tinyML. Summit

Enabling Ultra-low Power Machine Learning at the Edge

Products and applications enabled by tinyML

March 28 – 29, 2023



www.tinyML.org



LOW-ENERGY PHYSIOLOGIC BIOMARKERS

WEARABLE ML INFERENCE WITH A GAP9 RISCV PROCESSOR

Christopher L. Felton

tinyML Summit 2023 27-Mar-2023, San Francisco

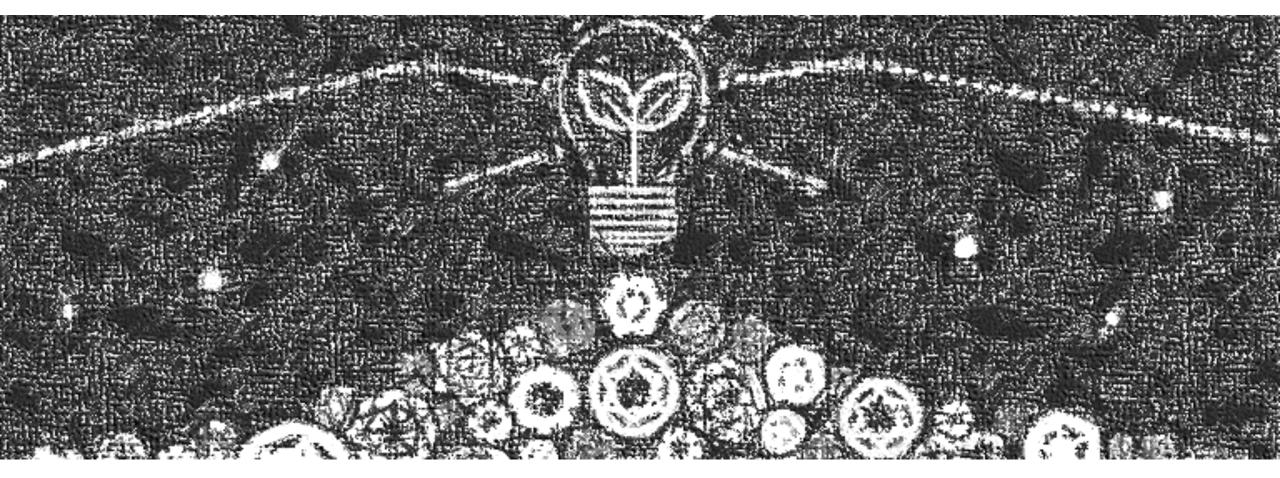


MAYO TEAM PATH TO TINYML

- Disclosures
- Background (Wearable Platform, Data, Models)
- The Path to Low-Energy Machine Inference
- Towards Generative Physiologic Signals

DISCLOSURE NO CONFLICTS

Past work supported by Mayo IR&D and Government funding – no explicit funding for the presented and updated content



MAYO TEAM ACKNOWLEDGEMENTS MULTIDISCIPLINARY TEAM REPRESENTED IN PRESENTATION

Study Design; Human Subject Testing; Data Analysis; Model Training; Model Evaluation; Real-Time Lightweight Implementations; Hardware Platforms.



SPPDG

Clifton Haider, Ph.D Lincoln Kirchoff Spencer Wright



BACE David Holmes, Ph.D IJ

HIP

Michael Joyner, M.D Timothy Curry, M.D, Ph.D Christopher Johnson (CJ)

