

# Chinese practice of benchmarking and algorithm evaluation

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# Importance of benchmarking



- Where is the starting line?
- Where is the finish line?
- Who can be the participants?
- What is the technique score?
- Who will be the champion?



**Health & medical field: Particularity & Sensitivity**

# Medical device approval of FDA

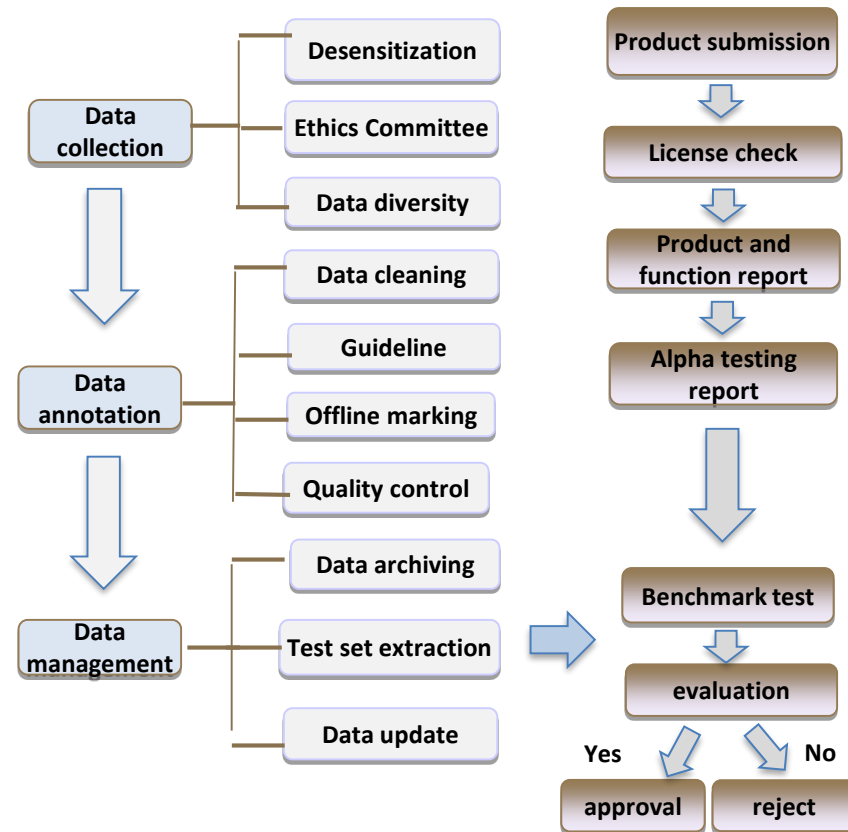
| Products                         | Corporation             | Expected Usage   | FDA approval | FDA Test   |   |
|----------------------------------|-------------------------|--|--------------|--|---|
|                                  |                         |  |              | Non-clinical Test  | Clinical Test                             |
| Kardia Mobile/Band               | AliveCor                | ECG analysis, AF identification  | 510(k)       | Complete all non-clinical tests, including ECG special requirements (using ECG standard library) | Have clinical trials, no details          |
| CardioLogs ECG Analysis Platform | CardioLogs Technologies | Arrhythmia detection   | 510(k)       | Have non-clinical tests (using ECG standard library)   | No clinical tests                         |
| Wave Clinical Platform           | Excel Medical           | Physiological data analysis, risk-based decision support, disease warning                  | 510(k)       | Clearly conducted non-clinical performance tests   | No clinical tests                         |
| Contact application              | Viz.AI                  | Analysis of the risk of large blood vessel obstruction in the brain on CT images           | De Novo      | Calculated ROC on the standard performance test set  | 300 cases of retrospective clinical test  |
| IDX-DR                           | IDX LLC                 | Detection of diabetic retinopathy  | De Novo      | No non-clinical test content   | 900 cases of prospective clinical test    |
| Arterys Cardio DL                | Arterys LLC             | Analysis of blood flow and cardiac output on MRI images                                    | 510(k)       | Non-clinical performance test using a test set of 1000 cases                                     |   |
| Arterys Oncology DL              | Arterys LLC             | Assist in confirming the presence of lesions and image segmentation on radiological images | 510(k)       | Clearly confirm and verify the non-clinical approach to the deep learning model                  | No clinical tests                         |
| iCAD PowerLook® Tomo             | iCAD INC.               | Breast CT/MRI image analysis   | PMA          | Non-clinical performance test using a test set of 240 lesions                                    | 603 cases of retrospective clinical tests |
| QVCAD System                     | Qview Medical Inc.      | Ultrasound image analysis of breast  | PMA          | Non-clinical performance test using a test set of 398 cases                                      | 185 cases of retrospective clinical tests |

