

**5th Bangladesh Breast Cancer  
Conference 2025**

**Pan Pacific Sonargaon, Dhaka  
February 28, 2025**

# **Multimodal AI for Breast Cancer Diagnosis: Precision Segmentation and Comprehensive Report Generation from Mammograms**

**Mohammad Monir Uddin  
North South University**



# Joint Work

<b>Istiak Ahmed</b>	Department of Electrical & Computer Engineering, North South University
<b>Kazi Shahriar Sanjid</b>	Department of Electrical & Computer Engineering, North South University
<b>Md. Tanzim Hossain</b>	Department of Computer Science, Friedrich-Alexander University, Germany
<b>Galib Ahmed</b>	Department of Applied Mathematics & Computational Science
<b>Md. Nishan Khan</b>	Department of Electrical & Computer Engineering, North South University
<b>Md. Misbah Khan</b>	Department of Electrical & Computer Engineering, North South University
<b>Dr. Sheikh Anisul Haque</b>	Department of Transfusion & Medicine, Bangladesh Specialized Hospitals Limited
<b>Dr. Md. Arifur Rahman</b>	Department of Oncology & Radiotherapy, Bangladesh Specialized Hospitals Limited

# Introduction

## Objectives

To develop a multimodal AI-based tool for breast cancer diagnosis that generates comprehensive clinical reports and segments various key structures of the breast from mammogram images.

## Tasks



# Background

## Artificial Intelligence (AI):

AI is the simulation of human intelligence in machines, enabling them to perform tasks like problem-solving, learning, and decision-making.

- ❖ Example: AI-powered chatbots assist doctors by answering patient queries and scheduling appointments in hospitals.

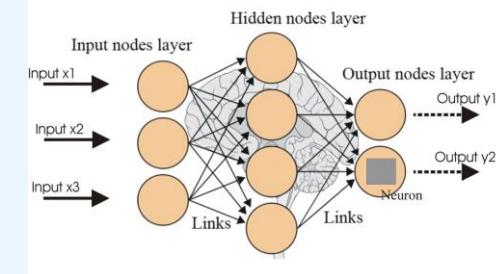
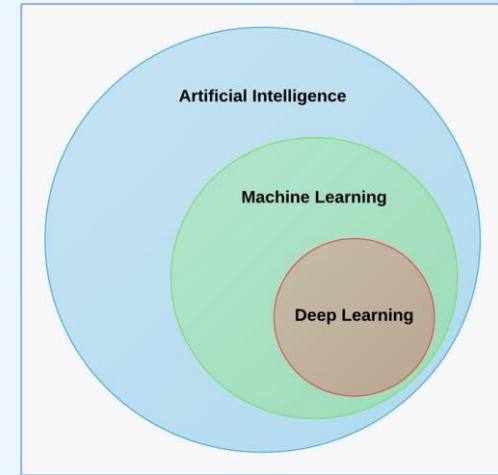
## Machine Learning (ML):

ML is a subset of AI that enables machines to learn from data and improve performance without being explicitly programmed.

## Deep Learning (DL):

DL is a subset of ML that uses neural networks with multiple layers (deep neural networks) to learn complex patterns from large datasets.

**Multimodal-AI:** AI systems that integrate and process data from multiple sources or types (e.g., images, text, audio) to improve decision-making and predictions.





## Advancement of AI in Medical Diagnosis

AI, especially **machine learning and deep learning**, has **enabled the automation and enhancement of medical imaging** (CT, MRI, X-Ray, ECG, EEG, US, PET etc.) **analysis**, which plays a crucial role in the **early detection, diagnosis, and treatment of various diseases**.

- Automated Image Analysis and Segmentation
- Classification and Detection of Pathologies
- Predictive and Prognostic Analysis
- AI-Assisted Radiology
- Improved Disease Detection and Diagnosis
- Reducing Human Error and Bias

## Advancement of AI in Breast Cancer Diagnosis

**Early Detection:** AI has significantly improved early breast cancer detection through the analysis of mammograms, ultrasound, and MRI images, enabling earlier and more accurate diagnoses (Yu et al., 2020).

