Artifact-based domain generalization of skin lesion models



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MIT Technology Review

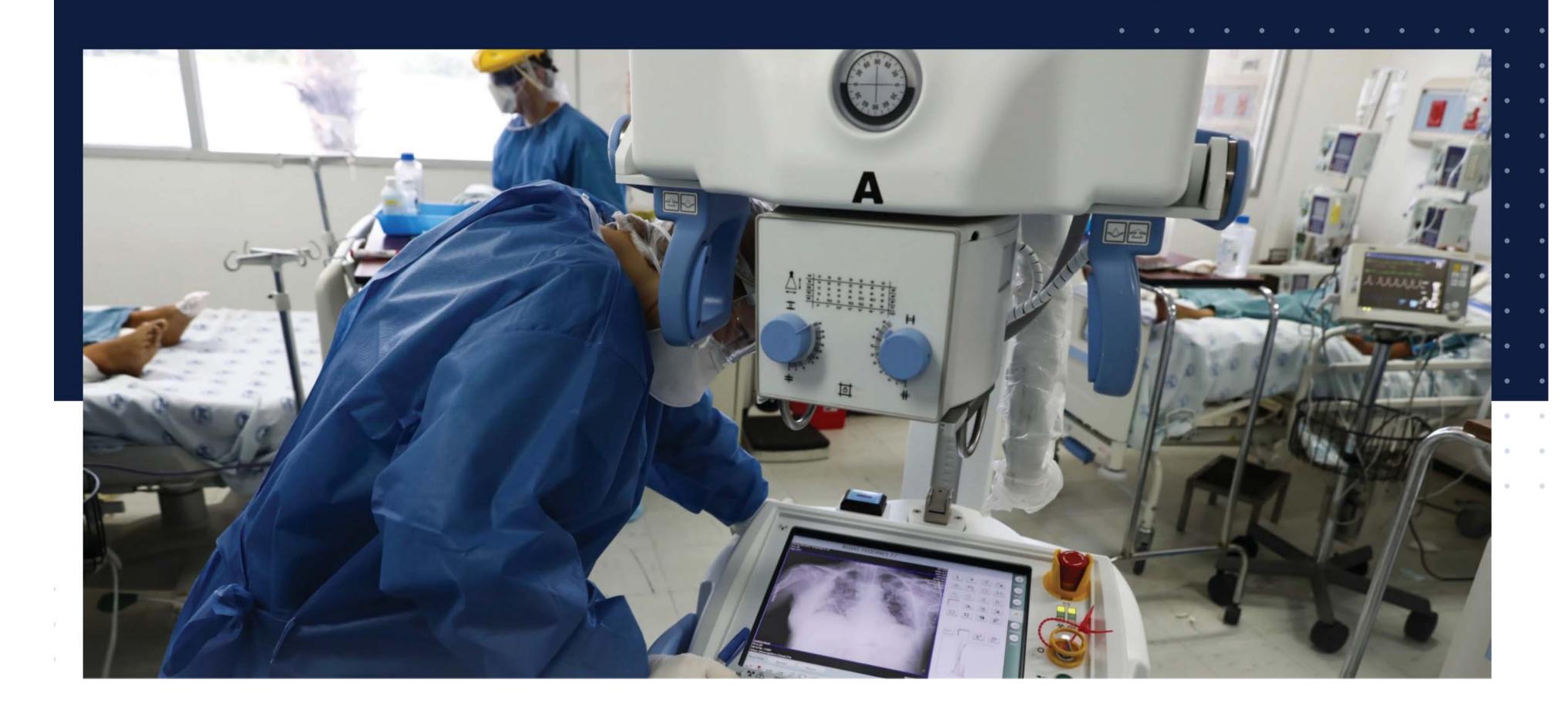
ARTIFICIAL INTELLIGENCE

Hundreds of AI tools have been built to catch covid. None of them helped.

Some have been used in hospitals, despite not being properly tested. But the pandemic could help make medical AI better.

By Will Douglas Heaven

July 30, 2021





The problem of dataset bias

Diversity Shift

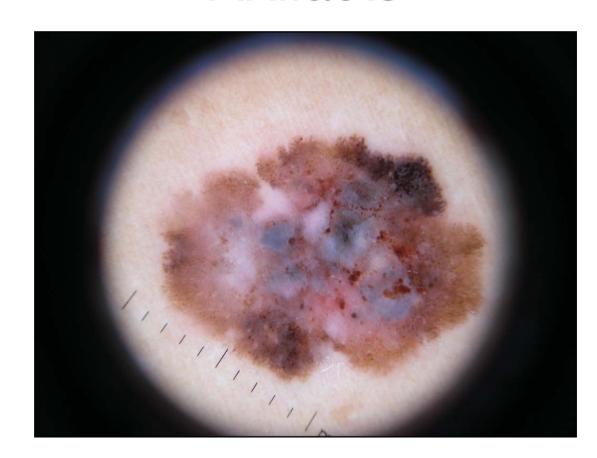
Clinical vs. Dermatoscopical

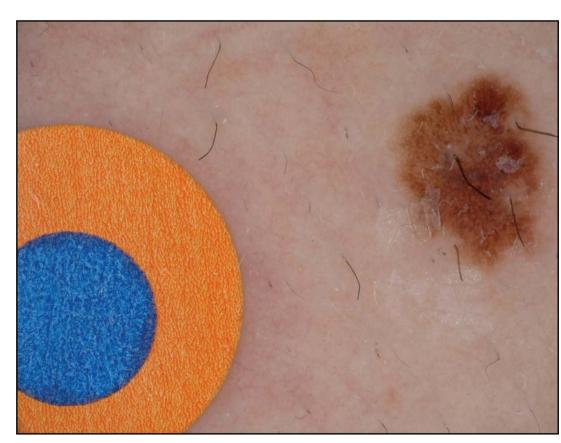




Correlation Shift

Artifacts

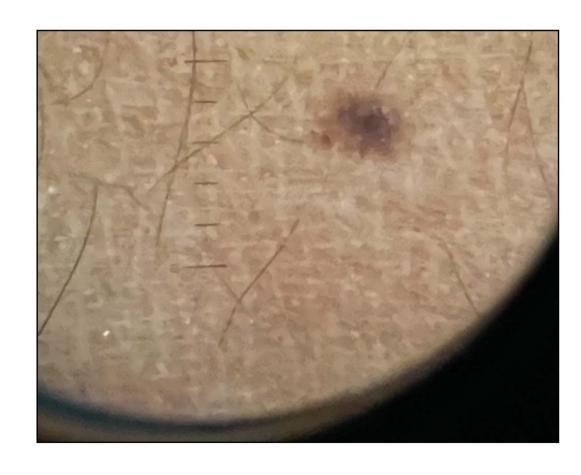




Subpopulation Shift

Underrepresented Skin Colors







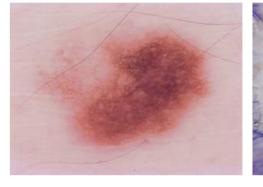
De(Constructing) Bias ISIC Workshop @ CVPR 2019

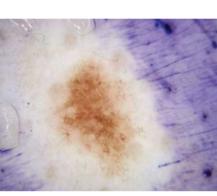
(De)Constructing Bias on Skin Lesion Datasets

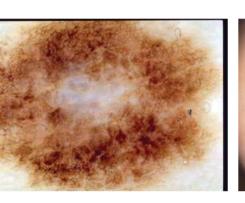
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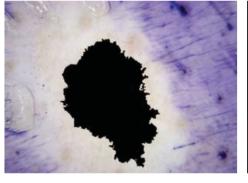






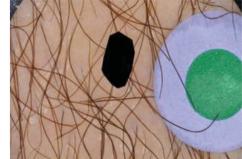
(a) Traditional images





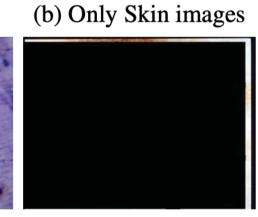




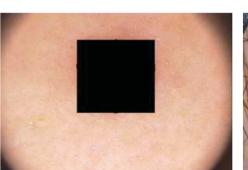


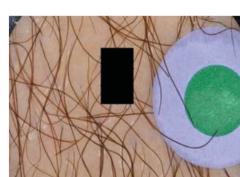






(c) Bbox images





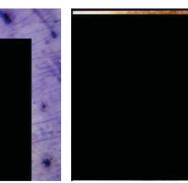
Abstract

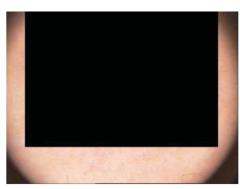
Melanoma is the deadliest form of skin cancer. Automated skin lesion analysis plays an important role for early detection. Nowadays, the ISIC Archive and the Atlas of Dermoscopy dataset are the most employed skin lesion sources to benchmark deep-learning based tools. However, all datasets contain biases, often unintentional, due to how they were acquired and annotated. Those biases distort the performance of machine-learning models, creating spurious correlations that the models can unfairly exploit, or, contrarily destroying cogent correlations that the models could learn. In this paper, we propose a set of experiments that reveal both types of biases, positive and negative, in existing skin lesion datasets. Our results show

Deep learning methods are the state-of-the-art cancer classification [11, 13]. That task is challenged to the vast visual variability of skin lesions, and the state of the cues that differentiate benign and malignant To compound the difficulty, datasets to train the data-models are small, when compared with general-purp age datasets (e.g., ImageNet, MSCOCO, LabelMe).

Due to the scarcity of good-quality, annotated skin images, two datasets dominate research on automated skin lesion analysis: the Interactive Atlas of Dermoscopy [5] and the ISIC Archive [1]. The Atlas is an educational medical resource, with many standardized metadata over the cases it contains, while the ISIC Archive is a much larger, but also less controlled dataset, with images of different sources.









(d) Bbox70 images



Benchmarks



Robustness



Debiasing on Skin Lesion Analysis Models ISIC Workshop @ CVPR 2020

Manually annotated ISIC 2018 and Derm7Pt

Debiasing Skin Lesion Datasets and Models? Not So Fast

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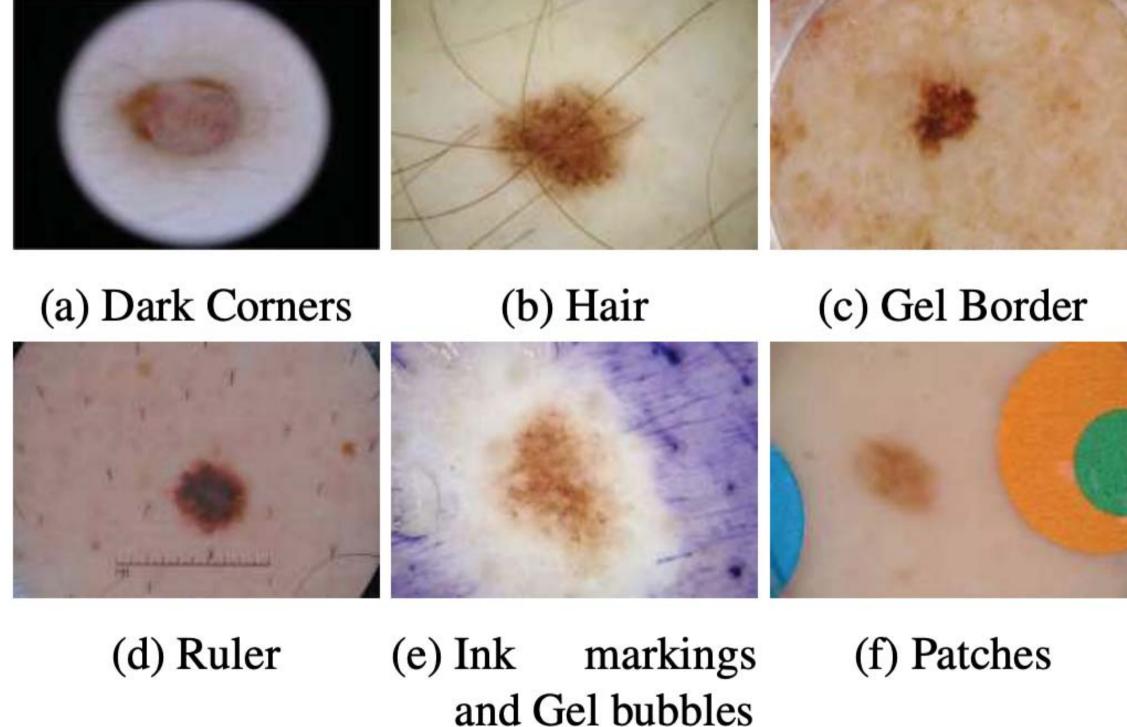
Abstract

Data-driven models are now deployed in a plethora of real-world applications — including automated diagnosis — but models learned from data risk learning biases from that same data. When models learn spurious correlations not found in real-world situations, their deployment for critical tasks, such as medical decisions, can be catastrophic. In this work we address this issue for skin-lesion classification models, with two objectives: finding out what are the spurious correlations exploited by biased networks, and debiasing the models by removing such spurious correlations from them. We perform a systematic integrated analysis of 7 visual artifacts (which are possible sources of biases exploitable by networks) employ a state-of-the-art technique

predictions made by them.

