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# Meta-Learning-Driven CT Morphology Disentangled Diffusion Model for Multi-Region SPECT Attenuation Correction

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Abstract. SPECT imaging faces persistent challenges from soft-tissue attenuation artifacts in clinical practice. While CT-based correction remains the clinical reference standard, associated radiation risks and infrastructure requirements limit its widespread adoption. To address this, we propose a Meta-Learning-Driven CT Morphology Disentangled Diffusion Model (MetaMorph-Diff), which achieves CT-independent attenuation correction. First, we design a Morphological Structure-Attentive Fusion module that explicitly guides the diffusion process using CT-derived anatomical priors. During training, its Morpho-Attentive Alignment submodule establishes voxel-level physical constraints between SPECT features and attenuation distributions by leveraging CT anatomical priors. During inference, its Morpho-Disentangling Gate achieves complete disentangling from CT dependencies through learned morphological embeddings. Crucially, the model uses only SPECT images during inference to achieve accurate attenuation correction without relying on CT data. Second, we propose a multi-region adaptive meta-learning strategy, which enhances cross-anatomical generalization capability by optimizing model initialization parameters, enabling a single model to achieve consistent and accurate correction across diverse anatomical regions. Our method surpasses existing approaches with higher-precision attenuation distribution prediction and stronger multi-region correction adaptability. The code is available at https://github.com/yhr1020/MetaMorph-Diff.

**Keywords:** Attenuation Correction · Diffusion Model · Meta-Learning · SPECT/CT

### 1 Introduction

Single photon emission computed tomography (SPECT) is widely used for diagnostic purposes across multiple anatomical regions, such as diagnosing brain

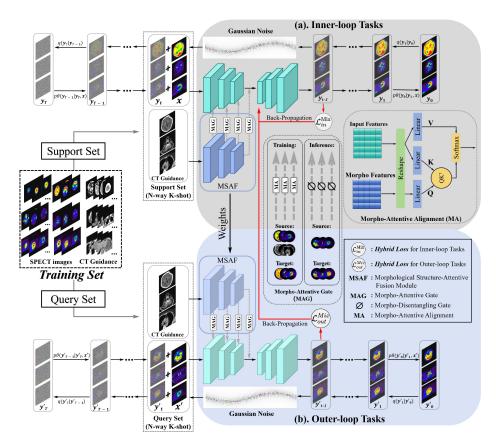
tumors, epilepsy, and stroke, diagnosing and detecting recurrences of differentiated thyroid cancer, as well as assessing coronary artery disease and myocardial injury [14]. In clinical applications, SPECT imaging is susceptible to soft tissue attenuation artifacts, leading to false positives or false negatives, thus reducing diagnostic accuracy [20]. To address this issue, the most commonly used method is attenuation correction using computed tomography (CT) [1,7]. Although CT plays a crucial role in attenuation correction, the X-ray radiation it uses poses a certain radiation risk to patients. Additionally, the high cost of SPECT/CT scanners limits the widespread use of SPECT in certain clinical settings, especially in resource-limited areas.

Previous works have attempted to address this issue using deep learning-based generative networks. Sakaguchi et al. [18] employed a CNN-based AutoEncoder for brain SPECT, while Chen et al. [2] developed a 3D Dual Squeeze Excitation Residual Network for cardiac applications. Shi et al. [19] utilized 3D cGANs to estimate myocardial attenuation maps. However, these approaches remain confined to single anatomical regions and crucially neglect CT morphological priors during training, resulting in physically inconsistent reconstructions with compromised anatomical fidelity.

Recently, diffusion models have been shown to generate better sample quality than state-of-the-art GANs [4], with applications spanning style transfer [15], image super-resolution [12], among others. In the medical field, they have been utilized in scenarios such as anomaly detection, medical image segmentation, denoising, registration, and generation [10]. However, traditional diffusion models are typically unconditional or based on simple class-conditioned controls, making it difficult to effectively extract multi-modal features from input images and achieve accurate multi-region medical image translation.

