

Three Pillars of Health Data Science

Transfer Learning, Federated Learning, and Imbalanced Learning

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Computer Science & Engineering

Jan 12, 2023



GLOVEX

<https://glovex.umn.edu/>

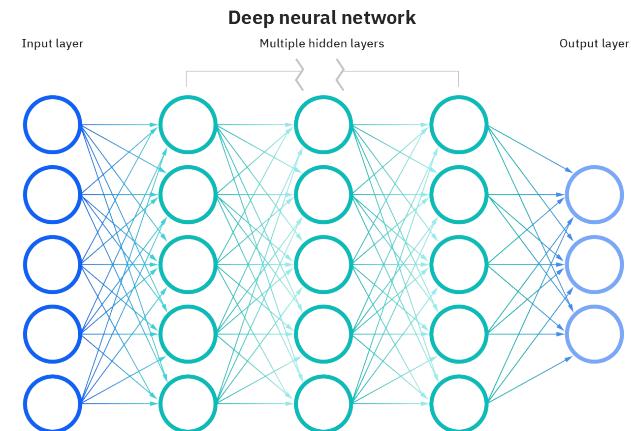


UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Research in the group



(Machine) **Learning**, (Numerical) **Optimization**, (Computer) **Vision**, healthcar**E**, + **X**

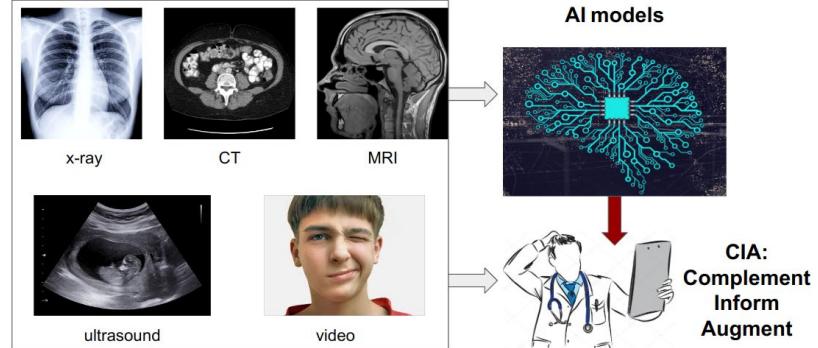
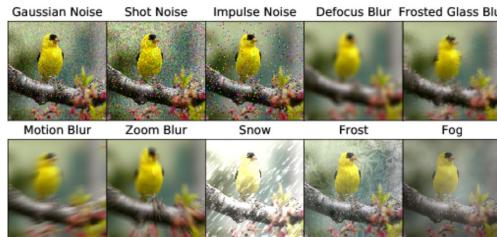
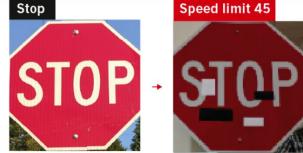


Our research themes

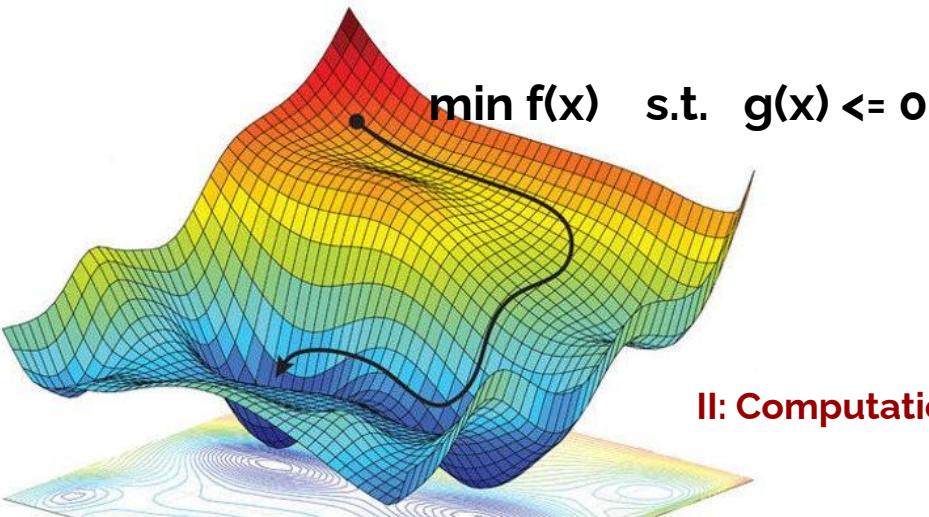
FOOLING THE AI

Deep neural networks (DNNs) are brilliant at image recognition — but they can be easily hacked.

These stickers made an artificial-intelligence system read this stop sign as 'speed limit 45'.