# Explore different paths in China

- **FDA approval paths:** not responsible for clinical test, companies provide data and testing report, and the review board monitor the progress of the process at any time.
- **China's exploration path :** trying to establish benchmark dataset and evaluation standards based on the advantages of massive data accumulation in hospitals.

|                         | Time span | Quantities   | storage |
|-------------------------|-----------|--------------|---------|
| <b>Data size</b>        | >15 years | 40 billion   |         |
| <b>Medical records</b>  | >7 years  | 1.8 million  |         |
| <b>Examinations</b>     | >10 years | >250 million |         |
| <b>Imaging reports</b>  | >6 years  |              | 180T    |
| <b>Lab results</b>      | >10 years | >400 million |         |
| <b>Medical orders</b>   | >15 years | 20 billion   |         |
| <b>Drug information</b> | >15 years | 30 billion   |         |
| .....                   |           |              |         |

Massive data accumulation in one hospital in Changsha



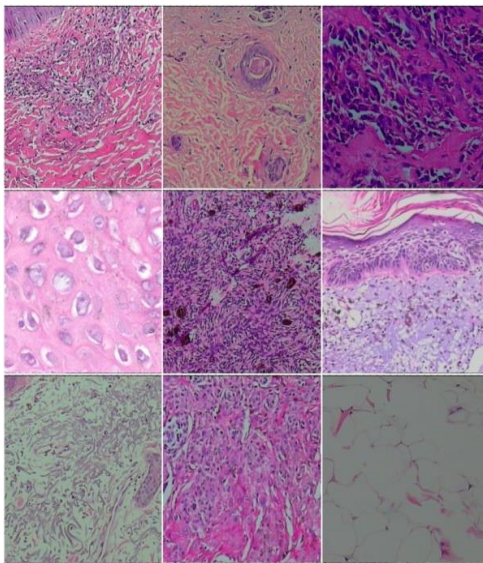
# China's benchmark dataset

| Attributes              | Dermatology data set   | Ophthalmic data set  | Ophthalmic data set  | Lung data set  | ECG data set  |
|-------------------------|--|--|--|--|---|
| ownership               | Xiangya Hospital   | Union Hospital   | NIFDC (CFDA)   | NIFDC (CFDA)   | Public  |
| Data source             | >200 hospitals in 30 province  | 5 hospitals headed by Peking Union Medical College Hospital  | 11 hospitals in 10 province  | 22 hospitals in 9 province   | 11 hospitals  |
| Data capacity           | >50,000 patients; >0.2 million clinical images   | <b>A</b> 3290 cases +<br><b>B</b> 1000 cases   | 6327 cases   | 623 cases , 4436 nodules   | 6877 cases  |
| Data set use            | <b>A</b> To meet the development of AI products for the diagnosis of skin disease;<br><b>B</b> To construct structured electronic medical records          | <b>A</b> To meet AI product evaluation for diabetic retinopathy ;<br><b>B</b> To meet AI product evaluation for screening of fundus diseases                                 | To meet AI product evaluation for diabetic retinopathy                           | To meet AI product evaluation for lung nodules   | For the physiological signal analysis of one normal type and eight abnormal types of 12-lead ECG  |
| Scope of Application    | <b>A</b> Skin disease picture recognition, auxiliary diagnosis, skin pathological diagnosis;<br><b>B</b> High efficiency support of medical joint platform | <b>A</b> Lesions, staging, referral/non-referral, quality discrimination of diabetic retinopathy ;<br><b>B</b> Judgment of the presence/absence of 18 common fundus diseases | Staging, referral/non-referral, quality discrimination of diabetic retinopathy ; | Detection, classification, boundary segmentation, size measurement of lung nodules   | Automatic identification of the rhythm/morphology abnormalities in clinical ECGs  |
| Database classification | Clinical skin picture (skin tumor, erythema scaly skin disease, bullous skin disease, etc.), dermoscopic picture, skin pathology picture                   | <b>A</b> Lesions, staging, referral/non-referral, quality of diabetic retinopathy;<br><b>B</b> The presence/ absence of fundus diseases                                      | Diabetic retinopathy 0~4; Other fundus diseases; Unrecognizable images           | <b>A</b> Intrapulmonary solid / partially solid / pure ground-glass / calcified nodules,<br><b>B</b> Pleural solid / calcified nodules | Normal, Atrial fibrillation (AF), first-degree atrioventricular block (I-AVB), left bundle brunch block (LBBB), right bundle brunch block (RBBB), premature atrial contraction (PAC), premature ventricular contraction (PVC), ST-segment depression (STD), ST-segment elevated (STE) |

