

PROGRESS PREDICTION 6° WEEK

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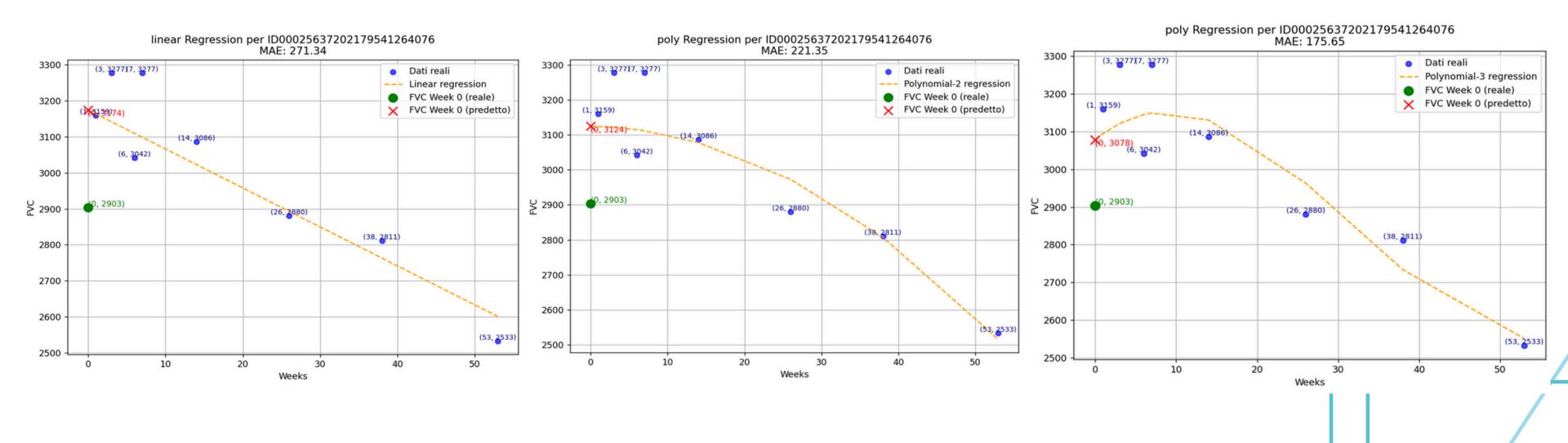
Baseline

3 models:

- Linear Regression
- Polynomial regression (degree 2)
 Polynomial regression (degree 3)

Metric (MAE)	Linear Regression	Polynomial 2	Polynomial 3
Average	127.62	93.95	67.76
Max value	557.10	359.04	175.65
Min value	1.08	2.27	6.88
Std	172.49	114.96	60.51
Median	30.70	32.08	41.26

Baseline comparison



Highlighting how data is nonlinear, therefore a cubic model approximates it substantially better than the linear one.

How are features extracted in Kaggle solution?

- 11 slices
- Chosen beween the 30% 60%

Is it the best way?

Problem → Different number of slices for patient

- Low margin: 12 slices
- Upper margin: 1018 slices
- Average # slices: 187

Kaggle
Combination of handcrafted features + CNN extracted features

Extracted features (based on the kaggle solution):

- SliceThickness (through metadata)
- PixelSpacing (through metadata)
- NumlmgBw5Prec (number of slices between percentile)
- ApproxVol_30_60
- Avg_NumTissuePixel_30_60
- Avg_Tissue_30_60
- Avg_Tissue_thickness_30_60
- Avg_TissueByTotal_30_60 → % of the entire image that is tissue
- Avg_TissueByLung_30_60 → % of the lung area that is tissue

Possible adding of more features:

- Mean, Median, Skew, Kurthosis, HAA of non zero pixels in image
- midMean, midMedian, midSkew, midKurthosis, midHAA of pixels in the largest CT slice of lung mask

Mean \rightarrow average value higher if fibrous tissue is present

Skew → fibrous lung is skewed to the right (normal lung to the left)

Kurthosis \rightarrow peak of the low attenutaion pixels is much lower

HAA → high-attenuation area - percentage of lung voxels between -600 and -250 Hounsfield Units, associated to inflammation

In a discussion, it was highlighted:

FVC highly correlated to age, height, sex

Possibility to add other informations like:

- Height → derived from age and gender assuming that in the competiton a european cohort had been diagnosed
- BMI → based on the chest circumference
- · Chest circumference as standalone criteria

CNN

Use a pretrained model (EfficientNet/U-Net):

- extract complex patterns from images
- concatenate handcrafted features

for %FVC decline)

- Predict Radiological progression and FVC decline
 - Ground Truth?
 - Option 1: From CNN predict FVC → % difference
 - Option 2: Leverage Survival Analysis ,without FVC prediction , just Event occured or not.
 Example, if through data of patient decline %FVC > 10% that patient signed as progressed → Event = 1, so correlate features toif the Event happens or not (Bad