

Digital Pathology: Diagnostic Errors, Viewing Behavior and Image Characteristics

Ezgi Mercan

Our Aim

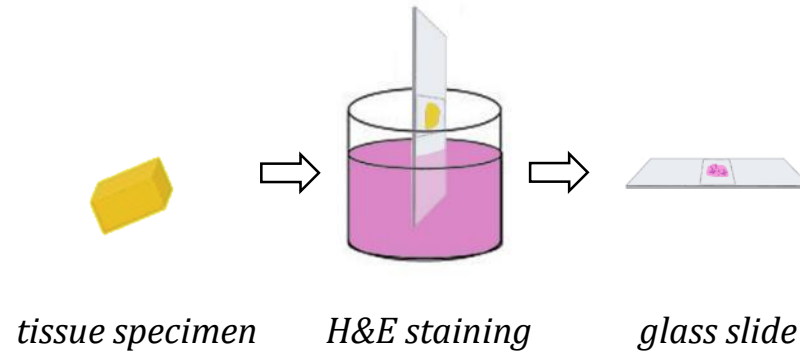
We propose novel **image features** and **viewing behavior analysis methods**

- to investigate the causes of diagnostic errors and
- to discover accurate and efficient interpretation strategies for pathologists.

Outline

1. Introduction
2. ROI Localization in WSIs
3. Tissue Label Segmentation
4. Automated Diagnosis of ROIs
5. Viewing Behavior Analysis
6. Conclusions

Medical Diagnosis of Cancer

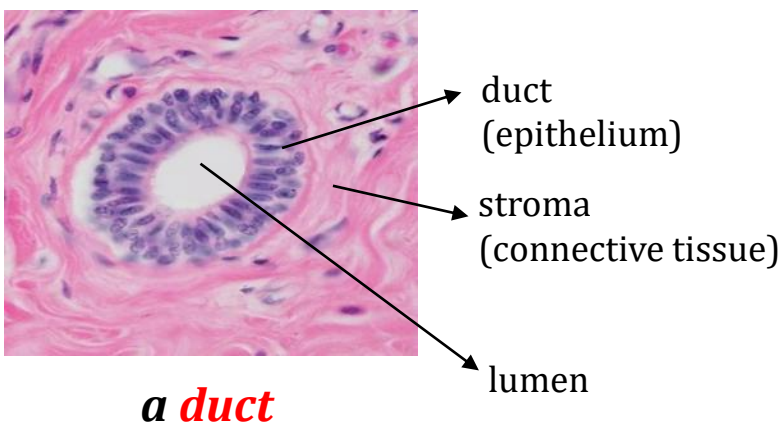
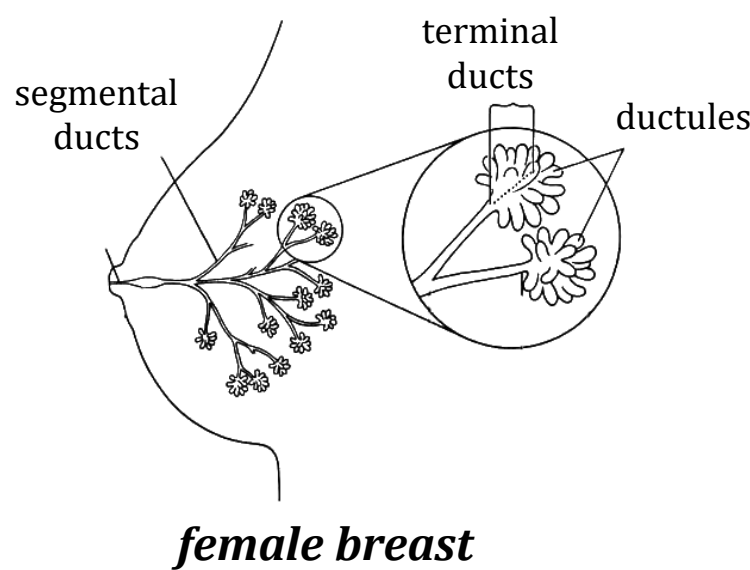


light microscope

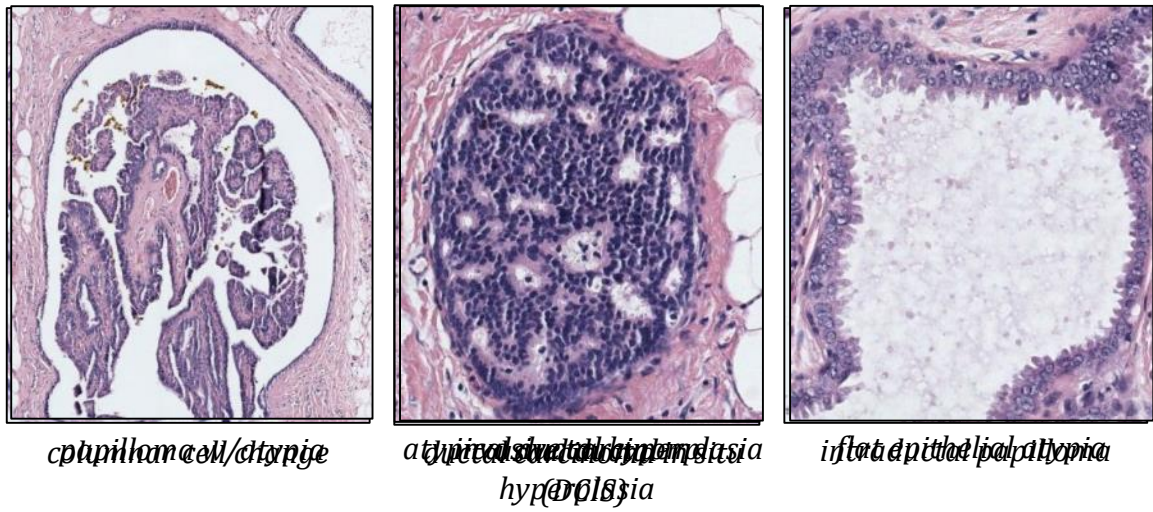
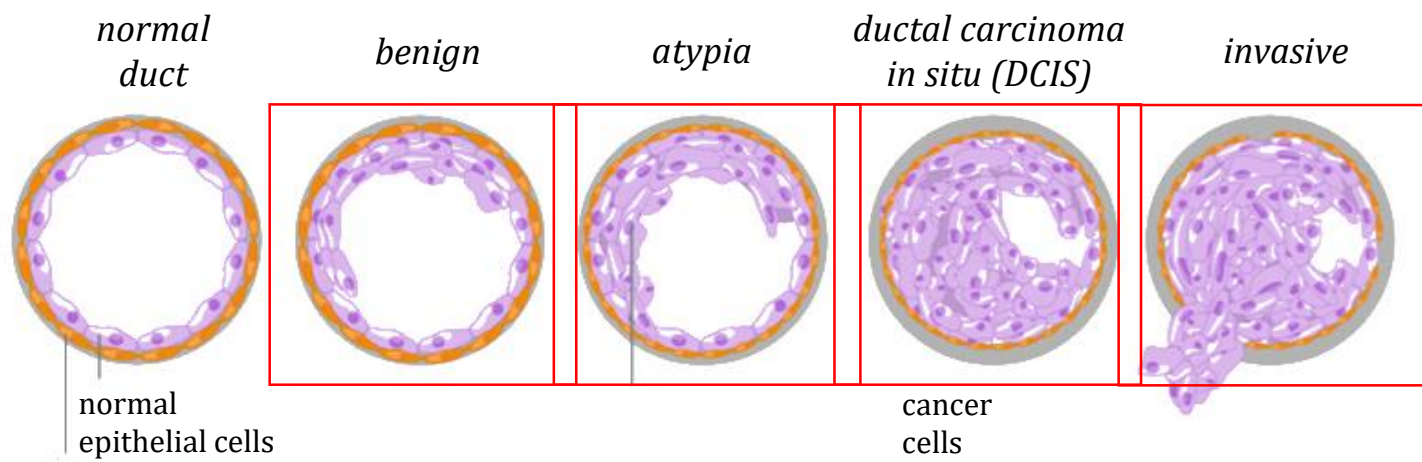


