

## Iot4Health: Uncertainty Prediction for Personalized Health

Debora Gil, debora@cvc.uab.es, www.iam.cvc.uab.es







### **Computer Vision Center**

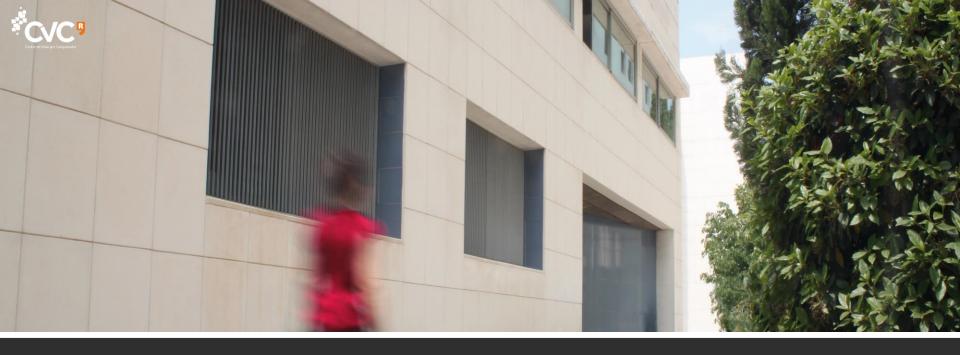
Imaging Knowledge





Income

**23** Years +130 Staff 40 +2000 Diffusion/year **Followers** 



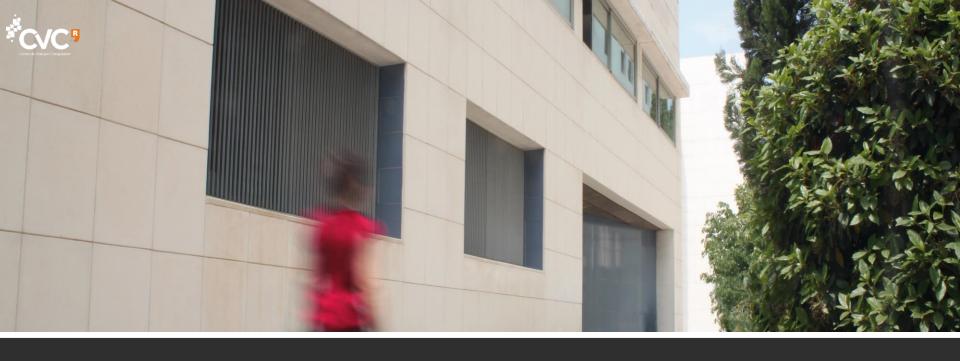
**Research and Innovation** 

+50 Publications/year









**Technological Transfer** 



+40 New Clients/year

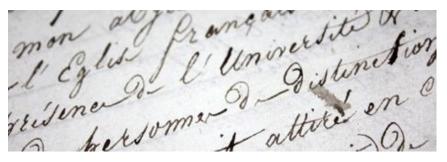
**11** Spin-offs

€1,0 M€/year Income

### Areas of Excellence









#### Health and well-being

Computer assisted diagnosis, intervention and planning; Well-being and ambient assisted living.

#### Mobility and transport

Advanced driving systems and autonomous driving; Virtual worlds for ADAS; Unmanned Aerial Vehicles.

#### Intelligent Content and Media

Cultural heritage (AR/VR) Reading Systems – Document analysis Surveillance

#### Industry 4.0

Quality control AR/VR technologies for industry 4.0 Robotic Vision

### Courses



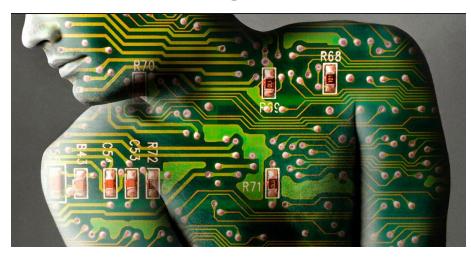
#### **Data Science Engineering-UAB**



#### Master in Computer Vision-UAB-UOC-UPF



Master in Internet of Things for eHealth-UAB



#### (on-line) Master in Big Data in Health-UAB-Tauli



Iot4Health: Uncertainty Prediction for Personalized Health



- 1. Introduction
- 2. State-of-Art AI Methods
- 3. Challenges and Hints





### Introduction



### **Clinical Issues**

SUPPORT	GOAL	USE CASES
Diagnosis	Determine Lesion Pathology (degree of malignancy )	Cancer Diagnosis in 3D scans, in-vivo Diagnosis using endoscopy
Treatment	Predict Treatment Outcome/ Select Best Treatment	Personalized Cancer Treatments, Resynchronization Therapies
Intervenction	Planning / Guiding in Opertating Room without Altering Protocols	Biopsy using Endoscopy, Pace-maker to restore cardiac function

