

Studying the relevance of Breast Imaging Features

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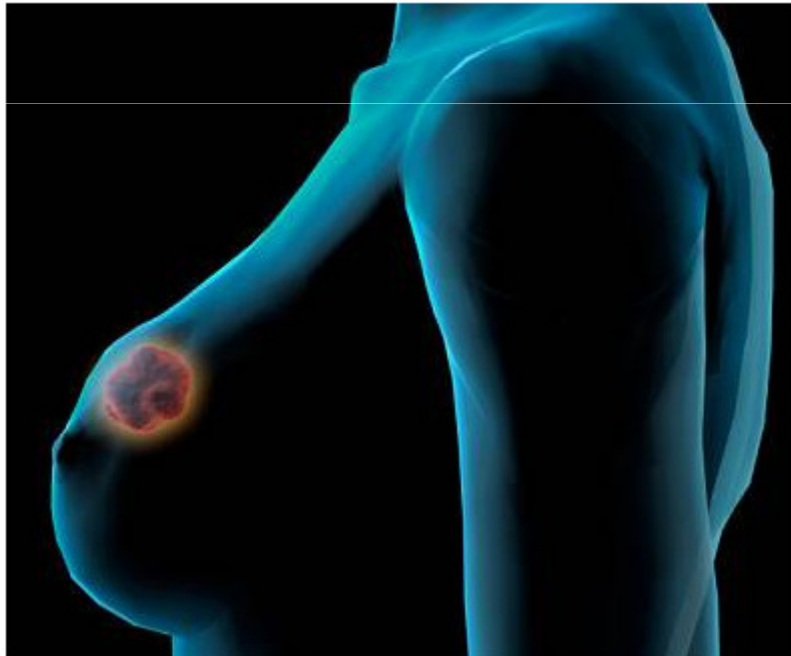
Outline

- Breast Cancer
- Objectives
- Data
- Methodology
- Results and Analysis
- Conclusions and Future Work

Outline

- **Breast Cancer**
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Breast Cancer



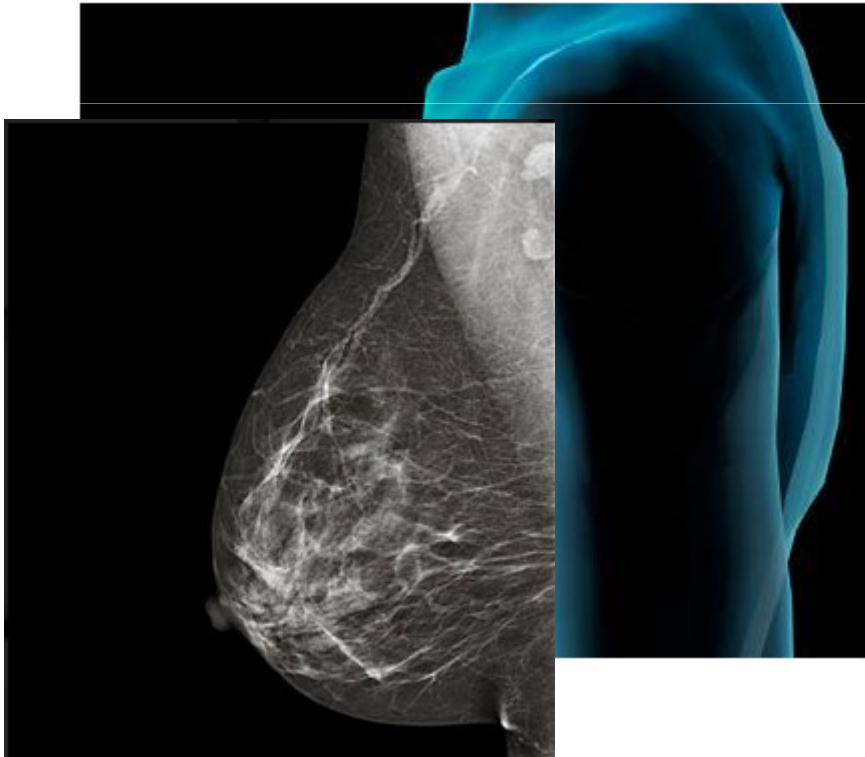
- USA:
 - 1/8 women develops breast cancer
 - In 2006:
 - 191.410 with cancer
 - 40.820 (\approx 21%) died