BACKGROUND

Scalable and Modular Wearable Platform

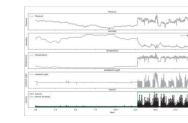


Data Collection

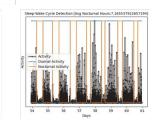




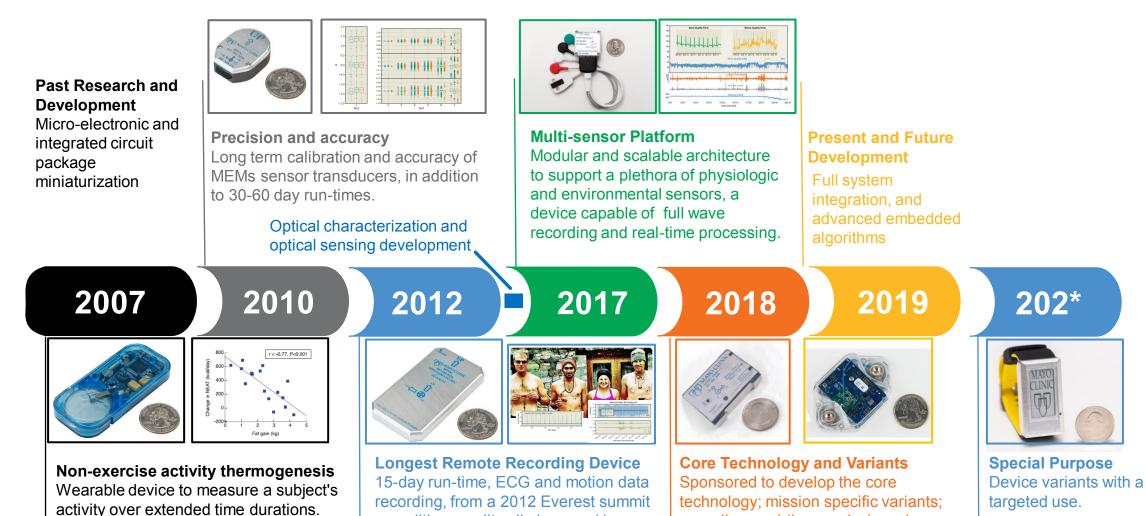




of all of a



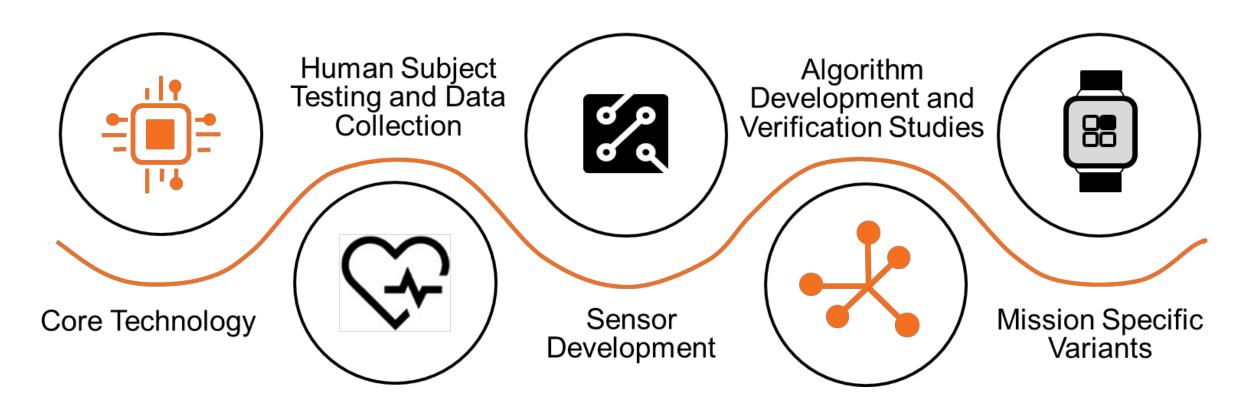
WEARABLE DEVELOPMENT TIMELINE



expedition on elite climbers and base camp researchers. as well as real-time analysis and predictive algorithms.

DEVELOPMENT PILLARS

Use wearable prototypes to collect physiologic signals, evaluate signals to estimate biomarkers, iterate design.



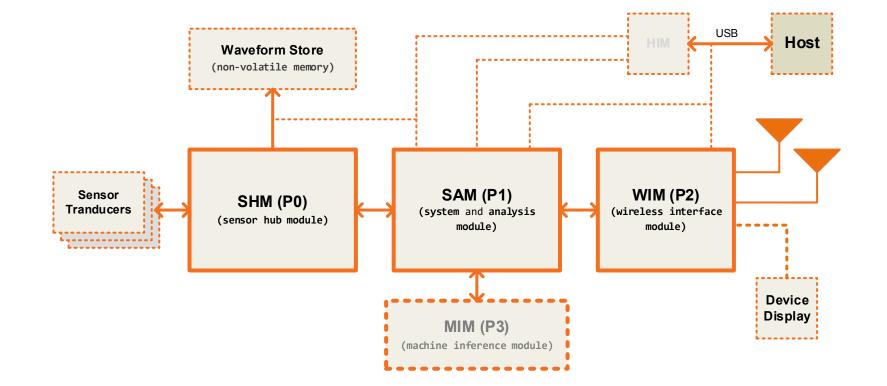
WEARABLE PLATFORM AND DEVICE VARIANTS

- Rapid prototype device variants from core-technology
- Modular to include various sensor transducers
- Scalable long-runtimes (limited features) to many sensor streams
- Lightweight algorithm development target
- Test and characterize sensor transducers