In this paper, we propose a meta-learning-driven CT morphology disentangled diffusion model for multi-region attenuation correction. Firstly, we design a Morphological Structure-Attentive Fusion (MSAF) module that explicitly guides the diffusion process using CT-derived anatomical priors. During training, its Morpho-Attentive Alignment (MA) submodule hierarchically extracts CT image features and establishes voxel-level physical constraints between SPECT features and attenuation distributions by leveraging CT anatomical priors. During inference, the Morpho-Disentangling Gate (MDG) achieves complete disentangling from CT dependencies through learned morphological structure embeddings. Secondly, we develop a Multi-region Adaptive Meta-Learning strategy (MAML) to enable the model to adapt to attenuation correction tasks across diverse anatomical regions, thereby enhancing its generalization capability across multi-anatomical sites. Finally, we design and fine-tune a hybrid loss function tailored to the structural information requirements and voxel-level accuracy demands of SPECT attenuation correction. Experiments show our method achieves superior quantitative/qualitative performance and adaptability in multi-region tasks compared to existing approaches.

# 2 Methodology



**Fig. 1.** The MetaMorph-Diff framework. The training set is divided into multiple support sets and query sets, with k-shot samples in each batch, where  $y_i/y_i'$  represents the attenuation-corrected SPECT images in support/query sets, and x/x' represents the conditional input of non-corrected SPECT images in support/query sets.

Our model consists of two main components: the Multi-Region Adaptive Meta-Learning-Driven Diffusion Model and the Morphological Structure-Attentive Fusion (MSAF) module. To more clearly illustrate the proposed architecture, Figure 1 depicts the overall framework of MetaMorph-Diff.

# 2.1 Morphological Structure-Attentive Fusion Module

Our study proposes an MSAF module to achieve CT morphological feature fusion while disentangling CT morphological inputs during inference. The MSAF

module comprises two core components: a morphological encoder and a Morpho-Attentive Gate module (MAG).

The morphological encoder  $f_{\text{Morph}}(\cdot)$  hierarchically extracts structural features from CT images, generating multi-scale representations  $\{F_{\text{CT}}^l\}_{l=1}^L$ , where L denotes the depth of the encoder. These features are fused with SPECT functional features  $\{F_{\text{SPECT}}^l\}_{l=1}^L$  from the diffusion network's encoder  $f_{\text{SPECT}}(\cdot)$  through MAG. The MAG operates in two distinct modes:

Morpho-Attentive Alignment. The MA establishes structural correspondence during training phase through cross-modal attention [16]:

$$F_{\text{fusion}}^{l} = \text{Softmax}\left(\frac{Q_{\text{SPECT}}^{l}(K_{\text{CT}}^{l})^{\top}}{\sqrt{d}}\right)V_{\text{CT}}^{l}$$
 (1)

Where the query matrix is derived from SPECT features ( $Q_{\mathrm{SPECT}}^l = W_Q F_{\mathrm{SPECT}}^l$ , with  $W_Q \in \mathbb{R}^{d \times d}$  being a learnable projection matrix), while key and value matrices derive from CT morphological features ( $K_{\mathrm{CT}}^l = W_K F_{\mathrm{CT}}^l$ ,  $V_{\mathrm{CT}}^l = W_V F_{\mathrm{CT}}^l$ ). Here, d denotes the feature dimension for scaling the dot-product attention to prevent gradient saturation. This cross-modal interaction enables the network to learn physically constrained attenuation mappings during the training phase.

Morpho-Disentangling Gate. During the inference phase, the MDG achieves complete CT dependency disentangling through a single-modal attention mechanism:

$$F_{\text{fusion}}^{l} = \text{Softmax}\left(\frac{Q_{\text{SPECT}}^{l}(K_{\text{SPECT}}^{l})^{\top}}{\sqrt{d}}\right) V_{\text{SPECT}}^{l}$$
 (2)

All attention components  $(Q_{\mathrm{SPECT}}^l,\,K_{\mathrm{SPECT}}^l,\,V_{\mathrm{SPECT}}^l)$  are endogenously derived from SPECT features. Leveraging morphological priors learned during the training phase, the model maintains anatomical consistency without requiring CT input and rapidly adapts to CT-free attenuation correction tasks through a meta-learning strategy.

### 2.2 Multi-Region Adaptive Meta-Learning-Driven Diffusion Model

**Diffusion Model.** The proposed method builds upon the standard diffusion framework [8], which defines forward and reverse Markov chains over T timesteps. The forward process gradually adds Gaussian noise to attenuation-corrected images  $y_0$  through:

$$q(y_t|y_{t-1}) = \mathcal{N}(y_t; \sqrt{1 - \beta_t}y_{t-1}, \beta_t \mathbf{I})$$
(3)

where  $\beta_t$  controls the noise schedule.

