System Design for X-RayAssist

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1 Revision History

Date	Version	Notes
01/13/2024	0.0	Initial draft of all sections
01/15/2024	0.1	Edits to the component diagram and the connections
01/17/2024	0.2	Final edits and check for grammar and clarity
04/04/2024	0.3	Updated module overview (sec 6.1) according to updated
		modules for ML model after implementation

2 Reference Material

This section records information for easy reference.

2.1 Abbreviations and Acronyms

symbol	description		
X-RayAssist	Explanation of program name		
AUC	Area Under Curve		
	Digital Imaging and Communications in Medicine;		
DICOM	technical standard for digital storage/transmission		
	of medical images and related information		
IDEC / IDC	Joint Photographic Experts Group;		
JPEG/JPG	digital image compression standard, image format		
M	Module		
MG	Module Guide		
MIS	Module Interface Specification		
MVC	Model-View-Controller Software Architecture		
NLP	Natural Language Processing		
R	Requirement		
	Receiver Operating Characteristic curve,		
ROC curve	a graph to show the performance of a model,		
	plots true positive rate and false positive rate		
SRS	Software Requirement Specification		
	The Process of Designing and Developing Software;		
X-RayAssist	a reference to the software application described		
	in this document		

Contents

1	Revision History	i
2	Reference Material 2.1 Abbreviations and Acronyms	ii ii
3	Introduction	1
4	Purpose	1
5	Scope	1
6	Project Overview 6.1 Normal Behaviour	2 2 3 4 4
7	System Variables7.1 Monitored Variables	5 5 5
8	User Interfaces	5
9	Timeline	5
A	Interface	7
В	Reflection	12

List of Tables

1	Implementation Timeline	6
List	of Figures	
1	Context Diagram describing The Context of the Work	2
2	Component Diagram that shows the interaction of components	4
3	Login page, the first page seen by users	7
4	Main page with all main functions	8
5	Search page used to search through all existing patient records	9
6	Page that displays a selected patients records	10
7	Page which displays the results of a new chest-x-ray uploaded to the system	11
8	The page that allows new patients to be added to the system before conducting	10
	a new chest-x-ray review	12

3 Introduction

This document aims to outline the system design that meets the requirements defined in the project SRS (SRS Section 2). It will cover the general system with more details about the software architecture outlined in the MG document, and the detailed module interface specification in the MIS document.

4 Purpose

The purpose of this document is to communicate the overall system design. This document focuses on outlining how the system interacts with its environment, the expected operation and unexpected event handling, the explicit relation between design decisions and the requirements seen in the SRS (SRS Section 2), how the system is divided into components, user interface, and the timeline and any constraints for the project.

The purpose of the system is to aid medical professionals and specifically radiologists by reducing the amount of time they need to spend reviewing chest X-rays of patients by conducting a preliminary scan on a patient x-ray for four diseases, Atelectasis, Cardiomegaly, Pleural Effusion, and Pneumonia, with a greater AUC of the ROC than existing systems to create a higher level of confidence in the systems correct predictions.

5 Scope

The system is designed for use by medical professionals at hospitals, labs and offices to conduct a preliminary scan of a patient's chest X-ray and highlight the risk of four diseases identifiable from chest X-rays.

The diagram below outlines where our system interacts with the surrounding environment and the boundaries of our system.

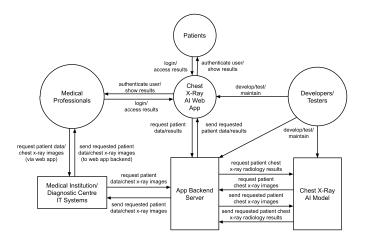


Figure 1: Context Diagram describing The Context of the Work

6 Project Overview

6.1 Normal Behaviour

The system is to be used through a web-application that requires a computer and stable access to the internet. This allows for the system to be used within any existing enterprise systems within hospitals, offices, and labs without the need to understand and integrate into each individual use.

- 1. Chest X-Ray Read Module: Reads the xray images from database as DI-COM files
- 2. Results Generation Module: Generates a disease risk classification for the X-ray input.
- 3. Report Generation Module: Generates a brief summary report for the predictions.
- 4. Database Operations Module: Contains database management functions for the patient database.
- 5. User Authentication/Management Module: Responsible for authorizing user login credentials.
- 6. App GUI Module: The graphical user interface of the system.
- 7. Login Module: Login page UI view.
- 8. Perform Scan Module: UI view for submitting X-ray input to the system to perform a diagnosis.