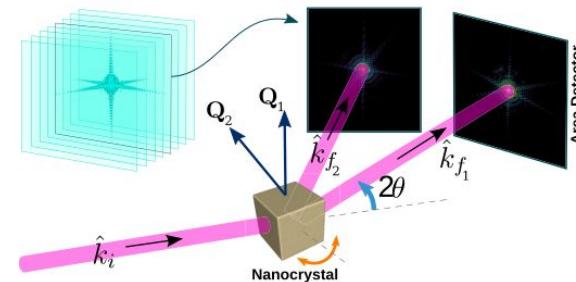


I: Trustworthy AI



II: Computation for AI

III: AI for Healthcare

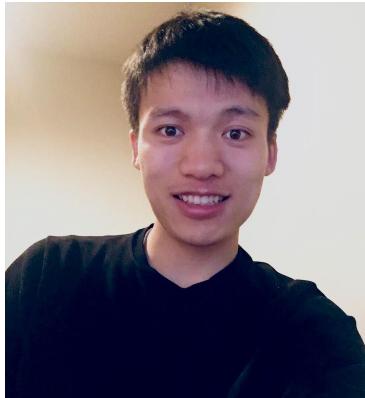


IV: AI for Science and Engineering

Thanks to



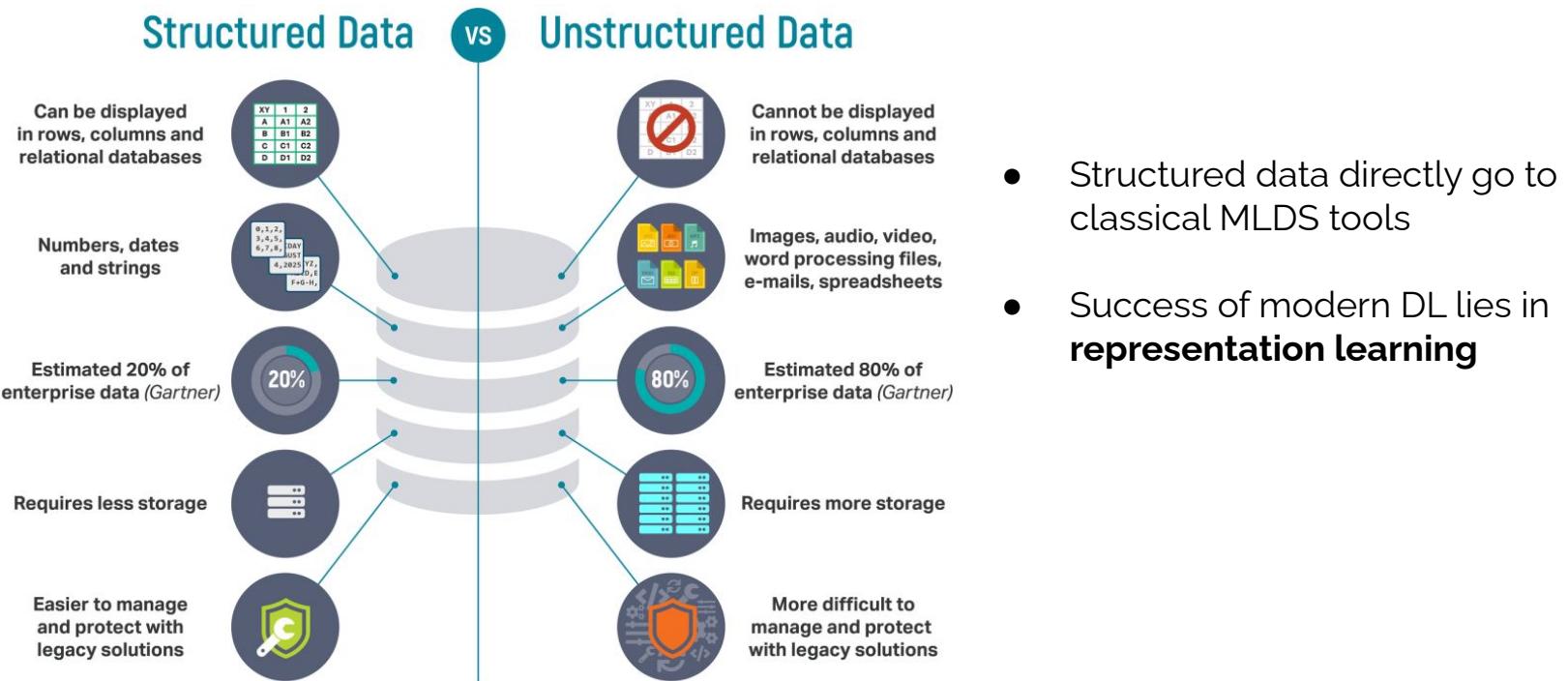
Thanks to



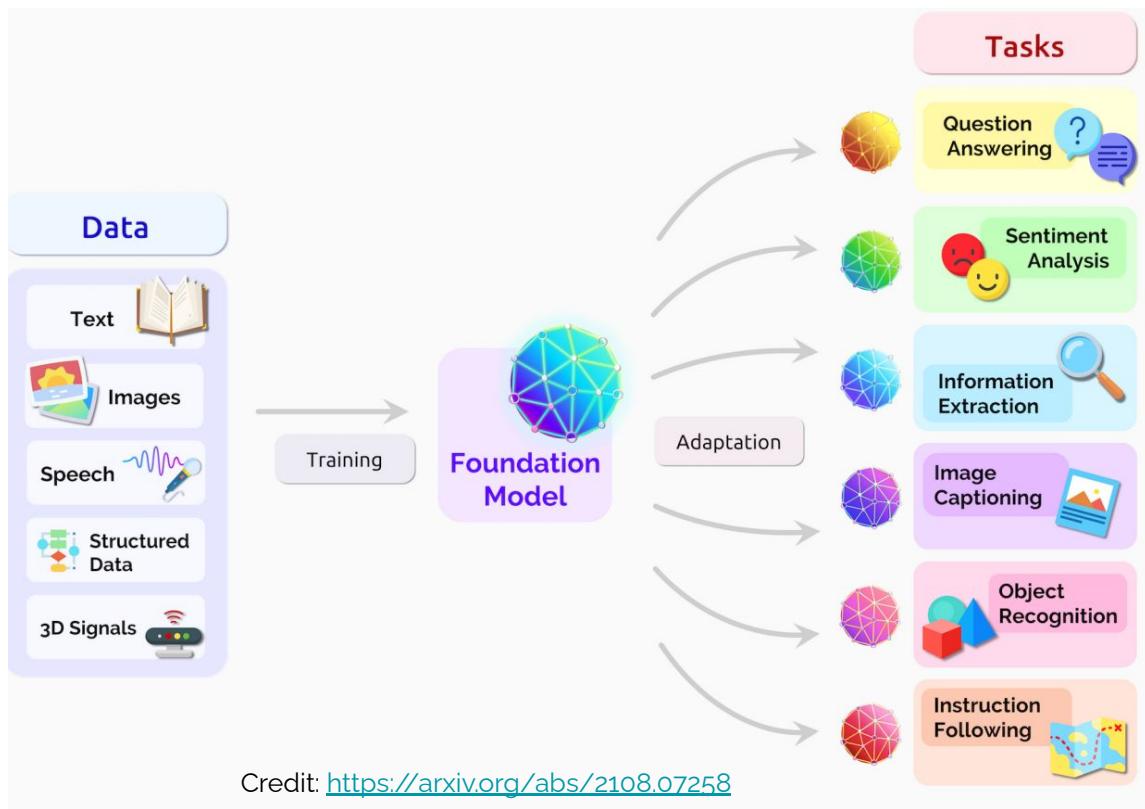
Le Peng (CS&E, PhD)



Deep learning is mostly for unstructured data



Deep learning is data-hungry

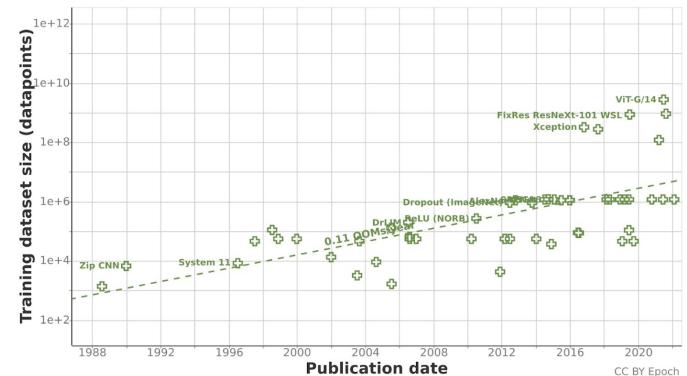


NLP models

| Year | Model | # of Parameters | Dataset Size |
|------|-------------------------|-----------------|--------------|
| 2019 | BERT [39] | 3.4E+08 | 16GB |
| 2019 | DistilBERT [113] | 6.60E+07 | 16GB |
| 2019 | ALBERT [70] | 2.23E+08 | 16GB |
| 2019 | XLNet (Large) [150] | 3.40E+08 | 126GB |
| 2020 | ERNIE-GEN (Large) [145] | 3.40E+08 | 16GB |
| 2019 | RoBERTa (Large) [74] | 3.55E+08 | 161GB |
| 2019 | MegatronLM [122] | 8.30E+09 | 174GB |
| 2020 | T5-11B [107] | 1.10E+10 | 745GB |
| 2020 | T-NLG [112] | 1.70E+10 | 174GB |
| 2020 | GPT-3 [25] | 1.75E+11 | 570GB |
| 2020 | GShard [73] | 6.00E+11 | - |
| 2021 | Switch-C [43] | 1.57E+12 | 745GB |

Credit: <https://dl.acm.org/doi/10.1145/3442188.3445922>

CV models



Credit:

<https://epochai.org/blog/trends-in-training-dataset-sizes>

Deep learning is data-picky



SQuAD 2.0

The Stanford Question Answering Dataset



What is COCO?

