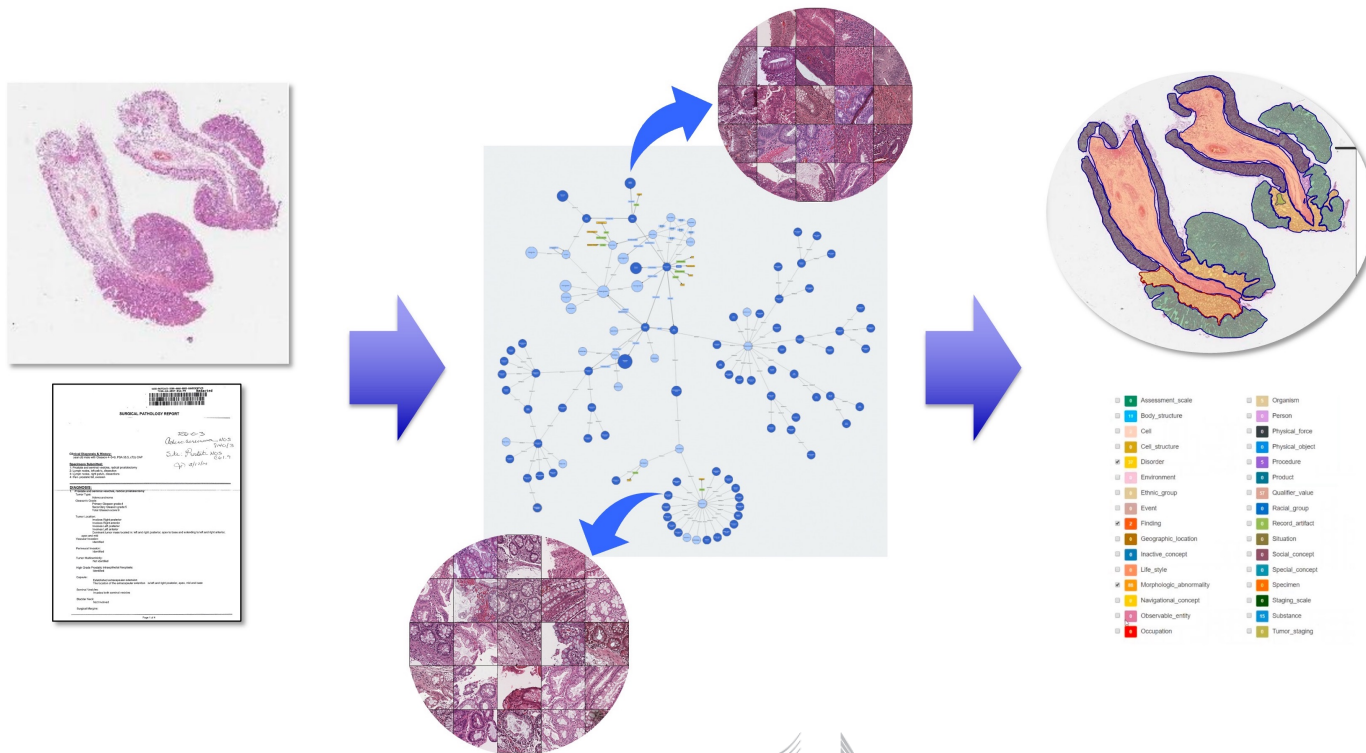


# Multimodal machine learning for histopathology images: results from the ExaMode project



Henning Müller  
 HES-SO & UNIGE

Basel 5.9.2024

ExaMode



# Henning Müller

- **Medical informatics** studies in Heidelberg, Germany (1992-1997)



- Exchange with Daimler Benz research, USA

- PhD in **image processing**, image retrieval, Geneva, Switzerland (1998-2002)



MONASH University

- Exchange with Monash University, Melbourne, AUS

- Professor in radiology and medical informatics at the University of Geneva (2014-)



- Professor in Computer Science, HES-SO, Switzerland (2007-)

Visiting faculty at Martinos Center (2015-2016)

- Member of the Swiss National Research Council (2020-)



HES-SO Valais-Wallis  
Page 2



UNIVERSITÉ  
DE GENÈVE



# The promise of medical AI



Geoff Hinton: On Radiology

<https://www.youtube.com/watch?v=2HMpRXstSvQ>

# Medical AI in the media



## Digital diagnosis better job than

Published: January 17, 2016 8.17pm CET

It takes time for a human to become good at diagnosing

- Email
- Twitter
- Facebook
- LinkedIn
- Print

221

566

Until now, no choice. But we are going to

Dr Saxon Sr said in a recent

HEALTH AND SCIENCE

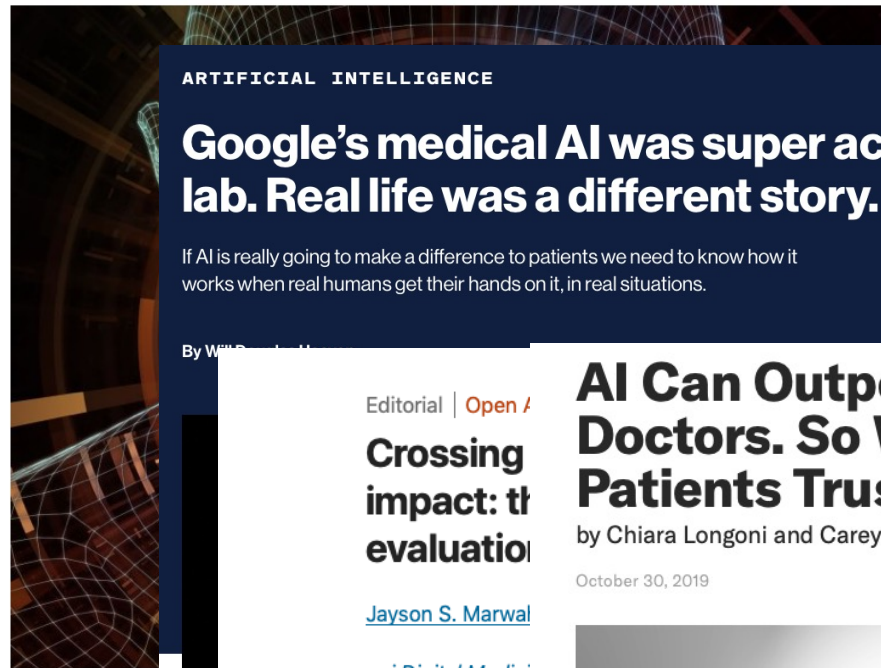
## Google in breast

PUBLISHED THU, JAN 17, 2016

David Reid @DAVYREID73

### KEY POINTS

- An
- Th
- Gc



ARTIFICIAL INTELLIGENCE

## Google's medical AI was super accurate in a lab. Real life was a different story.

If AI is really going to make a difference to patients we need to know how it works when real humans get their hands on it, in real situations.

