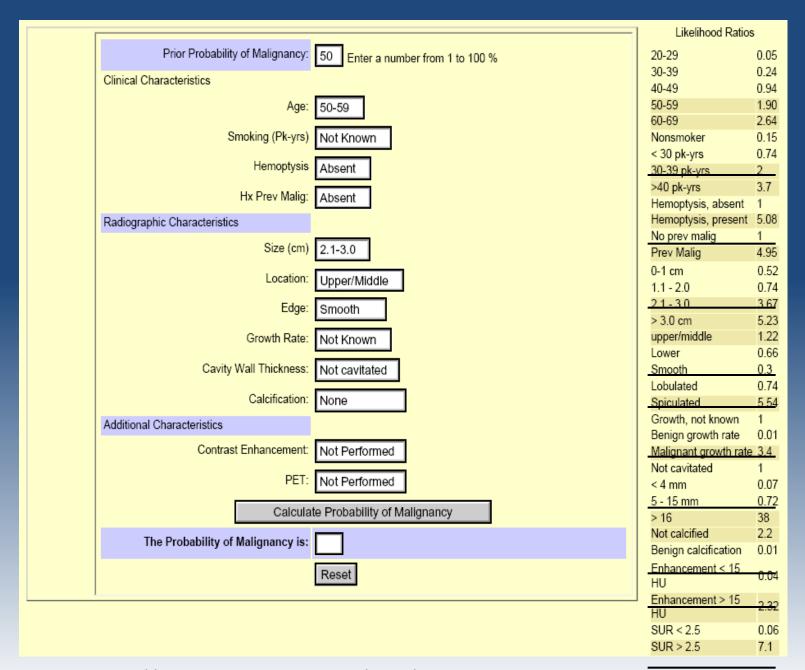
The Pulmonologist Perspective: Probability of Malignancy is determined by integration of clinical and imaging features.

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What Tool Characteristics Will be Most Helpful

Automated Tool that functions as "second reader"

Features designed to maximize sensitivity, such that the test is analogous the D-Dimer assay for diagnosis of Pulmonary Embolism (a negative test essentially rules out disease)



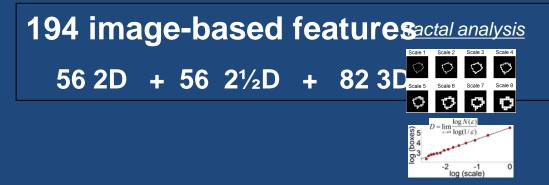


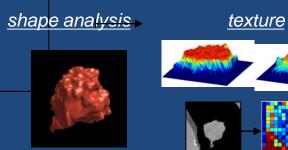


Computer-Aided Diagnosis (CADx) for Lung Cancer

Computer-Aided Diagnosis (CADx)

- the next step after detection
- aims at the *characterization* of abnormalities in medical images
- uses image analysis and machine learning for <u>evidence integration</u> to help determine whether or not a lesion is cancerous





22 clinical features

- basic patient demographics (age, gender)
- clinical risk factors (prior chest surgery, emphysema, lymph node status, satellite nodules)



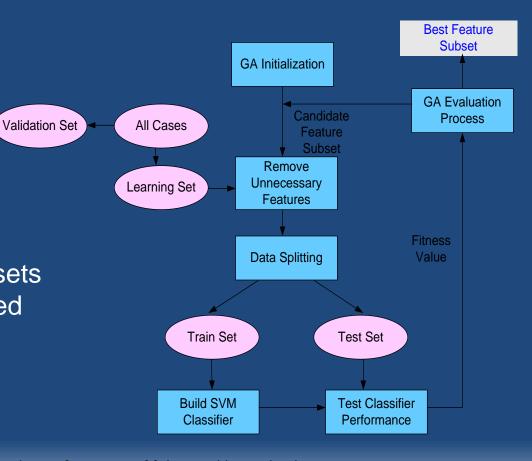
Feature Selection – Genetic Algorithm

Identify the truly relevant features for diagnosis:

- Improve accuracy of classifier
- More computationally efficient

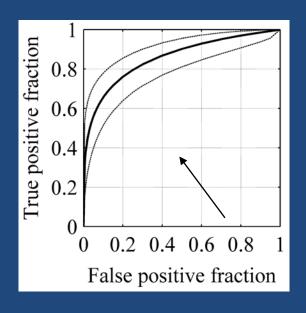
Genetic Algorithm

- Optimization technique that iteratively evaluates feature sets
- Optimal feature set discovered by evolutionary process



Boroczky L "Feature subset selection for improving the performance of false positive reduction in lung nodule CAD", IEEE Trans Inf Technol Biomed. 2006; 10(3):504–11.

Validation (leave one out) n=128



Leave-one-out validation using two-step Genetic Algorithm-ensemble SVM ensemble classifier

sensitivity: 90%

specificity: 71%

PPV: 76%

NPV: 88%

Az: 0.85 (0.77-0.90 C.I.)

Conclusion

- A CADx system based on an SVM ensemble has been proposed
- Combined 2D and 3D analysis can give robustness to scan parameters
- Results suggest the <u>advantage of ensemble classifiers</u> over individual classifiers in achieving a reliable prediction of malignancy of pulmonary nodules
- Components can be generalized beyond lung cancer diagnosis

