PPF Report: Adversarial Learning -Diabetic Retinopathy

MSCV capstone project -- internal Qiqi Xiao

Advisors: Kris Kitani, Min Xu

Date: 11/30/2018

Contents

PAST:

- Reimplemented Adversarial Data Augmentation
- Detection Application: Diabetic Retinopathy(DR) Detection
- Improving DR detection

PRESENT:

DR Lesion Segmentation

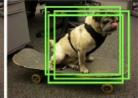
FUTURE:

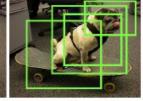
Submit to IPMI

PAST: Reimplemented Adversarial Data Augmentation

- Introduce an adversarial function to generate (some distribution of) maximally perturbed version of the groundtruth which is hardest for the predictor to learn.
- First work to provide theoretic basis for data augmentation in terms of an adversarial two player zero-sum game.
 - predictor(maximize performance) vs constrained adversary(minimize expected performance).







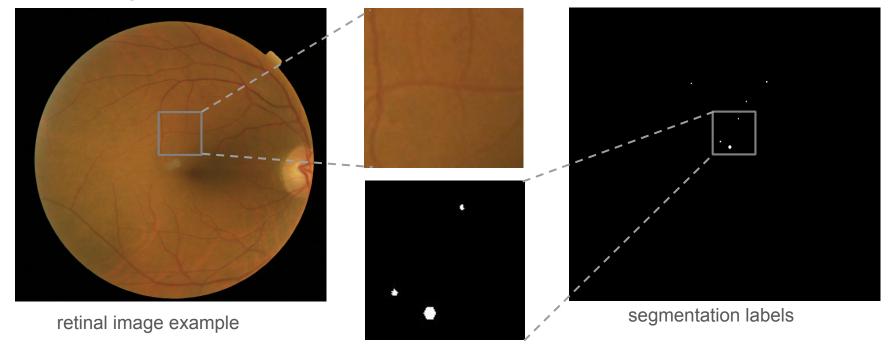
Single Ground Truth

Random Augmentation

Adversarial Augmentation

PAST: Diabetic Retinopathy(DR) Detection

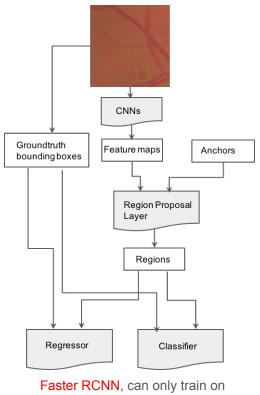
- a worldwide leading cause of preventable blindness;
- affecting more than 25% of the estimated 425 million diabetic patients;



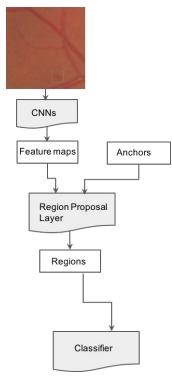
PAST: Improving DR detection

Inclusion of negative samples

- positive samples: patches containing at least one microaneurysm;
- negative samples: patches without microaneurysms;

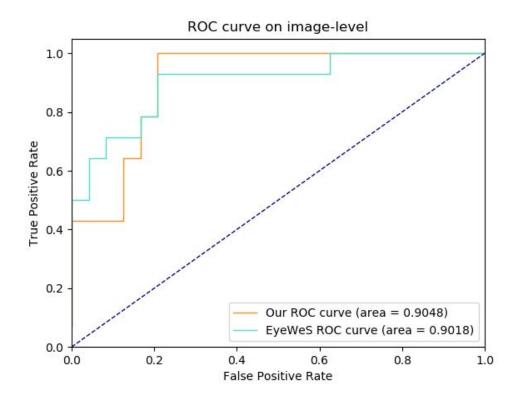


positive samples



Modified Faster RCNN, allow training on negative samples

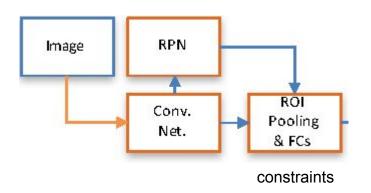
PAST: Improving DR Detection

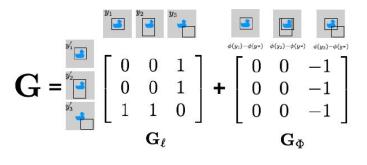


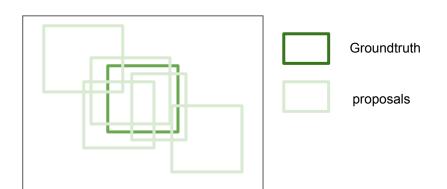
Compare the approach to the already implemented baseline?

