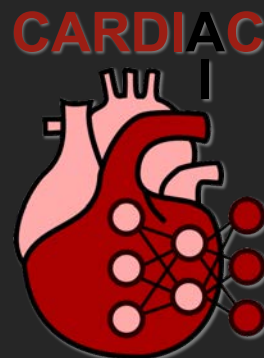


Disentangled representation learning in medical imaging

**Prof. Sotirios A. Tsaftaris
(Sotos)**

**Canon Medical / Royal Academy of Engineering Research
Chair in Healthcare AI**

<http://tsaftaris.com>



NO conflicts of interest

- We receive financial support from Canon Medical
- Part of our work is funded by:
NIH, EPSRC, BBSRC, Innovate UK, European Commission
- The **views presented herein** represent the views of the speaker and not of any of the sponsoring bodies

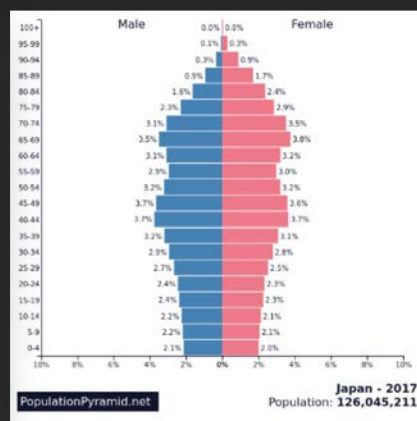
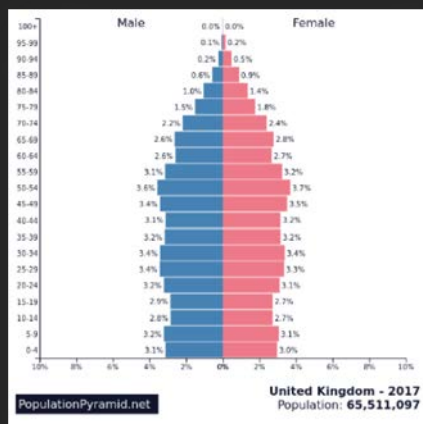
A short bio

- PhD (MSc) from Northwestern (2006)
- Faculty at EECS/Radiology
- IMT Sept. 2011-2015, Director of PRIAn
- University of Edinburgh, Sept 2015
 - Turing fellow (since 2017)

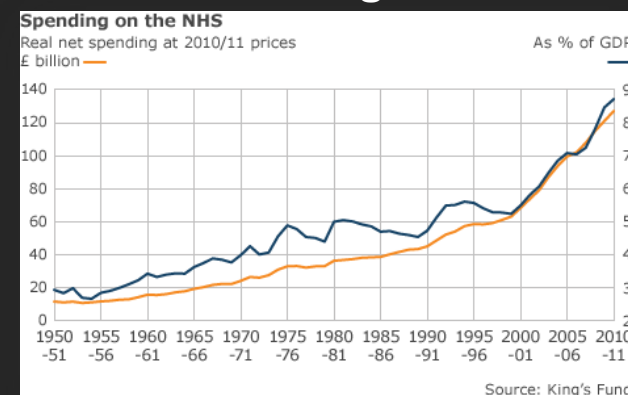


The problem: healthcare under a perfect storm

Ageing population



Increasing costs

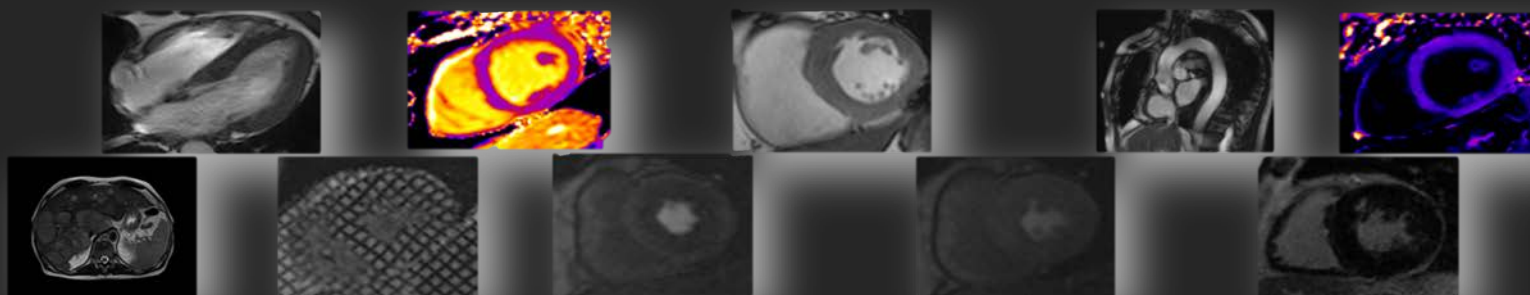


Better care for **less**

Shortage of experts



Multimodal data: information explosion



Thousands of
images in one exam

Unstructured

Pt is 40yo mother, software engineer

HPI : Sleeping trouble on present dosage of Clonidine. Severe Rash on face and leg, slightly itchy

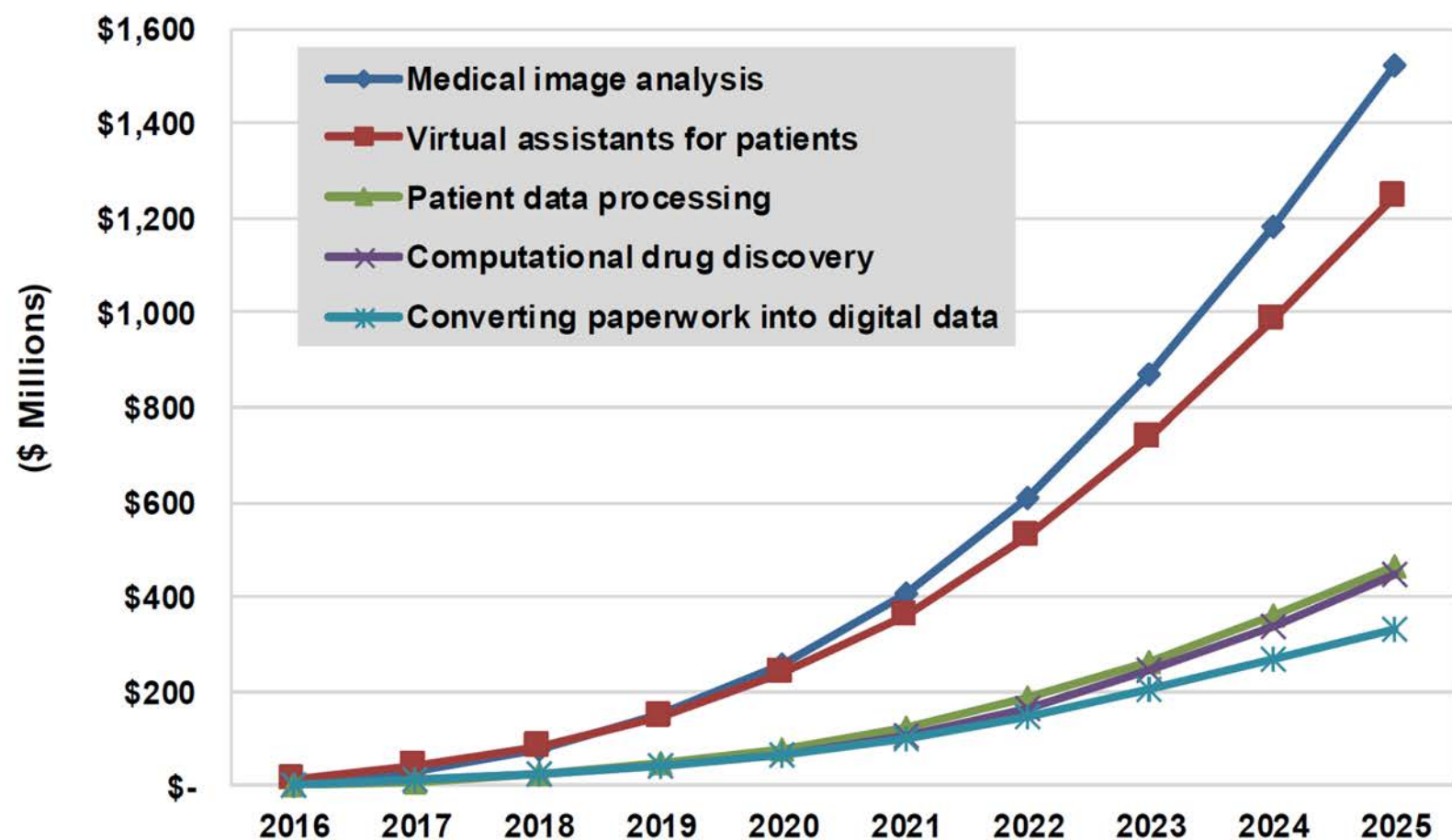
Meds : Vyvanse 50 mgs po at breakfast daily, Clonidine 0.2 mgs -- 1 and 1 / 2 tabs po qhs

HEENT : Boggy inferior turbinates, No oropharyngeal lesion. Lungs : clear. Heart : Regular rhythm. Skin : Papular mild erythematous eruption to hairline

Follow-up as scheduled

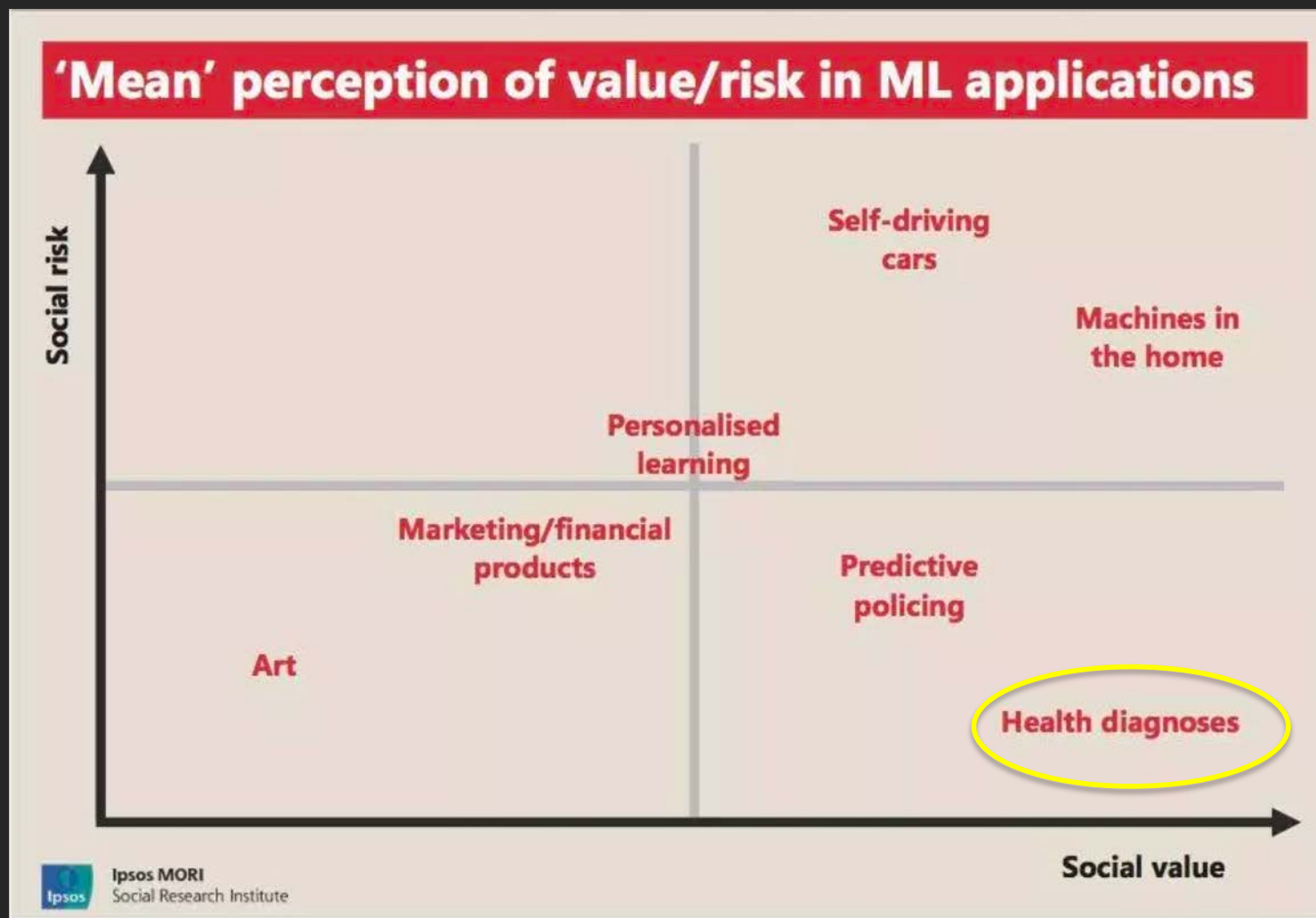
Opportunity: market view

Chart 1.3 Top Five Healthcare Artificial Intelligence Use Cases Revenue, World Markets: 2016-2025



(Source: Tractica)

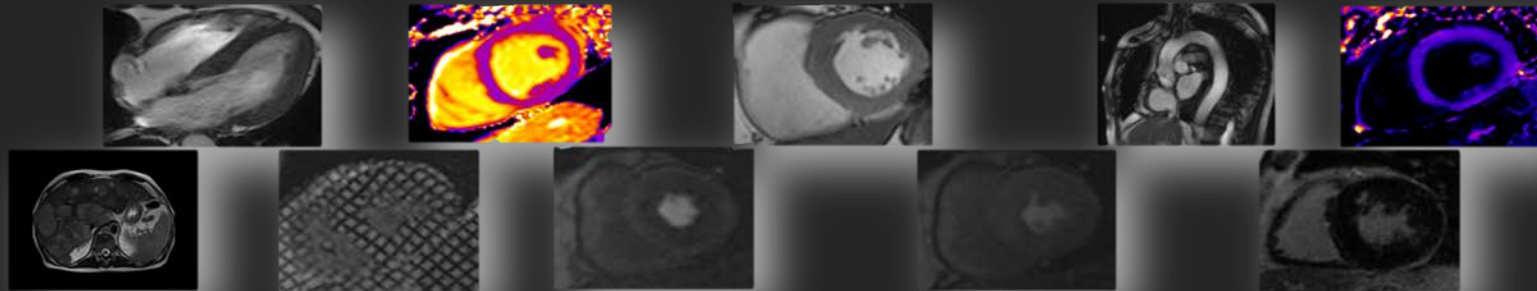
Opportunity: patient view



- Patients say it is ... “a **necessary** development”

Source: page 29, Ipsos MORI report on behalf of The Royal Society: <https://royalsociety.org/~media/policy/projects/machine-learning/publications/public-views-of-machine-learning-ipsos-mori.pdf>

Medical Image Analysis



- Lots of images in 2D, 2D+time, 3D, 3D+time
- Various intensity profiles → multiple image modalities
- **Mix** of quantitative vs qualitative imaging
- **Goal** extract biomarkers:
 - Segment anatomy
 - Segment pathology
 - Register anatomy/pathology across images in time or across image type (modality)
- Be **robust** ...

Broad goal: algorithms that work well...

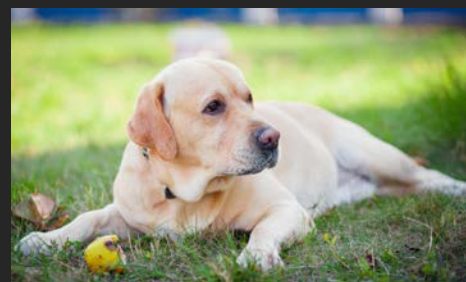
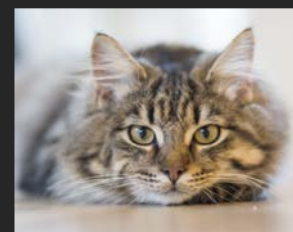
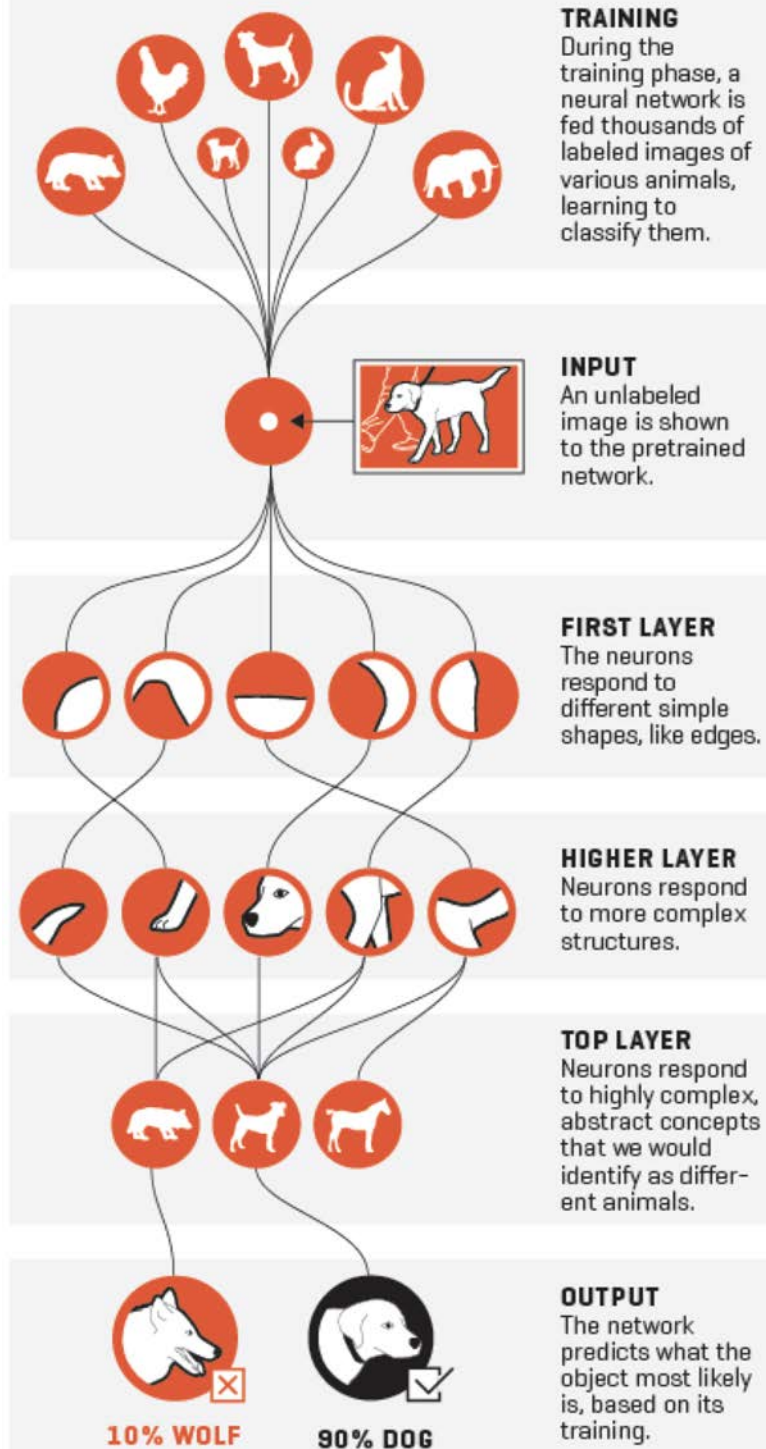
- Across different
 - **tasks?**
 - **hospitals/scanners?**
 - **populations?**
- Despite not having **enough and perfect** training data?
 - Collecting **data** not easy [privacy, cost]
 - **Annotations** are costly (experts)
 - Carry **bias**