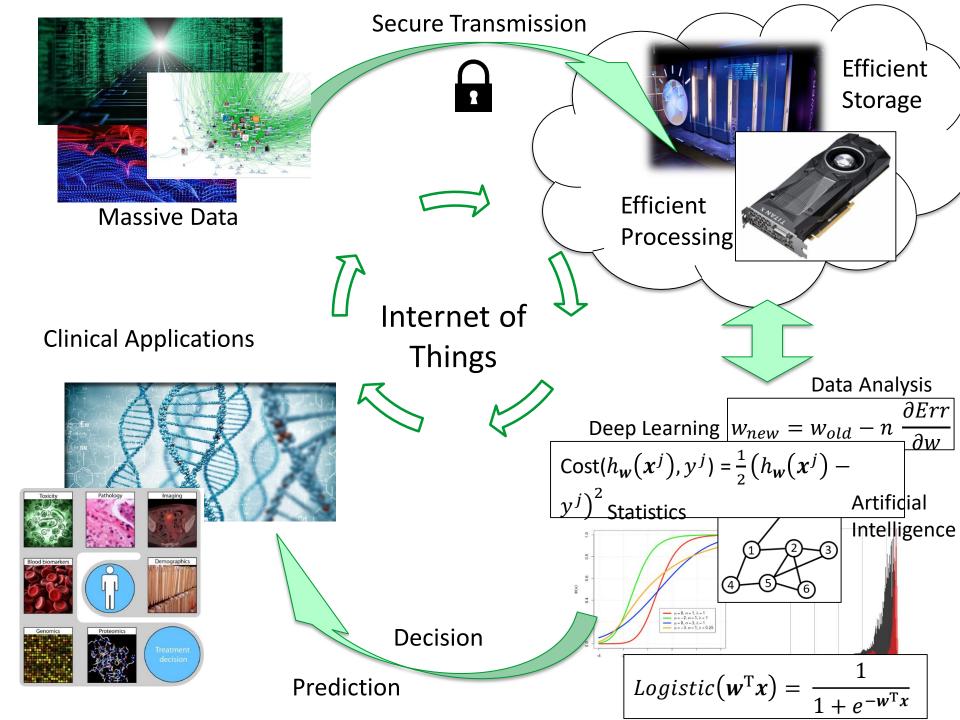


# Standard Approach

Most clinical decisions are taken after human-based analysis of patient's data (scanners, blood analysis, ....) that requires highly specialized experts

- Inter and intra observer variability
- Analysis might be inconclusive
- Test repetition
- Patient anxiety





# AI Support Systems

Computational systems that support in clinical decisions. Though final decision is taken by clinicians, AI systems can :

- Analyze data in systematic way
- Standardize criteria
- Reduce time to reach conclusion



- Variability across experts
- Non-experts training curve
- Inconclusive results



# Computational Tasks in Clinical Support Systems

Systems manage and analyze data acquired from patients using medical devices: (3D) Radiological Data, Endoscopic Videos.

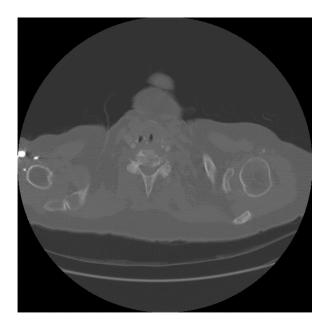
Three main tasks:

- 1. Lesion Localization
- 2. Lesion Segmentation
- 3. Lesion Characterization

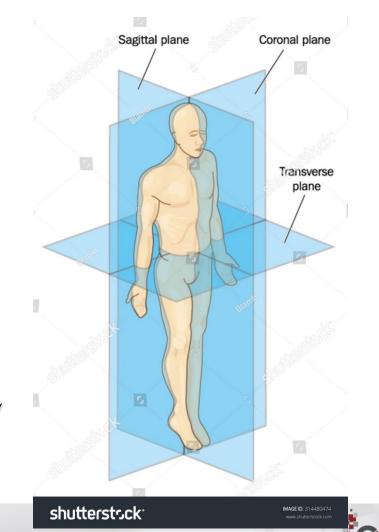


## Radiological Data

3D Volumes acquired from Magnetic Resonance (MR), Positron Emission Tomography (PET), Computerized Tomography (CT).

