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# Construction et apprentissage sous contraintes de réseaux monotones pour une classification interprétable et la détection d'anomalies

Valentine Wagnier-Dauchelle, Thomas Grenier, Françoise Durand-Dubief,  
François Cotton, Michaël Sdika

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# Building, Training and Constraining Non-Negative Networks to Improve Interpretability

CREATIS

V. WARGNIER-DAUCHELLE<sup>1</sup>, T. GRENIER<sup>1</sup>, F. DURAND-DUBIEF<sup>1,3</sup>, F. COTTON<sup>1,2</sup>, M. SDIKA<sup>1</sup>

<sup>1</sup>INSA-Lyon, Université Claude Bernard Lyon 1, CNRS, Inserm, CREATIS UMR 5220, U1294, Lyon, France

<sup>2</sup>Service de Radiologie, Centre Hospitalier Lyon-Sud, Hospices Civils de Lyon, Pierre-Bénite, France

<sup>3</sup>Service de Neurologie A, Hôpital Neurologique, Hospices Civils de Lyon, Bron, France

## INTRODUCTION

The lack of interpretability of deep learning reduces understanding of what happens when a network does not work as expected and hinders its use in critical fields like medicine, which require **transparency of decisions**.

## AIM

A **healthy vs pathological images classification** model should rely on radiological signs and not on some training dataset biases. We propose to **build, train and constrain a monotonic classifier**, which has some intrinsic explicability properties, such that its decision is based on relevant radiological structures in an unsupervised way. The trained network can be used for **interpretable classification** consistent with high-level clinical knowledge but also as **weakly-supervised pathology segmentation** network.

## METHOD

We design the architecture described in Figure 1. The interpretable features space benefits from several intrinsic explicability properties: they are **ordered**, with a **known bound** between healthy/pathological and the **counterfactual examples are more readable** as we can find a **positive  $\alpha$**  (see Figure 2).

