Adversarial Vision Transformer for Medical Image Semantic Segmentation with Limited Annotations

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Abstract

Medical image analysis has benefited from deep learning techniques not only because of network architecture engineering, but also a large number of high-quality annotations which is time- and labour-consuming. Motivated by the recent success of Vision Transformer(ViT), we propose to explore the power of ViT for medical image semantic segmentation with an advanced Semi-Supervised Learning(SSL) fashion via MixUp-based interpolation consistency training and adversarial training. Aiming to train Segmentation ViT model(sViT) with labelled and unlabelled data simultaneously, an adversarial SSL framework that consists of a sViT and an evaluation model(EM) is proposed in this paper. During the adversarial training process, the EM is trained to classify the quality of inference of sViT is from labelled/unlabelled sample, and the sViT is initialized and trained against EM (i.e. all inference by sViT is high-quality enough to be classified as if from labelled data). To further boost the performance of sViT, MixUp-based interpolation consistency training is introduced and utilized for sViT. The whole adversarial training is designed separately for sViT and EM in an iterative manner, and the MixUp is solely for sViT. Experimental results(including replacing sViT to CNN) demonstrate the proposed method competitive performance against other SSL methods on a public benchmark data set with a variety of metrics. The code is publicly available on GitHub.¹

1 Introduction

Deep-learning-based methods, especially Convolutional Neural Networks (CNN), have dominated in medical image semantic segmentation since 2015 when FCN was proposed [26]. It is the first fully CNN-based network trained end-to-end and pixels-to-pixels. To tackle the lack of semantic feature information being transferred through multi-CNN layers, a skip connection hereby is proposed with CNN results in one of the most promising semantic segmentation backbone networks i.e. UNet [11]. Except for the backbone network study such as UNet, Deeplab[7], and PSPNet[53], many of the studies also intent to explore a variety of

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¹https://github.com/ziyangwang007/CV-SSL-MIS

advanced network blocks such as multi-scale learning[23, 43], attention mechanism[12, 14], feature normalization[18], residual learning[9], densely connected[15], and atrous/dilated CNN[49] for the backbone which results in a family of UNet-based segmentation methods for CT, Ultrasound, and MRI [10, 17, 19, 46].

The most recent study, however, demonstrates that Transformer, a pure self-attentionbased method, outperforms RNN-based methods with different blocks in the natural language process [38]. The ViT is then proposed to explore the feature learning ability of Transformer in the computer vision domain [8]. A family of ViT-based methods for dense prediction tasks is then presented such as Swin-ViT to use shift window for hierarchical ViT results in state-of-the-art results in 2021 [24]. Some other ViT segmentation backbone studies are motivated by Encoder-Decoder style segmentation models such as TransUNet[6], which presents the ViT improve conventional UNet in the encoder; and Swin-UNet[4], which directly presents the Swin-ViT blocks applied into U-shape backbone network.

Although the recent study of network architecture engineering with ViT demonstrate promising performance in the computer vision community, the training strategy is still one of the essential barriers to deploying advanced techniques in clinical medical image analysis. In the medical imaging community, medical data normally comes up with a large amount of raw data with a small proportion of annotations due to the high cost of clinician annotation with the requirement of high expert level skill, SSL has been gaining momentum in medical image segmentation. SSL allows the model to be beneficial with labelled and unlabelled data together but remains challenging with ViT [27, 41, 42].

Following the above concern, we propose to explore a simple and bespoke sViT with the SSL fashion for medical image segmentation. A MixUp-based Consistency-Aware Adversarial Vision Transformer, called CAA-ViT, is presented. The contribution of CAA-ViT is fourfold as follows:

- We propose to use CNN or Swin-ViT network blocks directly with the U-shape Encoder-Decoder style segmentation network architecture, respectively.
- Two adversarial SSL training stages are proposed, which consist of training a ViTbased segmentation model(sViT), and a CNN-based evaluation model(EM), respectively.
- To boost the performance of sViT, a MixUp-based interpolation consistency training is proposed under consistency-aware concern.
- The CAA-ViT is evaluated on a public benchmark data set with a variety of evaluation measures, and outperforms other semi-supervised methods [32, 36, 39, 40, 41, 42, 50, 52] under the same setting and feature information distribution.

