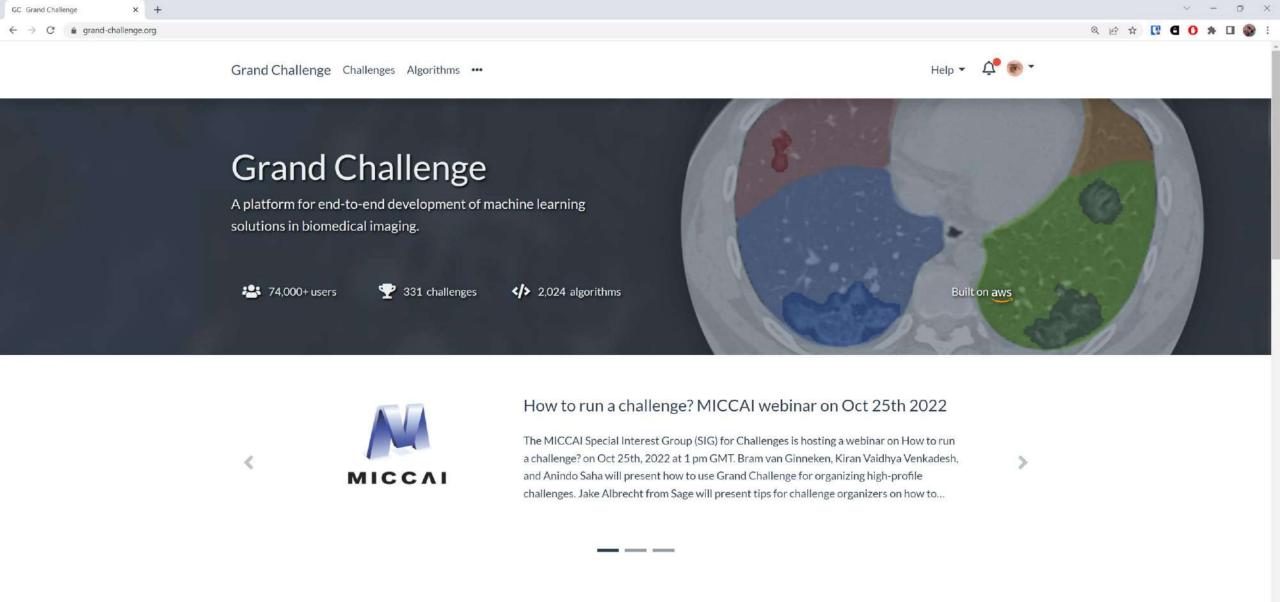
grand-challenge.org

October 25, 2022

Bram van Ginneken, Kiran Vaidhya Venkadesh, Anindo Saha

Radboud University Medical Center, Nijmegen, The Netherlands

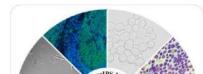




Participate in a challenge

Organize your own challenge







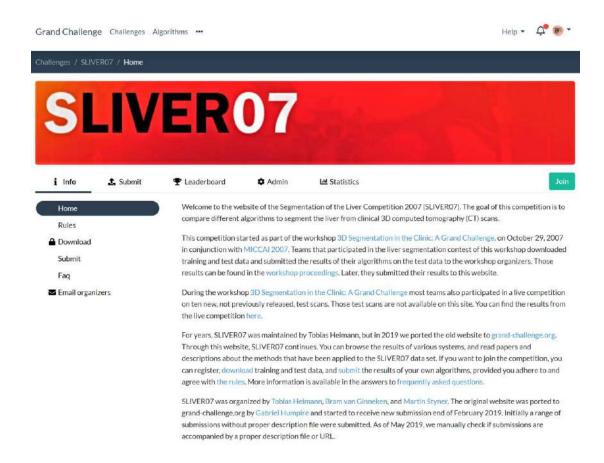


- Researcher develops an algorithm that takes a medical image as input (e.g., an abdomen CT scan) and produces some output (e.g., a liver segmentation)
- Researcher shows results on some locally collected test cases, reports some metrics (e.g., Dice scores) and maybe compares scores to scores reported in other papers that address the same task
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Solution

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- Invite all researchers in the world with an algorithm for the same task to participate
- Fair comparison



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1251

Comparison and Evaluation of Methods for Liver Segmentation From CT Datasets

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Abstract—This paper presents a comparison study between 10 automatic and six interactive methods for liver segmentation from contrast-enhanced CT images. It is based on results from the "MICCAI 2007 Grand Challenge" workshop, where 16 teams evaluated their algorithms on a common database. A collection of 20 clinical images with reference segmentations was provided to train and tune algorithms in advance. Participants were also allowed to use additional proprietary training data for that purpose. All teams then had to apply their methods to 10 test datasets and submit the obtained results. Employed algorithms include statistical shape models, atlas registration, level-sets, graph-cuts and rule-based systems. All results were compared to reference segmentations five error measures that highlight different aspects of segmentation accuracy. All measures were combined according to a specific scoring system relating the obtained values to human expert variability. In general, interactive methods reached higher average scores than automatic approaches and featured a better consistency of segmentation quality. However, the best automatic methods (mainly based on statistical shape models with some additional free deformation) could compete well on the majority of test images. The study provides an insight in performance of different segmentation approaches under real-world conditions and highlights achievements and limitations of current image analysis techniques.

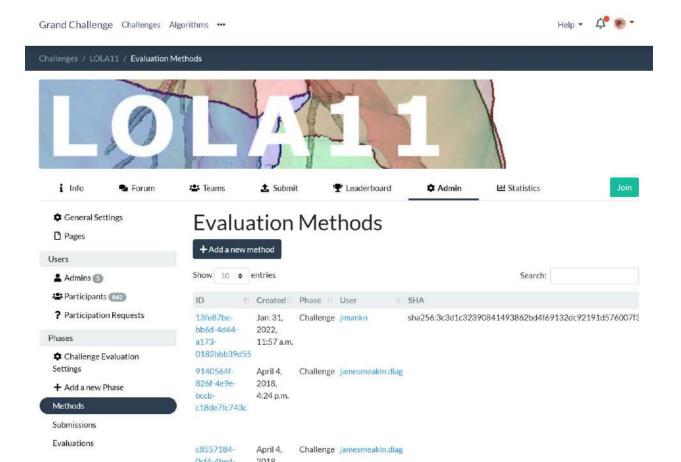
in journals. Although paper commonly include an objective evaluation these days, most of the experiments exhibit two severe shortcomings. Firstly, new algorithms are generally not compared sufficiently against current state of the art methods. While in some rare cases a new technique allows to resolve a formerly unsolved problem, the vast majority of published works present gradual improvements or variations to existing solutions. Each variation may be evaluated against (and proven better than) the original solution, but how do different improvements of the same method compare to each other? And how do they compare to methods employing a completely different technique? As most algorithms are not freely available and re-implementation often is too tedious and time-consuming, comprehensive comparisons that would answer this kind of questions are still rare. Secondly, the data employed for evaluation is typically not representative of the real-world images used in the clinic. To be of practical value, algorithms have to cope with data from different sources, acquired with varying protocols, and featuring artifacts and pathology. As many research groups-especially the ones rooted in engineering or

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Solution

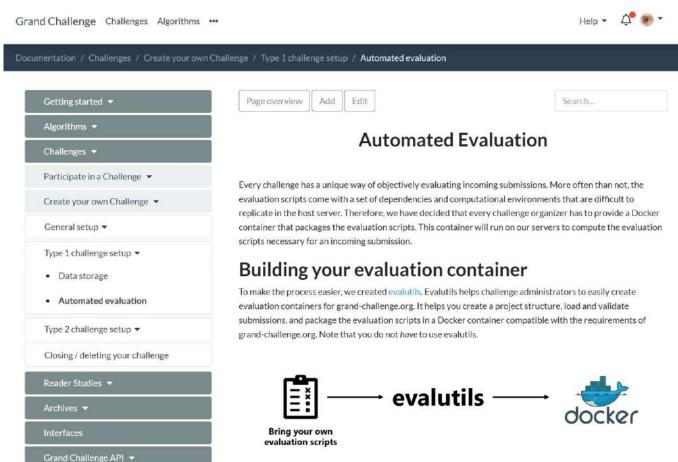
- Use grand-challenge.org
- Implement what happens when a participating team uploads a result in a container
- The challenge can run forever!



