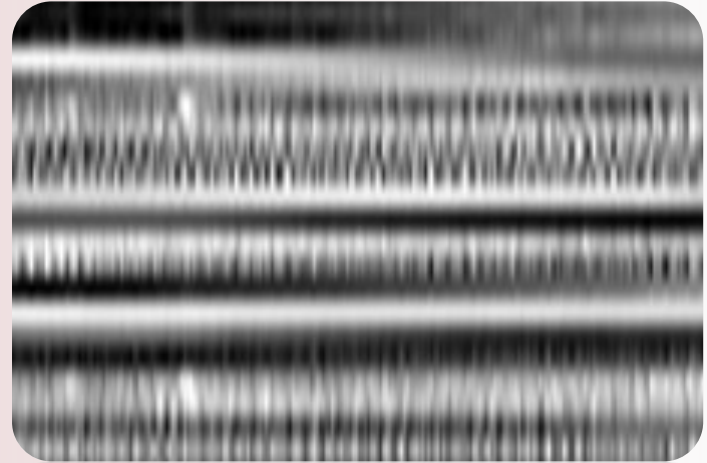
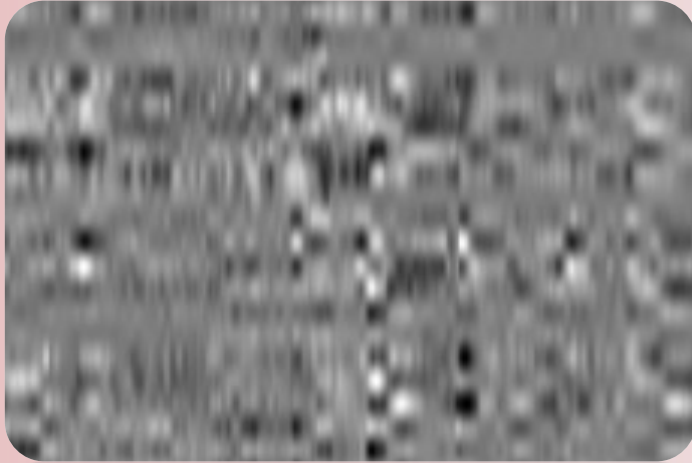
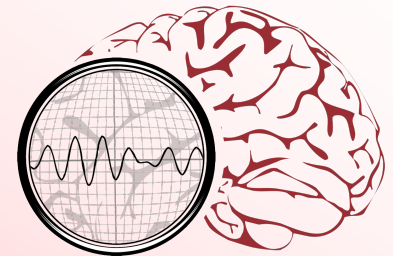


Low Latency Real-Time Seizure Detection Using Transfer Deep Learning



**V. Khalkhali, N. Shawki, V. Shah,
M. Golmohammadi, I. Obeid, and J. Picone**
Neural Engineering Data Consortium
Temple University

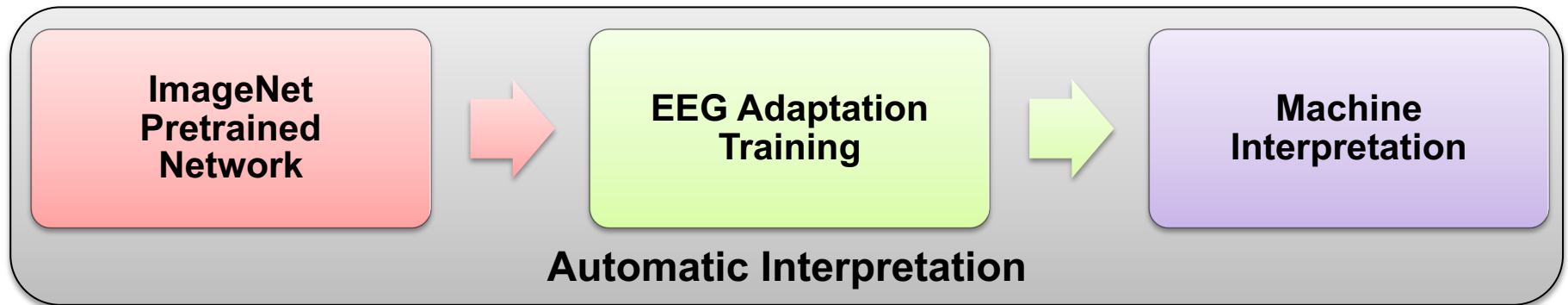
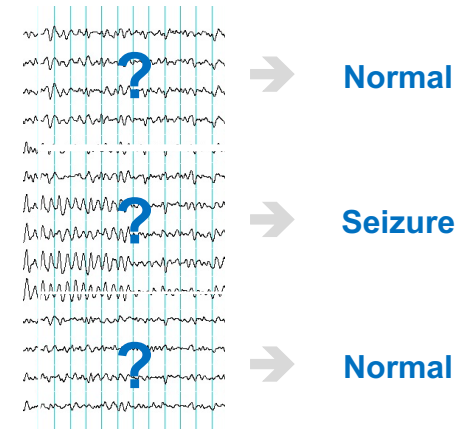
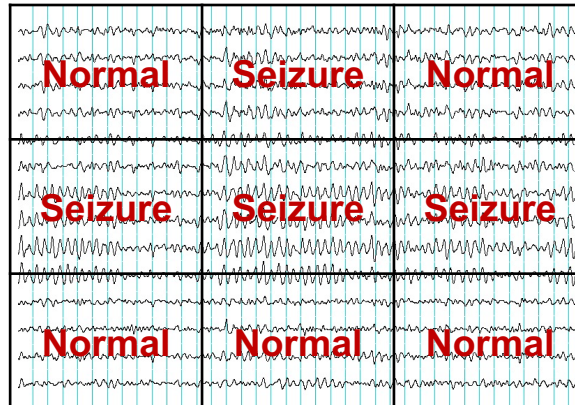
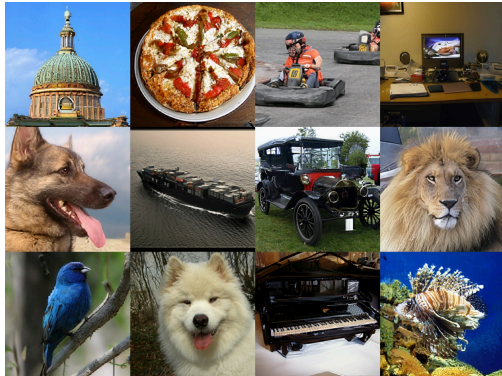
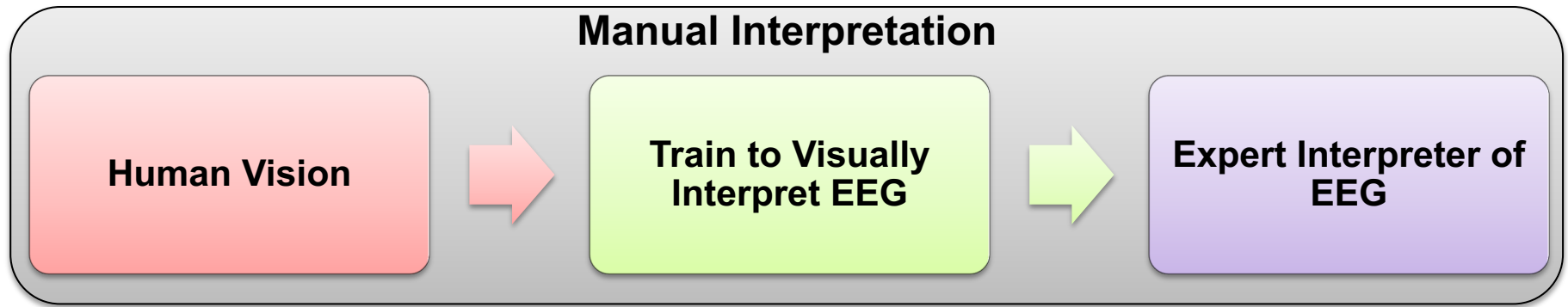


