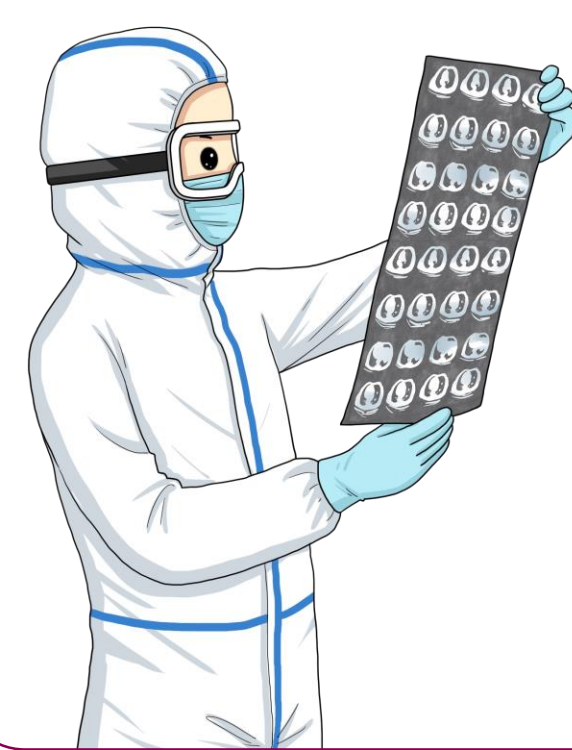


# The Comparisons of Age and Gender Stratified COVID-19 CT Deep Learning Detection Models

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## Our Findings



- The patient characteristics of age and gender played an important role in COVID-19 CT diagnosis.
- Using age and gender stratified models in setting up COVID-19 CT deep learning detection models might promote the model performance.

## Introduction

- Coronavirus diseases 2019 (COVID-19) had caused over **83 million** cases and over **1.8 million** deaths in the world before 05/01/2020 (1).
- One diagnosis method of COVID-19 is reverse-transcription polymerase chain reaction (RT-PCR) testing. However, it has several drawbacks:
  - Take approximately five to six hours to reveal the results;
  - The sensitivity is only 60% to 70%;
  - Testing kits are not enough
  - Unlike CT scans, not able for earlier diagnosis and early intervention.
- So, in the diagnosis, CT scans played an irreplaceable role (2). A lot of deep learning models based on convolutional neural networks (CNNs) have been implemented for detecting COVID-19 CT images, but they did not take age and gender into consideration (3).
- Studies have been proved the severity of symptoms of COVID-19 varies by biological gender and age. Male and people aged over 50 are more likely to be infected and have negative outcomes (4,5).

## Objective

- Illustrate different deep learning assist COVID-19 detection models: non-stratified, age-stratified and gender-stratified models.
- Compare the performance of these stratified models.

## Methods

- The general process of this study was shown following:

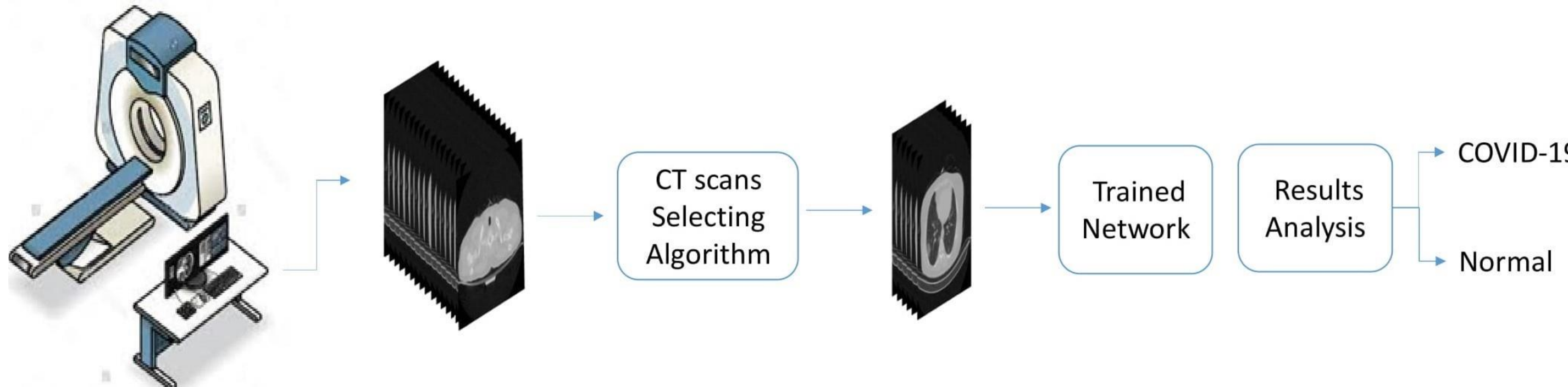


Figure 1 The Process of COVID-19 CT Deep Learning Detection Models (6)

- The structure of the model: ResNet50V2-FPN.
- ResNet50V2, an updated version ResNet50, is one kind of CNNs. Feature pyramid network (FPN) can help detecting features at different scales.

