

The background of the slide features a vibrant city skyline at night, with numerous skyscrapers and lights. Overlaid on this is a complex network of white lines connecting various nodes, some of which are highlighted with blue circular icons containing symbols like a triangle, a Wi-Fi signal, and a truck. The left side of the slide is decorated with a large, abstract graphic consisting of overlapping yellow and blue diagonal stripes.

STAT 8002: Project Presentation

**Applying Deep Learning Algorithms in
Predicting Prostate Cancer**

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Supervisor: Dr. Dora Zhang Yan

Agenda



Dataset Introduction & Objectives



Masks Explanation and Challenges



Tiling Images



One Stage Model



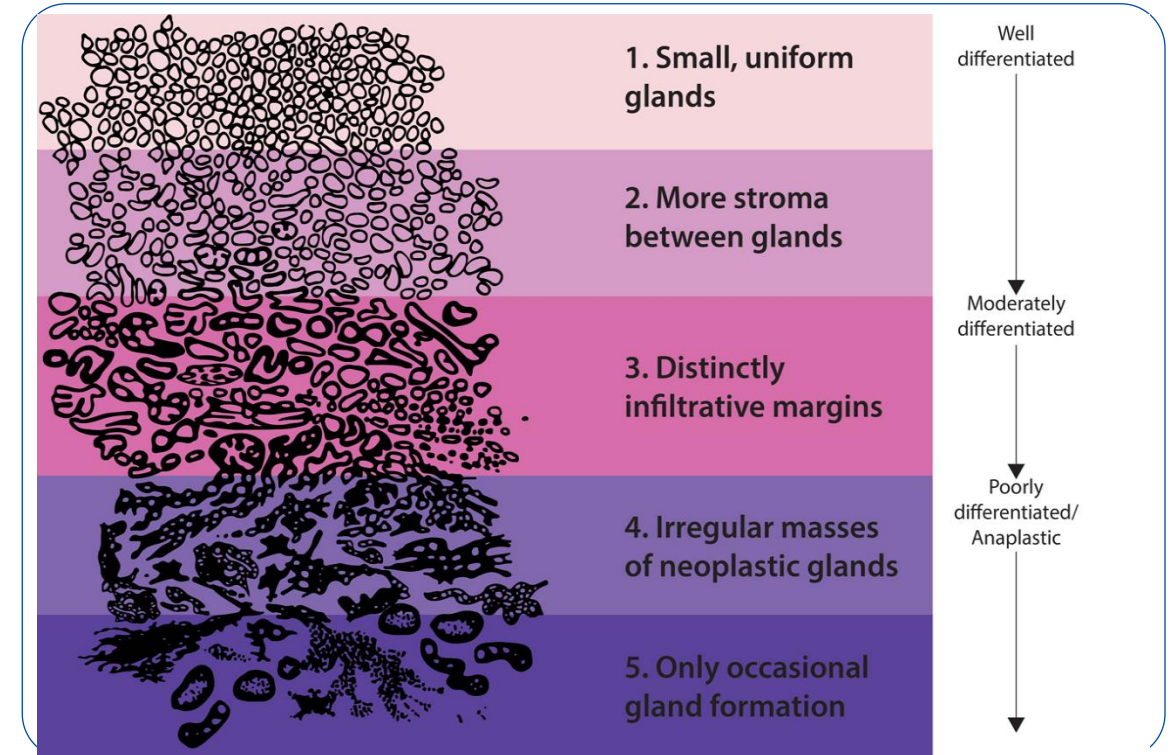
Two Stage Model



Results & Conclusion



Further Improvements & QnA



Deep Learning Algorithms in Predicting Prostate Cancer

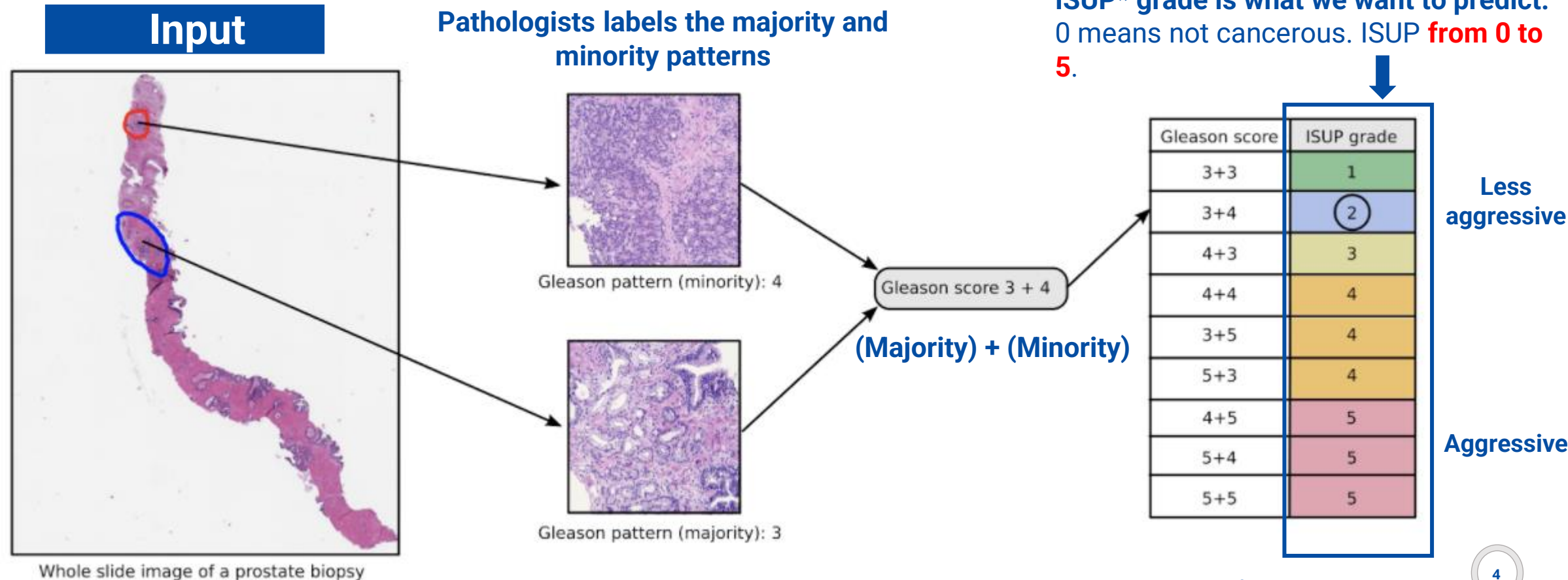


Dataset Objective

Dataset Objective – Image Classification



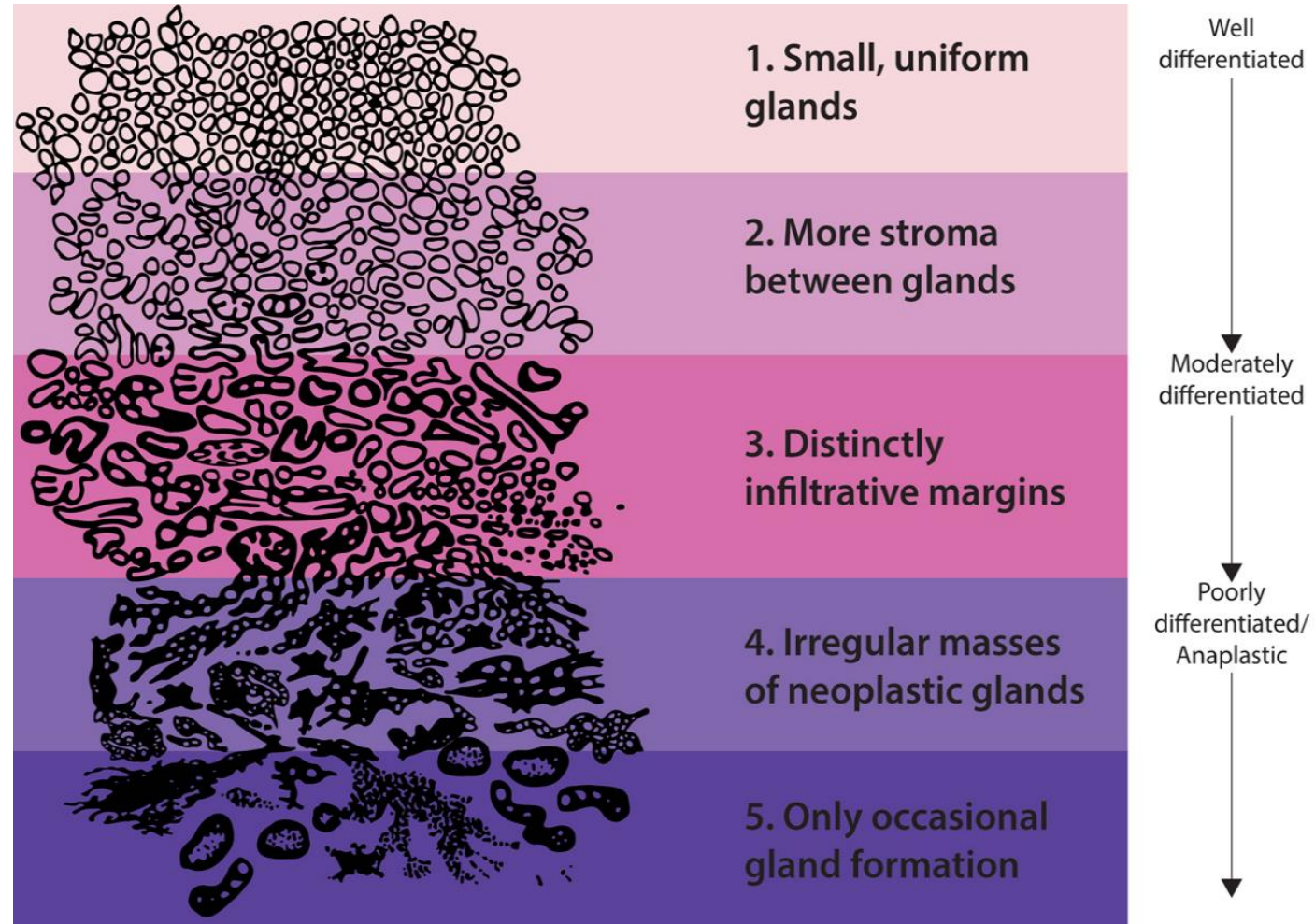
What is the input and what are we trying to predict?



