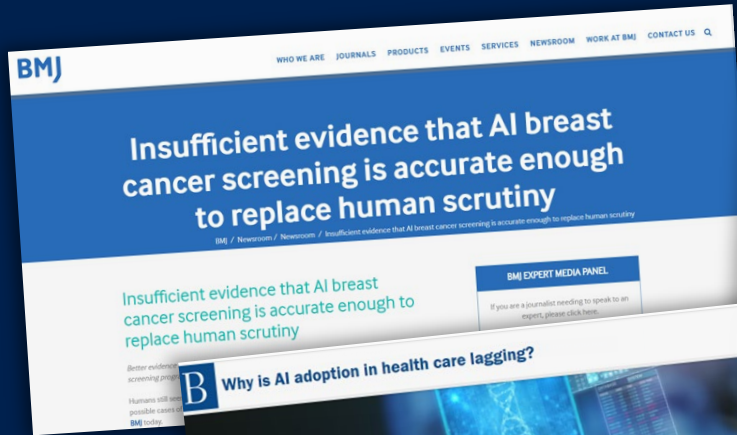




# Scaling up the adoption of deep learning in clinical practice !



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## Insufficient evidence that AI breast cancer screening is accurate enough to replace human scrutiny

Insufficient evidence that AI breast cancer screening is accurate enough to replace human scrutiny

BMJ EXPERT MEDIA PANEL

If you are a journalist needing to speak to an expert, please click here.



npj | digital medicine www.nature.com/npjdigitalmed

## BRIEF COMMUNICATION OPEN

### Human-machine teaming is key to AI adoption: clinicians' experiences with a deployed machine learning system

Katharine E. Henry<sup>1</sup>, Rachel Kornfield<sup>2,3</sup>, Anirudh Sridharan<sup>4</sup>, Robert C. Linton<sup>5</sup>, Catherine Groh<sup>6</sup>, Tony Wang<sup>3</sup>, Albert Wu<sup>7</sup>, Bilge Mutlu<sup>3,7,10,11</sup> and Suchi Saria<sup>3,4,8,9,10,11</sup>

While a growing number of patients have been deployed in clinical settings with the promise of improving outcomes, we realize this promise. Based on a qualitative analysis of coded interviews we found that, rather than viewing the system as a surrogate for their clinical judgment, clinicians are embracing the technology. Our findings suggest that, even without a loss of trust with an ML system through experience, expert endorsement and support, clinicians' autonomy and support them across their entire workflow.



**REPORT**

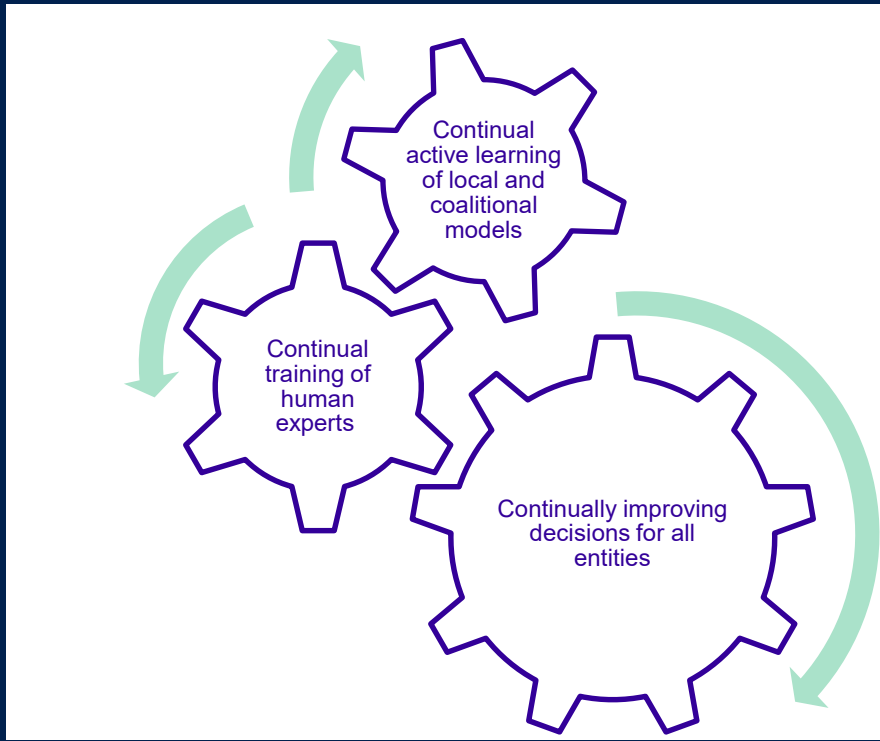
## Why is AI adoption in health care lagging?

Avi Goldfarb and Florenta Teodoridis - Wednesday, March 9, 2022

Artificial intelligence (AI) technologies have improved rapidly over the past decade,<sup>[1]</sup> largely driven by advances in machine learning, which is closely related to data science and statistical

An AI divide appears with non-teaching hospitals in particular lagging behind!

# The clinical decision in a coalition of hospitals



-Hospitals sharing the same ways of caring (mindlines)

-Engaged in a peer-review system: anonymous annotations can be requested to any expert by the coalition and be peer-reviewed

-Clinical decisions are resulting from integrating humans, local model and coalitional model

# Coalitional active learning New paradigms

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- Federated learning:
    - From privacy motivations to the sharing of best practices
  - Active (continual) learning
    - From parcimonuous human annotations to a human-AI co-learning (the most informative cases are used for experts continual learning)
-

# The context: Image-based decision systems

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## 1) Radiotherapy/Protontherapy

- Complex compromises to achieve (protection of organs at risk, i.e. secondary effects)  
-> Need for **multi-expert** decisions from images

