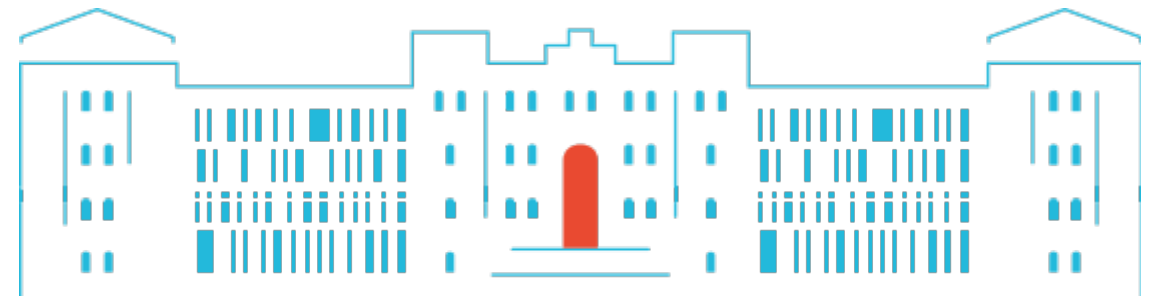
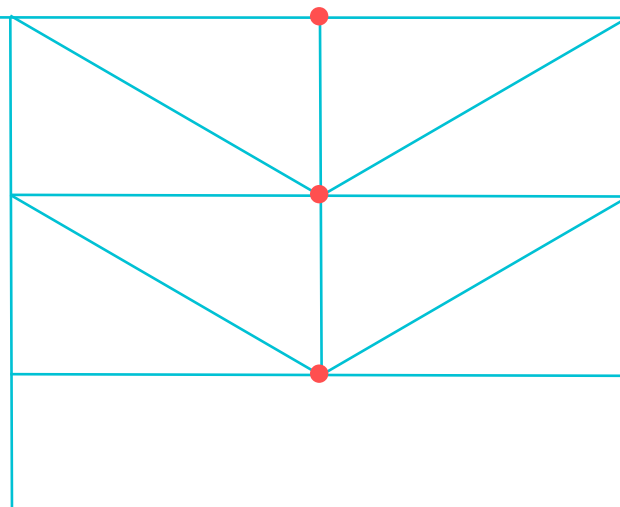


Bayesian Inference of Spatial Vascularity Parameters from Ultrasound Data

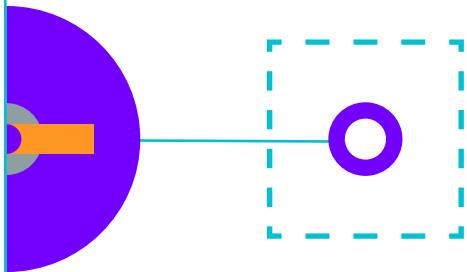
Fynn Bensele, Sophie Externbrink, Dimitre Hristov, Ahmed El Kaffas, Sebastian Götschel

TUHH
Technische
Universität
Hamburg



Overview

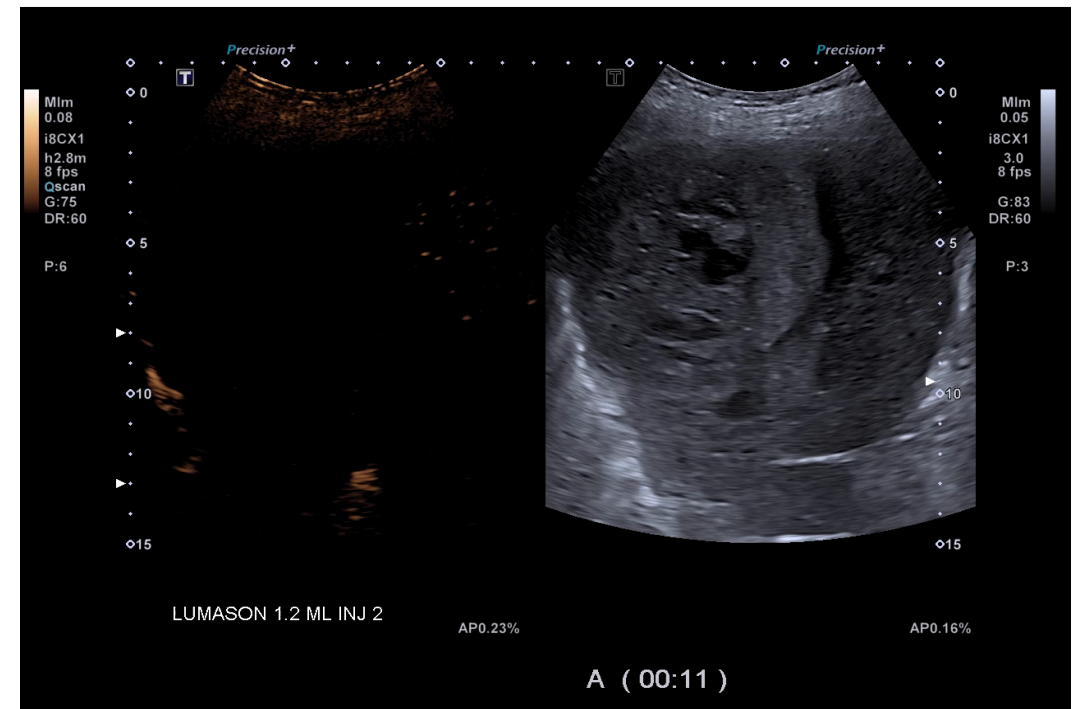
1. Characterizing liver cancer treatment
2. Blood flow and perfusion model
3. Bayesian inference
4. First results
5. Conclusion



Characterizing liver cancer treatment

Project description

- Perfusion of a liver tumor as indicator for the success of the cancer treatment (chemotherapy)
 - Blood flow/perfusion visualized via a microbubble contrast agent
- Patient-specific characterization of tumor perfusion from dynamic contrast-enhanced ultrasound (DCE-US) data
 - Broadly available, cost-effective and easily accessible, bedside-imaging
 - Very low resolution, high noise