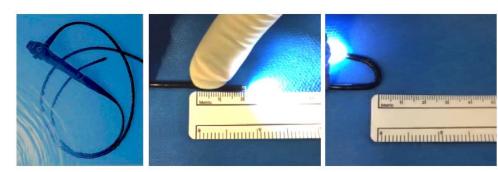


Thorax CT-scan Short Axis View

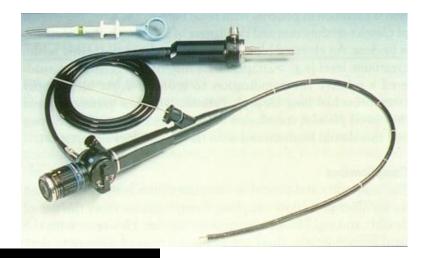


## Endoscopic Data

# Videos of patient interior organs



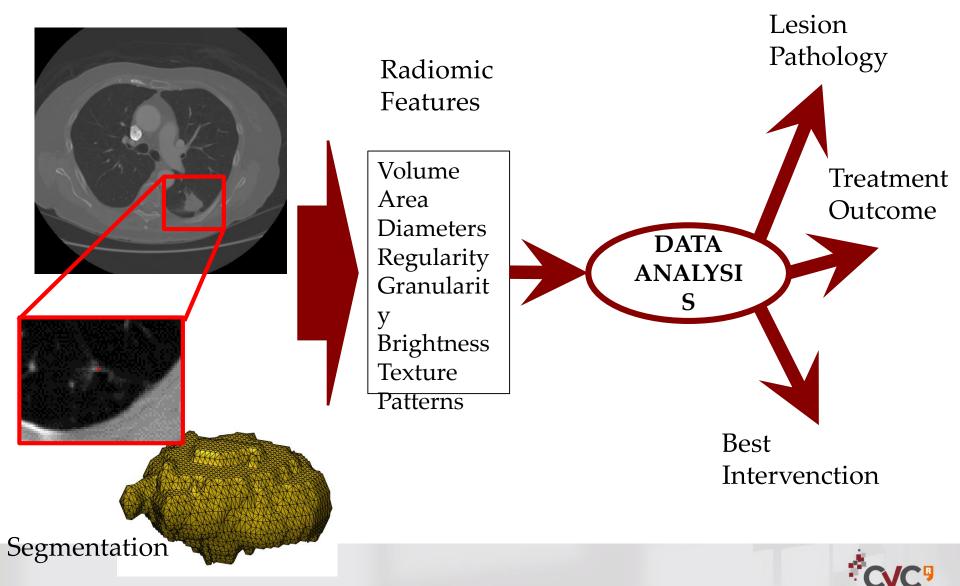






### Lesion Characterization

#### Detection



# AI Approach

- Clinical issues are considered as a classification problem.
- Lesions/patients are grouped into categories specific for each problem:

CLINICAL PROBLEM	GLOAL	IA APPROACH
Diagnosis	Lesion Pathology	Classify into bening, malign
Treatment	Treatment Outcome	Classify into responder, non-responder



# AI Approach

Cases (lesions, patients) are classified according to values of measures extracted from clinical data

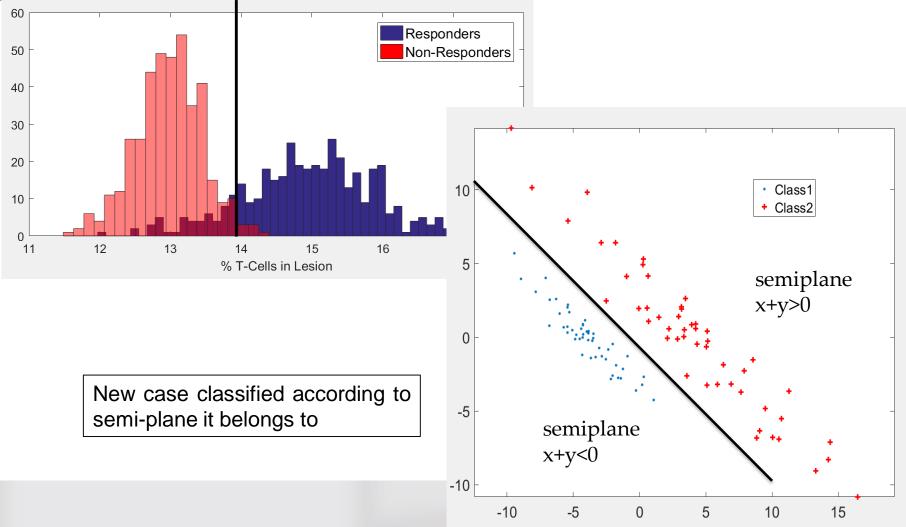
Compute (learn) the ranges (extreme values) of each measure that best differentiate (discriminate) each category:

CLINICAL PROBLEM	MEASURE	IA APPROACH
Diabetes Diagnosis	% Glucose in Blood	50<%<75→ Grade A Diabetes 75<% → Grade B Diabetes
Cancer Treatment	% Inmune Cells in Lesion	%<50 → Non-Responder



# AI Approach

Separation in n-dim space with best compromise across classification errors using using probabilistic distribution of training population with known result





### State-of-Art Al Methods

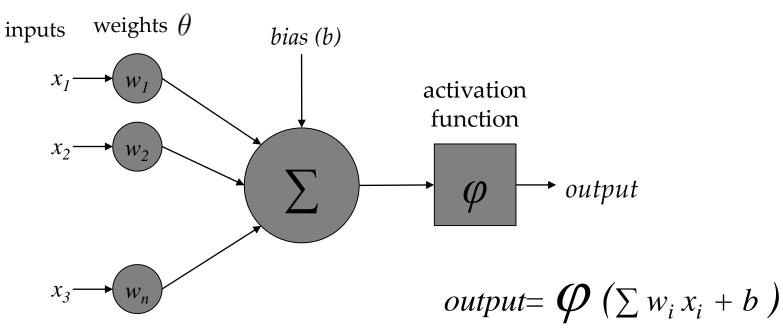






### Perceptron

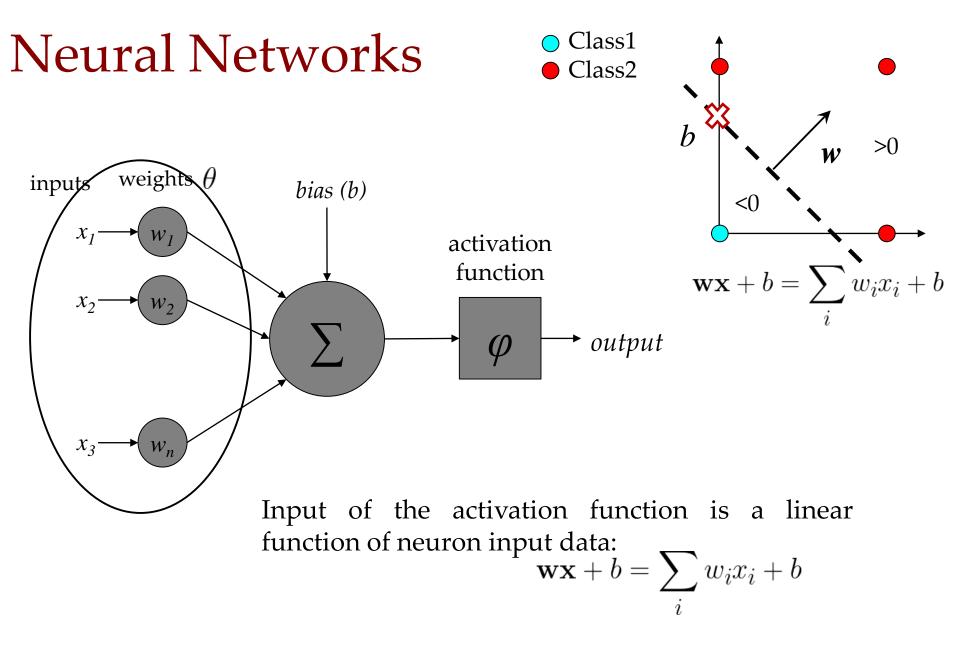
• Structure of an artificial neuron



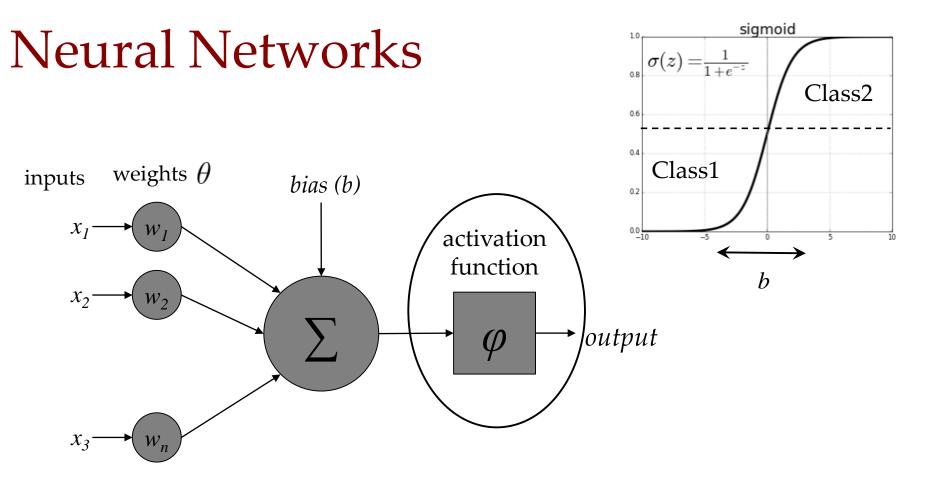


#### Frank Rosenblatt (1957)









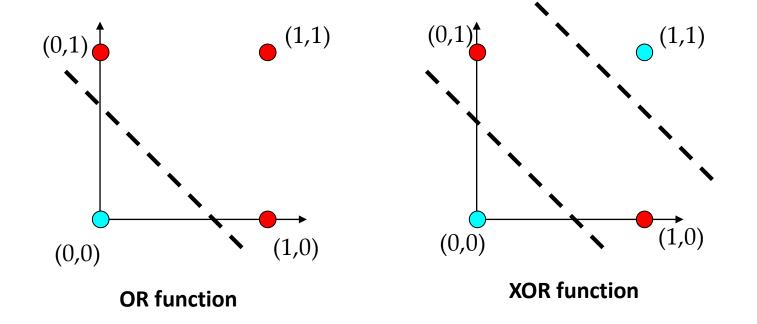
