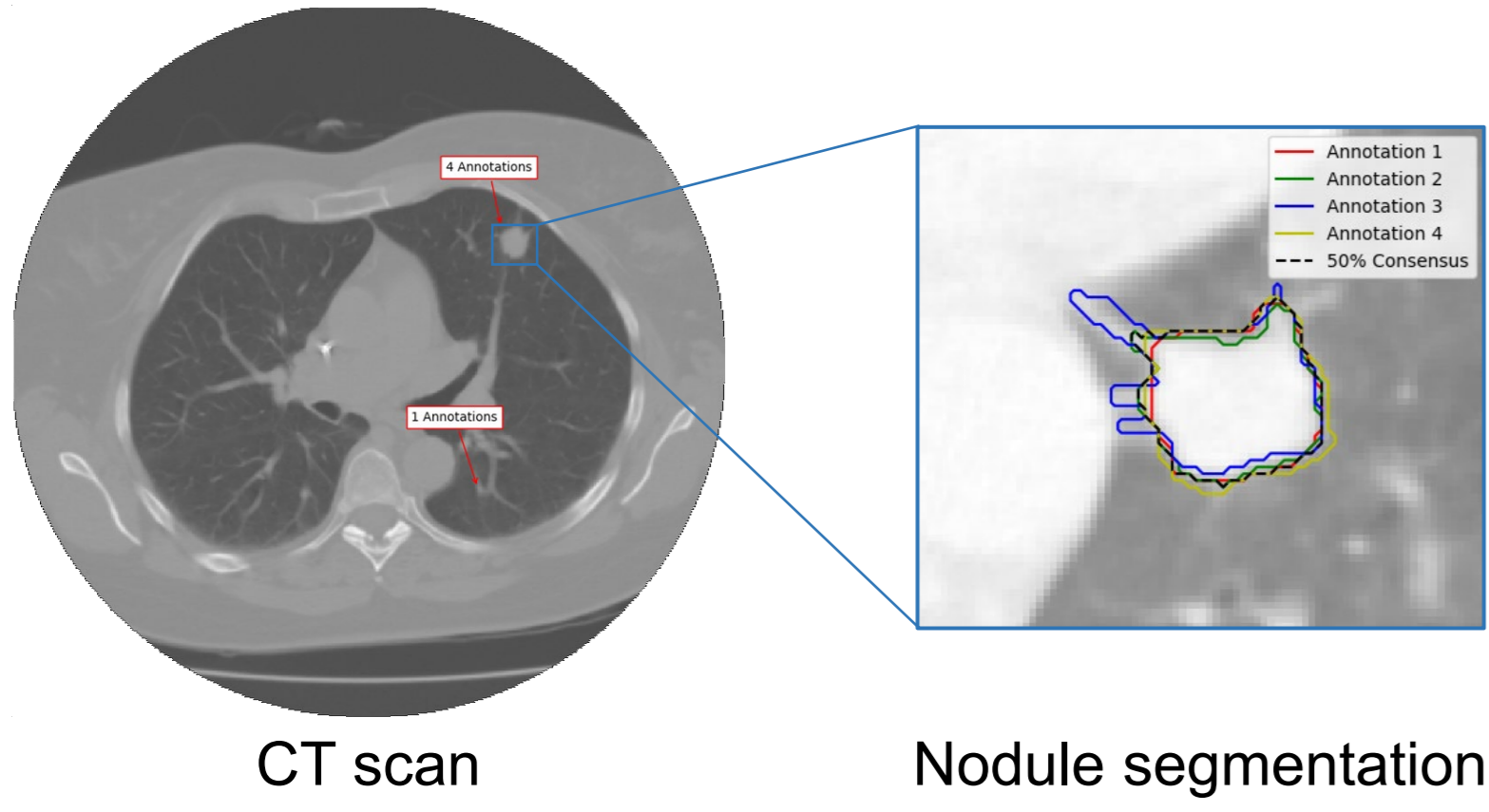


## BACKGROUND

Effective lung cancer screening requires **accurate characterisation of lung nodules** in CT images. Post-hoc explainable approaches that attempt to **interpret “black boxes”** are **not deemed trustworthy enough** in clinical practice.

