

# Early Breast Cancer Diagnosis via Breast Ultrasound and Deep Learning

M.S. Thesis Defense

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# Motivation

- Advanced stage breast cancer rates in the Pacific are higher than in the USA mainland, 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
  - Requires: sonographer and interpreting radiologist
  - Can AI soften the requirements?
- Portable, handheld, AI-enabled breast ultrasound (BUS) devices operated by a local healthcare worker could greatly reduce advanced stage cancer rates
  - Finding breast cancer
  - Evaluating breast cancer risk

Mammography



BiMedis.com



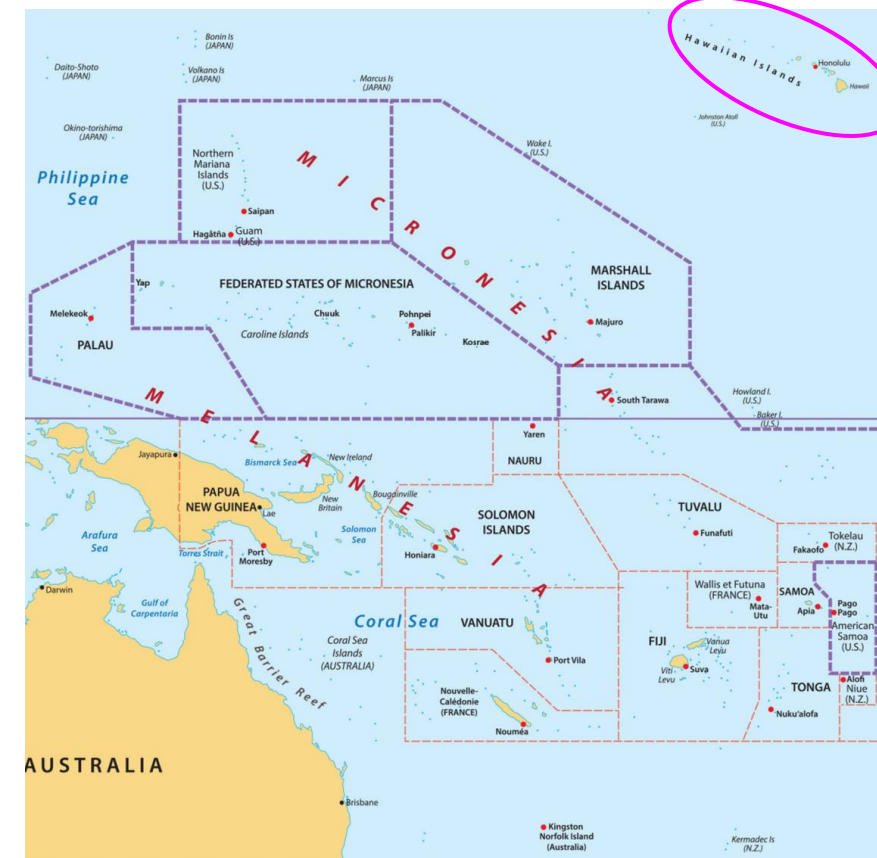
Innovative Ultrasound Imaging Inc.

Portable Ultrasound



Clarius Mobile Health Imaging Inc.

## USAPI



# Problem Statement

## 1. Lesion Detection

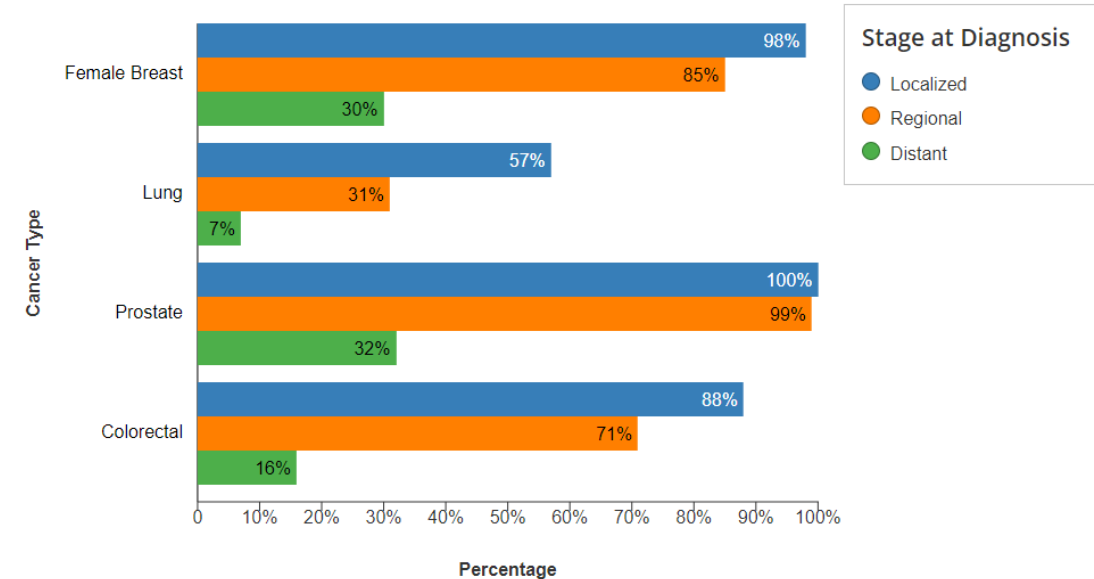
- Locate breast lesions
- Evaluate cancer status
- (Compute descriptive features)
- Perform biopsy*

## 2. Breast Density Classification

- Classify breast density
- Perform risk evaluation*

**Catch breast cancer earlier, when there's a higher chance of survival**

*5-year relative survival* estimates the percentage of cancer patients who will have not died from their cancer 5 years after diagnosis.



<https://www.cdc.gov/cancer/uscs/about/data-briefs/no25-incidence-relative-survival-stage-diagnosis.htm>

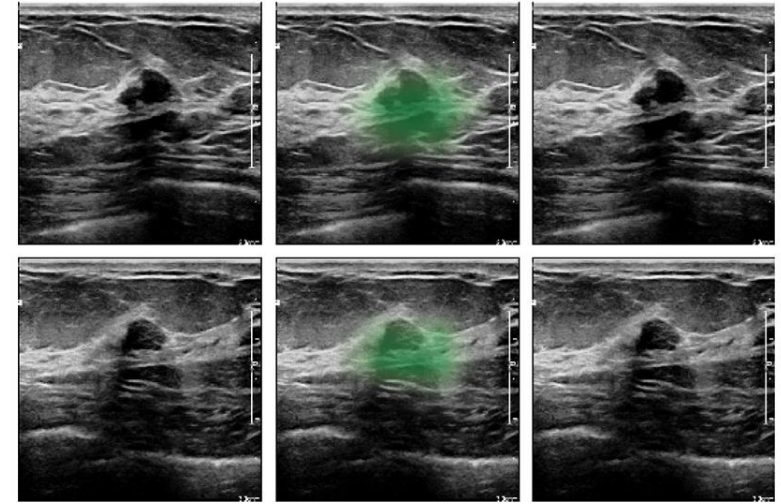
**Identify women who would benefit from additional screening and/or interventions**