Linear classifier is modulated by (non-linear) activation function: sigmoid, tanh, ReLU, etc.

b acts like a threshold on the activation function



Intrinsically, neural netwroks are linear classifiers. Problems with solving non-linear problems

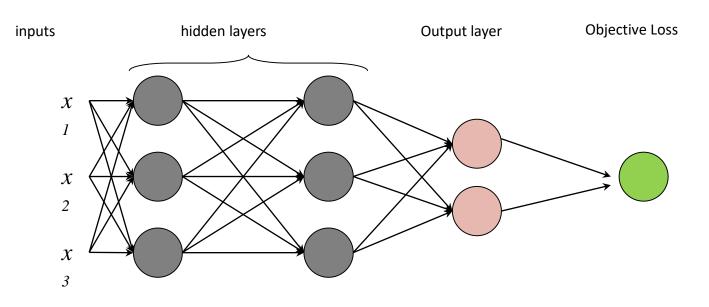






### Multi Layer Perceptron (MLP)

• Connect neurons in multiple layers to model non-linear functions

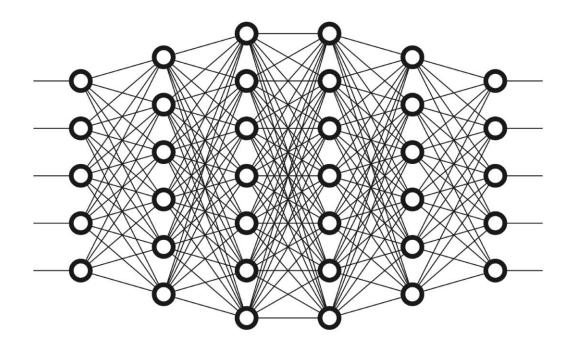


Each hidden layer models an hyperplane



#### **Deep Neural Network**

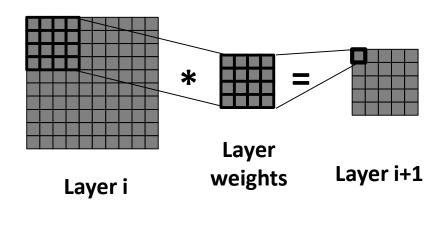
• Hierarchy of multiple layers of artificial neurons that processes information using non-linear transformations.



