This presentation outlines our project to train a computer vision model to classify microscope images of breast tissue. We'll cover the model's architecture, training process, and performance, highlighting its potential as a valuable diagnostic aid.

Normal

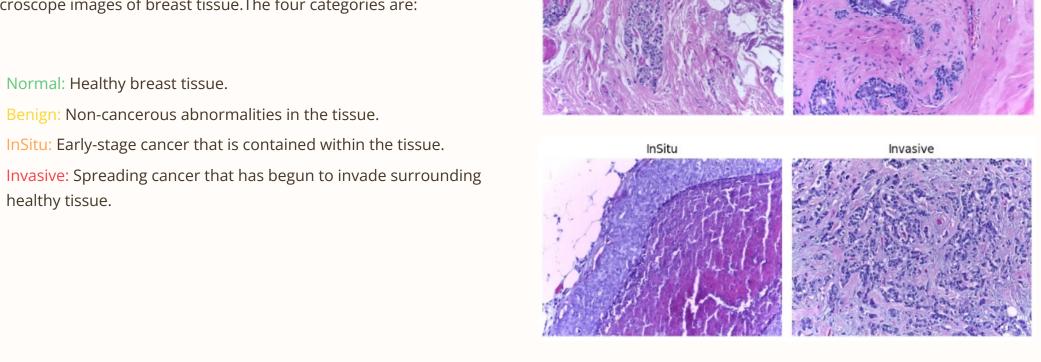
Benign

1. What We're Building

microscope images of breast tissue. The four categories are:

Our goal with this project is to teach a computer to analyze

- InSitu: Early-stage cancer that is contained within the tissue.



Data preparation is crucial for effective machine learning. Our process involved several key steps:

2. How We Prepared the Data

Step 1: Collected over 400 microscope images in TIFF format.

- **Step 2:** Resized all images to a uniform 224x224 pixels for consistency. **Step 3:** Split the dataset: 80% for training (the computer's
- "textbook") and 20% for testing (the "final exam"). **Step 4:** Normalized image colors to mimic human visual
- # Split into training and test sets(80/20): X_train, X_test, y_train, y_test = train_test_split(images_tensor, labels_tensor,

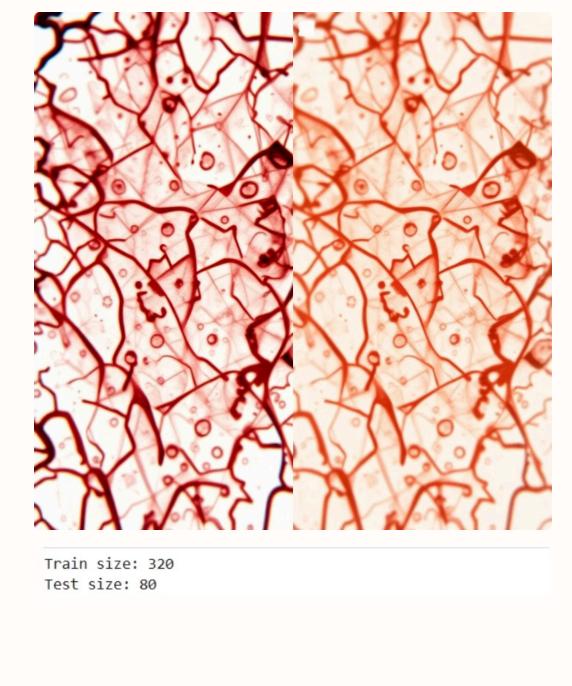
perception, enhancing model performance.

test_size=0.2, random_state=42, stratify=labels_tensor train_dataset = TensorDataset(X_train, y_train) test_dataset = TensorDataset(X_test, y_test)

print(f"Train size: {len(train_dataset)}")

print(f"Test size: {len(test_dataset)}")

3. How we Added Augmentation:



train_augmentation = transforms.Compose([transforms.ToPILImage(), # Convert tensor to PIL transforms.RandomHorizontalFlip(p=0.5),

transforms.RandomVerticalFlip(p=0.5), transforms.RandomRotation(degrees=30), transforms.ColorJitter(brightness=0.3, contrast=0.3, saturation=0.3),

transforms.RandomAutocontrast(p=0.5),

i) We added train_augmentation function:

