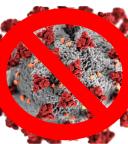




# CV & DL for COVID-19



Università degli Studi  
**Cagliari**



UNIVERSITÀ DEGLI STUDI  
DI NAPOLI FEDERICO II

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# The COVID-19 disease

- Recent epidemiological data on the spread of the virus indicate an extremely worrying scenario:
  - 53 mln people have been infected
  - 1,3 mln people have died



# What's next?

- The first responses of the medical and scientific community has considered the use of certain drugs, able to slow the decline of symptoms, so as to give breathing space to intensive therapies.
- The latter have been the true Achilles heel of health care system(both Italian and international)
- Reason: especially in the early stages of the epidemic, even in the presence of mild symptoms, it tended to hospitalize in the ICU all COVID positives.
  - In a short time, the ICUs became saturated and COVID positives with serious symptoms were without adequate care to combat the virus.



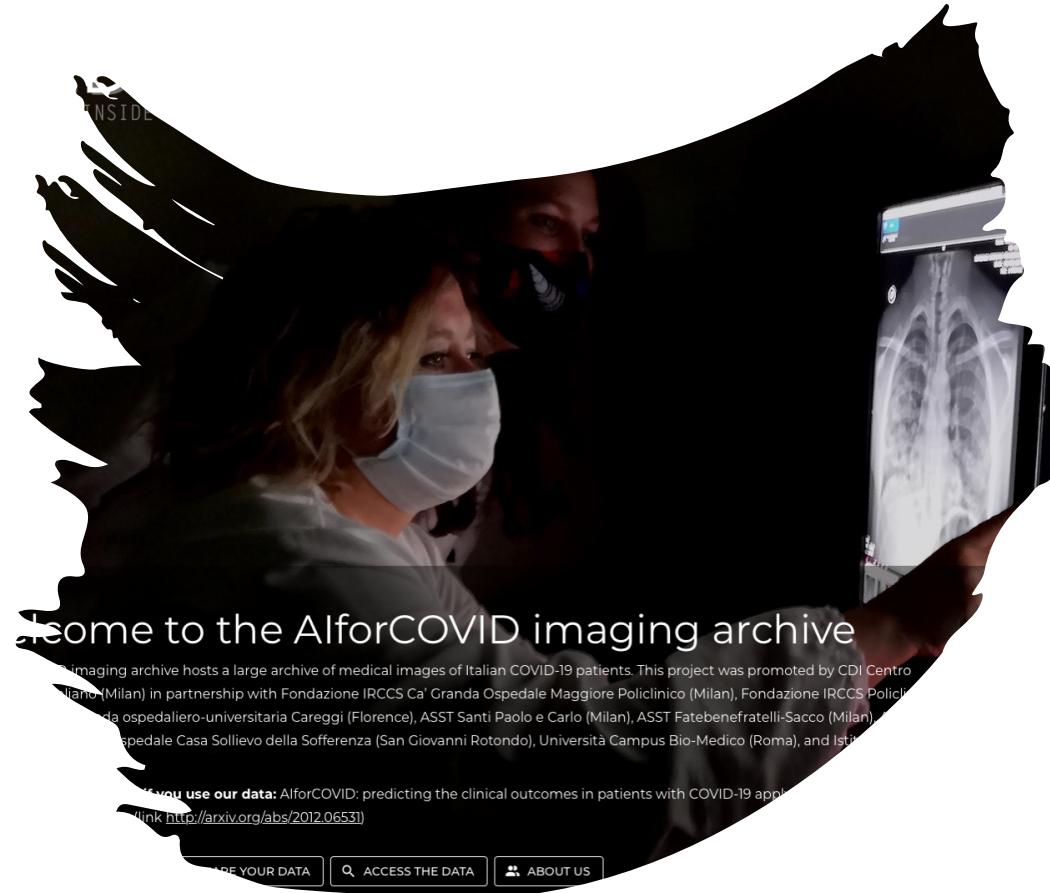
# What is failure?

- Community responses were driven by the need to offer the best of care to all
  - It is simple, in hindsight, to make the assessments of the case
- But experience can be useful to learn from mistakes
- What was missing was a criterion for assessing the severity of the disease on the individual patient.
  - This decision must be taken on the basis of precise data and detailed information.



# AlforCOVID imaging archive\*

- In this regard, a database of data and images has been created to support research on COVID. The data were collected by the CDI (Centro Diagnostico Italiano) based in Milan, in collaboration with other Italian foundations and hospitals \*\*
- <https://aiforcovid.radiomica.it>
- The archive contains images of CXR and medical records of about 820 patients.



\*\*CDI Centro Diagnostico Italiano (Milan), Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico (Milan), Fondazione IRCCS Policlinico San Matteo (Pavia), Azienda ospedaliero-universitaria Careggi (Florence), ASST Santi Paolo e Carlo (Milan), ASST Fatebenefratelli-Sacco (Milan), ASST Ospedale San Gerardo (Monza), Ospedale Casa Sollievo della Sofferenza (San Giovanni Rotondo), Università Campus Bio-Medico (Roma), Istituto Italiano di Tecnologia (Genova).

