

NephCNN A Deep-Learning Framework for Vessel Segmentation in Nephrectomy Laparoscopic Videos

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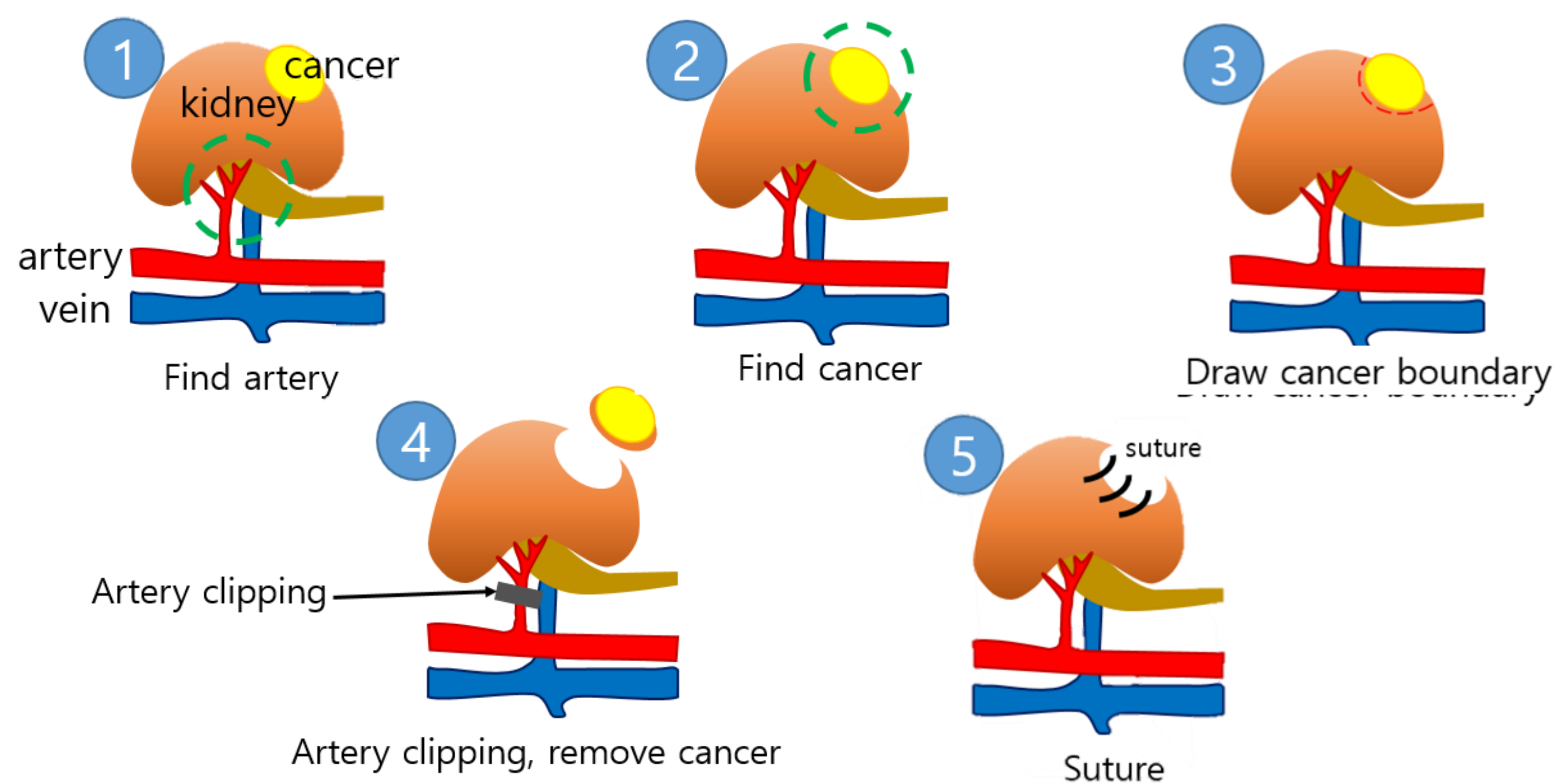
BACKGROUND

Renal Cell Carcinoma (RCC) is one of the most common kidney cancer in adults (3% of adult cancers in Europe) [1].

Current therapeutic option consist in **nephrectomy**, the complete or partial removal of kidney tissue (95% 5-year survival rate) [2].