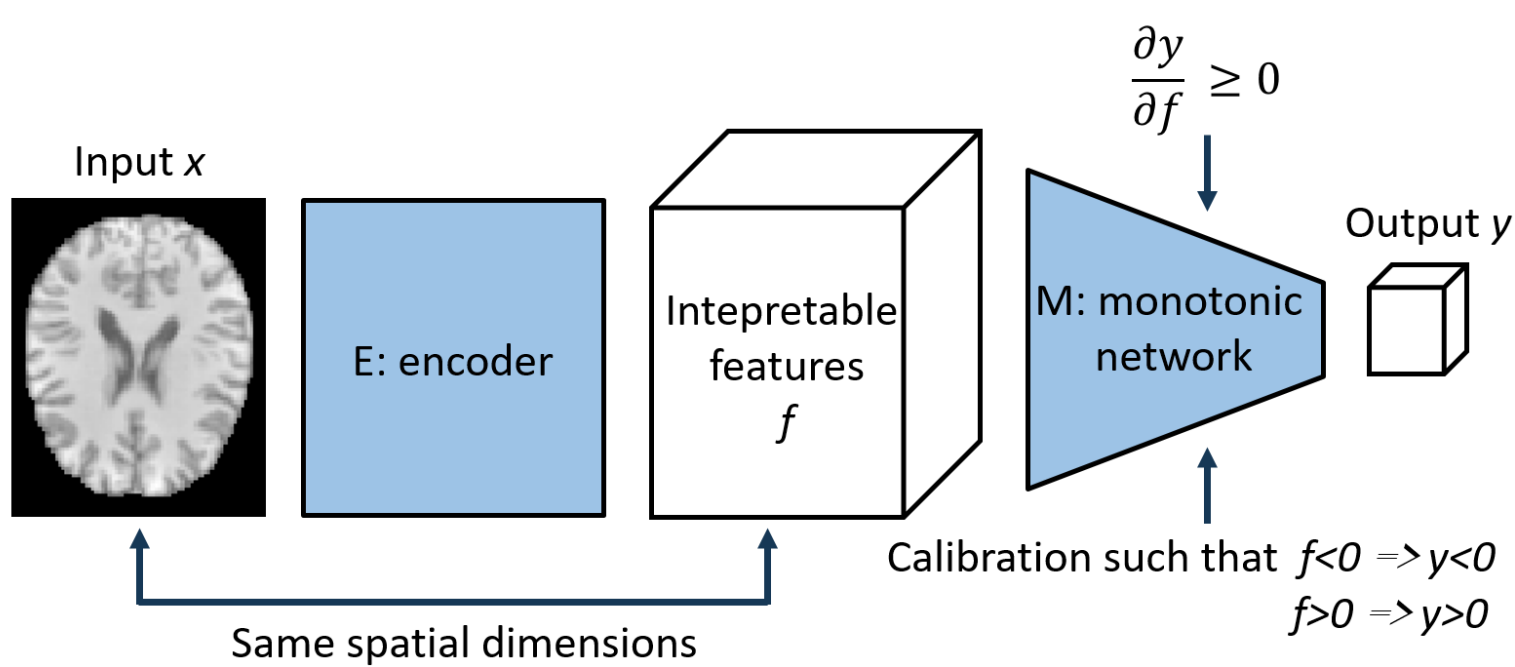


Figure 1: Overall architecture

### Building

For the M network, **weights are parameterized to be positive**, we **remove biases**, use **convex activations** ( $r(x)$ ) on half of the features and **concave** ( $-r(-x)$ ) on the other half and **remove normalization** layers.

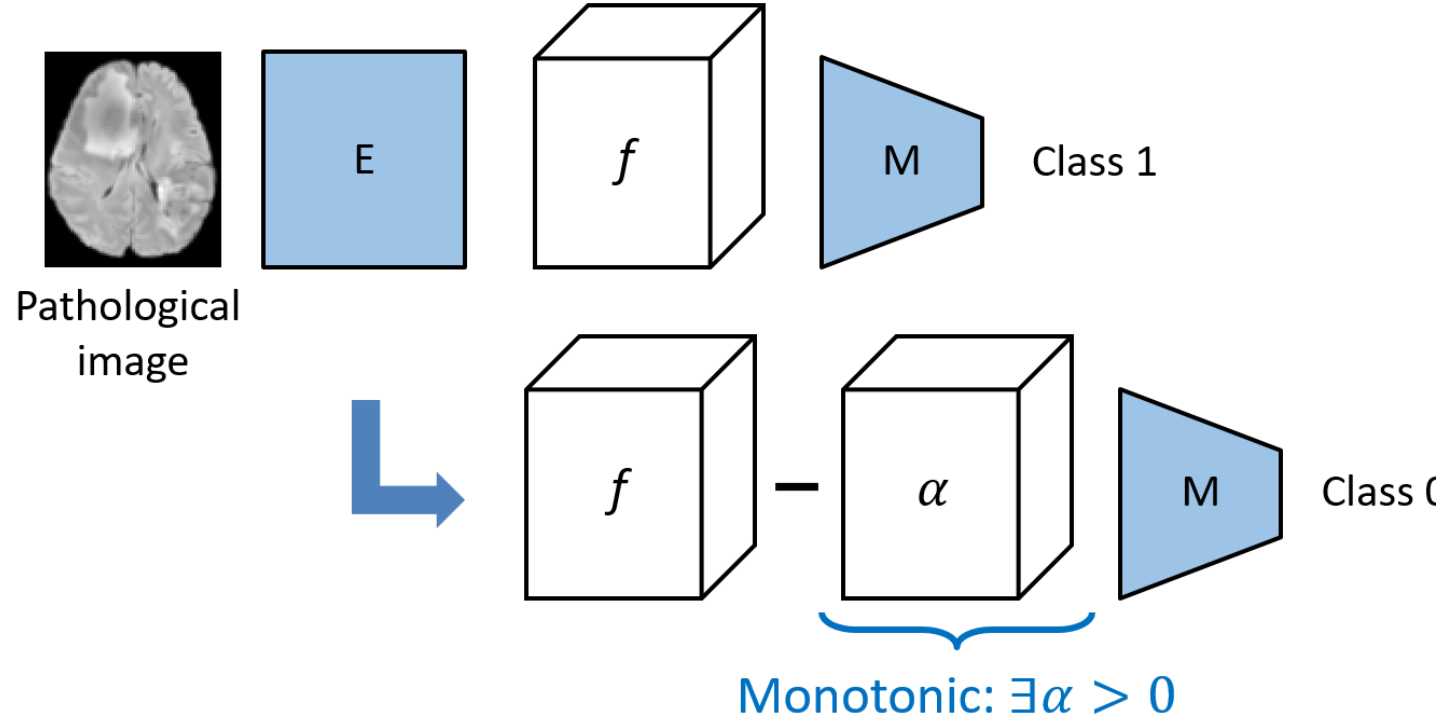


Figure 2: Counterfactual difference generation

### Training

We show that using positive weights strongly **increases the correlation** between random features channels and so state-of-the-art random initializations are not adapted to non-negative networks (Figure 3). We propose an initialization **rescaling each linear layer**, one after another, by its standard deviation.

