

Deep Learning for medical image recognition

Chen DANG & Hippolyte DEBERNARDI

Supervised by Ronan SICRE



➤ Introduction

- Description of a convolutional neural network
- Presentation of the CNN chosen
- Data sets we used

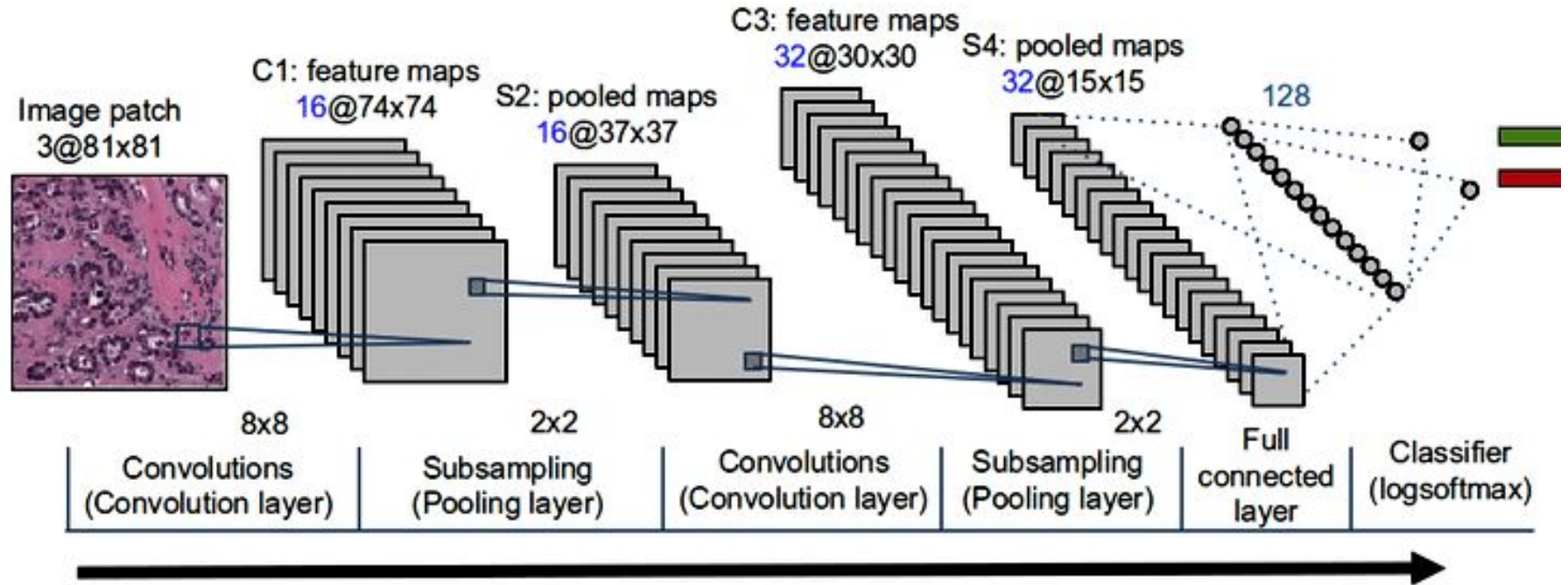
➤ Overview of Transfer Learning

- Fixed Feature Extraction
- Pre-trained models
- Fine-tuning
- Histogram equalization & Data augmentation