**NEURAL ENGINEERING
DATA CONSORTIUM**

Abstract

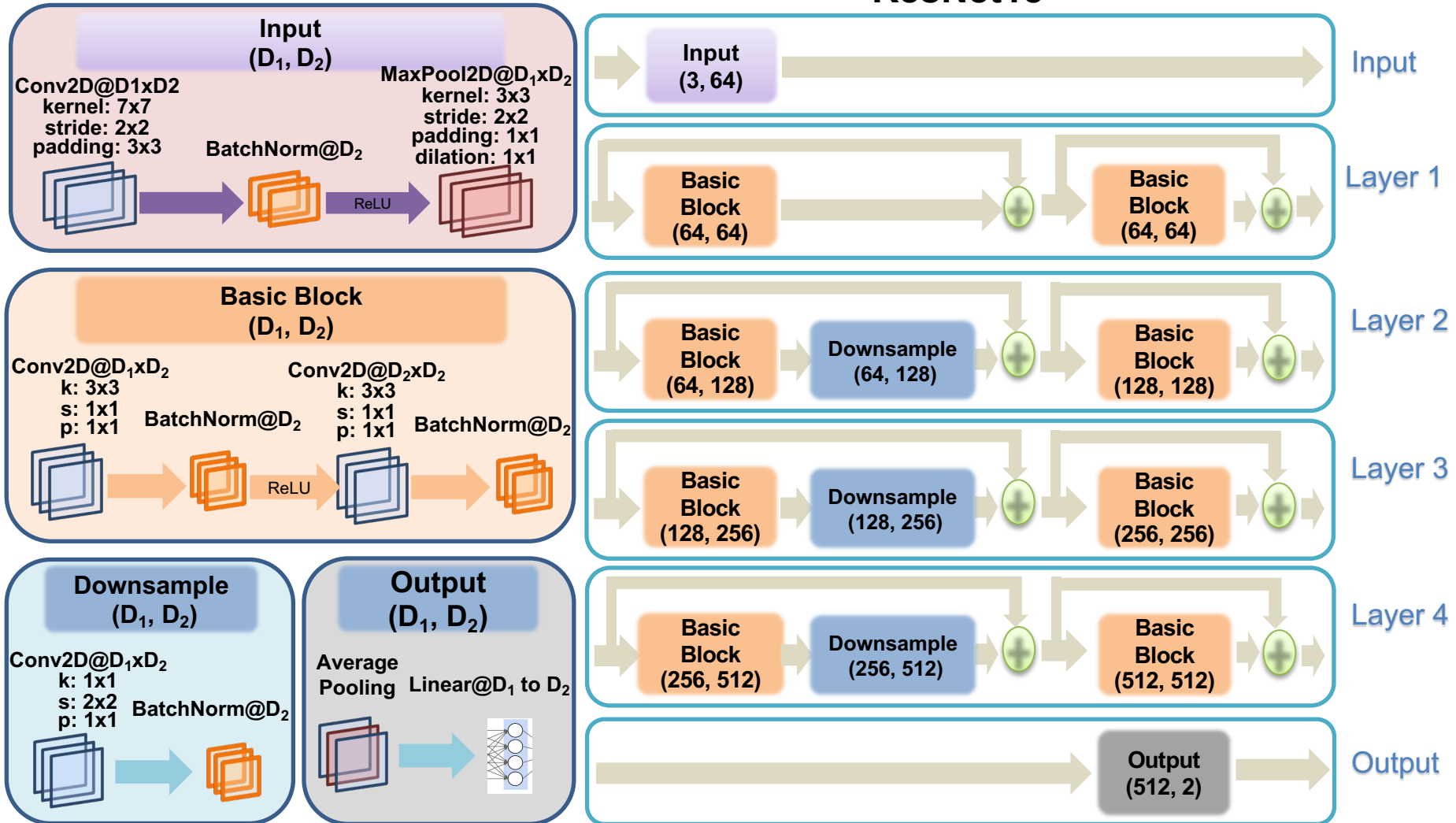
- **Scalp electroencephalogram (EEG) signals have a low signal-to-noise ratio.**
- **Temporal and spatial information must be exploited to achieve accurate detection of seizure events.**
- **Most popular approaches to seizure detection using deep learning do not jointly model this information or require multiple passes over the signal, which makes the systems inherently non-causal.**
- **We exploit spatiotemporal information by converting the multichannel signal to a grayscale image and using transfer learning to achieve high performance.**
- **The proposed system is trained end-to-end with only very simple pre- and post-processing operations which are computationally lightweight and have low latency, making them conducive to clinical applications that require real-time processing.**
- **We have achieved a performance of 42.05% sensitivity with 5.78 false alarms per 24 hours on the development dataset of v1.5.2 of the Temple University Hospital Seizure Detection Corpus.**
- **On a single core CPU operating at 1.7 GHz, the system runs faster than real-time (0.58 xRT), uses 16 Gbytes of memory, and has a latency of 300 msec.**

