Lecture 2: Medical Images: Classification

Serena Yeung

BIODS 220: AI in Healthcare

Administrative

- A0 released, due Tue 10/4 11:59pm (setup assignment)
- A1 will also be released Tue, due in 2 weeks (Tue 10/18)
 - You will need to download several datasets to do the assignment. Make sure to start early!
 - 3 parts:
 - Medical image classification
 - Medical image segmentation in 2D
 - Medical image segmentation in 3D, with semi-supervised learning
- "Deep Learning Fundamentals" Review Session this Fri 1:30pm, Alway M112
- Numpy/Tensorflow Review Session next Fri 10/7, helpful for A1

Administrative

- Office Hours starting next week
- For homework questions go to TA office hours
- Prof. Yeung's OH are for class and project questions only



BIODS 220: AI in Healthcare

Agenda

Today: Medical Images: Classification

- Convolutional neural networks for image classification
- Data considerations for image classification models
- Evaluating image classification models
- Case studies of CNNs for medical image classification
 - More on transfer learning and how much data needs for deep learning
 - More on recent CNN architectures

Agenda

Today: Medical Images: Classification

- Convolutional neural networks for image classification
- Data considerations for image classification models
- Evaluating image classification models
- Case studies of CNNs for medical image classification
 - More on transfer learning and how much data needs for deep learning
 - More on recent CNN architectures

Next Mon: Medical Images: Advanced Vision Models (Detection and Segmentation)

Next Wed: Medical Images: Advanced Vision Models (3D and Video)

BIODS 220: AI in Healthcare

From last time: examples of medical image data

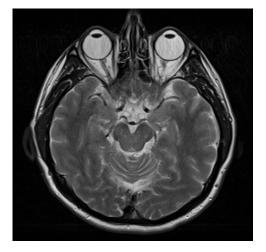
E.g.:



X-rays (invented 1895).



CT (invented 1972).



MRI (invented 1977).

Serena Yeung

BIODS 220: AI in Healthcare

Examples of medical image classification tasks

Is an x-ray positive for pneumonia or not?



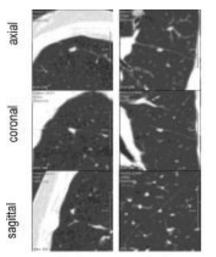
Input Chest X-Ray Image

CheXNet 121-layer CNN

Output Pneumonia Positive (85%)

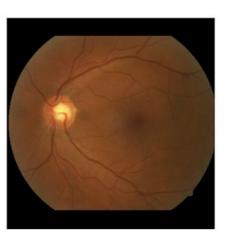


Is a CT scan of a lung nodule benign or not?



Ciompi et al. 2015

Is this moderate or worse diabetic retinopathy?



Gulshan et al. 2016

What types of skin lesions are these?





Esteva et al. 2017

Serena Yeung

BIODS 220: AI in Healthcare

Deep Learning Models for Image Classification

Serena Yeung

BIODS 220: AI in Healthcare

Machine learning framework

Data-driven learning of a mapping from input to output

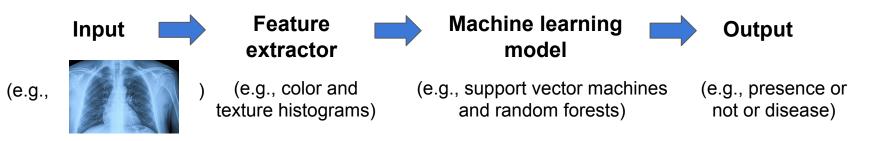


BIODS 220: AI in Healthcare

Machine learning framework

Data-driven learning of a mapping from input to output

Traditional machine learning approaches



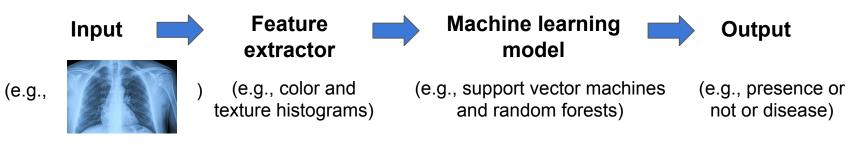


BIODS 220: AI in Healthcare

Serena Yeung

BIODS 220: AI in Healthcare

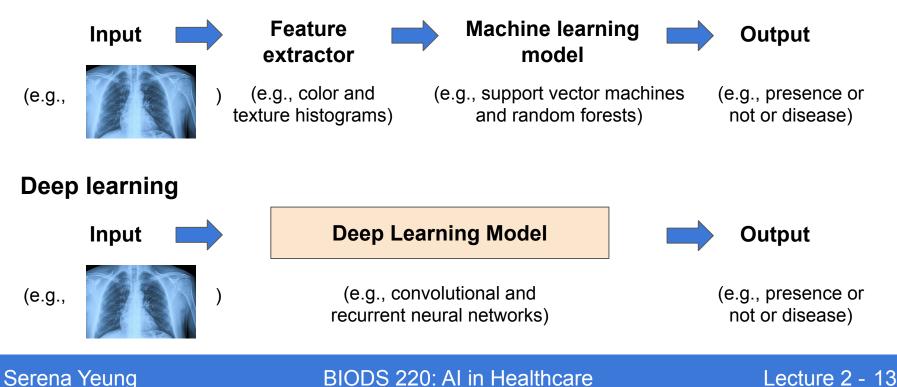
Traditional machine learning



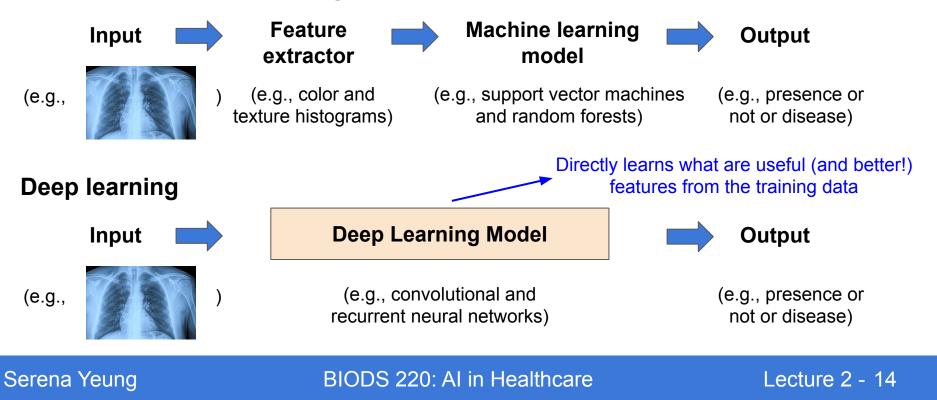


BIODS 220: AI in Healthcare

Traditional machine learning



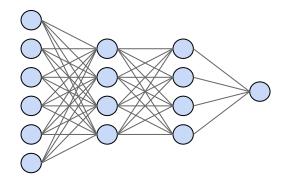
Traditional machine learning



How do deep learning models perform feature extraction?

Input





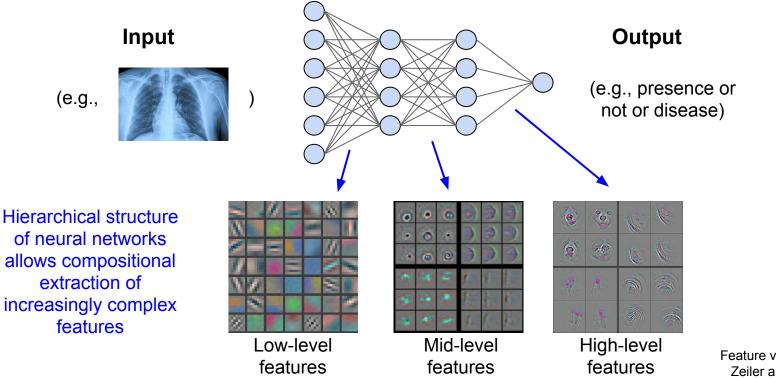
Output

(e.g., presence or not or disease)



BIODS 220: AI in Healthcare

How do deep learning models perform feature extraction?

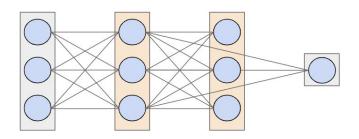


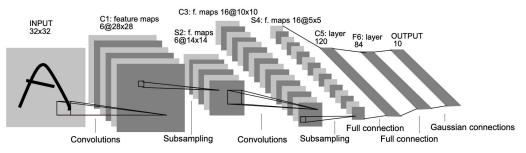
Feature visualizations from Zeiler and Fergus 2013

Serena Yeung

BIODS 220: AI in Healthcare

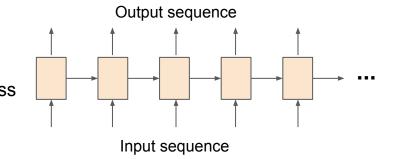
Different classes of neural networks





Fully connected neural networks (linear layers, good for "feature vector" inputs)

Convolutional neural networks (convolutional layers, good for image inputs)



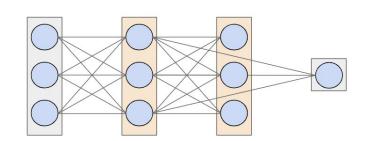
Recurrent neural networks (linear layers modeling recurrence relation across

sequence, good for sequence inputs)

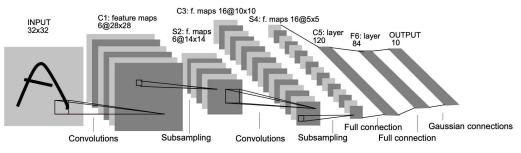
Serena Yeung

BIODS 220: AI in Healthcare

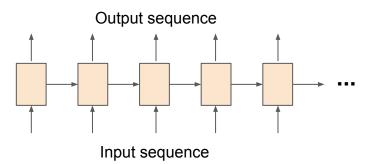
Different classes of neural networks



Fully connected neural networks (linear layers, good for "feature vector" inputs)



Convolutional neural networks (convolutional layers, good for image inputs)



Recurrent neural networks

(linear layers modeling recurrence relation across sequence, good for sequence inputs)

Serena Yeung

BIODS 220: AI in Healthcare

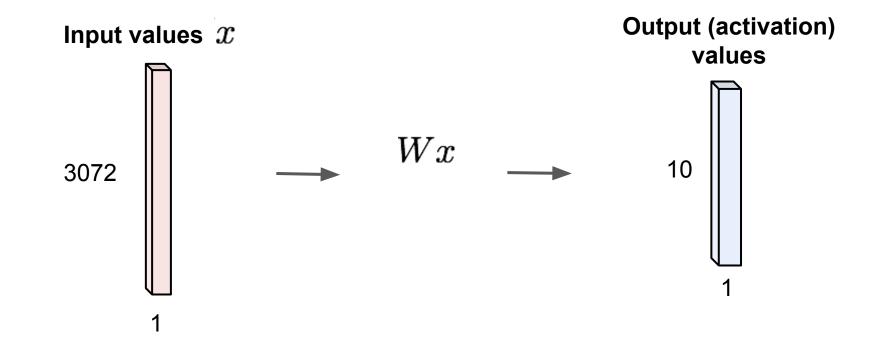
Review: fully connected neural network layers



Serena Yeung

BIODS 220: AI in Healthcare

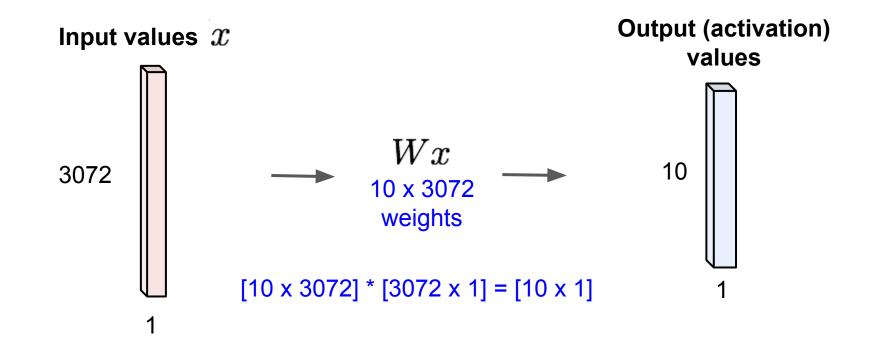
Review: fully connected neural network layers



Serena Yeung

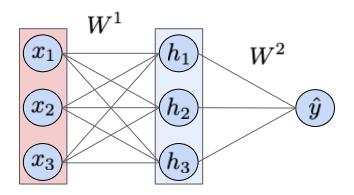
BIODS 220: AI in Healthcare

Review: fully connected neural network layers



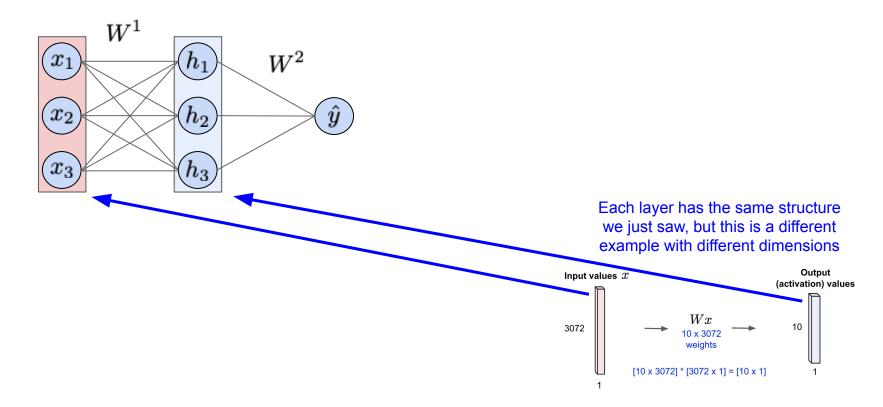
Serena Yeung

BIODS 220: AI in Healthcare



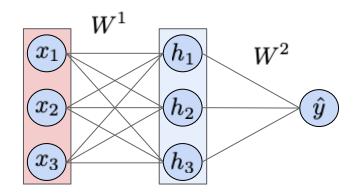


BIODS 220: AI in Healthcare



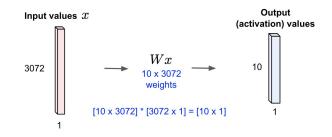
Serena Yeung

BIODS 220: AI in Healthcare



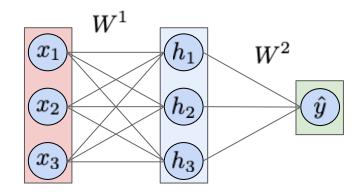
$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix}$$

Each layer has the same structure we just saw, but this is a different example with different dimensions



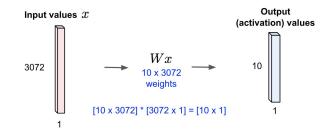
Serena Yeung

BIODS 220: AI in Healthcare



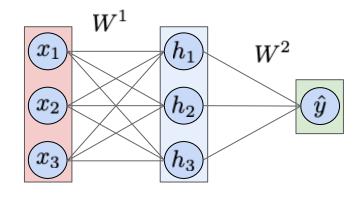
$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix}$$
$$W^{2} = \begin{bmatrix} w_{11}^{2} & w_{12}^{2} & w_{13}^{2} \end{bmatrix}$$

