# Applied Deep Learning and Generative Models in



Healthcare

Session 1: Introduction Date: Jan 11 2025



**Instructor:** Mahmoud E. Khani, Ph.D.

### Course structure and objectives

- Class format: Lecture + Lab (Jupyter notebooks for hands-on coding)
- Course material: Canvas, GitHub
- Assessments: Homework assignments, Final project
- Learning outcomes
  - Build deep learning models for medical imaging, drug discovery, etc.
  - Understand and apply generative models (e.g., GANs) in a healthcare context
  - o Critically evaluate AI models for safety, bias, and regulatory considerations

### Prerequisites

- Familiar with Python
- o Familiarity with basic ML concepts
- Familiarity with Deep Learning libraries such as PyTorch and Tensorflow.

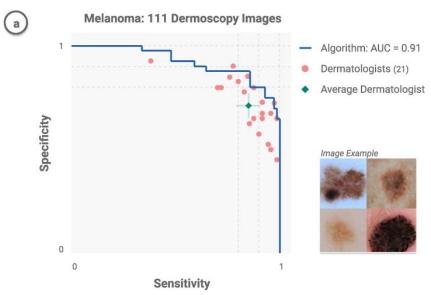
## Overview of upcoming sessions

**Session 1 (Today):** Introduction to Deep Learning in Healthcare — high-level overview of the field, course logistics, Q&A.

**Session 2:** Convolutional Neural Networks (CNNs) in Medical Imaging — typical imaging tasks (e.g., classification, detection, segmentation) and a hands-on notebook using CNN architectures (ResNet, VGG, etc.).

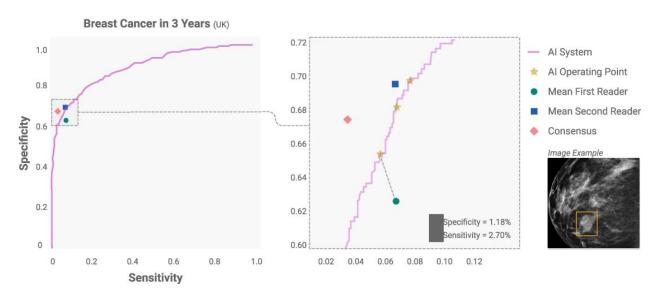
**Session 3:** Graph Neural Networks (GNNs) in Drug Discovery — how GNNs can model molecular graphs, predict protein-ligand interactions, and accelerate drug discovery pipelines.

**Transformation Potential:** From diagnostics to drug discovery, deep learning is driving innovation.



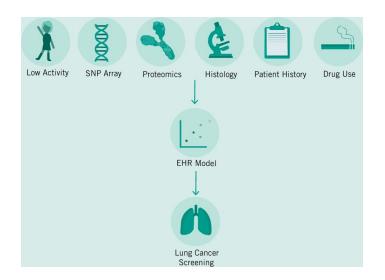
<sup>\*</sup> Esteva, A. et al. npj Digit. Med. **4 (**2021)

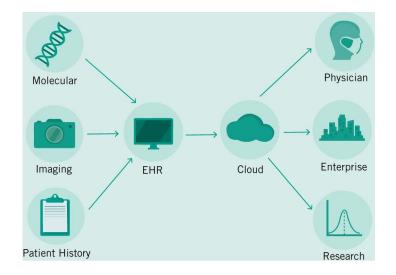
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**Data Availability:** Electronic Health Records (EHRs), medical imaging repositories, genomics data.

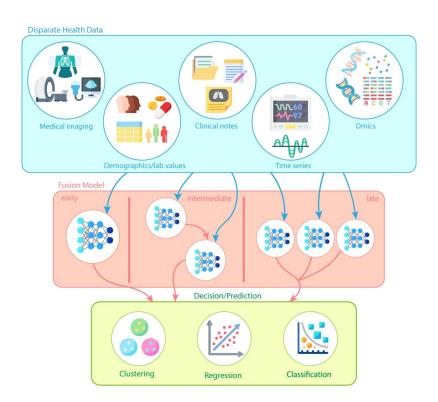




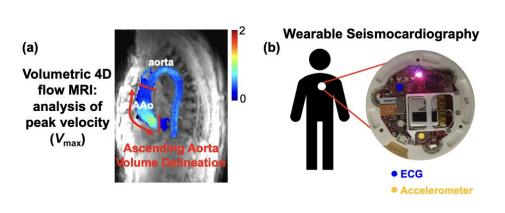
<sup>\*</sup>Agrawal, R. et al. Heredity **124** (2020)

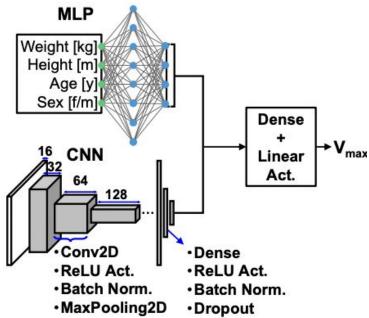
### **Complexity of Healthcare Data:**

Structured (EHRs, lab results), unstructured (clinical notes), image data (X-ray, MRI), multimodal data, etc.