Bissoto et al. [7] investigated bias for skin-lesion datas and found troubling signs, showing shockingly high I formances for deep neural networks trained with ima where the lesions appear occluded by large black bound boxes. The performances were comparable to those of I works trained with *additional* dermoscopic attributes. Interverse were unable to exploit clinically-meaningful information in the form of dermoscopic features, neglecting those in their decision process.

Those results motivated this work, whose objective is twofold: on the one hand, we attempt to finding out what are the extraneous, spurious correlations exploited by biased networks, on the other hand, we attempt to apply techniques to debias the models, removing such spurious corre-





Debiasing on Skin Lesion Analysis Models ISIC Workshop @ CVPR 2020

Domain Generalization

Debiasing Skin Lesion Datasets and Models? Not So Fast

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Domain Classifier Feature

Extractor

Lesion Classifier



Artifact-based Domain GeneralizationISIC Workshop @ ECCV 2022

Artifact-based Domain Generalization of Skin Lesion Models

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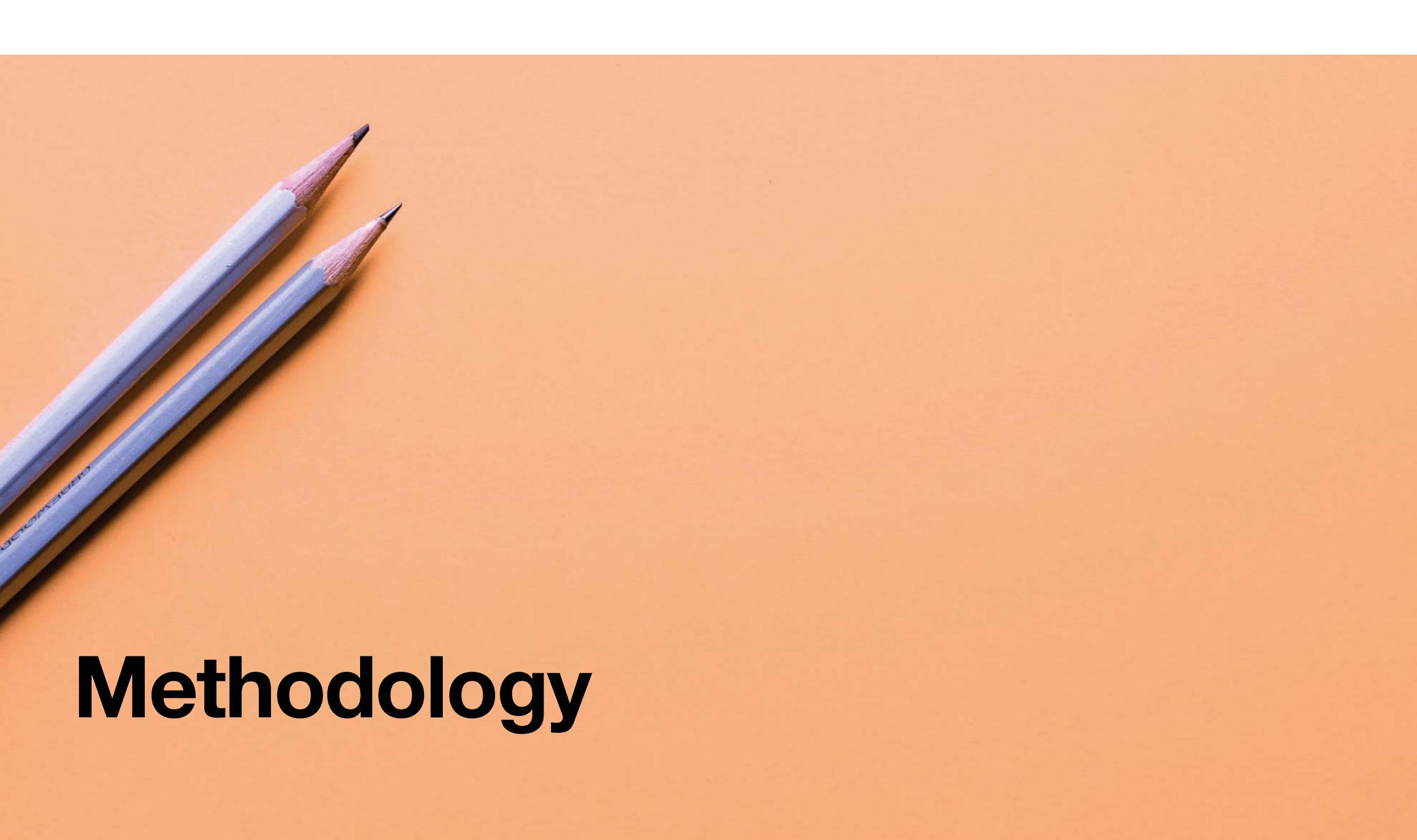
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Abstract. Deep Learning failure cases are abundant, particularly in the medical area. Recent studies in out-of-distribution generalization have advanced considerably on well-controlled synthetic datasets, but they do not represent medical imaging contexts. We propose a pipeline that relies

