

Leveraging AI and IOT for effective explainable prediction of neurodegenerative diseases

Audio and Face Digital Markers based on Machine Learning & Deep Learning Foundation Models for Parkinson's Disease Assessment

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Context : Parkinson's Disease (PD)

- **Second most common neurodegenerative disease**

- Affects 1% of people over 60 years

- **Impact on Central Nervous System**

- Destruction of dopaminergic neurons in the substantia nigra
- Causes Motor deficits
 - Rigidity, bradykinesia, rest tremor
- Causes non-motor symptoms
 - Depression, anxiety, dysautonomia

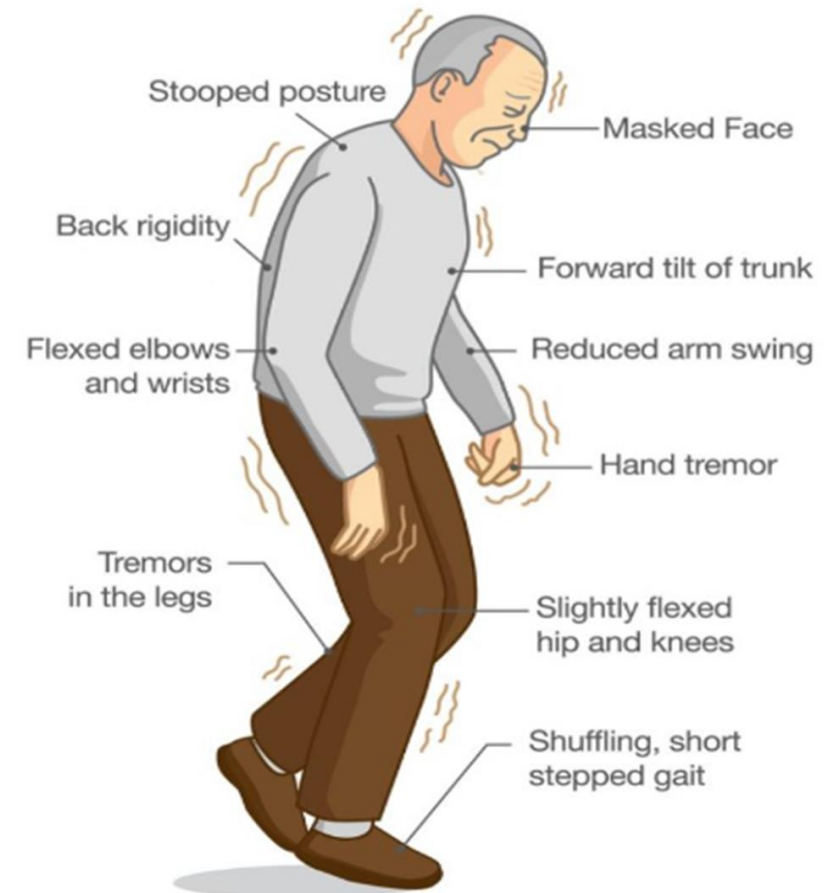
- **Delayed Onset of Symptoms**

- Symptoms occur years after disease onset
- 60% of dopaminergic neurons already lost by diagnosis

- **Importance of Early-stage Detection**

- Allows testing of treatments before irreversible brain damage
- Slows down or halts disease progression

Parkinson's Disease Symptoms



Motivation and Objectives

- **Hypomimia, known as Facial bradykinesia, Masked Face**
 - Common early-stage symptom of Parkinson's Disease
 - Characterized by
 - Decrease in facial movement
 - Loss of emotional expression in the face
- **Dysarthria**
 - Speech disorder when the muscles a person uses to speak become weakened
- **Dysphonia, impairment in the ability to speak normally due to muscle tightness**
 - harsh, weak or breathy quality of voice
- **Negative Social Consequences**
 - Lack of facial expressions may lead to social rejection by others

Objective

- Parkinson's disease assessment based on hypomimia using face & Audio videos
 - DIGIPD project : Validating DIGItal biomarkers for better personalized treatment of PD

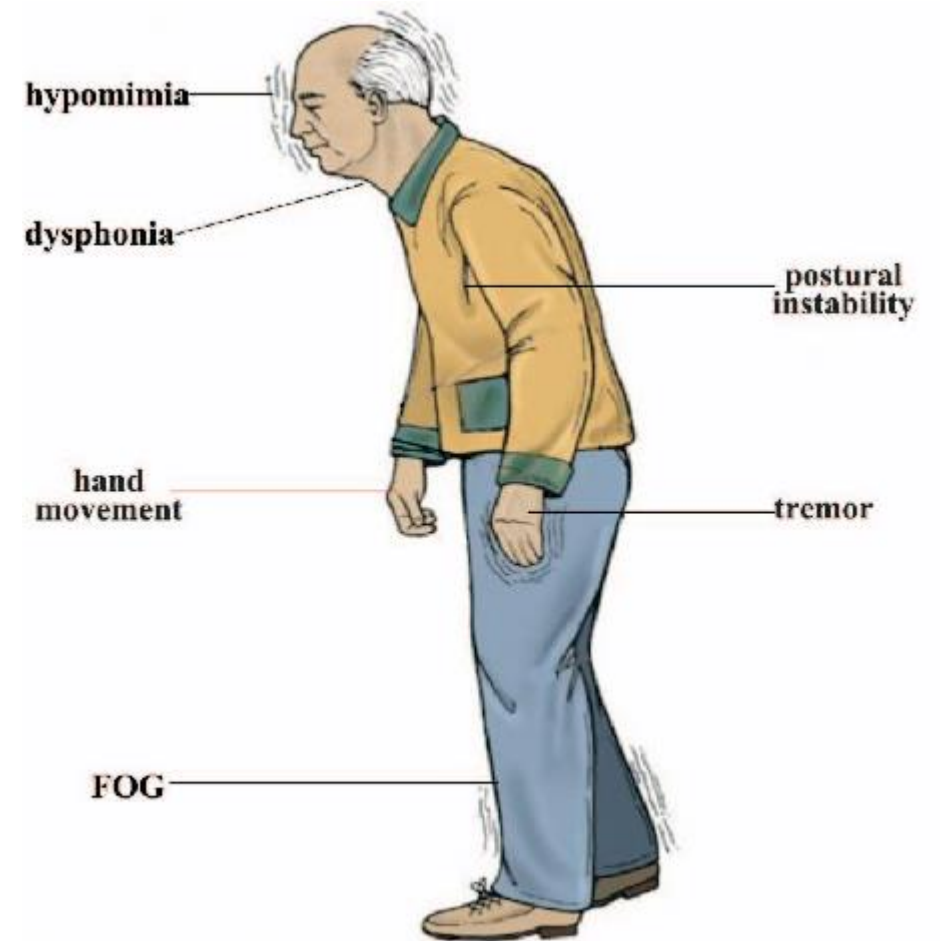


Figure 1. The typical symptoms of PD

IEEE int. Conference on Bioinformatics and Biomedicine 2017
[PdAssist: Objective and quantified symptom assessment of Parkinson's disease via smartphone](#)
[Yiqiang Chen Xiaodong Yang Biao Chen C. Miao Hanchao Yu](#)

DIGIPD project



Validating DIGItal biomarkers for better personalized treatment of Parkinson's Disease

ERA PerMed : ERA-Net Cofund, supported by 32 partners from 23 countries, cofunded by the EU

- Joint European Transnational Call for collaborative innovative research projects in Personalised Medicine

ERA PerMed **DIGIPD**: Validating DIGItal biomarkers for better personalized treatment of Parkinson Disease's (PD)

Partners

- | | |
|-------------------------------------|------------|
| • IP Paris / Telecom SudParis | France |
| • ICM - Brain Paris institute | France |
| • Fraunhofer Society | Germany |
| • University Hospital Erlangen | Germany |
| • Portables Healthcare Technologies | Germany |
| • University of Luxembourg (UL) | Luxembourg |
| • Université de Namur | Belgium |
| • Association Parkinson Madrid | Spain |

<https://www.digipd.eu/>



IP Paris / TSP Contributions to DIGIPD

Audio and Face Digital Markers (DM) based on Machine Learning & Deep Learning (DL) Foundation Models



Research Team

- Institut Polytechnique de Paris, Telecom SudParis
 - *Anas Filali Razzouki (Face Digital Markers), Quang Dao Vu (Voice Digital Markers), Dijana Petrovska-Delacrétaz, Mounîm El-Yacoubi*
- ICM - Paris Brain Institute, Sorbonne Université, Inserm, CNRS, APHP, Hôpital Pitié-Salpêtrière, Paris, France
 - *Laetitia Jeancolas, Graziella Mangone, Sara Sambin, Alizé Chalançon, Manon Gomes, Stéphane Lehéricy, Jean-Christophe Corvol, Marie Vidailhet, Isabelle Arnulf*

Outline

- ICEBERG Dataset
- **PD assessment based on facial AUs**
 - Feature extraction-based on facial AUs
 - PD vs. HC classification
 - Interpretability (feature importance)
 - PD sex effect analysis
 - Longitudinal analysis
 - Correlation between AUs with clinical scores and DAT-scan
- **Face-based PD assessment based on Vision Foundation Models**
 - Optical flow extraction
 - Foundation Models based Video Vision Transformers (FM-ViViTs)
 - Classification of PD vs. HC
 - Interpretability
 - Fusion foundation models and AU-based classifiers for PD classification
- **Voice-based PD assessment based on Speech Foundation Models**
- **Perspectives**