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Grand Challenge Challenges Algorithms •••



mm/dd/yyyy

Estimated end date for this challenge. Please note that we aim to keep challenges open for submission for at least 3 years after the official end date if possible.

We agree to support this challenge for up to 5 years.

High-quality challenges typically remain relevant for years. Only when the submitted results to a challenge are hard to improve upon, or when a new challenge has been set up for a similar task that is more attractive to the research community, may it make sense to close a challenge. We have designed grand-challenge.org to keep algorithms and challenges long-term available. We expect the life cycle of a challenge to last between 3-5 years. Would you be willing to commit support for such a period? The amount of work would be minimal, but it would require that the organizing team remains responsive, and answers questions and queries in the forum.

- My challenge was a huge success
- The top entries on the leaderboard are great solutions
- So many researchers, and even clinicians, would like to use those solutions
- But they can't. They tried to contact the developers of the top entries but got no reply
- Now they are emailing me, the challenge organizer, but I have to explain them these are not my algorithms
- Some of the top teams released their code, but I can't compile it...

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Solution

- Type 2 challenges on grand-challenge.org
- Participants upload a container image of their algorithm; this algorithm is directly available on grand-challenge.org



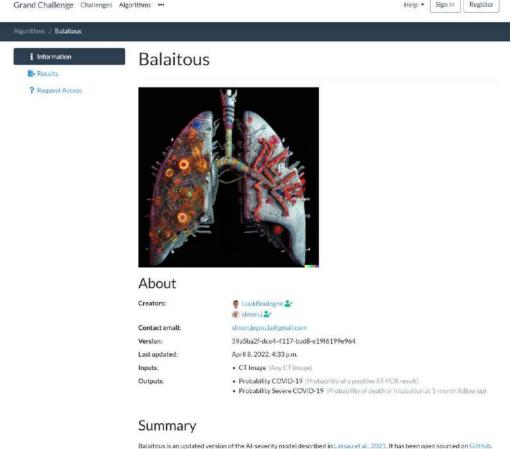
Qualification (last submission) Leaderboard



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- I can't share my test data
- My participants cheat, they let a radiologist label the test data

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Solution

- Type 3 challenges on grand-challenge.org
- Participants upload a container image of their training code; this code is trained with secret training data and produces an Algorithm directly available on grand-challenge.org

Туре	Training data & labels	Test data	Test labels	Participant's Artefact	Provided by Challenge Creators
0	Open	Open	Open	Metrics	
1	Open	Open	Closed	Predictions	Evaluation Method
2	Open	Closed	Closed	Inference Algorithm	+ Test data
3	Closed	Closed	Closed	Training Algorithm	+ Training data

Medical Imaging with Deep Learning



Medical Imaging with Deep Learning (MIDL) brings the community of deep learning and medical imaging researchers, clinicians and health-care companies together for in-depth discussion and exchange of ideas. To learn more about MIDL, read our aims and scope and visit the conference sites listed above and below.

MIDL is organized by the MIDL Foundation and its Board.

MIDL is inviting proposals to organize MIDL challenges.

We are soliciting bids to organize MIDL 2024 (deadline to submit a bid Nov. 30 2022) and MIDL 2025.

Call for challenges

Call for MIDL 2024

Call for MIDL 2025

Past editions











Past events



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Call for challenges

Challenges have become an essential part of research in medical imaging. Challenges pose a problem and solicit solutions from participants all over the world; each solution is validated on the same test data, making for a fair comparison. Following MIDL's commitment to openness and transparency, hosting regular, high-quality challenges is a logical next step towards creating an active scientific community in the "midl" of methodological novelty and clinical impact.

MIDL is now soliciting proposals for medical image analysis challenges. We want to support several challenges every year. We will integrate these events with MIDL activities such as our online events and the yearly MIDL conference.

We aim to improve the quality of challenges and encourage the adoption of new elements in challenges that will make them more reproducible and make their output - the solutions that solve the task at hand in an efficient and effective manner — more reusable, for the research community, and for clinical end-users.

We have decided to partner with grand-challenge.org because this platform already offers many of the features that would make future challenges more reproducible, open and reusable. The platform grand-challenge.org and the MIDL challenges are supported by Amazon Web Services.

How to submit?

← Call for challenges | MIDL

← → C · midl.io/call-for-challenges.html

Requests for organizing MIDL challenges can be submitted continuously and will be processed on a rolling basis. To submit your application, follow this link. Make sure to indicate that the *Affiliated event* is MIDL, and make sure to include the Structured challenge submission form on the Structured Chalenge Submission System site.

What do you get from us?

If your challenge is selected as a MIDL challenge:

- You will be able to host the challenge for free on grand-challenge.org and all costs for storing the algorithms that participants
 upload to compete in the challenge and for processing the test data are waived.
- MIDL and grand-challenge.org will advise the organizing team and provide support for data collection and data annotation.
 The organizing team will have a point of contact from the MIDL Board.
- We will provide participants free access to large training data sets via the AWS Open Data Registry, and we will use Zenodo
 for making smaller data sets available.
- The best solutions to challenges will remain available as Algorithms on grand-challenge.org and can be accessed by any
 registered user of the platform to process new data and use this for research and development;
- · Challenge organizers can provide free participation to the yearly MIDL conference for team members of top contenders;
- · We may be able to provide prizes to the best performing team in the form of AWS credits;
- There will be a new Challenge Paper Track at the MIDL conference for papers relating to MIDL challenges. We expect this will
 attract more participants to your challenge. The deadlines and review process for this Challenge Paper track will be the same
 as for the Short Papers and will have a high acceptance rate;
- Organizers are invited to present their challenge and its results at the MIDL conference;

What does grand-challenge.org provide?

