



The Quest for Reliable Melanoma Detection

7 Years at the Vanguard of Skin Lesion Analysis

Sandra Avila

Institute of Computing
University of Campinas, Brazil

ISIC Workshop, CVPR 2021



Skin Cancer

Why do we care?

A photograph of a woman sitting on a wooden beach chair, wearing a blue bikini. She is holding a pair of dark sunglasses in her right hand. The background shows a bright, sandy beach leading to a calm ocean under a sky filled with large, white clouds.

33% of all cancers in Brazil

RECOD Lab.

melanoma research
7 years 2014–2021



CIBADES | CORREIO POPULAR | A7

Técnica agiliza diagnóstico de câncer

Software desenvolvido na Unicamp atinge precisão de 86% na detecção do câncer de pele

Por Emanuelle de Oliveira, da Agência Fapesp
Aqui, a inteligência artificial é usada para auxiliar no diagnóstico e tratamento de câncer de pele. O projeto é resultado de uma parceria entre o Instituto de Matemática e Ciências Exatas da Universidade Estadual de Campinas (Unicamp) e a startup brasileira Melanoma, que desenvolveu um software que ajuda dermatologistas a diagnosticar melanomas precoces. O sistema é capaz de detectar 86% dos tumores com precisão, o que é superior ao desempenho de médicos experientes. "As maiores taxas eram obtidas em tumores de menor profundidade, que são mais fáceis de serem diagnosticados", explica Sandra Faria, pesquisadora da Unicamp e responsável pelo projeto. "Agora, queremos expandir o uso da tecnologia para outros tipos de câncer, como o de mama e o de próstata", afirma.

Projeto premiado

A pesquisadora Sandra Faria e a responsável pelo Círculo de Computação, Ana Paula, durante a cerimônia de premiação do Google Latin America Research Award 2016. O prêmio foi concedido a 25 pesquisadores de 13 países. O projeto da Unicamp ficou em 13º lugar

Novos casos

Brasil regista 6.250 novos casos por ano, segundo Instituto Nacional de Câncer (Inca). A estimativa é de que 100 mil pessoas morram de câncer de pele este ano. O Brasil é o terceiro país com maior número de novos casos, depois da China e da Índia. Segundo o Inca, 80% das mortes são causadas por melanoma, que é o tipo mais agressivo do câncer de pele. A taxa de mortalidade é de 14%.

Próximas etapas

Para aumentar a precisão do diagnóstico, a pesquisadora Sandra Faria, responsável pelo projeto, pretende usar a inteligência artificial para auxiliar no tratamento. "A ideia é que a tecnologia possa ser usada para monitorar a evolução dos tumores e fornecer informações sobre a eficácia do tratamento", explica.

Google premia estudo pelo 4º ano consecutivo

O prêmio é destinado a pesquisadores que realizaram trabalhos inovadores em tecnologia. O projeto da Unicamp ficou em 13º lugar entre os 25 finalistas. O Google Latin America Research Award é uma iniciativa da Google que visa promover a pesquisa científica e tecnológica no Brasil.

01 DE JANEIRO DE 2016 | A13

Metrópole

Saúde. Projeto de cientistas da Unicamp treina computadores para identificar melanoma; taxa de acerto do algoritmo é de 86%, ante 67% na avaliação de dermatologistas. Ideia é usar algoritmo para compreender padrões de malignidade não percebidos pelos humanos

Inteligência artificial pode diagnosticar tumor de pele que até médico não vê

Foto: Divulgação

Projeto premiado

O uso de inteligência artificial no diagnóstico de câncer é uma realidade já consolidada em todo o mundo como um projeto de pesquisa da Unicamp e da Melanoma. Agora, uma pesquisa de 25 pesquisadores da Unicamp mostrou que a máquina pode detectar melanoma com precisão maior que os dermatologistas que treinaram os sistemas de detecção de pele. "Encontramos resultados que indicam que a máquina é capaz de ver e indicar os melanomas com maior precisão que os especialistas não conseguem", explica Sandra Faria, pesquisadora da Unicamp e responsável pelo projeto. "A ideia é que a tecnologia possa ser usada para monitorar a evolução dos tumores e fornecer informações sobre a eficácia do tratamento", explica.

Inteligência artificial

A inteligência artificial é uma área de pesquisa que envolve a criação de algoritmos desenvolvidos para que máquinas possam conseguir identificar padrões e regras que permitem que elas sejam capazes de aprender e melhorar suas tarefas. A tecnologia é utilizada para auxiliar no diagnóstico de doenças, como o melanoma, tipo mais agressivo de câncer de pele.

No Brasil, o Instituto Nacional de Câncer (Inca) estima que 67.000 novos casos de melanoma serão diagnosticados este ano. A taxa de acerto da máquina é de 86% de todos os casos diagnosticados corretamente.

Entrevista

Foto: Eliane Gomes, coordenadora do grupo de Dermatologia da Unicamp e pesquisadora da Beneficência Portuguesa de São Paulo, fala sobre a aplicação da inteligência artificial no diagnóstico de melanoma. "É um recuso entre a bem-vinda tecnologia e a necessidade de se submeter o exame ao dermatologista", explica. "A máquina aponta a probabilidade de ser melanoma e o dermatologista deve garantir de dar palavras finais", afirma. "Gostaria de dizer que, para o círculo de pele, é necessário garantir que a tecnologia seja usada de forma ética e responsável".



Systematic Evaluation

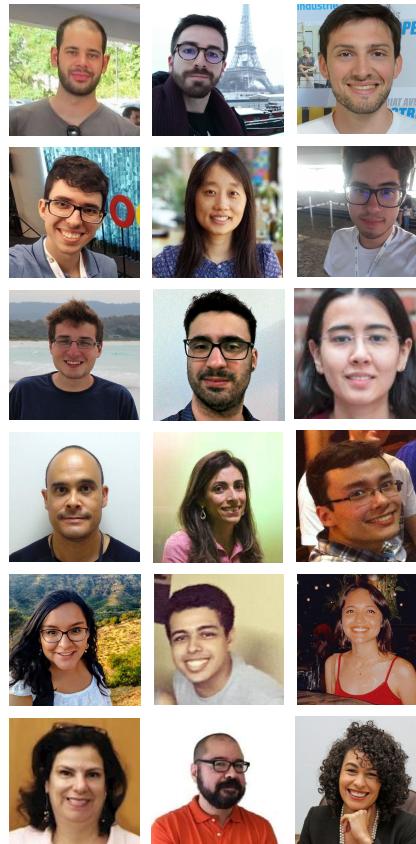
Classification

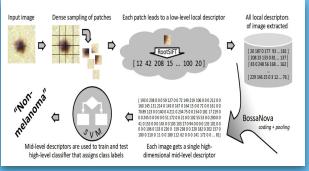
Segmentation

Synthesis

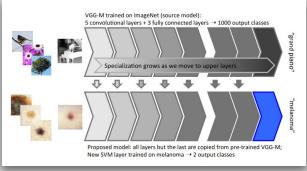
Debiasing

Data Augmentation

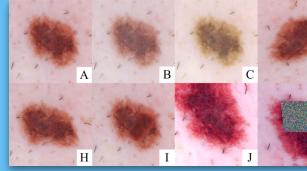




Statistical learning approach for robust melanoma screening

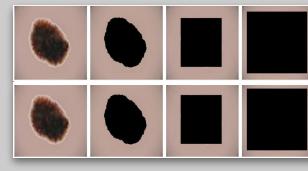


Towards automated melanoma screening: Proper computer vision & reliable results



Data augmentation for skin lesion analysis

Skin lesion synthesis with generative adversarial networks



Debiasing skin lesion datasets and models? Not so fast

Less is more: Sample selection and label conditioning improve skin lesion segmentation

