

Towards prediction of pseudo-normal SPECT image data using variational autoencoder

Kateřina Dudášová¹
Ph.D. Candidate

Jiř Trnka, PhD.^{1,2}
supervisor

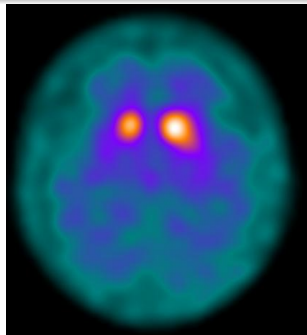
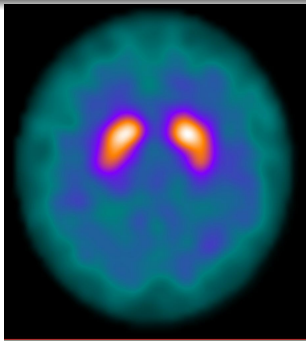
¹Faculty of Nuclear Sciences and Physical Engineering, CTU in Prague, Czech Republic

²The General Teaching Hospital in Prague, Czech Republic

katerina.dudasova@fjfi.cvut.cz

Dudasova K, Trnka J. Towards prediction of pseudo-normal SPECT image data using variational autoencoder. Nucl Med Rev Cent East Eur. 2025;28(0):9-17. doi: 10.5603/nmr.101316. PMID: 40103394.

Diagnostics of Parkinson's disease

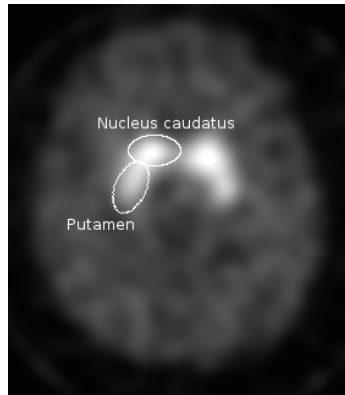


Dopamine Transporter binding in nigrostriatal pathway
 ^{123}I -ioflupane

Current clinical evaluation

Quantification of Striatal binding ratio

$$C_{gang} = \frac{\overline{N_{gang}} - \overline{N_{bcg}}}{\overline{N_{bcg}}} \quad (1)$$



Key role in clinical outcome:

Extensive age-related **database** of individuals with **normal** uptake in basal ganglia ← **FBP** reconstructed SPECT

Key idea

Key idea

Generate **individual** normal image.

How?

Generative network

How?

Generative network



Variational Autoencoder

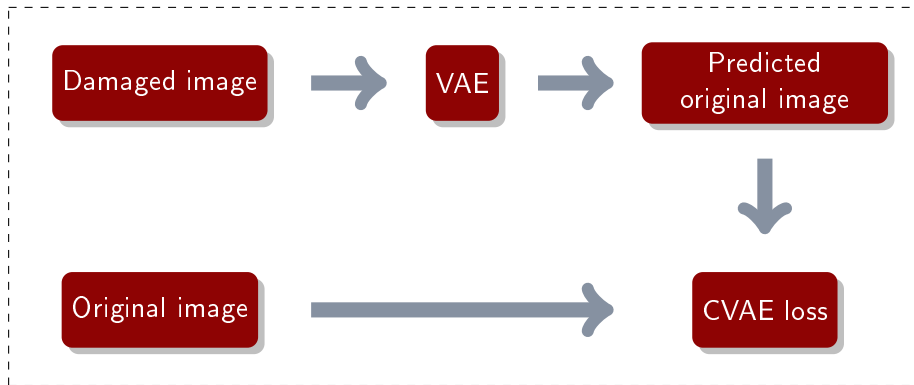
How?

Generative network



Variational Autoencoder

Restoration Task



How?