Each layer has the same structure we just saw, but this is a different example with different dimensions



Serena Yeung

BIODS 220: AI in Healthcare

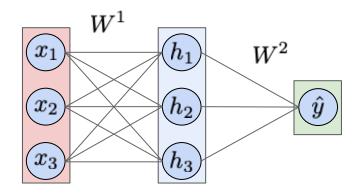


Output: $\hat{y} = W^2(\sigma(W^1x + b^1)) + b^2$

$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix} \quad b^{1} = \begin{bmatrix} b_{1}^{1} \\ b_{2}^{1} \\ b_{3}^{1} \end{bmatrix}$$
$$W^{2} = \begin{bmatrix} w_{11}^{2} & w_{12}^{2} & w_{13}^{2} \end{bmatrix} \quad b^{2} = \begin{bmatrix} b_{1}^{2} \end{bmatrix}$$

Serena Yeung

BIODS 220: AI in Healthcare



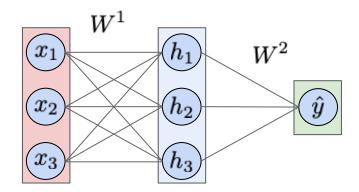
$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix} \quad b^{1} = \begin{bmatrix} b_{1}^{1} \\ b_{2}^{1} \\ b_{3}^{1} \\ b_{3}^{1} \end{bmatrix}$$
$$W^{2} = \begin{bmatrix} w_{11}^{2} & w_{12}^{2} & w_{13}^{2} \end{bmatrix} \quad b^{2} = \begin{bmatrix} b_{1}^{2} \end{bmatrix}$$

Output:
$$\hat{y} = W^2(\sigma(W^1x + b^1)) + b^2$$

Common activation functions
You can find these in Keras:
Intro June 2 June

Serena Yeung

BIODS 220: AI in Healthcare



Output:
$$\hat{y} = W^2(\sigma(W^1x + b^1)) + b^2$$

Neural network parameters:

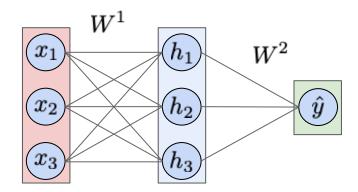
$$W = \{W^1, b^1, W^2, b^2\}$$

"weights" "biases"

$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix} \quad b^{1} = \begin{bmatrix} b_{1}^{1} \\ b_{2}^{1} \\ b_{3}^{1} \end{bmatrix}$$
$$W^{2} = \begin{bmatrix} w_{11}^{2} & w_{12}^{2} & w_{13}^{2} \end{bmatrix} \quad b^{2} = \begin{bmatrix} b_{1}^{2} \end{bmatrix}$$

Serena Yeung

BIODS 220: AI in Healthcare



$$W^{1} = \begin{bmatrix} w_{11}^{1} & w_{12}^{1} & w_{13}^{1} \\ w_{21}^{1} & w_{22}^{1} & w_{23}^{1} \\ w_{31}^{1} & w_{32}^{1} & w_{33}^{1} \end{bmatrix} \quad b^{1} = \begin{bmatrix} b_{1}^{1} \\ b_{2}^{1} \\ b_{3}^{1} \end{bmatrix}$$
$$W^{2} = \begin{bmatrix} w_{11}^{2} & w_{12}^{2} & w_{13}^{2} \end{bmatrix} \quad b^{2} = \begin{bmatrix} b_{1}^{2} \end{bmatrix}$$

Output: $\hat{y}=W^2(\sigma(W^1x+b^1))+b^2$

Neural network parameters:

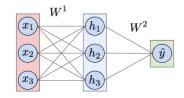
$$W = \{W^1, b^1, W^2, b^2\}$$
"weights" "biases"

Often refer to all parameters together as just "weights". Bias is implicitly assumed.

Serena Yeung

BIODS 220: AI in Healthcare

Commonly used for feature vector inputs



Let us consider the task of **regression**: predicting a single real-valued output from input data

Model input: data vector $x = [x_1, x_2, ..., x_N]$ Model output: prediction (single number) \hat{y}

Example: predicting hospital length-of-stay from clinical variables in the electronic health record

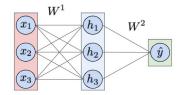
x = [age, weight, ..., temperature, oxygen saturation] $\hat{y} = length-of-stay (days)$

Example: predicting expression level of a target gene from the expression levels of N landmark genes $\hat{y} =$ expression level of target gene $\hat{y} =$ expression level of target gene

Serena Yeung

BIODS 220: AI in Healthcare

Can also be applied for classification



The task of classification predicts a categorical output from input data

Model input: data vector $x = [x_1, x_2, ..., x_N]$

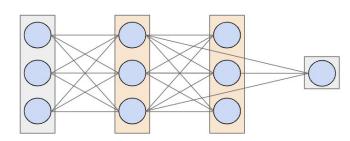
Model output: prediction of 1-of-K classes $\hat{y} \in \{1,...,K\}$

Example: predicting in-hospital mortality from clinical variables in the electronic health record

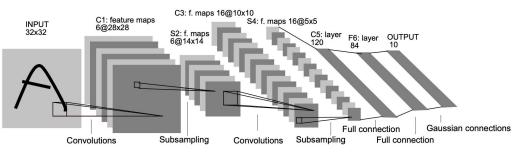
x = [age, weight, ..., temperature, oxygen saturation] $\hat{y} \in \{0, 1\}$ for occurrence of in-hospital mortality

BIODS 220: Al in Healthcare

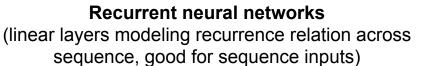
Different classes of neural networks

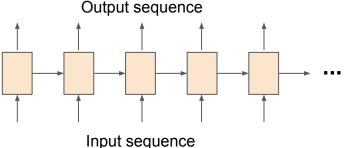


Fully connected neural networks (linear layers, good for "feature vector" inputs)



Convolutional neural networks (convolutional layers, good for image inputs)

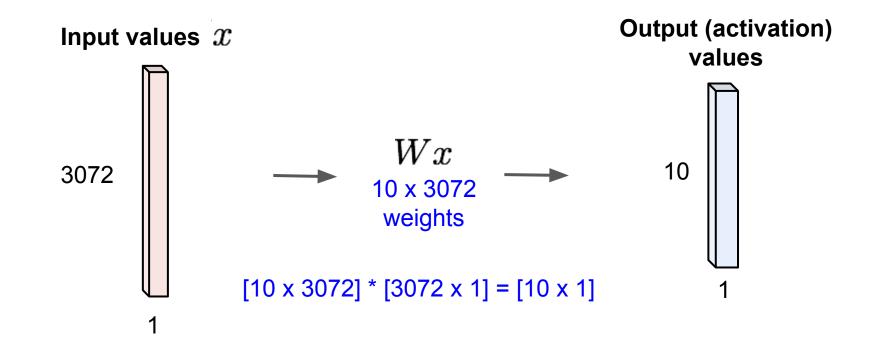




Serena Yeung

BIODS 220: AI in Healthcare

Previously: Fully connected layer

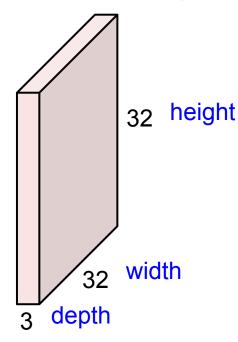


Serena Yeung

BIODS 220: AI in Healthcare

Now: Convolutional layer

32x32x3 image -> preserve spatial structure



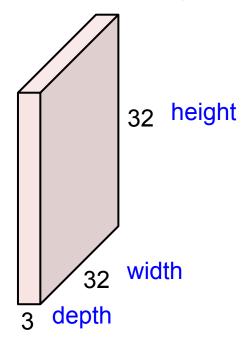
Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Convolutional layer

32x32x3 image -> preserve spatial structure



Input now has spatial height and width dimensions!

In contrast to fully-connected layers, want to preserve spatial structure when processing with a convolutional layer

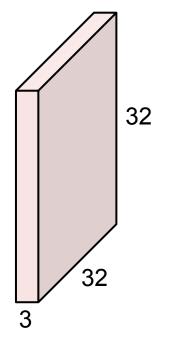
Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Convolutional layer

32x32x3 image



5x5x3 filter (weights)

Ĩ

Convolve the filter with the image i.e. "slide over the image spatially, computing dot products"

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

32x32x3 image

32

3 mage 32 Filters always extend the full depth of the input volume

5x5x3 filter (weights)

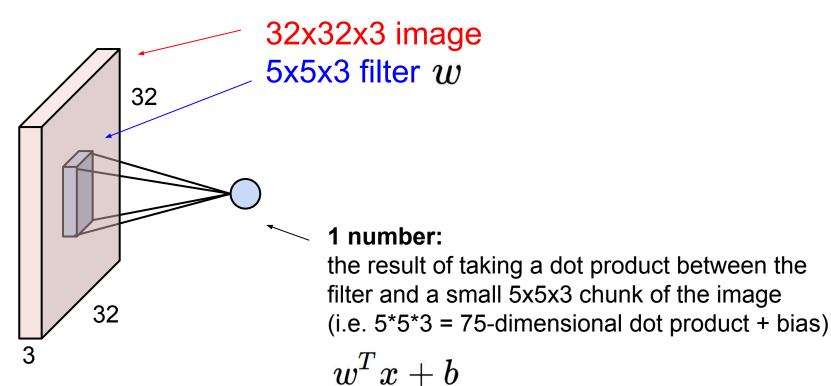
Convolve the filter with the image i.e. "slide over the image spatially, computing dot products"

Slide credit: CS231n

Serena Yeung

3

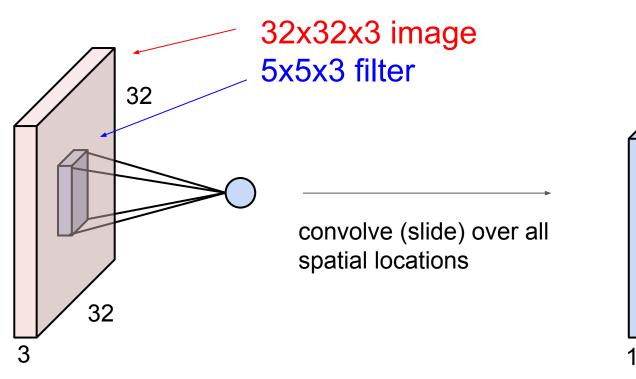
BIODS 220: AI in Healthcare



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare



activation map

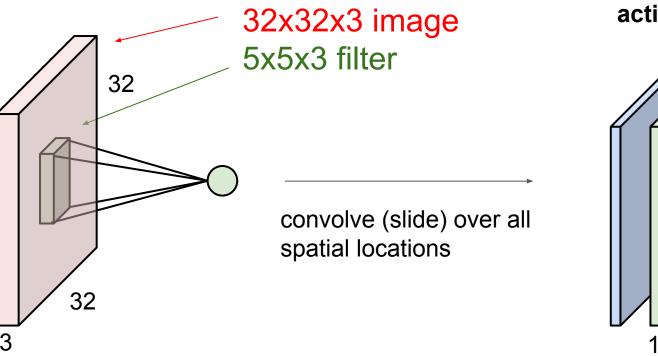
Slide credit: CS231n

28

28

Serena Yeung

BIODS 220: AI in Healthcare



activation maps

consider a second, green filter

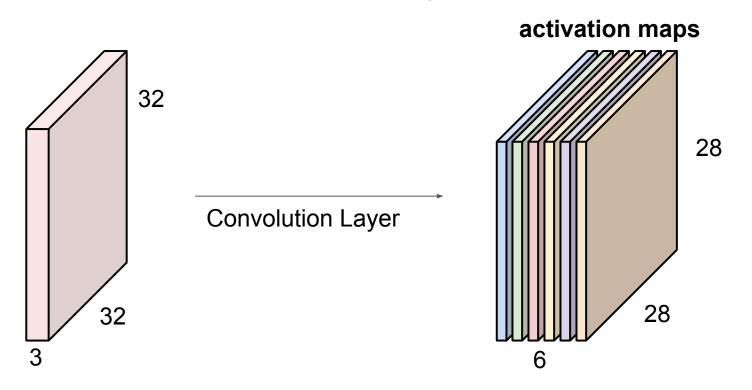
28 28

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

For example, if we had 6 5x5 filters, we'll get 6 separate activation maps:



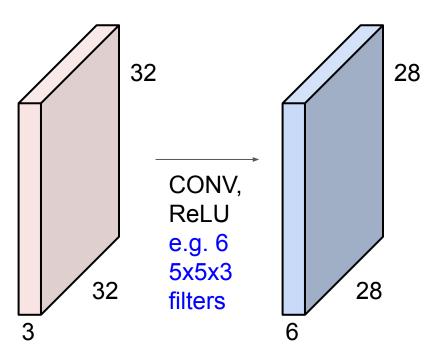
We stack these up to get a "new image" of size 28x28x6!

Slide credit: CS231n

Serena Yeung

BIODS 220: Al in Healthcare

Preview: ConvNet (or CNN) is a sequence of Convolution Layers, interspersed with activation functions

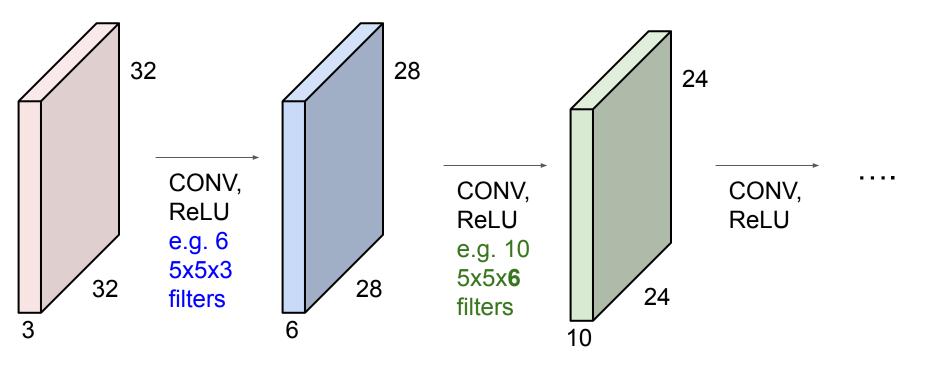


Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Preview: ConvNet (or CNN) is a sequence of Convolution Layers, interspersed with activation functions



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Summary. To summarize, the Conv Layer:

- Accepts a volume of size $W_1 imes H_1 imes D_1$
- Requires four hyperparameters:
 - Number of filters K,
 - \circ their spatial extent F,
 - $\circ\;$ the stride S ,
 - the amount of zero padding P.
- Produces a volume of size $W_2 imes H_2 imes D_2$ where:
 - $\circ W_2 = (W_1 F + 2P)/S + 1$
 - $\circ~~H_2 = (H_1 F + 2P)/S + 1$ (i.e. width and height are computed equally by symmetry)
 - $\circ D_2 = K$
- With parameter sharing, it introduces $F \cdot F \cdot D_1$ weights per filter, for a total of $(F \cdot F \cdot D_1) \cdot K$ weights and K biases.
- In the output volume, the d-th depth slice (of size $W_2 \times H_2$) is the result of performing a valid convolution of the d-th filter over the input volume with a stride of S, and then offset by d-th bias.

