

# Visual Transformers for Whole Slide Image Diagnosis

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05/18/2022

# Outline

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- > **Background and Goal**
- > **Dataset**
- > **Related Work**
- > **Our Work**
  - HATNet
  - ScAtNet
- > **Next Step**





# Background



# What is Melanoma?

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- Melanoma is the most aggressive type of skin cancer.
- > Melanoma occurs when UV radiation triggers DNA damages in the melanocytes
- > The “gold standard” for diagnosis of invasive melanoma relies on the visual assessments of skin biopsy images by pathologists.



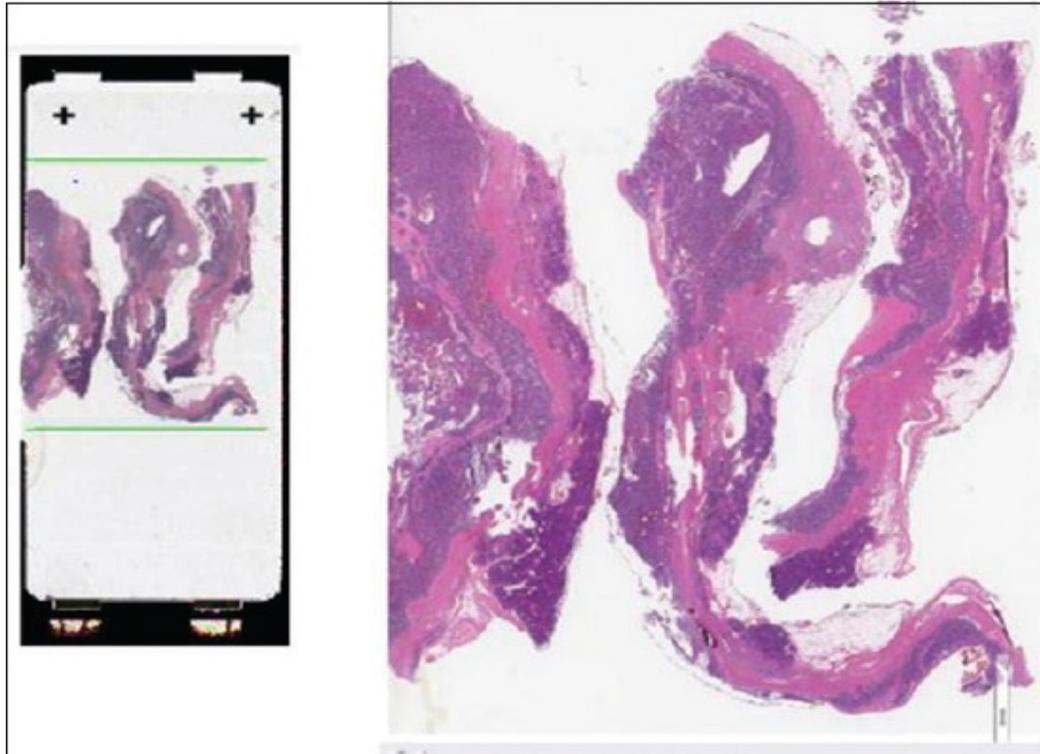
An example of an Invasive Melanoma T1b in M-Path dataset.



# Why melanoma diagnosis?

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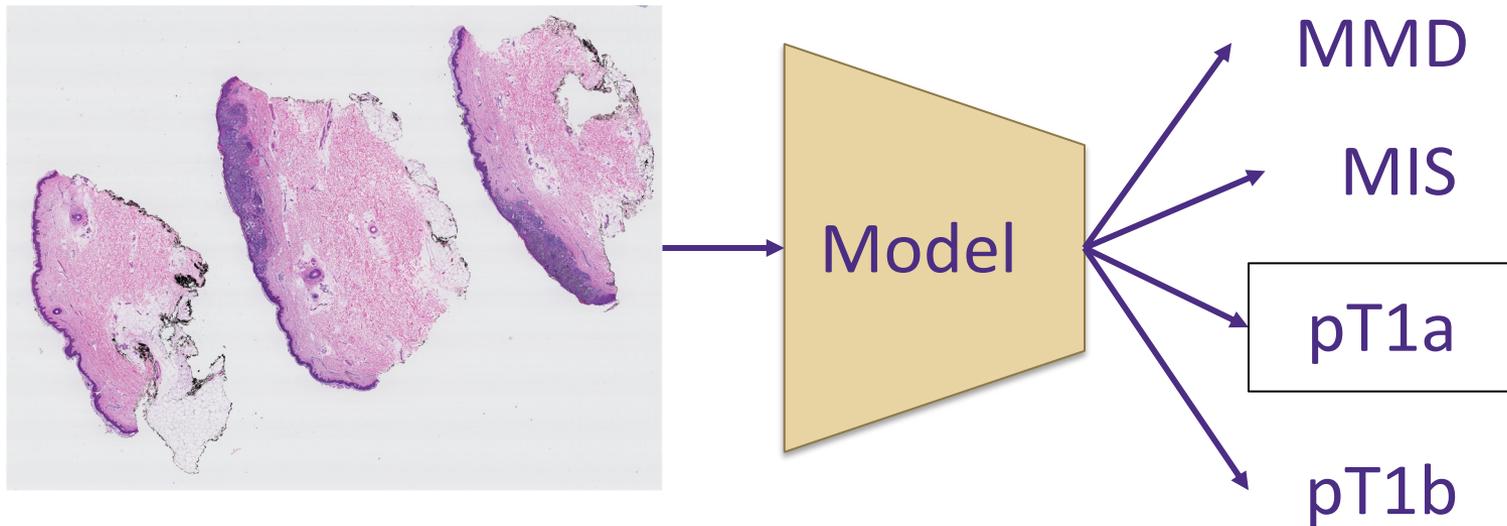
- > Unfortunately, diagnostic errors are common
- > Computer-aided diagnostic system can be a second reader and help reduce uncertainties