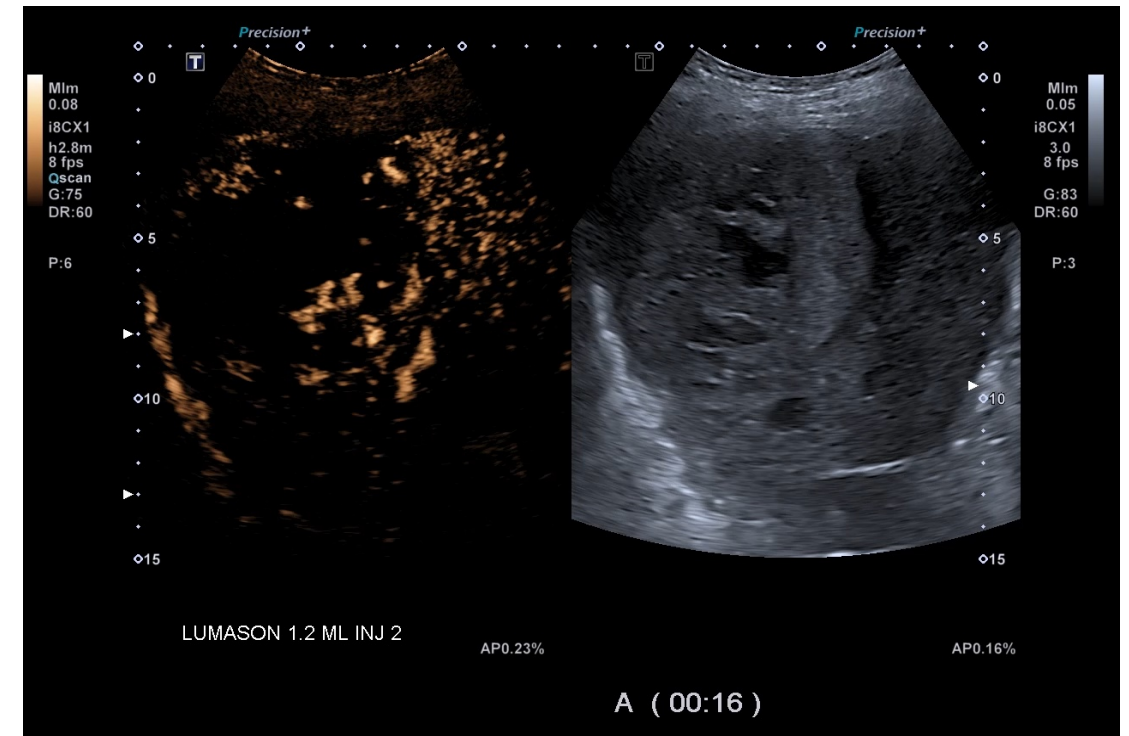


B-Mode (right) and micro bubble contrast agent visualization, data courtesy of UCSD

Characterizing liver cancer treatment

Project aim

- Reconstruction of contrast flow field (CFF) and characterization of *perfusion* based on US data
- Characterization framework for US data could enable frequent checkups and individualization of treatments
- Collaboration with Translational Ultrasound Lab of the University of California San Diego (UCSD)

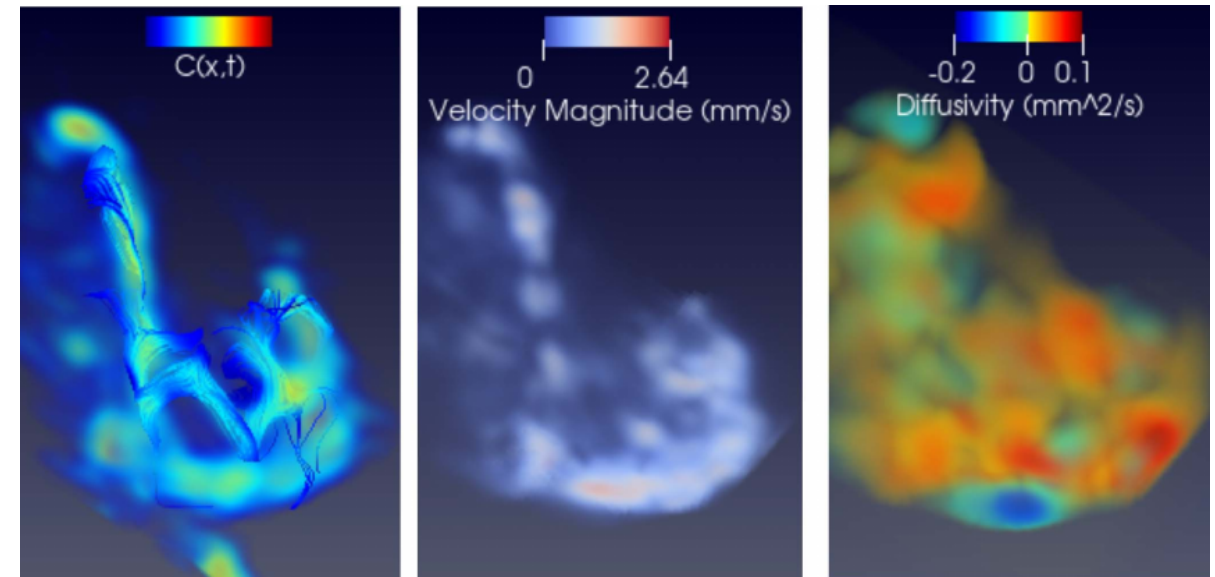


B-Mode (right) and micro bubble contrast agent visualization, data courtesy of UCSD

Blood flow and perfusion model

Advection diffusion

- First approach in *Hristov et al. (2022)*
- Framework for CFF based on advection-diffusion model
 - Parameter identification via minimizing regularized least-square problem

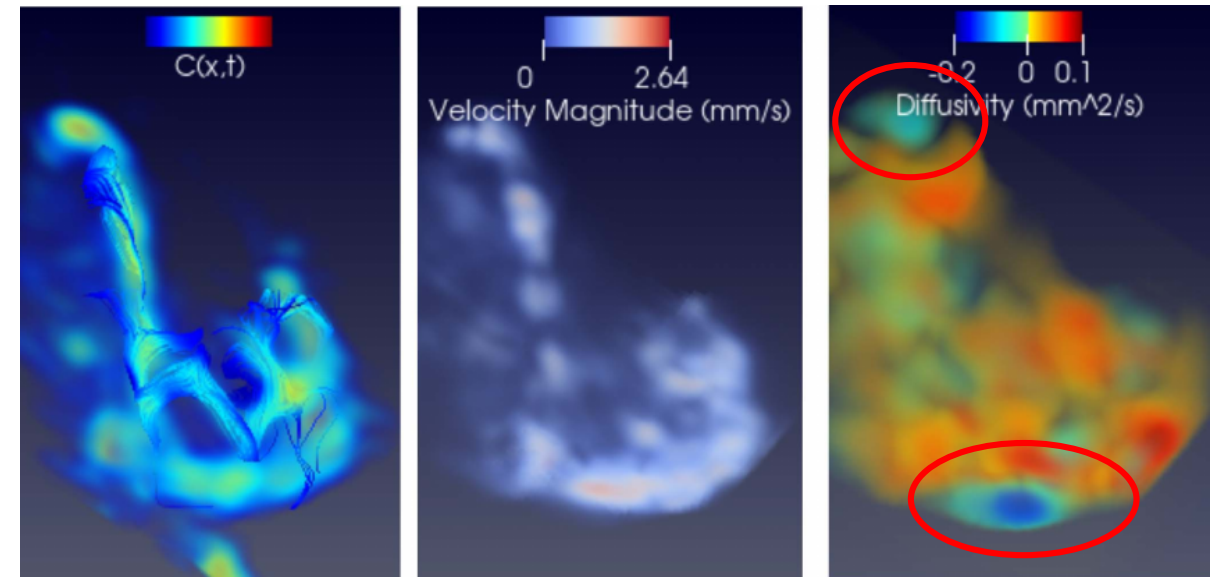


Volume renderings of reconstructed fields for concentration (left), blood-flow velocity (center) and diffusion (right) from mouse ultrasound data [3]

Blood flow and perfusion model

Advection diffusion

- First approach in *Hristov et al. (2022)*
- Framework for CFF based on advection-diffusion model
 - Parameter identification via minimizing regularized least-square problem
- Drawbacks:
 - Underlying model lacks interpretability of perfusion based on computed diffusion
 - (Pseudo-) Diffusion \neq Perfusion
 - Areas of negative diffusion



Volume renderings of reconstructed fields for concentration (left), blood-flow velocity (center) and diffusion (right) from mouse ultrasound data [3]

