



# Machine learning principles and communications for material scientists

## Lecture 4: ML experimental design

September 26, 2022



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# Core of ML experimental design



- Clear objectives
  - What to predict? Why? Is ML the best answer? Human-in-the-loop
- Sufficient data collection
  - Aware of annotation/labeling cost
  - Beware of unintended biases
- Appropriate performance metrics
  - Match the objective and use case
- Be realistic + acknowledge limitation



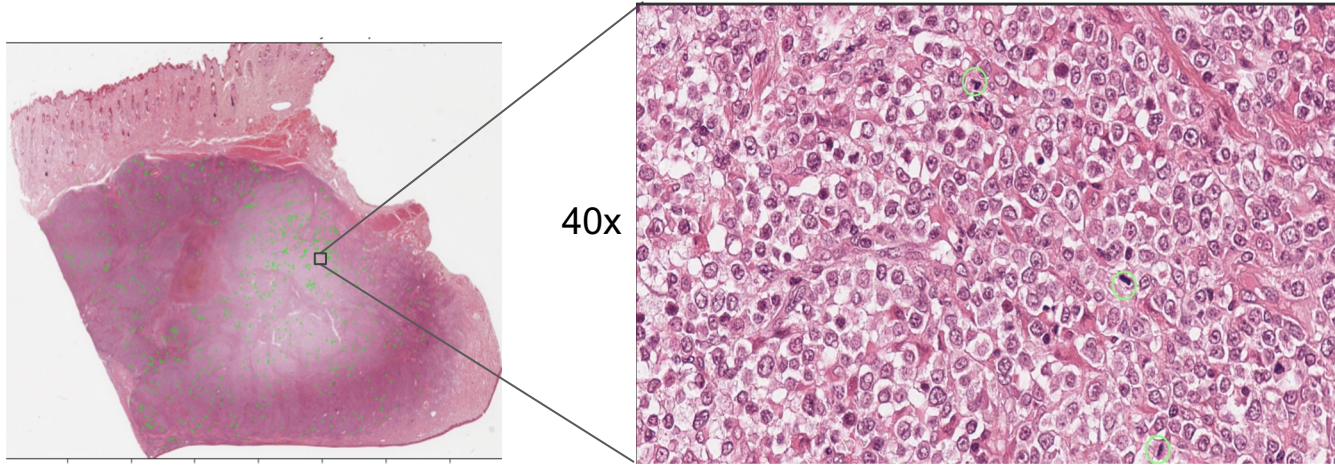
# Objectives

# Predict or not predict



- What is the pain point?
- Predictive model vs **good visualization**
  - Knowledge replaces sample size
- Level of performance required for the task
  - Can imperfect model still be useful?
- AI-only vs **human-in-the-loop**

# Focus on the pain point

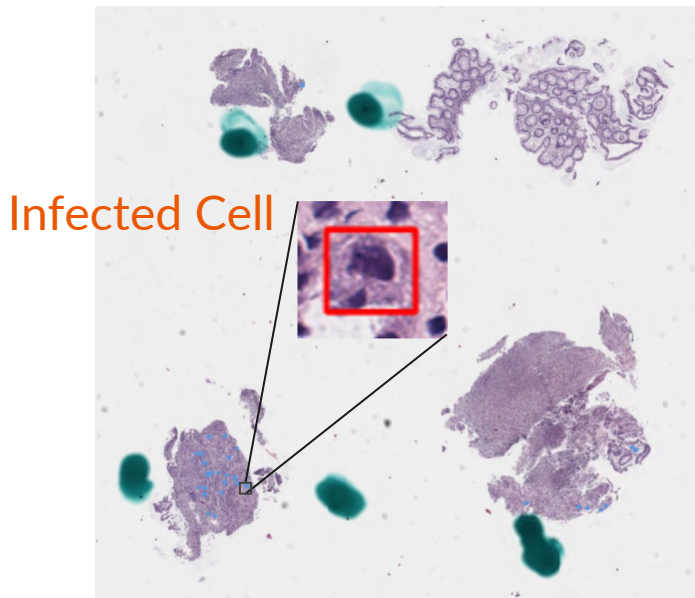


Whole Slide Image (WSI)  
(150,000 x 150,000 pixels)

Individual mitotic figures

- Pain point = inspecting the whole image
- Imperfect object detector is good enough for estimating mitotic density

# Human in the loop



## Cell-level performance

F1	Precision	Recall
17.78	10.00	<u>79.69</u>

Low precision AI due to small training data

- Provide top 10 cells with highest  $p(\text{infected})$  in each whole slide image
- 100% diagnosis when considering only proposed cells

# Feasibility



- **Theory:** Is there relationship between input and output?
- **Literature:**
  - Has something similar been done?
  - What were the data and models used?
- **Pilot:**
  - Small-scale data
  - Simple benchmark: Linear → How much can I fit the training data?
  - Leave-one-out cross-validation
    - $n - 1$  samples for training, 1 for validation



# Data collection



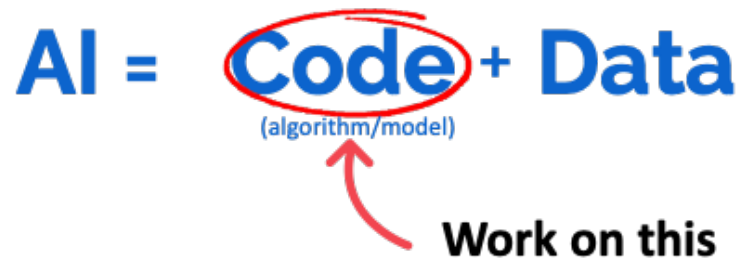
# Data-centric approach

Conventional model-centric approach:

$$\text{AI} = \text{Code} + \text{Data}$$

(algorithm/model)

Work on this



Data-centric approach:

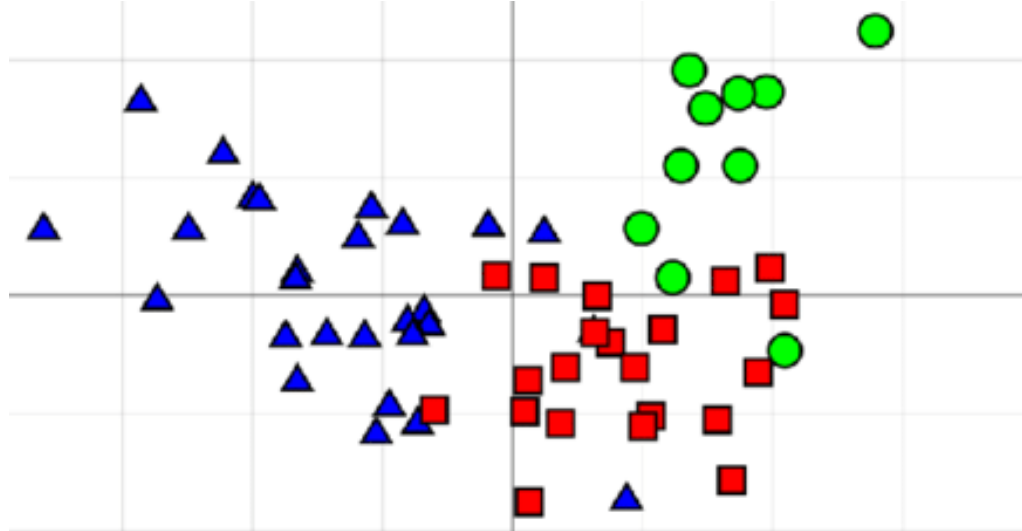
$$\text{AI} = \text{Code} + \text{Data}$$

(algorithm/model)

Work on this



# Sample size

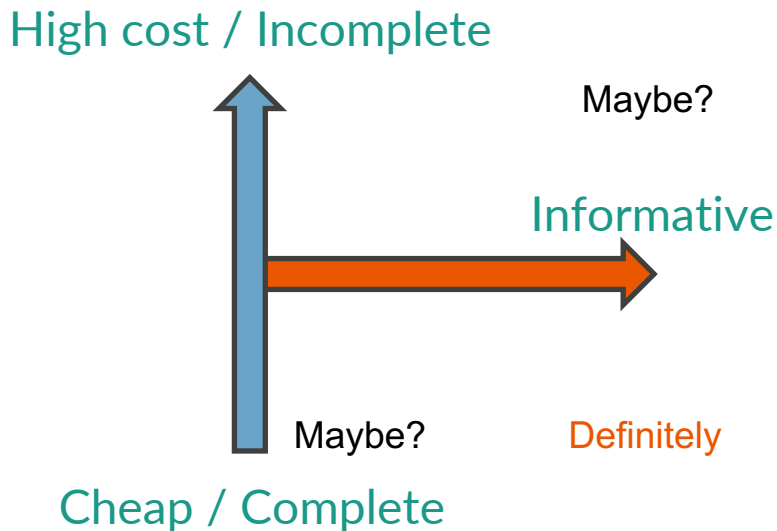


Stocchero, M. et al. Sci. Rep. 9(1):6151 (2019)

- **Objective:** Capture every mode & capture variance
  - Scale with data dimension
- **Best source:** Literature review

# Cost-driven consideration

- Input features
  - Cheap and informative: Yes
  - Costly but informative: Maybe
  - Cheap but uninformative as input
    - Error analysis
    - Is it costly to re-collect?
- Annotation / label
  - Cost vs quality
- Unlabeled data can be useful

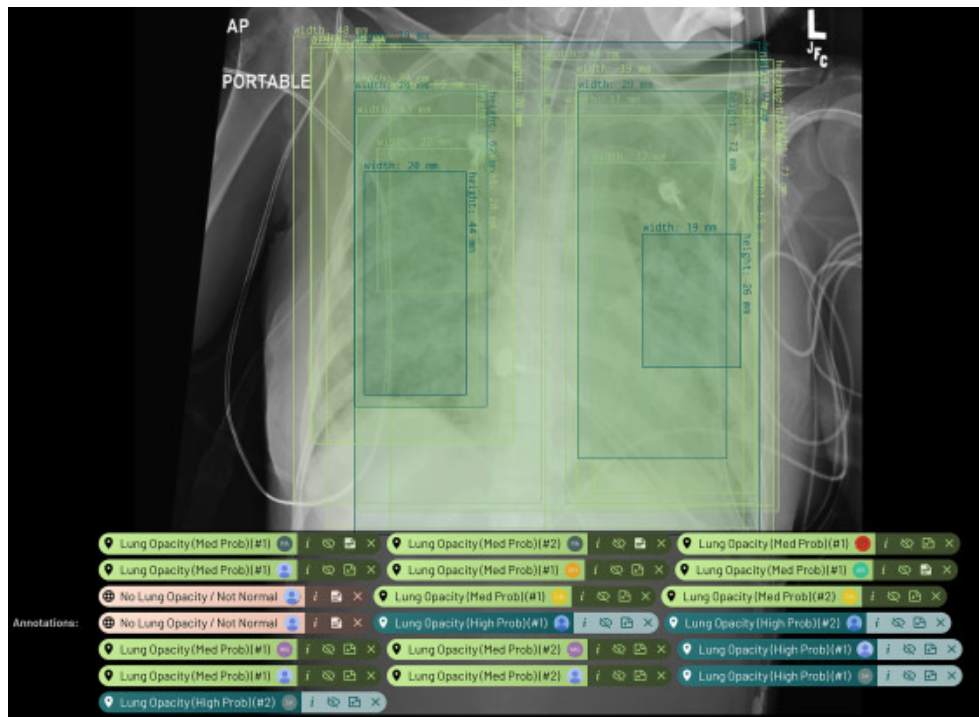


# Objective-driven consideration



- Proof-of-concept
  - Show feasibility / achievable performance of model family
- Internal use
  - Get a working model
  - Internal validation (same measurement device, data collection process)
- Public deployment
  - External validation: Performance guarantee
  - Calibration: Interpretable output probability