2014

2015

2016

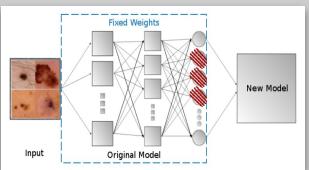
2017

2018

2019

2020

2021



Towards robust melanoma screening: A case for enhanced mid-level features

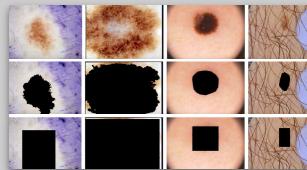
Transfer schemes for deep learning in image classification



Knowledge transfer for melanoma screening with deep learning

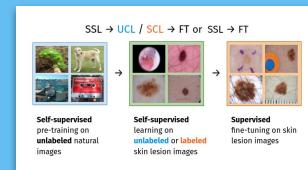
RECOD Titans at ISIC challenge 2017

Data, depth, and design: Learning reliable models for skin lesion analysis



(De)Constructing bias on skin lesion datasets

Solo or ensemble? Choosing a CNN architecture for melanoma classification



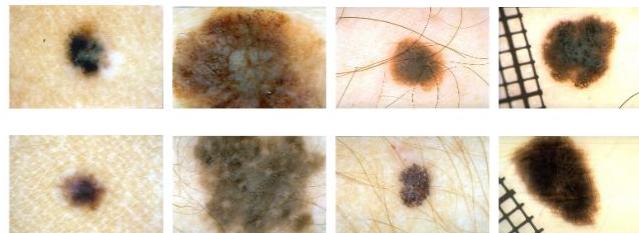
GAN-based data augmentation and anonymization for skin-lesion analysis: A critical review

An evaluation of self-supervised pre-training for skin-lesion analysis

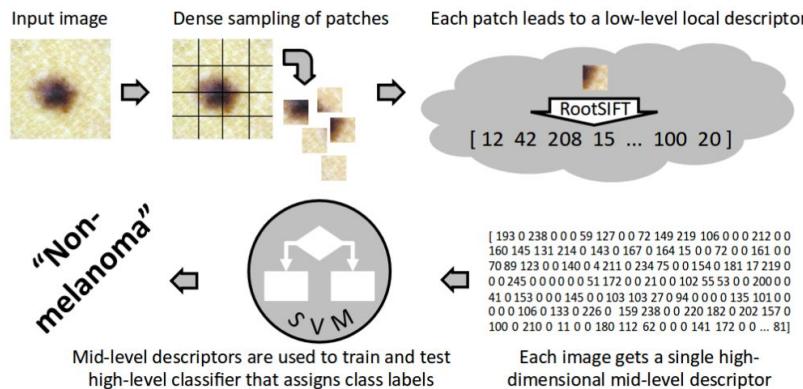
Towards Automated Melanoma Screening: Proper Computer Vision & Reliable Results

Michel Fornaciali, Micael Carvalho, Flávia Vasques Bittencourt, Sandra Avila, Eduardo Valle

Abstract—In this paper we survey, analyze and criticize current art on automated melanoma screening, reimplementing a baseline technique, and proposing two novel ones. Melanoma, although highly curable when detected early, ends as one of the most dangerous types of cancer, due to delayed diagnosis and treatment. Its incidence is soaring, much faster than the number of trained professionals able to diagnose it. Automated screening appears as an alternative to make the most of those professionals, focusing their time on the patients at risk while safely discharging the other patients. However, the potential of automated melanoma diagnosis is currently unfulfilled due to

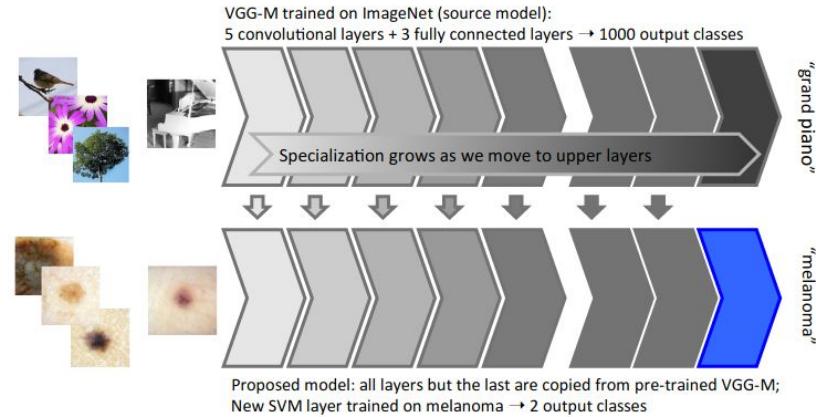


Paper, Code & Data: <https://github.com/learningtitans/melanoma-screening>



Bag-of-Visual-Words pipeline

Deep Transfer Learning pipeline



Knowledge Transfer for Melanoma Screening with Deep Learning

Afonso Menegola^{†‡}, Michel Fornaciali^{†‡}, Ramon Pires[◦],
Flávia Vasques Bittencourt[•], Sandra Avila[†], Eduardo Valle^{†*}

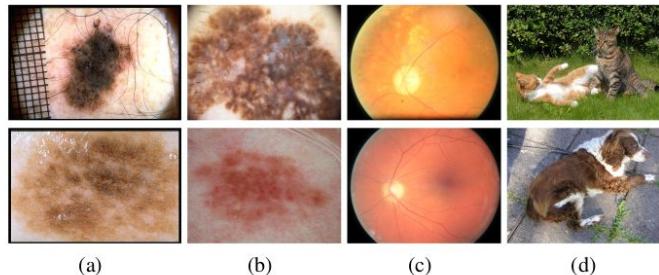
[†]RECOD Lab, DCA, FEEC, University of Campinas (Unicamp), Brazil

[◦]RECOD Lab, IC, University of Campinas (Unicamp), Brazil

[•]School of Medicine, Federal University of Minas Gerais (UFMG), Brazil

ABSTRACT

Knowledge transfer impacts the performance of deep learning — the state of the art for image classification tasks, including automated melanoma screening. Deep learning’s greed for large amounts of training data poses a challenge for medical tasks, which we can alleviate by recycling knowledge from models trained on different tasks, in a scheme called *transfer learning*. Although much of the best art on automated melanoma screening employs some form of transfer learning, a systematic evaluation was missing. Here we investigate the presence of transfer, from which task the transfer is sourced, and



(a)

(b)

(c)

(d)



Paper, Code & Data: <https://github.com/learningtitans/melanoma-transfer>

ImageNet -> Melanoma



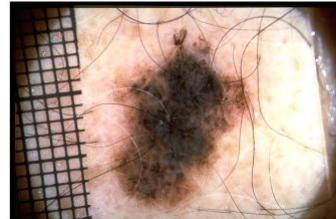
Double Transfer:

ImageNet -> Retina &

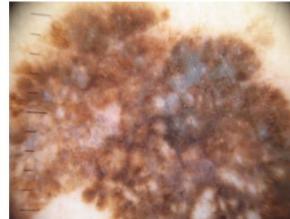
Retina -> Melanoma

VGG-16

2.000



+35.000



+1.200.000



RECOD Titans at ISIC Challenge 2017

Afonso Menegola[†], Julia Tavares[†], Michel Fornaciali, Lin Tzy Li, Sandra Avila, Eduardo Valle*

HISTORY

Our team has worked on melanoma classification since early 2014 [1], and has employed deep learning with transfer learning for that task since 2015 [2]. Recently, the community has started to move from traditional techniques towards deep learning, following the general trend of computer vision [3]. Deep learning poses a challenge for medical applications, due to the need of very large training sets. Thus, transfer learning becomes crucial for success in those applications, motivating our paper for ISBI 2017 [4].

Our team participated in Parts 1 and 3 of the ISIC Challenge 2017, described below in that order. Although our team has a long experience with skin-lesion classification (Part 3), this Challenge was the very first time we worked on skin-lesion segmentation (Part 1).

