



A Systematic Benchmarking Analysis of Transfer Learning for Medical Image Analysis

Mohammad Reza Hosseinzadeh Taher¹, Fatemeh Haghighi¹, Ruibin Feng²,
Michael B. Gotway³, and Jianming Liang¹

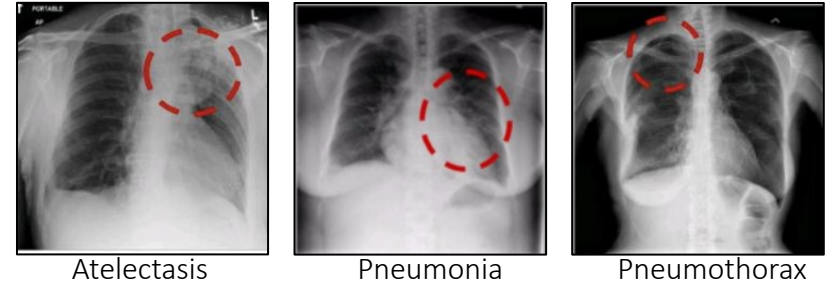
¹ Arizona State University ² Stanford University ³ Mayo Clinic

Transfer Learning



Knowledge Transfer

Thorax Diseases Classification



Skin Diseases Classification



Diabetic Retinopathy Classification



- + Improving the performance of the target task
- + Accelerating the target model convergence
- + Reducing human annotation-efforts

Fine-grained Pre-training ?

Self-supervised Pre-training ?

Supervised **IM****GENET** Pre-training

Medical Pre-training ?

Domain-adaptive Pre-training ?

How do newly-developed pre-training techniques work for medical image analysis?

iNaturalist

VS.

IMAGENET

IMAGENET

Partridge



Magpie



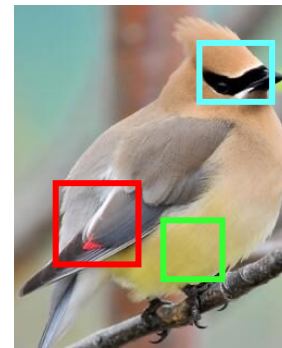
Coarse-grained dataset



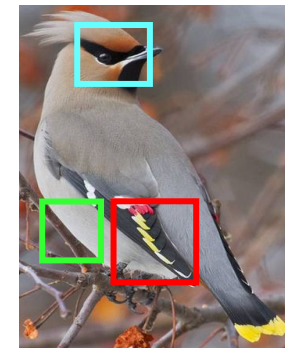
Coarse-grained features

iNaturalist

Cedar Waxwing



Bohemian Waxwing

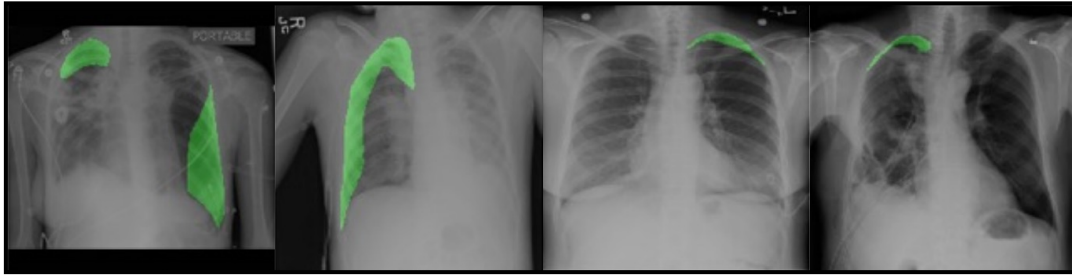


Fine-grained dataset



Fine-grained features

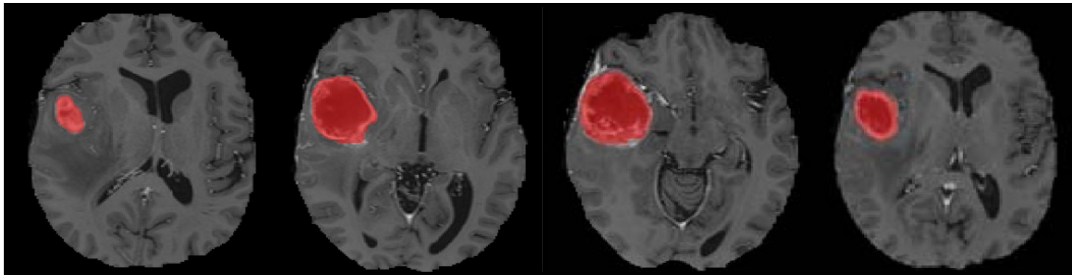
Fine-grained Tasks Demand Fine-grained Features