➤ Final results

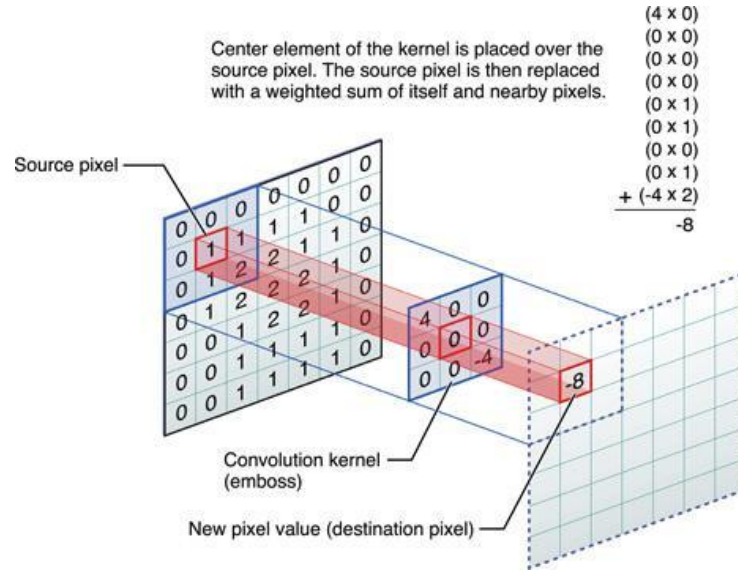
➤ Conclusion

Convolutional Neural Network



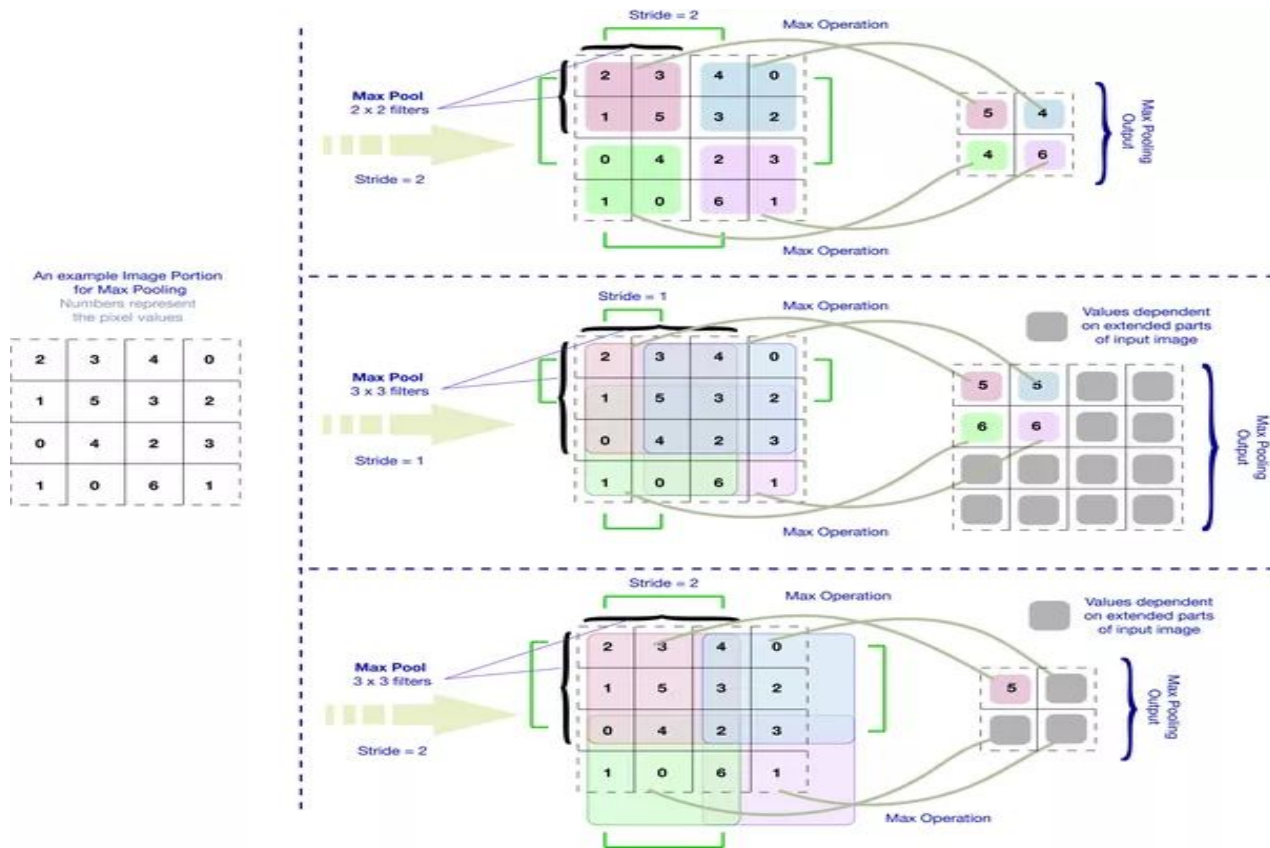
3 major parts that compose a CNN

➤ Convolution



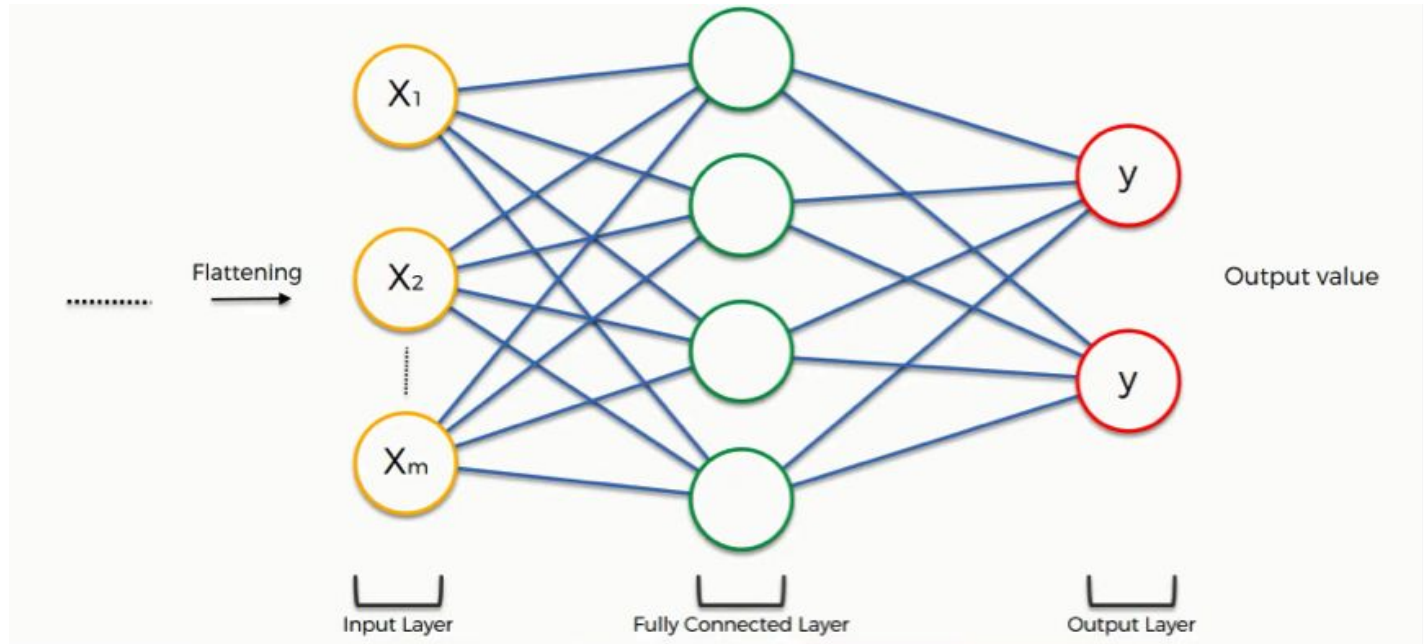
3 major parts that compose a CNN

➤ Pooling



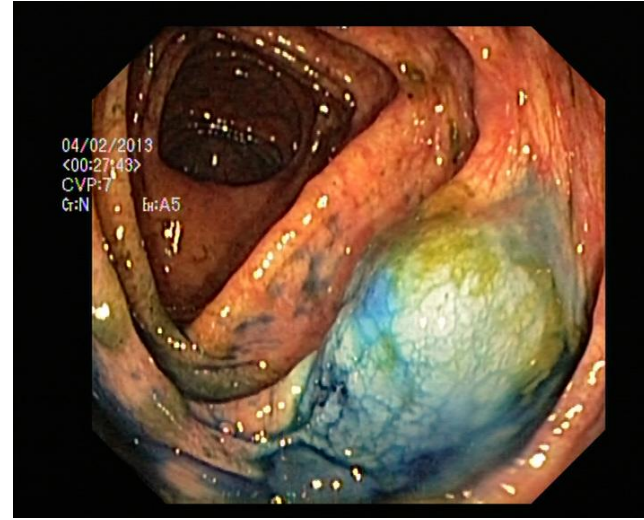
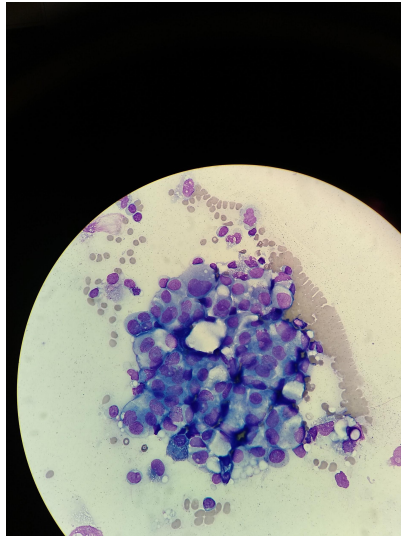
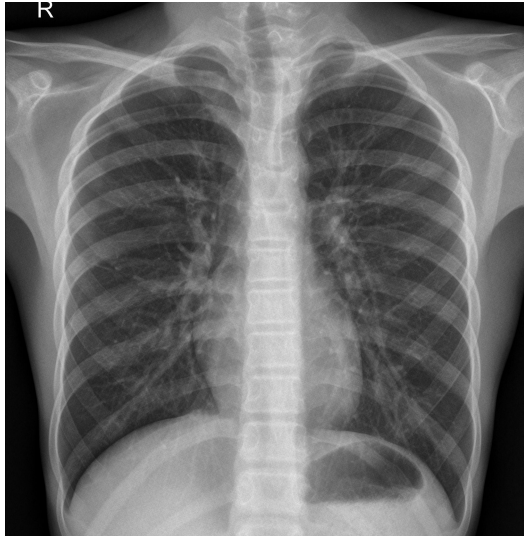
3 major parts that compose a CNN

➤ Fully connected layer



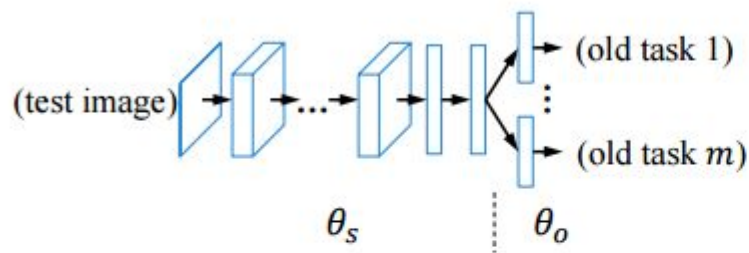
Data sets used

	# of classes	# of images for train, test, val	size & resemblance to imagenet	image size
