

Deep models for temporal data with applications to electrocardiography

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Outline



Introduction

Modeling with temporal data

Dynamical system view

Prediction view

Outlook

Outline



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Outlook

Introduction



Deep models for temporal data with applications to electrocardiography

Success of deep learning based on:

- powerful computers
- large data sets
- \Rightarrow Many natural data sets are collected over time





Introduction



In this talk: Different types of modeling temporal data

Part 1:

[Paper I] Deep State Space Models for Nonlinear System Identification D. Gedon, N. Wahlström, T. Schön, L. Ljung 19th IFAC Symposium on System Identification (SYSID), 2021

Part 2:

[Paper II] Automatic 12-lead ECG Classification Using a Convolutional Network Ensemble *A.H. Ribeiro*, **D. Gedon**, *D. Teixeira*, *M.H. Ribeiro*, *A.L. Pinho Ribeiro*, *T. Schön*, *W. Meira Jr.* Computing in Cardiology (CinC), 2020

[Paper III] First Steps Towards Self-Supervised Pretraining of the 12-Lead ECG D. Gedon, A.H. Ribeiro, N. Wahlström, T. Schön Computing in Cardiology (CinC), 2021

[Paper IV] Artificial Intelligence-Based ECG Diagnosis of Myocardial Infarction in Emergency Department Patients

S. Gustafsson^{*}, **D. Gedon**^{*}, *E. Lampa, A.H. Ribeiro, M. Holzmann, T. Schön, J. Sundström* NeurIPS Workshop, 2021 Submitted to Circulation, 2022

+ Ongoing work

Outline



Introduction

Modeling with temporal data

Dynamical system view

Prediction view

Outlook

Modeling with temporal data





Dynamical system view

- time-series to time-series
- Model: replicate system dynamics

Prediction view

- time-series to point
- Model: Classifier / Regressor

Outline



Introduction

Modeling with temporal data

Dynamical system view

Prediction view

Outlook

- Dynamical system view = System identification
- From input-output data to one-step ahead predictor $f_{\phi}(\cdot)$

$$\{(\mathbf{u}_t, \mathbf{y}_t)\}_{t=1}^T \quad \Rightarrow \quad \hat{\mathbf{y}}_{t+1} = f_{\phi}(\mathbf{u}_{1:t}, \mathbf{y}_{1:t})$$

One way to achieve this:

[Paper I] Deep State Space Models for Nonlinear System Identification

• SSM given as

$$\mathbf{h}_t = f_ heta(\mathbf{h}_{t-1}, \mathbf{u}_t, \mathbf{y}_t).$$
 $\mathbf{\hat{y}}_{t+1} = g_ heta(\mathbf{h}_t).$

- deep SSM as extension of classic SSM with Neural Networks
- show that deep SSM are useful for system identification
- Pedagogical paper: explain deep SSM to system identification community





Recurrent Neural Network (RNN)

- Recursive propagation of hidden state.
- Dirac delta function as state transition distribution.



Variational Autoencoder (VAE)

- Decoder: $p_{\theta}(\mathbf{x}|\mathbf{z}) = \mathcal{N}(\mathbf{x}|\boldsymbol{\mu}^{dec}, \boldsymbol{\sigma}^{dec}),$ $[\boldsymbol{\mu}^{dec}, \boldsymbol{\sigma}^{dec}] = NN_{\theta}^{dec}(\mathbf{z}).$
- Prior: $p_{\theta}(\mathbf{z}) = \mathcal{N}(\mathbf{z}|\mathbf{0}, \mathbf{I}).$
- Encoder: $q_{\phi}(\mathbf{z}|\mathbf{x}) = \mathcal{N}(\mathbf{z}|\boldsymbol{\mu}^{\text{enc}}, \boldsymbol{\sigma}^{\text{enc}}),$ $[\boldsymbol{\mu}^{\text{enc}}, \boldsymbol{\sigma}^{\text{enc}}] = \text{NN}_{\phi}^{\text{enc}}(\mathbf{x}).$





- Require a temporal extension of the VAE. \rightarrow combine RNN and VAE
- Prior: update with RNN output, $p_{\theta}(\mathbf{z}_t | \mathbf{h}_t) = \mathcal{N}\left(\mathbf{z}_t | \boldsymbol{\mu}_t^{\text{prior}}, \boldsymbol{\sigma}_t^{\text{prior}}\right),$ $[\boldsymbol{\mu}_t^{\text{prior}}, \boldsymbol{\sigma}_t^{\text{prior}}] = NN_{\theta}^{\text{prior}}(\mathbf{h}_t).$

