

Breast Cancer Classification

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Motivation and Objectives

2. Data Curation

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and Hosting

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prediction

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01

Introduction:



**Motivation
and
Objectives**



Breast cancer is the most common cancer diagnosed in women, accounting for more than 1 in 10 new cancer diagnoses each year. It is the second most common cause of death from cancer among women in the world

(Alkabban and Ferguson, Breast Cancer, PubMed - 2022)

Motivation and Objectives



Using Deep learning models to predict classifications of breast cancer through images



How do the images themselves help with classification? What other elements are needed to confirm?



Healthcare issues. Breast cancer one of the most deadliest forms of cancer in recent years



Being able to classify characteristics through images.

Breast Cancer statistical information in the United States from 2020

Analytics

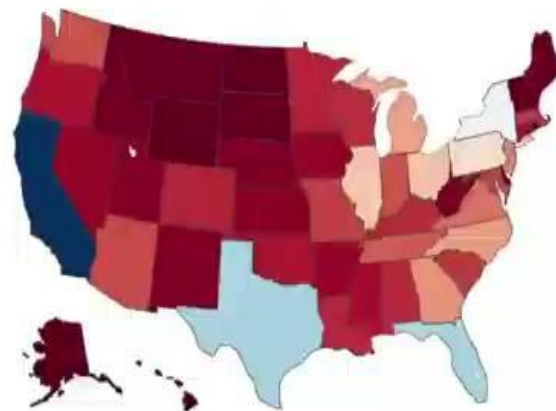
New Breast Cancer Cases In The United States in 2020



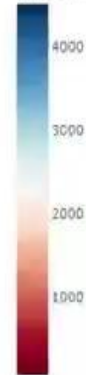
Number of New Cases



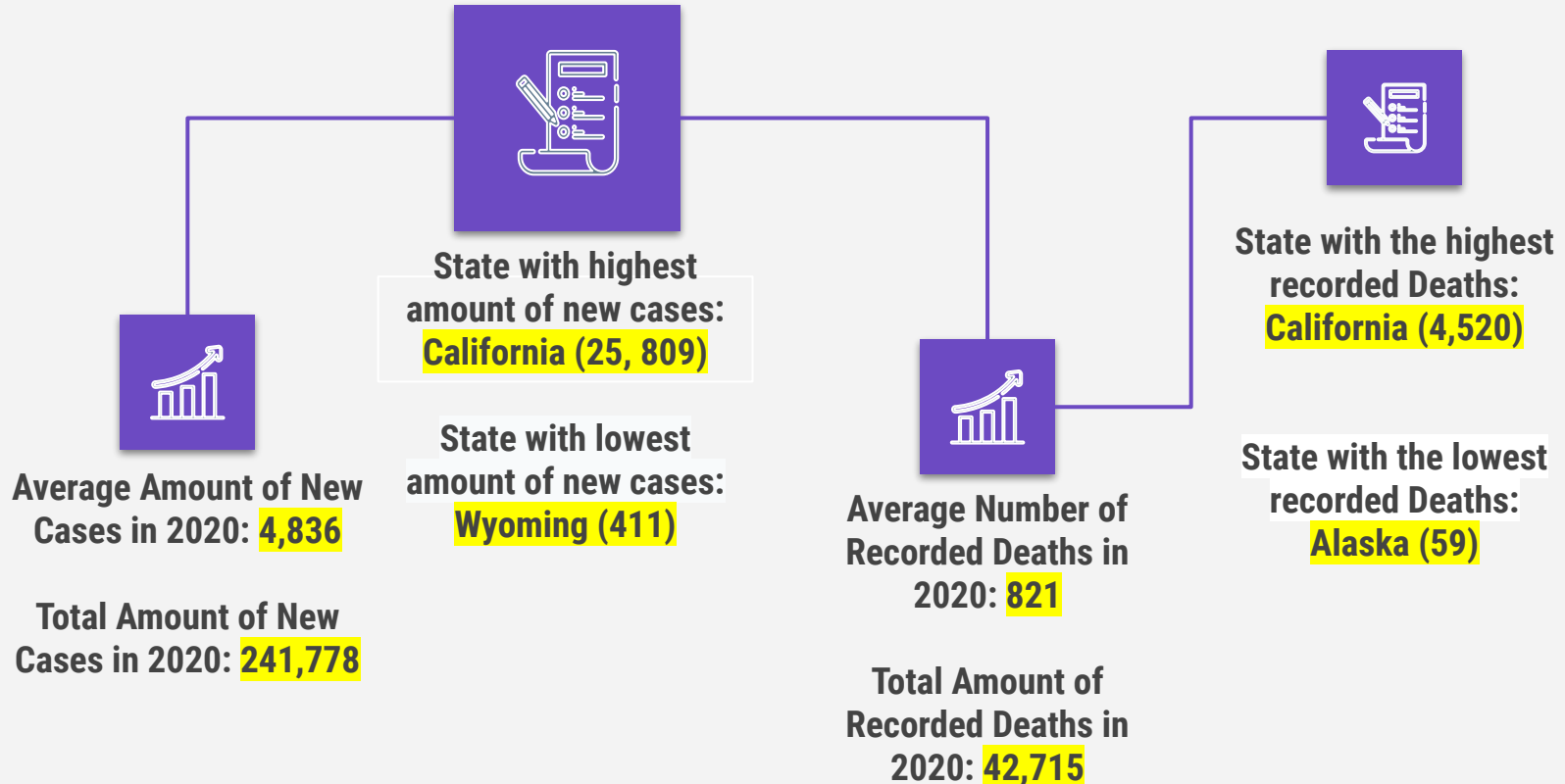
Deaths caused by Breast In The United States in 2020



