

Three Pillars of Health Data Science

Transfer Learning, Federated Learning, and Imbalanced Learning

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Computer Science & Engineering

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UNIVERSITY OF MINNESOTA

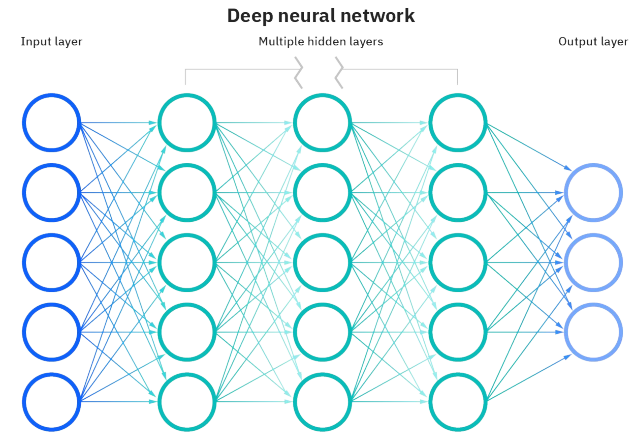
Driven to DiscoverSM

Research in the group



GLOVEX

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

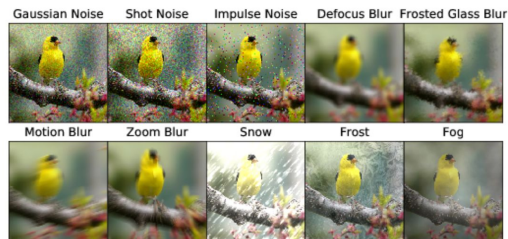
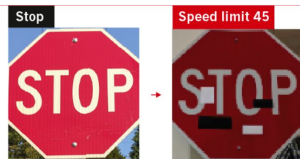


Our research themes

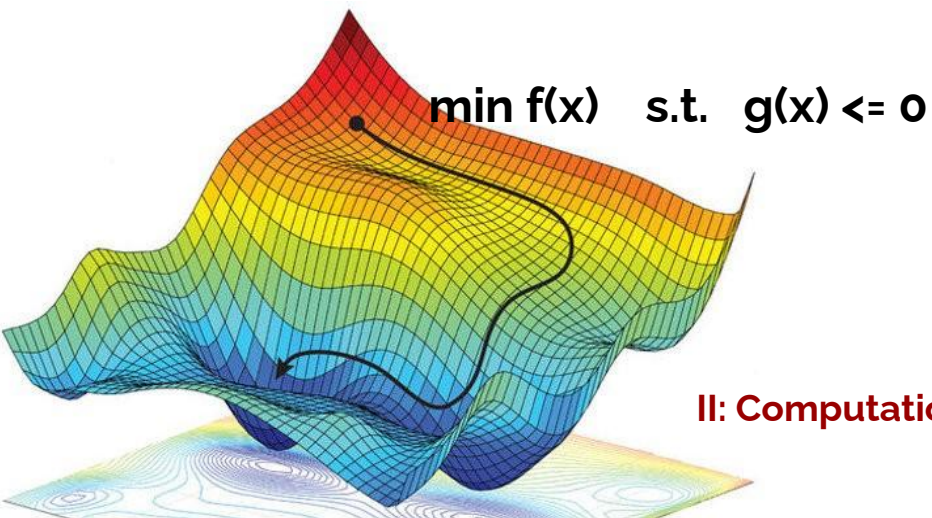
FOOLING THE AI

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

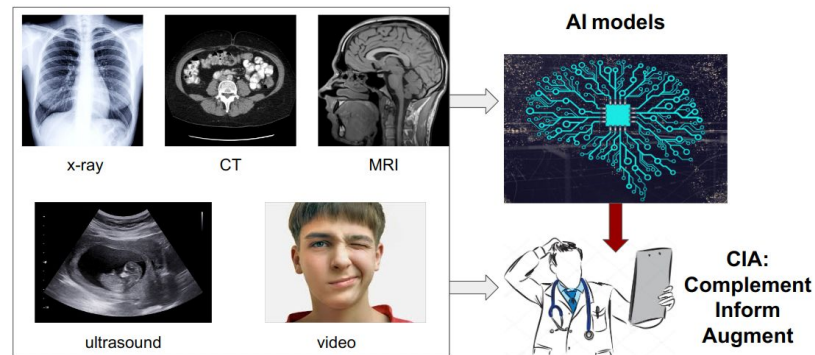
These stickers made an artificial-intelligence system read this stop sign as 'speed limit 45'.



