

Agenda

- PROBLEM STATEMENT & DATA UNDERSTADNING
- DEVELOPMENT METHODOLOGY
- EDA AND PREPROCESSING
- MODEL DEVELOPMENT
- MODEL PERFORMANCE METRIC
- CONCLUSION

PROBLEM STATEMENT

PROBLEM STATEMENT

DISEASE

Pneumonia is an inflammatory condition of the lung affecting primarily the small air sacs known as alveoli. Pneumonia is usually caused by infection with viruses or bacteria and less commonly by other microorganisms. Symptoms typically include some combination of productive or dry cough, chest pain, fever and difficulty breathing.

IMPACT

- Lower respiratory tract infection and pneumonia are two of the leading causes of death, accounting for more than 4 million fatalities annually
- Pneumonia accounts for over 15% of all deaths of children under 5 years old worldwide
- Older people have higher risk of getting pneumonia

DIAGNOSIS

- Based on symptoms and physical examination
- Chest Radiograph (CXR) by highly trained specialists
- Confirmation through clinical history

CHALLENGE

- Other conditions such as fluid overload, bleeding, volume loss make diagnosis of pneumonia on CXR complicated
- positioning of the patient and depth of inspiration can alter the appearance of the CXR
- Lack of clinical experts to examine high volume of CXR images

SOLUTION OBJECTIVE

- Save lives
- Powered by AI/ML techniques, build a pneumonia detection system to locate the position of inflammation in an image
- Assist physicians to make better clinical decisions or even replace human judgement in certain functional areas of healthcare (e.g., radiology)
- Guided by relevant clinical questions, powerful AI techniques can unlock clinically relevant information hidden in the massive amount of data, assist clinical decision making

INPUT DATASETS - OVERVIEW

#	File	Record Count	Column Count	Understanding
I	stage_2_train_labels.csv	30227	6	 Details providing classification of pneumonia and non-pneumonia images PatientId (corresponding to a CXR dicom image file name) Bounding box coordinates providing affected area details Variable to differentiate between pneumonia and non-pneumonia images
2	stage_2_detailed_class_info.c sv	30227	2	 Details providing classification of images into 3 different types of classes There is a possibility that pneumonia was not present, nonetheless some type of abnormality on the was identified in the image
3	stage_2_train_images	26684		 Folder containing CXR dicom images for model training Dicom images contains tag (meta data)
4	stage_2_test_images	3000		Folder containing CXR dicom images for model testing

•	,						
patientId		х	у	width	height	Target	
ff004b71-fe8a-4c62-acb1-4	-44afc44eb59d				0		
ff0090ff-4acb-4dc6-a937-8						0	
ff00eb58-e9c8-4c4b-8837-	88355b3b7d2b						0
ff0200e1-3bac-42d1-880b-	17d6a3366d2c	262	511	156	175		1
_	•						

Bounding Box

Patientld, file name

0 : Non - Pneumonia I : Pneumonia

Classification

patientId class

ff004b71-fe8a-4c62-acb1-44afc44eb59d No Lung Opacity / Not Normal

ff0090ff-4acb-4dc6-a937-86fa8f5e74da Normal

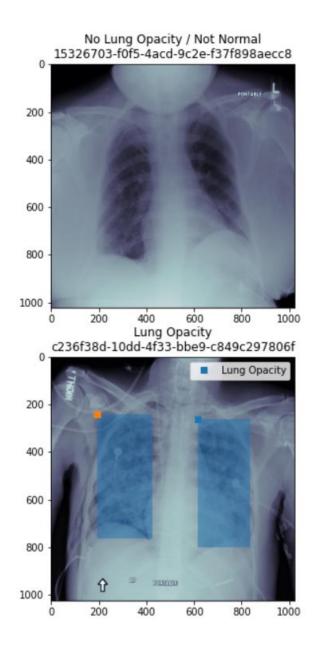
ff00eb58-e9c8-4c4b-8837-88355b3b7d2b No Lung Opacity / Not Normal

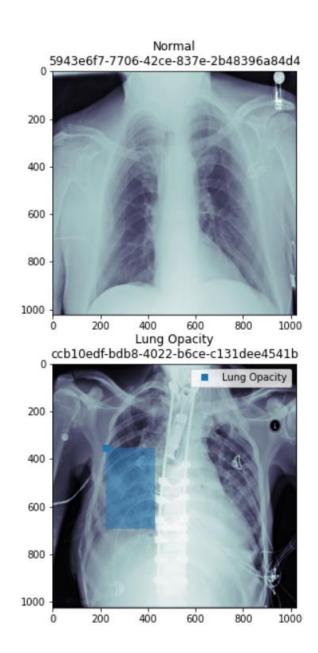
ff0200e1-3bac-42d1-880b-17d6a3366d2c Lung Opacity