For conditional generation, we adopt SR3's architecture [17] that concatenates non-corrected SPECT images x with noisy samples  $y_t$  as input. The reverse process learns to iteratively denoise  $y_T$  via:

$$p_{\theta}(y_{t-1}|y_t, x) = \mathcal{N}(y_{t-1} \mid \mu_{\theta}(x, y_t, t), \Sigma_{\theta}(x, y_t, t))$$
(4)

Multi-Region Adaptive Meta-Learning. To improve the model's stability for attenuation correction without CT across different anatomical regions, we employ the MAML for optimization. Each anatomical region's correction is defined as a task with k-shot samples [6]. Initializing parameters  $\theta_0$ , we perform G-step inner-loop updates on support set  $S_{AC_i}^j$  from training tasks  $T_{\text{train}}$  (Fig. 1(a)):

$$\theta_j^G = \theta_{j-1}^G - \alpha \nabla_\theta \mathcal{L}_{S_{AC}^j}(F_{\theta_{j-1}^G}) \tag{5}$$

where  $\alpha$  denotes the inner-loop learning rate. The outer-loop optimization evaluates  $\theta_0$  over J-scale tasks using query sets  $Q_{AC}^j$  (Fig. 1(b)):

$$\theta_0 = \theta_0 - \beta \nabla_{\theta} \sum_{j=1}^{J} \mathcal{L}_{Q_{AC}^j}(F_{\theta_j^G}(\theta_0))$$
 (6)

Where  $\beta$  is the outer-loop learning rate, and  $\mathcal{L}_{Q_{AC}^{j}}$  is the loss function.

#### 2.3 Hybrid Loss Function

Due to the high demand for image detail preservation in the attenuation correction task, we designed and fine-tuned a hybrid loss function. Specifically, we combined Multi-Scale Structural Similarity Index (MS-SSIM) and L2 loss, mixing them with appropriate weight ratios to effectively balance the retention of image structural information with the control of smoothness. While preserving high-frequency details of the image, this method effectively suppresses low-frequency noise, thereby improving the image quality and reconstruction accuracy. The loss function is expressed as:

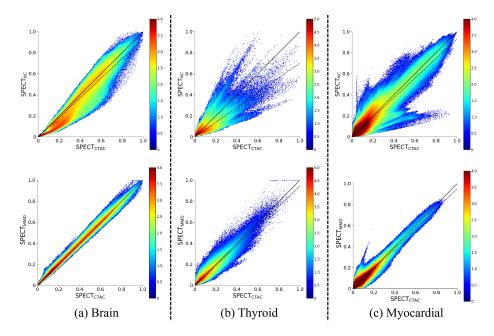
$$\mathcal{L}^{\text{Mix}} = \alpha \cdot \mathcal{L}^{\text{MS-SSIM}} + (1 - \alpha) \cdot G_{\sigma_M^G} \cdot \mathcal{L}^{l_2}$$
 (7)

Where  $\mathcal{L}^{\text{MS-SSIM}}$  is the multi-scale structural similarity loss [22], and  $G_{\sigma_M^G}$  approximates the MS-SSIM pyramid structure by applying different Gaussian smoothing parameters  $\sigma_G$  on the full-resolution image, thereby reducing computational overhead and capturing multi-scale information.  $\mathcal{L}^{l_2}$  is the standard  $l_2$  loss. We experimented with and fine-tuned the parameter  $\alpha$  to control the balance between the two loss functions.

# 3 Experiments and Results

## 3.1 Dataset and Implementation Details

**Dataset.** In this study, we used an in-house dataset from a hospital in China. The dataset comprises 821 brain perfusion cases, 810 thyroid cases, and 814 myocardial perfusion cases. All images were acquired using the Philips Precedence 16 SPECT/CT system (Philips, Netherlands), equipped with a low-energy general-purpose parallel-hole collimator with a peak energy of 140 keV and a window width of 20%. The radiopharmaceuticals used for brain perfusion, thyroid,



**Fig. 2.** The Joint Histogram of Voxels presents the voxel value distributions between the non-corrected image (SPECT $_{\rm NC}$ ), the image generated by our MetaMorph-Diff (SPECT $_{\rm MMD}$ ), and the CT-based attenuation-corrected image (SPECT $_{\rm CTAC}$ ). The voxel values are normalized to the range [0, 1] and undergo a logarithmic transformation.