whole slide imaging

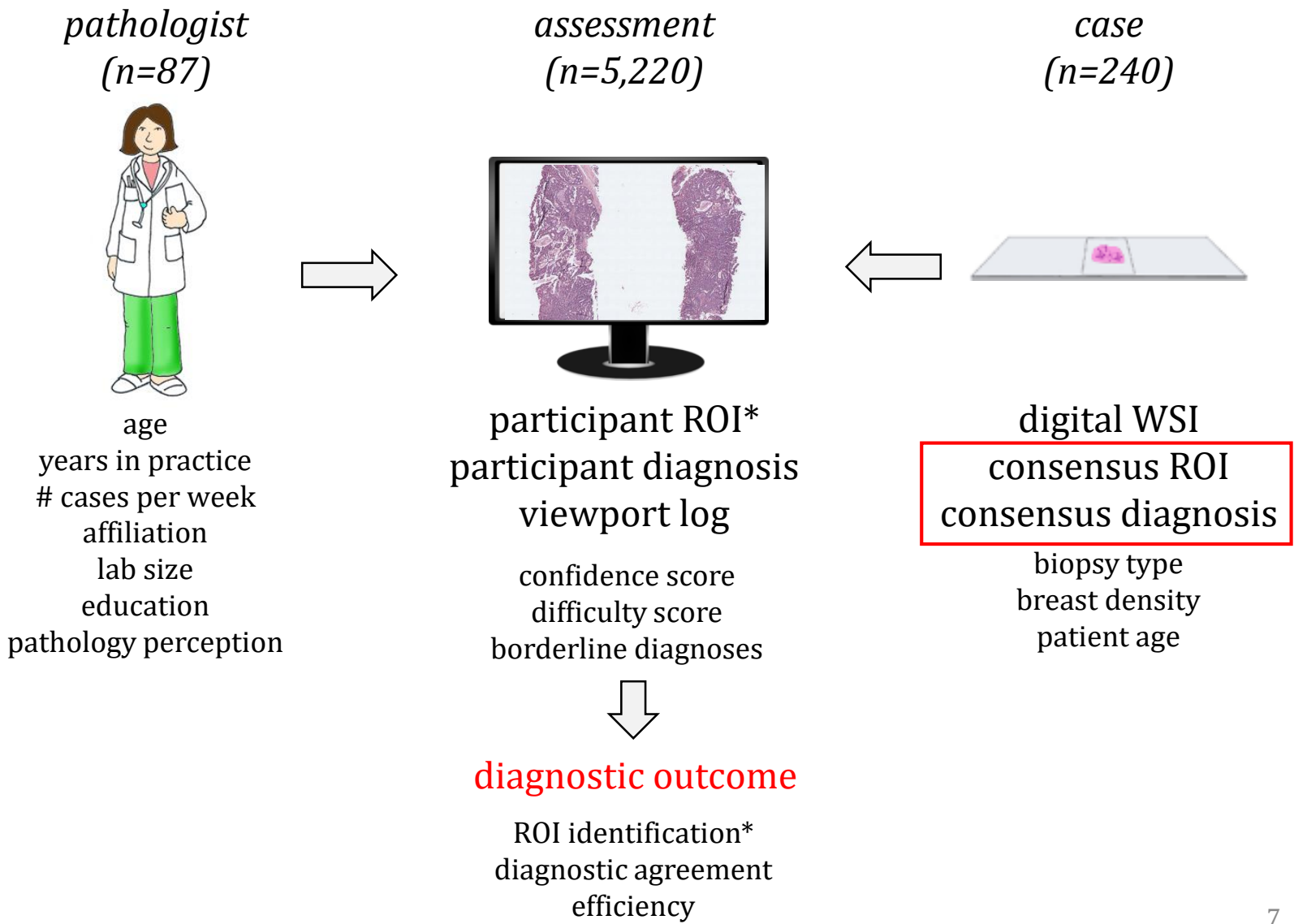
Breast Histopathology



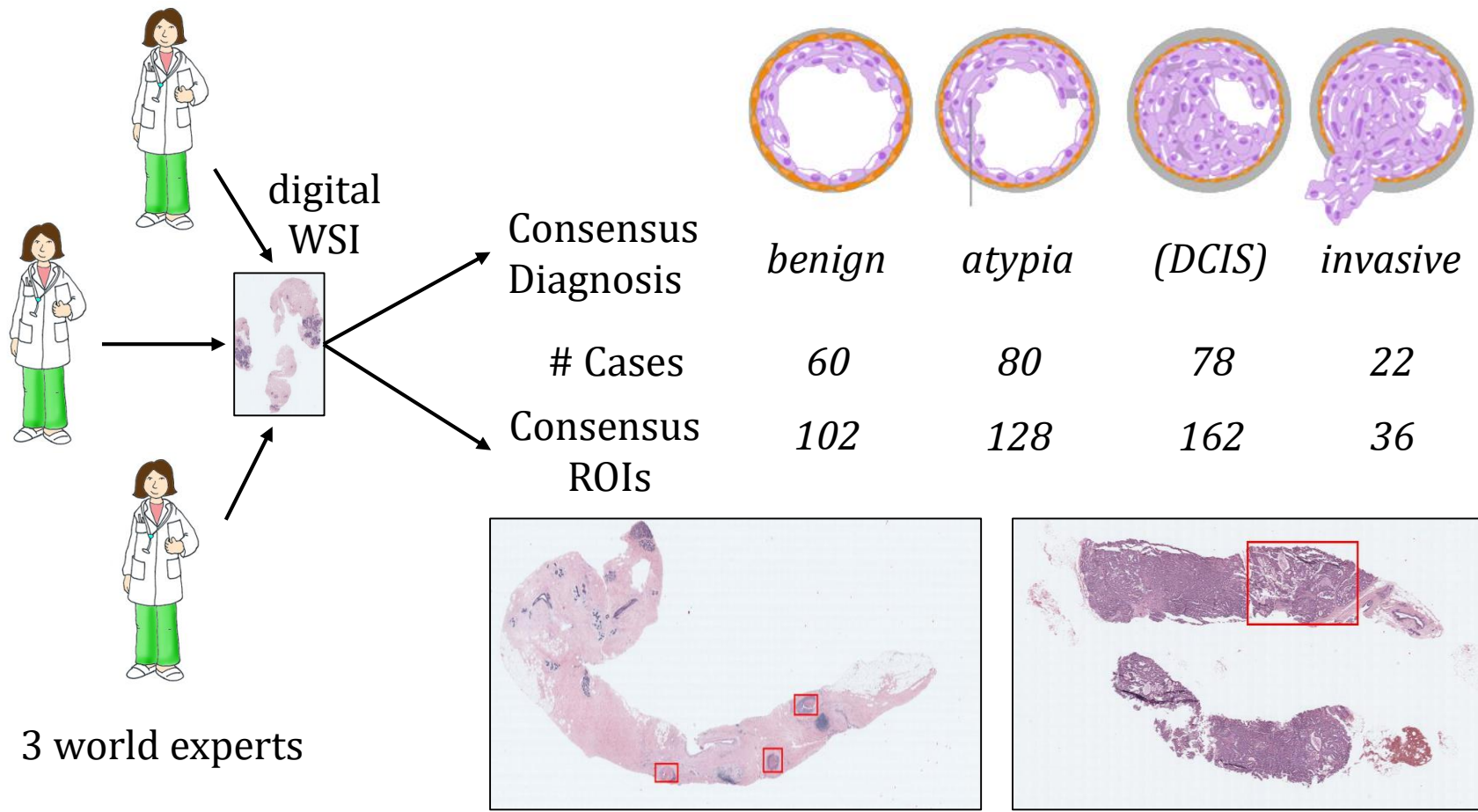
Diagnostic Categories



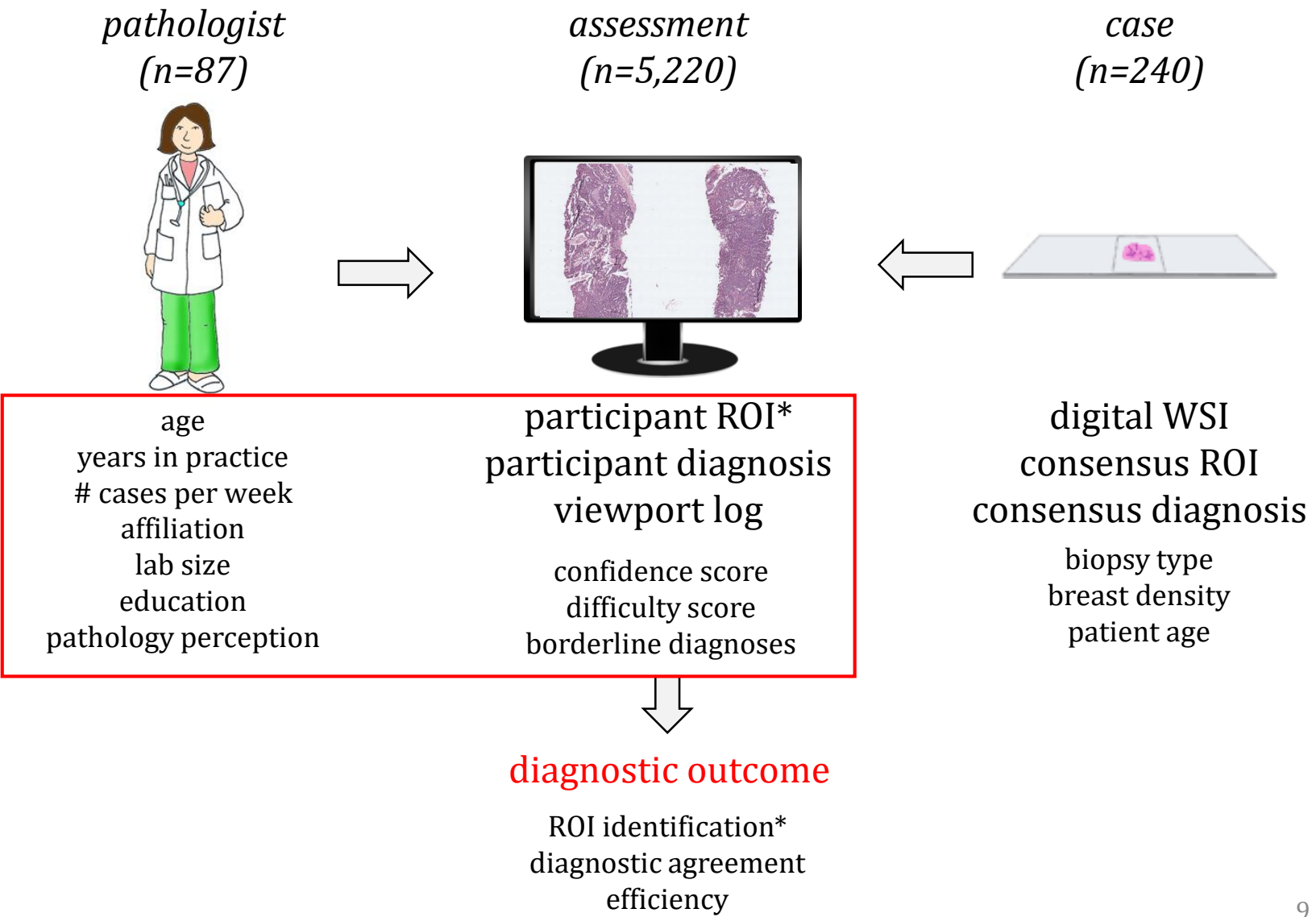
digiPATH Dataset



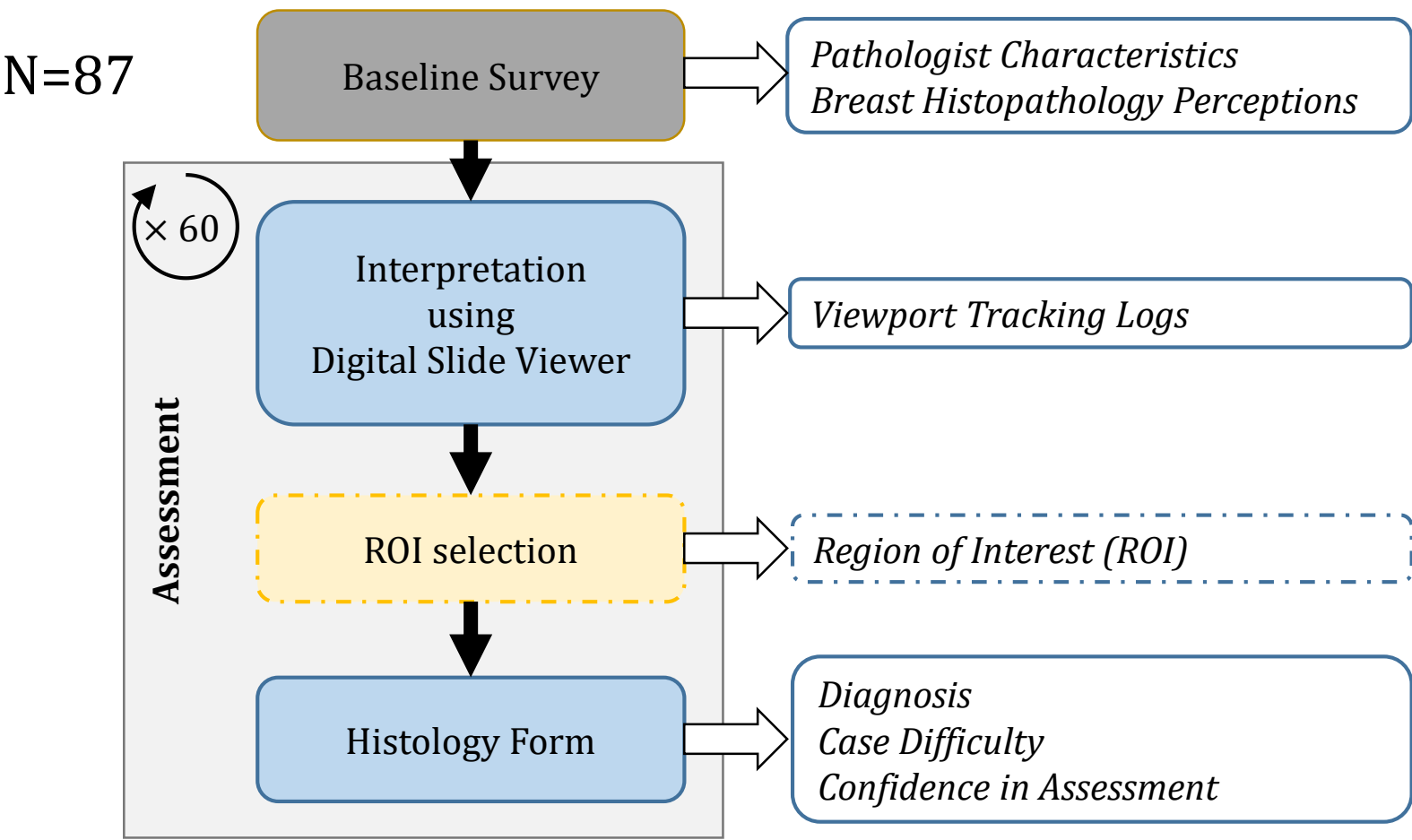
Expert Consensus Data Collection



digiPATH Dataset



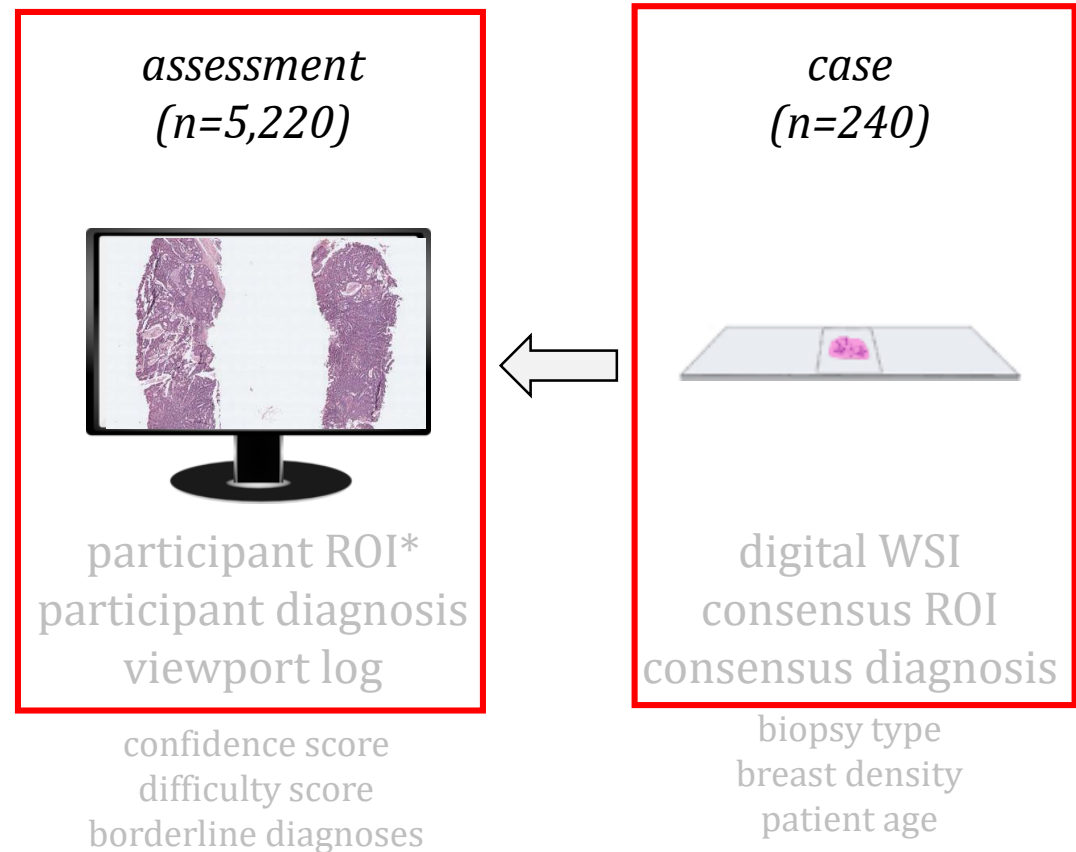
Participant Data Collection



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- 2. ROI Localization in WSIs**
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digiPATH Dataset



Localization of Diagnostically Relevant Regions of Interest in Whole Slide Images

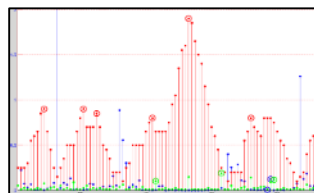
- Whole slide images are big (50,000 x 20,000 pixels).
- The diagnostic decision making is a complex cognitive process that includes **visual search** and interpretation tasks.
- **Region of Interest (ROI)**: Parts of the whole slide to which the pathologists paid attention.
