

# Nodule Validation Automation

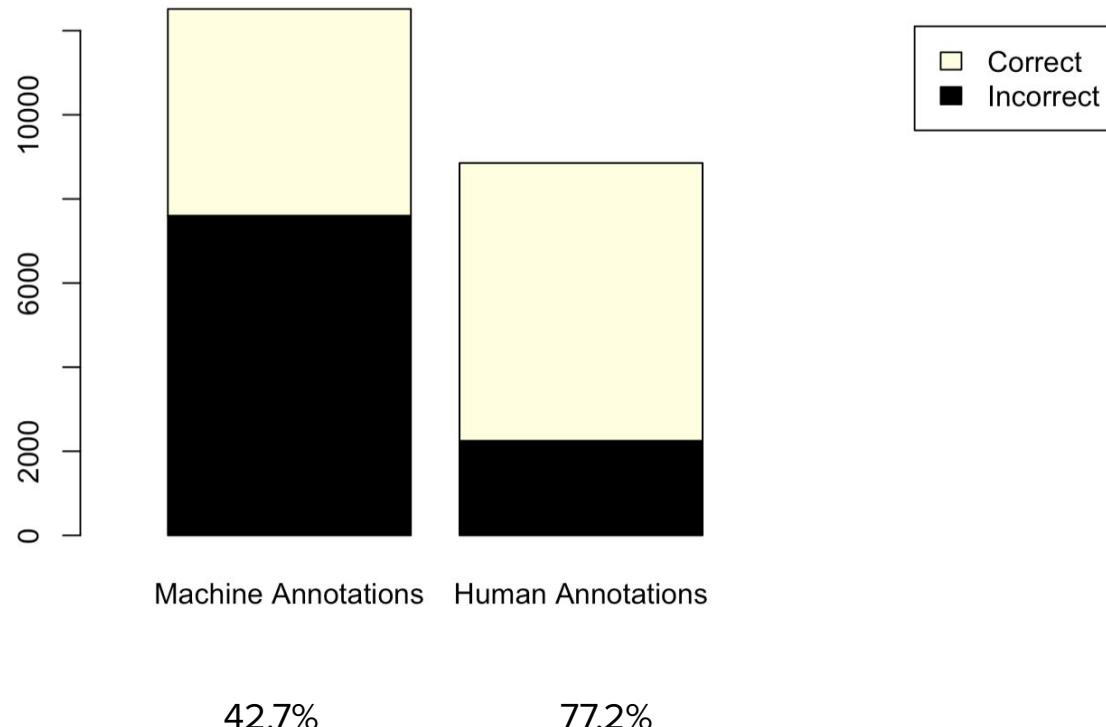
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# The Validation Model

- A random forest model
  - Response variable: GT
  - Predicting variables: a combination of nodule markings and series level information
  - Left out observations that are annotated by both machine and human
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# Response Variable: GT



# Predictors - Nodule Markings

1. radius\_mm: numerical, radius of a marking in mm
2. user\_id: categorical variable. NAs(n=11520) means machine, so replace NA with 0.

# Predictors - Series Level

1. series\_id: series refers to a set of 3D medical imagery that belongs to a CT scan, and each series is uniquely identified by its series\_id.
  - I converted it to dummy variables in my model.
  - GT scores vary extensively across different CT series. So future direction needs to consider a mixture model.

# Predictors - Series Level

user\_id

radius\_mm

manufacturer\_model

recon\_kernel

recon\_diameter

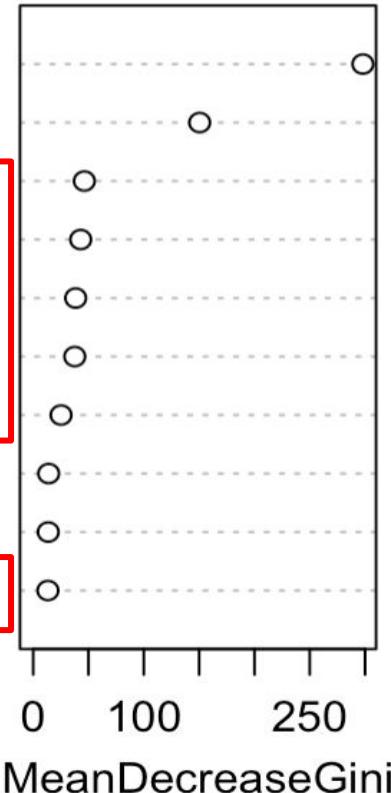
manufacturer

data\_collection\_diameter

V\_218

V\_284

body\_part



# Predictors - Series Level Predictor Importance

2. **data\_collection\_diameter**: numerical with **2** levels
3. **manufacturer**: categorical with **4** levels
4. **kvp**: categorical with **2** levels, peak kilo voltage output of the x-ray generator used
5. **manufacturer\_model**: categorical with **7** levels
6. **recon\_kernel**: categorical with **9** levels, the algorithm used to build the 3D image
7. **body\_part**: categorical with **2** levels, chest versus other. change nas to other
8. **recon\_diameter**: numerical variable, diameter in mm of the region from within which data were used in creating the reconstruction of the image
9. **image\_type**: categorical with **3** levels

# Performance metric: Positive Predictive Value

- Positive predictive value: when the real validation is positive, how likely the model can make correct prediction.
- In our situation, positive validation means the nodule indeed exists. Failure to identify an existing nodule is detrimental.