ICEBERG Dataset

• ICEBERG Protocol

- Longitudinal study at the Paris Brain Institute (ICM)
- Aim to identify and validate biomarkers of PD

• Participants

- Early-stage PD patients (disease duration < 4 years)
- HC subjects had no neurological disorders
- Participants visited the hospital once a year for 5 years
- Participants underwent several tests
 - Neurological examination, motor and cognitive tests
 - biological sampling, brain Scans
 - and **audiovisual recordings**

| | PD | | HC | |
|------------------------------|------------|-------------|------------|------------|
| Biological sex | Male | Female | Male | Female |
| No. of videos (294) | 126 | 77 | 58 | 33 |
| No. of subjects (154) | 70 | 39 | 26 | 19 |
| Age (years) | 64.2 ± 9.4 | 65.6 ± 8.6 | 63.4 ± 9.5 | 63.1 ± 8.5 |
| Hoehn yahr | 1.9 ± 0.3 | 1.86 ± 0.55 | - | - |
| MDS-UPDRS III total | 33.9 ± 6.9 | 28.9 ± 8.3 | 3.9 ± 2.7 | 5.5 ± 3.3 |
| MDS-UPDRS III face item | 1.1 ± 0.5 | 0.9 ± 0.4 | - | - |

ICEBERG Video-Feb2023 dataset recordings

ICEBERG Audio-Visual Database

ICEBERG : initially designed to detect PD from speech

• Recording Details

- The recording session lasts 15 to 20 minutes
- Participants perform 25 speech tasks
 - Rapid repetitions of syllables :
 - /pa/,/pou/, /kou/, /poupa/, /pakou/, /pataka/, /bagada/, /patikou/, /pabikou/,/padikou/
 - Maintain sound /a/ for as long as possible
 - Pronounce sound /a/ like a siren
 - **Monologue**, reading (text, dialogue)
 - Repetitions of short sentences
 - Repeat the syllables /pa/, /kou/, and /pa kou/ slowly
 - Silence
- Webcam characteristics
 - Frame rate = 24 fps
 - Resolution = 1920 * 1080 pixels

**PD subject performing
3 selected speech tasks**

Monologue: Free Speech



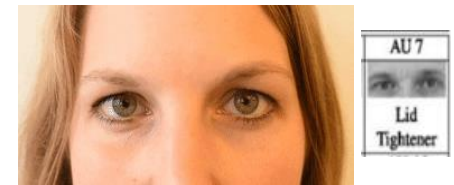
PD Analysis based on Facial Action Units

- Handcrafted features: based action units signal *derivatives*
 - Fed as input to XGBoost classifier to detect hypomimia
- Interpretability: reveal facial regions linked to hypomimia
- Effect of sex and longitudinal analysis
- Correlation between AUs and Clinical Scores and DatScan

Facial Action Units (AUs)

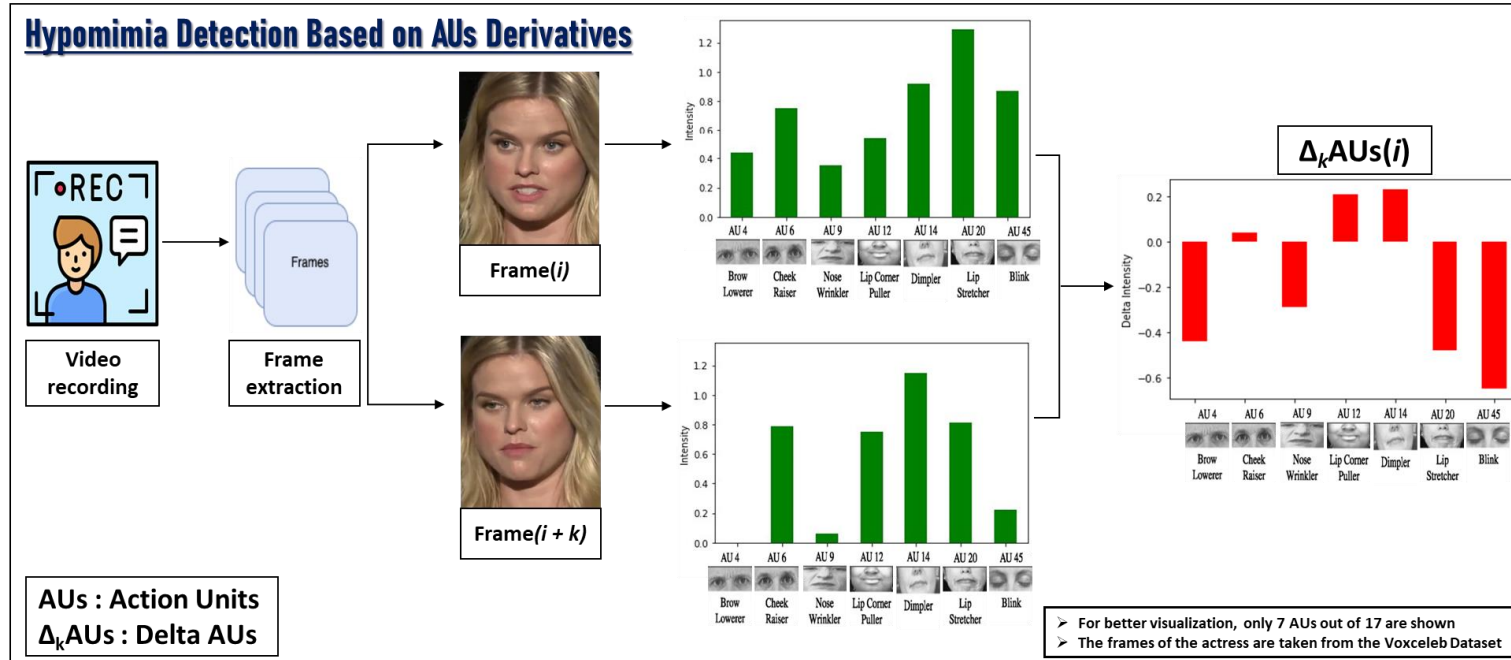
- **Action Units (AUs)**

- Developed by Carl-Herman Hjortsjö, and later adopted by Paul Ekman and Wallace V. Friesen
- AUs = basic movements of facial muscles
 - Extracted at each frame with intensity from 0 to 5
 - Compact representation
- Each AU = specific movement pattern in the face



Feature Extraction

- We use the OpenFace software that extracts 17 AUs out of 44 for each frame
- Movement encoding : Derivative of AUs with step k : $\Delta_k AU(i) = InAU(Frame(i + k)) - InAU(Frame(i))$
 - Step k tuned according video frame rate and speech task



