

# Clinical Data Science in Radiology

German Data Science Day | Department of Radiology  
July 14, 2022 | Prof. Dr. rer. nat. Michael Ingrisch



# Clinical Data Science in Radiology Group



## Mission statement

# Clinical Data Science in Radiology

### Clinical questions

Diagnosis

Prognosis

Therapy

### Analysis

Statistical modeling

Machine Learning

Image analysis

Computer vision

### Image data

X-ray

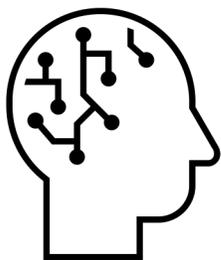
CT

MRI

Clinical information

# Artificial Intelligence

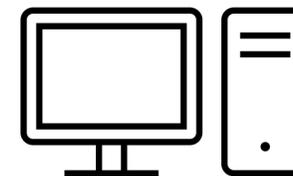
## Learning machines



### Strong AI

Applies intelligence to **any** problem

Might have consciousness and mind

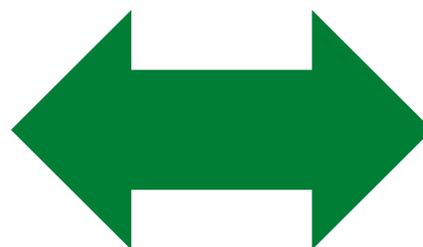


### Weak AI

Can solve a single problem

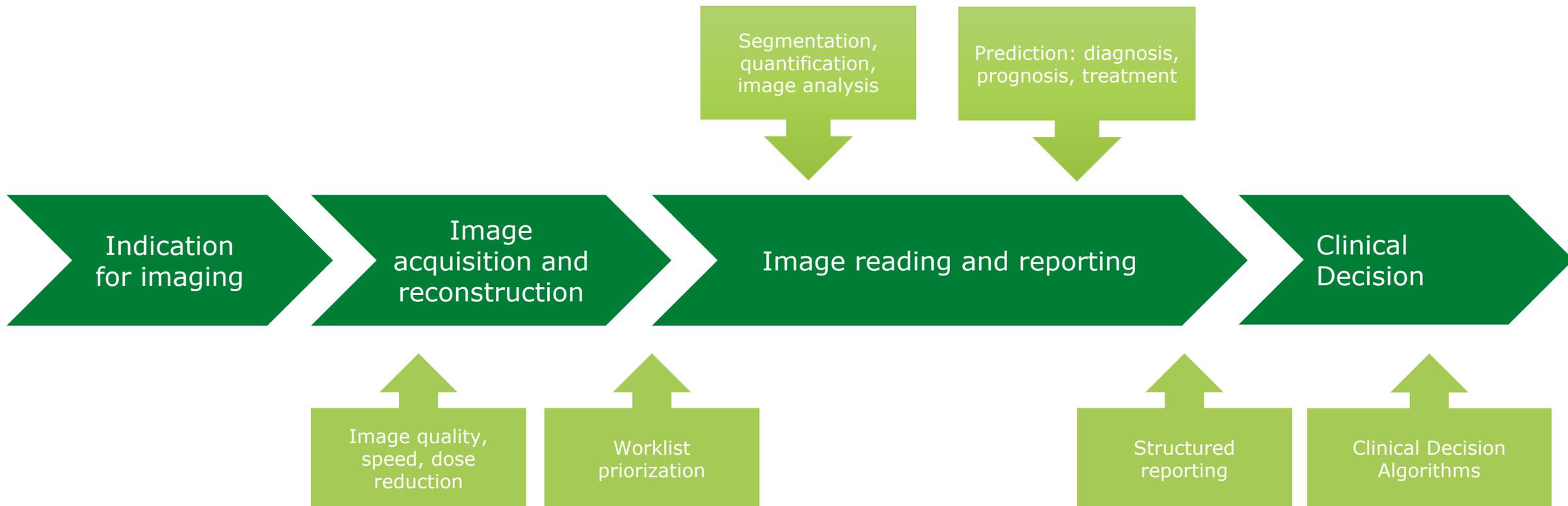
Learns through experience, cannot extrapolate

Learning machines



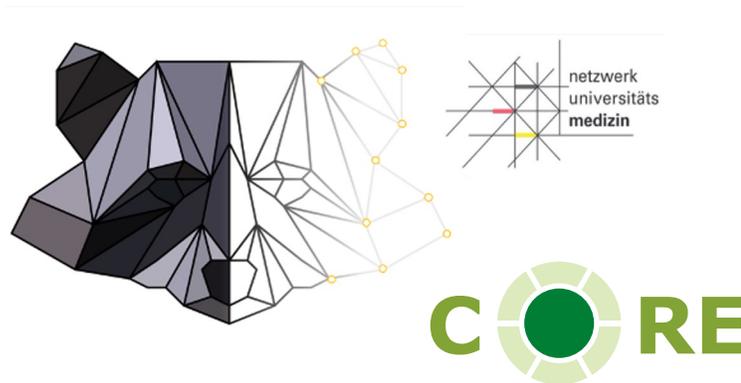
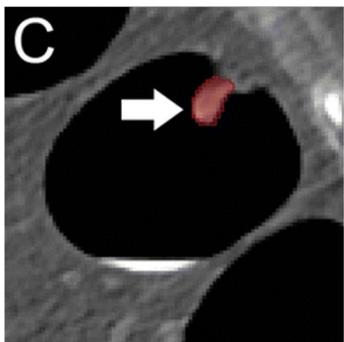
# Tasks for AI in radiology

## The radiological value chain



# Translation of AI

## From scientific proof-of-concept to clinical application

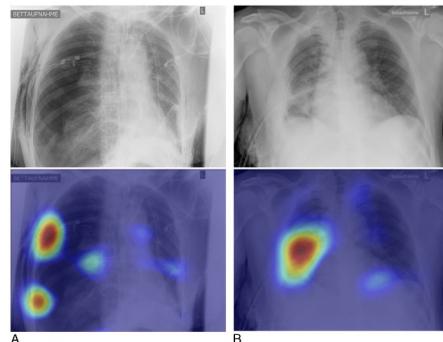
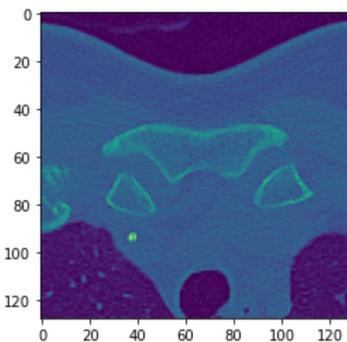


Algorithms and proof-of-concept

External validation

Prototypes and platforms

Products



**deepcOS**  
The Radiology AI Platform  
Your effortless access to AI

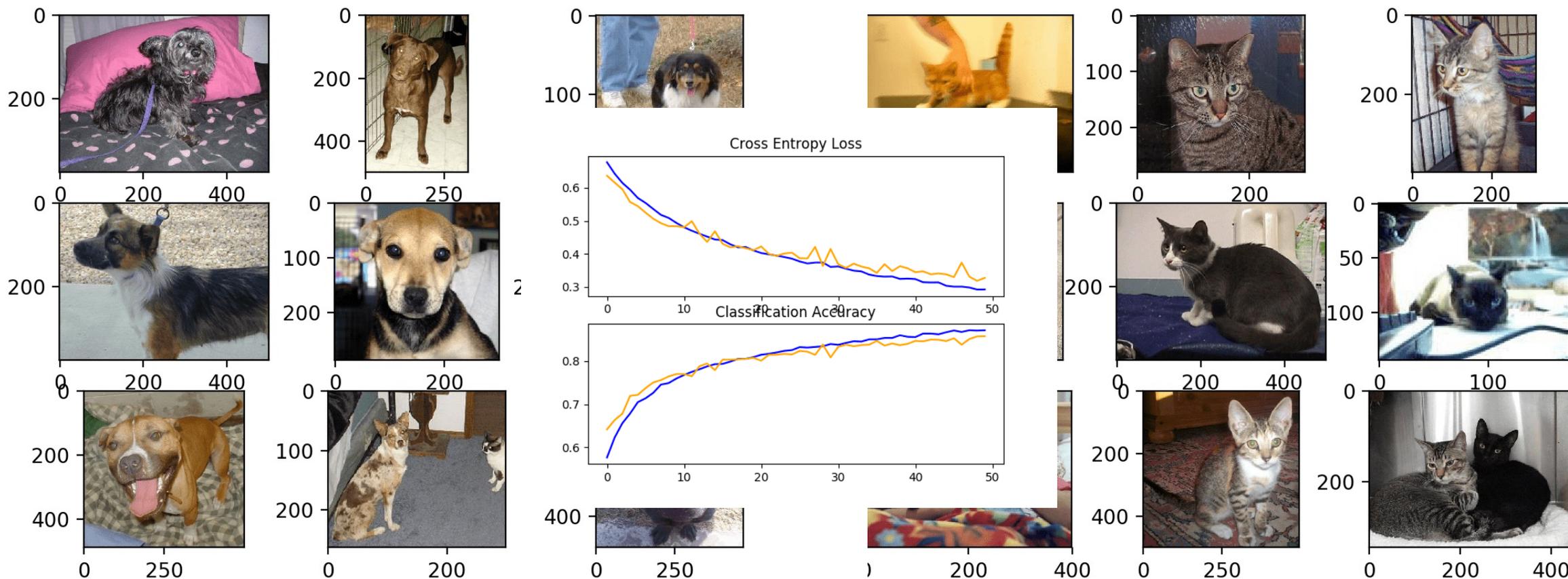
Multi-organ approach: Heart, Lung, Aorta, Vertebra

