

Human-centric interpretability of deep learning for digital pathology

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PhD student, Hes-so Valais and UniGe



Who am I ?



PhD focus:

Interpretability of Deep Learning for Medical Imaging

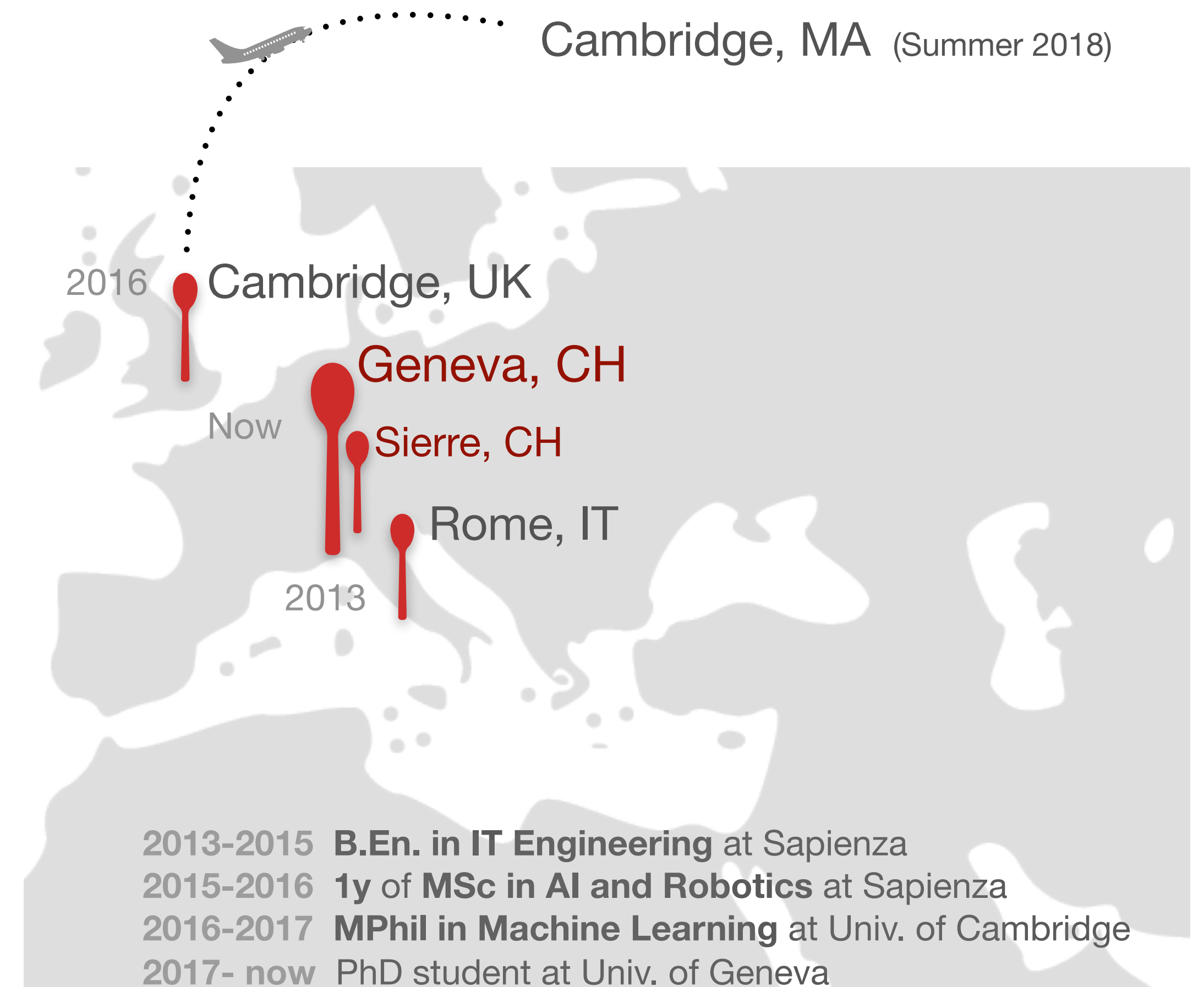
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November 2017

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EU H2020 PROCESS

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My research question

Can we generate human-centric explanations of deep learning and can we use them to improve model performance?

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Can we generate human-centric explanations of deep learning and can we use them to improve model performance?

Motivation:

Ease the interaction, improve models with little extra complexity, debug models, GDPR* right for explainability, improve trust and accountability, remove bias or data memorization, generate answers to “why” questions on model behaviour and decisions.

Outline

- * Introduction and definition of **human-centric interpretability for deep learning**
- * Presentation of research in this direction:
 - * Evaluation of visualization tools
 - * Concept-based interpretability with Regression Concept Vectors
 - * Guiding CNNs with user-defined features
- * Remarks
- * Conclusions

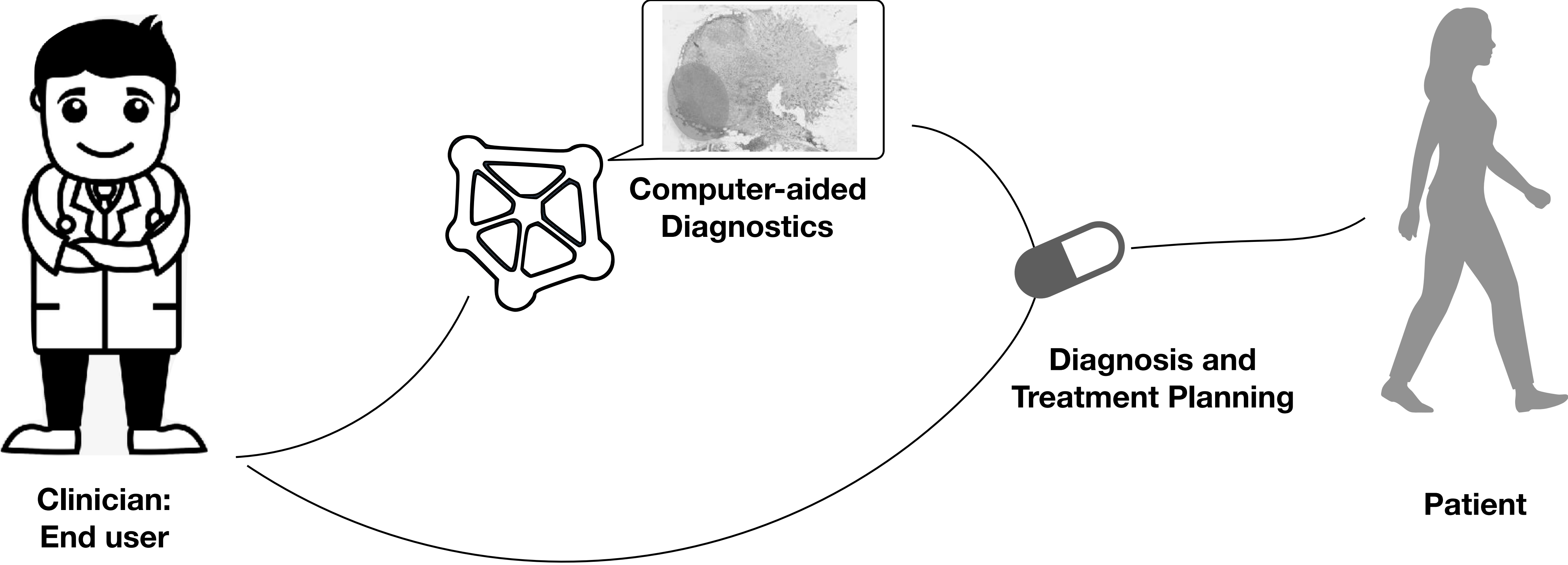
Interpretability: What and why?

“Interpretability is the ability to explain or to present in understandable terms to a human*.”

