

Cervical Cancer Detection with Synthetic Data and CNNs (TODO:
new title?)

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ABSTRACT

Cervical Cancer Detection with Synthetic Data and CNNs (TODO:
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Cervical cancer is one of the deadliest cancers among women worldwide. There were about 270,000 deaths a year, out of which 85% occurred in developing countries. One of the primary reasons of the inequality is the cost and availability of cancer screenings for early diagnosis. The goal of this project is to help in the development of low cost sensors and new algorithms to detect cervical cancer for poor regions. Early diagnosis of this cancer is extremely effective in treatment and has the potential to save many lives.

Recent advances in neural networks can be applied to the early detection of cervical cancer. The primary bottleneck is the lack of labeled data and cost of generating it. This project will focus on new ways of generating synthetic cell data and using it to augment state of the art computer vision algorithms.

Keywords: segmentation, CNN, synthetic data, data augmentation, cervical cancer, medical imaging

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Chapter 1

Introduction

Cervical cancer accounts for 6.6% of cancer cases in the world. In 2018 alone, there were well over 570,000 cases. Even worse is the disproportionate way populations are effected. About 85% of deaths from cervical cancer came from low to middle income countries.[1]

Fortunately the high mortality rate from cervical cancer can be reduced by effective screening and early treatment.

1.1 The pap-smear screening

The pap-smear screening was developed by Georges Papanicolaou. Using a small brush, a cytological sample is taken from the cervix and smeared onto a thin glass slide. To clarify the cells characteristics, the smear is stained using the Papanicolaou method. This emphasizes the different components of the cells with specific colors, making it more clear in a microscope.[5] Each microscope slide contains up to 300,000 single cells with different orientations and overlap[5]. This has made automatic segmentation methods challenging.

Chapter 2

Datasets

The datasets used are constructed by cyto-technicians for classification purposes. These technicians use a microscope with a resolution of $0.201 \mu\text{m} / \text{pixel}$ to grab every cell.

2.1 SIPaKMeD

The SIPaKMeD dataset consists of 996 cluster cell images of Pap smear slides. From these there are 4049 individual cells that are segmented. These cells are then labeled in 5 categories: (a) Dyskeratotic, (b) Koilocytotic, (c) Metaplastic, (d) Parabasal and (e) Superficial-Intermediate.