Functionalities: Measuring, Highlighting, Reporting, Segmentation

Automated results

# Image classification

## Cats vs dogs



<https://machinelearningmastery.com/how-to-develop-a-convolutional-neural-network-to-classify-photos-of-dogs-and-cats/>

# Clinical data science in radiology

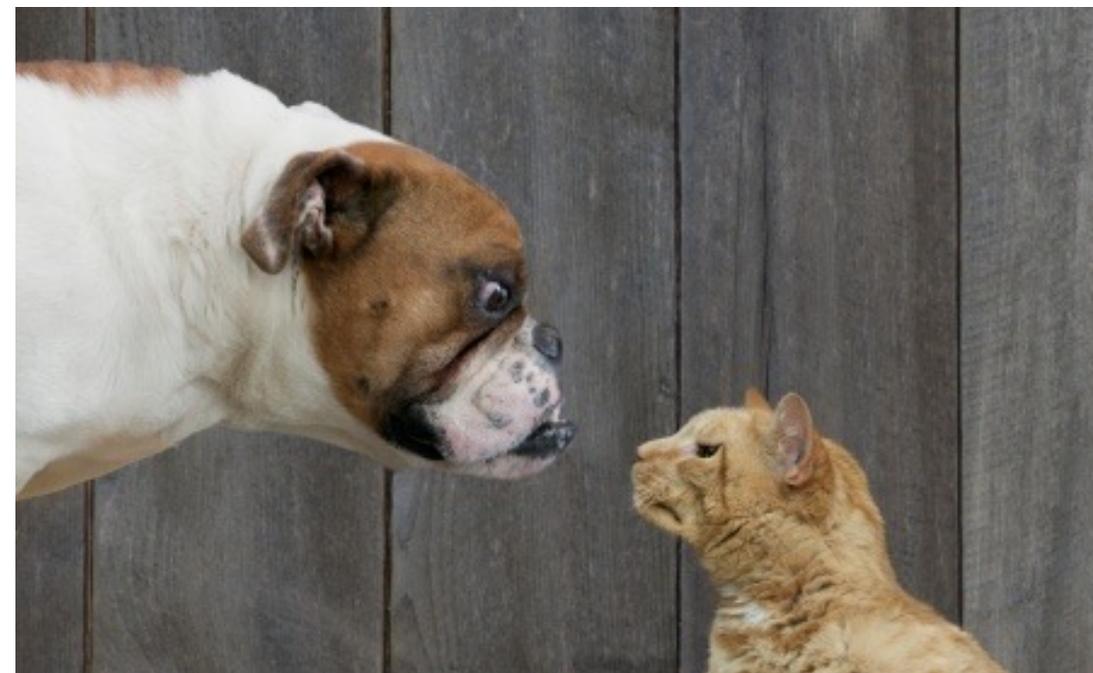
## Roadmap

### Radiology: mapping of image to clinical label – a supervised ML problem

Ask the right questions, and answer them with the right data

Finding the right data: unsupervised and weakly supervised approaches?

Requirements and adoption barriers for AI in radiology



<https://www.kaggle.com/competitions/dogs-vs-cats/overview/description>

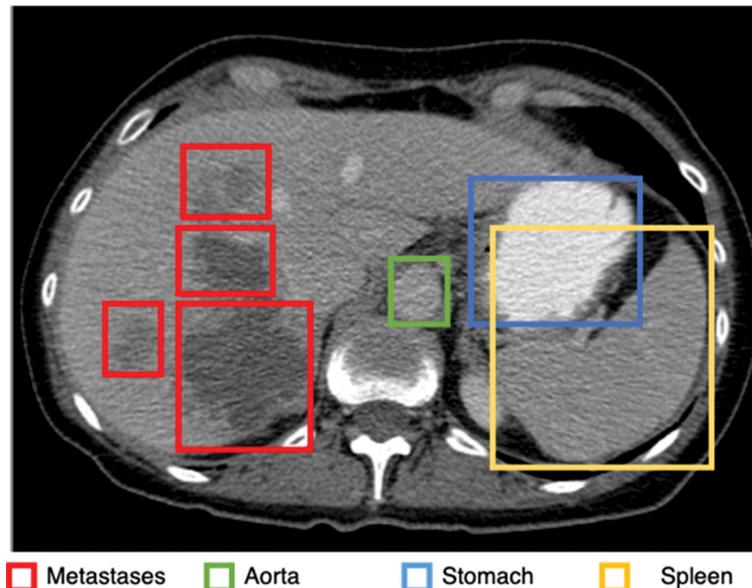
# Supervised machine learning in radiology

