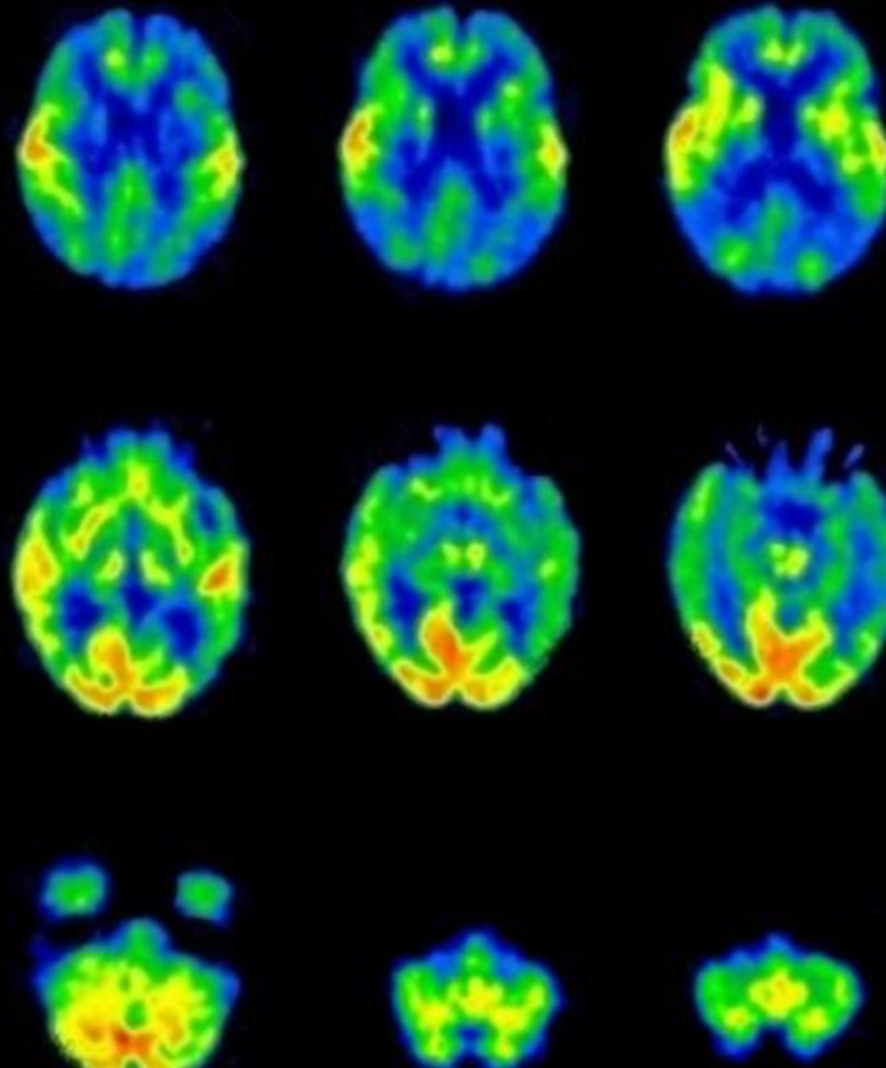




MEDICAL IMAGING & BIG DATA PROJECT

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De Cicco Alessandro	834225
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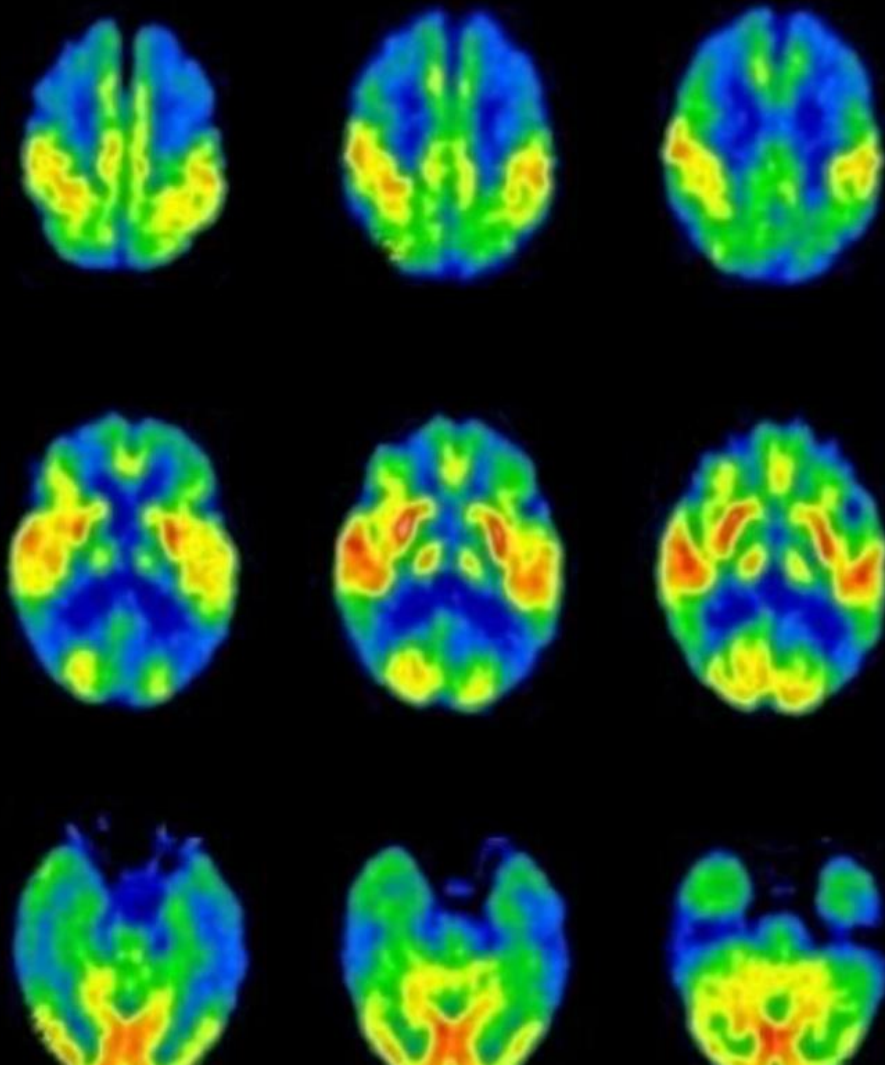


Table of contents

1. Introduction
2. Goal of the Project & Dataset
3. Feature Extraction
4. Feature Selection
5. Classification Models
 - SVM
 - *Decision Tree*
 - *K-Means Clustering*
6. **Conclusions**

1.

