Predicting Malignancy from Mammography Findings and Image Guided Core Biopsies





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Outline

- Breast Cancer
- Objectives
- Dataset
- Methodology
- Results and Analysis
- *MammoClass* (online application)
- Conclusions and Future Work



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Breast Cancer

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Breast Cancer



- USA:
 - 1 woman dies of breast cancer every 13 minutes
 - In 2011:
 - 230.480 invasive cancers
 - 39.520 (≈ 17%) expected to die

Source: *U. S. Breast Cancer Statistics* – accessed June 2013

- Portugal:
 - Per year:
 - 4500 new cases
 - 1500 deaths (33%)

Source: *Liga Portuguesa Contra o Cancro* – accessed June 2013



Breast Screening Programs



• Reduction of death rate in 30%

• Mammography:

The cheapest and most eficient method to detect cancer in a preclinical stage



Mammography



Nodule/Mass:

Solid lesion with more than 1 cm of width and usually well defined.

Also known as tumour.



Mammography





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• in P. Ferreira, et al., "**Studying the relevance of Breast Imaging Features**", in Proc. International Conference on Health Informatics (HEALTHINF), 2011.





 Build classifiers capable of predicting mass density and malignancy from a reduced set of mammography findings



Reduce the number of unnecessary biopsies



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Dataset



- Source:
 - Ryan Woods (M.D.)
 - Elizabeth Burnside (M.D.)





- 348 cases
- Each case refers to a breast nodule **retrospectively** classified according to BI-RADS[®] system
- From mammographies results
- Collected between October 2005 and December 2007



Attributes

13 attributes

age_at_mammo CLOCKFACE_LOCATION_OR_REGION

MASS_SHAPE

MASS_MARGINS

SIDE

DEPTH

MASS_MARGINS_worst

QUADRANT_LOCATION_def

SIZE

OVERALL_BREAST_COMPOSITION

Density_num

retro_density

outcome_num





Masses classification

Prospective

Retrospective

- Classification of feature mass density just by one radiologist:
 - low density;
 - iso-dense;
 - high density;
- **Brief** and superficial medical **report** (at the time of imaging);
- Classification under stress.



- Classification by a group of experienced physicians that re-assess all exams;
- Review of mass density classification made by radiologist (prospective study);
- Classification without stress;
- **Reference standard** for **mass density**.





Masses classification



(**prospectively** classified)



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Methodology



• WEKA

- Paired Corrected T-Tester
 - Significance level: 0.05





Methodology - Experiments

10 x stratified. c. v.



- **E**₁ Predicting malignancy with *retro_density*
- E₂ Predicting malignancy with *density_num*
- $\mathbf{E_3}$ Predicting malignancy without mass density
- E₄ Predicting *retro_density**
- **E**₅ Predicting *density_num**

* in all experiments the *low* and *iso* densities were merged into a single class



Methodology - Algorithms applied

- ZeroR (baseline classifier)
- OneR
- DTNB
- PART

rules

- J48
- DecisionStump
- RandomForest
- SimpleCart
- NBTree

trees

- NaiveBayes
- BayesNet (TAN)

bayes

• SMO functions

internal parameter variation



Results





10 x stratified. c. v.



