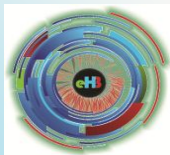




# Computer-Aided System for Breast Cancer Lesion Segmentation and Classification Using Ultrasound Images.

Saied Salem, Ahmed Mostafa, Yasien E. Ghalwash, Manar N. Mahmoud, Ahmed F. Elnokrashy, Ahmed M. Mahmoud



*The 11th IEEE International Conference on E-Health and Bioengineering - EHB 2023  
Grigore T. Popa University of Medicine and Pharmacy Iasi, November 9-10, 2023, Bucharest, Romania*



# Table Of Contents

**01 INTRODUCTION**

**02 PREVIOUS WORK**

**03 METHODS**

**04 RESULTS**

**05 DISCUSSION**

**06 ACKNOWLEDGMENT**

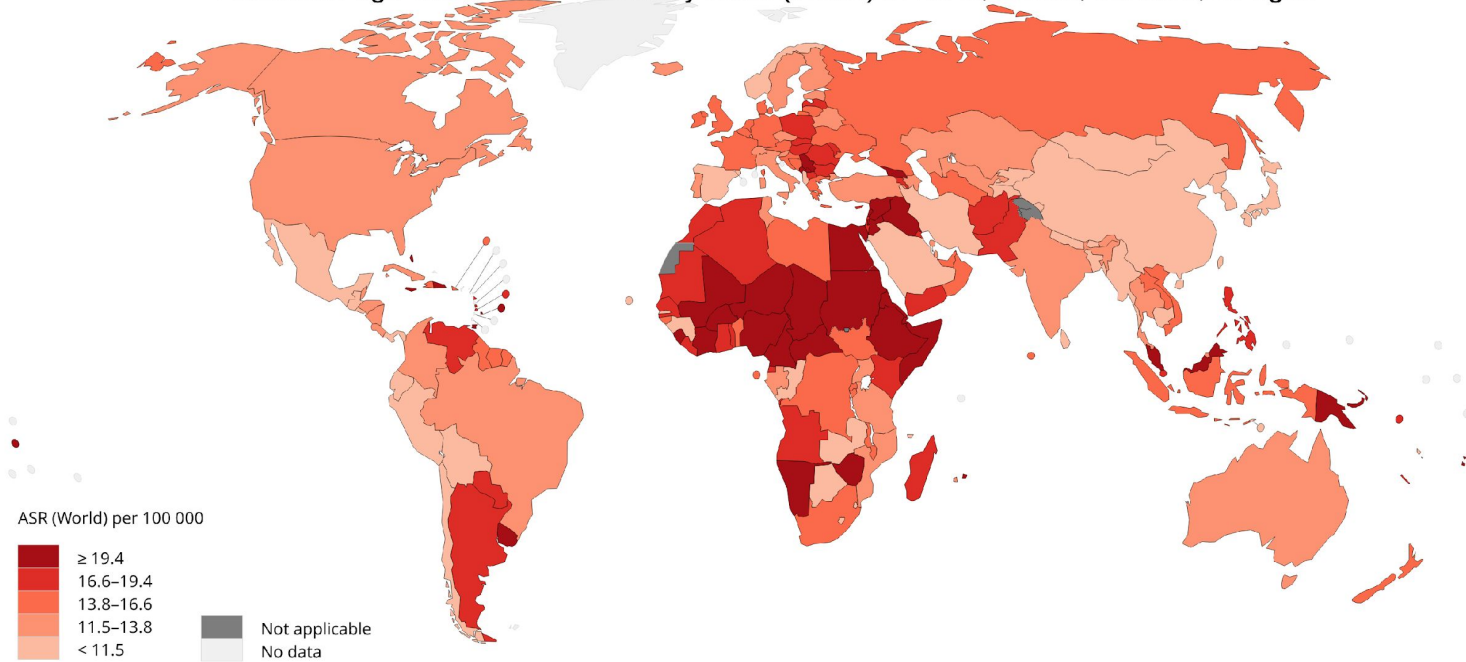
01

# Introduction

# Incidence, Prevalence & Mortality

- **Breast Cancer** Was Ranked **1<sup>st</sup>** in **Incidence Rates & Prevalence** Among Other Cancer Types In The **World** in **2020 By WHO**
- **Breast Cancer** Also Was Ranked **5<sup>th</sup>** in **Mortality Rates** Among Other Cancer Types In The **World** in **2020 By WHO**

## Estimated age-standardized mortality rates (World) in 2020, breast, females, all ages



All rights reserved. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization / International Agency for Research on Cancer concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.

Data source: GLOBOCAN 2020  
Map production: IARC  
(<http://gco.iarc.fr/today>)  
World Health Organization



© International Agency for Research on Cancer 2020  
All rights reserved

# Problem



- Although breast cancer **incidence rate** is **higher in developed countries**, the problem lies within **developing countries** where the **mortality rates** are **higher than usual**, which means **less treatment or lack of resources** for it.