# 91.7%

Positive predictive value: when the real validation is positive, how likely the model can make correct prediction.

# Future direction: mixture model

- My validation model identify multiple series\_id as important predictors, which means that observations are not totally independent. Because they come from different CT series, there exist random effects.
- In the future, I will develop mixture models to further investigate the random effects.

# Future direction: CT values

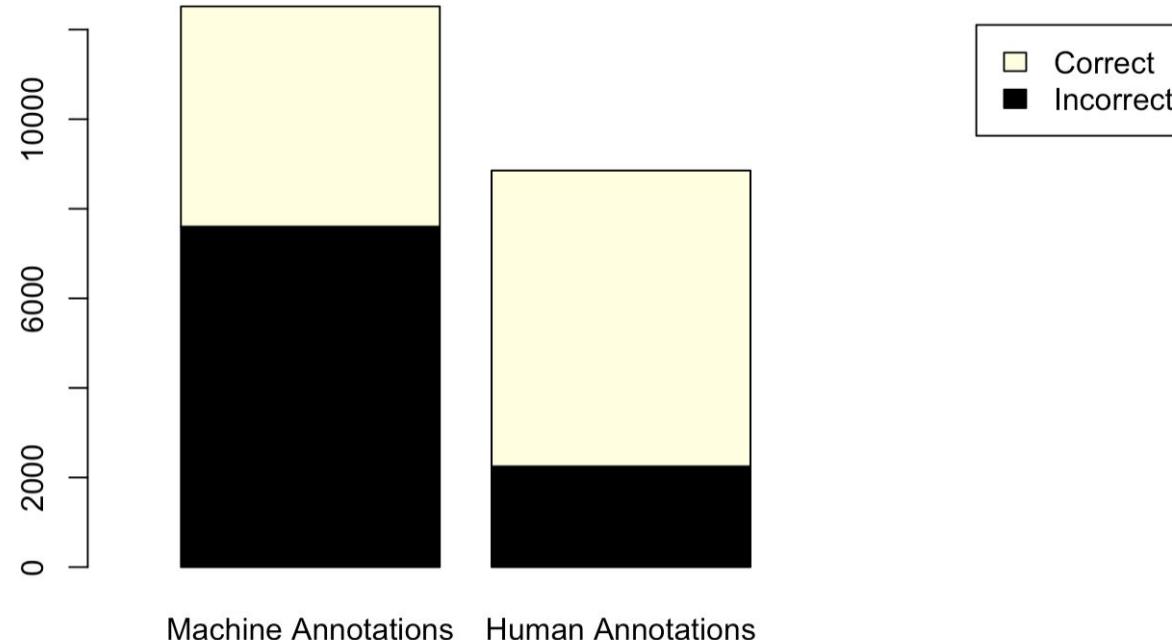
- Incorporate average brightness within and surrounding the nodule annotation area
- Deep learning models

# Investigate the Annotation Model

851 observations have both human  
and machine annotated

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Compared to human annotators, the annotation model has much fewer true positive(GT)s.



# Testing the validation model on the 851 common annotations between human and machine

Machine Test Data:

Accuracy : 81.9%

True Positive Rate : 91.7%

Pos Pred Value : 87.9%

Human Test Data:

Accuracy :90.4%

True Positive Rate : 92.2%

Pos Pred Value : 97.8%

# What is the effect of model prediction score?

# What action do you recommend to the model team?

Prob\_fpr:

true: 1

False: 11517

NAs: 9852

Recommendation: investigate the huge imbalance of those model prediction scores.

