DIRK BARTZ PRIZE
FOR VISUAL COMPUTING IN MEDICINE
(EUROGRAPHICS MEDICAL PRIZE)

The Eurographics Association organizes a biannual competition to acknowledge the contribution that computer graphics is playing in the medical field, and to encourage further development.

In 2010 the Eurographics Medical Prize has been renamed to honor Dirk Bartz, who passed away far too early in March 2010. Dirk Bartz was a highly recognized and enthusiastic scientist, teacher and promoter of Visual Computing in Medicine, an active member of the Eurographics Association, and Chair of the EG Medical Prize 2007 and 2009.

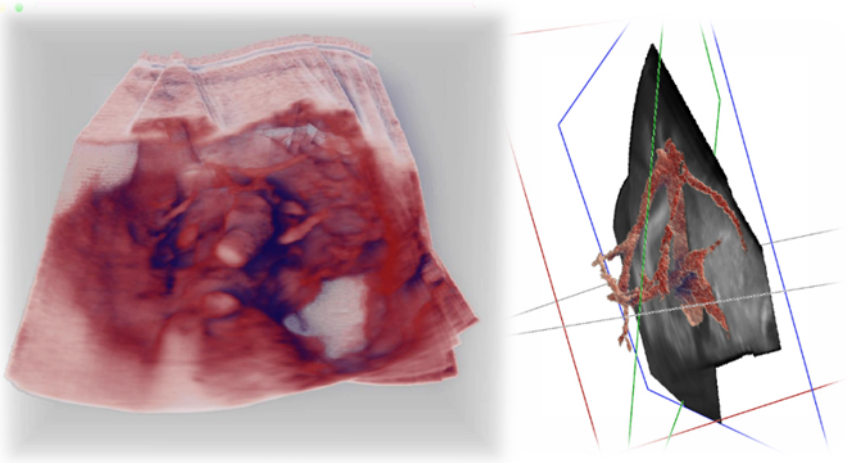
HALL OF FAME

2013

First Prize: High-Quality 3D Visualization of In-Situ Ultrasonography

Ivan Viola, Åsmund Birkeland, Veronika Solteszova, Linn Helljesen, Helwig Hauser, Spiros Kotopoulis, Kim Nylund, Dag M. Ulvang, Ola K. Øye, Trygve Hausken, and Odd H. Gilja

University of Bergen
Christian Michelsen Research
Haukeland University Hospital

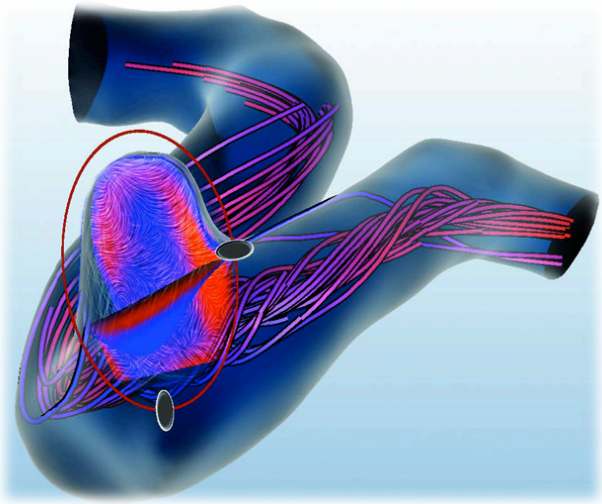


Abstract: In recent years medical ultrasound has experienced a rapid development in the quality of real-time 3D ultrasound (US) imaging. The image quality of the 3D volume that was previously possible to achieve within the range of a few seconds, is now possible in a fraction of a second. This technological advance offers entirely new opportunities for the use of US in the clinic. In our project, we investigate how real-time 3D US can be combined with high-performance processing of today's graphics hardware to allow for high-quality 3D visualization and precise navigation during the examination.

