To address this challenge, we propose a Masked Autoencoder (MAE)-based selfsupervised learning approach for retinal vessel segmentation. Additionally, we incorporate Focal Tversky Loss to handle class imbalance and Learning Rate Reduction on Plateau to adaptively adjust learning rates during training.

Methodology

Our approach consists of MAE-based pretraining, vessel segmentation using the pretrained encoder, and adaptive training techniques to improve performance.

MAE for Feature Learning

- A ResNet-inspired encoder extracts meaningful hierarchical features.
- · The decoder reconstructs randomly masked patches to enforce robust vessel representation learning.
- The pretrained MAE encoder is later fine-tuned for segmentation.











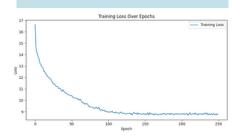






Retinal Vessel Segmentation

- · The pre-trained MAE encoder serves as the backbone for a segmentation model.
- The decoder progressively upsamples latent representations to reconstruct vessel structures.
- Dataset Structure: Retinal vessel images from a structured dataset (train, test, validation).





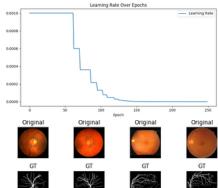
Focal Tversky Loss for Class Imbalance

- Retinal vessel datasets are highly imbalanced, with vessels occupying a small fraction of the image.
- Focal Tversky Loss balances false positives and false negatives while focusing more on difficult-toclassify pixels.

$$L_{FT} = \sum_{c=0}^{C-1} (L_T^c)^{1/\gamma}$$

Learning Rate Reduction on Plateau

- Dynamically reduces the learning rate when validation loss plateaus.
- Prevents overfitting and ensures smoother convergence.













Future Work

Dataset Expansion & Domain Adaptation

· Augment training data and improve cross-domain generalization.

Enhancing Model Performance

• Incorporate attention mechanisms such as Vision Transformers (ViTs).

Clinical Application & Deployment

• Optimize for real-time processing in clinical settings.

Conclusion

This study demonstrates that MAEbased self-supervised learning effectively improves retinal vessel segmentation by learning meaningful vessel structures before fine-tuning. The use of Focal Tversky Loss helps handle class imbalance, ensuring better segmentation of thin and complex vessels, while LR Reduce on Plateau dynamically adjusts the learning rate to prevent overfitting and stabilize training. These techniques together enhance model robustness and generalization.

Future work will focus on expanding the dataset, integrating attention mechanisms, and optimizing real-time **deployment** for clinical applications. With further improvements, this approach has the potential to significantly contribute to automated retinal disease diagnosis, aiding early detection and treatment planning in ophthalmology.

Reference

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