

The Grid and the Biomedical Community: achievements and open issues

EGEE User Forum, March 1st, 2006

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Creatis



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**With the collaboration of Johan Montagnat
I3S laboratory**

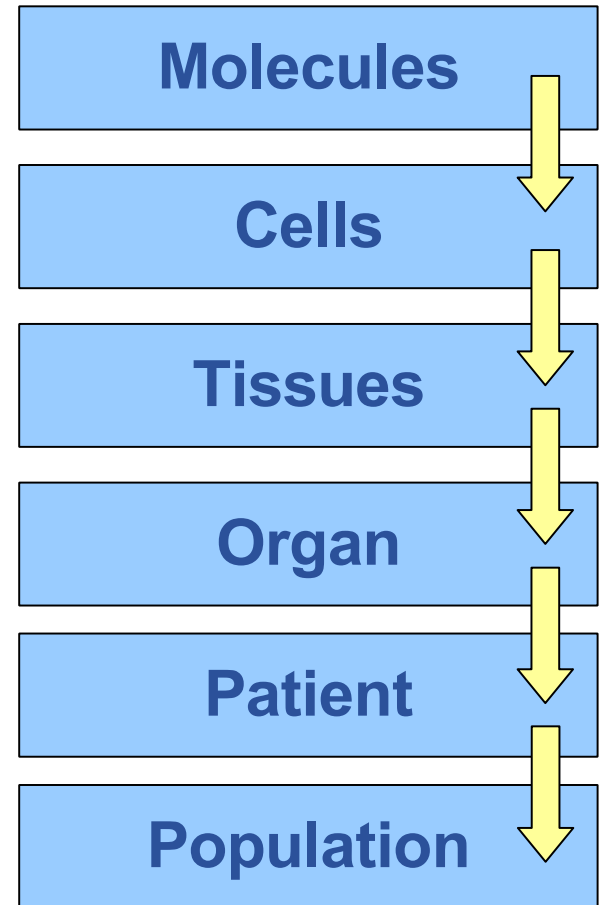


Biomedical Community

- **Bioinformatics**
 - Genomics
 - Proteomics
 - Phylogeny...

- **Medical imaging**
 - Medical imaging
 - Computer Aided Diagnosis
 - Therapy planning
 - Simulation...

- **Life sciences**
 - Drug discovery
 - Epidemiology
 - ...

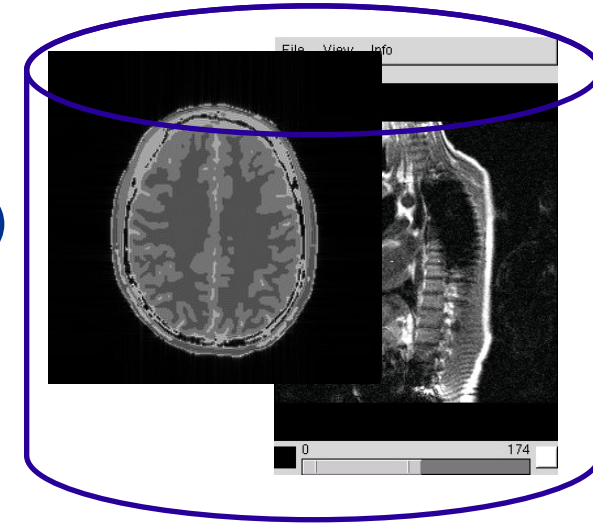


- *Generalization of digital images processing for medical diagnosis and prognosis*
- *Huge amount of data produced by high resolution imagers*
 - Standard 3D volume: 20 Mb of data and more
 - High resolution image: 1024^3 voxels * 16 bits = 2 Gb of data
 - Sequences of medical images (heart imaging...): necessary tradeoff between spatial and temporal resolution (● → 5 Gb per second)
 - Ex: Lyon University Hospital about 12 Tbytes of data per year
- *Large databases of images or sequences*
 - 100's to 1000's of images for pharmacological / epidemiological studies
- *Need for remote processing (image transportation to computing centers)*

- **Data storage and archival**
 - ~PB / year / country
 - Need for long term archival (20 to 70 years)
 - Geographically distributed

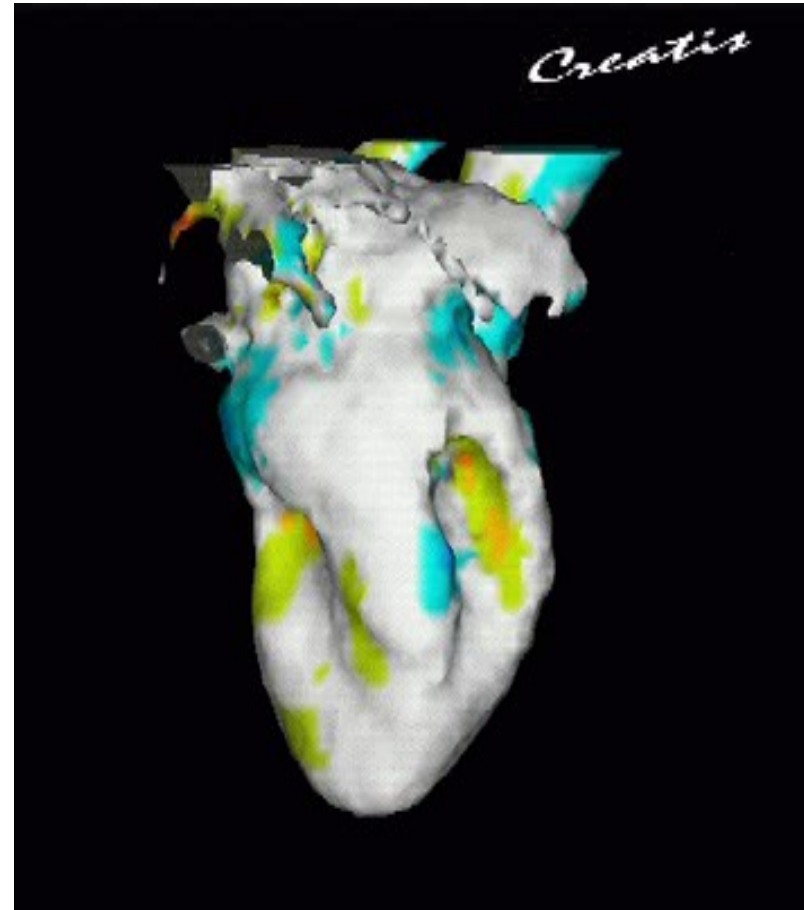
- **Medical folders**
 - Patient / Image / Hospital-related metadata
 - Distributed patient records

- **Large scale databases are needed**
 - Statistics
 - Epidemiology
 - Rare diseases
 - Personalized atlases construction
 - ...



- Authentication **and** Authorization
 - Individual authentication
 - Multiple actors / roles
 - Fine grain authorization
- **Data** access control **at individual and group level**
 - Physicians
 - Patients
 - Researchers...
- Delegation: **Granting partial access rights**
- Encryption **for data storage and transfer**
 - Enforce patients privacy
 - Grant access right to accredited users only

- **Embarrassingly parallel applications**
 - databases processing
 - Bioinformatics
- **Parallel computations**
 - costly processings
- **Interactive computations**
 - resources reservation
 - user supervision and validation
- **Emergency situations**
 - resources preemption
- **Algorithms warehouse**
 - Algorithms sharing