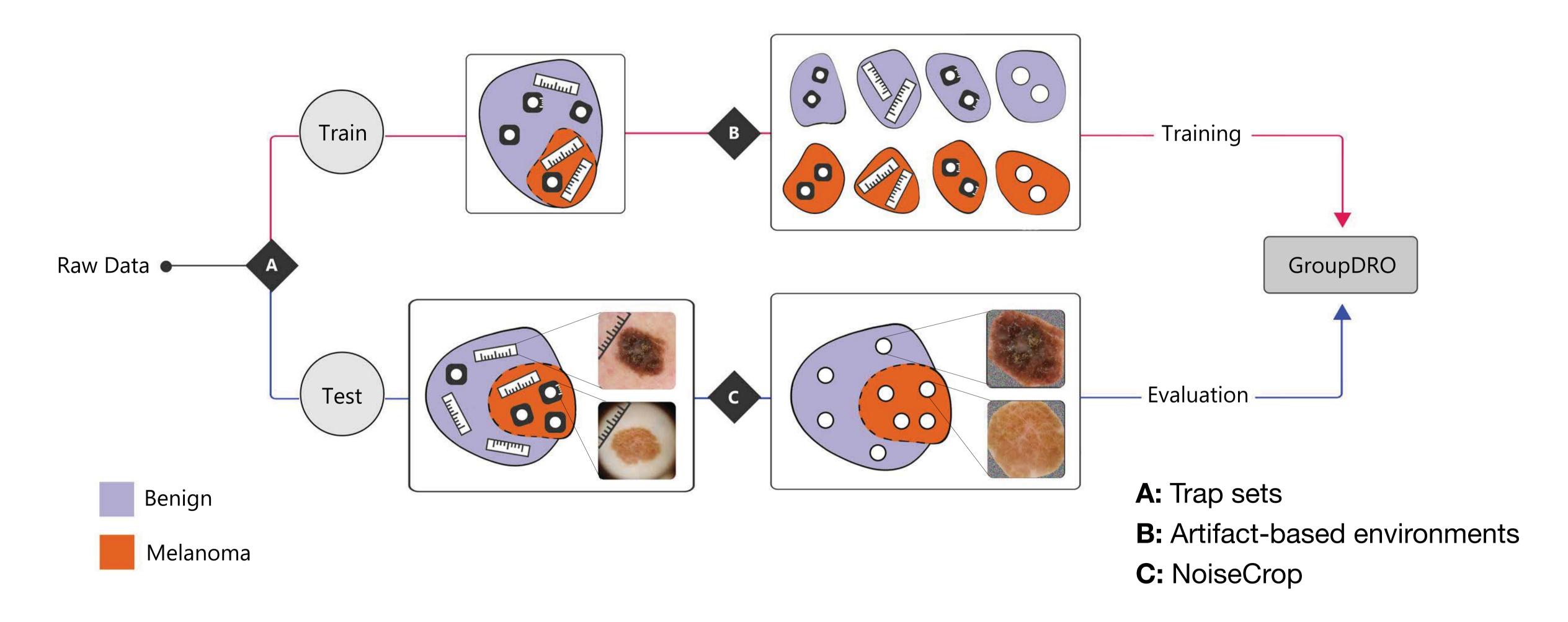
15 p.p. improvement in biased scenarios





Debiasing Pipeline

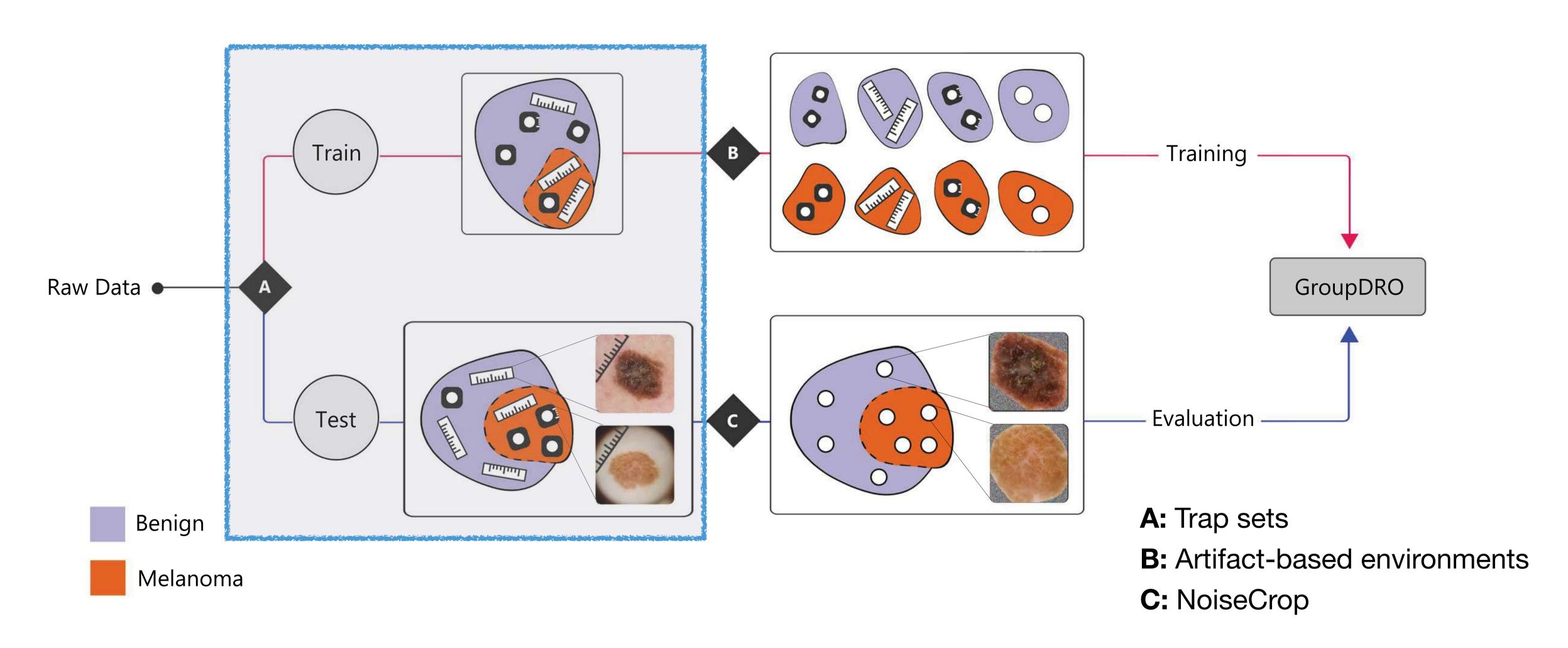
Overview





Debiasing Pipeline

Overview

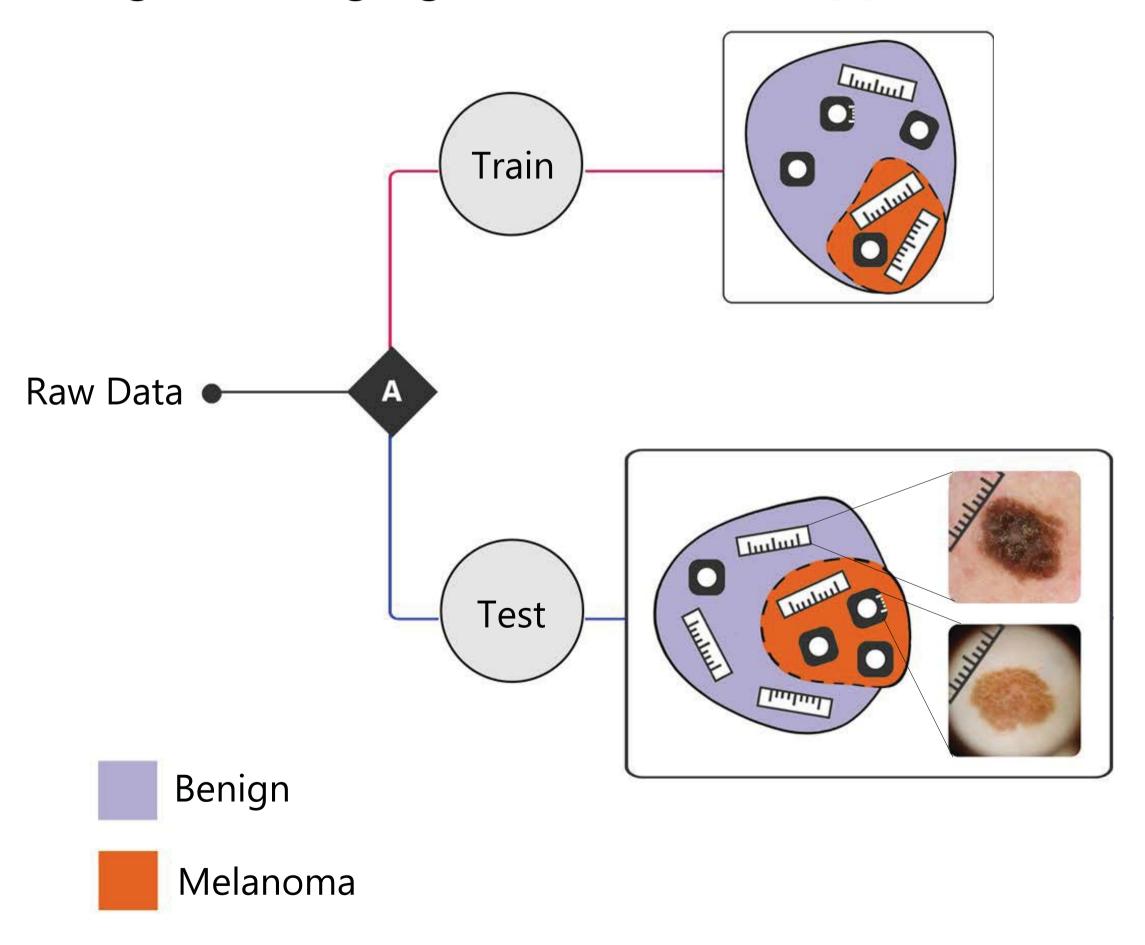


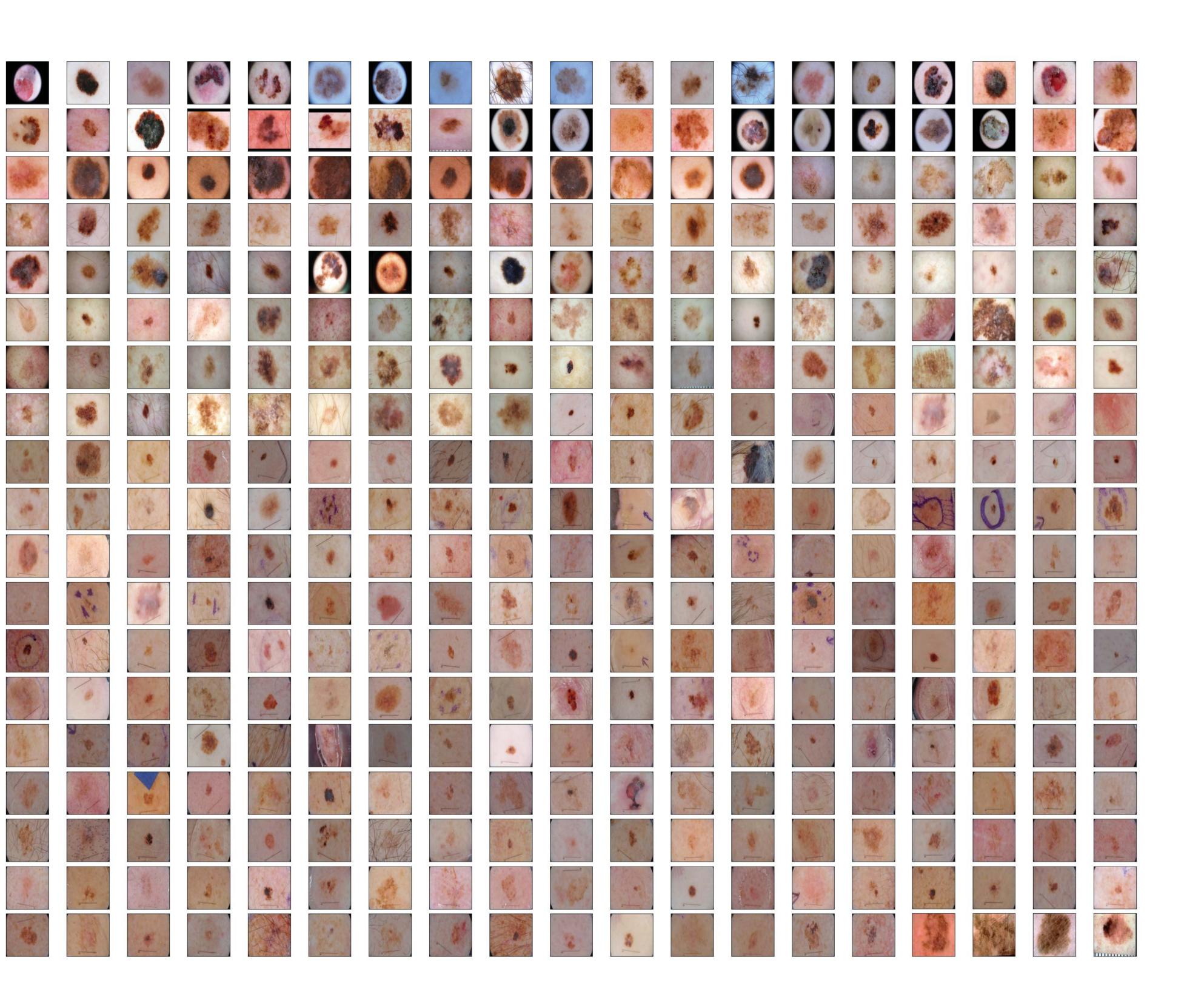


Trap Sets

Debiasing Pipeline

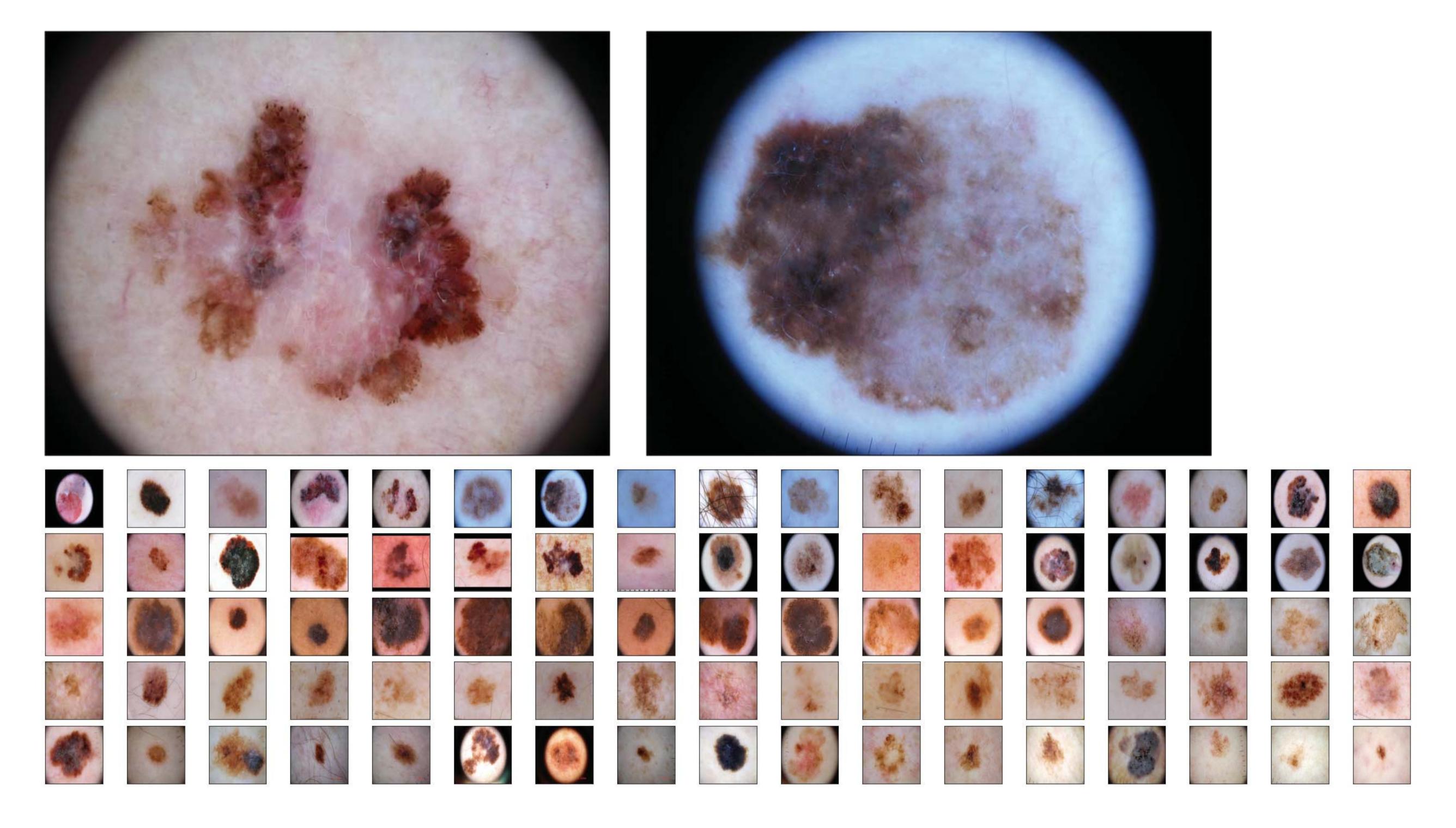
- Control and amplify the level of bias during training.
- Creating challenging test sets with opposite correlations.

