

COVID-19 Detection from Chest Radiography Images

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COVID-19 Detection from Chest Radiography Images

Outline

1. Introduction
2. Related Work
3. Datasets
4. Methods and Results
5. Future Work

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Introduction

Motivation

- Cut off virus transmission routes by **effective** and **fast testing**
- Visual indicator in Chest X-Ray (CXR) images: **Ground glass opacity**
- Need for **supportive** CXR classification systems
- Need for **visualisation** of COVID anomalies

COVID-19 Detection from Chest Radiography Images

Outline

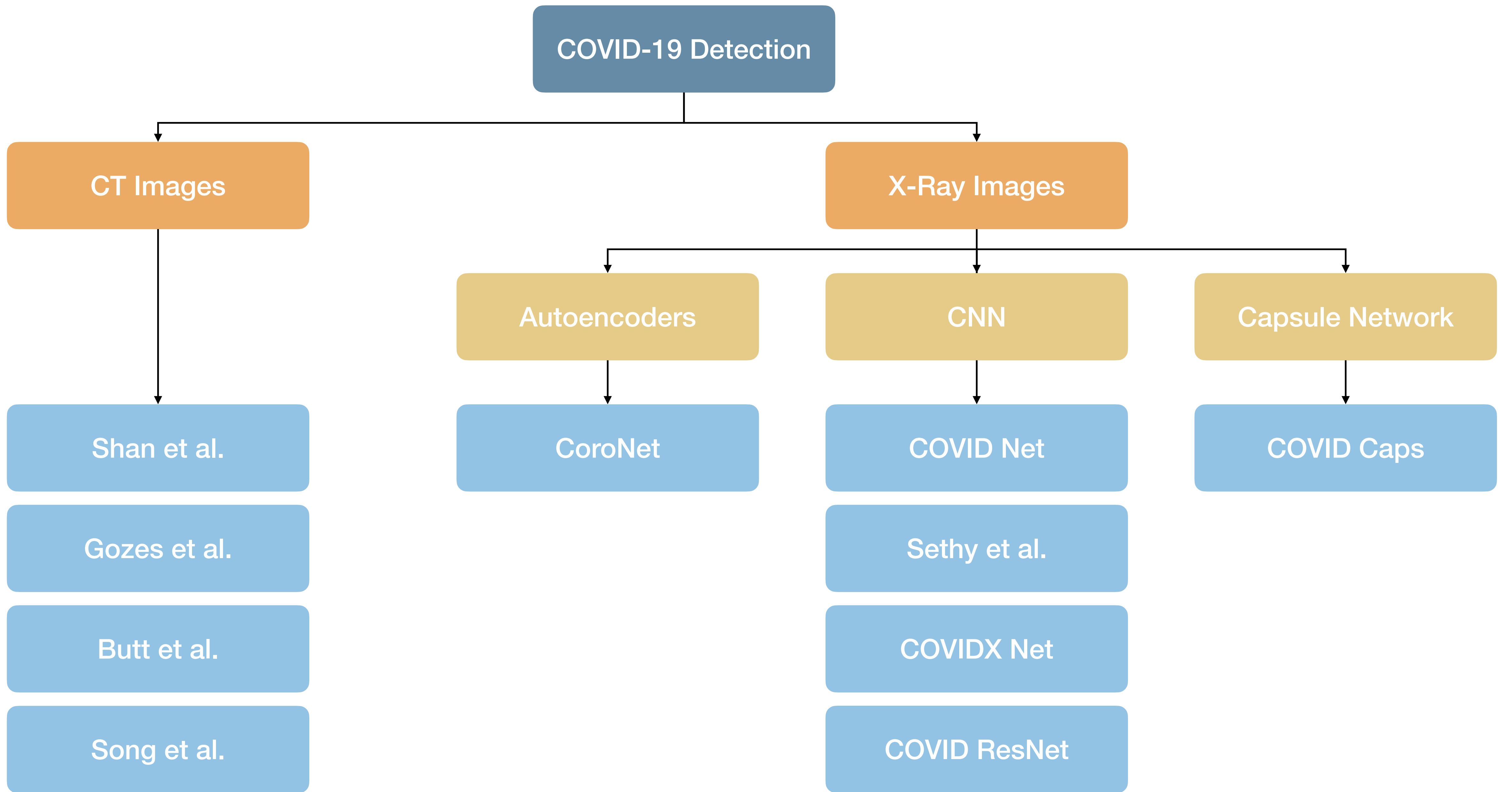
1. Introduction

2. Related Work

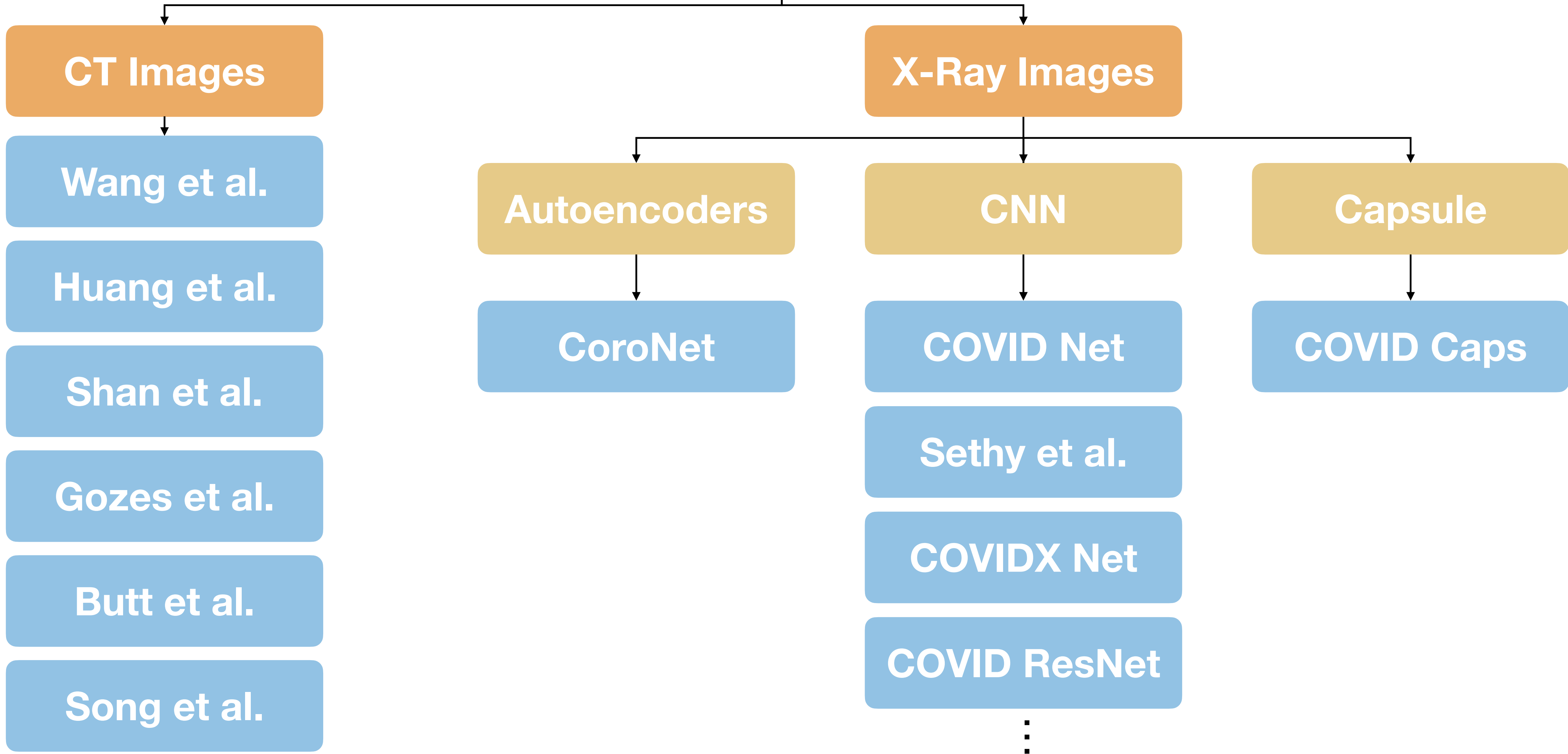
3. Datasets

4. Methods and Results

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COVID-19 Detection



COVID-19 Detection from Chest Radiography Images

Outline

1. Introduction

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3. Datasets

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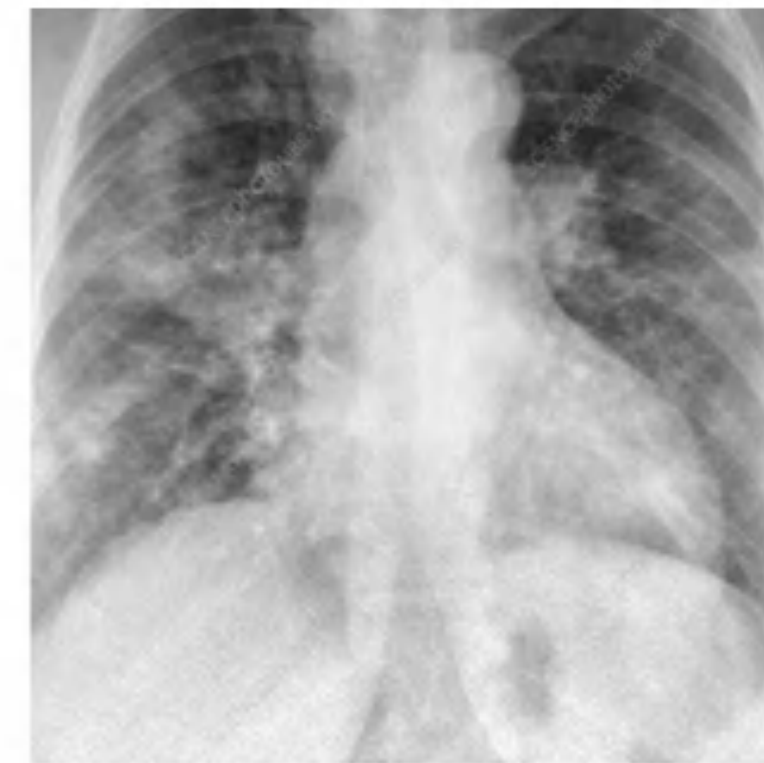
5. Future Work

Dataset

- Weighted Loss Function
- Data Augmentation
- K-Fold Cross Validation



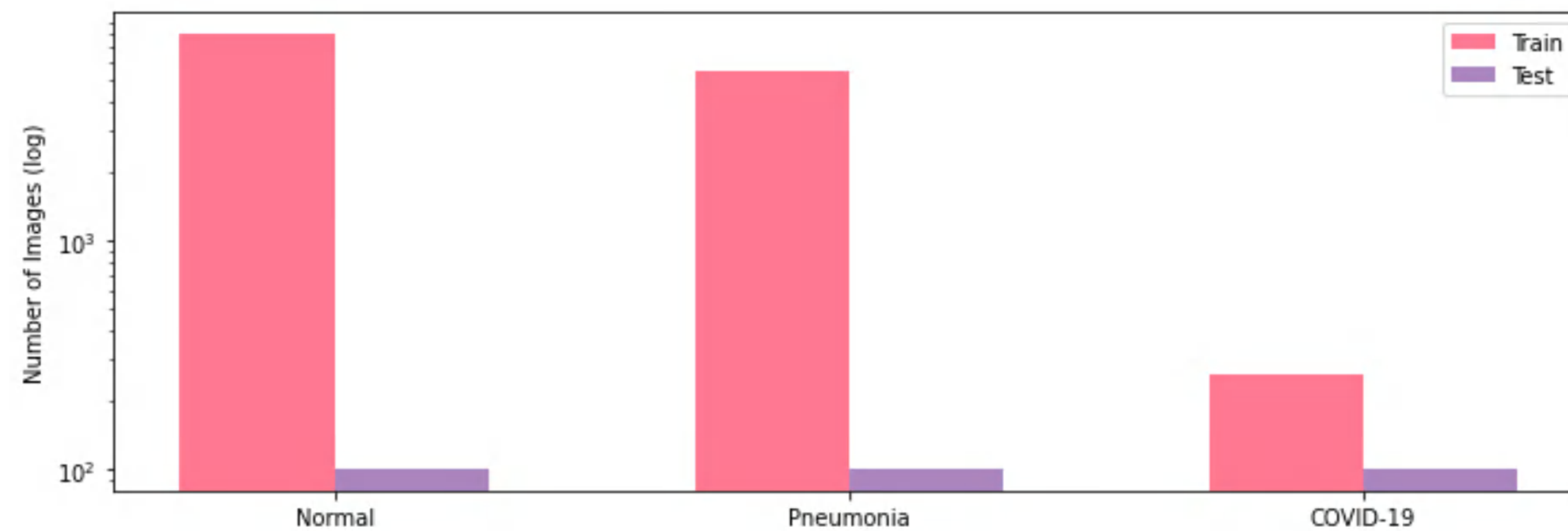
Normal



non-COVID-19 Pneumonia



COVID-19 Pneumonia



	Train	Test
Normal	7966	100
Pneumonia	5451	100
COVID	253	100
Total	13670	300

Figure: COVIDXv3 Data Distribution [Wang et al.]

Why no validation data? #66

Open

axkoenig opened this issue on 19 May · 2 comments



axkoenig commented on 19 May · edited ▾



Hello,

I have a general question regarding the COVIDx dataset. You define which images to use as train and test data in the files `train_COVIDx3.txt` and `test_COVIDx3.txt`. However, why don't you also define and use a validation set?

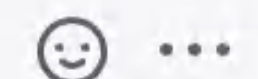
In your paper you describe that the architecture was determined using "Generative Synthesis" - a machine-driven design exploration. On which dataset exactly did you compare the performance of different architectures and hyper-parameters that the Generative Synthesis approach produced? It is good practice to do this on a validation set, right?

Looking forward to any comments and implementation details on this :)

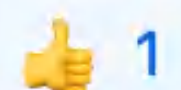
Alex



sergevanhaag commented on 6 Jun



I agree. I am not able to recreate the results if I use a training, validation, and test-set. I am afraid that COVID-NET indirectly overfits on the test-set. I'd suggest using the test-set only once.



