

Computer-Aided Diagnosis: Concepts and Applications



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Outline

- **Concepts of CAD**
- **Current CAD applications**
- **Computer vision techniques used in CAD**
- **Issues involved in development of CAD systems**
- **Future directions**

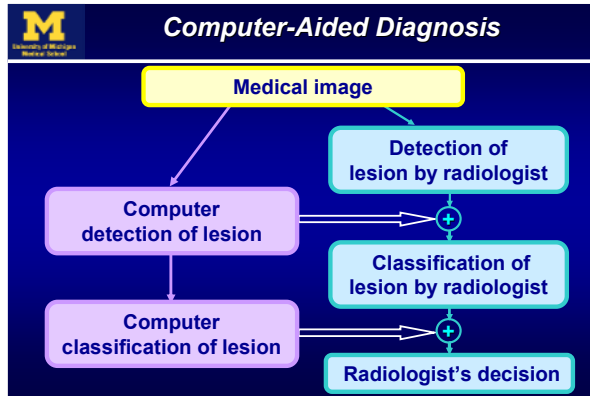


Computer-Aided Diagnosis – Concepts



Why CAD?


- **Interpretation of medical images is never 100% accurate**
 - ▷ Detection error
 - ▷ Characterization error
 - ▷ Intra-reader variability
 - ▷ Inter-reader variability



- CAD**
- Provide second opinion to radiologist in the detection and diagnostic processes
 - Radiologist is the primary reader and decision maker


CAD Current Applications

- CAD Applications**
- **Breast Cancer**
 - ▷ Mammography
 - ▷ Ultrasound
 - ▷ MR breast imaging
 - ▷ Multi-modality




