



# Deep Learning Regression of Cardiac Phase on Real-Time MRI

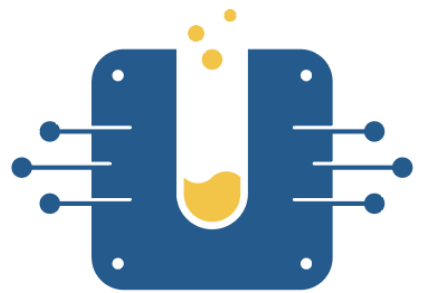
Samira Masoudi<sup>1,2</sup>, Amin Mahmoodi<sup>3,4</sup>, Hafsa Babar<sup>2</sup>, Albert Hsiao<sup>1,2</sup>

<sup>1</sup>Halıcıoğlu Data Science Institute, University of California San Diego, San Diego, CA, USA

<sup>2</sup>Department of Radiology, University of California San Diego, San Diego, CA, USA

<sup>3</sup>Department of Bioengineering, University of California San Diego, San Diego, CA, USA

<sup>4</sup>Medical Scientist Training Program, University of California San Diego, San Diego, CA, USA



AiDA lab

# Financial Disclosures

- **Albert Hsiao** has financial Interest/affiliation with the listed organizations:
  - Ownership/Founder, Major stock Share holder/Equity Intellectual Property Rights at Arterys, Inc (acquired by Tempus)
  - Research Grant Support from GE HealthCare, Bayer AG
- Other authors of this work do not have any relevant financial relationships with any ineligible companies to disclose.

