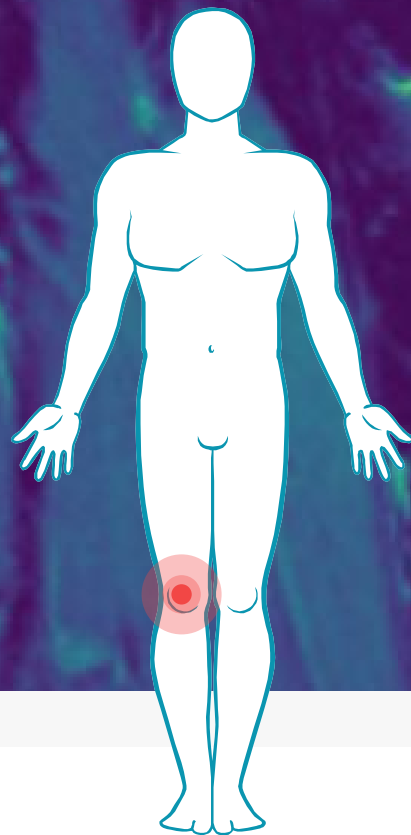


CartilageX: Automated anomaly detection in knee MRIs



Iriondo C, Jain D, Muhamedrahimov R, Papanikolaou V, Trotskovsky K, Sun L

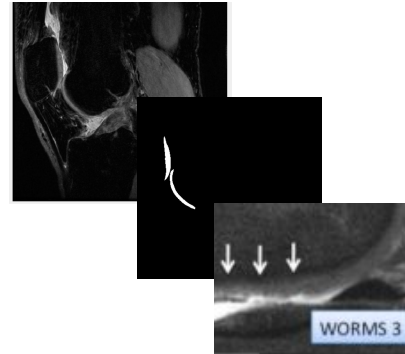
Knee Pain Affects 25% Of Adults



Pain



MRI scan



Segmentation & grading

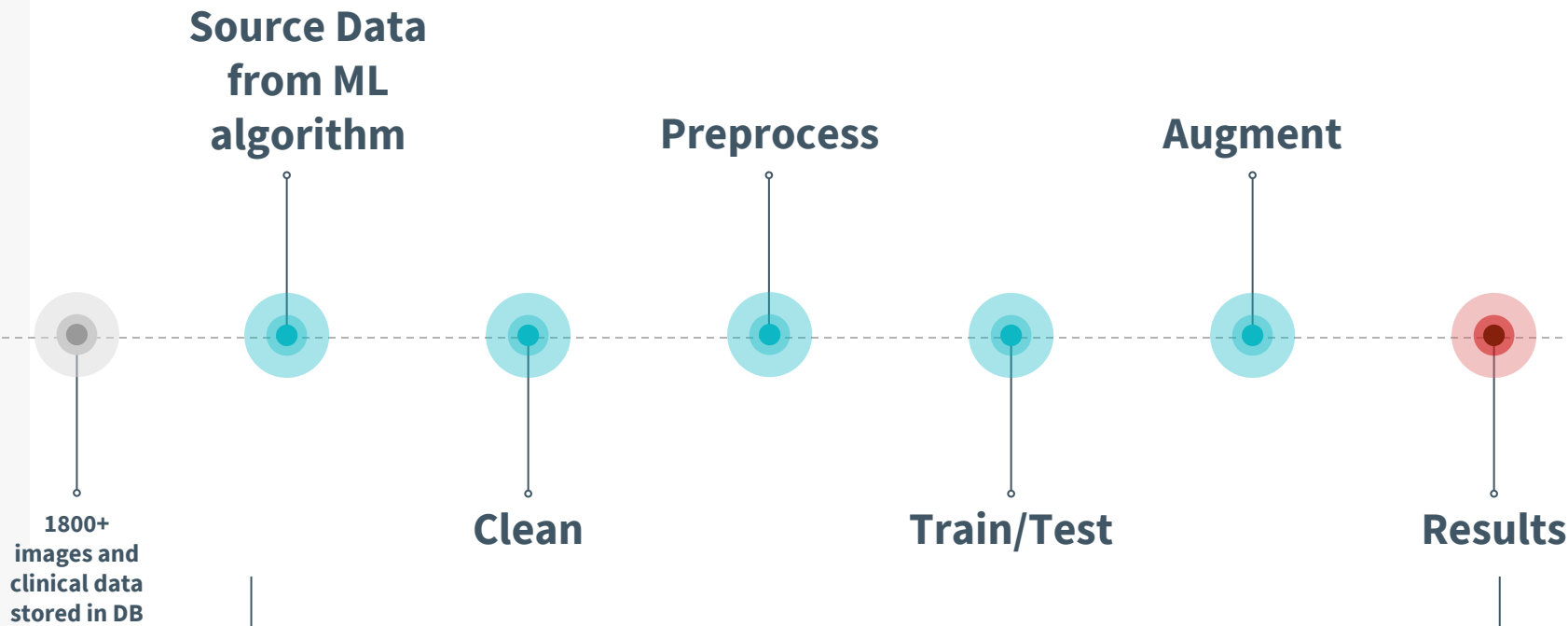


Treatment

AI-guided diagnosis for the development of personalized treatment plans for knee injuries and pathologies