Valve detection vs
myocardial
segmentation
1T vs 3T



Deep learning

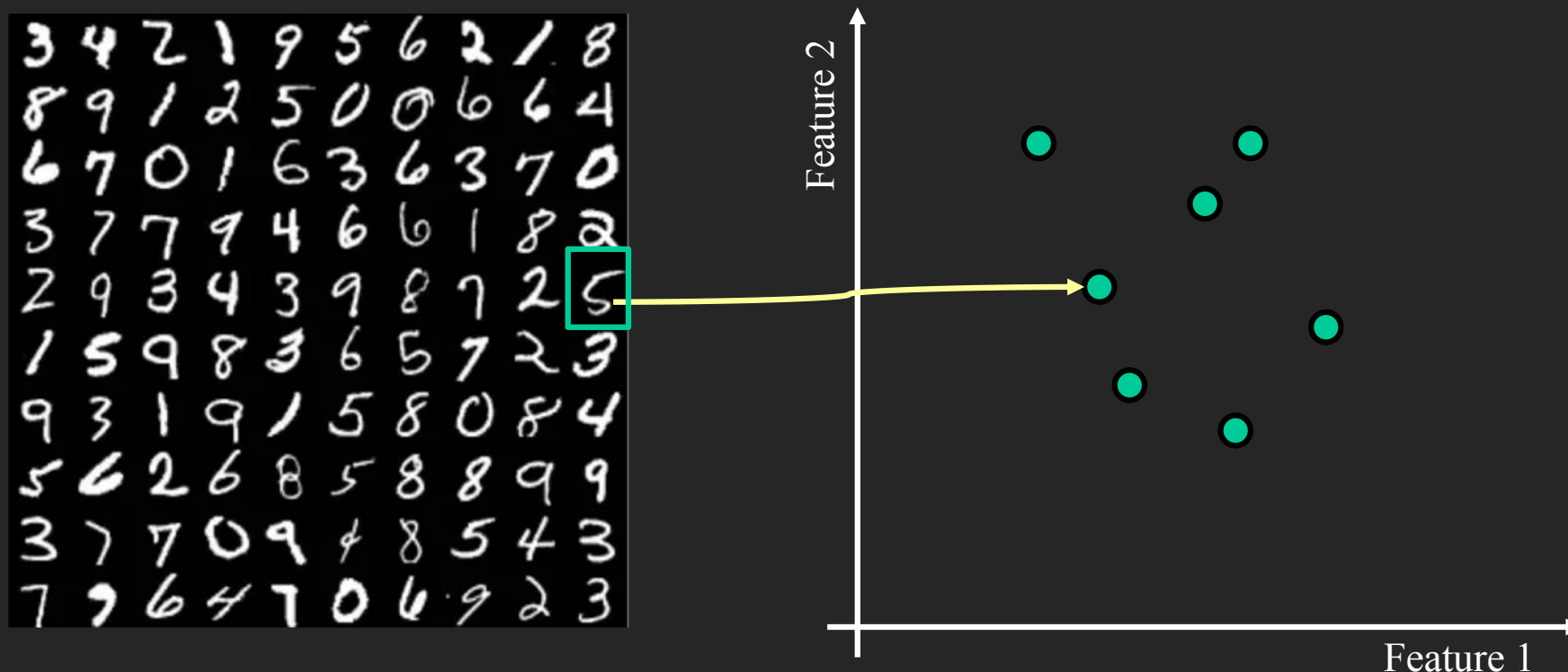
- **Where** is the representation space?
- What makes a **good** space?



<http://fortune.com/ai-artificial-intelligence-deep-machine-learning/>

What is a disentangled space?

Consider a mapping from digit pictures into a space

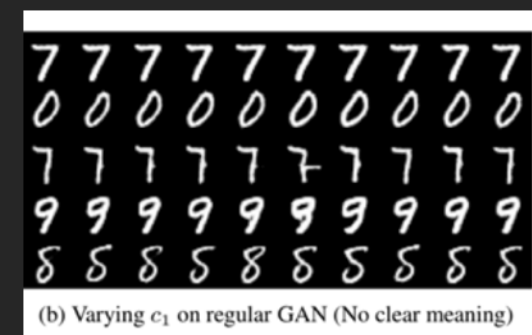
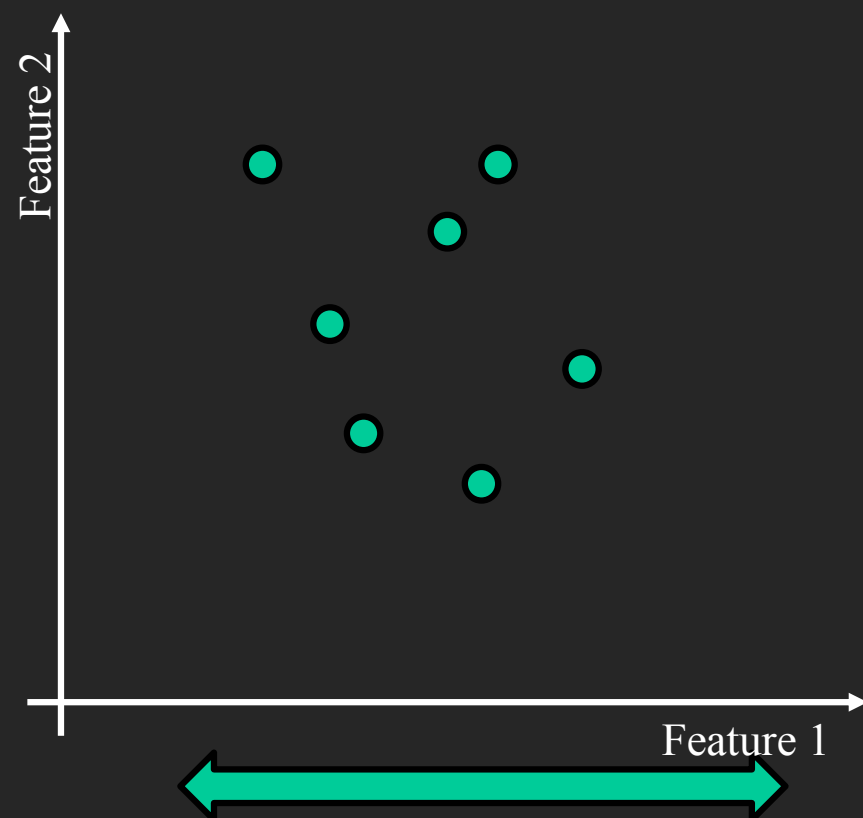


e.g. similar digits to be **close** together

Source: Y. Bengio, A. Courville and P. Vincent, "Representation Learning: A Review and New Perspectives," in *IEEE Transactions on Pattern Analysis & Machine Intelligence*, vol. 35, no. 8, pp. 1798-1828, 2013.

What is a disentangled space?

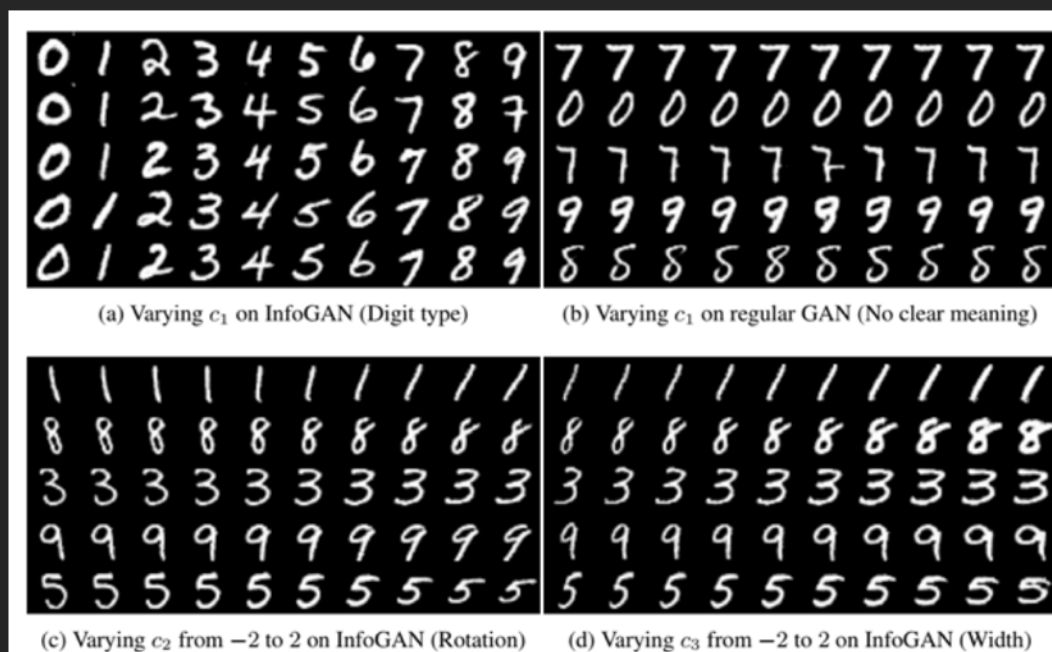
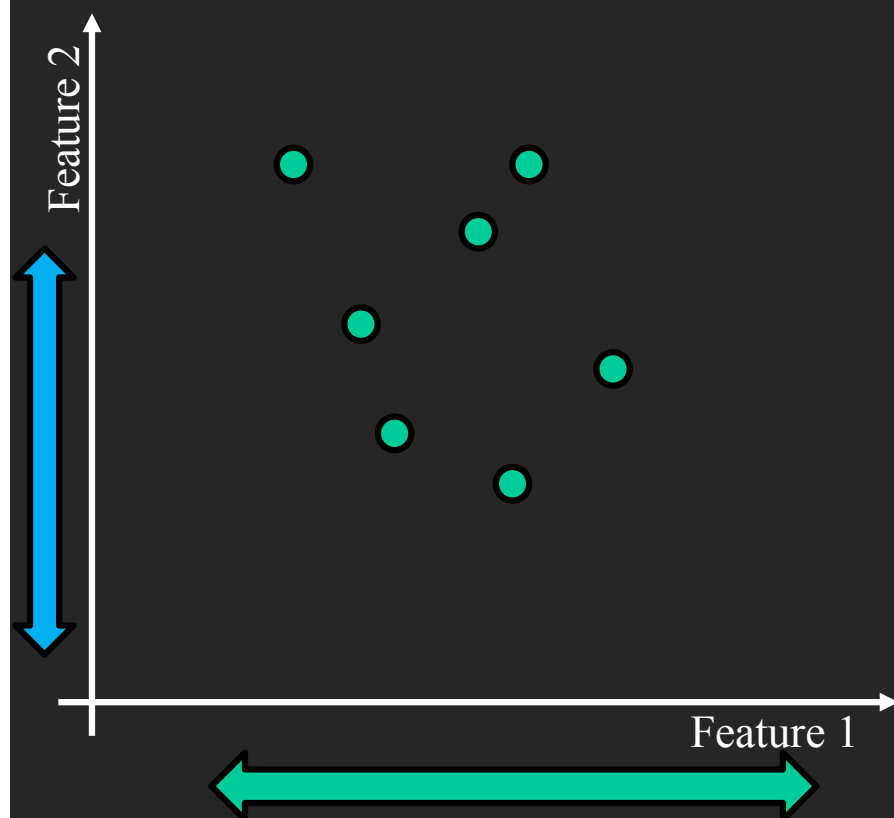
Walking along 1 feature dimension



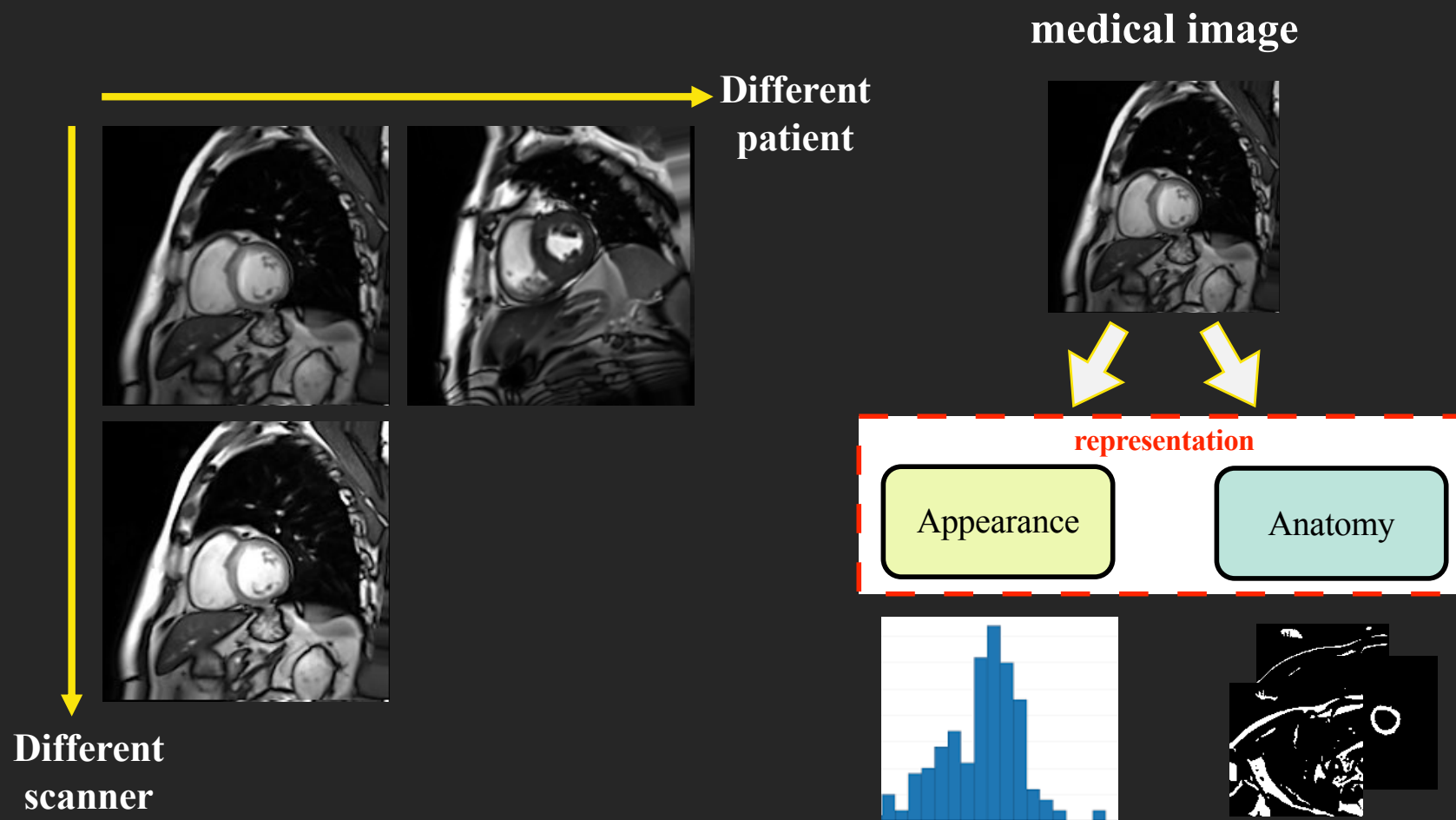
this is what is captured

What is a disentangled space?

Variables **unrelated** from each other that best explain input data and its structure



An example in our context

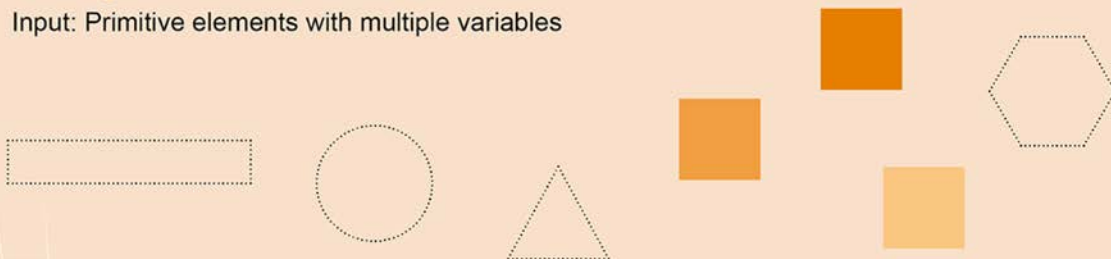


Disentanglement

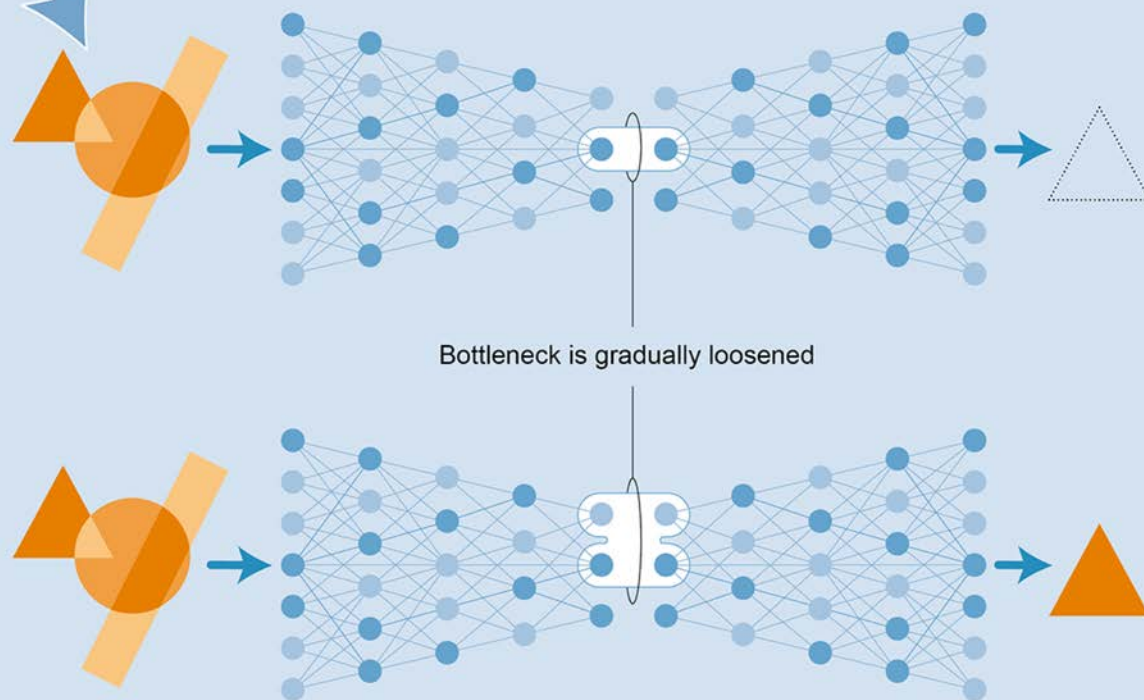
A machine can learn to pick apart a scene into the objects that constitute it. One network compresses the input data; the other expands them again. By constricting the link between the two, the system is forced to find the most parsimonious description. That is usually the description a human would use, too, thereby making the network more transparent in its operation.