# Motivation

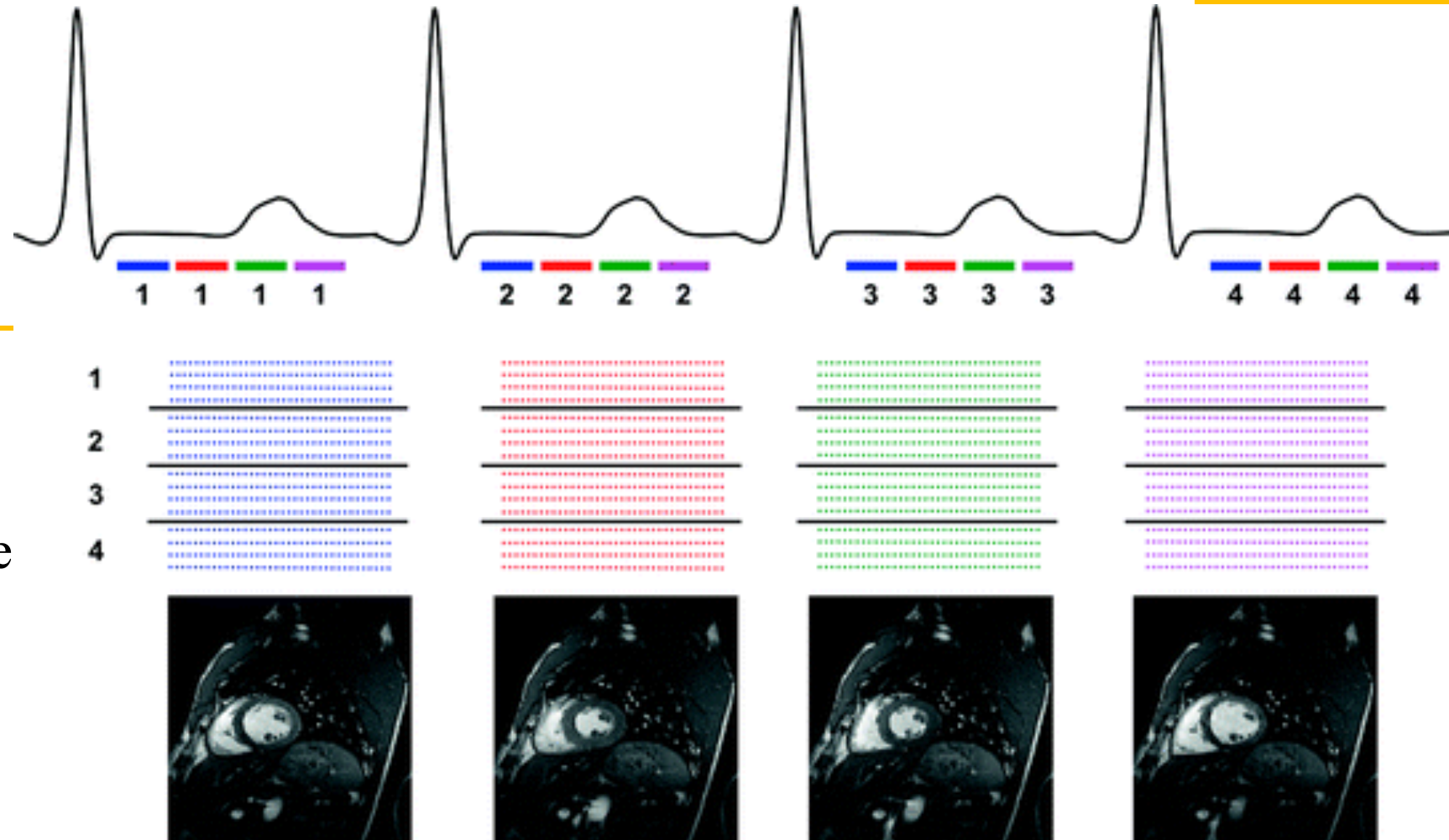


Figure from: [1] Muthurangu, Vivek, and Steven Dymarkowski. "Cardiac MRI physics." *Clinical Cardiac MRI* (2012): 1-30.

- **Cine steady-state free-precession (SSFP)** is the backbone of cardiovascular MRI and used for quantitative assessment of left ventricular structure and function.
- **Cine SSFP requires** electrocardiogram (ECG) recorded over multiple heartbeats with breath-holds.
- **ECG-gating** is used to concatenate images over multiple RR-intervals which obscures quantification of beat-to-beat variations and is vulnerable to artifacts.

**Real-time (RT) SSFP**, performed without ECG-gating or breath-holding, has the potential to **address Cine SSFP limitations** in arrhythmia.

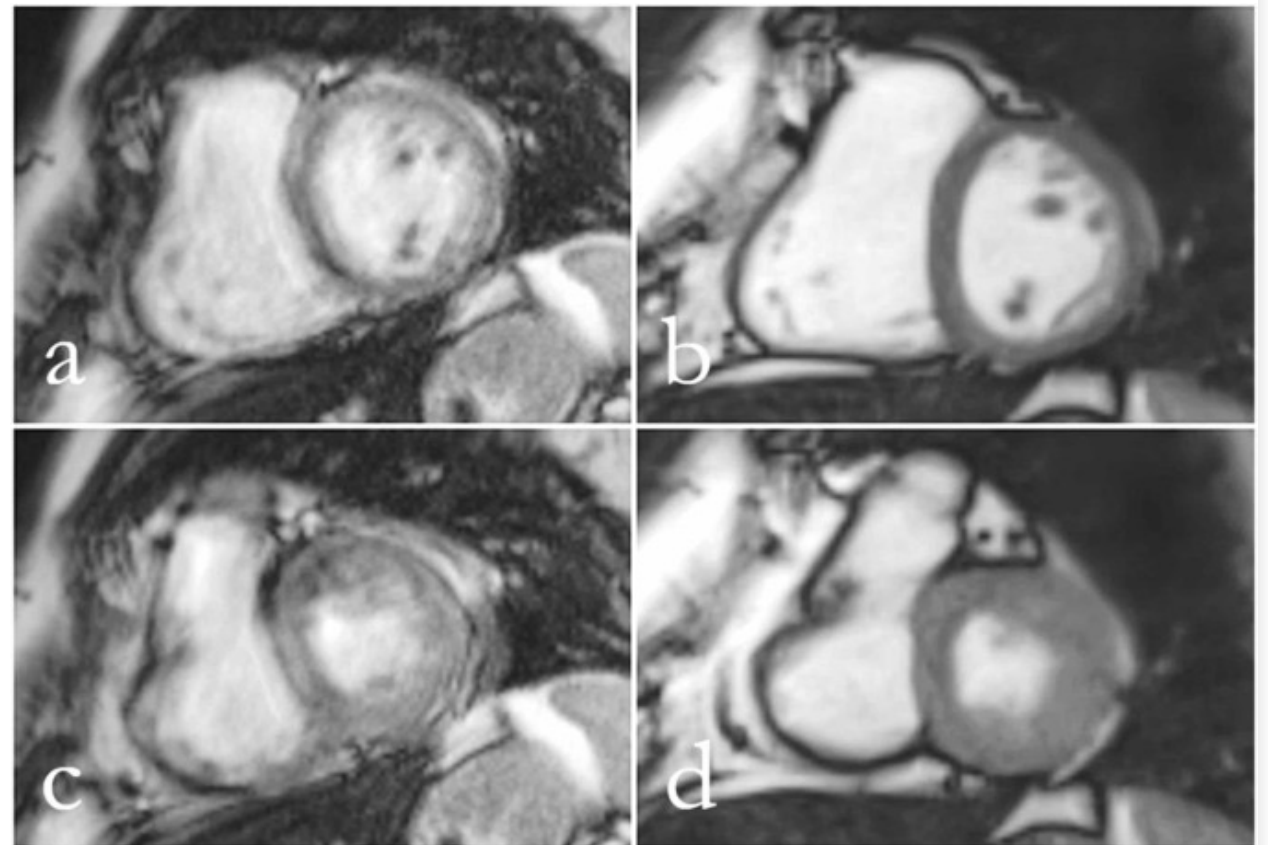
RT SSFP for quantitative analysis of cardiac function is **not clinically-feasible**.

