

# Inception-based Deep Learning Architecture for Tuberculosis Screening using Chest X-rays

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#### **Outline**

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#### **Motivation**

- □ Primary need of screening TB (Tuberculosis) in resource constrained regions of the world.
- ☐ Chest X-rays are considered as promising indicators for the onset of TB, and there is an existent infrastructure of low-cost chest radiography around the world.
- ☐ Lack of skilled radiologists hinders the screening process.
- Computer vision based automated diagnosis systems offers a powerful alternative.
- Deep learning based Convolutional Neural Networks (CNNs) are adept at learning custom features from a given spatial data distribution.

#### Contribution

- ☐ We propose an end-to-end CNN architecture that automates the screening process of TB using chest X-rays.
- The proposed model is derived from the Inception Net V3 architecture, which makes use of multiscale feature extracting modules (Inception modules).
- The model learns TB related visual features from the chest X-ray data and performs better than the state-of-the-art deep learning methodology on the used datasets.
- ☐ We study the computational efficiency of the model from a resource perspective (availability of GPU and model size).
- The effect of input chest X-ray image size on model performance is also studied.

## **Dataset Description**

Table I: Dataset composition

Dataset	Tuberculosis +ve	Normal		
Shenzhen, China	342	340		
Montgomery County, USA	58	80		









Normal, China Abnormal, China Normal, USA Abnormal, USA

Fig. I: Randomly sampled chest X-rays from the used datasets. Anatomical and recording instrument variability between the datasets can be well observed.

#### Preprocessing

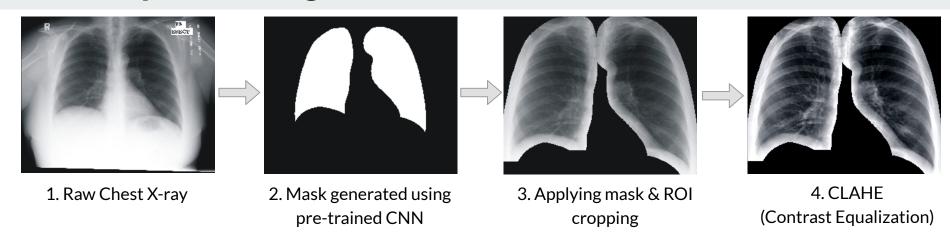


Fig. II: Preprocessing pipeline

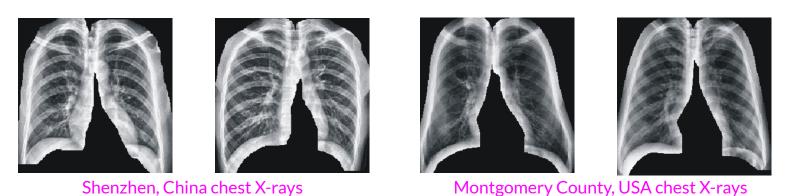
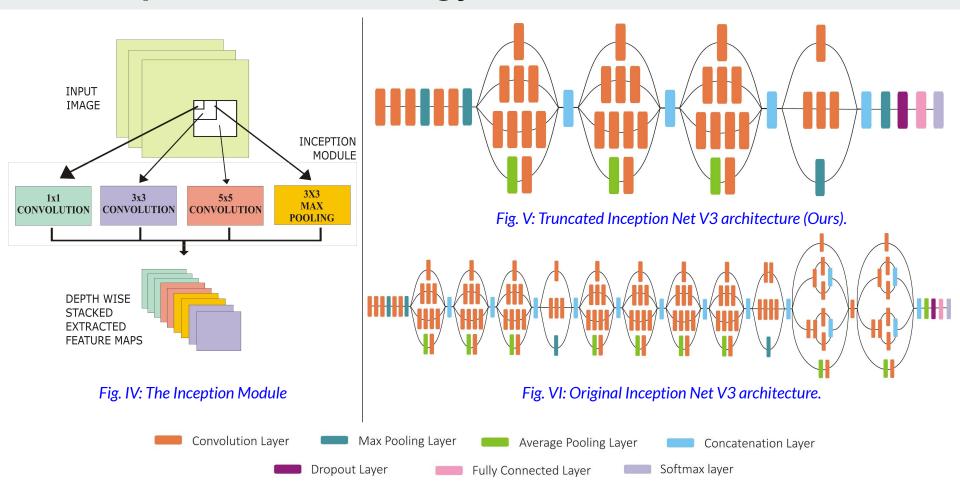