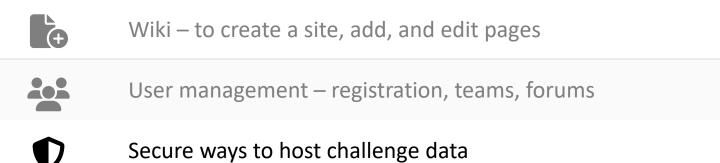


Wiki – to create a site, add, and edit pages



User management – registration, teams, forums

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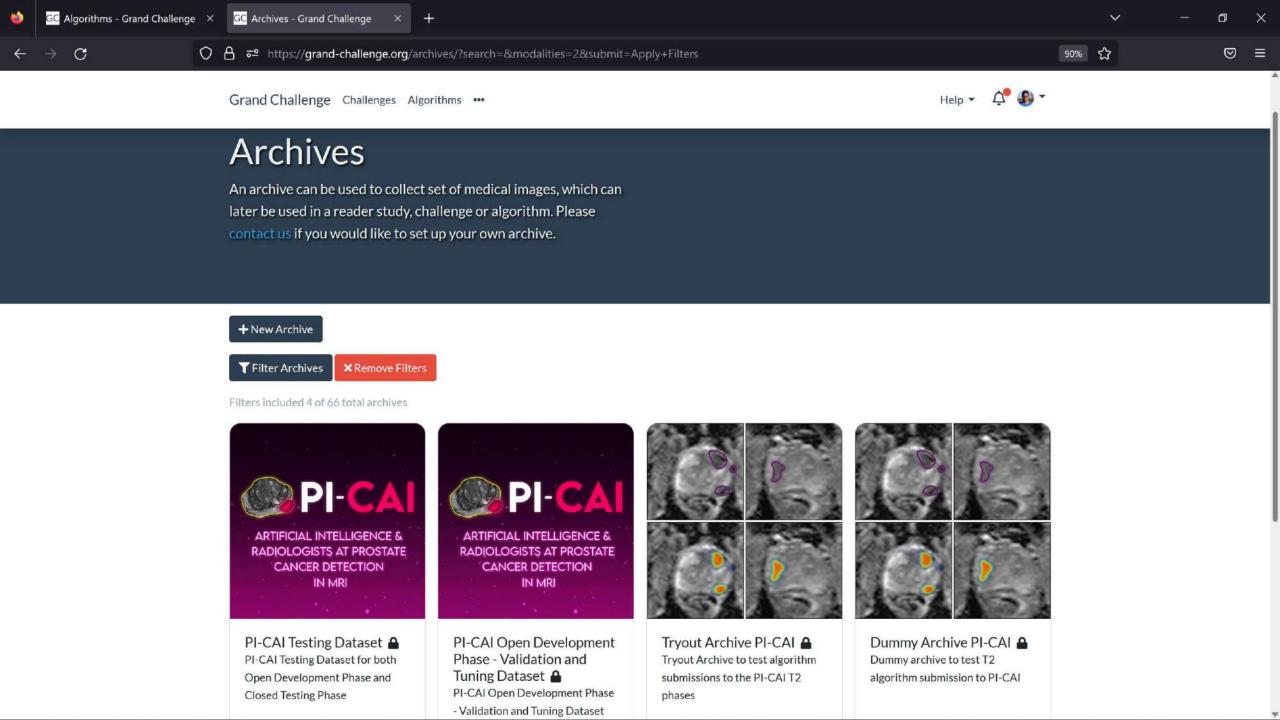


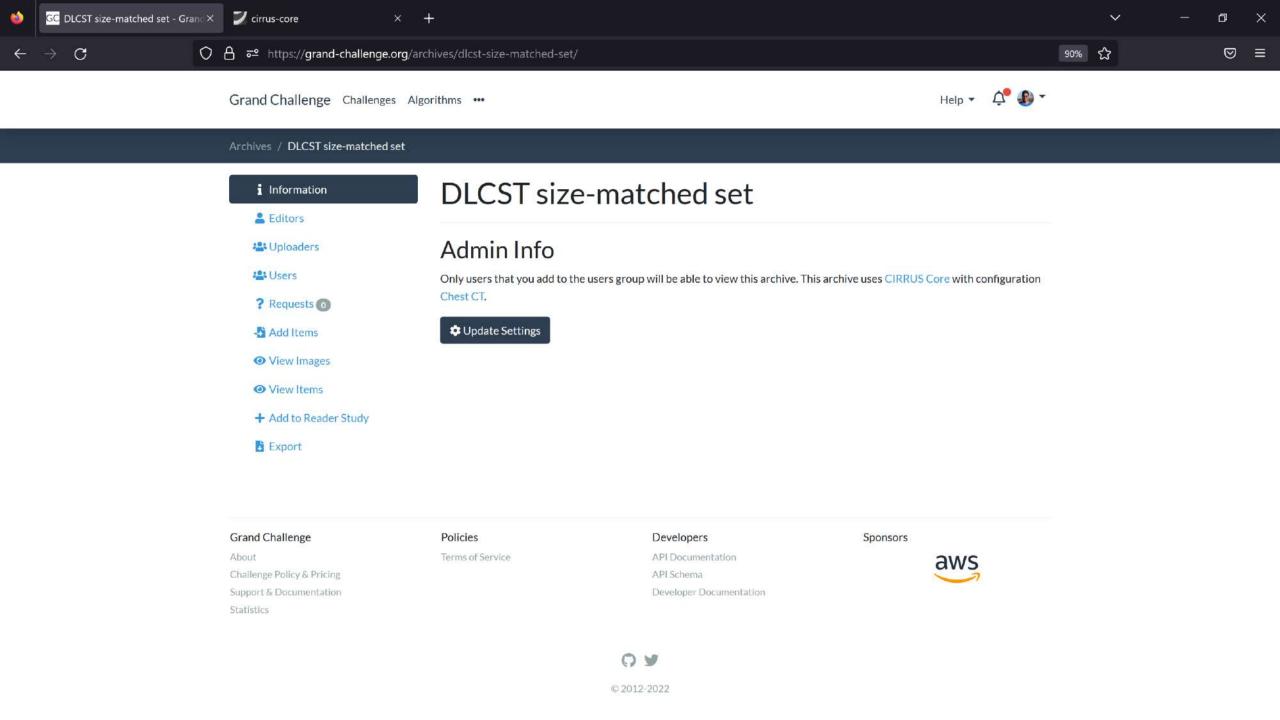
Store your hidden test data as a private archive

