

Introduction

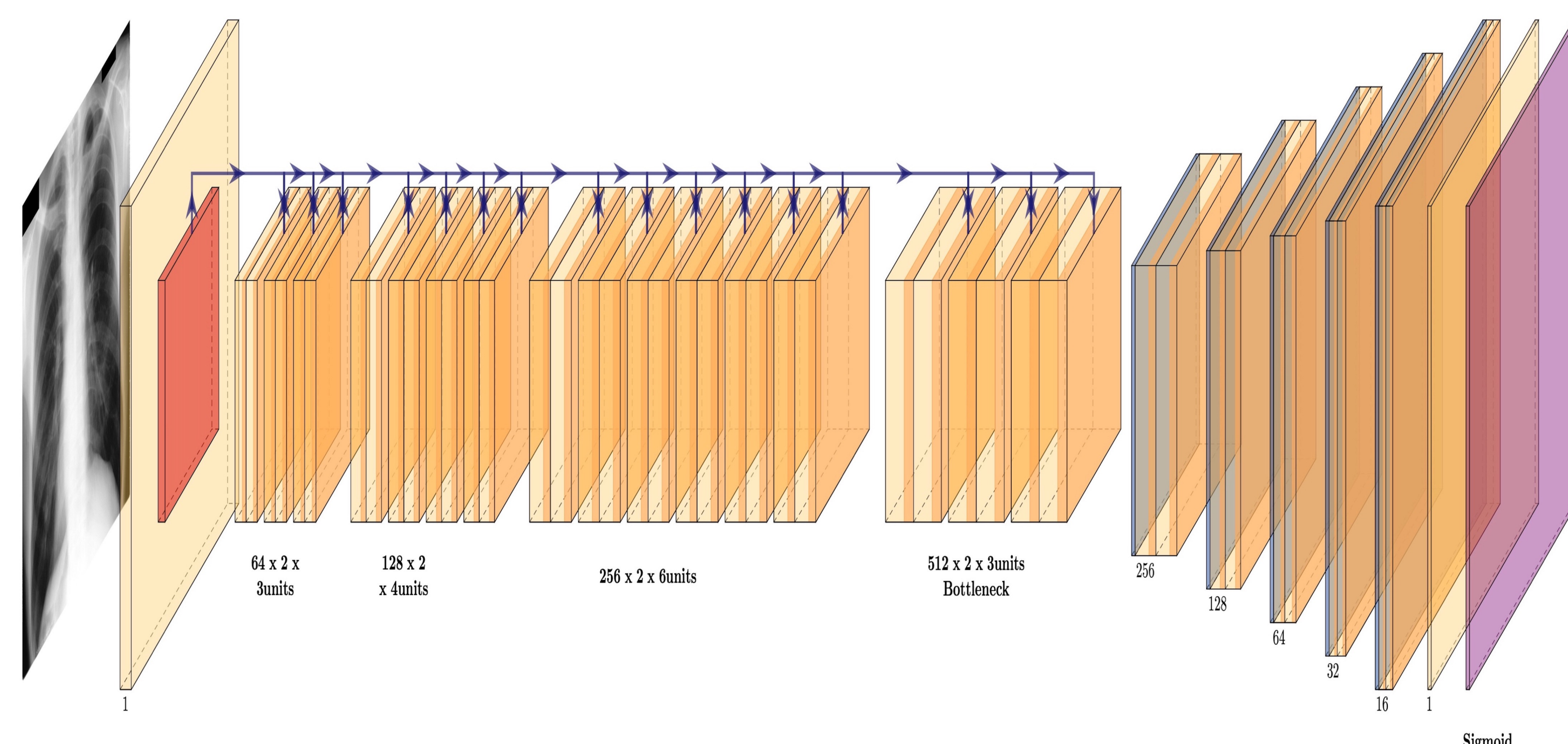
- *Chest X-Ray (CXR) Image Segmentation* is an important first step for better classification of lung diseases
- We developed a generalizable and explainable deep learning model for CXR images segmentation by using the U-net architecture

