Breast Cancer Detection

Group member: Xiangyun Ding, Yifan Yin

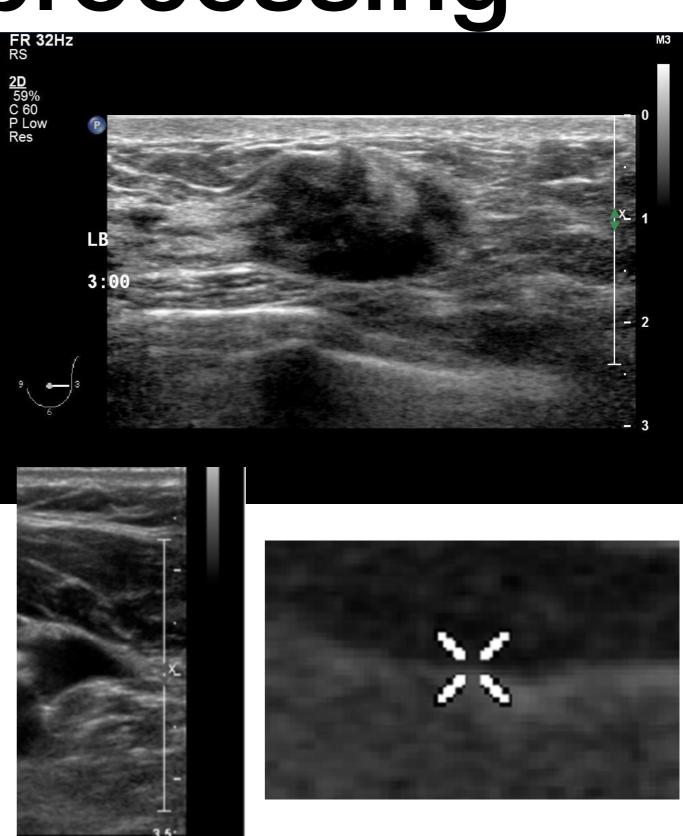
Work process

- Pre-process ultrasound images. Data normalization, balance and augmentation.
- Build up classifiers with deep neural networks.
- Training and testing.

Data Pre-processing

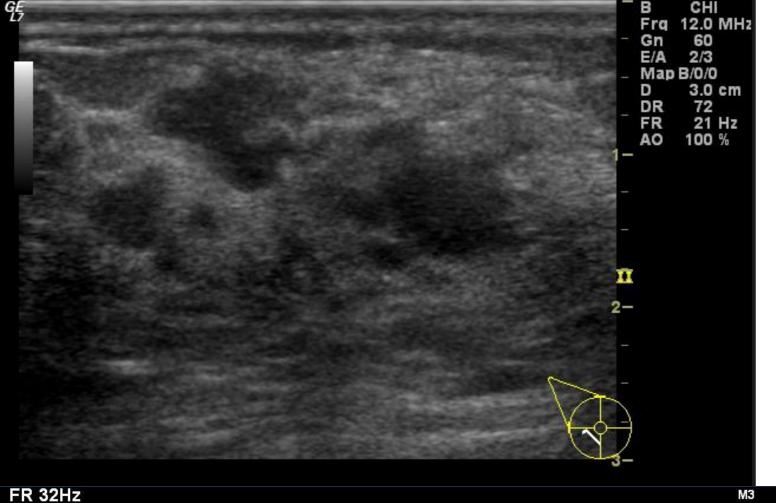
 Remove useless annotations from ultrasound images, such as the tick bars and fiducial markers added by radiologists.

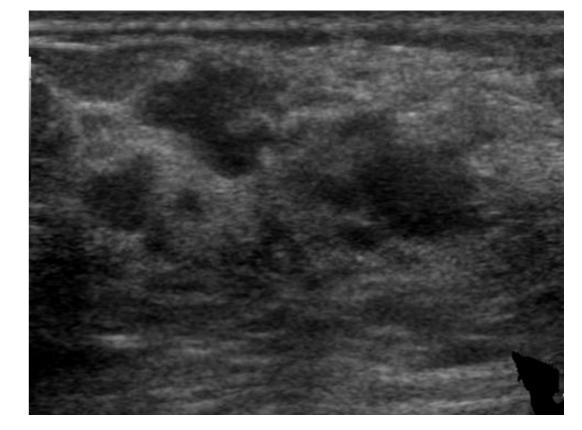
- Image restore.
- Data normalization and augmentation.

