



UNIVERSITY OF HAWAI'I  
CANCER CENTER

# Adaptation of a Histopathology Foundation AI Model for Cytopathology Interpretation of Breast Cancer to Improve Diagnostic Access

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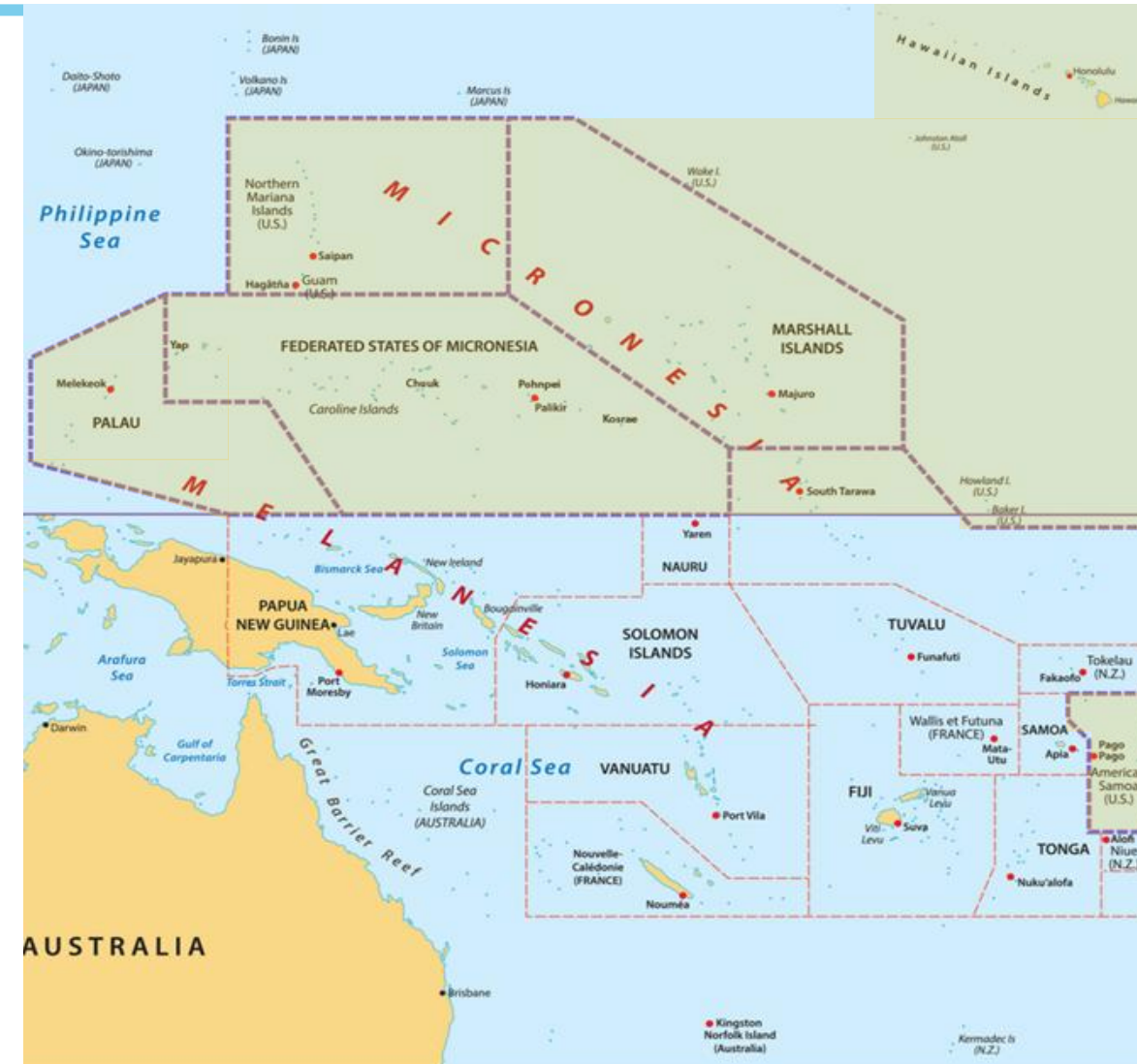


# Motivation

University of Hawai'i Cancer  
Center Catchment Area

--- U.S. Affiliated Pacific Islands

- **Advanced stage breast cancer rates in the Pacific are exceedingly high, especially where mammography is inaccessible**
  - Palau: 77% of breast cancer cases are diagnosed at an advanced stage
  - Republic of the Marshall Islands: 72%
  - Federated States of Micronesia: 82%
- Ultrasound is a viable alternative imaging modality for both lesion detection and FNA guidance.





