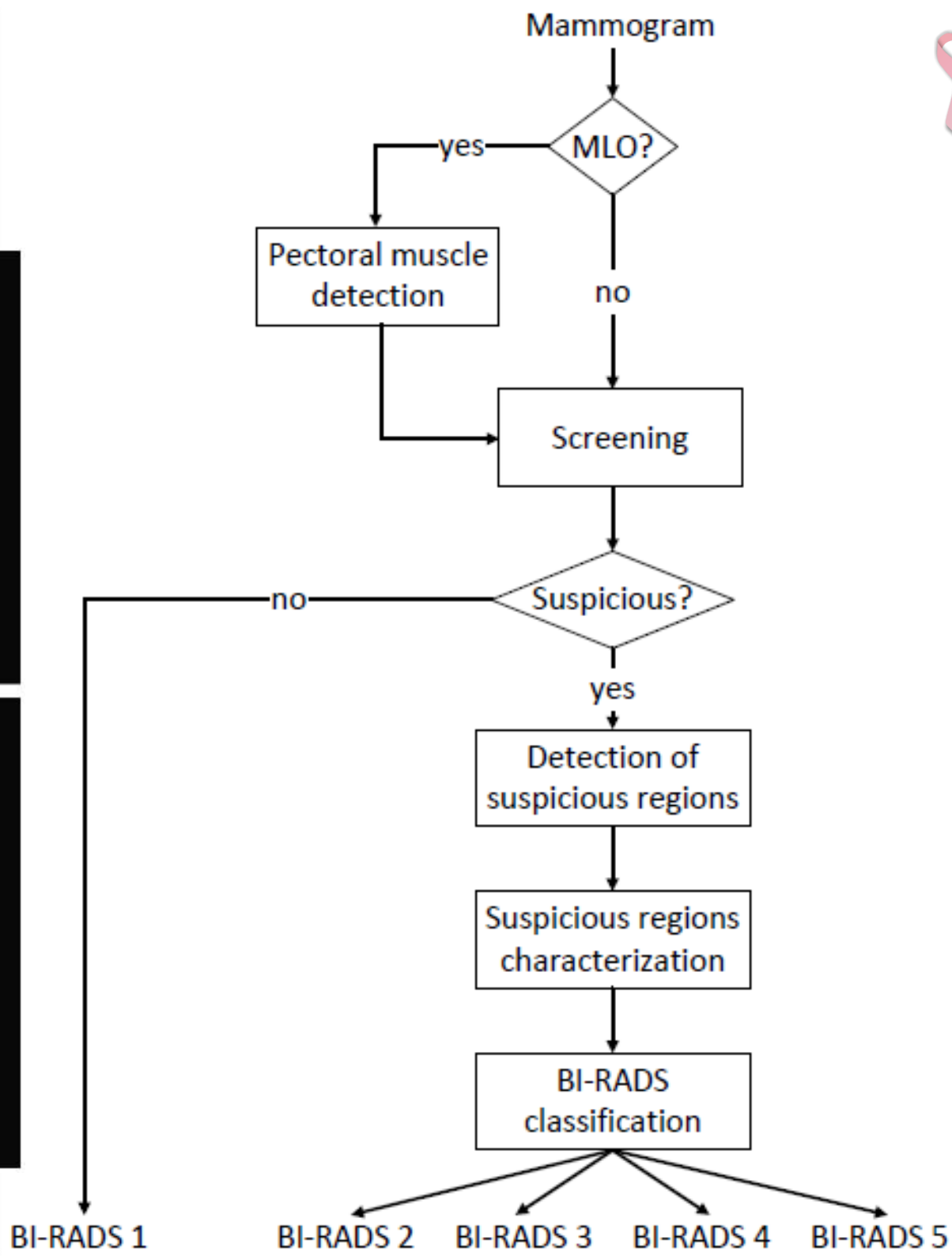
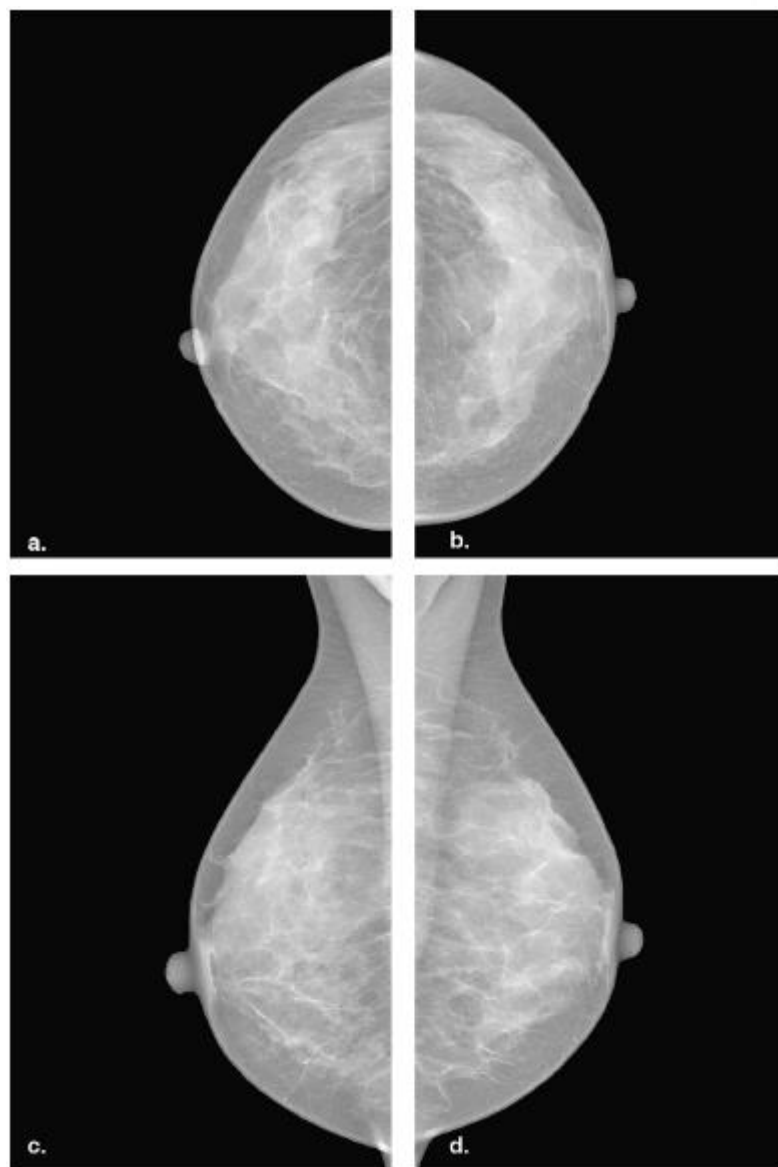


An automatic mammogram system: from screening to diagnosis

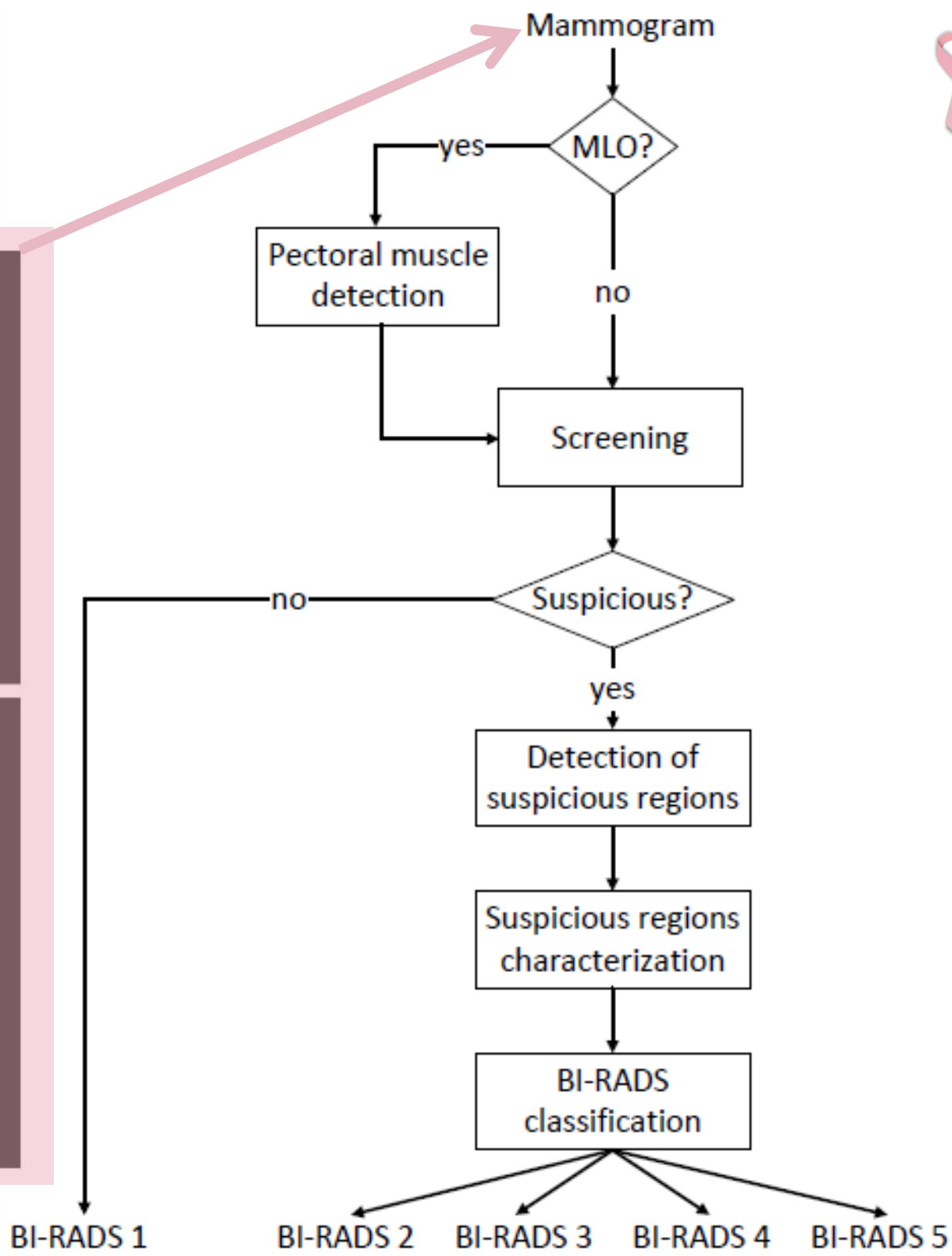
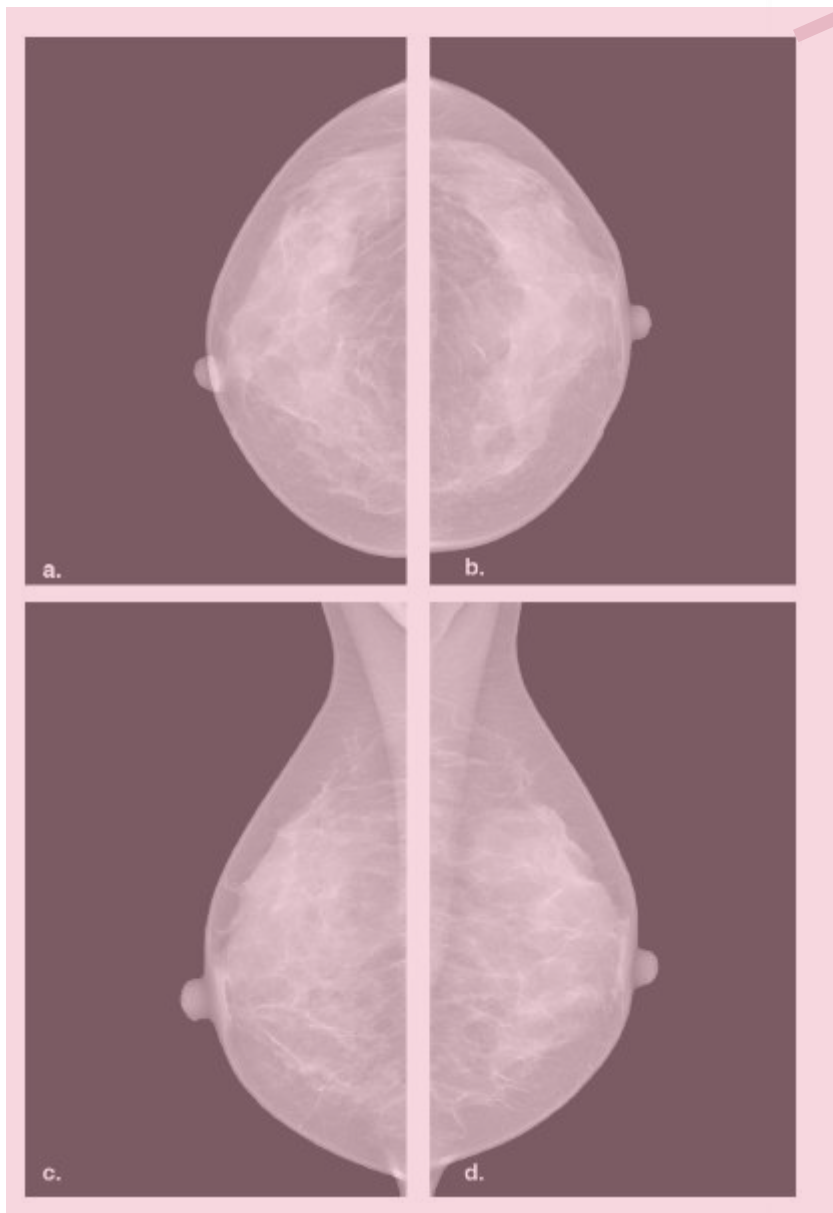


Inês Domingues

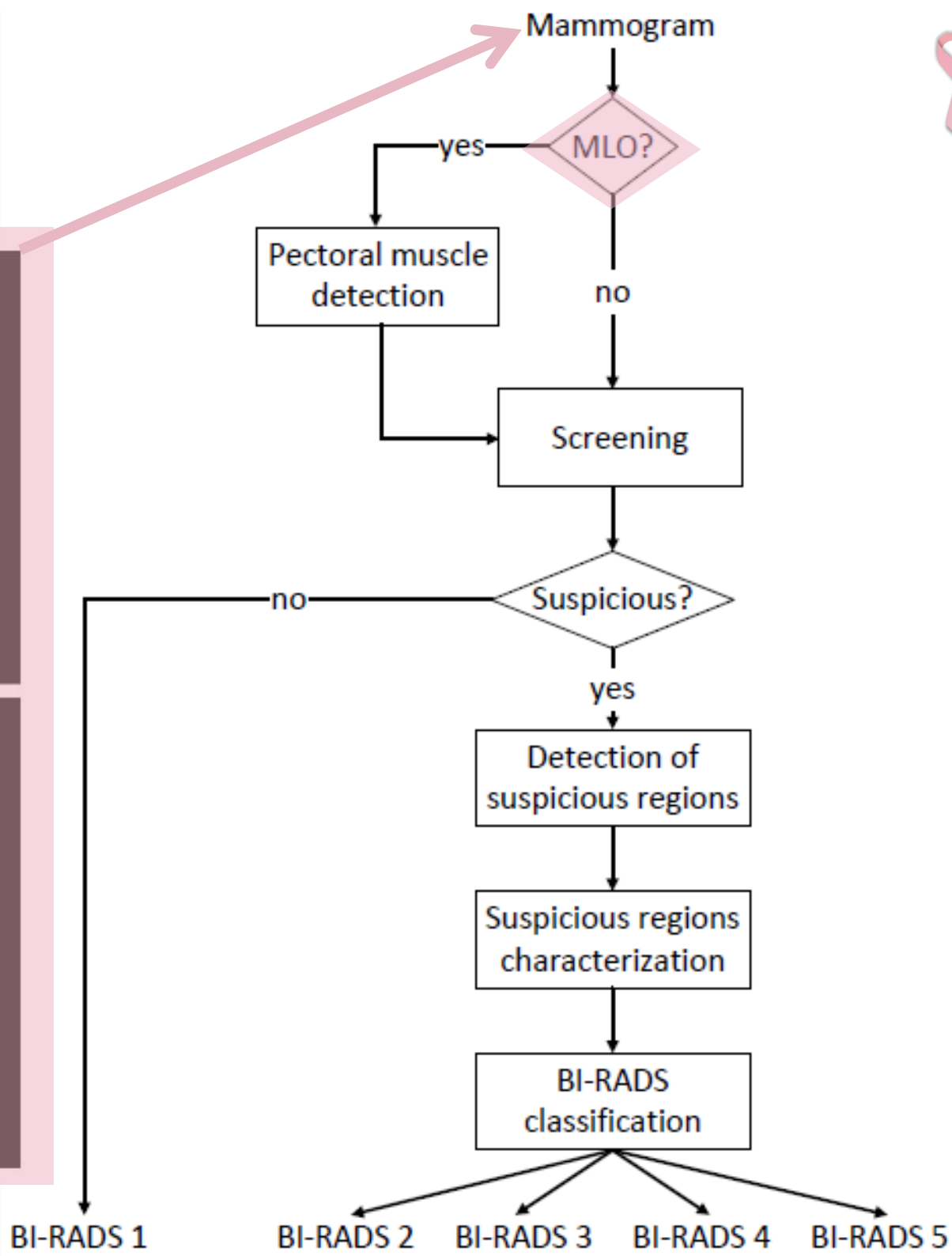
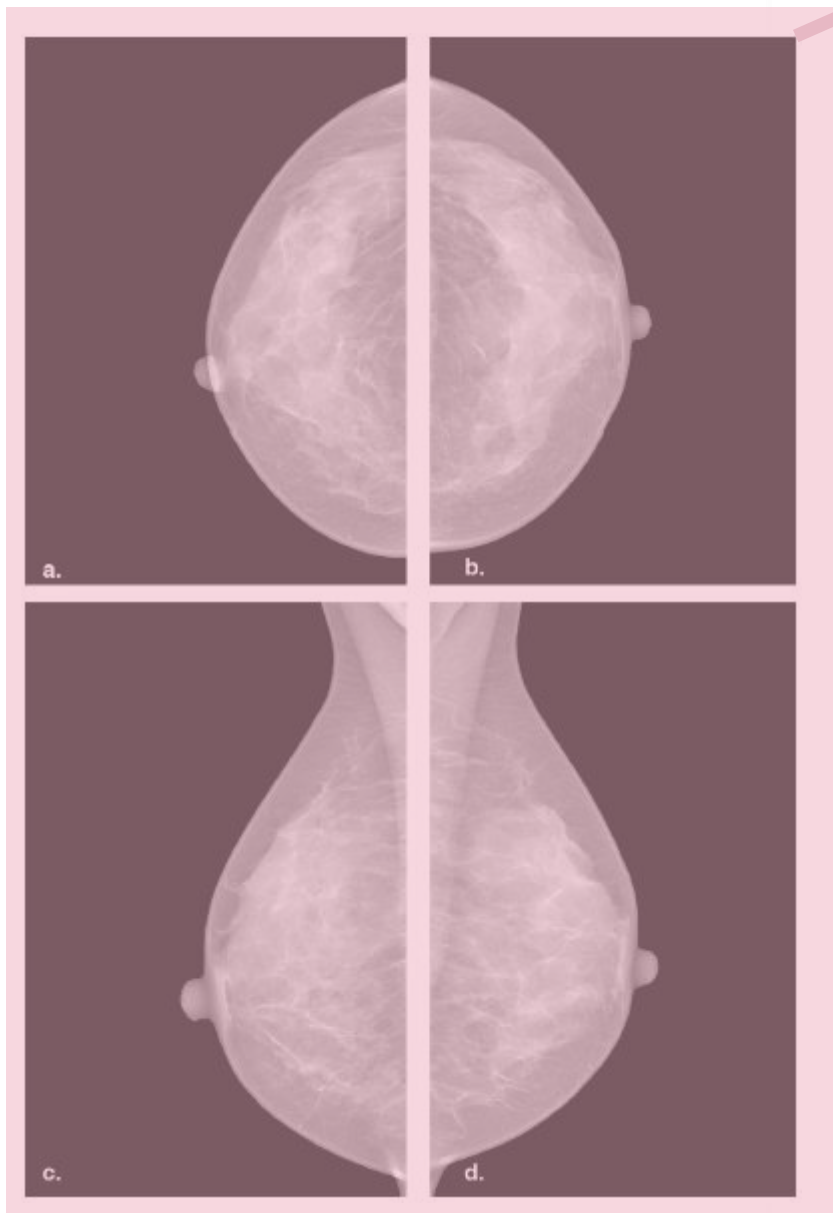
Outline



