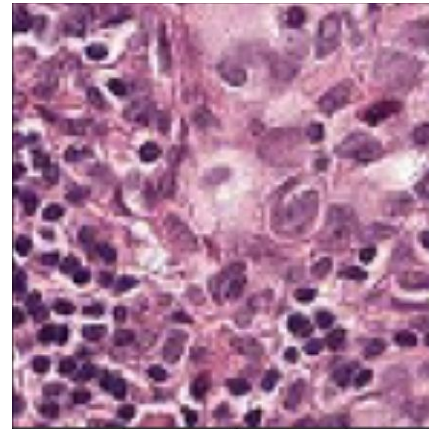
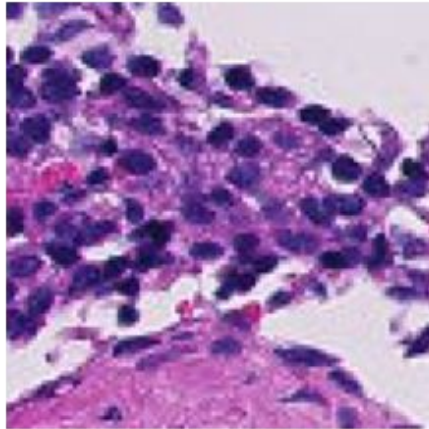


Pcam Challenge: Classification of Breast Cancer Metastasis

Keywords: Digital Histopathology, CNN, Gabor filters, XAI



MU4RBI07 Image Processing - Project

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The PCamelyon challenge

Problematic:

- Perform **fast and reliable classification** of metastatic foci in sentinel lymph nodes
 - ➔ Usually done by histopathologists with **high intra/inter-observer variability**
- Provide histopathologists with **interpretable data** for accurate breast cancer diagnosis
 - ➔ Basic Deep-Learning algorithms provide **poor explanations**: less reliable for histopathologists
 - ➔ Does not enrich the practice of histopathologists

Provided dataset [1]:

- Extended version of the Camelyon16 dataset with *already*-cropped patches
- Aiming at facilitating digital-histopathology using DL

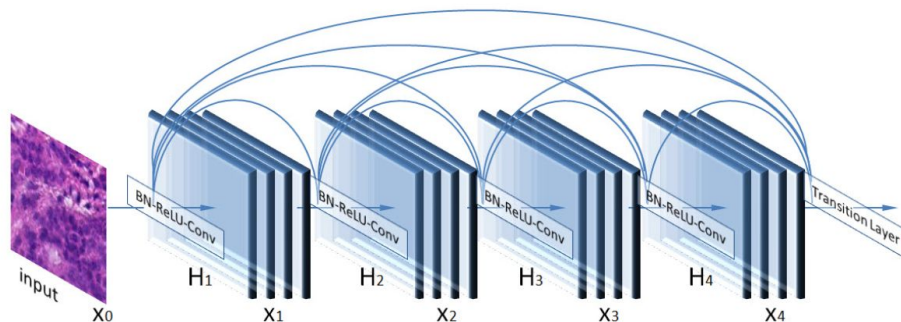


Start of the art on metastasis classification

- ➡ **Rotation Equivariant CNNs** [2]: G-CNN (Group Convolutional Neural Networks) for globally equivariant to rotation-metastatic cell detection
- ➡ **Deep Neural Network** [3]: Patch-level detection on WSI using Deep Neural Network (GoogLeNet and VGG16)
- ➡ **Semi-Supervised Learning** [4]: Dense-net combined with several training techniques, namely pseudo-labeling, Test Time Augmentation and ensemble learning
- ➡ **Single and multi-scale inception network** [5]: Patch-level detection using Inception V3 networks at different magnification
- ➡ **Interpretable CNN predictions** [6]: Local explanation on how CNN detects tumor tissues using LIME

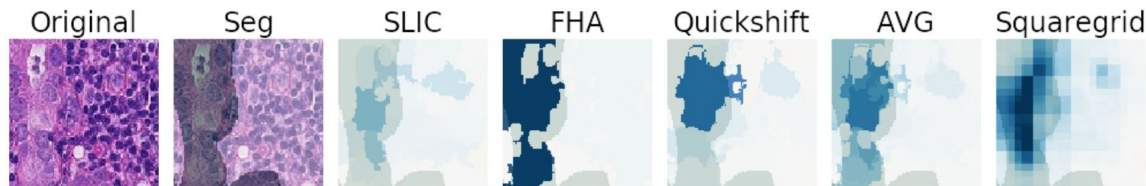
Review of methods used by other contestants

1) **Semi supervised** (Jaiswal et al.) → AUC = 0.98



- Use of DenseNet 201 network
- Learning on unlabelled data for entropy regularization
- Perform both classical learning and ensemble learning

2) **Interpretable CNN predictions** (Palatnik de Sousa et al.) → No performance given



- Use of VGG19 for classification
- Modified version of LIME
- Test of different segmentation algorithm for super-pixels extraction

Critical analysis of these methods

Method 1):

- ✓ Reaches top AUC and accuracy,
- ✓ Allows the use of unlabelled data in the training phase
- ✗ Does not produce any interpretable data (location, heatmap,...)