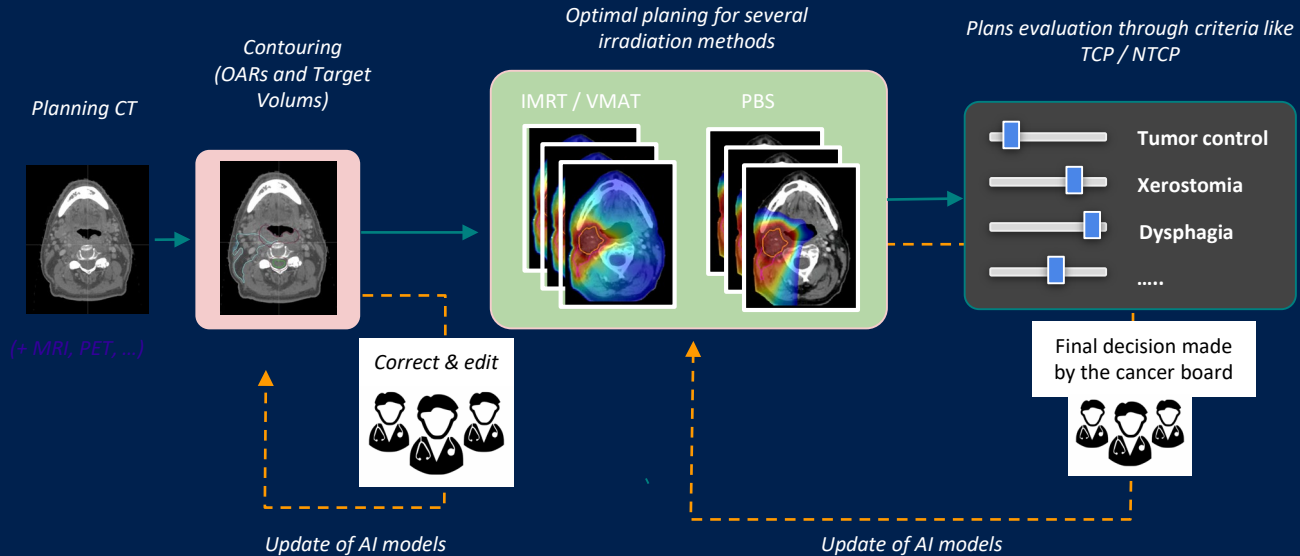
## 2) Cancer screening and diagnosis

- development of new biomarkers from cellular models to reduce false positives  
-> **continual learning** and double advices

**DATA -> PREDICTION -> DECISION**

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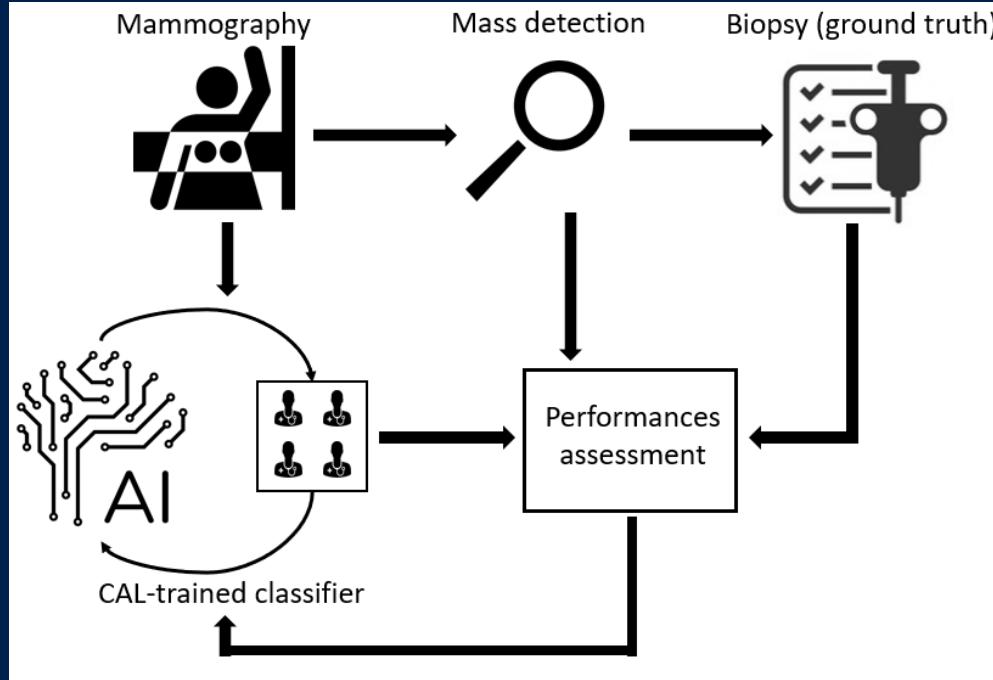
# Optimal treatment planning in protontherapy requires multi-expert decisions for the best compromises



DATA -> PREDICTION -> DECISION

No direct outcome

# Improved screening of breast cancer through continual learning of models



Outcome available  
for positives (true and false)

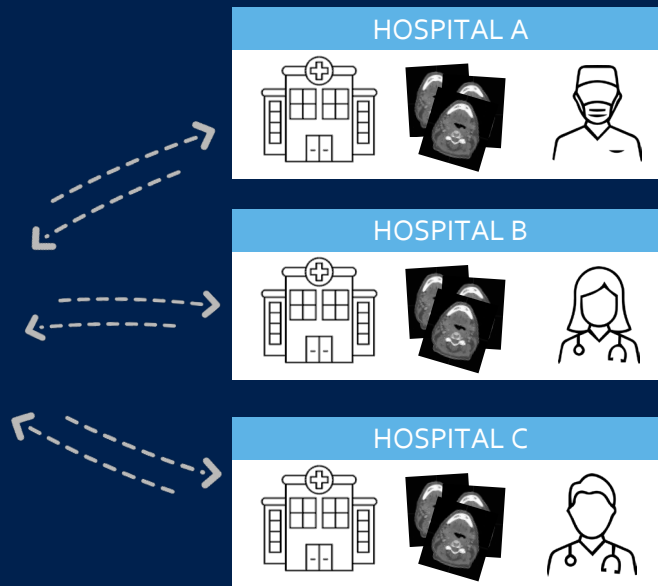
Goal: reducing false positives

# A brief over Federated Learning

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- Well mastered domain

- Theoretical proofs (SVM, DL)
- How to manage heterogeneous data
- How to manage heterogeneous labels