*ISUP = International Society of Urological Pathology



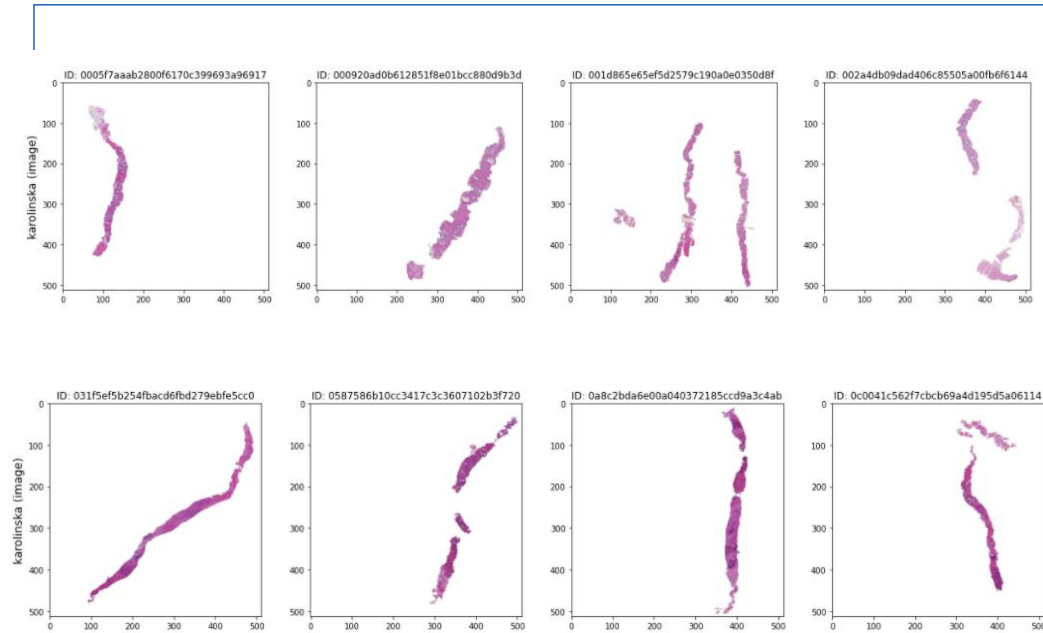
Severity of Prostate Cancer



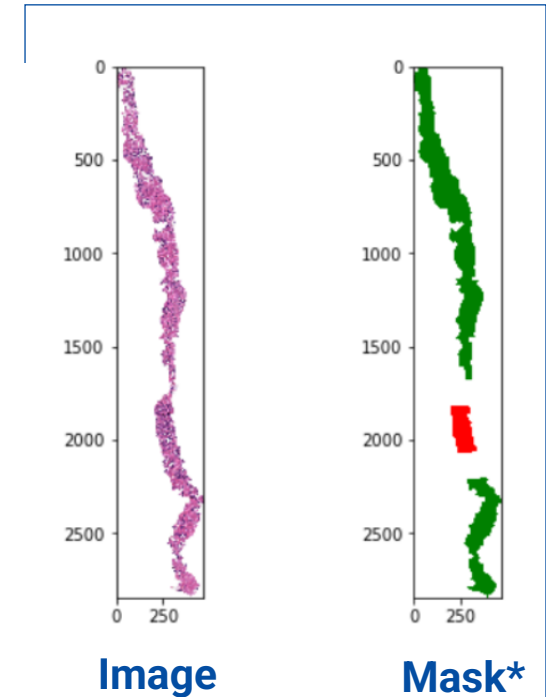
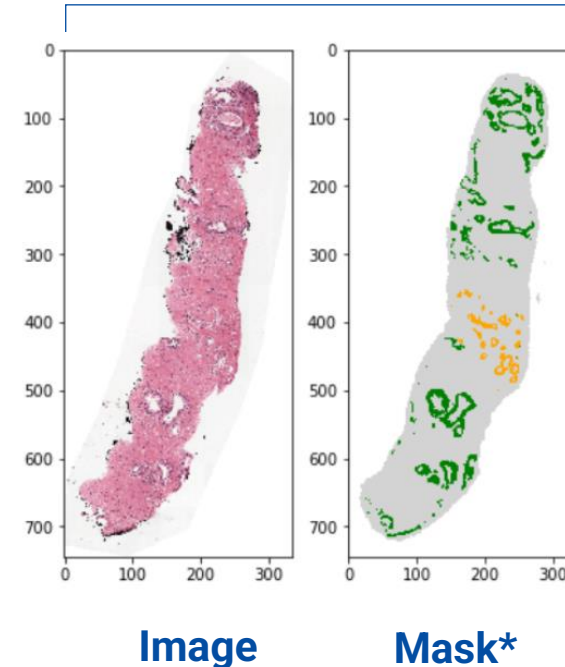
Dataset Introduction – What's the source?



Dataset



Source from Organizations ~(50:50)



~10,000 H&E stained prostate biopsy images

- **Size:** 383 GB
- **Format:** TIFF (multi level image)
- **Labels:** Yes (labelled by pathologists)
- **Masks:** Yes (labelled areas of interest by pathologists)

Radboudumc
university medical center



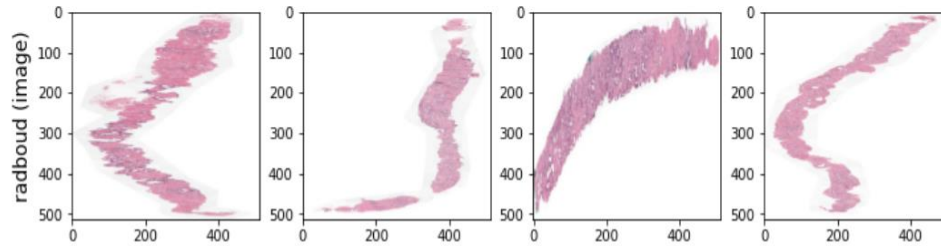
**Note that these 2 sources have different masking techniques*

Masking Explanation – What do the masks mean?

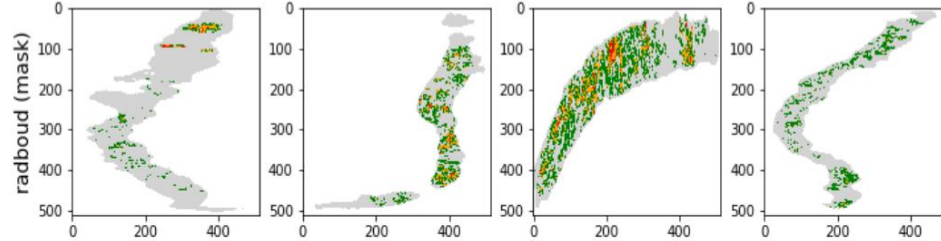


Radbound

Image



Mask

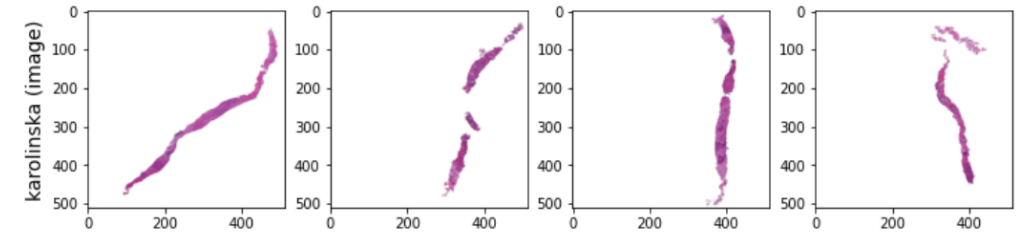


Mask colors and description

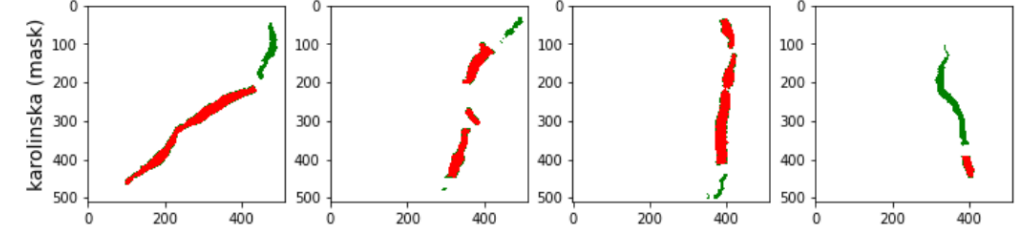
- 0: background (non tissue) or unknown
- 1: stroma (connective tissue, non-epithelium tissue)
- 2: healthy (benign) epithelium
- 3: cancerous epithelium (Gleason 3)
- 4: cancerous epithelium (Gleason 4)
- 5: cancerous epithelium (Gleason 5)

Karolinska

Image



Mask



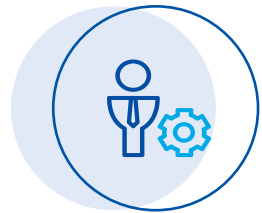
Mask colors and description

- [0]: background (non tissue) or unknown
- [1]: benign tissue (stroma and epithelium combined)
- [2]: cancerous tissue (stroma and epithelium combined)



Masks are not the same

- From previous slide, obvious that both sources have different masking techniques
- **If want to use, just use the more granular source, which is Radboud**



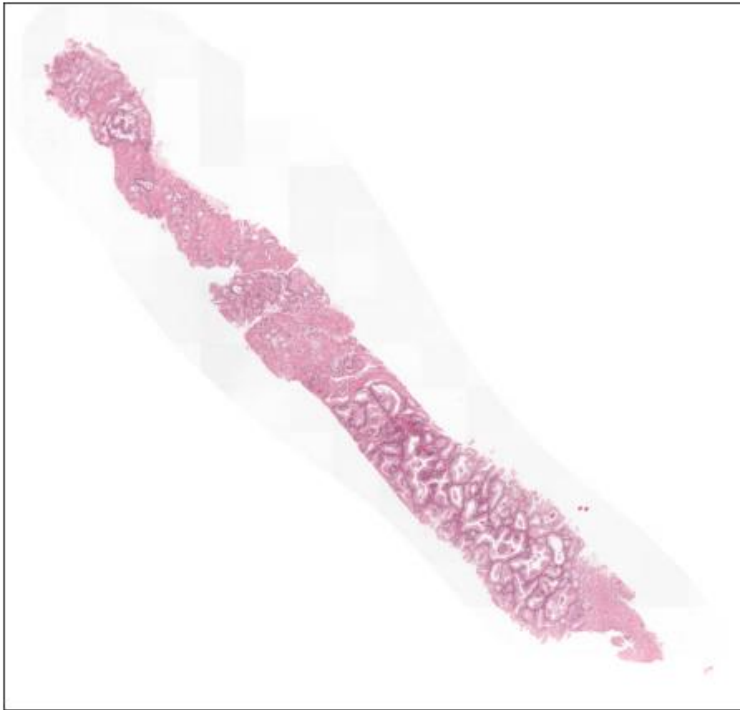
No masks in production

- In production, just the image will be available and no masks will be available
- A **segmentation model** must be trained to produce/predict masks of the images

Dataset Introduction – Image & Mask Resolution

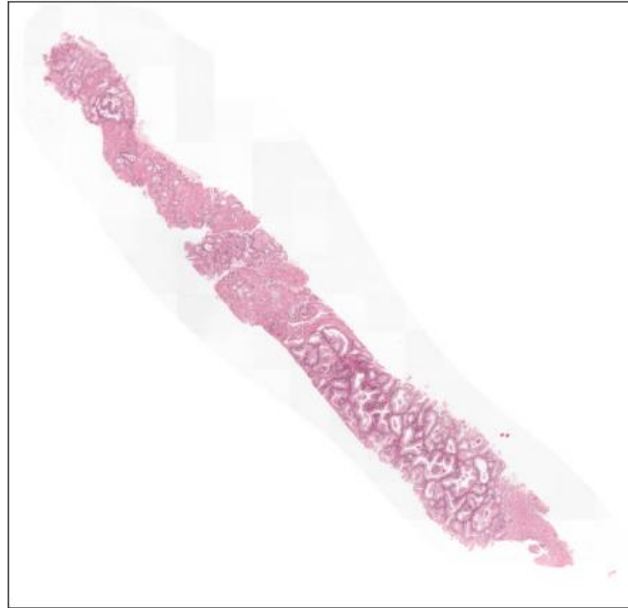


Highest



Avg size: 40MB

Medium



Avg size: 20MB

Lowest



Avg size: 10MB

- Images come in TIFF multilevel format, has 3 resolutions available

Dataset Introduction – Image Resolution



Highest



Avg size: 40MB

Medium



Avg size: 20MB

Lowest



Avg size: 10MB

- Images come in TIFF multilevel format, has 3 resolutions available
- **Lowest resolution is chosen for this project due to limited hardware resources (GPU and RAM)**
- Lowest resolution is actually already quite large in size

Evaluation – Quadratic Weighted Kappa (QWK)



QWK with **N classes**

$$\kappa = 1 - \frac{\sum_{i,j} w_{i,j} O_{i,j}}{\sum_{i,j} w_{i,j} E_{i,j}}$$

$i = \text{actual}$
 $j = \text{predicted}$

Observed Confusion Matrix

N x N confusion matrix of prediction classification

Expected Confusion Matrix

N x N confusion matrix under the assumption of no correlation among classes. Outer product of actual and predicted labels.