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Methods

Approach 1

ResNet-50
Baseline
Classifier

Approach 2

Anomaly
Detection with
U-Net

Approach 3

Multitask
Learning

Methods

Approach 1

ResNet-50
Baseline
Classifier

Approach 2

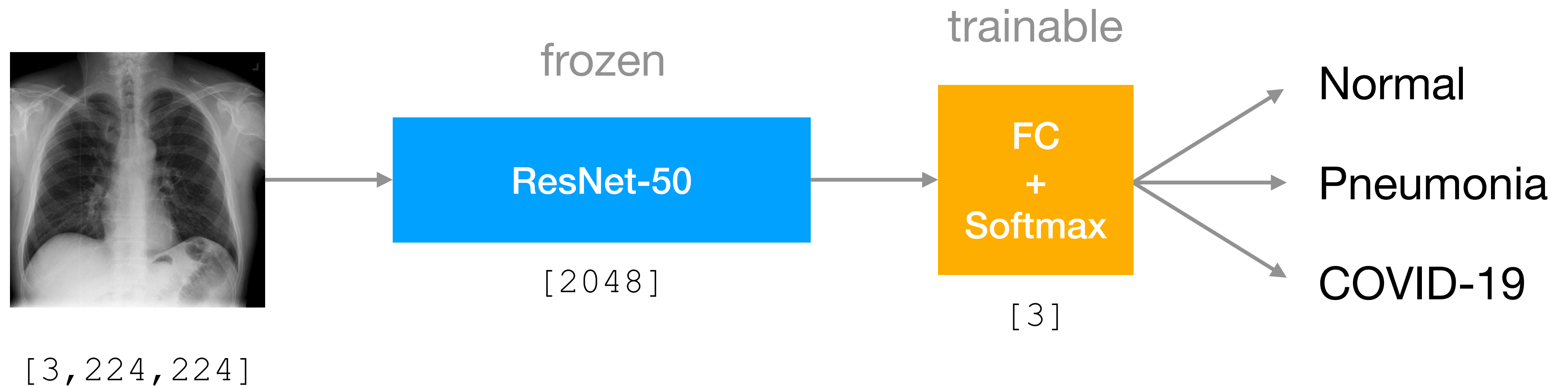
Anomaly
Detection with
U-Net

Approach 3

Multitask
Learning

ResNet-50 Baseline Classifier

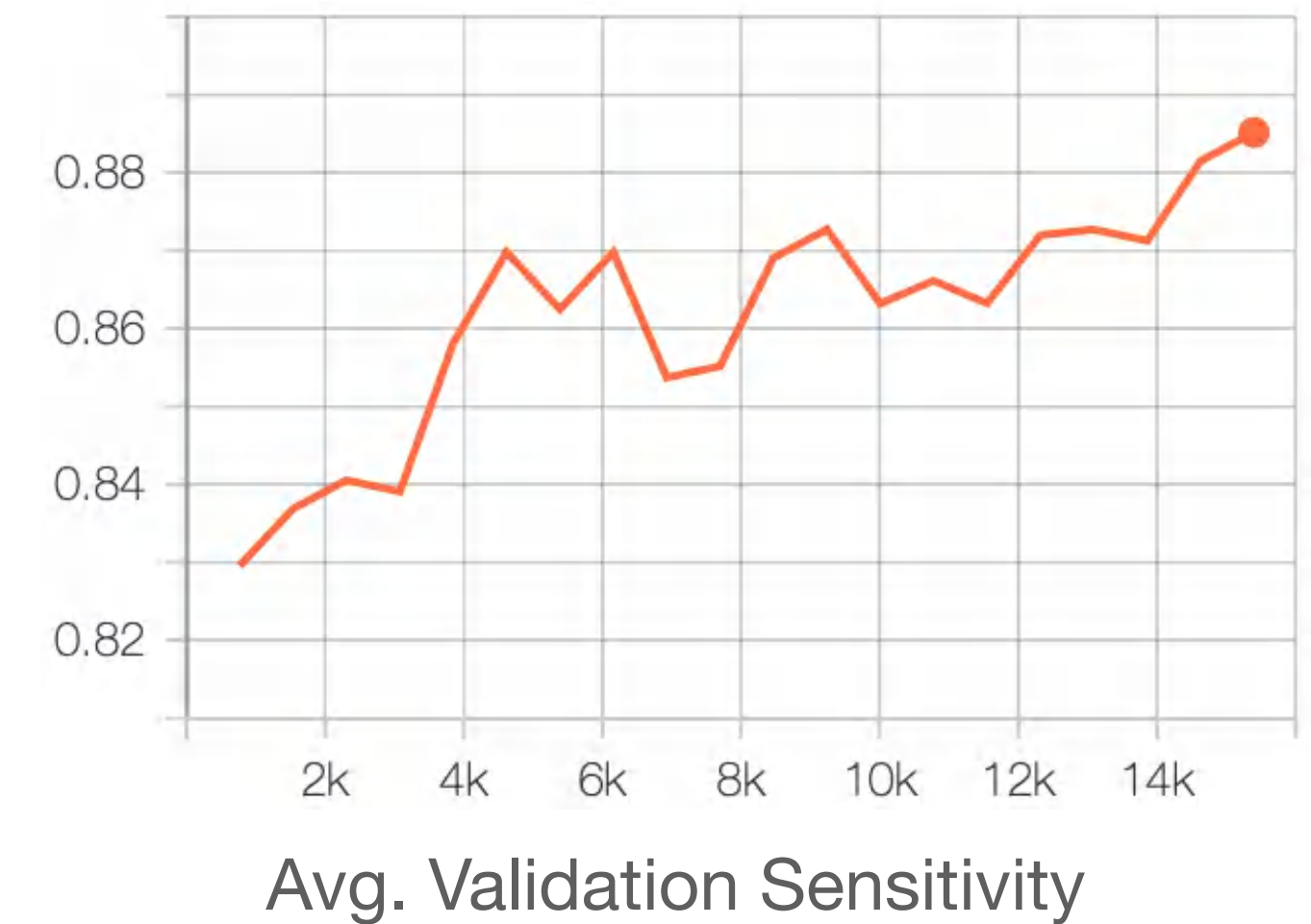
- Transfer Learning on pre-trained model
- Replace last FC layer of ResNet-50



ResNet-50 Baseline – Test Results

True \ Pred.	Normal	Pneumonia	COVID
Normal	88	12	0
Pneumonia	11	88	1
COVID	18	40	42

In %	Normal	Pneumonia	COVID	Average
Sensitivity	88.0	88.0	42.0	72.7
Precision	75.2	62.9	97.7	78.6



