

XAI for image based COVID-19 detection

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Do not repeat these mistakes -- a critical appraisal of applications of explainable artificial intelligence for image based COVID-19 detection

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The sudden outbreak and uncontrolled spread of COVID-19 disease is one of the most important global problems today. In a short period of time, it has led to the development of many deep neural network models for COVID-19 detection with modules for explainability. In this work, we carry out a systematic analysis of various aspects of proposed models. Our analysis revealed numerous mistakes made at different stages of data acquisition, model development, and explanation construction. In this work, we overview the approaches proposed in the surveyed ML articles and indicate typical errors emerging from the lack of deep understanding of the radiography domain. We present the perspective of both: experts in the field - radiologists, and deep learning engineers dealing with model explanations. The final result is a proposed a checklist with the minimum conditions to be met by a reliable COVID-19 diagnostic model.

Subjects: Image and Video Processing (eess.IV); Computer Vision and Pattern Recognition (cs.CV); Machine Learning

(cs.LG)

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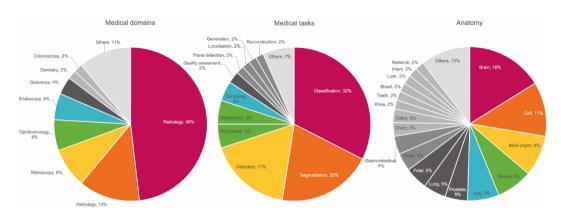


Figure: Artificial intelligence in modern medicine ¹



Methods



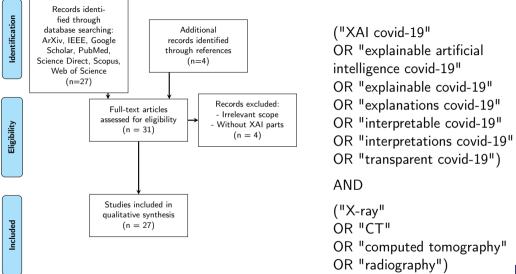


Figure: PRISMA Flow Diagram



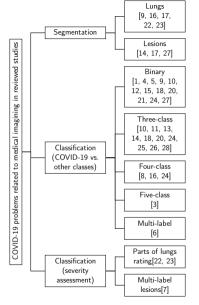


Figure: Categorisation of AI applications in 27 reviewed studies



Model training



Databases

Link to dataset	Number of COVID-19	Used in paper
	cases	
github.com/lindawangg/COVID-Net	917	[14, 20, 22, 26]
github.com/ieee8023/covid-chestxray-dataset	584	[3, 5, 6, 7, 8, 12, 13, 15,
		16, 18, 20, 22, 24, 25, 28]
kaggle.com/tawsifurrahman/covid19-radiography-database	219	[13]
github.com/agchung/Actualmed-COVID-chestxray-dataset	58	[3]
github.com/agchung/Figure1-COVID-chestxray-dataset	56	[13, 20]
github.com/ari-dasci/OD-covidgr	426	[23]
github.com/UCSD-AI4H/COVID-CT	349	[1, 4, 12, 15]
github.com/muhammedtalo/COVID-19	125	[5, 13]
sirm.org/category/senza-categoria/covid-19	111	[21]
kaggle.com/nabeelsajid917/covid-19-x-ray-10000-images	70	[13]
kaggle.com/praveengovi/coronahack-chest-xraydataset	58	