CAD Applications

- Lung Cancer
 - ▷ Chest radiography
 - ▷ Thoracic CT

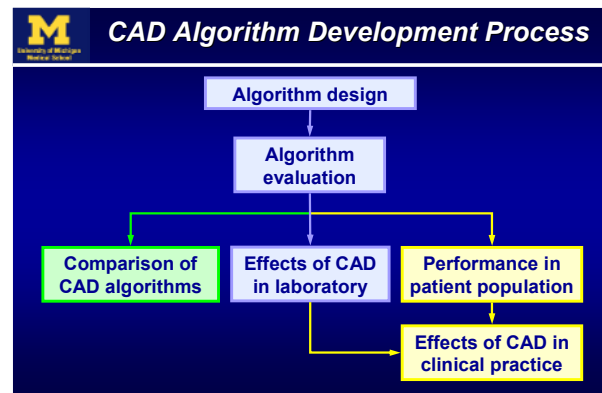


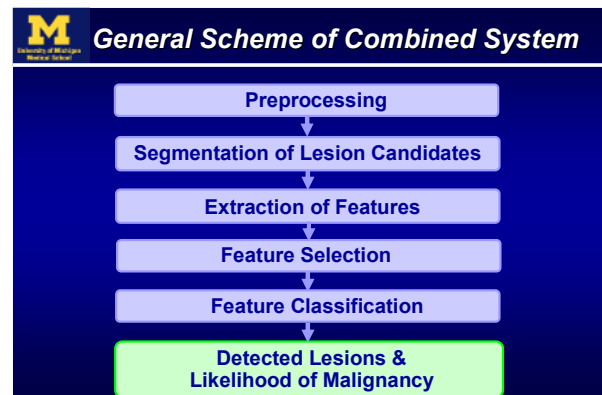
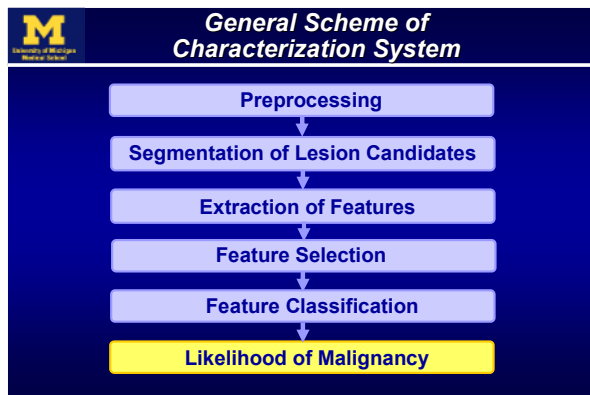
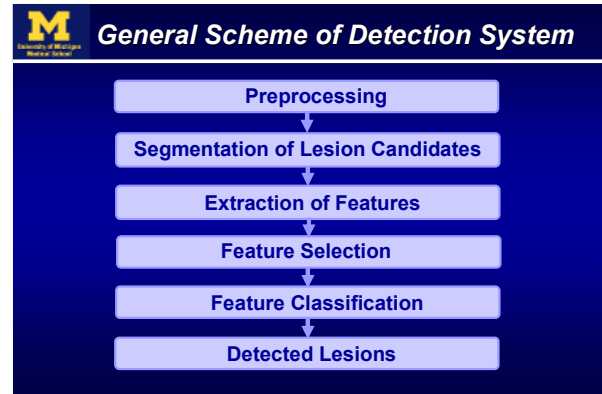
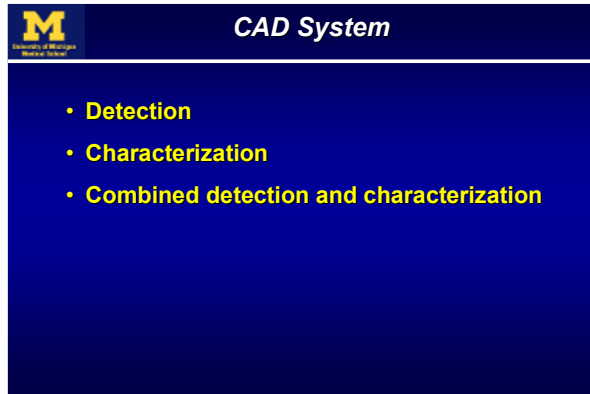
CAD Applications

- Colon Cancer
 - ▷ CT virtual colonography
- Pulmonary embolism
 - ▷ CT angiography
- Interstitial disease
 - ▷ Chest radiography



Development of CAD System







Preprocessing

- Trim off regions not of interest
- Suppress structural background, and enhance signal-to-noise ratio
 - ▷ Linear spatial filtering
 - ▷ Non-linear enhancement
 - ▷ Multi-scale wavelet transform
 - ▷ etc



Image Segmentation

- Identify objects of interest
 - ▷ Contrast
 - ▷ Signal-to-noise ratio
 - ▷ Gradient field convergence
 - ▷ Line convergence – spiculated lesion
 - ▷ etc



Object Segmentation

- Extract object from image background
 - ▷ Gray level thresholding
 - ▷ Region growing
 - ▷ Edge detection
 - ▷ Active contour model
 - ▷ Level set
 - ▷ etc



Feature Extraction

- Descriptors of object characteristics
 - ▷ Morphological features
 - ◆ Shape, size, edge, surface roughness, spiculation, ...
 - ▷ Gray level features
 - ◆ Contrast, density, ...
 - ▷ Texture features
 - ◆ Patterns, homogeneity, gradient, ...
 - ▷ Wavelet features
 - ▷ etc



Feature Selection

- **Select effective features for the classification task**
- **Reduce the dimensionality of feature space**
- **Reduce the requirement of training sample size**



Feature Selection

- **Exhaustive search**
- **Stepwise feature selection**
- **Genetic algorithm**
- **Simplex optimization**
- **etc.**



Feature Classification

- **Detection**
 - ▷ Differentiate true lesions from normal anatomical structures
- **Characterization**
 - ▷ Differentiate malignant from benign lesions
- **Multi-class classification**
 - ▷ Differentiate normal tissue, malignant, and benign lesions



Feature Classifiers

- **Linear classifiers**
- **Non-linear classifiers**
 - ▷ Quadratic classifier
 - ▷ Bayesian classifier
 - ▷ Neural networks
 - ▷ Support vector machine
 - ▷ etc.