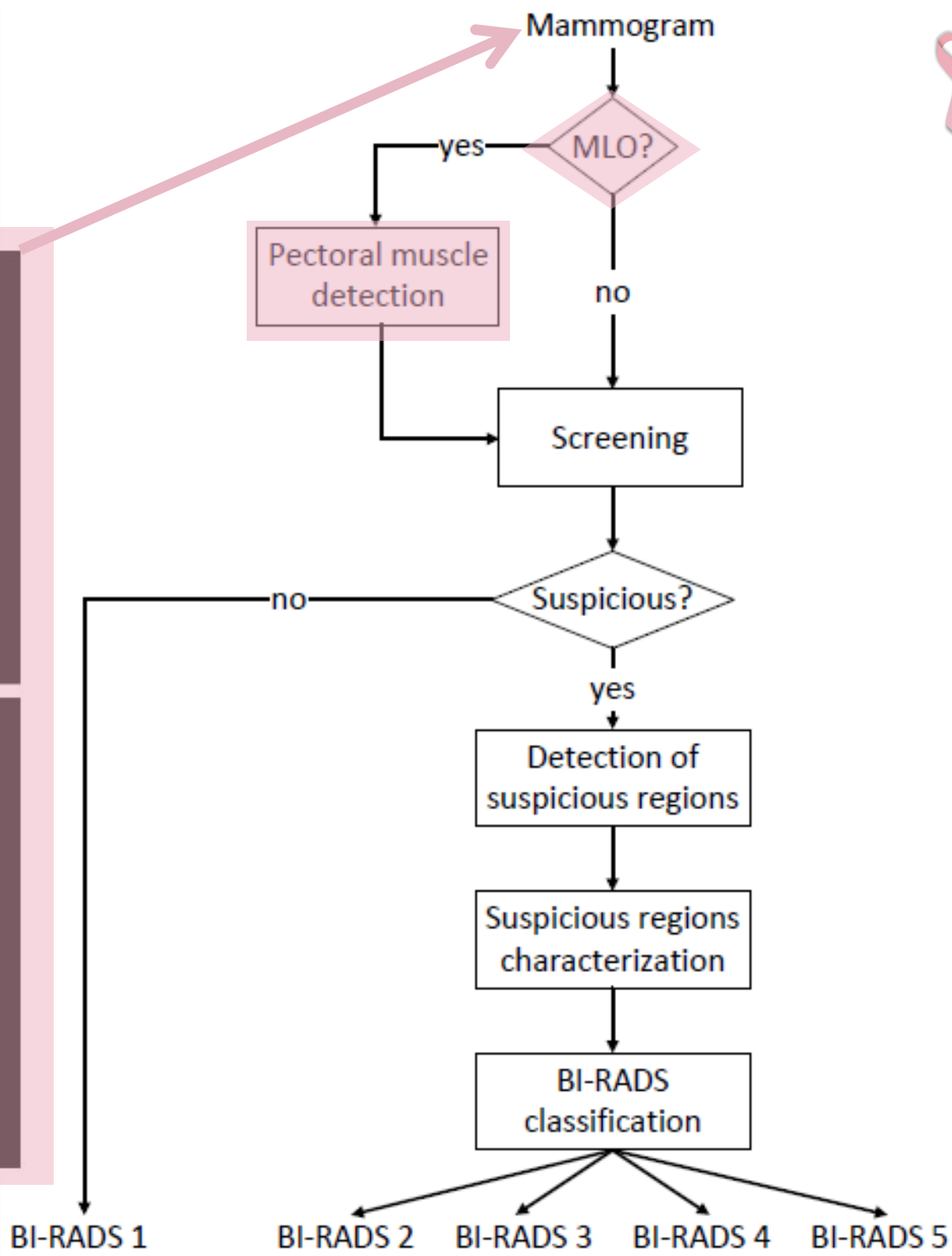
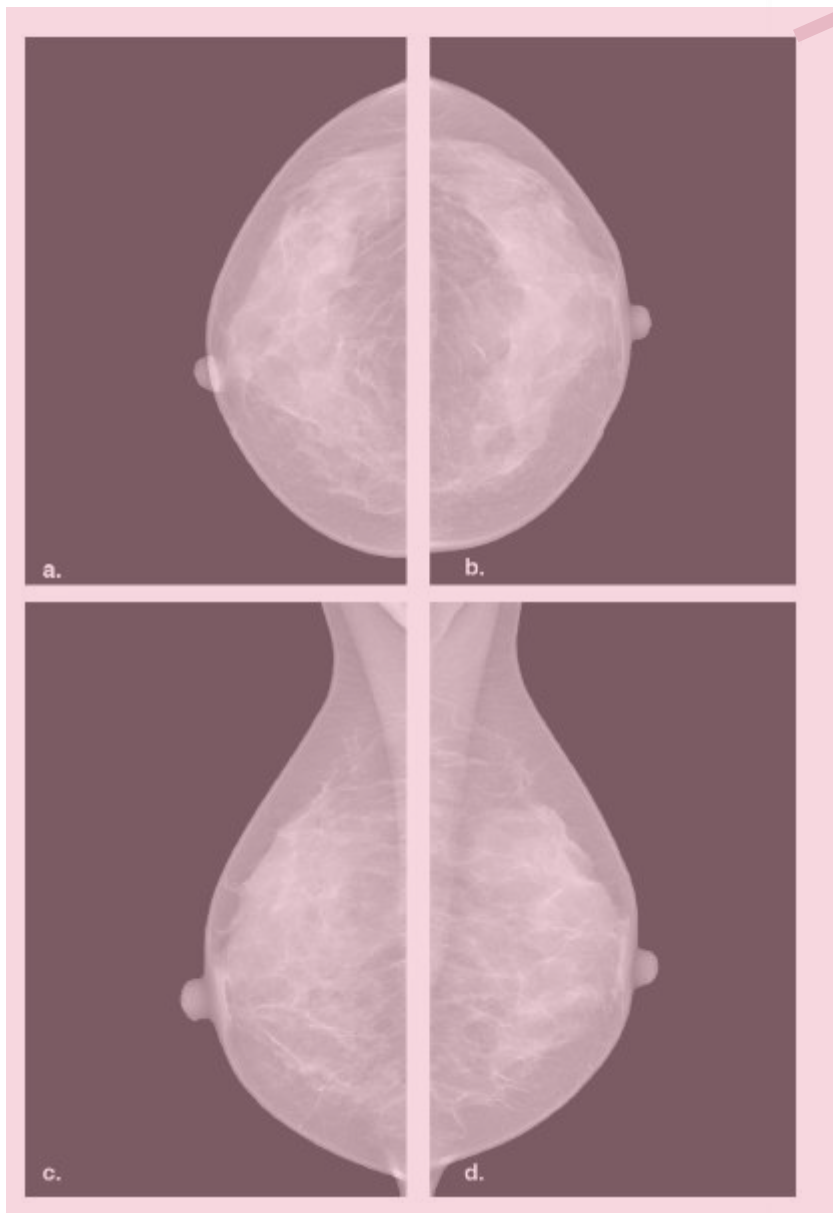
Outline



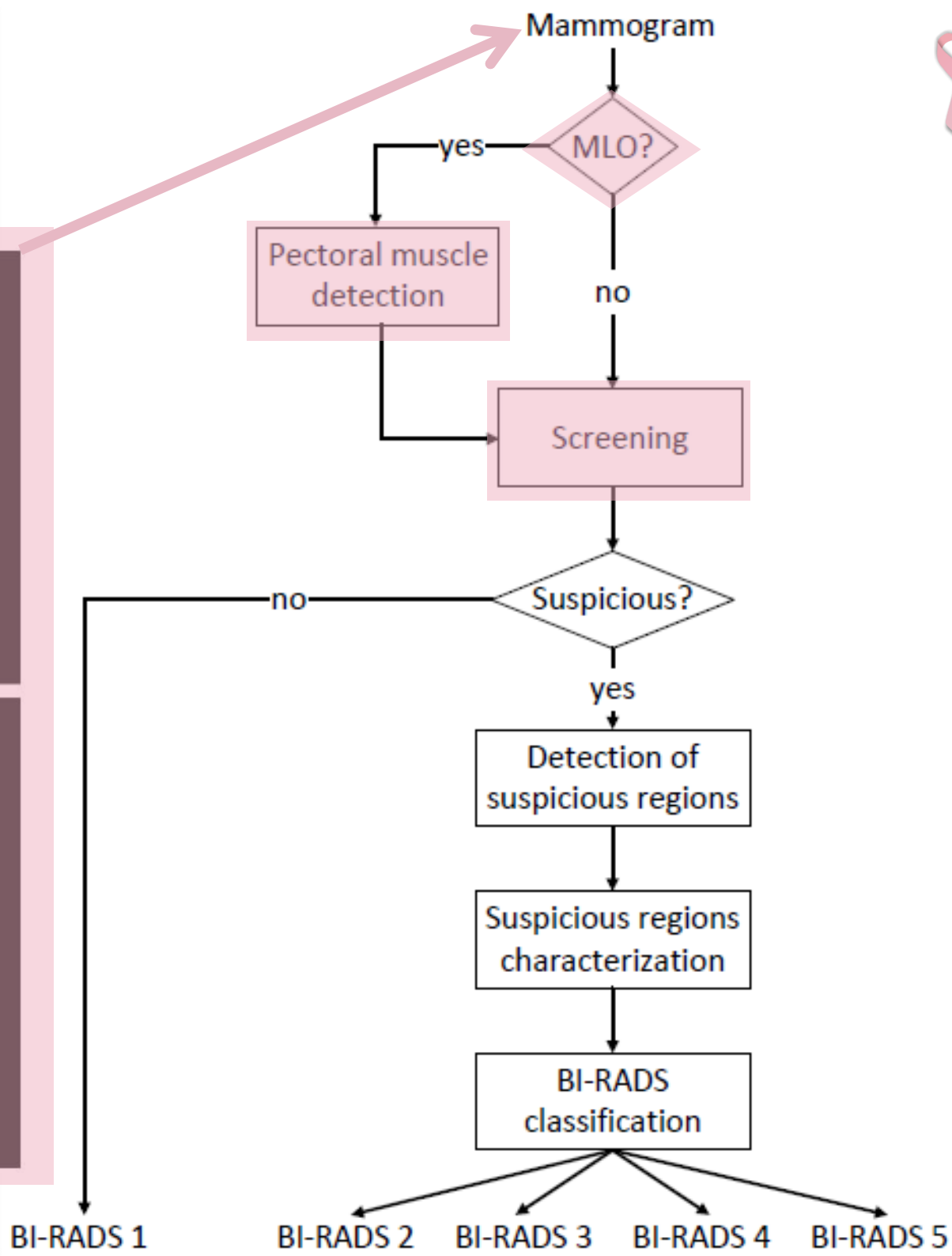
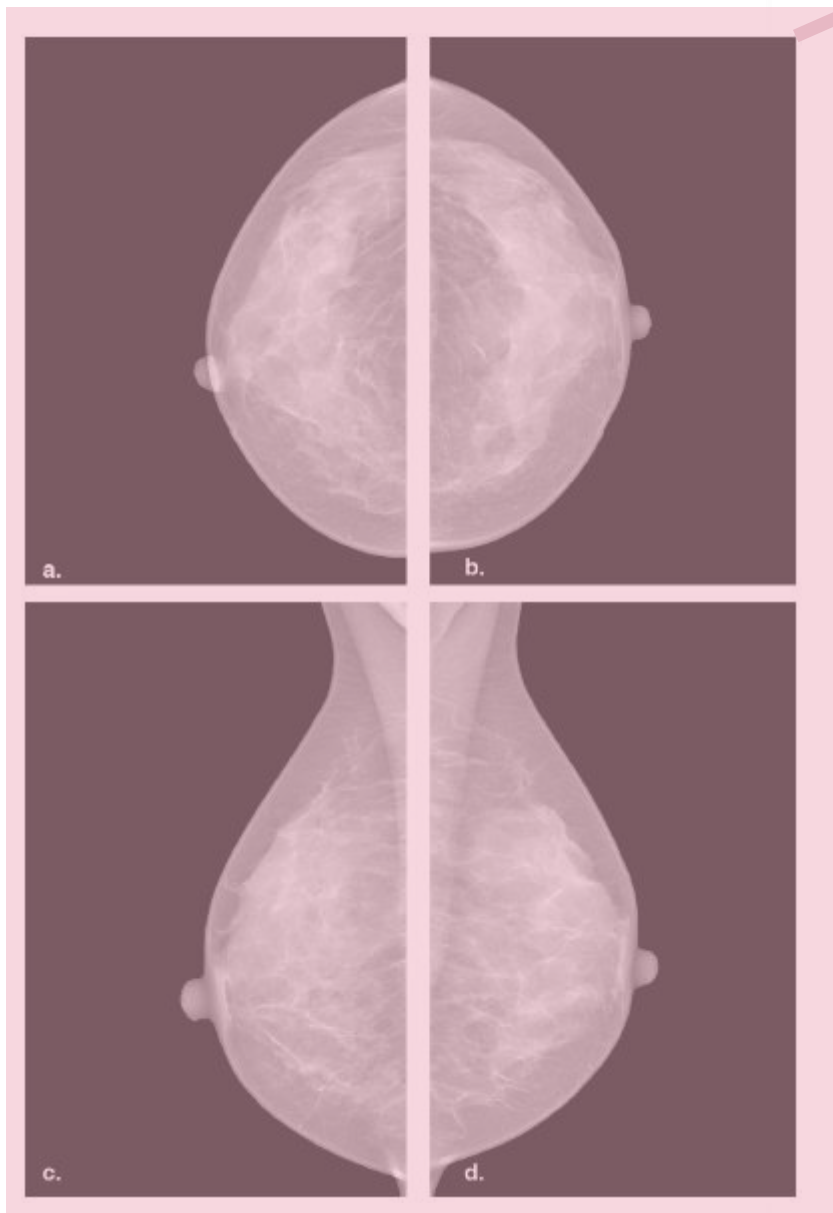
Outline



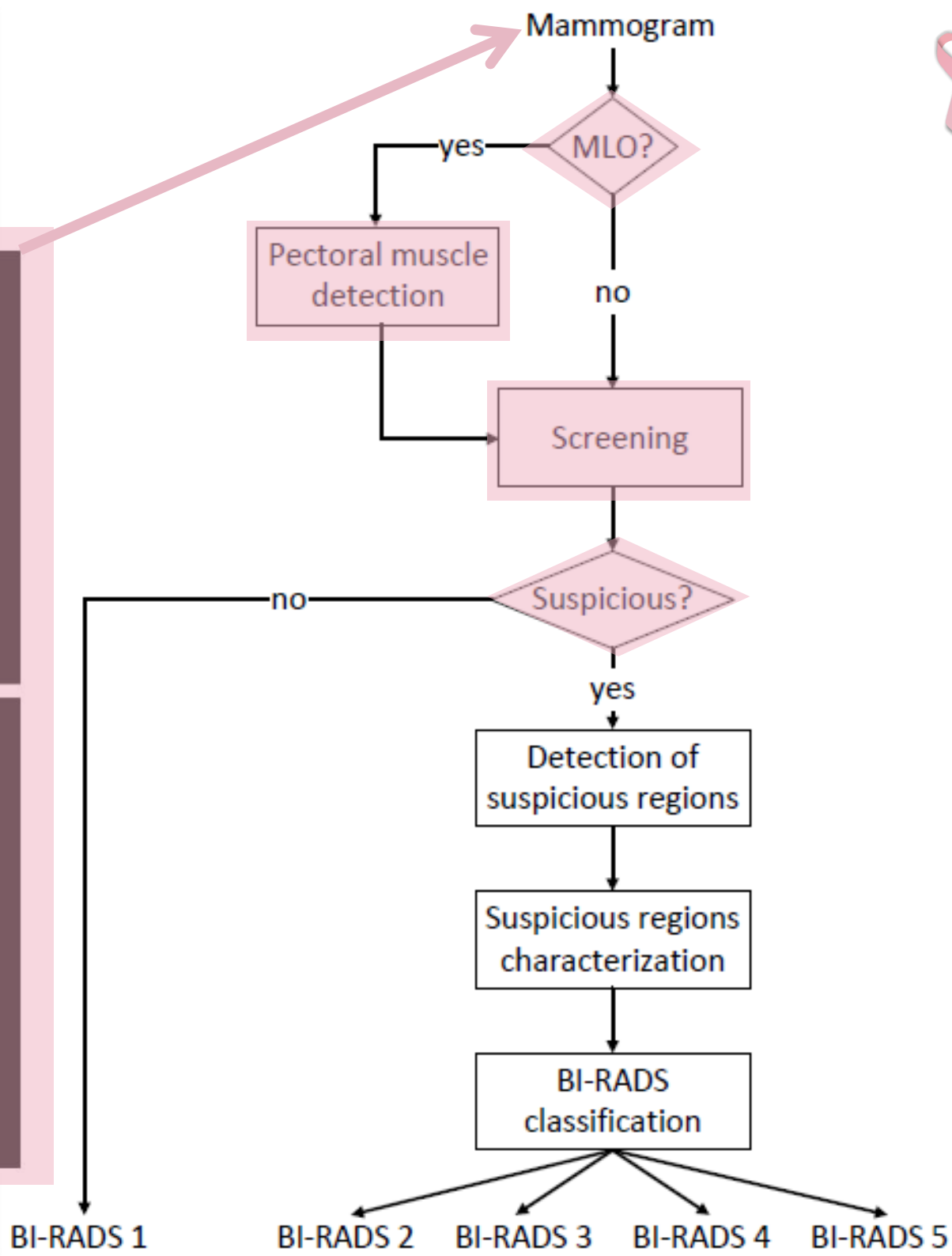
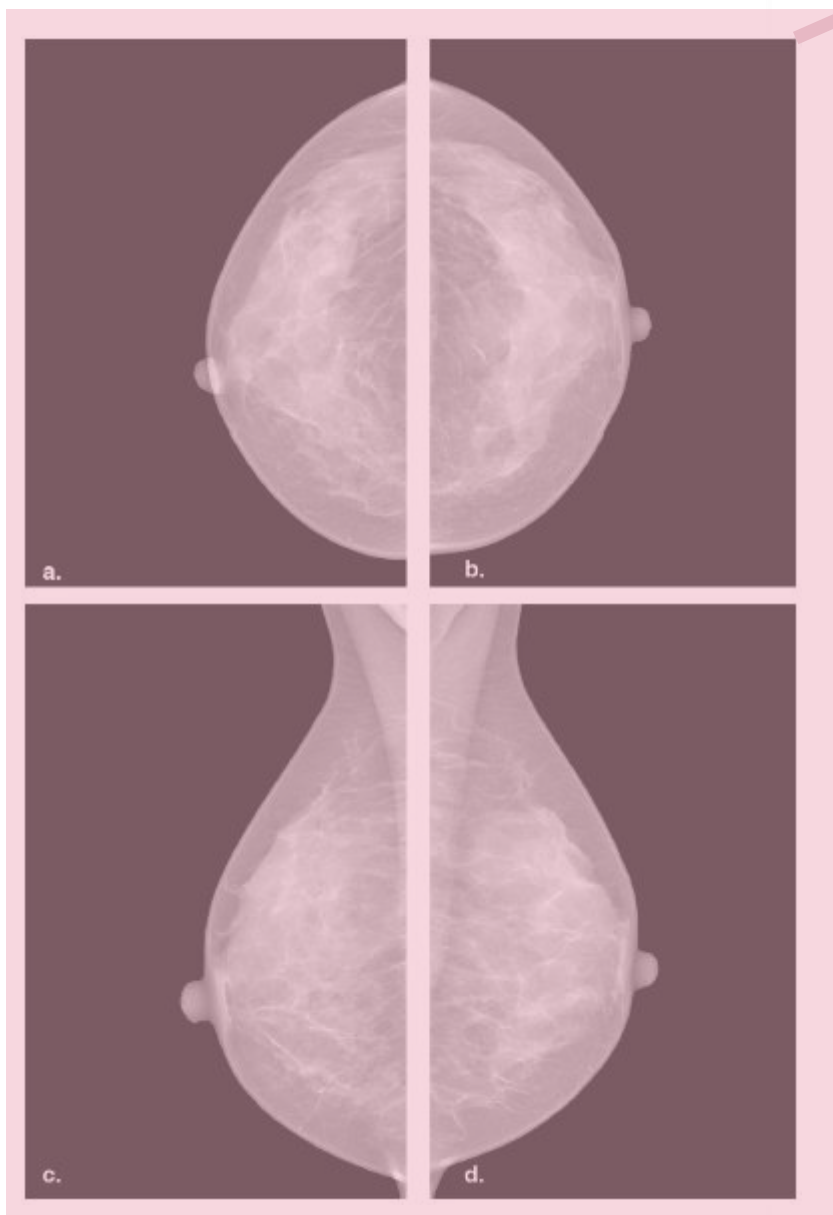
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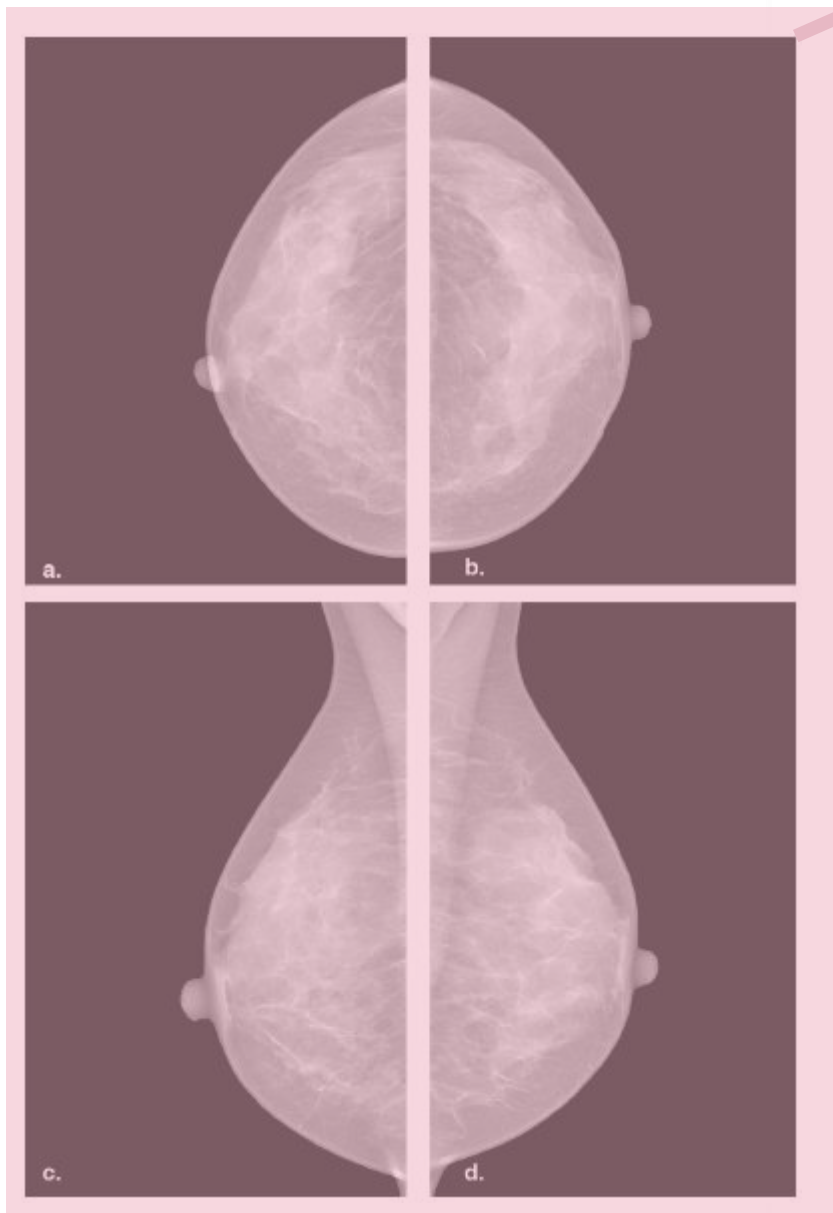
Outline