Network Architecture

U-net architecture

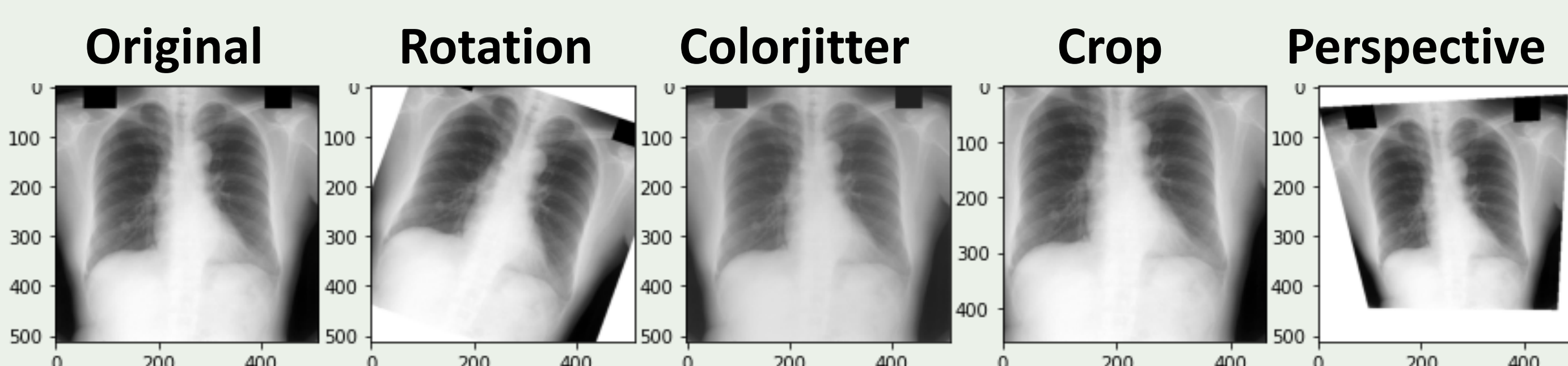
Use *Resnet34* (pretrained on the *ImageNet*) as decoder

- *Input*: Images of size (256,256,3)
- *Layer activations*: ReLu
- *Output activation*: Sigmoid
- *Output*: 0,1 labels of size (256,256)



