

Bayesian optimisation for improving accuracy and efficiency of cardio-mechanic parameter estimation

Agnieszka Borowska

School of Mathematics and Statistics, University of Glasgow

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Problem

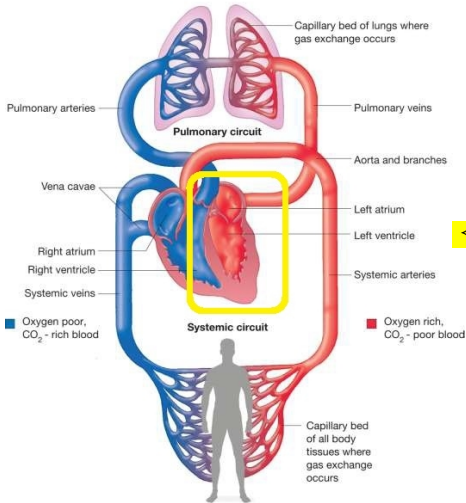
Joint with: Hao Gao, Alan Lazaru and Dirk Husmeier.

Overall goal: to develop an **accurate** and **efficient** (fast) method for **parameter estimation** in cardiac mechanic models of the left ventricle (LV).

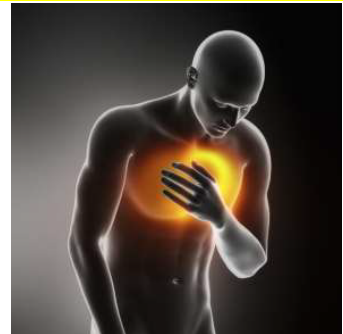
Context: estimation of the **heart tissue properties** from **in-vivo** clinical measurements.

- Central problem in biomechanical studies of **personalized LV modelling**.
- Important properties – they:
 - provide **insight into heart function/dysfunction**,
 - help to **inform on the treatment effectiveness** post myocardial infarction (heart attack).

Left ventricle



Left ventricular dysfunction



Solution: Bayesian optimisation

Bayesian Optimisation: a method for optimising unknown “black box” objective functions which is

- sequential
- (statistical) model-based
- global

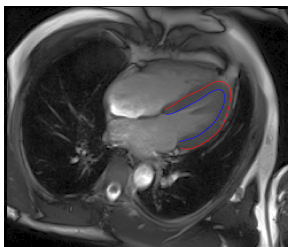
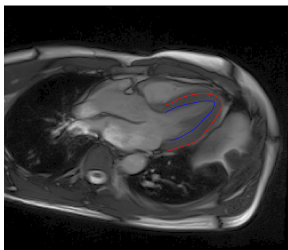
Particularly useful when function evaluations are expensive (Shahriari et al., 2016a).

Outline

- 1 Optimisation for cardiac mechanics models
- 2 Bayesian optimisation
 - BO: an overview
 - BO: our extensions
- 3 Applications
- 4 Discussion

Optimisation for cardiac mechanics models

Data: CMR images



Cardiovascular Magnetic Resonance images

Extracted:

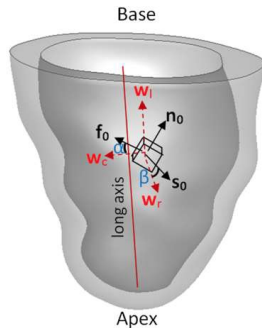
- circumferential strains
- LV cavity volume

(Blue and red lines: LV segmentation)

Cardio-mechanic model

The **myocardium** of the heart can be described by differential equations represented by the [Holzapfel and Ogden \(2009\) law](#).

Gives a detailed description of the **myocardium response** in diastole.



Holzappel-Ogden law

The **strain energy function** for the myocardium:

$$\begin{aligned}\Psi(I_1, I_{4f}, I_{4s}, I_{8fs}) &= \frac{a}{2b} \{ \exp[b(I_1 - 3)] - 1 \} \\ &+ \sum_{i \in \{f, s\}} \frac{a_i}{2b_i} \{ \exp[b_i(I_{4i} - 1)^2] - 1 \} \\ &+ \frac{a_{fs}}{2b_{fs}} [\exp(b_{fs} I_{8fs}^2) - 1],\end{aligned}$$

where: $I_i, i \in \{1, 4f, 4s, 8fs\}$ – quantities describing the deformation

$\phi = (a, b, a_f, b_f, a_s, b_s, a_{fs}, b_{fs})^T$ – (unknown) constitutive parameters of interest.

Constitutive parameters

$\phi = (a, b, a_f, b_f, a_s, b_s, a_{fs}, b_{fs})^T$ – (unknown) constitutive parameters of interest.