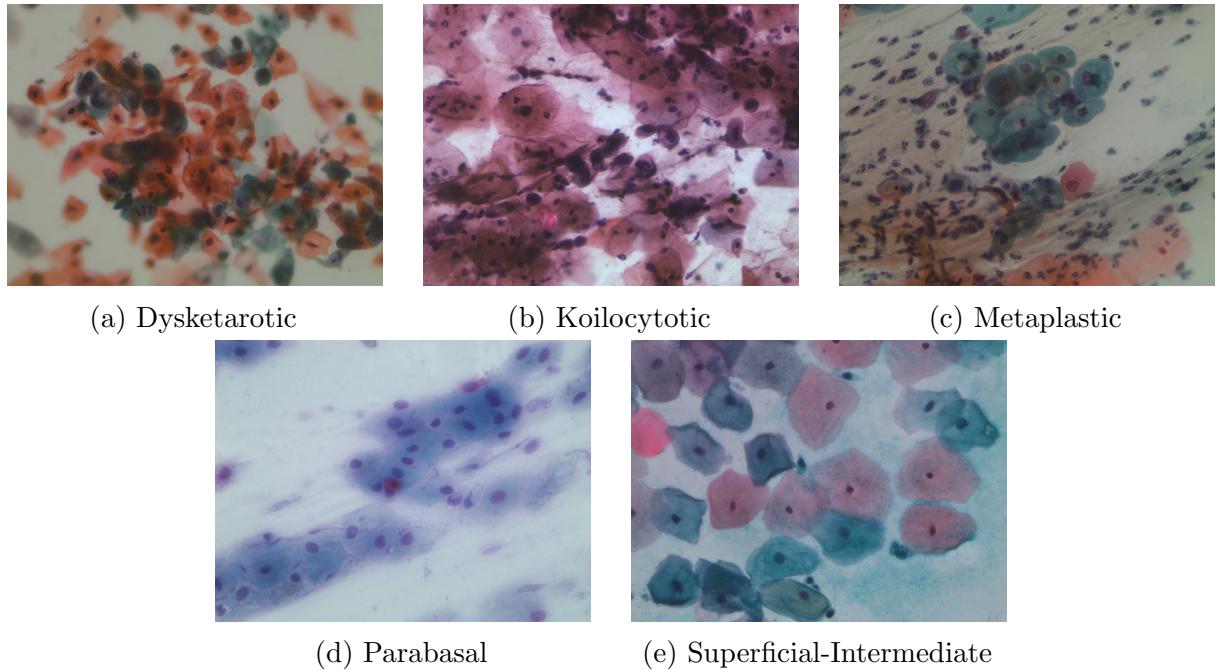


Figure 2.1: Cell Types

Superficial-Intermediate cells constitute the majority of the cells found in a Pap test. Usually they are flat with round, oval or polygonal shape cytoplasm stains mostly eosinophilic or cyanophilic. They contain a central pycnotic nucleus. They have well defined, large polygonal cytoplasm and easily recognized nuclear limits (small pycnotic in the superficial and vesicular nuclei in intermediate cells). These type of cells show the characteristics morphological changes (koilocytic atypia) due to more severe lesions.

Parabasal cells are immature squamous cells and they are the smallest epithelial cells seen on a typical vaginal smear. The cytoplasm is generally cyanophilic and they usually contain a large vesicular nucleus. It must be noted that parabasal cells have similar morphological characteristic with the cells identified as metaplastic cells and it is difficult to be distinguished from them.

Koilocytotic cells correspond most commonly in mature squamous cells (intermediate and superficial) and some times in metaplastic type koilocytotic cells. They appear most often cyanophilic, very lightly stained and they are characterized by a large perinuclear cavity. The periphery of the cytoplasm is very dense stained. The nuclei of koilocytes are usually enlarged, eccentrically located, hyperchromatic and exhibit irregularity of the nuclear membrane contour.

Dyskeratotic cells are squamous cells which undergone premature abnormal keratinization within individual cells or more often in three-dimensional clusters. They exhibit a brilliant orangeophilic cytoplasm. They are characterized by the presence of vesicular nuclei, identical to the nuclei of koilocytotic cells. In many cases there are binucleated and/or multinucleated cells.

Metaplastic Cells are small or large parabasal-type cells with prominent cellular borders, often exhibiting eccentric nuclei and sometimes containing a large intracellular vacuole. The staining in the center portion is usually light brown and it often differs from that in the marginal portion. Also, there is essentially a darker-stained cytoplasm and they exhibit great

uniformity of size and shape compared to the parabasal cells, as their characteristic is the well defined, almost round shape of cytoplasm.[6]

2.2 Herlev

The Herlev dataset is comprised of 917 isolated single cell images. These are distributed unequally between seven classes of cells. Superficial squamous epithelia, intermediate squamous epithelia, columnar epithelial, mild squamous non-keratinizing dysplasia, moderate squamous non-keratinizing dysplasia, severe squamous non-keratinizing dysplasia and squamous cell carcinoma in situ intermediate.[3]

