Knowledge is developed. Proposed method outperformed commonly-used space-transforming methods.
- MARS and CMARS methods are utilized for classification of medical images for the first time in the literature. Very successful results are obtained, especially in terms of sensitivity.
- A flexible codebase and a high-quality dataset is ready for further use.
- Our paper, *Voxel-MARS* was published in *ANOR, SI: OR in Neuroscience*.

A FUTURE OUTLOOK

Planned work

• The research on MARS and CMARS will be extended to include very recent variants of these methods, e.g., **RMARS, RCMARS, RCGPLM.**

Potential future directions

- Methodology may be extended to produce **probabilities rather than class** labels.
- The procedure may be extended to cover other neurodegenerative diseases.
- Dataset may be enriched to investigate multimodal feature performance.
- Dataset may be enriched to investigate possiblity of utilizing Deep Learning methods.



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