

# Wilhelm Conrad Röntgen im digitalen Zeitalter - quo vadis, Radiologie?

Univ.-Prof. Dr. med. Bettina Baeßler

19. September 2022



**Institut für Diagnostische und  
Interventionelle Radiologie**  
Direktor: Prof. Dr. Thorsten Bley



- ▶ Von X-Strahlen und Hounsfield-Einheiten
- ▶ Was ist „Künstliche Intelligenz“?
- ▶ Was kann „Künstliche Intelligenz“?
- ▶ Was kann „Künstliche Intelligenz“ (noch) nicht?
- ▶ Ausblick – Quo vadis, Radiologie?

► Von X-Strahlen und Hounsfield-Einheiten



# Wilhelm Conrad Röntgen

\* 27.03.1845 in **Lennepe**

Primar- und Sekundarschule  
in Apeldoorn, Holland

1864 Schulverweis Techn. Schule Utrecht  
ohne Abitur

Maschinenbaustudium Polytechnikum  
**Zürich**

1868 Dipl. Ing., 1869 Dr.

1870 Habilitation in  
Würzburg **verwehrt**



*W.C. Röntgen*

1875 Ruf nach Hohenheim

1876 Ruf nach Strassburg

1879 Ruf nach Gießen

**1888 Ruf nach Würzburg**

1894 Rektor der Uni Würzburg

**8. November 1895  
Entdeckung der X-Strahlen**

**1901 Nobelpreis**



*W.C. Röntgen*

# „Eine neue Art von Strahlen“



Geheimrath Albert von Kölliker



Courtesy: Prof. Th. Bley

Physikalisch Medizinische  
Gesellschaft zu  
Würzburg, 23.01.1896

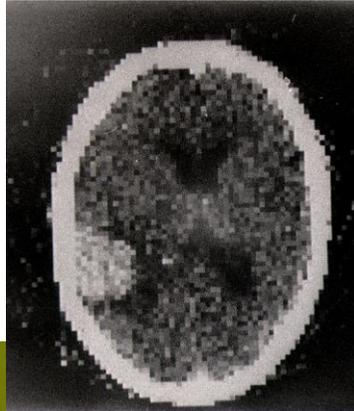
W.C. Röntgens einziger  
öffentlicher Vortrag:

*„Eine neue Art von  
Strahlen“*

# Von Röntgen zu Hounsfield

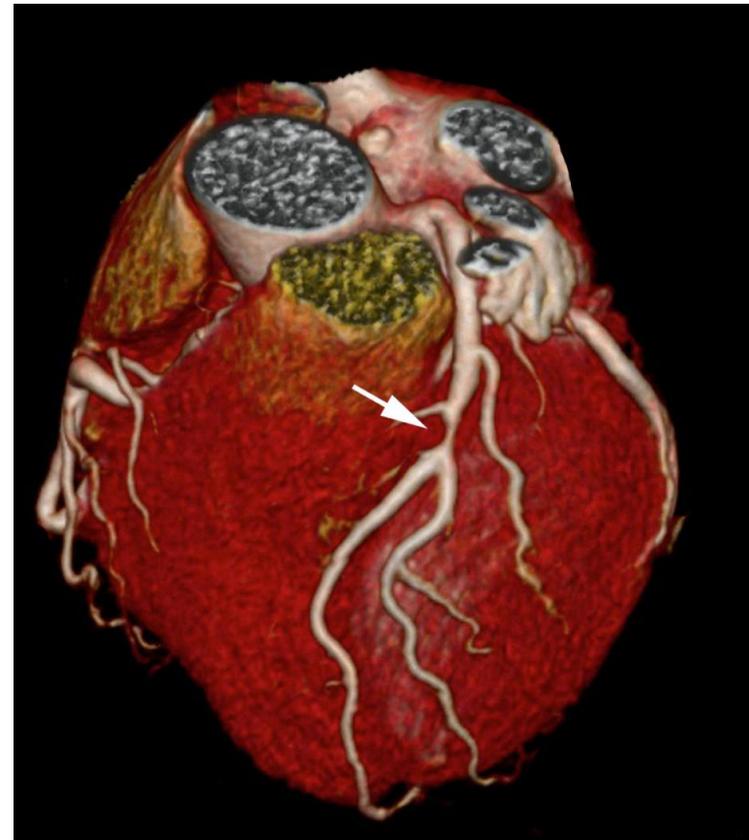
**1974**

1 Schicht / 7 min.



**2016** 2 Röhren + 2 Detektoren

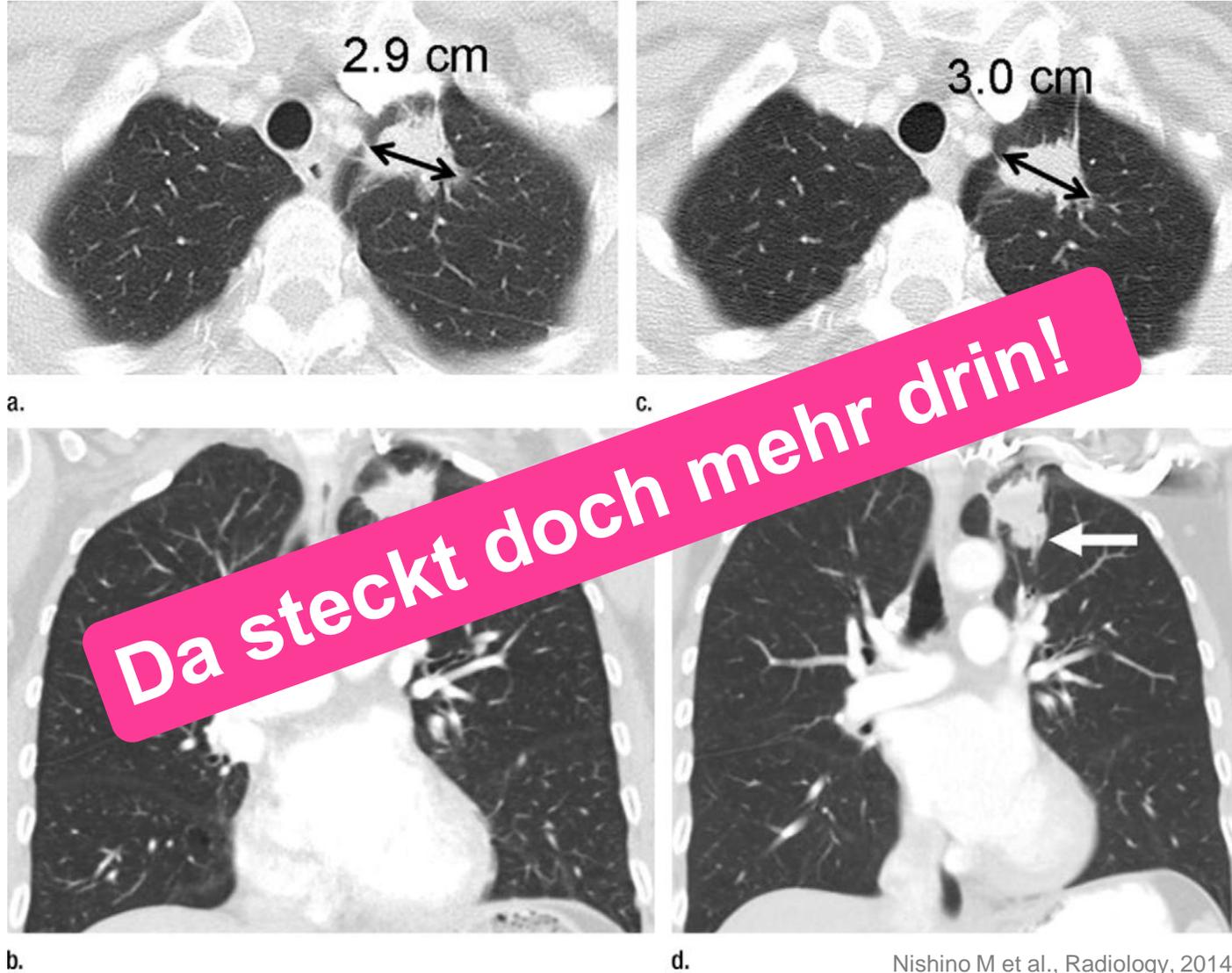
1 ganzer Mensch / 5 sek.



# Radiologie – ein Fach mit „digitaler Tradition“



# Bildgebung 2022 vs. „Precision Medicine“



► Was ist „Künstliche Intelligenz“?





## Artificial Intelligence in Radiology: The Game-Changer on Everyone's Mind

Oct 20, 2017 | Dave Pearson

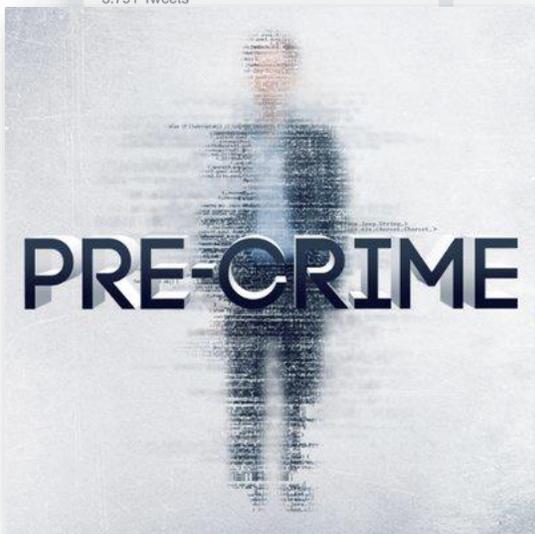


***AI's Impact Will Be Monumental—Will Radiologists Go Along for the Ride or Be Left in the Dust?***

One day soon, machines powered by artificial intelligence (AI) will interpret even the most complex clinical images as accurately as today's most experienced radiologists. These robot radiologists will automatically generate final reports, uniformly structured and with no need for preliminary reads. Their interpretations will take

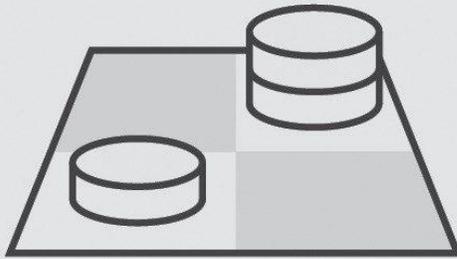


# Alltägliche Anwendungen von Künstlicher Intelligenz



## ARTIFICIAL INTELLIGENCE

Artificial Intelligence captures the imagination of the world.



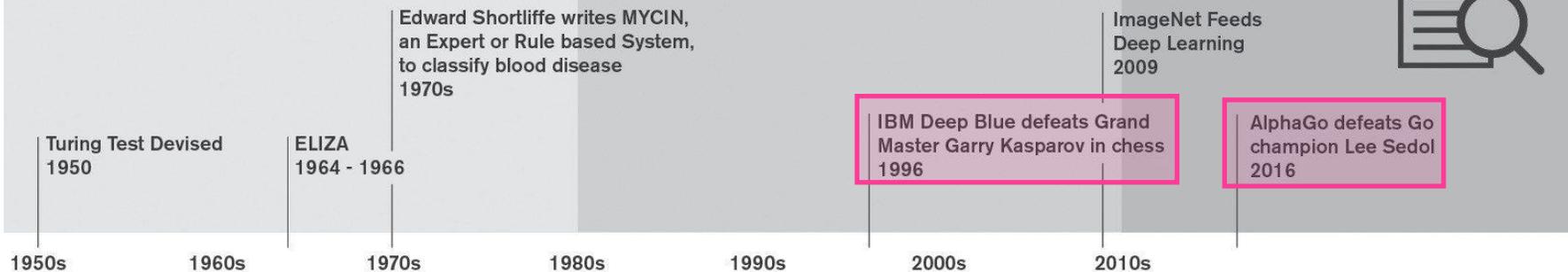
## MACHINE LEARNING

Machine learning starts to gain traction.

