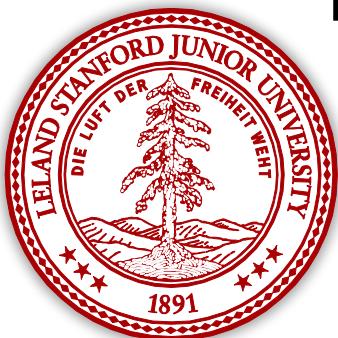


AI IN IMAGING

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AI in Medical Imaging Opportunities

- Efficient image creation
- Image quality control
- Imaging triage
- Computer-aided detection
- Computer-aided classification
- Automatic report drafting

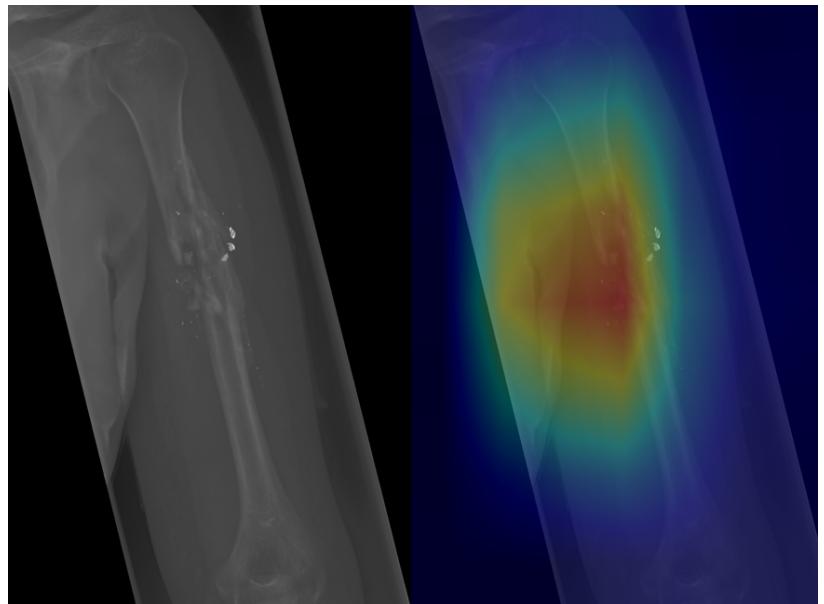
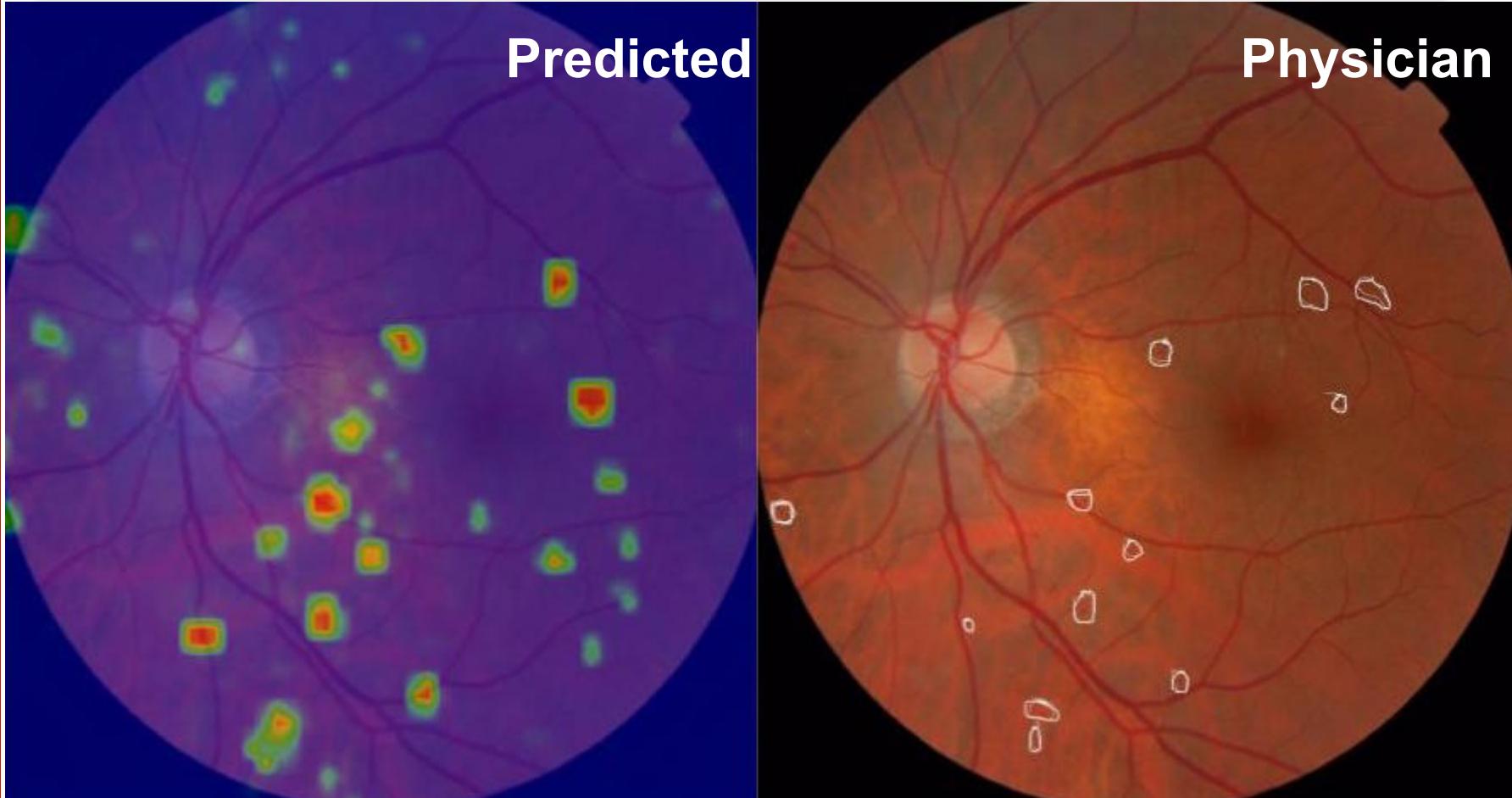