Feature Classifiers

- **Other classifiers**
 - ▷ K-means clustering
 - ▷ N nearest neighbors
 - ▷ etc.



CAD Algorithm Design

- **Application specific**
- **Designed with training samples**



CAD Algorithm Design

- **Database**
 - ▷ Training set
 - ▷ Validation set
 - ▷ Independent test set



Database for CAD Algorithm Design

Database Collection:

- **Quality -**
 - ▷ Adequate representation of various types of normals and abnormals (of the disease of interest) in patient population
- **Quantity -**
 - ▷ Bias and variance of classifier performance depend on design sample size
 - ▷ larger data set → better training



Sample Size Effect

- Bias of a classifier performance index estimated from a set of design samples, relative to the estimate at infinite sample size:

$$E\{f(N_{train})\} - f(\infty) \cong \frac{1}{N_{train}} + \text{higher-order terms}$$

Ref. Fukunaga K, *Introduction to Statistical Pattern Recognition*. 2nd Ed. (Academic Press, NY) 1990.



Sample Size Effect on Bias of Classifier Performance

- Monte Carlo simulation study
- Classifier performance index: Area under the ROC curve, A_z
- Dependence of A_z on design sample size
- Comparison of classifiers of different complexity



Classifiers of Different Complexity

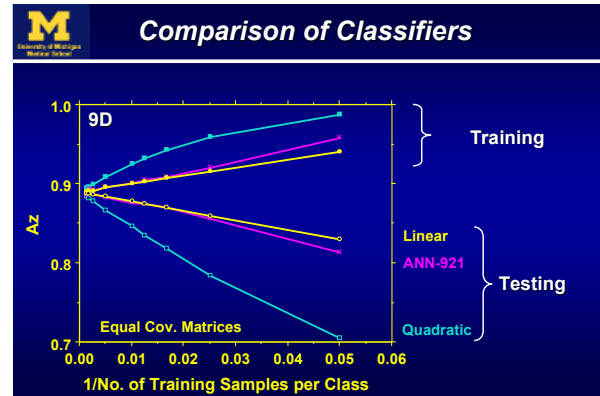
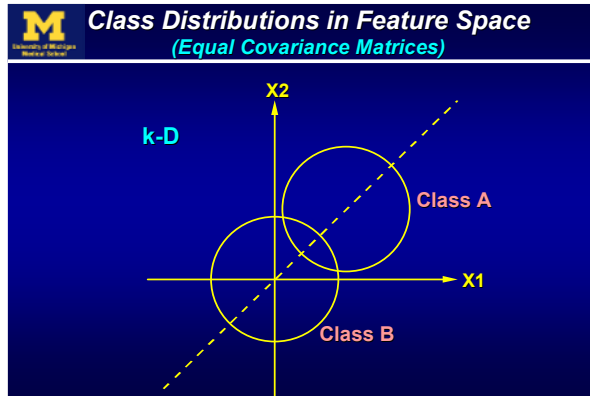
Examples:

- Linear discriminant classifier
- Quadratic classifier
- Artificial neural network (ANN)



Class Distributions in Feature Space

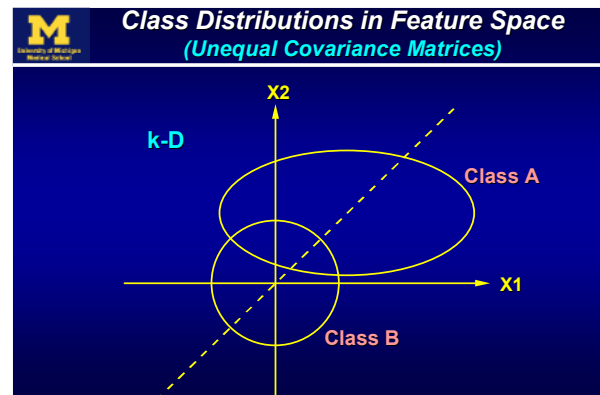
- Two-class classification:
 - ▷ Multivariate normal distributions
Equal covariance matrices
Optimal classifier - Linear discriminant
 - ▷ Theoretical optimum at $N_{train} \rightarrow \infty$
 $A_z = 0.890$

