Instituto Tecnológico y de Estudios Superiores de Monterrey

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Maestría en Ciencias en Intelligent Systems
Propuesta de Tesis

Early Detection and Diagnosis of Breast Cancer Lessions using Deep Convolutional Networks in Digital Mammograms

por

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Los miembros del comité de tesis recomendamos que la presente propuesta de Erick Michael Cobos Tandazo sea aceptada para desarrollar el proyecto de tesis como requisito parcial para obtener el grado académico de **Master in Science**, especialidad en:

Intelligent Systems

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2 Problem Definition

Breast cancer is the most commonly diagnosed cancer in woman and its death rates are among the highest of any cancer. It is estimated that about 1 in 8 U.S. women will be diagnosed with breast cancer at some point in their lifetime [4]. Early detection is key in reducing the number of deaths from breast cancer; detection in its earlier stage (in situ) increases the survival rate to virtually 100% [4].

With current technology, a high quality mammogram is "the most efective way to detect breast cancer early" [8]. Mammograms are X-ray images of each breast used by radiologists to search for early signs of cancer such as tumors or microcalcifications. About 85% of breast cancers can be detected with a screening mammogram [1]. This high sensitivity is the product of the careful examination of the mammograms by experienced radiologists. A computer-aided diagnosis tool (CAD) could automatically detect and diagnose these abnormalities saving the time and training needed by expert radiologists and avoiding any human error. Computer based approaches could also be used by radiologists as a help during the screening proccess or as a second informed opinion on a diagnostic.

CAD systems are based on image and classification techniques coming from Artificial Intelligence and Machine Learning. Traditional CAD tools for breast cancer diagnosis are composed of three steps: feature extraction, feature selection and classification. In the feature extraction phase, the system uses filters and image transformations to preprocess the mammogram and find geometric patterns which are used to produce a set of features for the image; expert knowledge is sometimes used in this phase. Feature selection or regularization is used to focus only on the important features for the classification task. Once a vector of features is obtained for each image, an standard binary classifier can be used to perform the final detection or diagnosis. These techniques have been used for many years and are standard in the industry [1].

Despite its widespread use and efficiency, systems based on traditional computer vision techniques have various limitations that should be addressed to further improve its performance:

- There is no standard way of preprocessing mammograms. Some filters are commonly used but their performances can vary.

- It uses handcrafted features. The features extracted from the image are chosen beforehand (maybe designed with the help of experts) and special filters and image techniques are used to extract them.

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[1] See [3] for an example of a CAD system developed in this institution.

- It normally uses a small patch of the mammogram and makes a prediction on that patch but it does not consider the entire mammogram neither to make a prediction on the patient or to account for correlation between patches.

- To produce good results it requires knowledge in various fields such as radiology, oncology, image processing, computer vision, machine learning, etc.

- It is composed of many sequential steps. At each stage, there are many techniques from which the researcher can choose and many parameters which have to be estimated. This represents a cost in time and results as it is improbable that the optimal selection of techniques and parameters is achieved.

- As it is a complex system with different subsystems involved many other issues can arise such as non desired or unknown dependencies between subsystems, difficulty to localize errors, maintainability, etc.

- The techniques currently used are complex but the improvements achieved are not substantial. Much work is needed to make only incremental improvements and it is hard to know to which part of the system dedicate more resources.

This project will center around using Convolutional Networks, a recent development in computer vision, to tackle some of these limitations, especifically automate preprocessing and feature extraction, use entire mammogram images and simplify the system pipeline by using a convolutional network as a replacement for many steps traditionally performed in succesion.

3 Objectives

The main goal of this work is to succesfully apply convolutional networks to detect and diagnose breast cancer signs, microcalcifications and masses, in mammograms.

Particularly, there are various subgoals which we expect to achieve as the project advances:

- Develop a working pipeline for processing the mammographic images from our database and training a convolutional network. Essentially, this tool could also be used for other image classification tasks.

- Kickstart the research on deep learning in the institution.

- Use a simple convolutional network to perform detection and diagnosis and study these initial results to guide further research.

- Show the viability of convolutional networks for breast cancer diagnosis.

- Use convolutional networks on an entire mammogram instead of only on small patches.

- Improve the performance of convolutional networks reported on the literature.

- Generate results that could result in a conference or journal article.

- Propose new ideas and methods for future research in the topic.

Initial exploratory research has not yet been performed and some of these particular objectives may be modified as the project progresses. Furthermore, some new research avenues could be taken if they seem promising, for instance, using convolutional networks with digital tomosynthesis images (3-dimensional X-ray images of the breast).

4   Hypotheses

Although a considerable amount of work on breast cancer detection and diagnosis has been done in the institution, this project will be the first approximation to using convolutional networks for efficiently detecting and diagnosing breast cancer. Convolutional networks are widely used for object recognition tasks and have shown very good results [10, 13, 2]. They have a big research community and have become one of the preferred methods to perform image classification tasks.

