Deep Learning Interpretability for the Discovery of Biomedical Patterns



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Deep Learning Interpretability: What have we learned?



- "Models are approximations, never exactly true" [Box, 1997]

The sole optimization performance is not sufficient to ensure reliability [Doshi-Velez and Kim, 2017] Performance drops, little robustness, hidden biases [Arvidsson et al., 2015; Nguyen et al., 2015; Zou et al., 2018]





Deep Learning Interpretability: What have we learned?



- Previous work and current research efforts teach us about
 - Model evaluation, debugging
 - Some data correlations reflect the reality but may be harmful [Lengherich et al., 2022]
 - Interpretability for performance improvement [Graziani et al., 2021]

• Our general understanding about DL generalisation (and memorisation patterns) [Graziani et al., 2019]



We learned: architectural biases in CNNs

- Low layers extract simple features of color and texture [Olah et al., 2016].
- ImageNet⁷ pre-trained CNNs are biased towards texture [Gheiros et. al., 2018]





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(a) pretrained

Complex (high-level) concept representations appear at deep layers [Kim et al., 2018; Graziani et al., 2018]





(a) Texture image Indian elephant 81.4% 10.3%indri 8.2%black swan



(b) Content image tabby cat 71.1%17.3%grey fox Siamese cat



(c) Texture-shape cue conflict 63.9% Indian elephant 26.4% indri 9.6%black swan

- Gabor-like filters not crucial for medical images [Raghu et al., 2019], feature reuse at low layers [Graziani et al., 2018]

(b) finetuned





We are now learning about transformers

Transformer's pay attention globally and locally [Raghu et al., 2022]





Large dataset

Small dataset





We learned: interpretability and domain-expertise improve our models

- Linear probing representations shows the learning dynamics [Kim et al., 2018; Graziani et al., 2018] and it can be used to improve model optimization [Graziani et al., 2021]
 - Multi-task adversarial architecture to learn desired patterns and forget undesired ones



Weighting of losses nontrivial: Vanilla sum and uncertainty-based approach [Graziani et al., 2021]





We learned: interpretability and domain-expertise improve our models

• Another example of "useful" interpretability: adapting transfer learning with domainknowledge [Graziani et al., 2020]









What we know :





So much we do not know yet!





Deep Learning Interpretability

- We do not yet understand the full picture
 - AlphaGo beats world Go champion in 2016 by opting for an unusual move [Silver et al., 2016]



- What is in between what DL can achieve and humans cannot?
- Can interpretability can help us find out? YES!



1 Minute Trivia

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Extreme trivia



 CNNs predict the gender [Korot et al., 2021], smoking habits and the risk of cardiovascular diseases [Poplin et al., 2018] from eye fundus imaging

Could you predict the gender of the patient? Its risk of cardiovascular issues?



Extreme trivia



Switzerland?

Could you predict gene mutations and expressions in human tissue?

These are tasks above the capabilities of many of us...and of many domain-experts too • Patterns of gene mutation can be predicted from human tissue microscopy [Kather et al., 2020]

Could you predict the current distribution of pollen in







Interpretable DL modelling for colorectal cancer

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Learning biomedical patterns in colorectal adenocarcinoma



> 80% of colon cancer is adenocarcinoma ^[Xi et al., 2021]

- DL interpretability to facilitate scientific discovery:
 - relationship between tissue microscopy and molecular patterns

• Molecular sub-types differentiate prognosis [Ronen et al., 2019], but RNA-seq rarely integrated

Previous work to predict gene mutations [Kather et al., 2020] and molecular subtypes (CMS) [imCMS]





Objective: identify histologic appearance of molecular subtypes



- Use DL interpretability to discover relationships between
 - Histologic tissue appearance and molecular subtypes
 - Tumor heterogeneity and molecular analyses









Step back: gene selection and upper bound

- 40-gene signature of CMS [Buechler et al., 2020] + 7 additional genes identified as biomarkers [Pan et al., 2019; PMC3635192]
- [!!!] Preliminary analysis with Explainable Boosting Machines (EBMs)[Caruana et al., 2015]
- Test AUC (One-Vs-Rest) UB 0.94; vs. vanilla XGBoost AUC 0.88 (thinking about Context after Ben's talk...)