- Our aims are:
 - To understand what attracts' pathologists attention, and
 - To model diagnostically relevant regions computationally using image features.

ROI Localization in WSIs

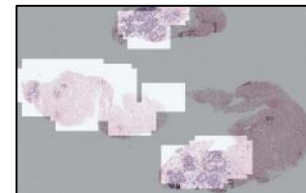
Tracking Data Analysis to Discover ROIs



tracking data

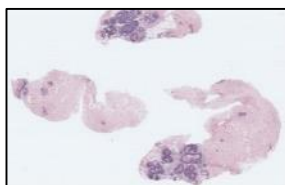


our viewport
analysis

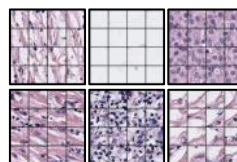


ROIs to which pathologist
actually paid attention

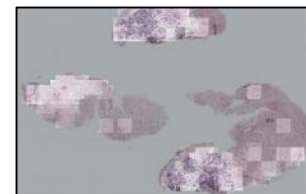
A Model based on Color and Texture to Predict ROIs



an unseen WSI



our computational model
based on color and texture



our predicted ROIs

Viewport Log Analysis

- *Where did pathologists really look?*
- **viewport**: a rectangular part of the image pathologist sees on the screen
- **viewport logs**: records all viewports
 - *panning*: changes the location of viewport
 - *zooming in/out*: changes the size of viewport



