

# Liver Cancer Segmentation on Histopathology Images

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# Introduction

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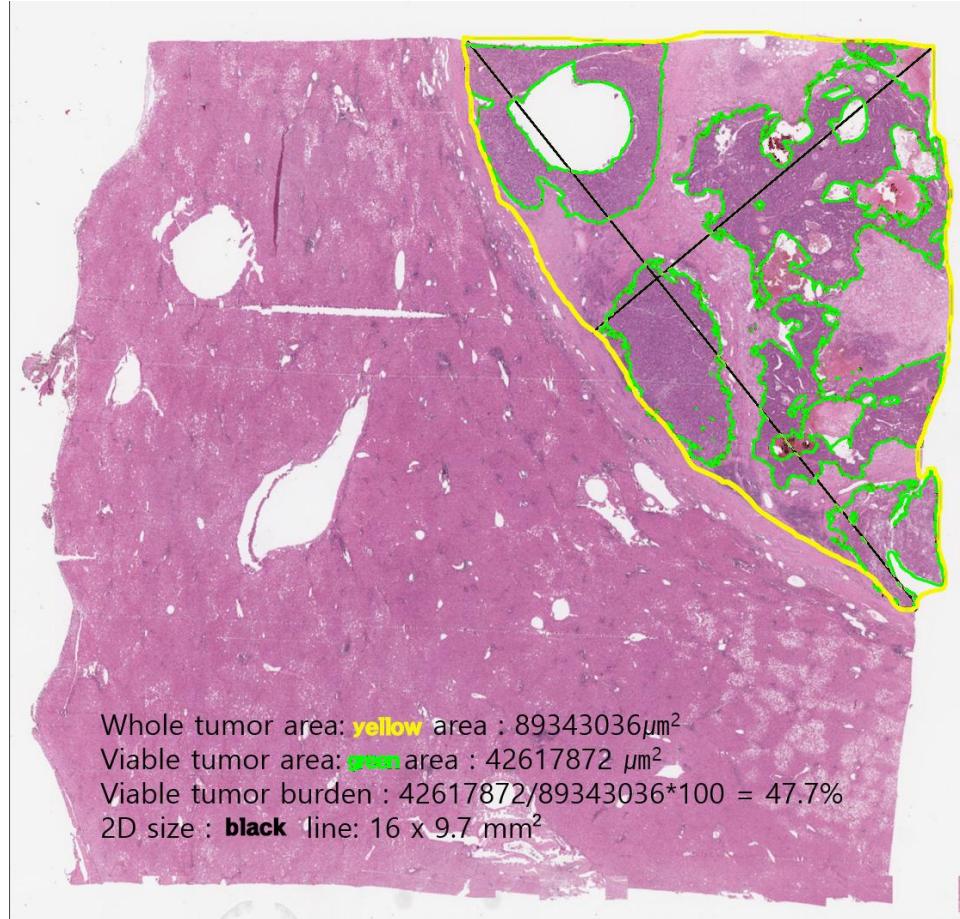
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- HCC is the 3rd leading cause of cancer deaths worldwide due to rise in non-alcoholic fatty liver disease and Hepatitis C
- Histopathology is primary prognostic tool to predict:
  - Response to treatments
- Current methods: semiquantitative grading system to estimate residual tumor burden or necrosis
  - Inefficient
  - Subjective

# Tasks

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1. Viable Tumor Segmentation  
*Cell nests within the whole tumor area*
2. Model performance evaluation