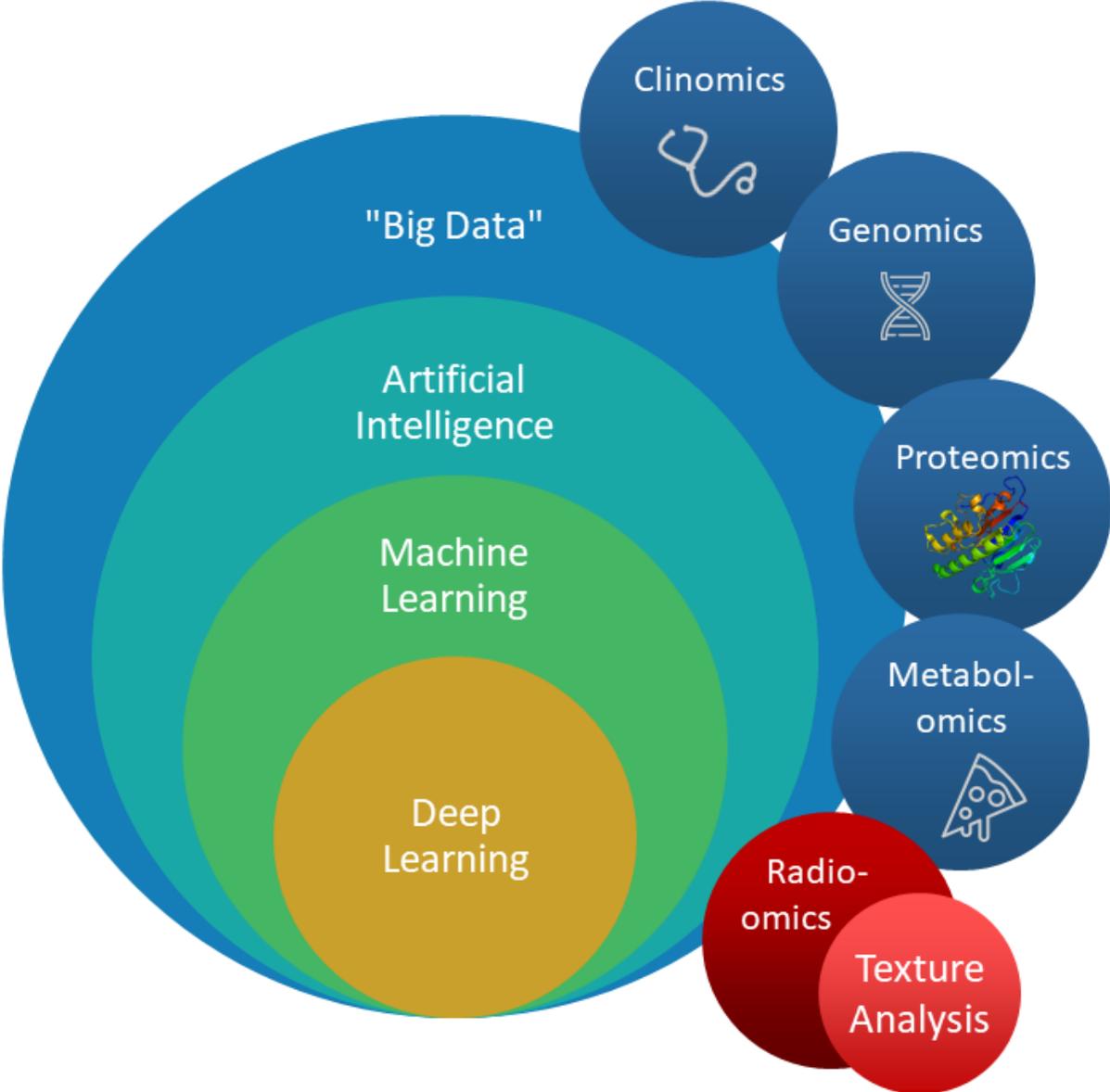


## DEEP LEARNING

Deep learning catapults the industry.



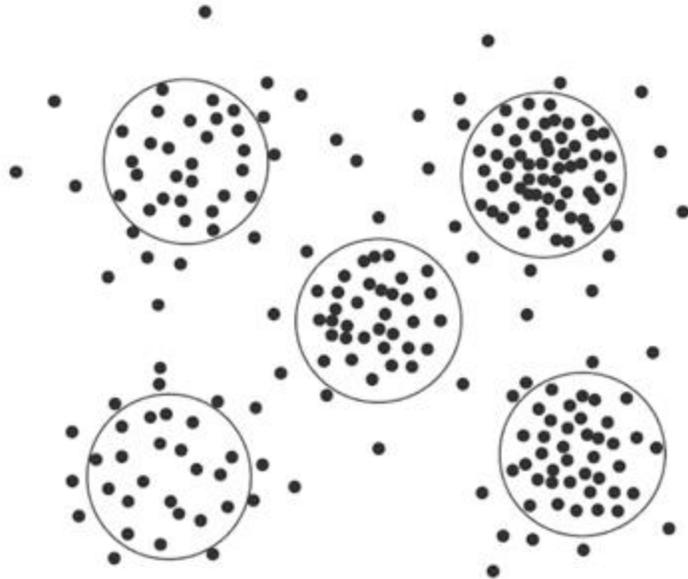
# Sich überlappende Begriffe!



Unsupervised



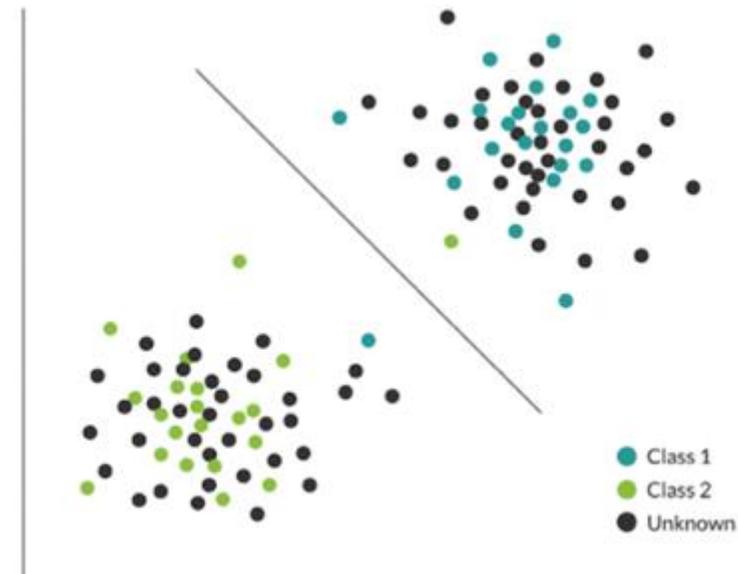
Clustering von Daten ohne vorgegebene Features

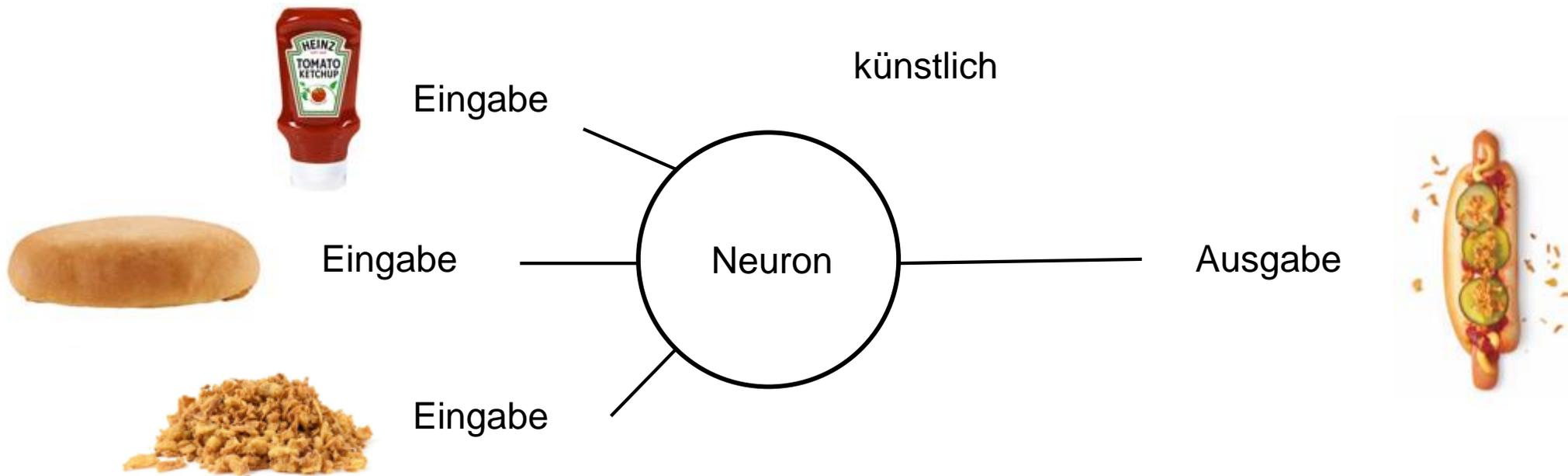
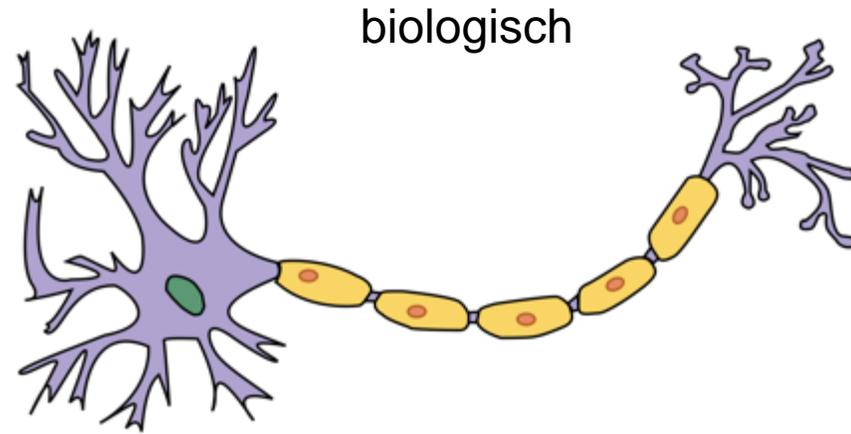


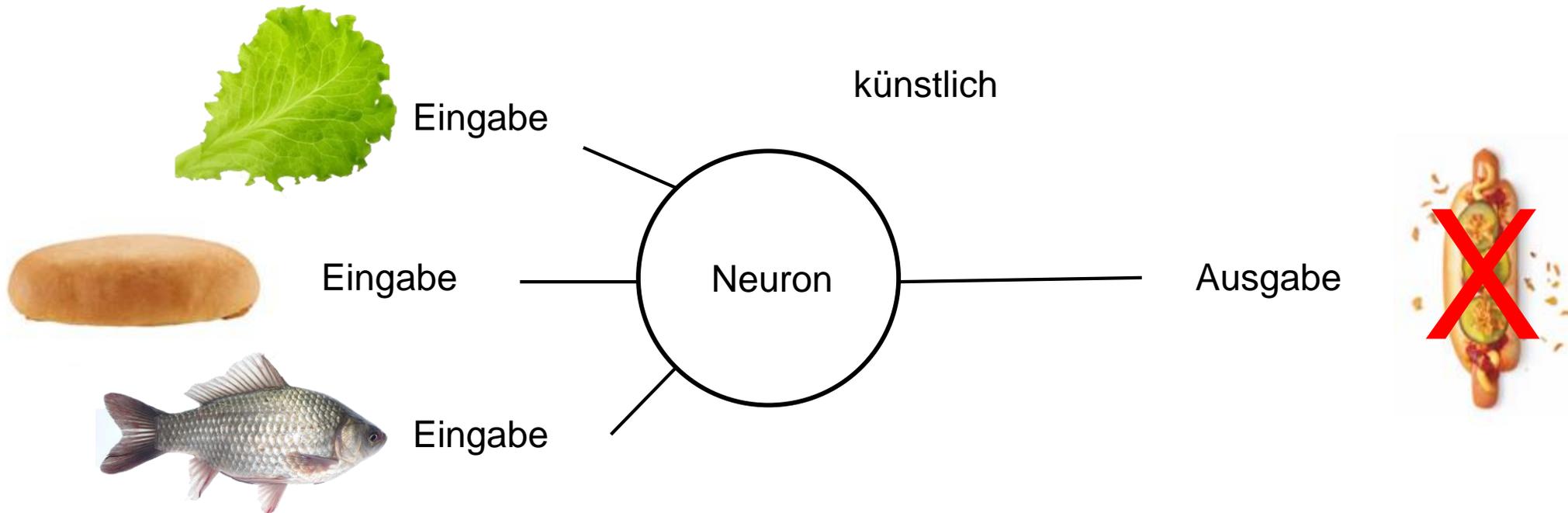
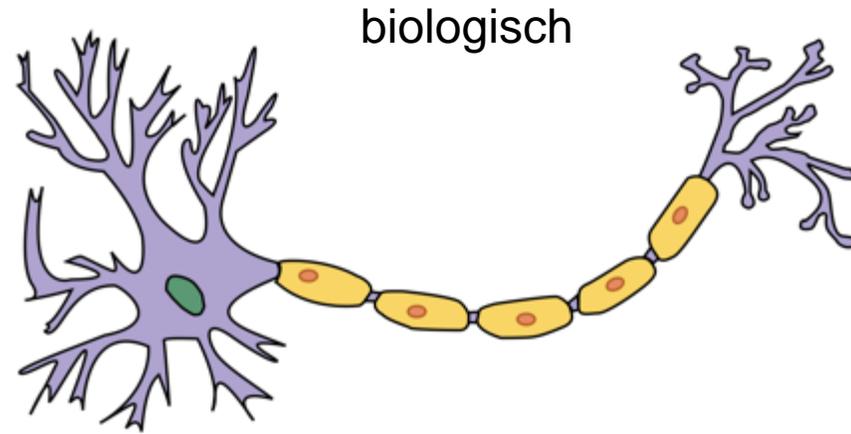
Supervised