Link to dataset	Used in article	Number of	Presence of chil-	Format
		COVID-19	dren in database	
		cases		
github.com/lindawangg/COVID-Net	[14, 20, 22, 26]			
github.com/ieee8023/covid-chestxray-dataset	[3, 5, 6, 7, 8, 12, 13, 15,	584	no kids	JPG & PNG
	16, 18, 20, 22, 24, 25, 28]			
github.com/agchung/Figure1-COVID-chestxray-dataset	[13, 20]	56	no kids	JPG & PNG
github.com/agchung/Actualmed-COVID-chestxray-dataset		58	no info	PNG
kaggle.com/tawsifurrahman/covid19-radiography-database	[13]	219	no info	PNG
kaggle.com/c/rsna-pneumonia-detection-challenge	[7, 13, 20, 22]	0	present <10	DICOM
kaggle.com/paultimothymooney/chest-xray-pneumonia	[6, 8, 16, 24, 28]	0	no info	JPG
github.com/UCSD-AI4H/COVID-CT	[1, 4, 12, 15]	349	10 cases	JPG & PNG
nihcc.app.box.com/v/ChestXray-NIHCC	[7, 18, 20]	0	present <10	PNG
github.com/muhammedtalo/COVID-19	[5, 13]	125	no info	JPG & PNG
openi.nlm.nih.gov/	[7, 16]	0	no info	DICOM & PNG
stanfordmlgroup.github.io/competitions/chexpert	[7, 22]	0	no kids	JPG
bimcv.cipf.es/bimcv-projects/padchest/	[7]	0	1535 cases <10	PNG
data.mendeley.com/datasets/rscbjbr9sj/2	[25]	0	no info	JPG
github.com/ari-dasci/OD-covidgr	[23]	426	no info	JPG
kaggle.com/nabeelsajid917/covid-19-x-ray-10000-images	[13]	70	present <10	JPG & PNG
kaggle.com/nih-chest-xrays/sample	[5]	0	present <10	PNG
kaggle.com/praveengovi/coronahack-chest-xraydataset	[3]	58	no info	JPG & PNG
physionet.org/content/mimic-cxr/2.0.0	[7]	0	no info	DICOM
radiopaedia.org	[21]	0	present <10	JPG
sirm.org/category/senza-categoria/covid-19	[21]	111	no info	JPG & PNG
wiki.cancerimagingarchive.net/display/Public/LIDC-IDRI	[9]	0	no info	DICOM
offline database or from hospital	[9, 10, 17, 27]			
lack of information	[11, 19]			

DICOM

For medical imaging, standard extension is Digital Imaging and Communications in Medicine (DICOM).

Pixel intensity for DICOM is between:

$$2^{12} = 4096$$
 and $2^{16} = 65536$

Pixel intensity for JPG and PNG:

$$2^8 = 256$$



Figure: Medical display²



Children are not small adults





Figure: Chest X-ray image of an adult and a child with tuberculosis

Figure: Baby scan tube ³



³www.dailystar.co.uk/news/latest-news/confusing-picture-baby-stuck-tube-17367514

⁴https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-020-05381-0

No mixing CT with X-ray

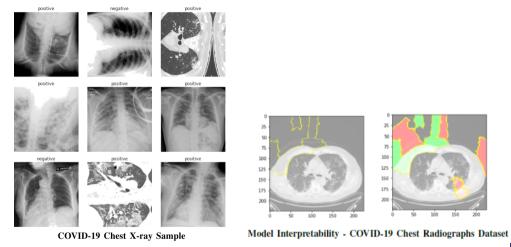


Figure: CT images are mixed with X-rays [12]



Lung windows

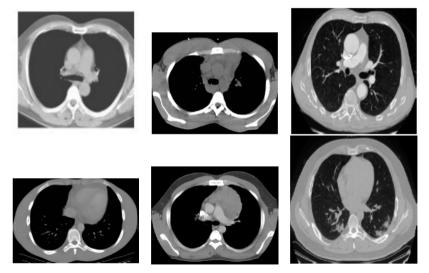
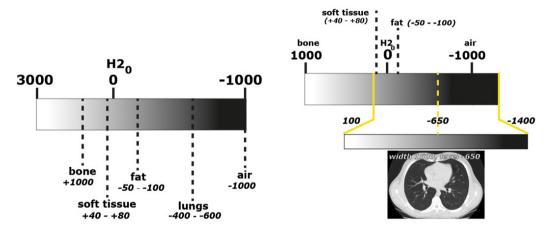


Figure: These are not lung windows, but tissue windows. The lungs cannot be examined. [1, 4, 10]

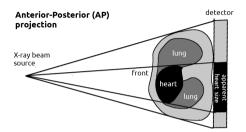


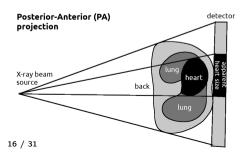
Hounsfield Units

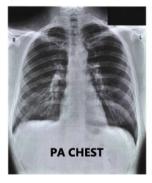




PA vs AP projection







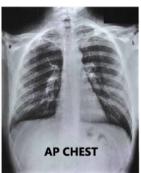


Figure: PA and AP chest radiograph comparison^a

^awww.radtechonduty.com/2015/02/chest-xray



Image preprocessing

cropping, changing colour space, proportionally resizing, or zooming normalizing pixel intensity or equalizing histogram

