



# Pneumothorax Detection and Localization in X-Ray Images Given Richer Annotation Information

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#CMIMI18

# Outline

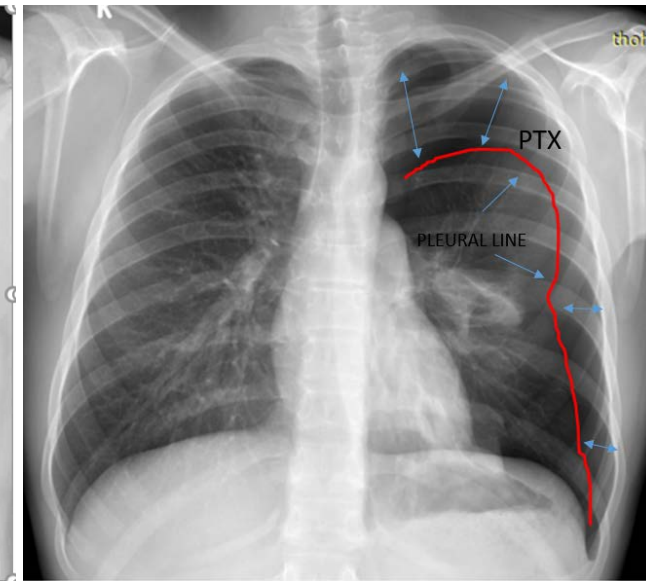
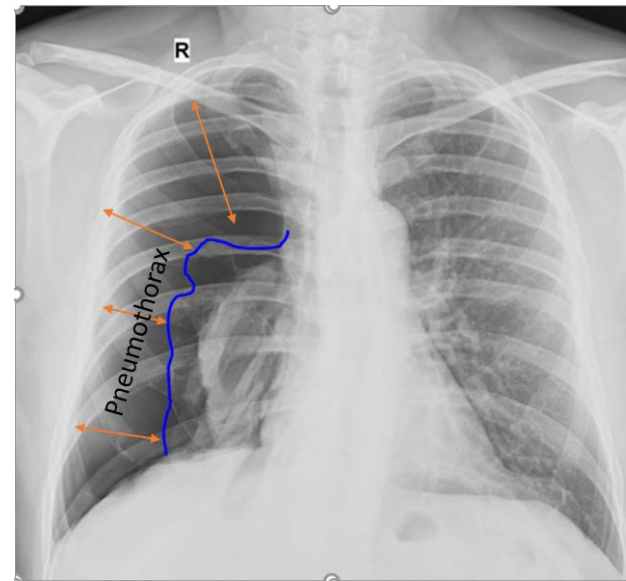


- Background
- Model Architecture and Design
- Data
- Experiments
- Results
- Conclusions

# Pneumothorax



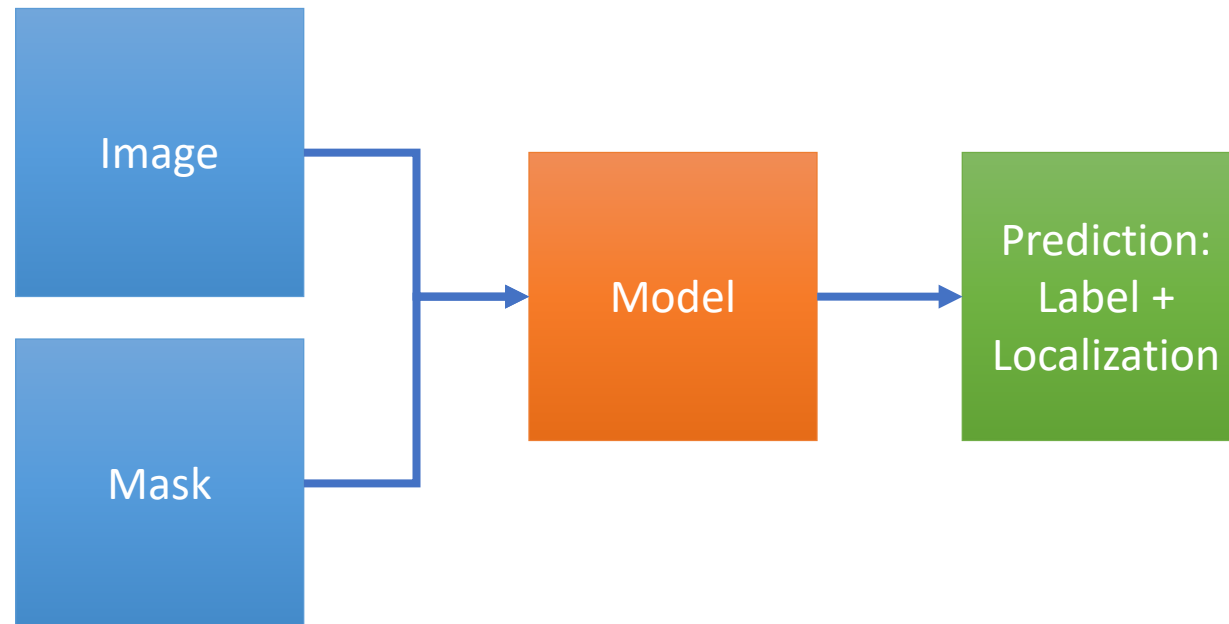
- Pneumothorax refers to collection of air in the pleural cavity.
- Large Pneumothorax especially those of the constantly enlarging type (tension pneumothorax) causing compression of mediastinal structures can be life-threatening
- Chest radiography is the first line of investigation- shows the outer margin of the visceral pleura (and lung) separated from the parietal pleura (and chest wall) by a lucent gas space devoid of pulmonary vessels.