A video is represented as time series of AUs or $\Delta_k AUs$

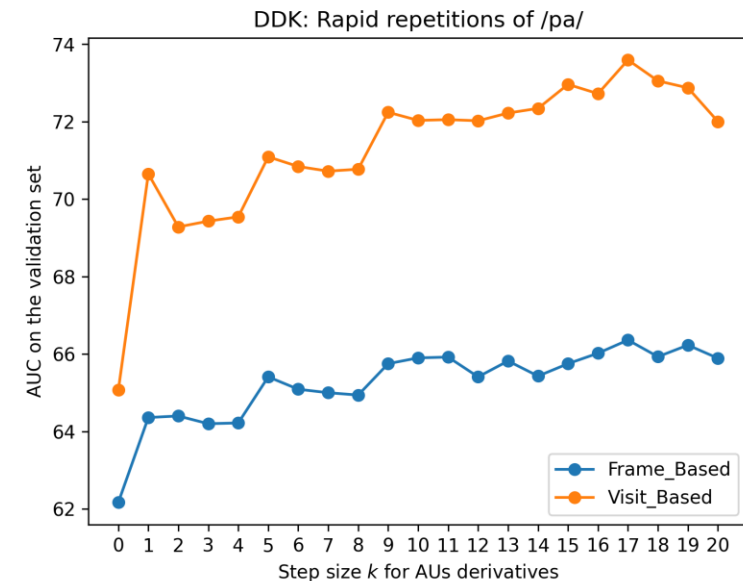
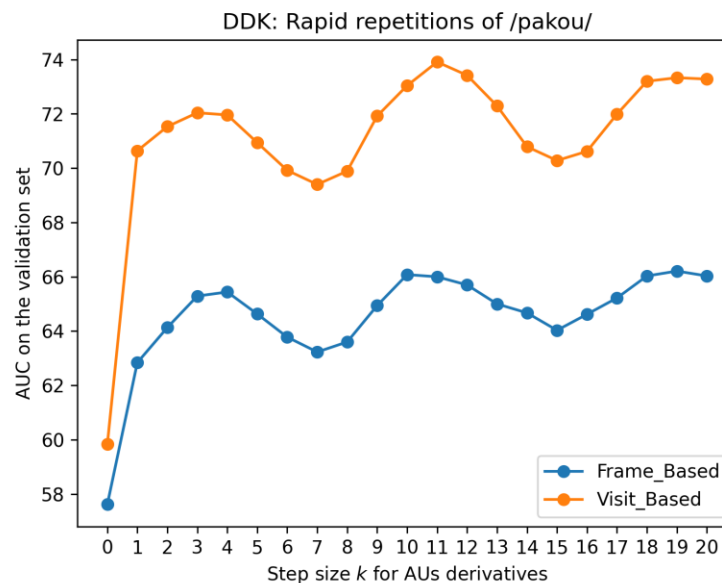
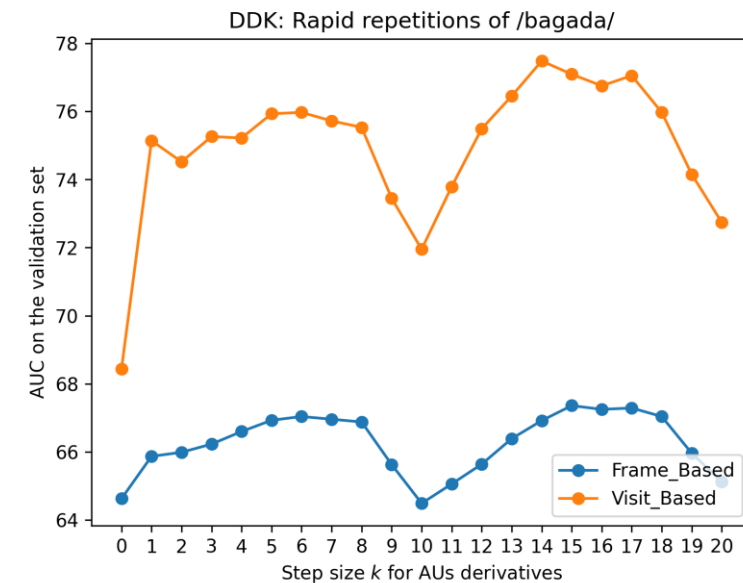
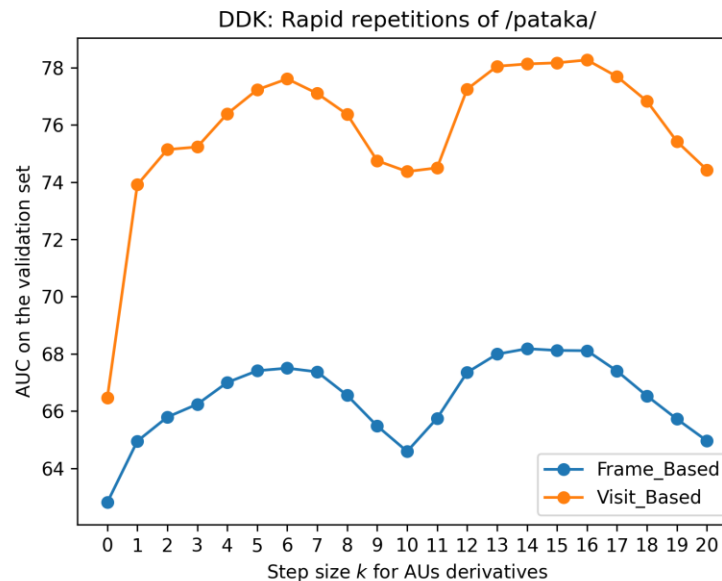
- **Video Global representation:** 28 Statistical measures are calculated across the AUs or $\Delta_k AUs$ frames
 - Including **basic descriptive** statistics (e.g., mean, percentiles, etc.), **entropy** measures, **frequency** domain measures
 - Advantage over local representation enhances robustness, captures temporal patterns, allows for simpler explainability and correlation analysis

Experiments: PD vs. HC Classification

- For each video task, Δ_k AUs calculated with step k from 1 to 20
- For each k , Δ_k AUs are input to XGBoost
 - XGBoost → better adapted to tabular features & imbalanced class distribution
- Validation : **5-fold nested cross-validation (CV)**
 - Nested CV → splits data into 5 outer folds for testing, with 5 inner folds for training and validation
 - Validation : XGBoost hyperparameters + step k optimization + classification threshold
 - Test: acts as a blind tests (unbiased estimate of performance)
- Evaluation Metrics: Area Under the Curve (AUC), Balanced Accuracy (BA)
 - **AUC** → threshold independence, frequently employed in clinical studies
 - **BA** → proficiency in addressing class imbalance
- Optimal k (k^*) ⇒ highest average AUC on the validation sets
- **Subject prediction** = Mean classification scores across visits

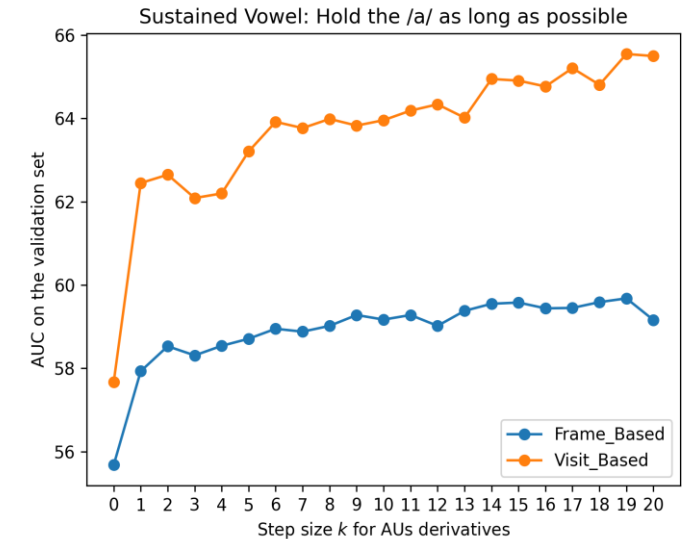
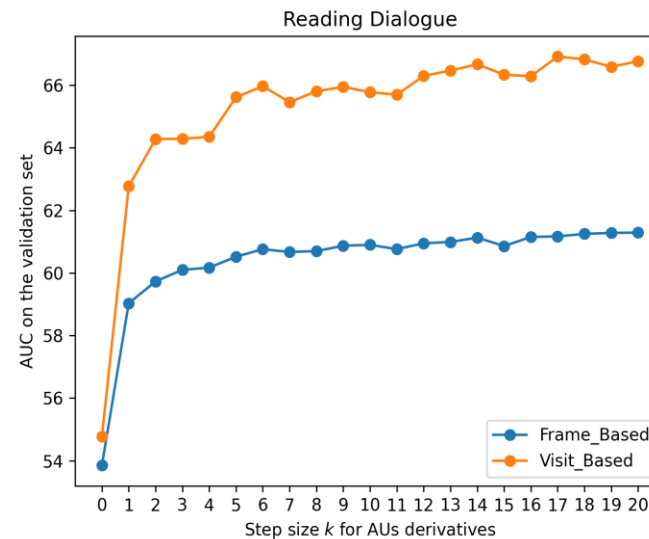
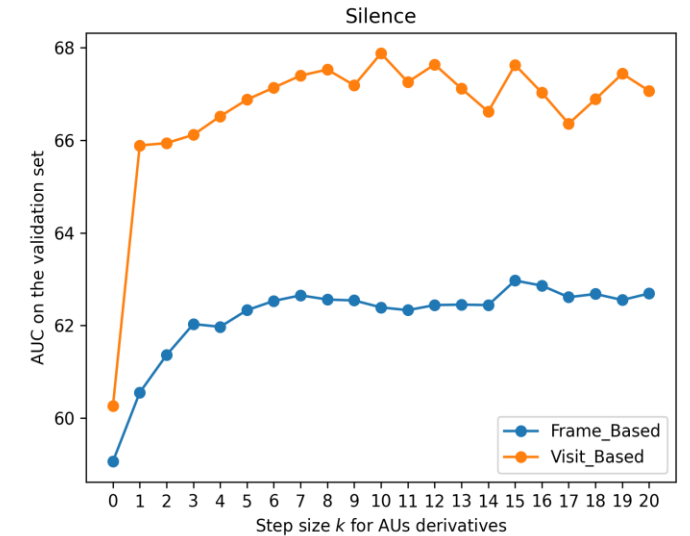
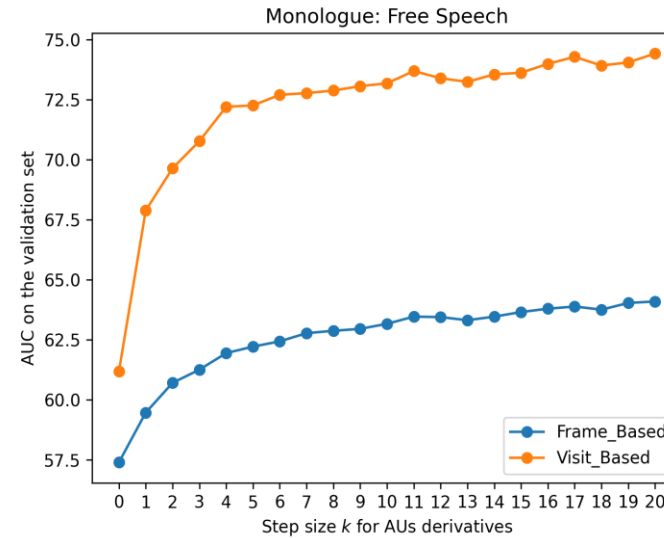
Results: Optimal Step k (k^*) for **DDK** Tasks

- DKK (Diadochokinesisi)
 - Rapid repetition of syllables
- The graphs exhibit a periodic pattern
 - characteristic of syllable repetition
- Graph period (P) \approx average duration (in frames) of an expression
- The more syllables, longer the period:
 - For /pataka/ or /bagada/, $P = 10$, $k^* = 6$
 - For /pakou/, $P = 7$, $k^* = 4$
 - For /pa/, $P = 4$, $k^* = 1$
- AUC of Δ_{k^*} AUs \gg AUC of AUs ($k = 0$)



