

DICOM and its role in IDC

David Clunie, PixelMed

Why DICOM?

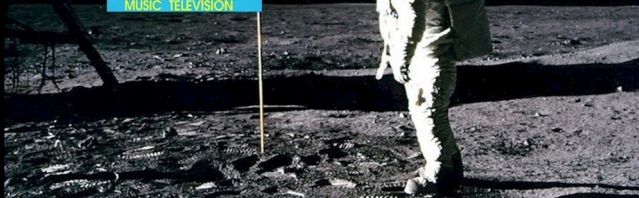
- It's everywhere
 - it's what comes out of the scanners (radiology)
 - it's what is stored in the clinical archives
 - it's what off-the-shelf workstations and viewers support
- It's open to access and use
- It has lots of free open source tools that support it
- It's supported and maintained
- It has all the metadata
 - identifying and descriptive
 - patient (subject, case), study, series, image, acquisition, ...
- It supports all sorts of modalities, old and new
 - CT, MR, NM, PET, US, X-Ray, Fluoro, Angio, ...
- It supports visible light
 - esp. histopathology Whole Slide microscopy imaging (WSI)
- It supports annotations, ROIs, quantitative result storage, ...

Why not DICOM?

- It's "*woefully archaic*" [\[Merck 2017\]](#) - dates back to early 1980's
 - mitigation: updated with modern approaches - DICOMweb, JSON
- It's too complicated
 - mitigation: provide tools, integrate w. libraries, training, support
- It isn't "*insert name of research/proprietary format here*" [\[Li 2016\]](#)
 - e.g., NIfTI, BIDS, NRRD, OME-TIFF, TensorFlow Record, ...
 - mitigation: provide converters, integrate w. libraries
- It isn't (usually) one file containing everything
 - historically one slice per file - needs grouping/sorting
 - mitigation: updated standard w. multi-frame - FAILED - to be adopted
 - mitigation: provide tools to sort, organize, convert, ...
- ...
- Not sufficient to justify using alternative research-specific format in IDC
- DICOM can be extended for research purposes (and we do)

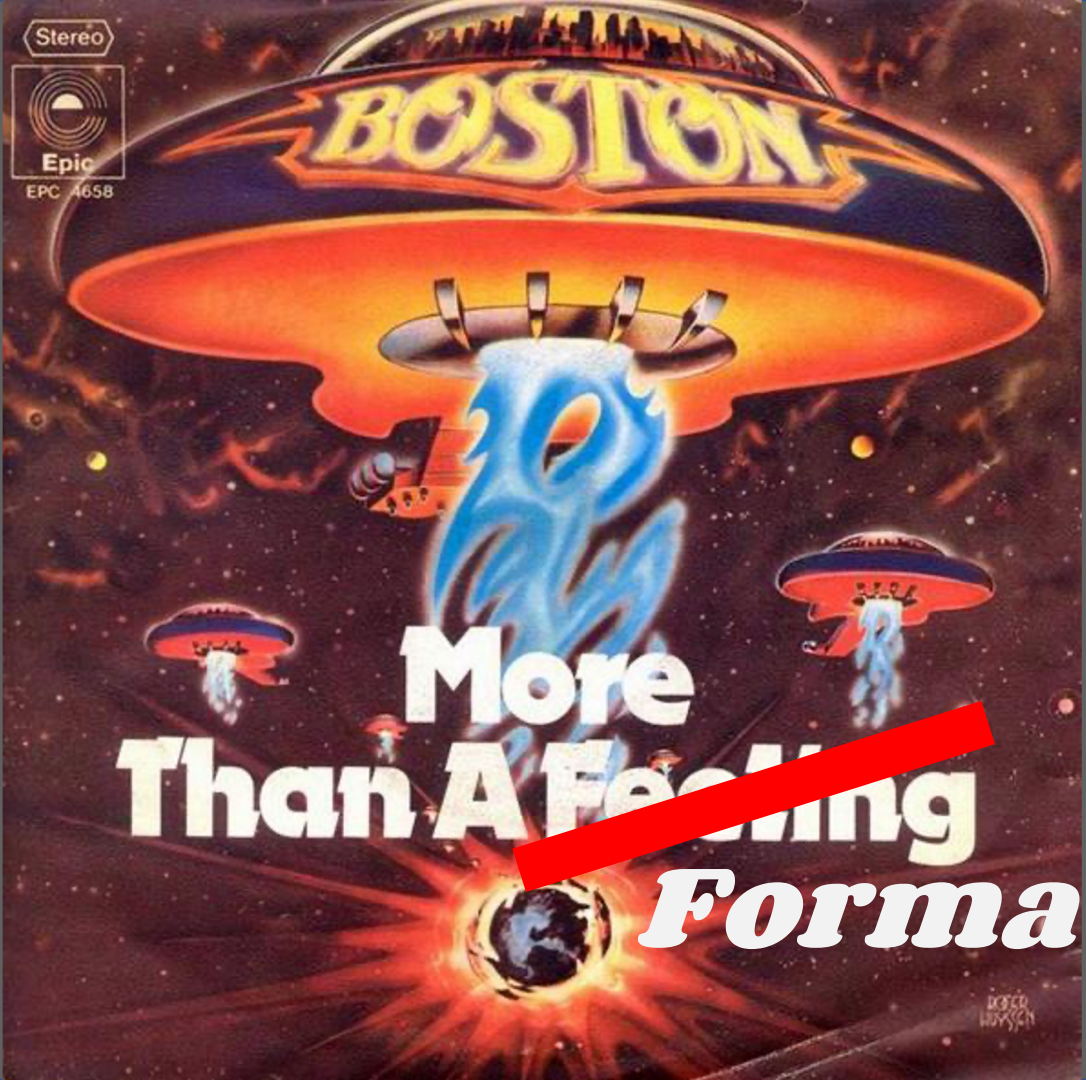


I want my MTV!