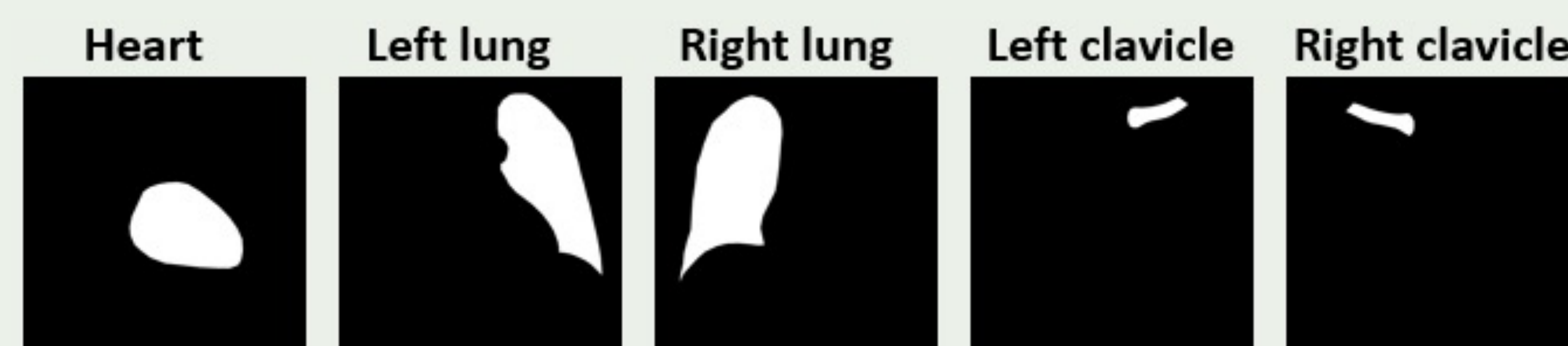
Dataset

- **n = 247** Posterior-Anterior CXR images * 5 post-augmentation



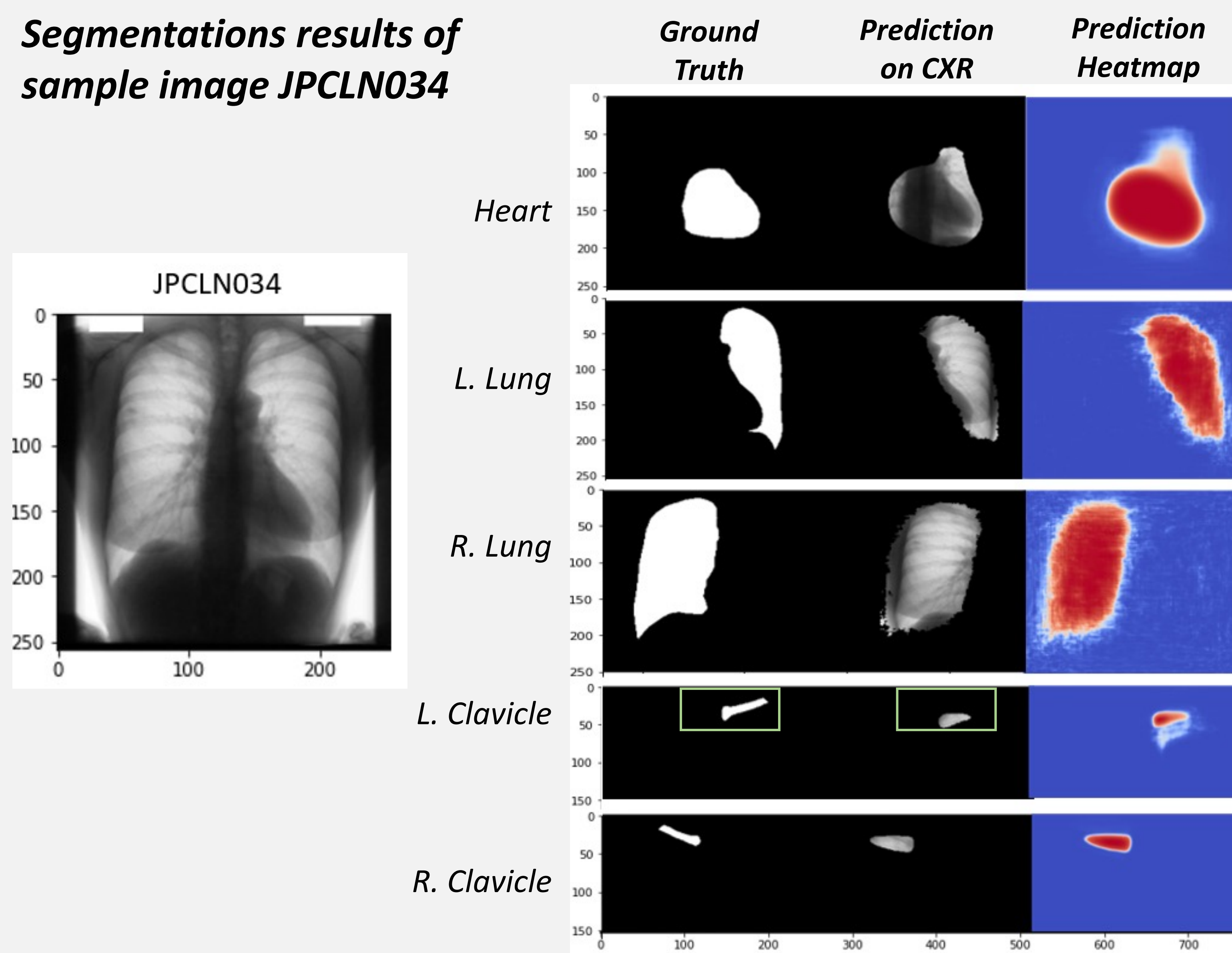
Database: Segmentation in Chest Radiology (SCR) database^{1, 2}