Call for the CVPR workshop 2023

-Boyd, S., Parikh, N., Chu, E., Peleato, B., & Eckstein, J. (2011). "Distributed optimization and statistical learning via the alternating direction method of multipliers". Foundations and Trends® in Machine Learning, 3(1), 1-122

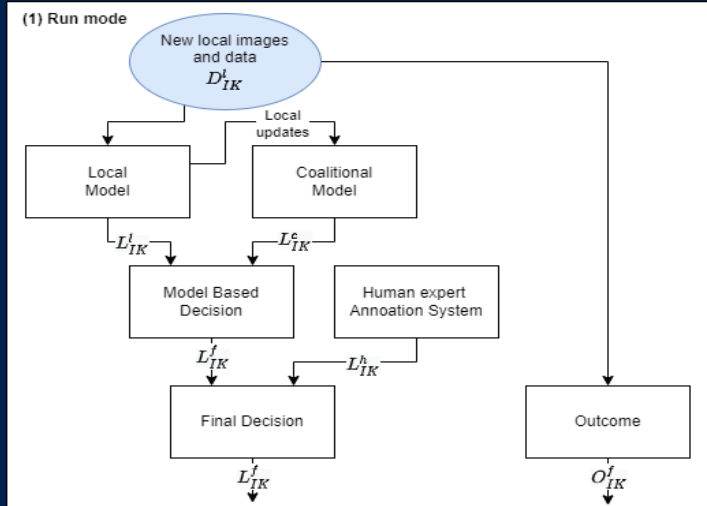
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# Coalition definition

- An ensemble of experts belonging to a network of hospitals sharing the same way of caring (mindlines)
- Engaged in a federated learning process : the coalitional model is learned by travelling from hospital to hospital
- Engaged in a peer-review system: anonymous annotations can be requested by the coalitional model (active learning) from any expert of the coalition and be peer-reviewed
- Clinical decisions are resulting from consensus between humans, local model and coalitional model

# Combining local and coalitional models- update by human labels and/or by outcomes



Starting from a global (fondation ;- ) model

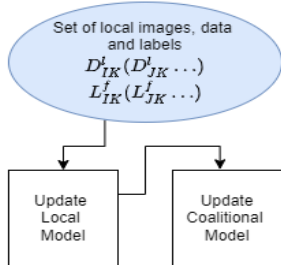
Fine-tuning by supervised learning

- -at the coalitional level (federated)
- -at the local level (non-federated)

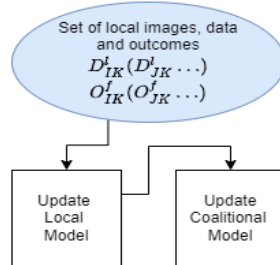
Local: fine tunijng on local coditions but bias

Global: gain in data sets and annotation availabilities

(2) Label-based  
Continual learning



(3) Outcome-based  
improvement

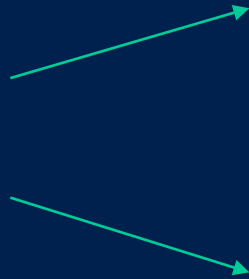


**-Convergence of the 2 models: common practices**  
**-Coalitional gain**  
**-Learnability**

# A brief over active learning

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Annotations



# Intelligent selection

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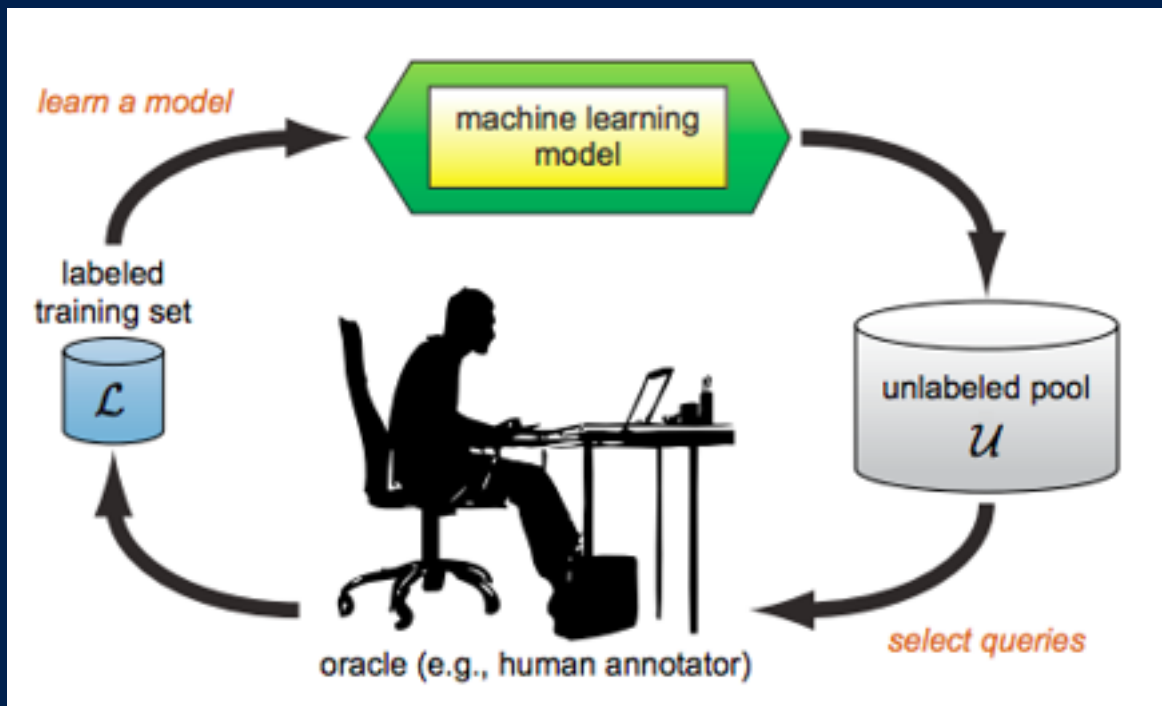
Hardest  
examples

Most  
representative  
examples

Examples that  
engenders  
disagreement

...