# Skin Disease Picture Library

## Skin disease big data acquisition platform

- Collected data of over 50,000 dermatology patients from 200 different hospitals
- Expanded to over 100 hospitals
- Acquired 5 software copyrights



**Dermatopathology  
picture library**  
(1 million pics)



**Standardized skin  
disease picture library**  
(0.4 million pics)



**Tagged picture  
library**  
(20,000 pics)

# Fundus Image Database

## Data capacity

- **6327** cases
- **7 types:**  
Diabetic retinopathy 0~4;  
Other fundus diseases;  
Unrecognizable images

## Data diversity

- **Data source:** **11** hospitals in 10 provinces
- **Imaging equipment:**
  - ① **≥13** fundus cameras;
  - ② field angle: **27° -45°** ;
  - ③ Meet the fundus camera line;
  - ④ **1 ~10 million** pixels

## Reference standard

- **Labeling doctors:** Attending physician and above with **≥5 years** of experience
- **Selection test:**
  - ① **2** rounds of exams, **120** images  
- Diabetic retinopathy 57%, other lesions 38%, unrecognizable 5%
  - ② Results: **15 out of 47** doctors  
- Accuracy >80%, stability >85%, consistency > 0.75 (Fleiss Kappa)

Figure 1: Data types of the 6327 cases

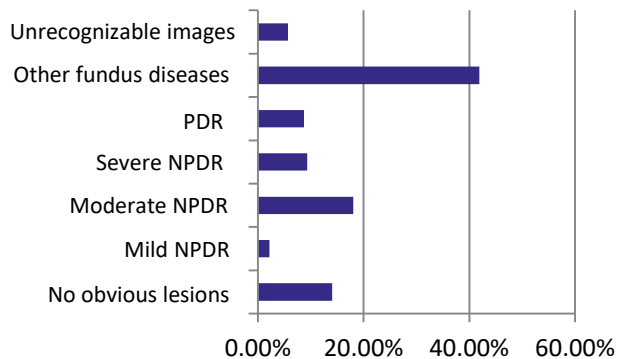


Figure 2: Distribution of the image pixels

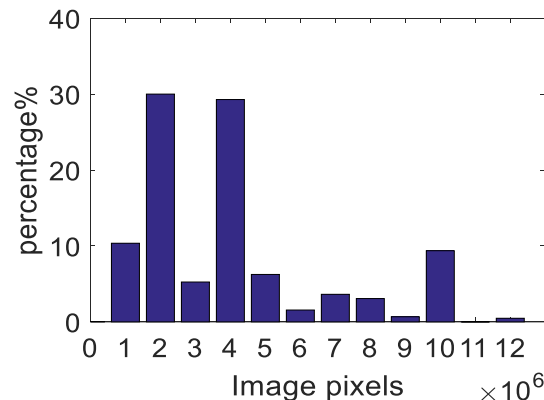
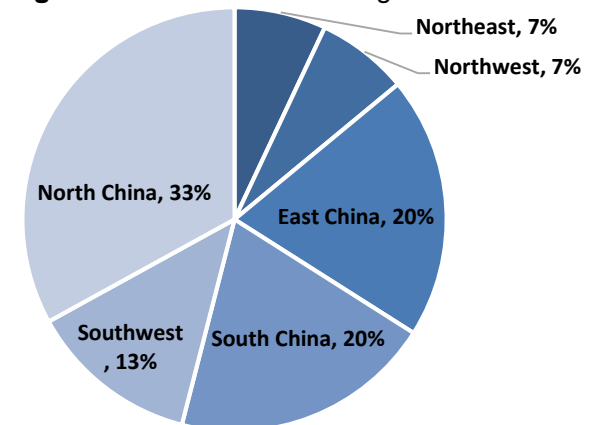