2 Related Work

2.1 Segmentation Vision Transformer

Image semantic segmentation can be considered a dense prediction task to classify each pixel of an image whether belonging to a region of interest or background. It is one of the most challenging computer vision tasks and has been dominated by CNN since 2015 before the emergence of ViT [11, 19, 26]. CNN-based methods, however, are limited to its finite receptive field [7, 38, 49]. Motivated by the recent success of self-attention in natural language

processing [38], many image processing tasks are also explored as sequence-to-sequence problems and the Vision Transformer(ViT) firstly demonstrates the promising performance of self-attention in image recognition [8]. The input image is split as a series of image patches with location information, and hereby the global dependencies can be modeled with pure multi-head self-attention. A variety of ViT-based convolution-free backbone network for dense prediction are widely proposed such as shift-window ViT(Swin-ViT)[24], and sample efficient ViT(DeiT)[37] for object detection [5, 22, 34], image segmentation [35, 54], video recognition [25]. Except for semantic segmentation with ViT[35, 47], most of the studies are motivated by the combined strength of UNet and ViT in medical image segmentation. The first ViT-based medical image segmentation model is TransUnet[6], that ViT encoders tokenized image patches from CNN, and decoders upsample the encoded features. SwinUNet[4] further replace the decoder with Swin-Transformer[24] blocks as a pure ViTbased encoder-decoder segmentation network. The most latest work [48] demonstrates to the strength of CNN and ViT can be simultaneously achieved in intra-slice and inter-slice of CT images. For a fair comparison of CNN and ViT in this SSL study, we propose to use a simple U-shape Encoder-Decoder segmentation backbone network with two network blocks i.e. pure CNN- or ViT-based block[4, 11].

2.2 Semi-Supervised Segmentation

The goal of Semi-Supervised Segmentation is to utilize the finite number of labelled images and high proportion of raw images to train the segmentation model. Consistency regularization of SSL has been widely studied which enforces the consistency of inference with various perturbations[13, 36, 39, 50]. A part of perturbation studies are applied to input images augmenting the images randomly and setting the consistency constraint among inferences of augmented images [13, 20]. The perturbation can also be applied to feature information. For example, the feature perturbation scheme is to develop multiple decoders and the difference of inferences of multi-decoder is trained to be similar to cross consistency training[30]. The most common SSL of consistency-aware with perturbation scheme is Student-Teacher style framework, which consists of a student model, and a teacher model [21, 36, 42]. The student is initialized with labelled data with perturbations, and the parameters of the teacher are updated from the student with averaging model weight. The teacher, hereby, is more robust than student, and can guide the learning of students with pseudo labels under the consistency-aware concern [50]. Except for the consistency regularization that aims to minimize the differences of images with perturbations, adversarial learning[16, 28] normally utilized an additional discriminator model to extract statistical features aiming to distinguish ground truth segmentation and inferences of segmentation model. In an adversarial learning process, the segmentation model and the discriminator model are trained against each other separately and iteratively. The discriminator aims to distinguish the high-quality segmentation inferences as the pseudo label, and the segmentation model aims to infer confidently from raw images against discriminator [16, 29, 52]. Motivated by the recent success of ViT, only a few studies report to train ViT in the SSL fashion for medical image segmentation starting from 2021. [27] proposed to combine the strength of ViT and CNN via co-training allowing ViT and CNN to complement and benefit each other with pseudo labels. [42] proposed to explore the ViT with a Student-Teacher style SSL, and an uncertainty-aware scheme is introduced when the teacher guides the student. In this paper, we further explore the ViT in SSL with an additional discriminator for adversarial training and a MixUp-based approach for interpolation consistency training to boost the performance of sViT.



Figure 1: MixUp-based Interpolation Consistency & Adversarial Vision Transformer for Semi-Supervised Medical Image Semantic Segmentation. The training of proposed CAA-ViT consists of three stages including interpolation consistency training for sViT, two adversarial training stages for sViT and EM, respectively. Two supervision loss, and two semi-supervision loss are indicated accordingly.

