

APS360 Project Final Presentation - Group 60

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Problem Definition

Problem Statement:

- **Objective:** Develop a deep learning model to classify chest X-ray images into various categories, including different types of lung diseases
- **Significance:** Assist radiologists in diagnosing diseases more accurately and efficiently, particularly in regions with a shortage of medical professionals

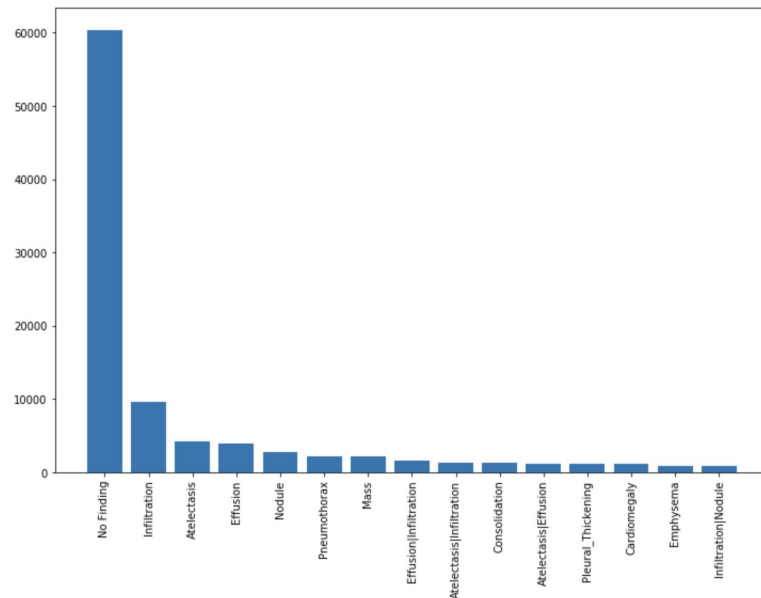
Importance of the Problem:

- **Enhancing Diagnostic Accuracy:** Utilize advanced machine learning techniques to improve the precision of diagnoses, potentially saving lives by catching diseases early



Data Overview

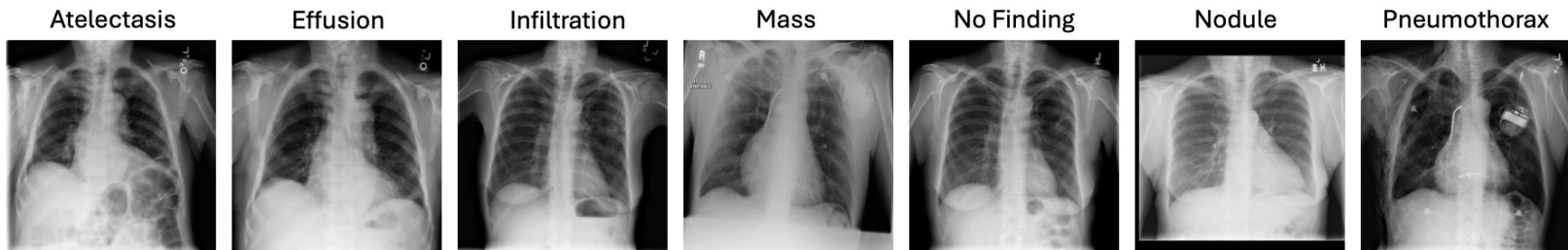
- NIH Chest X-ray Dataset
 - 112,000 images from the NIH dataset
 - Class imbalance
 - Mislabelled entries, missing data, inconsistencies in dataset's .csv files
- Data Cleaning
 - Class filtering, undersampling, and oversampling to achieve a uniform distribution of 12,159 images per class across 7 classes
 - **Final Dataset:** Narrowed down to 85,113 images



Class	Original Number of Images	Final Number of Images
Atelectasis	5,389	12,159 (+6,770)
Effusion	4,763	12,159 (+7,396)
Infiltration	9,627	12,159 (+2,468)
Mass	2,842	12,159 (+9,317)
No Finding	54,379	12,159 (-42,220)
Nodule	3,687	12,159 (+8,472)
Pneumothorax	2,942	12,159 (+9,217)