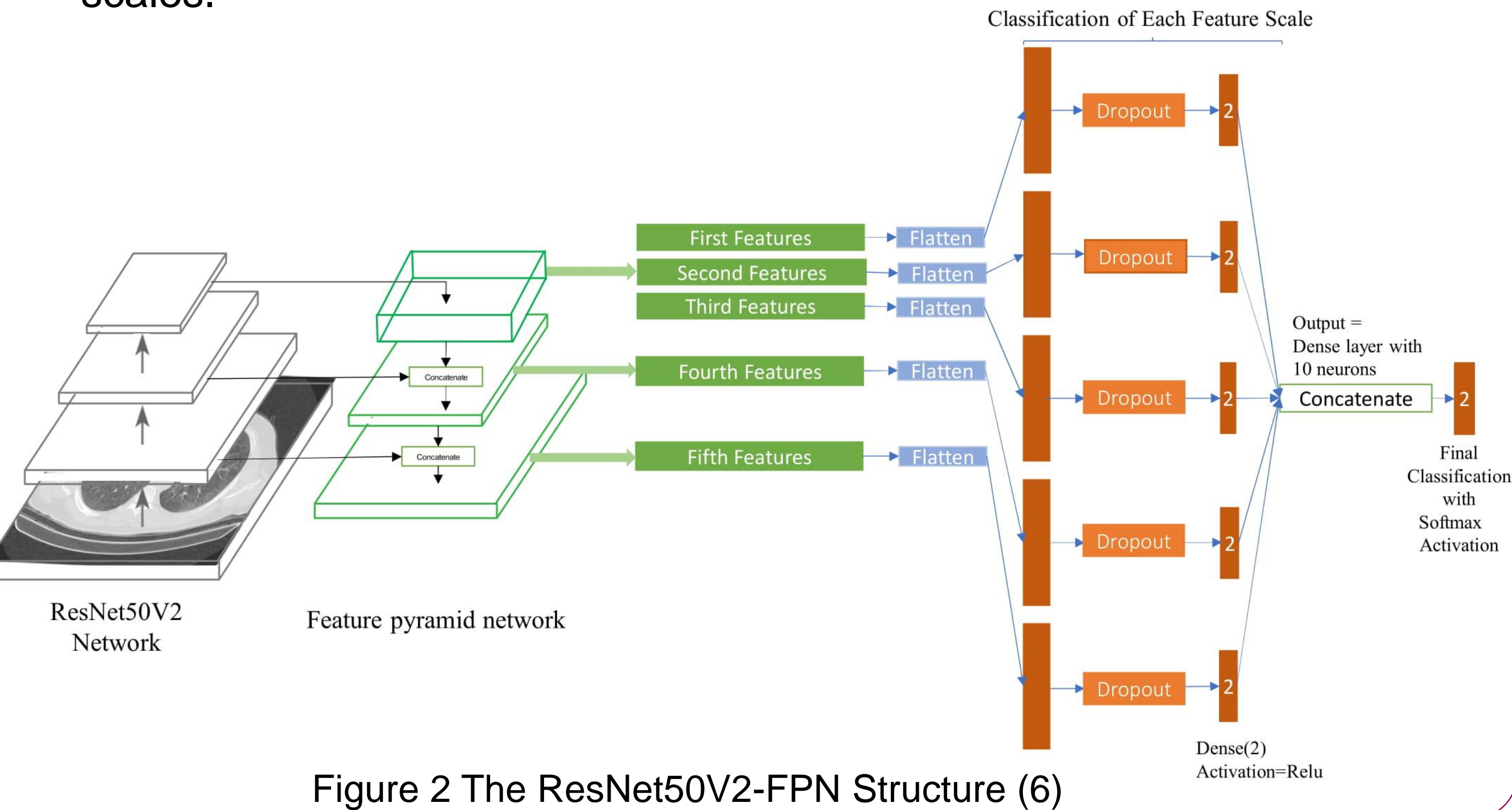


Figure 2 The ResNet50V2-FPN Structure (6)