Second Prize: Effective Visual Exploration of Hemodynamics in Cerebral Aneurysms

Mathias Neugebauer, Rocco Gasteiger, Gábor Janiga, Oliver Beuing, and Bernhard Preim

University of Magdeburg
University Hospital Magdeburg



Abstract: Cerebral aneurysms are pathological vessel dilatations that bear a high risk of rupture. For the understanding of this risk, the analysis of hemodynamic information plays an important role in clinical research. These information are obtained by computational fluid dynamics (CFD) simulations. Thus, an effective visual exploration of patient-specific blood flow behavior in cerebral aneurysms was developed to support the domain experts in their investigation process. We present advanced visualization and interaction techniques, which provide an overview, focus-and-context views as well as multi-level explorations. Moreover, an automatic extraction process of qualitative flow characteristics, which are correlated with the risk of rupture is introduced. Although not established in clinical routine yet, interviews and informal user studies confirm the usefulness of these methods.

Third Prize: OCTAVIS: A Virtual Reality System for Clinical Studies and Rehabilitation

Eduard Zell, Eugen Dyck, Agnes Kohsik, Philip Grewe, David Flentge, York Winter, Martina Piefke, and Mario Botsch

Bielefeld University
Humboldt University Berlin
Witten Herdecke University

Abstract: Brain function disorders, resulting for instance from stroke, epilepsy, or other incidents can be partially recovered by rehabilitation training. Performing neurorehabilitation in virtual reality systems allows for training scenarios close to daily tasks, is easily adaptable to the patients' needs, is fully controllable by clinical staff, and guarantees patient safety at all times. In this paper, we describe the OCTAVIS system, a novel virtual reality platform developed primary for clinical studies with and rehabilitation training of patients with brain function disorders. To meet the special requirements for clinical use, our system has been designed with ease of use, ease of maintenance, patient safety, space and cost efficiency in mind. Our system has been successfully deployed to four hospitals, where it is used for rehabilitation training and clinical studies. We report first results of these studies, demonstrating that our system is immersive, easy to use, and supportive for rehabilitation purposes.

2011

Shared First Prize: A Virtual Environment for Radiotherapy Training and EducationVERT

James W. Ward, Roger Phillips, Annette Boejen, Cai Grau, Deepak Jois, Andy W. Beavis

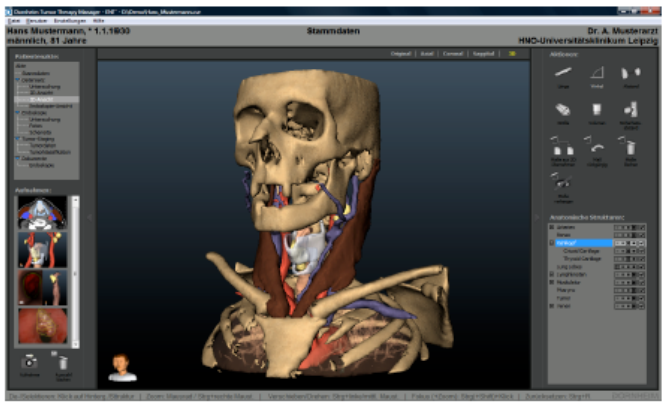
University of Hull
Hull and East Yorkshire (NHS) Hospitals Trust
Vertual Ltd
Aarhus University Hospital, Denmark

Abstract: A report in 2007 to the UK Government identified a crisis in England for training staff and students for the radiotherapy treatment of cancer. The Hull authors have developed an immersive life size virtual environment of a radiotherapy treatment room, known as VERT, to address this problem. VERT provides the trainee with models, simulation, enhanced visualization and training aids for treatment of virtual patients in a virtual treatment room. In 2007 VERT systems for radiotherapy training were established for training purposes at the University Aarhus Hospital (Denmark), Birmingham City University (UK) and the University of Ulster (UK). There are now some 68 VERT systems around the world. This paper reports on the simulation and visualization capabilities and reports on the use of VERT from the Aarhus University hospital and on the national evaluation of VERT in the UK [AC10]. These reports clearly indicate the clinical benefit of using a virtual environment approach, such as VERT, for training and education in radiotherapy.