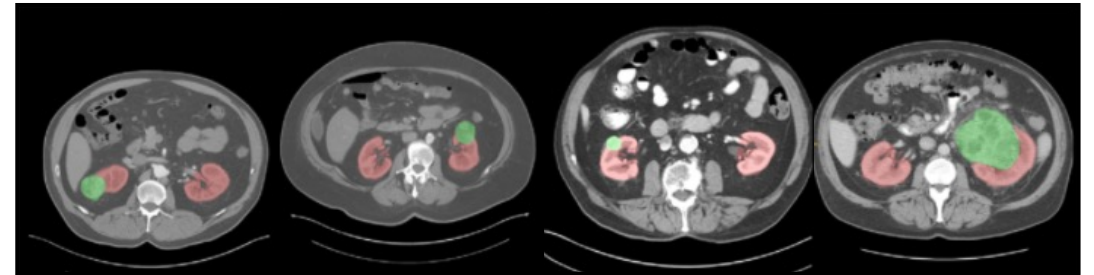
Pneumothorax segmentation



Blood vessel segmentation



Brain tumor segmentation



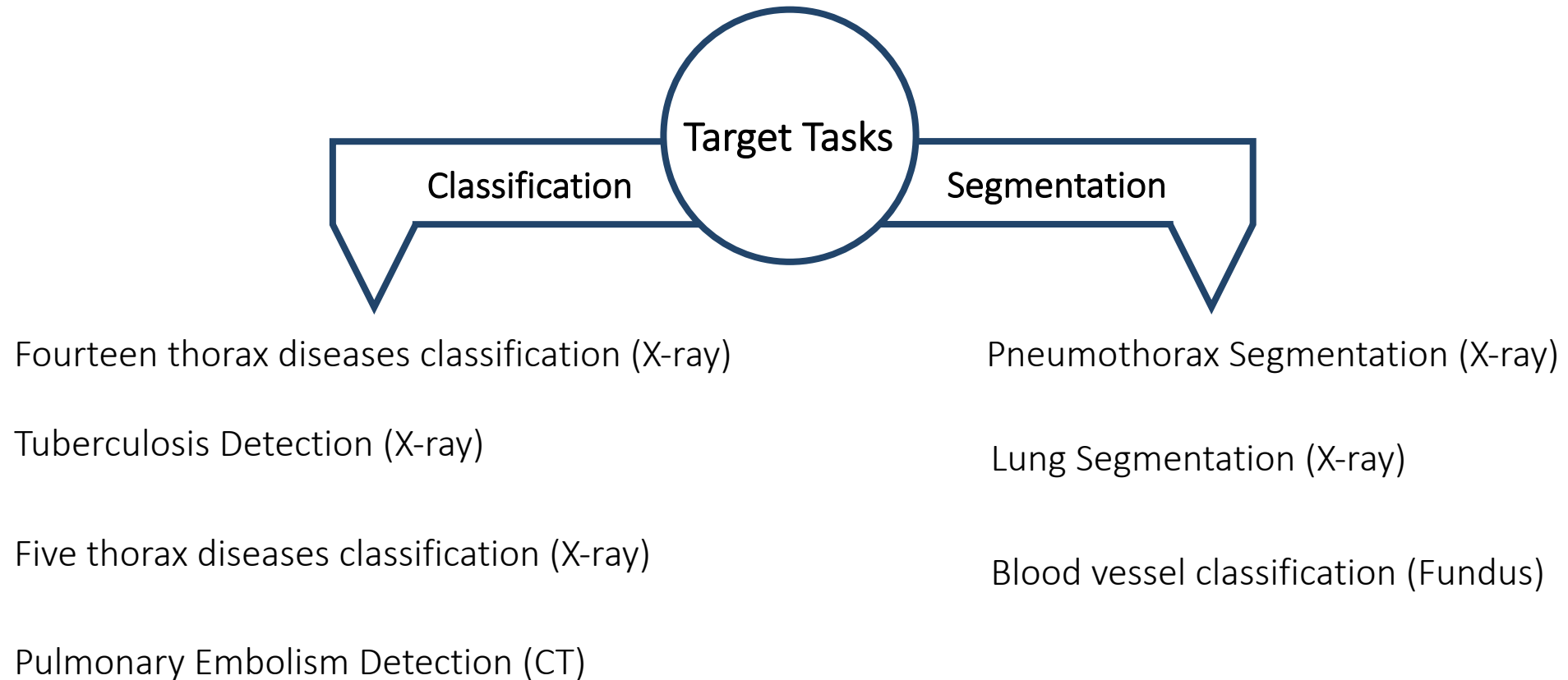
Kidney/lesion segmentation



1

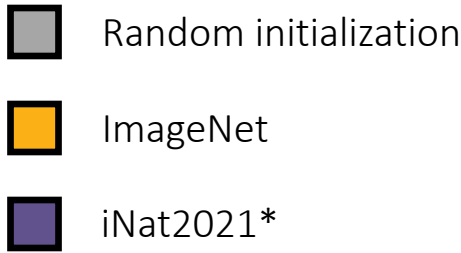
What advantages can supervised iNat2021 models offer for medical imaging in comparison with supervised ImageNet models?

Benchmarking the Transferability of Supervised iNat2021 Model

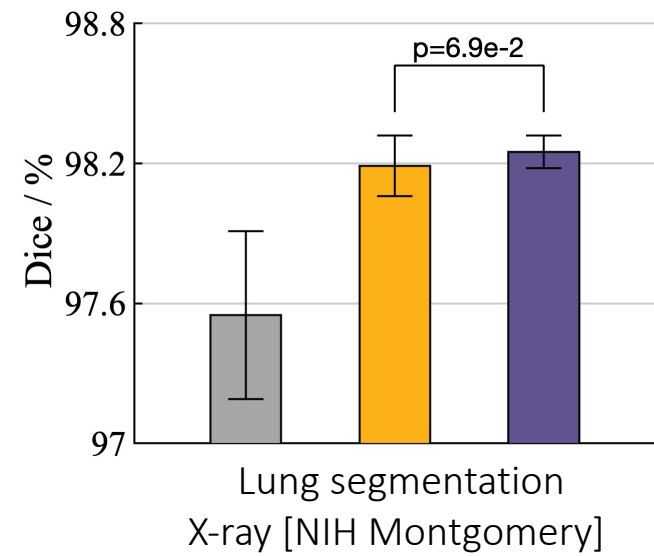
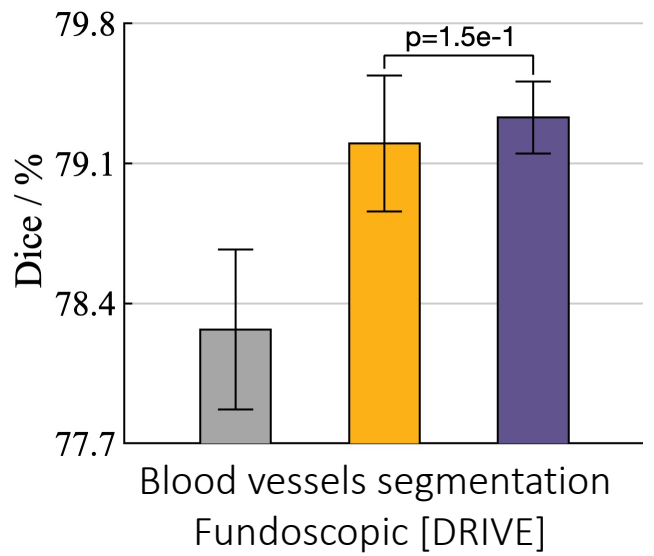
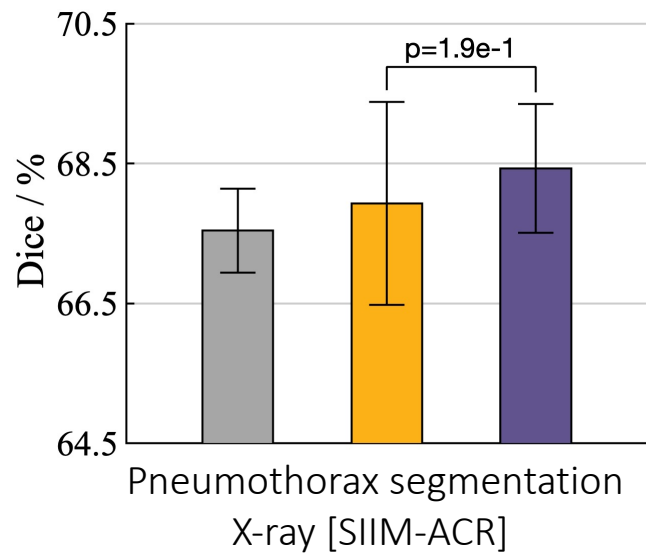


Result I: Pre-trained model on iNat2021 is better suited for segmentation tasks

- ✓ Finer data granularity of iNat2021 yields a more fine-grained visual feature space
 - ✓ Capturing essential pixel-level cues for medical segmentation tasks