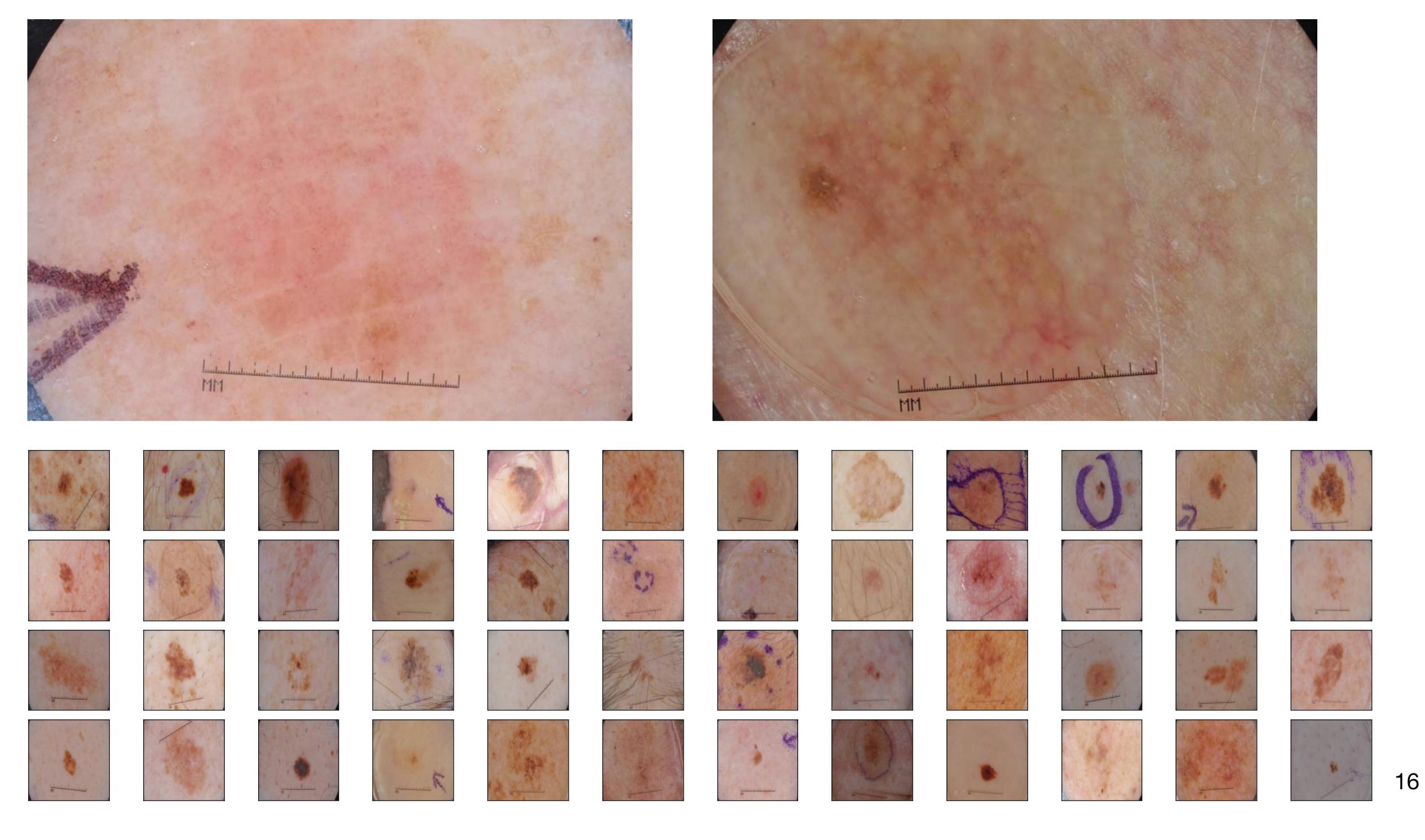


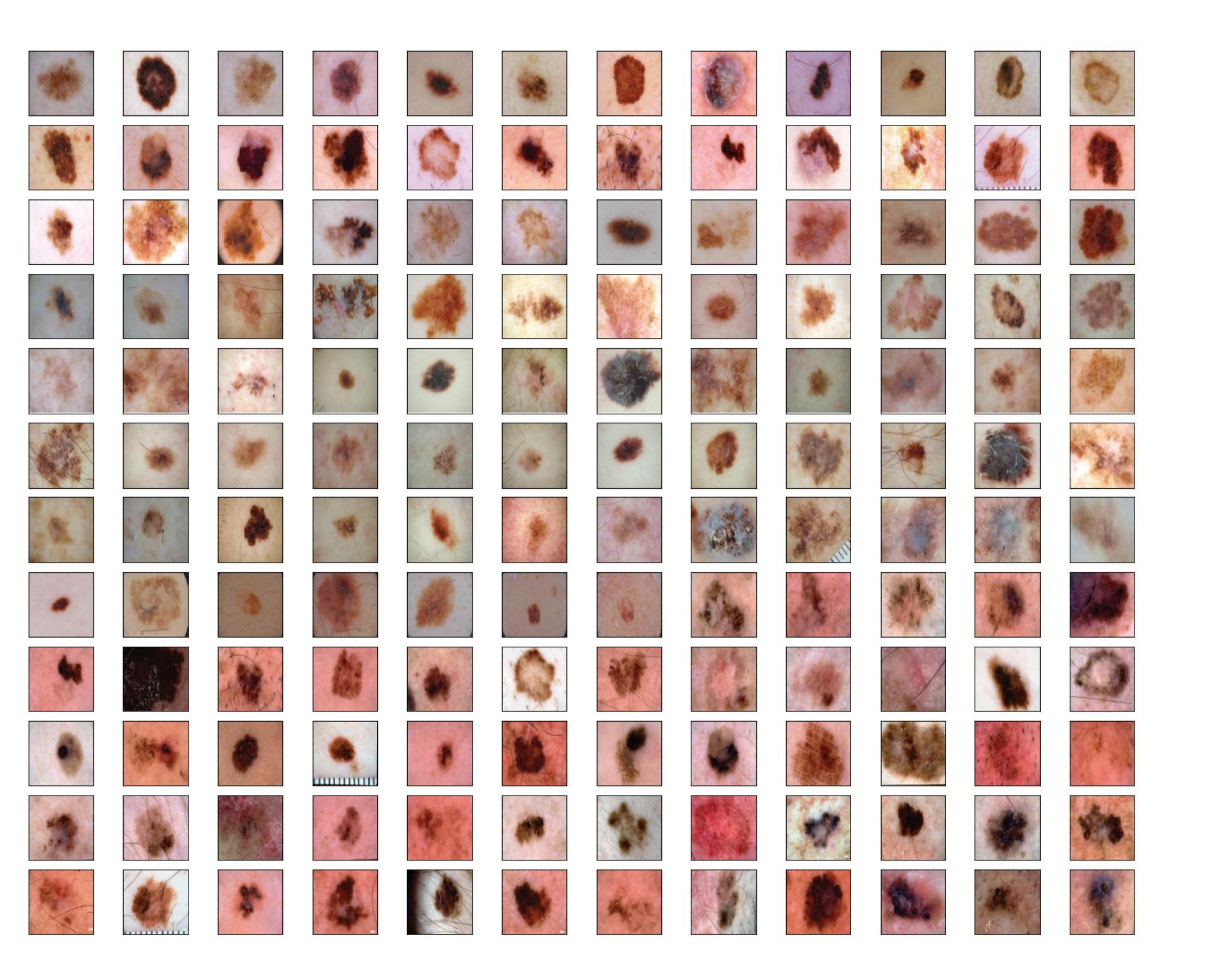




Trap Train









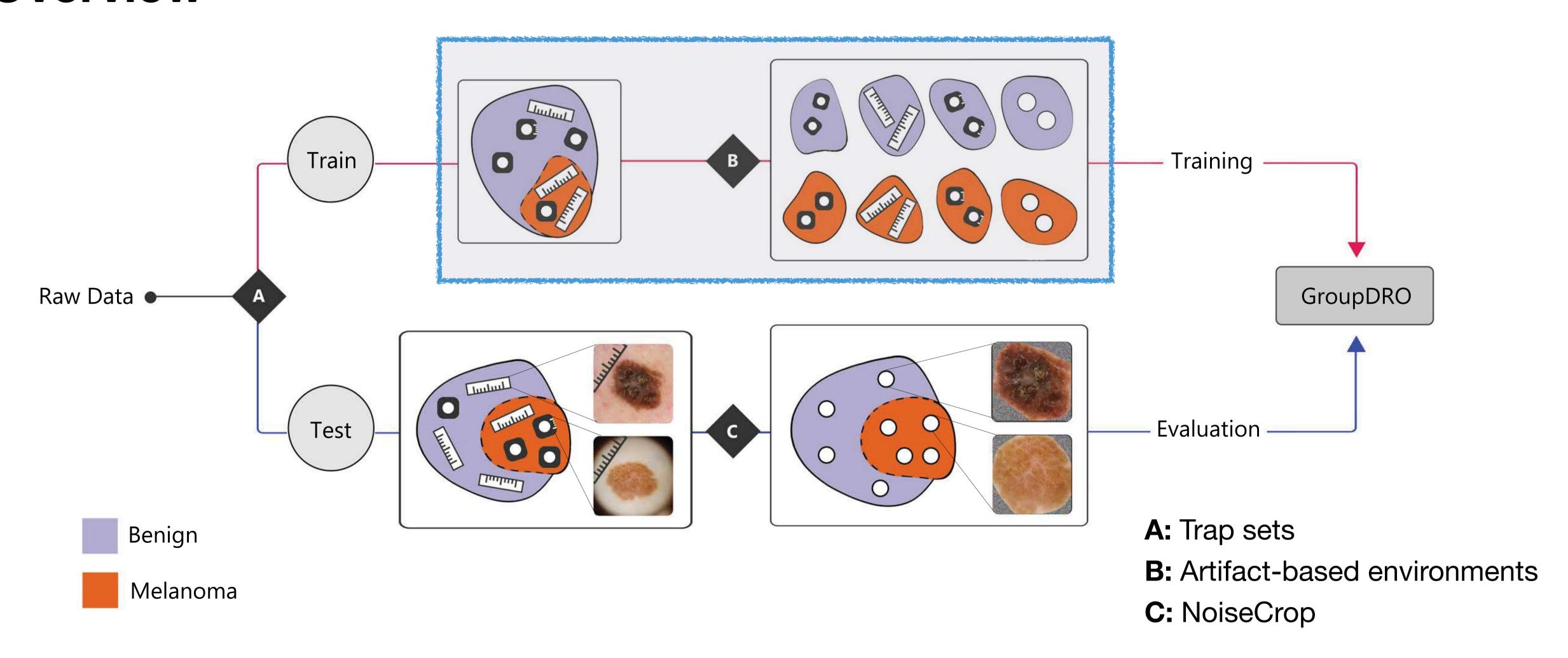
Trap Test

- No dark corners
- X Few rulers
- X No ink markings

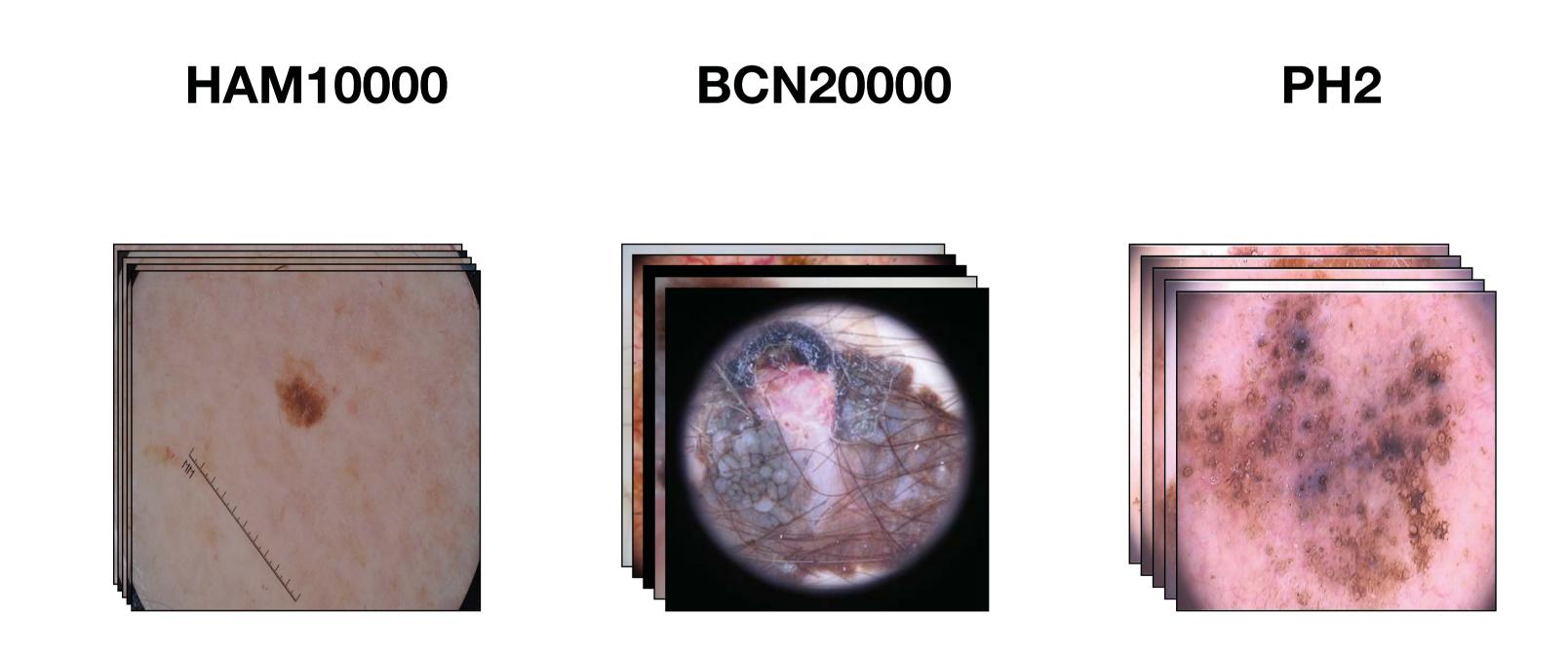


Debiasing Pipeline

Overview

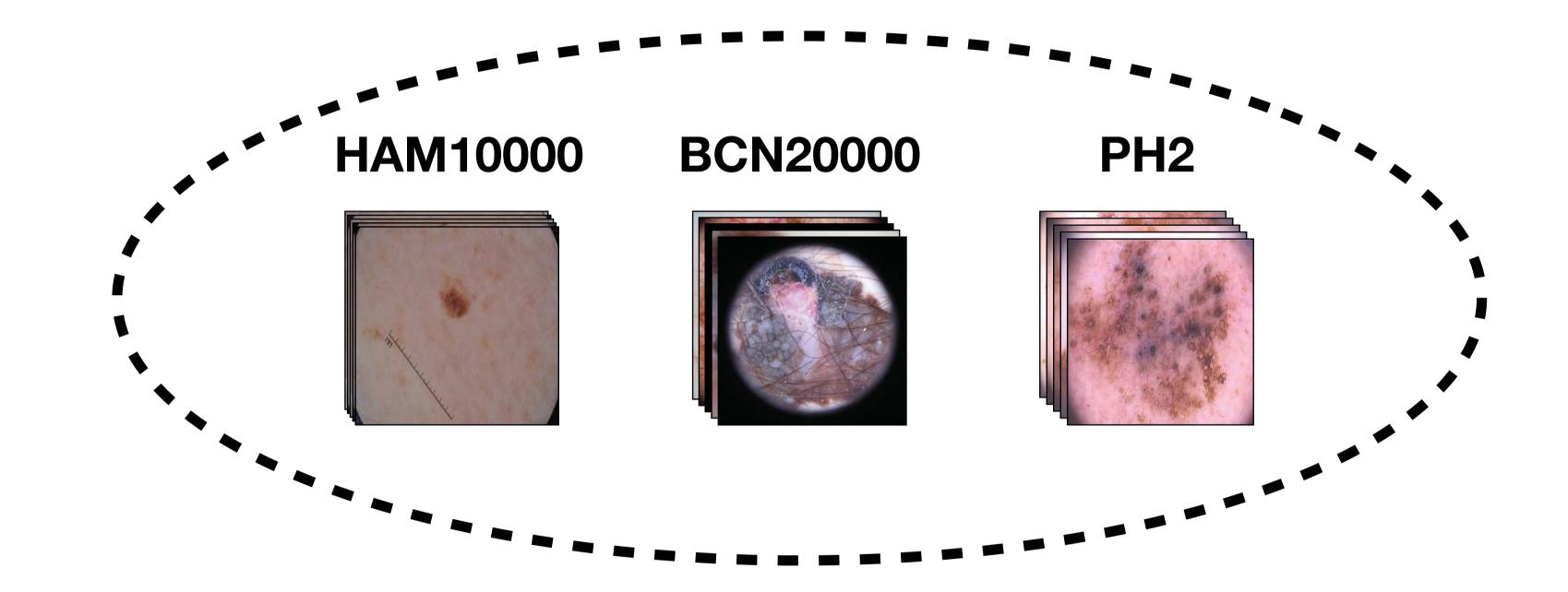


Debiasing pipeline





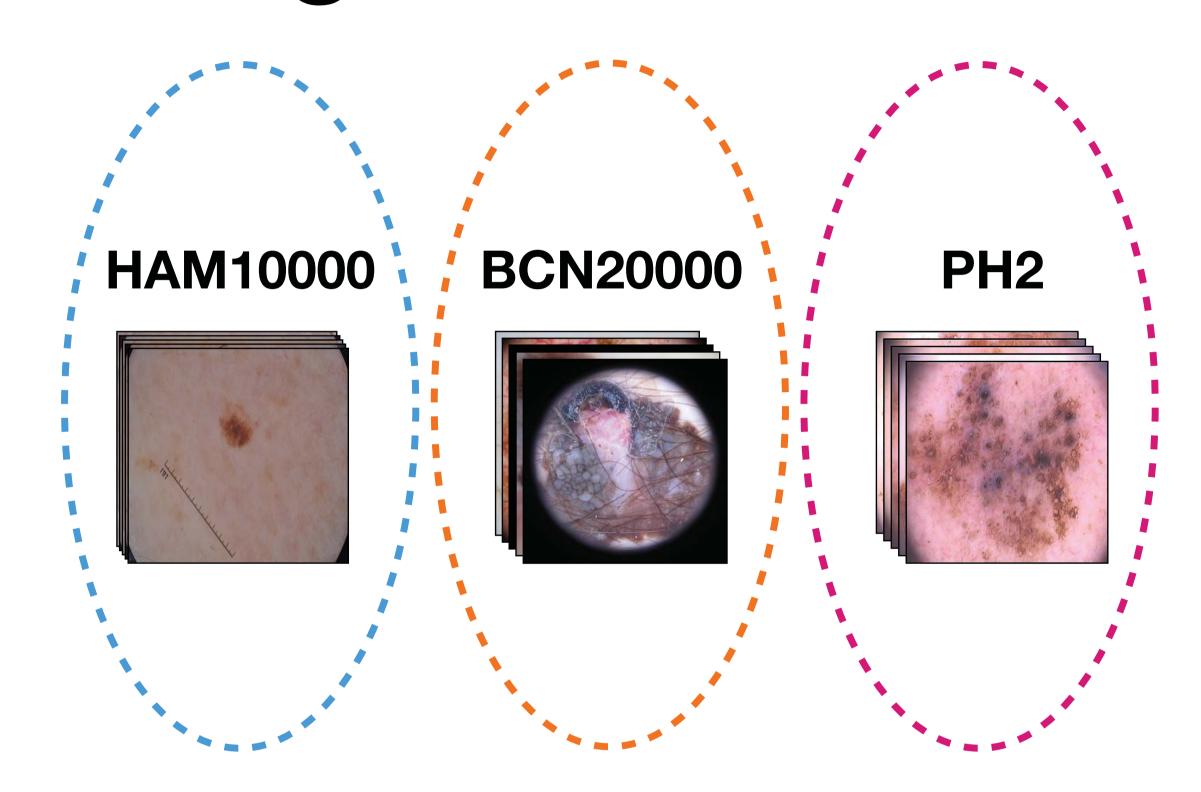
Classical Learning Method



Empirical Risk Minimization (ERM): Minimize the empirical risk among all samples (classical learning method)