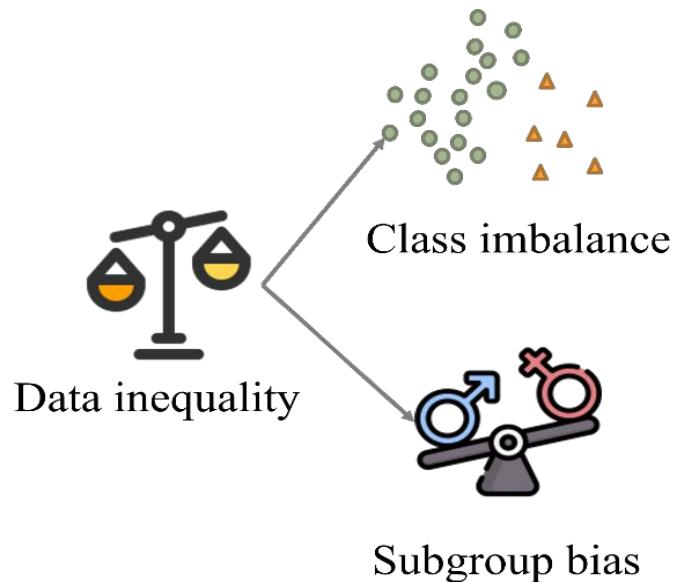
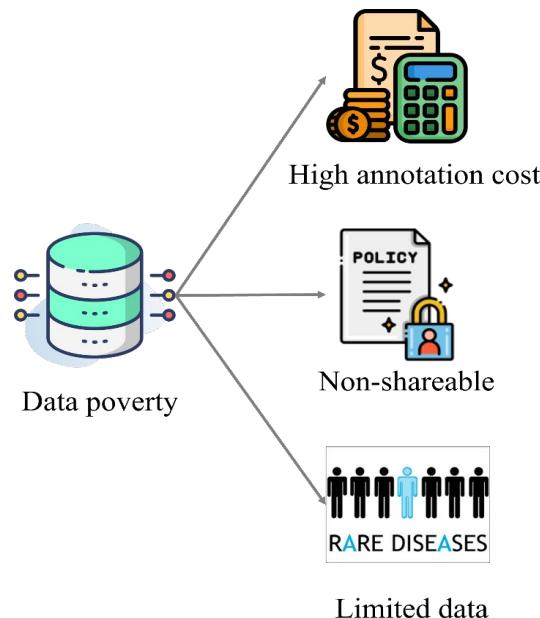


COCO is a large-scale object detection, segmentation, and captioning dataset. COCO has several features:

- ✓ Object segmentation
- ✓ Recognition in context
- ✓ Superpixel stuff segmentation
- ✓ 330K images (>200K labeled)
- ✓ 1.5 million object instances
- ✓ 80 object categories
- ✓ 91 stuff categories
- ✓ 5 captions per image
- ✓ 250,000 people with keypoints

Need
well-curated
datasets for
training and
evaluation

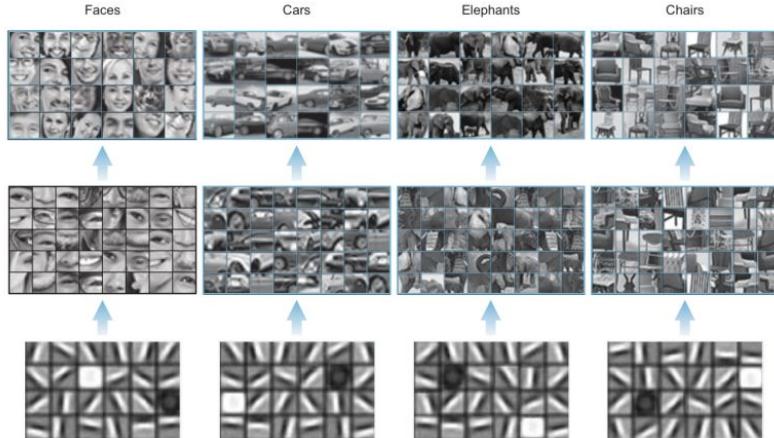
Data poverty and inequality (DPI) in healthcare



Outline

- **Addressing data poverty—transfer learning**
- Addressing data poverty—federated learning
- Addressing data inequality—imbalanced learning
- Perspective: toward human-in-the-loop health data science

Addressing data poverty—transfer learning



(Credit: [Elgendi, 2020])

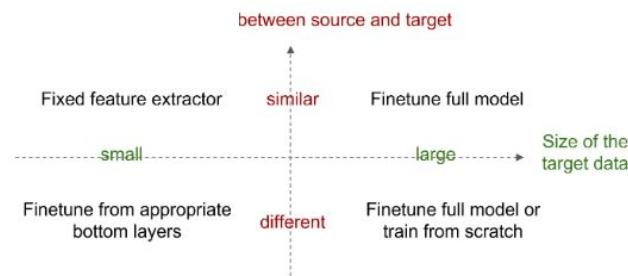
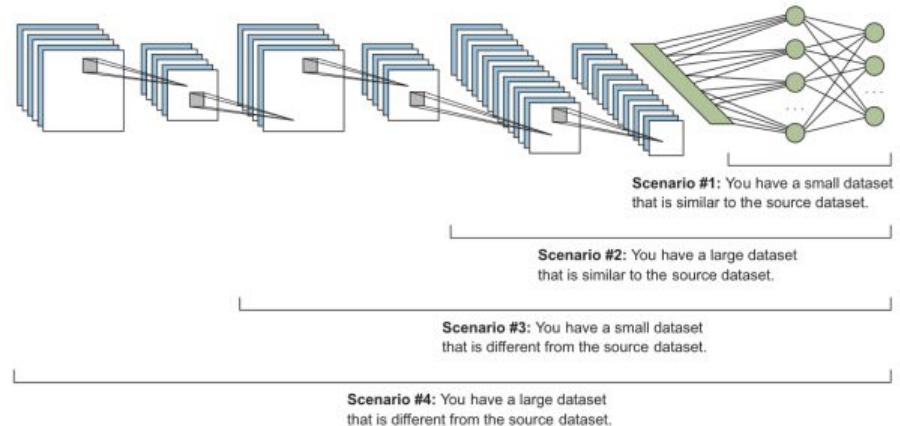


Fig. 2. Illustration of different DCNN-based TL scenarios and strategies

Rethinking Transfer Learning for Medical Image Classification

Truncated transfer learning (TTL)

