Expression-Based Molecular Subtyping & Classification of Bladder Cancer TCGA Data

Artificial Intelligence in Medicine (AIM) Lab



A Consensus Molecular Classification of Muscle-Invasive Bladder Cancer (MIBC)

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European Association of Urology (EAU).

<u>Overview</u>

Bladder Cancer:

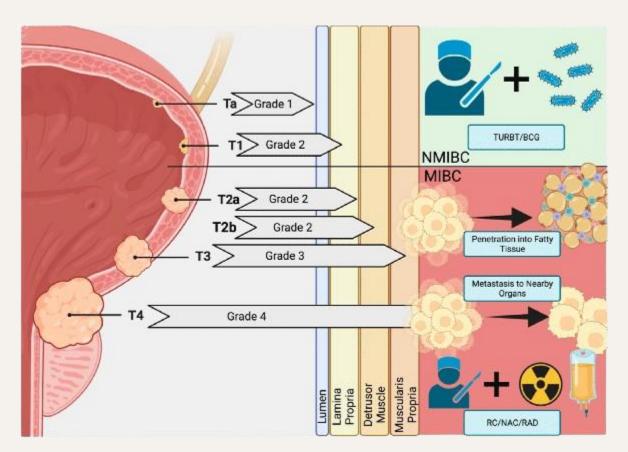
Urothelial Carcinoma Originating in Tissues of the Urinary System

Non-Muscle Invasive Bladder Cancer

Superficial Cancer Confined to Mucosa Layer

Muscle-Invasive Bladder Cancer

Aggressive Cancer Penetrating
Muscle Layer



https://www.mdpi.com/2227-9059/11/2/539

Introduction

Existing Classification Systems:

Diversity of Molecular Subtypes Impedes Clinical Application



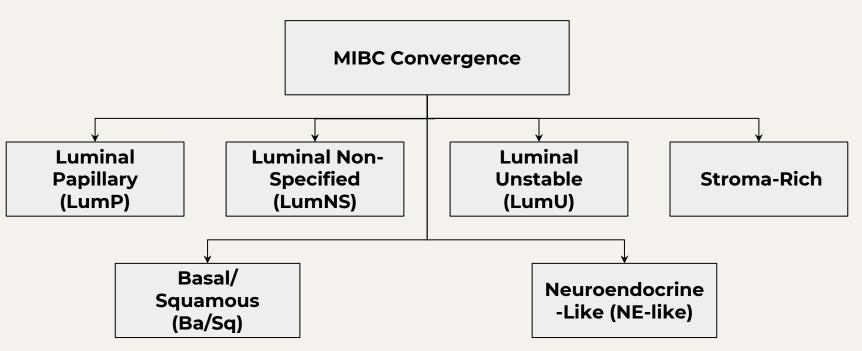
Lack of Naming Convention + Data Variability

Research Objective:

"Achieve International Consensus of MIBC Molecular Subtypes that Reconciles Published Classification Schemes"

Consensus Classification

Implementation: Nearest-Centroid Transcriptomic Classifier in R



Analytical Workflow

Patch Extraction



Feature Extraction



Multiple Instance Learning (MIL)