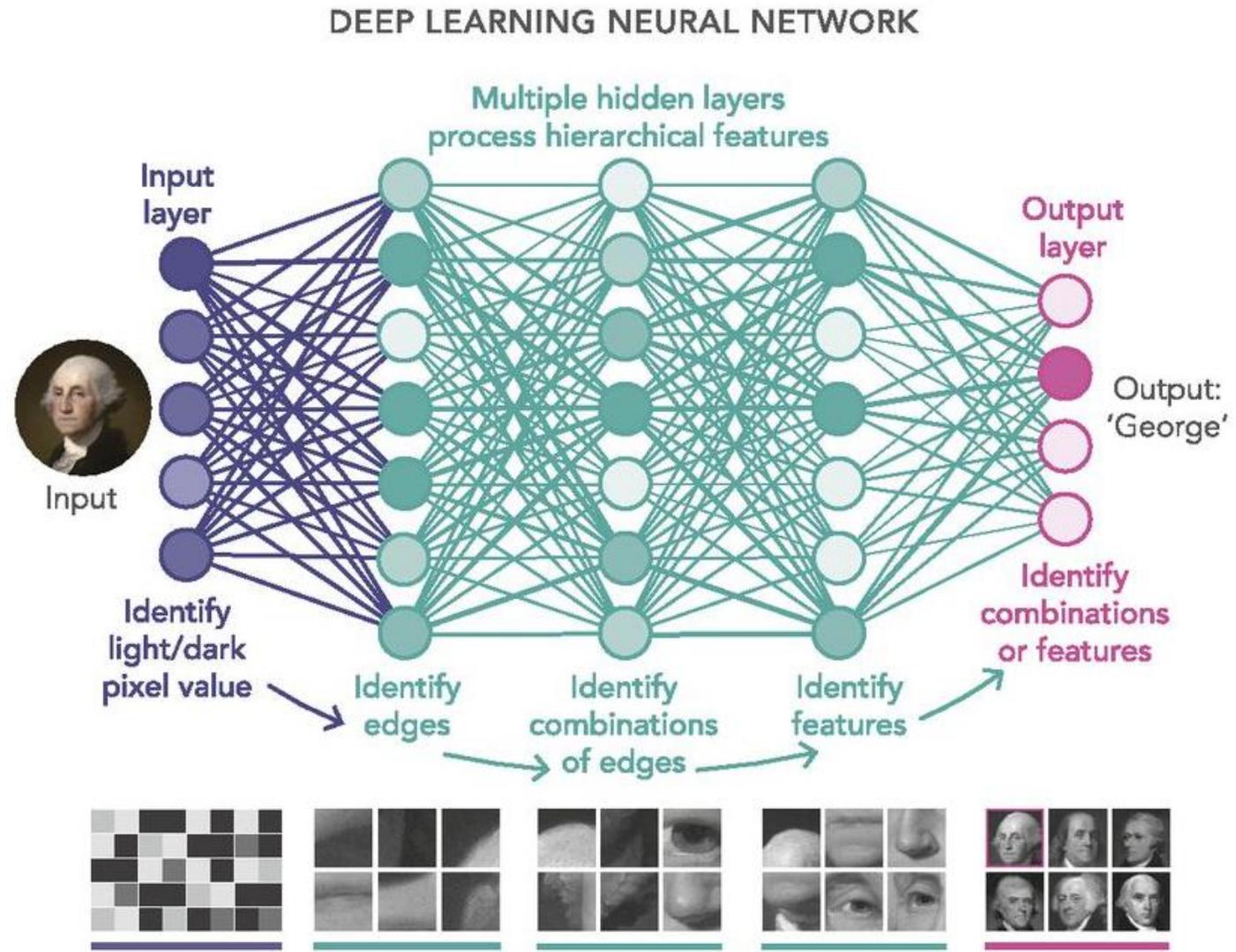


Unterteilung in Klassen durch vorgegebene Labels

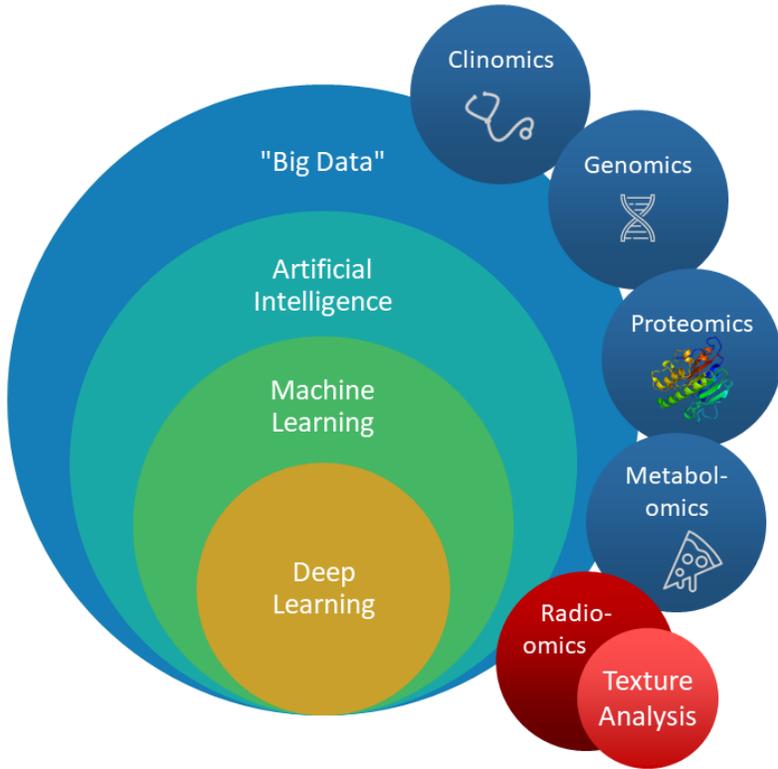








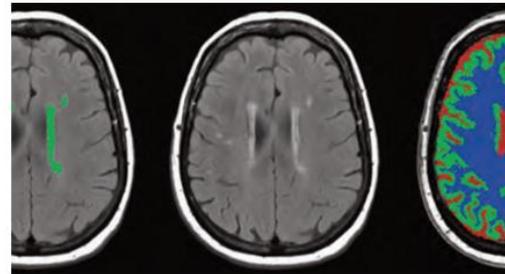
# Einzug von Big Data, Machine Learning und Co. in die Radiologie




## ChestEye CAD

*Automate your reporting*

**ChestEye CAD** is a fully automatic computer-aided diagnosis (CAD) chest X-ray solution. It provides preliminary reports (image in, report out) which then have to be approved by a radiologist. This way it enables the user to save time (internal trial shows >30% savings), increase accuracy (e.g. decrease overlooked secondary findings), optimize screening / triage, and introduce best reporting practices. The solution can be integrated with PACS/RIS/HIS/EHR infrastructure.



Quantib™ Brain

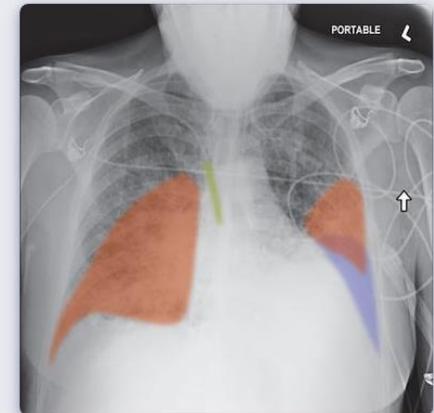
### EXAMPLE RESULTS

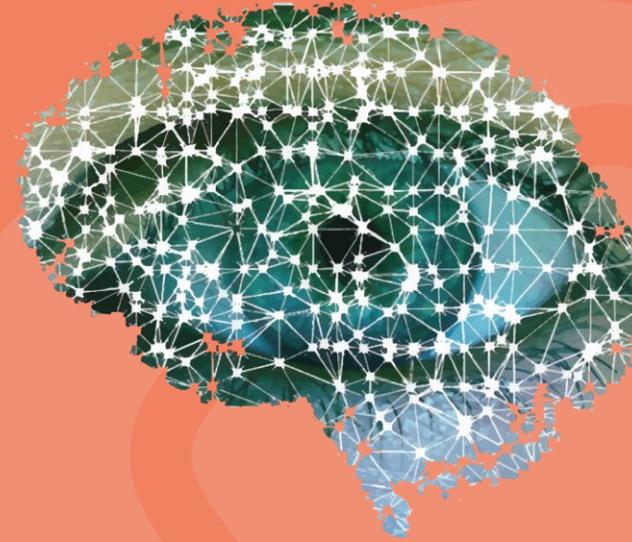
#### Findings

- There is volume loss in both lungs. Ill defined opacities are present bilaterally.
- A left sided pleural effusion is seen filling the costophrenic sulcus.
- The hilar area is enlarged.
- The mediastinum is within normal limits.
- Central venous catheter is observed with tip at the superior vena cava.

#### Impression

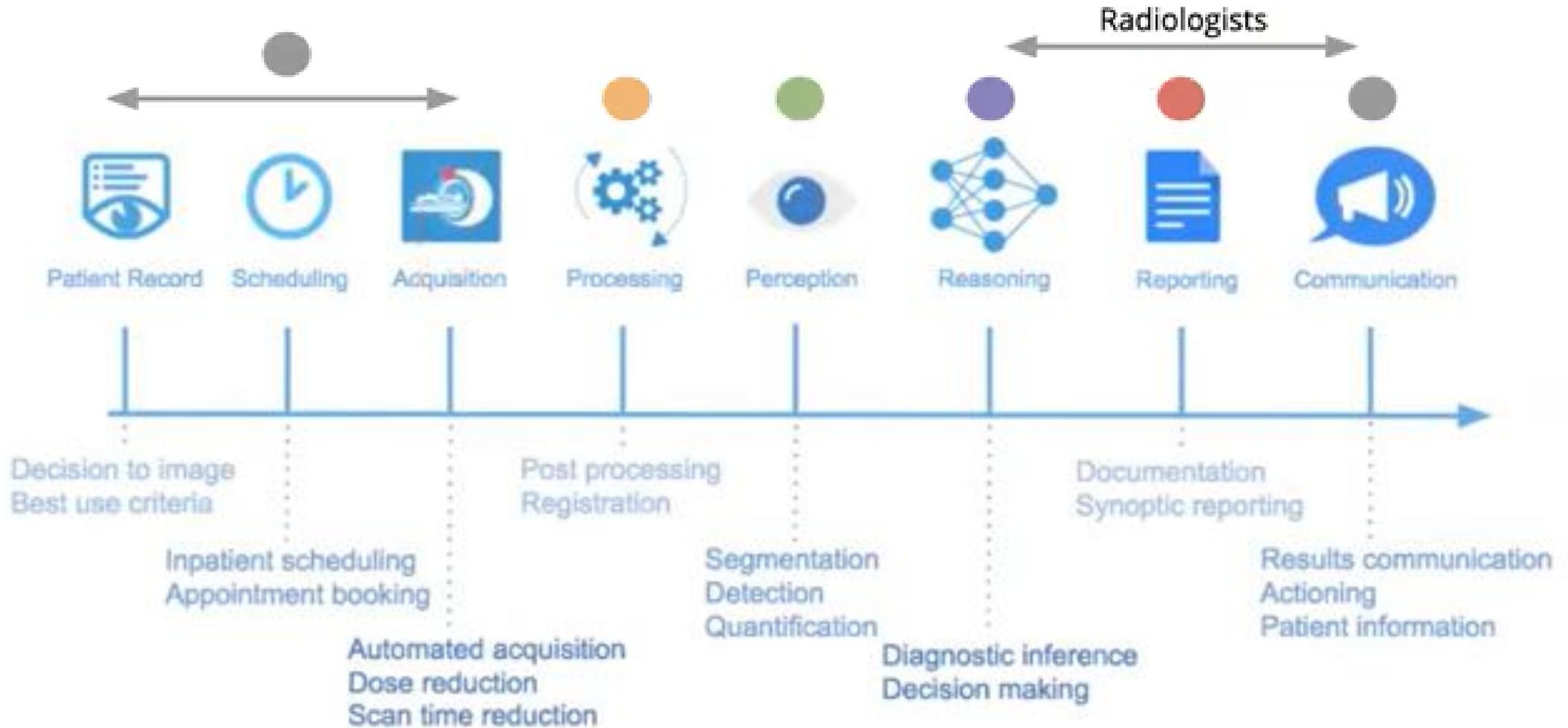
Bilateral consolidation. Left pleural effusion.



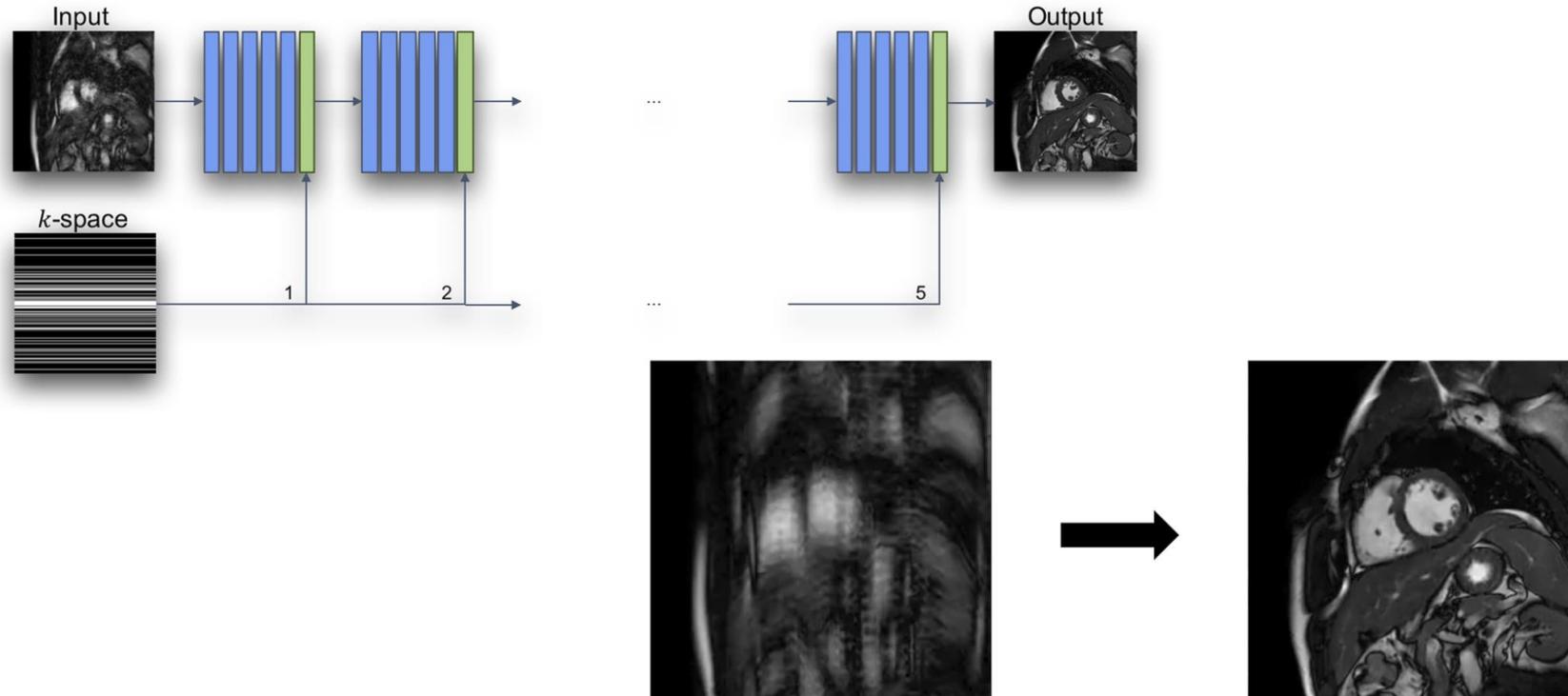


► Was kann „Künstliche Intelligenz“?