Chest X-ray (Pneumonia)	2	5221, 624, 16	decent, very far	variable (smallest value is 640)
Cancer cells	2	72, 26, 26	very little, far	4000, 3000
Kvasir v2	8	4800, 1600, 1600	decent, far	720, 576
Mini MIT Etus	3	120, 120, 0	very little, very close	variable (some are close to 128)

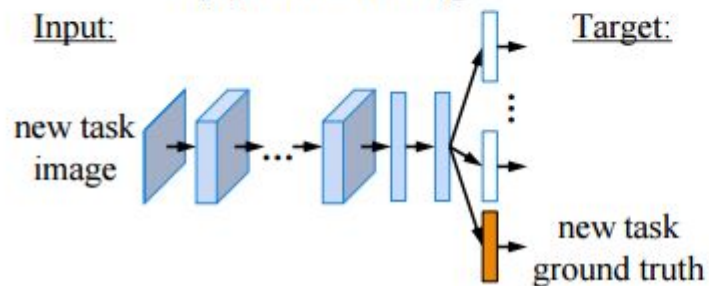


Transfer Learning

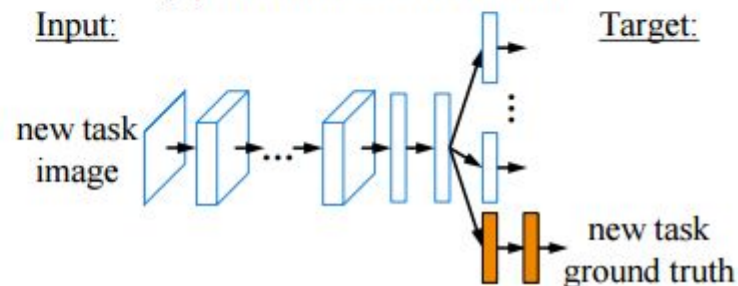
(a) Original Model



(b) Fine-tuning



(c) Feature Extraction



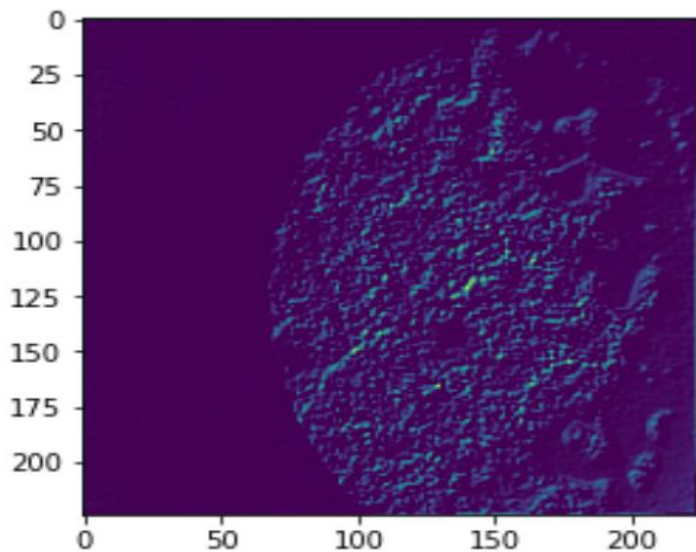
Fixed Feature Extraction

- CNN codes
- Fully connected layer to fully convolutional layer
- VGG-19 + SVM
- VGG-19 + VLAD + SVM