# Manual labeling for chest x-ray



- 30,000 CXR images
  - From >200,000 total
- 18 radiologists
- 6 months

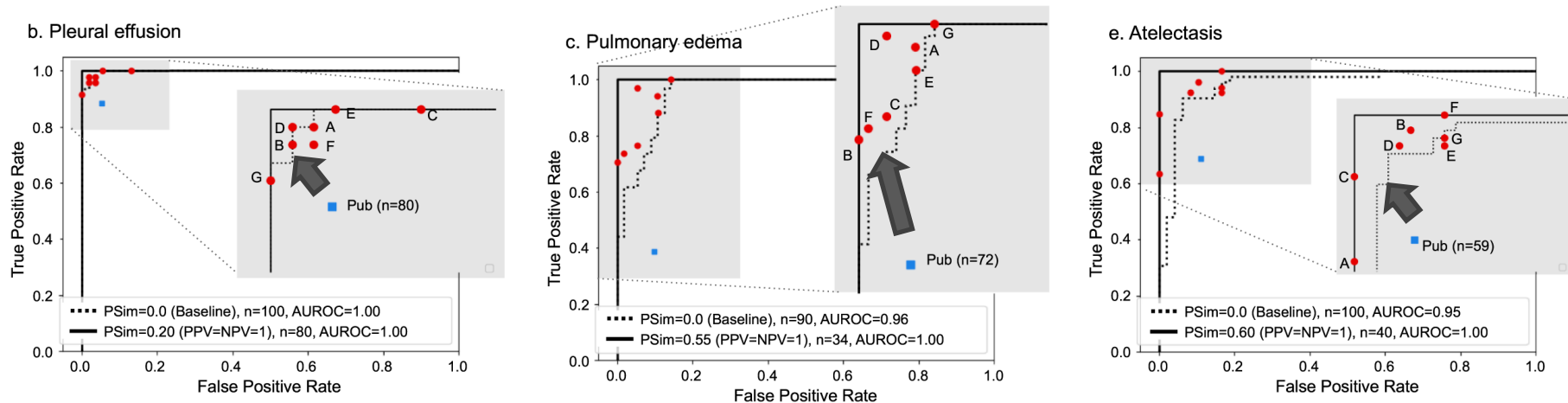
# Automated labeling for chest x-ray

Report Segment and Labels	Reasoning
<p>...two views of chest demonstrate <u>cariomegaly</u> with no focal consolidation...</p> <p>Cardiomegaly CheXpert: Blank ✗ T-auto: Positive ✓</p>	T-auto, in contrast to CheXpert, recognizes conditions with misspellings in the report like "cariomegaly" in place of "cardiomegaly".
<p>...<u>consistent with acute and/or</u> chronic pulmonary edema....</p> <p>Edema CheXpert: Positive ✓ T-auto: Uncertain ✗</p>	T-auto incorrectly detects uncertainty in the edema label, likely from the "and/or"; CheXpert correctly classifies this example as positive.
<p>...Normal heart size, mediastinal and hilar contours are <u>unchanged in appearance</u>...</p> <p>Enlarged Cardiomeastinum CheXpert: Negative ✗ T-auto: Negative ✗ CheXbert: Uncertain ✓</p>	T-auto and CheXpert both incorrectly label this example as negative for enlarged cardiomeastinum; CheXbert correctly classifies it as uncertain, likely recognizing that "unchanged" is associated with uncertainty of the condition. The condition cannot be labeled positive or negative without more information.