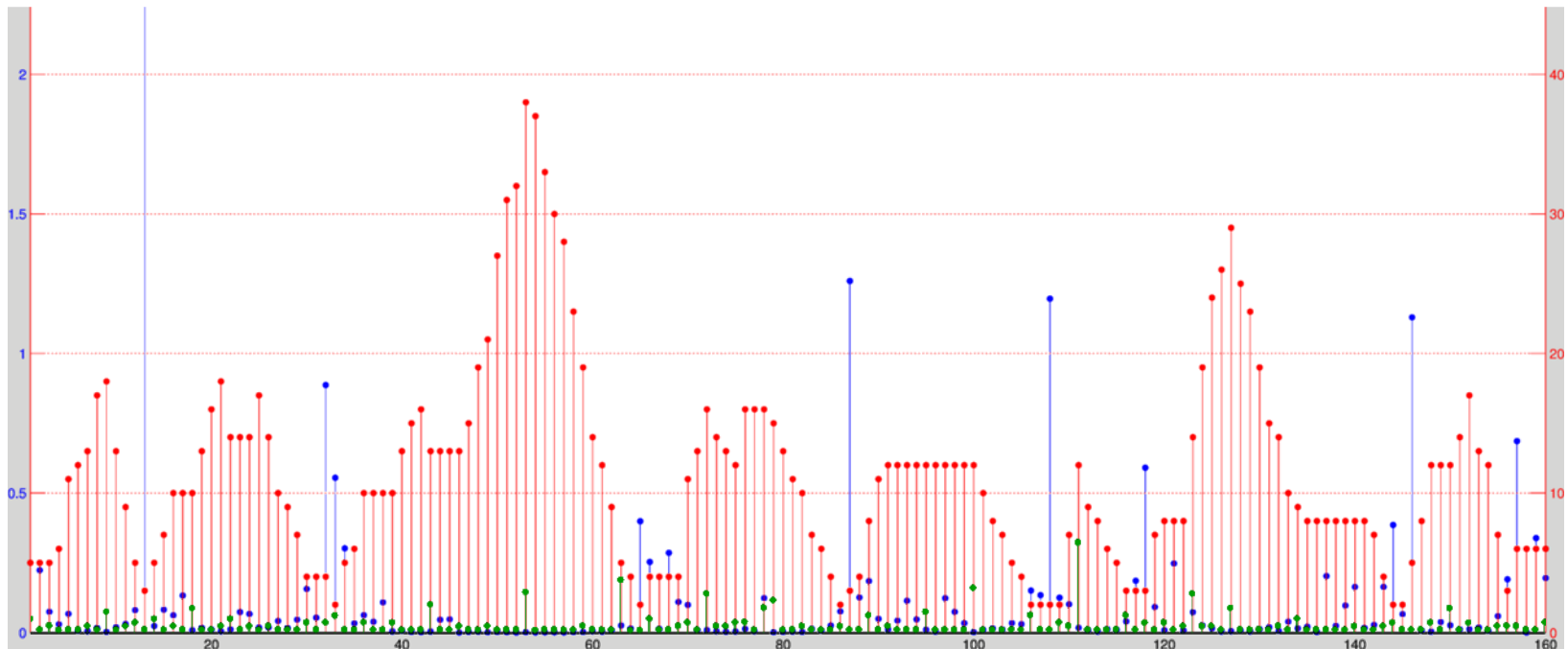
Viewport Log ID	Participant ID	Case ID	Log Time	Position X	Position Y	Width	Height	Zoom Level	Control Width	Control Height	Viewer Version
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮
277	406	1883	4/3/13 14:20:39.167	13434	10907	19660	16000	2	983	800	17039872
278	406	1883	4/3/13 14:20:42.463	10154	15527	19660	16000	2	983	800	17039872
279	406	1883	4/3/13 14:20:47.573	15254	17667	19660	16000	2	983	800	17039872
280	406	1883	4/3/13 14:20:47.823	17294	18767	19660	16000	2	983	800	17039872
281	406	1883	4/3/13 14:20:48.087	17814	18767	19660	16000	2	983	800	17039872
282	406	1883	4/3/13 14:20:49.120	17574	19767	19660	16000	2	983	800	17039872
283	406	1883	4/3/13 14:20:49.387	17434	20647	19660	16000	2	983	800	17039872
284	406	1883	4/3/13 14:20:50.683	17474	20647	19660	16000	2	983	800	17039872
285	406	1883	4/3/13 14:20:50.947	21014	21107	19660	16000	2	983	800	17039872
286	406	1883	4/3/13 14:20:51.230	22854	21827	19660	16000	2	983	800	17039872
287	406	1883	4/3/13 14:20:51.510	22874	21827	19660	16000	2	983	800	17039872
288	406	1883	4/3/13 14:20:52.807	27789	25827	9830	8000	4	983	800	17039872
289	406	1883	4/3/13 14:20:54.900	27789	25837	9830	8000	4	983	800	17039872
290	406	1883	4/3/13 14:20:55.167	27799	27717	9830	8000	4	983	800	17039872
291	406	1883	4/3/13 14:20:55.447	27929	28457	9830	8000	4	983	800	17039872
⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮	⋮

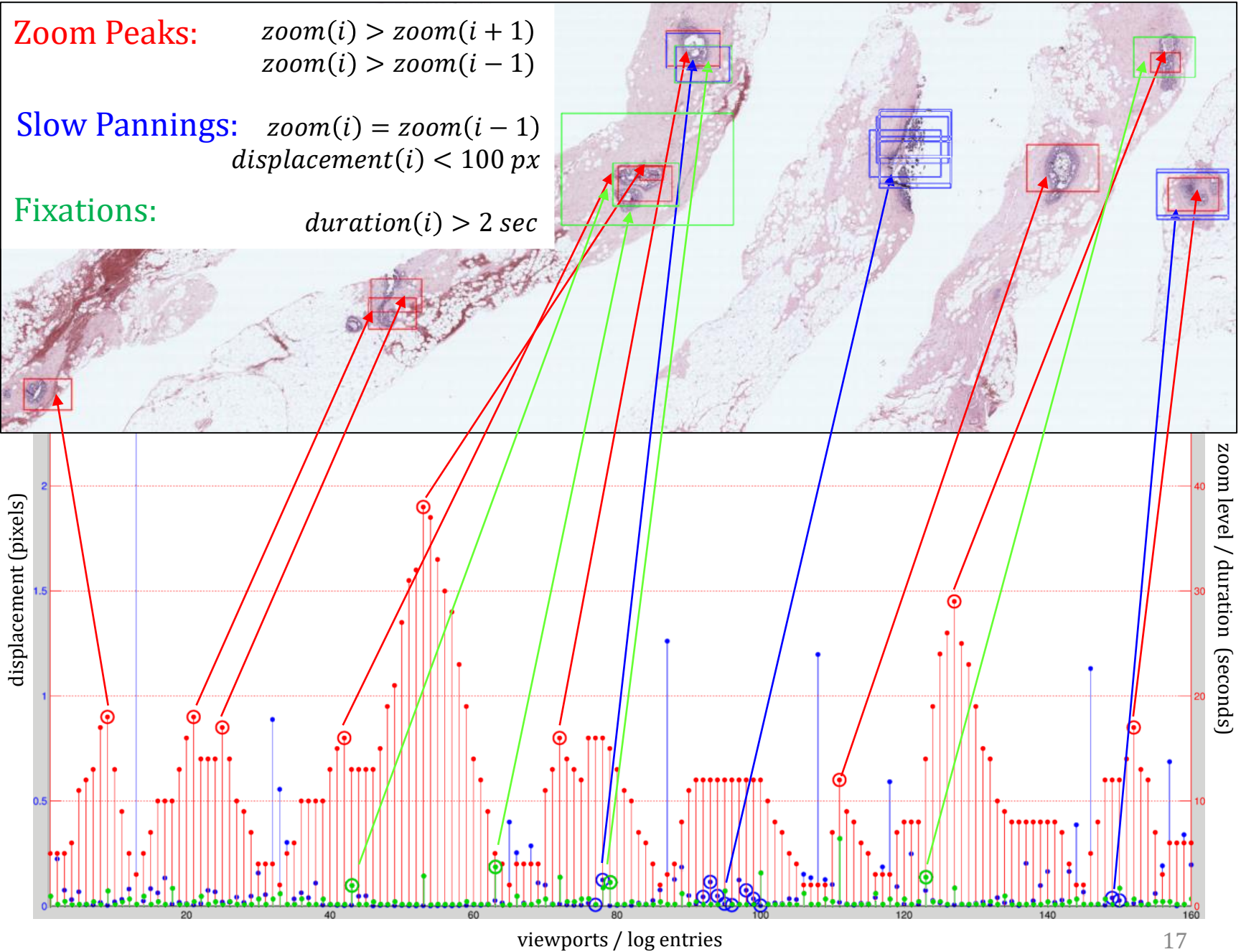


Zoom Level - The value of the **magnification** per each log entry.
Higher the zoom, the smaller the rectangle.

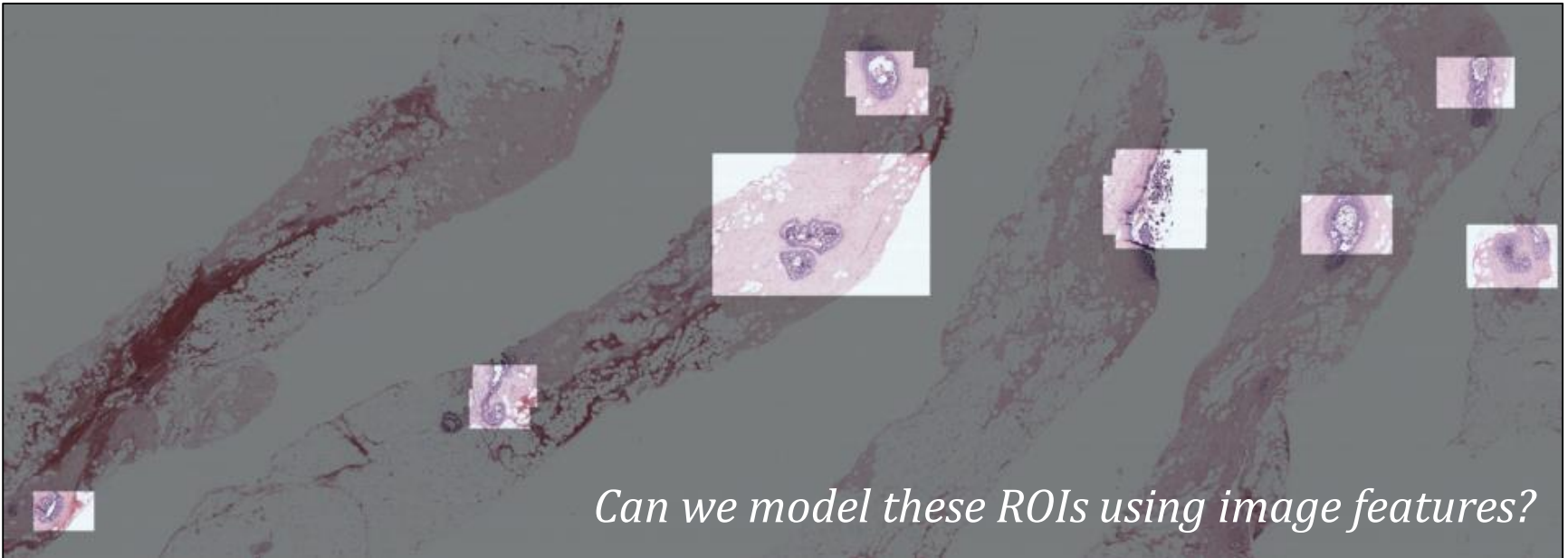
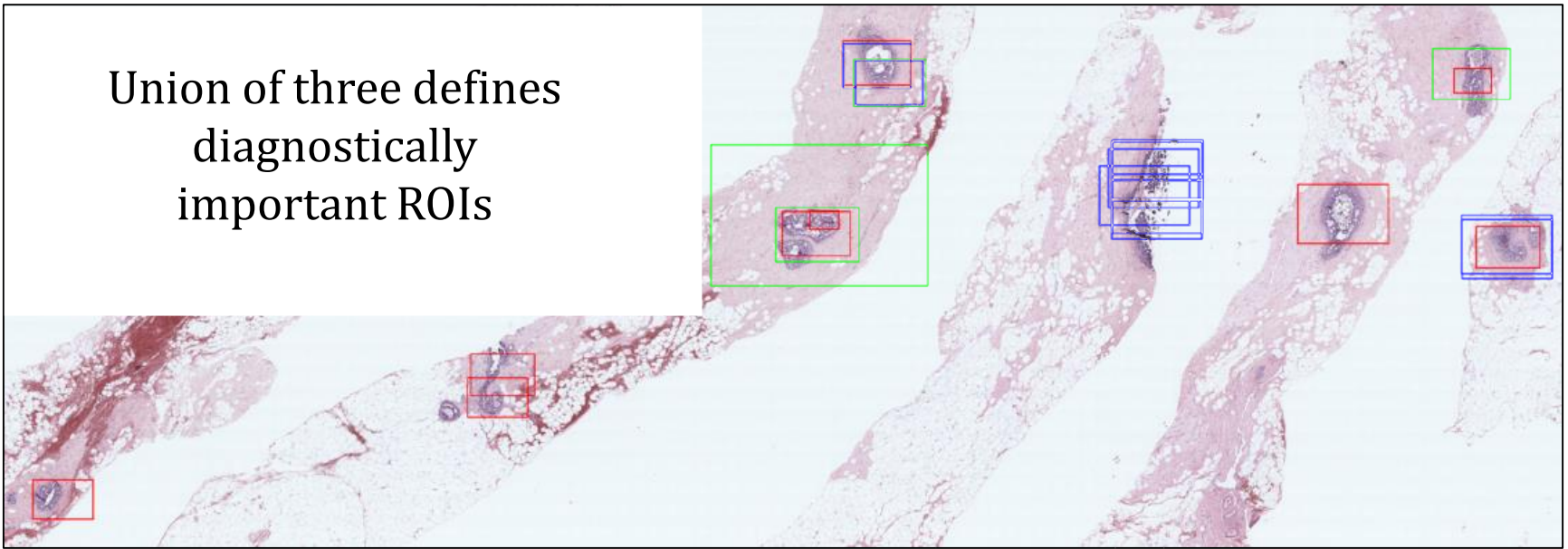
Displacement - The **distance** between the two consecutive viewport rectangles **in pixels**.