Source: *U. S. Cancer Statistics Working Group* -
October 2010

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

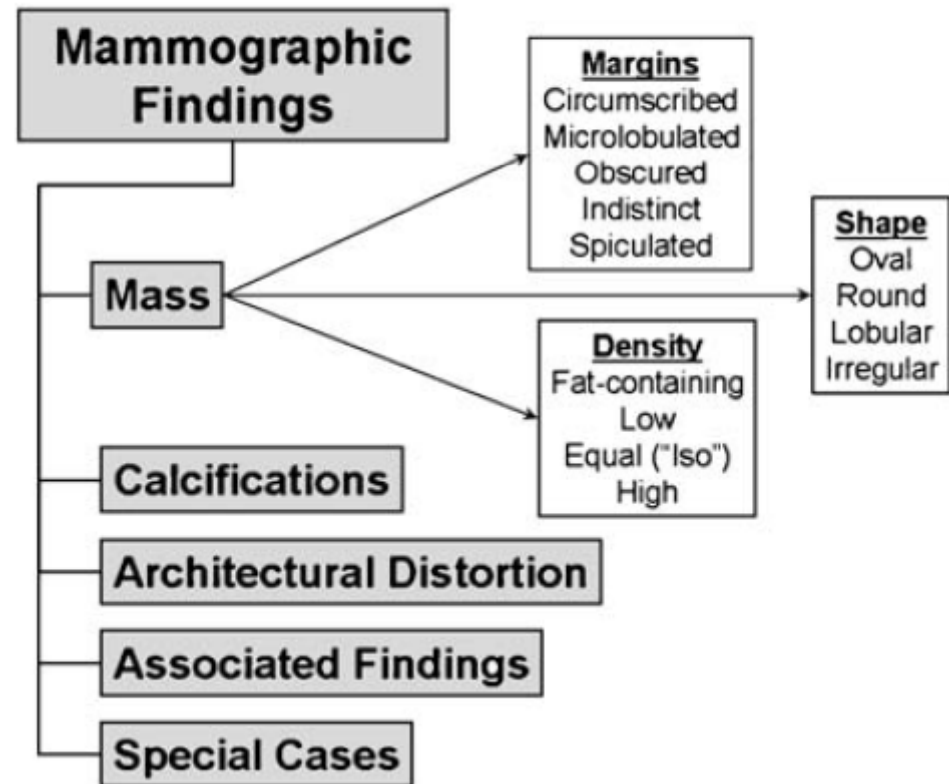
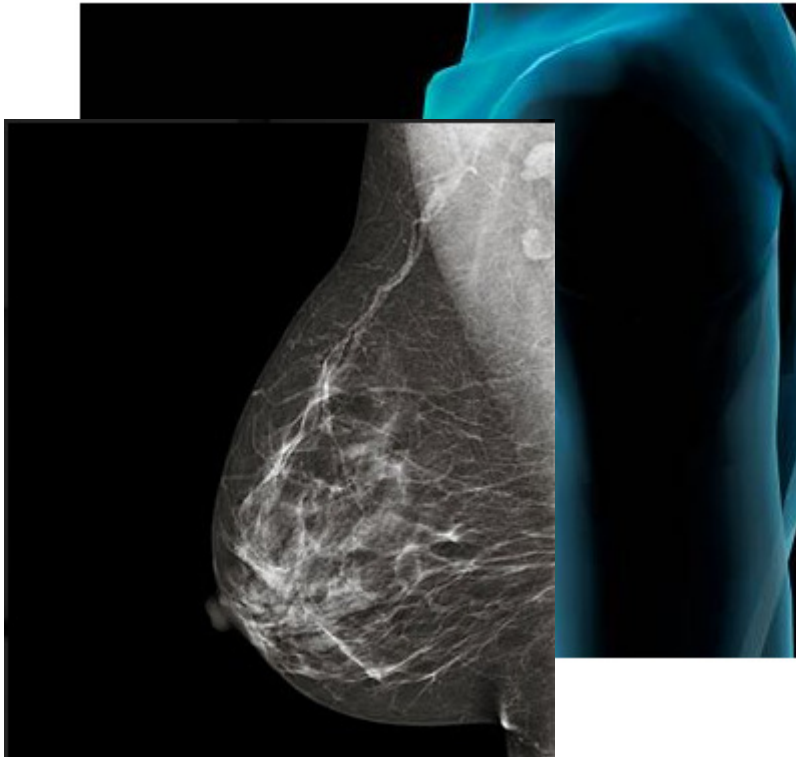
Source: *Liga Portuguesa Contra o Cancro* -
October 2010

Breast Screening Programs



- Reduction of death rate in 30%
- **Mammography:**
The cheapest and most efficient method to detect cancer in a preclinical stage

Mammography



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Objectives

- Study the influence of **mass density** when predicting malignancy
- Find relations among features
 - Machine Learning techniques
- “Learn” models capable of helping physicians in the analysis of thousands of mammographies

Objectives

- Try to build classifiers capable of predicting **mass density** and **malignancy**