Image interpretation tasks for AI

1. Disease detection
2. Lesion segmentation
3. Diagnosis

Disease Detection: Retinal hemorrhages



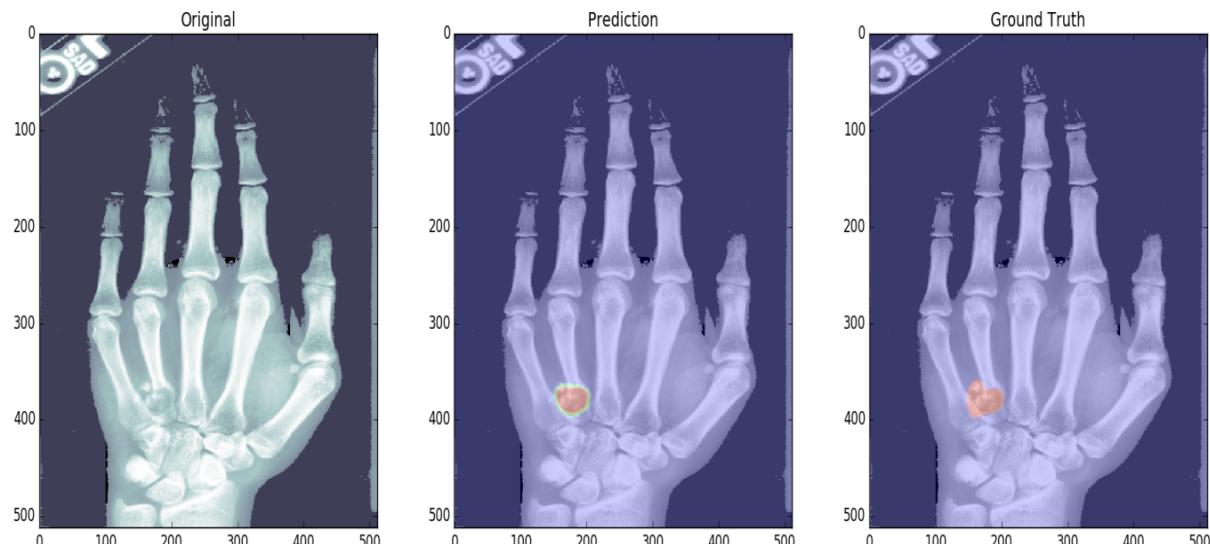
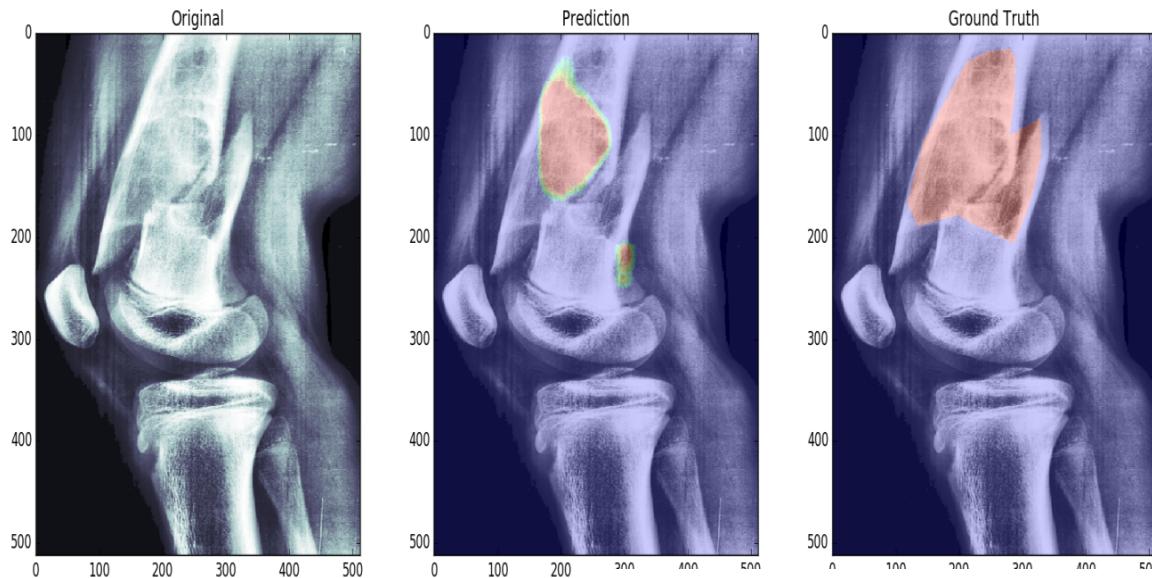
224x224 input CNN sliding window:
Detecting any abnormal feature