Fig. III: Sample preprocessed images

### **Proposed Methodology**



## **Results and Analysis**

Fold	ACC	AUC	SEN	SPEC	PREC	Fold	ACC	AUC	SEN	SPEC	PREC
1	93.93	0.96	0.91	0.96	0.96	1	83.89	0.90	0.75	0.93	0.93
2	93.93	0.94	0.93	0.93	0.93	2	89.97	0.92	0.80	0.96	0.94
3	93.93	0.99	0.94	0.93	0.94	3	79.16	0.89	0.75	0.89	0.91
4	88.05	0.94	0.85	0.90	0.90	4	96.89	0.95	0.84	0.98	0.96
5	95.45	0.95	0.94	0.96	0.96	5	86.85	0.90	0.79	0.95	0.94
6	81.81	0.94	0.75	0.87	0.86	6	88.73	0.91	0.80	0.96	0.94
7	89.55	0.95	0.88	0.90	0.90	7	82.37	0.89	0.75	0.93	0.92
8	90.90	0.94	0.87	0.93	0.93	8	90.97	0.92	0.82	0.96	0.95
9	96.96	0.97	0.97	0.96	0.97	9	91.11	0.94	0.84	0.97	0.95
10	92.42	0.98	0.87	0.96	0.96	10	84.17	0.90	0.79	0.94	0.94
$\mu$	91.70	0.96	0.89	0.93	0.93	$\mu$	87.47	0.92	0.76	0.95	0.95
$\sigma$	±4.16	±0.02	±0.05	±0.02	±0.03	$\sigma$	±4.3	$\pm 0.04$	$\pm 0.05$	$\pm 0.03$	$\pm 0.03$

Table II: Shenzhen, China

Table III: Montgomery County, USA

#### **Results and Analysis**

Dataset	Metric	[1]	[2]	[3]	[4]	[5]	Our Method
China	ACC	83.00	84.00	84.40	86.74	90.00	91.70
	AUC	0.92	0.92	0.90	0.92	0.94	0.96
USA	ACC	67.00	76.00	79.00	77.14		87.47
	AUC	0.88	0.83	0.81	0.90		0.92

Table IV: Comparative Study

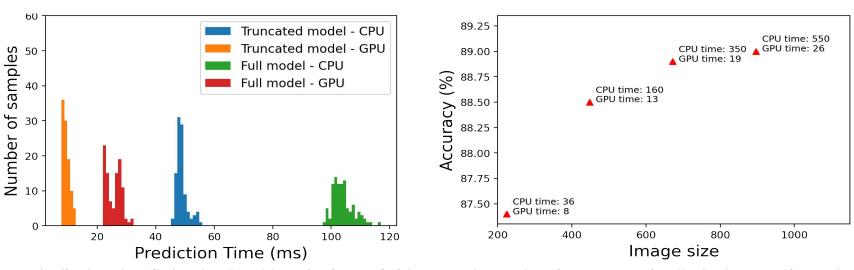


Fig. VII: Distribution of prediction time for 100 randomly sampled CXRs.

Fig. VIII: Speed-accuracy trade-off using images of larger sizes.

## **Results and Analysis**

Input chest X-ray images





Grad-CAM activation map overlayed on input images.



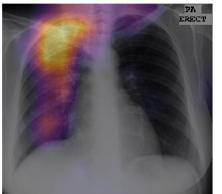




Fig. IX: Grad-CAM visualization of learnt feature maps.

#### Conclusion

- ☐ An end-to-end CNN model is proposed to screen TB using chest X-ray images.
- The model learns TB specific visual/texture features using convolutional kernels of varying sizes within Inception modules. This enables a multiscale analysis of the chest X-rays.
- ☐ Contrary to ensemble methods, the proposed model is computationally lighter while maintaining superior performance.
- The model is also robust to dataset variability like anatomical and chest X-ray recording instrument parameters.
- The proposed methodology provides a fast yet accurate procedure to undertake mass screening of TB in resource constrained regions of the world

#### References

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## Thank you!