Introduction: Visual Interpretation of an EEG

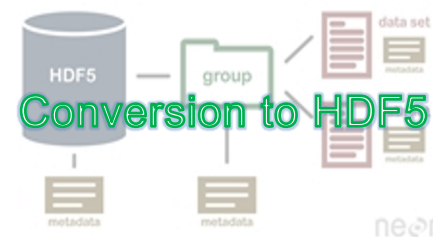
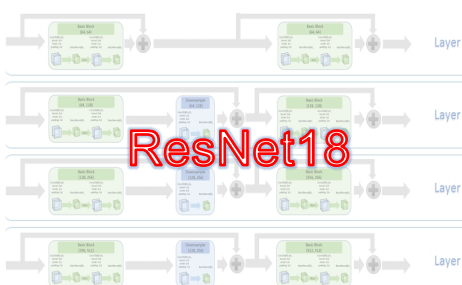
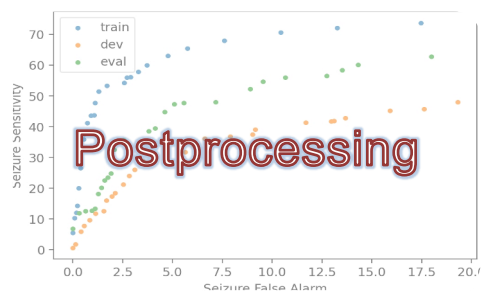
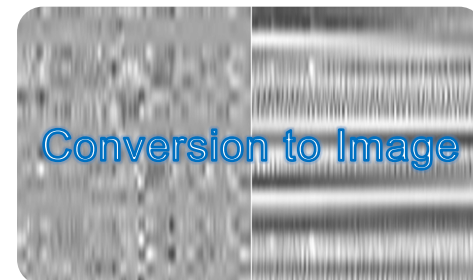
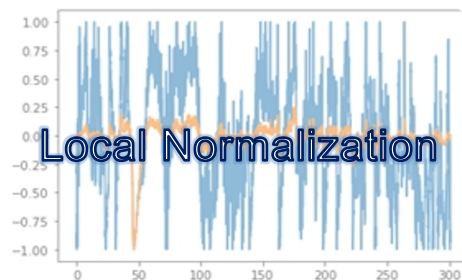
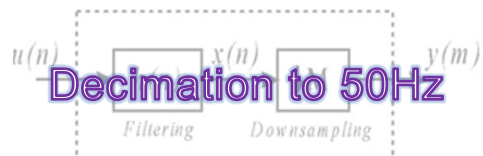


Transfer Learning: Leveraging Pretrained Networks

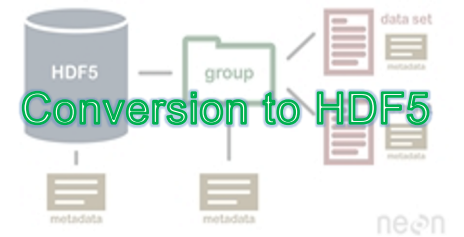
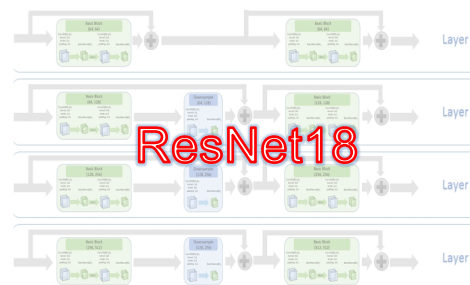
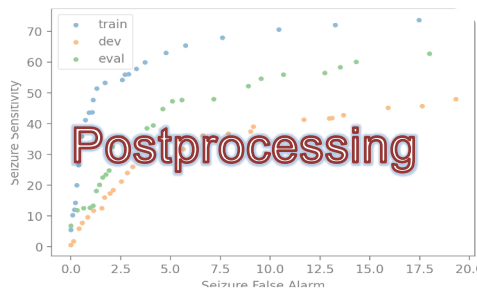
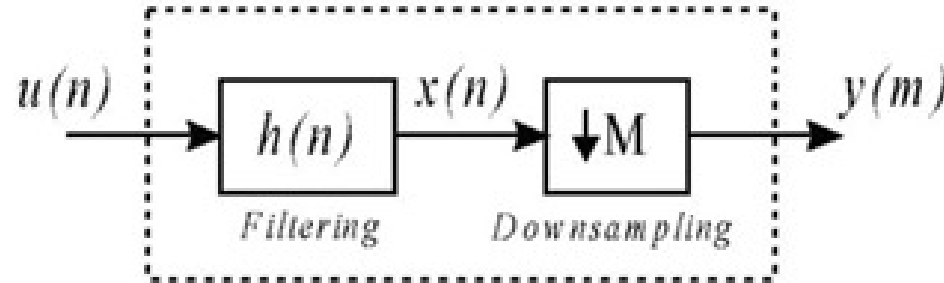
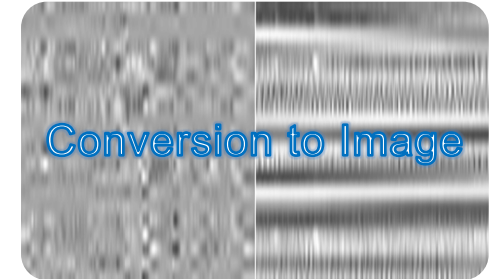
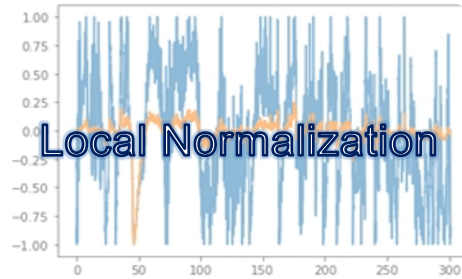
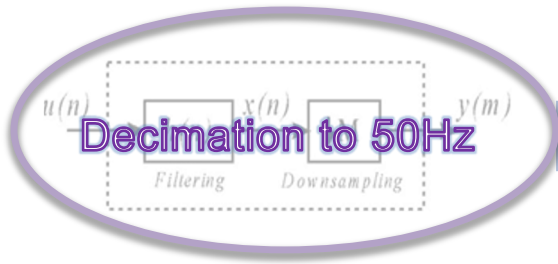
ResNet18