Generative network



Variational Autoencoder

Clinical Task

Image with pathology



VAE



Predicted normal image



Normal image



VAE loss

Creating a Dataset

45 MRI
segmented masks



basal ganglia



background brain

Creating a Dataset

45 MRI
segmented masks

BG Degradation

controlled by PBR, CBR, SLR



basal ganglia



background brain

Creating a Dataset

45 MRI
segmented masks



basal ganglia



background brain

BG Degradation

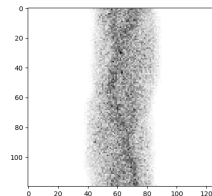
controlled by PBR, CBR, SLR

1. Poisson's variation

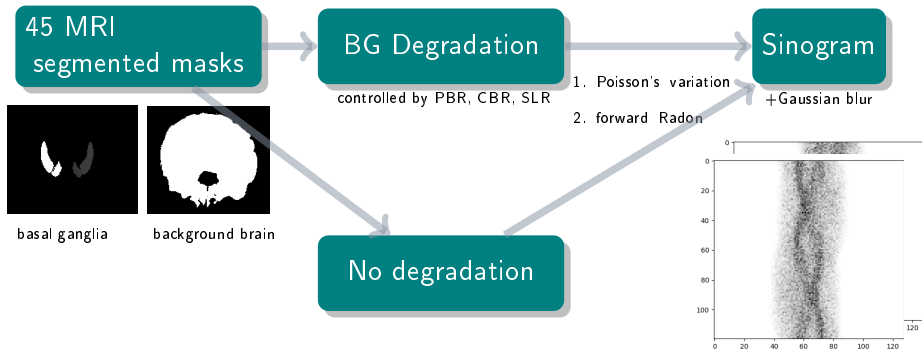
2. forward Radon

Sinogram

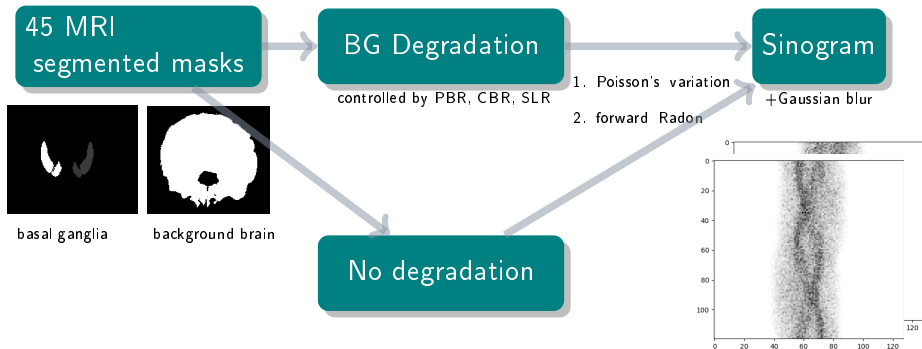
+Gaussian blur



Creating a Dataset



