

ENBM068T

BioWaveNet

A Novel Multi-Scale Convolutional Neural Network for
Generalized Bio-signal Applications

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Background & Inspiration 2

Pain Points



BIO-Signal

Signal data collected from human organs [1]



Difficulties

Require Clinical Expertise with Substantial Medical Knowledge [2]



Automations

Feature engineering-based machine learning algorithm to aid clinicians [1]

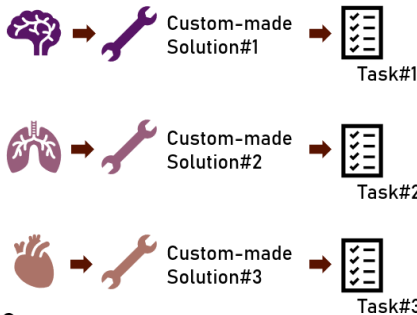


Limitations

Current feature engineering algorithms are too rigid and take high-domain knowledge to develop, while being too specific on a single task [3]

Goals

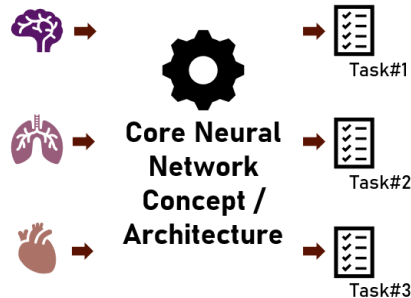
Traditional Practice



Cons

- Time-consuming
- Difficult to develop separate ideas

Our Solution



How can we develop a bio-signal analysis idea or prototype to generalize on many signals and tasks?



BIO-Signals

Choose 2 signals that cover
other signal characteristics



Electrical Signals (electrodes)



Non-electrical Signals (light, kinetics)

Choose important signals and tasks

1. Electroencephalography (EEG-Brain) + Seizure Detection [4]
 - EEG = main measure for **epilepsy**
 - Over **100 million** **epilepsy** patients worldwide
 - Help doctors **screen hours** of **EEG** recording
2. Photoplethysmography (PPG-Blood) + Respiratory Rate Estimation [5]
 - PPG = easily collected from **smartwatches**
 - Respiratory rate can **screen abnormal breathing** on COVID-19

EEG - Brain



Recorded Brain Activities



Electrical Signal



Goal : Help Clinician **Screen**
Hours of EEG recordings

PPG - Blood



Recorded Circulatory
Activities



Light Sensor Signal
- Wearable Devices



Goal : **Remote Report** on
patients' respirations

EEG Datasets



Bonn
Dataset



N = 5



Has labelled stage
of pre/inter-seizure
onset



CHB-MIT
Dataset



N = 23



Medical cohort
with long
recordings of
EEG per patient



TUSZ
Dataset



N = 28



Contains various
devices, only a few
use for normal vs
seizure

PPG Datasets



Capnabase
Dataset



N = 42



Both are ICU datasets with a
large amount high-quality PPG



BIDMC
Dataset



N = 52



WESAD
Dataset



N = 15



Collected from
wearable devices
(closest to practical
use)

Preprocess

EEG Datasets :

- Noise removal via lowpass filter at 64 Hz
- Window size 4 seconds, 1 second overlap

PPG Datasets :

- Signal Quality Indexing (SQI) *peak F1 score \times flatline ratio > 0.9*
- Window size 16, 32, and 64 seconds (test effects of window size on performance)