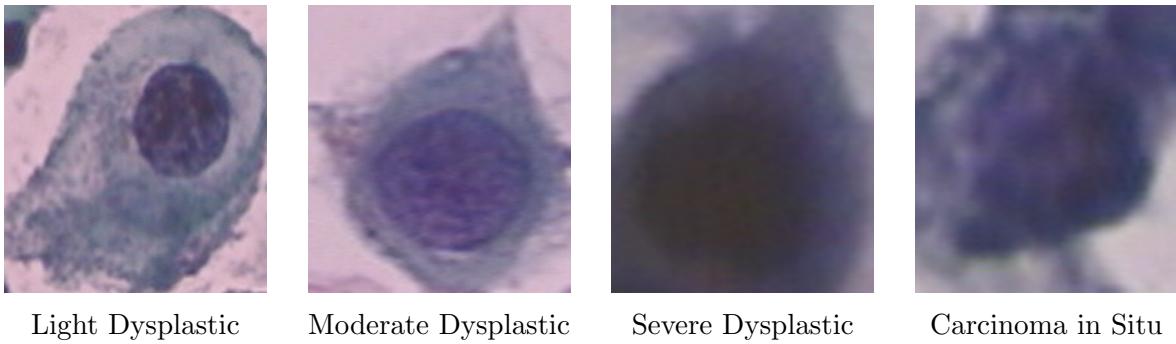


Figure 2.2: Abnormal Cells

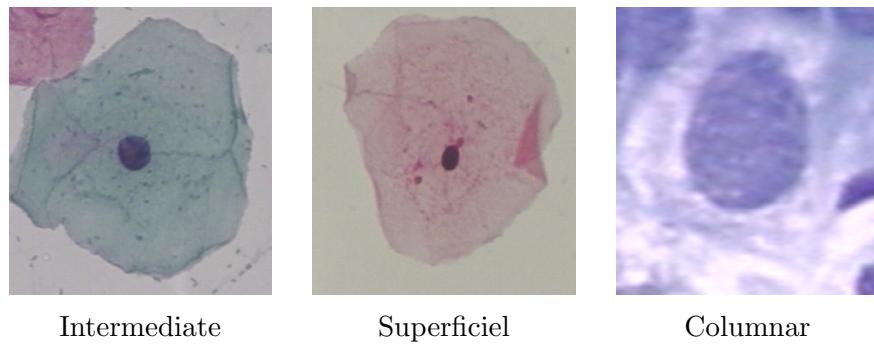


Figure 2.3: Normal Cells

Chapter 3

Background

Current automatic screening systems that incorporate pap smear have a very similar workflow: cell segmentation, cytoplasm and nuclei segmentation, feature extraction, and cell classification. This is very limited and very sensitive to cell overlap.

Whole slide classification (no segmentation) [4]

Chapter 4

Synthetic Data Generation

There are lots of different manaul augmentations I do to the images...