# Objective

- Develop a CAD for healthcare providers to improve the screening and diagnosis of breast cancer using ultrasound imaging.
- Decrease the need for unnecessary biopsies and/or x-ray imaging methods.



# Why Ultrasound?

Although **mammogram** is the **gold standard** for diagnosing breast cancer, **ultrasound** is still preferred in some cases because

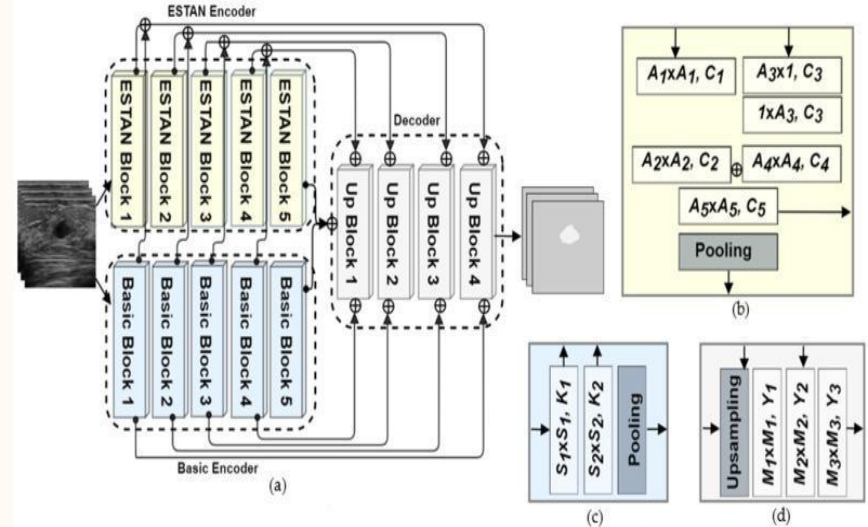
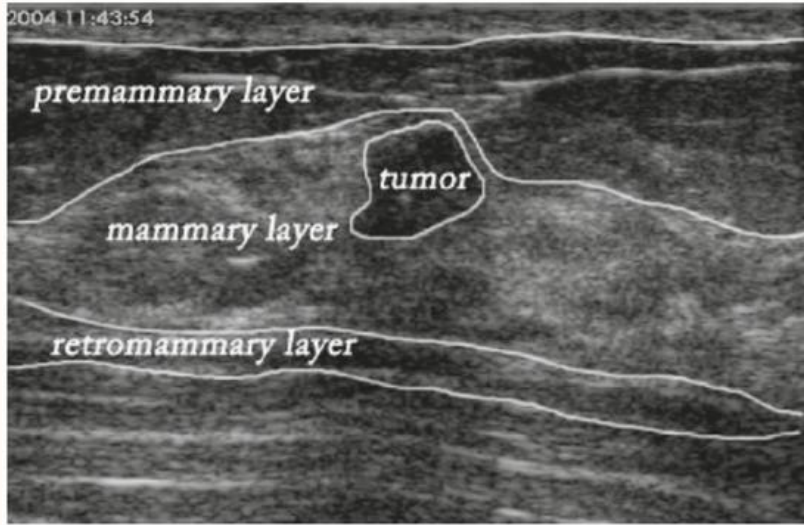
- It is cost effective
- No Ionizing Radiation (Less Risk)
- Portable & Flexible
- Preferred For Women With Dense Breast
- Ultrasound (B-mode) is a Viable Option For Developing Countries



02

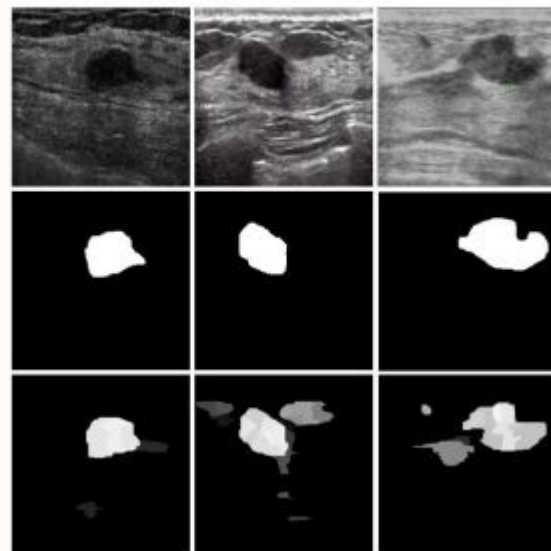
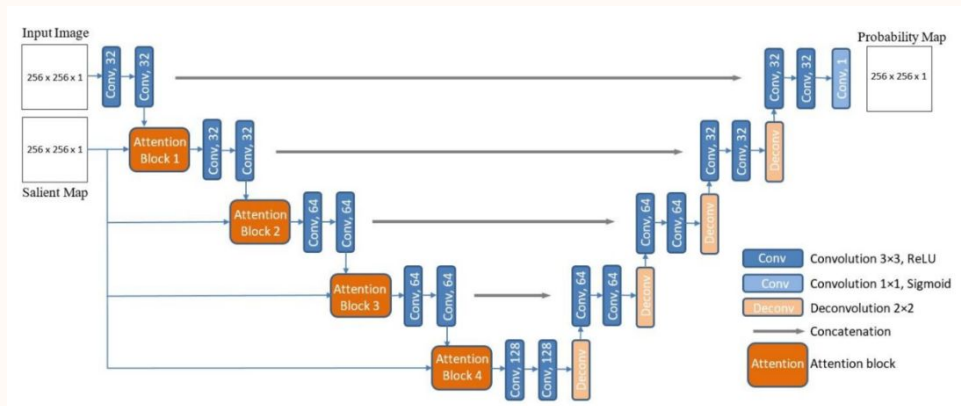
# Previous Work

