

The Scientific Contributions of Charles E. Metz: ROC Analysis and Reader Study Design

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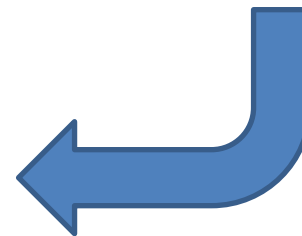
Curriculum Vitae

- As Charlie and I discovered one day, this is *singular* – it means “the course of one’s life”
 - The plural is curricula vitae

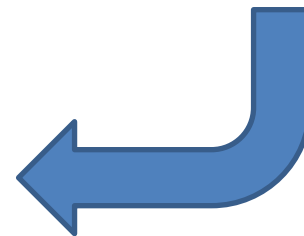




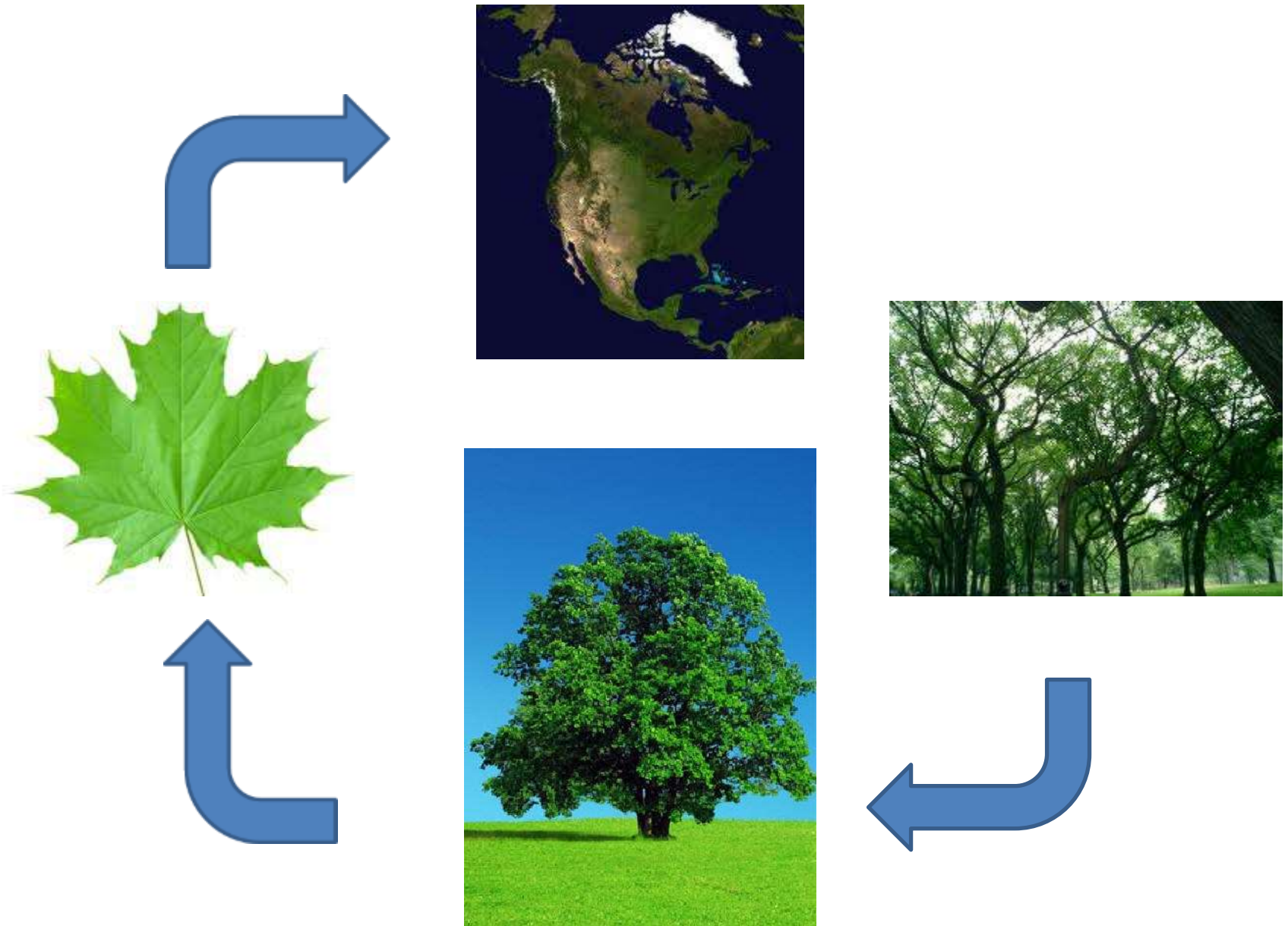
wicked-trees.jpg: dublinlibrary.wordpress.com



Tree-Pic.jpg: coachingbasketballwisely.com



maple-leaf.jpg: comicfury.com



SV_-_NorthAmericaSatellite.png: althistory.wikia.com

ROC Curve: Signal and Noise



- Two groups: *with (signal)* and *without (noise)*
- Test result using a cut point on an underlying continuum (strength): *positive* or *negative*
- ✓ $TPF = (\# \text{ with positive}) / (\# \text{ with})$
- ✗ $FPF = (\# \text{ without positive}) / (\# \text{ without})$
- Trade-off:
 - Less stringent cut point ↑ TPF; also ↑ FPF
 - More stringent cut point ↓ FPF; also ↓ TPF

ROC Curve

“... imagine repeatedly changing the decision threshold and obtaining more and more points ... the points representing all possible combinations of TPF and FPF must lie on a curve. This curve is called the **receiver operating characteristic (ROC) curve** for the diagnostic test, since it describes the inherent detection **characteristics** of the test (...) and since the **receiver** of the test information can **operate** at any point on the curve by using an appropriate decision threshold.”

Metz, CE. Basic principles of ROC analysis. *Seminars in Nuclear Medicine* 8:283-298 (1978).

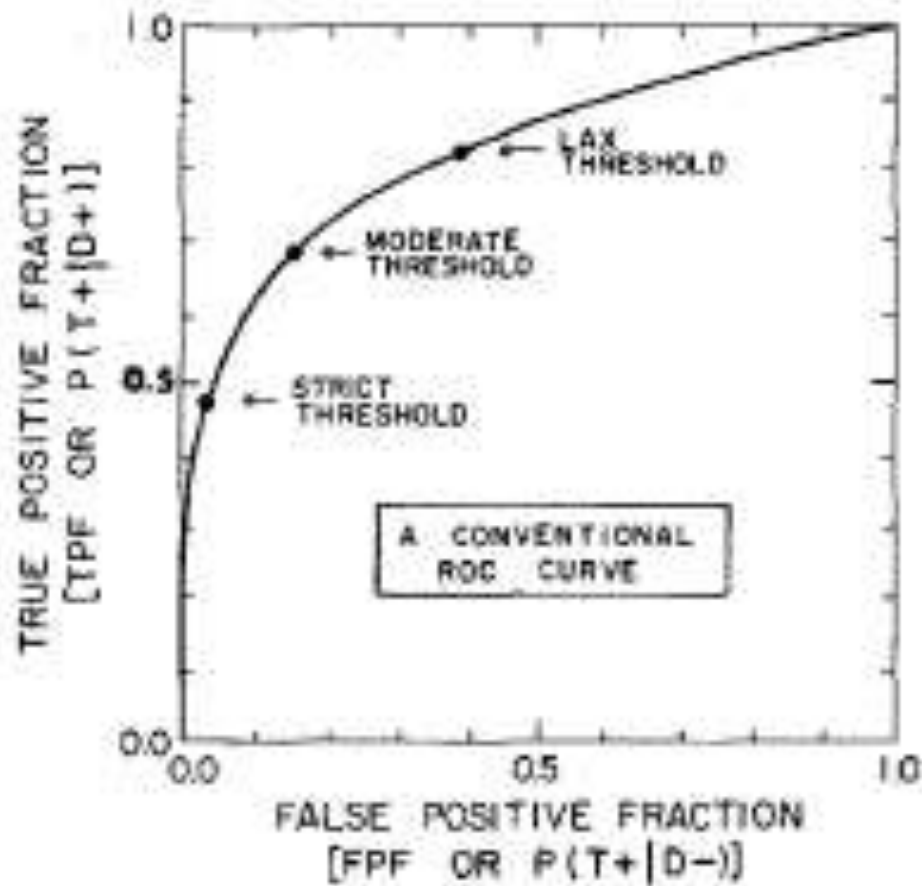


Fig. 2. A typical conventional ROC curve, showing three possible operating points.