# Goal

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## Diagnosis

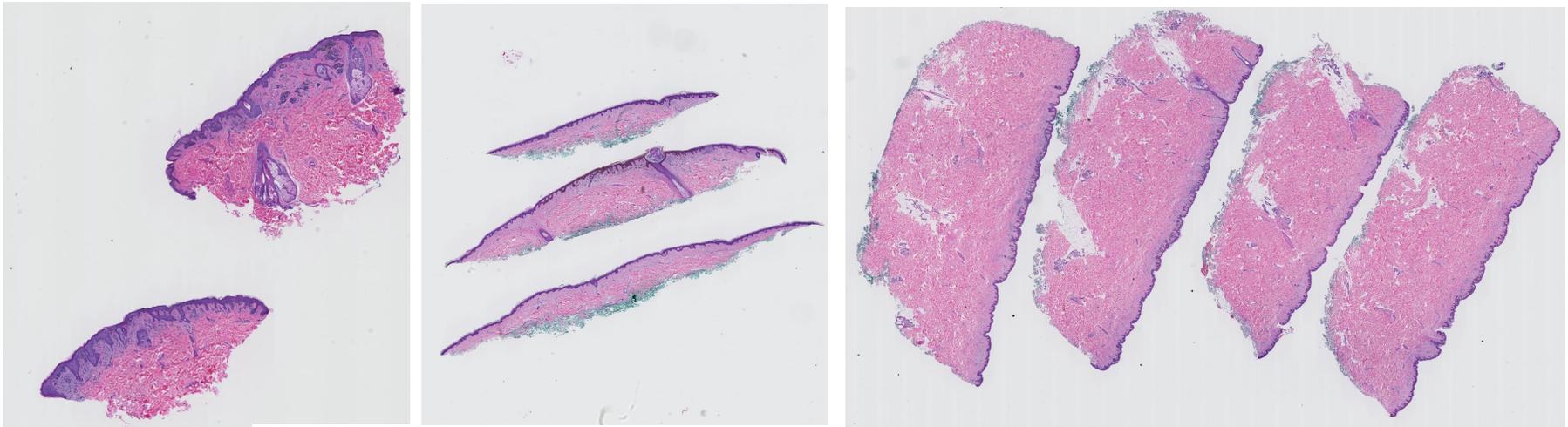




# Dataset

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# Melanoma Dataset



| Diagnostic Category | Number of WSIs |            |      |       | Average WSI size (in pixels) |
|---------------------|----------------|------------|------|-------|------------------------------|
|                     | Training       | Validation | Test | Total |                              |
| MMD                 | 26             | 6          | 29   | 61    | 11843 × 10315                |
| MIS                 | 25             | 5          | 30   | 60    | 9133 × 8501                  |
| pT1a                | 33             | 6          | 34   | 73    | 9490 × 7984                  |
| pT1b                | 18             | 6          | 22   | 46    | 14858 × 12154                |
| Total               | 102            | 23         | 115  | 240   | 11130 × 9603                 |

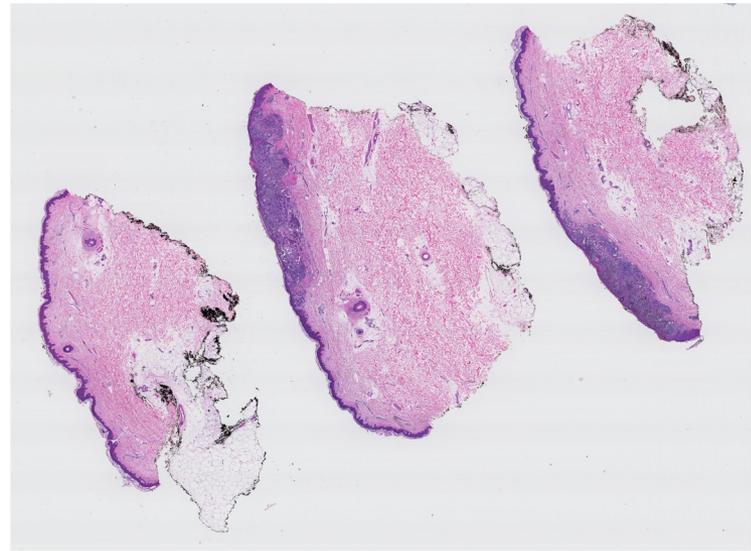


# Difficulties in diagnosis

Size of whole slide images



An example image from  
ImageNet [500 x 375]



An example WSI at 10x  
[15264 x 19824]



# Difficulties in diagnosis

Size of whole slide images

Dataset size

| Diagnostic Category | Number of WSIs |            |      |       | Average WSI size (in pixels) |
|---------------------|----------------|------------|------|-------|------------------------------|
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TABLE 1: Statistics of skin biopsy whole slide image (WSI) dataset. The average WSI size is computed at a magnification factor of x10. Diagnostic terms for the dataset used in this study are as follows: mild and moderate dysplastic nevi (MMD), melanoma in situ (MIS), invasive melanoma stage pT1a (pT1a), invasive melanoma stage  $\geq$  pT1b (pT1b).