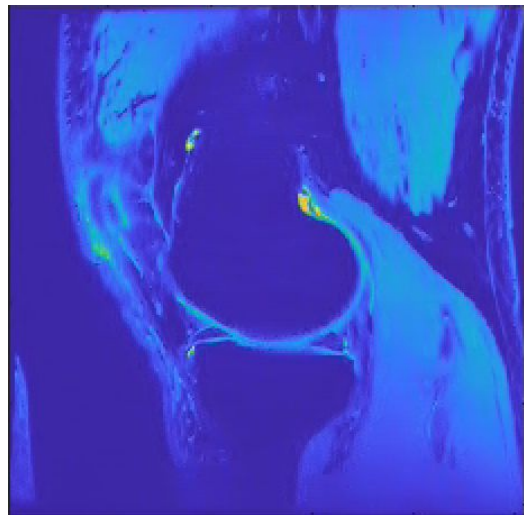
1.1 Billion USD market opportunity

Model Development

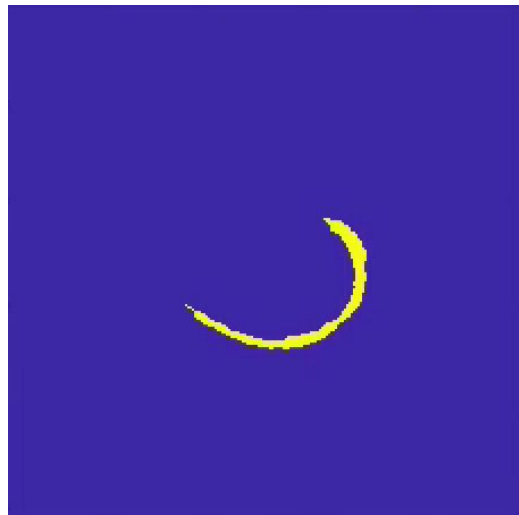


GOAL 1: Cartilage Lesions

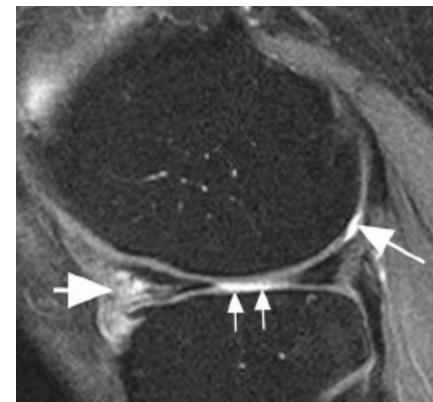
3D MRI image



3D Segmentation Mask



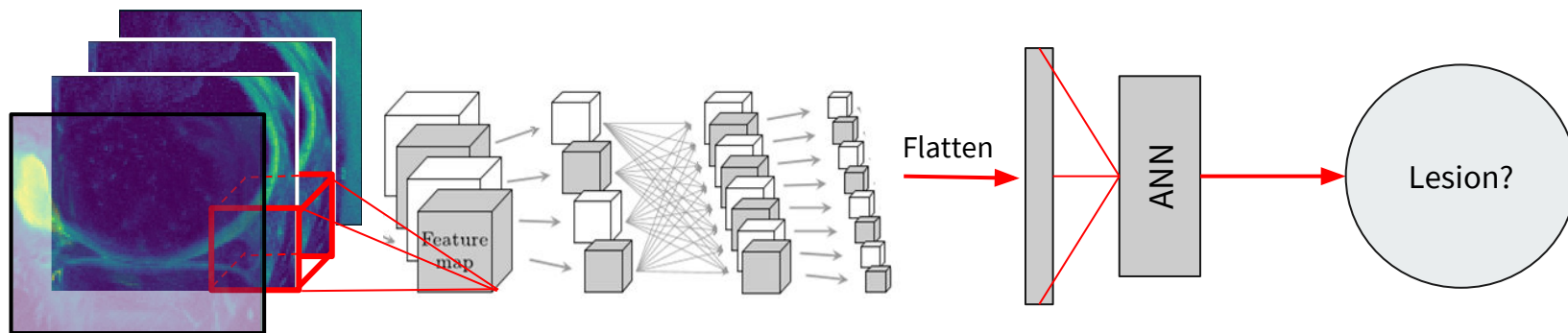
Signal of interest:



Thickness defects
in cartilage surface

Score: [0 1] Healthy
[2 2.5 3 4 5 6] Cartilage Lesion

Classifying Cartilage Lesions with 3D CNN



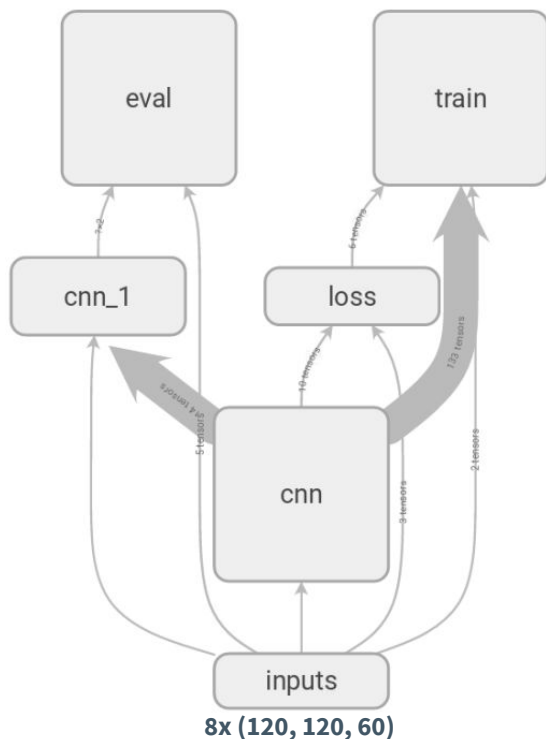
MRI volumes
(512, 512, 224)

