

# SKIN LESION CLASSIFICATION AND DIAGNOSIS

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# PROBLEM STATEMENT

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## 01 THE PROBLEM

- Skin cancer is the most common cancer globally
- Numerous lesions being misdiagnosed despite usage of dermoscopy
- \$673 million in overall cost

## 02 THE STAKEHOLDERS

- Dermatologists
- Hospitals and skin cancer clinics in Singapore

## 03 THE PURPOSE

- Improve diagnostic rate of skin lesions and cancer
  - 2 classification tasks using Convolutional Neural Networks:
    - **Specific skin lesion diagnosis**
    - **Malignant, benign, or precancerous**
  - Appropriate treatments for patients
-

# METHODOLOGY

## STEP 1:

### EXPLORATORY DATA ANALYSIS

- Analyse trends in labelled and image data



## STEP 2: IMAGE PREPROCESSING

- Standardise images (size, colour etc.)
- Data augmentation

## STEP 4: CONCLUSION

- Recommendations moving forward

## STEP 3: MODELLING AND EVALUATION

- Convolutional Neural Networks
- Evaluation metrics (Accuracy and Recall)

# THE DATASET

# DATA SOURCES

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TOTAL NUMBER OF IMAGES

10,276

## 3 MAIN DATASETS

- International Skin Imaging Collaboration (ISIC):
  - 2018, 2019 and 2020 datasets

## 3 EXTERNAL DATASETS

- DermNet NZ
- Dermoskopedia
- 7-point Criteria Evaluation Database

# TARGET VARIABLES



## 7 SKIN LESIONS

- Melanocytic Nevi (NV)
- Benign keratoses (BKL)
- Vascular lesions (VASC)
- Dermatofibroma (DF)
- Melanoma (MEL)
- Basal cell carcinoma (BCC)
- Actinic Keratoses (AKIEC)