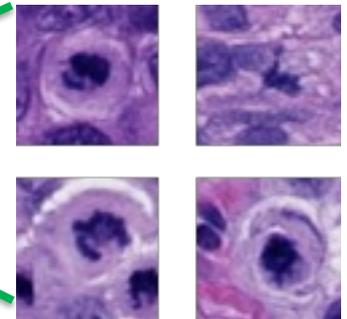
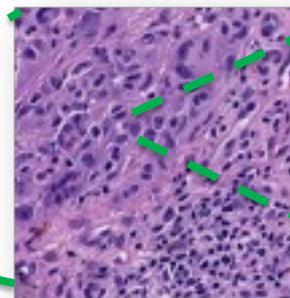
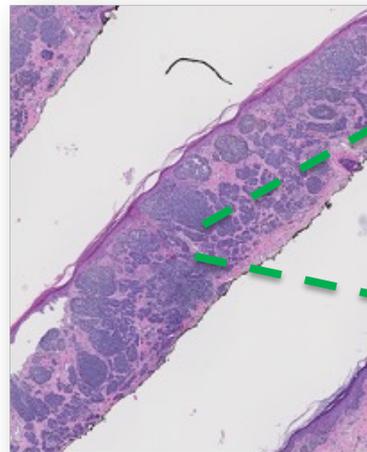


# Difficulties in diagnosis

Size of whole slide images

Dataset size

cancerous structure vs. normal structure





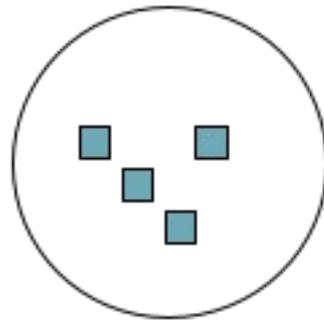
# Related Work

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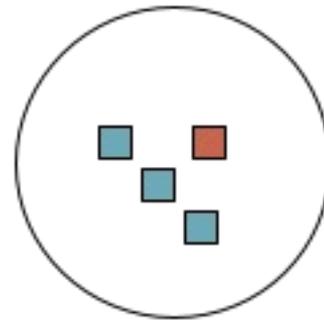
# Related Work

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## > Multiple Instance Learning



Negative Bag



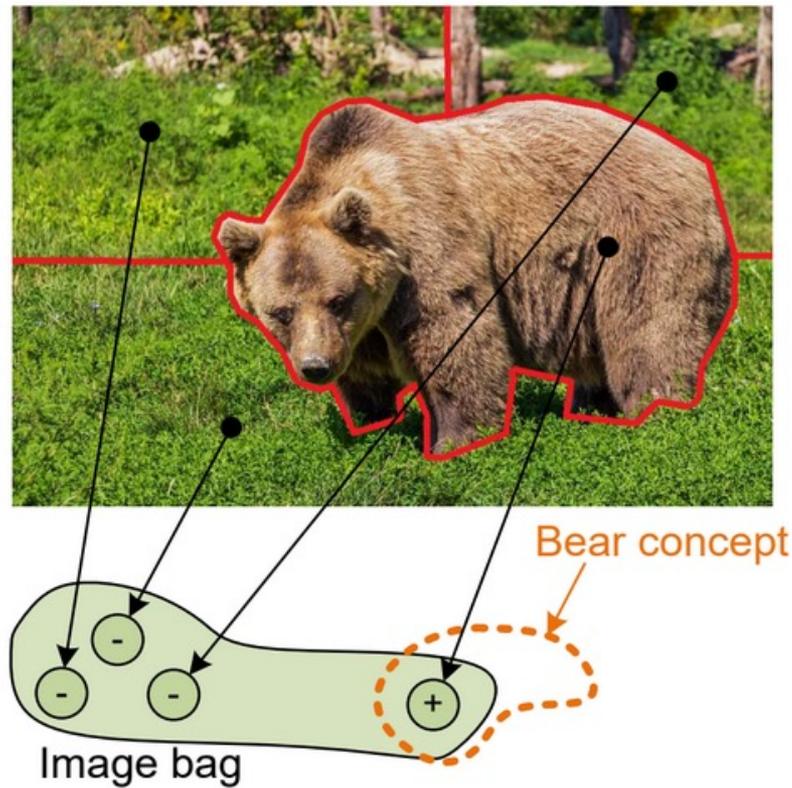
Positive Bag



# Related Work

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## > Multiple Instance Learning