`E = np.outer(actual, predicted)`

Penalty matrix, N x N

$$w_{i,j} = \frac{(i - j)^2}{(N - 1)^2}$$

N x N confusion matrix of penalties. If predicted is equal to actual, zero penalty.

Why use QWK?

- Allocate a **higher penalty score if our prediction is further away from the actual value.**
- Hierarchy matters in this case. Predicting ISUP grade 1 for sample supposedly grade 5 has huge consequences.

isup_grade
0
1
2
4
3
5

Actual = 2 , Predicted = 1
Penalty:

$$\frac{(2 - 1)^2}{(5 - 1)^2} = 0.0625$$

Actual = 2 , Predicted = 4
Penalty:

$$\frac{(2 - 4)^2}{(5 - 1)^2} = 0.25$$

Evaluation – Quadratic Weighted Kappa (QWK)



QWK Values Interpretation

Range of Quadratic Weighted Kappa	Concordance
Negative	poor
0.01–0.20	slight
0.21–0.40	fair
0.41–0.60	moderate
0.61–0.80	substantial
0.81–1	almost perfect

Project target

Usage in Python

From sklearn library

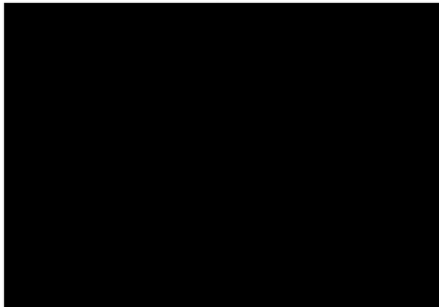
```
cohen_kappa_score(actual, pred, labels=None, weights='quadratic', sample_weight=None)
```


Data Cleansing – Omitting Suspicious Images



Images with no masks

```
Image name: e4215cfc8c41ec04a55431cc413688a9  
ISUP Grade: 2  
Data Provider: karolinska  
Original Resolution of Image: (1792, 1248)  
Original resolution of Mask: (1792, 1248)
```



4 images

No Cancerous Regions but labelled cancerous

```
Image name: fe79209ab178c89a9be62bc05b63f083  
ISUP Grade: 4  
Data Provider: radboud  
Original Resolution of Image: (624, 256)  
Original resolution of Mask: (624, 256)
```



82 images

- Removing these images removes noise while training model

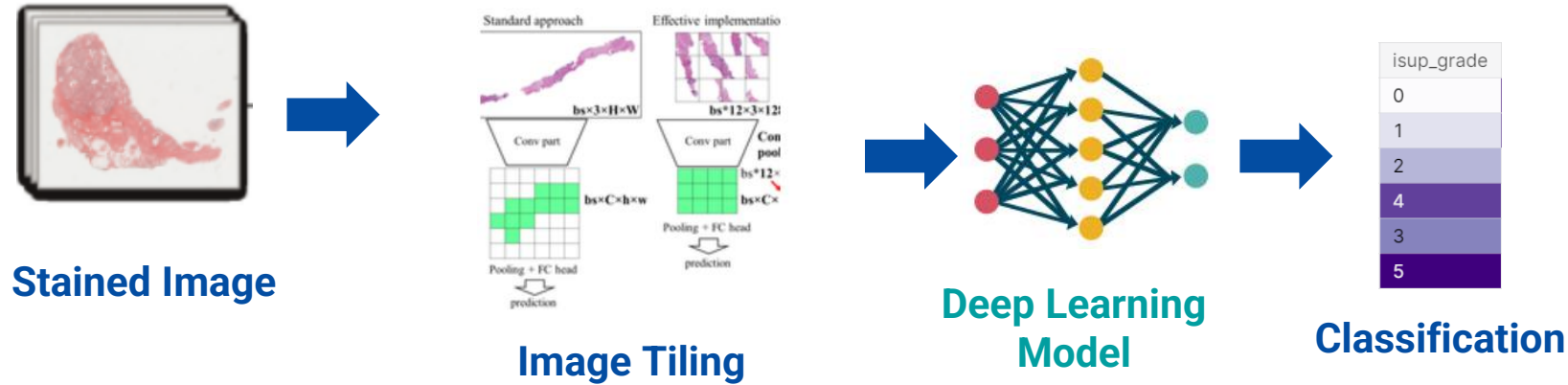


Modelling

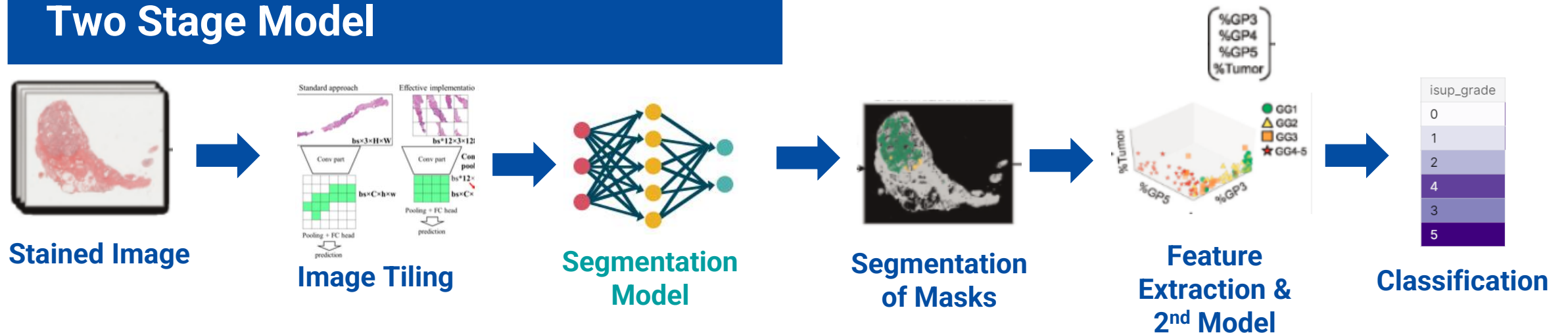
Modelling Approach



One Stage Model



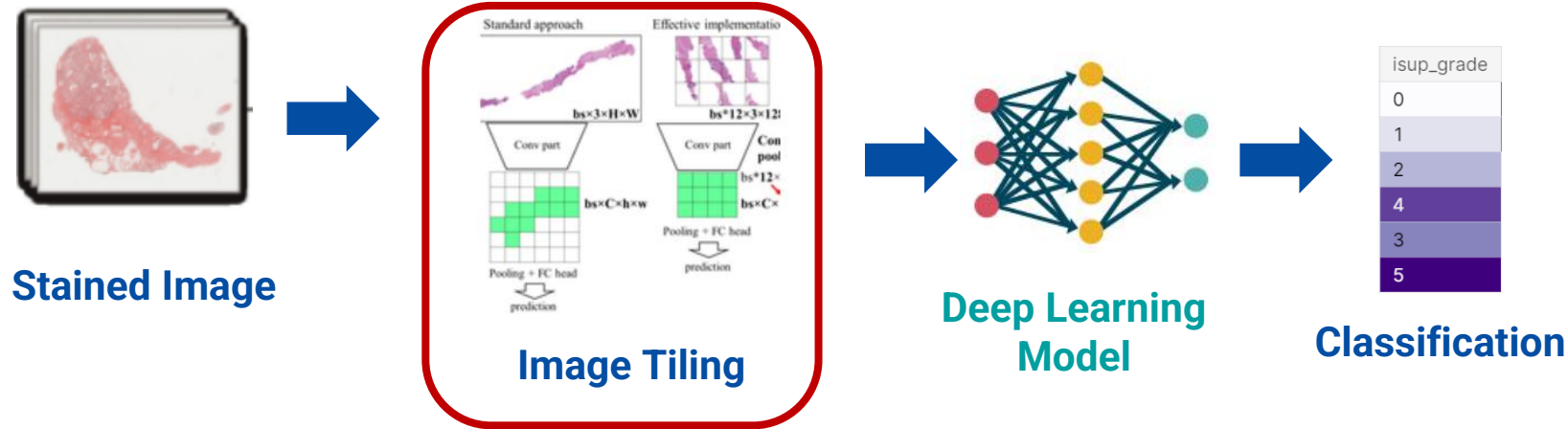
Two Stage Model



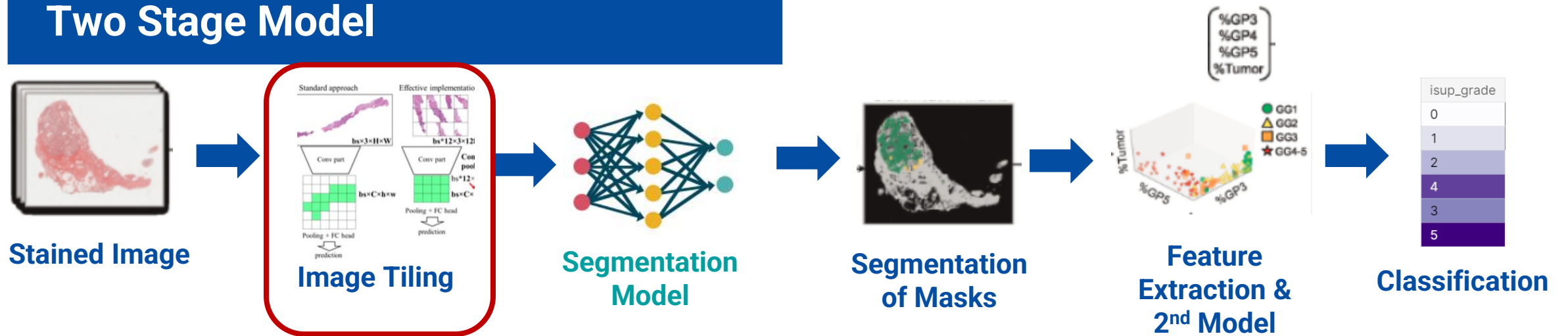
Modelling Approach Recap



One Stage Model



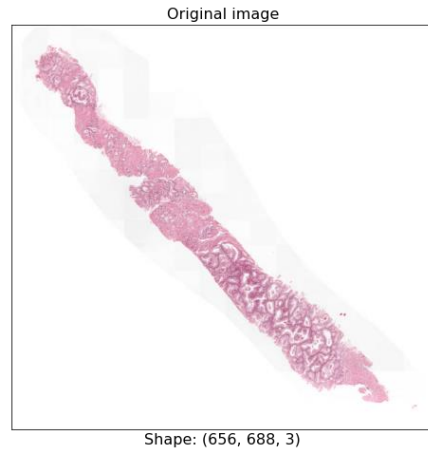
Two Stage Model



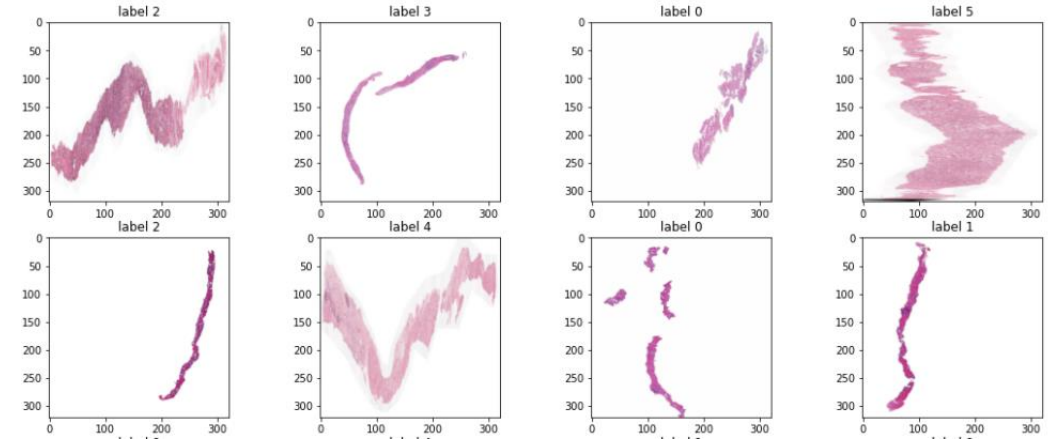
Why Must Images be Tiled?



