

Adversarial Regression Training for Visualizing the Progression of Chronic Obstructive Pulmonary Disease with Chest X-Rays



Introduction

Motivation:

- Chronic obstructive pulmonary disease (COPD): third leading cause of death[1] and not reported by radiologists
- We trained regression CNN: COPD screening with chest x-ray
- *Explainability* wanted for adoption, communication and debugging. Challenge: model *explainability* for regression

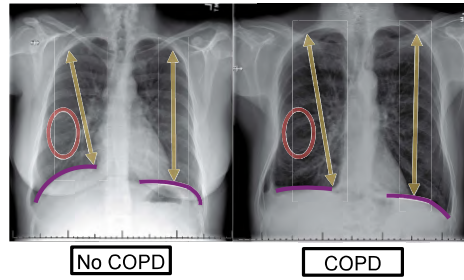
What regions of the image are weighted positively in the decision to output this class?

What would this image look like if it had this other regression value?

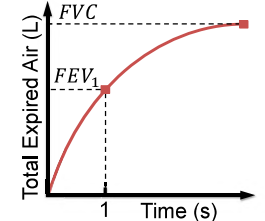
Our approach: *explainability* for regression by adversarial training

COPD evidence in x-ray

- Flat diaphragm
- High lung volumes
- Dark lungs (trapped air)



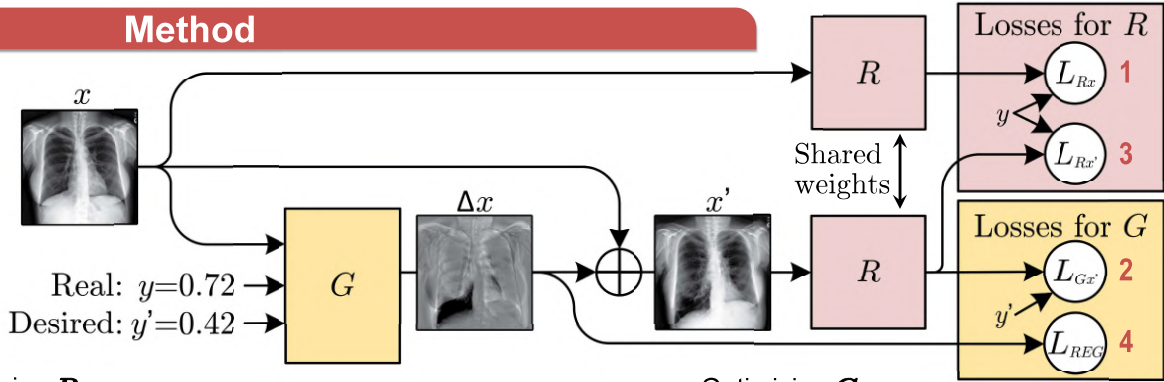
Pulmonary Function tests (PFTs)



$$\text{COPD: } \frac{FEV_1}{FVC} < 0.7$$

Method

x = original image linked to value y
 x' = modified image linked to y'
 Δx = the generated disease effect
 $y = FEV_1/FVC$



Loss terms:

Optimizing R :

1. R performs the original regression task $L_{Rx} = |R(x) - y|_{L1}$
3. Adversarial: R ignores changes from G $L_{Rx'} = |R(x') - y|_{L1}$

Optimizing G :

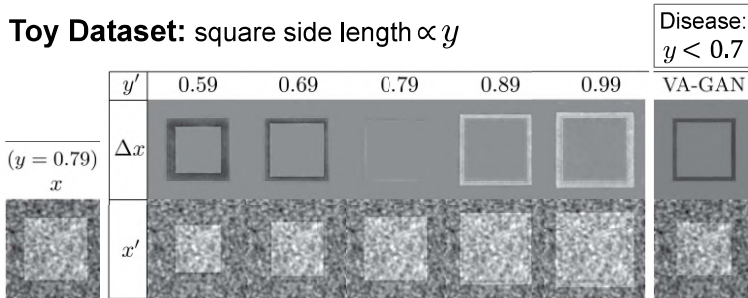
2. G modifies R 's output to desired value $L_{Gx'} = |R(x') - y'|_{L1}$
4. G modifies only what is needed $L_{REG} = |\Delta x|_{L1}$

Experiments and Results

Baseline: VA-GAN [2]:

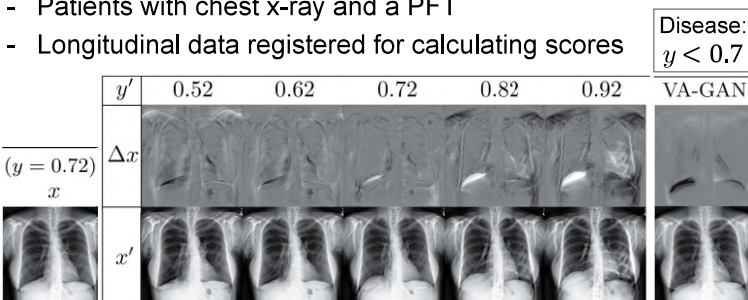
- Critic instead of regressor (generated vs. real with disease)

Toy Dataset: square side length $\propto y$

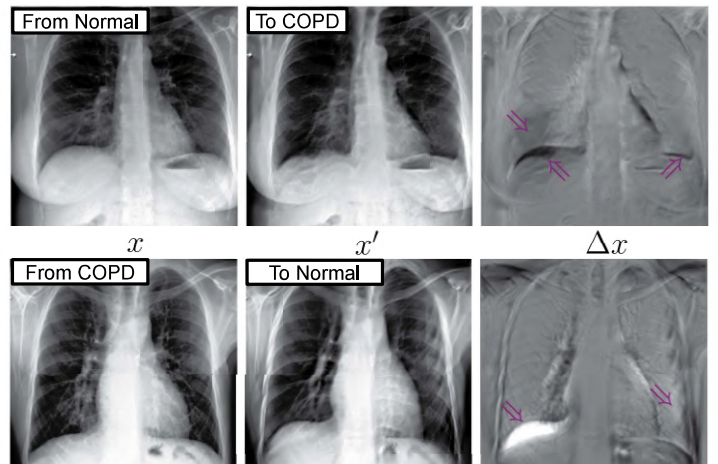


Chest x-ray dataset:

- Patients with chest x-ray and a PFT
- Longitudinal data registered for calculating scores



Normalized cross-correlation	VA-GAN	Our
Toy dataset	0.78	0.853
Chest x-ray	0.012	0.127



Conclusion

- Regression target inclusion in formulation improves results.
- Learned changes agree with radiologists on COPD effects
- Realistic images with no real/fake discriminator
- A step toward building explainable models for regression