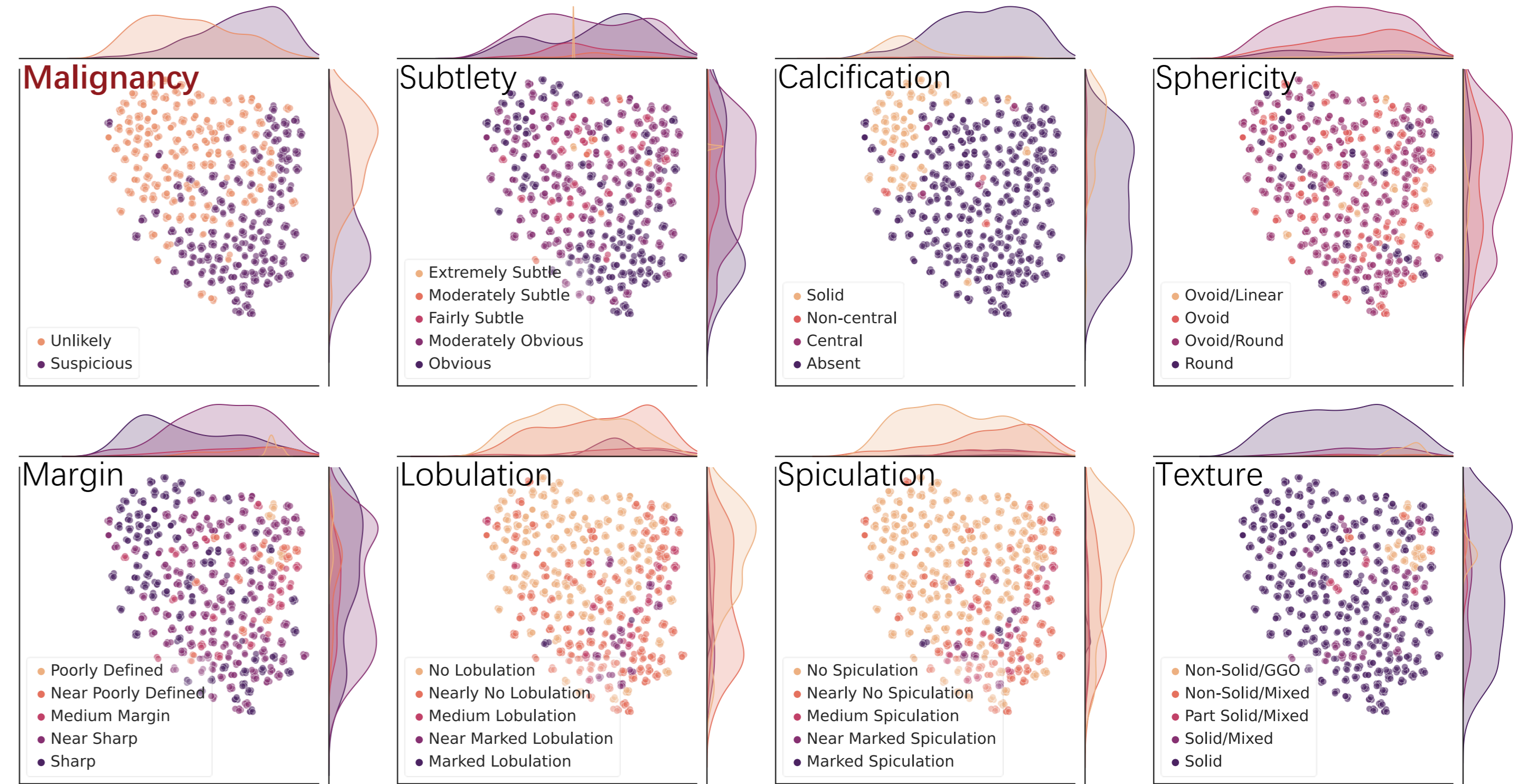


Nodule attributes	Annotation info
Subtlety	Obvious
InternalStructure	Soft Tissue
Calcification	Non-central
Sphericity	Ovoid
Margin	Sharp
Lobulation	Nearly No Lobulation
Spiculation	Medium Spiculation
Texture	Solid
<b>Malignancy</b>	<b>Moderately Suspicious</b>

