

Point of Care Image Analysis for COVID-19

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Signal Acquisition Modeling Processing and Learning

Team

- Team Coordinators:
 - Dr. Yishai Elyada, Mobileye X-ray
 - Dr. Nogah Shabshin, Haemek Medical Center Medical
 - Dr. Shai Bagon, Weizmann AI Center (WAIC) Ultrasound
 - Prof. Libertario Demi, University of Trento Ultrasound
- Participants:
 - Clinical forum at Weizmann + Drs. Ahuva Grubstein (Beilinson), Naama Bogot (SZMC), Amiel Dror (Nehariyah Medical)
 - Volunteers from various companies and hospitals throughout Israel including Daniel Yaron, Daphna Keidar, Elisha Goldstein, Yair Shachar, Nadav Nehmadi, Meirav Galun, Oz Frank, Nir Schipper
 - Collaborators in Italy: Frederico Mento, Gino Soldati, Andrea Smargiassi, Riccardo Inchingolo, Elena Torri
 - Computing services from WEXAC

The Challenge

- To provide rapid diagnosis and monitoring for COVID-19 patients from different hospitals
- To create a method that is faster and more sensitive than RT-PCR
- To use Lung Ultrasound (LUS) for COVID-19 monitoring and stratification

Our Solution

- Identifying COVID-19 in X-ray & Ultrasound scans using Deep Learning
- Using X-ray data from four different hospitals in Israel
- Using LUS data from five different hospitals in Italy





Chest X-Ray

- Chest X-ray: COVID-19 is a respiratory disease presentation in the lungs
- High access to X-ray machines, field deployment
- Portable X-rays are easy to transport & sanitize



Chest X-Ray

- Challenges:
 - Hard to distinguish COVID-19 from other respiratory diseases
 - Publicly available datasets have strong limitations



Pipeline



Dataset Collection

- Shaare Zedek Medical Center ~1000 Images
- Rabin Medical Center Beilinson ~800 Images
- Emek Medical Center ~300 Images
- Galilee Medical Center ~100 Images

~1100 Covid-19 images ~1100 Non-Covid-19 images

Controls: patients with a variety of respiratory diseases



Image Pre-processing

1. Normalization: size, brightness, etc.



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- 2. Augmentation: rotate, sharpen, contrast, shear, blur, scale, flip
- Discussed with Radiologists to verify the parameters
- Augmentations don't change the image label



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- 3. Segmentation: segment the lungs using a U-net





Pipeline



Neural Network Ensemble

- Based on transfer learning
- Networks used: ResNet18, ResNet50, ResNet101, VGG16, Chexpert
- Output prediction average score of 4 best networks

Pipeline



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Results

- Over 90% detection accuracy on diverse data of admitted patients
- Immediate on-site results



Confidence in labels



Confidence increases with time from onset



Time from onset in which the scan was taken

COVID-19 vs non-COVID-19 features



Lung Ultrasound

(LUS)

Lung US - Collaboration

- Collaboration with a group of Italian clinicians and researchers
- Libertario Demi, Frederico Mento

Department of Information Engineering and Computer Science, University of Trento

• Gino Soldati

Diagnostic and Interventional Ultrasound Unit, Valle del Serchio General Hospital, Lucca

• Andrea Smargiassi, Riccardo Inchingolo

Dept. of Cardiovascular and Thoracic Sciences-Fondazione Policlinico Universitario A. Gemelli IRCCS

• Elena Torri

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The Challenge of LUS



The Challenge of LUS











Convex



Linear















Grading COVID-19 Using LUS: Deep Model

Cionevæx



ICLUS Dataset

- 35 Patients from 5 hospitals
- 277 LUS videos corresponding to 58,924 frames
- Annotations "COVID-19 severity" score {0, ..., 3}



The distribution of the probes and the scores of frames grouped by hospital and overall statistics.

Roy, Subhankar, et al. "Deep learning for classification and localization of COVID-19 markers in point-of-care lung ultrasound." *IEEE Transactions on Medical Imaging* (2020).

Grading COVID-19 Using LUS: Classification

Model	Settings 1	Settings 2 Drop Transition Frames (K)			
	All Frames	K=1	K=3	K=5	K=7
ResNet-18 (Roy et al)	62.2	63.9	65.5	66.9	67.8
CNN-Reg-STN (Roy et al)	65.1	66.7	68.3	69.5	70.3
ResNet-18 (ours)	68.7	70.0	72.1	73.9	75.3

Summary: Bridging the Expert Gap

- Many opportunities for advanced AI methods in detection and monitoring of COVID-19 via imaging
- Very good results with relatively simple networks
- Data sets are a crucial part of the success
- Working on hospital deployment and will be made public to benefit the community

AI for COVID19 can pave the way to more pervasive use of ultrasound and Xray monitoring for lung patients more generally