The code needed to reproduce our results is at our [code repository](#)⁴.

C. Data Augmentation

We used online image augmentation, with up to 10% horizontal and vertical shifts, up to 20% zoom, and up to 270° degrees rotation. Images were first resized — we tried 256×256 and 128×128 , ultimately keeping the latter, which was faster and resulted in similar performance. Transforming the images before resizing them was slower and did not improve the results.

D. Experiments

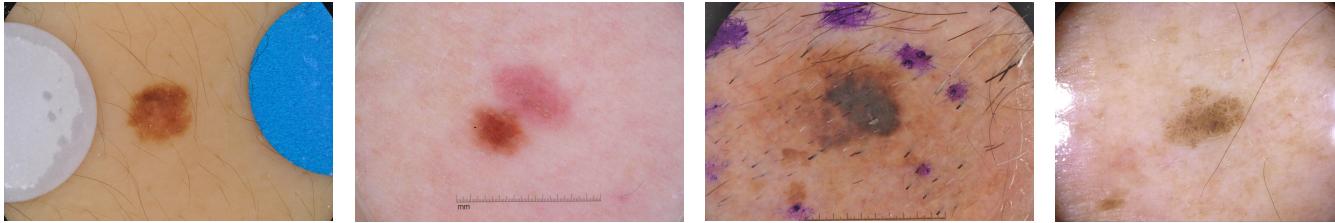
Our first attempt was a model based on the VGG network [6]. The first part of the model consisted of the VGG-16 layers



Melanoma Classification

Paper, Code & Data: <https://arxiv.org/abs/1703.04819>

ISIC Challenge 2017



Training data
2000 images
95.1%
(internal validation)

Validation data
150 images
90.8%

Test data
600 images
87.4%

RECOD Titans at ISIC Challenge 2017

Afonso Menegola[†], Julia Tavares[†], Michel Fornaciali, Lin Tzy Li, Sandra Avila, Eduardo Valle*

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Melanoma Classification



Paper, Code & Data: <https://arxiv.org/abs/1703.04819>

ISIC Challenge 2017

Models + data ✓

Image resolution

Class/sample-weighting schemes

Curriculum learning

SVM decision layer

Training and test augmentation ✓

Patient data

Per-image normalization ✓

Segmentation information

Stacking models and meta-learning ✓

$$2^9 \text{ factors} \times 5 \text{ datasets} = 2560 \text{ experiments}$$

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Neurocomputing

journal homepage: www.elsevier.com/locate/neucom





Data, depth, and design: Learning reliable models for skin lesion analysis

Eduardo Valle^{a,*}, Michel Fornaciali^a, Afonso Menegola^a, Julia Tavares^a, Flávia Vasques Bittencourt^b, Lin Tzy Li^{c,d}, Sandra Avila^c

^a School of Electrical and Computing Engineering, University of Campinas (UNICAMP), Av. Albert Einstein 400, Campinas, SP 13083-852, Brazil
^b School of Medicine, Federal University of Minas Gerais (UFMG), Alamedalvaro Celso 55, Belo Horizonte, MG 30150-260, Brazil
^c Institute of Computing, University of Campinas (UNICAMP), Av. Albert Einstein 1251, Campinas, SP 13083-852, Brazil
^d Samsung R&D Institute Brazil (SRBR), Campinas, SP, Brazil

Paper, Code & Data: <https://github.com/learningtitans/data-depth-design>

"Amount of train data has disproportionate influence, explaining **46%** of the variation in performance."

"Other than data, the most important factor was the **use of data augmentation on test**."

Table 3

Selected lines from the 176-line ANOVA table; most of the omitted lines (126) had p-values ≥ 0.05 . Absolute explanation based on η^2 -measure, relative explanation ignores residuals and choice of test dataset (j).

Factor	p-value	Explanation (%)		Best AUC (%)		Worst AUC (%)		
		Abs.	Rel.	Treatment	Mean	Treatment	Mean	
a	Model architecture	< 0.001	0	1	resnet	84	inception	83
b	Train dataset	< 0.001	5	46	full	85	challenge	81
c	Input resolution	< 0.001	1	5	598	84	299–305	82
d	Data augmentation	0.17	0	0	default	83	custom	83
e	Input normalization	0.001	0	0	default	83	erase mean	83
f	Use of segmentation	< 0.001	0	2	no	84	yes	83
g	Duration of training	0.003	0	0	full	83	half	83
h	SVM layer	< 0.001	0	4	no	84	yes	83
i	Augmentation on test	< 0.001	1	12	yes	84	no	82
j	Test dataset	< 0.001	75	full.split	96	edra.clinical	66	

Paper, Code & Data: <https://github.com/learningtitans/data-depth-design>

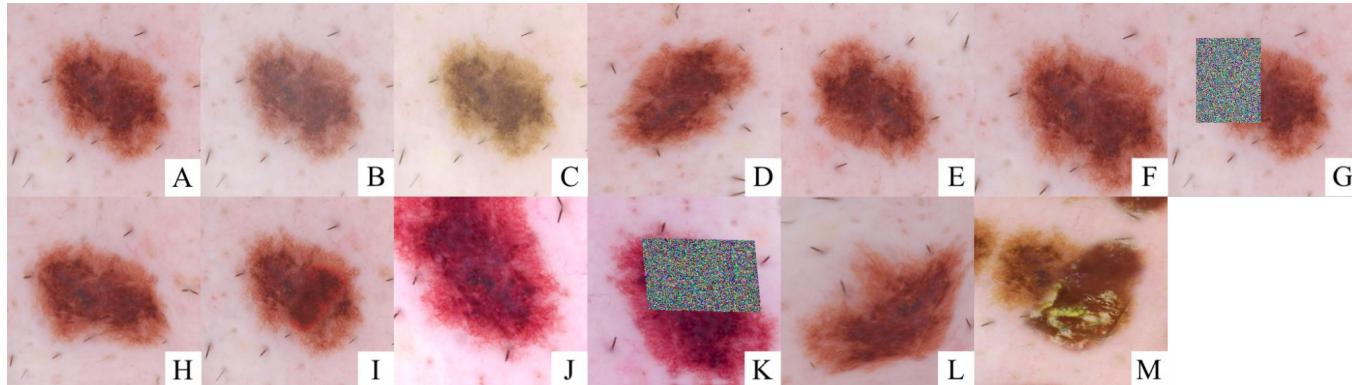
Data Augmentation for Skin Lesion Analysis