Introduction

A hand is shown holding a glowing, translucent brain. The hand's fingers are adorned with futuristic, glowing icons: the thumb has a cube, the index finger has a sphere, the middle finger has a triangle, the ring finger has a circle with a dot, and the pinky has a chevron. The background is dark with blue, glowing, abstract patterns.

— HOW —
MEDICAL IMAGING ADVANCES

Have Changed the World

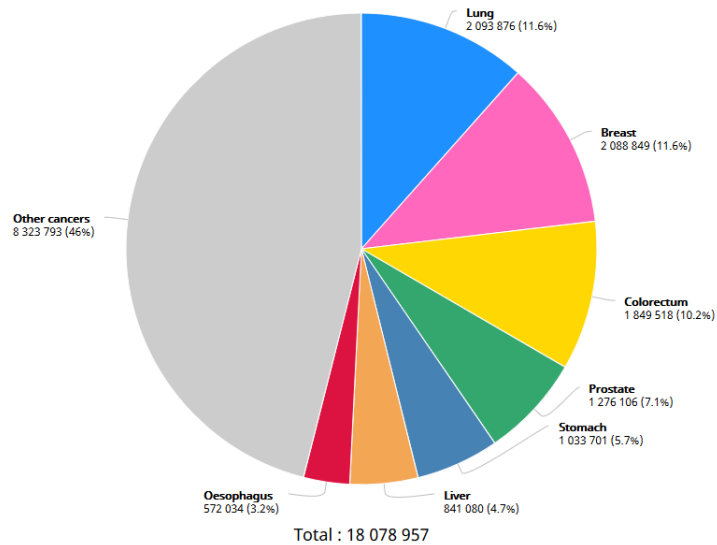


Fig. 1 Estimated number of new cases in 2018, worldwide, both sexes, all ages. GLOBOCAN 2018

Why medical imaging?

Cancer is the second leading cause of death globally.

While medical knowledge forms the basis of health practitioners decisions, medical imaging is a vital part of confirming any diagnosis.

It can also inform the doctor of internal problems that a basic external examination would fail to detect.

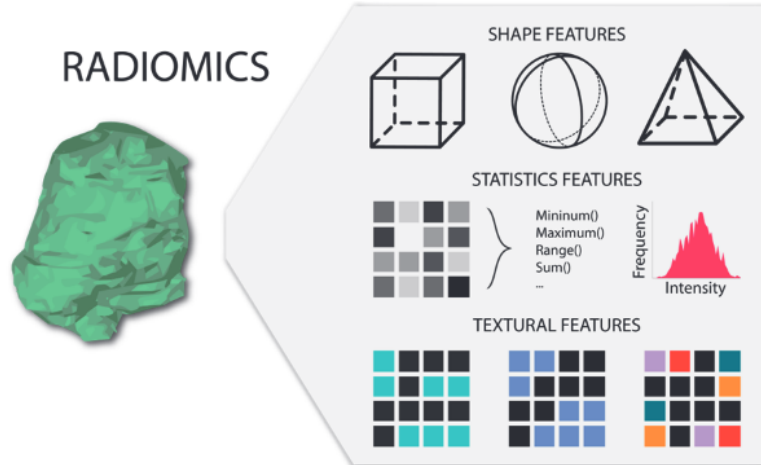


Fig. 2 Radiomics features [1]

The importance of radiomics

Radiomics is a field of medical study that aims to extract large amount of quantitative features from medical images.

These features have the potential to uncover disease characteristics hardly noticeable by the naked eye.

Machine learning applied to medical imaging

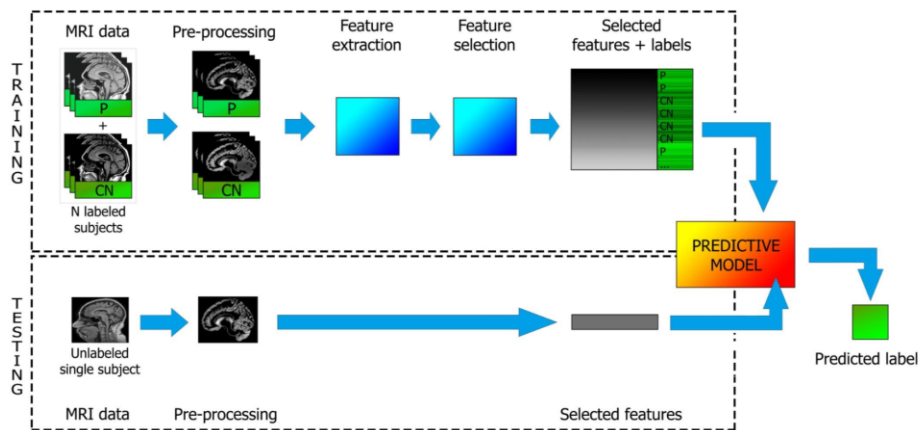


Fig. 3 Typical machine learning workflow. Christian Salvatore, Medical Imaging & Big Data course 2019, unimib