## Applied computer vision

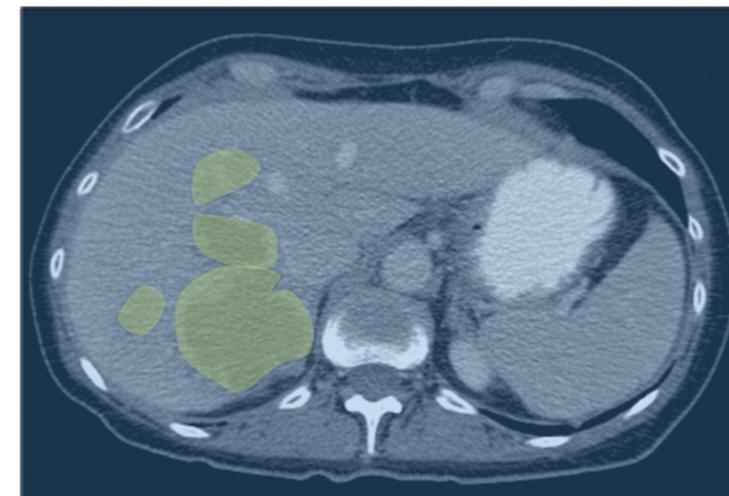
**Classification: liver metastases**



**Object detection**

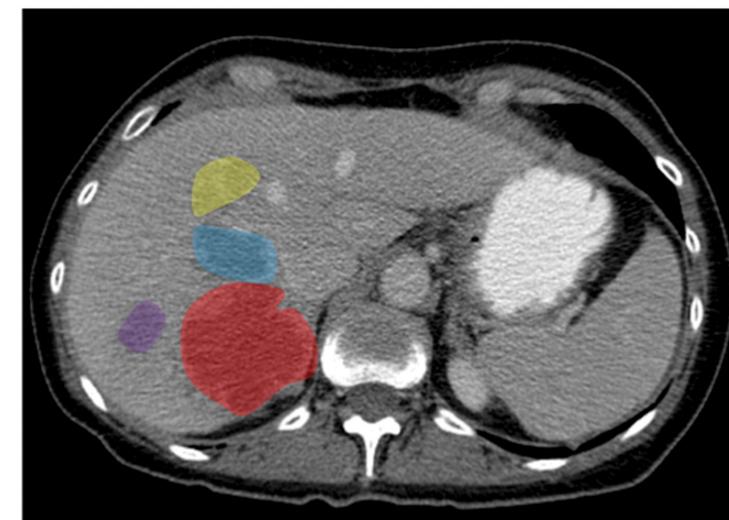


**Semantic segmentation**



■ Liver metastases    ■ No metastasis

**Instance segmentation**

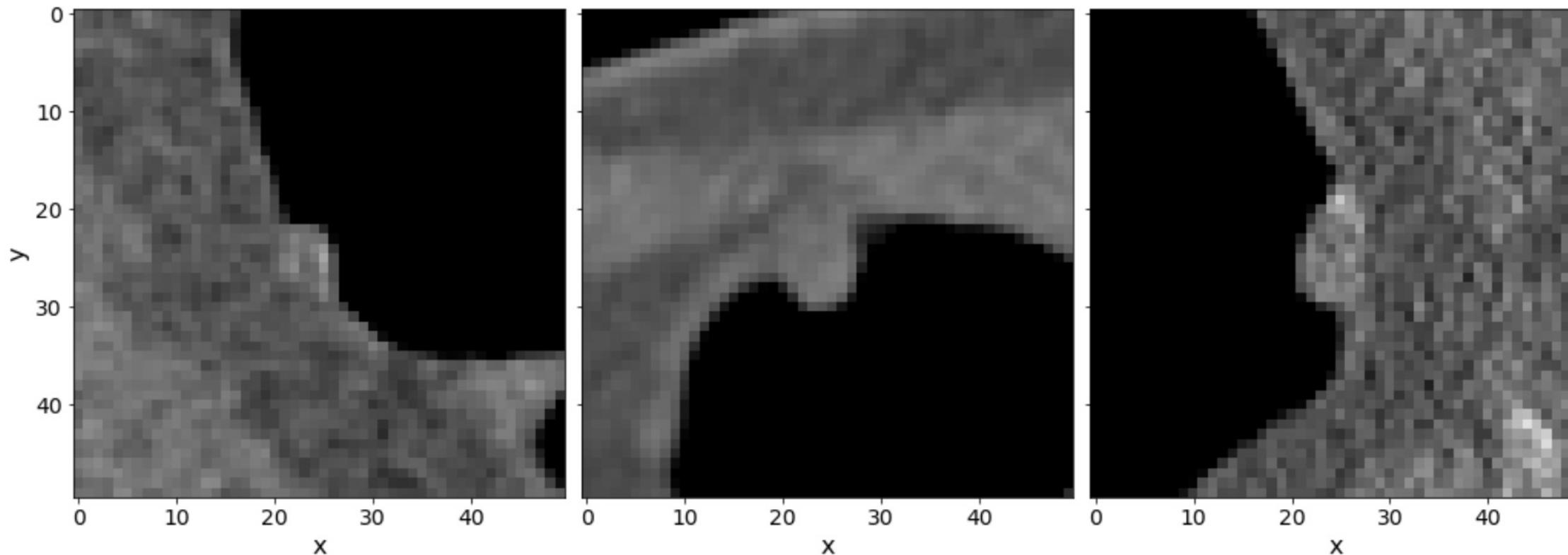


■ Metastasis 1    ■ Metastasis 2    ■ Metastasis 3    ■ Metastasis 4

Phillip M. Cheng et al., Deep Learning: An update for radiologists, RadioGraphics 2021 41:5, 1427-1445

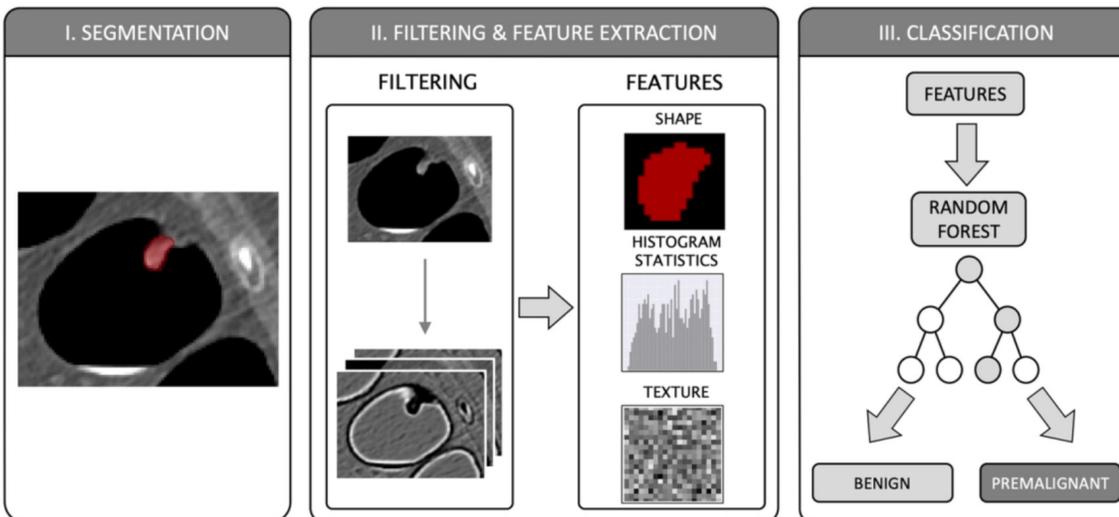
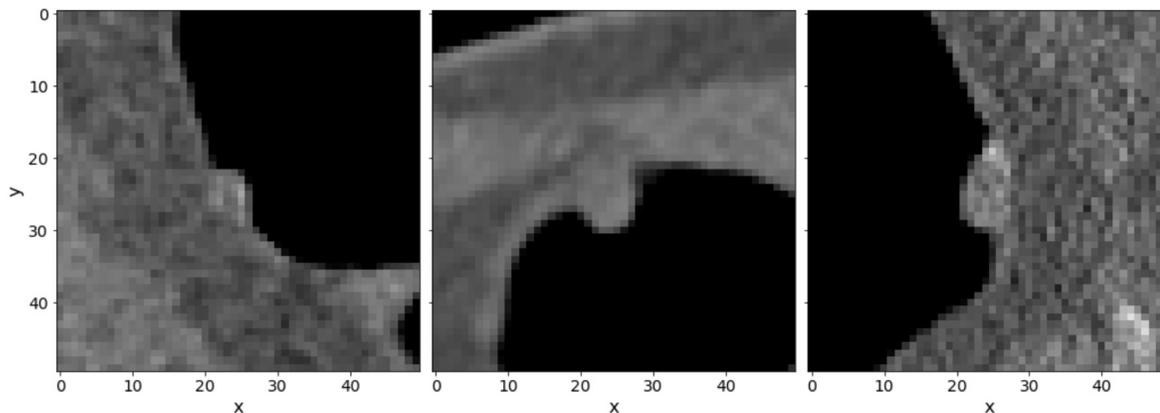
# Image classification in oncological imaging

## Virtual colonoscopy CT

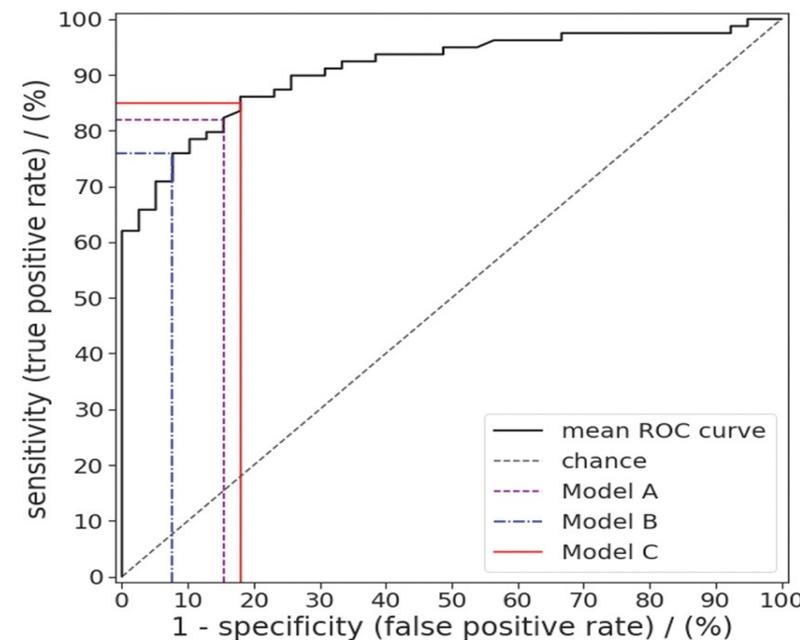


# Image classification in oncological imaging

## Virtual colonoscopy CT: Radiomics and deep learning



- Differentiation between benign and pre-malignant polyps in virtual colonoscopy CT
- model validation: independent dataset (TCIA)

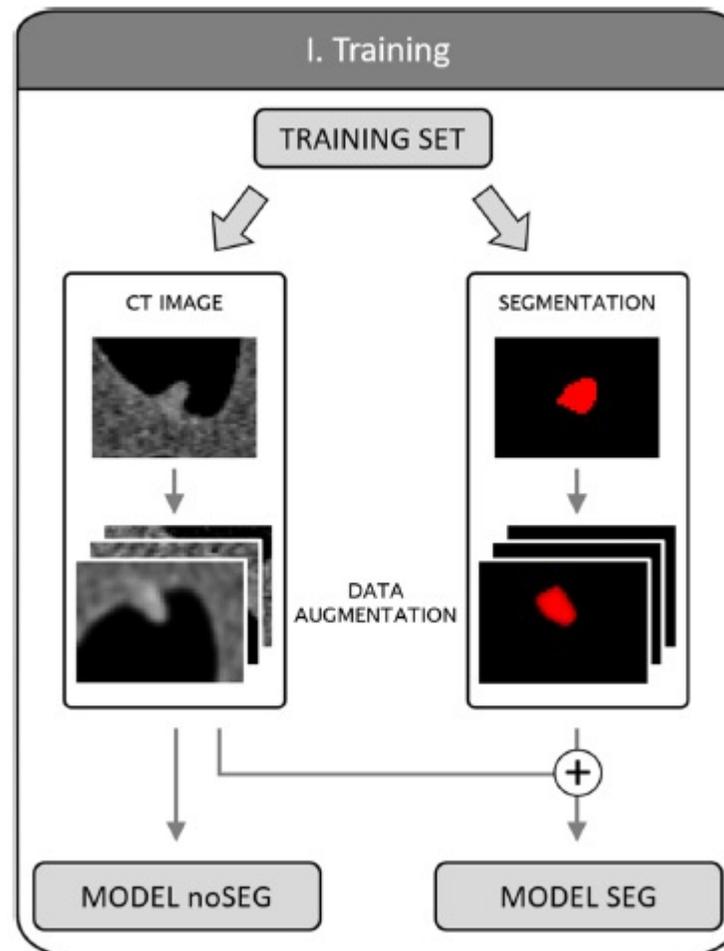
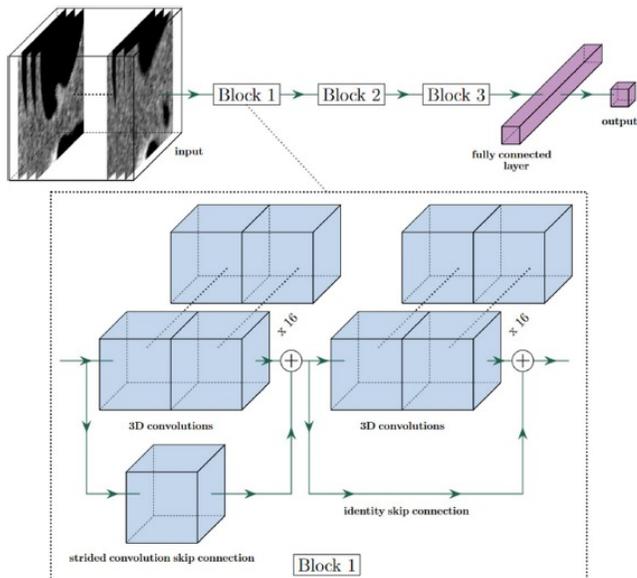