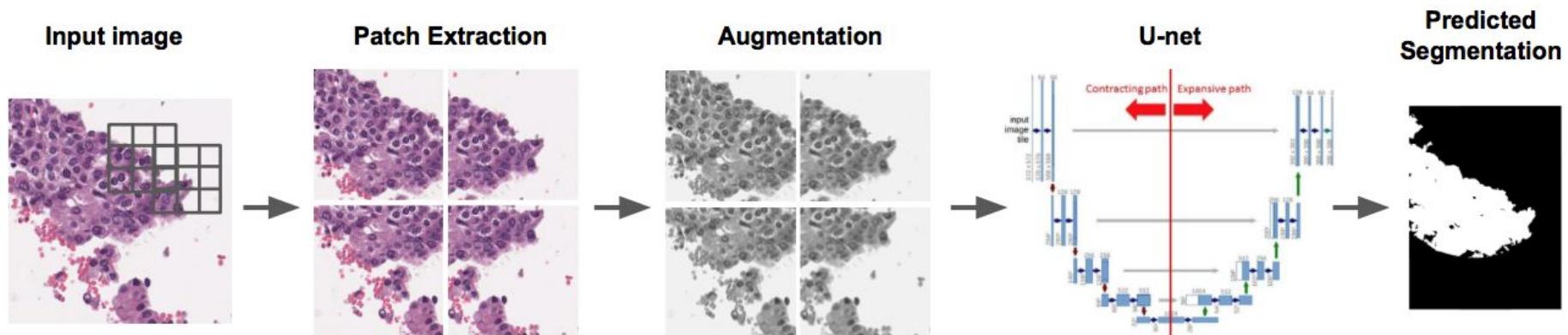
# Data Set

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- PAIP 2019 Challenge
- Seoul National University Hospital.
- 20 WSI samples, with binary masks for viable tumor area identified by expert pathologists
- Slides scanned at 20X magnification.
- Each slide from one patient and contains one whole tumor region.

# Methodology: Workflow

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# Methodology: Patch Extraction and Patch Preprocessing

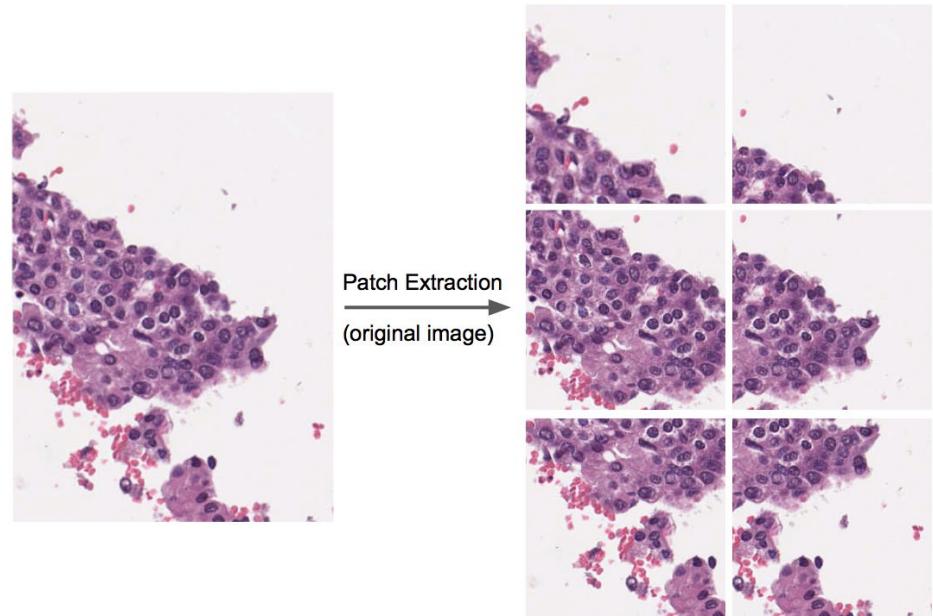
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Empty patch exclusion

Overlapping and  
non-overlapping patches

Patch size 256, 512  
and 1024

Majority vote patch  
stitching for final whole  
slide mask

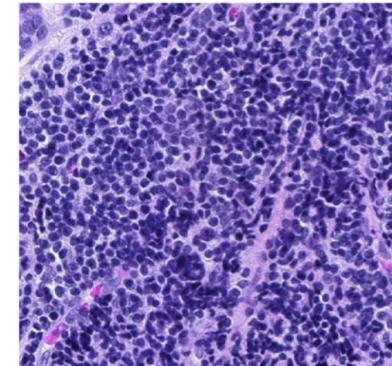
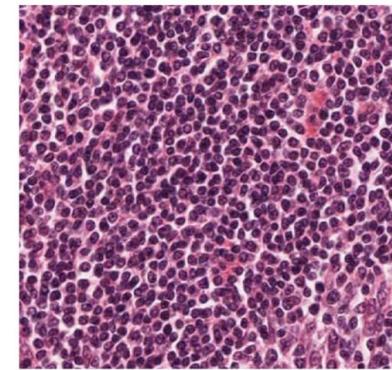