WEARABLE PLATFORM ARCHITECTURE

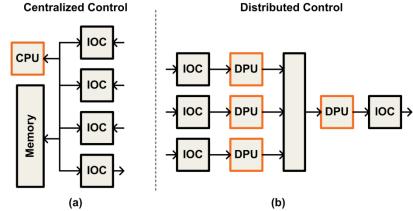


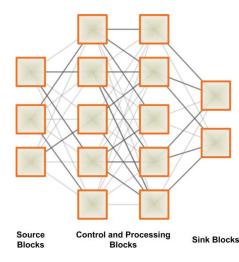
©2023 Mayo Foundation for Medical Education and Research | slide-9

SHM: HDL METHODOLOGY

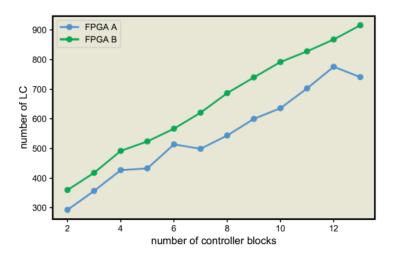


- Hardware Description Methodology
- Leveraged a Python based hardware description language (HDL), MyHDL, remove redundant layers of programmability. The methodology fully exploits an executable elaboration phase to provide system level parameretization. Further, energy conservation is achieved by reduced toggle rates on the programmable logic, i.e. a field programmable gate array (FGPA) , when compared to a central processing unit (CPU).



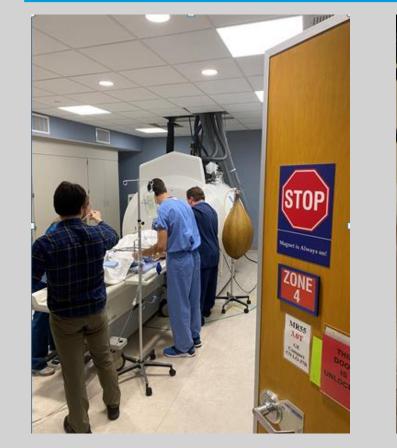


	FPGA A		FPGA B		FPGA C	
Core	LC	\mathbf{FF}	LC	\mathbf{FF}	LC	\mathbf{FF}
I2C [19]	359	193	339	181	298	193
I2C crux	205	101	240	89	183	101
Savings	43%	48%	29%	51%	39%	48%
UART $[4]$	281	171	253	171	286	171
UART crux	145	91	129	84	174	155
Savings	48%	47%	49%	51%	39%	9%

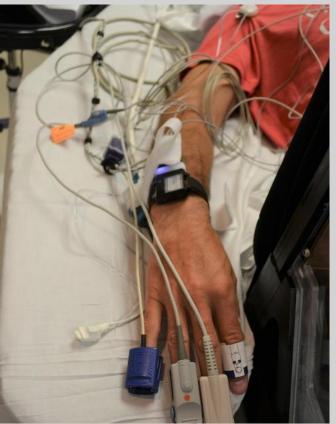


PHYSIOLOGIC DATASETS AND TARGETS

Human Subject Studies



Clinical Data Collection



HYPOVOLEMIA HUMAN SUBJECT TESTS

- Hypovolemia (blood loss) is the leading cause of death in trauma victims.
- Traditional vitals signs yield little insight into severity, as the body compensates for blood loss and maintains pulse and blood pressure.
- To gain a better understanding of hypovolemia, Lower Body Negative Pressure (LBNP) human studies are performed.
- The Compensatory Reserve Metric (CRM) was developed to characterize hypovolemia progression from these physiologic signals.





- Mayo omni-device
 - Same Side PPG
 - Finger Clamp PPG

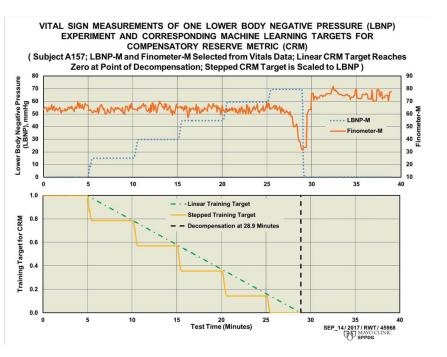
Mayo Clinic completed 100 LBNP studies to support analysis, model validation and development

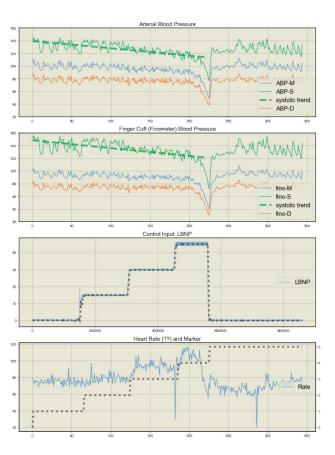
LOWER BODY NEGATIVE PRESSURE (LBNP) MODEL FOR HYPOVOLEMIA (CRM/CRA)

Vitals signs (MAP) remain stable throughout blood loss, despite increasing LBNP.

