

Application of RetinaNet in localizing cancer in digital breast tomosynthesis

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Motivation and goal

Motivation:

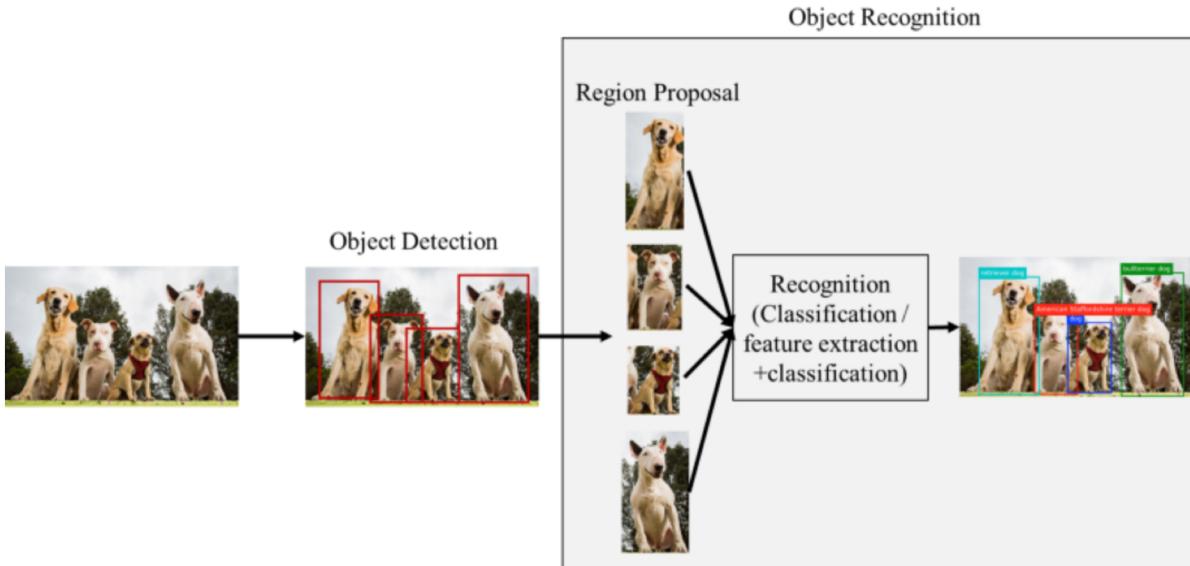
- Breast cancer screening to catch cancer early and treat it
- Traditionally mammography, but now have a new modality digital breast tomosynthesis (DBT)
- Use deep learning to improve detection and save time

Goal: to detect biopsy-proven breast lesions in DBT which include mass and architectural distortion.

- Provide bounding box (our team)
- Classify the detected box (classification team)

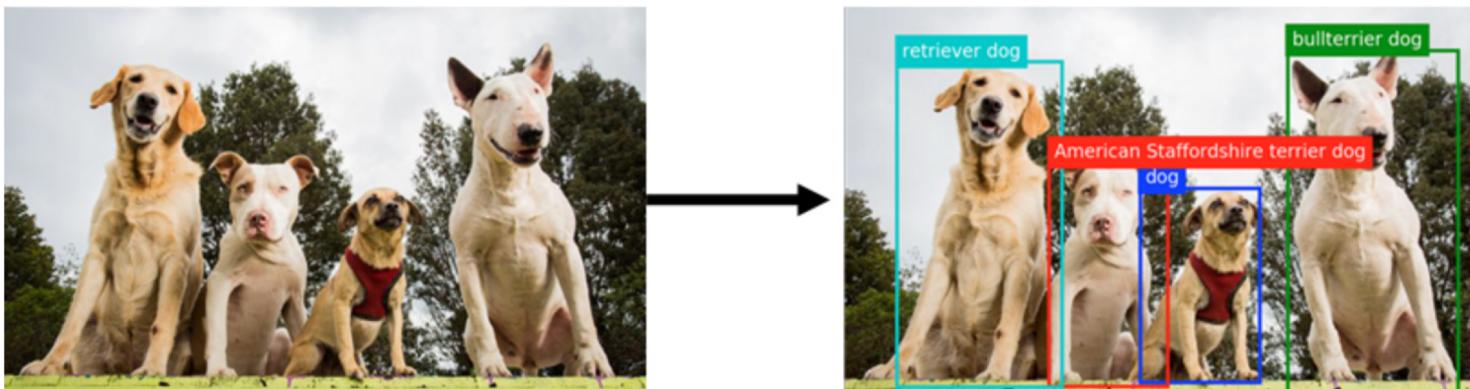
One vs two stage detectors

Two-stage:
More accurate



Object Detection + Recognition

One-stage:
Faster



Figures: <https://github.com/yehengchen/Object-Detection-and-Tracking/blob/master/Two-stage%20vs%20One-stage%20Detectors.md>