Digital Imaging and Communications in Medicine



**More
Than A Feeling
Format**

http://en.wikipedia.org/wiki/More_Than_a_Feeling

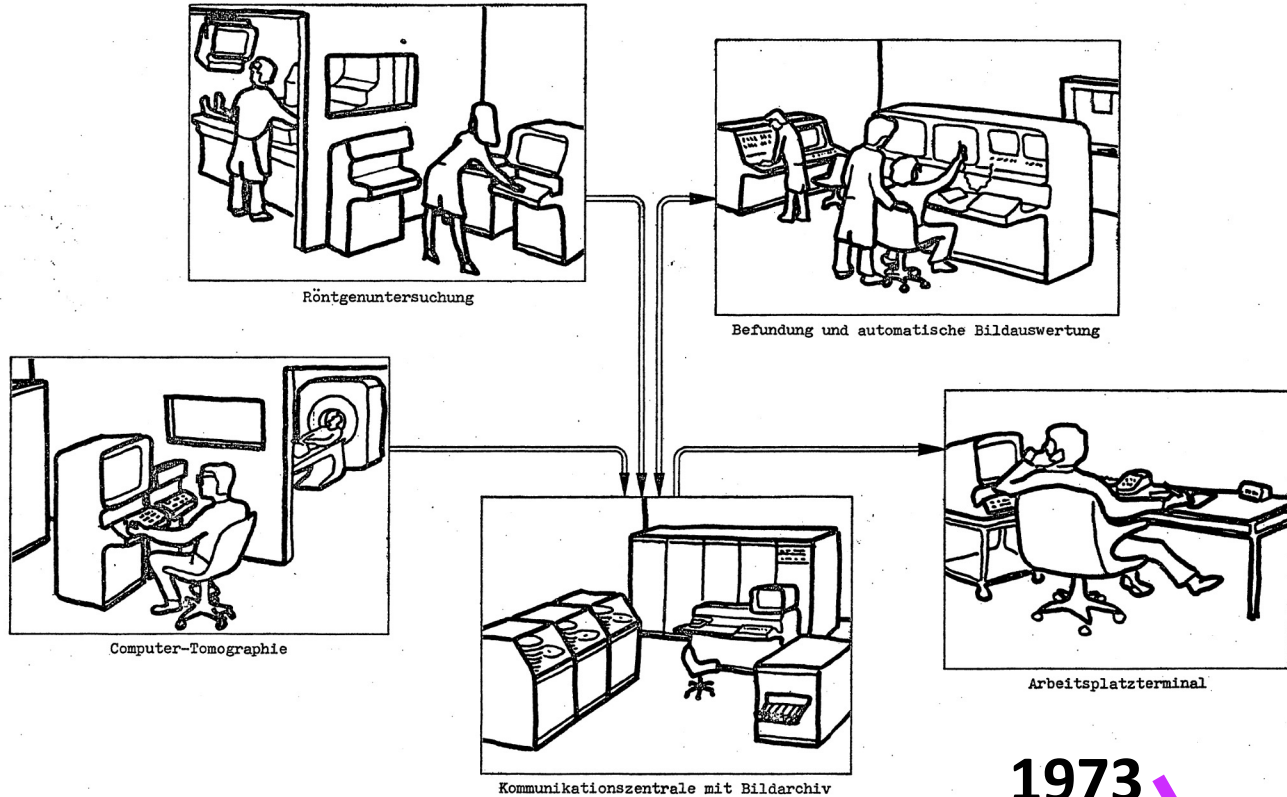
What is DICOM?

- Open standard
- Specification for **interoperability**
- Protocol for messaging and transport (including web services - DICOMweb)
- Services for storage and management
- Metadata encoding mechanism
- Information object definition
- Common information model (reflected in metadata)
- Pixel data encoding mechanism (including lossless/lossy compression)
- Application functionality specification and conformance mechanism
- Annotation, rendering and reporting mechanisms

Interoperability

“the ability of two or more systems or components to exchange information and to use the information that has been exchanged”

[IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries. 1990](#)



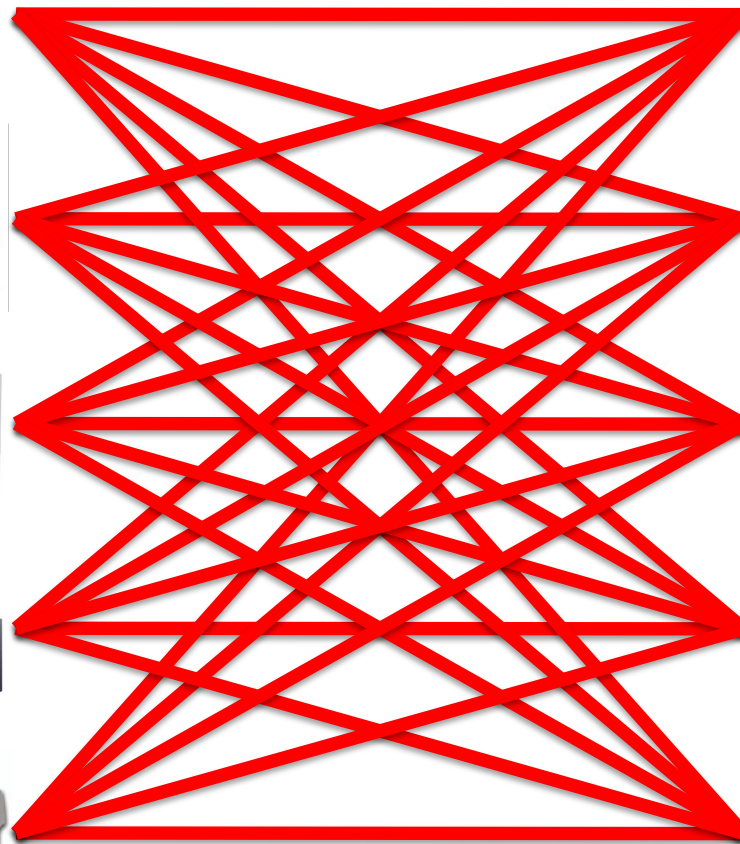
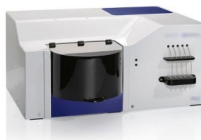
1973

Meyer-Ebrecht D. [Electronic Archival System for X-Rays Images - Work proposal for a research project in the years 1974 and 1975] Elektronisches Archivierungssystem für Röntgenbilder – Arbeitsvorschlag für ein Forschungsprojekt in den Jahren 1974 und 1975. Hamburg, Germany: Philips Research Labs; 1973 Oct.

JOHN PALFREY AND URS GASSER

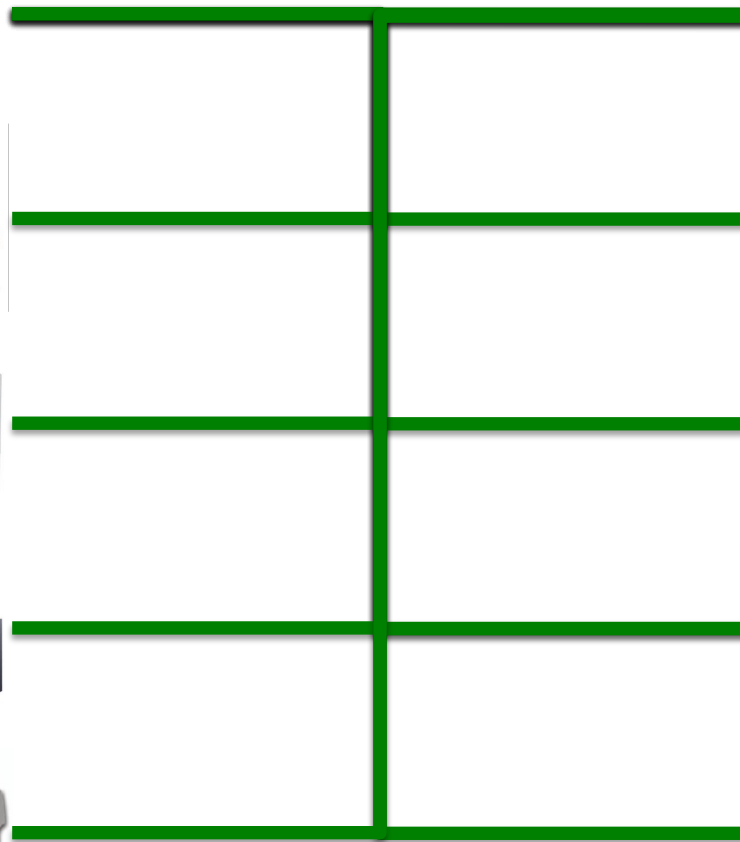
Interop

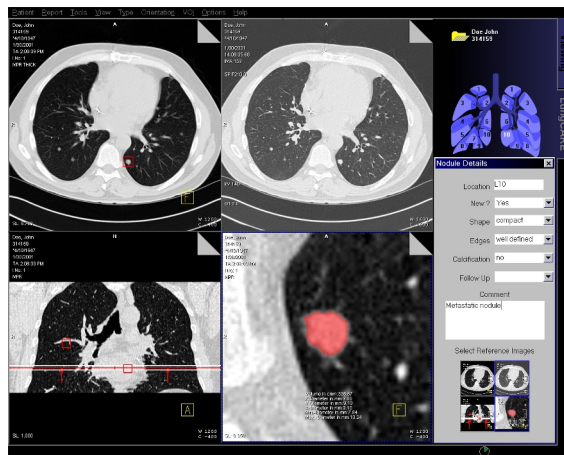
The **PROMISE** *and* **PERILS** *of*
HIGHLY INTERCONNECTED
SYSTEMS