# Enhanced Small Tumor-Aware Network (ESTAN) (Shareef et al. 2022)



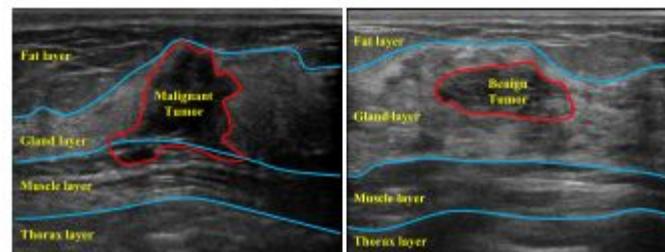
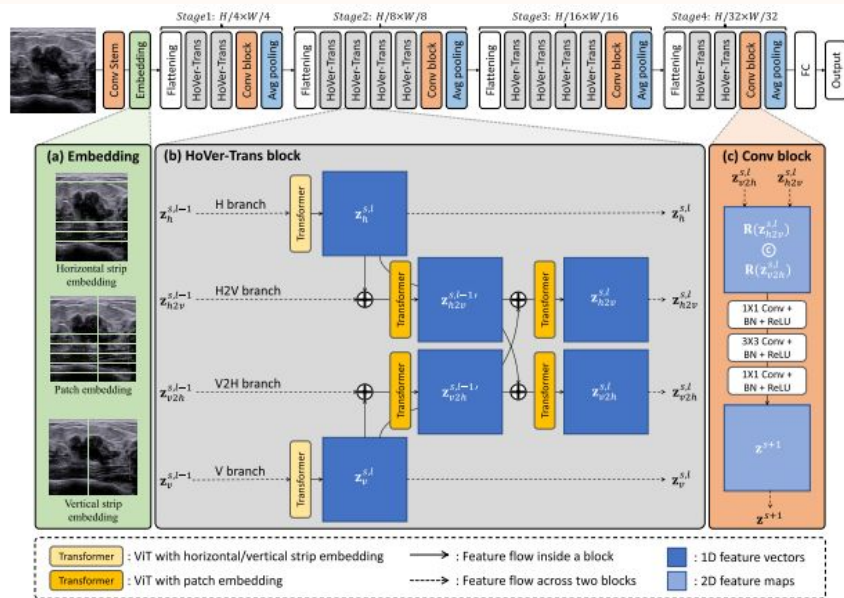
This **segmentation** approach achieved on average **81.5 dice score** on **725 ultrasound images**

# Attention-Enriched Deep Learning Model for Breast Tumor Segmentation (Vakanski et al. 2020)



This **segmentation** approach achieved on average **90.5 dice score** on **510 ultrasound images**

# HoVer-Trans: Anatomy-aware HoVer-Transformer for ROI-free Breast Cancer Diagnosis in Ultrasound Images (Mo. et al. 2022)



This **classification** approach achieved **92.4% AUC** on **2405 Ultrasound Images**

03

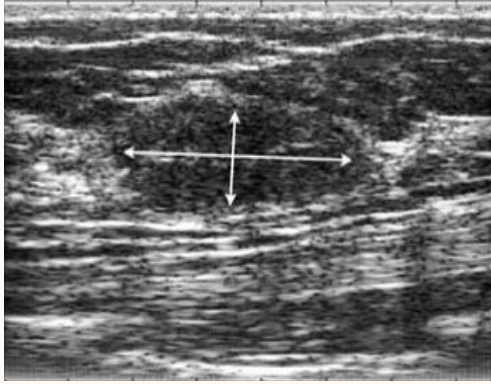
# Methods

# Datasets

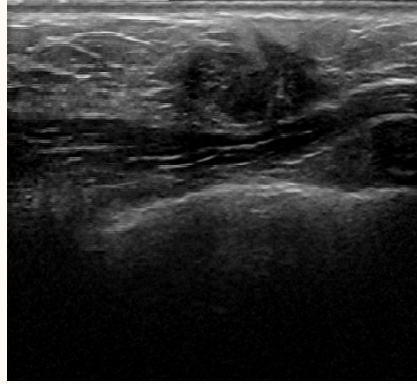
Data	Acq Year	Patients	Transducers	Device	No. Of Samples
<u>Baheya</u>	2018	600 (25-75)	1-5 MHz ML6-15-D Matrix linear probe	GE LOGIQ E9	780
<u>UDIAT</u>	2012	163	8.5 MHz 17L5 HD linear array probe	Siemens ACUSON Sequoia C512	163
<u>OASBUD</u>	2013-2015	78	5-14 MHz L14-5/38 linear array probe	Ultrasonix SonixTouch	200
<u>GDPH &amp; SYSUCC</u>	2022	1202	Multiple Linear Probes	Hitachi Ascendus Mindray DC-80 Toshiba Aplio 500 Supersonic Aixplorer	2405
Own Dataset	-	-	3 - 12 MHz L3-12a Linear Array Probe	Samsung WS80A	2771
<b>Total</b>	-	<b>&gt; 2043</b>	-	-	<b>6319</b>