Deep learning model needs to train on **same sized images**



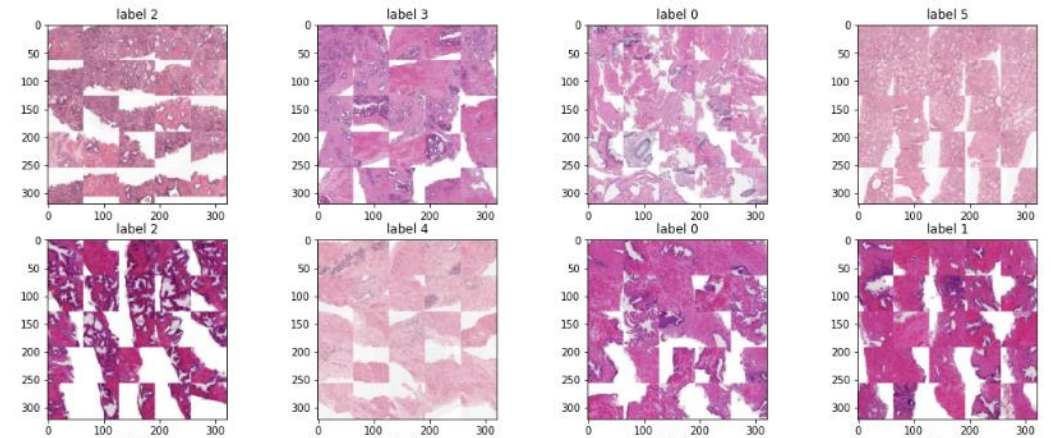
Option 1: Resize
images to fixed size



- A lot of white space and hard to interpret
- **Serves as a good benchmark**



Option 2: Tile Images
To fixed size



- A lot less white space
- Easier for model to interpret

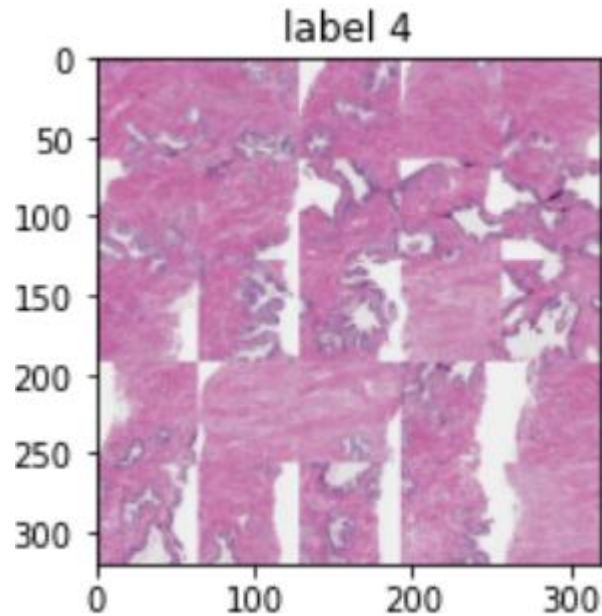
Static Tiling Algorithm



16 Tiles, each tile 128 x 128 (16 x 128 x 128)

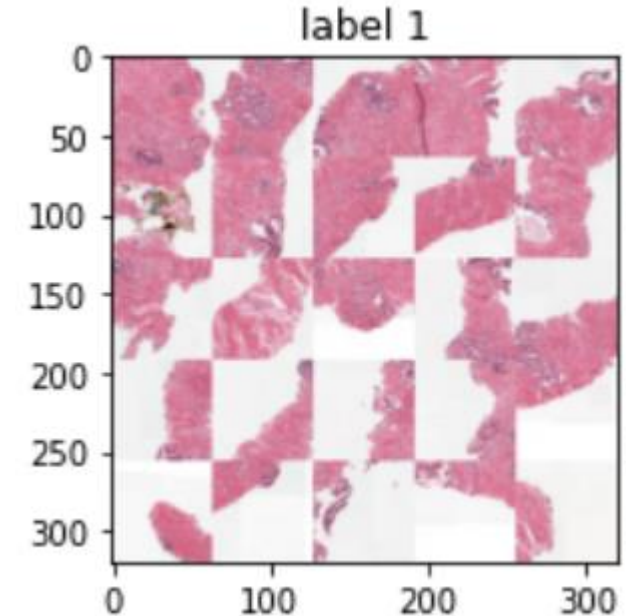


Good vs Bad Tiles (312 x 312)



Good Tile

- Not too much white space
- Capture a lot of content



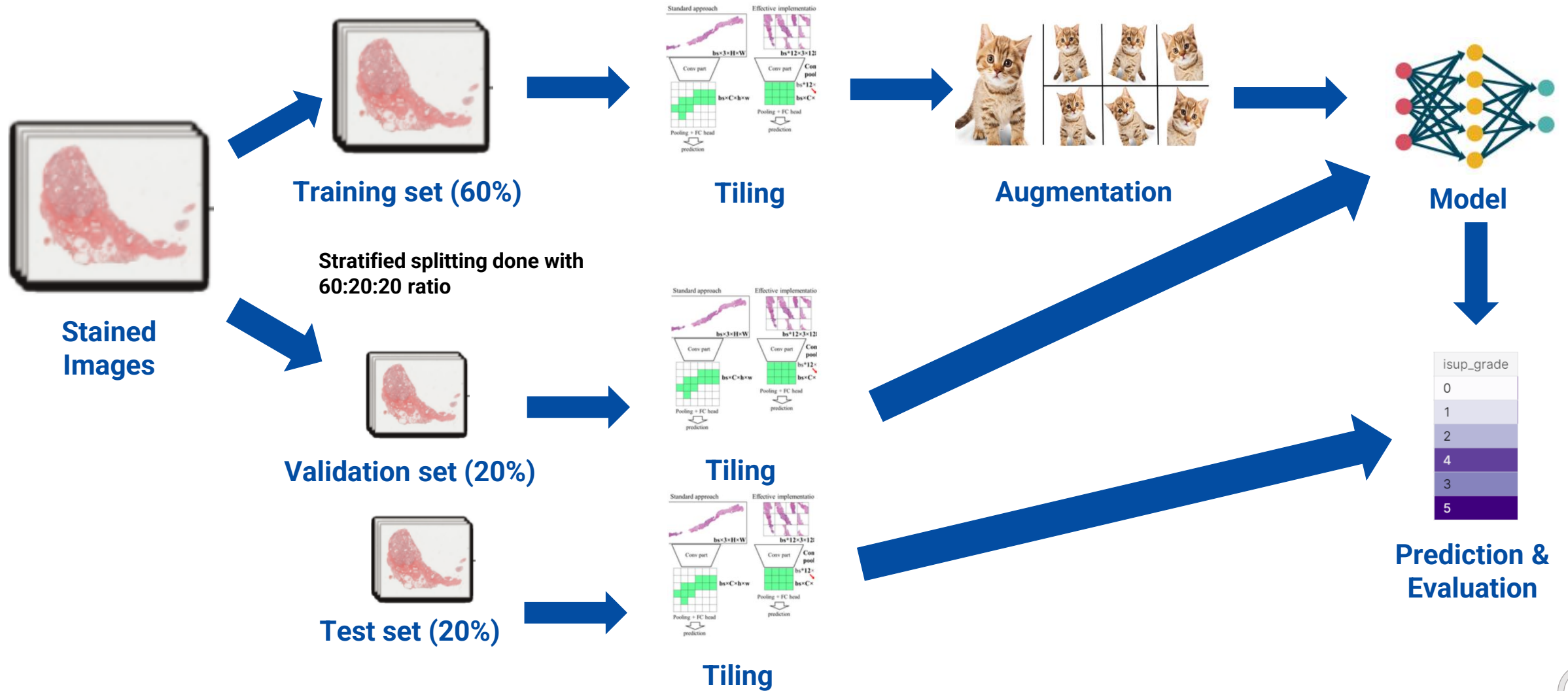
Bad Tile

- Too much white space
- Can't capture a lot of content and too much white space not useful for model

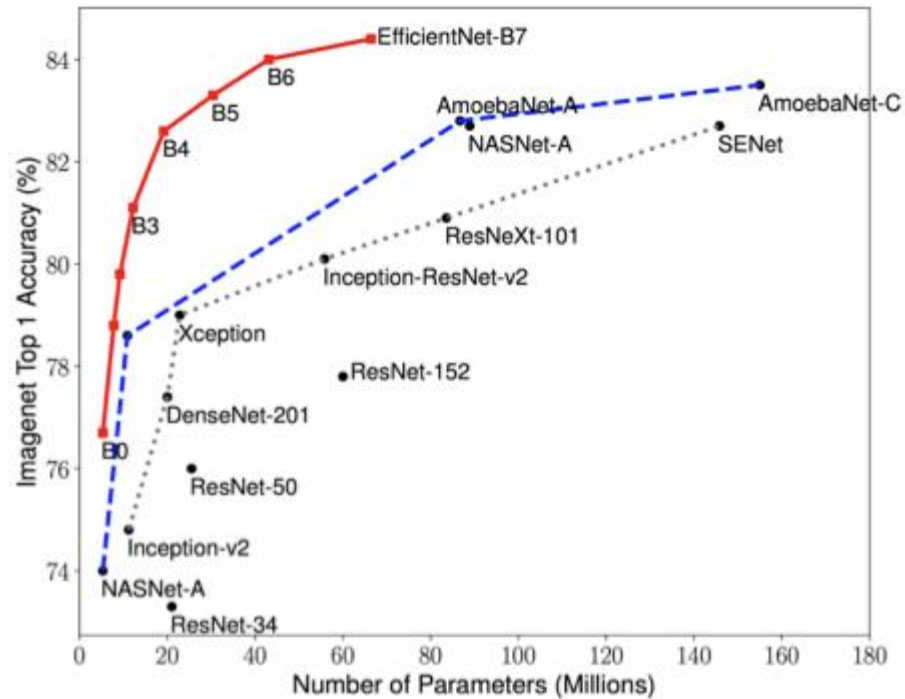


One Stage Model

One Stage Detailed Modelling Workflow



Models Tested for One Stage Modelling



The following models were tested:

- Xception
- ResNet-50
- Inception-ResNet-v2
- Inception-v3
- EfficientNet-B5

Wide range of complexity (in terms of number of parameters)

One Stage Model Results – Tiling improves model



Tiling

* Use pre-trained weights because those weights have been trained over many images and if train from scratch, accuracy increases very slow and will overfit

Tiles	Weight*	Training Time	Epoch	Backbone Model	Train QWK	Validation QWK	Test QWK
25 x 64 x 64	imagenet	8 hrs	25	Xception	0.78	0.76	0.75
25 x 64 x 64	imagenet	8 hrs	25	ResNet50	0.73	0.71	0.73
25 x 64 x 64	imagenet	8 hrs	25	InceptionResNet	0.74	0.73	0.69
25 x 64 x 64	imagenet	8 hrs	25	Inception	0.73	0.69	0.69
25 x 64 x 64	imagenet	9 hrs	25	EfficientNet-B5	0.65	0.68	0.68