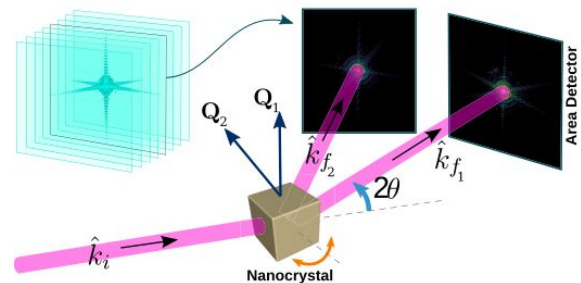
I: Trustworthy AI



II: Computation for AI



III: AI for Healthcare

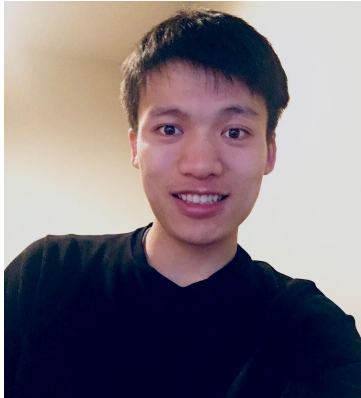


IV: AI for Science and Engineering

Thanks to



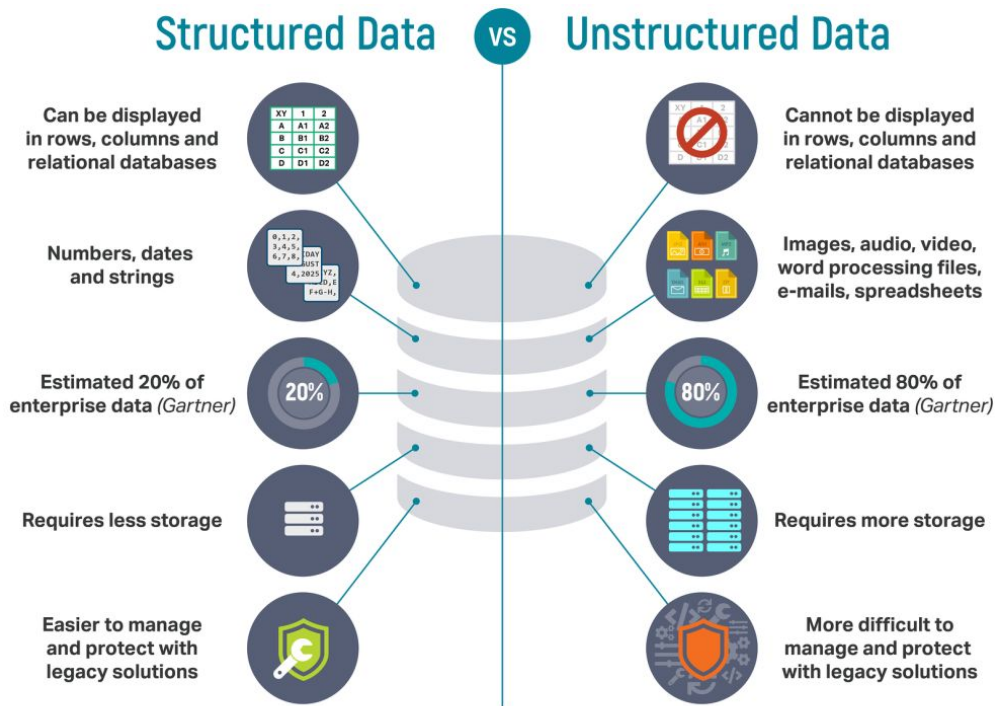
Thanks to



Le Peng (CS&E, PhD)

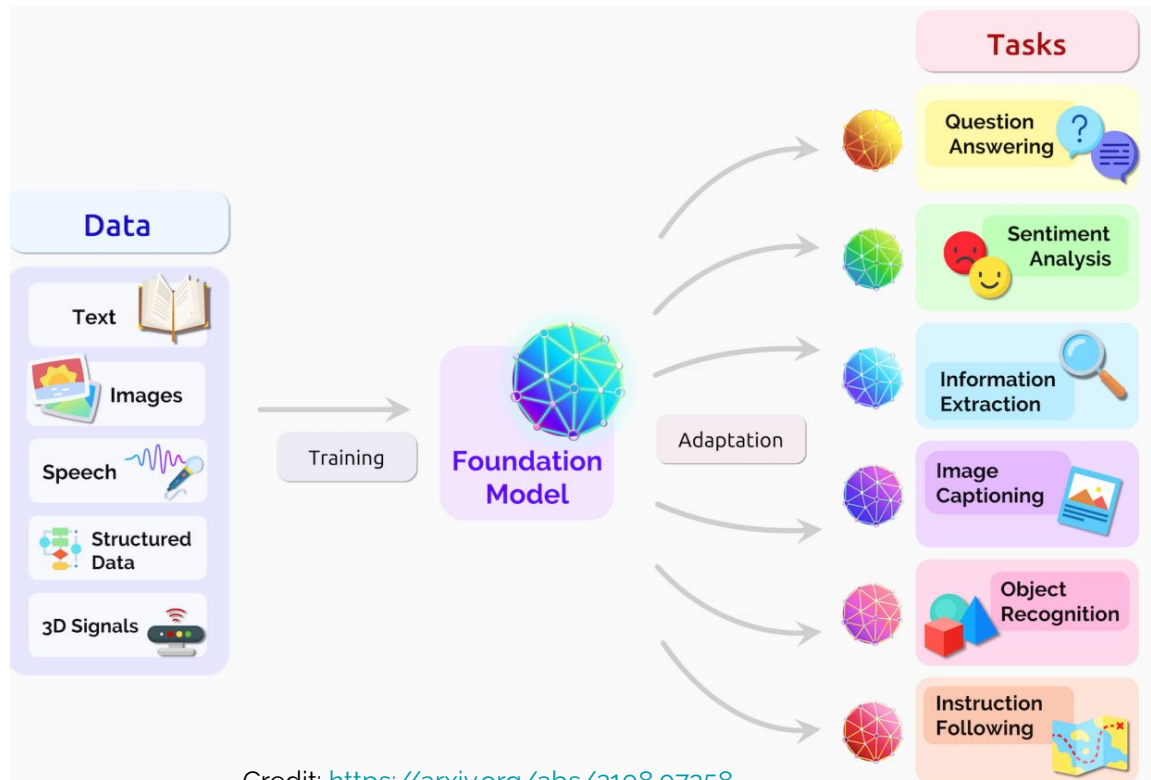


Deep learning is mostly for unstructured data



- Structured data directly go to classical MLDS tools
- Success of modern DL lies in **representation learning**