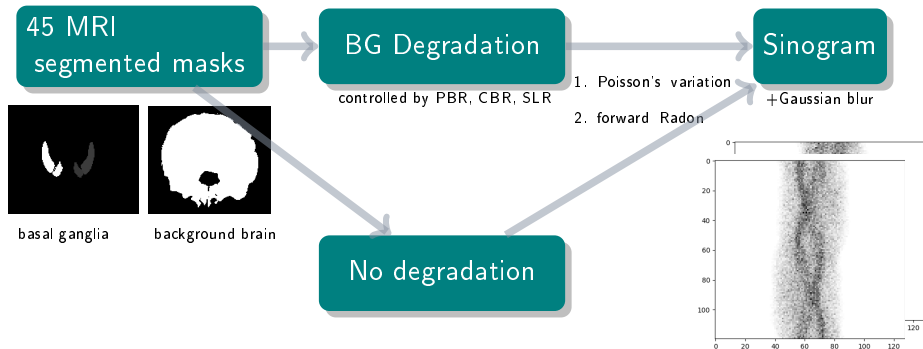
Creating a Dataset



Validation dataset

- 36 MRI
- *10 (PBR,CBR,SRL)
- **360**

Creating a Dataset



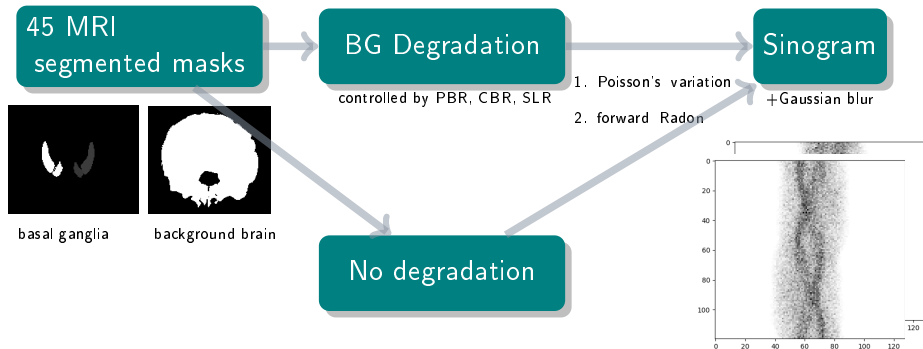
Validation dataset

- 36 MRI
- *10 (PBR,CBR,SRL)
- **360**

Training dataset

- 36 MRI
- *17 (PBR,CBR,SRL)
- **612**

Creating a Dataset



Validation dataset

- 36 MRI
- *10 (PBR,CBR,SRL)
- **360**

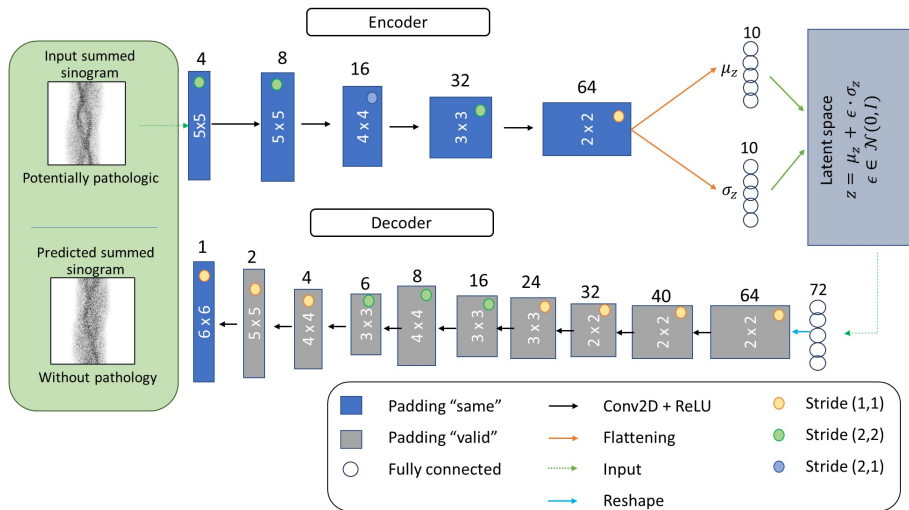
Training dataset

- 36 MRI
- *17 (PBR,CBR,SRL)
- **612**

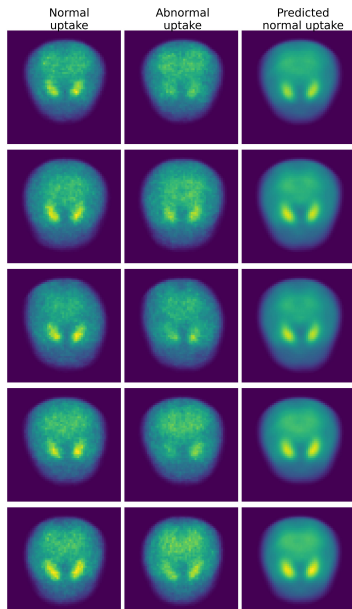
Testing dataset

- 9 MRI
- *17 (PBR,CBR,SRL)
- **153**

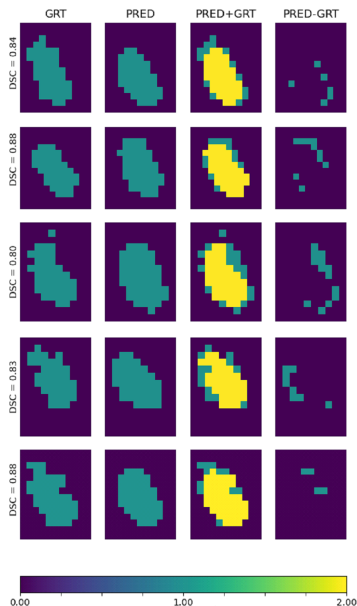
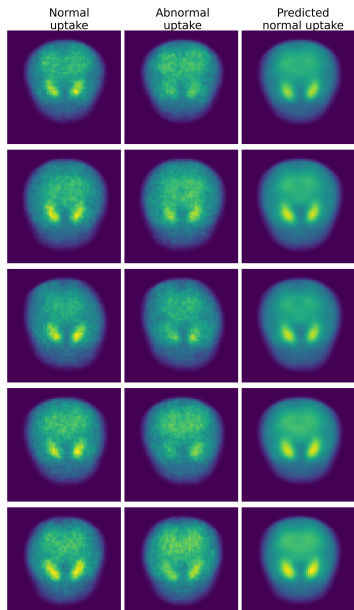
VAE architecture



