



KONICA MINOLTA



Technische Universität München

IS AI GOING TO REPLACE YOUR DOCTOR ?

(Medical applications of Artificial
Intelligence)

Dr. Marie Piraud

**Konica Minolta Laboratory Europe
(Guest researcher TU München)**

ON THE NEWS...

AI reaching human-level

theguardian

13 May 2015

Computers now better than humans at recognising and sorting images

		
Bathtub	Junco	Plane

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9 March 2016



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ON THE NEWS...

Also in healthcare!

Dermatologist-level classification of skin cancer with deep neural networks

Nature **542**, 115–118 (02 February 2017)



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Forget your GP, robots will 'soon be able to diagnose more accurately than almost any doctor'



Frank Chen
@withfries2

Folgen

Geoff Hinton: "we should stop training radiologists right now, in 5 years [#deeplearning](#) will have better performance" [#mkt4intel](#)

12:18 - 27. Okt. 2016 aus Toronto, Ontario



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ON THE NEWS...

Also in healthcare!

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- Exciting?
- Scary?

Forget your GP, robots will 'soon be able to diagnose more accurately than almost any doctor'



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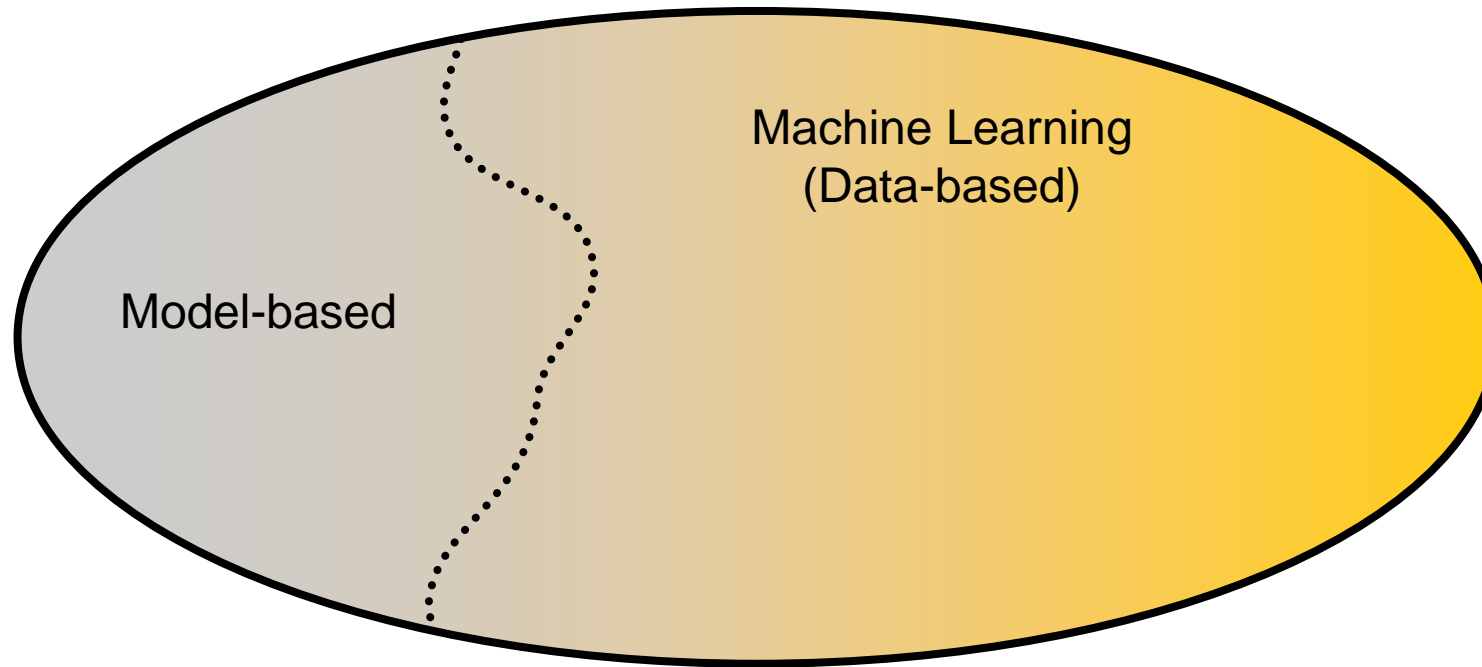


OUTLINE

- **Introduction to *AI* and Deep learning in healthcare**
 - *Demystifying AI*
 - *A success story: skin cancer detection*
- **Challenges and current limitations**
 - *The data challenge*
 - *The curse of dimensionality*
 - *The 'black-box'*
- **Solutions: current research topics**
 - *Reducing the need for annotations*
 - *Introducing prior knowledge*
 - *Dealing with volumetric data*
 - *Decision visualisation*

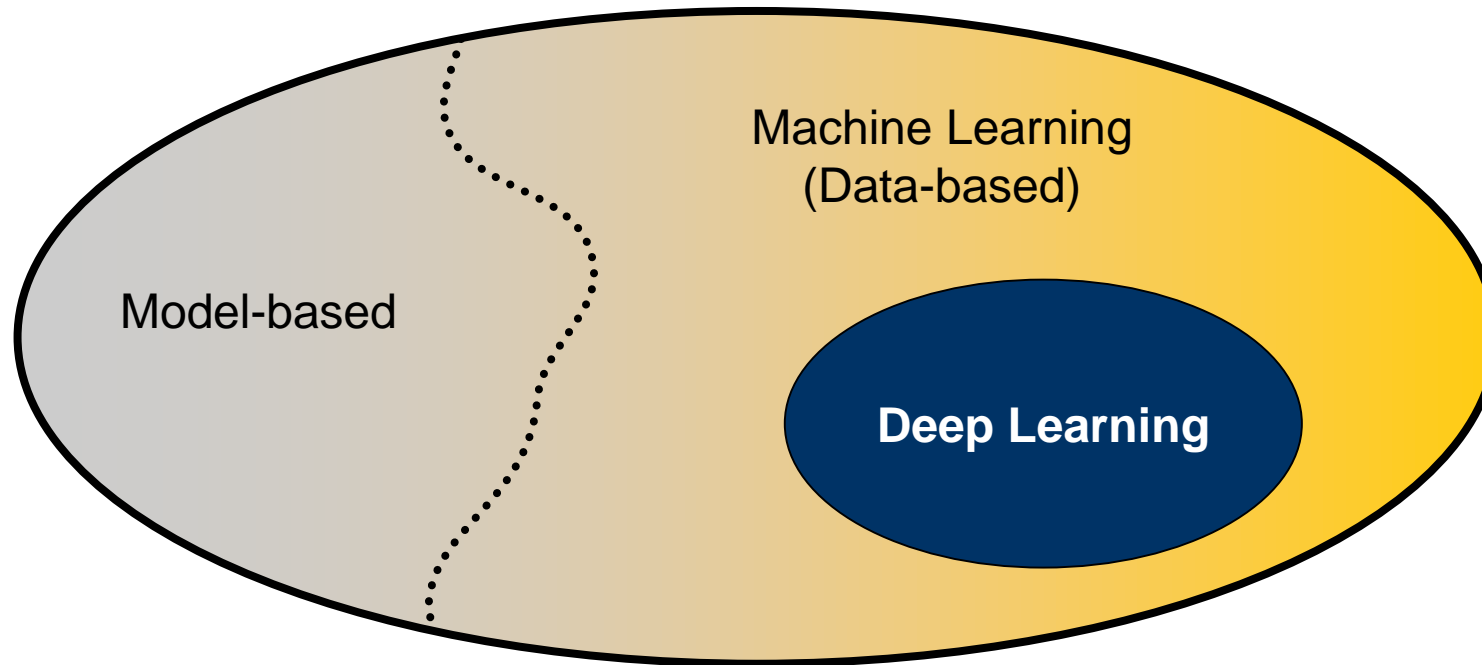
WHAT IS AI?

„Machines that learn, think and act like humans“



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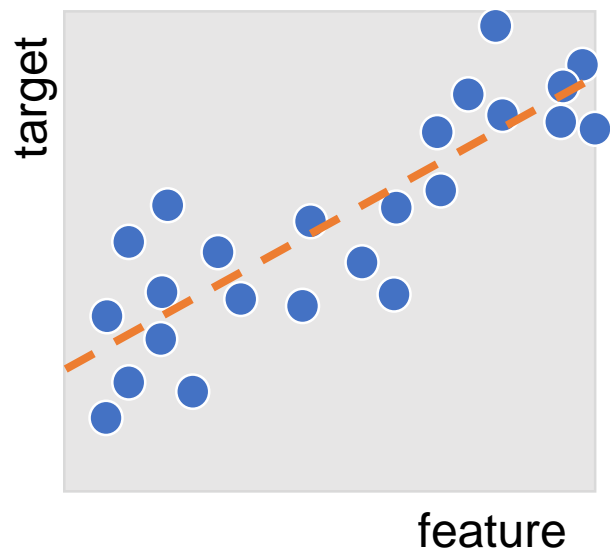


LEARNING FROM DATA



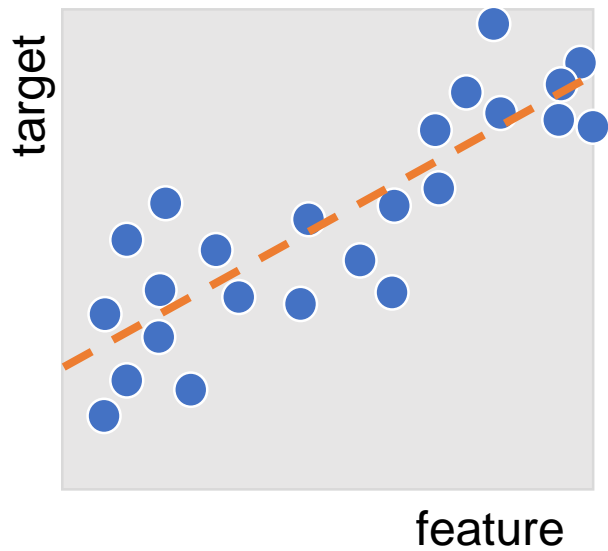
LEARNING FROM DATA

Regression

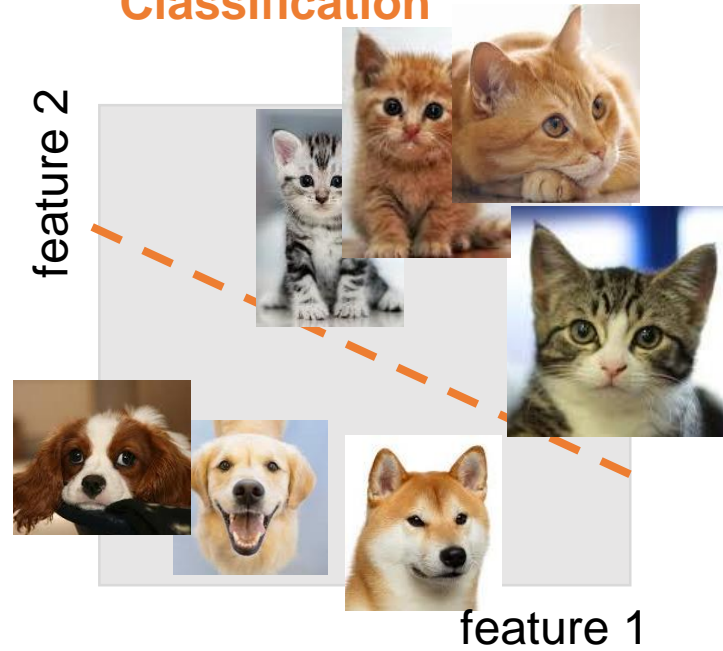


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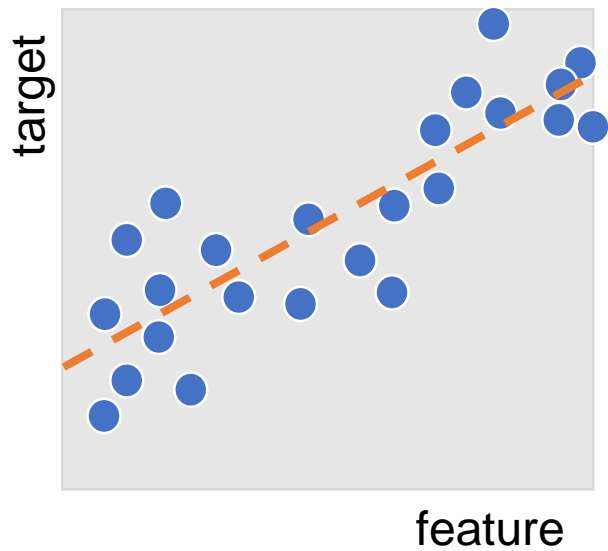


