

## Distilling Blackbox to Interpretable models for Efficient Transfer Learning



Shantanu Ghosh<sup>1</sup>, Ke Yu<sup>2</sup>, Kayhan Batmanghelich<sup>1</sup>

<sup>1</sup>Dept. Of Electrical and Computer Engineering, Boston University <sup>2</sup>Intelligent Systems Program (ISP), University of Pittsburgh





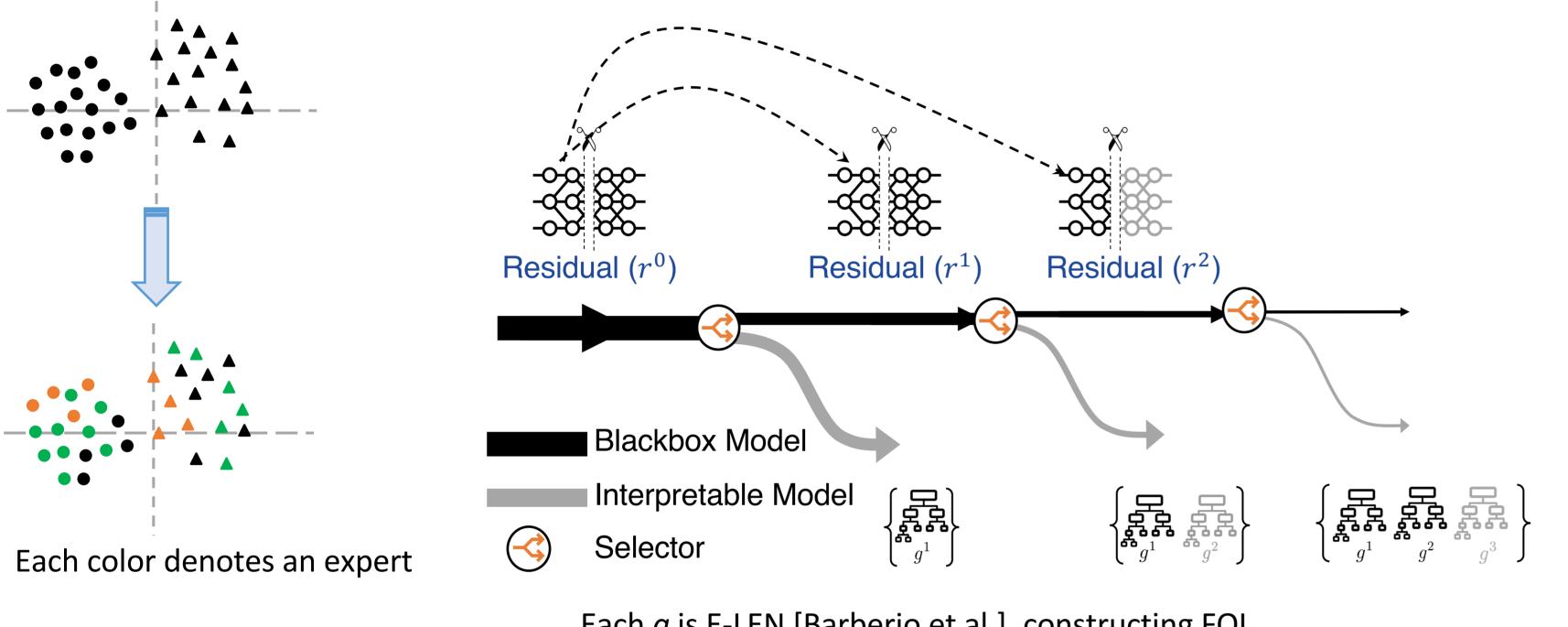
TLDR: Extracting a mixture of interpretable models from a BlackBox to provide concept-based explanations for efficient transfer learning.

#### Motivation

- Neural Networks fail to generalize due to scanner types, disease subtypes, patient subpopulation.
- Fine-tuning a Blackbox to a new domain can solve this issue.
- This is data and computationally expensive.
- Whole process is not interpretable.
- Radiologists search for patterns of anatomical changes and apply generalizable logical rules for disease diagnosis.