# Related Work

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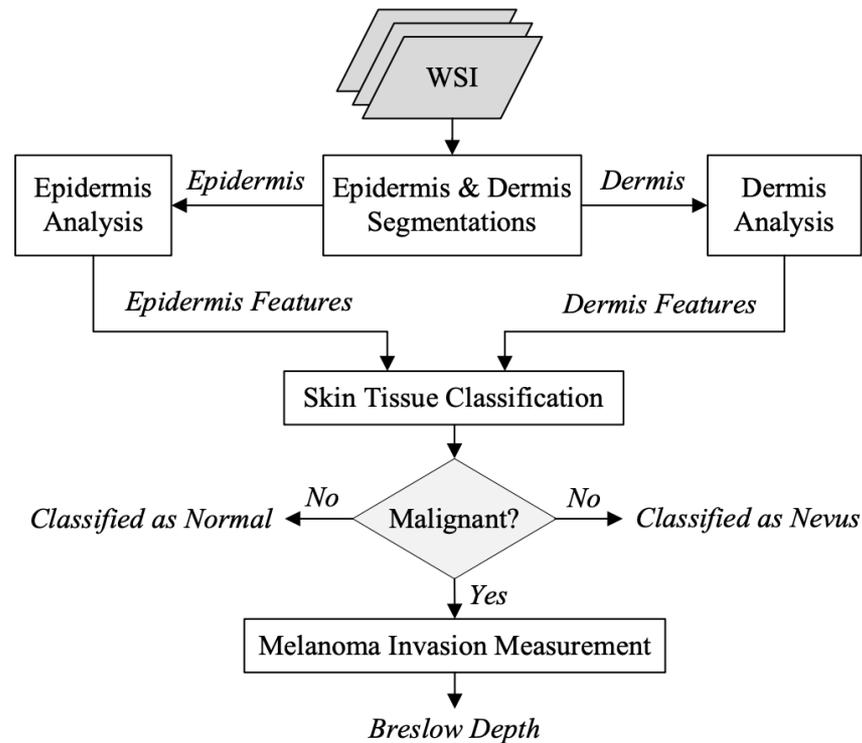
## > Multiple Instance Learning

- + reduce high computational cost
- + effective in learning instance/bag-wise representation
- Does not allow long-range/global feature interaction
- Prone to label ambiguity/noise



# Related Work

## > Segmentation-based methods



Hongming Xu, Cheng Lu, Richard Berendt, Naresh Jha, and Mrinal Mandal. Automated analysis and classification of melanocytic tumor on skin whole slide images. *Computerized medical imaging and graphics*, 66:124–134, 2018.



# Related Work

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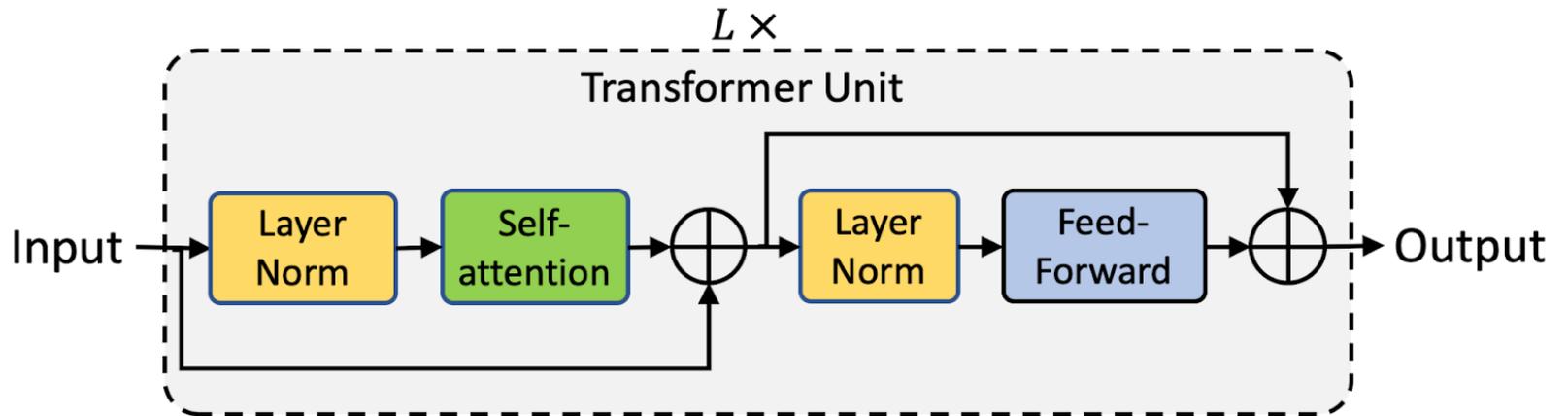
## > Segmentation-based methods

- + Learns global representation
- + More effective (better performance) on small dataset
- Require fine tissue-level segmentation masks
- Diagnostic performance highly dependent on segmentation quality