ϕ_0 – **reference parameters** from Wang et al. (2013):

a [kPa]	b	a_f [kPa]	b_f	a_s [kPa]	b_s	a_{fs} [kPa]	b_{fs}
0.236	10.810	20.037	14.154	3.724	5.164	0.411	11.300



Not in vivo!



Statistical inference

Statistical inference

Minimise the mismatch between the **data** and **model predictions**

- LV volume in diastole
- 24 circumferential strains

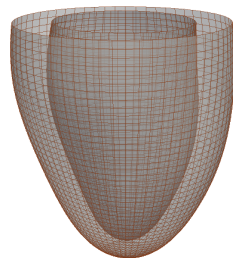
from **CMR scans** or **outputs from the forward simulator**.

Forward simulator

Solution to the equations associated with the LV model **unavailable in a closed form**

⇒ Numerical solutions required

⇒ Finite element method



Time consuming: one **forward simulation** takes ≈ 15 min!

⇒ Standard numerical optimisation or sampling **prohibitively expensive**.

Existing optimisation algorithm

State-of-the-art optimisation algorithm by Gao et al. (2015, 2018)

- Based on **expert domain-specific knowledge**
- **Multi-step** approach
- Each step optimises different **subsets of parameters**
- Each sub-optimisation using a **gradient-based** optimisation algorithm

Problem: slow!

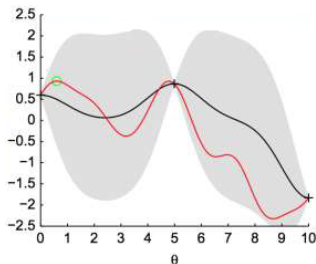
Bayesian optimisation

BO: an overview

Key ideas

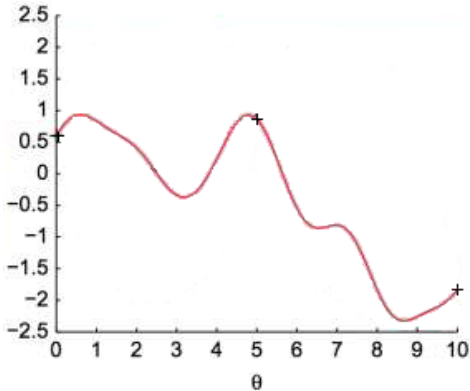
Approximate the **costly objective** function by a **cheaper surrogate** function: typically a Gaussian process (GP), see (Rasmussen and Williams, 2006).

Quantify the **exploitation–exploration trade-off** using an **acquisition function** (to be discussed later).



Sequentially update our **initial beliefs** (prior distribution) about the function of interest after **observing the data** (likelihood).

Illustration

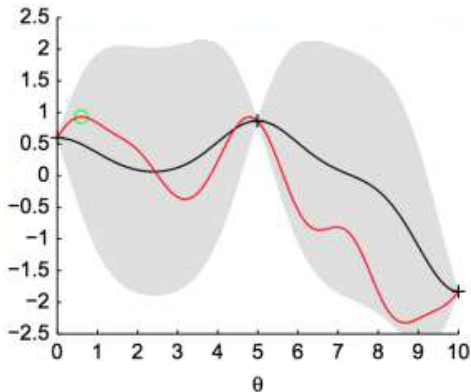


– Unknown objective function (expensive!)

+ Data points

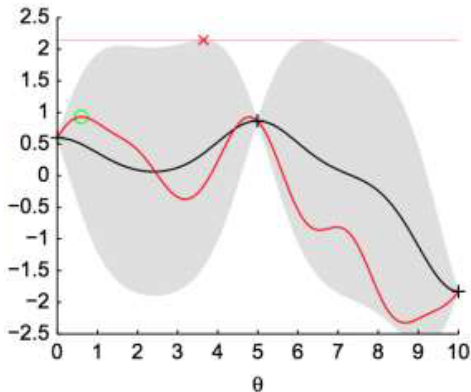
Here:
likelihood maximisation

Illustration



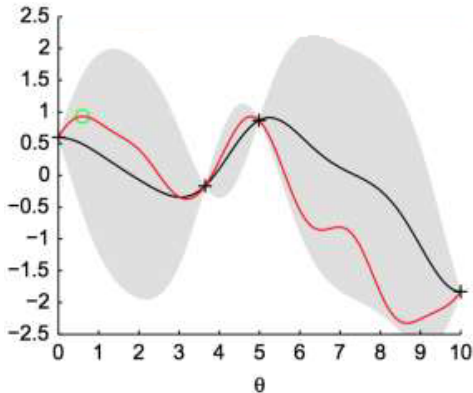
- Surrogate function, typically a GP (cheap!)
- Uncertainty: affects the acquisition function
- × **Maximum of acquisition function: exploration–exploitation trade-off**

