BACKGROUND

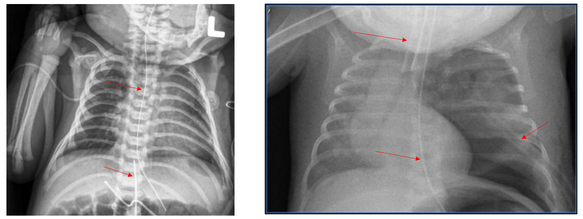

Figure 1. Two typical pediatric radiographs with lines marked by red arrows.

- Critically ill patients need catheters & tubes ("lines") to sustain life
  - ➢ monitoring their placement is **time-consuming** & **labor-intensive**
- Goal: automate with deep learning
  1. **segment chest into regions**
  2. find & classify lines
  3. determine if in correct location

METHODS

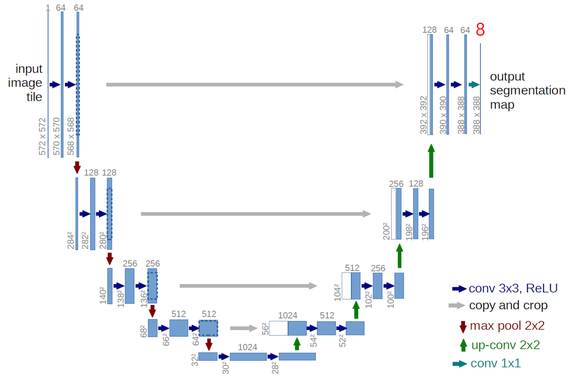

Figure 2. U-Net model architecture (Ronneberger *et al.* 2015). Each blue box is a feature map, with height and width in the lower left and depth on top. While the feature dimensions do not exactly match those of our model, the red "8" represents that we adapted this architecture to predict eight output classes.

- Trained U-Net on 300+ labeled radiographs
  - ➢ tested loss functions, weighting schemes, & data augmentation

Categorical cross-entropy:

$$-\sum_{c=1}^{M} y_{o,c} \log(p_{o,c})$$

Generalized Dice loss:

$$1 - 2\frac{\sum_{l=1}^{M} w_l \sum_{n=1}^{N} r_{ln} p_{ln}}{\sum_{l=1}^{M} w_l \sum_{n=1}^{N} (r_{ln} + p_{ln})}$$

Deep **neural networks** can **automatically** find **regions** of the **chest** in pediatric **radiographs**.

RESULTS: Predictions

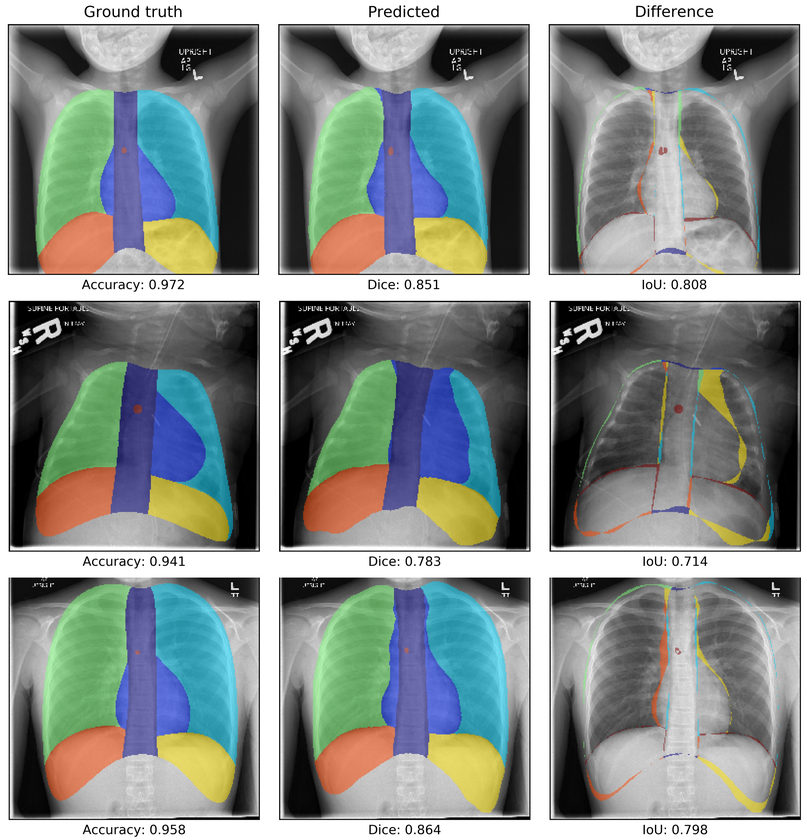

Figure 3. Best-performing model's predictions for three radiographs that it has not been trained on. Pixel

RESULTS: Model Performance

- Categorical cross-entropy loss + data augmentation provided best results
  - ➢ pixel weights gave small improvement
  - ➢ $\overline{\text{Dice}}$: 0.832, $\overline{\text{Accuracy}}$: 0.938

Loss Function	Dice
w2-cce*	0.832
w3-cce*	0.83
w1-cce*	0.829
cce + gdl*	0.828
cce*	0.828
w2-cce	0.825
cce + gdl	0.821
w3-cce	0.82
cce	0.815
w1-cce	0.814
w3-gdl	0.788
w1-gdl	0.787
gdl	0.784
w2-gdl	0.783

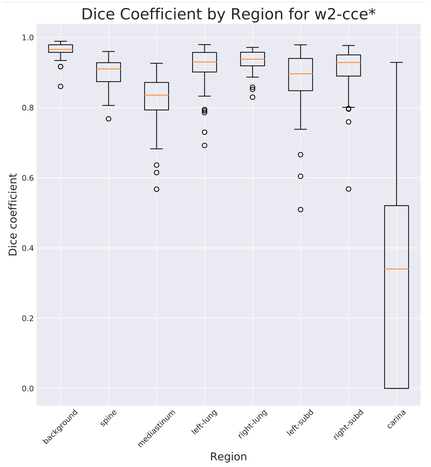

Figure 4. Mean Dice coefficient on test set (n=70) by loss function (left) and box-and-whisker plot of Dice coefficients by class for the best model (right). "*" = with data augmentation, "cce" = categorical cross-entropy, "gdl" = generalized Dice loss, "w<no.>" = with pre-computed pixel weights from method <no.>.

FUTURE WORK

- Train on higher-resolution images
- Obtain more, higher-quality labels
  - ➢ or… more aggressive augmentation
- Ensure predictions are biologically sound
  - ➢ guarantee single instance of each class
  - ➢ prohibit disconnected regions
- Combine with line detector

REFERENCES

- Ronneberger, Olaf, Philipp Fischer, and Thomas Brox. "U-net: Convolutional networks for biomedical image segmentation." *International Conference on Medical image computing and computer-assisted intervention*. Springer, Cham, 2015.
- Crum, William R., Oscar Camara, and Derek LG Hill. "Generalized overlap measures for evaluation and validation in medical image analysis." *IEEE transactions on medical imaging* 25.11 (2006): 1451-1461.