

Machine Learning Cheatsheet for Diabetic Retinopathy Analysis

Dataset Understanding: APTOS 2019 Blindness Detection

- **Source:** Kaggle competition organized by Asia Pacific Tele-Ophthalmology Society (APTOS)
- **Purpose:** Encourage development of ML models to detect DR to prevent blindness
- **Size:** 3,662 images in training set, 1,928 images in test set
- **Class Labels:** Based on International Clinical Diabetic Retinopathy Disease Severity Scale
 - 0 - No DR: No visible signs of diabetic retinopathy
 - 1 - Mild: Few microaneurysms present
 - 2 - Moderate: More pronounced signs including microaneurysms, hemorrhages, and exudates
 - 3 - Severe: Significant hemorrhages and cotton-wool spots
 - 4 - Proliferative DR: Most advanced stage with neovascularization
- **Class Distribution:** Significant imbalance
 - Class 0 (No DR): ~49.3% (1,805 images)
 - Class 1 (Mild): ~10.1% (370 images)
 - Class 2 (Moderate): ~27.3% (999 images)
 - Class 3 (Severe): ~5.3% (193 images)
 - Class 4 (Proliferative): ~8.1% (295 images)
- **Image Characteristics:**
 - Variable dimensions (480×640 to 2848×4288 pixels)
 - Captured using different fundus cameras across multiple clinics
 - Varying image quality, brightness, and contrast
 - Black borders reducing effective retinal area

Image Preprocessing Pipeline

1. Cropping Black Borders

- Use thresholding to identify the retinal area
- Find the largest contour to identify the retinal region
- Crop to focus on the meaningful content

2. Contrast Enhancement

- Apply CLAHE (Contrast Limited Adaptive Histogram Equalization)

- Improves visibility of retinal features
- Especially enhances important DR markers (microaneurysms, hemorrhages)

3. Resizing

- Standardize to consistent dimensions (224×224, 300×300, or 512×512)
- Consider resolution needs vs. computational requirements

4. Normalization

- Scale pixel values to range [-1, 1] or [0, 1]
- Improves model convergence during training

5. Data Augmentation (for training)

- Address class imbalance
- Techniques: rotation, flipping, zooming, brightness/contrast adjustments
- Libraries: ImageDataGenerator (TF) or transforms (PyTorch)

Model Architecture Options

Convolutional Neural Networks (CNNs)

Pre-trained Models (Transfer Learning)

Model	Characteristics	Advantages	Considerations
ResNet	Residual connections, deep architecture	Prevents vanishing gradients, good feature extraction	Deeper versions require more compute
EfficientNet	Optimized depth/width/resolution scaling	Better performance with fewer parameters	Complex architecture
DenseNet	Dense connections between layers	Feature reuse, fewer parameters	Memory intensive during training
Inception	Parallel convolutional paths	Captures features at multiple scales	Complex architecture to implement
VGG	Simple sequential architecture	Easy to understand and implement	More parameters, potentially overfit

Custom Architecture Components

- **Input Layer:** Matches preprocessing dimensions (e.g., 224×224×3)
- **Convolutional Layers:** Feature extraction with varying filter sizes
- **Pooling Layers:** Reduce spatial dimensions, extract dominant features

- **Batch Normalization:** Stabilizes training, improves convergence
- **Dropout:** Prevents overfitting (typically 0.2-0.5 rate)
- **Global Average Pooling:** Reduces parameters vs. flattening
- **Dense Layers:** Final classification layers
- **Output Layer:** 5 neurons with softmax activation for class probabilities

Training Considerations

Handling Class Imbalance

- **Class Weights:** Assign higher weights to minority classes in loss function
- **Weighted Sampling:** Oversample minority classes during batch creation
- **Focal Loss:** Modification of cross-entropy to focus on hard examples
- **Label Smoothing:** Prevents overconfidence in predictions

Hyperparameters

Parameter	Range	Notes
Learning Rate	1e-4 to 1e-2	Consider scheduling (reduce on plateau)
Batch Size	16-64	Smaller for limited GPU memory
Epochs	25-100	Use early stopping based on validation performance
Optimizer	Adam, RMSprop	Adam often performs well for medical imaging

Training/Validation Split

- **Stratified Split:** Maintain class distribution across splits
- **Split Ratio:** 70-80% training, 10-15% validation, 10-15% testing
- **Cross-Validation:** Consider k-fold for more robust evaluation

Evaluation Metrics

Metric	Description	When to Use
Quadratic Weighted Kappa (QWK)	Measures agreement between predicted and actual ratings	Primary metric for APTOS competition
Accuracy	Overall correct predictions	Less appropriate with class imbalance
Sensitivity/Recall	$TP/(TP+FN)$	Critical for medical screening (miss fewer cases)
Specificity	$TN/(TN+FP)$	Measures ability to correctly identify negatives
AUC-ROC	Area under receiver operating characteristic curve	Overall discriminative ability
Confusion Matrix	Visualizes predictions across all classes	Detailed error analysis
Classification Report	Per-class precision, recall, F1-score	Evaluate performance on individual classes

Implementation Frameworks

TensorFlow/Keras

python

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# Basic model architecture example
def create_model(input_shape=(224, 224, 3), num_classes=5):
    base_model = tf.keras.applications.EfficientNetB3(
        include_top=False,
        weights='imagenet',
        input_shape=input_shape
    )