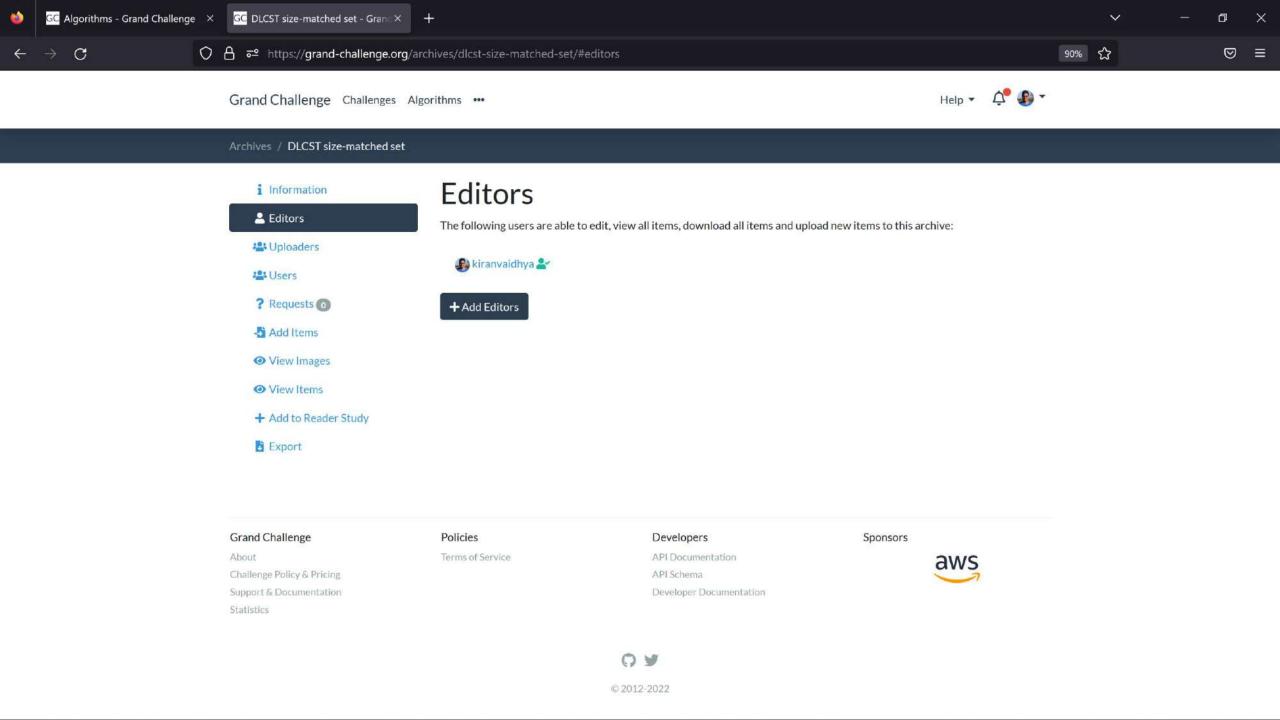
https://grand-challenge.org/archives

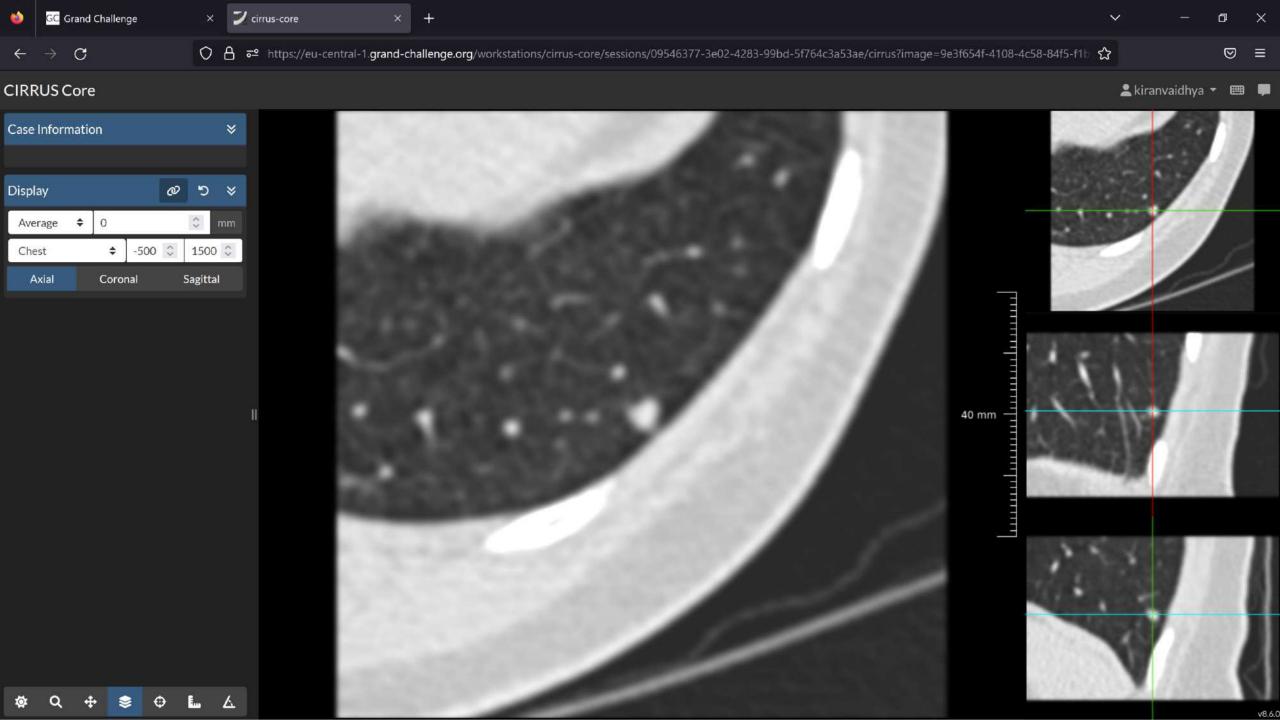


- Input data private Archive on grand-challenge.org
- Labels should not be added to the Archive, you do not want participating algorithms to access the ground truth









Algorithms – necessary for Type 2 challenges



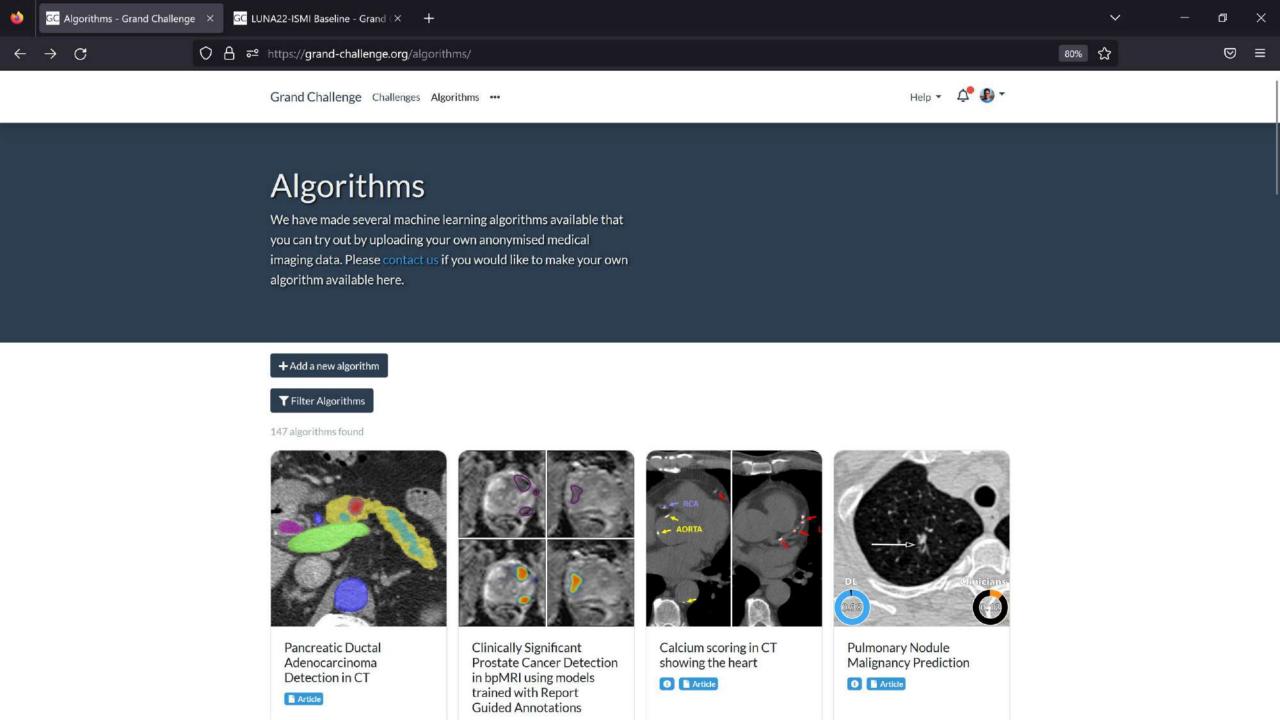
Wiki – to create a site, add, and edit pages