**Risk Prediction:** AI models now integrate clinical data, such as age, genetic information, and lifestyle factors, to predict the risk of breast cancer, allowing for personalized screening and prevention strategies (Chen et al., 2020).

**Radiomics:** AI-driven radiomics is used to extract detailed features from medical images, helping in the differentiation of benign and malignant tumors (Liu et al., 2020).

**Deployment in Rural Areas:** Efforts are being made to deploy AI tools in underserved regions, providing access to breast cancer detection in remote areas (Smith et al., 2021).



## Main Works

**Multimodal Fusion Approach:** Developed a state-of-the-art multimodal fusion framework that seamlessly integrates breast mammography segmentation with comprehensive clinical report generation, enhancing diagnostic accuracy and interpretability.

**Comprehensive Clinical Report Prediction:** Simultaneously predicts multiple clinical attributes (e.g., mass presence, density, BIRADS category), unlike existing methods that focus on isolated tasks.

**Integrated Segmentation & Classification:** Bridges the gap between breast structure segmentation and clinical report generation, leading to a more holistic analysis.

**Enhanced Interpretability:** Utilizes XAI tools like GRAD-CAM and saliency maps to improve model transparency and trustworthiness for clinicians.

**Improved Accessibility:** Designed with potential deployment in rural areas and medical camps, addressing AI accessibility challenges in underserved regions.

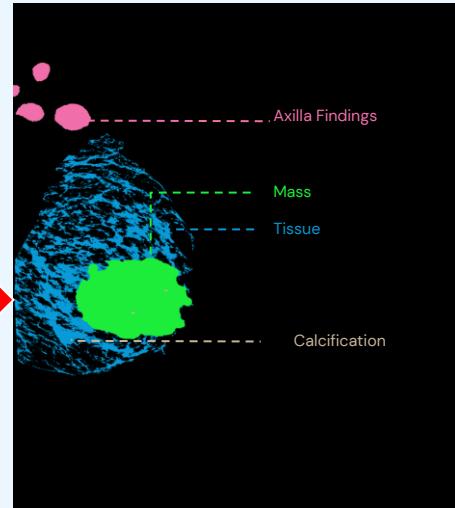
# Main Works

## 1. Data Preprocessing

### Step-1



Breast Mammogram



Annotated Breast Mask

### Step-2

#### Breast Mammogram Report

Name: --- ID: -----

##### Findings:

- **Breast Composition:** The breast tissue is [heterogeneously dense/scattered areas of fibroglandular density/fatty/almost entirely fatty].
- **Masses:** No suspicious masses were identified. (If present: "A [size] mm mass was noted in the [location] of the [left/right] breast.")
- **Califications:** No suspicious califications were observed. (If present: "Suspicious califications were noted in the [location].")
- **Architectural Distortion:** No evidence of architectural distortion.
- **Asymmetries:** No significant asymmetries were detected.
- **Other Findings:** No skin thickening, nipple retraction, or axillary lymphadenopathy was observed.

##### Impression/Conclusion:

- BI-RADS Category [0-6] (e.g., BI-RADS 1: Negative, no significant findings; BI-RADS 4: Suspicious abnormality, biopsy recommended)
- Recommendations: [e.g., Routine follow-up in 1 year; Additional imaging recommended; Biopsy recommended]



ID	mas s	Mass Shap e	Mass Defin ition	BI- RA DS	---	---
P1	yes	oval	well	3	---	---
P2	no	-	-	1	---	---

### Step-3: Validation of Annotated image by experts

Tabular Data



# Main Works

## 2. Develop the Mathematical Algorithm and Codes

### Algorithm 1 Multimodal Deep Learning for Breast Cancer Analysis

1: **Input:** Mammogram image  $I_i$ , Tabular data  $X_i$

2: **Output:** Segmentation mask  $M_i$ , Clinical feature predictions  $\hat{Y}$

