CXR Classification

[AI619] Midterm Project

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- Overview of CXR data
 - Basics, Anatomy, Pathologies
- Commercial AI for CXR
 - Lunit, Kakao
- Open-source CXR data
 - NIH-CXR, etc.
- Midterm Project Guidelines



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Overview of the Chest X-ray (aka 'chest radiograph')







Frontal view

- PA (posteroanterior)
- AP (anteroposterior)

More important

Lateral view

Chest PA vs. AP

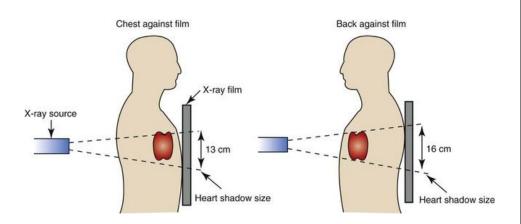


Image source: Thoracic Key https://thoracickey.com/radiologic-examination-of-the-chest/

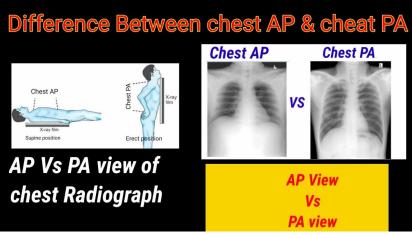
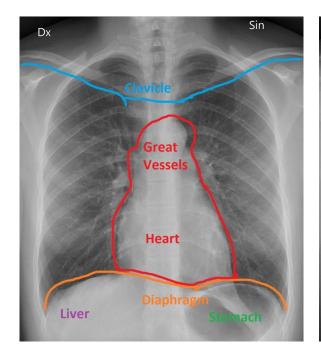


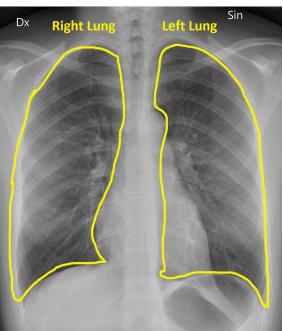
Image source: BL Kumawat https://www.youtube.com/watch?v=eAZyNUhk25M

Image quality: PA > AP

- Heart size on the image is smaller
- Better inspiration → More air in lungs → Better contrast

CXR Anatomy

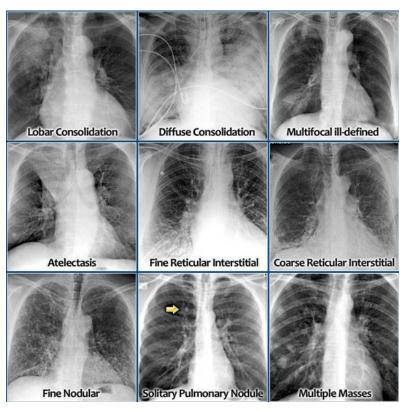




Source: Glass Box Medicine (Rachel Draelos, MD. PhD) https://glassboxmedicine.com/2019/02/10/radiology-normal-chest-x-rays/

Examples of lesions visible on CXR





Lung anatomy & pathology

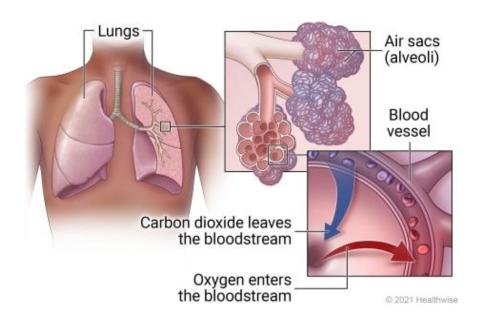


Image source: UVM Health Netework https://www.uhhospitals.org/health-information/health-and-wellness-library/article/adult-diseases-and-conditions-v0/anatomy-of-the-respiratory-system