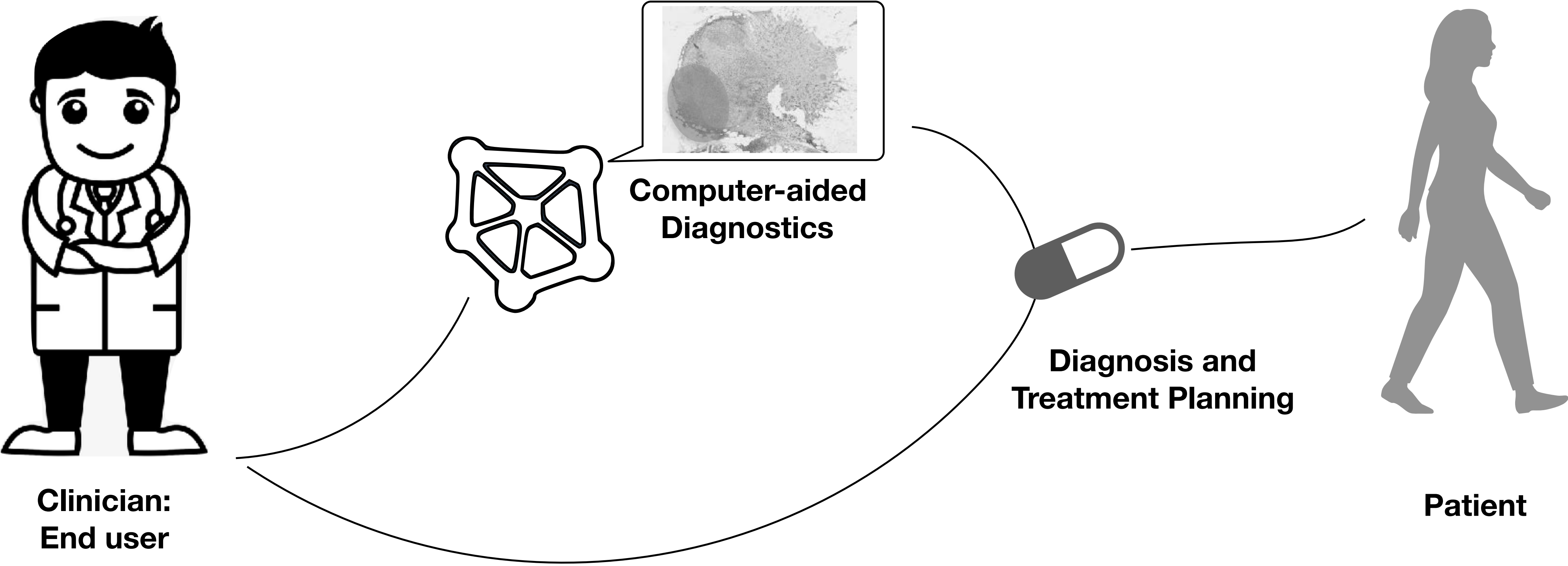
[Kim et al., 2018]

* not all humans are familiar with Machine Learning

Example:
Human-Centric Interpretability for Cancer Diagnosis



Example:
Human-Centric Interpretability for Cancer Diagnosis

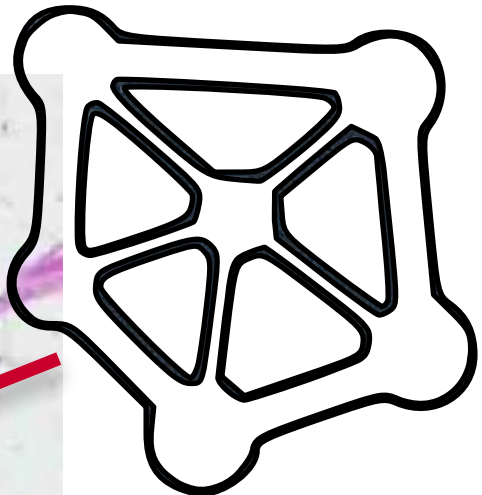
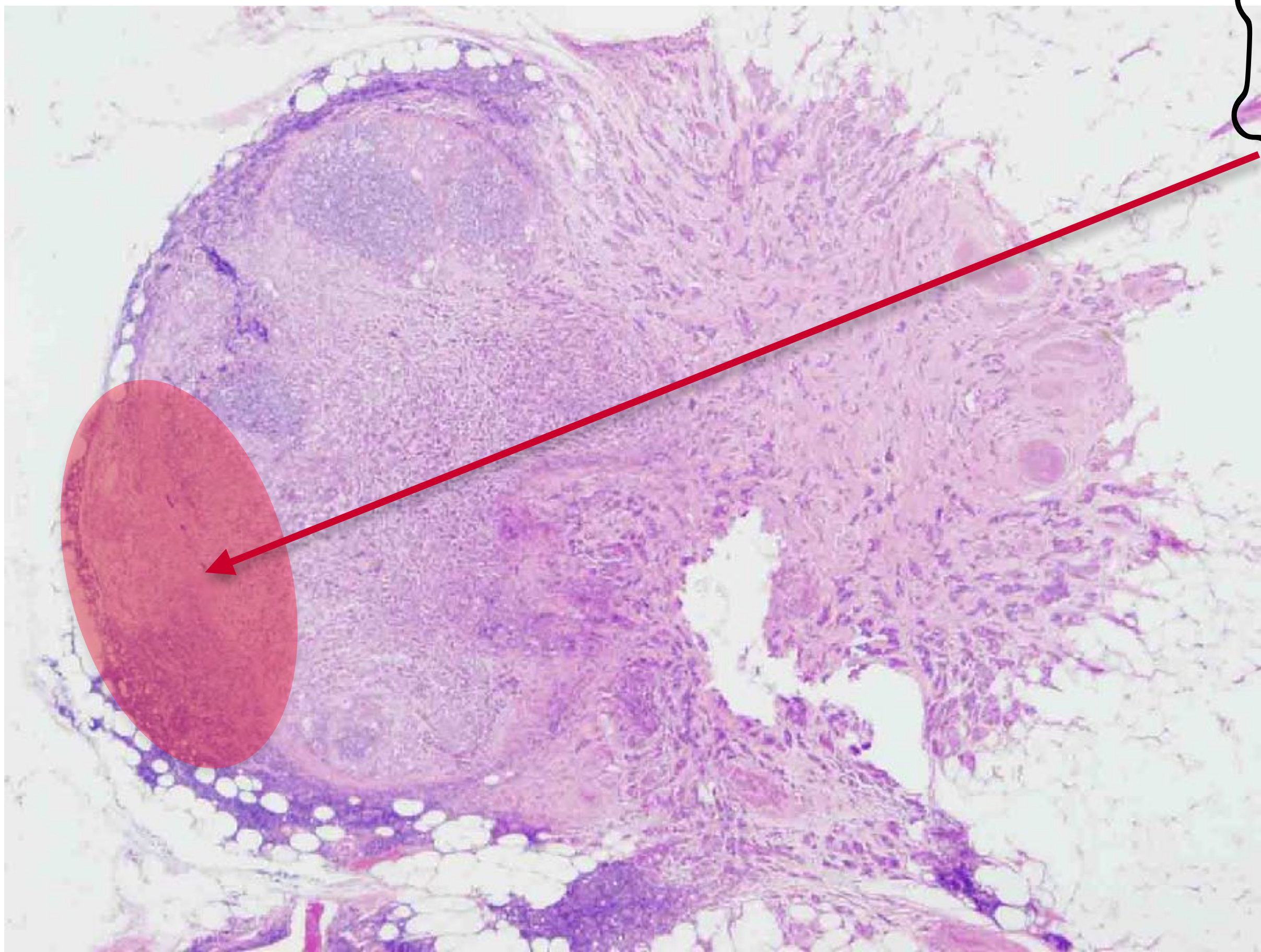


Scenarios:

1. CNN for localization



Clinician:
End user



CNN

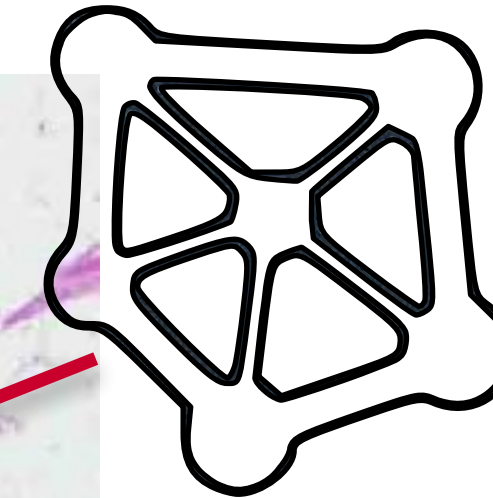
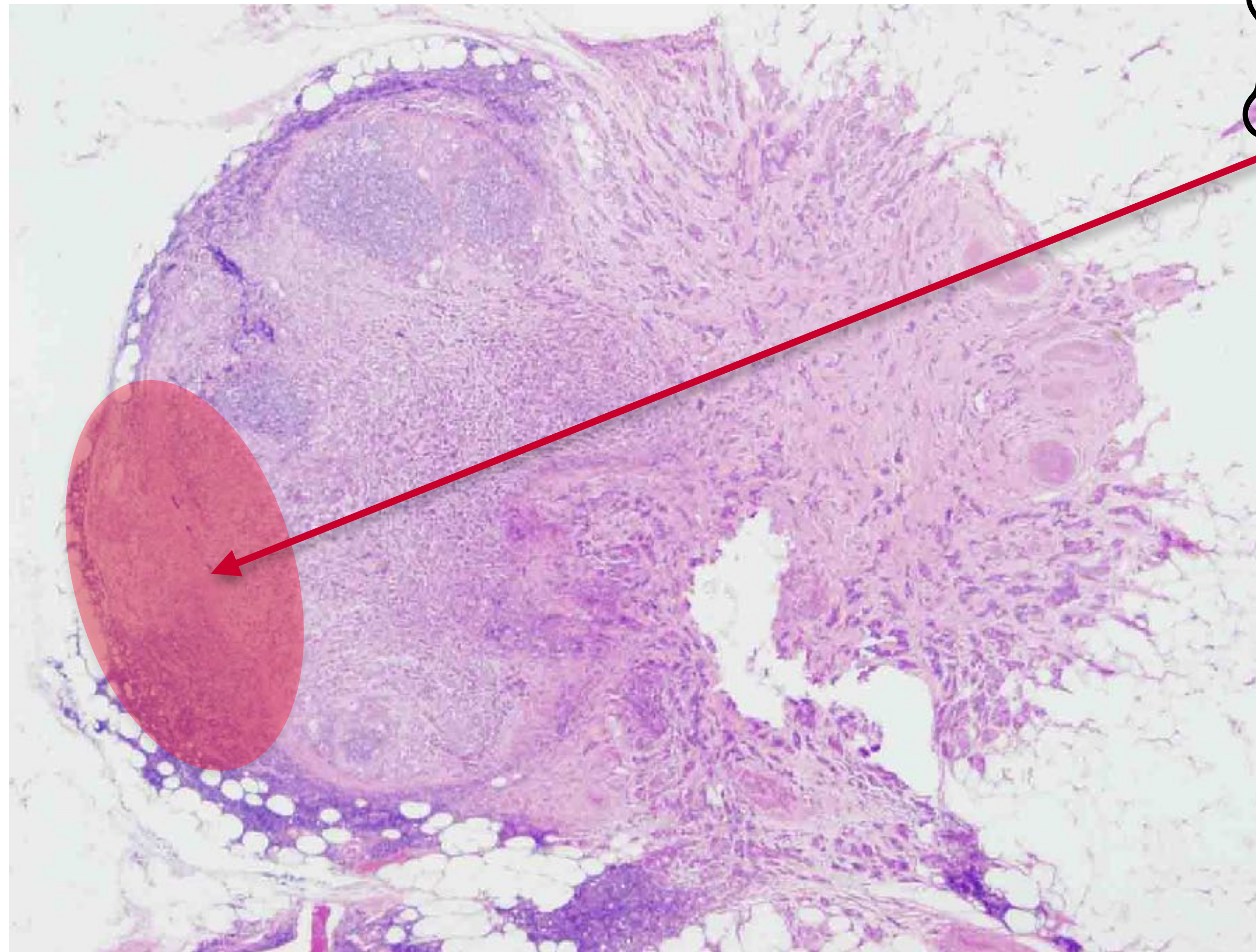
This is a high-grade tumor
region!