# Reference Paper

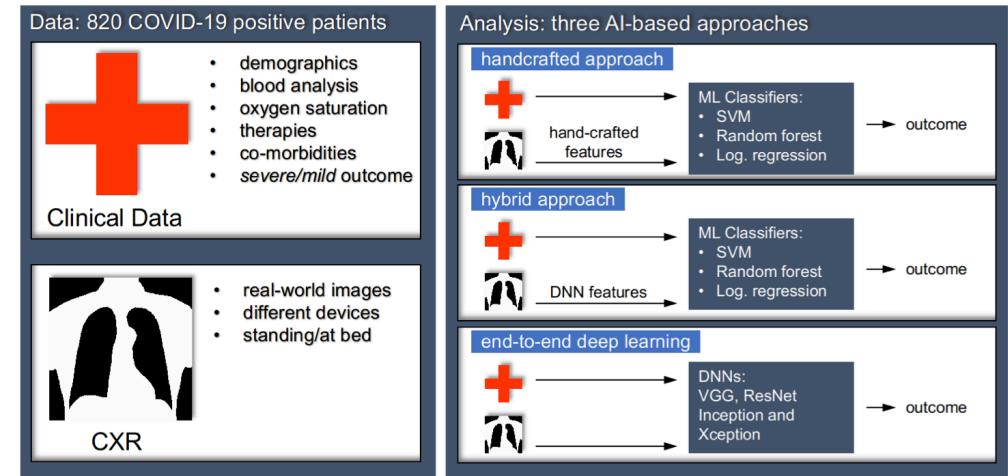
- This paper can be downloaded (al momento ancora unpublished) here -> <http://arxiv.org/abs/2012.06531>
- Currently, it may be considered as a benchmark for our studies

## AIFORCOVID: PREDICTING THE CLINICAL OUTCOMES IN PATIENTS WITH COVID-19 APPLYING AI TO CHEST-X-RAYS. AN ITALIAN MULTICENTRE STUDY.

A PREPRINT

# The data and the approach

- Data
  - CXR (Chest X-Ray)
  - Complete Medical Records
- Classification purpose
  - Prognosis of the patient
    - Mild
    - Severe
- Preliminary approaches
  - Handcrafted
  - Hybrid
  - End-to-End DL



# Medical record

Name	Description	Overall-population	Mild-group (A)	Severe-group (B)	A vs B p-value	Missing data (%)
<b>Active cancer in the last 5 years</b>	Patient had active cancer in the last 5 years (% reported)	7%	5%	8%	<0.05†	1.4
<b>Age</b>	Patient's age (years)	64; 54-77	60; 49-72	70; 60-79	<0.001*	0
<b>Atrial Fibrillation</b>	Patient had atrial fibrillaton (% reported)	9%	5%	11%	<0.01 †	2.2
<b>Body temperature (°C)</b>	Patients temperature at admission (in °C)	38; 37-38	38; 37-38	38; 37-38	0.171	8.8
<b>Cardiovascular Disease</b>	Patient had cardiovascular diseases (% reported)	35%	23%	40%	<0.001†	1.7
<b>Chronic Kidney disease</b>	Patient had chronic kidney disease (% reported)	6%	4%	9%	<0.01†	1.4
<b>COPD</b>	Chronic obstructive pulmonary disease (% reported)	7%	4%	10%	<0.01†	1.4
<b>Cough</b>	Cought (%yes)	54%	59%	50%	<0.05†	0.5
<b>CRP</b>	C-reactive protein concentration (mg/dL)	57; 24-119	42; 17-75	103; 48-163	<0.001*	3.5
<b>Days Fever</b>	Days of fever up to admission (days)	3; 2-4	3; 2-4	3; 2-3	0.289	10.96
<b>D-dimer</b>	D-dimer amount in blood	632; 352-1287	549; 262-909	820; 438-2056	<0.001*	77.6
<b>Death+</b>	Death of patient occurred during hospitalization for any cause	168	0	168	-	-
<b>Dementia</b>	Patient had dementia (% reported)	4%	3%	6%	0.087	1.8
<b>Diabetes</b>	Patient had diabetes (% reported)	16%	10%	21%	<0.001†	1.4
<b>Dyspnea</b>	Patient had intense tightening in the chest, air hunger, difficulty breathing, breathlessness or a feeling of suffocation (%yes)	50%	37%	62%	<0.001†	0.4
<b>Fibrinogen</b>	Fibrinogen concentration in blood (mg/dL)	607; 513-700	550; 473-658	615; 549-700	<0.001*	73.6
<b>Glucose</b>	Glucose concentration in blood (mg/dL)	110; 96-130	104; 93-121	114; 101-139	<0.001*	20.6
<b>Heart Failure</b>	Patient had heart failure (% reported)	2%	1%	3%	0.157	2.3
<b>Hypertension</b>	Patient had high blood pressure (% reported)	46%	38%	54%	<0.001†	1.4
<b>INR</b>	International Normalized Ratio	1.13; 1.07-1.25	1.11; 1.06-1.20	1.15; 1.08-1.28	0.004*	28.8
<b>Ischemic Heart Disease</b>	Patient had ischemic heart disease (% reported)	15%	11%	18%	<0.01†	18.3
<b>LDH</b>	Lactate dehydrogenase concentration in blood (U/L)	320; 249-431	271; 214-323	405; 310-527	<0.001*	24.6
<b>O<sub>2</sub> (%)</b>	Oxygen percentage in blood (%)	95; 90-97	96; 94-98	92; 87-96	<0.001*	16.5
<b>Obesity</b>	Patient had obesity (% reported)	9%	6%	11%	0.058	36.1
<b>PaCO<sub>2</sub></b>	Partial pressure of carbon dioxide in arterial blood (mmHg)	33; 30-36	34; 30-37	33; 30-35	0.116	15.4
<b>PaO<sub>2</sub></b>	Partial pressure of oxygen in arterial blood (mmHg)	69; 59-80	73; 67-81	64; 54-76	<0.001*	15.3
<b>PCT</b>	Platelet count (ng/mL)	0.19; 0.09-0.56	0.09; 0.05-0.26	0.28; 0.13-0.72	<0.001*	71.8
<b>pH</b>	Blood pH	7; 7-7	7; 7-7	7; 7-7	<0.001*	17.3
<b>Position+</b>	Patient position during chest x-ray (%supine)	78%	68%	87%	<0.001†	0
<b>Positivity at admission</b>	Positivity to the SARS-CoV-2 swab at the admission time (% positive)	95%	94%	96%	0.142	4.7
<b>Prognosis</b>	Patient outcome, see section 2 (% cases)	-	46.8%	53.2%	0.468†	0.0
<b>RBC</b>	Red blood cells count (10 <sup>9</sup> /L)	4.65; 4.26-5.07	4.70; 4.34-5.11	4.59; 4.13-5.03	<0.001*	3.0
<b>Respiratory Failure</b>	Patient had respiratory failure (% reported)	1%	100%	2%	0.131	19.0
<b>SaO<sub>2</sub></b>	arterial oxygen saturation (%)	95; 91-97	96; 94-98	92; 87-96	<0.001*	59.2
<b>Sex</b>	Patient's sex (%males)	68%	59%	75%	<0.001†	0
<b>Stroke</b>	Patient had stroke (% reported)	4%	3%	4%	0.447	2.3
<b>Therapy Anakinra+</b>	Patient was treated with Anakinra (%yes)	100%	0%	0%	-	10.8
<b>Therapy anti-inflammatory+</b>	Patient was treated with anti-inflammatory drugs therapy (%yes)	55%	53%	57%	0.243	13.5
<b>Therapy antiviral+</b>	Patient was treated with antiviral drugs (%yes)	47%	44%	50%	0.129	10.7
<b>Therapy Eparine+</b>	Patient was treated with eparine (no; yes; prophylactic treatment; therapeutic treatment)	56.6%; 11.5%; 28%; 3.9%	73.3%; 8.3%; 17.2%; 1.1%	39.9%; 14.7%; 38.8%; 6.6%	<0.001†	13.4
<b>Therapy hydroxychloroquine+</b>	Patient was treated with hydroxychloroquine (%yes)	59%	56%	62%	0.118	11.6
<b>Therapy Tocilizumab+</b>	Patient was treated with Tocilizumab (%yes)	9%	2%	15%	<0.001†	12.4
<b>WBC</b>	White blood cells count (10 <sup>9</sup> /L)	6.30; 4.73-8.42	5.58; 4.32-7.17	7.10; 5.25-9.80	0.012*	0.7