3D convolutions for
feature extraction

1D feature map for
classification

Classification

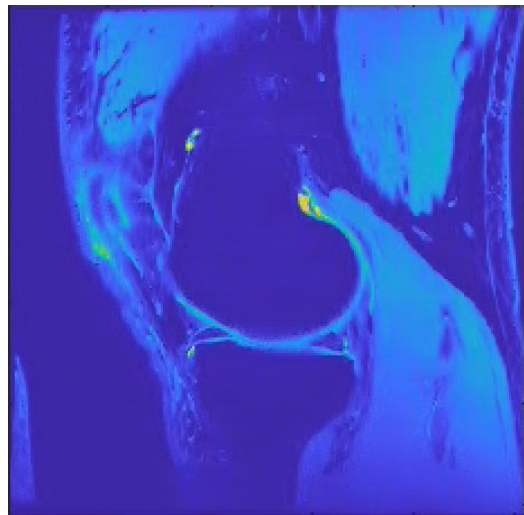
Lesion Classification Results



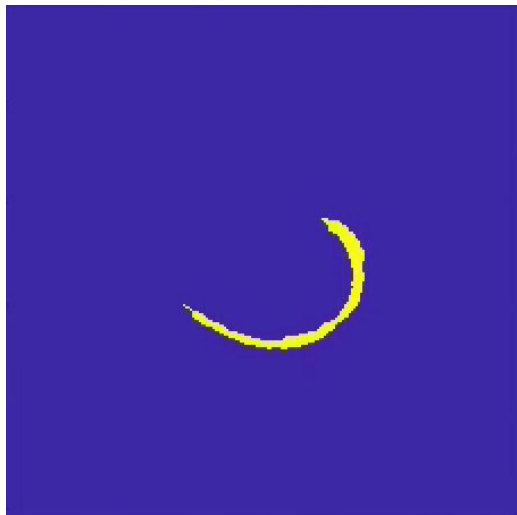
	Full Training Set (0.8)	Validation Set (0.2)
Accuracy	0.86	0.75
Recall	0.93	0.61
Precision	0.50	0.28

GOAL 2: Bone Marrow Edema

3D MRI image



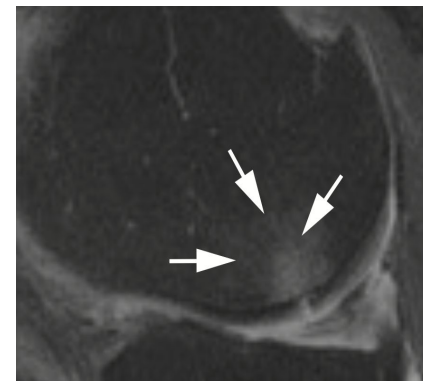
3D Segmentation Mask



Score:

[0] Healthy
[1 2 3] Bone Marrow Edema

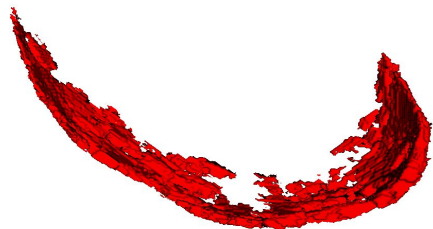
Signal of interest:



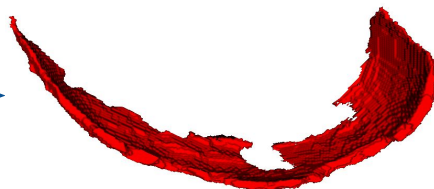
Hyper-intense zones
in bone directly
above cartilage

Improving Performance by Image Flattening

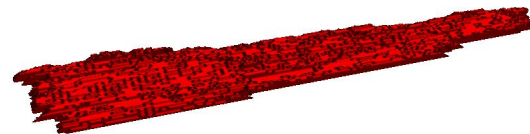
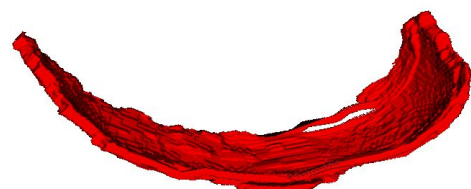
Segmentation from Unet



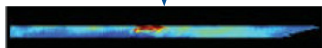
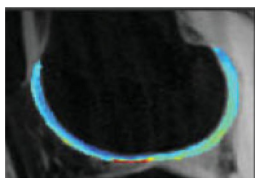
Superposition and dilation