Method 2):

- ✓ Provides readable data in the form of a heatmap
- ✗ Only provides location of tumors

Proposal of new methods

First method :

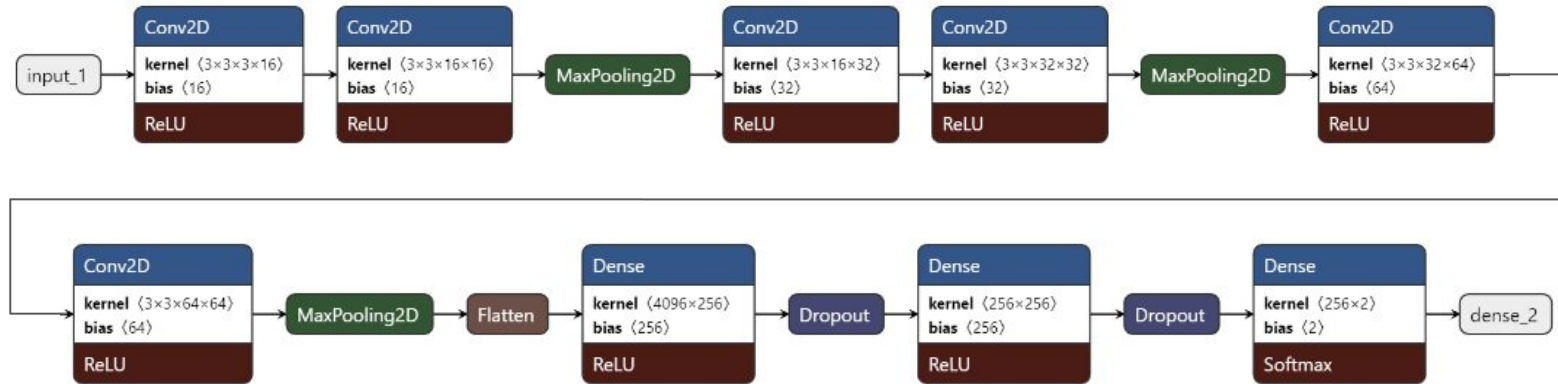
- CNN approach with LIME and Shap for **interpretability**
 - Based on the article *Local Interpretable Model-Agnostic Explanations for Classification of Lymph Node Metastases* [5]
- ✓ Nice performances, uses different interpretability tools
- ✗ Complexity-depend model (more layers = more details but also more training time)

Second method :

- **Texture-based** approach with Gabor filtering for feature extraction and a Random Forest classifier
 - Fast and data-frugal training
- ✓ Requires few data for training (~1000), provides information on the location of the tumor
- ✗ Long pre-processing of the image, depends on filter bank parameters

Development and Implementation of the algorithm: CNN

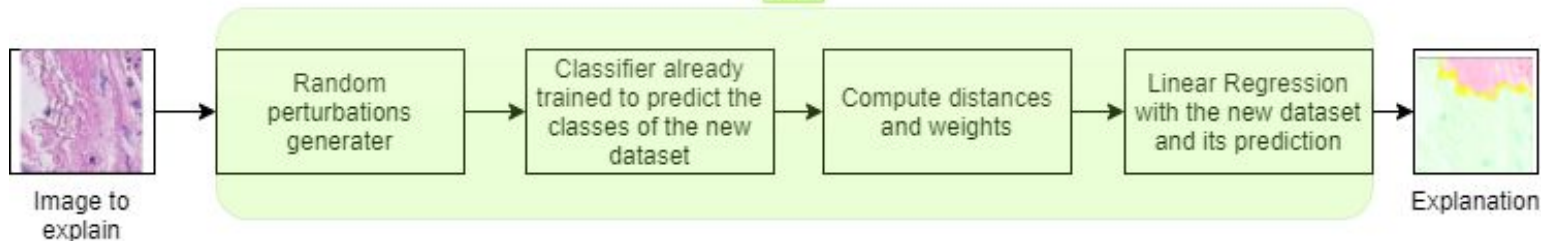
CNN :