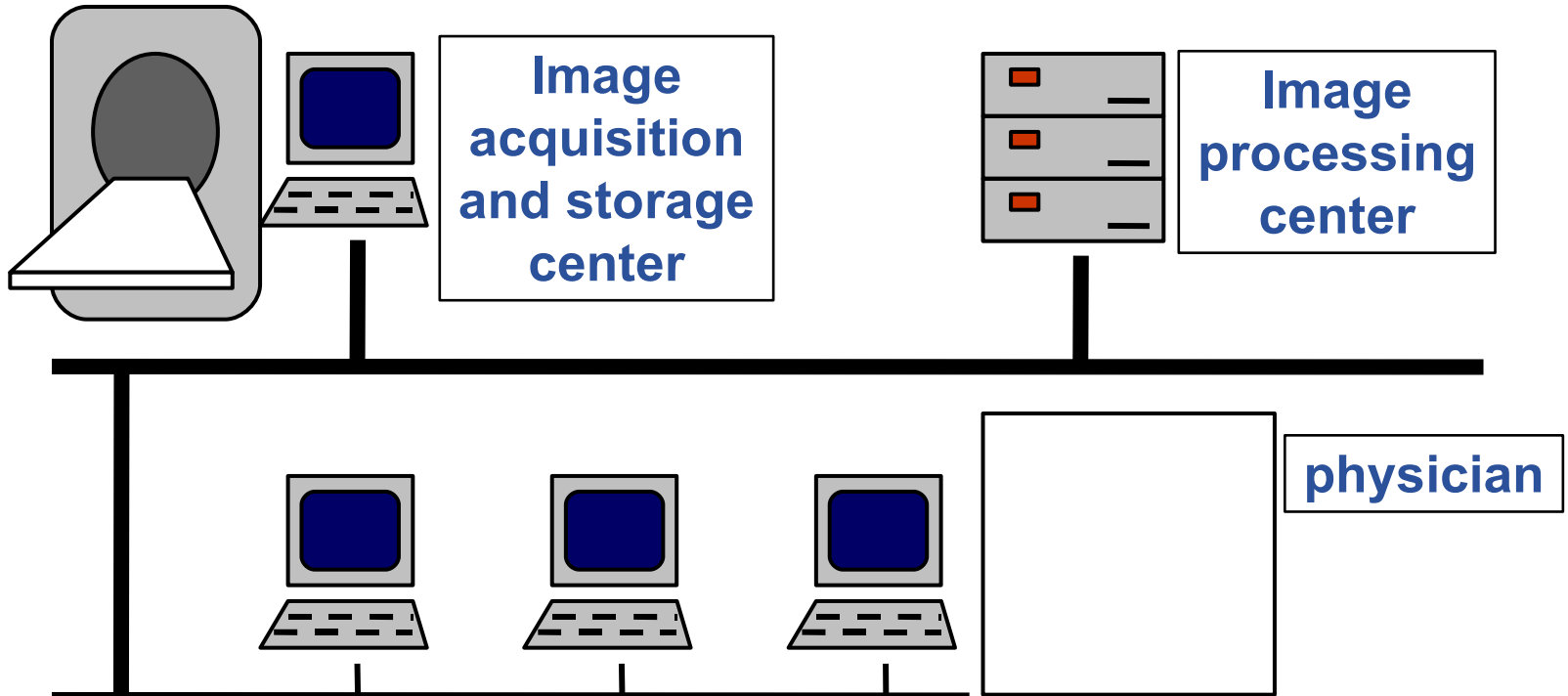


3D left ventricle of dog's heart
(data: Mayo Clinic, Rochester)

- *Medical files organization inside/outside hospitals*
database management, retrieval of medical information for visualization
- *Data exchange*: between several institutes involved in the care of the same patient → **privacy**
- *Data visualization*
at interactive rate → **compression, high bandwidth networks**
- *Medical intervention planning*: video conferencing with image visualization, overlaid additional information → **interactive tools**
- *Pathology studies*
similar data retrieval for large scale pathology studies
→ **images indexing**
- *Property / privacy issues* → **image traceability**

- **Service producers over the grid managing requests from health institutes:** costly algorithms (energy minimization procedures, stochastic algorithms...)
 - **computation power and large memory requirements**
- **Data exchange format**
 - **adaptability to algorithms input**
- **Available algorithms:** knowledge of possible processing services
 - **control parameters format**
- **Processing scheduling:** distributing tasks over the grid
 - **estimation of networking and processing costs**
- **Priority levels:** for surgery rooms, emergency situations...
 - **priority queuing, interruption of low priority jobs**

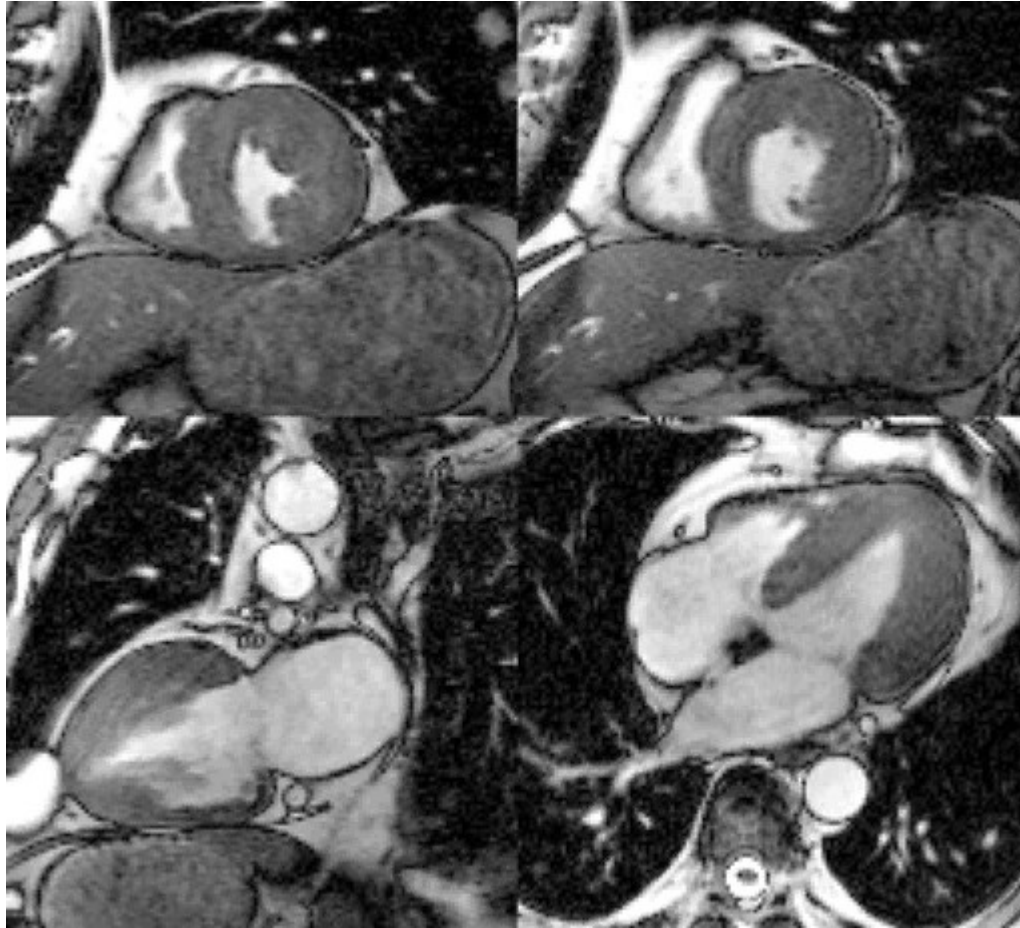
Objectives: remote data access and processing



Distributed database access and visualization

Remote processing

Magnetic resonance cardiac image sequences

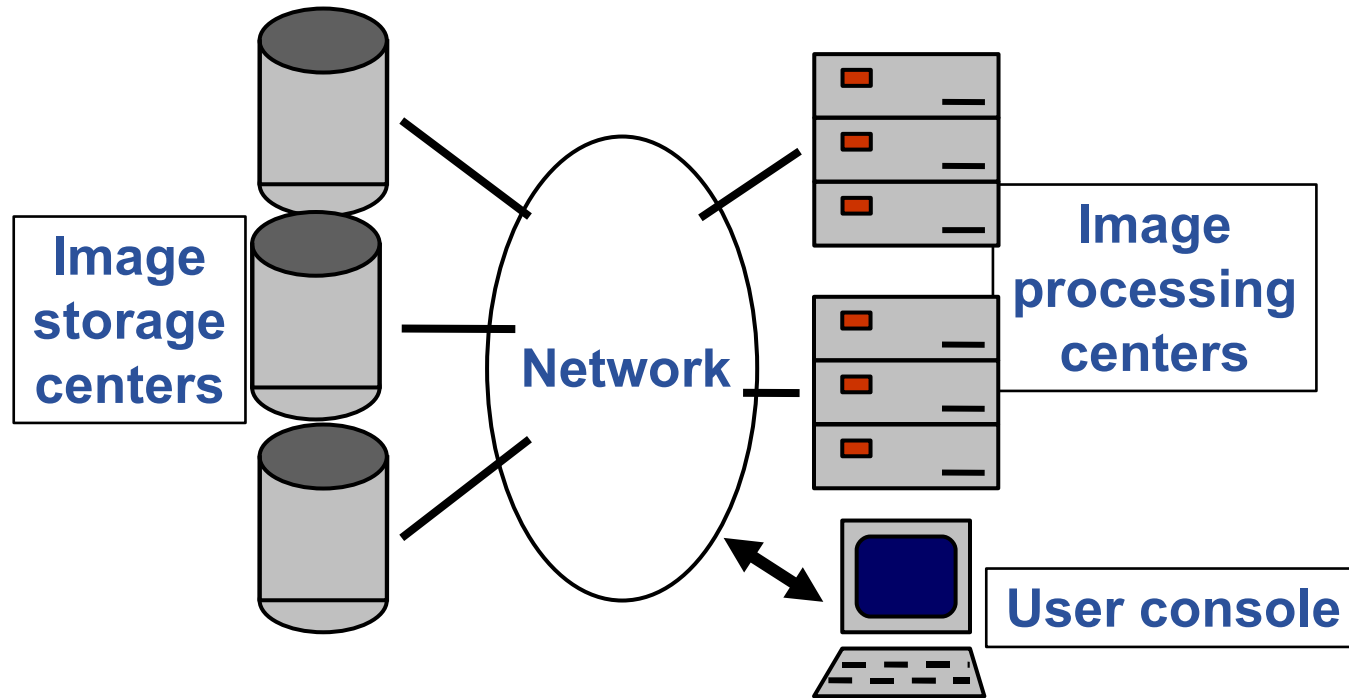


Courtesy of
P. Croisille)

