

An automated AI-based framework for putamen volume measurement in Multiple System Atrophy



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We present a fully-automated, end-to-end workflow for putamen volume and volume change estimation in a computationally efficient, scalable manner with advantages for clinical trial deployment.

The **putamen** is a well-established biomarker in **Multiple System Atrophy (MSA)** used to assess disease progression and potential efficacy of interventions.

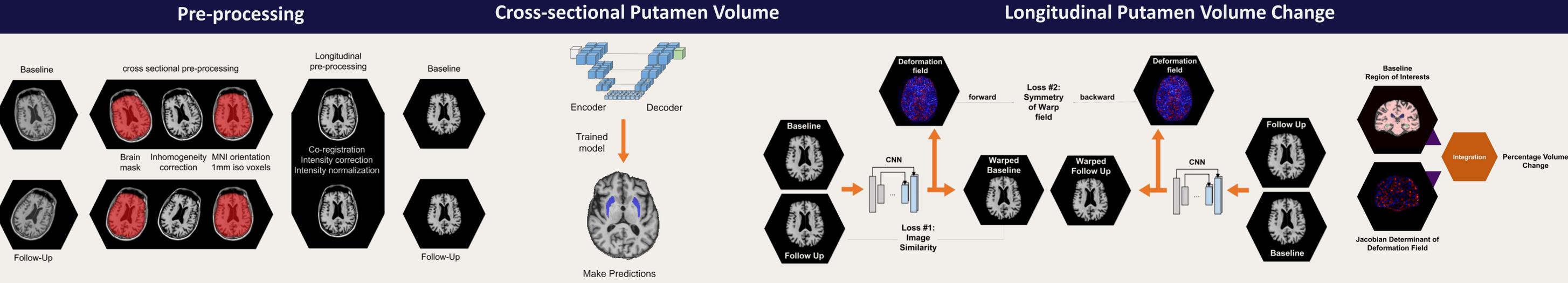
As such, the estimation of accurate and robust volume and volume change measures in this region, in a scalable and consistent manner, is highly important for deployment as clinical trial endpoint.

Here we present a fully automated, end-to-end workflow for estimation of **cross-sectional volume and volume change in the putamen using two techniques based on deep-learning.**

We retrospectively analysed 300 T1W images from MSA patients (both cerebellar and parkinsonian subtype – MSA-C = 171 and MSA-P = 129 respectively) from the M-STAR study. No healthy controls were included, and analysis was performed on the pooled placebo and treatment groups.

Cross-sectional segmentations of structural MR images and putamen volumes were obtained with a 3D convolutional neural network (CNN) employing a U-net like architecture.

To measure **longitudinal volume change** we trained a CNN to perform non-linear registration of serial MR image pairs. Volume change measures were obtained from integration of the **Jacobian determinants** within baseline putamen segmentations.