# Lesion Detection

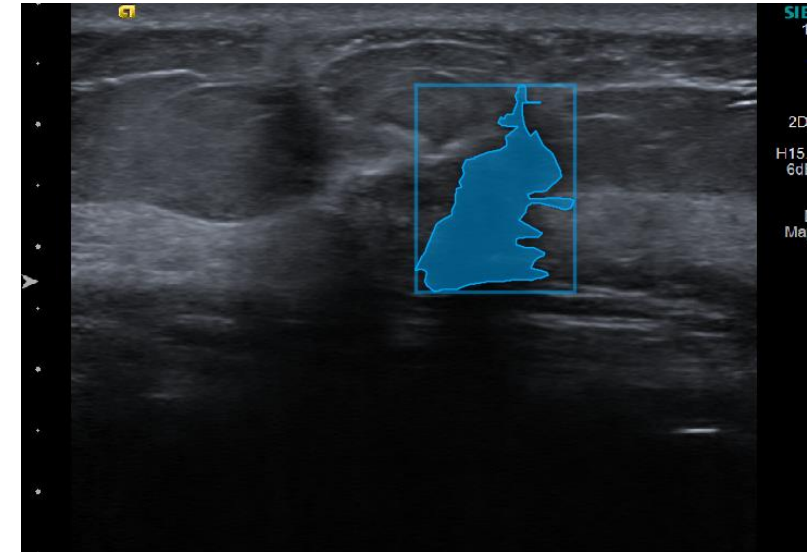
**Goal:** Localize and classify the cancer status of 0 or more breast lesion(s) per patient

- Location information is essential for breast biopsy procedural planning
- Radiologists use irregularities in tissue structure to recognize breast lesions

Lesion detection is an object detection problem



Shen+2021



# Lesion Detection

## BI-RADS US Masses Lexicon

**Goal:** Provide justification for breast lesion classification

- Certain characteristics in the Masses lexicon are more *indicative of malignancy* than others
- Radiologists refer to the Masses lexicon to describe lesions

Assignment to the BI-RADS US Masses Lexicon is multiple classification problems

### ACR BI-RADS® Atlas Fifth Edition QUICK REFERENCE

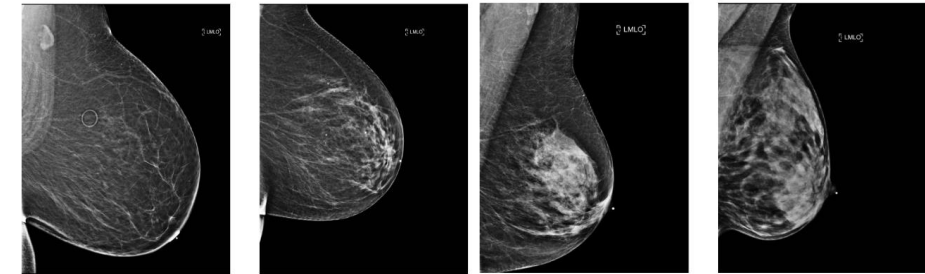
Lesion Attribute	Categories
Shape	Oval
	Round
	<i>Irregular</i>
Orientation	Parallel
	<i>Not parallel</i>
Margin	Circumscribed
	<i>Not circumscribed</i>
	• Indistinct
	• Angular
	• Microlobulated
	• Spiculated
Echo Pattern	Anechoic
	<i>Hyperechoic</i>
	<i>Complex cystic and solid</i>
	<i>Hypoechoic</i>
	<i>Isoechoic</i>
	<i>Heterogeneous</i>
Posterior Features	No posterior features
	Enhancement
	<i>Shadowing</i>
	<i>Combined pattern</i>

# Breast Density

**Goal:** Identify the mammographic breast density of a patient

- It is well-established that higher *mammographic* breast density is associated with higher risk of breast cancer
- The paradigm of getting a measure defined on mammography from BUS seems only applicable in settings without mammography

Breast density identification can be a classification problem



almost entirely fatty (0)      scattered areas of fibroglandular density (1)      heterogeneously dense (2)      extremely dense (3)

Wu+2018

BI-RADS Category	Fibroglandular Tissue	Description
A	0-25%	The breasts are almost entirely fatty
B	25-50%	There are scattered areas of fibroglandular density
C	50-75%	The breasts are heterogeneously dense, which may obscure small masses
D	75-100%	The breasts are extremely dense, which lowers the sensitivity of mammography

# Data Sources

- The data used in this study are sourced from the Hawai'i and Pacific Islands Mammography Registry (HIPIMR)
  - Prospective cohort of women
  - Collects breast imaging and breast health information (2009-*present*)
  - Linked to the Hawai'i Tumor Registry to identify cases
- HIPIMR data consist of imaging, metadata, clinical variables, patient characteristics, and biopsy-confirmed cancer status

# Data Description

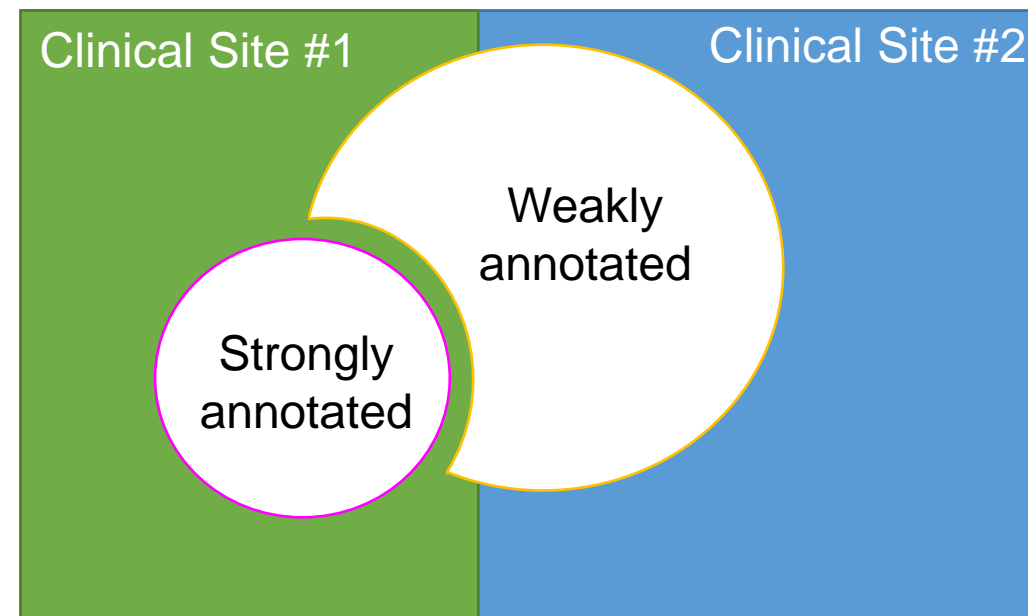
## Lesion Detection

### Weakly annotated

- Includes biopsy-confirmed cancer label
- Pulled October 2022 (two clinical partners)
- Split 70%-30% by case-control set