Classification

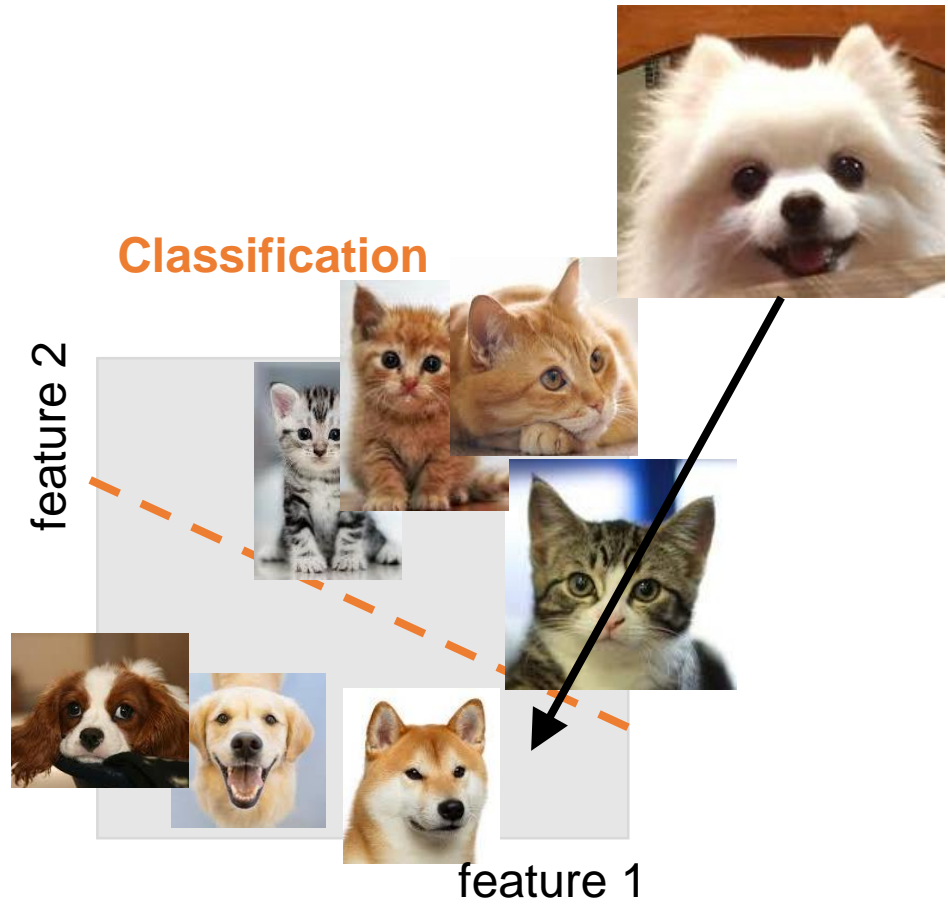


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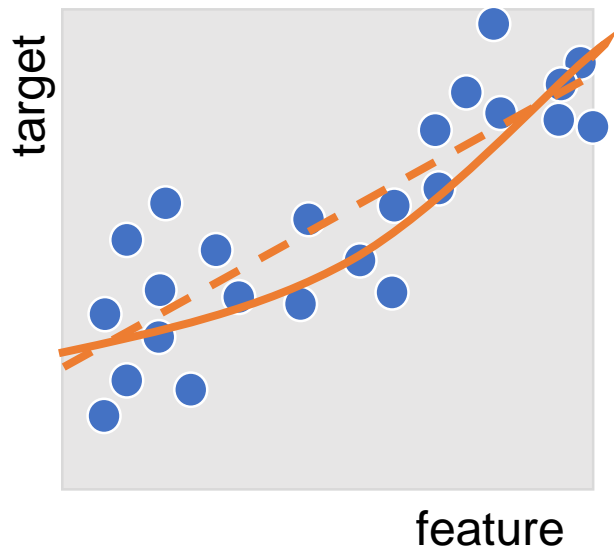


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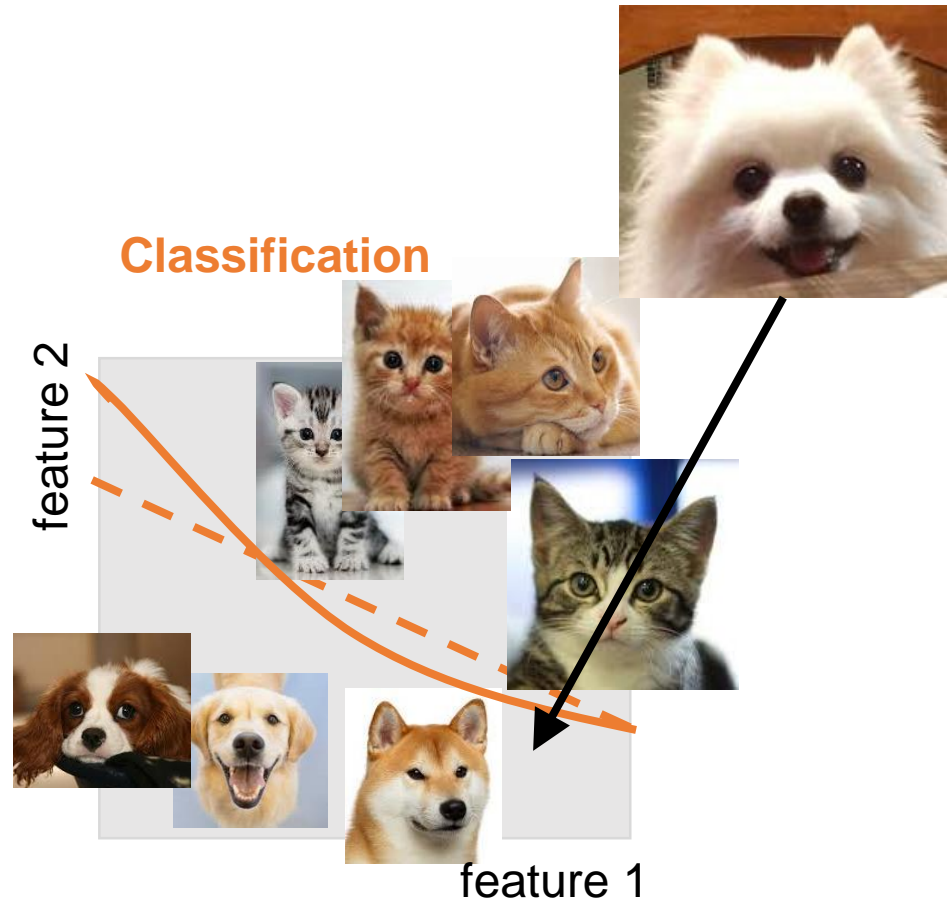


LEARNING FROM DATA

Regression



Classification

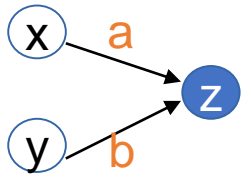


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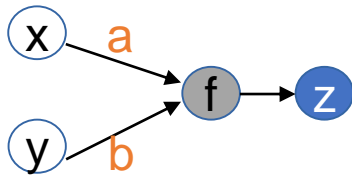
From regression to Deep Learning

Regression

- Linear: $z = ax + by$



- Non-linear: $z = f(ax + by)$

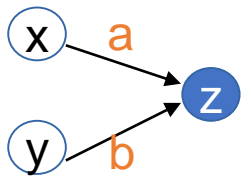


LEARNING FROM DATA

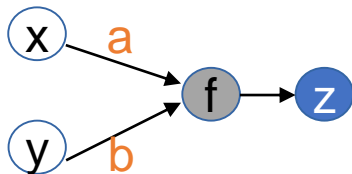
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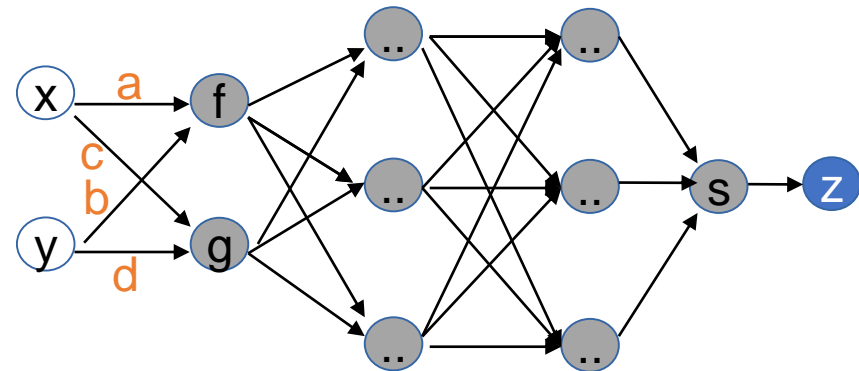
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Deep Learning (~Highly non-linear)



→ 'trained' on data

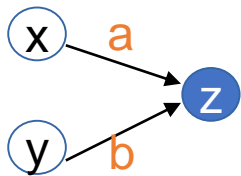


LEARNING FROM DATA

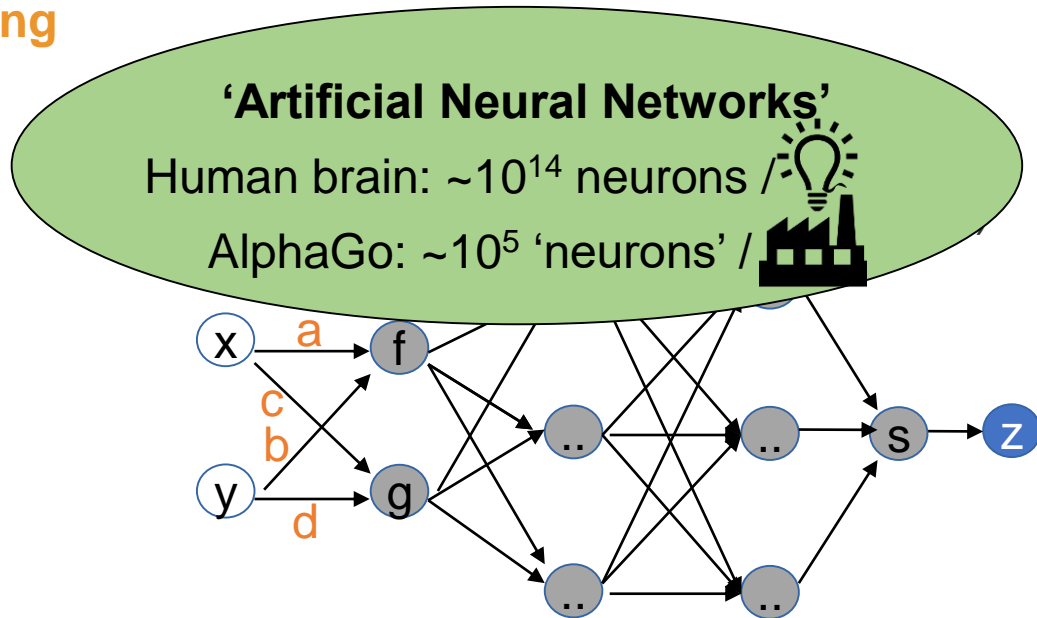
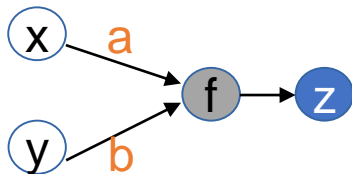
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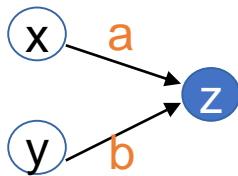
→ 'trained' on data

