

Foreign language, Professional oriented course

Faridoddin Shariaty

Introducing

- ◇ Educational background
- ◇ Scientific background
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Course objectives:



How to find proper scientific information for a specific purpose,



How to start reading scientific texts in English,



How to present different topics at international events in English,



How to write scientific reports in English.

Tasks during the semester:

During semester it is necessary to collect 10 points:

- ◆ Make a presentation – about 10 mins – 5 points
- ◆ Ask questions after presentations – 1 point
- ◆ Participate in interview – 3 points
- ◆ Write a short article (scientific report) in English for international conferences – max 3 participates – 10 points
- ◆ Suggest any tasks which you think that help you to improve your English

Why English?

- ◆ Your opinions...

Why Learning English language is important?

- ◆ Perfect communication – It is important to speak effectively. People get impressed by those who have good communication skills.
- ◆ Gain Confidence – If you own good communication skills then your confidence will automatically be high.
- ◆ Achieve your goal early – Effective English language skills help you meet your career goals quickly.
- ◆ Effective personality – When we speak effectively and with confidence, anyone can get attracted.
- ◆ Part of the Global community – English language is a part of the global world. So, if one knows good English then one can interact with others.
- ◆ Multiple Career Prospects – A person possessing effective communication skills have more career opportunities than others.

Structure of a Scientific report (Article)

- ◆ Title
- ◆ Authors
- ◆ Abstract
- ◆ Keywords
- ◆ Introduction (review of literature)
- ◆ Methods
- ◆ Results
- ◆ Discussion
- ◆ Conclusion
- ◆ Acknowledgement
- ◆ Ethical statement
- ◆ References



Title

- ◆ The title should be concise, informative and meaningful and include key terms, to help make it more discoverable when people search online,



Article

Inf-Seg: Automatic Segmentation and Quantification Method for CT-based COVID-19 Diagnosis

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Abstract: The global spread of the COVID-19 has increased the need for physicians and accurate and efficient diagnostic tools. Therefore, artificial intelligence has a good potential to reduce the workload of physicians and diagnose the disease more accurately. The best way to control the spread of COVID-19 is through public vaccination as well as early intervention to prevent the spread of the disease. According to the World Health Organization (WHO), chest CT scans in the early stages of COVID-19 disease have a more accurate result than RT-PCR, which leads to the widespread use of these images in the diagnosis and evaluation of COVID-19 disease. Lung CT scan segmentation is an essential first step for lung image analysis. The main challenges of this stage are due to the severity of heterogeneity, the presence of close artifacts on the gray surface of the soft tissue of the lungs, and so on. The purpose of this article is to evaluate the existing computer systems and finally to present a more efficient computer system for CT

Keywords

- ◆ They will be used to index with article, helping to make it more discoverable.
- ◆ When choosing keywords, think about the kinds of terms you would use when searching online for related articles.

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2 and efficient diagnostic tools. Therefore, artificial intelligence has a good potential to reduce the
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12 scan image segmentation. To address these challenges, a novel artificial intelligence (AI)-based
13 COVID-19 Lung Infection Segmentation (Inf-Seg) is proposed to automatically identify infected
14 regions from chest CT slices. In our Inf-Seg, texture feature extraction methods are used to collect
15 high-level features and generate a global map. In the next step, implicit reverse attention is
16 used to enhance the representations and model boundaries. In addition, we provide a semi-
17 supervised segmentation framework based on a randomly selected propagation strategy to reduce
18 the shortage of labeled data. Our semi-supervised framework can improve learning ability and
19 achieve higher performance.

20 **Keywords:** Automated Segmentation; COVID-19; Artificial Intelligence; Computed Tomography

Abstract

- ◆ Abstract should give readers a brief summary of your article.
- ◆ It should concisely describe the contents of your article and include key terms (especially in the first two sentences, to increase search engine discoverability).
- ◆ States methodology used, main results obtained, and conclusions.

