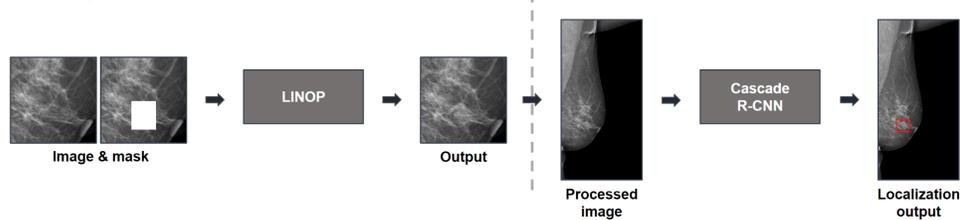


Purpose

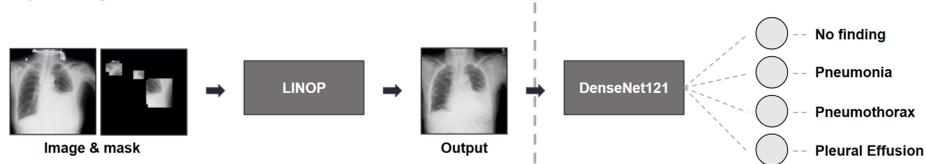
- The medical imaging field suffers from lack of usable data compared to natural image because of the private and sensitive nature of medical data.
- To address these problems **synthetic data** generated from DL models is considered to be a promising solution. **But generating images showing certain types of disease is challenging and difficult to ensure that the imaging feature of certain disease has been correctly generated.**
- In this study, we present **Lesion In-aNd-Out Painting (LINOP)** to generate synthetic medical images for data augmentation. Using the **inpainting method**, it is possible to accurately generate a lesion of the desired size in the desired location. Also, using the **outpainting method**, the imaging feature of the disease can be clearly preserved.

Materials and Methods

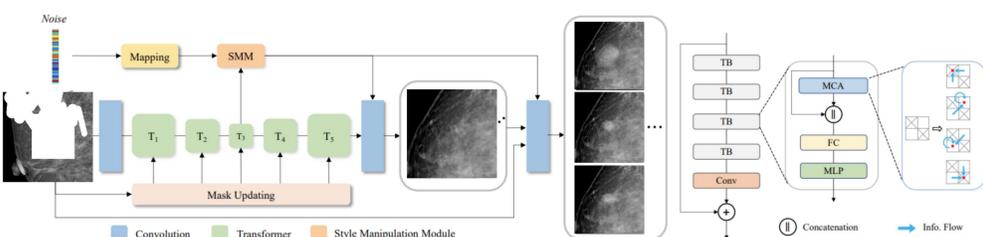
Inpainting "Mass" on MMG



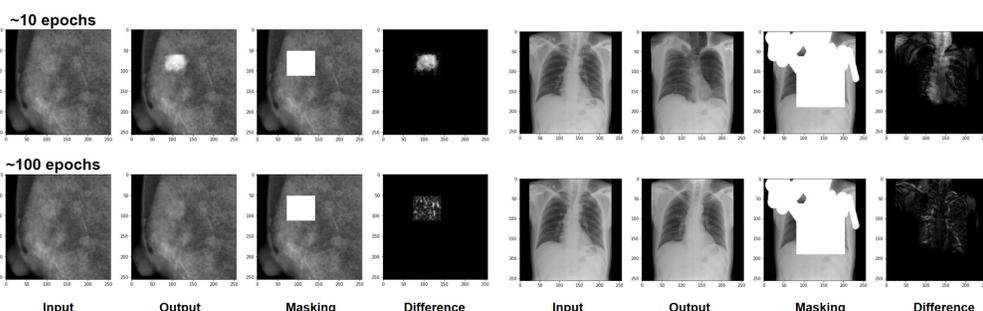
Outpainting CXR around lesions



- We train and validate a **lesion inpainting pipeline on mammography dataset, VinDR-Mammo**. We used 730 of "Mass" only images to train the lesion inpainting model, and 11,753 of "No finding" images to generate inpainting results for data augmentation.
- For lesion outpainting pipeline on CXR, VinDR-CXR was used**; 10,478 of "No finding" only images from training set to train the outpainting model, and 4,522 not "No finding" images to generate outpainting results for data augmentation.