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Objective

Selection of a specific image by on line analyzing its content



Distribution of DB images over available computing elements

Remote processing of images

Selected images returned to user console

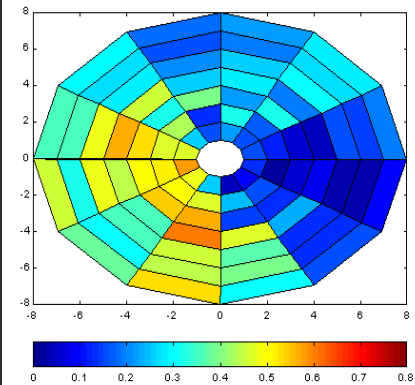
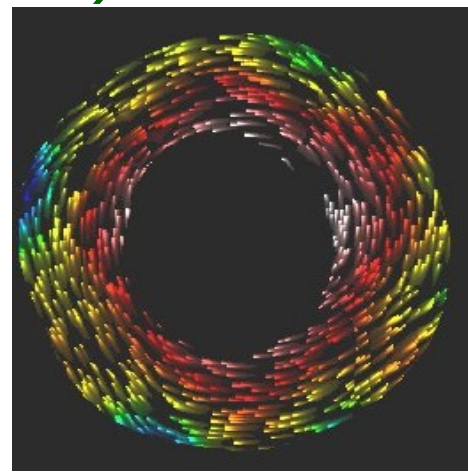
Objective: Chaining processes to build complex image analysis procedures

Example: images processing for cardiac activity quantification

Input: tagged MRI sequences

Chain of processes: (P. Clarysse)

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1. Tags and myocardium automatic extraction

2. Motion estimation

3. Quantification

- *Medical trial of new drugs / large scale pathology studies*

very large scale studies (1000's of images)

statistical interpretation of results

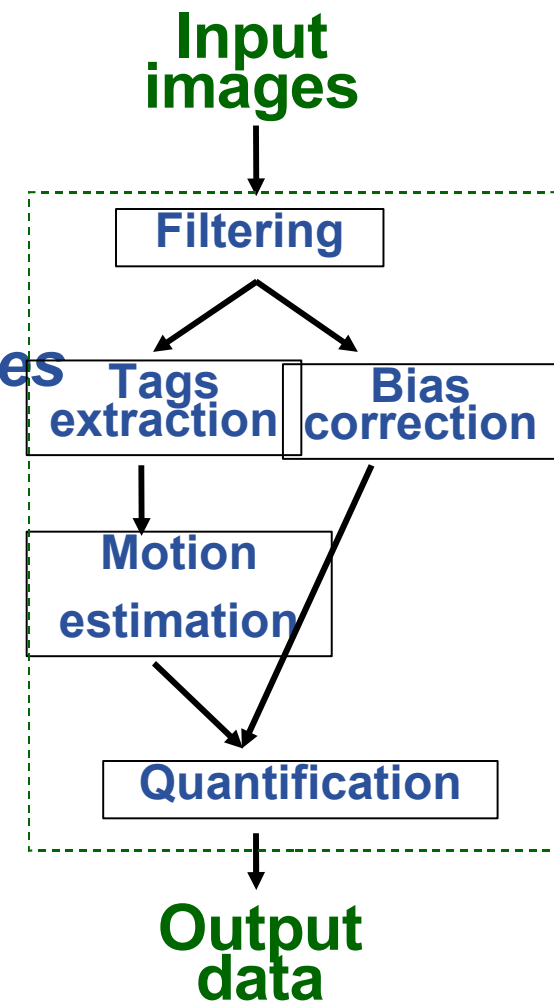
- *Spreading over available computing nodes*

dataflow control

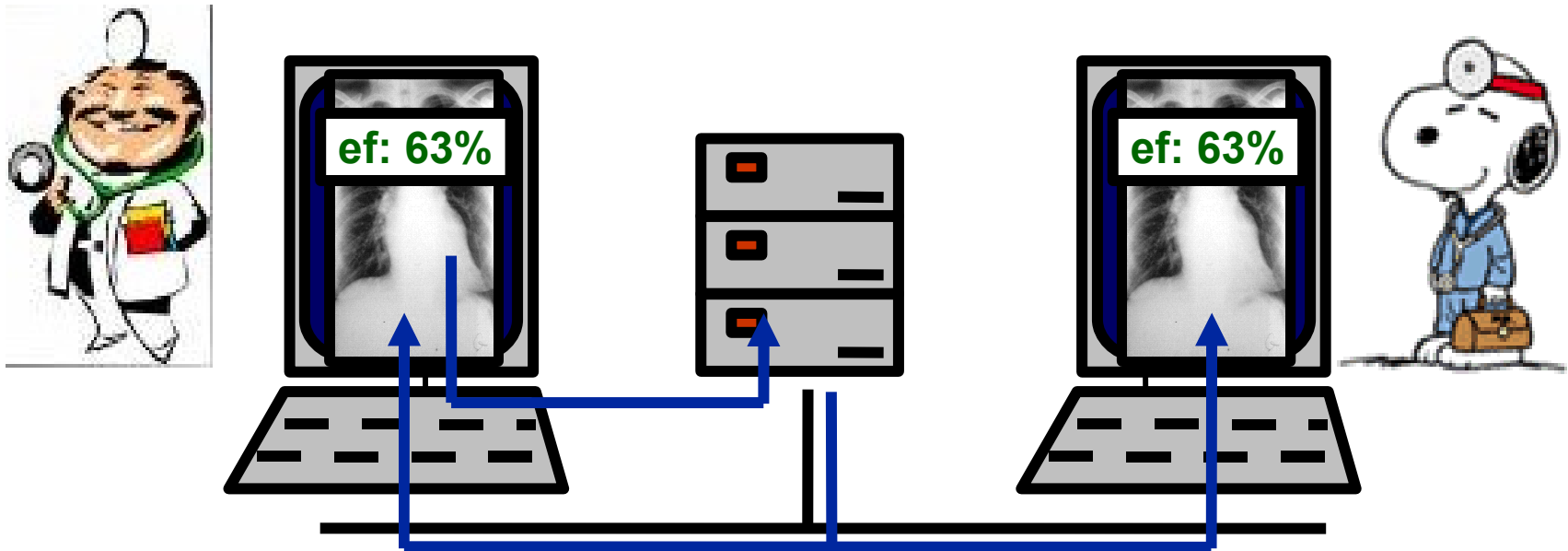
processing control

- *No real time constraint but large*

dataflow over the network



Objective: Interactive discussion on medical images



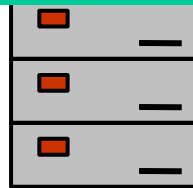
Interactive rate

High quality medical images transmission

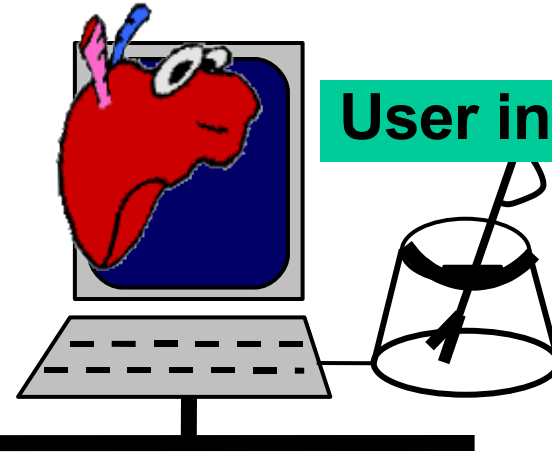
Access to computation resources

Objective: real-time model interaction

Remote computation



Biomedical
model
computation



User interaction

Visualization
and force feedback

Position tracking

Biomedical model-deformation

Real time visual (25 Hz) and force (300 Hz) feedback

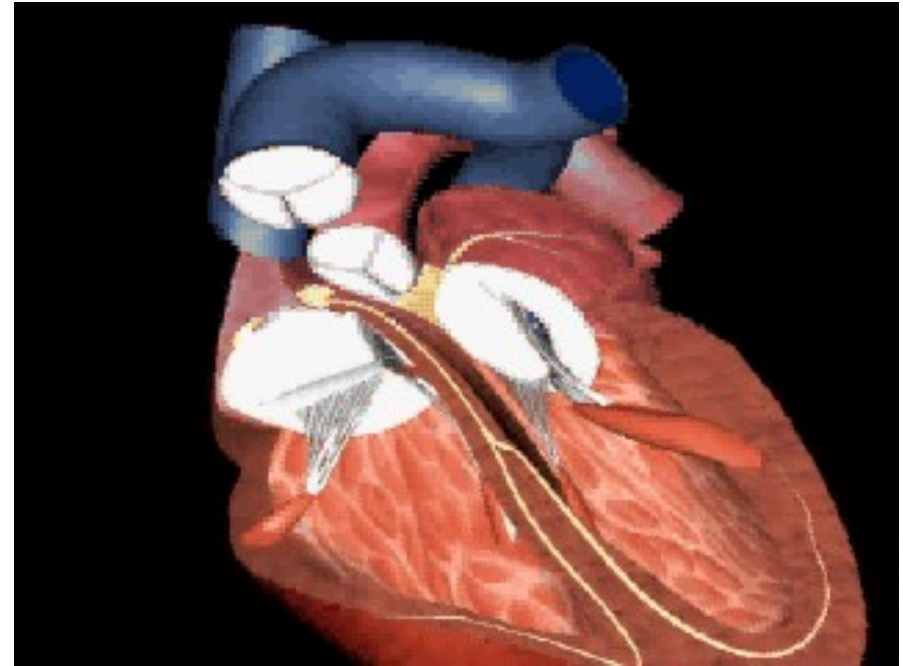
- **Objectives: modeling heart anatomy, dynamics and physiology for heart image processing**

