Project Proposal



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Data Labeling Approach

Project Overview and Goal

What is the industry problem you are trying to solve? Why use ML in solving this task?

Identifying pneumonia in chest X-ray images is currently done by physicians inspecting an image and making a judgement based on a couple of indicators (further, there are other factors to take into consideration besides the x-ray images). This process requires a human assessment – however, there are cases that clearly indicate no case of pneumonia, in which a human inspection is unnecessary. Why use ML? The task is repetitive and, given a large enough dataset, can be taught to a machine through image recognition.

Choice of Data Labels

What labels did you decide to add to your data? And why did you decide on these labels vs any other option?

I choose three data labels:

- 0 no indication, to weed out clear cases right away
- 1 likely a case of pneumonia should be inspected by a physician
- 2 very likely case of pneumonia. In such cases, inspection by a physician will be needed anyway.

Test Questions & Quality Assurance

Number of Test Questions

Considering the size of this dataset, how many test questions did you develop to prepare for launching a data annotation job?

I prepared 11 test questions, which would amount to almost 10% of the whole dataset. This would probably be too large a share for larger sets of data, but for such a small one it seemed reasonable.

Improving a Test Question

Given the following test question which almost 100% of annotators missed, statistics, what steps might you take to improve or redesign this question?



There are a number of measures we can take:

- First, check if the test question was correctly answered by me (obvious, but this possibility needs to be ruled out)
- Make labels more specific
- Give clearer instructions on what the labels mean
- Check if the rest of the instructions needs an update (rules and tips section especially)
- Check if the examples in the annotator instructions are clear and correct

If time and budget allows, I'd change only one of these factors at a time and re-run the evaluation, to see which one has an impact.

Contributor Satisfaction

Say you've run a test launch and gotten back results from your annotators; the instructions and test questions are rated below 3.5, what areas of your Instruction document would you try to improve (Examples, Test Questions, etc.)



In this job, I assume the most likely reason for annotators to struggle is with the level of uncertainty I built into my labels. (there's 0, 1, 2 as answers – whereas 1 or 2 leave room for interpretation). I might consider changing the whole labeling to a simpler set with only 0, 1, and unknown. If we'd really build such an application, one could expect that cases labeled as 0 show no indications of pneumonia. Cases with 1 would show any indication of pneumonia and need to be reviewed by a physician anyway.

Second, I'd also need to check if the instructions are concise and clear, and there are sufficient examples.

Limitations & Improvements

Data Source

Consider the size and source of your data; what biases are built into the data and how might the data be improved?

- There might be differences in image quality that make it harder to identify cloudy or obscured areas
- Some shapes might be misinterpreted the heart for example might be mistaken as a cloudy area
- If the images are all from the same source (the machine is the same model, and/or the same hospital), we'd need to gather data from other sources as well. Otherwise, we can't know if data from other sources might look significantly different
- We should ensure that there is an equal number of healthy and non-healthy images in the dataset

Designing for Longevity

How might you improve your data labeling job, test questions, or product in the long-term?

- The diaphragm shade is an indicator of a healthy person, but it might as well be missing without indicating a pneumonia.
 So, its absence seems to carry little significance. We could consider leaving it out of the annotation at all and just focus on the cloudy or obscure areas
- We should make sure to gather data from different physicians and/or x-ray machines
- We could introduce more specific labeling for certain conditions in the image. For example, checkboxes for all different indicators (large clouds, scattered clouds, diaphragm shadow yes/no). Downstream, we might then weigh these indicators in our product (some will indicate less or more likelihood of pneumonia)
- It's critical to include professionals (physicians) in the development of the product. Latest, when the first model is trained, the results need to be verified with a professional ideally, we could involve them already in the labeling. We could even have them create example questions for the labeling job.
- There might be even more indicators hidden in these images, about which we can learn by talking to professionals.