Slide credit: CS231n

Lecture 2 - 44

Serena Yeung

BIODS 220: AI in Healthcare

Summary. To summarize, the Conv Layer:

- Accepts a volume of size $W_1 imes H_1 imes D_1$
- Requires four hyperparameters:
 - Number of filters K,
 - \circ their spatial extent F,
 - $\circ\;$ the stride S ,
 - the amount of zero padding *P*.
- Produces a volume of size $W_2 imes H_2 imes D_2$ where:

•
$$W_2 = (W_1 - F + 2P)/S + 1$$

Common settings:

K = (powers of 2, e.g. 32, 64, 128, 512)

- F = 3, S = 1, P = 1
- F = 5, S = 1, P = 2
- F = 5, S = 2, P = ? (whatever fits)
- F = 1, S = 1, P = 0

- $H_2 = (H_1 F + 2P)/S + 1$ (i.e. width and height are computed equally by symmetry) • $D_2 = K$
- With parameter sharing, it introduces $F \cdot F \cdot D_1$ weights per filter, for a total of $(F \cdot F \cdot D_1) \cdot K$ weights and K biases.
- In the output volume, the d-th depth slice (of size $W_2 \times H_2$) is the result of performing a valid convolution of the d-th filter over the input volume with a stride of S, and then offset by d-th bias.

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

In Keras

Conv2D

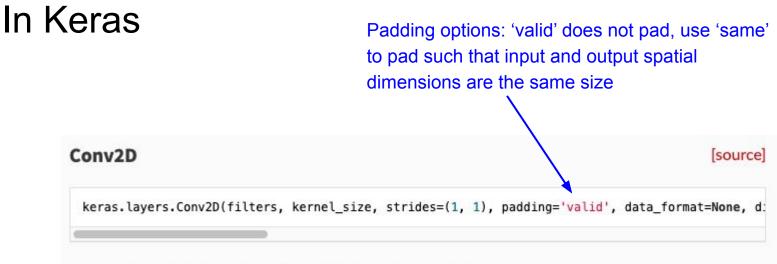
[source]

keras.layers.Conv2D(filters, kernel_size, strides=(1, 1), padding='valid', data_format=None, d:

2D convolution layer (e.g. spatial convolution over images).



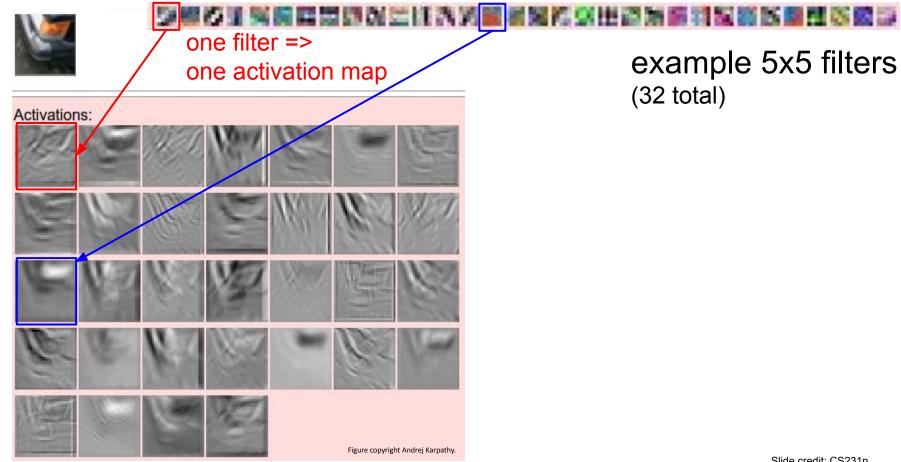
BIODS 220: AI in Healthcare



2D convolution layer (e.g. spatial convolution over images).



BIODS 220: AI in Healthcare

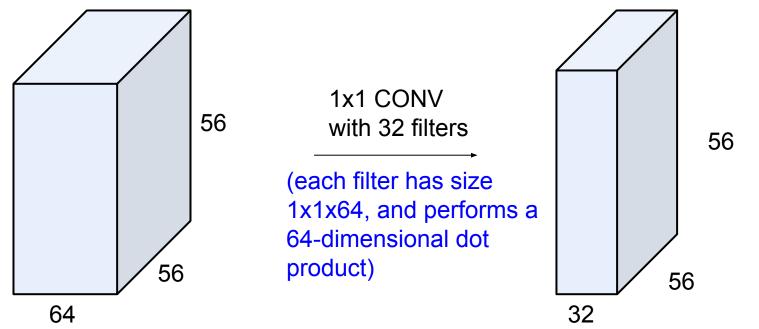


Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

(btw, 1x1 convolution layers make perfect sense -> performs **dimensionality reduction** in the depth dimension)



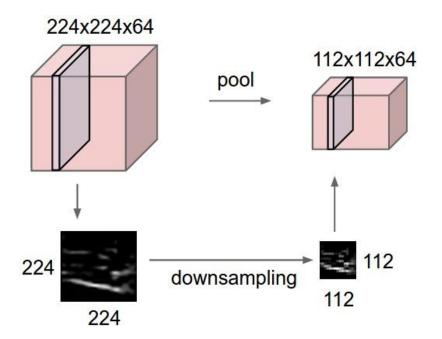
Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Pooling layer

- makes the representations smaller and more manageable
- operates over each activation map independently:



Slide credit: CS231n

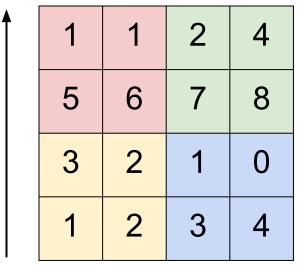
Serena Yeung

BIODS 220: AI in Healthcare



Max pooling

Single depth slice



y

max pool with 2x2 filters and stride 2

6	8
3	4

Slide credit: CS231n

Serena Yeung

Χ

BIODS 220: AI in Healthcare

Pooling layer: practical implementation

- Accepts a volume of size $W_1 imes H_1 imes D_1$
- Requires three hyperparameters:
 - \circ their spatial extent F,
 - \circ the stride S,
- Produces a volume of size $W_2 imes H_2 imes D_2$ where:
- · Introduces zero parameters since it computes a fixed function of the input
- Note that it is not common to use zero-padding for Pooling layers

In Keras:



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Pooling layer: practical implementation

- Accepts a volume of size $W_1 imes H_1 imes D_1$
- Requires three hyperparameters:
 - $\circ\;$ their spatial extent F ,
 - the stride S,
- Produces a volume of size $W_2 imes H_2 imes D_2$ where:
 - $\circ W_2 = (W_1 F)/S + 1$ $\circ H_2 = (H_1 - F)/S + 1$ $\circ D_2 = D_1$

Common settings:

F = 2, S = 2 F = 3, S = 2

- · Introduces zero parameters since it computes a fixed function of the input
- Note that it is not common to use zero-padding for Pooling layers

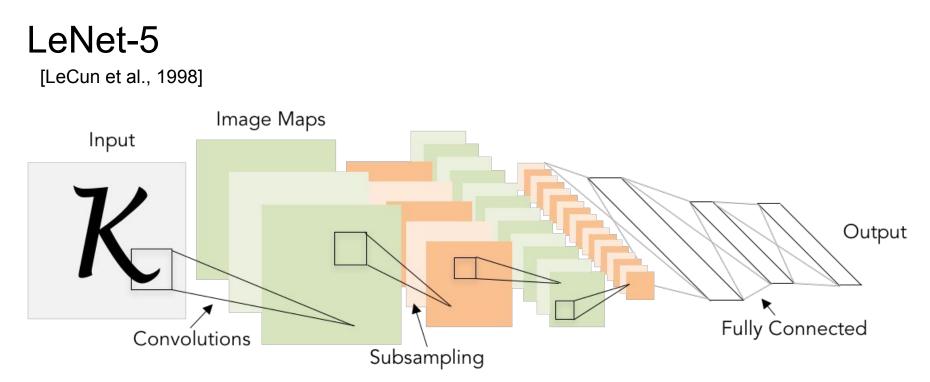
In Keras:



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare



Conv filters were 5x5, applied at stride 1 Subsampling (Pooling) layers were 2x2 applied at stride 2 i.e. architecture is [CONV-POOL-CONV-POOL-FC-FC]

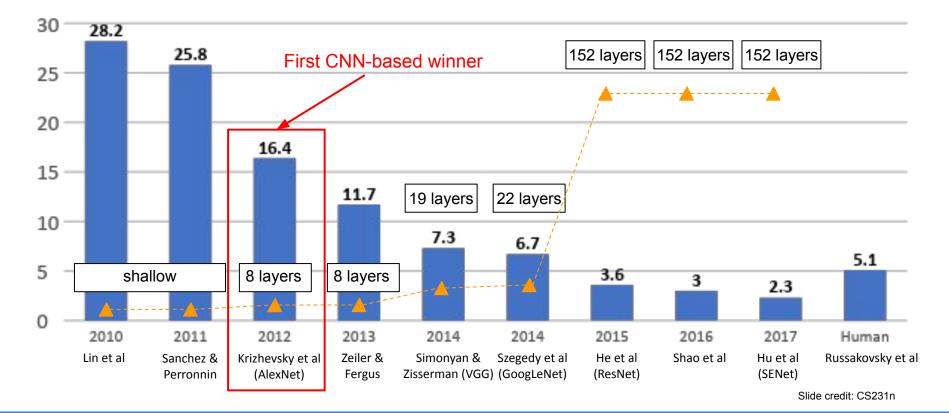
Slide credit: CS231n

Lecture 2 - 54

Serena Yeung

BIODS 220: AI in Healthcare

ImageNet Large Scale Visual Recognition Challenge (ILSVRC) winners

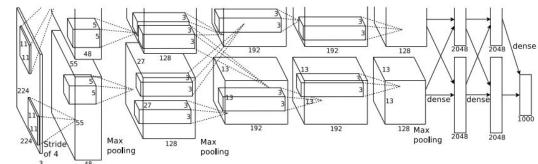


Serena Yeung

BIODS 220: AI in Healthcare

AlexNet

[Krizhevsky et al. 2012]



Full (simplified) AlexNet architecture: [227x227x3] INPUT [55x55x96] CONV1: 96 11x11 filters at stride 4, pad 0 [27x27x96] MAX POOL1: 3x3 filters at stride 2 [27x27x96] NORM1: Normalization layer [27x27x256] CONV2: 256 5x5 filters at stride 1, pad 2 [13x13x256] MAX POOL2: 3x3 filters at stride 2 [13x13x256] NORM2: Normalization layer [13x13x384] CONV3: 384 3x3 filters at stride 1, pad 1 [13x13x384] CONV4: 384 3x3 filters at stride 1, pad 1 [13x13x256] CONV5: 256 3x3 filters at stride 1, pad 1 [6x6x256] MAX POOL3: 3x3 filters at stride 2 [4096] FC6: 4096 neurons [4096] FC7: 4096 neurons [1000] FC8: 1000 neurons (class scores)

Figure copyright Alex Krizhevsky, Ilya Sutskever, and Geoffrey Hinton, 2012. Reproduced with permission. Slide credit: CS231n

Serena Yeung

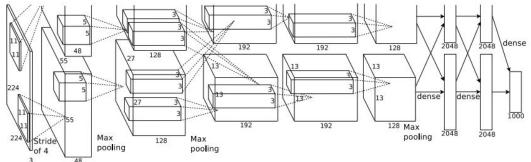
BIODS 220: AI in Healthcare



AlexNet

[Krizhevsky et al. 2012]

Full (simplified) AlexNet architecture: [227x227x3] INPUT [55x55x96] CONV1: 96 11x11 filters at stride 4, pad 0 [27x27x96] MAX POOL1: 3x3 filters at stride 2 [27x27x96] NORM1: Normalization layer [27x27x256] CONV2: 256 5x5 filters at stride 1, pad 2 [13x13x256] MAX POOL2: 3x3 filters at stride 2 [13x13x256] NORM2: Normalization layer [13x13x384] CONV3: 384 3x3 filters at stride 1, pad 1 [13x13x384] CONV4: 384 3x3 filters at stride 1, pad 1 [13x13x256] CONV5: 256 3x3 filters at stride 1, pad 1 [6x6x256] MAX POOL3: 3x3 filters at stride 2 [4096] FC6: 4096 neurons [4096] FC7: 4096 neurons [1000] FC8: 1000 neurons (class scores)



Details (discussed further in review session):

- first use of ReLU
- used Norm layers (not common anymore)
- heavy data augmentation
- dropout 0.5
- batch size 128
- SGD Momentum 0.9
- Learning rate 1e-2, reduced by 10 manually when val accuracy plateaus
- L2 weight decay 5e-4 (regularization)
- 7 CNN ensemble: 18.2% -> 15.4%

Figure copyright Alex Krizhevsky, Ilya Sutskever, and Geoffrey Hinton, 2012. Reproduced with permission. Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Regression

$$L_{regression} = \frac{1}{M} \sum_{i} (\hat{y}^{i} - y^{i})^{2}$$

Label is a continuous value.



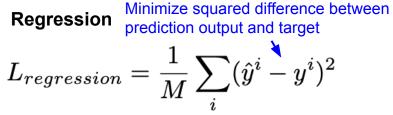
BIODS 220: AI in Healthcare

Regression Minimize squared difference between prediction output and target
$$L_{regression} = \frac{1}{M} \sum_{i} (\hat{y}^{i} - y^{i})^{2}$$

Label is a continuous value.



BIODS 220: AI in Healthcare



Binary Cross-Entropy

$$L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$$

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

Label is a continuous value

Serena Yeung

BIODS 220: AI in Healthcare

prediction output and target

Equivalent to the negative log of the probability of the correct ground truth class being predicted. Think about what the expression looks like when y = 1 vs. 0.

Minimize squared difference between **Binary Cross-Entropy**

$$L_{regression} = \frac{1}{M} \sum_{i} (\hat{y}^{i} - y^{i})^{2}$$

Label is a continuous value.

Regression

$$L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$$

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

BIODS 220: AI in Healthcare

prediction output and target

Equivalent to the negative log of the probability of the correct ground truth class being predicted. Think about what the expression looks like when y = 1 vs. 0.

Minimize squared difference between **Binary Cross-Entropy**

$$L_{regression} = \frac{1}{M} \sum_{i} (\hat{y}^{i} - y^{i})^{2}$$

 $L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$

Label is a continuous value.

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

Softmax

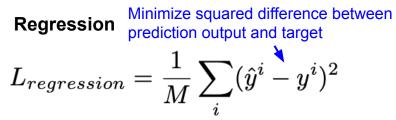
Regression

$$L_{Softmax} = \frac{1}{M} \sum_{i} -\log(\frac{e^{s_{y_i}}}{\sum_{j} e^{s_j}})$$

Label is 1 of K classes in {0, ..., K}. Extension of binary cross-entropy loss to multiple classes. s j corresponds to the score (e.g. output of final layer) for each class; the fraction in the log provides a normalized probability for each class.

Serena Yeung

BIODS 220: AI in Healthcare



Label is a continuous value.