# Methodology: Patch Extraction and Patch Preprocessing

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Color jitter: Hue, Contrast,  
Saturation and brightness

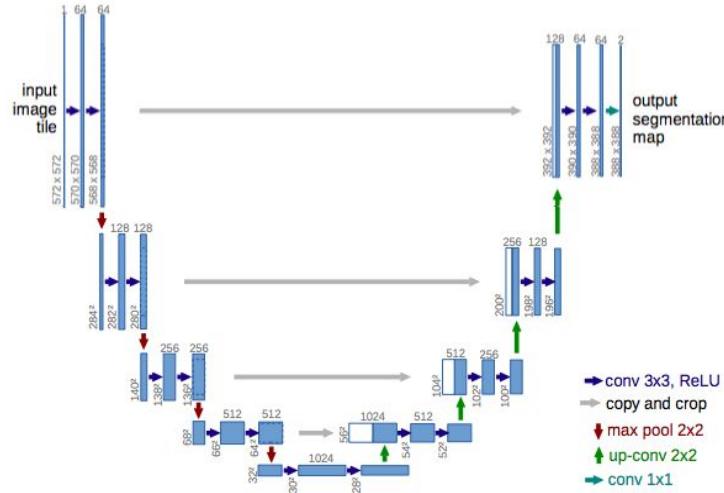
Rotation, width shift, height  
shift, shear, zoom, horizontal  
flip and fill with nearest



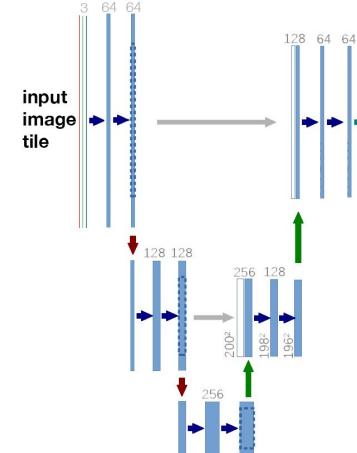
# Methodology: U-Net

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**Default U-Net**



**Modified U-Net**



10 convolution layers, depth 5

6 convolution layers, depth 3

# Methodology: Performance Evaluation

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- Jaccard (IoU)

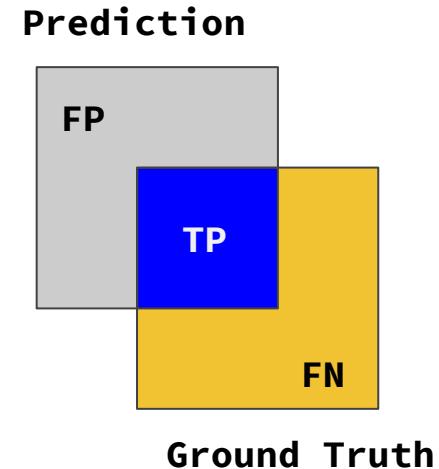
$$\frac{\text{TP}}{\text{TP} + \text{FP} + \text{FN}}$$

- F1 score

$$\frac{2 \times \text{TP}}{2 \times \text{TP} + \text{FP} + \text{FN}}$$

- Accuracy

$$\frac{\text{TP} + \text{TN}}{\text{TP} + \text{TN} + \text{FP} + \text{FN}}$$



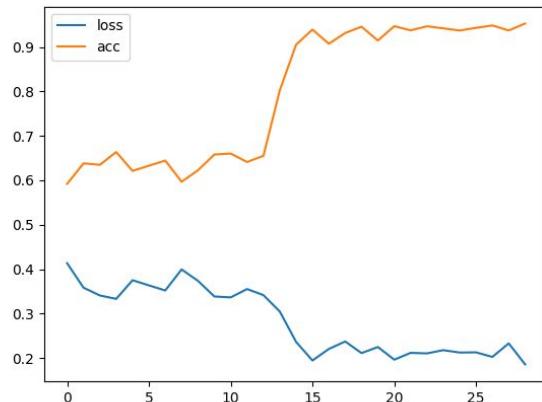
# Comparison of network depth

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**Smaller network appears to be easier to converge**