Prob\_rpn

FALSE:11508

TRUE :10

NA's :9852

Nodule\_score

FALSE:11511

TRUE :7

NA's :9852

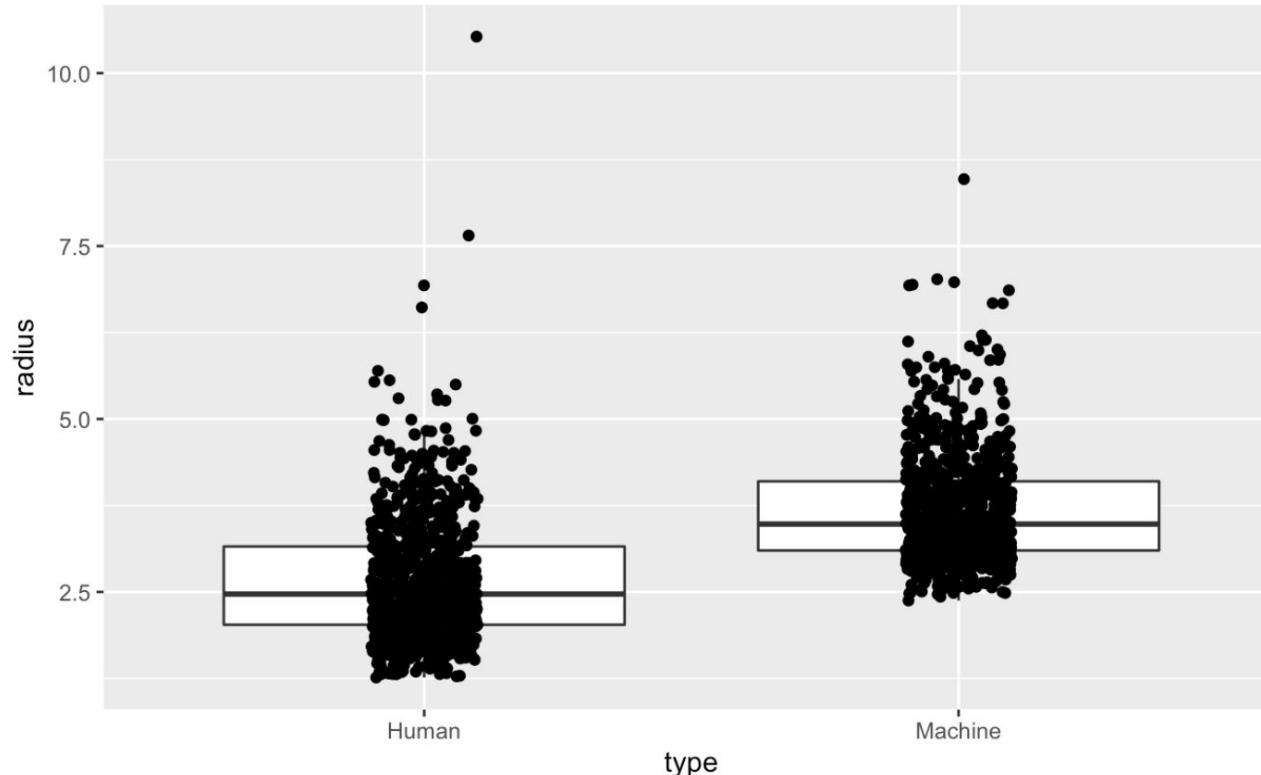
# Follow-ups & others

1. Coordinates
  2. Radius
  3. classification-Val\_classification
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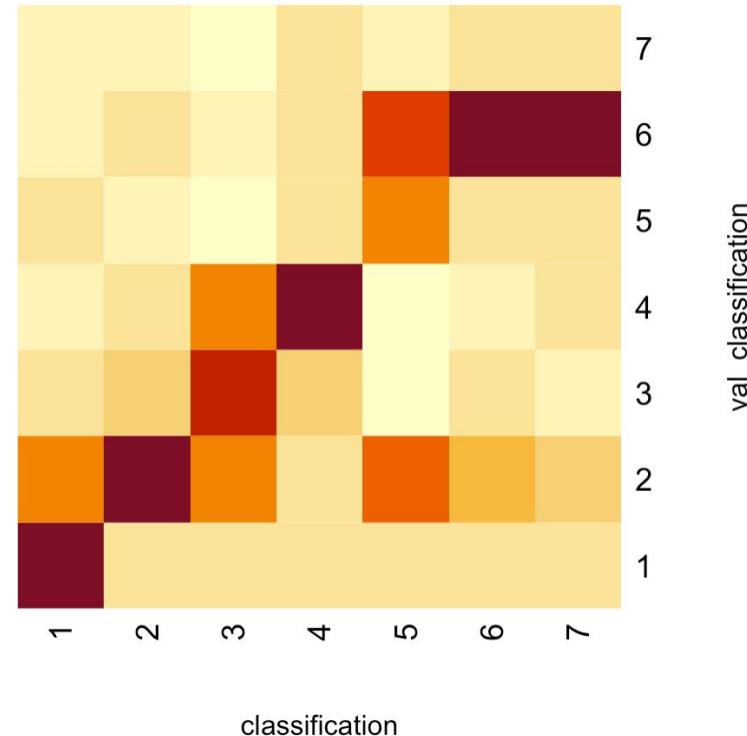
# Coordinates:

- Coordinates: x,y,z numerical, not consistent across CT series, so not included in the current validation model
- Recommendation: scale them to have the same coordinate system
- Coordinates information can also provide insights regarding which part of the lung is more vulnerable to nodules
- Interactive plots:

Radius: machines annotate larger radius than human  
Human annotations have a larger range in radius



# Exploring classification and val\_classification



Does consensus on ‘classification’ and ‘val\_classification’ affect the probability of a nodule marking being a True Positive (GT= True)?

- Val\_classification only has value when the GT is true, so it is not viable to explore its relationship to the probability of GT being true. However, I want to explore the relationship between those two classification variables.
- The consensus rate is 61%
- In the future, I would like to make a model to predict the val\_classification