



Interpreting chest X-rays via CNNs that exploit hierarchical disease dependencies and uncertainty labels

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Problem

• **Problem** : Build a predictive model for diagnosing the presence of 14 observations in chest X-rays.

• Proposed Approach : Given a training set $\mathcal{D} = \left\{ \left(\mathbf{x}^{(i)}, \mathbf{y}^{(i)} \right) \right\}$ that contains N chest X-rays; each input image $\mathbf{x}^{(i)}$ is associated with label $\mathbf{y}^{(i)} \in \{0, 1\}^{14}$. We train a CNN $_{\theta}$ that maps $\mathbf{x}^{(i)}$ to a prediction $\hat{\mathbf{y}}^{(i)}$ such that the cross-entropy loss function is minimized over the training set \mathcal{D} .

• Training and Evaluation : The model was trained on CheXpert dataset (>235K chest X-ray scans) and evaluated on 200 studies over 5 diseases : *Atelectasis*, *Cardiomegaly*, *Consolidation*, *Edema*, and *Pleural Effusion* using AUC metric.



Fig.1 : Building a CNN-based model to predict the probability of 14 different observations from chest X-rays.

• Diagnoses or observations in chest X-ray are often conditioned upon their parent labels. This should be leveraged during the model training and prediction.

• For example, each input image $\mathbf{x}^{(i)}$ is associated with label $\mathbf{y}^{(i)} \in \{0, 1\}^{14}$ where $\mathbf{y}^{(i)}$ can be represented via a tree \mathcal{T} ; $\mathbf{y}^{(i)} = 1 \rightarrow \mathbf{y}^{(i)}_{\text{parent}} = 1$ for any non-root node $i \in \mathcal{T}$.

• A CNN was pretrained on a partial training set containing all positive parent labels (*conditional training*), then retrained it on the full dataset (*transfer learning*).



Fig.2 : A CNN was trained on a training set where all parent labels (red nodes) are positive, to classify leaf labels (blue nodes). For example, we train a CNN to classify *Edema*, *Atelectasis*, and *Pneumonia* on training examples where both *Lung Opacity* and *Consolidation* are positive.

• The chest X-ray labeler heavily depends on expert systems (*i.e.* using keyword matching with hard-coded rules), which left many chest X-ray images with uncertainty labels \rightarrow we may not have full access to the true labels.

• Several policies have been proposed in to deal with these uncertain samples, *e.g.* they can be all ignored (**U-Ignore**), all mapped to positive (**U-Ones**), or all mapped to negative (**U-Zeros**).

• We propose the U-ones+LSR policy that maps the original label $y_k^{(i)}$ to

$$\bar{y}_{k}^{(i)} = \begin{cases} u, & \text{if } y_{k}^{(i)} = -1\\ y_{k}^{(i)}, & \text{otherwise,} \end{cases}$$
(1)

where $u \sim U(a_1, b_1)$ is a uniformly distributed random variable between a_1 and b_1 that close to 1.

• Similarly, we propose the U-zeros+LSR policy that softens the U-zeros by setting each uncertainty label to a random number $u \sim U(a_0, b_0)$ that is closed to **0**.

Experimental results

We trained a strong set of six CNN models. Its ensemble model achieved an average AUC of 0.940, which set a new state-of-the-art result on CheXpert validation set and ranks first on the leaderboard of the CheXpert competition.

Method	Atelectasis	Cardiomegaly	Consolidation	Edema	P. Effusion	Mean
Ignore-LP	0.720	0.870	0.770	0.870	0.900	0.826
Ignore-BR	0.720	0.880	0.770	0.870	0.900	0.828
Ignore-CC	0.700	0.870	0.740	0.860	0.900	0.814
Ignore	0.818	0.828	0.938	0.934	0.928	0.889
U-Zeros	0.811	0.840	0.932	0.929	0.931	0.888
U-Ones	0.858	0.832	0.899	0.941	0.934	0.893
U-MultiClass	0.821	0.854	0.937	0.928	0.936	0.895
U-SelfTrained	0.833	0.831	0.939	0.935	0.932	0.894
Ours	0.909	0.910	0.957	0.958	0.964	0.940