## Combining Radiomics and Deep Features for Lung Nodule Malignancy Prediction

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## Introduction

#### Lung Cancer

- Lung cancer is the leading cause of cancer-related death worldwide
  - 1.8 million new lung cancer cases (2012)
  - 18.4% of the total cancer deaths
- Early detection is crucial
  - Survival rates can get up to 70-90% for stage I tumours
  - But only 15-19% for tumours detected in advanced stages

#### Computed Tomography

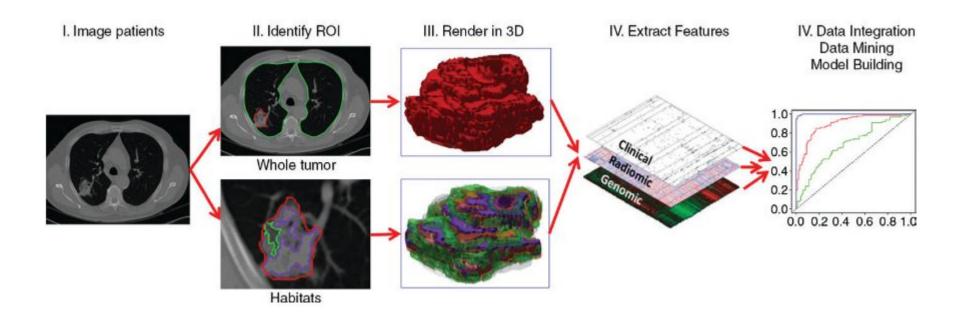
- Computed Tomography (CT) scan is the preferred method for lung cancer screening.
  - CT scans produces a high definition and contrast image that allows for a better tumour characterization;
- Radiologists have to carefully evaluate each image generated by a <u>CT scan</u>

#### Computer-aided Diagnosis (CADx)

- Computer-aided Diagnosis (CADx) systems emerge as a tool to assist the diagnosis by giving a second opinion to the radiologist;
- Two "classes" of systems:
  - Handcrafted features based approaches
  - Deep learning based approaches

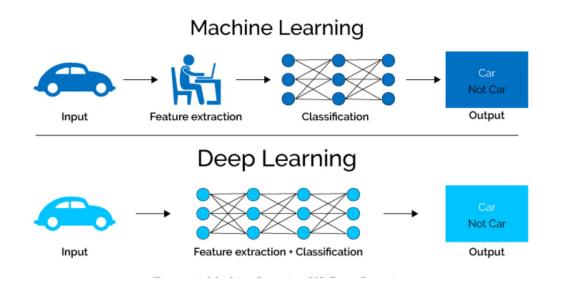
#### Radiomics

The extraction of a large number of features from digital medical images



#### Deep Learning

 Deep Learning models can learn abstract representations, as well as perform a given task;



### Motivation

#### Why combine deep features and radiomics?

- It is hard to predefine quantitative features, such as radiomics, that fully reflect the unique characteristics of a lesion
- CNNs require large scale annotated datasets to learn the representative nature of lesions
- Combining both approaches can enhance a predictive models' performance

#### Why multi-objective optimization?

- Optimization works on the subject optimize either accuracy or AUC
  - Accuracy is not a adequate metric for unbalanced sets of data
  - AUC summarizes performance over unused areas from the ROC curve.
- Sensitivity and specificity can be taken in account
  - Conflicting metrics!
  - Reflects on AUC
- Freedom to select more sensitive/specific models

## Objectives

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- Assess multi-objective optimization performance in selecting radiomics and deep features for lung nodules malignancy prediction;
- Compare multi-objective optimization to a mono-objective optimization in regards to performance;

## Experiments

#### Data

- LIDC-IDRI dataset
  - 897 nodules (616 benign, 281 malignant)
- 121 3D radiomics features from nodules and parenchyme
  - o Intensity, shape, texture, margin
- 3D deep features

#### Models

- Support Vector Machines
  - Default parameters and balanced classes weight;
- 3D CNN: custom architecture found through random search
  - Convolucional Layer: 64 units and 3x3x3 kernel
  - Maxpooling layer: 2x2x2 kernel
  - Dense layer: 128 units and dropout rate of 0.43
  - Dense Layer: 64 units and dropout rate of 0.33

#### Experiments

For *radiomics* and *deep+radiomics* features:

- Run model for all features
- Run model for features selected by GA (AUC)
- Run model for features selected by NSGA (sens/spec)

Each experiment is performed 30 times for statistical significance.