Experiments

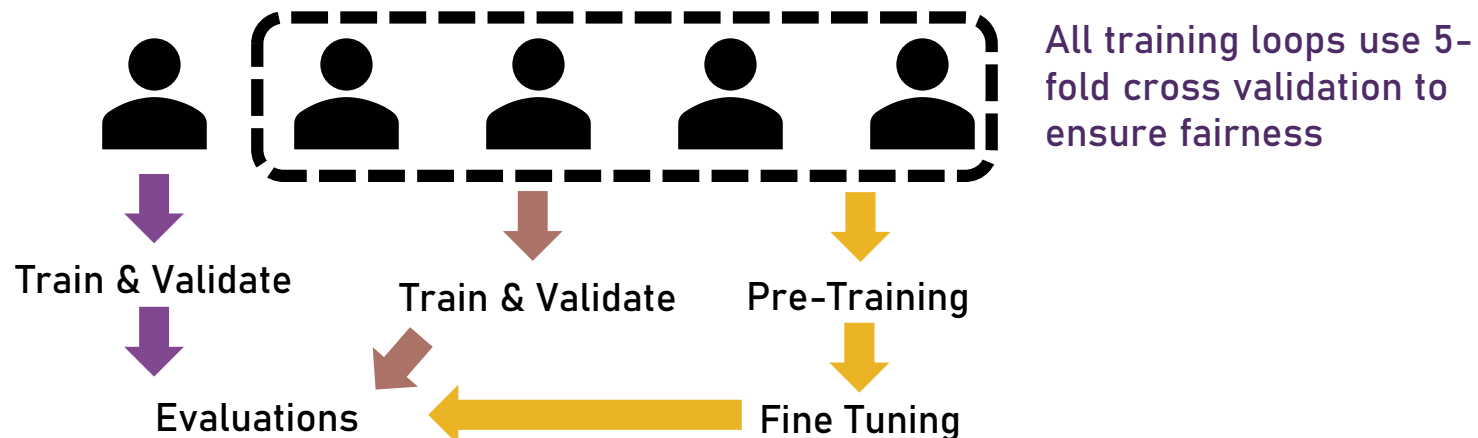
(A) Subject Dependent : Trained and tested on the same patients



(B) Subject Independent : Tested on unknown patients (LOOCV)



(C) Transfer Learning : Weights are pre-trained among datasets



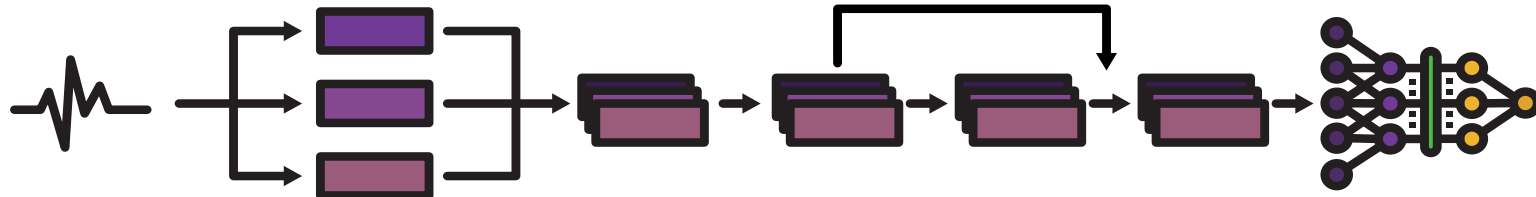


Fig 1 EEGWaveNet (BioWaveNet for EEG)