# Examples From Datasets

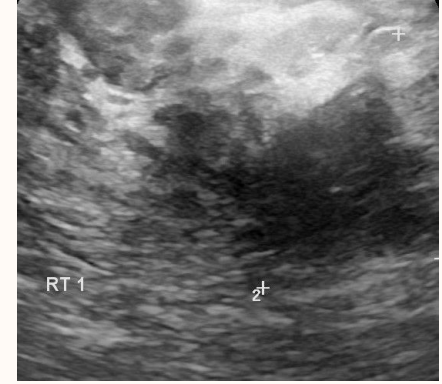
OSABUD



UDIAT



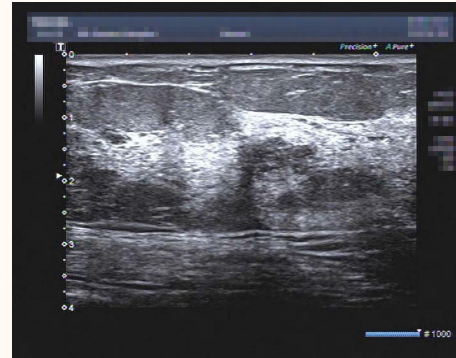
Baheya



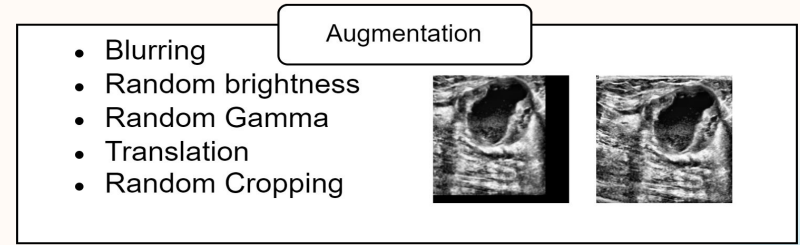
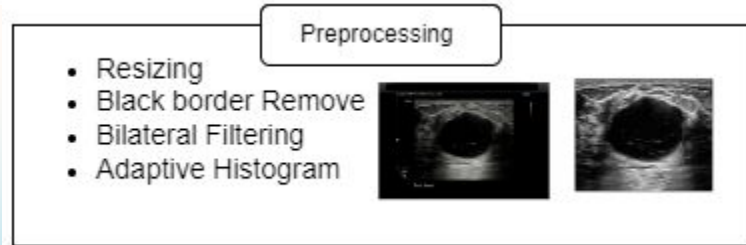
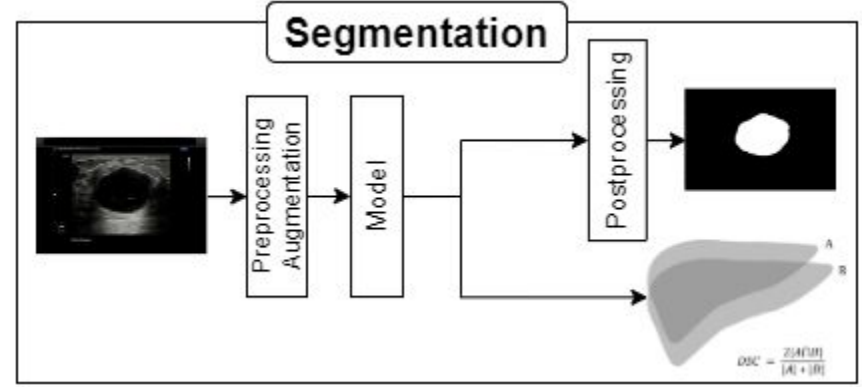
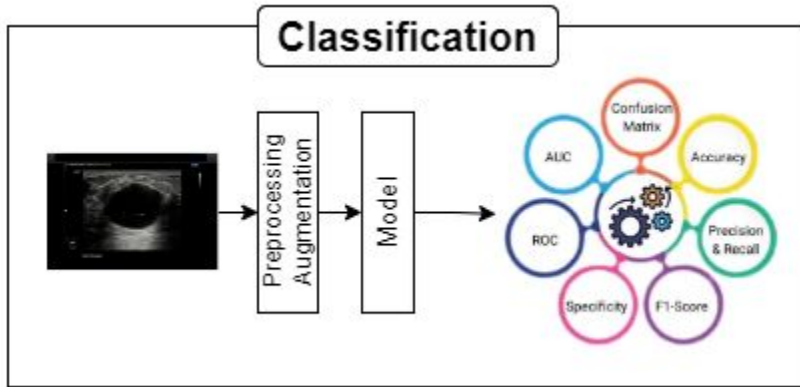
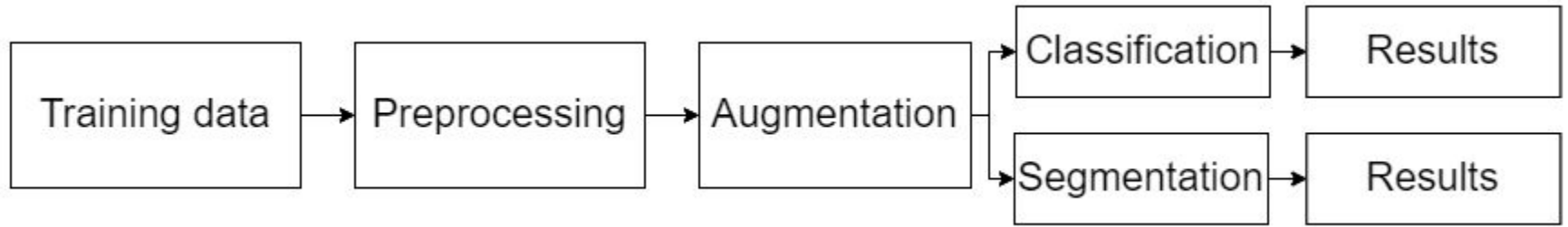
GDPH & SYSUCC