Duration - The **amount of time** a pathologist spent at each viewport rectangle.



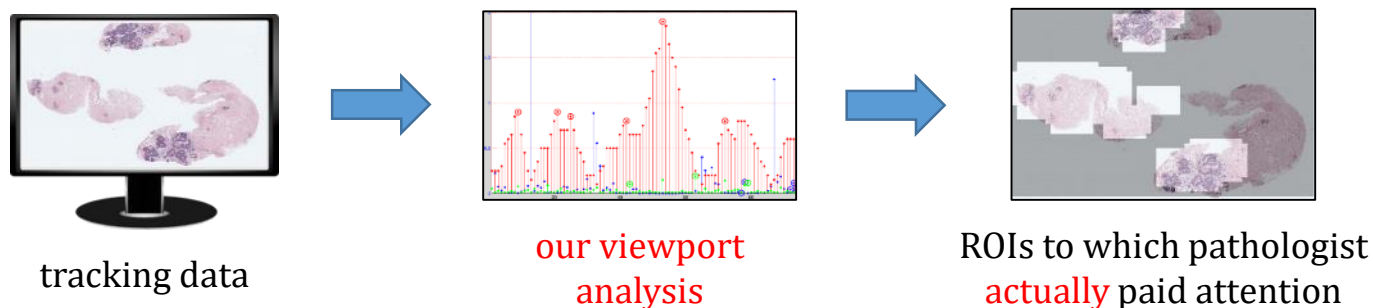


Union of three defines
diagnostically
important ROIs

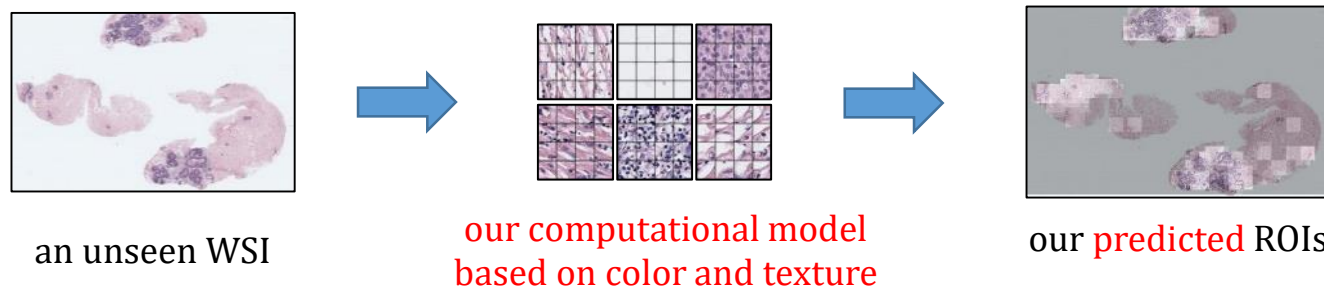


ROI Localization in WSIs

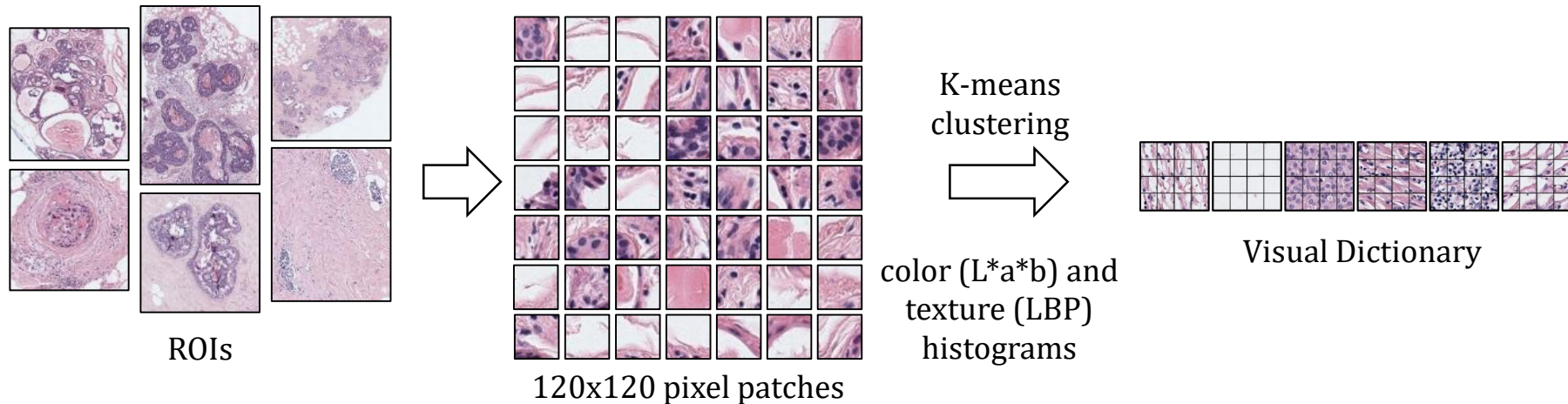
Tracking Data Analysis to Discover ROIs



A Model based on Color and Texture to Predict ROIs



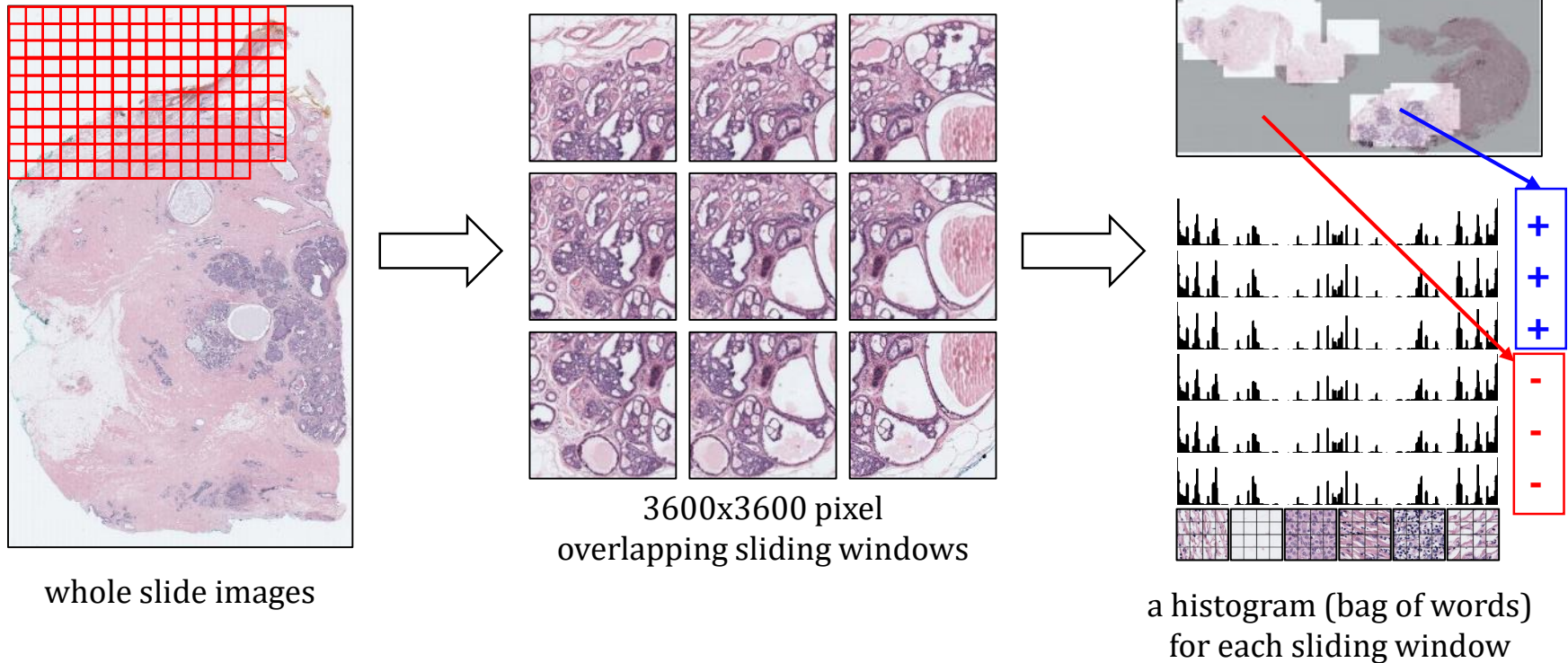
Learning Visual Dictionary



- Words are obtained from ROIs.
- Each pixel patch is a visual *word*.
- We calculated **color** and **texture histograms** from each visual word.
- Using k-means clustering we obtained a visual dictionary.