3 Approaches

In a general medical image segmentation with the SSL fashion study, L, U and T normally denote labelled training data set, unlabelled training data set, and a testing data set. We denote a batch of labelled data as $(X_1, Y_{gt}) \in L$, $(X_t, Y_{gt}) \in T$ for labelled training set and labelled testing set with its corresponding ground truth, and a batch of only raw data as $(X_u) \in U$ in the unlabelled training set, where $X \in \mathbb{R}^{h \times w}$ representing a 2D gray-scale image. Y_p is the dense map predicted by a segmentation model $f(\theta) : X \mapsto Y_p$ with the θ as the parameters of the model f. Y_p can be considered as a batch of pseudo label for unlabelled data $(X_u, Y_p) \in U$ to retrain models. Final evaluation results are calculated based on the differences between Y_p and Y_{gt} of **T**. The training objective of CAA-ViT is to minimize the supervision loss Loss_{sup} and the semi-supervision loss Loss_{semi} of sViT, and supervision loss Loss_{sup} of EM. The loss Loss_{sup} and Loss_{semi} differs from each other by using labelled or unlabelled data X_1 or X_u . The framework of CAA-ViT including adversarial training stage and MixUp-based interpolation consistency training stage with corresponding Loss are briefly illustrated in Figure 1. The CAA-ViT is mainly motivated by adversarial training[52], and consistency training [36, 39, 44, 45] to explore the power of vision transformer. Three different training stages including one MixUp-based interpolation consistency training stage for sViT, and two adversarial training stages separately for sViT and EM to against each other in an iterative manner are detailed discussed Section 3.1, 3.2, and 3.3.

3.1 Adversarial Training

In the adversarial training stage, two models are introduced i.e. a ViT-based segmentation model(sViT) $f_{ViT}(\theta) : X \mapsto Y_p$, and a CNN-based evaluation model(EM) $f_{CNN}(\theta) : f_{ViT}(X;\theta) \mapsto Y_{quality}$ to evaluate the quality of inference. The ViT-based model takes the input images X and infers corresponding segmentation feature maps Y_p , while incorporating suggestive loss from the EM, also known as the discriminator [16, 29, 52]. The EM takes the inference of sViT Y_p , and the corresponding input images X and infers a quality score $Y_{quality}$. In the CAA-ViT, the discriminator is designed to classify the quality of Y_p with $Y_{quality} \in (0,1)$, which is considered as a binary classification task, where 1: high-quality inference, images with annotations, 0: low-quality inference, images without annotations. The architecture of EM is with VGG16 [33].

In either of the two adversarial training stages of sViT and EM as shown in Figure 1, one model is trained and the other model is evaluated. The goal of the EM is to distinguish the inference of sViT from using annotated input or unannotated input[52]. The sViT, however, is encouraged to make predictions from unannotated input with the same quality as from annotated input. In the training process, the sViT is trained by taking judgement from EM to improve the quality of inference achieving the same quality regardless of unannotated, while the EM is trained to discern the difference between the results from annotated input and the results from unannotated input since indices of input with labels are known. By doing so, both two models, hereby, achieve good segmentation and discriminating ability after training. The details of adversarial training objectives(loss of each model) is discussed in Section 3.3

3.2 MixUp-Based Interpolation Consistency Training

In the consistency training stage of sViT, we introduce a MixUp-based interpolation consistency training approach. Motivated by consistency regularization, which is to make the model robust against various perturbations on the unlabelled data [2, 29, 31], pixel-wise perturbation is introduced for sViT consistency training. Following the main idea of [39] to regularizes SSL by encouraging consistent predictions shown in Equation 1,

$$f(\alpha X_{u1} + (1 - \alpha) X_{u2}) = \alpha f(X_{u1}) + (1 - \alpha) f(X_{u2})$$
(1)

where X_{u1}, X_{u2} are two randomly selected raw images as the input of model *f*, because two samples are likely to help find the decision boundary between the two classes with numerous and balanced classes [39]. α is a hyperparameter. Given MixUp operation [51] which is illustrated in Equation 2,

$$Mix_{\lambda}(a,b) = \lambda \times a + (1-\lambda) \times b \tag{2}$$

and pixel-wise interpolation, the sViT f_{ViT} is enforced to provide consistent predictions at interpolations of unlabelled images. The objective of consistency training stage aims to ensure reliable and consistency segmentation of image points interpolated from existing points, hereby, can be summarized as Equation 3