# An iterative process



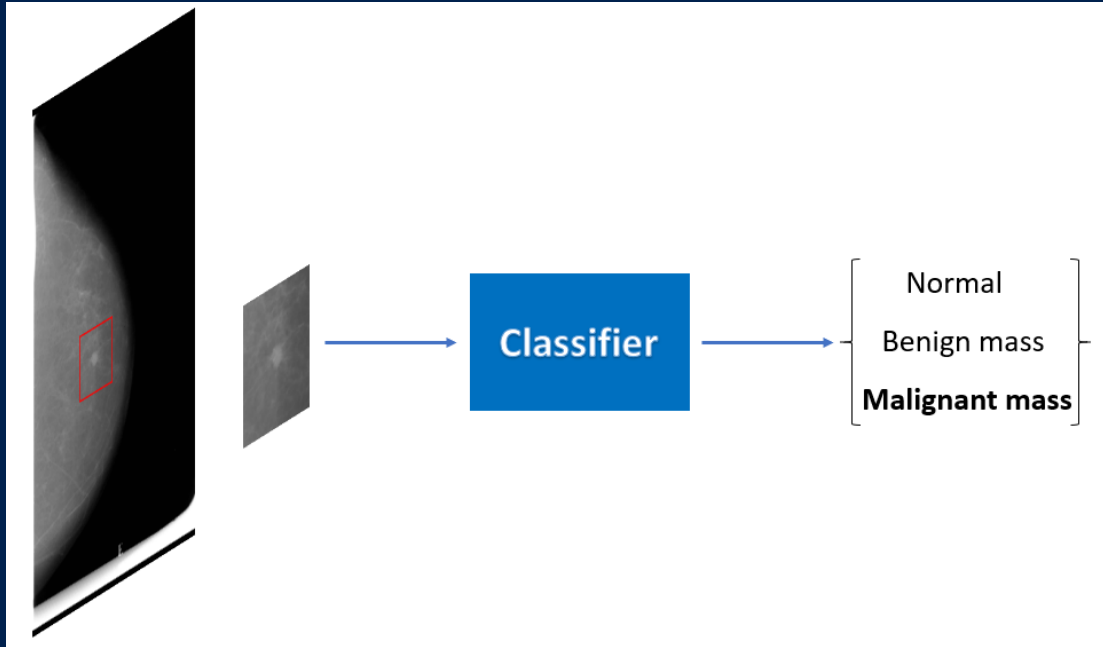
# Three methods

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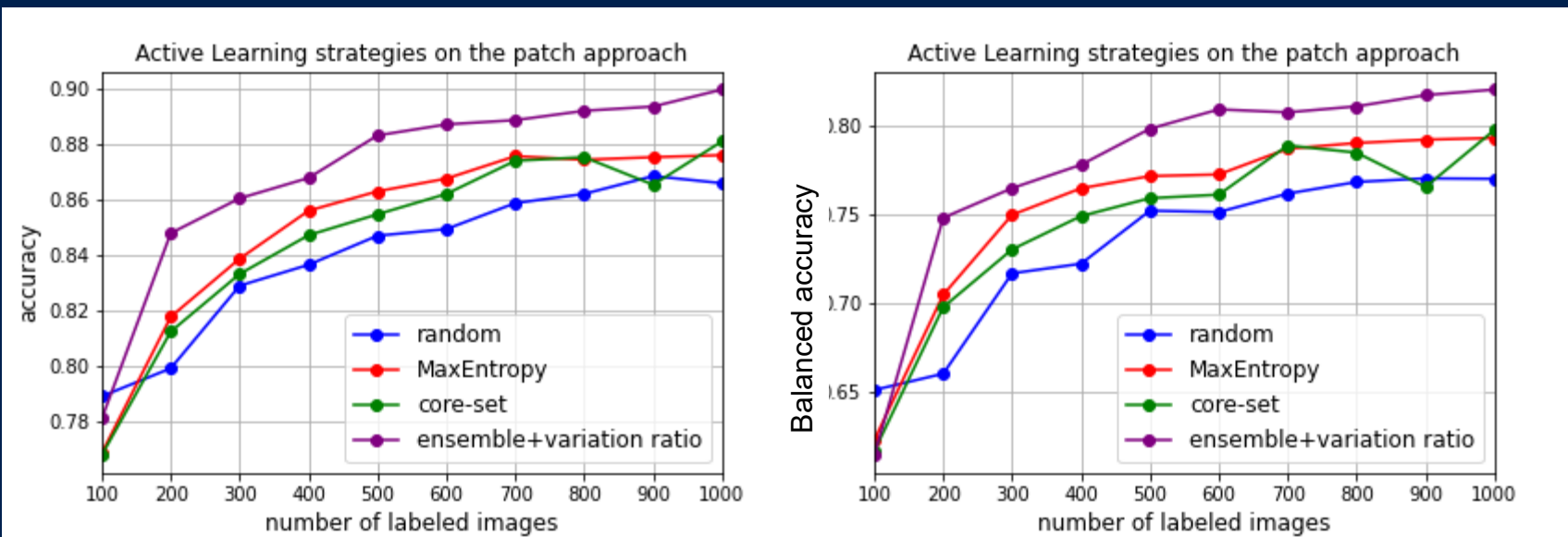
- **Uncertainty (shake the model)**
- **Diversity (measure distances)**
- **Query-by-committee (agreement between competing models)**

# Active Learning in Mammography

Resnet 18 (global and patch based)