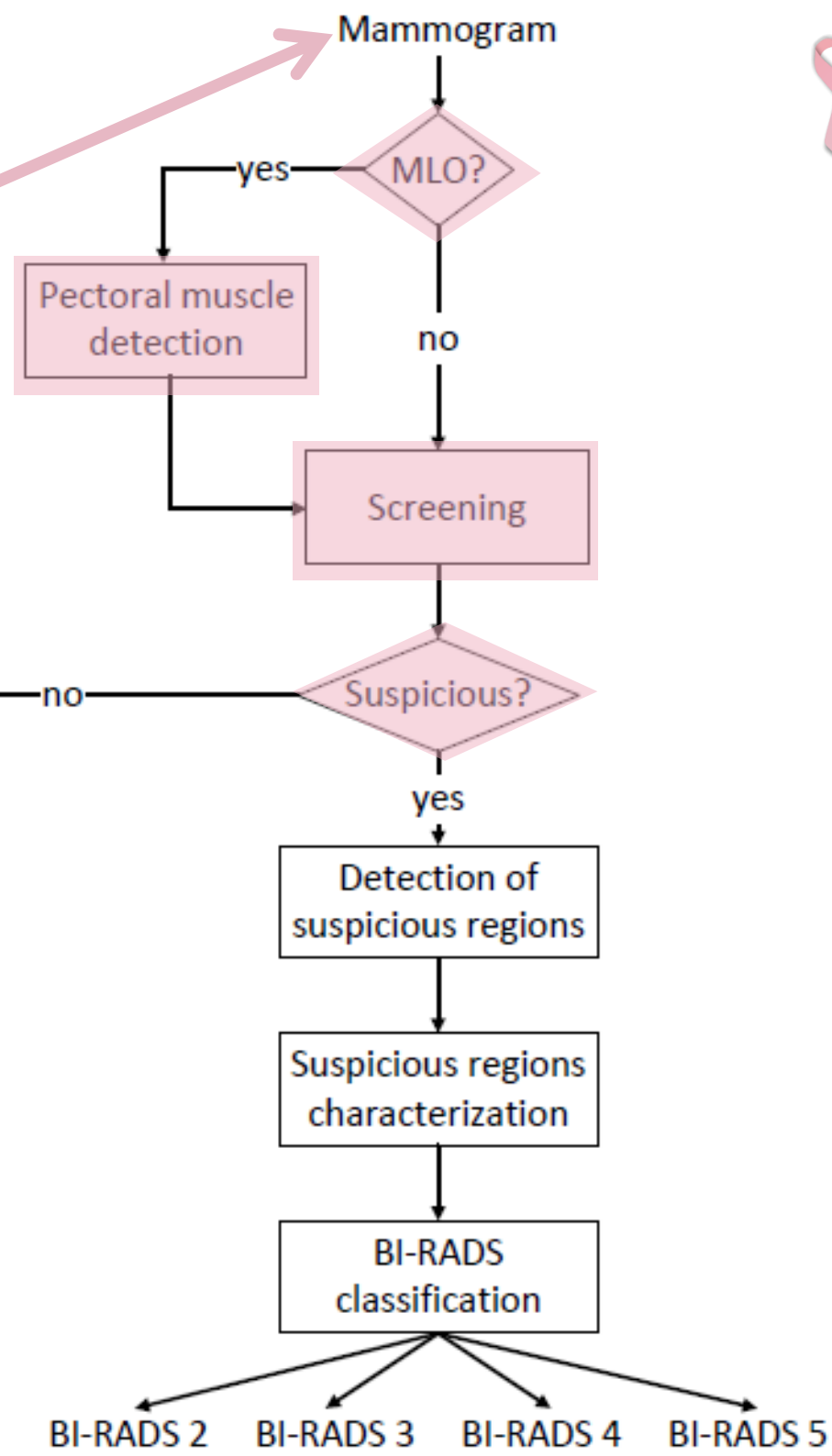
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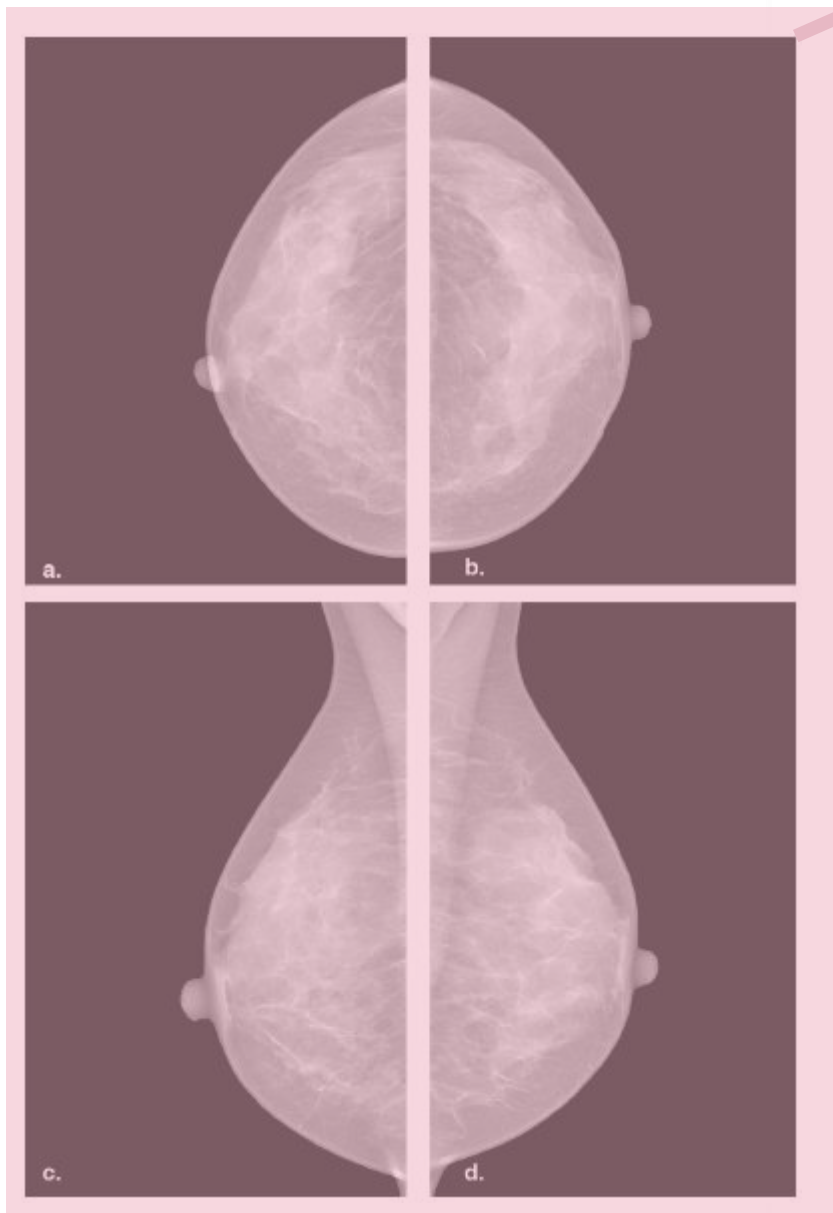
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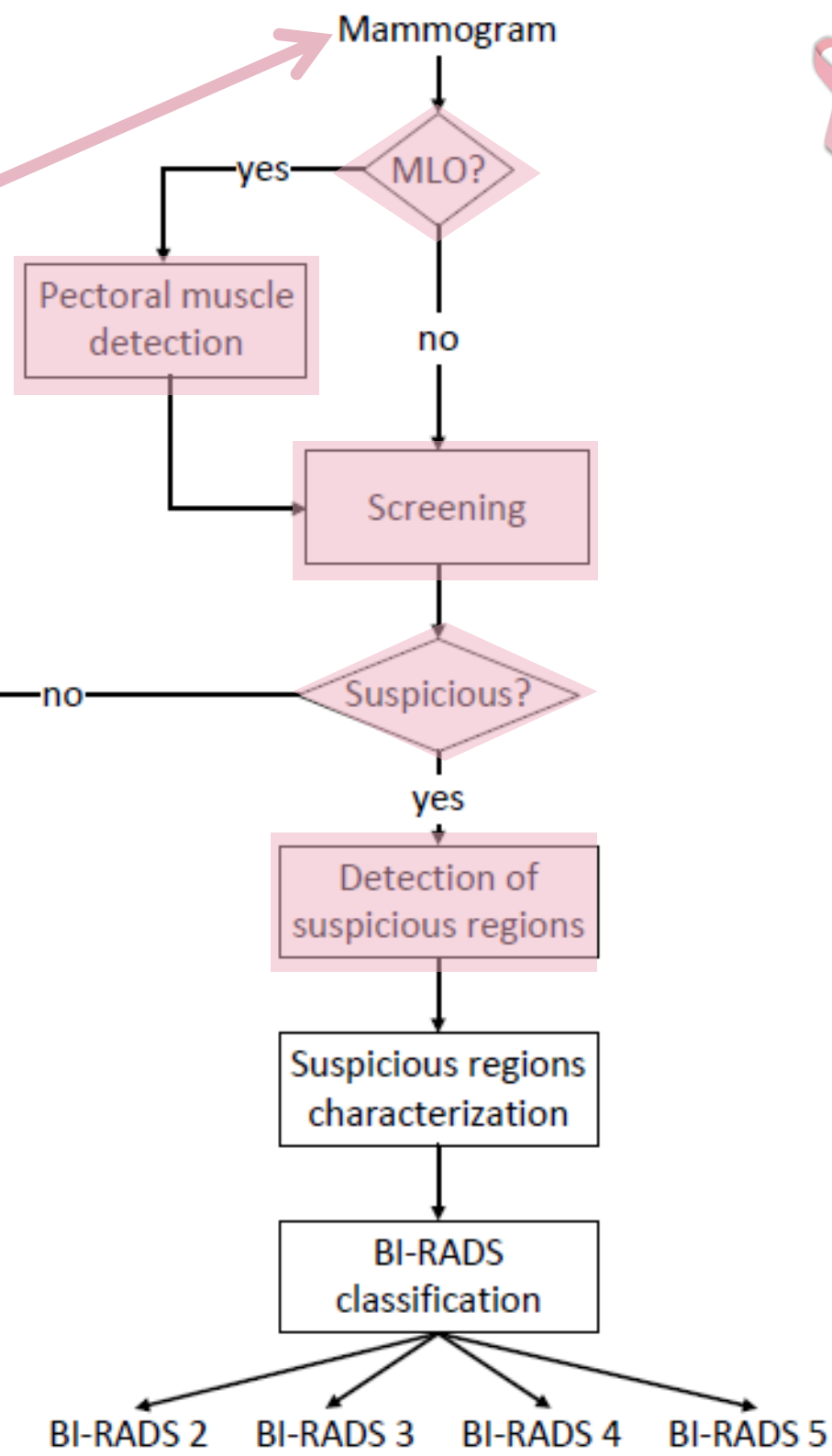
BI-RADS 1



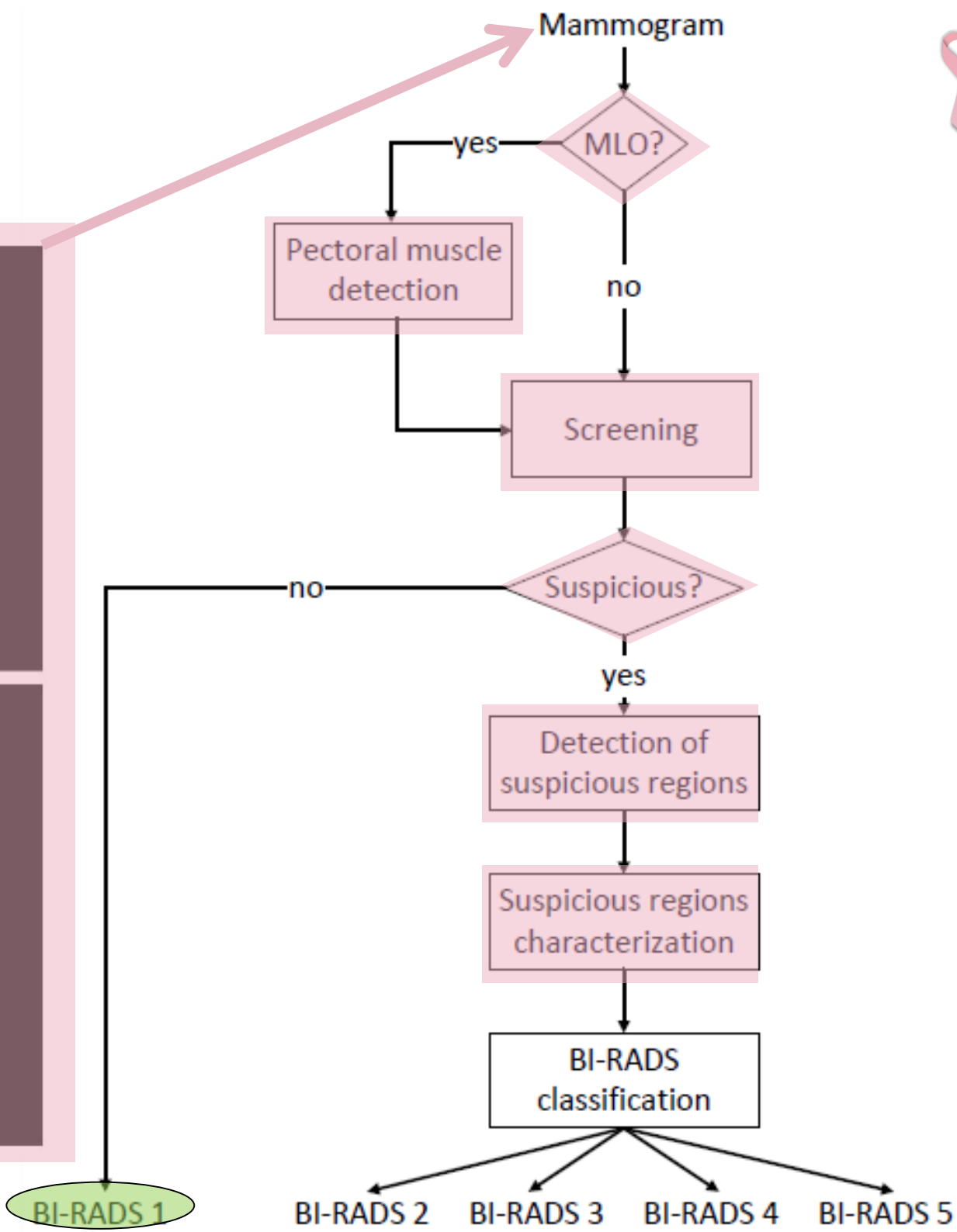
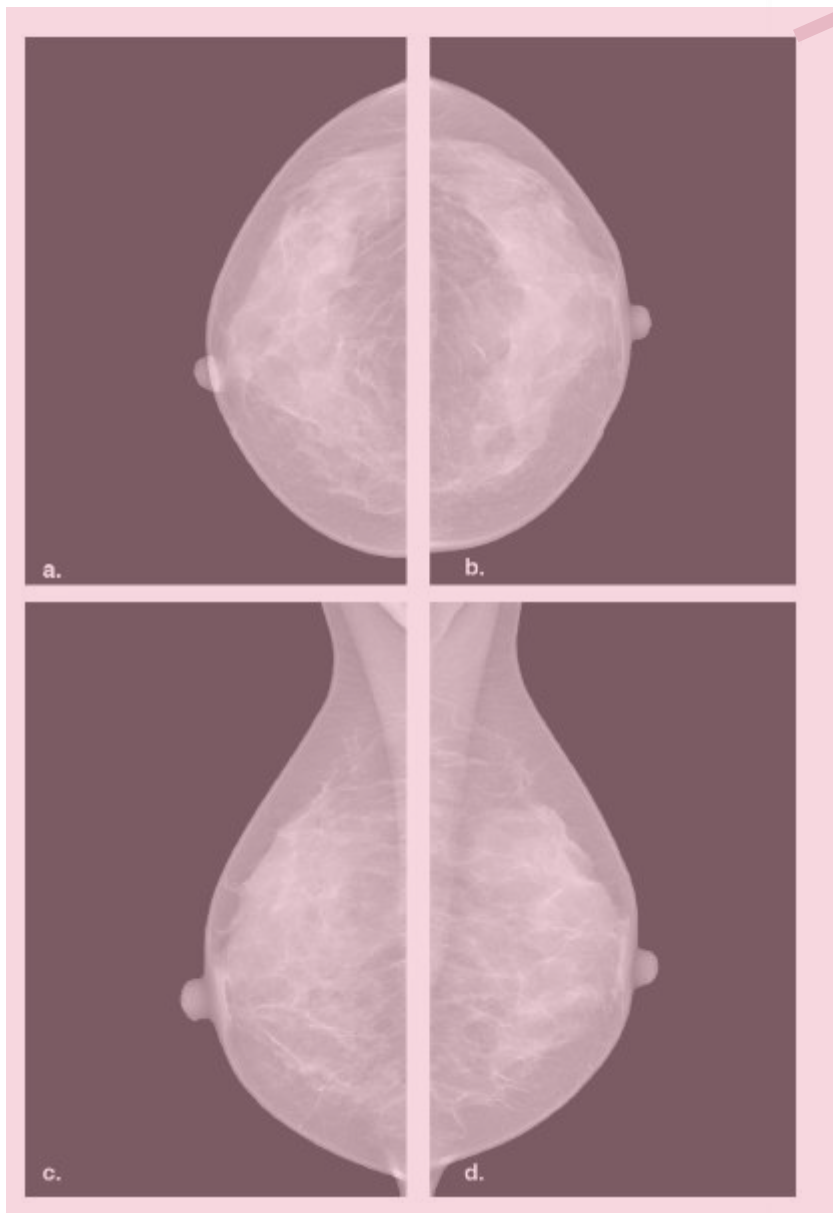
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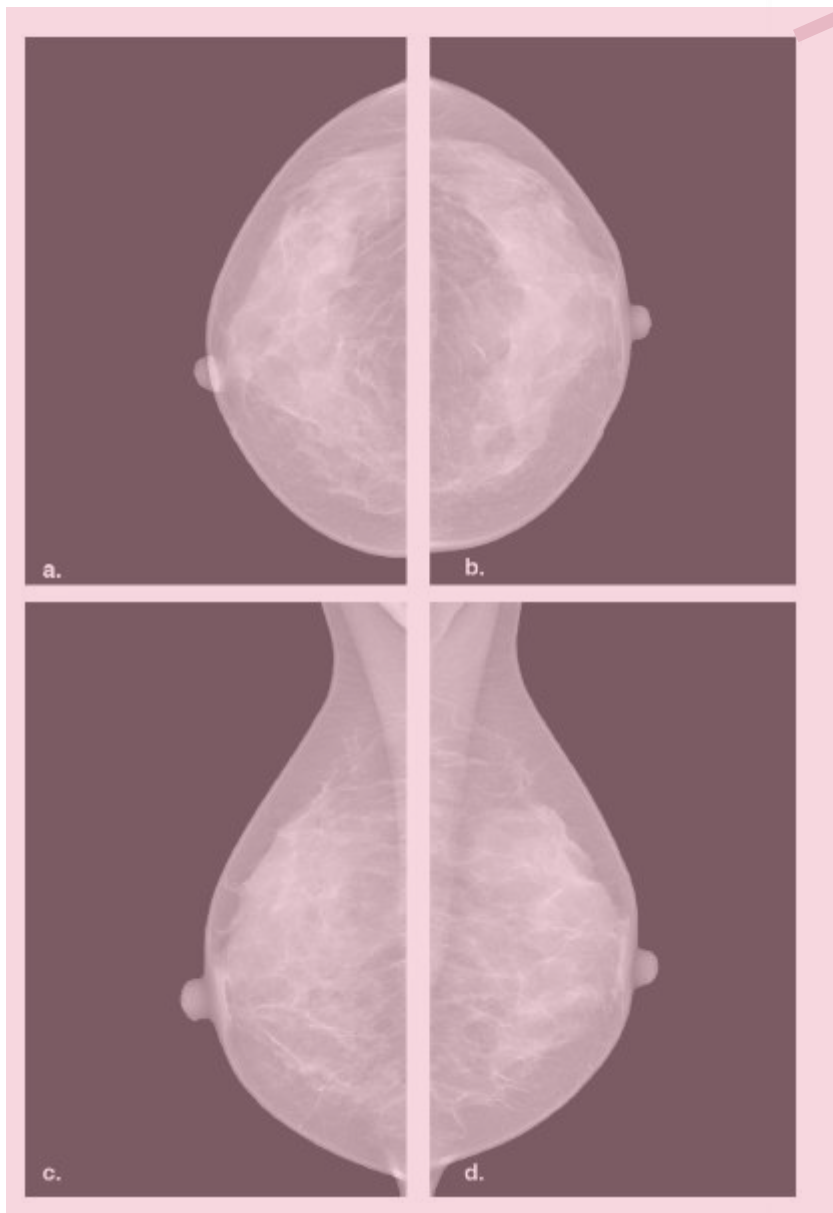
BI-RADS 1