Training

Input: Primitive elements with multiple variables



Result: Ability to isolate and reconstruct elements



COMPUTER SCIENCE



ARTIFICIAL IMAGINATION

How machines could learn creativity and common sense, among other human qualities

By George Musser

IF YOU EVER FEEL CYNICAL ABOUT HUMAN BEINGS, A GOOD ANTIDOTE IS TO TALK to artificial-intelligence researchers. You might expect them to be triumphalist now that AI systems match or beat humans at recognizing faces, translating languages, playing board and arcade games, and remembering to use the turn signal. To the contrary, they're always talking about how marvelous the human brain is, how adaptable, how efficient, how infinite in faculty. Machines still lack these qualities. They're inflexible, they're opaque and they're slow learners, requiring extensive training. Even their well-publicized successes are very narrow.

IN BRIEF

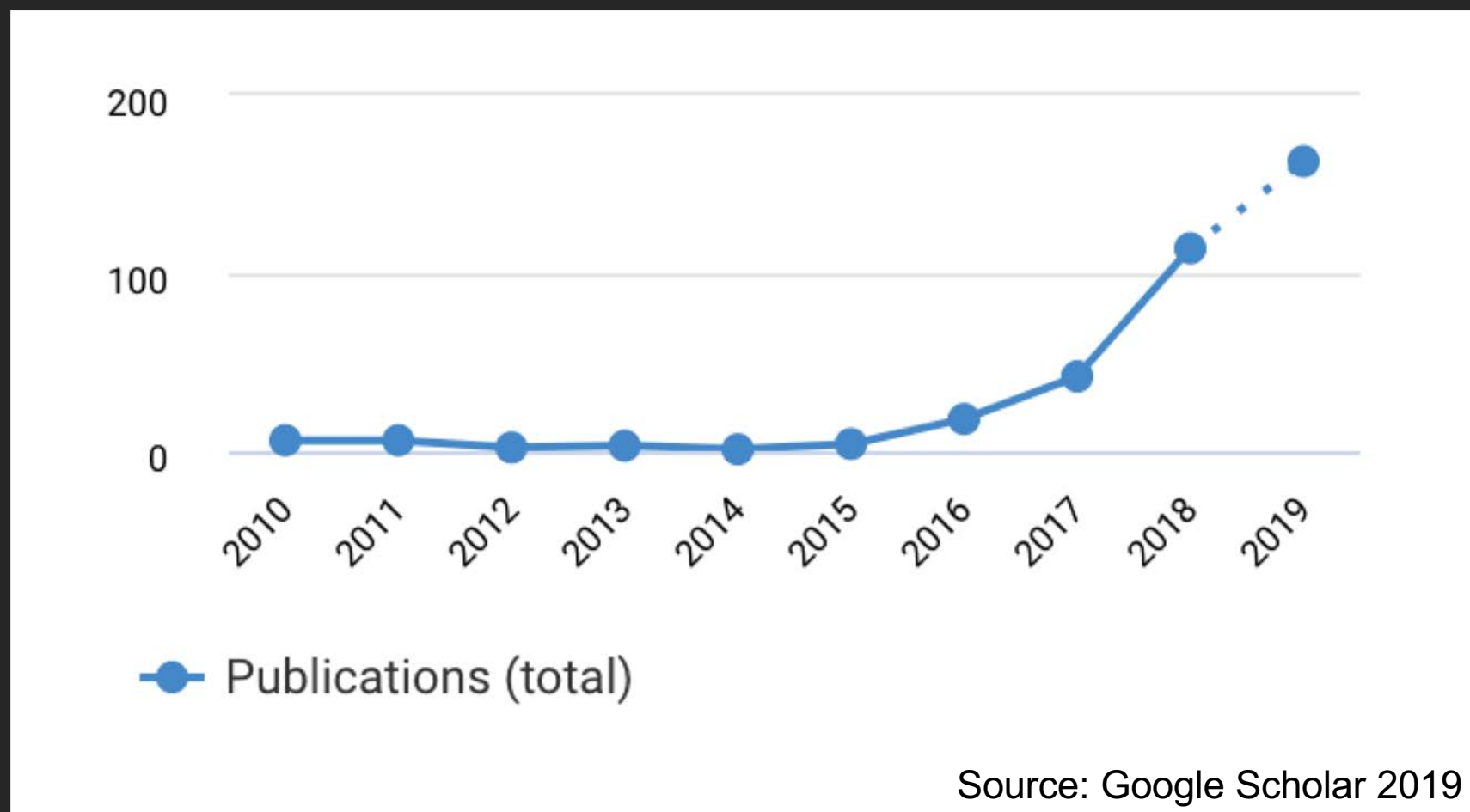
Several emerging methods endow artificial-intelligence systems, such as neural networks, with features that were once consid-

ered to be quintessentially human. Meta-learning primes a network to adapt quickly so that it can pick up new tasks without requiring reams of data.

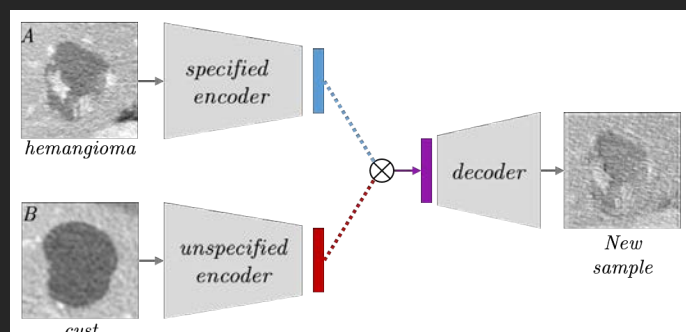
So-called generative adversarial networks provide a form of imagination, letting machines reproduce the statistical features of data sets.

Disentanglement sensitizes neural networks to the underlying structure of data, making their inner workings more understandable in human terms.

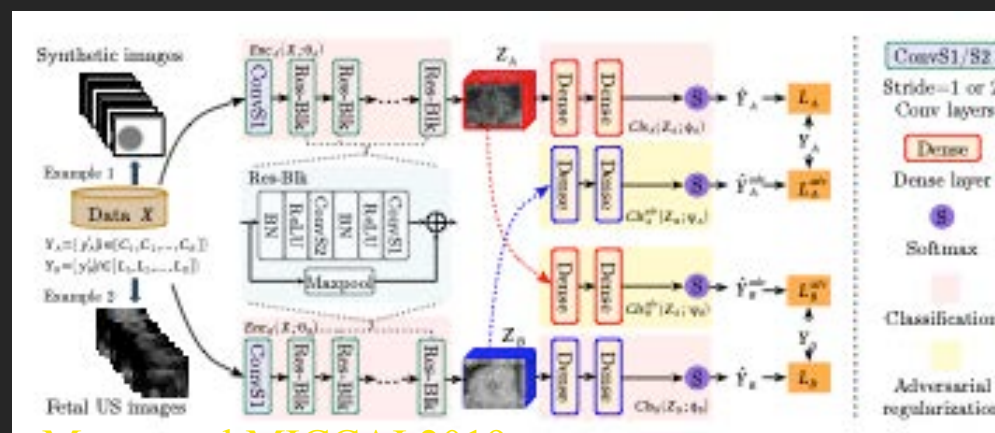
Increasing popularity



...and in our community



Ben-Cohen et al Arxiv 2018



Meng et al MICCAI 2019

10 papers in MICCAI 2019 alone



DISENTANGLEMENT IS EVERYWHERE

Few recent examples from our work

Image translation

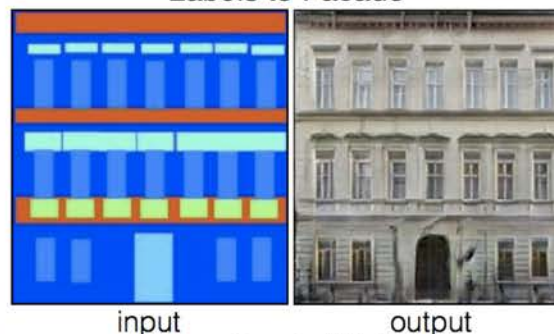
- A mapping of one image (modality) to another
 - a segmentation map
 - the same image (reconstruction)
 - another image (e.g. from T1 to T2)

} Self-supervision

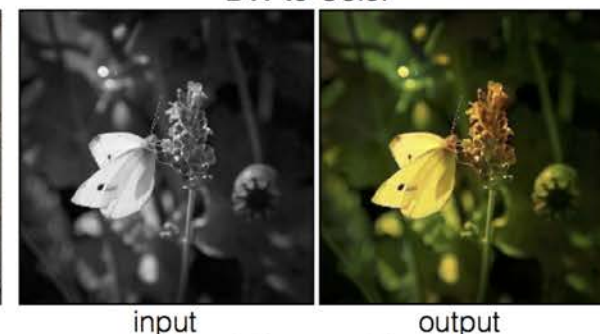
Labels to Street Scene



Labels to Facade



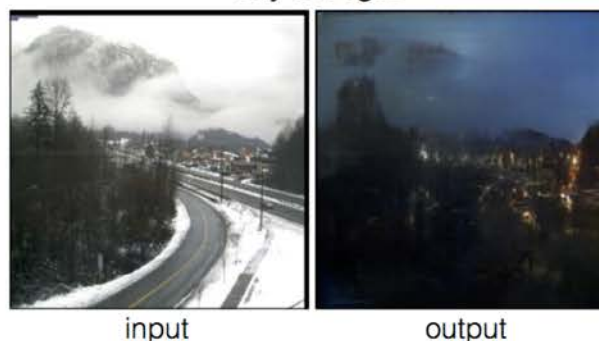
BW to Color



Aerial to Map



Day to Night



Edges to Photo

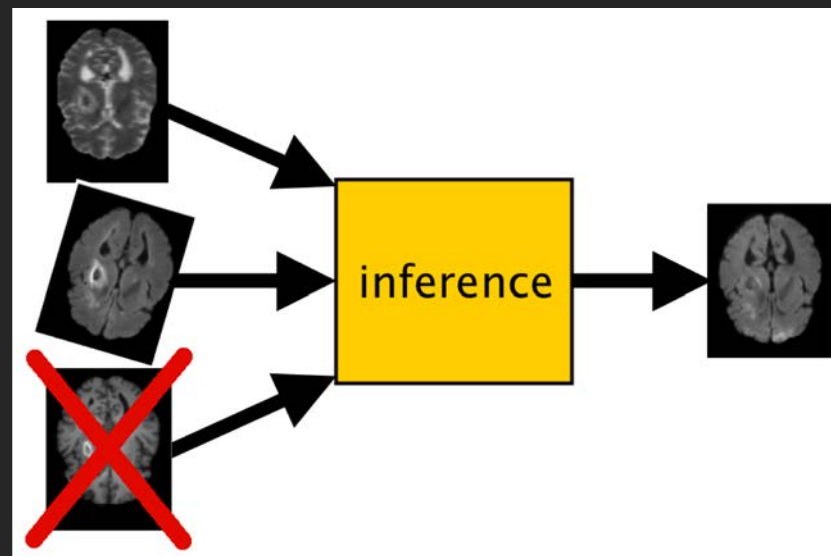


Example taken from Zhu et al, CycleGAN 2017

Disentangling the modality [Brain]

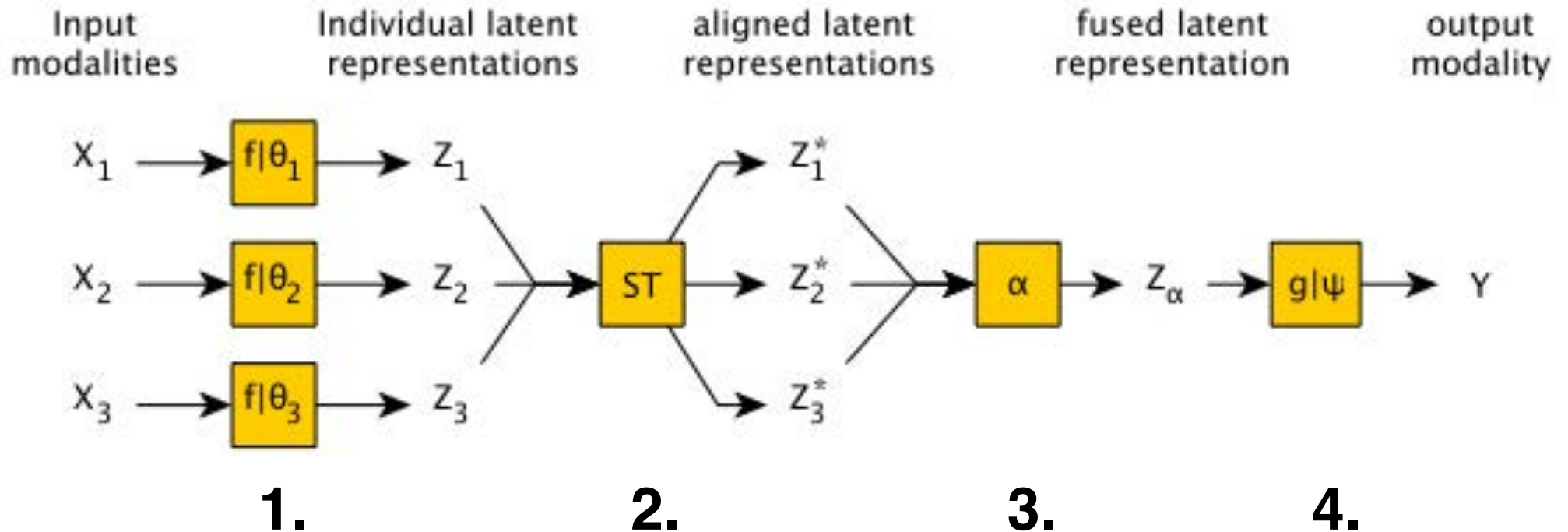
- A robust multi input fully convolutional neural network:

- a) multiple input modalities *when* they are available
- b) *not requiring* any specific input modalities
- c) *overcomes* small registration errors between inputs
- d) learns from a *variety* of sources



- We achieve this by learning a **modality invariant** latent representation



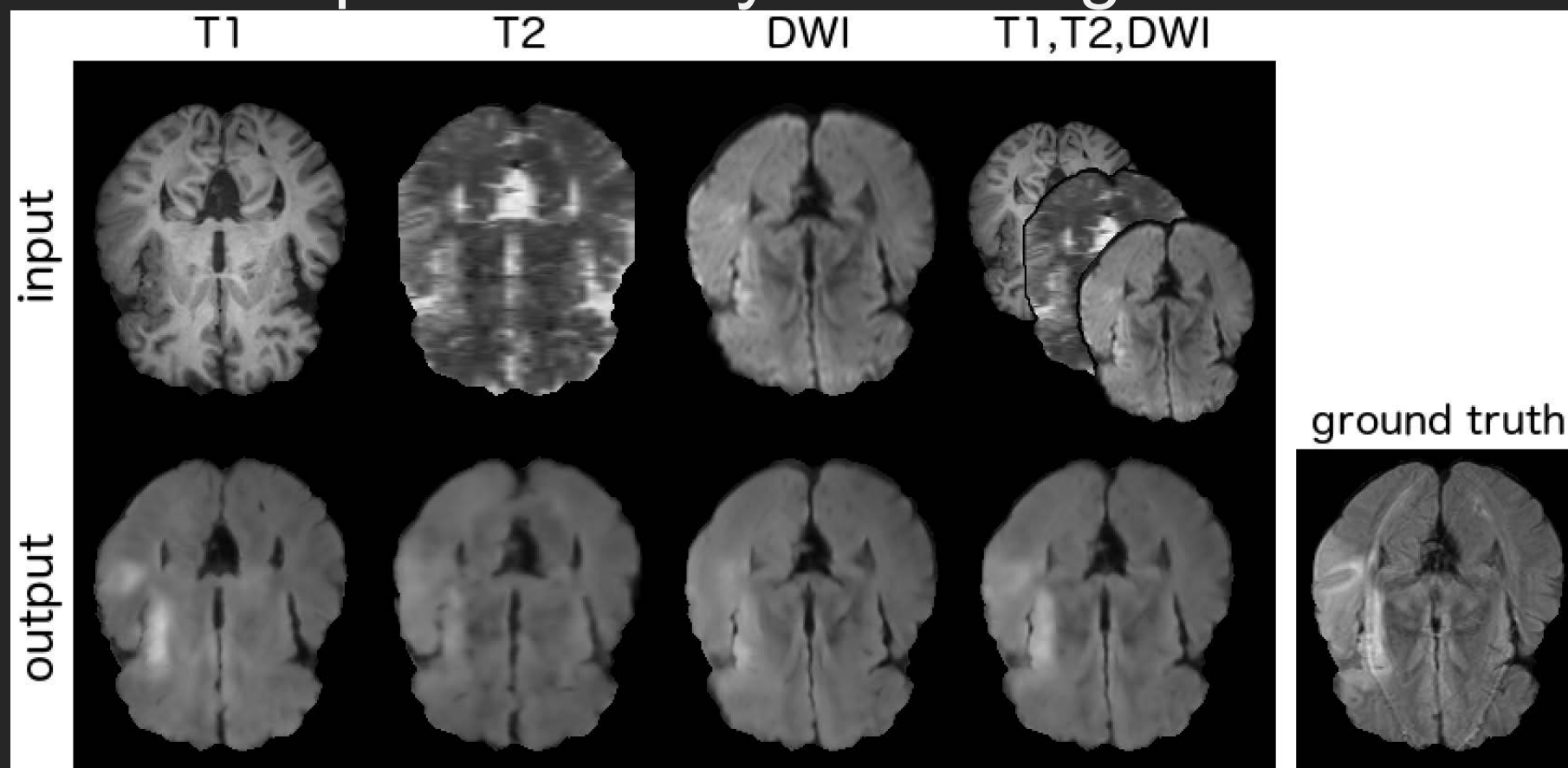


During inference, we process the inputs in four stages:

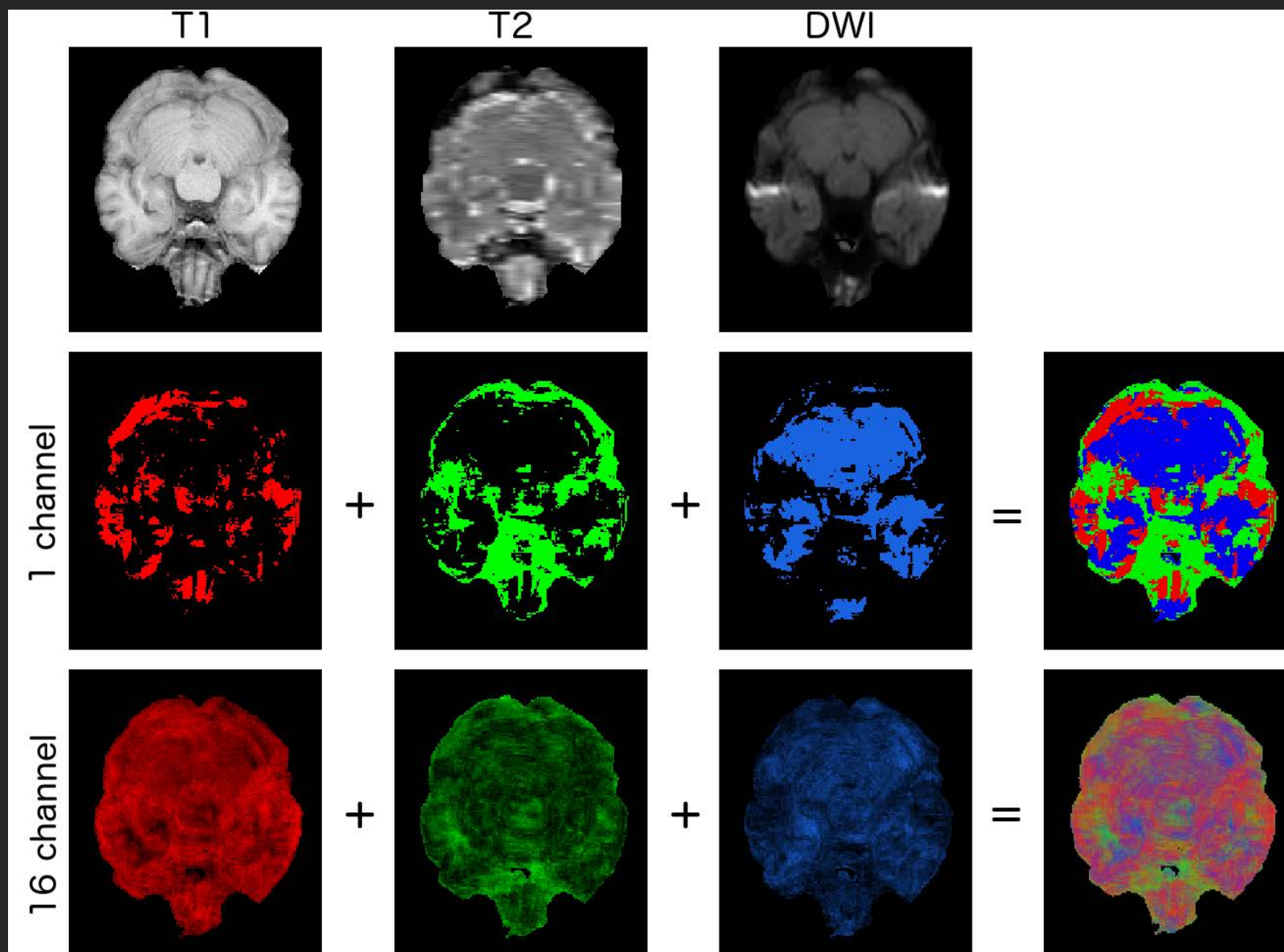
1. **Encode** inputs to latent representations (16-channel “images”)
2. Spatially **align** latent representations → robust to misregistrations
3. **Fuse** latent representations into a fused representation
→ combines information and makes robust to missing inputs
4. **Decodes** fused latent representation to target output modality

A visual example

- A multi-input model synthesizing FLAIR

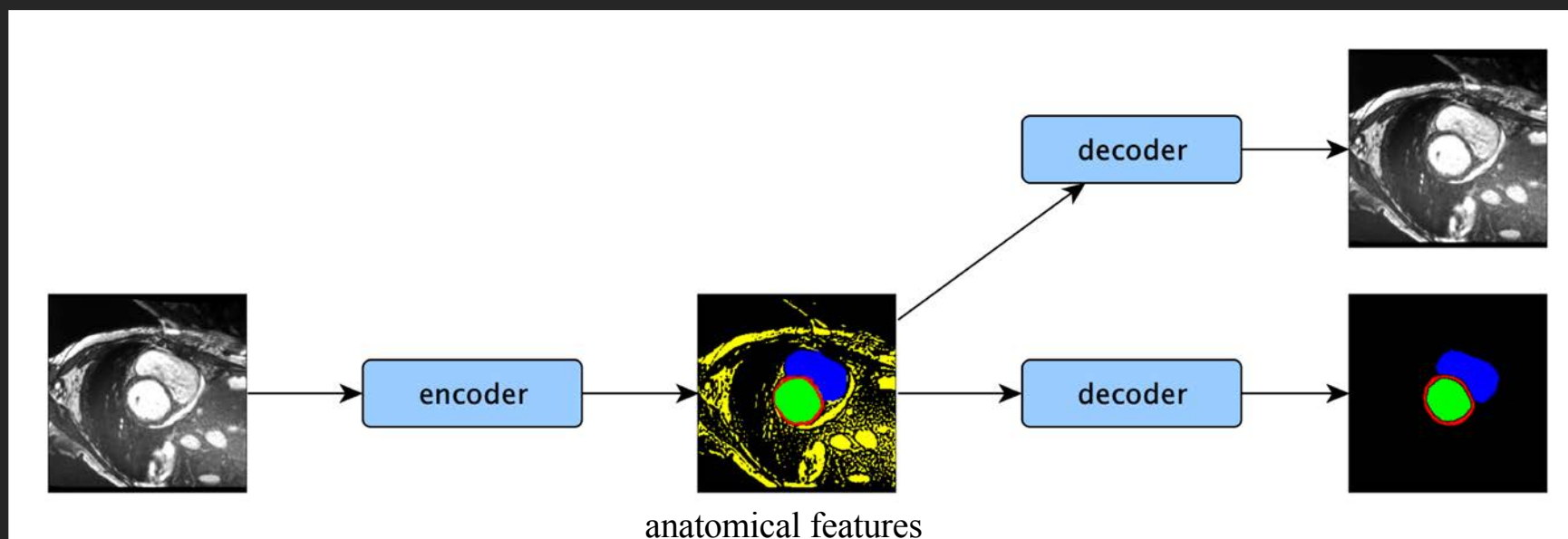


What uses from where?



Representing images

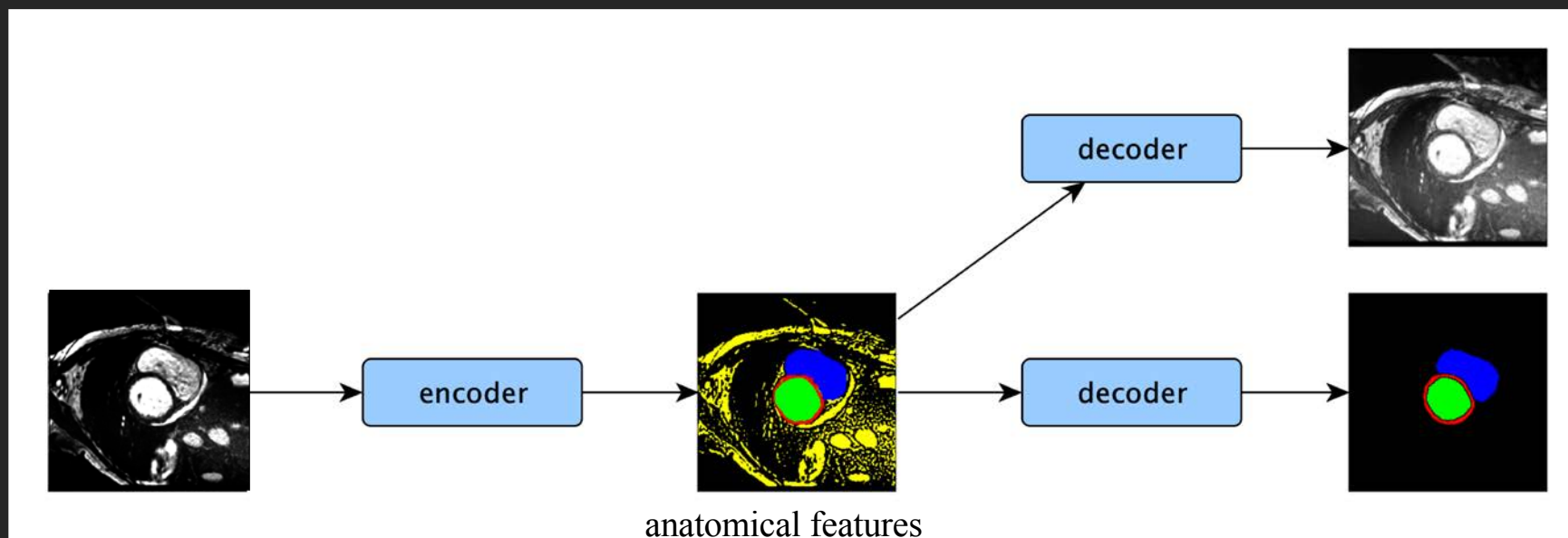
- Representations could be a multiclass image of anatomy:
 - semantically meaningful
 - can be decoded into segmentation masks
- **reconstruction** → use of non-annotated data (semi-supervised)



Start of a problem

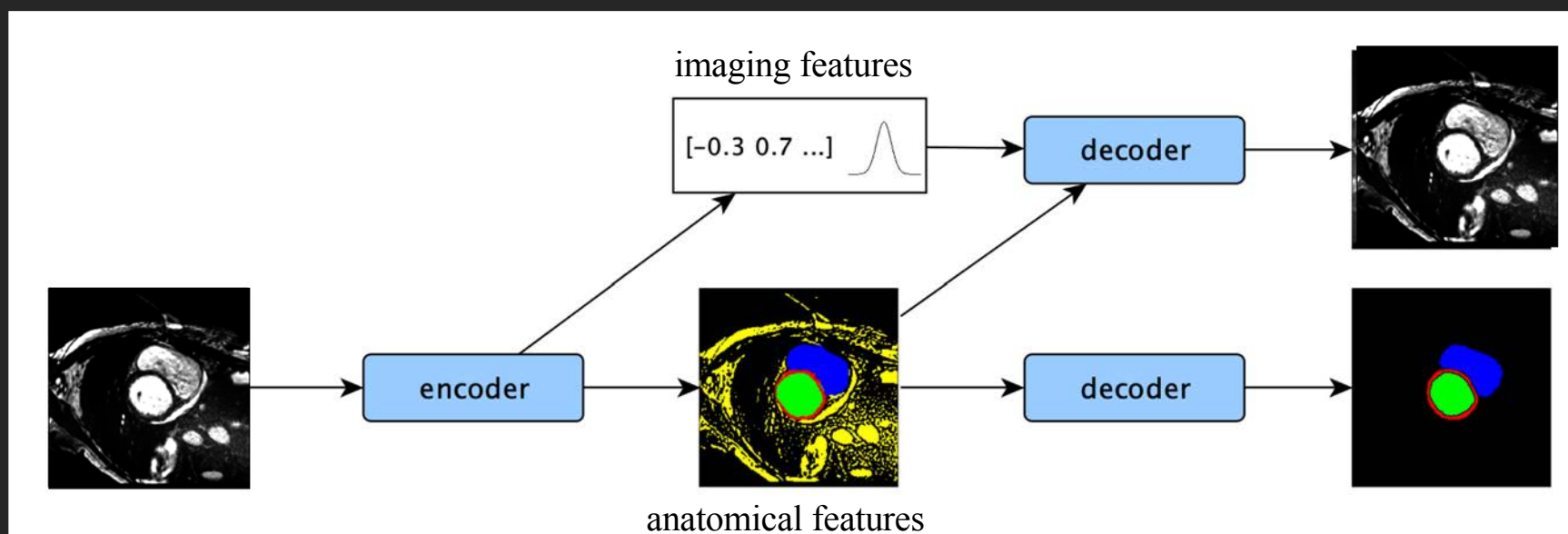
But...

many images **may** have the same anatomical representation



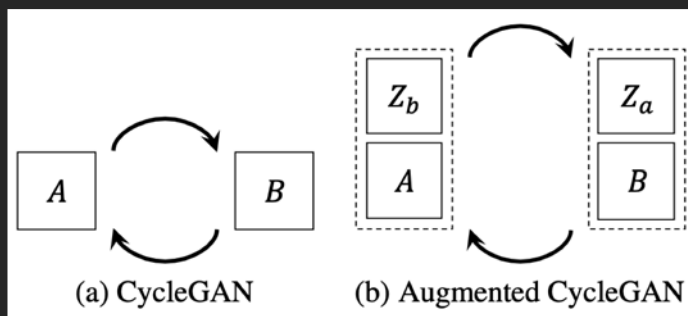
Solving the problem...

Add something that describes the image stats

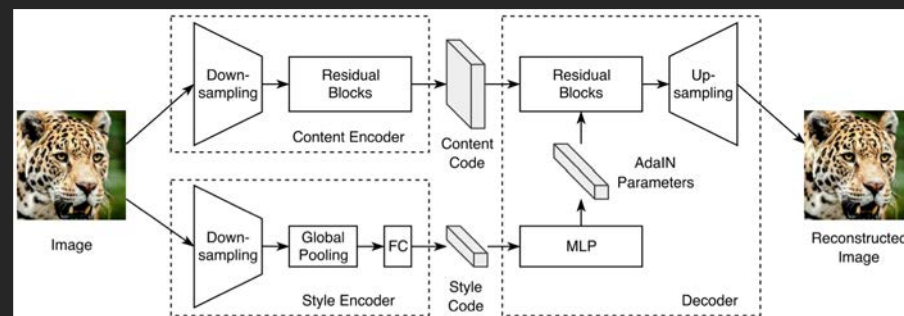


In CV: content vs style disentanglement

- Concurrently with Agis [MICCAI 2018]

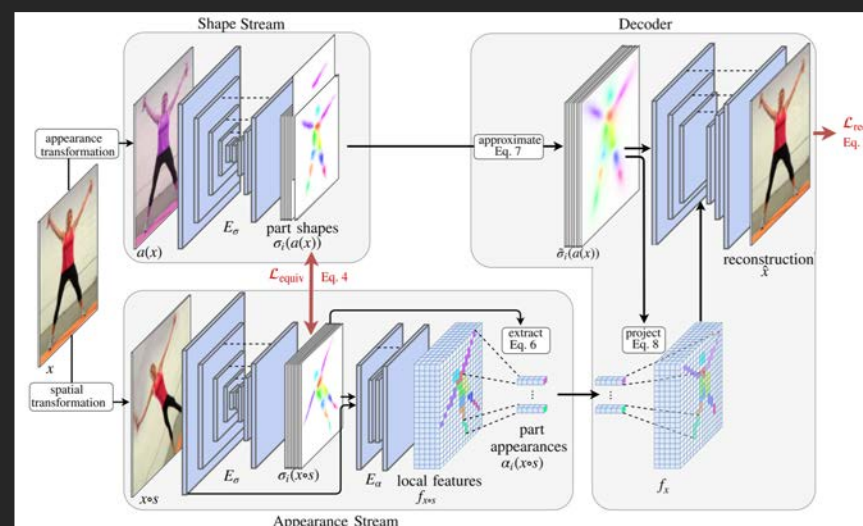


Almahairi et al ICML 2018



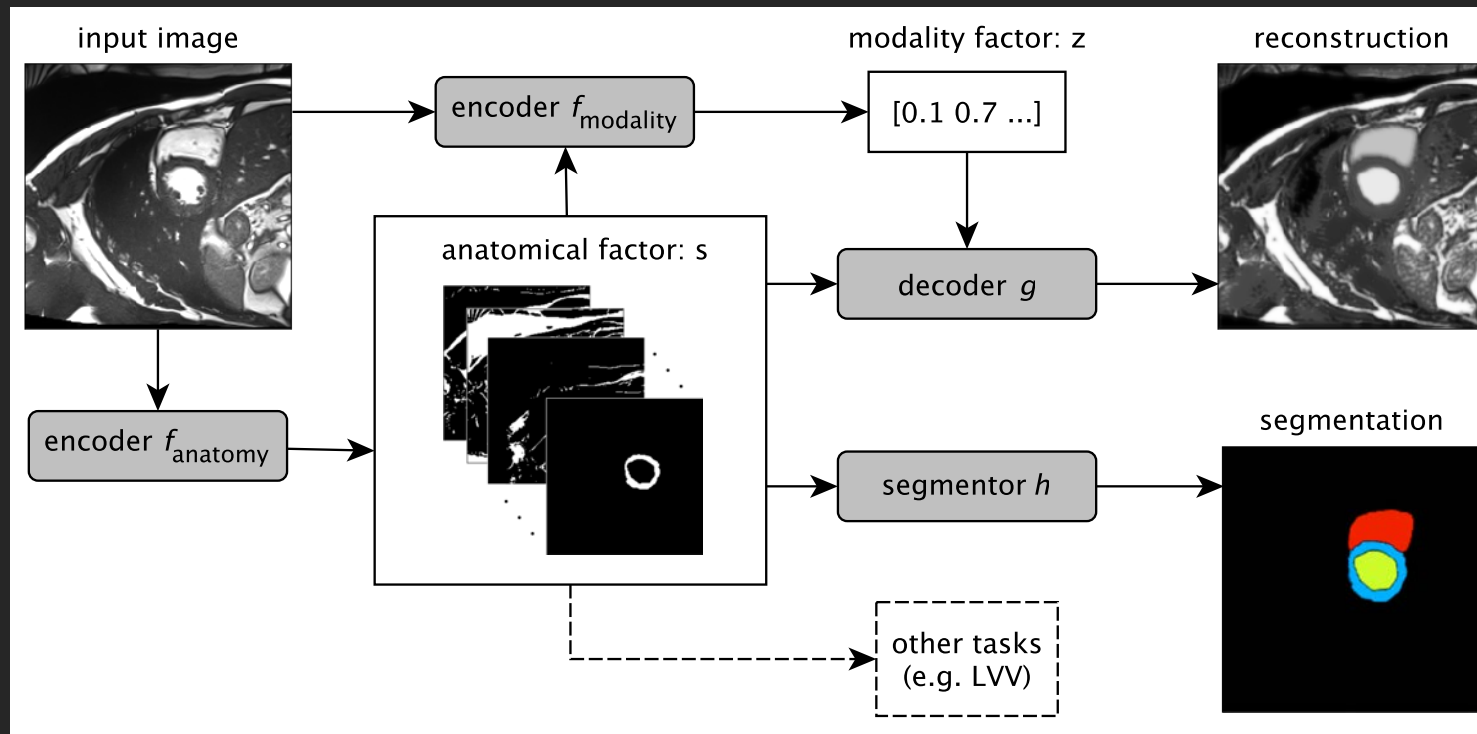
Huang et al ECCV 2018

- Since then, an **explosion** of approaches
- **However**, in our domain (medical) content must
 - have **semantic** meaning
 - serve **quantitative** purpose



Lorenz et al CVPR 2019

Disentangling the learning of anatomy

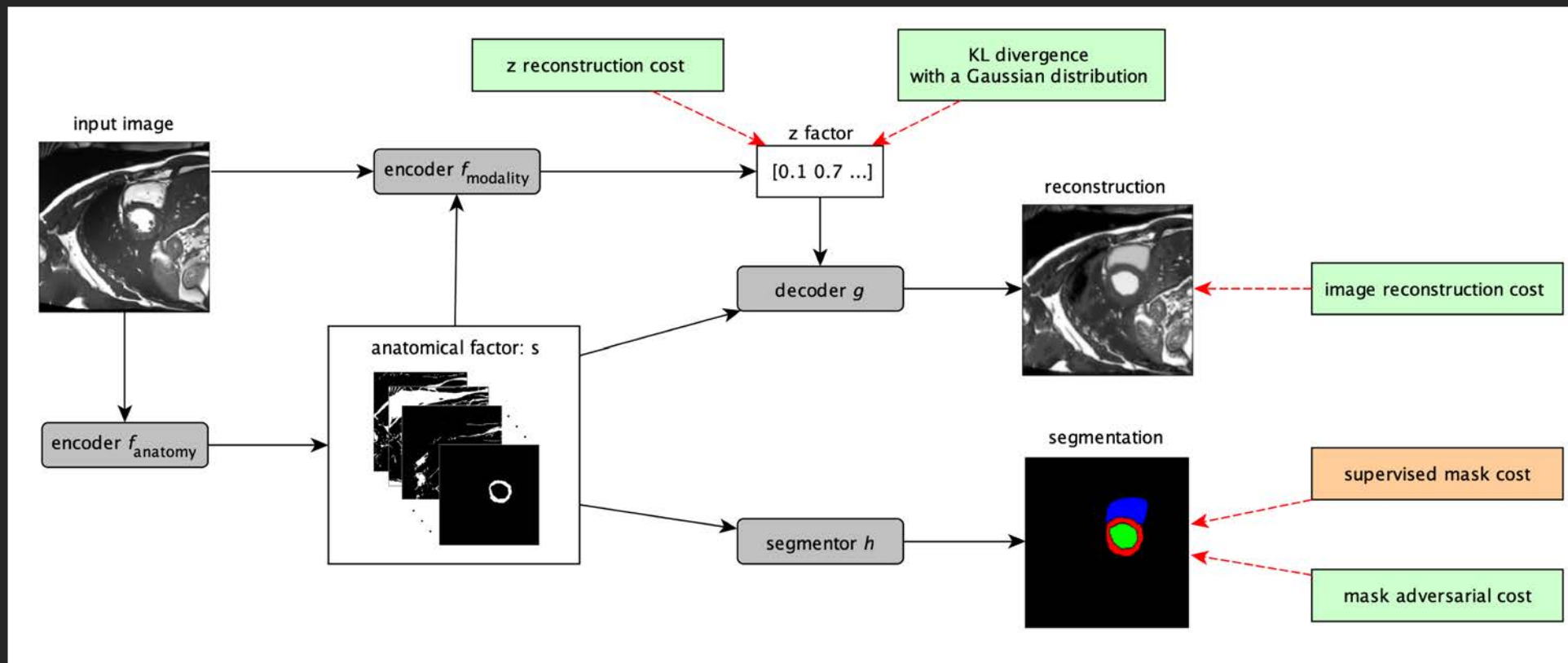


Images are decomposed into **spatial** and **vector** representations.