Training: Sliding Window

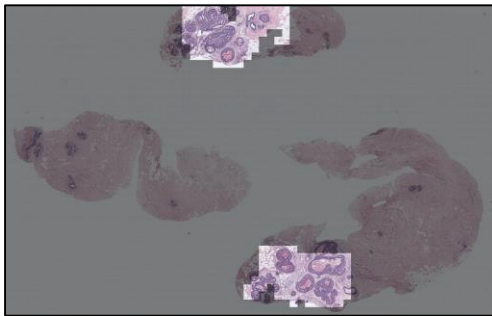
- Visual bag : overlapping sliding windows
- Each visual bag has 900 visual words.
- Bag-of-words: a histogram of K visual words from the visual dictionary
- Bags inside the ROIs are positive samples.
Bags outside the ROIs are negative samples.



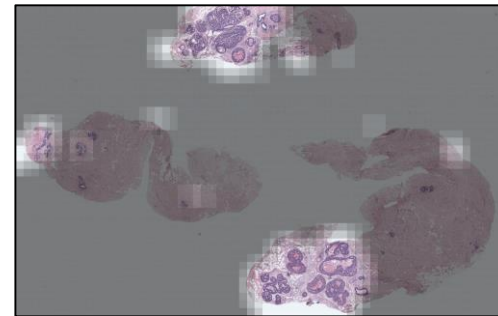
Evaluation

- Each sliding window is a sample.
- Evaluation metric: Accuracy

$$accuracy = \frac{\# \text{ *correctly classified* sliding windows}}{\text{*total* \# sliding windows}}$$



Ground Truth
(from viewport analysis)

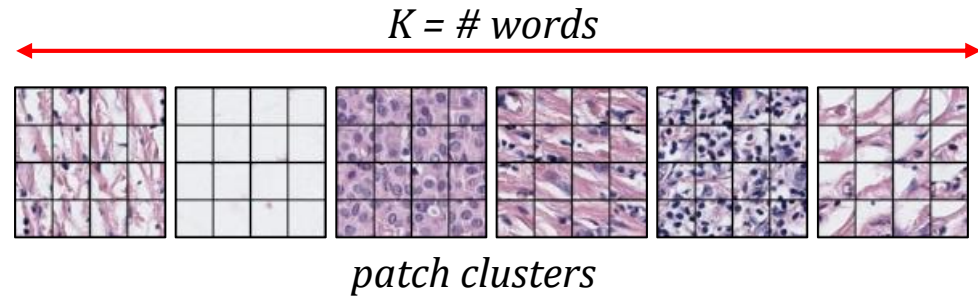


Prediction
(from visual bag-of-words model)

Experiments

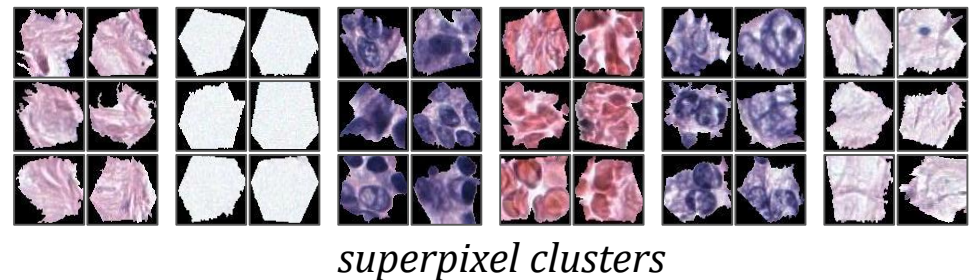
- Dictionary size:

- $K = 200 \rightarrow 5$



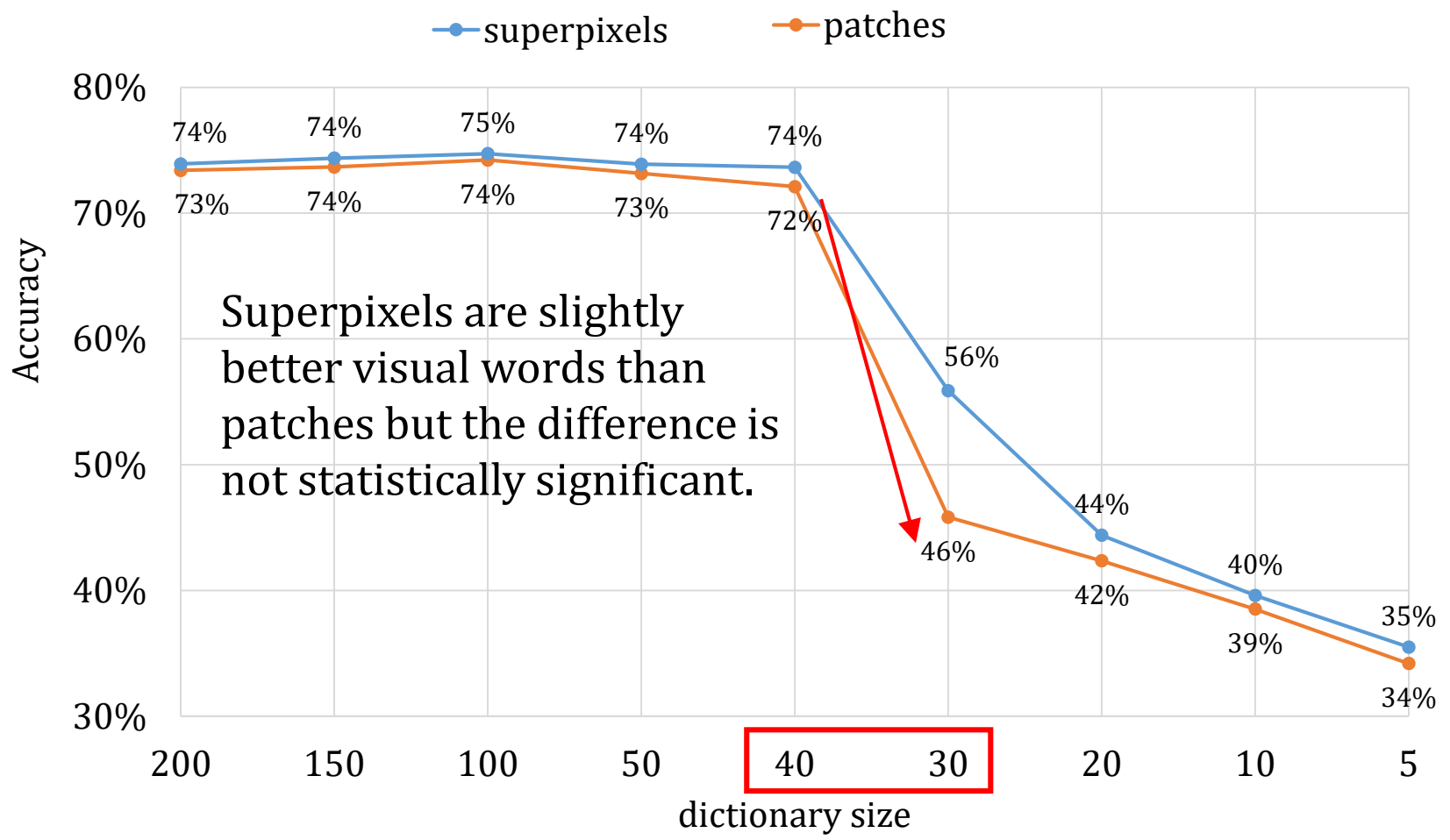
- Visual words:

- patches
 - superpixels



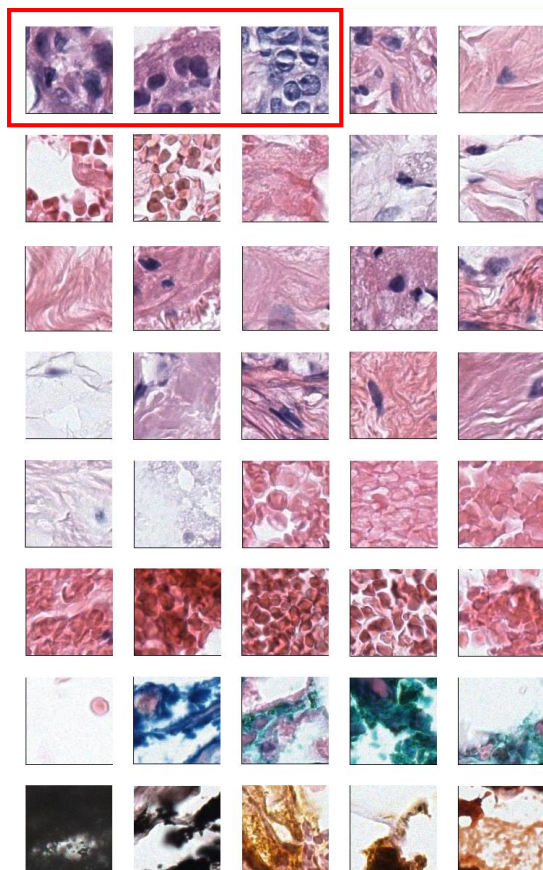
- We ran 10-fold cross-validation experiments using Logistic Regression.
- Dataset:
 - $N=240$ whole slide images
 - Expert viewport logs.