Scenarios:

2. CNN for localization with explanations of abnormalities



Clinician:
End user



CNN
With
Interpretability

This is a high-grade tumor region:

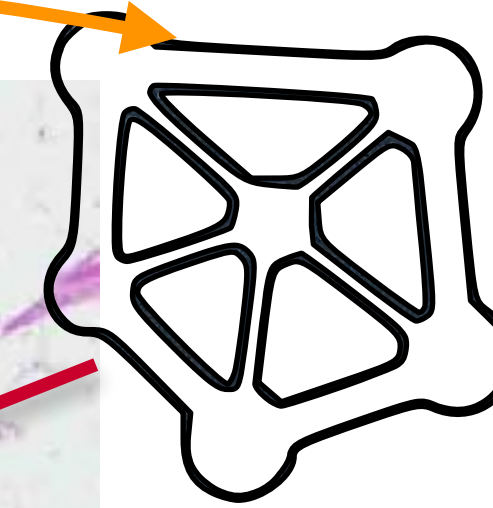
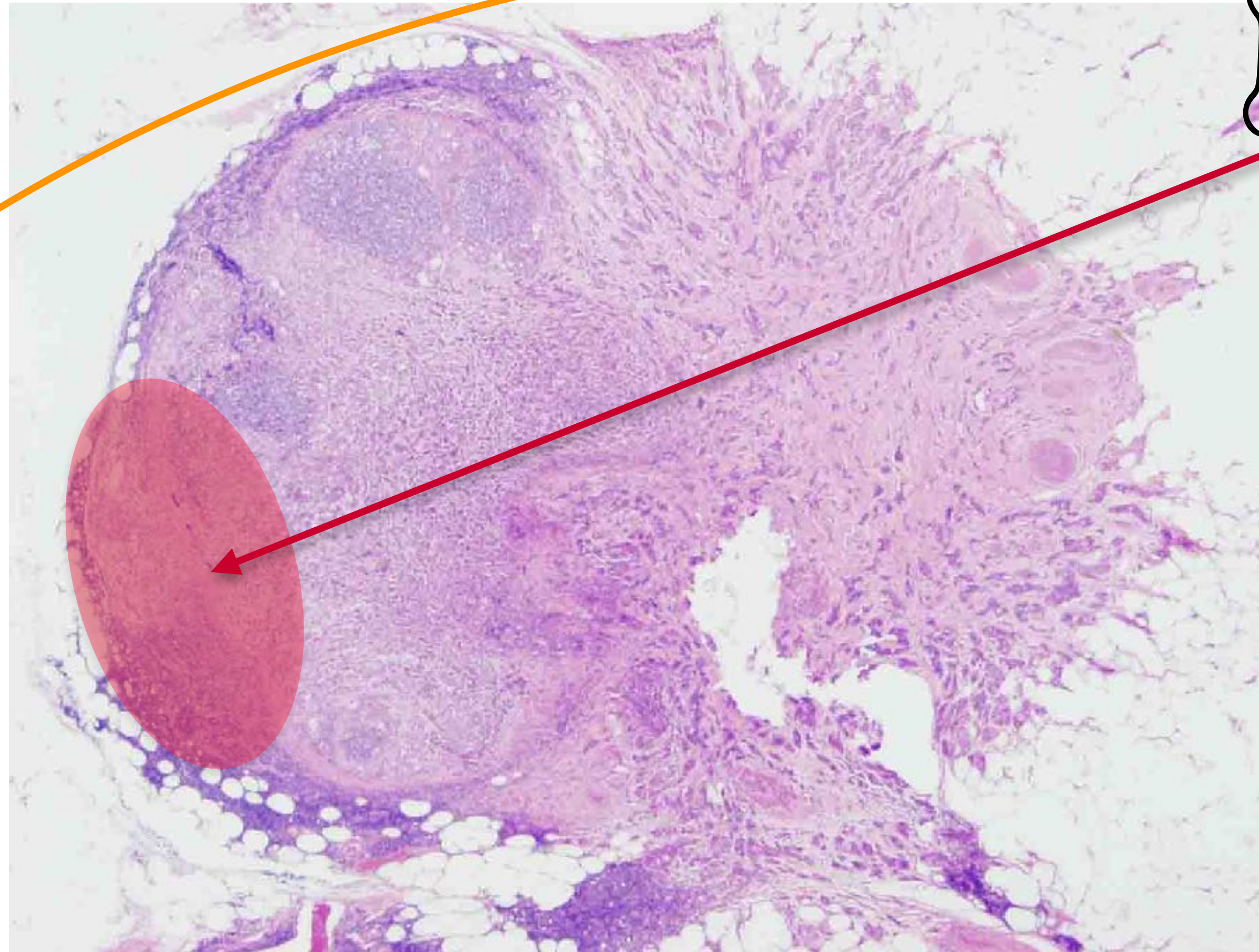
1. The **nuclei** are 30% **larger** than non-tumor average
2. The **nuclei texture** appears vesicular (**contrast** is 40% larger than average)

Scenarios:

3. *CNN for localization with explanations of abnormalities and with guided feature learning by user-input*



Clinician:
End user



Guided CNN
With
Interpretability

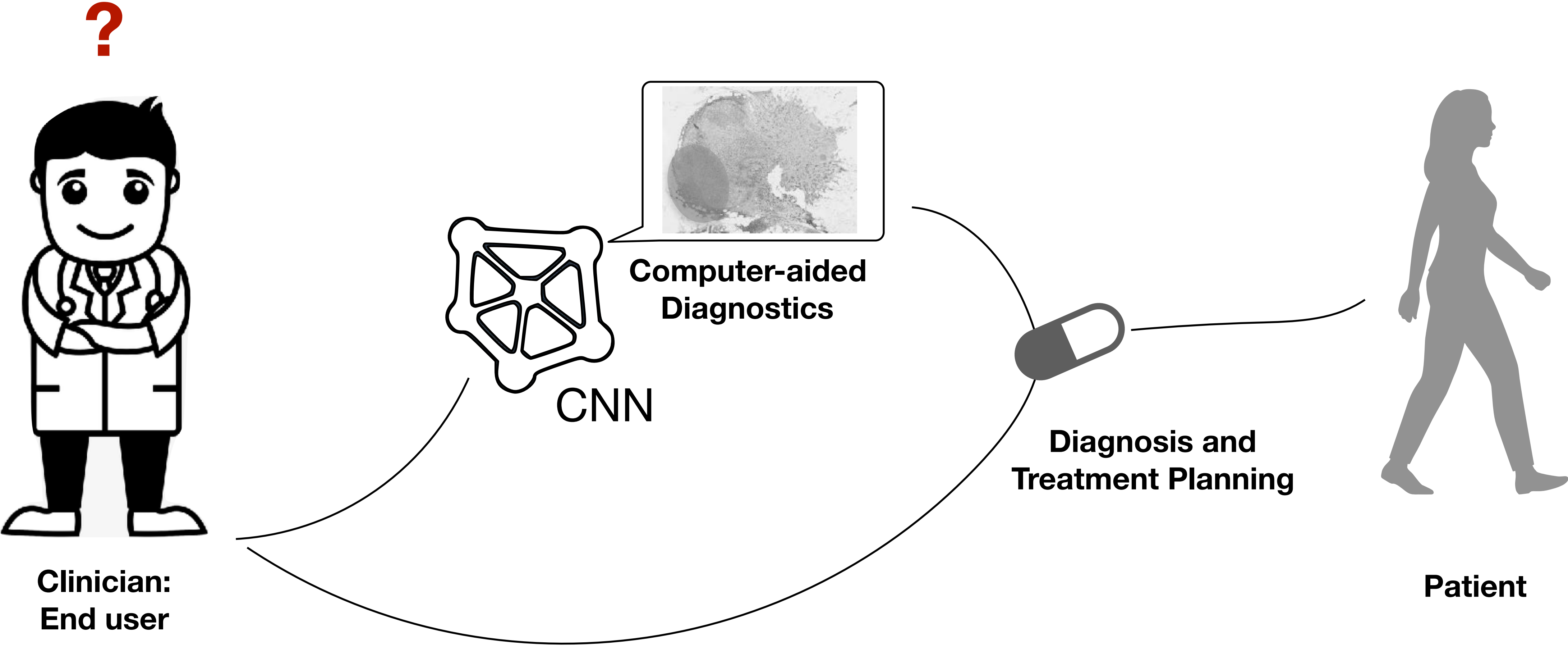
This is a high-grade tumor region:

1. The **cells** are 30% **larger** than non-tumor average
2. The **nuclei texture** appears vesicular (**contrast** is 40% larger than average)

**Let's analyse the
three scenarios**

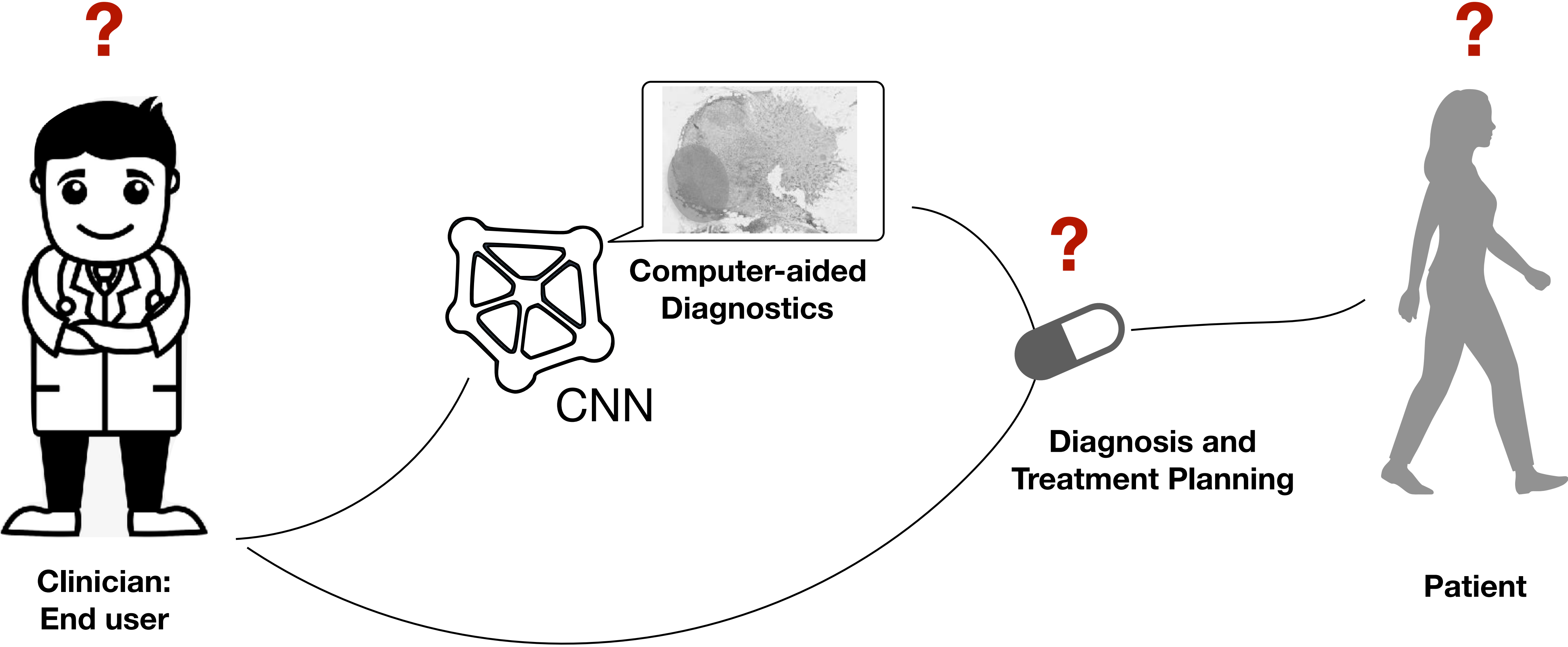
Scenarios:

1. CNN for localization



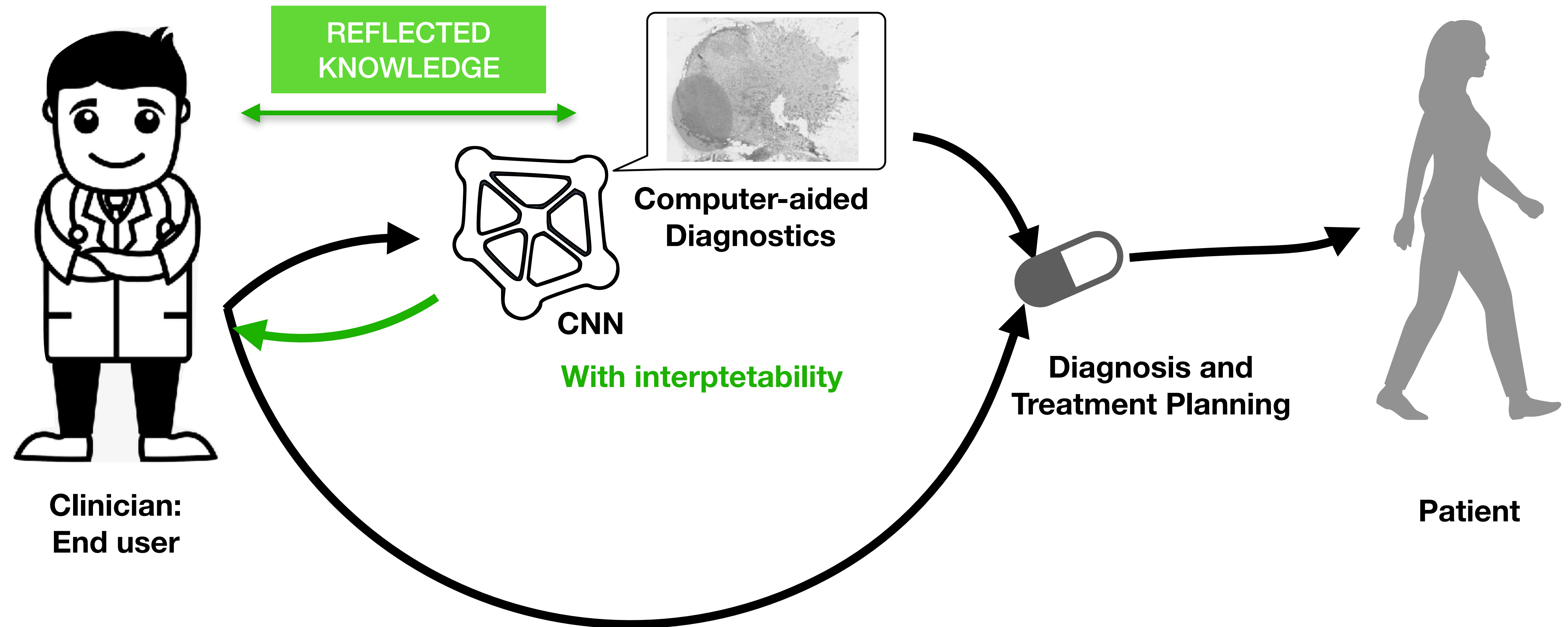
Scenarios:

1. CNN for localization



Scenarios:

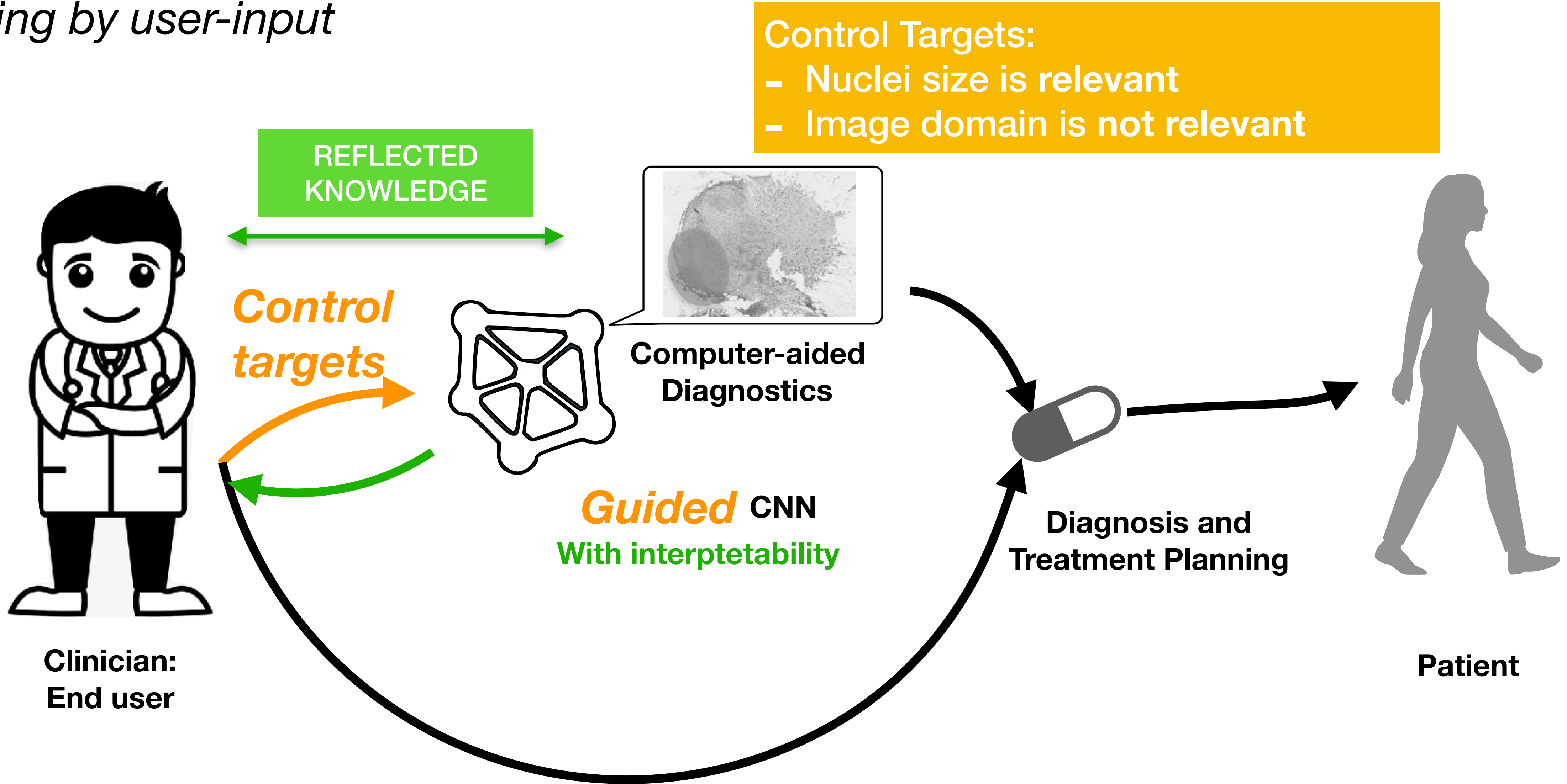
2. CNN for localization with explanations of abnormalities



- Explaining the decisions of a complex model in **understandable terms by doctors** eases the interaction with AI and improves the quality of the diagnosis [Carrie J.C. et al., 2019].

Scenarios:

3. CNN for localization with explanations of abnormalities and with guided feature learning by user-input



To summarize

- * CNNs for tumor localization can support pathologists in the diagnosis, but may leave them with **unanswered questions about the output** (scenario 1)
- * **Interpretability should help** the clinician verify that the CNN decision making respects the guidelines and knowledge in the domain (scenario 2).
- * The expertise of clinicians is a valuable input for the network training, that **could** be **guided** to ensure that certain visual features are taken into account and others are not (scenario 3).

**Human-centric
DL interpretability =**

A tool that **supports** the pathologists in making decisions by providing **explanations** and allowing the introduction of **feedback** to refine training

Our work in this direction

- * **Evaluation of visualization methods for histopathology**
- * Concept-based interpretability of CNNs
- * Guidable CNNs

Feature-attribution:
Evaluation of visualization tools




e.g saliency

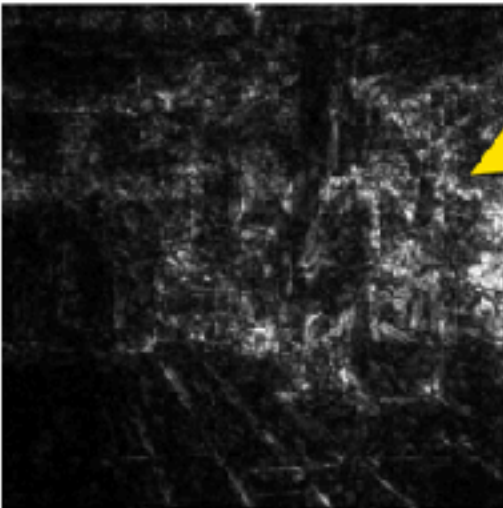
$$\frac{\partial \text{output}}{\partial \text{input}}$$

One of the most popular interpretability methods for images:


Saliency maps

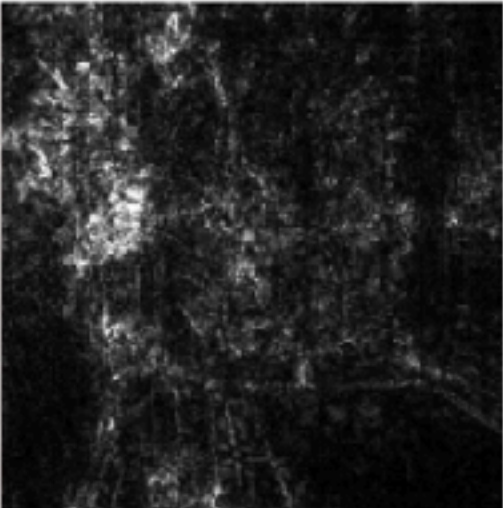
prediction:
Cash machine





prediction:
Sliding door





a logit $\rightarrow \frac{\partial p(z)}{\partial x_{i,j}}$
pixel i,j $\rightarrow \frac{\partial x_{i,j}}{\partial x_{i,j}}$

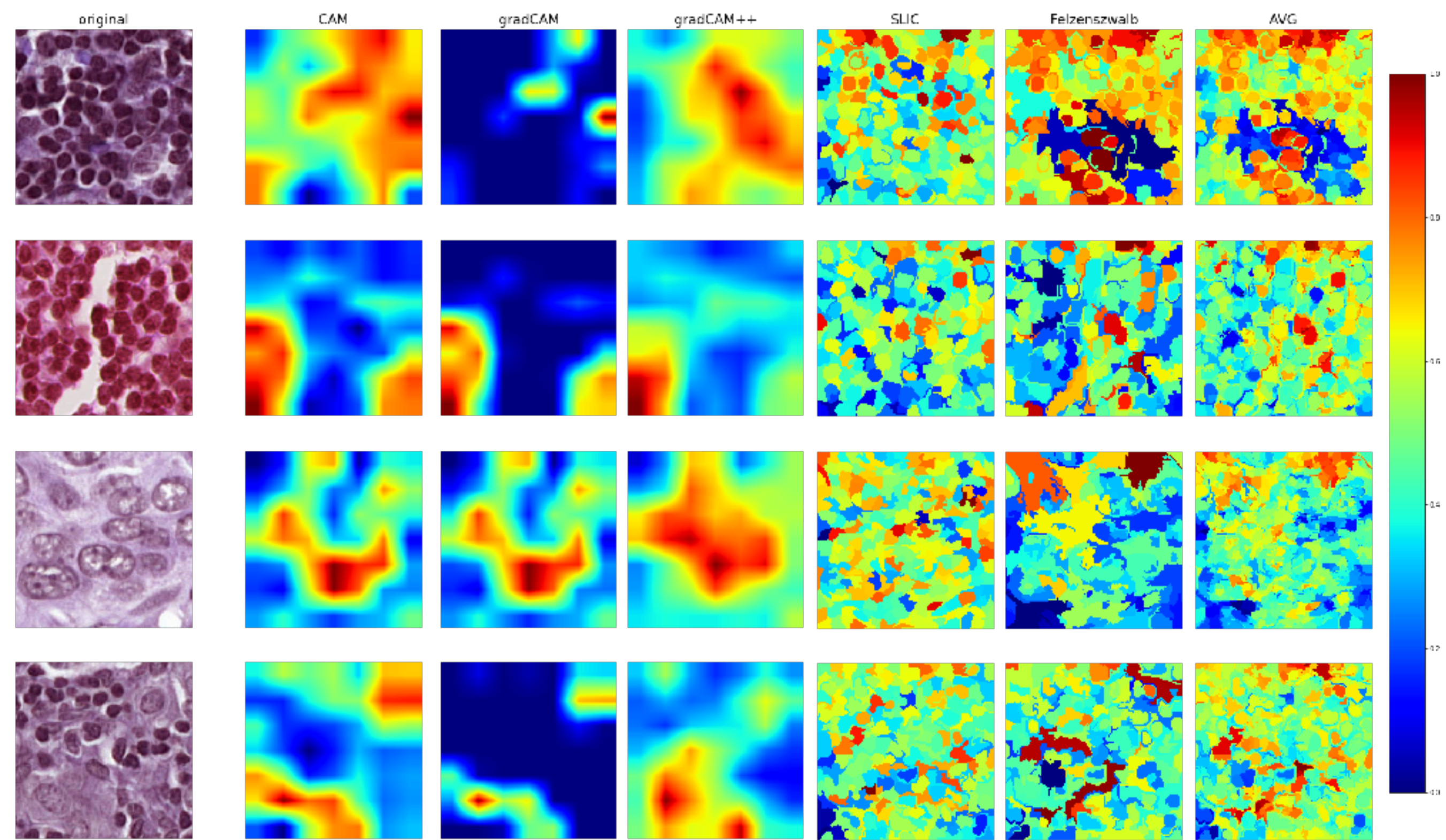
Why correct?
Why incorrect?