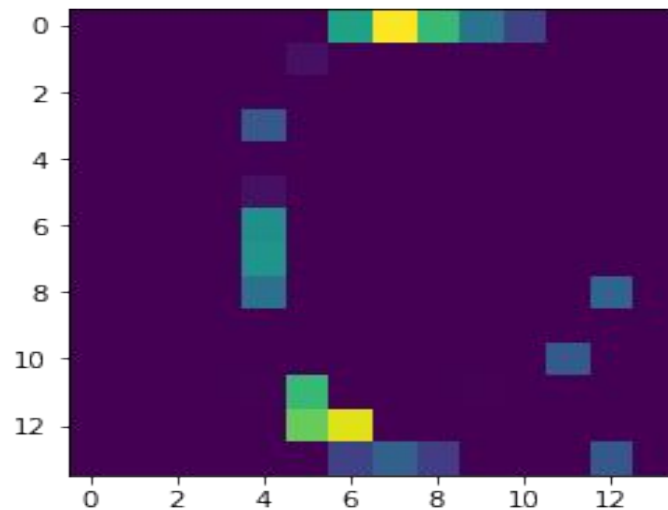
CNN codes

- Assumption : more convolutional layers lead the network to be able to represent more complicated/specified features

block1_conv1



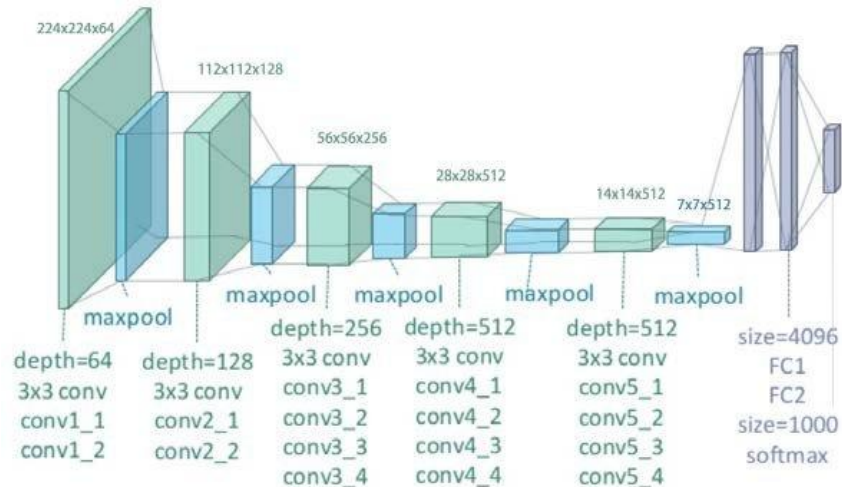
block5_conv1



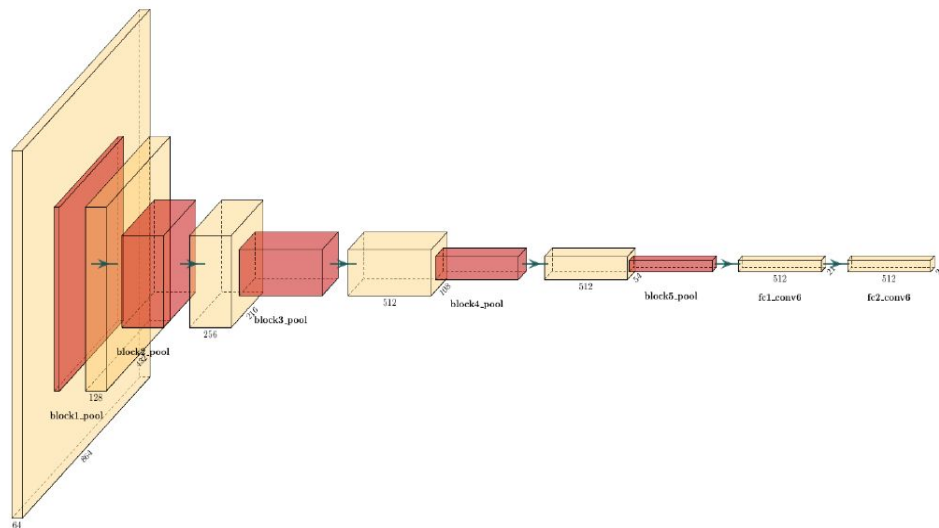
Fully connected layer to fully convolutional layer

- VGG-19 image size : (224, 224)
- Wanted image size : $(224 + 320n, 224 + 320n)$, where $n = 0, 1, 2$

Initial VGG-19



Transformed VGG-19



VGG-19 + SVM

- Increasing size of input image given to the network matters !
- $n = 1$ (224 + 320) seems to be the best parameter nearly always

	mean pooling			max pooling		
	block5_pool	fc1	fc2	block5_pool	fc1	fc2
N=0	0.78	0.83	0.82	0.78	0.83	0.82
N=1	0.82	0.74	0.82	0.78	0.82	0.87
N=2	0.78	0.75	0.79	0.75	0.82	0.81

Table 1: Accuracy scores of miniMIT

	mean pooling			max pooling		
	block5_pool	fc1	fc2	block5_pool	fc1	fc2
N=0	0.80	0.80	0.81	0.78	0.80	0.81
N=1	0.81	0.78	0.82	0.80	0.78	0.81
N=2	0.75	0.78	0.78	0.78	0.77	0.80