Robust Learning

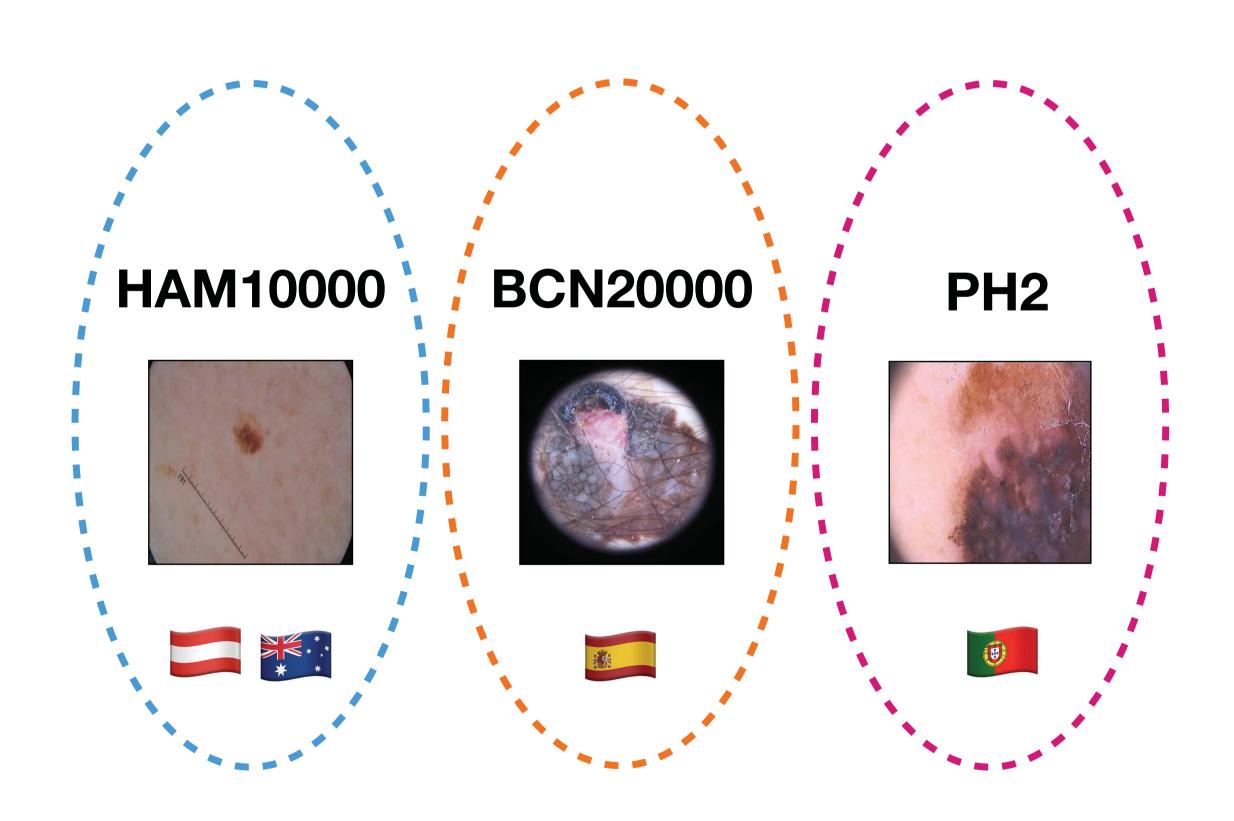


Distributionally Robust Optimization (DRO): Minimize the maximum risk across environments



Ideal Environments

Environments should differ in single or few aspects.

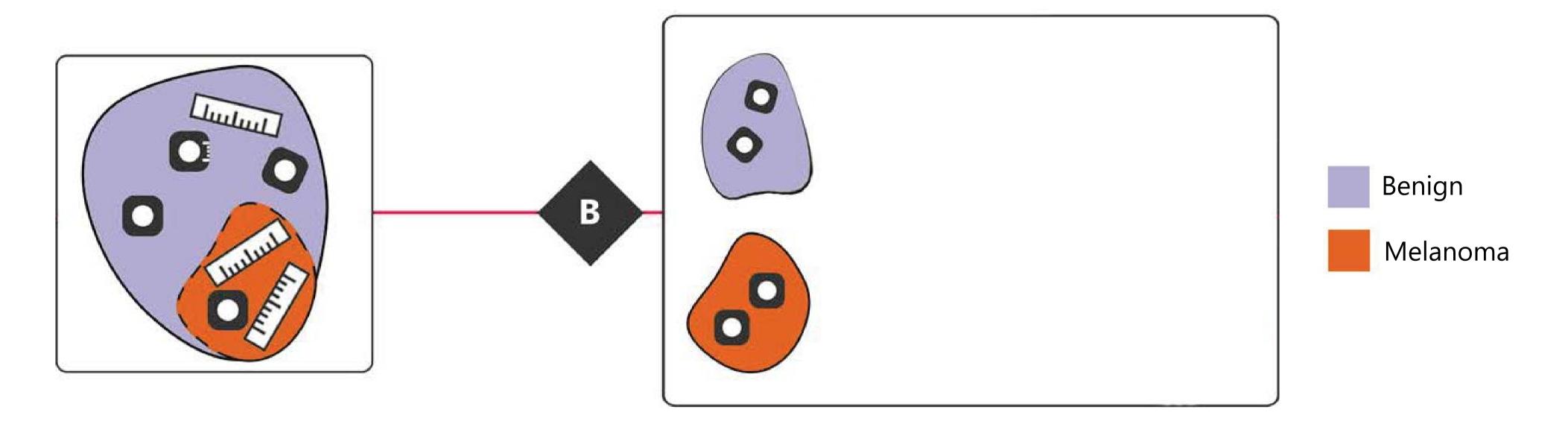


- Demographics
- Image acquisition devices
- Artifact distribution
- Artifact characteristics
- Class distribution



Debiasing pipeline

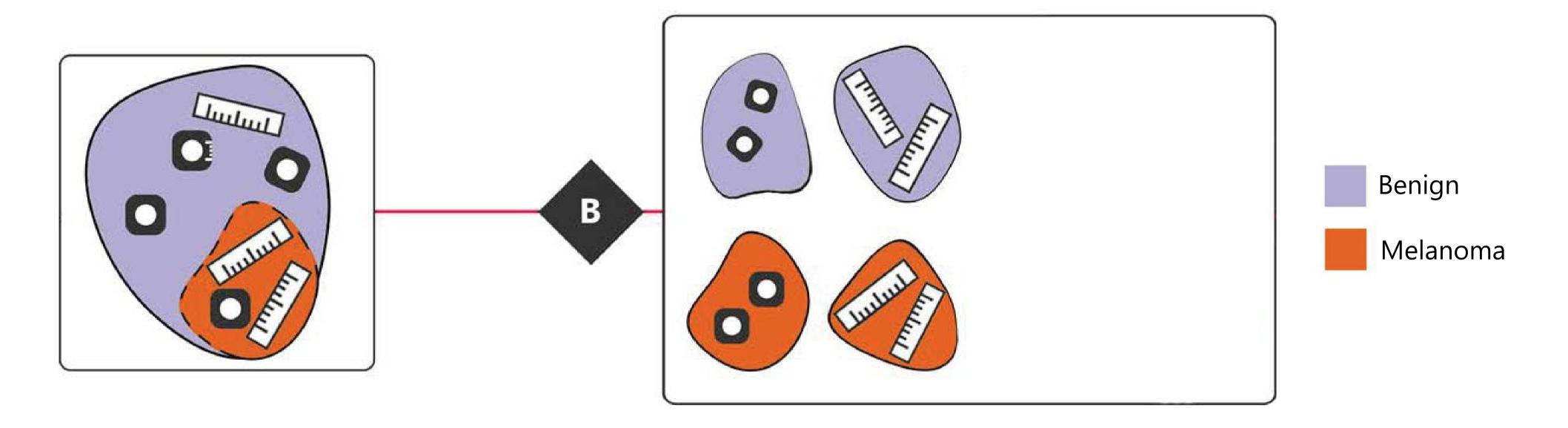
"Separate data into groups according to the presence of artifacts and its labels"