### Self-explanatory methods

- Trained to use a set of **human-understandable clinical concepts** to explain and derive their decisions
- The **additional annotation needs** still limit the applicability of this approach

### The learned semantically meaningful reasoning space



- Reasonable separability in both malignancy and nodule attributes
- Intuitive correlation between nodule attributes and malignancy

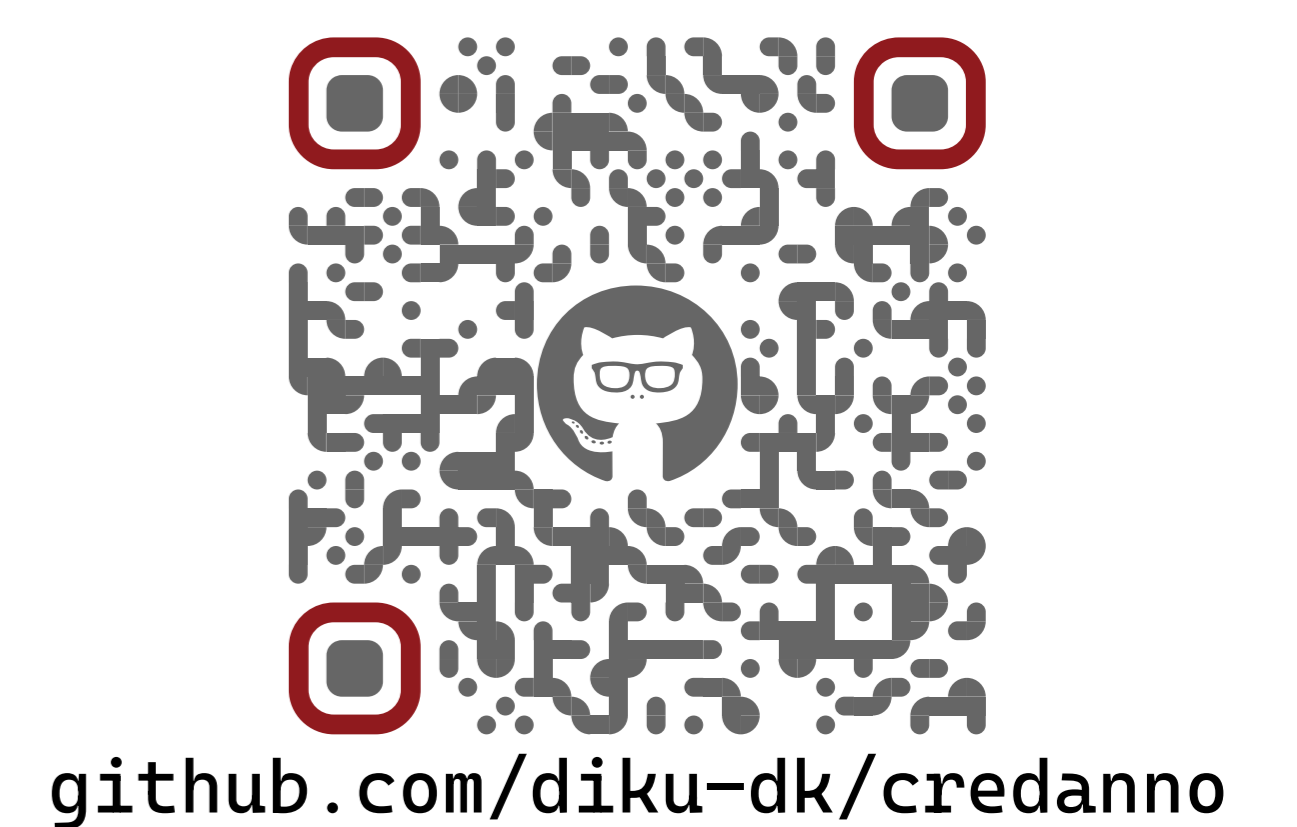
# Self-explanatory lung nodule diagnosis can be **more trustworthy**, even with **99% annotation reduced**.