Number of Deaths



Breast Cancer Statistics for 2020 in the United States

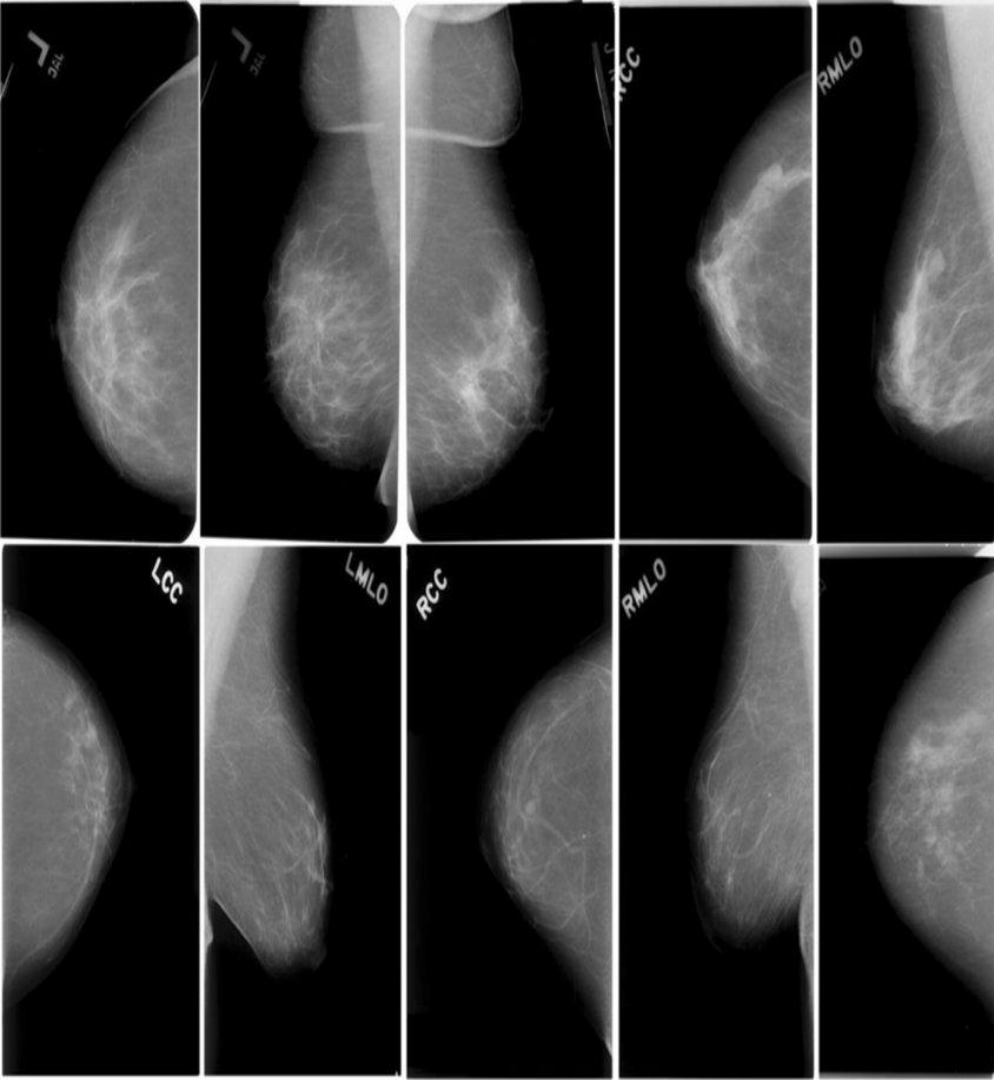


02

Data Curation:



**Collection, Exploration,
Analytics, and Hosting**



Data Collection

Rebecca Sawyer Lee, Francisco Gimenez, Assaf Hoogi , Daniel Rubin (2016)

The Digital Database for Screening Mammography (DDSM) is a database of 2,620 scanned film mammography studies. It contains normal (BWC), benign, and malignant cases with verified pathology information.

Published research results are difficult to replicate due to the lack of a standard evaluation. Most computer-aided diagnosis (CADx) and detection (CAdE) algorithms for breast cancer in mammography are evaluated on private data sets

Data Exploration



Three types of image classifications for classifying breast cancer:



Benign

Non-Cancerous



Benign Without Callback

Without callback - the mass or calcification was noteworthy in the eyes of the physician, but patient not at risk of cancer and no follow up needed at this time



Malignant

Cancerous

Data Exploration



Breast Mass Tumor:

A breast tumor refers to an abnormal mass or lump that forms within the breast tissue. Common types of benign breast tumors include fibroadenomas and cysts.

Calcification:

Calcifications in the breast occur when calcium salts build up in the breast tissue, leading to the formation of tiny calcium deposits. It is common for woman to present this after the age of 50

	Calcification DF	Mass DF
patient_id	891	753
pathology	MALIGNANT 673 BENIGN 658 BWC 541	MALIGNANT 784 BENIGN 771 BWC 141
images	1872	1696

breast_density



Women with dense breast tissue have a higher risk of developing breast cancer than women with little or no dense breast tissue.

left or right breast



The left breast is 5 - 10% more likely to develop cancer than the right breast.

image view



Mediolateral oblique (MLO) view and cranial caudal (CC). Center view and bottom to top view

calc type / calc distribution

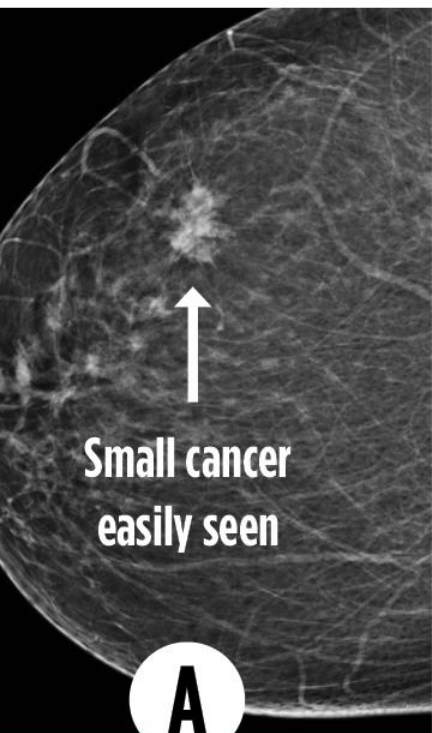


Calcifications may appear as bright white spots on mammograms. You can't feel them from the outside

