Patient with suspected lung disease

Primary care doctor orders chest x-ray

The starred step can take days or weeks! My goal is to create an automated triage system that detects abnormality in chest x-rays to help radiologist do their job more efficiently and primary care physicians proceed down this pipeline faster.

Data

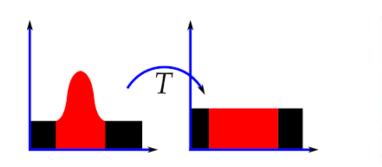
- Stanford Radiology
- 400,000 CXRs (50,000 used for this project)
- Labeled normal, abnormal, and very high risk by expert radiologist

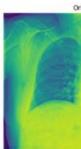


A lot of variance in contrast, rotation/position, and image views

Methods

Histogram equalization to increase contrast





- **Down-sampling of images** from 3000 x 3000 pixels to 512x512 and 224x224
- Data augmentation to prevent overfitting
 - Randomly rotated 90, 180, 270, or 0 deg.
 - Randomly flipped left to right (or not)
 - Augmented with gaussian noise

Neural Net Architectures

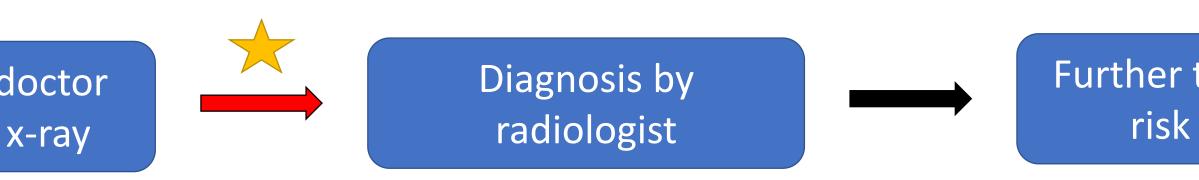
- <u>GoogLeNet:</u> complex but not overly Ο burdened with parameters
- <u>InceptionNet:</u> more complex, same intuition
- <u>ResNet:</u> very deep with different connectivity scheme

Conclusion

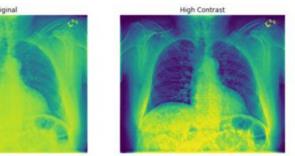
- The best performing CNN model has loss ~0.35 for 3-ary classification
- The model is robust to image size and architecture
- Visualization shows that macroscopic features are learned effectively by the model
- Future directions include further preprocessing (cropping lungs from images, cropping edges) and adding attention layer to the model.

Deep Learning for Chest X-Rays (CXRs)

Christine Tataru, Darvin Yi, Archana Senoyas, Anthony Ma

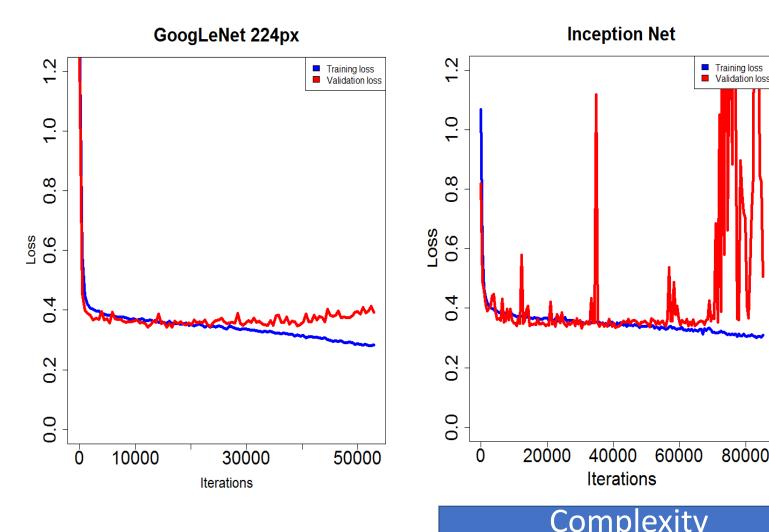




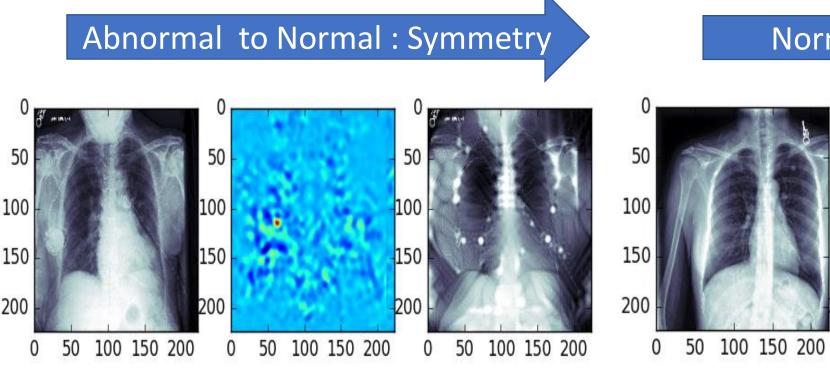


Results

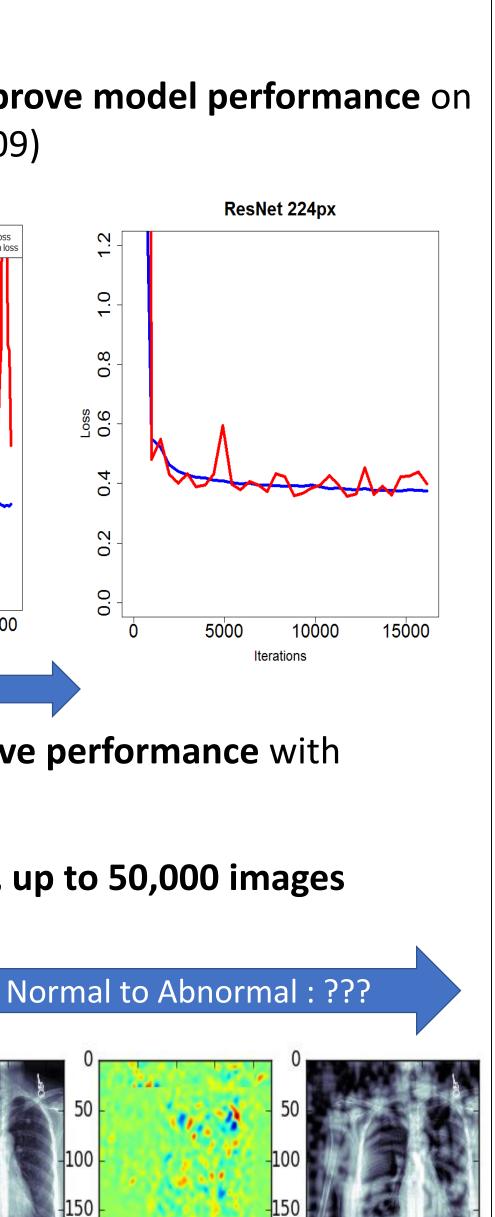
Complexity of the architecture does not improve model performance on 224px images (around 0.4 loss, random is 1.09)



- Using larger (512px) images does not improve performance with GoogLeNet (again 0.4 loss, random is 1.09)
- GoogleNet performs better with more data, up to 50,000 images



Further tests for high risk patients



0 50 100 150 200