bio-mecanical model

electrical model

very complex structure

biological scale out of range



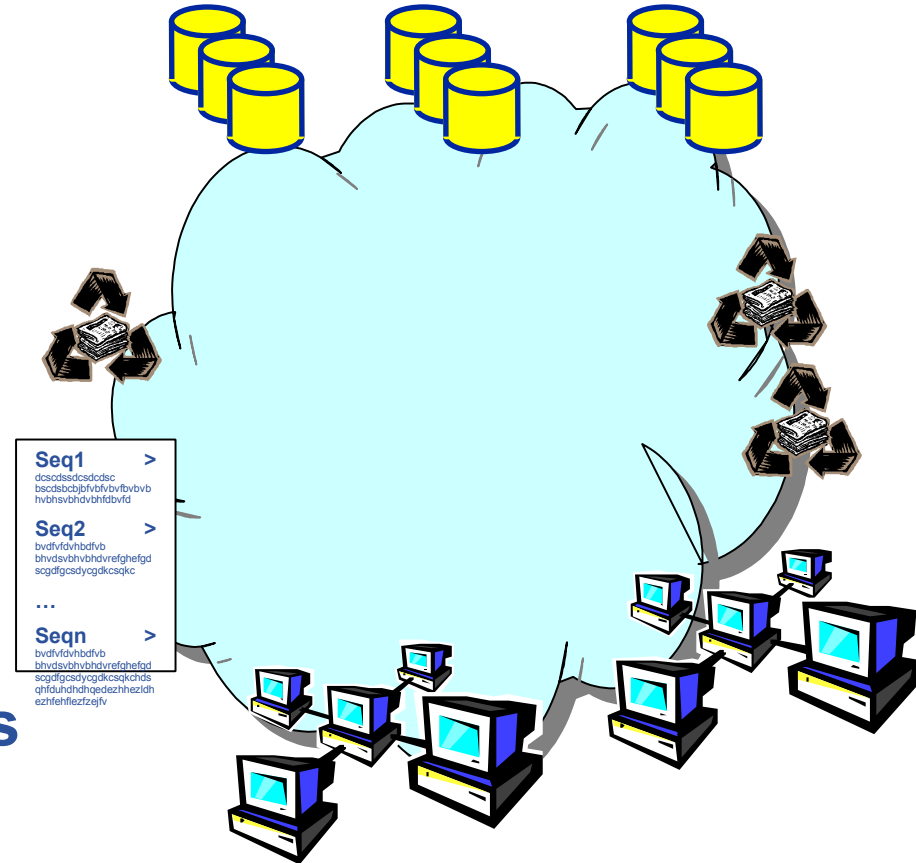
- **Finite Element modeling**

elements oriented in heart fibers direction: fine resolution

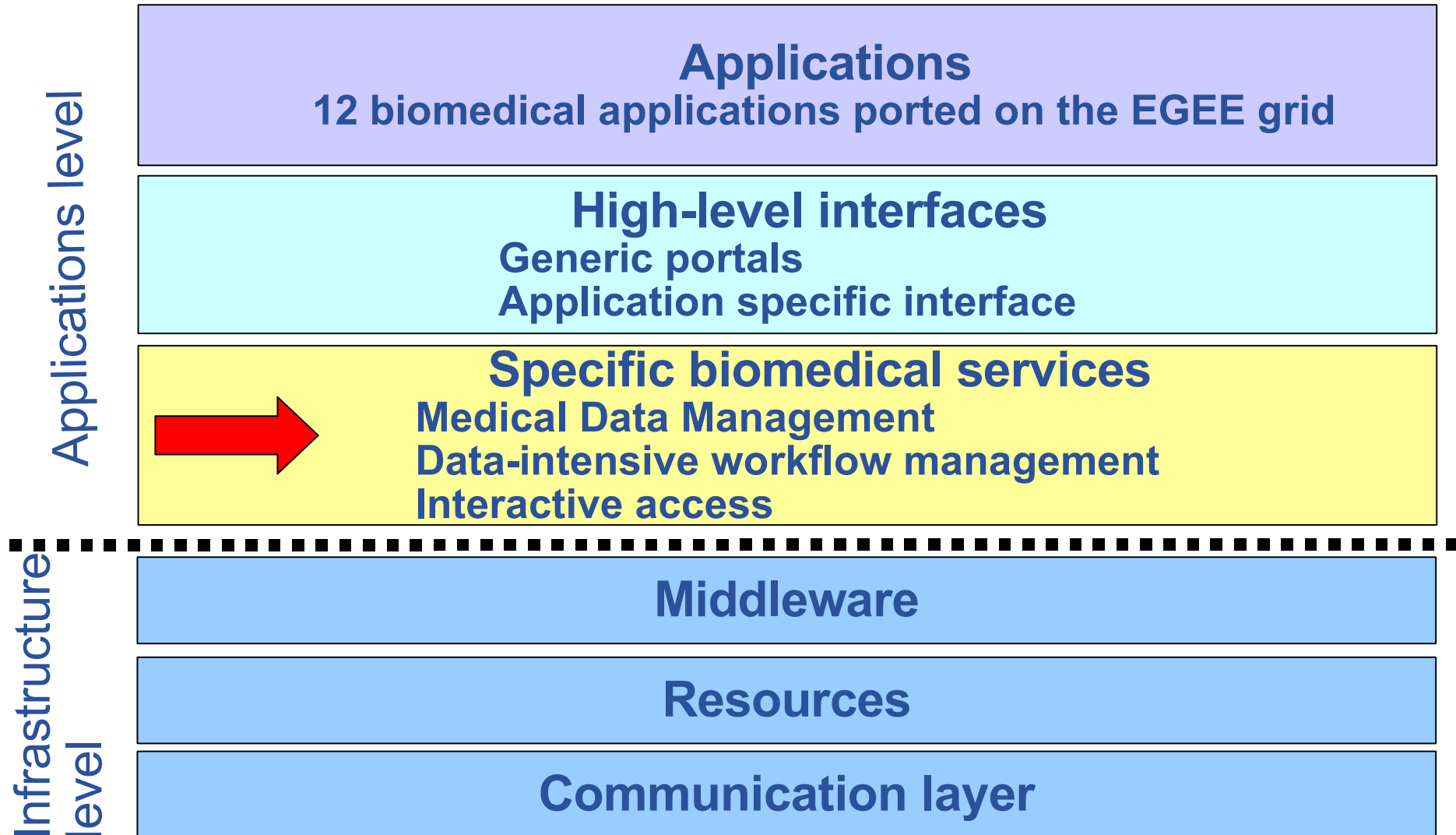
electrical propagation model

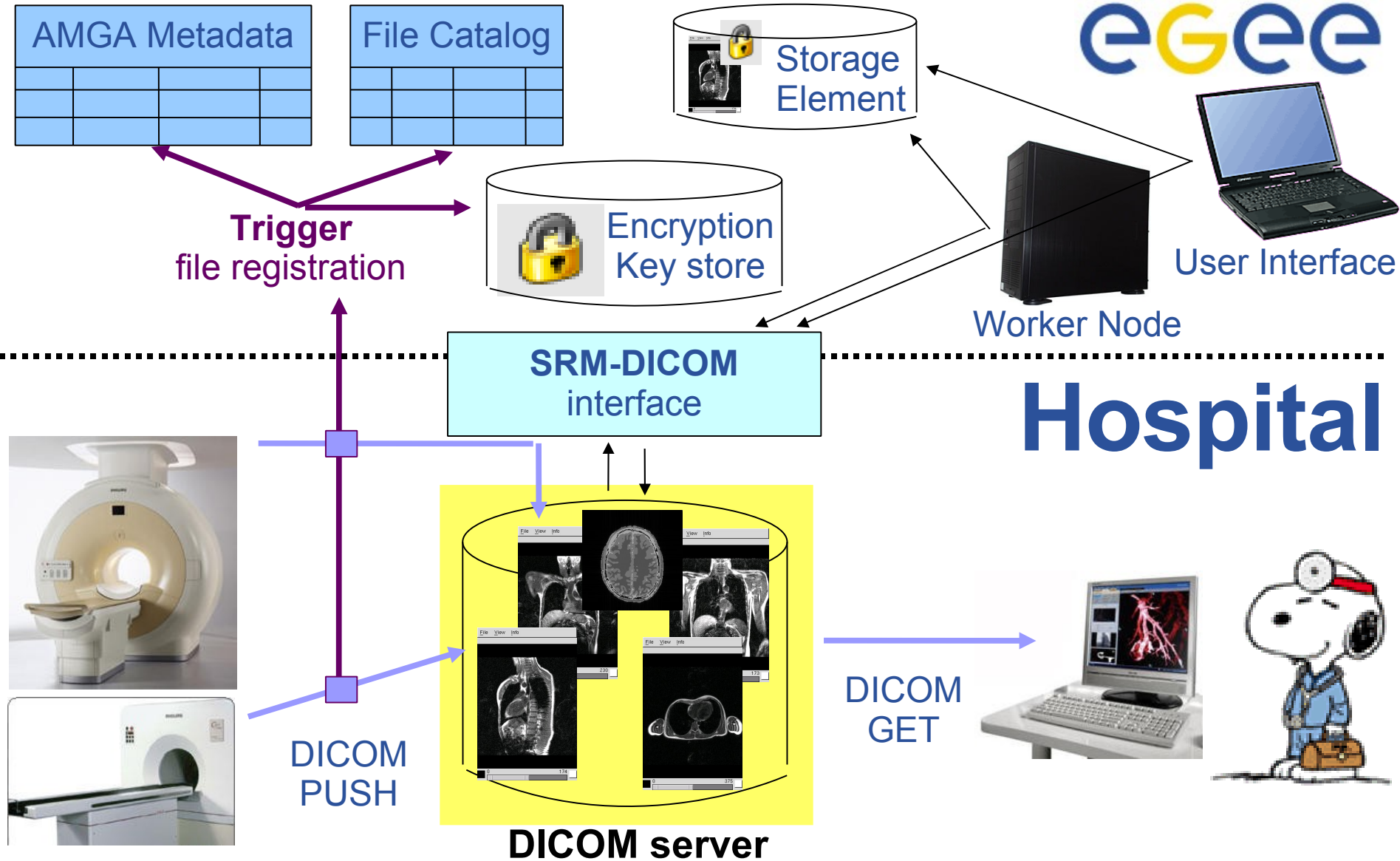
MPI implementation for linear analysis optimization