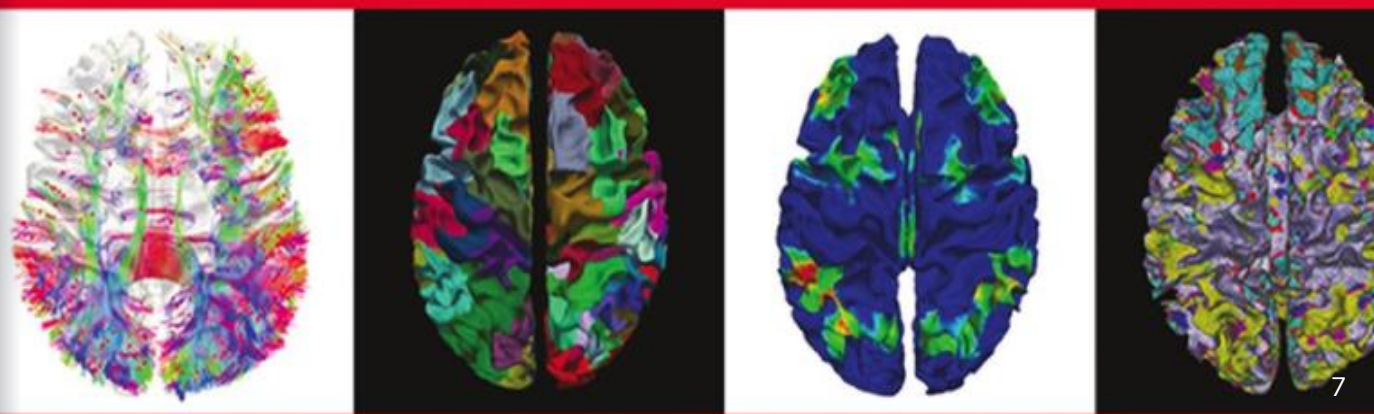
A large number of features allow computer science experts to build machine learning models.

Machine learning in radiology is expected to have a substantial clinical impact with imaging examinations being routinely obtained in clinical practice, providing an opportunity to improve decision support in medical image interpretation.

MACHINE LEARNING AND MEDICAL IMAGING

2.

Goal of the
project &
dataset

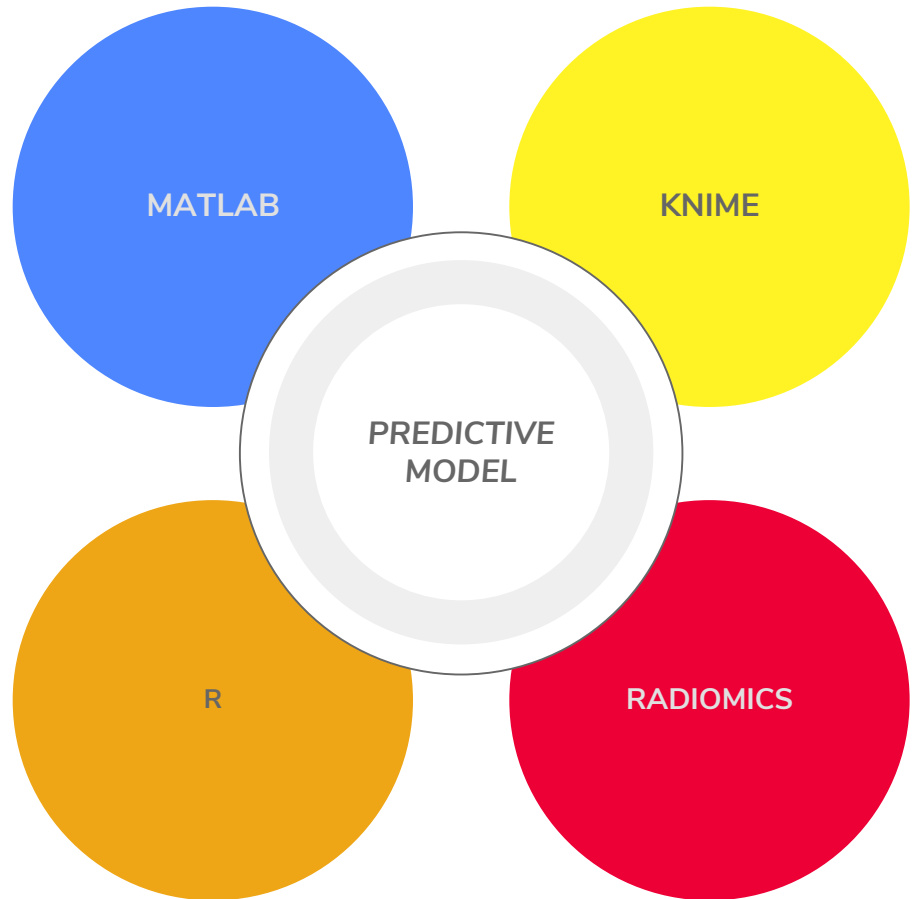


Goal of the project

The goal of the project is the creation of a predictive model capable to classify heterogeneous and homogeneous tumour lesions.

We have been working with:

- *Matlab*
- *Knime*
- *R*



Dataset

44 images of tumour volumes in NIfTI format.