Shared First Prize: The Tumor Therapy Manager and its Clinical Impact

Ivo Rössling, Jana Dornheim, Lars Dornheim, Andreas Boehm, Bernhard Preim

University of Magdeburg
University Leipzig
Dornheim Medical Images

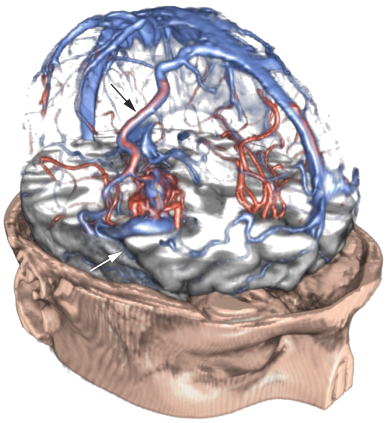


Abstract: Visual exploration of CT and MRI datasets in clinical practice is still dominated by slice-based viewing. Volume rendering is now widely available but seen primarily as a tool for a fast overview, and only rarely as a visualization to directly support clinical decisions. Research projects aiming at advanced 3D visualizations, such as smart visibility and illustrative renderings, usually fail to meet clinical demands, since the visualizations are not dedicated to specific diagnostic or treatment planning questions. Moreover, they are unfamiliar to users who need reliable and familiar visualizations as a basis for their crucial decisions. Discussions with clinical practicians reveal that parameterization of visual effects is too cumbersome and resulting visualizations are often too complex. We describe and discuss long-term experiences on developing, testing, and refining image analysis and visualization techniques for ENT surgery planning based on CT data. While visual quality and a faithful rendition of spatial relations indeed are essential, it turned out to be superior to generate sequences of rather simple 3D visualizations directly supporting specific treatment questions instead of presenting many anatomic structures simultaneously. We report on the actual clinical use of the system and discuss how it changed the surgical planning workflow.

Third Prize: AVM-Explorer: Multi-Volume Visualization of Vascular Structures for Planning of Cerebral AVM Surgery

Florian Weiler, Christian Rieder, Carlos A. David, Christoph Wald, Horst K. Hahn

Fraunhofer MEVIS, Bremen
Lahey Clinic Medical Center, Burlington, MA, USA

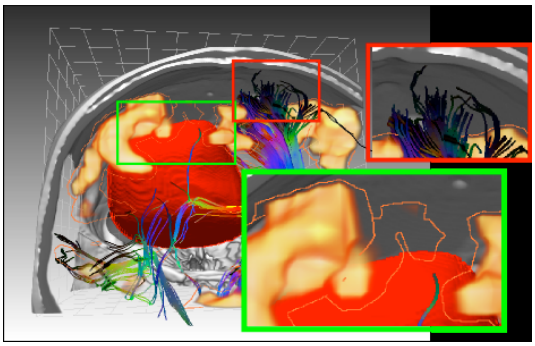


Abstract: Arteriovenous malformations (AVMs) of the brain are rare vascular disorders characterized by the presence of direct connections between cerebral arteries and veins. Preoperative planning of AVM surgery is a challenging task. The neurosurgeon needs to gain a detailed understanding of both the pathoanatomy of the lesion as well as its location and spatial relation to critical functional areas and white matter fiber bundles at risk. A crucial element during this planning phase is the precise identification of feeding arteries, draining veins, and arteries “en passage". To this end, a variety of imaging modalities for displaying neurovascular structures exists, both tomographic as well as projection based. However, the conventional 2D slice based review of such data is not well suited to help understanding the complex angioarchitecture of an AVM. In this paper, we demonstrate how state-of-the-art techniques from the fields of computer graphics and image processing can support neurosurgeons with the challenge of creating a mental 3D model of the lesion and understanding its internal structure. To evaluate the clinical value of our method, we present results from three case studies along with the medical assessment of an experienced neurosurgeon.

Honorable Mention: Interactive Visualization Techniques for Neurosurgery Planning

Stefan Diepenbrock, Jörg-Stefan Praßni, Florian Lindemann, Hans-Werner Bothe,and Timo Ropinski

University of Münster



Abstract: We present concepts for pre-operative planning of brain tumor resections. The proposed system uses a combination of traditional and novel visualization techniques rendered in real-time on modern GPUs in order to support neurosurgeons during intervention planning. A set of multimodal 2D and 3D renderings conveys the relation between the lesion and the various structures at risk and also depicts data uncertainty. To facilitate efficient interactions while providing a comprehensible visualization, all employed views are linked. Furthermore, the system allows the surgeon to interactively define the access path by clicking in the 3D views as well as to perform distance measurements in 2D and 3D.