- **Spatial** representation is a segmentation mask of the myocardium.
- **Vector** representation contains intensity (appearance) information, and residual anatomical information.

which are then combined

Training



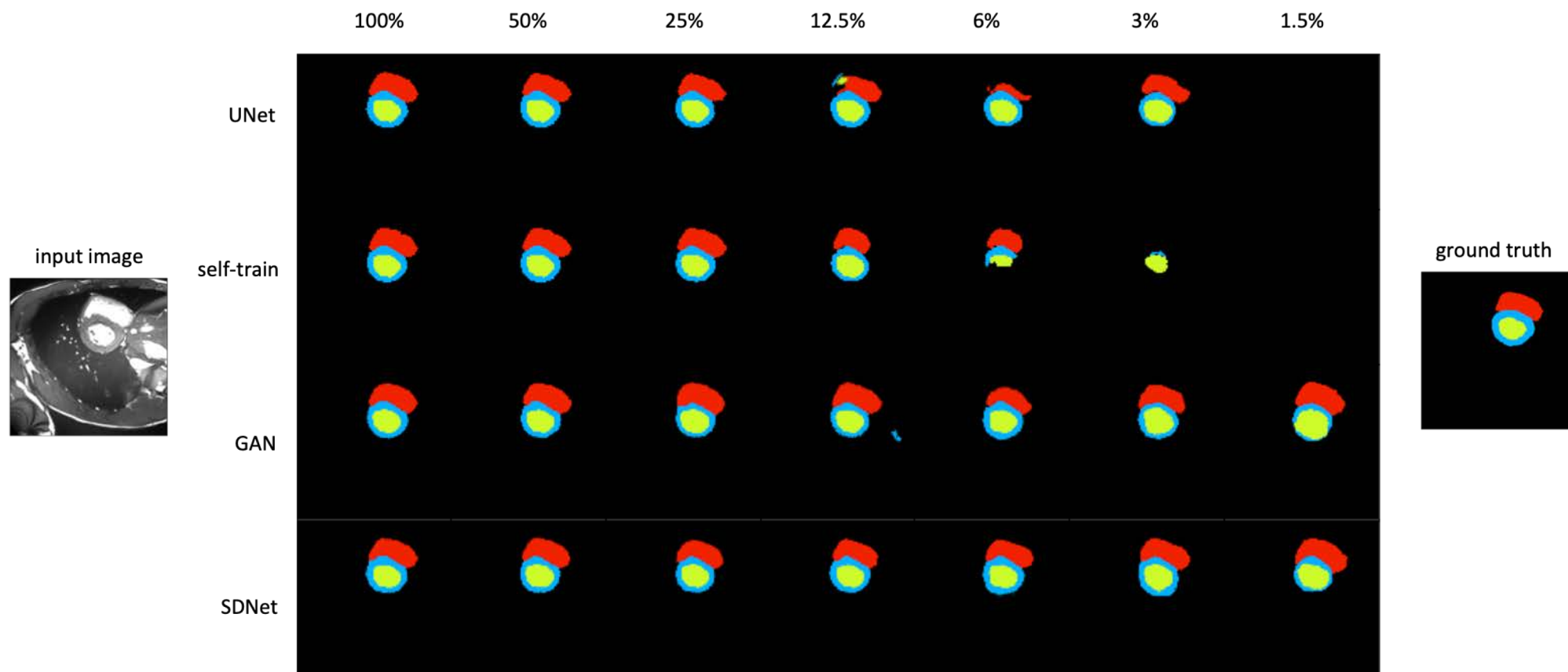
Unsupervised costs:

- Self-supervised image reconstruction
- Adversarial for mask discriminator
- Self-supervised z reconstruction
- z smoothness cost with KL divergence

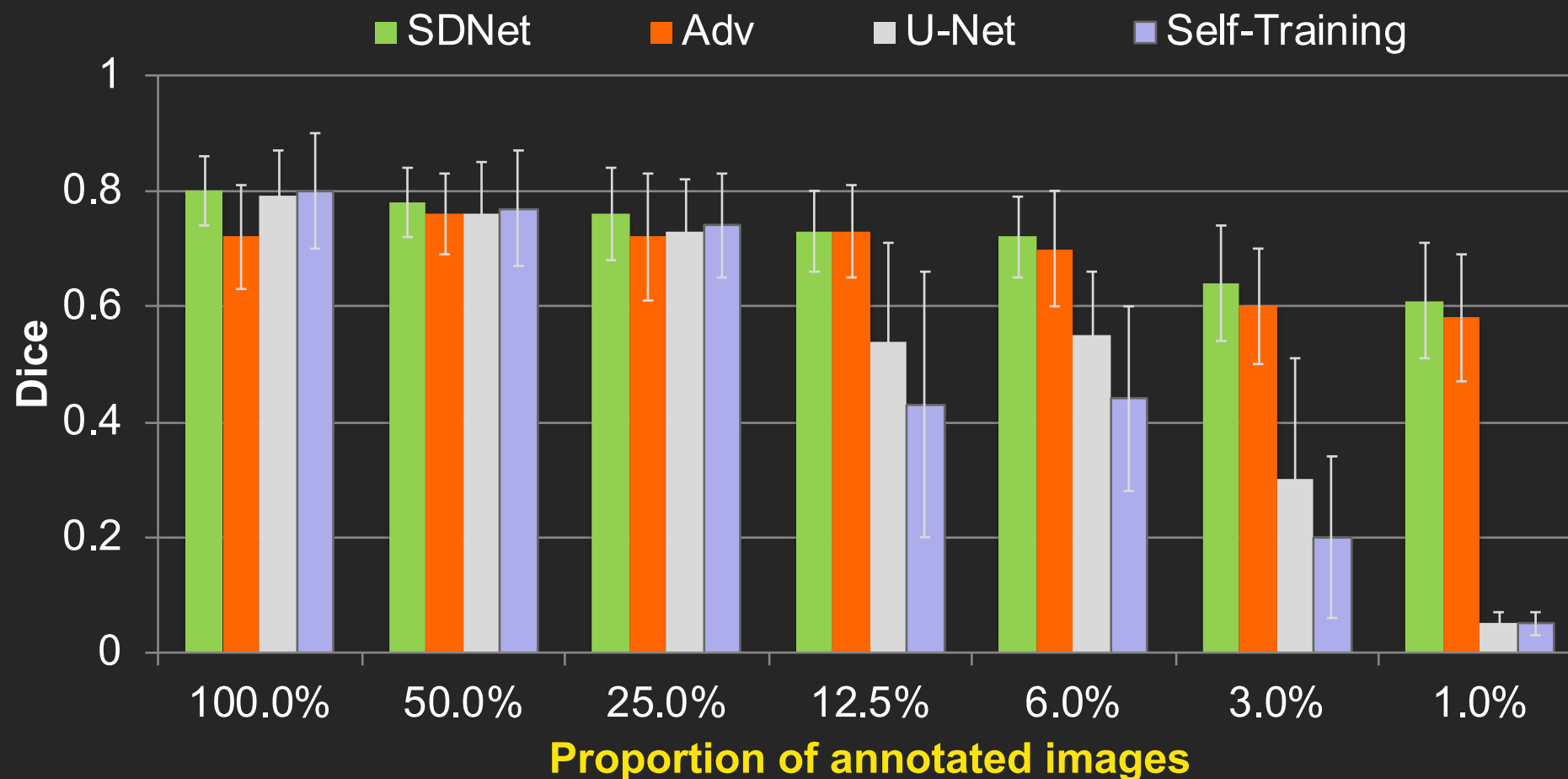
Supervised costs:

- Supervised cost between output mask and ground truth mask

A visual result

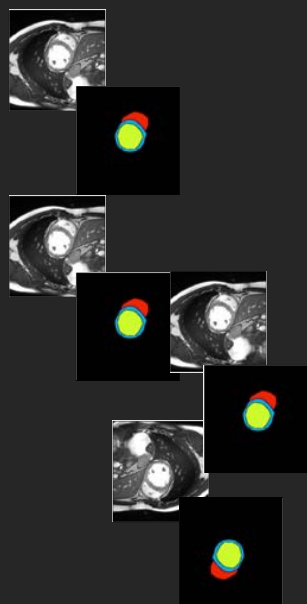


Quantitative analysis (Dice, test set, N=400)

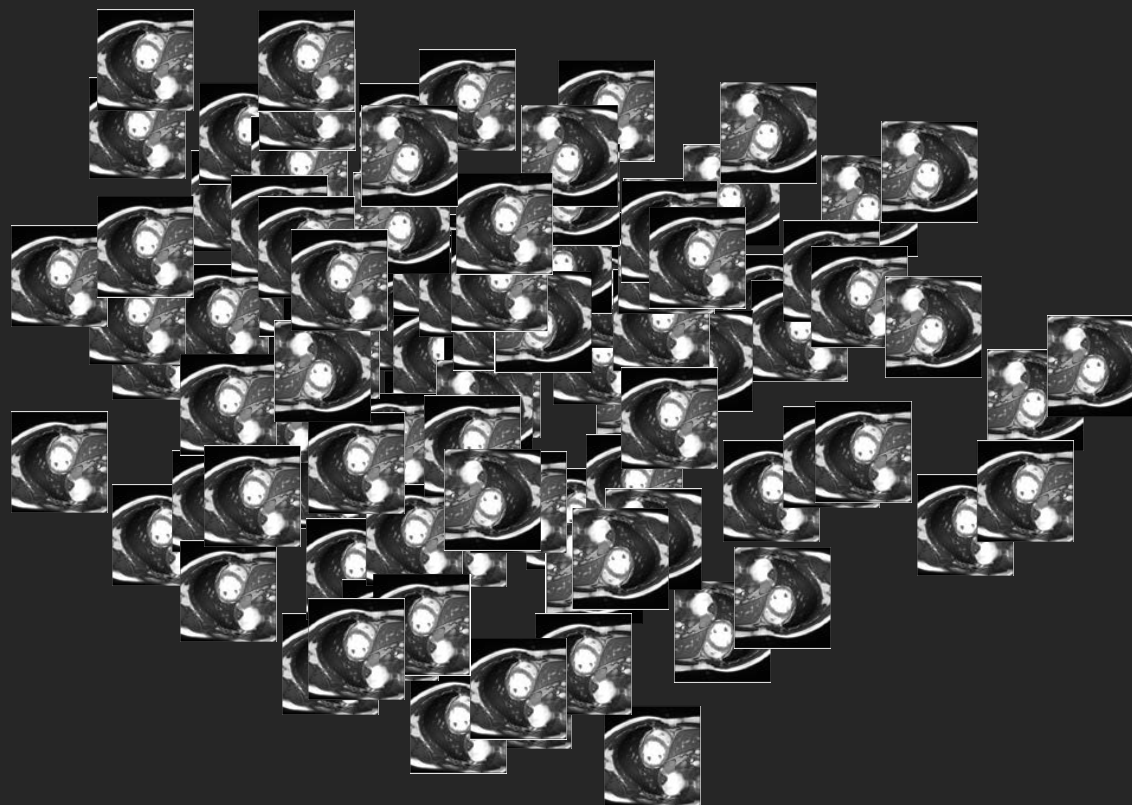


- **labelled** (% varies) ; 1200 **unlabelled** images.
- Good performance and low variance with **a fraction** of labelled images.

Doing more with less: benefit of using EHR



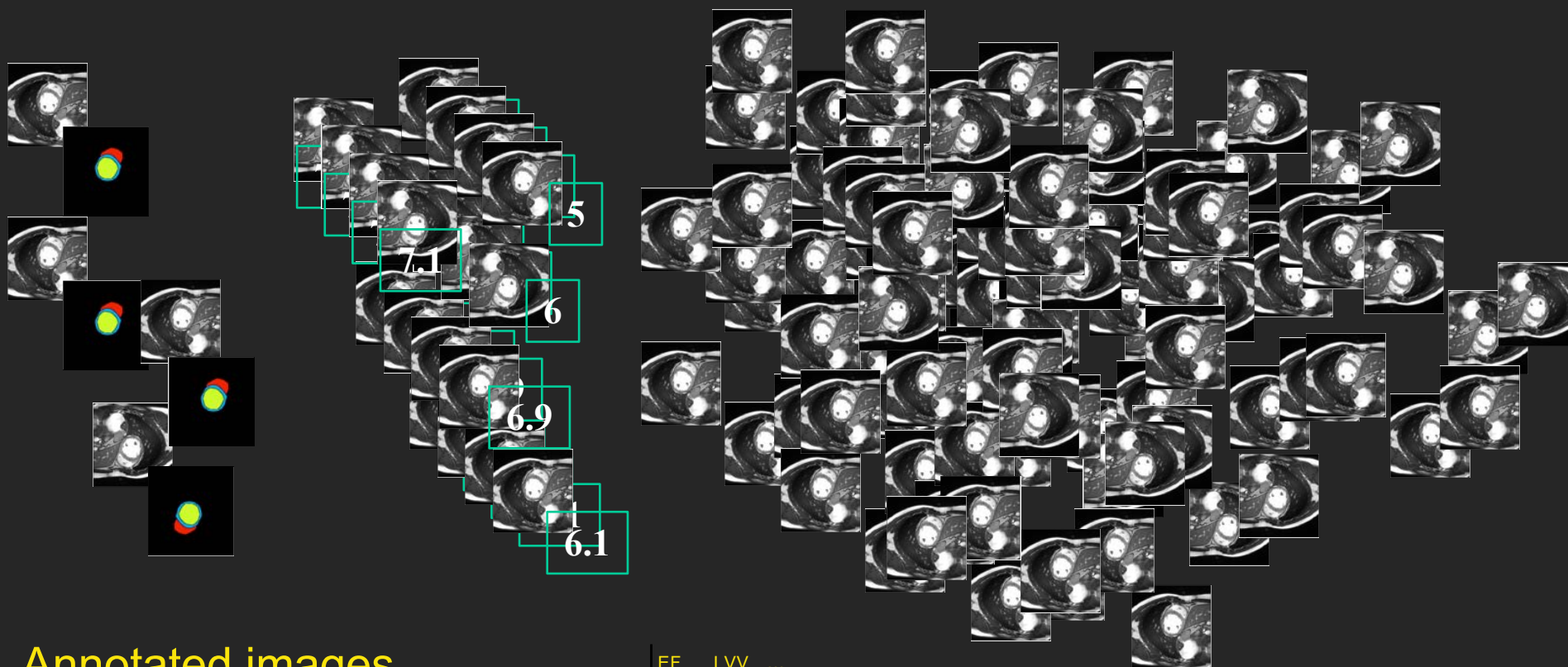
Annotated images
and masks



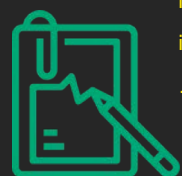
Other images

- Using 6% of annotated data: 0.756 (Dice)

Doing more with less: benefit of using EHR



Annotated images
and masks

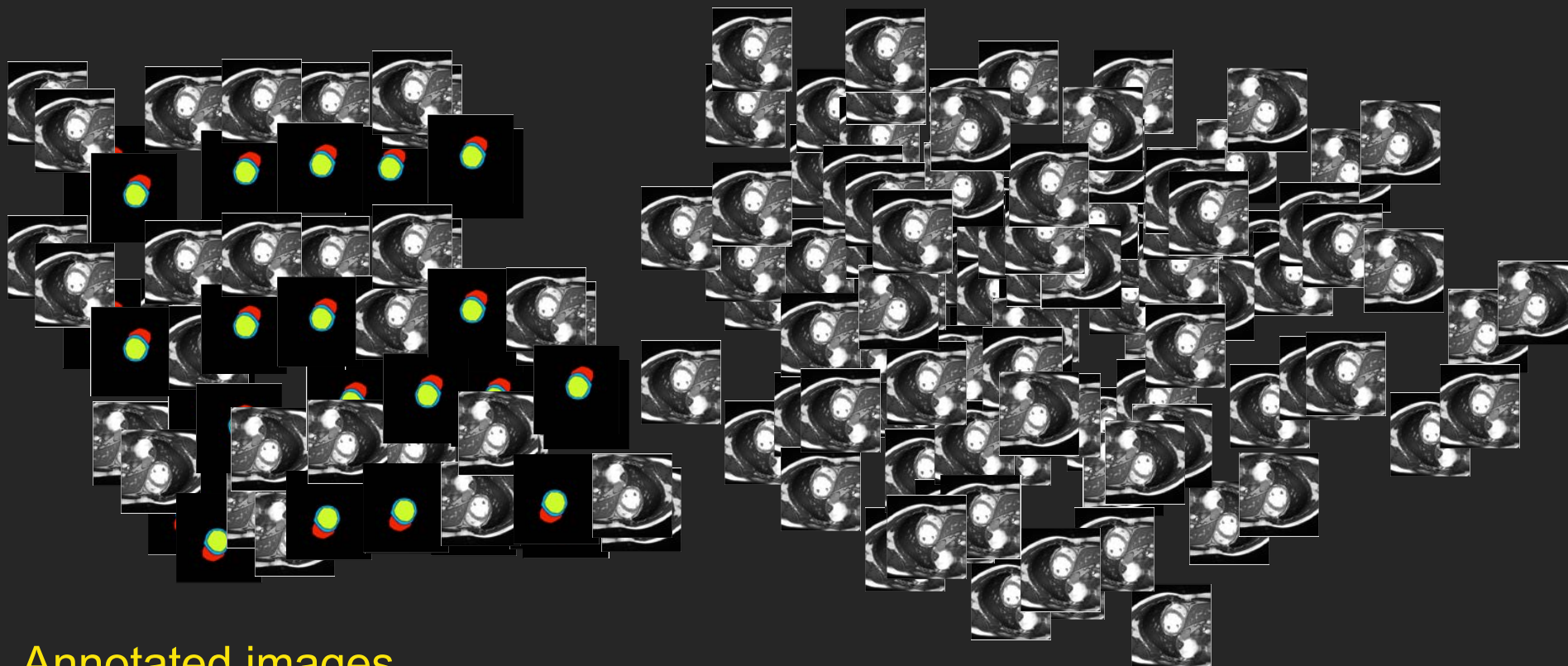


	EF	LVV	...
image1	63%	6.1	8.5
image2	70%	6.8	9
...			