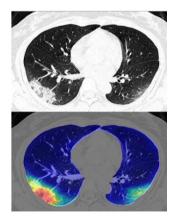
Preprocessing technique	Reference
Resize to the same size	[3, 4, 6, 7, 8, 12, 13, 15, 16, 17, 21, 24, 25, 28]
Normalize pixel intensity	[6, 7, 8, 13, 21, 22, 24]
Change color space	[12, 13, 21, 25]
Eliminate noise	[13, 15, 22, 23]
Use Perona-Malik filter	[13]
Limit image intensity	[6, 22]
Equalize histogram	[3, 13, 16, 22]
Perform image enhancement	[13, 15, 16, 17]
Crop image	[3, 6, 23]
Cast data type	[16, 22]
Zoom image / augmentation	[21, 4]
Add pixels	[23]
Feature encoding	[28]
Feature extraction	[14, 28]
Rotate image	[4]
Use 2D wavelet transform	[15]
Lack or lack of description	[1, 5, 9, 10, 11, 14, 18, 19, 20, 26, 27]



Lung segmentation

without a distorted lung border

▶ without liver, bowel, etc.



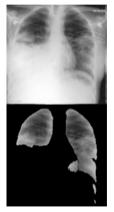




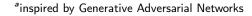
Figure: Examples of lung segmentation [9, 16, 22]



Data augmentation

- rotation
- cropping
- proportionally scalling/zooming up
- brightness, and contrast

Data augmentation technique	Values and studies
Affine transformations	[10]:
Rotation	[9, 20, 24, 26], 5°[3], 15°[5, 13, 21],
	20°[8], 25°[22], 5-35°[11]
Scaling / Zooming	[8, 20, 26], 10% [3, 12, 22], 20% [24]
Horizontally, vertically	20% [11]
Flip	[8, 12, 14]
Horizontal	[3, 9, 20, 26, 27]
Vertical	
Shifting / Translation	[8, 20, 26], height 5% [3], 10% [22]
Shearing	[8, 24, 25]
Crop	[9, 27]
Color jitter (brightness, contrast,	[10]
saturation, and hue)	
Brightness change	[20, 26] +/-30 [25], 10% [3]
Gaussian noise	[25]
ZCA whitening transformation	[8]
Elastic transformation	α =60, σ =12 [22]
Grid distortion	steps=5, limit=0.3 [22]
Optical distortion	distort=0.2, shift=0.05 [22]
Warping	10% [12]
Multiple patches from each image	[16]
Class-inherent transformations	[23]
Network ^a	
Lack	[1, 6, 7, 15, 17, 18, 19, 28]
Not specified	[4]





Model architecture Classification

	5.6
Model architecture	Reference
ResNet	[13]
ResNet18	[6, 14, 16, 22]
ResNet34	[6, 12, 17]
ResNet50	[1, 3, 9, 11, 12, 15]
DenseNet	[7, 13, 20, 22]
DenseNet121	[3, 21]
DenseNet-161	[6]
DenseNet-201	[1, 12, 21]
VGG	[13, 22]
VGG-16	[1, 5, 21, 28]
VGG-19	[1, 12, 21]
Inception	[22]
InceptionV3	[6, 11, 24]
InceptionResNetV2	[1, 21]
MobileNetV2	[1, 21]
NasNetMobile	[1, 21]
EfficientNet-B0	[12]
Efficient TBCNN	[3]
MobileNet	[21]
NasNetLarge	[21]
Res2Net	[27]
Residual Attention Net	[21]
ResNet15V2	[1]
ResNet50V2	[8]
ResNeXt	[6]
WideResNet	[6]
Xception	[21]
own model	[4, 10, 12, 18, 22, 23, 25, 26]

Simple classifier or ensembles	Reference
AdaBoost	[4]
Deep tree	[11]
KNN	[4]
Naive Bayes	[4]
SVM	[4]

Segmentation

Model architecture	Reference
U-net	[9, 22, 23]
AutoEncoder	[14]
VGG-16 backbone + enhanced feature module	[27]
(FC)-DenseNet-103	[16]
Nested version of Unet (Unet++)	[22]
VB-Net	[17]



Transfer learning

Transfer learning on the dataset consists of chest medical imagining (not on ImageNet [13])



Figure: Examples of images in ImageNet database⁶

X-ray with DICOM lung images: $7\,470~{\rm images}^7,~29\,684~{\rm images}^8,~3\,209~{\rm images}^9,~377\,110~{\rm images}^{10}.$

CT with DICOM lung images: 15 419 images¹¹, 260 826 images¹², 21 082 502 images¹³.