GDPH & SYSUCC



# AI Pipeline





# Classification Model

## Architecture

We are using the new EfficientNet architecture specifically (**Efficient-Net V2-B0**) & applied **transfer learning**

## Loss Function & Schedule

**Cross Entropy Loss** & Learning Rate Schedule Used **Decaying Cyclic Learning Rate**

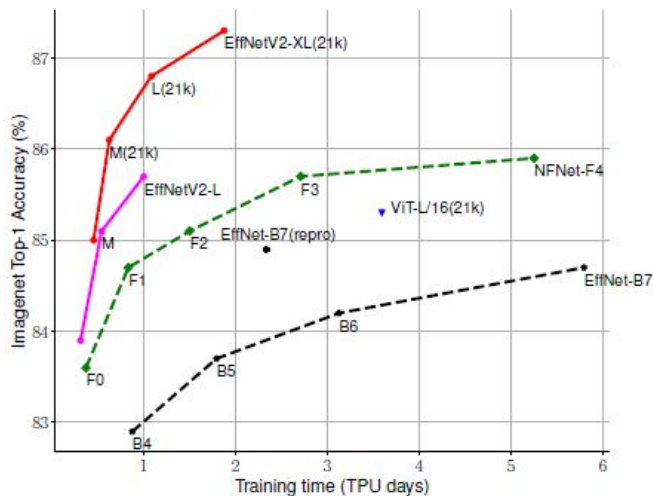
## Data Used

**2804 Samples** Were Used (**1170 Benign-1531 Malignant-103 Normal**)  
**Using:** BUSI, UDIAT, OASBUD, GDPH, and SYSUCC

## Splitting & Epochs

We Used **80% Training – 10% Validation – 10% Testing** & **Used Early Stopping (Model Trained For 14 Epochs)**

# Classification Model



(a) Training efficiency.

	EfficientNet (2019)	ResNet-RS (2021)	DeiT/ViT (2021)	EfficientNetV2 (ours)
Top-1 Acc.	84.3%	84.0%	83.1%	83.9%
Parameters	43M	164M	86M	24M

(b) Parameter efficiency.

# Segmentation Model

## Architecture

We are using **Attention U-Net** Architecture

## Loss Function & Schedule

We are using a recently discovered loss function which is **Log Cosh Loss & Combo Loss** & Learning Rate Schedule Used **Cosine Annealing**

