The Contributions of Deep Learning to Computer Vision: Appplication to Medical Images



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Context: Big Data

Superabundance of visual data: images, videos, etc









BBC: 2.4M videos

Social media, e.g. Facebook: 1B each day

Obvious need for Visual Recognition

 Huge number of applications: mobile visual search, medical imaging, robotics, autonomous driving, augmented reality, etc







Visual Recognition

Challenge: filling the semantic gap



What we perceive vs What a computer sees

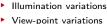












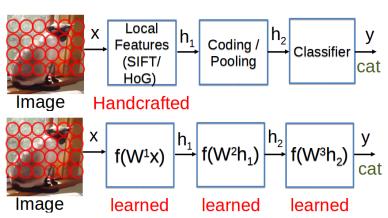
- Deformable objects
- intra-class variance
- ▶ etc

⇒ How to design "good" intermediate representations?



Deep Learning (DL) & Visual Recognition

- Before DL:
 handcrafted intermediate
 representations for each domain
- Since DL: Representation Learning

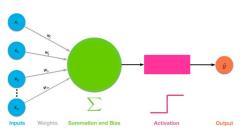


Outline

- 1 Convolutionnal Neural Networks (ConvNets)
- 2 Deep learning for Medical Images

Neural Networks

▶ The formal neuron



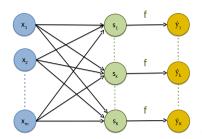
 x_i : inputs

 w_i, b : weights

f: activation functiony: output of the neuron

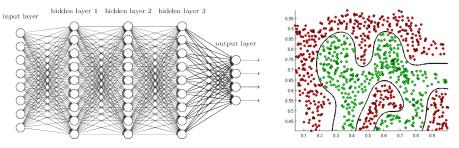
$$y = f(w^{\mathsf{T}} x + b)$$

► Stacking several formal neurons ⇒ Perceptron



The Multi-Layer Perceptron (MLP)

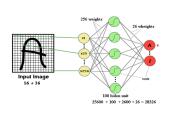
- Perceptron: limited to linear decision boundaries
- Stacking layers of neural networks ⇒ more complex and rich functions

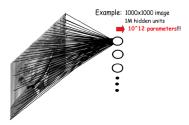


- Basis of the "deep learning" field
- ▶ All parameters trained with backpropagation with class labels

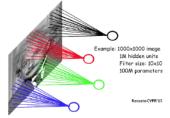
Convolutional Neural Networks (ConvNets)

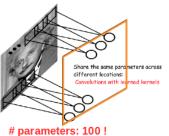
► Scalability issue with Fully Connected Networks (MLP) + no local information!





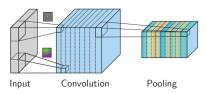
• ConvNets: sparse connections, shared weights = compact + local features



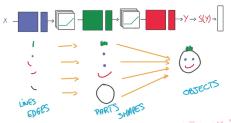


Convolutional Neural Networks (ConvNets)

- Convolution on tensors, *i.e.* multidimensional arrays: T of size $W \times H \times D$
 - ▶ Convolution: C[T] = T', T' tensor of size $W' \times H' \times K$
 - ► Each filter locally connected with shared weights (K number of filters)
- ► Elementary block: Convolution + Non linearity (e.g. ReLU)+ pooling

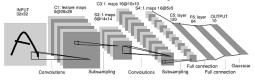


▶ Stacking several Blocks: intuitive hierarchical information extraction

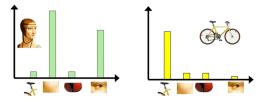


Deep Learning History

 80's: training Convolutionnal Neural Networks (CNN) with back-propagation ⇒ postal code reading [LeCun et al., 1989]

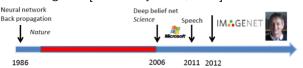


- ▶ 90's: golden age of kernel methods, NN = black box
- 2000's: BoW + SVM : state-of-the-art CV



Deep Learning History

 Deep learning revival in 2012: outstanding success of ConvNets in ImageNet [Krizhevsky et al., 2012]



Rank	Name	Error rate	Description
1	U. Toronto	0.15315	Deep learning
2	U. Tokyo	0.26172	Hand-crafted features and learning models. Bottleneck.
3	U. Oxford	0.26979	
4	Xerox/INRIA	0.27058	

- ► Two main practical reasons:
 - 1. Huge number of labeled images (10⁶ images)
 - 2. GPU implementation for training

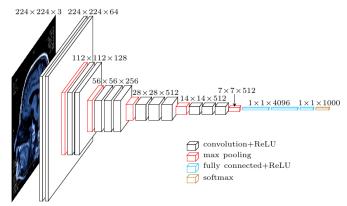


Outline

- Convolutionnal Neural Networks (ConvNets)
- Deep learning for Medical Images

Deep Learning (DL) for Medical Image Diagnostic

- Deep ConvNets require large-scale annotated datasets
- <u>BUT:</u> Transferring Representations learned from ImageNet Extract layer (fixed-size vector) ⇒ "Deep Features" (DF)

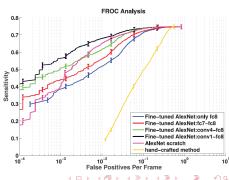


- ▶ Now state-of-the-art for any visual recognition task [Azizpour et al., 2016]
- ▶ DF very robust to domain shifts, e.g. medical images