Digital Imaging and Communications in Medicine





DOE, JANE L.		02/10/09:123142		INSTITUTION		09 Oct 02	
OB							
AUA	15w3d	EDD(AUA):	03/30/2003	EFW:	138 g (+/-20g)		
GA(LMP):	18w0d	EDD(LMP):	03/12/2003	01b 5oz			
LMP:	06/05/2002	Estab. Due Date:	03/19/2003	4 %	Approx: 10-90%		
CI:	88 % 70-86%	BPD: 2.42	cm	14w1d			
HC/AC:	1.02 (1.07-1.29)						
FL/BPD:	91 %						
FL/AC:	26 %						
Fetal Biometry							
BPD	2.25	2.57	2.82	2.55	cm	Hadlock	14w3d [13w1d-15w5d]
OFD	2.60	3.04	3.09	2.91	cm		
HC	9.29c		9.29	cm	Hadlock	14w2d	[13w0d-15w4d]
APD	2.63	[2.80]	2.72	cm			
TAD	2.94	[3.01]	2.97	cm			
AC	9.13c		9.13	cm	Hadlock	15w3d	[13w5d-17w1d]
FL	2.65	2.25	2.10	2.33	cm	Hadlock	17w1d [15w5d-18w4d]
TTD	2.85	2.34	2.60	cm			
APTD	1.69		1.69	cm			



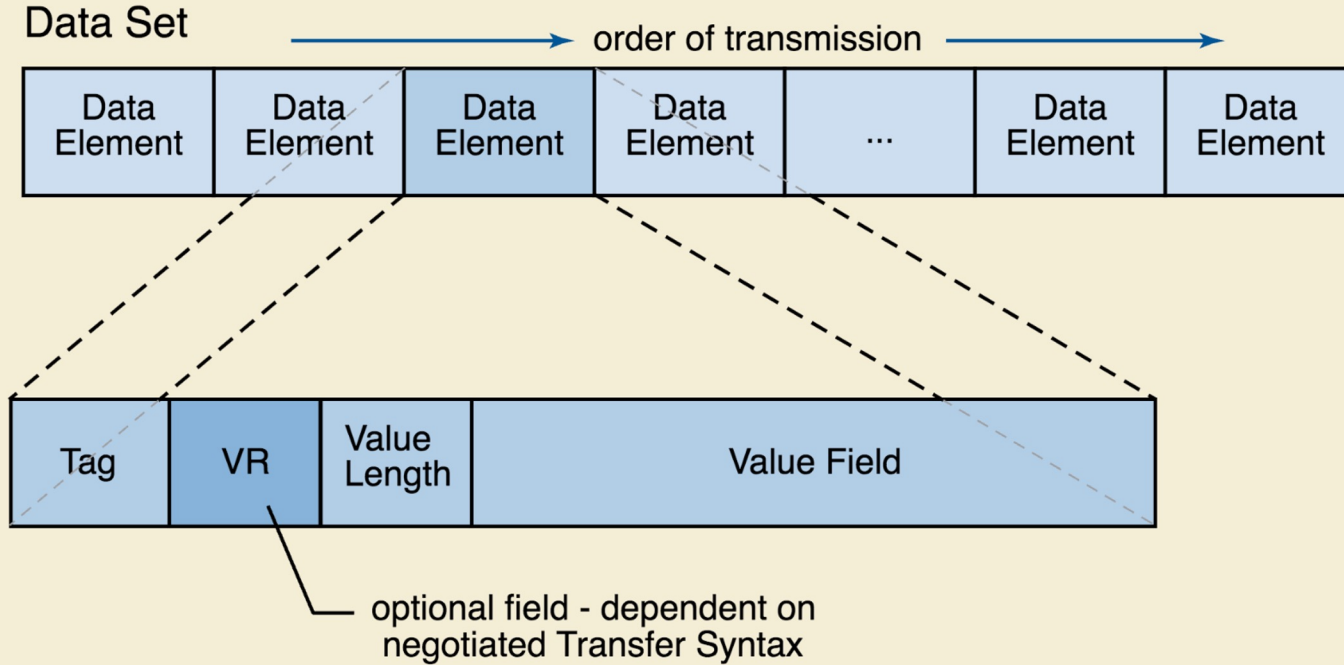
DICOM Files – What's in them?

- Images
 - one slice per data set (file) *or* a bunch of slices (enhanced multi-frame, e.g., a 3D volume, or 4D volume + time or other dimension)
 - from scanner
 - created by analysis
 - that are intermediate work product shared between tools
 - that are parametric maps (physical quantities)
 - that are integers (scaled) or floating point
 - that are pretty pictures (e.g., rendered fusions, screen shots)

DICOM Files – What's in them?

- Non-images
 - registration transformation – rigid or deformation field
 - display instruction – presentation state
 - classification – Segmentation (rasterized, surface), Structure Sets – iso-contours (used in radiotherapy planning)
 - surface meshes and point clouds
 - structured data – Structured Report (SR) (e.g., measurements, categorical statements, annotations, contours)
 - pretty things – scanned documents, encapsulated PDF, STL, ...

How are DICOM files encoded?



MR Image Composite IOD

IE	Module	Reference	Usage
Patient	Patient	C.7.1.1	M
Study	General Study	C.7.2.1	M
	Patient Study	C.7.2.2	U
Series	General Series	C.7.3.1	M
Frame of Reference	Frame of Reference	C.7.4.1	M
Equipment	General Equipment	C.7.5.1	M
Image	General Image	C.7.6.1	M
	Image Plane	C.7.6.2	M
	Image Pixel	C.7.6.3	M
	Contrast/bolus	C.7.6.4	C - Required if contrast media was used in this image
	MR Image	C.8.3.1	M
	Overlay Plane	C.9.2	U
	VOI LUT	C.11.2	U
	SOP Common	C.12.1	M

Image Plane Module

Attribute Name	Tag	Type	Attribute Description
Pixel Spacing	(0028,0030)	1	Physical distance in the patient between the center of each pixel, specified by a numeric pair - adjacent row spacing (delimiter) adjacent column spacing in mm.
Image Orientation (Patient)	(0020,0037)	1	The direction cosines of the first row and the first column with respect to the patient. See C.7.6.2.1.1 for further explanation.
Image Position (Patient)	(0020,0032)	1	The x, y, and z coordinates of the upper left hand corner (first pixel transmitted) of the image, in mm. See C.7.6.2.1.1 for further explanation.
Slice Thickness	(0018,0050)	2	Nominal slice thickness, in mm.
Slice Location	(0020,1041)	3	Relative position of exposure expressed in mm. C.7.6.2.1.2 for further explanation.

