# Interpretable Machine Learning of PET Imaging for Individualized Predictions of Seizure Outcomes after Temporal Lobe Epilepsy Surgery

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Huanhua Wu Prof. Hao Xu\*

The First Affiliated Hospital of Jinan University

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Introduction

**The Data** 

The Model

**The Explanation** 

Conclusion





## **Introduction**



## Background

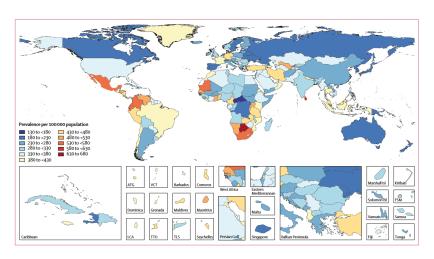
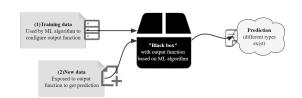


Figure 1: Epilepsy Epidemiology



#### Aims



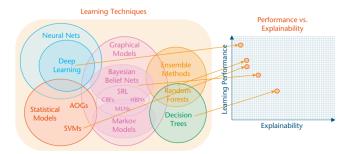


Figure 2: Focus on Interpretability of ML



#### Scheme

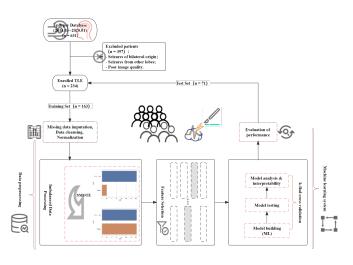


Figure 3: Flowchart of TLE Postsurgical IML



## **The Data**



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#### **Combined of PET Radiomics and Clinical Features**

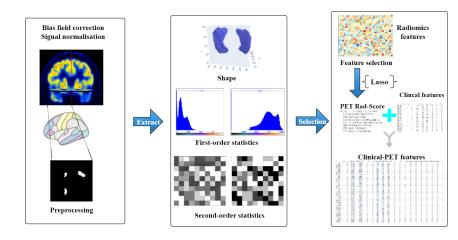


Figure 4: PET Radiomics Score and Clinical-PET Features



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### **Exploratory Data Analysis**

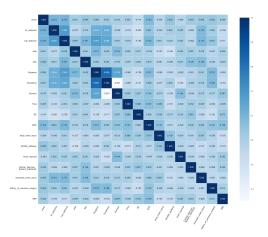


Figure 5: Heatmap of Clinical-PET Features



# The Model



#### **Benchmark**

**Table 1:** Performance Comparison Eleven ML algorithms and K-folds Cross-validation of the Selected AdaBoost

								Folds\Tuned	_Ada Accuracy	AUC	Recall	Prec.	F1	Kappa	MCC	APC
								1	0.882	0.733	0.000	0.000	0.000	0.000	0.000	0.361
Model	Accuracy	AUC	Recall	Prec.	F1	Kappa	MCC	2	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Ada Boost Classifier	0.883	0.789	0.400	0.433	0.393	0.345	0.357									
Extreme Gradient Boosting	0.884	0.777	0.300	0.400	0.333	0.287	0.295	3	0.824	0.550	0.000	0.000	0.000	-0.085	-0.091	0.183
Random Forest Classifier	0.884	0.763	0.200	0.350	0.250	0.217	0.230	4	0.875	0.893	0.000	0.000	0.000	0.000	0.000	0.500
Gradient Boosting Classifier	0.890	0.762	0.350	0.483	0.390	0.346		5	0.938	0.929	0.500	1.000	0.667	0.636	0.683	0.750
Light Gradient Boosting Machine	0.859	0.749	0.250	0.325	0.267	0.211	0.221	0	0.938	0.964	0.500	1.000	0.667	0.636	0.683	0.833
Logistic Regression	0.878	0.669	0.050	0.100	0.067	0.055	0.059	0								
Extra Trees Classifier	0.884	0.662	0.100	0.200	0.133	0.118	0.127	7	0.875	0.554	0.000	0.000	0.000	0.000	0.000	0.321
K Neighbors Classifier	0.865	0.646	0.200	0.200	0.183	0.140	0.149	8	0.938	0.964	0.500	1.000	0.667	0.636	0.683	0.833
Linear Discriminant Analysis	0.884	0.642	0.100	0.200	0.133	0.119	0.128	Q	0.938	1.000	0.500	1.000	0.667	0.636	0.683	1.000
Naive Bayes	0.251	0.586	0.900	0.129	0.226	0.014	0.072	**								
Decision Tree Classifier	0.798	0.584	0.300	0.264	0.259	0.158	0.167	10	0.938	0.679	0.500	1.000	0.667	0.636	0.683	0.591
								Mean	0.914	0.827	0.350	0.600	0.433	0.410	0.432	0.637
								Std	0.047	0.172	0.320	0.490	0.367	0.368	0.384	0,200