LEARNING FROM DATA

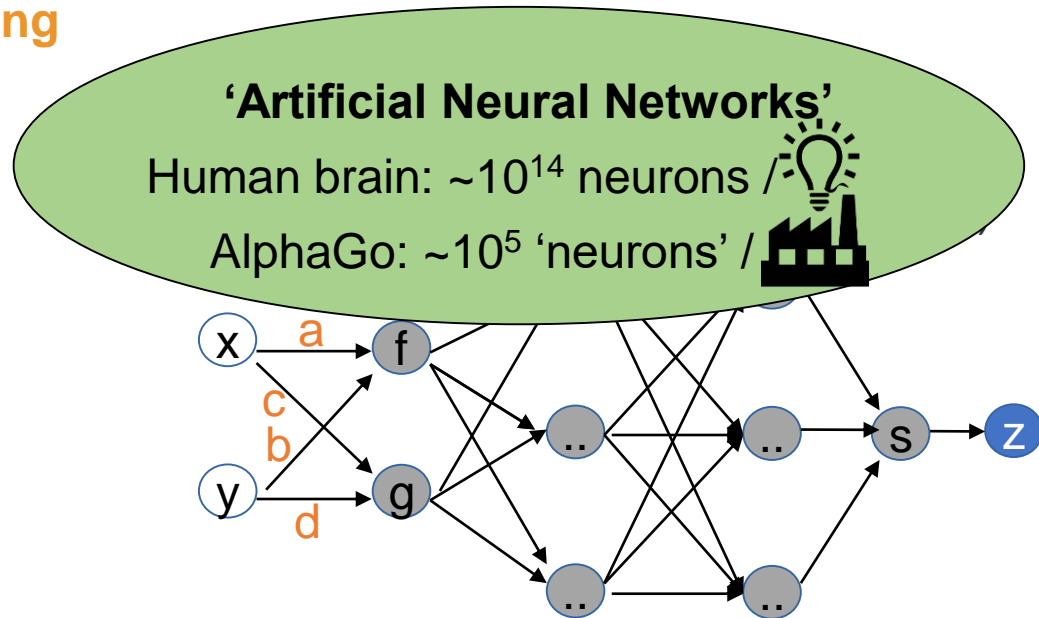
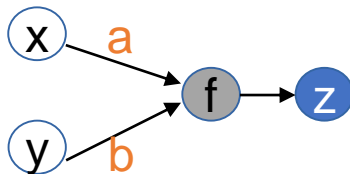
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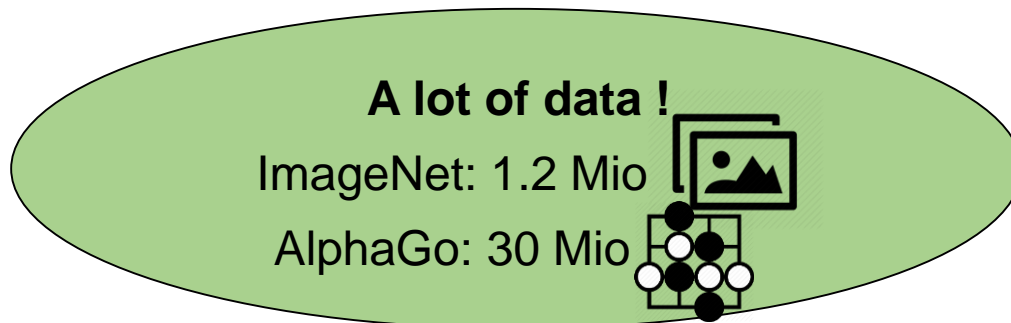
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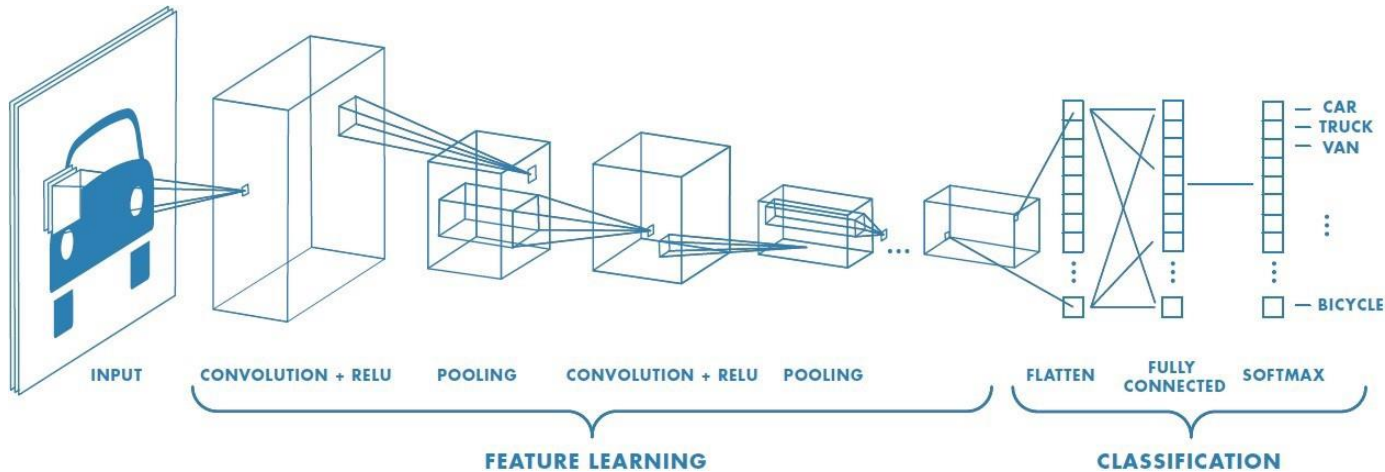


→ 'trained' on data



LEARNING FROM DATA

Convolutional Neural Networks for Computer Vision Applications



<https://www.mathworks.com/videos/introduction-to-deep-learning-what-are-convolutional-neural-networks--1489512765771.html>

Applications

- Classification of images → Skin-moles classification
- Detection of objects → Vertebrae detection
- Automated segmentation → Heart ventricle volume measurement
- Detection of abnormalities → Detection of eye fundus hemorrhage

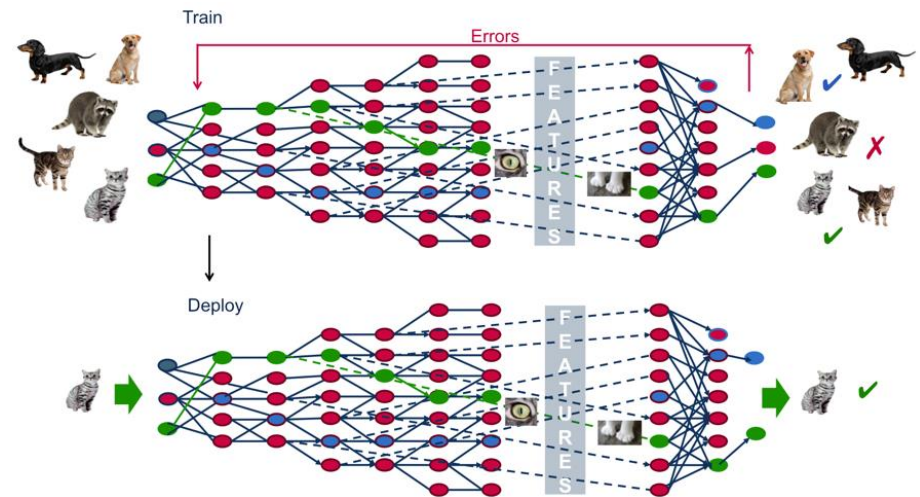


LEARNING FROM DATA

Summary

DL = fancy and highly non-linear regression

- Neural networks are trained by examples
- The features that are used for decision-making are 'learned' by the network itself
- Lots of examples are needed to properly cover the variability of the data
- After training, networks can be used to predict information (e.g. classification of an image) on unseen data



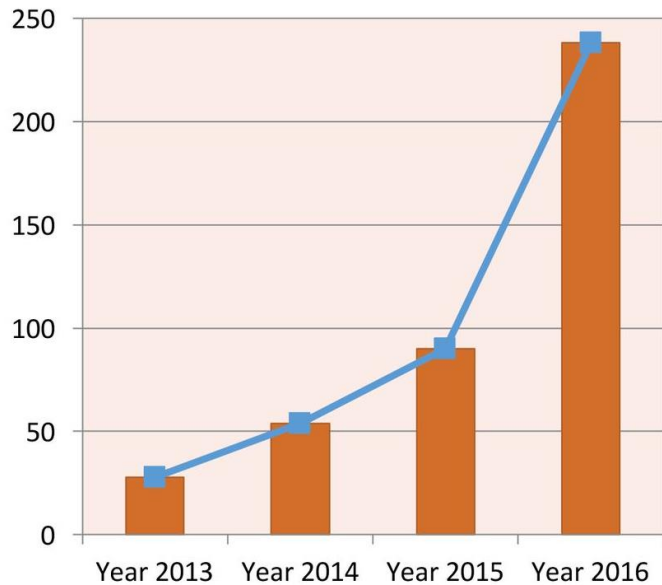
<https://mapr.com/blog/demystifying-ai-ml-dl/>



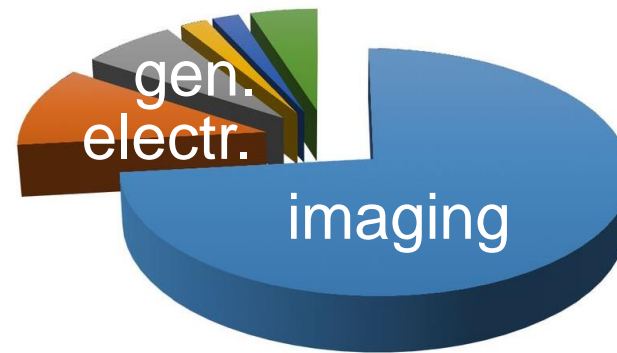
DEEP LEARNING IN HEALTHCARE

Scientific publications

Number of papers



Data sources



F. Jiang *etal*, Artificial intelligence in healthcare: past, present and future. *Stroke and Vascular Neurology* (2017)

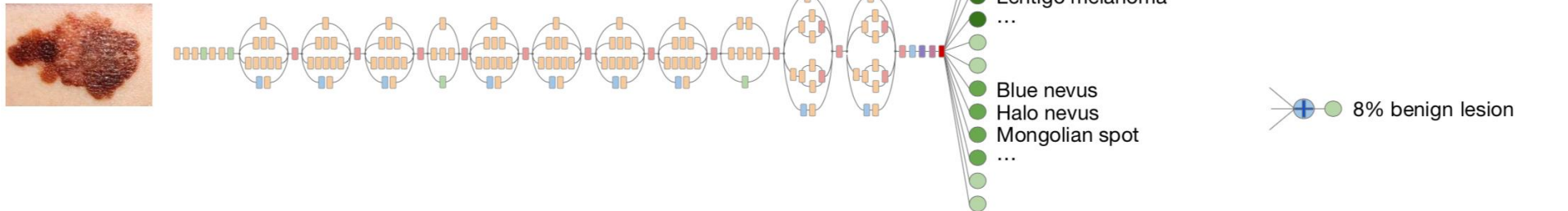


A SUCCESS STORY: SKIN CANCER DETECTION

Network architecture

Dermatologist-level classification of skin cancer with deep neural networks

A. Esteva *et al*, Nature **542**, 115-118 (2017)



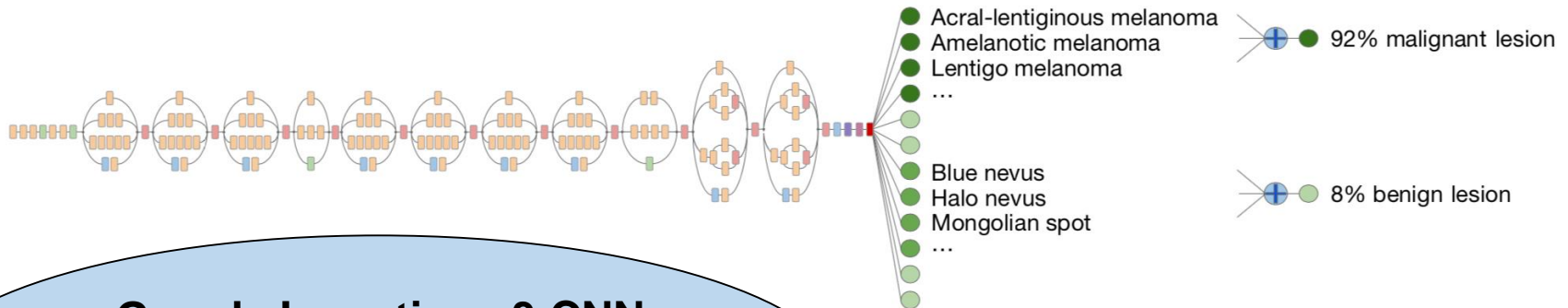
Inception v3: C. Szegedy *et al*, arXiv:1512.00567