VAE predictions



VAE predictions



Performance evaluation

Anatomy Shape Precision (ASP)

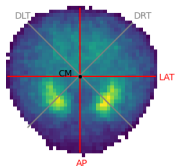
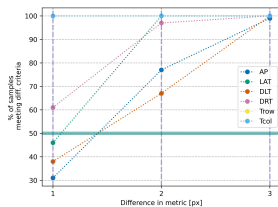
Dimensions [px]:

AP, LAT

DLT = diagonal-left-top

DRT = diagonal-right-top

CM = center of mass (Trow, Tcol)



Performance evaluation

Anatomy Shape Precision (ASP)

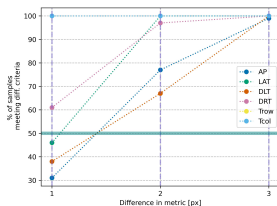
Dimensions [px]:

AP, LAT

DLT = diagonal-left-top

DRT = diagonal-right-top

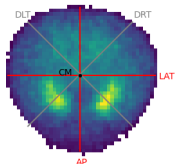
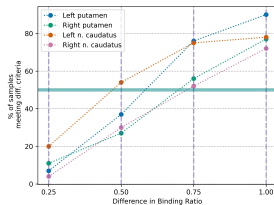
CM = center of mass (Trow, Tcol)



Basal Ganglia (BG) uptake correspondence

binding ratio match

assessed by Regression Conv NN



Performance evaluation

Anatomy Shape Precision (ASP)

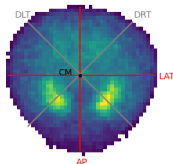
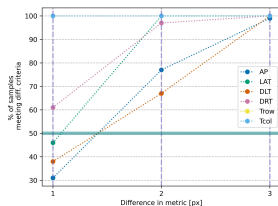
Dimensions [px]:

AP, LAT

DLT = diagonal-left-top

DRT = diagonal-right-top

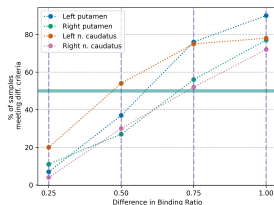
CM = center of mass (Trow, Tcol)



Basal Ganglia (BG) uptake correspondence

binding ratio match

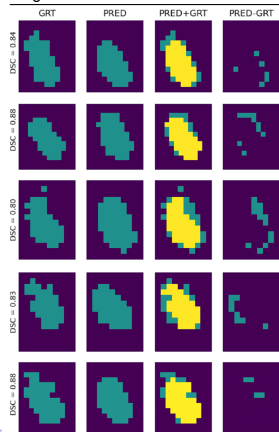
assessed by Regression Conv NN



Dice Similarity Coefficient (DSC)

of segmented BG

	Mean±std	Min	Max
Left BG	78±8 %	62 %	90 %
Right BG	82±5 %	69 %	93 %



Performance evaluation

Anatomy Shape Precision:	<3 pixels	satisfying
Dice Similarity Coefficient:	mean 78 %	satisfying
Binding ratio:	52 % <0.75	promising

Performance evaluation

Anatomy Shape Precision:	<3 pixels	satisfying
Dice Similarity Coefficient:	mean 78 %	satisfying
Binding ratio:	52 % <0.75	promising

Limitations of the study

- 45 real brain MRI
- synthetic data (mathematical data generator vs. Monte Carlo)
- predicted images - blurred → False Positive Result
- **validation on real clinical data**

- Virtual harmonization technique for multi-center studies in NM
- Generation of synthetic normal database

Summary

Original motivation

→ **Individualize** the clinical evaluation by avoiding database of normals

Summary

Original motivation

→ **Individualize** the clinical evaluation by avoiding database of normals

How?

→ By comparing an **actual** image with an **expected** image of **normal** finding

Summary

Original motivation

→ **Individualize** the clinical evaluation by avoiding database of normals

How?

→ By comparing an **actual** image with an **expected** image of **normal** finding

Realistic applications

- Virtual harmonization technique
- Synthetic normal databases

Summary

Original motivation

→ **Individualize** the clinical evaluation by avoiding database of normals

How?

→ By comparing an **actual** image with an **expected** image of **normal** finding

Realistic applications

- Virtual harmonization technique
- Synthetic normal databases

Is it feasible?

YES...

Thank you for your attention!