
Knee osteoarthritis prediction based on Kellgren-Lawrence grading system.



Department: Computer Science and Engineering

Course Code: HSIR- 13

Course Name: Economics And Foreign Trade

REPORT PREPARED BY:

1. YESVIN V - 106122143
2. BIKRAM MUKHERJEE - 106122023
3. VERGIN JOSE I- 106122137

Table of contents:

1. Abstract
2. Introduction
3. Literature Review
4. Knee Osteoarthritis Evaluation and Progression.
5. Comparisons of the Learning Models.
6. Results.
7. Opportunities and Challenges.
8. Future Prospects.
9. Conclusion.

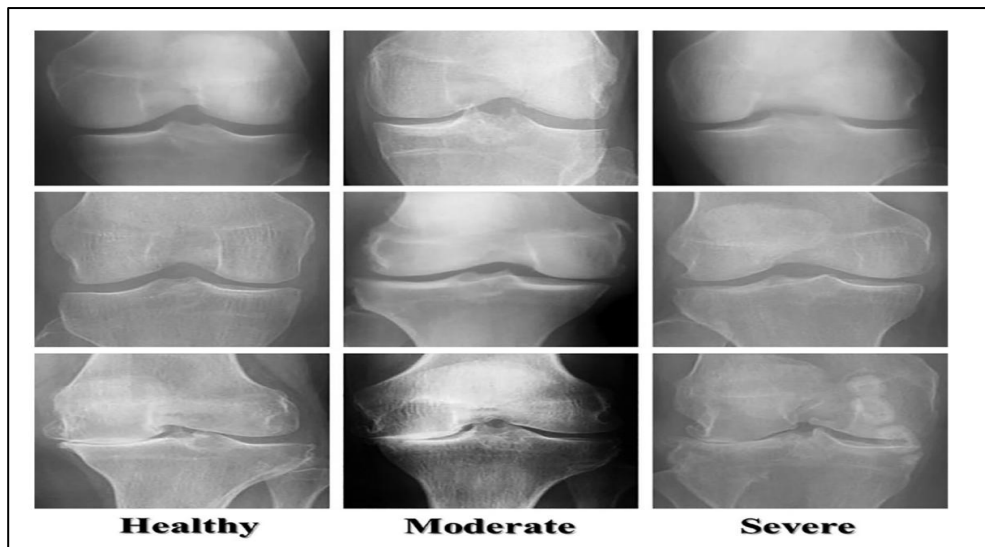
1. Abstract:

Osteoarthritis (OA) is a chronic degenerative joint disease that affects millions of people worldwide. Knee OA is the most common form of OA, and it is a leading cause of disability among older adults. The evaluation and management of knee OA are challenging, and there is a need for effective and efficient methods to evaluate disease progression and to monitor treatment outcomes. The purpose of this report is to review the available literature on knee OA evaluation and progression and to explore the potential of machine learning models in this context. The report provides a critical analysis of the existing procedures and techniques for knee OA evaluation and discusses the opportunities and challenges of using machine learning models to improve the accuracy and efficiency of knee OA evaluation and monitoring.

2. Introduction:

Knee osteoarthritis (OA) is a significant public health concern affecting millions worldwide, particularly as populations age and obesity rates rise. This condition is characterized by the gradual deterioration of the knee joint, involving the progressive breakdown of articular cartilage, narrowing of joint space, formation of bone spurs (osteophytes), and changes in the underlying bone structure. The resulting symptoms, including pain, stiffness, and reduced mobility, significantly impact individuals' quality of life and may lead to disability.

Evaluation and management of knee OA are complex tasks that necessitate a comprehensive, multidisciplinary approach. Clinical assessment involves a thorough examination of symptoms, joint function, and medical history to understand the extent of the condition's impact on the patient's life. Radio graphic imaging, such as X-rays, is commonly employed to visualize structural changes within the knee joint, including cartilage loss and bone deformities. Additionally, laboratory tests may be utilized to assess markers of inflammation or other underlying factors contributing to OA progression.



