



Selecting a well-performing approach for automated SDD quantification

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Introduction

- SDD are an important **risk factor** for **faster disease progression** in AMD.^{1,2}
- **Manually** annotating SDD is extremely **time consuming**
- Aim: **automated detection and quantification** of **SDD** in OCT (Choice of algorithm important)

Methods

- **Data:**
 - 1358 manual graded **B-scans** (Spectralis)
 - 14 **OCT volumes** from 14 subjects.
 - Only SDD of **stage 2** and **stage 3**
- **Algorithms:**
 - **Mask R-CNN**³ -> 2D instance segmentation
 - **Swin UNETR**⁴ -> 3D segmentation
- **Evaluation:**
 - **Dice metric** assessing similarity
 - **Spearman's rank correlation coefficients** (ρ) for **SDD volume** and the **number of SDD** correlations.

Results

- **Dice values on the test set:**
 - **Mask R-CNN: 0.579**
 - **Swin UNETR: 0.326**
- **Mask R-CNN vs. human grading:**
 - **SDD volume** -> **good** correlation
 - **Number of SDD** -> **good** correlation
- **Swin UNETR vs. human grading:**
 - **SDD volume** -> **moderate** correlation
 - **Number of SDD** -> **poor** correlation

Dice	ρ volume	ρ number SDD
Mask R-CNN 0.579 (± 0.071)	0.82 ($p=0.0003$)	0.76 ($p=0.0016$)
Swin UNETR 0.326 (± 0.035)	0.70 ($p=0.0052$)	0.48 ($p=0.0814$)

Conclusion

- **Mask R-CNN model was shown successful** in detecting and segmenting SDD in OCT, reaching **good correlations with human gradings**
- Outperforming another state-of-the-art deep learning approach (Swin UNETR) by a big margin.

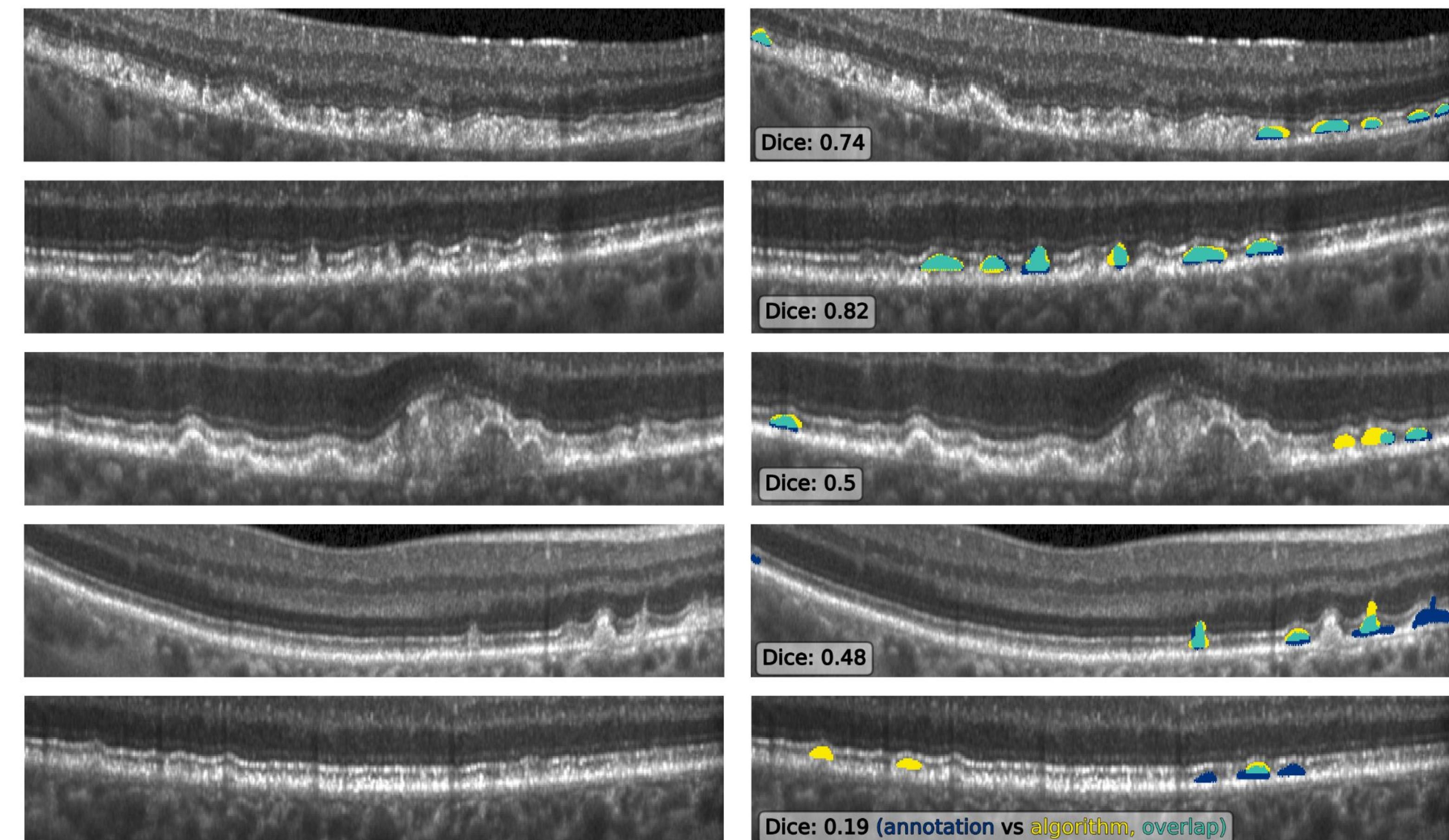


Figure 1: Examples of the segmentation results of the selected deep learning approach (Mask R-CNN) compared to the expert manual annotations.

References

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