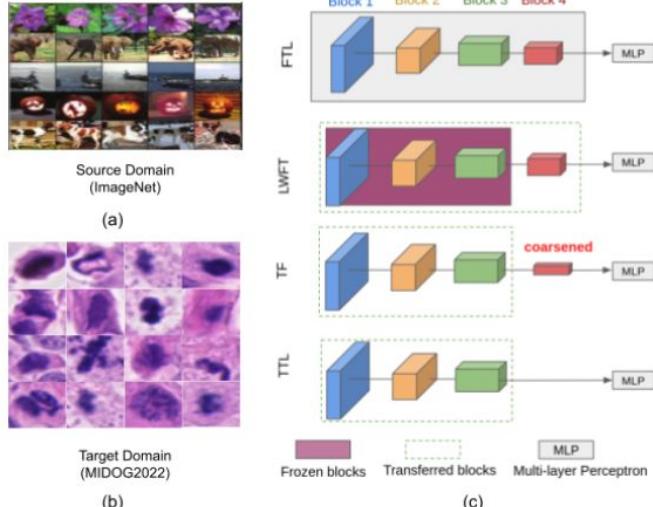


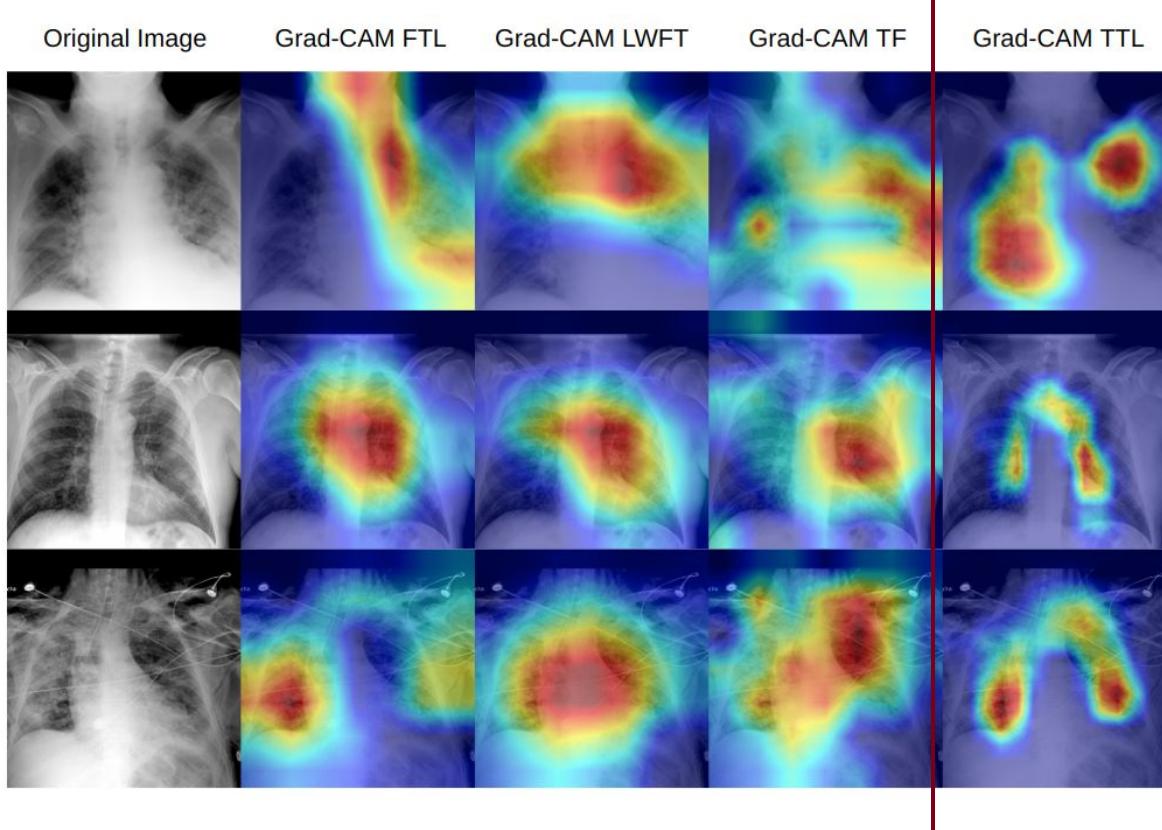
Fig. 3. Overview of typical TL setup, and the four TL methods that we focus on in this paper. (a) TL source domain: e.g., ImageNet object recognition; (b) TL target domain: e.g., mitotic cells classification; (c) Four TL methods: FTL, LWFT, TF, our TTL applied to ResNet50 pretrained on ImageNet.

3D PULMONARY EMBOLISM CLASSIFICATION WITH DIFFERENT TL STRATEGIES. THE BEST RESULT OF EACH COLUMN IS COLORED IN RED. \uparrow INDICATES LARGER VALUE IS BETTER AND \downarrow INDICATES LOWER VALUE IS BETTER. “-1” MEANS WITH THE BLOCK-WISE SEARCH ONLY, AND “-2” MEANS WITH THE TWO-STAGE BLOCK-LAYER HIERARCHICAL SEARCH. NOTE THAT THE RUN TIME FOR THIS TABLE IS IN SECONDS, NOT MILLISECONDS.

| Method | AUROC \uparrow | AUPRC \uparrow | Params(M) \downarrow | MACs(G) \downarrow | CPU(s) \downarrow | GPU(s) \downarrow |
|--------------------|-------------------------------------|-------------------------------------|------------------------|----------------------|---------------------|---------------------|
| PENet | 0.822 ± 0.010 | 0.855 ± 0.007 | 28.4 | 51.7 | 1.50 | 1.59e-2 |
| FTL | 0.821 ± 0.010 | 0.867 ± 0.006 | 47.5 | 66.3 | 1.44 | 1.96e-2 |
| TF-1 | 0.849 ± 0.020 | 0.886 ± 0.017 | 36.1 | 64.9 | 1.41 | 1.93e-2 |
| LWFT-1 | 0.817 ± 0.005 | 0.855 ± 0.003 | 47.5 | 66.3 | 1.44 | 1.96e-2 |
| TTL-1 | 0.854 ± 0.013 | 0.889 ± 0.015 | 26.11 | 60.17 | 1.32 | 1.68e-2 |
| TF-2 | 0.849 ± 0.020 | 0.886 ± 0.017 | 36.1 | 64.9 | 1.41 | 1.93e-2 |
| LWFT-2 | 0.835 ± 0.038 | 0.870 ± 0.028 | 47.5 | 66.3 | 1.44 | 1.96e-2 |
| TTL-2(ours) | 0.854 ± 0.013 | 0.889 ± 0.015 | 26.11 | 60.17 | 1.32 | 1.68e-2 |

Smaller DNN model, boosted performance!

Truncated transfer learning (TTL)