Morphological closing



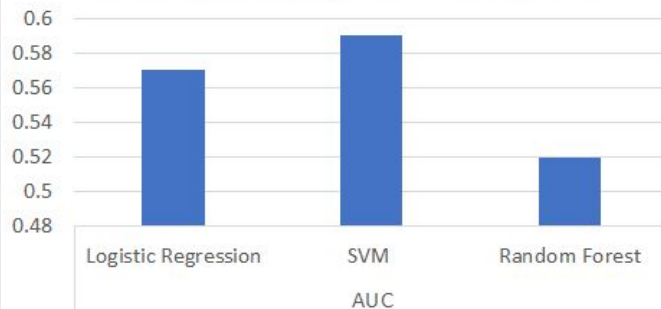
Flattening



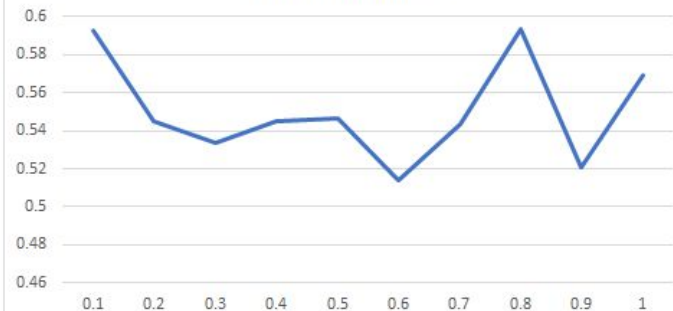
↑ signal of interest-to-background ratio
preservation of cartilage volume
↓ input size by 6x $(200,150,30) \rightarrow (250,20,30)$

Edema Classification using Classic ML

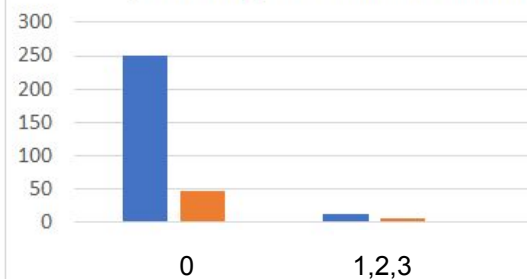
AUC- No model worked even though they were tuned, with SVM having the best predictions