## Cine SSFP      RT SSFP

Cardiac phases must be identified from the RT SSFP images at the first place.

Applying analytical models developed for the standard Cine SSFP is not possible otherwise as they perform on individual R-R intervals depending on labeled cardiac phases.

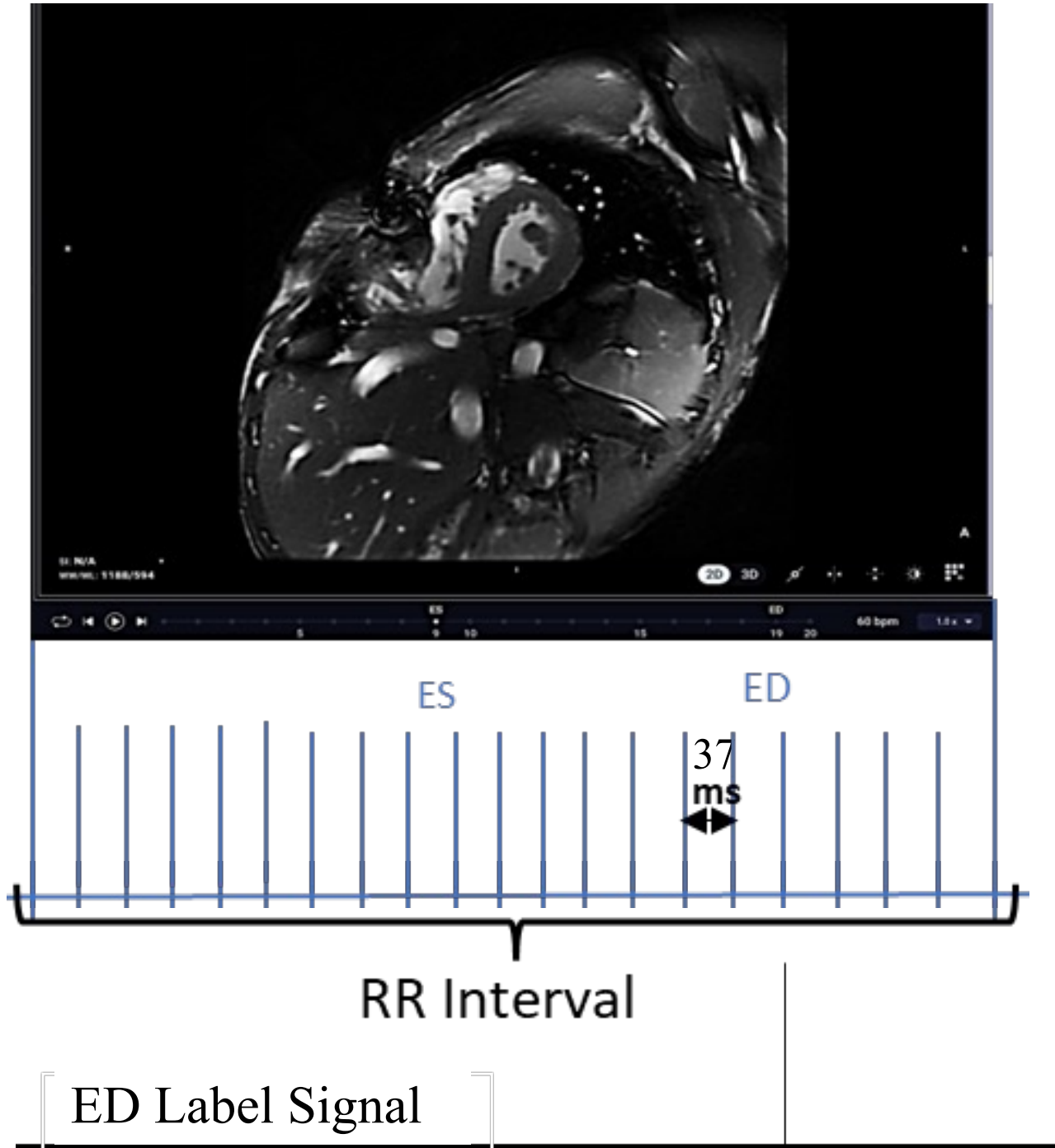
Labor-intensive and time consuming



**Figure from:** [2] Laubrock, Kerstin, et al. "Imaging of arrhythmia: Real-time cardiac magnetic resonance imaging in atrial fibrillation." *European Journal of Radiology Open* 9 (2022): 100404.