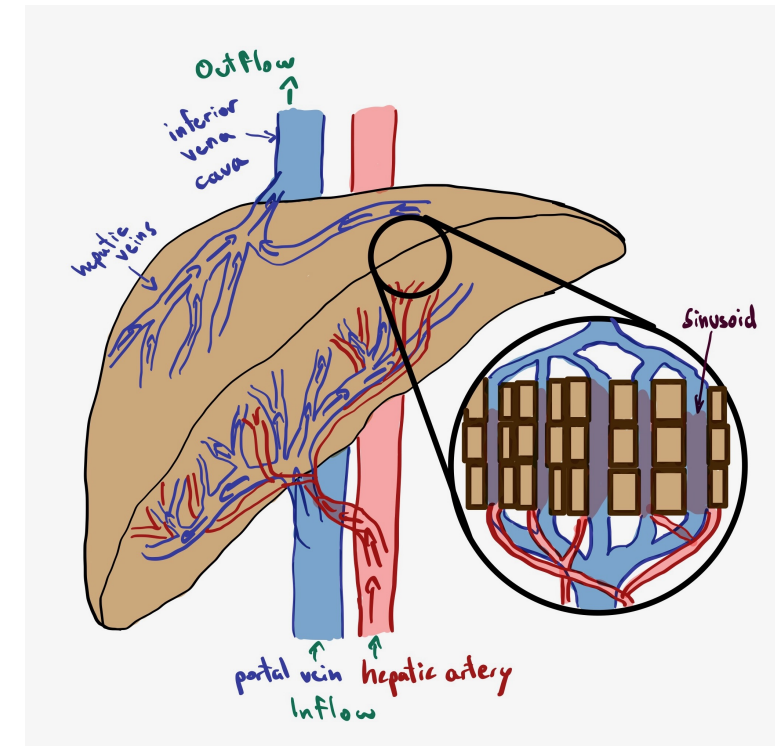
Blood flow and perfusion model

Two compartment model

- For a direct parametrization of the perfusion, we directly separate arterial and venous blood
 - Perfusion = direct transition of tracer concentration from arteries into veins

$$\partial_t C^a(\mathbf{x}, t) = -\nabla \cdot (\mathbf{u}^a(\mathbf{x}) C^a(\mathbf{x}, t)) - K(\mathbf{x}) C^a(\mathbf{x}, t)$$

$$\partial_t C^v(\mathbf{x}, t) = -\nabla \cdot (\mathbf{u}^v(\mathbf{x}) C^v(\mathbf{x}, t)) + K(\mathbf{x}) C^a(\mathbf{x}, t)$$



Sketch of blood flow inside the liver [3]

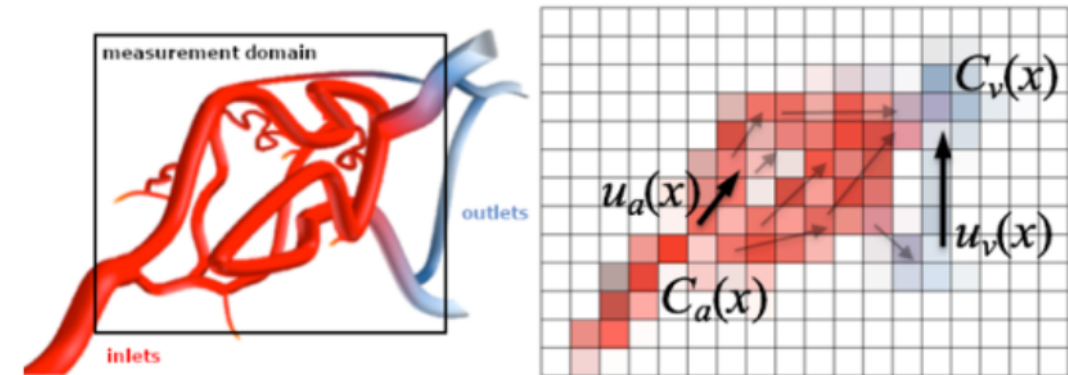
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Sketch of processes in two compartment model [3]

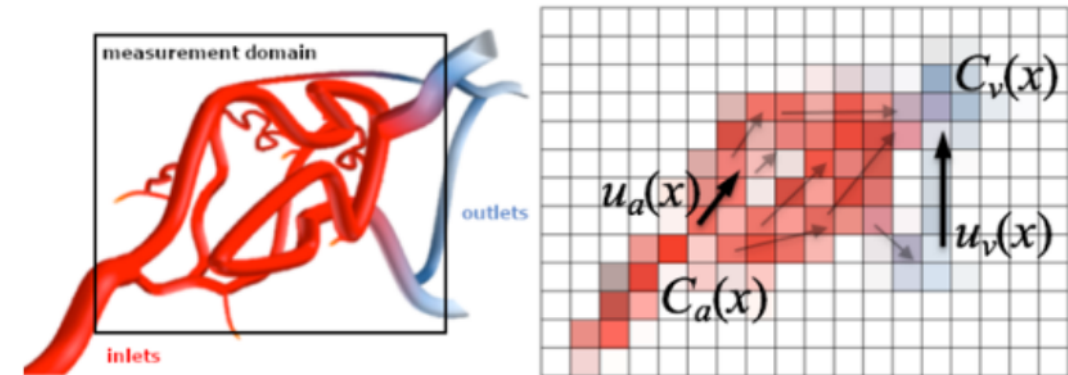
Blood flow and perfusion model

Two compartment model

- Low resolution of ultrasound prohibits resolving individual vessels
 - Description of quantities on tissue level
 - Blood and tracer concentration is separated into arterial and venous shares
 - Each pixel contains information for both concentrations and local values for each stationary parameter field

$$2D: N_P = 5 * N_{pixel} = \mathcal{O}(10^5)$$

$$3D: N_P = 7 * N_{pixel} = \mathcal{O}(10^6)$$



Sketch of processes in two compartment model [3]

Blood flow and perfusion model

Benefits of two compartment model:

- Physiologically more meaningful (direct information of perfusion in each pixel)
- Explicit time integration (RK3)
- Linear problem, still requires nonlinear WENO-solver (WENO3)

Drawbacks of two compartment model:

- Need to infer velocities for each compartment from measurements
- Only possible to track tissue concentration $C(\mathbf{x}, t) = C^a(\mathbf{x}, t) + C^v(\mathbf{x}, t)$
 - How to set initial and boundary conditions ?

Bayesian inference

Patient-specific model parameters

- Reconstruction of CFF, perfusion and velocity parameters such that concentration predicted by our model “match” the measurement

$$\arg \min_{\boldsymbol{\theta}} \mathcal{L}(D, C) \quad \text{with } \mathcal{M}(\boldsymbol{s}; \boldsymbol{\theta}) = C \quad \boldsymbol{\theta} = \{K, u^a, u^v\}$$

- Several methods available for inverse optimization (e.g. adjoint gradient computation, DL-approaches, Bayesian Inference, ...)