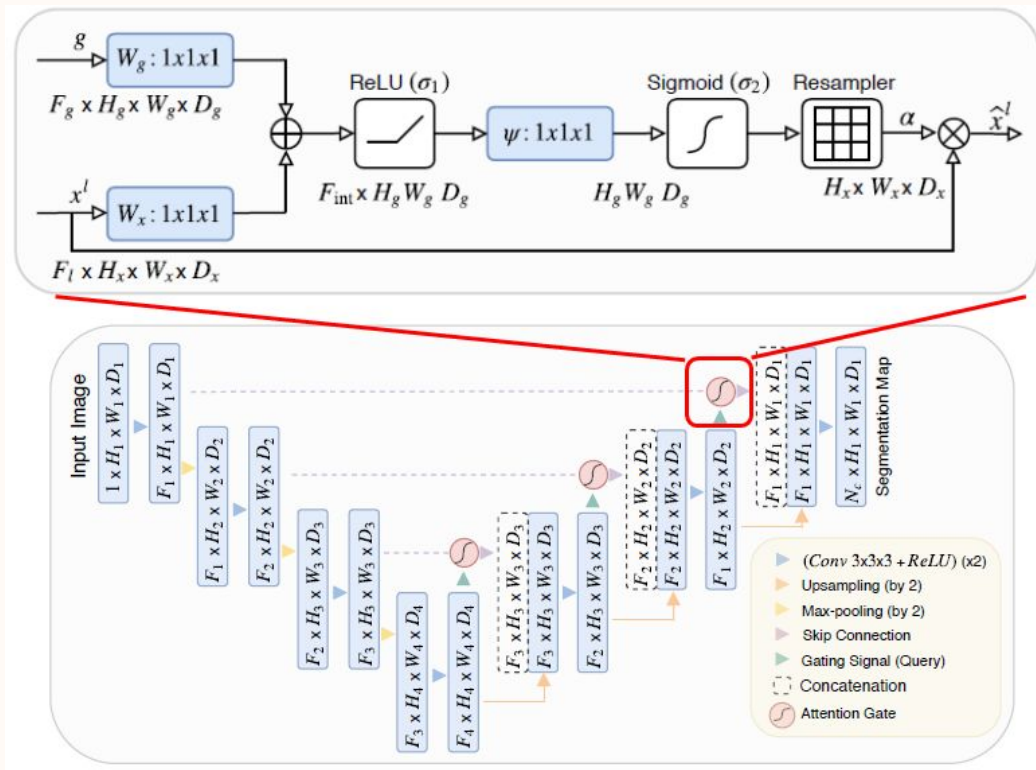
## Data Used

**6319 Samples** Were Used For Segmentation **Using:** BUSI, Baheya, UDIAT, OASBUD, GDPH, SYSUCC and our own dataset

## Splitting & Epochs

We Used **80% Training – 10% Validation – 10% Testing & Model Trained For 75 Epochs**

# Segmentation Model

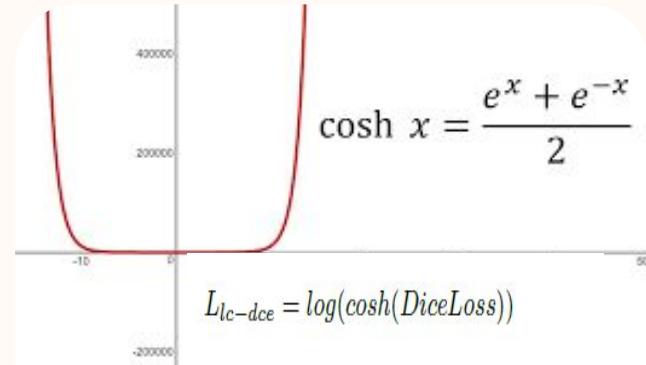


# Loss Functions

$$L_{m-bce} = -\frac{1}{N} \sum_i \beta(y - \log(\hat{y})) + (1 - \beta)(1 - y) \log(1 - \hat{y}) \quad (17)$$

$$CL(y, \hat{y}) = \alpha L_{m-bce} - (1 - \alpha) DL(y, \hat{y}) \quad (18)$$

**Combo Loss**



**Log Cosh Loss**

04

# Results

# Classification Results on All Datasets

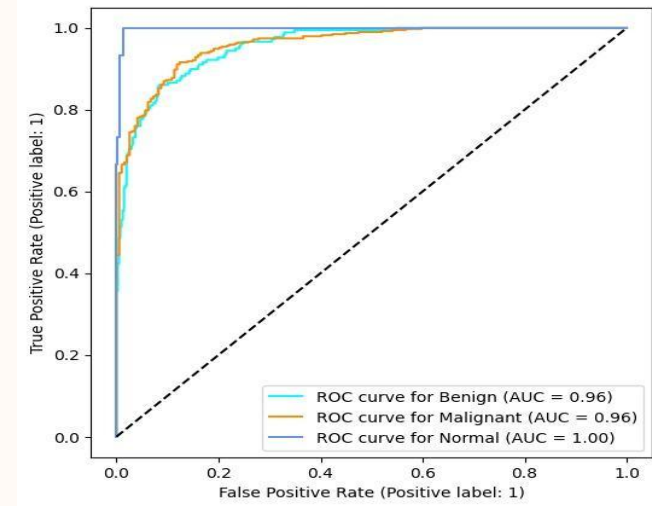
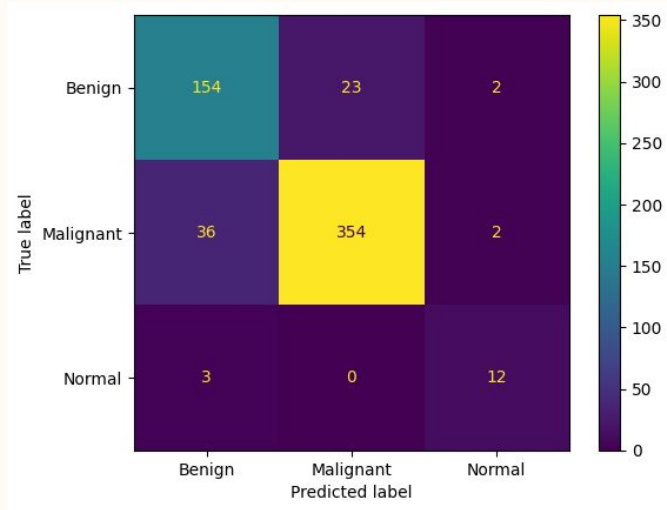
Data	Accuracy	F1 Score	Sensitivity	Specificity	AUC
VGG16	76	0.76	63.6	82.8	90.1
MobileNet	83	0.827	70.6	88.0	94.75
<i>DenseNet121</i>	89	0.89	89.13	92.5	97
EfficientNetB0	86	0.862	79.41	91.2	96.5
<b>EfficientNetV2-B0</b>	<b>89</b>	<b>0.87</b>	<b>89.0</b>	<b>92.0</b>	<b>96</b>