- **Sharing data**
 - Common datasets
- **Sharing algorithms**
 - Testing others algorithms
- **Sharing procedures**
 - Common test suites
- **Sharing computing resources**
 - Larger assessment studies
- **Empowering testing and comparisons**



Achievements





Hospital

DICOM server

DICOM
GET

DICOM
PUSH

Trigger
file registration

SRM-DICOM
interface

Storage
Element

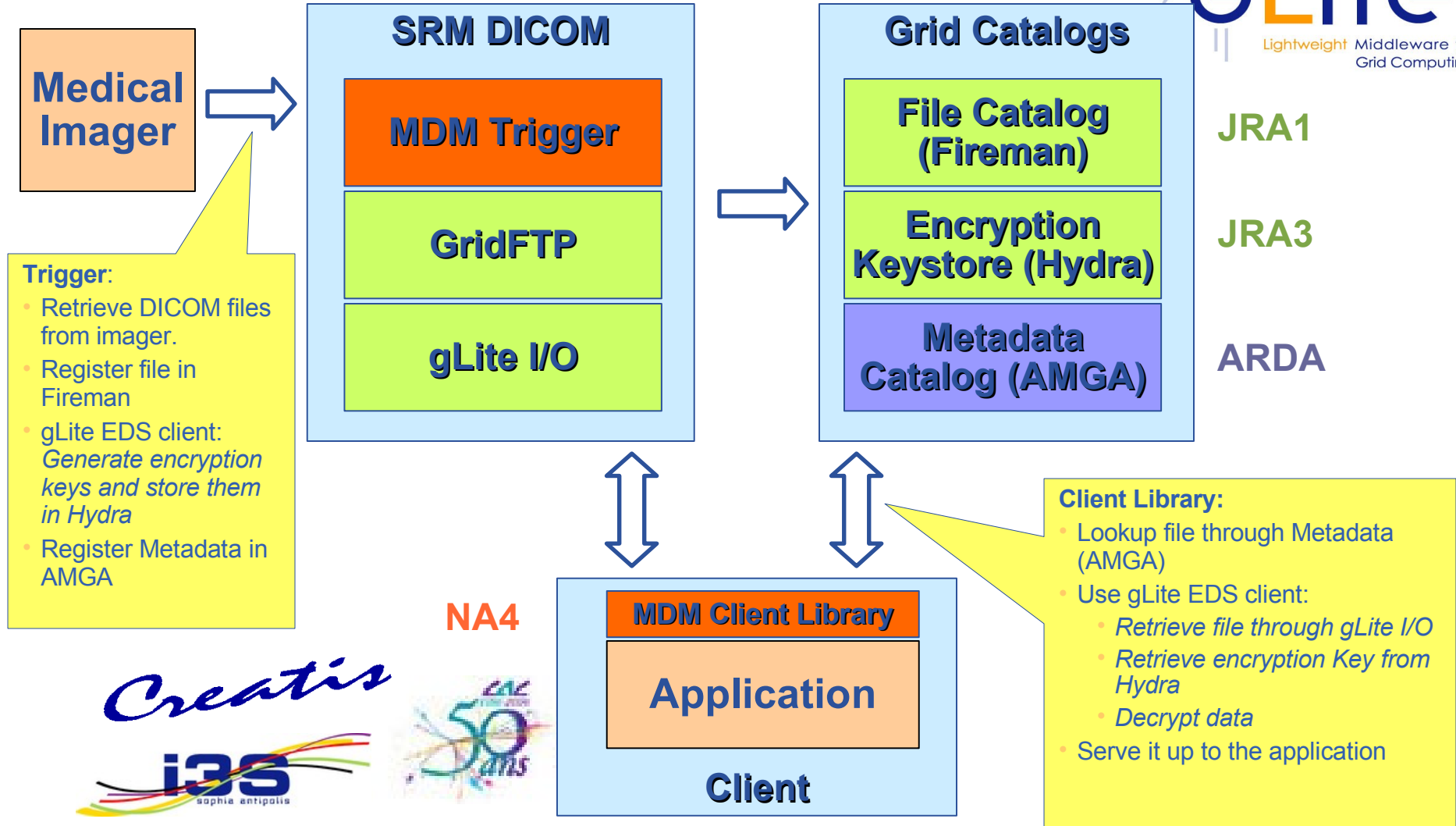
Encryption
Key store

AMGA Metadata

File Catalog

Worker Node

User Interface



100's to 1000's of medical images

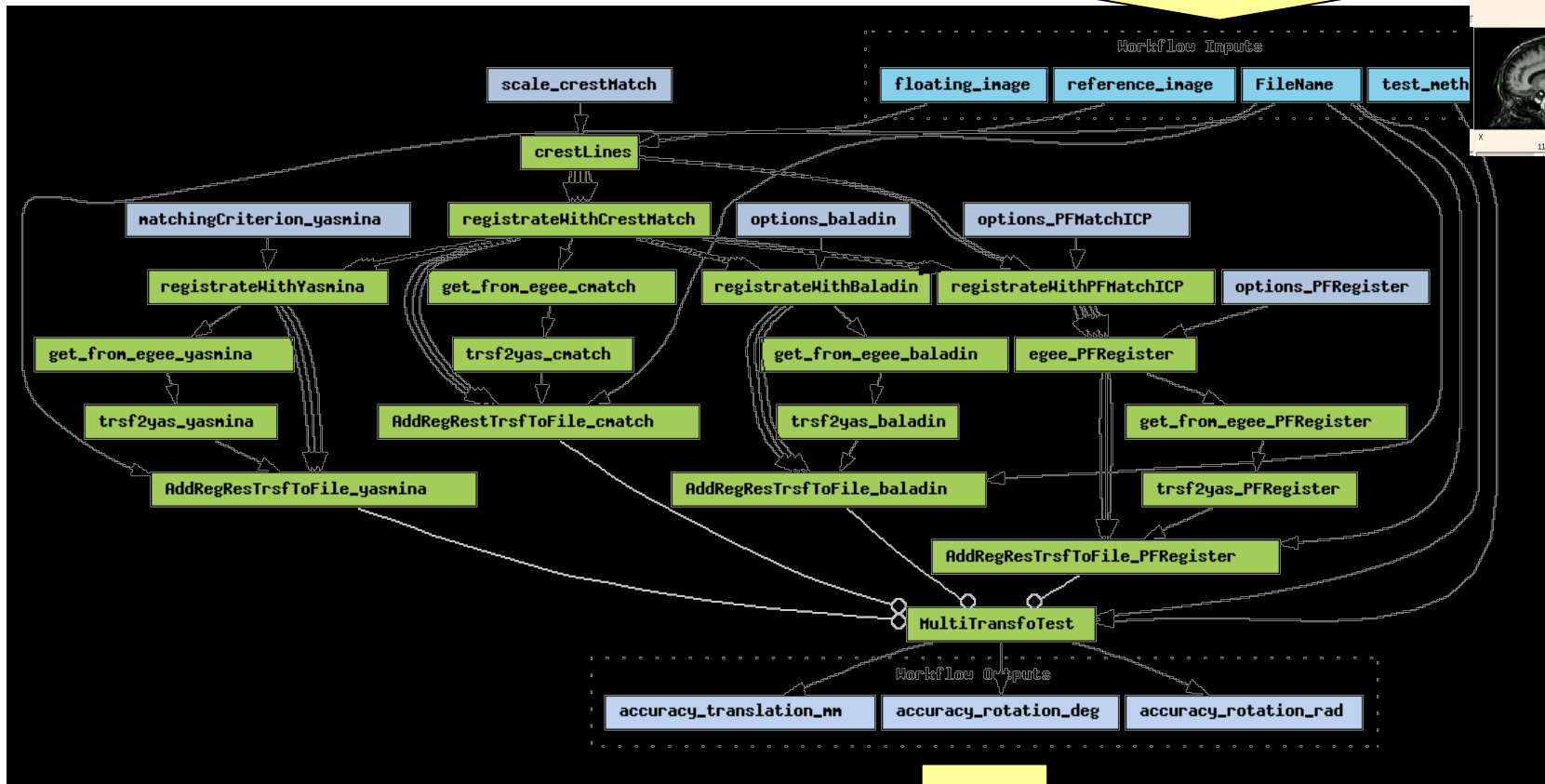
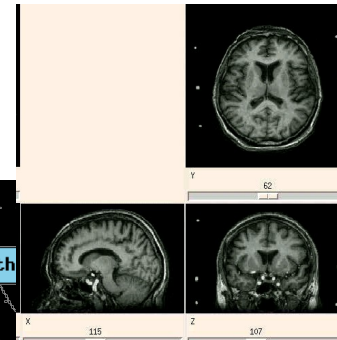