Softmax Negative log of the probability of the true class y_i, as with the BCE loss. $1 \qquad e^{s_{y_i}} e^{s_{y_i}}$

$$L_{Softmax} = \frac{1}{M} \sum_{i} -\log(\frac{e^{s_{y_i}}}{\sum_{j} e^{s_j}})$$

Label is 1 of K classes in {0, ..., K}. Extension of binary cross-entropy loss to multiple classes. s_j corresponds to the score (e.g. output of final layer) for each class; the fraction in the log provides a normalized probability for each class.

Equivalent to the negative log of the probability of the correct ground truth class being predicted. Think about what the expression looks like when $y_i = 1$ vs. 0.

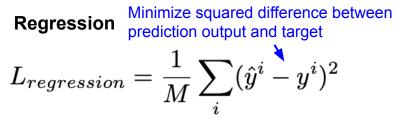
Binary Cross-Entropy

$$L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$$

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

Serena Yeung

BIODS 220: AI in Healthcare



Label is a continuous value.

Negative log of the probability of the true class y_i, as with the BCE loss. $L_{Softmax} = \frac{1}{M} \sum_{i} -\log(\frac{e^{s_{y_i}}}{\sum_{j} e^{s_j}})$

Label is 1 of K classes in {0, ..., K}. Extension of binary cross-entropy loss to multiple classes. s_j corresponds to the score (e.g. output of final layer) for each class; the fraction in the log provides a normalized probability for each class.

Equivalent to the negative log of the probability of the correct ground truth class being predicted. Think about what the expression looks like when $y_i = 1$ vs. 0.

Binary Cross-Entropy

$$L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$$

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

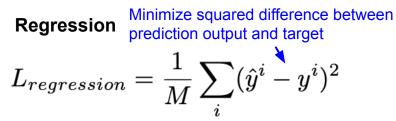
SVM

$$L_{SVM} = rac{1}{M} \sum_{i} \sum_{j
eq y_i} \max(0, s_j - s_{y_i} + 1)$$

Label is 1 of K classes in {0, ..., K}. Same use case as softmax, but different way of encouraging the model to produce outputs that we "like". In practice, softmax is more popular and provides a nice probabilistic interpretation.

Serena Yeung

BIODS 220: AI in Healthcare



Label is a continuous value.

Negative log of the probability of the true class y_i, as with the BCE loss.

$$L_{Softmax} = \frac{1}{M} \sum_{i} -\log(\frac{e^{s_{y_i}}}{\sum_{j} e^{s_j}})$$

Label is 1 of K classes in {0, ..., K}. Extension of binary cross-entropy loss to multiple classes. s_j corresponds to the score (e.g. output of final layer) for each class; the fraction in the log provides a normalized probability for each class.

Equivalent to the negative log of the probability of the correct ground truth class being predicted. Think about what the expression looks like when $y_i = 1$ vs. 0.

Binary Cross-Entropy

$$L_{BCE} = \frac{1}{M} \sum_{i} -(y_i \log(\hat{y}_i) + (1 - y_i) \log(1 - \hat{y}_i))$$

Label is binary in $\{0,1\}$. Prediction is a real number in (0,1) and is the probability of the label being 1. It is usually the output of a sigmoid operation after the final layer.

SVM

Incurs lowest loss of 0 (what we want) if the score for the true class y_i is greater than the score for each incorrect class j by a margin of 1

$$L_{SVM} = rac{1}{M} \sum_{i} \sum_{j
eq y_i} \max(0, s_j - s_{y_i} + 1)$$

Label is 1 of K classes in {0, ..., K}. Same use case as softmax, but different way of encouraging the model to produce outputs that we "like". In practice, softmax is more popular and provides a nice probabilistic interpretation.

Serena Yeung

BIODS 220: AI in Healthcare

You will find these in tensorflow!

In Keras:

mean_squared_error

keras.losses.mean_squared_error(y_true, y_pred)

categorical_crossentropy

keras.losses.categorical_crossentropy(y_true, y_pred, from_logits=False, label_smoothing=0)

hinge

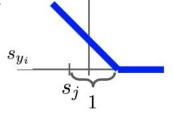
keras.losses.hinge(y_true, y_pred)

https://keras.io/losses/

Mean squared error (MSE) is another name for regression loss

Covers both BCE and Softmax loss (remember softmax is a multiclass extension of BCE)

 Hinge is another name for SVM loss, due to the loss function shape.



Serena Yeung

BIODS 220: AI in Healthcare

Data Considerations for Image Classification Models

Serena Yeung

BIODS 220: AI in Healthcare

Training, validation, and test sets

Training (50%)	Validation (30%)	Test (20%)	
	d-out evaluation set for ing best hyperparameters during training	Do not use u s evaluat	



BIODS 220: AI in Healthcare

Training, validation, and test sets

Training (50%)	Validation (30%)	Test (20%)	
	d-out evaluation set for ing best hyperparameters during training	Do not use use use use use evaluat	

Other splits e.g. 60/20/20 also popular. Balance sufficient data for training vs. informative performance estimate on validation / testing.

BIODS 220: AI in Healthcare

Lecture 2 - 69

Serena Yeung

Maximizing training data for the final model

"Trainval" (70%)

Test (30%)

Once hyperparameters are selected using the validation set, common to merge training and validation sets into a larger "trainval" set to train a final model using the hyperparameters.

OK since we can use non-test data however we want during model development!

Serena Yeung

BIODS 220: AI in Healthcare

K-fold cross validation: for small datasets

Sometimes we have small labeled datasets in healthcare... in this case K-fold cross validation (which is more computationally expensive) may be worthwhile.

Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test

Train model K times with a different fold as the validation set each time; then average the validation set results. Allows more data to be used for each training of the model, while still using enough data to get accurate validation result.

Serena Yeung

BIODS 220: AI in Healthcare

K-fold cross validation: for small datasets

Sometimes we have small labeled datasets in healthcare... in this case K-fold cross validation (which is more computationally expensive) may be worthwhile.

Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test
Fold 1	Fold 2	Fold 3	Fold 4	Test

Train model K times with a different fold as the validation set each time; then average the validation set results. Allows more data to be used for each training of the model, while still using enough data to get accurate validation result.

Can also apply same concept to test-time evaluation.

Serena Yeung

BIODS 220: AI in Healthcare

Data preprocessing

Min-max scaling:

```
x_scaled = (x_orig - x_min) / (x_max - x_min)
```

where x_min and x_max are min and max values in the original data

- Maps original range of data to [0,1] range
- Neural networks generally expect small numbers as input (not too extreme relative to scale of initialized weights)

Slide credit: CS231n

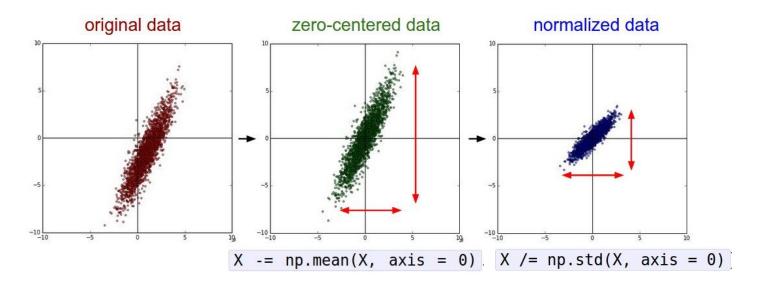


BIODS 220: AI in Healthcare



Data preprocessing

Common to also normalize mean and variance of features, such that features are treated equally. Most common: make all features zero-mean, unit variance.



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Data preprocessing: for images

For images, common to perform simpler normalization:

e.g. consider a dataset with [32,32,3] images

- Subtract the mean image (used in original AlexNet model) (mean image = [32,32,3] array)
- Subtract per-channel mean (used in original VGG model) (mean along each channel = 3 numbers)
- Subtract per-channel mean and divide by per-channel std (used in original ResNet model) (mean along each channel = 3 numbers)

Slide credit: CS231n



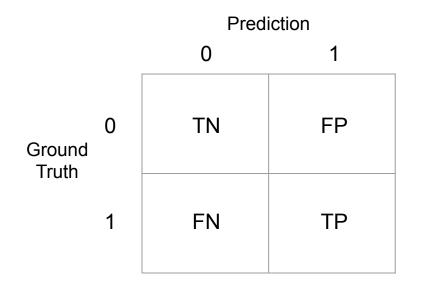


Evaluating image classification models

Serena Yeung

BIODS 220: AI in Healthcare

Confusion matrix

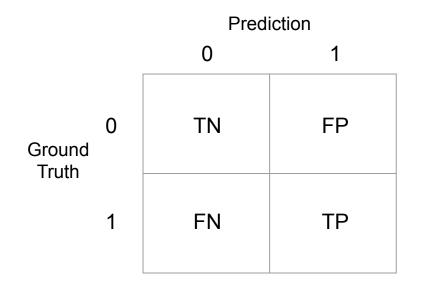


Accuracy: (TP + TN) / total

Serena Yeung

BIODS 220: AI in Healthcare

Confusion matrix



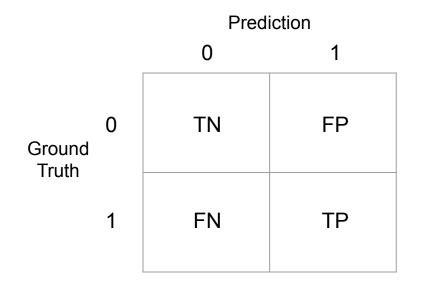
Accuracy: (TP + TN) / total

Q: When might evaluating purely accuracy be problematic?

Serena Yeung

BIODS 220: AI in Healthcare

Confusion matrix



Accuracy: (TP + TN) / total

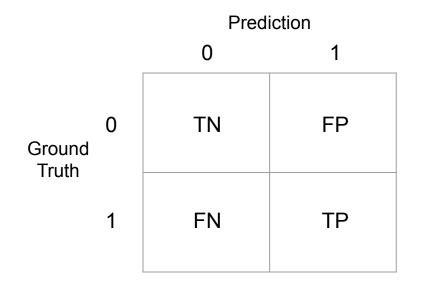
Q: When might evaluating purely accuracy be problematic?

A: Imbalanced datasets.

Serena Yeung

BIODS 220: Al in Healthcare

Confusion matrix



Accuracy: (TP + TN) / total

Sensitivity / Recall (true positive rate): TP / total positives

Specificity (true negative rate): TN / total negatives

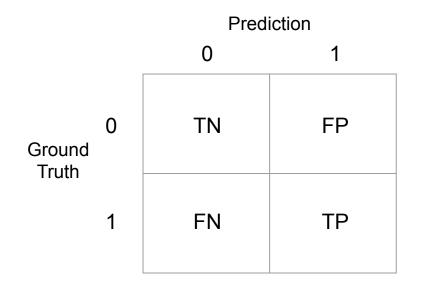
Precision (positive predictive value): TP / total predicted positives

Negative predictive value: TN / total predicted negatives

Serena Yeung

BIODS 220: Al in Healthcare

Confusion matrix



We can trade-off different values of these metrics as we vary our classifier's score threshold to predict a positive

Accuracy: (TP + TN) / total

Sensitivity / Recall (true positive rate): TP / total positives

Specificity (true negative rate): TN / total negatives

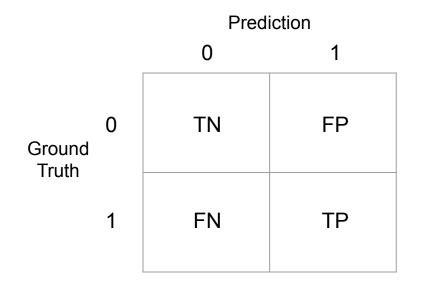
Precision (positive predictive value): TP / total predicted positives

Negative predictive value: TN / total predicted negatives

Serena Yeung

BIODS 220: Al in Healthcare

Confusion matrix



Q: As prediction threshold increases, how does that generally affect sensitivity? Specificity?

Accuracy: (TP + TN) / total

Sensitivity / Recall (true positive rate): TP / total positives

Specificity (true negative rate): TN / total negatives

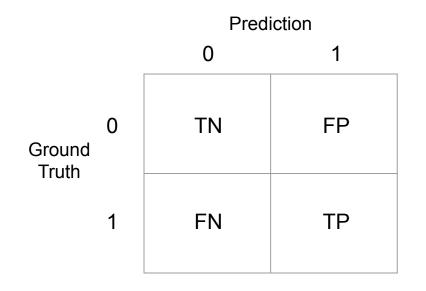
Precision (positive predictive value): TP / total predicted positives

Negative predictive value: TN / total predicted negatives

Serena Yeung

BIODS 220: Al in Healthcare

Confusion matrix



Q: As prediction threshold increases, how does that generally affect sensitivity? Specificity?A: Sensitivity goes down, specificity up

Accuracy: (TP + TN) / total

Sensitivity / Recall (true positive rate): TP / total positives

Specificity (true negative rate): TN / total negatives

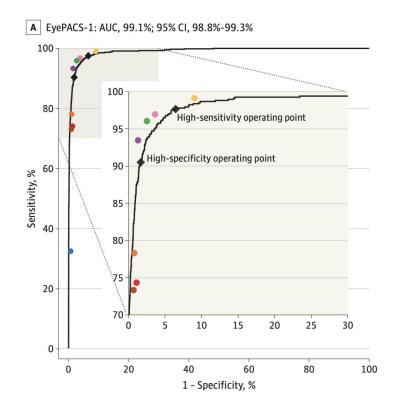
Precision (positive predictive value): TP / total predicted positives

Negative predictive value: TN / total predicted negatives

Serena Yeung

BIODS 220: Al in Healthcare

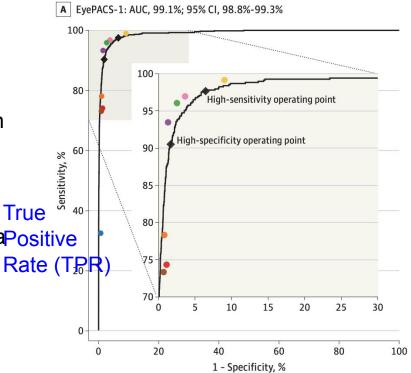
- Receiver Operating Characteristic (ROC) curve:
 - Plots sensitivity and specificity (specifically, 1 - specificity) as prediction threshold is varied
 - Gives trade-off between sensitivity and specificity
 - Also report summary statistic AUC (area under the curve)



Serena Yeung

BIODS 220: Al in Healthcare

- Receiver Operating Characteristic (ROC) curve:
 - Plots sensitivity and specificity (specifically, 1 - specificity) as prediction threshold is varied
 - Gives trade-off between sensitivity and specificity
 - Also report summary statistic AUC (areaPositive under the curve)
 Rate (T)



False Positive Rate (FPR)

Serena Yeung

BIODS 220: AI in Healthcare

- Sometimes also see precision recall curve
 - More informative when dataset is heavily imbalanced (specificity = true negative rate less meaningful in this case)