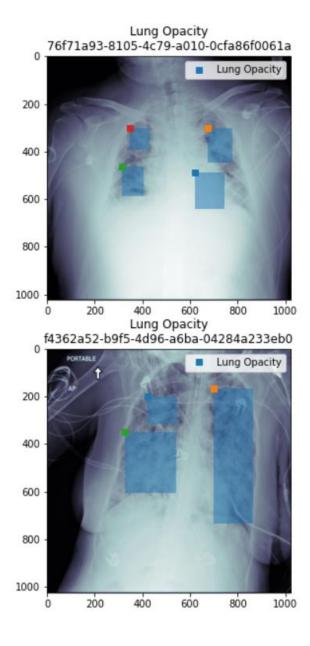
Patientld, file name Additional Class Info

Normal Lung Opacity No Lung Opacity / Not Normal

DICOM IMAGES - PREVIEW

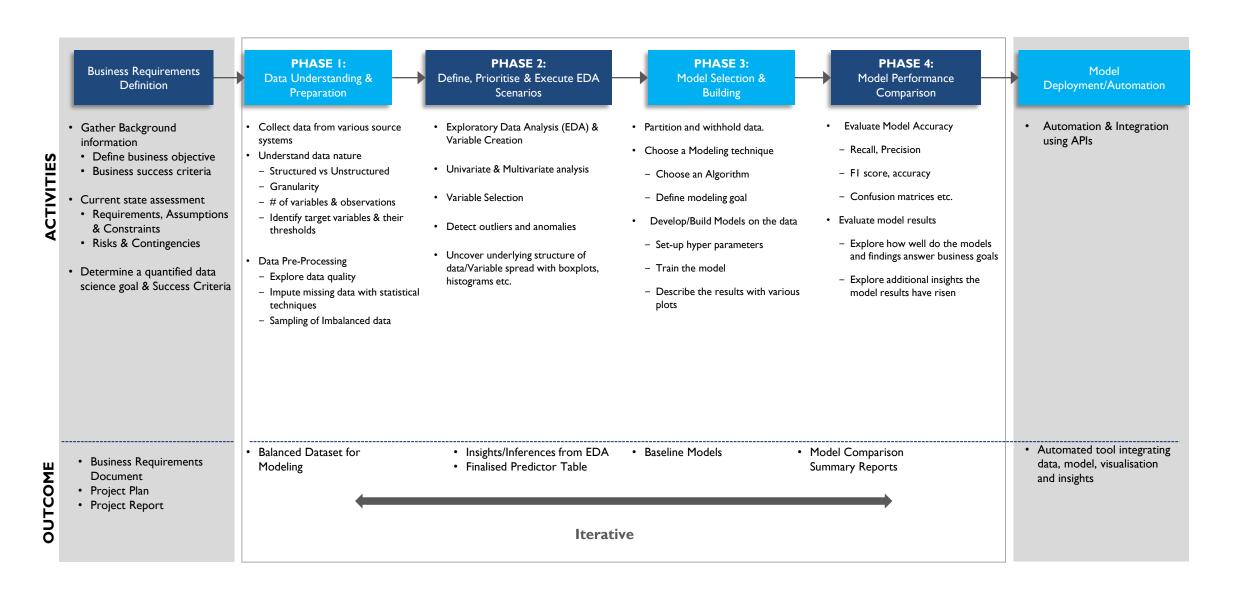






DEVELOPMENT METHODOLOGY

DEVELOPMENT METHODLOGY (CRISP DM)



IMPLEMENTATION APPROACH

Initiation

Functional Requirement Brainstorming/Grooming

Deliverables Identification



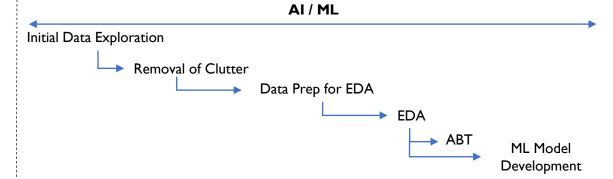
Tools and Technologies Identification

Standup Cadence agreement

High Level Model Architecture Agreement

Infra Needs Identification

Execution



Cadence

Weekly calls, Team members handshakes, Individual Progress report, Dependencies/Integration points identification/agreements

Tools









pandas







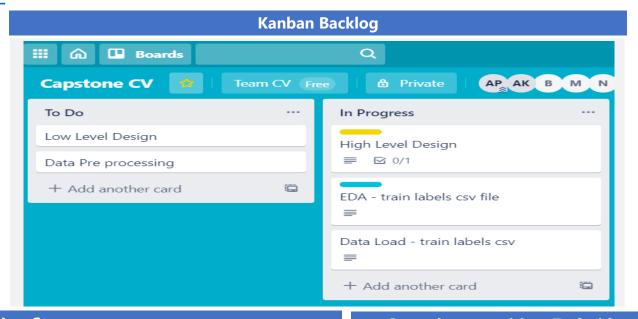








TEAM CADENCE



- Team members whatsapp group for frequent coordination
- Group meetings, twice a week
- Trello Kanban board for task planning & tracking
- Github as code repository