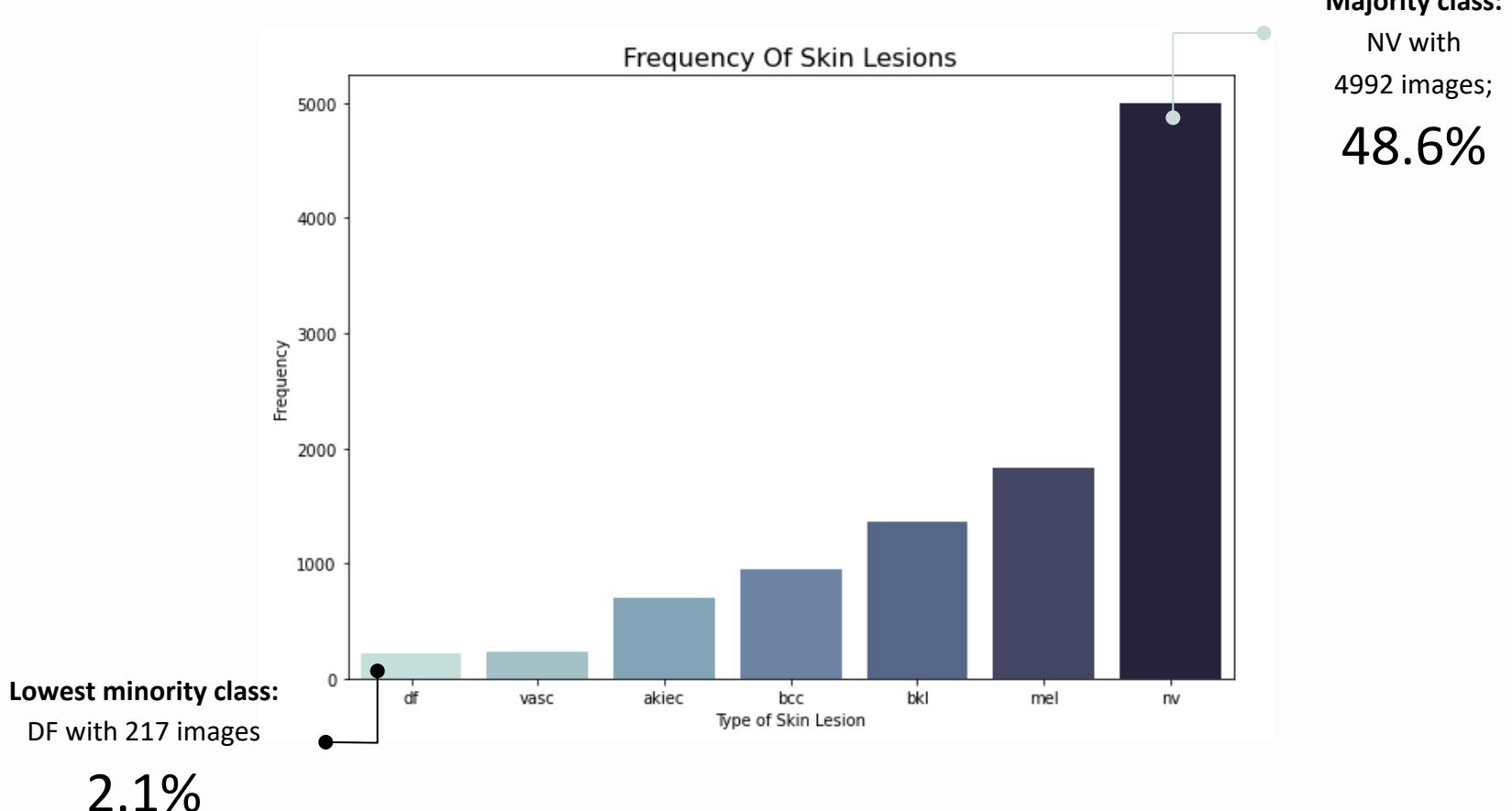


## 3 TYPES OF DIAGNOSIS

- Benign
  - NV, BKL, VASC, DF
- Malignant
  - MEL, BCC
- Precancerous
  - AKIEC

# EXPLORATORY DATA ANALYSIS

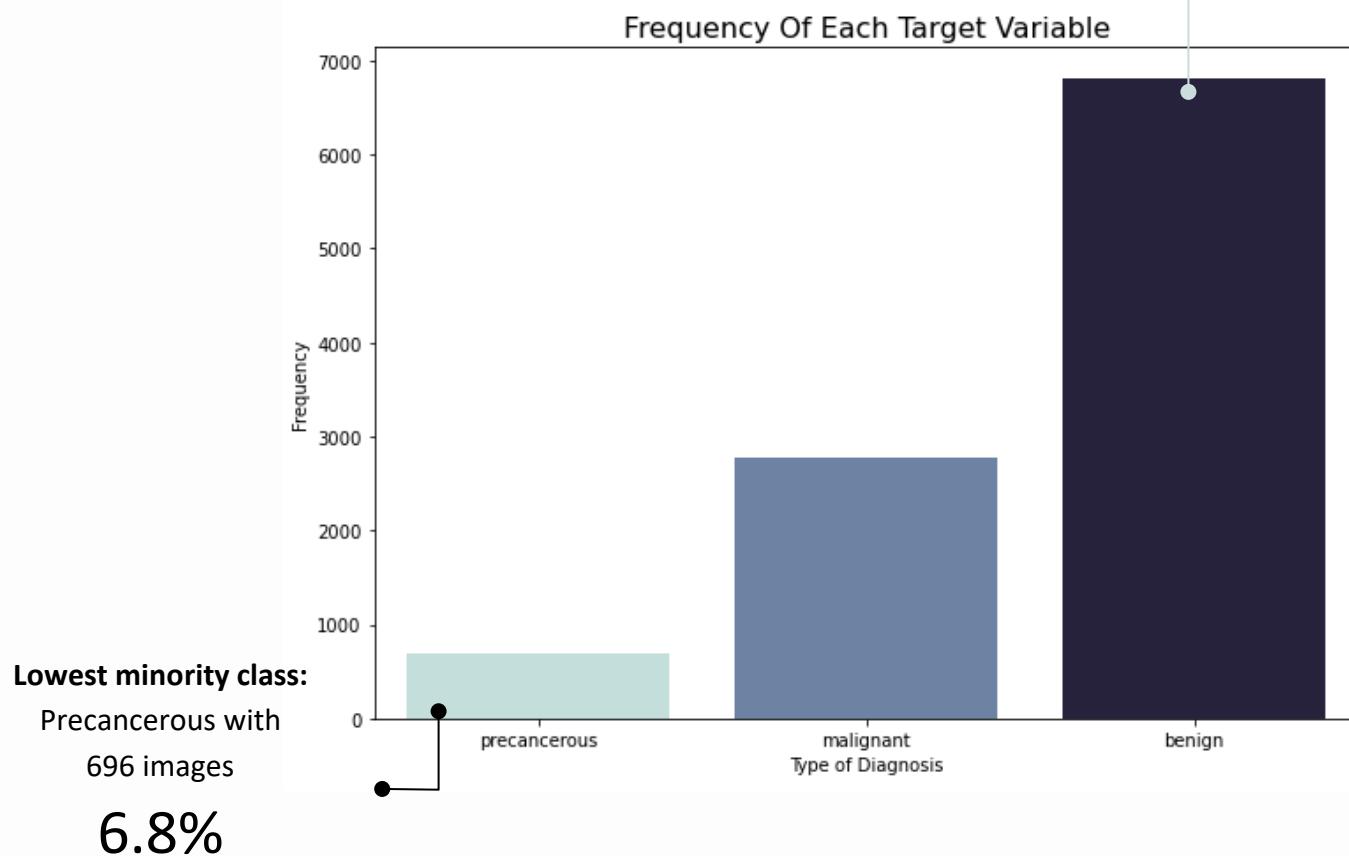
# CLASS IMBALANCE



# CLASS IMBALANCE

Majority class:  
Benign with 6801 images

66.2%



# IMAGE SIZES

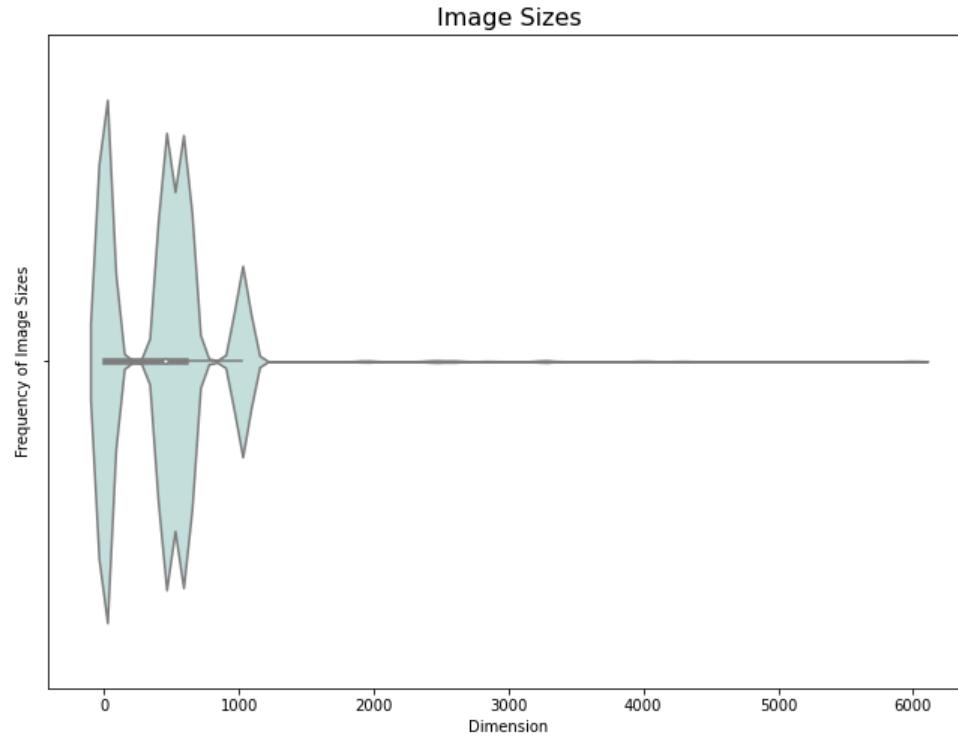
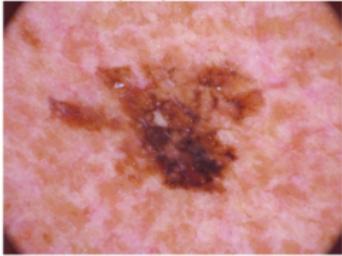


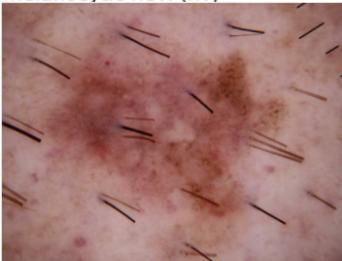
Image size	(1983, 1983)	(1775, 1775)	(4288, 2848)	(3024, 4032)	(2592, 3888)	(2317, 2317)	(511, 768)	(3456, 5184)	(2848, 4288)	(222, 294)	(4000, 6000)	(1936, 2592)	(2448, 3264)	(512, 768)	(1024, 1024)	(450, 600)
frequency	1	1	1	1	1	2	3	6	13	20	20	32	41	61	1770	8303

# IMAGE ANALYSIS

melanoma (mel)



melanocytic nevi (nv)



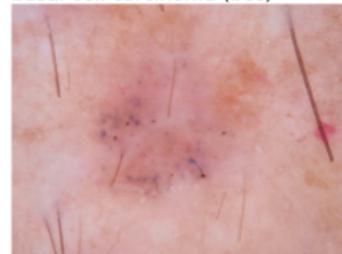
vascular lesions (vasc)



actinic keratoses (akiec)



basal cell carcinoma (bcc)



benign keratosis-like lesions (bkl)