Bayesian inference

Bayesian parameter estimation

- Solve inverse problem of finding the model parameters in a probabilistic setting

$$\pi(\theta|D) \propto \pi(D|\theta) \pi(\theta)$$

Bayesian inference

Bayesian parameter estimation

- Solve inverse problem of finding the model parameters in a probabilistic setting

$$\pi(\theta|D) \propto \pi(D|\theta) \pi(\theta)$$

Posterior distribution
 - distribution of parameters w.r.t the measurements

Likelihood function
 - error/mismatch function
 - depends on noise model/distribution
 $\pi(D|\theta) = \mathcal{L}_\pi(D, \mathcal{M}(\theta))$

Prior distribution
 - distribution before measurements
 - chance to include **prior knowledge** here
 - good prior has significant impact on predictions and inference

Bayesian inference

Speckle noise model and likelihood

- Interpretation of parameters as *random* - inferred parameters are means of posterior

$$\log [\pi (\theta|D)] \propto \log [\mathcal{L}_\pi (D, \mathcal{M}(\theta))] + \log [\pi (\theta)]$$

- Likelihood depends on noise model (here: speckle noise)

$$D_i = C_i + \sqrt{C_i} n_i, \text{ with } n_i \sim \mathcal{N}(0, \sigma_n^2), i = 1, \dots, N_{\text{pixel}}$$

- Speckle noise translates to log-likelihood being sum of errors

$$\log [\mathcal{L}_\pi (D, \mathcal{M}(\theta))] \propto \sum_{i=1}^{N_{\text{pixel}}} \sum_{k=1}^{N_{\text{time}}} \left\| \frac{D_{i,k} - C_{i,k}}{\sqrt{C_{i,k}}} \right\|^2$$

Bayesian inference

Solution strategies

Variational inference

- Assume a distribution to approximate the posterior

$$\tilde{\pi}(\theta|D; \xi) \approx \pi(\theta|D)$$

- Minimize distance to *true* posterior

$$\arg \min_{\xi} \mathcal{D}(\tilde{\pi}(\theta|D; \xi), \pi(\theta|D))$$

- Posterior is easy handleable
- Choice of distribution heavily impacts the final solution
- Generally used for field inference

Sampling

- Generating initial sample from prior and shifting them to the posterior (e.g. Metropolis-Hastings)
- MCMC most prominent
- Preferred since samples approximate the true posterior
- Computational hard/infeasible in high-dimensional parameter spaces
- MCMC algorithms require serial evaluation of samples

Bayesian inference

Transitional Markov Chain Monte Carlo (TMCMC)

- Use fractional powers to smoothly transition from prior to posterior (simulated annealing)

$$\pi(\theta|D) \propto \mathcal{L}_{\pi}(D, C)^{\beta_j} \pi(\theta) , \quad 0 = \beta_0 < \beta_1 < \dots < \beta_m = 1$$

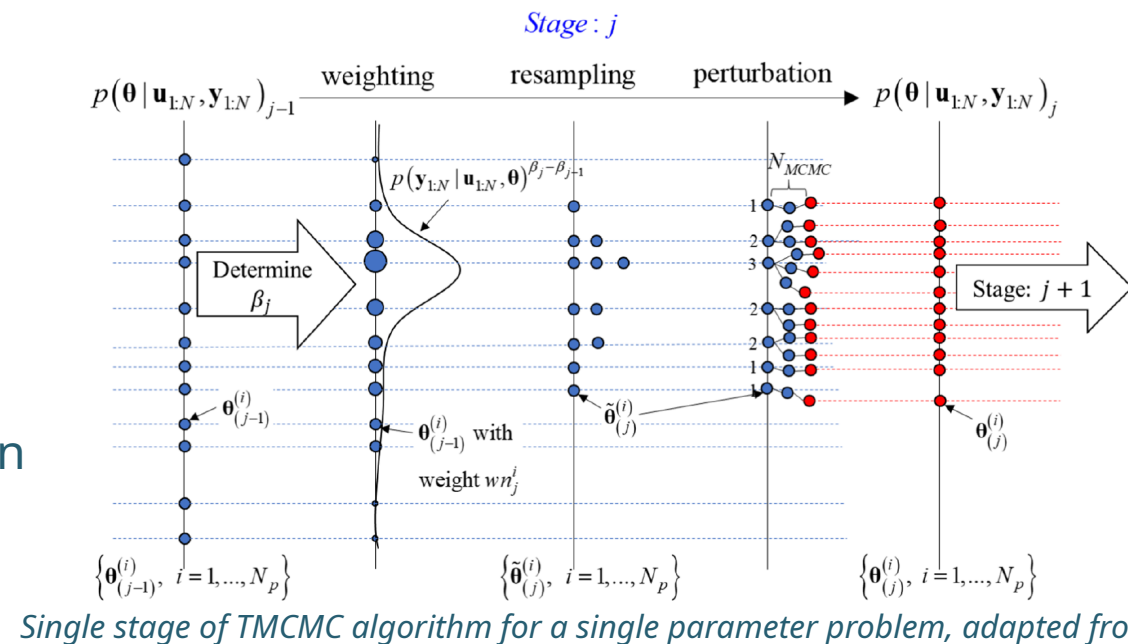
Bayesian inference

Transitional Markov Chain Monte Carlo (TMCMC)

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- Incremental particle-based method
 - Iteratively cycles 4 stages
 - Naively parallelizable due to independent samples
 - Number of samples grows (exponentially) with problem-dimension



Bayesian inference

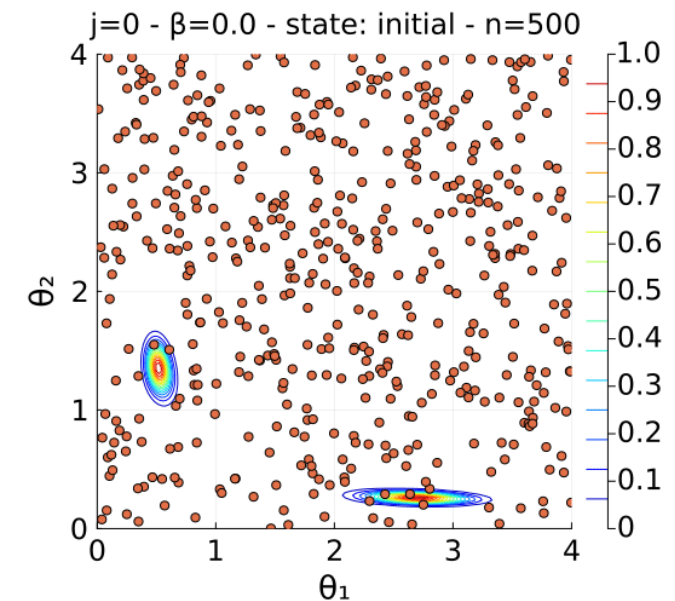
Transitional Markov Chain Monte Carlo (TMCMC)

- Example for 2 parameter eigenvalue problem

$$\begin{bmatrix} \theta_1 + \theta_2 & -\theta_2 \\ -\theta_2 & \theta_2 \end{bmatrix} \Rightarrow \{(\psi_1, \lambda_1), (\psi_2, \lambda_2)\}$$

$$\tilde{\lambda}_1 = \lambda_1 + n_1, \quad n_1 \sim \mathcal{N}(0.0, 1.0)$$

$$\tilde{\lambda}_2 = \lambda_2 + n_2, \quad n_2 \sim \mathcal{N}(0.0, 0.1)$$



TMCMC posterior approximation for 2 parameter eigenvalue problem

Bayesian inference

Lower dimensional representation of parameter fields

- Probabilistic setting, describe parameter fields as Gaussian Random Fields

$$K(\mathbf{x}; \mu_K, \boldsymbol{\xi}) = \mu_K + \sum_{i=1}^{N_{\text{DOF}}} \sqrt{\lambda_i} \psi_i(\mathbf{x}) \xi_i \quad \xi_i \sim \mathcal{N}(0, 1)$$