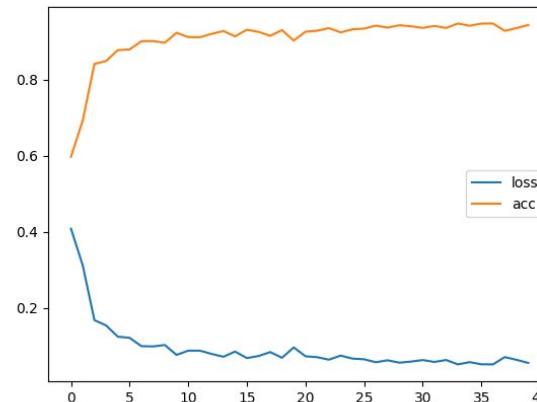
layer = 10

U-Net



layer = 6

U-Net (modified)



# Comparison of input channels

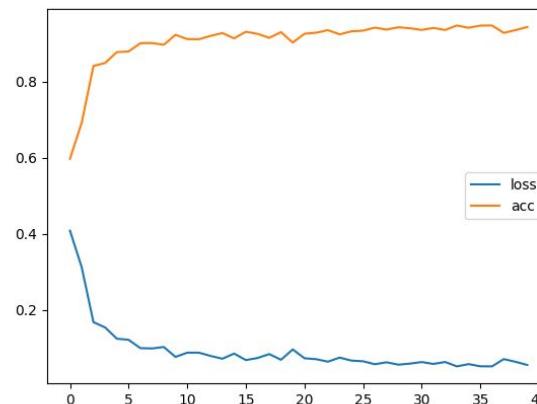
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**More input channels, less time to converge**

input = gray  
(1 channel)



input = RGB  
(3 channels)

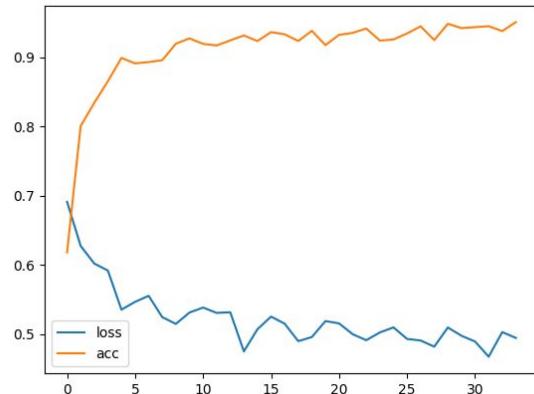


# Comparison of loss function

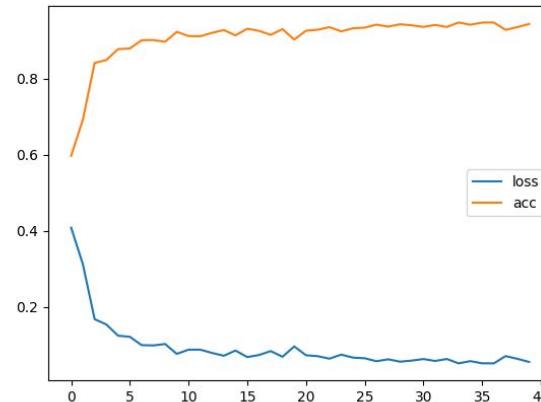
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**Jaccard\_distance (IoU) fits this task better**