Example MR Image Dataset

```
(0x0008,0x0005) CS Specific Character Set VR=<CS> VL=<0x000a> <ISO_IR 100>
(0x0008,0x0008) CS Image Type VR=<CS> VL=<0x0010> <ORIGINAL/PRIMARY>
(0x0008,0x0016) UI SOP Class UID VR=<UI> VL=<0x001a> <1.2.840.10008.5.1.4.1.1.4>
(0x0008,0x0018) UI SOP Instance UID VR=<UI> VL=<0x002e>
    <1.2.840.113619.2.1.2.1909421756.1.1.602501582>
(0x0008,0x0020) DA Study Date VR=<DA> VL=<0x0008> <19890203>
(0x0008,0x0021) DA Series Date VR=<DA> VL=<0x0008> <19890203>
(0x0008,0x0022) DA Acquisition Date VR=<DA> VL=<0x0008> <19890203>
(0x0008,0x0023) DA Image Date VR=<DA> VL=<0x0008> <19890203>
(0x0008,0x0030) TM Study Time VR=<TM> VL=<0x0006> <092618>
(0x0008,0x0031) TM Series Time VR=<TM> VL=<0x0006> <093221>
(0x0008,0x0032) TM Acquisition Time VR=<TM> VL=<0x0006> <093302>
(0x0008,0x0033) TM Image Time VR=<TM> VL=<0x0006> <093302>
(0x0008,0x0050) SH Accession Number VR=<SH> VL=<0x0000> []
(0x0008,0x0060) CS Modality VR=<CS> VL=<0x0002> <MR>
(0x0008,0x0070) LO Manufacturer VR=<LO> VL=<0x0012> <GE MEDICAL SYSTEMS>
(0x0008,0x0080) LO Institution Name VR=<LO> VL=<0x001c> <THOMAS JEFF UNIVHOSPITAL MRI>
(0x0008,0x0090) PN Referring Physician's Name VR=<PN> VL=<0x0004> <HUME>
(0x0008,0x1010) SH Station Name VR=<SH> VL=<0x0008> <FOR_ICO>
(0x0008,0x1030) LO Study Description VR=<LO> VL=<0x0004> <KNEE>
(0x0008,0x103e) LO Series Description VR=<LO> VL=<0x0006> <COR T2>
(0x0008,0x1060) PN Name of Physician(s) Reading Study VR=<PN> VL=<0x0004> <BODY>
(0x0008,0x1070) PN Operator's Name VR=<PN> VL=<0x0002> <RB>
(0x0008,0x1090) LO Manufacturer's Model Name VR=<LO> VL=<0x000e> <GENESIS_SIGNA >
(0x0010,0x0010) PN Patient's Name VR=<PN> VL=<0x000c> <* GRX KNEE *>
(0x0010,0x0020) LO Patient's ID VR=<LO> VL=<0x0006> <RNSA2 >
(0x0010,0x0030) DA Patient's Birth Date VR=<DA> VL=<0x0000> []
(0x0010,0x0040) CS Patient's Sex VR=<CS> VL=<0x0002> <M >
(0x0010,0x1010) AS Patient's Age VR=<AS> VL=<0x0004> <034Y>
(0x0010,0x1030) DS Patient's Weight VR=<DS> VL=<0x000a> <90.718000>
(0x0010,0x21b0) LT Additional Patient History VR=<LT> VL=<0x0008> <R/O TEAR>
(0x0018,0x0020) CS Scanning Sequence VR=<CS> VL=<0x0002> <SE>
(0x0018,0x0021) CS Sequence Variant VR=<CS> VL=<0x0004> <OSP>
(0x0018,0x0022) CS Scan Options VR=<CS> VL=<0x0004> <NPW >
(0x0018,0x0023) CS MR Acquisition Type VR=<CS> VL=<0x0002> <2D>
(0x0018,0x0025) CS Angio Flag VR=<CS> VL=<0x0002> <N >
(0x0018,0x0050) DS Slice Thickness VR=<DS> VL=<0x0008> <5.000000>
(0x0018,0x0080) DS Repetition Time VR=<DS> VL=<0x000c> <2000.000000>
(0x0018,0x0081) DS Echo Time VR=<DS> VL=<0x000a> <20.000000>
(0x0018,0x0082) DS Inversion Time VR=<DS> VL=<0x0008> <0.000000>
(0x0018,0x0083) DS Number of Averages VR=<DS> VL=<0x0008> <0.500000>
(0x0018,0x0084) DS Imaging Frequency VR=<DS> VL=<0x0010> <638746840.00000>
```

```
(0x0018,0x0085) SH Imaged Nucleus VR=<SH> VL=<0x0002> <H1>
(0x0018,0x0086) IS Echo Number(s) VR=<IS> VL=<0x0002> <1>
(0x0018,0x0087) DS Magnetic Field Strength VR=<DS> VL=<0x0006> <15000 >
(0x0018,0x0088) DS Spacing Between Slices VR=<DS> VL=<0x0008> <6.000000>
(0x0018,0x0091) IS Echo Train Length VR=<IS> VL=<0x0002> <0 >
(0x0018,0x0093) DS Percent Sampling VR=<DS> VL=<0x000a> <53.125000>
(0x0018,0x0094) DS Percent Phase Field of View VR=<DS> VL=<0x000a> <100.000000>
(0x0018,0x1088) IS Heart Rate VR=<IS> VL=<0x0002> <0 >
(0x0018,0x1090) IS Cardiac Number of Images VR=<IS> VL=<0x0002> <0 >
(0x0018,0x1094) IS Trigger Window VR=<IS> VL=<0x0002> <10>
(0x0018,0x1100) DS Reconstruction Diameter VR=<DS> VL=<0x000a> <140.000000>
(0x0018,0x1314) DS Flip Angle VR=<DS> VL=<0x0002> <0 >
(0x0018,0x1315) CS Variable Flip Angle Flag VR=<CS> VL=<0x0002> <N >
(0x0018,0x1316) DS SAR VR=<DS> VL=<0x0008> <0.052993>
(0x0018,0x5100) CS Patient Position VR=<CS> VL=<0x0004> <FFS >
(0x0020,0x0000) UI Study Instance UID VR=<UI> VL=<0x0028>
    <1.2.840.113619.2.1.2.139348932.602501178>
(0x0020,0x000e) UI Series Instance UID VR=<UI> VL=<0x002a>
    <1.2.840.113619.2.1.2.596272627.1.602501541>
(0x0020,0x0010) SH Study ID VR=<SH> VL=<0x0002> <2 >
(0x0020,0x0011) IS Series Number VR=<IS> VL=<0x0002> <1 >
(0x0020,0x0012) IS Acquisition Number VR=<IS> VL=<0x0002> <0 >
(0x0020,0x0013) IS Image Number VR=<IS> VL=<0x0002> <1 >
(0x0020,0x0032) DS Image Position (Patient) VR=<DS> VL=<0x0020>
    <-70.000000; 18.000000; 75.000000>
(0x0020,0x0037) DS Image Orientation (Patient) VR=<DS> VL=<0x0038>
    <1.000000;0.000000;0.000000;0.000000;0.000000;-1.000000>
(0x0020,0x0052) UI Frame of Reference UID VR=<UI> VL=<0x002e>
    <1.2.840.113619.2.1.2.596272627.1.602501541.0>
(0x0020,0x0060) CS Laterality VR=<CS> VL=<0x0000> []
(0x0020,0x1110) DS Temporal Resolution VR=<DS> VL=<0x000a> <1120403456>
(0x0020,0x1040) LO Position Reference Indicator VR=<LO> VL=<0x0002> <KN>
(0x0020,0x1041) DS Slice Location VR=<DS> VL=<0x000c> <-18.0000000000>
(0x0028,0x0002) US Samples per Pixel VR=<US> VL=<0x0002> [0x01]
(0x0028,0x0004) CS Photometric Interpretation VR=<CS> VL=<0x000c> <MONOCHROME2 >
(0x0028,0x0010) US Rows VR=<US> VL=<0x0002> [0x100]
(0x0028,0x0011) US Columns VR=<US> VL=<0x0002> [0x100]
(0x0028,0x0030) DS Pixel Spacing VR=<DS> VL=<0x0012> <0.546875;0.546875>
(0x0028,0x0100) US Bits Allocated VR=<US> VL=<0x0002> [0x10]
(0x0028,0x0101) US Bits Stored VR=<US> VL=<0x0002> [0x10]
(0x0028,0x0102) US High Bit VR=<US> VL=<0x0002> [0x0f]
(0x0028,0x0103) US Pixel Representation VR=<US> VL=<0x0002> [0x01]
(0x0028,0x0120) XS Pixel Padding Value VR=<XS> VL=<0x0002> [0x00]
(0x7fe0,0x0010) OX Pixel Data VR=<OW> VL=<0x20000> [] # skipping ...
```