Figure 3 : Area of the labeling doctors



# Lung Image Database

## Data capacity

- **623** cases;**4436** nodules
- **6 types**: **Intrapulmonary** solid / partially solid / pure ground-glass / calcified nodules, **pleural** solid / calcified nodules

## Data diversity

- **Data source**: **22** hospitals in 9 provinces
- **Imaging equipment**: ①  $\geq 15$  CT types; ② Routine + enhanced CT **66%**, low dose screening 34%;③  $\geq 3$ mm nodules **50.95%**,  $< 3$ mm nodules 49.05%

## Reference standard

- **Labeling doctors**: **24** labeling doctors + **15** arbitration experts from 220 doctors
  - ① Accuracy  $> 80\%$ , classification accuracy  $> 80\%$ , average cross ratio  $> 80\%$
  - ② the lowest is the **intermediate level**, the subordinate senior level **56.4%**.
  - ③ Average working years  $> 13$  years
  - ④ From **25 top three hospitals** from 13 provinces and autonomous regions

Figure 1: Area distribution of data source

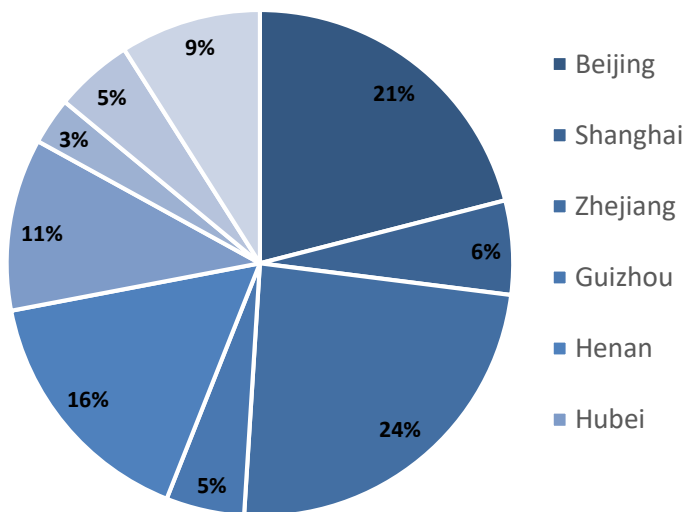
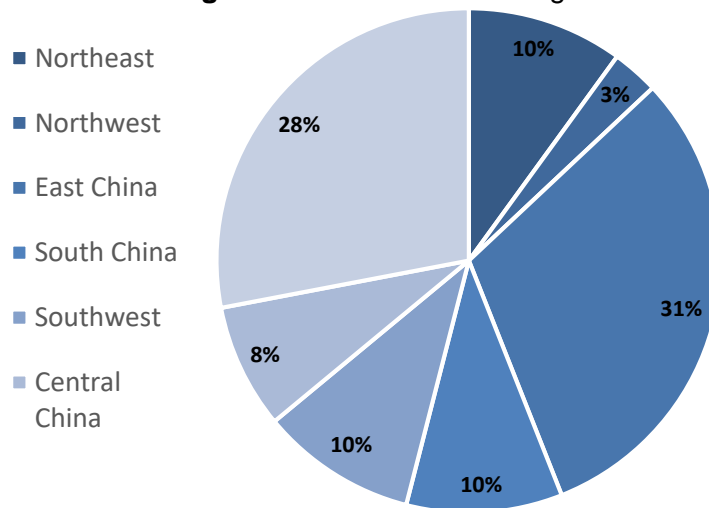


Figure 2: Area of the labeling doctors





# ECG Benchmark Dataset

## Introduction

- A platform for the open-source **data and algorithms** for cardiovascular disease (CAD) early detection in China.