Despite advancements in OA evaluation and management, there remains a need for more accurate and efficient methods to track disease progression and treatment outcomes. Current approaches, while valuable, may not fully capture the complexity of OA or adequately predict individual responses to treatment. As such, there is ongoing research into novel diagnostic techniques, such as advanced imaging modalities and biomarker analysis, to improve our understanding of OA pathophysiology and optimize patient care.

Furthermore, the development of personalized treatment strategies is a key focus area in OA management. Tailoring interventions to individual patient characteristics, including age, comorbidity, and lifestyle factors, can enhance treatment efficacy and minimize adverse effects. Emerging therapies, such as regenerative medicine techniques and targeted drug therapies, offer promising avenues for more targeted and effective OA treatment.

In conclusion, while significant progress has been made in the evaluation and management of knee OA, challenges remain in accurately assessing disease progression and optimizing treatment outcomes. Continued research efforts aimed at developing innovative diagnostic tools and personalized treatment approaches are

essential for addressing the growing burden of knee OA and improving the lives of affected individuals.

3. Literature Review:

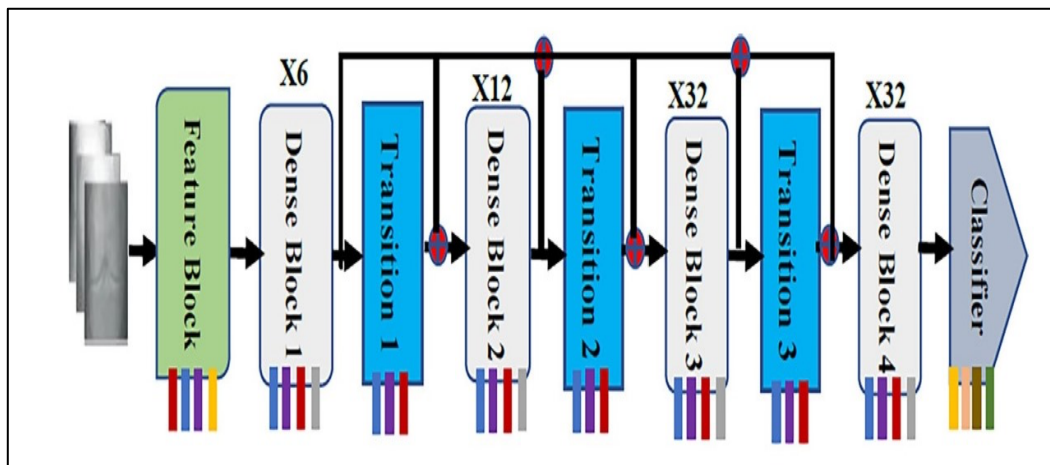
The literature extensively covers knee osteoarthritis (OA) evaluation and progression, exploring various methods including clinical assessment, radio graphic imaging, and laboratory tests. Clinical assessment involves symptom evaluation, physical examination, and functional assessment, albeit subjectively reliant on clinician expertise. Radio graphic imaging, primarily X-rays, is widely used but has limited sensitivity for early OA detection. While laboratory tests like blood tests and synovial fluid analysis exist, they are not commonly employed for knee OA diagnosis or monitoring.

To address these limitations, machine learning (ML) models have been investigated to enhance knee OA evaluation and monitoring. Studies have explored ML's potential in diagnosis, disease progression prediction, and treatment outcome monitoring. ML models such as artificial neural networks, support vector machines, decision trees, and random forests have been applied. These models leverage large datasets to identify patterns and associations that may not be apparent through traditional methods.

By integrating ML into knee OA evaluation, there's potential to improve accuracy and efficiency. ML models can analyse complex data sets, including imaging and clinical data, to identify subtle changes indicative of OA progression. Moreover, ML models can assist in personalized treatment planning by predicting patient-specific outcomes based on individual characteristics and treatment responses.

