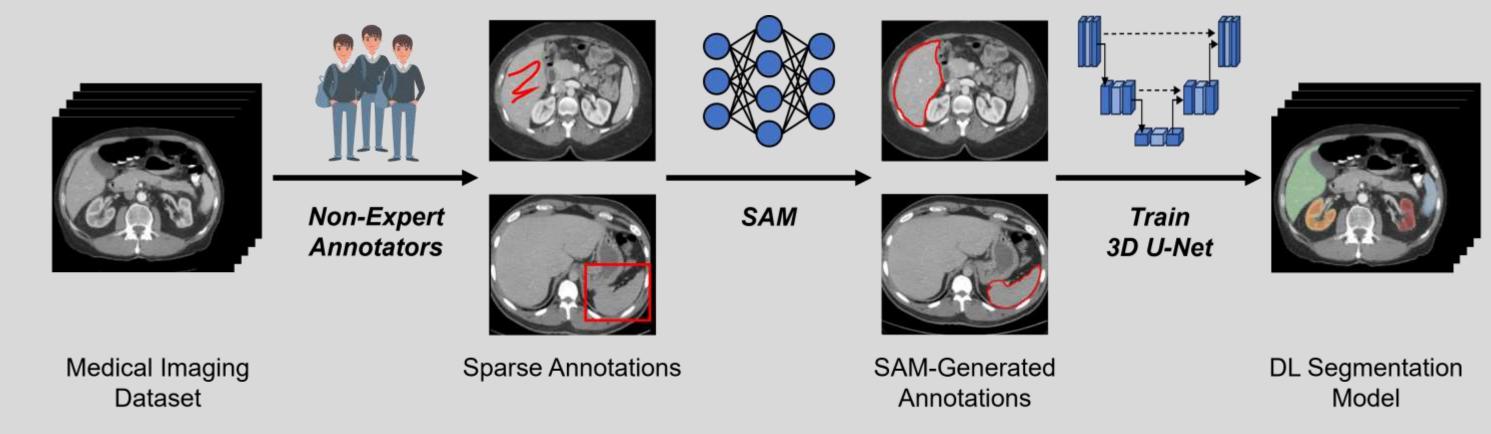




# Anytime, Anywhere, Anyone: Investigating the Feasibility of Segment Anything Model for Crowdsourcing Medical Image Annotations

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# Can **Segment Anything Model** crowdsource annotations for medical image segmentation?

