

# NUCLEI SEGMENTATION IN HISTOPATHOLOGY IMAGES USING DEEP NEURAL NETWORKS

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## ABSTRACT

**Index Terms**— Deep Learning, Convolutional Neural Networks, Nuclei Segmentation, Histopathology, Digital Pathology, Breast Cancer, Cellular Phenotyping

## 1. INTRODUCTION

Today, large sequencing approaches build the main body of cancer research programs and they have revolutionized our understanding of the molecular basis of cancer. In clinical practice however, molecular profiling is paralleled with the more traditional (and mostly manual) analysis of stained histological tumor sections. With the advent of digital pathology, i.e. the scanning and digital storage of diseased tissue sections, it is now possible to build tools for the quantitative and automatic analysis of these complex and informative image data. Indeed, this is a very promising approach for several reasons : image based approaches provide us with spatial information that is absent in genomic, transcriptomic and epigenetic studies of cancer. In addition they allow analysis of individual cells, such that it is possible to study cellular heterogeneity. Cellular heterogeneity has been acknowledged to be of major importance in cancer research and treatment. Also, it is possible to analyze cells in terms of morphology and phenotype, which brings in a complementary piece of functionally relevant information.

For these reasons, analysis of histopathology data has received much attention over the last years. Most of these works are in the frame of Computer Aided Diagnosis (CAD) and aim at automatically performing the task of a human pathologist or at assisting in the diagnosis. For such a task, the nature of the features according to which a certain classification or detection task is solved is mostly irrelevant. A conceptually different approach is to derive biologically relevant features, such as phenotype distributions, spatial cell type distributions or heterogeneity measures from the tissue data in order to

reach some understanding as of which biological features can be predictive for clinical variables such as resistance to treatment or relapse probability.

In this latter case, one of the essential steps is to segment nuclei from tissue images in order to be able to assign them a cell type or phenotypic label and to evaluate their spatial distribution. We concentrate on nuclei, as they are indicative of many cellular phenotypes[1], and their morphology is currently used by pathologists in order to identify the mitotic index and the level of nuclear pleomorphism[2].

Yet, segmentation of nuclei is a complicated task : tissue type, staining differences and cell type convey them different visual characteristics, which makes it very difficult to design traditional image segmentation algorithms that work satisfactorily for all of these different cases. On the other hand, deep learning algorithms have been used recently with great success to complex segmentation tasks in biology[3, 4].

The contribution of this paper is three-fold : (1) we have generated a ground truth of annotated images containing segmentation results for more than 2000 cells. The dataset can be used by the scientific community. (2) We apply a deep neural network end-to-end strategy and demonstrate the superiority of this approach with respect to previously proposed simpler architectures. (3) We propose a post-processing strategy of the posterior probabilities provided by the network. This post-processing strategy is based on mathematical morphology and has a rigorous interpretation as to when objects are to be split.

## 2. RELATED WORK

Image segmentation and object recognition in medical imaging have been tackled for many years and many approaches have been found. Methods based on mathematical morphological operators have been widely used and applied for segmentation and feature extraction, however such methods rely on the user to manually define the information that is relevant for his task [?]. Segmentation methods based on a strong priori information are also possible and yield com-

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parable results in terms of accuracy, in [?] they segment the picture using a ellipse fit which is considerably faster than other state of the art methods. Graph- based tools for segmentation are also possible in histopathology [?]. [?] focus on gland segmentation, they achieve good results by predicting image patches as a whole, via a classification scheme. The output confidence vector is then preprocessed to obtain the final segmentation. Alternative methods have arisen from the achieving Convolutional neural networks [?], in particular strong incentive rose with the very impressive results that they achieved in the pascal voc challenge with [?]. Recent advances in deep neural network, and in particular in their optimization have made them become the state-of-the- art model for object recognition. Deep neural network have also been used for different task and have yielded very impressiv results, we can think of semantic segmentation problems, where [?] use "de- convolution layers" and up-sampling in order to identify and precisely locate objects within a picture. Different architecture arising from different intuition are also possible and have been applied in this paper.

Talk about related work.