Robot-Assisted Partial Nephrectomy (RAPN) provide advantages over laparoscopic surgery in terms of health outcomes, safety, and costs [3].

Detecting critical structures, such as the **renal artery**, can increase surgery safety [4].



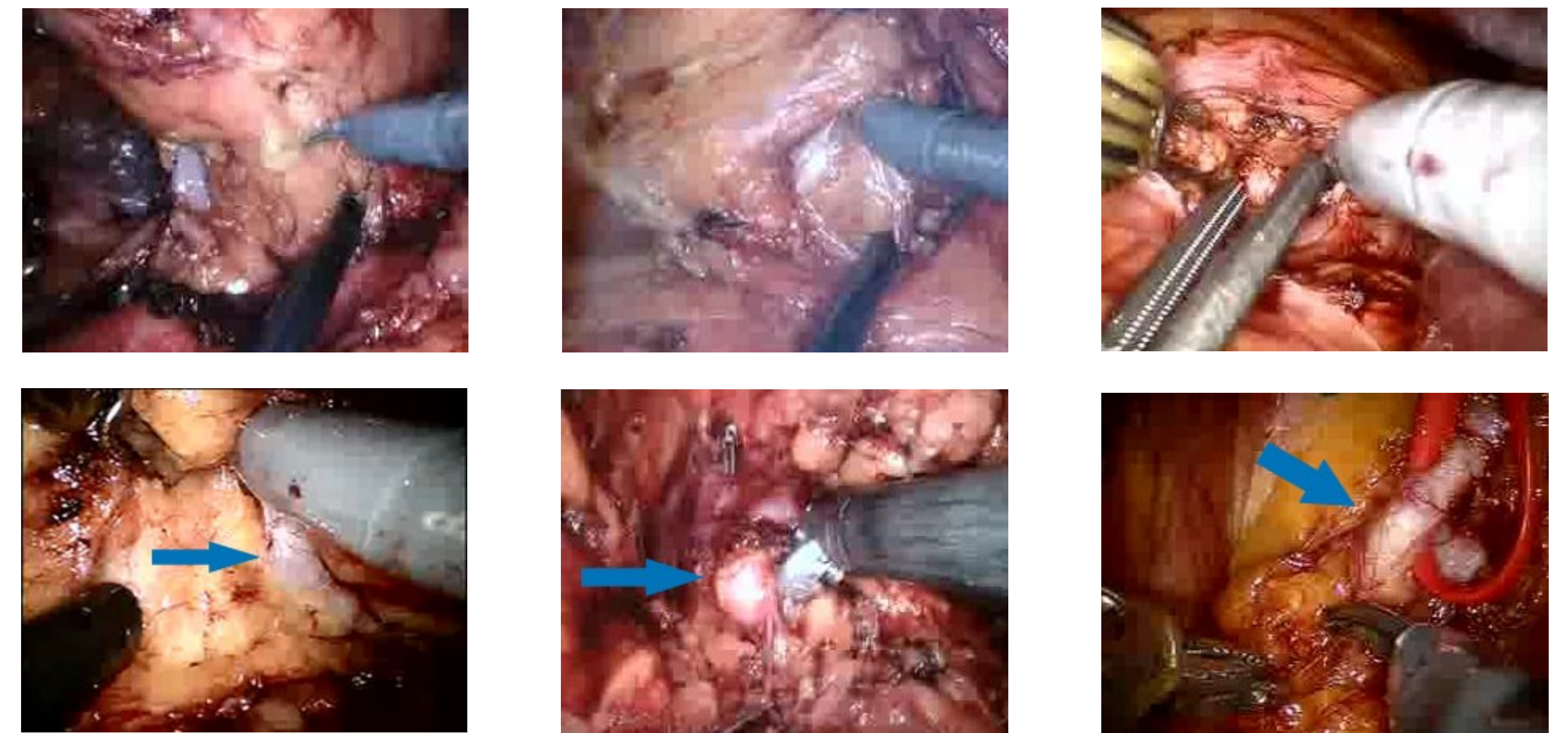
AIM

Low visibility could lead to accidents during surgery (e.g., unwanted vessel resection and bleeding due to surgical tools misplacement) [5].