How? Paying attention as the model does

Patient's frozen sections **Bag of Instances**



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- Attention-based Multiple Instance Learning [llse et al., 2018]:
 - Learns a single label from a bag of instances
 - Attention-based pooling
 - I model/gene; multi-task combination of genes
- Very hard for a pathologist, but not random DL predictions for 47 genes:
 - Mean Average Percentage Error < 60%</p>
 - CMS prediction AUC (OVR) UB 0.94
 - CMS prediction from images AUC 0.67





Results

- Top 4 genes from EBMs not too well learned:
 - RAB34 $\rho = 0.63$; MAPE = 0.68
- Best gene model is AOC3: 0.54 MAPE (vs. 60% baseline), ρ =0.63 (vs. 0.50 baseline)*
 - AOC3 is over expressed (+) in CMS4 and plays a role in adipogenesis NRP2,
- COL8A2, TGFB3 also have p at 0.57, 0.57 and 0.50 (vs. 0.65, 0.51, 0.43 baseline)*



* all p-values < 0.001 y Group IBM 06.05.2022

Test Median Absolute Percentage Error (MAPE) avg. all genes = 0.66 vs. 0.80 baseline and 0.93 random

• FSNC1 ρ = 0.26; MAPE = 0.70 // TP53RK ρ = 0.58; MAPE = 0.71 // QPRT ρ = 0.43; MAPE = 0.74 //



Interpreting the model







Interpreting the model ... by cherry picking









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Come talk to me for more results!



Interpreting the model ... by measuring TP53RK 🕹 CMS2

a: 49674 / 2408 D5-5537: CMS2, a: 4124 / 363 CM-4752: CMS2.















6855: CMS4. a: 23455 / 1945 - E5-6864















F4-6461: CMS4, a: 9279 / 1749 F4-6569: CMS4, a: 26218 / 3401 F4-6855: CMS4, a: 17150 / 1945 F5-6864: CMS4, a: 15304 / 1851 F5-6863: CMS2, a: 23695 / 2875 AA-3530: CMS2, a: 3651 / 621 CM-4752: CMS2, a: 35564 / 2408





LOW GEX





4049/621 CM





a: 37303/2408





a: 35950 / 2408







HIGH GEX

Structural Similarity Index



Model seems confused...





Interpreting the model ... by measuring RAB34 TCMS4

2408 F4 6855; CMS4, a: 2900 / 1945 CM 5341; CMS4, a: 1599 / 2618







1596 / 1631 AA-3972. CMS. 1047 / 909



IS3, a: 1215 / 1423 AZ-6598: CMS1, a: 1596 / 1631 AA-3972: CMS2,

CMS3. a. 1215 / 1423 - AZ-6598, CMS3





AZ 6606: CMS3, a: 1215 / 1423 AZ 6598: CMS1, a: 1507 / 1631 AA 3972: CMS2, a: 1019 / 909 F5 6863: CMS2, a: 3306 / 2875 CM 4752: CMS2, a: 1933 / 2408 F4 6855: CMS4, a: 2900 / 1945 CM 5341: CMS4, a: 1599 / 2618

LOW GEX















a: 1047 / 909 F5-6863: CMS2, a: 3306 / 2875 CM-4752: CMS2, a: 1933 / 2408 F4-6855: CMS4, a: 2900 / 1945 CM-5341: CMS4, a: 1599 / 2618



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CM-4752. CMS2. a. 1933 / 2408 F4-6855. CMS4, a. 2900 / 1945 CM-5341. CMS4, a. 1599 / 2618







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HIGH GEX

Better job at separating visual features



... but more metrics should be used!





Final remarks

- There is so much we do not know and understand yet
- Interpretability may be a means to fill the gap between what DL can achieve and humans cannot
- In biomedical research, it can uncover new patterns
 - How do we assess, verify and test new knowledge?
 - How do we disentangle real relationships from spurious ones?
 - Attention mechanisms in MIL can teach us about where to pay attention, yet we need to understand how and when we can translate the discovered information into new knowledge
 - Yet preliminary work, lots to extend further



What we do not know, but DL knows