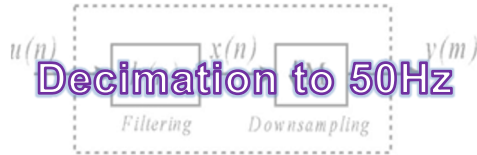
Processing Pipeline: An Overview



Processing Pipeline: Decimation



Processing Pipeline: Local Normalization



$$A_{max}[n] = \max(|A[i]|); n - N/2 \leq i \leq n + N/2$$

$$\hat{A}[n] = A[n] / A_{max}[n]$$

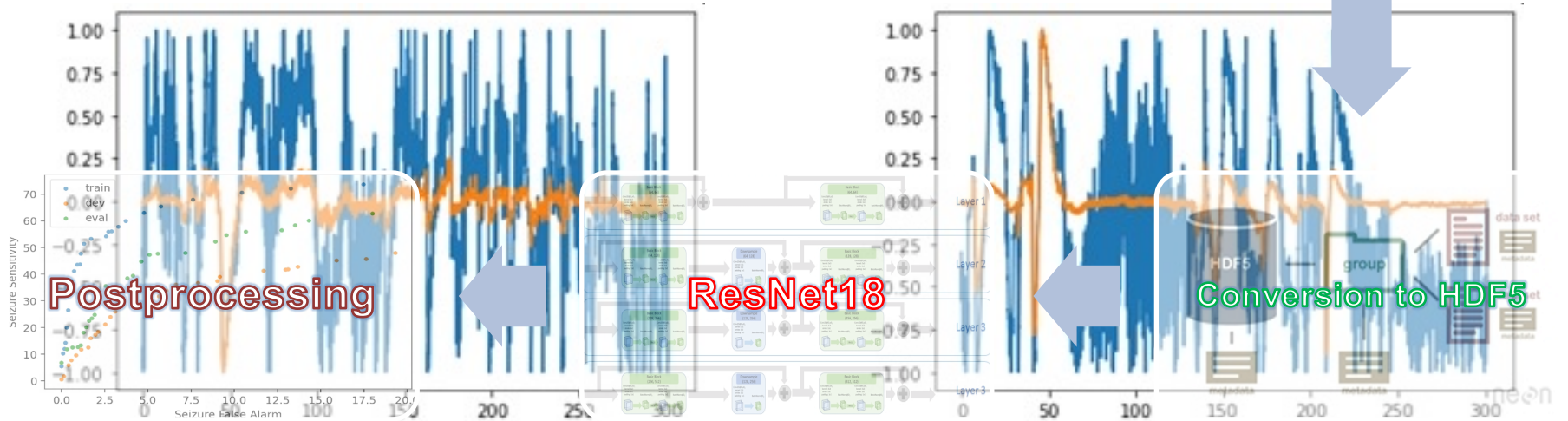
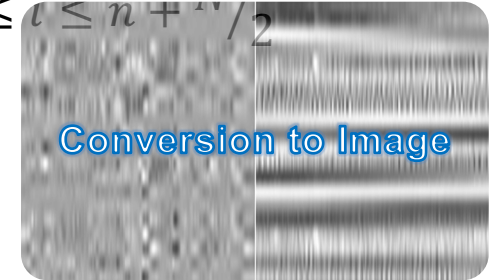
Local Normalization