4.1 Tradidtional Data Augmentation

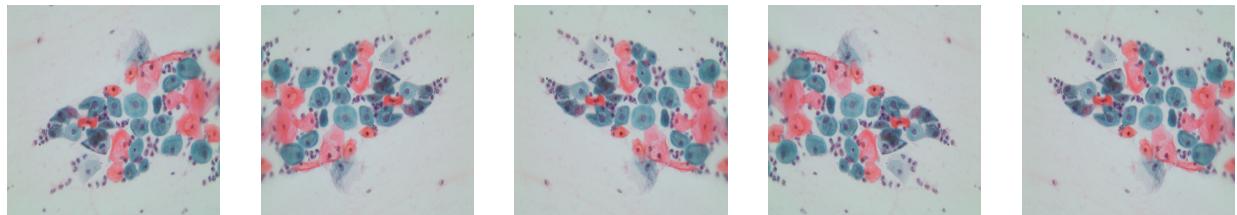


Figure 4.1: Horizontal and vertical flipping

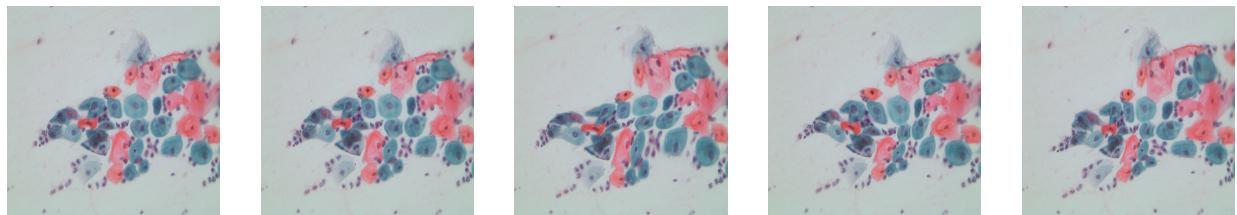


Figure 4.2: Elastic Deformation

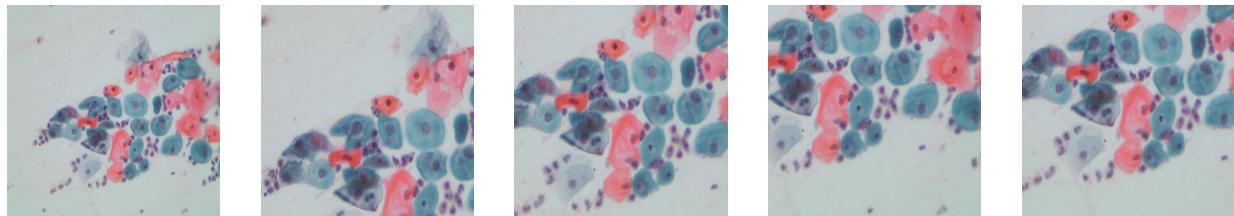


Figure 4.3: Croppin

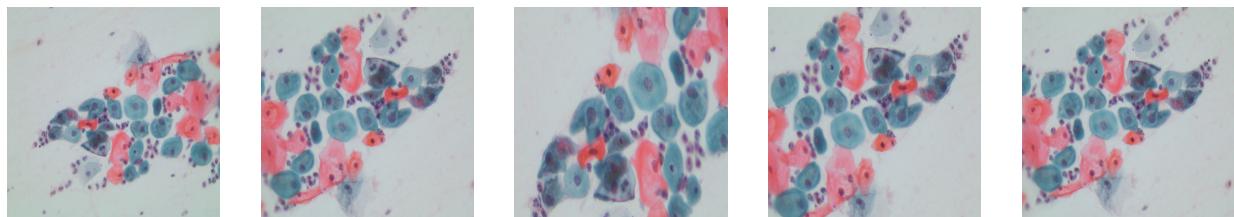


Figure 4.4: Rotation

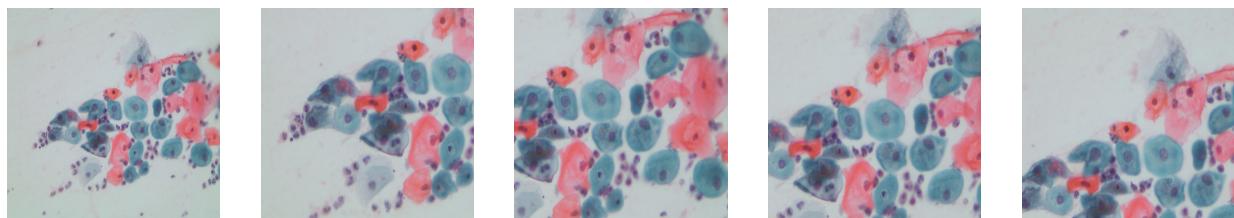


Figure 4.5: Zoom

4.2 Inserting Cells

This is where I randomly crop and segment labeled cells in other images. I place them onto the image. To help it blend in more I take the hard segmentation boundy and dialate the mask. I then do a Guassian filter to blur the opacity so it is not just a hard border on the inserted images.

current challenges:

- different size cells from different samples

- doesn't fit into the context when put randomly
- there are different colors of die that are not consistent across classes (color correct somehow?)
- placing above other cells

4.3 Conditional Generative Adversarial Networks

Generative adversarial networks, GANs, are generative models that learn a mapping from a random noise vector z to output image y , $G : z \rightarrow y$. A traditional GAN can be broken down into 2 networks, the generator and the discriminator. The generator is G described above. The goal of the discriminator is to take in a generated and real image and classify which is real.

