

Evaluation and Improvement of Segment Anything Model for interactive histopathology image segmentation



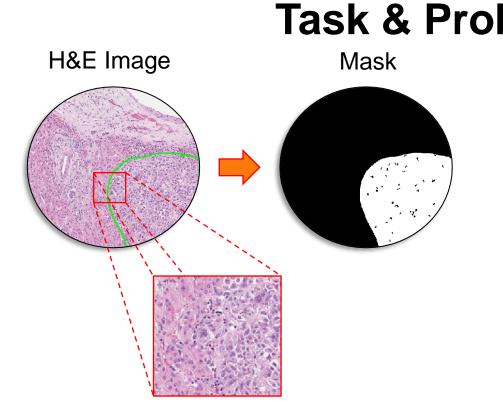
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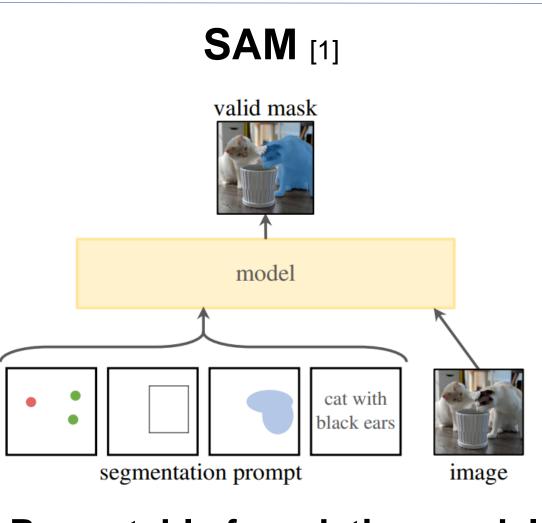
Introduction

Task & Problem definition



- WSIs: Indistinct and ambiguous boundaries.
- extensive accurately datasets.
- Weakness in generalization ability.

Tumor region segmentation in WSIs



- Promptable foundation model.
- Trained on huge natural dataset (SA-1B) which includes 11 million images and over 1 billion masks.
- Encoder, Consists Image Encoder Mask Prompt and Decoder.

- General fully-supervised approaches require annotated

Motivation

1 Could we directly use SAM for histopathology?

2 If not, how to efficiently utilize it?

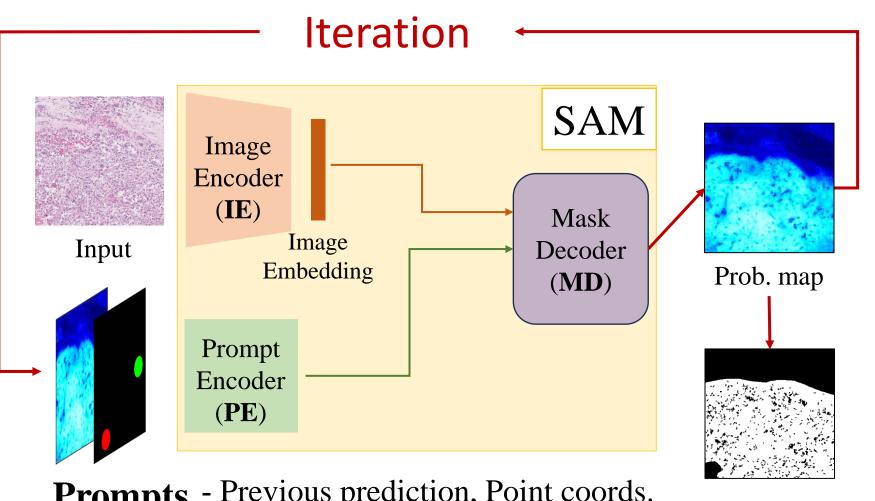
Contributions

- > Assessed SAM's capability for Zero-**Shot** histopathology image segmentation in the context of interactive segmentation by comparing it against SOTA interactive methods[2-4].
- Explored various fine-tuning scenarios for SAM, providing insights into their effective utilization.
- > Introduced an enhanced mask decoder, reducing fine-tuning costs while preserving SAM's strength.