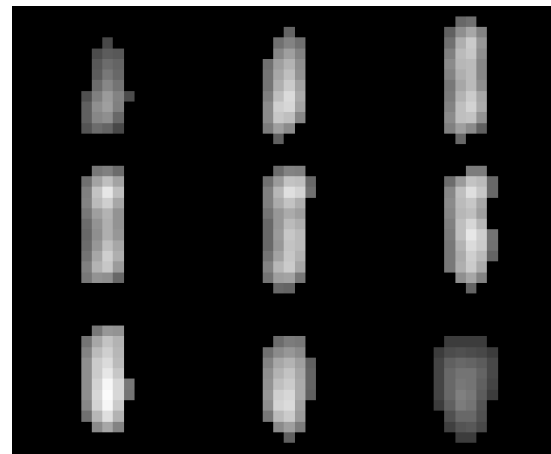
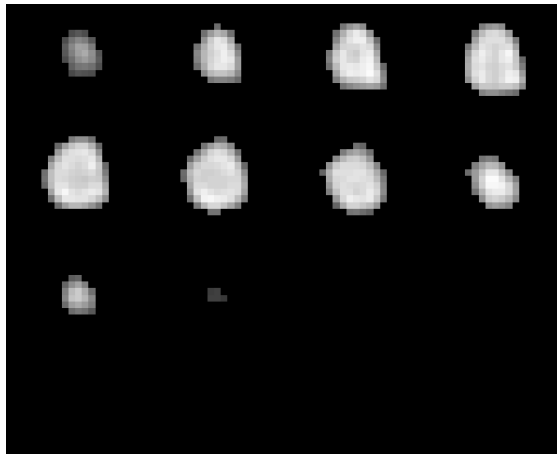
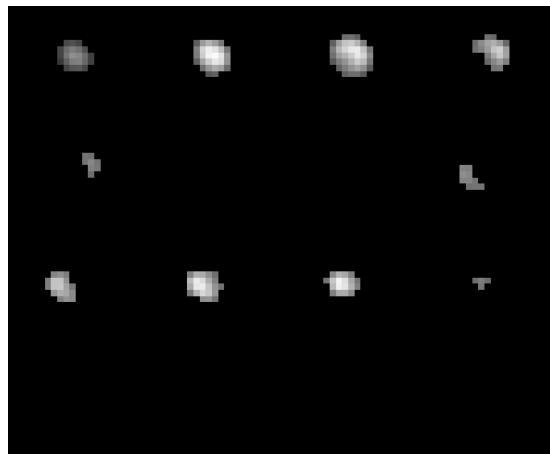
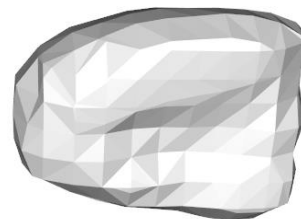
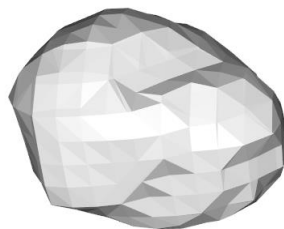
Based on synthetic lesion constructed from real patient data.

Segmented using two different thresholds, one adaptive and one fixed [2].

Mostly homogeneous lesions (59%).

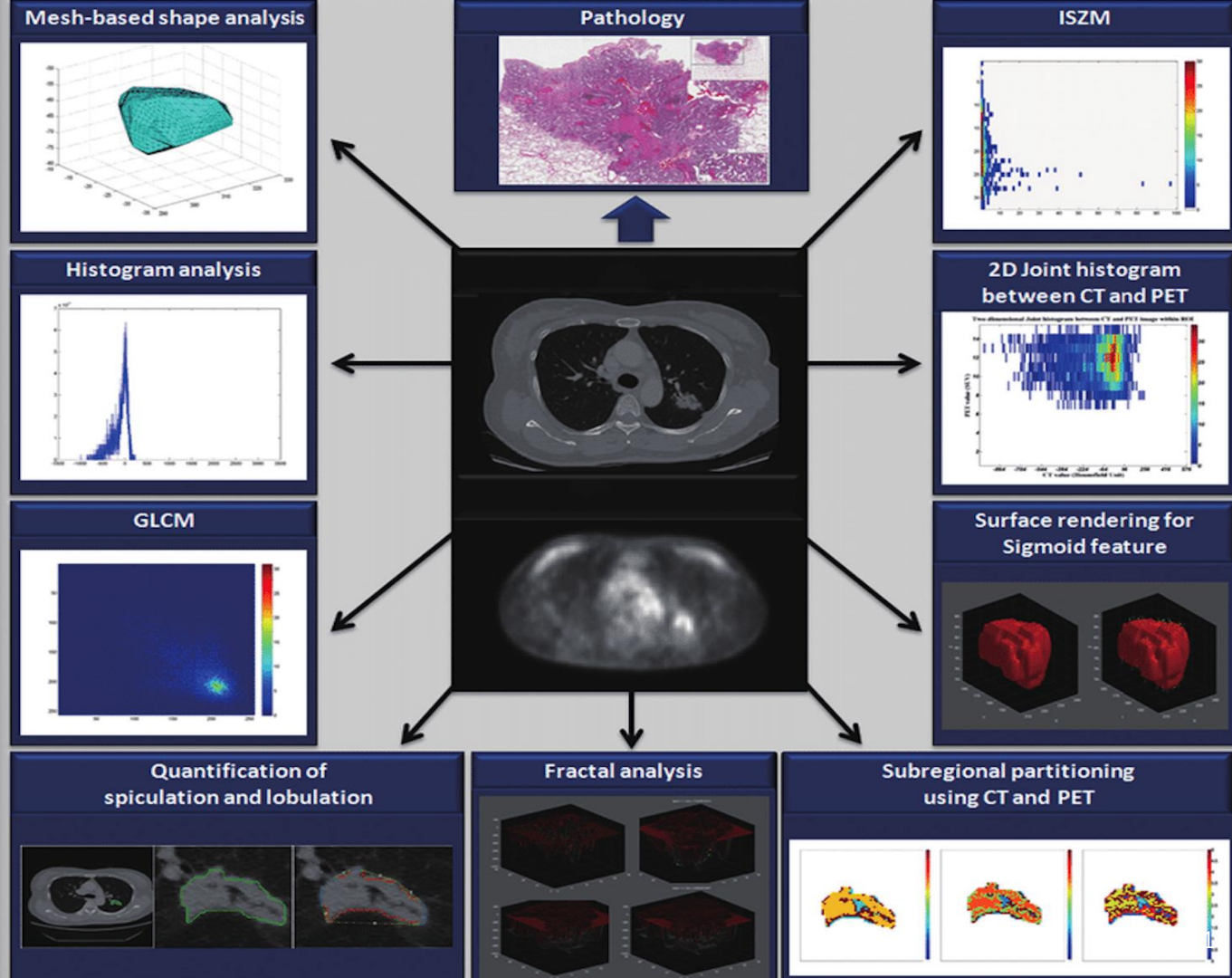
Some lesions very similar.

Dataset samples



3.

Feature extraction



Feature extraction with MATLAB

For each input image we have extracted a set of 58 radiomics features mainly using the MATLAB tool developed and defined by Vallières et al. [3, 4, 5].

