# Sparse Principal Axes Statistical Deformation Models for Respiration Analysis and Classification

Jakob Wasza<sup>1</sup>, Sebastian Bauer<sup>1</sup>, Sven Haase<sup>1,2</sup>, Joachim Hornegger<sup>1,3</sup>

<sup>1</sup>Pattern Recognition Lab, University of Erlangen-Nuremberg
 <sup>2</sup>TUM Graduate School of Information Science in Health (GSISH)
 <sup>3</sup>Erlangen Graduate School in Advanced Optical Technologies (SAOT)

BVM, Berlin, 3/22/2012







## Outline

- Motivation
  - Respiratory Motion
  - Range Imaging based Surrogates
- Methods
  - Range Imaging
  - Principal Component Analysis
  - Orthomax Rotations
- Results
  - PCA vs. Varimax Rotations
  - Applications
- Conclusion and Outlook



## **Motivation**

- Respiratory Motion
- Range Imaging based Surrogates



## **Motivation**

- Internal movement due to respiratory motion
  - Tomographic reconstruction
  - Fractionated radiotherapy
- Gating and beam adjustment based on 1-D respiration surrogates
  - Dedicated sensors attached to the body surface
  - Non-intrusive range imaging (RI)
- Current RI-based 1-D surrogates
  - Manually selected points and regions
  - Heuristic surface partitioning
  - Global statistical models



Figure: Gated radiotherapy using RI techniques.



#### **Motivation**

- Drawbacks of conventional statistical models
  - Fail to describe local deformations (e.g. thoracic and abdominal breathing)
  - Hinder an intuitive interpretation of the model's inherent variations
  - Produce invalid shapes w.r.t. the human respiration system
- Sparse axes models to produce relief
  - Relate local deformations to sparsity of the model's principal axes
  - Orthomax criterion to derive sparse principal modes of variation [1]

[1] Stegmann M.B, Sjöstrand K, Larsen R.
 Sparse Modeling of Landmark and Texture Variability using the Orthomax Criterion.
 In: Proc SPIE. vol. 6144; 2006. p. 61441G1-61441G.12.



## **Methods**

- Range Imaging
- Principal Component Analysis
- Orthomax Rotations



## **Range Imaging**

Usually denotes an ROI

- Sensor domain  $\Omega: N \times M \mapsto \mathbb{R}$
- Range image  $f(\boldsymbol{x}), \ \boldsymbol{x} \in \Omega$
- Linearized range image

$$f \equiv \boldsymbol{g} = \left(f\left(\boldsymbol{x}_{1}\right), \ \ldots, \ f\left(\boldsymbol{x}_{N \cdot M}\right)\right)^{T}, \ \boldsymbol{g} \in \mathbb{R}^{N \cdot M}$$

• Training data acquired at K different respiration states i $\mathcal{G} = \{\boldsymbol{g}_i\}_{i=1}^K, \ \boldsymbol{g}_i \equiv f_i$ 



Figure: Body surface captured by the Microsoft Kinect RI device.



## **Principal Component Analysis (PCA)**

Configuration matrix

$$oldsymbol{L} = [oldsymbol{g}_1 - \overline{oldsymbol{g}}, \ oldsymbol{g}_2 - \overline{oldsymbol{g}}, \ \dots, \ oldsymbol{g}_K - \overline{oldsymbol{g}}], \ oldsymbol{L} \in \mathbb{R}^{N \cdot M imes K}, \ \overline{oldsymbol{g}} = \sum_{i=1}^K oldsymbol{g}_i$$

• Eigendecomposition and principal component basis  $\Phi$ 

$$(\boldsymbol{L}^T\boldsymbol{L})\,\widetilde{\boldsymbol{e}}_i=\lambda_i\widetilde{\boldsymbol{e}}\qquad \boldsymbol{\Phi}=\left[\boldsymbol{L}\widetilde{\boldsymbol{e}}_1,\ \boldsymbol{L}\widetilde{\boldsymbol{e}}_2,\ \ldots,\ \boldsymbol{L}\widetilde{\boldsymbol{e}}_P
ight],\ \boldsymbol{\Phi}\in\mathbb{R}^{N\cdot M imes P}$$

- Linear span of the model Controls the modes  $g^* = \overline{g} + \Phi b, \ \overline{b} \in \mathbb{R}^P$   $b = \Phi^T (g^* - \overline{g})$
- Note that PCA maximizes the variance of the input data along the basis vectors  $L\tilde{e}_i$ .

#### Thus, global modes are obtained!





 Varimax rotations transform the model basis according to Φ<sub>O</sub> = ΦR<sub>O</sub>, maximizing the squared variable loadings by bringing several loadings close to zero.

#### This favors sparse modes!



- PCA vs. Varimax Rotations
- Applications



- Dimension reduction
  - Abdominal and thoracic breathing
  - Two separate and one joint model

Mode of variation	Abdominal	Thoracic	Joint
#1	98.4 % (98.4%)	92.7 % (92.7%)	75.3 % (75.3%)
#2	~1.0 % (99.4%)	~ 5.9 % (98.6%)	23.2 % (98.5%)
#3	< 1.0 % (99.8%)	< 1.0 % (99.4%)	~ 1.0 % (99.4%)
#4	< 1.0 % (99.9%)	< 1.0 % (99.6%)	< 1.0 % (99.6%)
Total	99.9%	99.6%	99.6%

Table: Variance covered by the first four modes of variation.



• PCA vs. varimax rotations



Figure: Respiratory motion patterns from statistical analysis. PCA (P) and Varimax rotations (V). Magnitude of variation is color coded from blue (low) to red (high).



• Simulation of respiration states for algorithm benchmarking





• Patient specific respiration analysis and classification





## **Conclusion and Outlook**

22.03.2012 | Jakob Wasza | Pattern Recognition Lab (CS 5) | Statistical Surface Deformation Models



#### **Conclusions and Outlook**

- Sparse principal axes for respiration analysis
  - Varimax rotations to generate sparse modes
  - Local surface deformations
  - Differentiation between thoracic and abdominal breathing
- Future work
  - Extension to 3-D point clouds
  - Non-linear techniques for model generation

## Thank you for your attention!



## Acknowledgements

 We gratefully acknowledge the support by the European Regional Development Fund and the Bayerisches Stastsministerium für Wirtschaft, Infrastruktur, Verkehr und Technologie in the context of the R&D program luK Bayern under Grant No. IUK338.



We gratefully acknowledge the Support by the *Deutsche Forschungsgemeinschaft* under Grant No. HO 1791/7-1 and the
 Graduate School of Information Science in Health (GSISH) and the
 TUM Graduate School.

