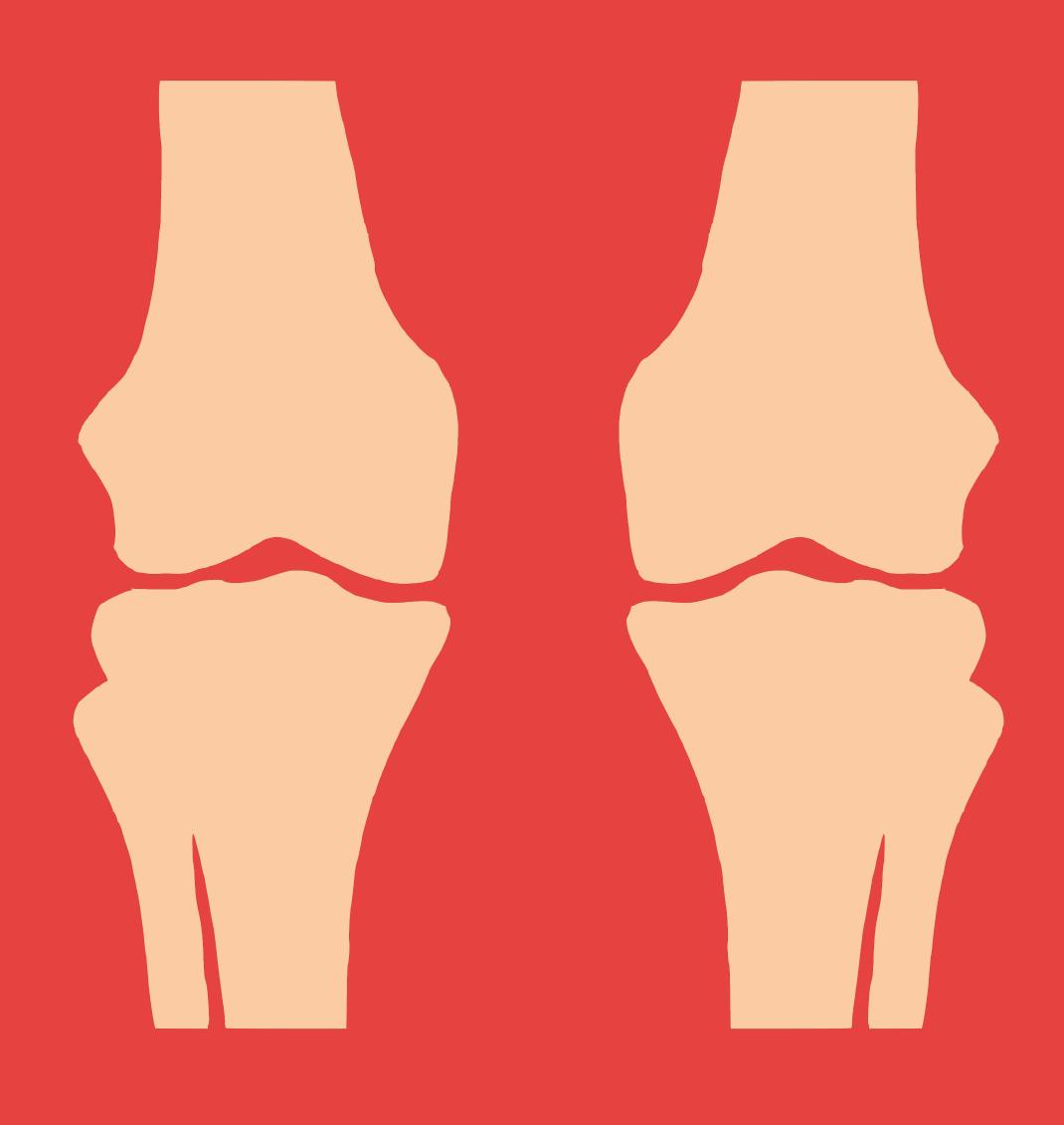
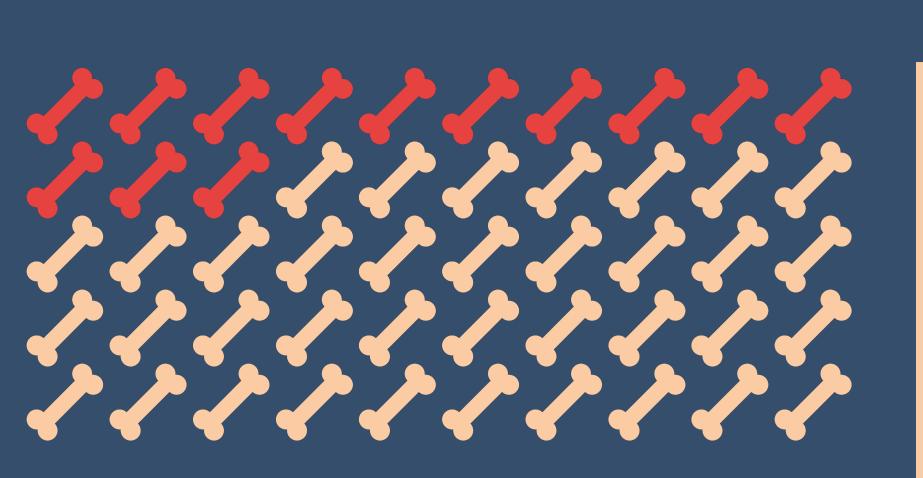
MACHINE **LEARNING** DETECTING MISMARKED KNEE X-RAYS