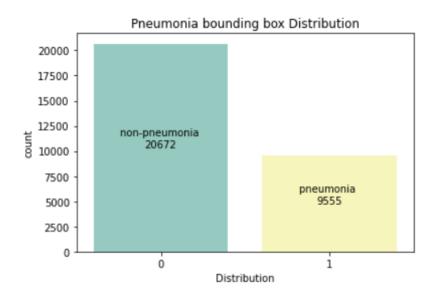
•



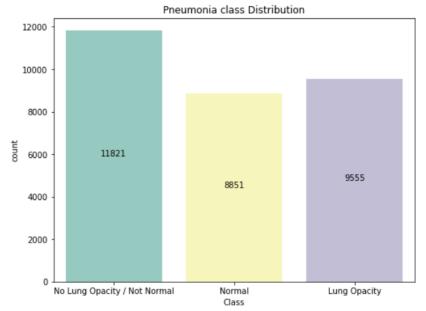


EXPLORATORY DATA ANALYSIS

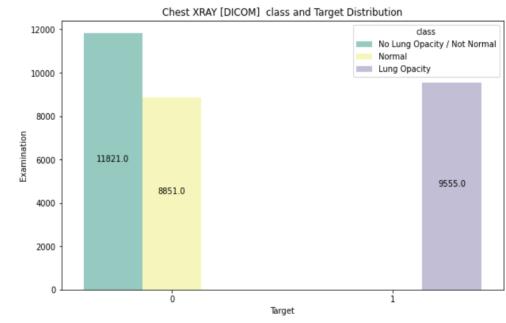
UNIVARIATE ANALYSIS



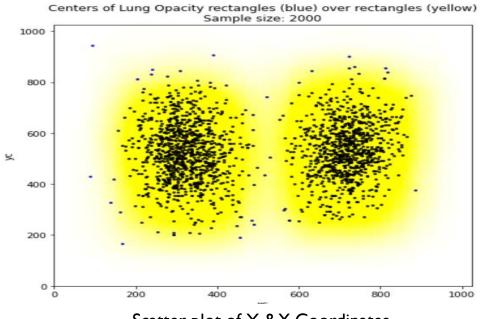
- Total number of labels is 30227, Number of unique patient Id's is 26684
- Total number of training images is 26884
- Patients have more than one bounding box evidences of Pneumonia
- Training labels comprise of 9555 (31.61 %) rows with Target =1 (pneumonia cases)
- There are no missing values for patientId & Target attributes
- Every record with Target = I has bounding box information.

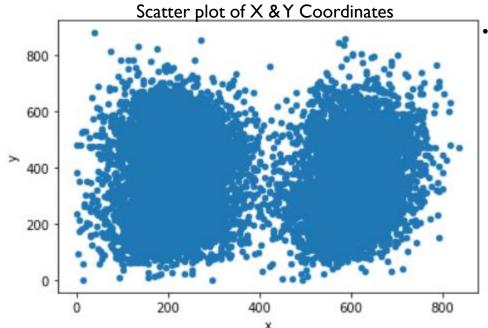


- There are 3 different classes in the dataset
- The distribution of class is consistent across pneumonia (Target = 1) & non-pneumonia (Target = 0) cases. Target = 1 is identified by 'Lung Opacity' class