By William H. Cross

Editorial | Open Access

## Crossing impact: the evaluation

Jayson S. Marwal

[npj Digital Medicine](#)

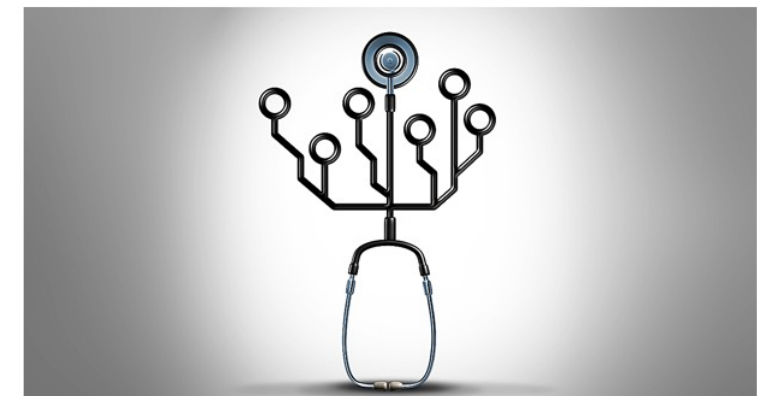
1890 Accesses

Artificial intelligence potential to improve in clinical settings

## AI Can Outperform Doctors. So Why Don't Patients Trust It?

by Chiara Longoni and Carey K. Morewedge

October 30, 2019



Are artificial minds a see more hype than Image source: Shutterstock

News • Experts explain

## AI outperforms fact?

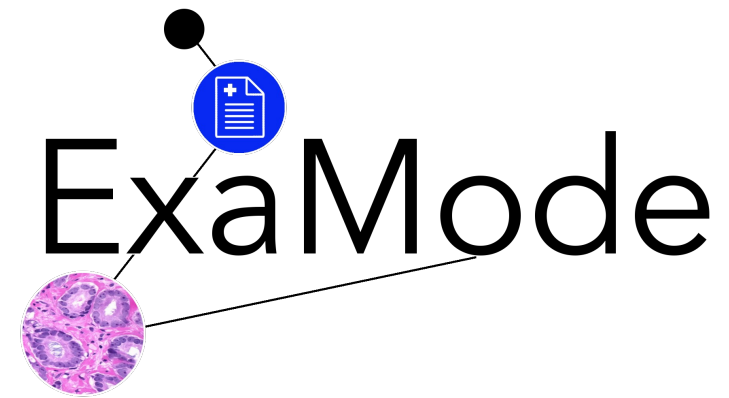
Many studies claiming that artificial intelligence (better than) human experts at interpreting quality and are arguably exaggerated, not

# Challenges in medical AI

- Very **large amounts** of data, not always accessible
  - Histopathology images are 100'000x100'000 pixels
- **Annotations** are hard to obtain and expensive
  - Never really full images, subjectivity remains
- All available data sources should be combined
  - **Multimodal** data analysis: text, images, structured data, genetics
- **Generalization** is important, data **changes** over time
  - Data heterogeneity is high (acquisition parameters, staining)
- Interpretability and **explainability**

# ExaMode

- Extreme-scale Analytics via Multimodal Ontology Discovery & Enhancement
  - Very **large-scale** data analysis
  - **Histopathology** is becoming digital
- EU Horizon 2020: ICT-12-2018-2020
  - Acceptance rate: 6 of 78 submissions
- Budget: ~5 Mio Euros
  - 7 partners: academic, commercial and hospital partners, plus a national supercomputing center



# Introduction: consortium

High Performance Computing (HPC) resources: SURFSARA

## ACADEMIC PARTNERS (UNIPD, HESSO)

Scientific experience in extracting knowledge from:

- heterogeneous images
- text

## MEDICAL PARTNERS: (AOEC, Radboudumc)

- Worldwide unique providers of:
- medical data (imaging and text)
  - digital pathology knowledge
  - clinical evaluation experience

## INDUSTRIAL PARTNERS: (ONTOTEXT, MICROSCOPEIT)

- Solid industrial experience and market opportunities in:
- semantics-based services
  - advanced AI-based image processing solutions



# Objectives of the project

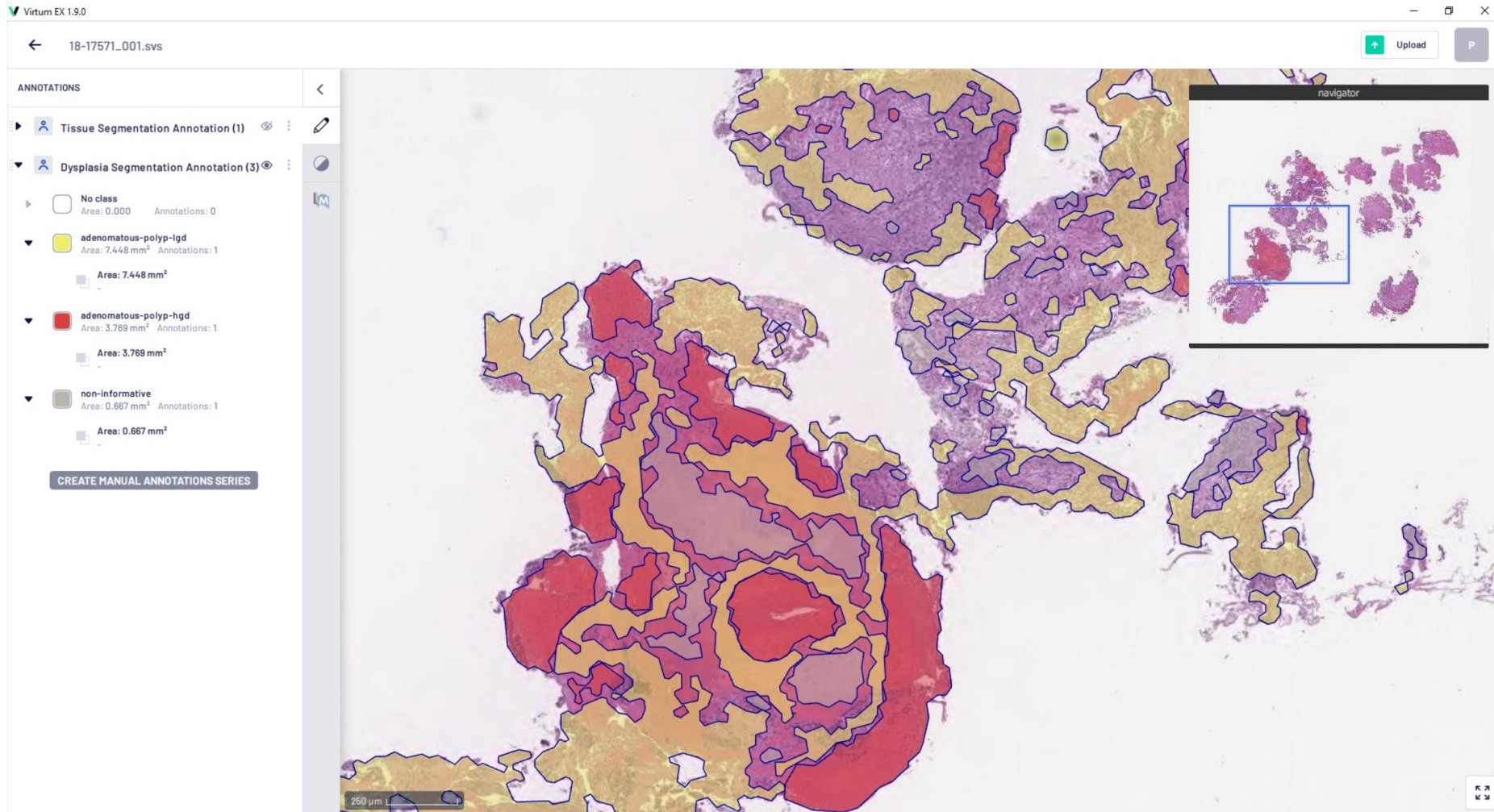
- Develop **training** of deep learning models **with weak labels**, so not pixel level annotations
  - And a combination of weak with strong labels
- Combine semantic knowledge from pathology reports with image data (**multimodality**)
  - Development of domain ontologies
  - Use this to generate weak labels for training
- Make all this **scalable** to extremely large amounts of data
  - With national computing centers (Surfsara)
- Use images from the **literature** for training
  - Combined with clinical images



# Use cases chosen in ExaMode

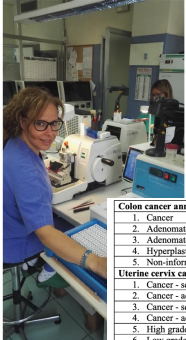
- **Colon**
  - Large number of images exist with screening, labor intensive, high economic value
- **Lung**
  - Large number with screening, labor intensive, economic value
- **Cervix/Uterus**
  - Large number with screening, labor intensive, economic value
- **Celiac disease**
  - For a non-oncologic application, large and increasing number