A: Amplitude

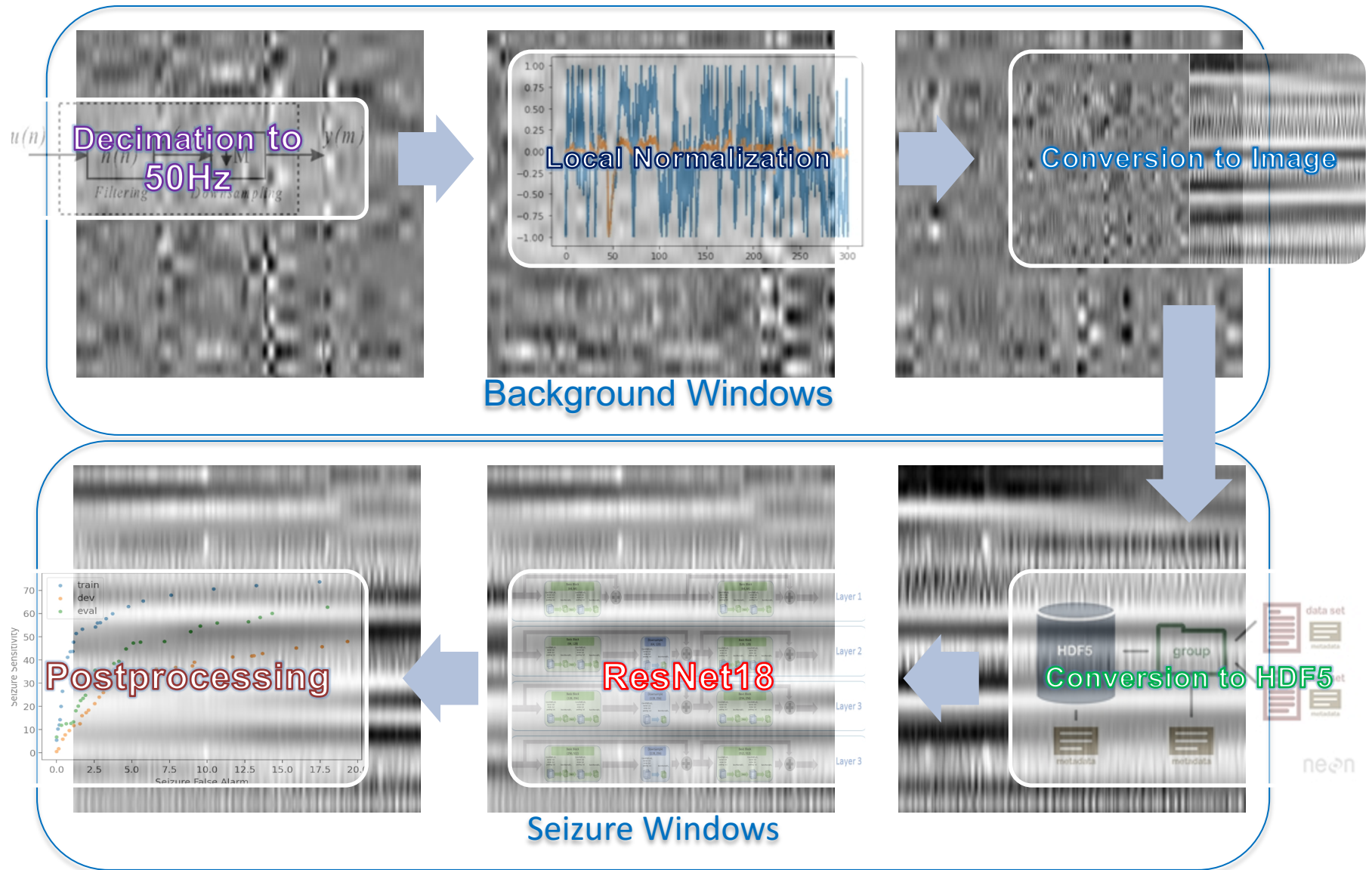
n: index of the sample

N: number of samples in a window centered around current sample

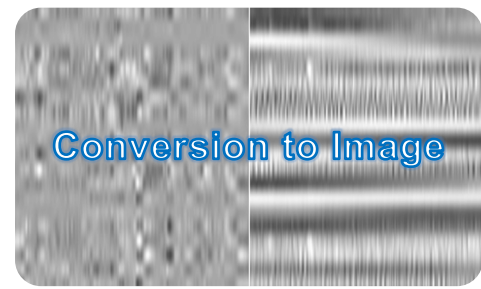
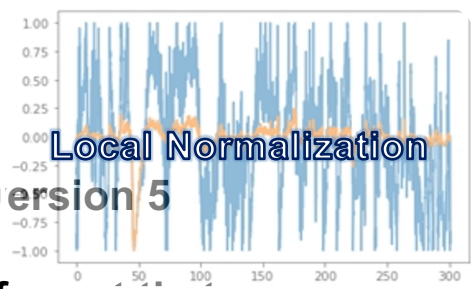
$\hat{A}[n]$: Locally Scaled Image



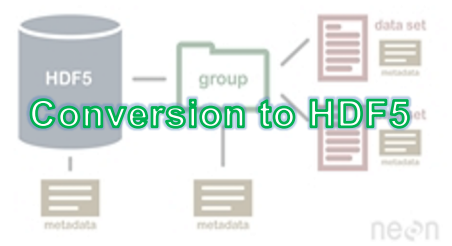
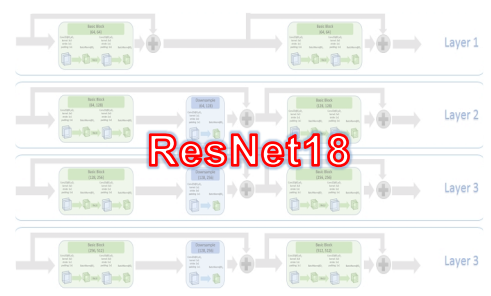
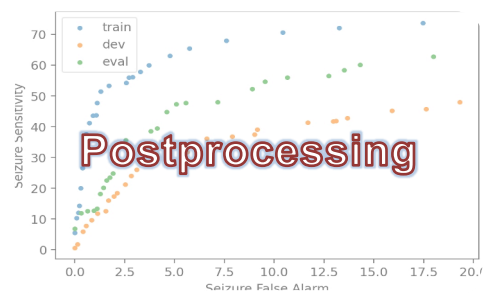
Processing Pipeline: Conversion to an Image