# Proposed Solution

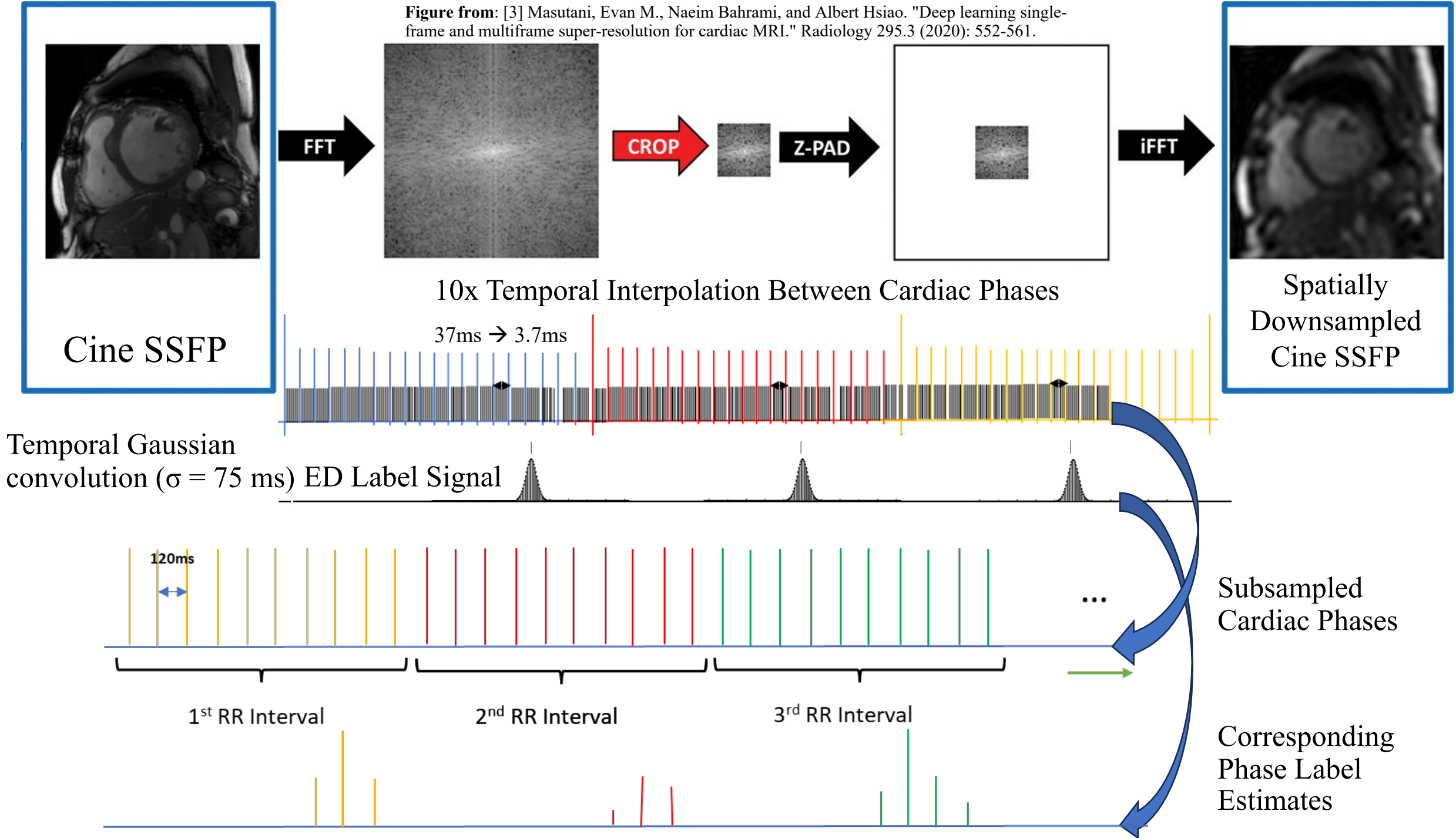
We propose a **semi-supervised deep learning (DL)** strategy to automatically identify **end-diastolic (ED)** and **end-systolic (ES)** cardiac phases from each slice of RT SSFP image series across the entire LV volume









**241 patients** with short-axis cine SSFP

- 20 cardiac phases in each cine series
- Temporal Steps:  $37 \pm 12.5$  ms
- Labeled cardiac phases

Figure from: [3] Masutani, Evan M., Naeim Bahrami, and Albert Hsiao. "Deep learning single-frame and multiframe super-resolution for cardiac MRI." Radiology 295.3 (2020): 552-561.



