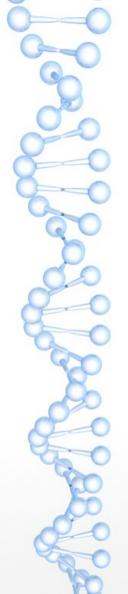


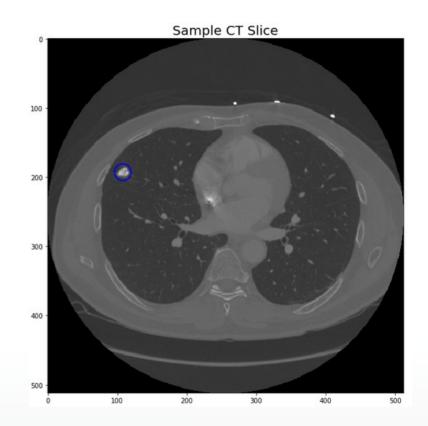
Classifying Lung Nodules with Deep Learning

Derek Tolbert



The Problem(s)

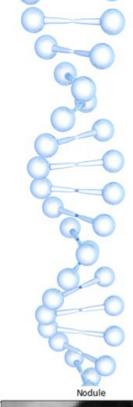
- Nodules are a risk factor for lung disease
- Difficult to identify
- Size and location are important for risk classification
- Radiologists often disagree about their classifications





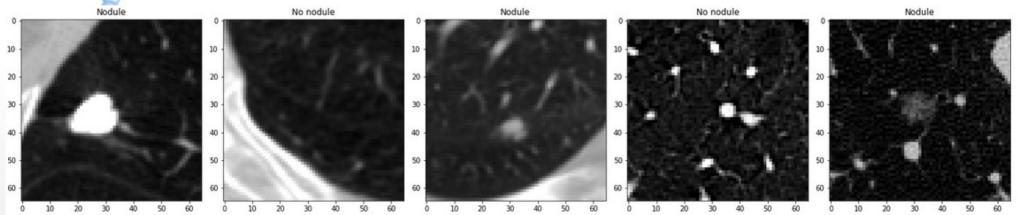
How could deep learning help?

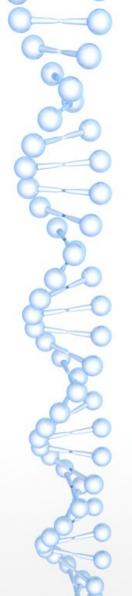
- Quicker nodule detection
- Provide a second opinion for the radiologist
 - There were many disagreements when labeling this dataset!
- Easily evaluate previous records
- Provide nodule detection access to low-income areas
- These tools could allow for low-cost (or free) secondopinions to patients in low-income areas



Data

- Data were taken from the Luna16 Challenge website
- Approximately 118GB of CT images included
- Lung nodules were identified by 4 independent radiologists
- Inclusion criteria; >3mm and 3 of 4 radiologist agreement





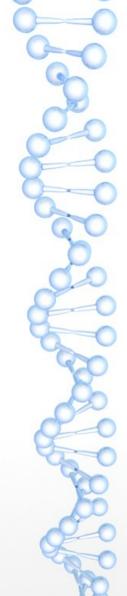
Data processing

- 1177 nodules were found
- Roughly 70% training, 20% validation, 10% test splits
- Hounsfield units were restricted to -1000 to 400
- Coordinates were transformed to pixel coordinates
- Patches with, and without, nodules were extracted for training



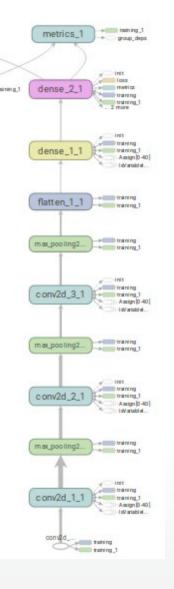
Modeling Pipeline

- 1. Split raw data into test, train, validation directories
- 2. Extract positive/negative patches from each directory
- 3. Train classification and localization models separately
- 4. Save the classification model with highest val accuracy, save the localization model with lowest val error
- 5. Compute performance in the test set



Modeling

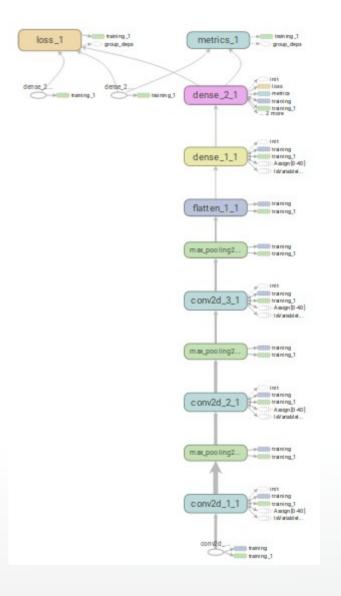
- 1 for classification
 - Is there a nodule in this image? (Yes/No)
 - 1 output (0 to 1 value, > 0.5 = Yes)
- 1 for localization
 - Where is the nodule in this image? (X/Y)
 - How big is the nodule in this image? (diameter)
 - 2 outputs representing the X/Y pixel coordinates
 - 1 output representing the diameter in pixels





