

First Steps Towards Self-Supervised Pretraining of the 12-Lead ECG*

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Introduction

Self-Supervised Learning Task and Model Architecture

Experiments

- Pre-Training: Reconstruction

- Training: Classification

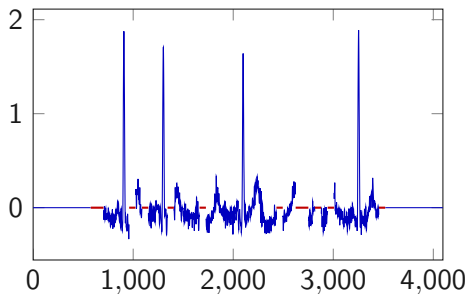
- Diversity of Predictions

Conclusion and Future Work

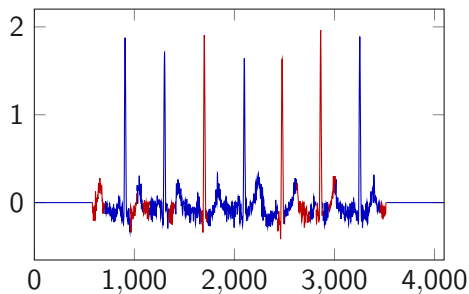
- Supervised learning:
 - state of the art results.
 - high amount of labeled training data necessary.
- Self-supervised learning (SSL):
 - Generate supervision signal from data itself.
 - Use unlabeled data → high amount of available data.
- Fine-tune on downstream task with limited amount of labeled training data.
- Hope: Improve performance on downstream task.
- Contribution: propose a simple self-supervised pre-training method for ECGs

- Inspired by BERT completion task.
- Input: Mask out multiple subsequences of chosen length. Replace with zero.
- Output: Prediction masked subsequences.

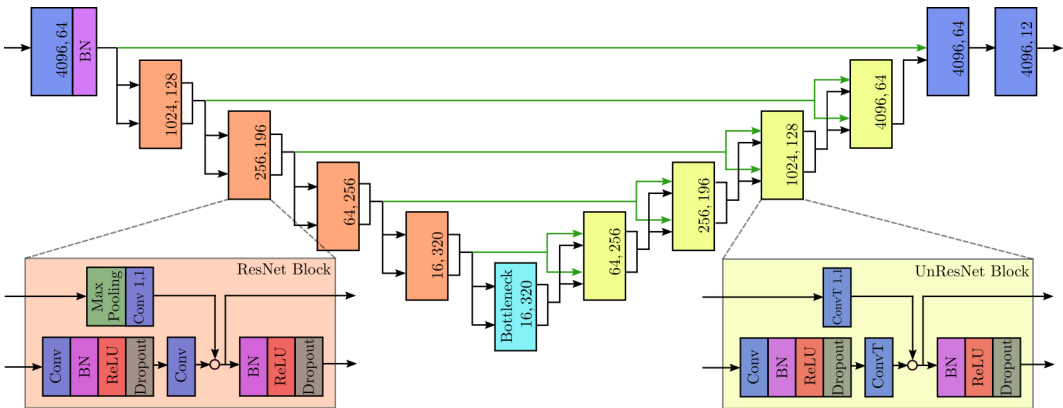
Masked Input



Ground Truth



U-ResNet: A ResNet based encoder-decoder architecture with U-Net skip connections.



Datasets:

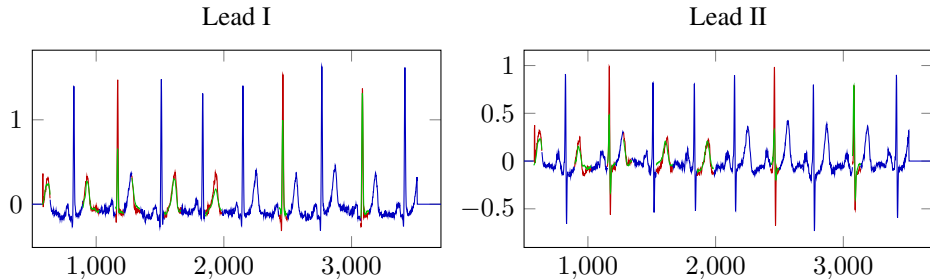
- Pre-training:
 - Brazilian **CODE training**¹ set: 2.3 M. ECGs.
 - Brazilian **CODE test** set: 811 ECGs.
- Training:
 - **CPSC 2018**²: 6,877 ECGs; 8 anomalies.
 - **PTB-XL**³: 21,837 ECGs; 71 anomalies.