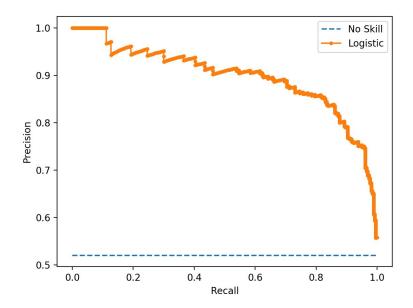


Figure credit: https://3qeqpr26caki16dnhd19sv6by6v-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/Precision-Recall-Plot-for-a-No-Skill-Classifier-and-a-Logistic-Regression-Model4.png

Serena Yeung

BIODS 220: AI in Healthcare

- Selecting optimal trade-off points
 - Maximize Youden's Index
 - J = sensitivity + specificity 1
 - Gives equal weight to optimizing true positives and true negatives

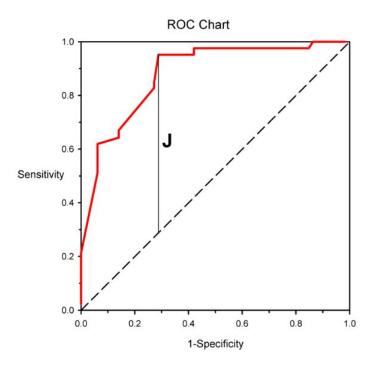


Figure credit: https://en.wikipedia.org/wiki/File:ROC_Curve_Youden_J.png

Serena Yeung

BIODS 220: AI in Healthcare

- Selecting optimal trade-off points
 - Maximize Youden's Index
 - J = sensitivity + specificity 1
 - Gives equal weight to optimizing true positives and true negatives

Also equal to distance above chance line for a balanced dataset: sensitivity - (1 - specificity) = sensitivity + specificity - 1

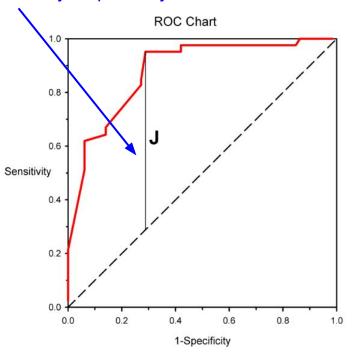


Figure credit: https://en.wikipedia.org/wiki/File:ROC_Curve_Youden_J.png

BIODS 220: AI in Healthcare

Lecture 2 - 88

Serena Yeung

- Selecting optimal trade-off points
 - Maximize Youden's Index
 - J = sensitivity + specificity 1
 - Gives equal weight to optimizing true positives and true negatives
 - Sometimes also see F-measure (or F1 score)
 - F1 = 2*(precision*recall) / (precision + recall)
 - Harmonic mean of precision and recall

Also equal to distance above chance line for a balanced dataset: sensitivity - (1 - specificity) = sensitivity + specificity - 1

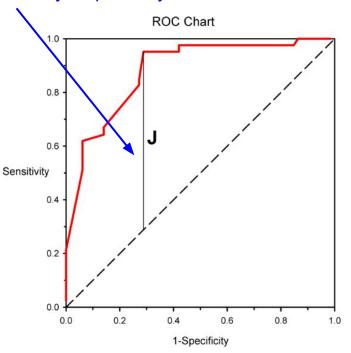


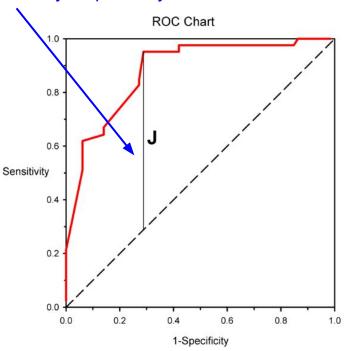
Figure credit: https://en.wikipedia.org/wiki/File:ROC_Curve_Youden_J.png

Serena Yeung

BIODS 220: AI in Healthcare

- Selecting optimal trade-off points
 - Maximize Youden's Index
 - J = sensitivity + specificity 1
 - Gives equal weight to optimizing true positives and true negatives
 - Sometimes also see F-measure (or F1 score)
 - F1 = 2*(precision*recall) / (precision + recall)
 - Harmonic mean of precision and recall

Also equal to distance above chance line for a balanced dataset: sensitivity - (1 - specificity) = sensitivity + specificity - 1



But selected trade-off points could also depend on application

Figure credit: <u>https://en.wikipedia.org/wiki/File:ROC_Curve_Youden_J.png</u>

Serena Yeung

BIODS 220: AI in Healthcare

Case Studies of CNNs for Medical Imaging Classification

Serena Yeung

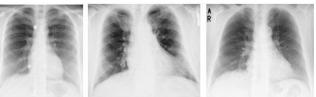
BIODS 220: AI in Healthcare

Early steps of deep learning in medical imaging: using ImageNet CNN features

Bar et al. 2015

- Input: Chest x-ray images -
- Output: Several binary classification tasks
 - Right pleural effusion or not
 - Enlarged heart or not
 - Healthy or abnormal
- Very small dataset: 93 frontal chest x-ray images

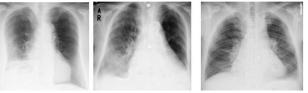
Healthy



Enlarged heart



Right effusion



Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

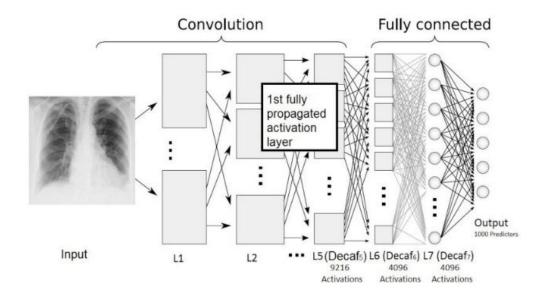
Lecture 2 - 92

Serena Yeung

BIODS 220: AI in Healthcare

Bar et al. 2015

- Did not train a deep learning model on the medical data
- Instead, extracted features from an AlexNet trained on ImageNet
 - 5th, 6th, and 7th layers
- Used extracted features with an SVM classifier
- Performed zero-mean unit-variance normalization of all features
- Evaluated combination with other hand-crafted image features



Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

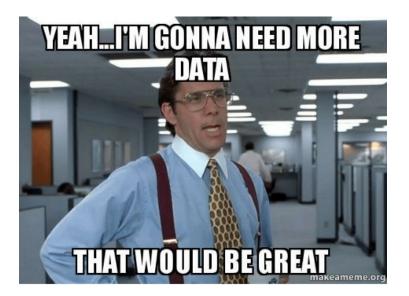
Serena Yeung

BIODS 220: AI in Healthcare

Serena Yeung

BIODS 220: AI in Healthcare

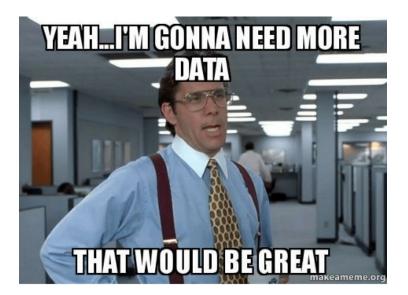
A: A lot.



Serena Yeung

BIODS 220: AI in Healthcare

A: A lot.



Premise of deep learning uses many parameters (e.g. millions) to fit complex functions -> if the dataset is too small, easiest solution that model ends up learning can be overfitting to memorizing the labels of the training examples

Serena Yeung

BIODS 220: AI in Healthcare

A: A lot.

ImageNet dataset consists of 1M images: 1000 classes with 1000 images each



Premise of deep learning uses many parameters (e.g. millions) to fit complex functions -> if the dataset is too small, easiest solution that model ends up learning can be overfitting to memorizing the labels of the training examples

Serena Yeung

BIODS 220: AI in Healthcare

Transfer learning: amplifying training data

1. Train on big dataset

(e.g. ImageNet)

FC-1000	
FC-4096	
FC-4096	
MaxPool	
Conv-512	
Conv-512	
MaxPool	
Conv-512	
Conv-512	
MaxPool	
Conv-256	
Conv-256	
MaxPool	
Conv-128	
Conv-128	
MaxPool	
Conv-64	
Conv-64	

Slide credit: CS231n

Serena Yeung

Image

BIODS 220: AI in Healthcare

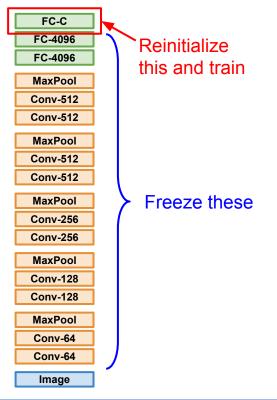


Transfer learning: amplifying training data

1. Train on big dataset (e.g. ImageNet)

FC-1000 FC-4096 FC-4096 MaxPool Conv-512 MaxPool Conv-512 MaxPool Conv-512 MaxPool Conv-512 MaxPool Conv-512 MaxPool Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-64	(c.g. inage	'
FC-4096 MaxPool Conv-512 Conv-512 MaxPool Conv-512 MaxPool Conv-256 Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-128	FC-1000	
MaxPool Conv-512 Conv-512 MaxPool Conv-512 Conv-512 MaxPool Conv-256 MaxPool Conv-256 MaxPool Conv-128 Conv-128 MaxPool	FC-4096	
Conv-512 Conv-512 MaxPool Conv-512 Conv-512 MaxPool Conv-256 Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-128	FC-4096	
Conv-512 MaxPool Conv-512 Conv-512 MaxPool Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-128	MaxPool	
MaxPool Conv-512 Conv-512 MaxPool Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-64	Conv-512	
Conv-512 Conv-512 MaxPool Conv-256 Conv-256 MaxPool Conv-128 MaxPool Conv-128	Conv-512	
Conv-512 MaxPool Conv-256 Conv-256 MaxPool Conv-128 MaxPool Conv-64	MaxPool	
MaxPool Conv-256 Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-64	Conv-512	
Conv-256 Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-64	Conv-512	
Conv-256 MaxPool Conv-128 Conv-128 MaxPool Conv-64	MaxPool	
MaxPool Conv-128 Conv-128 MaxPool Conv-64	Conv-256	
Conv-128 Conv-128 MaxPool Conv-64	Conv-256	
Conv-128 MaxPool Conv-64	MaxPool	
MaxPool Conv-64	Conv-128	
Conv-64	Conv-128	
	MaxPool	
Conv-64	Conv-64	
	Conv-64	

2. Small Dataset (C classes)



Slide credit: CS231n

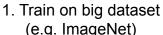
Serena Yeung

Image

BIODS 220: AI in Healthcare



Transfer learning: amplifying training data



(e.y. imaye	
FC-1000	
FC-4096	
FC-4096	
MaxPool	
Conv-512	
Conv-512	
MaxPool	
Conv-512	
Conv-512	
MaxPool	
Conv-256	
Conv-256	
MaxPool	
Conv-128	
Conv-128	
MaxPool	
Conv-64	
Conv-64	

2. Small Dataset (C classes)



Serena Yeung

Image

BIODS 220: AI in Healthcare

Lecture 2 - 100

With bigger dataset, train

FC-1000 FC-4096 FC-4096 MaxPool		very similar dataset	very different dataset
Conv-512 MaxPool Conv-512 Conv-512 Conv-512	very little data		
MaxPool Conv-256 MaxPool Conv-128			
Conv-128 MaxPool Conv-64 Image	quite a lot of data		

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

FC-1000 FC-4096 FC-4096 MaxPool Cony-512		very similar dataset	very different dataset
Conv-512 MaxPool Conv-512 MaxPool Conv-512 MaxPool Conv-256 Conv-256 MaxPool MaxPool	very little data	Use Linear Classifier on top layer features	
Conv-128 Conv-128 MaxPool Conv-64 Conv-64 Image	quite a lot of data		

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

FC-1000 FC-4096 FC-4096 MaxPool Conv-512		very similar dataset	very different dataset
Conv-512 MaxPool Conv-512 MaxPool Conv-256 Conv-256 MaxPool MaxPool	very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
Conv-128 Conv-128 MaxPool Conv-64 Conv-64 Image	quite a lot of data		

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

FC-1000 FC-4096 FC-4096 MaxPool Cony-512		very similar dataset	very different dataset
Conv-512 MaxPool Conv-512 Conv-512 MaxPool Conv-256 Conv-256 MaxPool	very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
Conv-128 Conv-128 MaxPool Conv-64 Conv-64 Image	quite a lot of data	Finetune a few layers	

Slide credit: CS231n

Serena Yeung

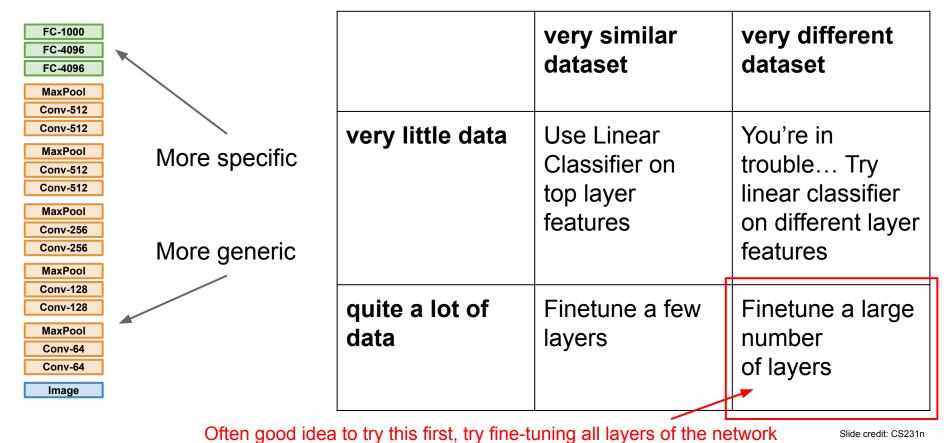
BIODS 220: AI in Healthcare

FC-1000 FC-4096 FC-4096 MaxPool Conv-512		very similar dataset	very different dataset
Conv-512 MaxPool Conv-512 MaxPool Conv-256 Conv-256 MaxPool MaxPool	very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
Conv-128 Conv-128 MaxPool Conv-64 Conv-64 Image	quite a lot of data	Finetune a few layers	Finetune a large number of layers

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare



Serena Yeung

BIODS 220: AI in Healthcare

Examples per class of your dataset, in addition to transfer learning (take this with grain of salt, it really depends on the problem):

- Low dozens: generally too small to learn a meaningful model, using standard supervised deep learning
- High dozens to low hundreds: may see models with some predictive ability, unlikely to really wow or be "superhuman" though
- High hundreds to thousands: "happy regime" for deep learning

	very similar dataset	very different dataset
very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
quite a lot of data	Finetune a few layers	Finetune a large number of layers

BIODS 220: Al in Healthcare

Examples per class of your dataset, in addition to transfer learning (take this with grain of salt, it really depends on the problem):

- Low dozens: generally too small to learn a meaningful model, using standard supervised deep learning
- High dozens to low hundreds: may see models with some predictive ability, unlikely to really wow or be "superhuman" though
- High hundreds to thousands: "happy regime" for deep learning

	very similar dataset	very different dataset
very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
quite a lot of data	Finetune a few layers	Finetune a large number of layers

BIODS 220: Al in Healthcare

How much data do you need for deep learning?