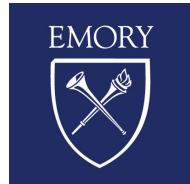
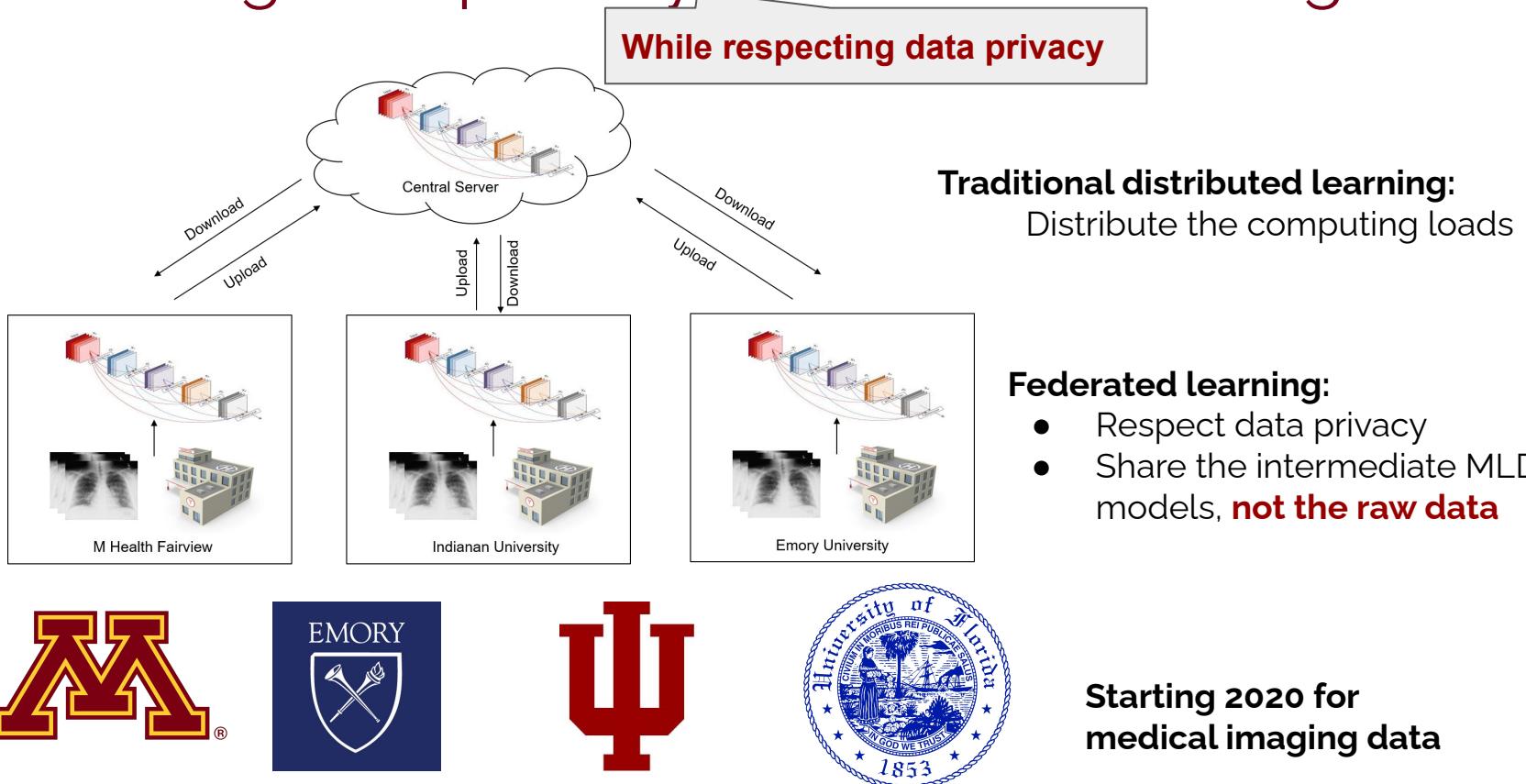
For COVID-19 prediction:

TTL correctly focuses more on texture (lesion) in the lung area!

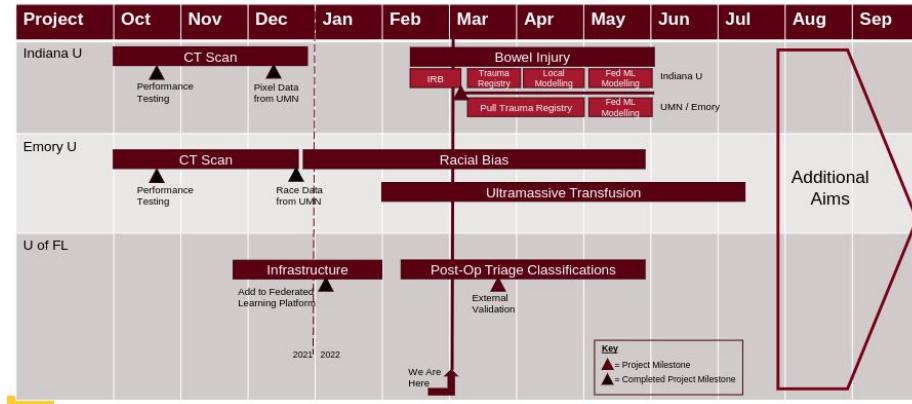
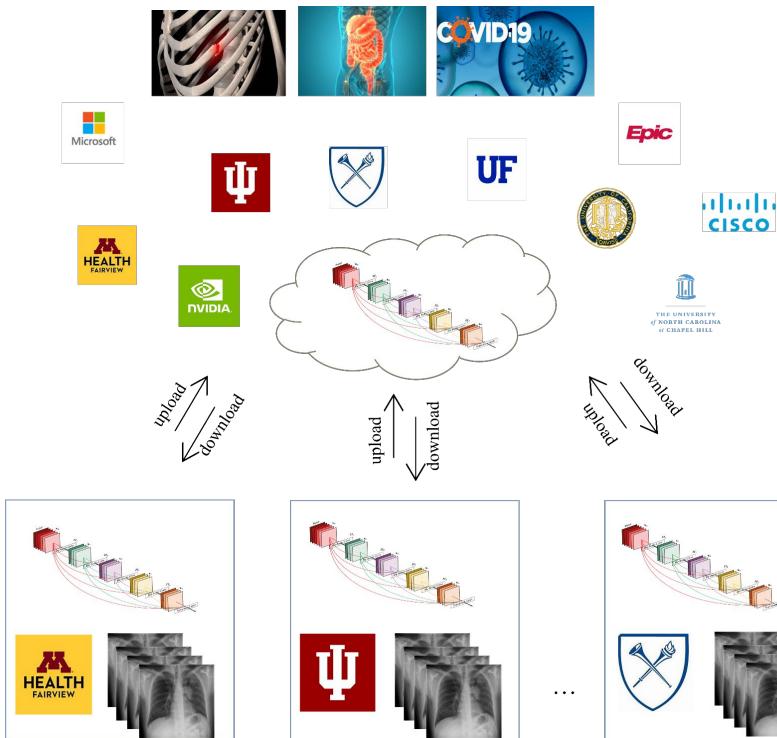
Outline

- Addressing data poverty—transfer learning
- **Addressing data poverty—federated learning**
- Addressing data inequality—imbalanced learning
- Perspective: toward human-in-the-loop health data science

Addressing data poverty—federated learning



Our medical CV federation



Status of our CV federation

- ✓ (UMN) COVID-19 detection (UF, Emory, IU and MHealth Fairview)
- ✓ (Emory) Racial Bias study (Emory, IU and Mhealth Fairview)
- ☐ (UMN) RibFrac detection (Emory, IU and Mhealth Fairview)

FL COVID-19 detection

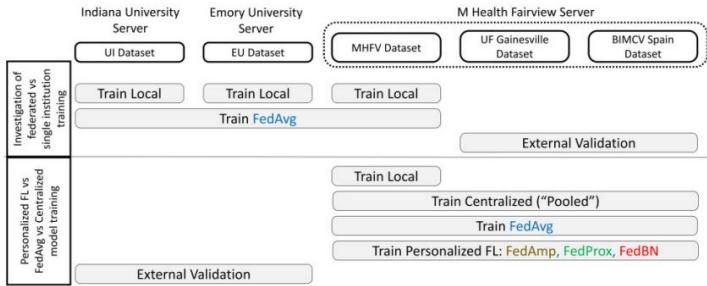


Figure 1. Schematic representation of the available datasets and the analysis conducted for this study. IU: Indiana University; EU: Emory University; MHFV: M Health Fairview; UF: University of Florida; BIMCV: Valencian Region Medical ImageBank.