We found 13.2 % mismarked knee xrays examinations in a pilot study at the University of Copenhagen Hospital, **Bispebjerg and Frederiksberg Hospital**

RSNA Poster #QI03-B-HC1



25.8% OF KNEE X-RAY EXAMINATIONS WERE MISMARKED IN OUR **RECENT RETROSPECTIVE STUDY**

Retrospective study

INCLUDED

> 1,513 X-RAYS

532 EXAMINATIONS

> 477 PATIENTS



252 / 225 FEMALES / MALES

> 48 years MEDIAN AGE

8–103 years AGE RANGE



17.3 % X-RAYS

25.8 % EXAMINATIONS

> 27.5 % PATIENTS

MISMARKED EXAMINATIONS FROM 2015 TO 2018

LEAD MARKER USE 34.2 % AWARENESS 25.2 % 22.5 % 19.5 % 2015 **1** 2016 2018 2017 There was a significant decrease in mismarked

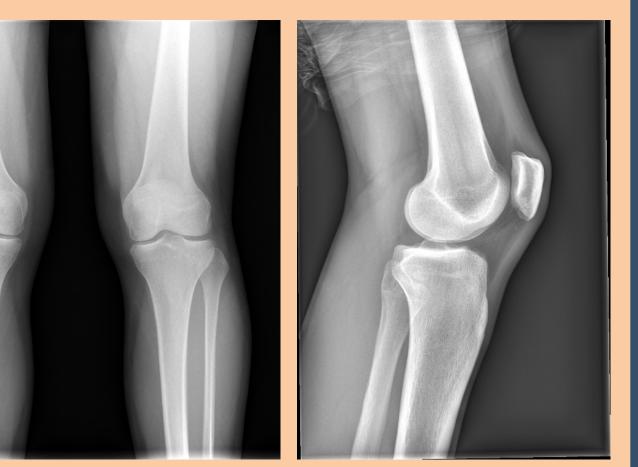
examinations from 2015 to 2017 (p < 0.05)

CONTACT ME HERE

LinkedIn

A Lenskjold (1,2), MW Brejnebol (1,2), M Boesen (1,2), MJ Lundemann (3), P Lisouski (3), M Axelsen (3), H Gudbergsen (4), A Troelsen (5), JU Nybing (1,2)

1) Dept. of Radiology, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark; 2) Radiological Artificial Intelligence Testcenter, QR code RAIT.dk, Copenhagen, Denmark; 3) Radiobotics Aps, Copenhagen, Denmark; 4) The Parker Institute, Copenhagen, Denmark; 5) Dept. of Orthopaedic Surgery, Copenhagen University Hospital Hvidovre & CAG ROAD – Research OsteoArthritis Denmark