Deep learning is data-hungry



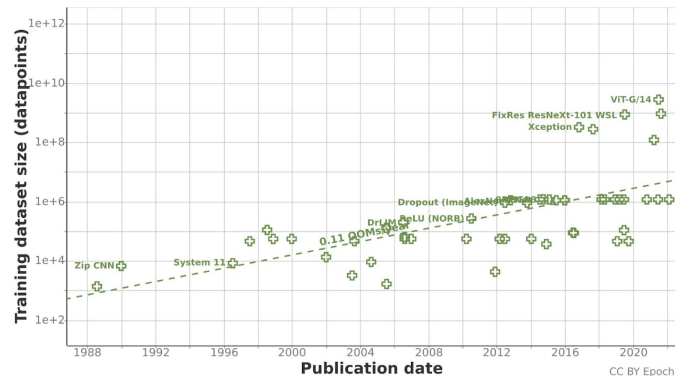
Credit: <https://arxiv.org/abs/2108.07258>

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



 **GLUE**

The General Language Understanding Evaluation (GLUE) benchmark consists of:

Need
well-curated
datasets for
training and
evaluation

What is COCO?



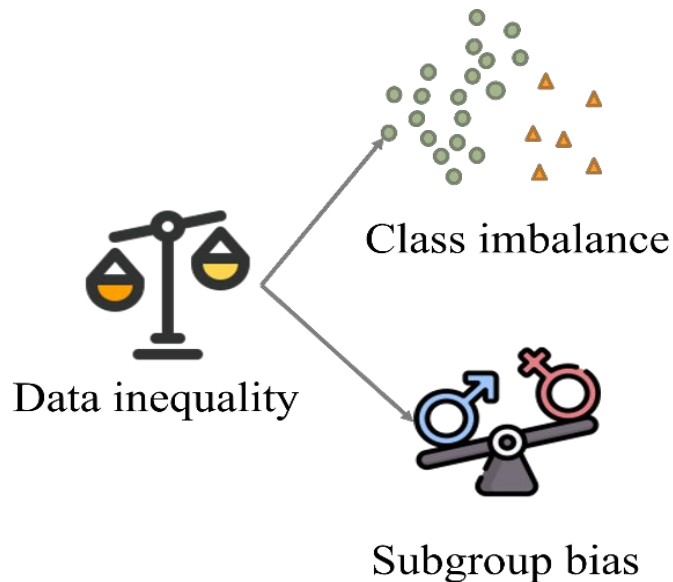
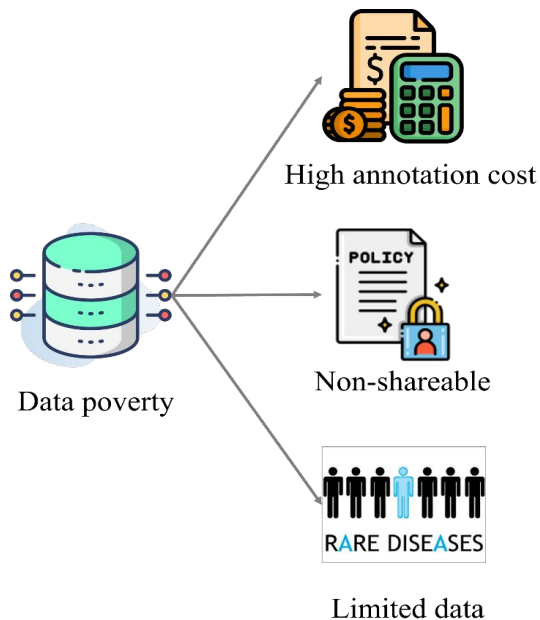
COCO is a large-scale object detection, segmentation, and captioning dataset. COCO has several features:

- ✓ 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

SQuAD 2.0

The Stanford Question Answering Dataset

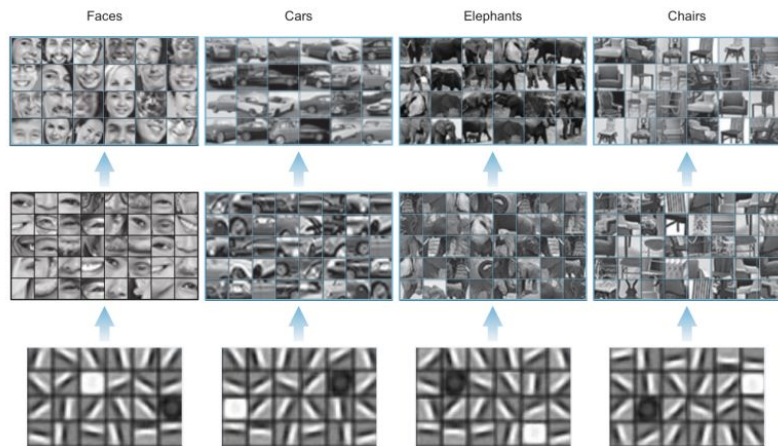
Data poverty and inequality (DPI) in healthcare



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: [Elgendy, 2020])