Illustration



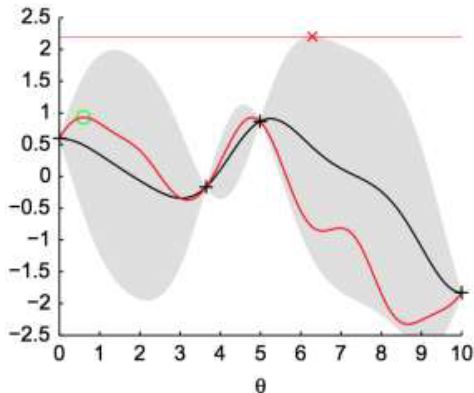
- Surrogate function, typically a GP (cheap!)
- Uncertainty: affects the acquisition function
- × Maximise the acquisition function: exploration–exploitation trade-off

Illustration



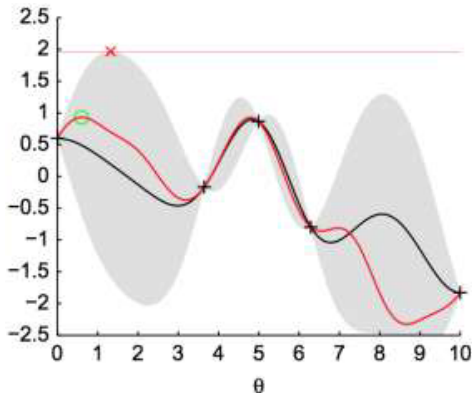
- + Query at the previous maximum ×
⇒ uncertainty gets reduced
- × Find a new maximum of acquisition function

Illustration



- + Query at the previous maximum \times
 \Rightarrow uncertainty gets reduced
- \times Find a new maximum of acquisition function

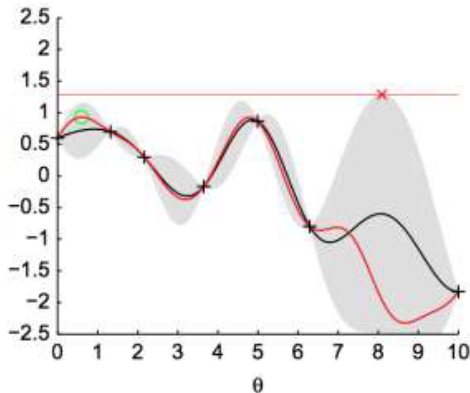
Illustration



Iterate:

- + Evaluate the objective at the current maximum × (expensive!)
- Update the surrogate model (cheap!)
- × Find a new maximum of the acquisition function (cheap!)

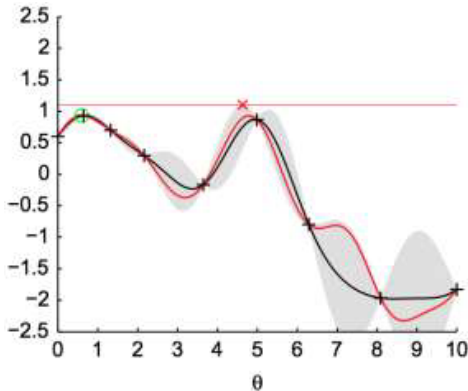
Illustration



Iterate:

- + Evaluate the objective at the current maximum **X** (expensive!)
- Update the surrogate model (cheap!)
- X** Find a new maximum of the acquisition function (cheap!)

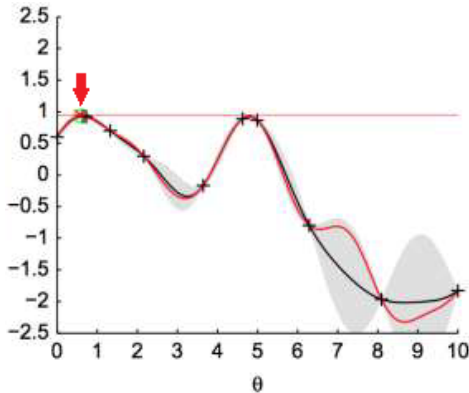
Illustration



Iterate:

- + Evaluate the objective at the current maximum \times (expensive!)
- Update the surrogate model (cheap!)
- \times Find a new maximum of the acquisition function (cheap!)