# Virtum – an image viewer

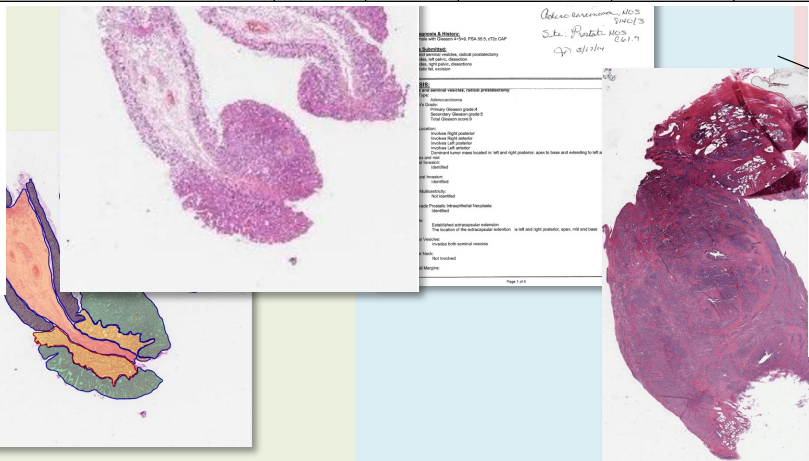


# Data used

TASK	First set of proprietary data				Final set of cured publicly available multimodal and multimedia data						
	WSIs	TMA Images	Text	Source	Publicly available clinical data			Data from scientific literature			
					Whole Slide	Text	Source	Images	Text	Source	
COLON	Adenocarcinoma. Detection of cancer in polyps (in screening population).	2000		Diagnostic report, structured (table)	AOEC	50	Structured (table)	TCGAPubme	2699	Image caption and article text	PMC Central
		9000		Synoptic report, structured (table)	Radboudumc						
		40	80	Structured (table)	Bern University						
UTERINE CERVIX	Squamous cell carcinoma	2000		Diagnostic reports, structured (table)	AOEC	45	Structured (table)	TCGA	962	Image caption and article text	PMC Central
		2500		Synoptic report	Radboudumc						
LUNG	Classification/detection of growth patterns related to cancer aggressiveness, prognosis	2000		Diagnostic report, structured (table)	AOEC	100	Structured (table)	TCGA	4151	Image caption and article text	PMC Central
CELIAC DISEASE	Celiac disease detection in duodenal biopsies	2000		Diagnostic report, structured (table)	AOEC				165	Image caption and article text	PMC Central
		1000		Synoptic report	Radboudumc						
PROSTATE	Gleason grading					50	Structured (table)	TCGA	1925	Image caption and article text	PMC Central
Additional data sources from publicly available datasets (Table 2)						12441		Various	2156		Various
<b>TOTAL</b>		<b>20540</b>	<b>80</b>			<b>12686</b>			<b>12085</b>		<b>Various</b>



- Colon cancer annotation classes**
  1. Cancer
  2. Adenomatous polyp - high grade dysplasia
  3. Adenomatous polyp - low grade dysplasia
  4. Hyperplastic polyp
  5. Non-informative
- Uterine cervix cancer annotation classes**
  1. Cancer - squamous cell carcinoma invasive
  2. Cancer - adenocarcinoma invasive
  3. Cancer - squamous cell carcinoma *in situ*
  4. Cancer - adenocarcinoma *in situ*
  5. High grade dysplasia
  6. Low grade dysplasia
  7. HPV infection present (presence of koilocytes)
  8. HPV infection absent
  9. Normal glands
  10. Normal squamous
- Celiac disease annotation classes**
  1. Celiac disease
  2. Non-specific duodenitis
  3. Normal
- Lung cancer annotation classes**
  1. Cancer - small cell cancer
  2. Cancer - non-small cell cancer, adenocarcinoma
  3. Cancer - non-small cell cancer, squamous cell carcinoma
  4. Cancer - non-small cell cancer, large cell carcinoma
  5. No cancer



*Adenocarcinoma*  $MICIS$   $5Mx15$   
*Sub. Polyp*  $MICIS$   $6x1.7$   
*CP*  $4/1/18$

**SHORT LABELS SUMMARY OF THE PRACTICES**

Short Labels: In: Dorian: Albrecht's Light: Völkner: Hohenberg: "Richard Cronen" "Suzanne Parker"  
 Anand: Bhatnagar: "Coral" "Eggen" and "Eman" "Elihu"  
 "Institute of Pathology, Friedrich-Alexander-University Erlangen-Nürnberg Erlangen, Germany"  
 "Institute of Pathology, University of Bonn, Bonn, Germany"  
 "Department of High-Resolution Imaging, University of Erlangen-Nürnberg Erlangen, Germany"  
 "Center for High-Resolution Imaging, University of Bonn, Bonn, Germany"

**RESULTS**

**CD20** CD20 is a protein, produced by B-cells in several tissues. The standard antibody against this protein is the anti-CD20 antibody (anti-CD20). The anti-CD20 antibody is used to detect B-cells in tissue sections. The percentage of CD20+ cells in a tissue section is an important parameter for the diagnosis of B-cell lymphomas. The standard antibody against CD20 is the anti-CD20 antibody (anti-CD20). The anti-CD20 antibody is used to detect B-cells in tissue sections. The percentage of CD20+ cells in a tissue section is an important parameter for the diagnosis of B-cell lymphomas.

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a) Tumor tissue deforming the structure, of lymph nodes and infiltrating extranodal structures b) Tumor cells with large pleomorphic nucleus, apparent nucleolus, and frequent mitosis



# Image accessibility

- **Open data** policies of funding agencies make large medical data sets available

- Particularly NIH is pushing towards this

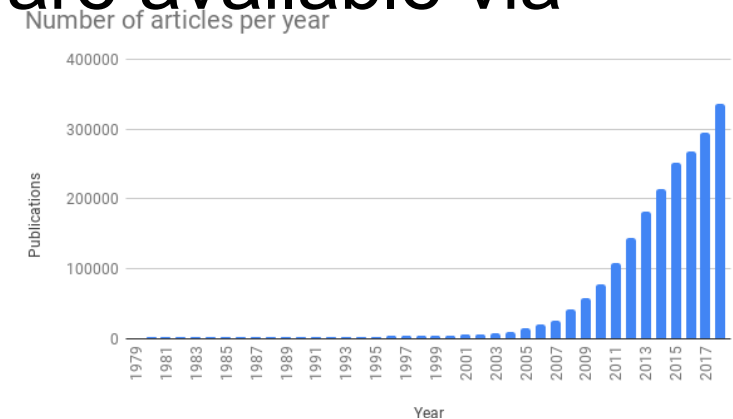
- **TCIA** and **TCGA** are very large repositories

- There are many scientific challenges

- Images from the Biomedical literature are available via **PubMedCentral**

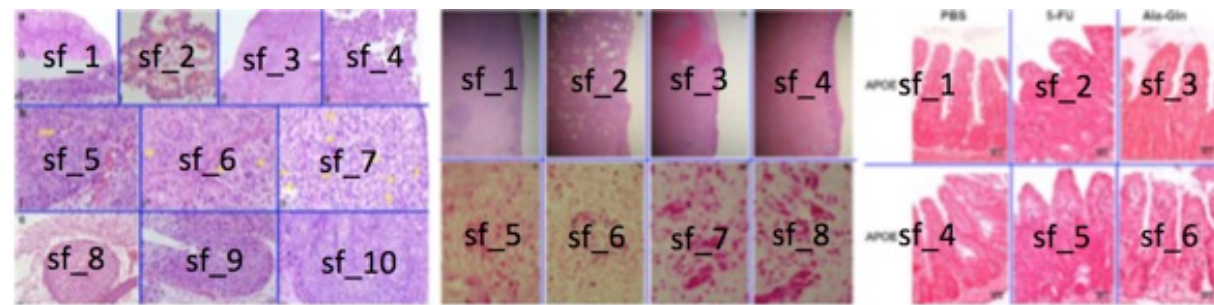
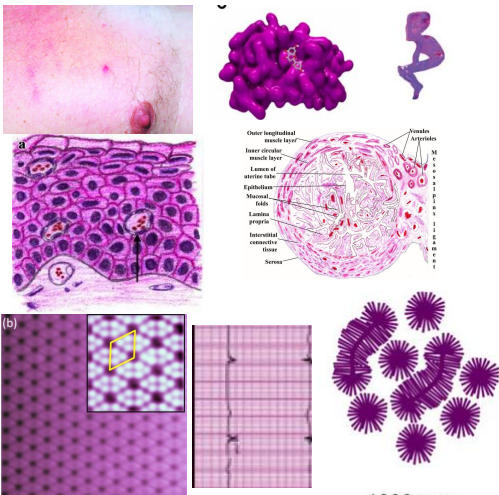