Focal loss

- Recall binary cross entropy loss (blue curve)

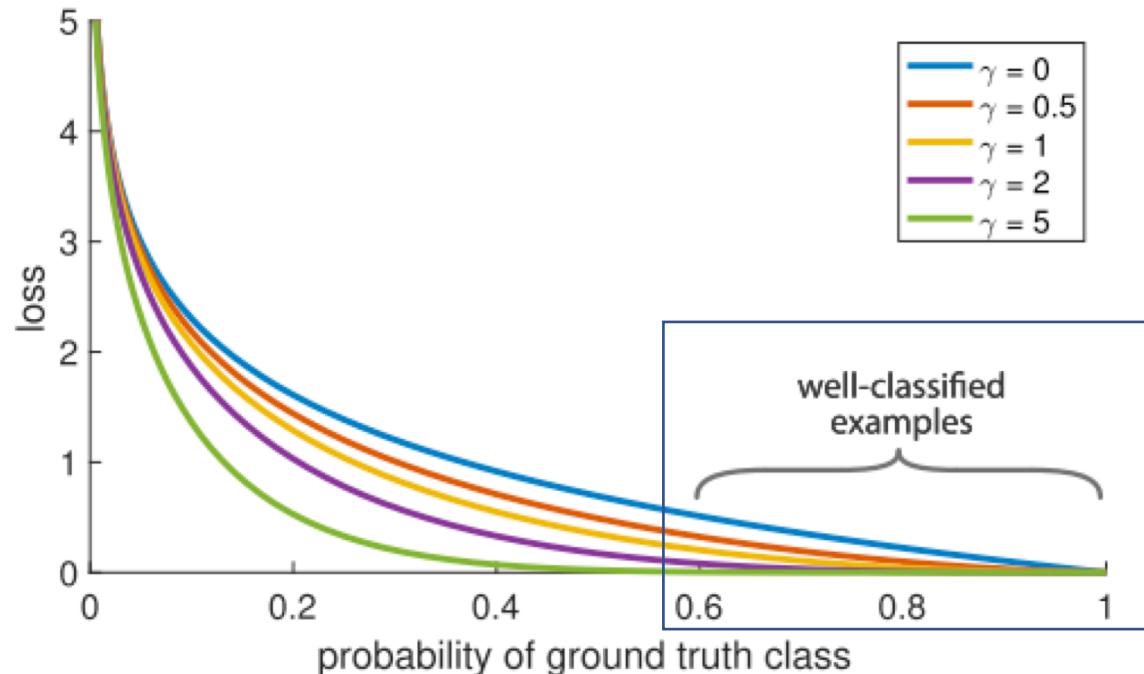
$$\text{CE}(p, y) = \begin{cases} -\log(p) & \text{if } y = 1 \\ -\log(1 - p) & \text{otherwise.} \end{cases}$$

- Focal loss: down-weight the loss of easy background examples

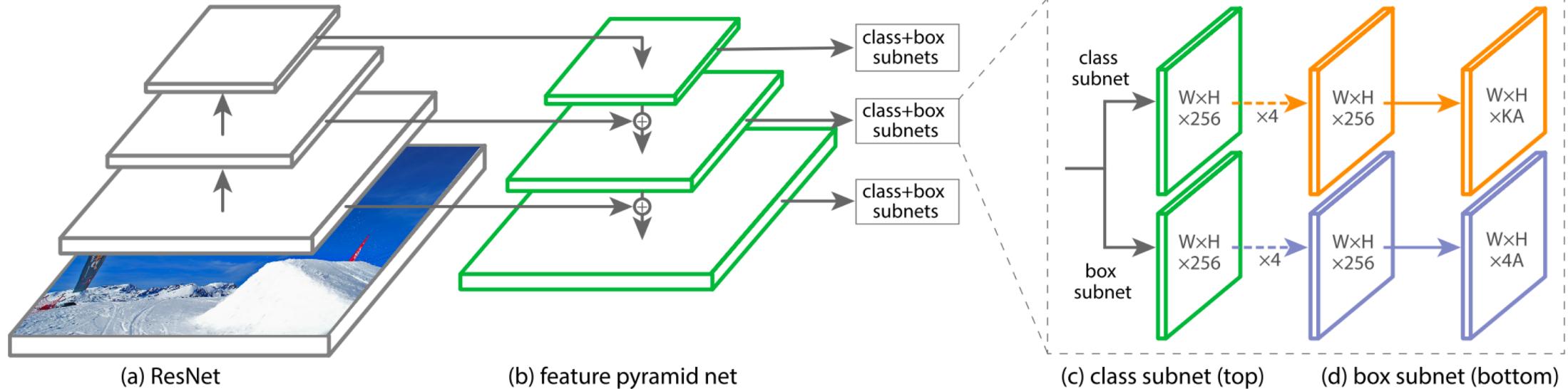
$$\text{FL}(p_t) = -(1 - p_t)^\gamma \log(p_t)$$