# Problem Statement



- How can we improve the performance of a classifier if masks pertaining to regions of interest are available in addition to an image level label?



# Related Work



- Most of the published literatures are improving the performance of a classifier by using more data.
- They focus to solve large data problem
- Li et. al (Google) proposed a semi-supervised method to recognize and localize thoracic diseases using bounding box

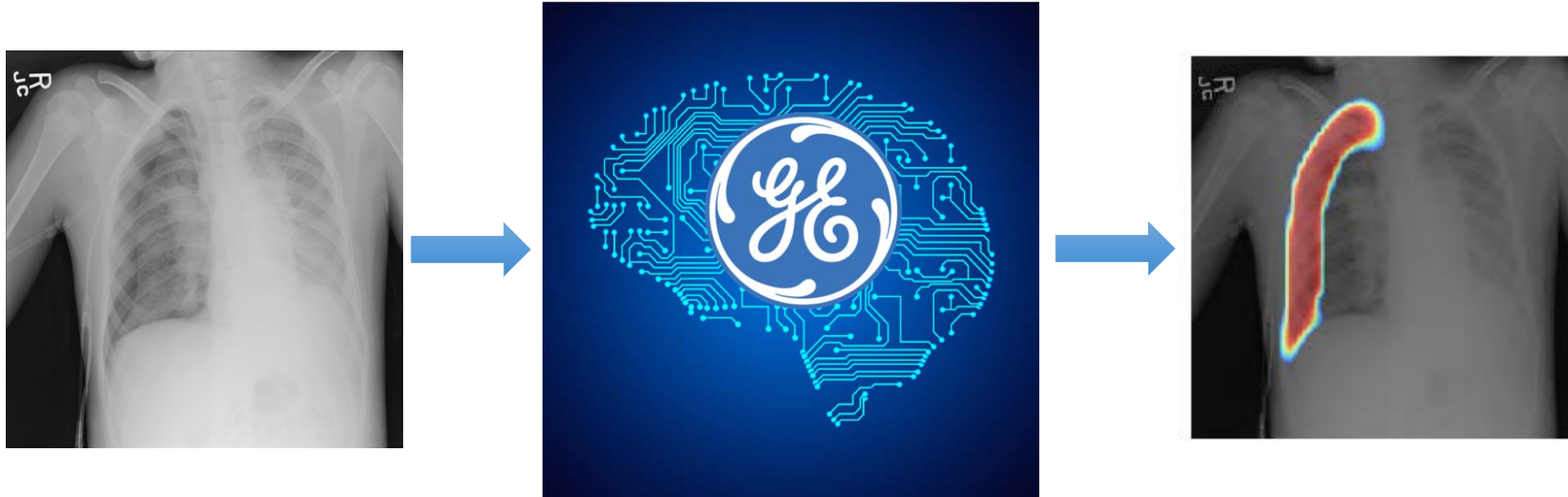
Li et. al, Thoracic Disease Identification and Localization with Limited Supervision,  
[arXiv: 1711.06373](https://arxiv.org/abs/1711.06373).