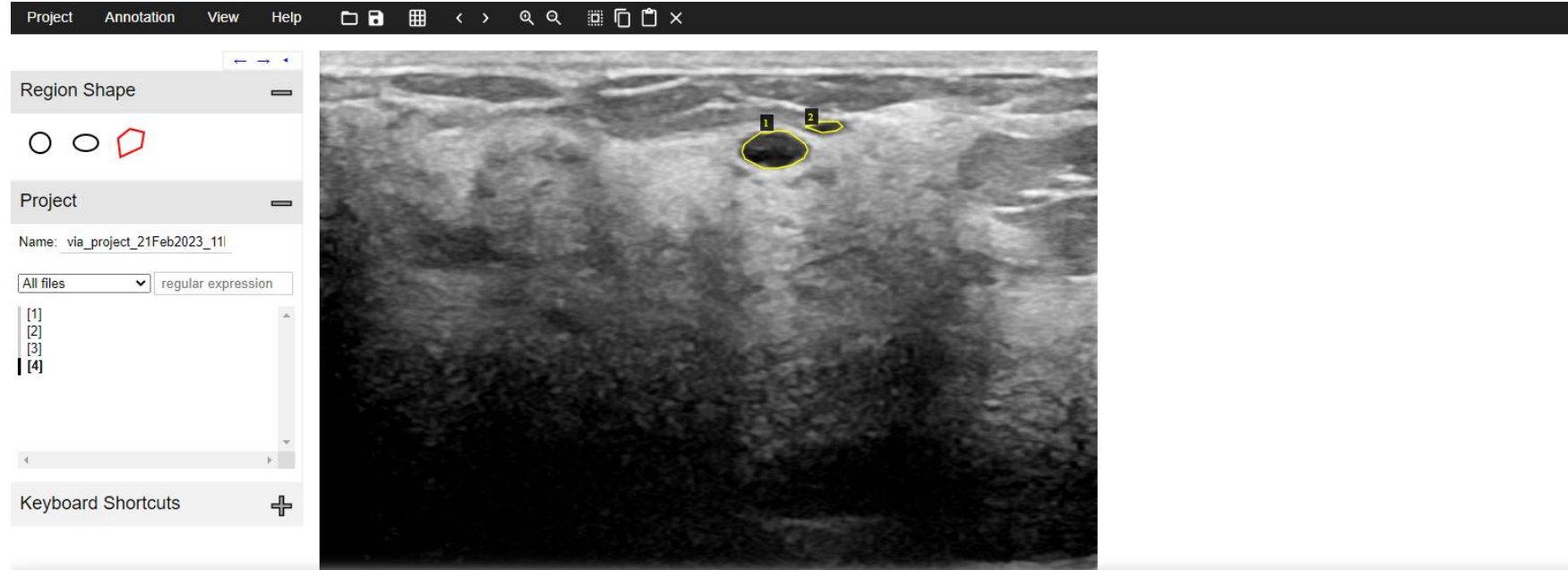
### Strongly annotated

- Also includes lesion location and BI-RADS Masses characteristics
- Sourced from collaborating radiologist
- Pulled August 2021 (one clinical partner)
- Split 70%-20%-10% by case-control set



# Radiologist Annotation Tool

## Lesion Detection



[Lesion Annotations](#) [Indicate BIRADS 1 Scan](#)

	Lesion Shape	Lesion Orientation	Lesion Margin	Lesion Echo Pattern	Posterior Features	BIRADS Score	Notes
1	<input type="radio"/> Oval <input type="radio"/> Round <input type="radio"/> Irregular <input type="radio"/> I don't know	<input type="radio"/> Parallel <input type="radio"/> Not Parallel <input type="radio"/> I don't know	<input type="radio"/> Circumscribed <input type="radio"/> Not Circumscribed: Indistinct <input type="radio"/> Not Circumscribed: Angular <input type="radio"/> Not Circumscribed: Microlobulated <input type="radio"/> Not Circumscribed: Spiculated <input type="radio"/> I don't know	<input type="radio"/> Anechoic <input type="radio"/> Hypoechoic <input type="radio"/> Isoechoic <input type="radio"/> Hyperechoic <input type="radio"/> Complex cystic and solid <input type="radio"/> Heterogeneous <input type="radio"/> I don't know	<input type="radio"/> No posterior features <input type="radio"/> Enhancement <input type="radio"/> Shadowing <input type="radio"/> Combined pattern <input type="radio"/> I don't know	<input type="radio"/> 1: Normal (no lesion present) <input type="radio"/> 2: Benign (0% likelihood of malignancy) <input type="radio"/> 3: Probably Benign (>0% but ≤2%) <input type="radio"/> 4A: Low Suspicion for Malignancy (>2% to ≤10%) <input type="radio"/> 4B: Moderate Suspicion for Malignancy (>10%≤50%) <input type="radio"/> 4C: High Suspicion for Malignancy (>50% to <95%) <input type="radio"/> 5: Highly Suggestive of Malignancy (≥95%)	<div>not defined yet!</div>
2	<input type="radio"/> Oval <input type="radio"/> Round <input type="radio"/> Irregular <input type="radio"/> I don't know	<input type="radio"/> Parallel <input type="radio"/> Not Parallel <input type="radio"/> I don't know	<input type="radio"/> Circumscribed <input type="radio"/> Not Circumscribed: Indistinct <input type="radio"/> Not Circumscribed: Angular <input type="radio"/> Not Circumscribed: Microlobulated <input type="radio"/> Not Circumscribed: Spiculated <input type="radio"/> I don't know	<input type="radio"/> Anechoic <input type="radio"/> Hypoechoic <input type="radio"/> Isoechoic <input type="radio"/> Hyperechoic <input type="radio"/> Complex cystic and solid <input type="radio"/> Heterogeneous <input type="radio"/> I don't know	<input type="radio"/> No posterior features <input type="radio"/> Enhancement <input type="radio"/> Shadowing <input type="radio"/> Combined pattern <input type="radio"/> I don't know	<input type="radio"/> 1: Normal (no lesion present) <input type="radio"/> 2: Benign (0% likelihood of malignancy) <input type="radio"/> 3: Probably Benign (>0% but ≤2%) <input type="radio"/> 4A: Low Suspicion for Malignancy (>2% to ≤10%) <input type="radio"/> 4B: Moderate Suspicion for Malignancy (>10%≤50%) <input type="radio"/> 4C: High Suspicion for Malignancy (>50% to <95%) <input type="radio"/> 5: Highly Suggestive of Malignancy (≥95%)	<div>not defined yet!</div>