- Curated ground truth label of 5 regions for each CXR image

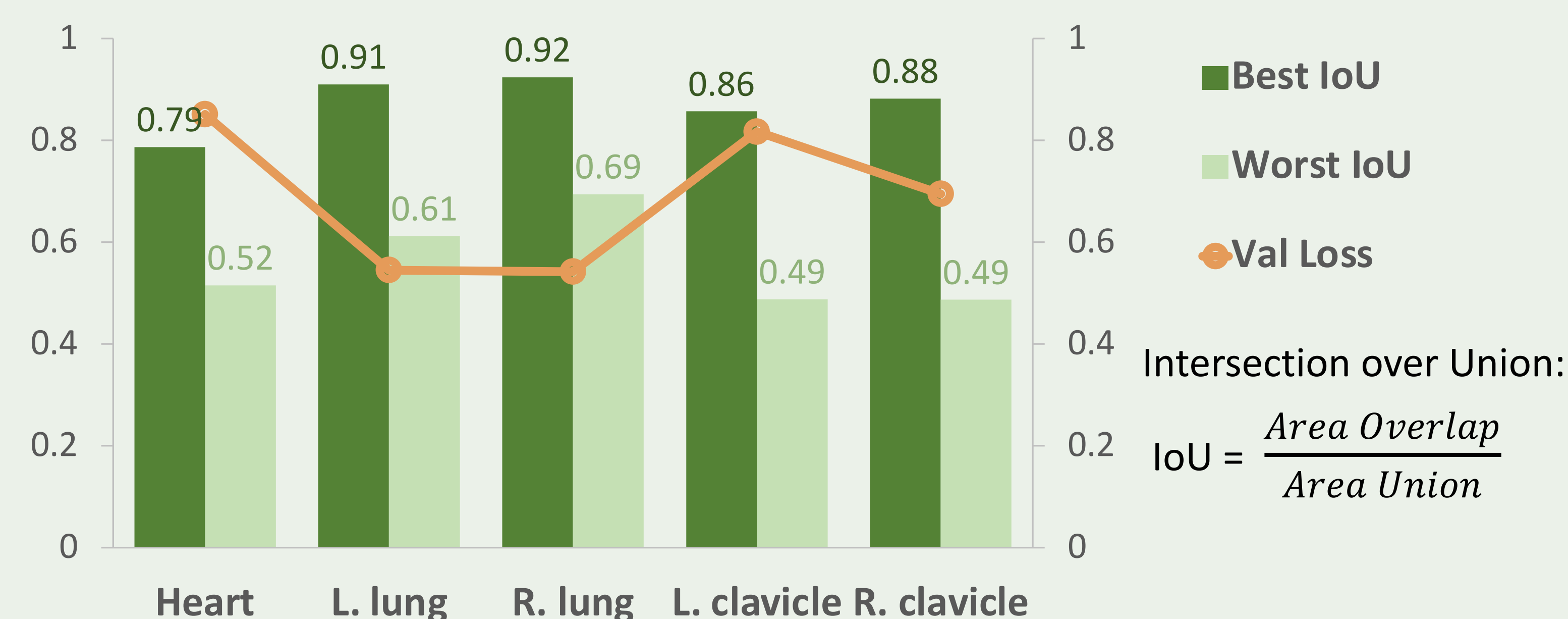


Results

Segmentations results of sample image JPCLN034



Evaluation Matrices of the Model



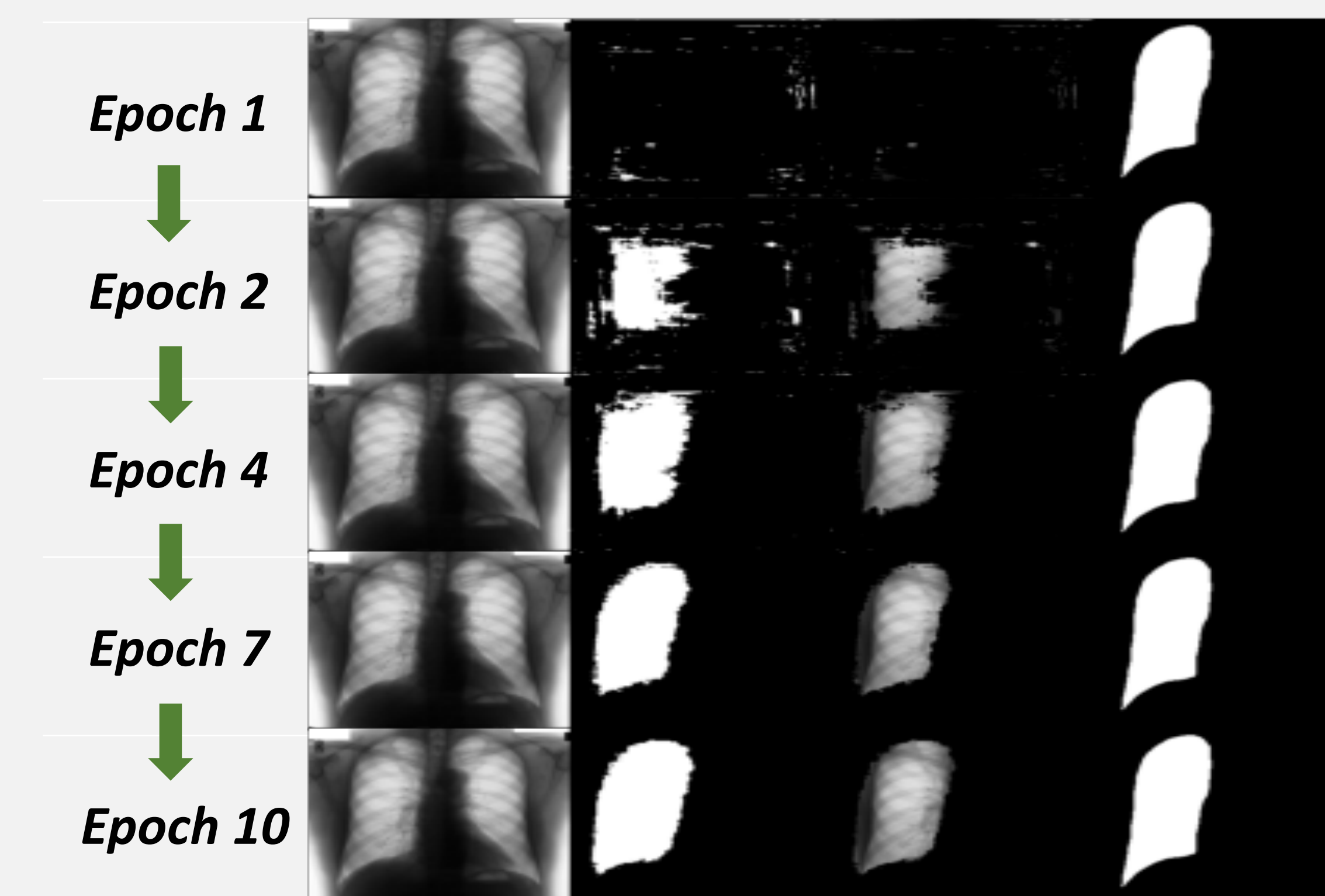
Hyper-parameters

- Hyper-parameters are selected by cross validation, integrated with Bayesian optimization
- The best combination is chosen based on mean IoU across all folds

Region	Optimizer	Loss	Batch Size	Learning Rate
Heart	SGD	BCE+JCD*	1	0.07879
L. clavicle	SGD	BCE+JCD	1	0.10000
L. lung	SGD	BCE+JCD	1	0.00358
R. clavicle	RMSprop	BCE+JCD	1	0.00035
R. lung	SGD	BCE+JCD	1	0.00139

*BCE+JCD: binary crossentropy and jaccard loss

Progression of Training Epochs For image JPCLN104



Discussion

- **Lung segmentation presents better IoU** since they are more distinctive in CXR. The results are essential for subsequent disease classification
- Lighter area in heatmaps signify decrease in probability. Left clavicle prediction suggests **the model is mistaking** Rib 2 and its surrounding costal cartilage as high probable region. Further study on U-net and the L. clavicle region is needed
- It is unclear whether the model is **learning the position or the body part characteristics**