CRM is defined as 100% during first five minutes resting baseline, and 0% at decompensation. CRM target could be linear or stepped.

Protocol must include end point to accurately define slope of CRM

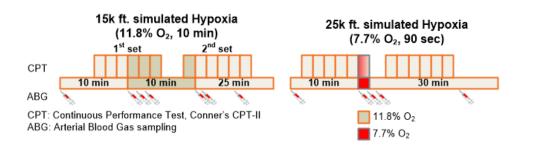




HYPOXIC-HYPOXIA HUMAN SUBJECT TESTS

Goals:

- Concurrent collection of ECG waveforms using laboratory reference and wearable omni-device.
- Quantification of physiologic response to hypoxic conditions.
 - 15k feet experiment and 25k feet experiment.
- Cognitive assessments at baseline and under hypoxic hypoxia conditions.



- There is a lack of objective measures to predict, prevent, monitor, and mitigate cerebral hypoxia and hypoxia-related physiological and cognitive dysfunction.
- Goal: characterize regional versus global cerebral oxygenation and oxygen consumption during mental tasks.

HUMAN SUBJECT PHYSIOLOGIC WAVEFORMS

LH

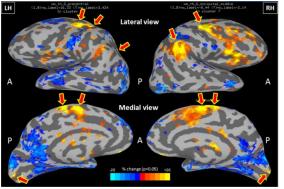
Hypoxia effect on CBF

Lateral view

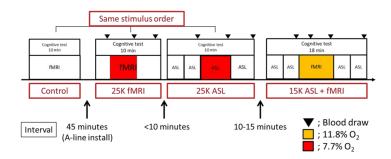
Medial view

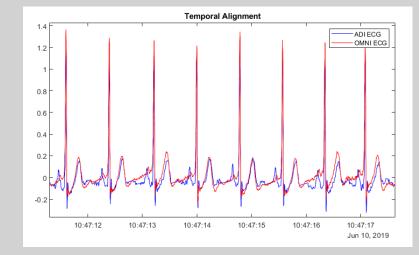
-20 % change (p<0.05)