Total of trainable parameters = 1,187,218

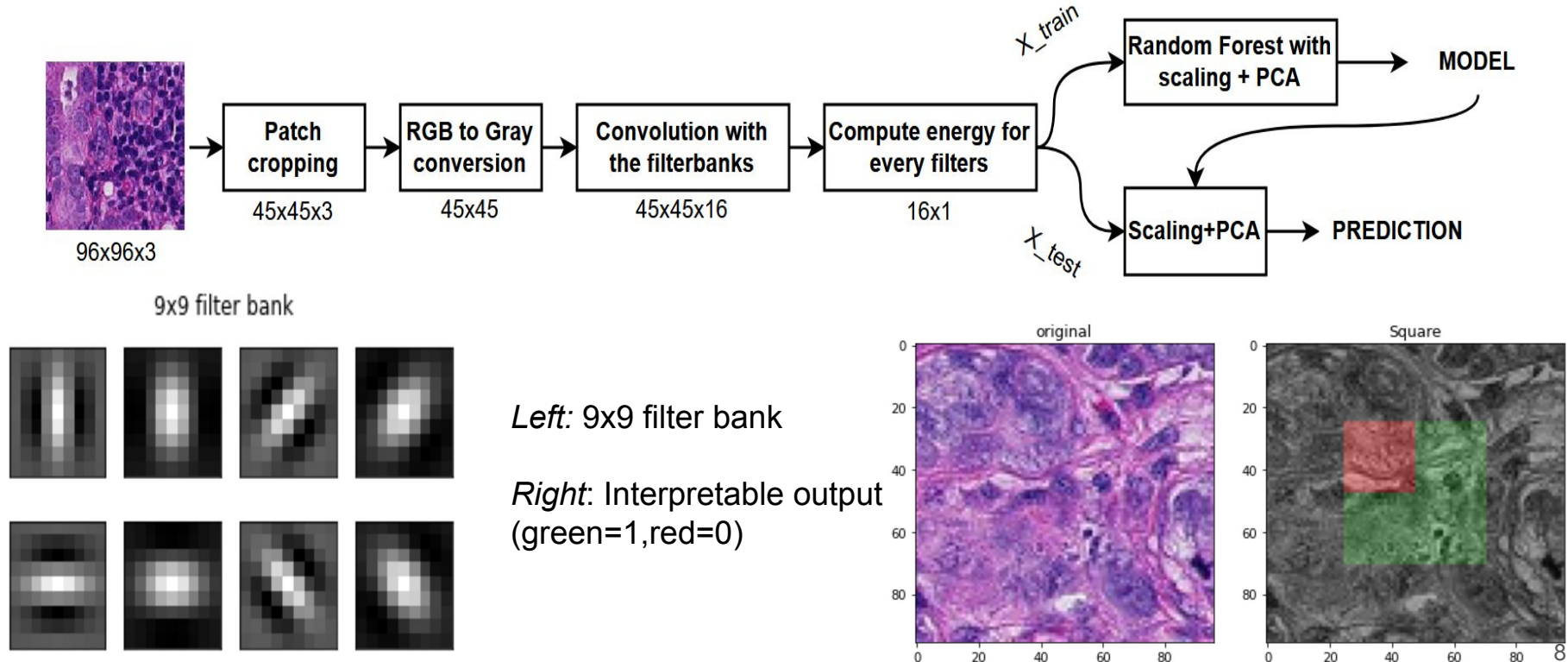
LIME

LIME:



Development and Implementation of the algorithm: Gabor

Used library: *Numpy, Matplotlib, Scikit-learn, Scipy*

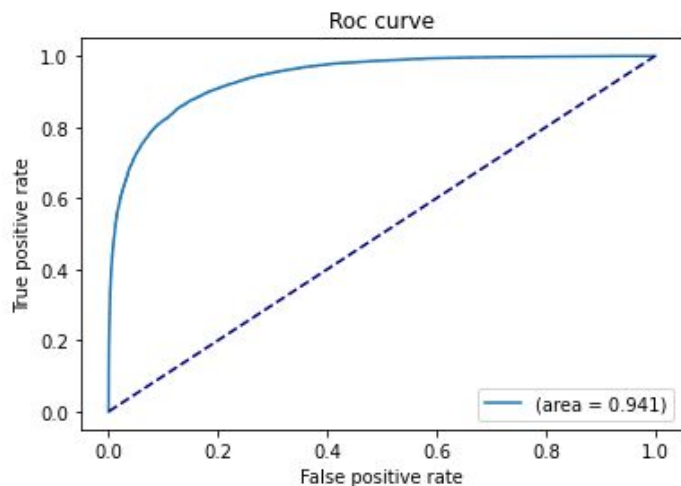


Testing the methods on the test dataset

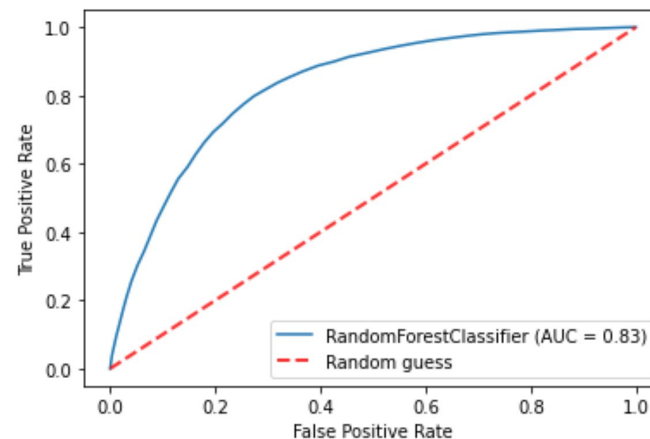
Performances : **CNN method**: AUC=0.94 & Accuracy=86%