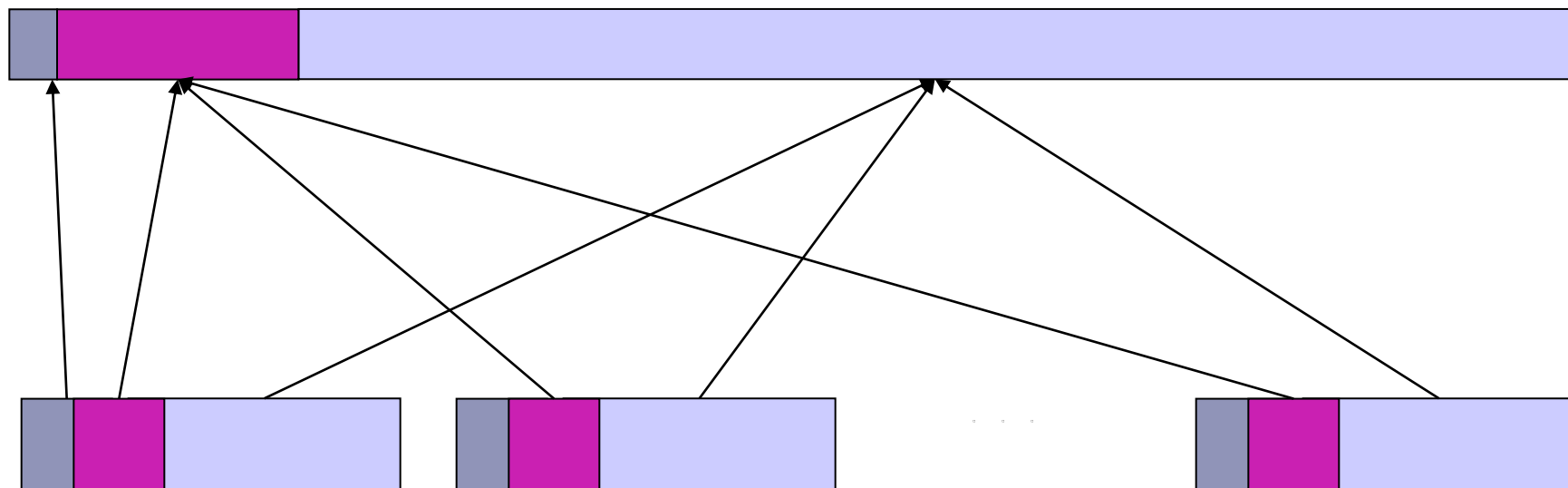
DICOM as XML

```
<?xml version="1.0" encoding="UTF-8" xml:space="preserve" ?>
<NativeDicomModel>
  <DicomAttribute tag="0020000D" vr="UI" keyword="StudyInstanceUID">
    <Value number="1">1.2.392.200036.9116.2.2.2.1762893313.1029997326.945873</Value>
  </DicomAttribute>
  ...
</NativeDicomModel>
```

DICOM as JSON

```
[  
  { "0020000D":  
    { "vr": "UI", "Value": [ "1.2.392.200036.9116.2.2.2.1762893313.1029997326.945873" ] }  
  },  
  ...  
]
```