- Reduce the number of unnecessary biopsies

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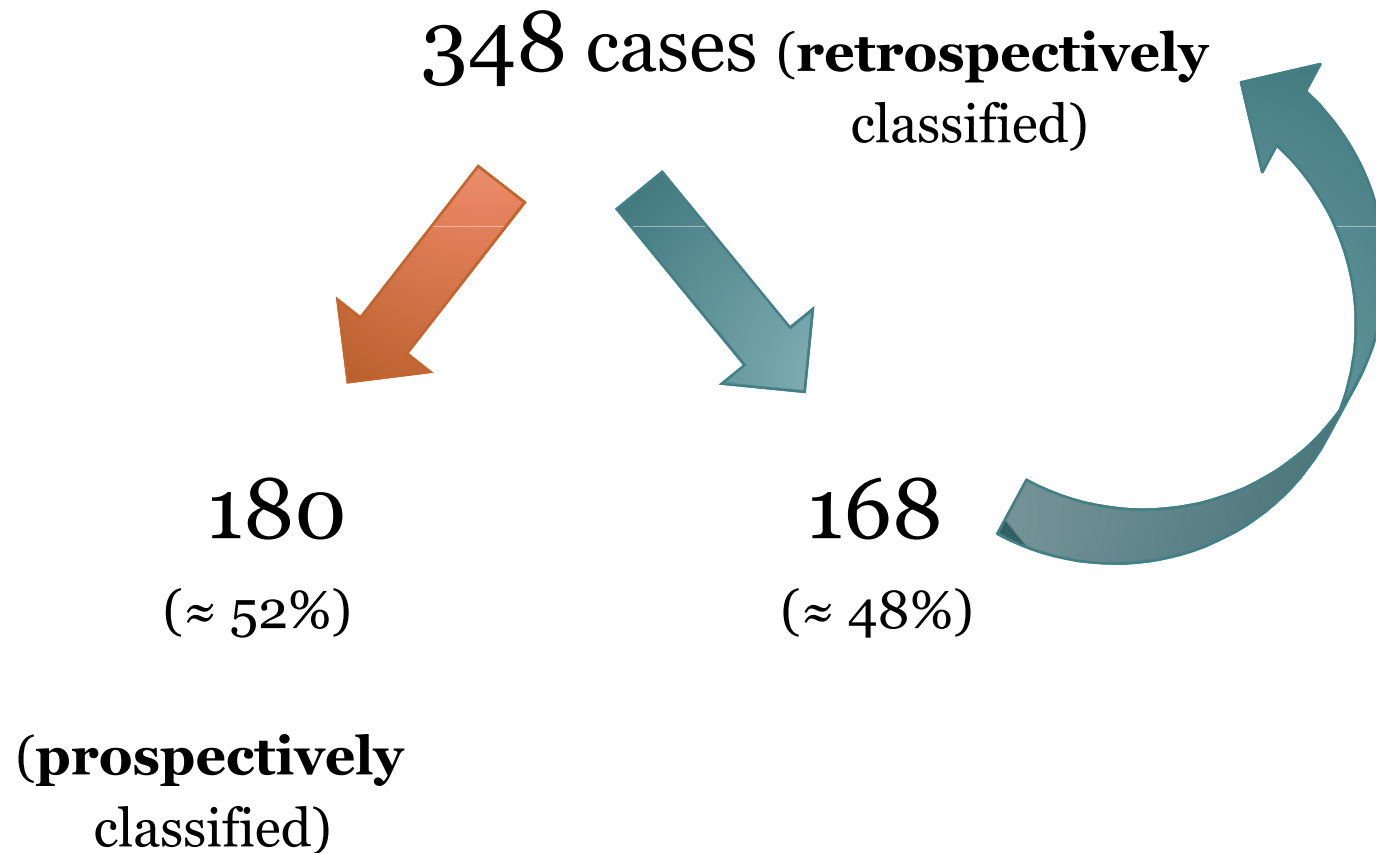
Data



- Provided by:
 - Dr. Ryan Woods
 - Dra. Elizabeth Burnside
- 348 cases
- Each case refers to a breast nodule **retrospectively** classified according the BI-RADS[®] system
- From mammographies results
- Collected between October 2005 and December 2007



Masses classification



Masses classification

Prospective

- **Classification** of feature **mass density** for 180 cases **just by one radiologist**:
 - low density;
 - iso-dense;
 - high density;
- **Brief** and superficial medical **report** (at the time of imaging);
- **Classification under stress.**

