

# Solo or Ensemble? Choosing a CNN Architecture for Melanoma Classification

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# Convolutional Neural Networks

**SotA** for most computer vision problems,  
including **skin lesion analysis**

Used by all **winner submissions** in  
**ISIC Challenges** 2016, 2017, 2018

# CNN Architectures

AlexNet

# CNN Architectures

AlexNet

GoogLeNet

VGG

ZFNet

# CNN Architectures

Inception

NASNet

ResNet

DenseNet

AlexNet

GoogLeNet

Xception

MobileNet

DualPathNet

SE-Net

VGG

ZFNet

SqueezeNet

ResNeXt

PNASNet

Inception-ResNet

# CNN Architectures

## ISIC Challenges

**2016** ResNet

**2017** ResNet, Inception

**2018** ResNet, Inception, DenseNet, ResNeXt  
PNASNet, DPN, SENet...

# Transfer Learning

The **most critical factor** for model performance

**SotA** for most computer vision problems,  
including **skin lesion analysis**

Also used by all **ISIC Challenges winners**

Valle et al. (2017). Data, Depth, and Design: Learning Reliable Models for Melanoma Screening <https://arxiv.org/abs/1711.00441>

Menegola et al. (2017). Knowledge Transfer for Melanoma Screening with Deep Learning <https://arxiv.org/abs/1703.07479>