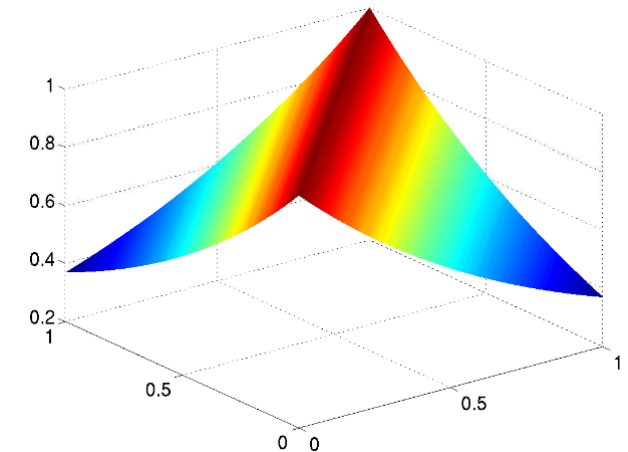
- Decomposition of correlation matrix into Eigenmode, Eigenvalue-pairs

$$K(\mathbf{x}) \sim \mathcal{N}(\boldsymbol{\mu}_K, \boldsymbol{\Sigma}_K), \quad \boldsymbol{\Sigma}_K \rightarrow \{\lambda_i, \psi_i\}$$

- Random field depends on type and parameters of correlation function $\phi(\mathbf{x})$

$$\boldsymbol{\Sigma}(\mathbf{x}_1, \mathbf{x}_2) = \sum_{k=1}^{\infty} \lambda_k \phi_k(\mathbf{x}_1) \phi_k(\mathbf{x}_2)$$

$$\int_{\Omega} \boldsymbol{\Sigma}(\mathbf{x}_1, \mathbf{x}_2) \phi_k(\mathbf{x}_2) d\mathbf{x}_2 = \lambda_k \psi_k(\mathbf{x}_1)$$



Example correlation function

Bayesian inference

Lower dimensional representation of parameter fields

- Truncated KL expansion gives lower-dimensional functional representation

- $$K(\mathbf{x}; \boldsymbol{\theta}^{(K)}) = \sum_{i=0}^{N_{\text{T0}}} \hat{\psi}_i(\mathbf{x}) \theta_i^{(K)}$$

$$\hat{\psi}_i = \begin{cases} 1, & \text{if } i = 0 \\ \sqrt{\lambda_i} \psi_i, & \text{else} \end{cases}$$

- log-normal:

$$K(\mathbf{x}; \boldsymbol{\theta}^{(K)}) = \prod_{i=0}^{N_{\text{T0}}} \hat{\psi}_i(\mathbf{x}) \theta_i^{(K)}$$

$$\hat{\psi}_i = \begin{cases} \exp(1), & \text{if } i = 0 \\ \exp(\sqrt{\lambda_i} \psi_i), & \text{else} \end{cases}$$

- Solve Bayesian inference to find certain random field realizations
- Two big obstacles:
 - Number of parameters: $\mathcal{O}(N_{\text{T0}}) = \mathcal{O}(10^2)$
 - How to choose N_{T0} ?

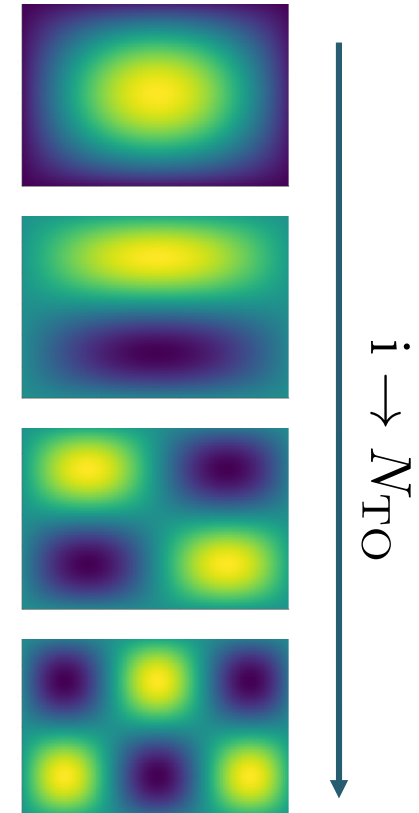
Bayesian inference

Incremental model updating

- Incrementally increase fidelity of parameter fields by adding additional mode per field
- Solve N_{TO} consecutive Bayesian inverse problems

$$\pi(\mathcal{M}_i | D, \mathcal{M}_{i-1}) \propto \mathcal{L}(D, \mathcal{M}_i | \mathcal{M}_{i-1}) \pi(\mathcal{M}_i | \mathcal{M}_{i-1})$$

- 3 big benefits
 - 1) Number of parameters to solve is $\mathcal{O}(1)$
 - 2) Don't need to predefine N_{TO}
 - 3) Easily exclude single parameter fields if previous update was below a certain threshold



Bayesian inference

Why stop there?

- Iterating over single parameters
 - Would hold true if parameter fields are all uncorrelated
- Fit coefficients for each mode and parameter separately
 - several 1D problems, only linear scaling of number of samples

Algorithm 1 Incremental Bayesian Model Parameter Inference

Input: $\Psi \in \mathbb{R}^{N_{\text{DOF}} \times N_{\text{TO}}}$ ▷ Set of functions
Input: Θ ▷ Parameter fields
Input: ϵ, N_{it} ▷ tolerance, max. iterations

```

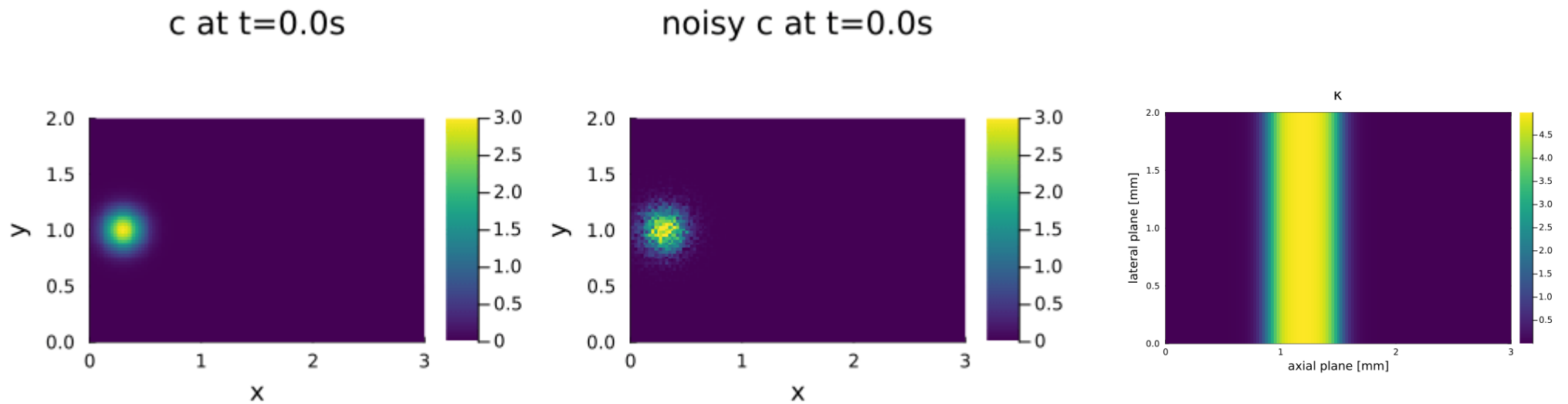
for  $m = 0 : N_{\text{TO}}$  do
   $\tilde{\mathcal{M}} \leftarrow \mathcal{M}_{m-1}$ 
  if isempty( $\Theta$ ) then ▷ check if parameters left to update
    break
  end if
  while  $i < N_{\text{it}}$  do ▷ Iterate over single field updates
    for  $\theta_j \in \Theta$  do
       $\theta_j^{(i)} \leftarrow \text{TMCMC}(\tilde{\mathcal{M}})$ 
       $\tilde{\mathcal{M}} \leftarrow \text{update\_model}(\tilde{\mathcal{M}}, \theta_j^{(i)})$ 
    end for
  end while
   $\mathcal{M}_m \leftarrow \tilde{\mathcal{M}}$  ▷ Update new model and check tolerance
  check\_update( $\mathcal{M}_m, \mathcal{M}_{m-1}, \epsilon$ )
end for