Illustration



Continue until:
global maximum ↓

Acquisition functions

- Dictate **where to query** next – where to carry out the **expensive** evaluation step.
- **Cheap**: optimised instead of the true objective function (so-called “inner optimisation”).
- Correspond to the **exploration-exploitation trade-off**.
- Several different AFs have been proposed:
 - probability of improvement
 - **expected improvement**
 - upper confidence bound
 - entropy search
 - portfolios acquisition functions
 - ...

Expected improvement

$$\text{EI}(\mathbf{x}) = \mathbb{E}_{p(y|\mathbf{x}, \mathcal{D})}[\min(f^* - f(\mathbf{x}), 0)],$$

\mathcal{D} – the set of inputs and outputs recorded so far,

f^* – incumbent value i.e. the lowest value of f found so far.

With a GP surrogate $\mathcal{GP}(\mu(\mathbf{x}), k(\mathbf{x}))$ EI can be expressed as
(Jones et al., 1998; Shahriari et al., 2016b)

$$\text{EI}(\mathbf{x}) = (f^* - \mu(\mathbf{x}))\Phi(z) + \sqrt{k(\mathbf{x})}\phi(z),$$

$$z = (f^* - \mu(\mathbf{x})) / \sqrt{k(\mathbf{x})},$$

Φ and ϕ are the CDF and PDF of the standard normal distribution, respectively.

BO: our extensions

Extensions

- 1 Ex-vivo data extended objective function
- 2 Unknown constraints
- 3 Partial error surrogates

Re 1: standard objective function

- Standard objective function for **minimisation**:

mismatch between the **simulated values** (depending on the constitutive parameter ϕ and LV geometry \mathcal{H}) and the **measurements**:

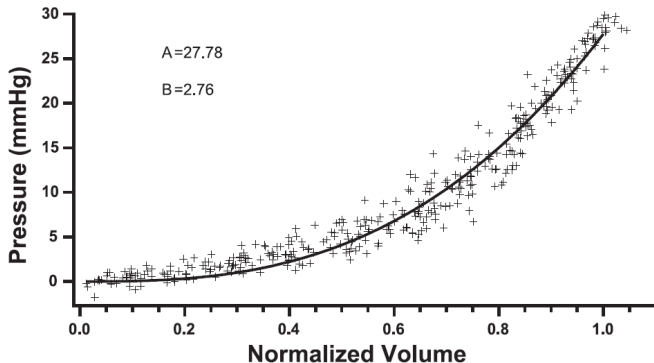
$$f(\phi, \mathcal{H}) = \underbrace{\frac{(V(\phi, \mathcal{H}) - V^*)^2}{V^*}}_{\text{LV volume}} + \sum_{i=1}^{24} \underbrace{(\varepsilon_i(\phi, \mathcal{H}) - \varepsilon_i^*)^2}_{i\text{th circumferential strain}} .$$

- **Measurements** only for physiologically typical, **low LV pressures** (8 mmHg).
- Need for **accurate predictions** also for **high LV pressures** (30 mmHg): those may reveal LV stiffness with impaired relaxation (which characterises diastolic heart failure).

Re 1: Klotz et al. (2006) curve

But: high pressure volume measurements unavailable in vivo.

We propose to **predict them** using the empirical law found by Klotz et al. (2006) based on **ex vivo data**:



Re 1: high-pressure volume predictions

Normalised end-diastolic volume:

$$\tilde{V}^* = \frac{V^* - V_0}{V_{30} - V_0},$$

where V^* – the measured unnormalised volume at P^* , V_0 – the zero-pressure volume (load-free volume).

Predicted high-pressure end-diastolic volume:

$$\hat{V}_{30}^{Kl} = V_0 + \frac{V^* - V_0}{\tilde{V}^*} = V_0 + \frac{V^* - V_0}{\left(\frac{P^*}{A}\right)^{1/B}}.$$

Re 1: extended objective function

$$f_{\text{Klotz}}(\phi, \mathcal{H}) = \left(\frac{V(\phi, \mathcal{H}) - V^*}{V^*} \right)^2 + \sum_{i=1}^{24} (\varepsilon_i(\phi, \mathcal{H}) - \varepsilon_i^*)^2 + \left(\frac{V_{30}(\phi, \mathcal{H}) - \hat{V}_{30}^{Kl}}{\hat{V}_{30}^{Kl}} \right)^2,$$

Re 2: unknown constraints

Why? **Simulator crashing** or failing to terminate for some ϕ .

Solution: weighting the AF, e.g. expected improvement (EI), by the **probability of the constraint being satisfied** (Snoek, 2013; Gelbart et al., 2014)

$$\text{EI}_{\text{con}}(\phi, \mathcal{H}) = \text{EI}(\phi, \mathcal{H}) \mathbb{P}(\phi \in \mathcal{C} | \mathcal{H}),$$

where $\mathbb{P}(\phi \in \mathcal{C} | \mathcal{H})$ is the probability of ϕ being a valid point not leading to a crash of the forward simulator for the given LV geometry \mathcal{H} .