## Target

- To encourage the development of algorithms to identify the **rhythm/morphology abnormalities** from 12-lead ECGs.

## Content

- The **training set** contains **6,877** (female: 3178; male: 3699) 12 leads ECG recordings lasting from 6 s to just 60 s;
- The **test set** contains **2,954** ECG recordings with the similar lengths.

**Table :** Data profile for the training set according to the 'Frist label' annotations.

| Type  | #recording | Time length (s) |       |       |        |       |
|---|------------|-----------------|-------|-------|--------|-------|
|   |            | Mean            | SD    | Min   | Median | Max   |
| Normal                                      | 918        | 15.43           | 7.61  | 10.00 | 13.00  | 60.00 |
| Atrial fibrillation (AF)                    | 1098       | 15.01           | 8.39  | 9.00  | 11.00  | 60.00 |
| First-degree atrioventricular block (I-AVB) | 704        | 14.32           | 7.21  | 10.00 | 11.27  | 60.00 |
| Left bundle branch block (LBBB)             | 207        | 14.92           | 8.09  | 9.00  | 12.00  | 60.00 |
| Right bundle branch block (RBBB)            | 1695       | 14.42           | 7.60  | 10.00 | 11.19  | 60.00 |
| Premature atrial contraction (PAC)          | 556        | 19.46           | 12.36 | 9.00  | 14.00  | 60.00 |
| Premature ventricular contraction (PVC)     | 672        | 20.21           | 12.85 | 6.00  | 15.00  | 60.00 |
| ST-segment depression (STD)                 | 825        | 15.13           | 6.82  | 8.00  | 12.78  | 60.00 |
| ST-segment elevated (STE)                   | 202        | 17.15           | 10.72 | 10.00 | 11.89  | 60.00 |
| Total                                       | 6877       | 15.79           | 9.04  | 6.00  | 12.00  | 60.00 |

# Algorithm Evaluation in AI4H

## Benchmark dataset

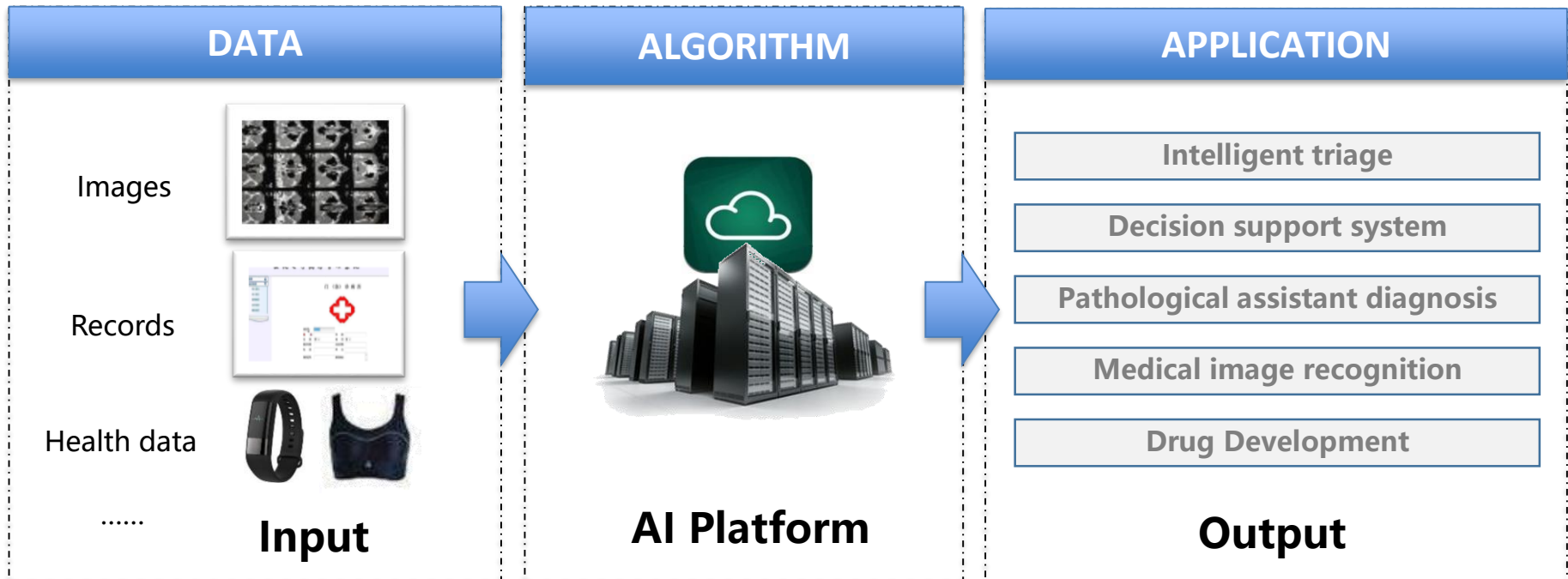
- Data diversity
- Data capacity
- Reference standard