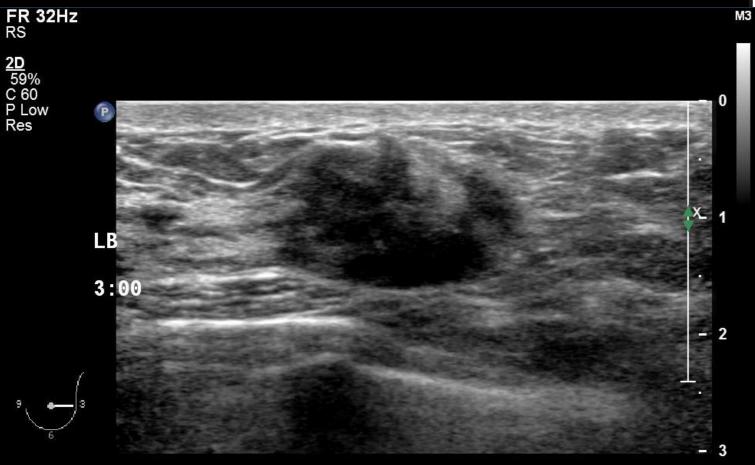


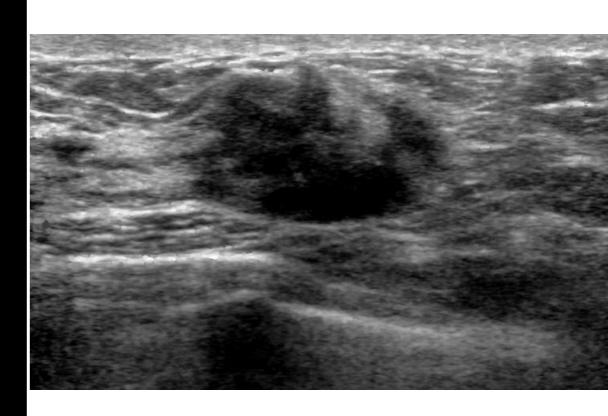
- We used the following methods to remove antifacts:
- Apply 2D connected component algorithm on the binary image, resulting in a labelled image with K components.
- Identify the texture region as the largest 2D connected component in the labelled image and subtracted it from the image to get the "possible artifact" regions.
- Plot the histogram of the "possible artifact" regions and divided the histogram into three parts [0,100], [101,200], [201,255], respectively.
- Take the histogram peaks in each of the three parts as the intensity levels of the artifacts and subtract from the original image to generate the artifact-removed image.

- We used the "Inpaint" function in OpenCV to restore the images. The restore method is Navier-Stokes based method [Navier01].
- Cut the texture areas from the original images.
- All images were resized to size 512 * 512 to fit the input of neural networks.
- Applied flipping, rotating and color jitter for augmentation.
 Made the four classes have equal numbers of images.