Conditional GANs differ from this learning a mapping from an observed image, x , and a random noise vector z . This gives $G : \{x, z\} \rightarrow y$. Mathematically the objective function of a conditional GAN can be expressed as

$$\mathcal{L}_{cGAN} = \mathbb{E}_{x,y}[\log D(x, y)] + \mathbb{E}_{x,z}[\log(1 - D(x, G(x, z)))]$$

4.3.1 Pix2Pix

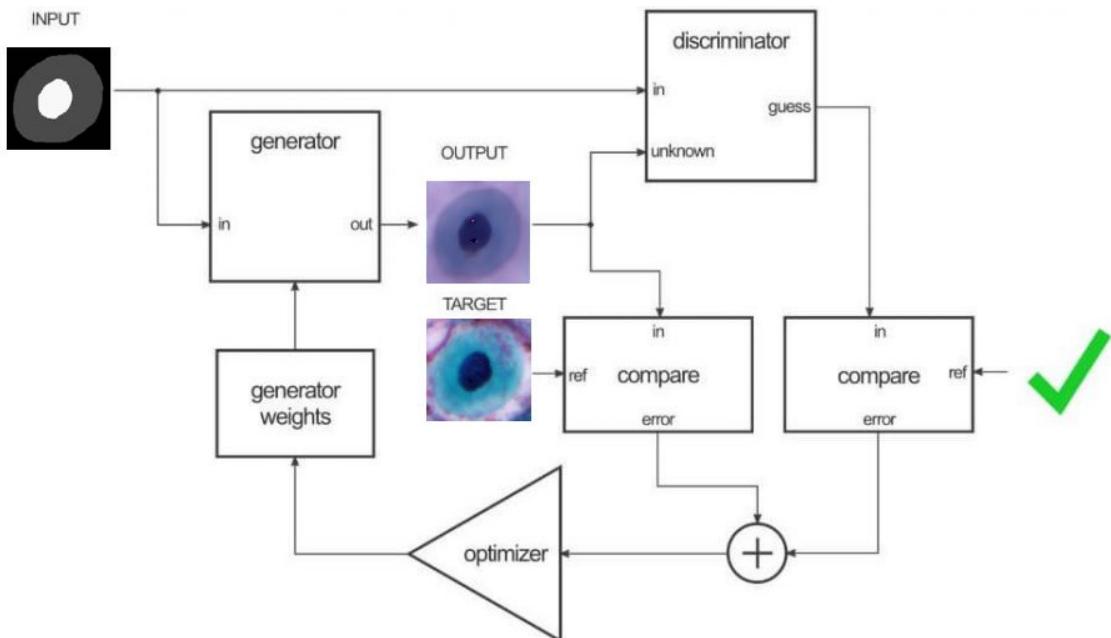
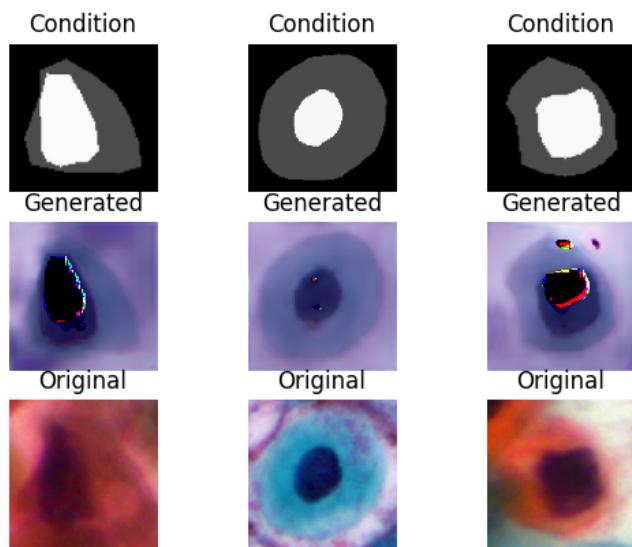
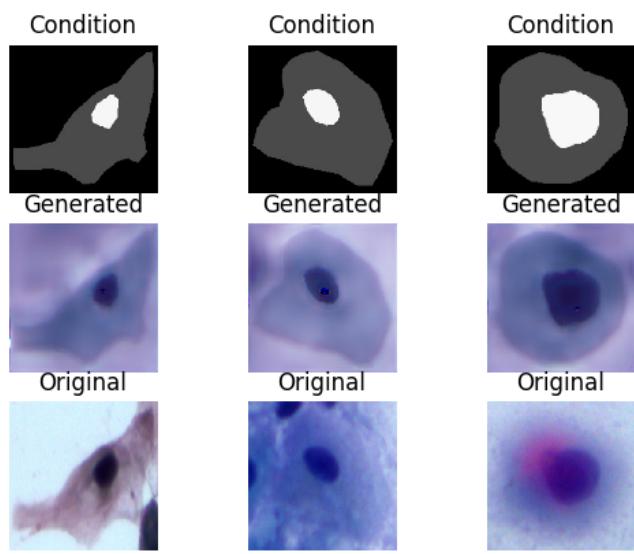