Fábio Perez¹, Cristina Vasconcelos², Sandra Avila³, and Eduardo Valle¹

¹RECOD Lab, DCA, FEEC, University of Campinas (Unicamp), Brazil

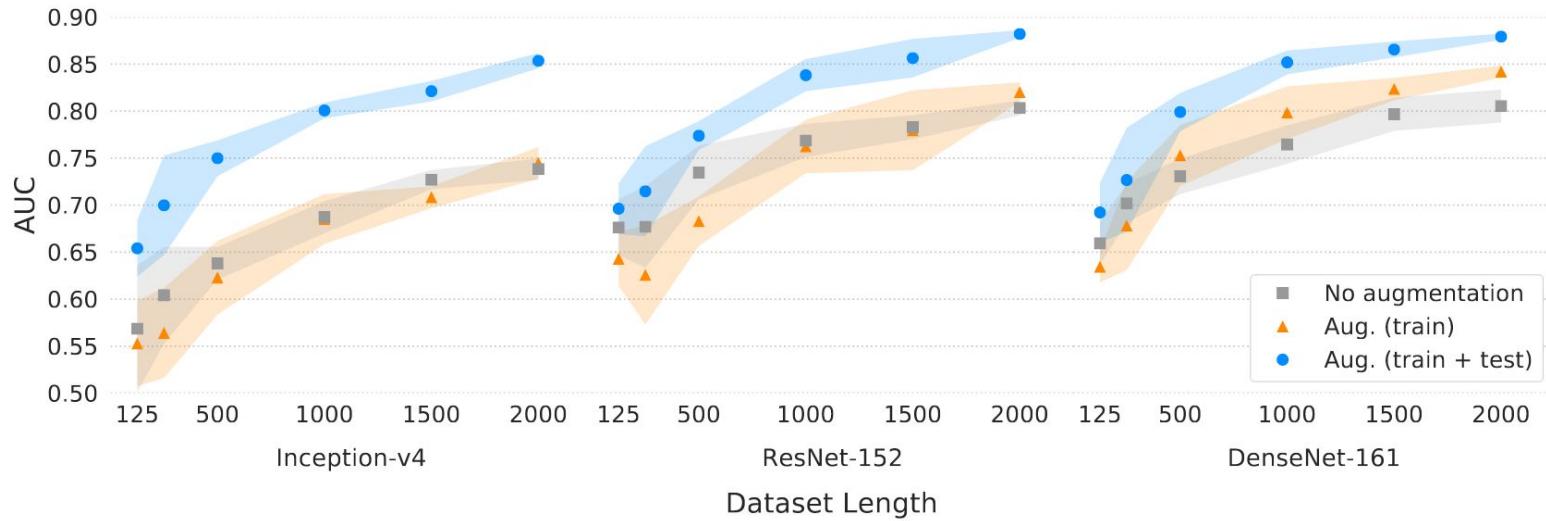
²Computer Science Department, IC, Federal Fluminense University (UFF), Brazil

³RECOD Lab, IC, University of Campinas (Unicamp), Brazil



Paper, Code & Data: <https://github.com/fabioperez/skin-data-augmentation>

Augmentation on Training & Testing



Paper, Code & Data: <https://github.com/fabioperez/skin-data-augmentation>

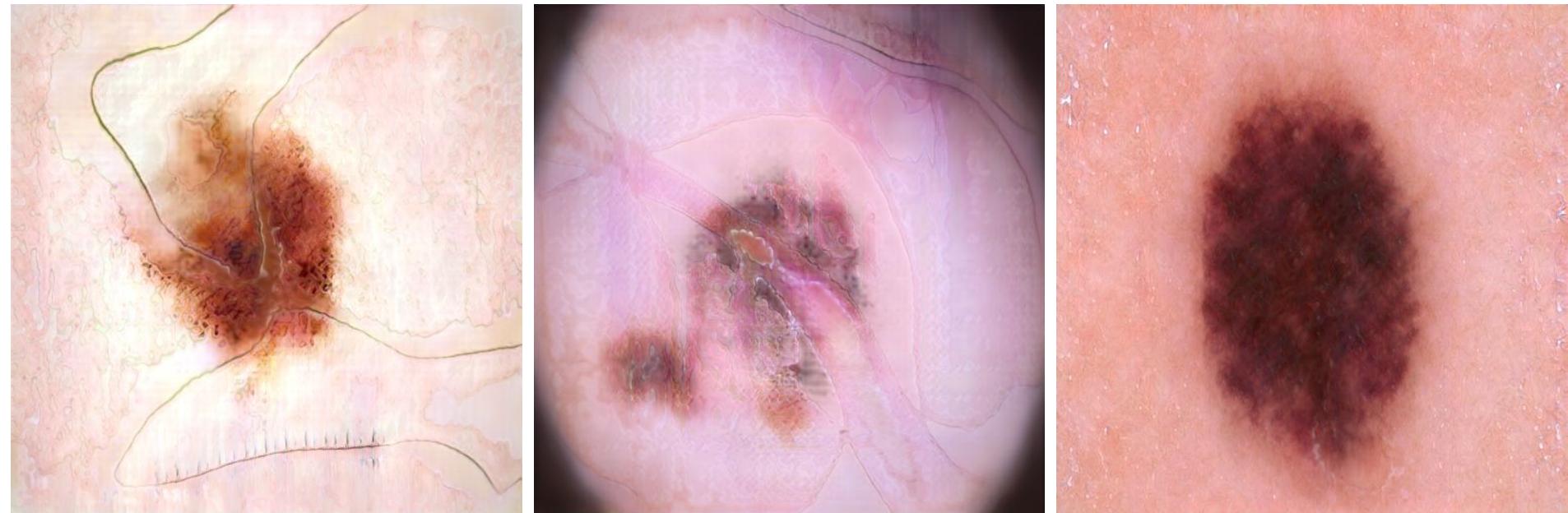
Let's generate data!

Generative Adversarial Networks (GANs)

I SEE BAD DATA



Spoiler alert! The film: "The Sixth Sense", the line: "I see dead people."



... using Progressive Growing GANs (PGAN)

Skin Lesion Synthesis with Generative Adversarial Networks

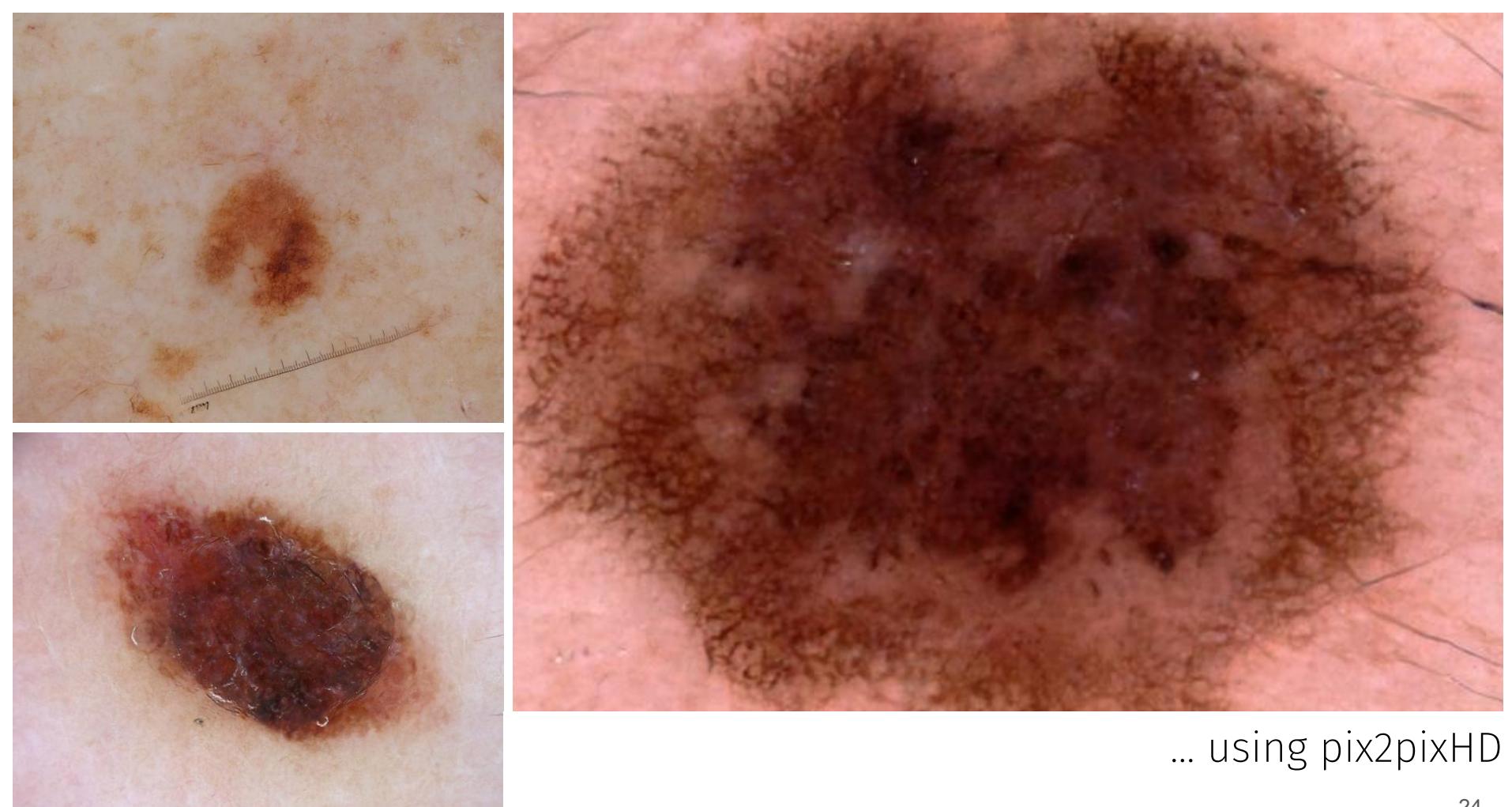
Alceu Bissoto¹, Fábio Perez², Eduardo Valle², and Sandra Avila¹

