

# APPLICATION OF FEDERATED LEARNING TO MEDICAL IMAGING SCENARIOS



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## SUMMARY

The **privacy issues** arising from the application of machine/deep learning models in **medical environments** are clear, and in many cases, due to **legal, technical or security issues**, they prevent the sharing of data between different entities for training such models.

Federated learning is a **privacy-preserving data decentralization technique** used to perform secure machine/deep learning. In this poster a use case of medical image analysis of **chest X-ray images** obtained from an open data repository is presented. **Privacy-related advantages, improvements in predictions and reduction of execution times** are obtained compared to the centralized approach. Two approaches to be applied in case of **intermittent clients** are exposed.

## FEDERATED LEARNING

- **Collaborative** and **decentralized** approach to machine and deep learning
- Client data are never uploaded to the server, **ensuring privacy**.
- Client-server communication must be **encrypted**.
- Additional privacy techniques may include: **homomorphic encryption** or **differential privacy**.
- In some cases clients can be **intermittent**.

### Server-client architecture:

- **SERVER**: creates the model. (1)
  - **SERVER**: transmits the model to the clients. (2)
  - **CLIENT**: each client trains the model with its own data. (3)
  - **CLIENT**: each of them sends the local parameters defining the model to the server. (4)
  - **SERVER**: aggregates the weights of each client. (5)
- Repet as many round as necessary.

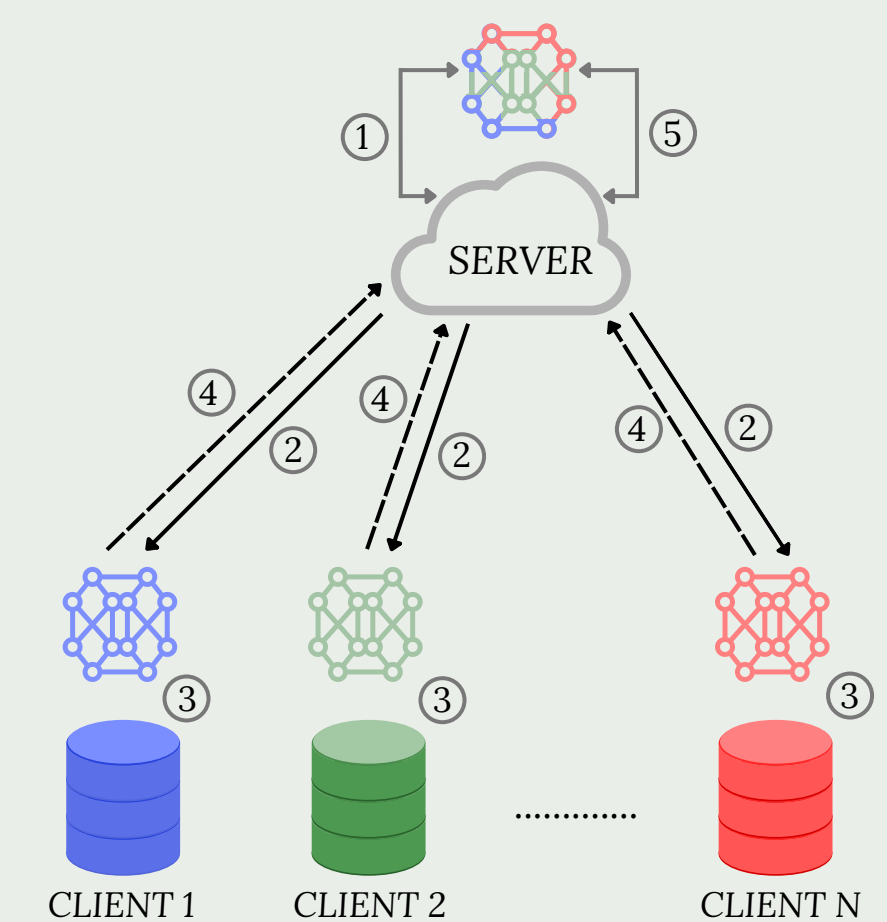


Figure 1. Federated Learning architecture.