| | Exp. | Algorithm | CCI | K | F | AUROC |
|-----------------------|------|------------|------------------|-----------------|-----------------|-----------------|
| D 11 11 | E1 | SMO | 85.6±7.3 | 0.69±0.16 | 0.80 ± 0.11 | 0.84 ± 0.08 |
| Predicting malignancy | E1 | DTNB | 81.6 ± 8.2 | 0.60 ± 0.18 | 0.74 ± 0.13 | 0.88 ± 0.07 |
| with retro_density | E1 | NaiveBayes | 81.3±9.5 | 0.61 ± 0.20 | 0.76 ± 0.12 | 0.88 ± 0.08 |
| | E1 | J48 | 80.7±9.3 | 0.59 ± 0.20 | 0.75 ± 0.13 | 0.79 ± 0.11 |
| | E2 | SMO | 83.9±7.7 | 0.66±0.17 | 0.78 ± 0.11 | 0.82 ± 0.08 |
| | E2 | NaiveBayes | 80.3±9.3 | 0.59 ± 0.19 | 0.75 ± 0.12 | 0.87 ± 0.09 |
| | E2 | DTNB | 79.8±9.5 | 0.56 ± 0.21 | 0.72 ± 0.15 | 0.86±0.09 |
| | E2 | J48 | 75.4±9.5 | 0.47 ± 0.21 | 0.65 ± 0.15 | 0.73 ± 0.12 |
| | E3 | SMO | 83.8±7.7 | 0.65 ± 0.17 | 0.78 ± 0.11 | 0.82 ± 0.09 |
| | E3 | J48 | 76.3±9.9 | 0.49 ± 0.22 | 0.67 ± 0.15 | 0.76 ± 0.13 |
| | E3 | NaiveBayes | 76.2±9.9 | 0.51 ± 0.20 | 0.71 ± 0.13 | 0.85 ± 0.09 |
| | E3 | DTNB | $75.7_{\pm 9.0}$ | 0.48 ± 0.19 | 0.67 ± 0.13 | 0.81 ± 0.10 |
|] | E4 | SMO | $81.3_{\pm 8.2}$ | 0.52 ± 0.21 | 0.64 ± 0.17 | 0.75 ± 0.11 |
| Predicting | E4 | J48 | 74.4 ± 8.8 | 0.32 ± 0.24 | 0.47 ± 0.21 | 0.67 ± 0.15 |
| retro_density | E4 | DTNB | 73.5 ± 10.0 | 0.34 ± 0.24 | 0.51 ± 0.19 | 0.76 ± 0.12 |
| | E4 | NaiveBayes | 72.8±9.9 | 0.37 ± 0.23 | 0.56 ± 0.18 | 0.77 ± 0.11 |
| | E5 | NaiveBayes | 67.2 ± 12.1 | 0.33 ± 0.25 | 0.62 ± 0.15 | 0.72 ± 0.14 |
| | E5 | SMO | 66.8±10.7 | 0.31 ± 0.22 | 0.55 ± 0.16 | 0.65 ± 0.11 |
| | E5 | J48 | 63.6±10.1 | 0.26 ± 0.21 | 0.56 ± 0.15 | 0.62 ± 0.13 |
| | E5 | DTNB | 62.1 ± 11.9 | 0.22 ± 0.24 | 0.54 ± 0.16 | 0.64 ± 0.14 |



Predicting density





10 x stratified. c. v.

E₄ – Predicting *retro_density*

SVM's

CCI: 81.3% (+/-8.2)

Sens: 0.57 (+/- 0.20)

Spec: 0.92 (+/- 0.07)

F: 0.64 (+/-0.17)

Radiologist' s accuracy = 70 % Classifier ≈ 81 %









TEST

• E_6 – Predicting *retro_density* (model E_4 applied)

SVM's

CCI: 84.5% Sens: 0.57 Spec: 0.90 F: 0.55



CCI: 81.3% (+/-8.2) Sens: 0.57 (+/- 0.20) Spec: 0.92 (+/- 0.07) F: 0.64 (+/- 0.17)



Predicting malignancy





10 x stratified. c. v.

• **E**₁ – Predicting malignancy with *retro_density*

SVM's

CCI: 85.6% (+/-7.3) Sens: 0.78 (+/- 0.15) Spec: 0.91 (+/- 0.07) F: 0.80 (+/- 0.11)



0.0

0.2

0.4

Cutofi

0.6

0.8

1.0





CCI: 85.6% (+/-7.3) Sens: 0.78 (+/- 0.15)

Spec: 0.91 (+/- 0.07) F: 0.80 (+/- 0.11)

180

SVM's

Results - Experiments

TEST

• **E**₈ – Predicting malignancy with *retro_density* (model E₁ applied)





MammoClass

• Online application freely available at:

<u>http://cracs.fc.up.pt/mammoclass/</u>

MammoClass

Classification of a mammogram based in a reduced set of mammography findings

To obtain a prediction in terms of malignancy for a certain mass is only necessary to provide the values of the findings, annotated through the Breast Imaging Reporting and Data System (BIRADS), in the form bellow. It is also possible to get a prediction of the attribute *mass density* in case this feature is not known.