¹RECOD Lab, IC, University of Campinas (Unicamp), Brazil

²RECOD Lab, DCA, FEEC, University of Campinas (Unicamp), Brazil



Paper, Code & Data: <https://github.com/alcebissoto/gan-skin-lesion>



A. Bissoto, F. Perez, E. Valle, S. Avila, "Skin lesion synthesis with generative adversarial networks", ISIC Workshop, MICCAI, 2018.



GAN-Based Data Augmentation and Anonymization for Skin-Lesion Analysis: A Critical Review



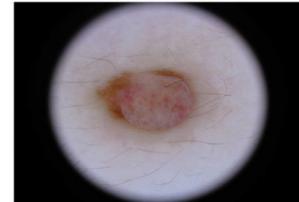
Alceu Bissoto¹ Eduardo Valle² Sandra Avila¹

¹Institute of Computing (IC) ²School of Electrical and Computing Engineering (FEEC)
RECOD Lab., University of Campinas (UNICAMP), Brazil

Paper, Code & Data: <https://github.com/alceubissoto/gan-aug-analysis>

... using pix2pixHD

Dataset **biases** may **inflate** the performance of models!



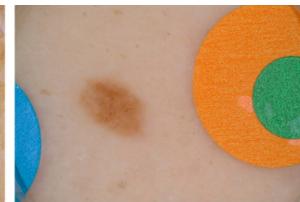
dark border



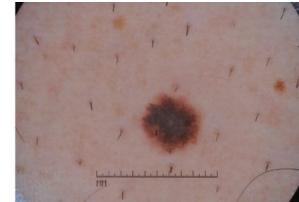
hair



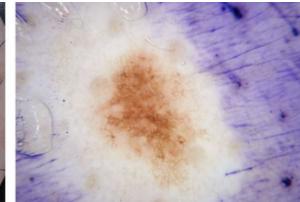
gel border



color marker



ruler



ink markings

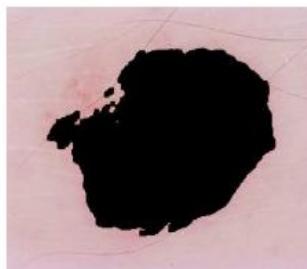
(De)Constructing Bias on Skin Lesion Datasets

Alceu Bissoto¹ Michel Fornaciali² Eduardo Valle² Sandra Avila¹

¹Institute of Computing (IC) ²School of Electrical and Computing Engineering (FEEC)
RECOD Lab., University of Campinas (UNICAMP), Brazil



traditional



only skin



bounding box

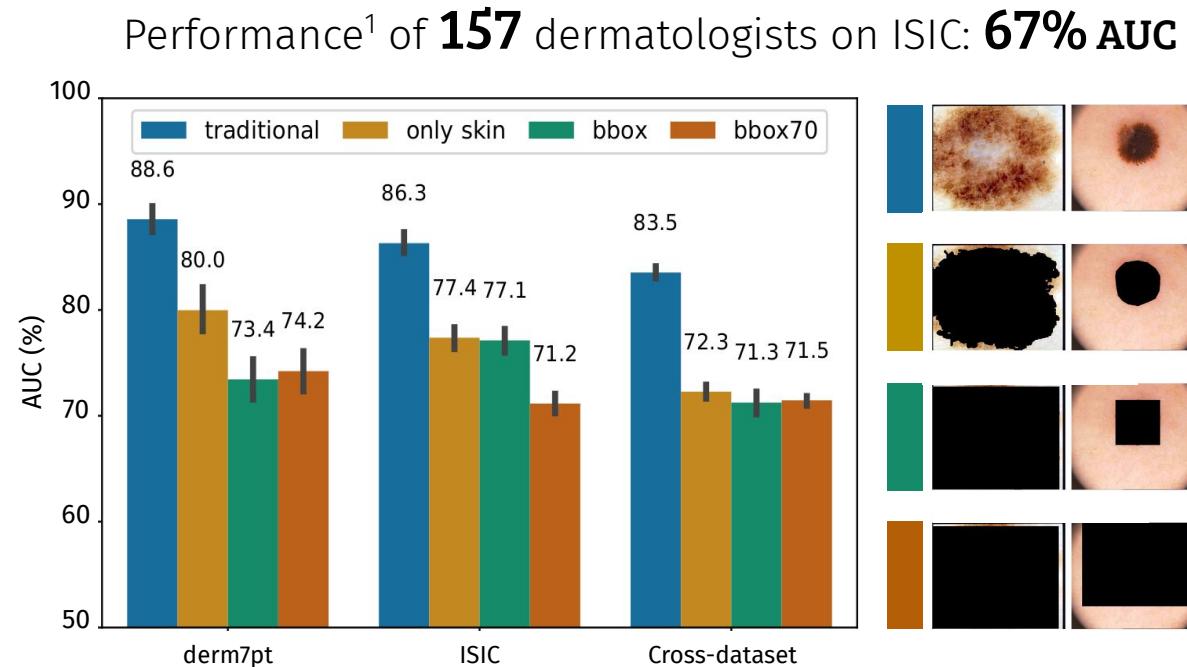
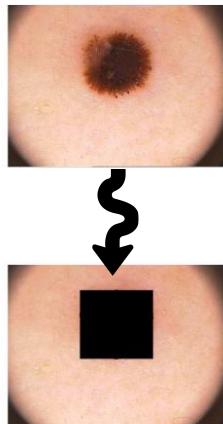


bounding box 70%

Paper, Code & Data: <https://github.com/alceubissoto/deconstructing-bias-skin-lesion>

Is it possible to be completely bias free?

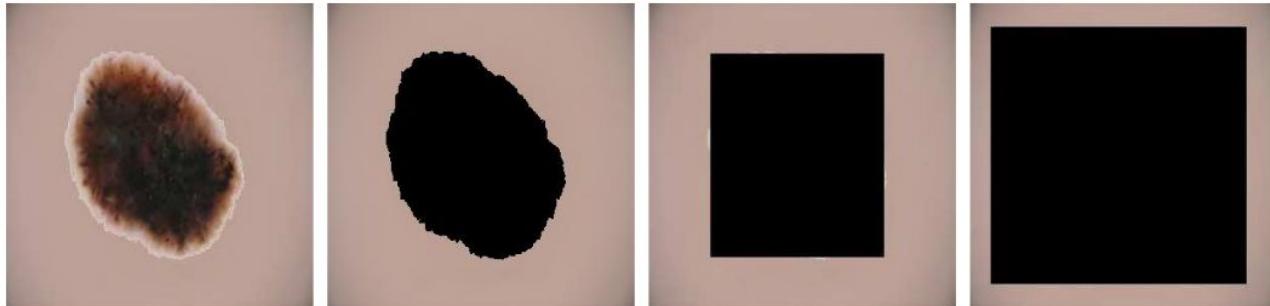
But, if we destroy the
“important” information
in the data?