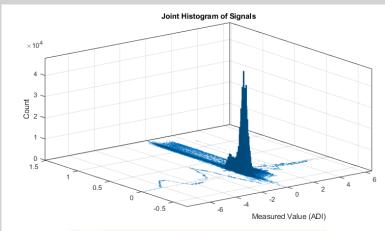
Cognitive Task CBF Baseline

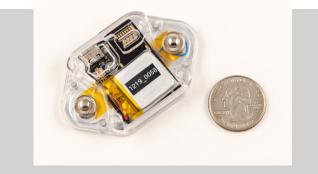


Phase 3 Protocol



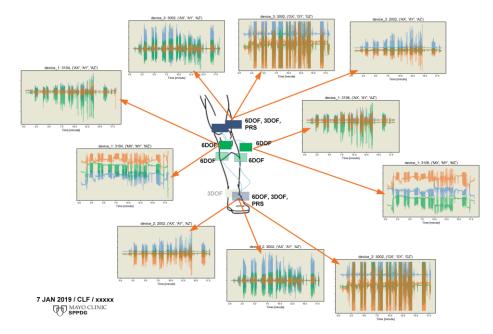


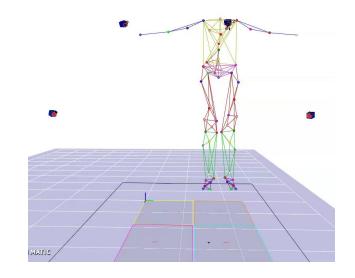




LOWER EXTREMITY INJURY PREDICTION DATASETS



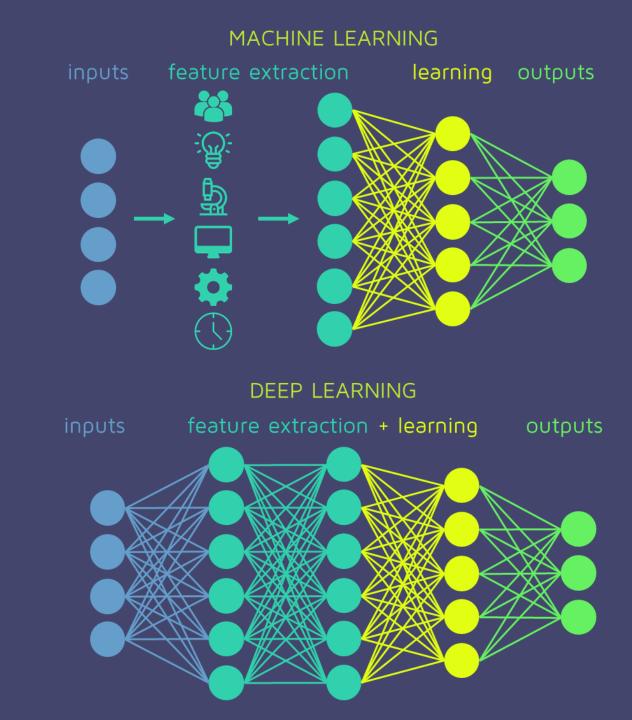




THE PATH TO LOW-ENERGY MACHINE INFERENCE

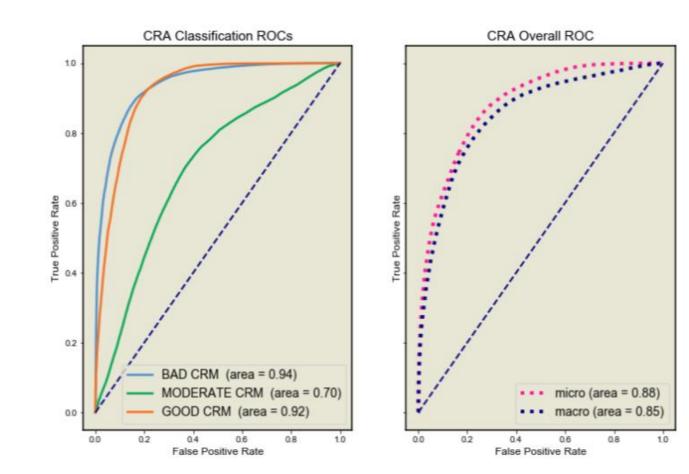
First Models ... Small Models ... Reduced Models

Figure from: <u>What is the difference</u>... https://quantdare.com/what-is-the-difference-between-deep-learning-and-machinelearning/#:~:text=We%20refer%20to%20shallow%20learning,learning%20that%20are%20not%20deep

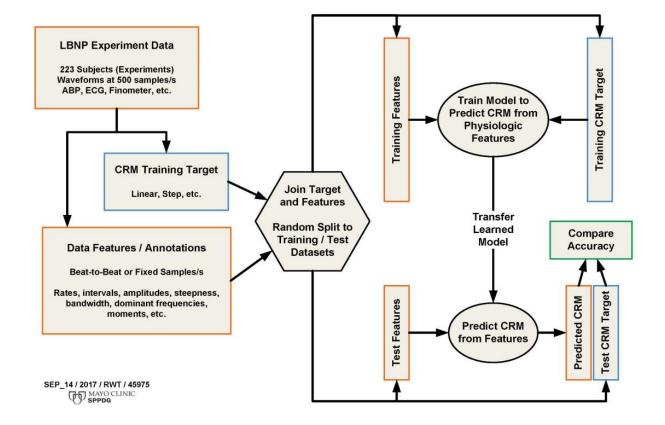


TRADITIONAL MACHINE-LEARNING

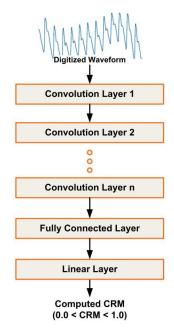
- First endeavors into lightweight machine-learning
- Featured engineered
- Use of traditional machinelearning < 1K Bytes coefficients
 - LSVM and Ridge classifiers
- Additional processing, pre and post



CRM MODEL FRAMEWORK AND ARCHITECTURE



SIMPLIFIED CONVOLUTIONAL NEURAL NETWORK (CNN) ARCHITECTURE FOR COMPUTING COMPENSATORY RESERVE METRIC (CRM) (Hyper-Parameter Optimization Determines Number of Convolution Layers, Number of Filters, Activation Functions, Learning Rate, Pooling Type, and 15 Other Parameters)



Convolutional Layer Parameters Include (Layers are Independent)