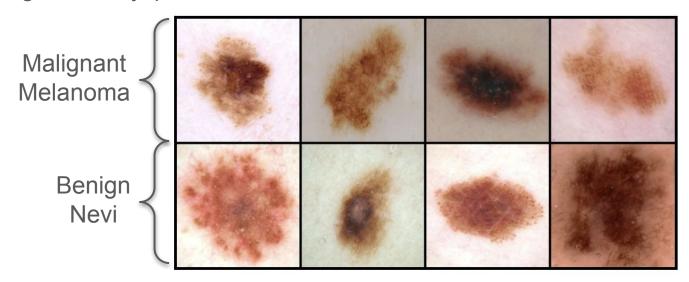
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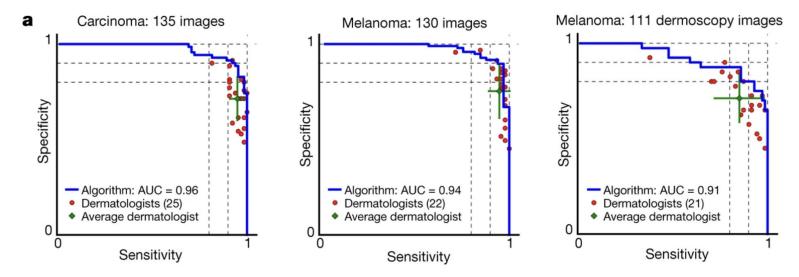
\*Khani, M. et al., Ann. Biomed. Eng. **51** (2023)

**Growing Need:** Address physician shortages, reduce medical errors, accelerate drug discovery, personalized medicine.



<sup>\*</sup>Esteva, A. et al., Nature **542** (2017)

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### Techniques used to solve this problem

**Training set** A large set of lesion images each labelled as *malignant* or *benign* (from biopsy)

**Training** Adjustment of 25 million parameters in *deep neural network* using the training set

Supervised learning For each training example, the network is told the correct label

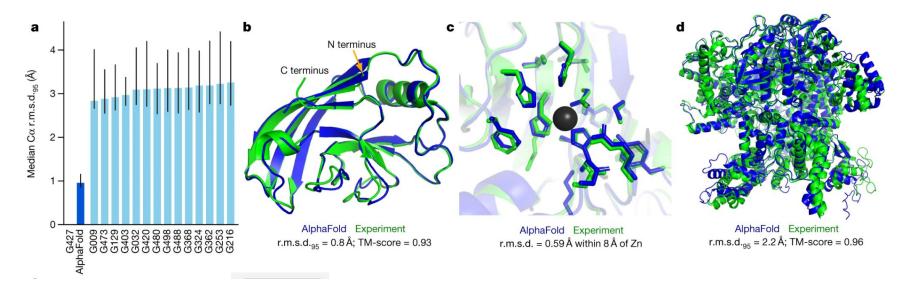
**Classification** Each input is assigned to a discrete set of classes (benign or malignant)

**Transfer learning** The deep neural network was first trained on a much larger data set of 1.28 million images of everyday objects (such as dogs, buildings, and mushrooms) and then fine-tuned on the 129,000 data set of lesion images

**Evaluation metrics** Accuracy, sensitivity, specificity, ROCAUC, confusion matrices, recall, precision, etc.

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\*\*Jumper, J. et al., Nature **596** (2021)

## GenAl in Medical Image Synthesis

Medical image acquisition is challenging:

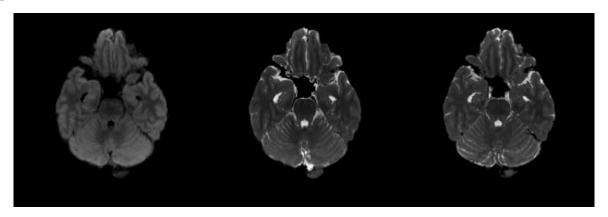
- High operational costs (technical fees, professional fees, facility fee)
- High radiation exposure (PET/CT scans expose patient to high radiation)
- Long acquisition times (motion artifacts due to patient movements)



# GenAl in Medical Image Synthesis

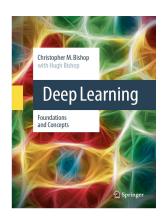
**Low-field MRI** cuts equipment and operational costs, and **low-dose PET** reduces patient radiation exposure.

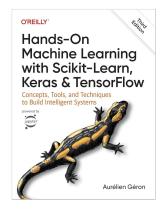
Both methods face difficulties with **image quality**, **diagnostic accuracy**, and **practical implementation**.

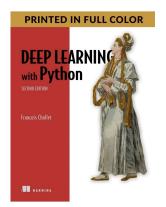


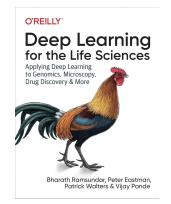
<sup>\*</sup>https://github.com/sanuwanihewa/MRSyn.git

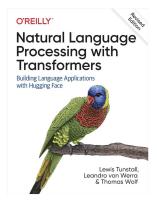
### Some useful resources











- Stanford CS230 (Deep Learning)
- MIT's 6.S191 (Introduction to Deep Learning)
- fast.ai