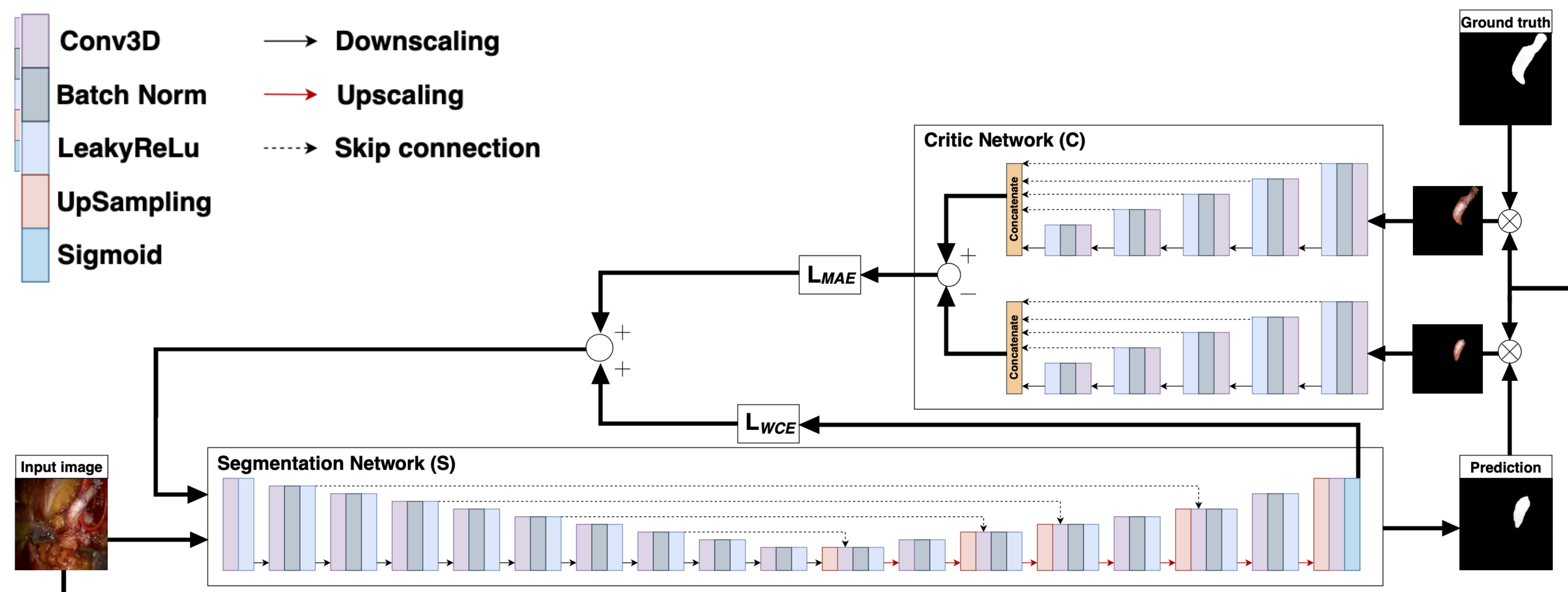
Surgeons' vision is hampered by:

- Small field of view
- Occlusion by surgical tools
- Reduced Manoeuvrability

This paper propose an **automatic and fast renal artery segmentation** from intra-operative RAPN videos.