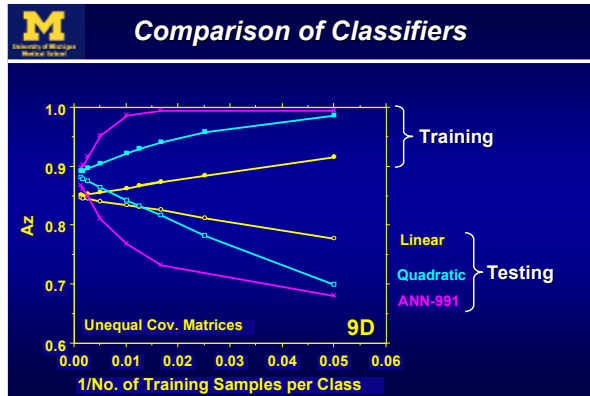


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Class Distributions in Feature Space

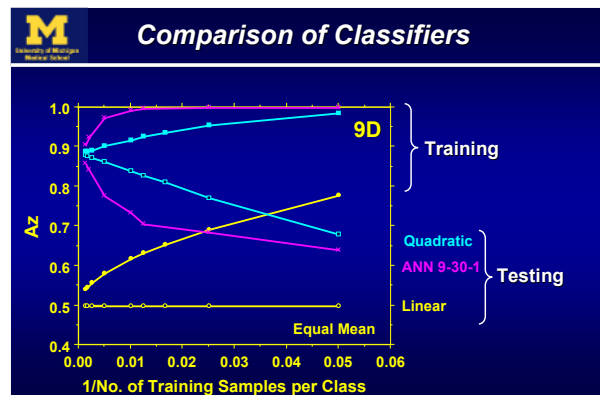
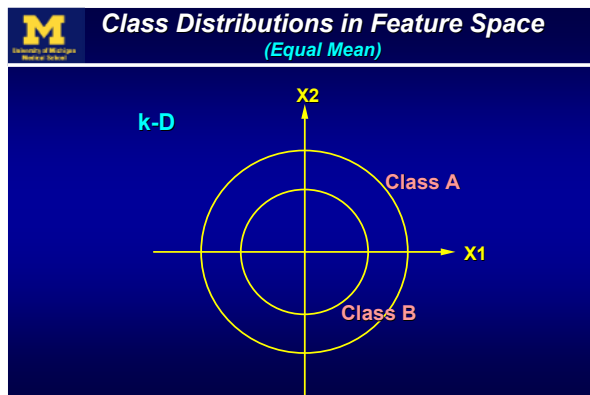
- Two-class classification:
 - Multivariate normal distributions
Unequal covariance matrices
 - Optimal classifier - Quadratic discriminant
 - Theoretical optimum at $N_{train} \rightarrow \infty$
 $A_z = 0.890$





Class Distributions in Feature Space

- Two-class classification:
 - Multivariate normal distributions
 - Unequal covariance matrices
 - Equal mean
 - Optimal classifier - Quadratic discriminant
 - Theoretical optimum at $N_{train} \rightarrow \infty$
 $A_z = 0.890$





Summary - Sample Size Effects

- A classifier trained with a larger sample set has better generalization to unknown samples.
- If design sample set is small, a simpler classifier will provide better generalization.



Summary - Sample Size Effects

- Classification in certain feature spaces requires more complex classifiers such as neural networks or quadratic discriminant.
- When design sample set is small, over-training of neural network will degrade generalizability.

Ref. Chan HP, Sahiner B, Wagner RF, Petrick N. *Classifier design for computer-aided diagnosis: Effects of finite sample size on the mean performance of classical and neural network classifiers.* Med Phys 1999; 26: 2654-2668.



Resampling Methods: Evaluation of Classifier Performance with a Limited Data Set



CAD Algorithm Design

- Classifier design is straightforward if available samples with verified truth are unlimited
- Unfortunately, in the real world, especially in medical imaging, collecting data with ground truth is time consuming and costly
- Database is never large enough!