binary\_crossentropy



jaccard\_distance

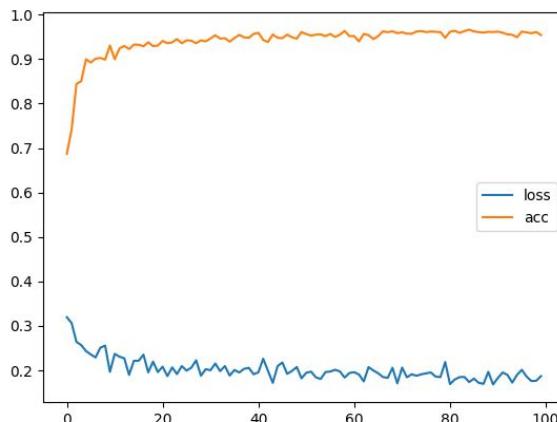


# Comparison of batch size

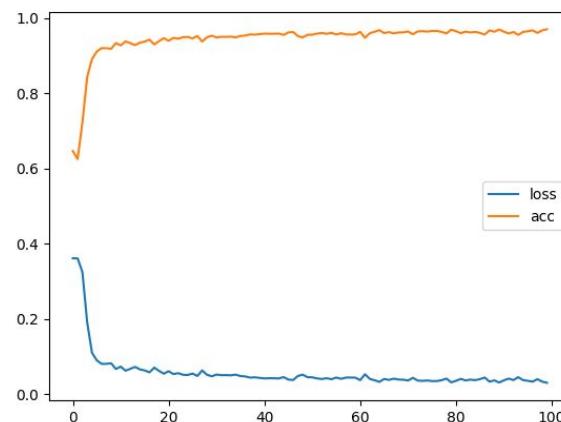
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**Batch size = 8 achieves rapid convergence with good performance**

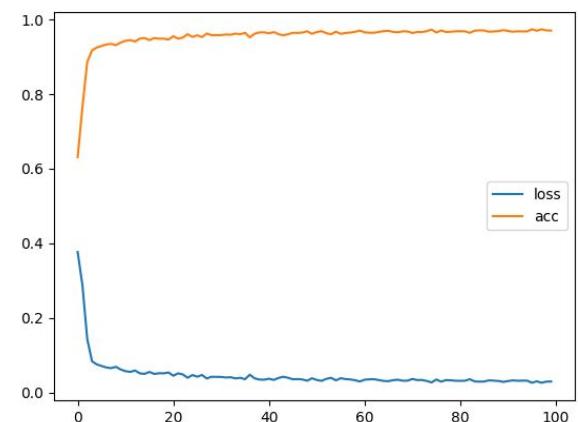
Batch size = 4



Batch size = 8



Batch size = 16



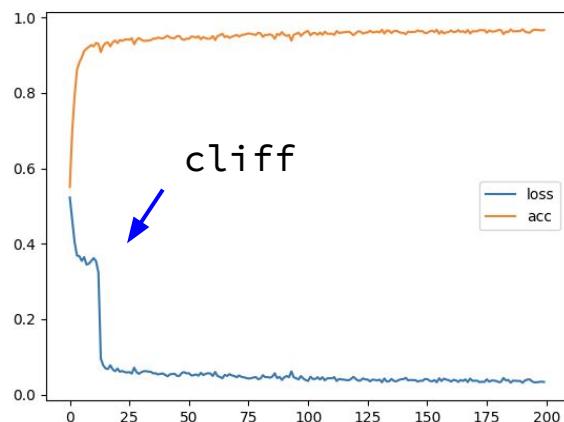
6 layer U-net, 100 epochs

# Comparison of learning rate

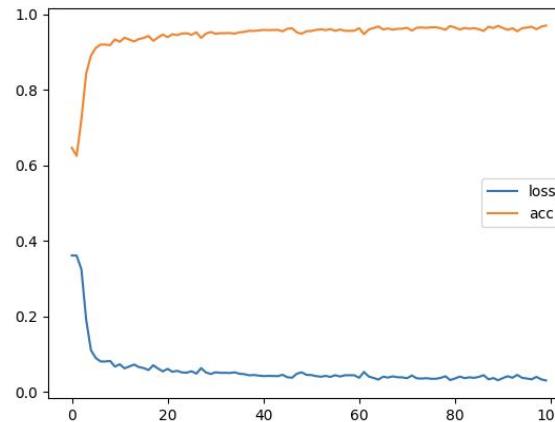
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**Smaller learning rate ( $1e-5$ ) encounters local minima (cliff)**