UNIVARIATE ANALYSIS

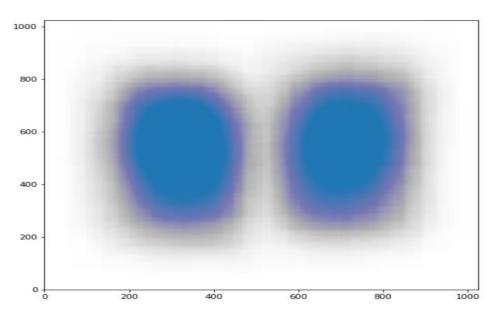




Bounding Box distribution

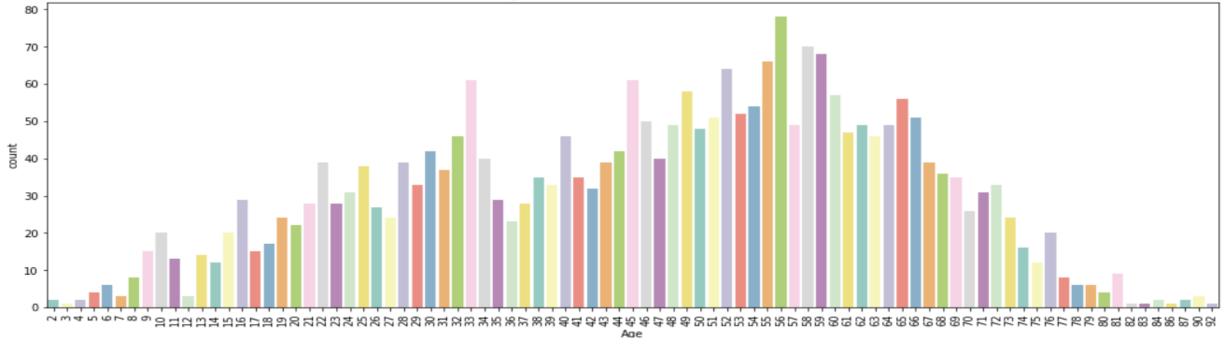
The annotations seem to be spread across both lung region and within the image range

Few outliers have observed < 1%

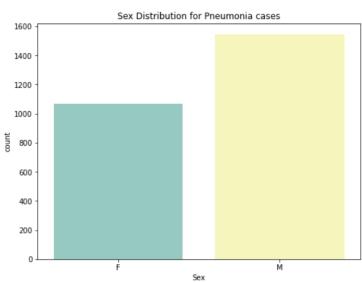


UNIVARIATE ANALYSIS

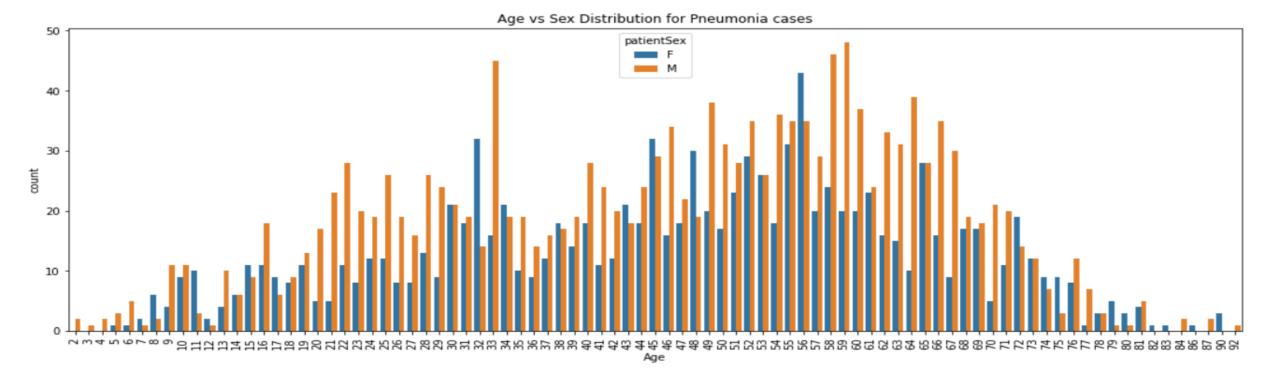
Age Distribution for Pneumonia cases



- Age group of 45- 65 have higher number of patients
- Approx. 50% more cases observed in male patients



BIVARIATE ANALYSIS



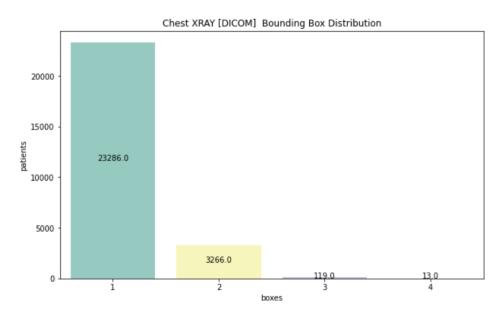
- There is uniformity in number of patients by sex (Male, Female) across age groups
- One unusual peak observed at age 33 for male patients

Construction of Null Hypothesis

```
# Hypothesis test to check if Gender has an effect on Target class (Pneumonia, Non-Pneumonia)
Ho = "Gender has no effect on Target Class" # Stating the Null Hypothesis
Ha = "Gender has an effect on Target Class" # Stating the Alternate Hypothesis
crosstab = pd.crosstab(train_class_df['PatientSex'],train_class_df['class'])
chi, p_value, dof, expected = stats.chi2_contingency(crosstab)
if p value < 0.05: # Setting our significance level at 5%
  print(f'{Ha} as the p_value ({p_value.round(3)}) < 0.05')
else:
  print(f'{Ho} as the p_value ({p_value.round(3)}) > 0.05')
crosstab
The observation is that
Gender has no effect on Target Class as the p_value (0.57) > 0.05
```

Hence, Null Hypothesis is Accepted

Feature Engineering



- Maximum of four evidences (bounding box) of pneumonia per patient
- 87.26% of the patients have one evidence (bounding box) of pneumonia