    # Fine-tuning: freeze early layers
    for layer in base_model.layers[:100]:
        layer.trainable = False

    model = tf.keras.Sequential([
        base_model,
        tf.keras.layers.GlobalAveragePooling2D(),
        tf.keras.layers.Dropout(0.3),
        tf.keras.layers.Dense(256, activation='relu'),
        tf.keras.layers.Dropout(0.5),
        tf.keras.layers.Dense(num_classes, activation='softmax')
    ])

    return model

# Data preparation with augmentation
train_datagen = tf.keras.preprocessing.image.ImageDataGenerator(
    rescale=1./255,
    rotation_range=20,
    width_shift_range=0.1,
    height_shift_range=0.1,
    shear_range=0.1,
    zoom_range=0.1,
    horizontal_flip=True,
    fill_mode='nearest'
)

# Class weights to handle imbalance
class_weights = {
    0: 1.0,
    1: 5.0, # Adjust based on class distribution
    2: 1.8,
    3: 9.5,
    4: 6.2
}

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# Compile with appropriate loss and metrics
model.compile(
    optimizer=tf.keras.optimizers.Adam(learning_rate=1e-4),
    loss='categorical_crossentropy',
    metrics=['accuracy', tf.keras.metrics.AUC()]
)

# Callbacks for better training
callbacks = [
    tf.keras.callbacks.EarlyStopping(patience=7, restore_best_weights=True),
    tf.keras.callbacks.ReduceLROnPlateau(factor=0.2, patience=3),
    tf.keras.callbacks.ModelCheckpoint('best_model.h5', save_best_only=True)
]
```

PyTorch

python


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import torch
import torch.nn as nn
import torchvision.models as models
from torch.utils.data import DataLoader
from torchvision import transforms

# Example dataset class
class RetinalDataset(torch.utils.data.Dataset):
    def __init__(self, dataframe, img_dir, transform=None):
        self.dataframe = dataframe
        self.img_dir = img_dir
        self.transform = transform

    def __len__(self):
        return len(self.dataframe)

    def __getitem__(self, idx):
        img_name = os.path.join(self.img_dir, self.dataframe.iloc[idx, 0] + '.png')
        image = Image.open(img_name)

        if self.transform:
            image = self.transform(image)

        label = self.dataframe.iloc[idx, 1]
        return image, label

# Data transformations
train_transform = transforms.Compose([
    transforms.Resize((224, 224)),
    transforms.RandomHorizontalFlip(),
    transforms.RandomRotation(20),
    transforms.ToTensor(),
    transforms.Normalize([0.485, 0.456, 0.406], [0.229, 0.224, 0.225])
])

# Model definition
def get_model(num_classes=5):
    model = models.densenet121(pretrained=True)
    for param in model.parameters():
        param.requires_grad = False

# Replace classifier
num_features = model.classifier.in_features

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model.classifier = nn.Sequential(
    nn.Dropout(0.3),
    nn.Linear(num_features, 512),
    nn.ReLU(),
    nn.Dropout(0.4),
    nn.Linear(512, num_classes)
)
return model

# Training loop (partial example)
def train_epoch(model, dataloader, criterion, optimizer, device):
    model.train()
    running_loss = 0.0

    for inputs, labels in dataloader:
        inputs, labels = inputs.to(device), labels.to(device)

        optimizer.zero_grad()
        outputs = model(inputs)
        loss = criterion(outputs, labels)
        loss.backward()
        optimizer.step()

        running_loss += loss.item() * inputs.size(0)

    return running_loss / len(dataloader.dataset)

```

Common Challenges and Solutions

Image Quality Issues

- **Problem:** Poor contrast or dark images
- **Solution:** CLAHE enhancement, adaptive gamma correction

Overfitting

- **Problem:** Model performs well on training but poorly on validation
- **Solutions:**
 - More aggressive data augmentation
 - Increase dropout rate
 - L2 regularization
 - Early stopping

- Simpler model architecture

Class Imbalance

- **Problem:** Poor performance on minority classes
- **Solutions:**
 - Class weighting in loss function
 - Oversampling minority classes
 - Focal loss
 - Ensemble methods with different class weightings

Computational Resources

- **Problem:** Large images and models exceed GPU memory
- **Solutions:**
 - Gradual resizing (train on smaller images first)
 - Mixed precision training
 - Gradient accumulation
 - Efficient architectures (EfficientNet, MobileNet)

Feature Visualization and Interpretability

- **Grad-CAM:** Highlights regions contributing to classification
- **Feature maps:** Visualize intermediate activations
- **Occlusion sensitivity:** Measure effect of masking image regions
- **Integrated gradients:** Attribution method for deep networks

Real-world Deployment Considerations

- **Model Size:** Convert to optimized formats (ONNX, TensorRT, TFLite)
- **Inference Time:** Critical for clinical deployment
- **Threshold Tuning:** Adjust classification thresholds based on clinical needs
- **Monitoring:** Track performance drift, especially with new camera equipment
- **Explainability:** Provide visual explanations to clinicians

Resources

- Kaggle competition: <https://www.kaggle.com/competitions/aptos2019-blindness-detection>

- APTOS dataset: <https://www.kaggle.com/datasets/mariaherrerot/aptos2019>
- Research papers:
 - "Deep Learning Approach to Diabetic Retinopathy Detection"
 - "Using Deep Learning Architectures for Detection and Classification of Diabetic Retinopathy"
 - "Automated Diabetic Retinopathy Detection Using Horizontal and Vertical Patch Division-Based Pre-Trained DenseNET with Digital Fundus Images"

Key Takeaways

1. **Preprocessing is critical:** Quality enhancement and standardization dramatically impact model performance
2. **Address class imbalance:** Essential for clinical utility across all severity levels
3. **Transfer learning works well:** Models pre-trained on ImageNet provide strong initialization
4. **Evaluate holistically:** QWK is standard metric, but consider sensitivity for clinical relevance
5. **Interpretability matters:** Clinicians need to understand model decisions