No Tiling

Tiles	Weight	Training Time	Epoch	Backbone Model	Train QWK	Validation QWK	Test QWK
None	imagenet	12 hrs	25	Xception	0.62	0.57	0.57

One Stage Model Results – Tiling improves model



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No Tiling

Tiles	Weight	Training Time	Epoch	Backbone Model	Train QWK	Validation QWK	Test QWK
None	imagenet	12 hrs	25	Xception	0.62	0.57	0.57

One Stage Model Conclusion



- Tiling the images were useful, compared to not tiling them.
- Significant increase in QWK score when tiling. Average of 0.59 vs 0.76
- Xception model performs the best and QWK scores across train, validation, and test shows no signs of overfitting

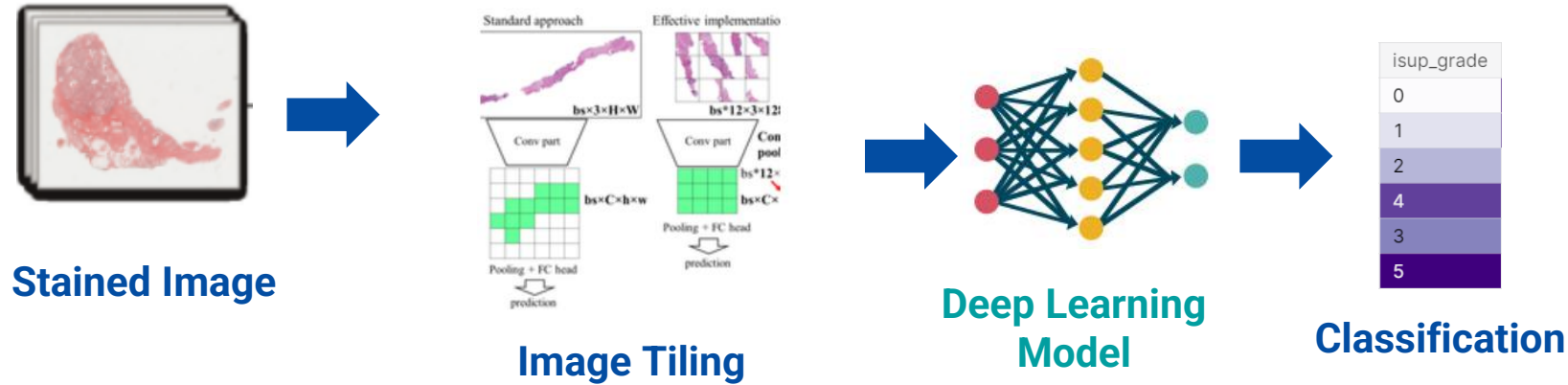


Two Stage Model

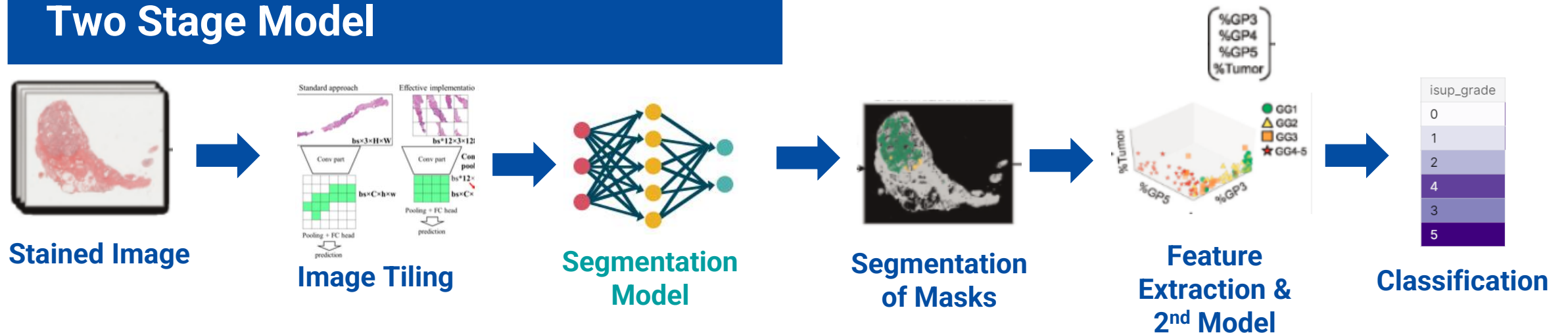
Modelling Approach Recap



One Stage Model



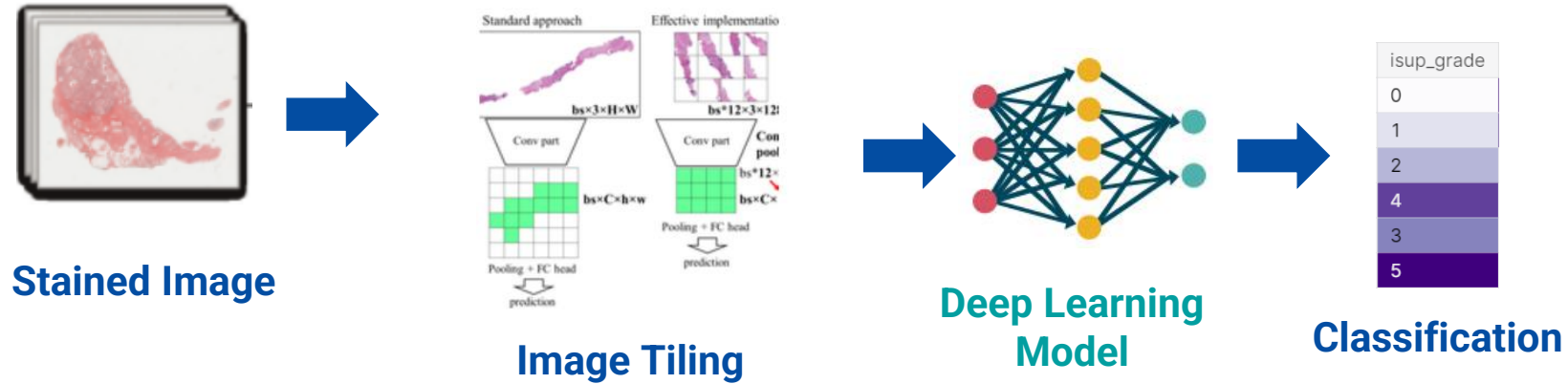
Two Stage Model



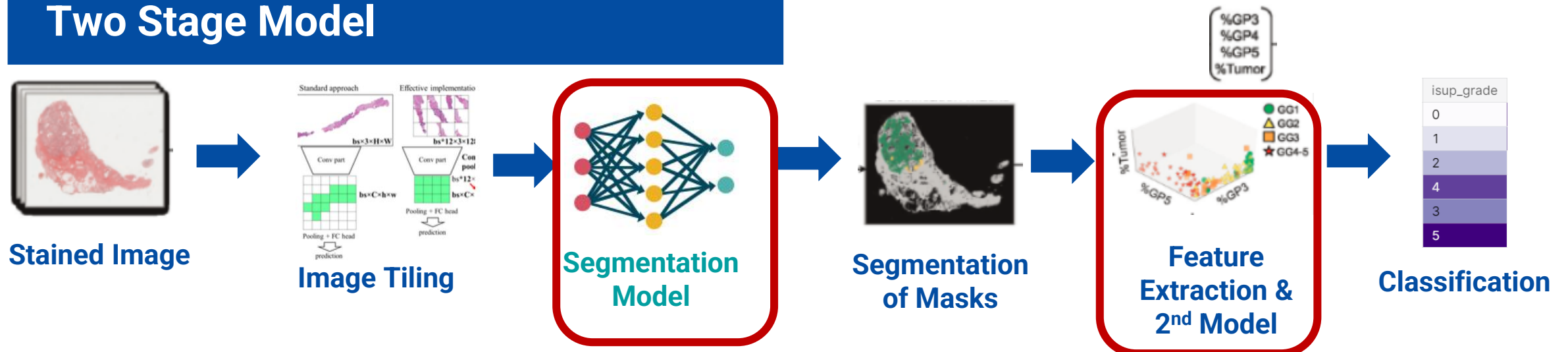
Modelling Approach Recap



One Stage Model



Two Stage Model

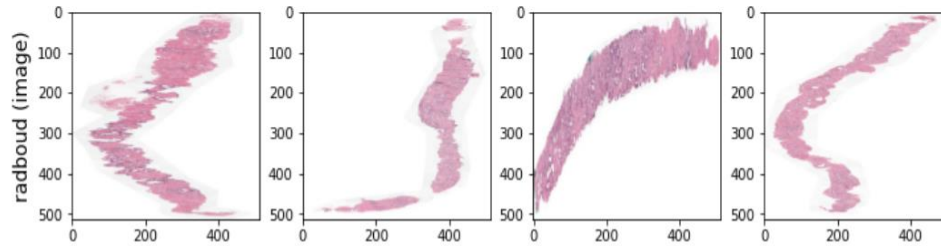


Different Masks

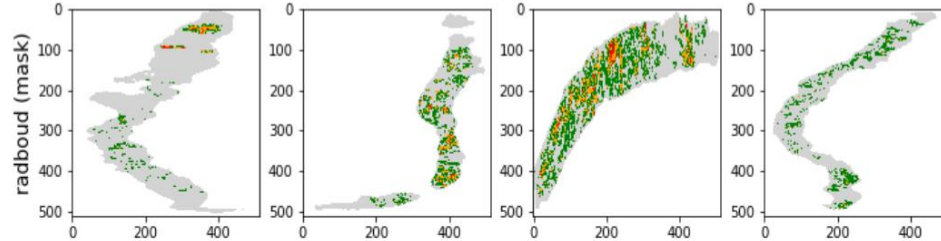


Radbound

Image



Mask

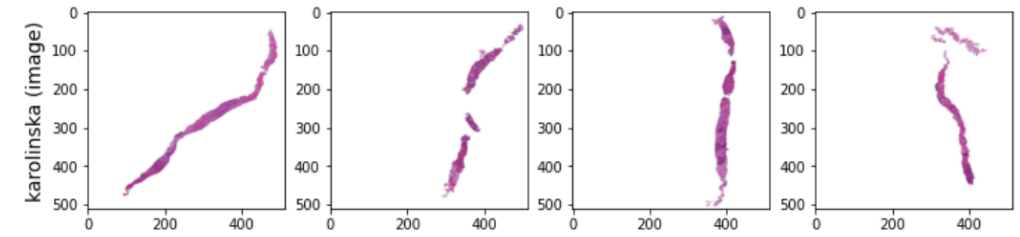


Mask colors and description

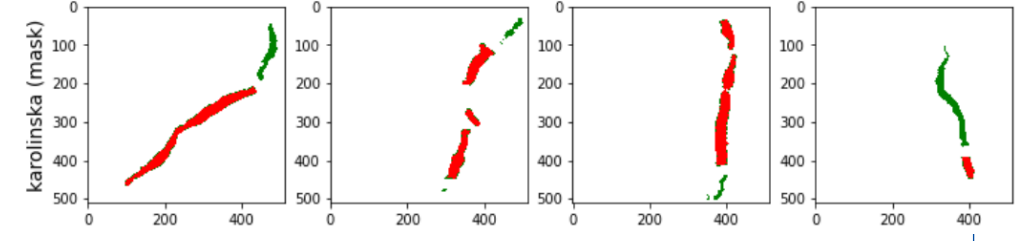
- 0: background (non tissue) or unknown
- 1: stroma (connective tissue, non-epithelium tissue)
- 2: healthy (benign) epithelium
- 3: cancerous epithelium (Gleason 3)
- 4: cancerous epithelium (Gleason 4)
- 5: cancerous epithelium (Gleason 5)