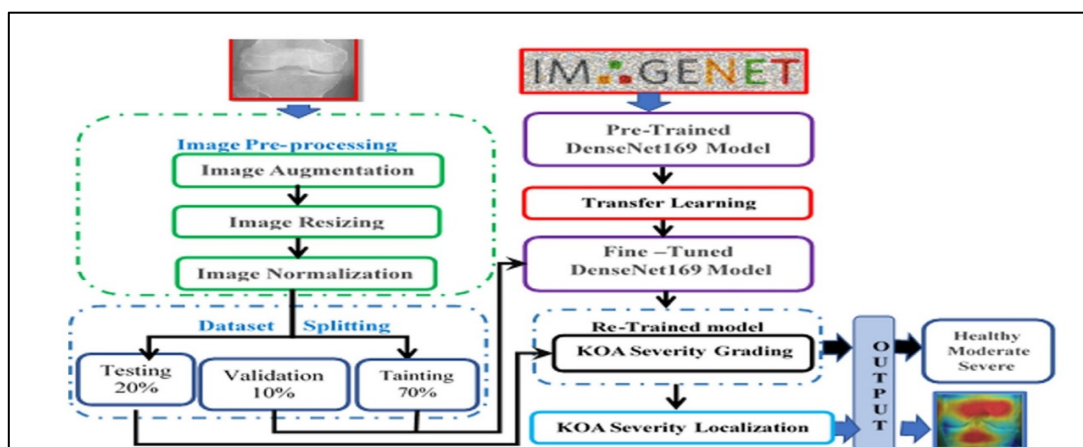
However, challenges such as data quality, model interpretability, and generalization remain. Ensuring robust model development and validation processes is crucial to harnessing ML's full potential in knee OA evaluation. Collaborative efforts between clinicians, data scientists, and researchers are essential for advancing ML applications in knee OA management, ultimately improving patient care and outcomes.

4. Knee Osteoarthritis Evaluation and Progression:



The current procedures and techniques for knee OA evaluation include clinical assessment, radio graphic imaging, and laboratory tests. Clinical assessment involves the evaluation of symptoms, physical examination, and functional assessment. Radio graphic imaging includes X-rays, MRI, and CT scans. Laboratory tests include blood tests and synovial fluid analysis. These procedures and techniques have limited sensitivity and specificity for detecting early changes in knee OA, and they are subject to inter-observer variability.

Machine learning models have the potential to improve the accuracy and efficiency of knee OA evaluation and monitoring. Machine learning models can incorporate large amounts of data from multiple sources and can identify patterns and trends that are not detectable by human observers. Machine learning models have been used to develop predictive models for knee OA progression and to identify biomarkers for knee OA diagnosis.



