





STROKE LESION OUTCOME PREDICTION BASED ON 4D CT PERFUSION DATA USING TEMPORAL **CONVOLUTIONAL NETWORKS** Kimberly Amador¹, Matthias Wilms^{1, 2}, Anthony Winder¹, Jens Fiehler³, Nils D. Forkert^{1, 3}

1. Department of Radiology and Hotchkiss Brain Institute, University of Calgary, Canada 2. Alberta Children's Hospital Research Institute, University of Calgary, Canada 3. Department of Diagnostic and Interventional Neuroradiology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

BACKGROUND

- Acute ischemic stroke (AIS) is a major cause of death and disability worldwide [1].
- To date, perfusion parameter maps are typically calculated from **spatio**temporal (4D) CT perfusion (CTP) imaging data and then thresholded to localize and quantify the stroke lesion core and tissue-at-risk [2].
- A few studies have recently developed advanced machine learning techniques, such as deep learning, to automatically predict stroke tissue outcomes from perfusion maps [3].

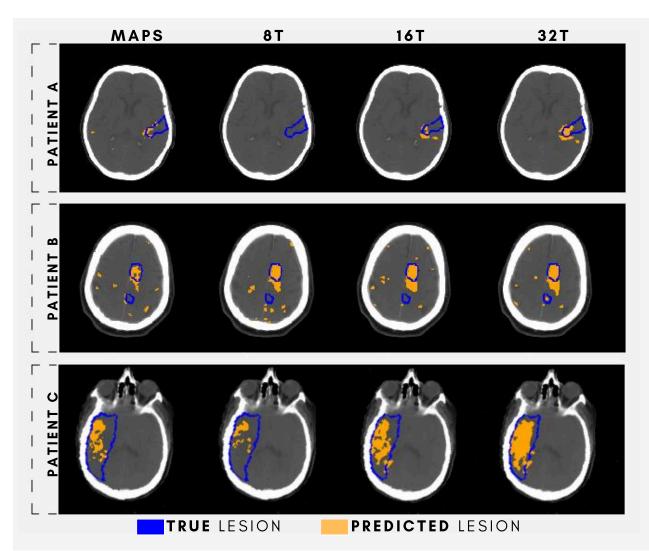
Original 4D CTP data might contain valuable information not directly represented in perfusion parameter <u>maps.</u>

OBJECTIVE

We aimed to develop and evaluate a **novel**, high-level deep learning model that directly utilizes 4D CTP data to predict the stroke tissue outcome as a spatial output (lesion segmentation).

METHODS

A temporal convolutional network (TCN) was designed for this work, as it has shown promising results in other medical image analysis problems [4] but has never been applied in AIS. This TCN aims to build a hierarchy in a tree-like fashion for combining temporal information from neighboring images. Briefly explained, we trained the proposed model, using the original 4D CTP datasets and their corresponding follow-up images, to automatically estimate the future outcome in new patients.



RESULTS

Model	Dice		Absolute Volume Error
MAPS	0.2387 ± 0.18	(*)	49.50 ± 27 ml
BT	0.2564± 0.20	(*)	32.25 ± 27 ml
6T	0.2836 ± 0.21	(**)	64.48 ± 54 ml
32T	0.3361 ± 0.21		52.04 ± 46 ml

Table 1 -- Evaluation metrics are reported as mean ± standard deviation. A paired t-test was used to compare the 32T model and its variants, with (*) indicating P<0.05 and (**) indicating P<0.001.

- → Using longer CTP sequences improves the stroke tissue outcome predictions.
- \rightarrow The proposed model can make better use of the 4D information available in CTP scans, especially when compared to using perfusion maps.

EXPERIMENTS

Using a multicenter dataset of 176 CTP scans, we:

- Explored the impact of the time window size by training the proposed model on various CTP lengths: 8, 16, and 32 time points.
- Investigated the added predictive potential of 4D CTP data compared to using perfusion maps.

FUTURE WORK

Our future projects will focus on improving the model performance while generating treatment-specific predictions. This could potentially assist in clinical decision-making and thus enhance the long-term prognosis of acute ischemic stroke patients.









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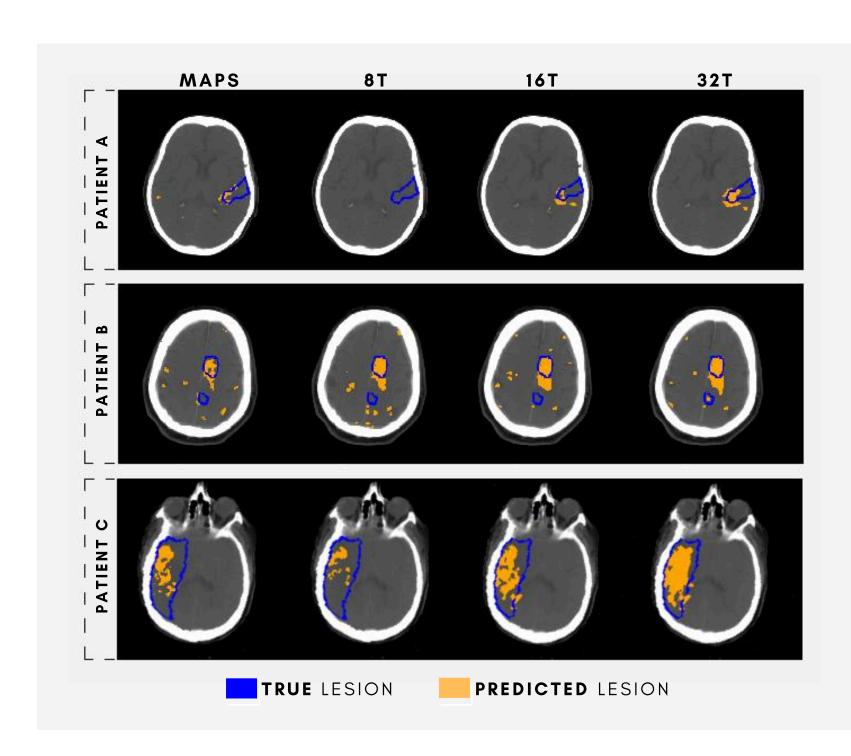






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4 RESULTS

Model	Dice	Absolute Volume Error
MAPS	0.2387 ± 0.18 (*)	49.50 ± 27 ml
8T	0.2561 ± 0.20 (*)	32.25 ± 27 ml
16T	0.2836 ± 0.21 (**)	64.48 ± 54 ml
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