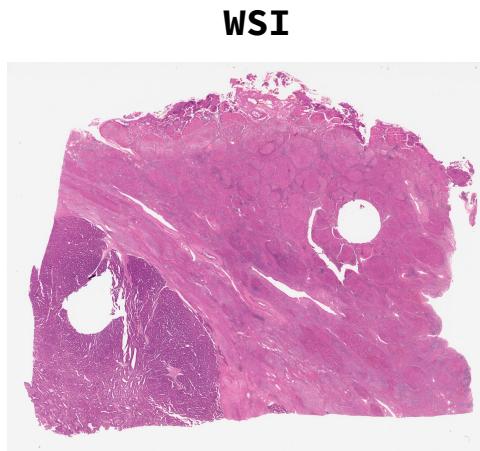
Learning rate =  $1e-5$



Learning rate =  $3e-5$



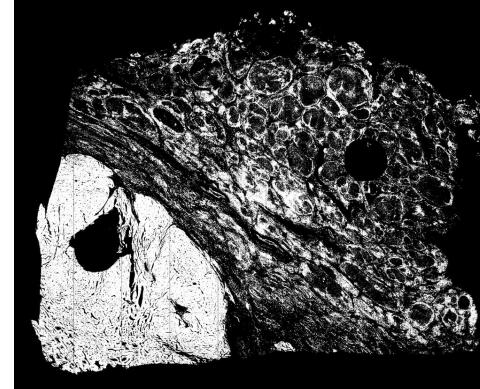
# Differences in WSI staining affect mask prediction



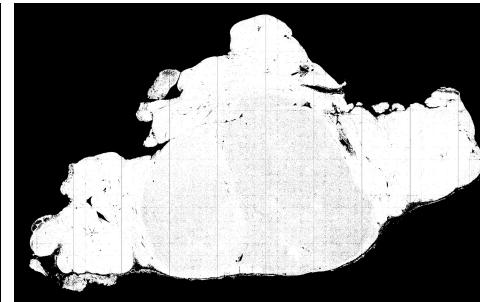
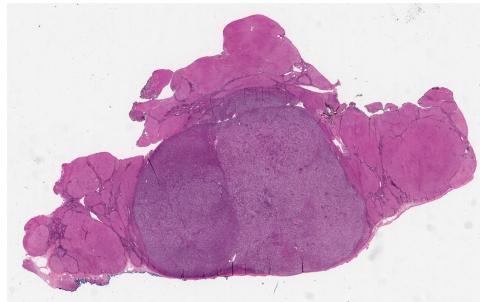
Ground truth mask



Predicted mask



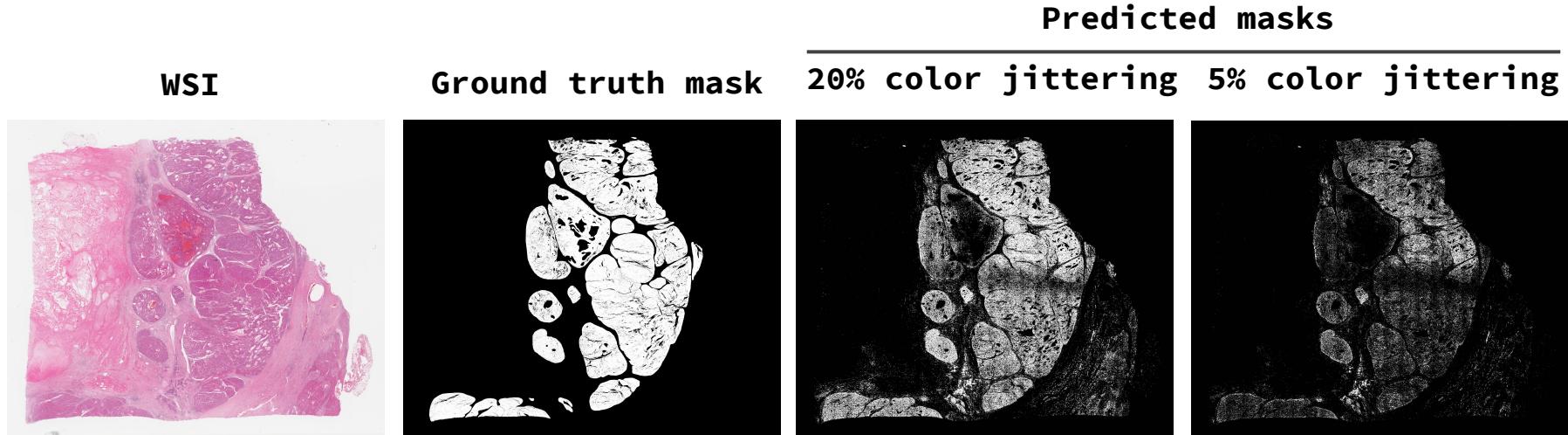
**IoU = 0.726  
F1 = 0.788  
Accu = 0.737**