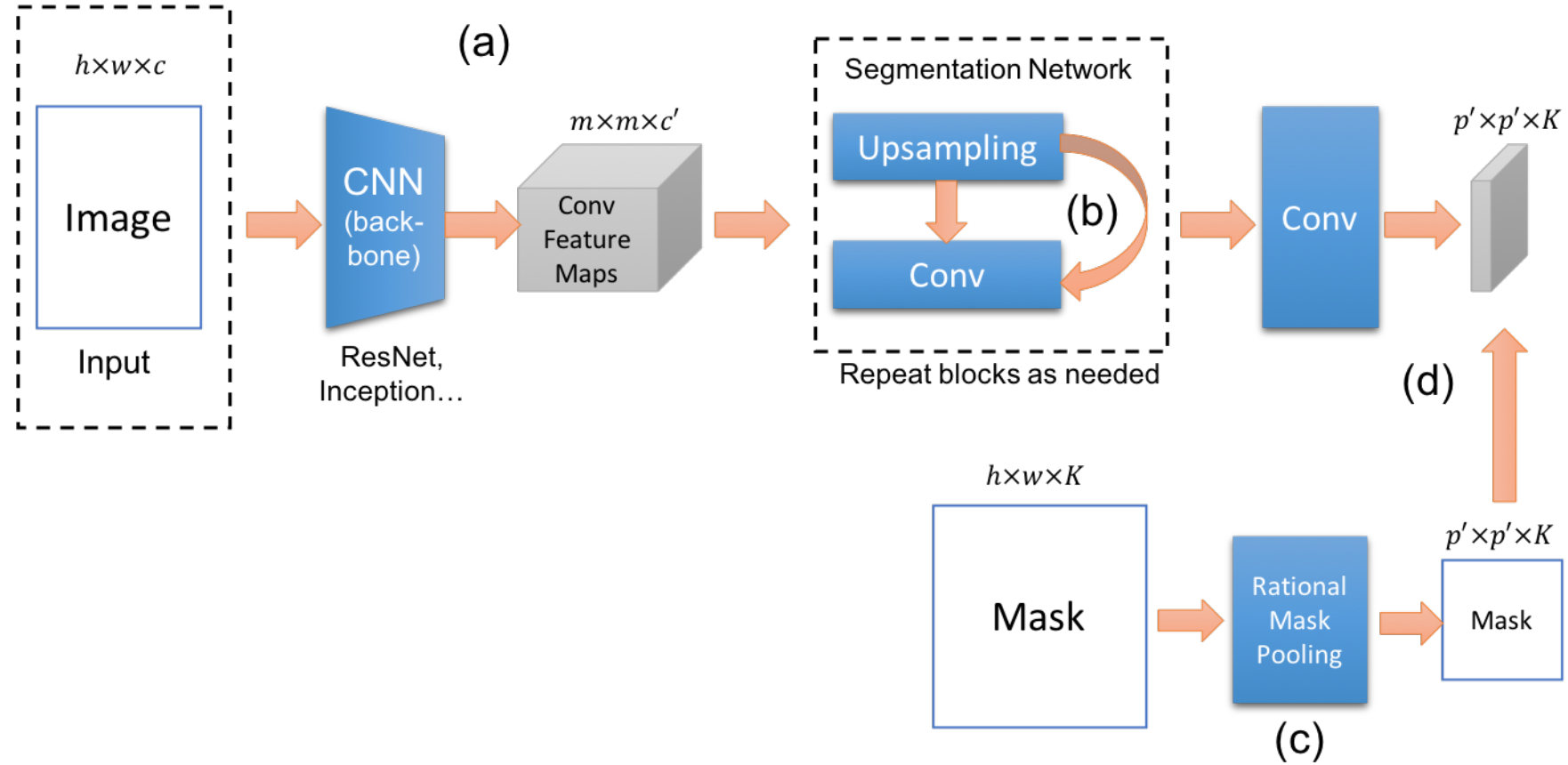
# Contributions



- Use mask as input of classifier to improve the classification accuracy
- Generate high resolution localization maps