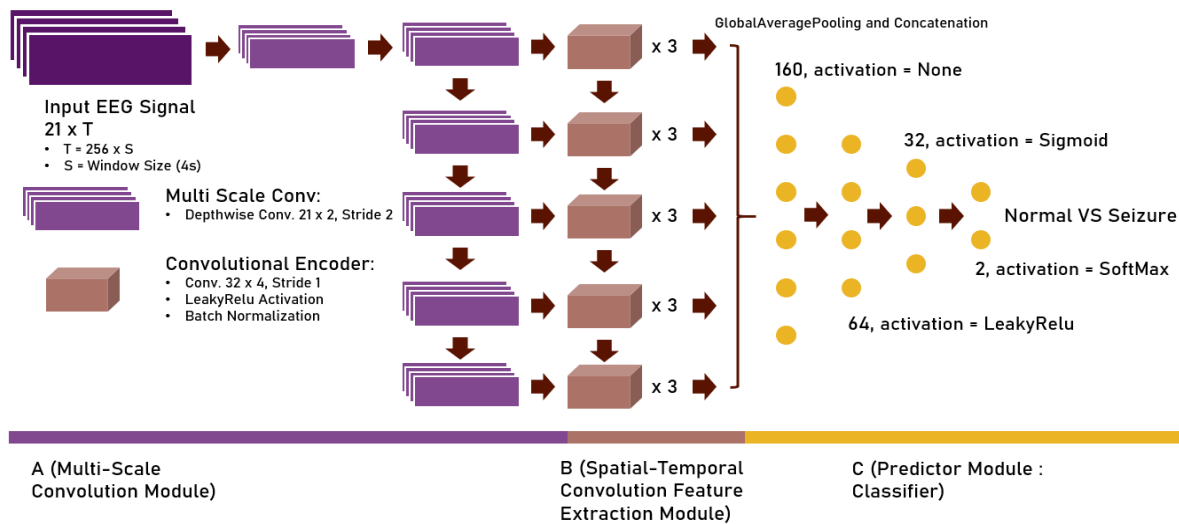
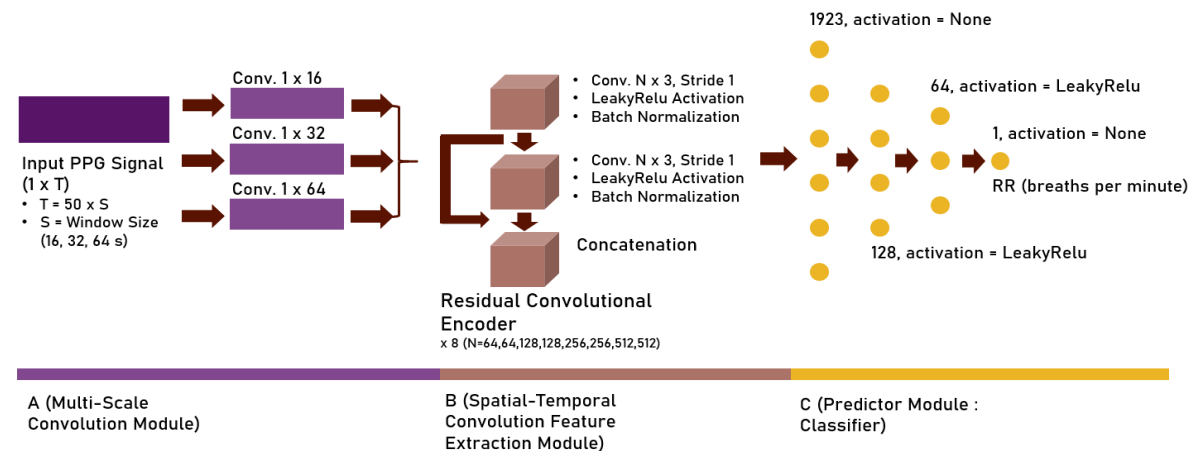


Fig 2 PPGWaveNet (BioWaveNet for PPG)



BioWaveNet Concepts

(A) Multi-scale Convolution (NOVELTY)

: various convolutional filters connected parallelly for learnable scaling

Small filter size for sudden/sharp bio-signal peaks

Larger filter size for gradual changes

(B) Spatial-temporal Feature Extraction

: CNN to analyze signal patterns from (A)

(C) Multilayer Perceptron

: Output - Regression or Classification

Training Strategies

(i) Hyperband for hyperparameter tuning

(ii) AdaBelief optimizer with 0.001 learning rate (0.25 decay – 5 patience)

(iii) Earlystopping after 10 consecutive epochs

(iv) Cross Entropy (classification) and MSE (regression) loss

EEG Seizure Results

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Chart 1: EEGWaveNet's Performance on BONN dataset

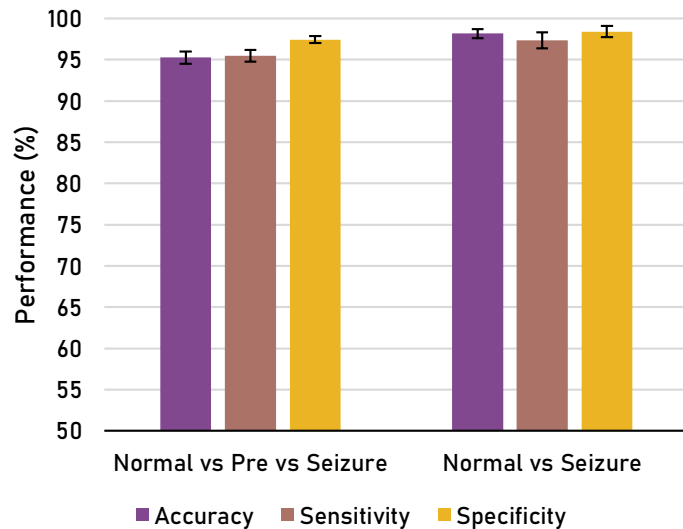


Chart 2: EEGWaveNet's Subject Dependent Performance on CHB-MIT Dataset Comparison