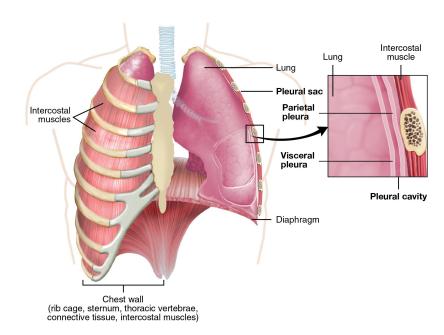


Image source: Anatomy & Physiology Connexions (through Wikipedia)

https://en.wikipedia.org/wiki/Pleural_cavity#/media/File:2313_The_Lung_Pleurea.jpg

Consolidation

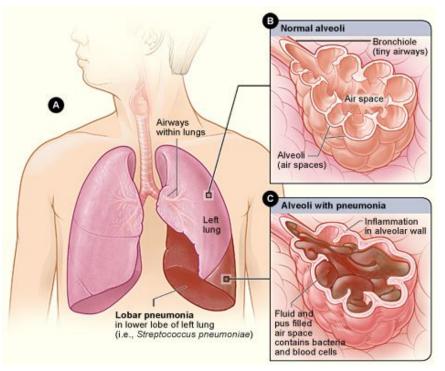


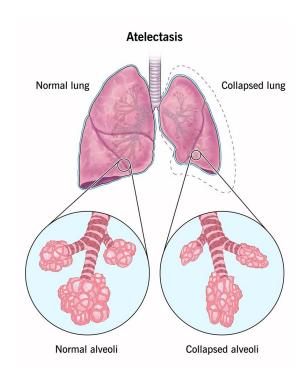


Image source: Heart, Lung and Blood Institute (through Wikipedia) http://www.nhlbi.nih.gov/health/health-topics/topics/pnu/causes.html

Image source: Mikael Haggstrom (through Wikipedia)

https://en.wikipedia.org/wiki/Lobar_pneumonia#/media/File:X-ray_of_lobar_pneumonia.ipg

Atelectasis



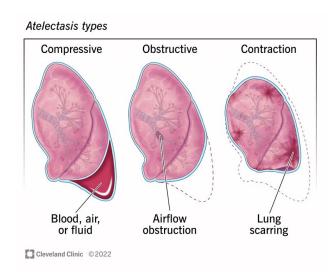


Image source: Cleveland Clinic https://my.clevelandclinic.org/health/diseases/17699-atelectasis



Image source: Radiopaedia https://radiopaedia.org/articles/atelect-asis-summary

Pleural Effusion

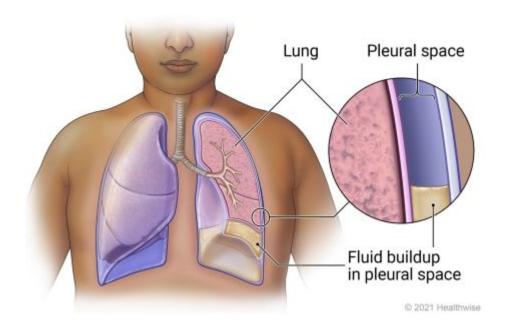




Image source: UVM Health https://www.uvmhealth.org/healthwise/topic/tp13175

Image source: Arcot J. Chandrasekhar, MD https://www.meddean.luc.edu/lumen/meded/radio/curriculum/medicine/pleural_effusion1.htm

Pneumothorax (Collapsed lung)

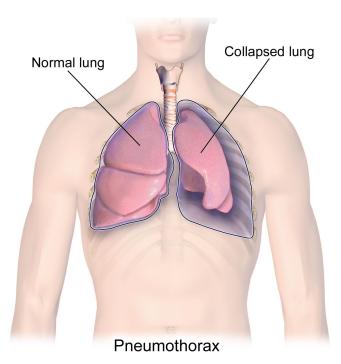


Image source: BruceBlaus https://en.wikipedia.org/wiki/Pneumothorax#/media/File:Blausen_0742_Pneumothorax.png



Image source: Radiopaedia https://radiopaedia.org/articles/pneumothorax

Nodule/Mass (tumour)