- Exponentially increasing
- Extremely varied, hard to use



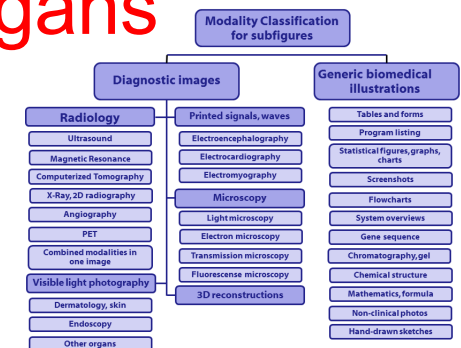
# Challenges with PubMed

- >20'000'000 images in 2022, many graphs, charts
- **Look-alikes** is a problem, and compound figures
  - Very varied and sometimes strange content needs removal
- **Compound figures** need to be separated
  - Cutting sub figures apart makes content accessible



# Making the images usable

- Removing very small images & strange aspect ratios
- Classify figures into **figure types**
  - Using image data and also text, remove non-relevant images
- Detect and cut **compound figures** into their parts
  - Classify these into figure types again
- Filter **human** vs. animal tissue and specific **organs**
- Check **diseases** or grading/staging images
  - Classes for machine learning



# Medical NLP is not trivial ...

- Non-standard **abbreviations**
- **Spelling mistakes**, quickly written
- **Technical** language
  - Latinized terms, synonyms
- Nested, complex phrases
- **Negation** ...
  - Several levels (“little evidence of”)
  - Not clear what terms they refer to, double negations

A/B	acid-base ratio
ab	abdomen, abdominal abortion
Ab	antibody
AB	abortion, AB Blood Type
ABC	airway, breathing, circulation aspiration biopsy cytology
ABCD	airway, breathing, circulation, disability asymmetry, borders, color, diameter (features on considering "Is it a malignancy?") ABCD rating (a staging system for prostate cancer)
ABCs ABCDs ABCDEs	airway, breathing, circulation, etc. Refers to priority of needs in emergency medicine. recurrent.
ACA	acinic cell carcinoma Affordable Care Act
Abd	abdomen abdominal[abduction]
ABD	army battle dressing

**cardiac arrest** noun heart attack

asystole	congestive heart failure	heart arrest	heart stoppage
cardiac infarction	coronary infarction	heart attack	myocardial infarction
cardiopulmonary arrest	coronary thrombosis	heart failure	tachycardia

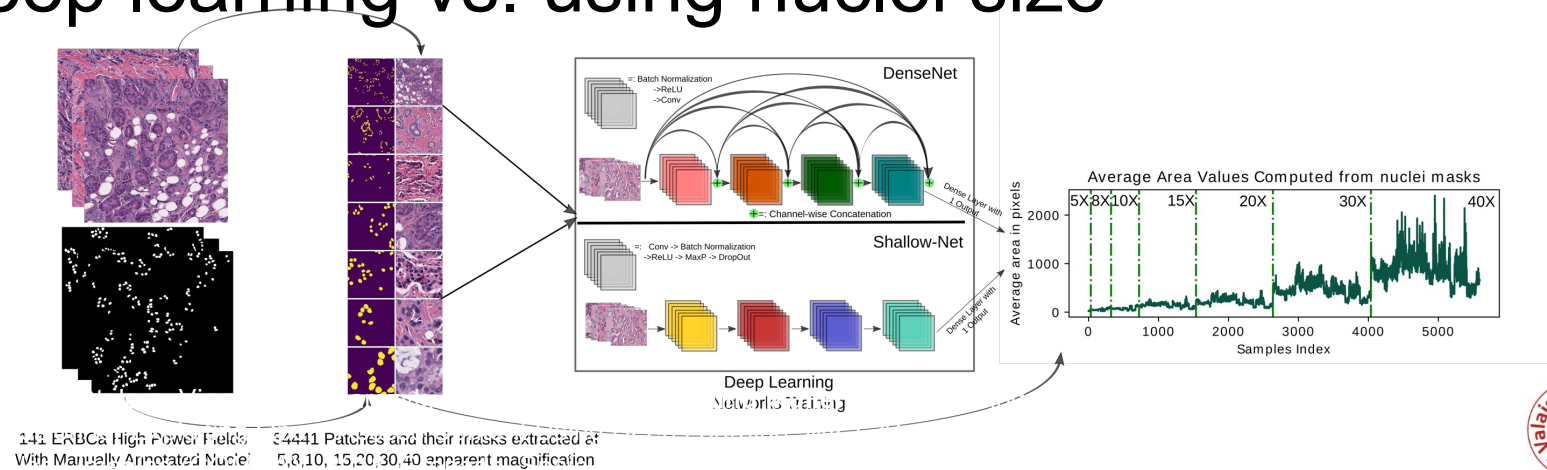
# Advantages of literature images

- **Rare images** (unusual, untypical) are generally used for articles and case descriptions, so are oversampled
  - A few typical cases but mainly extreme cases
  - Creates critical mass for rare diseases
- Images are from **many laboratories** and thus contain many image variations (staining, scanners, ...)
  - Increase generalizability of learned models thanks to this diversity
- Exponentially **increasing** content

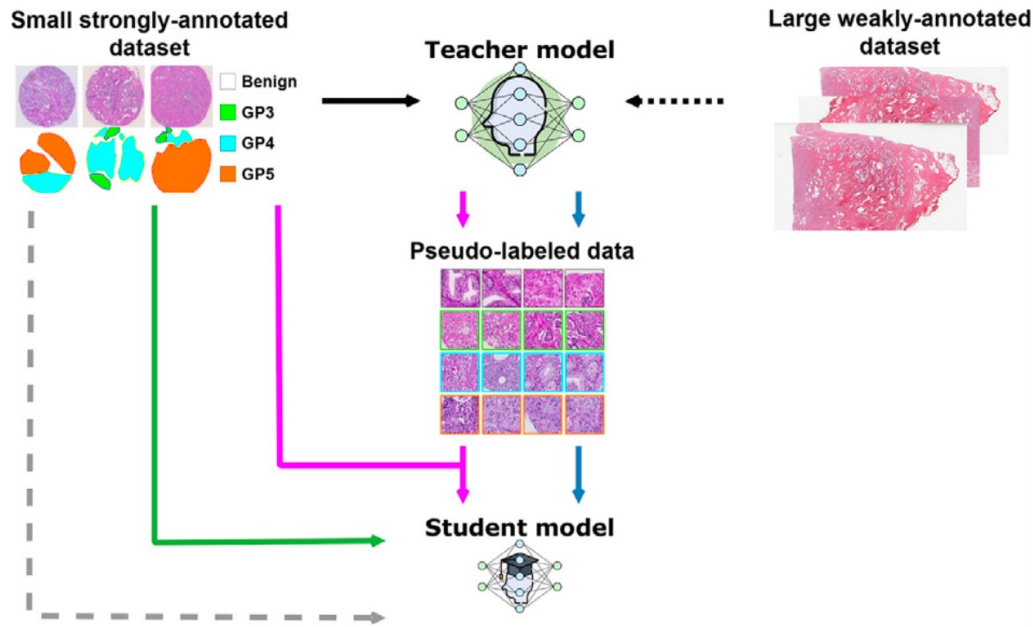


# Magnification regression

- Magnification (or **pixel size**) in literature images is usually not known
- If we want to compare visual similarity, the scale of the structures is essential
  - Unlike object recognition where scale is irrelevant
- Brut force deep learning vs. using nuclei size



