

# Holistic and Comprehensive Annotation of Clinically Significant Findings on Diverse CT Images: Learning from Radiology Reports and Label Ontology – Supplementary Material

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## 1. More Lesion Annotation Results

### 1.1. Examples

Fig. 1 shows more lesion annotation examples of LesaNet in various body parts. We found that:

- LesaNet is good at identifying fine-grained lymph nodes (subplots (c),(e),(g),(h)), which account for a major part of the DeepLesion dataset.
- In (d), LesaNet correctly recognized the coarse-scale body part (axilla), but it classified the lesion as a lymph node instead of a mass-like skin thickening (ground-truth). This is possibly because most axillary lesions in DeepLesion are lymph nodes, while axillary skin lesions are rare.

### 1.2. Quantitative Results

In order to observe the effect of the components in LesaNet more clearly, we randomly re-split the training and validation set in the patient level 10 times and rerun the ablation study. Mean and standard deviation accuracies are reported in Table 1. Similar conclusions can be drawn from the table compared to Sec. 5.5 of the main paper.

The batch size during training may affect results because of the triplet loss and RHEM strategies used in LesaNet. We tested various batch sizes from 16 to 200 with or without the two strategies. No significant correlation was observed between the settings of batch size and accuracy. Methods with triplet loss and RHEM were consistently better than those without them.

## 2. More Lesion Retrieval Examples

Fig. 2 demonstrates more lesion retrieval examples of LesaNet (please refer to Fig. 7 in the main paper). We constrain that the query and all retrieved lesions must come

from different patients, so as to better exhibit the retrieval ability and avoid finding identical lesions of the same patient. For lesions that are common in DeepLesion, such as lung nodules and liver masses, it is easy for LesaNet to retrieve lesions that are very similar in both visual appearance and semantic labels, *e.g.* Fig. 2 (a) and (b). Moreover, LesaNet is also able to retrieve lesions that look different but share similar semantic labels, *e.g.* the rib/chest wall mass in subplot (c), the pancreatic tail mass in (d), and the left adrenal nodule in (e).

We have conducted another experiment to quantitatively compare the lesion retrieval accuracy of LesaNet and lesion embedding [1]. We used the lesions in the text-mined test set as queries to retrieve similar lesions from the training set, which has no patient-level overlap with the test set. The accuracy criterion is the average cumulative gain (ACG), which is defined as the average number of overlapping labels between the query and each of the top-K retrieved samples [2]. The ACG@top-5 of lesion embedding [1] is 2.25, meaning that a retrieved lesion shares an average of 2.25 common labels with the query lesion. The ACG@top-5 of LesaNet is 2.36. LesaNet learned from more fine-grained labels text-mined from radiology reports, which is the main reason of its improved accuracy, despite the fact that it uses a shorter embedding vector (256D vs. 1024D) and was not primarily trained for retrieval.

## References

- [1] Ke Yan, Xiaosong Wang, Le Lu, Ling Zhang, Adam Harrison, Mohammadhadi Bagheri, and Ronald Summers. Deep Lesion Graphs in the Wild: Relationship Learning and Organization of Significant Radiology Image Findings in a Diverse Large-scale Lesion Database. In *CVPR*, pages 9261–9270, 2018.
- [2] Fang Zhao, Yongzhen Huang, Liang Wang, and Tieniu Tan. Deep semantic ranking based hashing for multi-label image retrieval. In *CVPR*, pages 1556–1564, 2015.



Figure 1. Sample predicted labels with confidence scores on the text-mined test set. Green, red, and blue results correspond to TPs, FPs, and FNs, respectively. Underlined labels are TPs with missing annotations, thus were treated as FPs during evaluation. Only the most fine-grained predictions are shown with their parents omitted for clarity.