Results: Optimal Step k (k^*) for **Other** Tasks

- The graphs exhibit an aperiodic pattern
- The AUC with Δ_k AUs for $k > 0$ better than $k = 0$
 - $k = 0$, only AU intensities are used
- Silence task (no mouth movement)
 - Movement is captured in the eye region



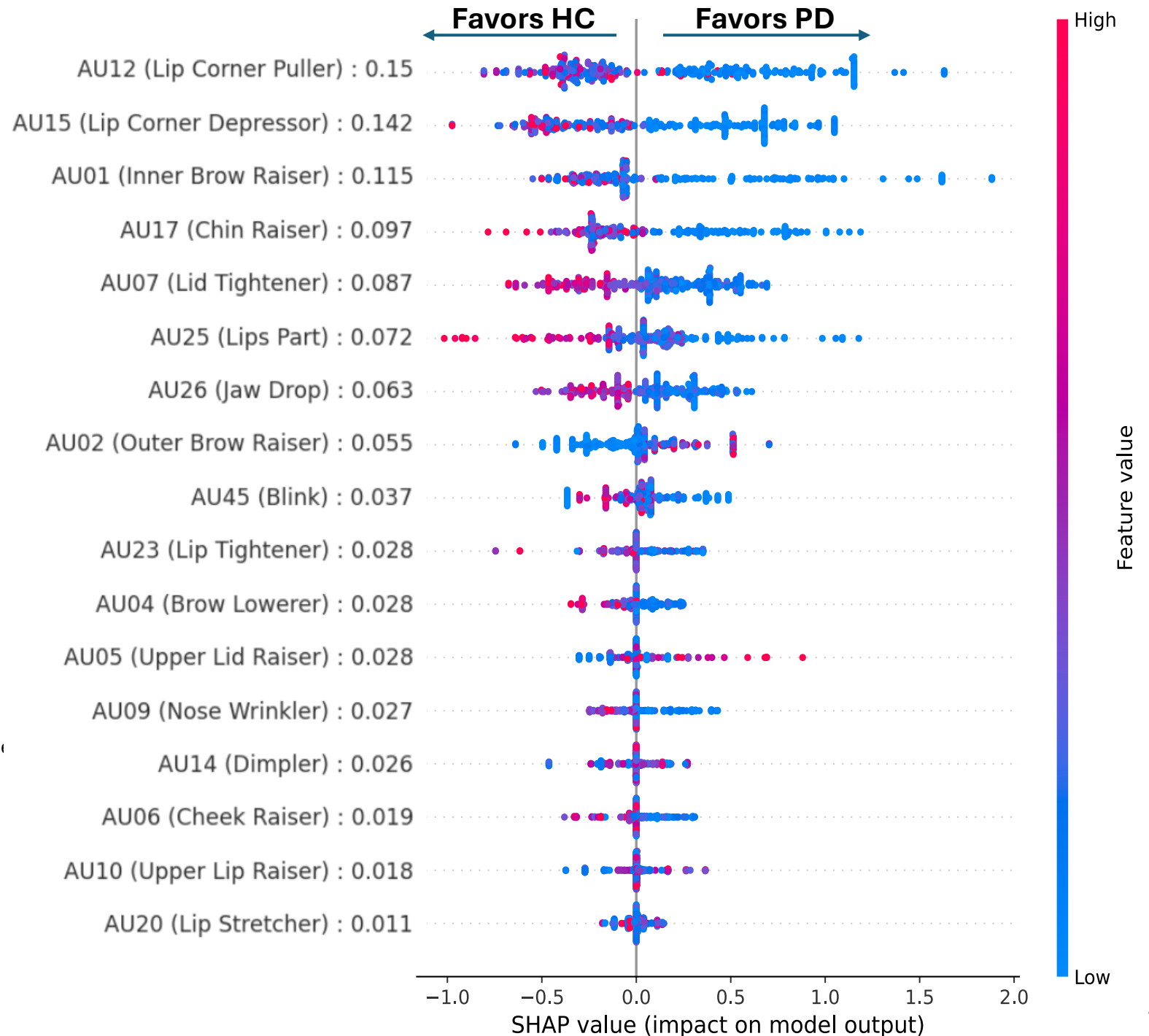
Results: PD vs. HC Classification

- Best SMs for classification:
 - Basic descriptive statistics
 - e.g., variance, median, maximum, range
 - Signal power : average energy of the signal
 - Total power : overall energy across frequencies
 - Histogram entropy: measuring signal's complexity
- AUC of 91.4% for PD vs. HC
 - ➔ Effective hypomimia detection in PD
- AUC : $\Delta_{k^*} AU_s > AU_s$

| Task | Signals | Best Statistical Measure (SM) | AUC (%) | | BA (%) | |
|--------------|------------------------|-----------------------------------|-------------|-------------------|-------------|-------------------|
| | | | VB | SB | VB | SB |
| /pataka/ | $\Delta_{k^*=6} AU_s$ | signal power | 79 | 82,4 ± 3,3 | 73,6 | 76,8 ± 3,8 |
| | | absolute variance | 78,7 | 83,9 ± 3,1 | 71,6 | 74,4 ± 4,0 |
| | | absolute histogram entropy | 77,9 | 81,3 ± 3,4 | 72,2 | 74,5 ± 3,9 |
| | AUs | total power (spectral density) | 76,8 | 81,4 ± 3,4 | 69,1 | 74,6 ± 4,0 |
| | | histogram entropy | 76,4 | 82,9 ± 3,3 | 67,5 | 75,0 ± 3,9 |
| /bagada/ | $\Delta_{k^*=6} AU_s$ | absolute median | 80,1 | 86,6 ± 2,9 | 69,8 | 73,9 ± 4,0 |
| | | absolute fourth moment | 74,5 | 78,7 ± 3,7 | 72,8 | 70,7 ± 4,1 |
| | AUs | 75 percentile | 74,6 | 80,6 ± 3,5 | 68,3 | 70,6 ± 4,1 |
| | | max | 71,9 | 76,6 ± 3,9 | 69,3 | 69,4 ± 4,1 |
| Monologue | $\Delta_{k^*=10} AU_s$ | absolute histogram entropy | 78,4 | 80,8 ± 3,5 | 70,2 | 71,0 ± 4,1 |
| | | absolute 75 percentile | 76,5 | 79,1 ± 3,6 | 69,5 | 67,9 ± 4,2 |
| | AUs | range | 76,8 | 79,1 ± 3,6 | 69,2 | 70,6 ± 4,1 |
| | | max | 76,4 | 75,5 ± 3,9 | 70,3 | 69,4 ± 4,1 |
| Tasks fusion | $\Delta_{k^*} AU_s$ | SMs Combined | 87,4 | 91,4 ± 2,2 | 77,2 | 78,9 ± 3,8 |
| | AUs | SMs Combined | 84,7 | 87,3 ± 2,8 | 70 | 76,3 ± 3,9 |

Interpretability with $AbsVar(\Delta_k AUs)$ Based Model SHAP Technique

- Task = \pataka\
- Each dot = one AU feature for a video
- Lower feature values favor PD prediction
- Higher feature values favor HC prediction
- ✓ Consistent with hypomimia definition
- Top 7 AUs:
 - AU12, AU15, AU1, AU17, AU7, AU25, AU26
 - Importance score $> (1/17) = 0.058 = \text{random score}$
 - Discriminate more PD vs. HC
 - Mostly located in the mouth region
 - Except AU1 (inner brow raiser), AU7 (lid tightener)
- ✓ Consistent with speech task scenario



Visualization of Important AUs on the ICEBERG Database

Important AUs found by SHAP

- AU12 : Lip Corner Puller
- AU01 : Inner brow raiser
- AU17 : Chin raiser

- Dynamic automatic encoding of AUs across frames
- Arrow length = Intensity of AU
 - Higher Intensity of AU ~ \longrightarrow
 - Lower Intensity of AU ~ \longrightarrow