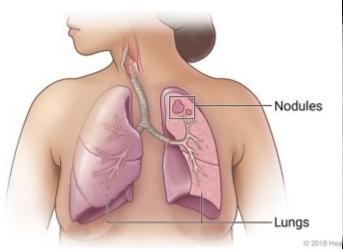






Image source: Kaiser Permanente https://healthy.kaiserpermanente.org/health-we llness/health-encyclopedia/he.learning-about-lung-nodules.abp5538

Image source: Radiopaedia
https://radiopaedia.org/articles/solitary-pulm
onary-nodule-an-approach

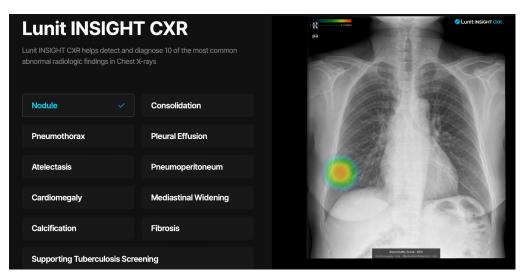
Image source: Radiopaedia https://radiopaedia.org/articles/multip le-pulmonary-nodules-5-mm-differen tial-diagnosis

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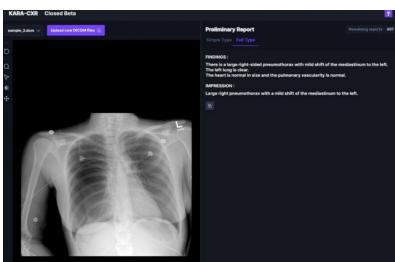


AI for CXR

Lunit Insight CXR



Kakao's Kara CXR



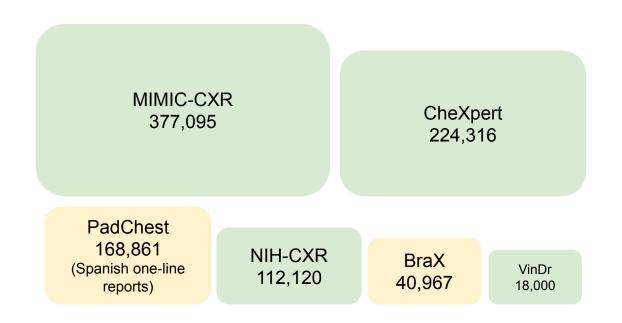
Detection & Localization

Natural language outputs

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Open-source CXR datasets



DICOM files

```
Filename.....: ../input/stage_1_train_images/9f888f62-3d5b-49c5-aee2-e301c2f9604d.dcm
Storage type....: 1.2.840.10008.5.1.4.1.1.7

Patient's name....: 9f888f62-3d5b-49c5-aee2-e301c2f9604d,
Patient id.....: 9f888f62-3d5b-49c5-aee2-e301c2f9604d

Patient's Age....: 70

Patient's Sex....: F

Modality....: CR

Body Part Examined..: CHEST

View Position....: PA

Image size....: 1024 x 1024, 122718 bytes

Pixel spacing...: ['0.168', '0.168']
```



```
i = 1
num_to_plot = 5
for file_name in os.listdir('../input/stage_1_train_images/'):
    file_path = os.path.join('../input/stage_1_train_images/', file_name)

    dataset = pydicom.dcmread(file_path)
    show_dcm_info(dataset)
    plot_pixel_array(dataset)

    if i >= num_to_plot:
        break

    i += 1
Use the pydicom library
Useful resource:
    https://www.kaggle.com/code/schlerp/getting-to
    -know-dicom-and-the-data
```