Red = $P \sim .99$

Green = $P \sim 0.5$

Blue = ~ 0.01

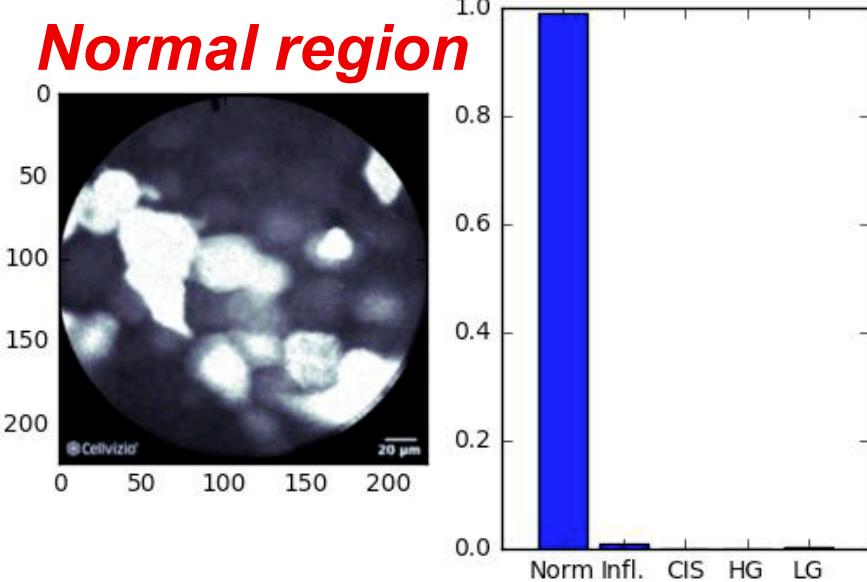
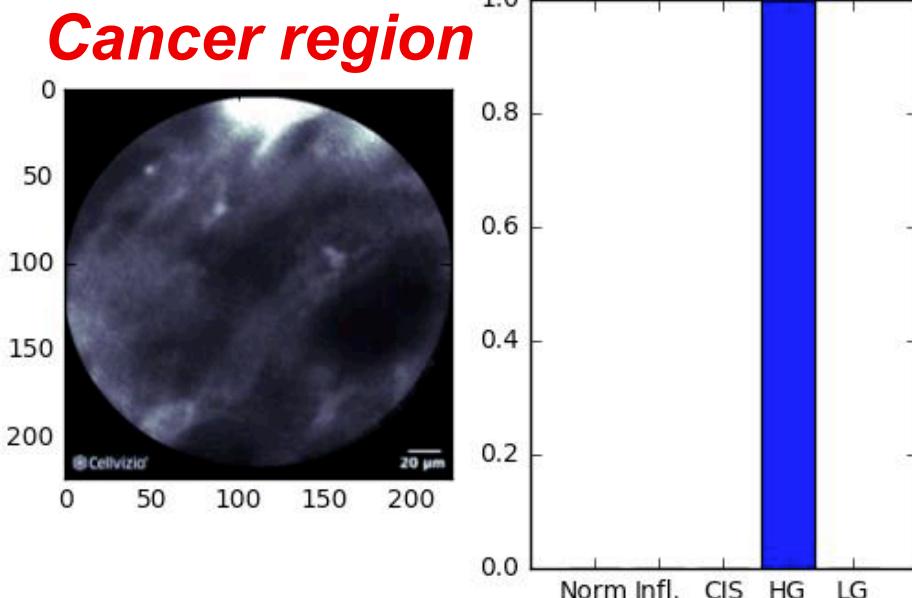
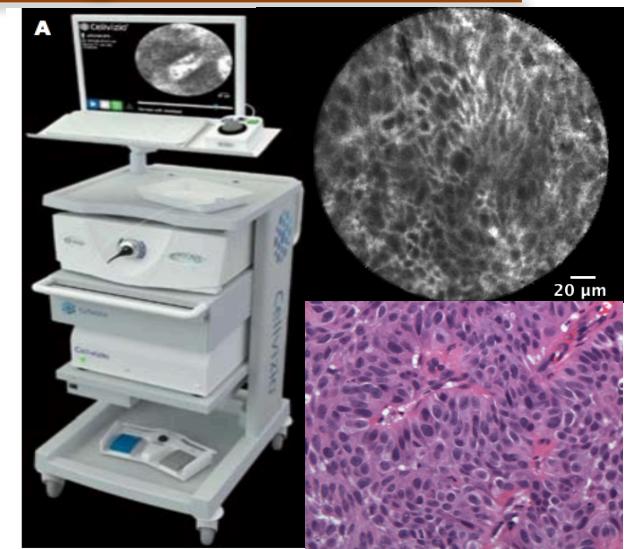
Segmentation: Bone tumors