## cRedAnno+: Annotation Exploitation in Self-Explanatory Lung Nodule Diagnosis

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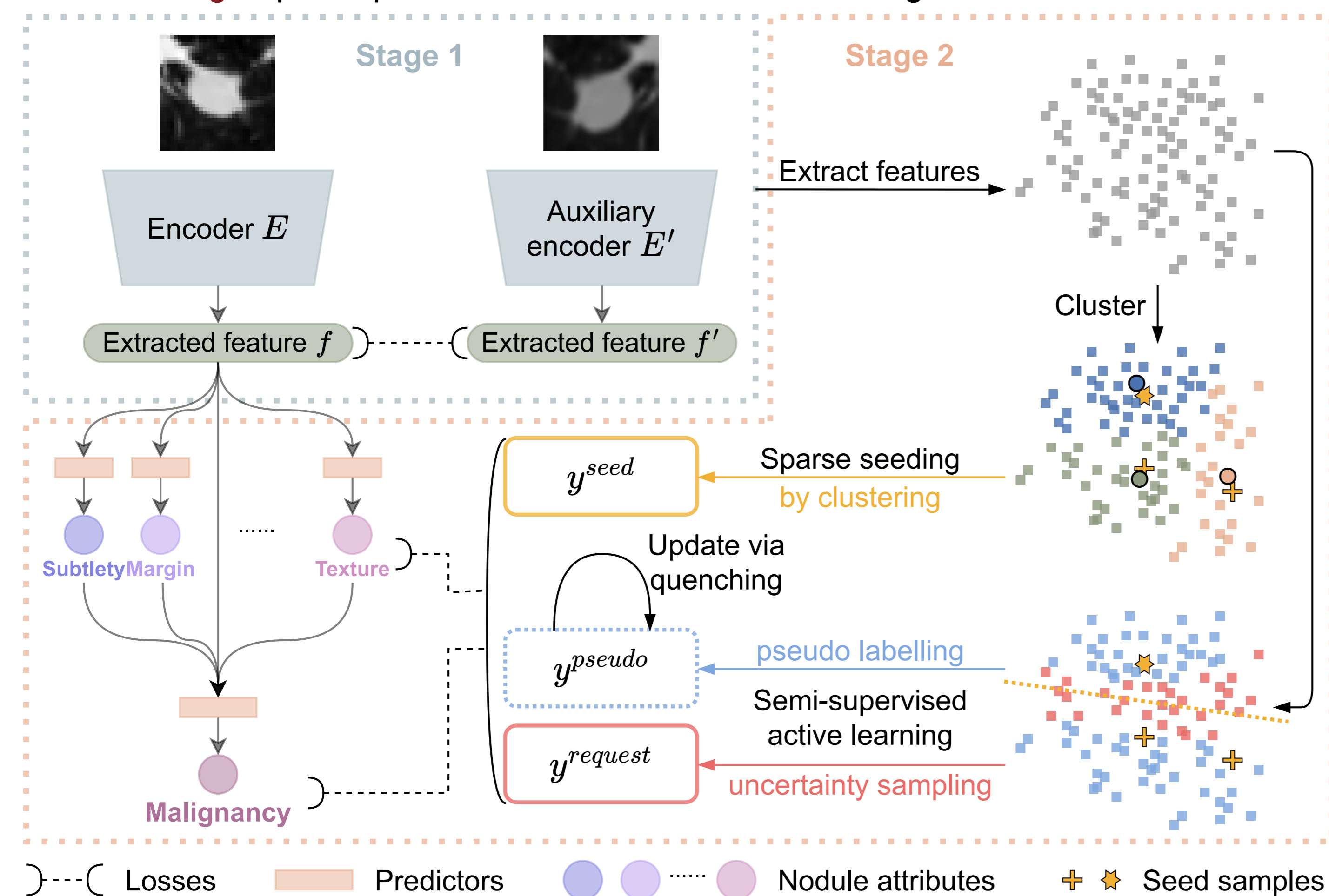