Debiasing pipeline

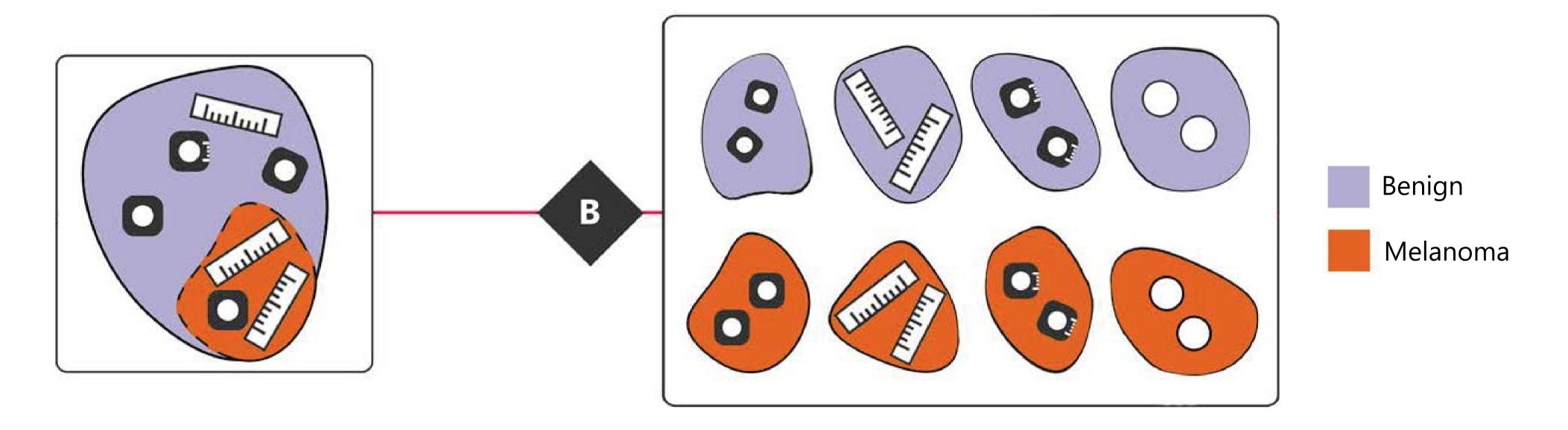
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Debiasing pipeline

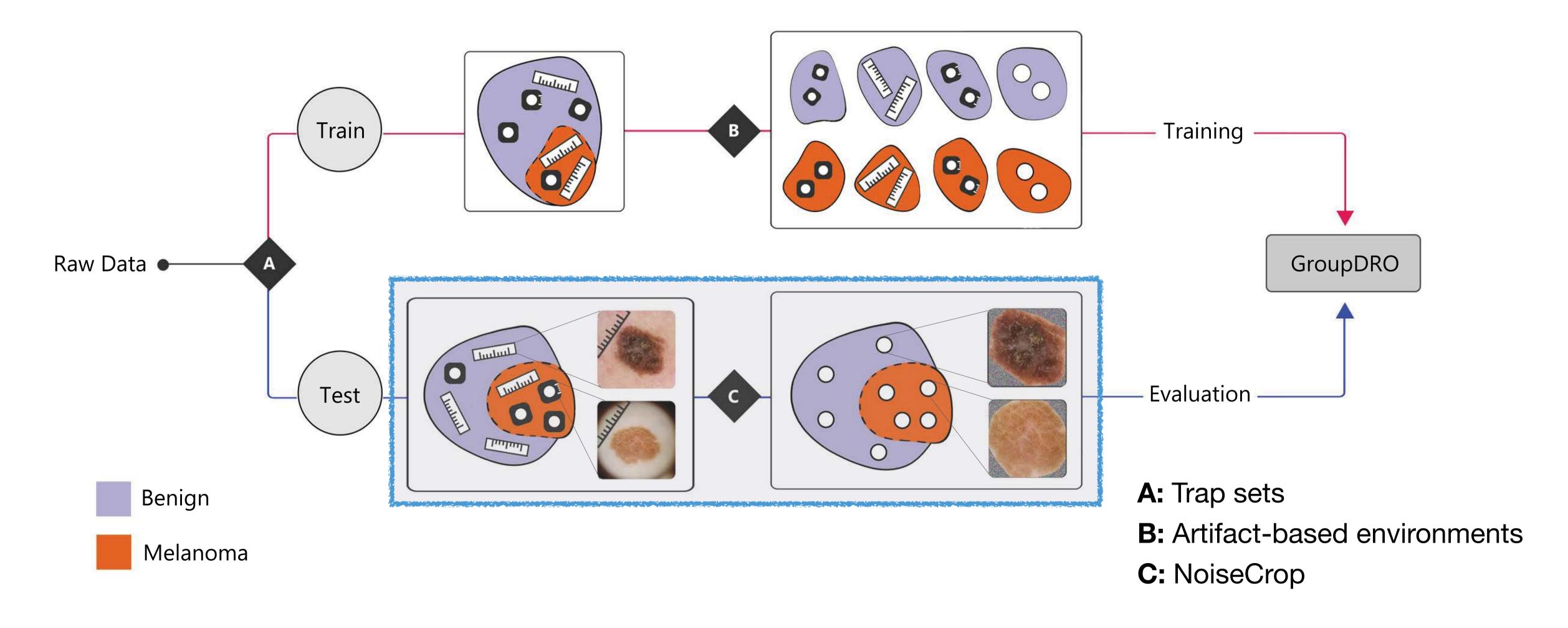
"Separate data into groups according to the presence of artifacts and its labels"





Debiasing Pipeline

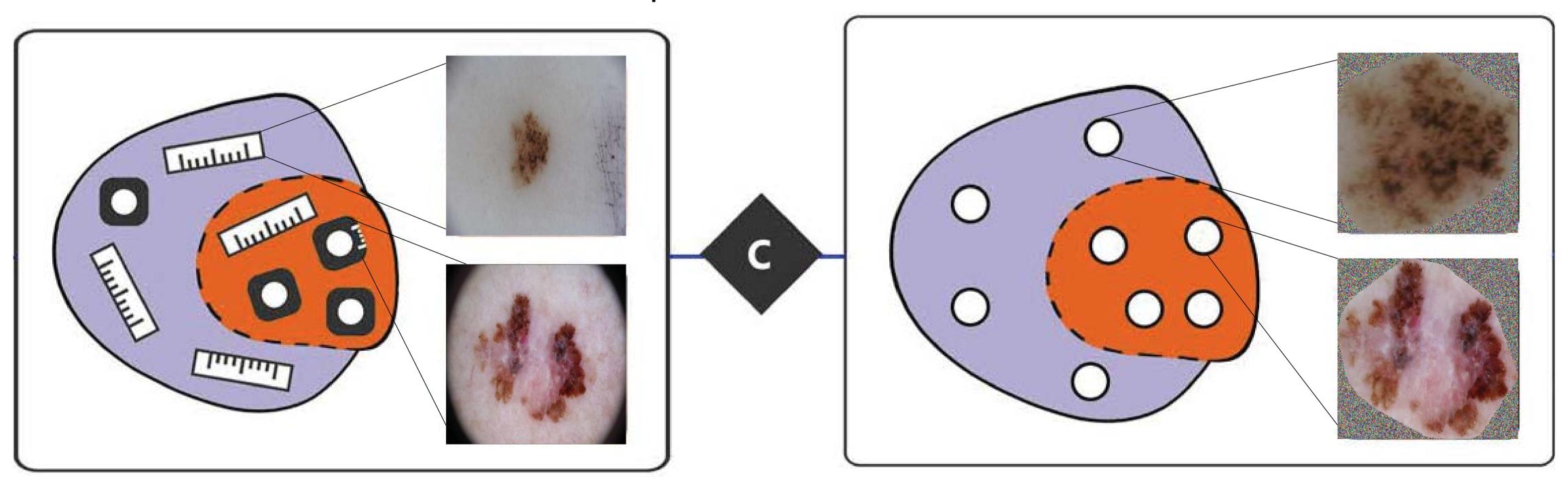
Overview





NoiseCrop Debiasing pipeline

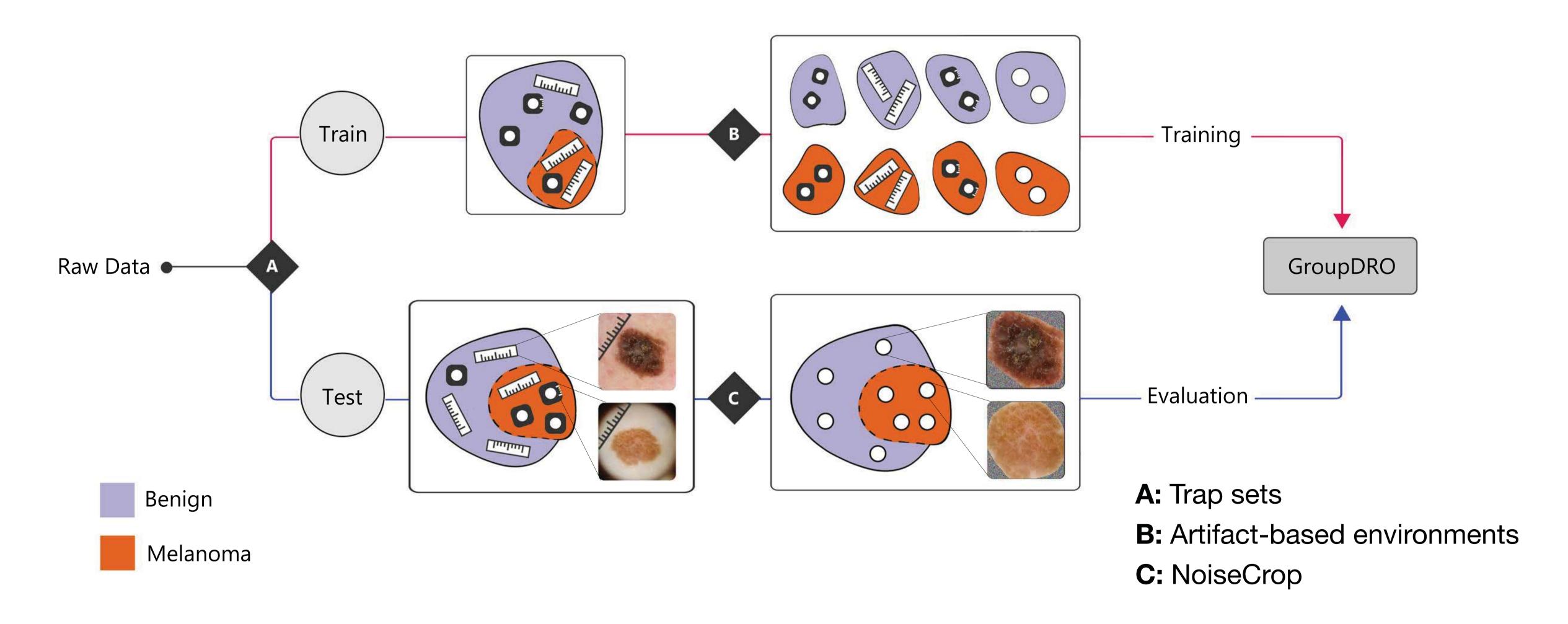
"Remove confounders from **test** samples"