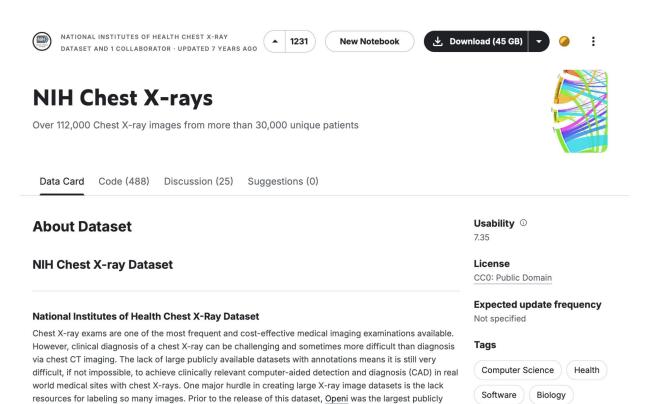
Reading in DICOM files

print("Pixel spacing....:", dataset.PixelSpacing)

```
def show_dcm_info(dataset):
   print("Filename.....", file_path)
   print("Storage type....:", dataset.SOPClassUID)
   print()
   pat_name = dataset.PatientName
   display_name = pat_name.family_name + ", " + pat_name.given_name
   print("Patient's name.....:", display_name)
   print("Patient id.....", dataset.PatientID)
   print("Patient's Age.....", dataset.PatientAge)
   print("Patient's Sex.....", dataset.PatientSex)
   print("Modality.....", dataset.Modality)
                                                           def plot_pixel_array(dataset, figsize=(10,10)):
   print("Body Part Examined..:", dataset.BodyPartExamined)
                                                                plt.figure(figsize=figsize)
   print("View Position.....:", dataset.ViewPosition)
                                                                plt.imshow(dataset.pixel_array, cmap=plt.cm.bone)
   if 'PixelData' in dataset:
                                                                plt.show()
       rows = int(dataset.Rows)
       cols = int(dataset.Columns)
       print("Image size.....: {rows:d} x {cols:d}, {size:d} bytes".format(
           rows=rows, cols=cols, size=len(dataset.PixelData)))
       if 'PixelSpacing' in dataset:
```

For our midterm project, use the NIH-CXR dataset from Kaggle

Health Conditions



available source of chest X-ray images with 4,143 images available.

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Midterm Project - CXR Classification

What you'll be given:

Skeleton code for supervised training (including data loader for NIH-CXR)
using a vision transformer model

Your task:

- Beat my model (which will be a basic supervised ViT) using the same architecture and training data.
- Strategy is up to you:
 - data augmentations
 - pre-training methods (e.g. DINO, MAE, I-JEPA, etc.)
 - Etc. (get creative)
- Please use the same model architecture and state_dict as the provided example
 - It's facebookresearch's DINO ViT-small architecture
- If you really wish to use a different model architecture, please email me :)

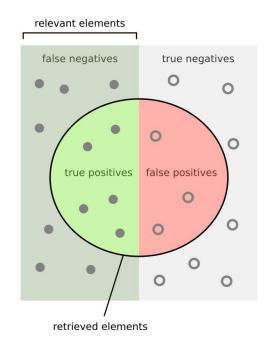
Few things of note

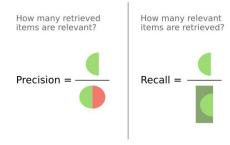
- CXR classification is a **multilabel** (not multiclass) classification
 - I.e., binary classification for each label. Different from n-way classification such as the ImageNet challenge.
 - So your output needs to be a vector with as many dimensions as target lesions
- CXR datasets are imbalanced
 - Dealing with this imbalance can be important for model performance
- Some lesions are harder to detect than others
 - For example, pleural effusion is easier than nodules
 - Lesions that are more easily visible for the human eye tend to be easier for machines to detect as well
- Different from natural images... as you will see
 - Lower inter-class variability ("label sharpness")
 - Small, detailed features tend to be more important

How your model will be evaluated

F1-score for (1) Atelectasis, (2) Effusion, (3) Mass/Nodule

$$F_1 = rac{2}{ ext{recall}^{-1} + ext{precision}^{-1}} = 2rac{ ext{precision} \cdot ext{recall}}{ ext{precision} + ext{recall}} = rac{2 ext{tp}}{2 ext{tp} + ext{fp} + ext{fn}}.$$





Contact

Contact me (Wonjun Kim) if you have any questions regarding the CXR classification project:)

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