# Do better ImageNet models transfer better?

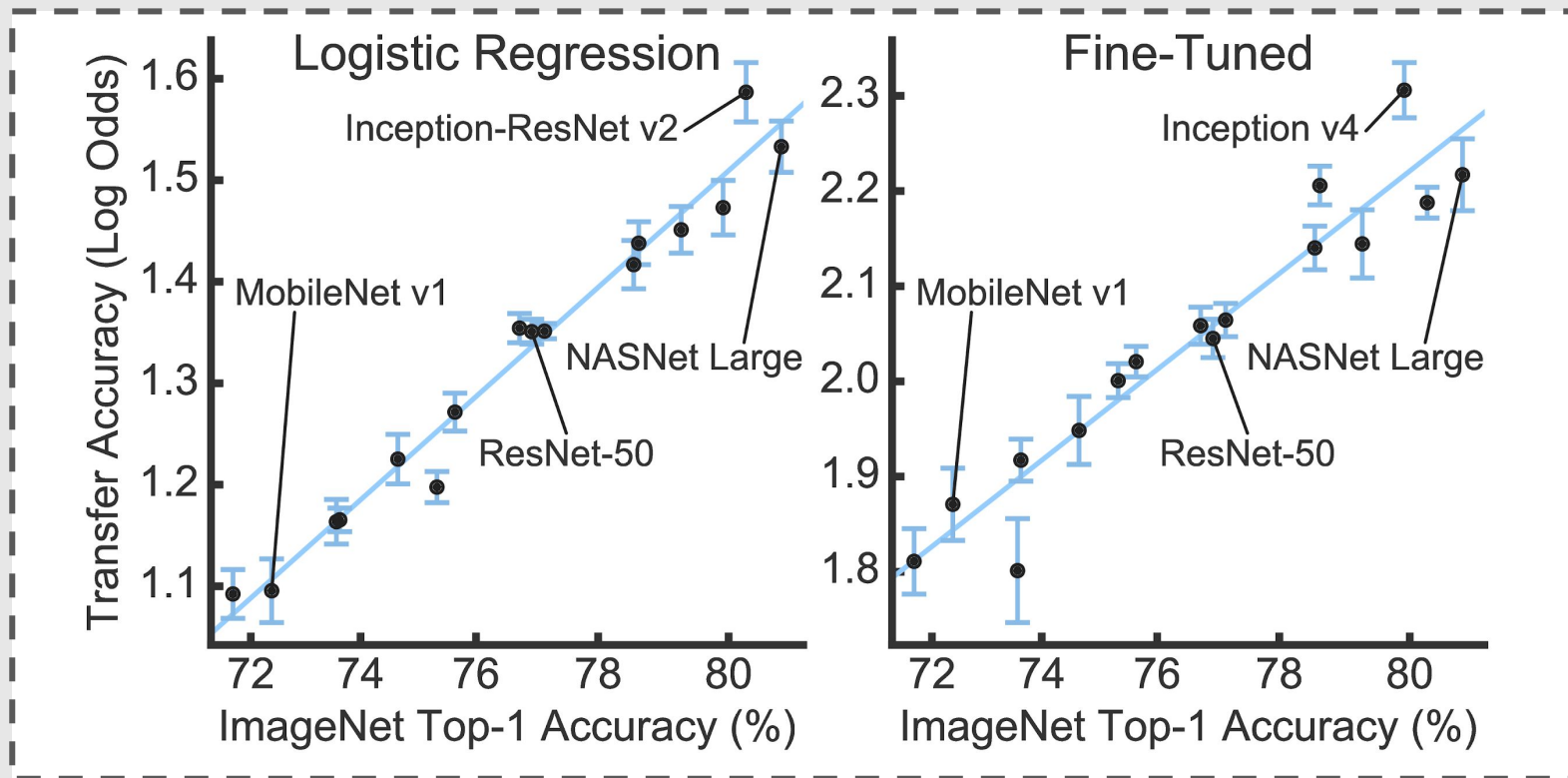
Short answer: **Yes**

For **multiple** natural datasets

**Fine-tuning, fixed features, and random initialization**



# Do better ImageNet models transfer better?





# How to predict model performance?

# Experimental Design

9 architectures  
× 5 splits  
× 3 replicates  
= **135 experiments**

# Experimental Design

**9** architectures   
× **5** splits  
× **3** replicates  
= **135 experiments**

- DenseNet
- Dual Path Nets
- Inception-v4
- Inception-ResNet-v2
- MobileNetV2
- PNASNet
- ResNet
- SENet
- Xception

# Experimental Design

**9** architectures  
× **5** splits  
× **3** replicates  
= **135** experiments



**ISIC 2017**  
**1750** train  
**500** validation  
**500** test

# Explored factors

## Architectural

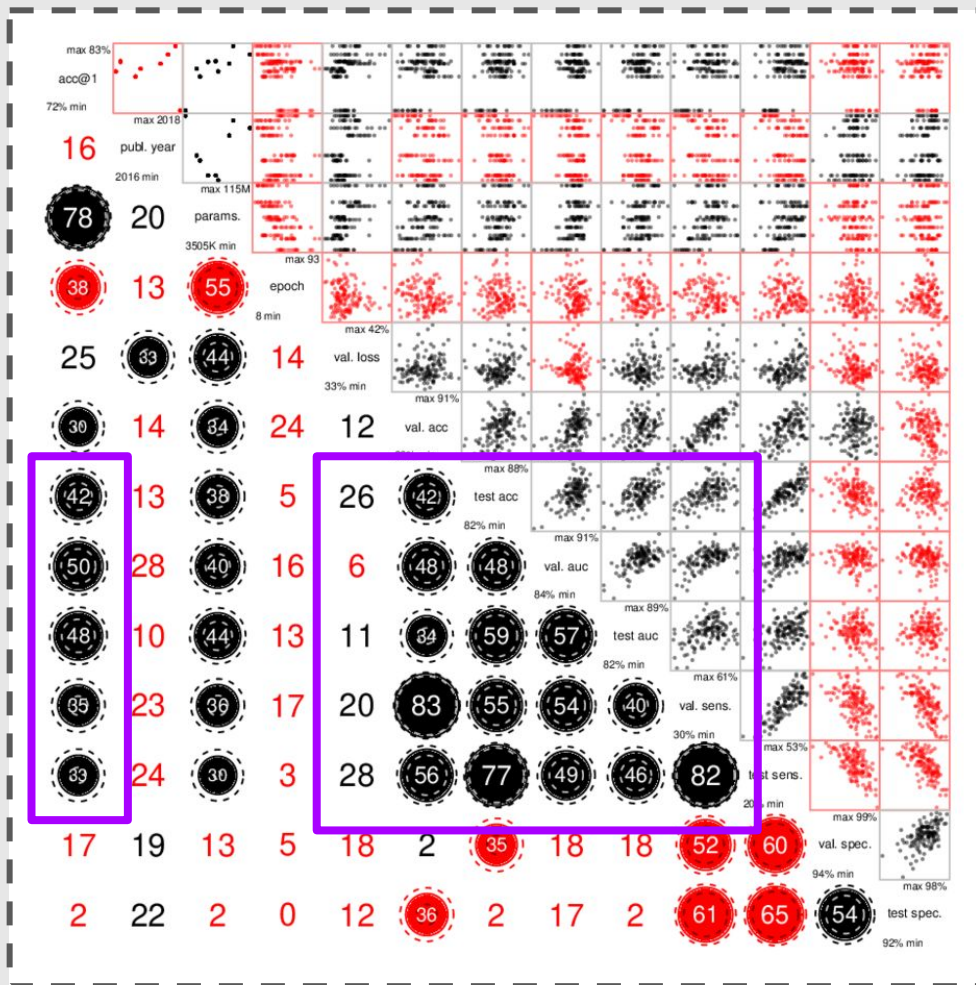
Acc@1 on ImageNet  
# of Parameters  
Date of Publication