# Triple Assessment for Breast Cancer

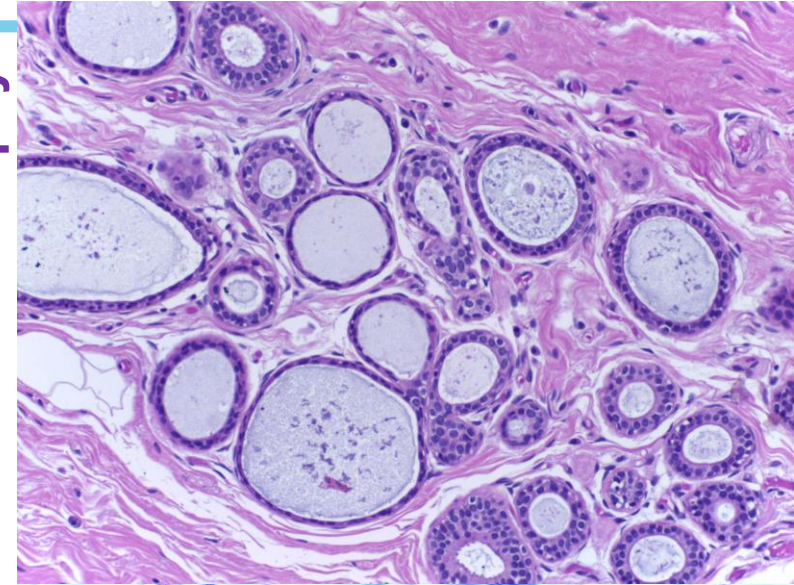
	Standard of Care	Adaptation for USAPI
<b>1. Clinical Examination</b>	CBE or BSE, combined with symptom evaluation and risk assessment.	CBE or BSE, combined with symptom evaluation and risk assessment.
<b>2. Imaging</b>	Mammography; optional supplemental US or MRI	US
<b>3. Pathological Assessment</b>	Core needle biopsy under US or stereotactic guidance	Fine needle aspiration cytology under US guidance



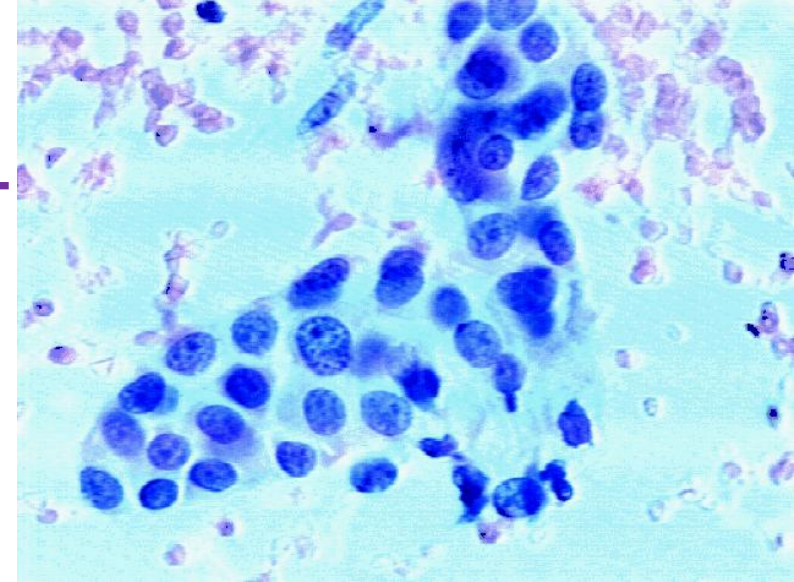
# Fine Needle Aspiration Cytology

- FNAC is collected via aspiration of a lesion and smearing of sample onto a slide for examination.
- The sample contains individual cells, not tissue block as in core needle biopsy.
- Can be used to diagnose invasive cancer.
- Collected and examined by a cytotechnologist or pathologist.