# Data

## Lesion Detection

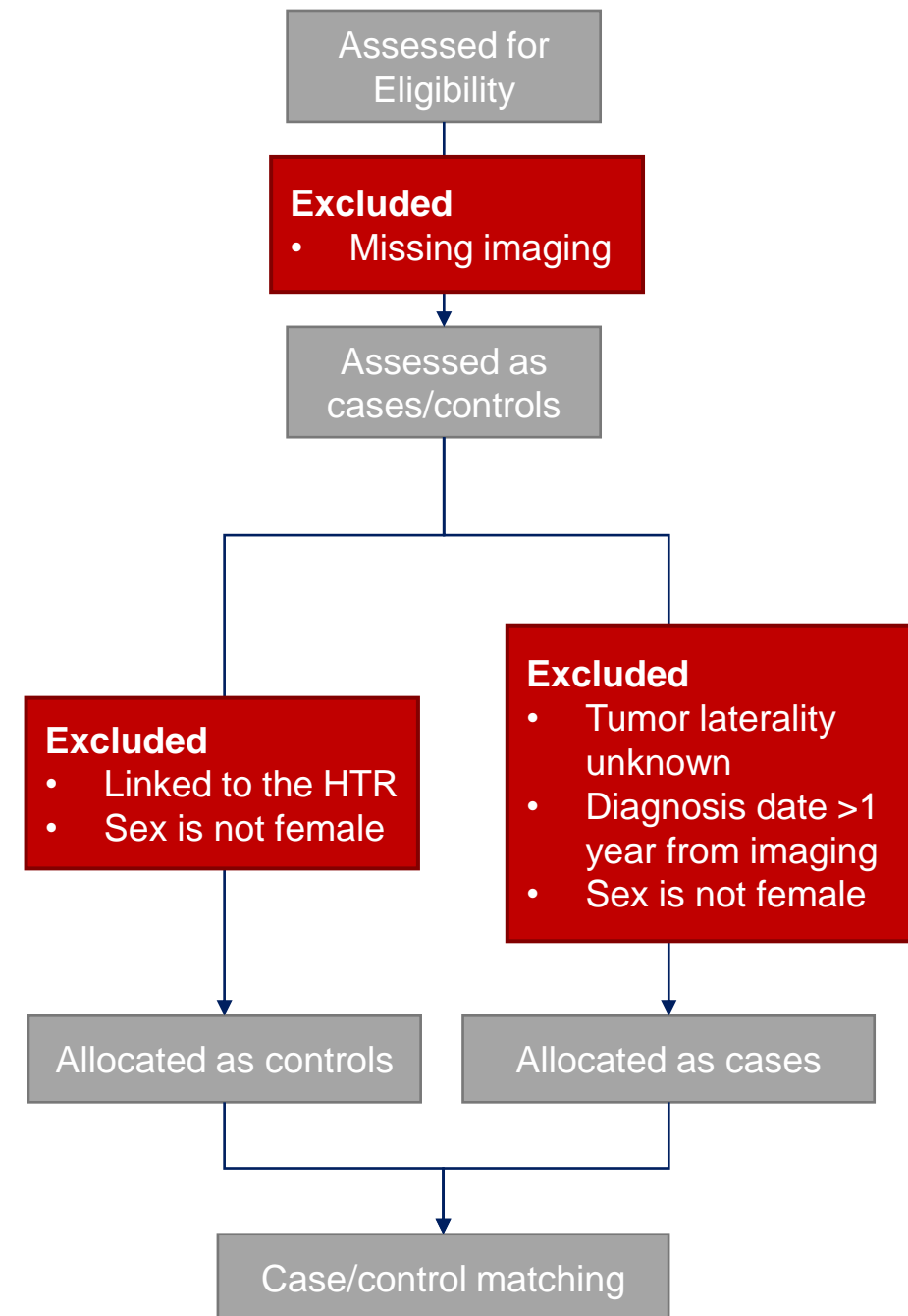
- Population is all patients with a record of BUS imaging in the HIPIMR
- Exclusion Criteria
  - Diagnosis date >1 year from imaging
  - US imaging of contralateral breast *only*
  - Missing imaging

## Strongly annotated

- 1:3 case-control matching on birth year ( $n = 444$ )

## Weakly annotated

- 1:3 case-control matching on birth year and BUS machine type ( $n = 2,004$ )



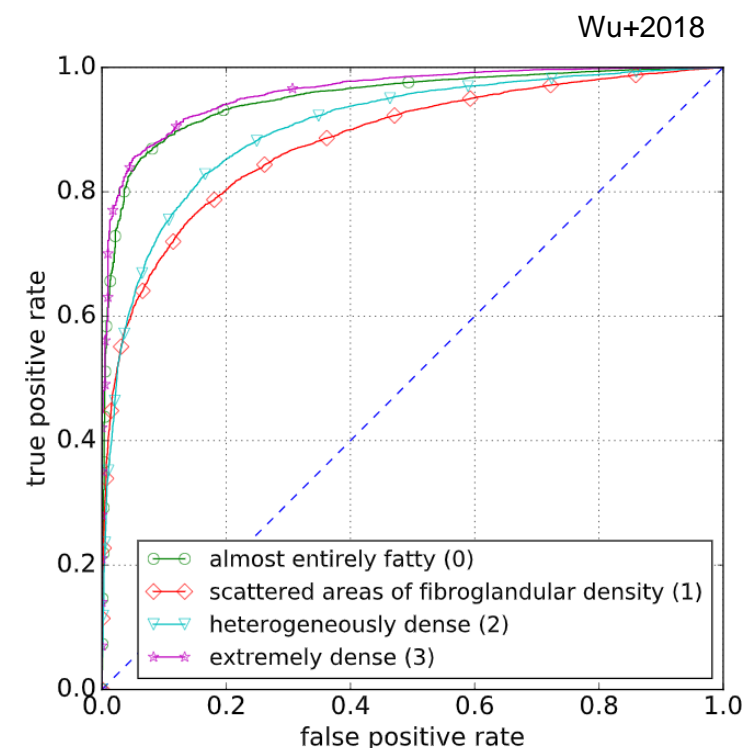
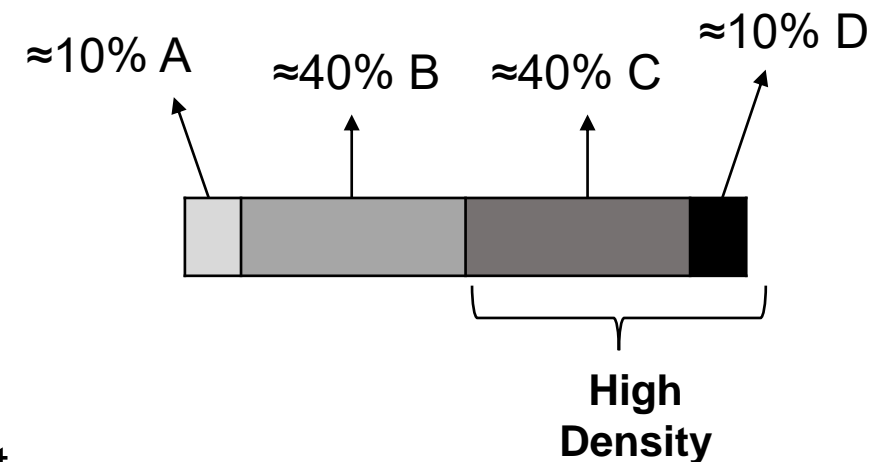
# Data Description