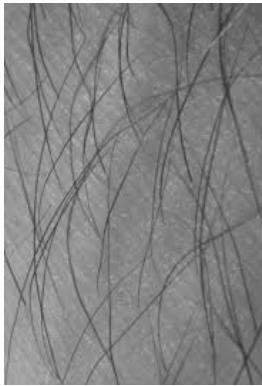


# IMAGE PREPROCESSING

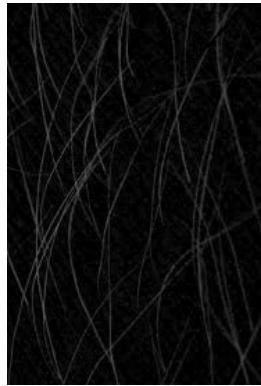
# HAIR REMOVAL



ORIGINAL IMAGE



GREYSCALED IMAGE



BLACK TOP-HAT  
TRANSFORMATION



INCREASING THRESHOLD



INPAINTING  
(image interpolation)

# BLACK TOP-HAT TRANSFORMATION

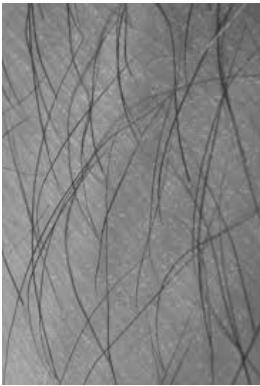
- Enhance dark objects of interest in a bright background



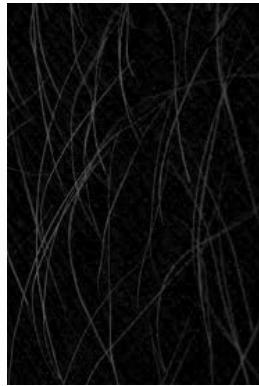
# HAIR REMOVAL



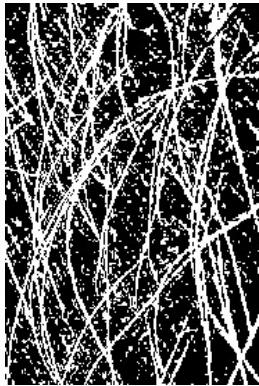
ORIGINAL IMAGE



GREYSCALED IMAGE



BLACK TOP-HAT  
TRANSFORMATION  
(morphological filtering)



INCREASING THRESHOLD



INPAINTING  
(image interpolation)

# INPAINTING

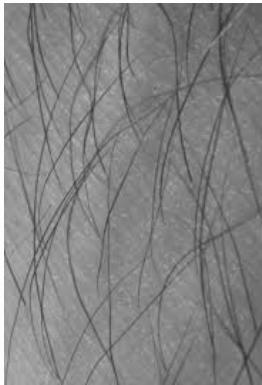
- Form of image interpolation
- Reconstruct missing parts of an image
- Replacing areas with pixels similar to the neighbouring ones



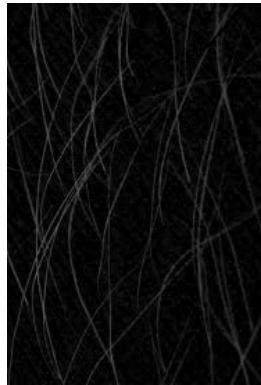
# HAIR REMOVAL



ORIGINAL IMAGE



GREYSCALED IMAGE



BLACK TOP-HAT  
TRANSFORMATION  
(morphological filtering)

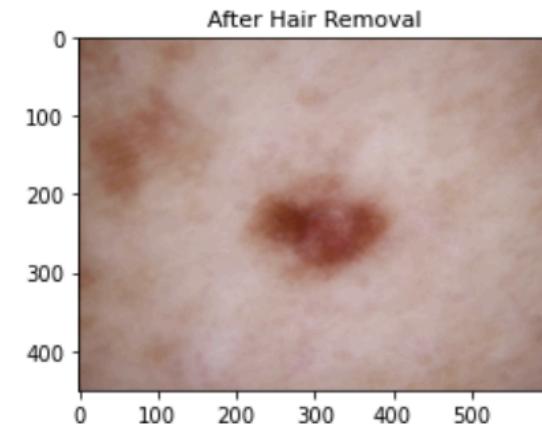
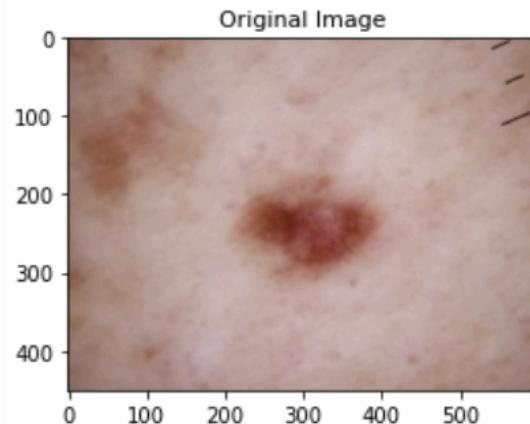
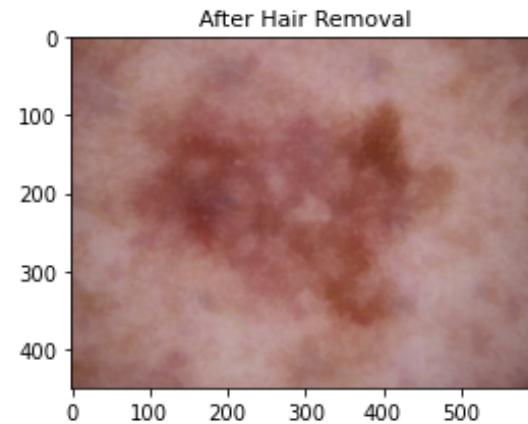
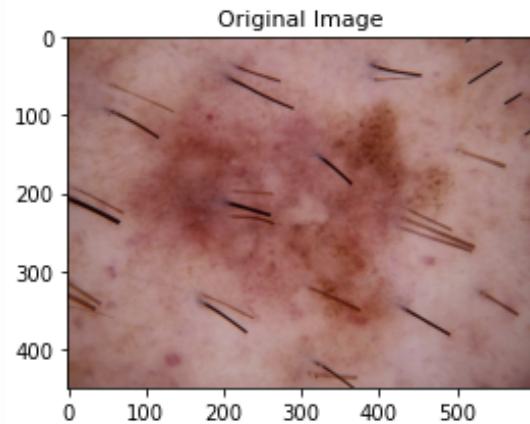