- 9. View Results Module: View for the results of the scan and disease report.
- 10. AI Model Module: Putting together the diagnosis, heatmaps and summary report.
- 11. Convert DCM Module: Converts dicom xray images to png format and converts images to encoded byte arrays to send to front end.
- 12. Backend Module: Module that interfaces with DICOM server containing patient data.
- 13. App Controller Module: Controller for interacting with the different models and views.
- 14. Medical Institution Interface Module: Allows information upload, for DI-COM files, between application and the medical institutions' IT system.
- 15. Generate Heatmaps Module: Generating heatmaps for each disease for all x-ray images of that patient.
- 16. ML Endpoint Module: Receiving a specific patient and returning diagnosis data for that patient.

6.2 Undesired Event Handling

The system handles undesired events, such as incorrect data, by first checking that any alterations to the data or system will not result in an unsafe state. Should the system receive improper data or experience a connection issue it will prevent further operation until the issue has deemed resolved by the system. The user will need to recommence their actions from login in order to prevent storage of incorrect data.

6.3 Component Diagram

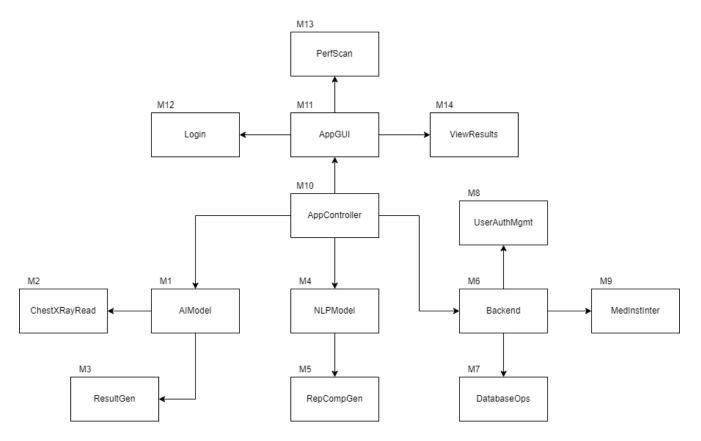


Figure 2: Component Diagram that shows the interaction of components

6.4 Connection Between Requirements and Design

The design of the system is intended to satisfy the requirements developed in the SRS.

- 1. FR4: We decided that the best way to display a structured set of data about a patient was to display all findings in table format.
- 2. FR11: To allow for multiple different key searches we decided to have one search entry field but allow the user to select an option on what data is used in the search. (ie. ID or name)
- 3. NFAR0: Our choice for 'clean' design meant minimal colour changes and minimal feature other than those necessary.
- 4. NFLR0: The system follows similar design to other systems already used in medical offices/hospitals, so there is minimal learning required for operation.
- 5. NFSR0: A description of the main features and functionality of the system will be available on the main page.

6. NFAR0: Users will require a username and password to verify authorization to patient data.

7 System Variables

7.1 Monitored Variables

N/A

7.2 Controlled Variables

N/A

7.3 Constants Variables

N/A

8 User Interfaces

Our system only has a software component for user interaction, and in following the non-functional requirements defined in SRS sections 3.1 and 3.2, uses a simple, consistent colour theme and only the necessary elements for operation. It also follows common design principles and patterns to be conducive to intuitive understanding and quick comprehension of the system. The appendix contains all the current web page designs.

9 Timeline

Deliverable	Assigned to	Deadline
Model Module		
ChestXRayread	Tushar, Mohaansh, Ibrahim	January 21, 2024
ResultsGen	Ibrahim	January 21, 2024
ResCompgen	Tushar	January 21, 2024
DatabaseOps	Nathaniel	January 22, 2024
User Auth Mgmt	Nathaniel	January 22, 2024
MedInstInter	Allison	January 21, 2024
View Module		
Login	Allison	January 24, 202
PerfScan	Allison	January 24, 202
ViewResults	Allison	January 24, 2024
Controller Module		
AIModel	Tushar, Mohaansh, Ibrahim	January 20, 2024
NLPModel	Allison	February 1, 2024
Backend	Nathaniel	January 21, 2024
AppController	Nathaniel	January 21, 2024
AppGUI	Allison	January 21, 2024
Testing		
Model Module	Mohaansh with participants	February 3, 2024
View Module review	Allison with participants	January 26, 2024
Controller Module	Allison, Nathaniel	February 2, 2024
System	Allison, Ibrahim, Mohaansh, Nathaniel, Tushar	February 5, 2024

Table 1: Implementation Timeline

A Interface

The interface appendix includes all Figma images that illustrate the design of the user interface.