Added after load_image function

transforms.ToTensor(), transforms.Normalize([0.485, 0.456, 0.406], [0.229, 0.224, 0.225])]) iii) Changed Train_dataset from: train_dataset = TensorDataset(X_train, y_train) test_dataset = TensorDataset(X_test, y_test)

train_dataset = AugmentedTensorDataset(X_train, y_train, transform=train_augmentation)

return img, label

if self.transform:

ii) Modified Datasets class by adding:

class AugmentedTensorDataset(TensorDataset):

super().__init__(*tensors)

self.transform = transform

img = self.tensors[0][index] label = self.tensors[1][index]

def __getitem__(self, index):

def __init__(self, *tensors, transform=None):

img = self.transform(img)

test_dataset = AugmentedTensorDataset(X_test, y_test, transform=test_augmentation).

Original

Horizontal flip

Vertical flip

iv) Add Test-Time Augmentation (During Evaluation): # added this test evaluation block def tta_predict(model, input_tensor):

outputs += model(torch.flip(input_tensor, [2]).unsqueeze(0))

"""Test-Time Augmentation for robustness"""

outputs = model(input_tensor.unsqueeze(0))

outputs += model(torch.flip(input_tensor, [1]).unsqueeze(0)) # Brightness adjustment bright_img = torch.clamp(input_tensor * 1.3, 0, 1) outputs += model(bright_img.unsqueeze(0)) # Dark adjustment dark_img = torch.clamp(input_tensor * 0.7, 0, 1) outputs += model(dark_img.unsqueeze(0)) return outputs / 5.0

We leveraged **EfficientNet-B0**, a state-of-the-art image recognition

Custom Decision Layers: Added specific layers tailored for

• Error Checking: Incorporated dropout layers to prevent overfitting

This configuration allows the model to learn complex patterns within the microscope

device = torch.device("cuda" if torch.cuda.is_available() else "cpu")

Updated evaluation

to(After Adding for loop):

v) & Replaced

all_preds = []

all_labels = []

with torch.no_grad():

model.eval() all_preds = [] all_labels = [] with torch.no_grad(): for inputs, labels in test_loader: inputs = inputs.to(device) for i in range(inputs.size(0)): output = tta_predict(model, inputs[i]) _, pred = torch.max(output, 1) all_preds.append(pred.item()) all_labels.extend(labels.numpy())

Small dataset

1.2

1.0

0.8

InSitu

80

80

80

1e-4

1e-4

1e-4

0.5e-4

1e-4

2e-4

5e-4

8e-4

10e-4

15e-4

Achieved good balance between training and test accuracy with **minimal underfitting and overfitting.**

Class-confusion: Our model only spotted **71% of Benign cases**... because even doctors struggle with these.

Teach it to learn from mistakes – Adding a feedback button so doctors can correct errors (boost accuracy **5%+**)."

Hyperparameters: Tuned learning rate, batch size, epochs for optimal performance.

Normal

Average_Acc

uracy

65.81%

65.35%

65.68%

65.3%

64.34%

63.65%

Benign

Max_Accuracy

72.81%

74.69%

74.38%

72.5%

71.56%

72.19%

Predicted

for inputs, labels in test_loader:

inputs = inputs.to(device)

_, preds = torch.max(outputs, 1) all_preds.extend(preds.cpu().numpy())

all_labels.extend(labels.numpy())

outputs = model(inputs)

Diagramatic Representation: Transfer Learning

Pretrained Model

Medium Compute

resources and

less

training time

Training Loss

Trained neural

network on the

custom dataset

and improve generalization. • Adaptive Learning Rate: Implemented controls to adjust learning

speed, optimizing training efficiency.

nuanced cancer detection.

And By this we added Augmentation Part.

4. The AI Brain We Used

system known for its efficiency and accuracy.

images effectively. #Mentioning Model for training

5. Training Process

improved to approximately 97%.

model = models.efficientnet_b0(pretrained=True)

for approximately 15 minutes. • **Starting Accuracy:** The model began with an initial accuracy of 55%.