# EfficientNetV2-B0 Results on Each Dataset

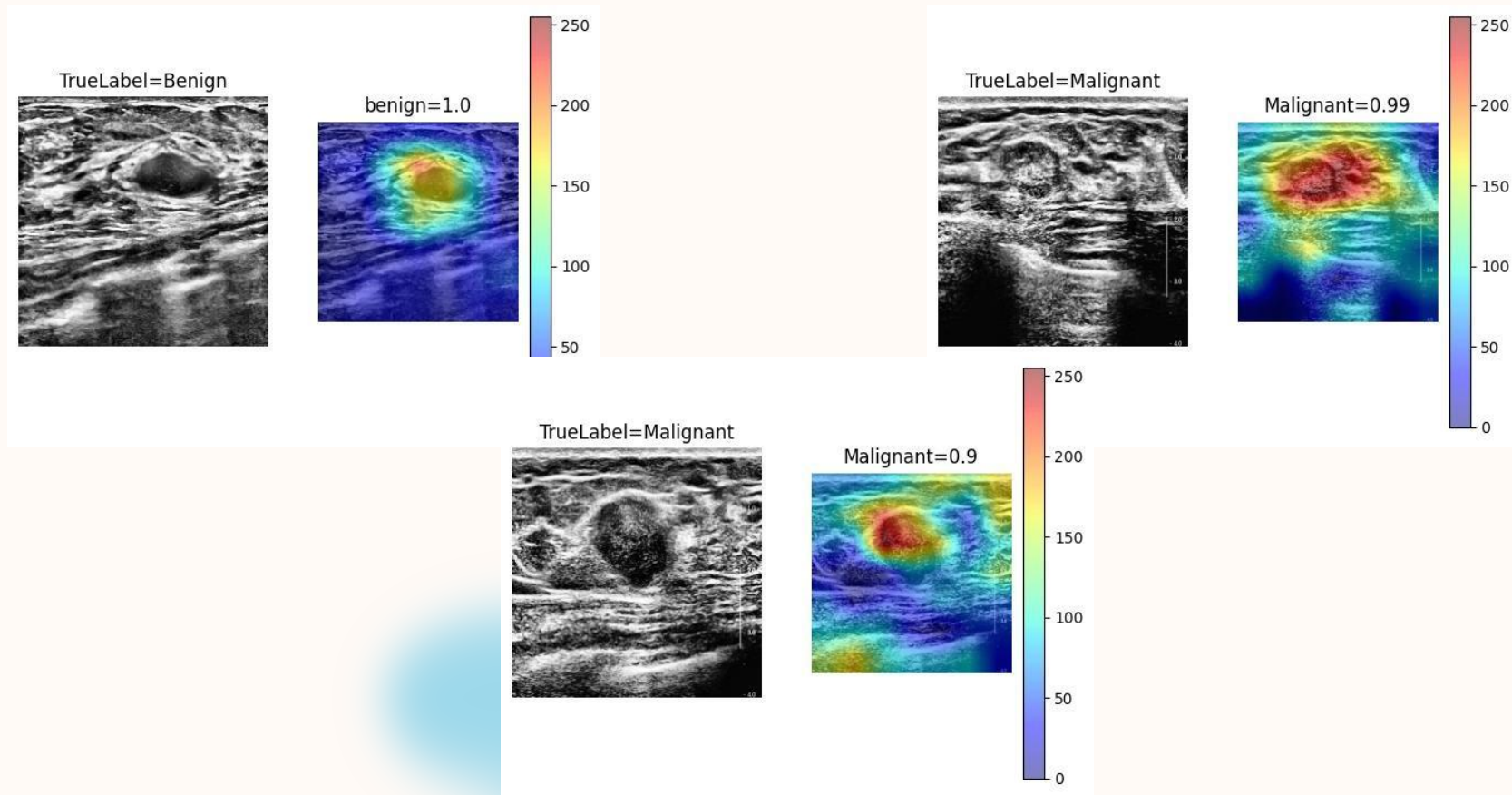
Data	Accuracy	F1 Score	Sensitivity	Specificity	AUC
BUSI	86	0.858	86.7	92.0	93.75
UDIAT	98	0.98	95.0	96.4	98
OASBUD	71	0.705	69.0	68.5	81.7
GDPH&SYSUCC	90	0.90	88.5	88.3	96