Abstract: The global spread of the COVID-19 has increased the need for physicians and accurate and efficient diagnostic tools. Therefore, artificial intelligence has a good potential to reduce the workload of physicians and diagnose the disease more accurately. The best way to control the spread of COVID-19 is through public vaccination as well as early intervention to prevent the spread of the disease. According to the World Health Organization (WHO), chest CT scans in the early stages of COVID-19 disease have a more accurate result than RT-PCR, which leads to the widespread use of these images in the diagnosis and evaluation of COVID-19 disease. Lung CT scan segmentation is an essential first step for lung image analysis. The main challenges of this stage are due to the severity of heterogeneity, the presence of close artifacts on the gray surface of the soft tissue of the lungs, and so on. The purpose of this article is to evaluate the existing computer systems and finally to present a more efficient computer system for CT scan image segmentation. To address these challenges, a novel artificial intelligence (AI)-based COVID-19 Lung Infection Segmentation (Inf-Seg) is proposed to automatically identify infected regions from chest CT slices. In our Inf-Seg, texture feature extraction methods are used to collect high-level features and generate a global map. In the next step, implicit reverse attention is used to enhance the representations and model boundaries. In addition, we provide a semi-supervised segmentation framework based on a randomly selected propagation strategy to reduce the shortage of labeled data. Our semi-supervised framework can improve learning ability and achieve higher performance.

Keywords: Automated Segmentation; COVID-19; Artificial Intelligence; Computed Tomography

Introduction

- ◆ This should be concise and describe the nature of the problem under investigation and its background.
- ◆ It should also set your work in the context of previous research, citing relevant references.

21 1. Introduction

22 Coronavirus, or COVID-19, is an epidemic disease caused by SARS-CoV-2 that has
23 spread worldwide in a short period, according to the global records from the Center for
24 Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) [1] as of
25 May 5, 2021, it has resulted in 2 million cases and 200,000 confirmed deaths. As a result,
26 the World Health Organization (WHO) declared this disease as an epidemic disease. To
27 control the spread of the virus, the most important tool after general vaccination (which
28 is not currently available to most people) is the screening of a large number of suspected
29 cases for quarantine and appropriate treatment. The main tool for the current diagnosis
30 of COVID-19 is RT-PCR, while, in addition to the time-consuming nature of this test, the
31 lack of equipment, and strict conditions for testing environment, the sensitivity of this
32 test is not high enough and can not effectively prevent epidemics. Thus, false negatives
33 of RT-PCR are a potential threat to the general health of the community, which not only
34 causes other people to become infected with the virus, but the virus also progresses in
35 the patient's lungs and reduces the chances of survival.

Method

- ◆ This section should provide sufficient details of the experiment, simulation, statistical test or analysis carried out to generate the results such that the method can be repeated by another researcher and the results reproduced.

94 2. Patients and Methods

95 2.1. Patients

96 Patients with flu-like symptoms and an initial diagnosis of COVID-19 were chosen
97 for the study, independent of their age or gender, and high-resolution CT (HRCT) scans
98 were taken of the patients. From early 2020 to April 2020, imaging was performed on
99 COVID-19 patients between 3 and 6 days after the onset of the disease.

100 2.2. Database acquisition

101 300 cases were acquired from Shariati Hospital (associated with Tehran University of
102 Medical Sciences) and Taleghani Hospital of Tehran (affiliated with the Shahid Beheshti
103 University of the Medical Sciences) in order to reach a reliable and extensible result.
104 Every case study that was considered had a histopathologic confirmation to ensure that
105 the patient had COVID-19. The CT scans' slice thickness ranged from 1 to 6 mm, and the
106 number of slices per scan ranged from 226 to 389. The CT scan images were taken using
107 a Siemens scanner with a kilovoltage peak distribution of 120–140 kVp and currents
108 ranging from 25 to 40 mAs, depending on the patient's health. Each slice featured a
109 512 512 pixel XY planar resolution and a 16-bit grayscale resolution in Hounsfield Units
110 (HU).