Table 4: Best recognition performance attained by each of the learning methods when the experiments were executed according to the 10-fold cross-validation (20 repetitions). In the second column, ML and DL stands for Machine-Learning and Deep Learning, respectively. The last column reports the learners providing the results shown here.

<b>Input data</b>	<b>Approach</b>	<b>Accuracy</b>	<b>Sensitivity</b>	<b>Specificity</b>	<b>Learner</b>
Clinical data	ML	.757 ± .008	.760 ± .007	.754 ± .011	SVM
	DL	.684 ± .019	.753 ± .020	.654 ± .012	MLP
CXR images	Handcrafted	.658 ± .015	.676 ± .016	.638 ± .019	LGR
	Hybrid	.728 ± .038	.769 ± .072	.680 ± .076	VGG-11 + RF
	End-to-end	.742 ± .010	.748 ± .019	.738 ± .013	Resnet50
Clinical data and CXR images	Handcrafted	.755 ± .007	.758 ± .008	.753 ± .013	SVM
	Hybrid	.769 ± .054	.788 ± .064	.747 ± .059	GoogleNet + SVM
	End-to-end	.748 ± .008	.745 ± .017	.751 ± .015	Resnet50 + MLP

Table 5: Best recognition performance attained by each of the learning methods when the experiments were executed according to the LOCO cross-validation. In the second column, ML and DL stands for Machine-Learning and Deep Learning, respectively. The last column reports the learners providing the results shown here.

<b>Input data</b>	<b>Approach</b>	<b>Accuracy</b>	<b>Sensitivity</b>	<b>Specificity</b>	<b>Learner</b>
Clinical data	ML	.734 ± .044	.699 ± .158	.795 ± .136	SVM
	DL	.663 ± .016	.709 ± .032	.644 ± .018	MLP
CXR images	Handcrafted	.625 ± .083	.641 ± .159	.644 ± .200	SVM
	Hybrid	.693 ± .053	.806 ± .161	.549 ± .213	Vgg11 + SVM
	End-to-end	.705 ± .010	.720 ± .011	.696 ± .015	Resnet50
Clinical data and CXR images	Handcrafted	.752 ± .067	.711 ± .165	.824 ± .154	LGR
	Hybrid	.743 ± .061	.769 ± .189	.685 ± .155	GoogleNet + LGR
	End-to-end	.709 ± .005	.734 ± .018	.696 ± .009	Resnet50 + MLP

*The obtained preliminary results*

# Activities(1° draft)\*

1. Lung Segmentation (CXR)
2. Prognosis Classification (CXR)
3. Data Correlation and Dimensionality reduction (med. record)
4. Heterogeneous data fusion (CXR & med. record)
5. Data weighting (med. record)
6. Data Classification (med. record)
7. Prognosis Classification (med. record)
8. Prognosis Classification with heterogenous data fusion.