# **Assumptions** right upper lobe left lower lobe Consolidation heart size • • • • • •

#### Carve out interpretable models from Black box

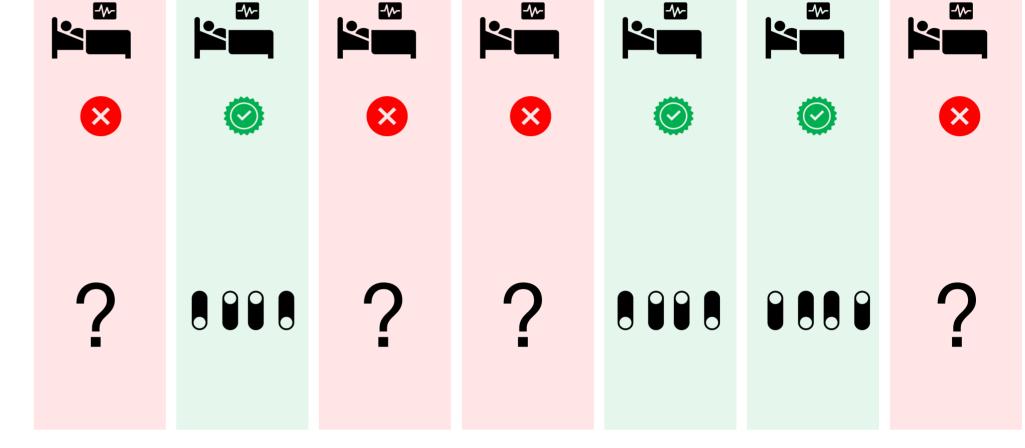


Each g is E-LEN [Barberio et al.], constructing FOL

\*SelectiveNet [Geifman et al.] optimization \*Continue till at least 90% samples covered \*The experts are trained sequentially.

### **Data efficient Transfer Learning**

- Apply source black box on the target domain.
- Use concepts from matching patients



- Propagate the concepts and update the concept extractor
- Update the selectors and the experts for 5 epochs on the target domain.