PD Person



Healthy Person

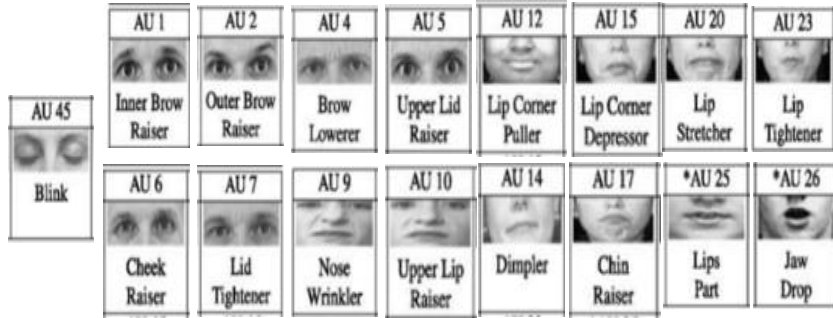


Lower AU Intensities

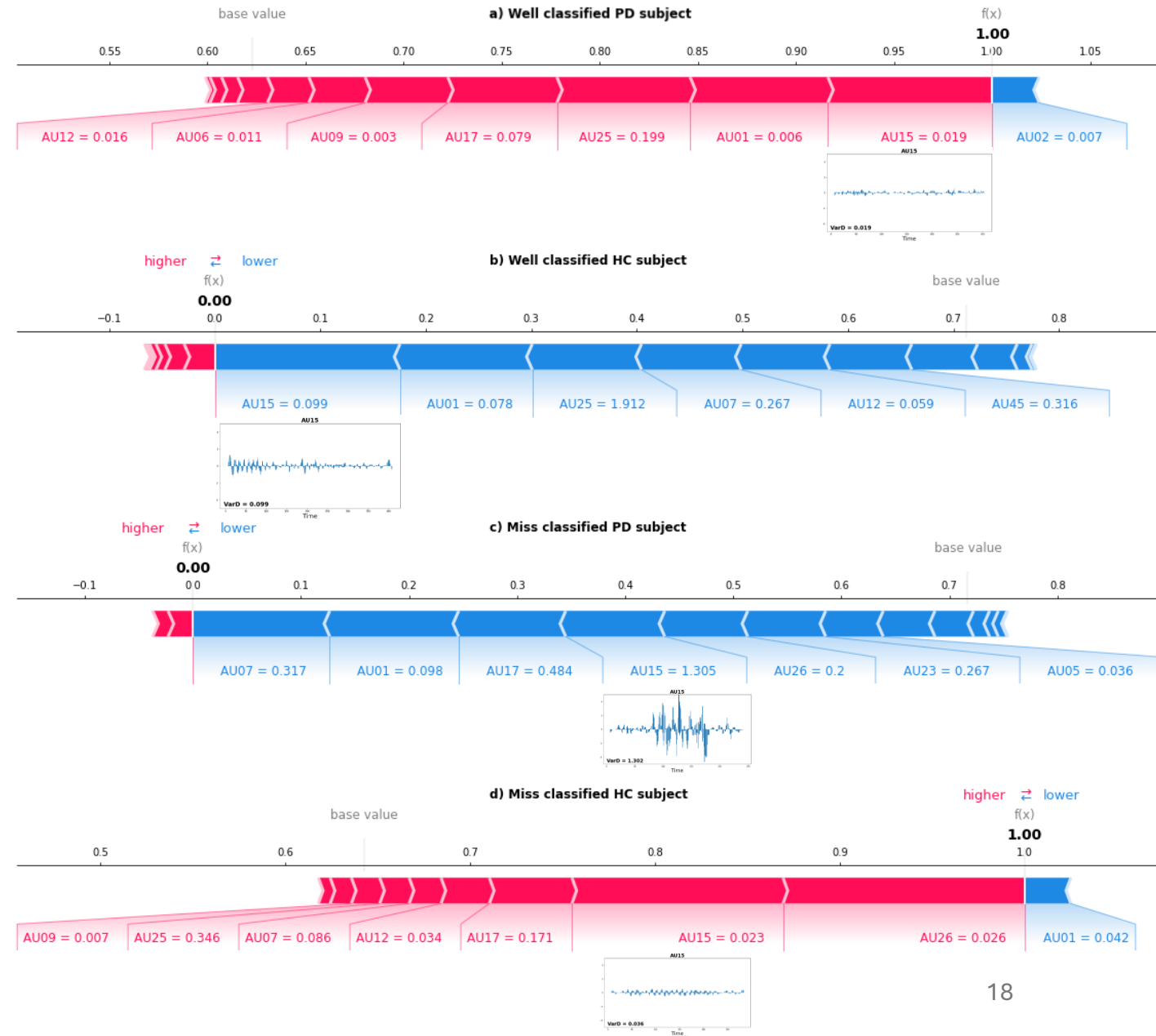
Higher AU Intensities

- Healthy person has higher intensity activation of important AUs compared to PD person

Shap values calculated for 4 individual examples



| | sex | age at V0 | Statut | wc/mc | pr(PD) | UPDRS 3 | Hahn Jahr | mds face |
|---------------|-----|-----------|--------|-------|--------|---------|-----------|----------|
| a : 238_V0 | M | 71 | PD | wc | 0.98 | 35 | 2 | 1 |
| b : 182_V1 | M | 41 | HC | wc | 0.02 | 4 | 0 | 0 |
| c : 247_V0 | M | 73 | PD | mc | 0.02 | 28 | 2 | 1 |
| d : 218_V1 | M | 59 | HC | mc | 0.98 | 0 | 0 | 0 |



Sex Effect and Longitudinal Analysis

• Sex Effect

• Multivariate Analysis (XGBoost)

- Males and females have similar AUCs of ~ 84%
- Males have 9% higher **recall** than females
 - Avg. MDS-UPDRS3 is 5 points higher for males

• Univariate Analysis

- Linear mixed model (factors: PD and Sex)
- 7 AUs significantly linked to PD
 - Mouth: AU14 (dimpler), AU25 (lips part), AU26 (jaw drop)
 - Eye: AU45 (blink), AU7 (lid tightener), AU4 (brow lowerer)
- AU45 (blink), AU14 (dimpler) significantly linked to sex
 - Well known in the literature
- No significant interaction between disease & sex
 - PD effect on AUs is sex-neutral
- PD Left-onset women blink less than right-onset
 - side-onset = Side of first motor symptoms appear

• Longitudinal Analysis

• Multivariate Analysis (XGBoost)

- AUC at V_0 and V_f are similar AUCs of ~ 78%
- Recall at V_0 is 7% higher than at V_f
 - Avg. MDS-UPDRS3 decrease from V_0 to V_f (3 points)









• Univariate Analysis

- ANOVA at V_0 and V_f (separately)
- 4 AUs significantly linked to PD at V_0 , not V_f
- ➔ PD detection harder at V_f than V_0 (not significantly)
- Patients' Levodopa dosage rose by 60% from V_0 to V_f
- Patients were recorded while ON medication state

V_0 : Initial Visit, V_f : Final Visit

Correlation between AUs and Clinical & DATScan scores

- AU features = $AbsVar(\Delta_k AUs)$ from /pataka/
- The clinical score are measured in both the OFF and ON state

| Motor Clinical Items | | Agility | | Rigidity | | | Bradykinesia | Total MDS-UPDRS3 | |
|----------------------|---------------|--|--|--|--|--|--|---|---|
| Limb Side | | Left | Right | Upper Left | Upper Right | Lower Right | Neck | All | |
| AUs | | AU17 (Chin raiser)  | AU15 (Lip corner)  | AU17 (Chin raiser)  | AU07 (Lid tightener)  | AU07 (Lid tightener)  | AU25 (Lips part)  | AU01 (Inner brow raiser)  | AU01 (Inner brow raiser)  |
| Spearman (r) | OFF Med state | -0.34 | -0.42 | -0.34 | -0.38 | -0.32 | -0.3 | -0.37 | -0.31 |
| | ON Med state | - | - | - | -0.37 | - | - | -0.31 | - |

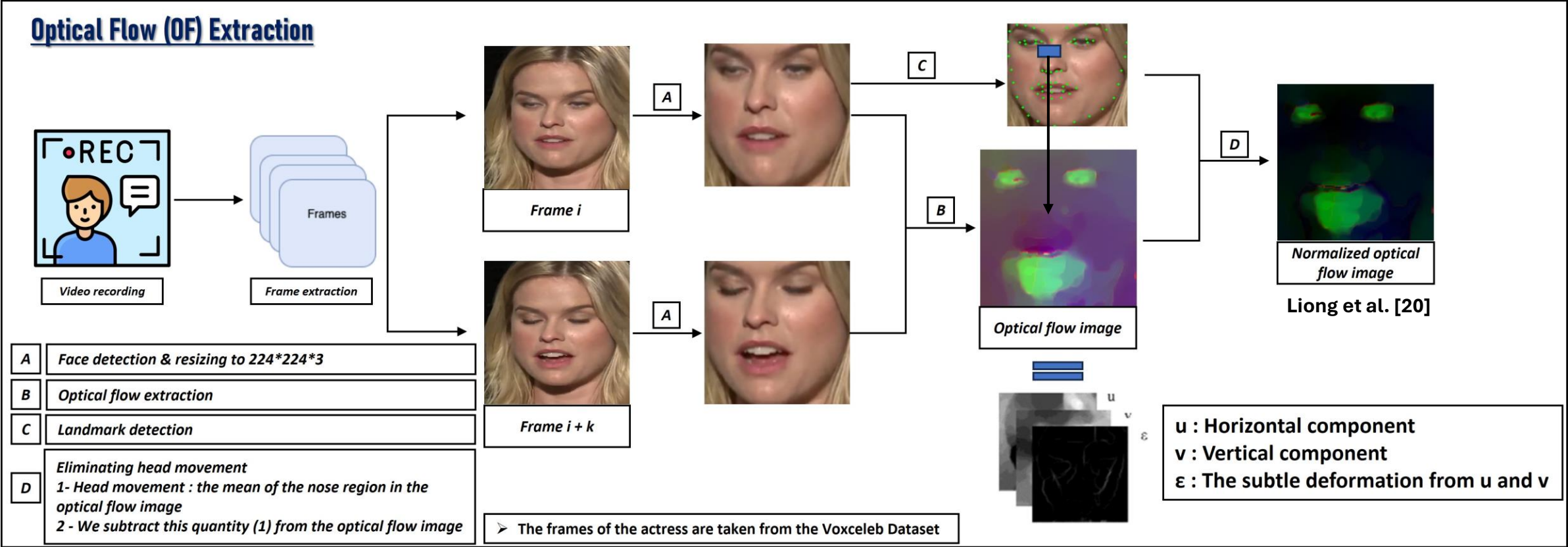
- Negative significant correlations ($p < 0.05$) between key AUs and some clinical scores
- AUs strongly significant with clinical scores include important AUs found by SHAP for PD vs. HC
- AUs show stronger and more correlations OFF state compared to ON state
 - Patients recorded within 12 hours of morning medication intake
 - This may reduce the consistency of ON-state measures, while offering OFF-state measures a stable baseline
- No statistical significance between the 17 AUs and DATScan or MDS-face
 - For Dat-scan, possibly due to only 18 PD patients considered
 - For MDS-face, may be due to dominant class being 1