## Algorithm performance

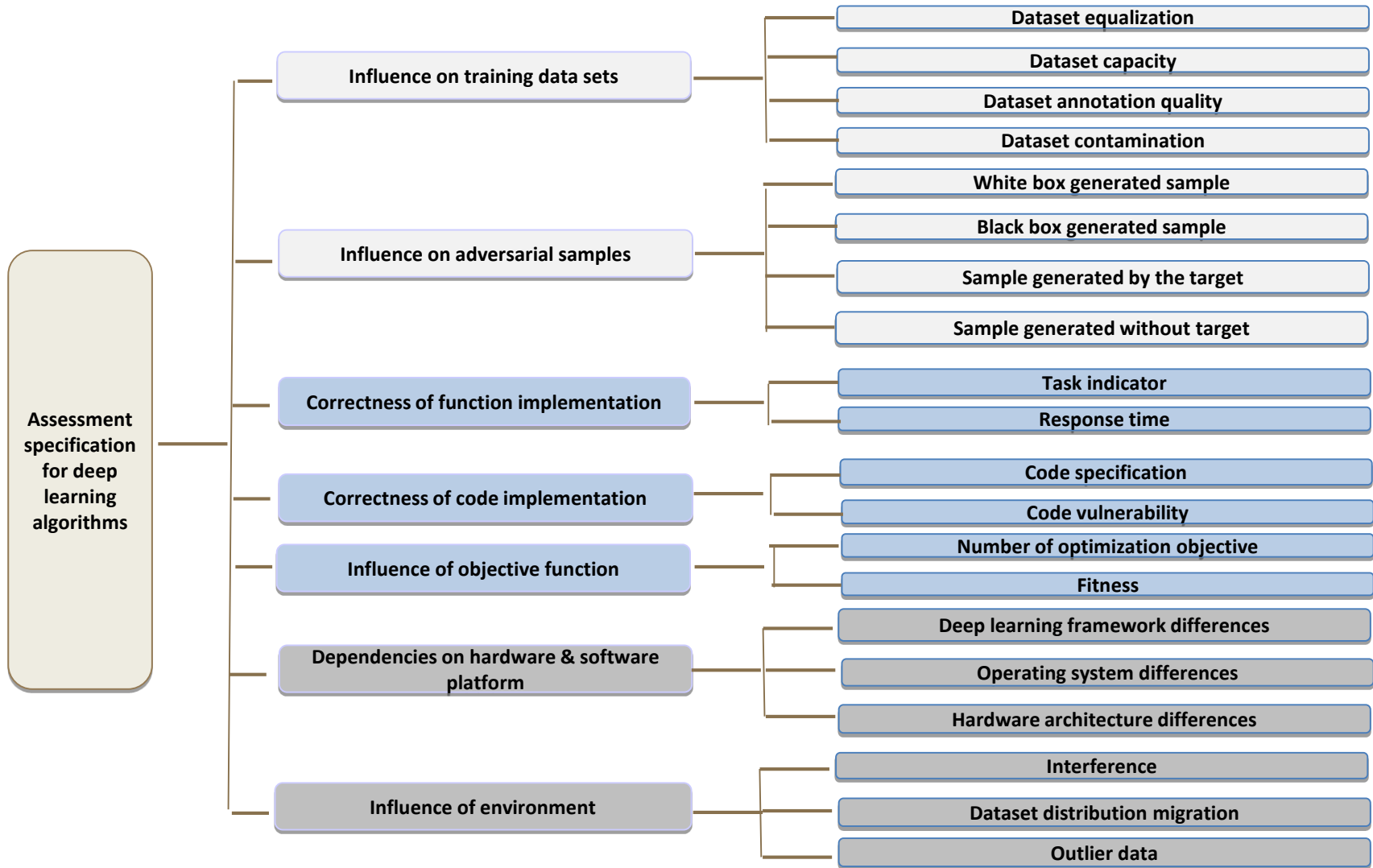
- Algorithm accuracy
- Time complexity
- Space complexity