## Dataset

Table 1 Dataset of Different Stratified Models

Model	COVID-19*		Normal	
	Patients (N)	Images (N)	Patients (N)	Images (N)
Non-Stratified	47	1077	141	4715
Age-Stratified 1				
Age≥50	48	1332	48	1564
Age<50	47	950	234	8212
Age-Stratified 2				
Age≥40	74	1935	124	4364
Age<40	21	347	158	5412
Gender-Stratified				
Female	39	876	183	5633
Male	56	1400	136	5299

\*COVID-19 = Coronavirus diseases 2019;  
\*\*N = number.

After image selection, there were 12258 chest CT images from 377 patients selected. Then they were stratified by age and gender. In this study, age had two study methods:

- Age 50- generally considered as the boundary to stratify COVID-19 CT dataset (5);
- Age 40- the median age.

## Results

Table 2 Summary of Different Stratified Model Performance in Classifying Patients

	Sensitivity		Specificity		Precision		Recall		F1-Score	
	COVID-19	Normal	COVID-19	Normal	COVID-19	Normal	COVID-19	Normal	COVID-19	Normal
Non-Stratified	0.946	0.941	0.941	0.946	0.484	0.997	0.946	0.941	0.641	0.968
Age-Stratified 1										
Age≥50	0.917	0.939	0.939	0.917	0.893	0.955	0.917	0.939	0.905	0.947
Age<50	0.941	0.839	0.839	0.941	0.229	0.998	0.941	0.839	0.369	0.912
Age-Stratified 2										
Age≥40	0.967	0.901	0.901	0.967	0.625	0.995	0.967	0.901	0.759	0.946
Age<40	0.852	0.744	0.744	0.852	0.064	0.997	0.852	0.744	0.120	0.852
Gender-Stratified										
Female	0.918	0.953	0.953	0.918	0.449	0.997	0.912	0.949	0.605	0.969
Male	0.982	0.940	0.940	0.982	0.611	0.999	0.983	0.935	0.753	0.968

\* COVID-19 = Coronavirus diseases 2019.