Data Processing

- CSV File Generation
 - Reorganized images into class-specific folders and updated the .csv file to reflect accurate, single-label classifications.
- Class Mapping and Dataset Creation
 - Standardized label representation by mapping class names to unique integer indices
- Data Augmentation
 - Resizing, cropping, flipping, rotation, color jittering, affine transformations, and random erasing
 - Training (70%) [*with augmentation*] ; validation (15%) & testing (15%) [*without augmentation*]



Model Architecture

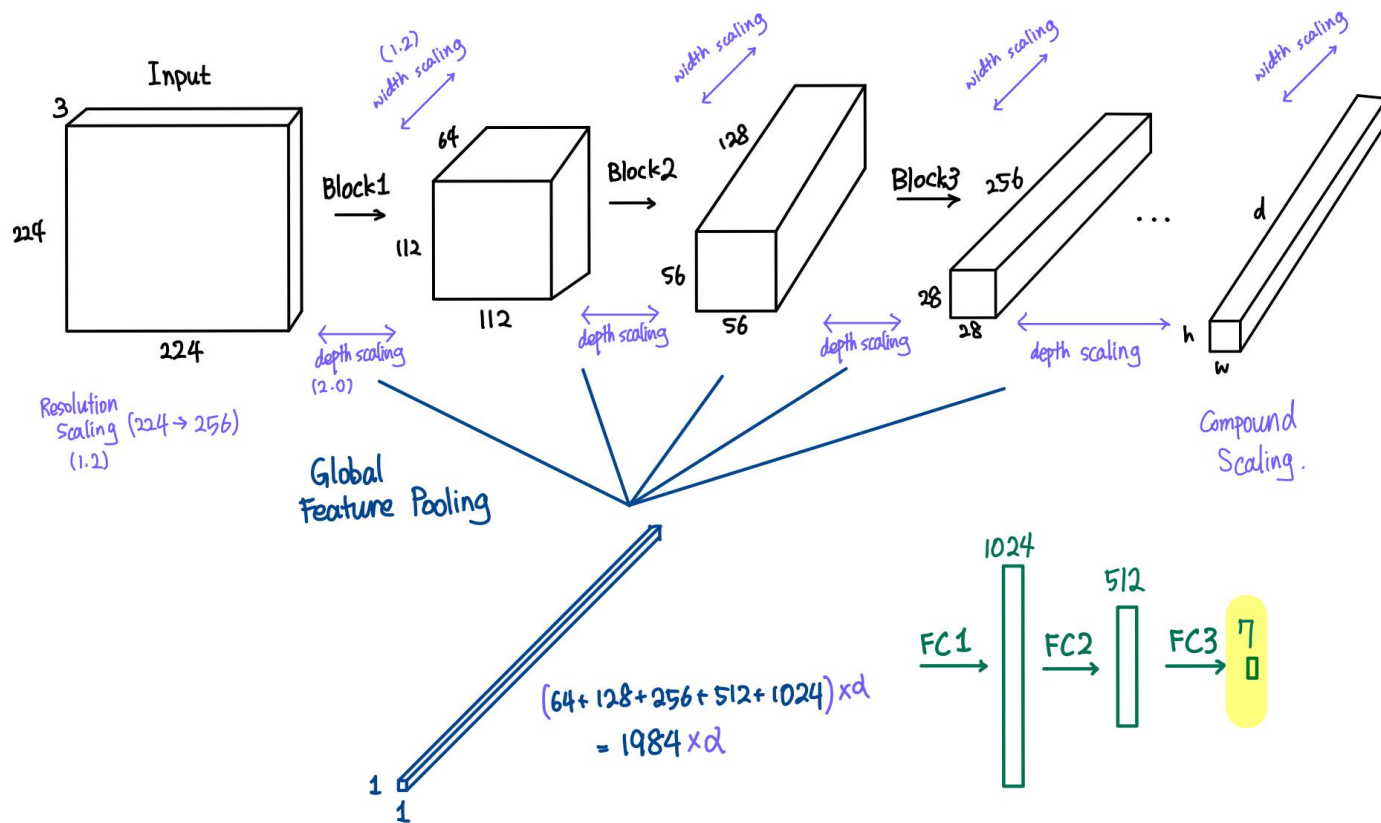
- **Base Model**

- Enhanced MultiLevelUNet built upon traditional U-Net structure
- Tailored for complex medical image classification tasks
- Combines CNN principles with advanced scaling techniques inspired by EfficientNet