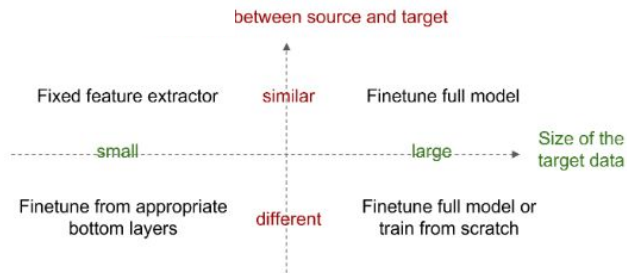
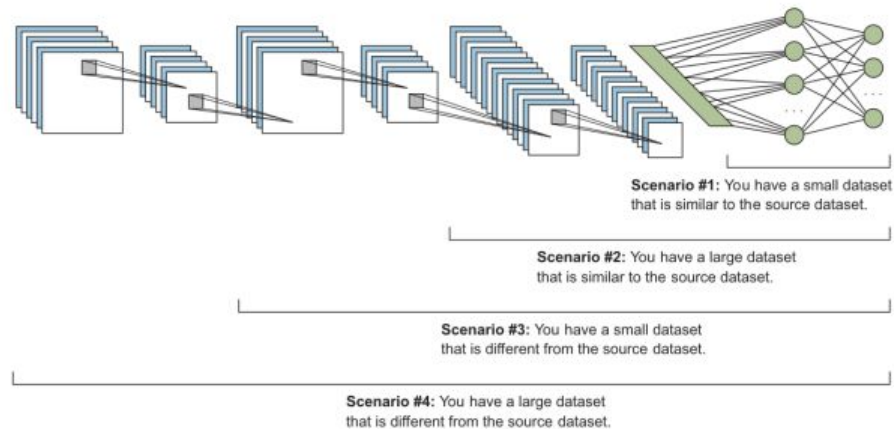


Fig. 2. Illustration of different DCNN-based TL scenarios and strategies

Truncated transfer learning (TTL)

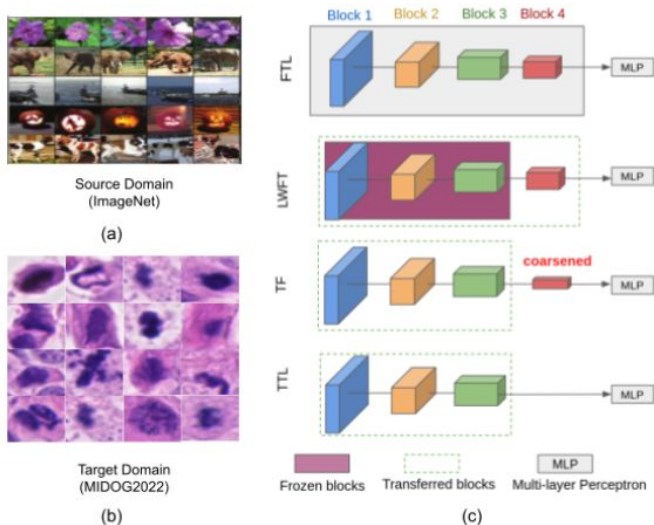


Fig. 3. Overview of typical TL setup, and the four TL methods that we focus on in this paper. (a) TL source domain: e.g., ImageNet object recognition; (b) TL target domain: e.g., mitotic cells classification; (c) Four TL methods: FTL, LWFT, TF, our TTL applied to ResNet50 pretrained on ImageNet.