Image registration algorithms assessment

- **Data-intensive workflow manager**

- compatible with Taverna workflow description language (Scufl)
- Exploit grid parallelism
- Implementing result traceability <http://www.i3s.unice.fr/~glatard>



- **Interfaces**

- Web Services
- GridRPC (DIET middleware)

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- **Execution infrastructures**



> 1000 procs
 OAR batch submitter
 research infrastructure



> 18000 procs, 5 PB
 LCG2 middleware (migration to gLite)
 production infrastructure

- EGEE Working group Short Deadline Jobs (chair C. Germain): Biomed, HEP, Digital Libraries,...
- Growing awareness:
 - Support in gLite 3.2
 - Session at eIRG April meeting

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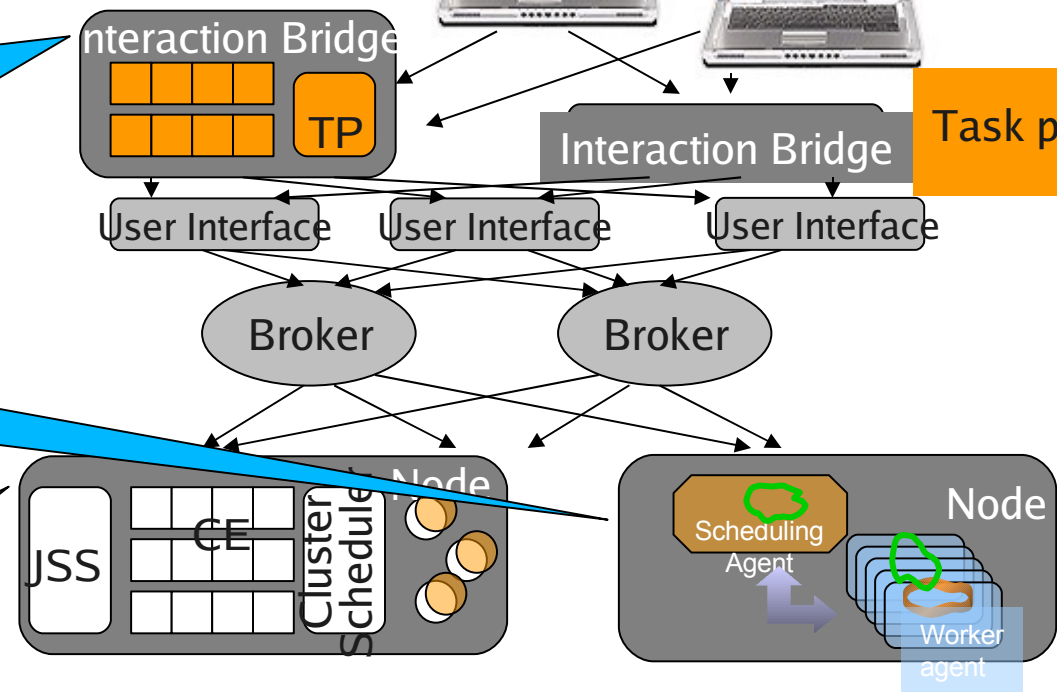


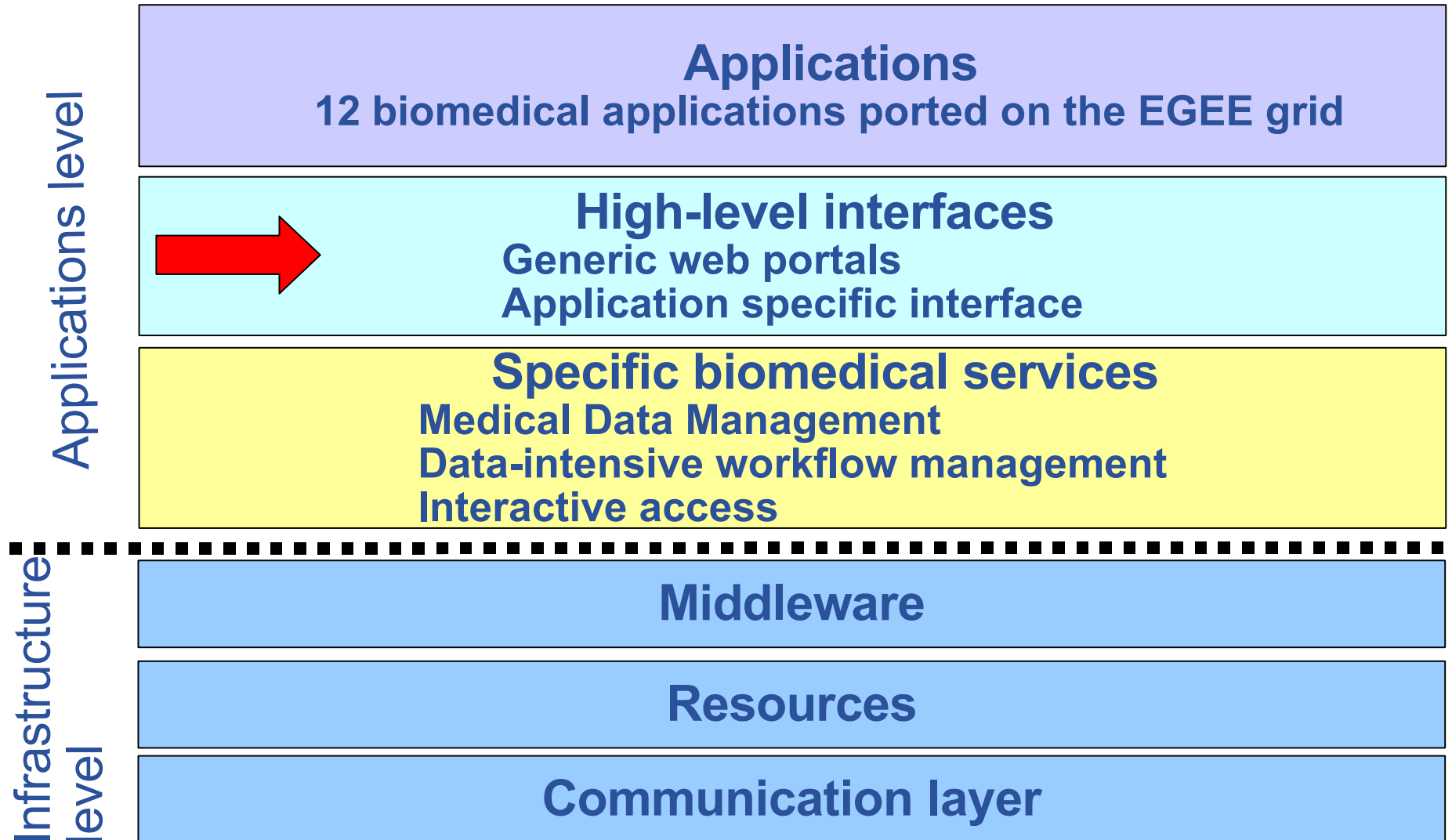
Soft real-time scheduling:
Application-level sharing

Task prioritization

User-level scheduling:
efficiency

Grid scheduling:
Large-scale sharing





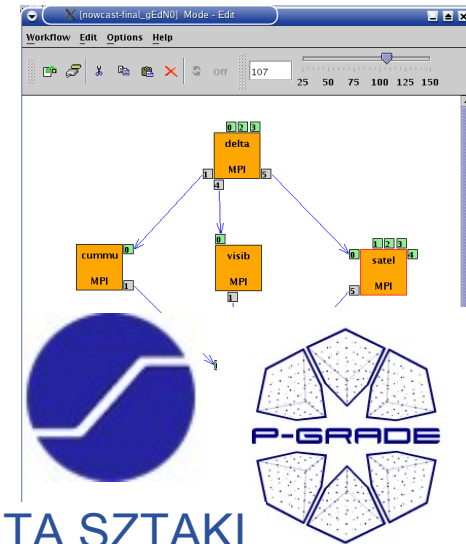
- **GENIUS web portal, <https://genius.ct.infn.it/>**

- LCG2 and gLite1 interfaces
- Job, Data management and Information services
- Built on the engineframe framework



- **PGRADE portal, <http://www.lpds.sztaki.hu/pgportal/>**

- Multi-grids (including EGEE interface)
- Legacy code wrapper
- Parallel and sequential codes
- Workflows support (DagMan, MOTEUR)