3: **1. Segmentation Model:**

4: Encode image features:

$$Z_s = E_s(I_i; \theta_{E_s})$$

5: Decode to segmentation mask:

$$M_i = D_s(Z_s; \theta_{D_s})$$

6: Apply softmax:

$$\hat{M}_i = \arg \max \text{Softmax}(M_i)$$

7: **2. Clinical Feature Prediction Model:**

8: Compute feature transformation:

$$Z_c = \sigma(W_c X_i + b_c)$$

9: Predict clinical features:

$$\hat{Y} = \text{Softmax}(W_f Z_c + b_f)$$

10: **3. Multimodal Fusion**

11: **Early Fusion:**

12: Concatenate image and tabular features:

$$Z_{\text{early}} = \Phi([Z_s, X_i]; \theta_f)$$

13: Predict features:

$$\hat{Y}_{\text{early}} = f_c(Z_{\text{early}})$$

14: **Late Fusion:**

15: Compute weighted sum of predictions:

$$\hat{Y}_{\text{final}} = \alpha f_s(I_i) + (1 - \alpha) f_c(X_i)$$

16: where  $\alpha$  is a trainable fusion weight.

17: **4. Model Optimization:**

18: Update parameters using gradient descent:

$$\theta \leftarrow \theta - \eta \cdot \mathbb{E} [\nabla_{\theta} \mathcal{L}(\hat{Y}, Y)]$$



```

import tensorflow as tf