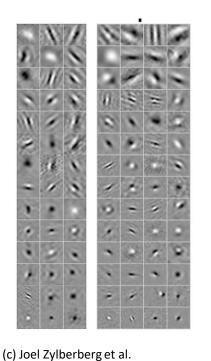


#### **Convolutional Neural Network (CNN)**

• Instead of modelling the whole signal, neurons model signal in a region (act as convolution filters)



Biologically inspired (Receptive Fields of macaque V1 neurons)



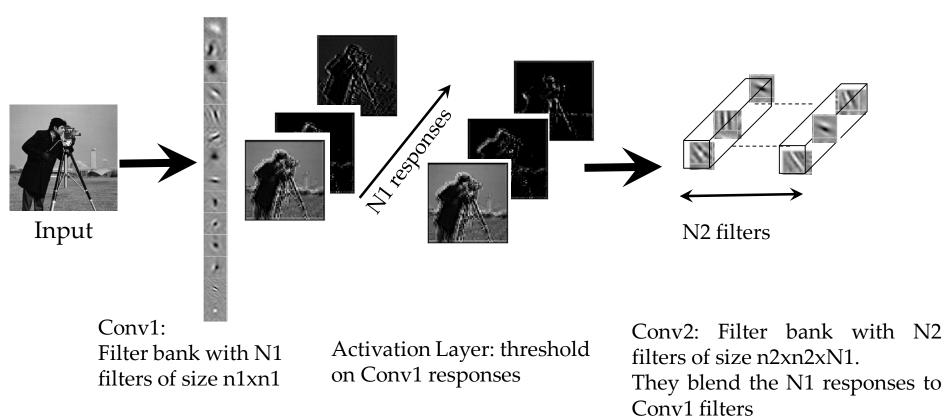
#### LeCun (1990s)





#### **Convolutional Neural Network (CNN)**

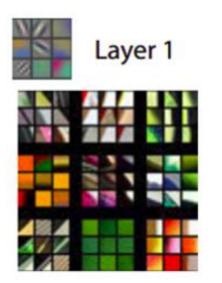
- Combine several convolution-activation layers
- After some convolution-activation layers, signal is downsampled



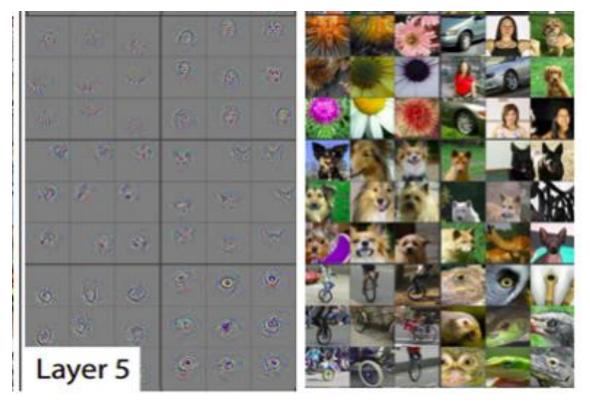


#### **Convolutional Neural Network (CNN)**

• Hierarchy of neuron layers that mimic the brain and provide a multiescale decomposition ("wavelet"-like) of input data



First layers provide low-level local descriptors

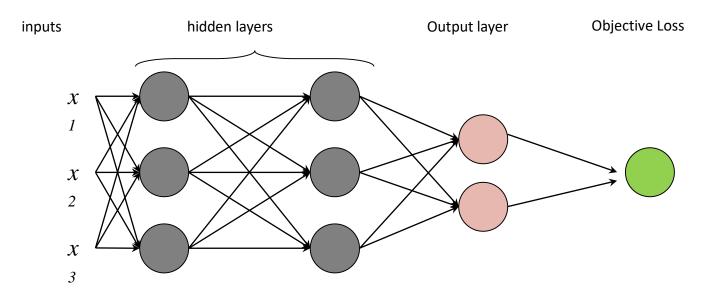


Deeper layers provide high-level global descriptors



### Training/Learning

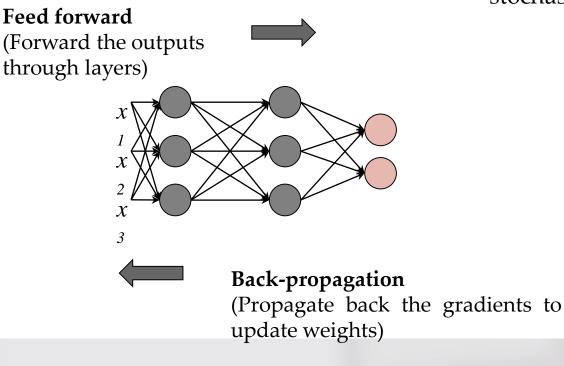
• Network weights are learned (adjusted) to optimize loss: cross entropy (classification), square difference (representation spaces)





### **Back Propagation**

- Optimization by (Stochastic) Gradient Descent Scheme
- Convergence depends on:
- initial weights
- convexity of the loss function
- population sampling (batch) for stochastic gradient