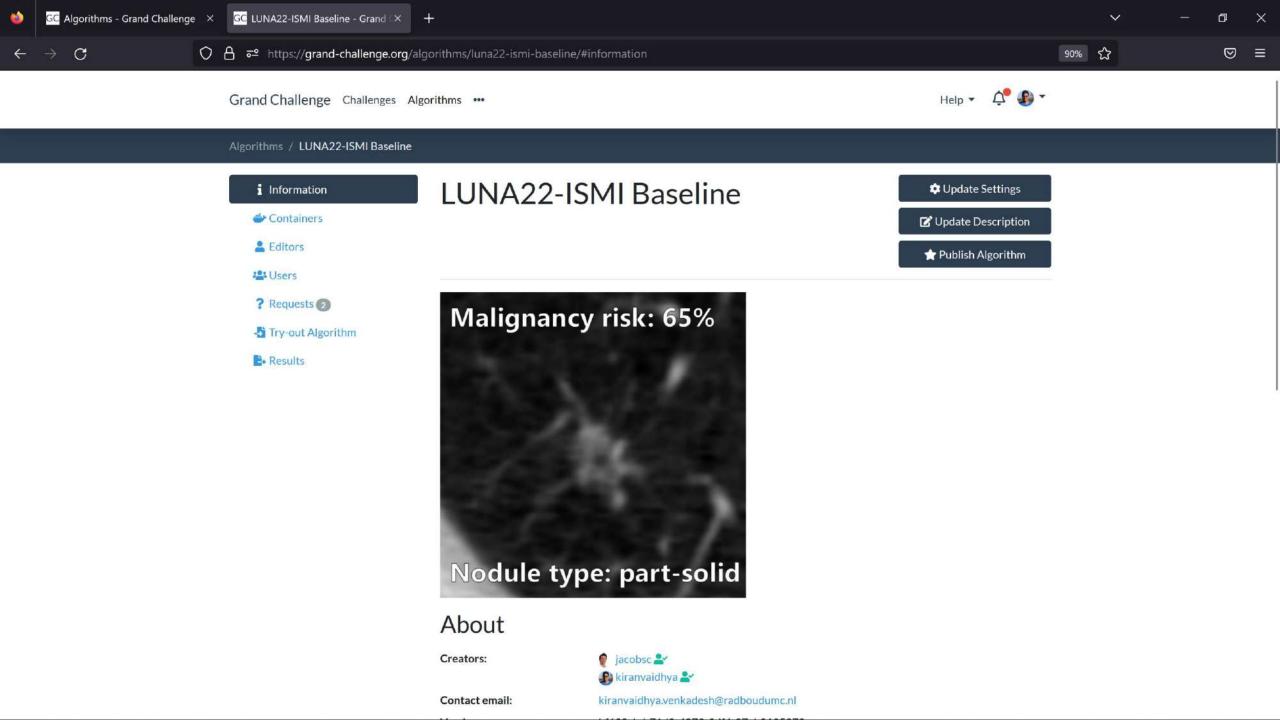


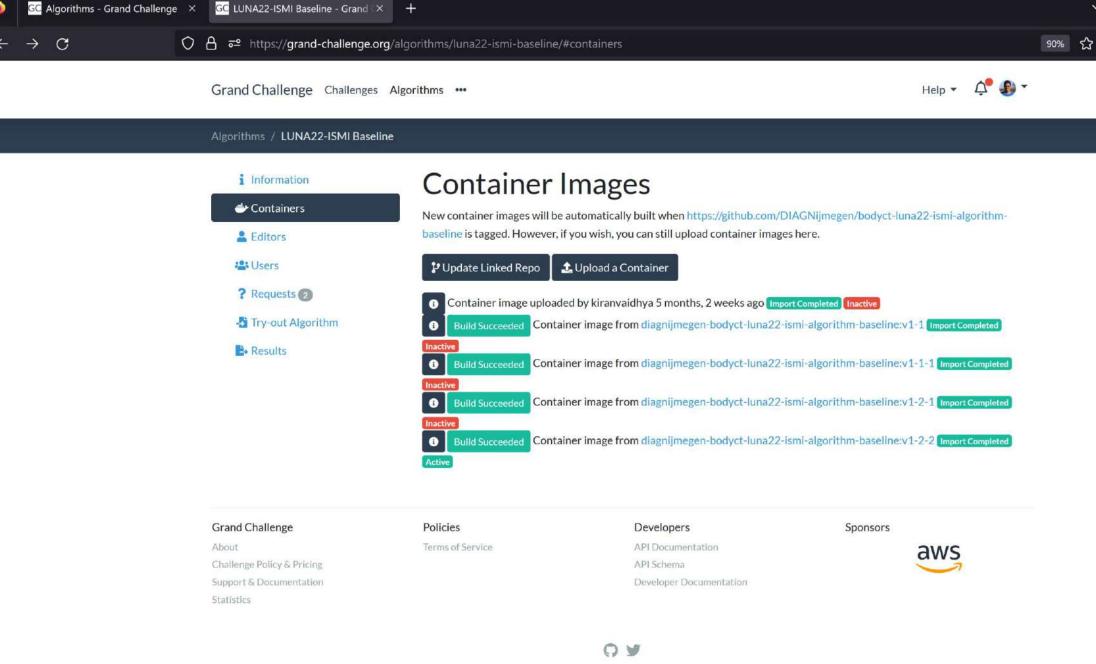
User management – registration, teams, forums