def focal_loss(y_true, y_pred, gamma=2.0):
    epsilon = tf.keras.backend.epsilon()
    y_pred = tf.clip_by_value(y_pred, epsilon, 1.0 - epsilon)
    cross_entropy = -y_true * tf.math.log(y_pred)

    loss = tf.pow(1 - y_pred, gamma) * cross_entropy
    return tf.reduce_mean(loss, axis=-1)

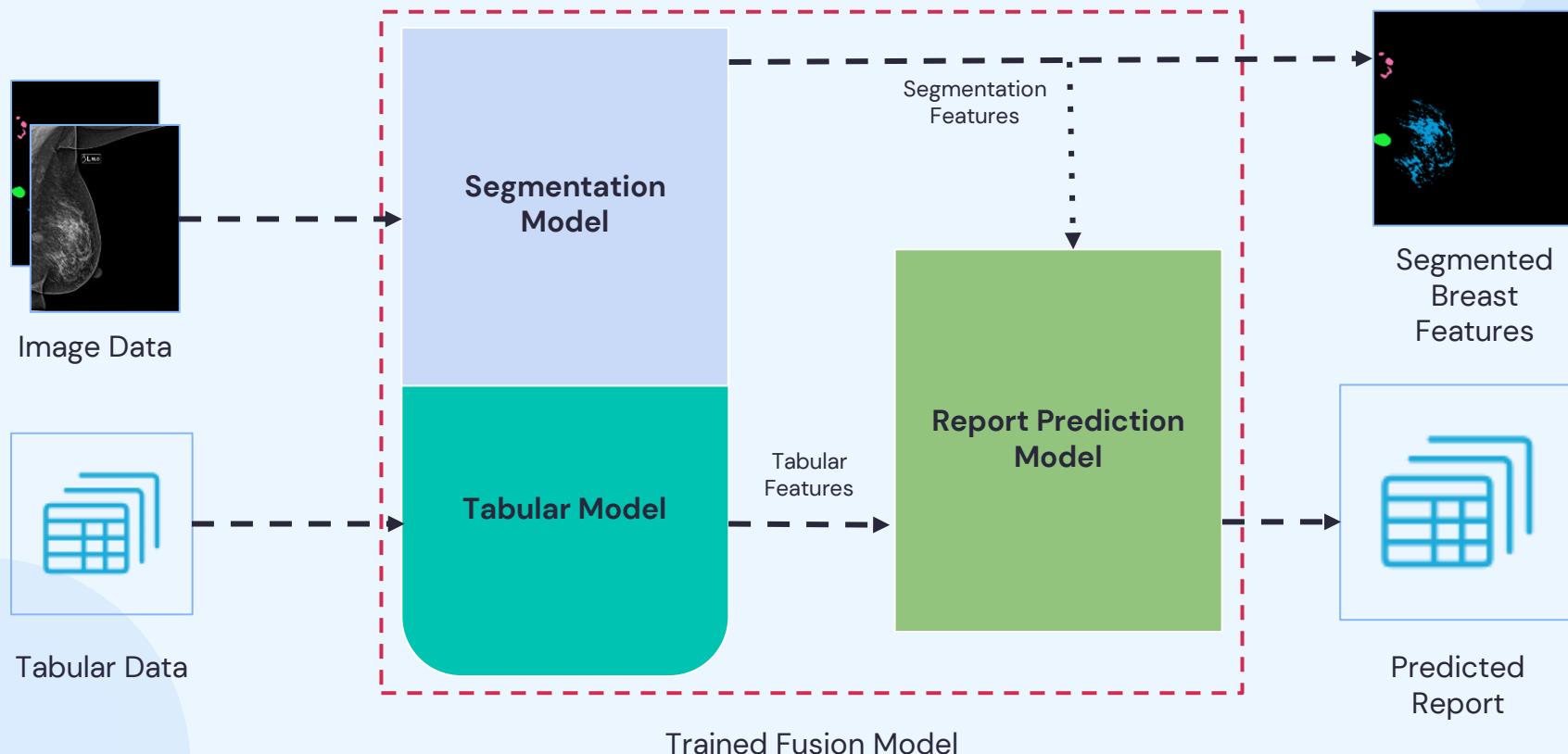
def soft_dice_coefficient(y_true, y_pred, smooth=1):
    intersection = tf.reduce_sum(y_true * y_pred, axis=(1, 2, 3))
    sum_true = tf.reduce_sum(y_true, axis=(1, 2, 3))
    sum_pred = tf.reduce_sum(y_pred, axis=(1, 2, 3))
    dice_coefficient = (2. * intersection + smooth) / (sum_true + sum_pred + smooth)
    return tf.reduce_mean(dice_coefficient)

def soft_dice_loss(y_true, y_pred, smooth=1):
    intersection = tf.reduce_sum(y_true * y_pred, axis=(1, 2, 3))
    sum_true = tf.reduce_sum(y_true, axis=(1, 2, 3))
    sum_pred = tf.reduce_sum(y_pred, axis=(1, 2, 3))
    dice_coefficient = (2. * intersection + smooth) / (sum_true + sum_pred + smooth)
    dice_loss = 1 - dice_coefficient
    return tf.reduce_mean(dice_loss)