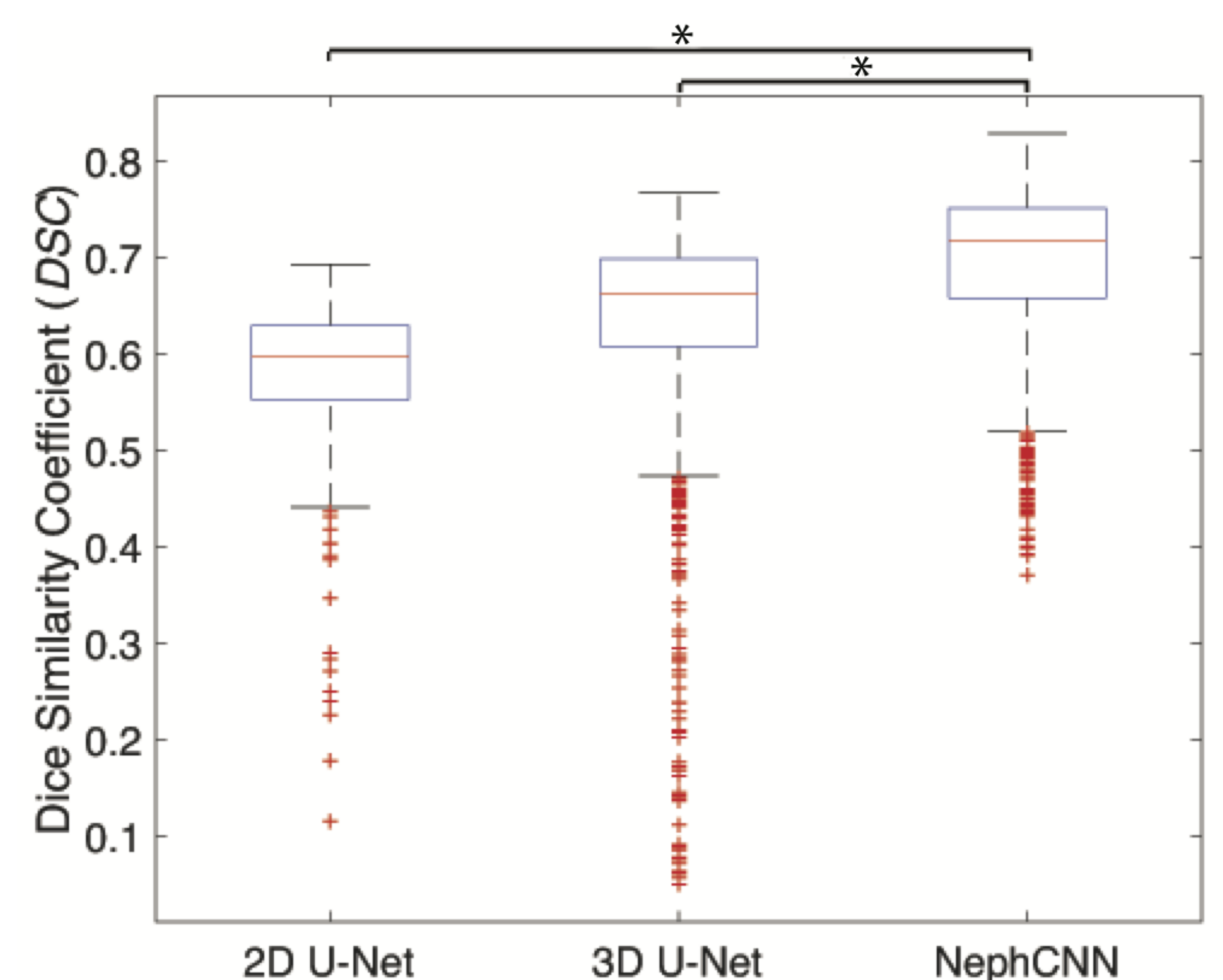
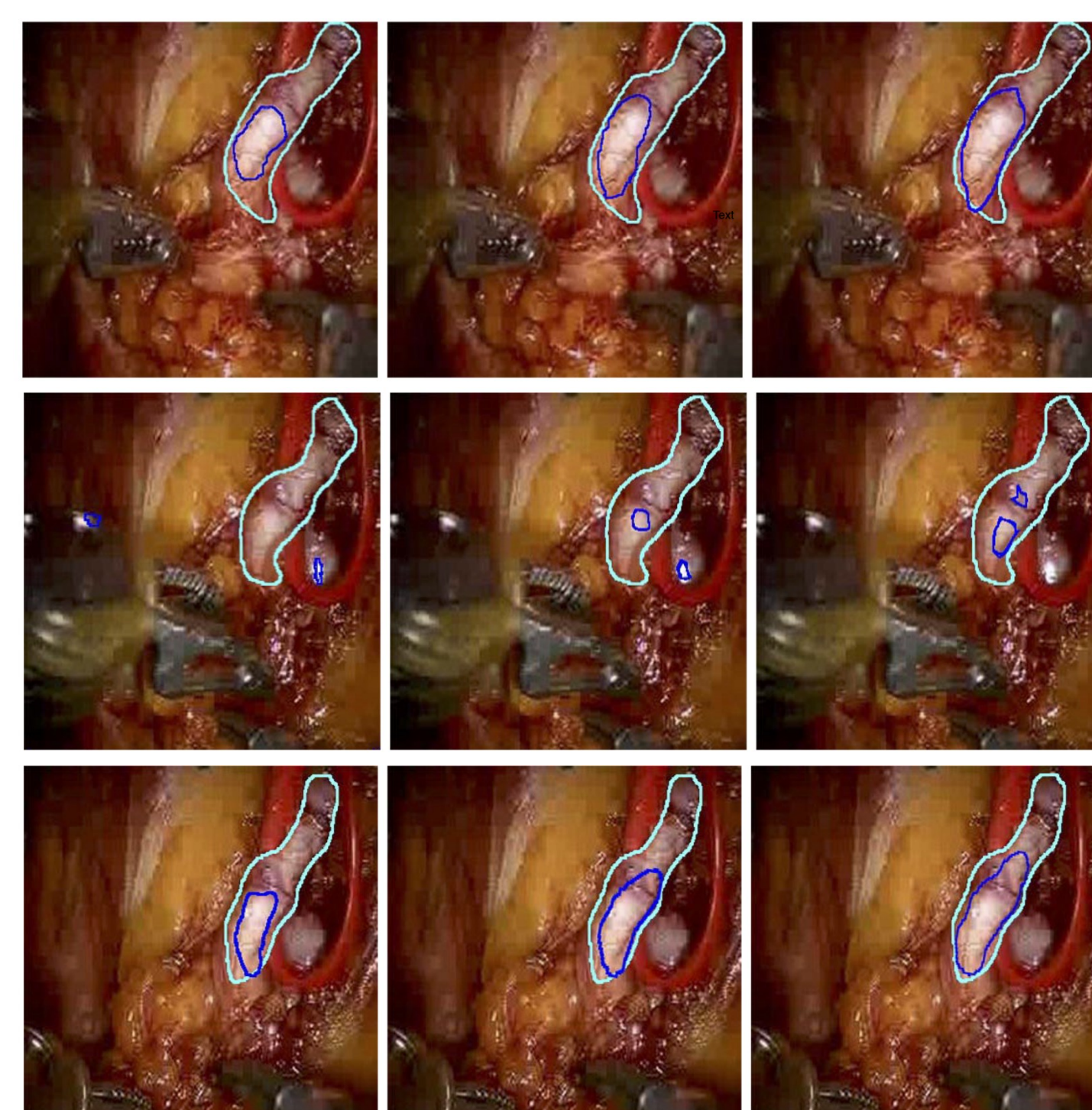