$$f_{ViT}(Mix_{\lambda}(X_{u1}, X_{u2}); \theta) \approx Mix_{\lambda}(f_{ViT}(X_{u1}; \overline{\theta}), f_{ViT}(X_{u2}; \overline{\theta}))$$
(3)

where the MixUp-based consistency is maintained between the outputs of the interpolated inputs $f_{ViT}(Mix_{\lambda}(X_{u1}, X_{u2}); \theta)$, and the interpolated outputs of the original inputs $Mix_{\lambda}(f_{ViT}(X_{u1};\overline{\theta}), f_{ViT}(X_{u2};\overline{\theta}))$. $\overline{\theta}$ is the exponential moving average of θ [36]. The details of consistency training objectives is discussed in Section 3.3

3.3 Objective

The training objective is to minimize the sum of the supervision loss \mathcal{L}_{sup} and the semisupervision \mathcal{L}_{semi} of three proposed training stages as shown in Equation 4

$$\mathcal{L} = \mathcal{L}_{sup1} + \mathcal{L}_{sup2} + \lambda (\mathcal{L}_{semi1} + \mathcal{L}_{semi2})$$
(4)

where \mathcal{L}_{sup} or \mathcal{L}_{semi} depends on whether the data is annotated. λ is with ramp-up function [21], as $\lambda = e^{-5 \times (1 - t_{iteration}/t_{maxiteration})^2}$, where *t* is the iteration. λ is updated every 150 iterations, which is to make the training move the focus from \mathcal{L}_{sup} to initialize mode with annotations to \mathcal{L}_{semi} to learn from features of raw images. The \mathcal{L}_{sup1} is to train the sViT with labelled data $(X_1, Y_{gt}) \in \mathbf{L}$ in one of the adversarial training stage, illustrated in Equation 5

$$\mathcal{L}_{sup1} = CE(Y_{gt}, f_{ViT}(X_l; \theta)) + Dice(Y_{gt}, f_{ViT}(X_l; \theta))$$
(5)

where *CE* and *Dice* demonstrates the CrossEntropy-based and DiceCoefficient-based difference measures. The \mathcal{L}_{sup2} is to train the EM with labelled data $(X_1, Y_{gt}) \in \mathbf{L}$, unlabelled data $(X_u) \in \mathbf{U}$, and the inference of sViT in one of the adversarial training stage, illustrated in Equation 6

$$\mathcal{L}_{sup2} = BCE(f_{CNN}(f_{ViT}(X_l/X_u; \theta_{ViT}); \theta_{CNN}), 1/0))$$
(6)

here, Binary Cross-Entropy(*BCE*) is selected considering the EM is to classify the quality of inference of sViT. The score 1 indicates the inference is with high quality or from an annotated image, and score 0 indicates the inference is with low quality or from an unannotated image. The \mathcal{L}_{semi1} is to train the sViT with unlabelled data $(X_u) \in \mathbf{U}$ in the consistency training stage, illustrated in Equation 7

$$\mathcal{L}_{\text{semi1}} = \text{CE}(f_{ViT}(Mix_{\lambda}(X_{u1}, X_{u2}); \theta), f_{ViT}(X_{l}; \theta), Mix_{\lambda}(f_{ViT}(X_{u1}; \overline{\theta}), f_{ViT}(X_{u2}; \overline{\theta})))$$
(7)

where CE is solely utilized on unlabelled data, such as X_{u1} , and X_{u2} . In light of the inspiration of using MixUp in supervised setting to gain large decision boundary margin [51], here in unsupervised setting MixUp-based interpolation is applied to sample X_{u1} , and X_{u2} , and corresponding pseudo labels $Y_p = f_{ViT}(X_u; \overline{\theta})$. Thus the parameter θ is moving to make inference of sViT closer to the pseudo label. \mathcal{L}_{semi1} is to train the sViT with the quality score of EM in one of the consistency training stage, illustrated in Equation 8

$$\mathcal{L}_{\text{semi2}} = -\text{CE}(f_{CNN}(f_{ViT}(X_u; \theta_{ViT}), X_u; \theta_{CNN}), 0)$$
(8)

By applying *CE* for evaluation score of inference $f_{ViT}(X_u)$ from EM f_{CNN} , the sViT is enforced to predict reasonably good segmentation maps supervised by EM.