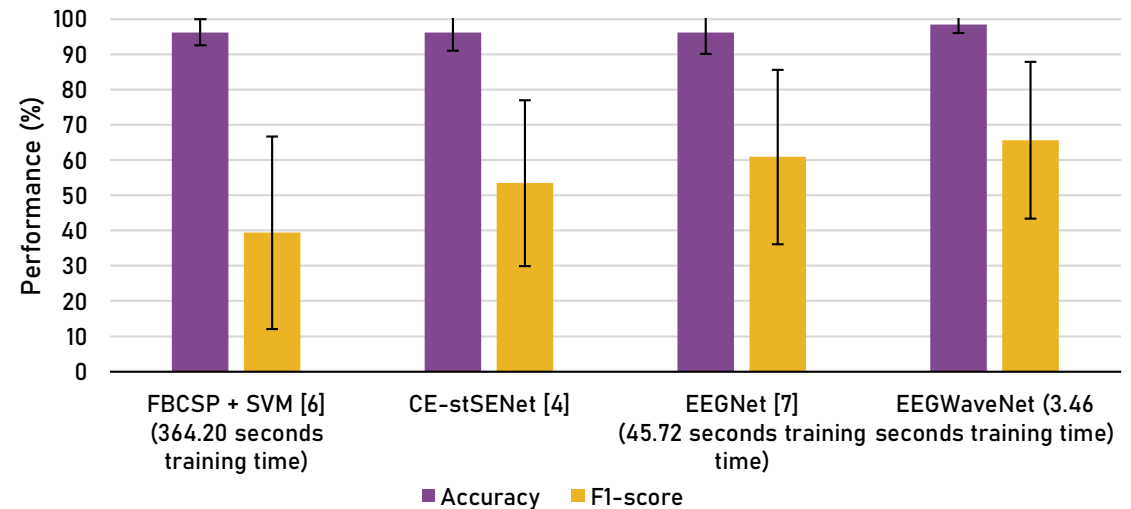


Chart 3: EEGWaveNet's Subject Independent Performance on CHB-MIT Dataset Comparison

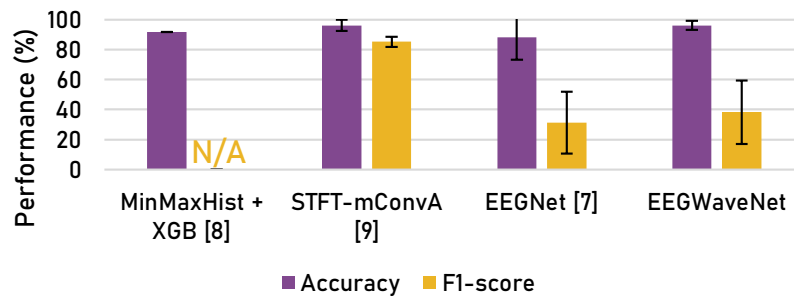
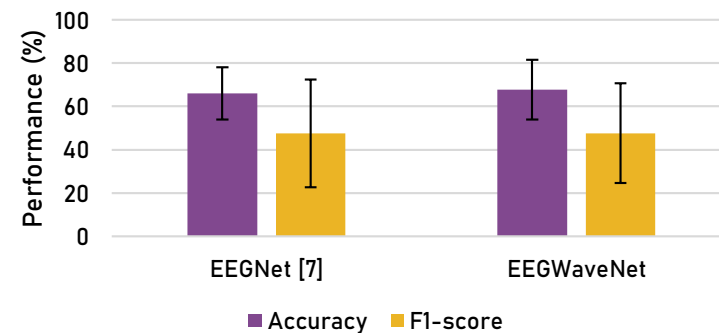


Chart 4: EEGWaveNet's Subject Independent Performance on TUSZ Dataset Comparison



Findings (Dependent) : EEGWaveNet achieves the **best performance while trains the fastest**, due to faster fitting to minimal loss. Further exploration shows the high F1-score from the lowest **false-positive rate**.