↓ mass density

density_num

Retrospective

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


↓ mass density

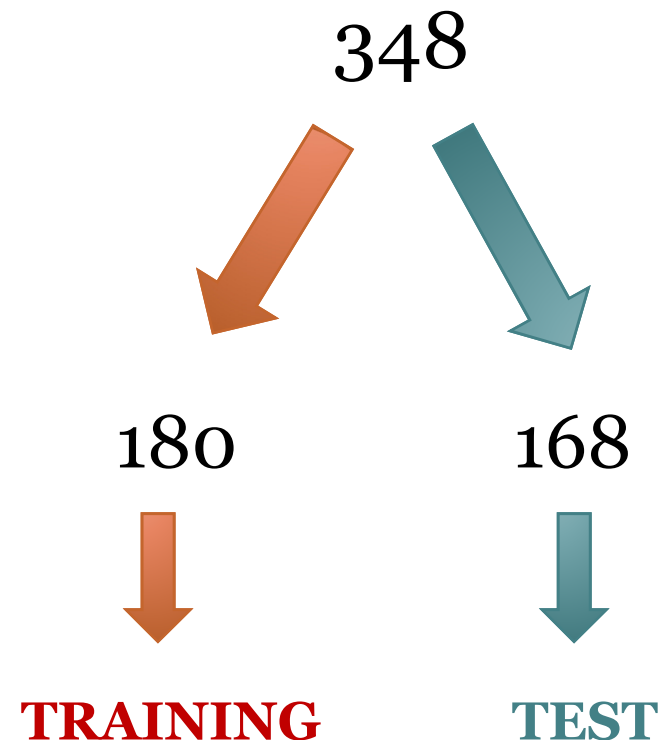
retro_density

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Methodology

- WEKA
- Paired Corrected T-Tester
 - **Significance level: 0.01**
- **10-fold stratified cross-validation** 



Results and Analysis

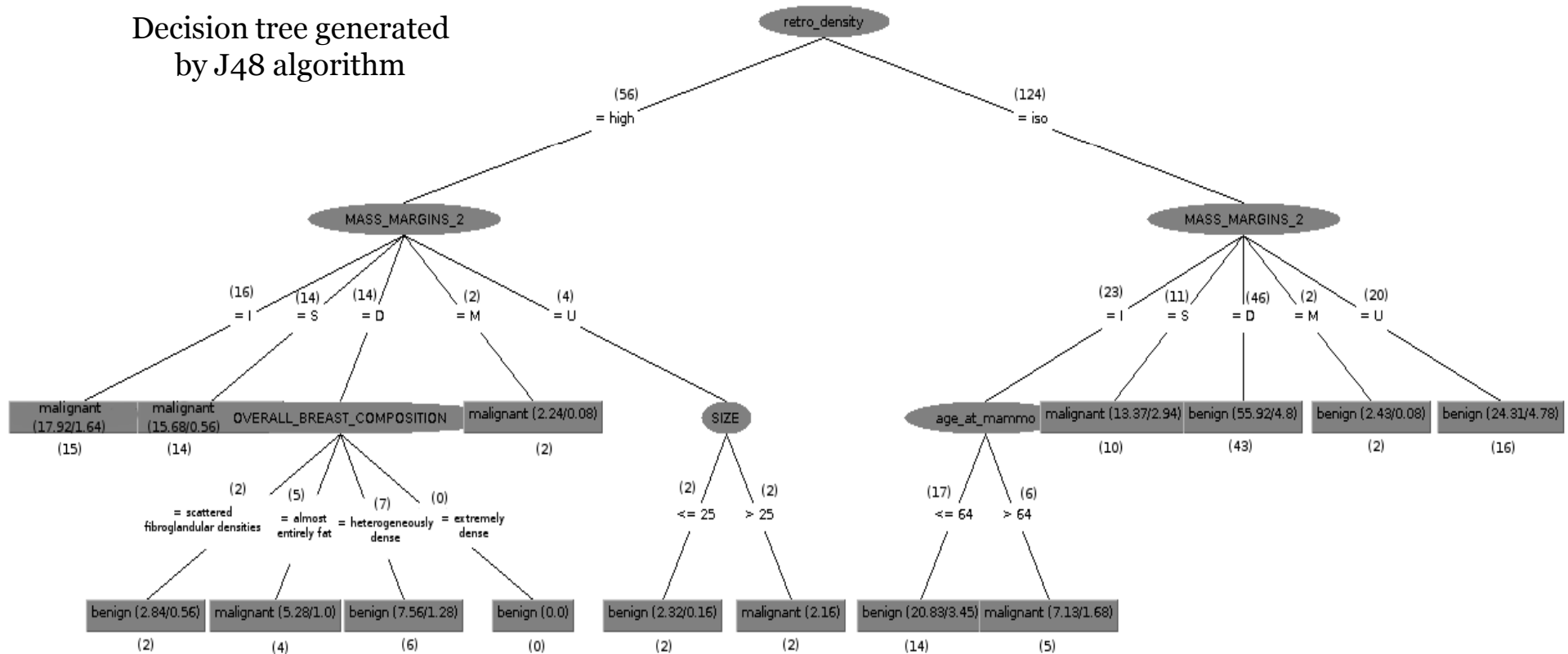
- **Q₁** – Is mass density predictive of malignancy?
Prediction of malignancy with and without mass density **180**
- **Q₂** – Can we obtain classifiers that predict mass density as well as a radiologist?
Prediction of mass density **180**
- **Q₃** – Can the generated classifiers behave well on unseen data?
Prediction of mass density **168**
Prediction of malignancy with and without mass density