Darvin Yi, et al, in preparation

Diagnosis: Real-time diagnosis of cancer using deep learning

Computerized interpretation during confocal endomicroscopy examination of the bladder permits localization of tumors in heterogeneous bladder lesions

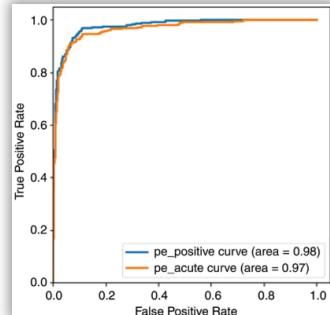


Deep Learning to Classify Radiology Free-Text Reports¹

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Robyn L. Ball, PhD
Lingyao Yang, PhD
Nathaniel Moradzadeh, MD
Brian E. Chapman, PhD
David B. Larson, MD, MBA
Curtis P. Langlotz, MD, PhD
Timothy J. Amrhein, MD
Matthew P. Lungren, MD, MPH

Purpose:

To evaluate the performance of a deep learning convolutional neural network (CNN) model compared with a

**Figure 3****impression :**

1 . interruption of contrast column in one subsegmental branch of the lingula lobe is consistent with an obstruction , including a pulmonary embolus .

2 . 4 - 5 mm pulmonary nodule seen within the right middle lobe adjacent to the minor fissure . recommend close imaging interval follow - up to assess for stability .

3 . no evidence for deep venous thrombosis .

impression :

1 . generalized enlargement of the aortic root . 2 - d orthogonal measurements are provided above and subsequent 3 - d measurements will be provided by the 3 - d laboratory . the aorta is dilated from the level of the aortic annulus up to the mid arch .

2 . coronary artery disease and atherosclerosis . there is no filling defect in the central pulmonary artery to indicate a pulmonary embolism .

3 . left ventricular enlargement likely indicates cardiomyopathy .

4 . biventricular pacer and defibrillator leads in the expected position .