# Anwendungsbereiche für KI in der Radiologie



## Undersampled MRI reconstruction

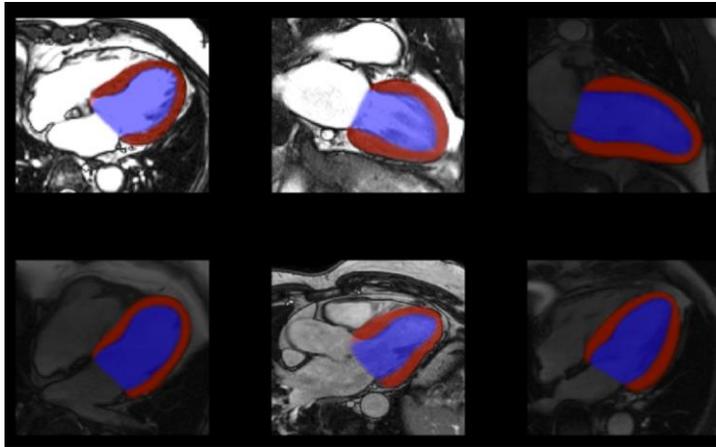


Leiner et al., JCMR, 2019

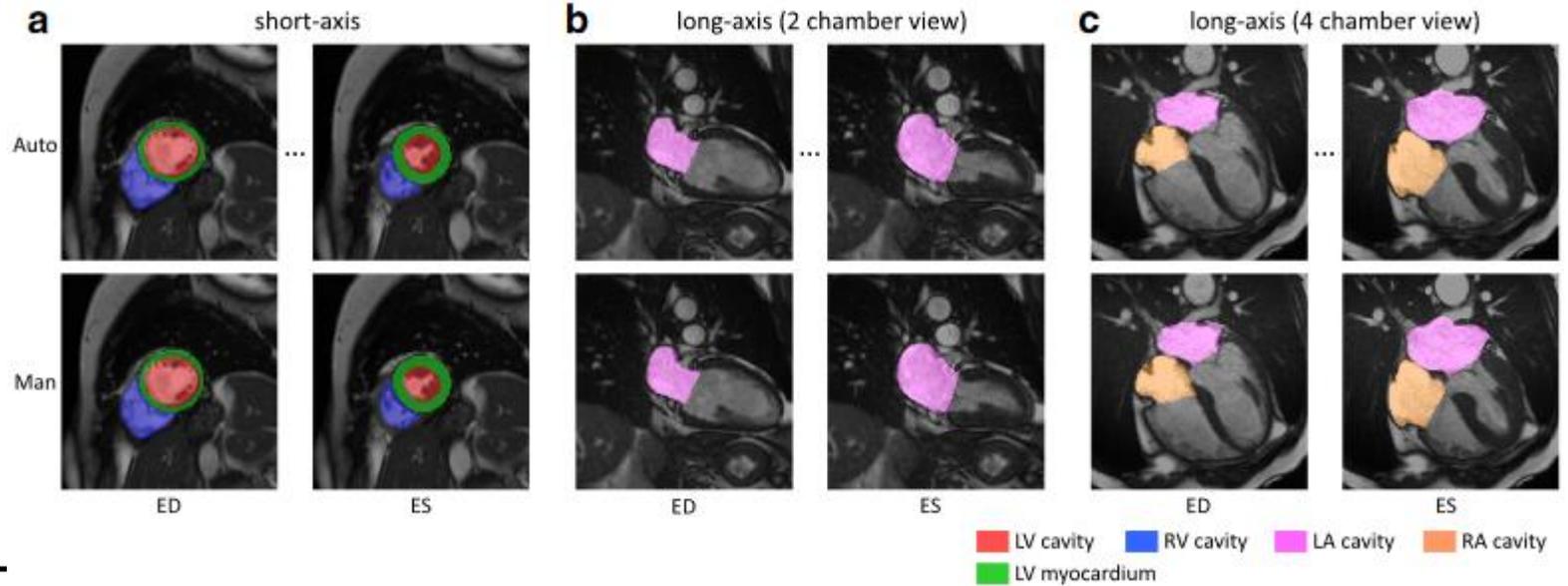
### A Deep Cascade of Convolutional Neural Networks for Dynamic MR Image Reconstruction ?

Publisher: IEEE

# KI in der kardialen MRI: Automatische Segmentierung



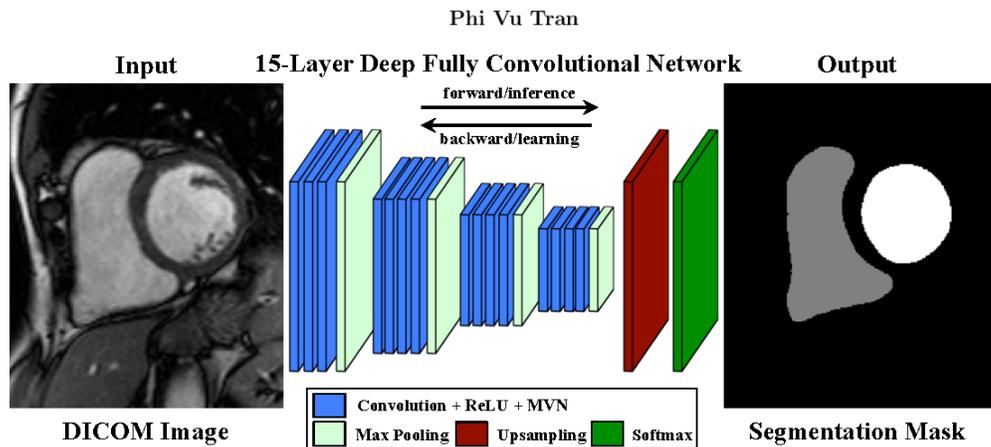
Leiner et al., JCMR, 2019



Bai et al. *Journal of Cardiovascular Magnetic Resonance* (2018) 20:65  
<https://doi.org/10.1186/s12968-018-0471-x>

Journal of Cardiovascular  
Magnetic Resonance

## A Fully Convolutional Neural Network for Cardiac Segmentation in Short-Axis MRI



### RESEARCH

### Open Access



## Automated cardiovascular magnetic resonance image analysis with fully convolutional networks

Wenjia Bai<sup>1\*</sup>, Matthew Sinclair<sup>1</sup>, Giacomo Tarroni<sup>1</sup>, Ozan Oktay<sup>1</sup>, Martin Rajchl<sup>1</sup>, Ghislain Vaillant<sup>1</sup>, Aaron M. Lee<sup>2</sup>, Nay Aung<sup>2</sup>, Elena Lukaschuk<sup>3</sup>, Mihir M. Sanghvi<sup>2</sup>, Filip Zmrak<sup>2</sup>, Kenneth Fung<sup>2</sup>, Jose Miguel Paiva<sup>2</sup>, Valentina Carapella<sup>3</sup>, Young Jin Kim<sup>3</sup>, Hideaki Suzuki<sup>4</sup>, Bernhard Kainz<sup>1</sup>, Paul M. Matthews<sup>4</sup>, Steffen E. Petersen<sup>2</sup>, Stefan K. Piechnik<sup>3</sup>, Stefan Neubauer<sup>3</sup>, Ben Glocker<sup>1</sup> and Daniel Rueckert<sup>1</sup>

## Self-configuring nnU-net pipeline enables fully automatic infarct segmentation in late enhancement MRI after myocardial infarction

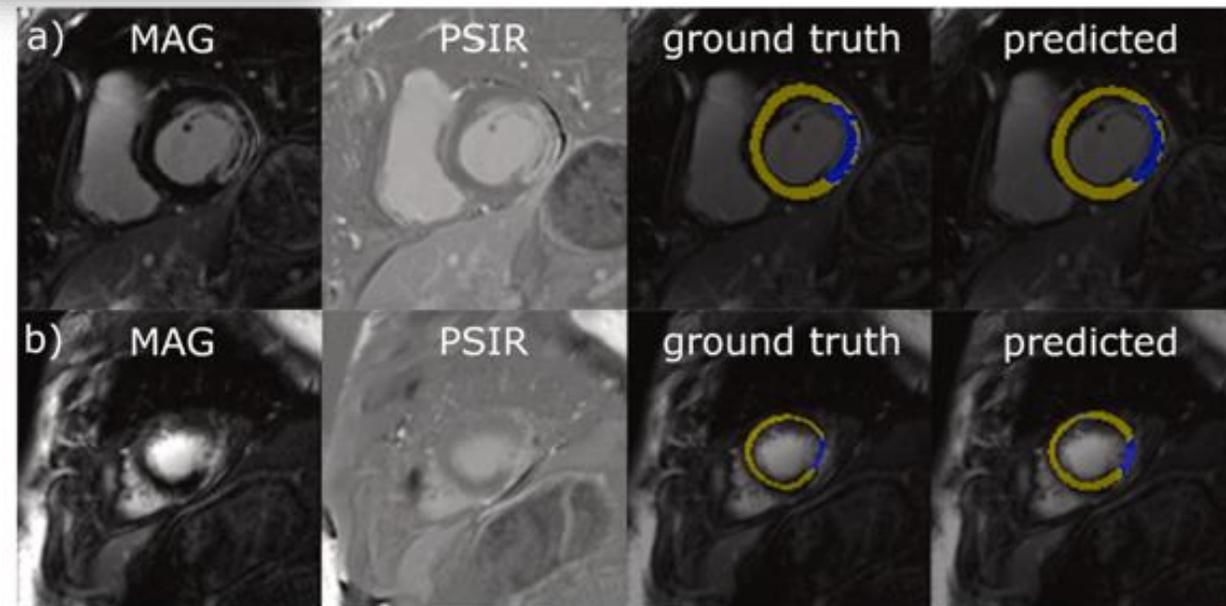


Julius F. Heidenreich<sup>a,\*</sup>, Tobias Gassenmaier<sup>a</sup>, Markus J. Ankenbrand<sup>b,c</sup>, Thorsten A. Bley<sup>a</sup>, Tobias Wech<sup>a</sup>

<sup>a</sup> Department of Diagnostic and Interventional Radiology, University Hospital Würzburg, Germany

<sup>b</sup> Department of Cellular and Molecular Imaging, Comprehensive Heart Failure Center, University Hospital Würzburg, Germany

<sup>c</sup> Center for Computational and Theoretical Biology, University of Würzburg, Germany



**Fig. 2.** Exemplary illustration of automatic segmentation performed by nnU-net for the DUAL group. In a) an example with good performance ( $DSC_{\text{myo}} = 0.89$ ,  $DSC_{\text{scar}} = 0.89$ ) is depicted. No reflow areas were added to infarct zone as labelled in the training data. The second example (b) shows a specimen with lower performance of the trained model as measured by the DSC ( $DSC_{\text{myo}} = 0.67$ ,  $DSC_{\text{scar}} = 0.33$ ). Myocardium was interpreted thicker as in the manual reference, which both affected the results form myocardium and infarct zone. MAG, magnitude reconstruction; PSIR, phase sensitive inversion recovery.