Core needle biopsy



Fine needle aspirate





# Cytology Assessment

Bedside

**Stage 1: ROSE assessment – is the sample adequate?**

- Residual background staining
- Cytoplasmic detail
- Nuclear membrane
- Chromatin texture

**Stage 2: Pap, Giesma, or H&E stain – is the lesion malignant?**

***Can we use AI to soften the expertise requirements for cytological assessment?***



# Problem Statement

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**Goal:** Can the cytotechnologists collecting samples also provide preliminary rule-outs of clearly benign samples with AI assistance?

**Aim:** Determine malignancy of a breast fine needle aspiration cytology smear with AI.

**Rationale:** Limited telepathology resources and time can be saved for suspicious samples.

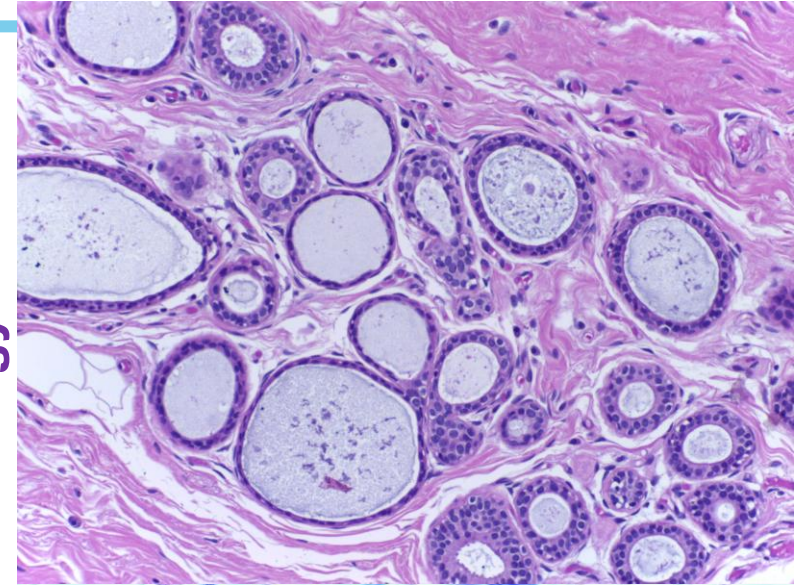


# Digitized Cytology is Rare!

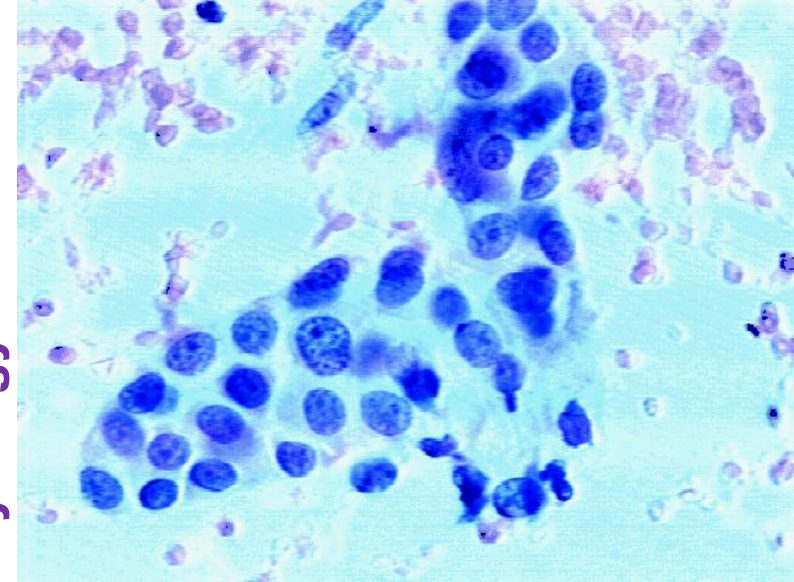
- Cytology smears are not typically digitized or preserved.
- Digital pathology on whole-slide histology images is well-studied – 16 foundation models trained on over 7M whole-slide images.