AUC 0.91,  
Sens. 85%  
Spec. 82%

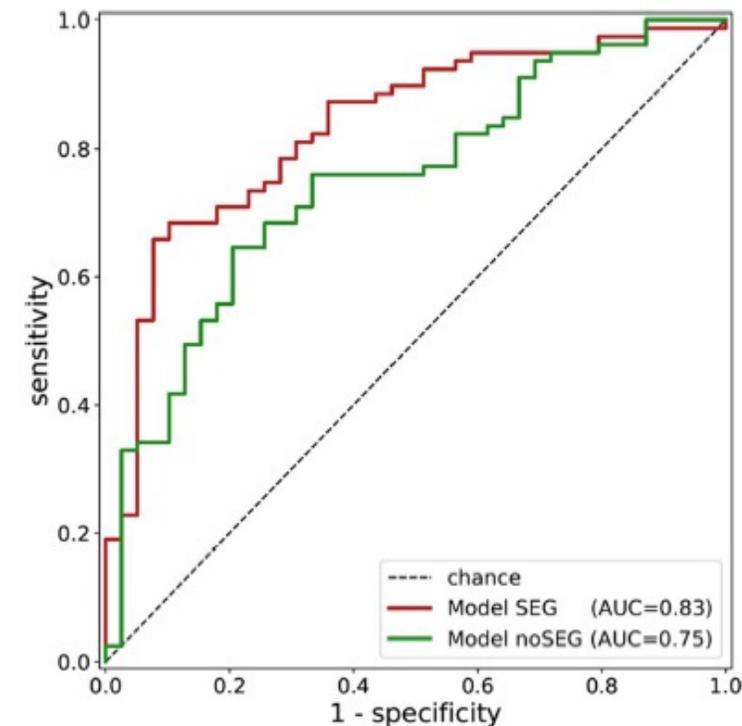
Grosu, Wesp, ..., Ingrisch, et al. Radiology 299(2), 2021  
Wesp, Grosu, ..., Ingrisch. European Radiology (2022)

# Image classification in oncological imaging

## Virtual colonoscopy CT: Radiomics and deep learning



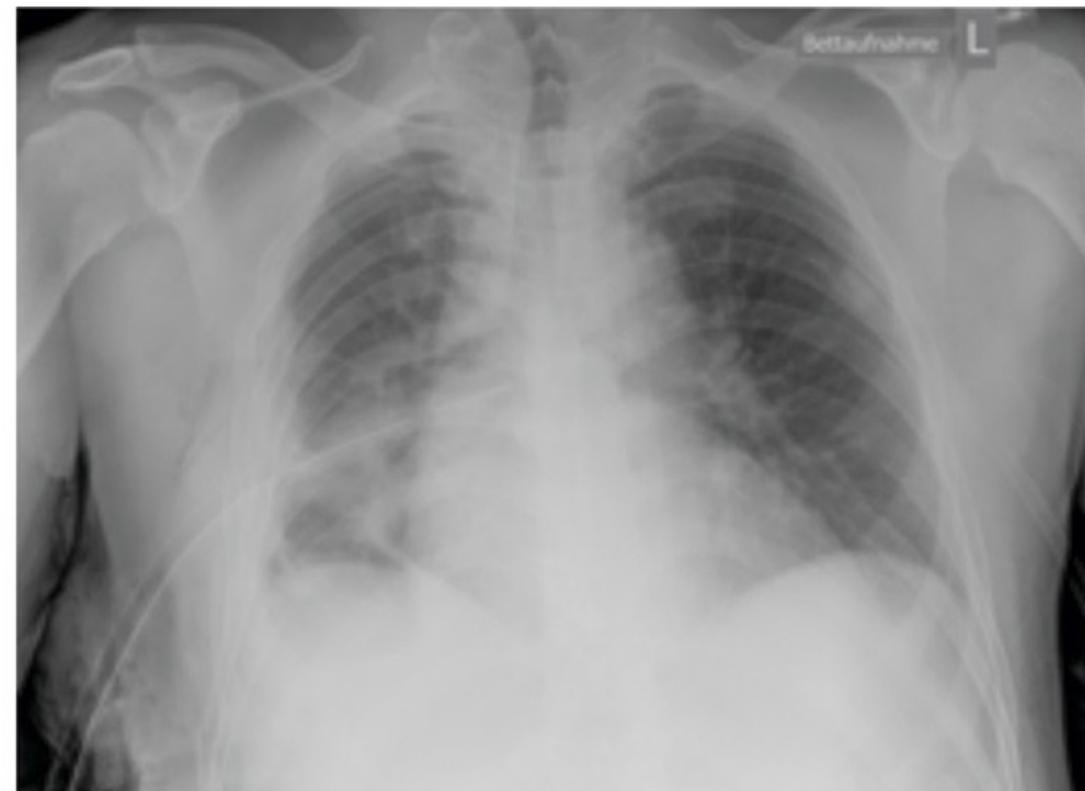
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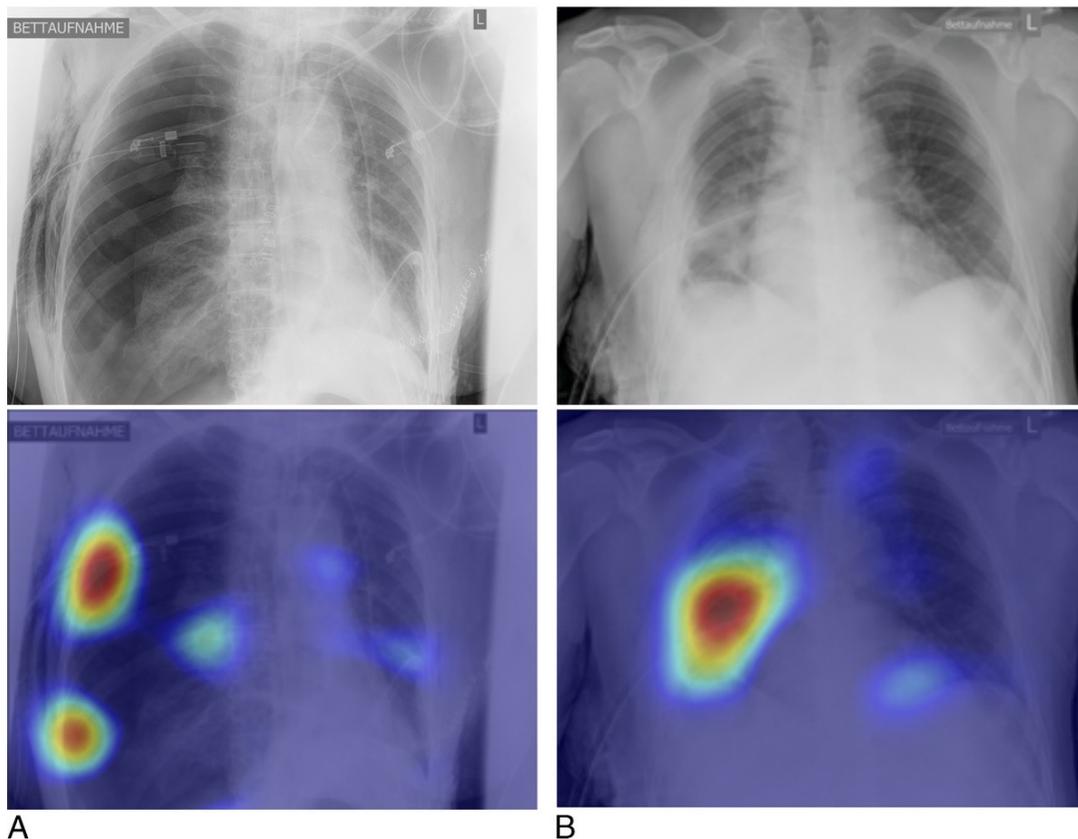
# Ask the right questions!