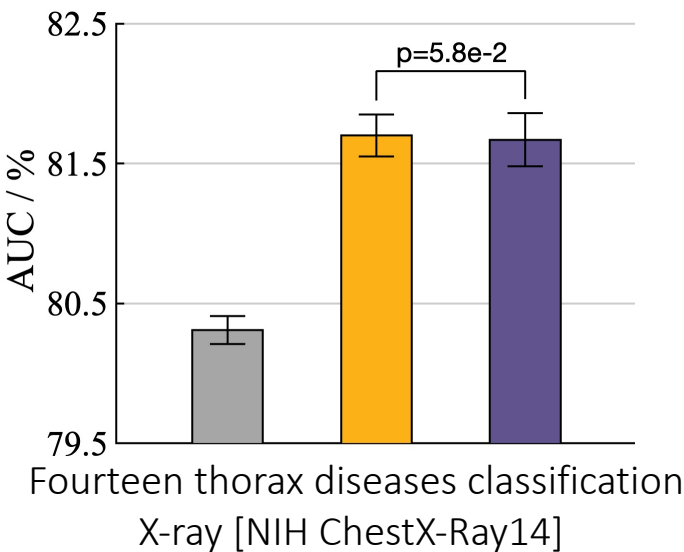


**The most recent large-scale fine-grained datasets*



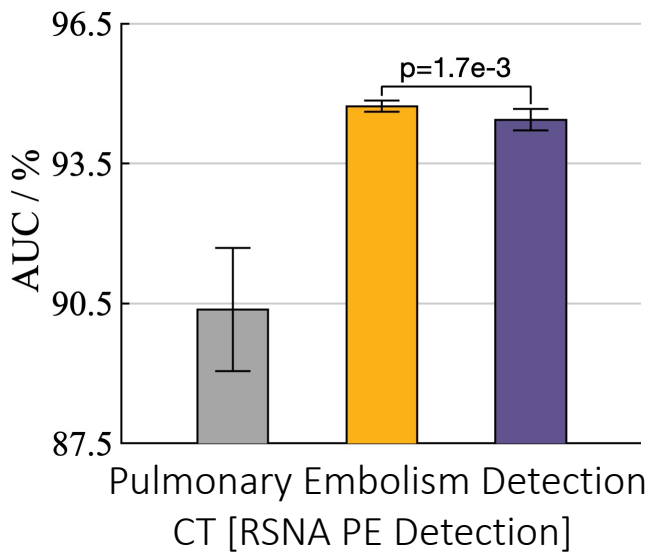
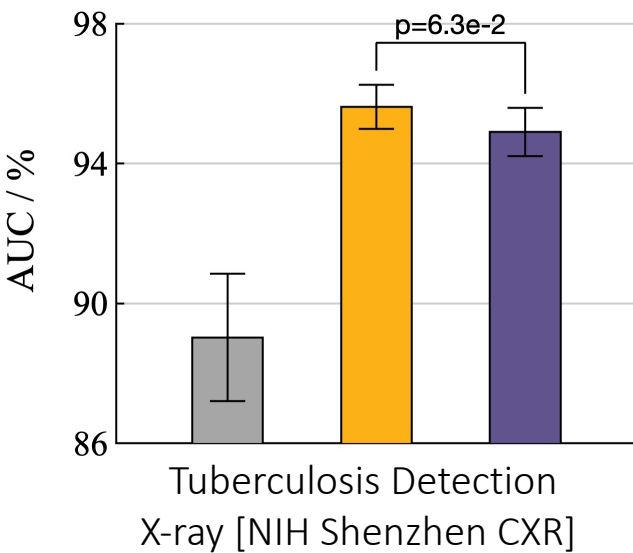
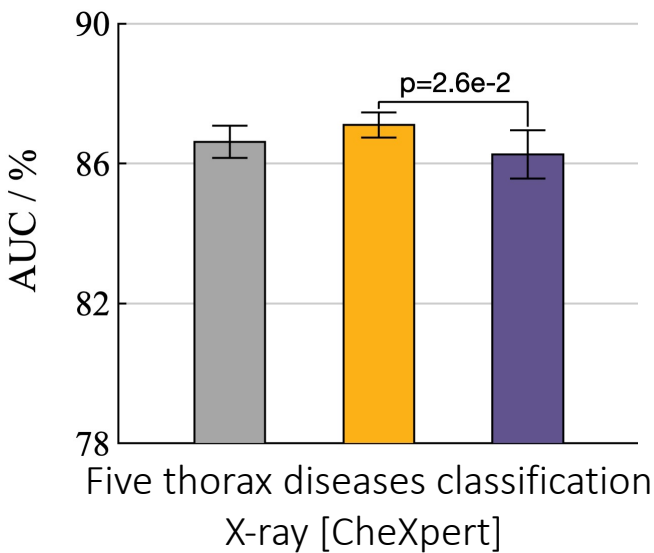
Result I: Pre-trained model on ImageNet is superior on classification tasks

✓ Coarser data granularity yields high-level semantic features.



Random initialization
ImageNet
iNat2021*

**The most recent large-scale fine-grained datasets*





1

What advantages can supervised iNat2021 models offer for medical imaging in comparison with supervised ImageNet models?

Pre-trained models on fine-grained data are better suited for segmentation tasks, while pre-trained models on coarse-grained data prevail on classification tasks.

Self-supervised ImageNet models

VS.