Distribution of Bounding Box Area(pixel)								
700 -								
600 -								
500 -								
400 -								
300 -								
200 -								
100 -								
و ا								
0	50000 100000 150000 200000 250000 300000 350000 Area in pixel							

count	9555.000000
mean	77523.448038
std	51807.689206
min	2320.000000
25%	37535.500000
50%	64829.000000
75%	106491.500000
max	371184.000000

areaBB

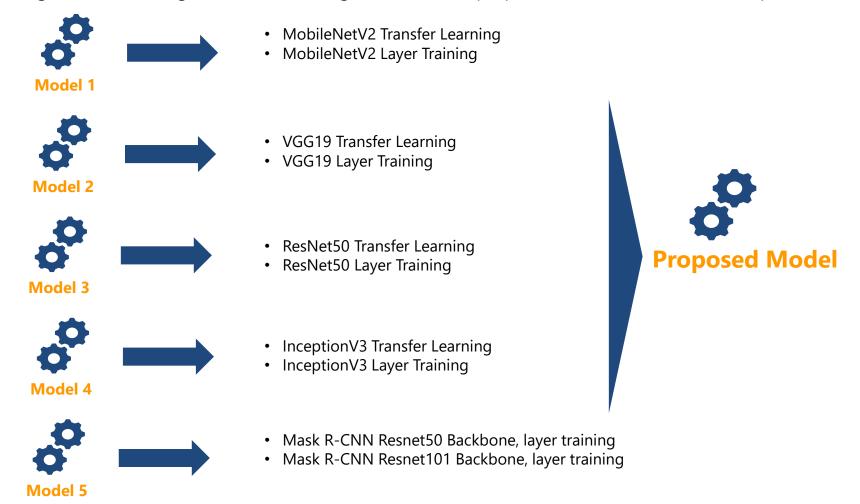
- Min size = 2320, Max size = 371184
- Max size is 16K times larger than min size

MODEL DEVELOPMENT

PROPOSED APPROACH - HIGH LEVEL VIEW

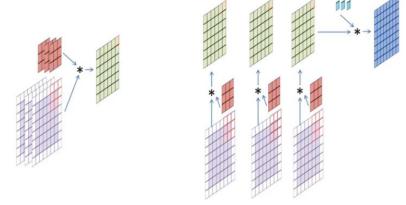
We propose to build Convolutional Neural Network (ConvNet/CNN), a Deep Learning algorithm which can take in an input image, assign importance (learnable weights and biases) to various aspects/objects in the image and be able to differentiate one from the other.

Evaluate multiple models using transfer learning and model training mechanism to propose the best model based on performance metrics

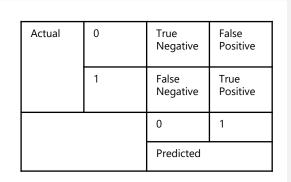


MODEL 1 – Mobilenet V2

The MobileNet model is based on depthwise separable convolutions which is a procedure of factorized convolutions which factorize a regular convolution into a depthwise convolution and a 1×1 convolution named a pointwise convolution. MobileNets depthwise convolution uses a single filter to every input channel. The pointwise convolution then applies a 1×1 convolution to merge the outputs the depthwise convolution.

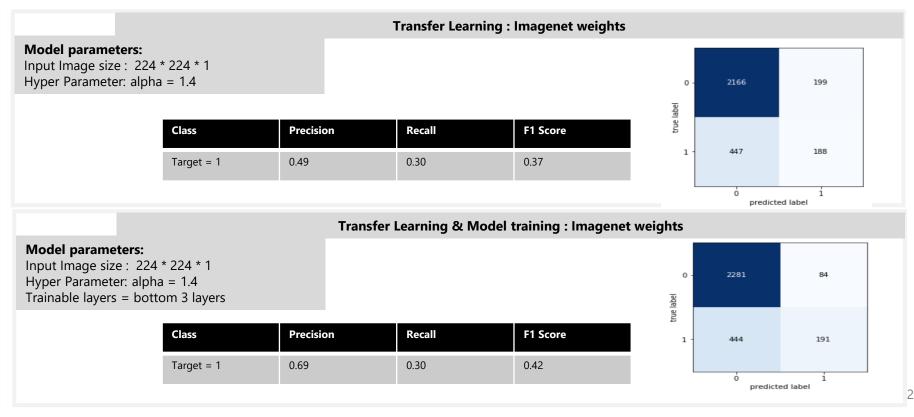


MobilenetV2 CNN Architecture



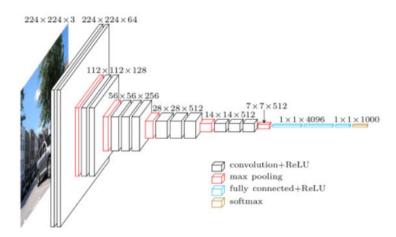
Precision = TruePositives / (TruePositives + FalsePositives)

Recall = TruePositives / (TruePositives + FalseNegatives)

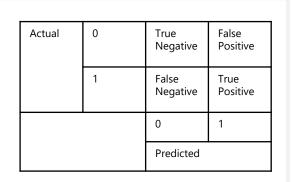


MODEL 2 – VGG19

VGG19 follows a simple architecture, using only 3×3 convolutional layers stacked on top of each other in increasing depth. Reducing volume size is handled by max pooling. Two fully-connected layers, each with 4,096 nodes are then followed by a classifier.