- If more resources allowed, we could fit more epochs and customize more layers after the standard u-net
- **For future studies, predict lung nodule or disease types** buy using binary disease labels in the dataset

Literature Cited

1. B. van Ginneken, M.B. Stegmann, M. Loog, Segmentation of anatomical structures in chest radiographs using supervised methods: a comparative study on a public database, Medical Image Analysis, nr. 1, vol. 10, pp. 19-40, 2006.
2. J. Shiraishi, S. Katsuragawa, J. Ikezoe, T. Matsumoto, T. Kobayashi, K. Komatsu, M. Matsui, H. Fujita, Y. Kodera, and K. Doi, "Development of a digital image database for chest radiographs with and without a lung nodule: receiver operating characteristic analysis of radiologists' detection of pulmonary nodules", American Journal of Roentgenology, vol. 174, p. 71-74, 2000.
3. Balagué, Natàlia, Robert Hristovski, Maricarmen Almarcha, Sergi Garcia-Retortillo, and Plamen Ch Ivanov. 2020. "Network Physiology of Exercise: Vision and Perspectives." Frontiers in Physiology 11 (December): 611550.
4. Ronneberger, Olaf, Philipp Fischer, and Thomas Brox. 2015. "U-Net: Convolutional Networks for Biomedical Image Segmentation." arXiv [cs.CV]. arXiv.