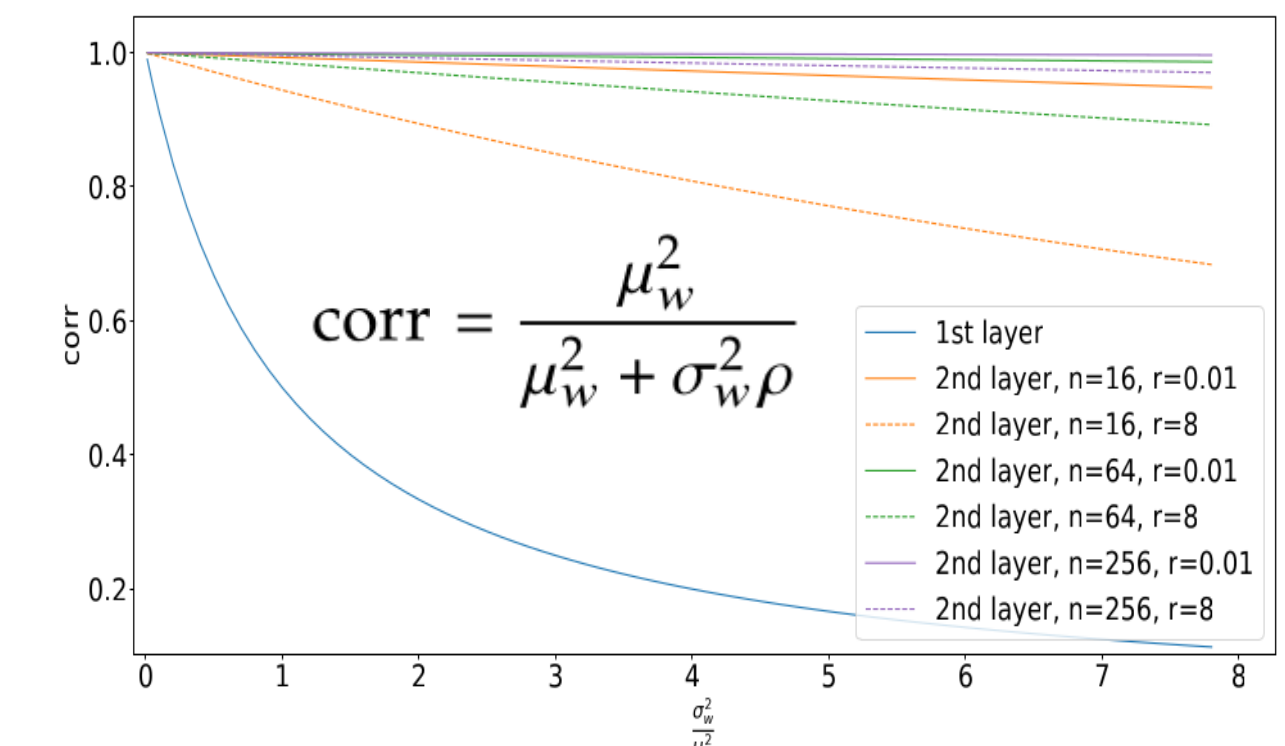


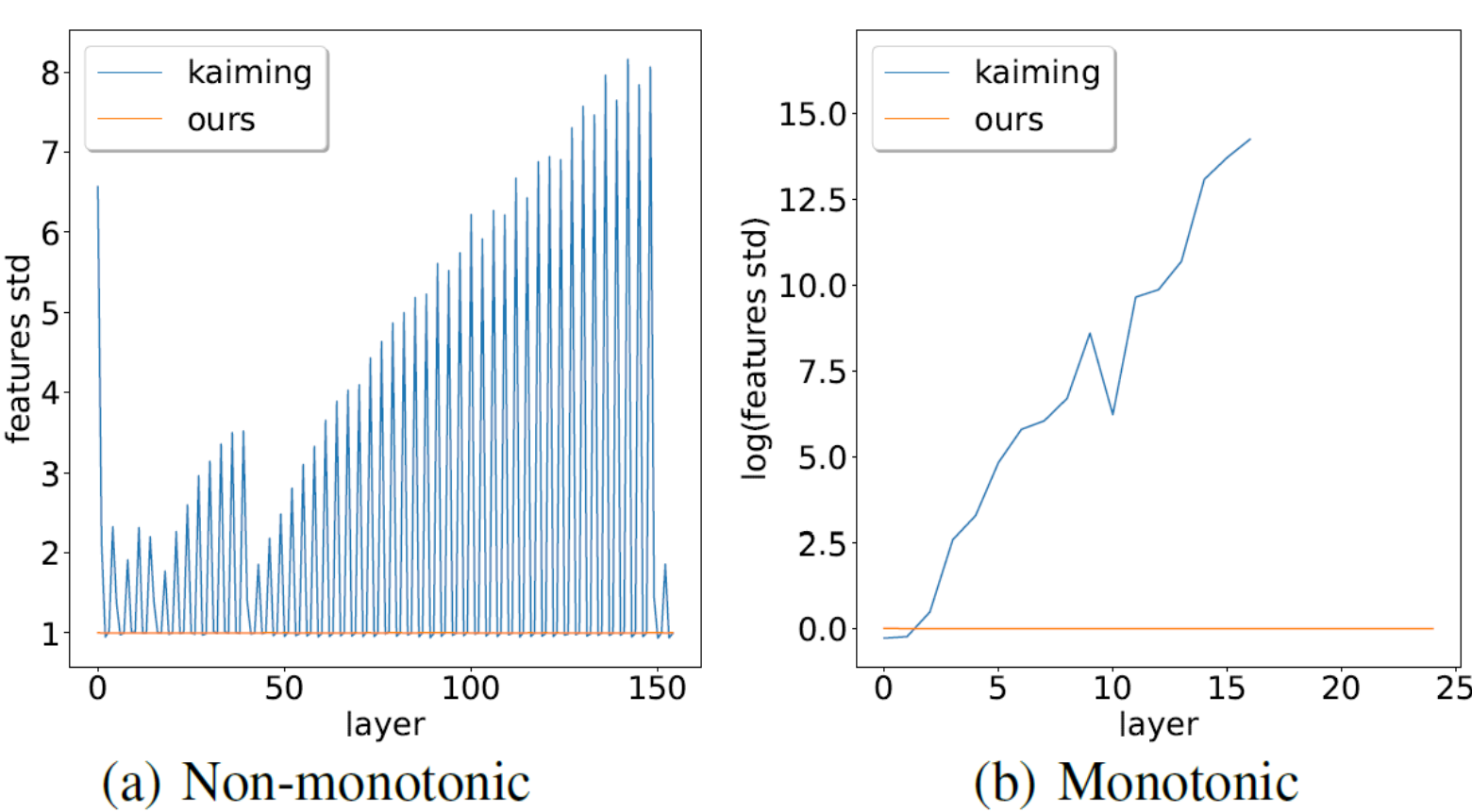
Figure 3: Features correlation as a function of weights standard deviation and mean.

### Constraining

The network is trained with four losses to constrain the interpretable features  $f$ :

- Classification healthy (0) / pathological (1)
- **Negative** healthy features  $f_0 \leq 0$
- **Similar distribution** of the negative characteristics of the two classes  $D(f_{0\_neg}) \approx D(f_{1\_neg})$
- **Gradient regularization** for healthy class:  $\frac{\partial y_0}{\partial f_0} \sim 0$

## RESULTS: TRAINING



### Variance preservation after initialization

The proposed initialization allows a **unit variance** in the whole network whereas, with Kaiming [1] initialization, the variance increases with the layers (Figure 4). For non-negative network, using our initialization is mandatory as the variance tends towards infinity with Kaiming.

Figure 4: Features standard deviation as a function of the depth in a ResNet152.

Task	Standard		Monotonic	
	Kaiming	Ours	Kaiming	Ours
Healthy vs tumors	<b>1.00</b>	<b>1.00</b>	0.98	<b>1.00</b>
Single Cell	/	/	0.83	<b>0.92</b>
MedNIST	<b>1.00</b>	<b>1.00</b>	NaN	<b>0.98</b>
Brain tumors	0.72	<b>0.73</b>	NaN	<b>0.71</b>

Table 1: Classification accuracy.

### Classification

With obtain **similar classification performances** on various tasks with both initialization for standard networks (Table 1). For monotonic networks, only small architectures can be trained with Kaiming initialization due to the variance issue. Replacing a network by its monotonic counterpart does not degrade the classification performances.