Due to the exploratory nature of this work we are not truly certain of the results that will be obtained. Nevertheless, we have a well established idea of what we expect to obtain. We will apply some of these newly developed techniques expecting to produce similar or better results than those obtained using more traditional computer vision techniques. We believe that implementing convolutional networks for mamographic images will not be very difficult as it has already been done (see Section 5.7). We do not think that a simple convolutional network will suffice to obtain acceptable results; we will need to use a more refined convolutional network with well fitted parameters.

4.1   Research Questions

Some of the questions which will be answered in this work are:

- Can we improve the results reported by other groups using convolutional networks? Is training a convolutional network on mammographic images better than computing numeric features from the mammograms and training a simple classifier?

- Is deep learning feasible with the resources we have? Is the data and computational power we posses enough? Is there any advantage to use GPU acceleration?

- Can we simplify the pipeline for breast cancer diagnosis? Can preprocessing be replaced by more layers on the same convolutional network? Could we use an entire mammogram for diagnosis instead of only small patches or could we automatically join results for small patches to generate results on the entire mammogram?

- What are the best parameters for our convolutional networks (number of layers, number of units, kernel sizes, regularization, activation functions, etc)? Is there a big improvement on refining the network and tuning parameters?

- What are the advantages of using a deep versus a shallow convolutional network?

- Could we use a convolutional network trained on a different database (such as the ImageNet database) to obtain features for mammographic images and use these features for classification?

- Are convolutional networks a good option for future research?

5 Background

We offer an introduction to some of the essential concepts needed to understand the rest of this document.

5.1 Breast Cancer

Cancer is an umbrella term to refer to a group of diseases caused by abnormal cell growth in different parts of the body. The accumulation of extra cells usually forms a mass of tissue called a *tumor*. Tumors can be benign or malignant: *benign tumors* are noncancerous, lack the ability to invade surrounding tissue and will not regrow if removed from the body; malignant or *cancerous tumors* are harmful, can invade nearby organs and tissues (*invasive cancer*), can spread to other parts of the body (*metastasis*) and will sometimes regrow when removed [5].

Breast cancer is the cancer that forms in tissues of the breast. The two most common types of breast cancer are *ductal carcinoma* and *lobular carcinoma*; these cancers begin in the breast ducts and lobules, respectively (see Fig. 1). Breast cancer *incidence rate*, the number of new cases in a specified population during a year, is the highest of any cancer among American women. Its *mortality rate*, the number of deaths during a year, is also one of the highest of any cancer [4].
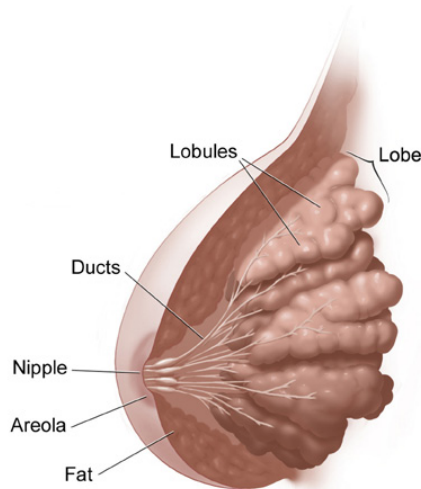

Figure 1: Anatomy of the female breast. Image courtesy of NCI [5].

The *cancer stage* depends on the size of the tumor and whether the cancer cells have spread to neighboring tissue or other parts of the body. It is expressed as a Roman numeral ranging from 0 through IV; stage I cancer is considered *early-stage breast cancer* and breast cancer at stage IV is considered *advanced*. Stage 0 describes non-invasive breast cancers, also known as *carcinoma in situ*. Stage I, II and III describe invasive breast cancer, i.e., cancer that has invaded normal surrounding breast tissue. Stage IV is used to describe metastatic cancer, i.e., breast cancer has spread beyond nearby tissue to other organs of the body.

5.1.1   Mammograms

A *mammogram* is an x-ray image of the breast. *Screening mammograms* (normally composed of two mammograms of each breast) are used to check for breast cancer signs on women who have not shown symptoms of the disease. If an abnormality is found, a *diagnostic mammogram* is ordered, these are detailed x-ray pictures of the suspicious region [8]. A standard mammogram is shown in Fig. 2.
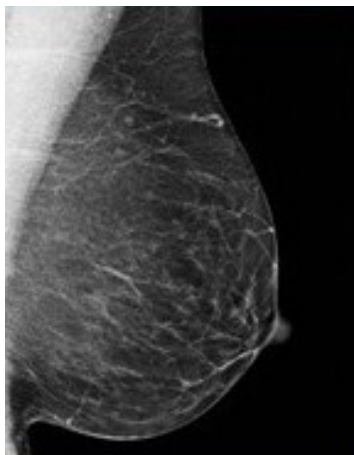

Figure 2: A standard mammogram.