Findings (Independent) : EEGWaveNet **outperforms the SOTA (EEGNet)** while achieving a **reasonable starting performance** before transfer learning.

PPG Respiratory Results

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Chart 5: Respiratory Rate Estimation via PPG
on Capnabase dataset

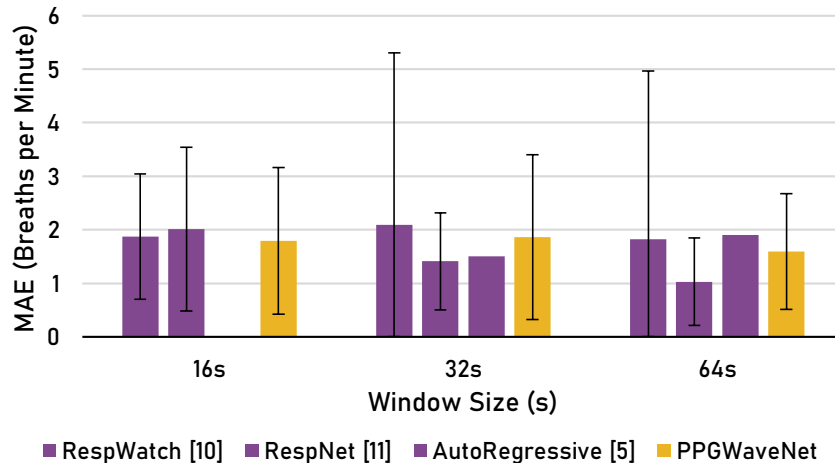


Chart 6: Respiratory Rate Estimation via PPG
on BIDMC Dataset

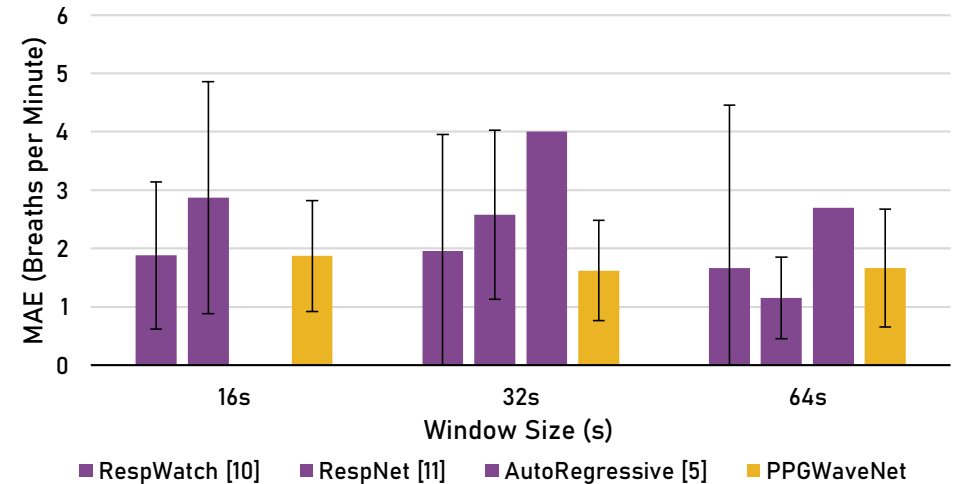
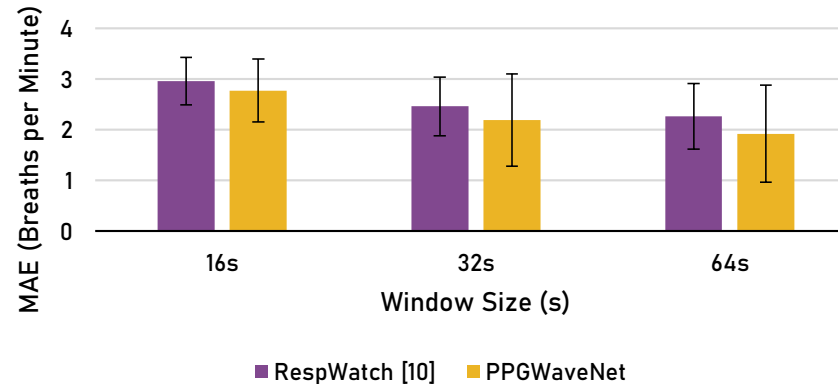


Chart 7: Respiratory Rate Estimation via PPG
on WESAD Dataset



Findings (1) : PPGWaveNet achieves the best performance on **16 seconds – the smallest window size** (model can infer up to 60 seconds after!).