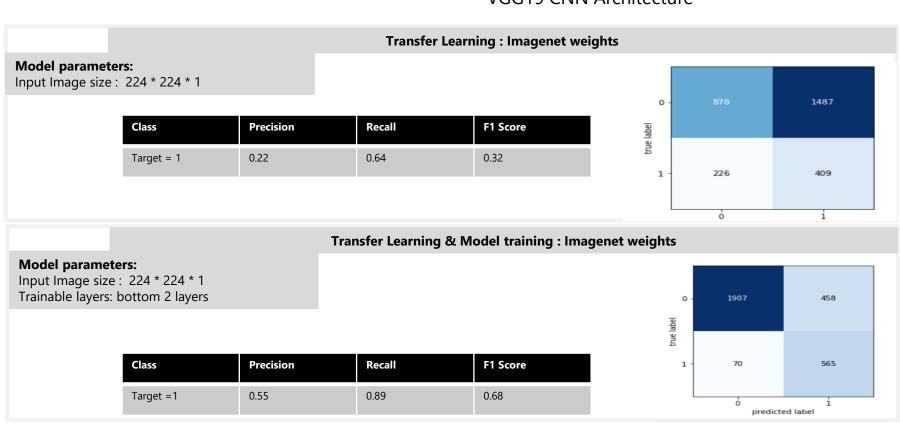


VGG19 CNN Architecture



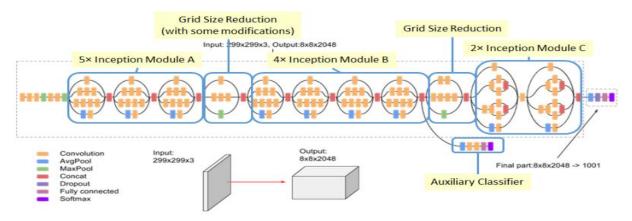
Precision = TruePositives / (TruePositives + FalsePositives)

Recall = TruePositives / (TruePositives + FalseNegatives)

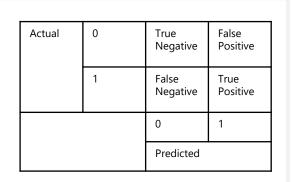


MODEL 3 – InceptionV3

The model is made up of symmetric and asymmetric building blocks, including convolutions, average pooling, max pooling, concats, dropouts, and fully connected layers. Batchnorm is used extensively throughout the model and applied to activation inputs. Loss is computed via Softmax.

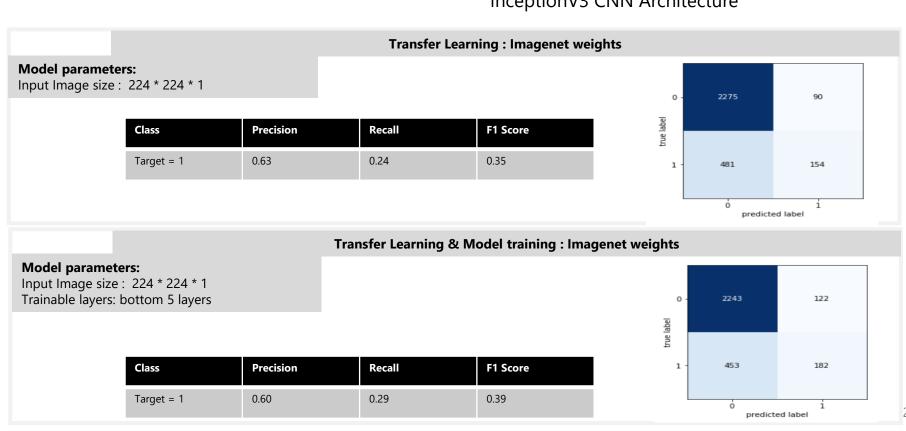


InceptionV3 CNN Architecture



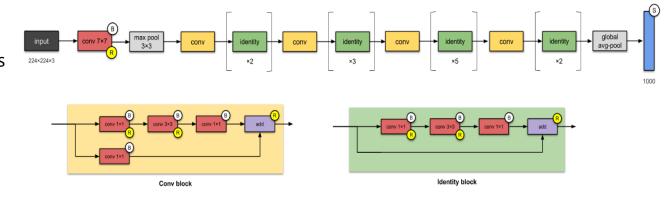
Precision = TruePositives / (TruePositives + FalsePositives)