Methods

Approach 1

ResNet-50
Baseline
Classifier

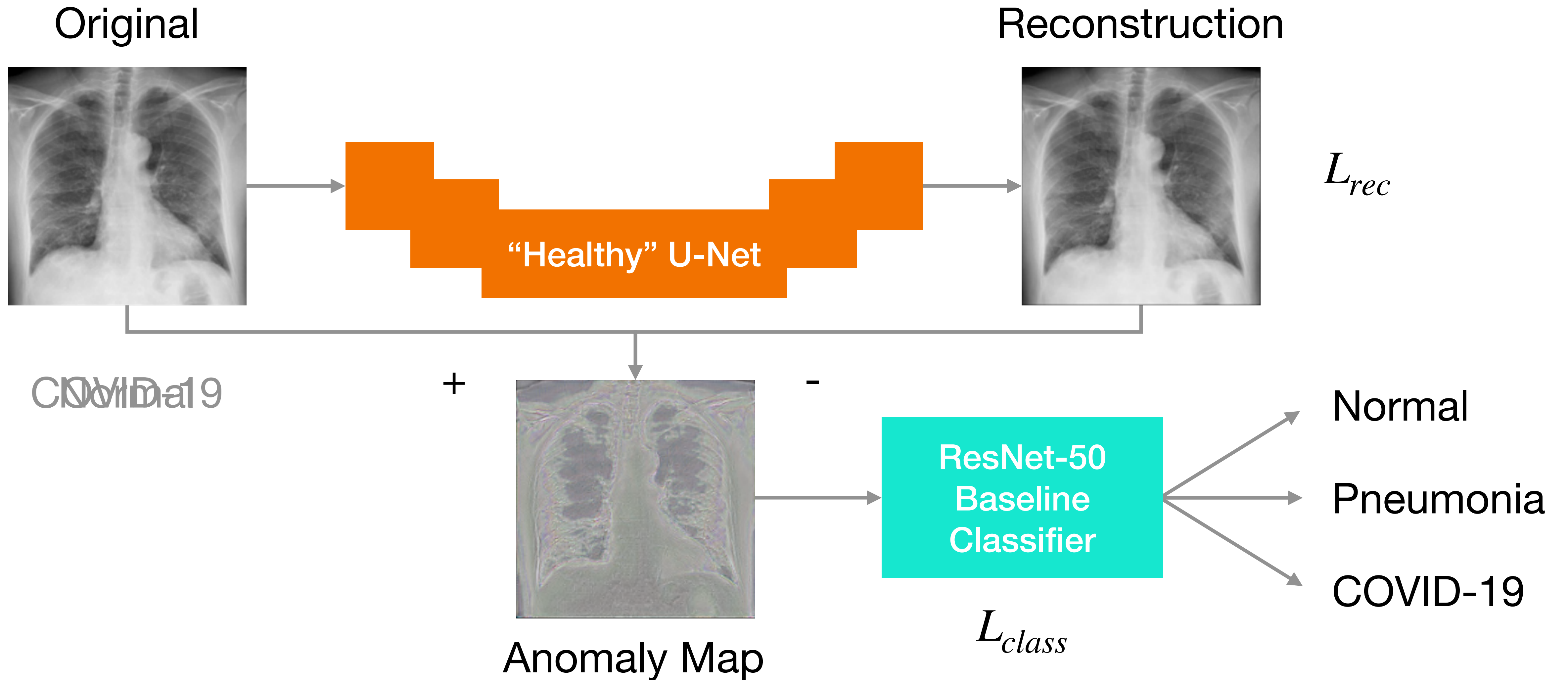
Approach 2

Anomaly
Detection with
U-Net

Approach 3

Multitask
Learning

Anomaly Detection with U-Net



