

Convolutional Neural Networks in Radiology

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Introduction

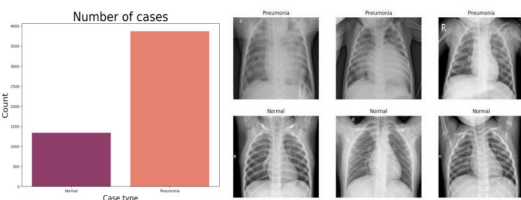
Motivation: The goal of using CNNs in Radiology is to help Radiologists more accurately diagnose patients, to reduce fatigue-based errors, and to help patients who lack access to Radiologists diagnose themselves using their chest X-Ray images. My CNN specifically checks for pneumonia, which can cause coughs, fevers, shortness of breath, chills, shaking, fatigue, sweating, and muscle pain, so it would be excellent to have a fast, accurate method for detecting such a disease before symptoms worsen.

Approach: I used partial transfer learning from VGG16 and a 24-layer CNN and I split my image data into a training set (N normal = 1341, N pneumonia = 3875), a cross validation set (N normal = 8, N pneumonia = 8), and a test set (N normal = 234 normal, N pneumonia = 390).

Results: Pneumonia is not easy to see with the naked eye—when interpreting an X-Ray, a professional Radiologist will look for white spots in the lungs (called infiltrates) that identify an infection. Nevertheless my best model achieved a F1-score on the test data of 0.86.

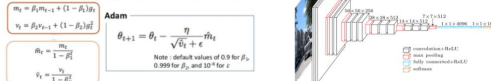
Data and Features

- 5863 infant X-Ray images from Guangzhou Women and Children's Medical Center in China
- Every image was labeled with the ground truth (pneumonia vs. normal)
- I performed data augmentation (horizontal flips, rotation, random brightness changes) to correct for class imbalance (as seen below there are more pneumonia examples)
- The image data varied in dimensions, so I converted all images to a standard 224x224x3—the standard input for the VGG16 CNN.



Models

- Rather than using random initialization for my first four convolution layers, which capture general details like blobs, patches, edges, etcetera, I found much more success through loading pre-trained weights from VGG16 (built by Visual Geometry Group) and fine tuning them.
- Next I use convolutional, batch norm, and max pooling layers, ending with a softmax layer for binary prediction. I use a 24-layer CNN instead of the 16-layer VGG16 CNN and update my parameters according to Adaptive Moment Estimation (Adam)
- I use binary cross entropy as my loss function $BCE = -\frac{1}{N} \sum_{i=1}^N y_i \cdot \log(\hat{y}_i) + (1 - y_i) \cdot \log(1 - \hat{y}_i)$
- I experimented with different weight initializations, different learning rates, and different batch sizes.



Results

Training: N Pneumonia = 3875, N Normal = 1341
Testing: N Pneumonia = 390, N Normal = 234

| Weight Initialization | Batch Size | Learning Rate | Effective Error Train | F1 Score Train | Effective Error Test | F1 Score Test |
|-----------------------|------------|--------------------|-----------------------|----------------|----------------------|---------------|
| Random | 16 | 1x10 ⁻³ | 0.50 | 0.85 | 0.50 | 0.77 |
| Random | 16 | 1x10 ⁻⁴ | 0.50 | 0.85 | 0.50 | 0.77 |
| VGG16 | 16 | 1x10 ⁻³ | 0.50 | 0.85 | 0.50 | 0.77 |
| VGG16 | 16 | 1x10 ⁻⁴ | 0.01 | 0.99 | 0.16 | 0.86 |
| VGG16 | 64 | 1x10 ⁻³ | 0.50 | 0.85 | 0.50 | 0.77 |
| VGG16 | 64 | 1x10 ⁻⁴ | 0.01 | 0.99 | 0.16 | 0.86 |

Discussion and Future

The CheXNeXt team at Stanford, which includes Professor Andrew Ng and CS 230 guest speaker Pranav Rajpurkar, has developed a CNN that classifies 14 different thoracic diseases roughly as well as the top Radiologists. Additionally, using class activation mappings (CAMs), their model outputs a heatmap pinpointing the location in the chest that caused the CNN to make its prediction, as seen in their colorized example below. Now they are working to deploy a website where anyone in the world who lacks access to a Radiologist can upload their own X-Ray image file to get a fast, free diagnosis. With six more months, I would work to try to replicate or improve upon their model. Since their results were so promising, I expected my top model to achieve a high F1 Score as well.



Acknowledgements and References

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Works Cited:

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