Smit, A. et al. <https://arxiv.org/pdf/2004.09167>

- Radiologist's written report: keywords + positive / negative / uncertain

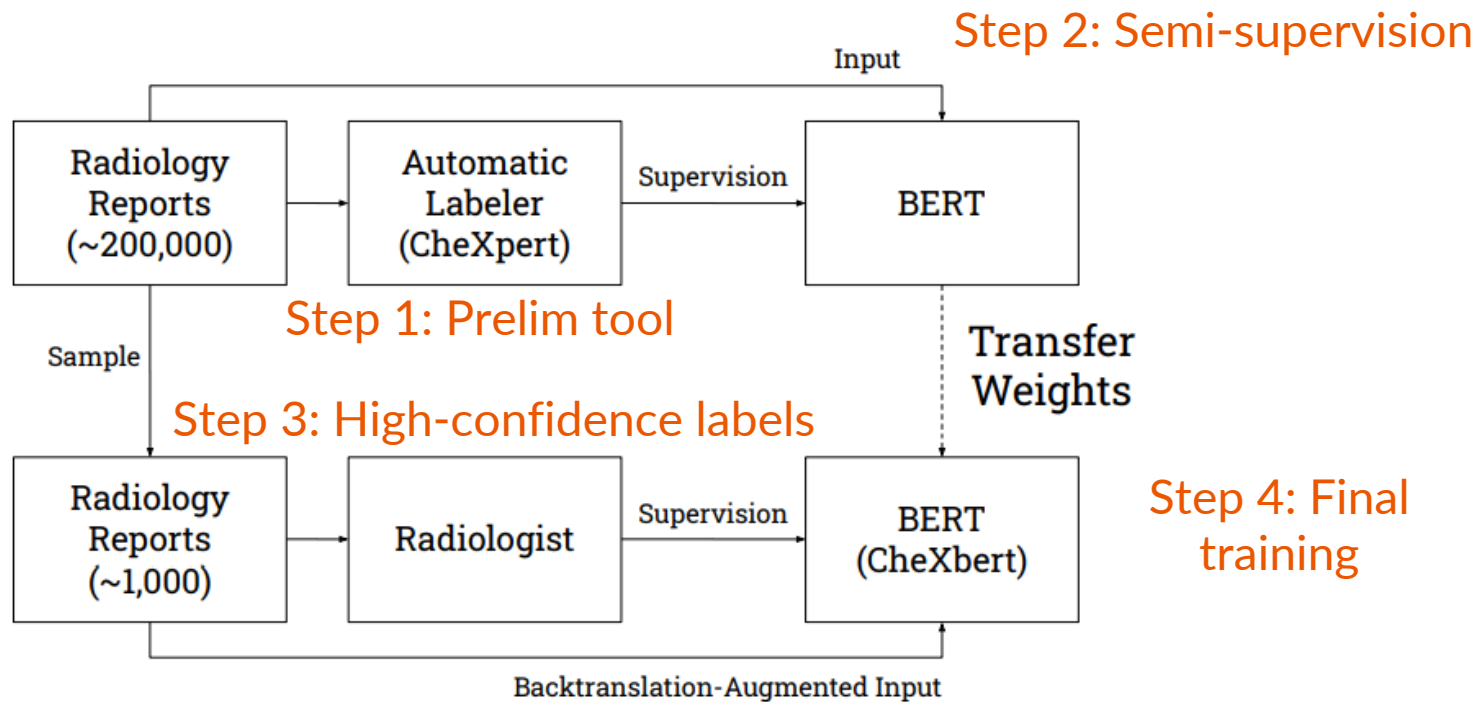
# Impact of labeling quality



Kim, D. et al. Nature Comm 13:1867 (2022)

- Automated label extractions were previously used as ground truth
- Significant performance improvement by label cleaning

# Iterative labeling process

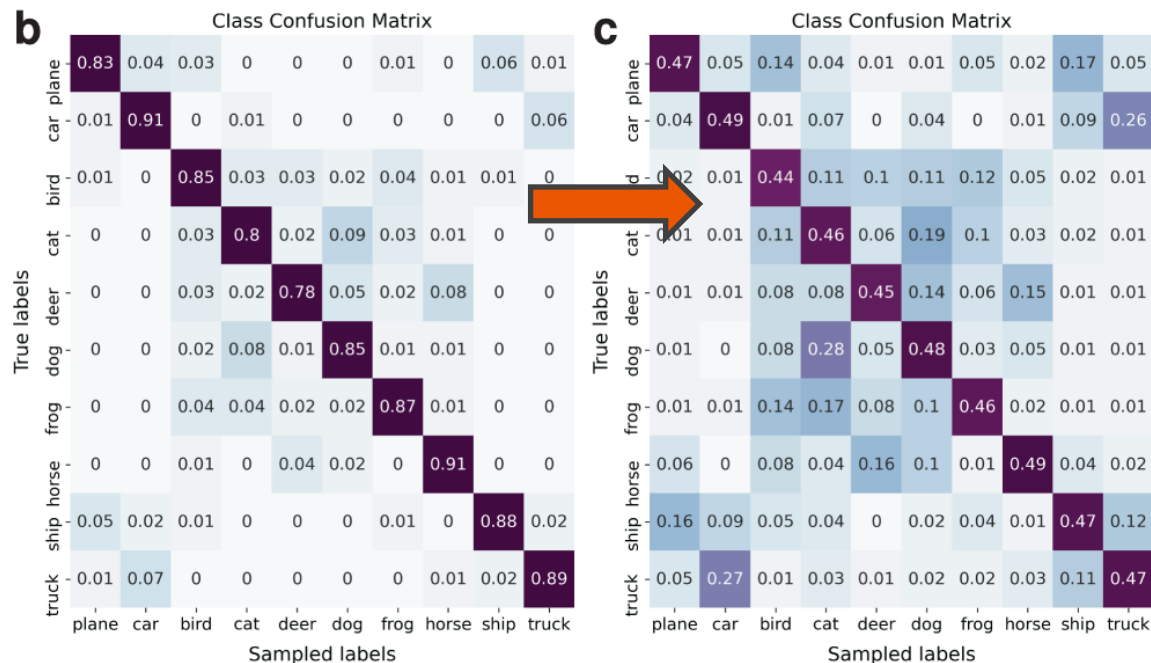


Smit, A. et al. <https://arxiv.org/pdf/2004.09167>

- Automated labeling reduces time spent on easy samples



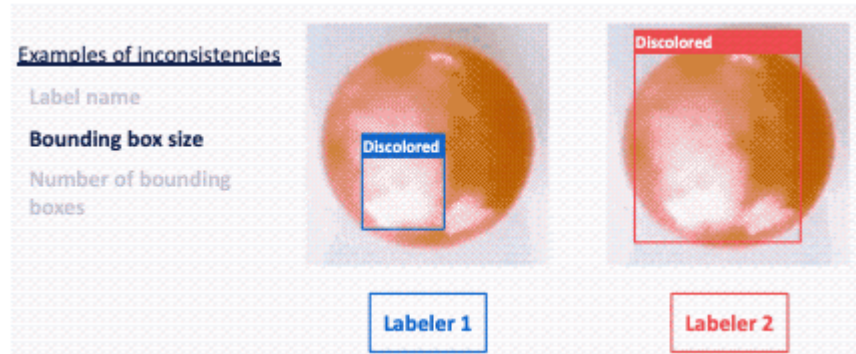
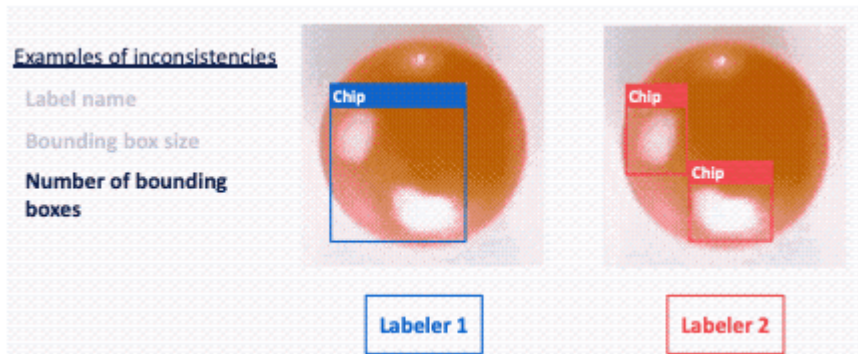
# Beware of hard samples



Bernhardt, M. et al. Nature Comm 13:1161 (2022)