Re 3: partial error surrogates

Why? The objective functions given as a **sum of error terms**:

$$f(\phi, \mathcal{H}) = \sum_{i=1}^K f^{(i)}(\phi, \mathcal{H}).$$

Standard approach: approximate $f(\mathbf{x})$ using a **single surrogate**.

Potential improvement: approximate the partial errors $f^{(i)}$ using K **surrogates**.

Adjusted EI: based on the conditional posterior mean and variance of the full target $f(\phi, \mathcal{H})$ – given as **sums of partial means and variances**.

Applications

Set-up

Two studies:

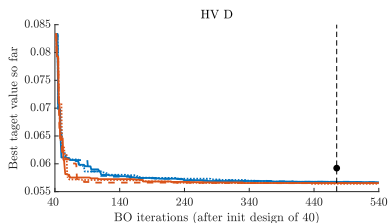
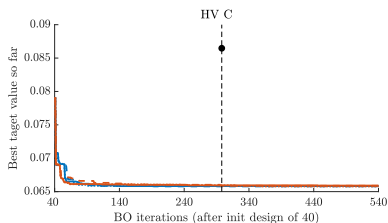
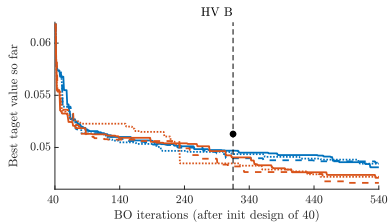
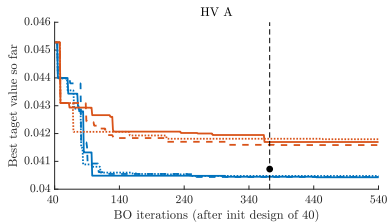
- 1 **Klotz-curve study:** with 4 healthy volunteers (HVs)
- 2 **PCA study:** one HV + LV geometry reconstructed with different no. of PCA components

Comparison:

- Compare BO with full target and partial surrogates with the **state-of-the-art algorithm of Gao et al. (2015, 2018)**.
- **Evaluation** based on:
 - speed of convergence (no. of simulator invocations),
 - the final value of the objective function.

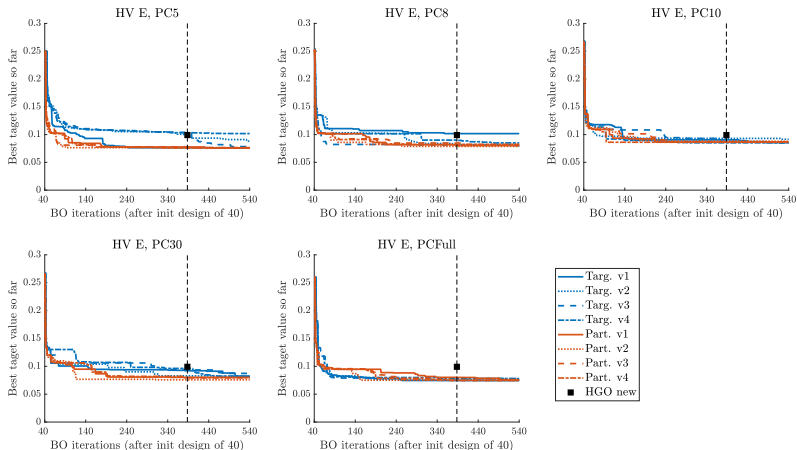
Results: convergence of the objective function

Study 1: four HVs



Results: convergence of the objective function

Study 2: one subject + LV geometry reconstructed with different no. of PCA components.



Discussion

Conclusions

- An **accurate and efficient** Bayesian optimisation-based framework for parameter inference in a cardiac mechanic model of the LV.
- BO converges to **lower values** of the objective function and requires **less invocations** of the associated forward simulator than the state-of-the-art multi-step algorithm of Gao et al. (2015, 2018).
- **Partial error surrogates**: a new approach to minimising a target function given as a sum of error terms.

Discussion

- Better specifications for AF than EI?
 - **Information-based** policies, e.g. Entropy Search.
 - **Portfolios** of AFs.
- BO likely to still be **too time-consuming** to provide a viable tool for the clinical practice (optimisation independently for each subject).

Multi-task BO (Swersky et al., 2013) could address this issue: leveraging prior knowledge from optimisations for previous subjects.

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