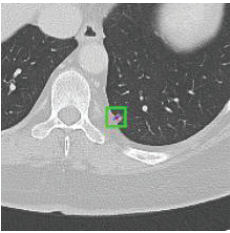
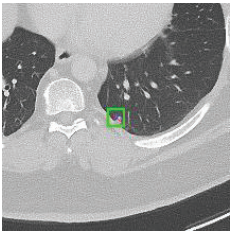
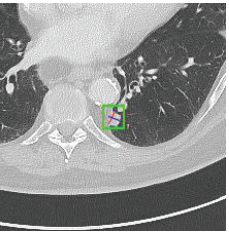
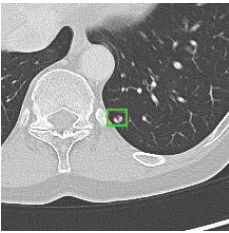
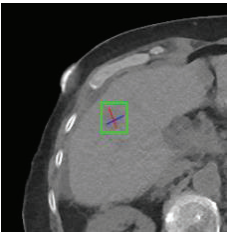
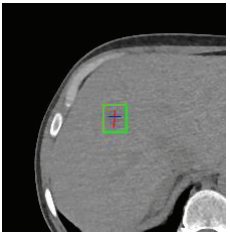
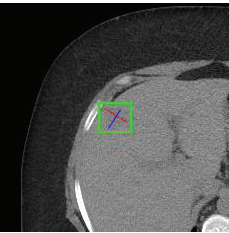
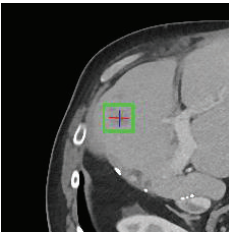
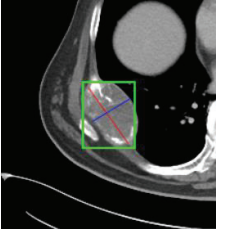
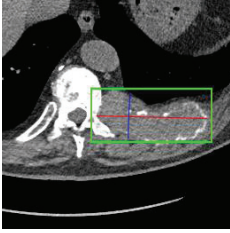
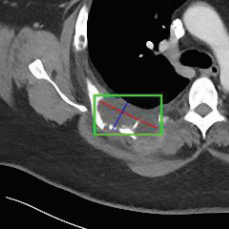
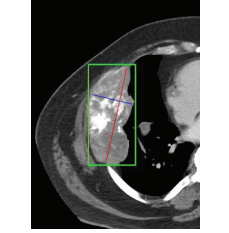
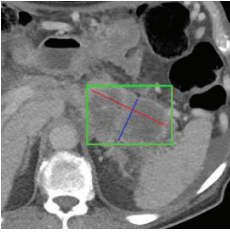
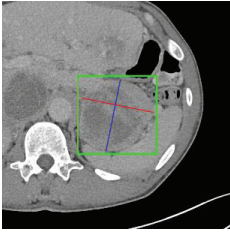
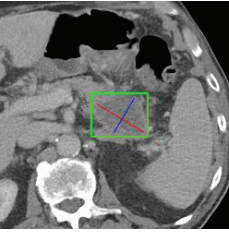
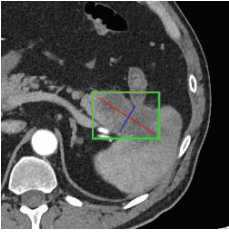
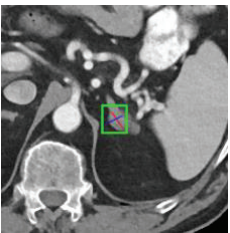
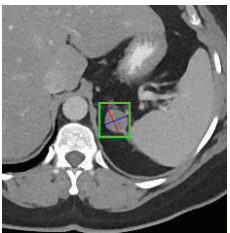
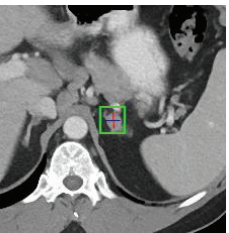
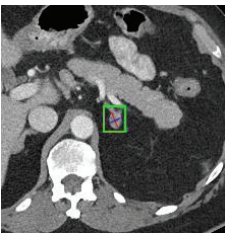
Query	Retrieved #1	Retrieved #2	Retrieved #3
 <p>(a) Unchanged <b>pulmonary nodule</b> at the left lower lobe</p>	 <p>At least 2 <b>subcentimeter</b> peripheral left lower lung focus</p>	 <p>Left lower lung mass unchanged</p>	 <p>Noncalcified left lower lung mass unchanged</p>
 <p>(b) Abnormality likely represent metastasis including focal mass right lobe liver</p>	 <p>Other new concerning <b>hypodense</b> mass include lesion scattered in the right lobe</p>	 <p>The upper abdomen is unchanged with a <b>hypodense</b> liver lesion</p>	 <p>Additional enlarging <b>hypodense</b> lesion are present near the resection margin in the right lobe</p>
 <p>(c) Expanded <b>right posterior rib</b> lesion</p>	 <p>Posterior left rib mass</p>	 <p>Right chest wall mass</p>	 <p>Unchanged large right 7th rib expansile mass</p>
 <p>(d) Complex <b>retroperitoneal</b> mass involving the region of the tail and body of the pancreas</p>	 <p>Pancreatic tail mass</p>	 <p>Centrally <b>hypoattenuating</b> mass within the pancreatic tail</p>	 <p>Low attenuation pancreatic tail mass</p>
 <p>(e) Left adrenal nodule not significantly changed in size</p>	 <p>Left adrenal nodule</p>	 <p>Left adrenal mass unchanged , probably due to <b>adenoma</b></p>	 <p>Left Adrenal Nodule</p>