Honorable Mention: FEMONUM: A Framework for Whole Body Pregnant Woman Modeling from Ante-Natal Imaging

Juan Pablo de la Plata Alcalde, Jérémie Anquez, Lazar Bibin, Tamy Boubekeur, Elsa Angelini, and Isabelle Bloch

Institut Télécom ParisTech

Abstract: Anatomical models of pregnant women can be used in several applications such as numerical dosimetry to assess the potential effects of electromagnetic fields on biological tissues, or medical simulations for delivery planning. Recent advances in medical imaging have enabled the generation of realistic and detailed models of human beings. This paper describes FEMONUM, a complete methodological framework for the construction of pregnant woman models based on medical images and their segmentation. FEMONUM combines several computer graphics methods, such as surface reconstruction and physics-based computer animation to model and deform pregnant women abdomens, to simulate different fetal positions and sizes and also different morphologies of the mother, represented with a synthetic woman body enveloppe. A set of 16 models, anatomically validated by clinical experts, is presented and is made available online to the scientific community. These models include detailed information on the utero-fetal units and cover different gestational stages with various fetal positions.

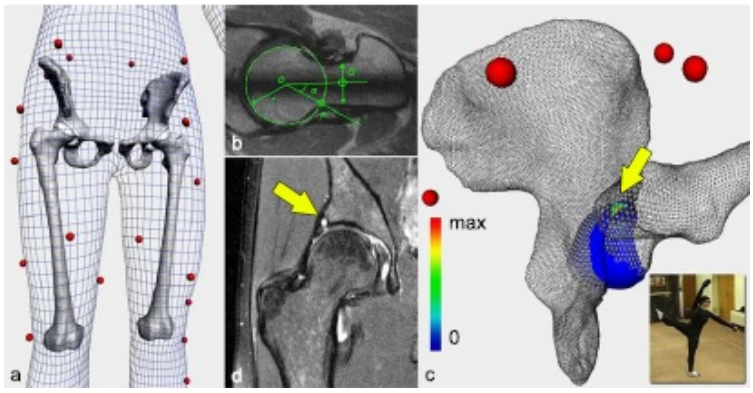
2009

First Prize: Virtual Hip Joint: from Computer-Graphics to Computer-Assisted Diagnosis

C. Charbonnier, J. Schmid, F. Kolo-Christophe, N. Magnenat-Thalmann, C. Becker, P. Hoffmeyer

MIRALab – University of Geneva, Switzerland
University Hospital of Geneva, Radiology Department, Switzerland
University Hospital of Geneva, Orthopedic Department, Switzerland

The entry was awarded the 1st place for its innovative use of computer graphics for anatomical and patient specific modeling.



Abstract: Osteoarthritis (OA) is a major musculoskeletal disorder which causes are not always fully understood. Femoroacetabular impingements such as cam/ pincer cannot always explain observed OA in hips with normal morphology. This paper investigates the hypothesis of extreme repetitive movements as a source of cartilage degeneration. We present a clinical study conducted with professional ballet dancers and a methodology to perform functional simulations of the hip joint in extreme postures. Throughout the process, various computer graphics techniques are used, like motion capture, 3D body scanning and physically-based models. In addition to accelerate and strengthen some tasks, these techniques strongly participate in the clinical understanding of OA related to motion. Preliminary results have indeed shown a significant correlation between the location of impingements and radiologically observed damage zones in the labrum cartilage.

Second Prize: ImaGINe-S: Imaging Guided Interventional Needle Simulation

Fernando Bello, Andrew Bulpitt, Derek A. Gould, Richard Holbrey, Carrie Hunt, Thien How, Nigel W. John, Sheena Johnson, Roger Phillips, Amrita Sinha, Franck P. Vidal, Pierre-Frédéric Villard, Helen, Woolnough, Yan Zhang

School of Computer Science, Bangor University, UK
Biosurgery and Surgical Technology Department, Imperial College, London, UK
School of Computing, University of Leeds, UK
Royal Liverpool University Hospital, UK
Manchester Business School, Manchester University, UK
Department Computer Science, University of Hull, UK

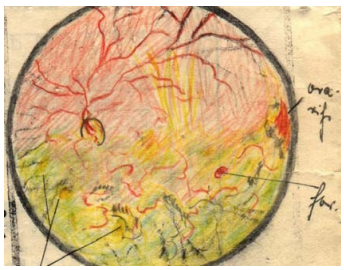
The entry was awarded the 2nd place for its innovative use of computer graphics in a complex system that is already far advanced towards clinical use.