Karolinska

Image



Mask



Mask colors and description

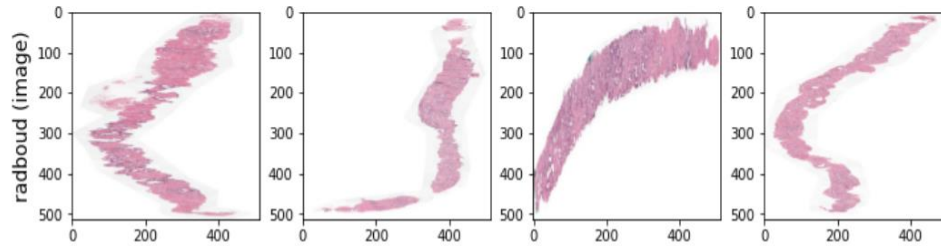
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Different Masks

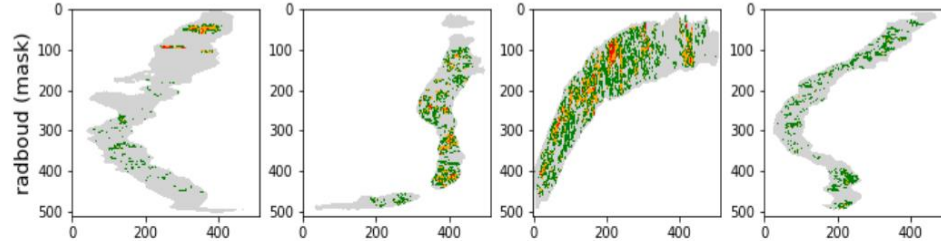


Radbound

Image



Mask



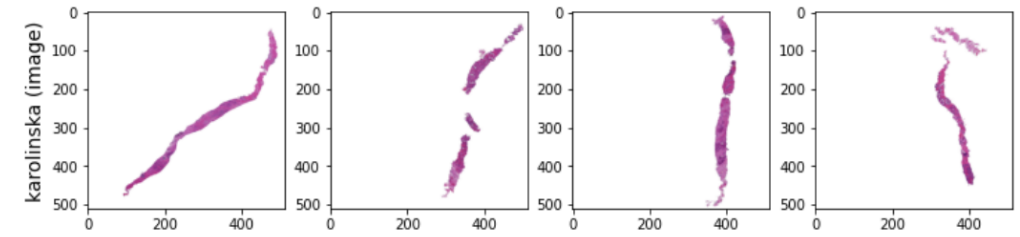
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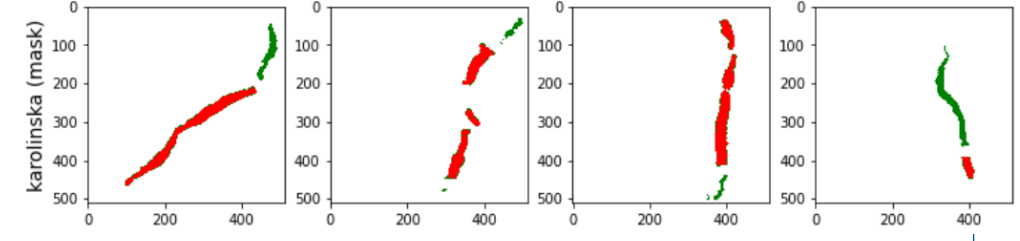
Use Radboud to
train model as it
is more granular

Karolinska

Image



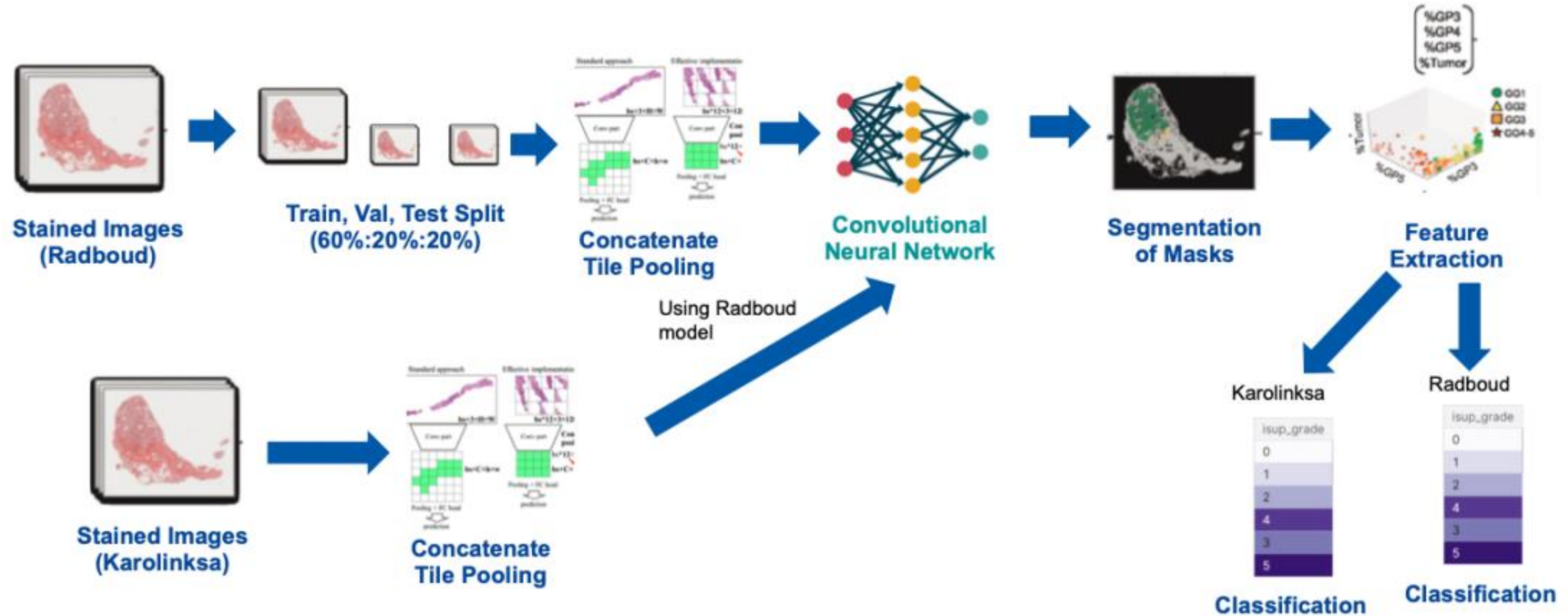
Mask



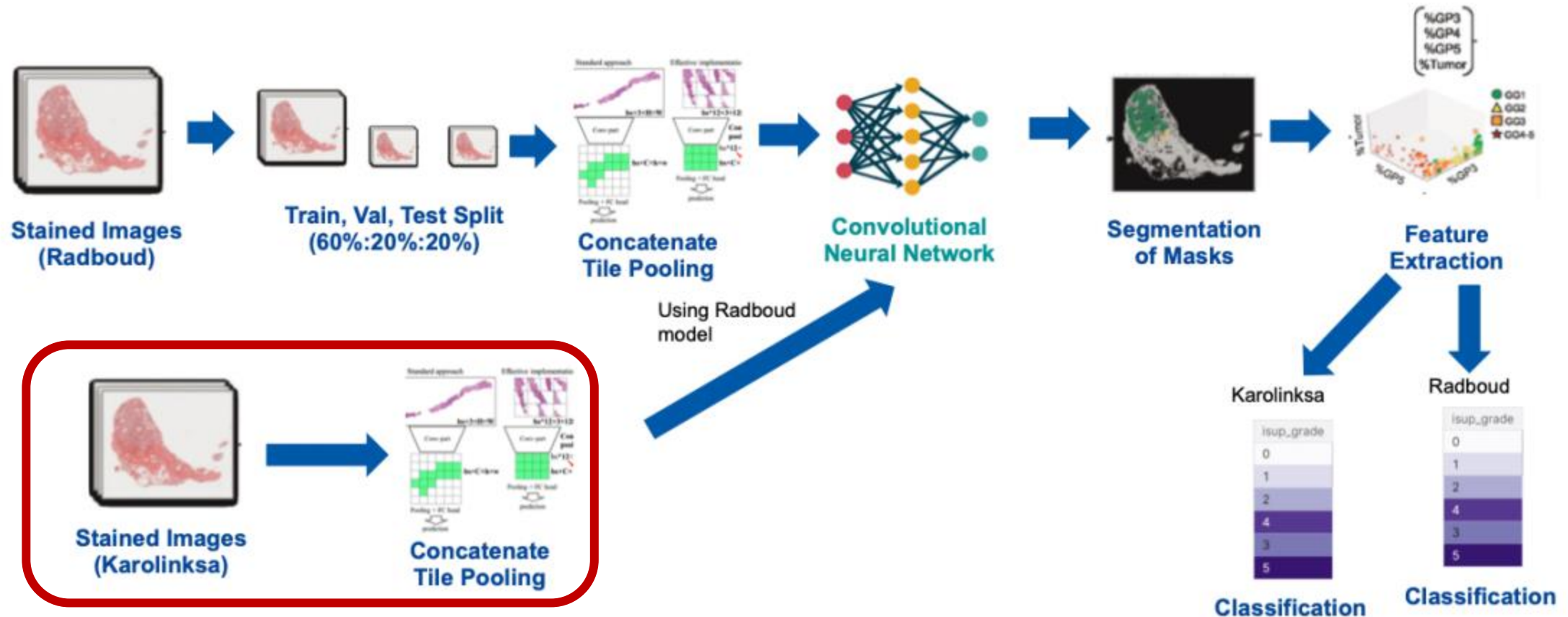
Mask colors and description

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Two Stage Model Detailed Workflow

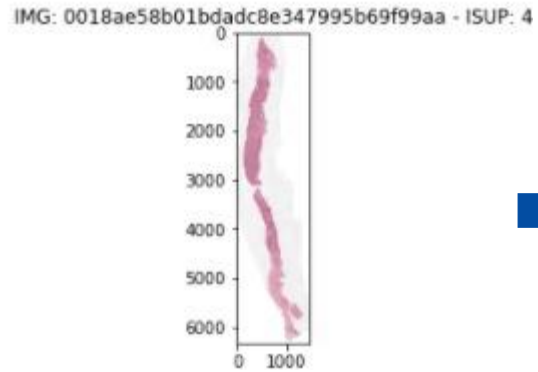


Two Stage Model Detailed Workflow

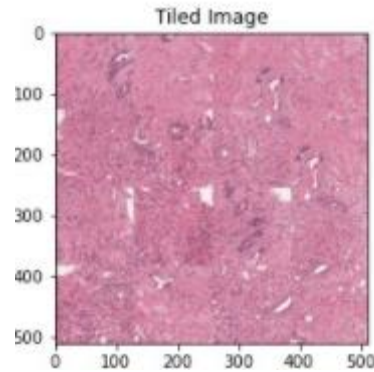


Can try to used train model on Radboud images to predict on Karolinksa images to see if we get good results

