

# Ocular Disease Prediction with CNNs

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Lou Hines

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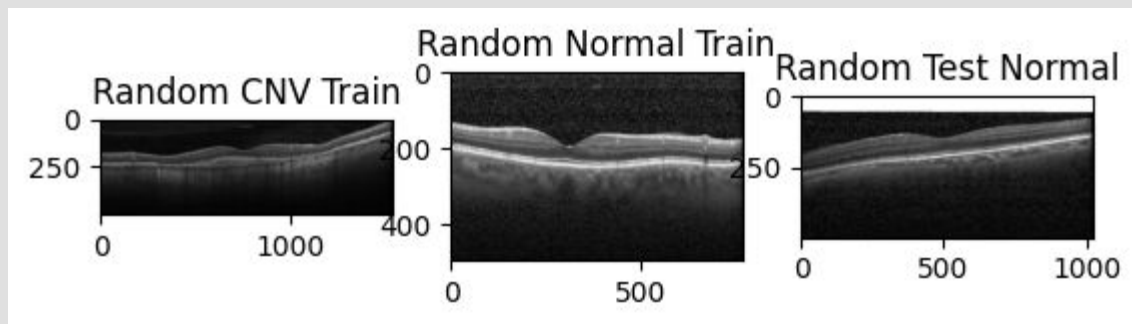
# Optimizing Models to Predict Ocular Disease

AI really shines in medical profession, where recent technologies are able to create advanced mRNA vaccines, predict diabetes well ahead of other techniques, and catch missing heart attack diagnoses.

In this spirit, we optimized models using **OCT retinal scans to detect CNV**, (Inflammatory Choroidal Neovascularization), a degenerative ocular disorder commonly resulting in blindness, using a subset of data from *Cell*.

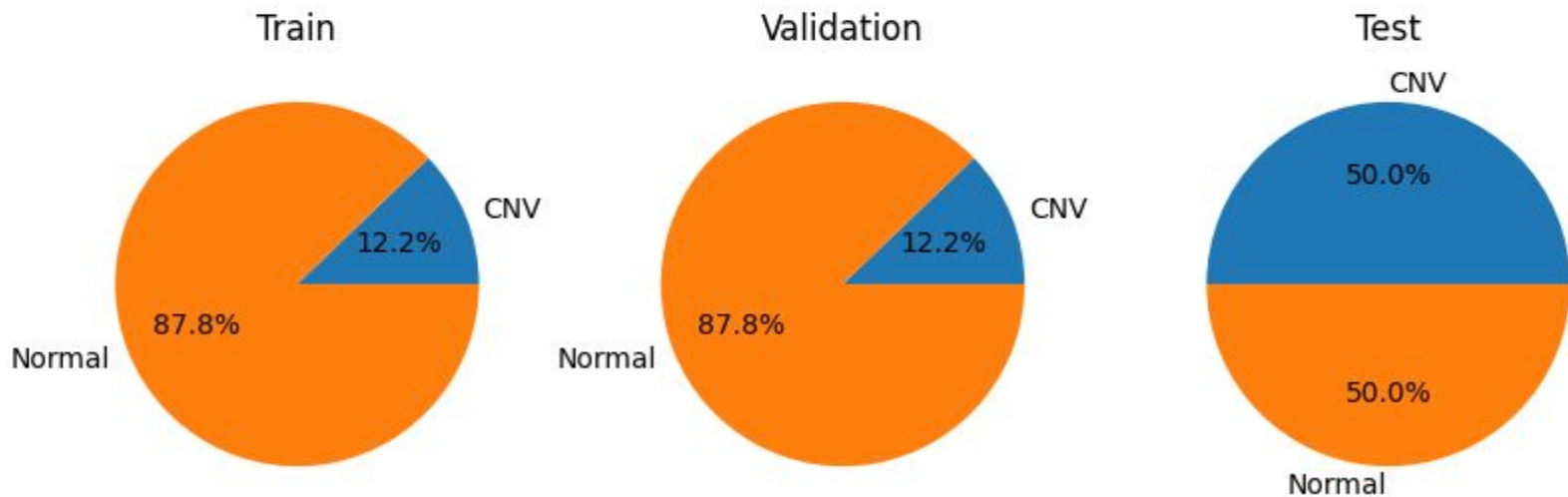
***Especially given SARS-CoV-2, early and quick detection of virally-induced disorders is complementary to this understanding.***