Having a screening mammogram in a regular basis is the most effective method for detecting early breast cancer; around 85% of breast cancers can be detected in a screening mammogram [1]. Nevertheless, screening mammograms have many limitations: a high false positive rate, overtreatment in Stage 0 cancer, false negative results for women with high breast density, radiation exposure and physical and psychological discomfort [8].

Mammograms are read by expert radiologists. The radiologist looks primarily for micro-calcifications and breast masses. *Microcalcifications* are tiny deposits of calcium in the breast tissue which can be a sign of early breast cancer if found in clusters with irregular layout and shapes. *Breast masses* or breast lumps are possibly a variety of things: fluid-filled cysts, fatty tissues, fibric tissues, noncancerous or cancerous tumors, among others. A mass can be a sign of breast cancer if it has poorly defined shape and margins. See Fig. 3 for an example of possible signs of breast cancer. Radiologists will also consider the breast density of the patient when reading a mammogram given that high breast density is linked to a higher risk of breast cancer and it also difficults the interpretation of the mammogram [12].

Conventional mammography uses film to record x-ray images of the breast. *Digital mammography* on the other hand uses digital receptors to convert the x-rays into electric signals and stores the image electronically. Digital mammograms offer a clearer picture of the breast and can be digitally manipulated and shared between health care providers. Its effectiveness to identify breast cancer over film mammograms, however, is still debated [6, 9, 11]. Digital mammography is steadily becoming the standard for breast cancer screening, Fig. 2 is, in fact, a digital mammogram.

Digital tomosynthesis, also called three-dimensional mammography, is a new technology that essentially produces 3-dimensional x-ray images of the breast and is expected to improve the efficacy of regular 2-d mammograms. Studies comparing the two techniques have not yet
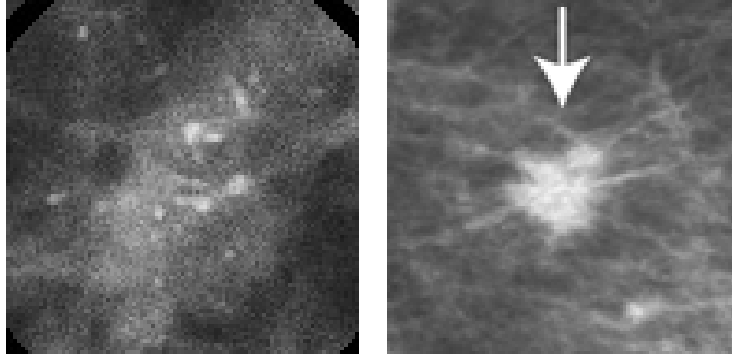
Figure 3: Signs of possible breast cancer in a mammogram. Left: A cluster of microcalcifications in an irregular layout. Right: A poorly defined breast mass.

been published, though [8].

In this thesis we will center on using mammograms, either digital or manually digitized from film, to detect microcalcifications and masses and predict the likelihood of breast cancer on the patient.

Much of this section was written using information from the National Cancer Institute. We recommend to visit its website (`www.cancer.gov`) for more information.

5.2 Classification

5.3 Artificial Neural Networks

5.4 Convolutional Networks

5.5 Convolutional Networks applied to Breast Cancer

5.6 Mammography DB

5.7 Related Work

In this section we offer a summary of some of the first work on using convolutional networks for breast cancer diagnosis as well as some of the articles that have influenced this thesis.

Lo et al. [7] were the first group to use convolutional networks for breast cancer detection. They used a CNN with two hidden layers to detect microcalcifications. A high sensitivity image processing technique was used to obtain a set of 2104 patches (16 by 16 pixels) of all potential disease areas from 68 digital mammograms; of these, 265 were true microcalcifications and 1821 were "false subtle microcalcifications". Prior to training the CNN, a wavelet high-pass filtering technique was used to remove the background of these images. Each image was flipped over (left-right) and 4 rotations for each the original and flipped images were used for training (0°, 90°, 180° and 270°). The CNN was composed of one input unit (16 × 16), 12 units in the first hidden layer (12 × 12), 12 units in the second hidden layer(8 × 8) and two output nodes(one for YES and one for NOT). The input size (16), number of hidden layers (2) and kernel size (5 × 5) was obtained via cross validation, altough not many other options were explored: they tried input sizes of 8, 16 or 32, one or two hidden layers and kernel sizes of 2, 3, 5 or 13. The CNN reached 0.87 average AUC when identifying individual microcalcifications and 0.97 AUC for clustered microcalcifications. Only a minimum of three calcifications was

considered a detection. Sensitivity and specificity test results were not reported. This article proved that simple convolutional networks can be efficiently used for medical image pattern recognition.

6 Methodology

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7 Work Plan

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