Abstract: We present an integrated system for training visceral needle puncture procedures. Our aim is to provide a cost effective and validated training tool that uses actual patient data to enable interventional radiology trainees to learn how to carry out image-guided needle puncture. The input data required is a computed tomography scan of the patient that is used to create the patient specific models. Force measurements have been made on real tissue and the resulting data is incorporated into the simulator. Respiration and soft tissue deformations are also carried out to further improve the fidelity of the simulator.

Third Prize 1: GREiF – Graphical Documentation of Retinal Findings Using a standardized Digital Symbol Library

C. Jürgens, R. Großjohann, F. Tost

Tdi – Teleaugendienst GmbH
University Eye Hospital, Greifswald, Germany



The entry was awarded the 3rd place for its innovative and well-structured use of interaction technique with high clinical value.

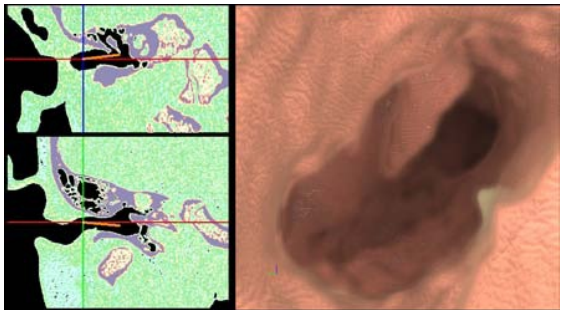
Abstract: **Aim:** To develop a software package that improves standardized clinical documentation of retinal findings. In clinical routine retinal findings are usually documented with sketchy free-hand drawings and supplementary handwritten remarks. Documentation features of common ophthalmologic software products include only simple sketching functions, which are limited to change location, size or colour of graphical primitives (e. g. ovals, rectangles, lines, textboxes . . .). As a result a feasible creation of standardized graphical documentations in retinal imaging is almost impossible. **Methods:** We developed a java-based software tool that features quick and intuitive generation of fundus schemes, which can be printed as findings sheet or digitally archived. Particularly for clinical ophthalmologists we created a set of standardized symbols, which can be digitally rendered for graphical documentation. All symbols were integrated into a graphics library and separated in specific categories: “Preoperative”, “Postoperative”, “Angiomas and tumours”, “Retinopathy of the premature”. The required symbol can be chosen from the library and is simply 6odeled on the retina scheme by placing anchor points with mouse clicks. **Results:** Practicability of existing features for graphical documentation of retinal findings is not sufficient, because free-hand drawings are too time-consuming and besides share the risk of false interpretation due to individual handwritings. In contrast to free-hand sketching our software tool

not only applies a faster way of graphical creation but additionally improves medical documentation using a standardized symbol library, which also is specifically categorized. **Conclusions:** Graphical symbols for retinal documentation have found universal acceptance in ophthalmologists for a long time but still the practical use is not efficient in clinical routine. This report shows how the adequate use of software technology can contribute to documentation quality and clinical practice.

Third Prize 2: Advanced GPU Volume Rendering for Virtual Endoscopy

A. Krüger, C. Kubisch, G. Strauß, B. Preim

Otto-von-Guericke-University of Magdeburg, Germany
ENT Department, University Hospital of Leipzig, Germany



The entry was awarded the 3rd place together with the previous entry for its innovative use of computer graphics to provide a high visual quality for patient information.