Examples per class of your dataset, in addition to transfer learning (take this with grain of salt, it really depends on the problem):

- Low dozens: generally too small to learn a meaningful model, using standard supervised deep learning
- High dozens to low hundreds: may see models with some predictive ability, unlikely to really wow or be "superhuman" though
- High hundreds to thousands: "happy regime" for deep learning

	very similar dataset	very different dataset
very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
quite a lot of data	Finetune a few layers	Finetune a large number of layers

Serena Yeung

BIODS 220: AI in Healthcare

How much data do you need for deep learning?

Examples per class of your dataset, in addition to transfer learning (take this with grain of salt, it really depends on the problem):

- Low dozens: generally too small to learn a meaningful model, using standard supervised deep learning
- High dozens to low hundreds: may see models with some predictive ability, unlikely to really wow or be "superhuman" though
- High hundreds to thousands: "happy regime" for deep learning

In general, deep learning is data hungry -- the more data the better

	very similar dataset	very different dataset
very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
quite a lot of data	Finetune a few layers	Finetune a large number of layers

BIODS 220: AI in Healthcare

How much data do you need for deep learning?

Examples per class of your dataset, in addition to transfer learning (take this with grain of salt, it really depends on the problem):

- Low dozens: generally too small to learn a meaningful model, using standard supervised deep learning
- High dozens to low hundreds: may see models with some predictive ability, unlikely to really wow or be "superhuman" though
- High hundreds to thousands: "happy regime" for deep learning

In general, deep learning is data hungry -- the more data the better

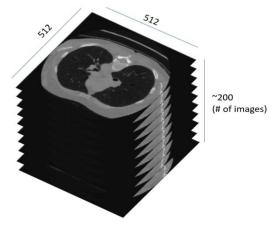
	very similar dataset	very different dataset
very little data	Use Linear Classifier on top layer features	You're in trouble Try linear classifier on different layer features
quite a lot of data	Finetune a few layers	Finetune a large number of layers

Almost always leverage transfer learning unless you have extremely different or huge (e.g. ImageNet-scale) dataset

Serena Yeung

BIODS 220: Al in Healthcare

What counts as a data example?



1 3D CT volume with 200 slices \neq 200 data examples

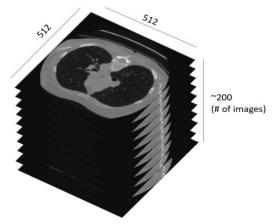


5 surgery videos with thousands of frames each ≠ thousands of data examples

Serena Yeung

BIODS 220: AI in Healthcare

What counts as a data example?





1 3D CT volume with 200 slices \neq 200 data examples

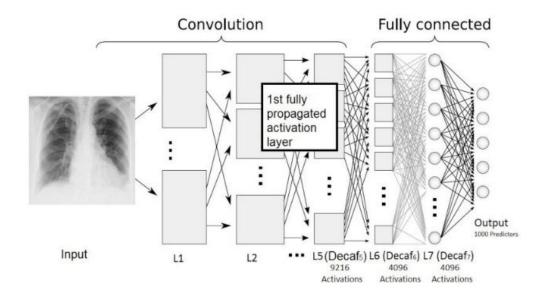
5 surgery videos with thousands of frames each ≠ thousands of data examples

Guidelines for amount of training data refers to # of unique instances representative of diversity expected during testing / deployment. E.g. # of independent CT scans or surgery videos. Additional correlated data (e.g. different slices of the same tumor or different suturing instances within the same video) provide relatively less incremental value in comparison.

Serena Yeung

BIODS 220: Al in Healthcare

- Did not train a deep learning model on the medical data
- Instead, extracted features from an AlexNet trained on ImageNet
 - 5th, 6th, and 7th layers
- Used extracted features with an SVM classifier
- Performed zero-mean unit-variance normalization of all features
- Evaluated combination with other hand-crafted image features



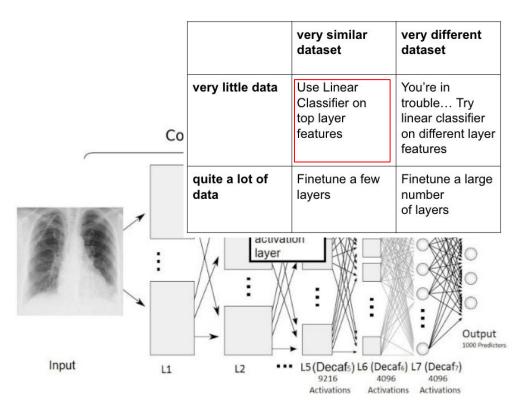
Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

Serena Yeung

BIODS 220: AI in Healthcare

- Did not train a deep learning model on the medical data
- Instead, extracted features from an AlexNet trained on ImageNet
 - 5th, 6th, and 7th layers
- Used extracted features with an SVM classifier
- Performed zero-mean unit-variance normalization of all features
- Evaluated combination with other hand-crafted image features

Serena Yeung



Lecture 2 - 115

Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

BIODS 220: AI in Healthcare

llthcare

	Low Level		Low Level High Level Deep		Fusion		
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decaf L7	PiCoDes+Decaf L5
Sensitivity	0.71	0.79	0.79	0.93	0.86	0.86	0.93
Specificity	0.77	0.92	0.91	0.84	0.86	0.80	0.84
AUC	0.75	0.93	0.91	0.92	0.91	0.84	0.93

Table 1. Right Pleural Effusion Condition.

Table 2. Healthy vs. Pathology.

	Low Level		Low Level High Level Deep		Fusion		
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decaf L7	PiCoDes+Decaf L5
Sensitivity	0.65	0.68	0.59	0.73	0.89	0.76	0.81
Specificity	0.61	0.66	0.79	0.80	0.64	0.64	0.79
AUC	0.63	0.72	0.72	0.78	0.79	0.72	0.79

Table 3. Enlarged Heart Condition.

	Low Level		Low Level High Level Deep			Fusion	
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decaf L7	PiCoDes+Decaf L5
Sensitivity	0.75	0.79	0.79	0.88	0.79	0.79	0.83
Specificity	0.78	0.81	0.84	0.78	0.88	0.77	0.84
AUC	0.80	0.82	0.87	0.87	0.84	0.79	0.89

Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

Serena Yeung

BIODS 220: AI in Healthcare

Q: How might we interpret the AUC vs. CNN feature trends?

Table 1. Right Pleural Effusion Condition.

	Lov	v Level	High Level		Deep		Fusion
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decal L7	PiCoDes+Decaf L5
Sensitivity	0.71	0.79	0.79	0.93	0.86	0.86	0.93
Specificity	0.77	0.92	0.91	0.84	0.86	0.80	0.84
AUC	0.75	0.93	0.91	0.92	0.91	0.84	0.93

Table 2. Healthy vs. Pathology.

	Low Level		Low Level High Level Deep		Fusion		
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decaf L7	PiCoDes+Decaf L5
Sensitivity	0.65	0.68	0.59	0.73	0.89	0.76	0.81
Specificity	0.61	0.66	0.79	0.80	0.64	0.64	0.79
AUC	0.63	0.72	0.72	0.78	0.79	0.72	0.79

Table 3. Enlarged Heart Condition.

	Low Level		Low Level High Level Deep			Fusion	
	LBP	GIST	PiCoDes	Decaf L5	Decaf L6	Decaf L7	PiCoDes+Decaf L5
Sensitivity	0.75	0.79	0.79	0.88	0.79	0.79	0.83
Specificity	0.78	0.81	0.84	0.78	0.88	0.77	0.84
AUC	0.80	0.82	0.87	0.87	0.84	0.79	0.89

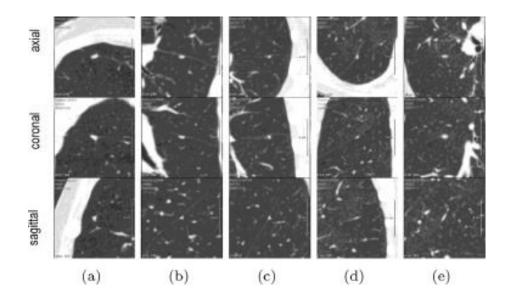
Bar et al. Deep learning with non-medical training used for chest pathology identification. SPIE, 2015.

Serena Yeung

BIODS 220: AI in Healthcare

Ciompi et al. 2015

- Task: classification of lung nodules in **3D CT scans** as peri-fissural nodules (PFN, likely to be benign) or not
- Dataset: 568 nodules from 1729 scans at a single institution. (65 typical PFNs, 19 atypical PFNs, 484 non-PFNs).
- Data pre-processing: prescaling from CT hounsfield units (HU) into [0,255]. Replicate 3x across R,G,B channels to match input dimensions of ImageNet-trained CNNs.



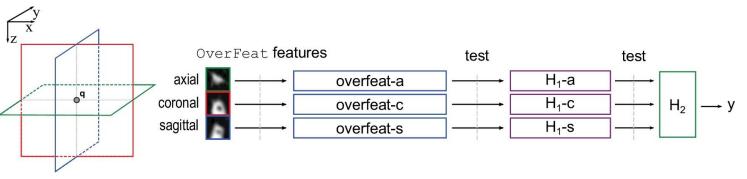
Ciompi et al. Automatic classification of pulmonary peri-fissural nodules in computed tomography using an ensemble of 2D views and a convolutional neural network out-of-the-box. Medical Image Analysis, 2015.

Serena Yeung

BIODS 220: AI in Healthcare

Ciompi et al. 2015

- Also extracted features from a deep learning model trained on ImageNet
 - Overfeat feature extractor (similar to AlexNet, but trained using additional losses for localization and detection)
 - To capture 3D information, extracted features from 3 different 2D views of each nodule, then input into 2-stage classifier (independent predictions on each view first, then outputs combined into second classifier).

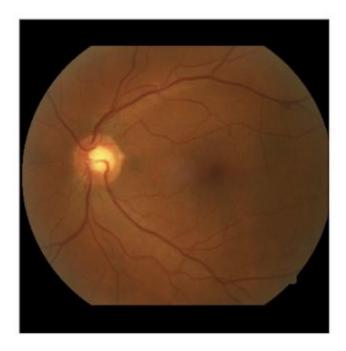


Ciompi et al. Automatic classification of pulmonary peri-fissural nodules in computed tomography using an ensemble of 2D views and a convolutional neural network out-of-the-box. Medical Image Analysis, 2015.

Serena Yeung

BIODS 220: AI in Healthcare

- Task: Binary classification of referable diabetic retinopathy from retinal fundus photographs
- **Input**: Retinal fundus photographs
- **Output**: Binary classification of referable diabetic retinopathy (y in {0,1})
 - Defined as moderate and worse diabetic retinopathy, referable diabetic macular edema, or both



Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Dataset:
 - 128,175 images, each graded by 3-7 ophthalmologists.
 - 54 total graders, each paid to grade between 20 to 62508 images.
- Data preprocessing:
 - Circular mask of each image was detected and rescaled to be 299 pixels wide
- Model:
 - Inception-v3 CNN, with ImageNet pre-training
 - Multiple BCE losses corresponding to different binary prediction problems, which were then used for final determination of referable diabetic retinopathy



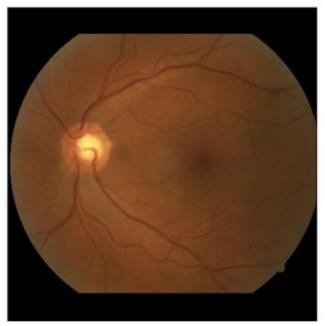
Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Dataset:
 - 128,175 images, each graded by 3-7 ophthalmologists.
 - 54 total graders, each paid to grade between
 20 to 62508 images.
- Data preprocessing:
 - Circular mask of each image was detected and rescaled to be 299 pixels wide
- Model:
 - Inception-v3 CNN, with ImageNet pre-training
 - Multiple BCE losses corresponding to different binary prediction problems, which were then used for final determination of referable diabetic retinopathy

Graders provided finer-grained labels which were then consolidated into (easier) binary prediction problems

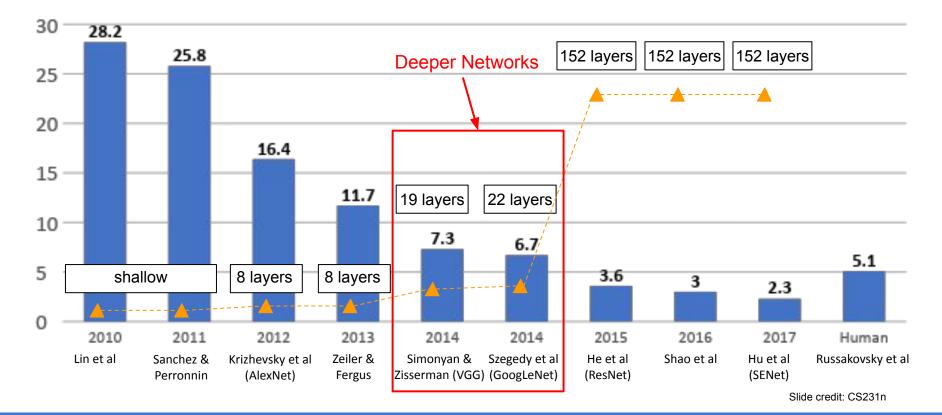


Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

ImageNet Large Scale Visual Recognition Challenge (ILSVRC) winners



Serena Yeung

BIODS 220: AI in Healthcare

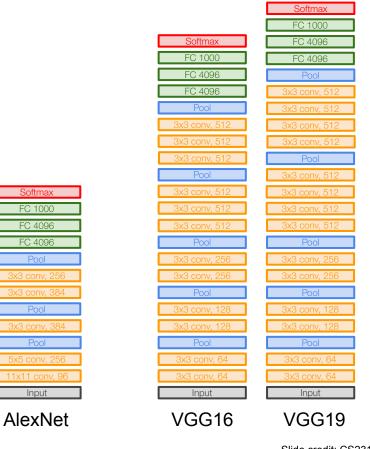
VGGNet

[Simonyan and Zisserman, 2014]

Small filters, Deeper networks

8 layers (AlexNet) -> 16 - 19 layers (VGG16Net)

Only 3x3 CONV stride 1, pad 1 and 2x2 MAX POOL stride 2



Slide credit: CS231n

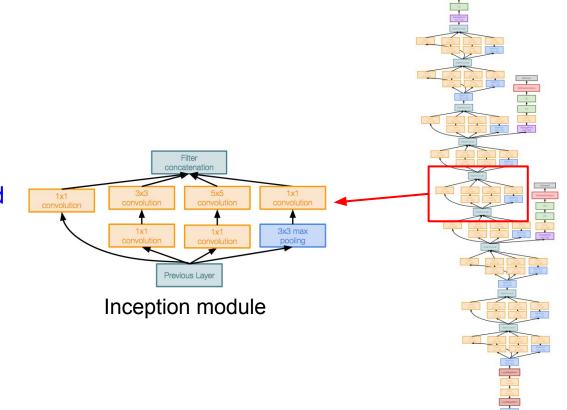
Serena Yeung

BIODS 220: AI in Healthcare

GoogLeNet

[Szegedy et al., 2014]

"Inception module": design a good local network topology (network within a network) and then stack these modules on top of each other