# Active Learning in Mammography



Shift toward the learning value of the to-be-annotated cases

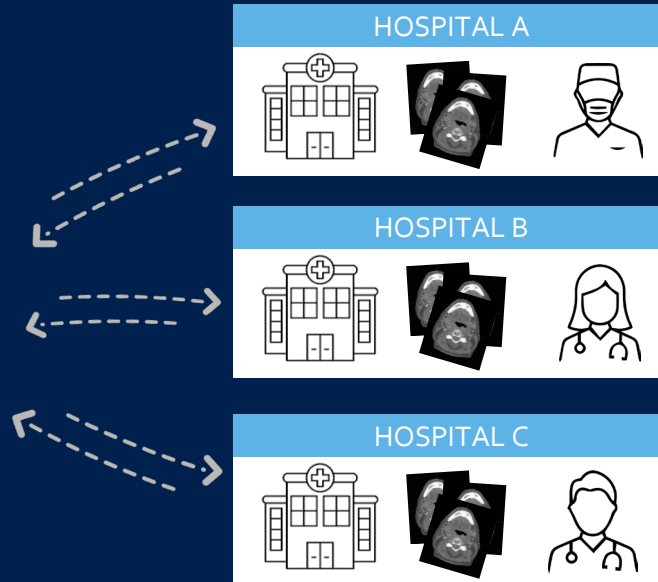


# SCALING

## Securing Coalitional Active Learning for medical imaging

*Medical practice is continuously improved by the progresses of Science and by new Data*

*Continuing Medical Education (CME) and second advice in a coalition*



# SCALING

## Securing Coalitional Active Learning for medical imaging

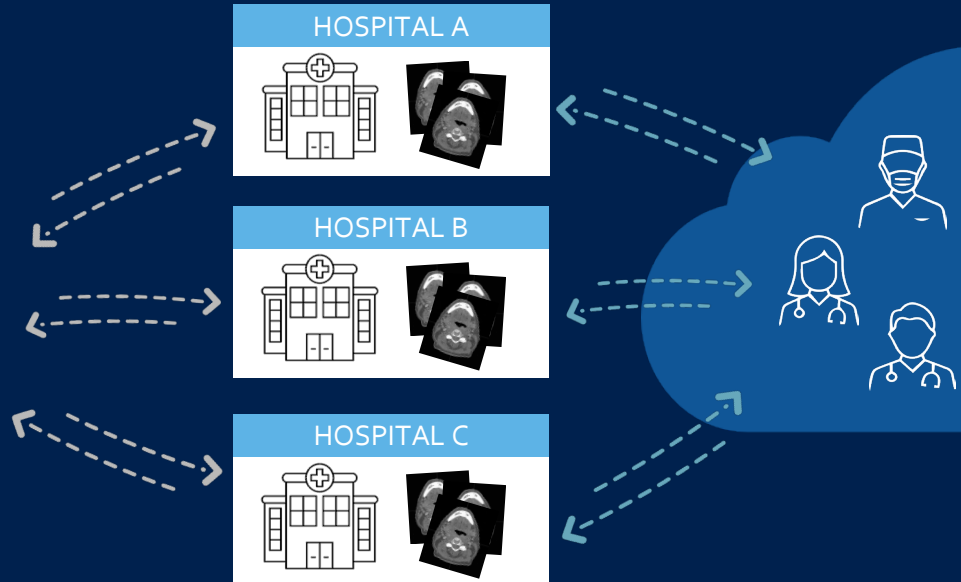
*Medical practice is continuously improved by the progresses of Science and by new Data*

*Continuing Medical Education (CME) and second advices in a coalition*

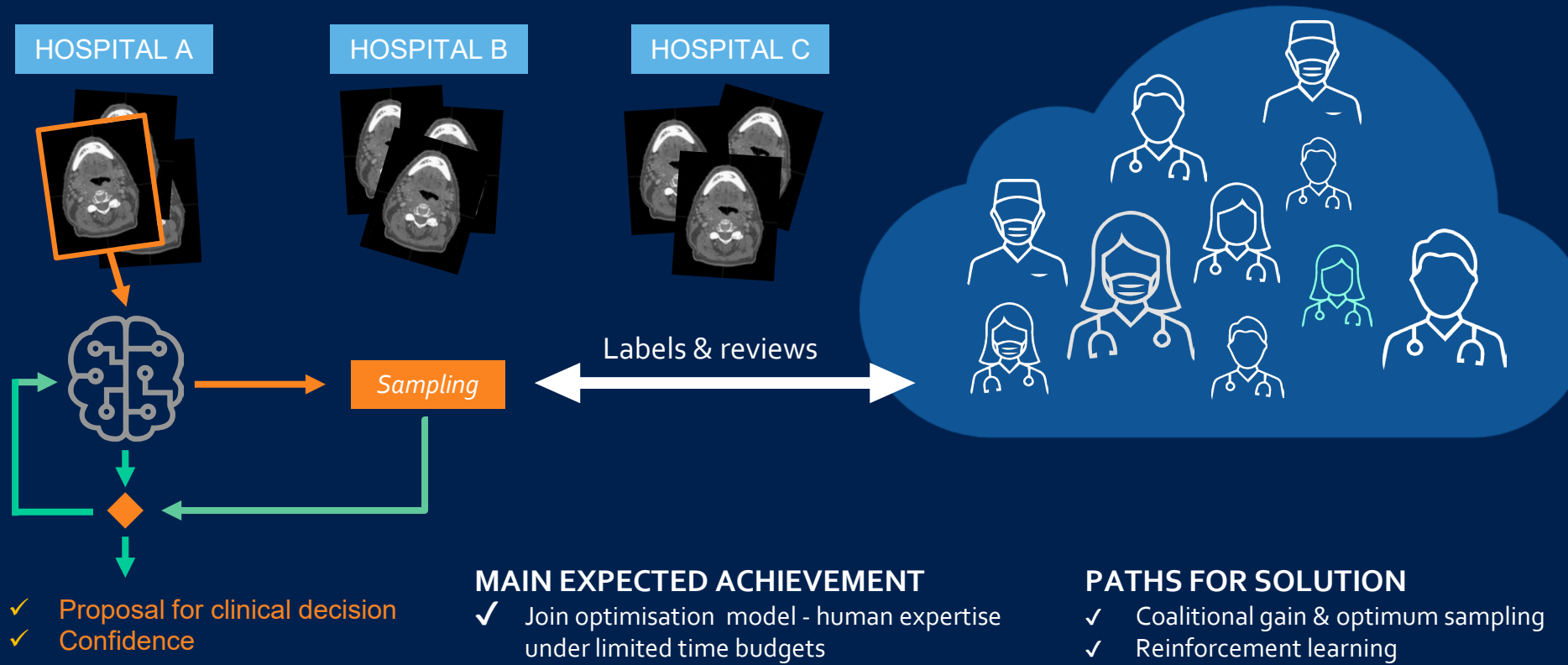
A **coalitional active learning** uses **labels provided by a coalition**