INCREASING THRESHOLD



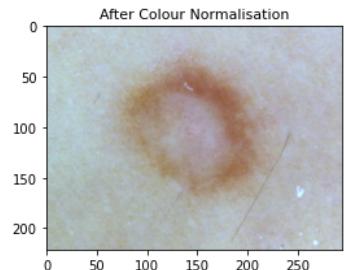
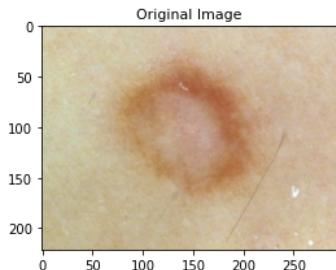
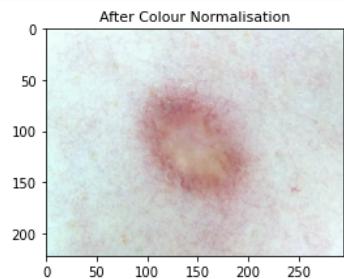
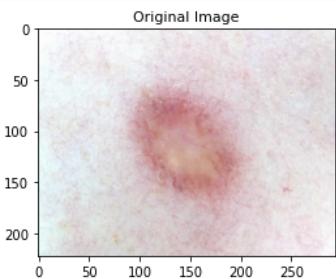
INPAINTING  
(image interpolation)

# HAIR REMOVAL

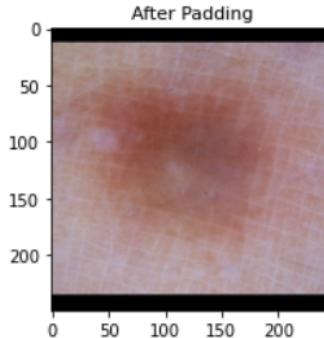
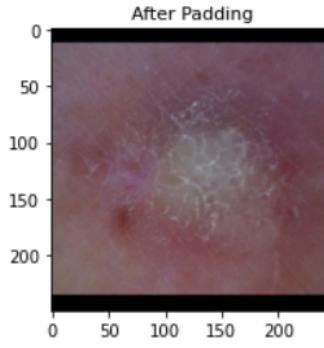
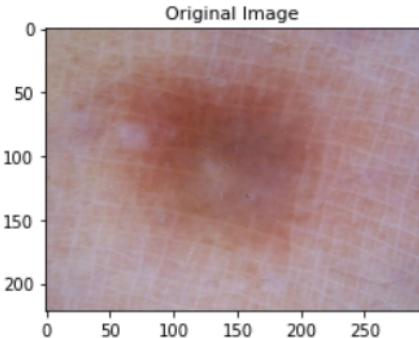
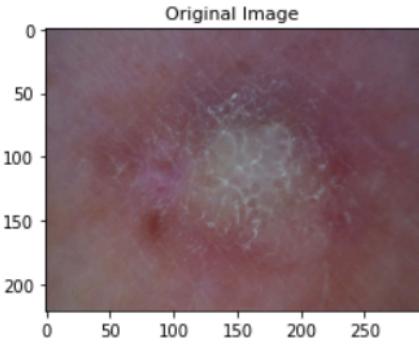