Each feature out of $[0, 1]$ is also rescaled in this range using the formula:

$$z_i = \frac{x_i - \min(x_i)}{\max(x_i) - \min(x_i)}$$

Finally, each instance is labelled either:

- *0 if homogeneous*
- *1 otherwise*

*The script **create_dataset** puts features and labels in one single matrix of size 44x59.*

Features extracted

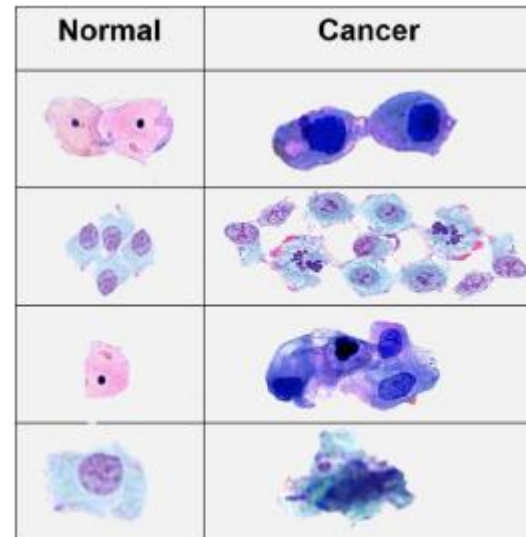
Morphological features: 5/59

Concern the features relating to lesions shape like surface, sphericity and metabolic target volume (MTV).

Usually, the more irregular the shape, the more aggressive is the tumour.

Histogram-based features: 13/59

These features include various descriptive statistics indices relating voxel gray level of the lesions such as kurtosis, entropy, skewness, uniformity etc.



http://sphweb.bumc.bu.edu/otlt/MPH-Modules/PH/PH70g_Cancer/PH70g_Cancer7.html

Features extracted

GLCM (Gray Level Co-Occurrence Matrix): 9/59

This matrix quantifies the number of times that the combinations of level dimensions occur in two pixels.

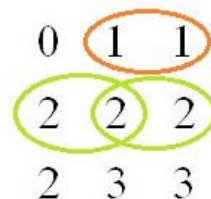
They are: energy, contrast, dissimilarity, homogeneity, correlation, autocorrelation, variance, sum average and entropy.

GLRLM (Gray Level Run Length Matrix): 13/59

Quantifies the length of number of consecutive pixels for each level of gray along one dimension.

Both GLCM and GLRLM are rotation dependent.

Level of gray [0,3]

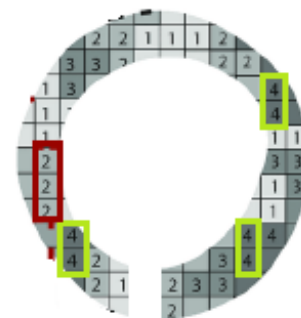


GLCM

	0	1	2	3
0	0	1	0	0
1	0	1	0	0
2	0	0	2	1
3	0	0	0	1

GLRLM

	1	2	3	4
1	7	1	1	0
2	4	3	1	0
3	3	3	0	0
4	1	3	0	0



Features extracted

GLSZM(Gray-Level Size Zone Matrix): 13/59

Represents the number of connected voxels that share the same gray level intensity.

These features are rotation independent.

1	2	3	4
1	3	4	4
3	2	2	2
4	1	4	1

Level g	Size zone, s		
	1	2	3
1	2	1	0
2	1	0	1
3	0	0	1
4	2	0	1

<http://thibault.biz/Research/ThibaultMatrices/GLSZM/GLSZM.html>

NGTDM(Neighbouring Gray Tone Difference Matrix): 5/59

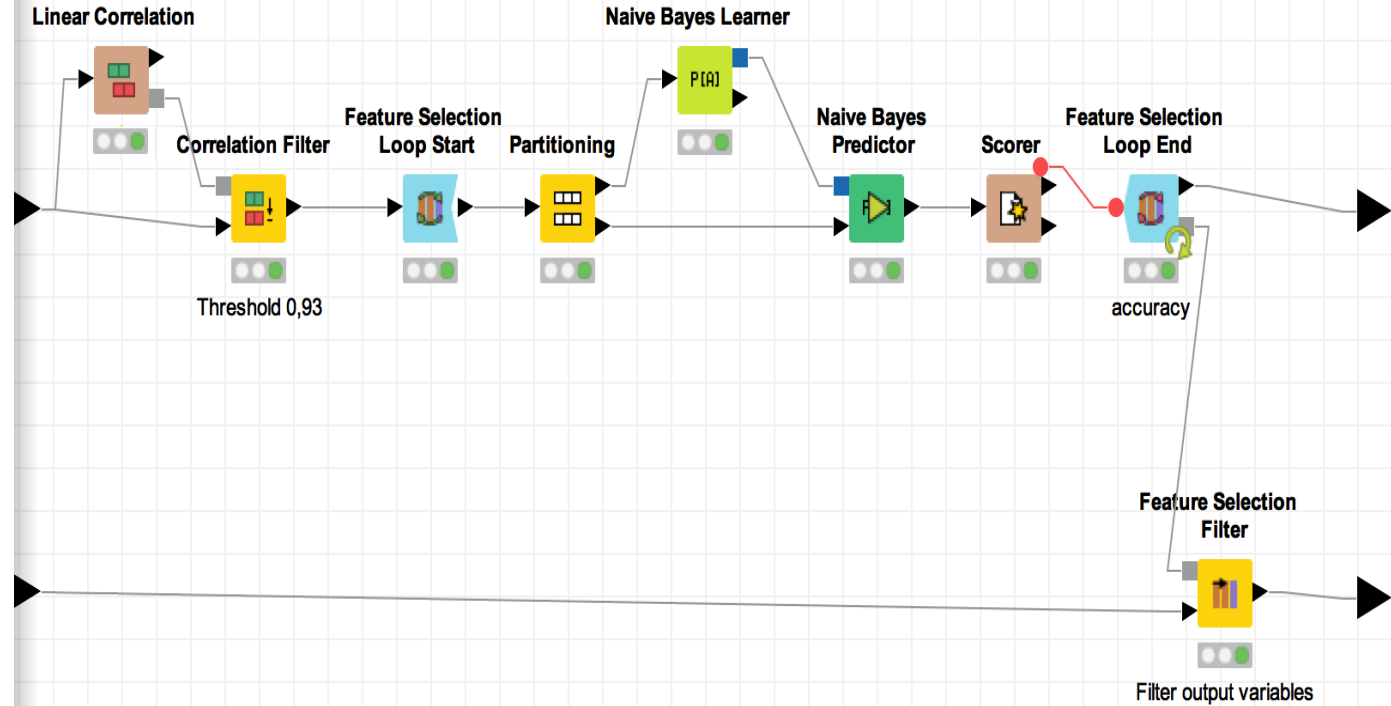
Quantifies the difference between a gray value and the average gray value of its neighbours.

