X-RAY PNEUMONIA
IMAGE CLASSIFICATION
WITH

**DEEP LEARNING** 



#### The Problem



- Globally, a child dies of pneumonia every 39 seconds.
- Pneumonia is a leading cause of morbidity and mortality in children younger than the age of 5 years, killing more children than HIV/AIDS, malaria, and measles combined.
- Chest X-rays are primarily used for the diagnosis of this disease.
   However, even for a trained radiologist, it is a challenging task to examine chest X-rays.

#### The Solution



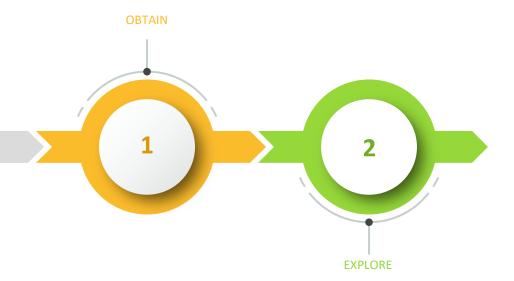
To solve this, deep learning (DL), a branch of machine learning (ML), inspired by the make-up of the human brain, are developed to detect hidden features in images which are not apparent or cannot be detected even by medical experts.

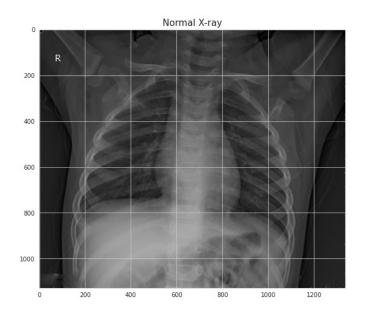


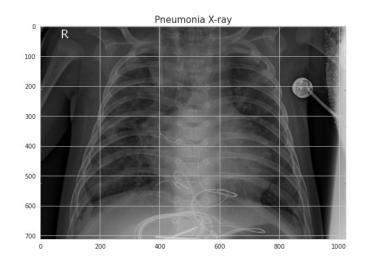
With AI system aiding medical experts in expediting the diagnosis, earlier treatment can be prescribed, resulting in improved clinical outcomes.



- Chest X-ray images (anterior-posterior) were selected from pediatric patients of one to five years old from Guangzhou Women and Children's Medical Center.
- There are 5,863 X-Ray images (JPEG)
- 2 categories: Normal & Pneumonia



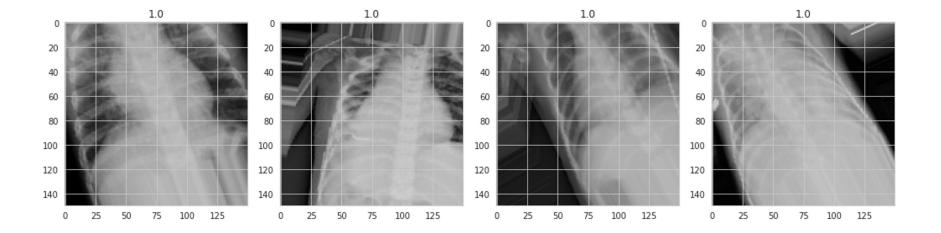






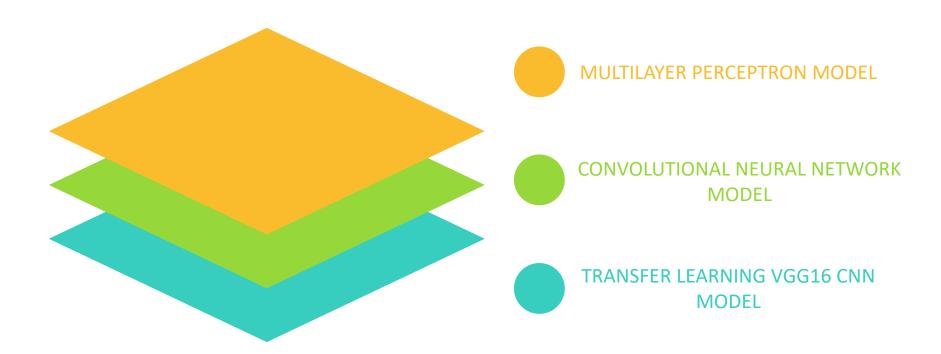
## **Data Augmentation**

- Small training dataset will overfit model.
- Augment data to artificially create training images through different ways of processing images such as random rotation, shifts, shear and flips, etc. of each training instances.