AI and human expertise are continuously improving together

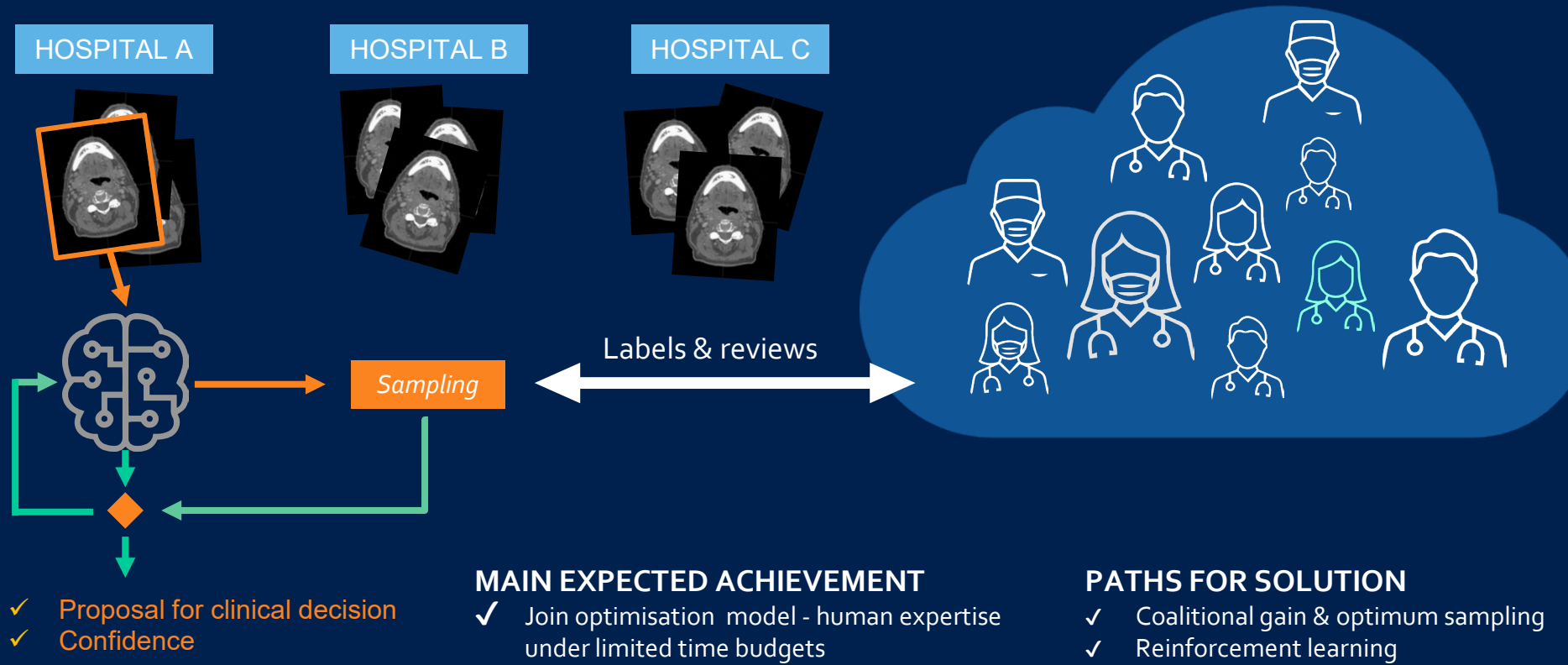
to align members on **common best decisions**