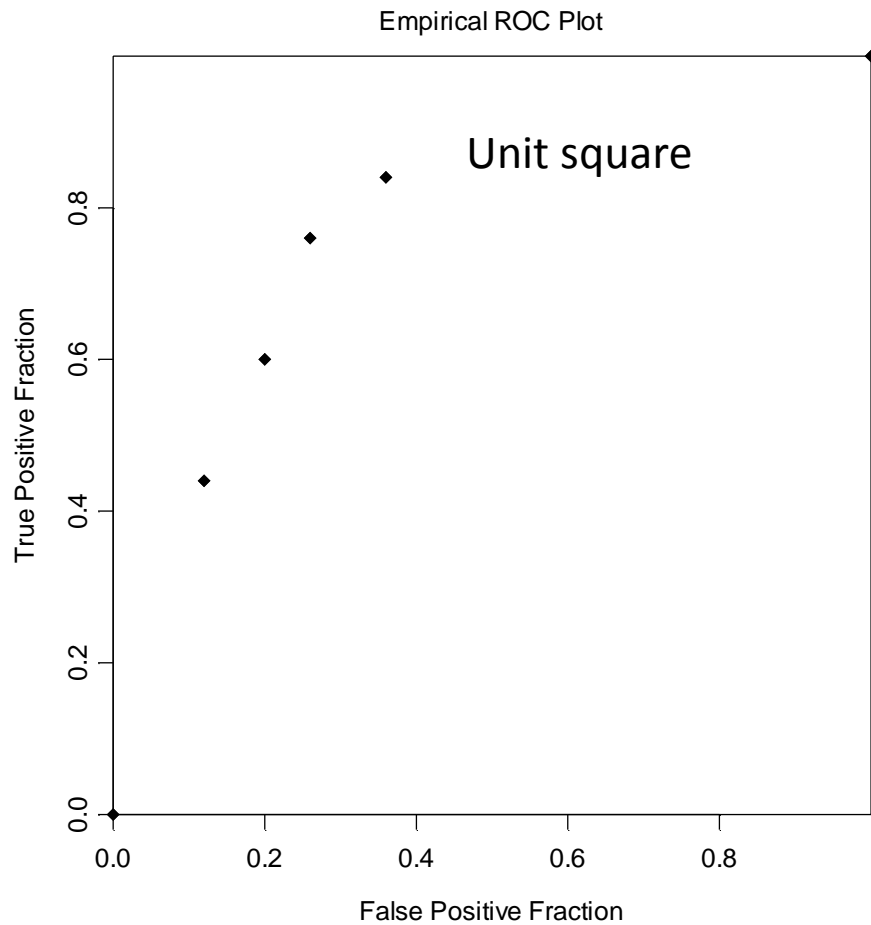
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Fitting ROC Curves in Practice

- Radiology studies: ordinal scales until about Y2000, then (also) continuous scales
 - Patient-reported outcomes: ordinal scales
- Even on a continuous scale, we only see a limited number of decision thresholds used in a study sample
- For now, look at ordinal

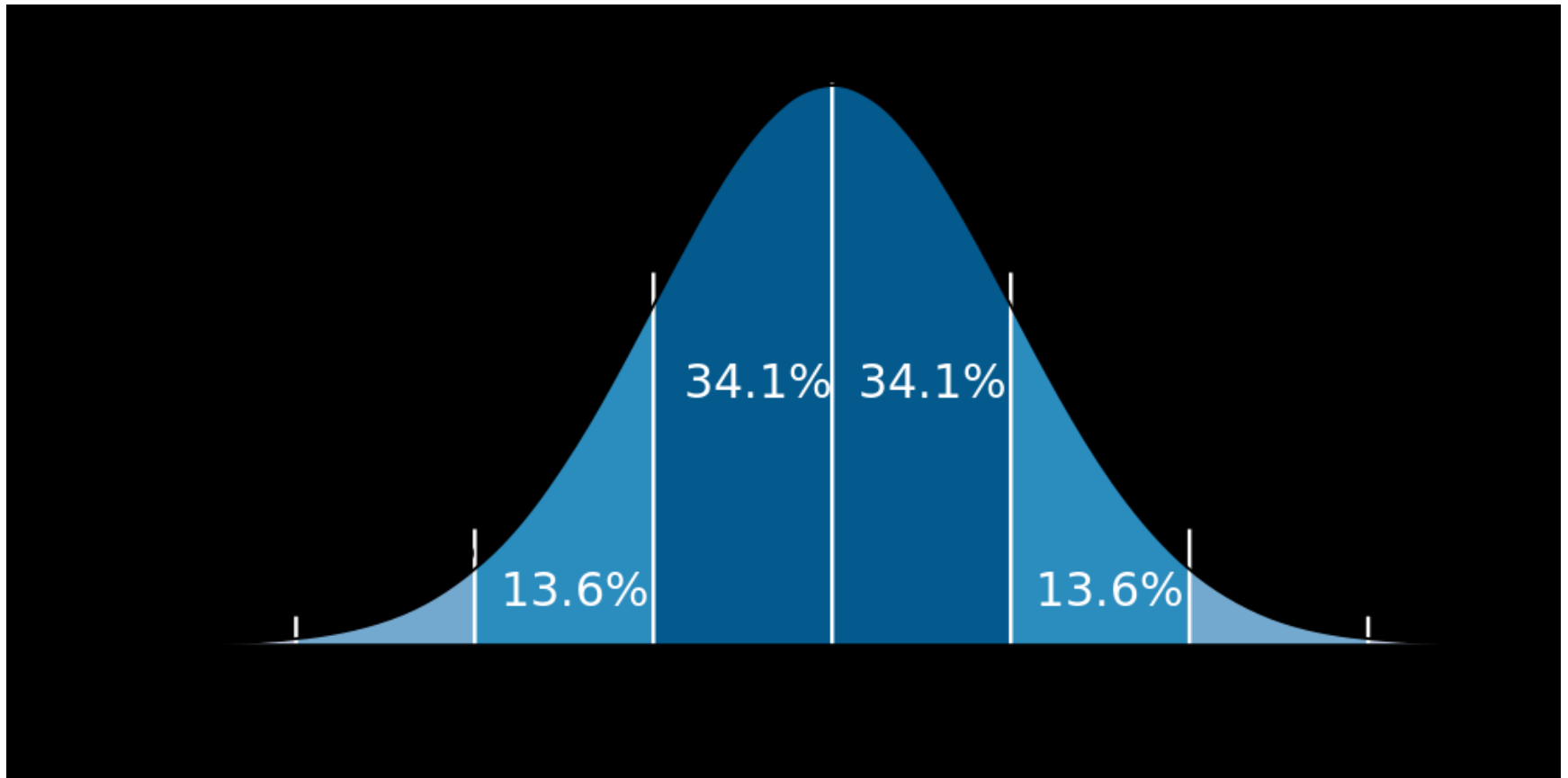
	1	2	3	4	5
Without	32	5	3	4	6
With	8	4	8	8	22