# EfficientNetV2-B0 Test Metrics



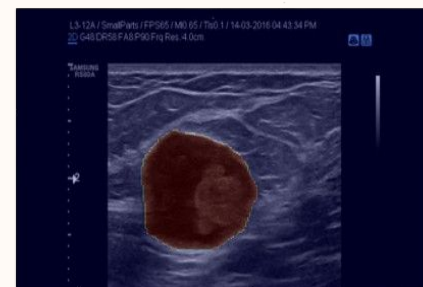
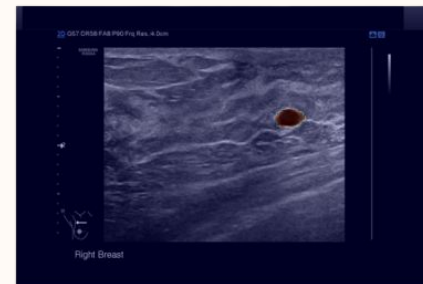
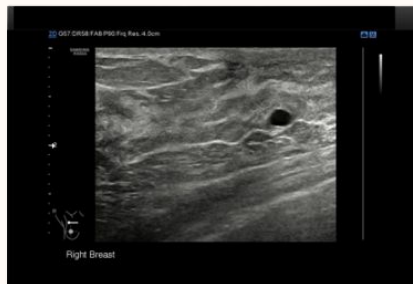
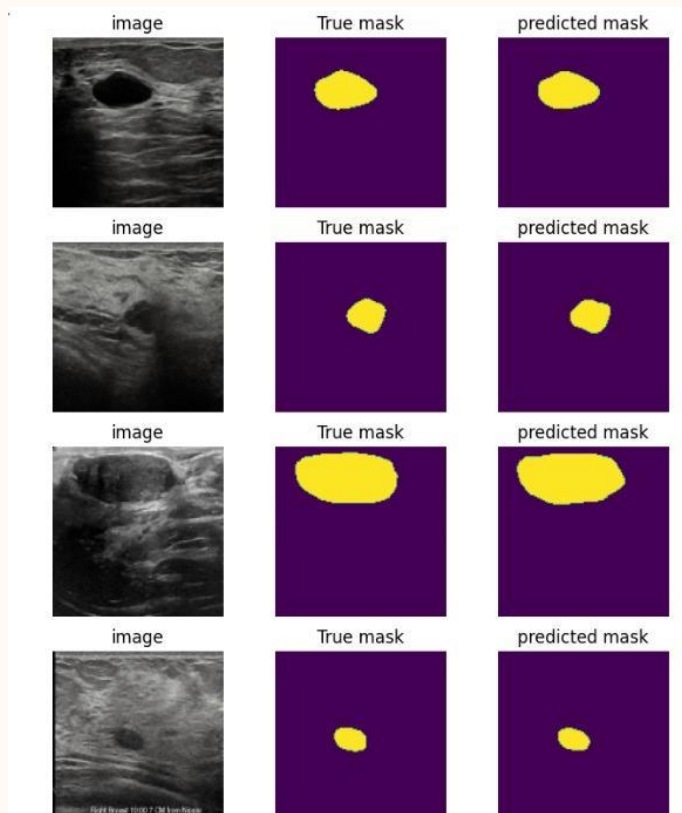
# GradCam On Test Data



# Segmentation Results

Model	Loss	Val Dice Score	Test Dice Score
Unet+Res Net34 Backbone	Log Cosh Dice Loss	0.84	0.85
Unet+Res Net50 Backbone	Combo Loss	0.84	0.83
Attention Unet	Combo Loss	0.85	0.84
<b>Attention Unet</b>	<b>Log Cosh Dice Loss</b>	<b>0.86</b>	<b>0.85</b>

# Segmentation Output On Test Data



05

# Discussion

# Contributions

- Our study focus on diverse datasets forms the cornerstone of our success in achieving high-performance results
- Achieved High Results using Efficient-Net V2 for classification of BUS images.
- Compared two loss functions for breast lesion segmentation, utilizing U-net architecture with various backbones and Attention U-net.

# Limitations

## High Variability

US Images are known to have high variability meaning benign might look like malignant , if we don't focus on all details

## Requires Expertise

Some times physicians have **hard time deciding** whether a lesion is benign or not , that is why **follow up** is needed or **second opinion**

## Full Of Noises

US Images are full of different types of noises, the most dominant one is **speckle noise which hides important acoustic features**

# Limitations

## UI Components

From Our Experiments, we found out that **UI components & Black Borders** if allowed into AI Model it will **affect its decision**.

## Class Imbalance

As we discussed before, the data **distribution is highly imbalanced** so it will **affect the generalizability** of the **classification** model



# Solution Example



Image with Blackborder



Image After Blackborder  
Removal

06

# ACKNOWLEDGMENT

We Would Like To Express  
Our Gratitude to Astute  
Imaging For Providing The  
Technical & Research  
Support Throughout This  
Work





**Thank You**