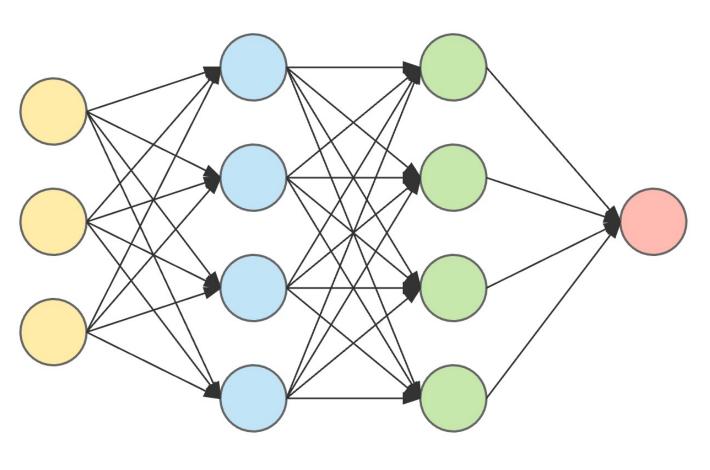




## K Keras



## Multilayer Perceptron



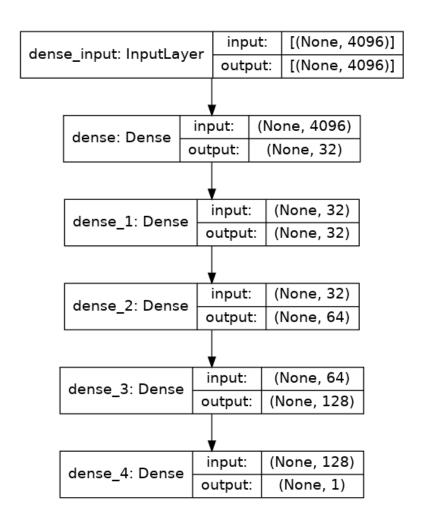
input layer

hidden layer 1

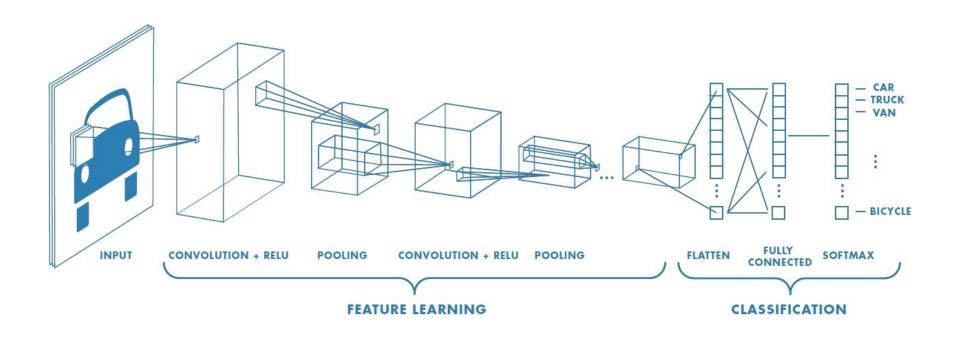
hidden layer 2

output layer

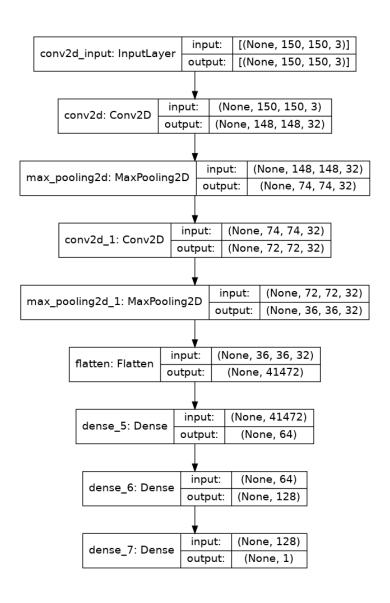
## Multilayer Perceptron



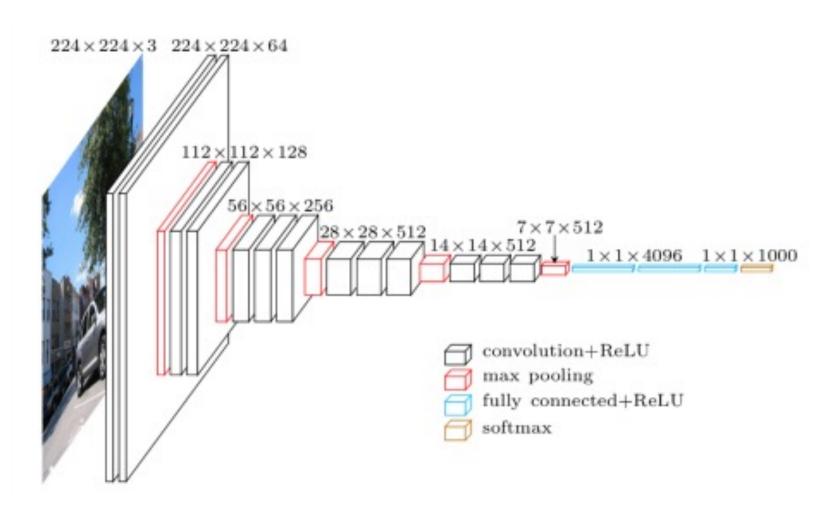
### Convolutional Neural Network



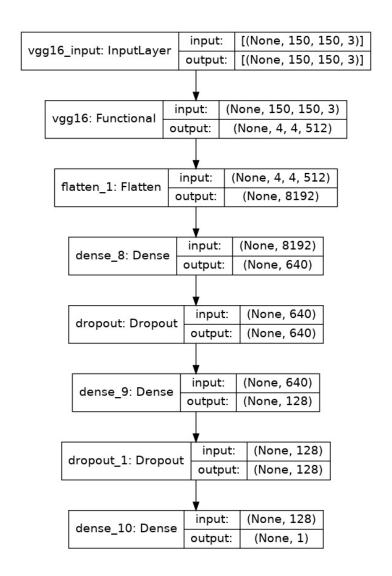
#### Convolutional Neural Network



## Transfer Learning with VGG16

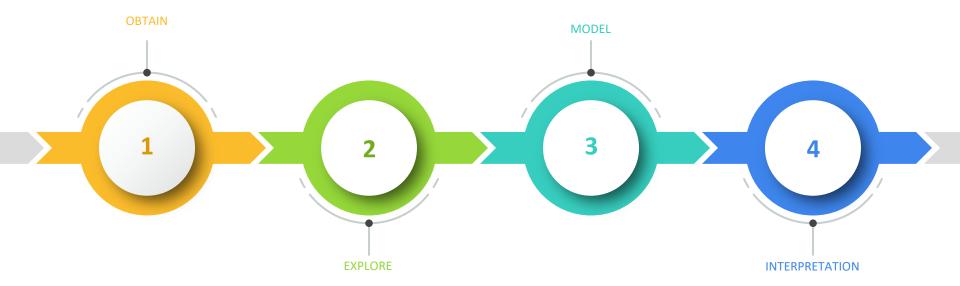


## Transfer Learning with VGG16



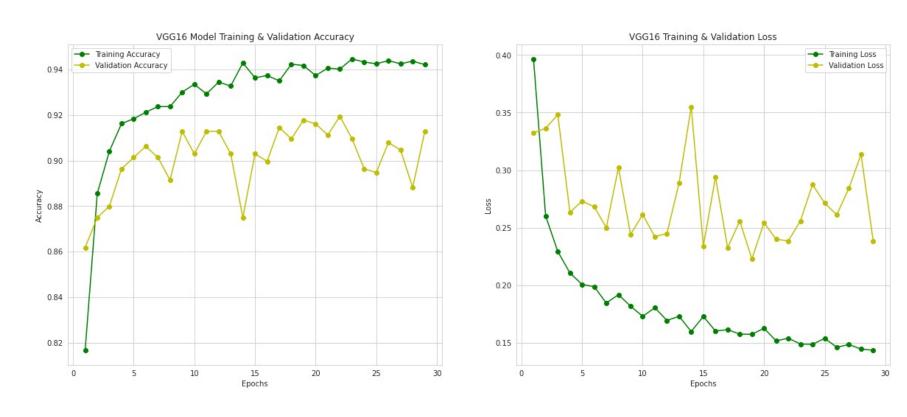
## **Summary of Key Findings**

|   | Model                              | Accuracy | Precision | Recall | F1 Score | AUC  |
|---|------------------------------------|----------|-----------|--------|----------|------|
| 0 | Multilayer Perceptron Model        | 0.79     | 0.84      | 0.74   | 0.75     | 0.74 |