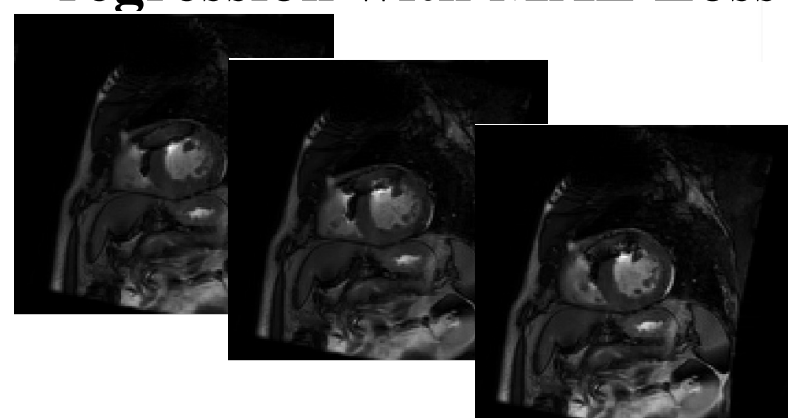
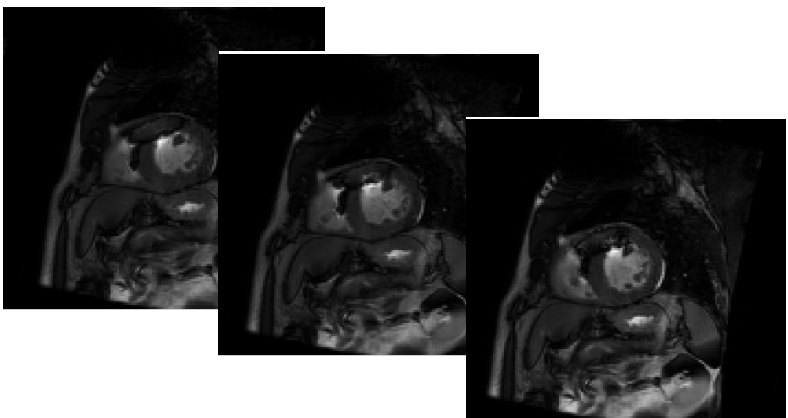
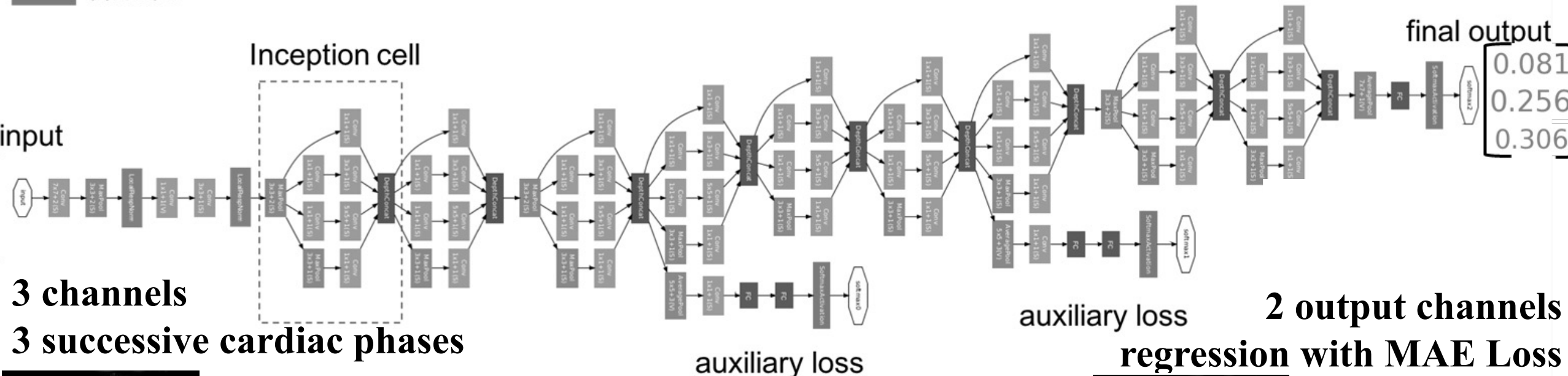
-  convolution
-  max pooling
-  channel concatenation
-  channel-wise normalization
-  fully-connected layer
-  softmax

# Xception Model Pretrained on ImageNet

22.9M parameters to train

[4] Chollet, François. "Xception: Deep learning with depthwise separable convolutions." Proceedings of the IEEE conference on computer vision and pattern recognition. 2017.