Findings (2) : When compared the model size, PPGWaveNet is the **smallest and works on all datasets**. Some other models require more than 1 signal, which isn't always present.

Transfer Learning Results

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Chart 8: EEGWaveNet's Transfer Learning Performance

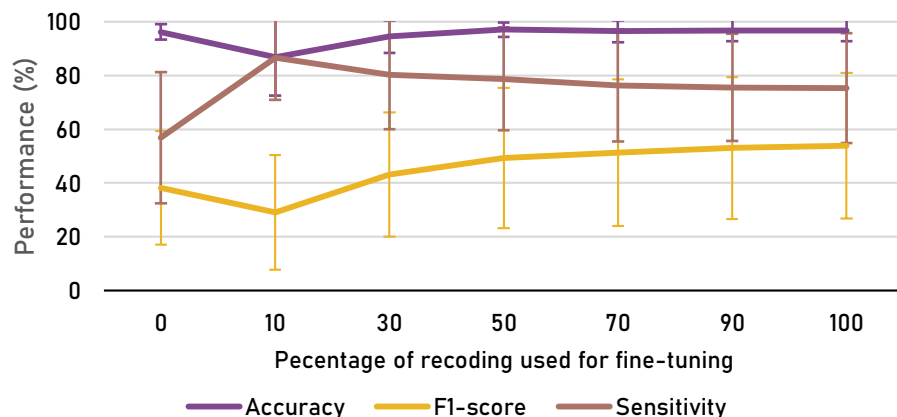


Chart 9: EEG Transfer Learning Fine-tuning Time

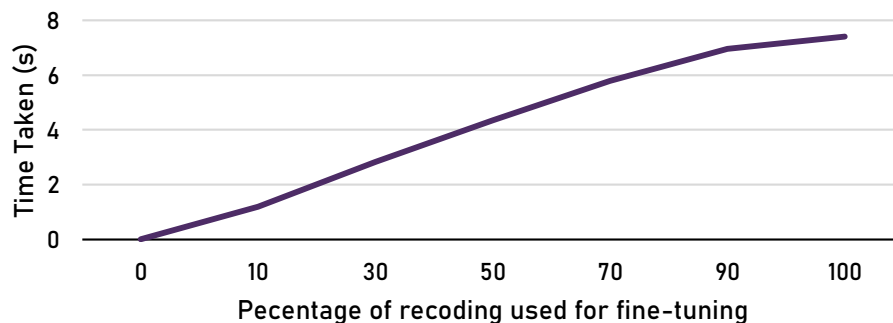
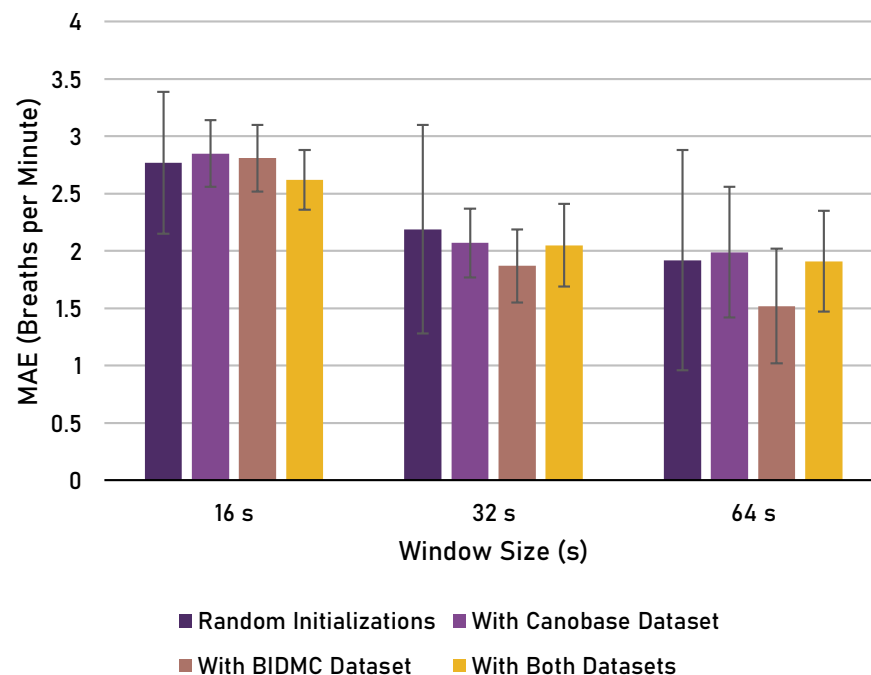