## USE CASE: CHEST X-RAY IMAGES

**Objective:** classify chest X-Ray images according to whether or not the patient has pneumonia.

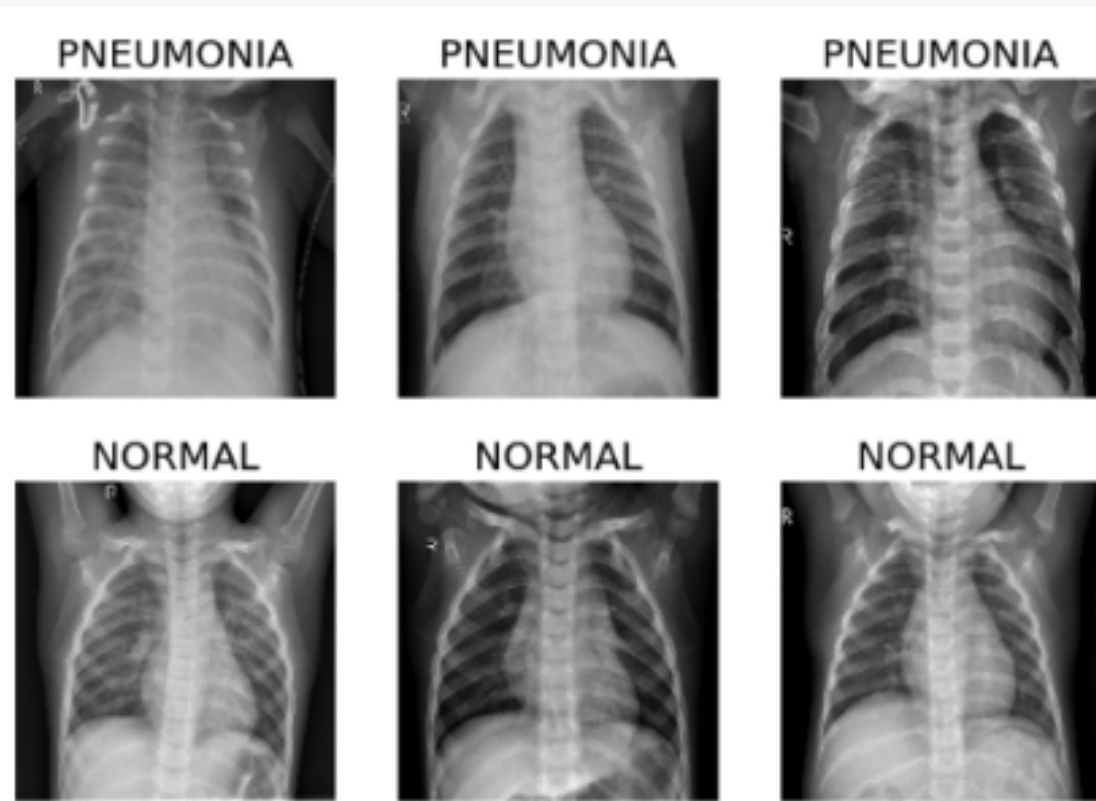


Figure 2. Example of the images used.

### Model:

- **Conv2D layer.** Filters: 32. Kernel size: (3, 3). Activation: *ReLU*. Input shape: (150,150,1).
- **BatchNormalization layer.**
- **MaxPooling2D layer.** Pool size: (2,2). Strides: 2.
- **Conv2D layer.** Filters: 64. Kernel size: (3, 3). Activation: *ReLU*.
- **Dropout layer.** Rate: 0.1.
- **BatchNormalization layer.**
- **MaxPooling2D layer.** Pool size: (2,2). Strides: 2.
- **Conv2D layer.** Filters: 64. Kernel size: (3, 3). Activation: *ReLU*.
- **BatchNormalization layer.**
- **MaxPooling2D layer.** Pool size: (2,2). Strides: 2.
- **Conv2D layer.** Filters: 128. Kernel size: (3, 3). Activation: *ReLU*.
- **Dropout layer.** Rate: 0.2.
- **BatchNormalization layer.**
- **MaxPooling2D layer.** Pool size: (2,2). Strides: 2.
- **Conv2D layer.** Filters: 256. Kernel size: (3, 3). Activation: *ReLU*.
- **Dropout layer.** Rate: 0.2.
- **BatchNormalization layer.**
- **MaxPooling2D layer.** Pool size: (2,2). Strides: 2.
- **Flatten layer.**
- **Dense layer.** Units: 128. Activation: *ReLU*.
- **Dropout layer.** Rate: 0.2.
- **Dense layer.** Units: 1. Activation: *sigmoid*.

	Average loss (client test set)	Average test accuracy (client test set)
3 clients	0.1246	0.9726
10 clients	0.1405	0.9786

Table 1. Summary of results for 3 and 10 clients, mean loss and accuracy for each test set.