## Breast Density Classification

- Includes clinical and AI-derived breast density labels
  - Clinical labels are assigned based on visual assessment by the radiologist
  - AI-derived labels are sourced from NYU breast density algorithm
- Split 60%-20%-20% by case-control set, stratified by AI-derived density

AI-derived  $y = [p(y = A|x) \quad p(y = B|x) \quad p(y = C|x) \quad p(y = D|x)]$

Clinical  $y \in \{A, B, C, D\}$



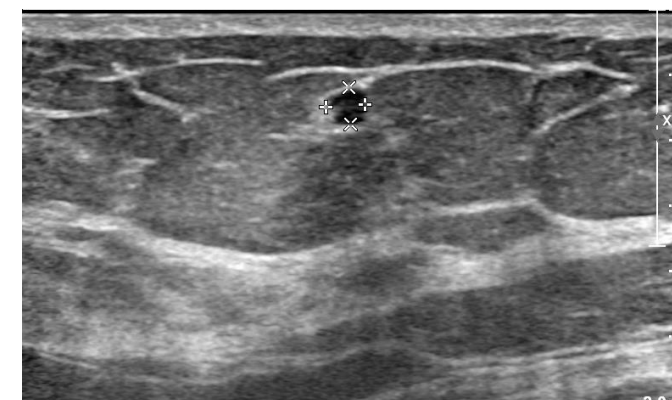
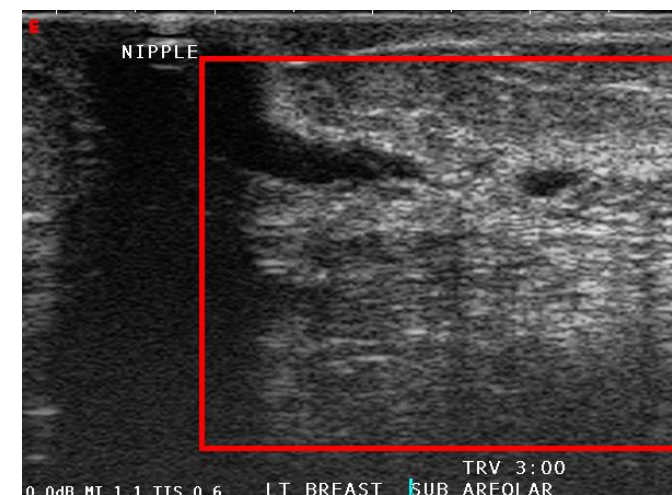
# Data Description

## Breast Density Classification

### Splits

- Training Set (60%)
  - Validation Set (20%)
    - *Dirty* validation set
    - *Clean* validation set
  - *Clean* testing set (20%)
- 
- *Clean* dataset: no lesion markers and text annotations cropped out

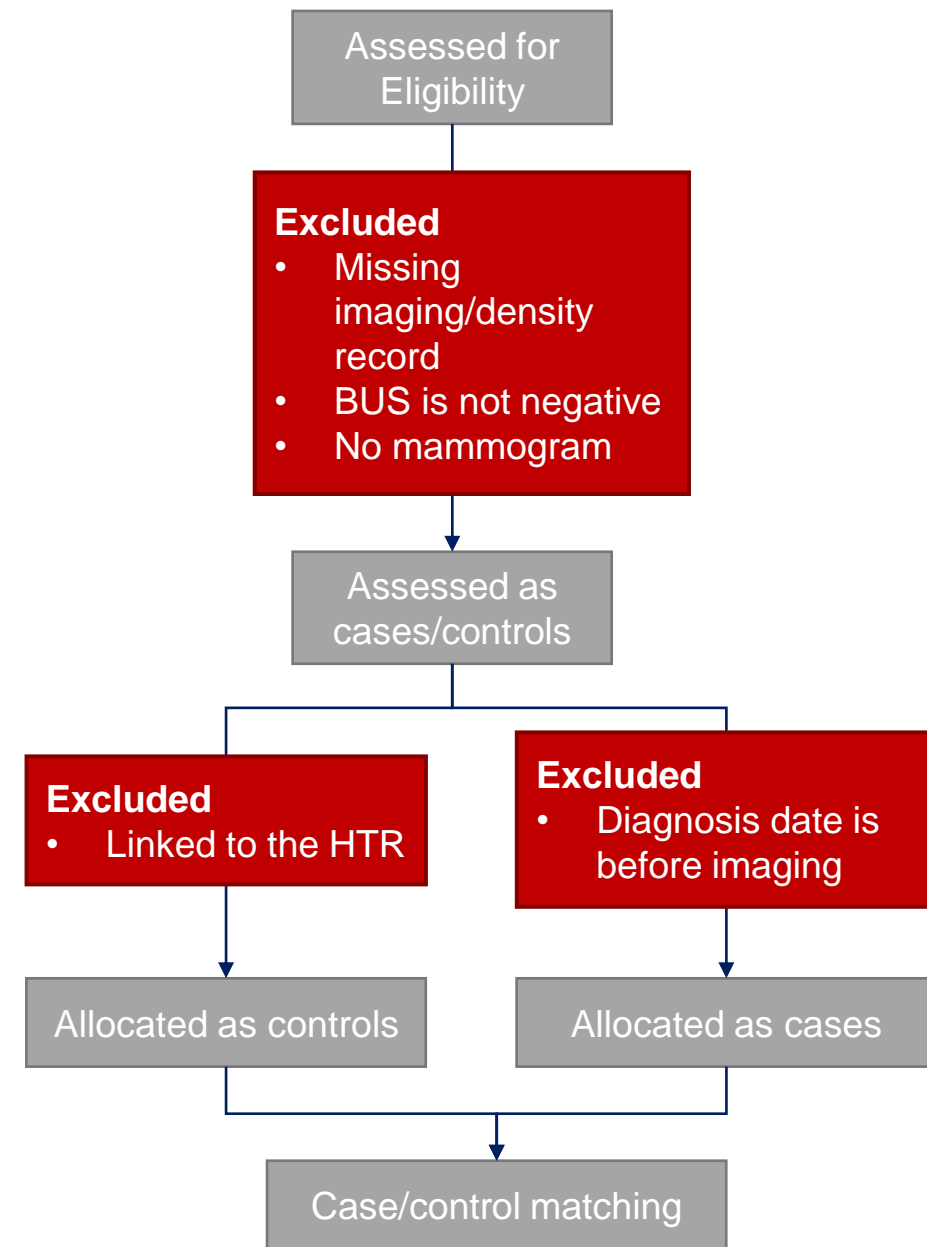
We found no evidence of substantial performance differences between the clean and dirty validation sets