## Training

AUC  
Accuracy → Validation  
Sensitivity → Test  
Specificity  
Loss → Validation  
# of Epochs



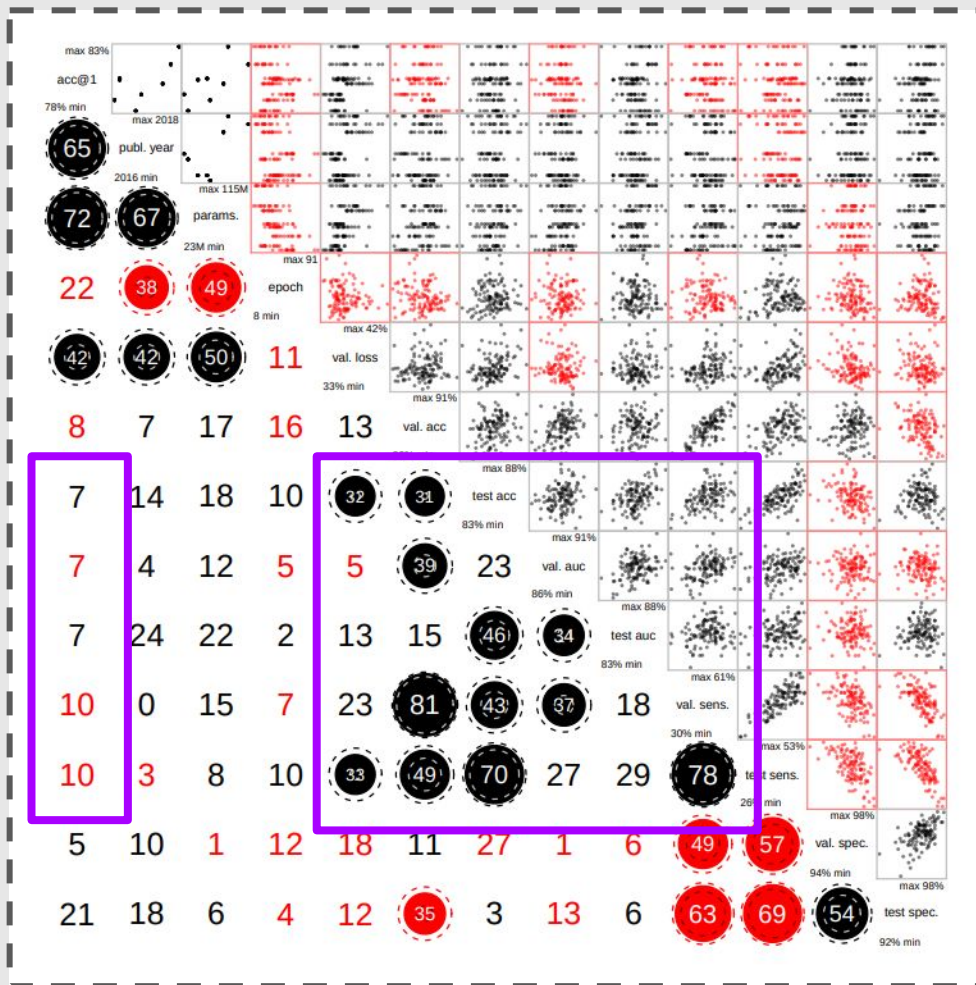
# Results





# Results

(without MobileNetV2)



# Datasets

## Kornblith et al. (2018)

- Multiple large datasets
- One factor: Acc@1
- Hyperparameter tuning

## Ours

- ISIC 2017 (2750 images)
- Multiple factors
- “Best-practice” hyperparameters

# Datasets

## Kornblith et al. (2018)

- Multiple large datasets
- One factor: Acc@1
- Hyperparameter tuning
- **One split per dataset**
- **No replicates**

## Ours

- ISIC 2017 (2750 images)
- Multiple factors
- “Best-practice” hyperparameters
- **Five splits**
- **Three replicates**