Vision Foundation Models for PD Analysis

- Automatic features based on transformers and optical flow (OF)
- Combined RGB and OF modalities for robust PD analysis
- Explainability: link auto-extracted features to AUs
- Fusion of AUs, OF-based and RGB-based transformer classifiers

Optical Flow Extraction

- Movement Encoding: Optical flow between $Frame(i)$ and $Frame(i + k)$
 - The movement is encoded at the pixel levels rather than within specific regions, as seen with $(\Delta_k AU(i))$
 - Optimal step k^* found with the previous experiments based $\Delta_k AU(i)$

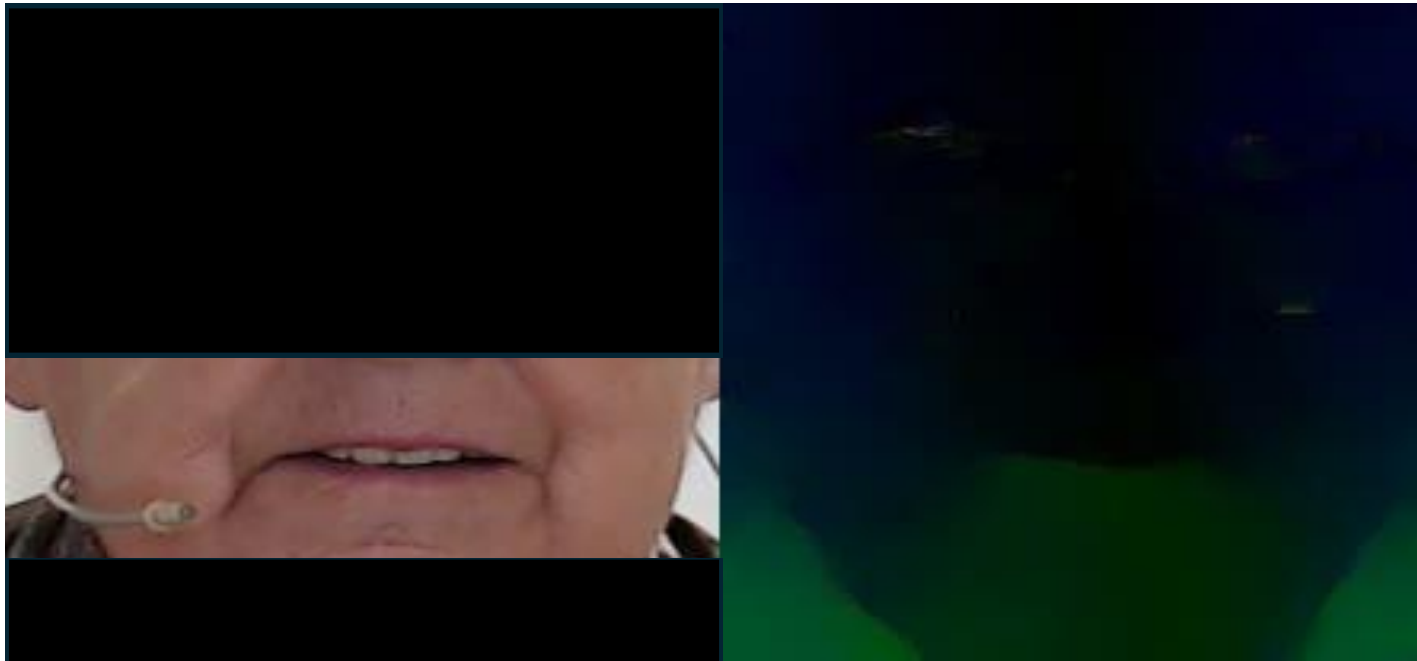


Visualization of Optical Flow Extraction for the ICEBERG data

- Video of PD patient performing /pataka/ speech task
- The optical flow is calculated with step $k = k^* = 6$
 - $k^* = 6$ was the optimal step found with /pataka/ speech task with $\Delta_k AU$

RGB

Optical Flow



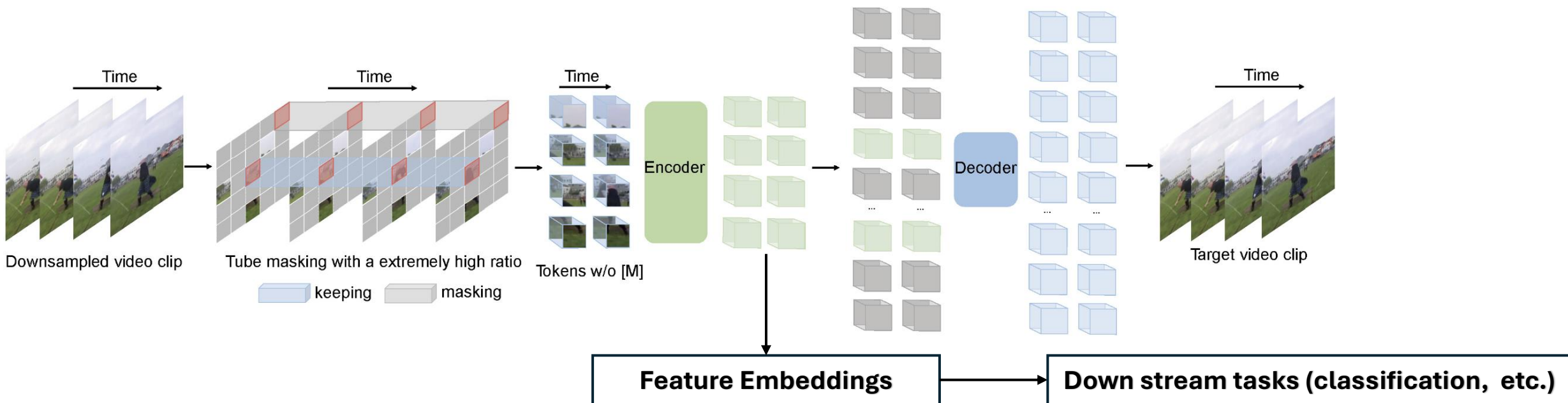
- Optical flow components :
 - Vertical component (v) : green channel
 - Horizontal component (u) : blue channel
 - Subtle deformation from u and v : red channel

Self-Supervised Video Pre-training (SSVP)

- **Masked Autoencoding:** A technique to reconstruct masked or corrupted inputs
 - Applications:
 - NLP: Predicts masked words (e.g., BERT)
 - Computer Vision
 - Image Pre-Training: Learns spatial patterns by reconstructing masked image regions
 - Video Pre-Training: Self-Supervised Video Pre-Training (SSVP)
- **Self-Supervised Video Pre-Training (SSVP)**
 - Key Idea: Captures spatial and temporal patterns by masking and reconstructing video cubes
 - Advantages:
 - Uses unlabeled video data
 - Captures temporal & spatial patterns
- **Prominent Foundation Models-based SSVP Method**
 - **VideoMAE: Video Masked Auto Encoder**
 - MARLIN: Masked Autoencoder for facial video Representation Learning
 - V-JEPA: Video-based Joint-Embedding Predictive Architecture

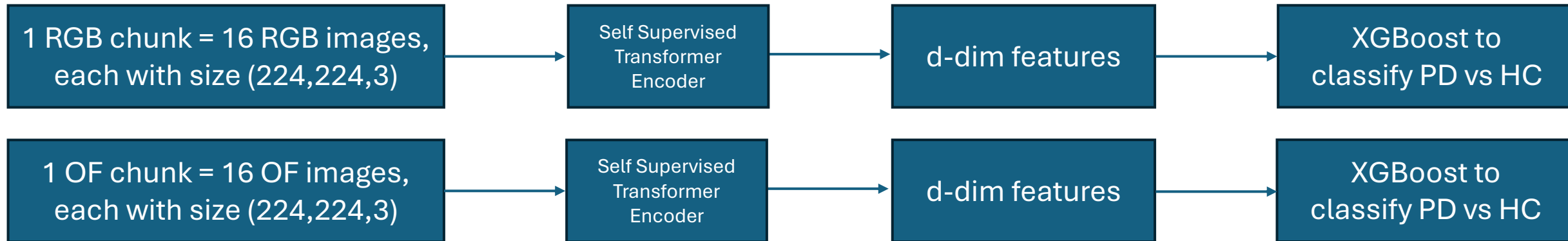
Video Masked Auto Encoder (VideoMAE) Model

- Foundation Model-based Video Vision Transformer (Encoder-Decoder Architecture)
- Masks and reconstructs tubes within videos to learn temporal and spatial dynamics
- VideoMAE is pre-trained on 409,000 videos from two datasets:
 - Kinetics-400 dataset: Contains 400 action classes
 - Something-Something V2 dataset: Contains 174 motion-centric action classes
- VideoMAE ranked among the top 5 state-of-the-art models for action recognition
 - Action recognition datasets: HMDB-51, Something-Something V2, UCF101, and AVA v2.2 datasets