Rethinking Transfer Learning for Medical Image Classification

Le Peng, Hengyue Liang, Gaoxiang Luo, Taihui Li, Ju Sun

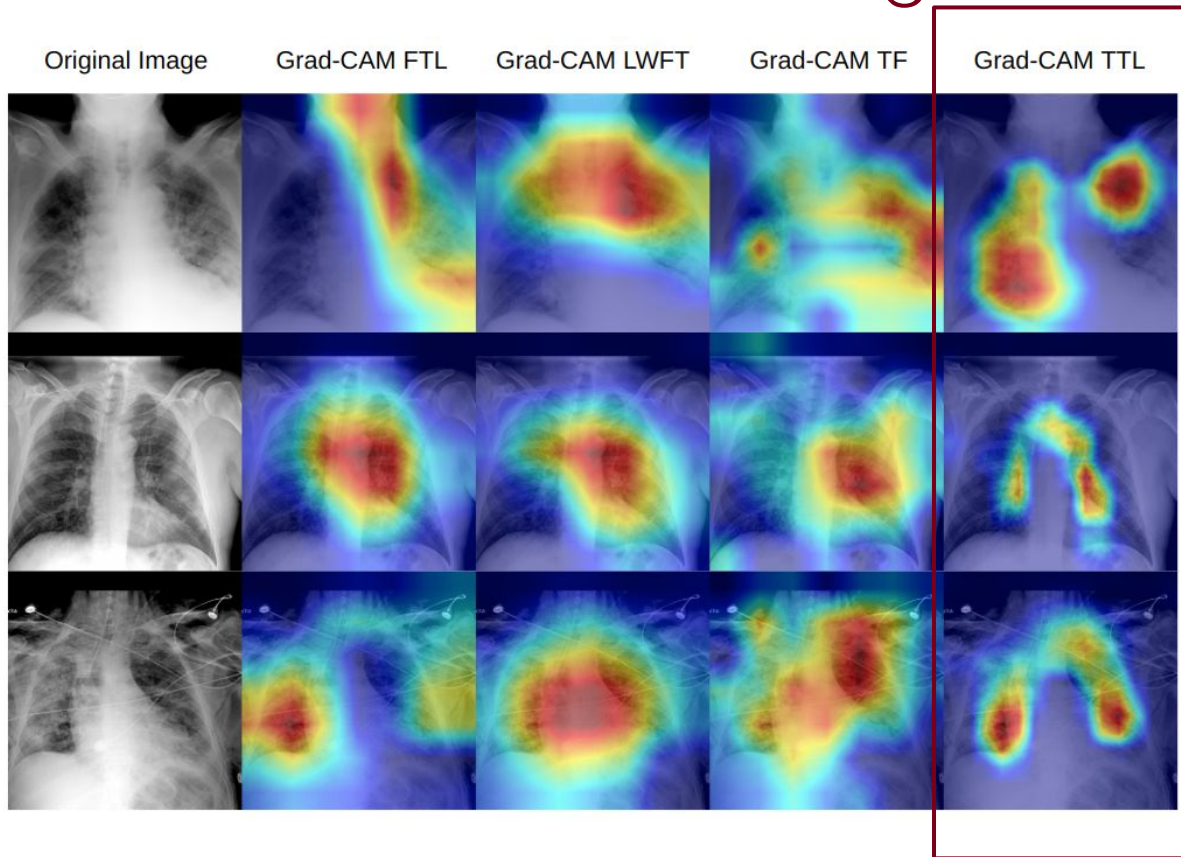
<https://arxiv.org/abs/2106.05152>

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 \pm 0.010	0.855 \pm 0.007	28.4	51.7	1.50	1.59e-2
FTL	0.821 \pm 0.010	0.867 \pm 0.006	47.5	66.3	1.44	1.96e-2
TF-1	0.849 \pm 0.020	0.886 \pm 0.017	36.1	64.9	1.41	1.93e-2
LWFT-1	0.817 \pm 0.005	0.855 \pm 0.003	47.5	66.3	1.44	1.96e-2
TTL-1	0.854 \pm 0.013	0.889 \pm 0.015	26.11	60.17	1.32	1.68e-2
TF-2	0.849 \pm 0.020	0.886 \pm 0.017	36.1	64.9	1.41	1.93e-2
LWFT-2	0.835 \pm 0.038	0.870 \pm 0.028	47.5	66.3	1.44	1.96e-2
TTL-2(ours)	0.854 \pm 0.013	0.889 \pm 0.015	26.11	60.17	1.32	1.68e-2

Smaller DNN model, boosted performance!

Truncated transfer learning (TTL)



For COVID-19 prediction:

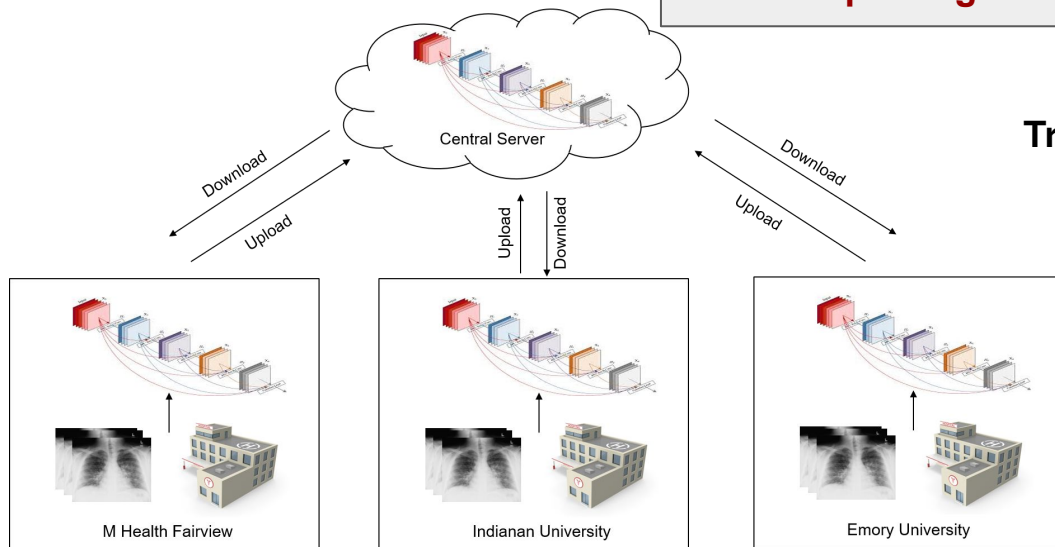
TTL correctly focuses more on texture (lesion) in the lung area!

Outline

- Addressing data poverty—transfer learning
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- Addressing data inequality—imbalanced learning
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Addressing data poverty—federated learning

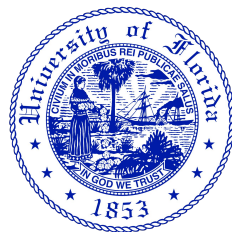
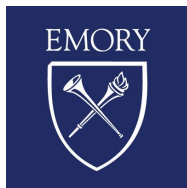
While respecting data privacy



Traditional distributed learning:
Distribute the computing loads

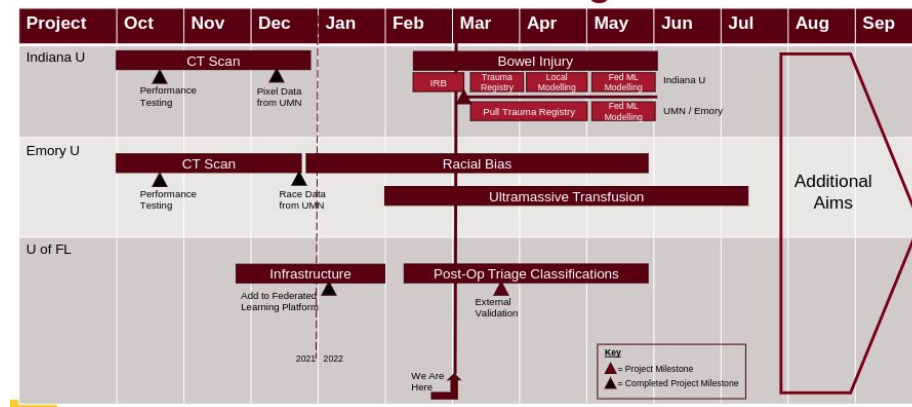
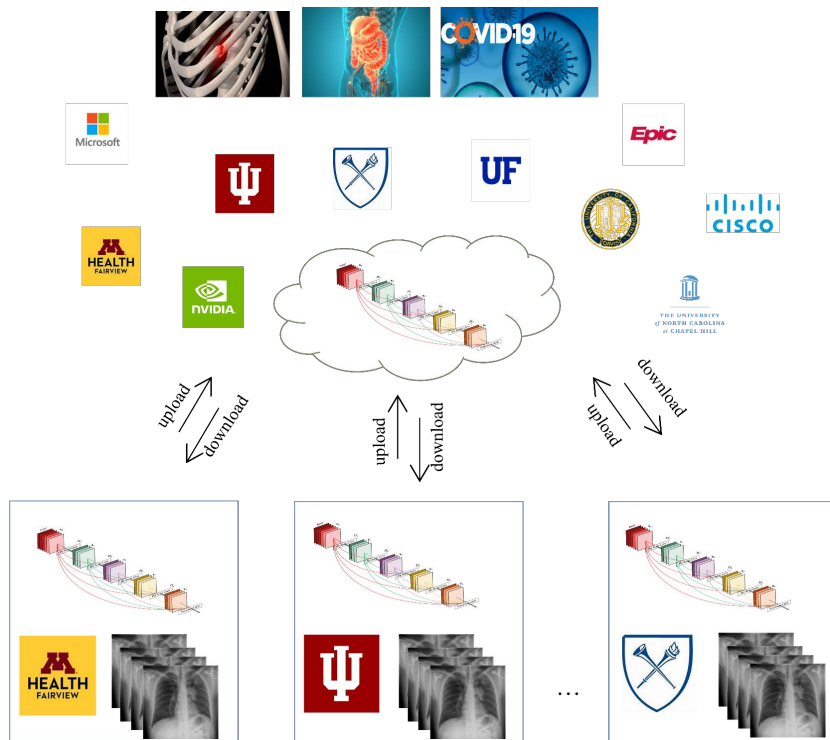
Federated learning:

- Respect data privacy
- Share the intermediate MLDS models, **not the raw data**



**Starting 2020 for
medical imaging data**

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

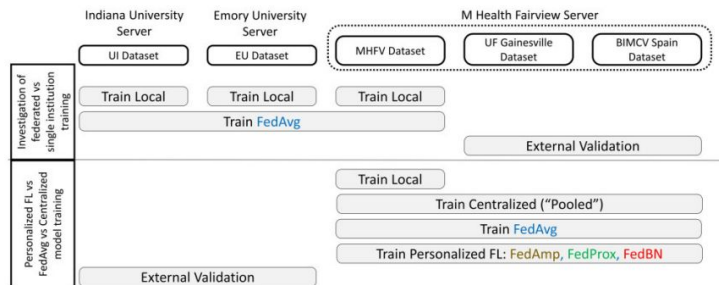


Figure 1. Schematic representation of the available datasets and the analysis conducted for this study. IU: Indiana University; EU: Emory University; MHFV: M Health Fairview; UF: University of Florida; BIMCV: Valencian Region Medical ImageBank.

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	2469	0.713	0.653	0.692–0.734	0.829	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

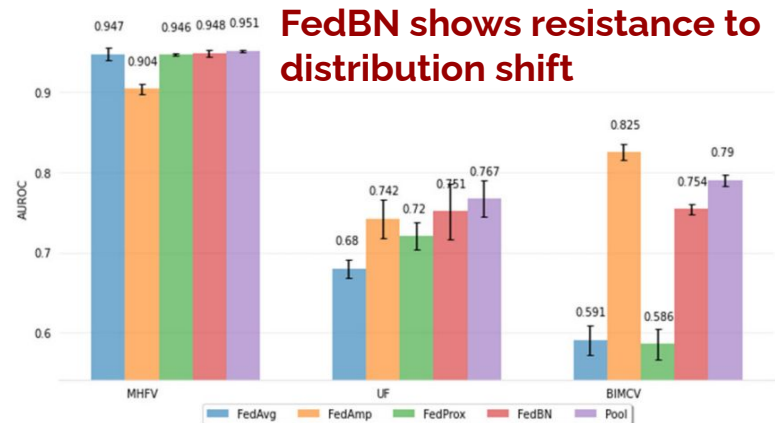
Le Peng, Gaoxiang Luo, Andrew Walker, Zachary Zaiman, Emma K Jones, Hemant Gupta, Kristopher Kersten, John L Burns, Christopher A Harle, Tanja Magoc ... [Show more](#)

Journal of the American Medical Informatics Association, oacac188,

<https://doi.org/10.1093/jamia/oacac188>

Published: 20 October 2022 [Article history](#)

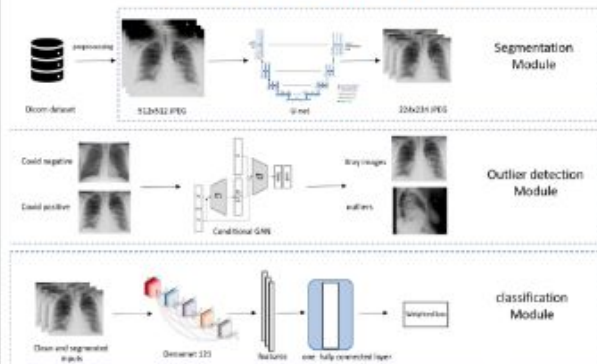
Federated learning (Journal of American Medical Informatics Association; 2022)



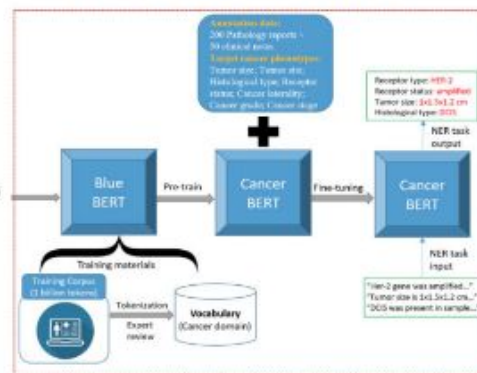
FedBN shows resistance to distribution shift

Next: FL for CV + NLP

CV in medicine



NLP in medicine



Ju Sun, Ph.D.