mass shape / mass margins

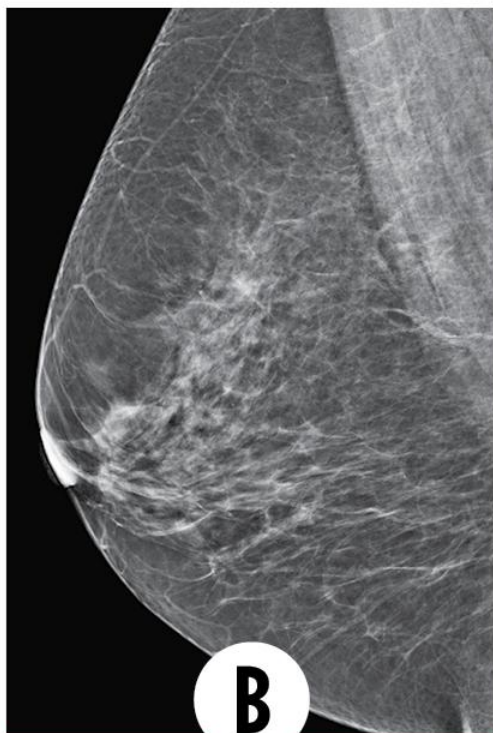


Circumscribed oval and round masses are usually benign. An irregular shape suggests a greater likelihood of malignancy.



A

FATTY
<25% DENSE TISSUE



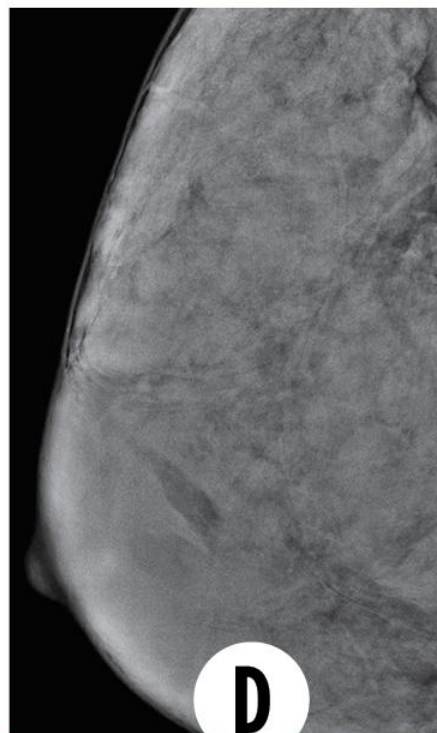
B

SCATTERED AREAS OF DENSITY
25-50% DENSE TISSUE



C

HETEROGENEOUSLY DENSE
50-75% DENSE TISSUE



D

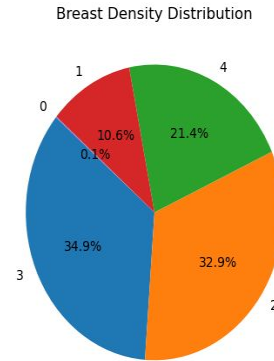
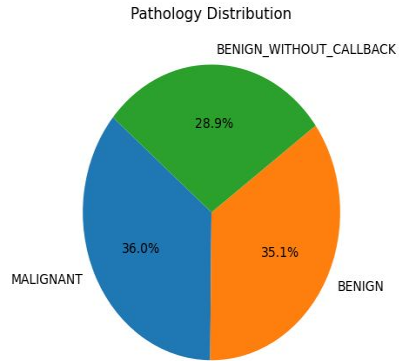
EXTREMELY DENSE
>75% DENSE TISSUE

Mammograms miss about 40% of breast cancers in the densest breasts. (Breast Cancer Institute, 2018)

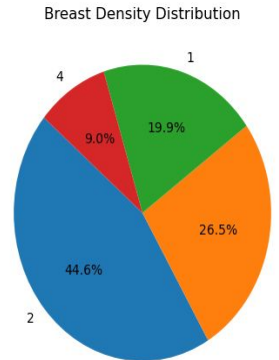
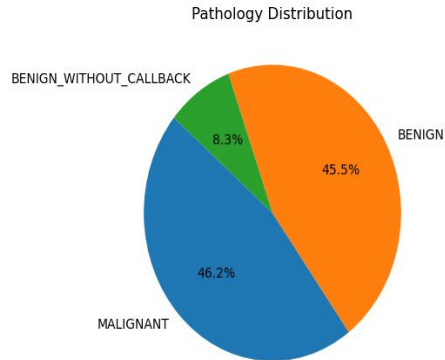
Data Exploration

As shown in multiple researches, it is easier to identify whether a calcification is Benign or Malignant. Our dataset also shows this. Calcification occurs in all breast densities with more likeness in the densest breasts.

CALC

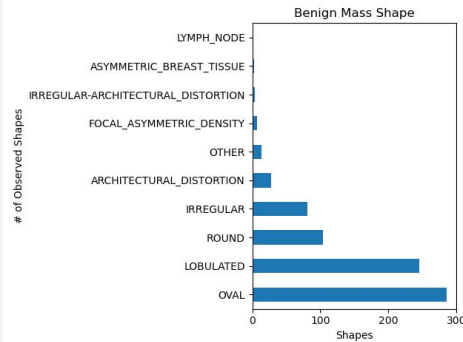


MASS

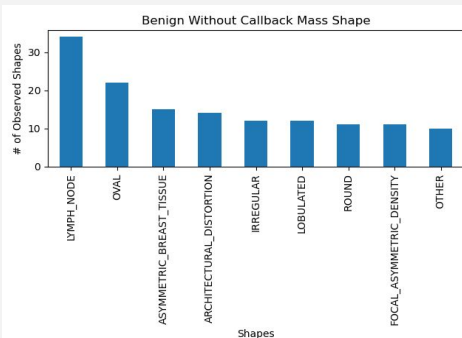


Almost always having a visible mass requires further investigation. That is why there is a small percentage of BWC cases. The density distribution makes the case that is easier to identify the mass with less dense breasts

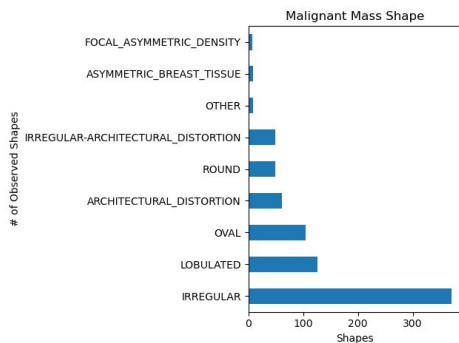
01



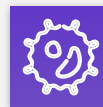
02



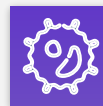
03



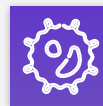
Exploratory Data Analysis



Most seen mass shape
Benign: Oval
Benign without callback:
Lymph Node
Malignant: Irregular