Results and Analysis

- **Q₁** – Is mass density predictive of malignancy?
Prediction of malignancy with and without mass density **180**
- **Q₂** – Can we obtain classifiers that predict mass density as well as a radiologist?
Prediction of mass density 180
- **Q₃** – Can the generated classifiers behave well on unseen data?
Prediction of mass density 168
Prediction of malignancy with and without mass density

Q₁ - Predicting malignancy with *retro_density* (E₁)

Decision tree generated
by J48 algorithm



SVM's

Metric	Prediction of malignancy		
	with mass density		E_3 without mass density
	E_1 Retrospective (<i>retro_density</i>)	E_2 Prospective (<i>density_num</i>)	
Corrected Classified Instances	84.78% (+/- 7.96)	82.72% (+/- 8.32)	81.39% (+/- 8.81)
Kappa Statistic	0.68 (+/- 0.17)	0.63 (+/- 0.17)	0.60 (+/- 0.18)
F-Measure	0.80 (+/- 0.11)	0.77 (+/- 0.11)	0.75 (+/- 0.12)



- **Mass density** has some **influence** when predicting **malignancy**, especially if we use density from the retrospective study (E_1)
- (E_1) -> *retro_density* -> CCI = 84.78% (+/- 7.96)
K = 0.68 (+/- 0.17)
- (E_3) -> without density -> CCI = 81.39% (+/- 8.81)
K = 0.60 (+/- 0.18)

Results and Analysis

- Q_1 – Is mass density predictive of malignancy?
Prediction of malignancy with and without mass density 180
- Q_2 – Can we obtain classifiers that predict mass density as well as a radiologist?
Prediction of mass density 180
- Q_3 – Can the generated classifiers behave well on unseen data?
Prediction of mass density 168
Prediction of malignancy with and without mass density

Q₂ - Can we obtain classifiers that predict mass density as well as a radiologist?

- 70% of masses classified by the radiologist in the prospective study (180 findings) agreed to the classified masses in the retrospective study
 - **Radiologist's accuracy: 70%**

naïve Bayes

180	Prediction of mass density
Metric	E_4 <i>retro_density</i>
Corrected Classified Instances	72.83% (+/- 9.89)
Kappa Statistic	0.37 (+/- 0.23)
F-Measure	0.56 (+/- 0.18)

Results and Analysis

- **Q₁** – Is mass density predictive of malignancy?
Prediction of malignancy with and without mass density 180
- **Q₂** – Can we obtain classifiers that predict mass density as well as a radiologist?
Prediction of mass density 180
- **Q₃** – Can the generated classifiers behave well on unseen data?
Prediction of mass density 168
Prediction of malignancy with and without mass density

Q₃ - Can the generated classifiers data?

naïve Bayes

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naïve Bayes

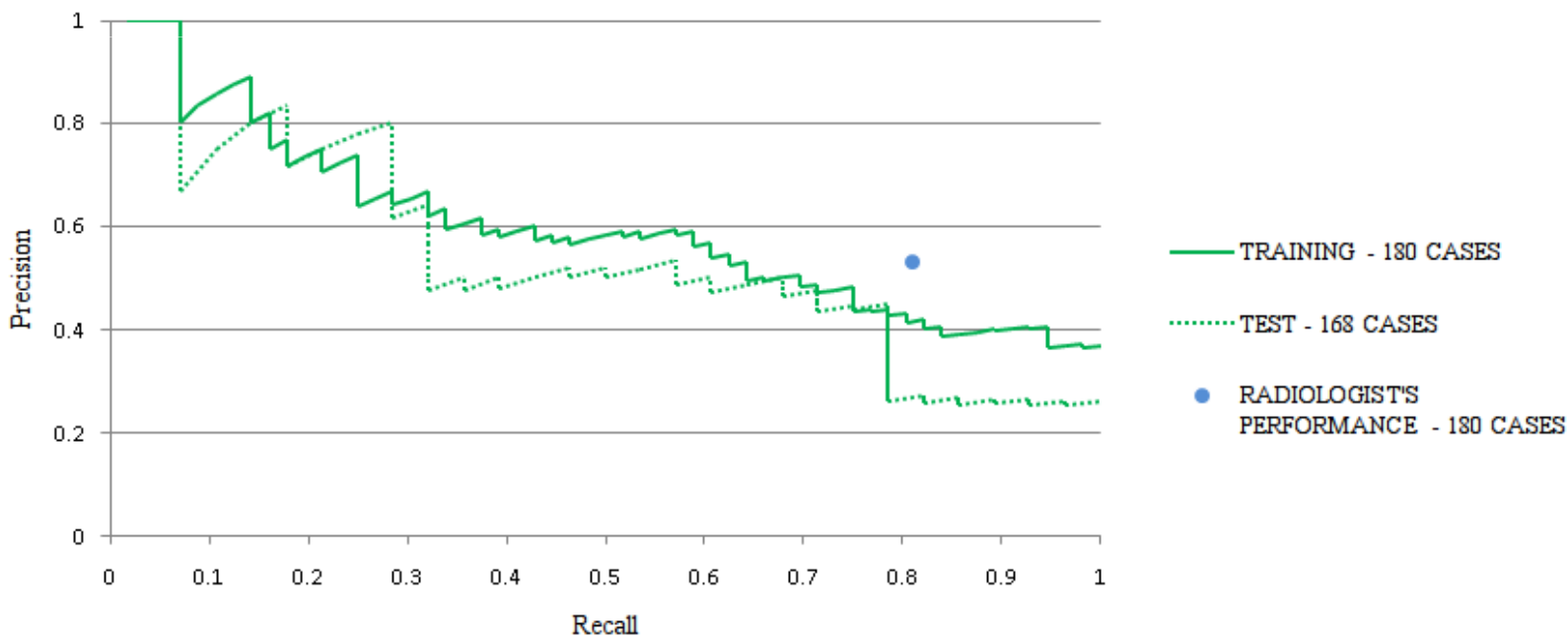
168	Prediction of mass density
Metric	E_6 <i>retro_density</i>
Corrected Classified Instances	82.14%
Kappa Statistic	0.45
F-Measure	0.56