# Model Architecture -- ClaSegNet



- Backbone CNN outputs shared feature maps
  - - ResNet
  - - Inception
  - - ...
- Loss function

$$Loss_{mask} = - \sum_i \log \left( p(y_k | x_i, mask_i^k) \right)$$
$$p(y | x_i, mask_i^k) = \prod_{j \in N} p_{ij}^k \cdot \prod_{j \in M \setminus N} (1 - p_{ij}^k)$$

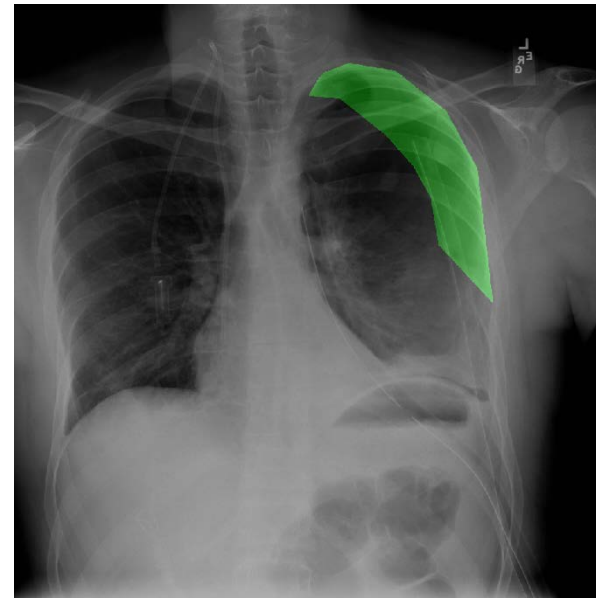
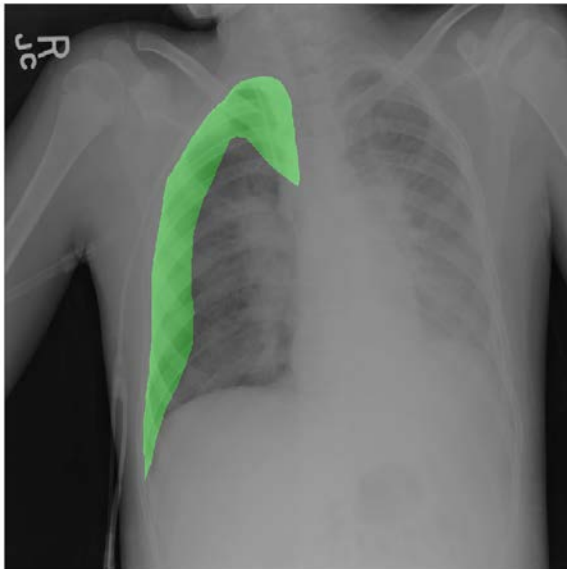
where  $p(y | x_i, mask_i^k)$  is the probability of an image  $i$  being positive for class  $k$ ,  $M$  the total area in image  $i$  and  $N$  the region covered by the mask.



# Data and Annotations



NIH Data (# images)	Train (80%)	Val (10%)	Test (10%)
Pneumothorax	722	90	91
Non-pneumothorax	722	90	91
Total	1444	180	182



## ■ Training

1. Input image size is 512 x 512
2. Normalized input image to [0, 1]
3. Data augmentation (rotation, shift and horizontal flip)
4. Initial learning rate is 0.0001
5. Adam optimizer + learning rate decay
6. Early-stopping
7. Pre-trained backbone network