Supervised ImageNet models

Supervised Learning

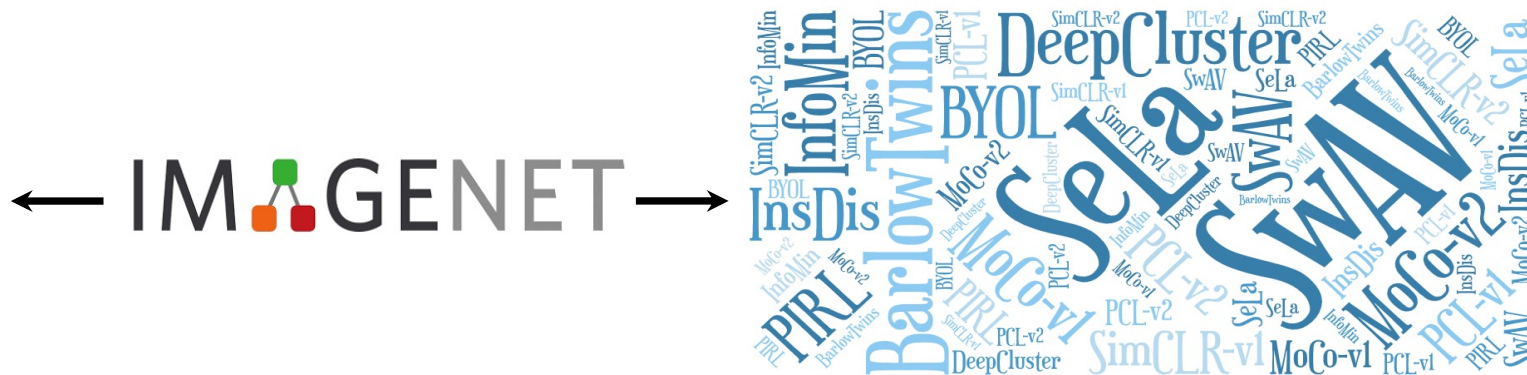


High-level semantics



Domain-specific features

Self-supervised Learning

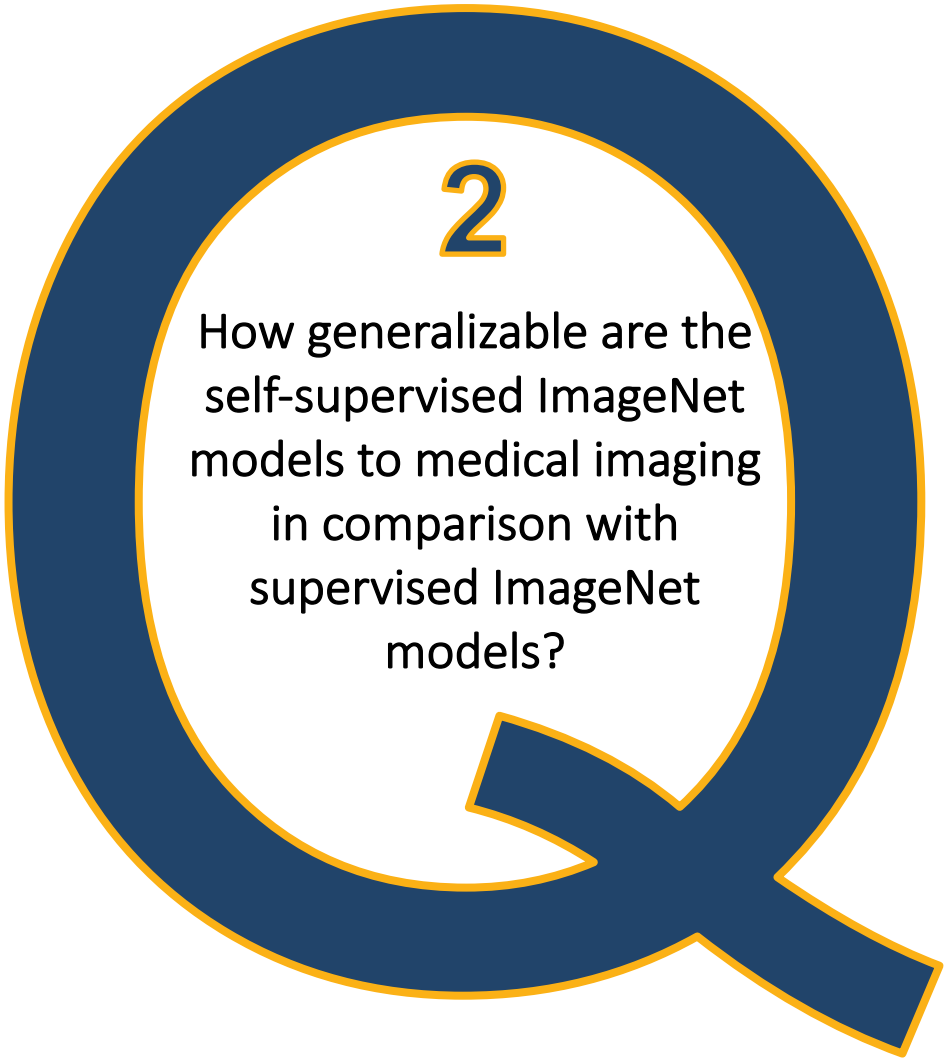


Low/mid-level semantics



More generalizable features

A. Islam, et al. "A Broad Study on the Transferability of Visual Representations with Contrastive Learning". ICCV. 2021.



2

How generalizable are the self-supervised ImageNet models to medical imaging in comparison with supervised ImageNet models?

Benchmarking the Transferability of 14 Self-supervised Methods

- ① Contrastive learning based on instance discrimination
InsDis, MoCo-v1, MoCo-v2, SimCLR-v1, SimCLR-v2, and BYOL
- ② Contrastive learning based on JigSaw shuffling
PIRL
- ③ Clustering
DeepCluster-v2 and SeLa-v2
- ④ Clustering bridging Contrastive learning
PCL-v1, PCL-v2, and SwAV
- ⑤ Mutual information reduction
InfoMin
- ⑥ Redundancy reduction
Barlow Twins

Result II: Top self-supervised ImageNet models outperform supervised ImageNet model

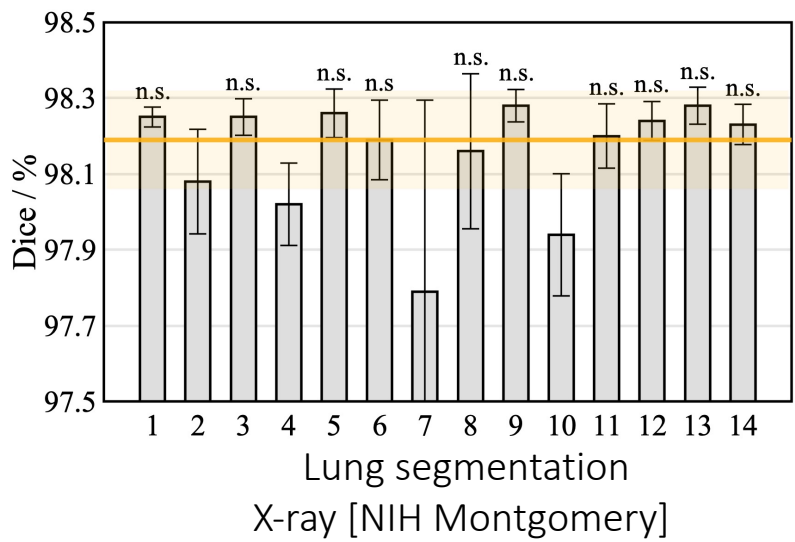
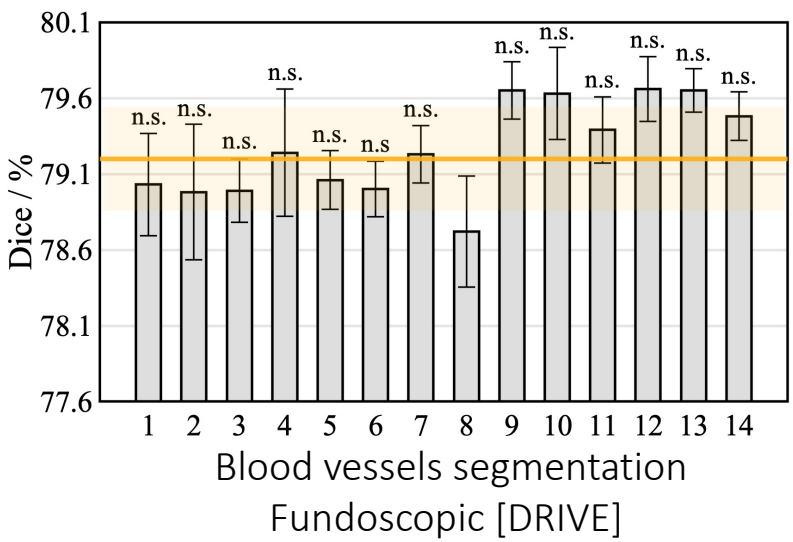
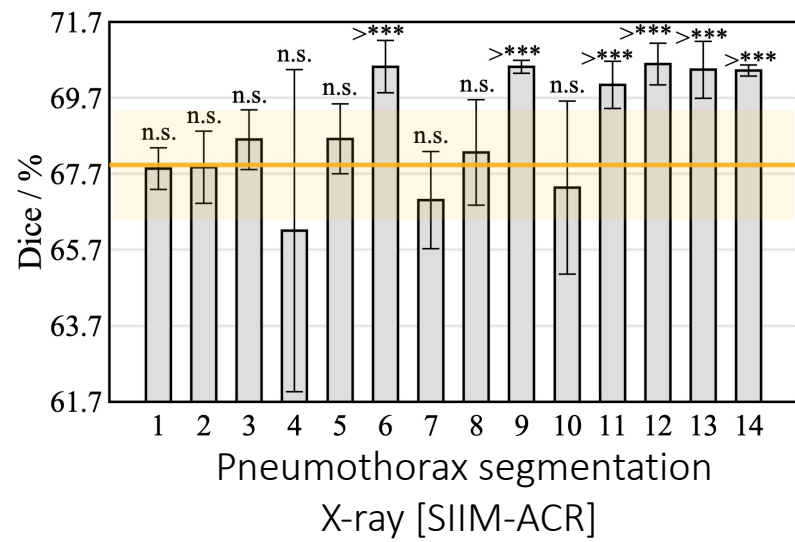
✓ Self-supervised models attend to larger image regions, helping in higher transferability to segmentation tasks.