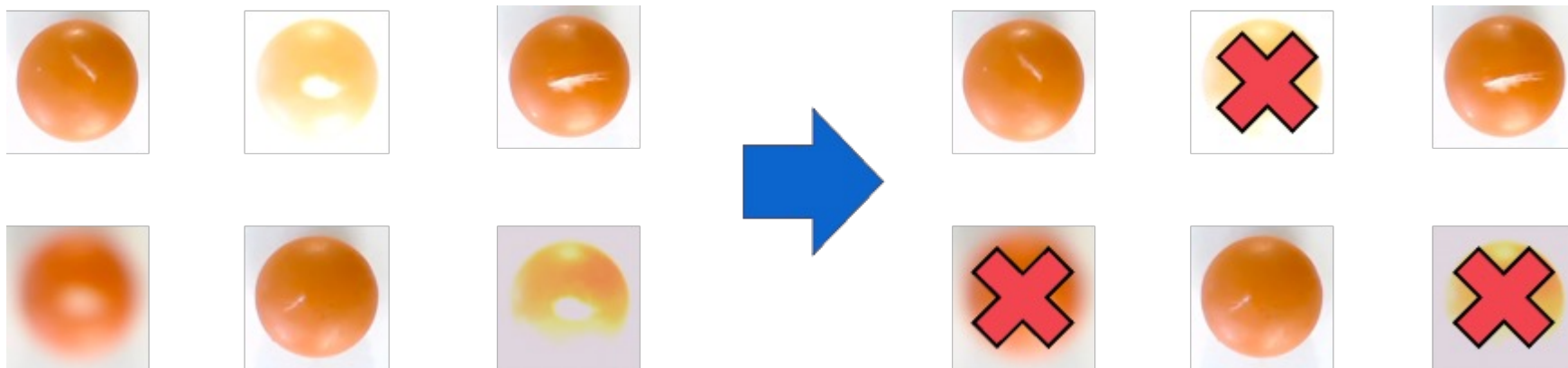
- 3x-5x increase in label error in hard CIFAR10 samples (depending on task)

# Ensure labeling standard



<https://landing.ai/tips-for-a-data-centric-ai-approach/>

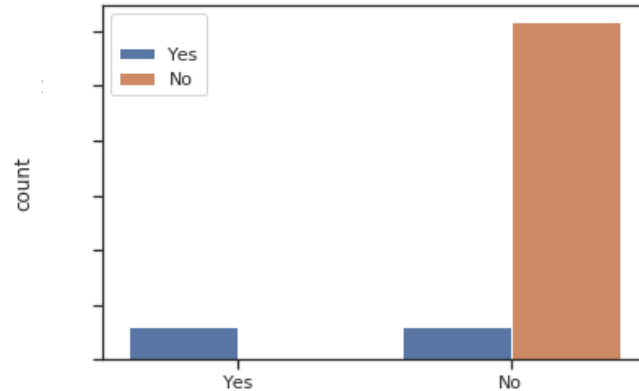
# More is not always better



<https://landing.ai/tips-for-a-data-centric-ai-approach/>

- Bad, noisy, out-of-distribution data can fool any model

# Beware of unintended biases



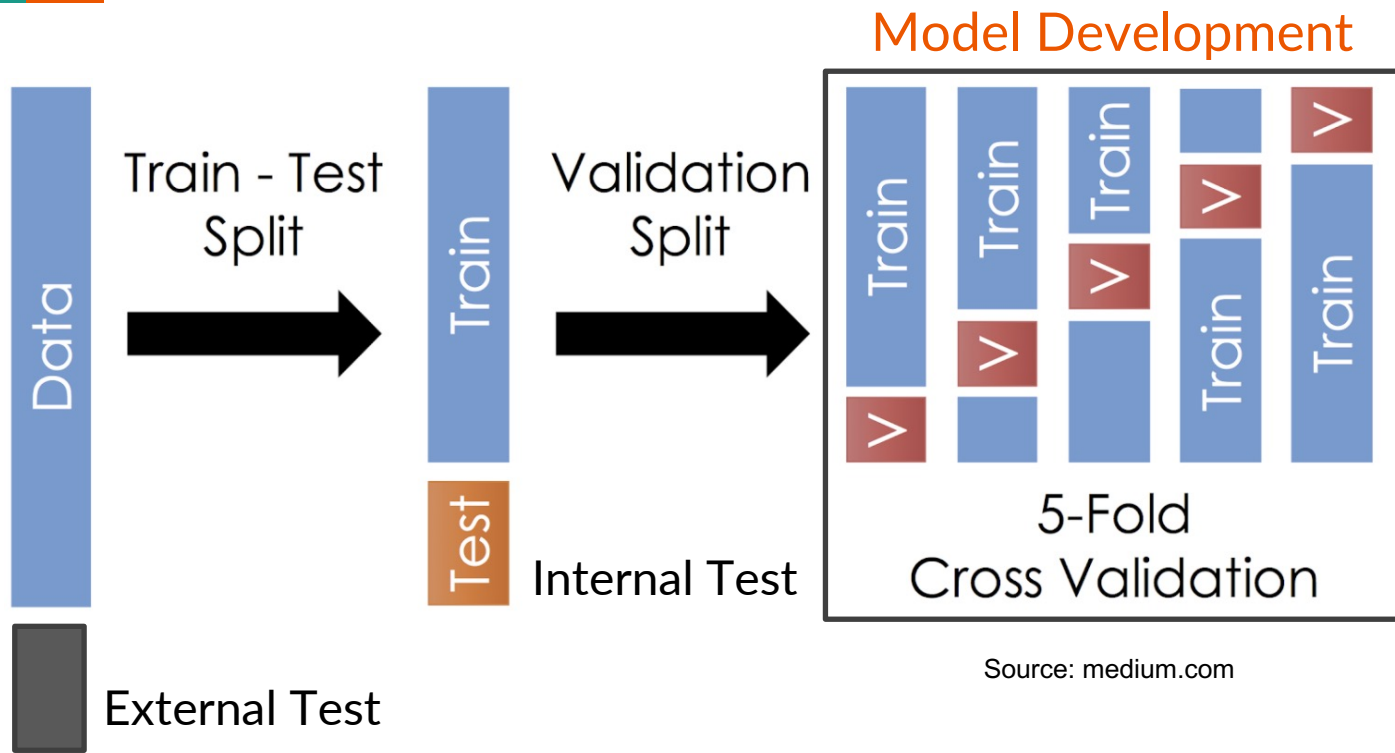
A binary feature

- Repeated measurements of the same samples do not fully count
- Ensure enough samples with different feature values