Recall = TruePositives / (TruePositives + FalseNegatives)

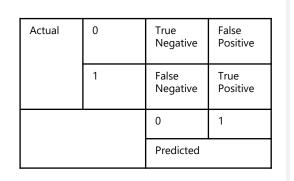


MODEL 4 – ResNet50

The ResNet-50 model consists of 5 stages each with a convolution and Identity block. Each convolution block has 3 convolution layers and each identity block also has 3 convolution layers. The ResNet architecture introduced skip connections, also known as residual connections to avoid information loss during training of deep network. Skip connection technique enables to train very deep networks and can boost the performance of the model.

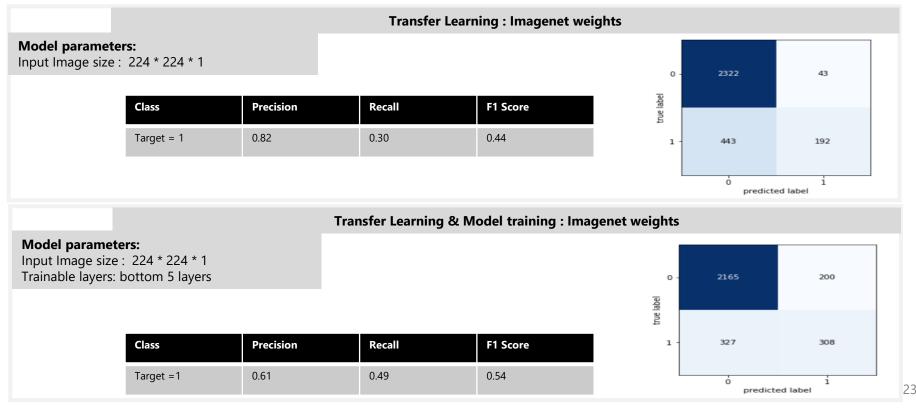


ResNet50 CNN Architecture



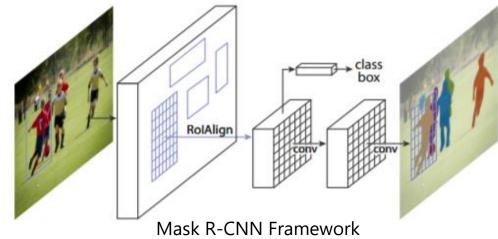
Precision = TruePositives / (TruePositives + FalsePositives)

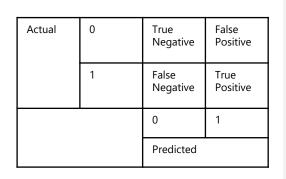
Recall = TruePositives / (TruePositives + FalseNegatives)



MODEL 5 – Mask R-CNN

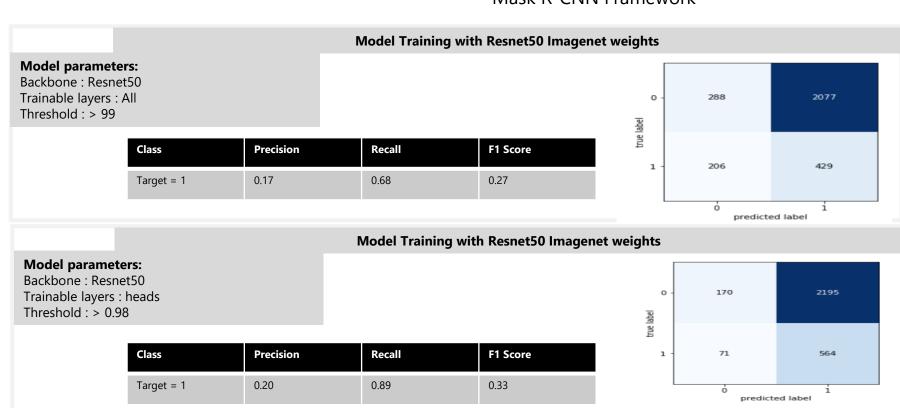
Mask R-CNN is a deep neural network aimed to solve instance segmentation problem. It adopts two stage procedure, first stage is RPN (Region proposal Network). In the second stage, in parallel to predicting the class and box offset, Mask R-CNN also outputs a binary mask for each Rol.