```

First results

2D Benchmark

- 121 x 81 x 21 grid

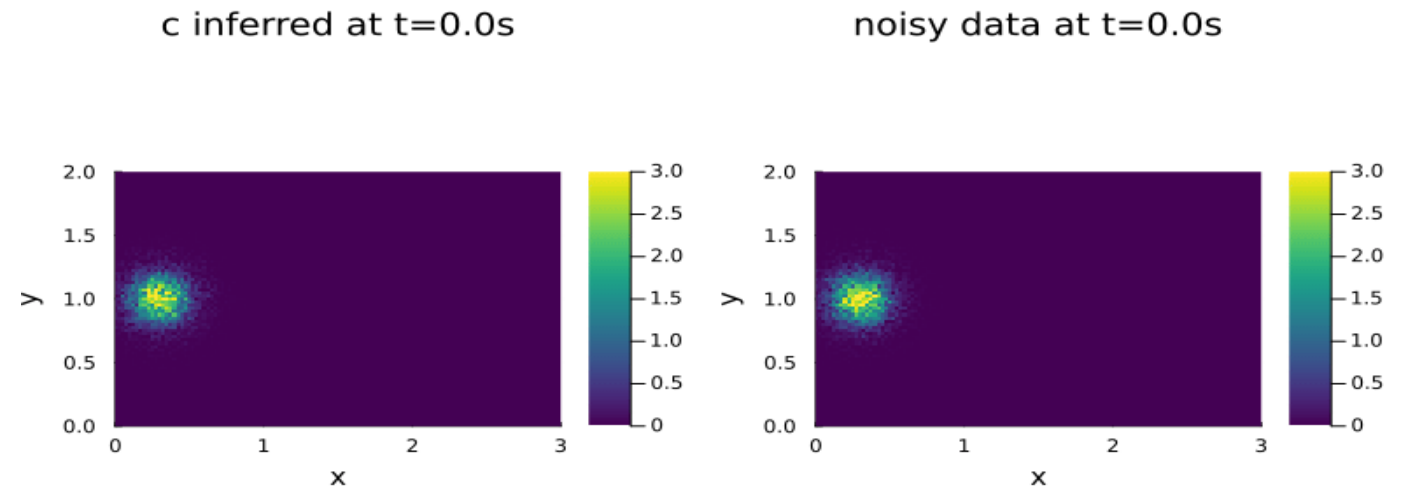


Reference concentration (left) and noisy (center) synthetic concentration data and the reference perfusion field (right)

First results

2D Benchmark

- 121 x 81 x 21 grid
- 35 Functions, 2 Iterations only for mean, 1% tolerance
- 53 fitted coefficients
- MRMS = 5.1%

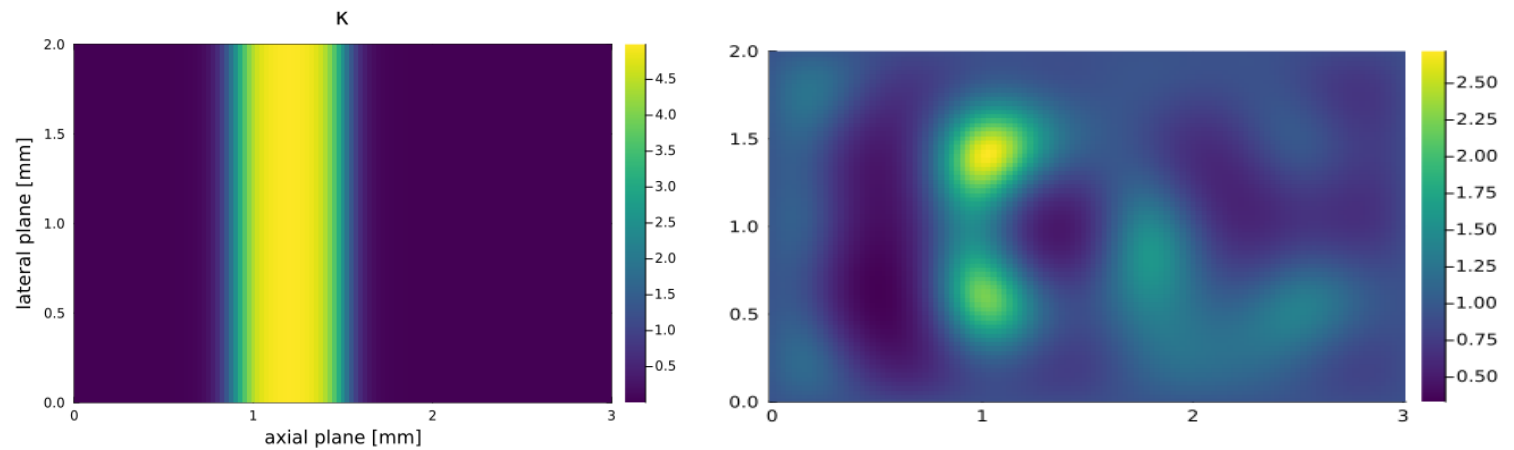


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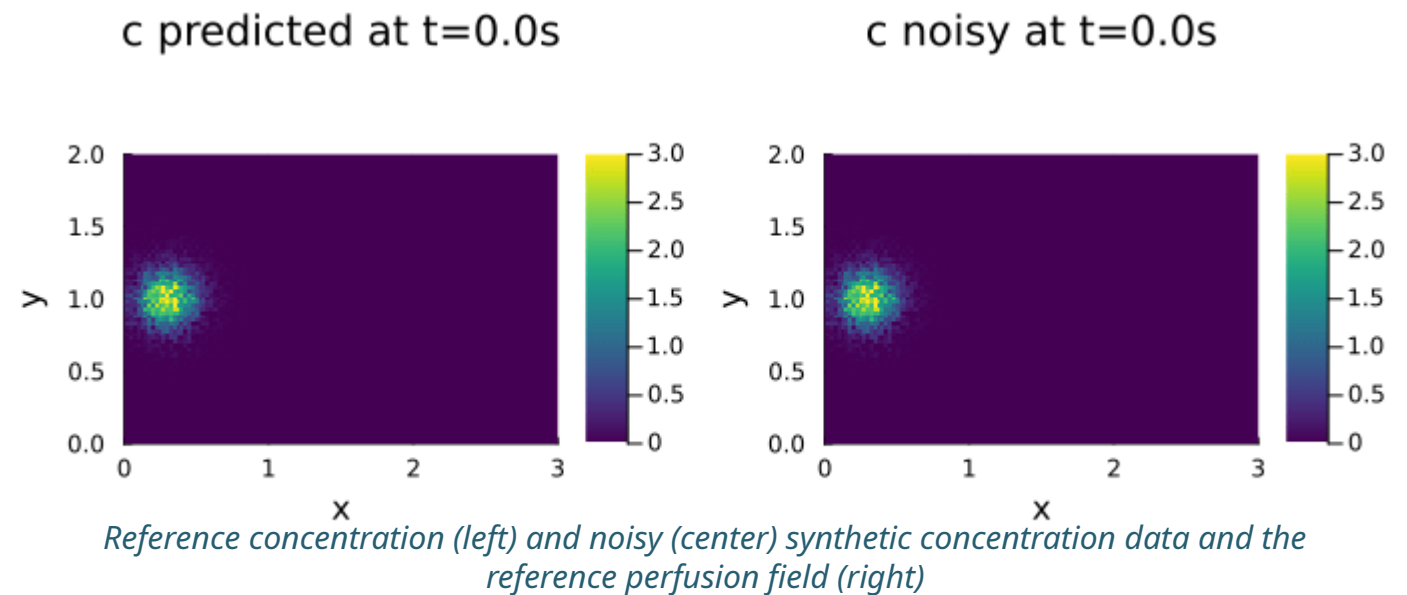


