

## INTRODUCTION

Bone segmentation can be used to evaluate metastatic tumor burden in breast cancer. Metastatic breast cancer lesions are mostly located in the bones [1] and literature shows that tumor response can be assessed by evaluating the size and intensity of bone metastasis on PET scans [2]. Our final goal is to develop a new method to segment automatically bone and bone lesions on PET/CT images. This will allow to calculate a new index to evaluate the tumor response in the context of metastatic breast cancer. Figure 1 presents the first steps : the **bone segmentation**.

The **Hausdorff distance** (HD) is rarely used as a loss because it is not differentiable. However, it can be approximate by using the **distance transform** to make it differentiable and use it as a loss function [4].

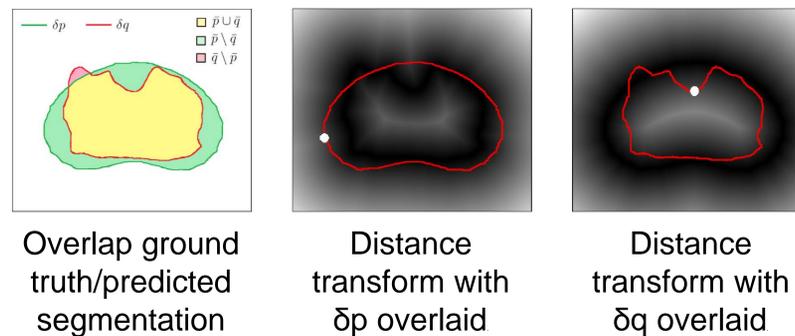


Figure 2: Distance Transforms for HD computation

## RESULTS

Table 1: Quantitative evaluation

Methods	Mean Recall	Mean Precision	Mean Dice	Glob. Dice	Mean HD	Max HD
Threshold-based	0,949	0,963	0,955	0,953	103,5	187
U-Net <sub>CE+DCS</sub>	0,988	0,984	0,986	0,986	49,99	131
U-Net <sub>HD+DCS</sub>	0,980	0,975	0,978	0,978	39,59	113

## Visual evaluation

The threshold-based method presents some segmentation errors in the heart or kidneys and under-segmentation in the vertebrates. The U-Net<sub>CE+DCS</sub> method sometimes over-segment small volumes distinct from the bone, contrary to the U-Net<sub>HD+DCS</sub> method.

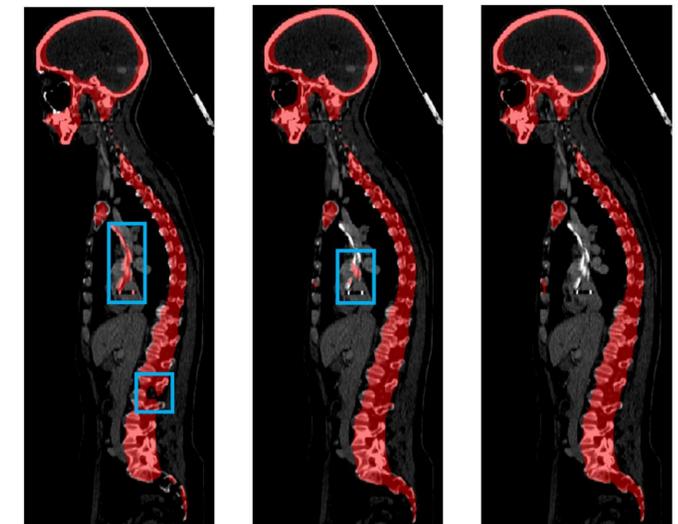


Figure 4: Bone segmentation for the 3 methods

## CONCLUSIONS

- Deep learning methods outperformed than threshold-based method
- Hausdorff distance-based loss reduce the false positive segmentation and improve visual results
- The dice score is not the best evaluator index to evaluate large volume segmentation like bone.

## REFERENCES

- [1] R. Coleman and R. Rubens, *The clinical course of bone metastases from breast cancer*, British Journal of Cancer 55 (1987), pp. 61-66.
- [2] U. Tateishi et al, *Bone Metastases in Patients with Metastatic Breast Cancer: Morphologic and Metabolic Monitoring of Response to Systemic Therapy with Integrated PET/CT*, Radiology 247.1 (2008), pp. 189-196.
- [3] Fabian Isensee et al, *Automated Design of Deep Learning Methods for Biomedical Image Segmentation*, arXiv preprint:1904.08128 (2020).
- [4] D. Karimi and S. E. Salcudean, *Reducing the Hausdorff Distance in Medical Image Segmentation With Convolutional Neural Networks*, IEEE Transactions on Medical 39,2 (2020), pp. 499-513.