**Table 1:** Performance Comparison Eleven ML algorithms

Model	Accuracy	AUC	Recall	Prec.	F1	Kapp
Ada Boost Classifier	0.883	0.789	0.4	0.433	0.393	0.345
Extreme Gradient Boosting	0.884	0.777	0.3	0.4	0.333	0.287
Random Forest Classifier	0.884	0.763	0.2	0.35	0.25	0.217
Gradient Boosting Classifier	0.89	0.762	0.35	0.483	0.39	0.346
Light Gradient Boosting Machine	0.859	0.749	0.25	0.325	0.267	0.211
Logistic Regression	0.878	0.669	0.05	0.1	0.067	0.055
Extra Trees Classifier	0.884	0.662	0.1	0.2	0.133	0.118
K Neighbors Classifier	0.865	0.646	0.2	0.2	0.183	0.14
Linear Discriminant Analysis	0.884	0.642	0.1	0.2	0.133	0.119
Naive Bayes	0.251	0.586	0.9	0.129	0.226	0.014
Decision Tree Classifier	0.798	0.584	0.3	0.264	0.259	0.158
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## **AdaBoost Algorithm**

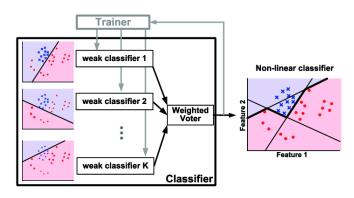


Figure 6: Illustration of AdaBoost Algorithm

 AdaBoostClassifier(algorithm='SAMME', base\_estimator=None, learning\_rate=0.2, n\_estimators=230, random\_state=123)



# The Explanation



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### **Permutation Importance**

```
Weight Feature
0.0394 ± 0.0329 Al radscore
0.0197 ± 0.0138 Lat radscore
0.0085 ± 0.0138 Durmon
0.0085 ± 0.0138 SGS
0.0028 ± 0.0113 Onsetmon
     0 ± 0.0000 Freq
     0 \pm 0.0000 side
     0 ± 0.0000 Sex
     0 ± 0.0000 MRI
     0 ± 0.0000 history of previous surgery
     0 ± 0.0000 early brain injury
     0 ± 0.0000 familial epilepsy
     0 ± 0.0000 brain_hypoxia
     0 ± 0.0000 Central Nervous System Infections
     0 ± 0.0000 traumatic brain injury
     0 ± 0.0000 SE
-0.0028 ± 0.0113 Suramon
```

Figure 7: Permutation Importance of AdaBoost



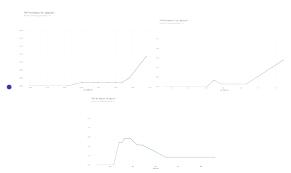
# **Partial Dependence Plot**

• PDP plot:



# **Partial Dependence Plot**

• PDP plot:





## **Conclusion**



# **Key Points**

• Metabolic radiomics are helpful to predict the postsurgical seizure outcomes;



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- Metabolic radiomics are helpful to predict the postsurgical seizure outcomes;
- Combination of PET Radiomics and Clinical Features are more robust;



## **Key Points**

- Metabolic radiomics are helpful to predict the postsurgical seizure outcomes;
- Combination of PET Radiomics and Clinical Features are more robust;
- IML technique can further deepen the understanding of the principle of ML models and the decision-making process for professional and intuitive interpretation



## Limitations

• More data, especially external validation cohort;



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- More data, especially external validation cohort;
- Fusion of PET/MRI multimodal imaging;



#### **Limitations**

- More data, especially external validation cohort;
- Fusion of PET/MRI multimodal imaging;
- Other subtypes of drug-resistant epilepsy



For more theoretical approaches to machine learning model explanation, see Interpretable Machine Learning: A Guide for Making Black Box Models Explainable, refer to (Beghi et al., 2019), (Rajpurkar, 2021), (Marc Becker, 2022), (Molnar, 2022).

Email: wane199@outlook.com



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THANKS!



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