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Google Inception v3 CNN

30 Mio parameters

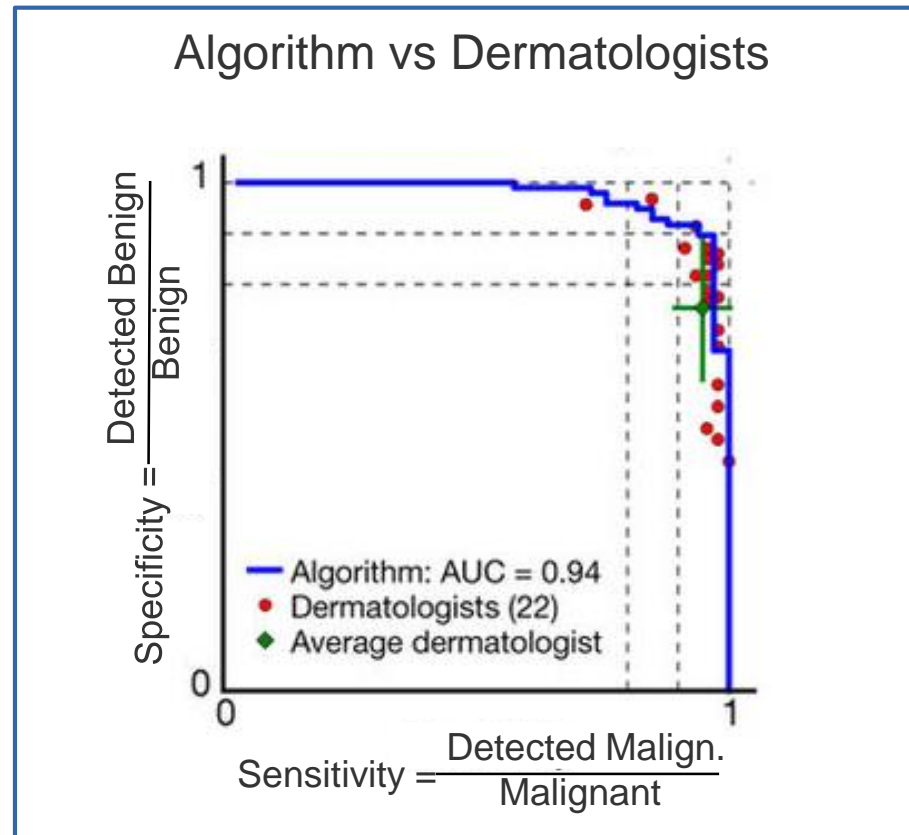
130,000  / 757 classes

Inception v3: C. Szegedy *et al*, arXiv:1512.00567



A SUCCESS STORY: SKIN CANCER DETECTION

Dermatologist-level performance



A. Esteva *et al*, Nature **542**, 115-118 (2017)

USE CASE 2: BLOOD CANCER

Enables better imaging biomarkers

Multiple Myeloma:

- plasma-cell disorder
- causes bone damage
- 3 stages:

MGUS/sMM/MM

USE CASE 2: BLOOD CANCER

Enables better imaging biomarkers

Multiple Myeloma:

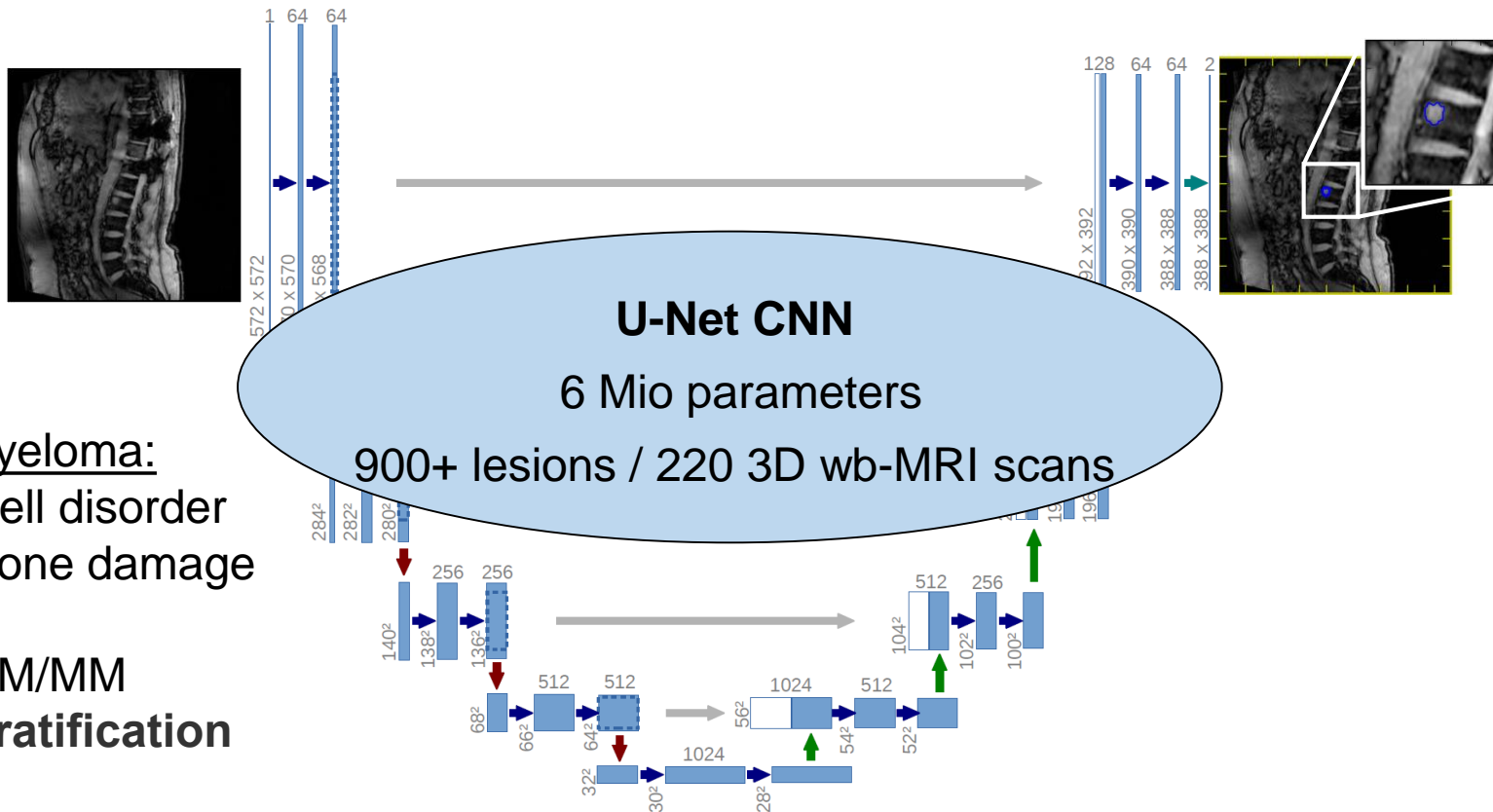
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→ **Risk stratification**

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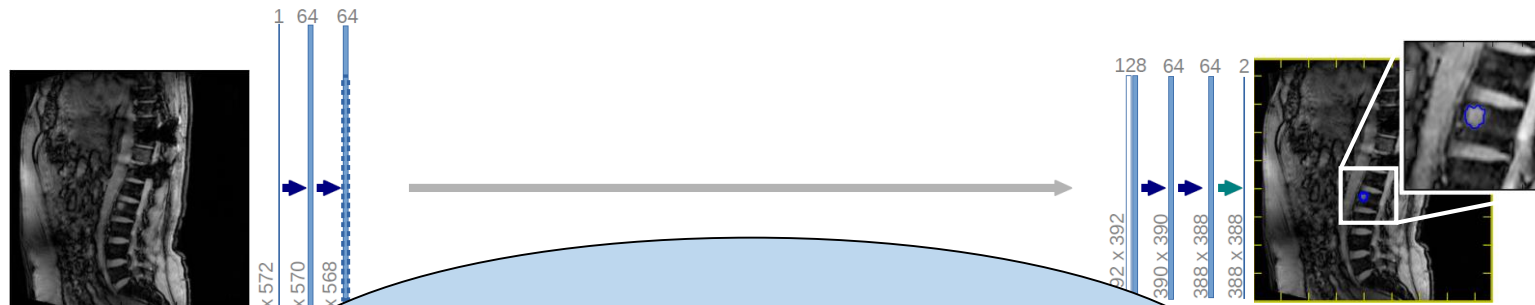
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→ **Risk stratification**

U-Net: O. Ronnerberger *etal*, MICCAI (2015)

USE CASE 2: BLOOD CANCER

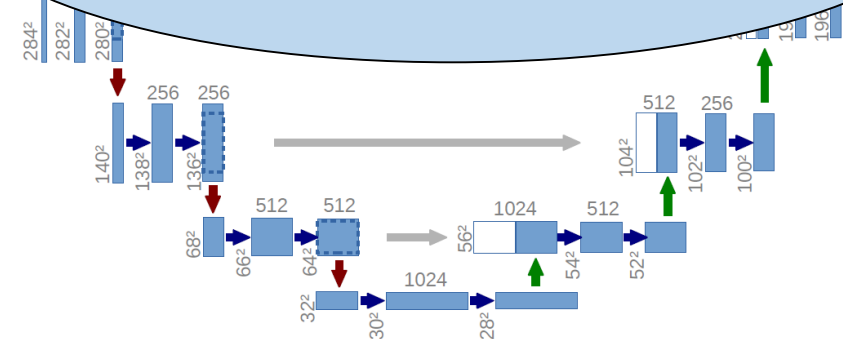
Enables better imaging biomarkers



U-Net CNN
6 Mio parameters
900+ lesions / 220 3D wb-MRI scans

Multiple Myeloma:

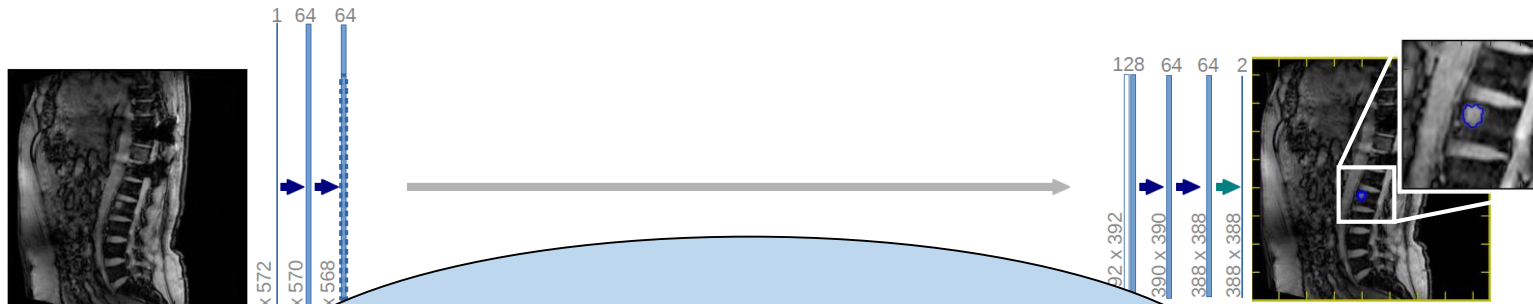
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Tumor load:
MD: ~2-4h/Pat
NN: ~2-4min/Pat

USE CASE 2: BLOOD CANCER

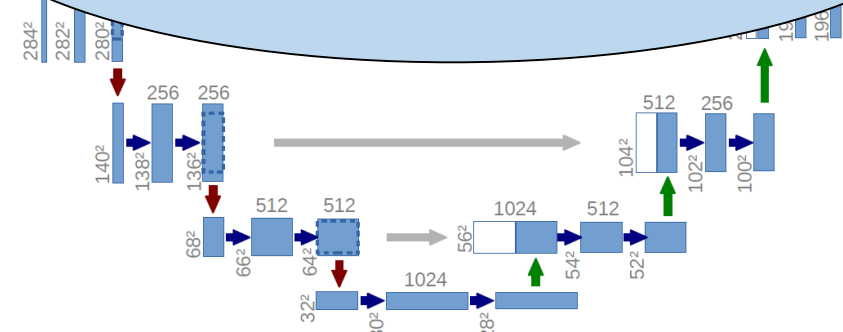
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- **Risk stratification**



Tumor load:
MD: ~2-4h/Pat
NN: ~2-4min/Pat

→ **Better predictor!**

A high-angle photograph of three healthcare professionals (two in white lab coats and one in blue scrubs) gathered around a tablet on a balcony. They are looking at a medical image on the screen. The balcony has a metal railing and a wooden floor. The background shows a building with a grid of windows. The image is overlaid with a semi-transparent white box containing text and a decorative graphic of white concentric circles on the right side.