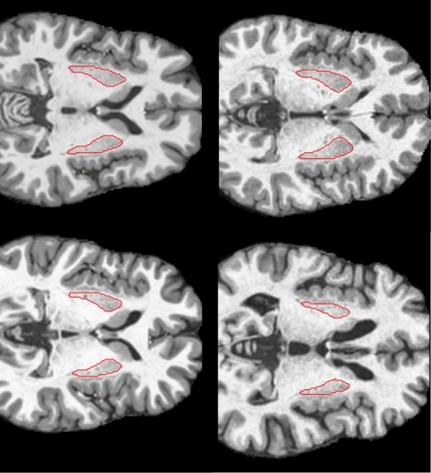


Cross-sectional Putamen Volume

Longitudinal Volume Change

Sensitivity to Disease Stage

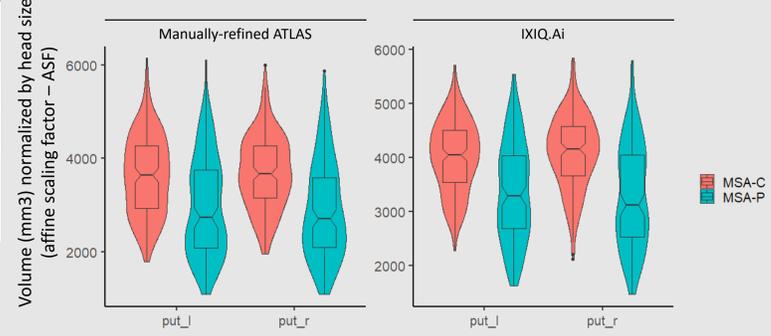
Example segmentations



Baseline putamen volume was compared between clinical groups, estimated with:

- Manually-refined multi-ATLAS-based
- CNN-based segmentations (IXIQ.Ai)

Both methods reported significant differences between MSA-C and MSA-P ($p < 0.001^*$)

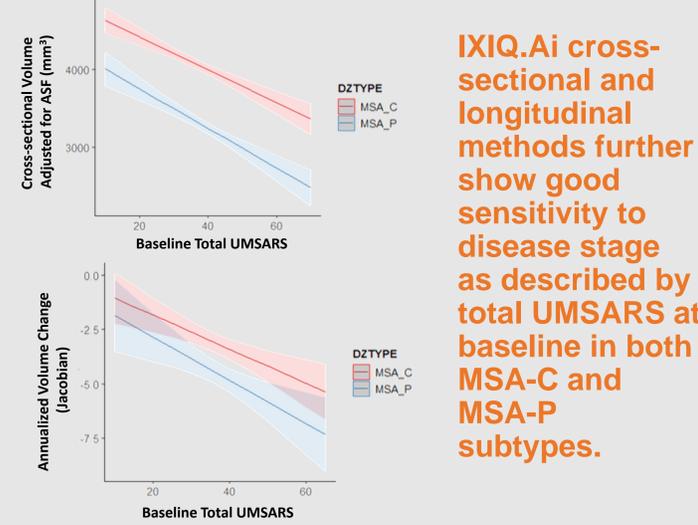
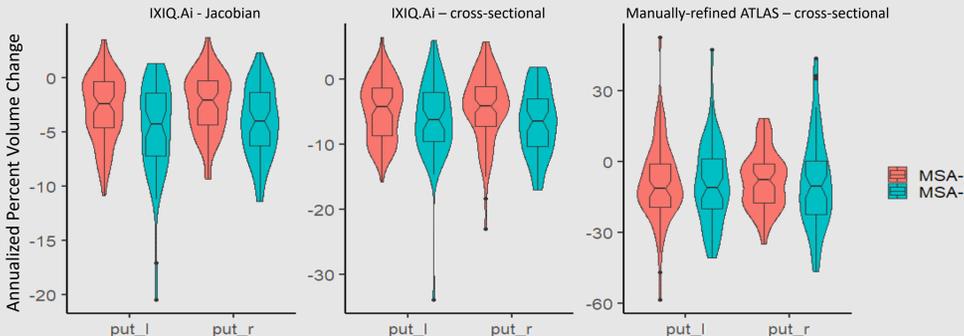


* GLM models were adjusted for age, sex, site and total UMSARS

Putamen percentage atrophy over 1 year was compared between:

- manually-refined ATLAS segmentations at all timepoints
- IXIQ.Ai cross-sectional segmentations at all timepoints
- The IXIQ-Ai - Jacobian method with CNN baseline segmentations

Longitudinal change measured using IXIQ.Ai – Jacobian showed significant group discrimination ($p < 0.01^*$), but not cross-sectional segmentations at both timepoints for either IXIQ.Ai or ATLAS segmentations (all $p > 0.05^*$)



IXIQ.Ai cross-sectional and longitudinal methods further show good sensitivity to disease stage as described by total UMSARS at baseline in both MSA-C and MSA-P subtypes.

Conclusion: Our fully-automated IXIQ.Ai methods provide estimates of volume and volume change sensitive to disease subtype and progression in MSA.