Anomaly Maps

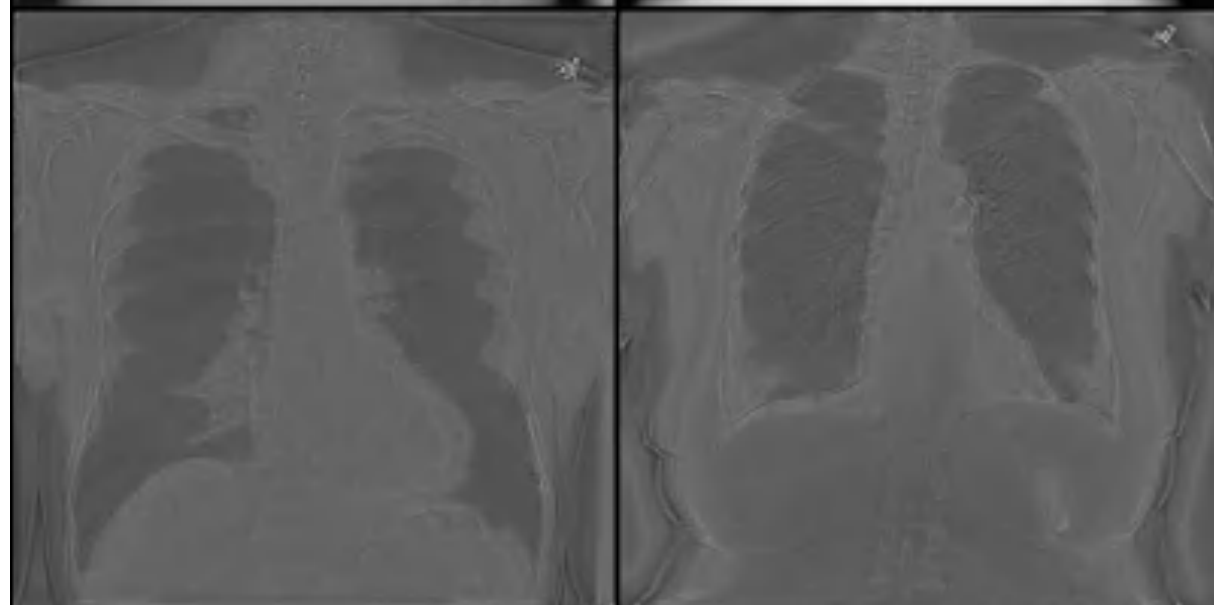
Original



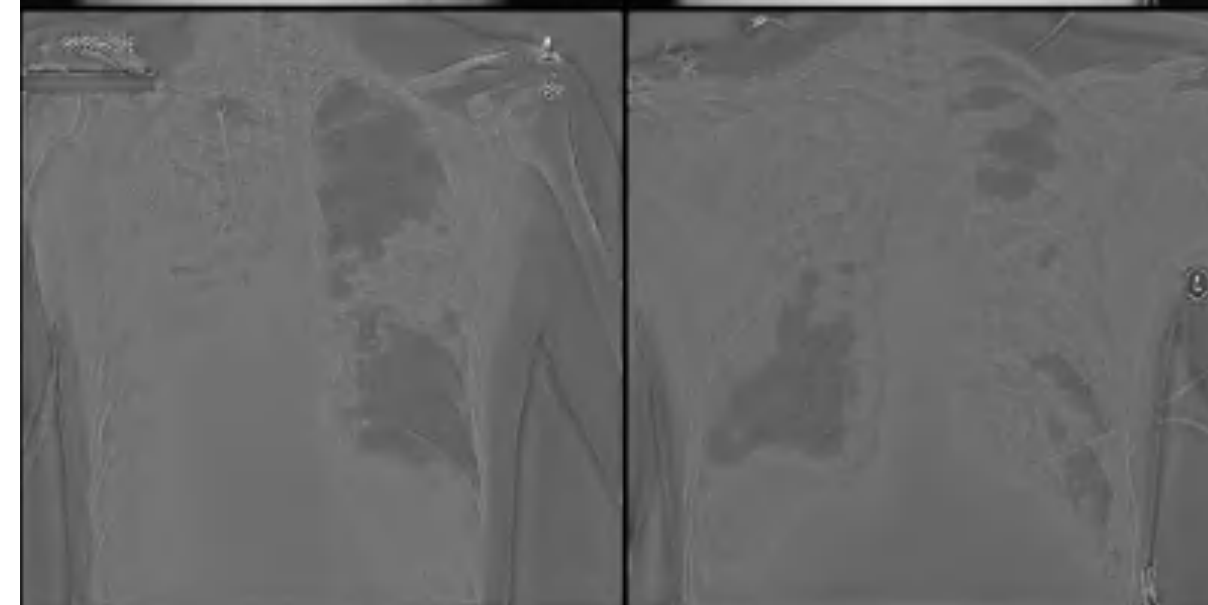
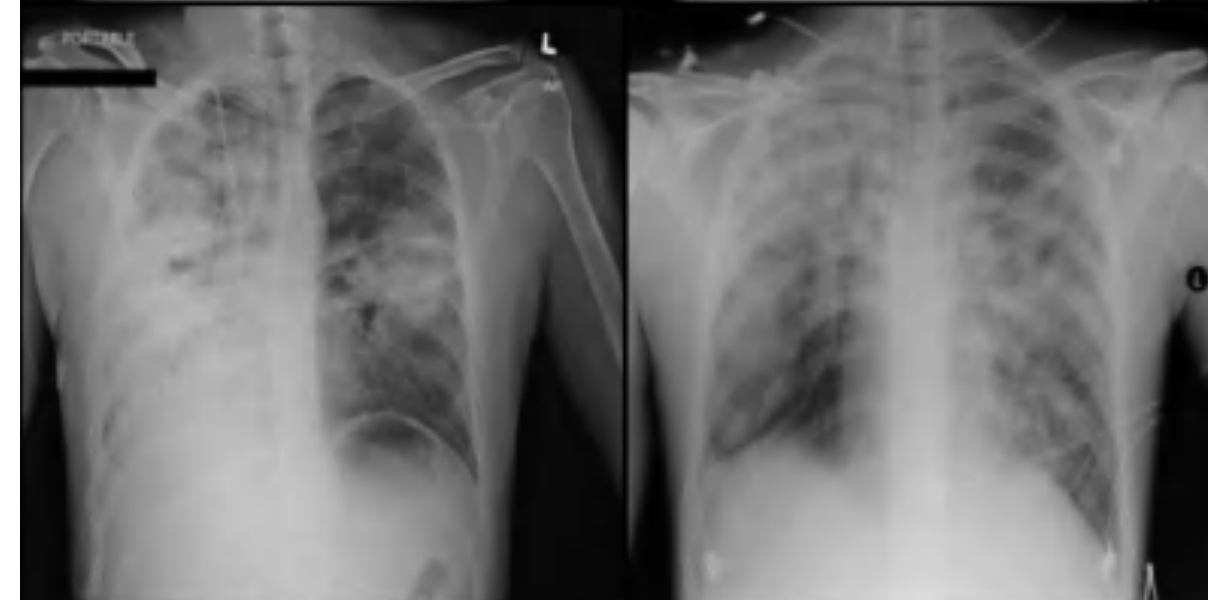
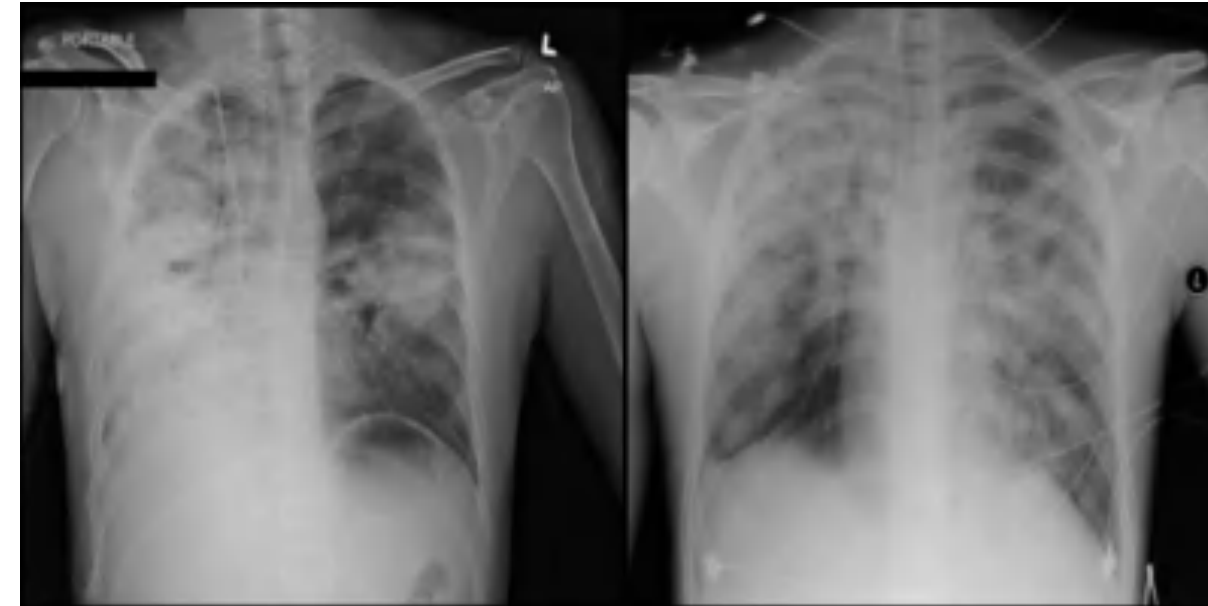
Recon-
struction