# Activity 1. Lung analysis



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## CV & DL for COVID-19

# Lung Analysis

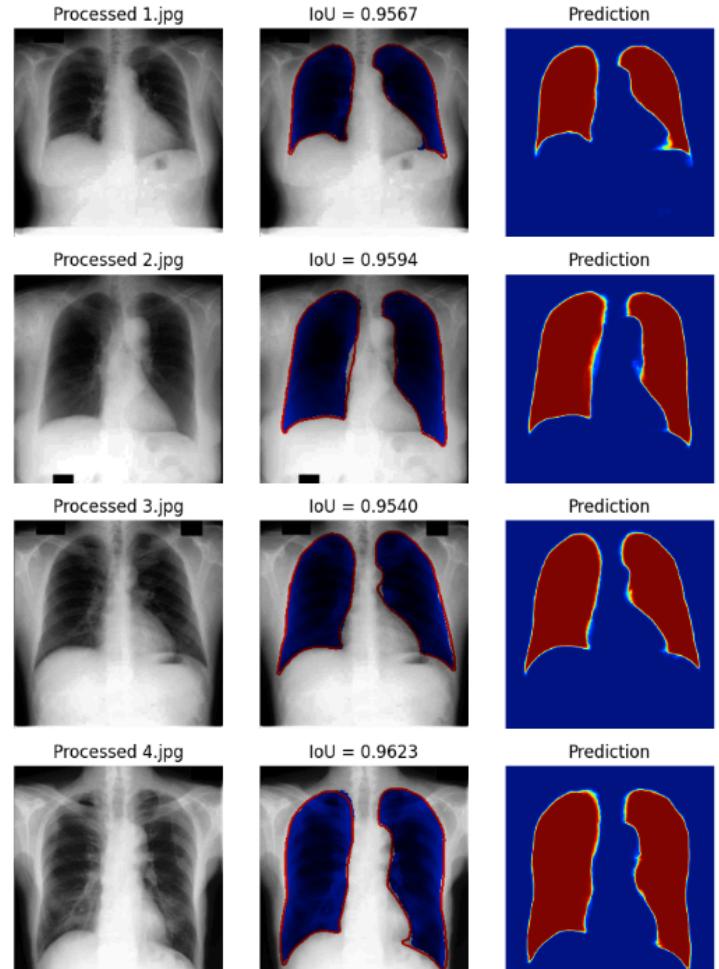
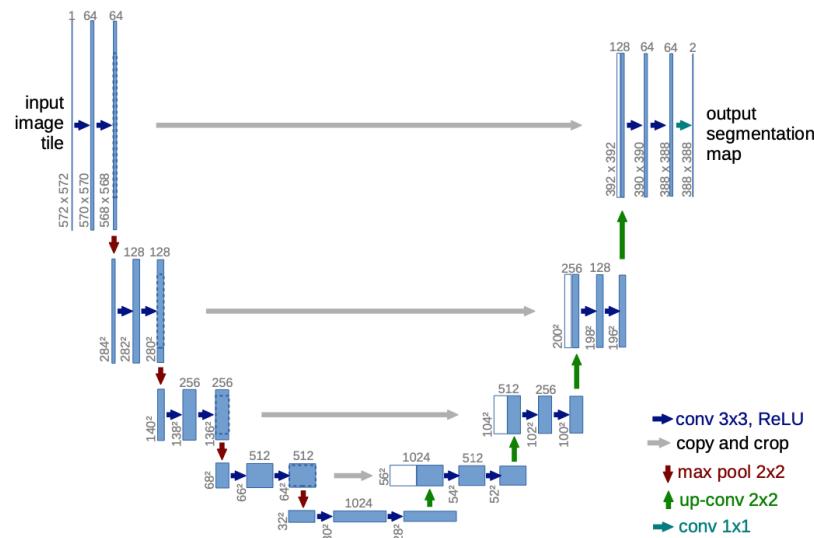
- Dataset
  - Open-i service of the National Library of Medicine
    - <https://openi.nlm.nih.gov/gridquery?sub=x&m=1&n=100&it=xg>
  - Montgomery County CXR set (MC) [IMGS e MASKS]
    - <https://academictorrents.com/download/ac786f74878a5775c81d490b23842fd4736bfe33.torrent>
    - Ref1: <https://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=6663723>
    - Ref2: <https://ieeexplore.ieee.org/stamp/stamp.jsp?arnumber=6616679>
  - JSRT Dataset
    - <http://db.jsrt.or.jp/eng.php>
    - Ref1: <https://www.ajronline.org/doi/10.2214/ajr.174.1.1740071>
    - Le maschere di segmentazione di questo dataset sono le seguenti:
      - SCR Database (database che contiene SOLO le maschere di segmentazione per JSRT)
        - <http://www.isi.uu.nl/Research/Databases/SCR/>
        - Ref1: [https://core.ac.uk/reader/13706045?utm\\_source=linkout](https://core.ac.uk/reader/13706045?utm_source=linkout)