## Service quality evaluation

- Service accuracy
- Customer satisfaction
- Response timeliness



# Evaluation criteria framework



# Evaluation index in different stage

| stage            |  | Demand stage                        |    |    |    | Design stage |    |    |    |    |
|------------------|--|-------------------------------------|----|----|----|--------------|----|----|----|----|
| Reliability goal |  | A                                   | B  | C  | D  | A            | B  | C  | D  |    |
| Evaluation index | Influence on training dataset                | Data et equalization                | -- | -- | -- | --           | ●  | ●  | ●  | ●  |
|                  |  | Dataset size                        | -- | -- | -- | --           | ●  | ●  | ●  | ○  |
|                  |  | Dataset annotation quality          | -- | -- | -- | --           | ●  | ●  | ○  | ○  |
|                  |  | Dataset contamination               | -- | -- | -- | --           | ●  | ○  | ○  | ○  |
|                  | Influence on adversarial samples             | White box generated sample          | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Black box generated sample          | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Sample generated by the target      | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Sample generated without target     | -- | -- | -- | --           | -- | -- | -- | -- |
|                  | Correctness of algorithm function            | Task indicator                      | ●  | ●  | ●  | ●            | ●  | ●  | ●  | ●  |
|                  |  | Response time                       | ●  | ●  | ○  | ○            | ●  | ●  | ○  | ○  |
|                  | Correctness of code implementation           | Code specification                  | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Code vulnerability                  | -- | -- | -- | --           | -- | -- | -- | -- |
|                  | Influence of the objective function          | Number of optimization objective    | -- | -- | -- | --           | ●  | ●  | ○  | ○  |
|                  |  | Fitness                             | ●  | ●  | ○  | ○            | -- | -- | -- | -- |
|                  | Dependencies on hardware & software platform | Deep learning framework differences | ●  | ●  | ●  | ○            | -- | -- | -- | -- |
|                  |  | Operating system differences        | ●  | ●  | ○  | ○            | -- | -- | -- | -- |
|                  |  | Hardware architecture differences   | ○  | ○  | ○  | ○            | -- | -- | -- | -- |
|                  | Influence of environment                     | Interference                        | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Dataset distribution migration      | -- | -- | -- | --           | -- | -- | -- | -- |
|                  |  | Outlier data                        | -- | -- | -- | --           | -- | -- | -- | -- |

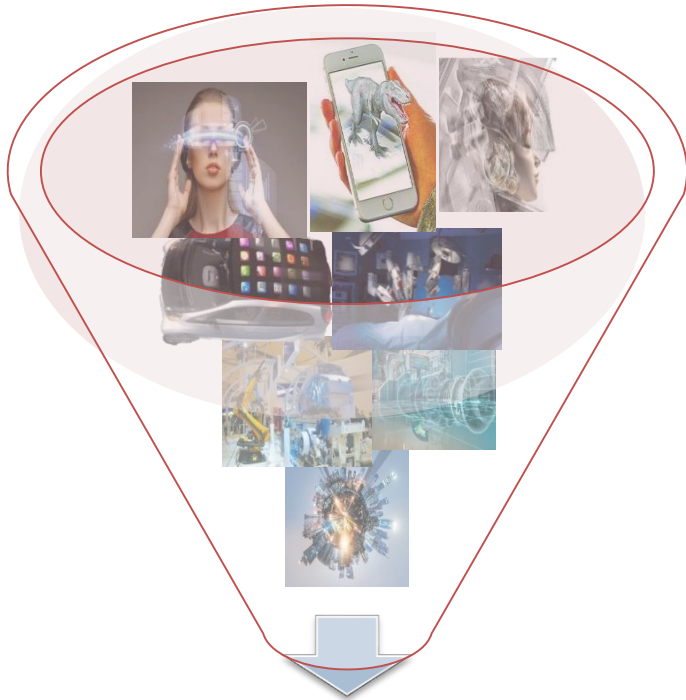
\* Artificial intelligence—Assessment specification for deep learning algorithms [AIOSS—01--2018]