# COLOUR NORMALISATION

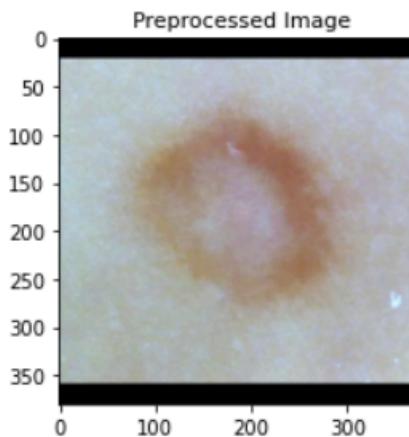
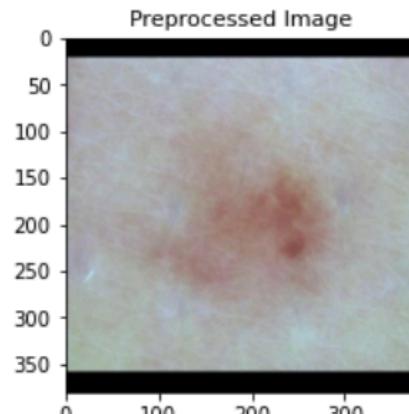
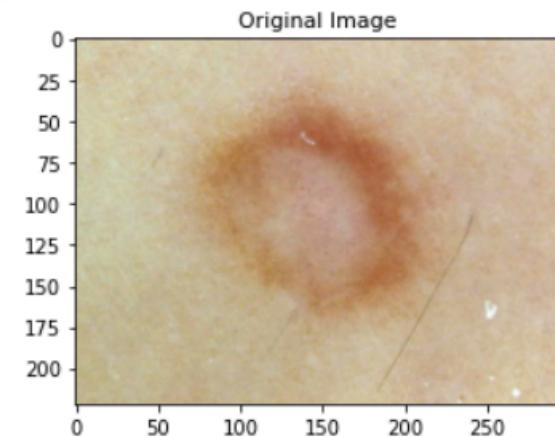
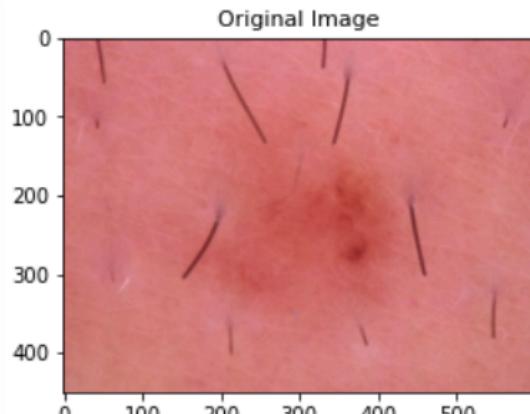
- **White-balancing Grey World Algorithm**
- Assumes equal average intensities of R, G, B channels
- R and B channels are multiplied by their respective gains
  - Gains = Average of G channel ÷ Average of respective channel



# PADDING, CROPPING AND RESIZING



# ORIGINAL VERSUS PREPROCESSED



# SYNTHETIC MINORITY OVERSAMPLING TECHNIQUE (SMOTE)

- Generates synthetic samples for the minority classes
- Obtain a synthetically class-balanced training set
- Split data into a 60-20-20 ratio and used SMOTE on the training set

TASK 1:  
SKIN LESION CLASSIFICATION

20,965

images

TASK 2:  
DIAGNOSIS CLASSIFICATION

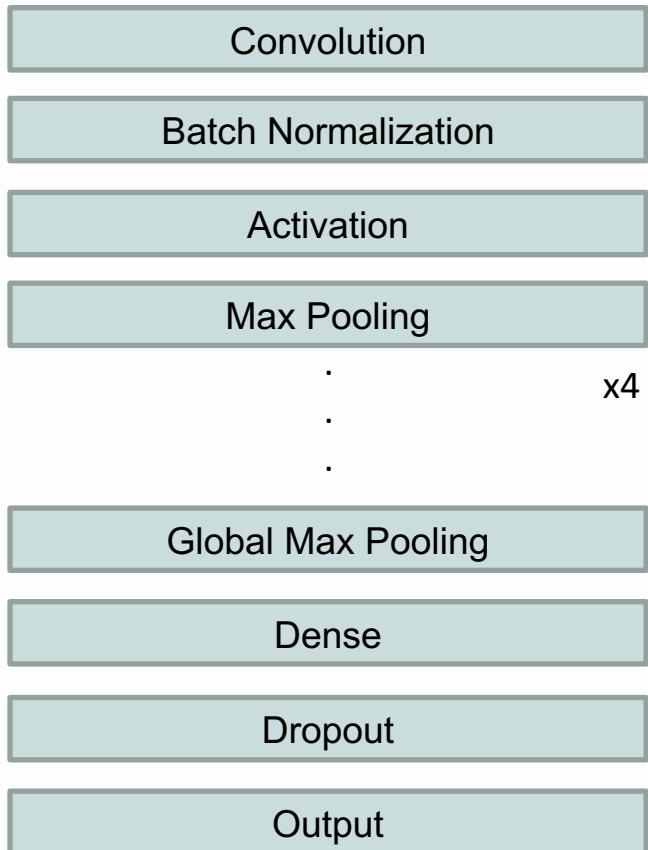
12,240

images

# MODELLING AND EVALUATION

# CONVOLUTIONAL NEURAL NETWORKS

- Similar model architecture for both tasks
- **Batch Normalization**
  - Standardize inputs of each layer
  - Faster training times
  - Better model performance
  - Better regularization effect (compared to Dropout)