Secure ways to host challenge data, and algorithms

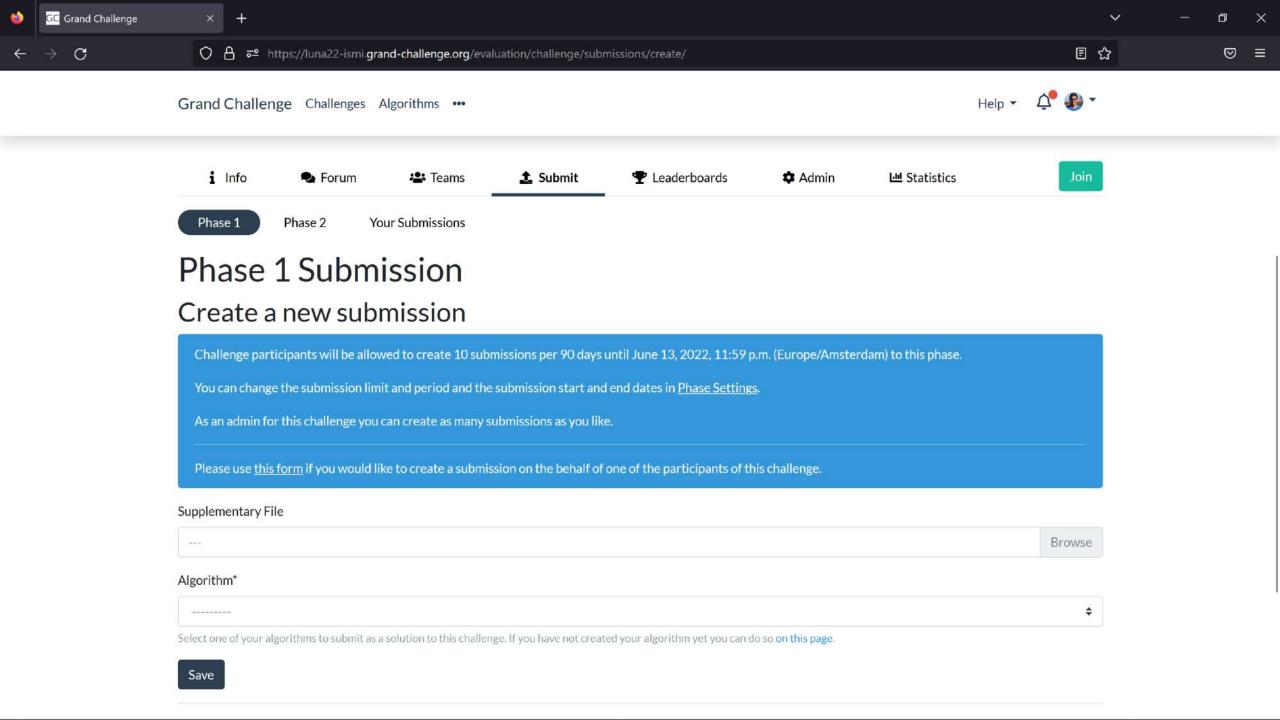




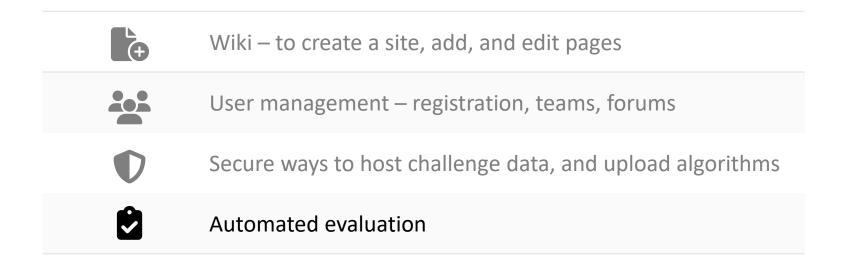


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How do I evaluate the submissions?

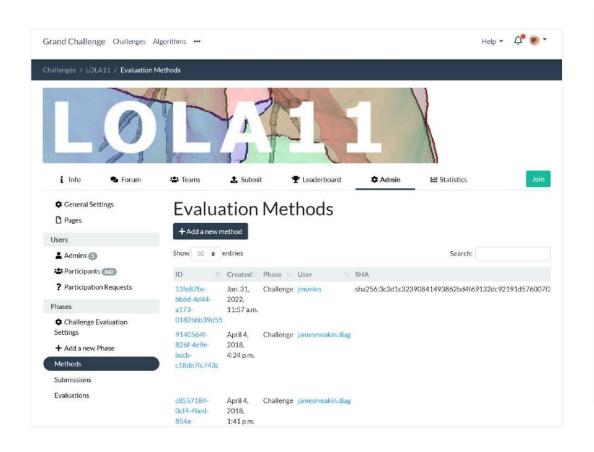


Containerize your evaluation scripts – pip install evalutils

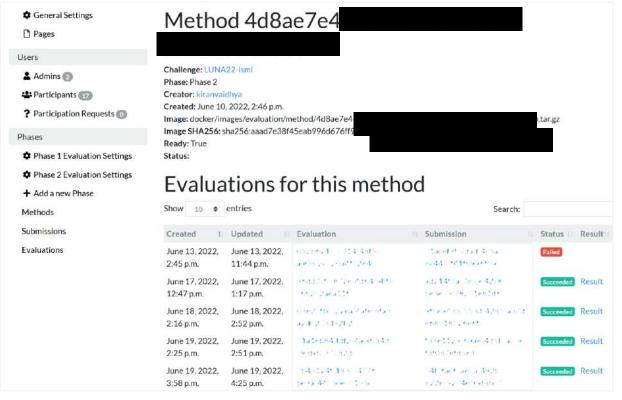
- Package the ground truth in your container
- Read predictions from /input
- Evaluate and write metrics to /output/metrics.json

Upload your evaluation container

Add evaluation method

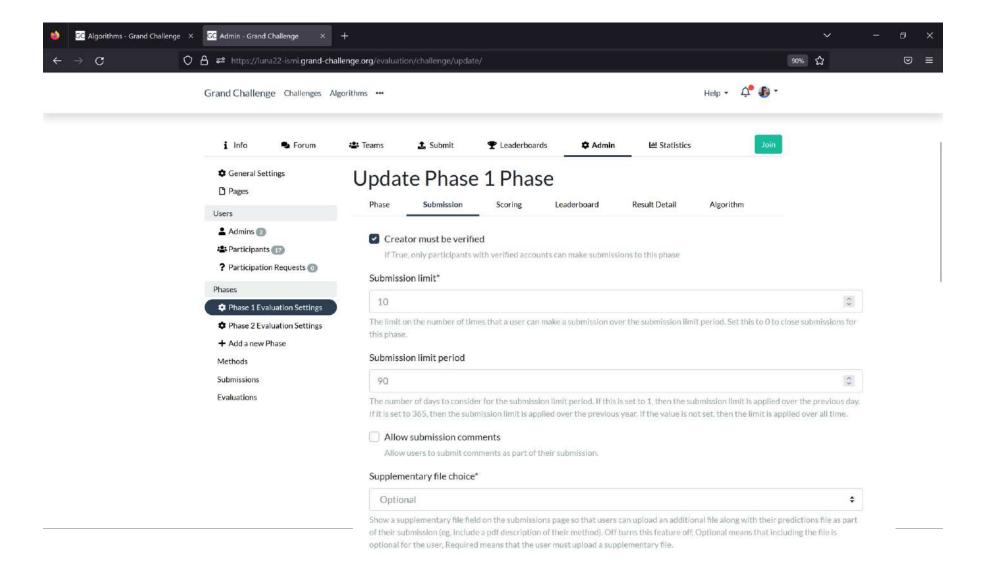


Inspect submissions and evaluations

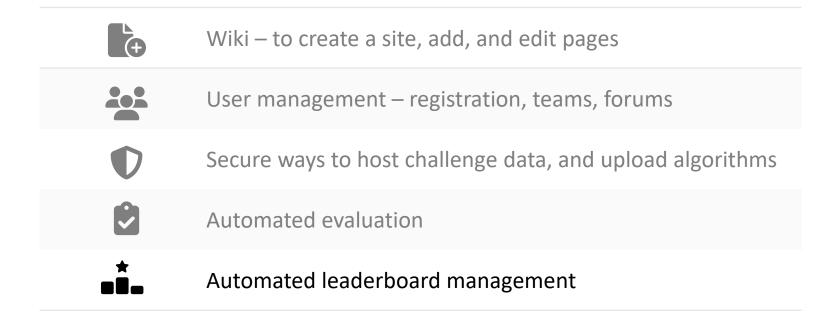


Very helpful for participants!

