

# Impact of Quantization Parameters on Radiomic Texture Feature Variation in Low Field Strength Magnetic Resonance Images



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### INTRODUCTION

- · Magnetic resonance (MR) guided radiotherapy machines provide images with superior contrast to traditional cone beam computed tomography images.
- Daily low field strength MR images provide images during each daily treatment are under scrutiny for use with texture analysis.
- Texture analysis of low field strength MR images could provide valuable insight to disease response during radiotherapy.
- MR images require pre-processing before calculation of texture features to provide comparable gray levels between images..
- Selection of algorithm and the number of intensity gray levels impacts texture feature values.

Determine how selection of quantization algorithm and the number of gray level intensity levels impacts the variation of texture features extracted low field strength MR images of a texture phantom.

#### **METHOD**

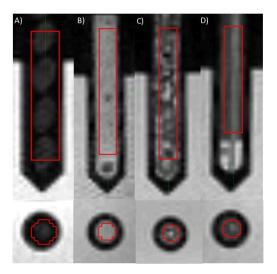
- Texture phantom constructed of four test tubes filled with various materials and water inserted to the daily image QA phantom (see Figure 1).
  - Vitamin E pills
  - Cut up sections of IV tubing
  - Gauze
  - Capillary tubes
- 37 phantom images acquired over 44 days.
- 39 texture features extracted from each ROI (see Table 1).
- Three quantization methods available in the publicly available Texture Analysis Toolbox in MATLAB (The MathWorks, Natick, Massachusetts) by Vallières<sup>1</sup> under consideration.
  - 1. Lloyd-Max Algorithm minimizes the mean square error by optimizing the decision levels of the original intensities and the intensity bin.
  - 2. Uniform Probability Quantization rescales the original intensities linearly to the intensity bins.
  - Histogram Equalization monotonic transform that reassigns intensities to the new bins with approximately equal probabilities.
- Four different gray level intensity levels
- 32, 64, 128, and 256 levels
- The number of bins can result in sparse or saturated matrixes that impact texture feature values.

#### **TEXTURE FEATURES TABLE 1**



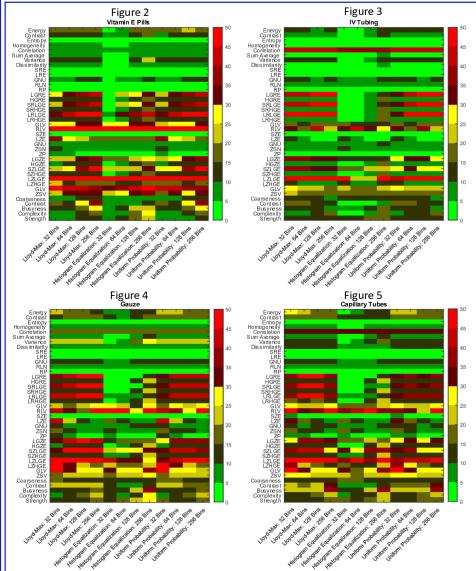
IBSI - Image biomarker standardisation initiative

# **TEXTURE PHANTOM FIGURE 1**



Sagittal (top images) and axial (bottom images) slices of the four texture inserts with the region of interests (ROI), in red, defining the volume used to extract texture features. Column A is the vitamin E-pills (ROI E), column B is the test tube stuffed with gauze (ROI G), column C is cut sections of IV tubing (ROI IV), and column D is the tube filled with capillary tubes (ROI Cap).

# **RESULTS**



- Feature variation over time expressed as the coefficient of variation (CV%) over time
  - · CV% was calculated for each texture feature as the standard deviation divided by the mean value multiplied by 100.
- The y-axis labels are the texture features and the x-axis labels are the quantization method and number of gray level intensities used to calculated the texture features.
- Histogram Equalization with 32 and 64 gray levels resulted in the most texture features with CV% below 10% (green and light green) and is apparent by viewing the columns of the respective columns of each combination
- A number of features maintained low CV% across all texture inserts and combinations of quantization method and numbers of gray level intensity levels and is obvious when looking

# **CONCLUSIONS**

- Texture features calculated from the processed ROIs using Histogram Equalization to quantize the image intensities to 32 or 64 intensity levels resulted in the largest number of features with CV% < 10%.
- A number of features were stable across all synthetic textures and methods, maintaining a CV% < 10%.
- GLMC-based texture features entropy and homogeneity
- · GRLRM-based SRE, LRE, RLN and RP
- GLSZM-based SZE
- The low field strength MR produces images from which texture features can be extracted with an acceptable amount of variation.
- Though the pre-processing with Histogram Equalization and 32 or 64 gray level intensity values results in the most stable features, they may not be be ideal for clinical exploration.

### **ACKNOWLEDGEMENTS**

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#### REFERENCES

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<sup>\*</sup> Features calculated as originally defined by Amadasun and King<sup>3</sup>