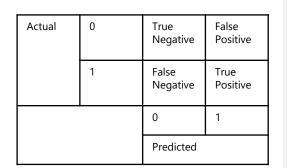


Precision = TruePositives / (TruePositives + FalsePositives)

Recall = TruePositives / (TruePositives + FalseNegatives)

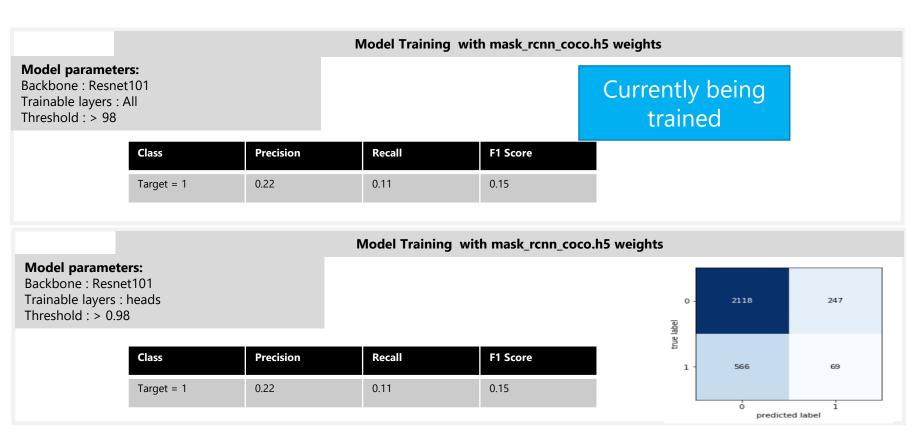


MODEL 5 – Mask R-CNN



Precision = TruePositives / (TruePositives + FalsePositives)

Recall = TruePositives / (TruePositives + FalseNegatives)



CNN Models – Performance Metrics

Model Input:

of images : 26684

Training & validation Dataset split: 80:20

Batch size : 50

Epoch: 5

Inference

Test Images: 3000

Target class=1 threshold set to 0.4 for all models except Mask R-CNN Mask R-CNN Target class =1 threshold set to >0.98

#	Model	Transfer Learning (ImageNet weights) with classification layer	Model (layer) Training	Model Size on disk (MB)	Model Training duration (min)	Precision	Recall	F1 Score	Model Evaluation Metric
1	MobileNetV2	1) GolablAveragePooling	None	17.7	213	0.49	0.30	0.37	0.49
2	MobileNetV2	2) Dense, 2, softmax	Bottom 3 layers	17.7	294	0.69	0.30	0.42	0.53
3	VGG19	1) Flatten	None	558	231	0.22	0.64	0.32	0.32
4	VGG19	2) Dense , 4096, relu3) Dense, 409, relu4) Dense, 2, sigmoid	Bottom 2 layers	558	269	0.55	0.89	0.68	0.61
5	ResNet50	1) GolablAveragePooling	None	95	186	0.82	0.30	0.44	0.53
6	ResNet50	2) Dense, 2, sigmoid	Bottom 5 layers	95	185	0.61	0.49	0.54	0.61
7	InceptionV3	1) GolablAveragePooling	None	85	135	0.63	0.24	0.35	0.46
8	InceptionV3	2) Dense, 2, sigmoid	Bottom 5 layers	88	105	0,60	0.29	0.39	0.49

CNN Models – Performance Metrics

Model Input:

of images : 26684

Training & validation Dataset split: 80:20

Batch size: 50 Epoch: 5

Inference

Test Images: 3000

Target class=1 threshold set to 0.4 for all models except Mask R-CNN Mask R-CNN Target class =1 threshold set to >0.98

-poc	• •									
#	Model	Transfer Learning	Model (layer) Training	Model Size on disk (MB)	Model Training duration (min)	Precision	Recall	F1 Score	Model Evaluation Metric	
9	Mask R-CNN	Resnet50 backbone, Image weights	All layers	115	58	0.17	0.68	0.27	0.35	
10	Mask R-CNN	ResNet50 backbone, Imagenet weights	Heads	115		0.20	0.89	0.33	0.40	
11	Mask R-CNN	Resnet101 backbone, coco weights	All layers	256	101	0.21	1	0.35	0.35	
12	Mask R-CNN	Resnet101 backbone, coco weights	heads	256		0.22	0.11	0.15	0.19	

CONCLUSION

This project explores the deep learning function in detecting pneumonia through computer vision using five convolutional neural network models. Our study enables to identify among the five models the best model to detect pneumonia.

The Mask R-CNN model is the best model based on the observations having a model evaluation metric of 0.4.

For future studies, adaptation of other convolutional neural network architectures like yolo, SSD architectures for pneumonia detection must be implemented and the optimization of hyper-parameters should also be considered to improve the accuracy of the model. These observations will help medical work force in their decision making for a real-time application of the use of more accurate model in detecting pneumonia and discover the potential of diagnosing pneumonia using deep learning models.

Future considerations:

- Explore Resnet50, VGG19, Mask R-CNN with high number of epochs and fine tuning of hyperparameters
- Explore other advanced techniques such as YOLO & SSD

THANK YOU