$P \rightarrow 1$, loss is down-weighted

Gamma: adjusts the rate of down-weighting easy examples



Architecture



Produces
feature maps
at multiple
scales (deeper,
smaller scales)

- 5 different levels (showing 3)
- Each level detects features at a different scale (2^{Level} difference in resolution)
- Anchor box areas: $32^2, 64^2, 128^2, 256^2, 512^2$. Three aspect ratio at each level.

Box regression:

For each of the A anchors per pyramid level

- Compute offset between each anchor and assigned nearby GT box
- $\text{IoU} \geq 0.5$: assigned

Study design

General principles is to start simple:

- Use the default RetinaNet model parameters
- Run for less epochs, use less data

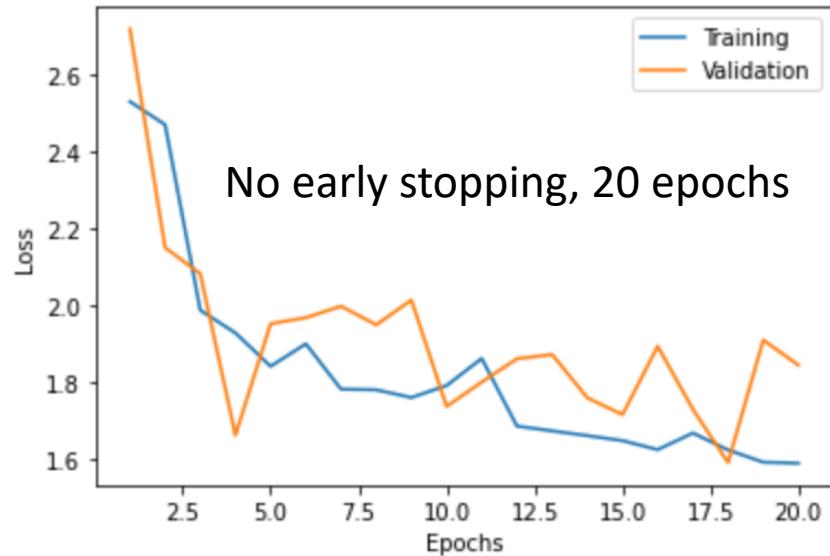
Training parameters

- Optimization: SGD lr = 0.001 with momentum 0.9
- Batch size = 6
- 50 epochs with early stopping
- Anchor sizes and aspect ratios: default
- Detections per image: 300

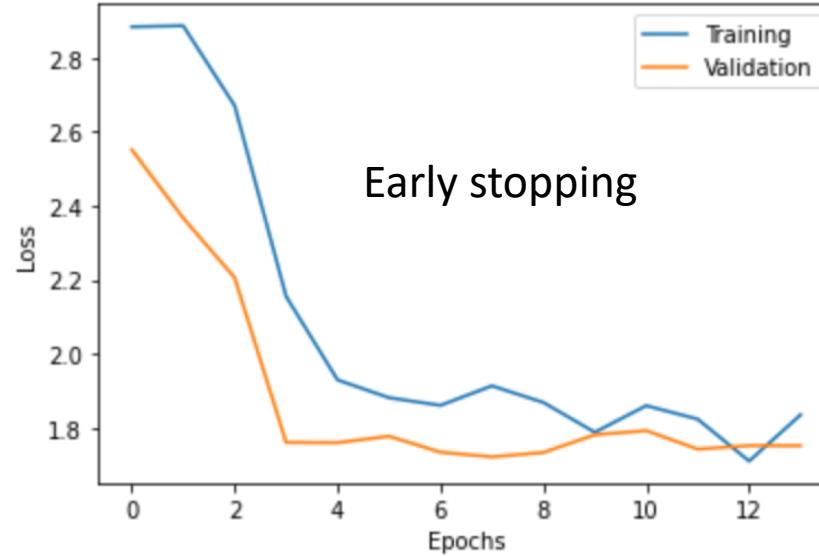
Training split

- 80%/10%/10% train validation test stratified split.
- 180 train (70 cancer), 21 validation (8 cancer), 23 test (9 cancer)