# Lung Analysis (cont.)

- Chest X-Ray Images (Pneumonia)
  - <https://www.kaggle.com/paultimothymooney/chest-xray-pneumonia>
  - [http://www.cell.com/cell/fulltext/S0092-8674\(18\)30154-5](http://www.cell.com/cell/fulltext/S0092-8674(18)30154-5)
  - The dataset is organized into 3 folders (train, test, val) and contains subfolders for each image category (Pneumonia/Normal). There are 5,863 X-Ray images (JPEG) and 2 categories (Pneumonia/Normal).
  - Chest X-ray images (anterior-posterior) were selected from retrospective cohorts of pediatric patients of one to five years old from Guangzhou Women and Children's Medical Center, Guangzhou. All chest X-ray imaging was performed as part of patients' routine clinical care.
  - For the analysis of chest x-ray images, all chest radiographs were initially screened for quality control by removing all low quality or unreadable scans. The diagnoses for the images were then graded by two expert physicians before being cleared for training the AI system. In order to account for any grading errors, the evaluation set was also checked by a third expert.

# Lung Segmentation

- Lung Segmentation
- For the segmentation of the lungs, U-NET has been used

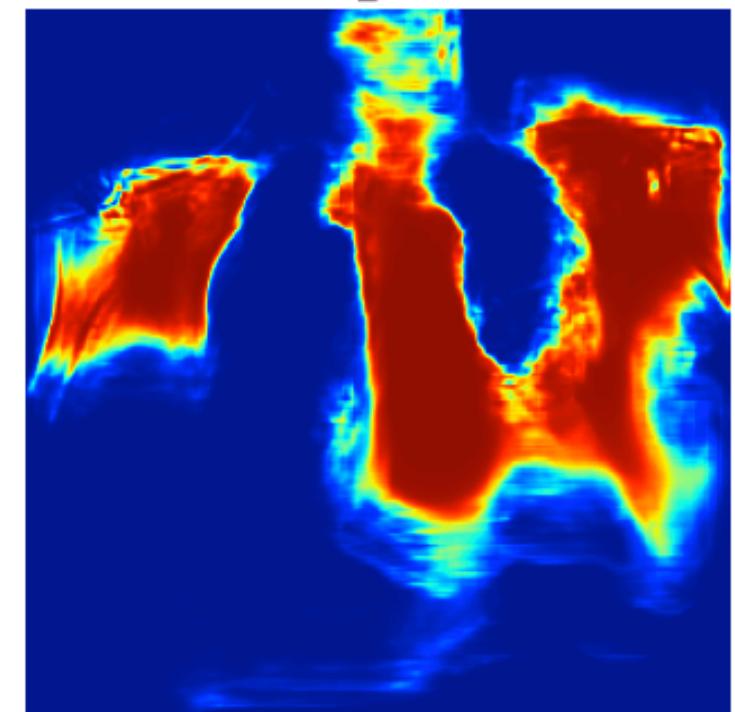
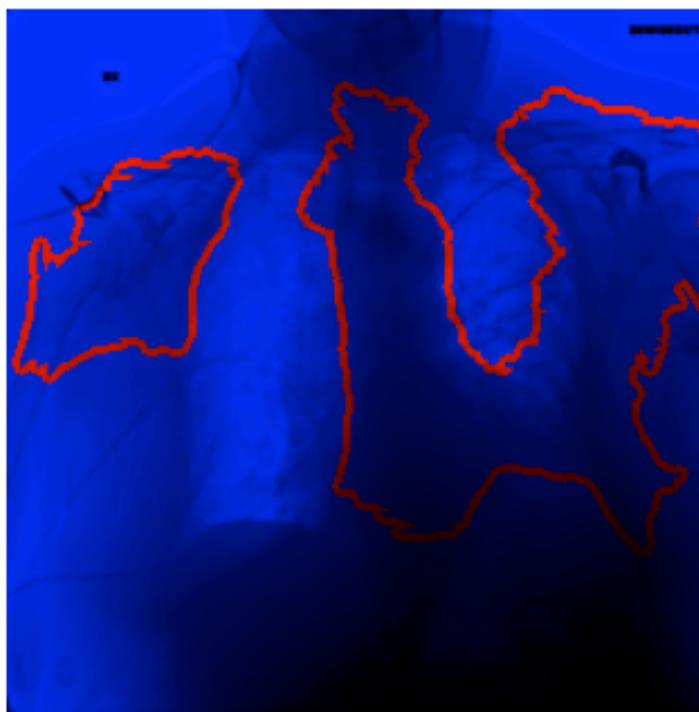


U-NET REPO: <https://github.com/imlab-uiip/lung-segmentation-2d>

U-NET Explanation: <https://lmb.informatik.uni-freiburg.de/people/ronneber/u-net/>

U-NET PAPER: <https://arxiv.org/pdf/1505.04597.pdf>

# Issues in Lung Segmentation



How to overcome such issues?

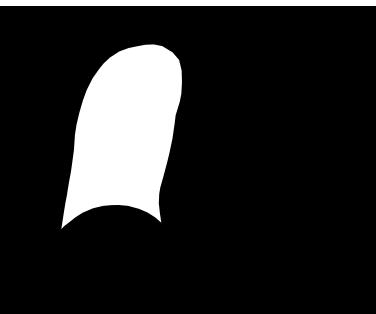
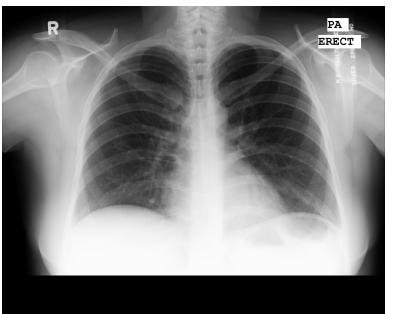
# Reason??