- Classifier based on *naïve Bayes* algorithm

Summary (Predicting density - class *high*)

Precision-Recall Curves

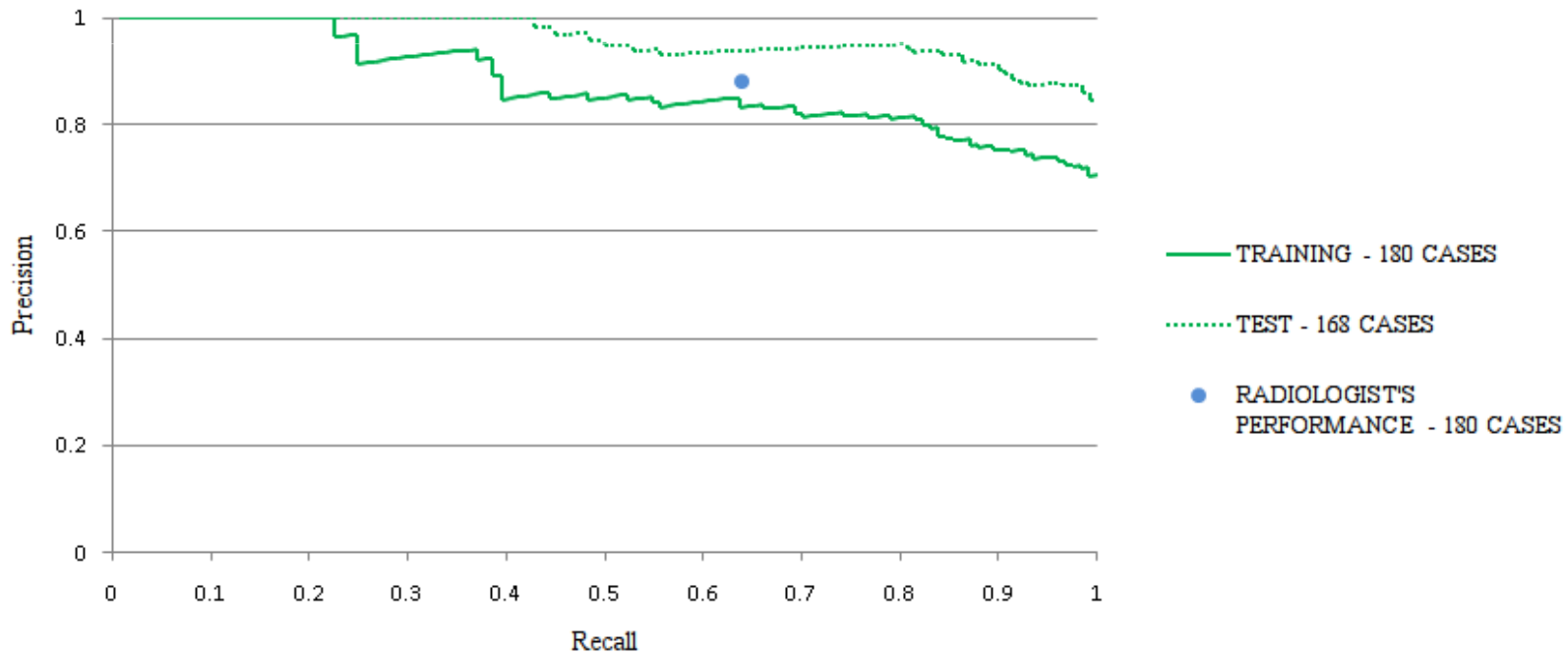
naive Bayes predicting retro_density
(class *high*)



Summary (Predicting density - class *iso*)

Precision-Recall Curves

naïve Bayes predicting *retro_density*
(class *ISO*)



Q₃ - Can the generated classifiers behave well on unseen data?