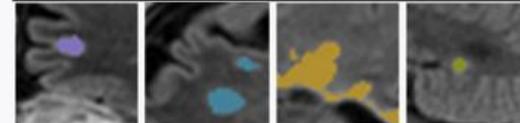
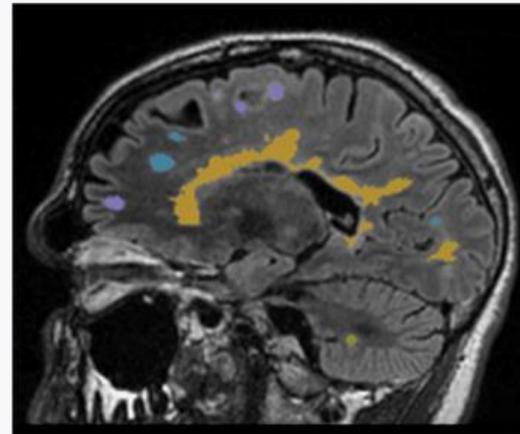
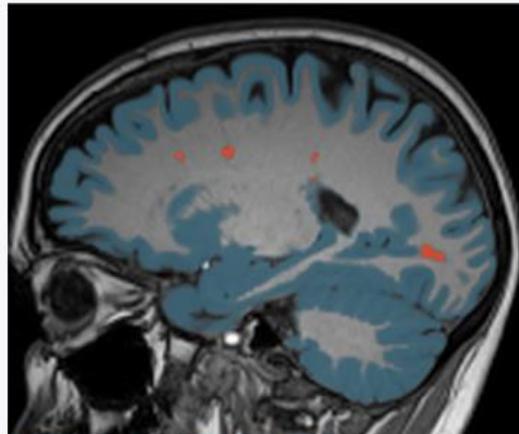
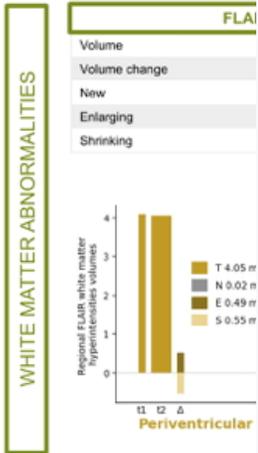
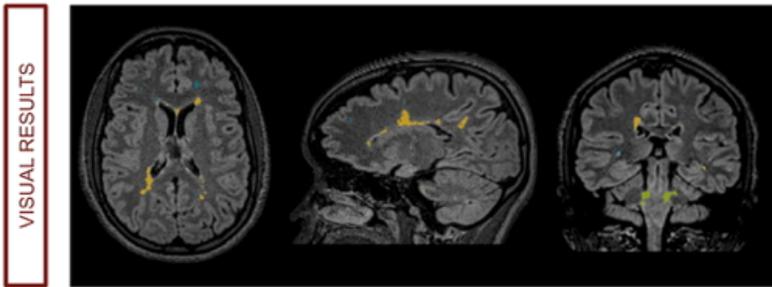
# KI in der Neuroradiologie: Multiple Sklerose und Demenz

icobrain ms



INFO	NAME	ID	YEAR OF BIRTH	MRI DATES
	icomatrix ms	ICO-ID	1993	2016-06-29 2017-11-27

QC	STATUS	REMARKS
	Approved	No remarks.



SAMPLE P  
icobrain 3.x.x |

icobrain dm

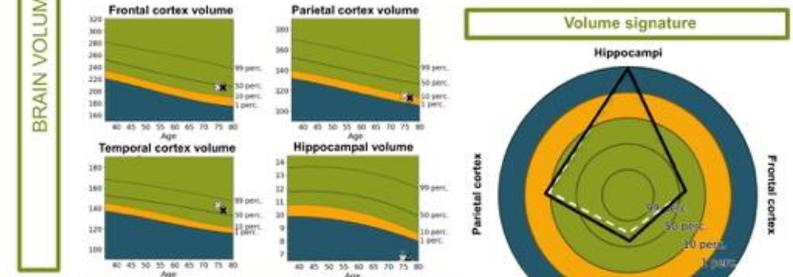


INFO	NAME	ID	YEAR OF BIRTH	MRI DATES
	icomatrix dm	ICO-ID	1941	2015-09-29 2017-08-07

QC	STATUS	REMARKS
	Approved	No remarks.



	Frontal cortex	Parietal cortex	Temporal cortex	Hippocampi
Volume	206 ml*	112 ml*	138 ml*	6.4 ml*
Normal range	176 - 241 ml*	107 - 144 ml*	117 - 149 ml*	8.3 - 12.3 ml*
Normative percentile	38.6	6.3	71.0	< 1
Annualized volume change	-0.21 %	-1.19 %	-1.89 %	-2.09 %
Normal annualized volume change	-0.31 %	-0.36 %	-0.40 %	-0.95 %



FLAIR

White matter hyperintensities	
Volume	1.23 ml
Volume change	0.02 ml

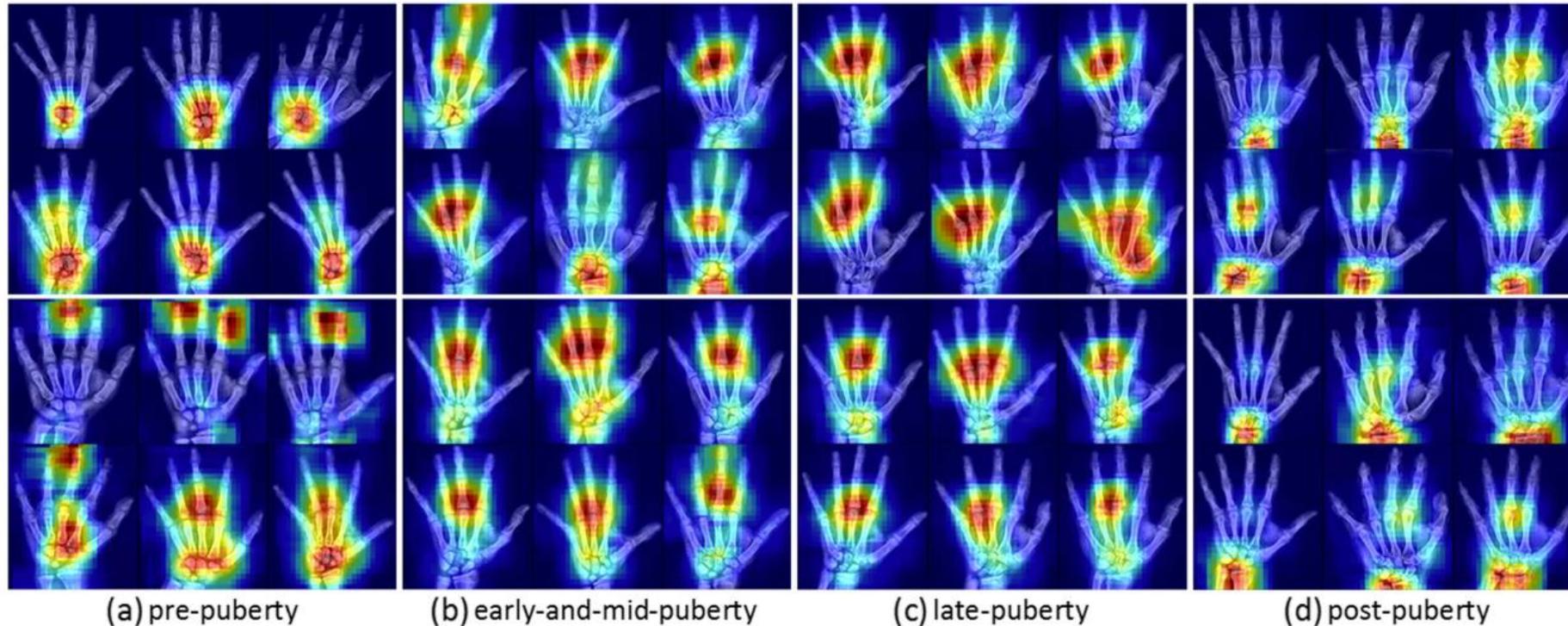
\* Displayed brain volumes are corrected for head size. The correction factor for this patient is 0.70.

SAMPLE

This report is approved for clinical use in the US, EU, AU, BR, CA and IN. Please visit [www.icomatrix.com](http://www.icomatrix.com) or contact [info@icomatrix.com](mailto:info@icomatrix.com) for more information.  
icobrain 3.x.x Manufactured by icomatrix NV, Kolonel Begaultlaan 1b/ 12, 3012 Leuven, Belgium.

## Fully Automated Deep Learning System for Bone Age Assessment

Hyunkwang Lee<sup>1</sup> · Shahein Tajmir<sup>1</sup> · Jenny Lee<sup>1</sup> · Maurice Zissen<sup>1</sup> ·  
Bethel Ayele Yeshiwas<sup>1</sup> · Tarik K. Alkasab<sup>1</sup> · Garry Choy<sup>1</sup> · Synho Do<sup>1</sup>



# KI-Start-Ups in Europa



- ▶ Was kann „Künstliche Intelligenz“ NICHT?
  - oder: Werden wir Ärzte in Zukunft überflüssig?



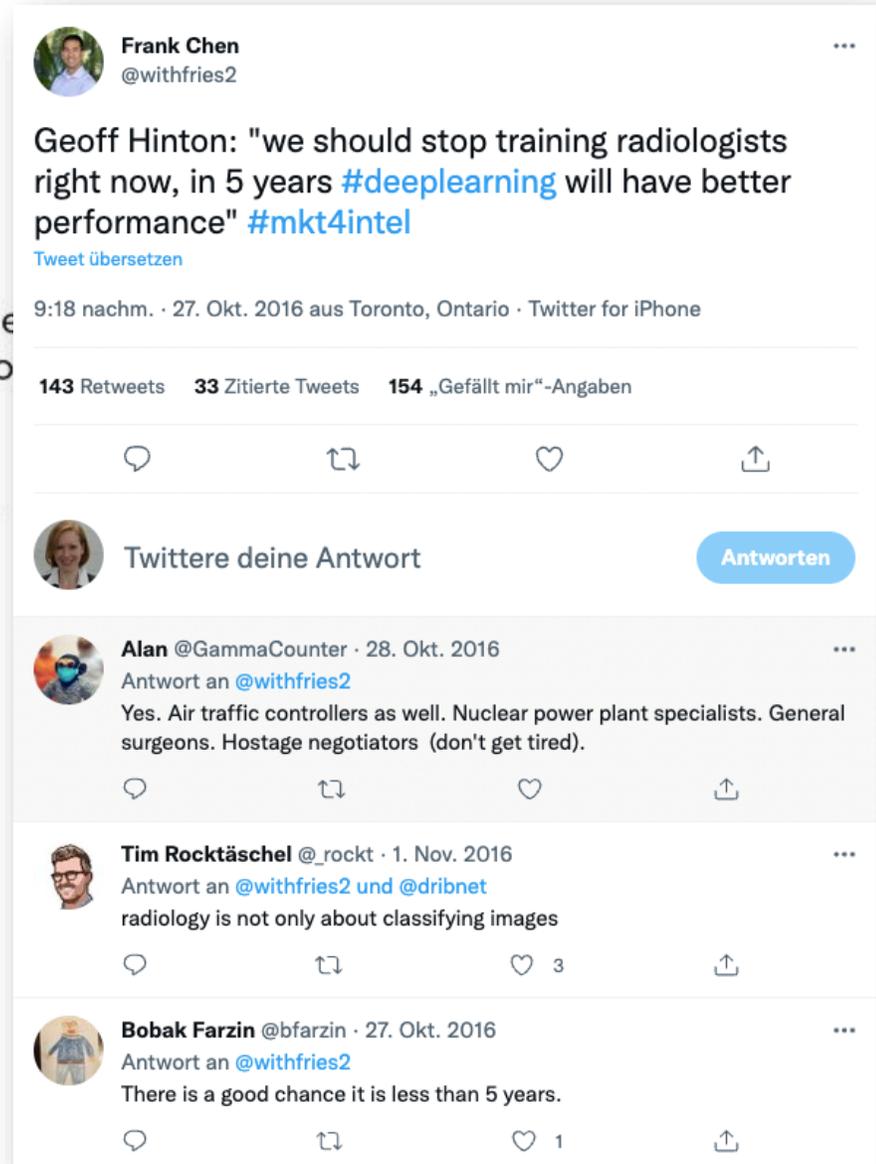
# Prognose Geoffrey Hinton, 2016



"I think that if you work as a radiologist, you are like Wile E. Coyote in the cartoon. You're already over the edge of the cliff, but you haven't yet looked down. There's no ground underneath. People should stop training radiologists now. It's just completely obvious that in five years deep learning is going to do better than radiologists."

Nov 24, 2016

Geoffrey Hinton, University of Toronto



**Frank Chen** @withfries2  
Geoff Hinton: "we should stop training radiologists right now, in 5 years #deeplearning will have better performance" #mkt4intel  
[Tweet übersetzen](#)  
9:18 nachm. · 27. Okt. 2016 aus Toronto, Ontario · Twitter for iPhone  
143 Retweets 33 Zitierte Tweets 154 „Gefällt mir“-Angaben

**Twitter** deine Antwort [Antworten](#)

**Alan** @GammaCounter · 28. Okt. 2016  
Antwort an @withfries2  
Yes. Air traffic controllers as well. Nuclear power plant specialists. General surgeons. Hostage negotiators (don't get tired).