# Weakly supervised learning



## Teacher/student paradigm approaches:

- Semi-supervised learning
- Semi-weakly supervised

## Student training variants:

- Student training variant I**  
(training the student only with the pseudo-labeled data)
- Student training variant II**  
(pre-training the student with pseudo-labeled data and fine-tuning it with strongly-annotated data)
- Student training variant III**  
(training the student with pseudo-labeled data and strongly-annotated data)
- Fully-supervised learning**  
(training the student only with strongly-annotated data)

Medical Image Analysis 73 (2021) 102165

Contents lists available at ScienceDirect

Medical Image Analysis

journal homepage: [www.elsevier.com/locate/media](http://www.elsevier.com/locate/media)



Semi-supervised training of deep convolutional neural networks with heterogeneous data and few local annotations: An experiment on prostate histopathology image classification

Niccolò Marini<sup>a,b,1,\*</sup>, Sebastian Otálora<sup>a,b,1</sup>, Henning Müller<sup>a,c</sup>, Manfredo Atzori<sup>a,d</sup>

<sup>a</sup>Information Systems Institute, University of Applied Sciences Western Switzerland (HES-SO Valais), Technopôle 3, Sierre 3960, Switzerland

<sup>b</sup>Centre Universitaire d'Informatique, University of Geneva, Corngue 1227, Switzerland

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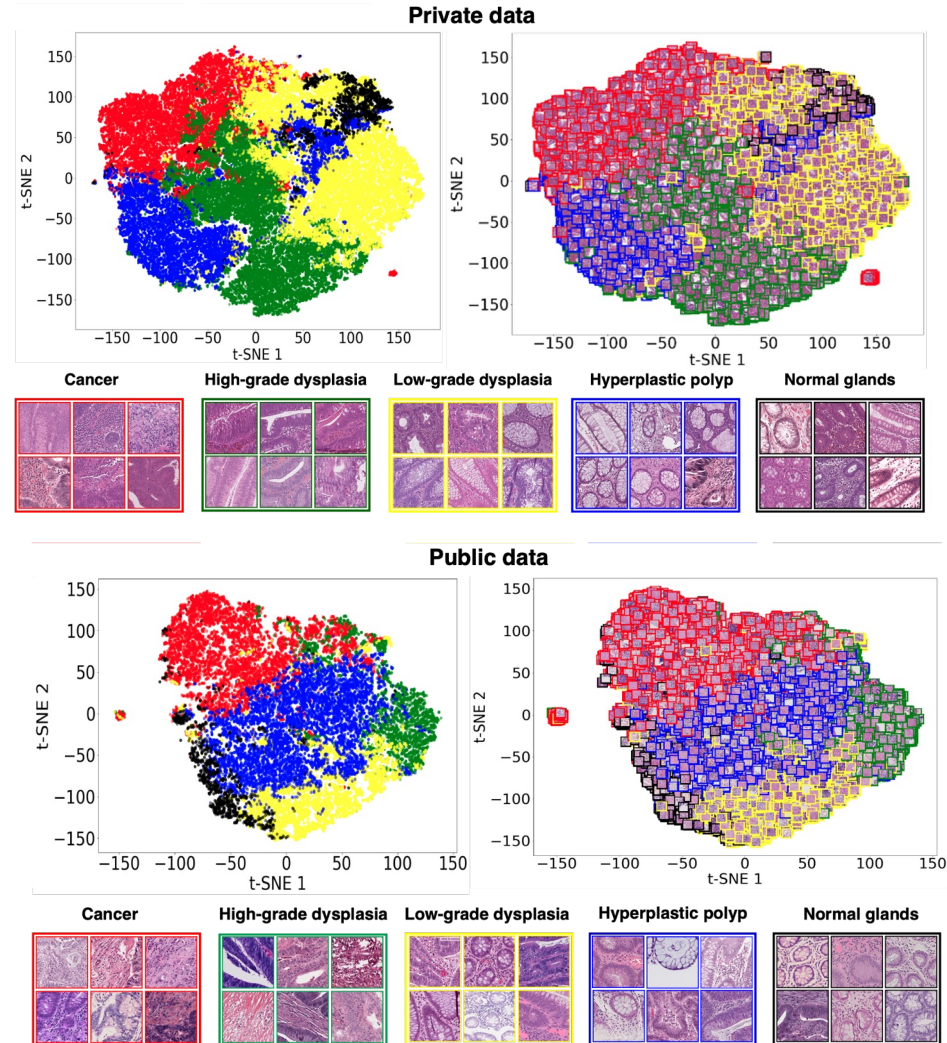
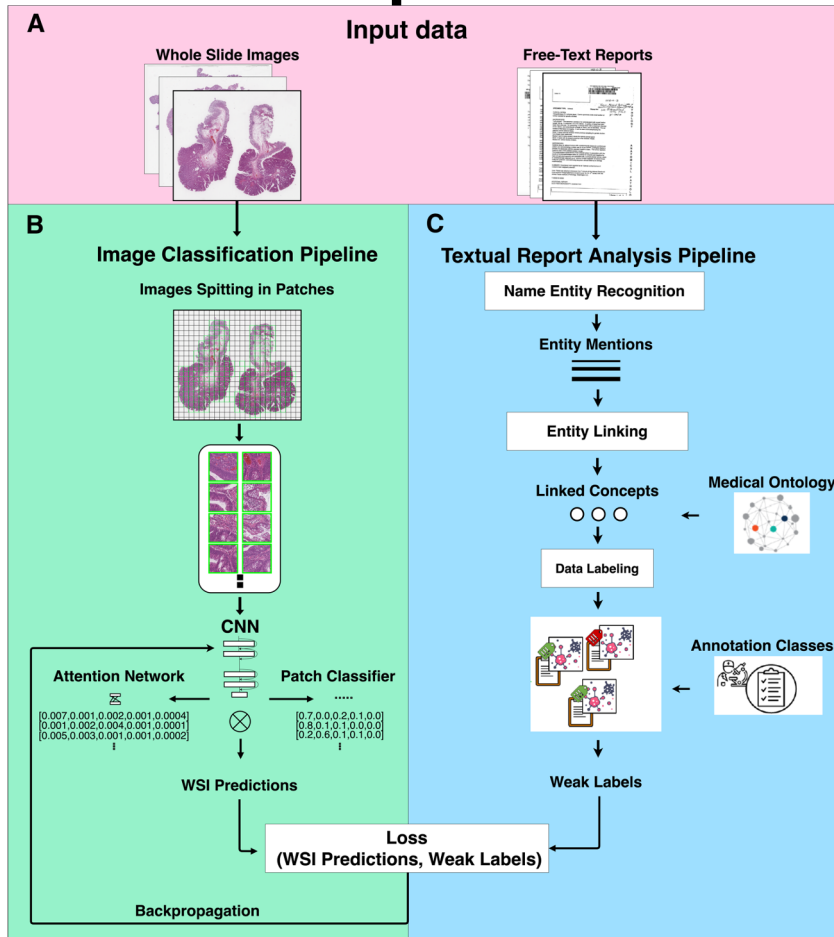
MSC:  
41A05  
41A10  
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65D17