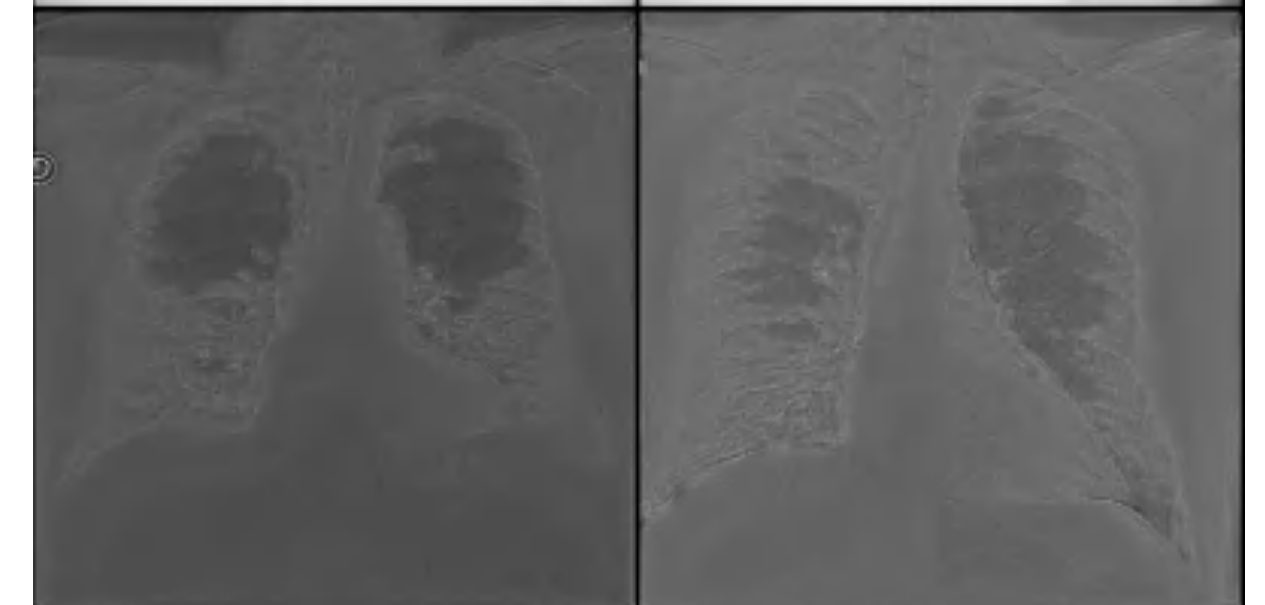
Anomaly
Map



Normal



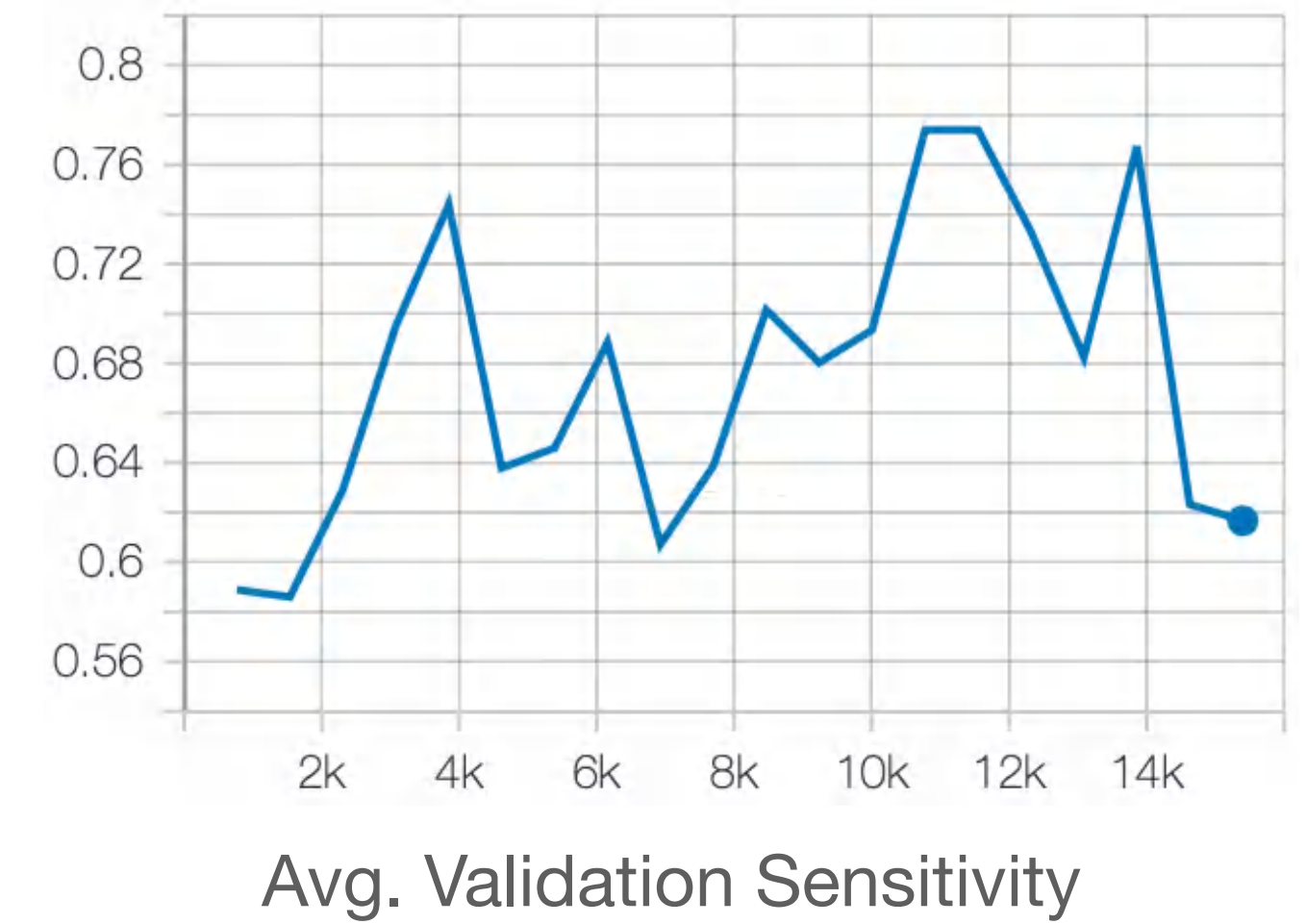
Pneumonia



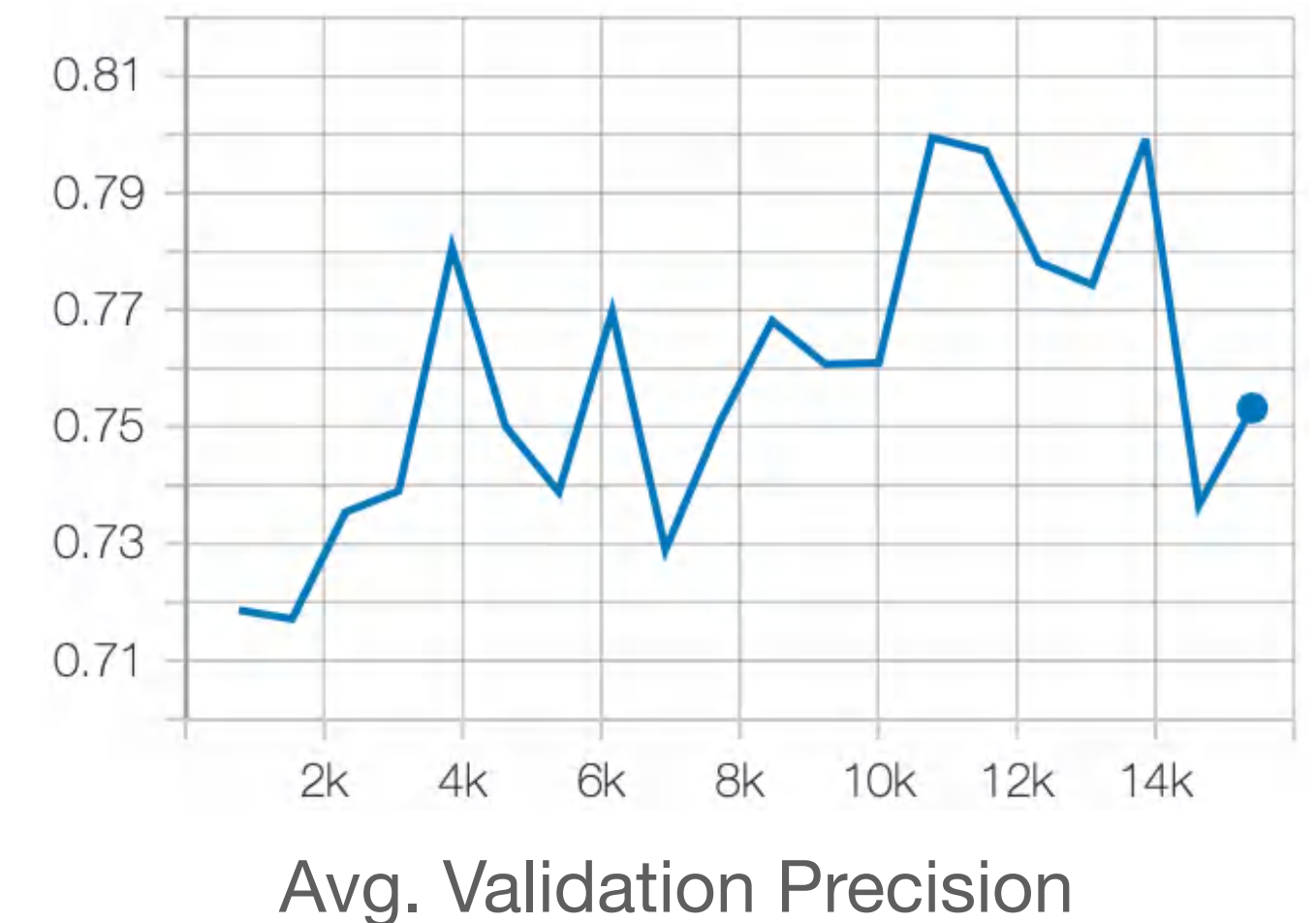
COVID

Anomaly Detection – Test Results

True \ Pred.	Normal	Pneumonia	COVID
Normal	46	47	7
Pneumonia	3	89	8
COVID	7	35	58



In %	Normal	Pneumonia	COVID	Average
Sensitivity	46.0	89.0	58.0	64.3
Precision	82.1	52.0	79.5	71.2