AUC of SVM does not change with different tuning parameters



Bagging based SVM results, Classifier is not performing, class imbalance is obvious

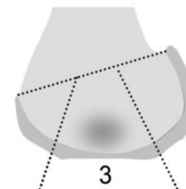
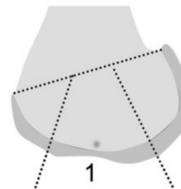
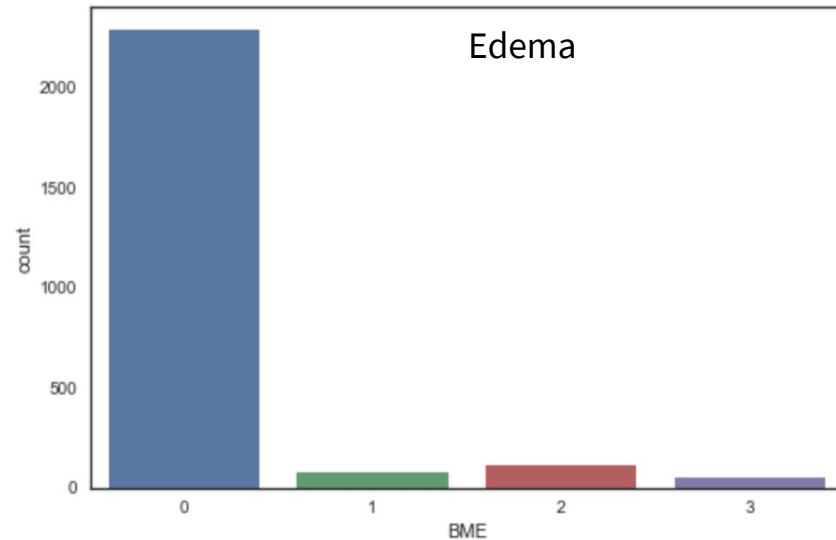
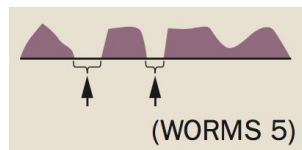
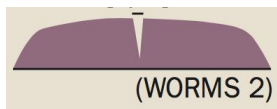
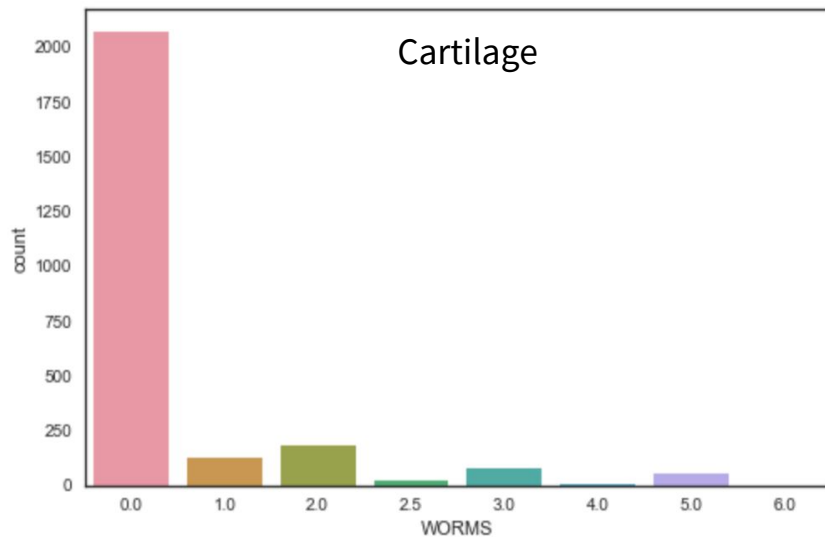


