END-TO-END DETECTION-SEGMENTATION NETWORK WITH ROI CONVOLUTION

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ABSTRACT
We propose an end-to-end neural network that improves the segmentation accuracy of fully convolutional networks by incorporating a localization unit. This network performs object localization first, which is then used as a cue to guide the training of the segmentation network. We test the proposed method on a segmentation task of small objects on a clinical dataset of ultrasound images. We show that by jointly learning for detection and segmentation, the proposed network is able to improve the segmentation accuracy compared to only learning for segmentation. Code is publicly available at https://github.com/vincentzhang/roi-fcn.

Index Terms— segmentation, detection, fully convolutional neural networks, ultrasound.

1. INTRODUCTION
Fully Convolutional Network (FCN) [1] is the de-facto network architecture in semantic segmentation and has been the basis for many advanced network models. U-Net [2] was developed specifically for medical imaging segmentation. The network had a U shape architecture where it tried to make up-sampling and down-sampling streams symmetrical, with skip connections that concatenated the feature maps from down-sampling layers to those in the upsampling layers. Simon et al. [3] employed dense skip connections for semantic segmentation. Similar to U-Net, their network was also in a U shape. The dense skip connections were added to the down-sampling stream only. The common architectural design is that the input image will go through down-sampling layers (convolution and pooling). Then the encoded features will be passed through upsampling layers (transposed convolution) to get the score map of the same size as the input. All these networks are trained with the same cross-entropy loss function that essentially makes the network learn a classifier for each pixel and average or sum up the loss for all pixels. This makes it hard to train the network when the object to segment is small.

Intuitively, humans perform semantic segmentation by first attending to some rough region where each pixel inside that region is then classified. In other words, object detection can be a first step for accurate semantic segmentation.

There have been some attempts in using object detection for segmentation tasks [4, 5], but they relied on external region proposal methods such as Selective Search [6].

Some recent works have started to jointly learn detection and segmentation [7, 8]. Mask RCNN [8] is the state-of-the-art for instance segmentation where it first predicts the bounding box of each object instance in the image, then predicts pixel-wise labels inside each predicted box. The network was trained end-to-end with the multi-task loss of localization, classification and segmentation. It was shown that this multi-task loss improved the accuracy compared to training for each task individually. However, a pooling layer called "ROI-align" was used to transform the regions of interest (ROI) to fixed size input for the segmentation stream. It reduced the resolution of the features which caused a loss of spatial details especially along the object boundary. Also the segmentation stream caused computational overhead since it processed each region individually. BlitzNet [7] adopted a fully convolutional architecture and performed image-wise computation. But it did not make explicit use of the detection result to improve segmentation accuracy.

In this paper, we propose a fully convolutional architecture that incorporates an object localization unit to improve semantic segmentation accuracy. Our work addresses the issues discussed above by introducing a new type of convolutional layer named ROI convolution, that replaces the ROI pooling layer by convolving directly on top of the region proposals from the localization network. It applies convolution on the features inside all the ROIs in one shot without the need of passing them individually through the downstream convolutional layers. This proposed network performs image-wise computation and can be trained end-to-end. To demonstrate the efficacy of our method, we apply it to the problem of segmentation of acetabulum from ultrasound images. It is a challenging task since the object of interest is small. We show that with the localization unit, our method performs well despite the high class imbalance.

2. PROPOSED METHOD
The overall architecture of the proposed network is shown in Figure 1. In this section, we will go over the details of each component.
The forward pass of ROI convolution is shown in Eq. 1.

Forward and back propagation of ROI convolution both training and inference time. We use ROI convolution at show that ROI convolution is differentiable and is trainable in the inference time to speed up computation. We do that, a new layer ROI convolution is introduced. A similar network processes all the ROIs in one shot. In order to in that cell. In contrast, we propose an image-wise method to the grid are those of the pixel that has the maximum activation which produces a fixed-size grid. The features for each cell in a fixed-size input, each ROI is first fed into a pooling layer is processed individually as a new input image. To obtain wise method has been widely used [8, 10, 5] where each ROI and passed to downstream segmentation network. Region-

3. EXPERIMENTS
We demonstrate the performance of our method on segmentation of acetabulum bone from ultrasound images.
Dataset
Experiments were performed on a clinical dataset of 3D ultrasound images of infant hips for diagnosis of developmental dysplasia of the hip (DDH). The segmentation of acetabulum is an essential step towards making diagnosis of DDH fully automated and less reliant on the operator. However, the task is very challenging due to the highly noisy nature of ultrasound images, compared to CT or MRI images. Also the classes are highly imbalanced: the acetabulum only takes up a small portion of the image (0.3 percent in our dataset).