Table 2: Accuracy scores of chest_xray

	mean pooling			max pooling		
	block5_pool	fc1	fc2	block5_pool	fc1	fc2
N=0	0.87	0.88	0.86	0.86	0.86	0.86
N=1	0.88	0.88	0.87	0.85	0.88	0.87
N=2	0.86	0.87	0.86	0.81	0.86	0.87

Table 3: Accuracy scores of kvasir_v2

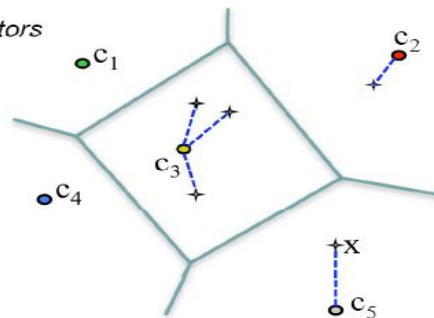
	mean pooling			max pooling		
	block5_pool	fc1	fc2	block5_pool	fc1	fc2
N=0	0.67	0.62	0.59	0.69	0.63	0.59
N=1	0.88	0.78	0.78	0.59	0.88	0.78
N=2	0.61	0.51	0.51	0.71	0.78	0.76

Table 4: Accuracy scores of cancer_cells

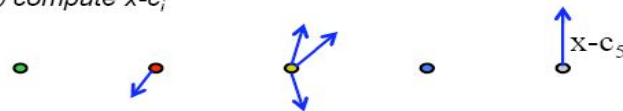
VLAD (Vector of Locally Aggregated Descriptors)

- Learning: k -means
 - ▶ output: k centroids : $c_1, \dots, c_i, \dots, c_k$
 - VLAD computation:
 - ① ▶ $c(x) = \arg \min_{c_i} ||c_i - x||^2$
 - ②③ ▶ $v_i = \sum_{x:c(x)=c_i} x - c_i$
 - ▶ $v = [v_1, \dots, v_i, \dots, v_k]$, $v_i \in \mathbb{R}^{128}$
- ⇒ dimension $D = k * 128$
- L2-normalized
 - Typical parameter: $k=64$ ($D=8192$)

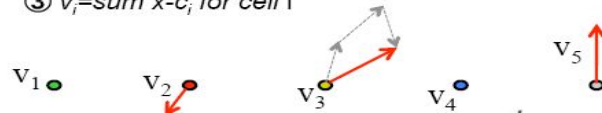
① assign descriptors



② compute $x - c_i$



③ $v_i = \sum x - c_i$ for cell i



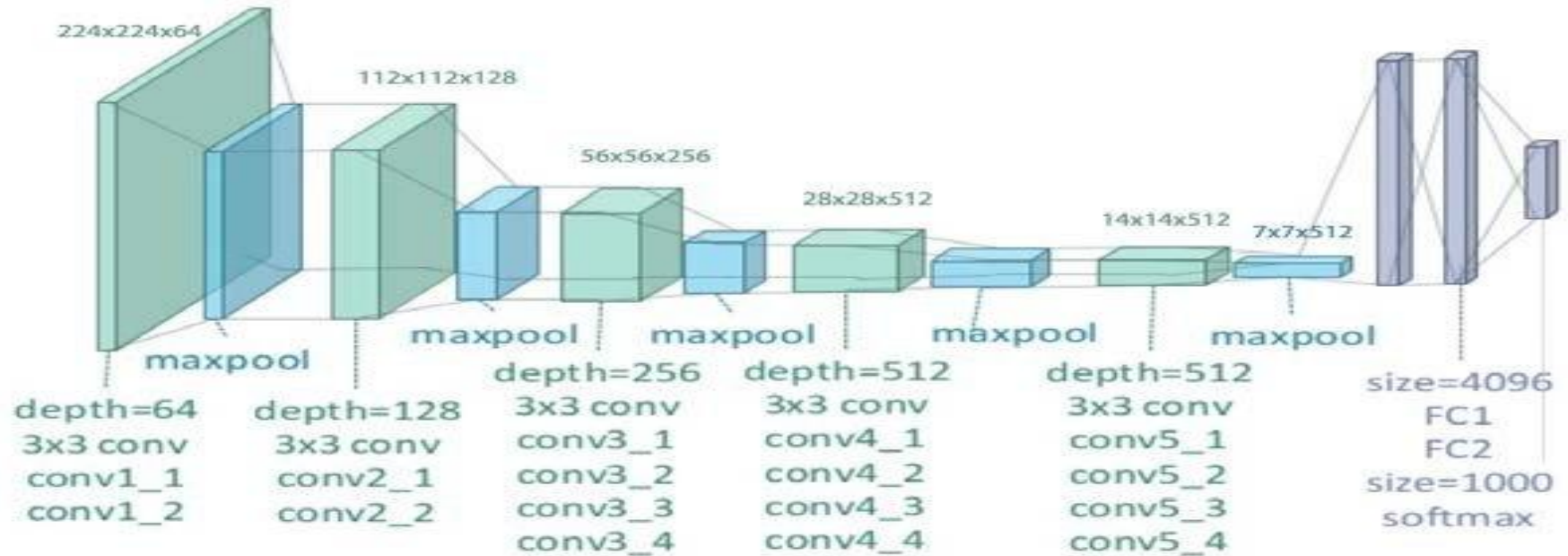
VGG19 + VLAD + SVM

Layer	Dataset	Accuracy(k=64)	Accuracy(k=128)	Previous best
block5_pool	miniMIT_Etus	0.82	0.84	0.82
	cancer_cells	0.77	0.74	0.88
fc1	miniMIT_Etus	0.71	0.84	0.83
	cancer_cells	0.77	0.71	0.88
fc2	miniMIT_Etus	0.82	0.82	0.87
	cancer_cells	0.79	0.74	0.78

➤ VLAD doesn't really increase the performance or slightly

Fine-tuning VGG-19 network

- Take a pre-trained model and try to find the best layers to train again



Training parameters

- **300 epochs** with an **early stopping callback** fixed at 20
- Optimize **Adam** with initial learning rate **1e-6**

$$-\sum_{c=1}^M y_{o,c} \log(p_{o,c})$$

Note

- M - number of classes (dog, cat, fish)
- log - the natural log
- y - binary indicator (0 or 1) if class label c is the correct classification for observation o
- p - predicted probability observation o is of class c

Baseline on Chest X-ray

Frozen layers	Accuracy, Recall	Epochs	Trainable parameters
-	0.892, 0.953	1	139.578.434
blocks	0.878, 0.979	2	119.545.856
blocks, fc1	0.902 , 0.964	19	16.781.312
blocks, fc2	0.851, 0.969	2	102.764.544
fc1	0.829, 0.992	2	36.813.544
fc2	0.816, 0.995	1	122.797.122

➤ Train the last two layers makes sense !