Initial results



No early stopping, 20 epochs



Evaluation metric:

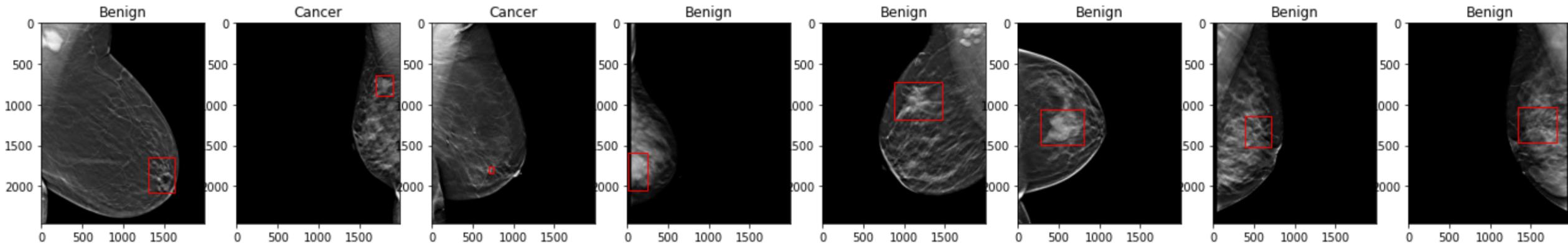
- A box is TP if
 - Distance between centers < half of annotation box diagonal length
 - Or distance between centers < 100 pixels

Result on test set (n = 23):

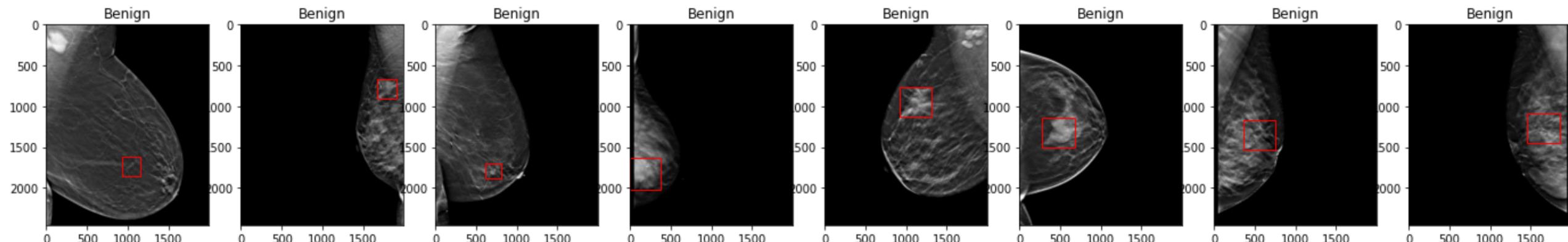
Mean sensitivity at 2 FP per slice was **0.601**

On test set (n = 23 with 9 cancer) trained with 20 epochs

Annotations



Model predictions



IoU	0, not TP	0.765, TP	0.153, TP	0.584, TP	0.526, TP	0.610, TP	0.716, TP	0.609, TP
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Limitations and remaining steps

Limitations:

- Undertrained
- Not using patient level splitting
- Did not account for normal cases
- Visualization of predicted boxes only limited to one top-confidence box

Remaining steps:

- Compute the free response ROC curves at 1, 2, 3, 4 FP per slice
- Discuss with Joy and AI about the 3D bounding box inference
- Integrate with classification and segmentation team
- Heatmap vis and user interface

Main references

- Buda, Mateusz, et al. "Detection of masses and architectural distortions in digital breast tomosynthesis: a publicly available dataset of 5,060 patients and a deep learning model." *arXiv preprint arXiv:2011.07995* (2020).
- Lin, Tsung-Yi, et al. "Focal loss for dense object detection." *Proceedings of the IEEE international conference on computer vision*. 2017.
- Lin, Tsung-Yi, et al. "Feature pyramid networks for object detection." *Proceedings of the IEEE conference on computer vision and pattern recognition*. 2017.

Integration with classification team

1860 normal,
benign, cancer
cases

In the future:
validation and
test cases
provided by
the challenge.