Table 2. Internal and external validation of federated model

| | | N | AUROC | AUPRC | 95% CI | Precision | Recall | F1 score |
|----------|-------|------|-------|-------|-------------|-----------|--------|----------|
| Internal | MHFV | 9102 | 0.951 | 0.838 | 0.940–0.963 | 0.616 | 0.840 | 0.711 |
| | IU | 3179 | 0.871 | 0.886 | 0.857–0.885 | 0.828 | 0.748 | 0.786 |
| | EU | 4051 | 0.832 | 0.801 | 0.813–0.851 | 0.681 | 0.784 | 0.729 |
| External | BIMCV | 3822 | 0.601 | 0.511 | 0.585–0.617 | 0.616 | 0.471 | 0.533 |
| | UF | 2489 | 0.13 | 0.65 | 0.622–0.734 | 0.629 | 0.592 | 0.610 |

FL shows good generalization on external validation

Table 3. Performance comparison between single institution model (SIM) and federated learning model (FLM)

| | AUROC | | | Sensitivity | | | Specificity | | |
|-------|-------|-------|---------|-------------|-------|---------|-------------|-------|---------|
| | SIM | FLM | P value | SIM | FLM | P value | SIM | FLM | P value |
| MHFV | 0.944 | 0.951 | .492 | 0.870 | 0.840 | .020 | 0.939 | 0.950 | <.05 |
| BIMCV | 0.557 | 0.601 | <.05 | 0.301 | 0.471 | <.05 | 0.833 | 0.730 | <.05 |
| UF | 0.667 | 0.713 | <.05 | 0.548 | 0.592 | <.05 | 0.721 | 0.759 | <.05 |

Note: We use Delong's test to compare the difference of AUROC and McNemar's test to compare specificity and sensitivity.

JOURNAL ARTICLE

Evaluation of federated learning variations for COVID-19 diagnosis using chest radiographs from 42 US and European hospitals 🔒

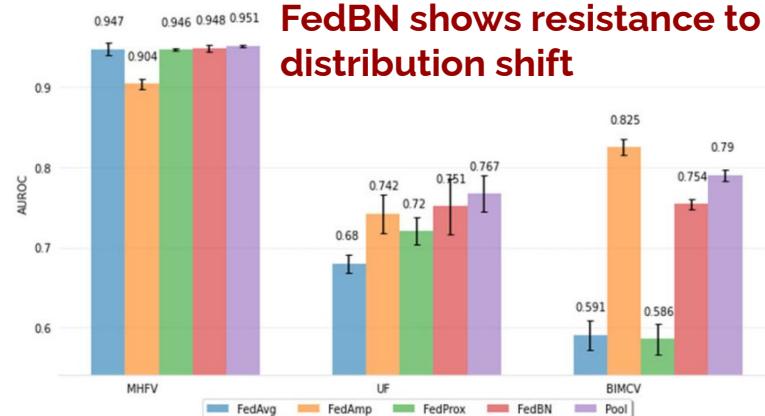
Le Peng, Gaoxiang Luo, Andrew Walker, Zachary Zaiman, Emma K Jones, Hemant Gupta, Kristopher Kersten, John L Burns, Christopher A Harle, Tanja Magoc ... Show more

Journal of the American Medical Informatics Association, ocac188,

<https://doi.org/10.1093/jamia/ocac188>

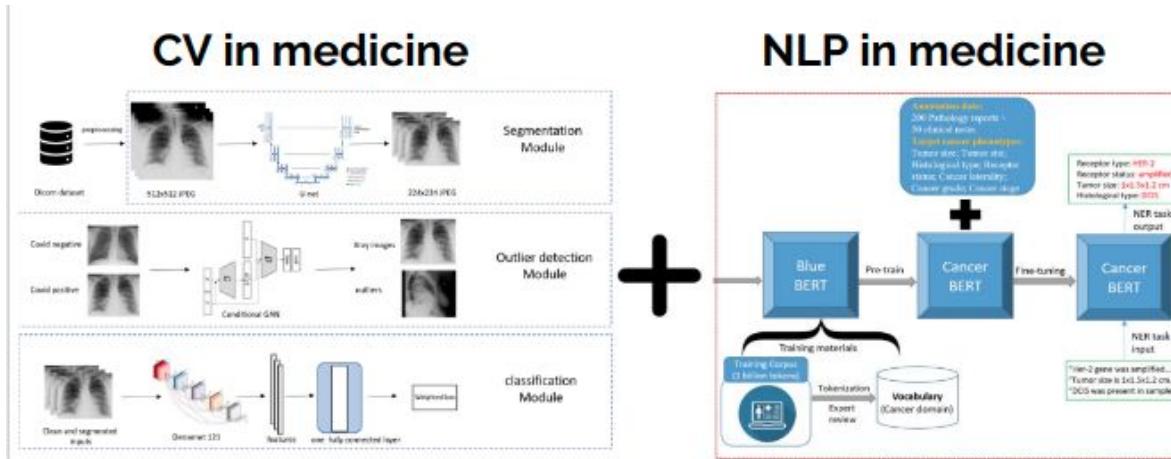
Published: 20 October 2022 Article history ▾

Federated learning (Journal of American Medical Informatics Association; 2022)



FedBN shows resistance to distribution shift

Next: FL for CV + NLP



Ju Sun, Ph.D.



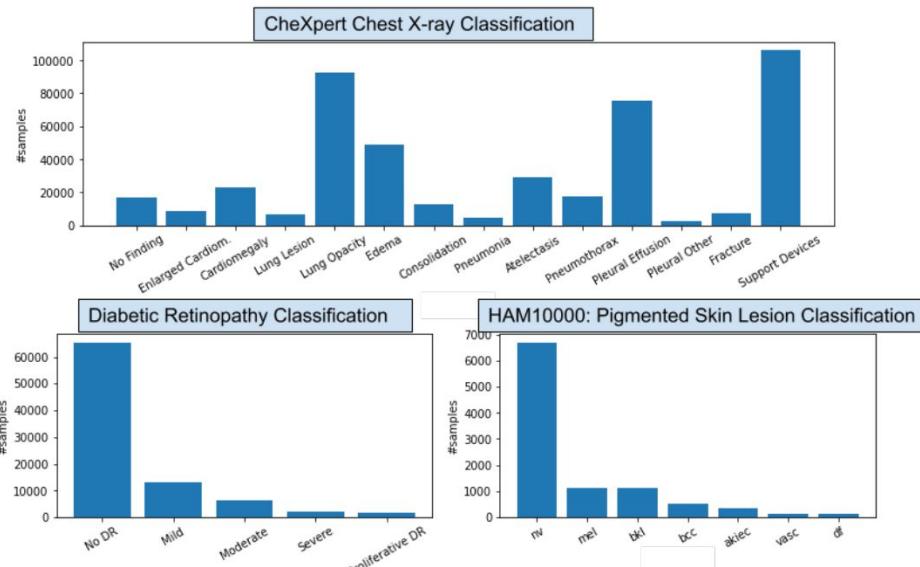
Rui Zhang, Ph.D.



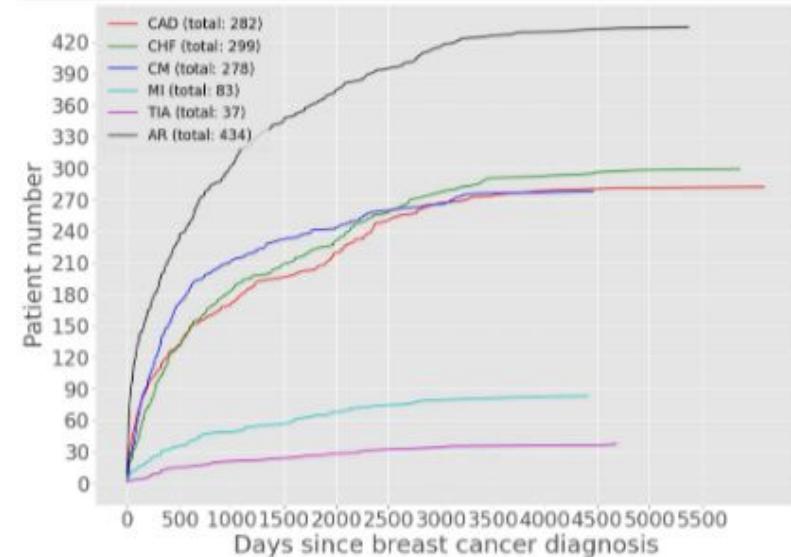
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Addressing data inequality—imbalanced learning