Observed Operating Points



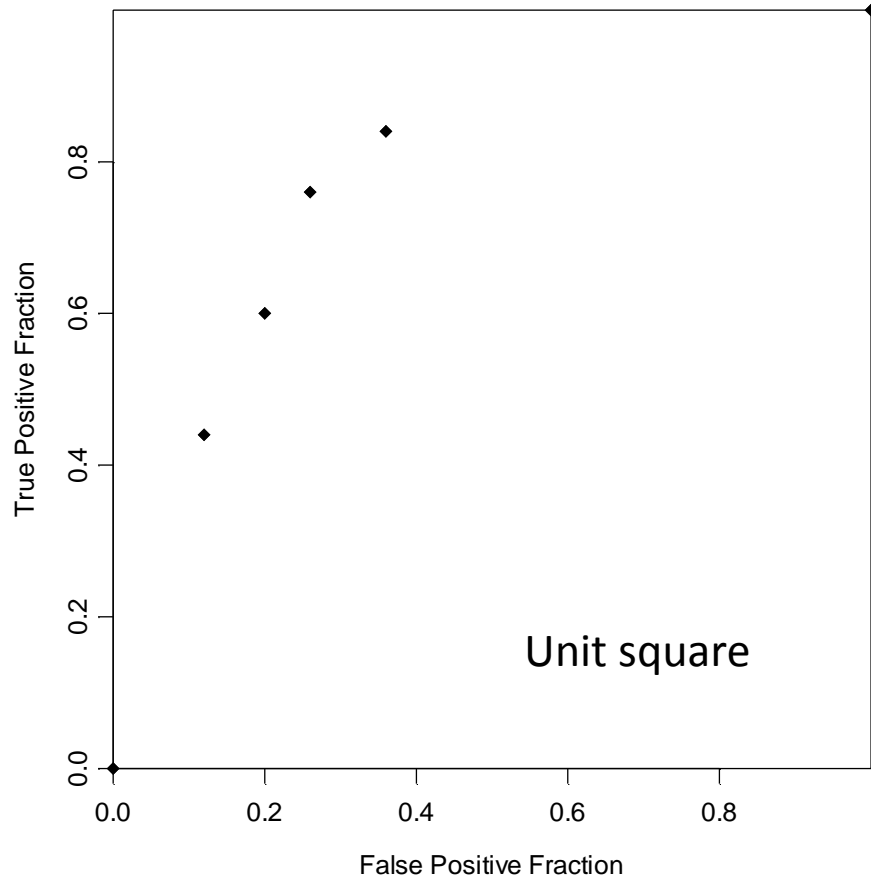
Normal Distribution

- Eventually, everything becomes normal...