Debiasing Skin Lesion Datasets and Models? Not So Fast

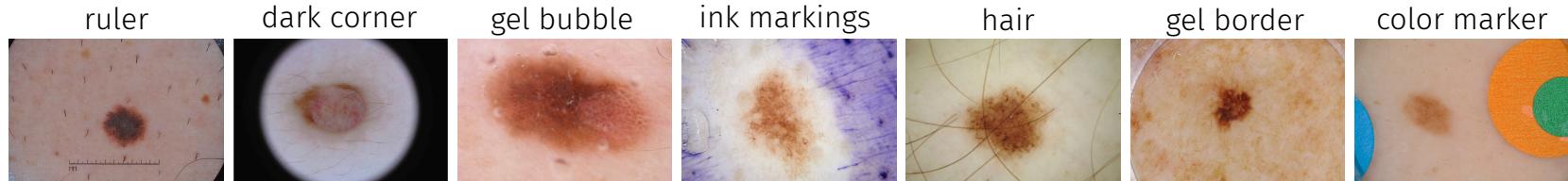
Alceu Bissoto¹ Eduardo Valle² Sandra Avila¹

¹Institute of Computing (IC) ²School of Electrical and Computing Engineering (FEEC)
RECOD Lab., University of Campinas (UNICAMP), Brazil



Paper, Code & Data: <https://github.com/alceubissoto/debiasing-skin>

Trap Sets



Train
Spearman
Correlation

0.41	0.30	-0.18	0.21	-0.26	0.12	-0.11
------	------	-------	------	-------	------	-------

Test
Spearman
Correlation

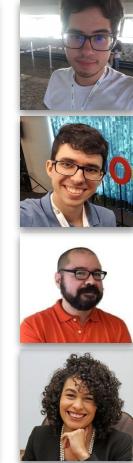
-0.67	-0.39	0.47	-0.42	0.34	-0.51	-0.16
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AN EVALUATION OF SELF-SUPERVISED PRE-TRAINING FOR SKIN-LESION ANALYSIS

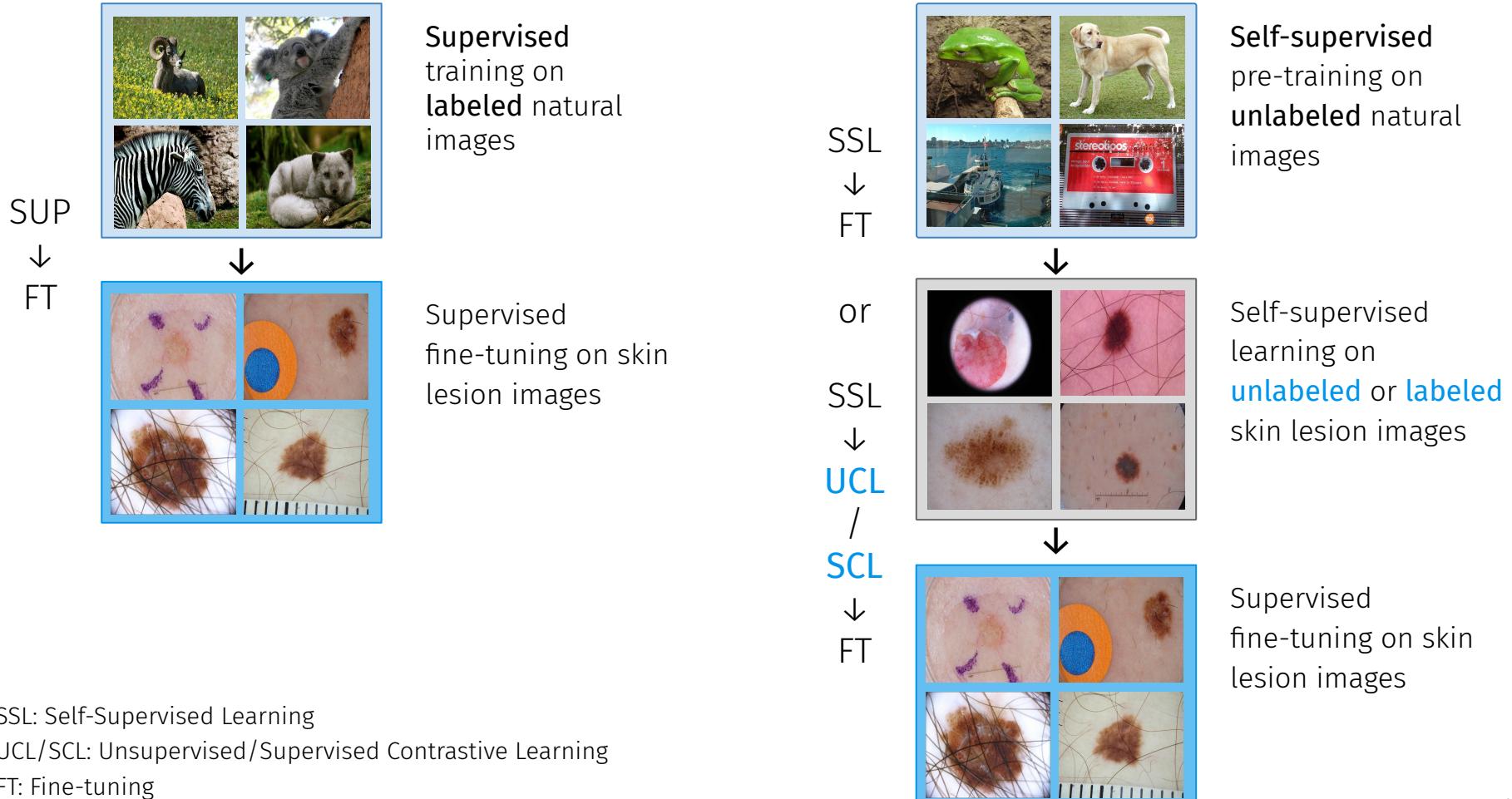
A PREPRINT

Levy Chaves¹ Alceu Bissoto¹ Eduardo Valle² Sandra Avila¹

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RECOD Lab., University of Campinas (UNICAMP), Brazil