Keywords:  
Computational pathology  
Deep learning

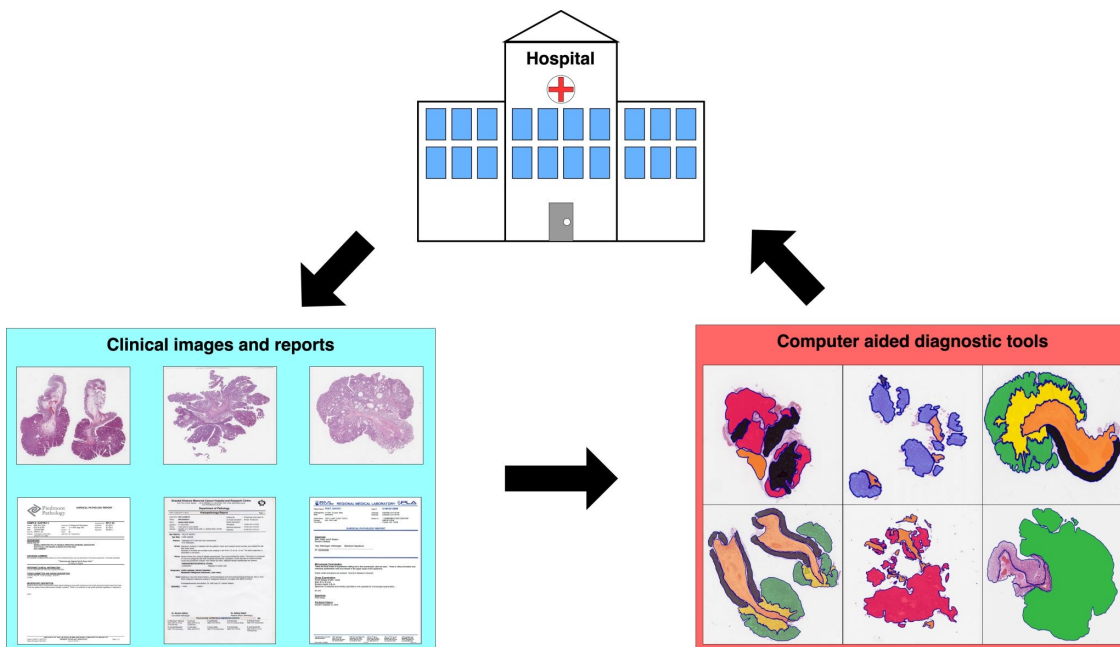
## ABSTRACT

Convolutional neural networks (CNNs) are state-of-the-art computer vision techniques for various tasks, particularly for image classification. However, there are domains where the training of classification models that generalize on several datasets is still an open challenge because of the highly heterogeneous data and the lack of large datasets with local annotations of the regions of interest, such as histopathology image analysis. Histopathology concerns the microscopic analysis of tissue specimens processed in glass slides to identify diseases such as cancer. Digital pathology concerns the acquisition, management and automatic analysis of digitized histopathology images that are large, having in the order of 100'000' pixels per image. Digital histopathology images are highly heterogeneous due to the variability of the image acquisition procedures. Creating locally labeled regions (required for the training) is time-consuming and often expensive in the medical field, as physicians usually have to annotate the data. Despite the advances in deep learning, leveraging strongly and weakly annotated datasets to train classification models is still an unsolved problem, mainly when data are very heterogeneous. Large amounts of data are needed to create models that generalize well. This paper presents a novel approach to train CNNs that

# Weakly supervised learning from reports

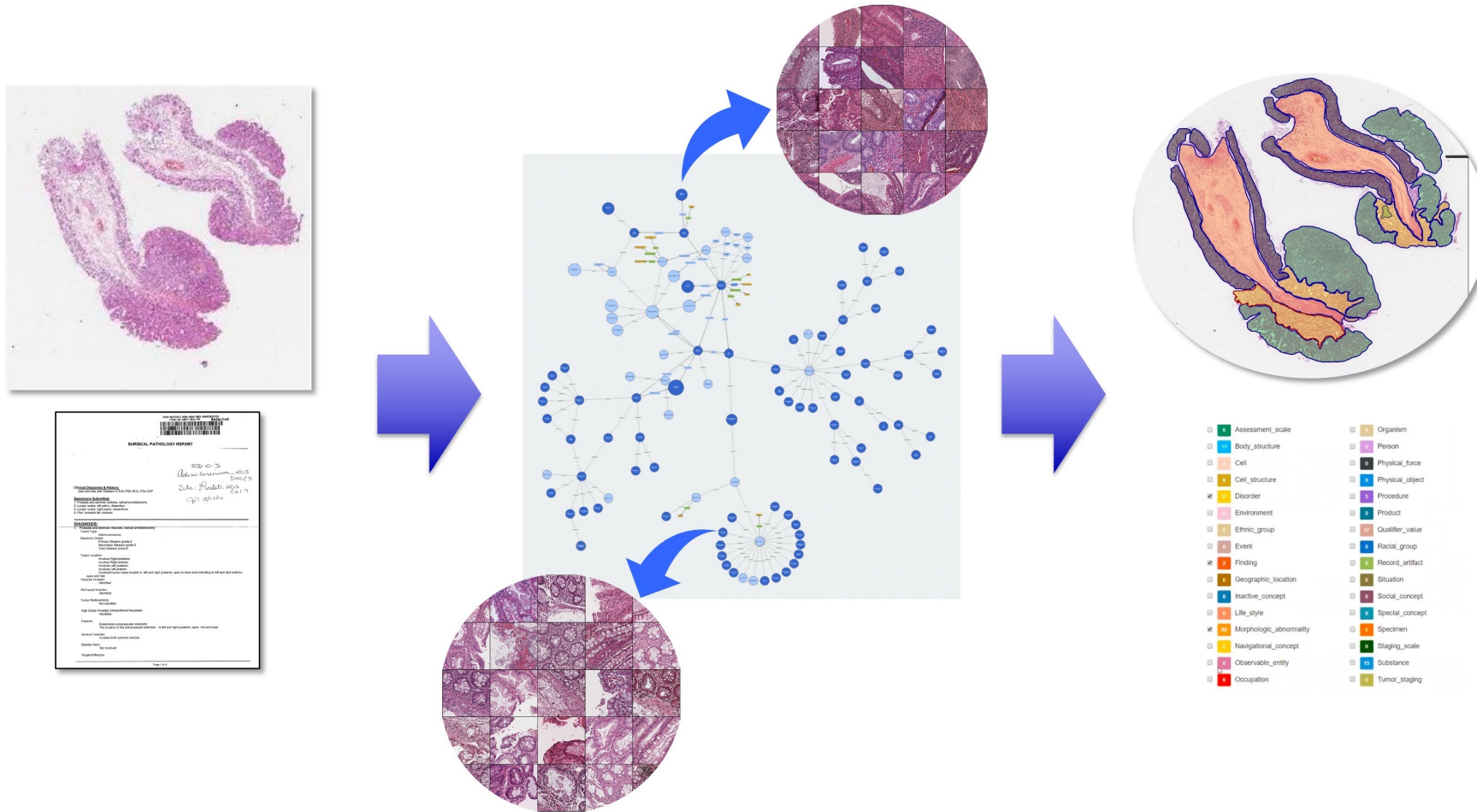


# First results on multimodal data



The screenshot shows a web browser displaying a Nature journal article. The article title is "Unleashing the potential of digital pathology data by training computer-aided diagnosis models without human annotations". The page includes a navigation bar with "npj | digital medicine", search, and login options. Below the article title, there is a "Download PDF" button and a list of sections: Abstract, Introduction, Results, Discussion, Methods, Data availability, Code availability, References, and Acknowledgements. The abstract text is partially visible at the bottom of the page.