# Data

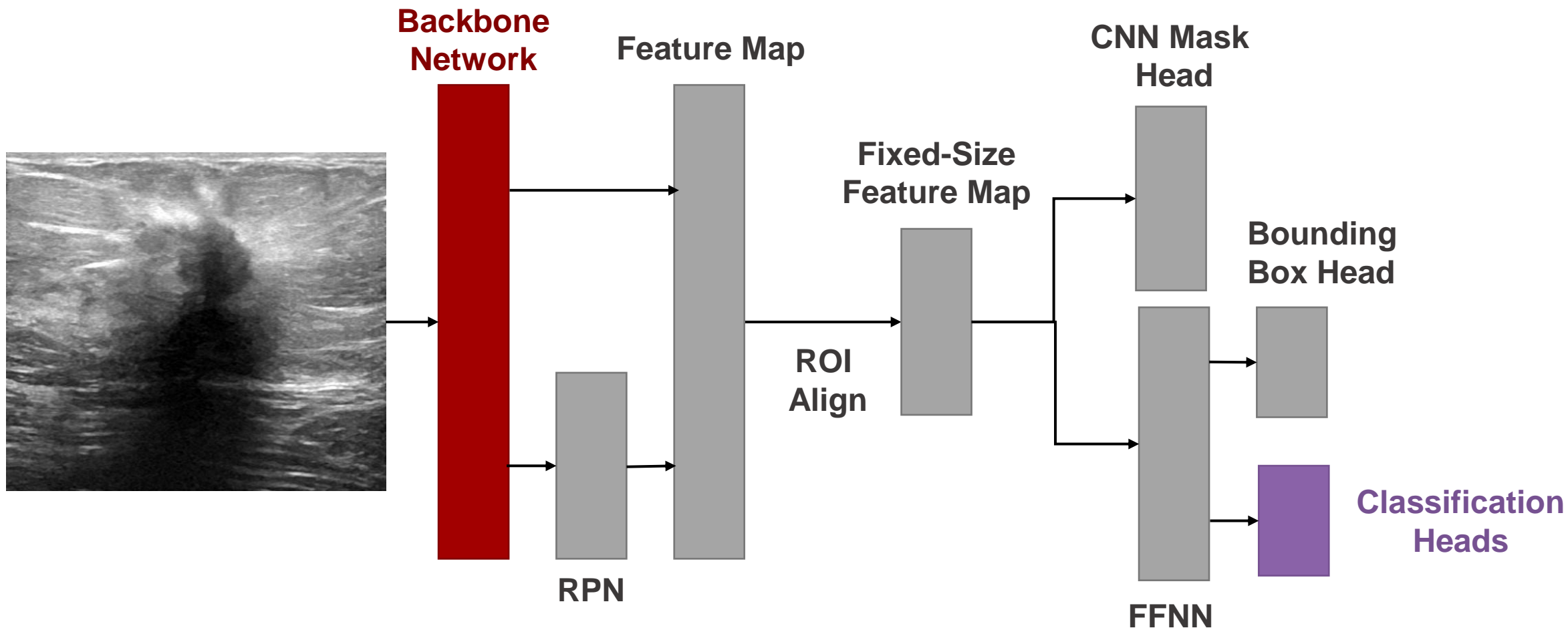
## Breast Density Classification

- Population is all patients with a record of BUS imaging in the HIPIMR
- Exclusion Criteria
  - No mammogram <1 year from BUS imaging
  - Missing density record <1 year from imaging
  - BUS is not negative (BI-RADS 1 or 2)
  - Diagnosis date is before imaging date
  - Missing imaging
- 1:10 case-control matching on birth year and BUS machine type ( $n = 4,202$ )