**IoU = 0.524  
F1 = 0.624  
Accu = 0.533**

# Color jittering augmentation improves model prediction

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# Conclusions

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- Successfully trained modified U-net model using high resolution WSI image patches to predict viable tumor regions of liver cancer
- Hyperparameter tuning of network depth, input channels, loss function, batch size, and learning rate improved model performance
- Training image augmentation is important for consistent and robust prediction across different WSIs

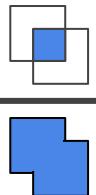
# Extra Slides (TBD)

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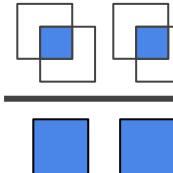
# Methodology: Performance Evaluation

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- Jaccard Index

$$\frac{|AB|}{|A \cup B|}$$


- Dice Similarity

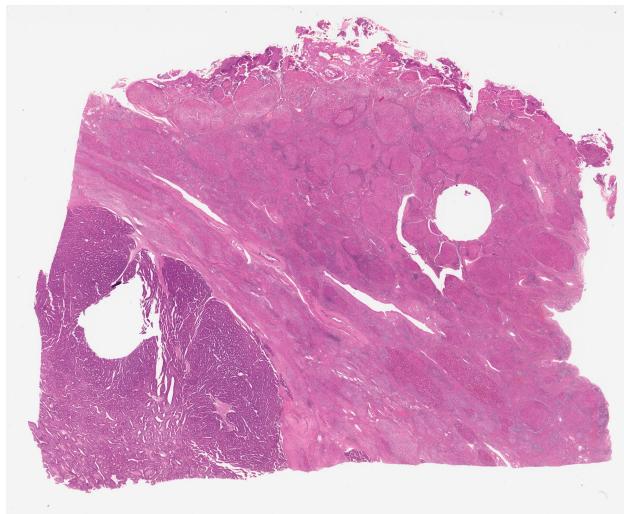
$$\frac{2|AB|}{|A| + |B|}$$


- Pixel Accuracy

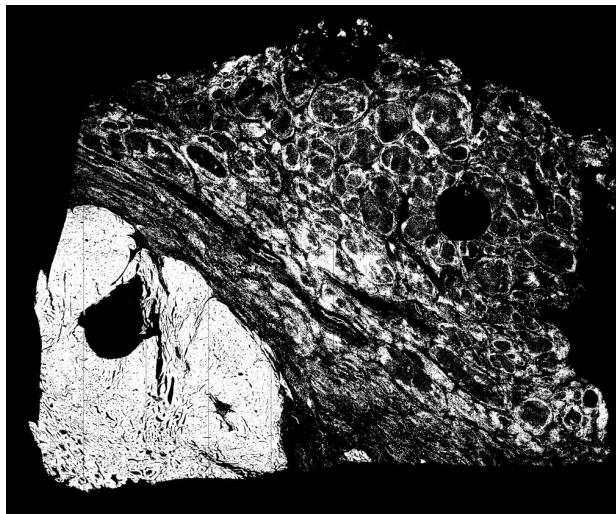
# Results

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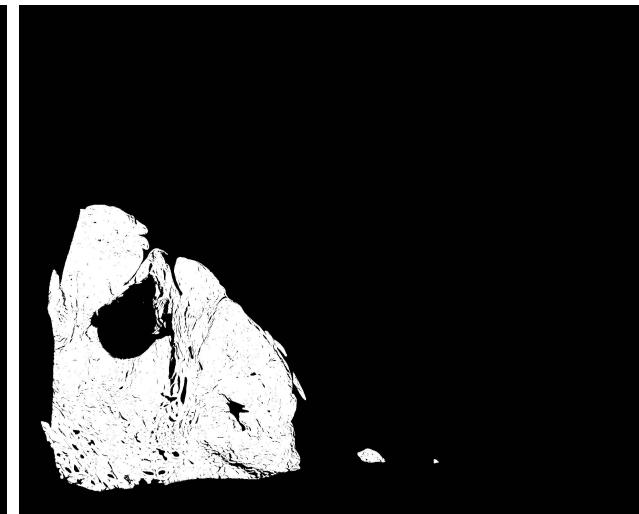
WSI



Predicted mask



Ground truth mask



Jaccard score = 0.726

# Results

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