[Paper I] studies six variants of deep SSM





Linear Gaussian system:

$$\begin{split} \mathbf{x}_{k+1} &= \begin{bmatrix} 0.7 & 0.8 \\ 0 & 0.1 \end{bmatrix} \mathbf{x}_k + \begin{bmatrix} -1 \\ 0.1 \end{bmatrix} \mathbf{u}_k + \mathbf{v}_k, \\ \mathbf{y}_k &= \begin{bmatrix} 1 & 0 \end{bmatrix} \mathbf{x}_k + \mathbf{w}_k, \\ \mathbf{v}_k &\sim \mathcal{N}\left(0, 0.5 \cdot \mathbf{I}\right), \ \mathbf{w}_k \sim \mathcal{N}\left(0, 1\right). \end{split}$$

Toy Problem: Linear Gaussian System



Nonlinear Narendra-Li benchmark:

- highly nonlinear dynamics
- two states





Dynamical system view - Deep SSM results







Ongoing work: Deep Learning for System Identification Survey

- Deep SSM is just one method
- Lots of overlap between system identification and deep learning method
- Example: general modeling procedure





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Outlook



Prediction view = obtain a point prediction

 $\mathbb{R}^t o \mathbb{R}$ for regression

 $\mathbb{R}^t o \mathbb{Z}$ for classification



Prediction view - General



Problems we are facing:

• Data of varying length

[Paper II] Automatic 12-lead ECG Classification Using a Convolutional Network Ensemble

• Lots of unlabeled data

[Paper III] First Steps Towards Self-Supervised Pretraining of the 12-Lead ECG

• Model improvements

[Paper IV] Artificial Intelligence-Based ECG Diagnosis of Myocardial Infarction in Emergency Department Patients

- Label noise
- Uncertain predictions

Ongoing work



[Paper II] Automatic 12-lead ECG Classification Using a Convolutional Network Ensemble

Model of choice: adapted ResNet



 \Rightarrow Requires fixed input size

Prediction view - Varying length



How to deal with varying input size?



How to combine predictions?





Can we use this method to improve overall performance?





[Paper III] First Steps Towards Self-Supervised Pretraining of the 12-Lead ECG

- Most data is collected without high quality labels
- Raw data itself contains lots of information
- How to utilize this information?
- \Rightarrow Use self-supervised methods
 - Generate label from the signal itself
 - 1. Self-supervised pre-training (lots of data)
 - 2. Fine tuning on downstream task (limited data)

- Completion based generation of labels.
- Input: Replace subsequences of chosen length with zero.
- Output: Predict masked subsequences.



• Problem: How many samples to mask? Too easy vs too hard completion.



Model architecture

U-ResNet: ResNet based encoder-decoder + U-Net skip connections.







[Paper IV] Artificial Intelligence-Based ECG Diagnosis of Myocardial Infarction in Emergency Department Patients

- \Rightarrow Solve difficult real world problem.
 - Myocardial Infarctions (MIs):
 - 9M deaths/year, 200M disability-adjusted life years/year, and rising.
 - False negatives: 10-50,000 missed cases/year at EDs in the United States.
 - False positives: Less than half of those hospitalized for a suspected MI are diagnosed. \rightarrow High burden on public health.
 - ECG:
 - ST-elevation MI (STEMI) \rightarrow detect in ECG
 - non-ST-elevation-MI (NSTEMI) \rightarrow require blood testing







Splitting of the data set:



Highly unbalanced data set:

	Control	STEMI	NSTEMI
Absolute	484,992	1,818	5,416
Relative	98.5%	0.4%	1.1%



Results from model improvement on smaller data set



AUROC (\uparrow) : Class vs Control

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Final results



Numeric results on test sets				
		Random	Temporal	
AUROC (†)	Control	0.86 (0.004)	0.90 (0.005)	
	STEMI	0.99 (0.002)	0.99 (0.001)	
	NSTEMI	0.83 (0.004)	0.87 (0.006)	
	MI	0.86 (0.004)	0.90 (0.004)	
Brier (↓)	Control	0.18 (0.000)	0.18 (0.000)	
	STEMI	0.05 (0.000)	0.05 (0.000)	
	NSTEMI	0.05 (0.000)	0.05 (0.000)	

ROC curve.

Top: temporal split. Bottom: random split.



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Model analysis

$\mathsf{Grad}\text{-}\mathsf{CAM}$ plots \rightarrow identify patterns of the model



- ST-segment elevation
- typical for humans



- Down-sloping T-wave
- untypical for humans

NSTEMI



- ST-segment depression
- humans would not sus-

pect a MI



Introduction

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Outlook

Outlook - Ongoing work



Further real-world data problems:

- 1. Label noise
 - Chagas prediction
 - Self-reported noisy labels
 - Mismatch of training and test label quality
- 2. Uncertain predictions
 - Predict electrolyte values
 - Regression
 - Use Gaussian/Laplace approximations





Outlook - Ongoing work

Inspired by self-supervised models:

- Self-supervised as specific unsupervised model
- Try to understand properties of unsupervised models
- Specifically analyse simple overparametrized models







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