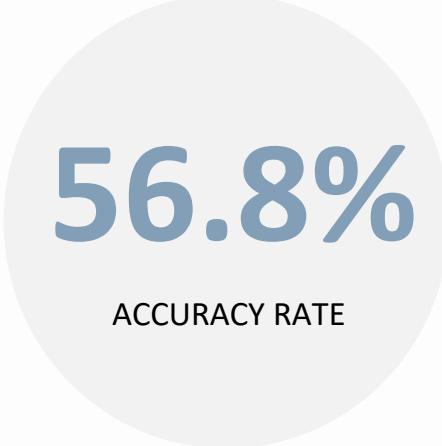
# TASK 01

## SKIN LESION CLASSIFICATION

7-way Classification

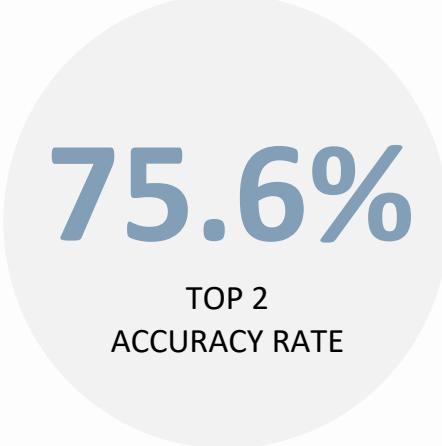
## BASELINE MODEL:

### Artificial Neural Networks



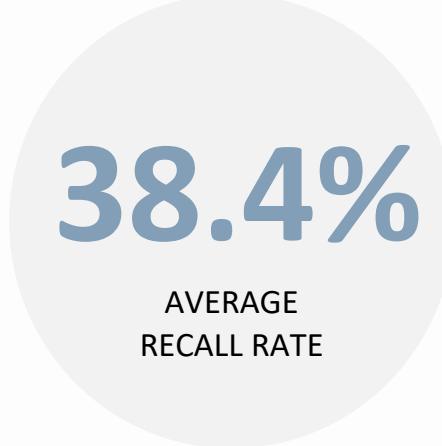
**56.8%**

ACCURACY RATE



**75.6%**

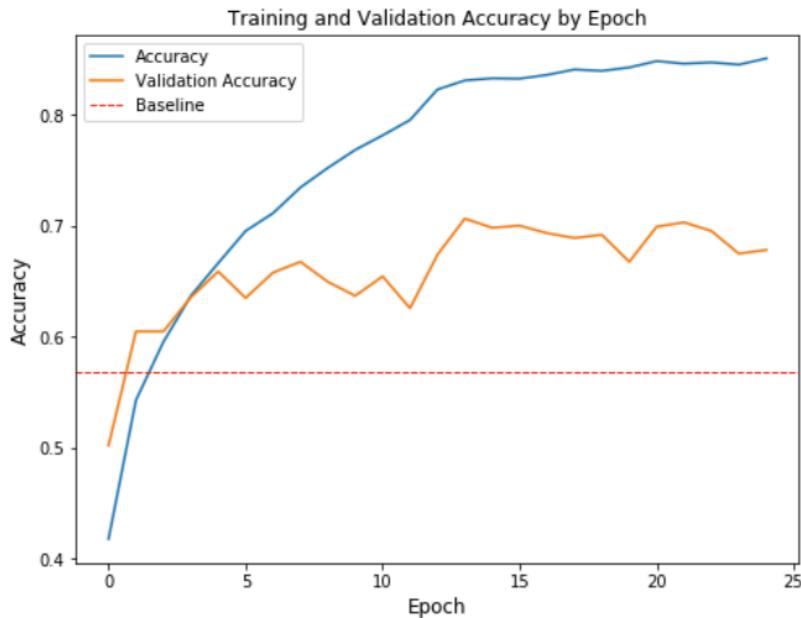
TOP 2  
ACCURACY RATE



**38.4%**

AVERAGE  
RECALL RATE

# CONVOLUTIONAL NEURAL NETWORKS



**70.7%** > **56.8%**

ACCURACY RATE

BASELINE ACCURACY

**86.2%** > **75.6%**

TOP 2  
ACCURACY RATE

BASELINE TOP 2  
ACCURACY

**57.7%** > **38.4%**

AVERAGE  
RECALL RATE

BASELINE RECALL

# MODEL EVALUATION

**70.5%**

TEST  
ACCURACY RATE

**86.2%**

TEST TOP 2  
ACCURACY RATE

**60.7%**

TEST AVERAGE  
RECALL RATE

**0.1%**

DIFFERENCE

**0%**

DIFFERENCE

**3%**

DIFFERENCE

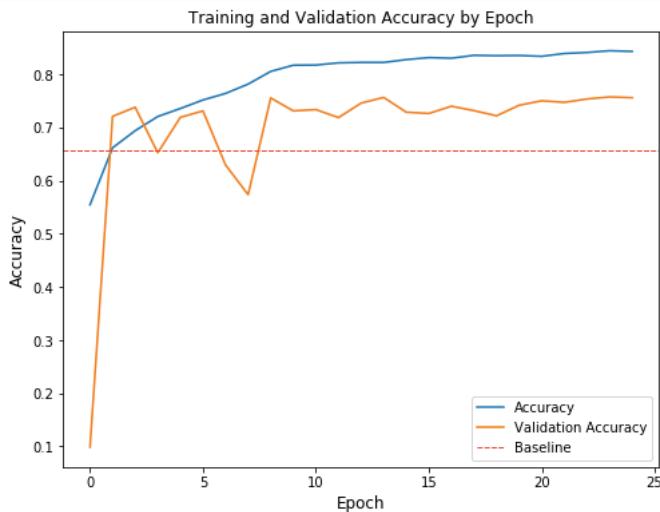


## TASK 02

### DIAGNOSIS CLASSIFICATION

3-way Classification: Benign, Malignant or Precancerous

# CONVOLUTIONAL NEURAL NETWORKS



75.8% >  
ACCURACY RATE

65.8%  
DERMATOLOGISTS'  
ACCURACY  
RATE

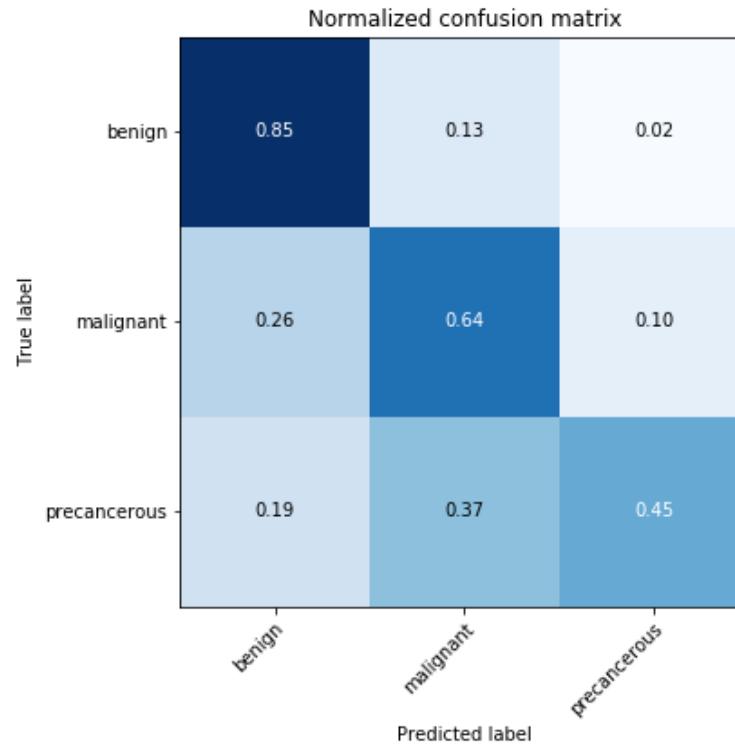
63.6% >  
AVERAGE  
RECALL RATE

49.2%  
DERMATOLOGISTS'  
AVERAGE  
RECALL RATE

# MODEL EVALUATION

	Accuracy	Average Recall Rate
Validation	75.8%	63.6%
Test	76.4%	64.4%
<b>Difference</b>	<b>0.6%</b>	<b>0.8%</b>

# MODEL EVALUATION



# MODEL EVALUATION

**76.4%**

ACCURACY RATE

**64.4%**

AVERAGE  
RECALL RATE

**63.5%**

AVERAGE  
PRECISION RATE

**64.0%**

AVERAGE  
F1 SCORE

# CONCLUSION

# CONCLUSION

- Moderately high accuracy at 70.5% for the skin lesion classification task, and 76.4% for the diagnosis classification task
- Recall rates surpassed baseline scores
- Performed well for most benign skin lesions (especially for diagnosis classification)
  - o Serve as great models specifically for benign skin lesions in the future

# RECOMMENDATIONS

1. Collect more data for minority classes
2. Build a web application for secure in-house usage at hospitals and skin cancer clinics
3. Add additional clinical data (demographic data of patients, and characteristics of lesions)
  - Feed into fully connected network
  - Merging outputs
4. Expand classification task to include other type of lesions
  - Non-neoplastic lesions (diagnosis classification)
  - Cystic lesions (skin lesion classification)

# THANK YOU