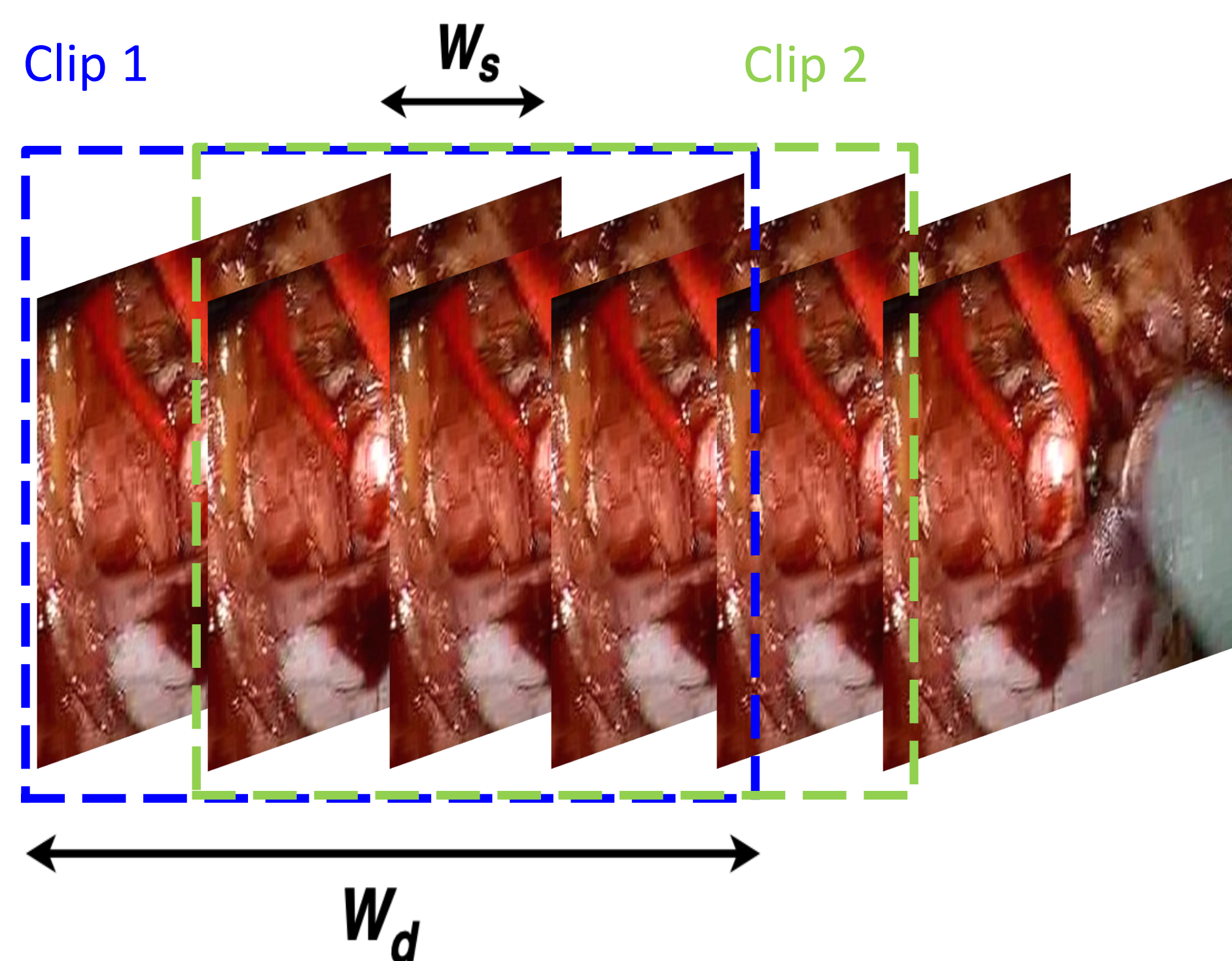