Figure 4.6: Pix2Pix Archetecture [2]





Chapter 5

Segmentation Model

5.1 Convolutional Neural Network

5.2 Unet Segmentation

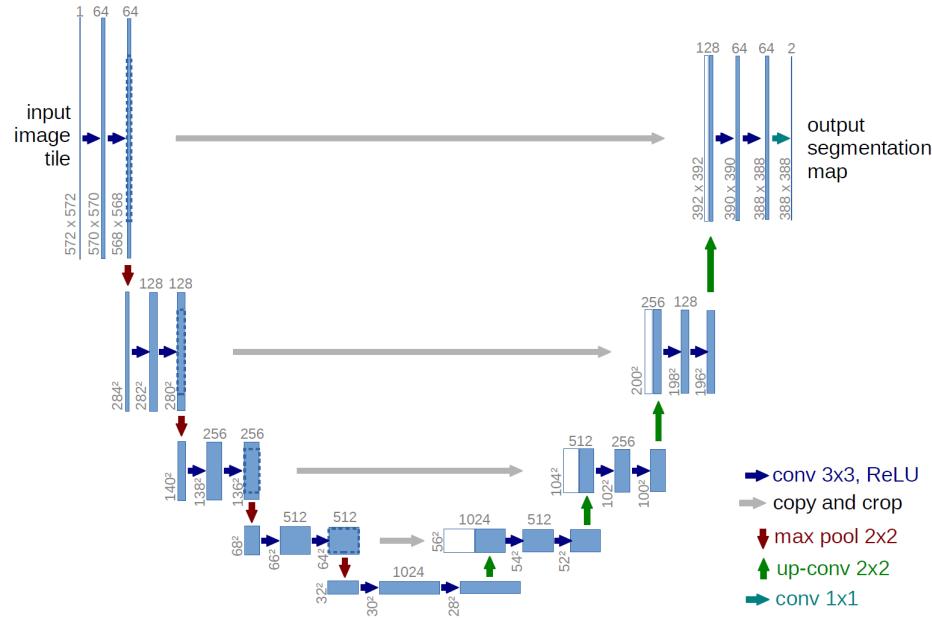


Figure 5.1: Unet Architecture

Chapter 6

Experiments and Reuslts

Cell 5 part classification: CNN

loss: 0.0116

acc: 0.9953

val loss 0.2423

val acc: 0.9513

Chapter 7

Future Work

References

- [1] World health organization. cervical cancer, 2018. [online; accessed 12-december-2018].
- [2] Pix2pix - image-to-image translation neural network, Nov 2018. URL <https://neurohive.io/en/popular-networks/pix2pix-image-to-image-translation/>.
- [3] Jan Jantzen, Jonas Norup, Georgios Dounias, and Beth Bjerregaard. Pap-smear benchmark data for pattern classification. In *Proc. NiSIS 2005*, pages 1–9. NiSIS, 2005.
- [4] Kranthi Kiran GV and G Meghana Reddy. Automatic classification of whole slide pap smear images using cnn with pca based feature interpretation. In *The IEEE Conference on Computer Vision and Pattern Recognition (CVPR) Workshops*, June 2019.
- [5] Jonas Norup. Classification of pap-smear data by tranduction neuro-fuzzy methods. 2005.
- [6] Marina Plissiti, P. Dimitrakopoulos, Giorgos Sfikas, Christophoros Nikou, O. Krikoni, and Antonia Charchanti. Sipakmed: A new dataset for feature and image based classification of normal and pathological cervical cells in pap smear images. pages 3144–3148, 10 2018. doi: 10.1109/ICIP.2018.8451588.