Other images

- Adding EHR data: **0.832** (vs. 0.756)

Doing more with less: use the EHR

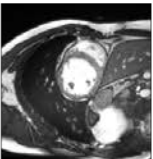
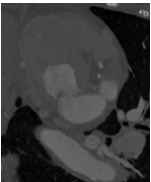
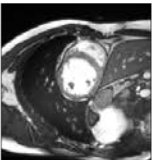


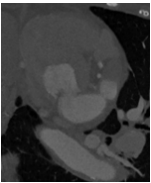


Annotated images
and masks

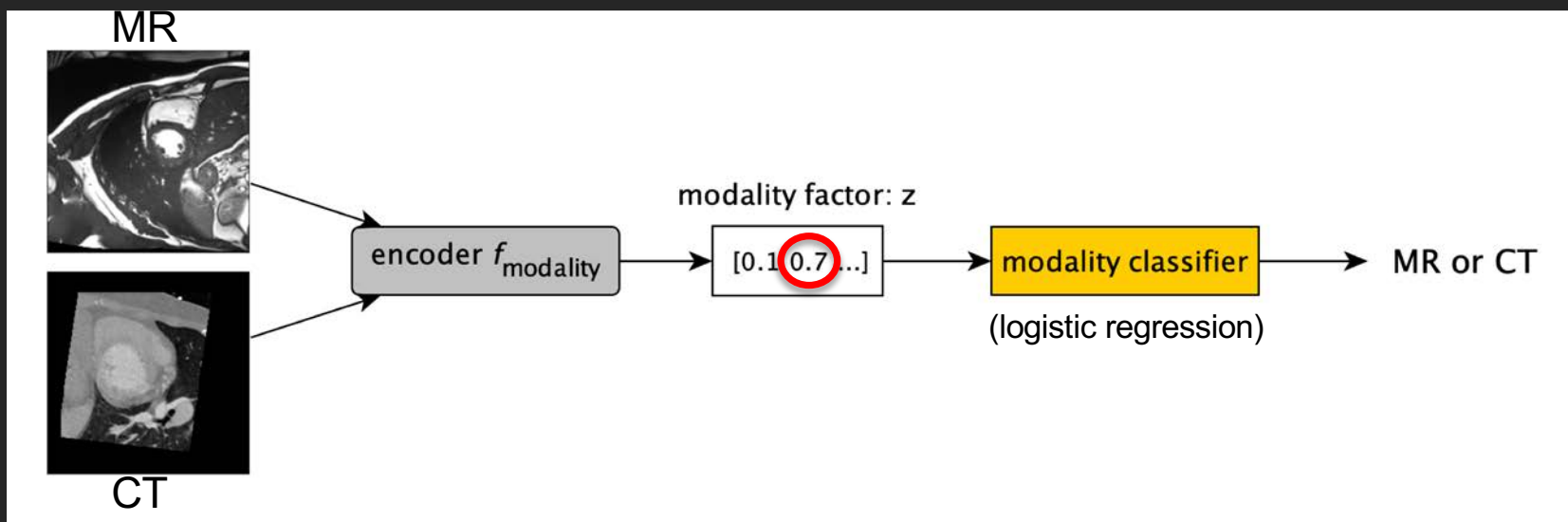
Other images

- Adding EHR data: 0.832
(same gain as **adding 8x** more pixel annotation)

Doing more with less: pool imaging data

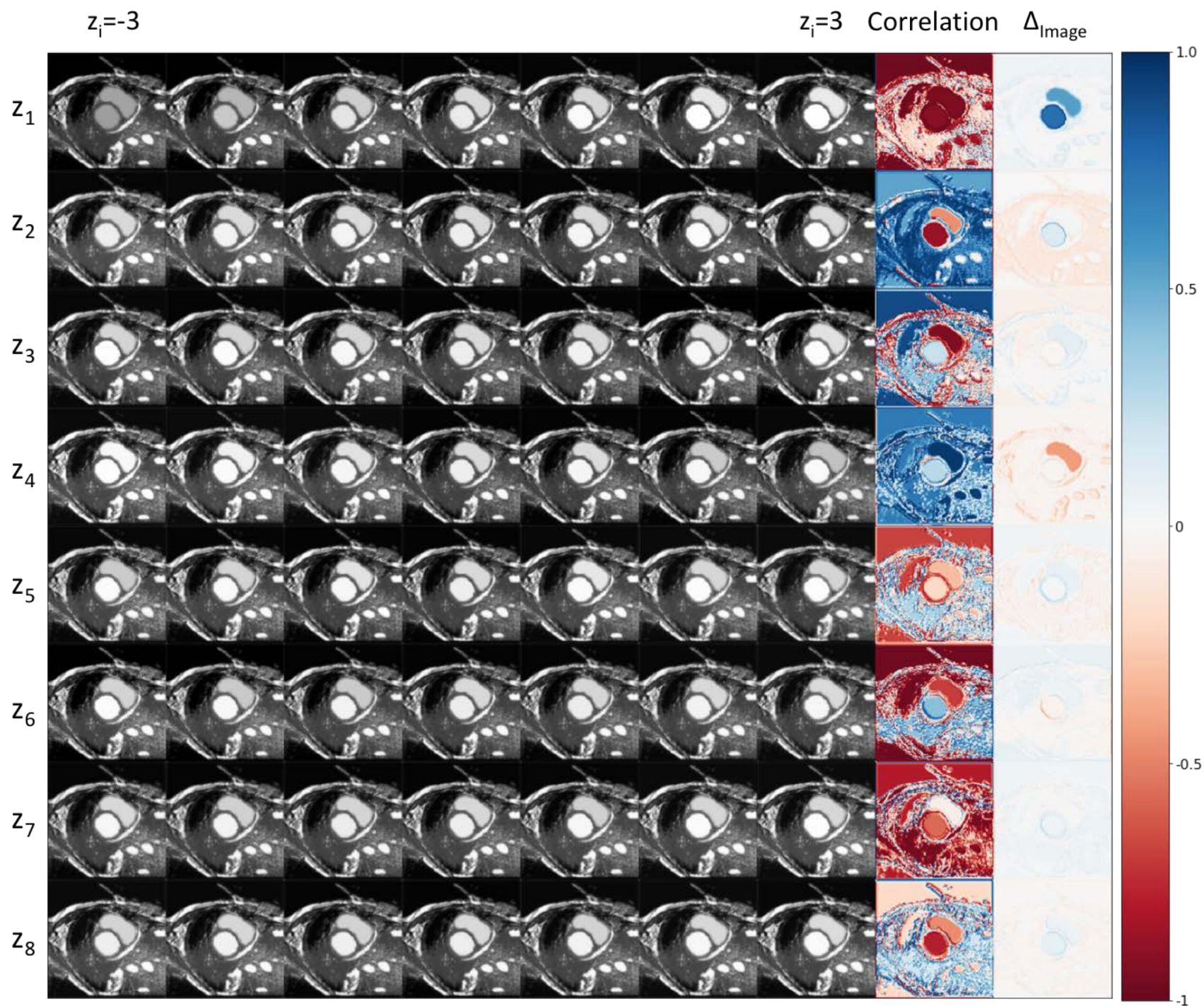
MR data	CT data	MR Dice	CT Dice
		0.78	0.80
		0.74	-
		-	0.77

What we learn?



MR / CT: global intensity changes
→ **single** z dimension captures most differences

Factor dimensions used	Accuracy
All z vector	92%
Single element of z	82%

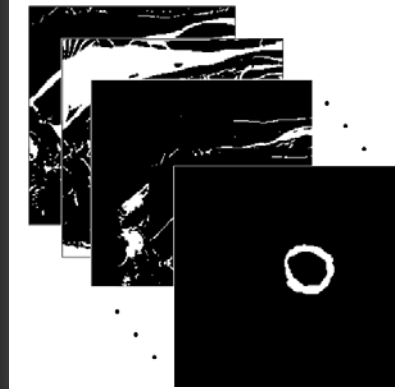


Doing even more with less: use temporal correlation



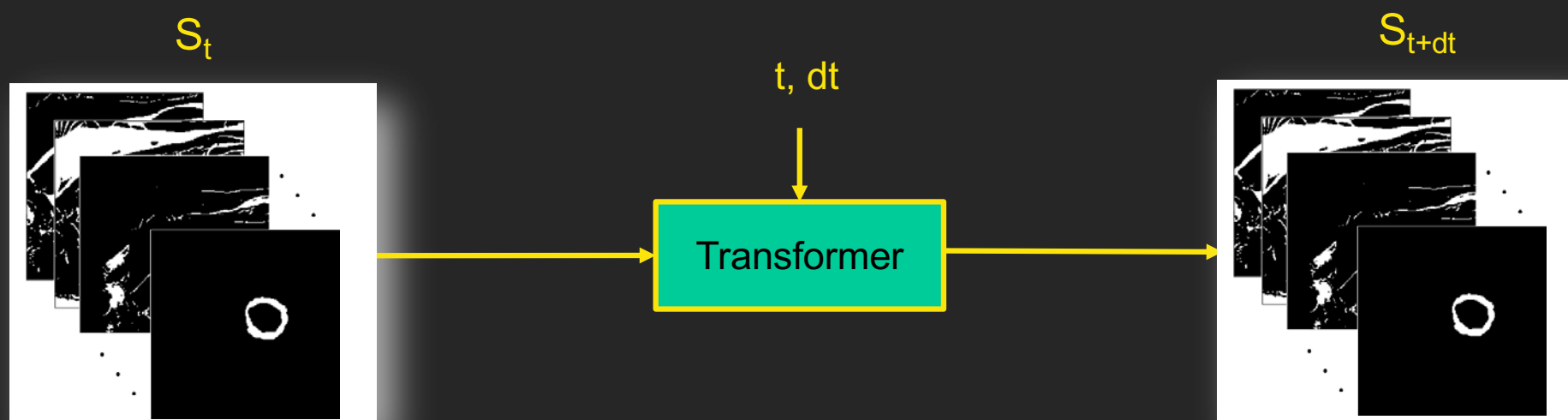
- Images close in time should have similar **s**
- Parts in **s** should **move** the same

anatomical factor: **s**

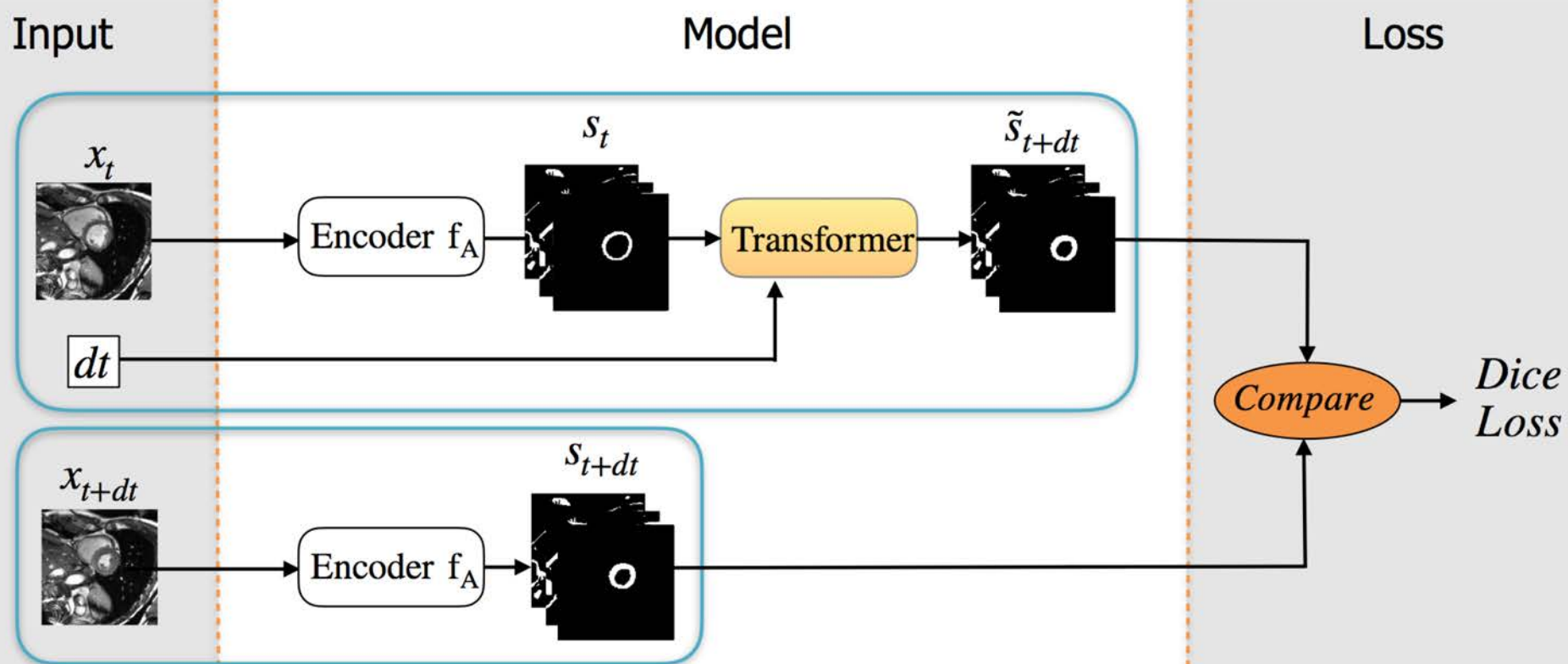


- **Completely free** → no annotations needed

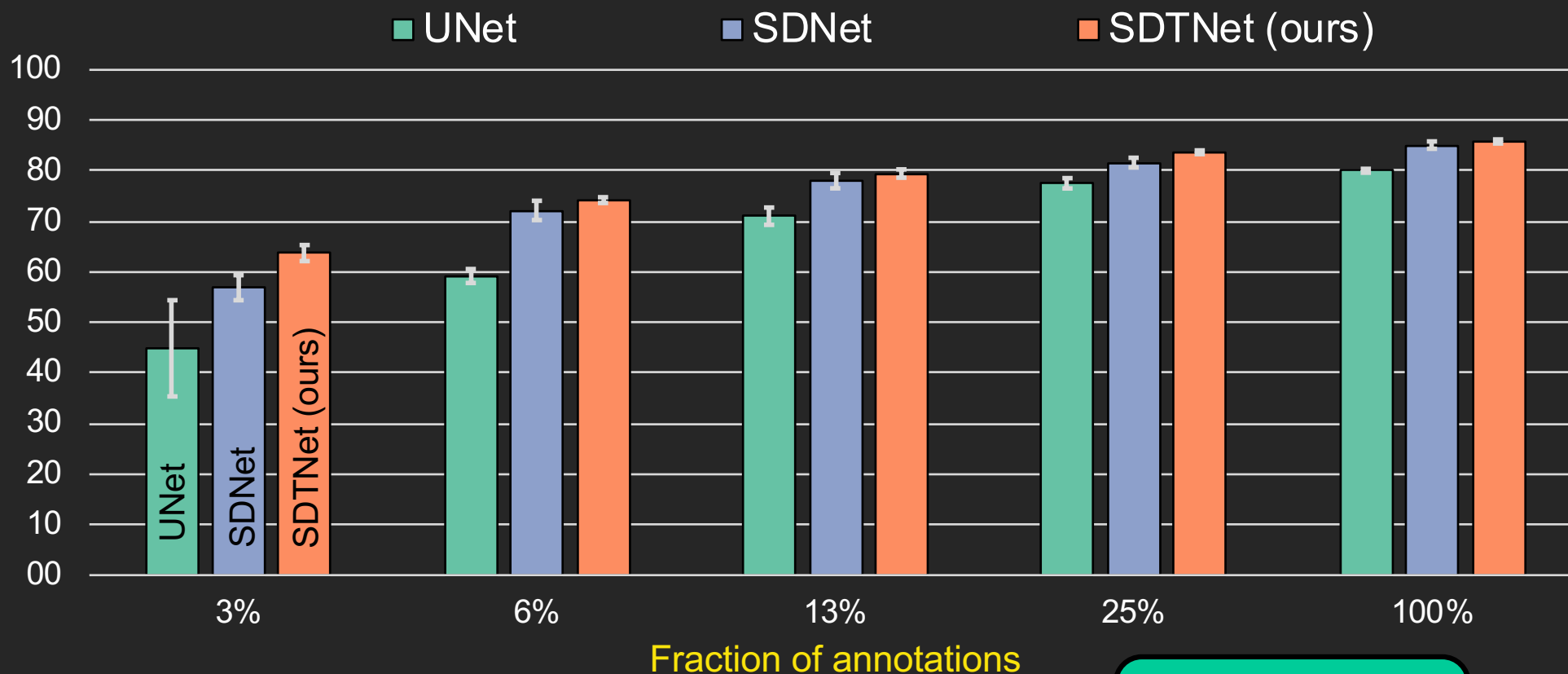
Doing even more with less: use temporal correlation



The model



Results (Dice (%), test-set, ACDC)



- Up to **7%** gain using temporal information
- Compared to classical ML [Unet at 100%] **same** performance [SDTnet] at 12.5%

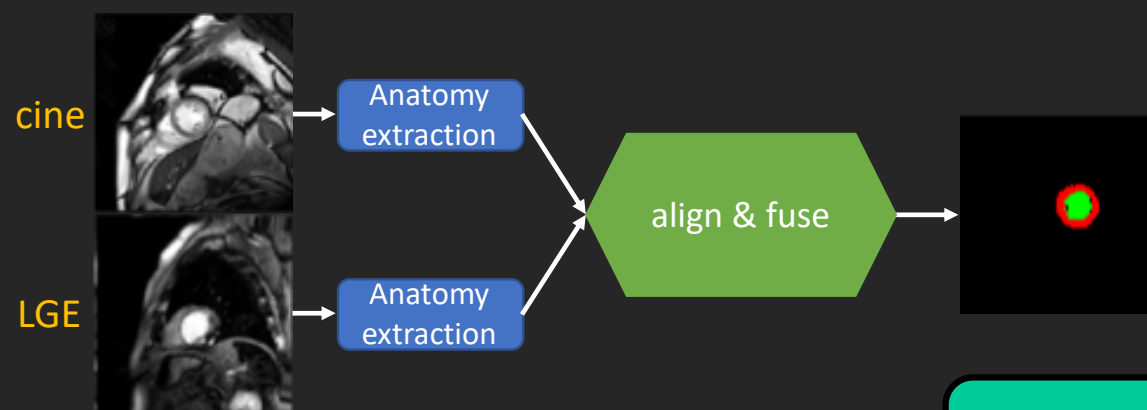
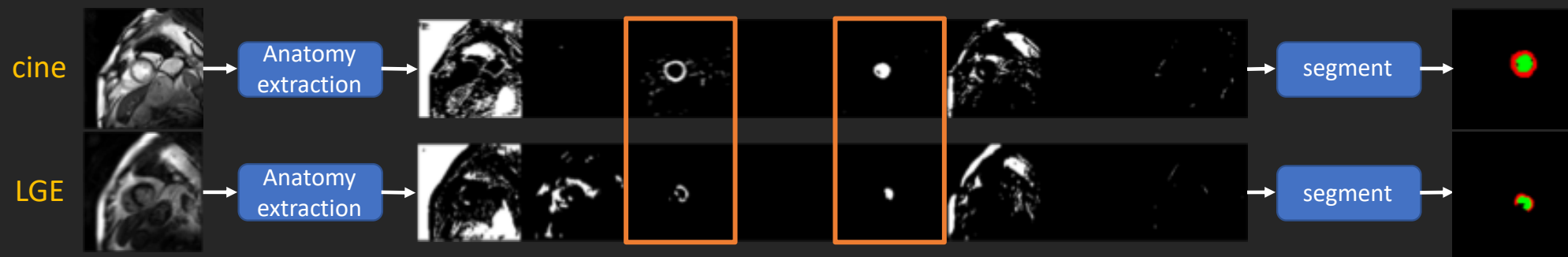
Come to my talk
today 6pm [DART]



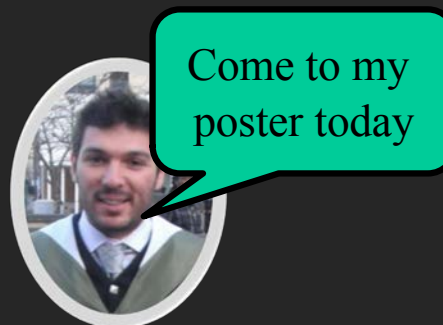
How radiologists review



Multimodal inference



- Understand and relate different imaging inputs
- Exploit **correlation** across inputs and **combine** information
- We can train models with **0% annotations** for LGE.