***Can we use methods from histology to cope with low data volume in cytology for AI development?***

Histology slide

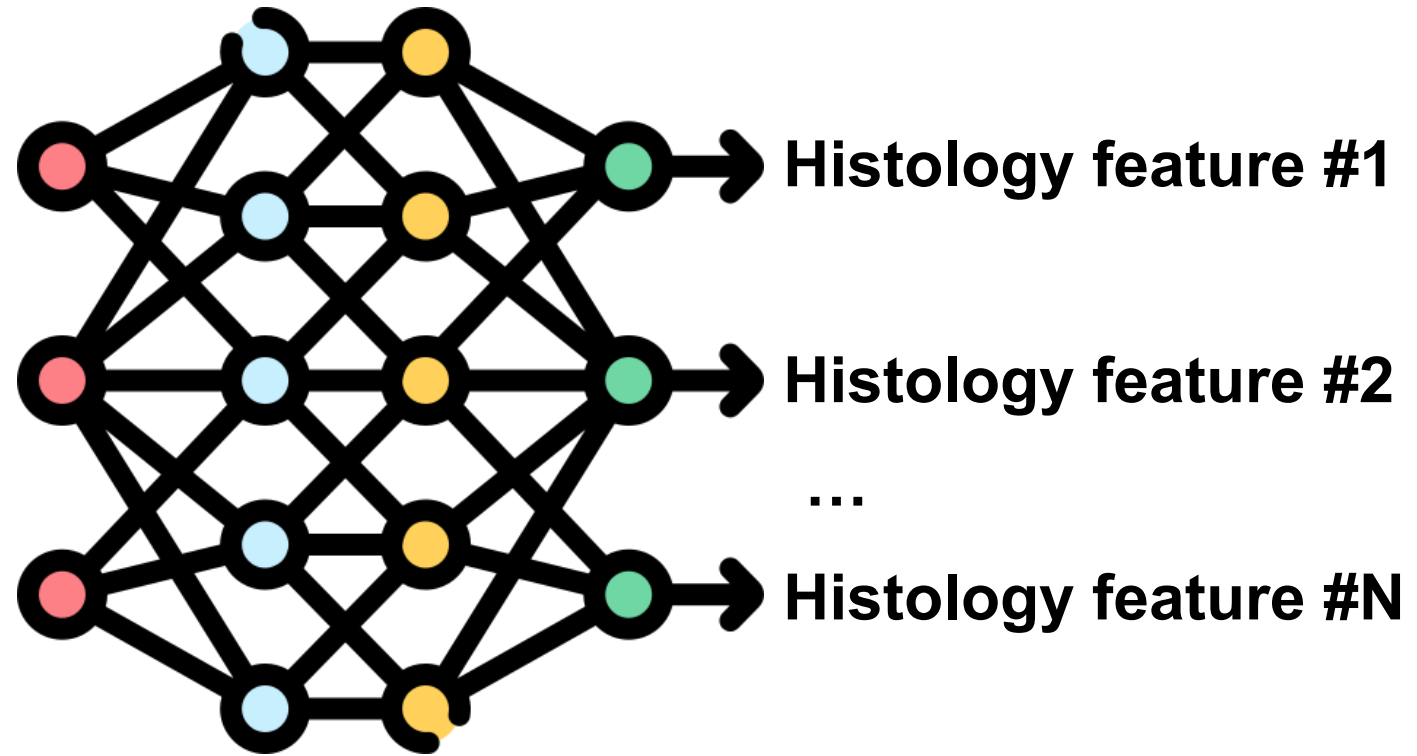
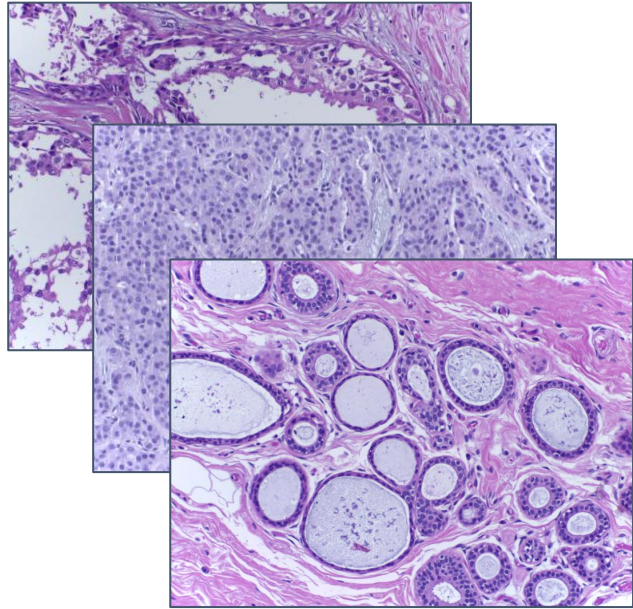