Data collection was performed at the Radiology Department at University of Alberta. The dataset consists of 49 three-dimensional ultrasound scans that has manually annotated segmentation labels for acetabulum provided by the lead pediatric musculoskeletal radiologist. We randomly divide them into a training set of 30 scans and a testing set of 19 scans. The scans from the same patient either all go into the training or testing set. We crop some of the scans to make all the 2D slices share a unified size of 367x192 pixels (height by width). Most 3D volumes contain 256 slices.

Metrics
We evaluated the segmentation on 2D slices using the following metrics: precision = TP/(TP+FP), recall = TP/(TP+FN), dice score = 2TP/(2TP+FP+FN), where TP, FP, FN denote True Positive, False Positive, and False Negative. The results were the mean scores for all the 4864 test slices.

Implementation details
We used the same VGG16-based RPN as in Faster R-CNN [10], except that we reduced the padding of the first convolutional layer from 100 to 50. The network was trained using SGD with a momentum of 0.9 and weight decay of 0.0005. Learning rate was set to 1e-5, and reduced by a ratio of 0.1 for every 50k iterations. We tried to keep the parameters the same as those in the original work to make a fair comparison. The implementation was based on Caffe [12], where we added the implementation of ROI convolution layer. We compared our method with its FCN counterpart FCN-32s, and U-Net. We used the original Caffe implementation for FCN-32s. For U-Net, we tried three different implementations: the original Caffe implementation, an implementation from the 3D-U-Net implementation of the 2D network, and a Tensorflow implementation. The best result was reported.

Results
The test scores are summarized in Table 1. Note that the baseline method “FCN-noPool5-scratch” in the table represents the RPN-FCN network trained without the detection loss or the ROI convolution, i.e., with segmentation loss only.

Our method RPN-FCN achieves better segmentation accuracy than the other methods. The distribution of the dice score are shown in Fig. 2 by sorting the slices that contain positive labels based on their dice score. RPN-FCN yields better dice scores on a wide range of slices. Adding RPN on top of FCN-32s confines the segmentation problem in a smaller region. The result suggests that it is an effective way to train the downstream segmentation layers.

Our network is similar to FCN-32s in that the backbone is both VGG16 and the upsampling part is similar. The major difference lies in the use of ROI convolution after ‘conv5’ layer of VGG16. Due to the removal of the pooling layer, the feature map has a higher resolution. It only needs to be upsampled by a factor of 16 instead of 32 as in the original FCN. Upsampling from a higher resolution feature map helps to retain the features of small objects.

The dice score is low compared to other medical image segmentation tasks. The main reason is that the object of interest is small. The representations learned by the network are dominated by the majority class: the background. U-Net introduced class weighting in the loss to combat this issue. We tried weighting by the class frequency but did not see improvement. The best result for U-Net was in fact obtained from the 3D U-Net implementation of the 2D network, where the input was a 2D image patch instead of the full image. It might be possible to achieve better performance with U-Net by intensive parameter tuning on the class weights or the solver. But our main point here is that small object segmentation poses challenges on full-image-based methods. The detection mechanism in our proposed network offers an effective means for alleviating the issues in training the network. We visualized the segmentation results of some slices in Fig. 3. There is no visible prediction for U-Net since it predicted all pixels as background. Our network was able to produce smooth regions when the shape is relatively clear in the view.

4. CONCLUSION
We presented a novel method for improving the segmentation accuracy of fully convolutional networks. Drawing inspira-
tion from the object detection literature, we incorporated the Region-Proposal-Network (RPN) which was part of the backbone of Faster R-CNN. The bounding box prediction from RPN was used as an extra input to the downstream convolutional layers for segmentation to improve its localization capability. We introduced a ROI convolution layer that directly convolved on all the ROIs in one pass without the need of ROI pooling or region-wise processing, and showed that this layer was trainable through backpropagation. We essentially broke down the segmentation task into two steps: first localizing a rough region in which the object had been detected, then performing segmentation in the region. The proposed network was trained end-to-end on an ultrasound image segmentation task. We showed that by breaking down the segmentation problem into a joint detection and segmentation process, the segmentation accuracy was improved.

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