

Paper 1.

Introduction → Problem - Medical data are limited

- Rare disease are scarce
- Patient privacy must be protected
- AI systems require large datasets for training

→ Generative AI

↳ is a type of AI

↳ That can create a content instead of only analyzing existing data

→ Synthetic Data → generated data that mimic real-world data

→ Type - Physics-Informed models

↳ Generate data using physical laws & scientific knowledge

ex. Blood simulation
Radiation dose simulation

- Statistical Models

↳ Learns patterns directly from data

→ 3 type → VAE (Variational Autoencoder)

- fast
- Efficient
- Lower image quality

→ GAN (Generative Adversarial Network)

- Produce realistic images
- can suffer Mode Collapse

→ DDPM (Diffusion Model)

- Highest image quality
 - slowest
- ↳ Induced noise into an image and learn to reverse the process to produce high quality sample

Model as a Dataset

↳ Model is a collection of weights

↳ Weights

Compressed data into a lower-dimensional space and reconstruct it

Utilize a dual-network

where a generator create sample and a discriminator evaluates them

driving quality through adversarial training

AI Trilemma → must balance 3 factors

1. Quality
2. Diversity
3. Speed

⊗ Improving one often reduces another

e.g. DDPM → high quality but slow

VAE → fast but lower quality

Medical Application

- Data Augmentation → create additional training data
- Denoising → removing noise from medical images
- MRI Sequence Generation
- Inpainting → Adding or Removing specific image regions

How Are Generated Image Evaluated

When Ground Truth Exists

- SSIM
- PSNR

When Ground Truth does not exist

- Inception
- FID → Lower FID = Better Image Quality

Human Evaluation

↳ Human Turing Test → Read image

↳ AI generated image?

Advantages of Synthetic Data

- Larger datasets
- Greater diversity
- Improved fairness
- Better privacy protection

Challenges and limitations

- Bias → $\eta\epsilon\sigma\sigma\eta\epsilon\sigma\sigma\eta\epsilon\sigma\sigma$ Bias in AI $\epsilon\sigma\sigma$ Bias → $\rho\sigma\tau\eta\sigma\tau$ bias
- Data leakage
- Patient Privacy & Data Copying → AI $\sigma\eta\alpha\sigma\eta\epsilon\sigma\sigma$
→ Copy $\sigma\eta\omega\sigma\eta\epsilon\sigma\sigma$
→ $\sigma\eta\eta\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma\sigma$
- Lack of clinical validation

Future Directions

- Better evaluation frameworks
- Responsible AI development
- Clinical implementation