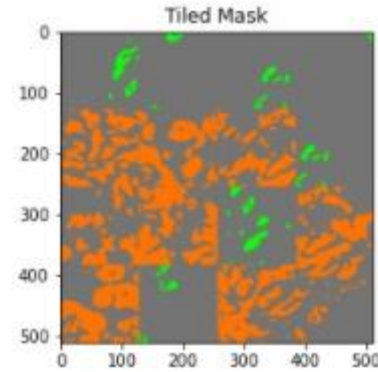
Image Segmentation Workflow



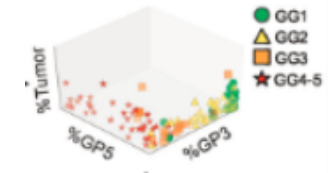
**Biopsy Scan
Images**



**Image
Tiling**



**Predicted
Segmentation**



**Feature Extraction
& Classifier Model**



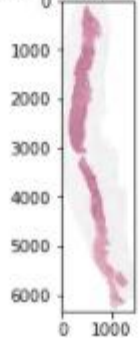
isup_grade
0
1
2
4
3
5

Prediction

Features Extracted



IMG: 0018ae58b01bdadc8e347995b69f99aa - ISUP: 4



Biopsy Scan
Images

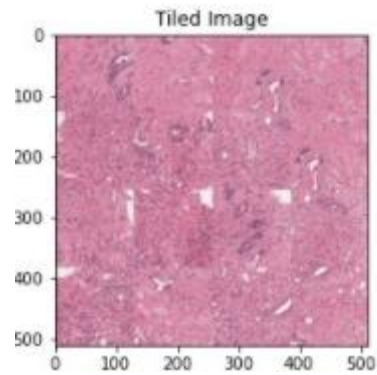
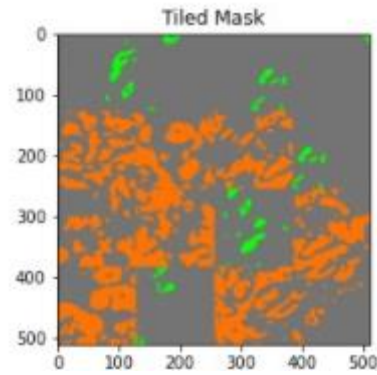


Image
Tiling



Predicted
Segmentation



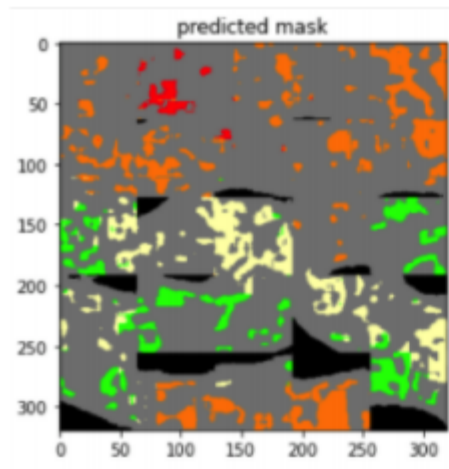
isup_grade
0
1
2
4
3
5

Prediction



Mask colors and description

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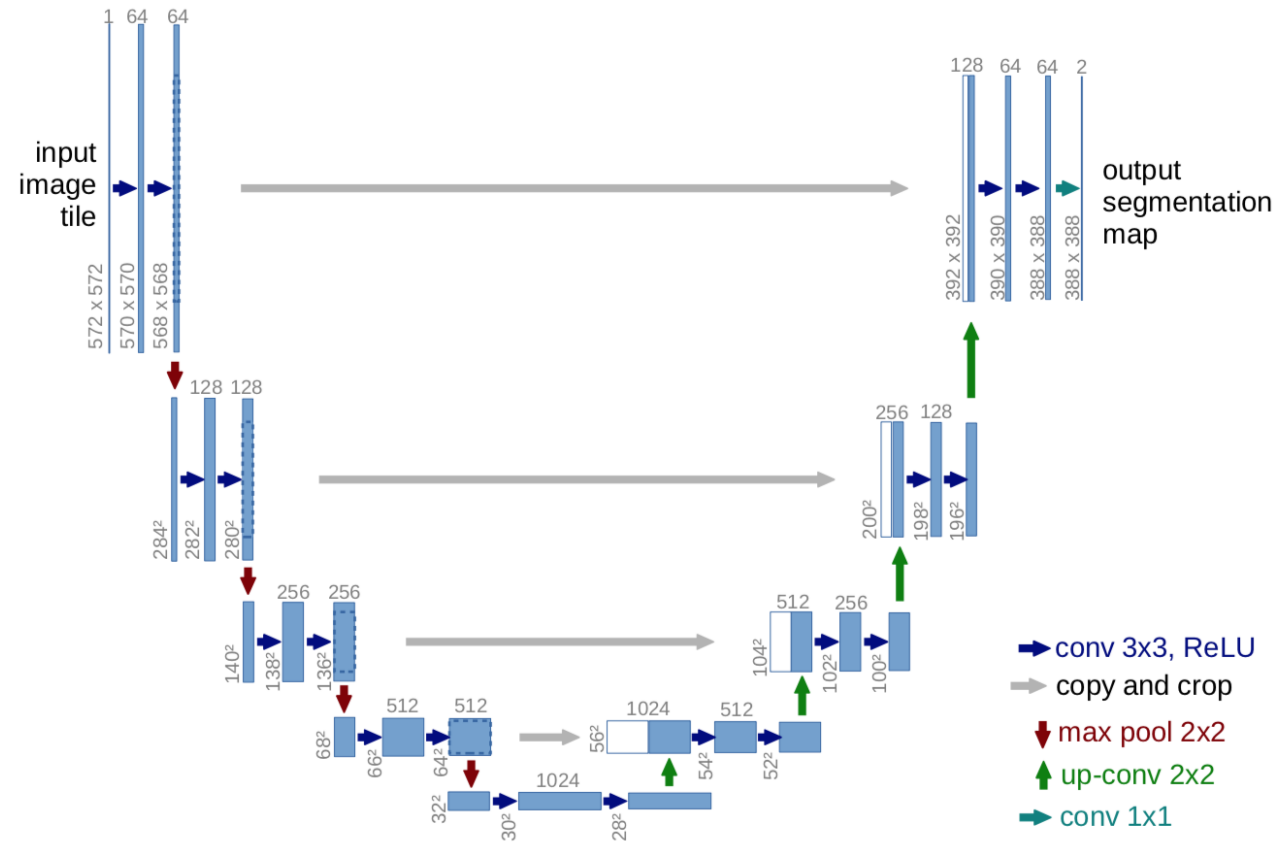
Feature
extraction



features	
image_id	0550b23f29085f41b10d165a46ad4371
data_provider	radboud
isup_grade	5
percent_1	0.7943
percent_2	0.0477429
percent_3	0.0590833
percent_4	0.0910798
percent_5	0.00778406
count_1	75716
count_2	4551
count_3	5632
count_4	8682
count_5	742

- Count and % of mask colors

Segmentation Model – U-Net Model



- Common segmentation model used in medical imaging
- Convolutional layers with encoders and decoders
- U – shaped architecture

2 Stage Model Results & Findings



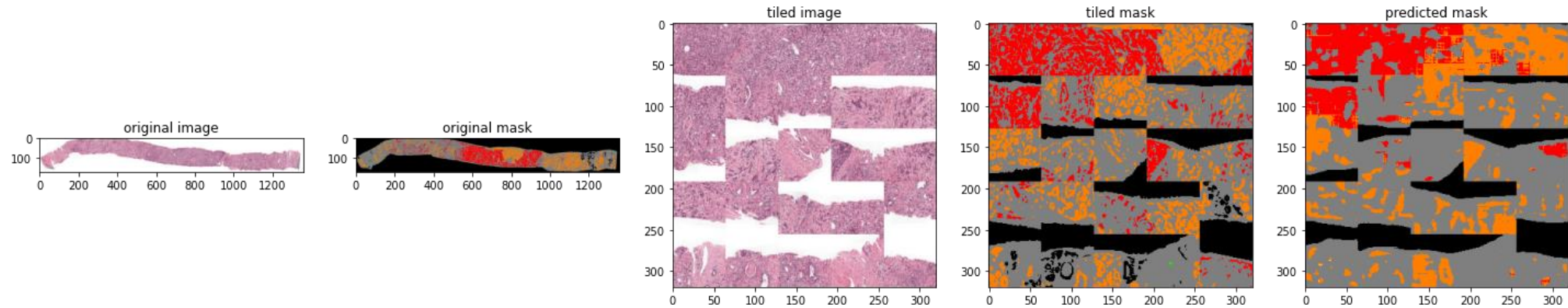
Tiles	Pre-trained Weight	Segmentation Model	Classifier Model	Train QWK	Validation QWK	Test QWK	Karolinska QWK
25 x 64 x 64	imagenet	U-Net	XGBOOST	0.70	0.68	0.63	-0.002
25 x 64 x 64	imagenet	U-Net	Logistic Regression	0.64	0.63	0.62	-0.006
25 x 64 x 64	imagenet	U-Net	Random Forest	0.90	0.62	0.59	-0.012
25 x 64 x 64	imagenet	U-Net	KNN Classifier	0.62	0.61	0.61	-0.017
25 x 64 x 64	imagenet	U-Net	Support Vector Classifier	0.54	0.50	0.50	-0.021

- U-Net with XGBOOST model performs the best
- Scores not as good as 1 stage model. But bear in mind, we have less data to train on since only using images from Radboud
- Using model trained on Radboud images are not useful to predict Karolinska