Training images

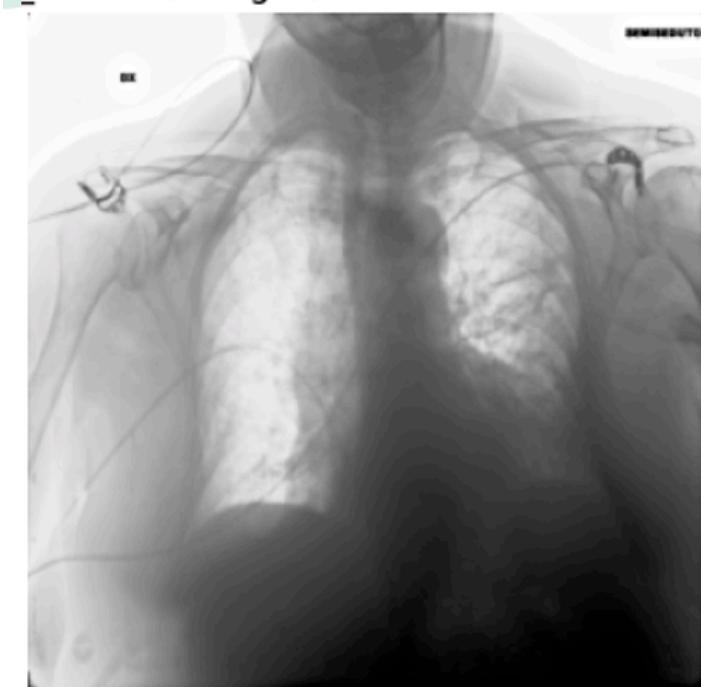
JSRT dataset

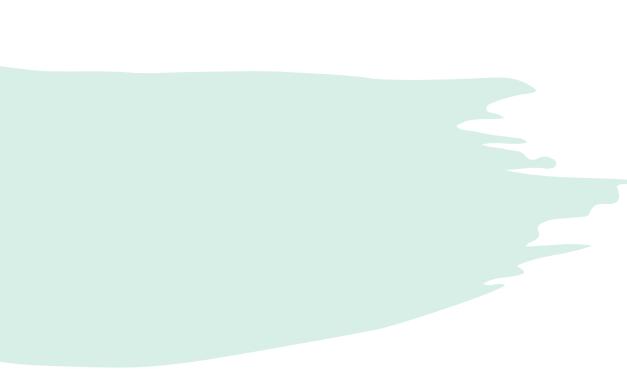


Montgomery dataset



Testing images



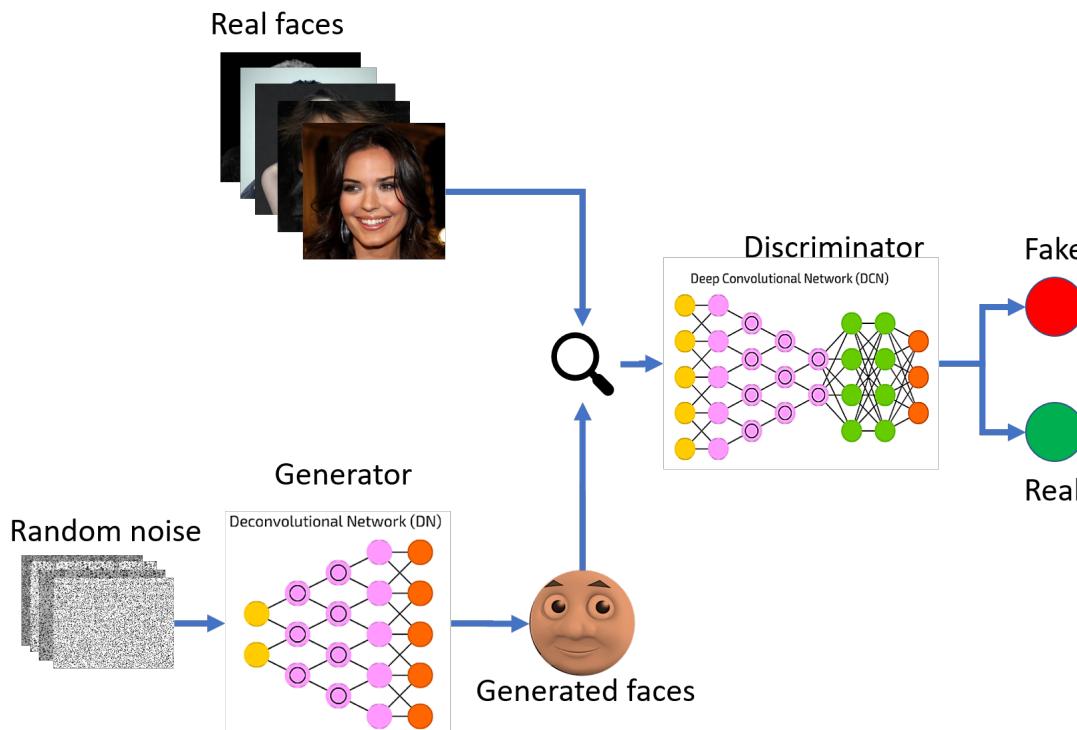


# Potential Solutions

# Using GANs to generate custom images

Questo non è un suggerimento. È solo una potenziale idea che non è ancora stata provata!