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CHALLENGES AND CURRENT LIMITATIONS

1) The data challenge

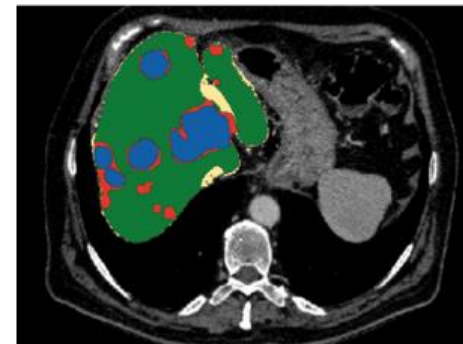
Variability: Medical data is ill-structured / highly-variable

Scarceness: expensive to collect and label

ImageNet: 1.2 Mio

Dermato article: 130,000

Med Study: 100s of cases

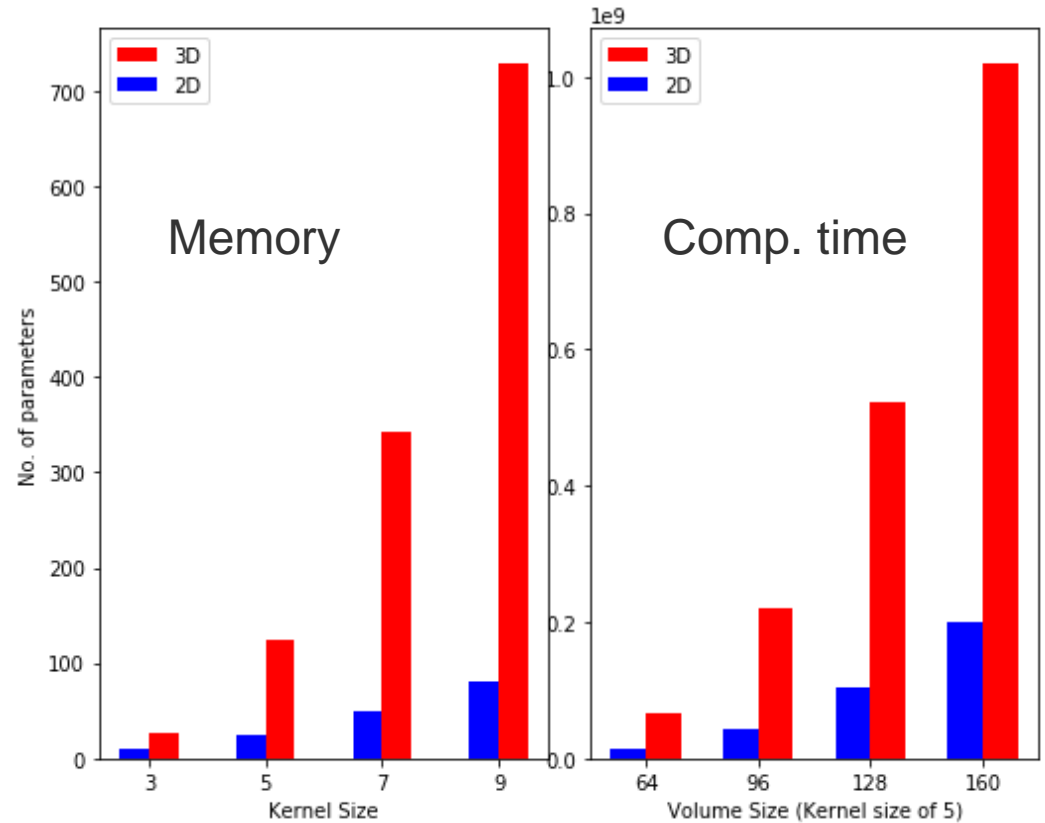
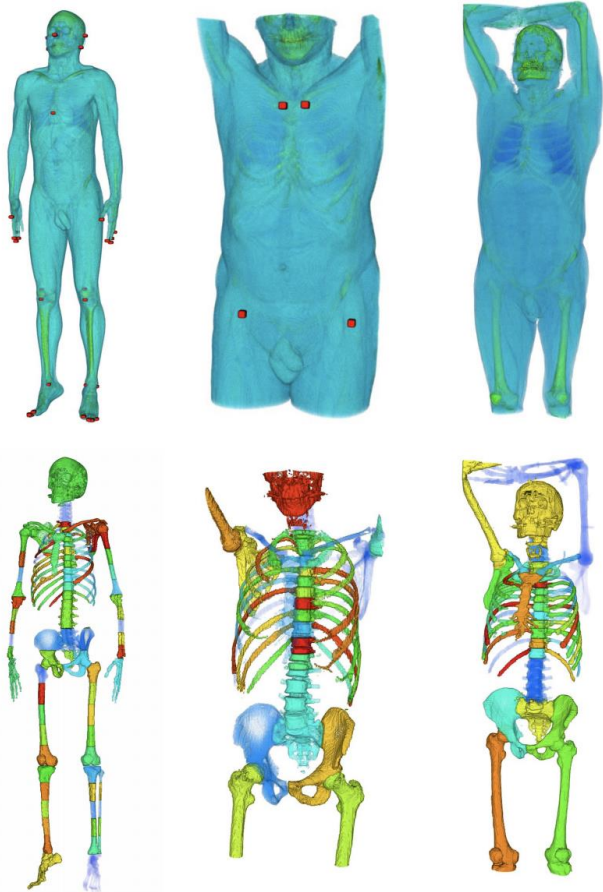


Christ *et al* MICCAI 2016



CHALLENGES AND CURRENT LIMITATIONS

2) The curse of dimensionality



CHALLENGES AND CURRENT LIMITATIONS

3) The ,black-box' problem

No explicit programming! How are decisions reached?

Explanation:  to acceptance

GDPR: Automated individual decision-making should be **contestable**



CHALLENGES AND CURRENT LIMITATIONS

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GDPR: Automated individual decision-making should be **contestable**

→ **Testing/ Certification**

Jan 2017: 1st DL software to obtain FDA clearance...



A R T E R Y S

www.arterys.com



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CHALLENGES AND CURRENT LIMITATIONS

3) The ,black-box' problem

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Jan 2017: 1st DL software to obtain FDA clearance...



www.arterys.com

A R T E R Y S

April 2018: 1st DL diagnostic software to obtain FDA clearance



www.eyediagnosis.net

87% Sensitivity
90% Specificity



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An overhead view of three healthcare professionals (two in white lab coats and one in blue scrubs) gathered around a tablet on a balcony. They are looking at a medical image on the screen. The balcony has a metal railing and a wooden floor. The background shows a building with a grid of windows. The image is overlaid with a semi-transparent white box containing text and a decorative graphic of white concentric circles on the right side.

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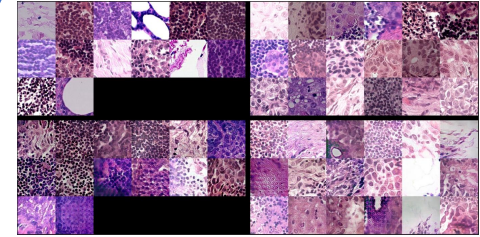
SOLUTIONS

Some of our research activities

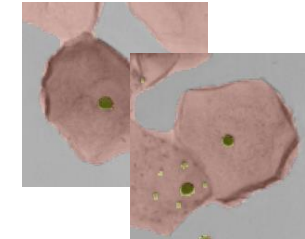
Data scarceness and variability:

- Data augmentation & Semi-supervised learning
- Transfer learning
- Input prior knowledge

Reducing the need for annotations
in Breast Cancer detection



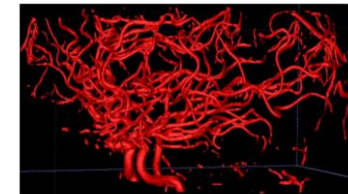
Multi-level activation for nuclei segmentation
BioComputing@ECCV 2018



Volumetric Data:

- '2.5D' solutions
- Cross-hair filters

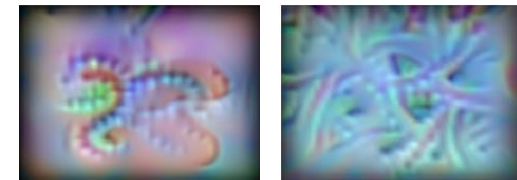
Cross-hair filters for Brain vessel segmentation
arXiv:1803.09340



Hacking the black-box:

- Visualization
- Model-aware learning
- Link with dynamical systems

Class maximization for Breast Cancer classification

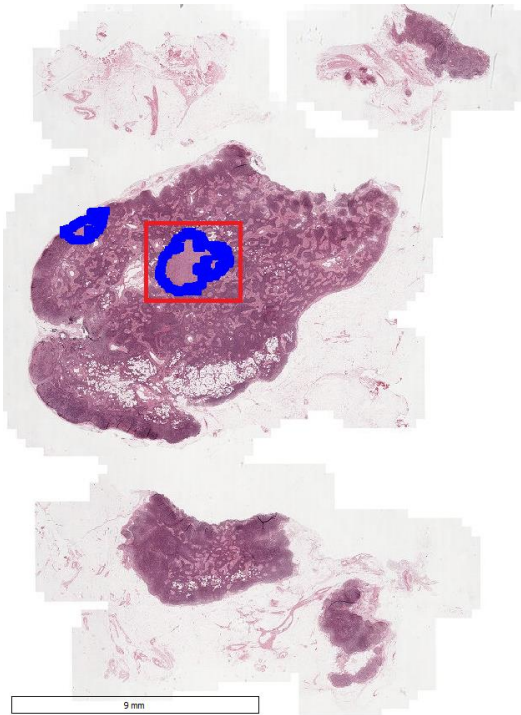


REDUCING THE NEED FOR ANNOTATIONS

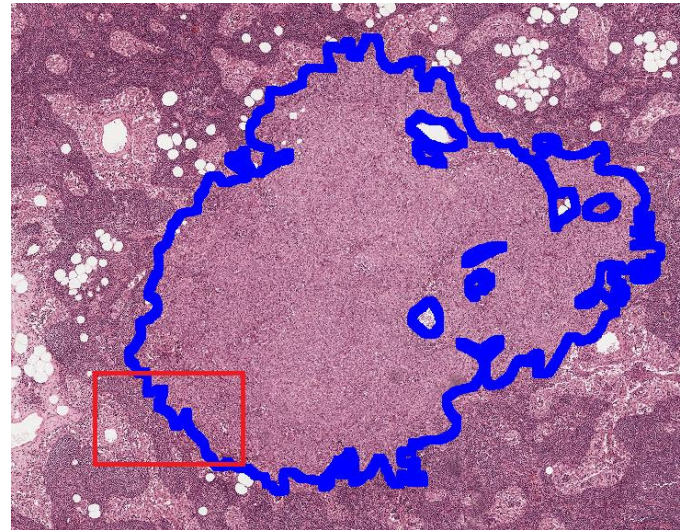
e.g. Whole-Slide Images for breast Cancer detection

CAMELYON 16 challenge

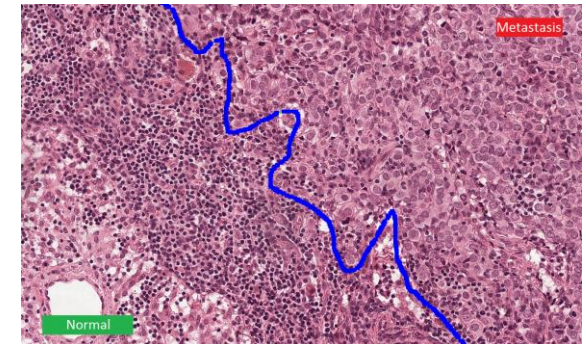
400 WSIs (100 000 px small side), >1TB total