$$\mathbf{I} = \begin{bmatrix} 1 & 2 & 5 & 2 \\ 3 & 5 & 1 & 3 \\ 1 & 3 & 5 & 5 \\ 3 & 1 & 1 & 1 \end{bmatrix}$$

i	n_i	p_i	s_i
1	6	0.375	13.35
2	2	0.125	2.00
3	4	0.25	2.63
4	0	0.00	0.00
5	4	0.25	10.075

<https://pyradiomics.readthedocs.io/en/latest/features.html>

4.

Feature
Selection

Feature selection

The feature selection method is based on a naive bayesian forward selection implemented in KNIME.

A correlation filter is applied before performing this method. It reduces our feature set by removing highly correlated features ($PCC > 0.9$).

A smaller feature set reduces model complexity and tends to prevent overfitting.

After the iterations, 17 columns are chosen, beyond the label column.

Columns: 18

mtv
spherical_disproportion
stv_ratio
max
energy
glcm_energy
glcm_homogeneity
glcm_correlation
glcm_sumaverage
glrlm_lgre
glrlm_glv
glrlm_rlv
glszm_sze
glszm_gln
glszm_szhge
ngtdm_coarseness
ngtdm_complexity
label

We have then evaluated the stability of the selected features with literature [2] in order to analyze how much our model could work with unseen data from different experimental conditions.

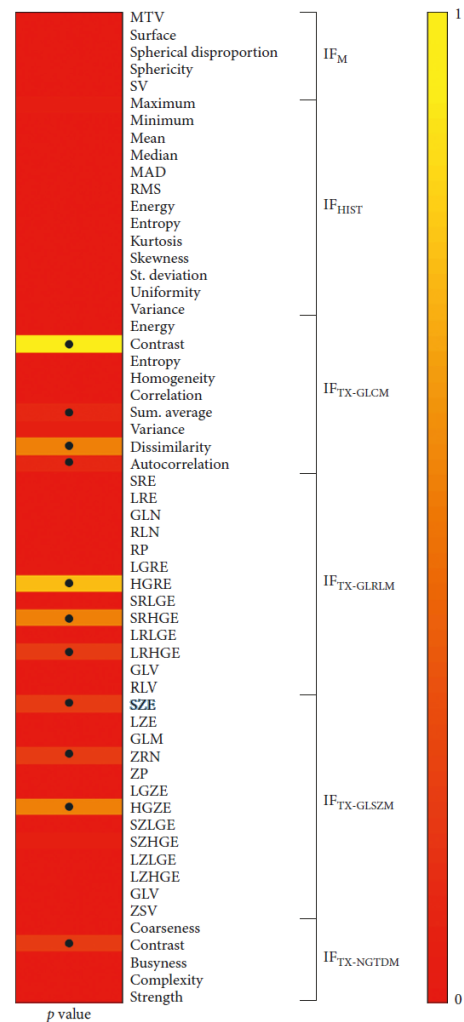
W.r.t the chosen reconstruction method of the lesions our model contains 5 of the 15 features indicated to be stable ($COV \leq 10\%$):

- *Spherical disproportion*
- *SV*
- *GLCM_Homogeneity*
- *GLSZM_SZE*
- *GLSZM_GLM*



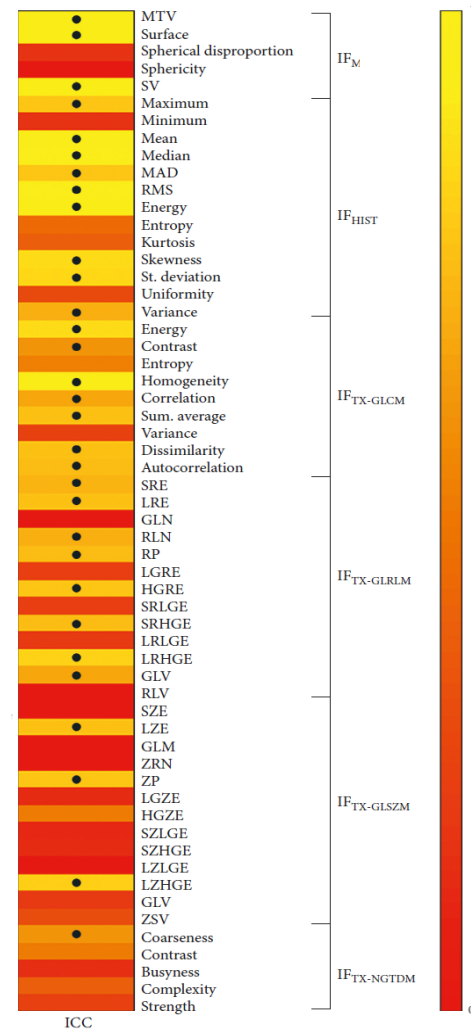
With respect to the chosen segmentation method of the lesions our model contains just 2 of the 11 features indicated to be stable ($p \text{ value} \geq 0.05$):

- *GLCM_Sumaverage*
- *GLSZM_SIZE*



Finally 10 out of 31 reliable features extracted using a test-retest experiment ($ICC \geq 0.6$) have been selected.