Methods

Approach 1

ResNet-50
Baseline
Classifier

Approach 2

Anomaly
Detection with
U-Net

Approach 3

Multitask
Learning

Multitask Learning

Original



Reconstruction

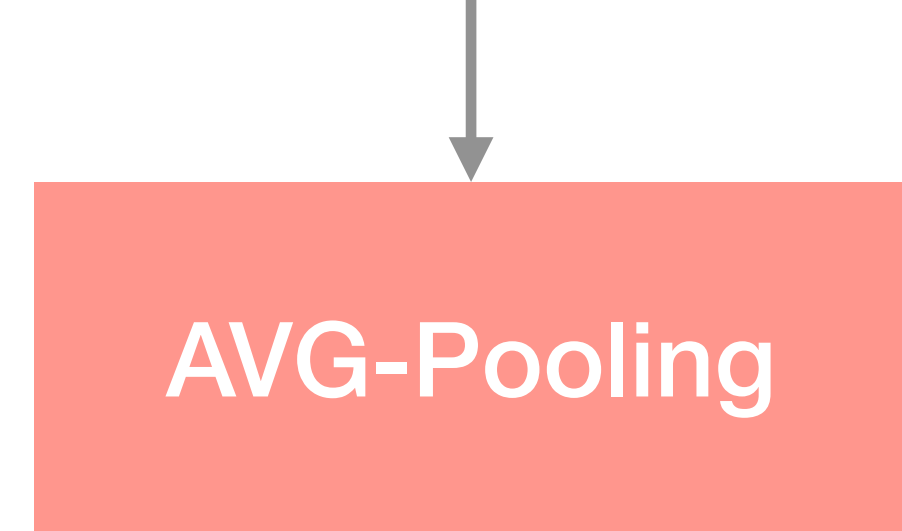


U-Net

[512, 14, 14]

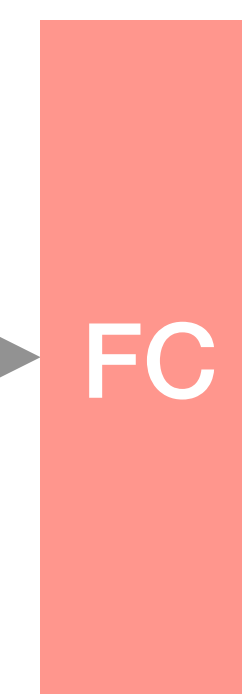
$$L = L_{class} + \alpha \cdot L_{rec}$$

$$\alpha = 0.5$$



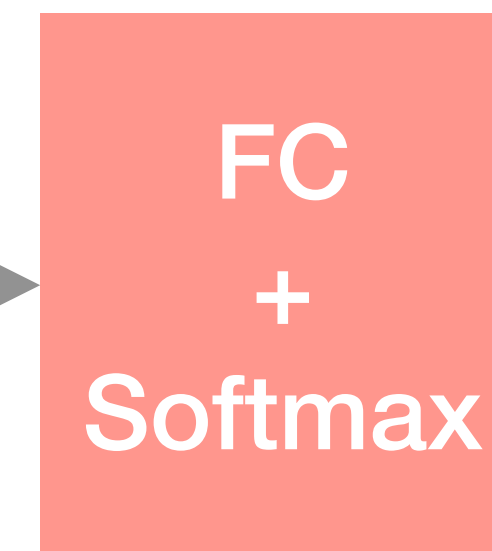
AVG-Pooling

[512]



FC

[1024]



FC
+
Softmax

[3]

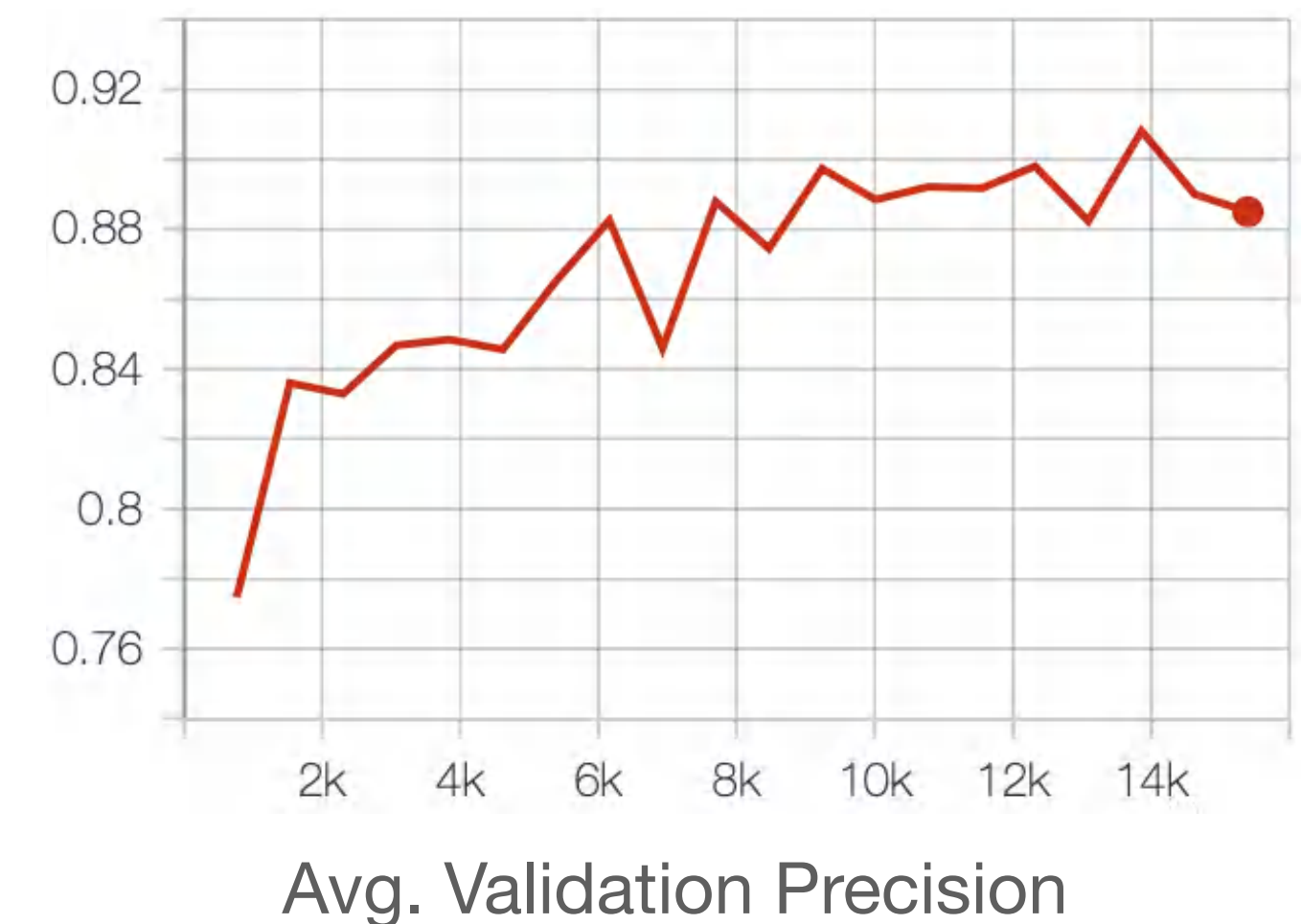
- Normal
- Pneumonia
- COVID-19

Multitask Learning – Test Results

True \ Pred.	Normal	Pneumonia	COVID
Normal	87	11	2
Pneumonia	4	88	8
COVID	7	28	65



In %	Normal	Pneumonia	COVID	Average
Sensitivity	87.0	88.0	65.0	80.0
Precision	88.8	69.3	86.7	81.6