```

# Main Works

## 3. Model Development



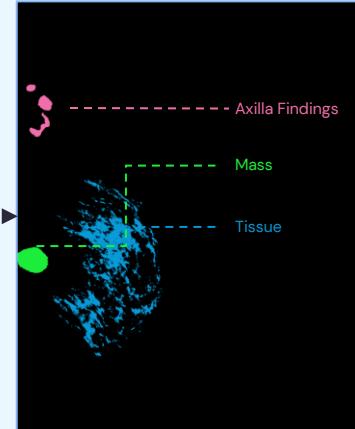
# Main Works

## 4. Model Prediction



Model

### Predicted Breast Features



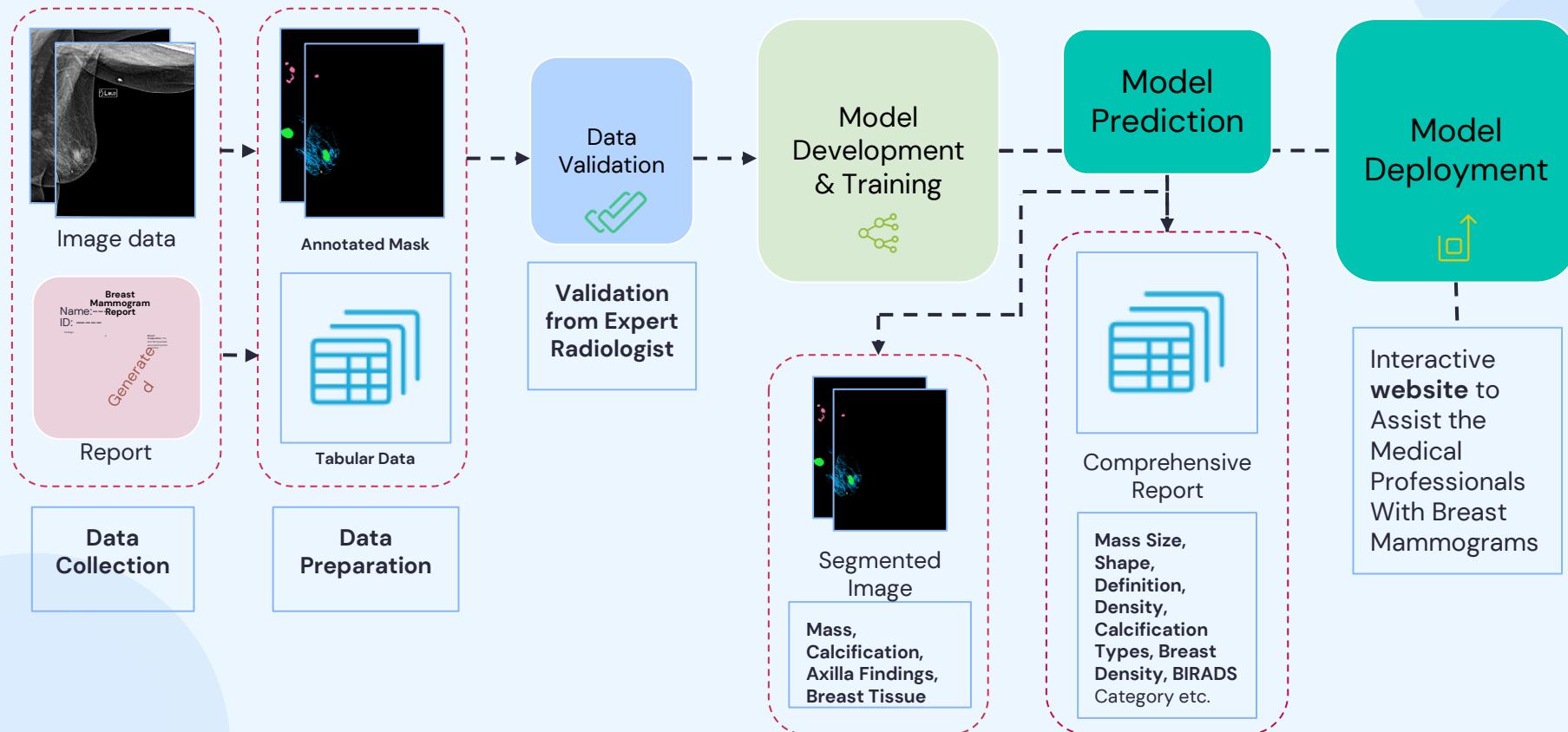
Input Image

**Mass**  
**Definition:** Ill-defined  
**Shape:** Oval  
**Density:** Isodense  
**Mass Size:**  
22 mm x 19 mm

**Calcification:** No  
**Breast Density:**  
Heterogeneous breast tissue (c).  
**Axilla Findings:** Multiple Fatty Hilum  
**BI-RADS:** 3

Predicted Report

# Main Works (Whole Picture)



## Result Discussion

Segmentation Features	IoU	Dice Score	Accuracy	Precision	Recall	F1 Score	ASD	NSD
Mass	92%	94%	98%	97%	98%	97%	1.23	93
Calcification	91%	93%	95%	95%	95%	95%	1.78	92
Axilla Findings	90%	91%	95%	95%	95%	95%	1.84	92
Breast Tissue	87%	89%	93%	93%	92%	92%	2.13	89

**Table1:** Detail segmentation result of Mass, Calcification, Axilla Findings, and Breast Tissue.

IoU = Intersection over union, ASD= Average surface distance, NSD= Normalized Surface distance