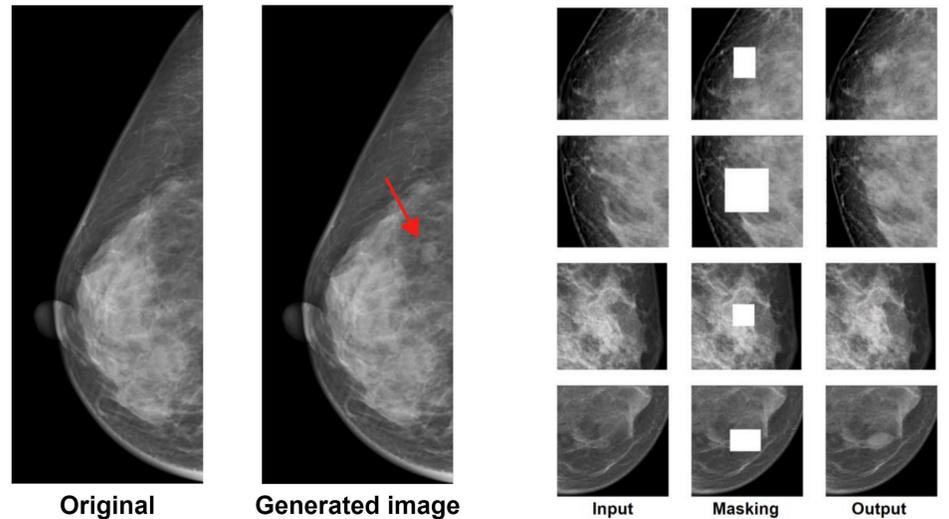
- To perform realistic-looking inpainting and outpainting, we used a **DL-model based on MAT architecture**. It consists of a convolutional head designed for tokenization, a transformer body that extracts information through multi-head contextual attention and window shifting, and a Conv-U-Net used for reconstruction.



- To evaluate the effectiveness of inpainting augmentation, **mass localization of mammography was performed**. Cascade R-CNN was trained for object detection, and the 976 inpainting data was used.
- To evaluate the effectiveness of outpainting augmentation, **4 class classification of CXR was performed** on images corresponding to normal, pleural effusion, pneumothorax and pneumonia among the total data.

Results

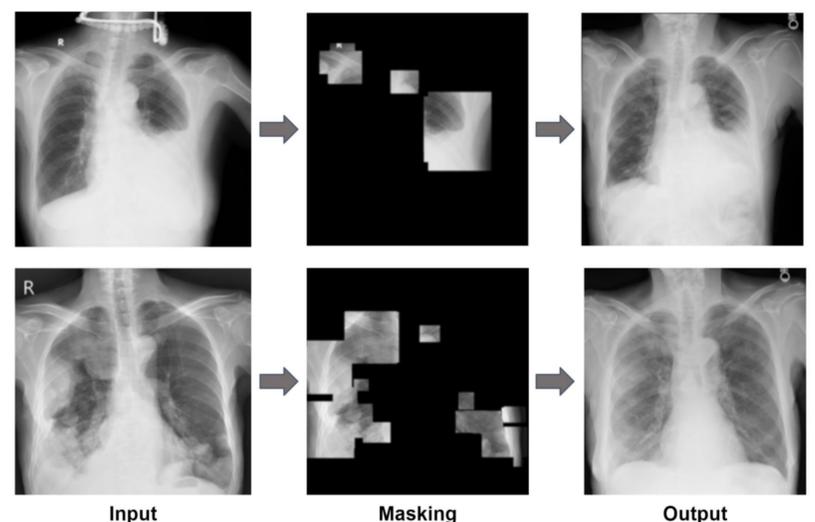
- The best FID score remarks **6.76** for mammography mass inpainting.



- Proposed augmentation showed improvement on mAP@50, up to **30.3% increases**.

Dataset	mAP@50
Baseline	0.228
+ 50% of inpainting augmentation	0.2814
+ 100% of inpainting augmentation	0.297

- The best FID score remarks **3.83** for CXR lesion outpainting.

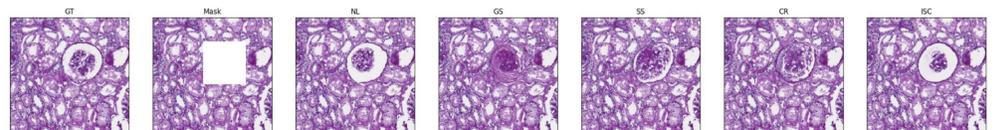


- For all portions, proposed augmentation showed improvement both on accuracy and AUROC, up to **11.2% and 10.3% increases**.

Portion of dataset used:		100%	50%	25%	12.5%
Baseline	Accuracy	0.8113	0.7506	0.723	0.661
	AUROC	0.933	0.8845	0.8387	0.8023
Outpainting augmentation	Accuracy	0.8571	0.8349	0.7912	0.7102
	AUROC	0.9638	0.9528	0.9255	0.8619

Conclusions

- Generate a lesion of the desired size in the desired location or keep the imaging features of the disease accurately.**
- Can improve the reliability, utilization and controllability compared to the generating entire images.
- Future direction:** Apply to other modalities such as brain tumor and digital pathology images



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