## RESULTS: SEGMENTATION

### More readable counterfactual examples

We use the counterfactual difference  $\alpha$  of Figure 2 to interpret our network (Figure 5). The experiments shows that the difference is **focused on the tumor** even if it is not the case for the features. With the non-negative network, this difference is **more readable as it is positive**, compared to a standard network (Baseline in Figure 6) or standard constrained network (BaselineC).

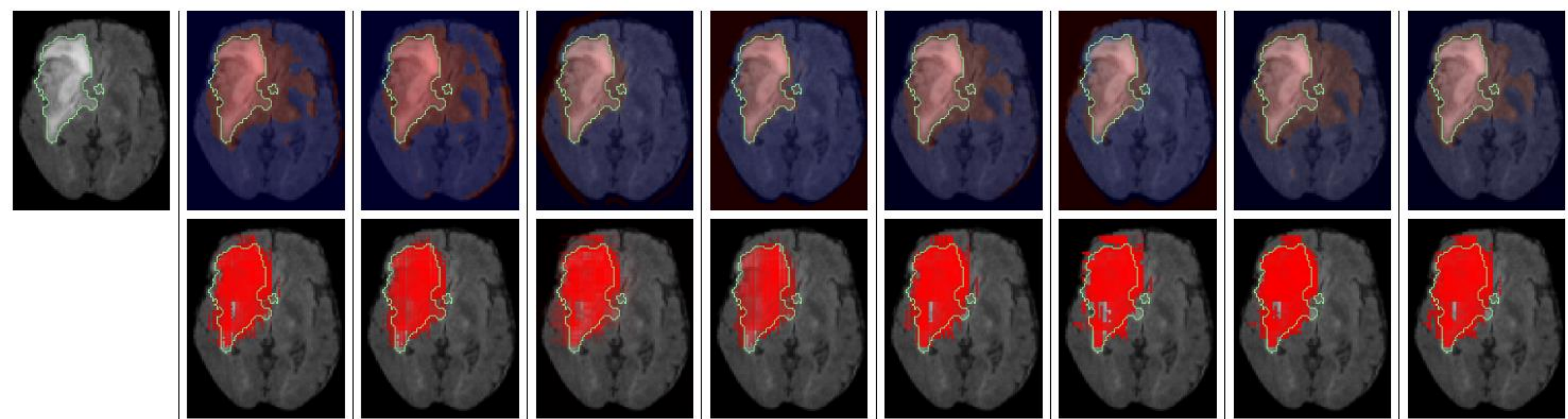


Figure 5: Interpretable features (top) and corresponding counterfactual difference  $\alpha$  (bottom) for the proposed method. Tumor is in green.

	MRI	Silva-Rodríguez	AE	Ross	Wargnier-Dau.	Baseline	BaselineC	Proposed
Dice		0.37 ± 0.17	0.26 ± 0.11	0.48 ± 0.20	0.51 ± 0.16	0.04 ± 0.03	0.04 ± 0.03	0.56 ± 0.19
AUROC		<b>0.92</b>	0.90	0.80	0.73	0.60	0.66	0.91
AUPRC		0.32	0.16	0.39	0.45	0.53	0.04	<b>0.58</b>
TPR		/	/	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
TNR		/	/	<b>1.00</b>	0.95	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>

### Interpretable classification and anomaly detection

Our proposition **outperforms both interpretable classification** (Ross [2], Wargnier-Dauchelle [3]) **and anomaly detection** (Silva-Rodríguez [4], AE [5]) state-of-the-art methods in terms of Dice and AUPRC for tumors segmentation. It reaches perfect classification performances (Figure 6).

Figure 6: State-of-the-art comparison: segmentation maps and metrics. Tumor is in green. Blue represents negative attributions/counterfactual difference and red positive ones. For reconstruction methods, reconstruction error scale is from black to yellow.

## CONCLUSION

We propose to use a **constrained non-negative network** and the generation of **counterfactual examples** for:

- 1) A more **pathology-driven classification**
- 2) A **weakly-supervised segmentation** method outperforming state-of-the-art.

To do so, we propose :

- 1) A methodology **for transforming any network into a non-negative network**
- 2) A theoretical analysis to identify the **failure causes of the state-of-the-art random weights initializations** for certain layers
- 3) An **efficient weights initialization** which maintains a **unit variance** in all the layers of the network
- 4) **Well chosen constraints** for interpretable features

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## CONTACT INFORMATION

For more information:  
valentine.wargnier@creatis.insa-lyon.fr