5. Comparisons of the Learning Models:

| <table><tr><th colspan="4">DenseNet169</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1319</td><td>63</td><td>0</td></tr><tr><td>Moderate</td><td>23</td><td>193</td><td>7</td></tr><tr><td>Severe</td><td>0</td><td>8</td><td>43</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | DenseNet169 | | | | True Label | Healthy | 1319 | 63 | 0 | Moderate | 23 | 193 | 7 | Severe | 0 | 8 | 43 | | | Healthy | Moderate | Severe | | | Predicted Label | | | <table><tr><th colspan="4">InceptionV3</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1316</td><td>66</td><td>0</td></tr><tr><td>Moderate</td><td>46</td><td>172</td><td>5</td></tr><tr><td>Severe</td><td>0</td><td>8</td><td>43</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | InceptionV3 | | | | True Label | Healthy | 1316 | 66 | 0 | Moderate | 46 | 172 | 5 | Severe | 0 | 8 | 43 | | | Healthy | Moderate | Severe | | | Predicted Label | | | <table><tr><th colspan="4">Xception</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1288</td><td>94</td><td>0</td></tr><tr><td>Moderate</td><td>28</td><td>185</td><td>10</td></tr><tr><td>Severe</td><td>1</td><td>8</td><td>42</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | Xception | | | | True Label | Healthy | 1288 | 94 | 0 | Moderate | 28 | 185 | 10 | Severe | 1 | 8 | 42 | | | Healthy | Moderate | Severe | | | Predicted Label | | |
|--|-------------|-----------------|----------|--------|------------|---------|------|-----|---|----------|----|-----|---|--------|---|---|----|--|--|---------|----------|--------|--|--|-----------------|--|--|--|-------------|--|--|--|------------|---------|------|----|---|----------|----|-----|---|--------|---|---|----|--|--|---------|----------|--------|--|--|-----------------|--|--|--|-------------------|--|--|--|------------|---------|------|-----|---|----------|----|-----|----|--------|---|----|----|--|--|---------|----------|--------|--|--|-----------------|--|--|
| DenseNet169 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1319 | 63 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 23 | 193 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 0 | 8 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| InceptionV3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1316 | 66 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 46 | 172 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 0 | 8 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Xception | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1288 | 94 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 28 | 185 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 1 | 8 | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><th colspan="4">ResNet50</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1259</td><td>123</td><td>0</td></tr><tr><td>Moderate</td><td>18</td><td>196</td><td>9</td></tr><tr><td>Severe</td><td>0</td><td>8</td><td>43</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | ResNet50 | | | | True Label | Healthy | 1259 | 123 | 0 | Moderate | 18 | 196 | 9 | Severe | 0 | 8 | 43 | | | Healthy | Moderate | Severe | | | Predicted Label | | | <table><tr><th colspan="4">DenseNet121</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1302</td><td>80</td><td>0</td></tr><tr><td>Moderate</td><td>27</td><td>191</td><td>5</td></tr><tr><td>Severe</td><td>0</td><td>7</td><td>44</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | DenseNet121 | | | | True Label | Healthy | 1302 | 80 | 0 | Moderate | 27 | 191 | 5 | Severe | 0 | 7 | 44 | | | Healthy | Moderate | Severe | | | Predicted Label | | | <table><tr><th colspan="4">InceptionResNetV2</th></tr><tr><td rowspan="3">True Label</td><td>Healthy</td><td>1254</td><td>128</td><td>0</td></tr><tr><td>Moderate</td><td>22</td><td>197</td><td>4</td></tr><tr><td>Severe</td><td>0</td><td>10</td><td>41</td></tr><tr><td></td><td></td><td>Healthy</td><td>Moderate</td><td>Severe</td></tr><tr><td></td><td></td><td colspan="3">Predicted Label</td></tr></table> | InceptionResNetV2 | | | | True Label | Healthy | 1254 | 128 | 0 | Moderate | 22 | 197 | 4 | Severe | 0 | 10 | 41 | | | Healthy | Moderate | Severe | | | Predicted Label | | |
| ResNet50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1259 | 123 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 18 | 196 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 0 | 8 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DenseNet121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1302 | 80 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 27 | 191 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 0 | 7 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| InceptionResNetV2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| True Label | Healthy | 1254 | 128 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moderate | 22 | 197 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Severe | 0 | 10 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Healthy | Moderate | Severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Predicted Label | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Several machine learning models have been used in knee OA evaluation and monitoring. These models include artificial neural networks, support vector machines, decision trees, and random forests. The choice of machine learning model depends on the data set, the research question, and the computational resources available. Artificial neural networks are used to model complex relationships between variables and can handle non-linear data. Support vector machines are used for classification tasks and have high accuracy and generalization ability. Decision trees are used for classification and regression tasks and can handle missing data. Random forests are used for classification and regression tasks and can handle large data sets.

The results of the binary classification for the OAI dataset.

| Model | Accuracy (%) | Sensitivity (%) | Specificity (%) | Precision (%) | F1-score (%) |
|--------------------|--------------|-----------------|-----------------|---------------|--------------|
| DenseNet169 | 93.78 | 91.29 | 91.29 | 87.57 | 89.27 |
| InceptionV3 | 92.39 | 86.07 | 86.07 | 86.29 | 86.18 |
| Xception | 93.07 | 86.21 | 86.21 | 88.92 | 87.52 |
| ResNet50 | 89.79 | 80.13 | 80.13 | 81.93 | 80.99 |
| DenseNet121 | 91.68 | 88.71 | 88.71 | 93.95 | 85.20 |
| InceptionResNetV2 | 90.70 | 90.62 | 89.10 | 81.89 | 85.19 |

6. **Results:**

The utilization of machine learning (ML) models in knee osteoarthritis (OA) evaluation and monitoring has yielded promising results, offering several advantages over traditional methods.