Throttle submissions

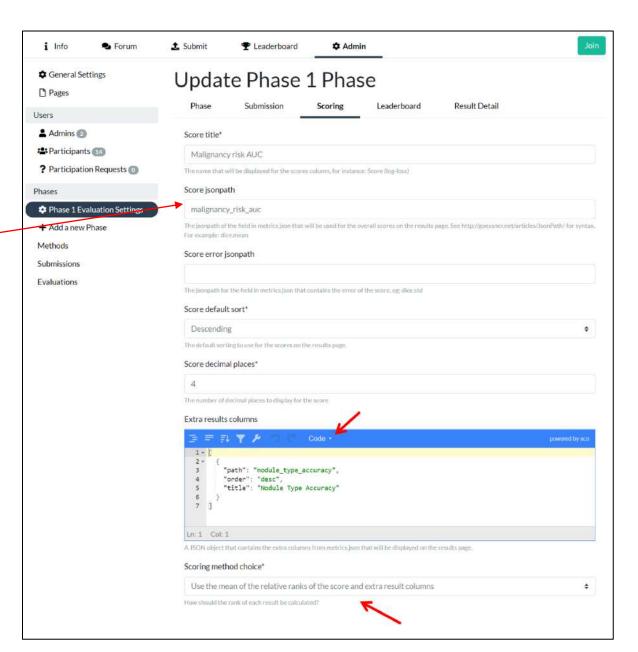


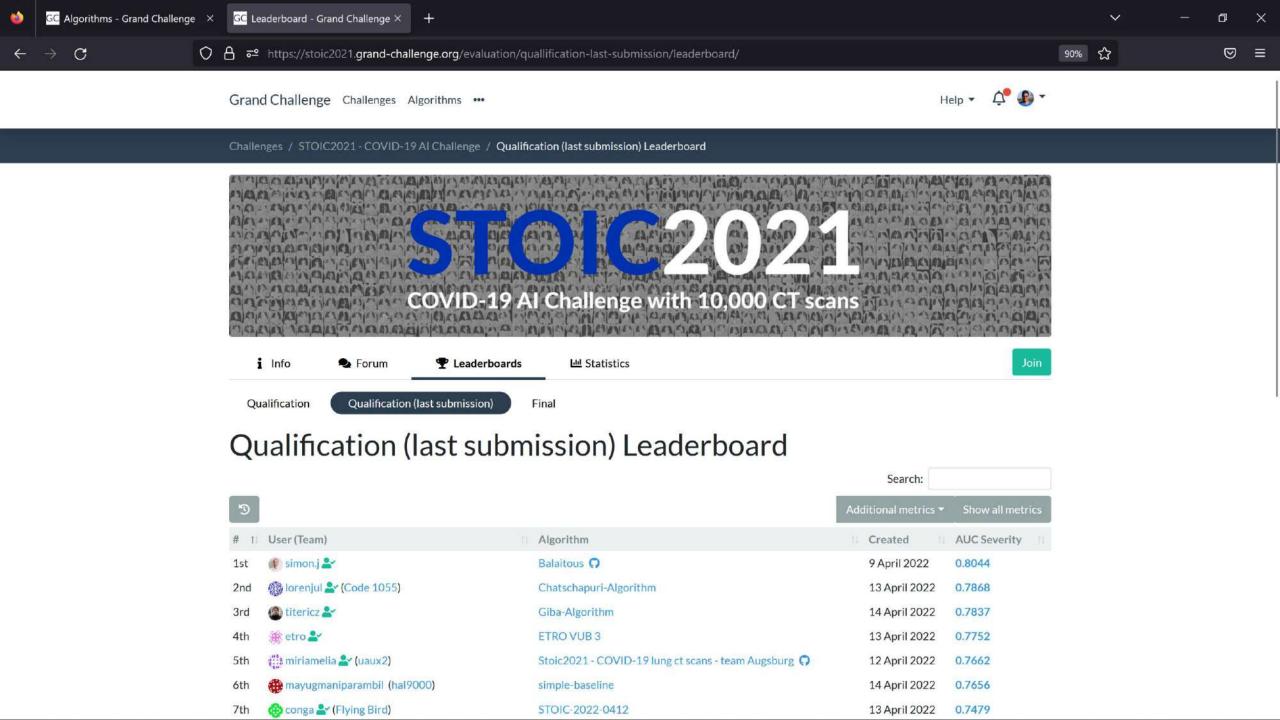
How do I compare submissions?



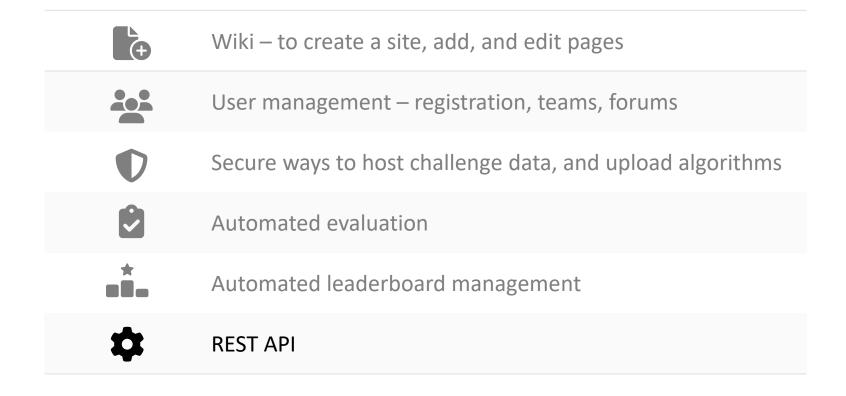
Connect evaluation metrics to the leaderboard

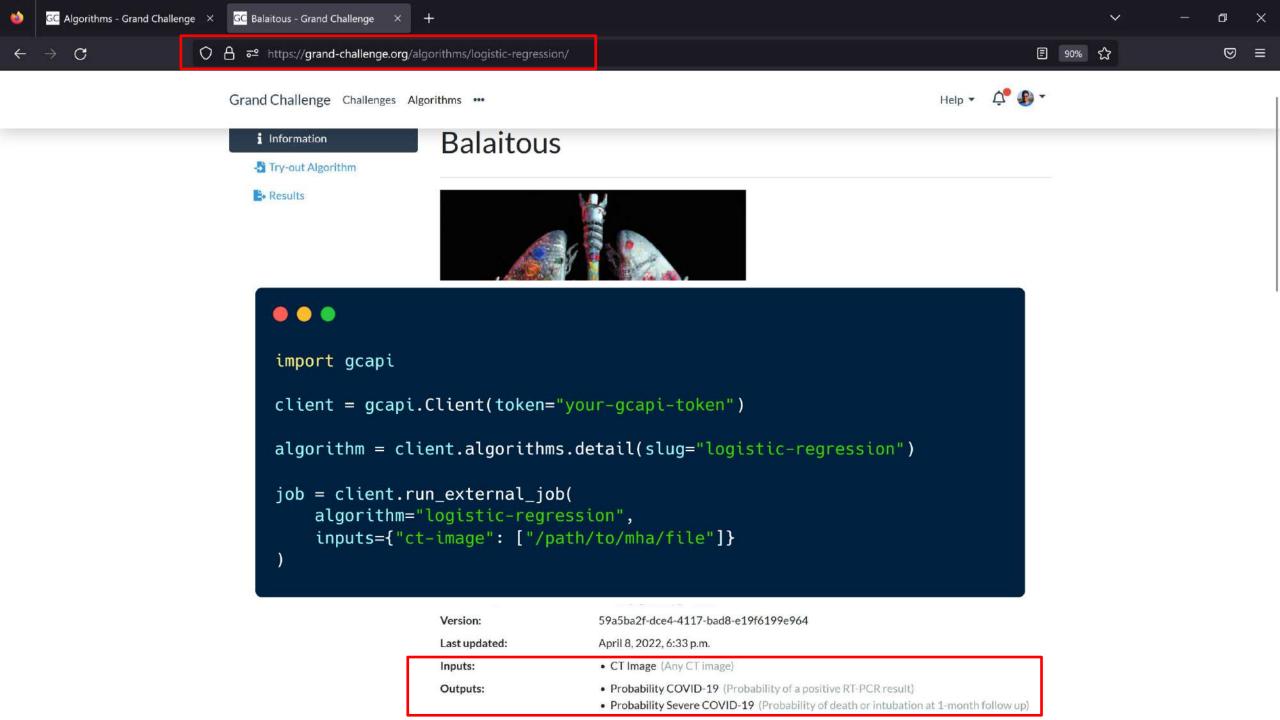
```
"malignancy_risk_auc": 0.85,
    "nodule_type_accuracy": 0.75
}
```