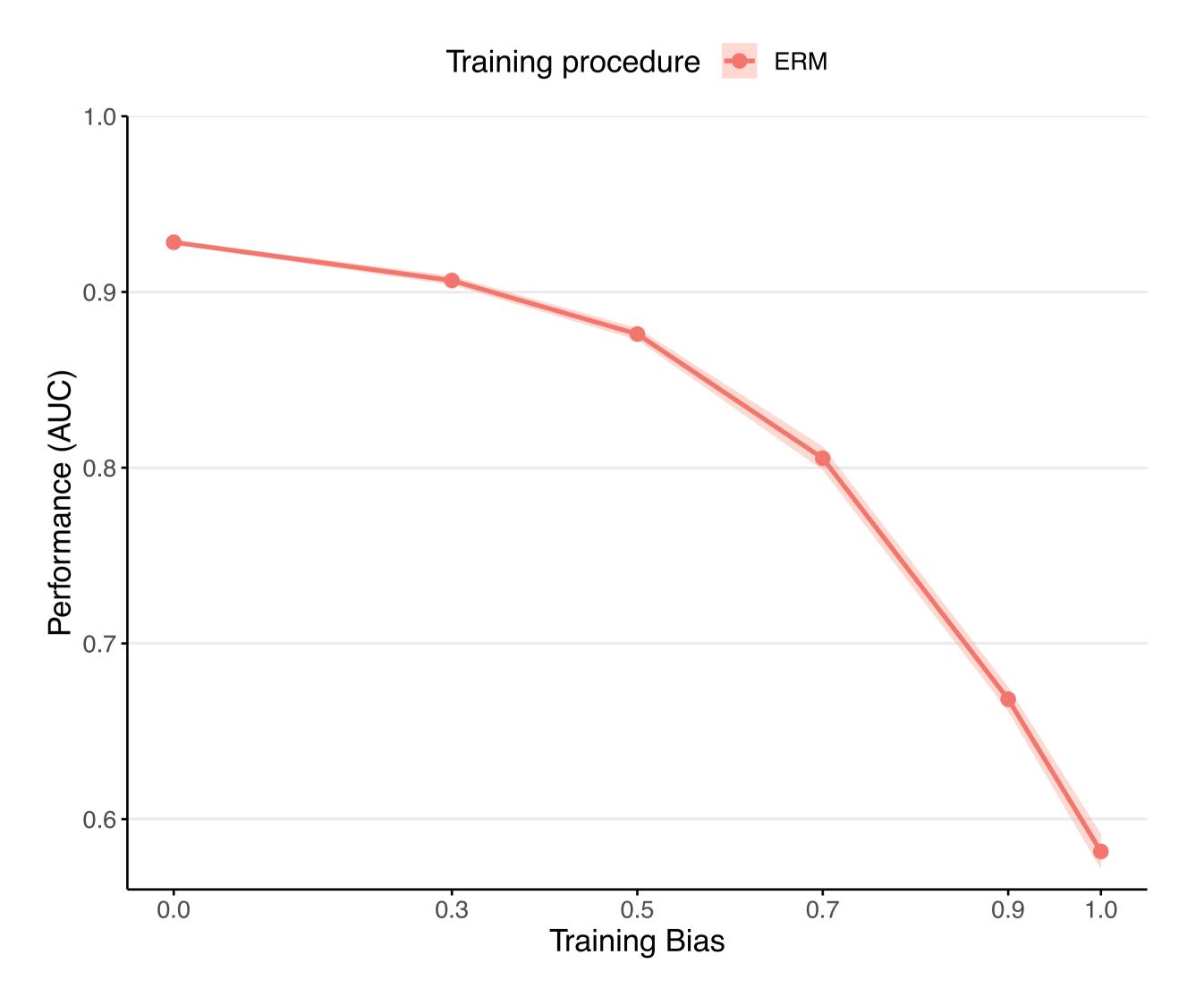
Debiasing Pipeline

Overview

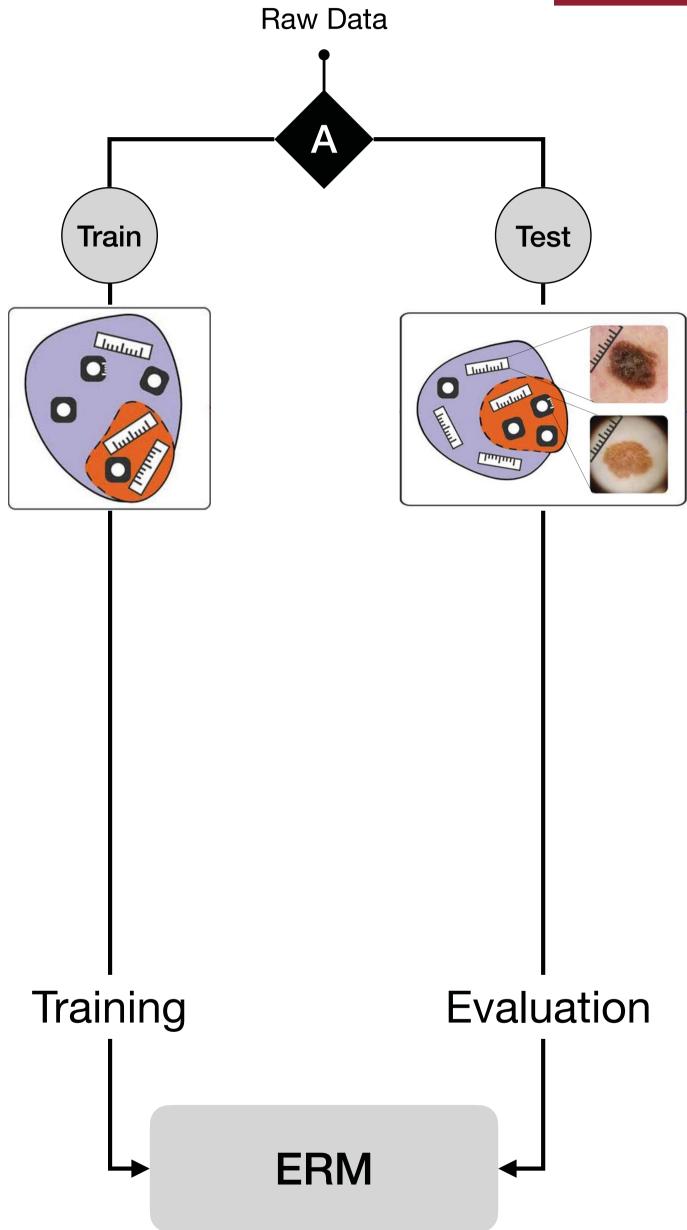




Results Trap Sets on ISIC 2019

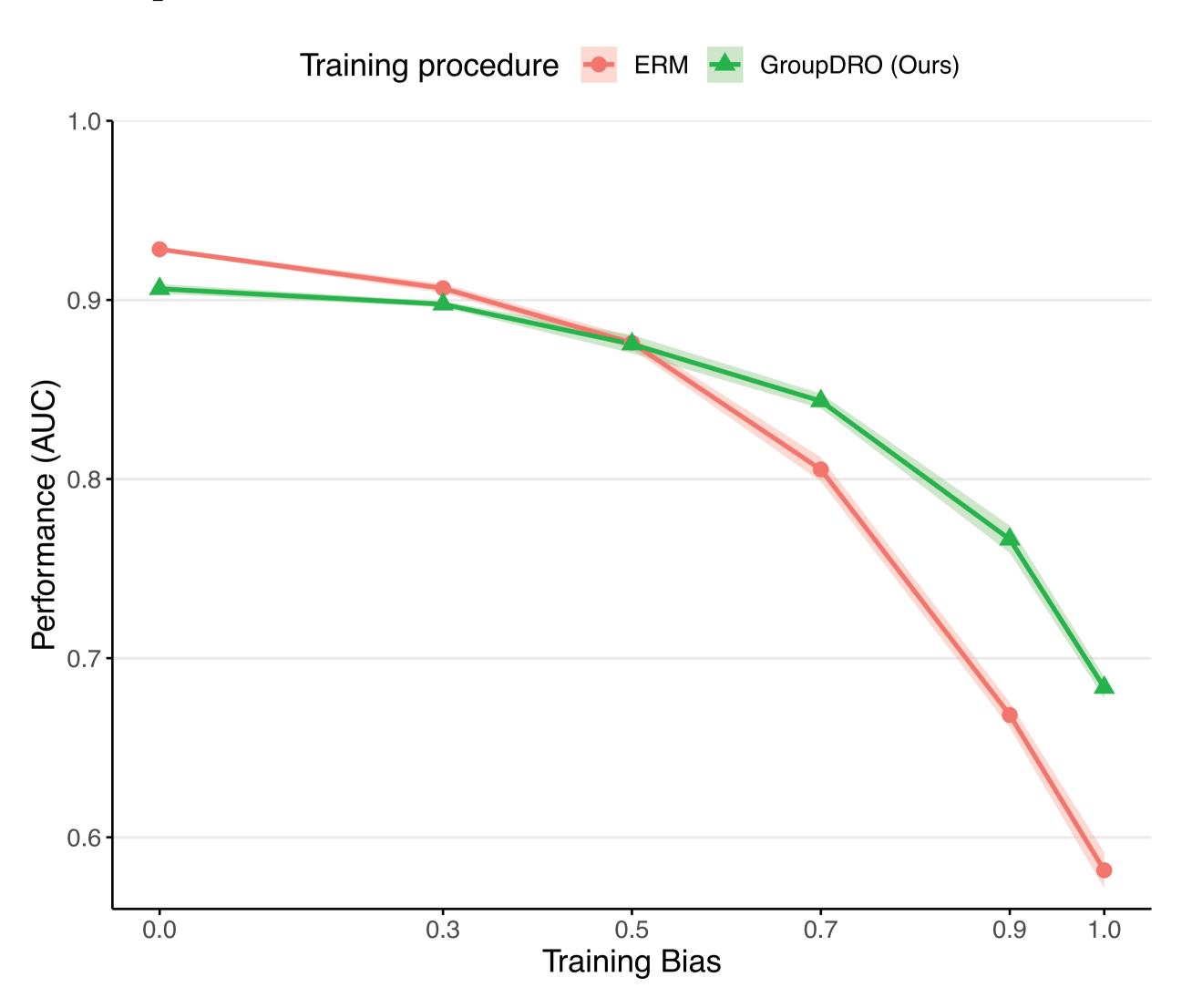


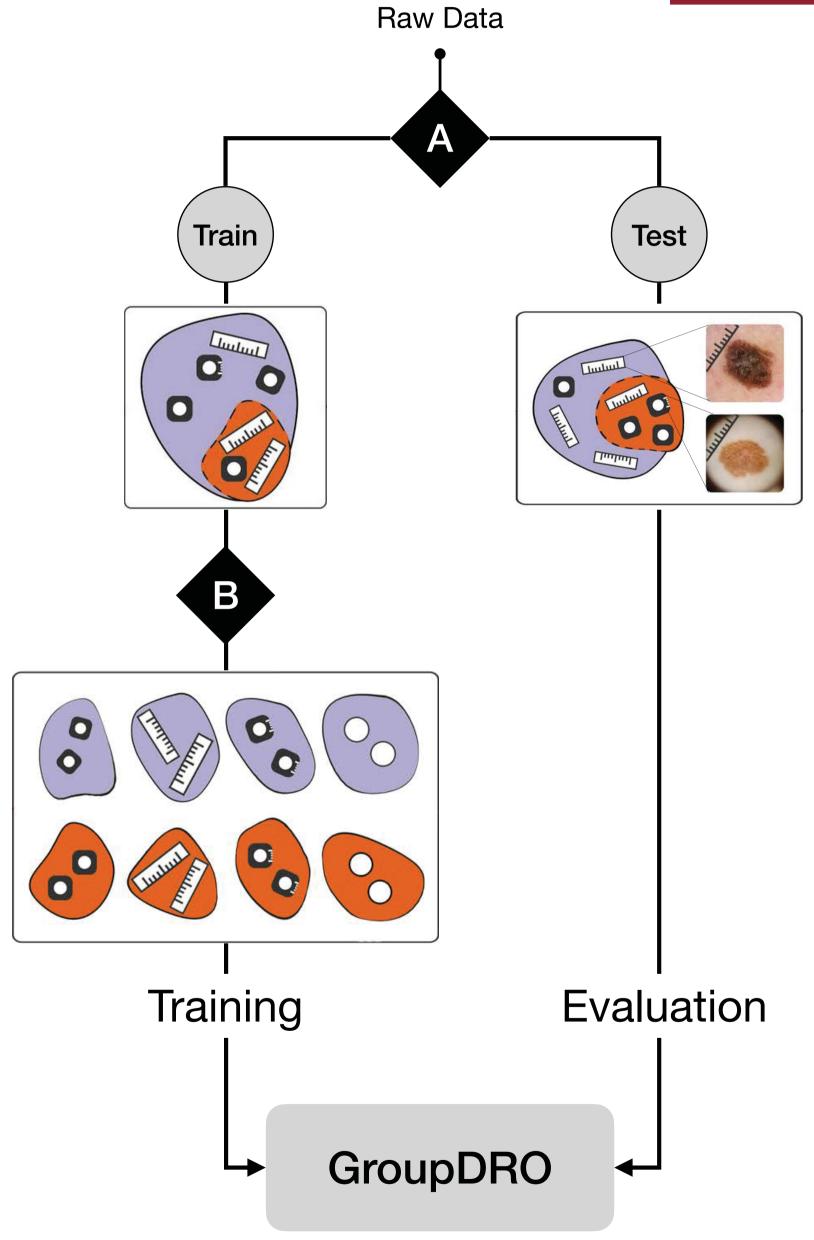




IS UNICAMP

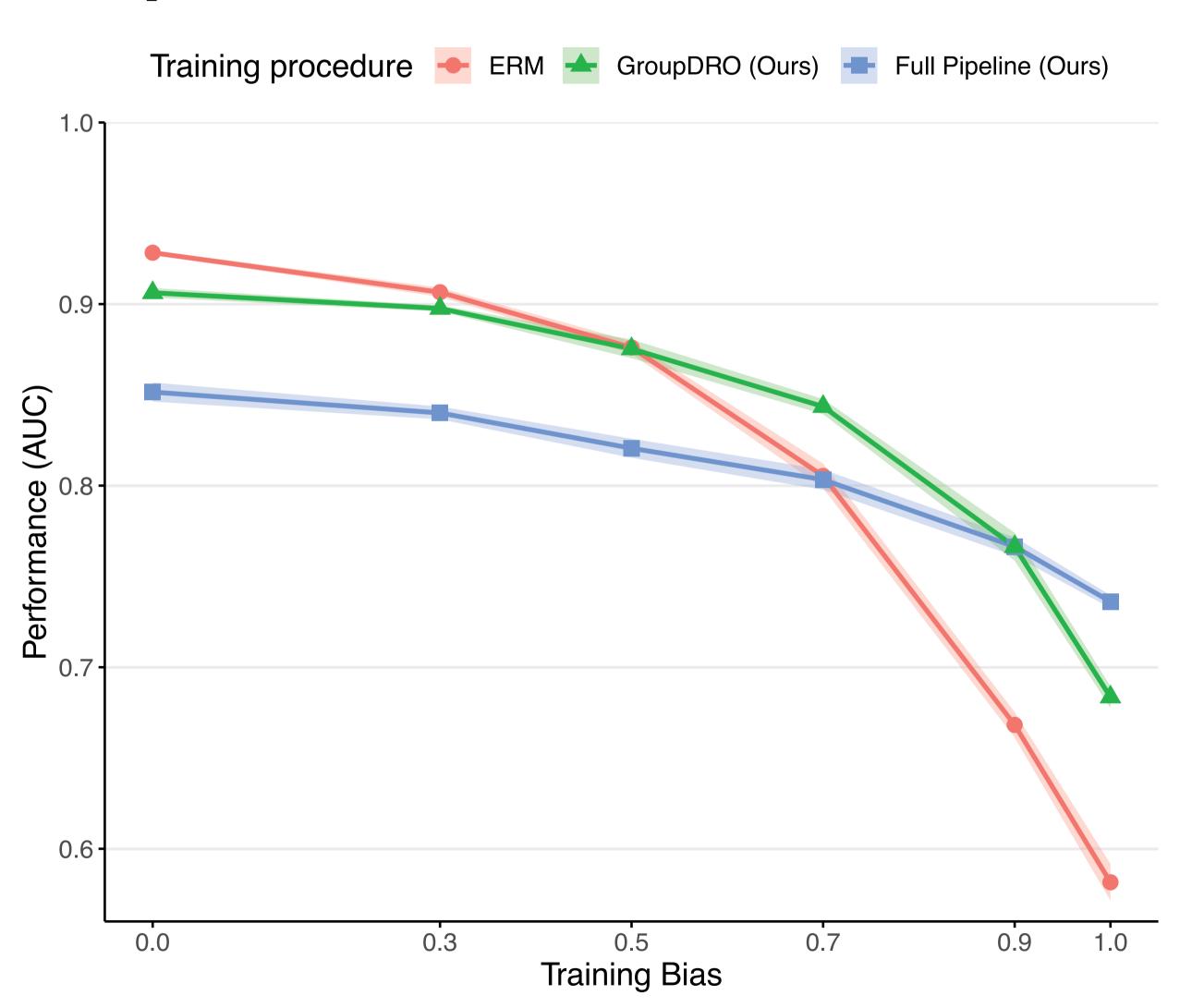
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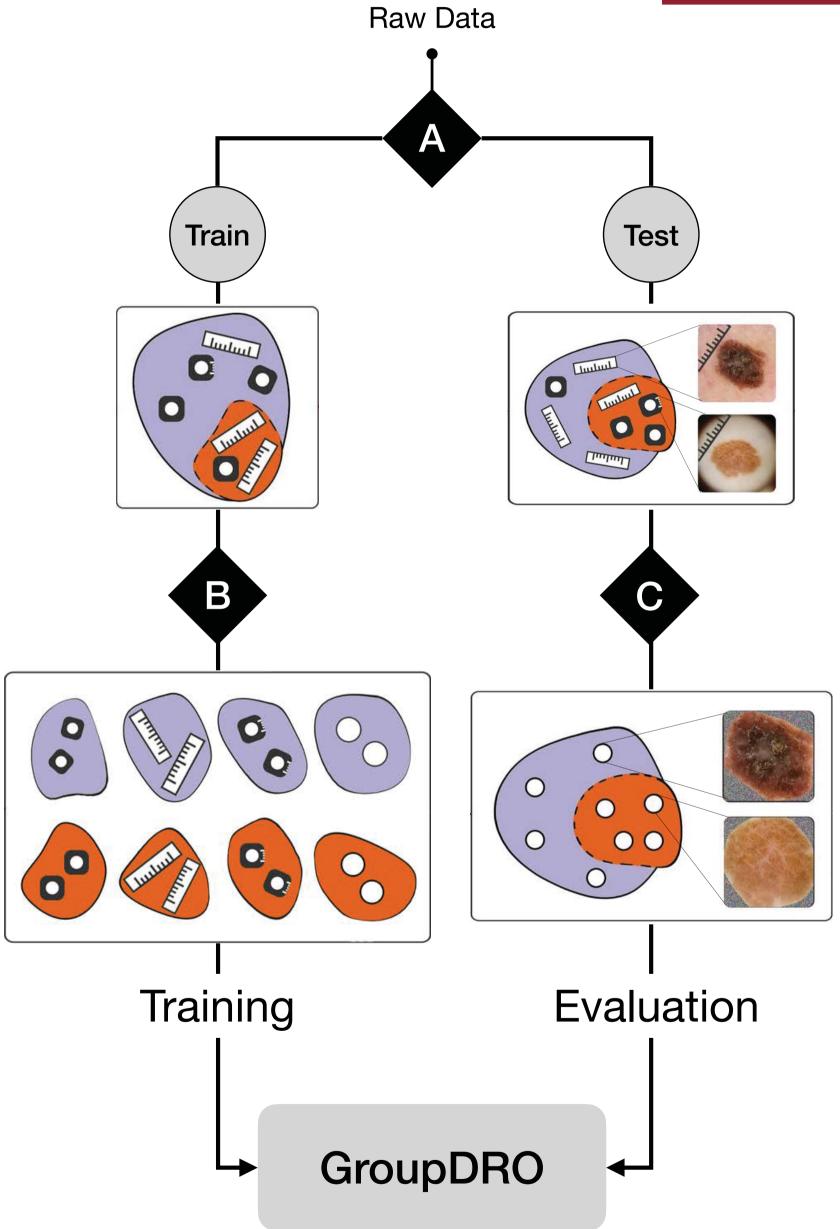






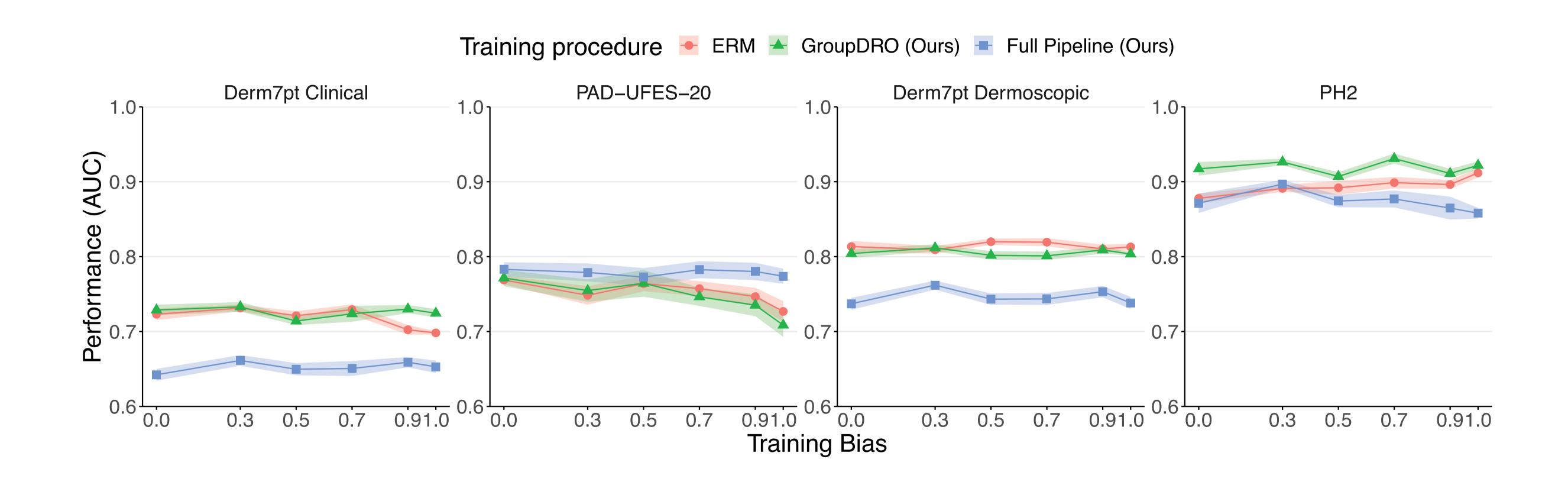
Results Trap Sets on ISIC 2019





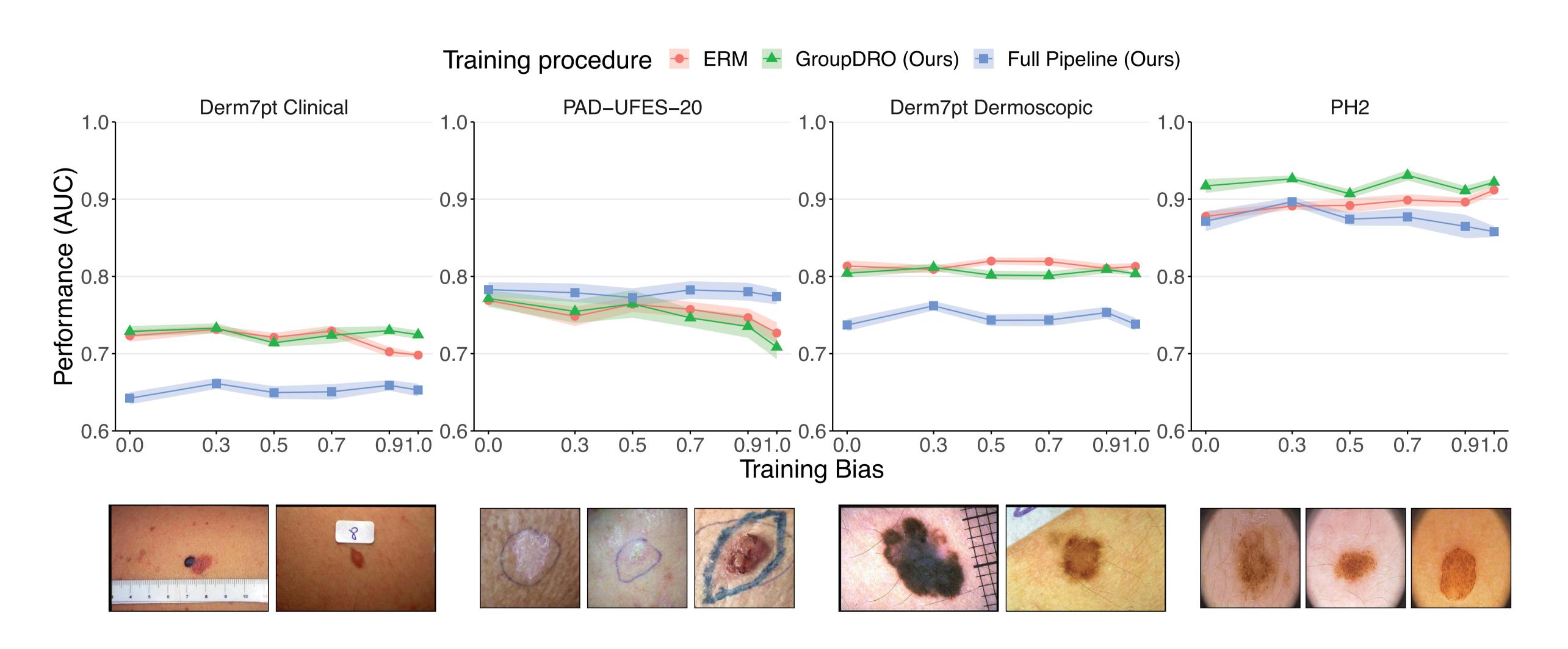


Out-of-Distribution Results





Out-of-Distribution Results





Limitations

• We still need extra annotations (in form of artifacts annotations and segmentation masks) to perform our debiasing pipeline.

	Dark corner	Ruler	Ink Markings
ISIC_000001		X	
ISIC_000002		X	
ISIC_000003			
ISIC_000004			





Limitations

- We still need extra annotations (in form of artifacts annotations and segmentation masks) to perform our debiasing pipeline
- Debiasing with respect to artifacts may not translate to out-of-distribution performance
 - Performance in out-of-distribution depends on the confounders available on test



Takeaways

• Is debiasing research useful only when biases on train are very high?



Takeaways

Is debiasing research useful only when biases on train are very high?

"Broadly, our analysis indicates that internettrained models have internet-scale biases."

Brown et al., "Language Models are Few-Shot Learners", NeurIPS 2020



Takeaways

- Is debiasing research useful only when biases on train are very high?
 - No! Even colossal models trained with billions of data such as GPT-3 reproduce mild biases. For medical data, the problem is compounded
- We can improve robustness to KNOWN biases through both training and test debiasing
 - We must continue handling different bias problems that may arise in the clinical scenario

Code, Data & Paper:

https://github.com/alceubissoto/artifact-generalization-skin

nank your

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