- Number of Filters
- Kernel Size
- Activation Function

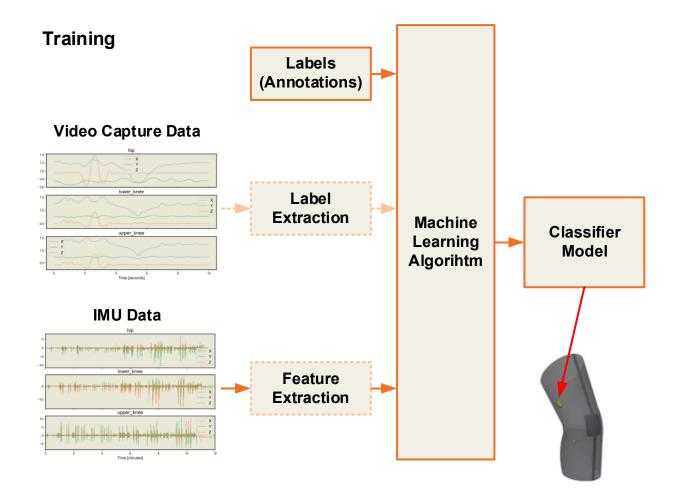
Model Parameters Include

- Input Waveform Size
- Number of Convolutional Layers
- Dimension of Fully Connected Layer
- Learning Rate
- Optimizer
- Loss Function
- Training Duration (epochs)

Illustration omits pooling and dropout layers, which manage model complexity and over-fitting, respectively

DEC_05 / 2018 / RWT / 46203

MODEL RAMEWORK INJURY PREVENTION



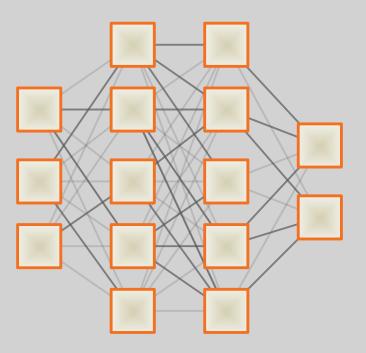
LOW-ENERGY MACHINE INFERENCE

Adding a Machine Inference Processing Node: Towards Lightweight Low-Energy Machine Inference on a Wearable