# Ensembles

# Creating the Ensembles

9 architectures × 3 replicates = 27 models per split

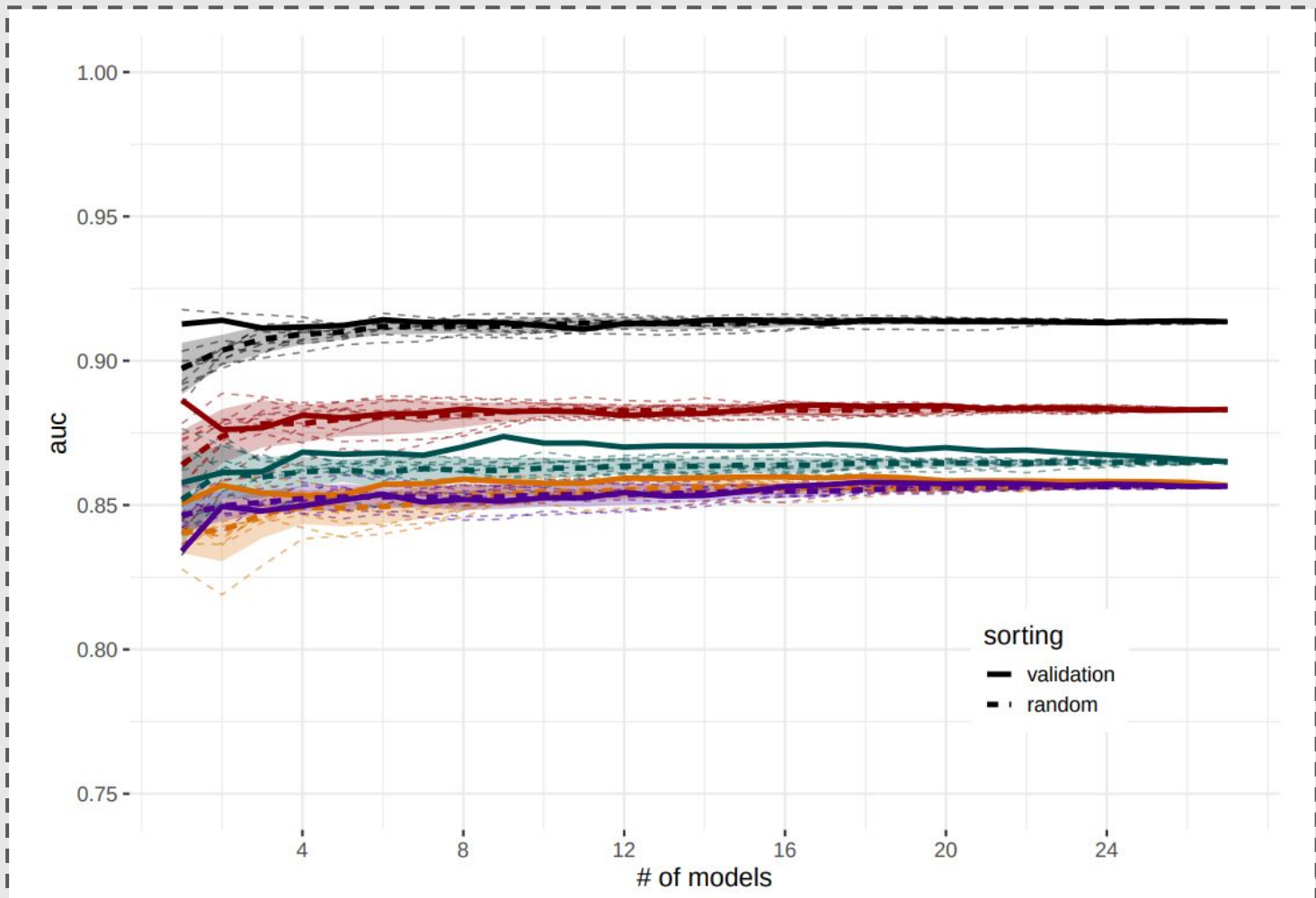
For each split, ensemble 1, 2, ..., 27 models

Two strategies for adding models:

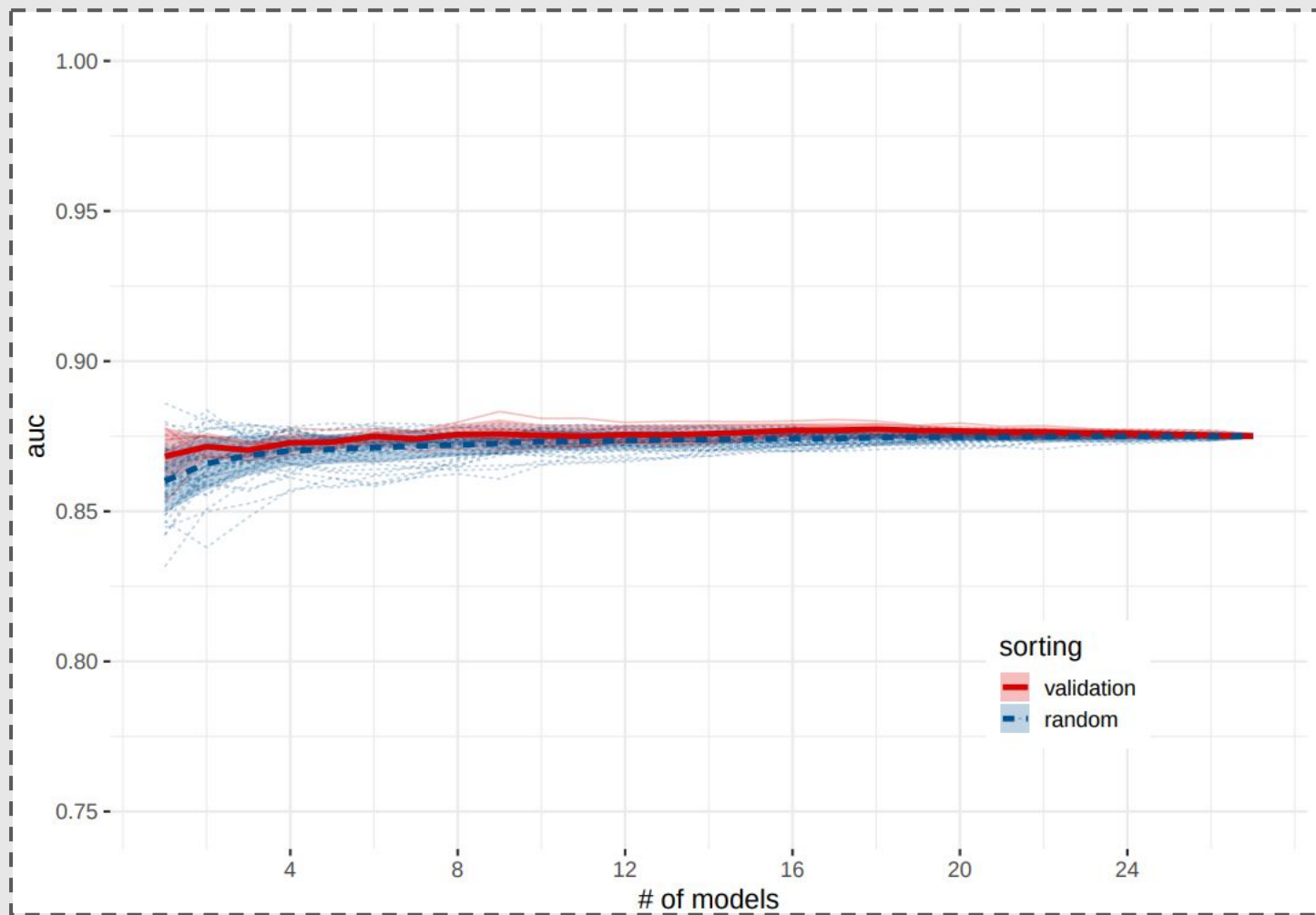
- in random order

- models with best validation AUC first

# Results



# Results (normalized)



# Conclusions

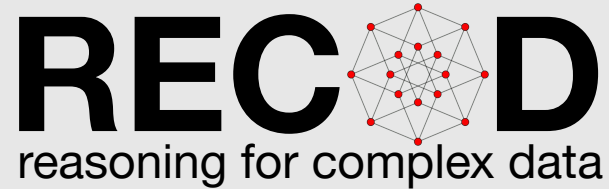
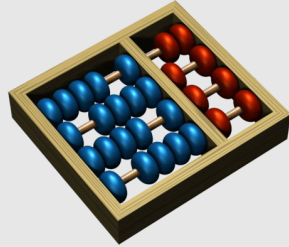
For the SotA models, performance on ImageNet **does not necessarily translate** to performance on melanoma detection

Validation metrics correlate with test metrics **much better**  
much better than validation loss

**Ensembles are needed** for stable SotA performance; large ensembles work okay from simply picking at random from a pool of SotA individual models



# Acknowledgments





**Thanks!**