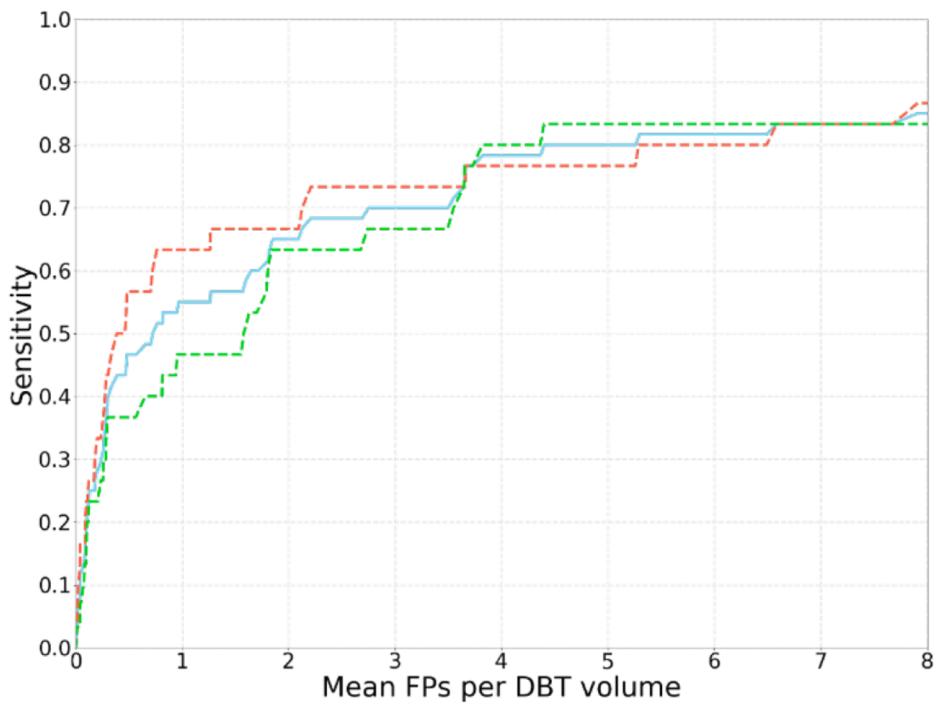
Previous version:

For each slice:

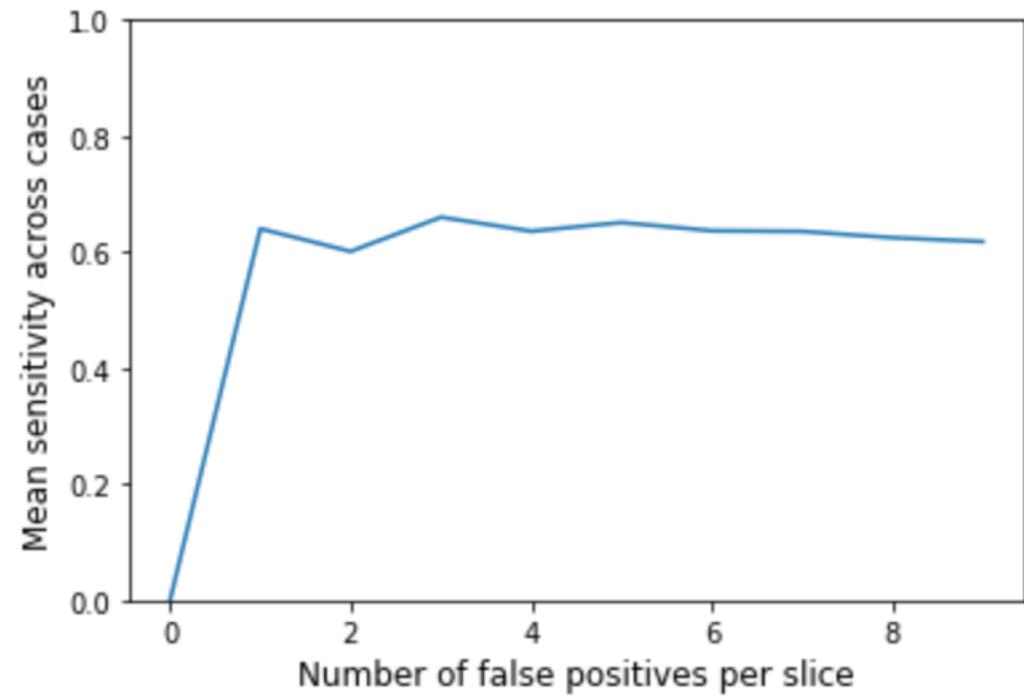
- If the predicted box has confidence > 0.3:
save the box coordinates
- Else, save the box as an empty box

Current version:

3 top boxes per slice



From the challenge paper



Our RetinaNet