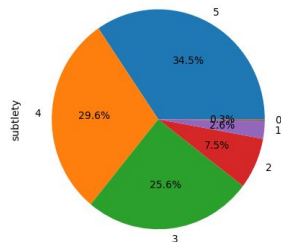


Clear distinction between
shapes for all three
classifications

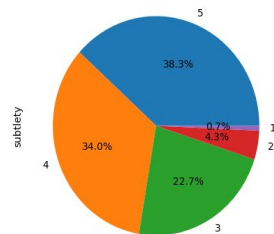


Easier to reliably classify
cancer classification of
masses

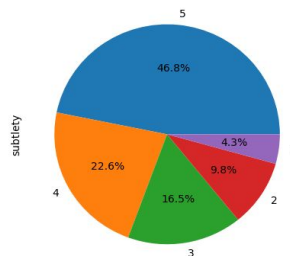
Subtlety level of Benign Masses



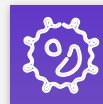
Subtlety level of Benign Without Callback Masses



Subtlety level of Malignant Masses



Exploratory Data Analysis

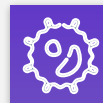


Most Frequent Subtlety Level of Masses

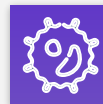
Benign: 5 (34.5%)

Benign without callback: 5 (38.3%)

Malignant: 5 (46.8%)

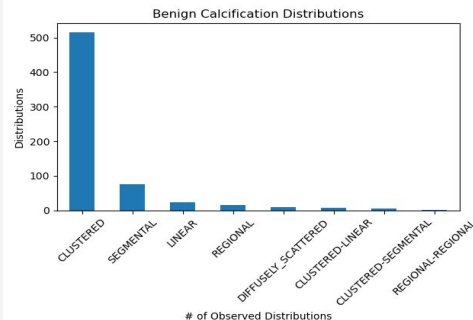


Subtlety Level on a scale from 1 to 5. 5 being the most unsubtle. Masses are noticeable on the images.

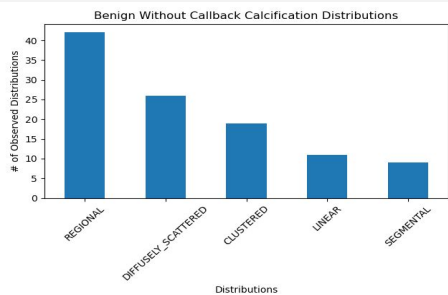


Easier for classifications to be interpreted from image.

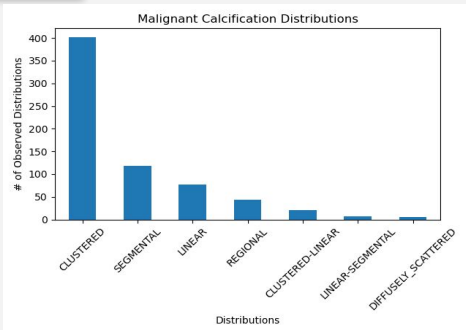
01



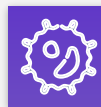
02



03



Exploratory Data Analysis



Most seen Calcification Distribution
Benign: Clustered
Benign without callback: Regional
Malignant: Clustered

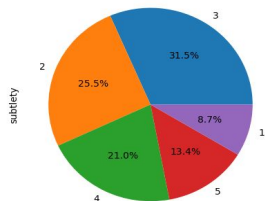


Benign and Malignant share the same most seen calcification distribution.
Clustered

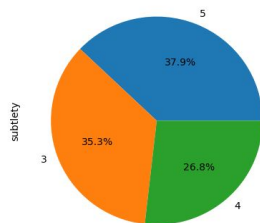


Could lead to images misinterpreting due to characteristics being very similar

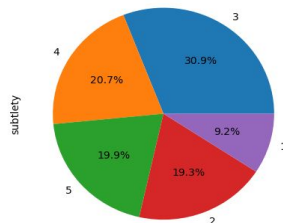
Subtlety level of Benign Calcification



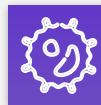
Subtlety level of Benign Without Callback Calcification



Subtlety level of Malignant Calcification



Exploratory Data Analysis

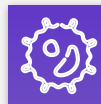


Most Frequent Subtlety Level of Calcifications

Benign: 3 (31.5%)

Benign without callback: 5 (37.9%)

Malignant: 3 (30.9%)