Gabor method: AUC=0.83 & Accuracy=76% , (Sensitivity=0.82 & Specificity=0.71)

Reference [4]: AUC=0.98

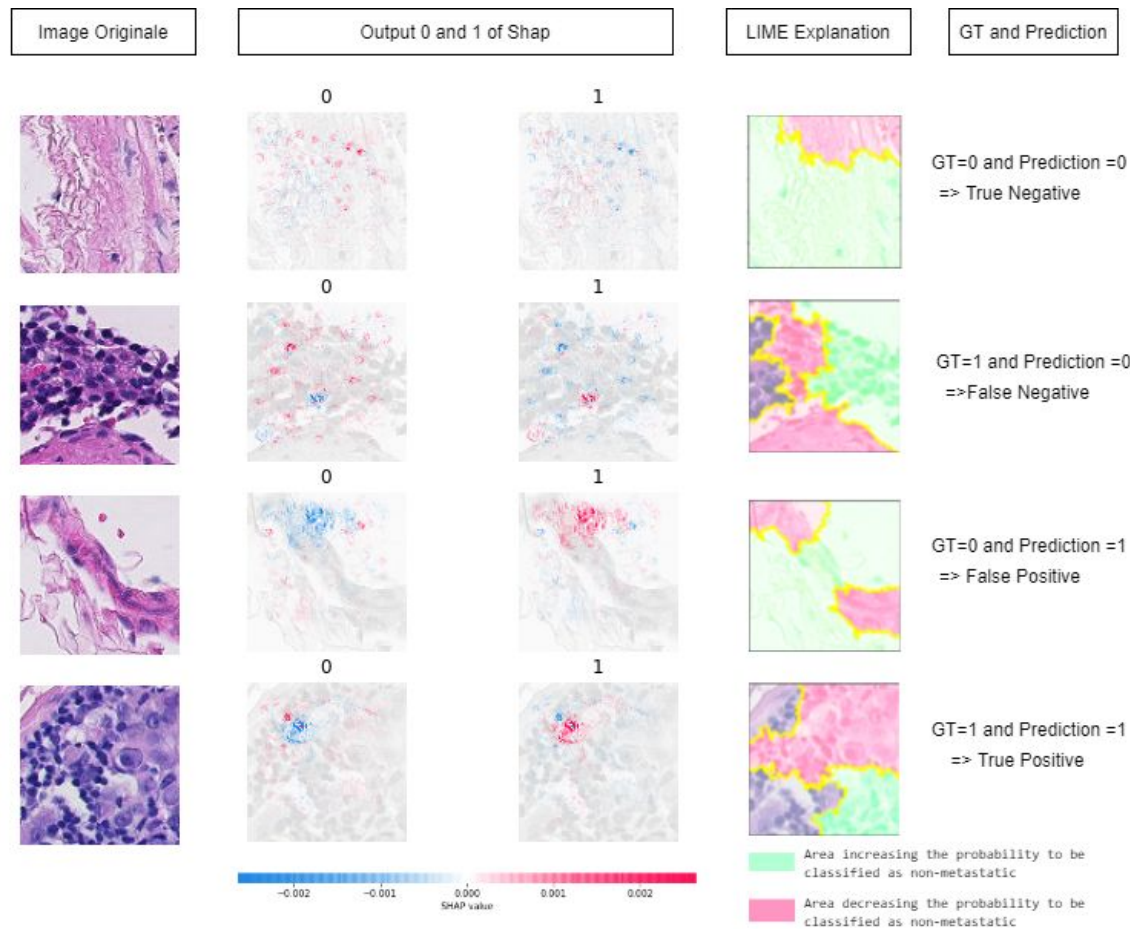


ROC curve CNN



ROC curve Gabor

Examples of generated explanations



Conclusion and perspectives

- Proposed methods perform classification of WSI with a **decent accuracy**
- Clear **explanations** on the location as well as the texture of the cancerous cells are provided
- Perform **multiscale** texture analysis to produce better explanations (wavelets)
- **Data augmentation** could lead to higher accuracy
- Test other segmentation algorithm for LIME
- Merge both methods (CNN architecture with texture images as inputs ?)

Thank you for listening, any questions?



Histopathological T-Rex

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