# **Challenges & Hints**

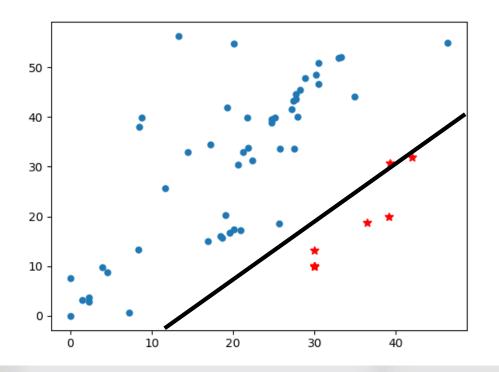






## Challenges in Health Problems

Small sample size (SSS) unbalanced problems with several sources of uncertainty (variability) in data like acquisition parameters or intra-observer variability in annotations



Extreme values become highly influential

Model has low generalization (reproducibility) power (overfiting)



## Approaches to Challenges

#### Techniques to avoid them

#### • Sampling Strategies:

- Data Filtering
- Data Augmentation

#### • Uncertainty Modelling:

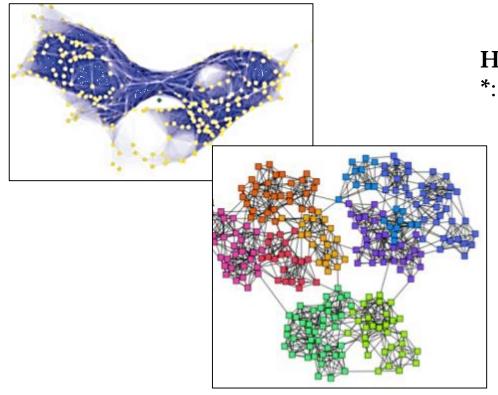
- MultiTask Learning
- MC-Dropout
- Feature Uncertainty Measures



# Sampling Strategies

### **Data Filtering**

Usual approaches detect outliers using probabilistic global descriptions of population sample  $\rightarrow$  Bad pose in SSS problems



#### Hint

Use algebraic topology and analysis of communities in social networks to provide a local description of feature space



\* This is on-going research under project ToPiomics funded by the ATTRACT project under EC Grant Agreement 777222



# Sampling Strategies

#### **Data Augmentation**

• Alter training images using known transformations









Original

Affine transformations (scale, rotate, translate)

**Color shifts** 

Flip

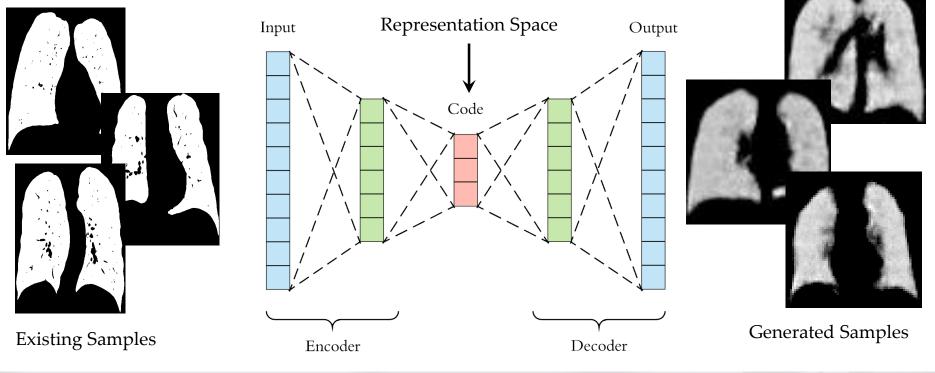
- Network will be invariant to the set of transformations
- Augmented data is highly correlated



# Sampling Strategies

### **Data Augmentation**

Hint Generate new data from existing data sets using Auto-Encoder\*: network to define a low dimensional representation space and statistical model (PCA)



\* This is on-going research under project Up4Health funded by the Spanish Government under RETOS coordinated project RTI2018-095209-B-C21



### MultiTask Learning

- Problem: neurons adapt too much to inputs
- Solution: Learn different tasks simulateously

TASKS **No Findings** Vs Findings **Healthy &** Benign **No Findings** Model Vs Vs Malignant Malignant Task **No Findings** Model Sampler Vs 2) Train Benign Benign Vs Malignant Malignant Healthy & Model findings? Benign Vs Malignant Meta-Train Inference 1 3