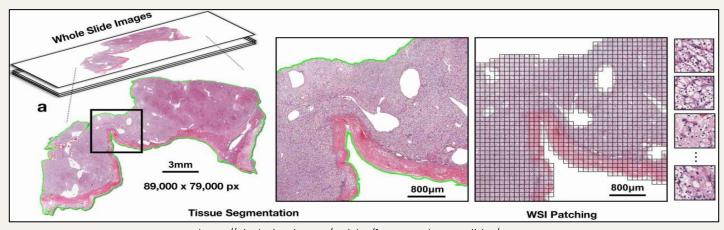
Information Visualization

Patch Extraction

Purpose: Facilitate Localized Deep Learning

Input: Masks Pre-Selected from HistoQC

Output: 1,500 Patches Per Whole Slide Image

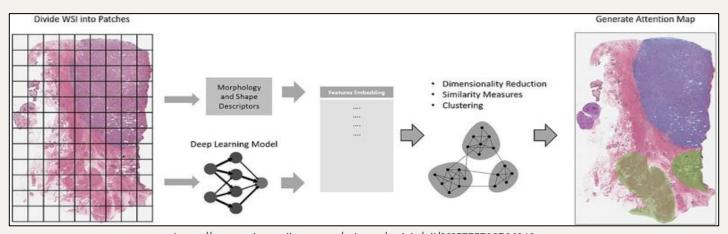


Feature Extraction

Purpose: Meaningfully Represent Tissue Characteristics

Input: 1,500 Patches Per Whole Slide Image

Output: 458 Diagnostic + 463 Frozen .h5 Files



Feature Encoders

CTransPath	Lunit Dino	
 Pre-Trained Vision Transformer for	 Pre-Trained Vision Transformer for	
Unsupervised Contrastive Learning	Self-Supervised Learning	
Phikon	PLIP	
 Pre-Trained Vision Transformer for	 Pre-Trained Vision Transformer for	
Self-Supervised Learning	Pathology Image Retrieval	
UNI	vit	
 Pre-Trained Vision Transformer for	 Pre-Trained Vision Transformer for	
Self-Supervised Learning	Self-Supervised Learning	

Multiple Instance Learning

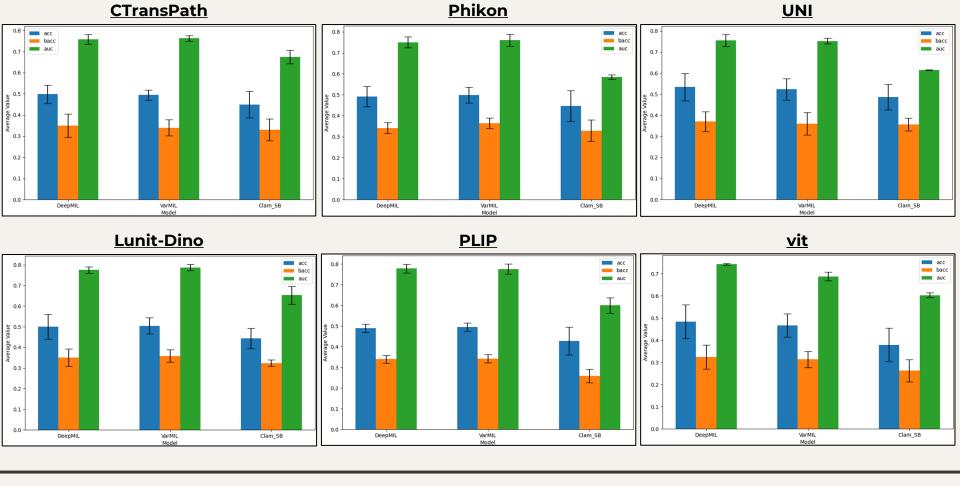
Purpose: Analyse Extracted Features at Bag-Level

Input: 458 Diagnostic + 463 Frozen .h5 Files for 20x Mag

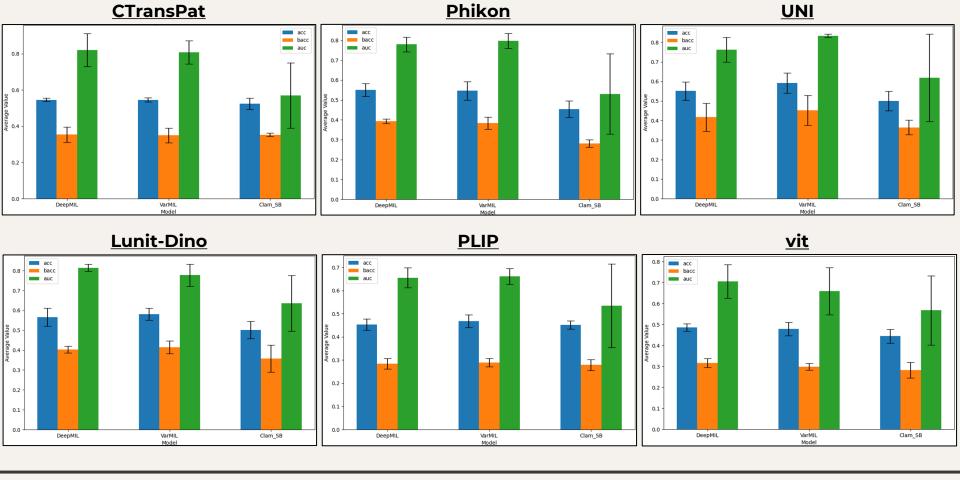
Output: 90 Checkpoint + Output .pt Files per Model