- Generative Adversarial Networks
  - <https://arxiv.org/pdf/1406.2661.pdf>



Is it possible to modify such kind of images...

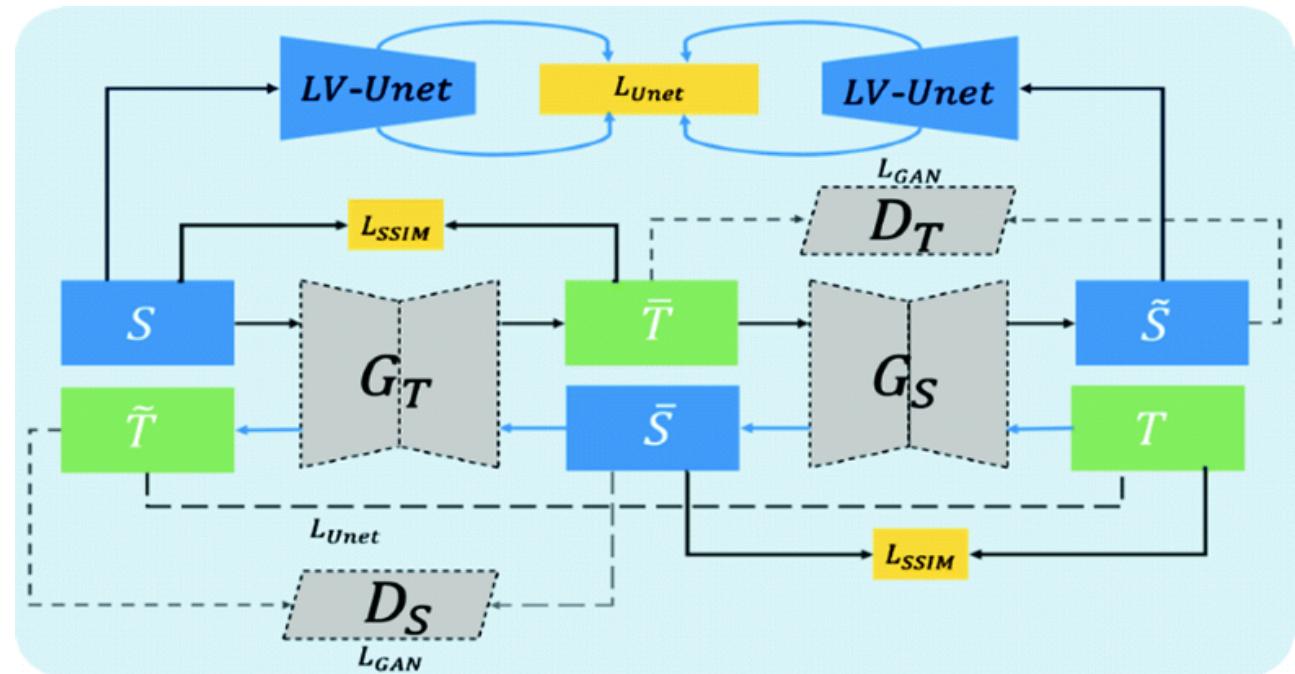
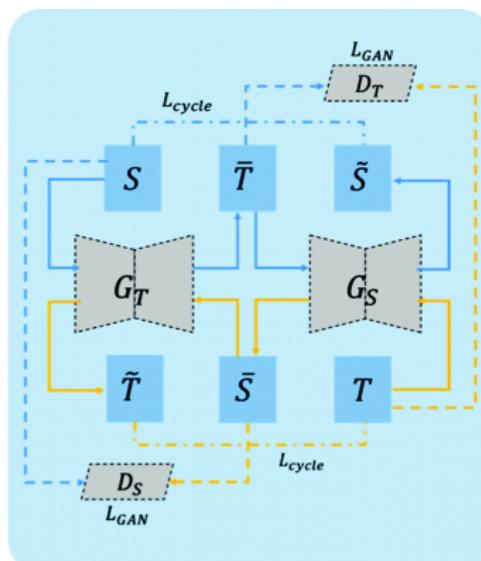
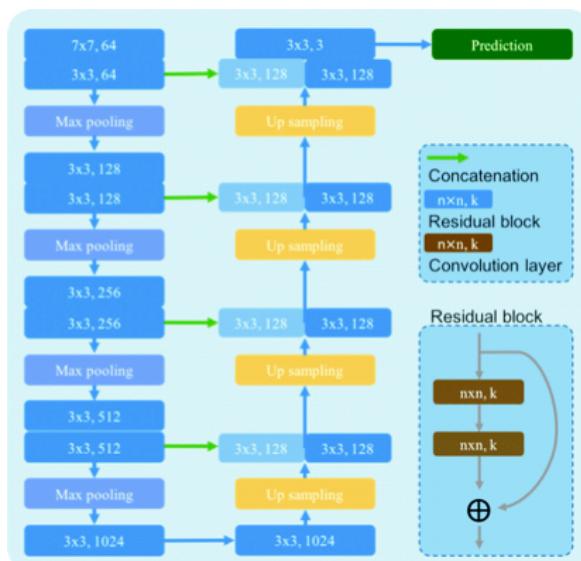


... and turn them in something similar?