Performance of a Deep-Learning Neural Network Model in Assessing Skeletal Maturity on Pediatric Hand Radiographs¹

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Figure 6

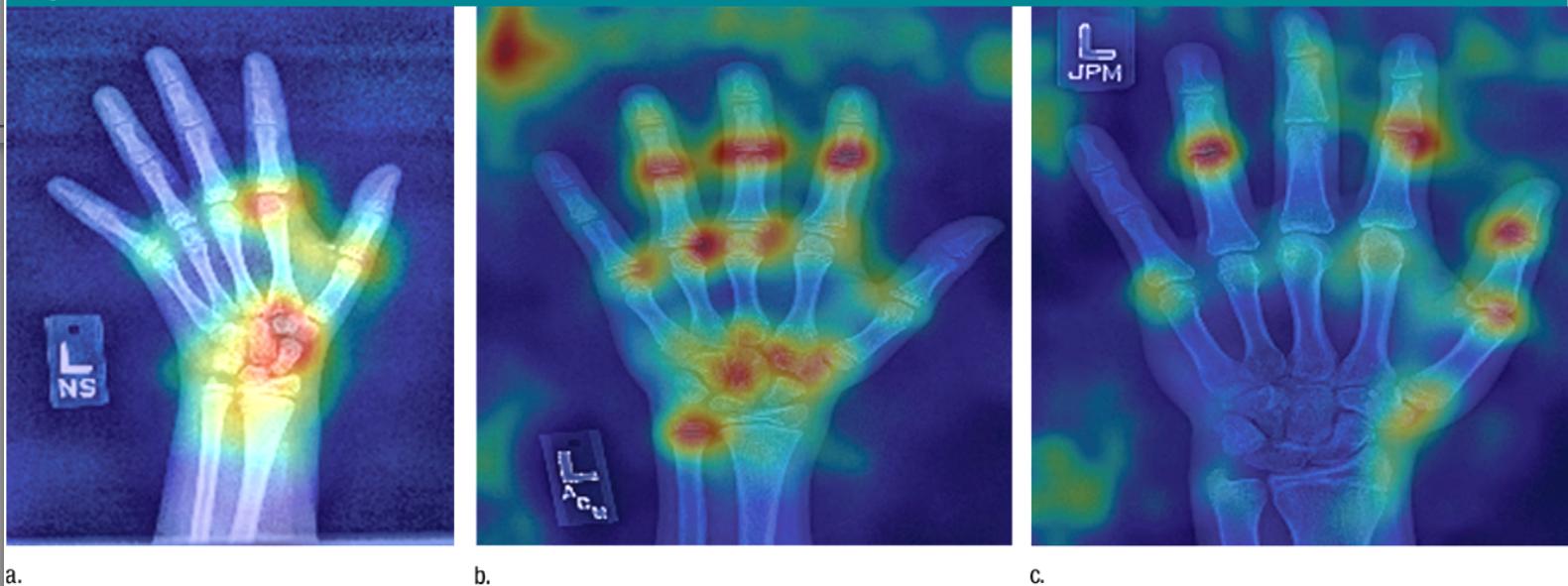


Figure 6: Original image with superimposed saliency map for sample hand radiographic images in three male patients age 4 years (a), 15 years (b), and 17 years (c).

CheXNet: 121-layer CNN



Pathology	Wang et al. (2017)	Yao et al. (2017)	CheXNet (ours)
Atelectasis	0.716	0.772	0.8209
Cardiomegaly	0.807	0.904	0.9048
Effusion	0.784	0.859	0.8831
Infiltration	0.609	0.695	0.7204
Mass	0.706	0.792	0.8618
Nodule	0.671	0.717	0.7766
Pneumonia	0.633	0.713	0.763
Pneumothorax	0.806	0.841	0.893
Consolidation	0.708	0.788	0.7939
Edema	0.835	0.882	0.8932
Emphysema	0.815	0.829	0.9260
Fibrosis	0.769	0.767	0.8044
Pleural Thickening	0.708	0.765	0.8138
Hernia	0.767	0.914	0.9387

Matt Lungren, MD, MPH and Andrew Ng, PhD. <https://arxiv.org/abs/1711.052>

<http://aimi.stanford.edu>

Affiliated Faculty From 8 Departments Across 3 Schools

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- Radiology
- Pathology
- Medicine
- Ophthalmology
- Dermatology
- Computer Science
- Biomedical Data Science
- Anesthesia

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- Garry Gold, MD
Professor of Radiology and, by courtesy, Bioengineering

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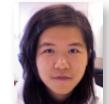
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– Sheryl John



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Balachandar



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Issues for discussion

1. How do you get labels in practice? What do they mean?
2. Issues about label quality
 - a) An image annotation is not ground truth
 - b) Impact of quality of image labels on models
 - c) Uncertainty in the labels; inter-annotator disagreement
3. Confounding variables
4. Integrating domain expertise into models
5. Leveraging un-annotated images, weak supervision
6. Deployment and evaluation of models (“post-marketing surveillance”)
7. Structures for sharing labels and annotations