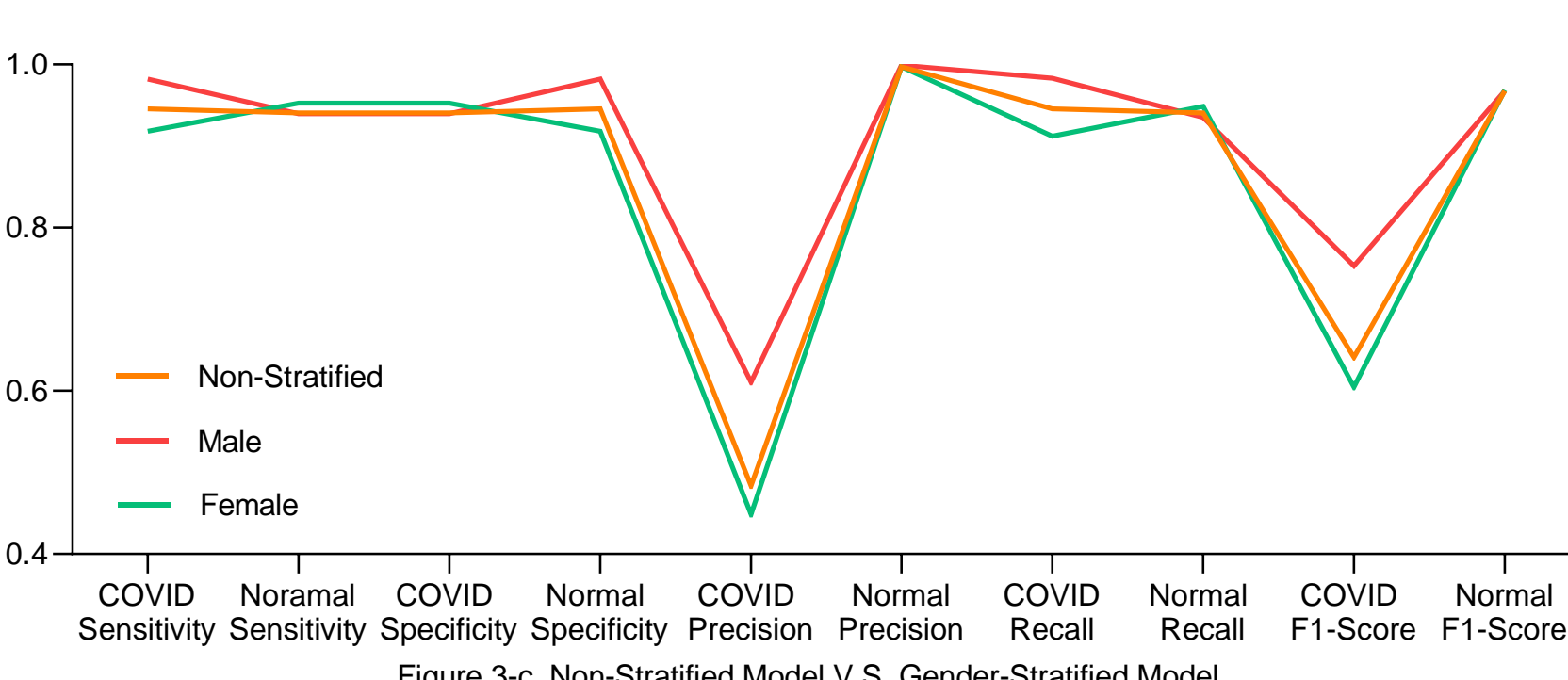
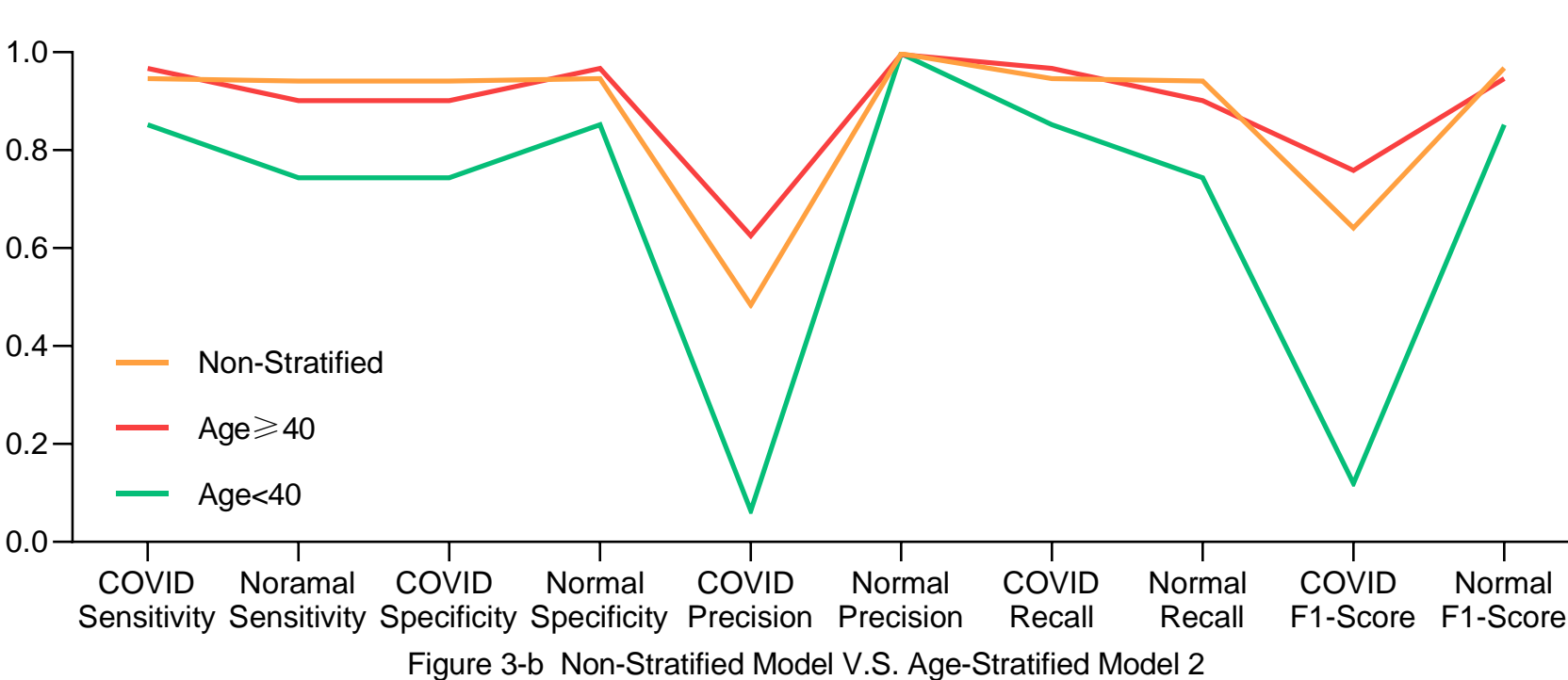
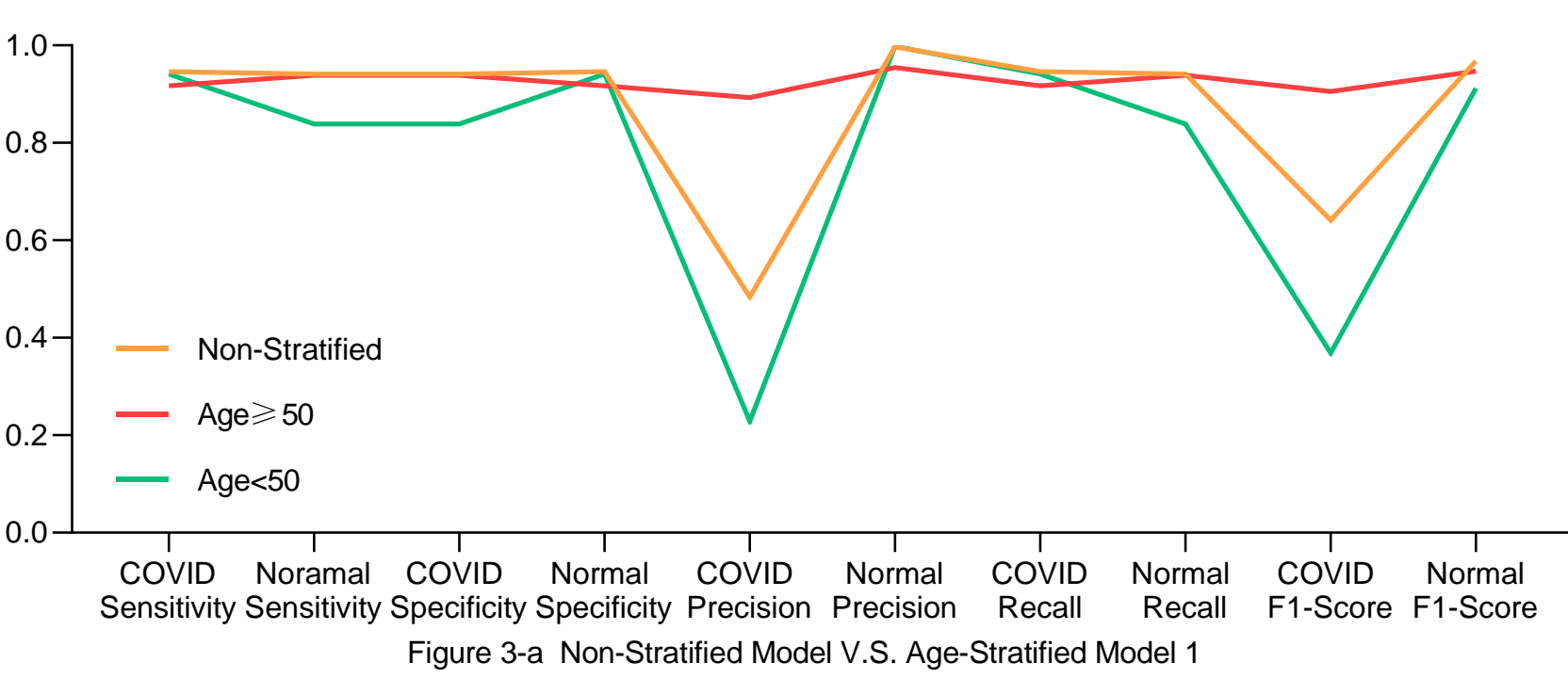


Figure 3 Different Stratified Model Performance in Classifying Patients

**The female** stratified model outperformed in sensitivity, recall, F1-score of normal patients, and the specificity of COVID-19.

**The elder group** of age-stratified model outperformed non-stratified model in the precision of COVID-19 patients. The increasing precision indicates the necessary of using stratified dataset in building up models.

**The younger group** of age-stratified model performed worse than non-stratified model. Especially the age<40 stratified model, which performed worst among all of the models. There were significant decreases in the model performance between this model and non-stratified model ( $p<0.001$ ).

**The male** stratified model performed better in almost all metrics, except for subtle decreases in the sensitivity, recall of normal patients, and specificity of COVID-19 patients.

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