Edema Classification with 2D CNN

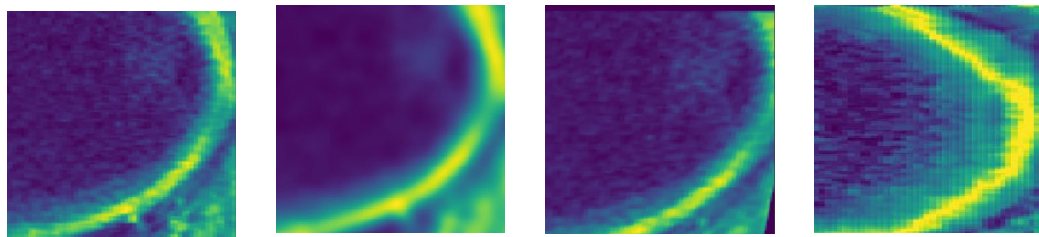
Keras (Tensorflow wrapper) with 80/20 Train-test split

$N = 1700$ +2x minority	30 Epochs (Test)	30 Epochs (Validation)	$N = 1585$ +1x minority	15 Epochs (Test)	15 Epochs (Validation)
Confusion Matrix	[249 , 4] [46 , 37]	[1179, 0] [0 , 219]	Confusion Matrix	[287 , 3] [17 , 1]	[1141, 1] [53 , 80]
Accuracy	85.1%	100%	Accuracy	93.5%	95.7%
Precision	0.90	1	Precision	0.85	.98
Recall	0.45	1	Recall	0.05	.60

Motivation for Data Augmentation



Data Augmentation Techniques + 2D CNN Results



$N = 3010$ +2x <i>minority</i>	Baseline performance	Filters (Gaussian, median)	Affine transformations	Intensity variations
Confusion Matrix	$\begin{bmatrix} 1201, & 0 \\ 104, & 0 \end{bmatrix}$	$\begin{bmatrix} 277, & 0 \\ 28, & 10 \end{bmatrix}$	$\begin{bmatrix} 302, & 0 \\ 34, & 77 \end{bmatrix}$	$\begin{bmatrix} 311, & 0 \\ 26, & 40 \end{bmatrix}$
Validation Precision	0	1	1	1
Validation Recall	0	0.26	0.69	0.61