Feature Extraction based on Foundation Models with Vision

- **Video Decomposition:** each video is decomposed into non-overlapping chunks
 - Each chunk with dimension $16 \times 224 \times 224 \times 3$, consisting of optical flow (OF) or RGB images ($224 \times 224 \times 3$)
- **Feature Extraction:**



Embedding dimension = 768 for VideoMAE and MARLIN

Embedding dimension = 1024 for V-JEPA

- **Evaluation metrics:** Area under the curve (AUC), balanced accuracy (BA)
- **Validation technique:** 5-fold nested cross-validation

Results: PD vs. HC Classification Based on Self Supervised Transformer Encoder-Based Optical Flow or RGB

- Classifier: XGBoost
- Features
 - RGB local embedding features from FM-ViViTs
 - OF local embedding features from FM-ViViTs

Results

- /pataka/ & /bagada/: OF achieved 10% higher AUC than RGB
- Monologue: OF and RGB achieved a similar AUC of 82%
- RGB: Monologue achieved 10% higher AUC than DDK tasks
- Monologue provides:
 - 2.5x more training data than /pataka/
 - 4.5x more training data than /bagada/
 - ➔ advantageous given the high dimensionality of the training data
- VideoMAE outperforms V-JEPA and MARLIN
 - ➔ Continue working only with VideoMAE

| Task | FM-ViViT | Type | Optical Flow (OF) | | RGB | |
|-----------|----------|------|-------------------|------------|-------------------|------------|
| | | | AUC (%) | BA (%) | AUC (%) | BA (%) |
| /pataka/ | V-JEPA | VB | 73,4 | 70 | 62 | 61,7 |
| | | SB | 78.6 ± 3.7 | 73.2 ± 4.0 | 65.6 ± 4.6 | 62.6 ± 4.3 |
| | MARLIN | VB | 73 | 66,5 | 65,5 | 60,4 |
| | | SB | 75.2 ± 4.0 | 68.7 ± 4.1 | 65.5 ± 4.6 | 60.5 ± 4.3 |
| | VideoMAE | VB | 74,6 | 69,3 | 65,2 | 59,5 |
| | | SB | 79.1 ± 3.6 | 75.1 ± 3.8 | 69.6 ± 4.4 | 62.0 ± 4.2 |
| /bagada/ | V-JEPA | VB | 73 | 66,4 | 65,2 | 61,5 |
| | | SB | 79.2 ± 3.6 | 70.8 ± 3.9 | 68.8 ± 4.4 | 62.4 ± 4.1 |
| | MARLIN | VB | 68,3 | 62 | 61,9 | 56,6 |
| | | SB | 70.5 ± 4.3 | 64.5 ± 4.2 | 66.1 ± 4.6 | 63.5 ± 4.1 |
| | VideoMAE | VB | 70,4 | 64 | 66,9 | 61,9 |
| | | SB | 74.2 ± 4.0 | 67.3 ± 4.1 | 69.4 ± 4.4 | 59.3 ± 4.3 |
| Monologue | V-JEPA | VB | 74,6 | 65,8 | 75,7 | 69,3 |
| | | SB | 78.6 ± 3.7 | 73.8 ± 3.9 | 79.2 ± 3.6 | 72.0 ± 4.0 |
| | MARLIN | VB | 78,7 | 71,1 | 68,7 | 65,7 |
| | | SB | 81.8 ± 3.4 | 75.5 ± 3.9 | 74.7 ± 4.0 | 69.4 ± 3.9 |
| | VideoMAE | VB | 78,8 | 72,4 | 78 | 75,5 |
| | | SB | 82.2 ± 3.3 | 76.1 ± 3.8 | 81.8 ± 3.4 | 78.4 ± 3.2 |

Interpretability with Embedding Features with SHAP Technique for PD vs. HC

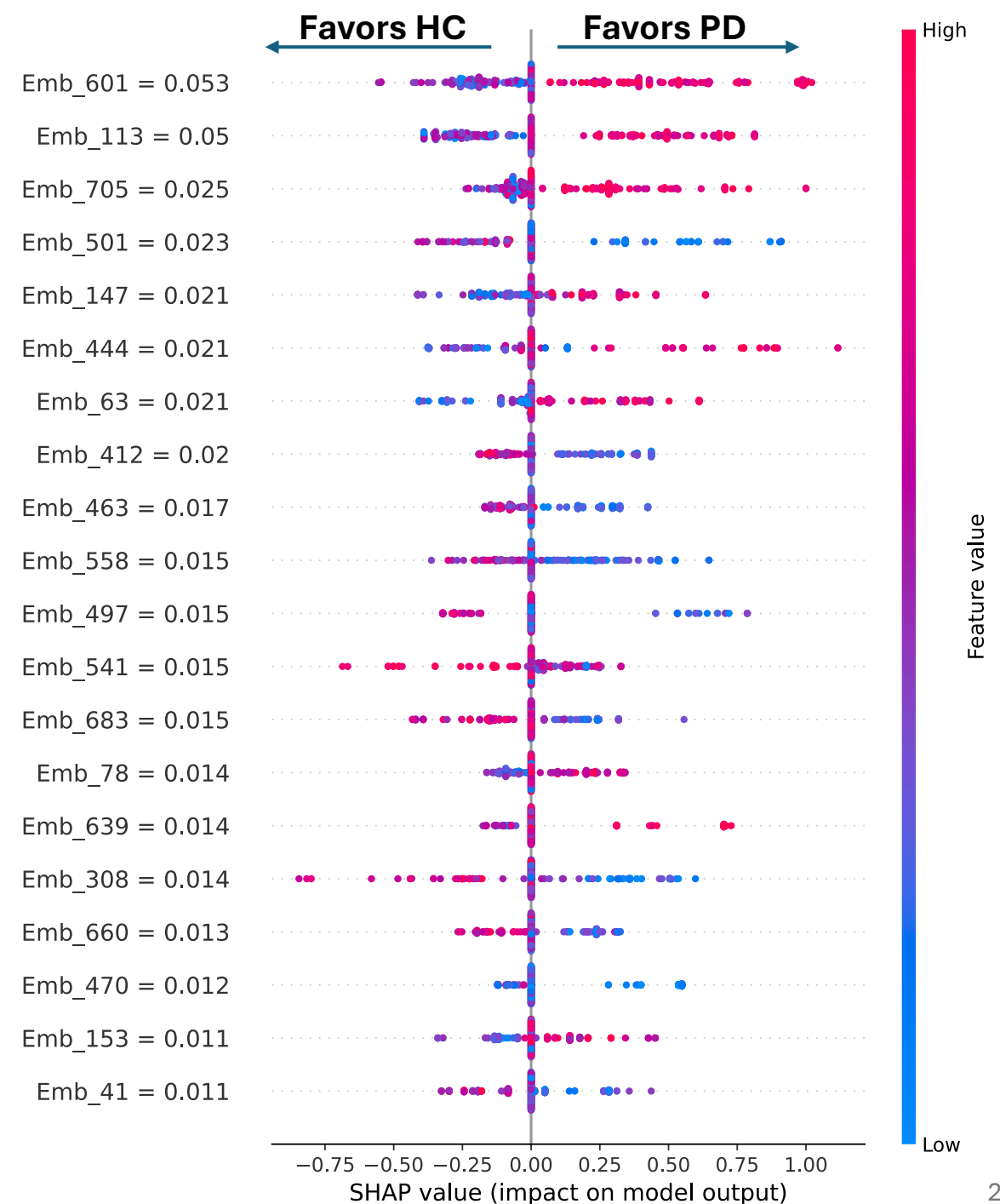
- Task = Monologue
- Features: Global embedding-based VideoMAE from OF
- Classifier: XGBoost
- Each dot = one embedding value of video

Results

- Top 2 features: Emb_601 and Emb_113

| | Sperman Correlation ($p < 0.05$) | | |
|------------------------|------------------------------------|---------|---------|
| $AbsVar(\Delta_k AUs)$ | Emb_601 | Emb_113 | Emb_147 |
| AU26 (jaw drop) | -0,64 | -0,6 | -- |
| AU23 (lip tightener) | -0,62 | -0,53 | -- |
| AU06 (nose wrinkler) | -0,55 | -0,48 | -0.22 |

- Emb_601 and Emb_113 correlate negatively with AUs
 - Higher Feature Values (lower movement) favors PD prediction
 - Lower Feature Values (higher movement) favors HC prediction
 - ✓ Consistent with hypomimia definition



Fine-tuning the Foundation Model

- Task: **Monologue**, Modality: Optical Flow
- VideoMAE Encoder Fine-Tuning:
 - Add classification layer with 2 classes to VideoMAE encoder
 - 86M total parameters; we finetune only half (42M)
 - Preliminary Findings: Fine-tuning half of the layers performs better than other fine-tuning strategies
 - Validation technique: cross-validation with 100 epochs, without any optimization
 - Time Constraints: Training 100 epochs takes 17 hours per model on the cluster; nested CV not feasible

| Method | Modality | AUC (%) | BA (%) | Rec (%) | Spe (%) |
|------------------------------|----------|------------|------------|------------|------------|
| Finetune half the layers | VB | 79 | 74,2 | 68,3 | 80 |
| | SB | 84.6 ± 3.1 | 79.4 ± 3.4 | 74.3 ± 4.2 | 84.4 ± 5.4 |
| Extracted Features + XGBoost | VB | 78,8 | 72,4 | 74,8 | 70 |
| | SB | 82.2 ± 3.3 | 76.1 ± 3.8 | 78.9 ± 3.9 | 73.3 ± 6.6 |