¹Alkmim et al., “Improving patient access to specialized health care: the Telehealth Network of Minas Gerais, Brazil”.

²Liu et al., “An Open Access Database for Evaluating the Algorithms of Electrocardiogram Rhythm and Morphology Abnormality Detection”.

³Wagner et al., “PTB-XL, a large publicly available electrocardiography dataset”.

Example of reconstruction from CODE test set.



Average MSE loss when evaluating the reconstruction on different datasets:

CODE train	CODE test	CPSC	PTB-XL
1,197	1,803	17,403	22,011

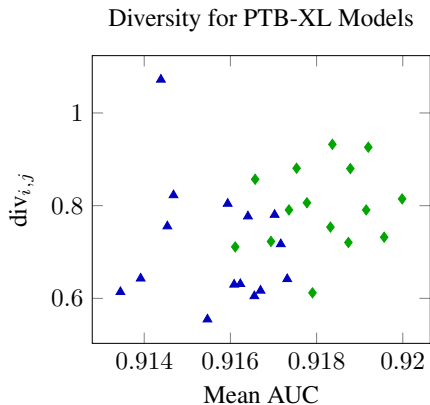
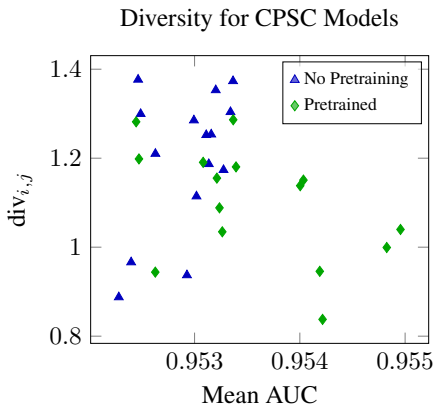
Improvements of model with pre-training (PT) than without pre-training.

Table 1: Results on CPSC (top) and PTB-XL (bottom)

Model	F_{β}	G_{β}	AUC
Ours	.775 \pm .004	.533 \pm .016	.953 \pm .001
Ours + PT	.780 \pm .013	.538 \pm .019	.954 \pm .001

Model	F_{max}	AUC
SOTA ResNet	.767 \pm .008	.919 \pm .008
Ours	.667 \pm .037	.917 \pm .004
Ours + PT	.638 \pm .034	.919 \pm .003

- Often ensemble based models because of higher performance metrics.
- Higher performance is based on diversity of base models.
- Different base models usually obtained with random initialization points.
- Pre-trained model has same starting point.
- Do we still obtain diverse base models?



1. Conclusion

- First steps towards an unsupervised pre-training method for ECGs.
- Introduced simple completion based pre-training task with a U-ResNet.
- Show modest performance boost on challenging downstream tasks.

2. Future Work

- Explore new contrastive self-supervised learning methods.
- Expand on more test data sets.

Thank you!

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-  Alkmim, Maria Beatriz et al. “Improving patient access to specialized health care: the Telehealth Network of Minas Gerais, Brazil”. In: *Bulletin of the World Health Organization* (2012), pp. 373–378.
-  Liu, Feifei et al. “An Open Access Database for Evaluating the Algorithms of Electrocardiogram Rhythm and Morphology Abnormality Detection”. In: *Journal of Medical Imaging and Health Informatics* (2018), pp. 1368–1373.
-  Wagner, Patrick et al. “PTB-XL, a large publicly available electrocardiography dataset”. In: *Scientific Data* (2020).