## Detection of pneumothorax on chest X-rays



# Ask the right questions!

## Detection of pneumothorax on chest X-rays



- Large datasets are publicly available
- ChestX-ray 14: 14 pathology labels, ~100k images
- Presence of pneumothorax can be predicted with reasonable performance
- CheXnet: AUC 0.89

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**CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning**

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Pranav Rajpurkar<sup>\*1</sup> Jeremy Irvin<sup>\*1</sup> Kaylie Zhu<sup>1</sup> Brandon Yang<sup>1</sup> Hershel Mehta<sup>1</sup>  
Tony Duan<sup>1</sup> Daisy Ding<sup>1</sup> Aarti Bagul<sup>1</sup> Robyn L. Ball<sup>2</sup> Curtis Langlotz<sup>3</sup> Katie Shpanskaya<sup>3</sup>  
Matthew P. Lungren<sup>3</sup> Andrew Y. Ng<sup>1</sup>

[arXiv:1711.05225v3](https://arxiv.org/abs/1711.05225v3)

# Image classification in radiology: A solved problem?

Geoffrey Hinton, 2016:

“People should stop training radiologists now. It's just completely obvious that within five years, deep learning is going to do better than radiologists.”

Machine Learning and Market for Intelligence Conference. Toronto, Canada. 2016. <https://www.youtube.com/watch?v=2HMPRXstSvQ>.



# AI in radiology

## Roadmap

Radiology: mapping of image to clinical decision – supervised ML problem

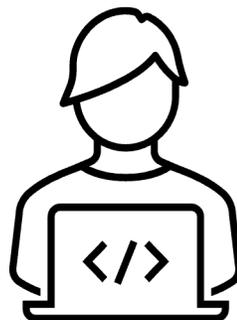
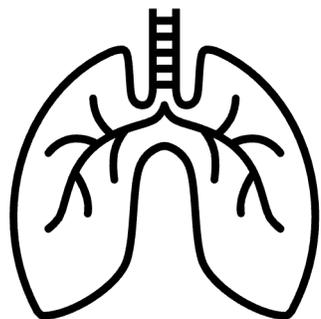
**Ask the right questions, and answer them with the right data**

Finding the right data: unsupervised and weakly supervised approaches?

Requirements and adoption barriers for AI in radiology

# Pneumothorax detection on real-world data

## Subgroup analyses



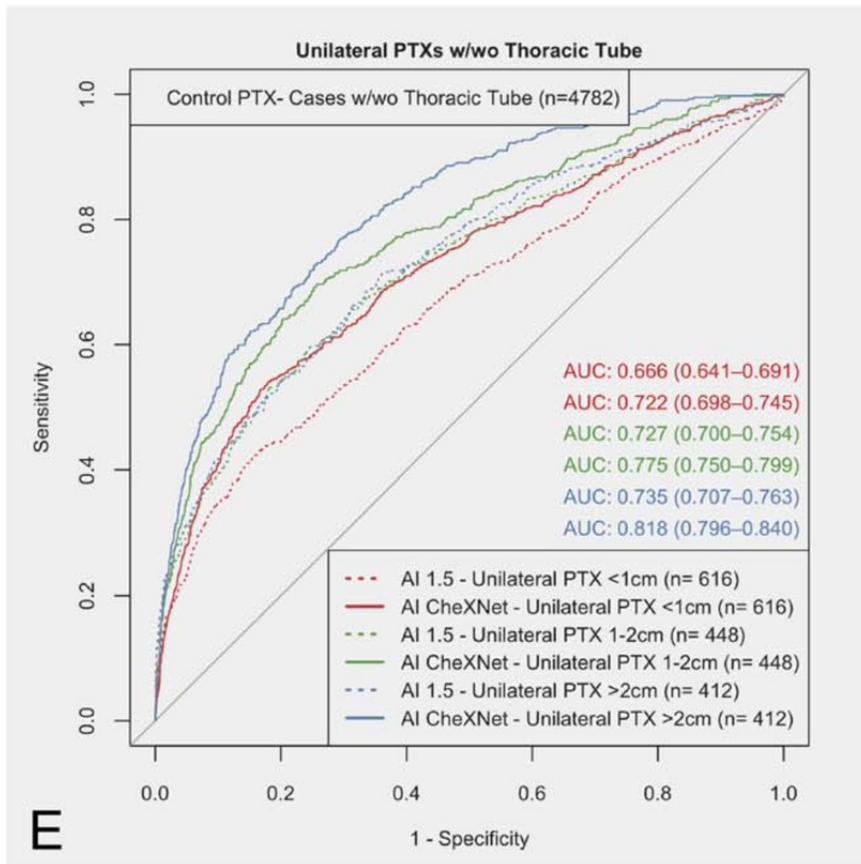
6434  
Chest X-ray images

**Benchmark cohort**  
Annotated subgroups  
+- pneumothorax  
+- thoracic tubes

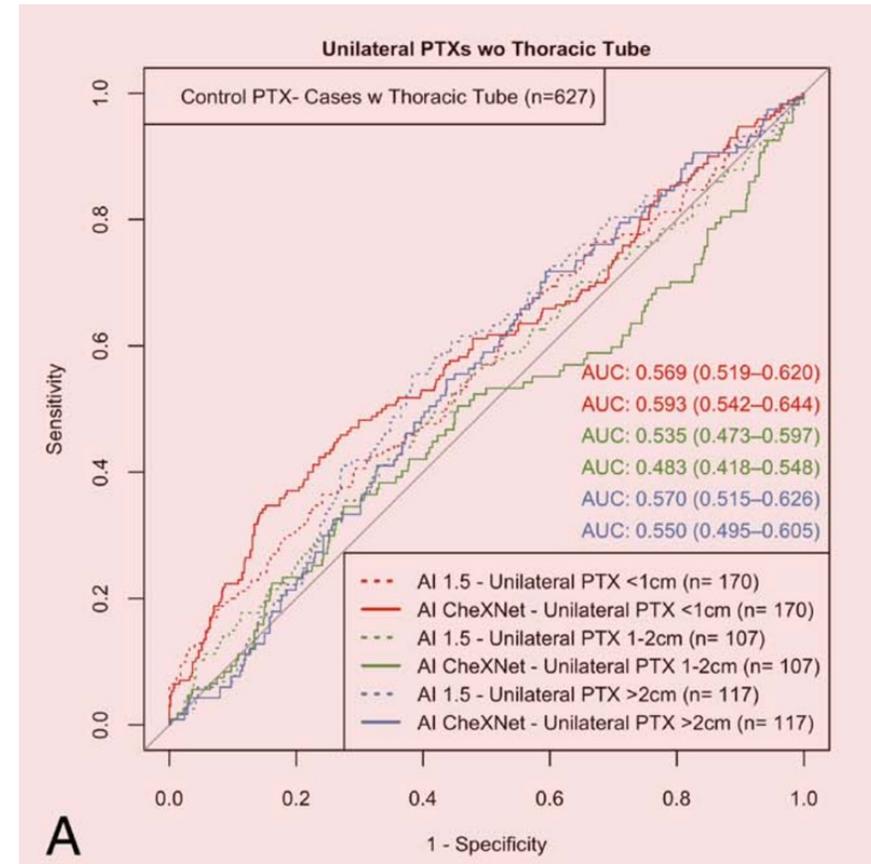
		TT		Sum, n (%)
		Yes, n (%)	No, n (%)	
Unilateral PTX (n = 1476)				
A	Dehiscence <1 cm	446 (72.4)	170 (27.6)	616 (41.7)
B	Dehiscence 1–2 cm	341 (76.1)	107 (23.9)	448 (30.5)
C	Dehiscence >2 cm	295 (71.6)	117 (28.4)	412 (27.8)
Sum, n (%)		1082 (73.3)	394 (26.7)	
Bilateral PTX (n = 176)				
A	Max. dehiscence <1 cm	36 (78.2)	10 (21.8)	46 (26.1)
B	Max. dehiscence 1–2 cm	62 (96.9)	2 (3.1)	64 (36.4)
C	Max. dehiscence >2 cm	56 (84.8)	10 (15.2)	66 (37.5)
Sum, n (%)		154 (87.5)	22 (12.5)	
Control cases (n = 4782)				
PTX-negative		627 (13.1)	4155 (86.9)	4782

PTX-positive cases are radiologically annotated for PTX size, PTX location (unilateral vs bilateral), and inserted TTs. PTX-negative control cases are radiologically annotated for inserted TTs.