<u>Models:</u>	Data Folds:	Relevant Metrics:	Others:
1. DeepMIL	1. Fold #1	1. Accuracy	1. Time
2. TransMIL	2. Fold #2		2. Recall
3. ClamSB 3. Fold #3	2. Bal. Accuracy	3. Precision	
		3. AUC	4. F1-Score

DIAGNOSTIC



FROZEN



Summary of Findings

Observations:

- CTransPath, Phikon and UNI were the Highest Performing Encoders
- DeepMIL and VarMIL Consistently Provided the Highest Metrics
- AUC Varied the Most Between Models while BACC Varied the Least

Future Work:

- Implement Hyperparameter Tuning (Learning Rate, Weight Decay etc.)
- Experiment with Multi-Headed Attention Mechanisms or Hybrid Variants
- Use Cross-Validation to Prevent Over-Fitting and Increase Robustness

<u>Information Visualization</u>

Purpose: Determine Relationships Between Subtypes

Input: 458 Diagnostic + 463 Frozen .h5 Files for 20x Mag., Manifest File (patient_id, slide_id, subtype, slide_path)

Output: UMAP Plots

Slide-Level

Mean Pooling of 1,500 Patches + Filtering of Features with No Subtypes

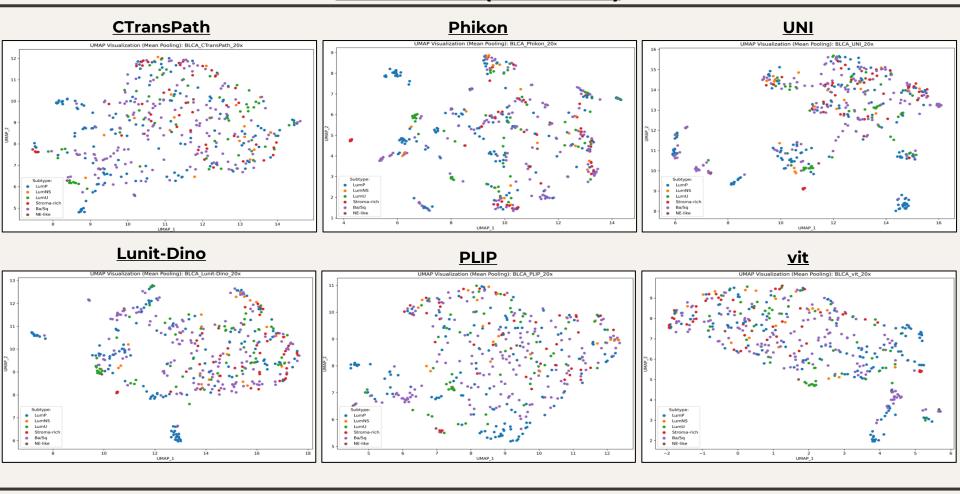
Eg: $(1,500,768) \rightarrow (1,768)$

Patch-Level

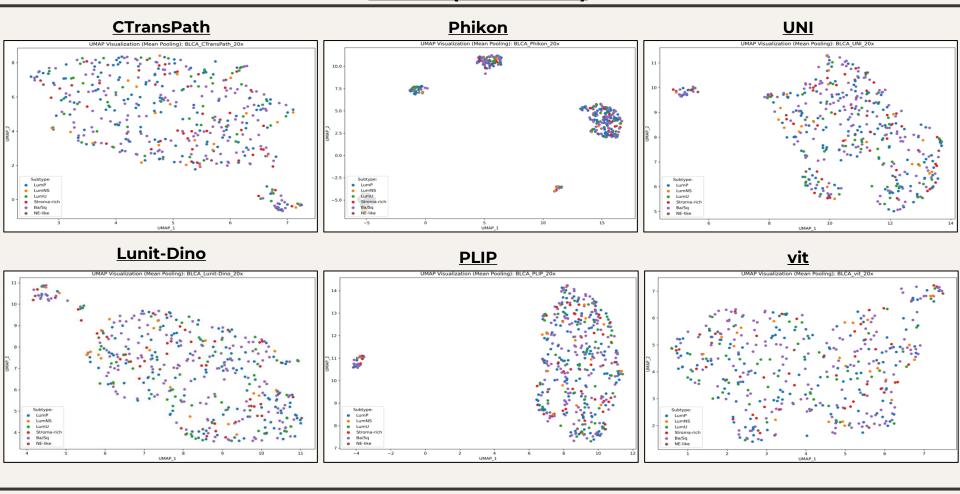
Random Selection of 150 Patches + Filtering of Features with No Subtypes