# Validation scheme

# Train-Val-Test



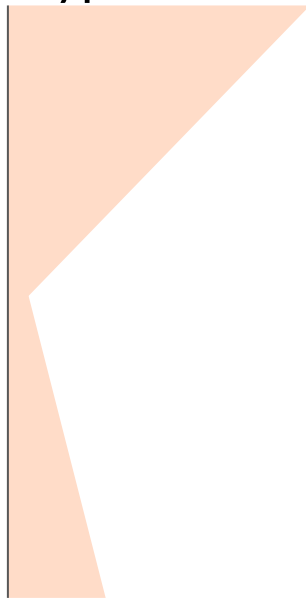
Source: medium.com

# Roles of data split

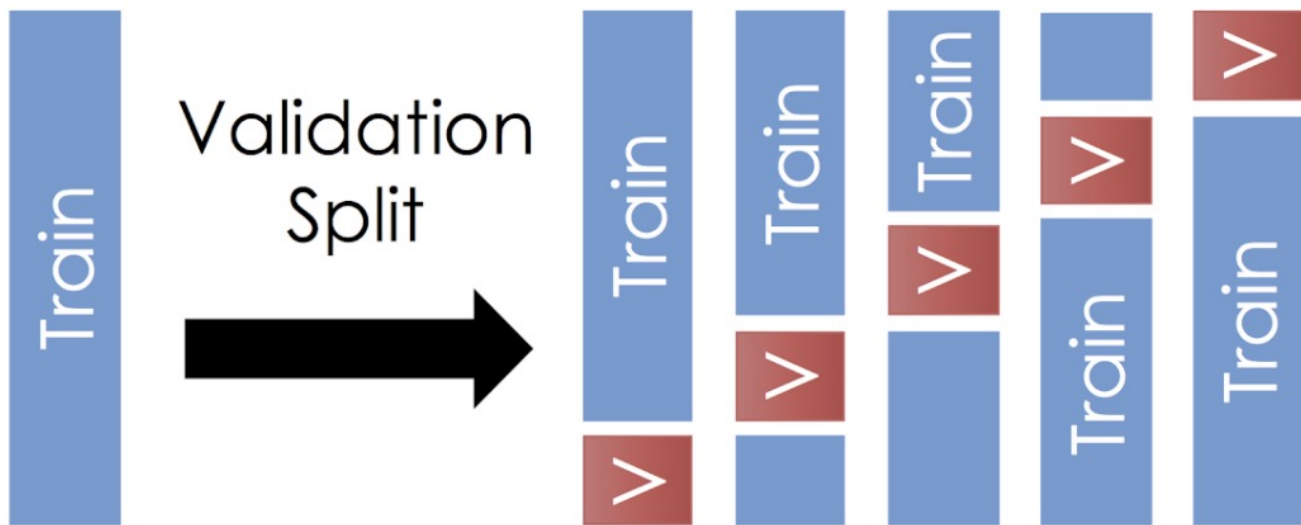


- **Training:**
  - Represent data distribution
  - Find the best fit coefficients
- **Validation:** Find the best hyperparameters
- **Internal Test:** Performance evaluation
- **External Test:** Generalizability

Typical Size



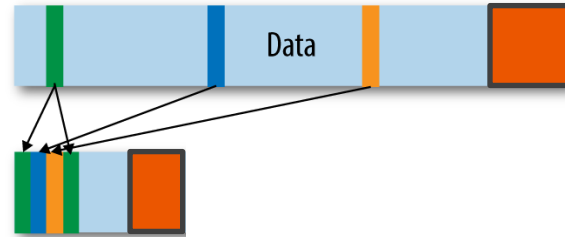
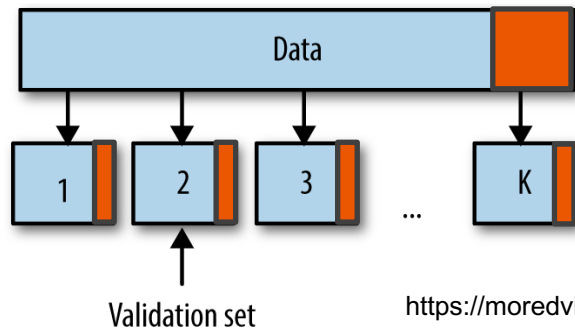
## Test or no test



- For a **proof-of-concept on small dataset**, test sets can be dropped
  - Does not capture the variance of real data



# Cross-validation and bootstrapping



<https://moredvikas.wordpress.com/2018/10/10/machine-learning-model-validation-techniques/>

- **Cross-validation** = equal split & used once
  - Minority class may be too few in each validation set
- **Bootstrapping** = repeated sampling
  - Customizable class ratios

# Small dataset issues



- **Small test**
  - Estimated performance cannot be trusted
- **Small validation**
  - Select sub-optimal model
  - Select a biased model
- **Small training**
  - Poorly-fitted model
    - Less of a problem for linear model
    - Severe problem for tree model

## Small dataset situations



- **Example 1:** 223 negative, 77 positive
  - **Test:** 31 negative, 27 positive
  - **Validation:** 25 negative, 25 positive
  - **Training:** 167 negative, 25 positive
- **Example 2:** 48 negative, 23 positive
  - 2-fold cross-validation: 24 negative, 11 positive
  - Limited to logistic regression model
  - Limited to discussion of feature importance