# EDA:

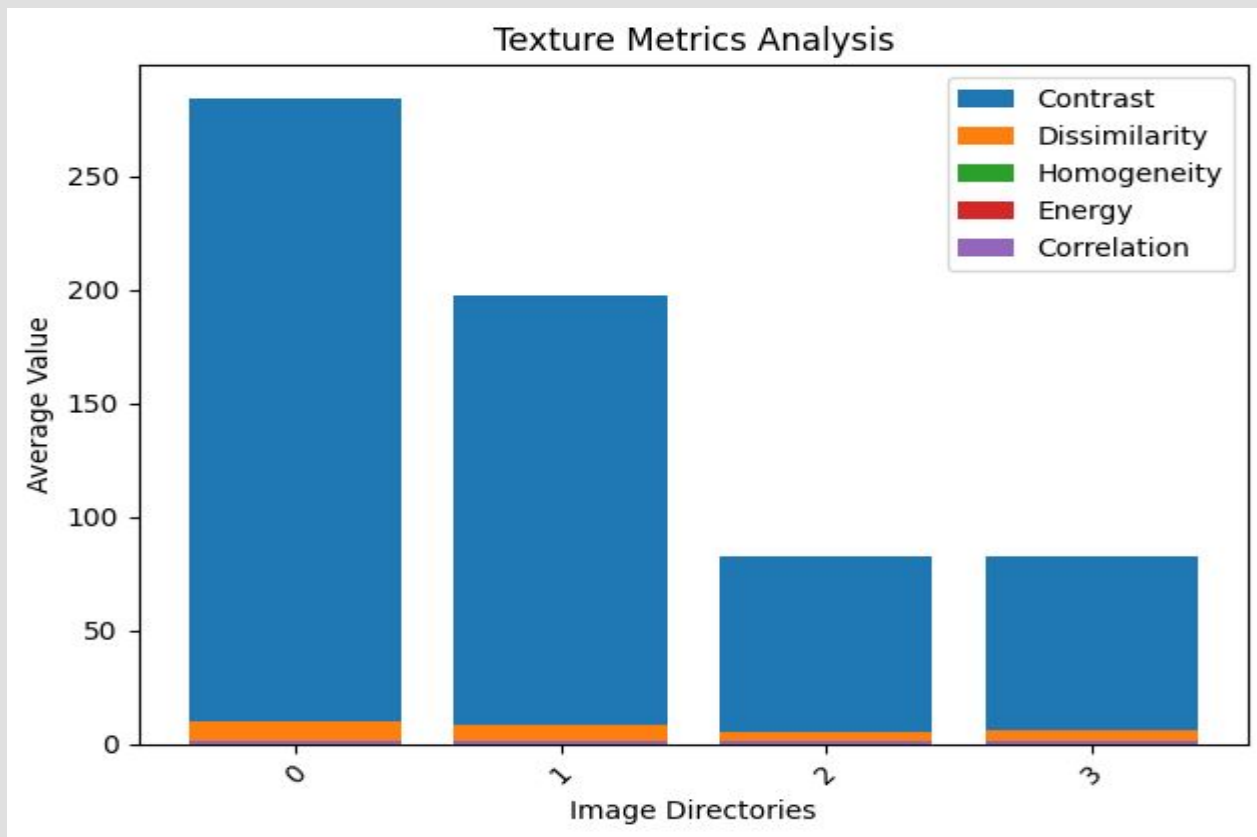


# EDA:

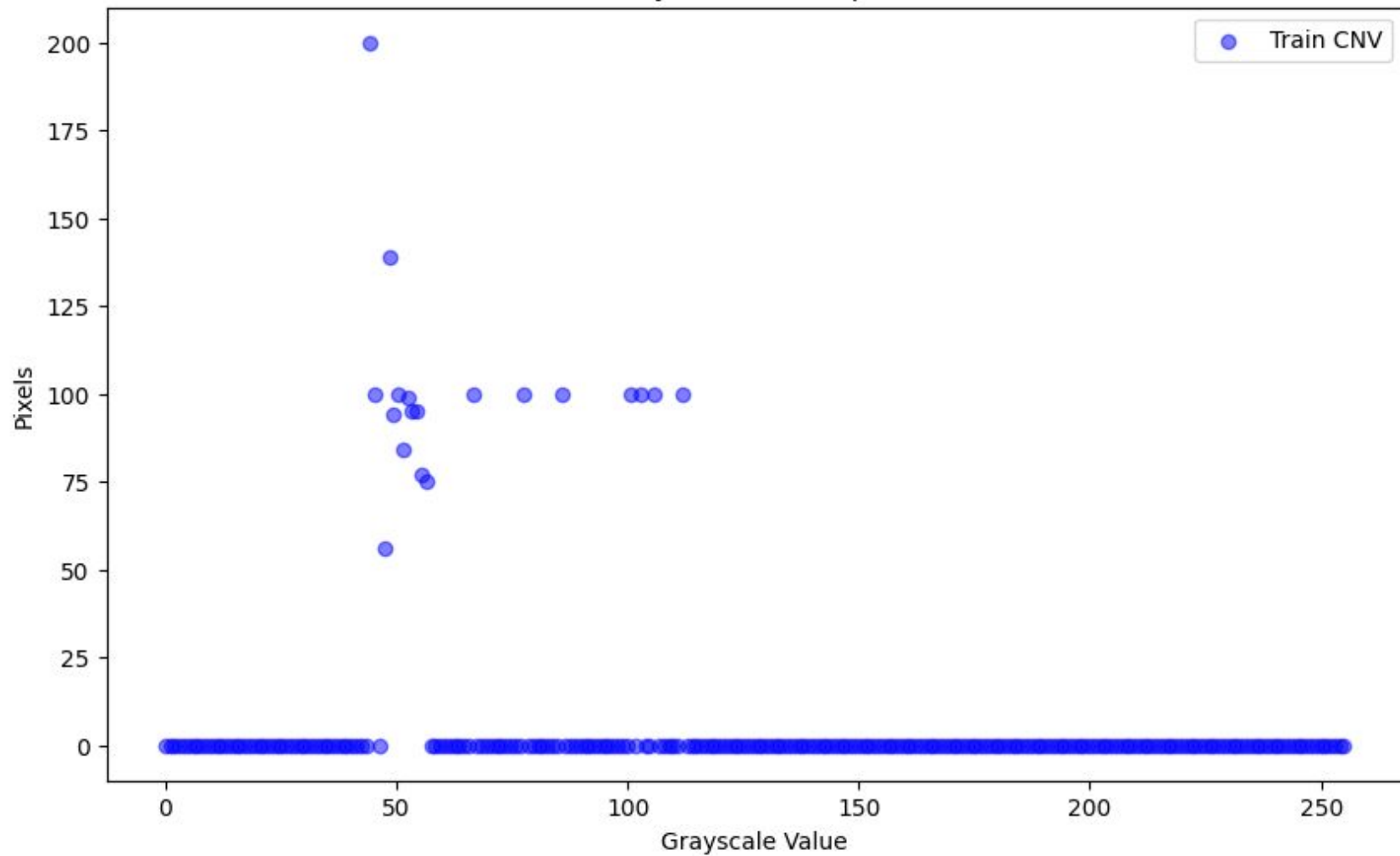
Class Balances in Train, Validation, and Test Sets



# EDA:



Grayscale Scatterplot



# Modelling

Model: "sequential\_5"

Layer (type)	Output Shape	Param #
=====		
conv2d_14 (Conv2D)	(None, None, None, 32)	320
max_pooling2d_10 (MaxPooling2D)	(None, None, None, 32)	0
conv2d_15 (Conv2D)	(None, None, None, 64)	18496
max_pooling2d_11 (MaxPooling2D)	(None, None, None, 64)	0
conv2d_16 (Conv2D)	(None, None, None, 64)	36928
flatten_4 (Flatten)	(None, None)	0
dense_8 (Dense)	(None, 64)	2560064
dense_9 (Dense)	(None, 2)	130
=====		
Total params: 2615938 (9.98 MB)		
Trainable params: 2615938 (9.98 MB)		
Non-trainable params: 0 (0.00 Byte)		

Fairly vanilla downsampled CNN with standard filters/kernels, optimization(adam), layer types and sequences, etc. 5 epochs. Added padding to input layer only. Utilized categorical cross-entropy and softmax and ran 50 epochs.



# Other Models Tried:

## CNN without MaxPool

Replaced MaxPool with striding, as per the Springenberg et al paper:

<https://arxiv.org/pdf/1412.6806.pdf>

Fairly strong results but not an overall improvement compared to our more vanilla model.

## VGG16

Extremely time-intensive, but literature (if not our early results) seems promising. Uses pre-trained datasets.

# More Models Tried:

## CNN with Increased Filters

Doubled filter sizes in input and hidden layers in different models. Did not see improvement.