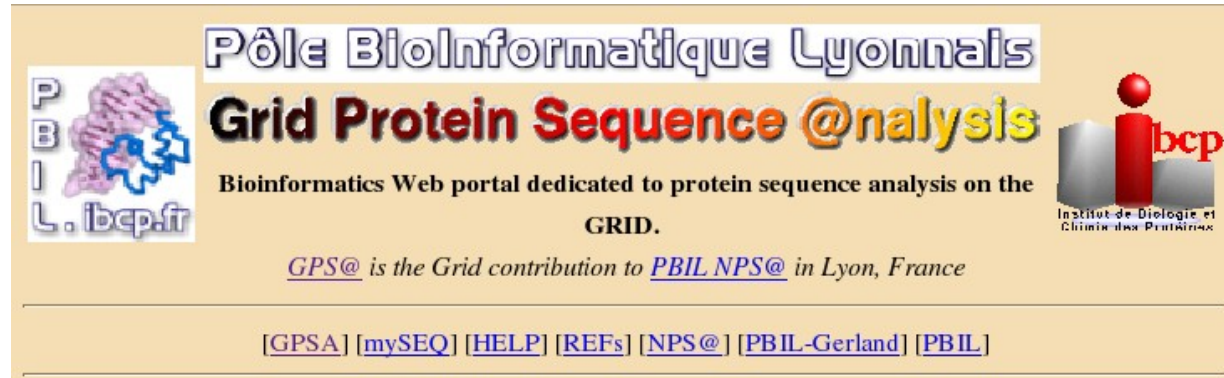


- **Still low-level for end-users**

MTA SZTAKI

- **GPS@ portal, <http://gpsa.ibcp.fr/>**

- 9 bioinformatics applications
- EGEE interface
- Application-specific visualisation



Pôle BioInformatique Lyonnais
Grid Protein Sequence @analysis
 Bioinformatics Web portal dedicated to protein sequence analysis on the GRID.
GPS@ is the Grid contribution to [PBIL NPS@](#) in Lyon, France

[GPSA] [mySEQ] [HELP] [REFs] [NPS@] [PBIL-Gerland] [PBIL]

- **3D MRI simulator portal, <http://simri.creatis.insa-lyon.fr/>**

- Transparent access to EGEE or local resources
- Application-specific parameterization
- Image production history



egEE Enabling Grids for E-science

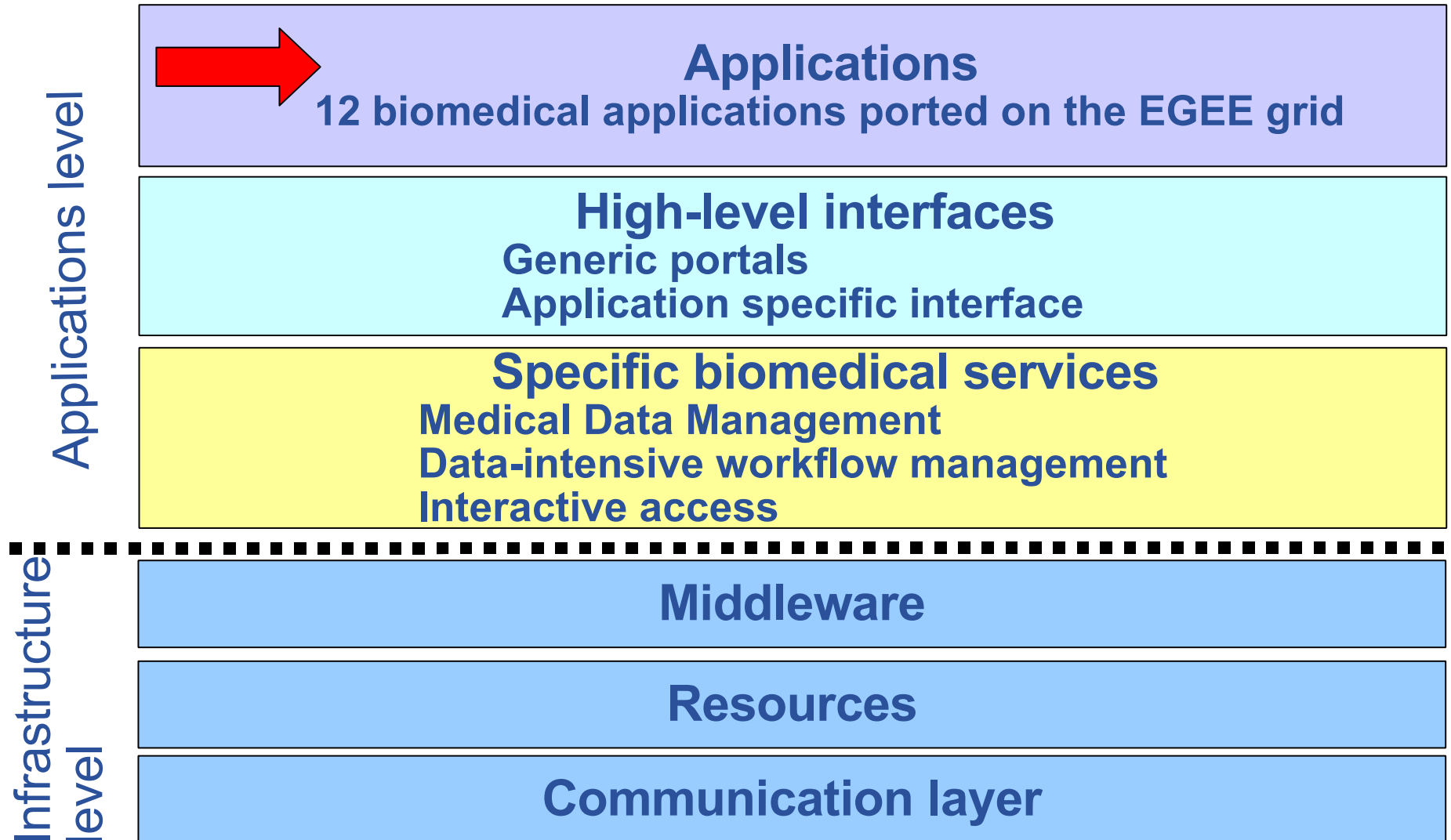
TRAITEMENT DE L'IMAGE ET DU SIGNAL APPLIQUE A LA MEDECINE *Creatis*

Hello Johan!

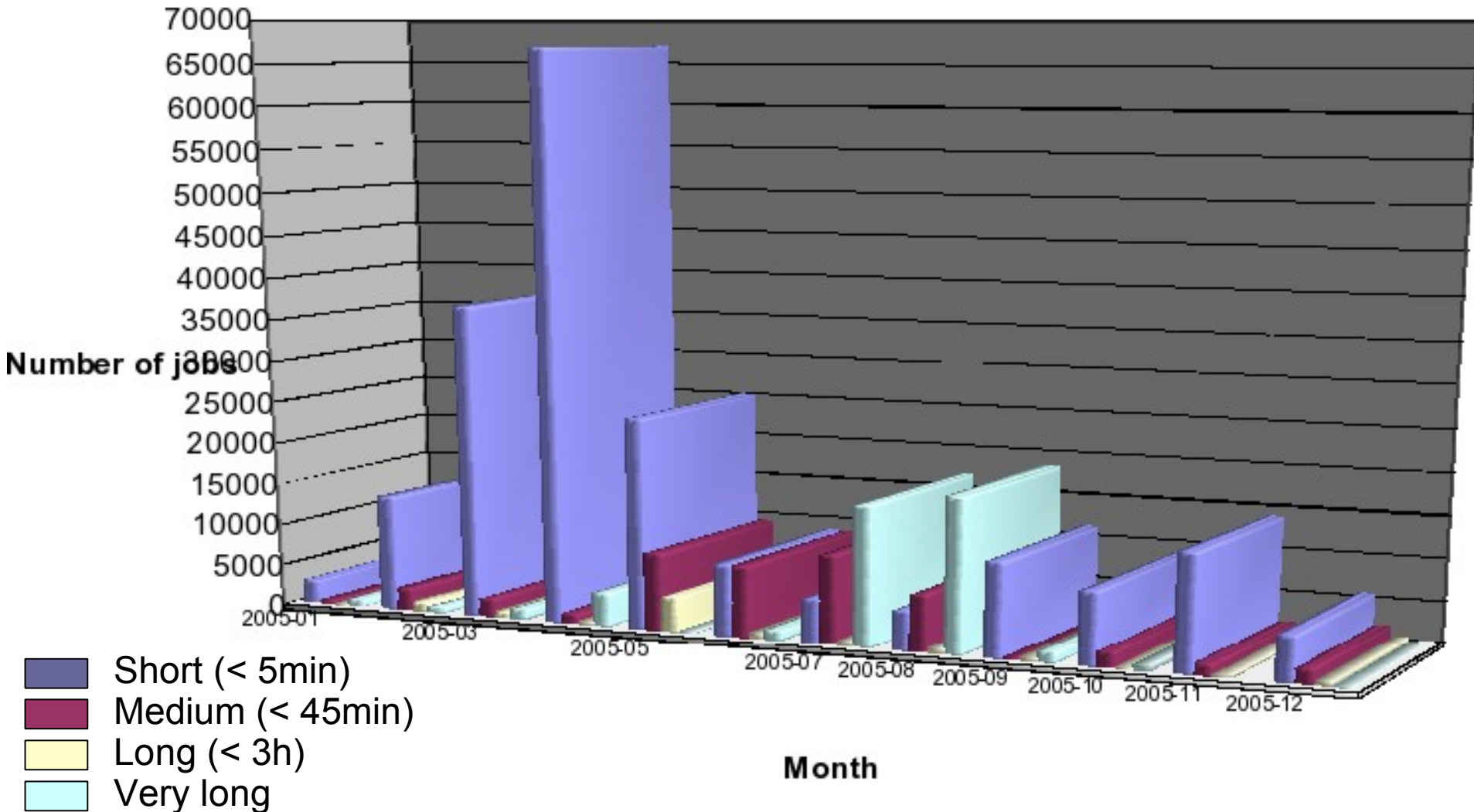
Sign out | Submit job | Running Jobs | Ended Jobs