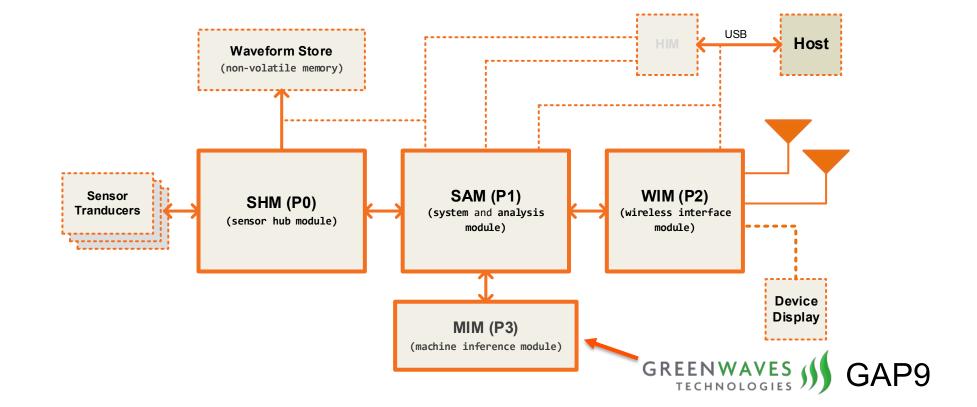
Low-Energy Machine-Inference

Pipelines to Reduce Models





WEARABLE PLATFORM ARCHITECTURE

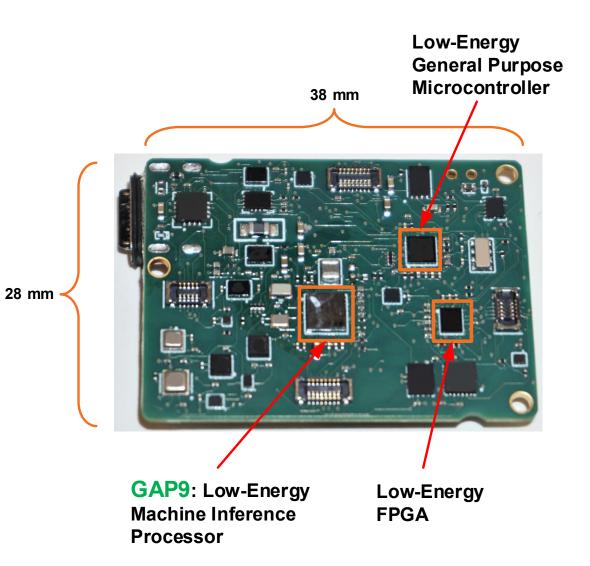


GAP9 SELECTION

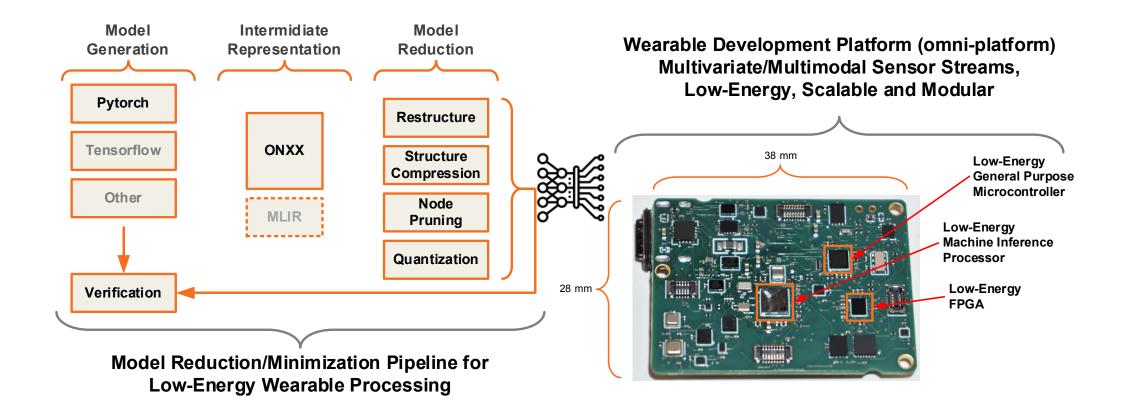
GAP9	Alternates
 Small size, WLCSP 	 Some
 RISCV Multi-CPU NE Accelerator 	• Few • None • Some
 Low-Energy Joule per inference ML Accelerators 	 Some Not at high parallelization
 Toolflow 	 Some

MACHINE INFERENCE (GPA9) ADDITION

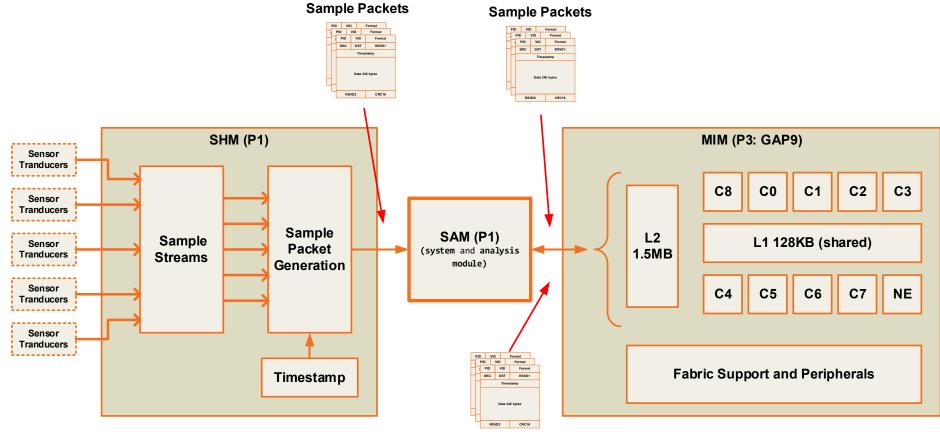
- Small footprint, did not increase our device footprint
 - Opportunities for smaller specific variants
- GPA9 design (streaming) fits into the overall architecture