Maximize Trainers

- The larger the number of cases for training, the more accurate the classifier
 - ▷ Ideally, use all available cases x_1, \dots, x_N for training
 - ▷ How to evaluate the performance without collecting new cases from the population?



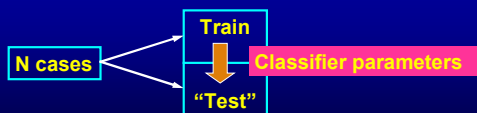
Resampling Methods for CAD Design

- Resampling methods for training and testing CAD algorithm with a limited data set:
 - ▷ Resubstitution
 - ▷ Hold out
 - ▷ Cross validation
 - ▷ Leave-one-out
 - ▷ Bootstrap
 - ▷ etc.



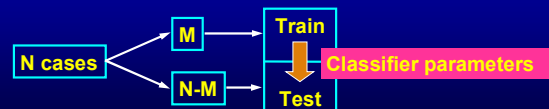
Resampling Scheme 1 - Resubstitution

- Training set = Test set
 - ▷ Resubstitution estimate (Consistency Test)
 - ▷ Optimistically bias test results



Resampling Scheme 2 - Hold Out

- Partition data set into M trainers and N-M testers
 - ▷ Training set independent of test set
 - ▷ Training size substantially smaller than N
 - ▷ Pessimistically bias test results

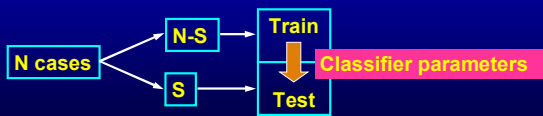




Resampling Scheme 3 - Cross Validation

- **K-fold cross validation**

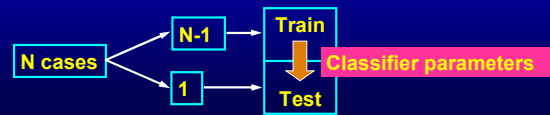
- ▷ Divide into k subsets of size: $S = N / k$
- ▷ Train on (k-1) subsets, test on the left-out subset
- ▷ Average results of all k test groups



Resampling Scheme 4: Leave-One-Out

- **Use leave-one-out estimate**

- ▷ Train on N-1 cases
 - ◆ Less pessimistic than Hold-Out
- ▷ Test on left-out case, accumulate N test cases
- ▷ Variance?



Resampling Scheme 5 - Bootstrap

- **Bootstrap**

- ▷ Resampling with replacement from available samples
- ▷ Estimate and remove resubstitution bias by using bootstrap samples
 - Ordinary bootstrap
 - 0.632 bootstrap
 - Other variants



Bootstrap Estimate of Resubstitution Bias

- $\underline{x} = (x_1, \dots, x_N)$, N cases from the population
- Randomly draw a bootstrap sample \underline{x}^{*b}
- In the bootstrap world:

- ▷ “Resubstitution” A_z value: $A_z(\underline{x}^{*b}, \underline{x}^{*b})$

- ▷ “Test” A_z value: $A_z(\underline{x}^{*b}, \underline{x})$

- ▷ Bias of resubstitution:

$$w^b = A_z(\underline{x}^{*b}, \underline{x}^{*b}) - A_z(\underline{x}^{*b}, \underline{x})$$



Bootstrap Estimate of Resubstitution Bias

- Repeat for B bootstrap samples
- Average the bias w^b over B replications
- Remove bias from true resubstitution A_z

$$A_z(\underline{x}, \underline{x}) - \frac{1}{B} \sum_{b=1}^B [A_z(\underline{x}^{*b}, \underline{x}^{*b}) - A_z(\underline{x}^{*b}, \underline{x})]$$



Resampling Methods

- **Bias:**
 - ▷ Leave-one-out: Pessimistic
 - ▷ Bootstrap: Optimistic
- **Variance:**
 - ▷ In general, bootstrap has lower variance than leave-one-out
- Depend on feature space