Figure 2. Sample lesion retrieval results of LesaNet. The input of LesaNet is the lesion image patch only, whereas the associated report sentence is shown for reference. The irrelevant words in the sentences describing other lesions have been removed for clarity.

Method	Text-mined test set				Hand-labeled test set			
	AUC	Precision	Recall	F1	AUC	Precision	Recall	F1
LesaNet	93.24 <sub>0.08</sub>	30.89 <sub>1.23</sub>	53.74 <sub>1.62</sub>	31.76 <sub>0.90</sub>	<b>93.83<sub>0.18</sub></b>	47.01 <sub>2.09</sub>	54.63 <sub>1.41</sub>	<b>42.29<sub>1.08</sub></b>
w/o score propagation layer	92.42 <sub>0.09</sub>	<b>34.25<sub>2.60</sub></b>	<u>49.61<sub>1.55</sub></u>	30.89 <sub>0.83</sub>	<u>93.28<sub>0.30</sub></u>	<b>50.60<sub>2.06</sub></b>	<u>51.74<sub>1.72</sub></u>	41.09 <sub>1.09</sub>
w/o RHEM	93.21 <sub>0.10</sub>	<u>28.40<sub>1.49</sub></u>	<b>56.05<sub>2.19</sub></b>	31.02 <sub>0.93</sub>	93.62 <sub>0.22</sub>	<u>43.09<sub>1.49</sub></u>	<b>57.65<sub>2.11</sub></b>	42.04 <sub>1.06</sub>
w/o label expansion	<u>92.37<sub>0.12</sub></u>	30.16 <sub>1.72</sub>	55.68 <sub>1.95</sub>	<u>30.73<sub>0.60</sub></u>	93.32 <sub>0.30</sub>	45.61 <sub>2.09</sub>	55.87 <sub>3.14</sub>	<u>40.94<sub>1.24</sub></u>
w/o text-mining module	<b>93.27<sub>0.09</sub></b>	30.79 <sub>1.43</sub>	53.77 <sub>1.90</sub>	<b>31.94<sub>1.16</sub></b>	93.68 <sub>0.23</sub>	46.16 <sub>2.05</sub>	54.05 <sub>2.68</sub>	41.49 <sub>0.65</sub>
w/o triplet loss	93.03 <sub>0.07</sub>	30.65 <sub>1.94</sub>	53.91 <sub>1.86</sub>	31.60 <sub>1.19</sub>	93.56 <sub>0.18</sub>	46.29 <sub>1.30</sub>	54.73 <sub>1.53</sub>	41.84 <sub>1.22</sub>

Table 1. Multilabel classification accuracy averaged across labels on two test sets. Bold results are the best ones. Red underlined results in the ablation studies are the worst ones, indicating the ablated strategy is the most important for the criterion. We report mean and standard deviation of accuracies calculated on 10 random data splits formatted as mean<sub>std.</sub>.