Processing Pipeline: Conversion to HDF5



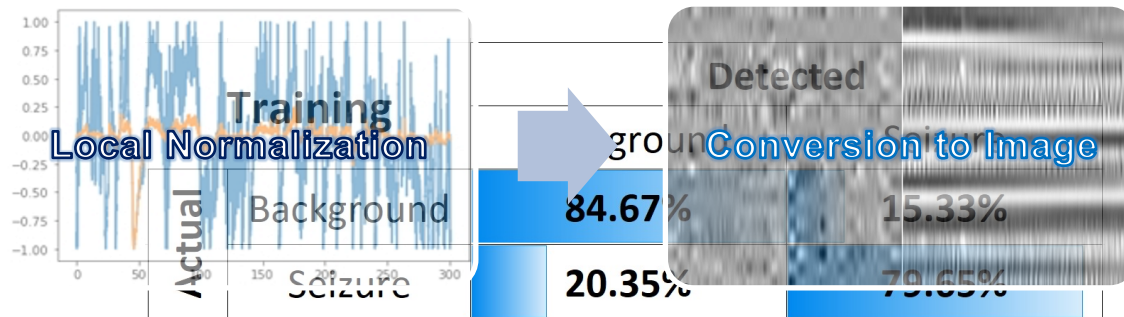
- The Hierarchical Data Format version 5 (HDF5), is an open-source file format that supports large, complex, heterogeneous data with fast read and write capabilities.



Processing Pipeline: Retraining ResNet18

$$\omega_h = \frac{N_{seiz}}{\bar{N}}, \quad \omega_s = \frac{N_{bckg}}{N}$$

N : Total number of samples
 N_{seiz} : Number of seizure samples
 N_{bckg} : Number of background samples



$$loss_{weighted} = \omega_b * loss(x_i, b) + \omega_s * loss(x_i, s),$$

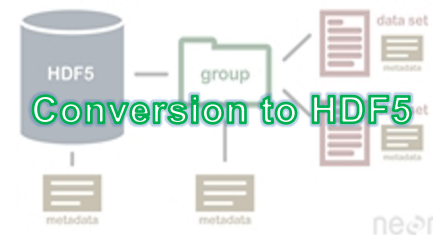
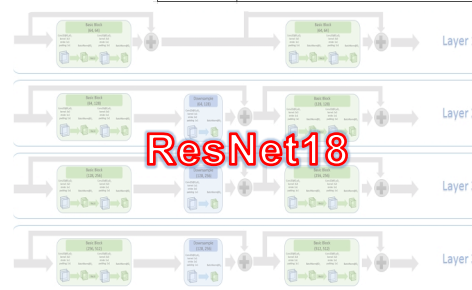
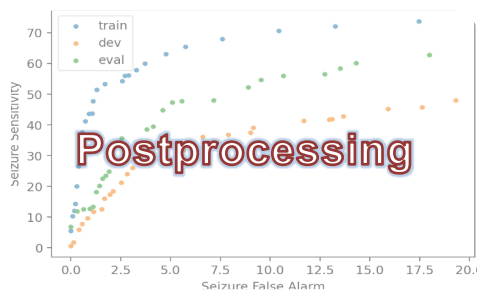
x_i : i^{th} input sample

b : background index

s : seizure index

$loss(x, y)$: cross entropy or mse

Development		Detected	
		Background	Seizure
Actual	Background	82.70%	20.35%
	Seizure	39.53%	60.47%



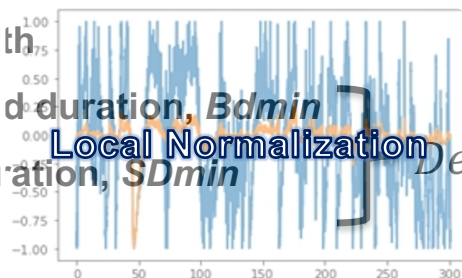
Processing Pipeline: Postprocessing

- Seizure confidence threshold, S_{th}
- Minimum acceptable background duration, B_{dmin}
- Minimum acceptable seizure duration, S_{dmin}