# Pneumothorax detection on real-world data



**All data**

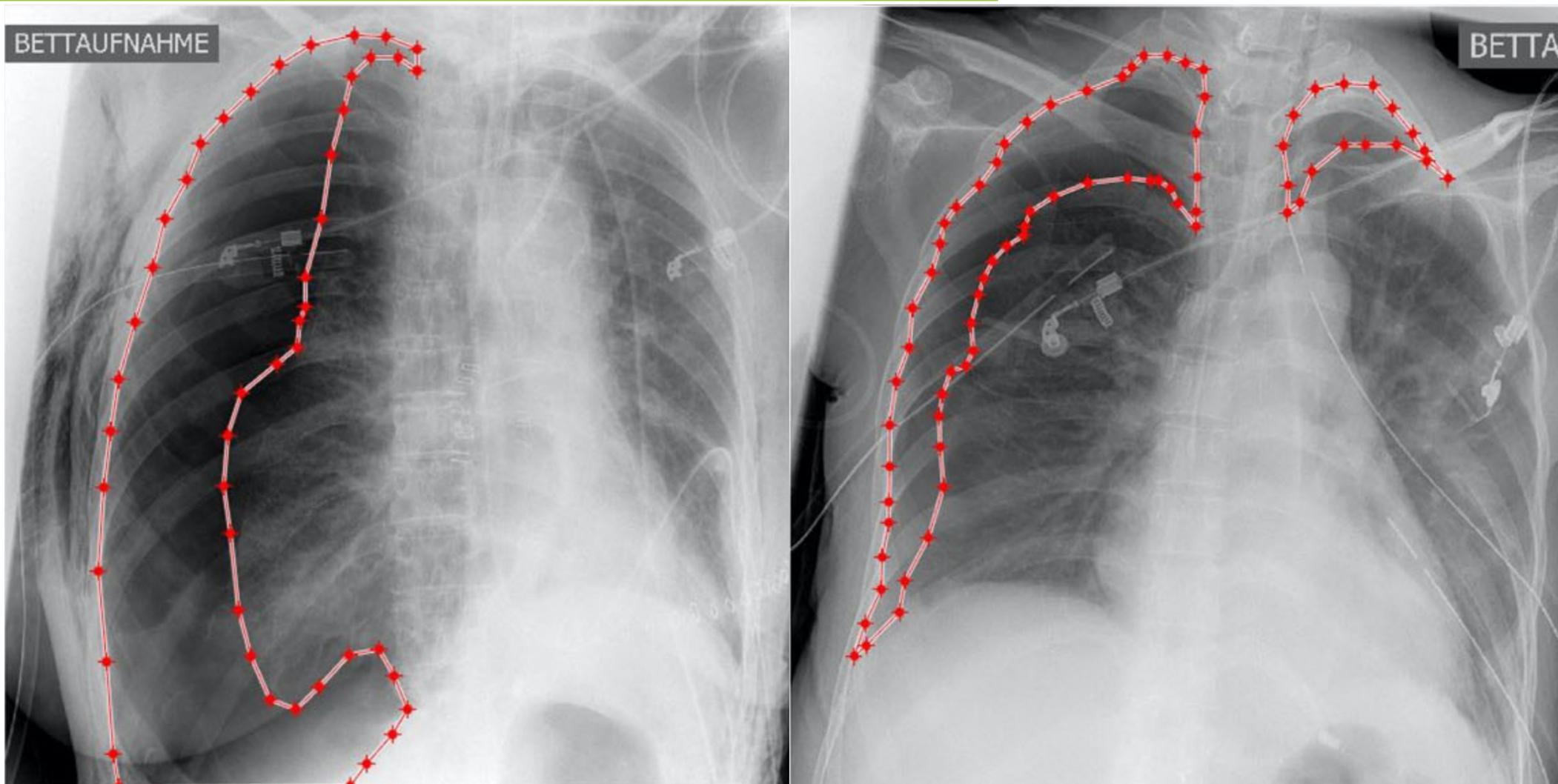


**Critical subgroup: untreated PTX**

Rückel, ... Ingrisch, Sabel. Investigative Radiology 55,12 (2020)