## ■ Inferencing

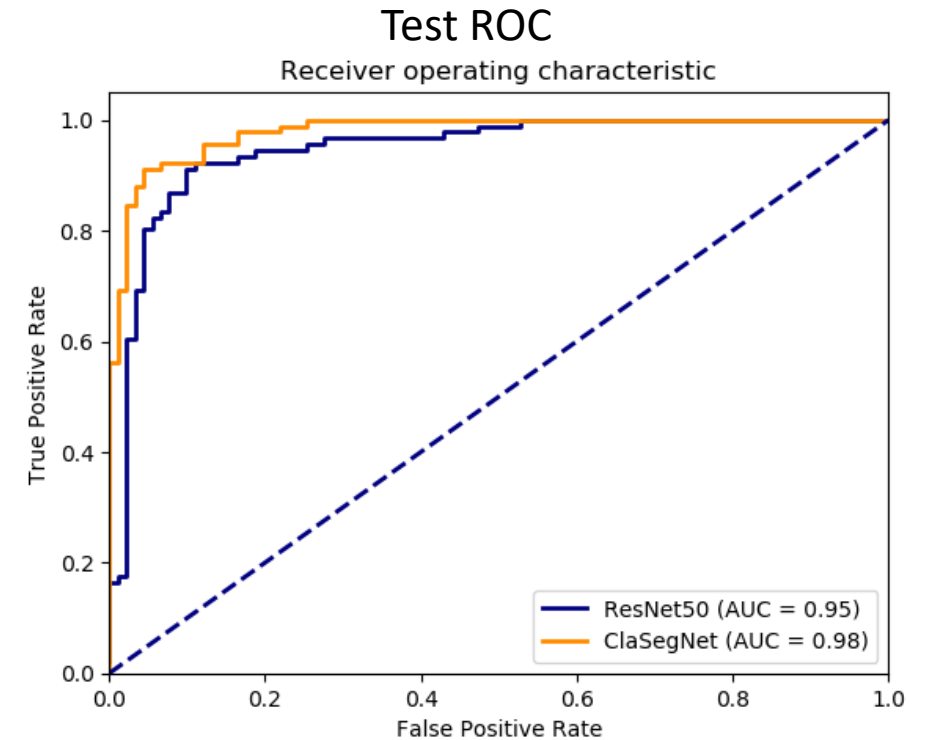
1. Input image size is 512 x 512
2. Normalized input image to [0, 1]
3. No data augmentation

# Results



Model	val Accuracy	val Precision	val Recall	val AUC	val Dice
ResNet50	0.894	0.899	0.889	0.941	-
ClaSegNet	0.95	0.966	0.933	0.98	0.518

Model	test Accuracy	test Precision	test Recall	test AUC	test Dice
ResNet50	0.896	0.875	0.923	0.945	-
ClaSegNet	0.923	0.953	0.89	0.979	0.5



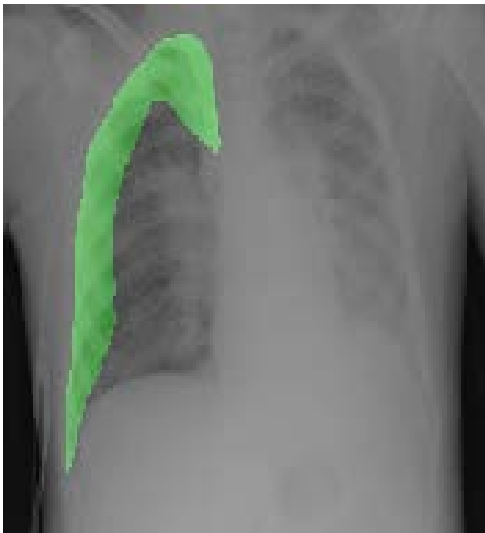
ResNet50		Predictions	
		nonPTX	PTX
Ground Truth	nonPTX	77	14
	PTX	8	83