# The Domain Shift Problem of Medical Image Segmentation and Vendor-Adaptation by Unet-GAN

[https://link.springer.com/chapter/10.1007/978-3-030-32245-8\\_69](https://link.springer.com/chapter/10.1007/978-3-030-32245-8_69)

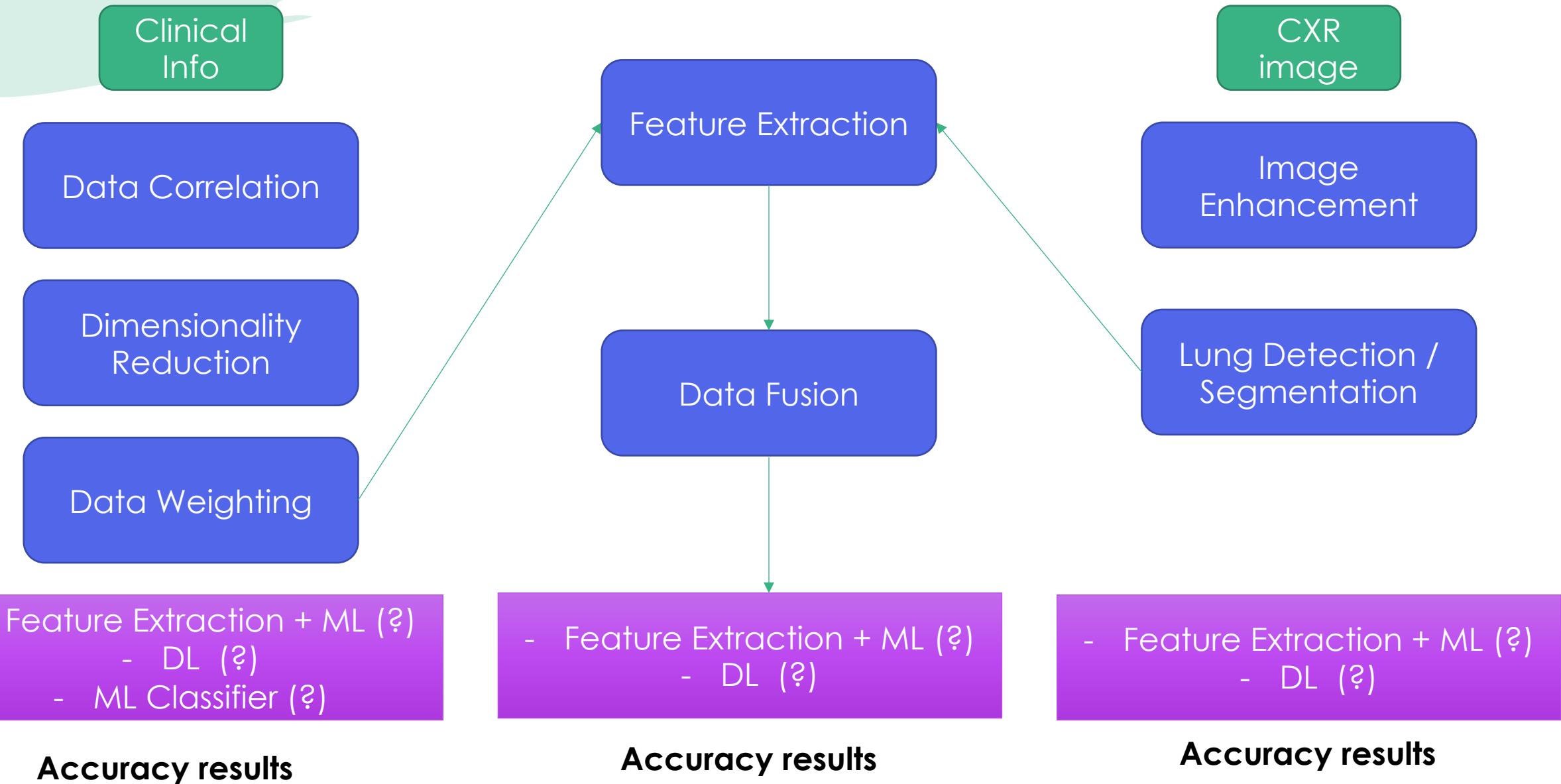


# CycleGAN for Segmenting Xrays

<https://www.kaggle.com/kmader/cyclegan-for-segmenting-xrays>

- Here we try an experiment to see if we can take unpaired (they happen to be paired in this dataset but we ignore that) images of chest x-rays and segmentations of lungs and learn a forward (X-Ray  $\rightarrow$  Lungs) and reverse (Lungs  $\rightarrow$  X-ray) mapping using the CycleGAN approach.
- The basic idea is we have generators for both of the mappings with a U-Net style architecture (which forces them to learn something from the original pixels). We then have discriminators which determine if the images we have created are real or fake. Finally we have the cycle-consistent loss of using both the forward and backward back-to-back which should give us the original images.
- If this works well it could be applied to lots of issues where paired training data are not available. It should also produce more 'realistic' segmentations since the discriminator is actively trying to determine if the image output is discernible real data.
- <https://www.kaggle.com/paultimothymooney/chest-xray-pneumonia>
- [http://www.cell.com/cell/fulltext/S0092-8674\(18\)30154-5](http://www.cell.com/cell/fulltext/S0092-8674(18)30154-5)

# Final Objective of the research project





# For questions about the project

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