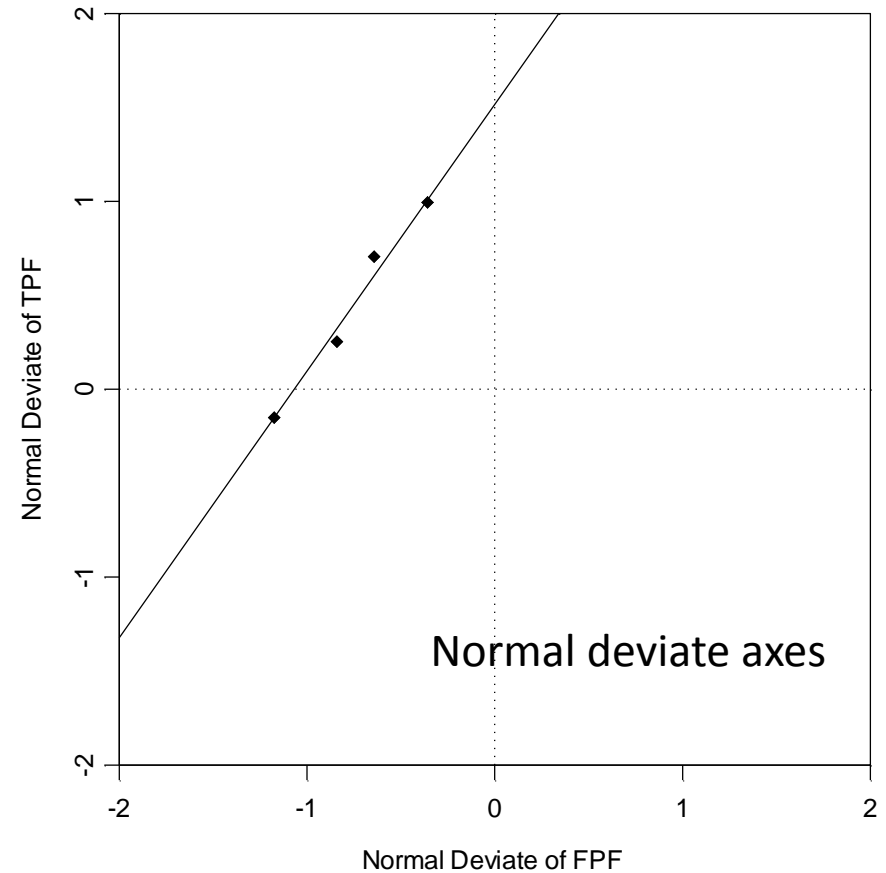


Observed Operating Points

Empirical ROC Plot



Fitted ROC Curve

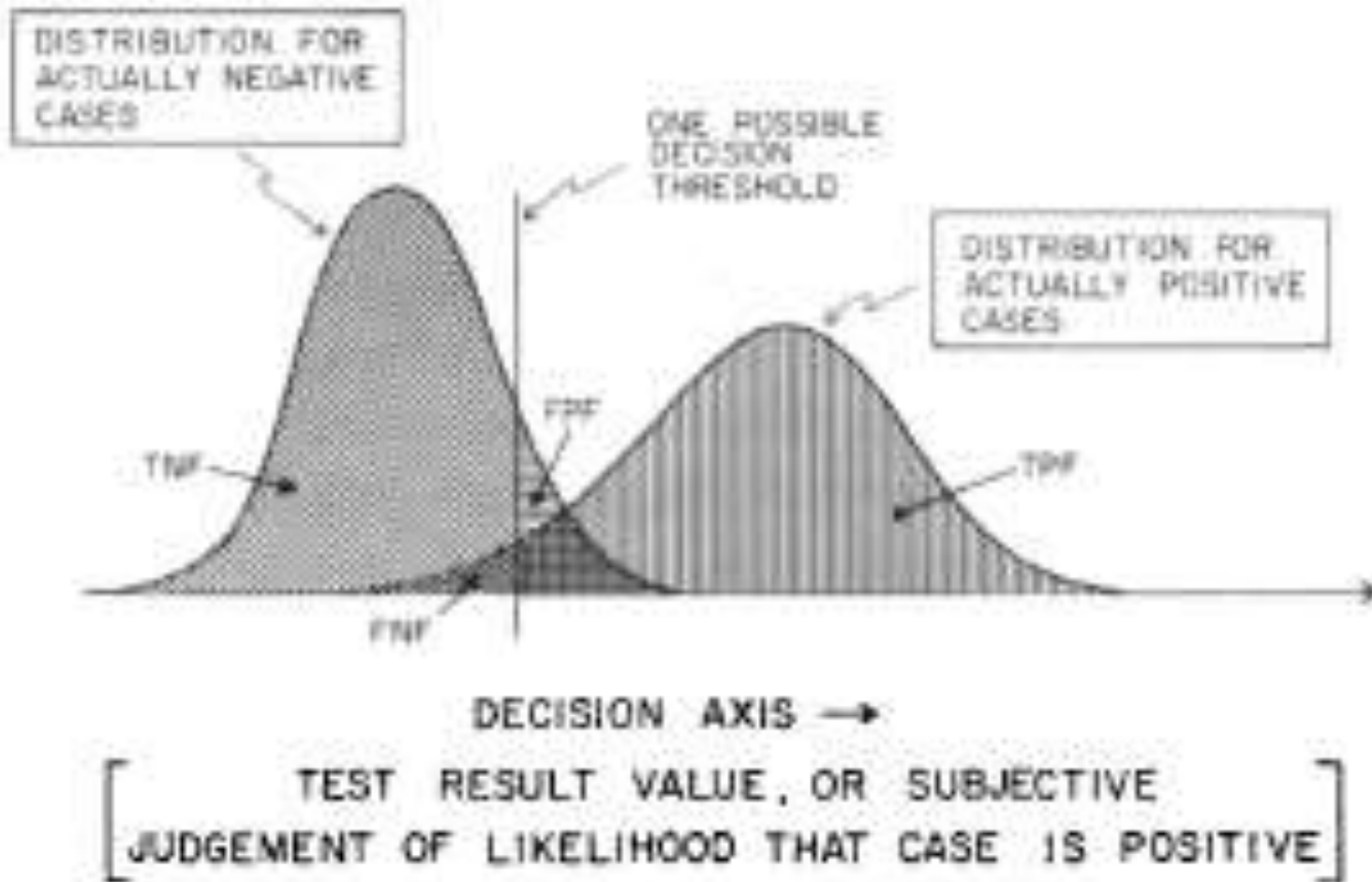


Invariance Property

- The ROC curve is invariant to **monotonic transformations**
 - *Monotonic* function: function between ordered sets that preserves the given order
 - If order of signal strength is preserved, get the same ROC curve
 - Multiply/divide, add/subtract, square root (NOT square), ...
 - *Monotonous*: lacking in variety; tediously unvarying

The Binormal Model

- Invariance: underlying distributions specify an ROC curve, but ROC curve does not uniquely specify pair of underlying distributions
 - Many-to-one mapping
- *Binormal assumption*: ROC curve plots as a straight line on a pair of normal deviate axes
 - ROC curve has same functional form as would be generated by two normal distributions
 - Actual form of latent distributions is not specified



Metz, CE. Basic principles of ROC analysis. *Seminars in Nuclear Medicine* 8:283-298 (1978).

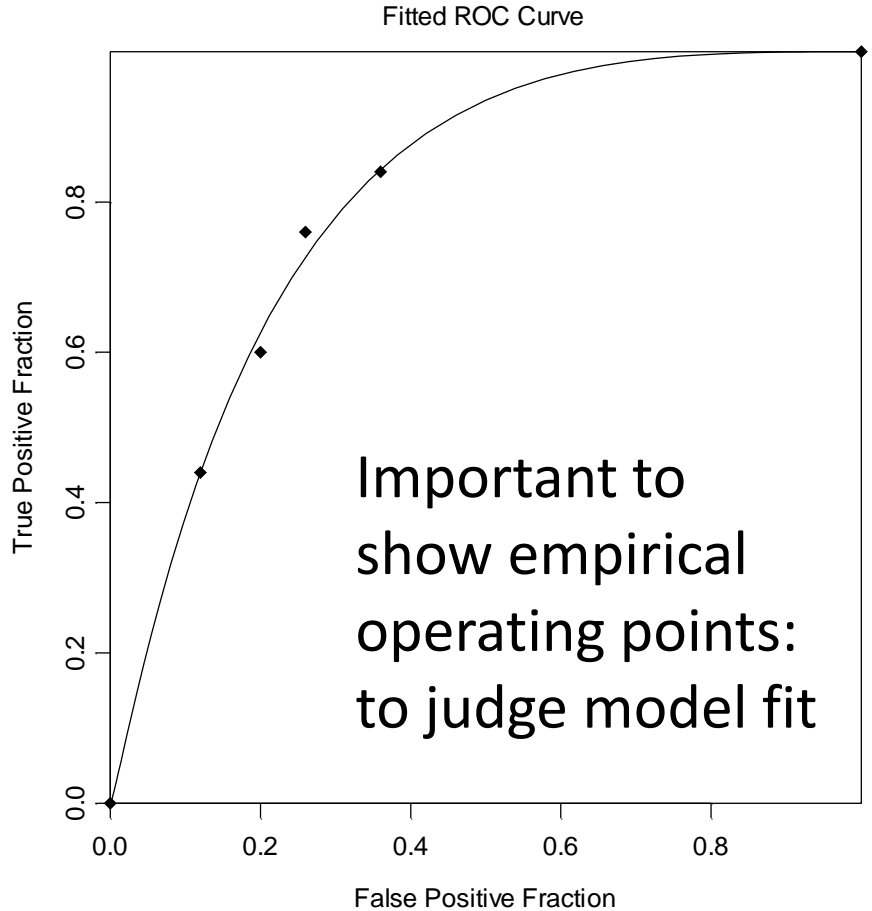
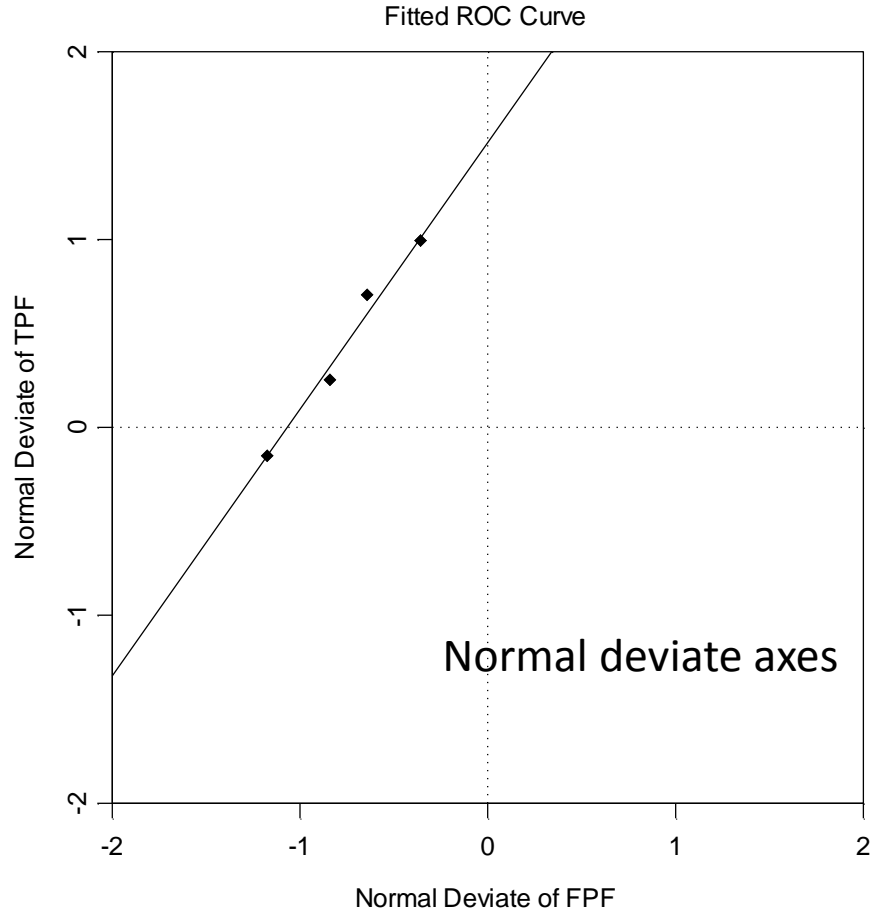
The Binormal Model