**Tim Rocktäschel** @rockt · 1. Nov. 2016  
Antwort an @withfries2 und @dribnet  
radiology is not only about classifying images

**Bobak Farzin** @bfarzin · 27. Okt. 2016  
Antwort an @withfries2  
There is a good chance it is less than 5 years.

# ...oder: Muss der Pathologe Angst vor Tauben haben?!

## Pigeons (*Columba livia*) as Trainable Observers of Pathology and Radiology Breast Cancer Images

Richard M. Levenson , Elizabeth A. Krupinski, Victor M. Navarro, Edward A. Wasserman 

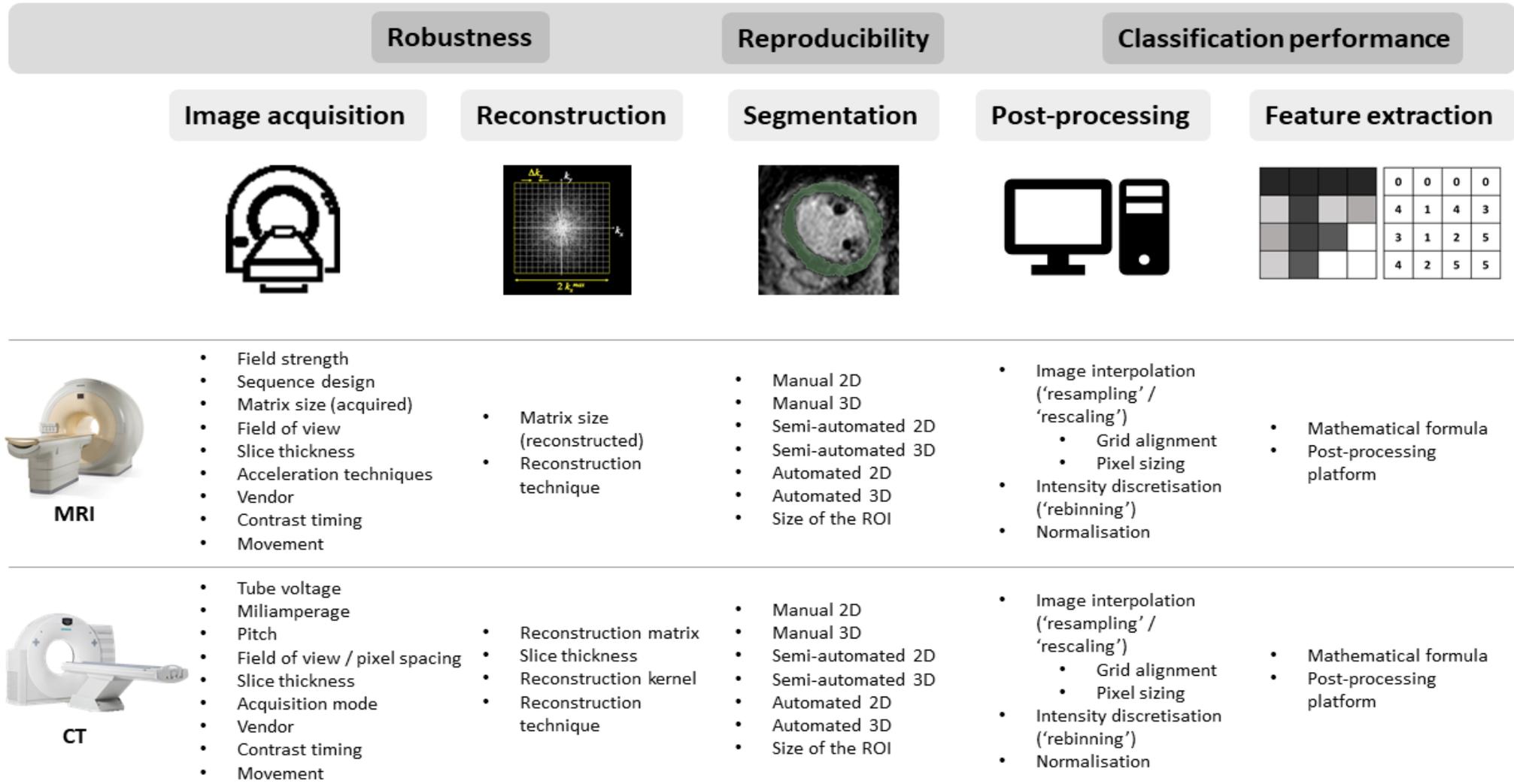
Published: November 18, 2015 • <https://doi.org/10.1371/journal.pone.0141357>



**„Pigeons spot cancer as well as human experts.“**

<https://youtu.be/flzGjnJLyS0?t=10> <http://www.sciencemag.org/news/2015/11/pigeons-spot-cancer-well-human-experts>

# Wichtige Limitation: Fehlende Standardisierung



# Limitationen: das Chihuahua-Muffin-Problem

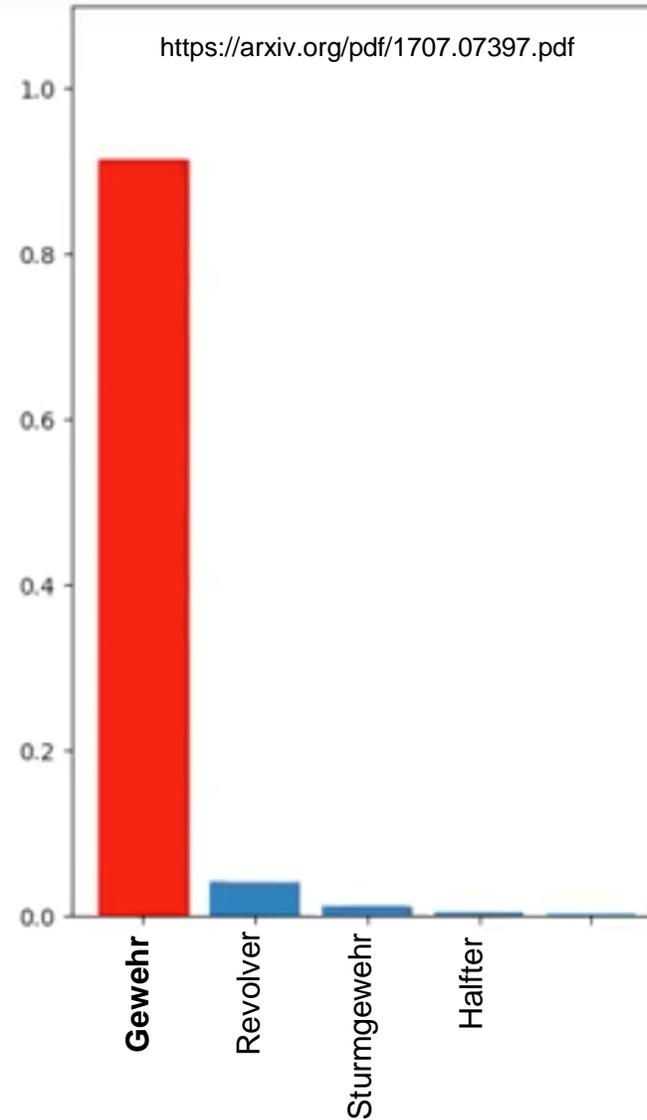


## Synthesizing Robust Adversarial Examples

Anish Athalye<sup>\*12</sup> Logan Engstrom<sup>\*12</sup> Andrew Ilyas<sup>\*12</sup> Kevin Kwok<sup>2</sup>



  
**Gewehr !**



# Nur eine (1!) korrekte Klassifikation



 classified as turtle     classified as rifle  
 classified as other

# „One pixel attack for fooling deep neural networks“



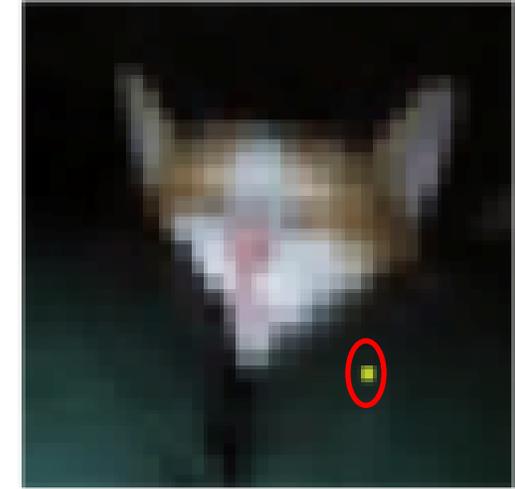
**HORSE**

**FROG(99.9%)**



**SHIP**

**AIRPLANE(62.7%)**



**CAT**

**BIRD(66.2%)**

**Adversarial Patch**

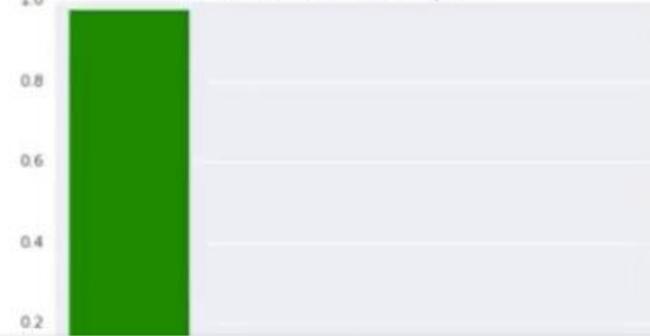
Tom B. Brown, Dandelion Manć, Aurko Roy, Martín Abadi, Justin Gilmer  
{tombrown,dandelion,aurkor,abadi,gilmer}@google.com

place sticker on table

**Classifier Input**



**Classifier Output**



**These psychedelic stickers blow AI minds**

Devin Coldewey @techcrunch / Jan 3, 2018

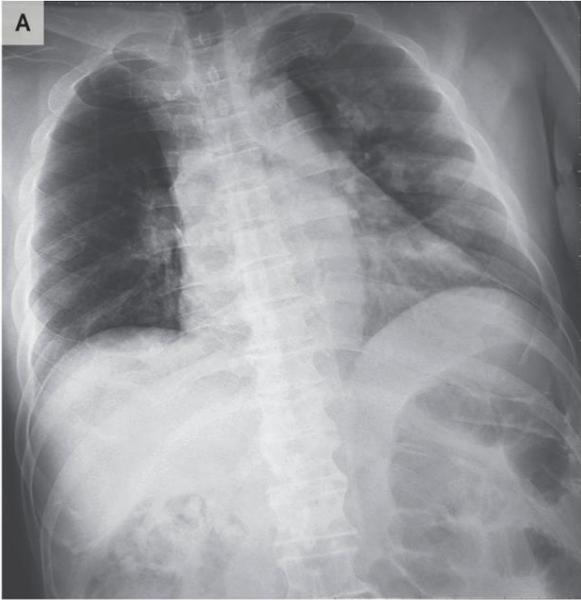
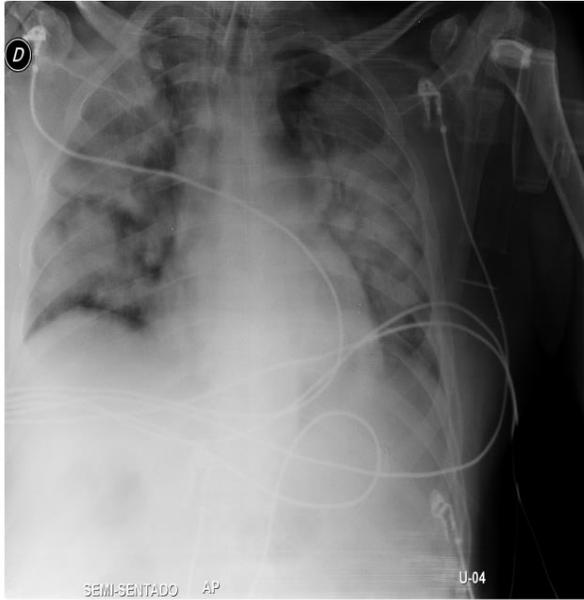


**Classifier Output**



Class	Probability
toaster	1.0
banana	~0.05
piggy_bank	0.0
spaghetti_	0.0

# ... und immer wieder neue Varianten von Problemen

True Label	COVID-19 (Training Data)	COVID-19 (Unseen Data)	Cat (Unrelated Data)			
						
Model	Prediction	Confidence	Prediction	Confidence	Prediction	Confidence
DNN	COVID-19	99.7%	Non-COVID	75.1%	COVID-19	100%
BNN	COVID-19	95.5%	COVID-19	67.1%	COVID-19	99.8%
Ours	COVID-19	99.9%	COVID-19	69.0%	COVID-19	50.1%

---

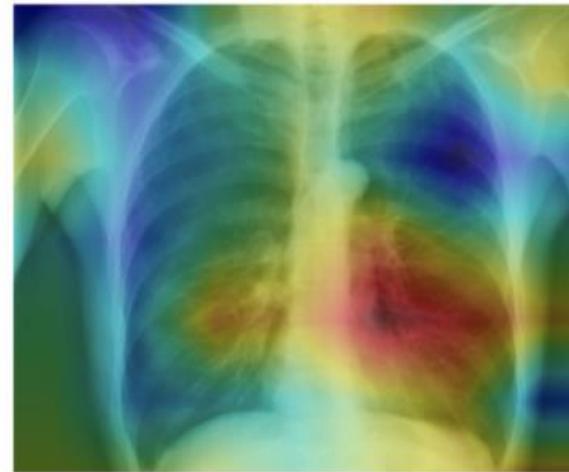
## CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning

---

Pranav Rajpurkar<sup>\*1</sup> Jeremy Irvin<sup>\*1</sup> Kaylie Zhu<sup>1</sup> Brandon Yang<sup>1</sup> Hershel Mehta<sup>1</sup>  
Tony Duan<sup>1</sup> Daisy Ding<sup>1</sup> Aarti Bagul<sup>1</sup> Robyn L. Ball<sup>2</sup> Curtis Langlotz<sup>3</sup> Katie Shpanskaya<sup>3</sup>  
Matthew P. Lungren<sup>3</sup> Andrew Y. Ng<sup>1</sup>



**Input**  
Chest X-Ray Image



**Output**  
Pneumonia Positive (85%)

► Ausblick – Quo vadis, Radiologie?