# Fully automatic learning







# Multimodal embeddings

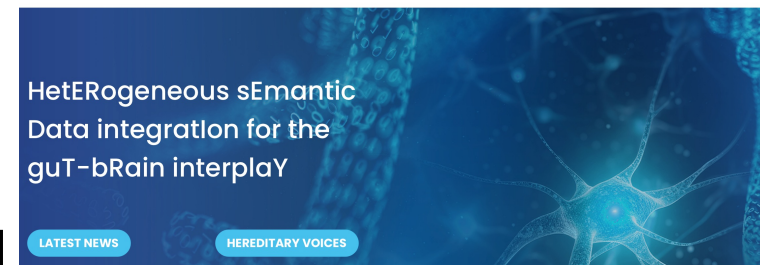


- **Multimodal** network trained with images and texts
  - Create links between text and visual information
  - Single representation
- **Outperforms unimodal** models, requires less training data
  - Works on smaller data sets for WSI classification
  - Separate input branches for images and visual information
- Creates a representation of **visual semantic** information

Multimodal representations of biomedical knowledge from limited training whole slide images and reports using deep learning

Niccolò Marini <sup>a 1</sup>  , Stefano Marchesin <sup>b 1</sup>  , Marek Wodzinski <sup>a c</sup>, Alessandro Caputo <sup>d e</sup>, Damian Podareanu <sup>f</sup>, Bryan Cardenas Guevara <sup>f</sup>, Svetla Boytcheva <sup>g h</sup>, Simona Vatrano <sup>e</sup>, Filippo Fraggetta <sup>e i</sup>, Francesco Ciompi <sup>i</sup>, Gianmaria Silvello <sup>b</sup>, Henning Müller <sup>a j</sup>, Manfredo Atzori <sup>a k</sup>

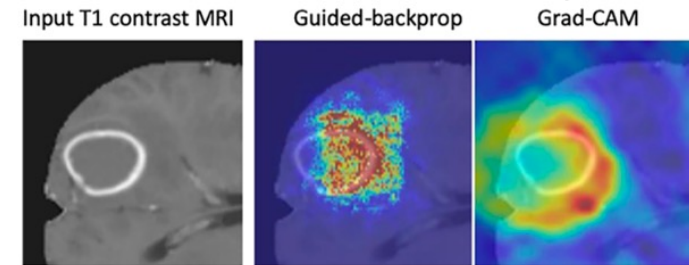
# Even more multimodal



- **Hereditary** project that started in 2024
  - Horizon Europe, budget of 13 Mio €, 18 partners
- Explore the link between the gut (microbiome) and the brain
  - **Neurodegenerative** diseases: MS, ALS, Alzheimers, Parkinsons
  - **Microbiome**, genetics, clinical data, signals (EEG), imaging
    - Several types of imaging: MRI, OCT, eye fundus, histopathology
  - All information is mapped onto semantics
  - Requires to deal with missing data

# Interpretability of Deep Learning

- Make decisions **understandable** & remove black box image
- Make sure that decisions are sound
- Explain why things may not be working
- In medicine it is particularly important to make sure that results can be explained & reproduced
  - High **impact of wrong decisions**
- There are many approaches for interpretability
  - 2D projections, PCA, TSNE
  - Class activation maps, saliency, ...





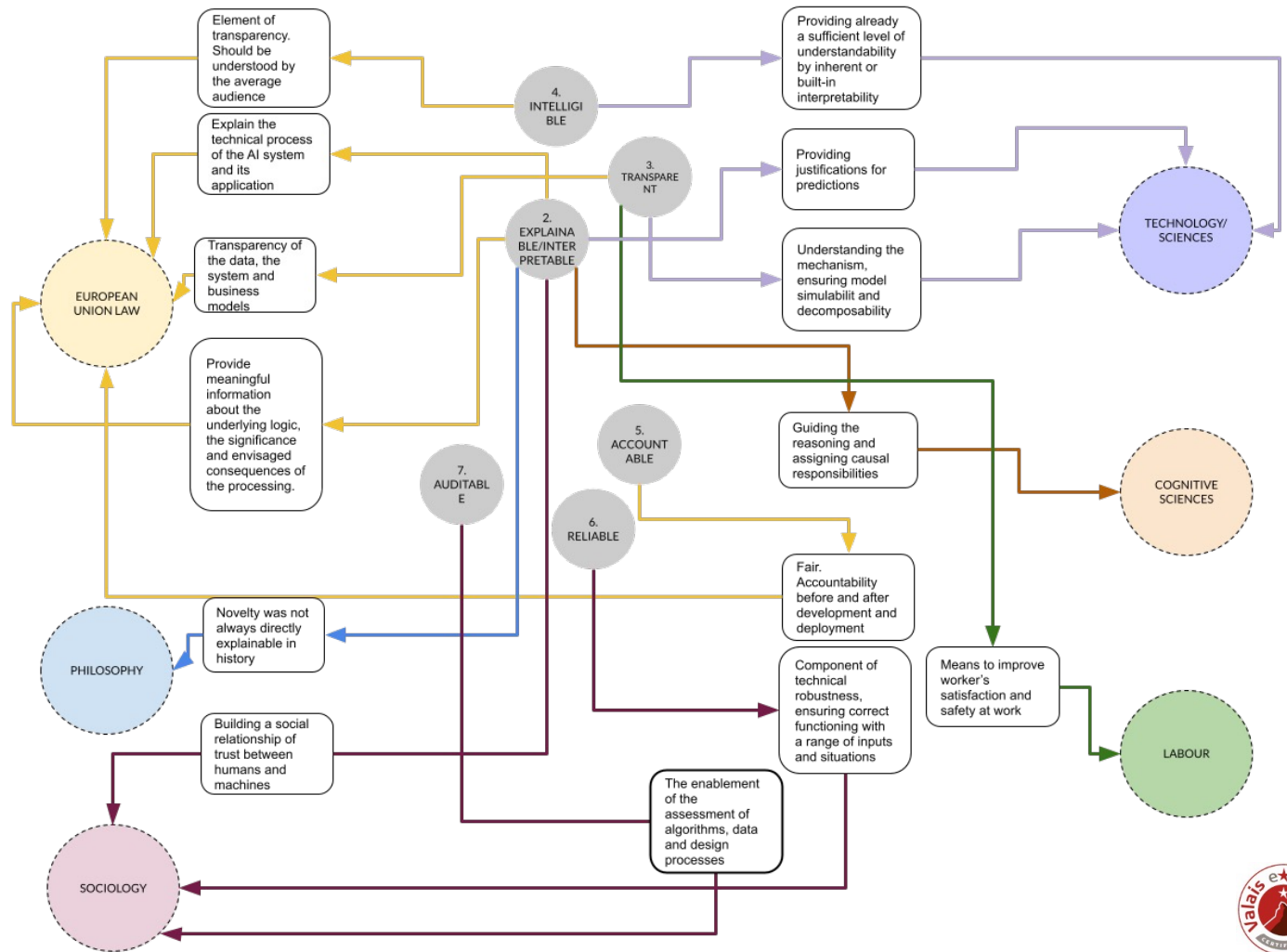
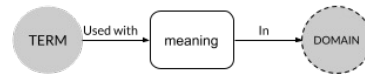
# A taxonomy for explainability

- Many **terms** have been used in slightly different ways for AI: **interpretability**, **explainability**, transparency, accountability, fairness, (opacity) ...
  - Bias, reliability, robustness, uncertainty, confidence
- A workshop was held in early summer on this with views from **several domains**: legal, technical, philosophical, social, cognitive, ethical, ...
  - <https://taxonomyinterpretableai.wordpress.com>
- EU is preparing the way
  - **GDPR** on data protection and **AI policy**
    - Limit the strong risks of AI and its use and abuse

M Graziani, L Dutkiewicz, D Calvaresi, J Pereira Amorim, K Yordanova, M Vered, R Nair, P Henriques Abreu, T Blanke, V Pulignano, JO. Prior, L Lauwaert, W Reijers, A Depeursinge, V Andrearczyk, H Müller, A Global Taxonomy of Interpretable AI: Unifying the Terminology for the Technical and the Social Sciences, Artificial Intelligence Reviews, 2022.