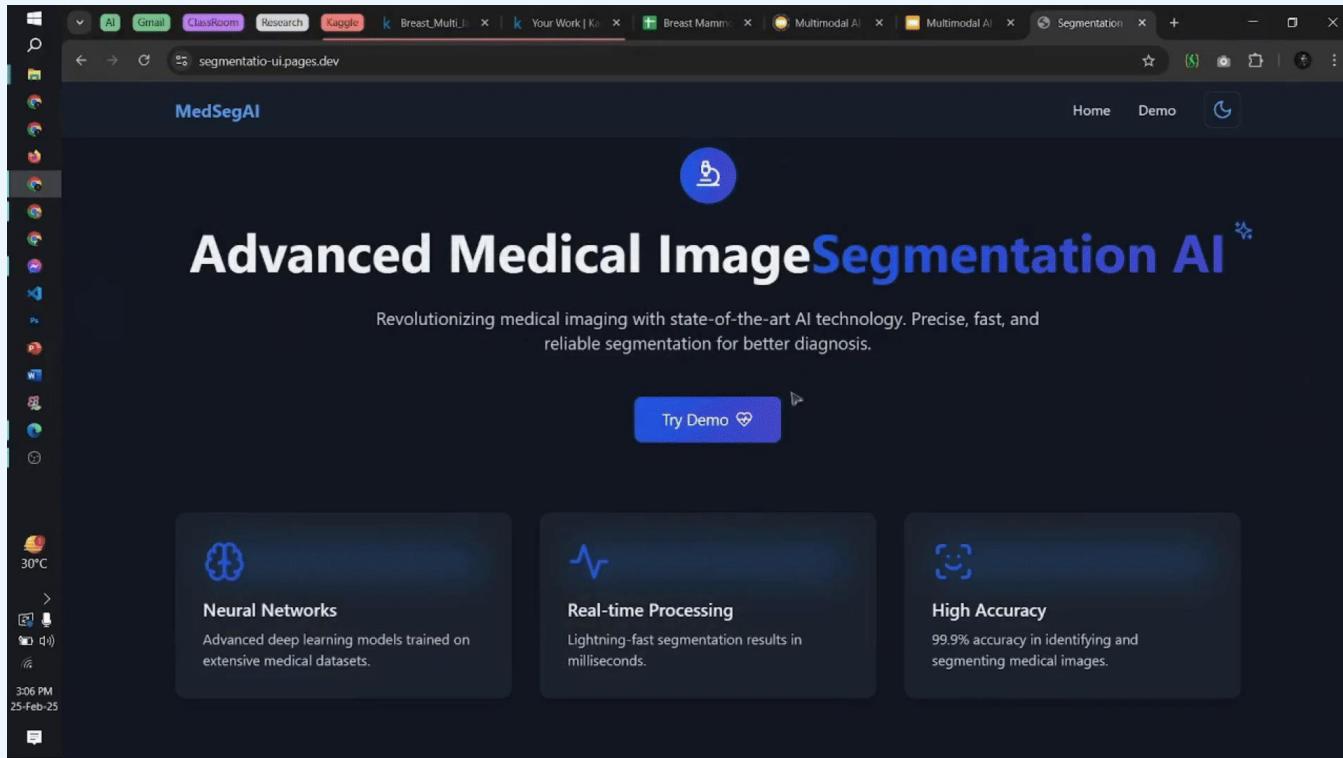
## Result Discussion

Clinical Features	Accuracy	Precision	Recall	F1 Score
<b>Mass</b> (shape, definition, density, calcification)	92%	91%	93%	92%
<b>Calcification</b> (types of calcification)	93%	93%	93%	93%
<b>Axilla Findings</b>	91%	91%	92%	91%
<b>Breast Density</b>	85%	83%	87%	85%
<b>BI-RADS</b>	88%	88%	89%	88%

Detail clinical report prediction result of Mass, Calcification, Axilla Findings, and Breast Density, and BI-RADS



# Web Platform



The screenshot shows a Microsoft Edge browser window with multiple tabs open, including "segmentatio-ui.pages.dev" which is the active tab. The page itself has a dark blue header with the title "MedSegAI" and a "Try Demo" button. Below the header, there's a main heading "Advanced Medical Image Segmentation AI" with a star icon. A subtext below it reads: "Revolutionizing medical imaging with state-of-the-art AI technology. Precise, fast, and reliable segmentation for better diagnosis." The page features three main sections with icons: "Neural Networks" (brain icon), "Real-time Processing" (heartbeat icon), and "High Accuracy" (percentage icon). The browser's taskbar on the left shows various pinned icons and the date "25-Feb-25".