Methods

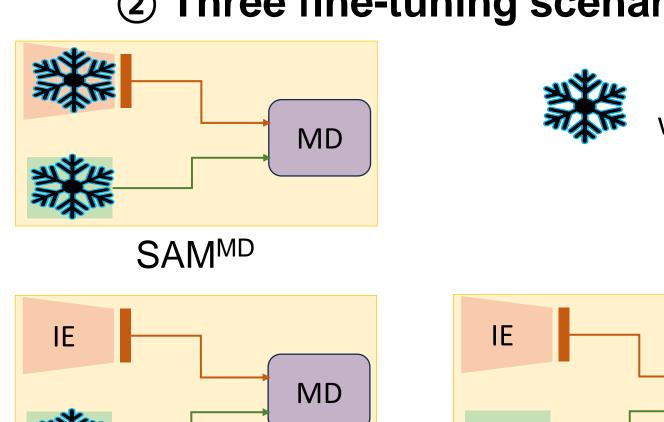
Vanila SAM

1 Interactive Segmentation using SAM



Prompts - Previous prediction, Point coords. Output

2 Three fine-tuning scenarios



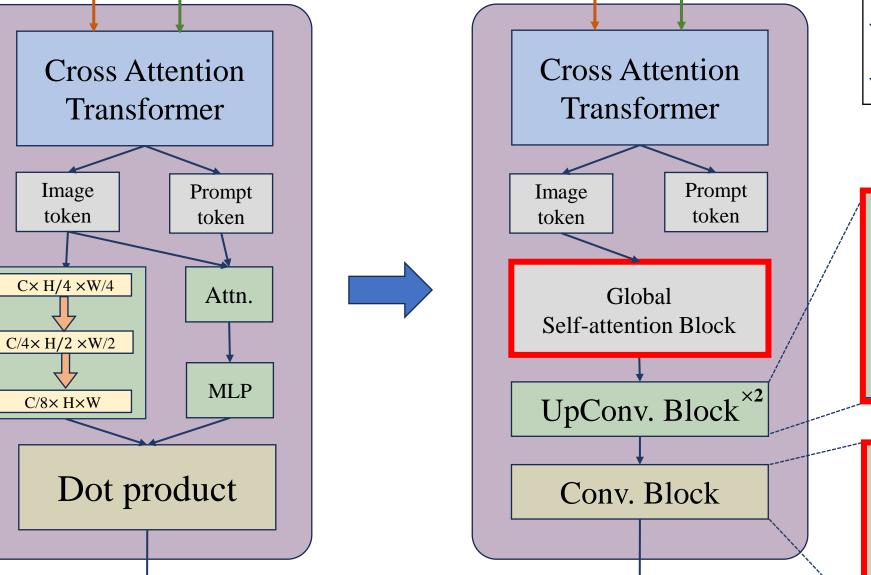
SAMWhole SAMIE_MD

- For understanding impact of each component

Global attention block:

For capturing global context.

3 Decoder Modification



Deepen layers:

For increasing representational capacity of the decoder.

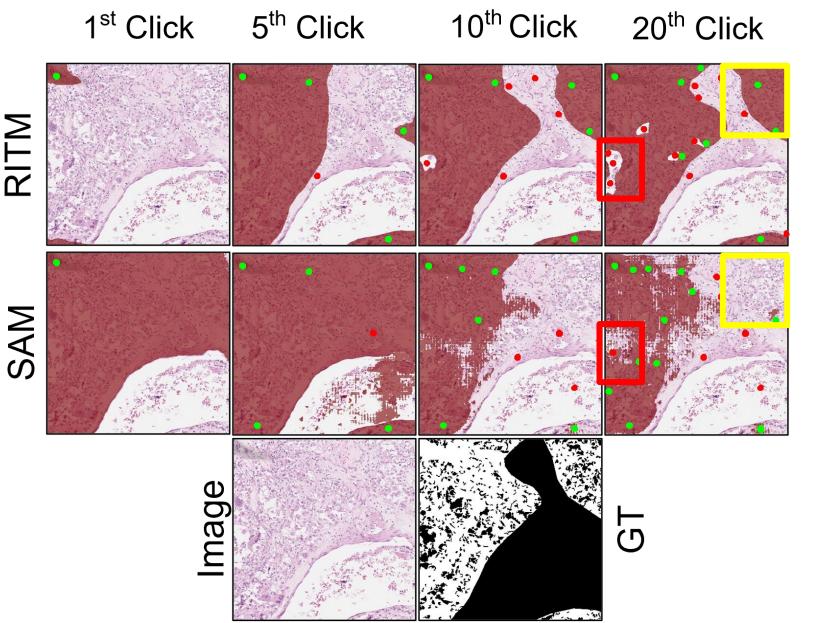
★ Only mask decoder is trained

→ 8x reduction in training cost compared to training whole model

Experiment results

1 Zero-Shot performance: SOTA methods vs. SAM

Dataset	Method	NoC@ (↓)			SDC(c) ()
		80	85	90	SPC(s) (↓)
PAIP 2019 (x5)	RITM	7.43	10.24	13.00	0.075
	Focal	7.37	9.89	12.42	0.073
	Simple	7.21	10.16	13.44	0.189
	SAM	9.13	uracy is lower b 12.10	ut faster! 14.73	0.052
CAMEL YON16 (x10)	RITM	6.91	8.19	10.07	0.077
	Focal	4.73	5.89	7.87	0.076
	Simple	5.20	6.42	8.55	0.187
	SAM	6.64	8.49	11.03	0.053



- Gaps are widening as PAIP 2019 interactions increase! 95 **→**SAM 65 55 45 **→**RITM ---Focal 35 Simple Number of Clicks
- Weakness in local refinement capability.
- longer improvement of accuracy after a certain number of clicks.