CONCEPTUAL PROCESSING PIPELINE

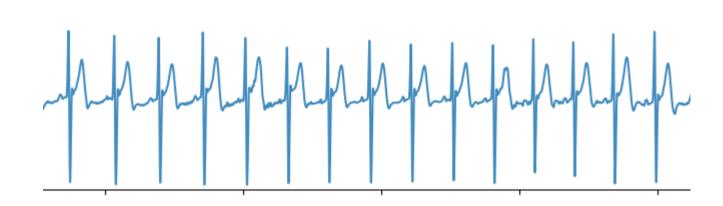


DATFLOW TO THE GAP9



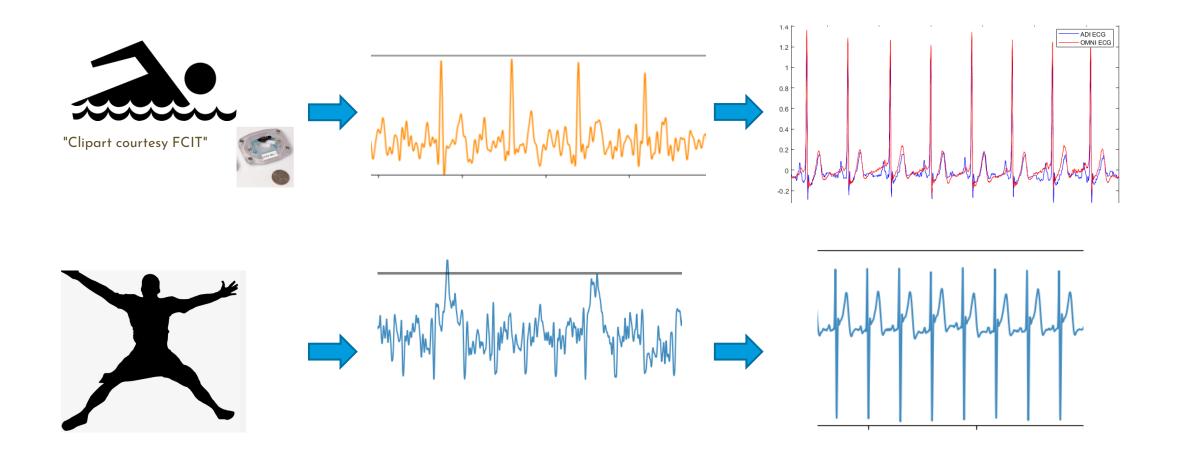
Summary Packets

TOWARDS GENERATIVE (DENOISING) PHYSIOLOGIC SIGNALS



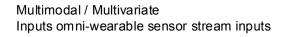
Real-time generative denoising of signals capture in free-living environments

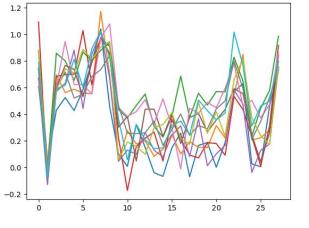
FREE-LIVING, FREE-ROAMING, HIGH-ACTIVITY



GENERATIVE (DENOISING) MODELS

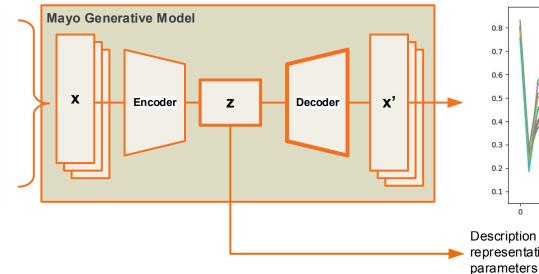
Model creation to generatively create the full-waveforms from low-fidelity high artifact physiologic signals

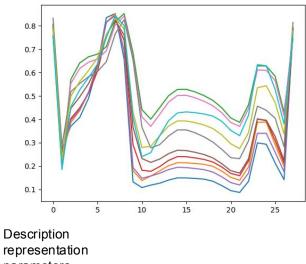


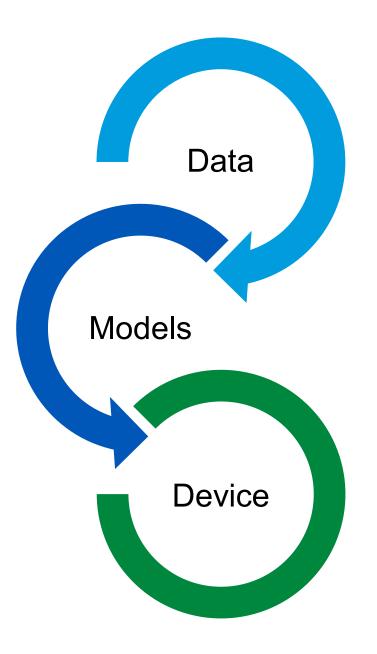


The **generative model** will be the decoder of the autoencoder structure

Regenerative / Generative Signals







CONCLUSION DATA, MODELS, WEARABLE DEVICE

Building Physiologic Datasets

- Hypothesize Biomarkers
 - Design study to induce condition
 - Record physiologic signals for emulated conditions

Build Models from Signals

- Clinical reference for conditions
- Unbounded resource models

Wearable Device

Lightweight and low-energy (tinyML)

QUESTIONS & ANSWERS



Copyright Notice

This presentation in this publication was presented at the tinyML[®] Summit (March 28 - 29, 2023). The content reflects the opinion of the author(s) and their respective companies. The inclusion of presentations in this publication does not constitute an endorsement by tinyML Foundation or the sponsors.

There is no copyright protection claimed by this publication. However, each presentation is the work of the authors and their respective companies and may contain copyrighted material. As such, it is strongly encouraged that any use reflect proper acknowledgement to the appropriate source. Any questions regarding the use of any materials presented should be directed to the author(s) or their companies.

tinyML is a registered trademark of the tinyML Foundation.

www.tinyml.org