Deep Learning (DL) for Medical Image Diagnostic

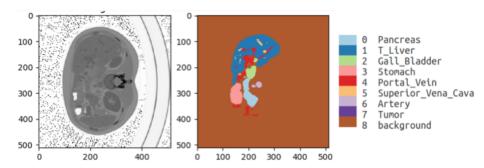
- ▶ DL & ConvNets: performance boost for classification in medical images
- ▶ Transfer & fine-tuning (ImageNet), e.g. Polyp Detection [Tajbakhsh et al., 2016]
- ConvNets trained from scratch, e.g. Mammography Classification [Kooi et al., 2017]
- ConvNets: winners of recent challenges based on deep learning: Mammography, Melanoma Detection, etc





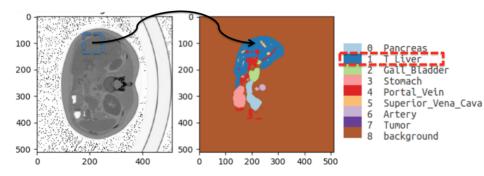
Deep Learning for Medical Image Semantic Segmentation

▶ Semantic segmentation: assigning a label to each image pixel



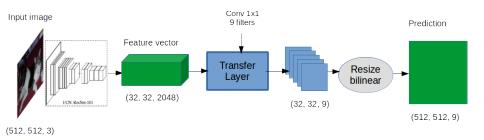
Deep Learning for Medical Image Semantic Segmentation

Deep Learning segmentation: classifying image regions around each pixel



Deep Learning for Medical Image Semantic Segmentation

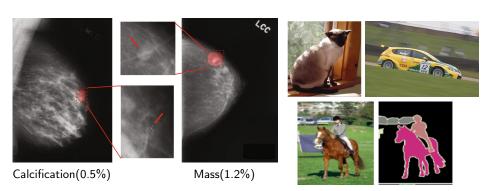
 Standard computer vision models models based on Fully Convolutional Networks (FCN)



► FCN base models for many state-of-the-art methods segmentation methods, e.g. leading approach in Liver Tumor Segmentation (LiTS'17) challenge [Li et al., 2017]

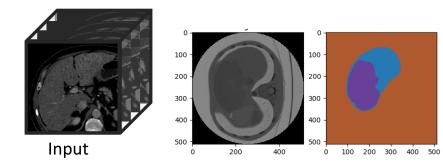
Deep Learning for Medical Images

- Successful exportation of DL solutions boost performances... BUT
- ... Medical images very different from natural images:
 - Discriminative pattern often tiny, e.g. Mammography 0.5% 1.2% cancer pixel [Akselrod-Ballin et al., 2017] vs > 50% ImageNet or > 30% VOC
 - ▶ \Rightarrow Strong imbalance between \oplus and \ominus (background) classes



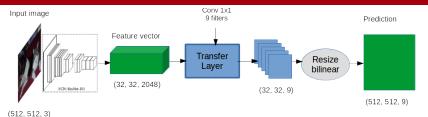
Deep Learning for Medical Images

- Successful exportation of DL solutions boost performances... BUT
- ... Medical images very different from natural images:
 - ▶ 3D volumes vs 2D Images
 - ► Hierarchical / nested detection or organs, e.g. tumor inside liver

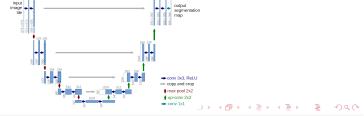


Specific Deep Learning Architectures for Medical Images

Resolution loss through the network



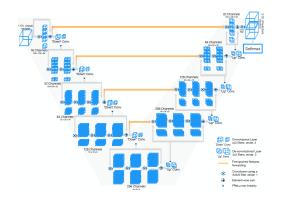
▶ Introduction of skip connections in U-Net [Ronneberger et al., 2015]

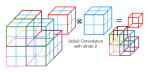


Specific Deep Learning Architectures for Medical Images

Representation Learning with 3D Inputs?

▶ Use 3D convolution, e.g. V-Net [Milletari et al., 2016], 3D U-Net [Çiçek et al., 2016] or [Lu et al., 2017]



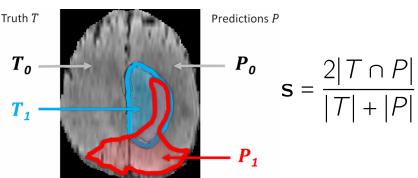


Specific Training Schemes for Medical Images

Class imbalance

Use a specific loss function, e.g.

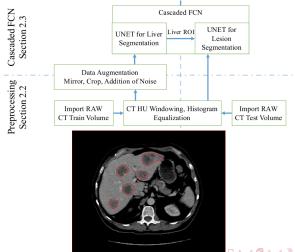
- Weighted cross entropy, U-Net [Ronneberger et al., 2015]
- Dice score, V-Net [Milletari et al., 2016] or [Fidon et al., 2017, Sudre et al., 2017]



Specific Training Schemes for Medical Images

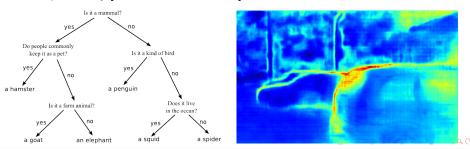
Exploit prior knowledge between organs, e.g. tumors only in liver

Cascaded FCNNs for liver-tumor segmentation [Christ et al., 2016]



Conclusion

- ▶ Deep Learning & ConvNets: state-of-the-art solutions for medical image analysis
 - ▶ Representation learning ⇒ better visual features
- Exporting solutions from computer vision: transfer for classification, RPN for localization, FCN for segmentation, etc
 - ▶ Some adaptation required: spatial resolution, class imbalance, 3D data, etc
- Other crucial steps for deploying DL solution in Healthcare: uncertainty estimate and explainability ⇒ vanilla DL models poor at these tasks
 - Some preliminary solutions for uncertainty [Gal and Ghahramani, 2016] and explainability [Frosst and Hinton, 2017]



Thank you for your attention!

 ${\sf Questions?}$

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