② After fine-tuning on PAIP2019: SOTA methods / 3 scenarios / Ours

Ours

 3×3 Conv.

 $C \times H \times W$

 $C \times H \times W$

 $C/2 \times H \times W$

 $C \times 2H \times 2W$

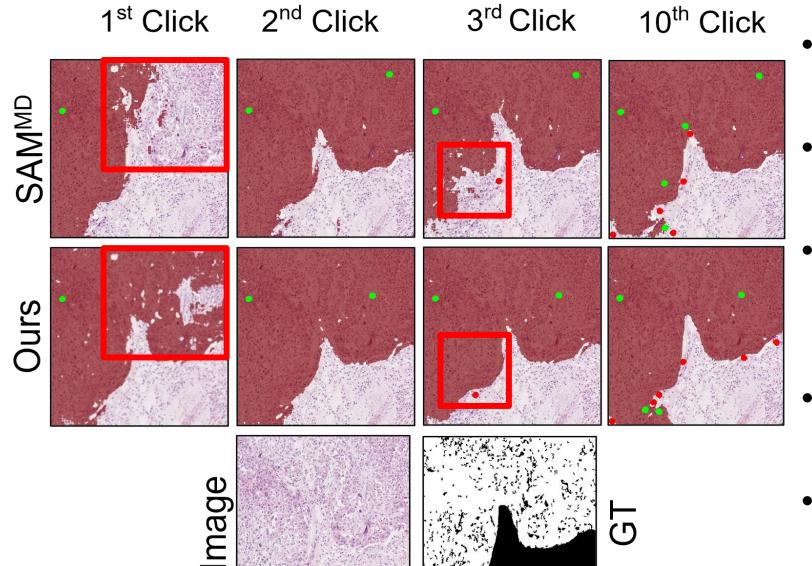
 $C \times H \times W$

 $C \times H \times W$

C× H×W

 2×2 UpConv.

Dataset	Method	NoC@ (↓)			SDC(a) (I)
		80	85	90	SPC(s) (↓)
PAIP 2019 (x5)	RITM	2.78	4.93	9.40	0.075
	Focal	2.58	4.54	8.98	0.071
	Simple	5.11	8.33	12.20	0.189
	SAM ^{MD}	5.80	8.93	12.09	0.050
	SAM ^{IE} _MD	4.53	7.58	10.86	0.050
	SAMWhole	4.53	7.50	10.95	0.052
	Ours	4.75	7.78	10.85	0.067
CAMEL YON16 (x10)	RITM	6.28 (<i>-0.63</i>)	7.65 (- <i>0.54</i>)	9.67 (-0.31)	0.076
	Focal	11.82 (+ <i>7.09</i>)	13.01 (+ <i>7.12</i>)	14.53 (+ <i>7.33</i>)	0.076
	Simple	6.07 (+ <i>0.87</i>)	7.44 (+ <i>1.02</i>)	9.94 (+ <i>1.39</i>)	0.187
	SAM ^{MD}	<u>4.88</u> (-1.76)	6.68 (-1.81)	9.07 (- <i>1.96</i>)	0.053
	SAM ^{IE} _MD	7.63 (+ <i>0.99</i>)	9.19 (+ <i>0.7</i>)	11.81 (+ <i>0.78</i>)	0.049
	SAMWhole	6.60 (-0.04)	8.10 (-0.39)	10.66 (- <i>0.37</i>)	0.053
	Ours	4.59 (-2.05)	5.92 (-2.57)	8.40 (-2.63)	0.064



- Trained solely on PAIP for assessing generalization capability.
- The values in parentheses indicate the change relative to zero-shot.
- 'Ours' shows considerable enhancement compared to SAM^{MD} which is trained under identical conditions.
- SAMwhole with Comparable to significantly lower training costs.
- The inference time has increased but is still faster compared to other SOTA methods.

Conclusion & Limitations

- SAM shows strengths in generalization capability and notably excelled in terms of inference speed, however, exhibits relatively lower performance compared to SOTA interactive models.
- · By modifying architecture of mask decoder, we could enhance the performance while maintaining high generalization capability and fast inference speed.
- In the PAIP dataset, our model still exhibits a noticeable gap compared to SOTA models.
- The table does not clearly highlight the strengths of our model in an intuitive manner (Need additional quantitative metric).

References

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General Medical AI