Cytology smear



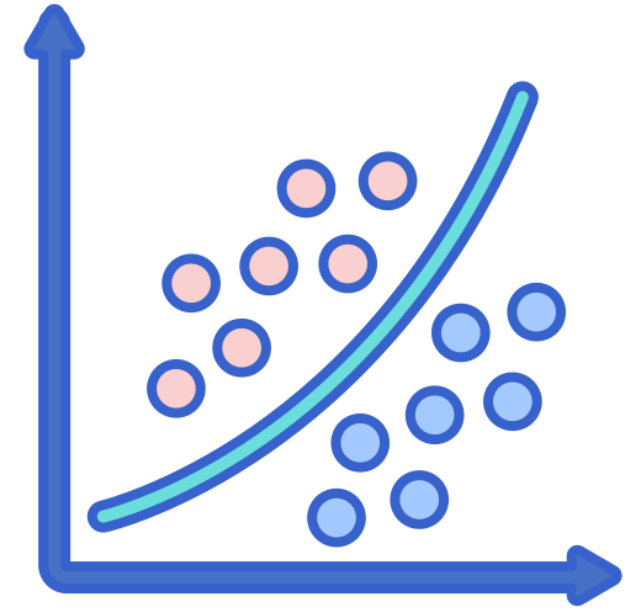
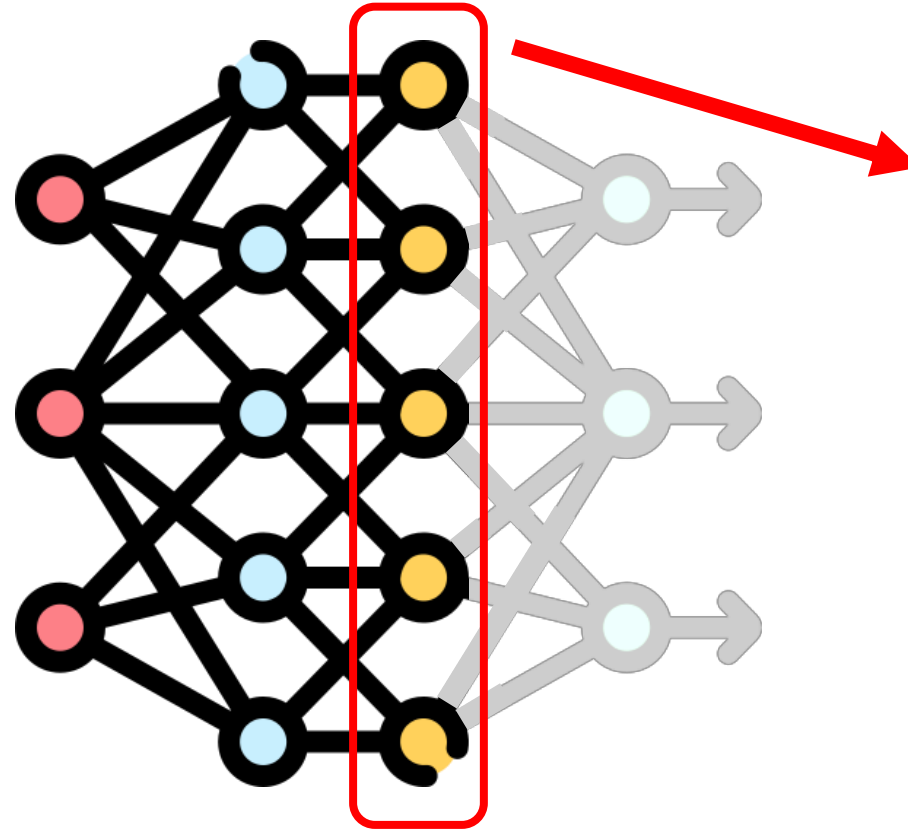
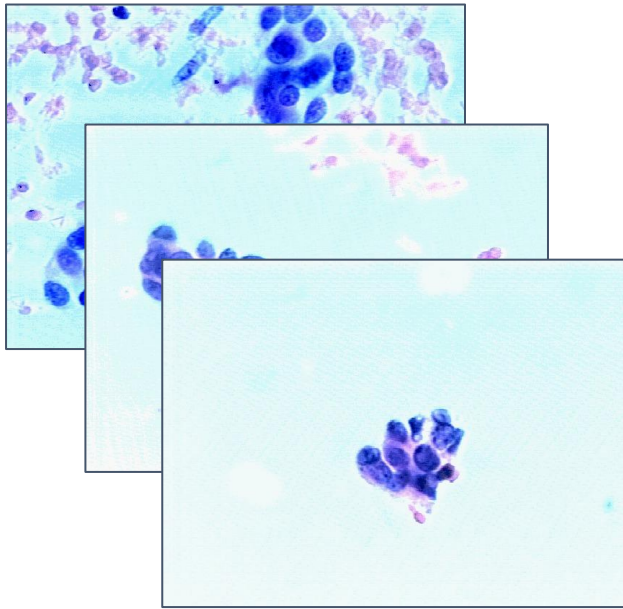