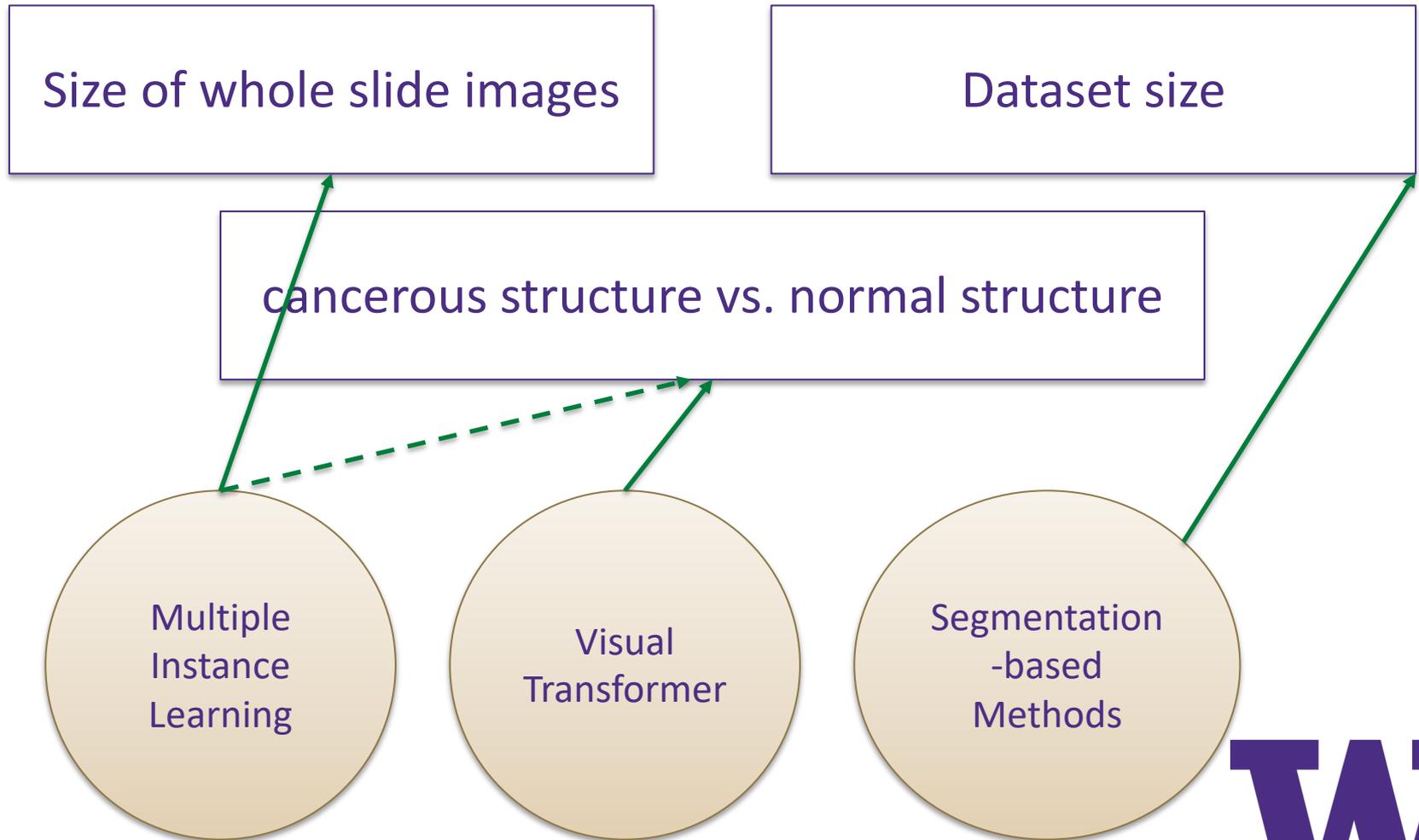


# Related Work

## > Visual Transformers



# Difficulties in diagnosis

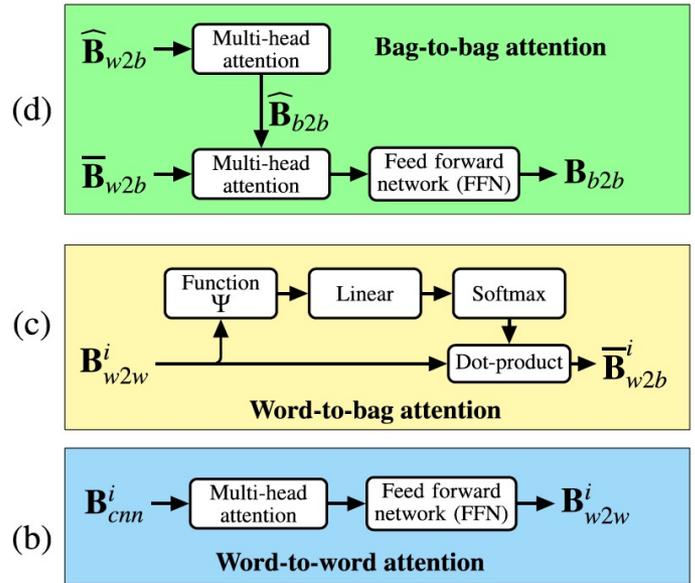
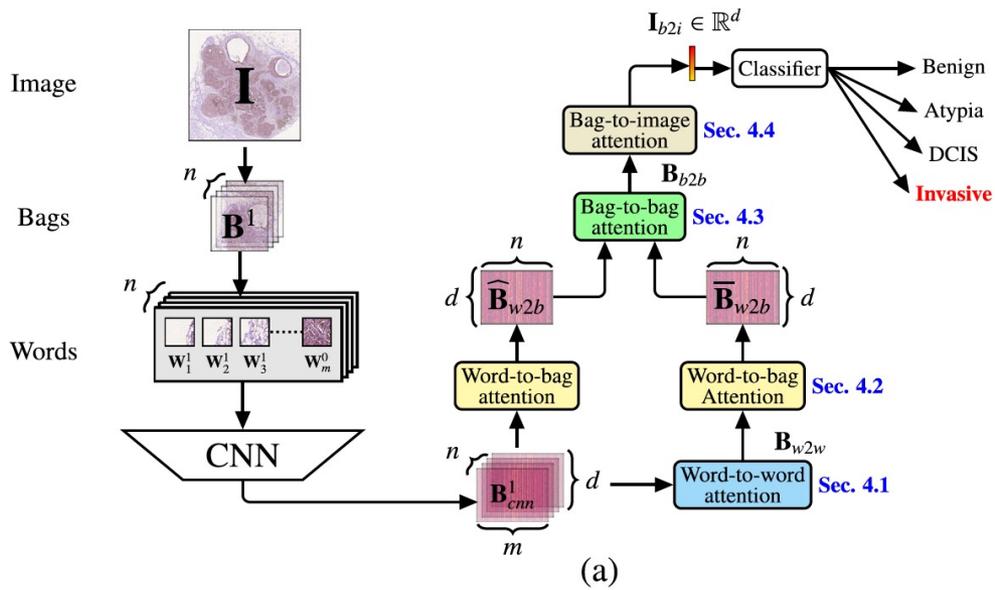




# Our Work

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# HATNet



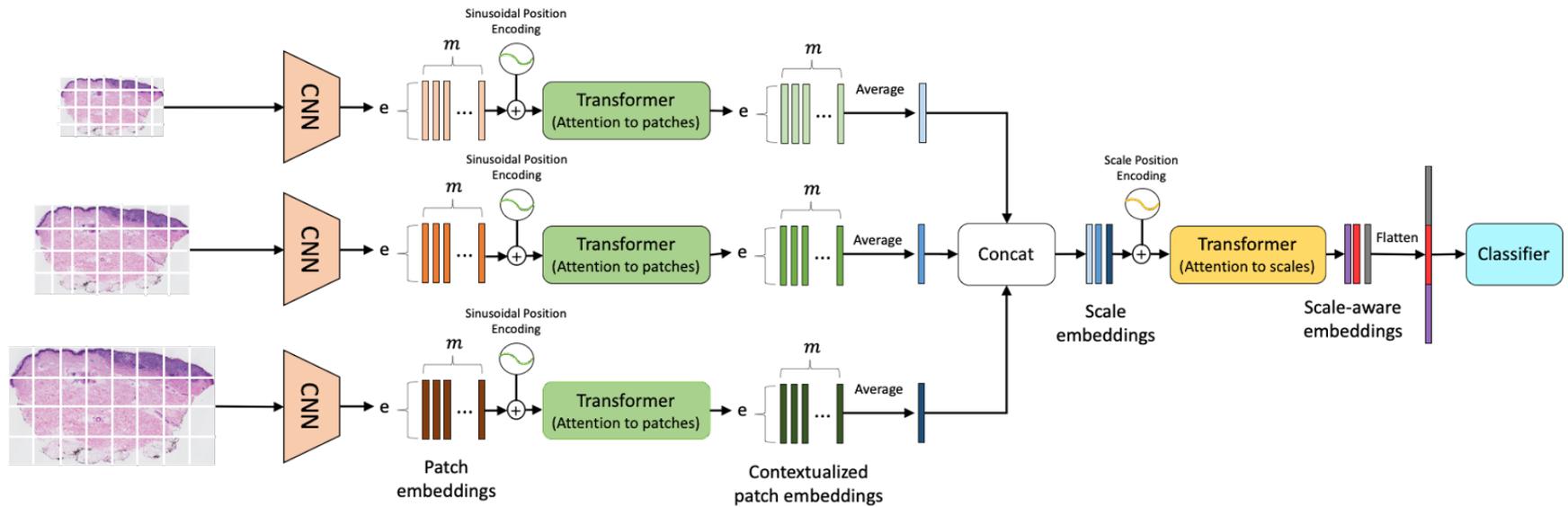
# HATNet (on a breast dataset)

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- > Outperforms CNN-based methods by a large margin
- > Significant overlap between top bags, words and annotations of clinical biomarkers
- > Learned representations from clinically relevant tissue structures without any supervision