Slide credit: CS231n



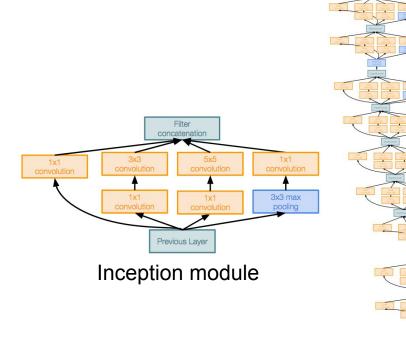
BIODS 220: AI in Healthcare

GoogLeNet

[Szegedy et al., 2014]

Deeper networks, with computational efficiency

- 22 layers
- Efficient "Inception" module
- Avoids expensive FC layers using a global averaging layer
- 12x less params than AlexNet



Slide credit: CS231n



BIODS 220: AI in Healthcare

GoogLeNet

[Szegedy et al., 2014]

Deeper networks, with computational efficiency

- 22 layers
- Efficient "Inception" module
- Avoids expensive FC layers using a global averaging layer
- 12x less params than AlexNet

Also called "Inception Network"

 Ix1
 3x3
 5x5
 1x1

 convolution
 for the second se

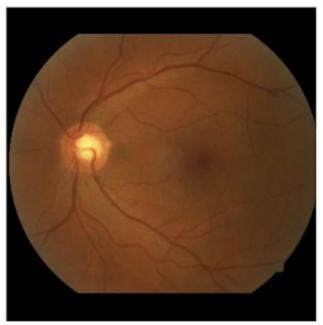
Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

- Dataset:
 - 128,175 images, each graded by 3-7 ophthalmologists.
 - 54 total graders, each paid to grade between
 20 to 62508 images.
- Data preprocessing:
 - Circular mask of each image was detected and rescaled to be 299 pixels wide
- Model:
 - Inception-v3 CNN, with ImageNet pre-training
 - Multiple BCE losses corresponding to different binary prediction problems, which were then used for final determination of referable diabetic retinopathy

Graders provided finer-grained labels which were then consolidated into (easier) binary prediction problems

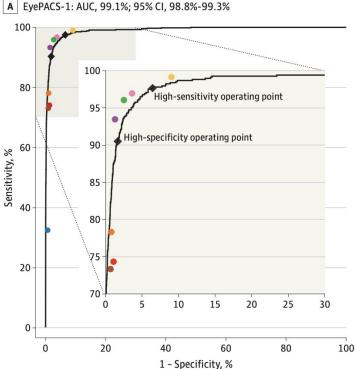


Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Results:
 - Evaluated using ROC curves, AUC, sensitivity and specificity analysis

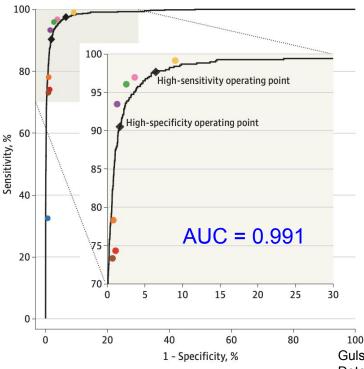


Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

A EyePACS-1: AUC, 99.1%; 95% CI, 98.8%-99.3%



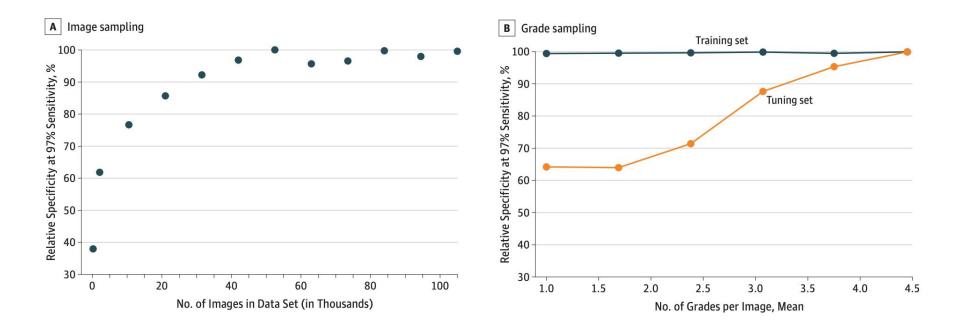
Looked at different operating points

- High-specificity point approximated ophthalmologist specificity for comparison. Should also use high-specificity to make decisions about high-risk actions.
- High-sensitivity point should be used for screening applications.

Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

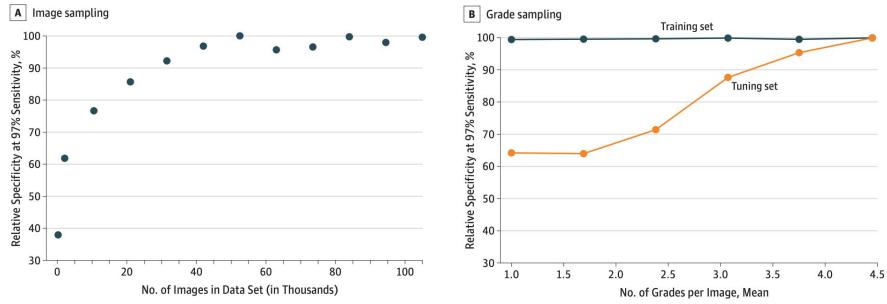


Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

Q: What could explain the difference in trends for reducing # grades / image on training set vs. tuning set, on tuning set performance?



Gulshan, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

Considering multiple possible sources of data

E.g., some with noisier / less accurate labels than others, from different hospital sites, etc.

- Expected diversity of data during deployment should be reflected in both training and test sets
 - Need to see these during training to learn how to handle them
 - Need to see these during testing to accurately evaluate the model

Considering multiple possible sources of data

E.g., some with noisier / less accurate labels than others, from different hospital sites, etc.

- Expected diversity of data during deployment should be reflected in both training and test sets
 - Need to see these during training to learn how to handle them
 - Need to see these during testing to accurately evaluate the model
- Want test set labels to be as accurate as possible

BIODS 220: AI in Healthcare

Considering multiple possible sources of data

E.g., some with noisier / less accurate labels than others, from different hospital sites, etc.

- Expected diversity of data during deployment should be reflected in both training and test sets
 - Need to see these during training to learn how to handle them
 - Need to see these during testing to accurately evaluate the model
- Want test set labels to be as accurate as possible
- Noisy labels is often still useful during training -- can provide useful signal in aggregate. Much larger amount, but noisy, data is *sometimes* better than small but clean data.
 - "Weakly supervised learning" is a major area of research focused on learning with large amounts of noisy or imprecise labels

BIODS 220: AI in Healthcare

Preview: advanced approaches for handling limited labeled data

- Semi-supervised learning
- Self-supervised learning
- Weakly supervised learning
- Domain adaptation

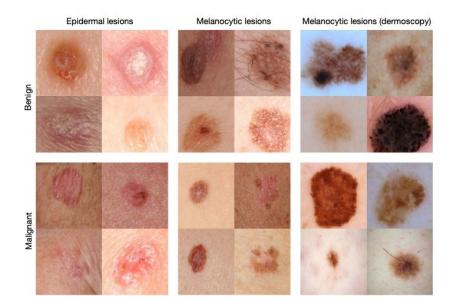
Will talk more about these in later lectures...



BIODS 220: AI in Healthcare

Esteva et al. 2017

- Two binary classification tasks: malignant vs. benign lesions of epidermal or melanocytic origin
- Inception-v3 (GoogLeNet) CNN with ImageNet pre-training
- Fine-tuned on dataset of 129,450 lesions (from several sources) comprising 2,032 diseases
- Evaluated model vs. 21 or more dermatologists in various settings



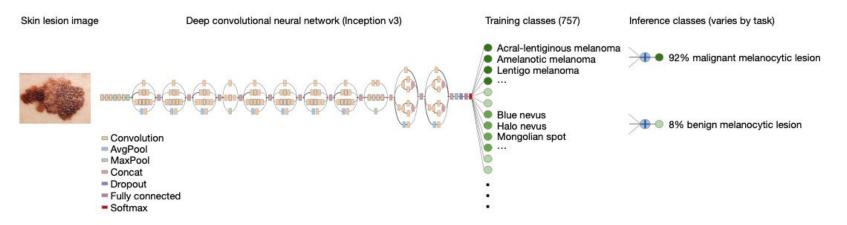
Esteva*, Kuprel*, et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

Esteva et al. 2017

- Train on finer-grained classification (757 classes) but perform binary classification at inference time by summing probabilities of fine-grained sub-classes
- The stronger fine-grained supervision during the training stage improves inference performance!



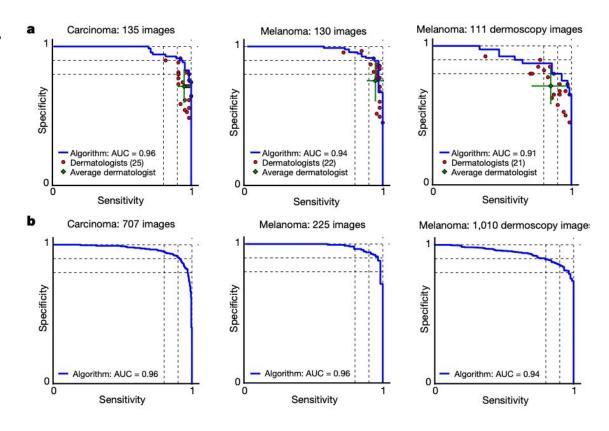
Esteva*, Kuprel*, et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

Esteva et al. 2017

- Evaluation of algorithm vs. dermatologists



Esteva*, Kuprel*, et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature, 2017.

Serena Yeung

BIODS 220: Al in Healthcare

- Binary classification of pulmonary tuberculosis from x-rays
- Four de-identified datasets
- 1007 chest x-rays (68% train, 17.1% validation, 14.9% test)
- Tried training CNNs from scratch as well as fine-tuning from ImageNet

AUC Test Dataset

Parameter	Untrained	Pretrained	Untrained with Augmentation*	Pretrained with Augmentation*
AlexNet	0.90 (0.84, 0.95)	0.98 (0.95, 1.00)	0.95 (0.90, 0.98)	0.98 (0.94, 0.99)
GoogLeNet	0.88 (0.81, 0.92)	0.97 (0.93, 0.99)	0.94 (0.89, 0.97)	0.98 (0.94, 1.00)
Ensemble				0.99 (0.96, 1.00)

Note.-Data in parentheses are 95% confidence interval.

* Additional augmentation of 90, 180, 270 rotations, and Contrast Limited Adaptive Histogram Equalization processing.

Lakhani and Sundaram. Deep learning at chest radiography: Automated Classification of Pulmonary Tuberculosis by Using Convolutional Neural Networks. Radiology, 2017.

Serena Yeung

BIODS 220: AI in Healthcare



- Binary classification of pulmonary tuberculosis from x-rays
- Four de-identified datasets
- 1007 chest x-rays (68% train, 17.1% validation, 14.9% test)
- Tried training CNNs from scratch as well as fine-tuning from ImageNet

AUC Test Dataset

Parameter	Untrained	Pretrained	Untrained with Augmentation*	Pretrained with Augmentation*
AlexNet	0.90 (0.84, 0.95)	0.98 (0.95, 1.00)	0.95 (0.90, 0.98)	0.98 (0.94, 0.99)
GoogLeNet	0.88 (0.81, 0.92)	0.97 (0.93, 0.99)	0.94 (0.89, 0.97)	0.98 (0.94, 1.00)
Ensemble				0.99 (0.96, 1.00)

Note.-Data in parentheses are 95% confidence interval.

* Additional augmentation of 90, 180, 270 rotations, and Contrast Limited Adaptive Histogram Equalization processing.

All training images were resized to 256x256 and underwent base data augmentation of random 227x227 cropping and mirror images. Additional data augmentation experiments in results table.

Lakhani and Sundaram. Deep learning at chest radiography: Automated Classification of Pulmonary Tuberculosis by Using Convolutional Neural Networks. Radiology, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

- Binary classification of pulmonary tuberculosis from x-rays
- Four de-identified datasets
- 1007 chest x-rays (68% train, 17.1% validation, 14.9% test)
- Tried training CNNs from scratch as well as fine-tuning from ImageNet

AUC Test Dataset

Parameter	Untrained	Pretrained	Untrained with Augmentation*	Pretrained with Augmentation*
AlexNet	0.90 (0.84, 0.95)	0.98 (0.95, 1.00)	0.95 (0.90, 0.98)	0.98 (0.94, 0.99)
GoogLeNet	0.88 (0.81, 0.92)	0.97 (0.93, 0.99)	0.94 (0.89, 0.97)	0.98 (0.94, 1.00)
Ensemble				0.99 (0.96, 1.00)

Note.-Data in parentheses are 95% confidence interval.

* Additional augmentation of 90, 180, 270 rotations, and Contrast Limited Adaptive Histogram Equalization processing.

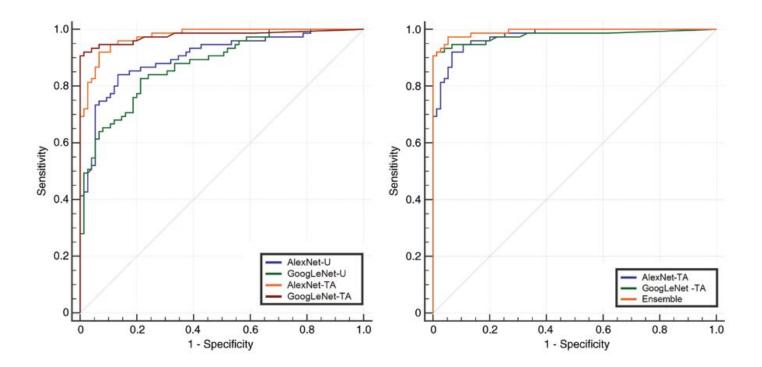
All training images were resized to 256x256 and underwent base data augmentation of random 227x227 cropping and mirror images. Additional data augmentation experiments in results table.

Often resize to match input size of pre-trained networks. Also fine approach to making high-res dataset easier to work with!

Lakhani and Sundaram. Deep learning at chest radiography: Automated Classification of Pulmonary Tuberculosis by Using Convolutional Neural Networks. Radiology, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

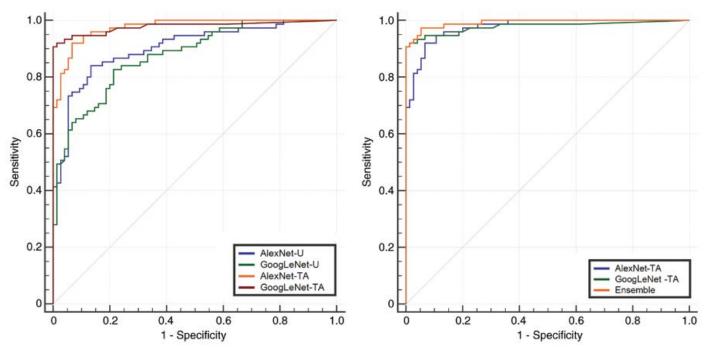


Lakhani and Sundaram. Deep learning at chest radiography: Automated Classification of Pulmonary Tuberculosis by Using Convolutional Neural Networks. Radiology, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

Performed further analysis at optimal threshold determined by the Youden Index.