### 3. DATASET

One of the main contributions of this paper is the now public available nuclei detection dataset within HE stained histopathology images which can be found at website (not a true address). This annotated dataset provides images clustered by patients. Each patient has at least 3 annotated  $512 \times 512$  HE stained histopathology images with their associated ground truth. Each ground truth image is a  $512 \times 512$  where each pixel value above 0 is considered as a pixel belonging to a nuclei. The differences in values of these pixels denote different nucleus, such an annotation can be used in several processing step which does or doesn't take into account clutered nuclei. See figure 1 for an example of three annotated images. This annotation was conducted via the help of the software ITK-snap and were annotated by the authors of the paper.

These patients were randomly picked from an unpublished study on tripple negative breast cancer. For each of these patients we had access to their biopsy sample as a whole slide image (WSI). WSI enables a medical practitionner to digitize the huge amount of information that can be found in glass slides. WSI can be up to 60 GB big uncompressed and can't be stored in RAM on a standard computer. Given the WSI of a patient, we randomly cropped  $512 \times 512$  samples from the WSI. 3 to 7 images were choosen from the randomly sampled images to try and give the most diversed dataset among these patients. Once the samples were choosen, we fully annotated each nuclei via the software ITK-snap and touching nuclei are differentiate via a different annotation value.

In this data set we have annotated a considerous amount of cells, including normal breast cells (epithelial and lobule cells), cancerous breast cells, fibroblasts, endothelial cells, fat

cells, macrophage cells and inflammatory cells (lymphocytes and plasmocytes). For the moment, cell types have not been seperated, which means that in this dataset every annotation corresponds to a global type of cell.

- Number of images : 33
- Number of cells : 2754
- Maximum number of cells in one sample : 293
- Minimum number of cells in one sample : 5
- Mean number of cells : 83
- Standard deviation of number of cells : 63

### 4. METHODOLOGY

Let A be the space of RGB images, A can typically be  $\mathbb{R}^{n \times p \times 3}$  and let B the space B the space of annotation images, in our case  $\{0, 1\}^{n \times p}$ . We have a set of  $(A_l, B_l)_{l \in [1, N]}$  for a supervised learning approach. Our goal is a prediction task named as semantic segmentation, we wish to maximize the prediction of an unseen element belonging to B given an new element in A. We maximize thus prediction by modeling our prediction function as the softmax output of a deep neural network. We find the model parameters by minimizing a log loss function defined as :  $\frac{1}{\sum_{i,j} w_{i,j}} \sum_{i,j} \sum_k w_{i,j} t_{i,j,k} \log(\widehat{p_{i,j,k}})$ , where  $k$  designates a certain label,  $w_{i,j}$  is certain weight given to pixel  $i, j$ ,  $t_{i,j,k}$  is equal to 1 if pixel  $i, j$  is of class  $k$  and  $\widehat{p_{i,j,k}}$  designates the estimated probability of pixel  $i, j$  of being  $k$  via the softmax output of the neural network. We minimize the loss function via stochastic gradient descent.

We have our training set  $(A_l, B_l)_{l \in [1, N]}$  where N is equal to 34, how ever each element  $A_l$  belongs to a certain patients and several elements  $A_l$  can belong to the same patient. As we are dealing with histopathology images, it is know that samples can widely vary from one patient to the other. We thus validate our model by a leave one patient out scheme. Our validation scheme is as followed, for a given set of hype parameters, we train our model on every patient except one that is used for validation. Our final score is averaged over all patients. Several metrics assess the quality of the model, the accuracy (Acc), the F1 score and a performance (Perf) score which is the mean between the true positive rates and the true negative rates.

To train our models, as the number of available annotated is scarce, we used a great number of transformation for the data augmentation. From a original size of 33 annotated images, adding flips, rotations, bluriness and random elastic deformations enabled us to have more then 400000 training images. We also try out several hyperparameter configurations : the learning rate and momentum for the stochastic gra-

dient descent, the weight decay value. In practice, we found that hyperparameters tuning didn't influence the scores much, the exception being the learning rate. If the learning rate was not of the right magnitude the given network did not seem to learn. We therefore fixed the momentum to be 0.9 and the weight decay to be  $5.10^{-5}$  for all of the experiences, the learning rate was tuned according to the model chosen. We also experienced with different initialization value and if possible, we also considered pretrained layers. Using pretrained layers made learning more efficient and made score values more robust.