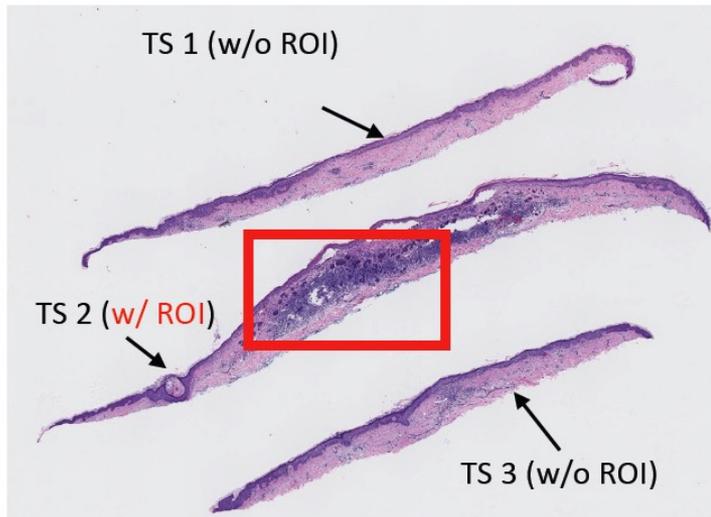


# ScAtNet



# ScAtNet: Soft Label

**Invasive T1a Skin Biopsy Image  
(or Class 3)**



Hard Label (one-hot encoding)

|      |   |   |   |   |
|------|---|---|---|---|
| TS 1 | 0 | 0 | 1 | 0 |
| TS 2 | 0 | 0 | 1 | 0 |
| TS 3 | 0 | 0 | 1 | 0 |

Label smoothing (smoothing=0.1)

|      |       |       |     |       |
|------|-------|-------|-----|-------|
| TS 1 | 0.033 | 0.033 | 0.9 | 0.033 |
| TS 2 | 0.033 | 0.033 | 0.9 | 0.033 |
| TS 3 | 0.033 | 0.033 | 0.9 | 0.033 |

Constrained label smoothing

|      |     |     |   |   |
|------|-----|-----|---|---|
| TS 1 | 0.5 | 0.5 | 0 | 0 |
| TS 2 | 0   | 0   | 1 | 0 |
| TS 3 | 0.5 | 0.5 | 0 | 0 |

Soft labels (ours)

|      |      |      |   |   |
|------|------|------|---|---|
| TS 1 | 0.54 | 0.46 | 0 | 0 |
| TS 2 | 0    | 0    | 1 | 0 |
| TS 3 | 0.28 | 0.72 | 0 | 0 |



# ScAtNet

- > Outperforms MIL and CNN based methods
- > Achieves comparable performance to 187 practicing U.S. pathologists
- > Saliency analysis shows that ScAtNet learns to weigh features from different scales

| Input scales |     |       | Accuracy | F1   | Sensitivity | Specificity | AUC  |
|--------------|-----|-------|----------|------|-------------|-------------|------|
| 7.5x         | 10x | 12.5x |          |      |             |             |      |
| ✓            |     |       | 0.55     | 0.55 | 0.55        | 0.85        | 0.75 |
|              | ✓   |       | 0.60     | 0.60 | 0.60        | 0.87        | 0.77 |
|              |     | ✓     | 0.61     | 0.61 | 0.61        | 0.87        | 0.78 |
| ✓            | ✓   |       | 0.64     | 0.64 | 0.64        | 0.88        | 0.79 |
| ✓            |     | ✓     | 0.63     | 0.63 | 0.63        | 0.88        | 0.80 |
|              | ✓   | ✓     | 0.63     | 0.63 | 0.63        | 0.88        | 0.79 |
| ✓            | ✓   | ✓     | 0.63     | 0.63 | 0.63        | 0.88        | 0.79 |

