Deep Learning Day 2018



# Automatic classification of mammographic breast density

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Deep Learning Day 2018



# Automatic classification of mammographic breast density

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Institute of Diagnostic and Interventional Radiology, University Hospital Zurich







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- Machine Learning on Medical Imaging Data Radiologists' Perspective
- Automatic classification of mammographic breast density
- Can we apply this science?



# Machine Learning on Medical Imaging Data - Radiologists' Perspective

# **RADIOLOGY RESIDENT**



WHAT OTHER RESDIENTS THINK I DO



WHAT PATIENTS THINK I DO



WHAT MY FAMILY THINKS I DO



WHAT MY FRIENDS THINK I DO



WHAT I THINK I DO



WHAT I REALLY DO



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Courtesy of Christian Blüthgen, MD MSc

# Machine Learning on Medical Imaging Data - Radiologists' Perspective

- Acquire Patient Information
- Select Adequate Modality
- Acquire Images
- Describe Findings
- Integrate Knowledge
- Classify
- Act/Recommend





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# Machine Learning on Medical Imaging Data - Radiologists' Perspective

- <u>Understand the clinical problem</u>
- Target those tasks that
  - profit from standardization
  - are tedious (but still require a long training period)
- Provide transparent solutions that
  - mimic the human decision making process
  - are adaptable to the clinical workflow



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- Women with high BD have a 2- to 6-fold increased risk of developing breast cancer<sup>1</sup>
- For dense breast the sensitivity of the screening mammography drops from 87% to 63%<sup>2</sup>
- Patients with high BD require additional imaging, such as tomosynthesis, ultrasound or breast MR to increase the cancer detection chances<sup>3</sup>



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<sup>1</sup>Boyd et al. Mammographic density and the risk and detection of breast cancer. N Engl J Med. 2007;356(3):227-36 <sup>2</sup>Boyd NF. Mammographic density and risk of breast cancer. Am Soc Clin Oncol Educ Book. 2013. <sup>3</sup>Berg et al. Combined screening with ultrasound and mammography vs mammography alone in women at elevated risk of breast cancer. JAMA. 2008;299(18):2151-63



Mammographic Breast density ACR a-d. American College of Radiology BIRADS catalogue, 5th edition

- ACR-BD classification is observer-dependent (inter-reader agreement ranging between 0.43 and 0.89)<sup>1</sup>
- Radiologists routinely reading mammographies perform better<sup>2</sup>

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<sup>1</sup>Ekpo et al. Assessment of Interradiologist Agreement Regarding Mammographic Breast Density Classification Using the Fifth Edition of the BI-RADS Atlas. AJR Am J Roentgenol. 2016;206(5):1119-23. <sup>2</sup>Berg et al. Breast Imaging Reporting and Data System: inter- and intraobserver variability in feature analysis and final assessment. AJR Am J Roentgenol. 2000;174(6):1769-77

- <u>Data</u>: 20,578 diagnostic mammography views from 5,221 unique patients (age = 58±12 years) acquired between 2012 and 2013
- <u>Labeling</u>: views of the single patient were linked to the ACR BI-RADS density from the corresponding radiological report using a home-written text searching MATLAB script (Release 2013b, MathWorks, Natick, MA, USA).
- <u>Balanced dataset</u>: 12, 932 labeled mammography views were successfully linked to the ACR BI-RADS density from the corresponding radiological report. After data augmentation (ImageDataGenerator Keras) a balanced training and validation dataset subdivided into 4 classes composed of n = 22,414 MLO projections and n = 22,439 CC projections was available.



<u>Hardware and software</u>: consumer-grade desktop computer equipped with an Intel i7-7700 CPU with 16 GB RAM and an NVIDIA 1080 GTX graphics processing unit with 8 GB graphics RAM. The computer was running Ubuntu Linux 16.04 with Tensorflow 1.0.1.





## Performance over the validation dataset

View	Accuracy	Number of epochs	Computation time
Mediolateral Oblique	90.9 %	91	20.3 hours
Cranio-Caudal	90.1 %	94	21.6 hours



Test against the expert readers consensus: CC view

100 80 60 Sensitivity 40 20 Reader 1 Reader 2 dCNN 아卢 0 20 40 60 80 100 100-Specificity

**ROC** space







## **Confusion Matrix**

	Α	В	С	D
A	94.7%	5.3%	0.0%	0.0%
В	20.7%	79.3%	0.0%	0.0%
С	0.0%	2.7%	75.7%	21.6%
D	0.0%	0.0%	0.0%	100.0%

Test against the expert readers consensus: MLO view





Cohen's kappa



## **Confusion Matrix**

	Α	B	С	D
A	89.5%	10.5%	0.0%	0.0%
В	9.1%	87.9%	3.0%	0.0%
С	0.0%	0.0%	100.0%	0.0%
D	0.0%	0.0%	8.7%	91.3%

- The dCNN allows for accurate classification of breast density based on the ACR BI-RADS system.
- The performance of the dCNN are comparable to those of experienced radiologists
- The proposed technique may allow accurate, standardized, and observer independent breast density evaluation of mammographies.



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# Can we apply this science?



# Can we apply this science?

Applied sciences: sciences that are put to practical use. (Collins)



Standardized assessment of high BD allows the prompt schedule of the US

### Number of recall examinations

Efficient workflow improves patient's perception of the safety and efficiency of the provided care

## Efficiency radiographer's workflow

The reduction of recall examinations is cost saving and relives the psychological burden on patient

### **Patient satisfaction**









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Clinical Research Priority Programs Highly Specialized Medicine

## Clinical Research Priority Programs (CRPP)

Contact Dr. Thomas Spirig Phone 044 634 57 98 → E-mail

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The Clinical Research Priority Program (CRPP) is a part of the Faculty of Medicine's efforts to promote strategic areas of research for the Faculty of Medicine and University Medicine Zurich. The CRPP builds on the University's excellent reputation in research and teaching, and attach great value to knowledge exchange between basic research, applied research and clinical care. The program's goals include promoting selected – primarily clinical – areas of research in University Medicine and establishing effective networks within them. In addition, the programs are committed to supporting junior scholars.



#### Project name Artificial Intelligence in oncological Imaging Network

Thank you Grazie mille