and myocardial perfusion imaging were  $^{99}\mathrm{Tc^m}$ -ECD  $925{\sim}1110~\mathrm{MBq},~^{99}\mathrm{Tc^m}\mathrm{O_4}$   $555{\sim}740~\mathrm{MBq},~\mathrm{and}~^{99}\mathrm{Tc^m}$ -MIBI  $925{\sim}1110~\mathrm{MBq},~\mathrm{respectively}.$  Each sample includes a set of paired images, specifically the original non-corrected SPECT image, the corresponding CT image, and the attenuation-corrected SPECT image.

**Implementation Details.** Based on the NVIDIA RTX A6000 GPU, we implemented our network using the PyTorch framework. The Adam optimizer was employed with an initial learning rate set to  $2 \times 10^{-4}$  for updating the network parameters. The size of all input images were adjusted to  $128 \times 128$  pixels.

# 3.2 Results

In this study, we used several quantitative metrics to evaluate the performance of the proposed model: Structural Similarity Index (SSIM) [21], Peak Signal-to-Noise Ratio (PSNR), Mean Absolute Error (MAE), Pearson Correlation Coefficient (PCC) [13], and Euclidean Distance (ED) [5]. Additionally, we present the voxel-level joint histogram (see Fig. 2). The joint histogram of voxels indicates

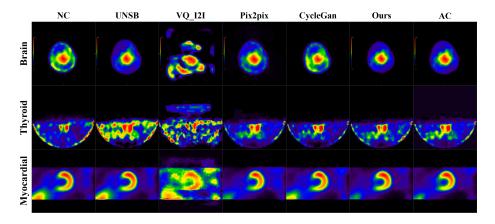


Fig. 3. Qualitative results of different methods. NC represents the non-corrected image, while AC refers to the attenuation-corrected image using CT.

that the voxel distribution of  $\rm SPECT_{MMD}$  closely matches the voxel distribution of the ground truth image, demonstrating its greater accuracy in voxel-level mapping.

We compared MetaMorph-Diff with four state-of-the-art image translation methods [3, 9, 11, 23] to evaluate its performance in multi-region attenuation correction. Additionally, we integrated a meta-learning framework [6] into two comparison models to assess the effectiveness of combining it with our base model. Finally, we analyzed MetaMorph-Diff's performance across different k-shot settings to identify the optimal k value. All experiments were performed with the same dataset and setup for consistency and fairness.

We present the quantitative results of all comparison experiments in Table 1. The experiments demonstrate that our MetaMorph-Diff (k=5) consistently outperforms all baseline methods across all evaluation metrics. To further validate the statistical significance of these results, we conducted one-way ANOVA tests using IBM SPSS Statistics 27.0. The analysis revealed that all metrics yielded P-values less than 0.01, indicating statistically significant differences among the models (P < 0.05 was considered significant).

Fig. 3 illustrates the generation results of different methods. UNSB [11] and CycleGAN [23] show better generation results for certain specific sites, but their generation performance is unstable for other sites. VQ-I2I [3] shows suboptimal generation, struggling to achieve precise image translation and exhibiting noticeable distortion. While Pix2pix [9] performs similarly to our model in terms of structural similarity, its translation performance in the regions of interest remains less accurate, particularly in handling detailed areas where it lacks sufficient precision.