1: InsDis	5: PCL-v2	9: Sela-v2	13: SwAV
2: MoCo-v1	6: SimCLR-v1	10: InfoMin	14: Barlow Twins
3: PCL-v1	7: MoCo-v2	11: BYOL	
4: PIRL	8: SimCLR-v2	12: DeepCluster-v2	

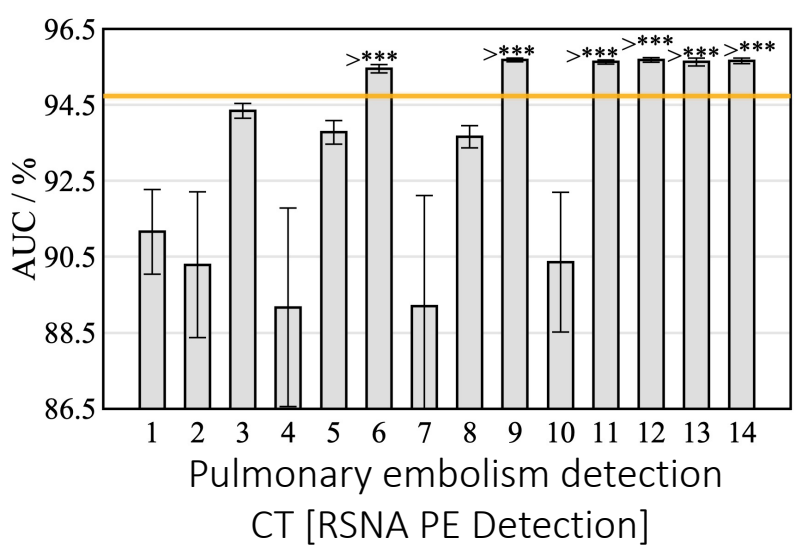
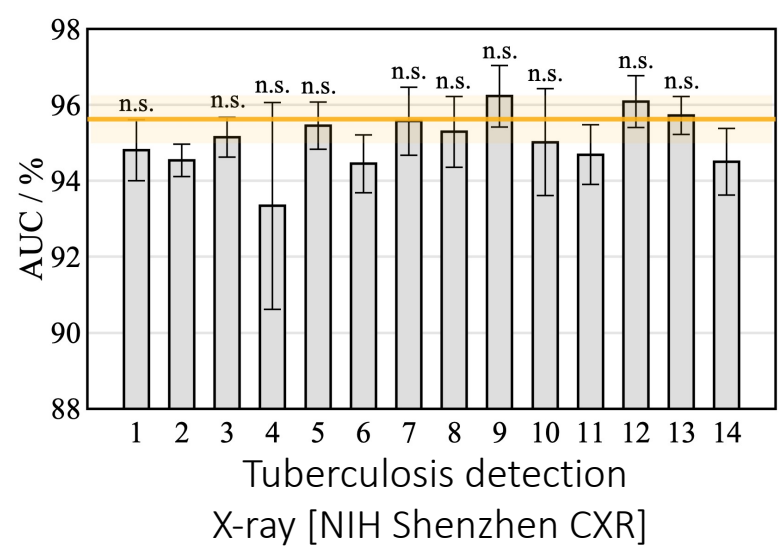
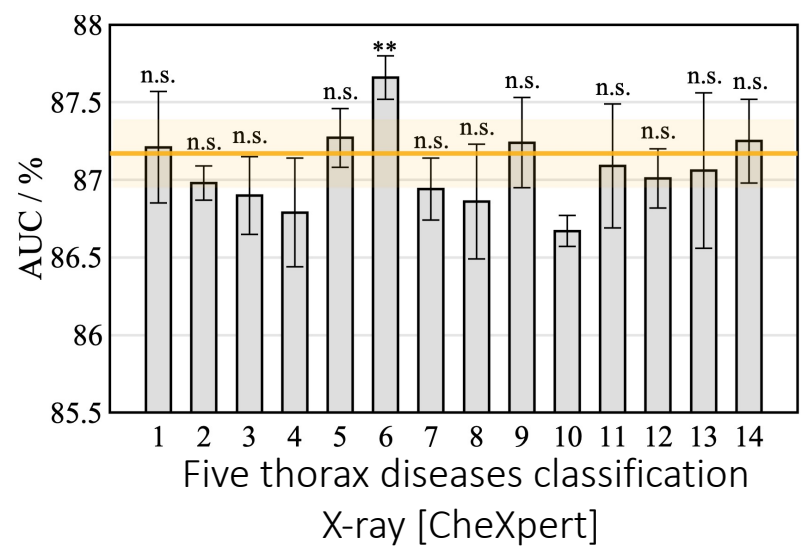
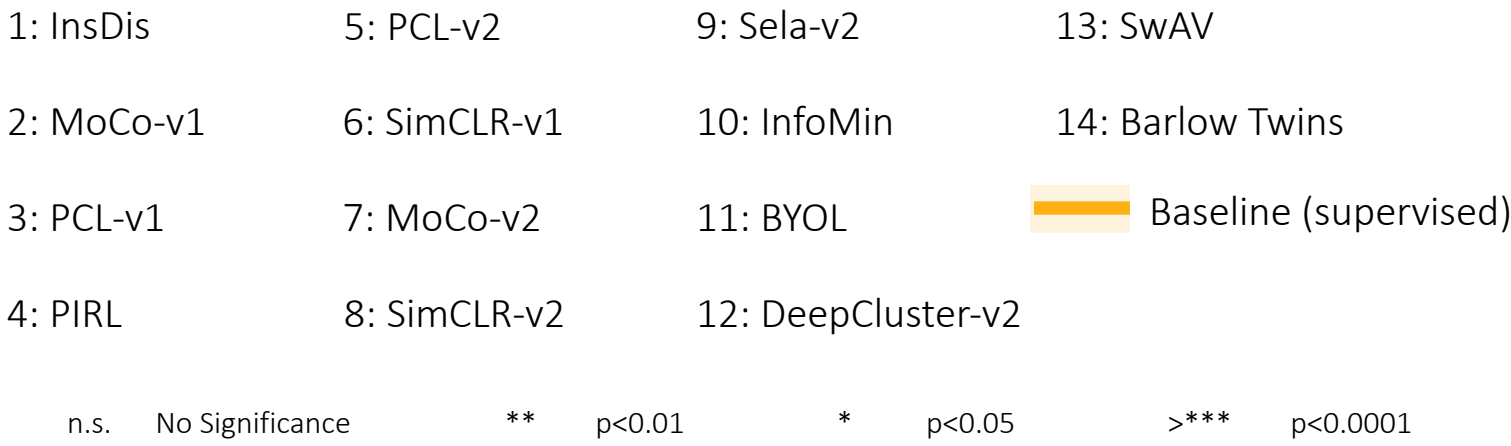
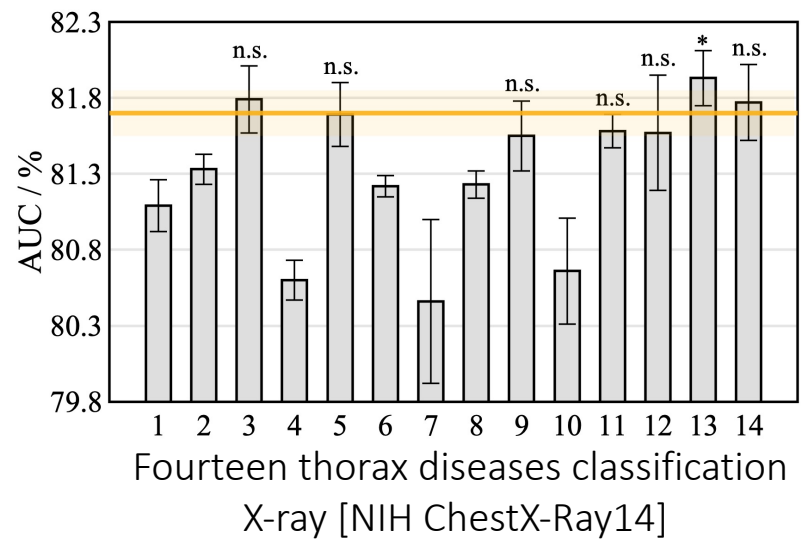
Baseline (supervised)