- Statistical model: intercept a and slope b on normal deviate axes

Par.	Distributions	ROC in unit square
a	Distance between centers, in units of SD_{with}	Proximity to top left corner (perfection!)
b	Ratio of widths, $SD_{\text{without}}/SD_{\text{with}}$	Symmetry around negative diagonal ($b=1$: symmetric)

- Complexity: cannot do usual statistical fit to straight line on normal-normal axes because $z(FPF)$ estimated from sample, not “known”

Fitted ROC Curve



Anchored at Corners

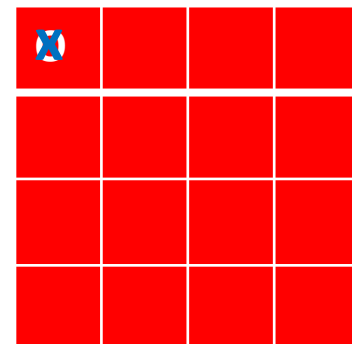
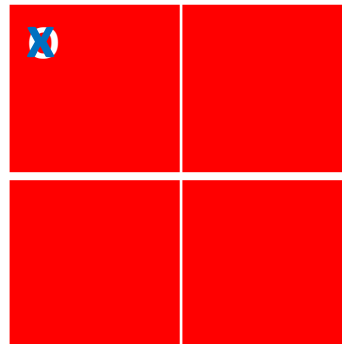
“... inevitably must pass through the lower left corner (FPF = 0, TPF = 0) of the graph because all tests can be called negative, and through the upper right corner (FPF = 1, TPF = 1) of the graph because all tests can be called positive.”

Metz, CE. Basic principles of ROC analysis. *Seminars in Nuclear Medicine* 8:283-298 (1978).

- Relates to tasks requiring localization: LROC does not necessarily reach (1, 1)

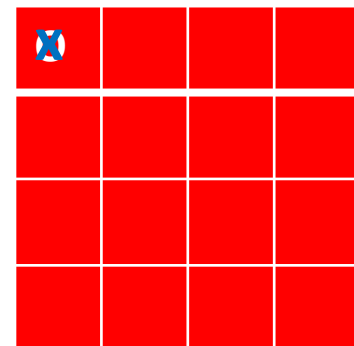
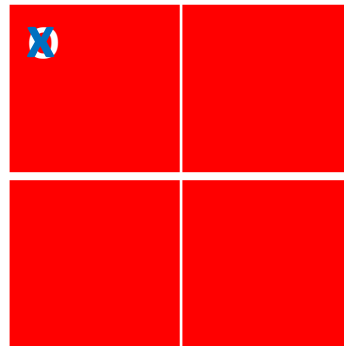
Localization: One Actual Lesion

- Combination of threshold for positive test and acceptance region for location of reader mark
 - Within mutually exclusive and exhaustive ROIs:



Localization: One Actual Lesion

- Combination of threshold for positive test and acceptance region for location of reader mark
 - Within mutually exclusive and exhaustive ROIs:



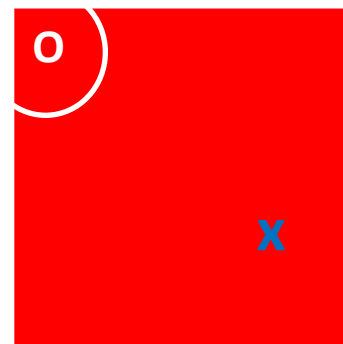
- Credit for 1, 4, 16 correct
 - Increase statistical power

Localization: One Actual Lesion

- Within mutually exclusive and exhaustive ROIs: statistical power increases with the number of ROIs
- With an acceptance radius, we still have a single unit of statistical information



Credit
for 1
correct

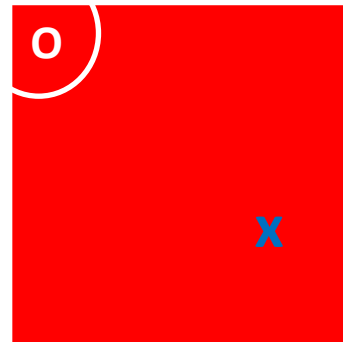


Ding
for 1
miss

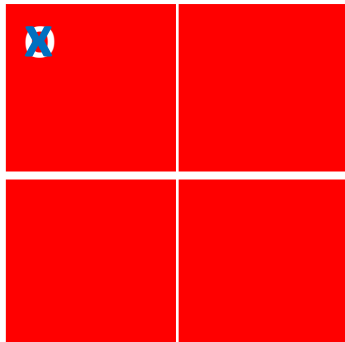
Localization: One Actual Lesion



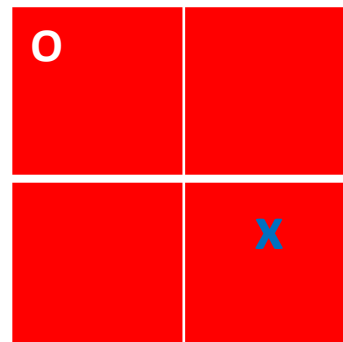
Credit
for 1
correct



Ding
for 1
miss

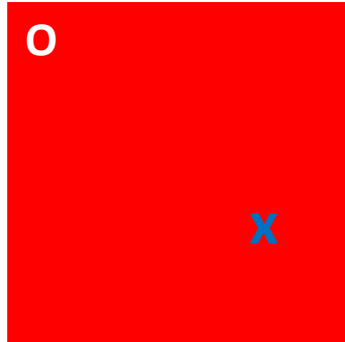


Credit
for 4
correct



Credit for 2
correct;
Dings for 1 miss
and 1 FP

Localization: One Actual Lesion



- How should this be scored?
 - Often, FN (ding for a miss, no credit)
 - Partial credit for making a mark?