Slide credits: B. Kim

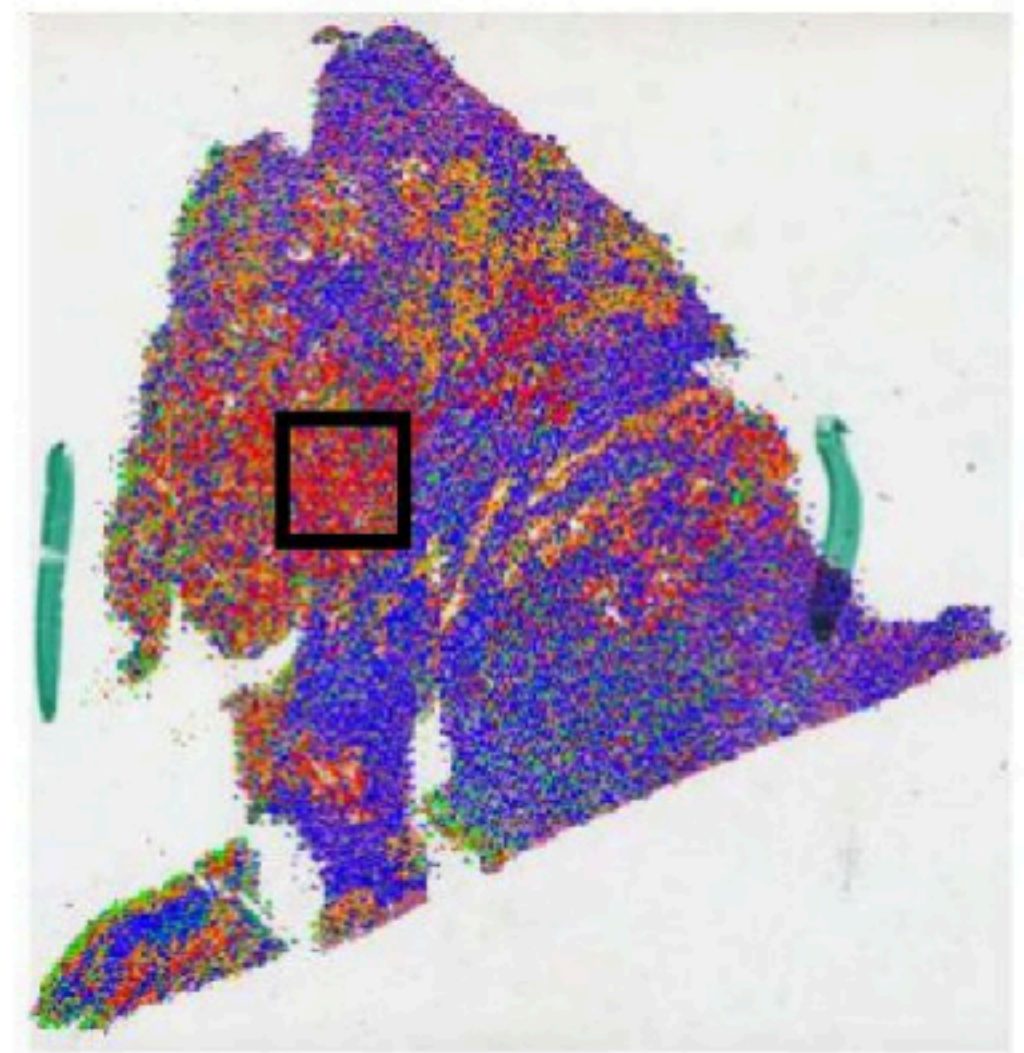
- Issues:**
- Difficult Abstraction
 - Sometimes Ambiguous [Kim et al., 2018]
 - Consistency issues [Adebayo et al., 2018]



Feature-attribution:
Evaluation of visualization tools



- Neoplastic
- Inflammatory
- Connective
- Dead
- Epithelial



<https://jgamper.github.io/PanNukeDataset/>

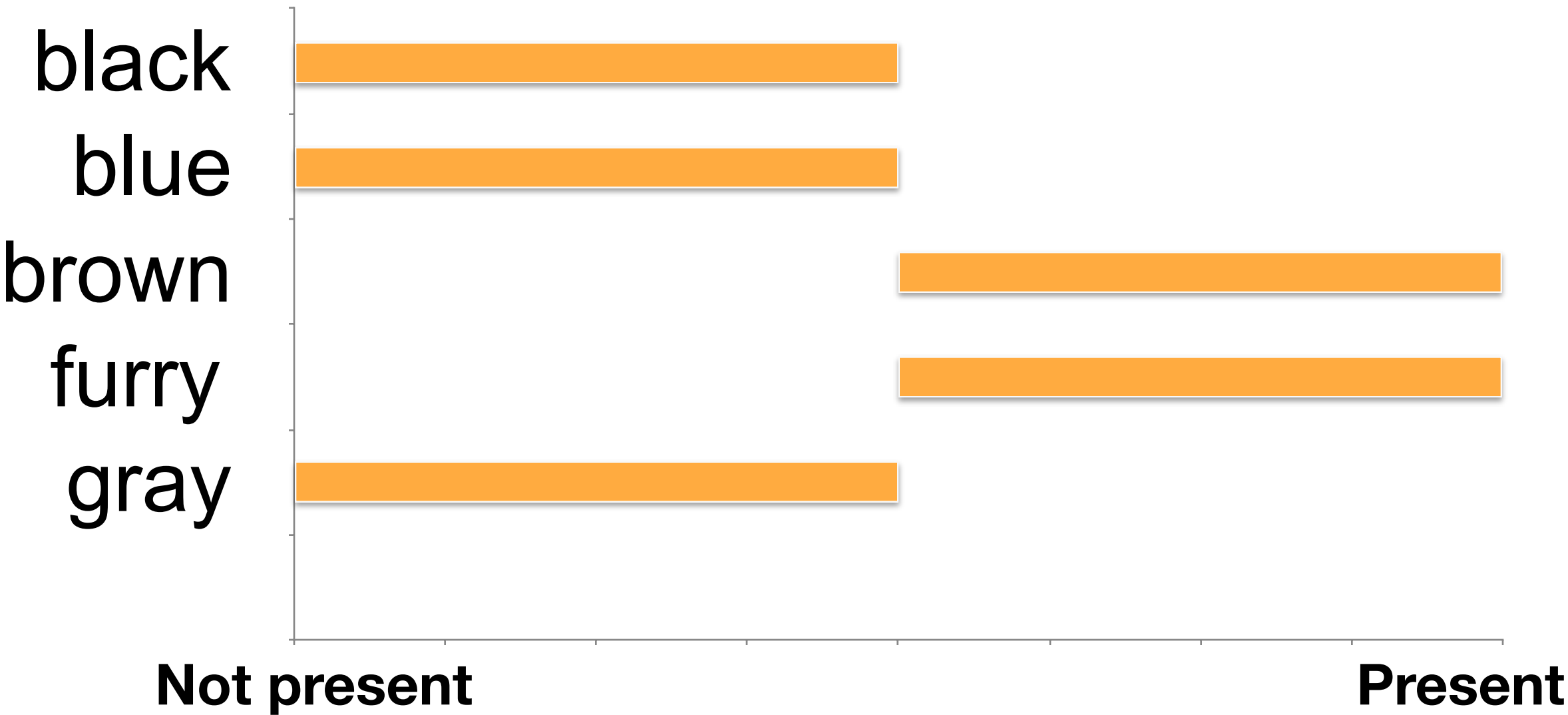
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Concept-based interpretability:

Concept attribution with Regression Concept Vectors

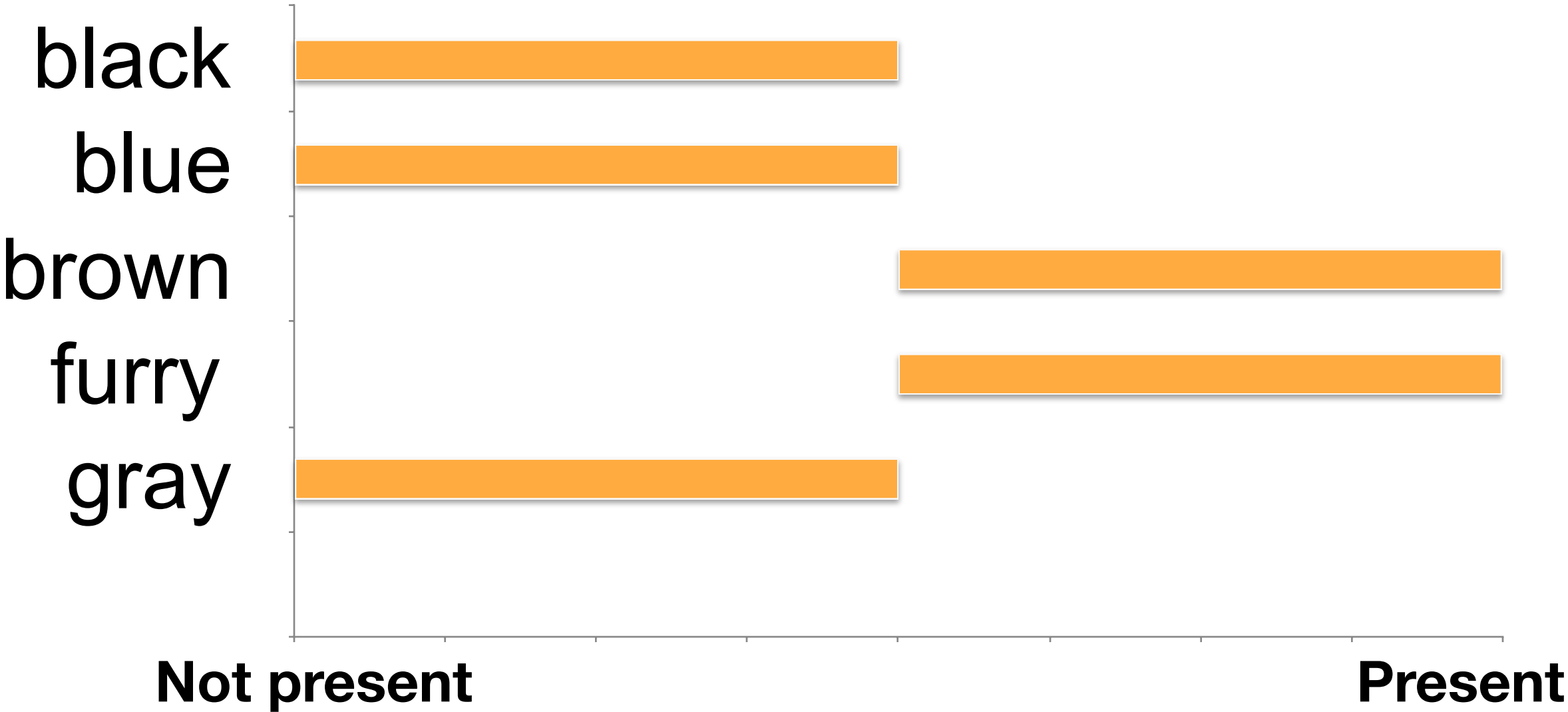
Taking inspiration from [Kim et al., 2018] on interpreting CNN activations with human-friendly binary concepts (presence vs absence).



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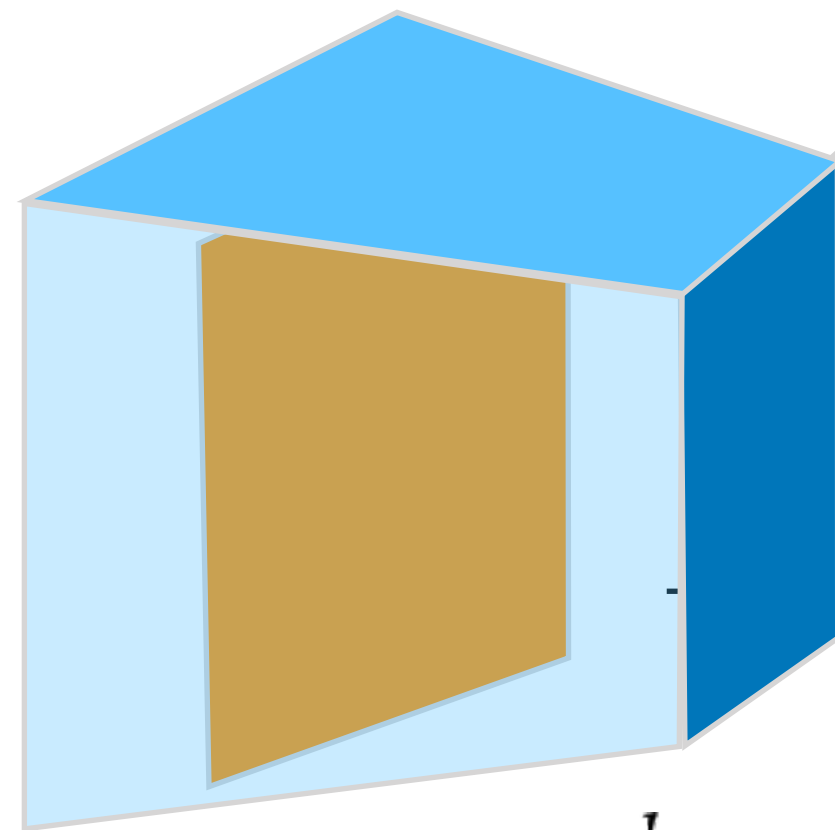
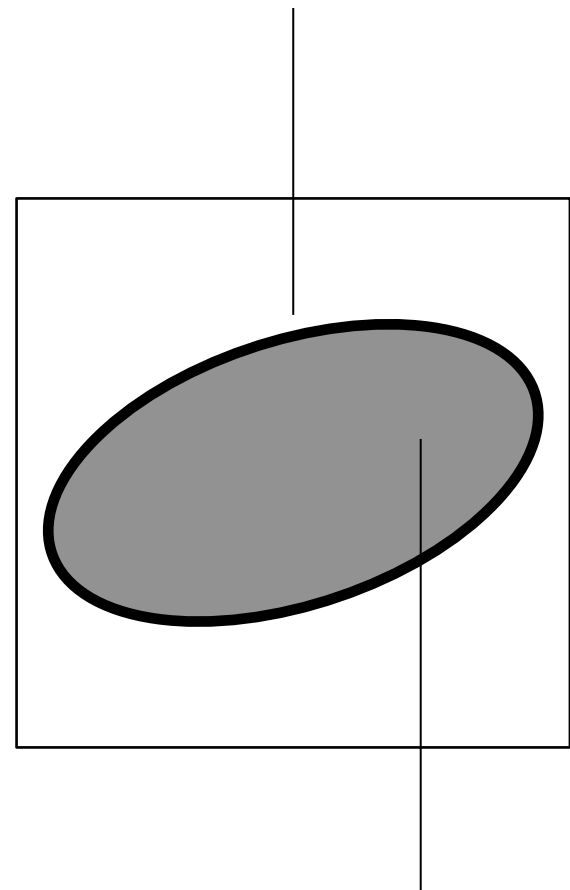


Measuring texture “coarseness”, “brown-ness”

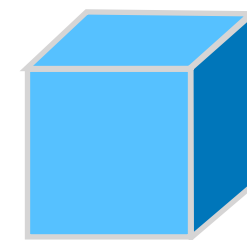
Concept-based interpretability:

*Concept attribution with Regression Concept Vectors**

Segmentation
(manual or
automatic)