3-way 4-shot

3-way 6-shot

 $0.95 \pm 0.02$ 

3-way 5-shot  $0.96 \pm 0.02 \ 41.42 \pm 3.74$ 

 $0.96 \pm 0.02$ 

Methods Setting SSIM↑ **PSNR** $\uparrow$ (dB) **MAE** $\downarrow$  (×10<sup>-2</sup>) **PCC** $\uparrow$  (×10<sup>-2</sup>)  $ED\downarrow$ UNSB No MAML  $0.85 \pm 0.09$  $28.87 \pm 4.38$  $3.37 \pm 3.42$  $93.03 \pm 4.43$  $7.82 \pm 4.64$ VQ I2I No MAML  $0.60 \pm 0.15$  $20.48 \pm 5.39$  $9.38 \pm 3.51$  $72.32 \pm 8.96$  $9.58 \pm 7.83$ No MAML  $0.92 \pm 0.04$  $28.63 \pm 3.85$  $2.24 \pm 1.52$  $84.02 \pm 3.75$  $3.93 \pm 1.43$ Pix2Pix  $96.27 \pm 2.51$ 3-way 5-shot  $0.92 \pm 0.04$  $29.43 \pm 2.74$  $1.58 \pm 0.63$  $2.58 \pm 1.68$ No MAML  $0.79 \pm 0.08$  $27.61 \pm 2.83$  $2.43 \pm 1.14$  $86.45 \pm 12.54$  $3.81 \pm 1.81$ CycleGan $0.91 \pm 0.03$  $34.47 \pm 0.39$  $2.07 \pm 0.57$  $96.66 \pm 1.86$  $2.08\,\pm\,0.38$ 3-way 5-shot 3-way 1-shot  $0.60 \pm 0.03$  $29.56 \pm 1.70$  $2.80 \pm 0.49$  $87.24 \pm 7.61$  $5.02 \pm 0.90$  $0.77 \pm 0.02$  $32.55 \pm 2.28$  $1.74 \pm 0.48$  $94.28 \pm 3.45$  $3.55 \pm 0.93$ 3-way 2-shot 3-way 3-shot  $0.90 \pm 0.03$  $34.88 \pm 3.34$  $1.33 \pm 0.58$  $96.32 \pm 2.57$  $2.93 \pm 1.14$ Ours

 $39.51 \pm 3.66$ 

 $40.92 \pm 4.38$ 

Table 1. Quantitative results of different methods(Mean±Std)

**Table 2.** Results of ablation study(Mean±Std)

 $0.83\,\pm\,0.43$ 

 $\textbf{0.63}\,\pm\,\textbf{0.32}$ 

 $0.67 \pm 0.54$ 

 $98.69 \pm 1.11$ 

 $98.60 \pm 1.34$ 

 $98.84 \pm 1.04 \ 1.00 \pm 0.58$ 

 $1.75 \pm 0.84$ 

 $1.08 \pm 0.61$ 

MSAF	Hybrid	Loss MAML	SSIM↑	PSNR↑(dB)	<b>MAE</b> ↓ (×10 <sup>-2</sup> )	<b>PCC</b> ↑ (×10 <sup>-2</sup> )	ED↓
×	✓	✓	$0.92 \pm 0.01$	$39.38 \pm 2.74$	$0.81 \pm 0.23$	$98.34 \pm 1.16$	$1.59 \pm 0.51$
✓	✓	×	$0.92 \pm 0.03$	$36.53 \pm 4.11$	$1.16 \pm 0.59$	$97.81 \pm 1.86$	$2.59 \pm 1.02$
✓	×	✓	$0.93 \pm 0.02$	$38.64 \pm 4.47$	$0.90 \pm 0.54$	$98.51 \pm 1.69$	$1.87 \pm 1.03$
$\checkmark$	✓	✓	$0.96\pm0.02$	$\textbf{41.42}\pm\textbf{3.74}$	$\textbf{0.63}\pm\textbf{0.32}$	$98.84\pm1.04$	$\textbf{1.00}\pm\textbf{0.58}$

## 3.3 Ablation Study

To further investigate the importance of the design components in MetaMorph-Diff, we systematically analyzed the impact of removing or modifying three modules: MSAF, MAML, and the Hybrid Loss Function.

For the MSAF, we removed the MSAF module from the network and replaced the inter-layer connections between convolutional outputs with self-attention mechanisms. For the MAML module, we removed the meta-learning framework and instead trained the base model separately for each site. For the Hybrid Loss module, we replaced the original hybrid loss calculation with mean squared error (MSE) loss function.

As shown in Table. 2, the ablation study results indicate that our modules play a crucial role in enhancing the model's performance.

# 4 Conclusion and Future Work

We propose a meta-learning-driven CT morphology disentangled diffusion model for multi-region SPECT attenuation correction, overcoming the reliance on CT scans. Our experimental results show superior performance in both quantitative and qualitative assessments, with generated images demonstrating enhanced quality, stability, and voxel consistency. This approach offers a promising solution for attenuation correction in resource-limited settings, reducing the need for costly and radiation-prone CT scans while maintaining diagnostic accuracy. Future work will focus on developing a foundational model with improved generalization capability for attenuation correction across diverse anatomical regions.

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