Eg: (1,500, 768) → (150, 768)

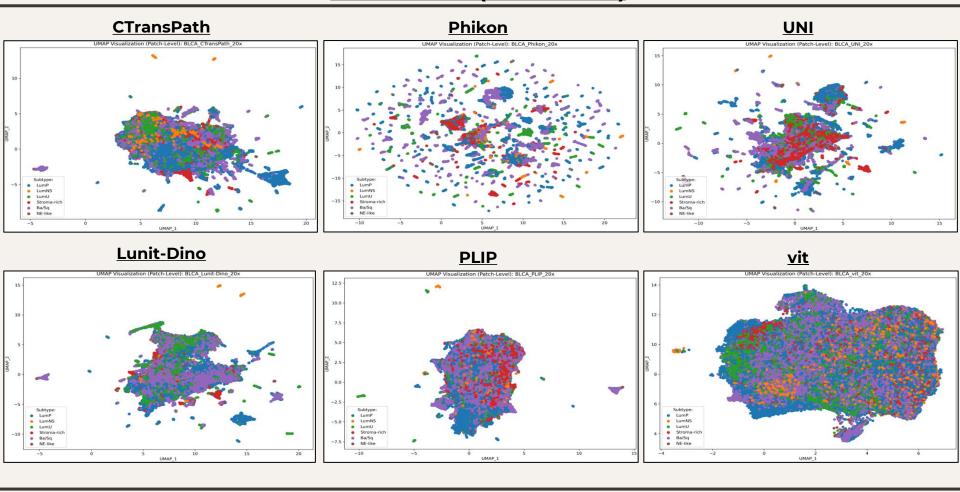
DIAGNOSTIC (Slide-Level)



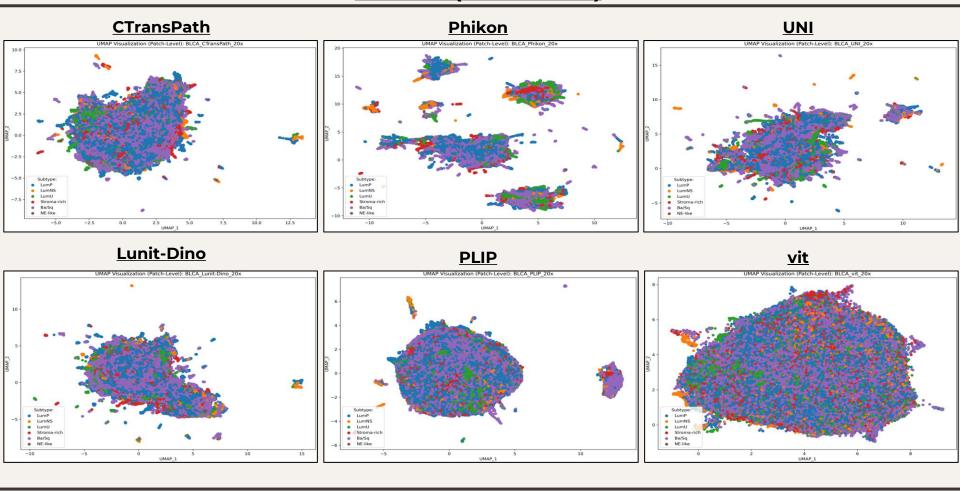
Frozen (Slide-Level)



DIAGNOSTIC (Patch-Level)



FROZEN (Patch-Level)



Summary of Findings

Observations:

- Patch-Level UMAPs Provided Higher Granularity than Slide-Level UMAPs
- Patch-Level UMAPs Capture Data Diversity Better than Slide-Level UMAPs
- Patch-Level UMAPs Retain Local Patterns Better than Slide-Level UMAPs

Future Work:

- Stratified Sampling Based on Patches of Interest + Extract More Samples
- Implement Weighted Aggression or Hierarchical Pooling at Slide-Level
- Perform Dimensionality Reduction (PCA, t-SNE) Prior to UMAP Plotting

Acknowledgements

Questions?