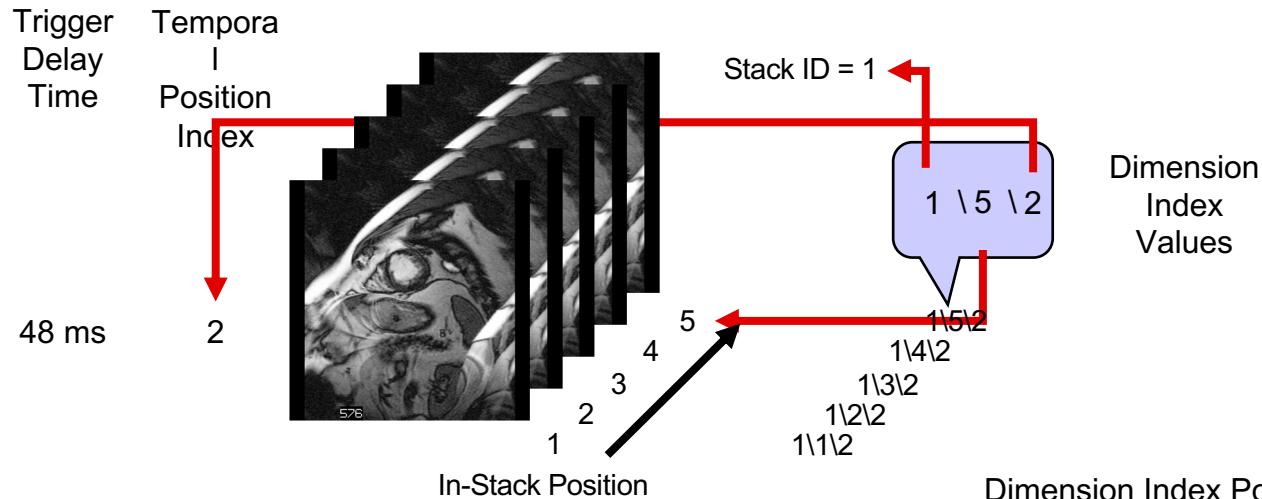
Single vs. Multi-frame Encoding



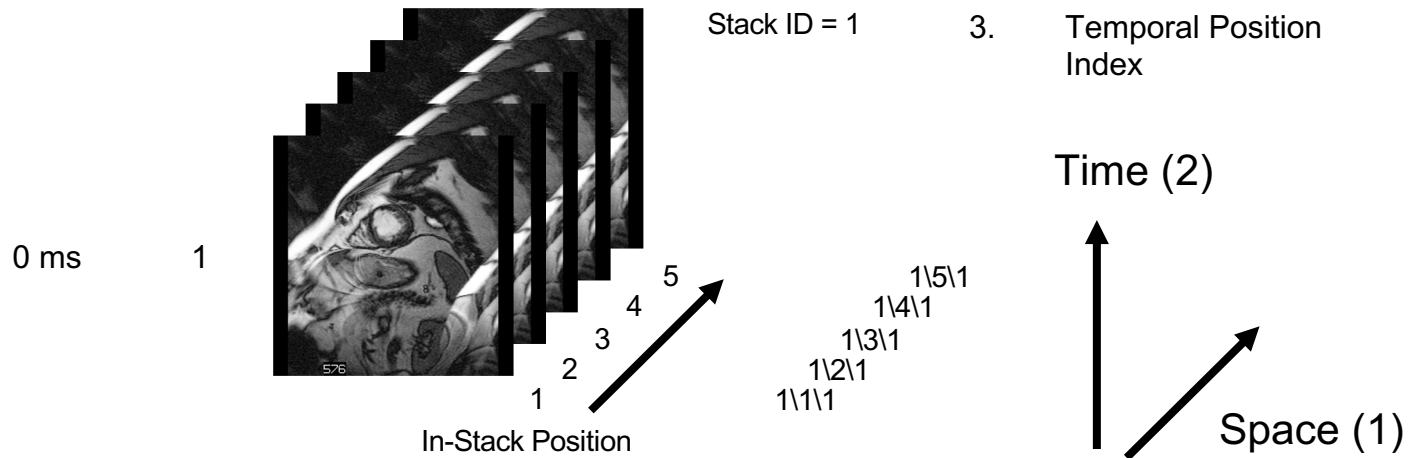
 Shared attributes

 Per-frame attributes

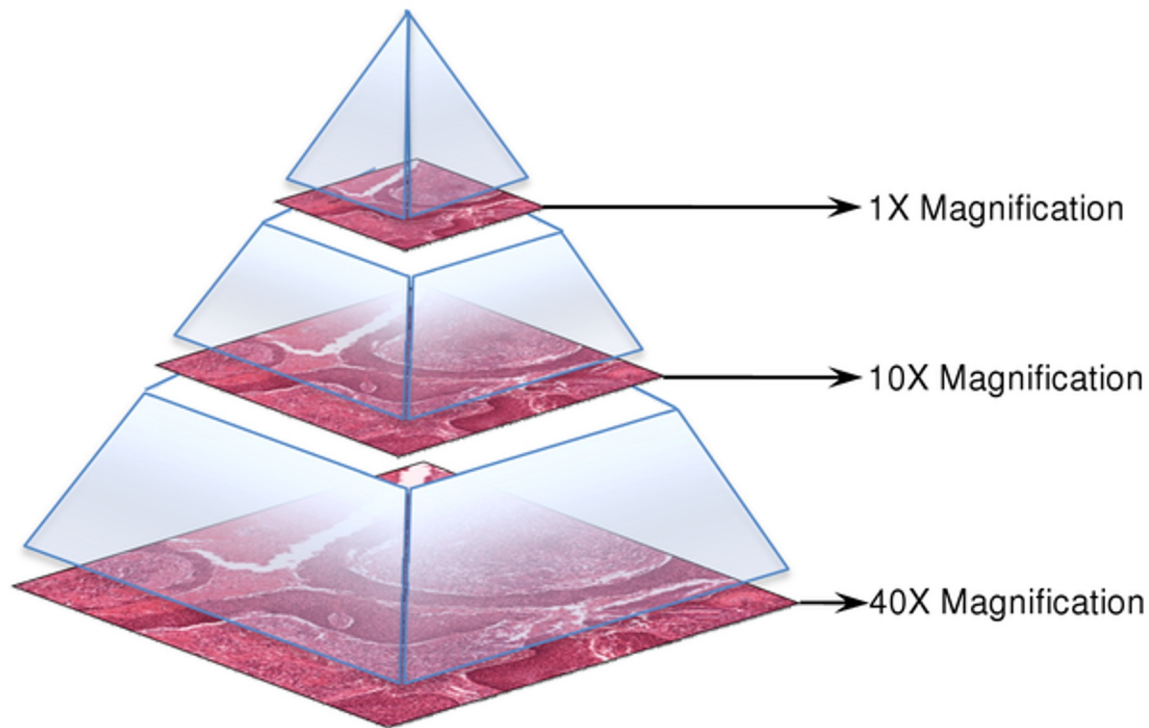
 Pixels



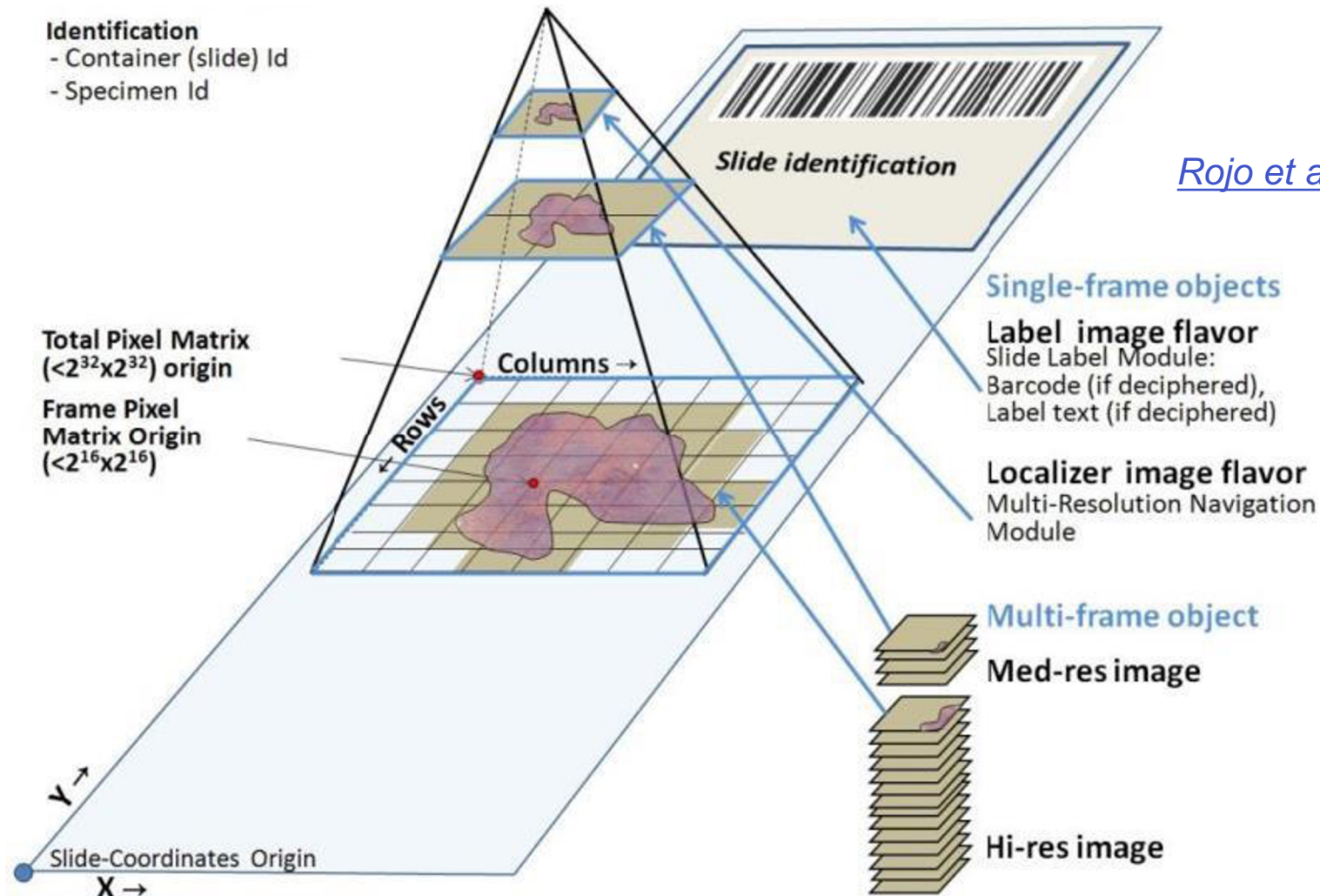
- Dimension Index Pointers:
1. Stack ID
 2. In-Stack Position
 3. Temporal Position Index



An illustration of how digital slides are stored in a pyramid structure.



