Doon Loarned and Practical	
Deep Learned and Practical	
Implementing Machine Learning Techniques in the Real World	
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7/31/2017	
Disclosures	
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Mirada Medical	
• Employee	
• Shareholder	
Optellum	
Employee	
Shareholder	
Overview	
1. Herride in hitser and clearly have to the effects	
I – How do we bring new algorithms to the clinic?	
II – Practical challenges	
Automatic OAR Segmentation (Mirada)	
Lung Nodule Risk Stratification (Optellum)	
Oxford SpineNet (Oxford University)	
III - Perspectives: potential impact of ML in Radiation Therapy.	
7/31/2017	

#### Timor Kadir



#### Medical Devices: From bench to bedside



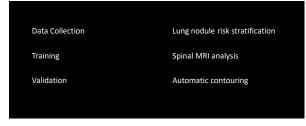
## Medical Devices: From bench to bedside



#### From bench to bedside



#### From bench to bedside



Early Detection by Chest Computed Tomography Significantly Improves Lung Cancer Survival



3

Problem: In Current Clinical Practice, Pulmonary Nodules are Guilty and Followed Up Excessively Until Proven Innocent.

977% false positive rate

10 M new past of anxiety positive rate

10 M new past in own ups p.a.

Steens Follower Renige Is majority of cases). Malgrant Is, microtry of cases)

10 Nodule Risk Stratification

The ugly truth....

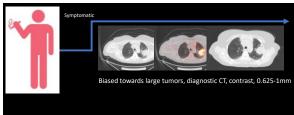
The agry trat	11
• Yes we won LungX.	
But the AUC was only ~0.65 AUC on training data was >0.85 Why the difference?	
Training Data	

#### Look a little closer

- LungX
   10 'calibration' datasets with known ground-truth
   100 test set with unknown ground-truth
   100 test set with unknown ground-truth

  We manually created a dataset from Oxford and LIDC data trying to match the characteristics of the LungX datasets.
- Bias in LIDC most malignant lesions are large and the benign ones are small.

#### Dataset biases



## Dataset biases



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Timor's	recine	#1 to	r I\/II	CHICCEC

- Acquire data that represents the typical distribution of disease, patient and imaging characteristics
- Test for built-in biases
- If you are going to use heterogeneous data for training, at least test with realistic data



## From bench to bedside

Data Collection

Training

Validation

## From Computer Vision

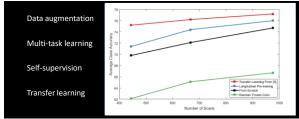
- ImageNet 2017 Object Localisation Challenge
   1000 objects: 100k/50k training and test images
   Winner used Res-Net with > 150 layers
- Strategies for reducing training requirements
   Data augmentation
   Transfer learning

  - Multi-task learning
     Self-supervision



Oxford Spinel	Vet	
	Pfirmann Crading 2 Disc Narrowing: 2 Spondyloishinsis: Ves Central Stenosis: No Englate Defects: No Marrow Changes: No	
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## Oxford SpineNet



## Timor's recipe #2 for ML success

- Explore the utility of transfer learning, dataset augmentation, self-supervision and multi-task learning
- Other techniques are available: e.g. adversarial training
- Test robustly: if the distribution is not in the training data then it won't learn



# Prom bench to bedside Data Collection Training Validation

# Auto-contouring Quality Assessment

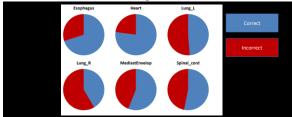


# Turing Test

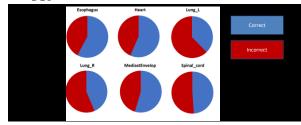


Peressutti et al TU-FG-605-7

# Atlas-based contouring



#### DLC



## Timor's recipe #3 for ML success

Conventional methods for validation should be utilized for your proposed method

Consider Turing test type approaches

Don't rely on one validation approach

Parspectives	
Perspectives	
Machine Learning is in its infancy in Radiation Therapy	
Searched on: CNN, Machine Learning, Deep Learning, Convolutional	
71 abstracts	
Topics include:	
Segmentation, Classification, Treatment Planning, DIR, Response assessment, Dose estimation, Image reconstruction	
assessment, bose estimation, image reconstruction	
Perspectives	
reispectives	
Data is critical but beware hidden biases	
Lots of techniques now available to maximise power of datasets	
Think broadly about validation protocols: Turing test	