Ding for 1 miss

Localization: One or More Lesions

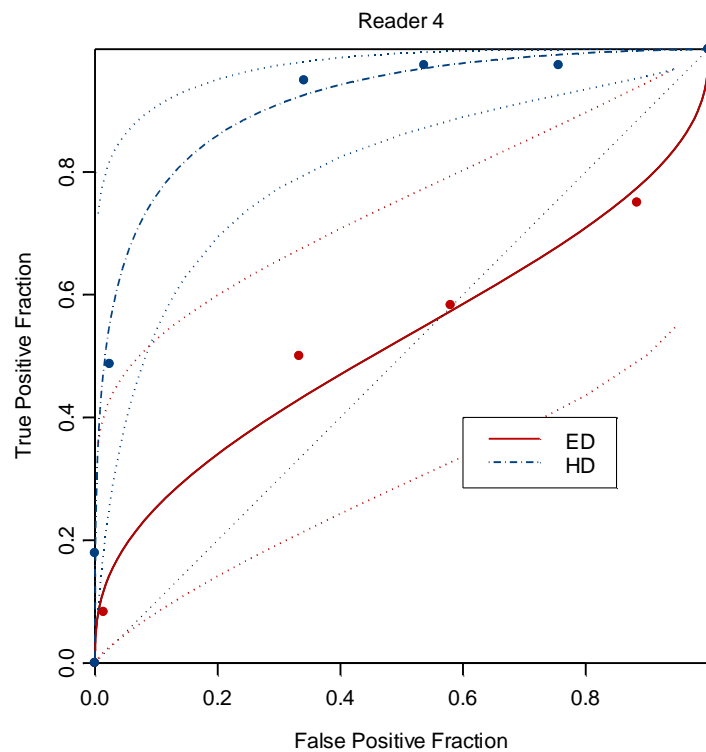
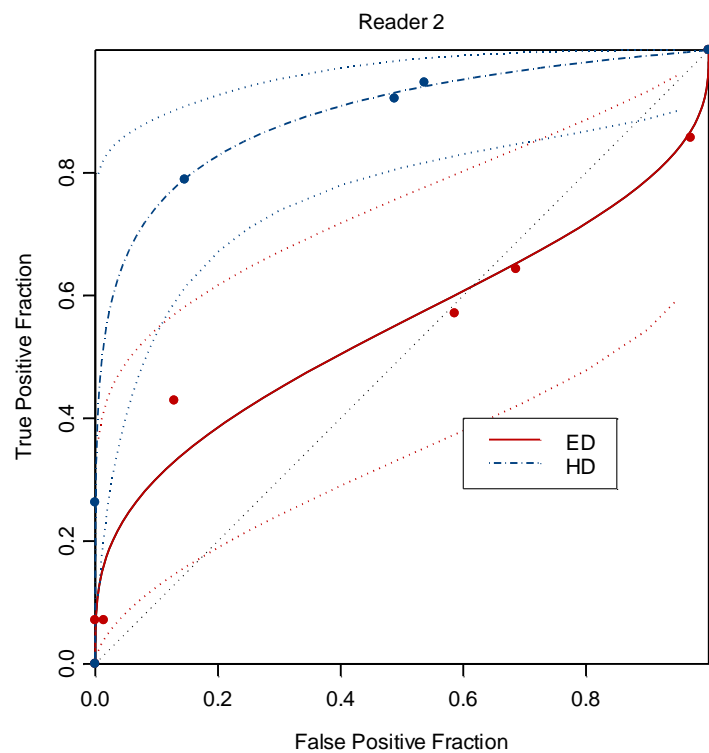
- ROI approach
 - Complexity: lesions and/or reader marks that span borders
 - Reader burden
- Acceptance radius approach
 - FROC
 - Complexity: summary statistic
 - AFROC: TPF with lesions as denominator, FPF with cases (without lesions) as denominator

Above the Diagonal

“Also, if the test provides information to the decision maker, the intermediate points on a conventional ROC curve must be above the major (lower left to upper right) diagonal of the ROC space, because in that situation a positive decision should be more probable when a case is actually positive than when a case is actually negative, ...”

Metz, CE. Basic principles of ROC analysis. *Seminars in Nuclear Medicine* 8:283-298 (1978).

Above the Diagonal



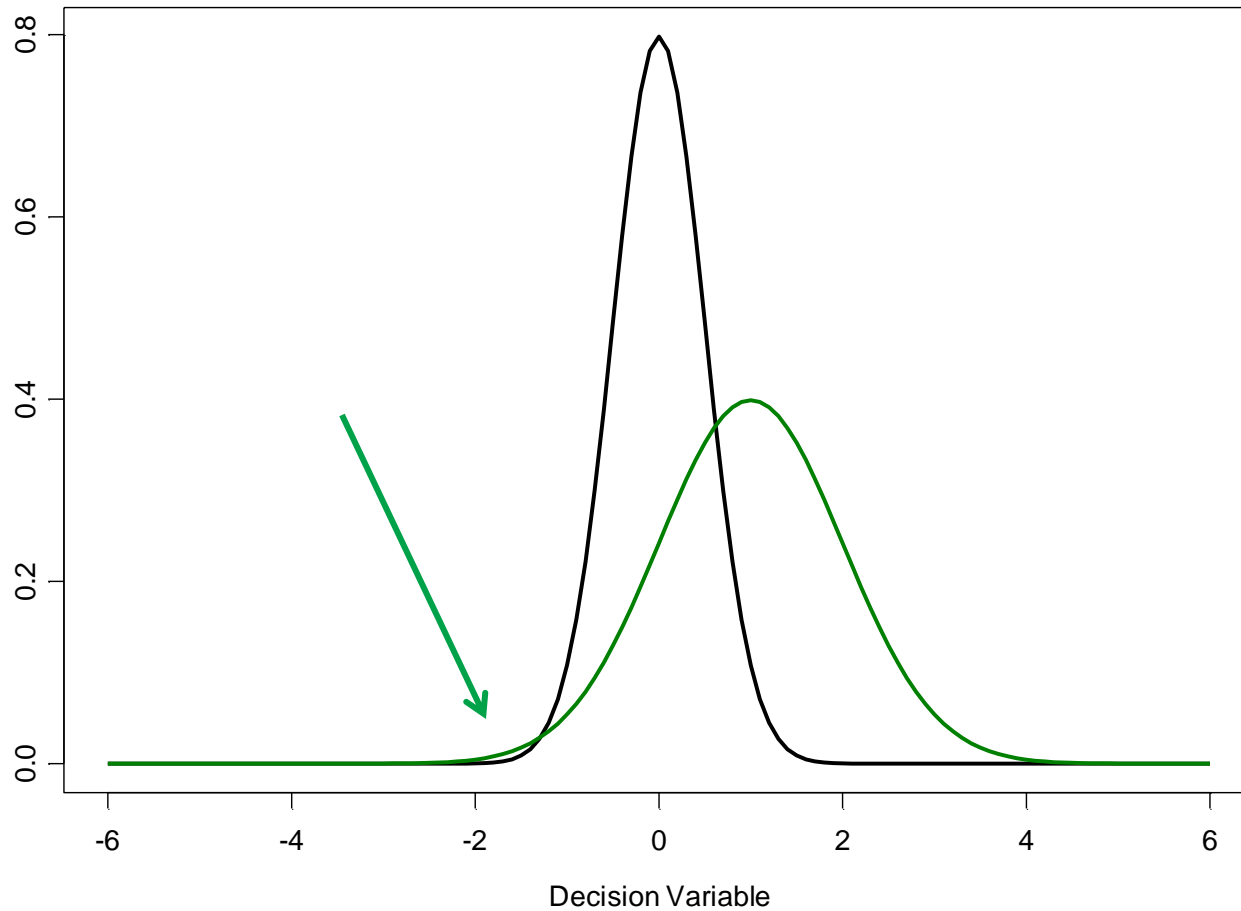
“Proper”

“...one can show on theoretical grounds that **if the decision maker uses available information in a proper way**, the slope of the ROC curve must steadily decrease (i.e., it must become less steep) as one moves up and to the right on the curve.”