# Mask R-CNN

Lesion Detection

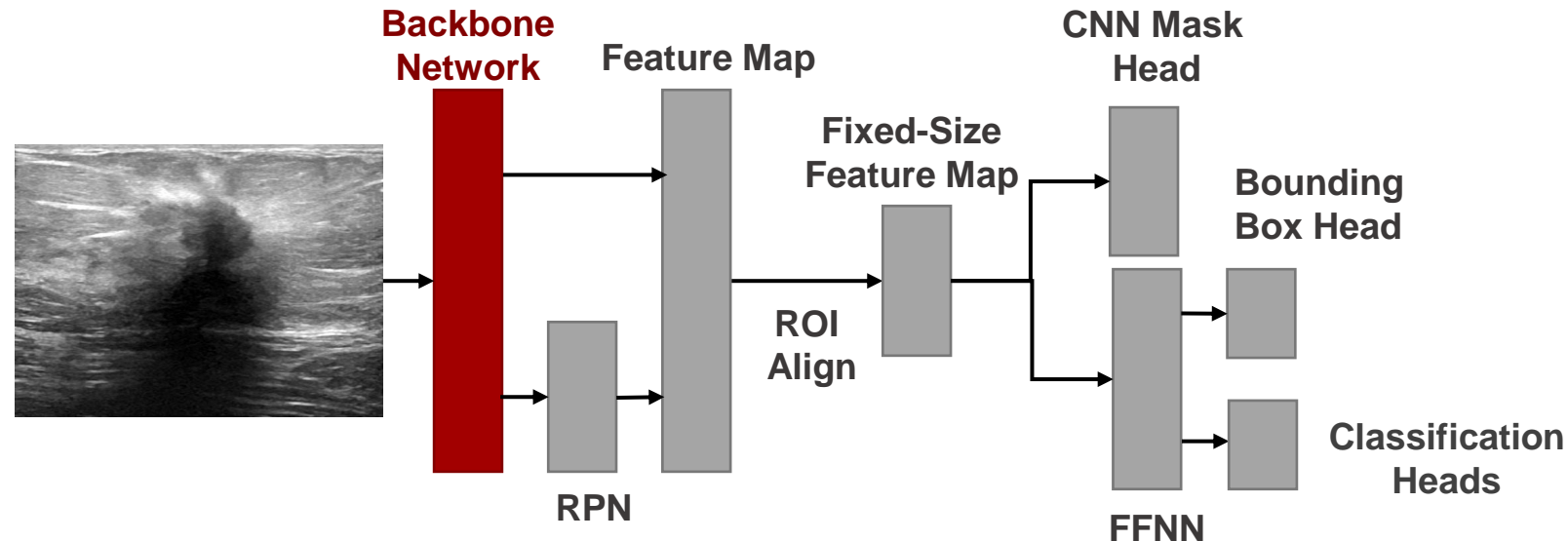


# Mask R-CNN

## Lesion Detection

### Multi-stage transfer learning

1. Train backbone network (ResNet-101) on ImageNet
2. Train backbone network on weakly-annotated dataset
3. Train full network on strongly-annotated dataset

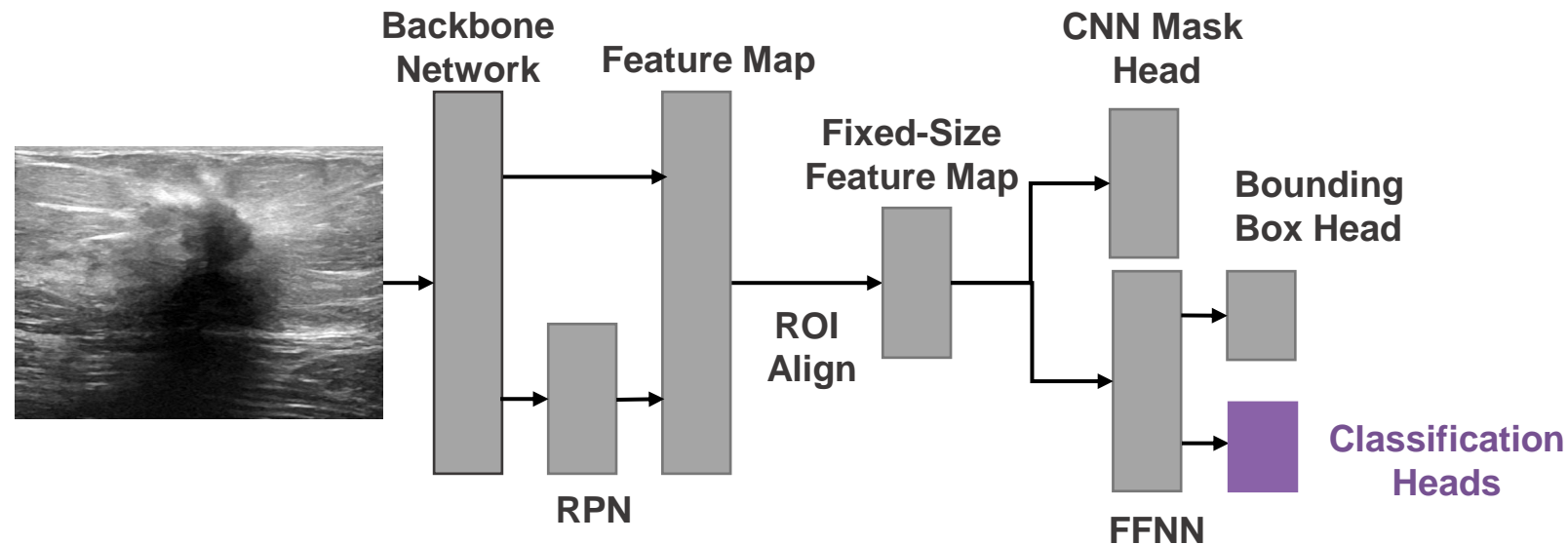


# Mask R-CNN

## Lesion Detection

### Multi-branch classification head

- 6 different classification head sub-networks
  - 5 *independent* BI-RADS Masses characteristics
  - Benign/malignant classification



# Lesion Detection Results

## Evaluation Metrics

- Evaluated using average precision at intersection over union 0.5. (AP@50)
- AP@50 is the area under the precision recall curve when we classify our detections with IoU threshold  $\alpha = 0.5$
- Compute the AUPRC for each sub-categorization separately, then take the mean to come to our final AP value

### True Positive

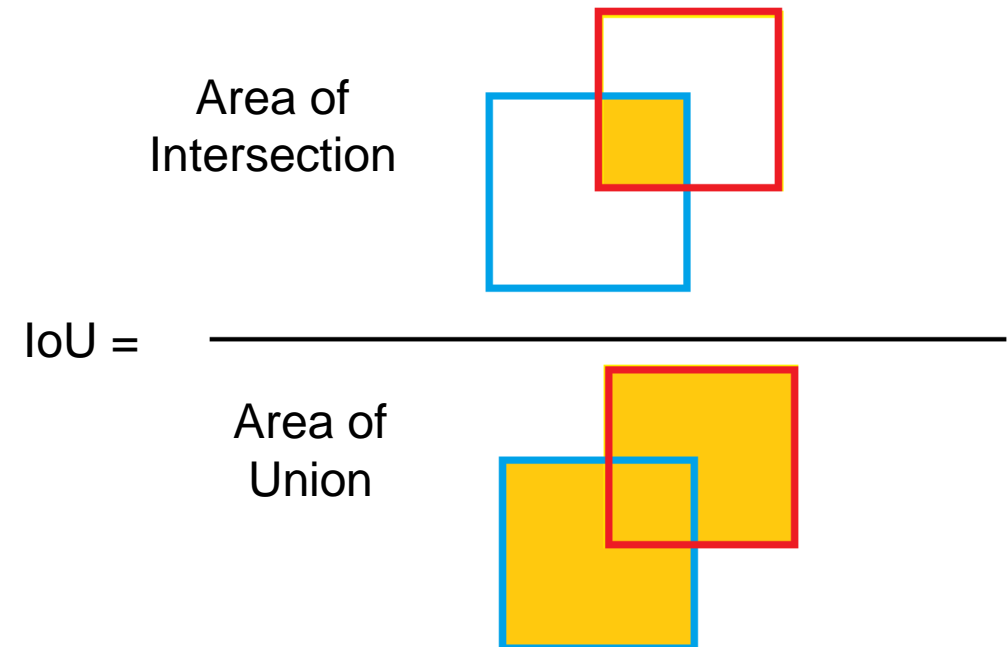
- $\text{IoU} \geq \alpha$  and class label correct