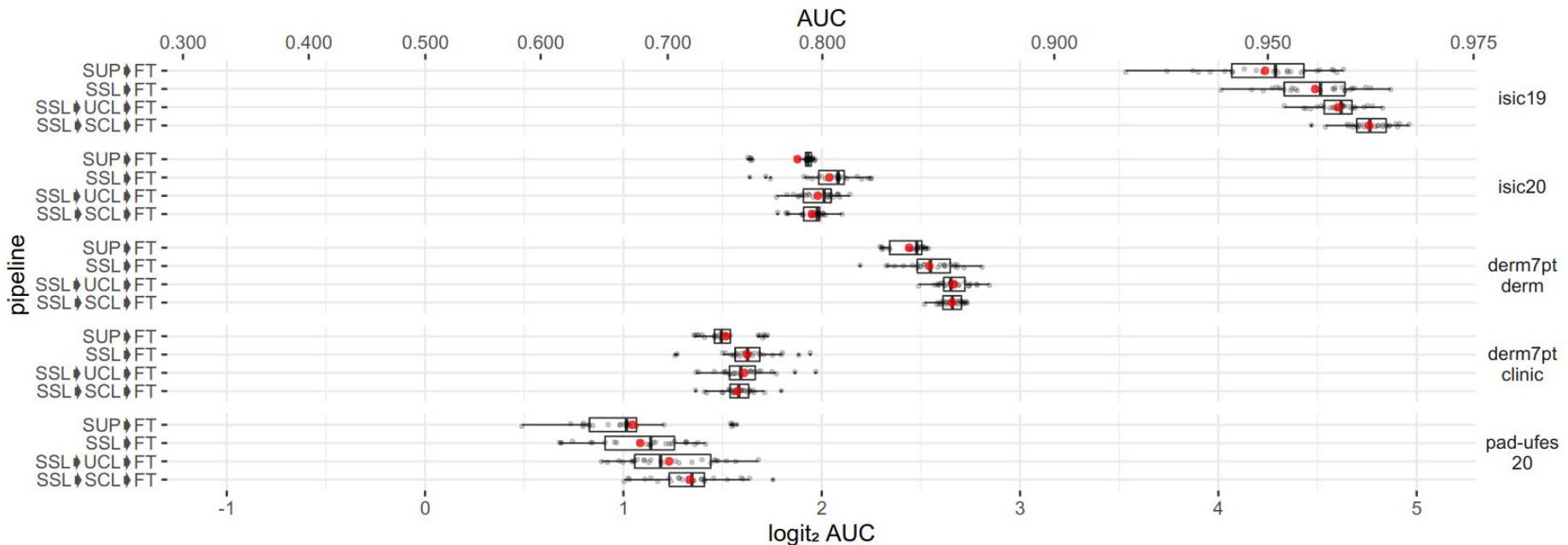


Paper, Code & Data: <https://github.com/VirtualSpaceman/ssl-skin-lesions>



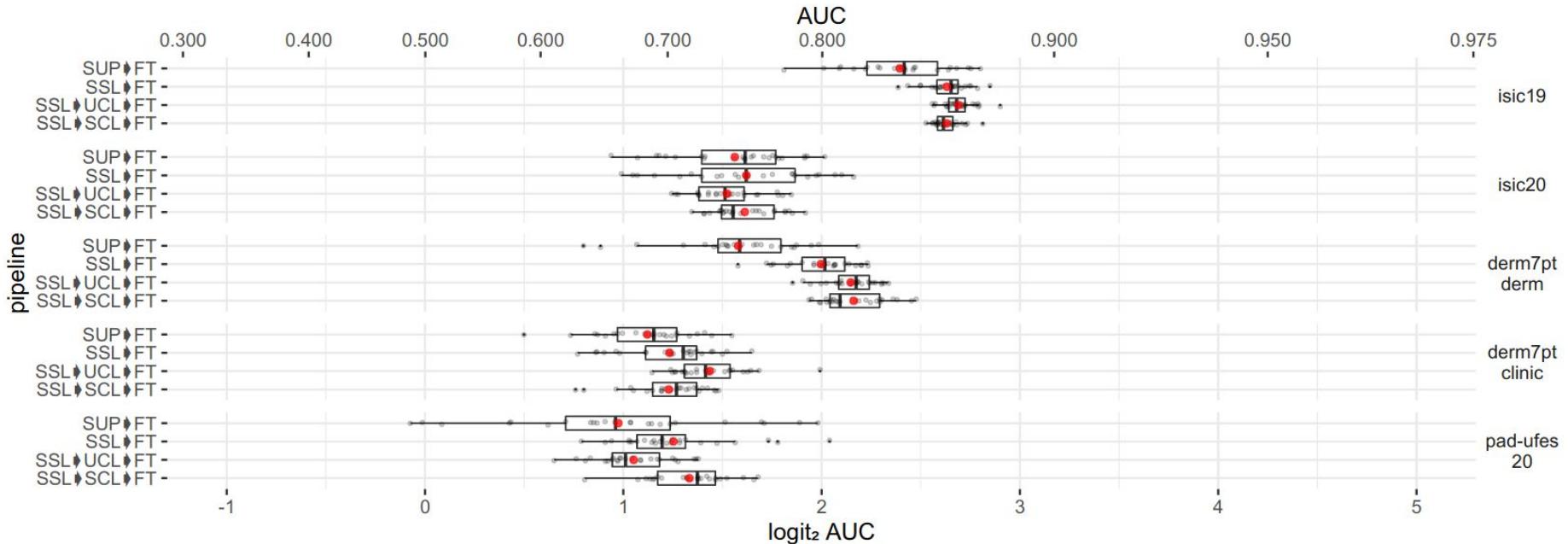
100%
of labeled images

Training on the ISIC 2019 dataset (**~15,000 images**)



10%
of labeled images

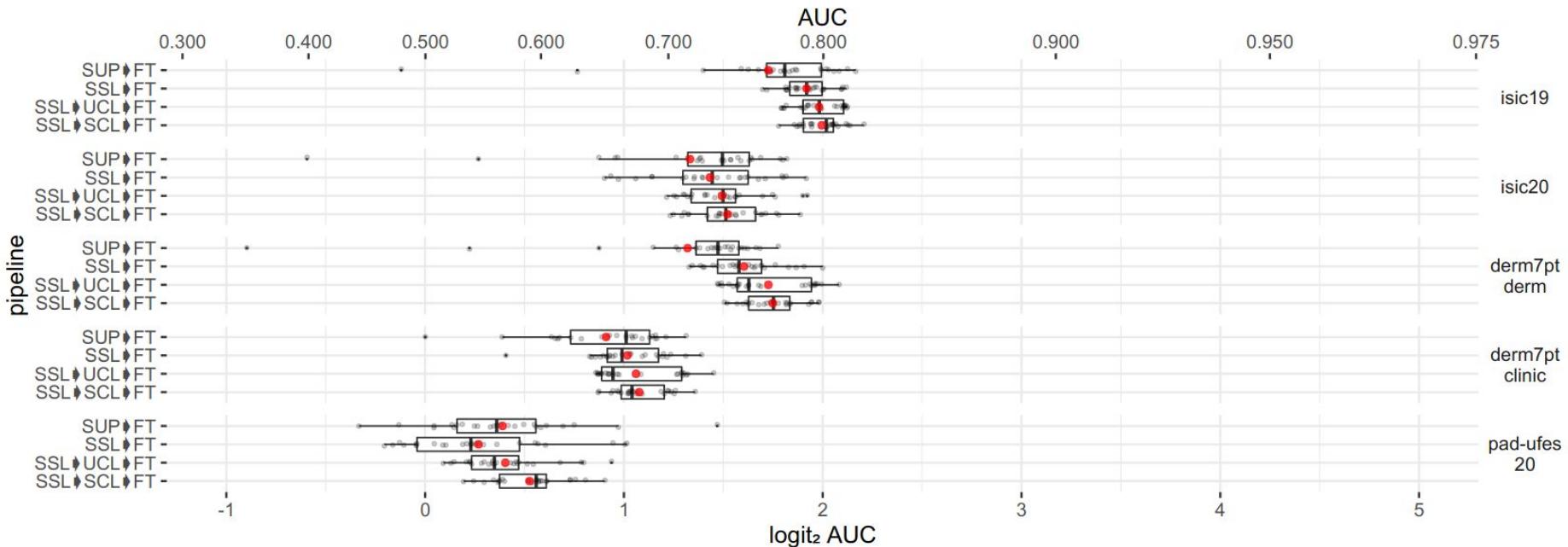
Training on the ISIC 2019 dataset (**~1500 images**)