- **Key Enhancements and Components:**

- **Scaling** of width, depth, and resolution from EfficientNet to optimize capacity and computational efficiency
- Vision Transformer-inspired **attention layers** were conducted but eventually not included
- **Core Components:** Double Convolution Blocks, Residual Blocks with skip connections, downsampling path, bottleneck structure to enhance feature extraction and learning efficiency

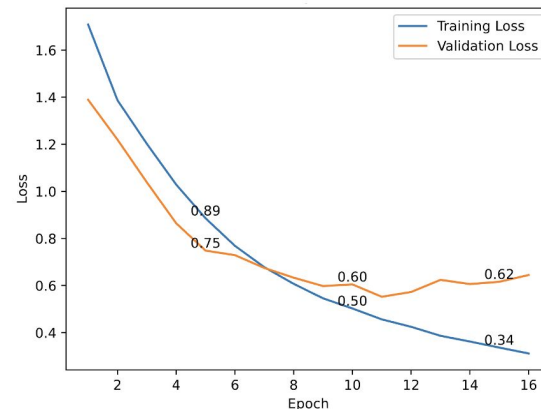
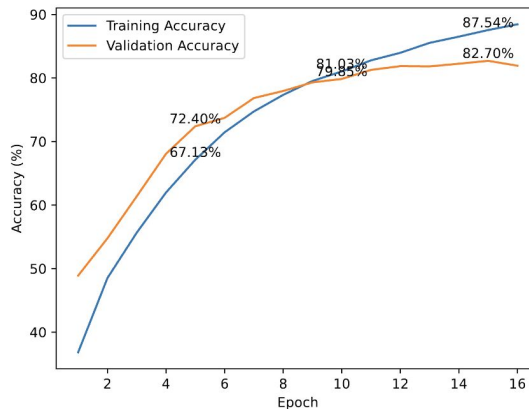
Demonstration



Quantitative Results

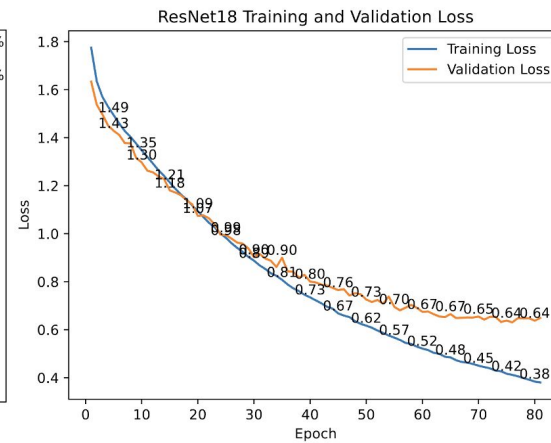
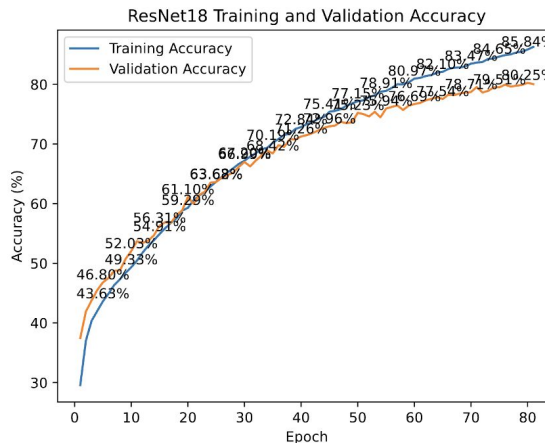
Efficient MultiLevelUNet

- ❖ Training accuracy peaked at **87.54%**
 - Strong learning capabilities
- ❖ Validation accuracy reached **82.70%**
 - Good generalization to unseen data
- ❖ Training loss reduced from **1.6 to 0.34**
 - Effective error minimization
- ❖ Validation loss decreased to **0.62**
 - Well-balanced model



ResNet18 Baseline

- ❖ Training accuracy of **85.84%**
- ❖ Validation accuracy of **80.25%**
 - Slightly lower than MultiLevelUNet, but showing good generalization
- ❖ Training loss improved significantly to **0.38**
 - Efficient learning
- ❖ Validation loss stabilized at **0.64**
 - Steady model convergence