Rui Zhang, Ph.D.

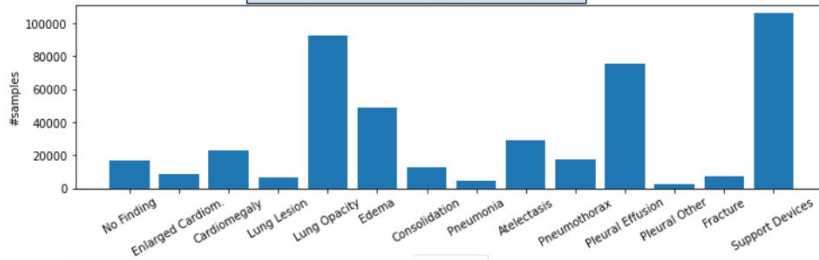


Outline

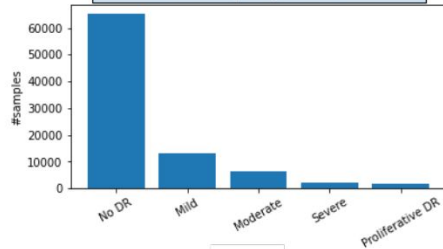
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Addressing data inequality—imbalanced learning

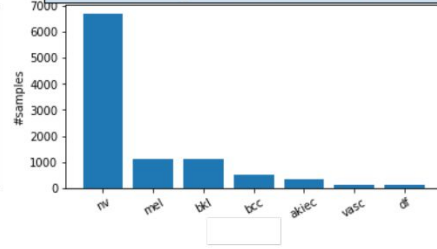
CheXpert Chest X-ray Classification



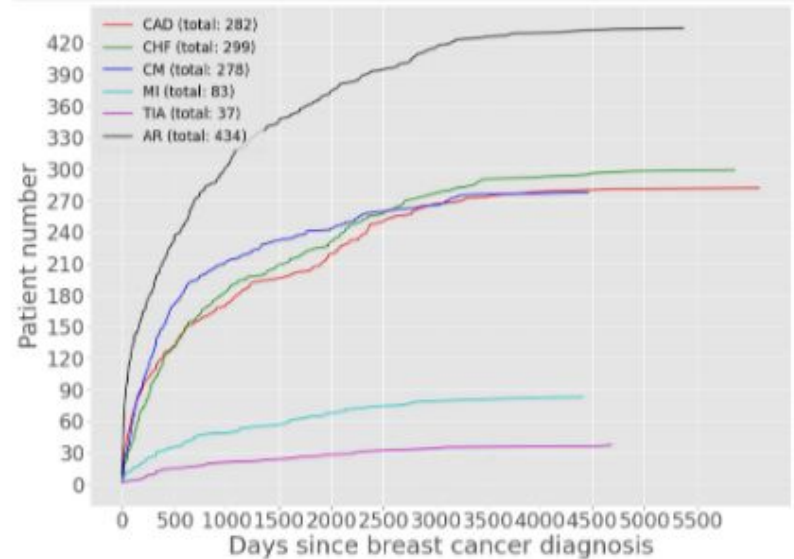
Diabetic Retinopathy Classification



HAM10000: Pigmented Skin Lesion Classification



Imbalanced classification (IC)



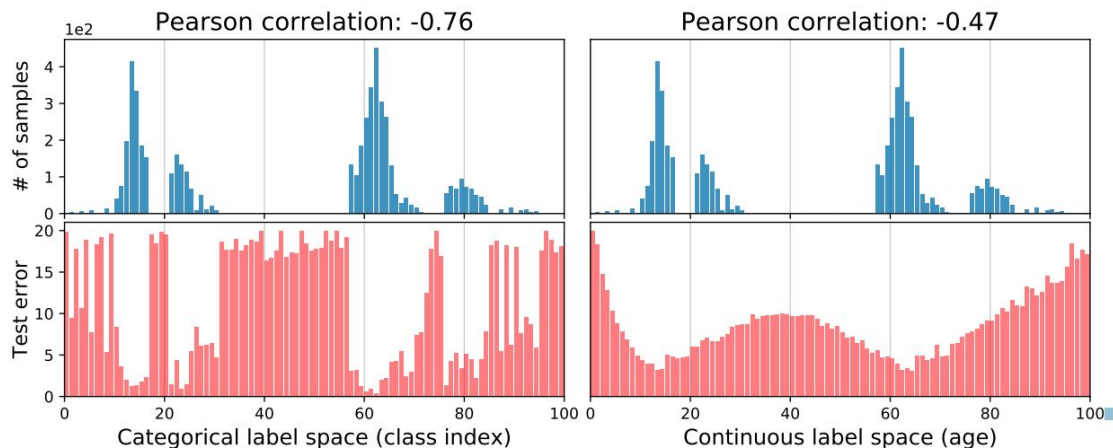
Imbalanced regression (IR)

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: $2 * 0.065 * 0.7 / (0.065 + 0.7) = 0.119$

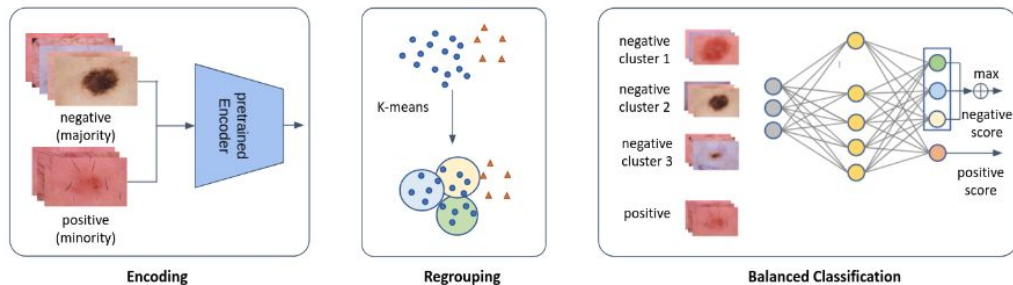
Figure 2: An example confusion table for binary classification, and the various associated performance metrics. POS: positive; NEG: negative.