# Evaluation index in different stage


| stage  |                                     | Implementation stage |    |    |    | Operational stage |    |    |    |
|--|-------------------------------------|----------------------|----|----|----|-------------------|----|----|----|
| Reliability goal                             |                                     | A                    | B  | C  | D  | A                 | B  | C  | D  |
| Influence on training dataset                | Data et equalization                | ●                    | ●  | ○  | ○  | --                | -- | -- | -- |
|  | Dataset size                        | --                   | -- | -- | -- | --                | -- | -- | -- |
|  | Dataset annotation quality          | --                   | -- | -- | -- | --                | -- | -- | -- |
|  | Dataset contamination               | --                   | -- | -- | -- | --                | -- | -- | -- |
| Influence on adversarial samples             | White box generated sample          | ●                    | ●  | ●  | ○  | --                | -- | -- | -- |
|  | Black box generated sample          | ●                    | ●  | ○  | ○  | --                | -- | -- | -- |
|  | Sample generated by the target      | ●                    | ●  | ○  | ○  | --                | -- | -- | -- |
|  | Sample generated without target     | ●                    | ●  | ○  | ○  | --                | -- | -- | -- |
| Correctness of algorithm function            | Task indicator                      | ●                    | ●  | ●  | ●  | ●                 | ●  | ●  | ●  |
|  | Response time                       | ●                    | ●  | ○  | ○  | ●                 | ●  | ○  | ○  |
| Correctness of code implementation           | Code specification                  | ●                    | ●  | ●  | ○  | --                | -- | -- | -- |
|  | Code vulnerability                  | ●                    | ●  | ○  | ○  | --                | -- | -- | -- |
| Influence of the objective function          | Number of optimization objective    | --                   | -- | -- | -- | --                | -- | -- | -- |
|  | Fitness                             | --                   | -- | -- | -- | --                | -- | -- | -- |
| Dependencies on hardware & software platform | Deep learning framework differences | --                   | -- | -- | -- | ●                 | ●  | ●  | ○  |
|  | Operating system differences        | --                   | -- | -- | -- | ●                 | ●  | ○  | ○  |
|  | Hardware architecture differences   | --                   | -- | -- | -- | ●                 | ○  | ○  | ○  |
| Influence of environment                     | Interference                        | --                   | -- | -- | -- | ●                 | ●  | ●  | ○  |
|  | Dataset distribution migration      | --                   | -- | -- | -- | ●                 | ●  | ○  | ○  |
|  | Outlier data                        | --                   | -- | -- | -- | ●                 | ○  | ○  | ○  |

\* Artificial intelligence—Assessment specification for deep learning algorithms [AIOSS—01--2018]

# Trial application of the Evaluation



## Medical AI Evaluation Contest





**Directed by**  
 **Ministry of Science and Technology of PRC**

**Organized by**  
Artificial Intelligence Industry Technology Innovation Strategic Alliance (AITISA)

**Co-organized by**

|   |   |   |               |
|---|---|---|---------------|
| <b>China Academy of Information and Communications Technology(CAICT)</b>      | National Medical Center of National Health Commission of China              | SHENZHEN Cyberspace laboratory                                    | Tencent MIAIS |
| National Engineering Laboratory for Internet Medical Systems and Applications | National Engineering Laboratory for Medical Big Data Application Technology | Mobile Health Ministry of Education China Mobile Joint Laboratory |               |

**Contestants' scope**

|  |  |   |   |
|--|--|---|---|
| <br>Companies | <br>Universities | <br>Hospitals | <br>Individuals |
|--|--|---|---|

2018.05 Preparation

2018.04 Collaboration



2018.6.21  
Startup meeting

2018.09 Starting evaluation

2018.11 Primary Election

2019. 01 Semi-finals

Finals and awards in April 2019

Thank you !

