Detegmentation of Organs-at-Risk for Head and Neck Cancer

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Abstract

Segmentation of organs-at-risk (OARs) is a critical step in radiation therapy planning for head and neck cancer (HNC). We present a practical Detegmentation framework that integrates a detection network to autonomously generate box prompts for training and testing a foundation segmentation model for OARs in HNC. Our method achieves state-of-the-art performance without clinician intervention, demonstrating its strong potential for clinical application.

Keywords: Detegmentation, Detection, Segmentation, Foundational Model, Head and Neck Cancer

1. Introduction

Recent advancements in fine-tuned foundation models have demonstrated the potential to surpass conventional segmentation methods when provided with appropriately sized box prompts—rectangular regions that indicate the location of the target object (Kirillov et al., 2023; Xu et al., 2024, 2025; Fan et al., 2019; Chen et al., 2024). However, manually delineating these boxes for OARs is impractical, as it requires substantial clinician input and is susceptible to intra- and inter-rater variability. Head and neck (HNC) cancer is among the most common cancers worldwide. In radiation therapy, organs at risk (OARs) must be accurately segmented to minimize post-treatment complications. In this study, using the example of OARs for head and neck cancer(Ye et al., 2022), we propose a Detegmentation framework that integrates a detection network to autonomously generate fitted box prompts for each target OAR, enabling streamlined training of a foundation segmentation model without clinician intervention. Our method achieves state-of-the-art performance on a public benchmarks(Podobnik et al., 2023).

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2. Methods

Detegmentation's framework comprises an nnDetect detection model(Baumgartner et al., 2021) and a 3D adapted Segment Anything Model (SAM)(Chen et al., 2024), which can be fine-tuned(Hu et al., 2021) for specific OARs. Initially, we train the nnDetect model to automatically predict the location and generate bounding boxes for target OARs. Subsequently, we utilize the coordinates from the detection outputs to fine-tune the 3D SAM for enhanced OAR segmentation. During the inference phase, the tested case is first processed by nnDetect to generate the corresponding box prompt, which, along with the image, is then fed into the segmentation model. Figure 1 presents an overview of the Detegmentation framework.

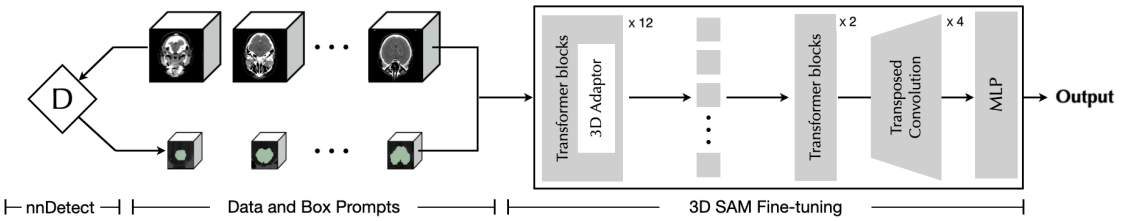

Figure 1: An overview of the proposed Detegmentation framework

3. Experiments

We assessed the proposed framework using the brainstem and left parotid gland structures from the publicly available HaN-Seg challenge dataset(Podobnik et al., 2023), which was partitioned into 30 cases for training and 12 cases for testing.

In the detection stage, the sensitivity for both the brainstem and left parotid gland is 1, with an satisfying average Dice score of 0.78 between the ground truth and predicted bounding boxes. As summarized in Table 1, the proposed Detegmentation framework achieves a mean 0.895 Dice and 1.8 HD95 of for brainstem segmentation, and a 0.886 Dice with a 2.0 HD95 for left parotid gland segmentation, surpassing the top performing nnU-Net(Isensee et al., 2018) and DynUNet(Yang et al., 2025) methods in the HaN-seg challenge. Figure 2 presents qualitative results for the segmented brainstem and left parotid gland.

Table 1: Quantitave segmentation results comparing the proposed Detegmentation framework with leading methods in the HaN-seg challenge

OAR	**Mean**	**nnU-Net**	**DynUNet**	**Ours**
Brainstem	DSC	0.885	0.849	**0.895**
	HD95	3.9	4.7	**1.8**
Parotid gland(L)	DSC	0.867	0.851	**0.886**
	HD95	5.1	5.1	**2.0**

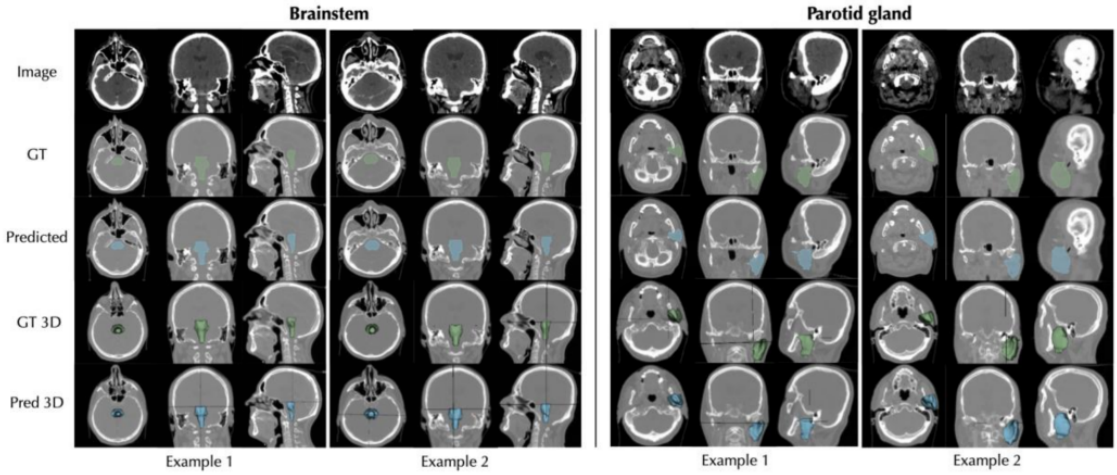

Figure 2: Qualitative results showcasing the predicted segmented brainstem and the left parotid gland labels, along with their 3D renderings. GT denotes the ground truth label

4. Discussion and Conclusion

We present a practical Detegmentation framework that integrates a detection network to autonomously generate box prompts for training and testing a foundation segmentation model for organs at risks for head and neck cancer. Our method achieves state-of-the-art performance without clinician intervention, demonstrating its strong potential for clinical application. Future work will focus on expanding the framework to additional OARs, particularly smaller structures, and developing strategies to address cases where the detection model exhibits suboptimal performance.

Our detection component has some limitations, particularly in accurately identifying small-scale items. To address this, we incorporate Bayesian expansion at the borders of the bounding boxes to enlarge the region of interest for the segmentation stage. To maintain segmentation efficiency with these expanded, loose boxes, we train our segmentation model using loose boxes with Bayesian adjustments. Our model demonstrates state-of-the-art (SOTA) performance compared to other methods in the Han-Seg challenge (Podobnik et al., 2023). Competing methods primarily utilize nnU-Net and its variants, such as DynUNet and UID-Net, leveraging two imaging modalities (CT and MR) with registration. In contrast, we achieve SOTA results using only CT images. In future work, we will focus on segmenting all organs at risk (OARs), with particular attention to challenging tasks such as segmenting the optic chiasm and optic nerve. Additionally, we aim to further analyze the clinical implications of our detection-segmentation approach.

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