Imbalanced classification (IC)



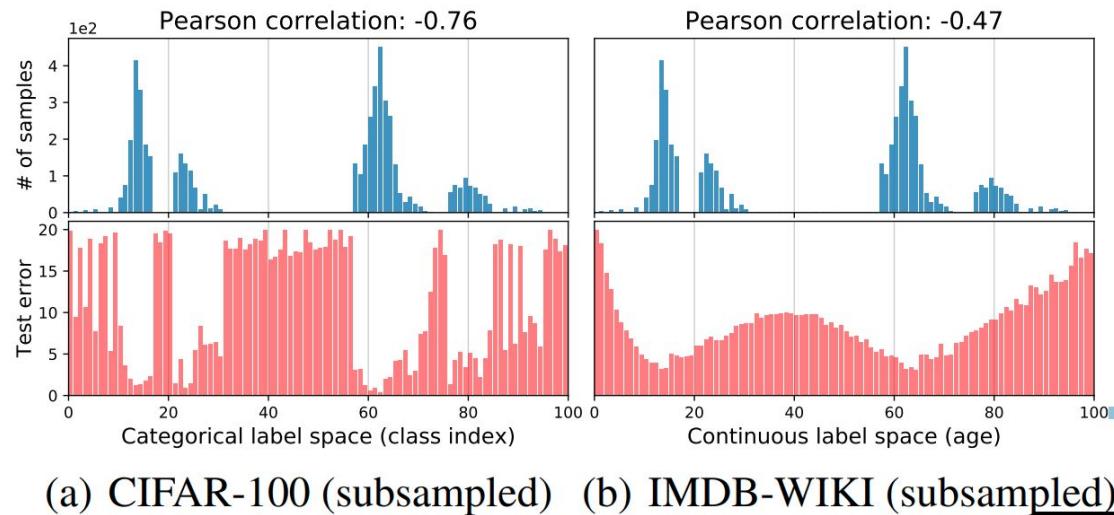
Imbalanced regression (IR)

While imbalance learning is challenging?

| | Predicted POS | Predicted NEG |
|-----|---------------|---------------|
| POS | 70 | 30 |
| NEG | 1000 | 9000 |

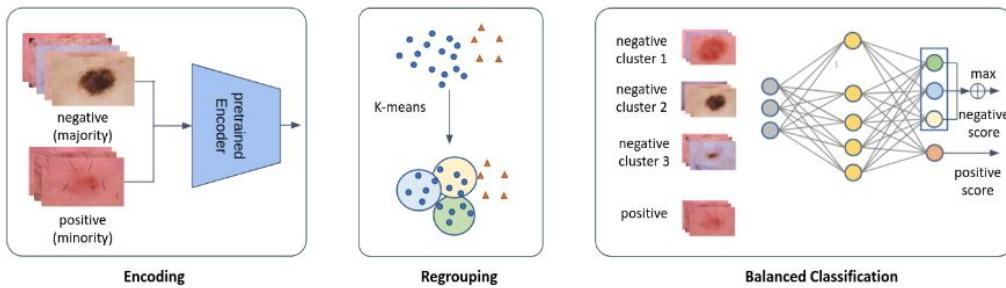
Accuracy: $9070/10100 = 0.898$
True Positive Rate (Sensitivity, Recall): 0.7
True Negative Rate (Specificity): 0.9
Balanced Accuracy: $(0.7 + 0.9)/2 = 0.80$
Precision (POS): $70/1070 = 0.065$
F1 Score: $2*0.065*0.7/(0.065 + 0.7) = 0.119$

Figure 2: An example confusion table for binary classification, and the various associated performance metrics. POS: positive; NEG: negative.



Evaluation metrics \Rightarrow Learning goals matter!

SOTA methods for IC is (substantially?) suboptimal



Binary Classification

| Method | binary CIFAR-100 | | | binary HAM10000 | | |
|---------------------|------------------|-----------|------------------|-----------------|------------------|-------------------|
| | BA (%) ↑ | AP (%) ↑ | | BA (%) ↑ | AP (%) ↑ | |
| | Neg (45,000) | Pos (500) | | Neg (9,688) | Pos (327) | |
| CE | 81.9 | 99.9 | 68.1 | 76.6 | 99.6 | 67.3 |
| WCE | 84.5 | 99.9 | 58.2 | 84.9 | 99.7 | 56.5 |
| Focal | 80.4 | 99.7 | 70.5 | 51.9 | 90.8 | 37.0 |
| LDAM | 77.4 | 100 | 62.8 | 50.0 | 98.9 | 20.8 |
| LA | 81.9 | 100 | 51.4 | 51.4 | 99.5 | 51.4 |
| AP | 73.8 | 99.9 | 54.6 | 50.0 | 99.5 | 34.1 |
| RUSC | 84.4 | 99.7 | 16.8 | 89.7 | 99.6 | 35.6 |
| DSMT | 58.0 | 99.7 | 48.7 | 76.0 | 99.5 | 66.2 |
| ROS | 83.4 | 99.4 | 68.8 | 81.1 | 99.4 | 74.7 |
| RG+CE _m | 87.9 +6.0 | 99.8 -0.1 | 77.2 +9.1 | 83.7 +7.1 | 99.2 -0.4 | 79.9 +12.5 |
| RG+CE _s | 86.9 +5.0 | 99.9 +0.0 | 76.2 +8.1 | 80.6 +4.0 | 99.9 +0.3 | 79.9 +12.5 |
| RG+WCE _m | 84.9 +3.0 | 99.8 -0.1 | 74.6 +6.5 | 85.0 +8.4 | 99.1 -0.5 | 83.9 +16.5 |
| RG+WCE _s | 83.4 +1.5 | 99.8 -0.1 | 74.6 +6.5 | 80.8 +8.4 | 99.9 +0.3 | 83.9 +16.5 |

Our simple method outperforms SOTA!

Imbalanced Classification in Medical Imaging via Regrouping

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Imbalanced learning (NeurIPS'22 Workshop: When Medical Imaging Meets NeurIPS) <https://arxiv.org/abs/2210.12234>

Multi-class Classification

| Method | BA (%) ↑ | AP (%) ↑ | | | | | | |
|---------------------|-------------|-------------|-------------|-------------|-------------|---------------|-------------|-------------|
| | | nv 6705 | mel 1113 | bkl 1099 | bcc 514 | bakiec 327 | vasc 142 | df 115 |
| CE | 62.5 | 96.7 | 66.4 | 73.5 | 79.1 | 59.2 | 86.0 | 53.8 |
| WCE | 66.3 | 96.3 | 46.5 | 58.5 | 67.6 | 54.9 | 88.2 | 57.8 |
| Focal | 60.3 | 96.9 | 62.5 | 69.2 | 74.9 | 48.7 | 84.3 | 50.0 |
| LDAM | 56.5 | 96.0 | 62.9 | 66.2 | 71.0 | 51.6 | 83.6 | 10.0 |
| LA | 61.4 | 96.1 | 77.9 | 72.3 | 71.1 | 65.5 | 84.2 | 19.3 |
| RUSC | 59.4 | 92.4 | 30.9 | 29.0 | 39.8 | 24.9 | 74.9 | 39.7 |
| DSMT | 60.5 | 97.2 | 65.9 | 70.5 | 76.8 | 58.3 | 81.4 | 51.0 |
| ROS | 71.5 | 97.5 | 73.3 | 82.8 | 88.2 | 71.2 | 94.2 | 61.8 |
| RG+CE _m | 66.6 | 95.6 | 72.8 | 82.2 | 78.1 | 70.0 | 92.7 | 62.4 |
| RG+CE _s | 67.5 | 95.6 | 72.8 | 82.2 | 78.1 | 70.0 | 92.7 | 62.4 |
| RG+WCE _m | 72.8 | 94.3 | 72.6 | 76.0 | 82.0 | 68.9 | 95.2 | 72.5 |
| RG+WCE _s | 67.9 | 98.0 | 72.7 | 78.0 | 82.8 | 71.4 | 91.1 | 69.8 |