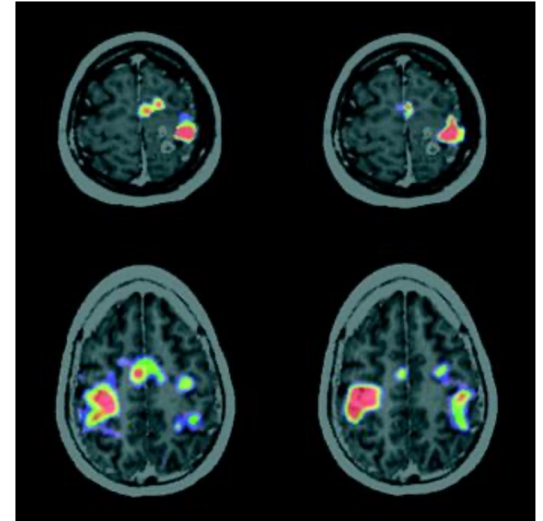
Wang Y, Williamson KE, Kelly PJ, James JA, Hamilton PW (2012) SurfaceSlide: A Multitouch Digital Pathology Platform. PLOS ONE 7(1): e30783. <http://doi.org/10.1371/journal.pone.0030783>



[Rojo et al. 2016](#)

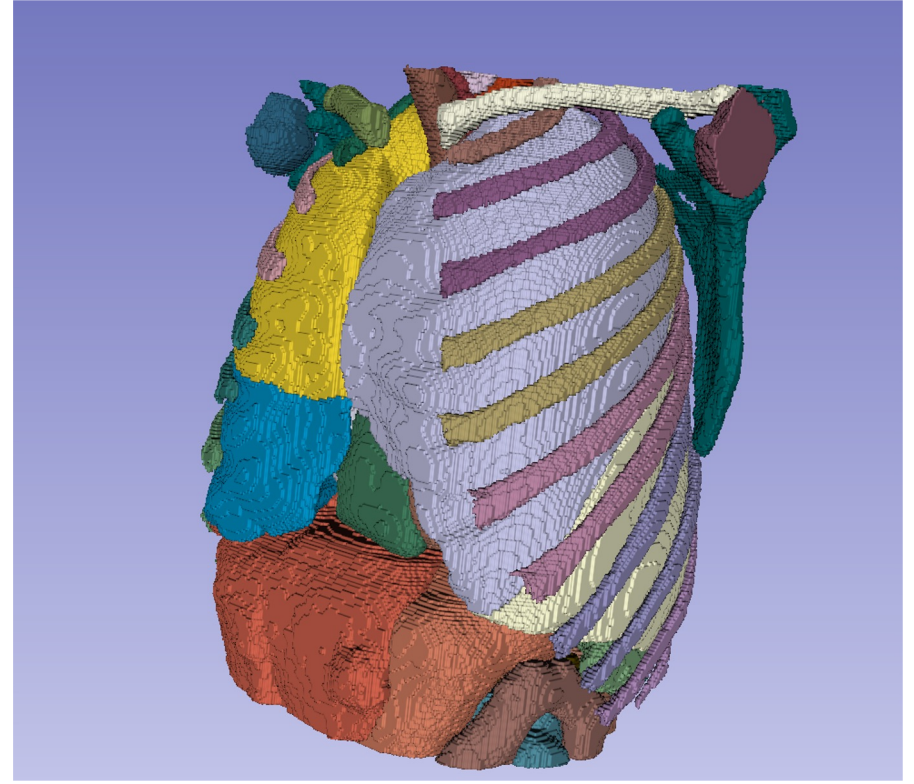
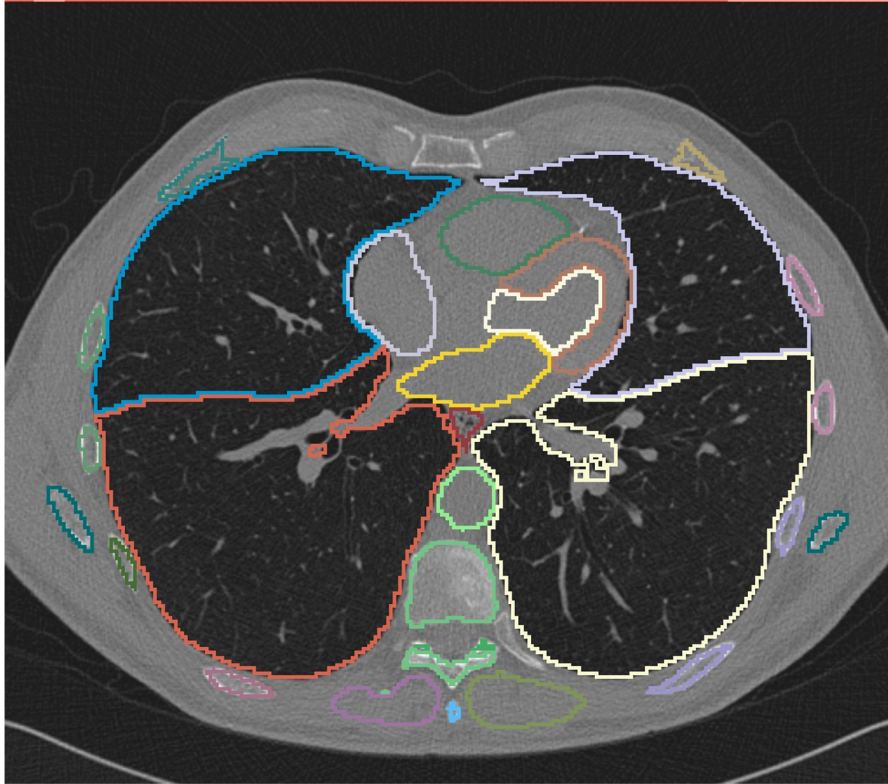
Segmentations & Parametric Maps

- Per-voxel encoding of numeric or label values
- “Images”, but not just “pretty pictures”
 - modality-specific or secondary capture; single or multi-frame
- Segmentations (alternative to label maps)
 - binary, probability, fractional occupancy
 - multiple segments (multiple labels)
- Parametric maps
 - pixel value “means something” – real world value map (RWVM)
 - integers +/- (linear) rescaling to floats (usable by any viewer)
 - “derived” images of modality-specific SOP Class
 - floating point voxels
- Leave “fusion” (superimposition) to application
 - e.g., PET SUV on top of CT
 - can use Blending Presentation State to specify what to fuse



[*Meyer P T et al. J Neurol Neurosurg Psychiatry 2003;74:471-478*](#)

DICOM Segmentation Example



IDC NLST TotalSegmentator example (work in progress)