Modeling Techniques

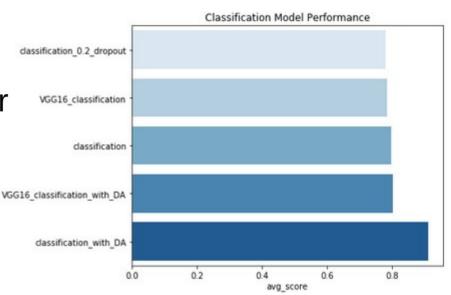
- Convolutional Neural Networks
- Transfer learning via VGG16
- Dropout
- Data augmentation
 - Classification
 - · Rotation, flip, shear, zoom, shift
 - Localization
 - Flip

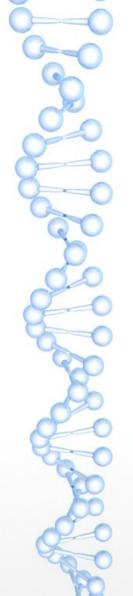


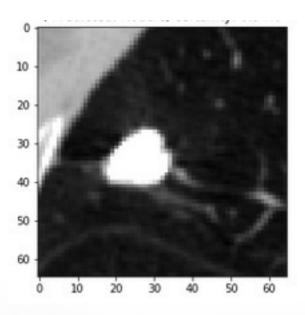


Classification Performance

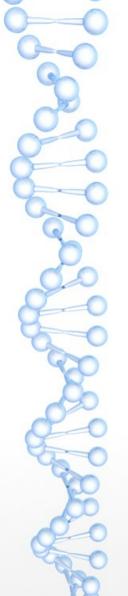
- 5 primary models were created
- 2 models used VGG16 for transfer learning
- Top performer had 90% accuracy, 89% precision, 94% recall, and 91% f1 score in test set

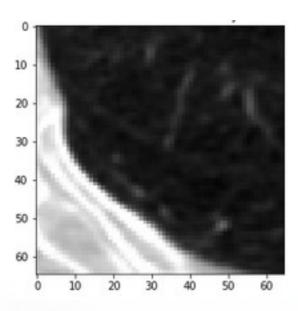




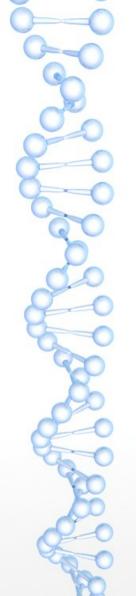


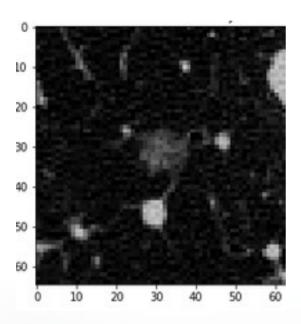
- True label: Nodule
- Predicted: Nodule
- Output Value: 94%



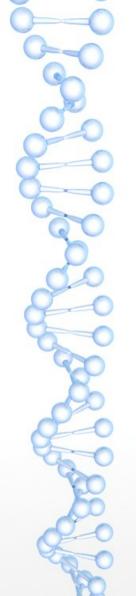


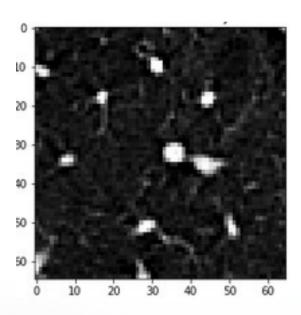
- True label: No nodule
- Predicted: No nodule
- Output Value: 11%