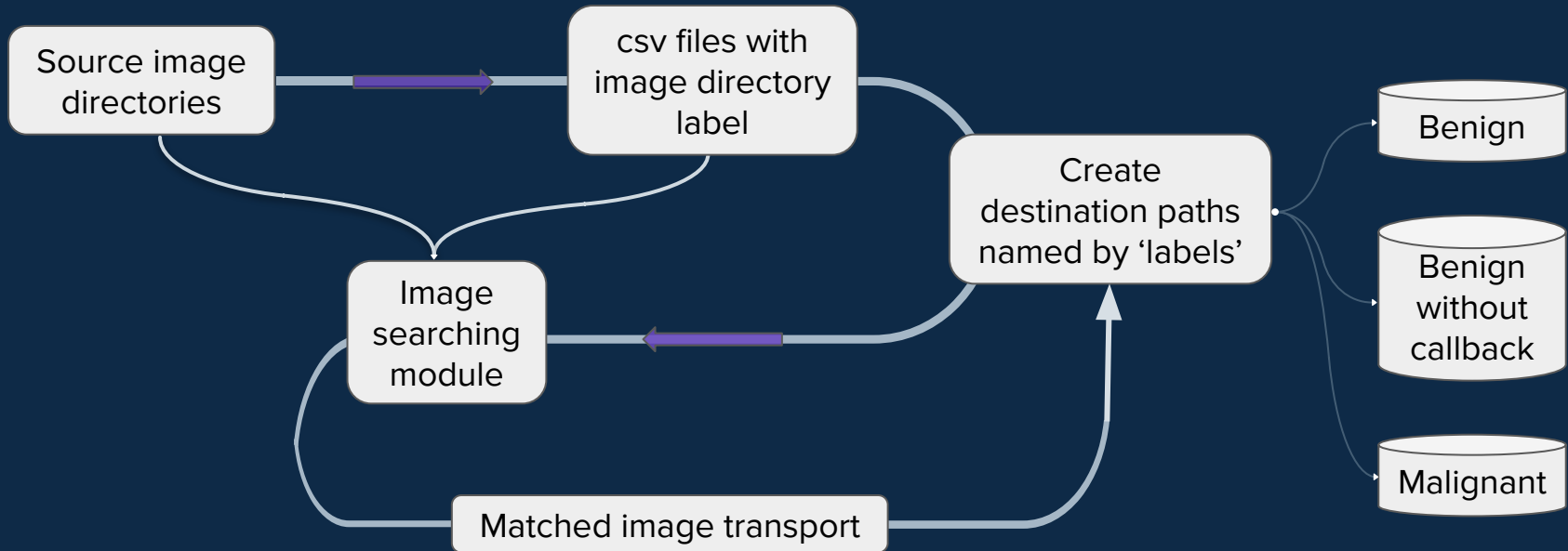


Both Benign and Malignant share the same most frequent subtlety level of 3. Further supports images potentially being misinterpreted.



Subtlety levels seems fairly well distributed across calcifications compared to masses.

Image Data Cleaning Pipeline



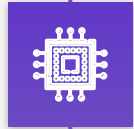


Initially Hosted on Google Colab

Data, images, and models initially hosted on google colab to test functionality



Five gigabytes worth of image data



Moved to AWS

Image data and models hosted correctly on AWS

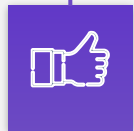


Image data held in buckets. Models pulled image data from buckets and executed code successfully

Data Hosting





Bucket
Raw Data



Notebook instance
Calc only



Notebook instance
Mass only



Notebook instance
For anything

Breast_cancer... (2) - JupyterLab

https://project-4.notebook.ca-central-1.sagemaker.aws/lab/tree/Breast_cancer_classification_binary.ipynb

149% Search

File Edit View Run Kernel Git Tabs Settings Help

Filter files by name

Name	Last Modified
/	
calc_test_cropped	a day ago
calc_train_cropped	a day ago
csv	16 minutes ago
export	6 hours ago
jpeg	20 minutes ago
Models	an hour ago
Breast_cancer_classification.ipynb	5 minutes ago
bucket_extraction.ipynb	15 minutes ago
data_curation.ipynb	a day ago
deployment_of_th...	3 minutes ago
helper_functions.py	an hour ago
helper_functions.p...	an hour ago
Untitled.ipynb	4 hours ago

Breast_cancer_classification.ipynb bucket_extraction.ipynb

```
# checkpoint_path = "/content/drive/MyDrive/Project_4/checkpoint.chkpt" # note: remember saving directly to Colab is temporary

## Create a ModelCheckpoint callback that saves the model's weights only
# checkpoint_callback = tf.keras.callbacks.ModelCheckpoint(filepath=checkpoint_path,
#                                                         save_weights_only=True, # set to False to save the entire model
#                                                         save_best_only=True, # save only the best model weights instead of
#                                                         save_freq="epoch", # save every epoch
#                                                         verbose=1)

[40]: # Fit the model saving checkpoints every epoch
history_0 = model_0.fit(train_data,
                        epochs=15,
                        steps_per_epoch=len(train_data),
                        validation_data=test_data,
                        validation_steps=int(0.25 * len(test_data)), # do less steps per validation (quicker)
                        callbacks=[create_tensorboard_callback("transfer_learning", "data_aug"), checkpoint_callback])

Epoch 1/15
32/32 [=====] - 28s 672ms/step - loss: 0.5881 - accuracy: 0.7227 - val_loss: 0.5189 - val_accuracy: 0.8438
Epoch 2/15
32/32 [=====] - 20s 622ms/step - loss: 0.4549 - accuracy: 0.8102 - val_loss: 0.4423 - val_accuracy: 0.8438
Epoch 3/15
32/32 [=====] - 21s 654ms/step - loss: 0.4056 - accuracy: 0.8250 - val_loss: 0.5360 - val_accuracy: 0.7188
Epoch 4/15
32/32 [=====] - 20s 596ms/step - loss: 0.3731 - accuracy: 0.8387 - val_loss: 0.4757 - val_accuracy: 0.8438
Epoch 5/15
32/32 [=====] - 20s 609ms/step - loss: 0.3625 - accuracy: 0.8338 - val_loss: 0.3350 - val_accuracy: 0.8438
```

Simple 0 5 Fully initialized conda_python3 | Idle Mode: Edit Ln 9, Col 70 Breast_cancer_classification_binary.ipynb 1

4:17 PM 2023-10-16

03

Deep Learning Models:

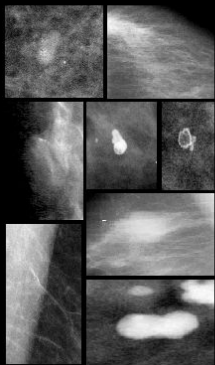


**Breast Cancer Classification
and Prediction**

Deep learning Models

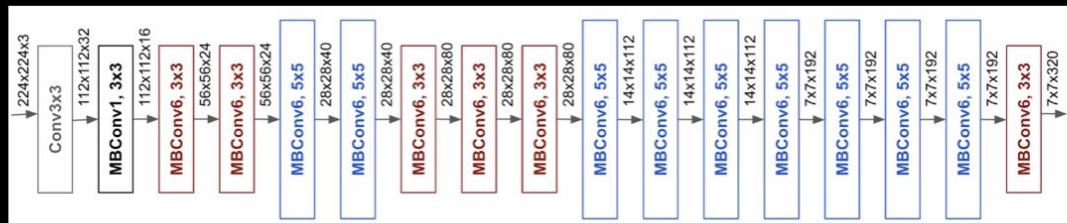
- Adopted transfer learning method using the EfficientNetV2B0 architecture
- Fit the model to our desired output classes
- Tested on multi-class classification
- Tested on binary classification