Prediction Results

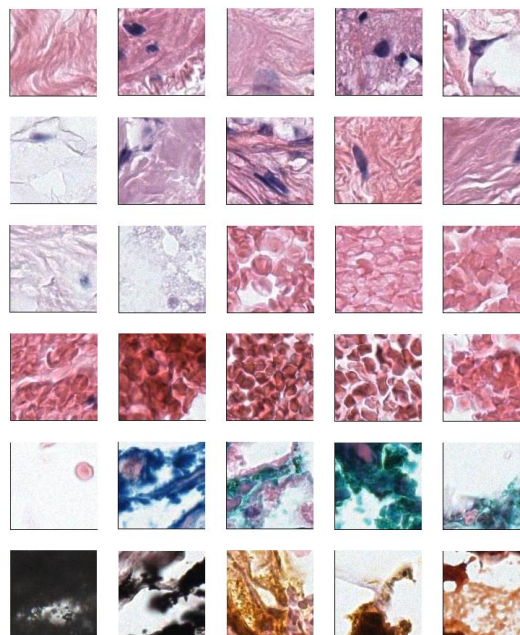


Dictionary Size

K = 40



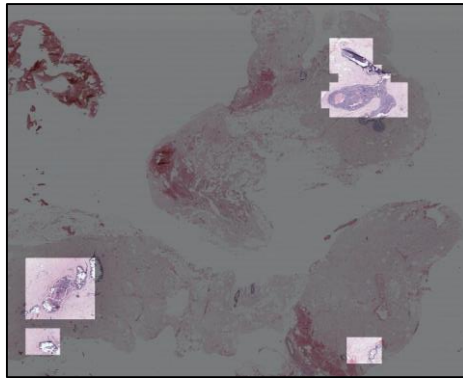
K = 30



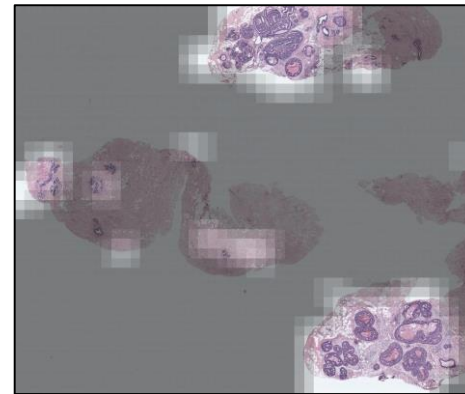
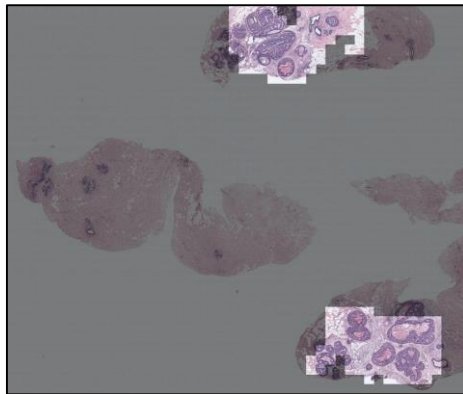
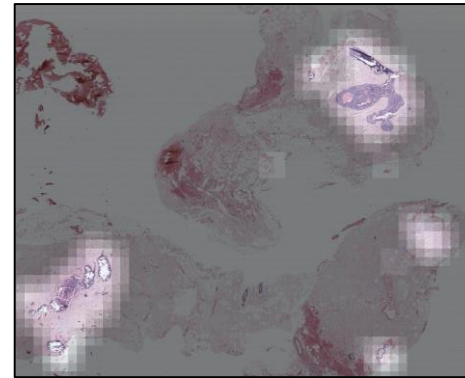
Removing the visual words that describe the **epithelium** reduces the accuracy significantly.

Results

Ground Truth
(from viewport analysis)



Prediction



Summary

- We presented
 - a novel **viewport log analysis** to detect diagnostically relevant ROIs from **pathologists' actions**, and
 - a visual **bag-of-words model** based on **color and texture** features to predict ROIs in unseen WSIs.
- 74% prediction accuracy in 240 WSIs.

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digiPATH Dataset

case
(n=240)



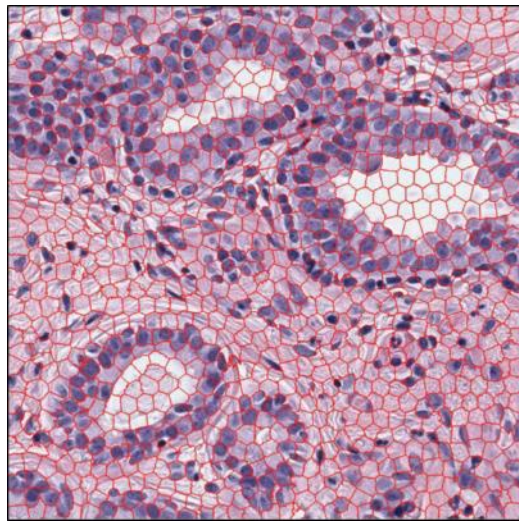
digital WSI
consensus ROI
consensus diagnosis

biopsy type
breast density
patient age

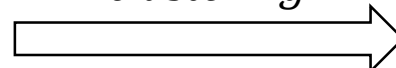
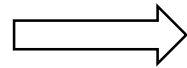
Tissue Label Segmentation

- For an automated diagnosis system, we need to describe the **structural changes** that lead to cancer.
- Segmentation is a powerful tool that provides information about the **distribution** and **arrangement** of different tissue types.