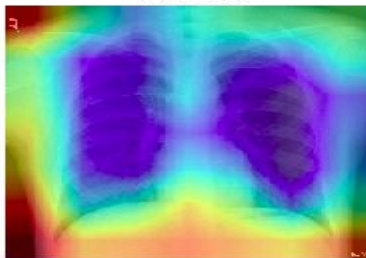
Let's try to visualize what we predict

VGG 19 GradCAM for layer : block5_pool
Explanation for : NORMAL 0.83
Ground truth is : NORMAL

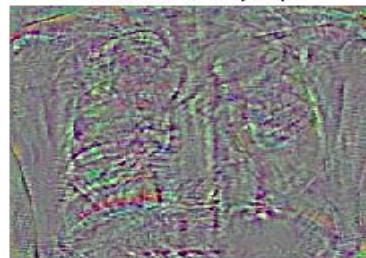
Original image



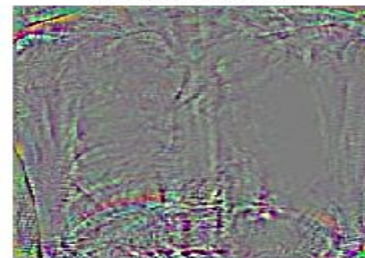
GradCAM



Guided Backprop



Guided GradCAM

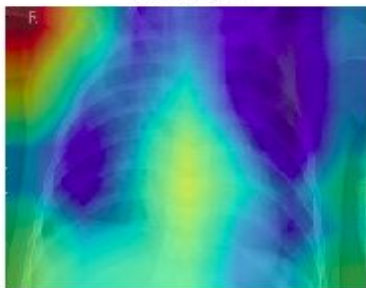


VGG 19 GradCAM for layer : block5_pool
Explanation for : PNEUMONIA 0.99
Ground truth is : PNEUMONIA

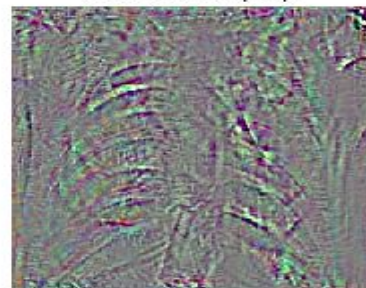
Original image



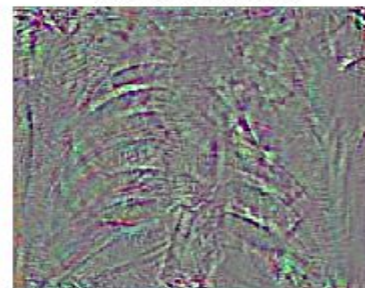
GradCAM



Guided Backprop



Guided GradCAM



GradCAM comparison : MIT data set (block5_pool)

GradCAM



Guided Backprop



Guided GradCAM



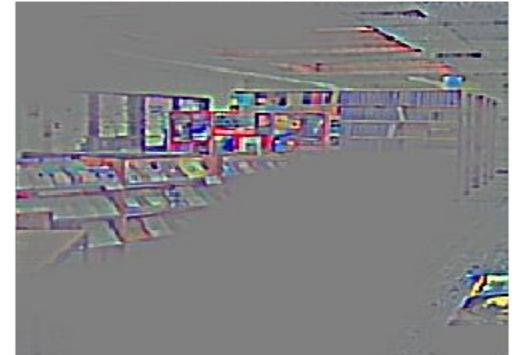
GradCAM



Guided Backprop



Guided GradCAM



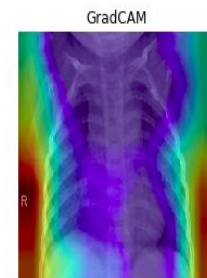
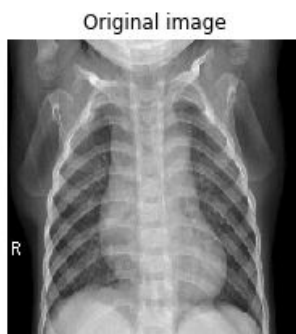
What we can conclude at this point

Data set	Accuracy
Chest X-ray	0.902
Kvasir (version 2)	0.82
Mini MIT	0.77
Cancer cells	0.78

- Pre-trained models perform better on larger data sets
- Pre-trained models, even on larger data sets, are overfitted
- **A network is strong or weak if it can motivate its output**

Thus, we decide to explore a way to improve our network in terms of interpretation along to get better metrics results.