## **Extract concepts from MIMIC-CXR using** Radgraph NLP pipeline

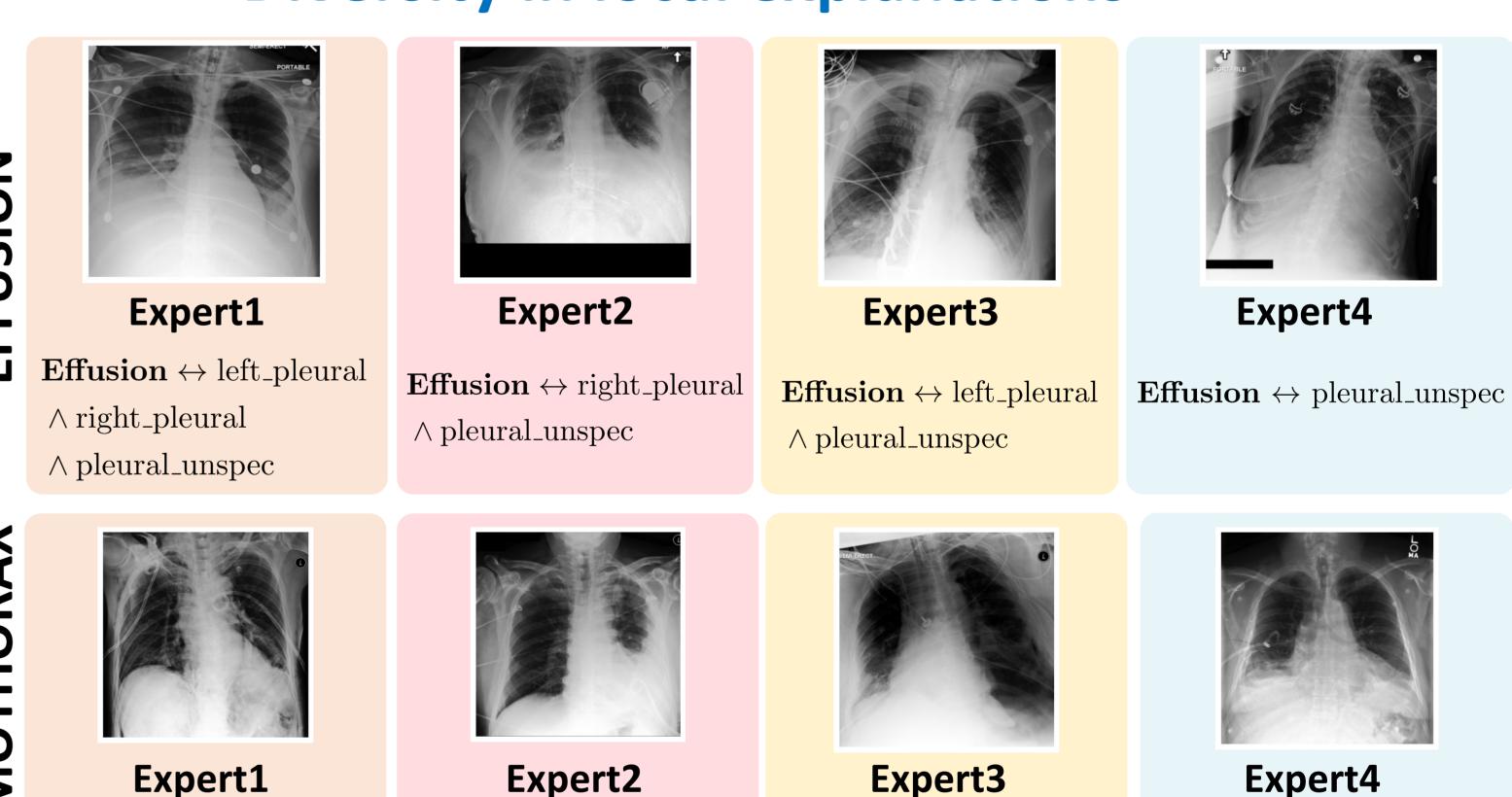


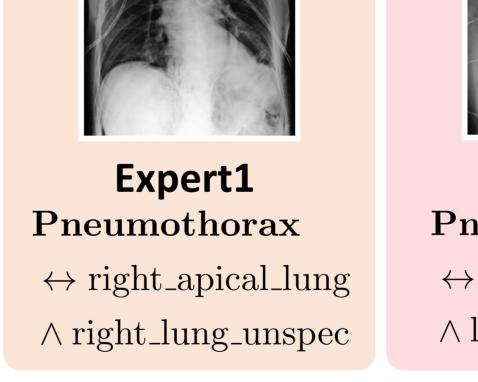
Ke Yu et al., MICCAI, 2022

## Report:

Right upper lobe consolidation with adjacent. While this may be infectious in nature, a CT scan is recommended for further clarification.

### Diversity in local explanations

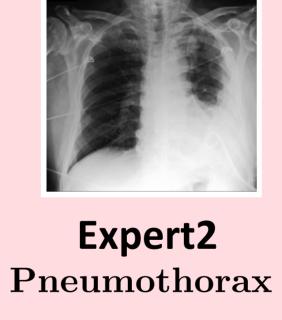




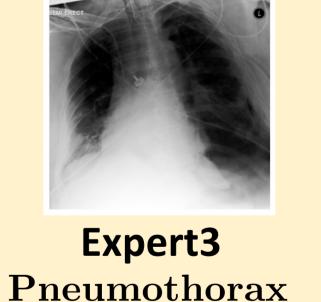
% of training samples

log(Flops) (T)