168	Prediction of malignancy		
	with mass density		E_{11}
Metric	E_g Retrospective (real values)	E_g Retrospective (predicted values by classifier <i>naive Bayes</i>)	without mass density
Corrected Classified Instances	81.55%	79.76%	77.38%
Kappa Statistic	0.52	0.48	0.42
F-Measure	0.64	0.62	0.57

- Classifiers based on **SVM's**

Conclusions and Future Work

- a) Automatic classification of a mammography can achieve results as good as specialists;
- b) Mass density seems to be a good evidence of malignancy;
- c) Using machine learning classifiers to predict mass density can reach equal or better results than the ones obtained by radiologists.

Conclusions and Future Work

- a) Extend this work to larger and geographically distinct datasets ;
- b) Apply other machine learning techniques based on statistical relational learning;
- c) Investigate how other features can affect malignancy or are related to the other attributes;
- d) Incorporate the generated models into a mammography classification system.

Thank you!



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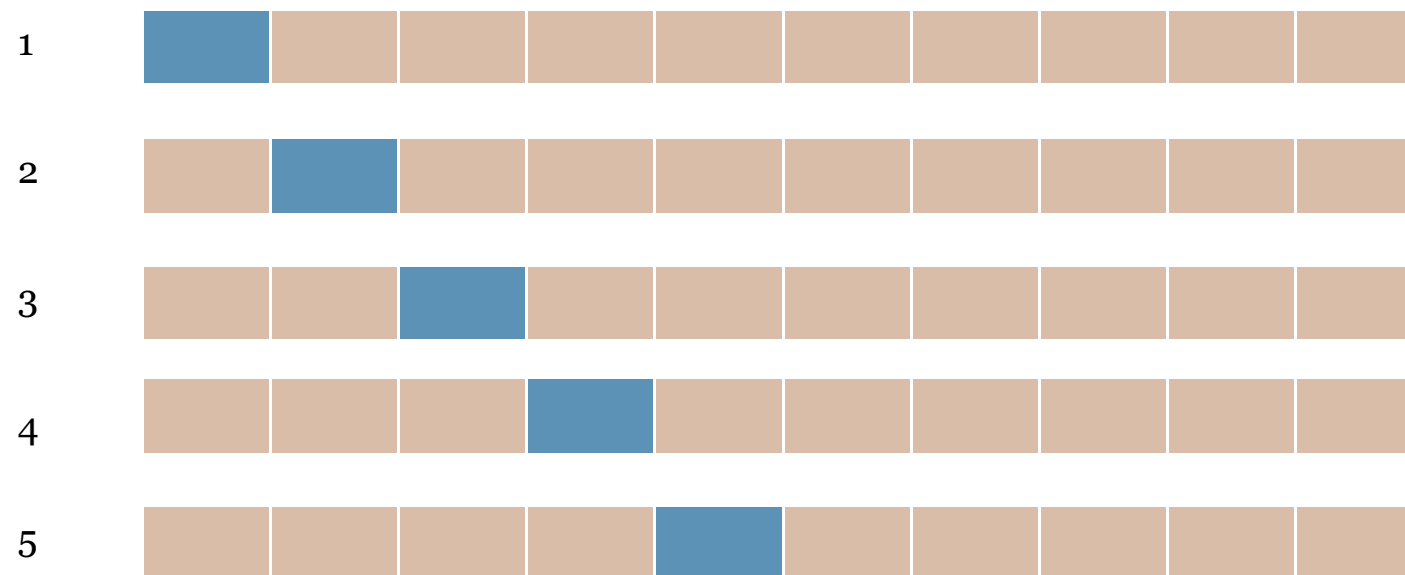
<http://cracs.fc.up.pt>

Appendices

Methodology

10-fold stratified cross-validation

Iteration



(...)

(...)