BEYOND STYLE-CONTENT

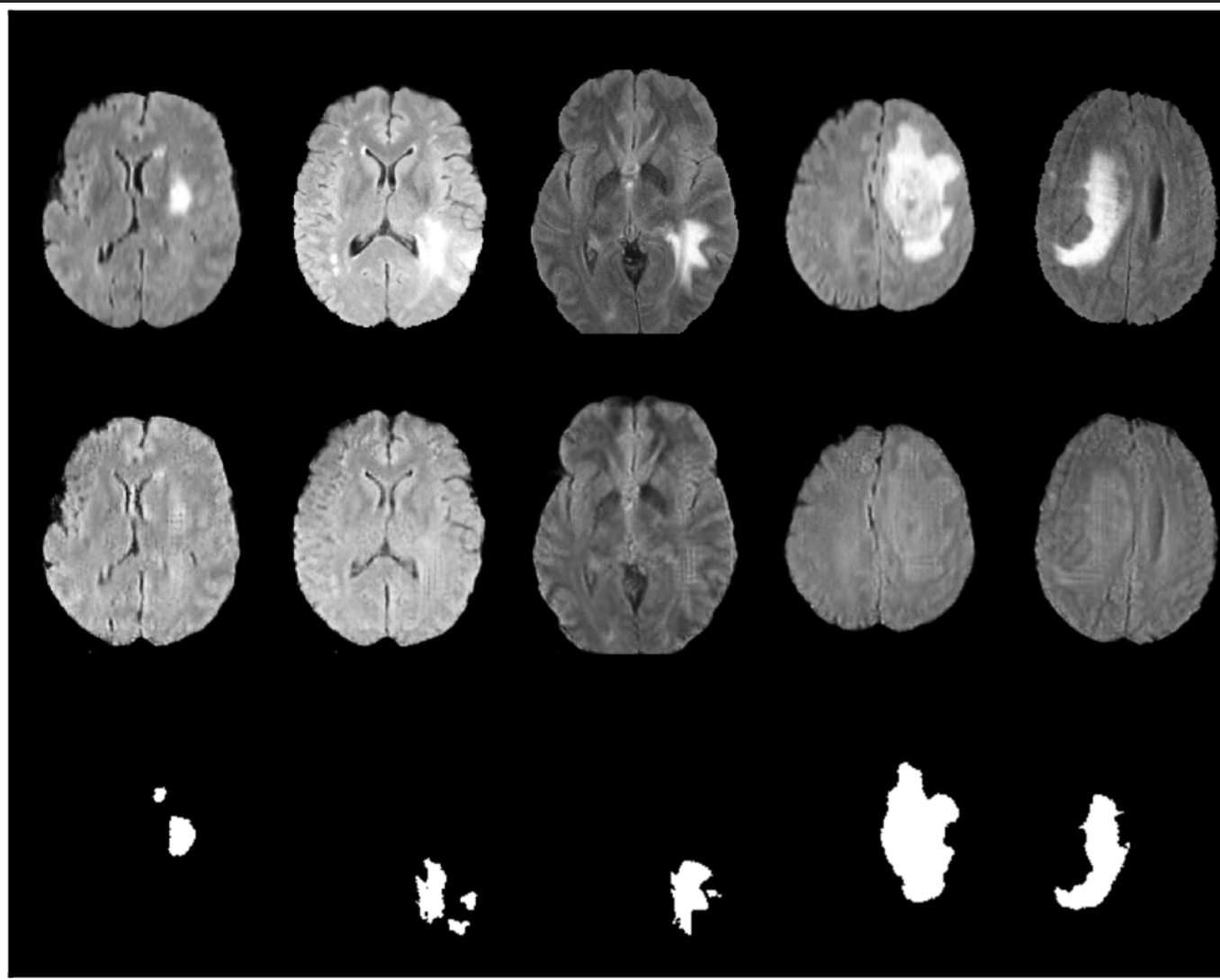
Disentangling pathology and age

What happens if we have "pathology" somewhere?

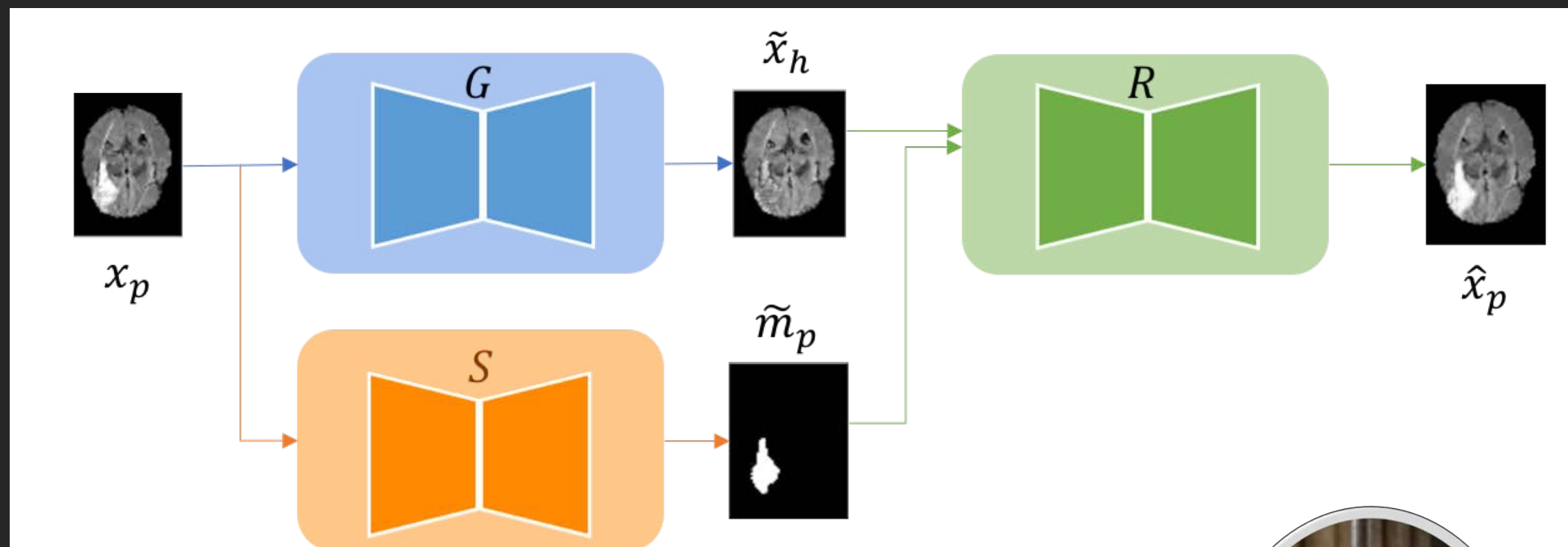
Pathological
images

Pseudo healthy
images

Pathology mask



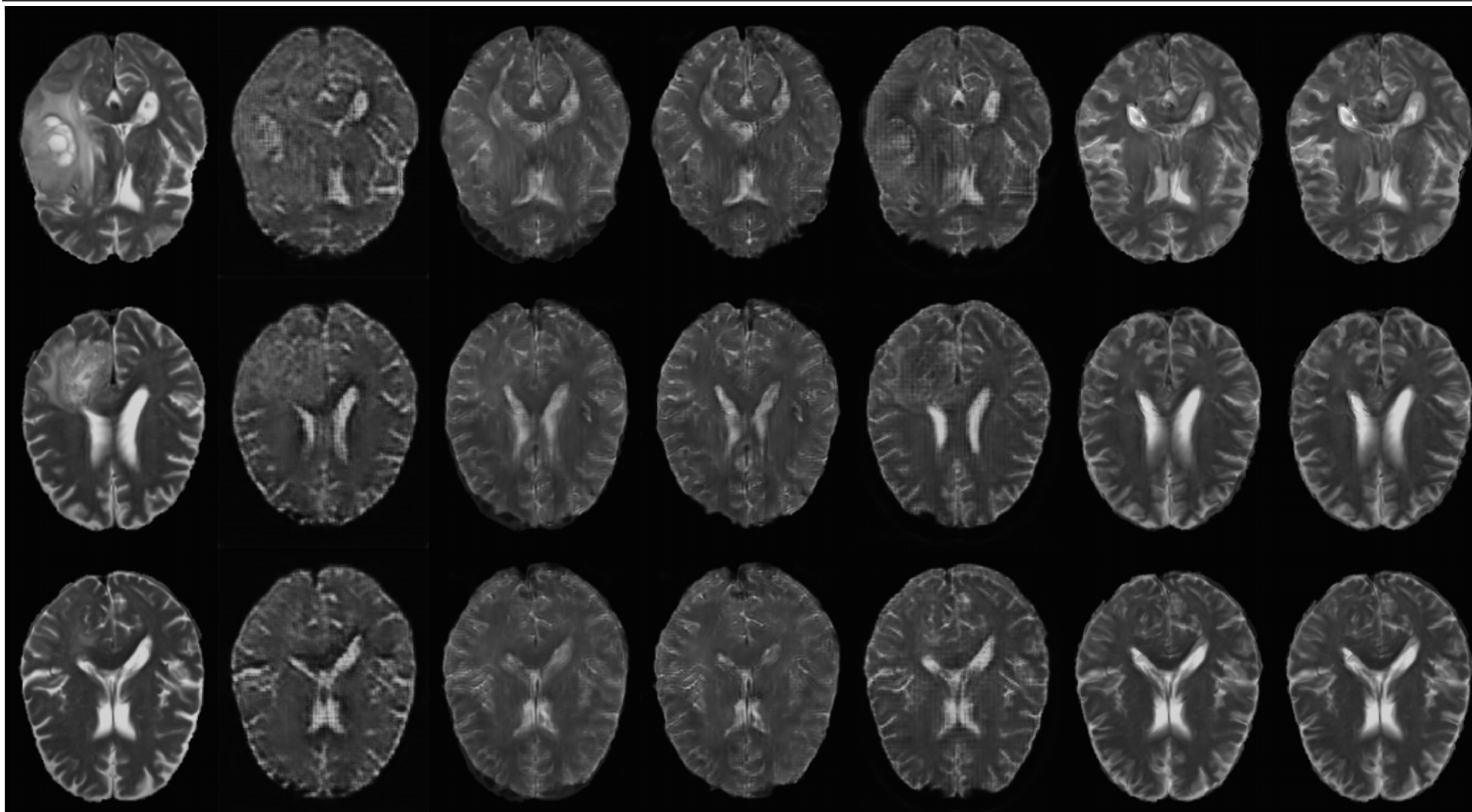
Disentangle pathology



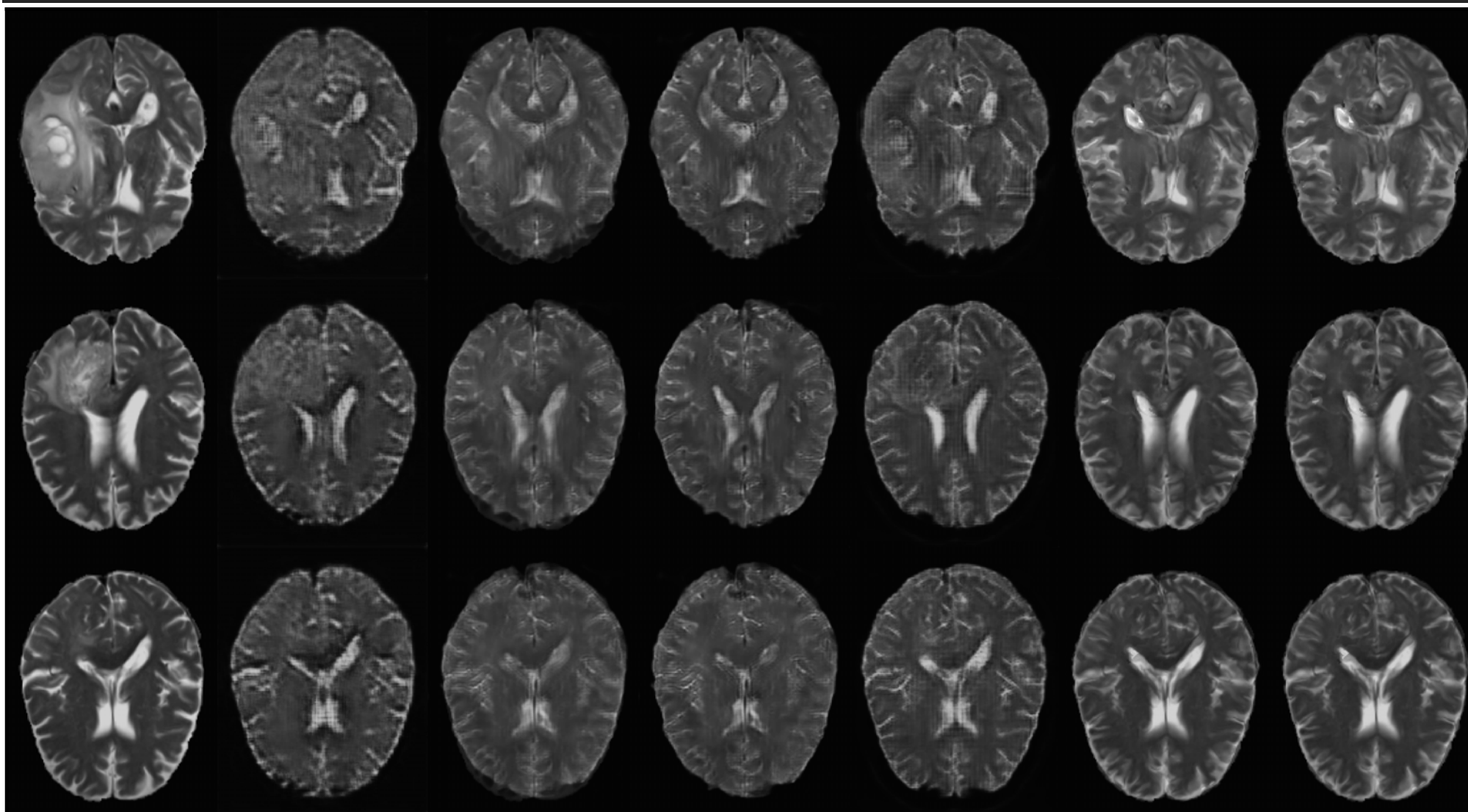
- Can we learn to **separate** pathology?



Visual results



Visual results



Pathological
images

AAE

vaGAN

Conditional
GAN

CycleGAN

Ours
(unpaired)

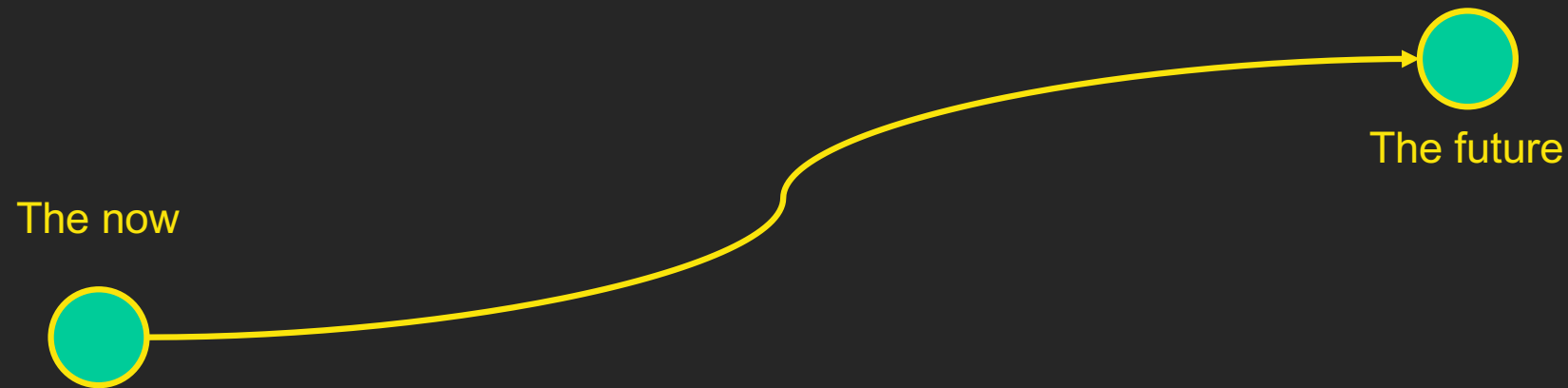
Ours
(paired)

Preserve identity and make it look healthy

Method	T1			T2			T2 (human evaluation)		
	<i>iD</i>	<i>h</i>	<i>DeC</i>	<i>iD</i>	<i>h</i>	<i>DeC</i>	‘identity’	‘healthiness’	‘def. corr.’
AAE	0.65 _{0.12}	0.79 _{0.12}	0.73 _{0.05}	0.63 _{0.12}	0.81 _{0.11}	0.78 _{0.04}	0.54 _{0.12}	0.43 _{0.13}	0.38 _{0.11}
vaGAN	0.72 _{0.11}	0.88 _{0.07}	0.86 _{0.06}	0.74 _{0.10}	0.88 _{0.09}	0.84 _{0.05}	0.57 _{0.12}	0.65 _{0.14}	0.61 _{0.12}
conditional GAN	0.70 _{0.14}	0.81 _{0.11}	0.85 _{0.04}	0.69 _{0.09}	0.84 _{0.10}	0.86 _{0.04}	0.44 _{0.12}	0.55 _{0.11}	0.58 _{0.10}
CycleGAN	0.82 _{0.08}	0.88 _{0.08}	0.75 _{0.09}	0.81 _{0.07}	0.86 _{0.07}	0.77 _{0.06}	0.58 _{0.11}	0.49 _{0.13}	0.40 _{0.09}
Ours (unpaired)	0.84 _{0.08}	0.90 _{0.07}	0.93 _{0.04}	0.83 _{0.06}	0.96 _{0.03}	0.90 _{0.05}	0.68 _{0.14}	0.79 _{0.12}	0.70 _{0.11}
Ours (paired)	0.83 _{0.06}	0.95 _{0.06}	0.92 _{0.05}	0.85 _{0.04}	0.97 _{0.04}	0.91 _{0.04}	0.72 _{0.13}	0.80 _{0.14}	0.72 _{0.13}

- **iD: Identity** is the “pseudo-healthy” image of the same subject?
 - A masked SSIM loss
- **h: Healthiness** how healthy is the pseudo-healthy?
 - An off-the shelf disease segmentor
- **DeC**: does it correct deformations from pathology?
- Beats baselines even **without** input-mask (paired) annotations!