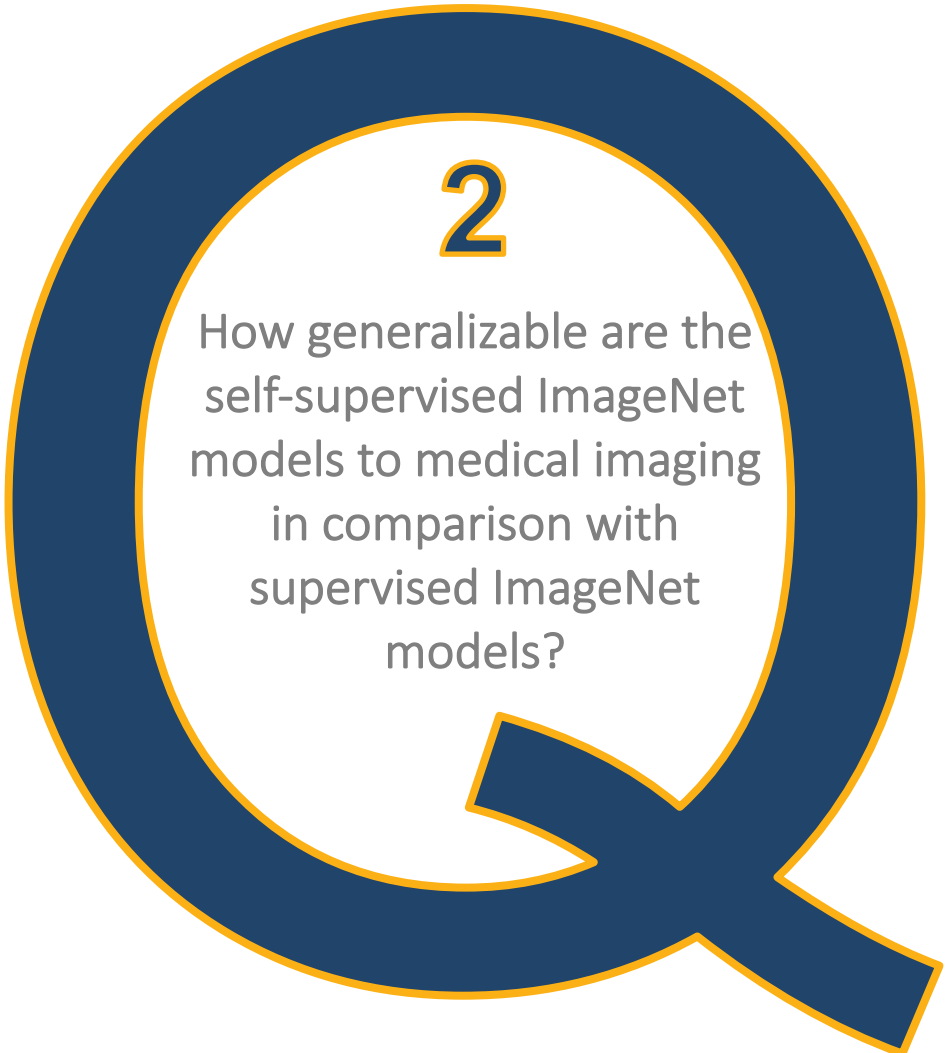
L. Ericsson, et al. CVPR. 2021.

n.s. No Significance ** p<0.01 * p<0.05 >*** p<0.0001



Result II: Top self-supervised ImageNet models outperform supervised ImageNet model





2

How generalizable are the self-supervised ImageNet models to medical imaging in comparison with supervised ImageNet models?

Self-supervised ImageNet models learn holistic features more effectively than supervised ImageNet models.

Domain-adapted models

VS.