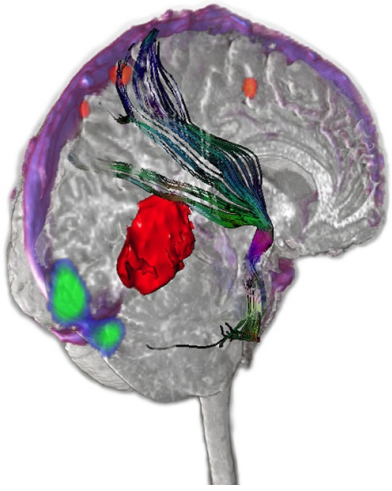
Abstract: For difficult cases in endoscopic sinus surgery, a careful planning of the intervention is necessary. Virtual endoscopy enables the visualization of the operating field and additional information, such as risk structures and target structures to be removed. The Sinus Endoscopy system provides the functional range of a virtual endoscopic system with special focus on a realistic representation. Furthermore, by using direct volume rendering, we avoid time-consuming segmentation steps for the use of individual patient datasets. However, the image quality of the endoscopic view can be adjusted in a way that a standard computer with a modern standard graphics card achieves interactive frame rates with low CPU utilization. Thereby, characteristics of the endoscopic view are systematically used for the optimization of the volume rendering speed. As a small standalone application it can be instantly used for surgical planning and patient education. The system was used for preoperative planning in 102 cases, provides useful information for intervention planning (e.g., anatomic variations of the Rec. Frontalis), and closely resembles the intra-operative situation.

2007

First Prize: State-of-the-Art Computer Graphics in Neurosurgical Planning and Risk Assessment

A. Köhn, F. Weiler, O. Konrad, J. Klein, H. Hahn und H.-O. Peitgen

MeVis Research GmbH, Bremen, Germany

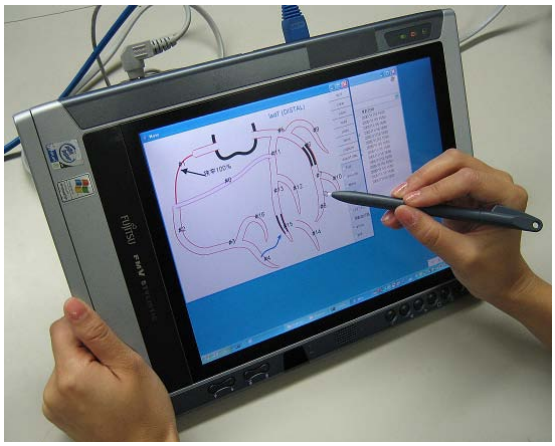


Abstract: We present a novel software assistant that unlocks new potentials in neurosurgical planning and risk assessment. It allows surgeons to approach the task in an intuitive manner, by providing them with the possibility to simultaneously observe all relevant data of a case in synchronized 2D and 3D views. State-of-the-art technologies from the field of computer graphics are combined to allow simultaneous interactive rendering of anatomical and functional MR data in combination with manually segmented objects and slice-based overlays. This allows surgeons to perceive a clearer impression of the anatomical and functional structures affected by an intervention, and especially the way they are related to each other. Thus, it significantly facilitates the finding of an optimal intervention strategy.

Second Prize: A Pen-based Interface for Generating Graphical Reports of Findings in Cardiac Catheterization

Yuki Mori, Takeo Igarashi, Ryo Haraguchi, and Kazuo Nakazawa

The University of Tokyo, Japan
National Cardiovascular Center Research Institute, Japan

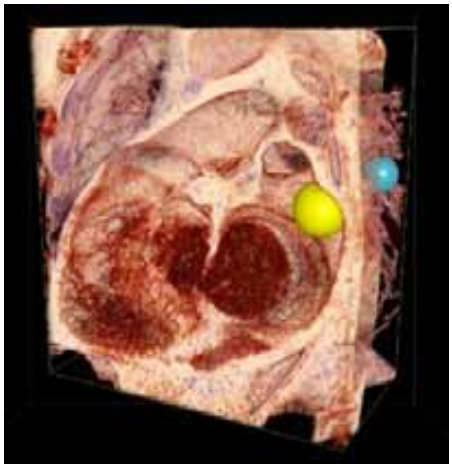


Abstract: This paper introduces a pen-based interface for the graphical reporting of findings in cardiac catheterization. The user can interactively draw, erase, move, and deform coronary arteries as well as record stenoses on them. The location and degree of each stenosis is represented visually and the doctor can record various treatments such as by-passes and stents on the diagram. In addition, the system automatically extracts semantic information from the graphical representation and stores it in XML format. The system can also generate a table in the format specified by the American Heart Association. This system is useful not only as a tool for efficiently generating reports of findings but also as an effective explanation tool for patients.

