# Melanoma Detection Using Capsule Networks

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#### Melanoma

Deadliest type of skin cancer. Responsible for 75% of all skin cancer deaths. Caused by overexposure to UV Radiation.

## Dermoscopy

Non-invasive skin imaging technique.

Provides magnified image of given region of skin.

Images assessed by dermatologists to detect melanoma.

#### Problem Statement

Dermatologist assessment of dermoscopy assessment is slow and costly.

# Proposed Solution

Automate the assessment of dermoscopy images for faster and cheaper melanoma detection.

Train a classifier on a database of dermoscopy images having labels {malignant, benign}.

# Related Work

| Reference                             | Contribution   |  |  |
|---------------------------------------|--|--|--|
| Freedberg(1999)[2]                    | Early detection of melanoma can increase the chances of a patient's survival significantly |  |  |
| Tommasi(2006)[5],<br>Stanley(2007)[4] | First attempts at Melanoma Detection by feature engineering                                |  |  |
| Codella(2017)[1]                      | ISIC Dataset   |  |  |
| Sabour(2017)[3]                       | CapsNet Capsule Network Model proposed to overcome shortcomings of CNNs                    |  |  |

# ISIC Dataset - Malignant

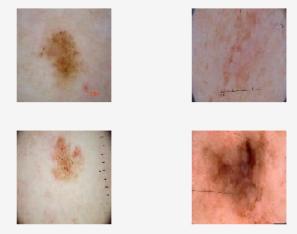


Figure: Examples of malignant skin lesion dermoscopy images

# ISIC Dataset - Benign



Figure: Examples of benign skin lesion dermoscopy images

# Challenges

ISIC dataset is not balanced (only 7% images for malignant)

Occlusions in the form of hair, veins, marks on the skin and equipment related noise.

Variations in size, shape, texture, and color for lesions.

## Dataset used in experiments

Derived by balancing the classes in the ISIC dataset.

Consists of 1,083 benign and 1,083 malignant dermoscopy images.

Each RGB image is resized to  $32 \times 32$ .

# Model Architecture - CapsNet

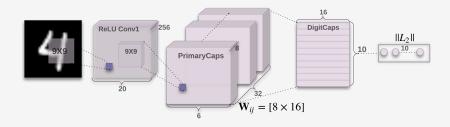


Figure: CapsNet Architecture for digit classification

### Results

Table: Comparision of models on test data

| Model               | Accuracy | Specificity | Sensitivity |
|---------------------|----------|-------------|-------------|
| Logistic Regression | 66.89%   | 60.70%      | 90.10%      |
| Capsule Network     | 74.69%   | 75.37%      | 73.98%      |

#### Results

CapsNet architecture does not overfit despite the relatively small size of training data.

The model has higher specificity and lower sensitivity than the baseline. So, it has a low false negative rate.

### Conclusion

CapsNet architecture can be used for melanoma detection.

#### References I



Noel C. F. Codella, David Gutman, M. Emre Celebi, Brian Helba, Michael A. Marchetti, Stephen W. Dusza, Aadi Kalloo, Konstantinos Liopyris, Nabin K. Mishra, Harald Kittler, and Allan Halpern.

Skin lesion analysis toward melanoma detection: A challenge at the 2017 international symposium on biomedical imaging (isbi), hosted by the international skin imaging collaboration (ISIC).

CoRR, abs/1710.05006, 2017.

#### References II



K. A. Freedberg, Alan Geller, D. R. Miller, R. A. Lew, and H. K. Koh.

Screening for malignant melanoma: A cost-effectiveness analysis.

Archives of dermatology, 143 1:21–8, 1999.



Sara Sabour, Nicholas Frosst, and Geoffrey E. Hinton.

Dynamic routing between capsules.

In NIPS, 2017.

### References III



R. Joe Stanley, William V. Stoecker, and Randy H. Moss.

A relative color approach to color discrimination for malignant melanoma detection in dermoscopy images.

Skin research and technology: official journal of International Society for Bioengineering and the Skin (ISBS) [and] International Society for Digital Imaging of Skin (ISDIS) [and] International Society for Skin Imaging, 13 1:62–72, 2007.



Tatiana Tommasi, Elisabetta La Torre, and Barbara Caputo.

Melanoma recognition using representative and discriminative kernel classifiers.

In CVAMIA, 2006.