METHODS



- **Dataset:** Nephrec9 [6] dataset of RAPN videos acquired at European Institute of Oncology (IEO), Milan, Italy.
- **Dataset annotation** performed with expert clinicians' support.
- We proposed an **adversarial segmentation framework** inspired by Casella et al. [7] along with a **novel weighted L1 adversarial loss function** and **3D convolution** for **temporal information processing** [8].
- Finally, we compared accuracy, in terms of Dice Similarity Coefficient (*DSC*) with state-of-the-art networks

RESULTS



CONCLUSIONS AND FUTURE DEVELOPMENTS

- In this study, our proposed framework achieved a median *DSC* = 71.76%
- This work is among the **first attempts that combines adversarial training and spatio-temporal features for segmentation in robot-assisted renal surgery.**
- Further improvements will deal with
 - **Extensive validation** with broader dataset
 - Consider **advanced data augmentation techniques**
 - Exploitation of **extension to this framework**

REFERENCES

- [1] S. MacLennan et al. (2012) Systematic review of oncological outcomes following surgical management of localised renal cancer, *European Urology*, 61(5) 972–993
- [2] J. E. Abel et al. (2010) Identifying the risk of disease progression after surgery for localised renal cell carcinoma, *BJU International*, 106(9) 1227–1283
- [3] G. Novara et al. (2016) Robot-assisted partial nephrectomy, *International Journal of Surgery*
- [4] S. Moccia et al. (2018) Toward improving safety in neurosurgery with an active handheld instrument, *Annals of Biomedical Engineering*, 46(10) 1450–1464
- [5] L. Maier-Hein et al. (2017) Surgical data science for next-generation interventions, *Nature Biomedical Engineering*, 1(9), 691–696
- [6] H. Nakawala et al. (2017) Nephrec9 (version 0.1), Zenodo
- [7] A. Casella et al. (2020) Inter-foetus membrane segmentation for TTTS using adversarial networks, *Annals of Biomedical Engineering*, 48(2), 848–859
- [8] E. Colleoni et al. (2019) Deep learning based robotic tool detection and articulation estimation with spatio-temporal layers, *IEEE Robotics and Automation Letters*, 4(3) 2714–2721