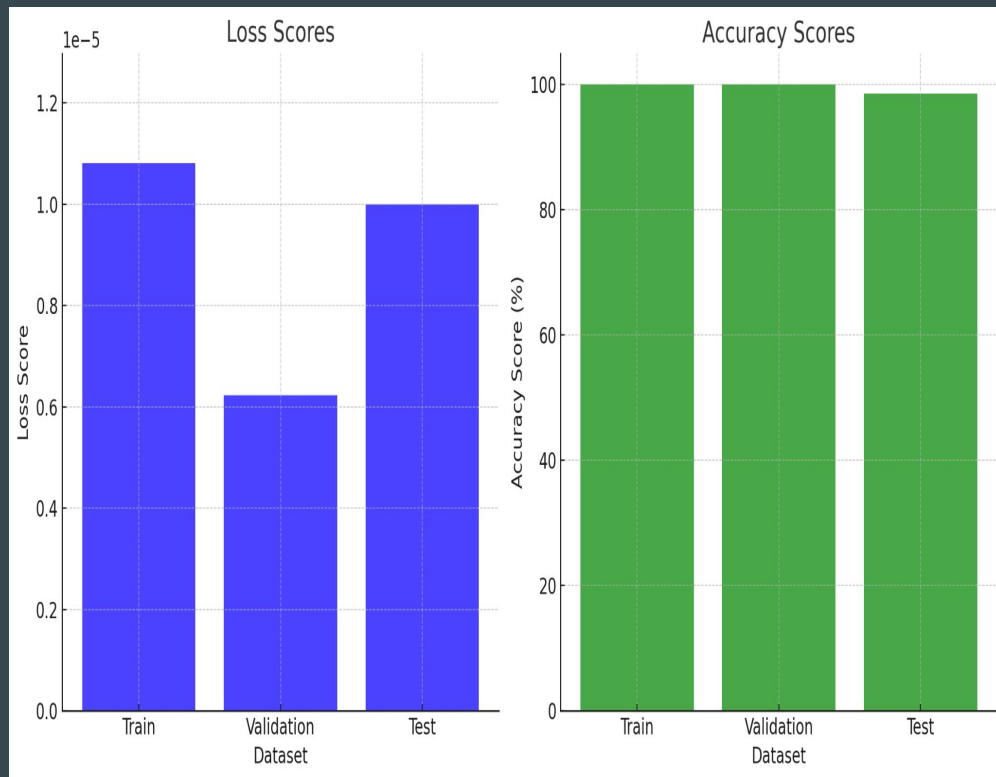
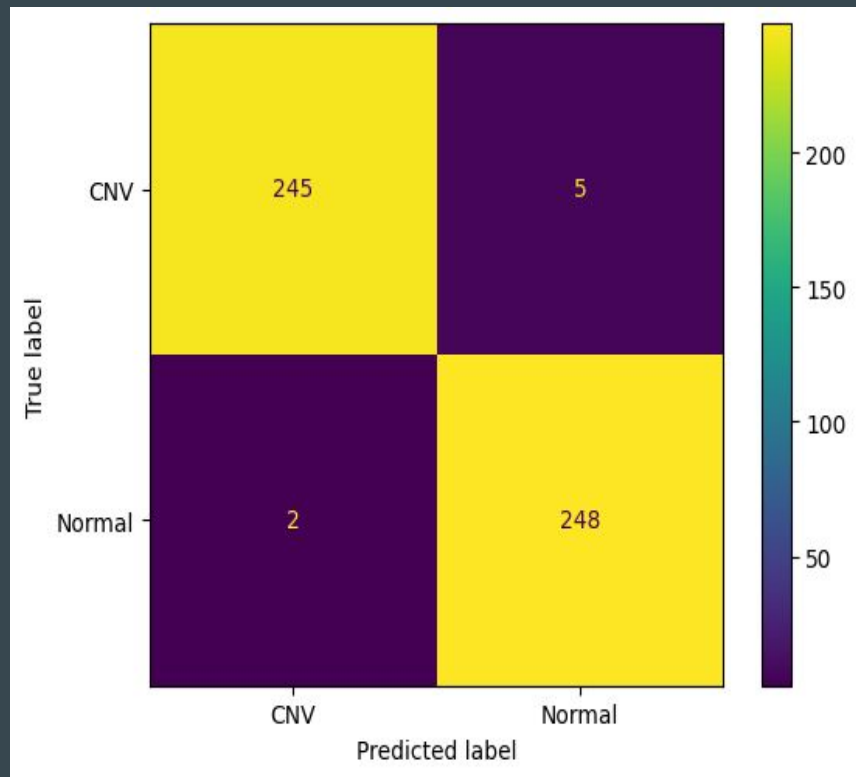
## CNN with Increased Learning Rate

Adjusted from default .001 to .01. Major drop-off in scores.

## CNN without Downsampling or Striding (1 Epoch)

Achieved strong results (average test accuracy of 98.5% over 100 evaluations) but was too time-consuming and we needed more epochs to feel confident in our outcome.

# Results



# Suggestions

## Save time!

- Batch process hundreds of images in seconds!
- Thousands in minutes!

## Save money!

- Less time reviewing test results = more patients can be seen

## Improve diagnostic accuracy

- Accurately diagnose disease, saving on expensive resources using multiple diagnostics

## For Future:

Work more with VGG16: seems promising, but must optimize computation time.

Visualize activation layers for better model understanding.

Optimize for image noise, and make contrast more consistent.

Run more epochs (eg, 100) to improve false negatives.

Questions?

# Contact Info



Lou Hines, Data Scientist

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[lou.m.hines@gmail.com](mailto:lou.m.hines@gmail.com)

<https://www.linkedin.com/in/lou-hines-data-scientist/>