Ending Accuracy: By the end of training, the accuracy significantly

• **Efficiency:** The training process demonstrated quick convergence

Training Loss: Decreases, implying that the model learns well.

due to the optimized architecture and GPU acceleration.

The model underwent 45 learning sessions (epochs) on a Kaggle GPU

- Epoch 20/45 Loss: 0.3052, Accuracy: 88.75% Epoch 21/45 - Loss: 0.2558, Accuracy: 90.31% Epoch 22/45 - Loss: 0.2385, Accuracy: 92.19% Epoch 23/45 - Loss: 0.2662, Accuracy: 89.69%
- Epoch 25/45 Loss: 0.1838, Accuracy: 97.19% Epoch 26/45 - Loss: 0.2478, Accuracy: 93.12% Epoch 27/45 - Loss: 0.2437, Accuracy: 90.00% Epoch 28/45 - Loss: 0.2181, Accuracy: 91.88%

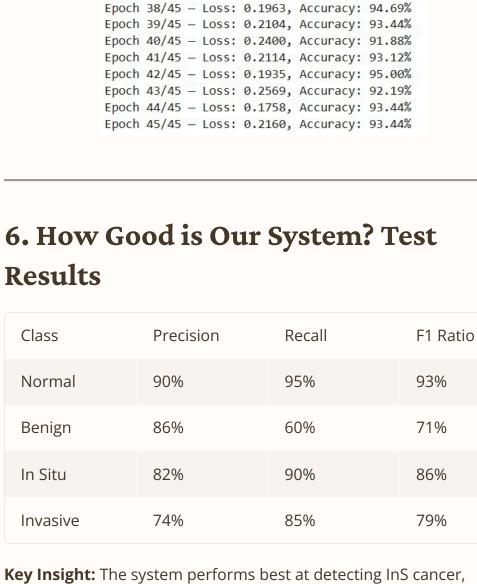
Epoch 29/45 - Loss: 0.2236, Accuracy: 91.25%

Epoch 24/45 - Loss: 0.2698, Accuracy: 91.88%

Epoch 30/45 - Loss: 0.2078, Accuracy: 95.94% Epoch 31/45 - Loss: 0.2128, Accuracy: 92.50% Epoch 32/45 - Loss: 0.2009, Accuracy: 94.06% Epoch 33/45 - Loss: 0.2328, Accuracy: 92.81% Epoch 34/45 - Loss: 0.2745, Accuracy: 89.69% Epoch 35/45 - Loss: 0.1830, Accuracy: 95.00%

Epoch 36/45 - Loss: 0.2135, Accuracy: 92.81%

Epoch 37/45 - Loss: 0.2306, Accuracy: 93.75%



Class

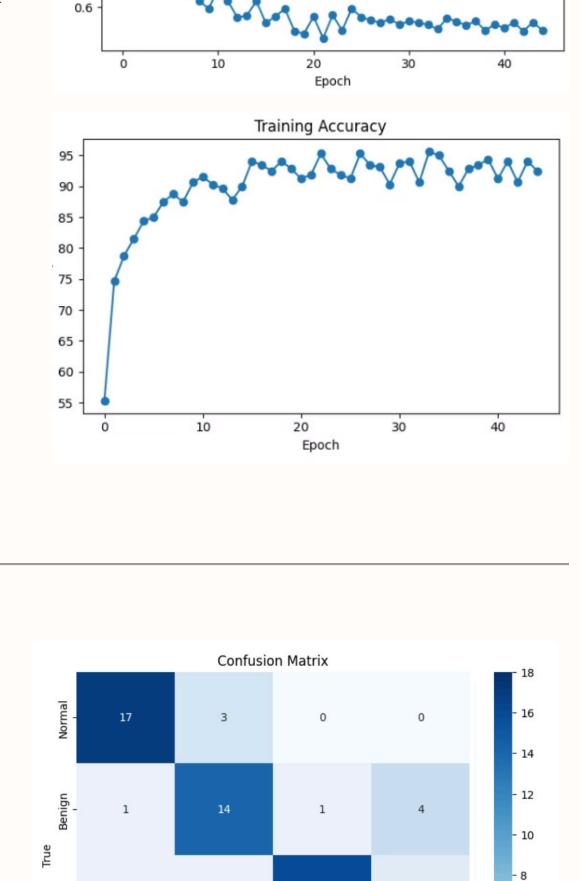
#Changing Epochs:

40

35

30

#Changing Batch Sizes:



16

1

InSitu

18

Invasive

F1 Ratio(of Normal only)

.75

0.78

0.73

0.88

0.85

.89

only)

.77

.78

.90

.86

.78

.83

6

- 2

- 0

all relevant cases. accuracy 0.82 macro avg 0.82 0.83 0.82 weighted avg 0.83 0.82 0.82

while non-malignant cancer cases (Benign) present more

challenges. Nonetheless, precision indicates accuracy among

positive predictions, and recall measures the model's ability to find

Epoch	Batch_Size	Learning Rate
50	25	1e-4
45	25	1e-4
42	25	1e-4

25

25

25

25

25

25

25

25

25

7. Impact of Changing Hyperparameters:

Epoch	Batch_Size	Learning Rate	Average_Accuracy	Max_Accuracy	F1_Ratio(of Normal only)	
40	25	1e-4	65.3%	72.5%	0.88	
40	15	1e-4	66.41%	74.06%	0.83	
40	20	1e-4	65.59%	75.00%	0.76	
40	30	1e-4	65.89%	73.44%	0.90	
40	35	1e-4	63.39%	70.31%	.65	
# Changing Learning Rat	anging Learning Rates:					
Epoch	Batch_Size	Learning Rate	Average_Accuracy	Max_Accuracy	F1_Ratio(of Normal	

52.62%

65.35%

74.41%

83.24%

85.44%

87.16%

88.49%

61.25%

74.69%

81.25%

89.06%

91.56%

93.12%

94.38%

40

1. What Worked Well

2. Challenges We Faced

3. How We'll Make It Better

40

40

40

40

40

40	25	20e-4	89.11%	94.69%	.86			
40	25	25e-4	88.97%	94.06%	.88			
40	25	30e-4	89.37%	96.25%	.81			
40	25	35e-4	89.1%	95.93%	.89			
Most optimum Combination(From us):								
Epoch	Batch_Size	Learning Rate	Average_Accuracy	Max_Accuracy	F1_Ratio(of Normal only)			
40	25	30e-4	89.37%	96.25%	.81			
lote: Most time same parameters give different results,that's why optimum may fluctuate.								

Focus on the edge cases – Partnering with hospitals to get more **nonmalignant cancer samples**.

Tiny dataset – Trained on just **400 images** (most medical Al uses 10,000+).

Managing overfitting and f1 ratio (only **0.4 initially**).

This AI system offers significant real-world value in medical diagnostics: • **Prioritize Cases:** Helps doctors prioritize urgent cases by quickly

identifying potentially malignant samples.

8. Why This Matters

9. Try It Yourself!

Hoorain

Second Opinion: Provides an objective second opinion on tricky or ambiguous samples, enhancing diagnostic confidence. **Speed:** Capable of processing over 100 images per minute, drastically reducing analysis time.

not replace, human expertise.

Important Note: This Al system is an assistant only and

never replaces a doctor's diagnosis. It's a tool to augment,

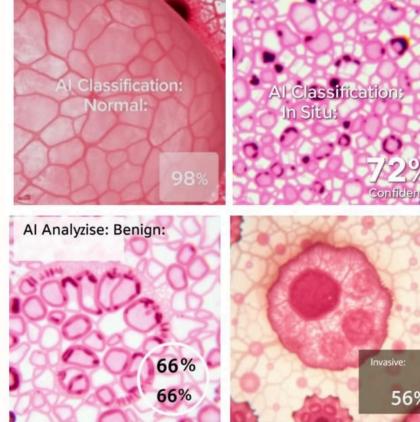
- The project code is accessible for anyone to run and experiment with: 1. Download code from Kaggle(https://www.kaggle.com/code/sahibzadamhamza/ai-
- 3. Click 'Run All' 4. See results in 15 minutes! For Doctors: We envision future integration with patient history data for even better accuracy and personalized diagnostic insights.

cancer-pathology?scriptVersionId=250373503)

2. Set your dataset folder path

Here is the example of the model's output:

Output Examples



classifications.

These images illustrate the model's ability to visually differentiate between the four

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