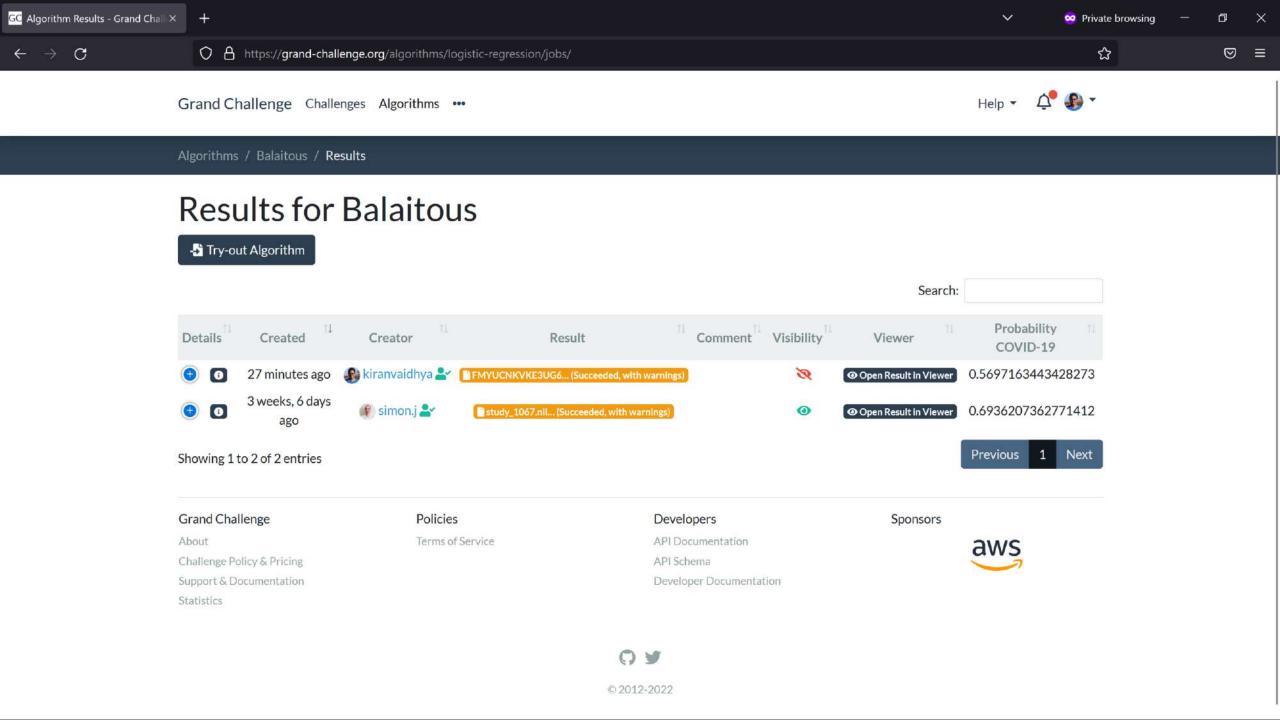


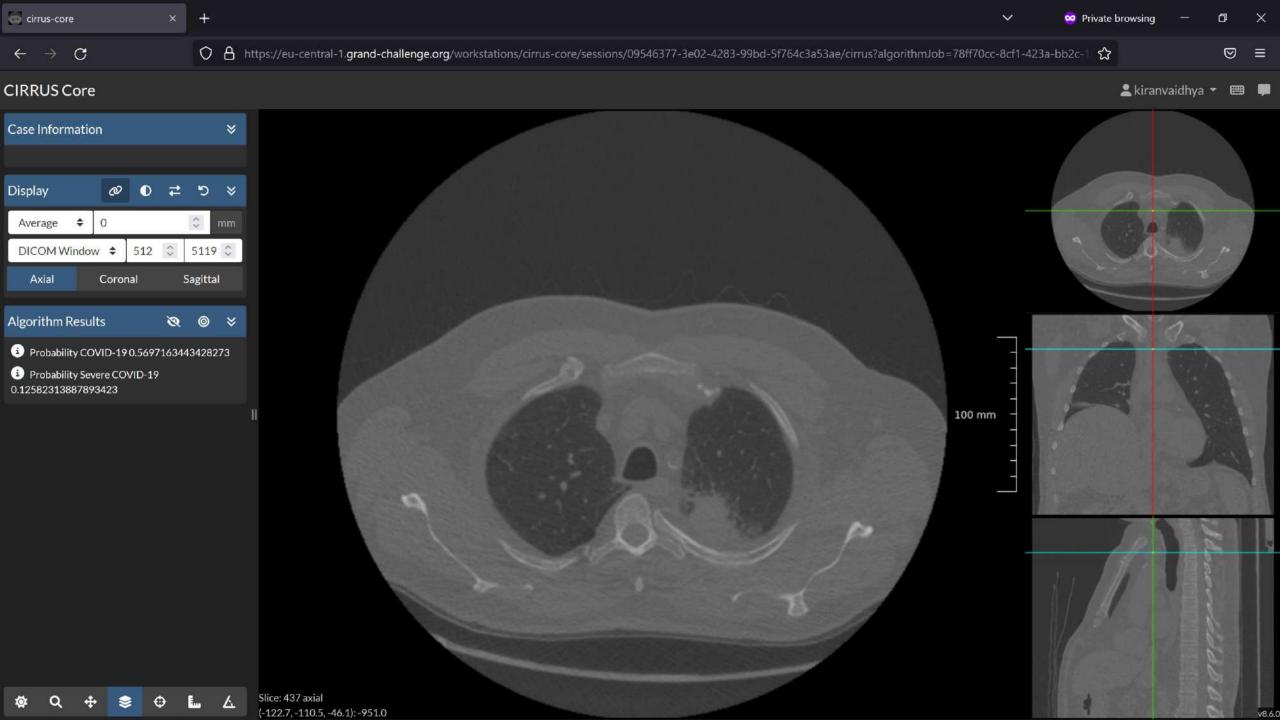


We also have an API









Contact support@grand-challenge.org



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	User management – registration, teams, forums
$lackbox{1}{f O}$	Secure ways to host challenge data, and upload algorithms
	Automated evaluation
, *	Automated leaderboard management
*	REST API