Ongoing: principled learning goals

fix precision, optimize recall (FPOR): $\max_{\theta,t} \text{recall}(f_{\theta}, t)$ s. t. $\text{precision}(f_{\theta}, t) \geq \alpha$,

fix recall, optimize precision (FROP): $\max_{\theta,t} \text{precision}_t$ s. t. $\text{recall}(f_{\theta}, t) \geq \alpha$,

optimize F_{β} score (OFBS): $\max_{\theta,t} F_{\beta}(f_{\theta}, t)$,

optimize AP (OAP): $\max_{\theta} \text{AP}(f_{\theta})$.

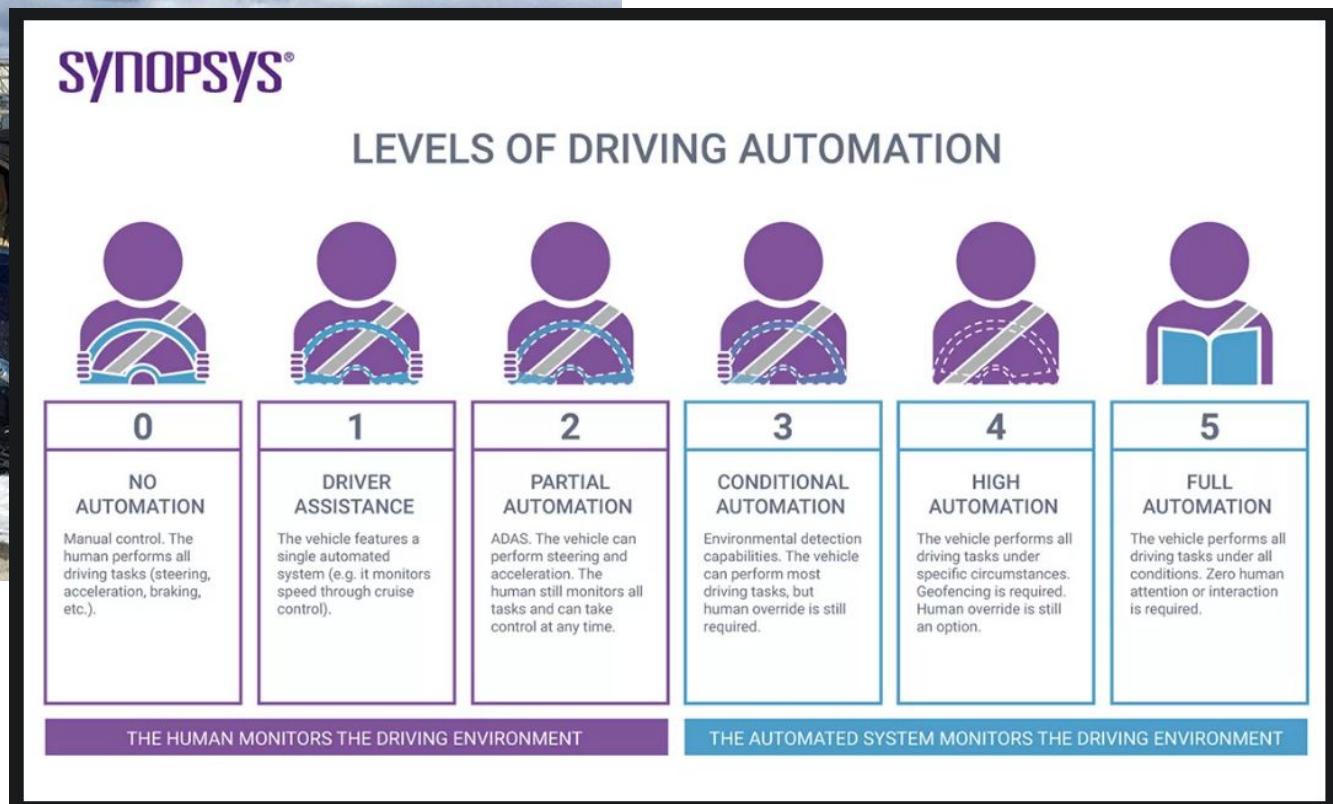
optimize multiclass performance (OMCP): $\max_{\theta,t} \text{multiclass-metric}(f_{\theta}, t)$.

optimize regression performance (OREGP): $\max_{\theta} \text{regression-metric}(f_{\theta})$;

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Different levels of self-driving cars



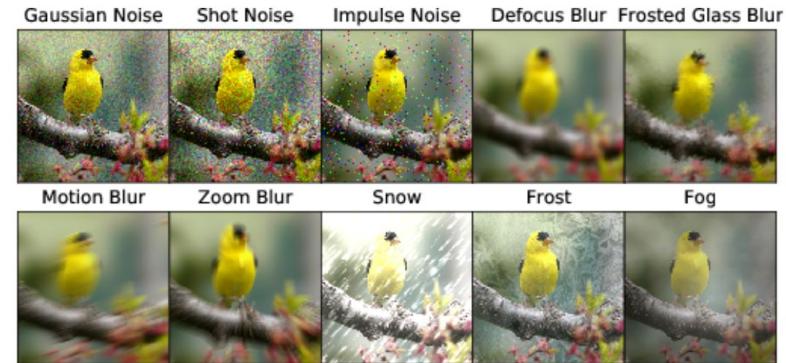
Toward different levels of AI-assisted healthcare

$$\max_{\theta, t} \text{recall}(f_{\theta}, t) \quad \text{s. t. } \text{precision}(f_{\theta}, t) \geq \alpha,$$

$$\max_{\theta, t} \text{precision}_t \quad \text{s. t. } \text{recall}(f_{\theta}, t) \geq \alpha,$$

$$\max_{\theta, t} F_{\beta}(f_{\theta}, t),$$

$$\max_{\theta} \text{AP}(f_{\theta}).$$



Setting realistic goals: to be aligned with practical clinical demand

Machine Learning with a Reject Option: A survey

Kilian Hendrickx, Lorenzo Perini, Dries Van der Plas, Wannes Meert, Jesse Davis

Machine learning models always make a prediction, even when it is likely to be inaccurate. This behavior should be avoided in many decision support applications, where mistakes can have severe consequences. Albeit already studied in 1970, machine learning with a reject option recently gained interest. This machine learning subfield enables machine learning models to abstain from making a prediction when likely to make a mistake.

Addressing robustness: identifying most common nuisance factors in medical AI

Allowing abstention: refraining from making prediction when sensing uncertainty/robustness issues



computer
SCIENCE & ENGINEERING



GROUP OF LEARNING, OPTIMIZATION,
VISION, HEALTHCARE, AND X



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