## 5. DIFFERENT ARCHITECTURES/RESULTS

We experience with 4 known architectures in semantic segmentation, one will be named BaochuanNet, Fully Convolutional Net (FCN), DeconvNet, UNet. The most basic architecture, BaochuanNet, consists of 4 convolutional layer where each convolutional layer has 8 feature map. This net, being not deep, has the advantage of being less computationally intensive. FCN is a first attempt of applying "deep feature" representations to the task of semantic segmentation. This architecture has the advantage of re-using a classical deep learning architecture with added on upsampling layer and skip layers. The upsampling layers enable the network to learn a pixel level classification and the skip layers enable the network to fuse different levels of abstraction to the final prediction. This model can be fine tuned with a set of pretrained weights extracted from the classical deep learning architecture, for a more detailed explanation please refer to [?]. DeconvNet is also based on a classical architecture, however, in this network there are no skip layers as one intends to learn the proper upsampling through repeated deconvolution and convolution layers. This model can also be fine tuned, for more information please refer to the original paper [?]. We did not ensemble classifier as suggested in [?] as our FCN and DeconvNet classifier achieve very similar scores.

## 6. RESULT AND DISCUSSION

We conducted our experiments on GPUs via the caffe framework, [?]. We present our results in table ?? where we averaged the metrics over all left out patients. We also added, for illustration purposes 2, image prediction and associated probability maps to evaluate some differences between the classifiers. We notice that the simpler net, Baochuan Net seems to have learnt simple rules based on color information. As we can not notice by the "holes" in the probability map when the interior of the cell is brighter. On the contrary, deeper nets as FCN and DeconvNet have learnt deeper features and seem capable of recognizing whole cells. The small noticeable differences in 2 are due to a random crop, this results in a slightly shifted image for each one of the predictions.

	Baochuan	DeconvNet	FCN
Accuracy	0.936	0.968	0.958
IU	0.759	0.856	0.857
Recall	0.744	0.856	0.855
Precision	0.741	0.858	0.878
F1	0.742	0.856	0.866
TP	0.744	0.856	0.855
TN	0.963	0.981	0.977
Performance	0.853	0.918	0.916
Pixel error	0.063	0.032	0.042