- Both with VGG16;
- Our method can simply transform the bounding box results into image scores(by summing up all the bounding-box scores, and then normalize all the scores to [0, 1]);
- Our method does not directly train for image-level classification.

PAST PLAN: Applying ADA to DR detection





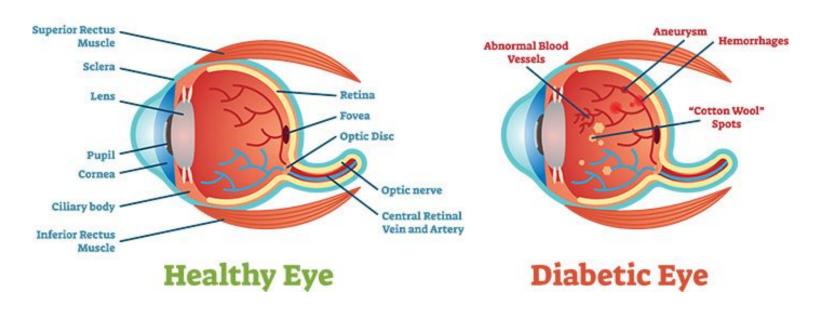


- ADA's Edge Box → Faster RCNN's RPN
- BCE+Regression Loss -> IOU Loss

Not end-to-end



Diabetic Retionpathy



Diabetic Retionpathy

Disease Detection/Grading: Classification of fundus images according to the severity level of diabetic retinopathy and diabetic macular edema.

Lesion Segmentation: Segmentation of retinal lesions associated with diabetic retinopathy as microaneurysms, hemorrhages, hard exudates and soft exudates.

Contents

PAST:

- Reimplemented Adversarial Data Augmentation
- Detection Application: Diabetic Retinopathy(DR) Detection
- Improving DR detection

PRESENT:

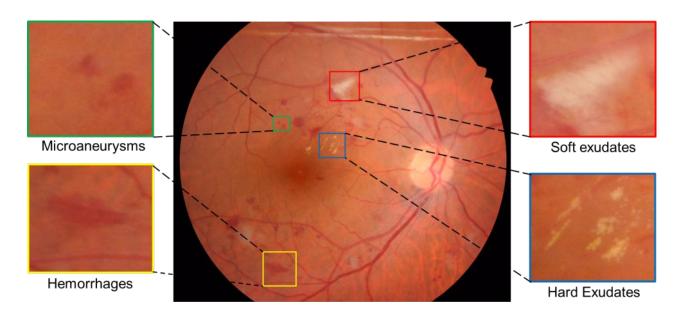
DR Lesion Segmentation

FUTURE:

Submit to IPMI

DR Lesion Segmentation

Segmentation of retinal lesions associated with diabetic retinopathy as microaneurysms, hemorrhages, hard exudates and soft exudates.



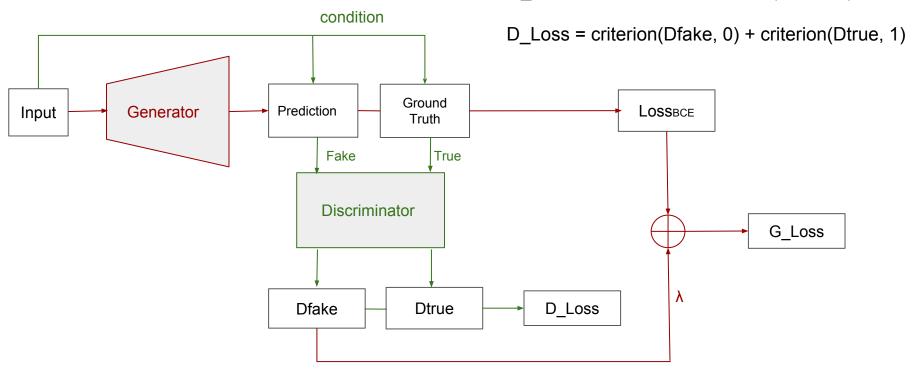
DR lesion segmentation dataset

Indian Diabetic Retinopathy Image Dataset (IDRiD)