<https://segmentatio-ui.pages.dev/>

# Conclusion, Remarks, and Future Work

## Conclusion:

- This research developed multimodal AI-based tool for breast cancer diagnosis and report generation using Bangladeshi mammogram images and clinical data.
- Results shows good accuracy of the predicted segmentaion images and reports

## Remarks:

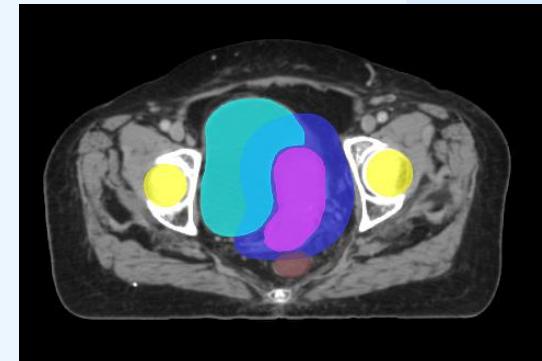
- It can help the experts enhances diagnostic accuracy, interpretability, and accessibility, assisting radiologists in breast cancer detection

# Conclusion, Remarks, and Future Work

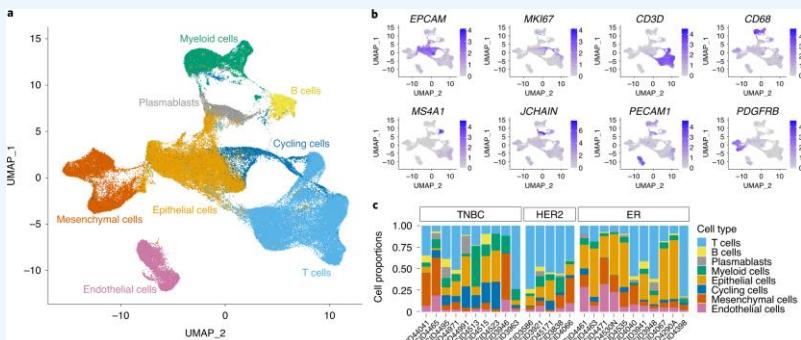
## Current Works:

- Multimodal based Lung Cancer Detection from CT-Scan and Report Generation
- Auto contouring of CT-Scan for radiotherapy
- Single Cell Sequencing Analysis for Cancer detection

Model performance improves with more data, increasing accuracy and robustness in real-world applications.



Radiotherapy Auto Contouring



Single Cell RNA Sequencing: Breast Cancer

# Acknowledgement

- The *Conference Travel & Research Grant (CTRG)* of North South University (CTRG-NSU) invaluable support and funding, which made this project possible.
- *Bangladesh Specialized Hospital (BSH) Limited* for giving data and validation of annotated data



Office of Research  
North South University



## References

Yu, L., Liu, Z., & Zhang, J. (2020). Early detection of breast cancer using AI-based image analysis. *Journal of Medical Imaging*, 27(3), 211-220. <https://doi.org/10.1002/jmi.2020>

Chen, L., Zhang, Y., & Wang, X. (2020). Integrating clinical data for breast cancer risk prediction using machine learning. *Journal of Cancer Research and Clinical Oncology*, 146(9), 2393-2404. <https://doi.org/10.1007/jcrc.2020>

Liu, Y., Zhang, Y., & Chen, X. (2020). AI-driven radiomics for breast cancer diagnosis: Differentiating benign and malignant tumors. *Medical Image Analysis*, 63, 101700. <https://doi.org/10.1016/j.media.2020.101700>

Smith, J., Allen, R., & Thomas, P. (2021). Deploying AI tools for breast cancer detection in rural and underserved regions. *Telemedicine and e-Health*, 27(8), 781-788. <https://doi.org/10.1089/tmj.2021.0083>



# Thank You!