Submit job to Cluster Egee *Please fill in this form*

Test number* 0
 Object* 4
 Size of voxel* 64

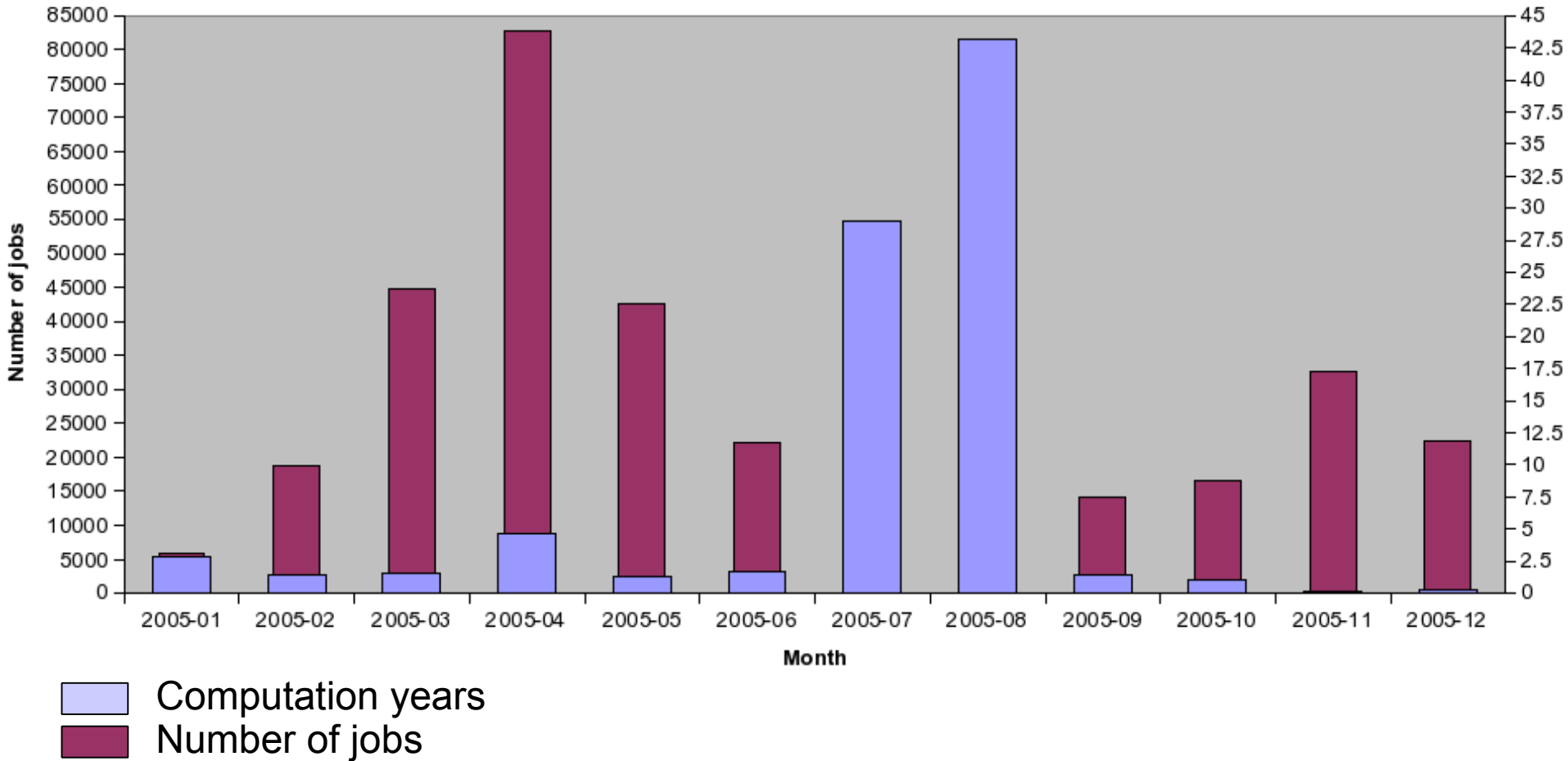


- Number of jobs per month in 2005: ~25,000 jobs / month



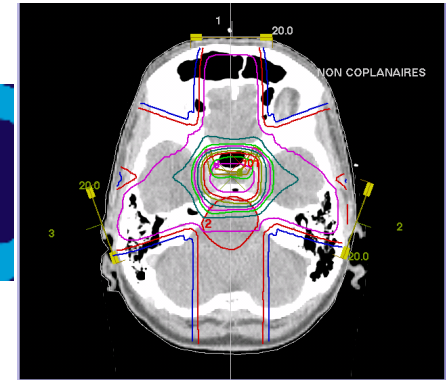
- CPU years / month

Execution duration total / Number of jobs



- **GATE – radiotherapy planning**

- Monte-Carlo simulation
- Parallel runs
- Ported on EGEE and DEISA infrastructures



- **CDSS – Clinical Decision Support System**

- 7 classifiers to take decisions
- 1000'images in expert databases
- R-GMA based



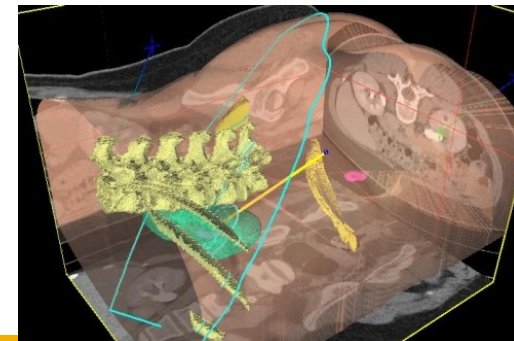
- **GPTM3D – Interactive radiological image manipulation**

- Interactivity
- Agent-based scheduling
- Demonstrated at the 1st EGEE review

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LABORATOIRE DE L'ACCÉLÉRATEUR LINÉAIRE



- **GPS@ - Bioinformatics web portal**

- Anonymous portal to bioinformatics algorithms
- Provides gene databases
- Serves a large user community



Grid Protein Sequence @analysis

- **Xmipp – Electron microscopy images analysis**

- 3D molecular structure analysis
- Compute-intensive reconstruction
- Parallel computations

CNIB



- **SPLATCHE – Gene evolution simulation**

- Simulate past demography of human populations
- Rejection sampling Bayesian framework
- Parallel execution of 100,000's run



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UNIVERSITÄT BERN

- **WIDSOM – In-silico drug discovery**

- Autodock and Flexx docking algorithms
- Biomed Data Challenge last summer
- WISOM open day last December

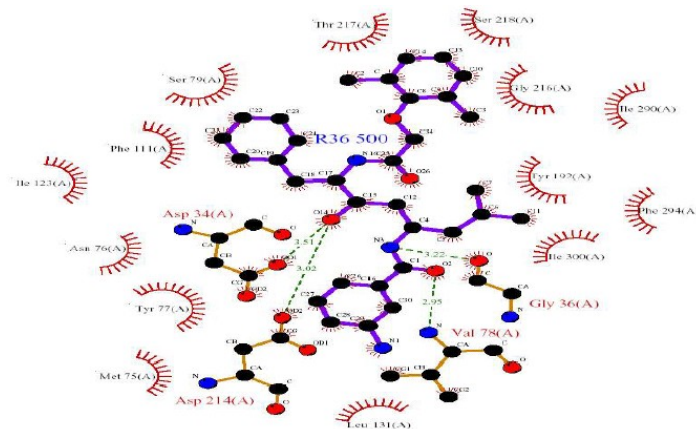


Institut
Algorithmen und Wissen-
schaftliches Rechnen



- **GROCK – Molecular docking**

- GRAMM and FTDOCK docking algorithms
- Robust jobs submitter for intensive load conditions
- Web interface



Open issues

- **A challenging application area**
 - Enormous amounts of data
 - Data privacy
 - Complex data sets
 - Heterogeneous data sources
 - Interactive and real-time tasks
 - Short response times requirements, medical emergency
 - Workflows and dataflows
 - ...

- **Data security is a key point**
 - Legal: to respect (heterogeneous) national regulations
 - Technical: to ensure integrity and validity of computations
 - Sociological: to be accepted by the medical community

- **On of the next challenges for biomedical application**
 - To enable access to grids for non experts
 - To provide relevant interfaces depending on the applications

- **Still a lot to be done**
 - Transparent access to medical resources
 - Compatible with clinical practice

- **Access medical resources**
 - Heterogeneity of formats
 - Different medical information systems

- **Compatible with clinical practice**
 - Non expert users
 - “push-button” algorithms

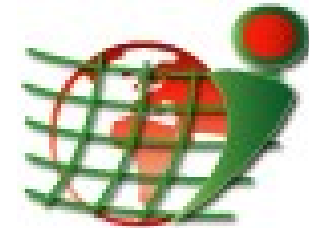
Conclusions

HEALTHGRID 2006
June 7-9th - Valencia, Spain



Call for papers

HEALTHGRID
Association



www.healthgrid.org

- **HealthGrid conferences, BioGrid conferences, Workshops...**