Figure 3: Login page, the first page seen by users

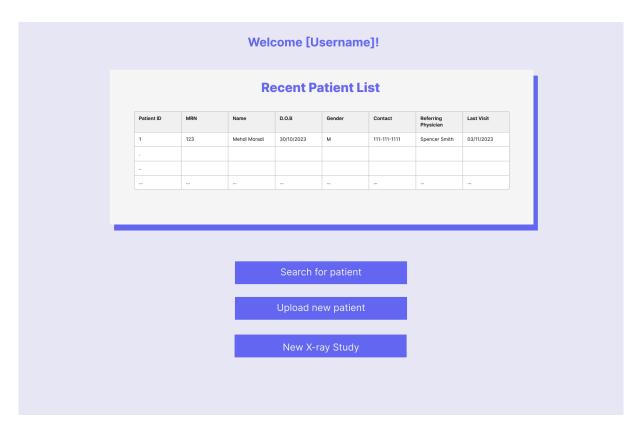


Figure 4: Main page with all main functions

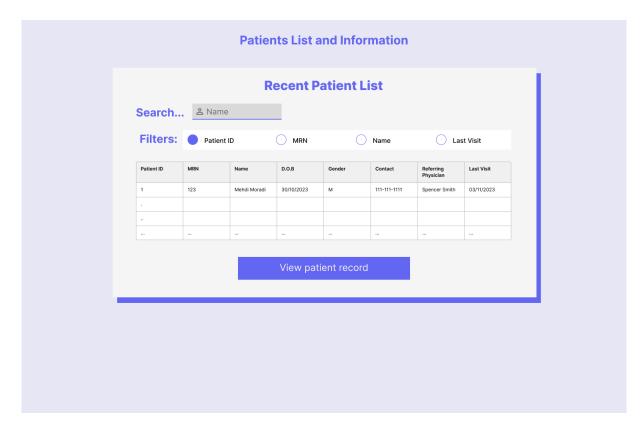


Figure 5: Search page used to search through all existing patient records

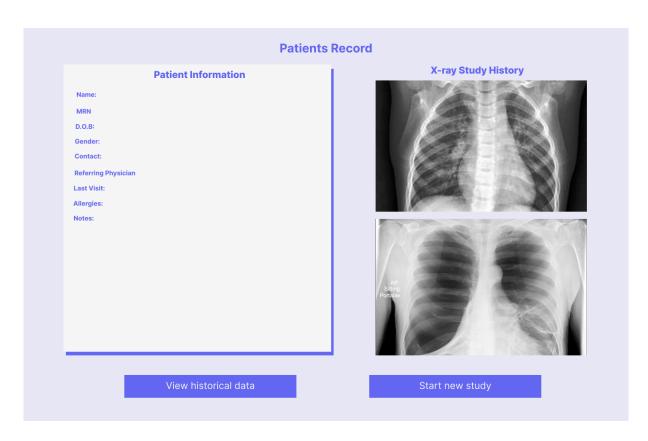


Figure 6: Page that displays a selected patients records



Figure 7: Page which displays the results of a new chest-x-ray uploaded to the system



Figure 8: The page that allows new patients to be added to the system before conducting a new chest-x-ray review

B Reflection

- 1. Some limitations of the solution is the number of diseases, we are focusing on improving the AUC of the ROC for only 4 diseases, with more time, computational power, access to better dataset and/or additional time to conduct our own data creation with material professional (doctors & radiologists), we could aim to improve the AUC of ROC for more diseases, allowing the solution to give more time to the limited doctors to be able to save more people and improve the medical system.
- 2. Some other design solutions we considered were making the application as a local desktop app. Instead, the data is stored on a cloud based system (web app).
- 3. The alternate design choice of making a desktop application would pose storage limitations, and there would need to be special considerations for device and system specifications (e.g. development for macOS, windows, etc.), The software was chosen to be a web app because it would be easier to use a cloud service to store data, and web pages are a more universal and easier to maintain interface. A trade-off for this is that specific data security protocols would need to be implemented as it is not local.