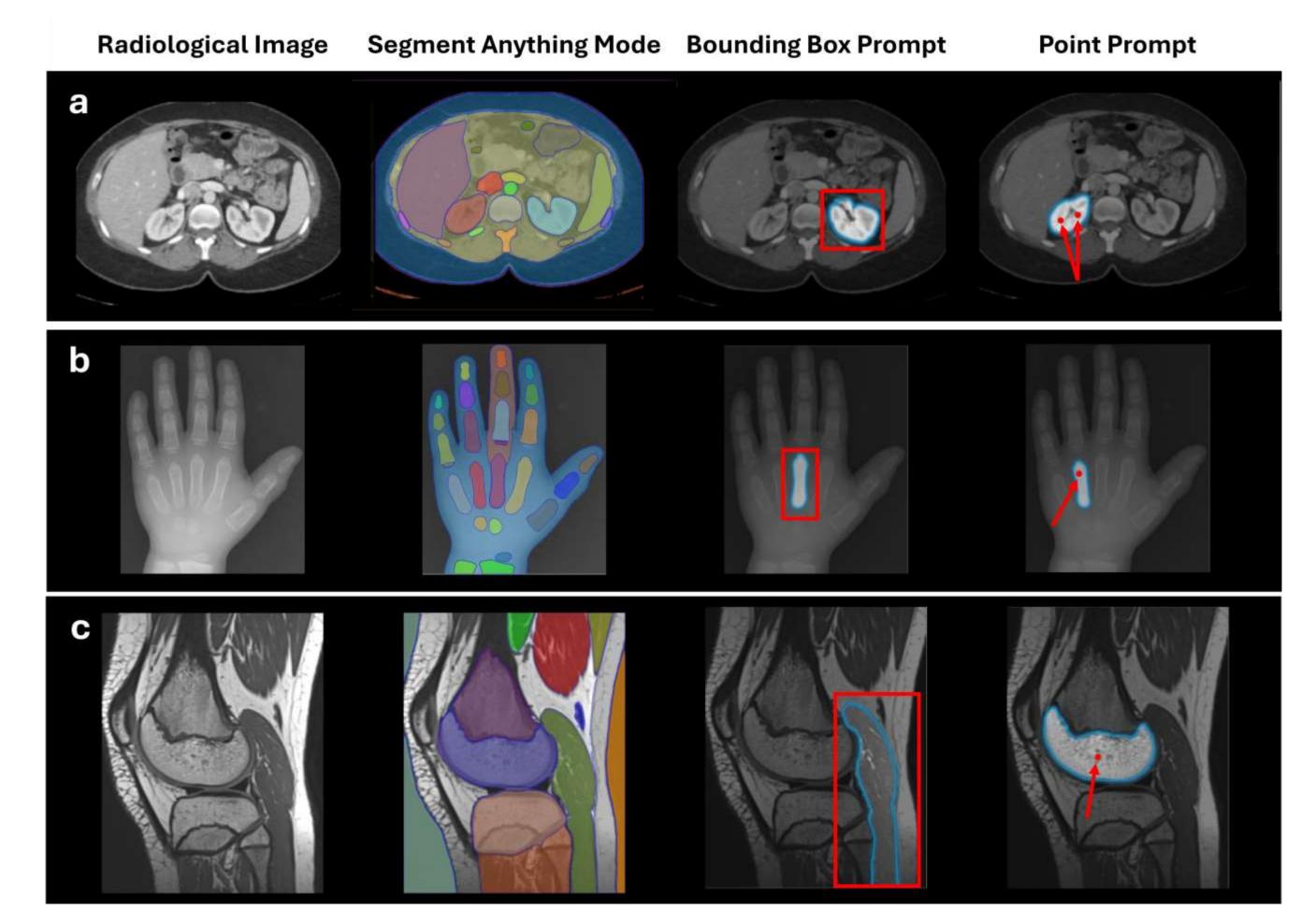
**Figure 1.** Pipeline for crowdsourcing sparse annotations for objects of interest (e.g., organs, tumors, etc.) from non-expert annotators for the purpose of training 3D DL segmentation models (e.g., U-Net) using SAM-generated annotations.

## Introduction

- Medical image annotation for deep learning (DL) is a labor-intensive task<sup>1</sup>.
- There is a critical need for an annotation process to enable non-experts to annotate datasets with sparse annotations without the need for an expert in the loop.
- The Segment Anything Model (SAM) has revolutionized segmentation with strong zeroshot generalizability and holds a lot promise for annotating datasets (**Fig. 2**)<sup>2,3</sup>.
- We evaluated SAM for crowd-sourcing medical image annotations from non-experts and evaluated SAM-generated annotations for training 3D DL segmentation models.

### Methods

- We used the BTCV dataset of n = 30 abdominal CT scans with annotations for 13 organs<sup>4</sup>. The dataset was split into train and test sets (n = 15, both).
- We included five organs of interest: aorta, left and right kidneys, liver, and spleen.
- We used the OpenLabeling tool to annotate the BTCV train set. Each slice was annotated



- by four non-experts using bounding boxes.
- We used SAM ViT-Huge to generate masks for the organs. Each slice was passed to SAM with its corresponding boxes. The SAM-generated annotations were converted to NIfTI.
- We measured the mean slice and volume Dice score of SAM-generated annotations on the ground-truth annotations of train set.
- We trained nnU-Net<sup>5</sup> models, a self-configuring SOTA 3D U-Net, on the SAM-generated ("SAM-nnU-Net") and ground-truth ("GT-nnU-Net") annotations.
- We compared the mean volume Dice scores on the ground-truth BTCV test set using Wilcoxon signed-rank tests. Statistical significance was defined as p < 0.05.