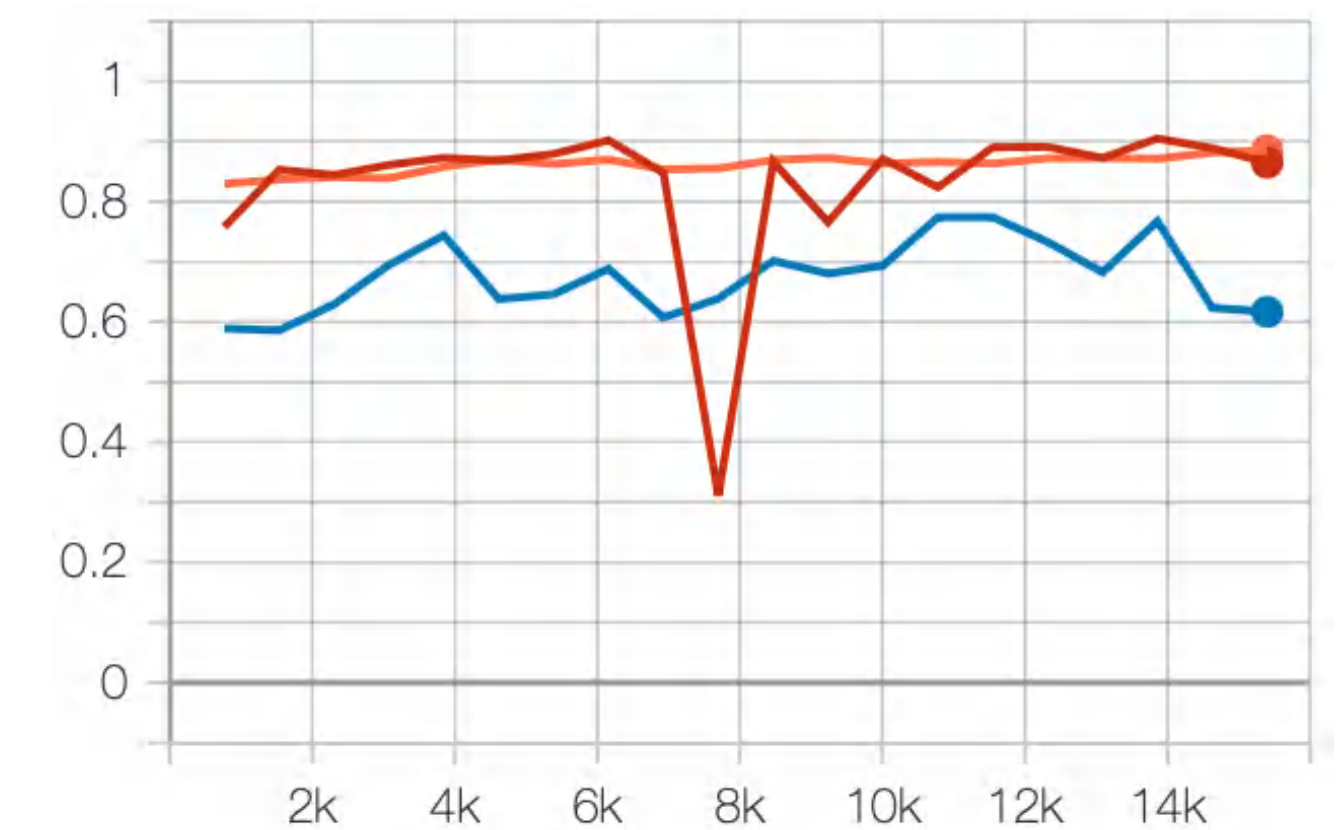


Comparison – Test Results

ResNet-50 Anomaly Multitask

In %	Normal	Pneumonia	COVID	Average
ResNet-50	88.0	88.0	42.0	72.7
Anomaly	46.0	89.0	58.0	64.3
Multitask	87.0	88.0	65.0	80.0

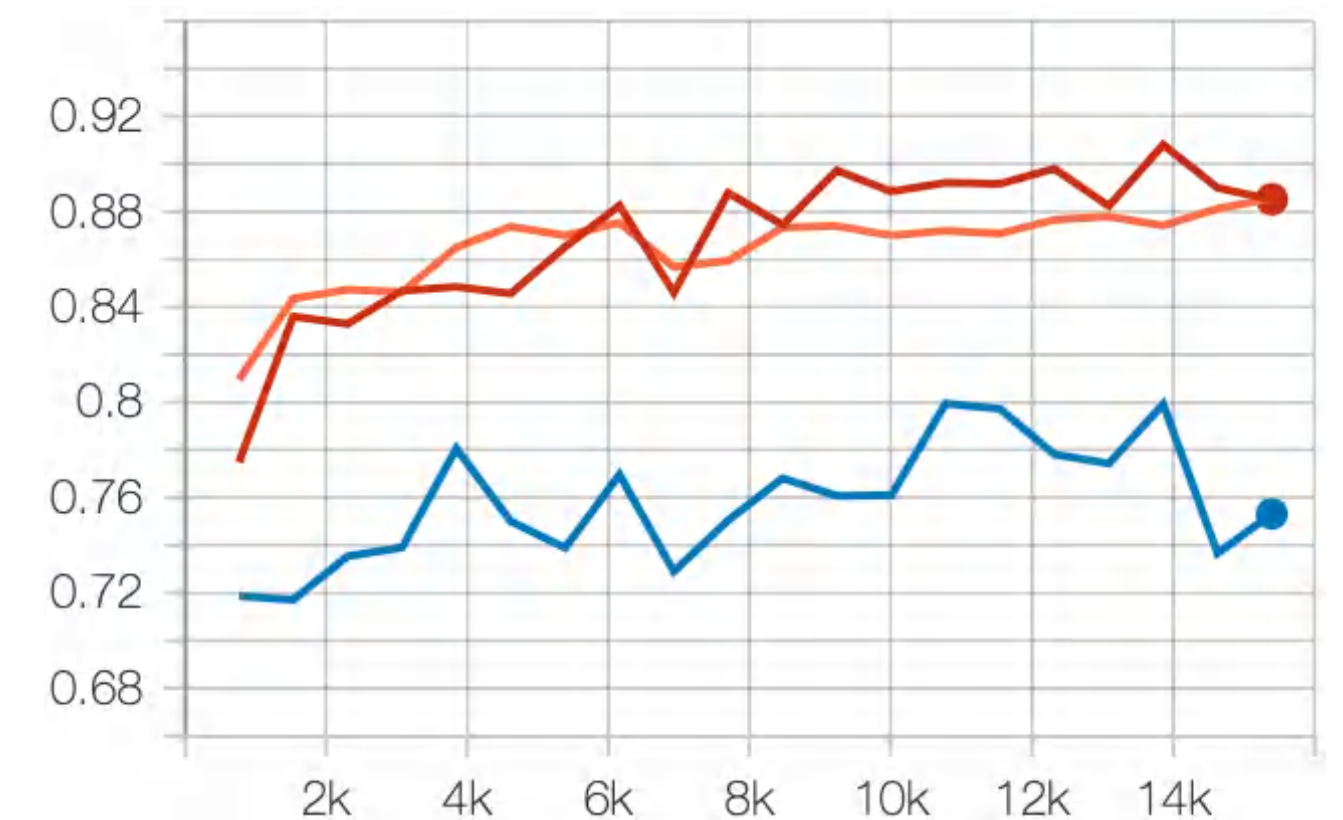
Sensitivity



Avg. Validation Sensitivity

In %	Normal	Pneumonia	COVID	Average
ResNet-50	75.2	62.9	97.7	78.6
Anomaly	82.1	52.0	79.5	71.2
Multitask	88.8	69.3	86.7	81.6

Precision



Avg. Validation Precision

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Future Work

- Improvements
 - Train classifiers for more than 20 epochs
 - Different loss function, e.g. **cosine loss** by Barz et al.
 - Combine loss function weighting with **oversampling**
- Extensions
 - Use bigger **COVIDXv4** Dataset
 - Which approach is worth refining?

References

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