# New criteria and optimisation procedures



# New criteria and optimisation procedures

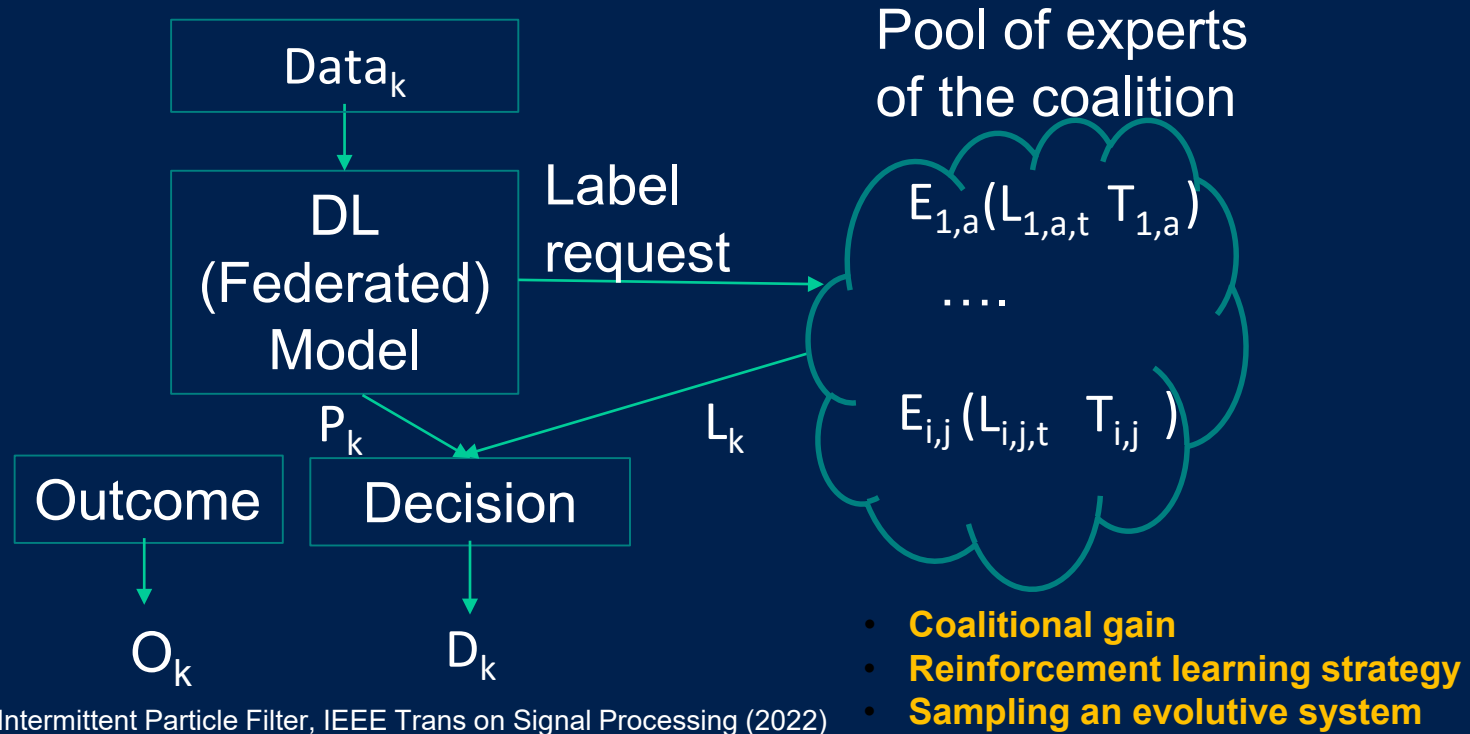


# Multi-experts query for label: example of procedure

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- Ask for an expert label (contour, classes, ...) on image
- If the label differs strongly from the model outcome, ask a second expert label
- Ask a 3d expert to vote between the 2 labels
- Grant a token to the 3 experts
- Update the expert level of the picked expert
- Optimize the time budget of  $N$  experts denoted  $k$  each with an expertise level  $L_k$  and an available time  $T_k$

# Active Learning of Model and Experts



# A dynamic model of the expert

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- Slow decrease in time
  - Steps per treated cases
  - Optimisation under time budget
  - Stochastic scheduling (broader than multi armed-bandit)
- 



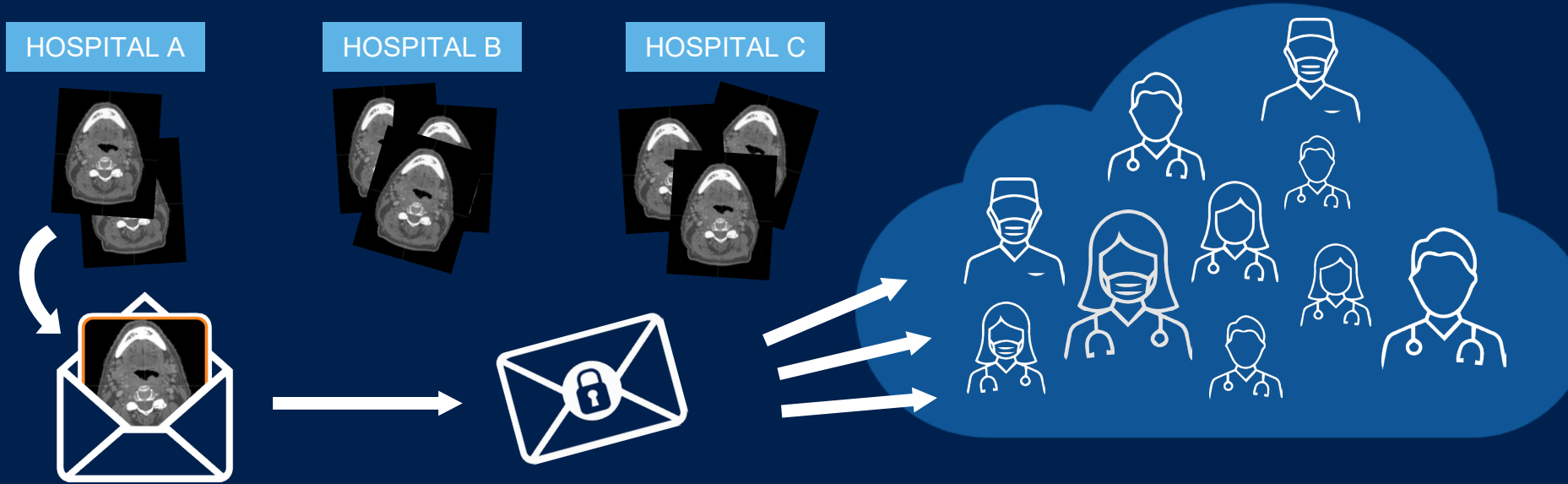
# Coalitional gain

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- Cooperative game theory (Shapley)
  - The size of a stable coalition
  - The reward model