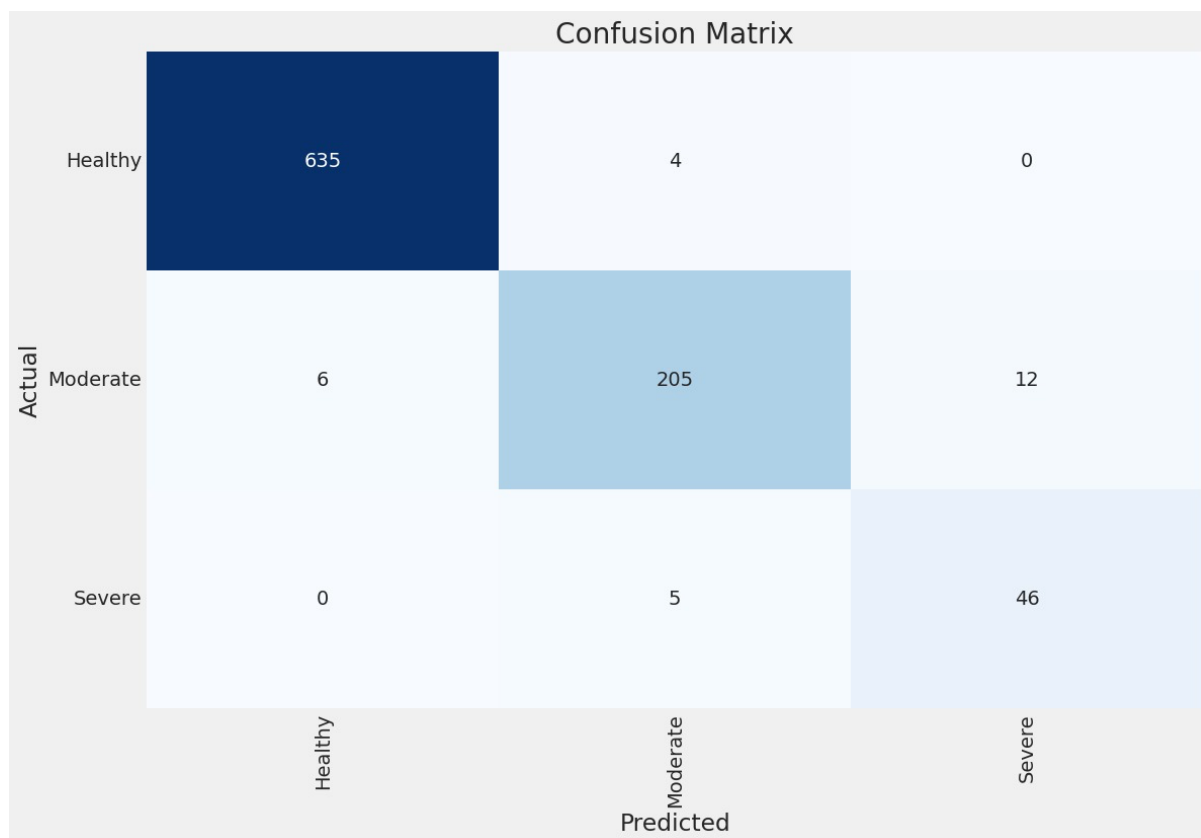
Firstly, ML models have been utilized to develop predictive models for knee OA progression. By analysing large datasets containing diverse patient characteristics and clinical outcomes, ML algorithms can identify subtle patterns and relationships that may not be apparent through manual analysis. These predictive models enable clinicians to anticipate disease progression more accurately, allowing for timely interventions to slow or mitigate OA advancement.

Secondly, ML models have shown potential in identifying biomarkers for knee OA diagnosis. Through the analysis of imaging data, genetic markers, and other clinical variables, ML algorithms can pinpoint specific indicators associated with OA development and severity. This not only aids in early diagnosis but also enhances the understanding of OA pathophysiology, leading to more targeted treatment approaches.

