

Interpreting Deep Neural Networks for Medical Imaging using Concept Graphs

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Introduction

Interpretability in abstract sense involves finding answers to the following questions:

- Why did the model make that prediction?
- When can we trust the predictions of the model?
- How can we correct the errors made by the model?

Related Work

Methods	Attention maps	Concept Based	Hierarchy of steps
Dissection ^[1]	 ✓ 	×	×
GradCAM ^[2]	 ✓ 	×	×
SHAP ^[3]	 ✓ 	×	×
LIME ^[4]	 ✓ 	×	×
Ghorbani et.al ^[5]	 ✓ 	✓	×
Ours	 ✓ 	✓	 ✓

[1] Network Dissection: Quantifying Interpretability of Deep Visual Representations; [2] Grad-CAM: Visual Explanations from Deep Networks via Gradient-based Localization; [3] A Unified Approach to Interpreting Model Predictions; [4] "Why Should {I} Trust You?": Explaining the Predictions of Any Classifier; [5] Towards automatic concept-based explanations

Proposed Framework



Concept Formation

• Weight Clustering : Grouping of weights based on Silhouette coefficient^[5] to identify optimal number of clusters in a given layer of CNN



(a) Initial layers of UNet, unrolled weights: 64, (3x3x16) weight tensor, (b) Silhouette analysis of the unrolled weight layer

Concept Identification

$$y_{p}^{l}(x) = \frac{1}{Z} \sum_{i} \sum_{j} \left(\mathbb{E}_{k \sim idx_{p}} \Phi_{l,k}(x) \right)$$
$$\beta_{m,p}^{l}(x) = \frac{1}{Z} \sum_{i} \sum_{j} \frac{\partial y_{p}^{l}(x)}{\partial \Phi_{l-1,m}(x)}$$
$$CAM_{p}^{l} = ReLU \left(\sum_{m} \beta_{m,p}^{l}(x) \Phi_{l-1,m}(x) \right)$$

 CAM_{p}^{l} is concept attention map of cluster **p** in layer **l**, β is feature importance, and **y** is concept representative variable

Concept Completeness

• **Concept Consistency**: attention obtained by single concept over multiple images in a dataset



Concept Completeness



- **Concept Robustness**: attention obtained by sampled concept over an image in a dataset
- Aim of robustness is to analyse how spreaded the weights are in a concept



C_is are concepts in layer (*l*-1) and B_is are concepts in layer *l*

Concept Graph Formation



 \mathbb{P} : pre-interventional distribution, \mathbb{Q} : post-interventional distribution, $\mathbf{\Phi}$: trained model, and \mathbf{C}_{-i}^{p} corresponds to all concepts other than **i** in layer **p**

Concept Graph Formation



Concepts

(a) $C_0^{3:}$ doesn't capture any input region, (b) $C_1^{3:}$ concave edges, (c) $C_2^{3:}$ linear edges, (d) $C_2^{5:}$ interior key points, (e) $C_0^{13:}$ Lateral left hemispheric brain boundary, (f) $C_3^{13:}$ Lateral left hemispherical and tumor core brain boundary, (g) $C_2^{15:}$ Anterior tumor boundary, (h) $C_3^{15:}$ Tumor core boundary, (i) $C_2^{19:}$ Whole tumor boundary, (j) $C_0^{17:}$ Lateral brain boundary and tumor core boundary, (k) $C_1^{21:}$ Diffused tumor core region, (l) $C_2^{21:}$ Tumor core region.



Trail Visualization



Fig. 6: Active inference trail for enhancing tumor (Each row is a trail for one input sample, red regions are high attention): (*I*: Input image to a network) $- > (C_1: Concave edges) - > (C_2: White matter region) - > (C_3: Tumor boundary) - > C_4: (Lateral brain boundary) - > (C_5: Inferior tumor boundary) - > (Enhancing Tumor)$

Trail Visualization



Fig. 7: Active inference trail for severe DR (green regions are high attention): (I: Input Image) $- > (C_1: Optic Cup/Hard exudates) - > (C_2: Hard Exudates) - > (C_3: Blood vessels, soft exudates) - > (C_4: Blood vessel, soft exudates) - > (C_5: dot-blot Hemorrhages/laser scar marks of retinal photocoagulation)$

Future Work

- Trail importance estimation
- Extension of work in ante-hoc interpretability(HAI), to use estimated trails in training phase
- Extension of approach on 3D networks and RNNs

Thank you

Github : <u>https://github.com/koriavinash1/BioExp</u>

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