4 Experiments

Data sets: Our experiments validate the CAA-ViT and baseline methods on a public available MRI cardiac segmentation set, also known as ACDC, from MICCAI Challenge 2017 [1]. The data is collected from 100 patients with multi-clasee annotation including right ventricle, the endocardial and epicardial walls of the left ventricle covering different distributions of feature information, across five evenly distributed subgroups: normal, myocardial infarction, dilated cardiomyopathy, hypertrophic cardiomyopathy, and abnormal right ventricle. All images are resized to 224×224 following the requirement of input of ViT segmentation backbone network[4]. 20% of images are selected as testing set, and the rest of data set is for training(including validation). There is no overlap between test, labelled train, unlabelled train, and validation set.

Implementation Details: Our code has been developed under Ubuntu 20.04 in Python 3.8.8 using Pytorch 1.10 and CUDA 11.3 using one Nvidia GeForce RTX 3090 GPU, and Intel(R) Intel Core i9-10900K. The runtimes averaged around 3.5 hours, including the data transfer, training, and inference. Data set is processed for 2D image segmentation purpose. CAA-ViT is trained for 30,000 iterations, batch size is set to 24, optimizer is SGD[3], and learning rate is set to 0.01, momentum is 0.9, and weight decay is 0.0001. The network is evaluated on validation set every 200 iterations, and the weight of network is saved only when the performance on validation outperforms the previous best performance. The above setting is also applied to all other baseline methods directly without any modification.

Backbone: The CAA-ViT consists of two models as shown in Figure 1. One is Swin-ViTbased U-shape encoder-decoder style segmentation model with skip connection[11, 24], and the other one is CNN-based discriminator following [33]. For a fair comparison, ViT-based U-shaped model selected in this study is aiming to make the computational cost and training efficiency similar with CNN-based UNet. The additional results of SSL methods with UNet results in CAA-CNN and other baseline methods are reported in Appendix.

Baseline Methods: All methods including CAA-ViT and other baseline methods are trained with the same hyper-parameter setting and the same distribution of features. The random selection of test set, labelled train set and unlabelled train set was only conducted once and then tested with all baseline methods together as well as CAA-ViT. The baseline methods reported includes: MT [36], DAN [52], ICT [39], ADVENT [40], UAMT [50], DCN [32] with ViT[4] and CNN[11] as the segmentation backbone network.

Evaluation Metrics: The direct comparison experiments between CAA-ViT and other baseline methods are conducted with a comprehensive f evaluation metrics including similarity measures(the higher the better): Dice, IOU, Accuracy, Precision, Sensitivity, Specificity, and difference measures(the lower the better): Hausdorff Distance (HD) 95%, Average Surface Distance (ASD). The mean value of these metrics is reported because the data set is a multi-class segmentation data set. The full evaluation measures are reported when comparing CAA-ViT against other baseline methods. IOU as the most common metric is also selected to report the performance of all baseline methods and CAA-ViT under different assumptions of the ratio of labelled/total data including 10%, 20%, 30%, 60%, 70%, 80%, 90%, 100%(fully supervised), and used to report the evaluation of each inference on the test set with a distribution chart.

Quantitative Results: Table 1 reports the direct comparison of CAA-ViT against other SSL methods including similarity measures and difference measures when the ratio of assumed labelled/total data is 10%. Table 2 reports the CAA-ViT and other SSL methods performance under different assumptions of ratio of labelled/total data. The best result on table 1,

2 is in **Bold**. A line chart in logarithmic scale is briefly sketched in Figure 3 (a), where X-axis is the ratio of labelled/total data, and Y-axis is the IOU performance, illustrating the valuable performance of CAA-ViT against other baseline methods especially in low ratio of labelled/total data. IOU is selected to evaluate each image of test set, and a histogram indicating the cumulative distribution of IOU performance of inference is briefly sketched in Figure 3 (b), where the X-axis is the IOU threshold and the Y-axis is the number of predicted images on test set, demonstrating CAA-ViT more likely to predict images with high IOU against other methods. More details of the qualitative results are reported in Appendix.