MISSING MARKERS

Objectives

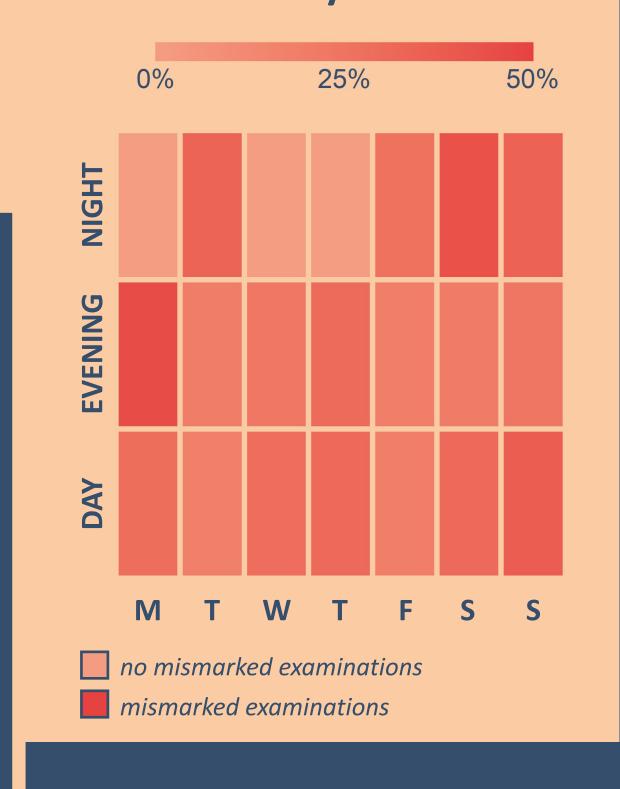
- to investigate the number of conflicting and missing knee xray laterality markers at a Danish hospital
- II. to develop and evaluate a machine learning model that detects these conflicting and missing laterality markers

Methods

A research dataset of 8,596 knee clinical production radiographs from 2015 to 2018 at Bispebjerg and Frederiksberg Hospital was randomized and split into a training (83%) and test set (17%). Two readers annotated 1,515 radiographs for conflicting and missing laterality markers not coherent with the accepted marking. An arbitrator consulted inconsistencies between the readers for a final decision. Two images were excluded based on 1) a severe rotated dislocated femur fracture and 2) a blank image. The study was approved by the Danish Patient Safety Authority #3-3013-3040/1.

A Danish health tech company developed and trained a convolutional neural network model (machine learning) to detect knee anatomical structures and markers. An additional number of images (> 15,000) from other sources were included for model improvement. Finally, the research team evaluated the model against the reference dataset and provided the performance metrics. The research team and company reviewed the reference and machine learning model discrepancies for possible explanations.

MISMARKED EXAMINATIONS DURING WORK SHIFTS AND WEEKDAYS/WEEKENDS



Machine learning model



POTENTIALS OF THE MODEL

- ✓ Immediate alert system
- Clinical quality assurance
- ✓ Workflow optimizing
- ✓ Research tool

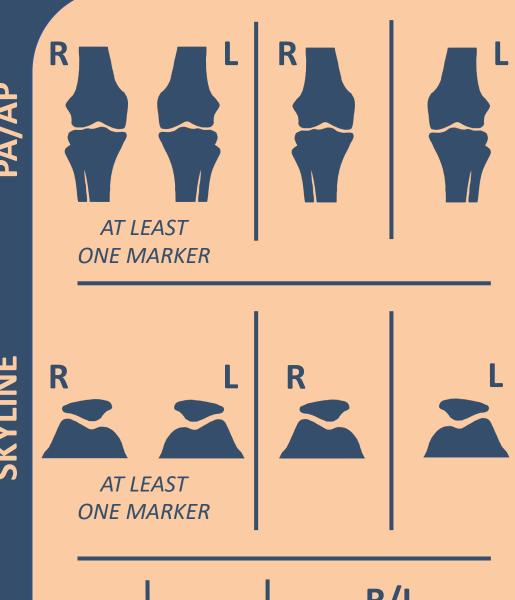
1.5 % of the images were classified as 'unknown' by the model and removed from the performance metrics

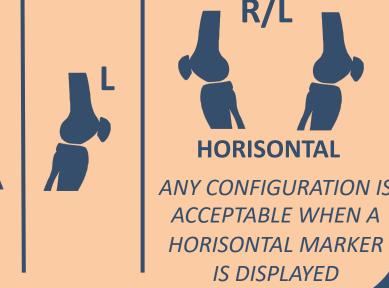
Disclaimer

AL, MWB, MB, and JUN have worked closely with Radiobotics as a partner and collaborator throughout the studies and projects; provisions have been received; a European Eurostar grant (X-AID) that was given to Radiobotics and Bispebjerg and Frederiksberg Hospital has been used to pay salaries for the RAIT research group. MB and AT are unpaid advisors for Radiobotics. HG: N/A. ML, PL, and MA are employees of Radiobotics.



Accepted marking





✓ Patient safety improvement



MISMARKED (Ve in Danish = LEFT)

Bispebjerg og Frederiksberg Hospital