Reference perfusion field (left) and inferred perfusion field (right)

First results

2D Benchmark

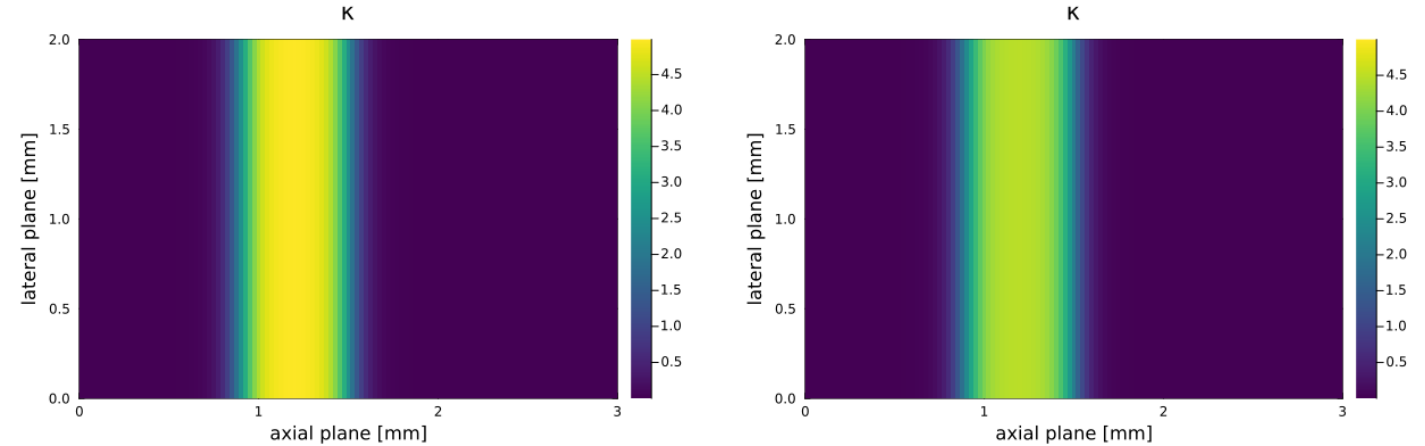
- 121 x 81 x 21 grid
- Specific representation based on analytical function of known fields
- 15 fitted coefficients
- MRMS = 0.8%



First results

2D Benchmark

- 121 x 81 x 21 grid
- Specific representation based on analytical function of known fields
- 15 fitted coefficients
- MRMS = 0.8%

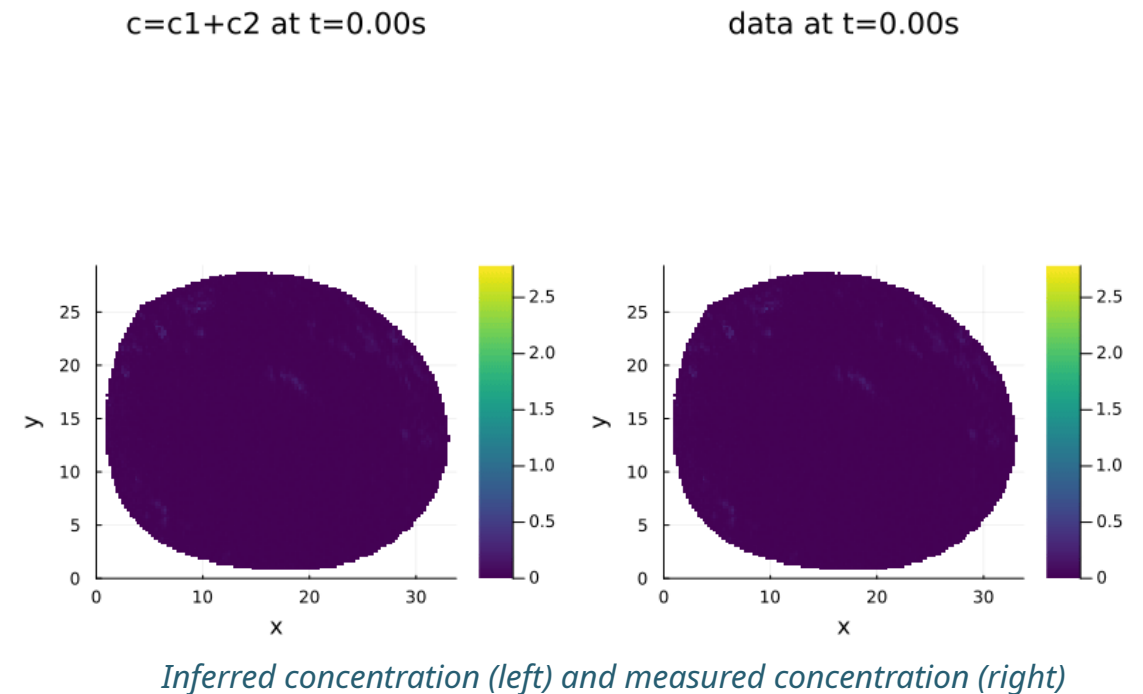


Reference perfusion field (left) and inferred perfusion field (right)

Real data application

2D Patient data

- 4 different measurements (2 patients, pre and 12 weeks post)
- Grid $\sim 150 \times \sim 130$
- MRMS between 15 – 20% (compared to measurements)
- ~ 250 fitted coefficients (1% tolerance) in ~ 14 h on a single node
- Still heavy effects due to breathing motion



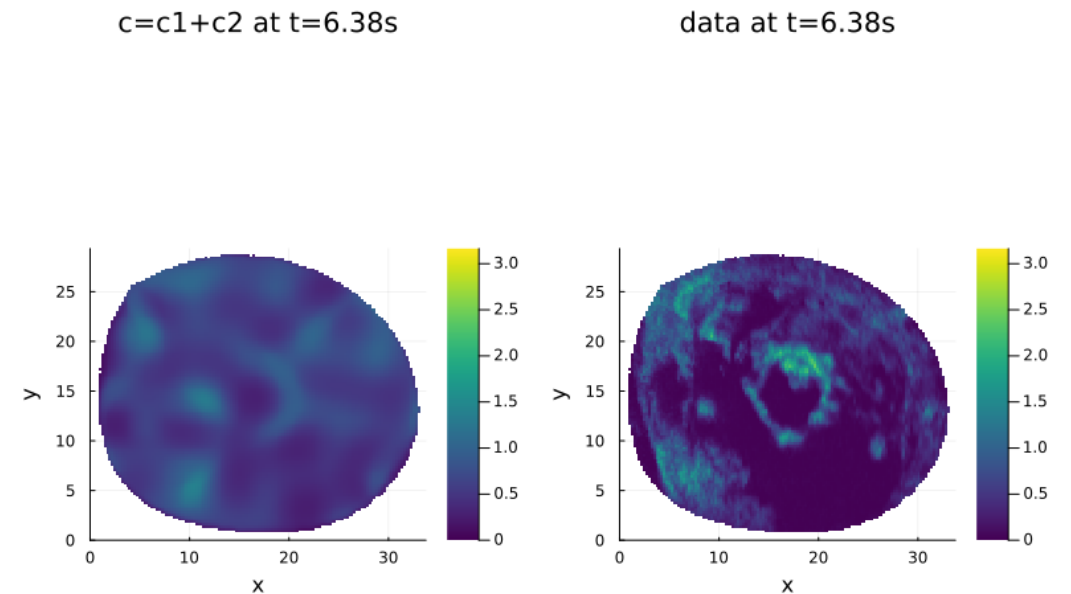
Real data application

2D Patient data

- Setting IC and BC only allows to run reconstructions for inflow phase
 - Data as IC and BC for arterial concentration
 - Zero IC and BC for venous concentration
- Need to add additional source-term to account for out-of-plan inflow