## METHOD

**Aim:** to **jointly utilise** the extracted features, annotations, and unlabelled data

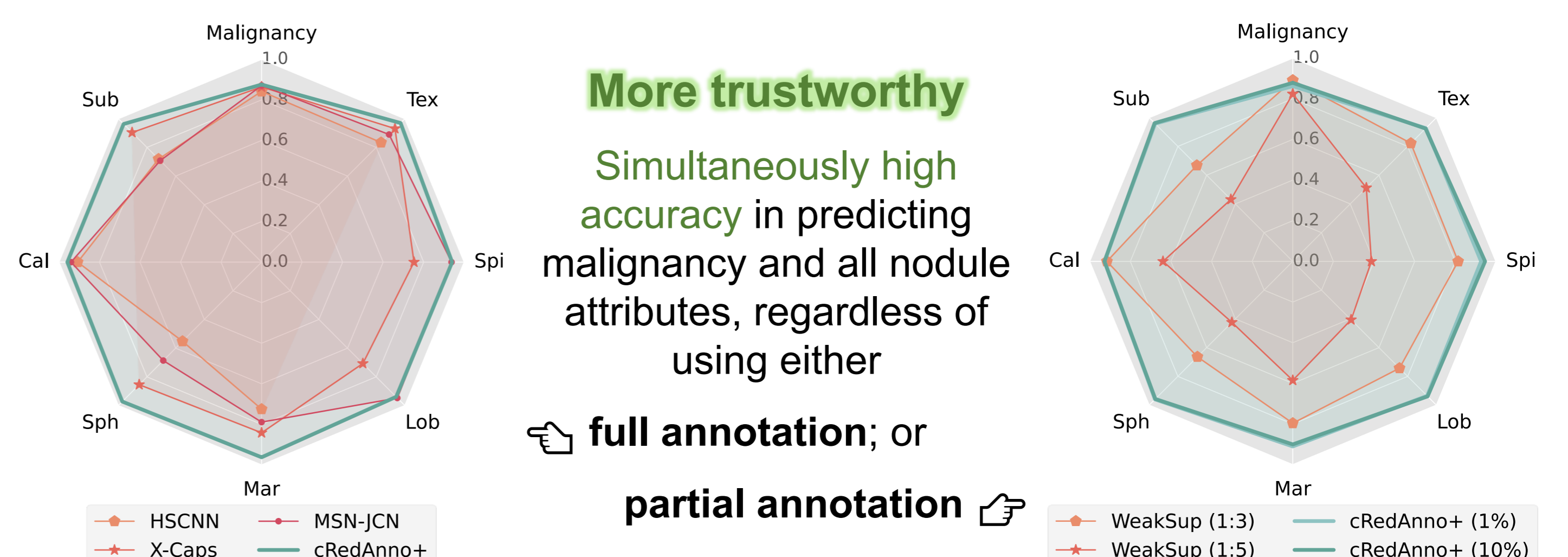
**Annotation exploitation mechanism:**

- Sparse seeding:** cluster centroids
- Semi-supervised active learning:** uncertainty sampling & pseudo labelling
- Quenching:** update pseudo labels & reinitialise the weights