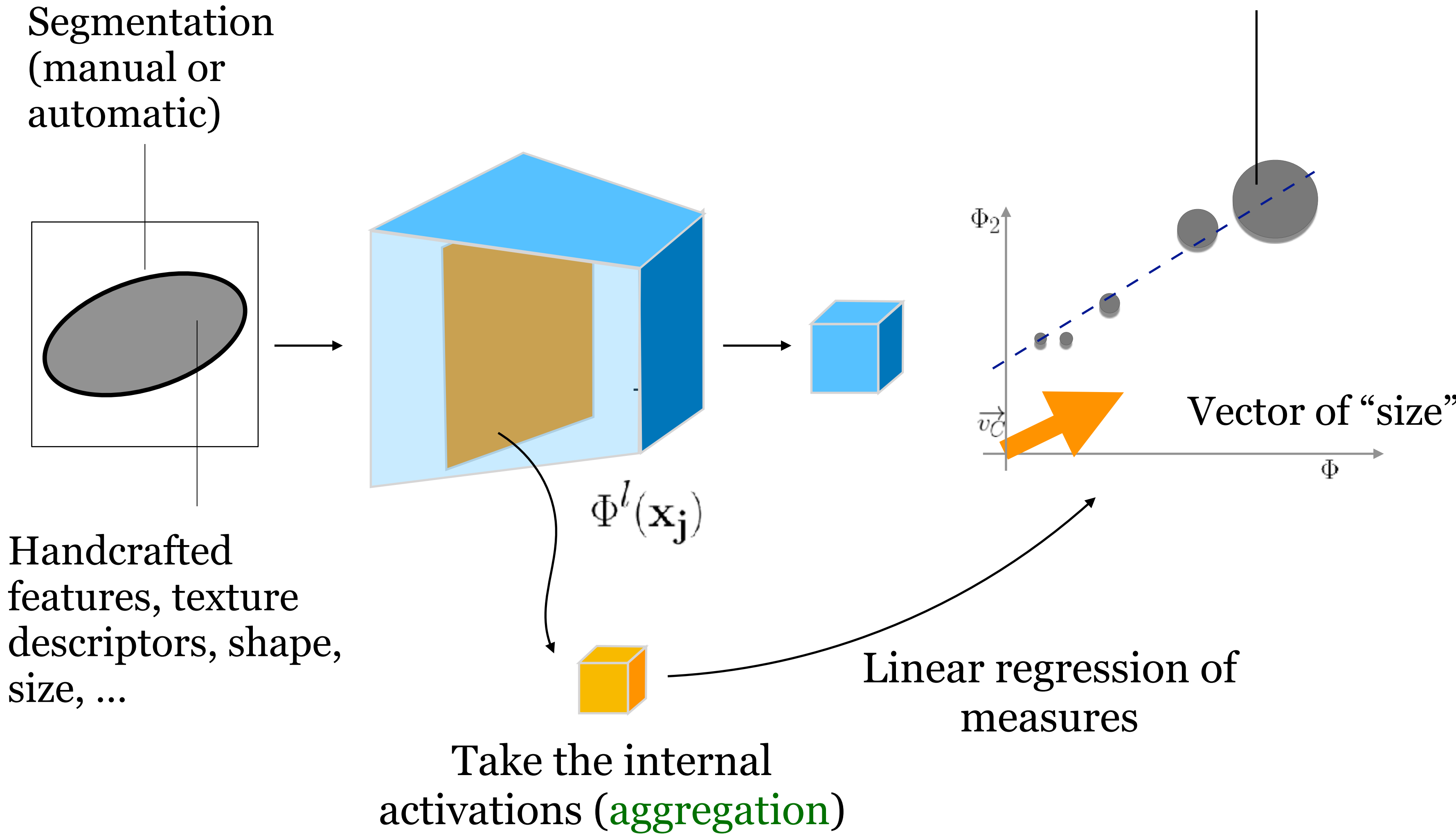
$$\Phi^l(\mathbf{x}_j)$$



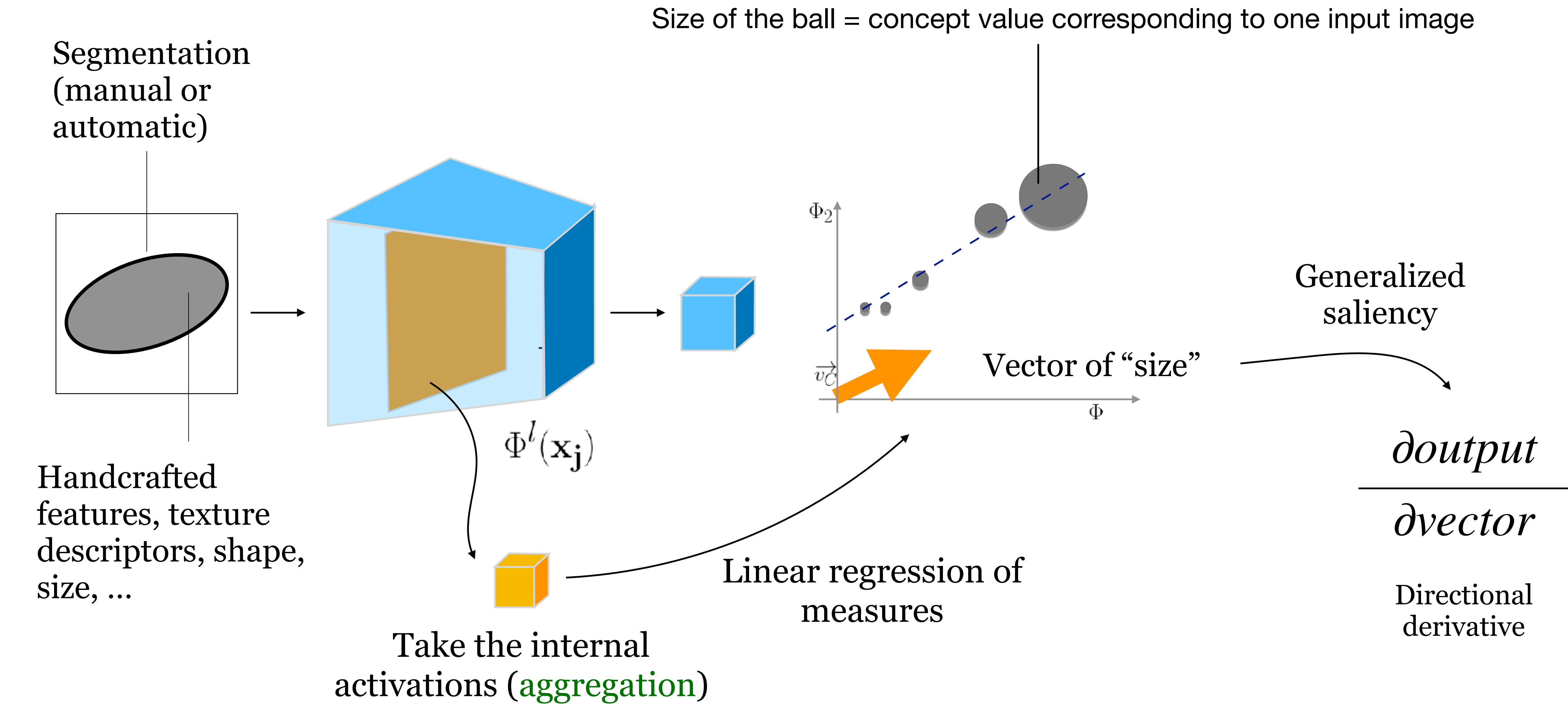
Handcrafted
features, texture
descriptors, shape,
size, ...

Concept attribution with Regression Concept Vectors*

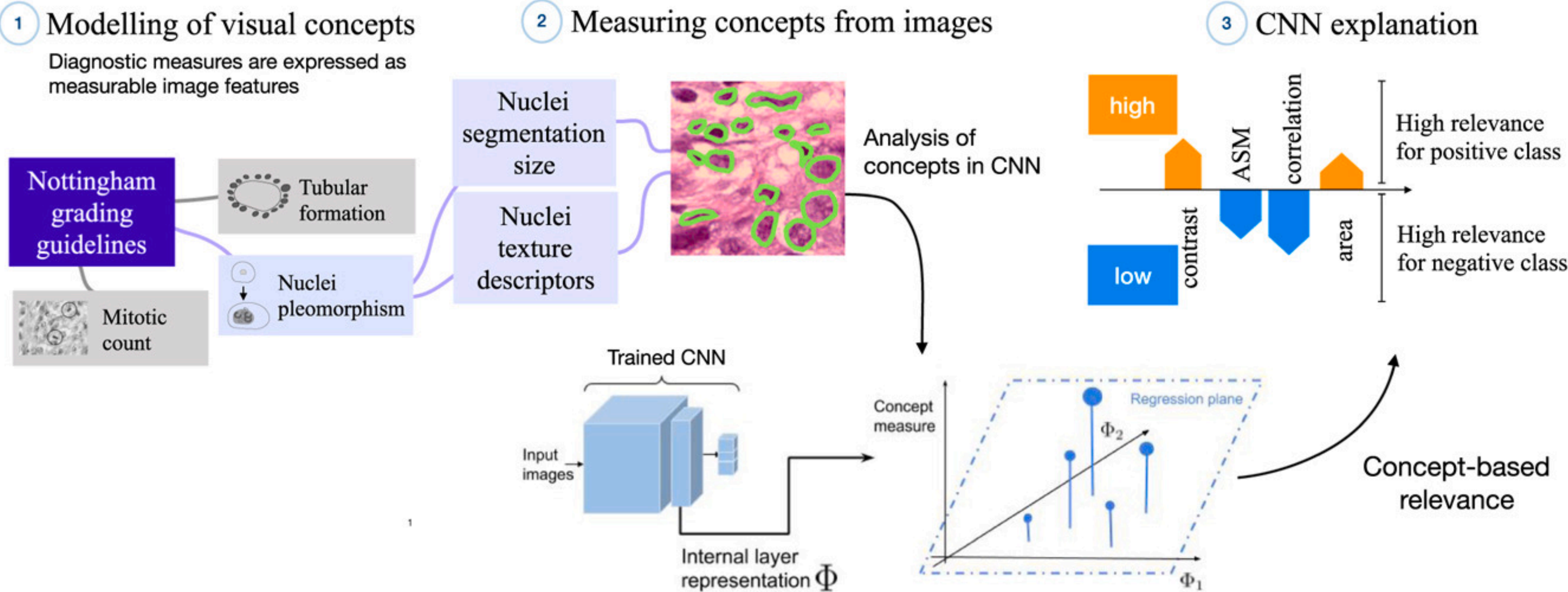
Size of the ball = concept value corresponding to one input image



Concept attribution with Regression Concept Vectors*



Concept-based interpretability:
Regression Concept Vectors: application to histopathology



Remarks

- * **Interpretability can be used to** verify that the CNN decision making respects clinical guidelines and knowledge in the domain
- * **Visualizations of saliency heatmaps** give feedback on the relevant input pixels, while **concept-based** explanations use directly clinically relevant measures such as nuclei size and appearance.
- * The expertise of clinicians can be used to **guide network training** by the combination of multitask and adversarial learning.

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Q&A