V



V



<https://camelyon16.grand-challenge.org/>

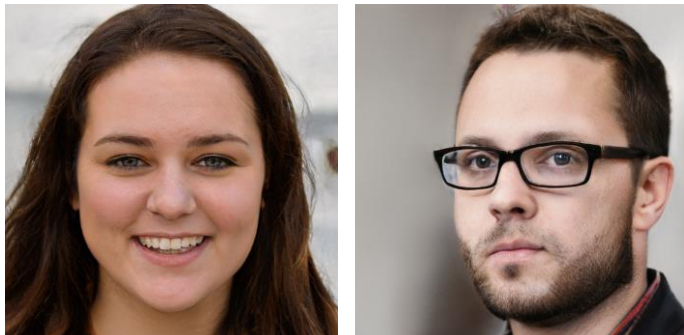
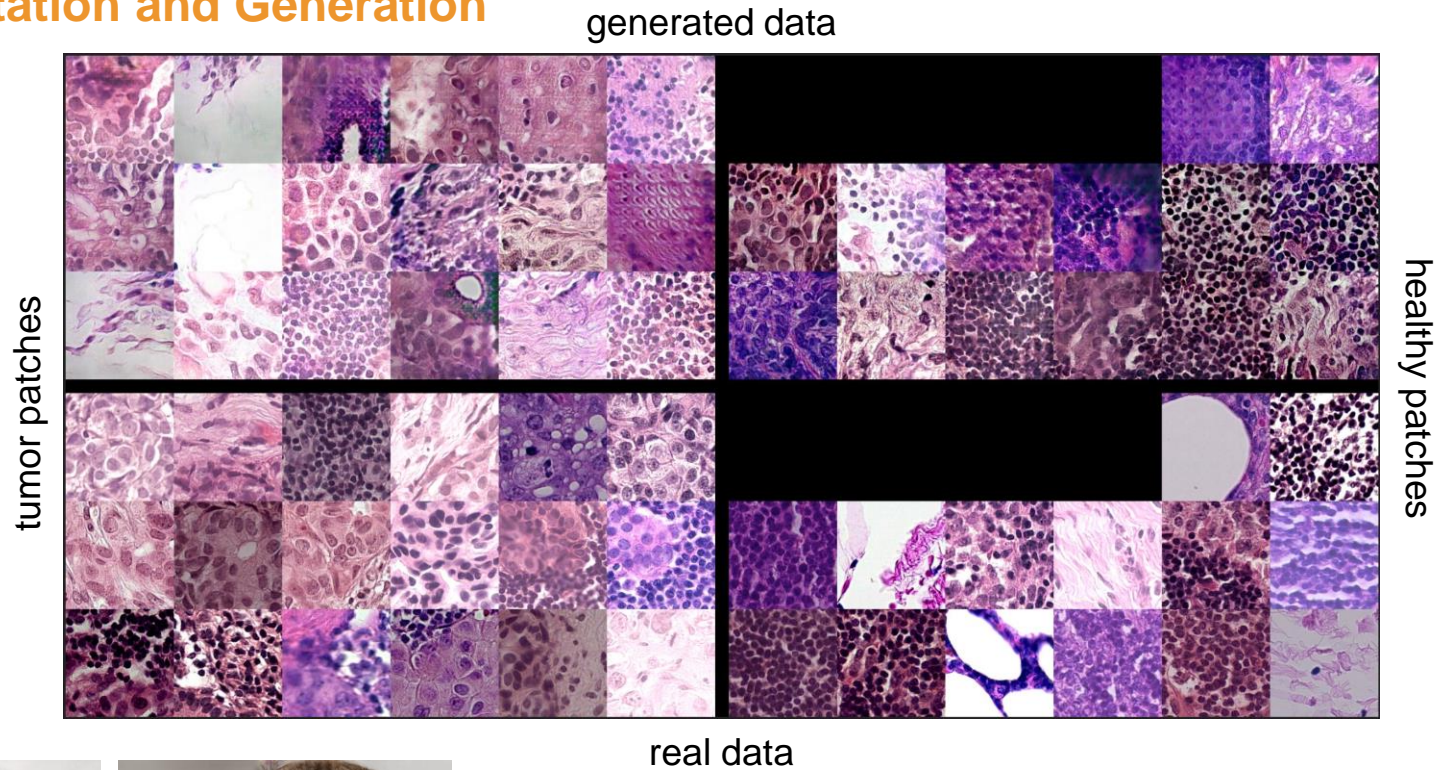


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REDUCING THE NEED FOR ANNOTATIONS

Data Augmentation and Generation

Patches
generated by
a FM-GAN



<https://thispersondoesnotexist.com/>

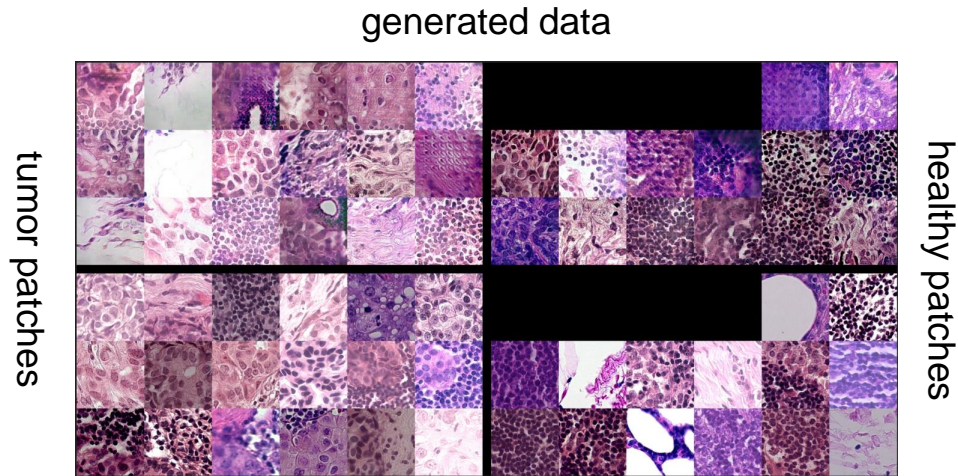


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REDUCING THE NEED FOR ANNOTATIONS

Data Augmentation and Generation

Patches
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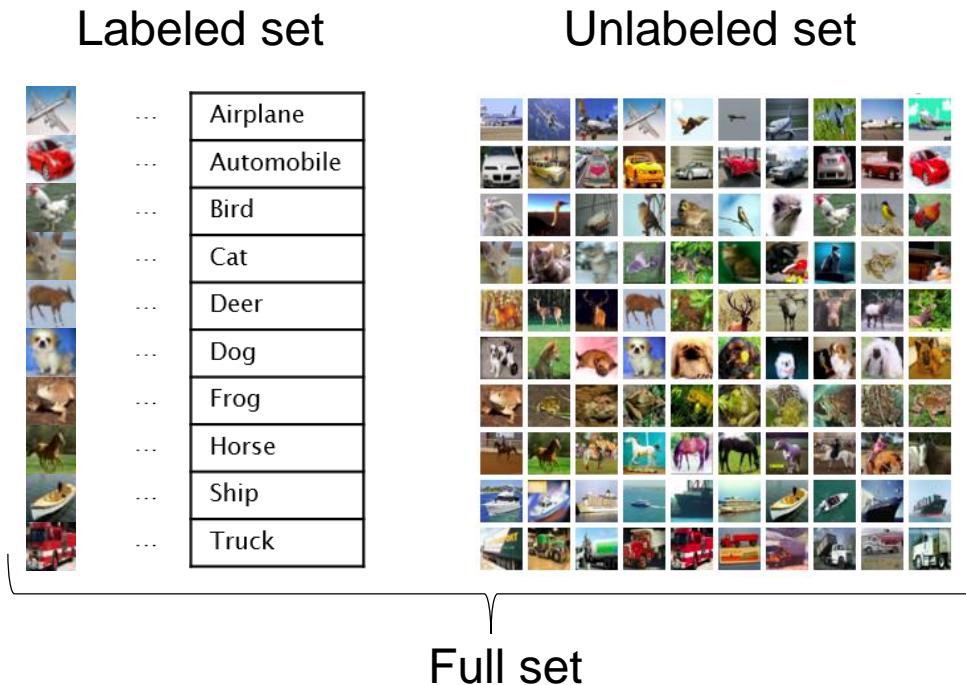
CAMELYON dataset:
classify tumor patches

Method	FROC score (best: 100)
Supervised	61.1
Data augmentation (FM-GAN)	65.1



REDUCING THE NEED FOR ANNOTATIONS

Semi-supervised learning



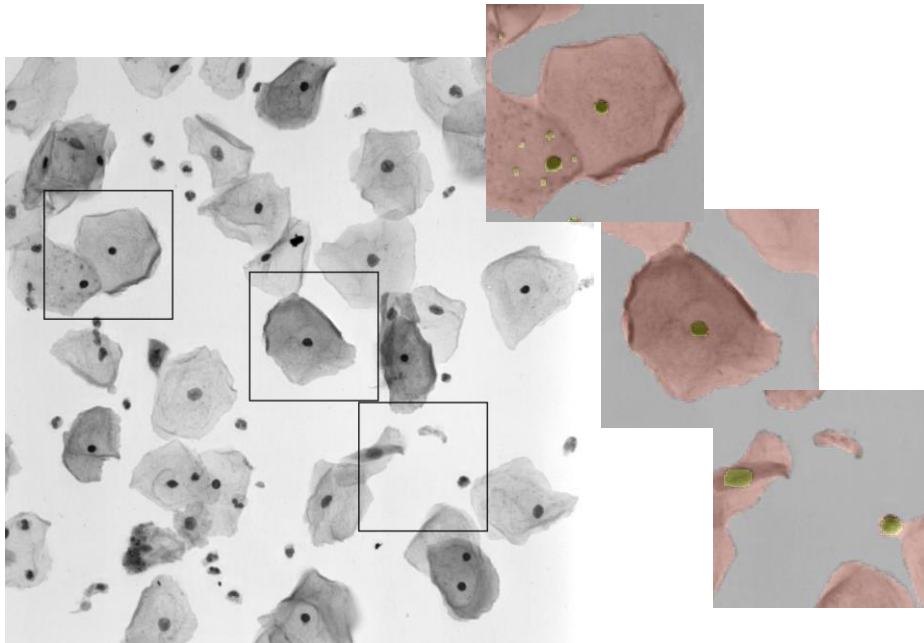
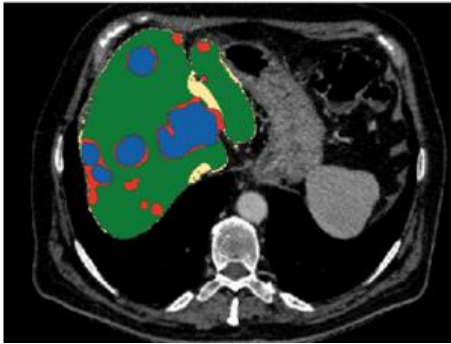
CAMELYON dataset: classify tumor patches

Method	FROC score (best: 100)
Supervised	61.1
Data augmentation (FM-GAN)	65.1
Semi-Supervised (Temporal ensembling)	68.4