Training



Test



Data distribution

- 348

348	<i>retro_density</i>		Total
<i>outcome_num</i>	<i>high</i>	<i>iso</i>	
<i>malignant</i>	59 (70.2%)	59 (22.3%)	118 (33.9%)
<i>benign</i>	25 (29.8%)	205 (77.7%)	230 (66.1%)
Total	84 (24.1%)	264 (75.9%)	

Data distribution

- 180

180	<i>retro_density</i>		Total
<i>outcome_num</i>	<i>high</i>	<i>iso</i>	
<i>malignant</i>	42 (75.0%)	29 (23.4%)	71 (39.4%)
<i>benign</i>	14 (25.0%)	95 (76.6%)	109 (60.6%)
Total	56 (31.1%)	124 (68.9%)	

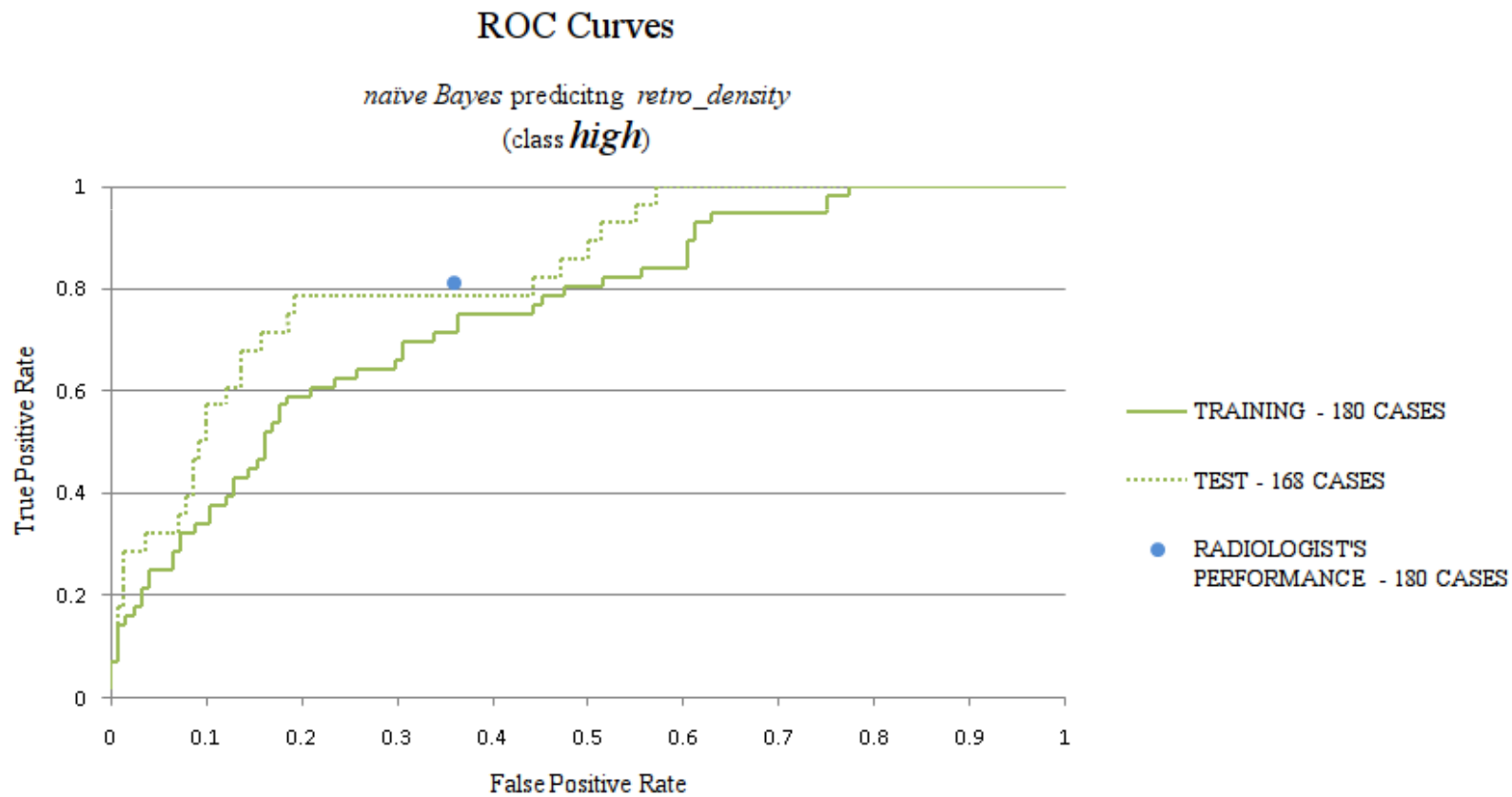
180	<i>density_num</i>		Total
<i>outcome_num</i>	<i>high</i>	<i>iso</i>	
<i>malignant</i>	51 (63.0%)	20 (20.2%)	71 (39.4%)
<i>benign</i>	30 (37.0%)	79 (79.8%)	109 (60.6%)
Total	81 (45.0%)	99 (55.0%)	

Data distribution

- 168

168	<i>retro_density</i>		Total
<i>outcome_num</i>	<i>high</i>	<i>iso</i>	
<i>malignant</i>	17 (60.7%)	30 (21.4%)	47 (28.0%)
<i>benign</i>	11 (39.3%)	110 (78.6%)	121 (72.0%)
Total	28 (16.7%)	140 (83.3%)	

ROC Curves (Predicting density - class *high*)



ROC Curves (Predicting density - class *iso*)