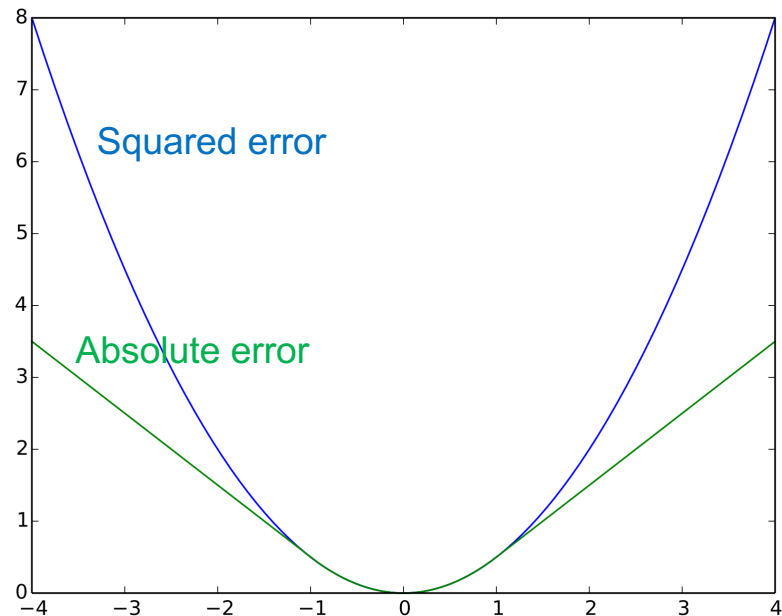


# Performance metrics


# Regression metrics



- MSE, MAE, MAPE,  $R^2$
- Select to match use case
  - Error < 15%
  - Absolute error < 1 unit



# Classification metrics



		Predicted	
		Negative	Positive
Actual	Negative	True Negative	False Positive
	Positive	False Negative	True Positive

Predicted < 0.5      Predicted > 0.5

- Accuracy =  $(TN + TP) / \text{total}$
- Precision =  $TP / (TP + FP)$  = Positive predictive value
- Recall =  $TP / (TP + FN)$  = Sensitivity
- Specificity =  $TN / (TN + FP)$

# Classification use cases



- Screening for secondary inspection
  - **Recall**: Missed samples cannot be recovered
  - Improve precision during secondary inspection
- Taking action based on prediction
  - **Precision**
    - Whether to perform surgery
  - **Negative-class precision**
    - Whether to send patient home
    - Whether the patient will be allergic to drug

# Balanced classification metrics



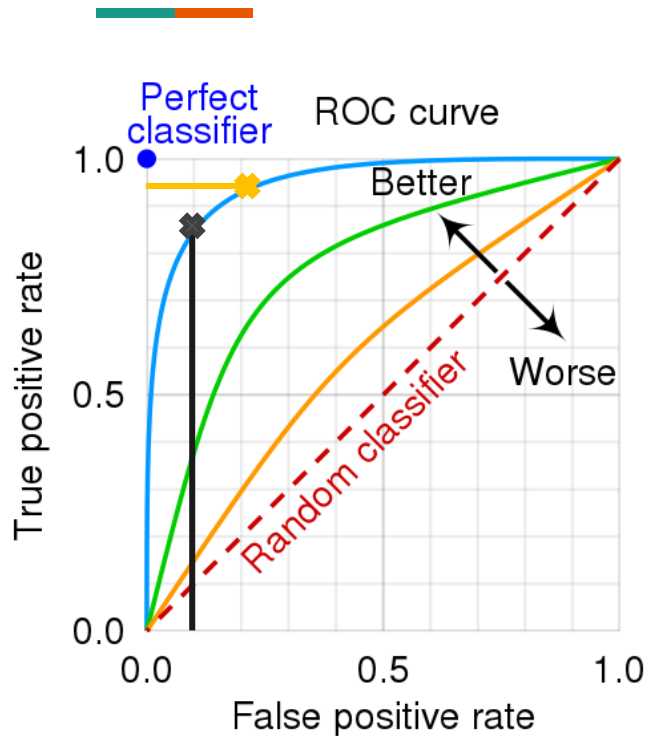
- Accuracy

- $$F_1 = \frac{2}{\frac{1}{\text{Precision}} + \frac{1}{\text{Recall}}} = \frac{2 \times \text{Precision} \times \text{Recall}}{\text{Precision} + \text{Recall}}$$

- $$F_\beta = \frac{1 + \beta^2}{\frac{1}{\text{Precision}} + \frac{\beta^2}{\text{Recall}}} \text{ give more weight to recall}$$

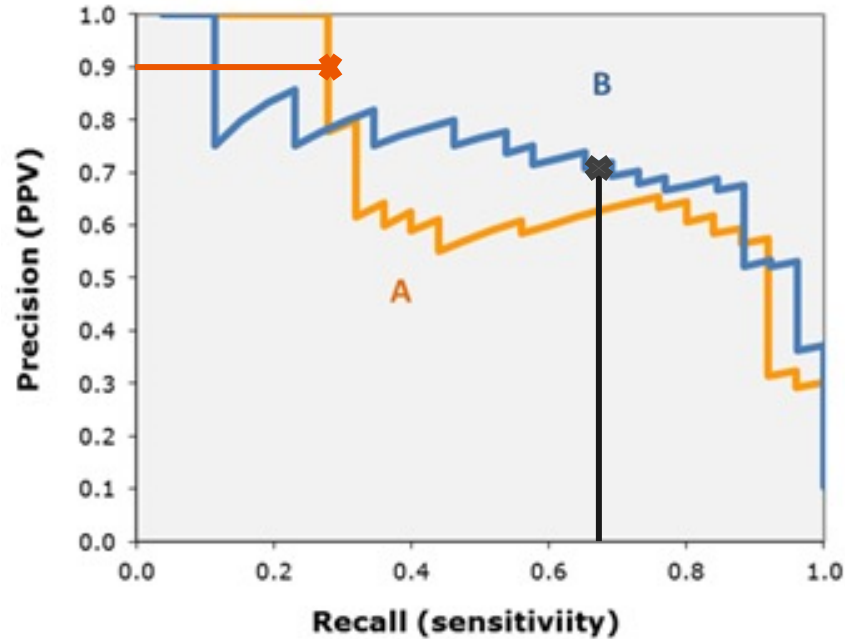


# Threshold-free metrics



- Sensitivity-specificity at every output threshold
- Area under the ROC curve (AUROC, AUC)
  - Random guess = 0.5
  - Perfect model = 1.0
- Pick threshold from use case
  - Specificity  $< 0.1$
  - Sensitivity  $> 0.9$