10% labeled + 90% unlabeled examples

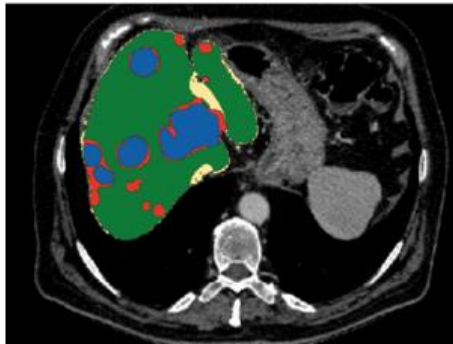
INCLUDING PRIOR KNOWLEDGE

Multi-level activation for topological inclusion



INCLUDING PRIOR KNOWLEDGE

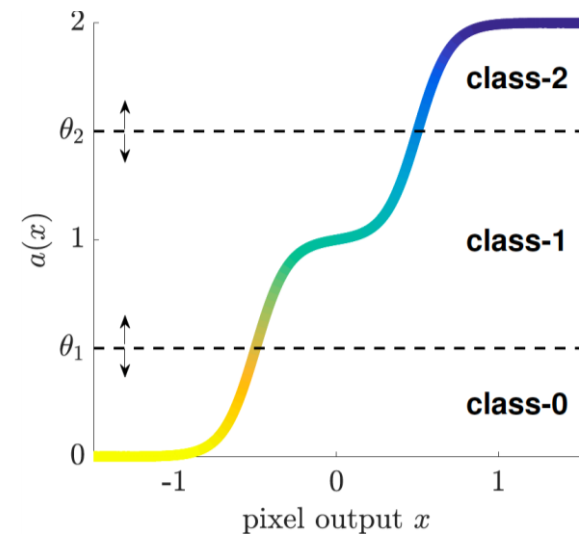
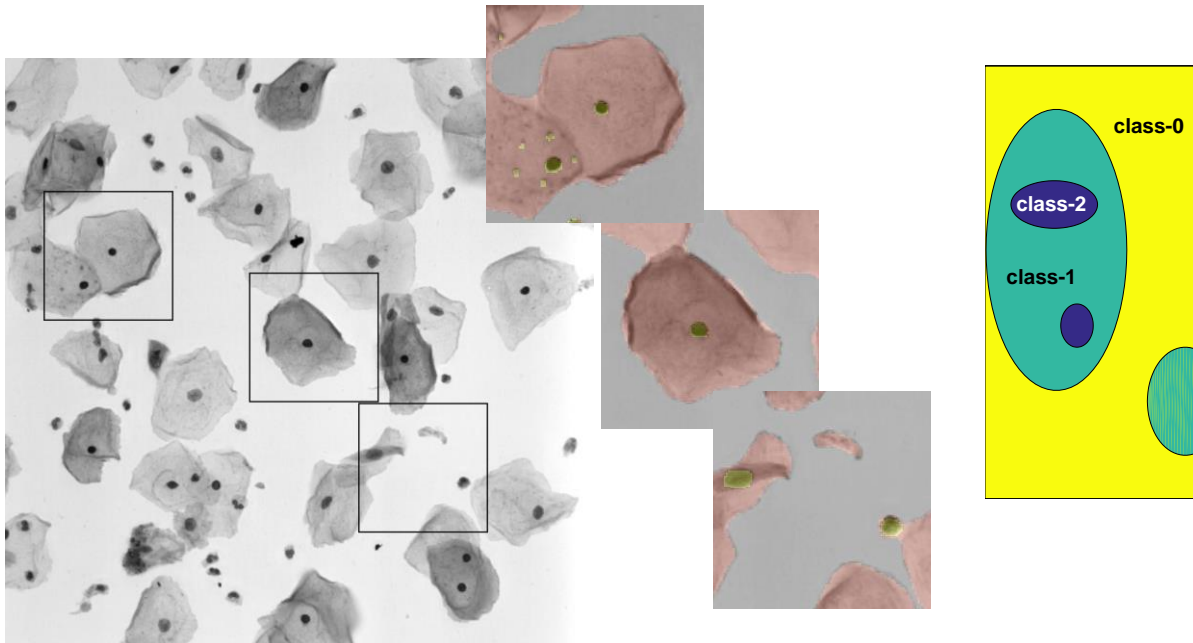
Multi-level activation for topological inclusion



Standard multi-class: soft-max with cross-entropy loss

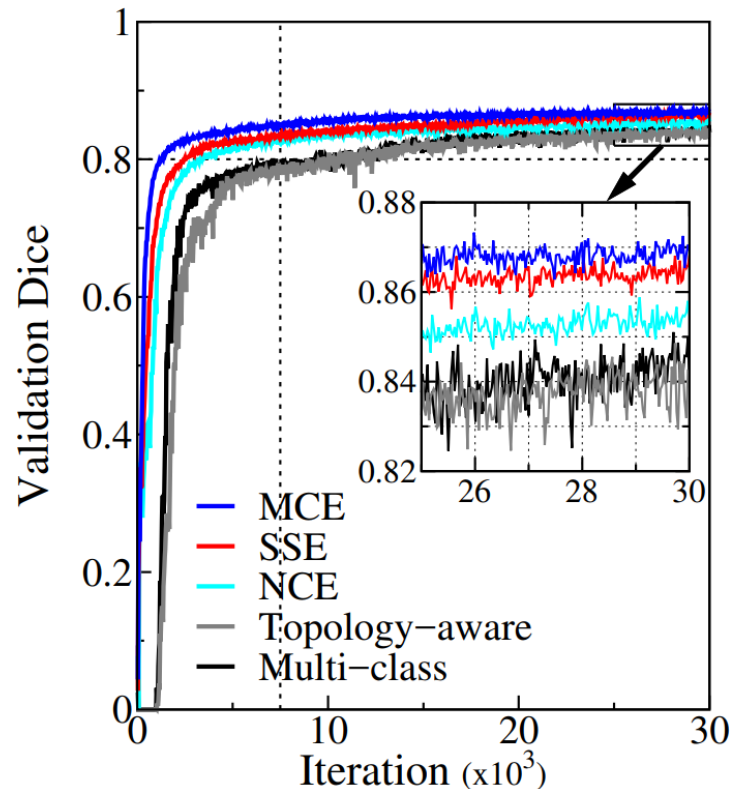
- exclusive classes
- no topological awareness

Logistic regression for hierarchically-nested classes



INCLUDING PRIOR KNOWLEDGE

Achieving Faster and better segmentation



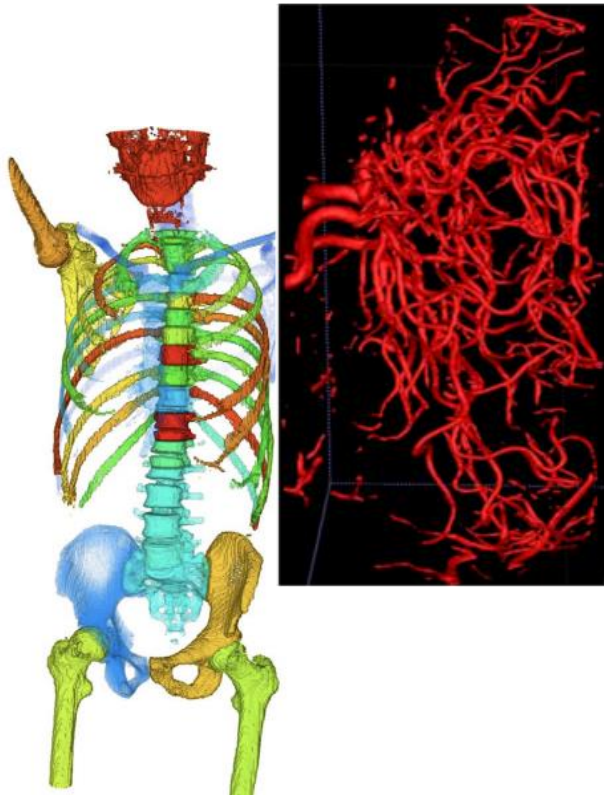
Kaggle challenge: only 16 images(!)
 → heavy online data augmentation
 (flips, warping, rotations, translations, rescaling)

Method	Test Dice scores
Multi-class	0.832 (0.058)
NCE	0.844 (0.061)
SSE	0.859 (0.052)
MCE	0.868 (0.082)

M. Piraud, A. Sekuboyina and B. H. Menze, *Multi-level Activation for Segmentation of Hierarchically-nested Classes*, BioComputing@ECCV 2018

DEALING WITH VOLUMETRIC DATA

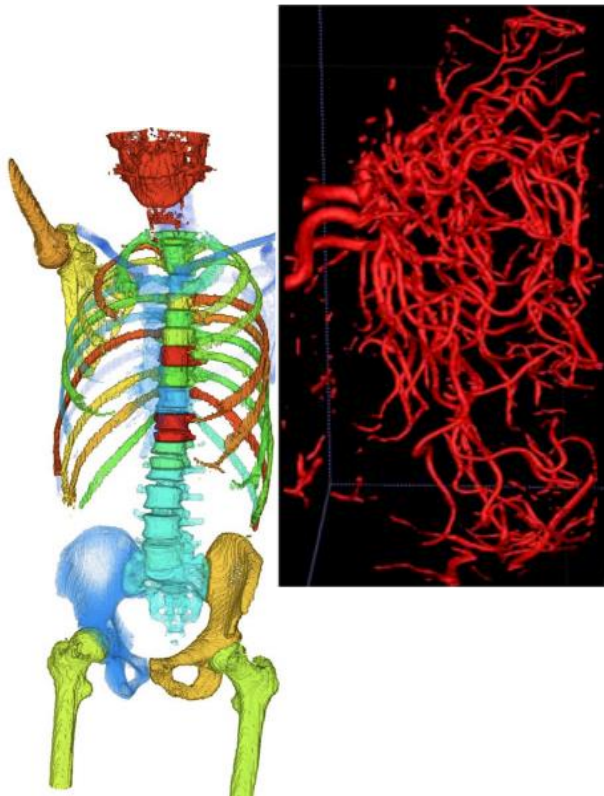
3D cross-hair filters



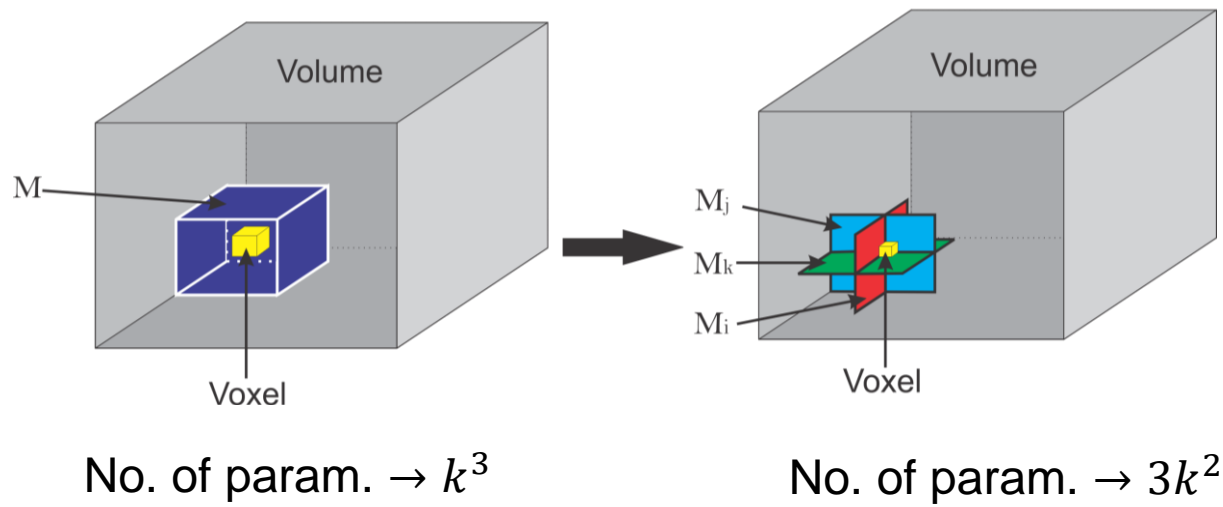
M. Bieth *et al*/ IEEE Trans. Med. Imag. 2017

DEALING WITH VOLUMETRIC DATA

3D cross-hair filters



M. Bieth *et al*/ IEEE Trans. Med. Imag. 2017

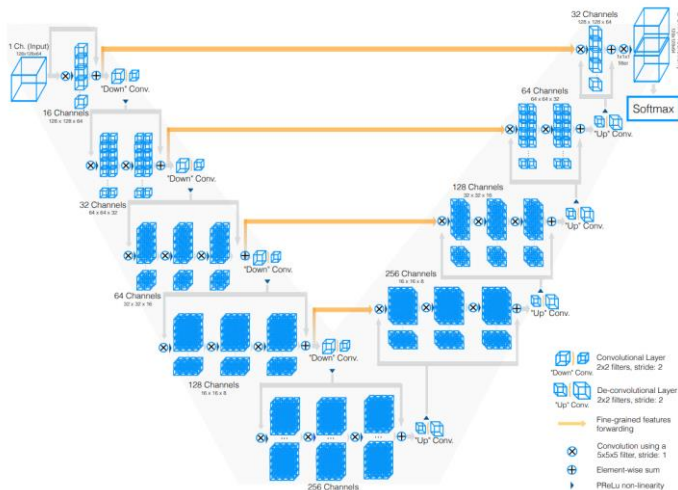


$$3k^2 \leq k^3 \text{ if } k \geq 3$$

DEALING WITH VOLUMETRIC DATA

Gain in memory and speed

V-Net: Milletari et al. 3DV 2016



40% gain in memory

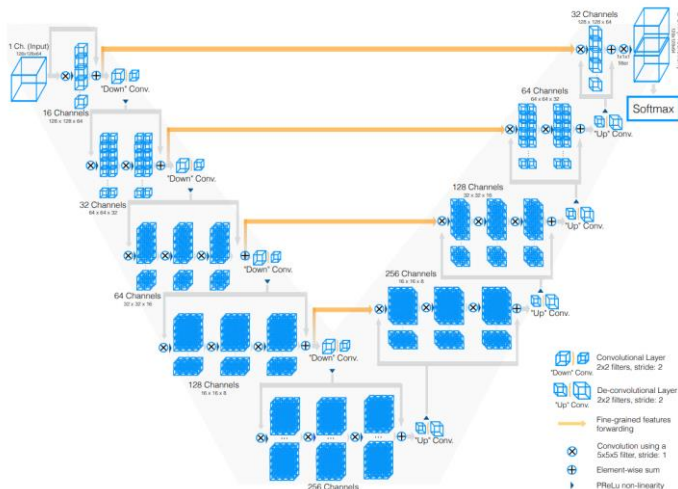
Tetteh et. al, M. Piraud, and B. H. Menze, *deepVesselNet: Vessel Segmentation, Centerline Prediction and Bifurcation Detection in Magnetic Resonance Angiography*, arXiv:1803.09340

DEALING WITH VOLUMETRIC DATA

Gain in memory and speed

V-Net: Milletari et al. 3DV 2016

Vessel segmentation tasks (DeepVesselNet)



Dataset	Methods	F1 Score	Execution time
Synthetic (600x304x325)	CF filters	0.9956	17s
	3D filters	0.9949	23s
MRA (fine-tuning) (580x640x136)	CF filters	0.8425	20s
	3D filters	0.8497	26s
SRXTM (transfer learning) (254x254x254)	CF filters	0.9601	7s
	3D filters	0.9555	11s

40% gain in memory

23% gain in computation speed.