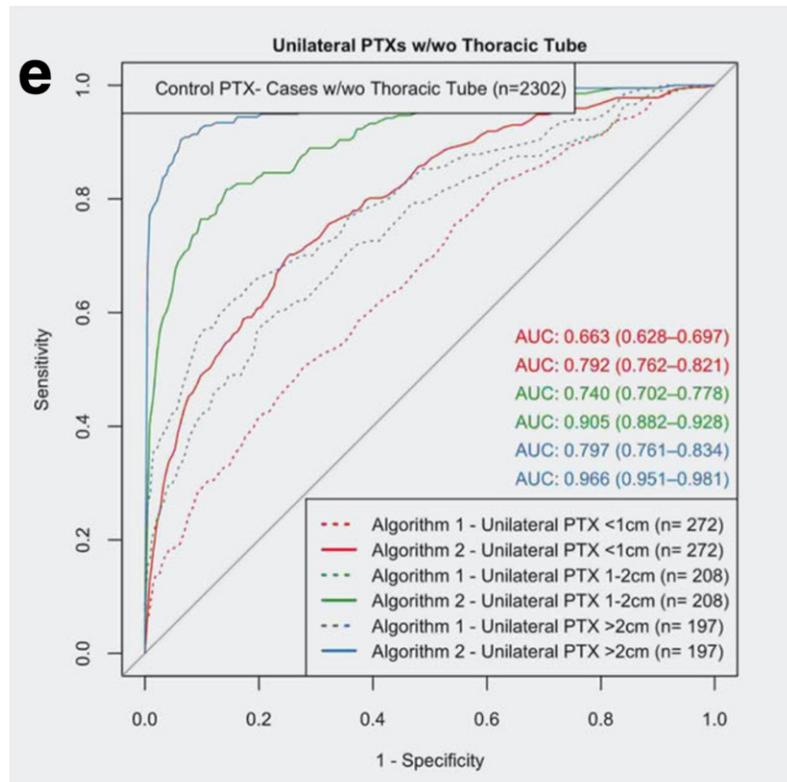
# Optimized AI model

## In-image annotations of pneumothorax

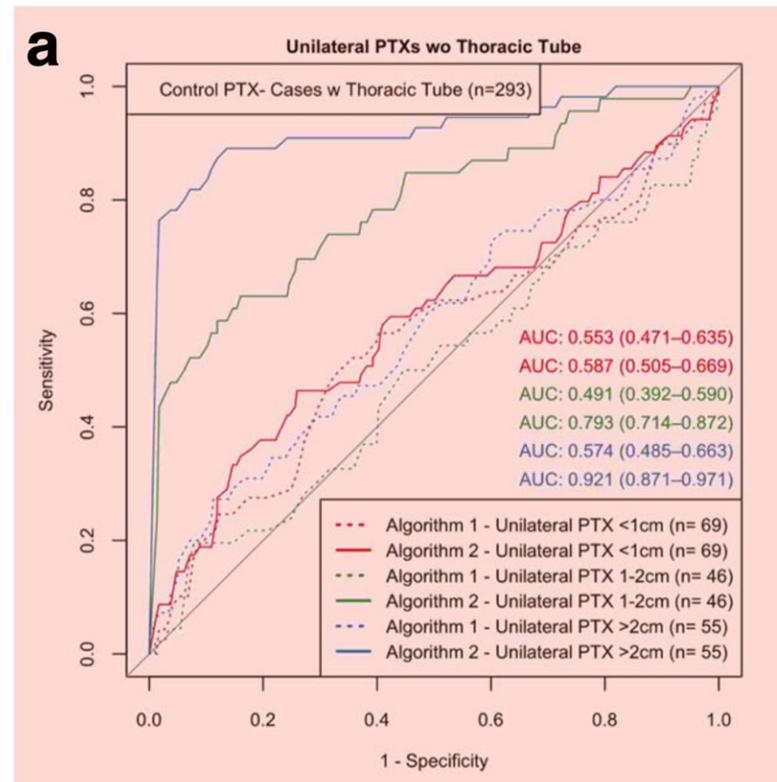


# Pneumothorax detection on real-world data

## Optimized algorithm



**All data**

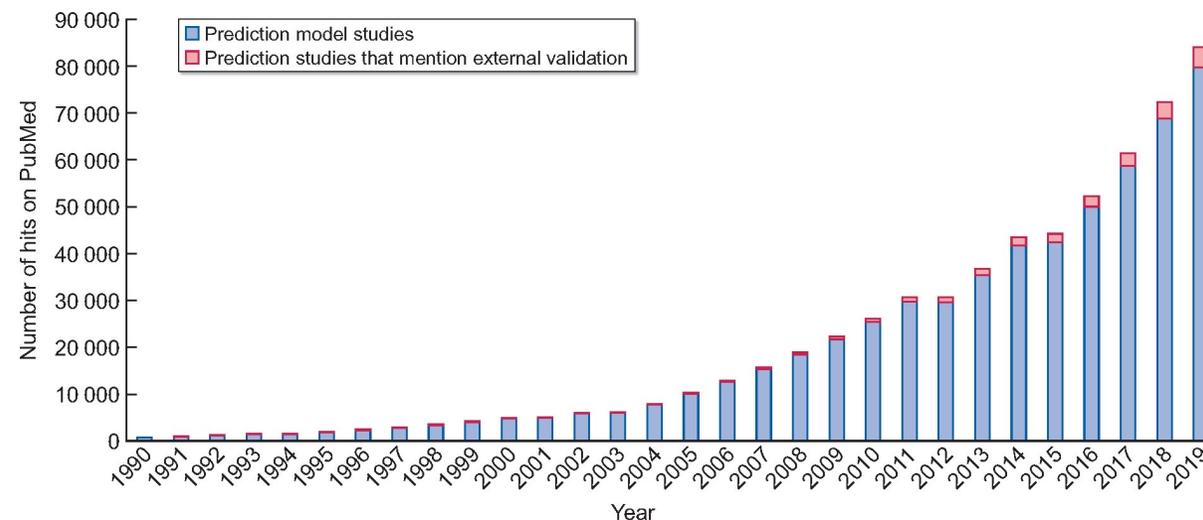
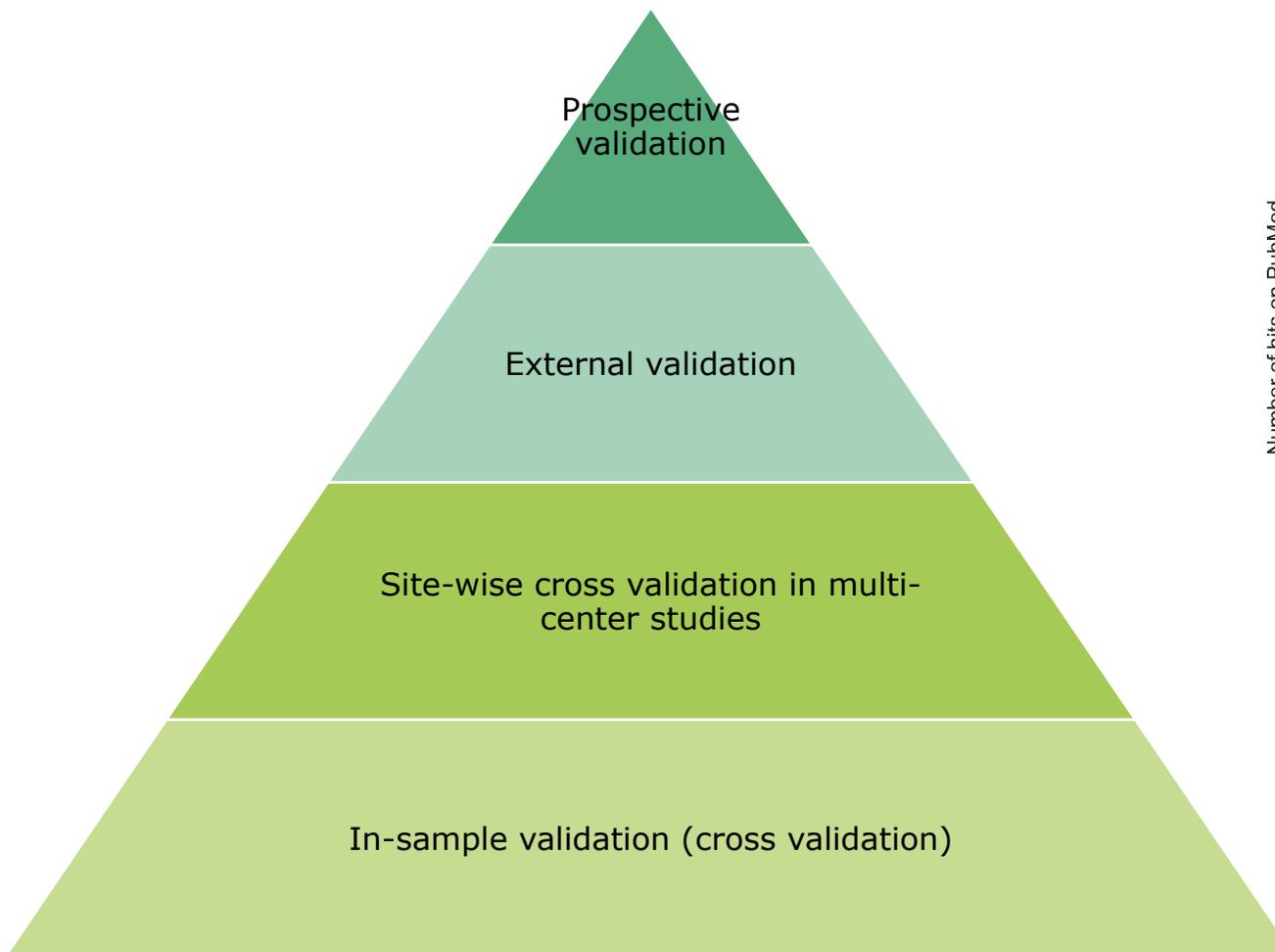


**Critical subgroup: untreated PTX**

Rückel, ... Ingrisch , Sabel. European Radiology 2021

# Model validation in clinical trials

## Essential for clinical application



## External and prospective validation of AI are required for clinical acceptance

Ramspek et al., External validation of prognostic models: what, why, how, when and where? *Clinical Kidney Journal*, Volume 14, Issue 1, January 2021, Pages 49–58

# AI in radiology

## Roadmap

Radiology: mapping of image to clinical decision – supervised ML problem

Ask the right questions, and answer them with the right data

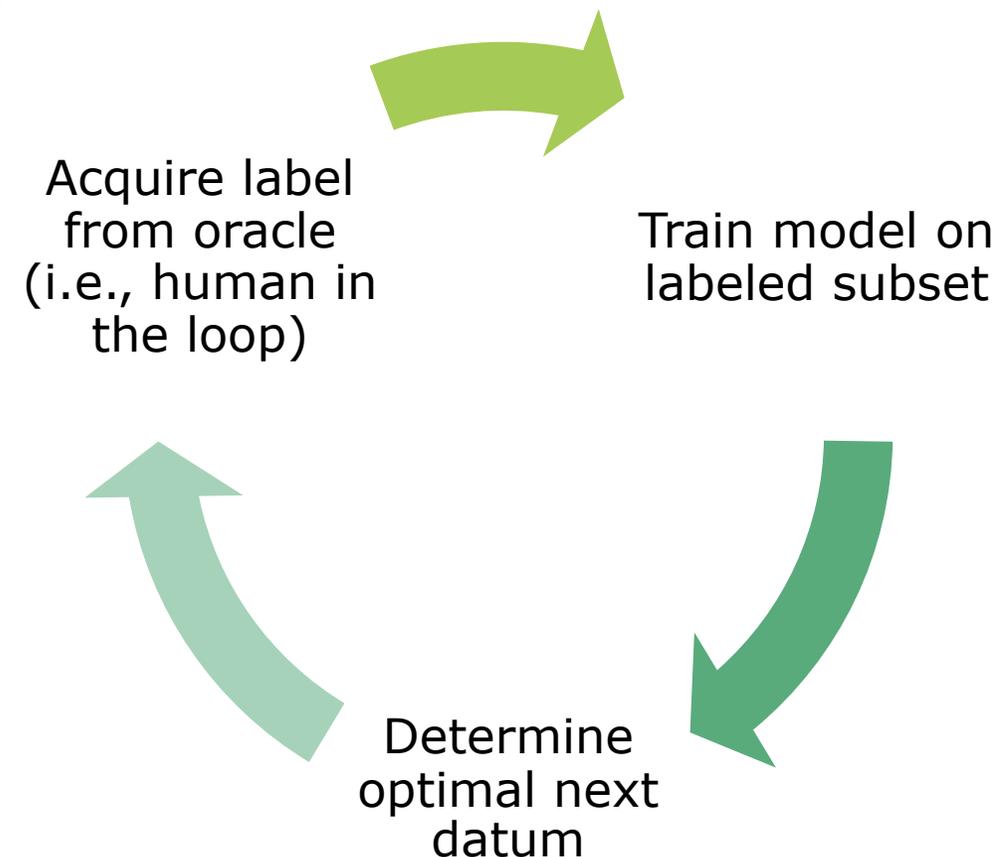
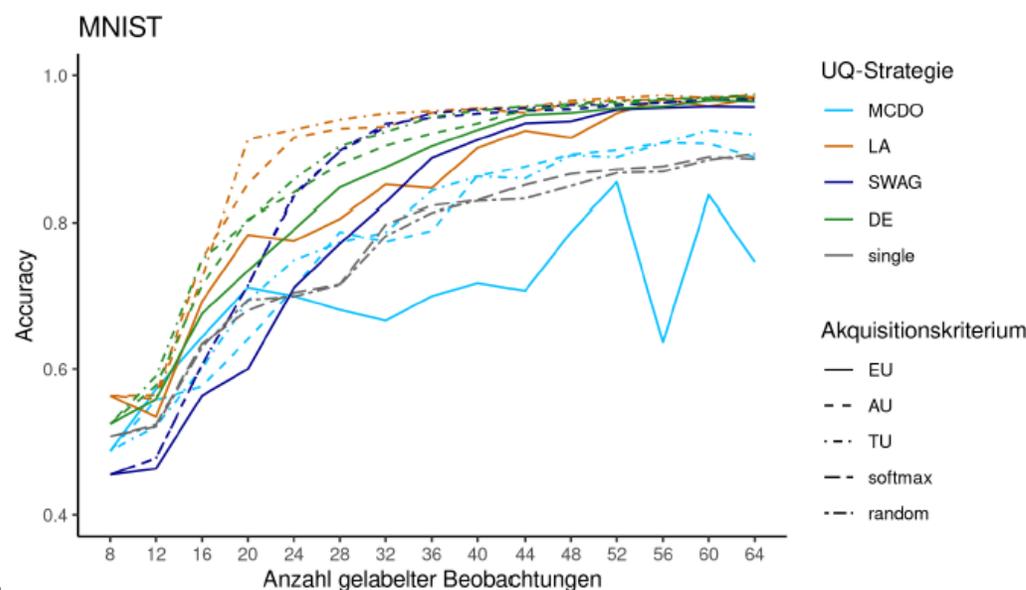
**Finding the right data: unsupervised and weakly supervised approaches?**

Requirements and adoption barriers for AI in radiology

# Finding and labeling the right radiological data

## Unsupervised and weakly supervised?

- Radiological data is typically insufficiently labelled (noisy, different context, free text reports, choose your nightmare)
- Labeling is expensive
  - Diagnosis, but even more so segmentation
- Minimize data to be labeled: **Active learning** to the rescue



Courtesy Lisa Wimmer, Master's thesis

# AI in radiology

## Roadmap

Radiology: mapping of image to clinical decision – supervised ML problem

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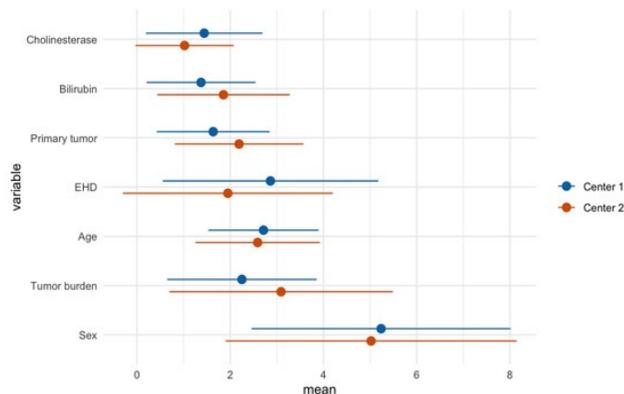
Finding the right data: unsupervised and weakly supervised approaches?