Decimation to 50Hz

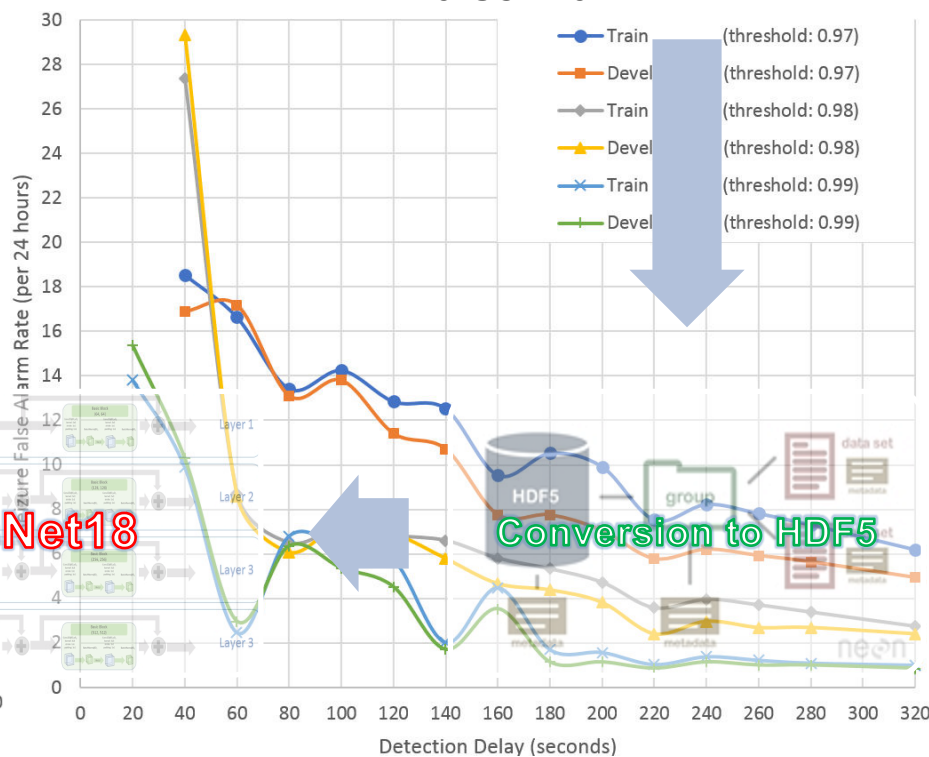
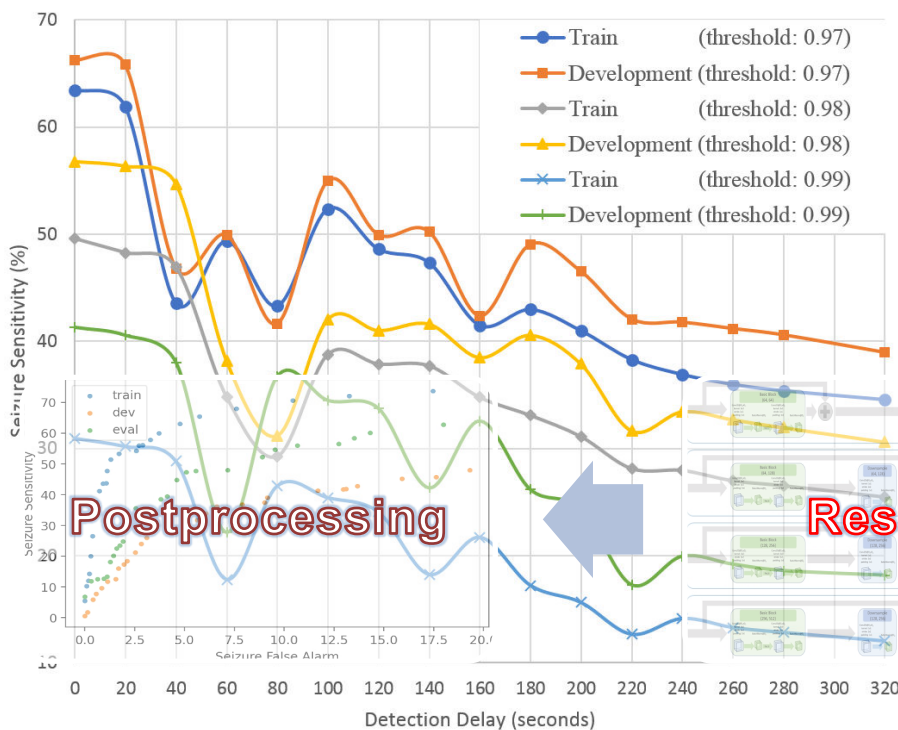
Local Normalization

Conversion to Image



Sensitivity

False Alarm



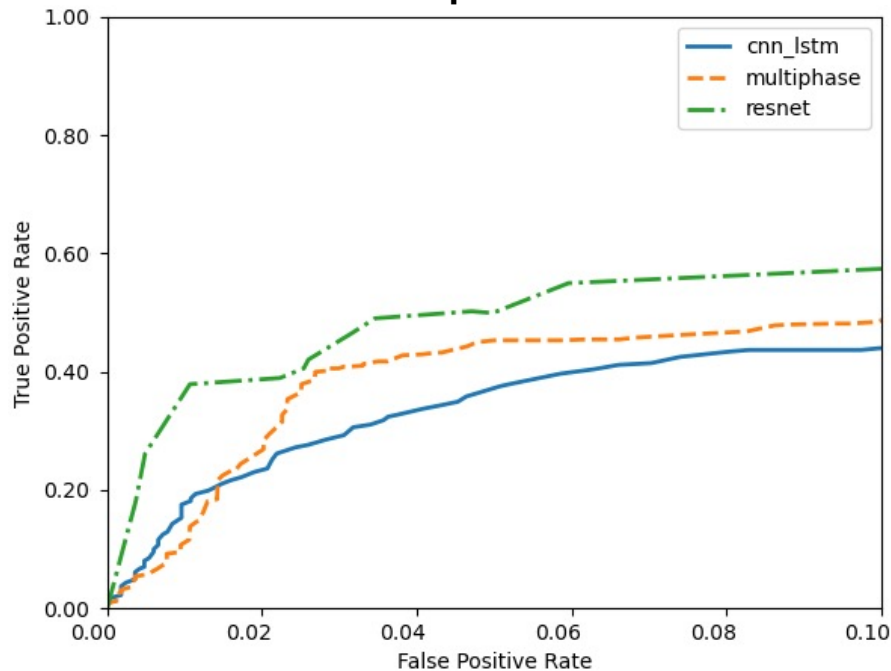
Results: Performance Comparison Using Overlap Scoring

Three systems were evaluated:

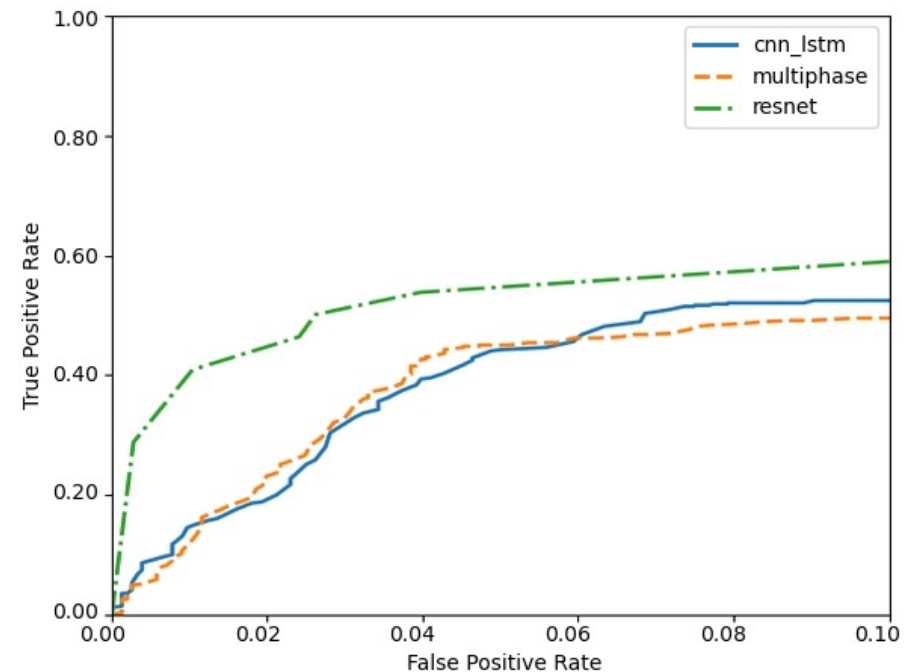
- **cnn_lstm**: a hybrid CNN/LSTM system
- **mphase**: a multipass system
- **resnet**: transfer learning