Predicting future health status



- Given my **state** now and some knowledge

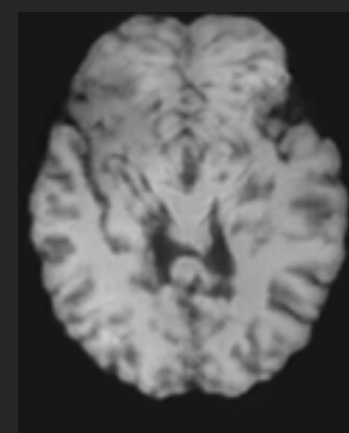
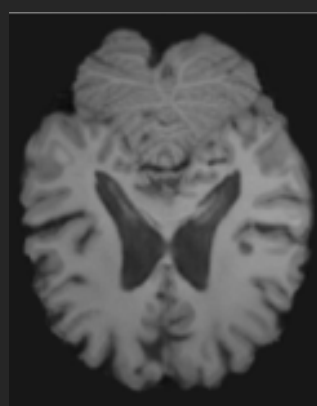
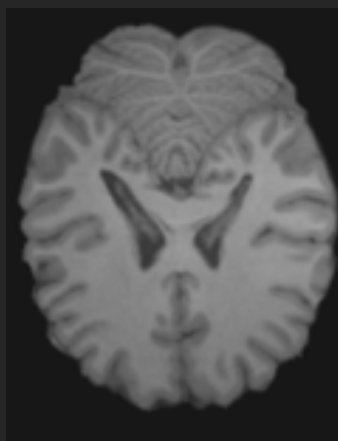
... How will **I be** in the future?

A simpler proxy: Learning to age

- How would I look in 30 years?

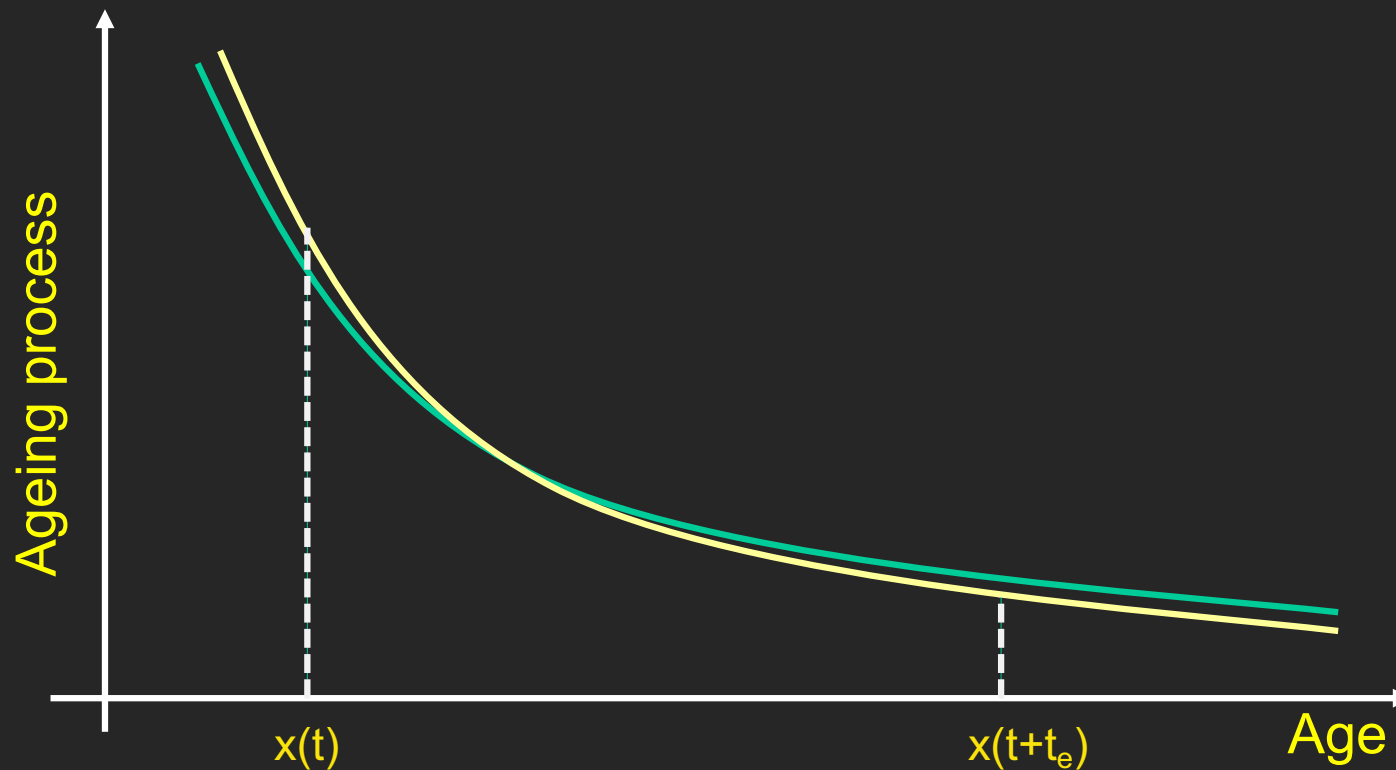


- A much harder task is how would my brain look?



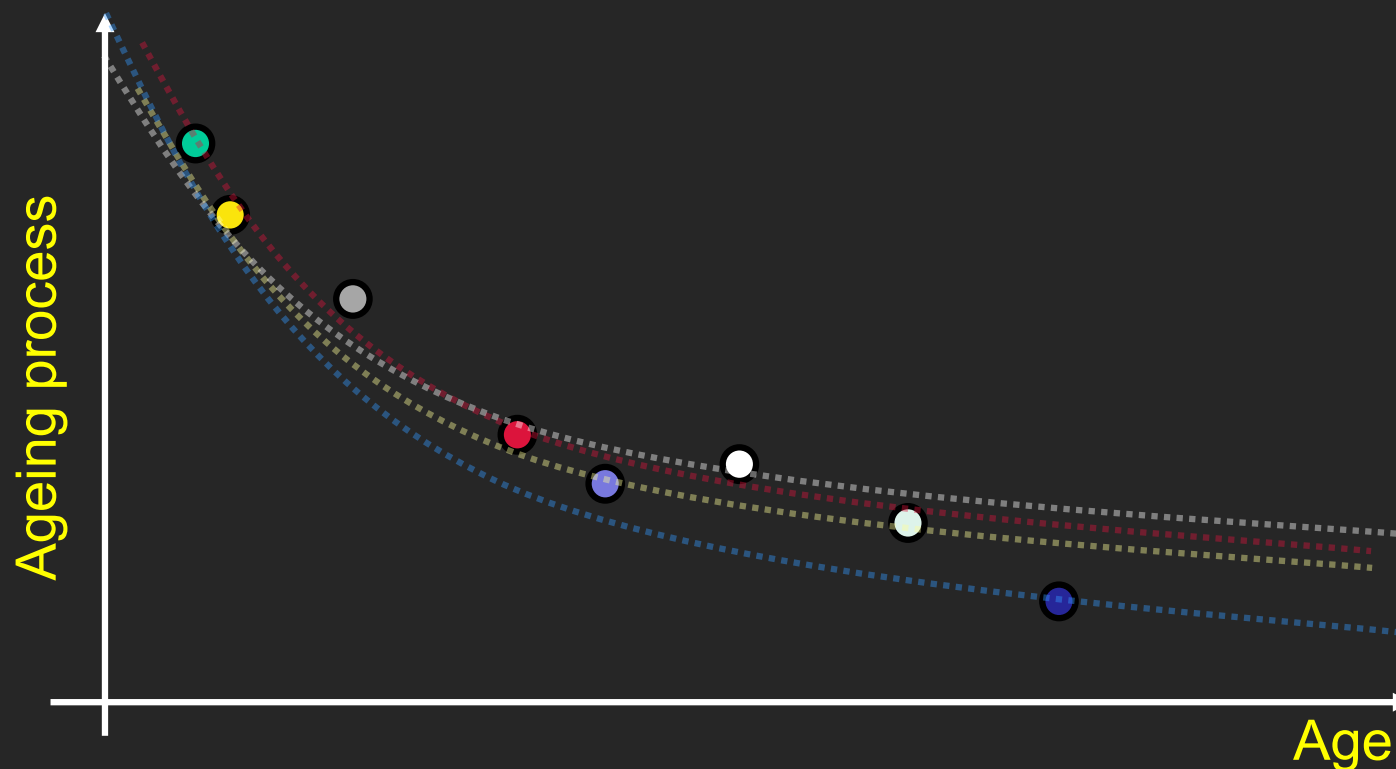
What we need to solve...

Learn auto-regressive functions $x(t+t_e) = \mathbf{f}(x(t), t_e)$ but ...



What we need to solve...

Learn auto-regressive functions $x(t+t_e) = \mathbf{f}(x(t), t_e)$ but ... we **don't** have longitudinal observations

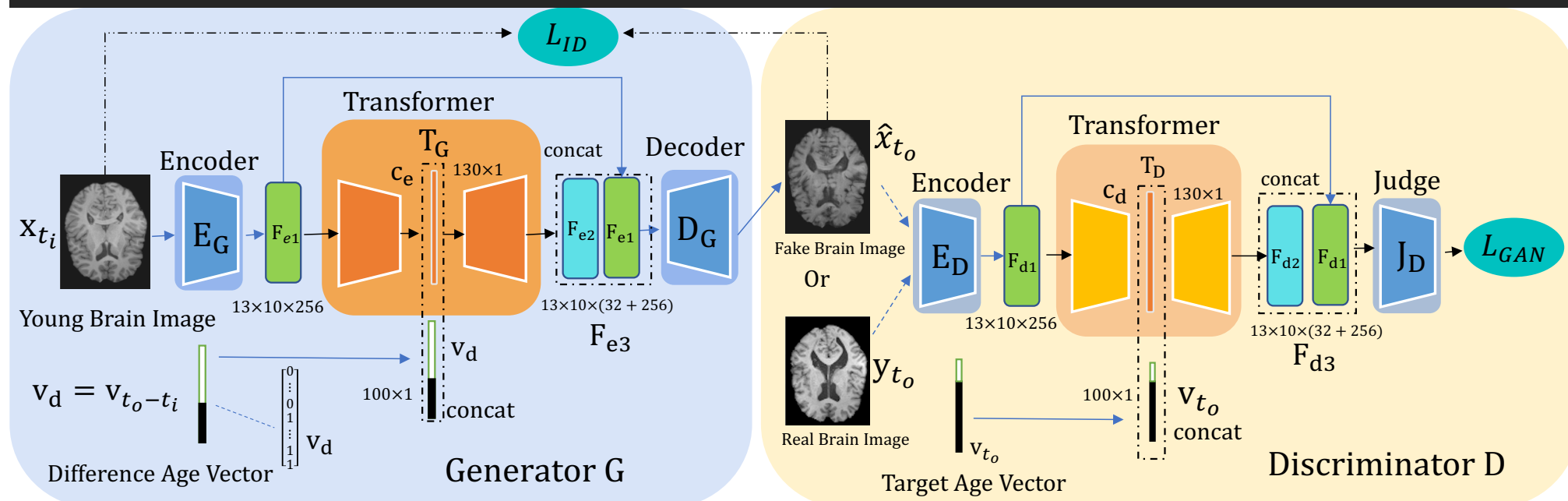


Can we **disentangle** “the ageing process” from individual characteristics?



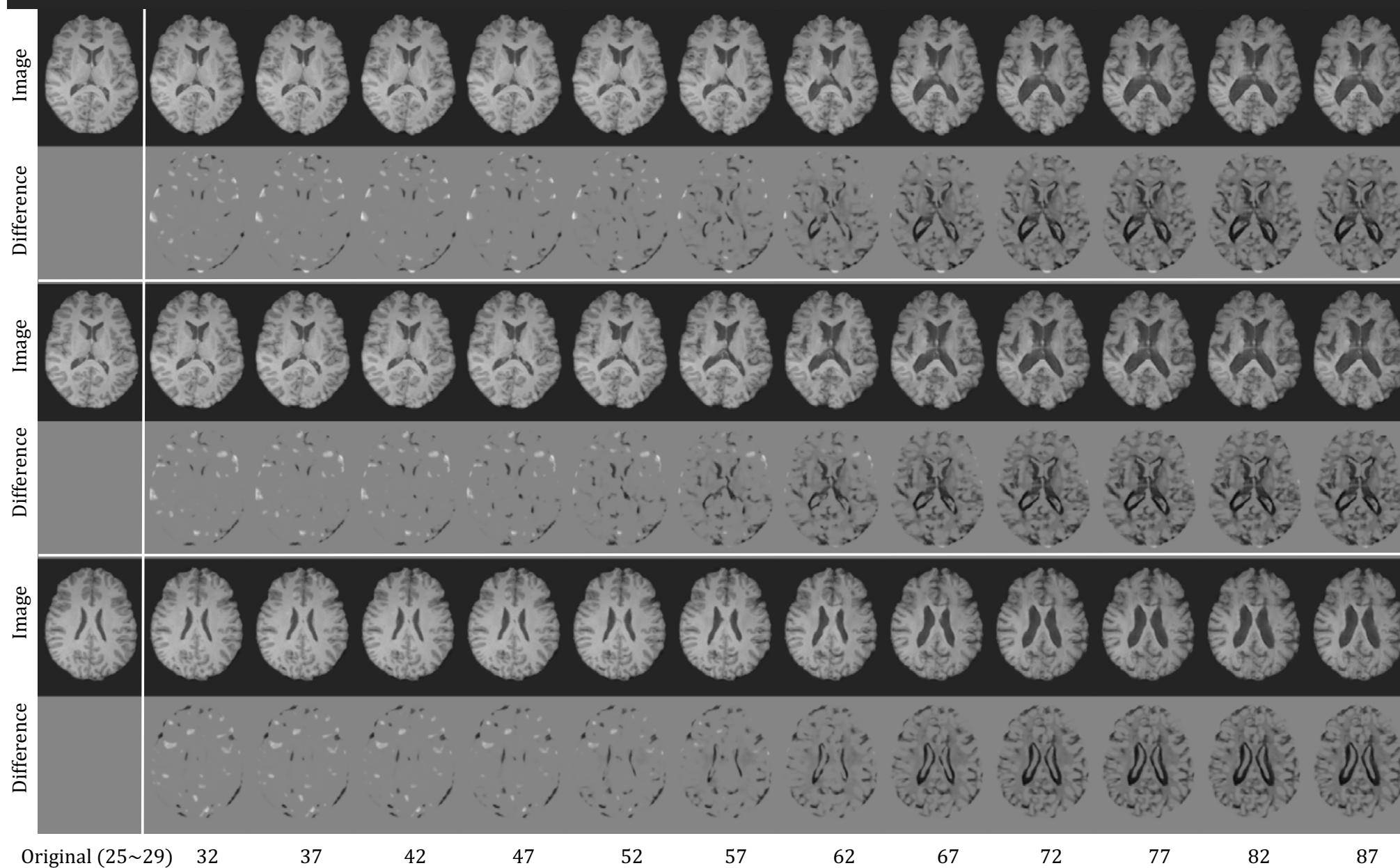
Come to my poster MON
1pm [M-2-M-183]

The model



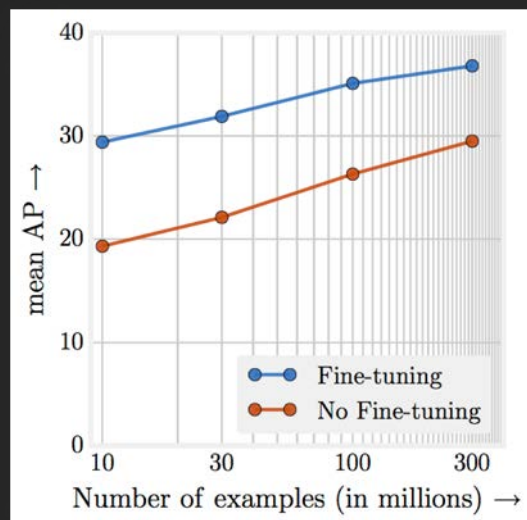
- **Key ingredients:**
 - conditional GANs learn **joint distribution** of brain appearance and age
 - **ordinal** encoding for conditioning
 - age-modulated **identity regularization**
 - Output and input differ more if age difference is larger

Visual results



CHALLENGES

Supervised learning has limits



We may **never** have enough data

The curse of compositionality



Fig. 8 An illustration of combinatorial explosion. We consider the (already simplified) rendering process of one object. It involves choosing the camera pose, lighting condition, object texture, etc: a total of (merely) 13 parameters. If we allow 1,000 different values for each parameter, then we obtain a total of 10^{39} different images. This is way beyond the size of any dataset, as well as the number of images humans see per year.

Disentanglement will **help** address this

10^{39}

Where is disentanglement going...

- Universal **unsupervised** disentanglement
→ does **not** exist

Challenging Common Assumptions in the Unsupervised Learning of
Disentangled Representations

- Needs "**restrictions**":
 - annotated data or
 - inductive **biases**

Francesco Locatello^{1,2} Stefan Bauer² Mario Lucic³ Gunnar Rätsch¹ Sylvain Gelly³ Bernhard Schölkopf²
Olivier Bachem³

- Usually involves many **costs**
- Models on VAE are **popular**
- Style-content disentanglement is **harder**

In summary

- Medicine is **full of multimodal** information
 - Could provide useful training signal
 - Complementary information
- But we still treat decision making as a narrow task
- **Representation** learning is key to:
 - Combining and disentangling information
 - Reducing supervision
 - Embedding knowledge
 - Interpretable and explainable decisions
- Still several **challenges** lie ahead

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CANON MEDICAL RESEARCH EUROPE LTD.

The NIH logo shows the letters 'NIH' in white, bold, sans-serif font, set against a dark blue background that includes a stylized white chevron pointing to the right.

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The Innovate UK logo displays the words 'Innovate UK' in a purple, sans-serif font, with 'Innovate' in a larger size than 'UK'.The BBSRC logo features a stylized icon of a blue and yellow sun-like shape with a pink base, followed by the text 'BBSRC' in blue and 'bioscience for the future' in a smaller blue font below it.The Royal Academy of Engineering logo includes a stylized blue and green circular emblem to the left of the text 'ROYAL ACADEMY OF ENGINEERING' in a bold, black, sans-serif font.The NVIDIA logo consists of a green square icon with a white stylized 'V' shape inside, followed by the word 'NVIDIA' in a bold, black, sans-serif font.The Alan Turing Institute logo features the words 'The Alan Turing Institute' in a bold, black, sans-serif font, with 'The' on the first line, 'Alan Turing' on the second, and 'Institute' on the third.

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Sotirios A. Tsaftaris, PhD

Email: S.Tsaftaris@ed.ac.uk

URL: <http://tsaftaris.com>