- Fine-tuning improved AUC by 2.5% over XGBoost with extracted embeddings
- Potential Improvement: Use nested CV with 5 validation folds for better optimization

Fusion of AUs, OF-Based & RGB-Based VideoMAE Classifiers

- Task : **Monologue**
- AUs-based experiment
 - Fusion of 2 global features-based classifiers: $Hist_entropy(Abs(\Delta_{k^*}AUs))$ and $75_percen(Abs(\Delta_{k^*}AUs))$
- OF-Based and RGB-Based VideoMAE experiment
 - Fusion of 2 global features-based classifiers : RGB-Based VideoMAE and OF-Based VideoMAE
- Fusion Experiment (based on averaged probabilities across both approaches)

| Approach | Type | AUC (%) | BA (%) | Recall (%) | Specificity (%) |
|------------------------|------|-------------------|------------|------------|-----------------|
| 1) $\Delta_{k^*}AUs$ | VB | 80.7 | 73.7 | 80.7 | 66.7 |
| | SB | 82.9 ± 3.3 | 76.4 ± 3.9 | 81.7 ± 3.7 | 71.1 ± 6.8 |
| 2) VideoMAE (OF & RGB) | VB | 79.8 | 69.1 | 78.2 | 60 |
| | SB | 84.6 ± 3.1 | 75.7 ± 3.9 | 82.6 ± 3.6 | 68.9 ± 6.9 |
| Fusion of (1) and (2) | VB | 82.6 | 71.3 | 79.2 | 63.3 |
| | SB | 85.9 ± 2.9 | 78.4 ± 3.7 | 83.5 ± 3.6 | 73.3 ± 6.6 |

- AUs Experiment
 - Achieved AUC: 82.9%
- VideoMAE (OF & RGB) Experiment
 - Achieved AUC: 84.6%
- Fusion Experiment:
 - Achieved AUC : 85.9 %

Audio Digital Markers (DM) for PD Detection based on Deep Learning (DL) Foundation Models

ICEBERG subset for DM based on DL

- With high quality recordings in hospital
- ICEBERG subset until **july-2022** (355 subjects)
- 2 labels: healthy and Parkinson (281 subjects)
- Keep only subjects who have at least 1 session with enough speech tasks → 267 subjects
- Use all good quality sessions for training
- Data:
 - 156 males, 111 females
 - 156 Parkinson, 111 healthy
 - Split subjects into 5 folds for cross validation

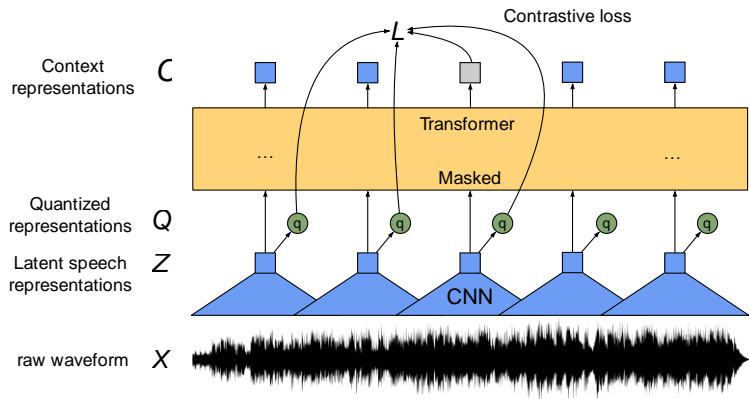
Deep-learning based acoustic features: SOTA Speech Foundation Models

- Speech Foundation models
 - Harnessed in 2 ways
 - To extract deep feature representations, taken then as input to Machine Learning classifiers
 - Finetuned on PD/HC Datasets to act as standalone classifiers
 - Foundation models considered in our work
 - Wav2vec2.0 (Meta)
 - Whisper (OpenAI)
 - SeamlessM4T (Meta)
-
- [1] Baevski A, Zhou Y, Mohamed A, Auli M (2020), « wav2vec 2.0: A framework for self-supervised learning of speech representations. » Adv Neural Inf Process Syst (NeurIPS) 33:12449–12460
 - [2] A. Radford, J. W. Kim, et al. (2022) , “Robust speech recognition via large-scale weak supervision,” Tech. Rep., OpenAI.
 - [3] Barrault, Loïc, et al. (2023) "SeamlessM4T-Massively Multilingual & Multimodal Machine Translation." arXiv preprint arXiv:2308.11596

Speech Foundation Models

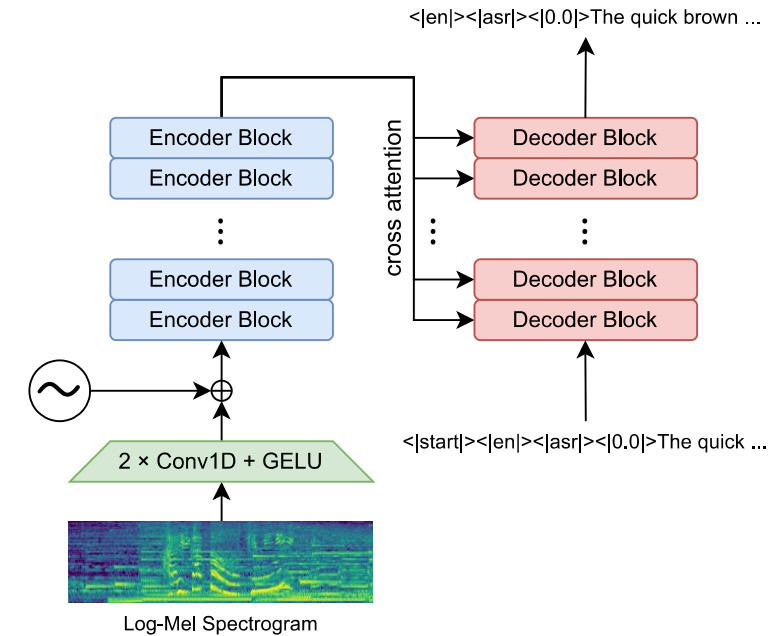
■ Wav2vec2.0

- Pretrained on 53k hours of unlabeled data
- Use raw waveform as input
- Consists of 1DCNN feature encoder and Transformer context network



■ Whisper [2]

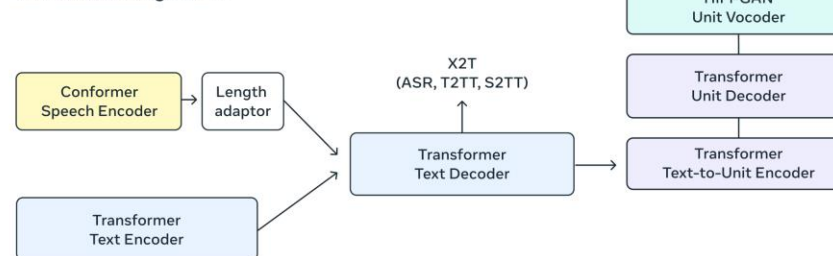
- Pretrained on 680k hours of labeled data
- Use Log-Mel spectrogram as input
- Encoder-Decoder Transformer architecture



(1) Pre-trained models



(2) Multitasking UNITY



■ SeamlessM4T

- First foundation model for speech.
- Pretrained on 1 millions hours of unlabeled speech data
- Finetuned to do multiple speech-related tasks

Finetuning foundation models on the Iceberg dataset for PD classification

| Model | Train data | Validation data | Gender | AUC | Precision | Recall | F1 |
|-----------------------------|--------------|-----------------|--------|-------|-----------|--------|-------|
| wav2vec2.0 finetuned | speech tasks | speech tasks | all | 89.41 | 83.66 | 86.49 | 85.05 |
| wav2vec2.0 finetuned | speech tasks | speech tasks | male | 91.76 | 85.15 | 92.47 | 88.66 |
| wav2vec2.0 finetuned | speech tasks | speech tasks | female | 85.38 | 80.77 | 76.36 | 78.5 |
| | | | | | | | |
| wav2vec2.0 pretrained + SVM | speech tasks | speech tasks | all | 88.53 | 75.86 | 89.19 | 81.99 |

- With a large enough dataset such as ICEBERG, it is possible to finetune a foundation DL model for better results on PD classification
- Classification performance for males is generally better than for females

Future Directions

- Short-Term:
 - Develop a dual-stream FM-ViViT architecture combining OF and RGB
 - Integrate facial AUs into FM-ViViT for enhanced performance
 - Facial AUs to analyze hypomimia in iRBD patients (at risk of developing PD)
 - Fusion Facial and Audio Digital Markers
- Mid-Term:
 - Incorporate medication timing and dosage into models
 - Allows of finer modeling of PD severity
- Long-Term:
 - Stratify patients based on disease progression using AUs
 - Not feasible with current database (PD patients, on average had only 2 videos visits over 5 years)
 - Necessity to have more participants' longitudinal video recordings
- Vision for Clinical Impact:
 - Develop clinician-friendly tools and software for early diagnosis and monitoring
 - Integrate technology into telemedicine platforms to enhance remote PD management

Thank you



Any questions ?