Figure modified from: [5] Szegedy, Christian, et al. "Going deeper with convolutions." Proceedings of the IEEE conference on computer vision and pattern recognition. 2015.



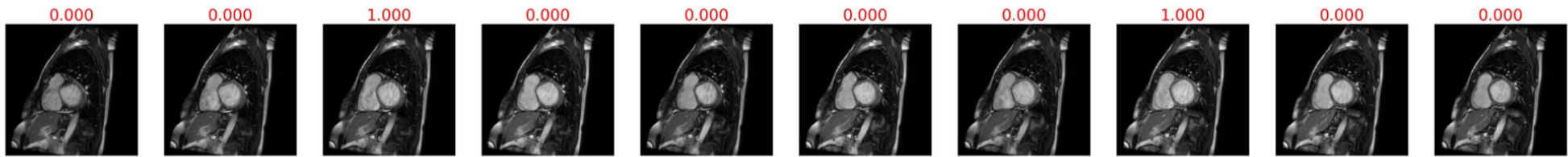


# Training Parameters

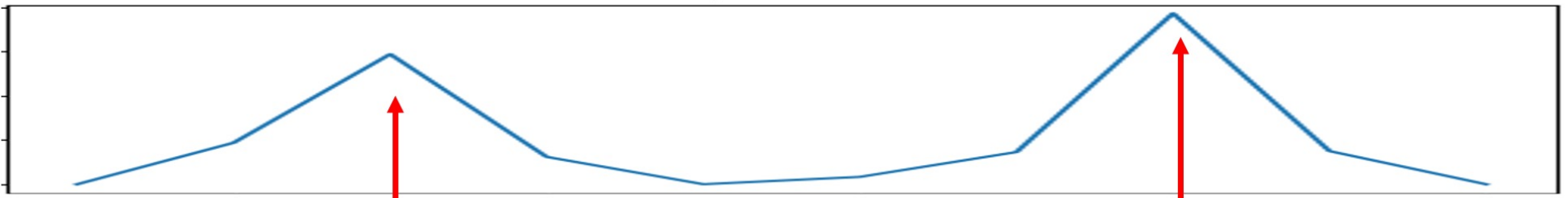
PREPROCESSING	View Standardization Histogram Matching [0,1] Normalization
AUGMENTATION	Changing Starting point Negative Cropping (zoom out) Temporal Step (120 – 240 ms)
LOSS FUNCTION	Mean Absolute Error()
BATCH SIZE	48
EPOCHS	120

Data	Train (80%)	Validation (10%)	Test (10%)
<b>Short-Axis Cine SSFP</b>			
Patients (n = 241)	193	24	24
Cardiac Phases (n = 4,820)	3,860	480	480
<b>Spatiotemporally Downsampled Short-Axis Cine SSFP</b>			
Cardiac Phases (n = 482,000)	386,000	48,000	48,000

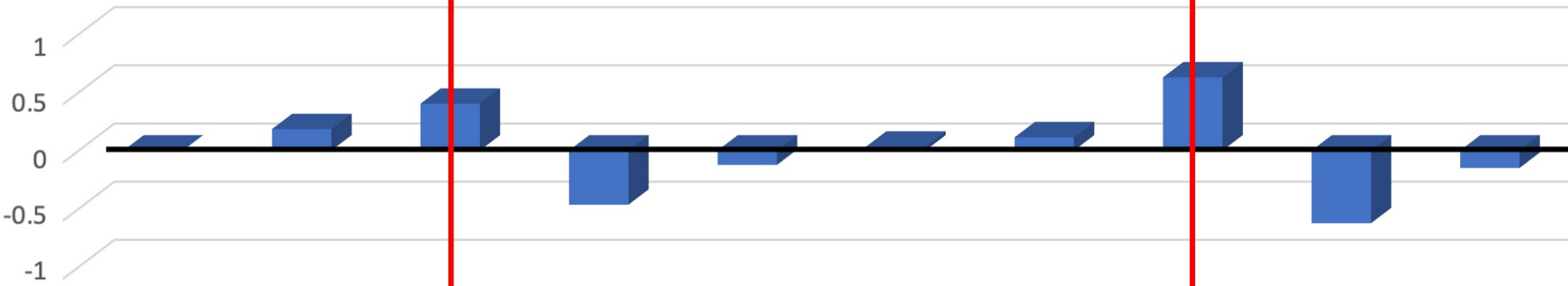
ED Labels:



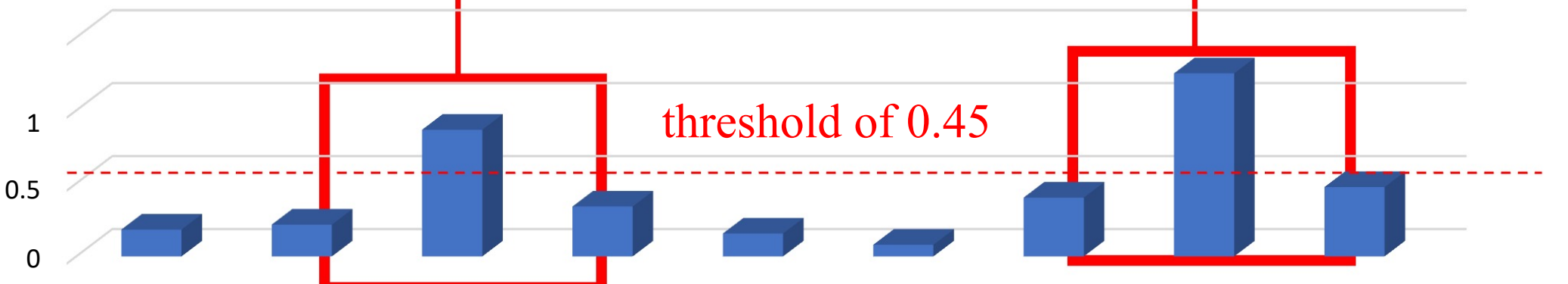
3-Frame Average of ED prediction:



1<sup>st</sup> Derivative of 3-Frame Average:



2<sup>nd</sup> Derivative of 3-Frame Average:

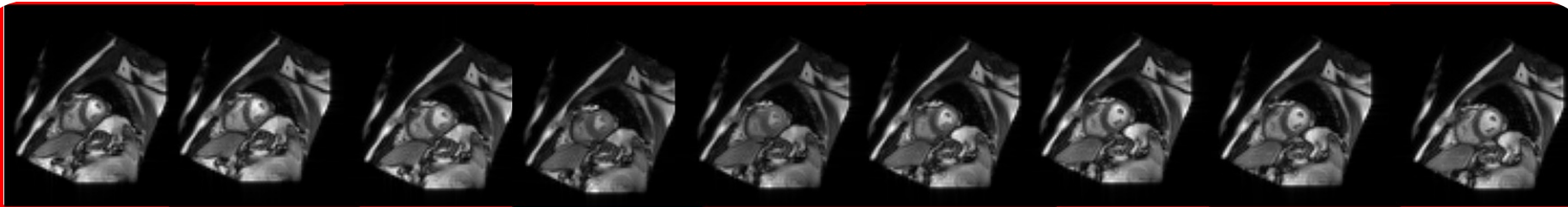


### **Cardiac Phase (Frame) Distance of 0 (Delay = 0 ms)**

	<b>ED</b>	<b>ES</b>
Accuracy	0.905	0.877
Recall	0.8238	0.739

### **Cardiac Phase (Frame) Distance of 1 (Delay = 120 – 240 ms)**

	<b>ED</b>	<b>ES</b>
Accuracy	0.96	0.957
Recall	1.00	0.984

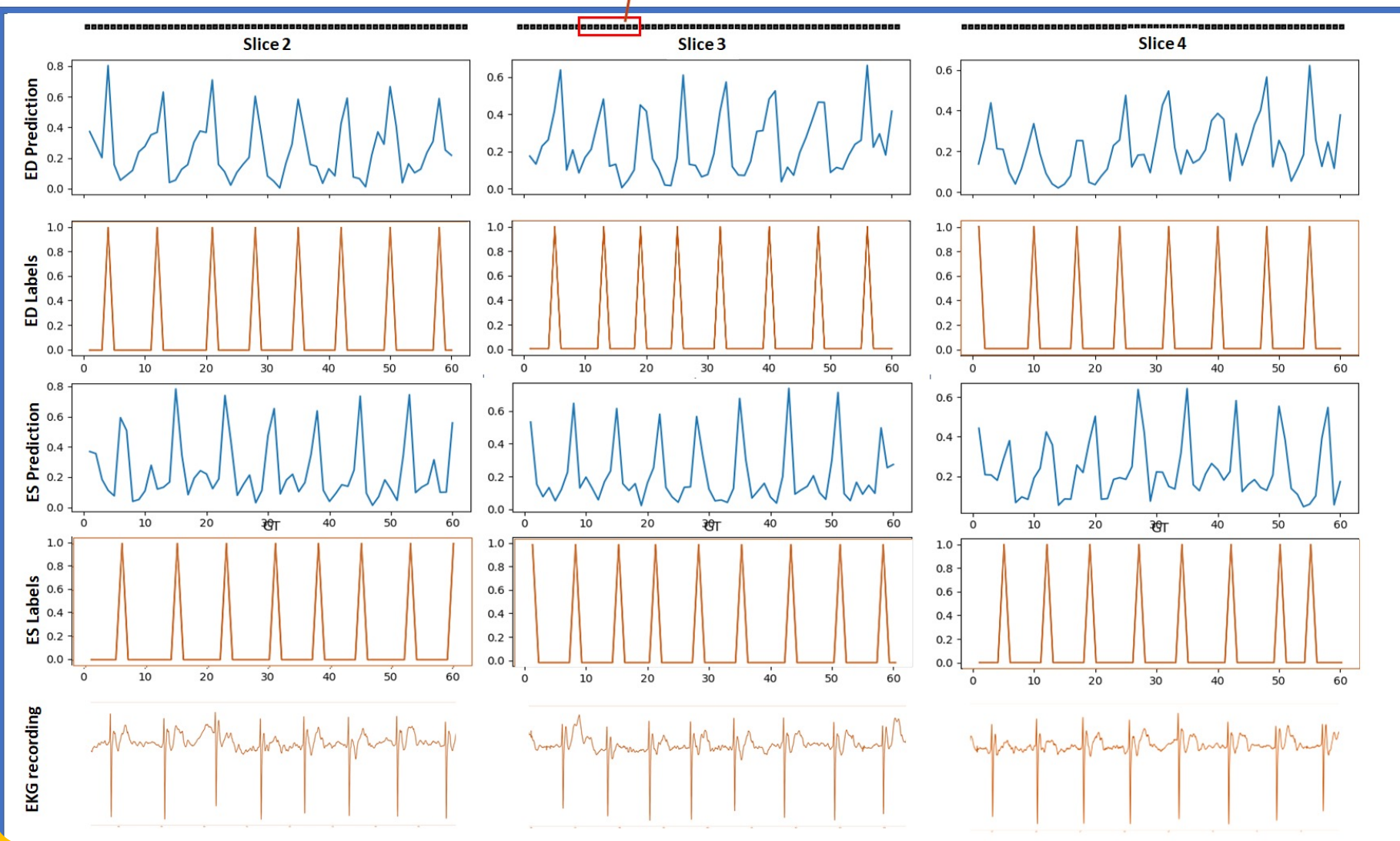


Prediction   
Ground Truth 

   
ED ED

   
ES ES

   
ED ED



# Conclusions

- Deep-learning enables automatic cardiac phase estimation of End Diastole (ED) and End Systole (ES) from downsampled cine steady-state free-precession (SSFP) MRI within 0-1 frame distance
- This model is a translatable toward ED and ES identification from Real-time SSFP

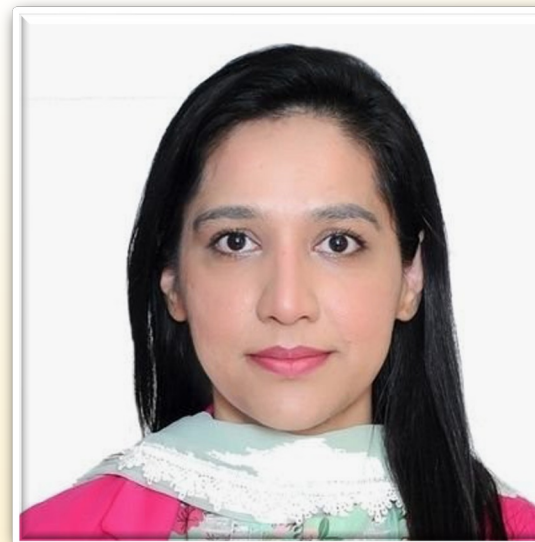
# Thank You for Listening



Samira Masoudi, PhD  
[smasoudi@ucsd.edu](mailto:smasoudi@ucsd.edu)



Amin Mahmoodi  
[amahmoodi@health.ucsd.edu](mailto:amahmoodi@health.ucsd.edu)



Hafsa S. Babar, MD  
[hbabar@health.ucsd.edu](mailto:hbabar@health.ucsd.edu)



Albert Hsiao, MD, PhD  
[alhsiao@health.ucsd.edu](mailto:alhsiao@health.ucsd.edu)