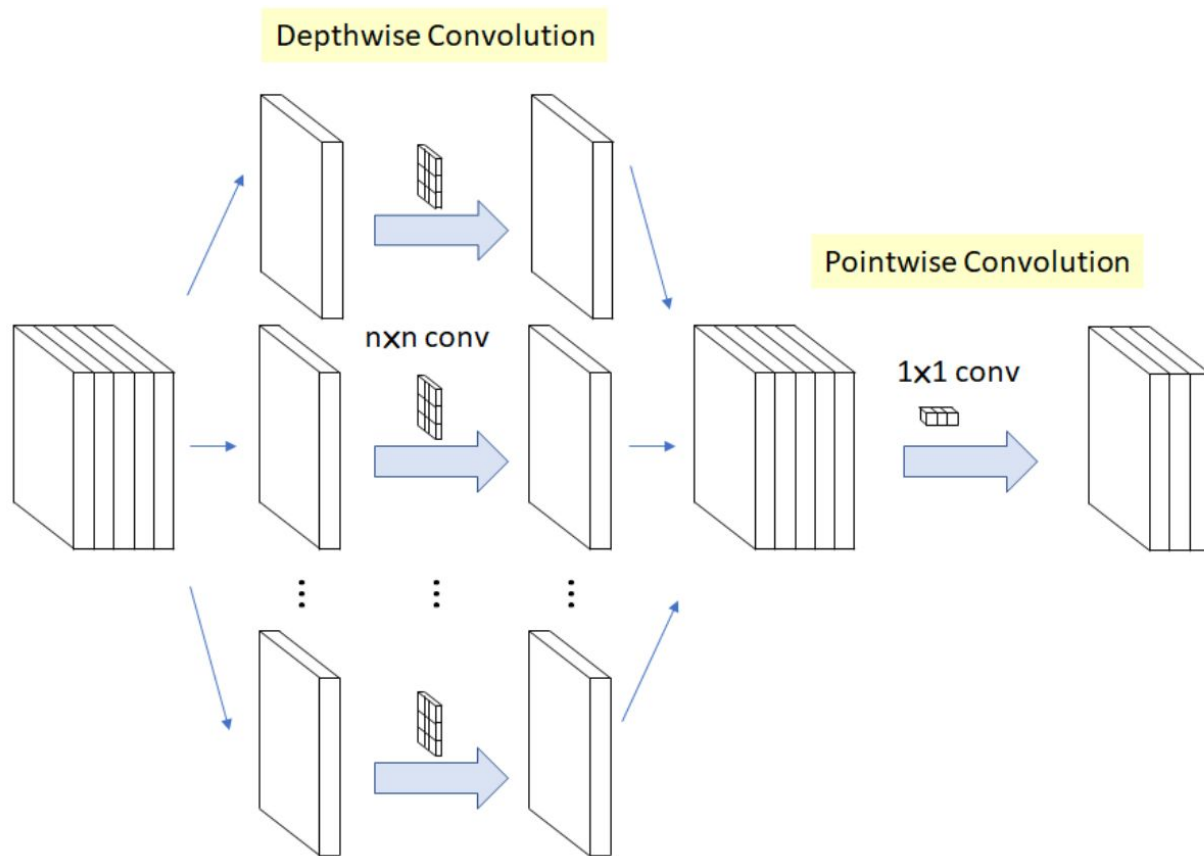
Prediction visualisation for each pool layer



Xception network and depthwise convolutions

- Xception network by François Chollet (creator of Keras)
- Depthwise convolution decrease the computing time with nearly the same result as a normal convolution
 - Main difference is that we transform an image once then elongate it to the number of channels desired
- Based on VGG-19 first 3 blocks, we construct 2 blocks of Depthwise convolution followed by a normalization to prevent overfitting

Depthwise convolution



CNN architecture

Layer (type)	Output Shape	Param #
input_1 (InputLayer)	(None, 224, 224, 3)	0
block1_conv1 (Conv2D)	(None, 224, 224, 64)	1792
block1_conv2 (Conv2D)	(None, 224, 224, 64)	36928
block1_pool (MaxPooling2D)	(None, 112, 112, 64)	0
block2_conv1 (Conv2D)	(None, 112, 112, 128)	73856
block2_conv2 (Conv2D)	(None, 112, 112, 128)	147584
block2_pool (MaxPooling2D)	(None, 56, 56, 128)	0
block3_conv1 (Conv2D)	(None, 56, 56, 256)	295168
block3_conv2 (Conv2D)	(None, 56, 56, 256)	590080
block3_conv3 (Conv2D)	(None, 56, 56, 256)	590080
block3_conv4 (Conv2D)	(None, 56, 56, 256)	590080
block3_pool (MaxPooling2D)	(None, 28, 28, 256)	0

block4_sepconv1 (SeparableCo	(None, 28, 28, 512)	133888
block4_conv1_bn (BatchNormal	(None, 28, 28, 512)	2048
block4_sepconv2 (SeparableCo	(None, 28, 28, 512)	267264
block4_conv2_bn (BatchNormal	(None, 28, 28, 512)	2048
block4_sepconv3 (SeparableCo	(None, 28, 28, 512)	267264
block4_pool (MaxPooling2D)	(None, 14, 14, 512)	0
block5_sepconv1 (SeparableCo	(None, 14, 14, 512)	267264
block5_conv1_bn (BatchNormal	(None, 14, 14, 512)	2048
block5_sepconv2 (SeparableCo	(None, 14, 14, 512)	267264
block5_conv2_bn (BatchNormal	(None, 14, 14, 512)	2048
block5_sepconv3 (SeparableCo	(None, 14, 14, 512)	267264
block5_pool (MaxPooling2D)	(None, 7, 7, 512)	0
flatten (Flatten)	(None, 25088)	0
fc1 (Dense)	(None, 1024)	25691136
dropout1 (Dropout)	(None, 1024)	0
fc2 (Dense)	(None, 512)	524800
dropout2 (Dropout)	(None, 512)	0
predictions (Dense)	(None, 2)	1026

=====

Total params: 30,020,930

Trainable params: 27,691,266

Non-trainable params: 2,329,664

Results obtained with that CNN

Data set	Accuracy with custom CNN	Accuracy with VGG-19
Chest X-ray	0.94	0.902
Kvasir (version 2)	0.94	0.82
Mini MIT	0.86	0.77
Cancer cells	0.84	0.78

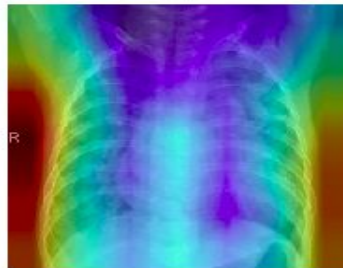
Prediction visualisation for last conv layer