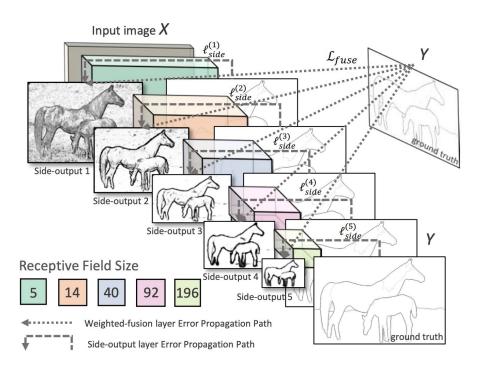
	TRAINING SET	TESTING SET
microaneurysms (MA)	54	27
soft exudates (SE)	26	14
hard exudates (EX)	54	27
hemorrhages (HE)	53	27

Framework

 $G_Loss = Loss_{BCE} + \lambda \cdot criterion(Dfake, 1)$



Generator: HedNet Based



- Loss function:
 Pixel-wise binary cross-entropy loss
- Loss weights: Positive:Negative = 10:1

Xie, Saining, and Zhuowen Tu. "Holistically-nested edge detection." Proceedings of the IEEE international conference on computer vision. 2015.

Performance Evaluation

Computing area under Precision (Positive Predictive Value) and Sensitivity (Recall) curve obtained by thresholding the results at 11 equally spaced instances. i.e. [0,0.1,...,1].

The area under precision-recall (AUPR) is used to obtain a single score.

Average Precision

Quantitative Results(Average Precision)

Our Results

	EX	HE	MA	SE
Hednet	0.7935	0.4302	0.4270	0.5291
λ = 0.01	0.8183	0.4330	0.4468	-

LeaderBoard Results

MA Score	ANK	Score	RANK	Score	RANK	Score	RANK
0.4951	2	0.6804	1	0.6995	1	0.7127	11
0.474	3	0.649	2	-		0.885	1
0.5017	1	0.5588	3	0.6588	3	0.8741	2
0.4003	5	0.5395	4	0.5369	7	0.739	10
-				-		0.8582	3
ı -		-		0.6259	4	0.8202	4
0.4111	4	0.4572	7	0.5374	6	0.5018	17
0.392	6	0.4886	5	0.5024	8	0.7554	8
0.3397	8	0.3705	8	0.2637	10	0.7863	5
0.3792	7	0.3283	10	0.2733	9	0.7662	6
	0.4951 0.474 0.5017 0.4003 - 0.4111 0.392 0.3397	0.4951 2 0.474 3 0.5017 1 0.4003 5 - 0.4111 4 0.392 6 0.3397 8	Score RANK of the control of the co	Score RANK Score RANK 0.4951 2 0.6804 1 0.474 3 0.649 2 0.5017 1 0.5588 3 0.4003 5 0.5395 4 - - - 0.4111 4 0.4572 7 0.392 6 0.4886 5 0.3397 8 0.3705 8	Score RANK Score Score Score 0.4951 2 0.6804 1 0.6995 0.474 3 0.649 2 - 0.5017 1 0.5588 3 0.6588 0.4003 5 0.5395 4 0.5369 - - - 0.6259 0.4111 4 0.4572 7 0.5374 0.392 6 0.4886 5 0.5024 0.3397 8 0.3705 8 0.2637	Score RANK Score RANK 0.4951 2 0.6804 1 0.6995 1 0.474 3 0.649 2 - 0.5017 1 0.5588 3 0.6588 3 0.4003 5 0.5395 4 0.5369 7 - - - - - - 0.4111 4 0.4572 7 0.5374 6 0.392 6 0.4886 5 0.5024 8 0.3397 8 0.3705 8 0.2637 10	Score RANK Oce Score RANK Score Score

Contents

PAST:

- Reimplemented Adversarial Data Augmentation
- Detection Application: Diabetic Retinopathy(DR) Detection
- Improving DR detection

PRESNET:

DR Lesion Segmentation

FUTURE:

Submit to IPMI

FUTURE: Milestones