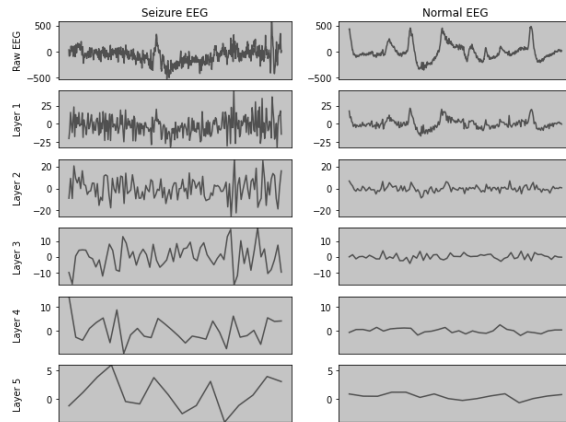
Chart 10: Respiratory Rate Estimation via PPG Performance (MAE) vs Pre-trained Datasets



Findings (EEG) : Transfer learning with 1-hour fine-tuning data can **increase our performances**, all within **10 seconds of fine-tuning**.

Findings (PPG) : Transfer learning from **an ICU dataset** can **reduce the error** when trained again on the WESAD (wearable device) dataset.

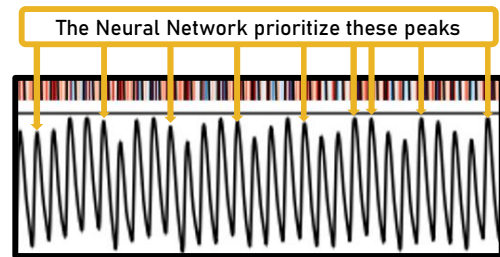
Fig 3 EEGWaveNet's Generated Scales



Findings (EEG) : Seizure (left) and normal (right) EEG are further **discriminated when passed through the multi-scale module.**

i This seizure event results in a noisy EEG even after filtering. The model amplified the hidden noises through the scales.

Fig 4 PPGWaveNet's SHAP Explanation



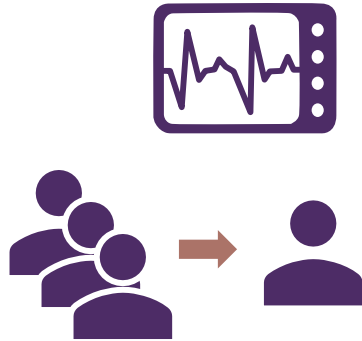
Arrow = Area with high SHAP score

Findings (PPG) : SHAP values are shown in **peaks** that corresponds **medically to respiratory rate.**

i The amplitude change in PPG corresponds to the RIIV measure, which was proven to be connected to how fast a person breathes [5].

Findings (Overall) : Our multi-scale module allows for a **smaller and more effective model**, while **transfer learning strategies boost our performances.**

Conclusions



Generalized Bio-signal Model

We successfully created a generalized system for bio-signal applications, and showcased on 2 tasks.

Transfer Learning Experimental Protocol

We proposed transfer learning protocols that deal with the lack of data, which could be applied in hospitals.

Impacts



EEG Seizure Detection

Our model can be developed into a screening application for seizure diagnosis, potentially saving millions of epilepsy patients.



PPG Respiratory Rate Estimation

Our model can screen abnormal breathing remotely, potentially allowing telemedicine on COVID-19 patients through smartwatches.

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