Third Prize: Analysis of the Pulmonary Vein Ostia using Cardiac 4DCT for Radiosurgical Ablation

Thilaka Sumanaweera, Francois Conti, and Patrick Maguire

CyberHeart, Incorporated, Menlo Park, California, USA
Force Dimension, Lausanne, Switzerland



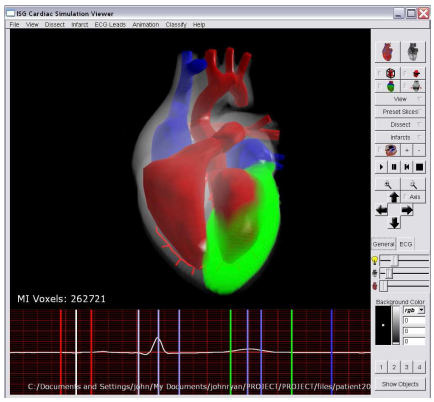
Abstract: A software tool to analyze 4D cardiac CT data sets for planning radiosurgical ablations in the heart is presented. Volume rendering and data processing are performed using a GPU. The user visualizes the data from inside the left atrium and defines the target in 3D using an intuitive user interface. A haptic input device lets the user measure motion at the ostia of the pulmonary veins for radiosurgical treatment planning. This tool has been used effectively for generating radiation treatment plans for animal studies.

2005

First Prize: A Virtual Reality Toolkit for the Diagnosis and Monitoring of Myocardial Infarctions

John Ryan, Carol O'Sullivan, Chris Bell and Niall Mulvihill

Image Synthesis Group, Trinity College, Dublin, Ireland
Department of Physiology, Trinity College, Dublin, Ireland
Department of Cardiology, St James' Hospital, Dublin, Ireland



Second Prize: MEDARPA - An Augmented Reality System for Supporting Minimally Invasive Interventions

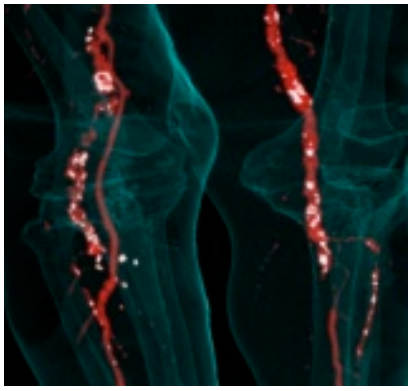
Stefan Wesarg, Bernd Schwald, Helmut Seibert, Pawel Zogal, Michael Schnaider, Georgios Sakas

Fraunhofer IGD, Darmstadt, Germany
Computer Graphics Center (ZGDV), Darmstadt, Germany
MedCom GmbH, Darmstadt, Germany

Third Prize: The AngioVis ToolBox

Matus Straka, Milos Sramek, Alexandra La Cruz, Eduard Gröller Arnold Köchl and Dominik Fleischmann

Commission for Scientific Visualization, Austrian Academy of Sciences
Institute of Computer Graphics and Algorithms, Vienna University of Technology
Department of Angiography and Interventional Radiology, Vienna Medical University
Department of Radiology, Stanford University Medical Center

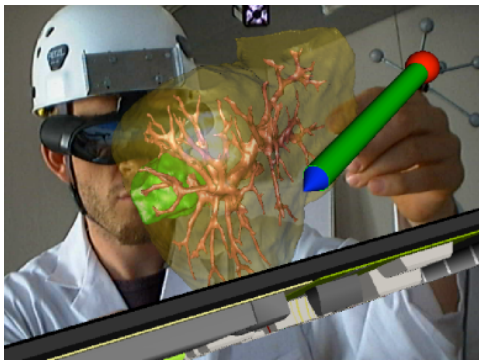


2003

Winner: Augmented Reality based Liver Surgery Planning.

Alexander Bornik, Reinhard Beichel, Bernhard Reitinger, Erich Sorantin, Georg Werkgartner, Franz Leberl. Milan Sonka

Institute for Computer Graphics and Vision, TU Graz, Austria
Department of Radiology, Graz University Hospital, Austria
University of Iowa, Iowa City, IA, USA



Event Report - EG2003 Medical Prize Competition, Computer Graphics Forum, Volume22, Issue 4 (2003)