The output will indicate the probability of a certain mass being benign or malignant. In the latter case it is suggested that the patient should perform a biopsy. The probabilities are computed using machine learning models built as described in:

• P.Ferreira, N. A. Fonseca, I. Dutra, R. Woods, and E. Burnside, **Predicting Malignancy from Mammography Findings and Surgical Biopsies**

Enter Data

| Patient's age | |
|-------------------------|----------------|
| Mass size | |
| Breast Composition | Select a value |
| Mass shape | Select a value |
| Mass clockface location | Select a value |
| Mass margins (1) | Select a value |
| Mass margins (2) | Select a value |



Conclusions and Future Work

- a) We built **models** that **predict malignancy and mass density** based on mammography findings;
- b) Machine learning **classifiers** to **predict mass density** may **aid radiologists** during the prospective mass classification
- c) One of our classifiers can **predict malignancy even in the absence of mass density**, since we can **fill up** this **attribute** using our **mass density predictor**.



Conclusions and Future Work

a) Apply other machine learning techniques based on statistical relational learning;

b) Investigate how **other features** can affect malignancy or are related to the other attributes.



Future Work - Challenges

Correct **classification of BIRADS** categories:

BIRADS 539 instancesBIRADS 4131 instancesBIRADS 0178 instances

Problems:

- multi-class problem
- classes not balanced



Future Work - Challenges

Correct **classification of BIRADS** categories:

BIRADS 5 39 instances BIRADS 4 3131 instances BIRADS 0 178 instances 348 cases

Approaches:

- oversampling
- undersampling
- nested cross-validation on 348 cases (best results so far)
- cost-sensitive learning (to be applied)



Future Work - Challenges

Correct **classification of BIRADS** categories:

BIRADS 5 \Rightarrow 39 instancesBIRADS 4 \Rightarrow 131 instancesBIRADS 0 \Rightarrow 178 instances

• **nested cross-validation** on 348 cases (best results so far)



- PPV = 0.67 (B5)PPV = 0.06 (B4)PPV = 0.09 (B3)
- in G. Kennedy, et al., "**Predictive value of BI-RADS classification for breast** imaging in women under age 50", in Breast Cancer Res Treat, 2011.

Thank you!





http://cracs.fc.up.pt/mammoclass

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Appendices



Data distribution

• 348

| 348 | retro_ | | |
|-------------|------------|-------------|-------------|
| outcome_num | high iso | | Total |
| malignant | 59 (70.2%) | 59 (22.3%) | 118 (33.9%) |
| benign | 25 (29.8%) | 205 (77.7%) | 230 (66.1%) |
| Total | 84 (24.1%) | 264 (75.9%) | |



Data distribution

• 180

| 180 | retro_ | | |
|-------------|------------|-------------|-------------|
| outcome_num | high | iso | Total |
| malignant | 42 (75.0%) | 29 (23.4%) | 71 (39.4%) |
| benign | 14 (25.0%) | 95 (76.6%) | 109 (60.6%) |
| Total | 56 (31.1%) | 124 (68.9%) | |

| 180 | densit | | |
|-------------|------------|------------|-------------|
| outcome_num | high | iso | Total |
| malignant | 51 (63.0%) | 20 (20.2%) | 71 (39.4%) |
| benign | 30 (37.0%) | 79 (79.8%) | 109 (60.6%) |
| Total | 81 (45.0%) | 99 (55.0%) | |



Data distribution

• 168

| 168 | retro_ | | |
|-------------|------------|-------------|-------------|
| outcome_num | high iso | | Total |
| malignant | 17 (60.7%) | 30 (21.4%) | 47 (28.0%) |
| benign | 11 (39.3%) | 110 (78.6%) | 121 (72.0%) |
| Total | 28 (16.7%) | 140 (83.3%) | |