Supervised ImageNet models

Natural Images



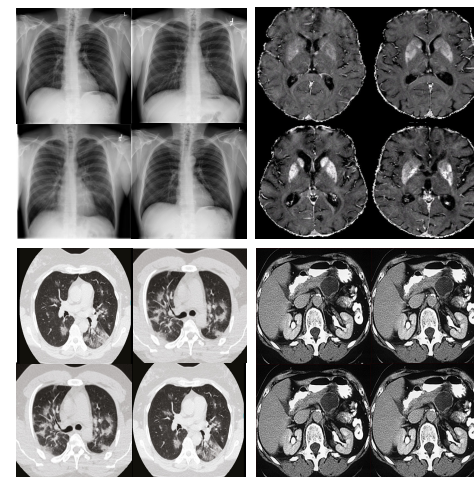
Colorful

Different objects

Lower resolution

Domain
shift

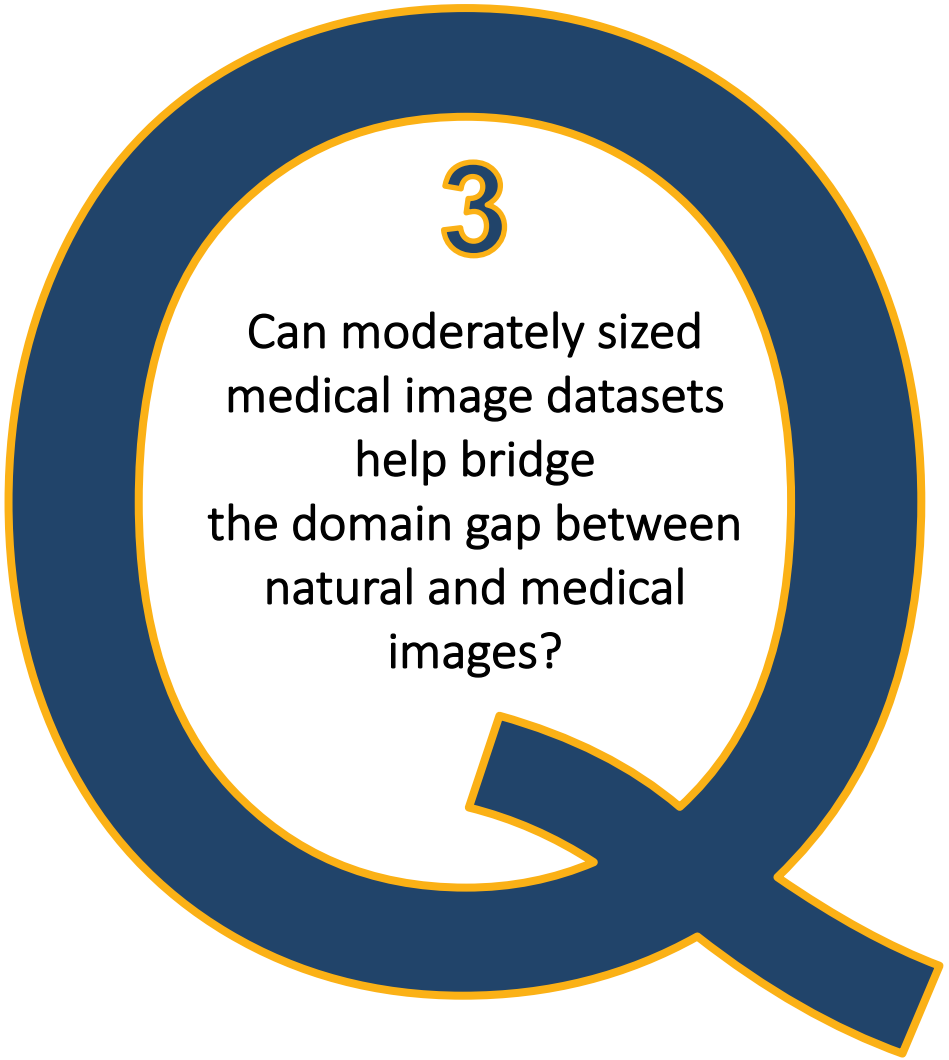
Medical Images



Grayscale

Consistent anatomical structures

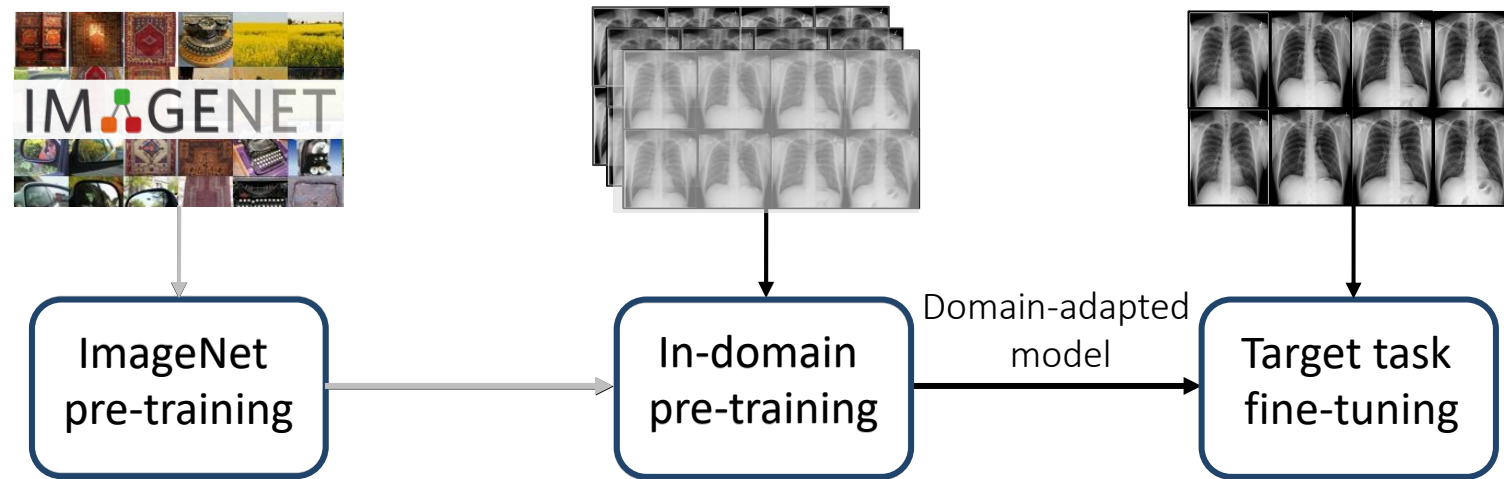
Higher resolution



3

Can moderately sized
medical image datasets
help bridge
the domain gap between
natural and medical
images?

Domain-adaptive Pre-training



Result III: Continual pre-training bridges the domain gap between natural and medical images

Task	Initialization	Scratch	ImageNet	ChestX-ray14	CheXpert	ImageNet→ ChestX-ray14	ImageNet→ CheXpert
14 thorax diseases classification		80.31±0.10	81.70±0.15	---	81.99±0.08	---	82.25±0.18
5 thorax diseases classification		86.60±0.17	87.10±0.36	87.40±0.26	---	87.09±0.44	---
Tuberculosis detection		89.03±1.82	95.62±0.63	96.32±0.65	97.07±0.95	98.47±0.26	97.33±0.26
Pneumothorax segmentation		67.54±0.60	67.93±1.45	68.92±0.98	69.30±0.50	69.52±0.38	69.36±0.49
Lung segmentation		97.55±0.36	98.19±0.13	98.18±0.06	98.25±0.04	98.27±0.03	98.31±0.05

*When pre-training and target tasks are the same, transfer learning is not applicable, denoted by “---”.