Improvements

- Data • Establish quality guidelines for images/segmentations to run flattening and projection algorithms
- Preprocessing
 - Extract cartilage features directly from the flattened images and try a simpler and faster classifier
 - Create multi-plane projection images (sagittal, coronal, axial)
- Cartilage
 - Optimize 3D-CNN, iterate through more model architectures
- Lesions
 - Online batch sampling to tackle class imbalance and improve consistency of training
 - Transfer learning: pre-train model on balanced dataset, initialize new model using trained weights
 - Alternative models, including recurrent convolutional neural networks
 - Introduce demographic features (age, BMI, gender) in last layer of network
- Bone Marrow
 - Optimize 2D-CNN architecture (number of layers, filter size, weighted sampling)
- Edema
 - Train the net with combined data augmentations (affine + filter, affine + intensity, etc)
 - Implement multi-class classification with BME score
 - Implement LIME to visualize activation map of CNN and lesion location
- Data
 - Conduct principal component analysis (PCA) on the images to identify the components that are
- Augmentation
 - indicative of cartilage or bone lesions, alter non-significant components to generate synthetic instances
 - Apply data augmentation on volumes for 3D CNN

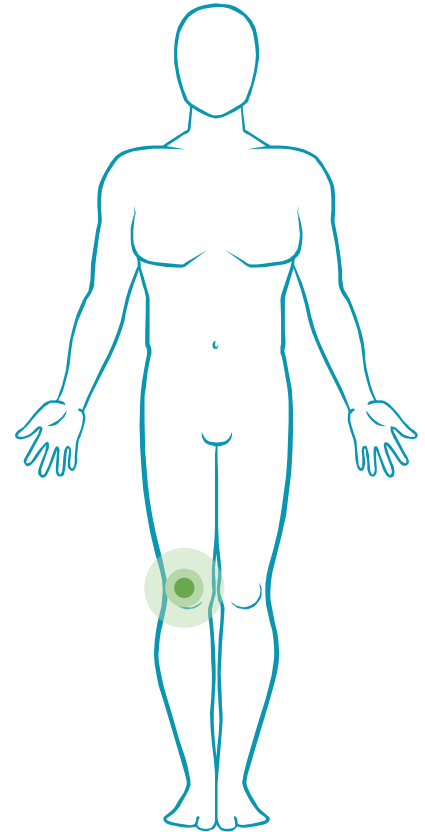
Next Steps

Improvements for stability

- Data curation
- Model performance
- Testing generalizability with new dataset

Product strategy

- Investigate deployment opportunities
- US focused roll-out
- FDA 510(k), risk of de-novo

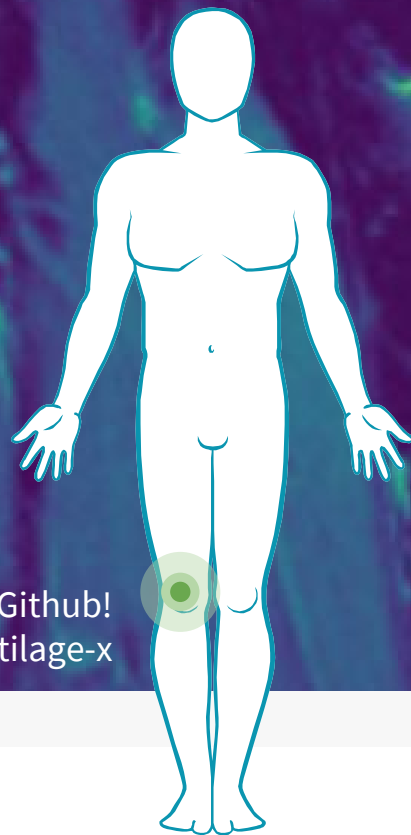


Thanks to our mentors:

Kevin Li, Valentina Padoia, & UCSF MQIR

CartilageX: Automated anomaly detection in knee MRIs


Github!
[/raoufmuh/cartilage-x](https://github.com/raoufmuh/cartilage-x)



Iriondo C, Jain D, Muhamedrahimov R, Papanikolaou V, Trotskovsky K, Sun L

Precision and Recall

How many images
classified as lesions were
actually lesions?

$$\text{Precision} = \frac{\text{true positives}}{\text{true positives} + \text{false positives}}$$


How many lesions of the
total were detected?

$$\text{Recall} = \frac{\text{true positives}}{\text{true positives} + \text{false negatives}}$$