## Requirements and adoption barriers for AI in radiology

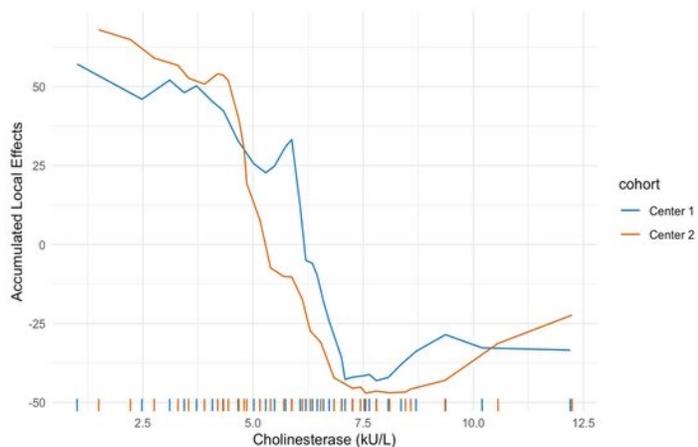
# Explainability

Does your model do what you think it does?

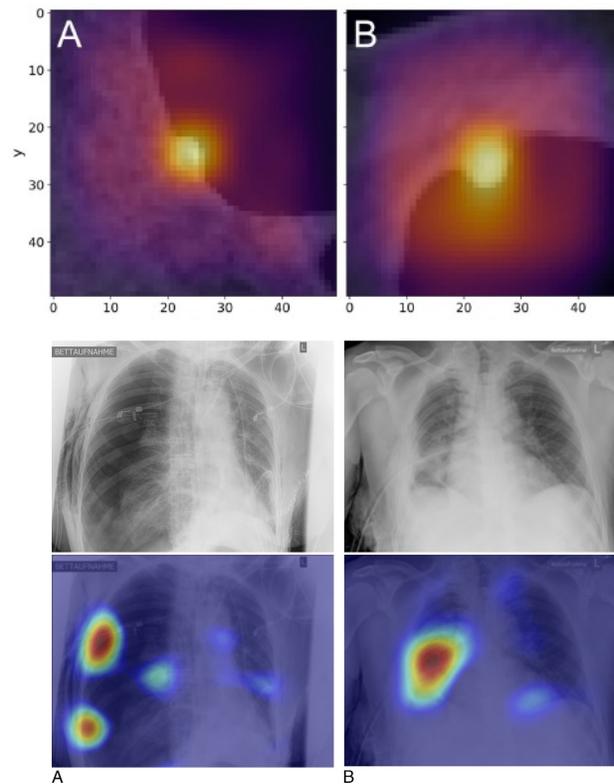
## Feature importance



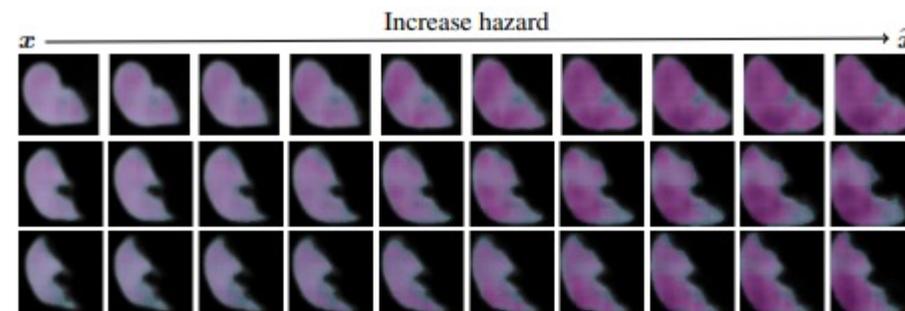
## Accumulated Local Effects



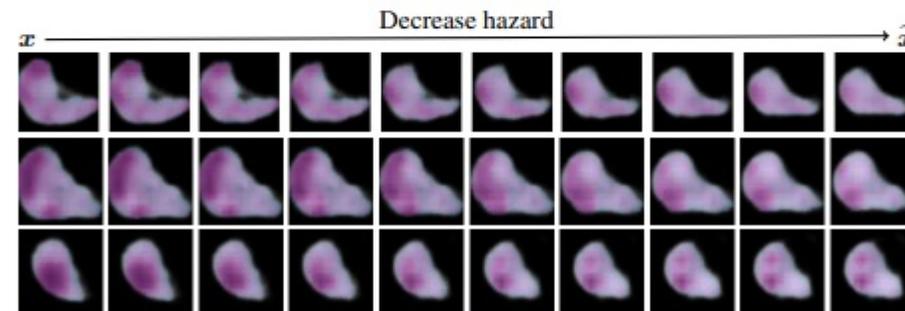
## GradCam Visualization



## Generative Approaches



(a) Increasing the hazard rate leads to a spread of (larger) tumor patches.



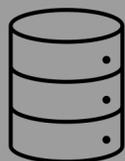
(b) Decreasing the hazard rate results in shrinking and vanishing tumor patches.

# Adoption barriers for AI

## What hinders translation of AI into clinical routine

### Development and deployment

Data access  
IT landscape  
Regulations



### Quality assurance

Transparency  
Sources of bias  
Validation



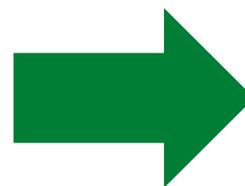
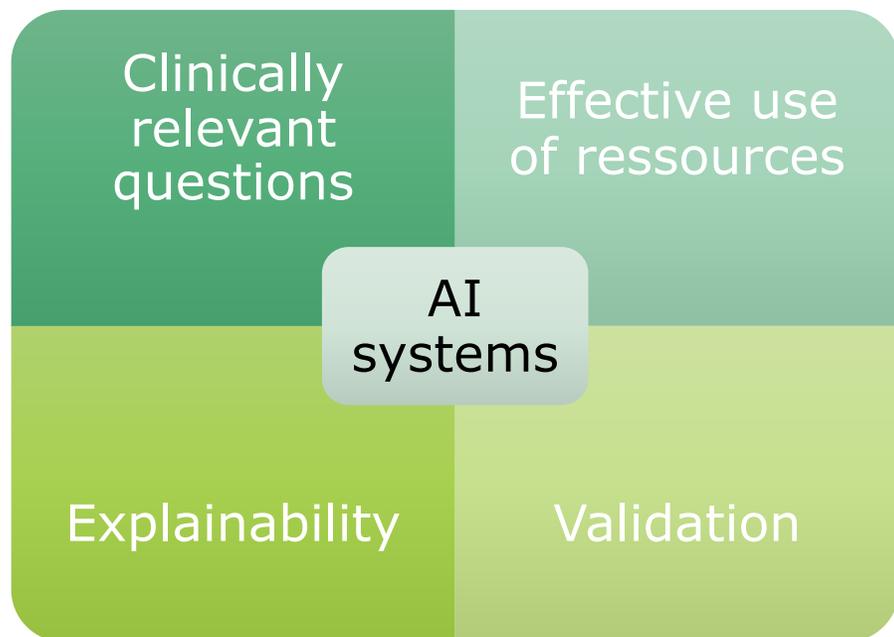
### Liability and responsibility

Who is responsible when something goes wrong?



# Clinical acceptance of AI in medicine

## What is required?



Increase quality and efficiency

Enable novel, break-through applications

# Acknowledgements and collaborations

- **CDS Team**
  - B Schachtner, K Jeblick, A Mittermeier, P Wesp, T Stüber, T Weber, C Stampfl, J Topalis, J Dextl
  - B Sabel, J Rückel, S Grosu, J Rudolph
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  - J Ricke, C Cyran, M Seidensticker, O Dietrich
- **Clinical partners**, LMU Klinikum and beyond
- **Statistical Learning and Data Science**, LMU
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- **Informatics** T Lasser (TUM) , C Böhm (LMU)
- **Math foundations of AI**, G Kutyniok