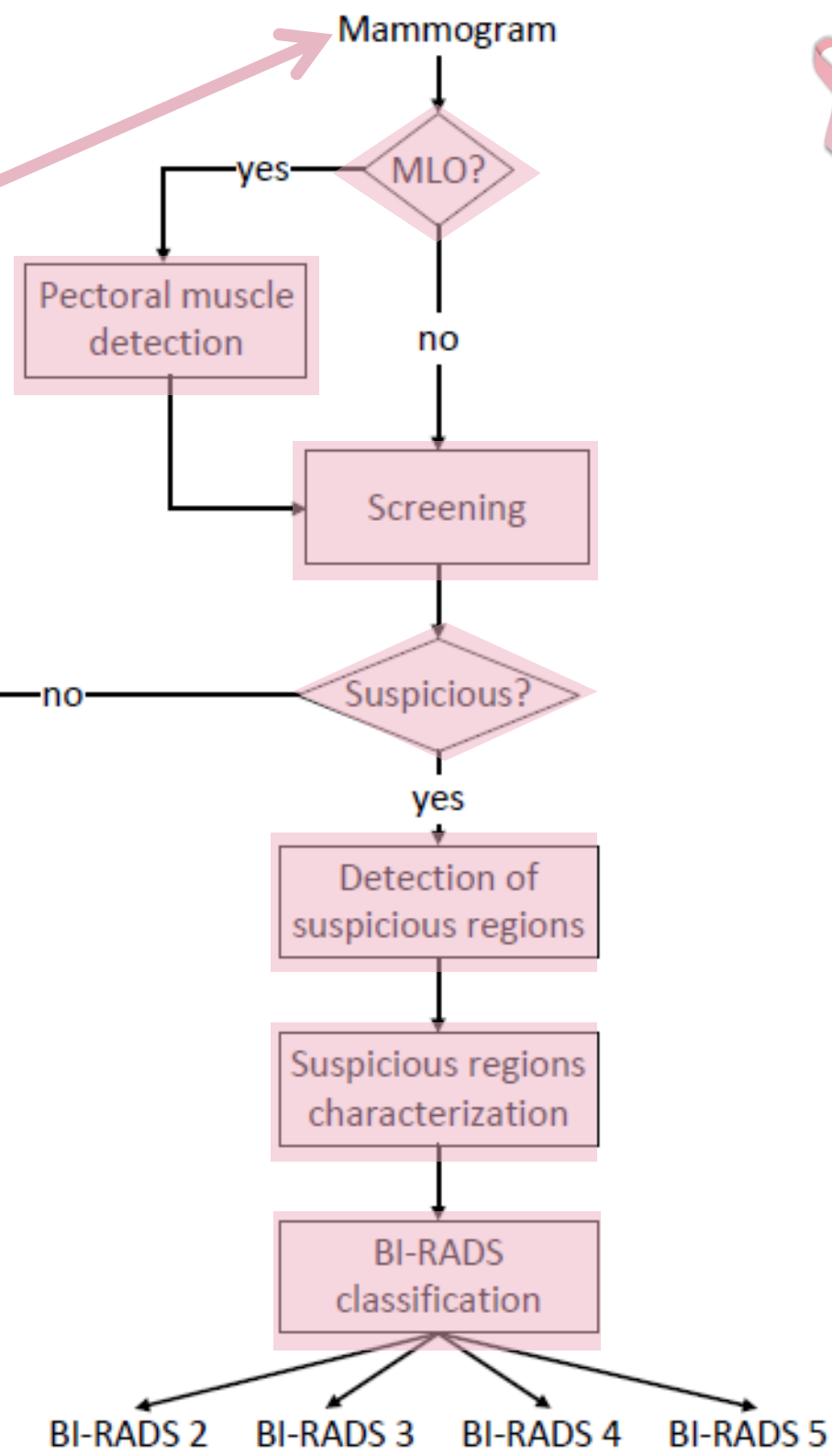
Outline



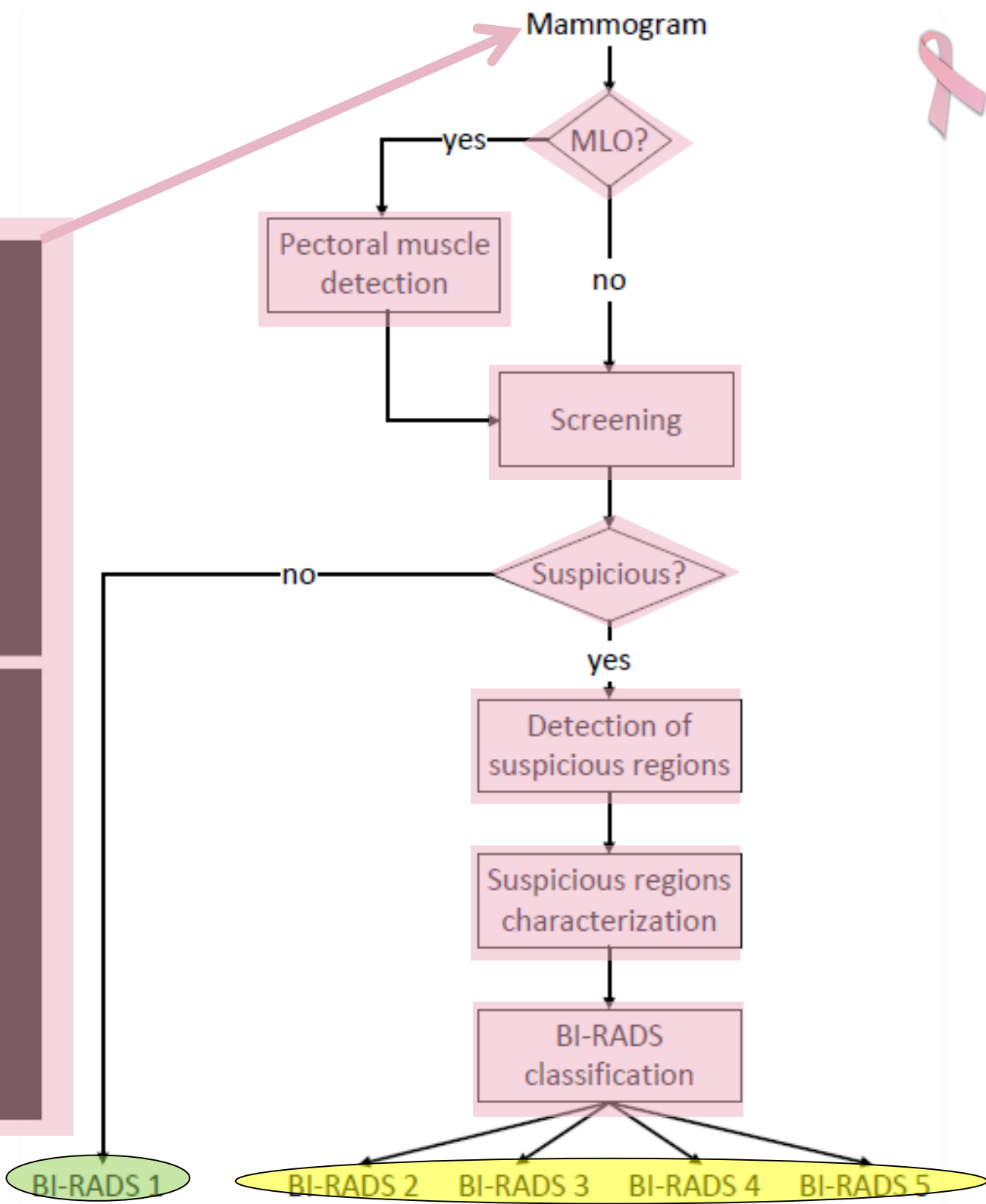
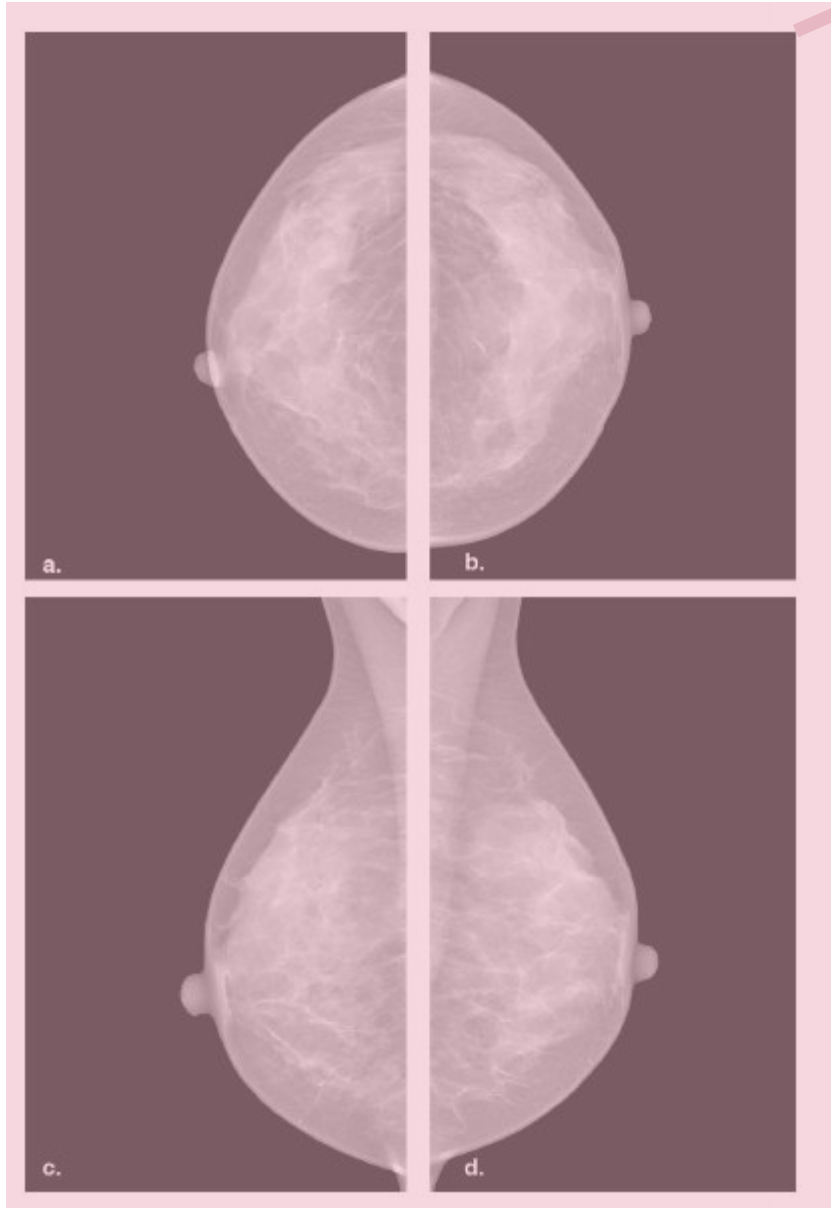
Outline



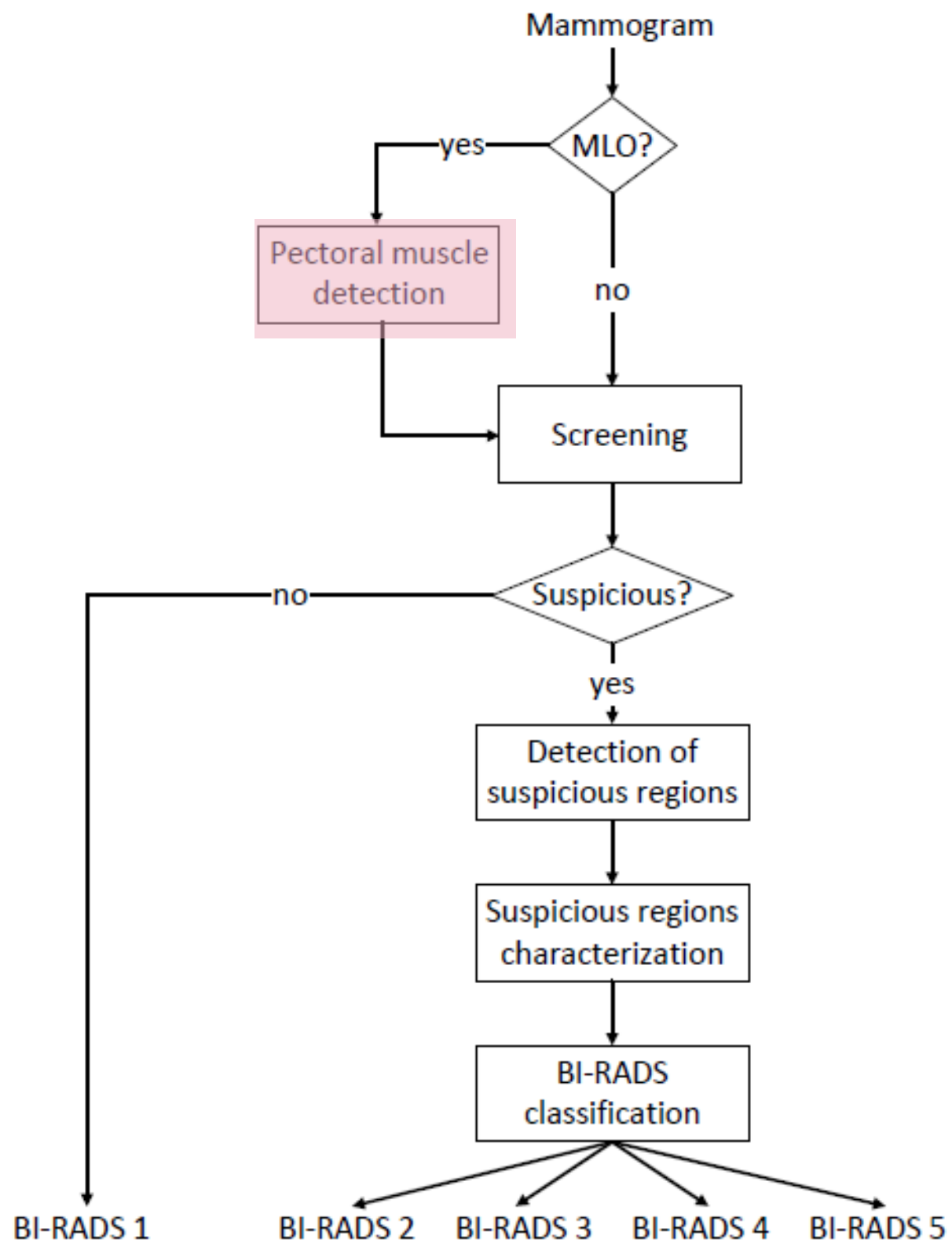
BI-RADS 1



Outline

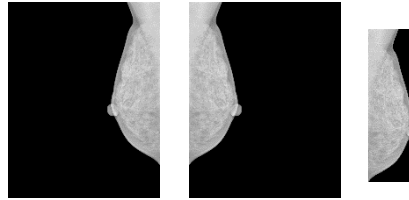


Outline



Pectoral muscle detection

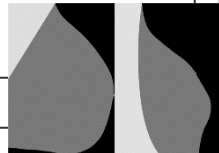
Polar coordinates and the shortest path (SPPC)



Pre-processed MLO mammogram

Main processing

Transform to Polar
coordinates

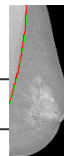


Compute the weighted graph

Compute muscle contour as
the shortest path between
top and bottom rows

Post processing

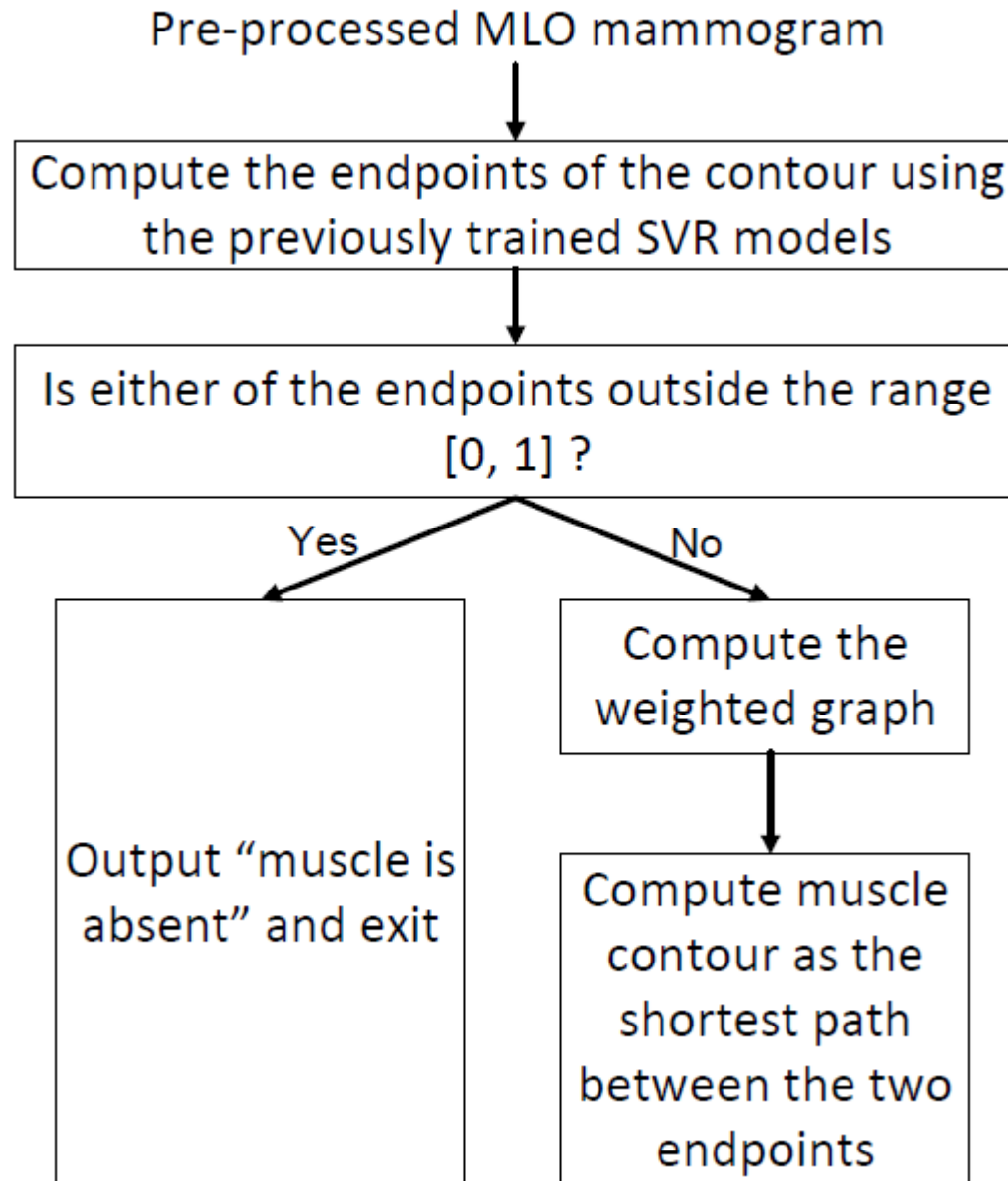
Transform contour to
Cartesian coordiantes



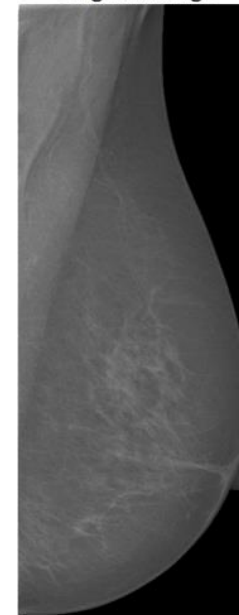
Reject contour if it is not
valid

Pectoral muscle detection

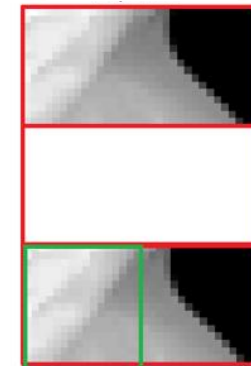
Shortest path with endpoints learnt by SVMs (SPLE)