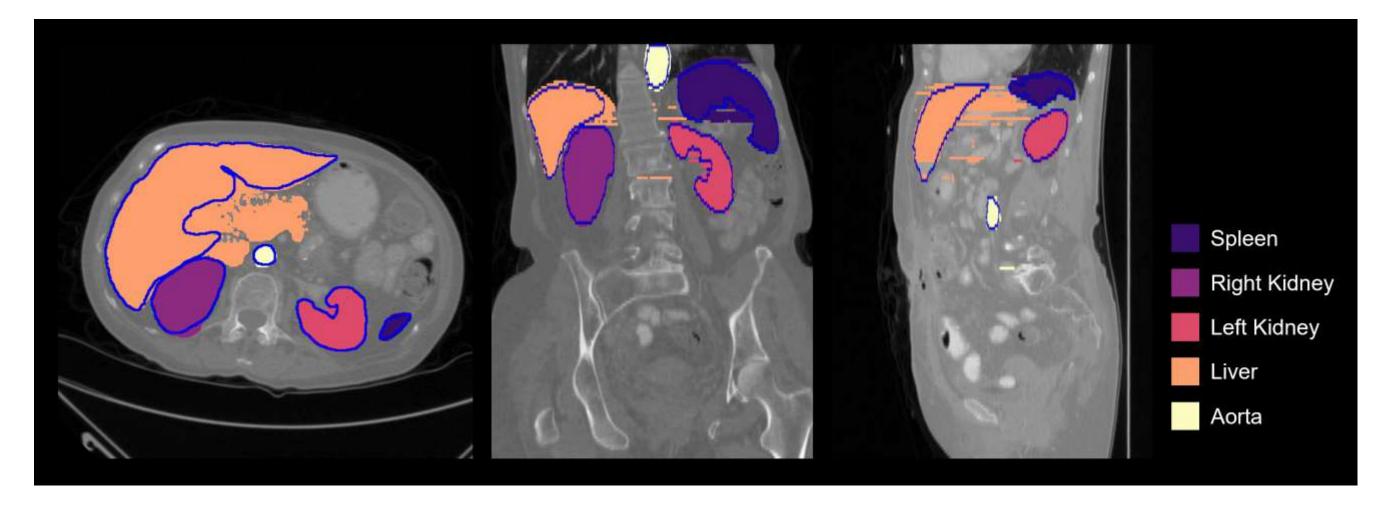
#### Results

- The non-experts annotated 651 slices with 1,840 bounding boxes (**Fig. 3**). They took 55.60  $\pm$  8.76 mins (mean 3.29  $\pm$  1.04 secs per slice) to annotate an organ.
- We excluded volumes with missing annotations (n = 4).
- SAM-generated annotations have high slice Dice scores but low volume Dice scores (Table 1, left). Furthermore, the SAM-nnU-Net model performs significantly worse than the GT-nnU-Net model (Table 1, right; Fig. 4).