(a) Overall performance of ScAtNet



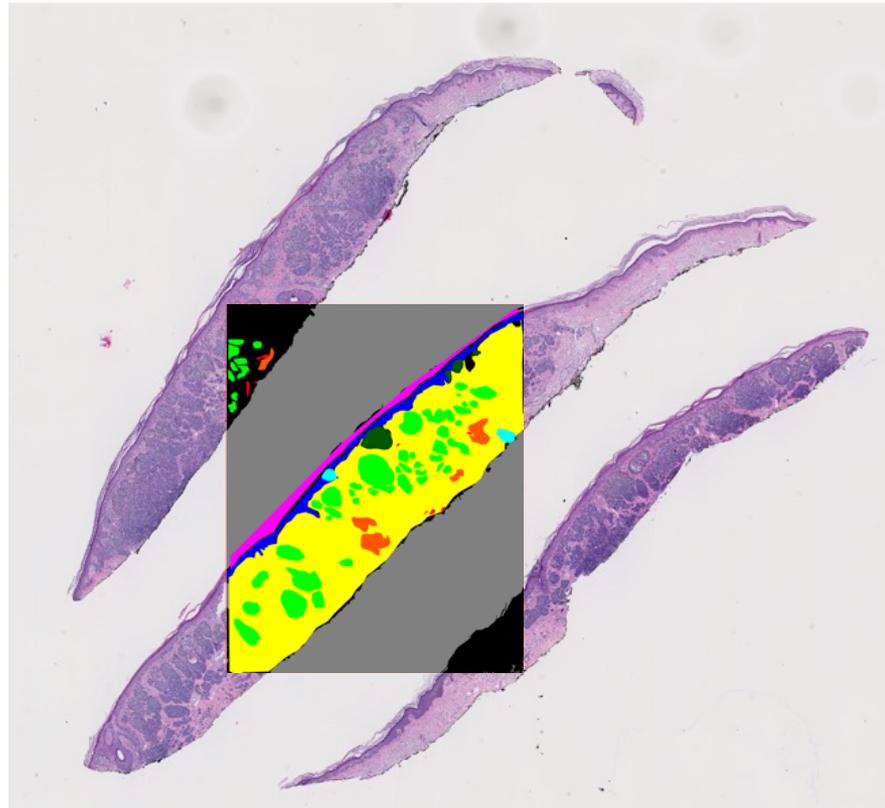


# Next Step

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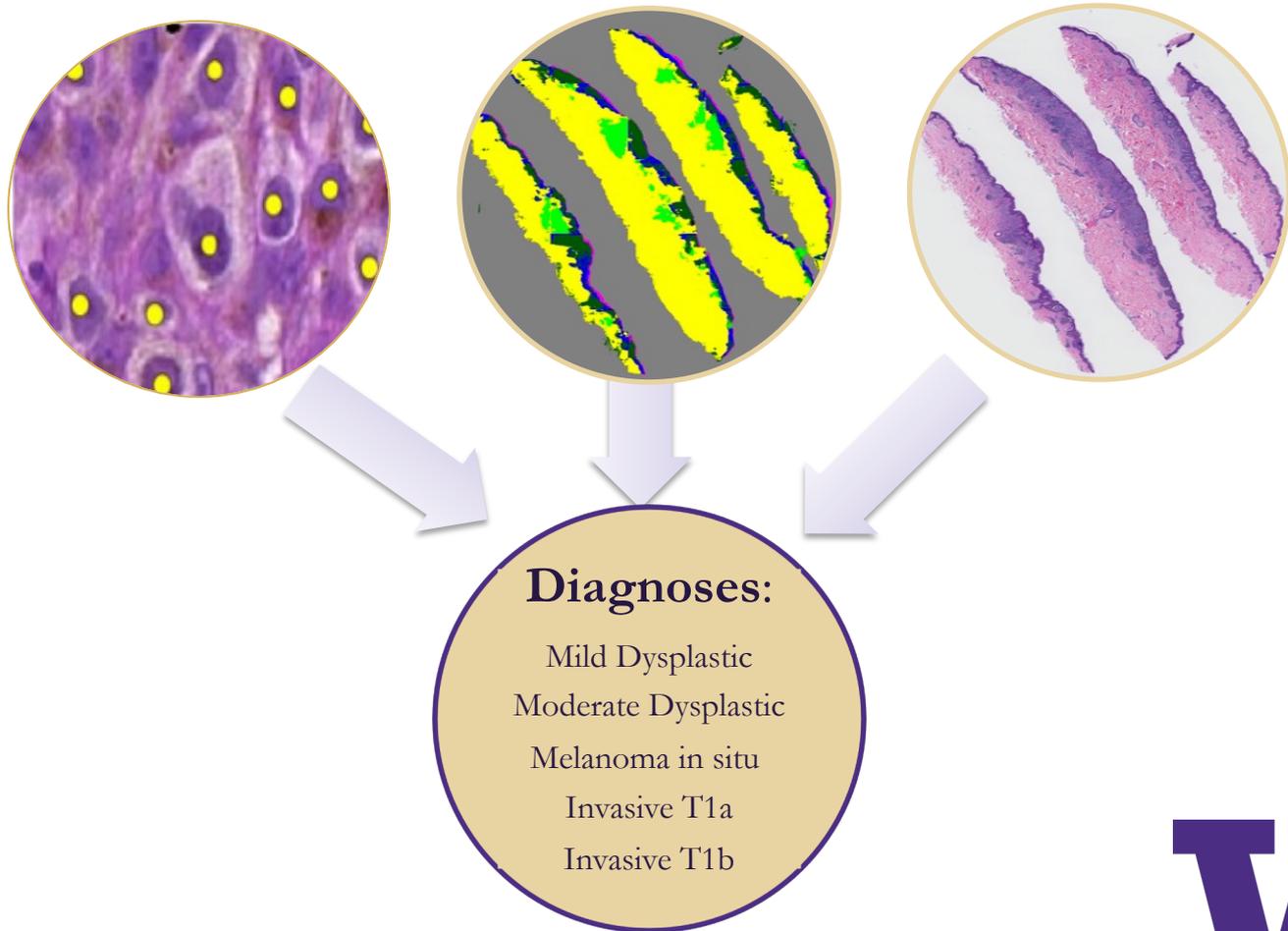
# Semantic Segmentation-based Method

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# How do we combine everything?

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# Acknowledgement

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Research reported in this study was supported by grants R01CA200690 and U01CA231782 from the National Cancer Institute of the National Institutes of Health, 622600 from Melanoma Research Alliance, and W81XWH-20-1-0798 from the United States Department of Defense.

## Advisor:

Dr. Linda Shapiro

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Dr. Caitlin May  
Dr. Oliver Chang  
Dr. Mojgan Mokhtari  
Dr. Donald Weaver

## Collaborators:

Shima Nofallah  
Ximing Lu  
Dr. Sachin Mehta



**Melanoma**  
Research Alliance



# Reference

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