Input data



Data
augmentation

Model



Source: <https://ai.googleblog.com/2019/05/efficientnet-improving-accuracy-and.html>

Output

GlobalAvgPool2D

3 (or 2)

Multi-class classification training and validation (B - BWC - M)

Calcification dataset

Base model as is

Validation loss:

0.903

Validation accuracy:

0.509



Unfreeze top 10 layers

Validation loss:

0.863

Validation accuracy:

0.536



Base model as is

Unfreeze top 10 layers

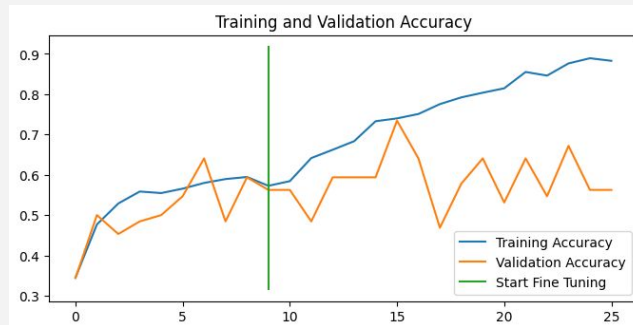
Unfreeze all layers

Validation loss:

1.017

Validation accuracy:

0.571



Base model as is

Unfreeze all layers

Multi-class classification training and validation (B - BWC - M)

Mass dataset

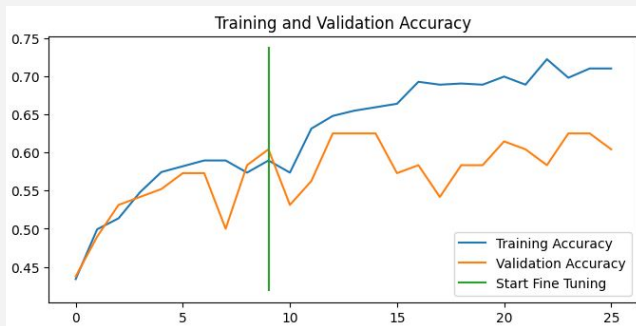
Base model as is

Validation loss:

0.898

Validation accuracy:

0.569



Unfreeze top 10 layers

Validation loss:

0.875

Validation accuracy:

0.629



Base model as is

Unfreeze top 10 layers

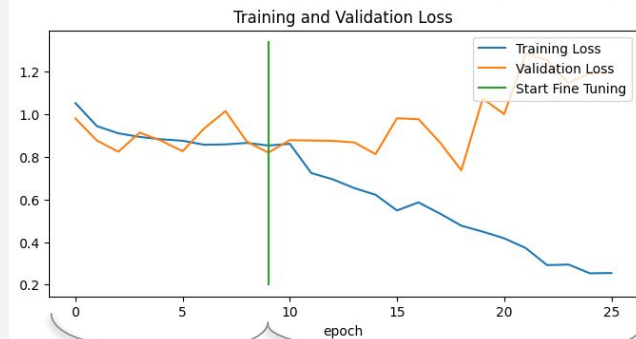
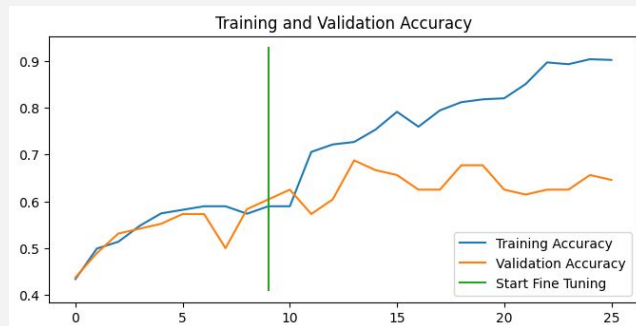
Unfreeze all layers

Validation loss:

1.253

Validation accuracy:

0.635



Base model as is

Unfreeze all layers

Binary classification training and validation (BWC vs M)

Calcification dataset

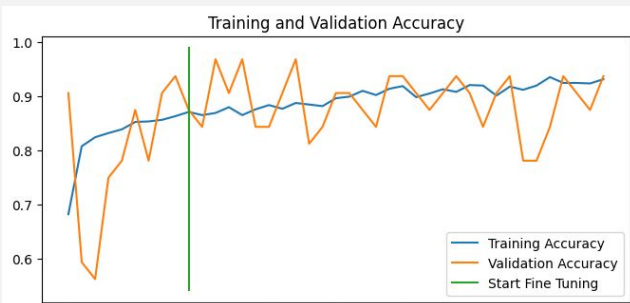
Base model as is

Validation loss:

0.349

Validation accuracy:

0.852



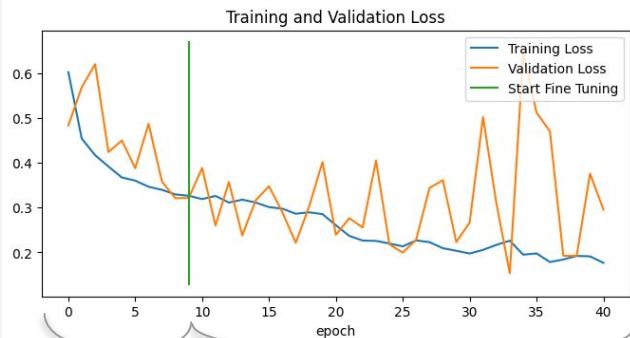
Unfreeze top 10 layers

Validation loss:

0.329

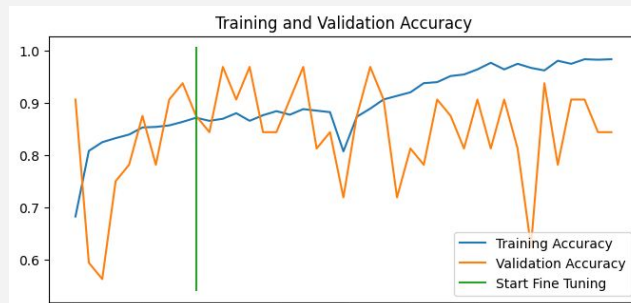
Validation accuracy:

0.877



Base model as is

Unfreeze top 10 layers



Unfreeze all layers

Validation loss:

0.320

Validation accuracy:

0.872



Base model as is

Unfreeze all layers

Binary classification training and validation (BWC vs M)

Mass dataset

Base model as is

Validation loss:

0.487

Validation accuracy:

0.825

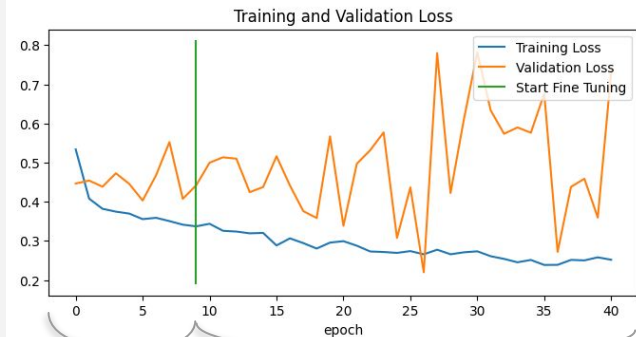
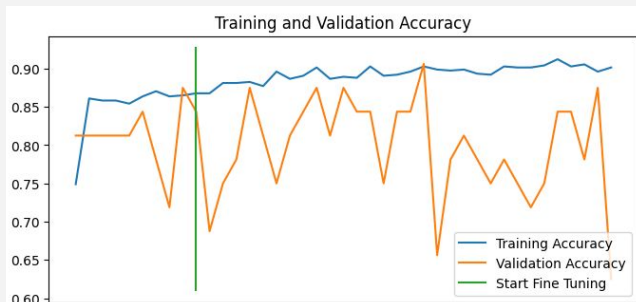
Unfreeze top 10 layers

Validation loss:

0.496

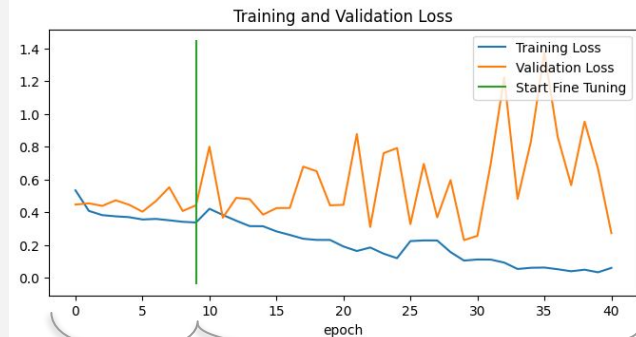
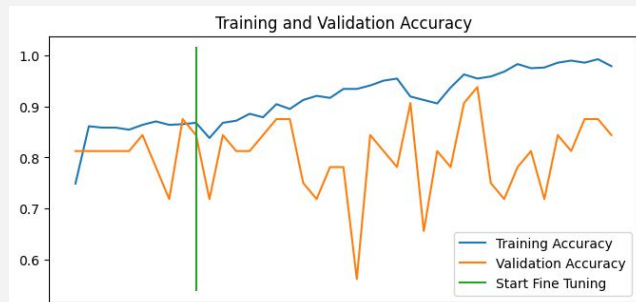
Validation accuracy:

0.804



Base model as is

Unfreeze top 10 layers



Base model as is

Unfreeze all layers

Unfreeze all layers

Validation loss:

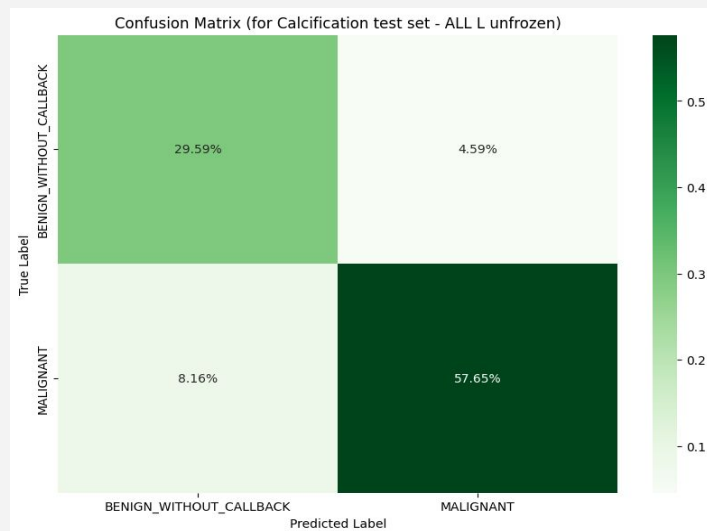
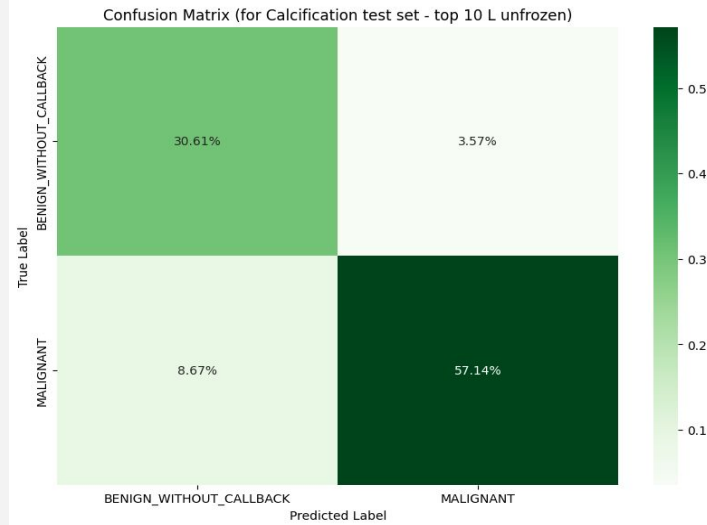
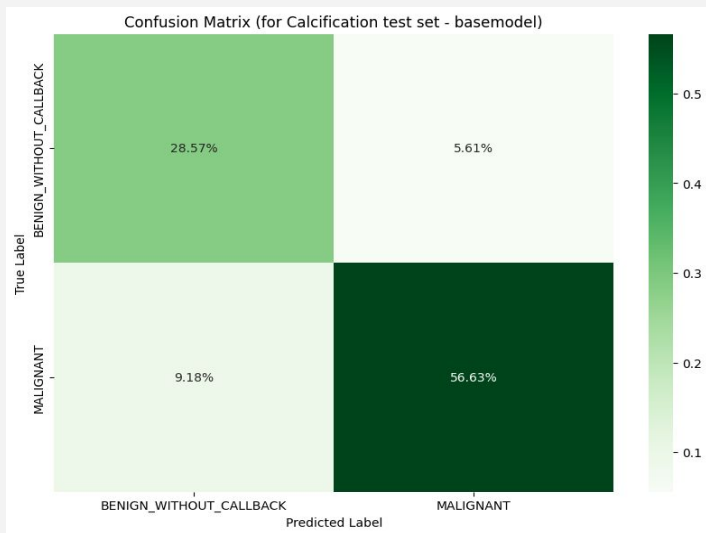
0.586