111 2.3. Pre-Processing

112 After creating gray-scale images, an experienced radiologist reviewed the CT scan
113 images. Following that, slices from the CT scan image were chosen that showed illness
114 symptoms. On lung CT scans, another pre-processing procedure was used to improve
115 the quality of the images for improved diagnostic outcomes. This stage is critical because
116 the lungs include various features that can make a precise diagnosis difficult. Linear
117 interpolation [17], middle filter [18], morphological operation [19], Gaussian filter [20],
118 and weight addition filter [21] are some of the pre-processing methods available. In this
119 work, a gradient filter was utilized to improve the quality of CT scan images. Filtering
120 entails the creation of a neighborhood (typically a small rectangle) and the application of

Results

- ◆ The results section should detail the main findings and outcomes of your study.
- ◆ You should use tables only to improve conciseness

308 3. Experimental Results and Discussion

309 3.1. The performance of the deep learning method

310 Table 2 shows the diagnostic functions of the proposed EDECOVID-net.
311 The network can distinguish the COVID-19 group from the edema groups
312 with an AUC of 0.994.

Table 2: Results of proposed EDECOVID-net.

	Accuracy	Sensitivity	Specificity	PPV	NPV
EDECOVID-net	0.98	0.98	0.98	0.98	0.98

313 3.2. Compare the performance of deep methods

314 The best deep learning networks were used in this study to classify the
315 medical images for diagnosing COVID-19 from edema. The results of deep
316 learning show that these methods can make a good distinction between these
317 two diseases with similar symptoms and speed up the healing process. Ac-
318 cording to Fig. 5, Fig. 6, Table 3 and Table 4, the EDECOVID-net yielded
319 the best results. The most appropriate method is that with a higher sensitiv-
320 ity for diagnosing patients with COVID-19. In this regard, the EDECOVID-
321 net, which has the highest sensitivity and AUC compared to other networks,
322 especially VGG-16, is known as the best method.

323 A review of previous studies indicates that researchers have failed to con-
324 sider differentiation between the COVID-19 disease and edema using a deep

Discussion

- ◆ This should discuss the significance of the results and compare them with previous work using relevant references.

303 5. Discussion

304 In this paper, we present TAM by using Active Contour algorithm. As
305 mentioned, in recent years, interest in model-based segmentation methods
306 has increased. One of the advantages of these methods is that, even when
307 some object information is lost, such gaps can be filled using the previous
308 information in the model. In this section, the performance of this algorithm,
309 Active Contour, Region Growing, and the combination of Active Contour
310 and Watershed algorithms are studied. Table 3 presents the results of the
311 implementation and testing of these four algorithms on the lung CT scans.
312 According to the presented results, the proposed algorithm has a better per-
313 formance for nodule segmentation and has a lower false discovery rate, which
314 means the stability of the algorithm is acceptable. Due to the proximity of
315 the combination of Active Contour and Watershed algorithms, in the next
316 step, by adding noise to the CT scan, the performance of these four algo-
317 rithms is re-examined.

318 Table 3 also contains the results lung nodule segmentation in CT scan
319 images in the presence of Gaussian and Speckle noise. According to the
320 obtained results, it can be concluded that the model based proposed algo-

Conclusion

- ◆ This section should be used to highlight the novelty of the work, and any plans for future relevant work.

347 Conclusion

348 We have developed a new algorithm for segmenting the nodule in the
349 lung that can segment all types of nodules with high performance. This
350 algorithm is model-based and along with the active contour algorithm to
351 increase the accuracy of the algorithm and eliminate false positives through
352 the detection of the initial mask. The results of segmentation of lung nodules
353 in normal CT image is as follows: precision of 85.5, Dice of 85, accuracy of 96,
354 and specificity of 98, which works better than the active contour algorithm,
355 the Region Growing algorithm, and the combination of active contour and
356 water growth algorithms. In addition, in the presence of noise, our algorithm

- ◆ Author names and Funding information or the name of the funding agency and the grant number should be given.

Acknowledgements

362 **Acknowledgements**

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364 99003992 (INSF) and 20-57-56018 (RFBR).

365

Ethical statement

- ◆ Some articles will require an ethical statement, particularly those that are reporting research involving humans or animals. This should state if the research was approved by any ethical committee.

375 **Ethical approval**

376 All procedures performed in studies involving human participants were in
377 accordance with the ethical standards of the institutional and/or national re-
378 search committee and with the 1964 Helsinki declaration and its later amend-
379 ments or comparable ethical standards.

References

- ◆ This section should be used to list all relevant work.

366 References

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