ClaSegNet		Predictions	
		nonPTX	PTX
Ground Truth	nonPTX	87	4
	PTX	10	81

# Localization maps -- TP



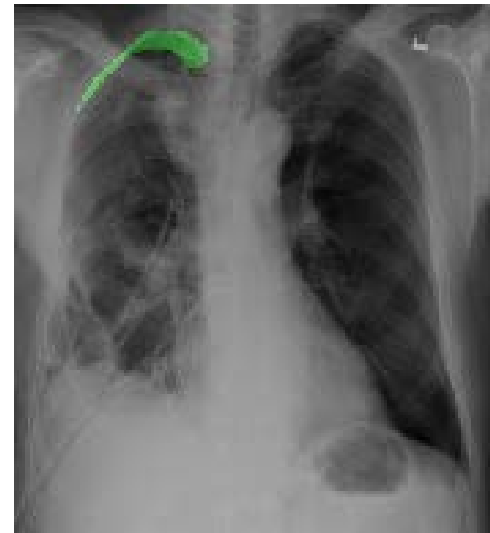
ground truth



prediction: 1.000



ground truth



prediction: 0.966



# Localization maps -- FN



ground truth



prediction: 0.269



ground truth



prediction: 0.392



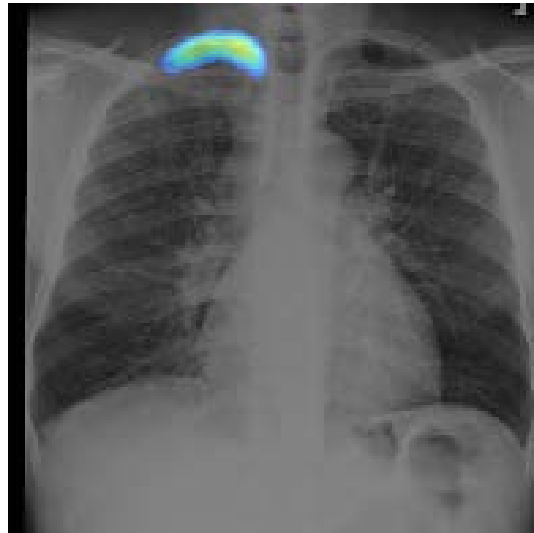
# Localization maps -- FP



ground truth



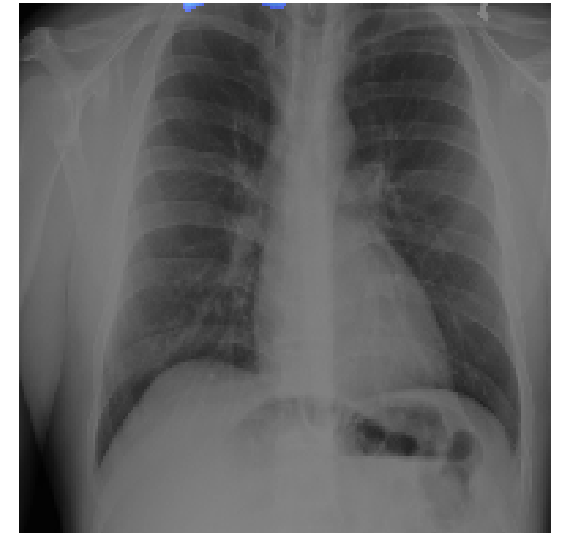
prediction: 0.615



ground truth



prediction: 0.526





# Localization maps -- TN



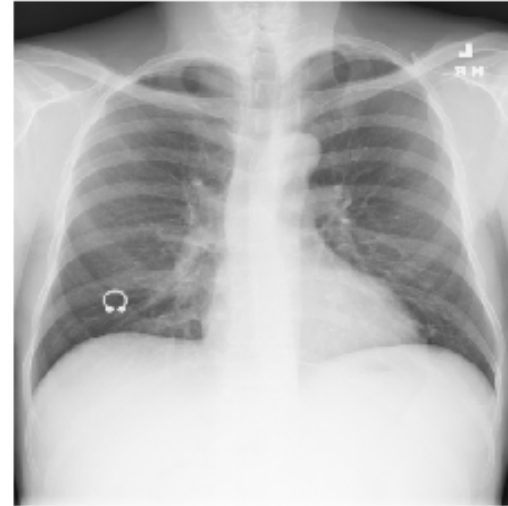
ground truth



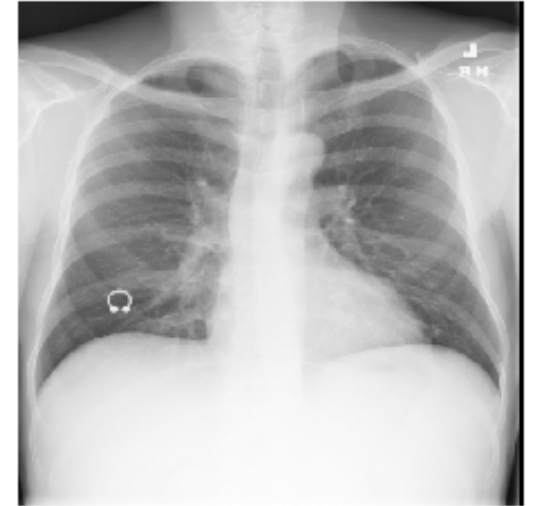
prediction: 0.021



ground truth



prediction: 0.008



# Conclusions



- Utilizing richer annotation information (mask) improves the classification and localization accuracy
- Adding segmentation branch (decoder) improves the localization accuracy (resolution)

# Acknowledgements



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Thank you!