| 1 | Convolutional Neural Network Model | 0.88     | 0.89      | 0.85   | 0.86     | 0.85 |
| 2 | Transfer Learning: VGG16 CNN Model | 0.92     | 0.91      | 0.90   | 0.91     | 0.90 |

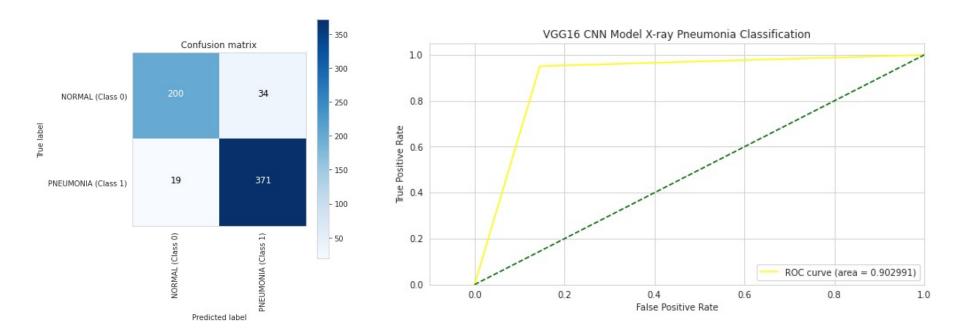


#### **Best Model**

### Transfer Learning with VGG16



Train accuracy = 95% Validation accuracy = 92%



Accuracy of 92%
Recall/sensitivity of 90%
Precision/specificity of 91%
The area under the ROC curve of 90%

#### **Future Work**

- 1. Build a multi-class classification deep learning model to distinguish between Normal, Viral Pneumonia, and Bacterial Pneumonia
- 2. Combine CNN models with other classifiers such as Support Vector Machine (SVM)
- 3. Tune parameters such as learning rate, batch size, try another optimizer, number of layers, different types of layer, number of neurons per layer, and the type of activation functions for each layer. GridSearchCV or RandomizedSearchSV can be used to achieve this.

#### Recommendations

Pneumonia are largely preventable in this age group and failure in longterm management or preventing it will result in increases of the risk of developing chronic pulmonary disorders in later adult life.

- 1. Focus on solving problems that are associated with increasing the risk of pneumonia such as overcrowding, access to clean water, malnutrition, anemia, young maternal age, low birth weight, and exposure to tobacco smoke and other environmental pollutants
- 2. Invest in resources to collect data systematically, especially in poor countries
- 3. Develop a universally agreed diagnostic gold standard for childhood pneumonia, especially one that can also differentiate between bacterial and non-bacterial pneumonia, which is currently a major limitation in clinical research in this area

# THANK YOU

## **APPENDIX**

