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Energy model-based aggregation prototype explicitly quantifies aggregation from the interdependencies and information flow

Target: Explicitly quantify and optimize the properties of multimodality MRI fusion to adapt to different scenarios.

Challenge: The information aggregation of multi-modality MRI follows a pipeline where information from different modalities flows in accordance with their inter-dependencies. It can be found that the aggregations of different diseases rely on distinct inter-dependencies and shifts in information flow among modalities. Due to the different inter-dependencies and information flow in various aggregations, a unified aggregation pattern is difficult to define for the diseases in various scenarios.

Contribution:

- downstream diagnostic tasks.
- •EHF establishes an equivalence between the measurement of inter-dependencies and the optimization of the energy to the aggregation.
- •ESA identifies a provable theory that guarantees the consistency of information in multi-modality aggregation.



Energy-induced Explicit quantification for Multi-modality MRI fusion

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•E²PA explicitly quantifies aggregation from the inter-dependencies and information flow by the energy model. This fundamental propertybased multi-modality aggregation pattern is adaptive to different medical scenarios directly and greatly boosts the performance of

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Experiments: We evaluate E²PA on various multi-modality MRI scenarios, including: cardiac pathology segmentation (MyoPS dataset), brain tumor segmentation (BraTS2021 dataset), and detection of anterior cruciate ligament tears (MRNet dataset).

Data details: The details of multi-modality MRI scenarios.	Result 3: Evaluations on MRNet dataset.
Name Modality Target Train Test Total	AUC MRNet ELNet MRPyrNet MRPyrNet TransMed Ours
MyoPS cine,LGE,T2 Seg 15 10 25	Abn 93.0% 93.7% 93.1% 94.0% 95.8% 97.8%
BraTS T1c, T1n, T2f, T2w Seg 834 417 1251	ACL 95.1% 94.9% 96.0% 95.7% 96.3% 97.5%
Sagittal T2 Axial PD	Men 83.3% 86.8% 89.3% 89.1% 92.3% 94.4%
MRNet Coronal T1 Class 753 377 1130 Coronal T1	Result 4: The quantification of inter-dependencies.
Result 1: Evaluations on BraTS and MyoPS datasets.	LV, RV, MYO T2 LGE cine
Methods BraTS% MyoPS%	$\int CE = \frac{1}{2a} 1$
TC ET WT AVG scar edema LV RV MYO AVG	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Image: Second
$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	T2 T2 T2 T2 T2 T2 T2 T2 T2 T2 T2 T2 T2 T
AWSNet 87.0 86.6 92.8 88.8 61.1 72.3 92.8 88.2 81.4 79.2	RV, edema
NestedFormer 88.4 85.1 91.3 88.3 62.0 73.1 93.9 89.9 84.7 80.7	$\frac{1}{1a}$
MyoPS-Net 90.1 81.1 89.3 86.8 63.4 74.0 94.0 92.0 86.1 81.9	Hierarchical
Ours 91.0 87.3 93.5 90.6 64.7 73.9 94.4 91.1 87.0 82.2	fusion (<i>f1-f4</i>) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
Result 2: Our proposed framework has powerful visual superiority.	f1 f2 f3 f4
BraTS	MyoPS Result 5: The residual reveals the
Label HyperDense MAML MMSNet AWSNet Former MyoPS-Net Ours Label HyperDense MAML N -Net -Net	MMSNet AWSNet Former MyoPS-Net Ours
	aggregation, and the essential alignment
Patient 2	cine LGE T2
$\begin{bmatrix} T1n & T1c & T2f & T2w \\ \hline $	$\begin{bmatrix} 2 \\ 2 \end{bmatrix} \begin{bmatrix} 2 \\ 2 \\ - 1 \end{bmatrix} \begin{bmatrix} 2 \\ 2 \end{bmatrix} \begin{bmatrix} 2 \\ - 1 \end{bmatrix} \begin{bmatrix} $
HyperDense	
Label -Net MAML MMSNet AWSNet Former MyoPS-Net Ours -Net Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	MSNet AWSNet Nested Former MyoPS-Net Ours

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