(a) CIFAR-100 (subsampled) (b) IMDB-WIKI (subsampled)

Evaluation metrics \Rightarrow Learning goals matter!

SOTA methods for IC is (substantially?) suboptimal



Imbalanced Classification in Medical Imaging via Regrouping

Le Peng¹, Yash Trivedi², Rui Zhang³, Ying Cui⁴, Ju Sun¹

¹Computer Science & Engineering, University of Minnesota, Twin Cities

²School of Statistics, University of Minnesota, Twin Cities

³Department of Surgery, University of Minnesota, Twin Cities

⁴Industrial and Systems Engineering, University of Minnesota, Twin Cities

{peng0347, trava029, zhan1386, yingcui, jusun}@umn.edu

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

Binary Classification

Method	binary CIFAR-100			binary HAM10000		
	BA (%) ↑	AP (%) ↑ Neg (45,000) Pos (500)		BA (%) ↑	AP (%) ↑ 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	39.1	85.1	99.5	61.1
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

Multi-class Classification

Method	BA (%) ↑	AP (%) ↑							
		nv	mel	bkl	bcc	bakiec	vasc	df	
		6705	1113	1099	514	327	142	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	61.2	97.0	67.9	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	

Our simple method outperforms SOTA!

Ongoing: principled learning goals

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

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

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

Outline

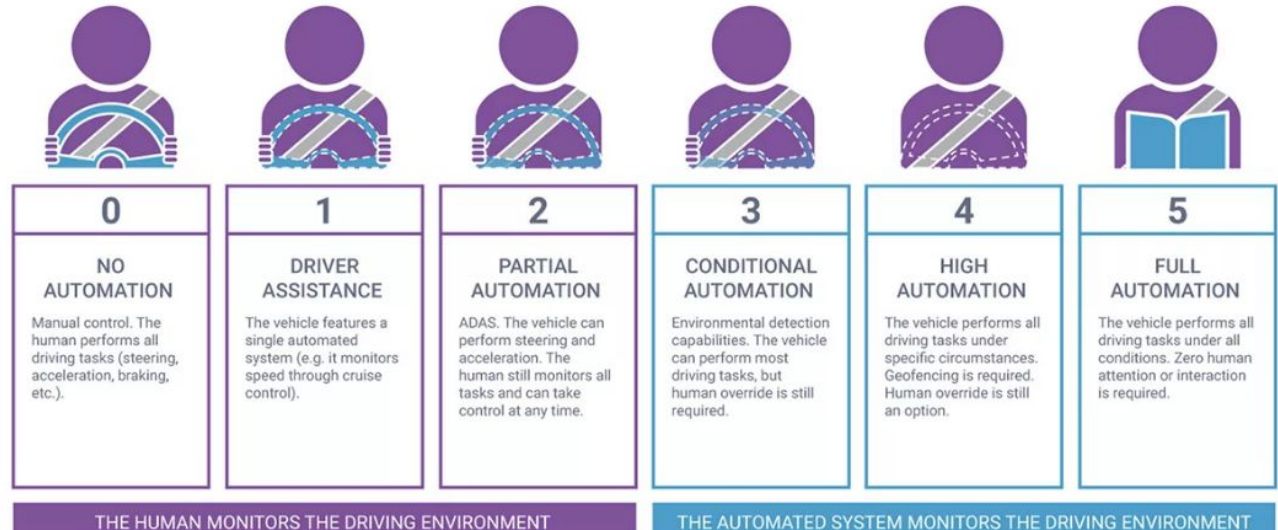
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Different levels of self-driving cars



SYNOPSIS®

LEVELS OF DRIVING AUTOMATION



Toward different levels of AI-assisted healthcare

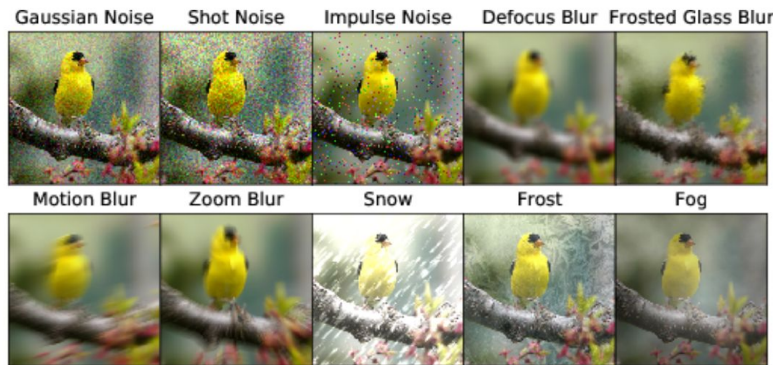
$$\begin{aligned} \max_{\theta, t} \text{recall}(f_{\theta}, t) \quad & \text{s. t. } \text{precision}(f_{\theta}, t) \geq \alpha, \\ \max_{\theta, t} \text{precision}_t \quad & \text{s. t. } \text{recall}(f_{\theta}, t) \geq \alpha, \\ \max_{\theta, t} F_{\beta}(f_{\theta}, t), \\ \max_{\theta} \text{AP}(f_{\theta}). \end{aligned}$$

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



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