 $10^{-2}$ 



 $\leftrightarrow$  emphysema  $\land$  left\_lung\_unspec



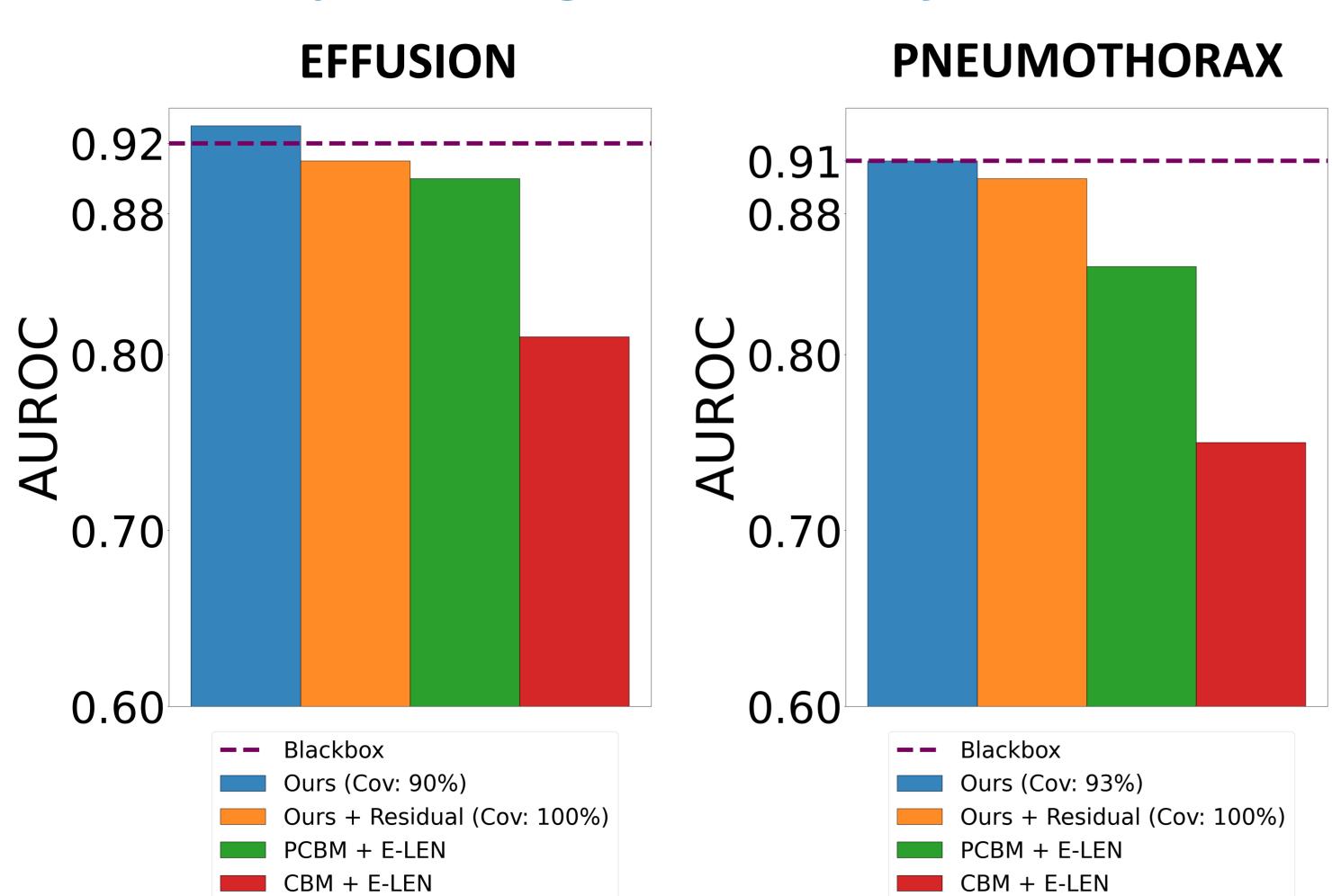
 $\leftrightarrow$  left\_apical\_lung

Expert4

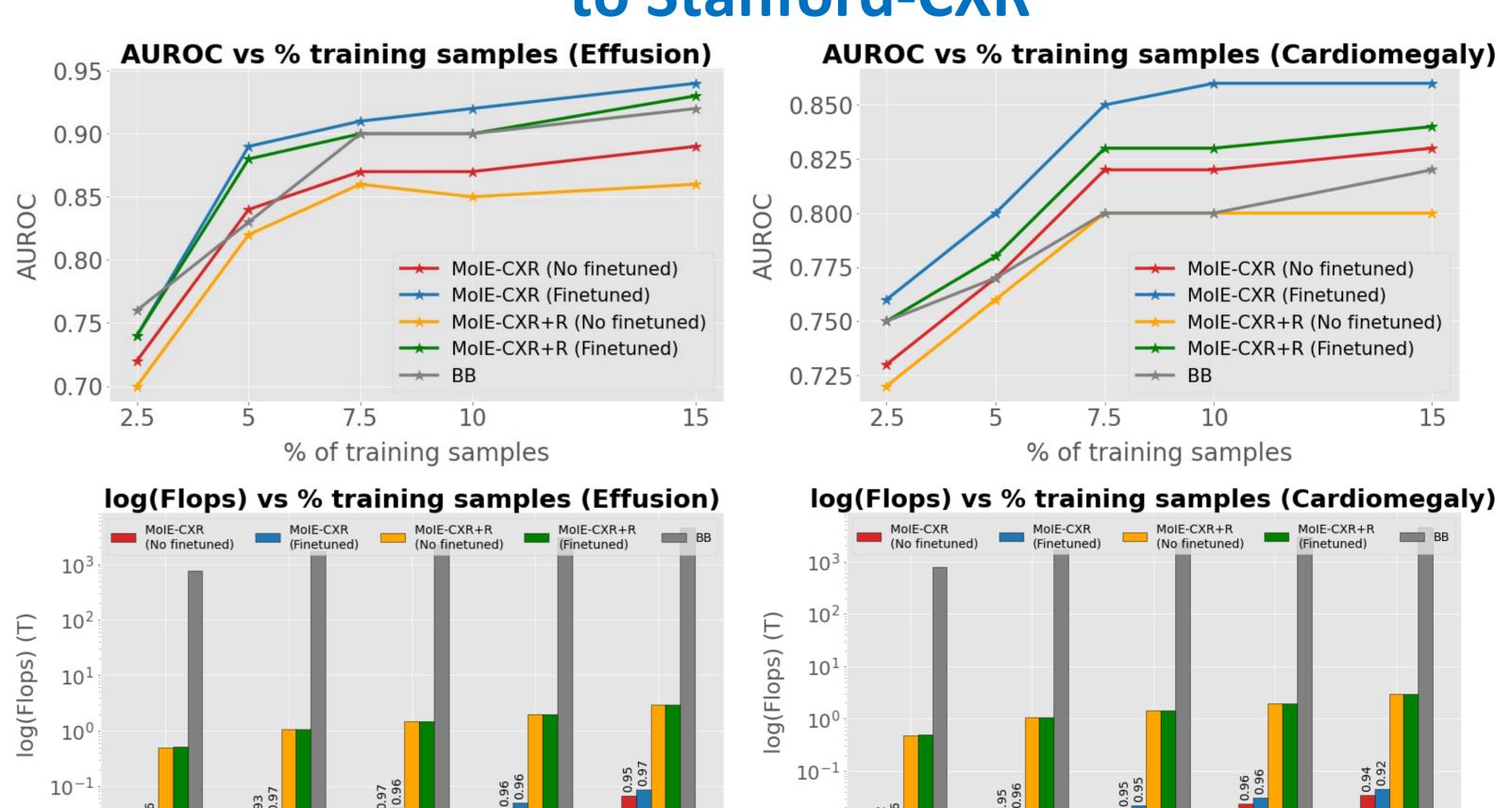
Expert4

Pneumothorax  $\leftrightarrow$  right\_apical\_lung

## Not compromising the accuracy in MIMIC-CXR



### Transferring the first 3 experts of MIMIC-CXR to Stanford-CXR



 $10^{-2}$ 

2.5

% of training samples