Segmentation Codes

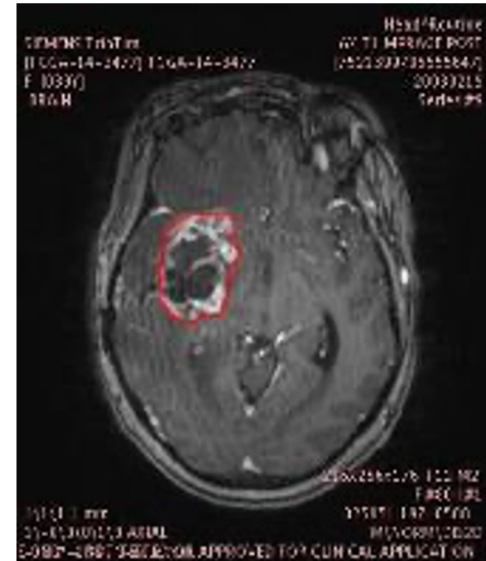
Table CID 7153. CNS Segmentation Type

Coding Scheme Designator	Code Value	Code Meaning	SNOMED-RT ID	UMLS Concept Unique ID
SCT	62818001	Adenohypophysis	T-B1100	C0032008
SCT	4958002	Amygdala	T-A3230	C0002708
SCT	75042008	Arachnoid	T-A1220	C0003707
FMA	276650	Arcuate Fasciculus		C2329633
SCT	12738006	Brain	T-A0100	C0006104
SCT	280371009	Brain cerebrospinal fluid pathway	T-A0109	C0459387
SCT	119238007	Brain stem	T-D0558	C1268144
SCT	35764002	Brain ventricle	T-A1600	C0007799
SCT	11000004	Caudate nucleus	T-A3200	C0007461
SCT	21483005	Central nervous system	T-A0090	C0927232
SCT	33060004	Cerebellar white matter	T-A6080	C0152381
SCT	113305005	Cerebellum	T-A6000	C0007765
SCT	80447000	Cerebral aqueduct	T-A1800	C0007769
SCT	40146001	Cerebral cortex	T-A2020	C0007776



DICOM encoding of ROIs

- Private elements
 - evil & must be stopped
- Curves in image
 - weak semantics, old, retired
- Overlays in image
 - weak semantics
- Presentation States
 - weak semantics, PACS favorite
- Structured Reports
 - best choice, but more work
- RT Structure Sets
 - coordinates only
- Segmentations
 - per-voxel ROIs; use with SR

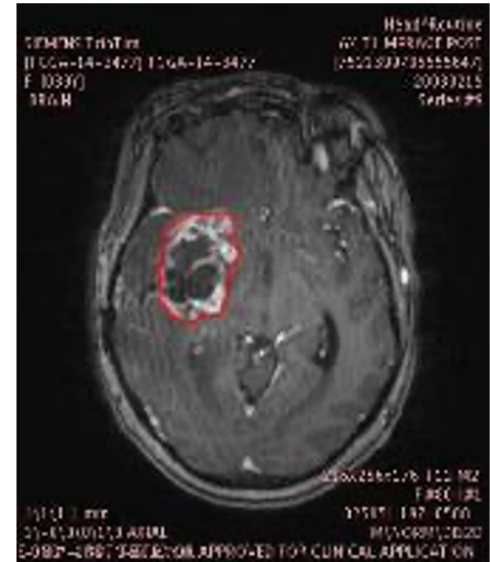
Date	Volume	Auto LD	Auto SD
20021207	27080	49	27
...



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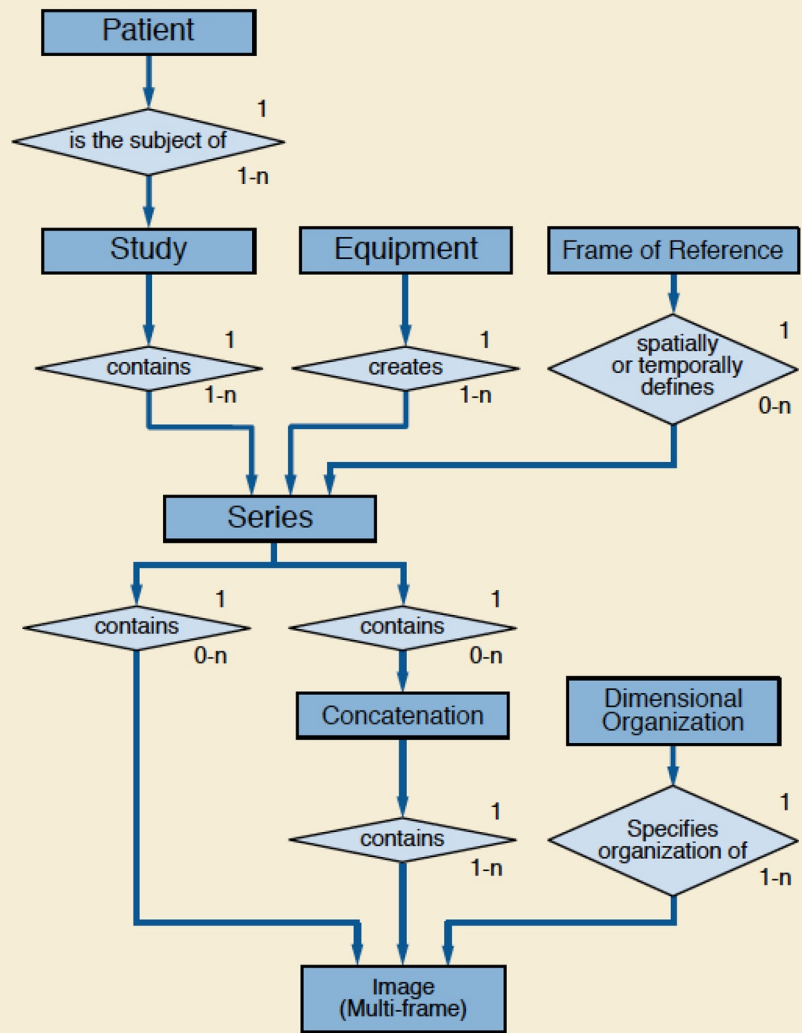
Date	Volume	Auto LD	Auto SD
20021207	27080	49	27
...





It's the metadata, stupid

<http://medium.com/digital-trends-index/its-the-metadata-stupid-12a4fc121e45#.4zhwdz5y0>



DICOM in IDC - Summary

- It's the only format we use:
 - in storage buckets (Google, AWS)
 - in DICOMweb server (to support OHIF and Slim viewers)
 - automatically extracted DICOM metadata tabulated in SQL
 - displayed in viewers accessible through portal
- Ingest only already de-identified:
 - radiology images in DICOM
 - selected subset of proprietary (esp. TIFF) WSI that we convert to DICOM
 - annotations and ROIs in DICOM SEG, SR, RTSS
 - some derived datasets that we convert to DICOM SEG, SR, etc.
- Provide:
 - guidance, esp. notebooks
 - tools and pipelines
 - support
 - work on extensions to the standard (corrections, features, new modalities)

Extending the DICOM standard

- There will always be unanticipated use cases (esp. in research)
 - there are means for encoding generic stuff
 - re-using existing standard patterns, modules, attributes, codes
 - adding private attributes and codes as interim last resort
- Add correction proposals (CPs) or supplements to the standard
 - minor additions, clarifications and corrections
 - major new features, modalities, applications
- Fundamental architectural and representational changes
 - DICOMweb
 - JSON and XML
- In future
 - very large dataset handling (esp. parallel writes)
 - ? need to handle N5/zarr-like access patterns and tools
 - some use cases handled by re-indexing (e.g., for range requests)
 - re-use as much infrastructure and code as possible



<http://www.phrases.org.uk/images/throw-out-the-baby-with-the-bathwater.jpg>

HOW STANDARDS PROLIFERATE:

(SEE: A/C CHARGERS, CHARACTER ENCODINGS, INSTANT MESSAGING, ETC)

SITUATION:
THERE ARE
14 COMPETING
STANDARDS.

14?! RIDICULOUS!
WE NEED TO DEVELOP
ONE UNIVERSAL STANDARD
THAT COVERS EVERYONE'S
USE CASES.



SOON:

SITUATION:
THERE ARE
15 COMPETING
STANDARDS.



Digital Imaging and Communications in Medicine