System	Sensitivity	FA Rate (/24H)
cnn_lstm	43.69%	20.85
mphase	40.12%	6.62
resnet	42.05%	5.78

Development Data



Evaluation Data



- ResNet outperforms both of these systems when the FA rate is low.

Results: Analysis of the False Positive Rate

- Comparison with two top systems in the Neureka™ 2020 Epilepsy Challenge.
- ResNet still lags the two best performing systems (sia and pnc98).
- The ResNet system runs faster than real time with a latency of 300 ms. The competition systems are non-real-time with infinite latency.

Development Data

Metric		cnn lstm	multi phase	resnet	sia	pnc98
D P A L	Sens	45.17	36.70	20.36	23.45	6.98
	Spec	88.63	96.25	96.72	99.47	98.33
	FPs	23.25	6.76	5.50	0.97	2.54
E P C H	Sens	37.67	36.34	49.83	12.84	1.56
	Spec	96.56	97.16	92.64	99.97	99.99
	FPs	2686.97	2221.29	5753.08	25.85	8.45
O V L P	Sens	43.69	40.12	42.06	23.26	6.39
	Spec	91.71	97.19	97.40	99.74	99.65
	FPs	20.85	6.62	5.78	0.64	0.85
T A E S	Sens	35.83	32.27	15.34	11.38	2.04
	Spec	83.91	90.18	88.81	99.46	99.42
	FPs	32.55	18.07	19.42	0.99	0.87
	WGT	-53.05	-21.21	-40.71	2.59	0.83

Evaluation Data

Metric		cnn lstm	multi phase	resnet	sia	pnc98
D P A L	Sens	54.79	45.01	14.29	24.07	8.61
	Spec	90.41	94.47	98.03	99.31	99.44
	FPs	21.79	11.61	3.50	1.27	0.95
E P C H	Sens	38.15	52.04	42.82	1.27	5.09
	Spec	98.40	98.27	95.88	99.95	100.00
	FPs	1282.04	1391.52	3314.04	43.23	2.07
O V L P	Sens	51.47	44.62	37.18	23.88	8.41
	Spec	92.63	95.48	98.33	99.61	99.93
	FPs	19.25	11.45	3.82	0.96	0.16
T A E S	Sens	39.46	37.80	10.97	12.37	2.04
	Spec	87.49	91.29	93.51	99.22	99.90
	FPs	28.21	18.39	11.82	1.44	0.17
	WGT	-38.57	-16.58	-26.08	2.46	0.82



Conclusions

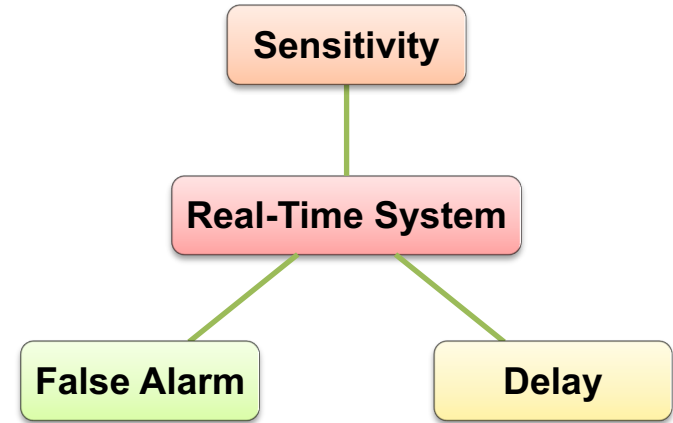
- Transfer deep learning is used to improve spatiotemporal modeling and accelerate convergence during training.

- Through the optimization of three critical parameters:

- Sensitivity
- False Alarm Rate
- Detection Latency

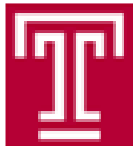
real-time performance comparable to offline systems, can be achieved on v1.5.2 of the TUH EEG Seizure Detection Corpus without sacrificing performance:

- Sensitivity: 42.05%
 - False Alarm Rate: 5.78 false alarms per 24 hours
- While the number of samples in our database is relatively large, we do observe overfitting tendencies on the training dataset.
 - Though cross-validation was used, we plan to explore other pretrained ImageNet networks to avoid overfitting and improve generalization.



Acknowledgments

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- NEDC's data and resources are freely available at:
https://www.isip.piconepress.com/projects/tuh_eeg/html/downloads.shtml



Brief Bibliography

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4. V. Shah et al., “The Temple University Hospital Seizure Detection Corpus,” *Front. Neuroinform.*, vol. 12, pp. 1-6, 2018. <http://journal.frontiersin.org/researchtopic/1563/pdf>.
5. C. Gómez, P. Arbeláez, M. Navarrete, C. Alvarado-Rojas, M. Le Van Quyen, and M. Valderrama, “Automatic seizure detection based on imaged-EEG signals through fully convolutional networks,” *Sci. Rep.*, vol. 10, no. 1, p. 21833, 2020. <https://doi.org/10.1038/s41598-020-78784-3>.