$$\partial_t C^a(\mathbf{x}, t) = -\nabla \cdot (\mathbf{u}^a(\mathbf{x}) C^a(\mathbf{x}, t)) - K(\mathbf{x}) C^a(\mathbf{x}, t) + S^a(\mathbf{x})$$

$$\partial_t C^v(\mathbf{x}, t) = -\nabla \cdot (\mathbf{u}^v(\mathbf{x}) C^v(\mathbf{x}, t)) + K(\mathbf{x}) C^a(\mathbf{x}, t)$$

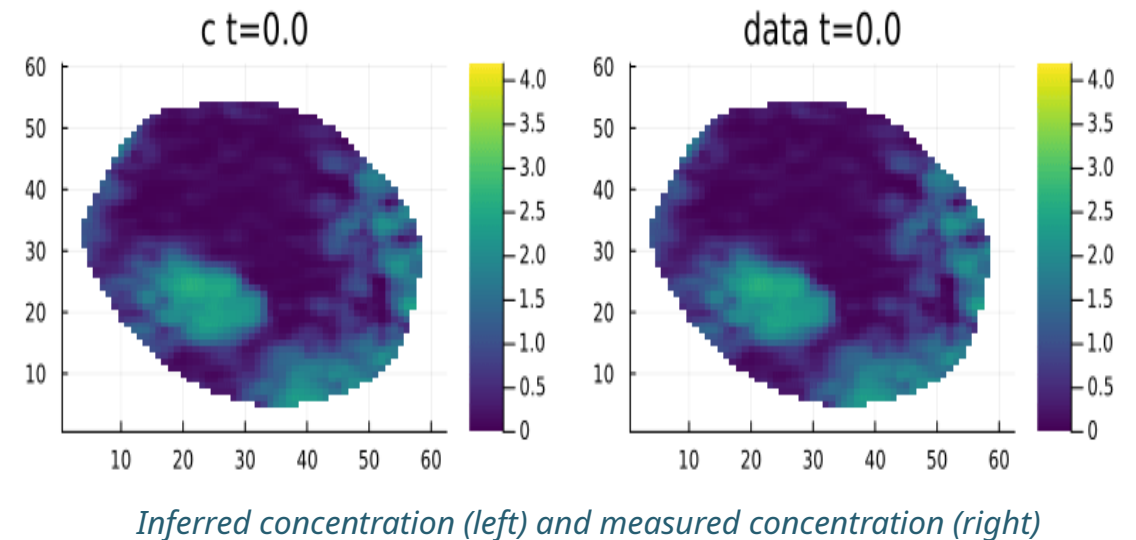


Inferred concentration (left) and measured concentration (right)

Real data application

3D Mouse data

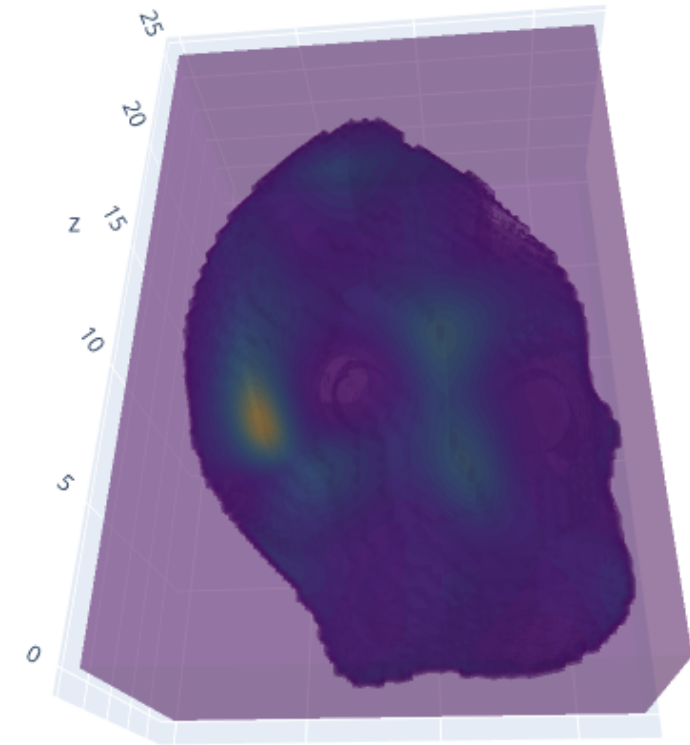
- >60 different measurements (treated and control group)
- Grid $\sim 90 \times \sim 60 \times \sim 45$
- MRMS between 10 – 13% (compared to measurements)
- ~ 168 fitted coefficients (1% tolerance) in ~ 24 h on a single node
- Missing frames (up to 3 consecutive) - directly impacts BC



Real data application

3D Mouse data

- >60 different measurements (treated and control group)
- Grid $\sim 90 \times \sim 60 \times \sim 45$
- MRMS between 10 – 13% (compared to measurements)
- ~ 168 fitted coefficients (1% tolerance) in ~ 24 h on a single node
- Missing frames (up to 3 consecutive) - directly impacts BC



Inferred perfusion

Conclusion

Summary

- 2C-model gives physiological interpretable parameter field for the perfusion
- Increased complexity compared to 1C-model (more parameters, only tissue concentration measurable, boundary conditions)
- 2D patient data problems need additional source for out-of-plan influx and motion-correction
- Incremental Bayesian inference for random fields gives accurate contrast-flow-field reconstruction in reasonable time
- Quality of inferred fields and total number of needed coefficients highly depends on quality of modes

Conclusion

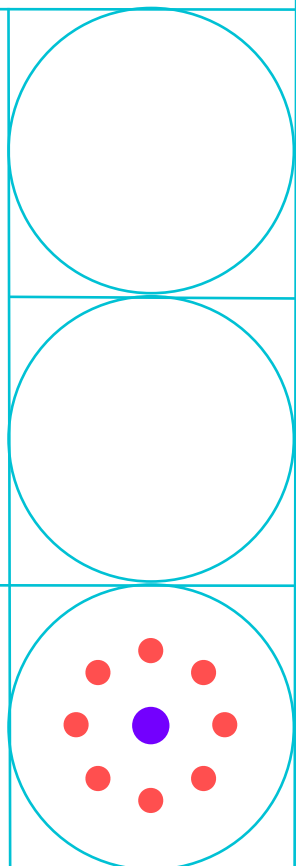
Current work

- More test on additional benchmark
 - Single parameter updates vs. combined mode update
 - Tolerance, number of iterations
- Further test and physiological validation of first 2D and 3D results
- Better description of prior and correlation (Ultrasound Localization Microscopy)
- Other methods for lower dimensional representation
- Simulation of full in- and outflow of tracer agent
 - Out-of-plan outflux, split measured data on arterial and venous concentration for BC

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