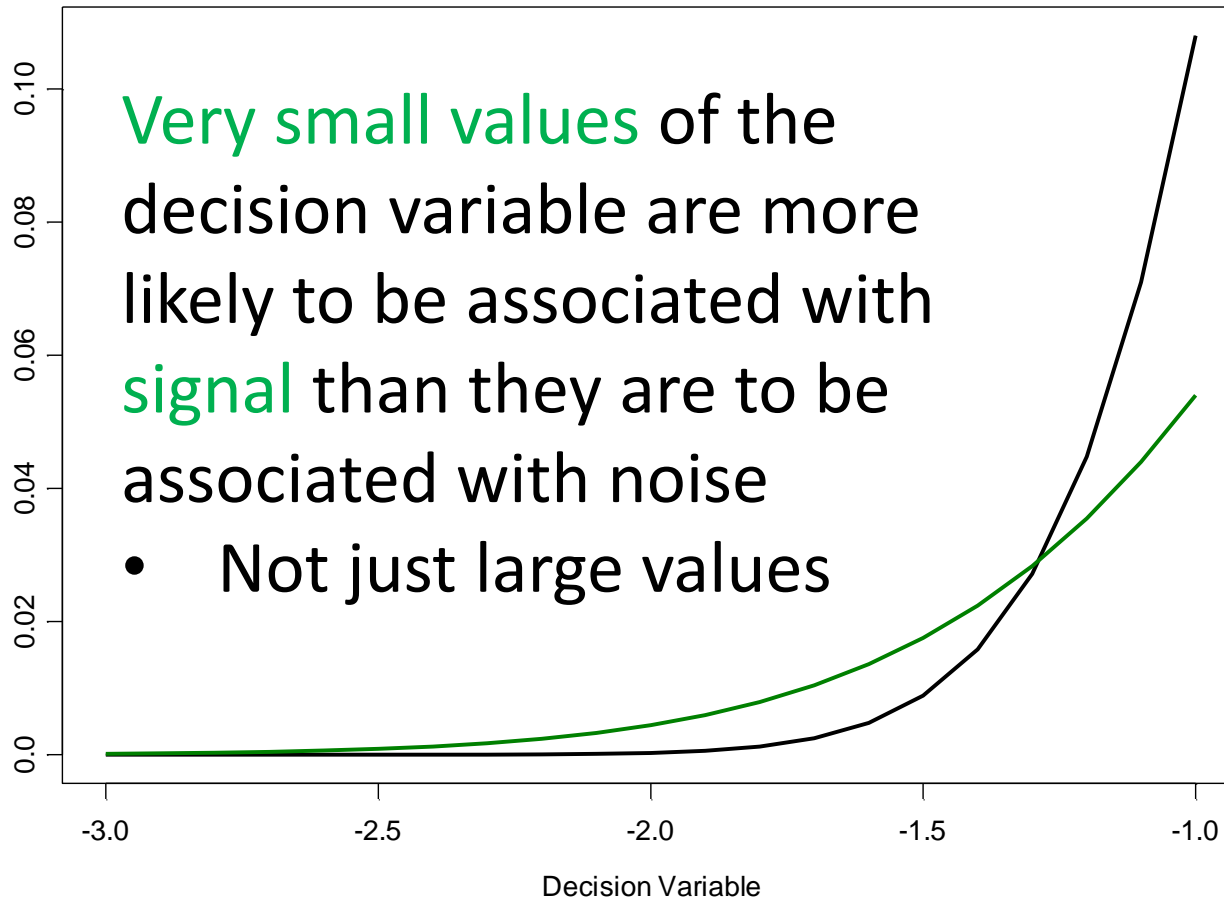
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- Any “hook” is an artifact of the binormal model
- “Proper” binormal model ensures monotonic slope, via relationship to the likelihood ratio

The Hook



The Hook



“Proper” Binormal Model

- Likelihood ratio at x : ratio of heights of distributions, signal to noise, at x
- Invariance allows new decision variable:

$$y \equiv \ln \left(\frac{LR(x)}{b} \right) = -\frac{1}{2} [(bx - a)^2 - x^2]$$

- Less stable numerically than conventional binormal model (“long, narrow, twisting ridge”)

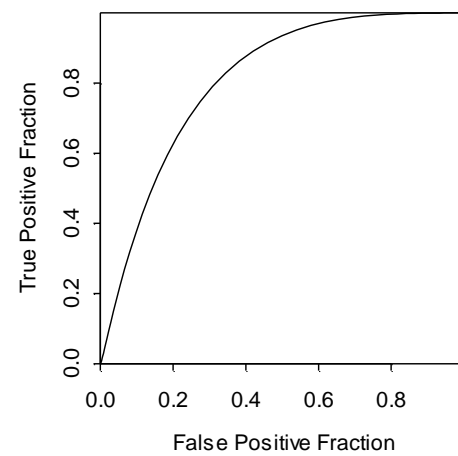
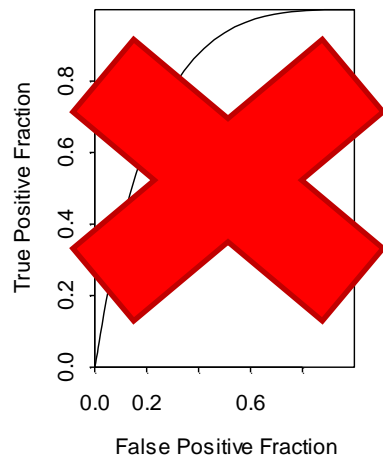
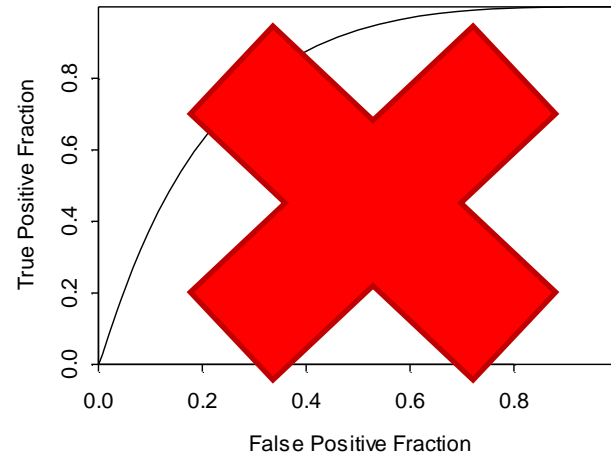
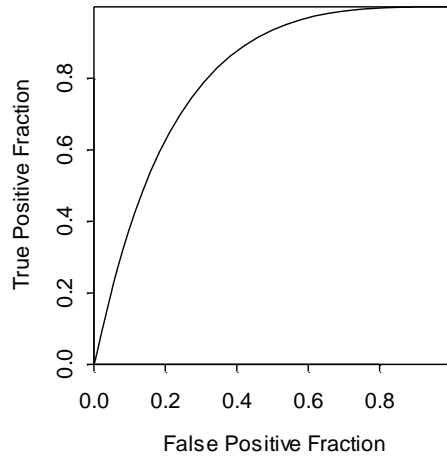
“Proper” Binormal Model

- New parameterization: (d'_e, c, v)
 - d'_e : difference between means relative to average of the SDs (rather than relative to SD_{with})
 - c : difference between the SDs relative to their sum (rather than ratio of the SDs)
 - v : **monotonic transform**. of y ; function of (y, a, b)
- New algorithm to perform successfully in situations that caused problems earlier