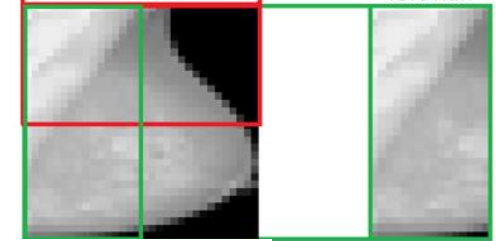
Original image



top half



left half



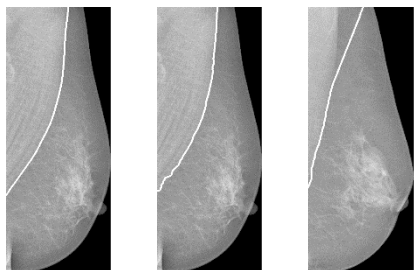
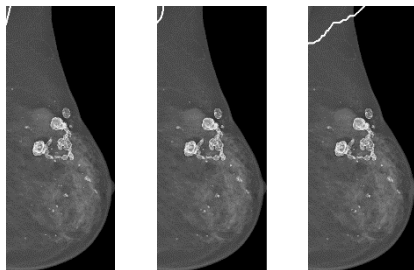
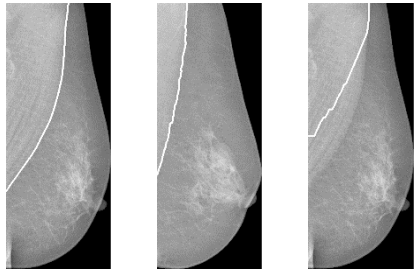
thumbnail



Pectoral muscle detection

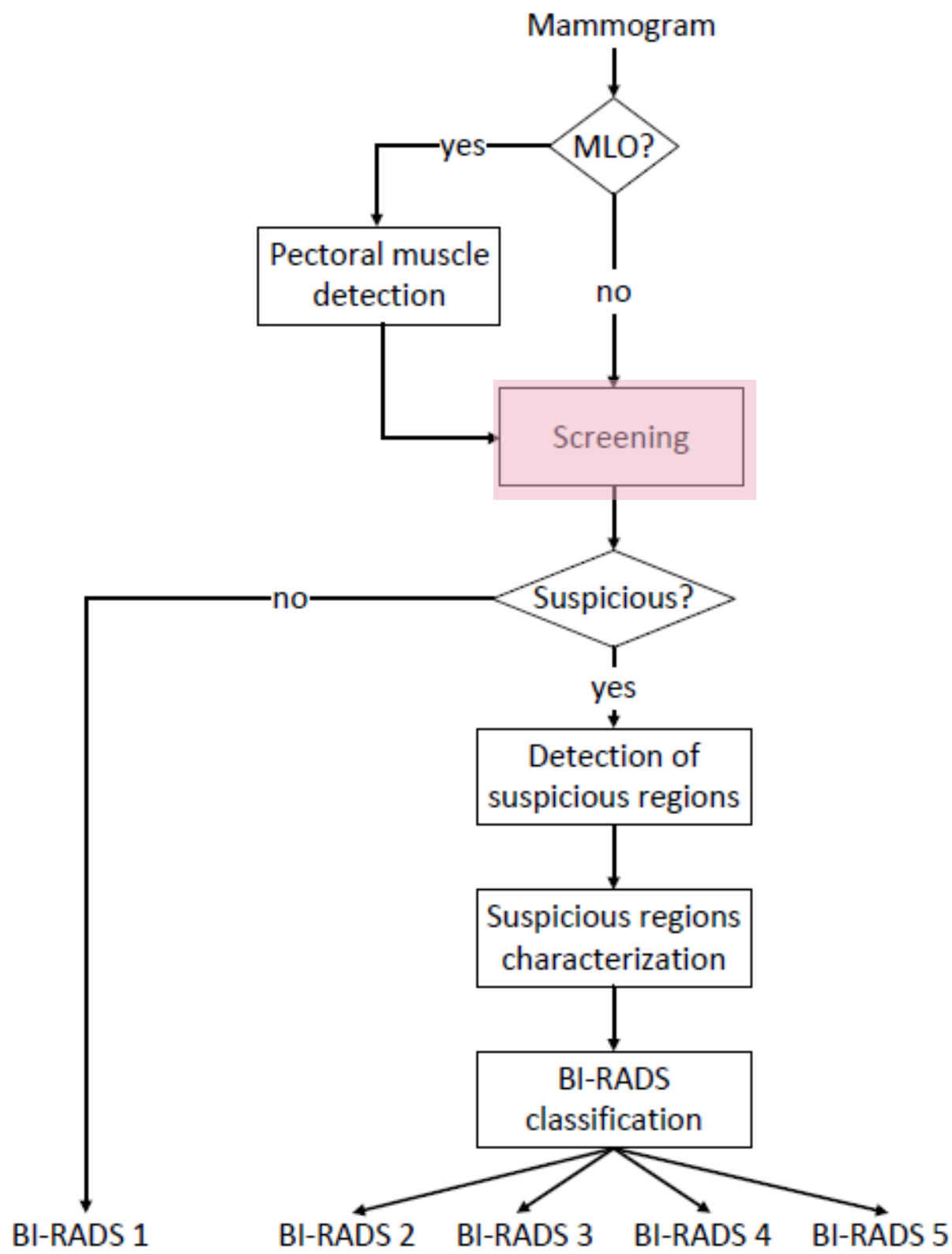


Results



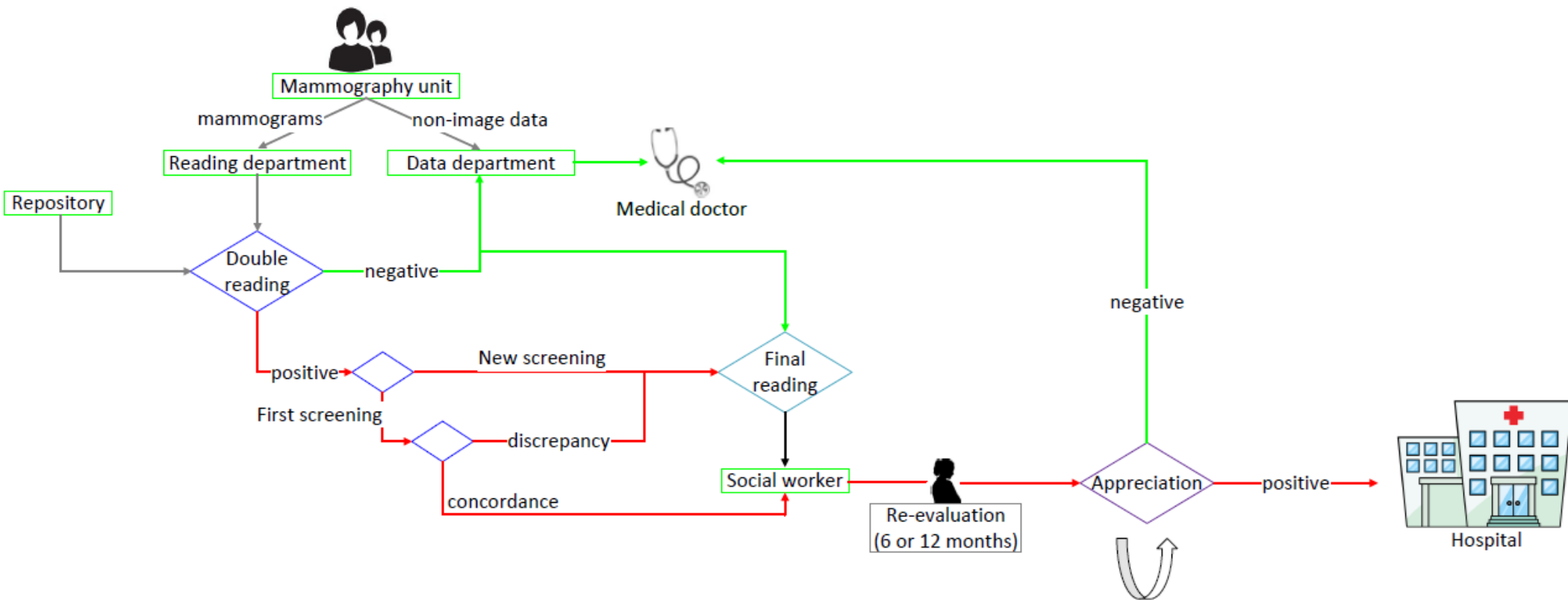
- Differences between SPPC and SPLE are not significant
- SPLE
 - if a robust estimation of the endpoints can be achieved
 - the pectoral muscle boundary can be effectively predicted
 - the prediction of the endpoints seems to be the main source of errors

Outline



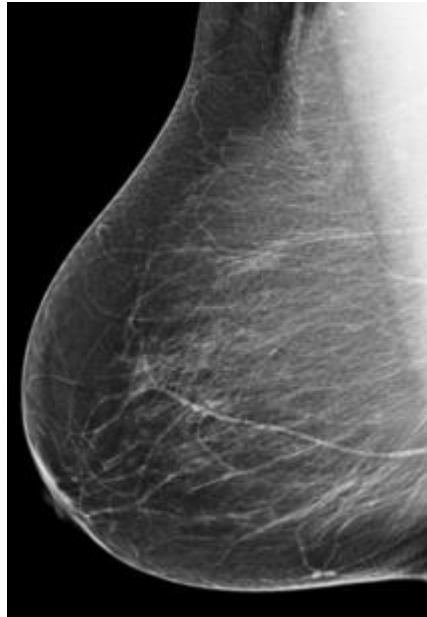
Screening

Portuguese Breast Cancer Screening Program

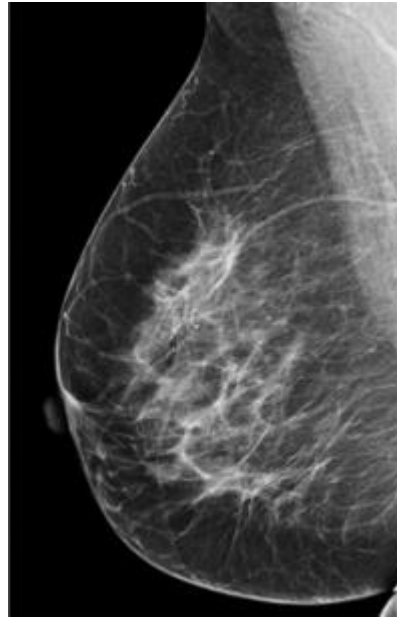


Screening

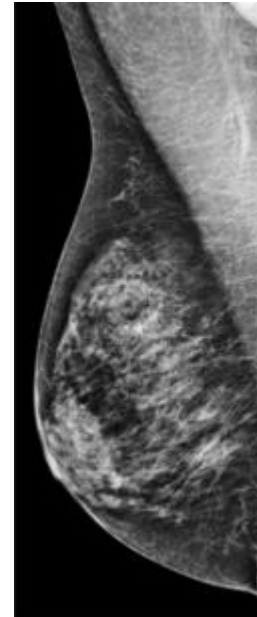
Breast density



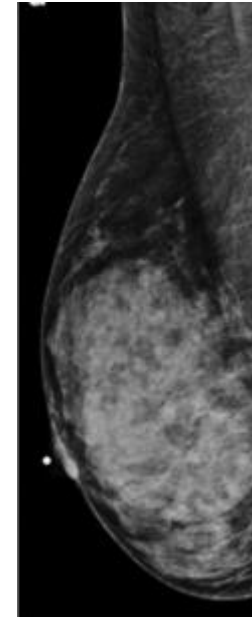
almost entirely fatty



scattered areas
of fibroglandular
density



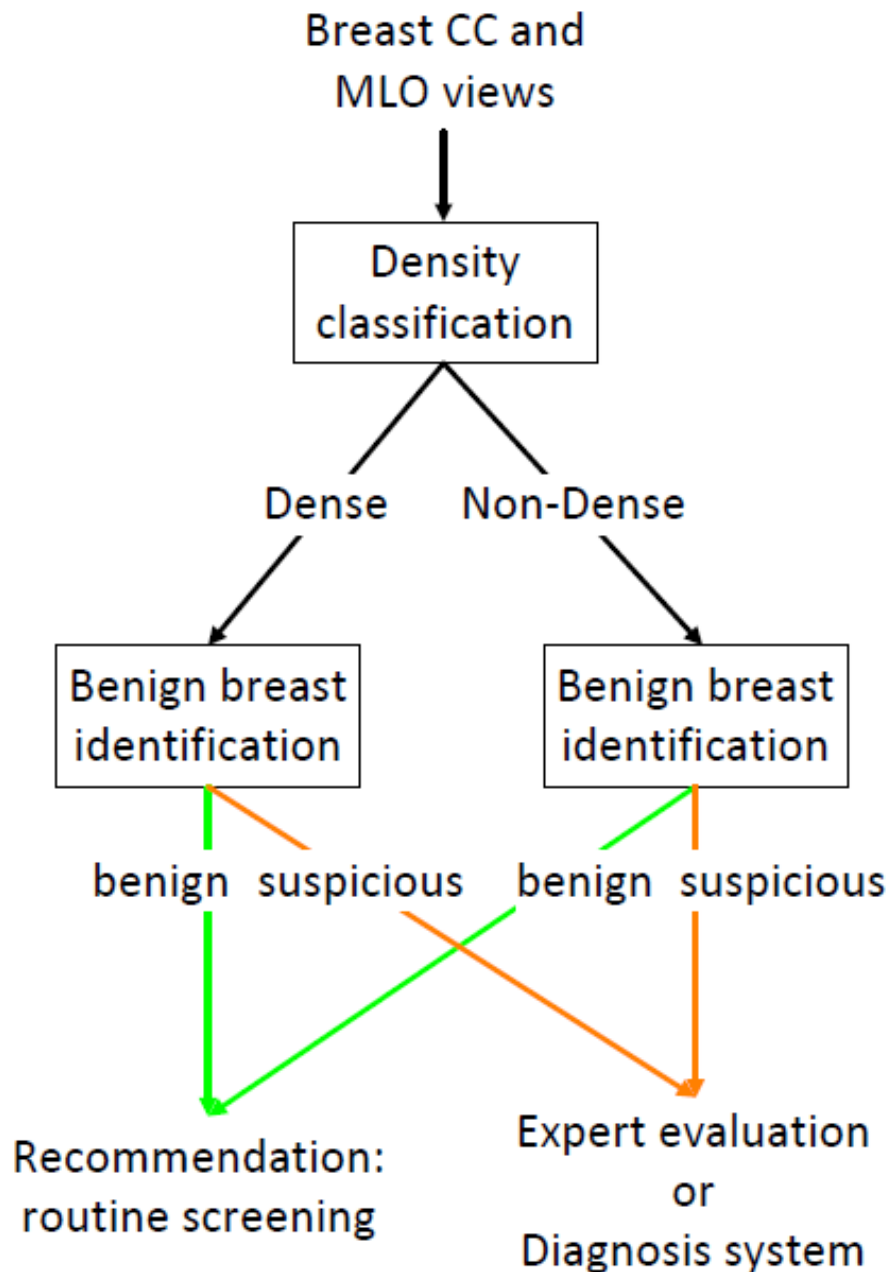
heterogeneously
dense



dense

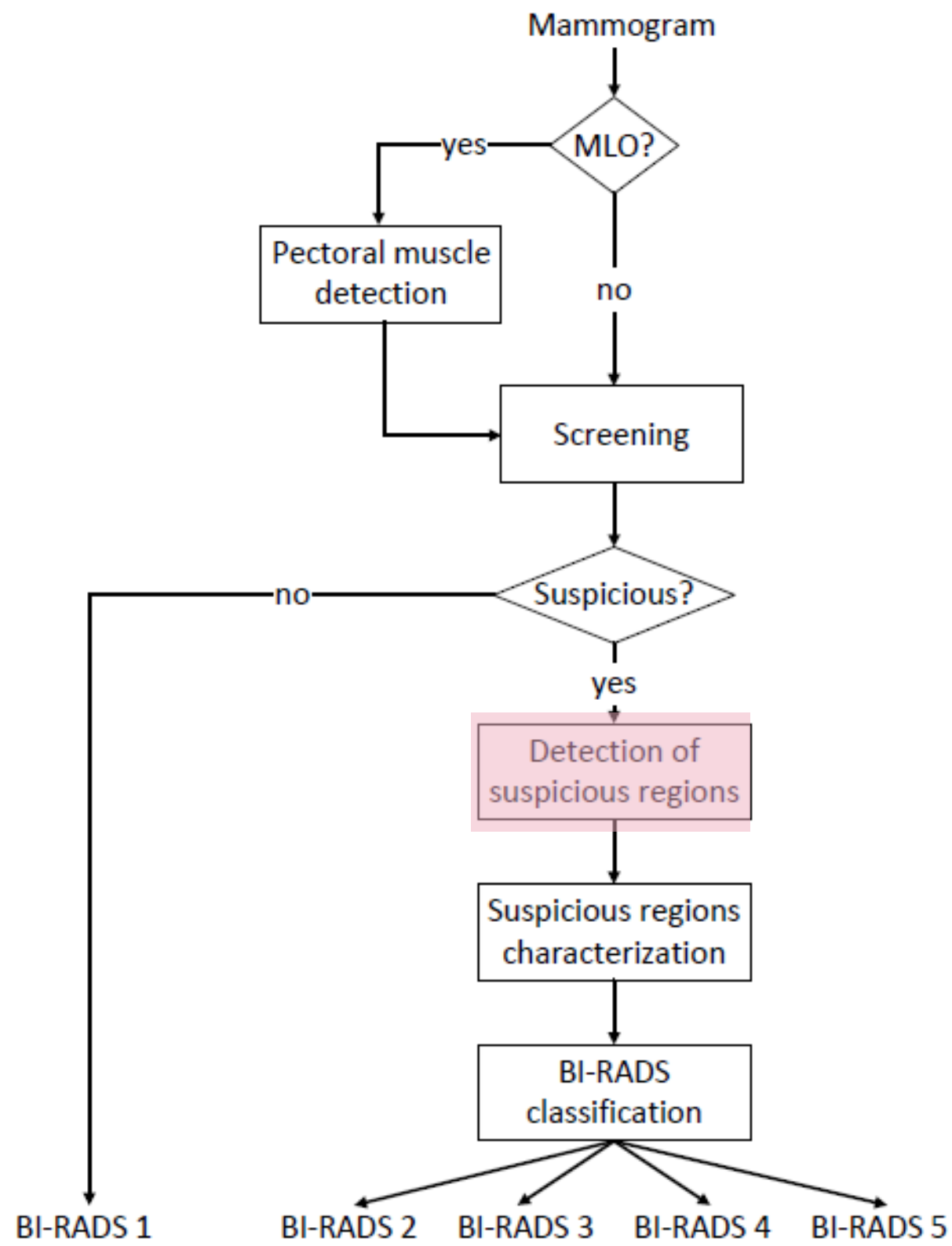
- density has been associated with a higher risk of cancer
- masses and calcifications are harder to detect in dense breasts
- density decreases the sensitivity of automatic systems

Screening



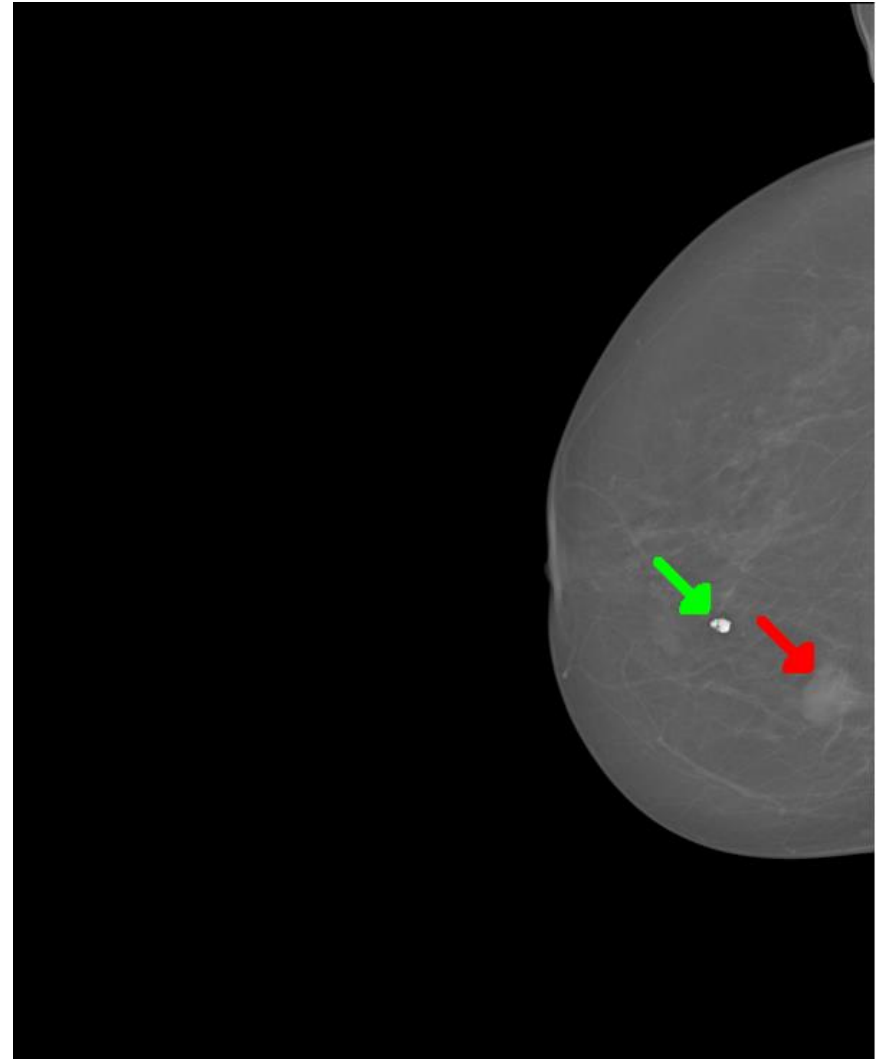
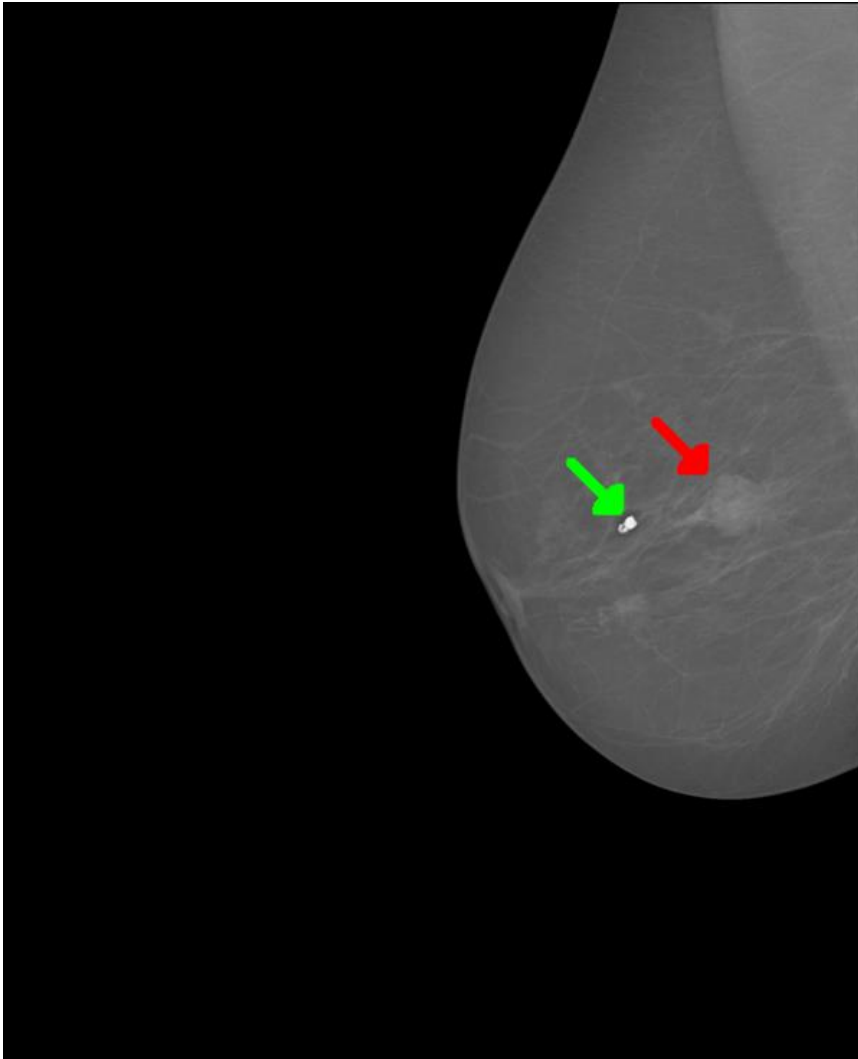
- sensitivity and FNR better than reported for human specialists
- real clinical setting example
- replace one of the radiologists during the double-reading
- if a disagreement exists, the exam is sent for further investigation