☞ VGG 19 GradCAM for layer : block5_pool
Explanation for : PNEUMONIA 0.69
Ground truth is : PNEUMONIA

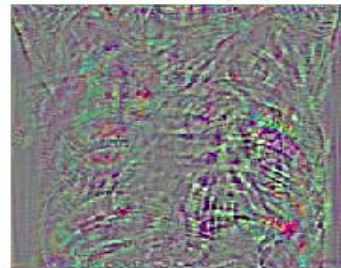
Original image



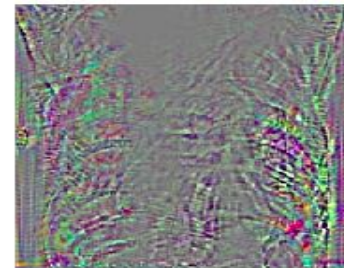
GradCAM



Guided Backprop



Guided GradCAM



Custom CNN GradCAM for layer : block5_pool
Explanation for : PNEUMONIA 0.98
Ground truth is : PNEUMONIA

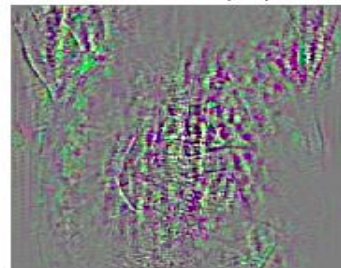
Original image



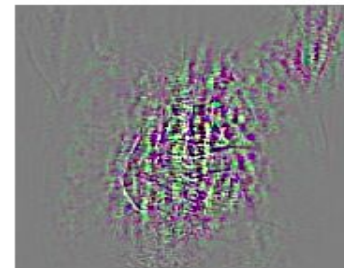
GradCAM



Guided Backprop



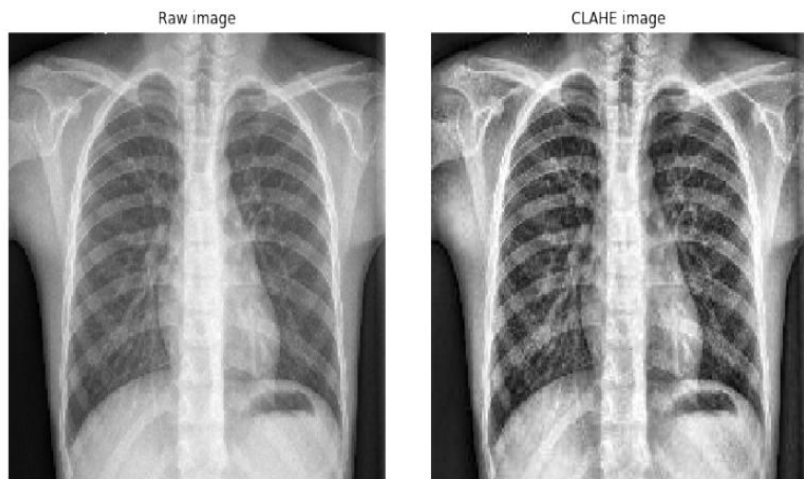
Guided GradCAM



Other tricks we used

➤ Pixel regularization

- no improvement
- may be combined with raw image



➤ Data augmentation

- good improvement for smaller datasets (5~10%)

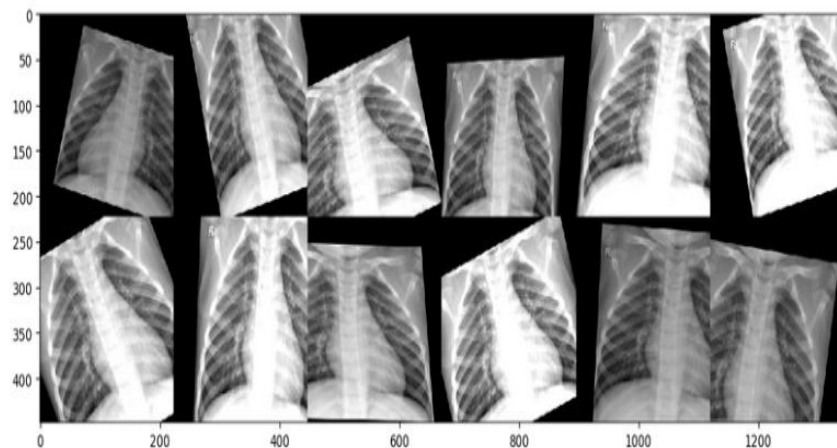


Figure 33: Difference between a raw and normalized image from Chest X-ray data set

Final results

Dataset	Dataset shape	Best method name	Accuracy, Recall	Previous best
miniMIT_Etus	train(120,3) test(120,3)	Feature extraction with max pooling on layer fc2 with image scale (864, 864) + linear SVM	0.87 , -	0.84, -
cancer_cells	train(72,2) test(26,2) val(26,2)	Feature extraction with max pooling on layer fc1 with image scale (544, 544) + linear SVM	0.88, 0.8	-
Kvasir_v2	train(4800,8) test(1600,8) val(1600,8)	Our custom CNN	0.94, 0.90	0.88, -
Chest_xray Pneumonia	train(5221,2) test(624,2) val(16,2)	Our custom CNN	0.94, 0.97	0.78, -

Conclusion

- 4 data sets of various properties
 - Transfer Learning scenarios to use for a image classification project
- **Size of the data set and its similarity to the original data set matters**
 - **Large** ⇒ **fine-tuning** of a pre-trained network
 - **Small** ⇒ **linear classifier** on fully connected layers from a pre-trained network.
 - **VLAD** ⇒ **not so relevant** but could improve the accuracy from the last convolutional layer
- In case the data set you use is very similar to the ImageNet data set, you should just use the best pre-trained network available nowadays
- Excellent neural network in regards of metrics NOT always useful
 - Output should be relevant for humans.