Qualitative Results

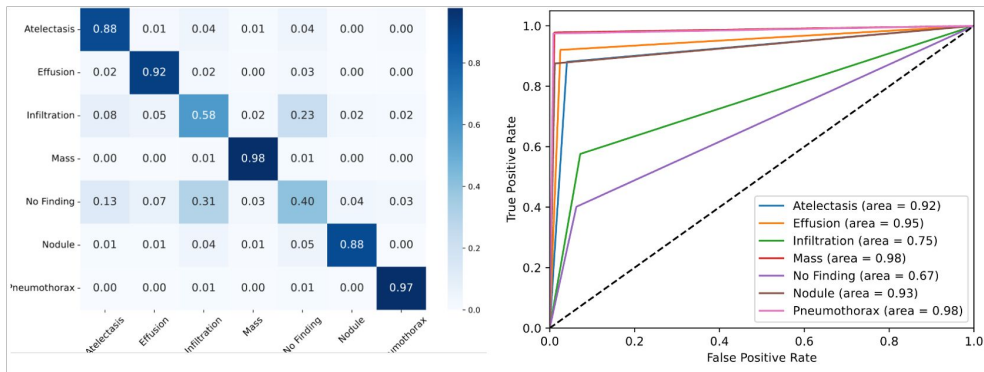
Efficient MultiLevelUNet

❖ Confusion Matrix

- Excellent accuracy in classifying 'Mass' and 'Pneumothorax' with minimal errors
- Struggles with 'Infiltration', showing confusion with similar conditions like 'No Finding'

❖ ROC Curve

- Strong discriminative ability with AUC values near or above 0.95 for most classes,
- 'Infiltration' has a lower AUC of 0.75



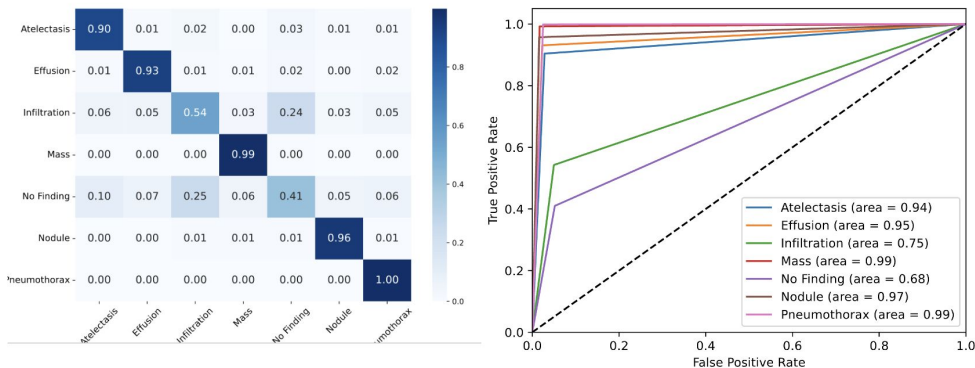
ResNet18 Baseline

❖ Confusion Matrix

- Demonstrates high accuracy for 'Mass' and 'Pneumothorax'
- Faces challenges with 'Infiltration'

❖ ROC Curve

- The ROC curve shows strong performance with AUC values above 0.90 for most classes
- Similar to the Efficient MultiLevelUNet, 'Infiltration' has a lower AUC



Takeaways

1. Importance of Data Quality

- ❑ Label accuracy and balance of medical image data directly influence model performance

2. Model Complexity vs. Performance

- ❑ Explored the impact of incorporating advanced features like **attention mechanisms**, which may not always lead to improved outcomes
- ❑ Gained insight into optimizing model architecture using **scaling techniques** that enhanced computational efficiency without compromising on accuracy

3. Generalization and Overfitting

- ❑ Implemented strategies such as **early stopping and rigorous validation** to prevent overfitting, ensuring that the model generalizes well to new, unseen data
- ❑ Crucial in maintaining the balance between training and validation performance

4. Ethical Considerations and Impact

- ❑ Recognized the **ethical implications** of deploying machine learning models in healthcare, particularly the consequences of potential misdiagnoses
- ❑ Using machine learning tools as assistive technologies rather than standalone solutions

Thank You for Listening !