Outline



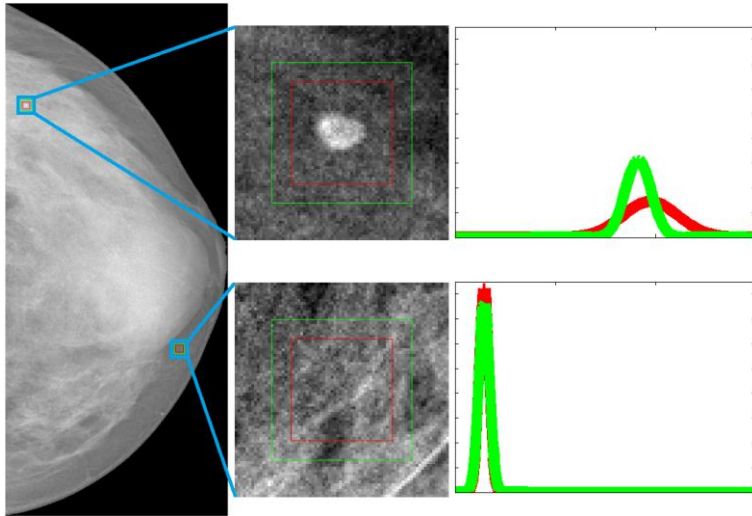
Detection of suspicious regions

Some types of suspicious regions



Detection of suspicious regions

Calcifications

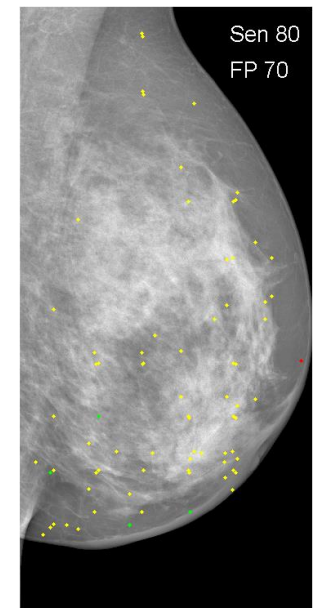
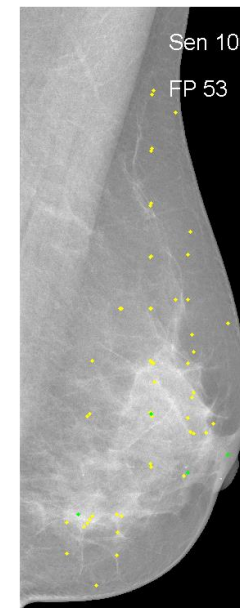
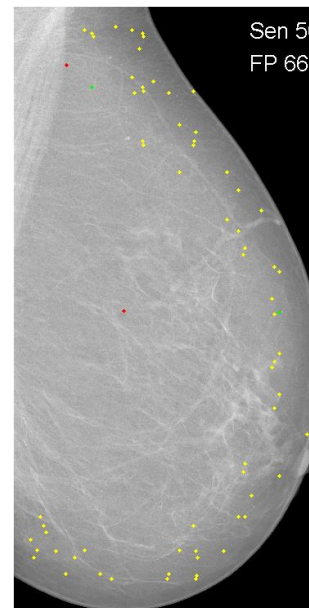
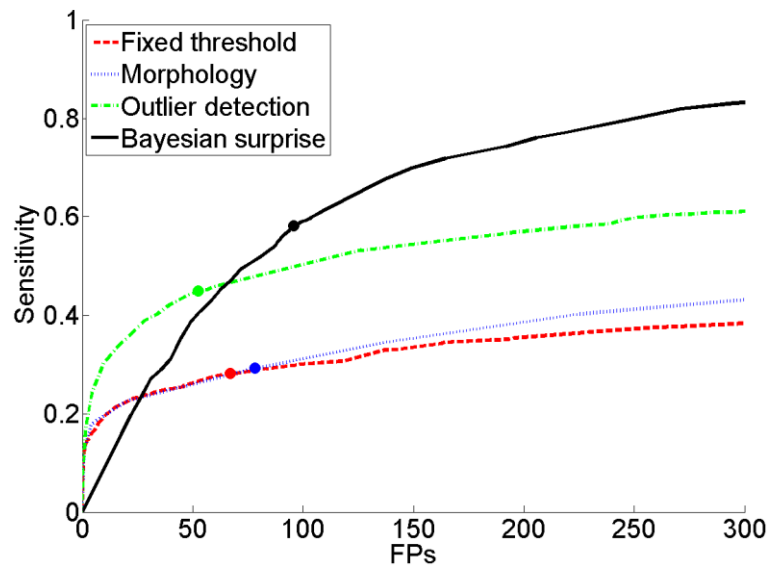


- for each patch of the image

- compute surprise

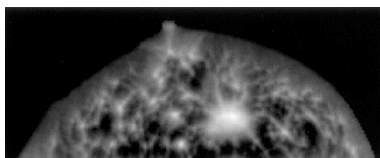
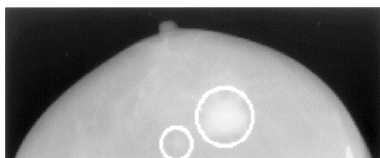
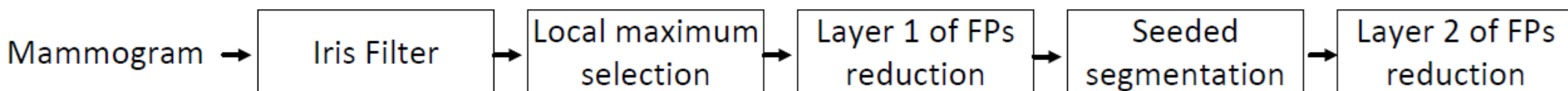
$$S(D, \mathcal{M}) = K(P(M) || P(M|D)) = \sum_{M \in \mathcal{M}} P(M) \log \frac{P(M)}{P(M|D)}$$

- if surprise > threshold
 - calcification

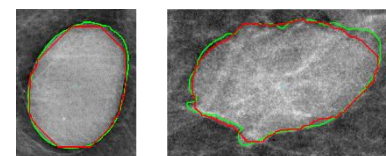
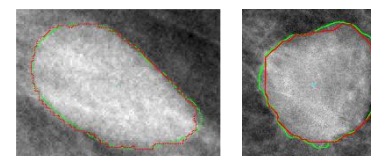


Detection of suspicious regions

Masses



- SVMs with RBF kernel
- features
 - original images
 - intensity value
 - Patch standard deviation
 - Patch 25th percentile
 - Patch median value
 - Patch mean value
 - Patch 75th percentile
 - Patch maximum intensity
 - Iris filtered images
 - Patch 25th percentile
 - Patch median value
 - Patch maximum value

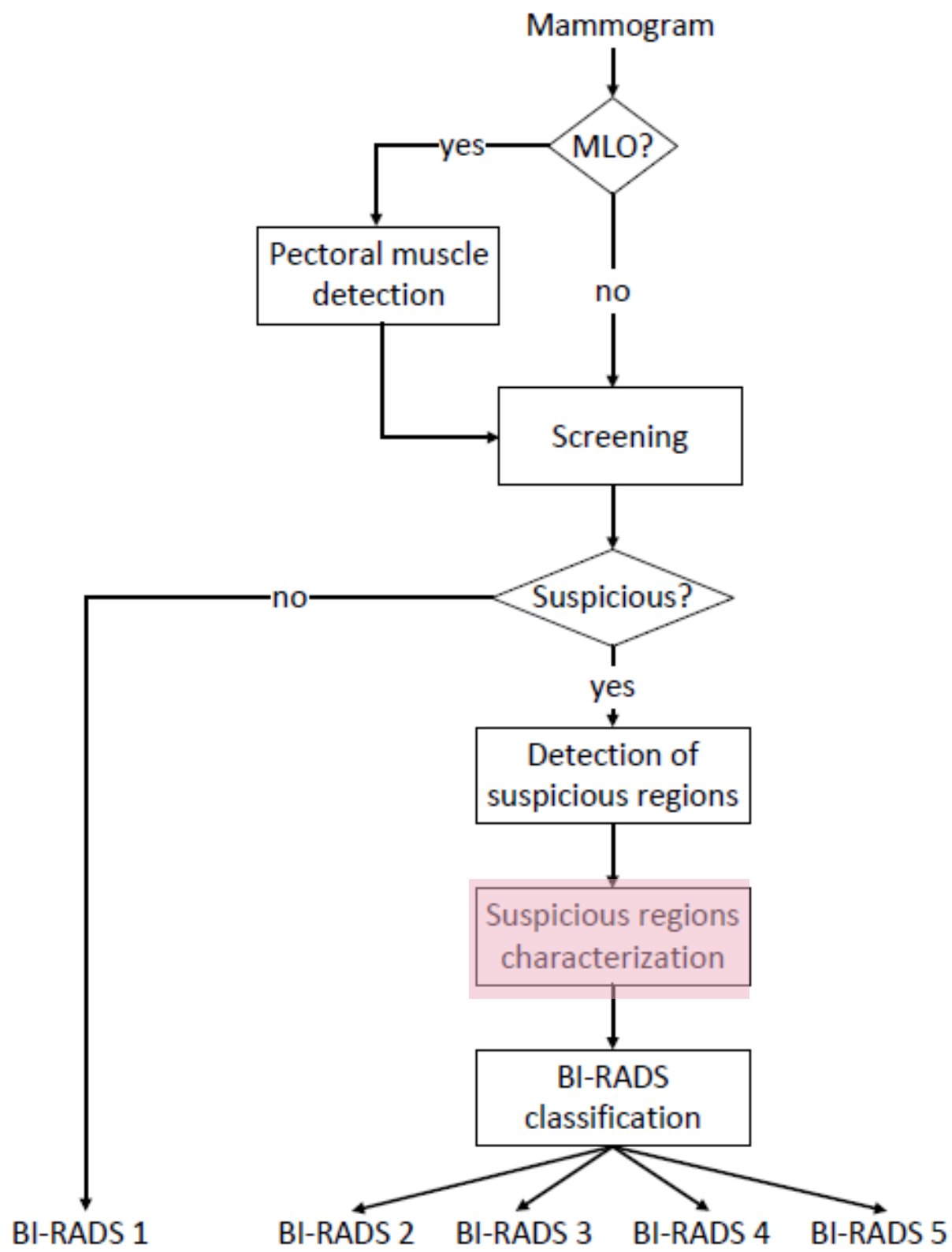


ACR density	Sensitivity (%)	False Positives
I	52	3
II	30	3
III	26	6
IV	7	9

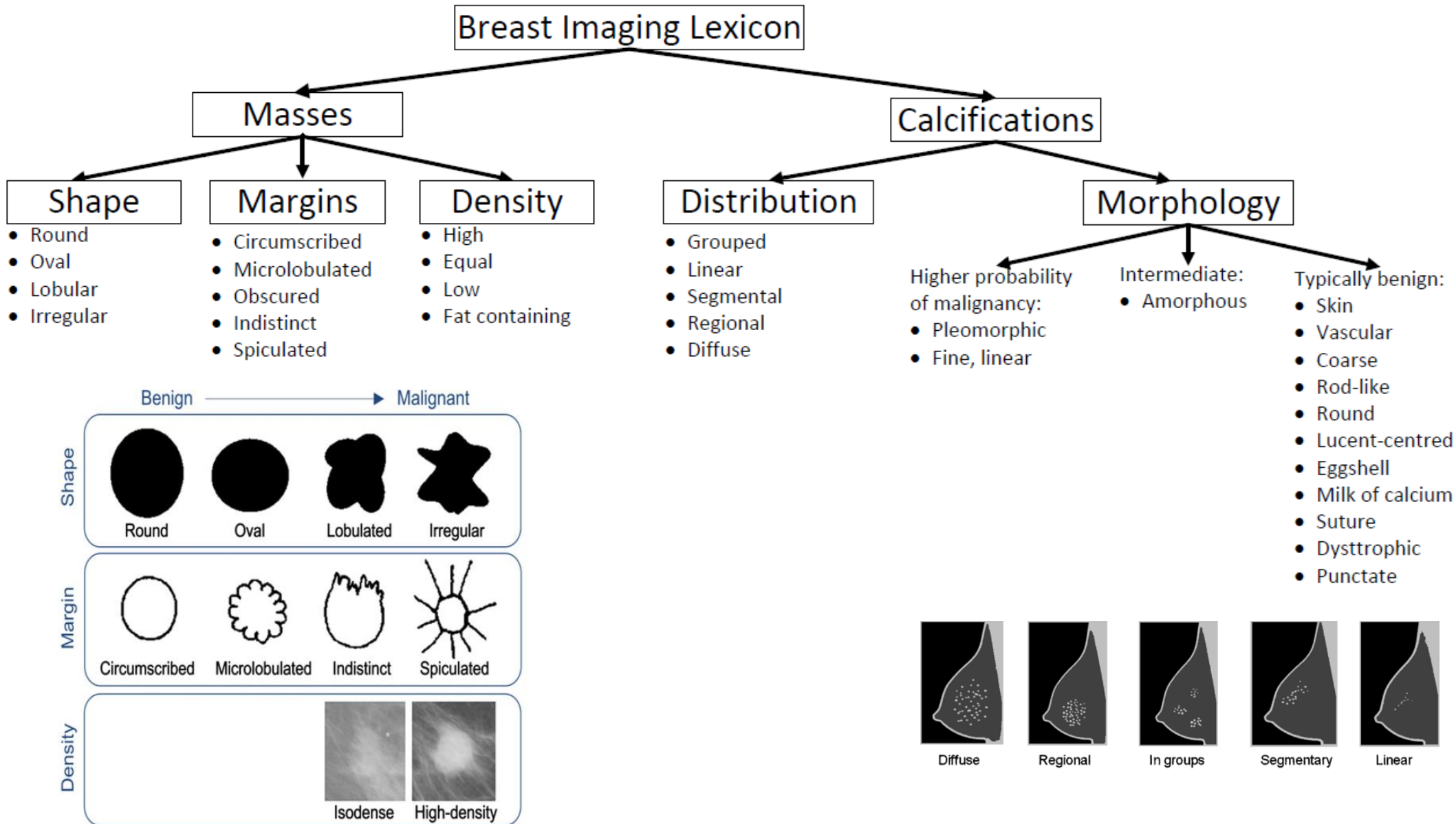
- SVMs with RBF kernel
- 9 shape features
 - area of the segmented region
 - area of the bounding box of the region
 - area of the region's convex hull
 - eccentricity
 - length of the major axis of the ellipse that has the same normalized 2nd-moments as the region
 - length of the minor axis of the ellipse that has the same normalized 2nd-moments as the region
 - diameter of a circle with the same area as the region, orientation
 - Perimeter
- 1 feature that uses both shape and intensity information
 - distance between the centroid and the weighted centroid

overall performance: Sensitivity = 38% with 5 false positives

Outline



Characterization of suspicious regions


 Diffuse
  Regional
  In groups
  Segmentary
  Linear

Characterization of suspicious regions



Pearson correlation, distance correlation and Maximal Information Coefficient

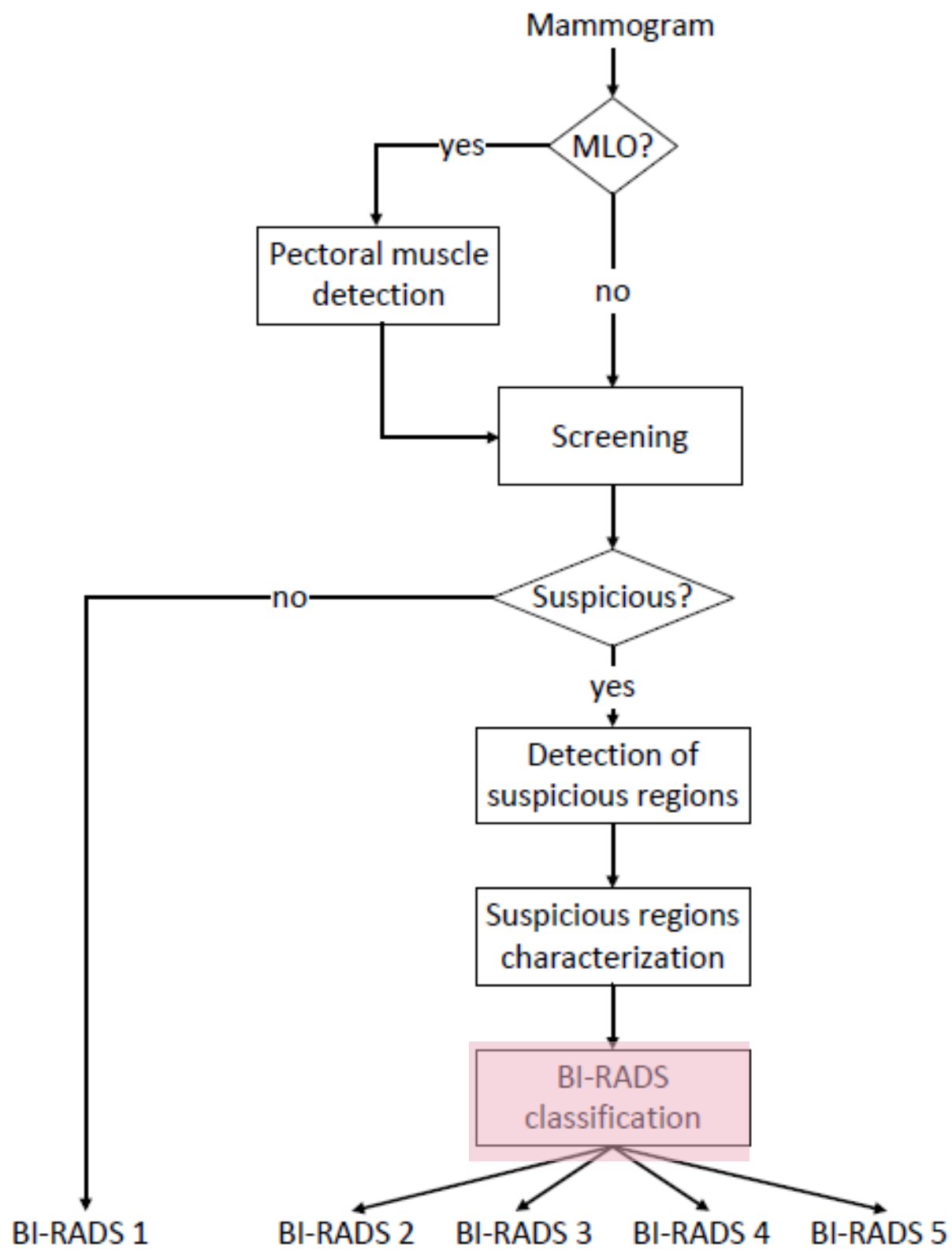
7 calcification features:

1. Zernike moment of order 3 and repetition +3
2. Zernike moment of order 4 and repetition 0
3. Zernike moment of order 4 and repetition -4
4. Eccentricity extracted from the Spatial Density Function
5. Minimum of the mean intensities of the calcifications
6. Intensity std
7. Std of the mean intensities of the calcifications

9 mass features

1. Solidity
2. Compactness
3. Thinness ratio
4. Skeleton end points
5. Shape Index
6. Convexification
7. Extent
8. Contained lines
9. $CC_2 = \sqrt{R_{min} / R_{max}}$

Outline

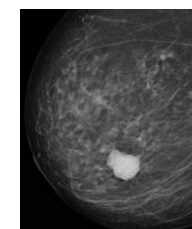
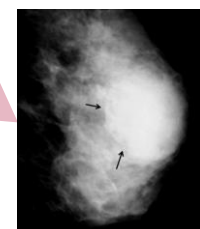
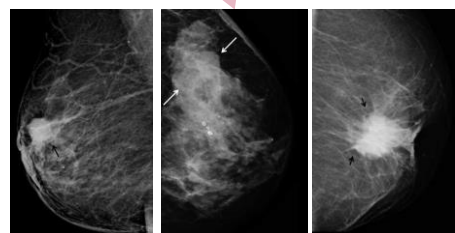
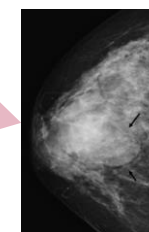
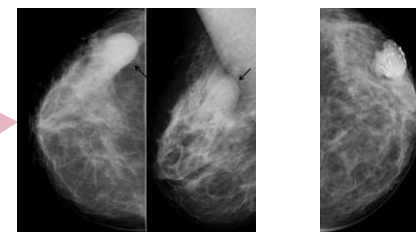
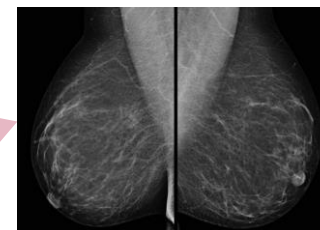
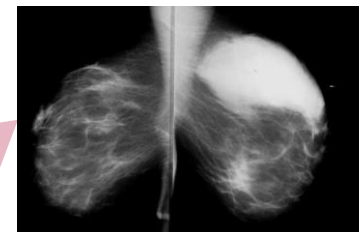




BI-RADS classification

The scale

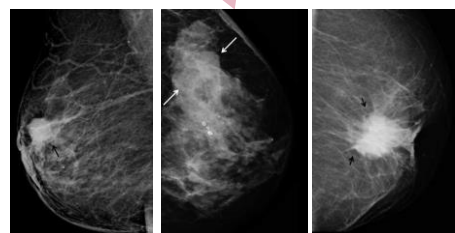
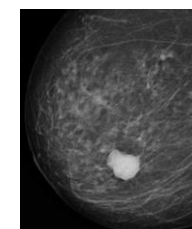
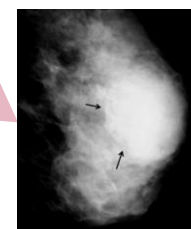
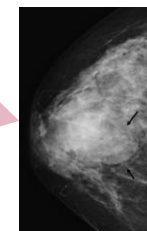
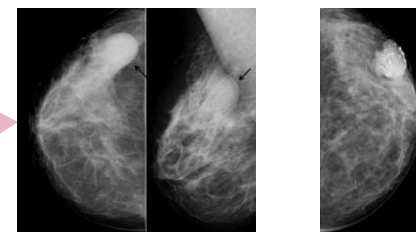
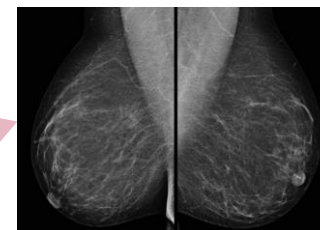
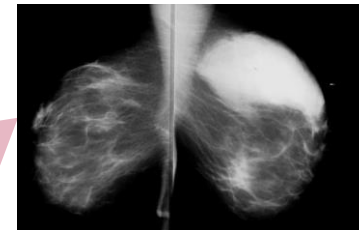
BI-RADS	Description
0	the exam is not conclusive
1	no findings
2	benign findings
3	probably benign findings
4	suspicious findings
5	high probability of malignancy
6	proved cancer



BI-RADS classification

The scale

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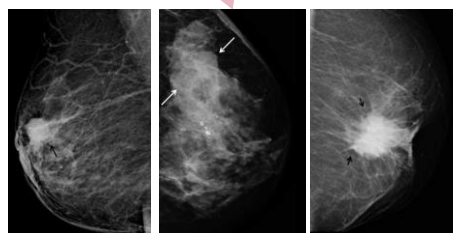
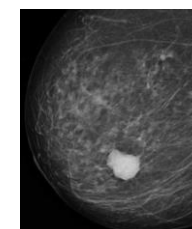
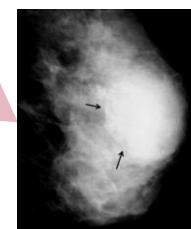
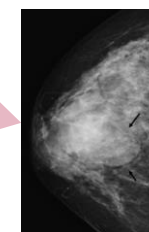
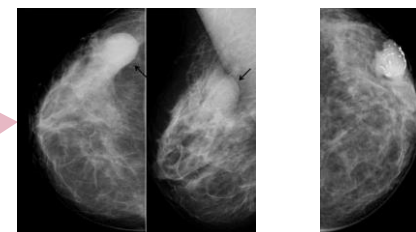
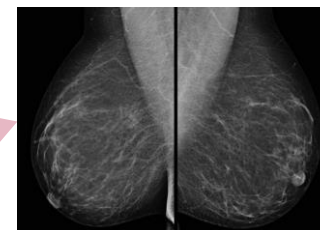
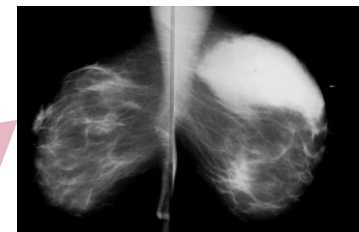


BI-RADS classification

The scale



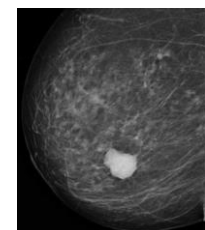
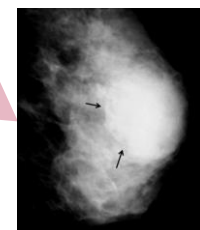
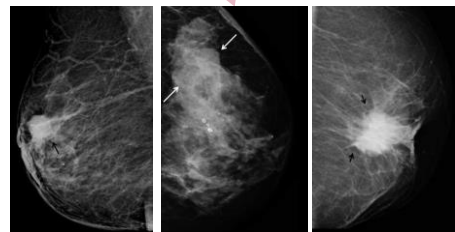
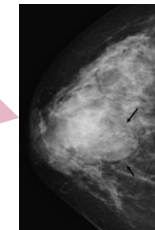
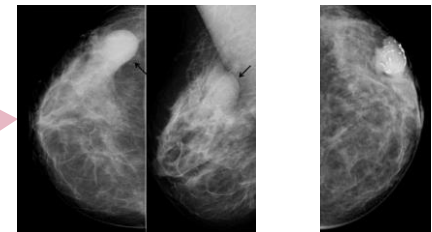
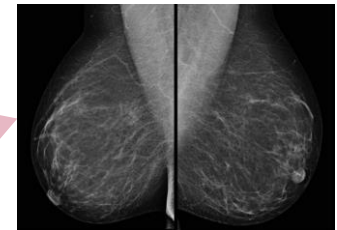
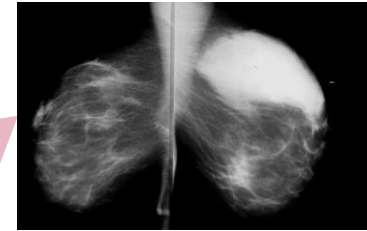
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BI-RADS classification

The scale

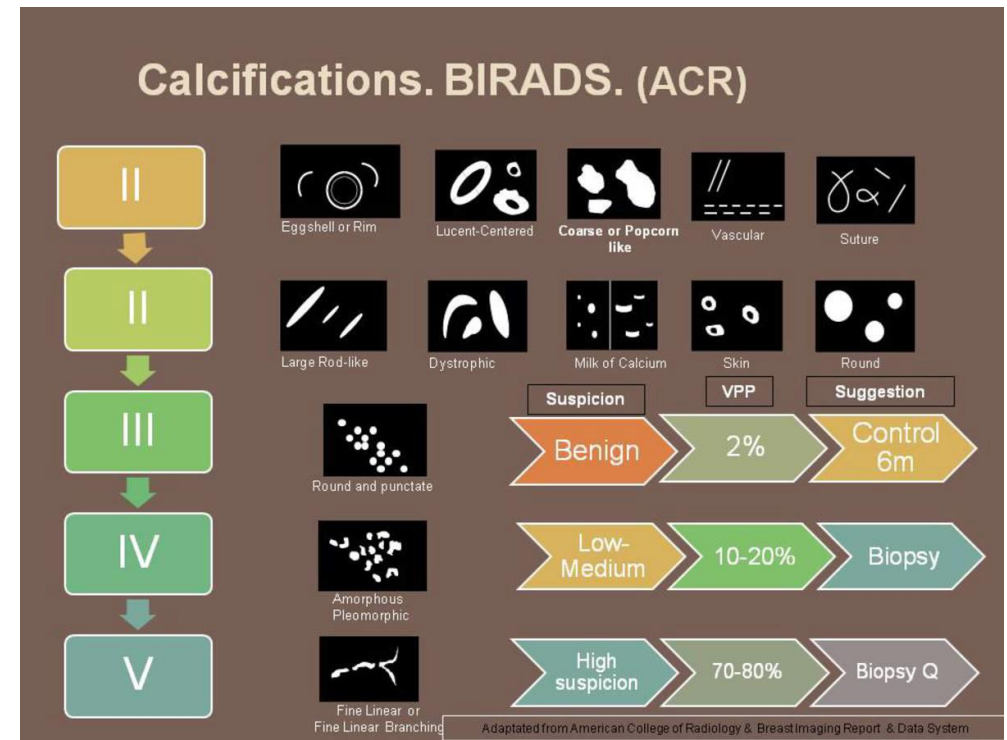
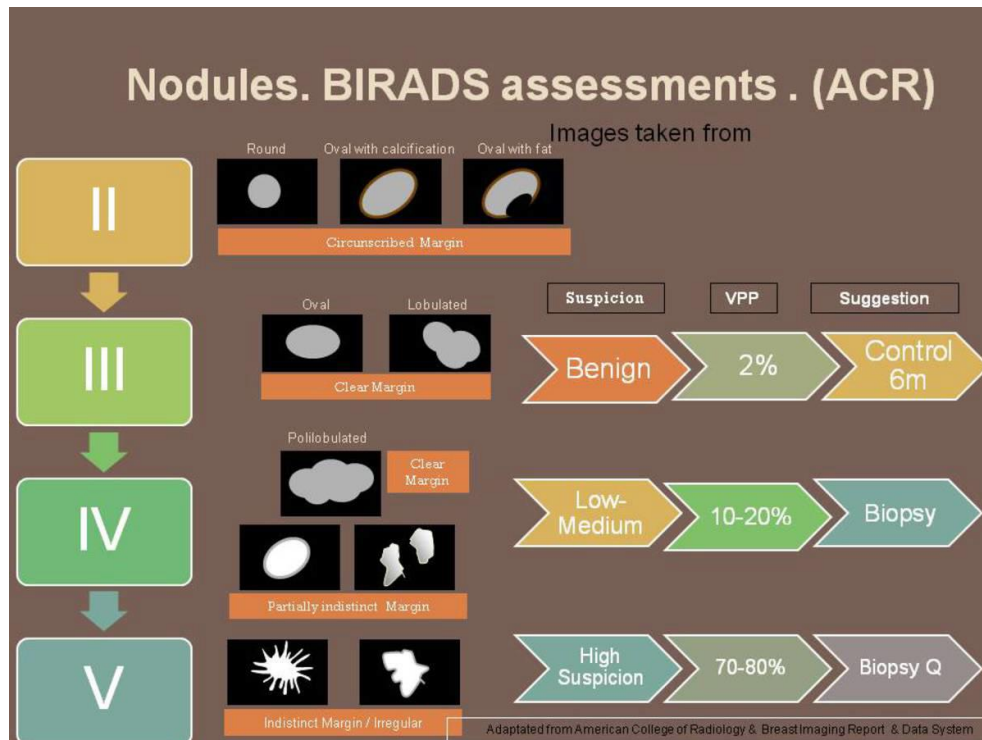
BI-RADS	Description
0	the exam is not conclusive
1	no findings
2	benign findings
3	probably benign findings
4	suspicious findings
5	high probability of malignancy
6	proved cancer





BI-RADS classification

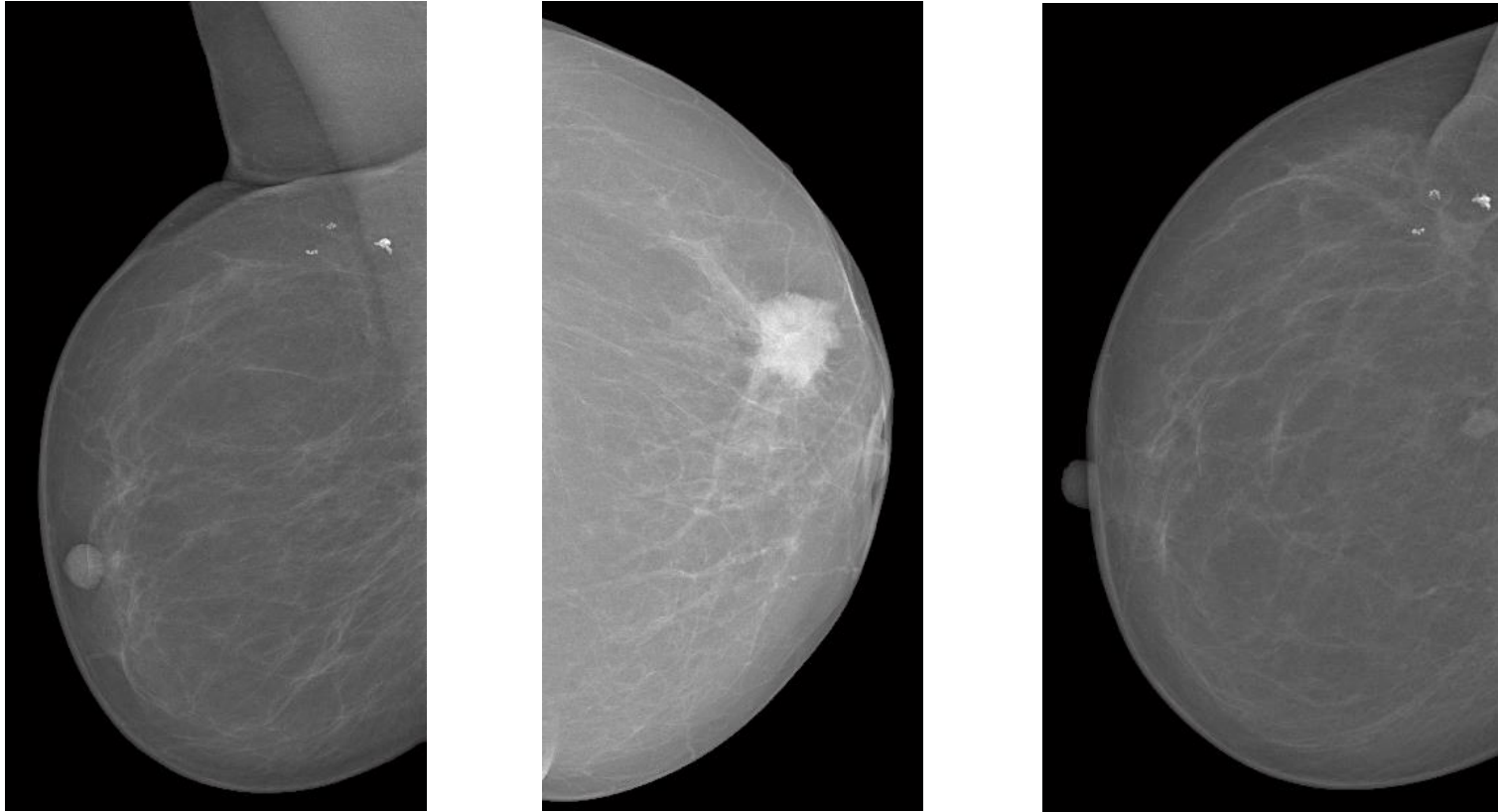
The scale



BI-RADS classification



Motivation



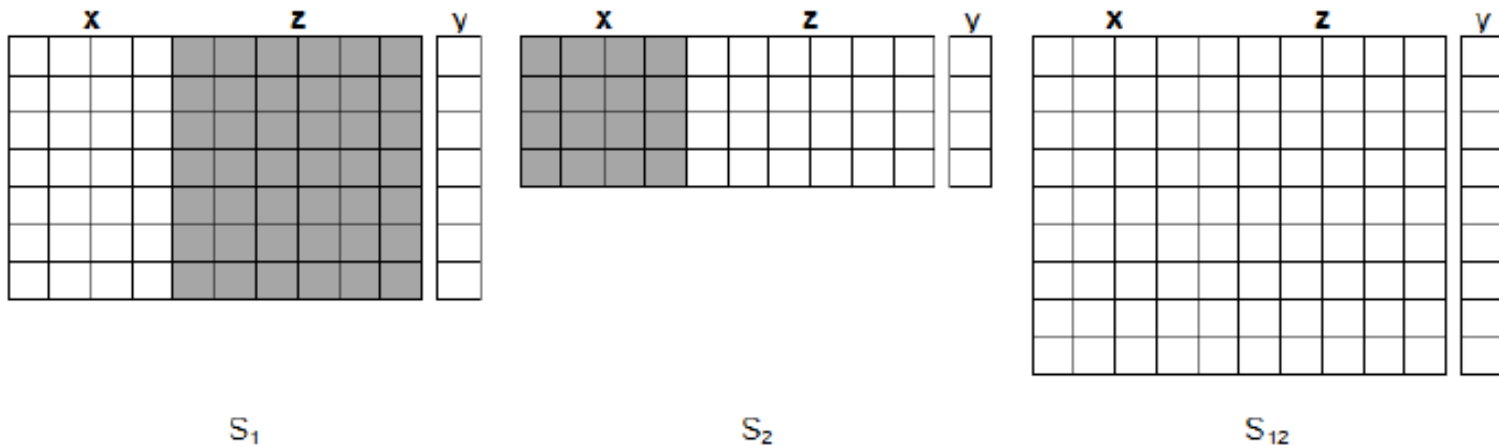
When more than one finding is present in the mammogram, the overall BIRADS in the medical report corresponds to the finding with the highest BI-RADS