## Viewpoint

August 8, 2017

# Unintended Consequences of Machine Learning in Medicine

Federico Cabitza, PhD<sup>1,2</sup>; Raffaele Rasoini, MD<sup>3</sup>; Gian Franco Gensini, MD<sup>3</sup>

[» Author Affiliations](#) | [Article Information](#)

JAMA. 2017;318(6):517-518. doi:10.1001/jama.2017.7797 

Original **Investigations**  


Research Paper ■

Computer Decision Support as a Source of Interpretation Error:  
The Case of Electrocardiograms

THEODORE L. TSAI, MD, DOUGLAS B. FRIDSMA, MD, GUIDO GATTI, MA

„Deskilling“

THE WALL STREET JOURNAL. Subscribe | Sign In

[Home](#) [World](#) [U.S.](#) [Politics](#) [Economy](#) [Business](#) [Tech](#) [Markets](#) [Opinion](#) [Life & Arts](#) [Real Estate](#) [WSJ Magazine](#) Search 

[BUSINESS](#) | [HEALTHCARE](#) | [HEALTH](#)

## Facial-Recognition Software Was Able to Identify Patients From MRI Scans

Study calls attention to a privacy threat that is set to grow as technology improves and medical-imaging data increases



Researchers used actual MRI scans, similar to a simulated scan seen at left, to generate facial reconstruction images, like the one at right, and then applied facial-recognition software to compare with photos. PHOTO: MAYO CLINIC

CORRESPONDENCE

## Identification of Anonymous MRI Research Participants with Face-Recognition Software

TO THE EDITOR:

Public sharing of research data is being widely promoted. Medical image files contain “metadata” such as the name of the participant, the date of the scan, and the identification number. Such data are typically removed (deidentified) before data sharing, but images of the face in magnetic resonance imaging (MRI) scans remain accessible.

October 24, 2019

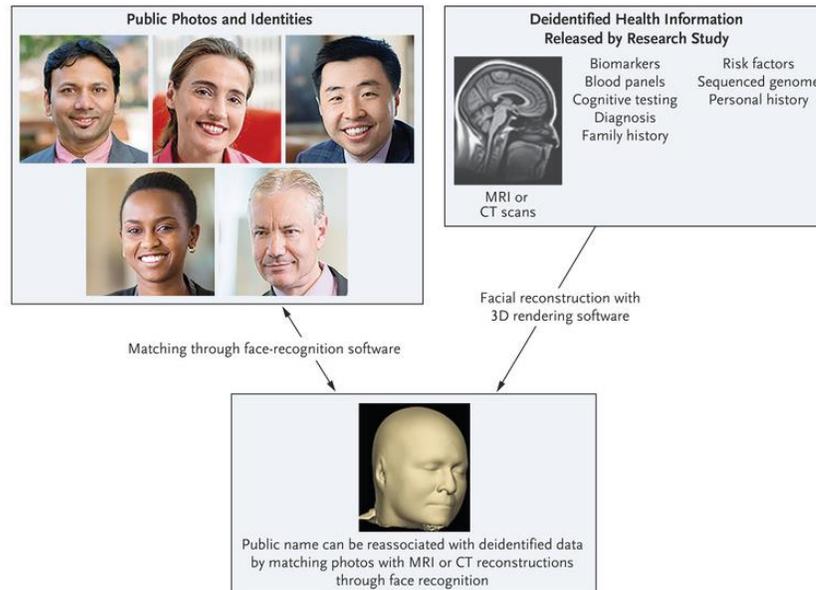
N Engl J Med 2019; 381:1684-1686

DOI: 10.1056/NEJMc1908881 

Metrics



The NEW ENGLAND  
JOURNAL of MEDICINE



## CT-GAN: Malicious Tampering of 3D Medical Imagery using Deep Learning

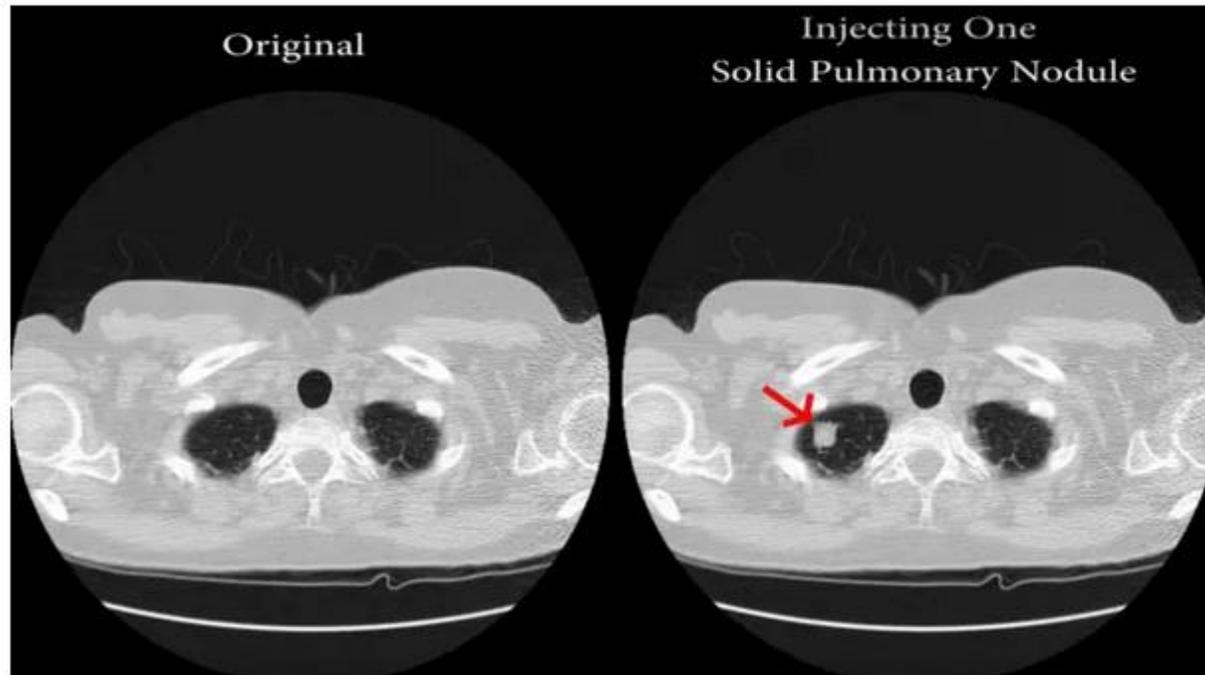
Yisroel Mirsky<sup>1</sup>, Tom Mahler<sup>1</sup>, Ilan Shelef<sup>2</sup>, and Yuval Elovici<sup>1</sup>

<sup>1</sup>Department of Information Systems Engineering, Ben-Gurion University, Israel

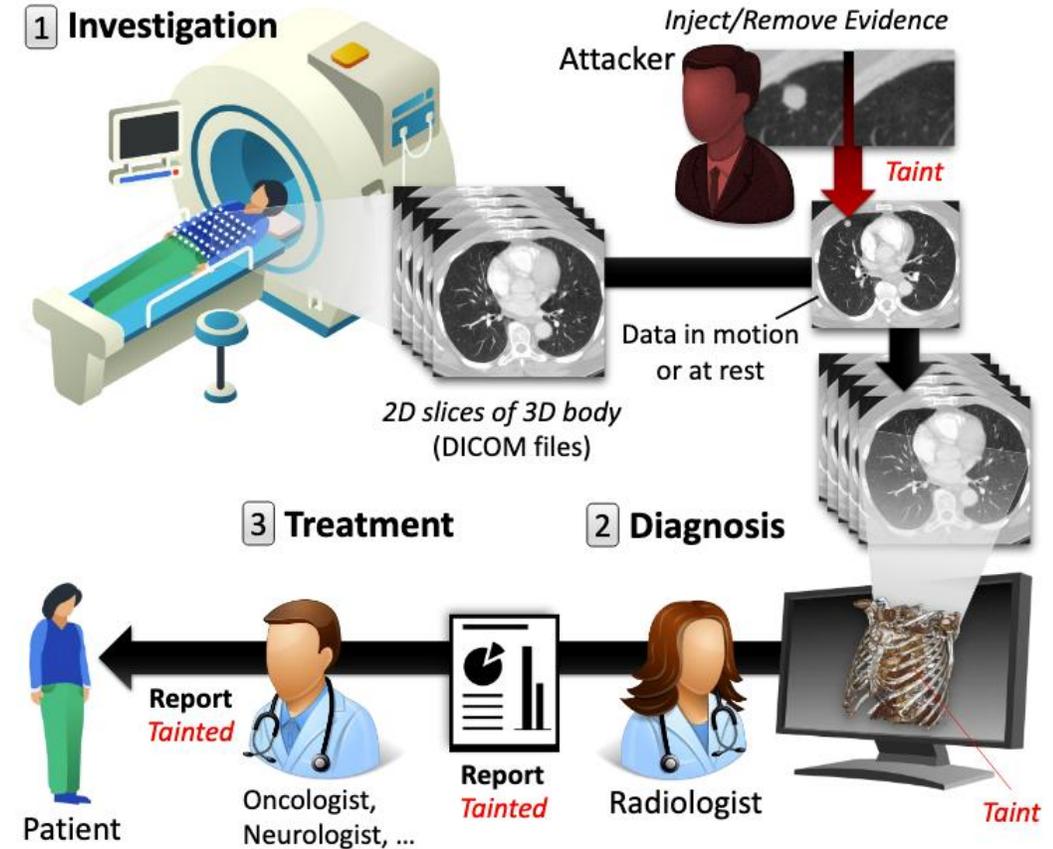
<sup>2</sup>Soroka University Medical Center, Beer-Sheva, Israel

yisroel@post.bgu.ac.il, mahlert@post.bgu.ac.il, shelef@bgu.ac.il, and elovici@bgu.ac.il

arXiv:1901.03597v2 [cs.CR] 3 Apr 2019



(Bild: [YouTube](#) / Ben Gurion University)



# Cybersecurity im Krankenhaus: DIE Herausforderung der Zukunft?

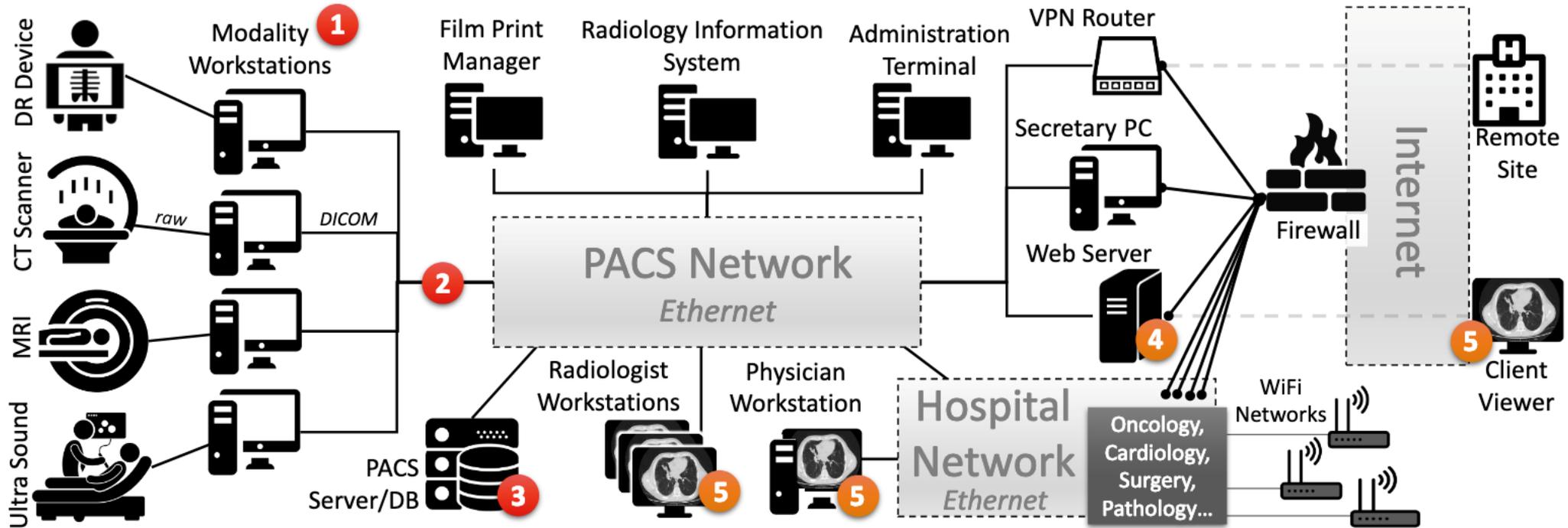


Figure 3: A network overview a PACS in a hospital. 1-3: points where an attacker can tamper with all scans. 4-5: points where an attacker can tamper with a subset of scans.

MEDIZIN SOFTWARE

## Forscher finden "rassistische Vorurteile" in Algorithmus

Ein in den USA gebräuchlicher Algorithmus stuft Patientenbedürfnisse nach den Arztrechnungen ein. Aufgrund der sozialen Verhältnisse im Land führt das zu einer Bevorzugung weißer Patienten bei der Behandlung. Eine Änderung des Algorithmus ist möglich, die Forscher halten sie ohne gesetzlichen Zwang aber nicht für wahrscheinlich

25. Oktober 2019, 15:21 Uhr, Oliver Nickel



Algorithmen werden schnell tendenziös.