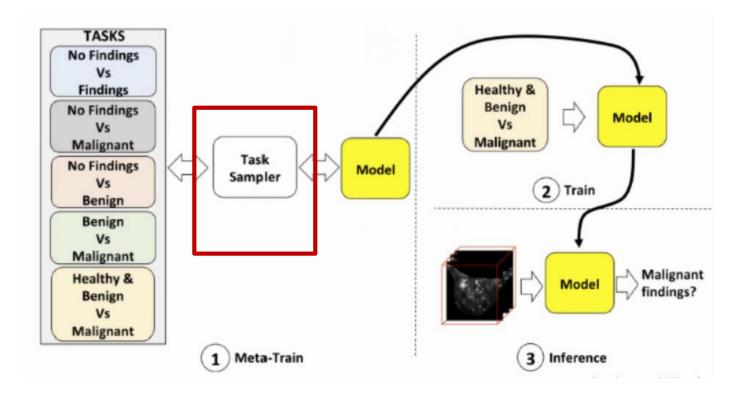
Fig. 1: The model is first meta-trained using several tasks containing relatively small training sets. The meta-trained model is then used to initialize the usual training process for breast screening (i.e., healthy and benign versus malignant). The probability of malignancy is estimated from a forward pass during the inference process.



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### MultiTask Learning

• Criteria for task selection during training

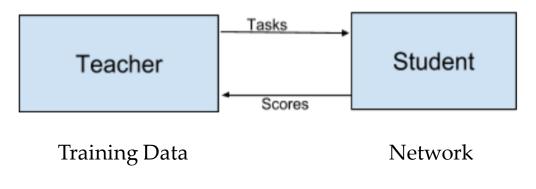




#### MultiTask Learning

- Criteria for task selection during training
  - Random
  - o All
  - Teacher-Student Curriculum Learning

Sample tasks that can achieve a higher improvement on their performance





#### Hinton (et al.), 2012

#### Dropout

- Problem: neurons adapt too much to inputs
- Solution: drop out



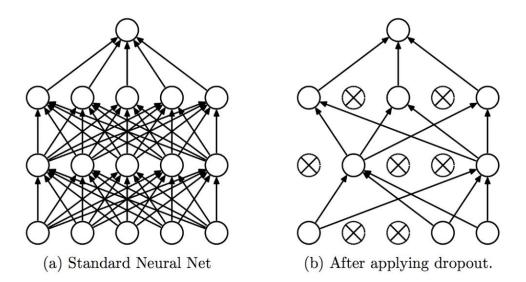


Figure 1: Dropout Neural Net Model. Left: A standard neural net with 2 hidden layers. Right: An example of a thinned net produced by applying dropout to the network on the left. Crossed units have been dropped.

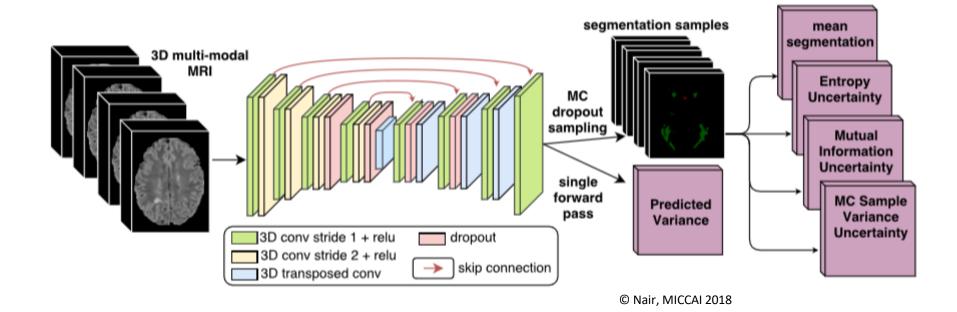


#### Dropout

Gal, Y, 2016, Nair 2018

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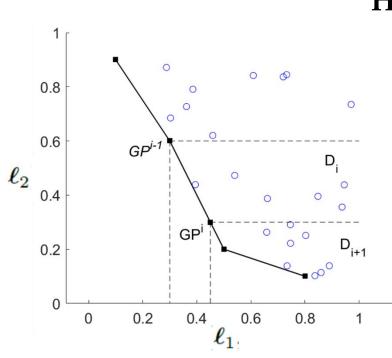
• Allows estimating neuron variability (Bayesian networks) and define measures of output uncertainty



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#### **Feature Uncertainty**

• Estimated uncertainty is used as post-processing filter to either select reproducible features or define classifier cut-off threshold



**Hint \*:** Incorporate uncertainty measures during training to obtain reproducible netwroks

Use a Pareto-like multi-task strategy for a multi-objective approach

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## Thanks 4 your time!!!!

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Generalitat de Catalunya