## RESULTS

### Performance of explanation and prediction

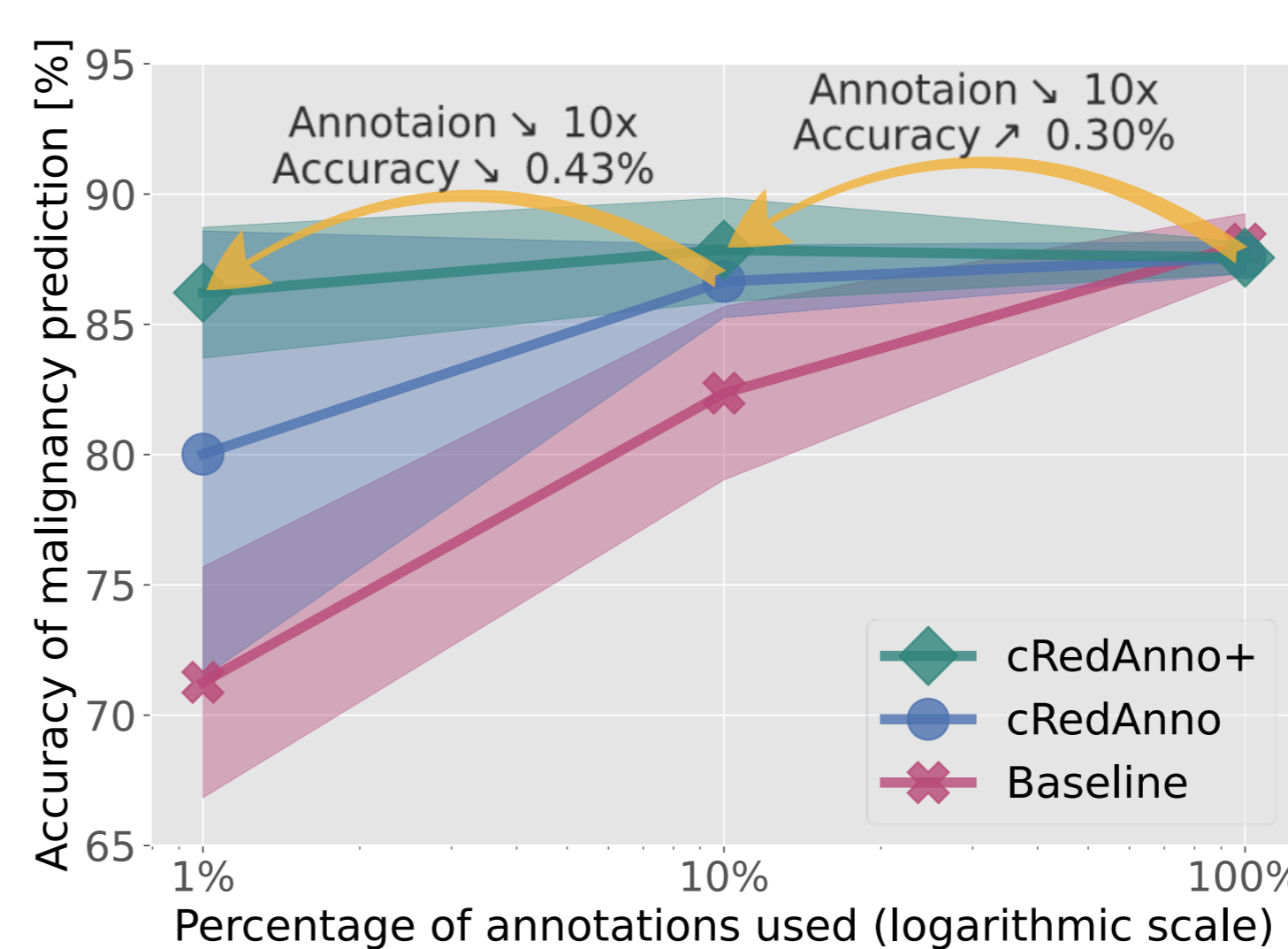


**More trustworthy**

Simultaneously high accuracy in predicting malignancy and all nodule attributes, regardless of using either

full annotation; or

partial annotation



Compared with our previous method:

**More annotation-efficient**

- Comparable or even **higher accuracy** of malignancy prediction with **10x fewer annotation**

**More robust**

- Better **robustness** under the condition of **1% annotation**.