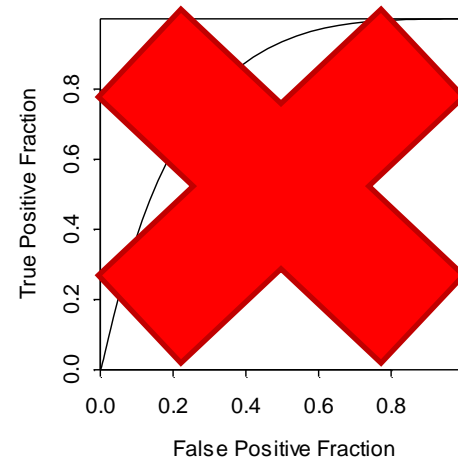
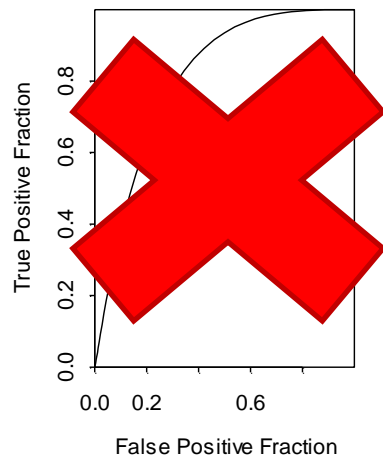
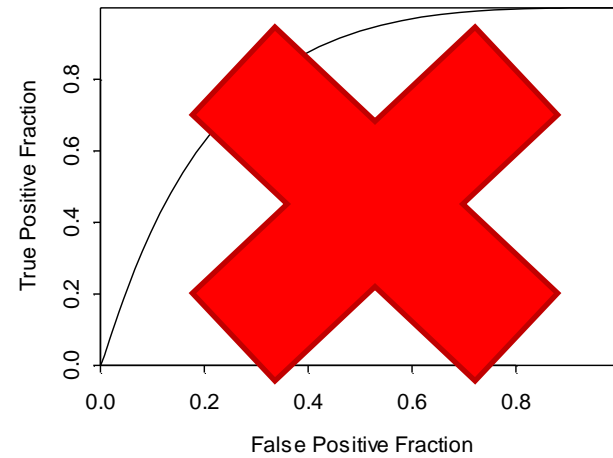
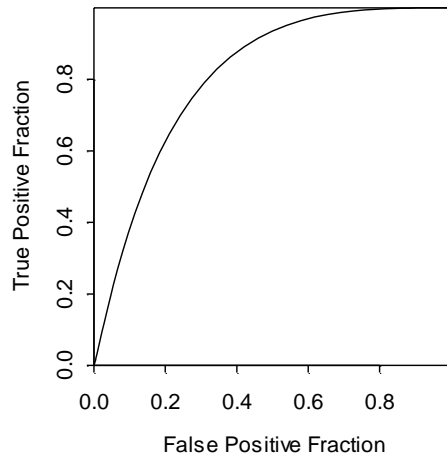
Metz, CE and Pan, X. “Proper” Binormal ROC Curves: *J Math Psychol* **43**:1-33 (1999).

Pesce, LL and Metz, CE. Reliable and Computationally Efficient ... *Acad Radiol* **14**:814-829 (2007)

Unit Square



Unit Square



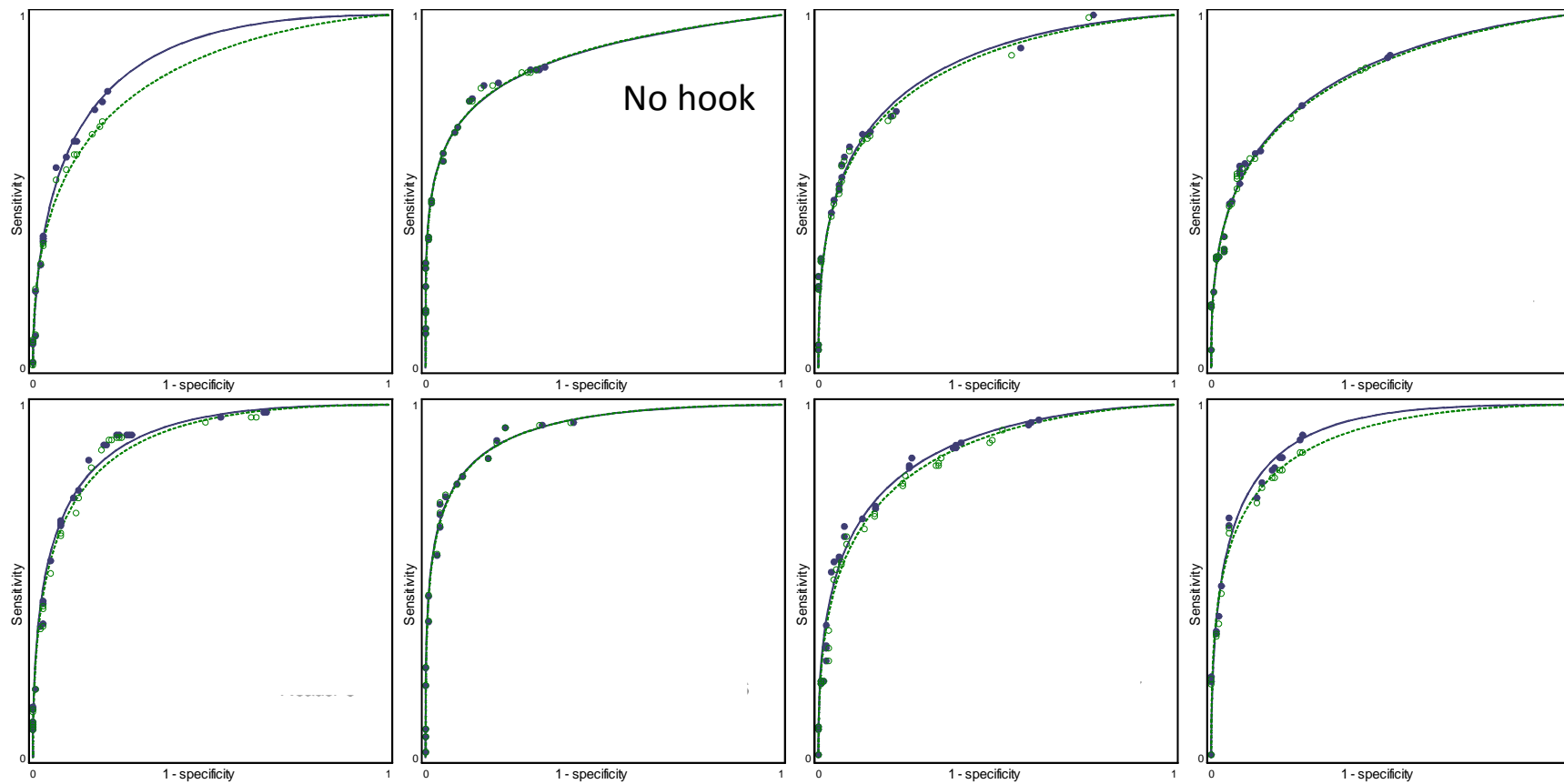
Human readers

- Not always logical
 - Don't always use the test in an informative way
 - Not always necessarily “proper”
- Missing data: prevent if possible
 - Corrupt image files
 - Database issues
 - Flight schedules

Planning MRMC Studies

- Consider case spectrum: representative of population of interest
 - Not a statistical calculation
 - Similarly for reader spectrum
- ✓ Pilot studies can be very helpful: practicalities
 - ✓ Difference we want to detect realistic?
 - ✓ Variability in ratings
 - ✓ Between-reader variability in area under ROC curve, and different correlations
 - ✗ Meet with much resistance

Subset of Readers



Charles E. Metz

- “... the trickiest bit for me at the moment seems to be finding in my head an appropriate balance between my natural instinct to fight and a long-held understanding that no one ever born has failed to die.”
- The better I got to know Charlie, the more I respected him, admired him, and genuinely liked him.
 - All the best, Charlie. Thanks for everything.