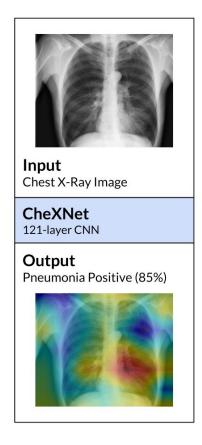
Lakhani and Sundaram. Deep learning at chest radiography: Automated Classification of Pulmonary Tuberculosis by Using Convolutional Neural Networks. Radiology, 2017.

Serena Yeung

BIODS 220: Al in Healthcare

Rajpurkar et al. 2017

- Binary classification of pneumonia presence in chest X-rays
- Used ChestX-ray14 dataset with over 100,000 frontal X-ray images with 14 diseases
- 121-layer DenseNet CNN
- Compared algorithm performance with 4 radiologists
- Also applied algorithm to other diseases to surpass previous state-of-the-art on ChestX-ray14



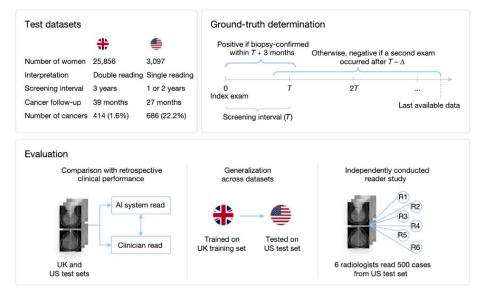
Rajpurkar et al. CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning. 2017.

Serena Yeung

BIODS 220: AI in Healthcare

McKinney et al. 2020

- Binary classification of breast cancer in mammograms
- Used an ensemble of models including ResNets
- International dataset and evaluation, across UK and US

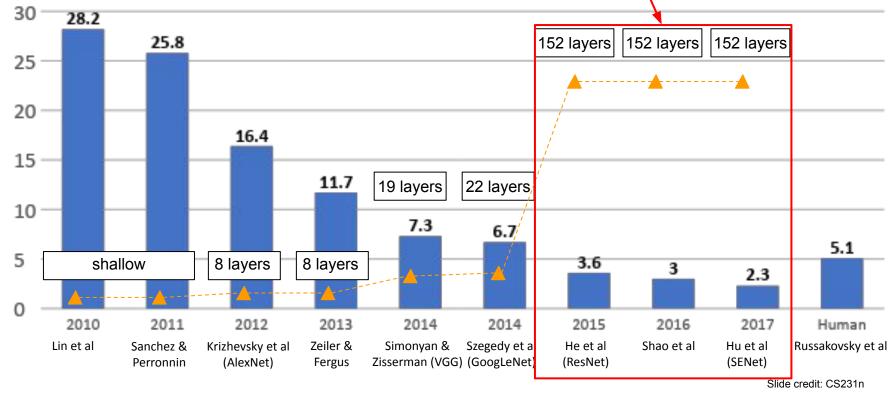


McKinney et al. International evaluation of an AI system for breast cancer screening. Nature, 2020.

Serena Yeung

BIODS 220: AI in Healthcare

ImageNet Large Scale Visual Recognition Challenge (ILSVRC) winners "Revolution of Depth"



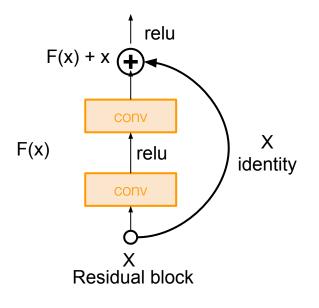
Serena Yeung

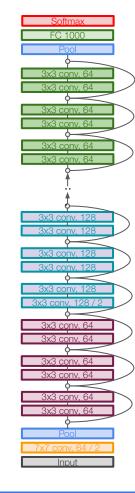
BIODS 220: AI in Healthcare

[He et al., 2015]

Very deep networks using residual connections

- 152-layer model for ImageNet
- Won all major classification and detection benchmark challenges in 2015





Slide credit: CS231n



BIODS 220: AI in Healthcare



[He et al., 2015]

What happens when we continue stacking deeper layers on a "plain" convolutional neural network?



Q: What's strange about these training and test curves? [Hint: look at the order of the curves]

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare



[He et al., 2015]

What happens when we continue stacking deeper layers on a "plain" convolutional neural network?



56-layer model performs worse on both training and test error -> The deeper model performs worse, but it's not caused by overfitting!

Slide credit: CS231n

Serena Yeung

BIODS 220: Al in Healthcare

[He et al., 2015]

Hypothesis: the problem is an *optimization* problem, deeper models are harder to optimize

Slide credit: CS231n



BIODS 220: AI in Healthcare

[He et al., 2015]

Hypothesis: the problem is an *optimization* problem, deeper models are harder to optimize

The deeper model should be able to perform at least as well as the shallower model.

A solution by construction is copying the learned layers over from the shallower model and setting all additional layers to the **identity** function.

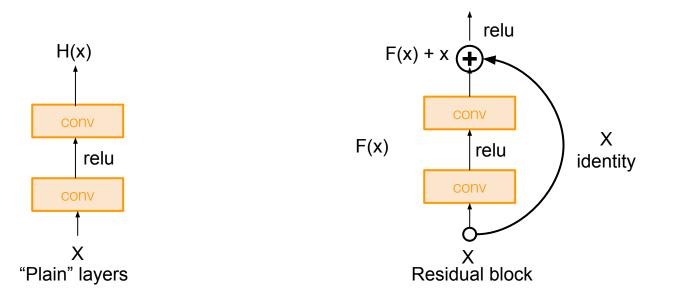
Slide credit: CS231n



BIODS 220: AI in Healthcare

[He et al., 2015]

Solution: Structure each network layer to fit a "residual function" with respect to the identity function, then add the two functions together



Slide credit: CS231n

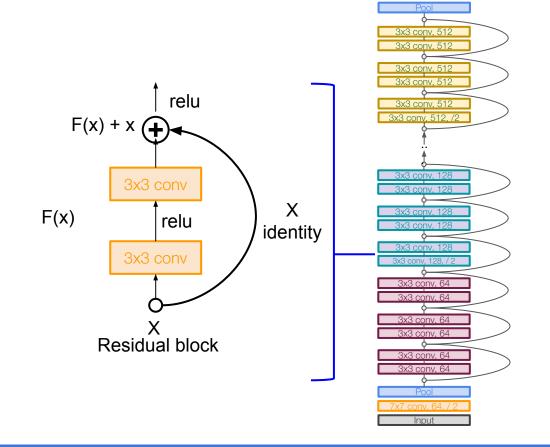
Serena Yeung

BIODS 220: AI in Healthcare

[He et al., 2015]

Full ResNet architecture:

- Stack residual blocks
- Every residual block has two 3x3 conv layers



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

Lecture 2 - 154

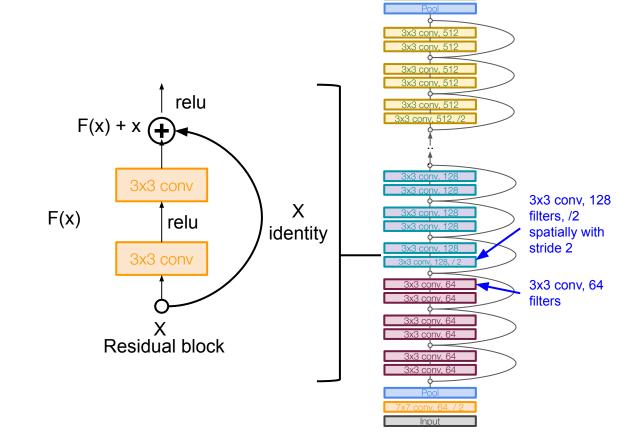
Softmax

FC 1000

[He et al., 2015]

Full ResNet architecture:

- Stack residual blocks
- Every residual block has two 3x3 conv layers
- Periodically, double # of filters and downsample spatially using stride 2 (/2 in each dimension)



Softmax

FC 1000

Slide credit: CS231n

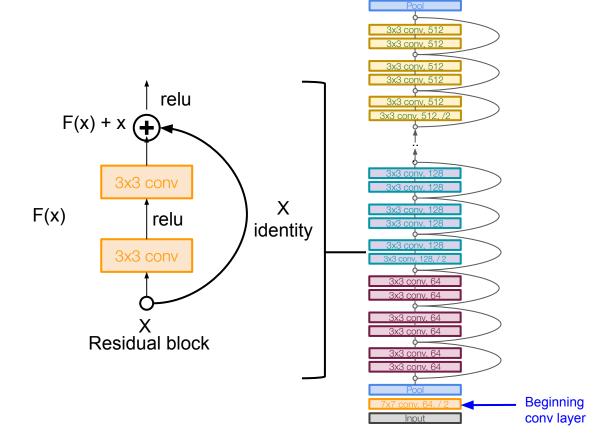
Serena Yeung

BIODS 220: Al in Healthcare

[He et al., 2015]

Full ResNet architecture:

- Stack residual blocks
- Every residual block has two 3x3 conv layers
- Periodically, double # of filters and downsample spatially using stride 2 (/2 in each dimension)
- Additional conv layer at the beginning



Softmax

FC 1000

Slide credit: CS231n

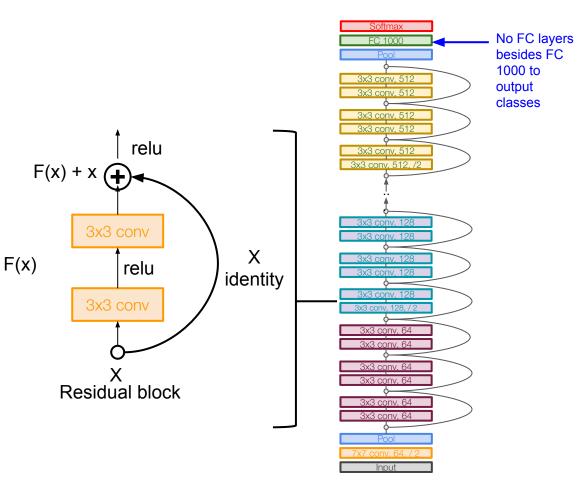
Serena Yeung

BIODS 220: AI in Healthcare

[He et al., 2015]

Full ResNet architecture:

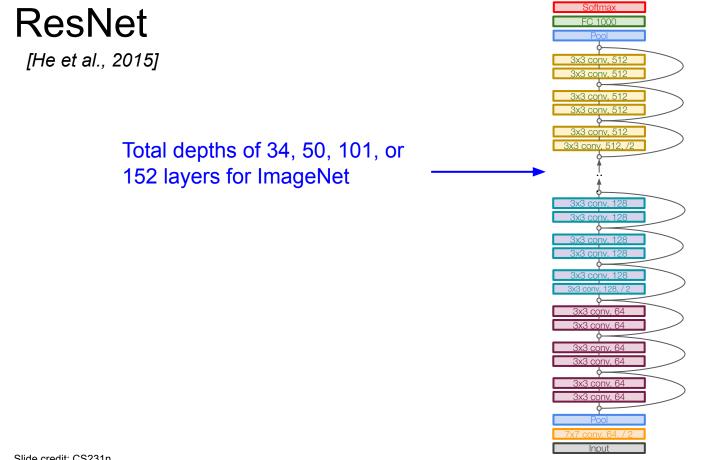
- Stack residual blocks
- Every residual block has two 3x3 conv layers
- Periodically, double # of filters and downsample spatially using stride 2 (/2 in each dimension)
- Additional conv layer at the beginning
- No FC layers at the end (only FC 1000 to output classes)



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare



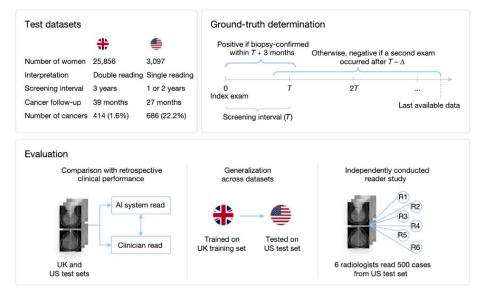
Slide credit: CS231n



BIODS 220: AI in Healthcare

McKinney et al. 2020

- Binary classification of breast cancer in mammograms
- Used an ensemble of models including ResNets
- International dataset and evaluation, across UK and US



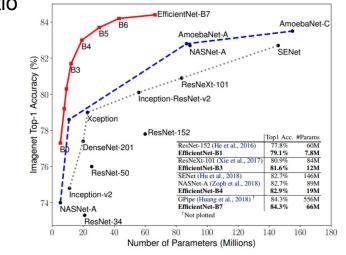
McKinney et al. International evaluation of an AI system for breast cancer screening. Nature, 2020.

Serena Yeung

BIODS 220: AI in Healthcare

More recent CNN architectures

- MobileNet (Sandler et al. 2018) architecture with separable convolutions for light-weight CNNs
- NASNet (Zoph et al. 2016) and AmoebaNet (Real et al. 2019) architectures discovered through "neural architecture search" via reinforcement learning or evolutionary algorithms
- EfficientNet (Tan et al. 2020) family of architectures designed using "compound scaling" that simultaneously scale width, depth, and resolution of neural networks with a fixed ratio



Serena Yeung

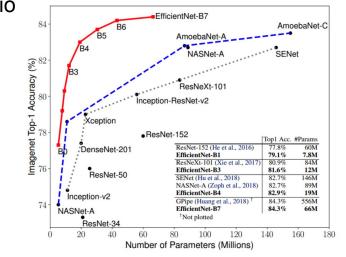
BIODS 220: AI in Healthcare

More recent CNN architectures

- MobileNet (Sandler et al. 2018) architecture with separable convolutions for light-weight CNNs
- NASNet (Zoph et al. 2016) and AmoebaNet (Real et al. 2019) architectures discovered through "neural architecture search" via reinforcement learning or evolutionary algorithms

Worth exploring for class projects!

 EfficientNet (Tan et al. 2020) - family of architectures designed using "compound scaling" that simultaneously scale width, depth, and resolution of neural networks with a fixed ratio



Serena Yeung

BIODS 220: AI in Healthcare

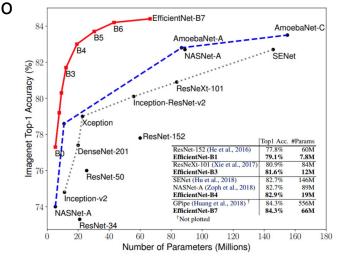
More recent CNN architectures

- MobileNet (Sandler et al. 2018) architecture with separable convolutions for light-weight CNNs
- NASNet (Zoph et al. 2016) and AmoebaNet (Real et al. 2019) architectures discovered through "neural architecture search" via reinforcement learning or evolutionary algorithms

Preview: Transformers, a new class of deep learning architecture, was originally designed for NLP/sequence data but has recently also been applied for computer vision tasks. Stay tuned!

Worth exploring for class projects!

 EfficientNet (Tan et al. 2020) - family of architectures designed using "compound scaling" that simultaneously scale width, depth, and resolution of neural networks with a fixed ratio



Serena Yeung

BIODS 220: AI in Healthcare

Summary

Today we saw:

- Convolutional neural networks for image classification
- Data considerations for image classification models
- Evaluating image classification models
- Case studies of CNNs for medical image classification
 - More on transfer learning and how much data needs for deep learning
 - More on recent CNN architectures

Next time: Medical Images: Advanced Vision Models (Detection and Segmentation)

BIODS 220: AI in Healthcare