Deep Patient Motion Estimation: Pretraining, Overfitting, or Pretraining and Overfitting?

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Network Design



Fig. 1: Method for training StdRegNet.

$$\mathcal{L} = ||\mathrm{Dst} - T(\mathrm{Src})||_2^2 + \lambda^2 ||\nabla \mathrm{DVF}||_2^2$$

with $\lambda = 410 \text{ HU}$





Registration Result



DEEDS algorithm: M. P. Heinrich, et al., IEEE Transactions on Medical Imaging, vol. 32, no. 7, pp. 1239-1248, 2013. M. P. Heinrich, et al., ISBI, New York, NY, USA, 2015.



Left and middle: C = 0 HU, W = 2000 HU Right: C = 0 mm, W = 40 mm



Conclusions

| RMSE Differ- | DVF=0, | DEEDS | Pretrained | Overfitted | Pretrained |
|------------------------|-----------------|----------|------------|------------|------------|
| ence of <i>T</i> (Src) | <i>T(</i> Src)= | | | | Overfitted |
| with Dst using | Src | | | | |
| Patient Fig. 1 | 184 HU | 57 HU | 57 HU | 63 HU | 44 HU |
| Average over | (134 ± | (48 ± 4) | (41 ± 6) | (55 ± 6) | (35 ± 4) |
| all test | 20) HU | HU | HU | HU | HU |
| patients | | | | | |

 While all described methods produce good results, the best results are achieved by a network that is first pretrained and then overfitted to estimate motion.





Thank You!



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