# Functional models and security tools

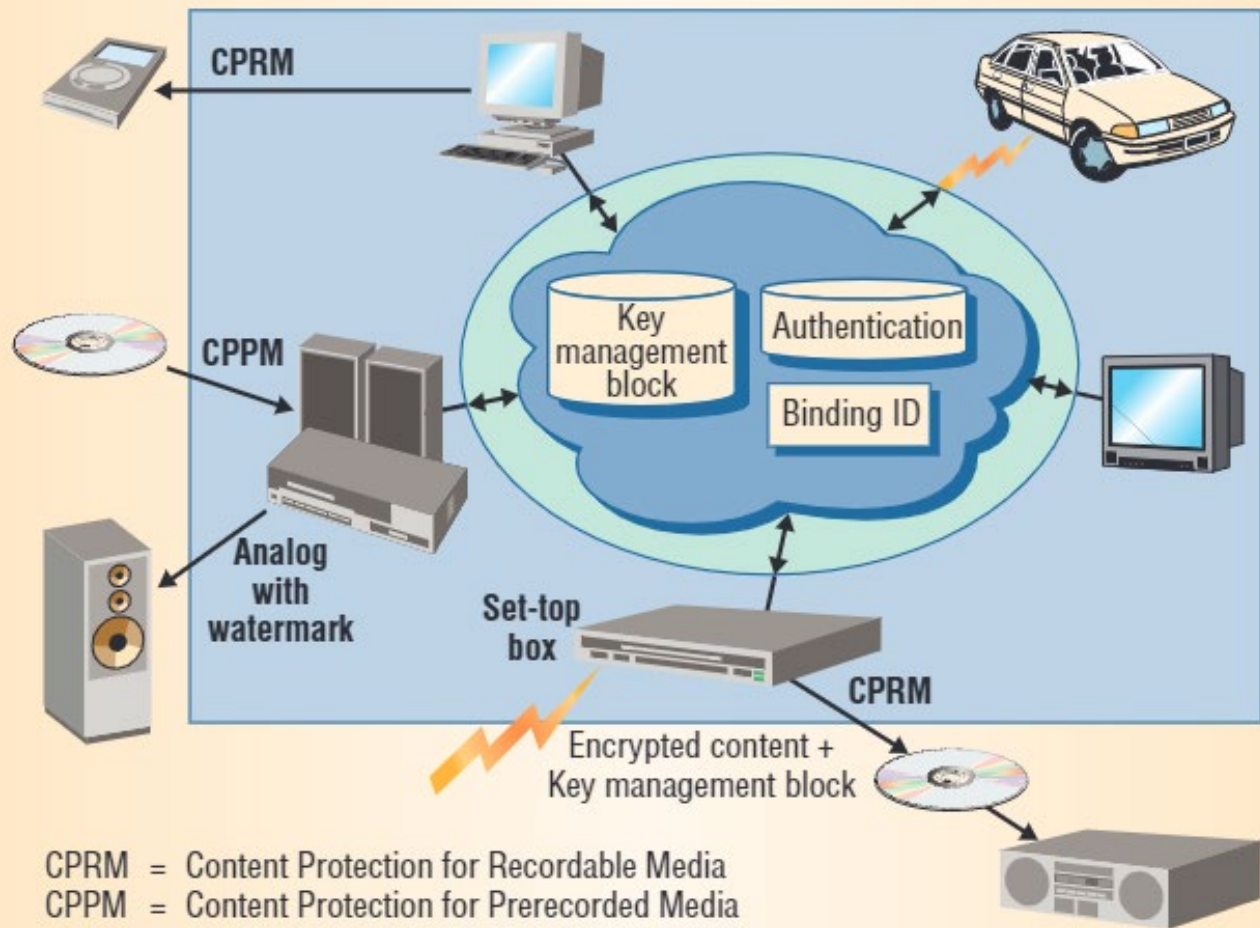


## EXPECTED ACHIEVEMENTS

- ✓ Secure Multicast
- ✓ Ephemeral use of patient data
- ✓ Tokenization and Anonymity of labels

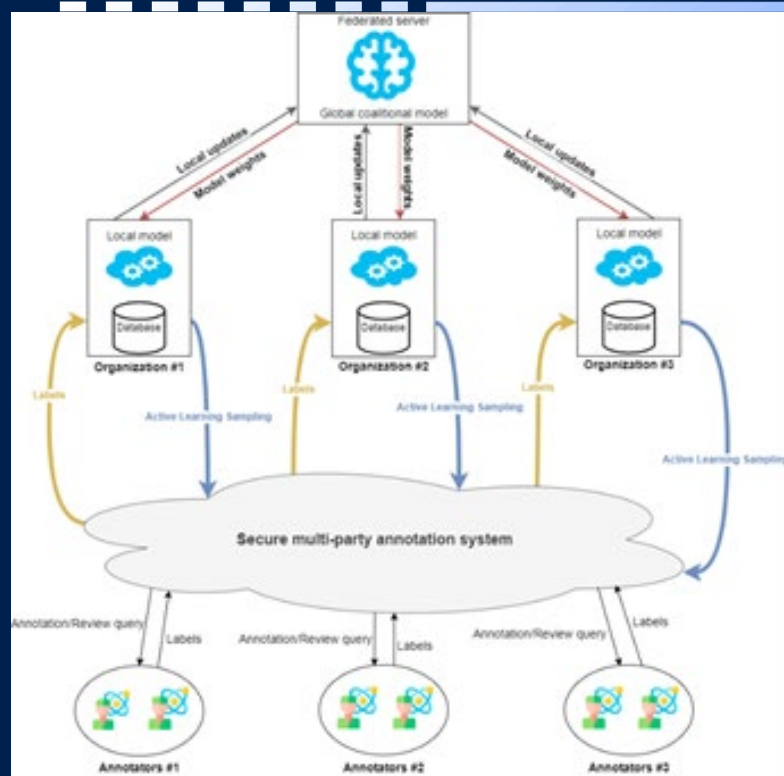
## PATHS FOR SOLUTION

- ✓ Functional model
- ✓ Conditional access
- ✓ Watermarking (read once, fingerprinting)



CPRM = Content Protection for Recordable Media  
 CPPM = Content Protection for Prerecorded Media

# Coalitional active learning: our graal!



## Coalitional Active Learning is a dynamic system

- In support of continually improving decisions for all
- In support of a continual education of experts

## SCALING will provide

- Optimal coalitional gain
- Coalitional learnability
- Consensus for decision
- Human time budget bounds
- Incentivisation
- Trustworthy annotations

# Clinical decisions need a better connection with clinical practice

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- From a multidisciplinary team work
  - From (sometimes) subjective clinical assessment
  - From MD who are continuously improving their expertise through
    - Continual Medical Education
    - Peer reviews (second or third advice)
  - From signals which are continuously improving through progresses of medical devices
  - From a medical practice linked to an healthcare system (Mindlines vs Guidelines)
-

# IMPACTS FOR EUROPE AND BEYOND



- New research topic that focuses on trusted AI for coalitional improving decision
- A new implementation approach of Deep Learning adapted to the variety of the European clinical practices
- Continuously improving clinical decision in the coalition
  - ▶ Reducing false positive and biopsies in breast cancer screening
  - ▶ Improving choices for radiotherapy treatments including proton therapy

Test and Experimentation Facilities  
Key opinion leaders in radiotherapy and cancer screening