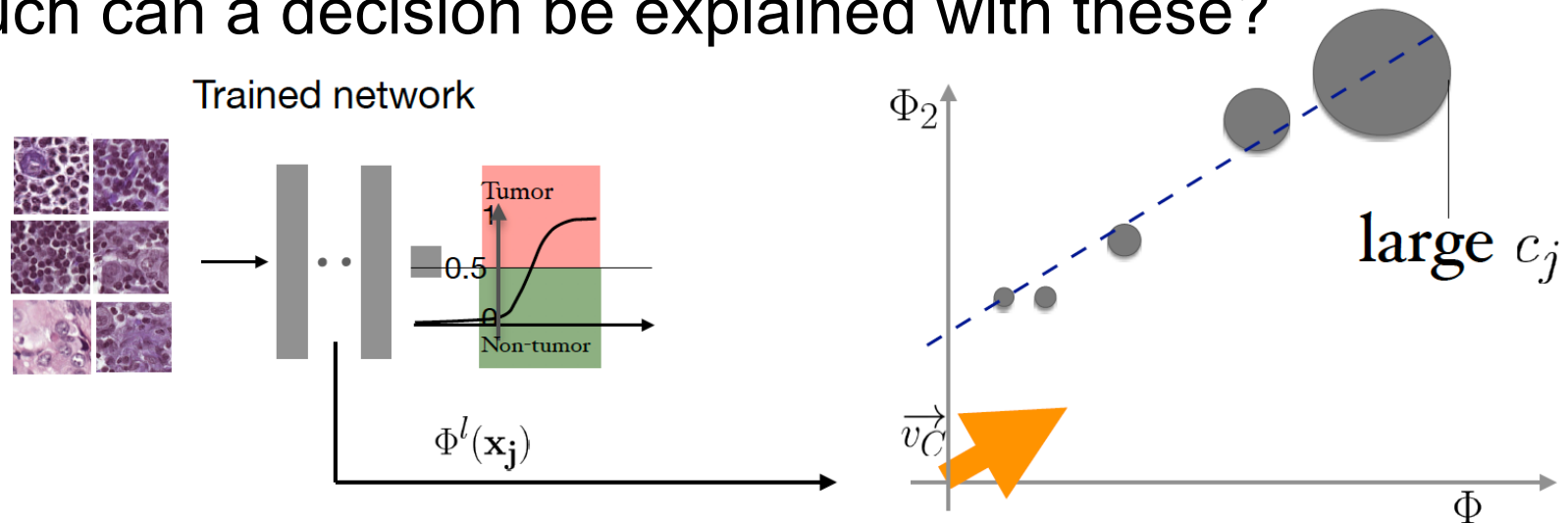
# Taxonomy

## Interpretable AI terminology Main terms and domains



# Regression concept vectors

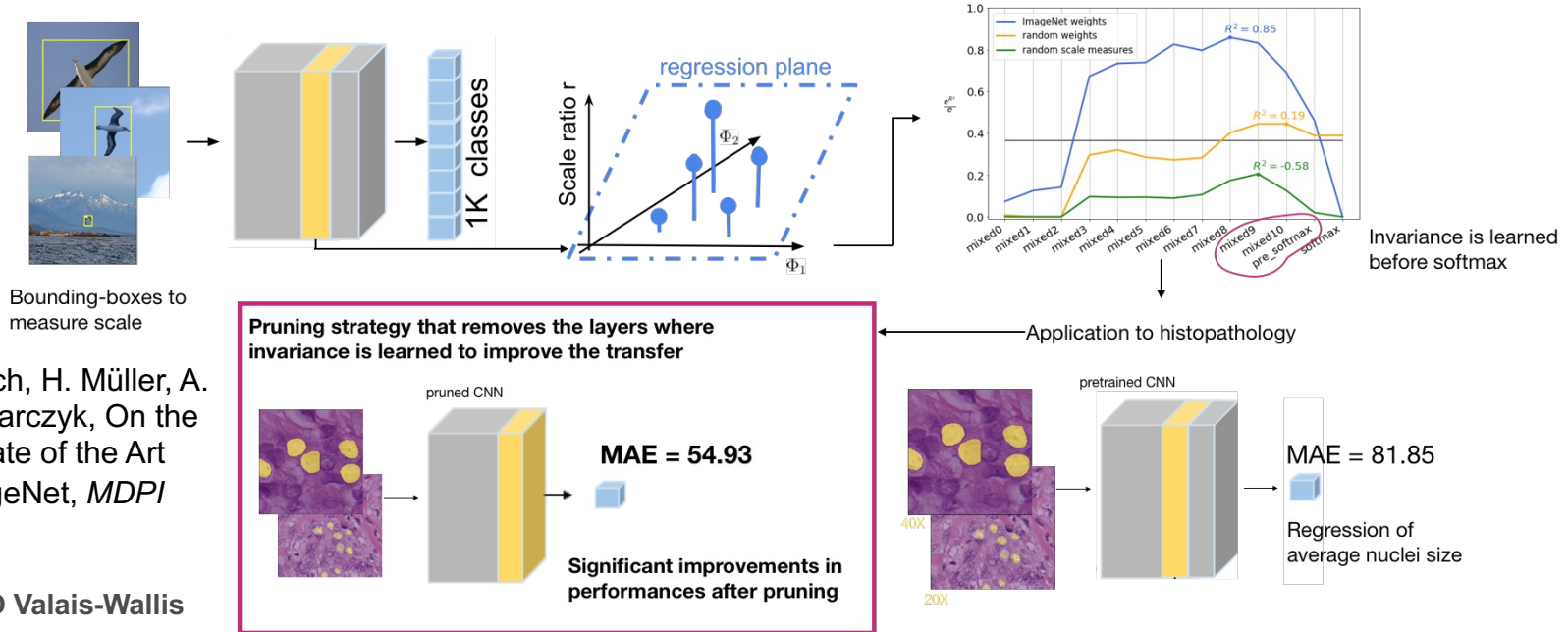
- Identify **existing features** and check how the decision layers correlate to these features
  - i.e.: nuclei size, internal heterogeneity, borders, ...
  - How much can a decision be explained with these?



M Graziani, V Andrearczyk, H Müller, Concept attribution: Explaining CNN decisions to physicians, *Computers in Medicine and Biology*, 2020.

# Improve with interpretability

- Pre-trained models often include **scale invariance**
- In medical applications this can be problematic, as scale carries information



M. Graziani, T. Lompech, H. Müller, A. Depeursinge, V. Andrearczyk, On the Scale Invariance in State of the Art CNNs Trained on ImageNet, *MDPI Make*, 2021.

# The importance of user tests!

- Most systems are scripts run under laboratory conditions
  - Does not give essential indications of routine use
- **Impact** of the system is hard to measure
  - Better decisions, more confidence, faster, satisfaction?
- What is the **influence** on the patient?
  - Better treatment? Longer survival? Quality of life?
- User tests are complex to set up but can really help
- AI and users are usually best together

# Conclusions

- **Interpretability** of deep learning is a key for integration of tools into clinical workflows
  - **Explain** decisions, understand a potential **bias**, ...
- ExaMode addressed many current challenges in ML
  - Making things **scalable** (internal and external resources)
    - Also to allow for a better generalization
  - Learn from **weak labels**
    - We should also use strong labels when they are available
  - Learn from **multimodal** data, create multimodal embeddings
    - Most medical images have a report attached

# Contact

- More information can be found at
  - <http://medgift.hevs.ch/>
  - <http://publications.hevs.ch/>
  - <http://www.examode.eu/>
- Contact: [Henning.mueller@hevs.ch](mailto:Henning.mueller@hevs.ch)



Horizon 2020  
European Union funding  
for Research & Innovation