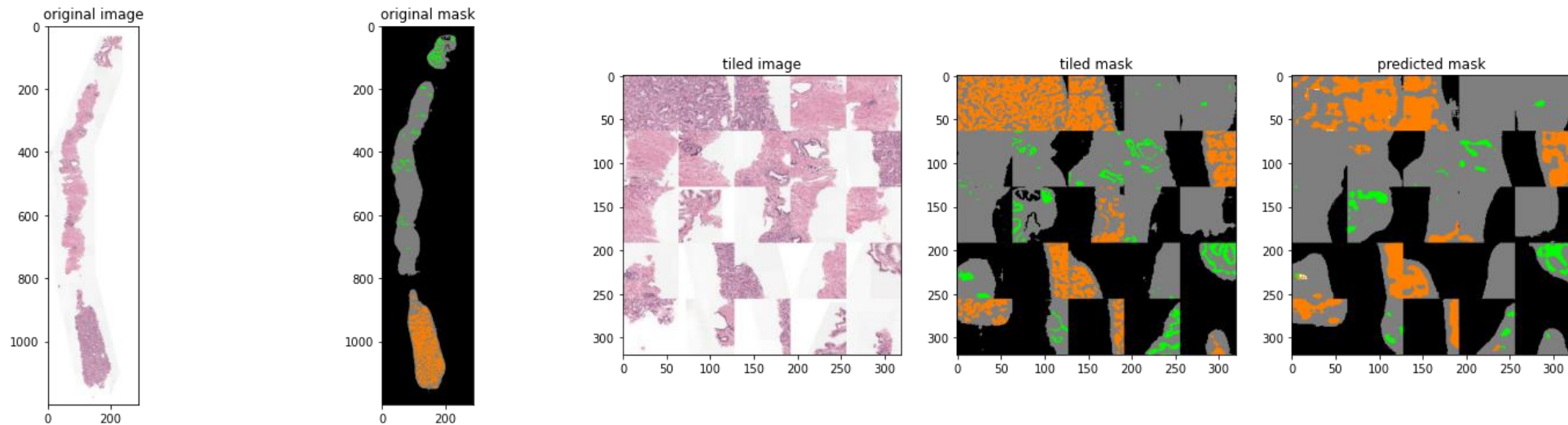
Examples of Accurate Predictions



img_id: ecad7ce730fc63ac02df4a9da719fa1c ISUP Grade: 5, Predicted ISUP Grade: 5



img_id: e17b55972ff36346f98e17f963a057f0 ISUP Grade: 4, Predicted ISUP Grade: 4

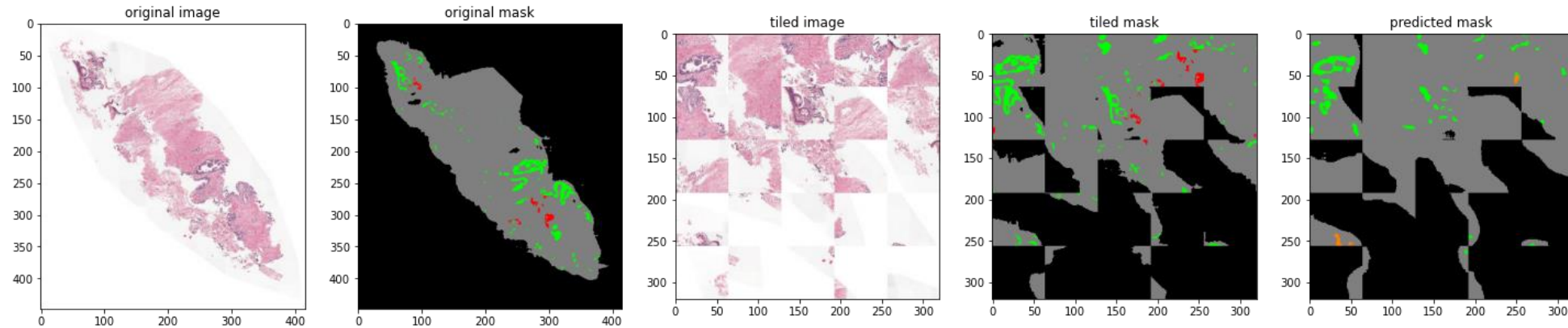


- Model is very accurate when cancerous regions are very obvious from images

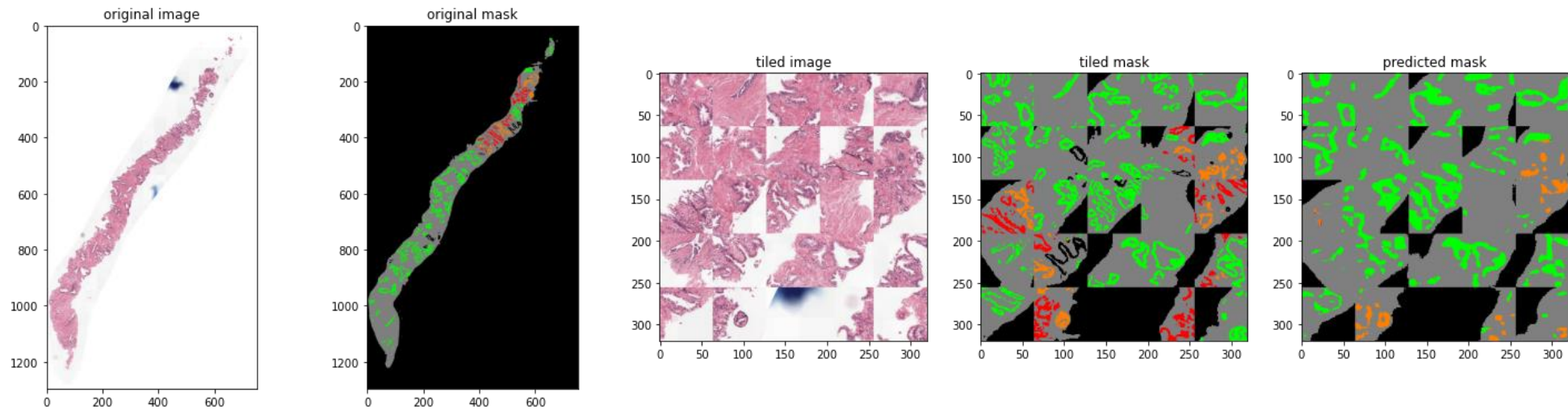
Examples of Inaccurate Predictions



img_id: da781e50e8bab82212e5724e387f49f4 ISUP Grade: 5, Predicted ISUP Grade: 0

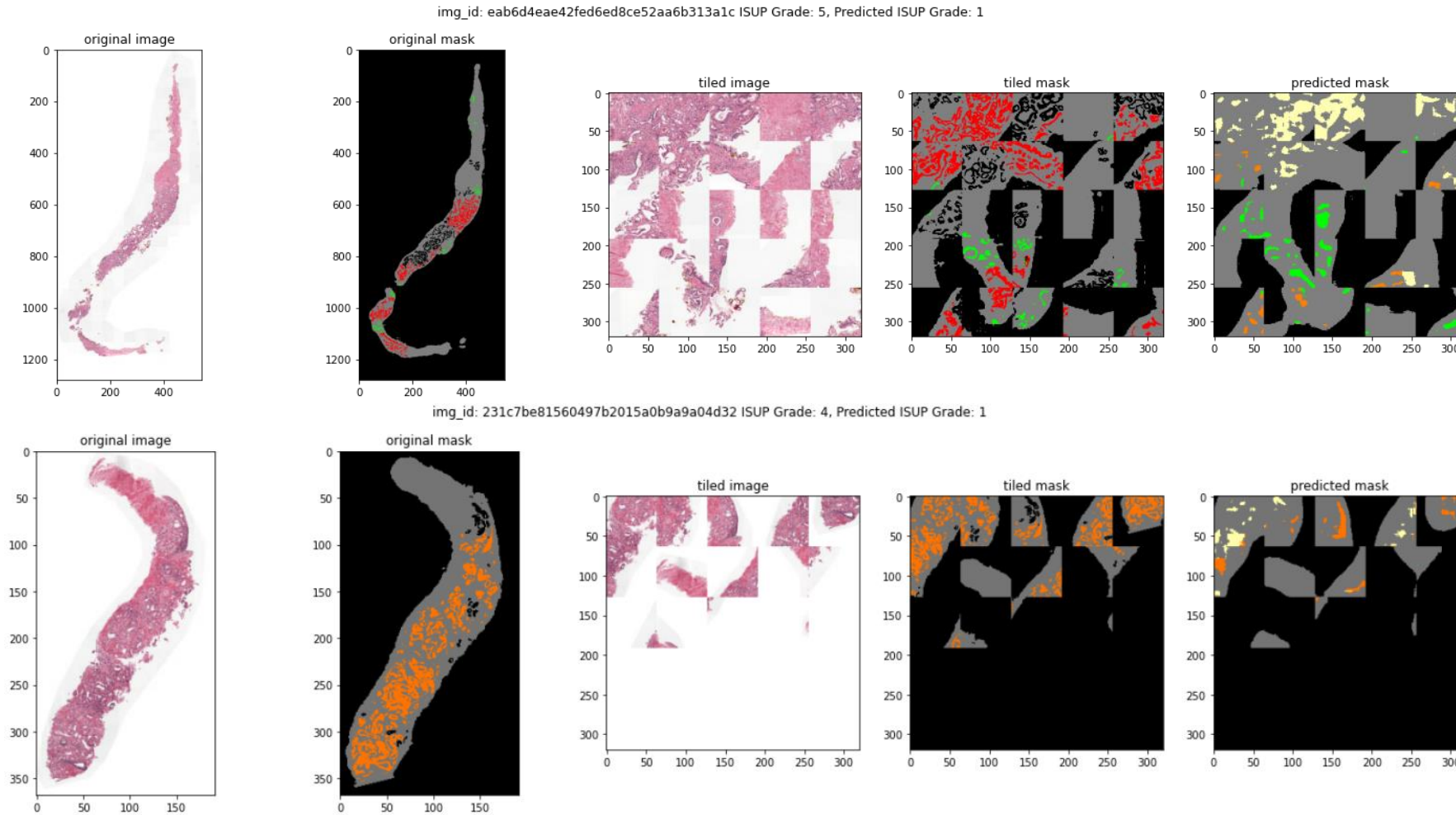


img_id: 4e11f7a0a2623f4e9f110e81c3bd9683 ISUP Grade: 5, Predicted ISUP Grade: 0



- Model is not accurate when very little cancer regions but labelled as highly cancerous
- Perhaps a mistake or mislabel? But it is hard to identify such cases

Examples of Inaccurate Predictions



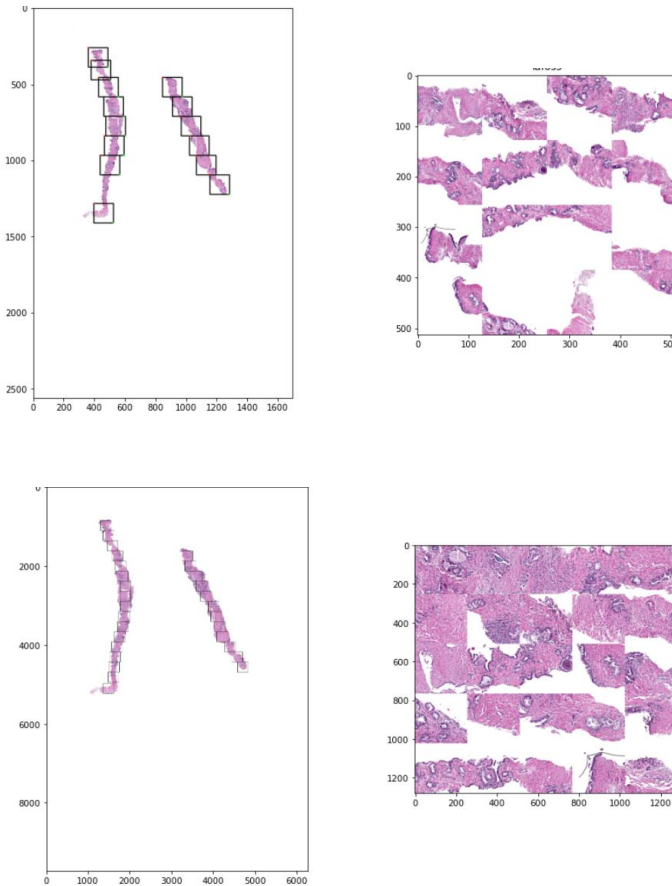
- Model completely fails to predict cancerous masks
- Image resolution is too low, could be fixed with high resolution images and more hardware resources

Further Improvements



Use Higher Resolution Images

- Higher resolution images will enable larger tiles and more granular information to be captured
- Will make it easier for model to pick up on cancerous areas not detectable by lower resolution



Low Res Image and Smaller Tiles

- 16 tiles, each 128 x 128 on lowest resolution of image
- Tiling will result in more padded white tiles

High Res Image and Larger Tiles

- 25 tiles, each 256 x 256 on highest resolution of image
- Can afford to have more tiles
- Tiling results are most utilized



Standardize Masks

- Find a way to standardize masks
- Allows usage of all images in dataset for 2 stage model. Has potential to improve 2 stage model
- Apple to apple and fair comparison

More GPU Resources

- With more VRAM in GPU, can train deeper models, reduce training time
- Load and train over high resolution images. Improve both 1 stage and 2 stage models
- Reduced training time and tune hyperparameters more frequently





Tiling Adds Value to Predictions

- Tiling the images improves the predictions compared to not tiling
- Tiling reduces the white spaces in final image and zoom into area of interest
- **Actually part of pathologist job that is being replicated by tiling**

One Stage Model Produced Best Results

- Xception model in one stage modelling produced the best results (QWK 0.7 on test set)
- Uses all images in the dataset

Two Stage Model Has Potential

- Successfully built two stage model, consists of image segmentation and classifier model
- Best model has QWK of 0.63 on test set
- Although not as good as one stage model, but bear in mind only used Radboud images (50% of dataset)

Further Improvements

- Use high resolution images – more tiles and larger tiles, more granular
- Standardize masks – use all images in training of 2 stage model
- More GPU resources – reduce training time, deeper models and can load and train over high res images



QnA Session

An aerial night photograph of a city, likely San Francisco, viewed from a hillside. The city lights are visible, including the Golden Gate Bridge and the city skyline across the water. The sky is dark with some clouds. A large, semi-transparent white rectangle is overlaid on the left side of the image, containing the text 'THANK YOU' in blue. The text is in a bold, sans-serif font. The rectangle has a blue border that extends to the right and then turns down, framing the text.

**THANK
YOU**