RESEARCH ARTICLE

## Dissecting racial bias in an algorithm used to manage the health of populations

Ziad Obermeyer<sup>1,2,\*</sup>, Brian Powers<sup>3</sup>, Christine Vogeli<sup>4</sup>, Sendhil Mullainathan<sup>5,\*†</sup>

+ See all authors and affiliations

Science 25 Oct 2019:  
Vol. 366, Issue 6464, pp. 447-453  
DOI: 10.1126/science.aax2342 



**Science**  
Vol 366, Issue 6464  
25 October 2019

[Table of Contents](#)  
[Print Table of Contents](#)  
[Advertising \(PDF\)](#)  
[Classified \(PDF\)](#)  
[Masthead \(PDF\)](#)

ORIGINAL RESEARCH • SPECIAL REPORT

Radiology

## Ethics of Artificial Intelligence in Radiology: Summary of the Joint European and North American Multisociety Statement

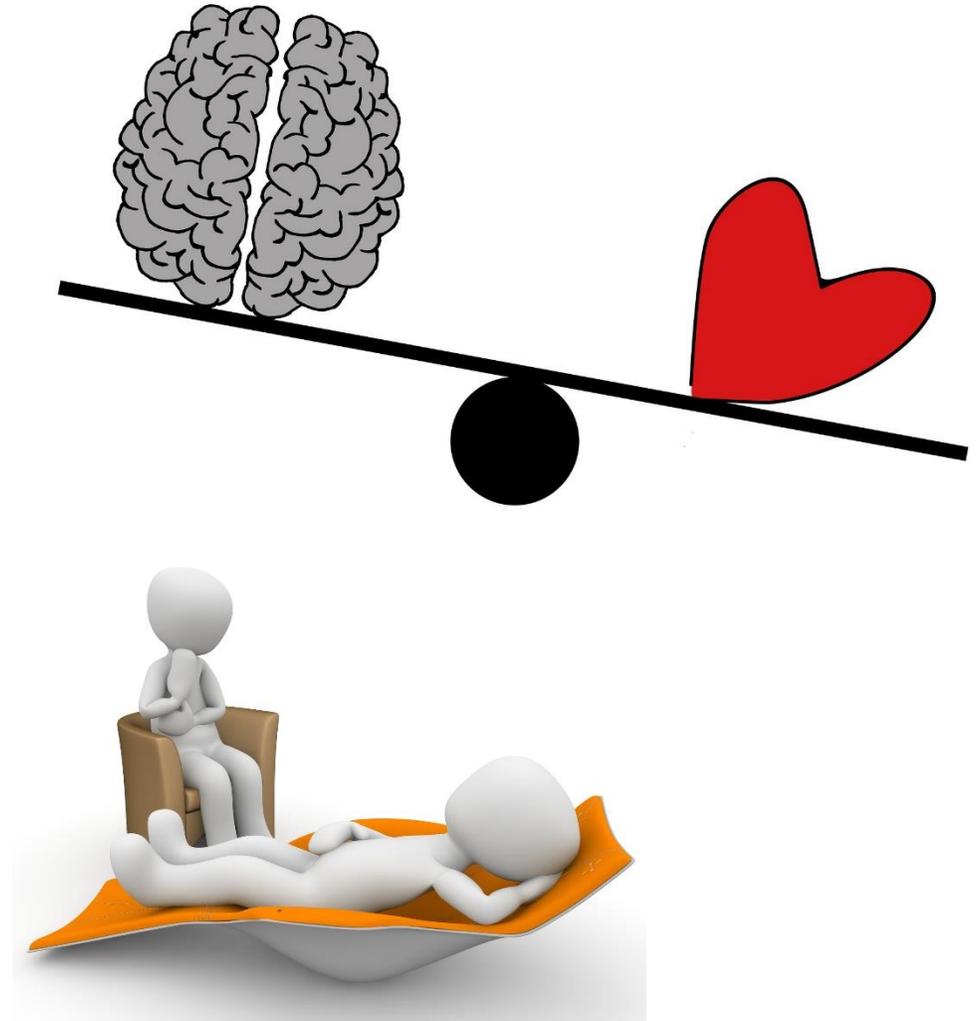
*J. Raymond Geis, MD • Adrian P. Brady, MB, FFRRCSI • Carol C. Wu, MD • Jack Spencer, PhD • Erik Ranschaert, MD, PhD • Jacob L. Jaremko, MD, PhD • Steve G. Langer, PhD • Andrea Borondy Kitts, MS, MPH • Judy Birch, BEd • William F. Shields, JD, LLM • Robert van den Hoven van Genderen, PhD, MSc, LLM • Elmar Kotter, MSc, MD, MBA • Judy Wawira Gichoya, MBCChB, MS • Tessa S. Cook, MD, PhD • Matthew B. Morgan, MD, MS • An Tang, MD, MSc • Nabile M. Safdar, MD, MPH • Marc Kohli, MD*

From the American College of Radiology Data Science Institute, Reston, Va (J.R.G.); Department of Radiology, National Jewish Health, 3401 Shore Rd, Fort Collins, CO 80524 (J.R.G.); Mercy University Hospital, Cork, Ireland (A.B.); University of Texas MD Anderson Cancer Center, Houston, Tex (C.C.W.); MIT, Department of Linguistics and Philosophy, Cambridge, Mass (J.S.); Netherlands Cancer Institute, Amsterdam, the Netherlands (E.R.); Department of Radiology and Diagnostic Imaging, University of Alberta, Edmonton, Alberta, Canada (J.L.J.); Radiology Department-Mayo Clinic, Rochester, Minn (S.G.L.); Lahey Hospital & Medical Center, Burlington, Mass (A.B.K.); Pelvic Pain Support Network, Poole, UK (J.B.); General Counsel, American College of Radiology, Reston, Va (W.F.S.); Center of Law and Internet, Vrije Universiteit Amsterdam, Amsterdam, the Netherlands (R.v.d.H.v.G.); Department of Radiology, University Medical Center, Freiburg, Germany (E.K.); Department of Interventional Radiology, Oregon Health & Science University, Portland, Ore (J.W.G.); Department of Radiology and Imaging Sciences, Emory University, Atlanta, Ga (J.W.G., N.M.S.); Department of Radiology, University of Pennsylvania, Philadelphia, Pa (T.S.C.); Department of Radiology and Imaging Sciences, University of Utah, Salt Lake City, Utah (M.B.M.); Centre de Recherche du Centre Hospitalier de L'Université de Montréal, Quebec, Canada (A.T.); and Department of Radiology and Biomedical Imaging, UCSF, San Francisco, Calif (M.K.). Received July 16, 2019; final version accepted August 9. **Address correspondence to J.R.G.** (e-mail: [raym.geis@gmail.com](mailto:raym.geis@gmail.com)).

Conflicts of interest are listed at the end of this article.

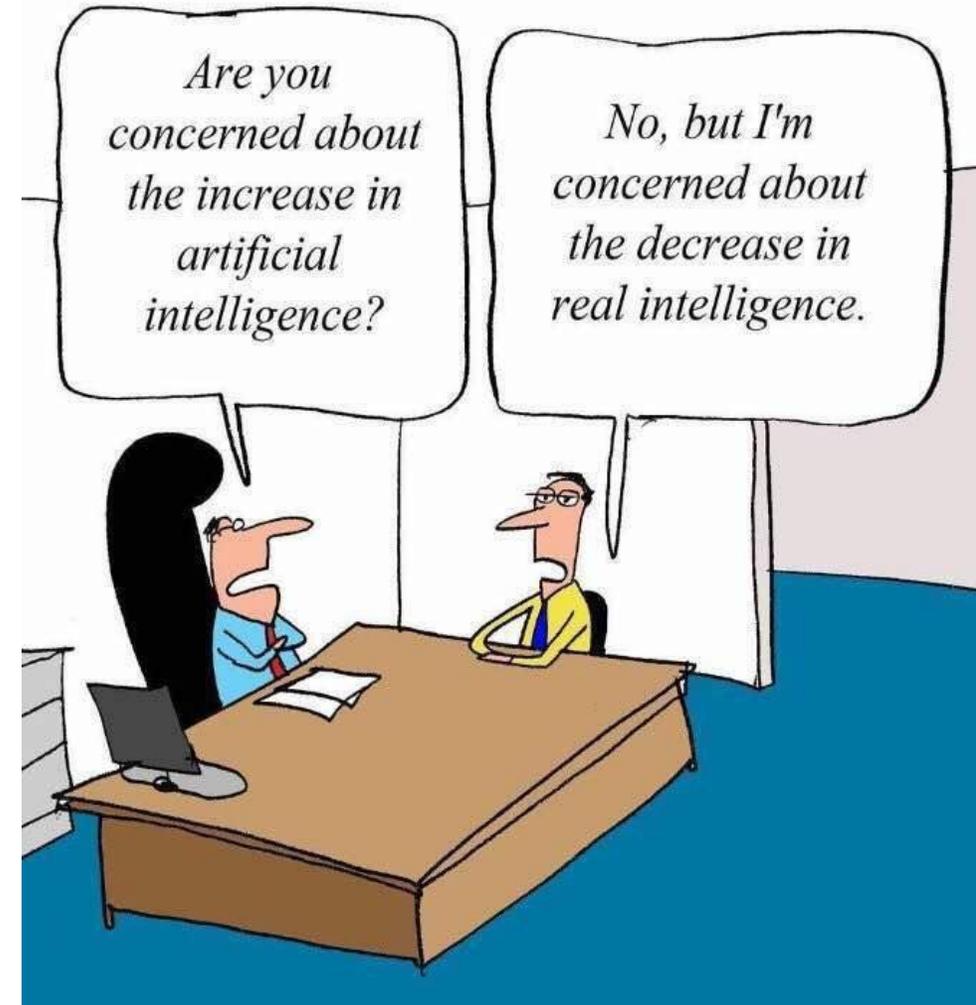
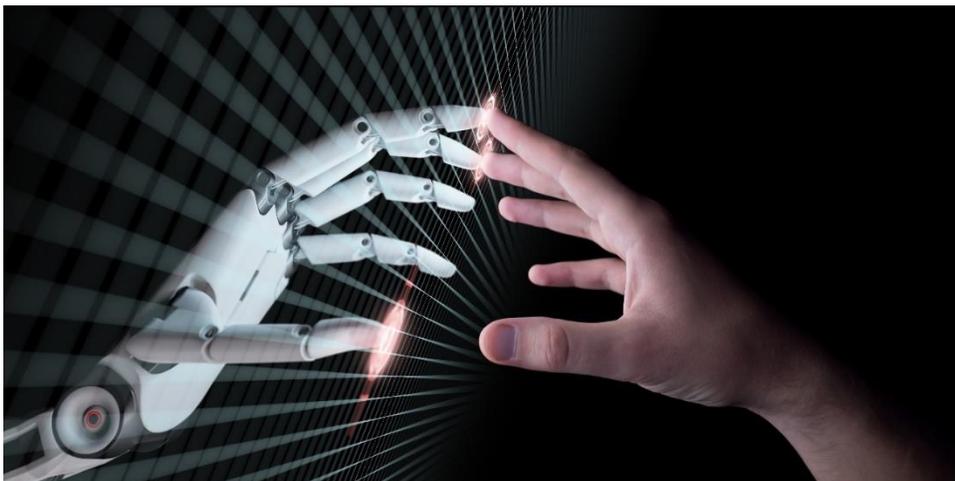
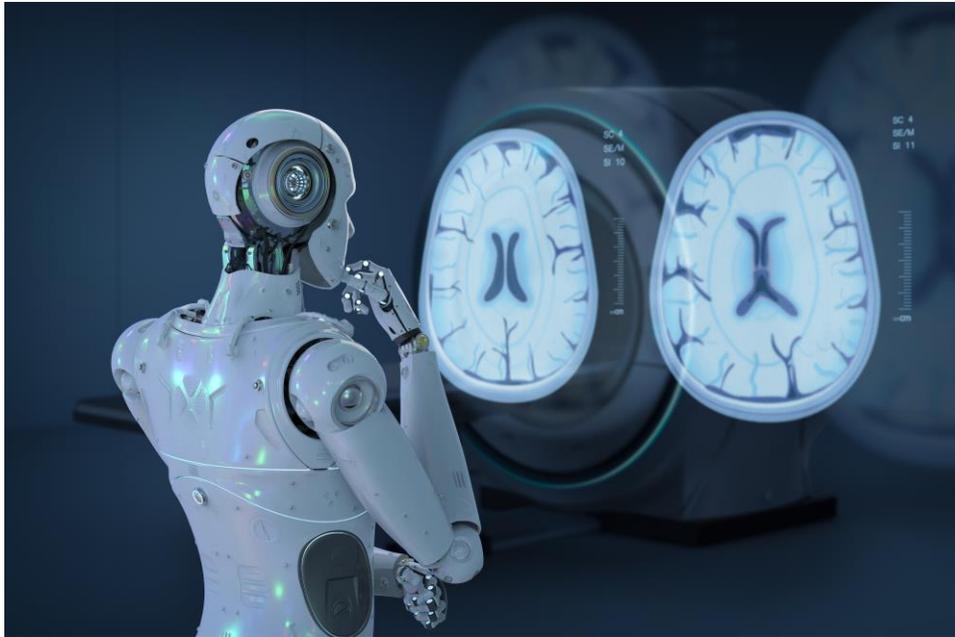
Radiology 2019; 293:436–440 • <https://doi.org/10.1148/radiol.2019191586> • Content codes:  

# Psychologische Aspekte (Angst)



- Forschung zu Standardisierung und Workflow-Optimierung
- Qualitätssicherung
- Ethische Standards
- Interdisziplinäre und interprofessionelle Konsensbildung
- Aus- / Weiterbildung
- Nutzerordnungen

# „Artificial Intelligence“ vs. „Augmented Intelligence“?



“

*Will it replace radiologists? The answer is no, but I do think that radiologists who use AI will replace radiologists who don't.*

—Curtis Langlotz, MD, PhD

DIRECTOR, AIMI LAB, STANFORD

”

# Vielen Dank!

Baessler\_B@ukw.de  
@Baessler\_Rad