# Precision-Recall curve



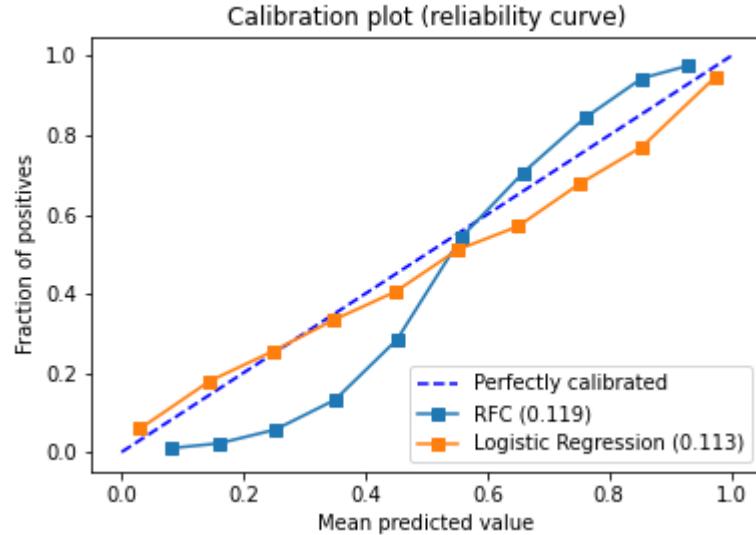
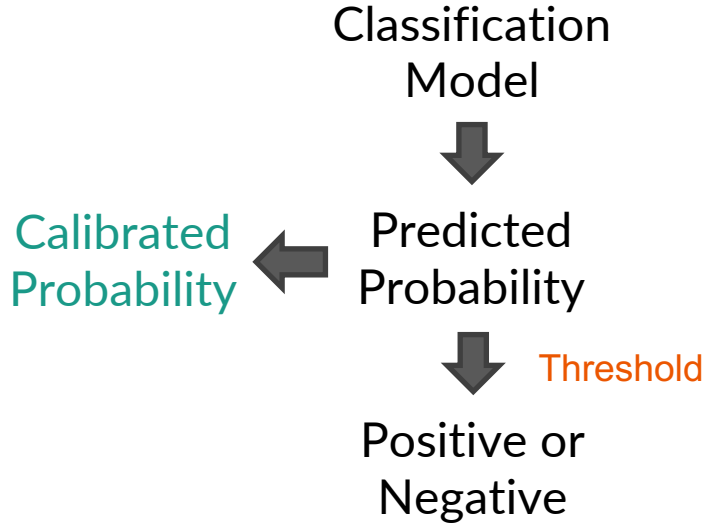
<https://acute-care-testing.org/en/articles/precision-recall-curves-what-are-they-and-how-are-they-used>

- The best model can depend on use case



**Do you need calibration?**

# Calibration curve

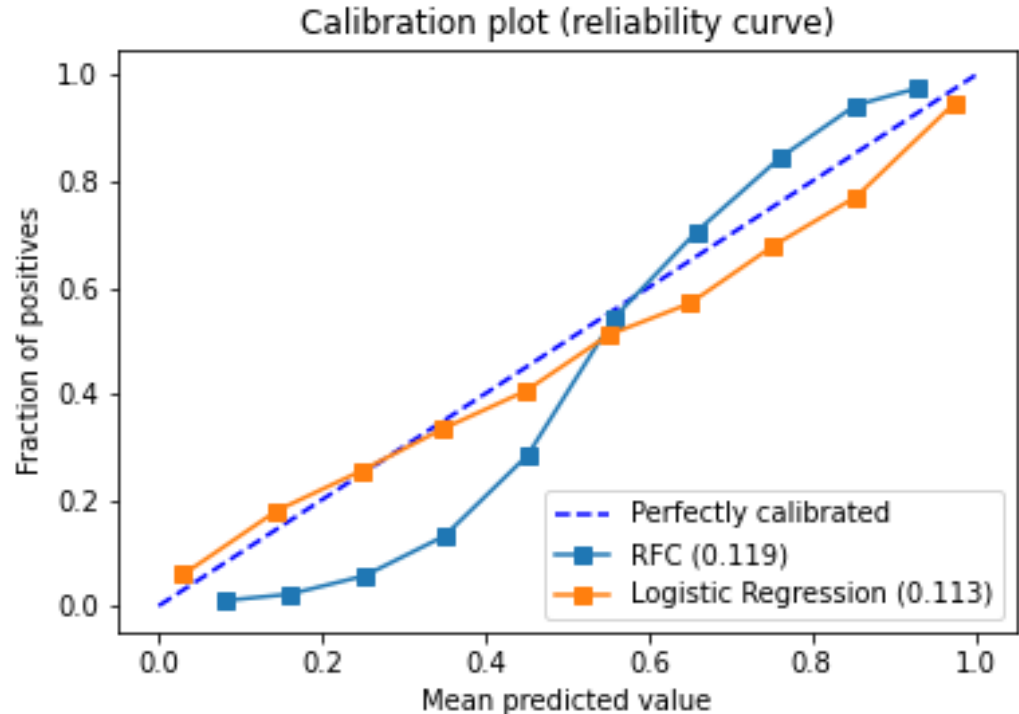


<https://medium.com/analytics-vidhya/how-probability-calibration-works-a4ba3f73fd4d>

- Calibration = correction of predicted probability
- Improve interpretability of the model

# Data cost of calibration

- Estimate the true fraction of positive for **EVERY OUTPUT RANGE**
- 20 data points with predicted **[0, 0.1]**
- 20 data points with predicted **[0.1, 0.2]**
- ...



# Summary



- Clear objectives
  - What to predict? Why? Is ML the best answer? Human-in-the-loop
- Sufficient data collection
  - Aware of annotation/labeling cost
  - Beware of unintended biases
- Appropriate performance metrics
  - Match the objective and use case
- Be realistic + acknowledge limitation

# Any question?



- See you on Wednesday 10-11am