### Intermittent clients:

New clients can join the training process once started, while others may leave it

**Approach 1:** When a client leaves, the weights obtained for that client in previous repetitions **are not taken into account** for subsequent repetitions of the training.

**Approach 2:** When a client leaves, its last weights calculated **are kept** and are used in subsequent aggregations to update the model.

In both cases **the weights obtained for the new client are included in the aggregation**.

	Approach 1 (test)		Approach 2 (test)	
	Average loss	Average accuracy	Average loss	Average accuracy
3 clients	3.0453	0.7927	3.3200	0.7703
10 clients	3.6947	0.7552	4.7223	0.7093

Table 2. Summary of results in an scenario of intermittent clients (using approaches 1 and 2) for 3 and 10 clients, mean loss and accuracy for the same test set.

## SUMMARY OF RESULTS

	Test Loss	Test Acc.	Test AUC	$N_r$	Exc. time (s)	Time reduction vs cent. apr. (%)
<b>Centralized approach</b>	3.0694	0.6619	0.9429	—	1386	—
<b>Decentralized approach</b>						
3 clients	<b>2.6034</b>	<b>0.8029</b>	0.9185	10	401	71.07
	4.3232	0.7308	<b>0.9313</b>	8	320.8	76.85
10 clients	4.7813	0.7212	0.9095	10	110	92.06
	<b>3.8730</b>	<b>0.7340</b>	<b>0.9130</b>	9	99	92.85

Table 3. Comparison of results for the same test set considering the centralized approach and the FL one with 3 and 10 clients.

**Reference:** Sáinz-Pardo Díaz, Judith, and Álvaro López García. "Study of the performance and scalability of federated learning for medical imaging with intermittent clients." *Neurocomputing* 518 (2023): 142-154.

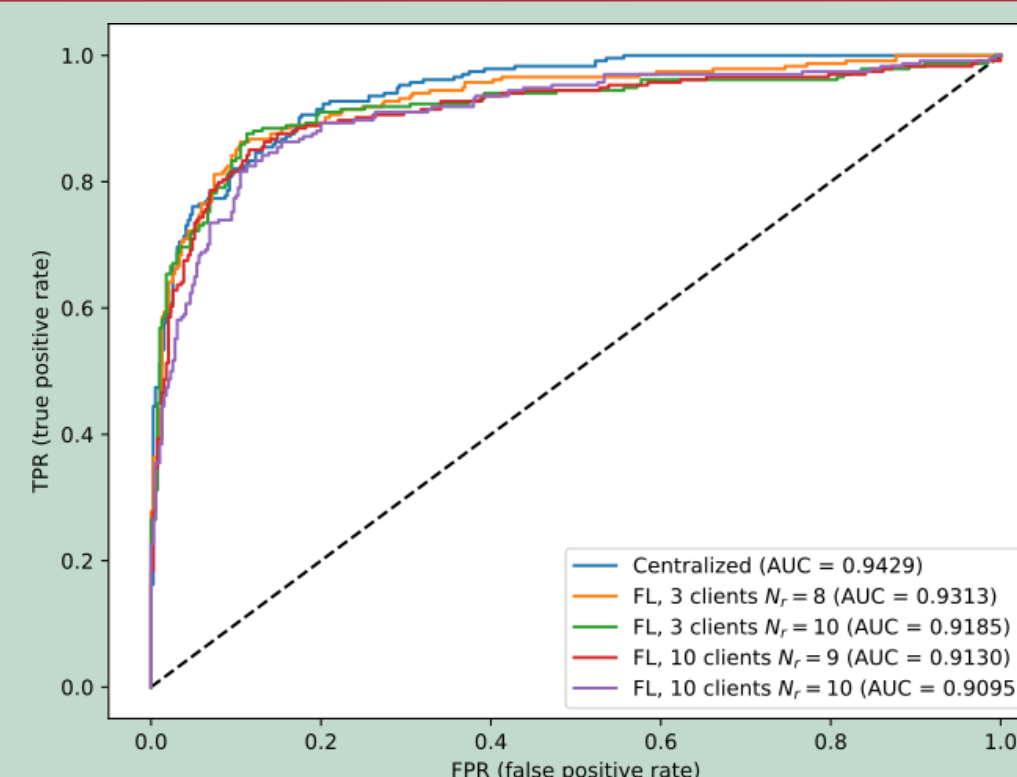


Figure 3. ROC curves and AUC for the centralized approach and the FL one with 3 and 10 clients and different number of rounds.

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