Qualitative Results: Figure 2 illustrates eight randomly selected sample raw images, corresponding inference against the publish ground truth of all baseline methods including CAA-ViT, where Yellow, Red, Green and Black denote True Positive(TP), False Positive(FP), False Negative(FN) and True Negative(TN) region on test set at pixel level.



Figure 2: The Qualitative Inference Results of CAA-ViT and Other Methods Against Ground Truth Under 10% of Label/Total Data for Training

| Table 1: Direct Comparison of Semi-supervised Frameworks on MRI Cardiac Test Set | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|---------|--------|--|--|
| Framework | mDice↑ | mIOU↑ | Acc↑ | Pre↑ | Sen↑ | Spe↑ | HD↓ | ASD↓ | | |
| MT[36]+ViT | 0.8384 | 0.7359 | 0.9939 | 0.8362 | 0.8415 | 0.9716 | 23.7689 | 2.2801 | | |
| DAN[52]+ViT | 0.8232 | 0.7165 | 0.9932 | 0.8243 | 0.8222 | 0.9686 | 23.5824 | 2.8411 | | |
| ICT[39] +ViT | 0.8663 | 0.7748 | 0.9948 | 0.8607 | 0.8722 | 0.9775 | 22.5653 | 2.2404 | | |
| ADVENT[40]+ViT | 0.8654 | 0.7733 | 0.9949 | 0.8689 | 0.8625 | 0.9743 | 20.4493 | 1.9022 | | |
| UAMT[50] +ViT[42] | 0.8542 | 0.7575 | 0.9945 | 0.8523 | 0.8575 | 0.9752 | 23.6615 | 2.2159 | | |
| DCN[32] +ViT | 0.8728 | 0.7844 | 0.9950 | 0.8770 | 0.8690 | 0.9738 | 22.3759 | 1.9762 | | |
| CAA-ViT(ours) | 0.8824 | 0.7984 | 0.9954 | 0.8887 | 0.8765 | 0.9748 | 18.9200 | 1.7587 | | |

 Table 2: The Mean IOU Results on Test Set Under Different Assumptions of Ratio of Label/Total Data for Training

| labelled/Total | 10% | 20% | 30% | 60% | 70% | 80% | 90% | 100% |
|----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| MT[36]+ ViT | 0.7359 | 0.8096 | 0.8338 | 0.8567 | 0.8569 | 0.8593 | 0.8596 | 0.8655 |
| DAN[<mark>52</mark>]+ ViT | 0.7165 | 0.7927 | 0.8148 | 0.8451 | 0.8467 | 0.8432 | 0.8391 | 0.8544 |
| ICT[<mark>39</mark>] + ViT | 0.7748 | 0.8147 | 0.8318 | 0.8556 | 0.8583 | 0.8545 | 0.8637 | 0.8658 |
| ADVENT[40]+ ViT | 0.7733 | 0.8099 | 0.8315 | 0.8581 | 0.8610 | 0.8561 | 0.8577 | 0.8682 |
| UAMT[<mark>50</mark>]+ ViT[42] | 0.7575 | 0.8085 | 0.8291 | 0.8541 | 0.8538 | 0.8571 | 0.8614 | 0.8672 |
| DCN[32] + ViT | 0.7844 | 0.8248 | 0.8302 | 0.8604 | 0.8565 | 0.8582 | 0.8594 | 0.8665 |
| CAA-ViT(ours) | 0.7984 | 0.8192 | 0.8485 | 0.8681 | 0.8670 | 0.8674 | 0.8748 | 0.8775 |



Figure 3: The Performance of Proposed Model with Baseline Methods for Medical Image Segmentation

5 Conclusion

In this paper, the exploration of a segmentation vision transformer in an advanced semisupervision fashion, CAA-ViT, is introduced. A novel adversarial training and a MixUpbased interpolation consistency training are designed simultaneously that allow vision transformer to benefit from a large amount of medical data with limited annotations. In terms of performance, CAA-ViT outperforms other methods with a variety of measures under different situations of ratio labelled/total data with promising results.

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