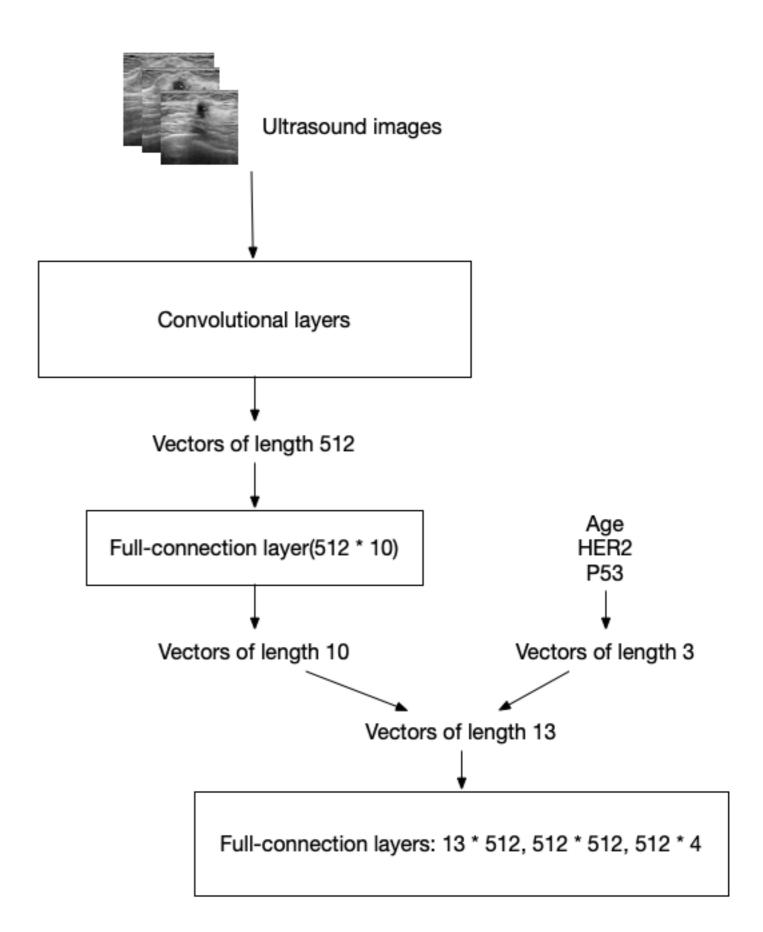


Classification

- The input is a 512 * 512 size image and three clinical diagnostic data: age, HER2, P53.
- First, we trained a simple SVM classifier with only the clinical diagnostic data, and reached the f1-score of 0.56.
- Then we trained a simple VGG network with only the ultrasound images, and reached the f1-score of 0.39. For one patient with several ultrasound images, we predict the label of each image and vote to the final result.

- Extract the features of the images(vectors of length 512) from the feature-layers output of neural networks.
- Dimensionality reduction to vectors of length 5. According to experiments results, PCA outperforms t-SNE.
- Combine this vector with the three clinical diagnostic data to vectors of length 8. These vectors were then sent to train the SVM classifier.
- The best result of this method is 0.625.

- According to the advice of the teaching assistant, we tried another method which only use the neural network.
- This method reached the f1-score of 0.639, which outperforms the last method.



- The neural networks were implemented with Pytorch.
- We then tried another network DRN(Dilated Residual Networks), which captures both the global and local features without losing the perception field. This network outperformed VGG with f1-score 0.667. (Rank 6 currently)

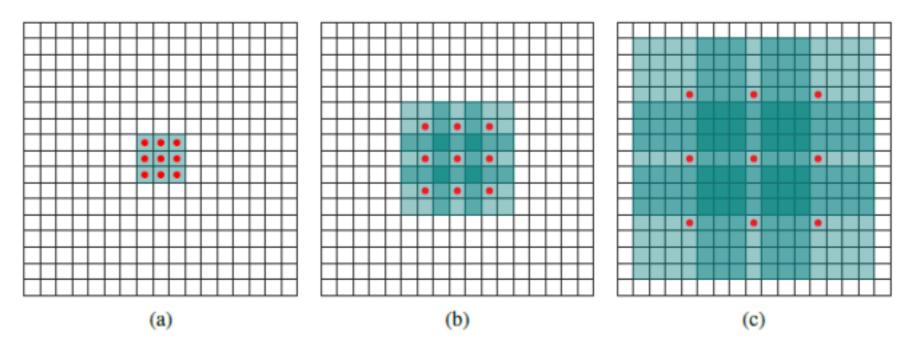


Figure 1: Systematic dilation supports exponential expansion of the receptive field without loss of resolution or coverage. (a) F_1 is produced from F_0 by a 1-dilated convolution; each element in F_1 has a receptive field of 3×3 . (b) F_2 is produced from F_1 by a 2-dilated convolution; each element in F_2 has a receptive field of 7×7 . (c) F_3 is produced from F_2 by a 4-dilated convolution; each element in F_3 has a receptive field of 15×15 . The number of parameters associated with each layer is identical. The receptive field grows exponentially while the number of parameters grows linearly.

- Any questions?
- We still want to try some semi-supervised methods with the unannotated data.
- Our biendata group name is: quanbucaofei.
- All code can be found at: https://github.com/xindubawukong/SOA_cancer_detection
- All experiments are carried out on a computer with two GTX 1080 GPUs.

References

- [1]Simonyan, K. and Zisserman, A., 2014. Very deep convolutional networks for large-scale image recognition. arXiv preprint arXiv:1409.1556.
- [2]Yu, F., Koltun, V. and Funkhouser, T., 2017. Dilated residual networks. In Proceedings of the IEEE conference on computer vision and pattern recognition (pp. 472-480).
- [3]Chi, J., Walia, E., Babyn, P., Wang, J., Groot, G. and Eramian, M., 2017. Thyroid nodule classification in ultrasound images by fine-tuning deep convolutional neural network. *Journal of digital imaging*, 30(4), pp.477-486.

Thank you!