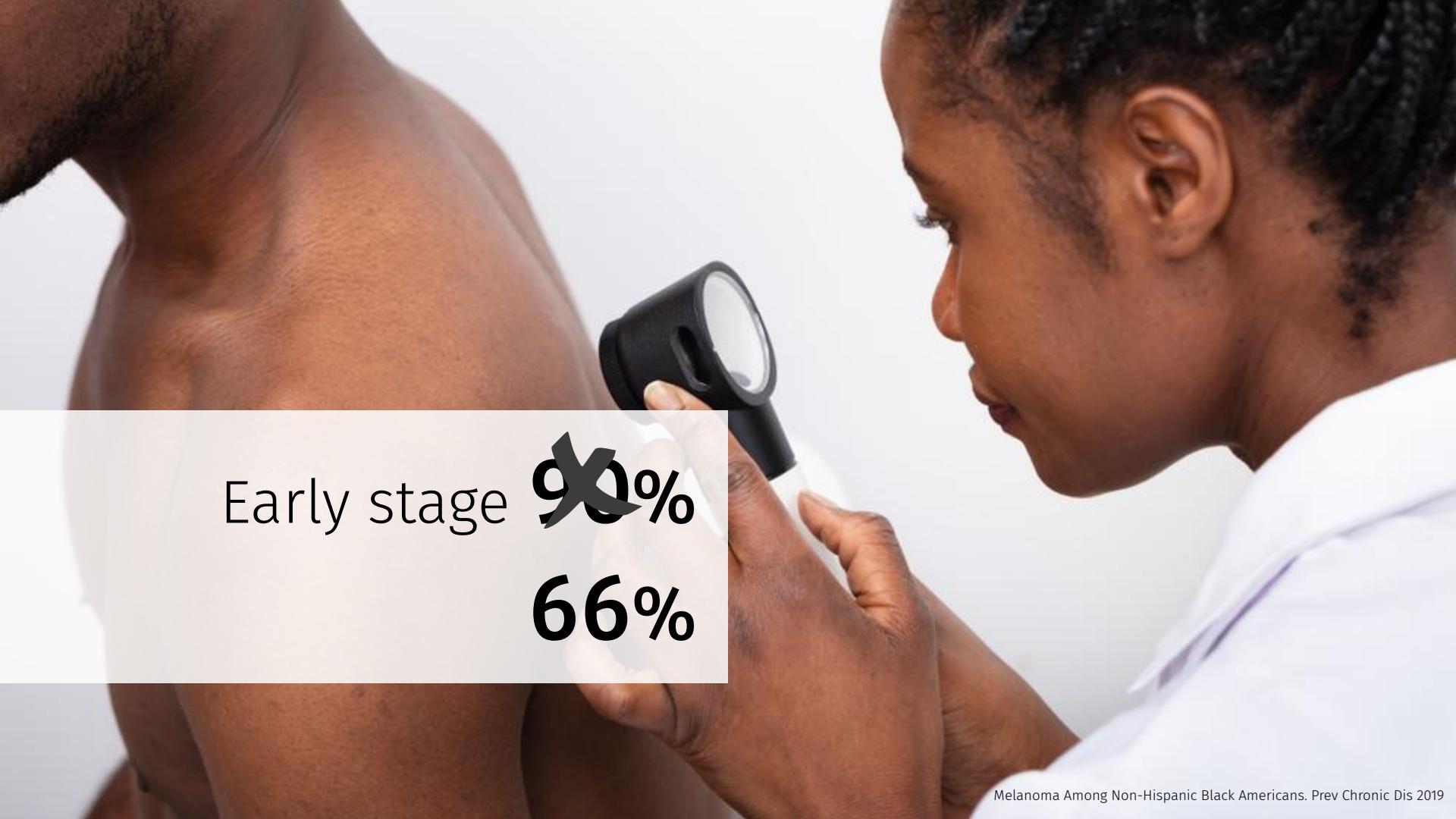


1%

of labeled images

Training on the ISIC 2019 dataset (**~150 images**)



A close-up photograph of a doctor in a white coat examining a patient's back with a dermatoscope. The patient's skin is dark. The doctor's hands are visible, holding the device. A large white rectangular overlay is positioned over the lower half of the image, containing text.

Early stage

~~90%~~

66%

Dermatology Has a Problem With Skin Color

Common conditions often manifest differently on dark skin. Yet physicians are trained mostly to diagnose them on white skin.



By Roni Caryn Rabin

Aug. 30, 2020

Dr. Jenna Lester, director of the Skin of Color Program at University of California, San Francisco.



Fairness of Classifiers Across Skin Tones in Dermatology

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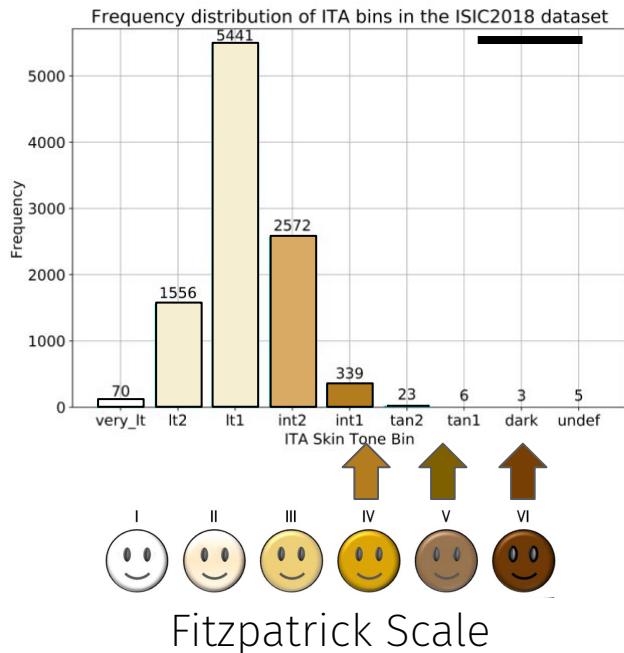
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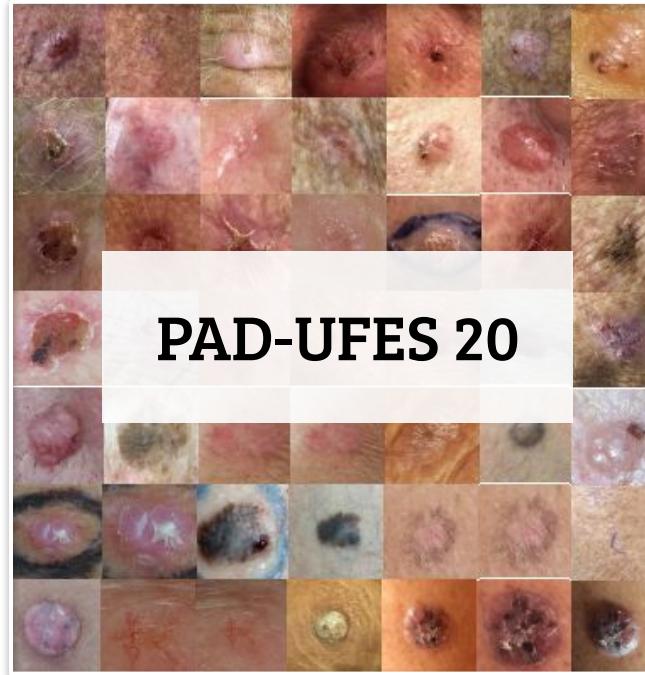
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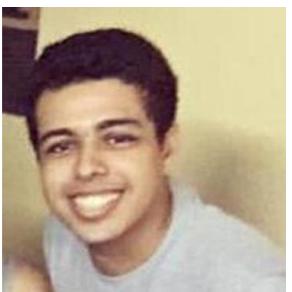
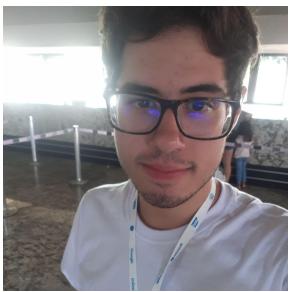
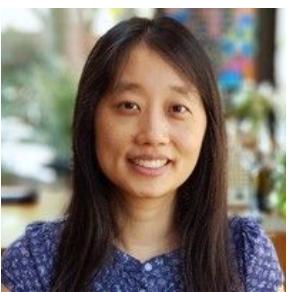




Fitzpatrick 17k



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Thanks!

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