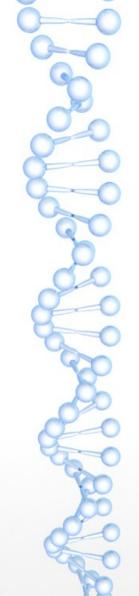


- True label: Nodule
- Predicted: Nodule
- Output Value: 86%



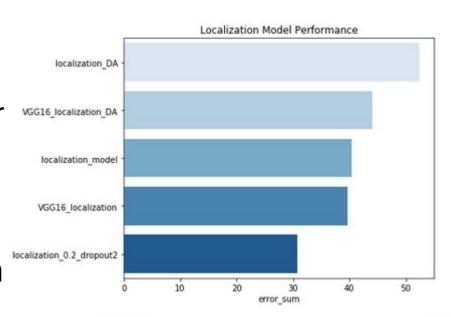


- True label: No nodule
- Predicted: Nodule
- Output Value: 95%

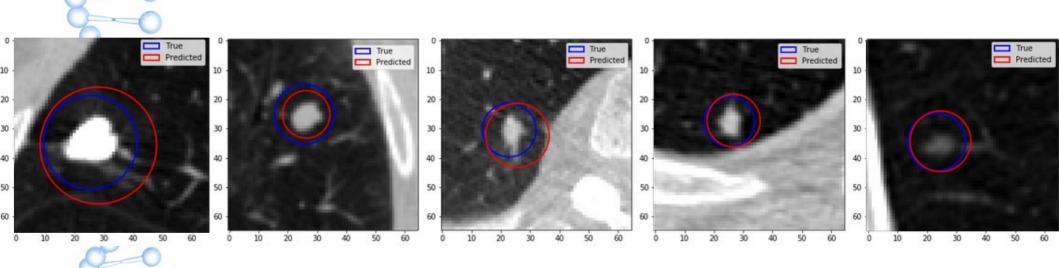


Localization Performance

- 5 primary models were created
- 2 models used VGG16 for transfer learning
- Top performer had mean absolute error of 2.5px in X, 2.4px in Y, and 2.5px in diameter in test set

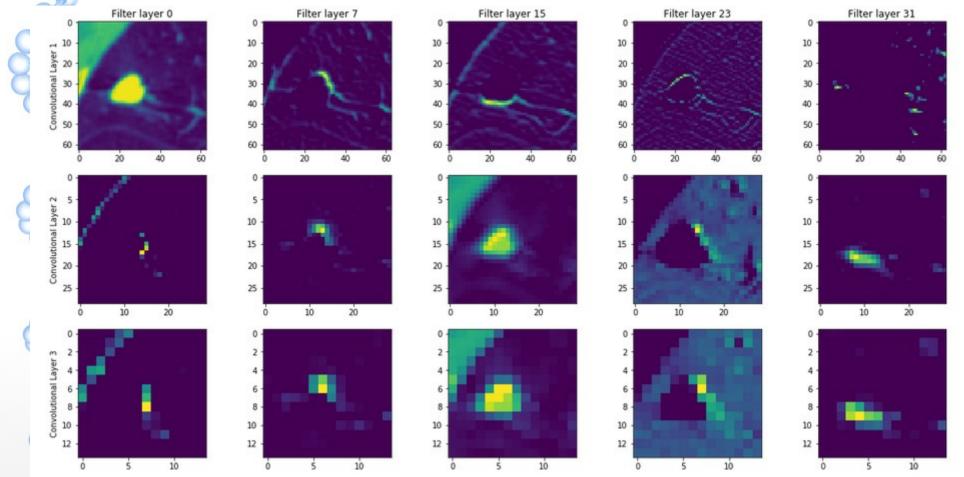


Localization Examples

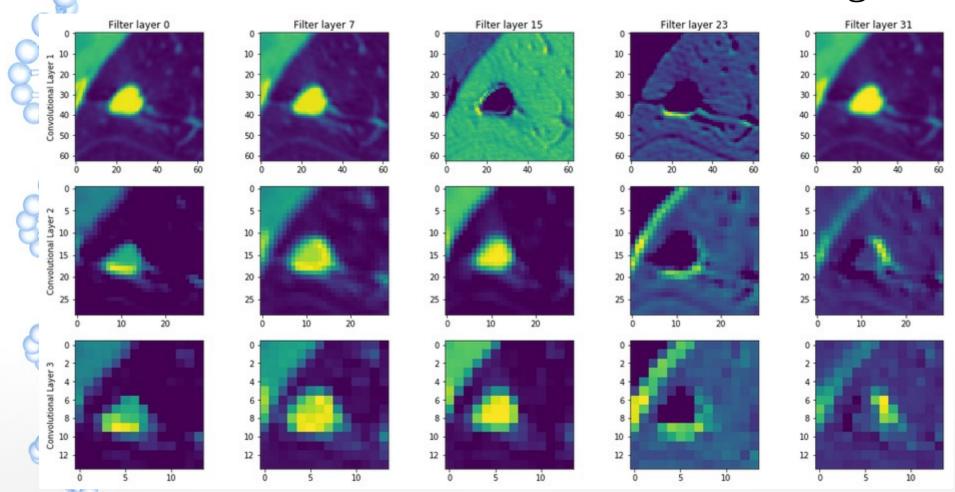


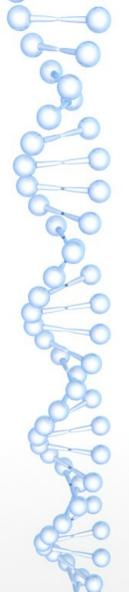


Classification- What is the model doing?



Localization- What is the model doing?





Summary and Next Steps

- Deep learning models prove to be useful for classifying lung nodules in CT Scans
- An application which accepts CT scans, partitions them into 65x65 patches, feeds them into the models, and aggregates the results
- Models may be further improved from a more complex architecture and more training data