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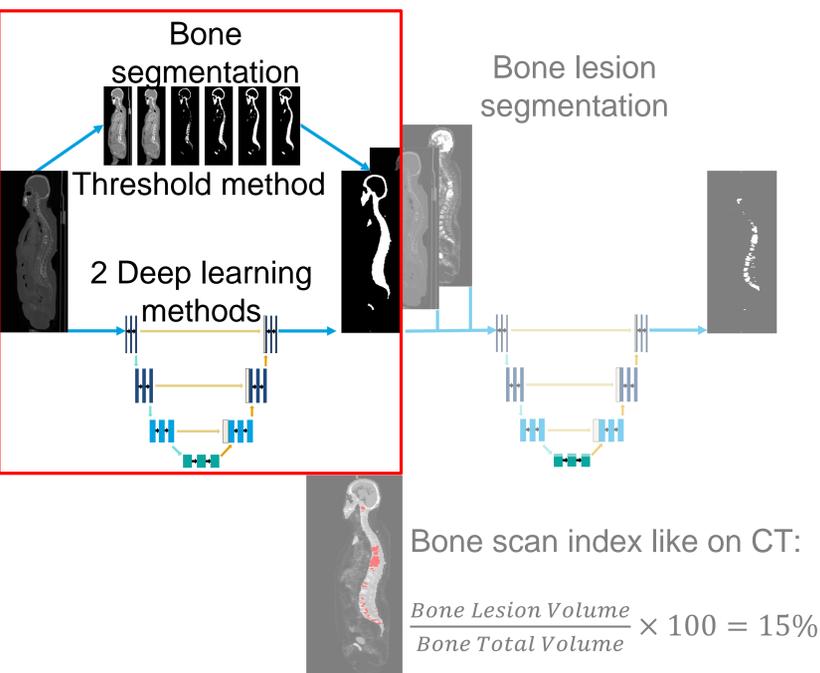


Figure 1: First step before bone lesion evaluation

## METHODS

### Data

Fifty patients were recruited in the prospective EPICURE<sub>seinmeta</sub> metastatic breast cancer study (NCT03958136). Imaging data were acquired in two sites using different imaging systems. For this work, we only used the collected CT images.

### Experiments

This work compares the results of three bone segmentation methods:

- 1) A **threshold-based** method using combined thresholding and morphological operations.
- 2) A standard 3D nnU-Net [3] with a cross entropy/Dice loss (**U-Net<sub>CE+DCS</sub>**).
- 3) A tuned 3D nnU-Net with a Hausdorff distance/Dice loss (**U-Net<sub>HD+DCS</sub>**).

### Threshold-based method

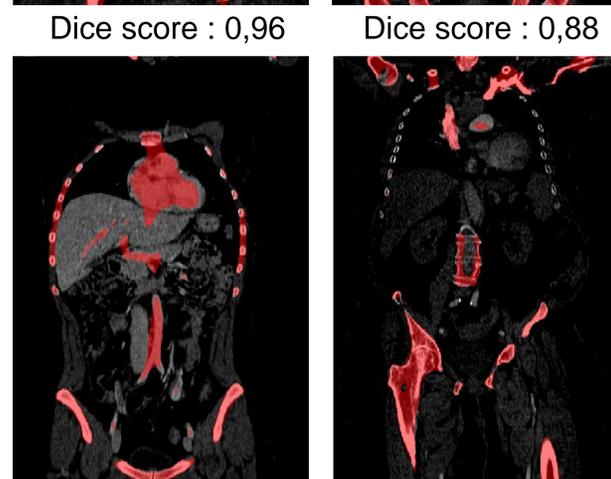
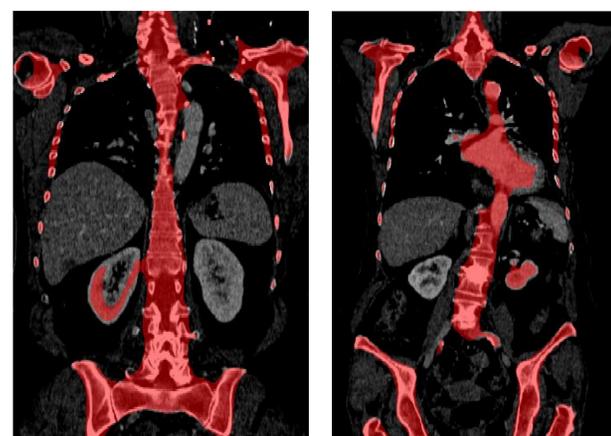


Figure 3: Threshold-based segmentation on 4 patients