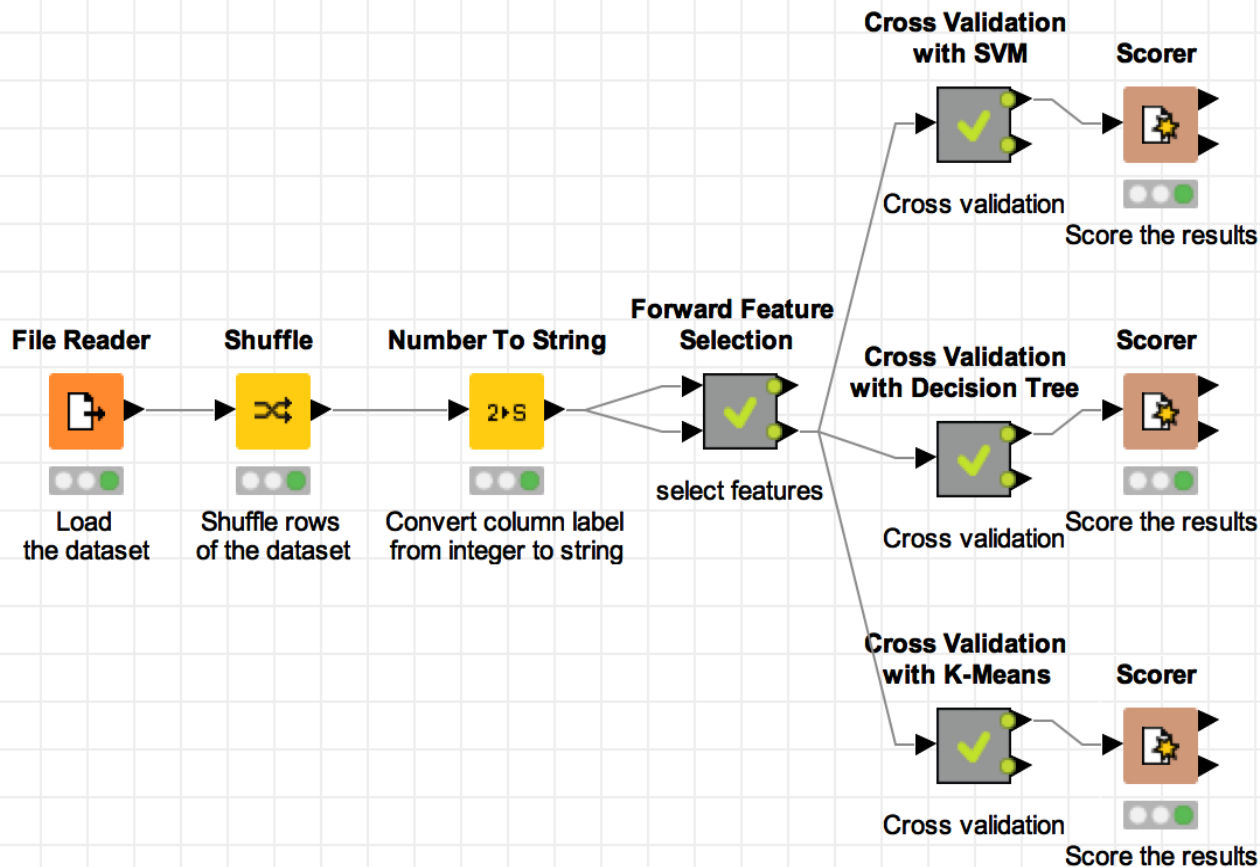
The features selected are mainly good because they can be considered reliable over time, but the final model could have problem when new data come segmented or reconstructed in a different way of the original training data.



5.

Classification
models

- *SVM*
- *Decision Tree*
- *k-Means Clustering*



4-fold cross validation

All the 3 classification models implemented are based on stratified 4-fold cross validation.

The dataset is splitted into 4 subsets and iteratively 3 subsets are selected as training set while the remaining subset is used for the evaluation of the trained model.

The choice of 4 folds is based on the size of the dataset. With more folds, such a small dataset would have lead to insignificant test sets and thus uncorrected evaluations.



Advantages of cross validation:

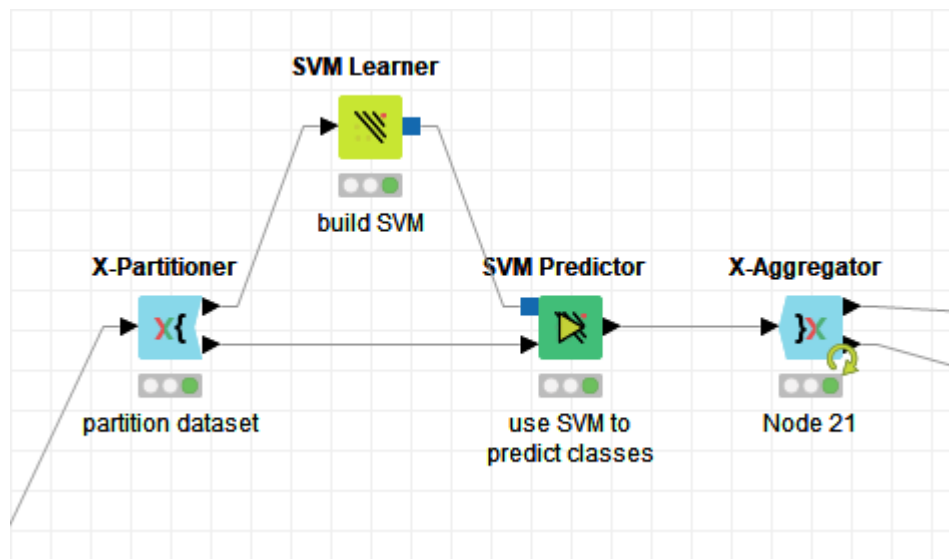
- *Each sample of the original dataset is used once for validation.*
- *All samples being used for both training and testing phases.*



Correct classified: 35	Wrong classified: 9
Accuracy: 79,545 %	Error: 20,455 %
Cohen's kappa (κ) 0,55	

[illegible]