Result III: Continual pre-training bridges the domain gap between natural and medical images

Task	Initialization	Scratch	ImageNet	ChestX-ray14	CheXpert	ImageNet→ ChestX-ray14	ImageNet→ CheXpert
14 thorax diseases classification		80.31±0.10	81.70±0.15	---	81.99±0.08	---	82.25±0.18
5 thorax diseases classification		86.60±0.17	87.10±0.36	87.40±0.26	---	87.09±0.44	---
Tuberculosis detection		89.03±1.82	95.62±0.63	96.32±0.65	97.07±0.95	98.47±0.26	97.33±0.26
Pneumothorax segmentation		67.54±0.60	67.93±1.45	68.92±0.98	69.30±0.50	69.52±0.38	69.36±0.49
Lung segmentation		97.55±0.36	98.19±0.13	98.18±0.06	98.25±0.04	98.27±0.03	98.31±0.05

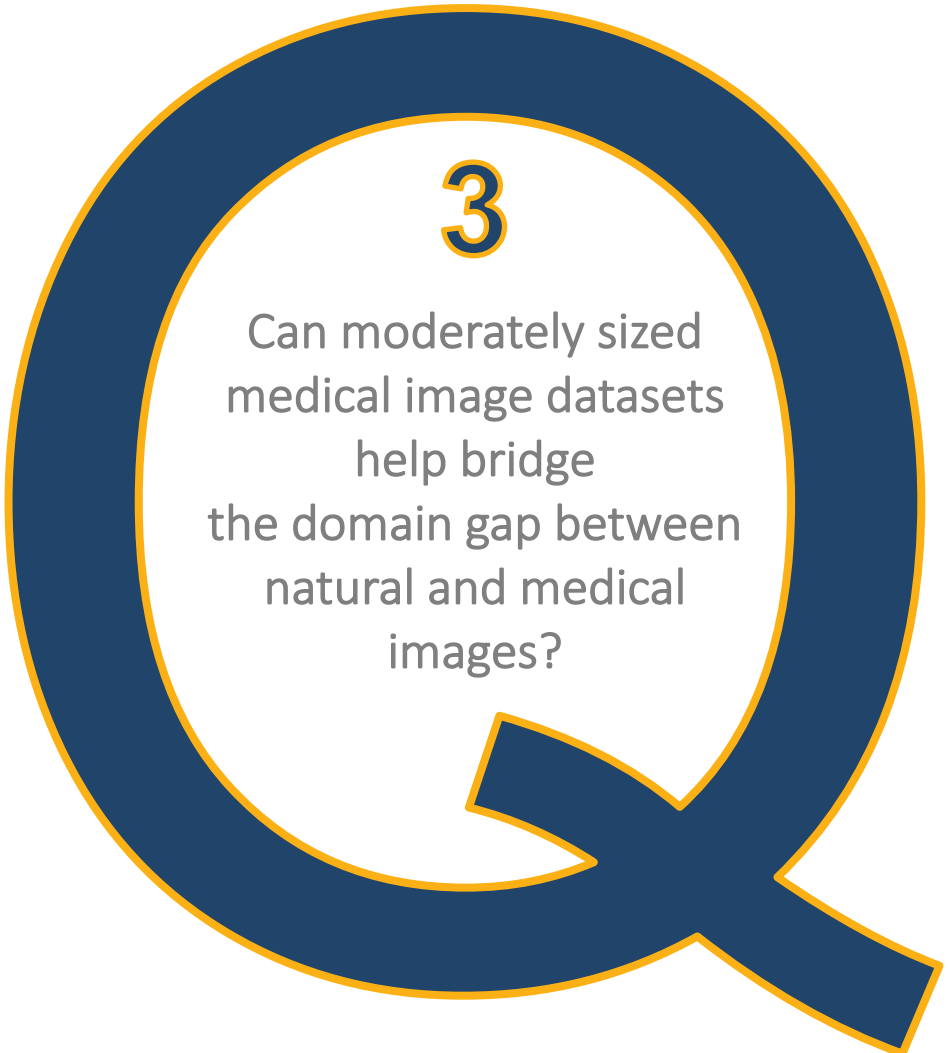
*When pre-training and target tasks are the same, transfer learning is not applicable, denoted by “---”.

Result III: Continual pre-training bridges the domain gap between natural and medical images

Task \ Initialization	Scratch	ImageNet	ChestX-ray14	CheXpert	ImageNet → ChestX-ray14	ImageNet → CheXpert
14 thorax diseases classification	80.31±0.10	81.70±0.15	---	81.99±0.08	---	82.25±0.18
5 thorax diseases classification	86.60±0.17	87.10±0.36	87.40±0.26	---	87.09±0.44	---
Tuberculosis detection	89.03±1.82	95.62±0.63	96.32±0.65	97.07±0.95	98.47±0.26	97.33±0.26
Pneumothorax segmentation	67.54±0.60	67.93±1.45	68.92±0.98	69.30±0.50	69.52±0.38	69.36±0.49
Lung segmentation	97.55±0.36	98.19±0.13	98.18±0.06	98.25±0.04	98.27±0.03	98.31±0.05

*When pre-training and target tasks are the same, transfer learning is not applicable, denoted by “---”.

*The best methods are bolded while the others are highlighted in blue if they achieve equivalent performance compared with the best one (i.e., $p > 0.05$).



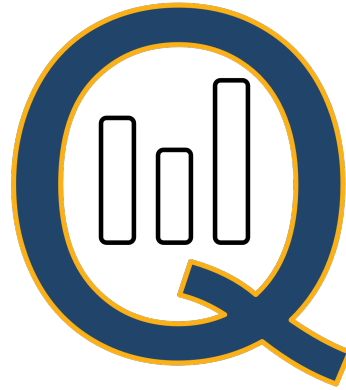
3

Can moderately sized
medical image datasets
help bridge
the domain gap between
natural and medical
images?

Continual pre-training bridges the domain gap between natural and medical images.

Benchmarking Transfer Learning for Medical Imaging

- ✓ What truly matters for the segmentation tasks is fine-grained representation
- ✓ Self-supervised ImageNet models learn holistic features more effectively than supervised ImageNet models
- ✓ Continual pre-training can bridge the domain gap between natural and medical images



A Systematic Benchmarking Analysis of Transfer Learning for Medical Image Analysis

Try it for yourself

Code, data, and models
are available online

github.com/JLiangLab/BenchmarkTransferLearning



References

For figures in slide 2, credit to:

1. Wang, X., et al.; ChestX-ray8: Hospital-scale Chest X-ray Database and Benchmarks on Weakly-Supervised Classification and Localization of Common Thorax Diseases. Proceedings of the IEEE Conference on Computer Vision and Pattern Recognition (CVPR), 2017, pp. 2097-2106.
2. Esteva, A., et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature 542, 115–118 (2017).
3. Papadopoulos, A., et al. An interpretable multiple-instance approach for the detection of referable diabetic retinopathy in fundus images. Sci Rep 11, 14326 (2021).

For figures in slide 6, credit to:

1. Zhao, Q., et al; Pneumothorax Detection and Localization in X-Ray Images Given Richer Annotation Information. SIIM Conference on Machine Intelligence in Medical Imaging. 2018.
2. Zhan, T. et al. Brain Tumor Segmentation in Multi-modality MRIs Using Multiple Classifier System and Spatial Constraint. 2015 3rd International Conference on Computer, Information and Application (2015): 18-21.
3. Santini, G.; AI in Medical Imaging: The Kidney Tumor Segmentation Challenge. 2019
4. Tavakoli, M., et al. Unsupervised automated retinal vessel segmentation based on Radon line detector and morphological reconstruction. IET Image Processing 15 (7), pp. 1484-1498, 2021.