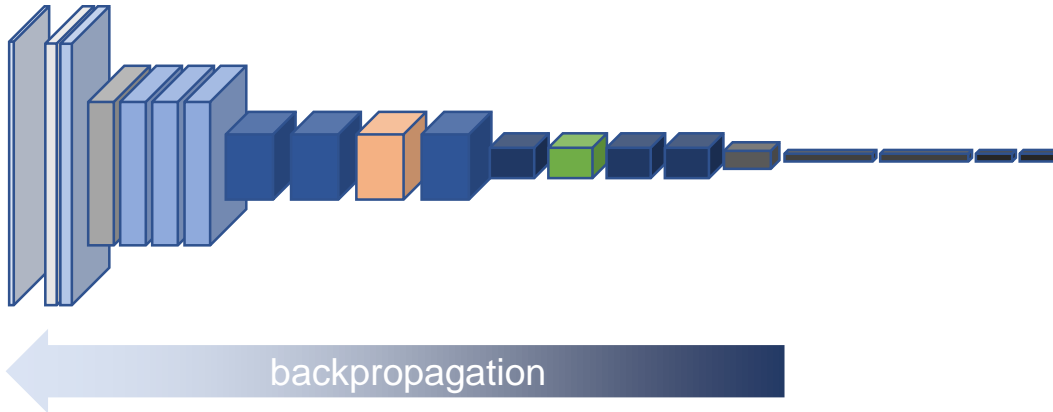
Tetteh et. al, M. Piraud, and B. H. Menze, *deepVesselNet: Vessel Segmentation, Centerline Prediction and Bifurcation Detection in Magnetic Resonance Angiography*, arXiv:1803.09340



DECISION VISUALISATION

Feature inversion

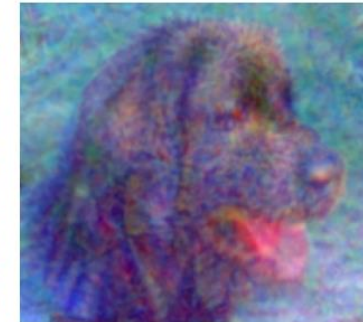
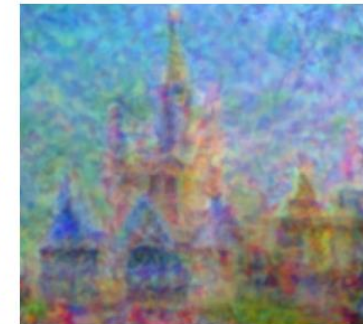
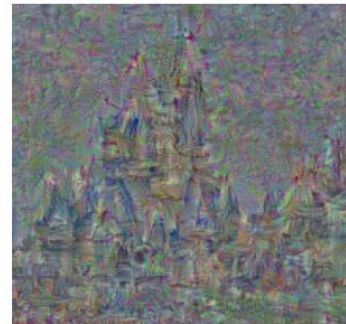
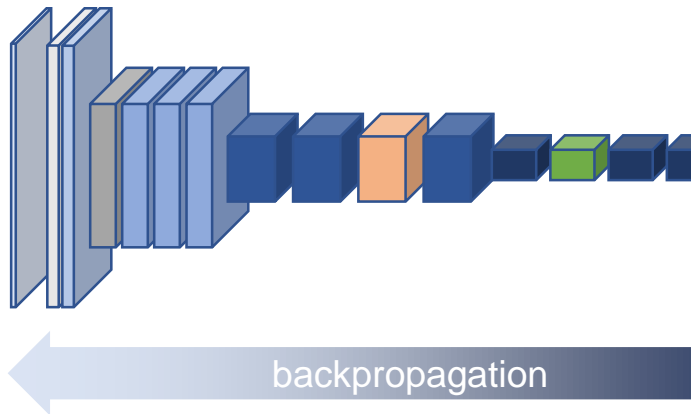
Reconstruct image from features of a specific layer



DECISION VISUALISATION

Feature inversion

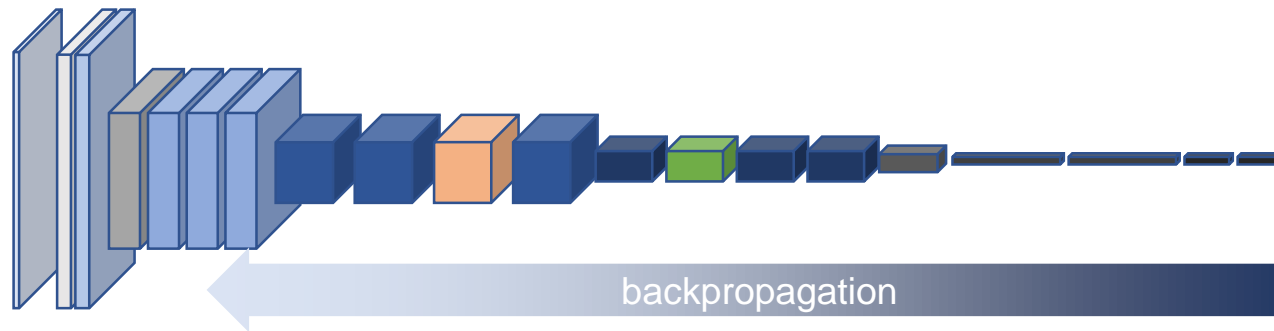
Reconstruct image from feature specific layer



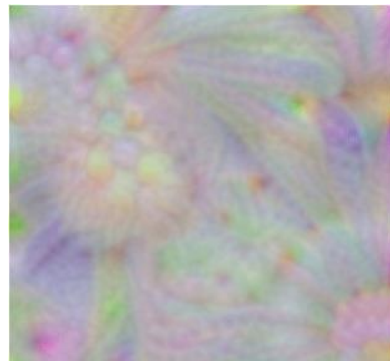
DECISION VISUALISATION

Class maximization

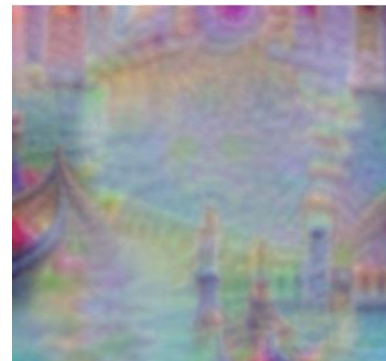
Reconstruct 'archetypical' image which maximizes a specific class



spider



daisy



gondola

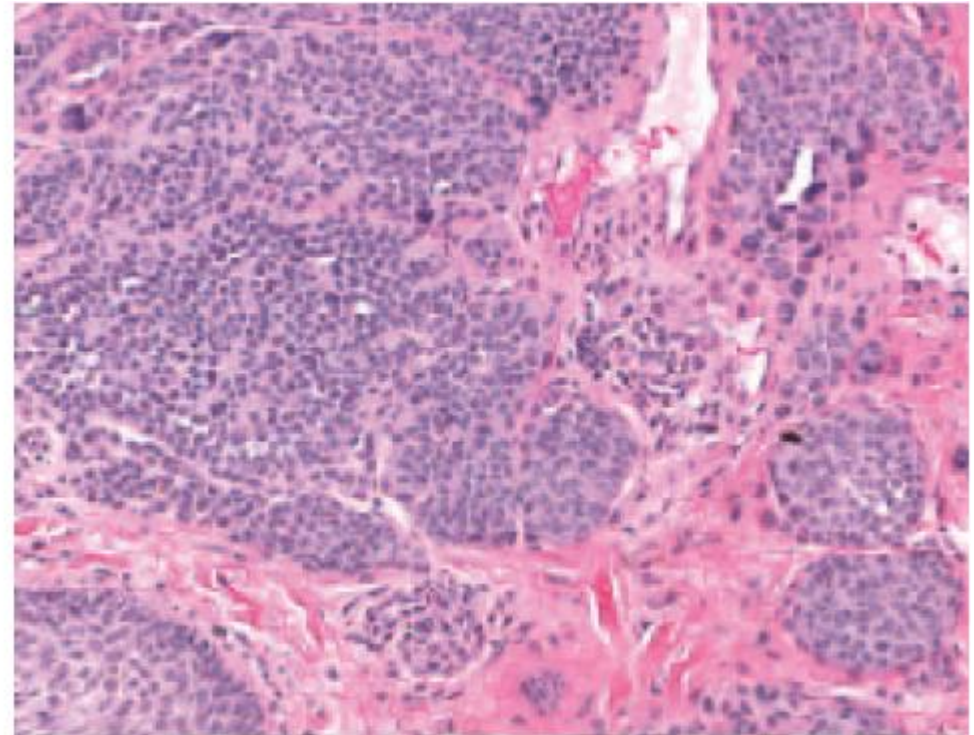
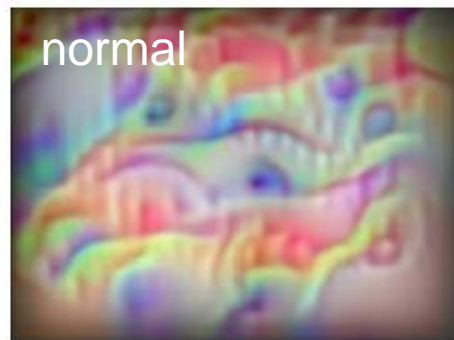
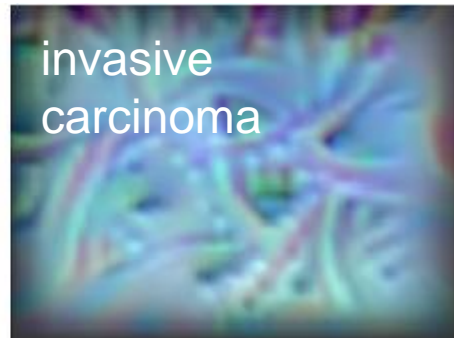


cobra

DECISION VISUALISATION

Class maximization

Reconstruct 'archetypical' image which maximizes a specific class



CHALLENGES AND CURRENT LIMITATIONS

Summary

Data scarceness and variability

Semi-supervised learning/ Transfer Learning/ Use prior knowledge ...

The 'black-box' problem

Some visualization methods... Very active research field!

Testing/ Certification for development in the clinic (15+ FDA-approved and 8+ CE softwares)

Currently: extensive 'heuristic' testing



www.eyediagnosis.net

See e.g.: <http://www.technologyreview.com/s/604271/deep-learning-is-a-black-box-but-health-care-wont-mind/>



KONICA MINOLTA

WHAT DEEP LEARNING IS BRINGING TO HEALTHCARE

– medical errors / +reproducibility

+ quantitative and personalized medicine



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Make-up for shortage of medical doctors?

More time for 'human' practice?



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So...

- Exciting?
- Scary?