Validation accuracy:

0.799

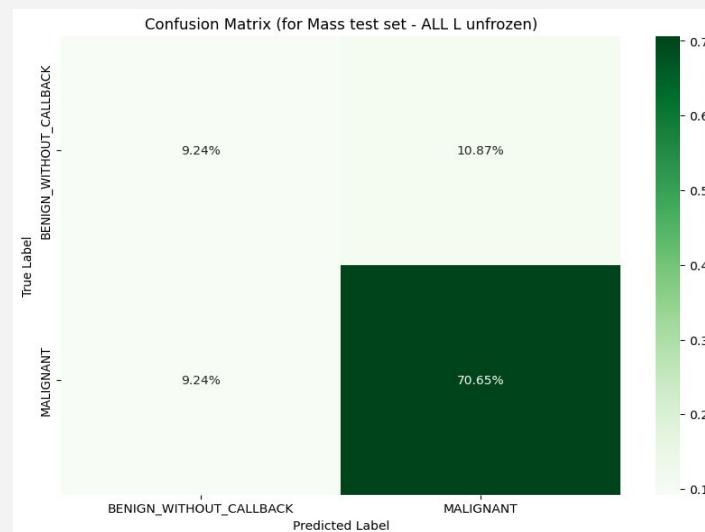
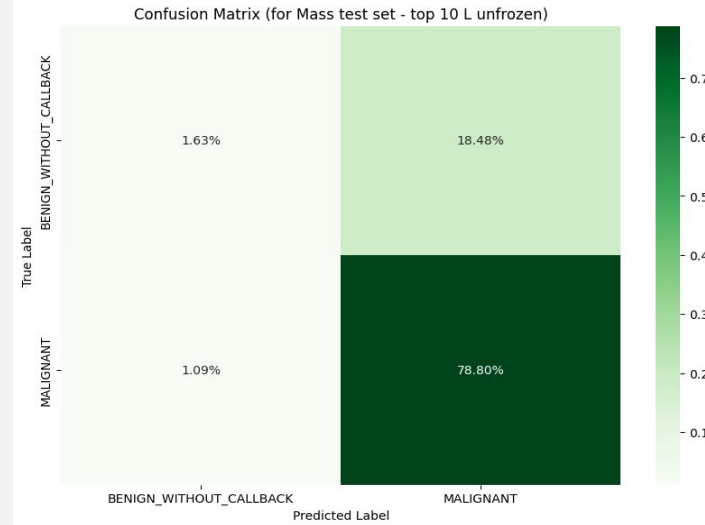
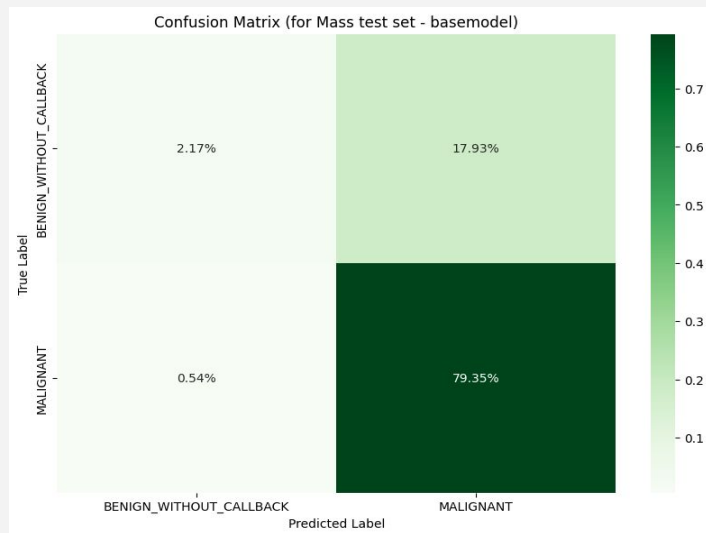
Confusion matrices

Calcification test set



Confusion matrices

Mass test set



06

Concluding Remarks



Summary

- Presented breast cancer mammography image dataset
- Performed data exploration, feature analysis, and analytics on the textual and image data
- Hosted image data on AWS S3 buckets, trained and tested using AWS SageMaker
- Implemented a transfer learning method using the EfficientNetV2B0 model
- Attempted optimization using fine tuning by unfreezing top 10 layers and then all layers for both mass and calcification datasets
- The models can predict only the malignant cases with satisfactory accuracies

Future Work

- The textual labels and the image labels could be combined in a more sophisticated architecture to improve accuracies



Conclusions

- **Analysis shows potential of features influencing how the model interprets images and classifies classification of breast cancer**
- **Crucial for health professionals to continue using other tools and methods for classification of breast cancer**
- **Features such as shape, description not only have an effect on predicting an image but, an effect as whole on classifying classifications of breast cancer. Subtlety levels also showed that most of these masses or calcifications are being caught on the images as it was a very small percentage at level 1. 1 being completely subtle.**

A black and white photograph of a doctor in a white coat with a stethoscope around their neck, holding the hand of a patient who is lying down. The patient's arm is visible, wearing a blue hospital gown. The image is split vertically, with the left side having a purple overlay.

Thank you for your Attention!

Questions?

CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon**, and infographics & images by **Freepik**.



References

- <https://www.kaggle.com/datasets/awsaf49/cbis-ddsm-breast-cancer-image-dataset/data>
- <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>
- <https://plotly.com/python/choropleth-maps/>
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