Evaluation of CAD System Performance and Comparison of CAD Systems



Evaluation of CAD Algorithm Performance

- CAD algorithm performance depends on
 - ▷ How well it was trained
 - ▷ How it was tested



Testing

- True test performance requires independent test set
- CAD performance depends on properties of test cases
 - ▷ Test set should be statistically similar to patient population



Testing

- Comparison of CAD algorithms -
 - ▷ use large random samples from patient population
 - ▷ Relative performance – use common test set



Validation vs. True Test

- Important issue:
Even an “independent” test set will turn into a part of the training set if algorithm is optimized based on the test results
 - ▷ Optimistic estimate of algorithm performance
- True “test” comparison has to be based on test set unknown to all algorithms



Effects of CAD on Radiologists' Performance – Laboratory Studies



Effects of CAD

- **Laboratory observer performance studies**
 - ▷ **ROC methodology**
 - *Dorfman-Berbaum-Metz method*
 - ▷ **ROC with localization**
 - LROC - Swenson
 - XFROC, JAFROC - Chakraborty (under development)



Effects of CAD

- **Variance component analysis**
 - ▷ *Beiden-Wagner-Campbell method*
 - ▷ **Power estimate**
 - ▷ **Sizing of larger trial from pilot study**



Effect of CAD

- **Findings of laboratory ROC studies**
 - ▷ **CAD improves radiologists' performance in detection and characterization of**
 - Breast lesions
 - Lung nodules



CAD in Clinical Practice



Commercial CAD Systems in Mammography

- **R2**
 - ▷ FDA approval in 1998
- **CADX (Qualia)**
 - ▷ FDA approval in Jan. 2002
- **ISSI**
 - ▷ FDA approval in Jan. 2002
- **Kodak**
 - ▷ FDA approvable letter in Nov. 2003



Prospective Study of CAD in Screening Mammography

- **Freer *et al.***
 - ▷ 19.5% increase in cancer detection
 - ▷ 18% increase in call-back rate
- **Bandodkar *et al.***
 - ▷ 12% increase in cancer detection
 - ▷ 12% increase in call-back rate



Prospective Study of CAD in Screening Mammography

- **Cupples *et al.***
 - ▷ 13% increase in cancer detection
- **Helvie *et al.***
 - ▷ 10% increase in cancer detection
 - ▷ 10% increase in call-back rate



Prospective Study of CAD in Screening Mammography

- **Gur *et al.***
 - ▷ No statistically significant increase in cancer detection
 - ▷ No statistically significant increase in call-back rate



Effects of CAD in Clinical Practice

- CAD system does not need to be more accurate than radiologists to provide useful second opinion
 - ▷ Complementary to radiologists is more important



Effects of CAD in Clinical Practice

- CAD system designed as an aid to radiologists should not be misused as a primary reader
 - ▷ Loss of advantage of double-reading



Clinical Trial

- Outcome of CAD clinical trial can be affected by
 - ▷ Radiologists' vigilance in reading
 - ▷ Radiologists' interpretation of CAD marks
 - ▷ Study design
- Continued effort to study the effects of CAD in clinical settings needed to resolve differences in outcomes



Future Directions

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Future Directions

- **Breast Cancer**
 - ▷ Combined mammography/Ultrasound
 - ▷ Tomosynthesis
 - ▷ Breast CT
 - ▷ Dual-energy imaging
 - ▷ Dynamic MR breast imaging
 - ▷ Risk prediction
 - ▷ Prognosis estimation
 - ▷ Multi-modality CAD
 - ▷ ...

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Future Directions

- **Similar development of CAD for other diseases**
- **CAD in other image analysis tasks**
 - ▷ Optical imaging
 - ▷ Molecular imaging
 - ▷ etc

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Future Directions

- **Beyond the role of second reader**
 - ▷ Provide quantitative or other info to radiologists to assist in detection and/or diagnostic decision
 - ▷ As a “physician assistant” to screen out negative cases ??