#### Performance Evaluation

- Metrics: accuracy, sensitivity, specificity, AUC
- ROC curves
- Pareto front
- Validation: 10-fold cross validation
- Statistical test to ensure results significance

# Results and Discussion

## GA optimization

#### Overview

Base	Seleção	Acurácia	Sens.	Espec.	AUC
radiomics	- GA NSGA-II	$81.8 \pm 3.7$	$85.7 \pm 6.2$	$80.0 \pm 4.8$	$0.889 \pm 0.033$ $0.907 \pm 0.029$ $0.899 \pm 0.033$
deep + radiomics	- GA NSGA-II	$83.2 \pm 3.8$	$83.5 \pm 6.9$	$83.0 \pm 4.7$	$0.894 \pm 0.035$ $0.908 \pm 0.030$ $0.902 \pm 0.031$

GA - AUC vs Generation 0.915 0.910 0.905 AUC 0.900 0.895 0.890 Radiomics Deep + Radiomics 0.885 -

40

60

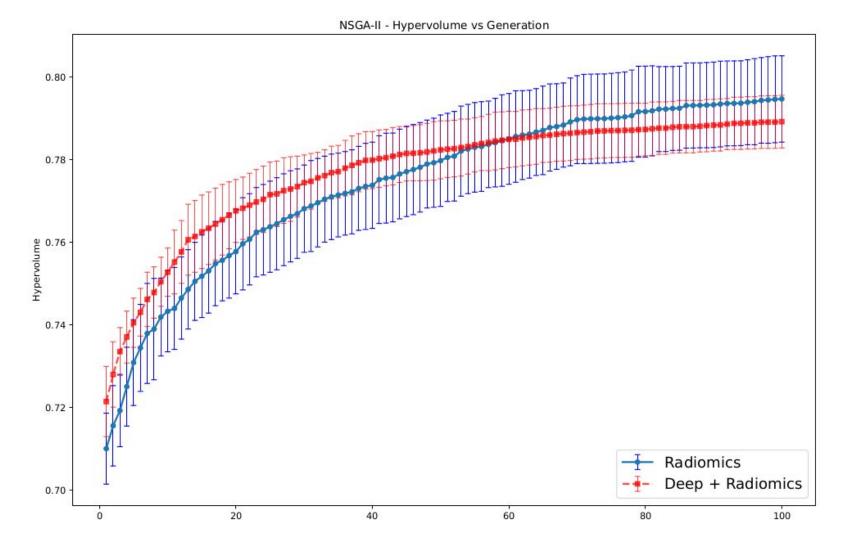
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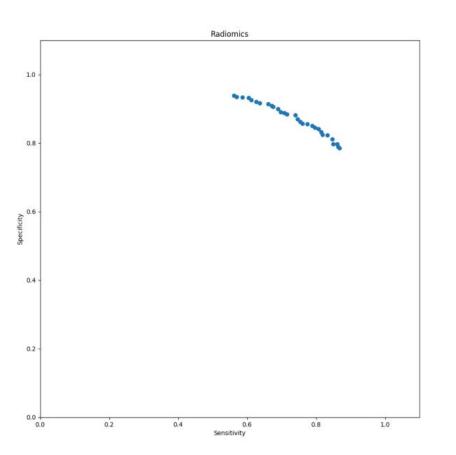
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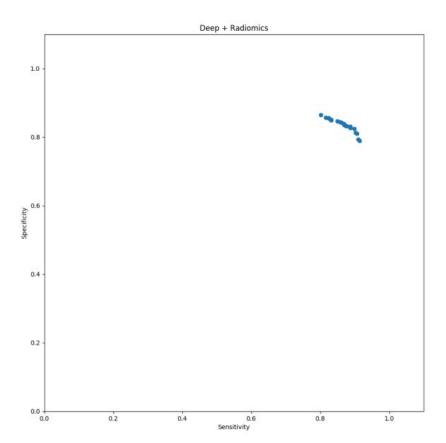
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## **NSGA-II**



## Pareto Front





## Conclusion

#### Conclusions

- The inclusion of deep features increased overall performance by a small amount
- GA optimization led to better results on this metric
  - NSGA-II allows the choice for models with different sensitivity/specificity values

## Thank you!