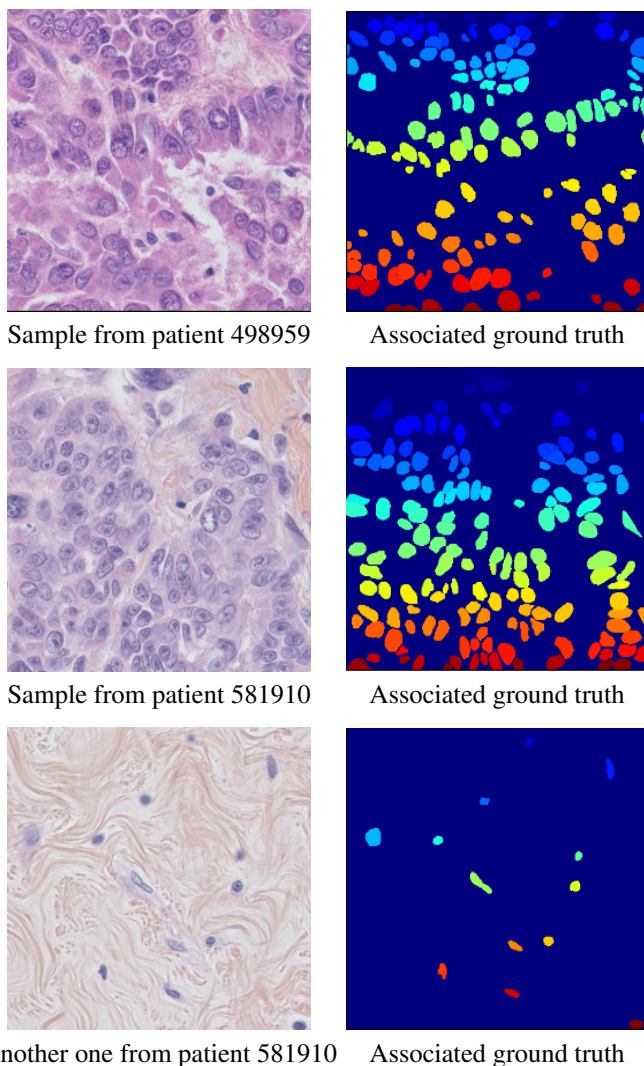
**Table 1.** Results

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**Fig. 1.** Random annotated samples from the dataset

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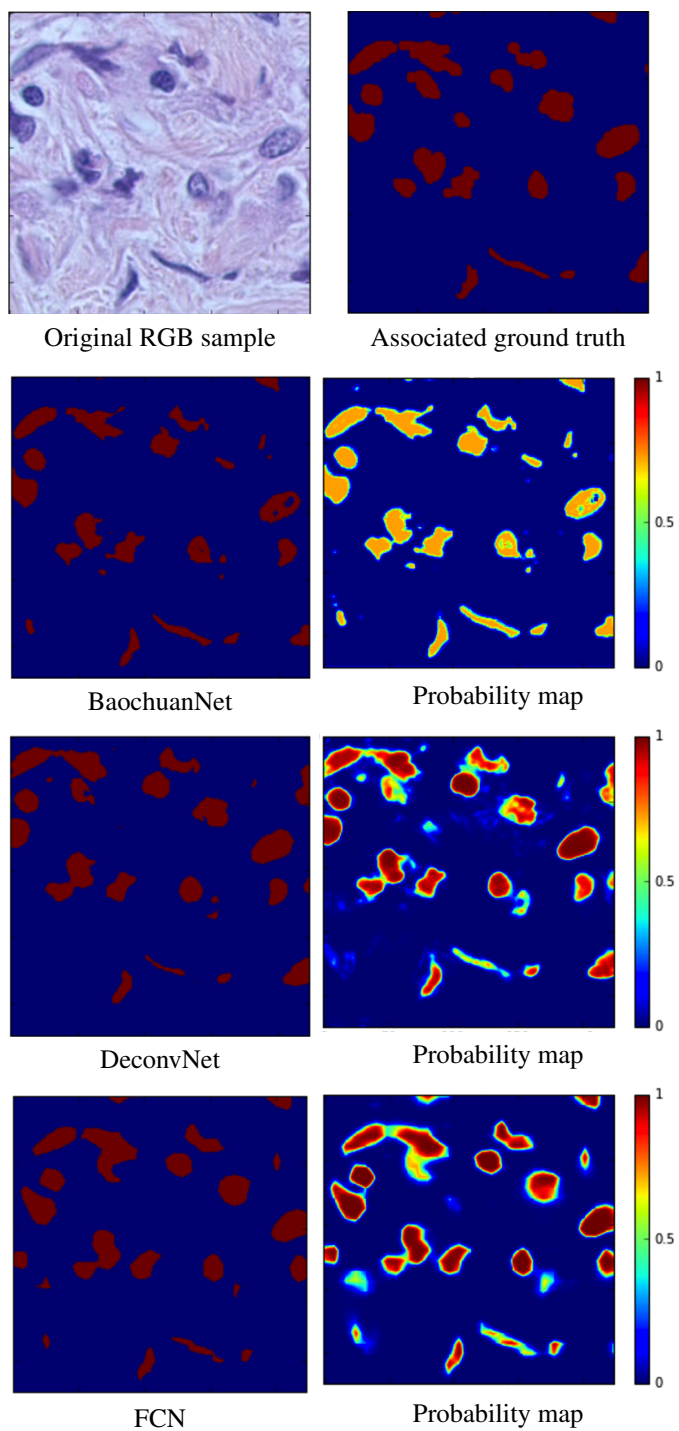
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## 12. REFERENCES

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**Fig. 2.** Prediction via different classifiers of a random sample on the left out patient : 572123