# Adapting a Histology Foundation Model – Virchow2





# Adapting a Histology Foundation Model – Virchow2



**Logistic Regression Classifier**



# Data

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- The data used in this study are sourced from the Wisconsin Diagnostic Breast Cancer Dataset.
- 482 digitized images of smears
  - 312 benign samples
  - 170 malignant samples
- Data were split 70% into training/validation and 30% into testing.
- Hyperparameter and model selection was done via 5-fold CV on the training/validation set.



# Results

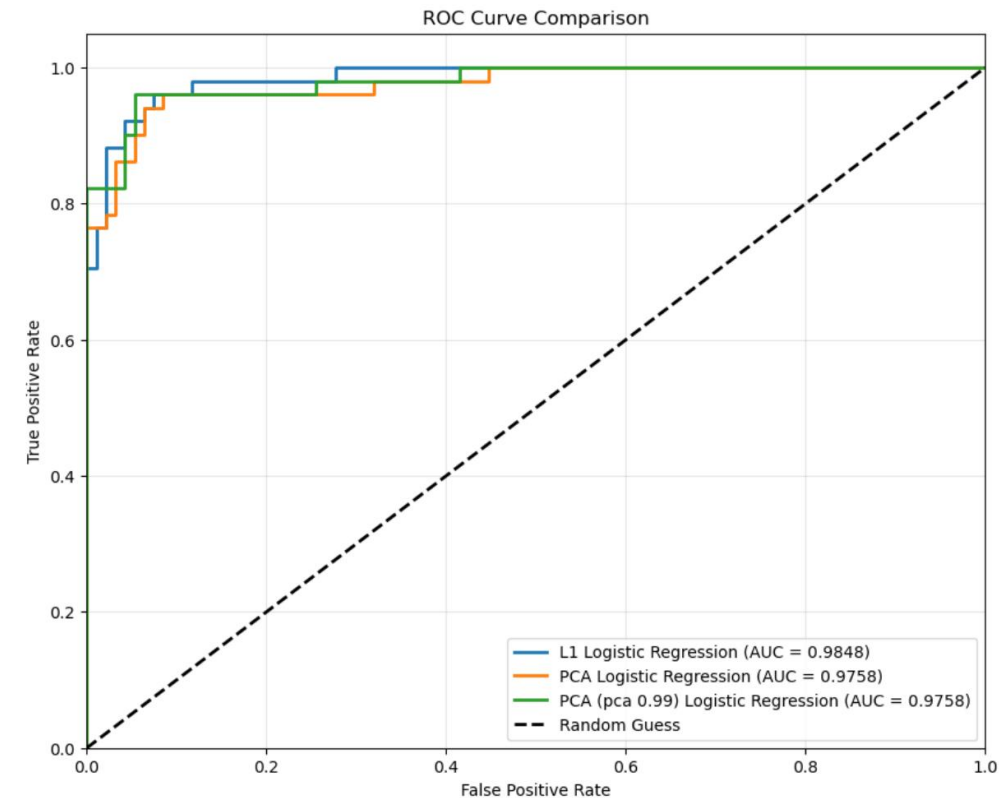
- We tested the following models:

Decreasing  
interpretability



- Decision Tree
- Logistic regression
- XGBoost
- Decision Tree + PCA
- Logistic regression + PCA
- XGBoost + PCA

**The most successful model was logistic regression with L1 regularization which achieved an AUROC of 0.98.**



Results from external test set



# Limitations

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- We do not yet have a model or data for Stage 1: ROSE sample adequacy assessment.
- The Wisconsin dataset is highly curated. We don't know how this model performs on real-world data.
- The features from the histology space are unexplainable.



# Mahalo nui loa!



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