¹³wiki.cancerimagingarchive.net/display/NLST/National+Lung+Screening+Trial



⁶https://i0.wp.com/syncedreview.com/wp-content/uploads/2020/06/Imagenet.jpg ⁷pubmed.ncbi.nlm.nih.gov/25525580

⁸kaggle.com/c/rsna-pneumonia-detection-challenge

⁹kaggle.com/c/siim-acr-pneumothorax-segmentation

¹⁰physionet.org/content/mimic-cxr/2.0.0

¹¹wiki.cancerimagingarchive.net/display/Public/RIDER+Lung+CT

¹²wiki.cancerimagingarchive.net/pages/viewpage.action?pageId=70224216

Validation

In external validation type called cross-database validation the models are trained on one database (source database) and tested on another database (target database).

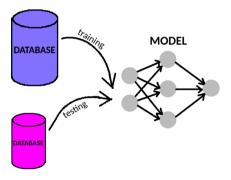


Figure: Cross-database validation



Explainable artificial intelligence



XAI methods used in considered studies

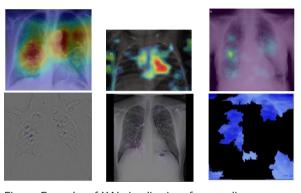


Figure: Examples of XAI visualizations from studies: [23, 25, 7, 8, 6, 1]. Following explanations are used (in a reading direction): Grad-CAM, CAM, saliency, guided backpropagation, integrated gradients, LIME. Such explanations can be divided into 4 types: heat maps (image from 1 to 3), contour lines (image 4), points (image 5), and image pieces (image 6).

- Grad-CAM (gradient-weighted class activation mapping)
- ► LIME (local interpretable model-agnostic explanations)
- CAM (class activation mapping)
- Saliency (saliency map)
- Guided Backpropagation
- LRP (layer-wise relevance propagation)
- Occlusion (occlusion sensitivity)
- AM (activation mapping)
- Attribution maps
- DeepLIFT
- Feature maps
- Grad-CAM++
- Guided Grad-CAM
- GSInquire
- ► Input X Gradient
- Integrated Gradients



Expert based evaluation of XAI methods

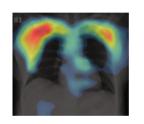








Figure: Examples of biased model explanations [25, 5, 3, 14] Red arrows in the second photo are marked by a radiologist to help localize the lesions. They were not present during model training.



The checklist for responsible analysis of lung images with deep learning models

- Data resources
 - D Does the data format provide diagnostic quality? (DICOM is recommended)
 - R Are the low quality images (i.e., blurred, too dark, or too bright) rejected?
 - D Is the dataset balanced in terms of sex and age?
 - R Does the dataset contain one type of images (CT or X-ray)?
 - R Are the lung structures visible ("lung" window) on CT images?
 - D Are children and adult images not mixed within the dataset?
 - R Are images correctly categorized in relation to class of pathology?
 - D Are AP/PA projections described for every X-ray image?
- Image preprocessing
 - D Is the data preprocessing described?
 - D Are artefacts (like captions) removed?
- Data augmentation (if needed)
 - D Are lungs fully present after transformations?

- R Are lung structures visible after brightness or contrast transformations?
- Transfer learning (if used)
 - D Is the transfer learning procedure described?
- ► Model performance
 - D At least a few metrics out of the proposed in [2] are used?
 - D Is the model validated on a different database than used for training?
- Domain quality of model explanations
 - R Are other structures (i.e., bowel loops) not interpreted as lungs?
 - R Are areas marked as explanation inside the chest?
 - R Are artifacts (cables, breathing tubes, image compression, embedded markup symbols) not identified as part of the explanations?
 - R Are areas pointed out as explanations consistent with opinions of radiologists?
 - R Are explanations sharply indicate lesions?



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Thank you for your attention!