### False Positive

- $\text{IoU} < \alpha$
- Class label incorrect

### False Negative

- Missed object



# Lesion Detection Results

## True Positive

- $\text{IoU} \geq \alpha$  and class label correct

## False Positive

- $\text{IoU} < \alpha$
- Class label incorrect

## False Negative

- Missed object

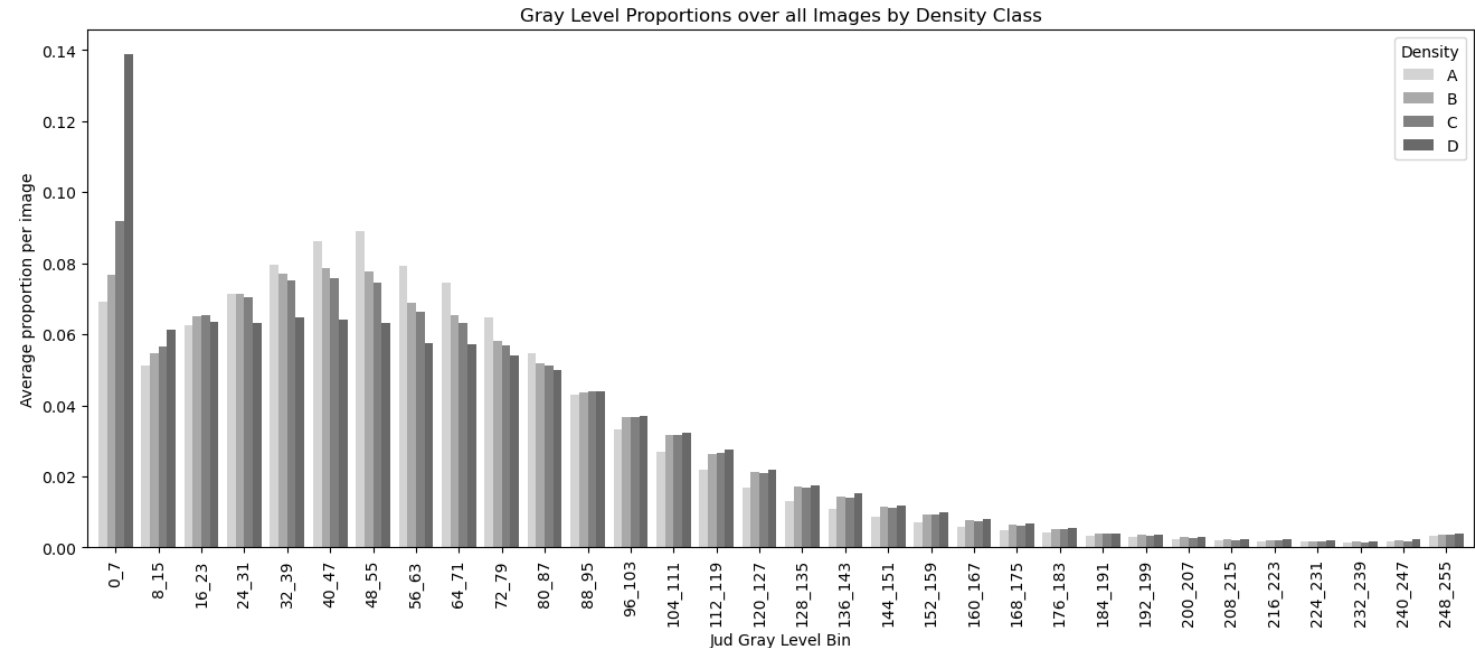
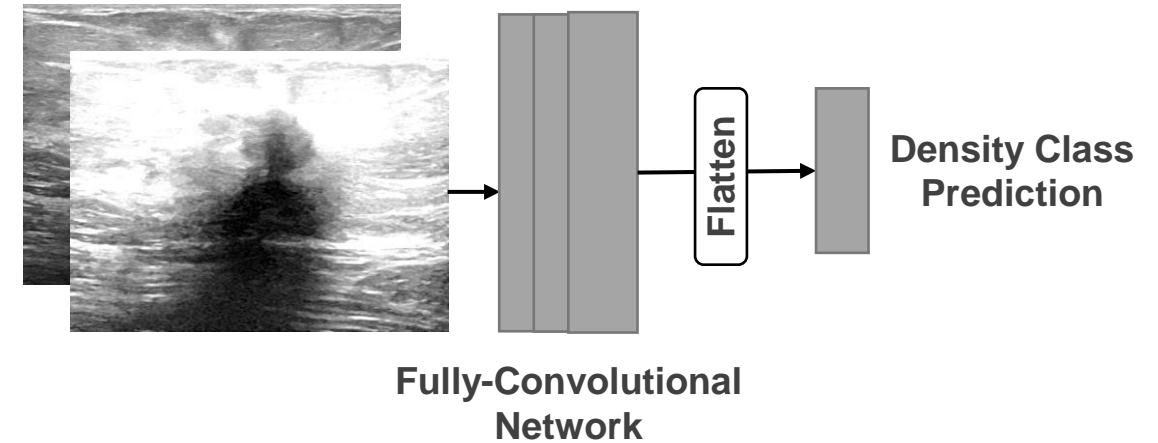
Target	Bounding Box AP@50	Segmentation AP@50
Cancer	38.5	39.2
Shape	13.3	14.2
Orientation	17.6	18.2
Margin	7.9	8.4
Echo Pattern	11.6	12.2
Posterior Features	11.3	11.8

# Models

## Breast Density Classification

### Jud et al. gray-level features

- 32 evenly-spaced gray-level bins
  - Logistic Regression
  - MLP
- Fully-convolutional network



# Breast Density Classification Results

- Evaluated using one vs. rest AUROC
- The CNN's output four-tuples were condensed into a single value, representing the class for which they predicted the largest probability

One vs. Rest AUROC (95% C.I.)

Density Category	Model		
	LogReg	MLP	CNN
<b>A</b>	0.53 (0.50, 0.57)	0.54 (0.50, 0.57)	0.71 (0.68, 0.74)
<b>B</b>	0.59 (0.58, 0.59)	0.64 (0.63, 0.64)	0.66 (0.65, 0.67)
<b>C</b>	0.57 (0.56, 0.57)	0.62 (0.61, 0.63)	0.65 (0.64, 0.65)
<b>D</b>	0.70 (0.68, 0.72)	0.74 (0.71, 0.76)	0.75 (0.73, 0.77)

# Future Work

## **Lesion Detection**

- Allow cross-talk between BI-RADS  
Masses characteristic sub-networks
- Implement more explicit XAI methods
- Class-aware mask prediction

## **Breast Density Classification**

- Multiple-instance learning