BI-RADS classification

Methods

- Max Ordinal Learning (MOL)
 - MOL.LA
 - MOL.CD

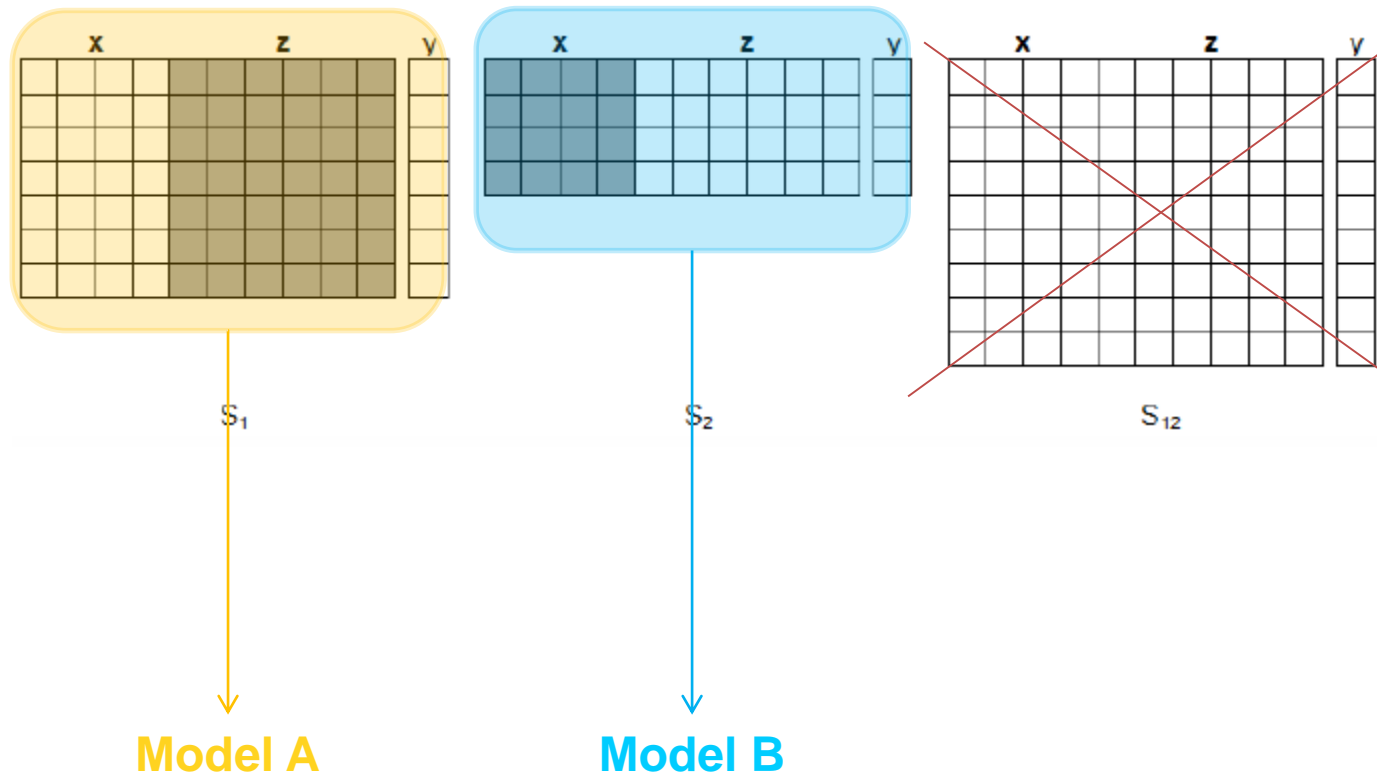


Training set illustration

White represents observed and gray not present features

BI-RADS classification

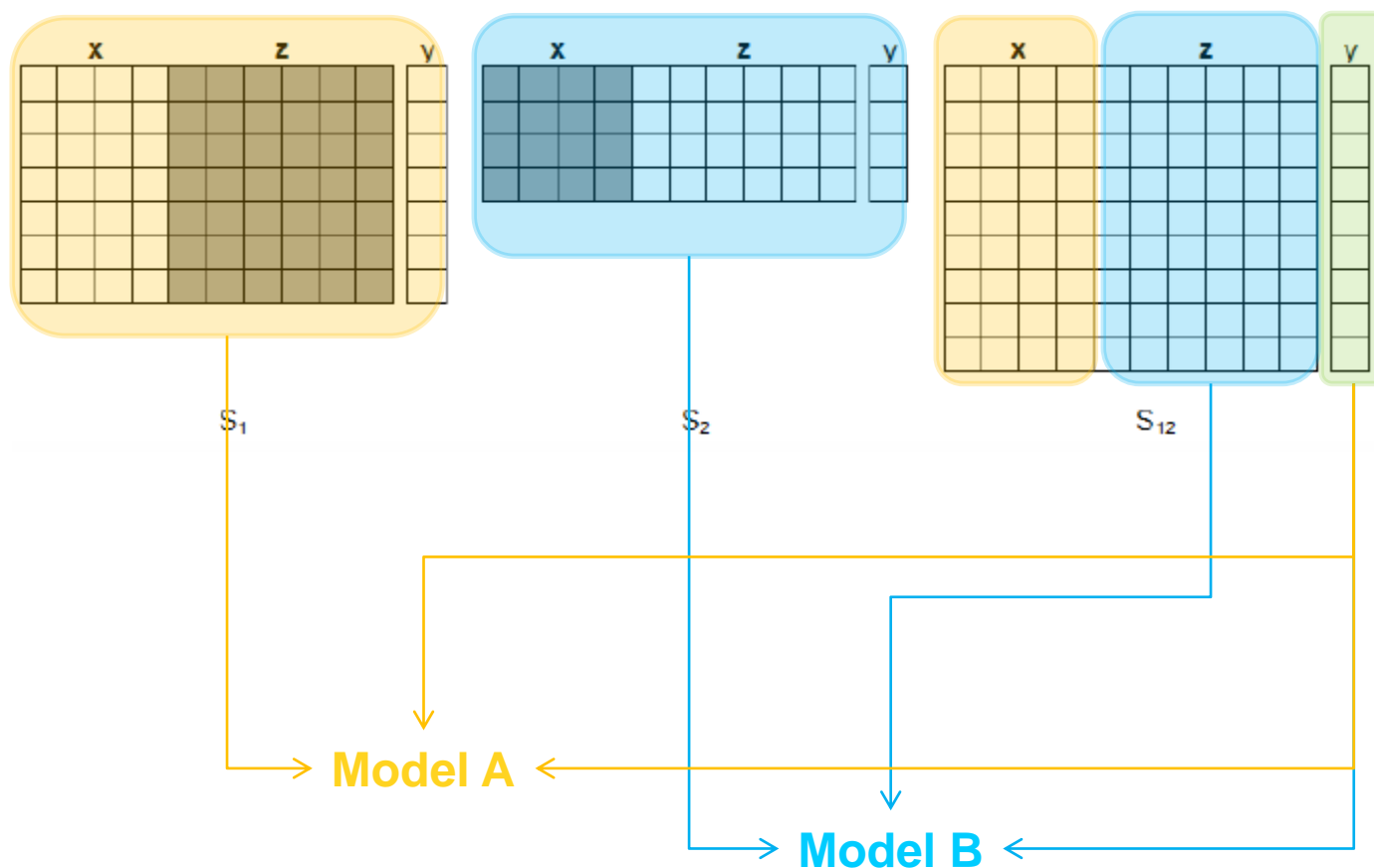
non-MOL





BI-RADS classification

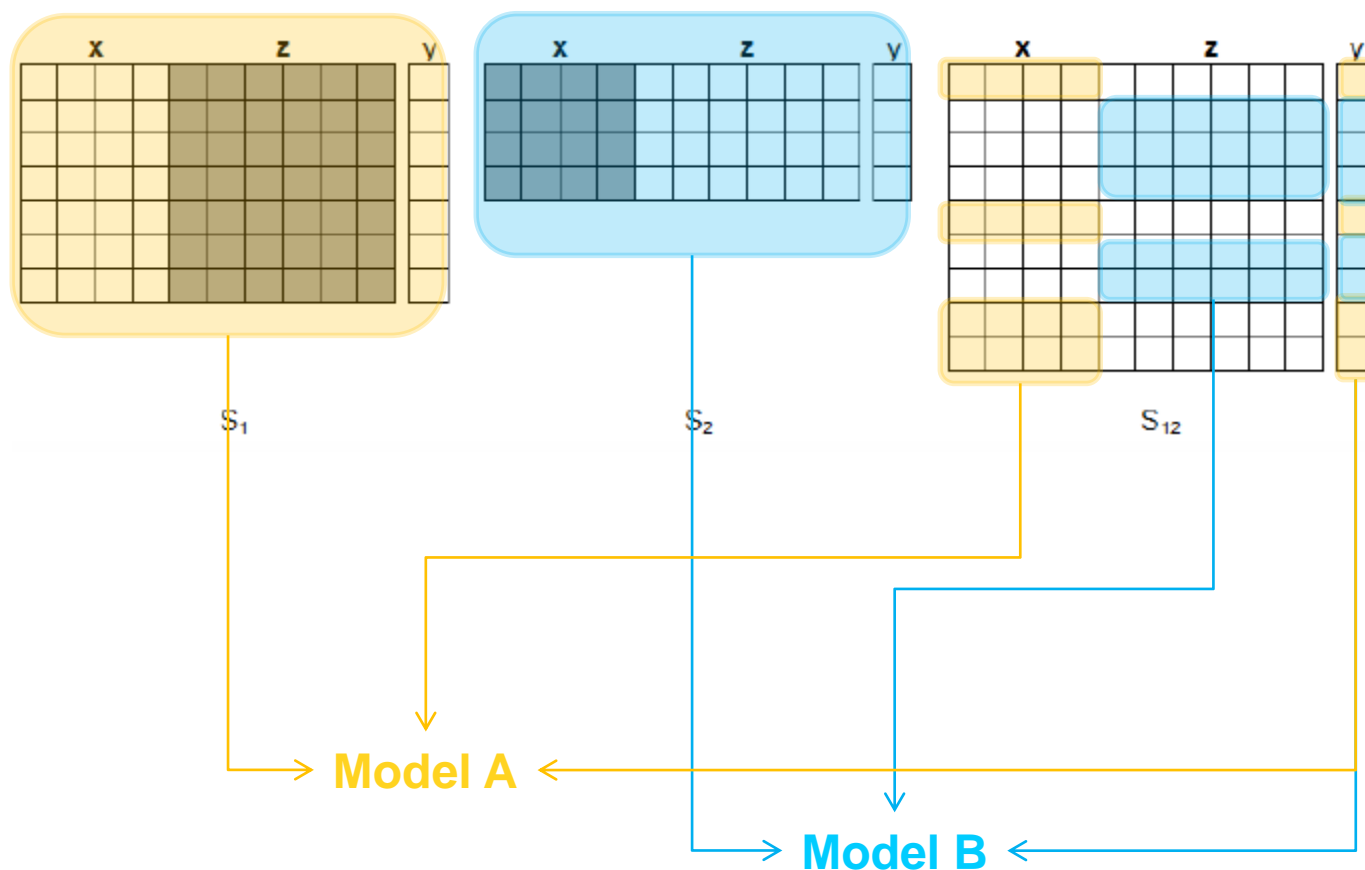
MOL.LA initialization





BI-RADS classification

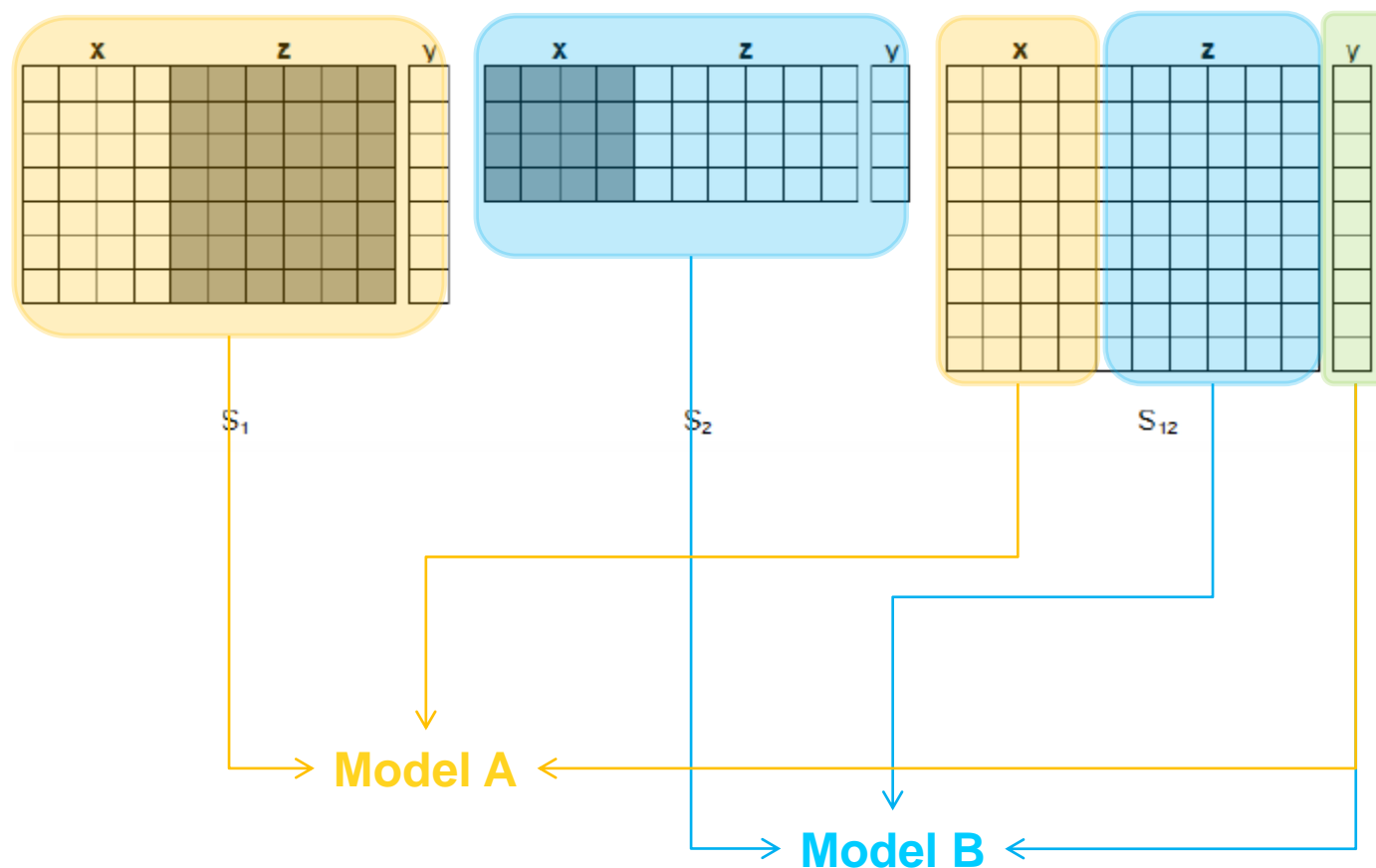
MOL.LA subsequent iterations





BI-RADS classification

MOL.CD initialization

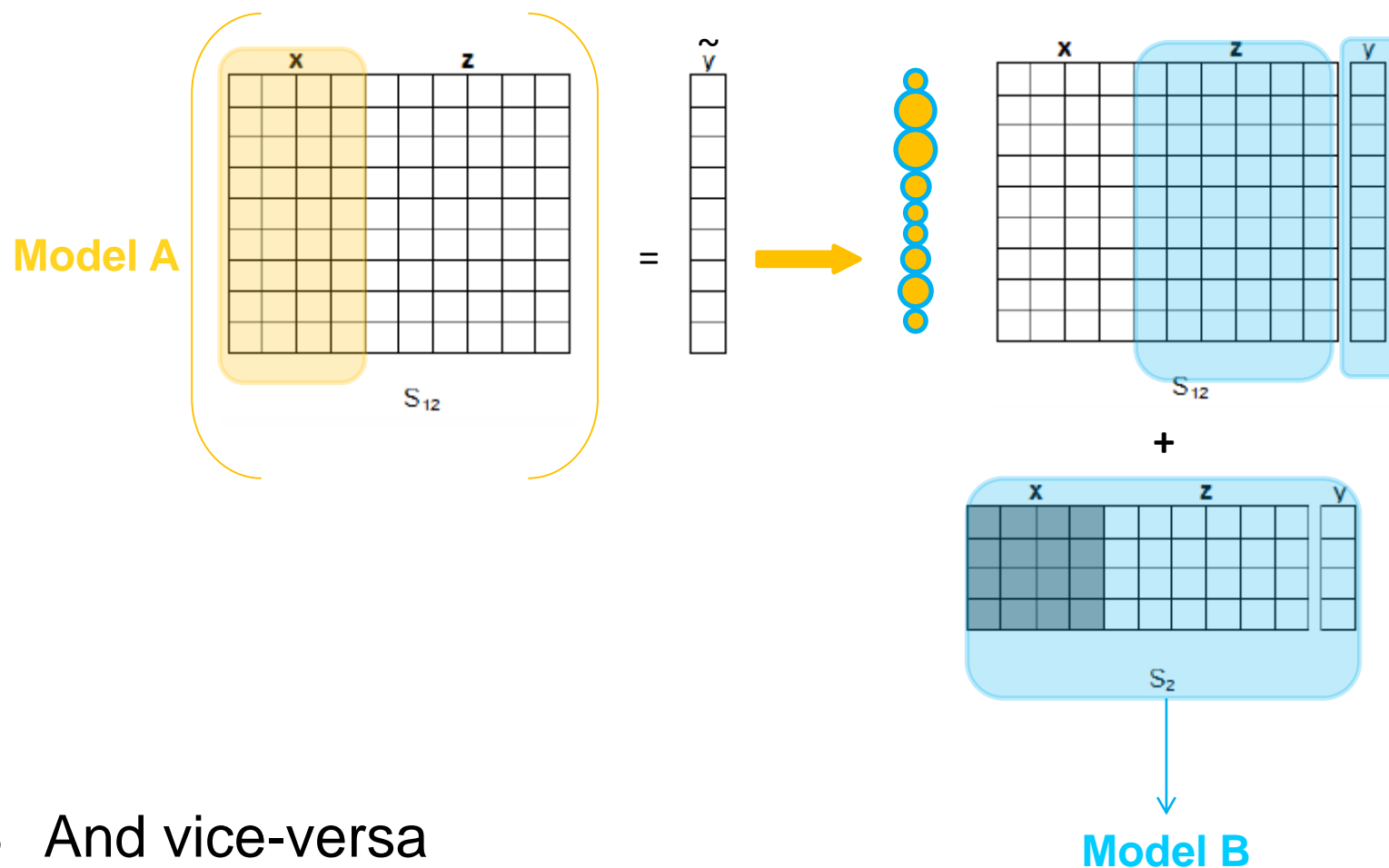




BI-RADS classification

MOL.CD subsequent iterations

- Consider **Model A** fixed and update **Model B**



- And vice-versa



BI-RADS classification

Experiments

- Two kernels
 - Linear & Radial Basis Function
- Model parameterization selection
 - two-fold cross-validation
- Non-ordinal extension from binary to multi-class
 - one-against-one
 - instantiated with SVMs
- Ordinal methods
 - Frank and Hall
 - instantiated with SVMs
 - Data replication
 - instantiated with SVMs
 - KDLOR
 - instantiated LDA



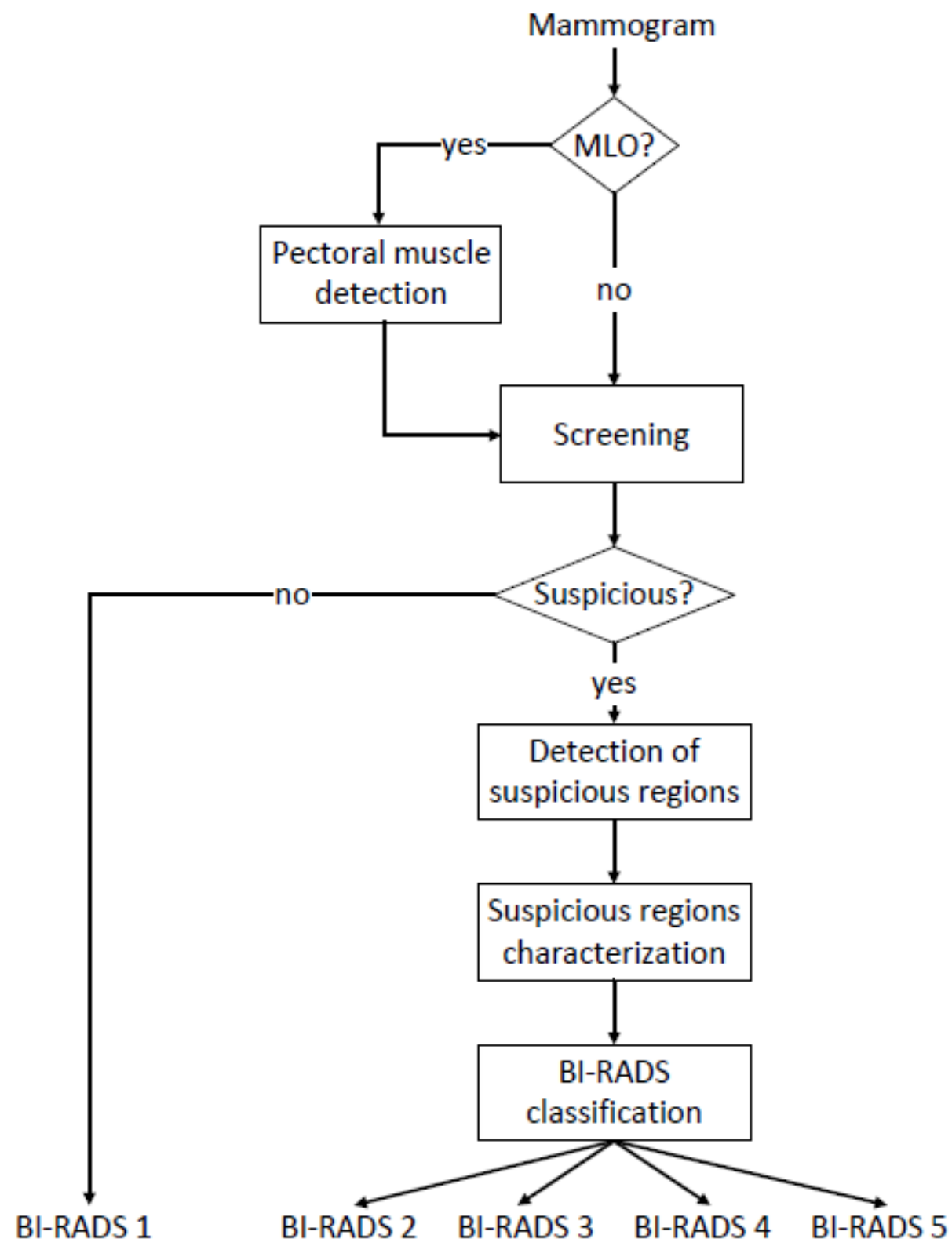
BI-RADS classification

Results

		Mass contours	
		Ground truth	CaPTOR
Baseline techniques	Standard Model	15	13
	Tri-Training	17	16
	Non-ordinal	10	7
MOL.LA	Frank&Hall	9	7
	Data Replication	7	8
MOL.CD	Frank&Hall	9	7
	Data Replication	9	7

- Automatic segmentation does **not** seem to negatively affect classification results
- Both the MOL.LA and MOL.CD techniques perform better than the standard methods
 - It is sufficient to test and compare MOL.LA and MOL.CD

Outline



Putting all together



Component	Ground truth	Automatic
Pectoral muscle detection	AOM = 0.65	
	CM = 0.77	
	AD = 0.06	
	AMED = 0.07	
	HD = 0.17	
Screening	TPr = 0.92	TPr = 0.82
	TNr = 0.18	TNr = 0.33
	FNr = 0.08	FNr = 0.17
	FPr = 0.82	FPr = 0.67
Calcification detection	Sensitivity = 56.4 %	Sensitivity = 63.8 %
	FP = 47	FP = 49
Mass detection	Sensitivity = 47.6 %	Sensitivity = 48.8 %
	FP = 4	FP = 4
BI-RADS classification	MAE = 10 %	MAE = 88 %

Thank you!

Questions?