SVM – all features



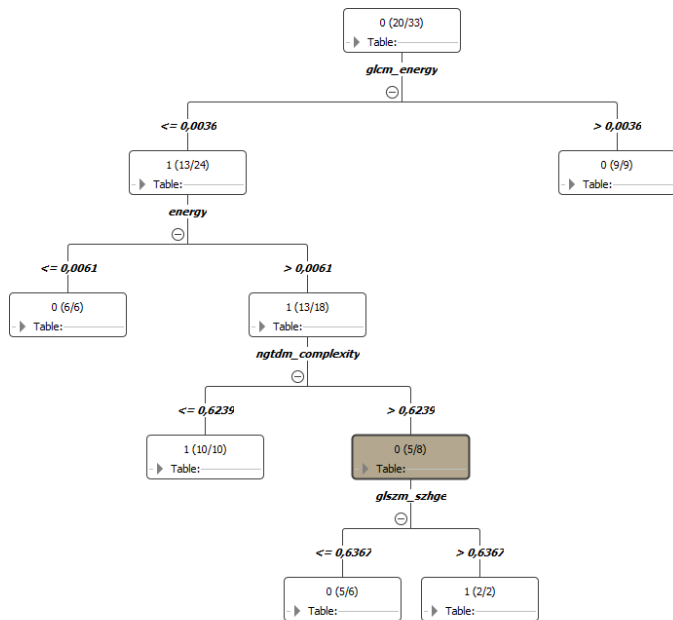
RBF-kernel with $\gamma = 0.5$ and $C = 1$

label \ Prediction (label)	0	1
0	26	0
1	13	5

Correct classified: 31	Wrong classified: 13
Accuracy: 70,455 %	Error: 29,545 %
Cohen's kappa (κ)	

[illegible]

Decision Tree – feature selection



label \ Prediction (label)	0	1
0	18	8
1	6	12

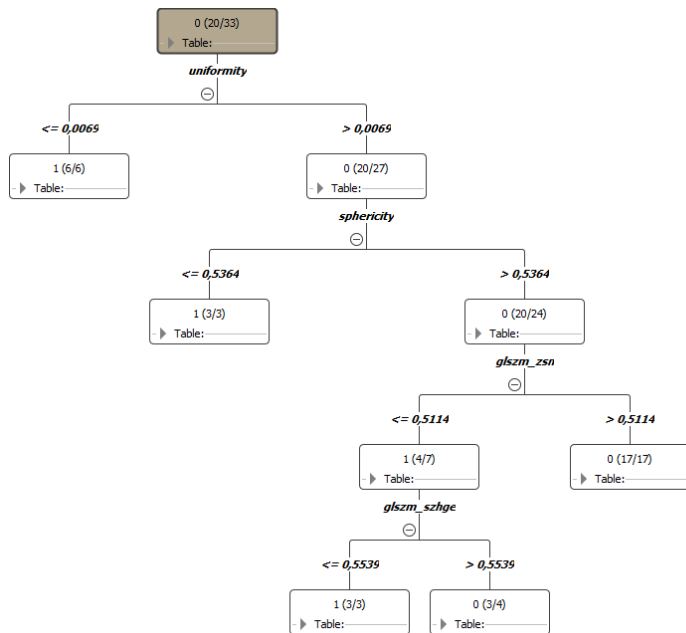
Correct classified: 30 Wrong classified: 14

Accuracy: 68,182 % Error: 31,818 %

Cohen's kappa (κ) 0,353

[illegible]

Decision Tree – all features



label \ Prediction (label)	0	1
0	14	12
1	8	10

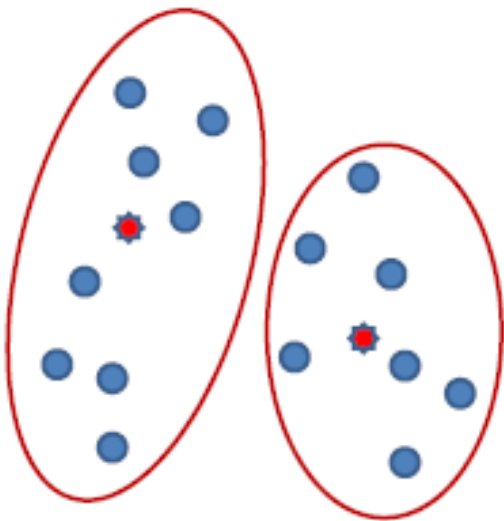
Correct classified: 24 Wrong classified: 20

Accuracy: 54,545 % Error: 45,455 %

Cohen's kappa (κ)

[illegible]

K-means clustering – feature selection



2 cluster, 99 iterations

label \ prediction(label)	0	1
0	18	8
1	9	9

Correct classified: 27 Wrong classified: 17

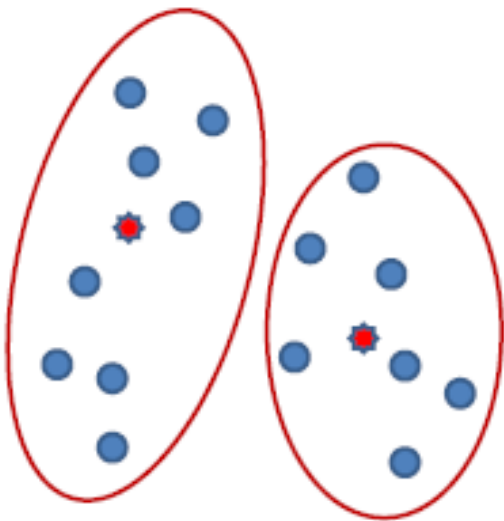
Accuracy: 61,364 %

Error: 38,636 %

Cohen's kappa (κ)

[illegible]

K-means clustering – all features



2 cluster, 99 iterations

label \ prediction(label)	0	1
0	21	5
1	12	6

Correct classified: 27 Wrong classified: 17

Accuracy: 61,364 % Error: 38,636 %

Cohen's kappa (κ)

[illegible]

Results analysis

The best model in term of accuracy is the SVM which achieves an accuracy of 79.5 %. Despite the high accuracy, the model is not great because fails to classify positive examples (label 1), this is clearly visible since the sensitivity is very low (0.556).

The decision tree performs a little better on the positive class but fails a lot more on the negative class.

Finally the k-means clustering shows very low performances on both positive and negative classes.

All the models except k-means have beneficiated of feature selection with an accuracy increase of circa 10 %.

THANK YOU FOR YOUR ATTENTION

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