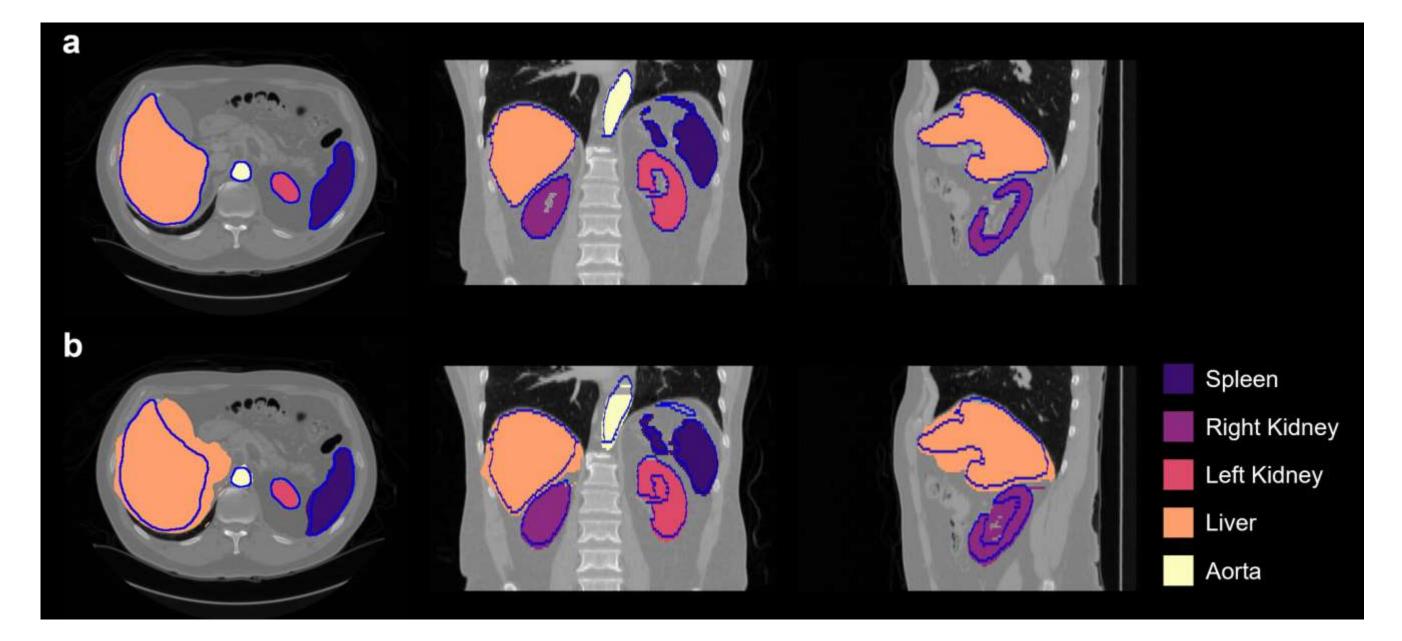
**Table 1.** Mean slice and volume Dice scores of SAM-generated annotations on the BTCV train set (**left**). Mean volume Dice scores of the GT-nnU-Net and SAM-nnU-Net on the BTCV test set (**right**).

Organ	Slice Dice	Volume Dice	GT-nnU-Net	SAM-nnU-Net	p-value
Mean	$0.88 \pm 0.02$	$0.75 \pm 0.09$	$0.90 \pm 0.05$	$0.80 \pm 0.05$	< 0.001
Aorta	$0.88 \pm 0.01$	$0.70 \pm 0.09$	$0.92 \pm 0.01$	$0.78 \pm 0.04$	< 0.001
Left Kidney	$0.88 \pm 0.04$	$0.74\pm0.11$	$0.87 \pm 0.12$	$0.78 \pm 0.08$	0.02
Right Kidney	0.90 ± 0.02	$0.78\pm0.10$	$0.87 \pm 0.11$	$0.78 \pm 0.07$	0.06
Liver	$0.84 \pm 0.02$	$0.73 \pm 0.13$	0.94 ± 0.05	$0.84 \pm 0.04$	< 0.001
Spleen	0.91 ± 0.03	$0.80 \pm 0.14$	$0.88 \pm 0.11$	$0.80 \pm 0.11$	< 0.001

**Figure 2.** Example of SAM on **(a)** an abdominal CT, **(b)** a hand x-ray, and **(c)** a knee MRI. SAM can operate in either "segment anything" mode (column 2) or "prompting" mode (columns 3,4).



**Figure 3.** Example of crowdsourced SAM-generated annotations from the BTCV train set in the axial, coronal, and sagittal views. The ground-truth annotations are outlined in blue.



#### Discussion

- SAM lacks spacial relationships since it is designed for 2D segmentation. This can be addressed by adapting SAM for 3D medical image segmentation<sup>6</sup>.
- There is potential for unreliable annotations from non-experts and quality assessment is critical for filtering them out without manual intervention from an expert.
- While we may not be ready for non-expert annotations yet, they have a potential for streamlining medical image annotation.

**Figure 4.** Example of **(a)** GT-nnU-Net and **(b)** SAM-nnU-Net segmentation from the BTCV test set in the axial, coronal, and sagittal views. The ground-truth annotations are outlined in blue.

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