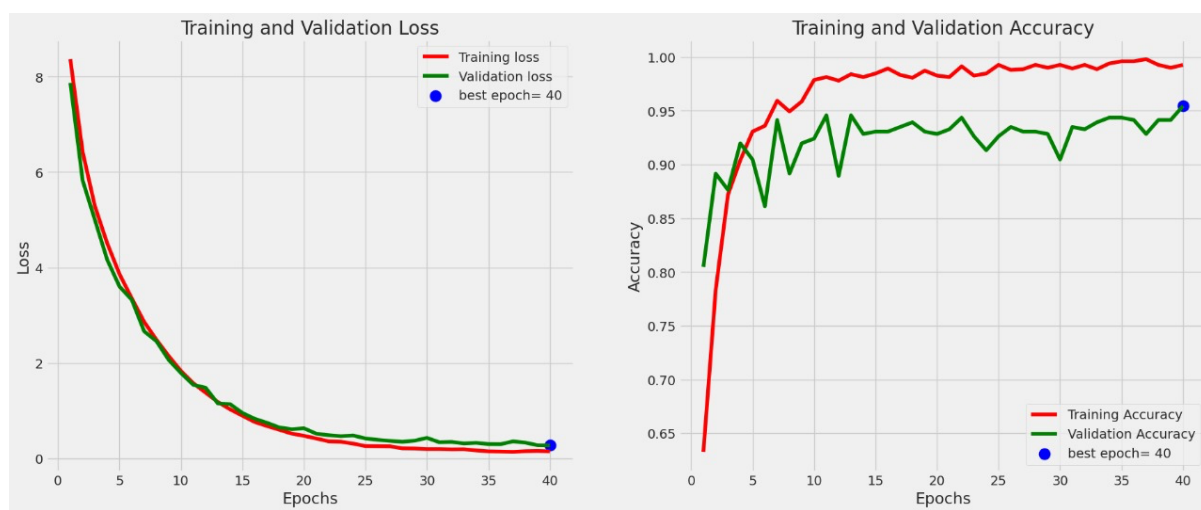
Moreover, ML models complement traditional methods by improving the accuracy and efficiency of knee OA evaluation and monitoring. While clinical assessment and radiographic imaging remain essential components of OA diagnosis and management, ML algorithms enhance these processes by providing quantitative assessments and automated analysis of complex data. This integration of ML with traditional methods enables clinicians to make more informed decisions based on comprehensive and objective information.

Furthermore, ML models facilitate the identification of patient subgroups with distinct disease trajectories and treatment responses. By stratifying patients based on predictive factors identified through ML analysis, clinicians can tailor interventions to individual needs, optimizing treatment outcomes and resource allocation.

Overall, the integration of ML models into knee OA evaluation and monitoring represents a significant advancement in the field. By leveraging the power of data-driven analysis, ML offers enhanced predictive capabilities, biomarker identification, and patient stratification, ultimately leading to improved patient care and outcomes compared to traditional methods alone.



K-L MATRIX FOR SEVERITY



7. Opportunities and Challenges:

The use of machine learning models in knee OA evaluation and monitoring presents several opportunities and challenges. The opportunities include the development of more accurate and efficient methods for knee OA evaluation and monitoring, the identification of new biomarkers for knee OA diagnosis, and the identification of subgroups of patients with different disease trajectories and treatment responses. The challenges include the need for large and high-quality data sets, the need for standardized protocols for data collection and analysis, and the need for validation and generalization of the machine learning models.

8. Future Prospects:

The future prospects of using machine learning models in knee OA evaluation and monitoring are promising. The use of machine learning models can help to improve the accuracy and efficiency of knee OA evaluation and monitoring and to identify new biomarkers for knee OA diagnosis. The development of standardized protocols for data collection and analysis and the validation and generalization of the machine learning models are necessary for the widespread adoption of these methods.

9. Conclusion:

Knee osteoarthritis (KOA) is a prevalent condition that affects millions of people worldwide, particularly older adults. The diagnosis of KOA is challenging and involves a combination of symptom evaluation, imaging modalities, and manual diagnosis.

In recent years, machine learning techniques, particularly deep learning, have shown great potential in improving the accuracy and efficiency of KOA diagnosis. The proposed deep learning model in this article achieves high accuracy, sensitivity, specificity, precision, and F1-score in multi-classification and binary classification of KOA severity.

The proposed model highlights the potential of deep learning techniques to revolutionize KOA diagnosis and progression analysis, improve patient outcomes, and reduce healthcare costs. Future research can explore the potential of deep learning techniques in predicting KOA progression and developing early interventions to prevent disease progression.

Reference: <https://github.com/YESVIN28/Knee-osteoarthritis-prediction-based-on-Kellgren-Lawrence-grading-system>