Supersixel Clustering

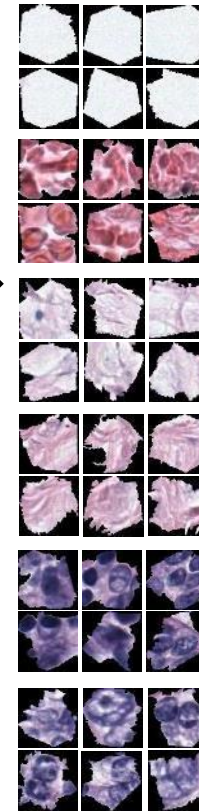


*supersixel segmentation
of an ROI*



*k-means
clustering*

*color (L^*a^*b) and
texture (LBP)
histograms*



empty space

blood cells

loose stroma

dense stroma

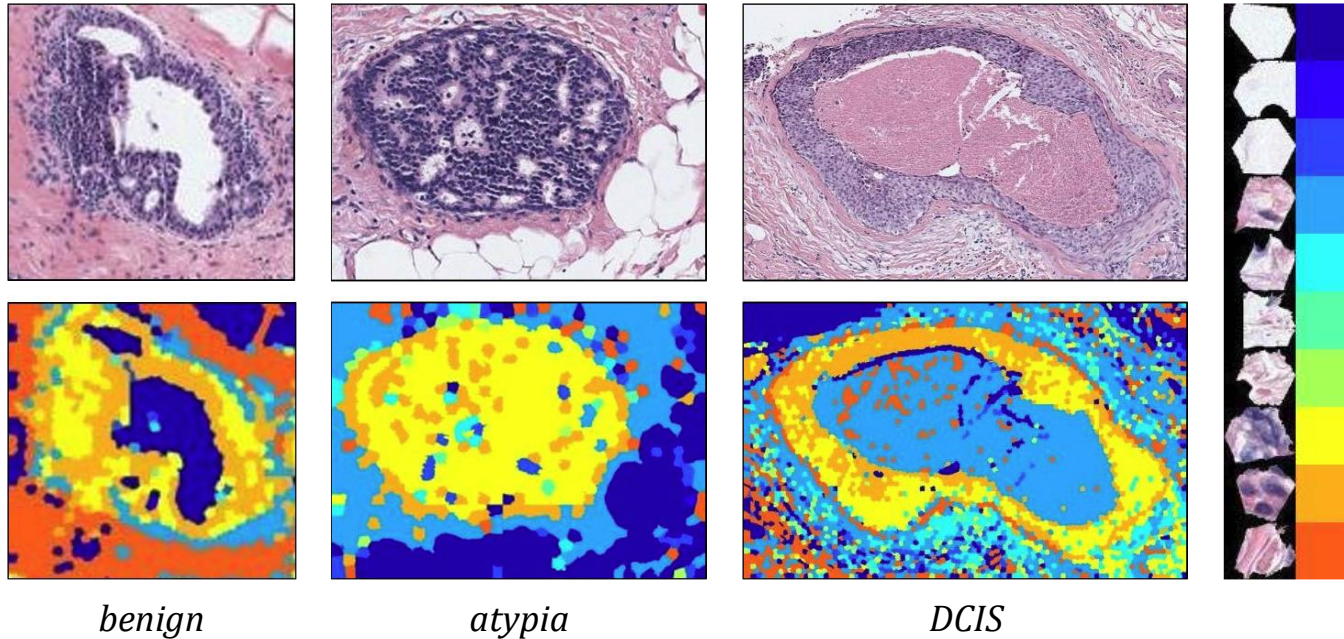
normal nuclei

abnormal nuclei

supersixel clusters

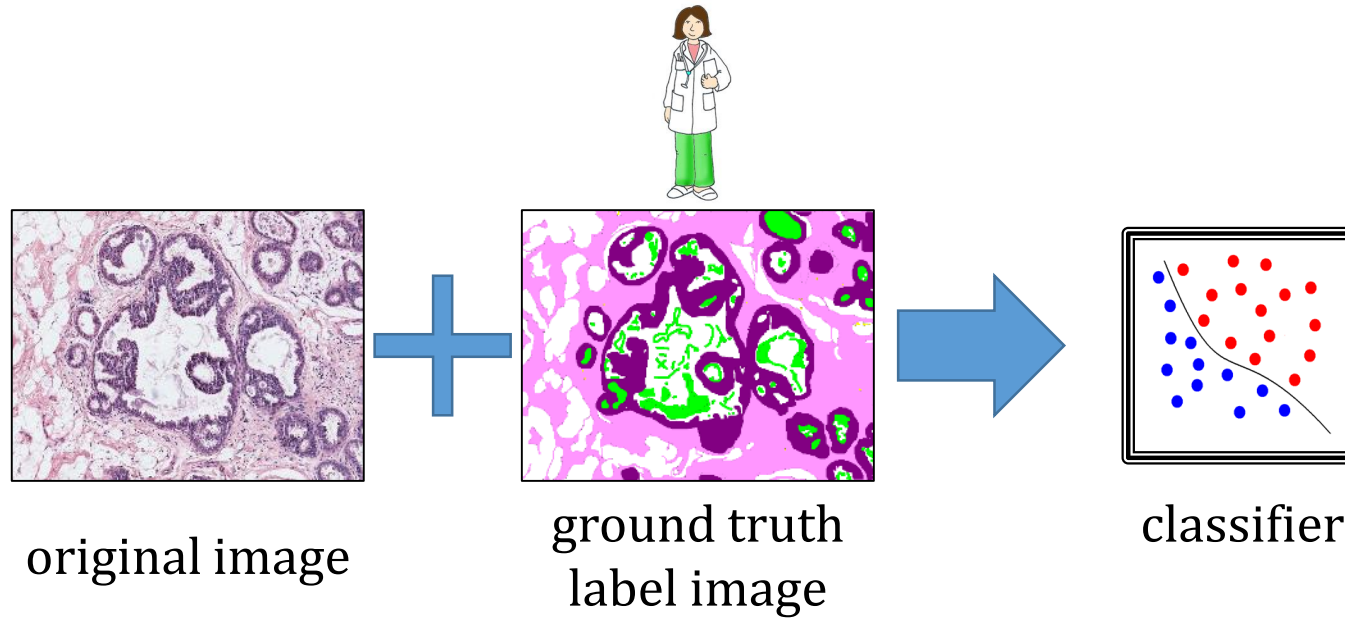
- Each supersixel cluster can be identified as a **biologically meaningful building block** of the tissue.

Supernixel Clustering



- Patterns emerge when we label the supernixels in an **unsupervised** manner.

Supervised Tissue Label Segmentation

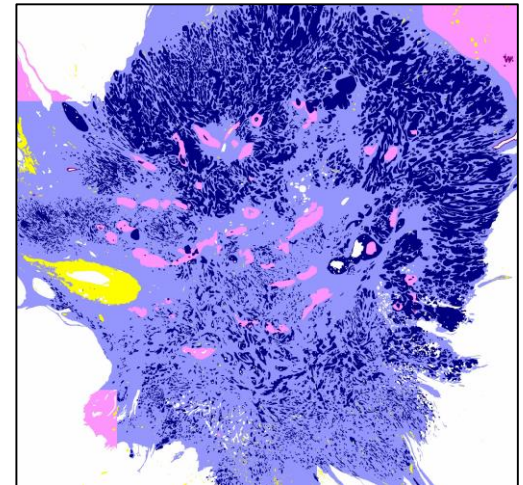
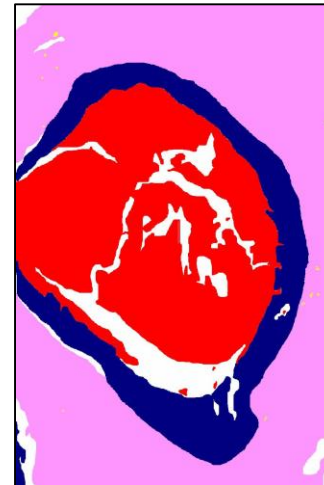
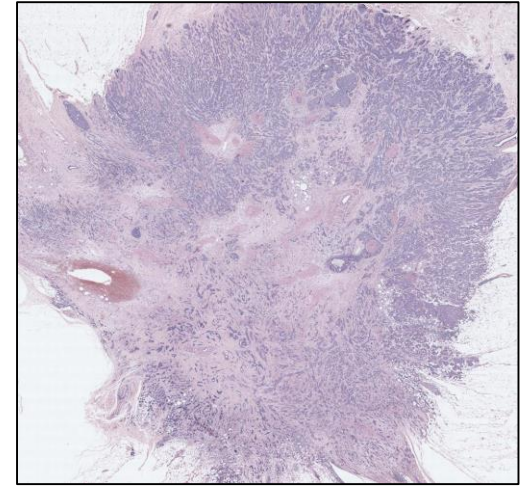
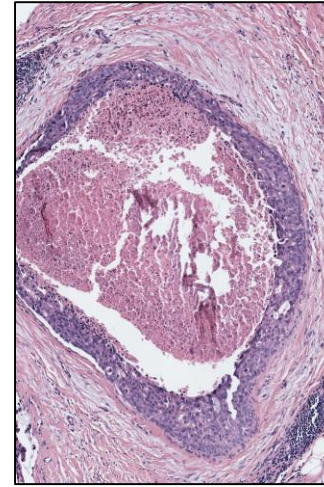
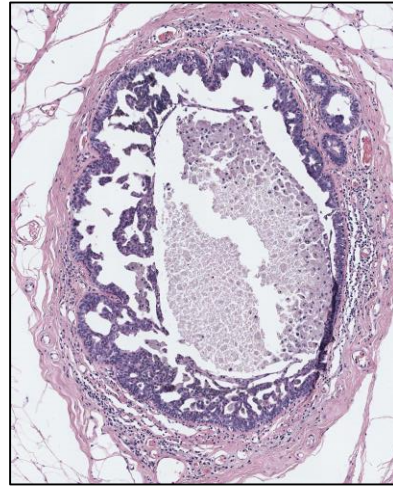
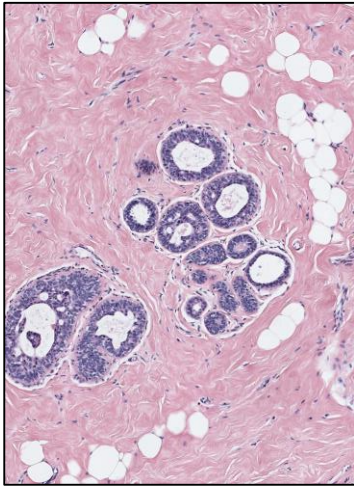


We tested two models using a subset of ROIs (N=58):

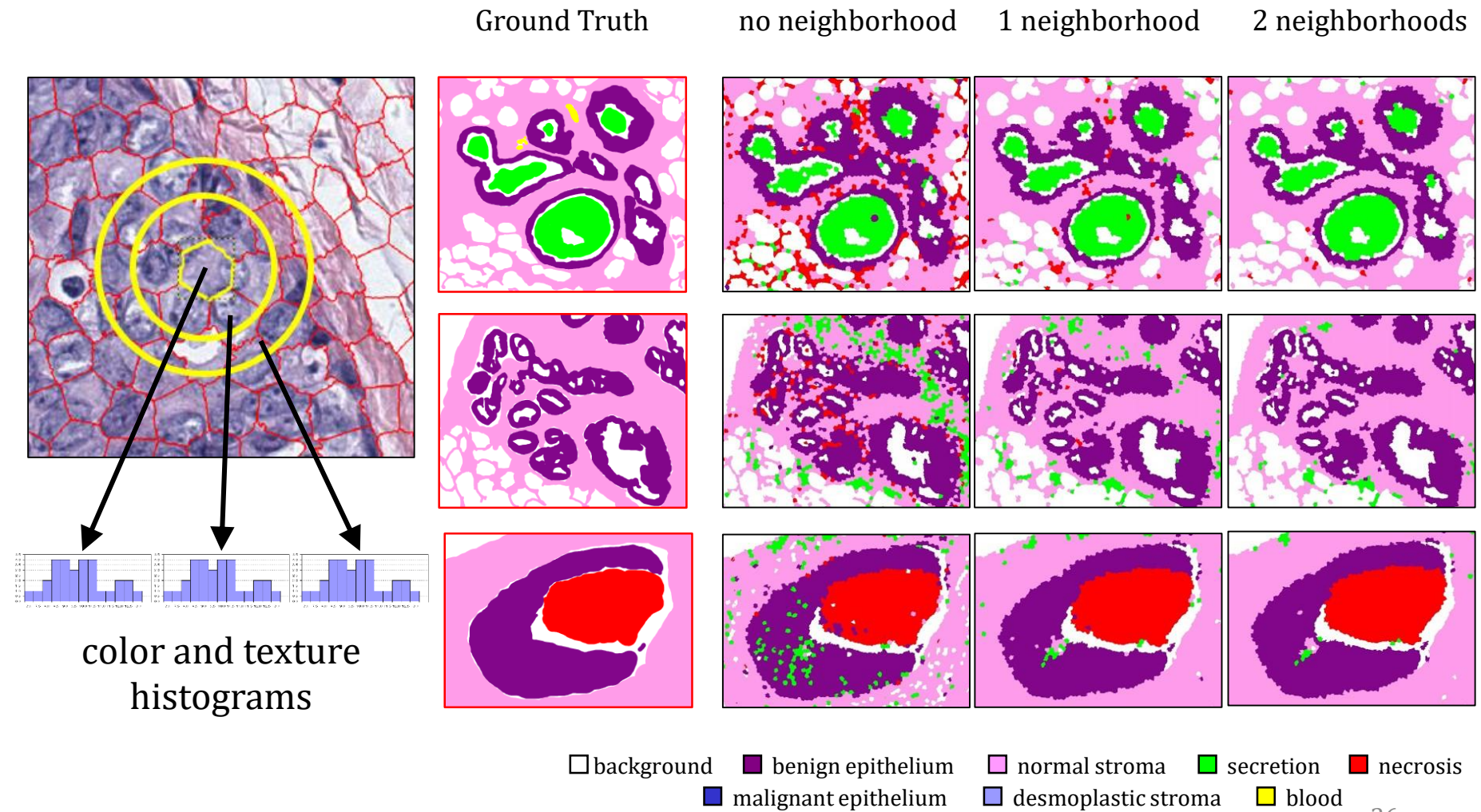
- Support Vector Machines (SVM)
- Convolutional Neural Nets (CNN)

Training Labels

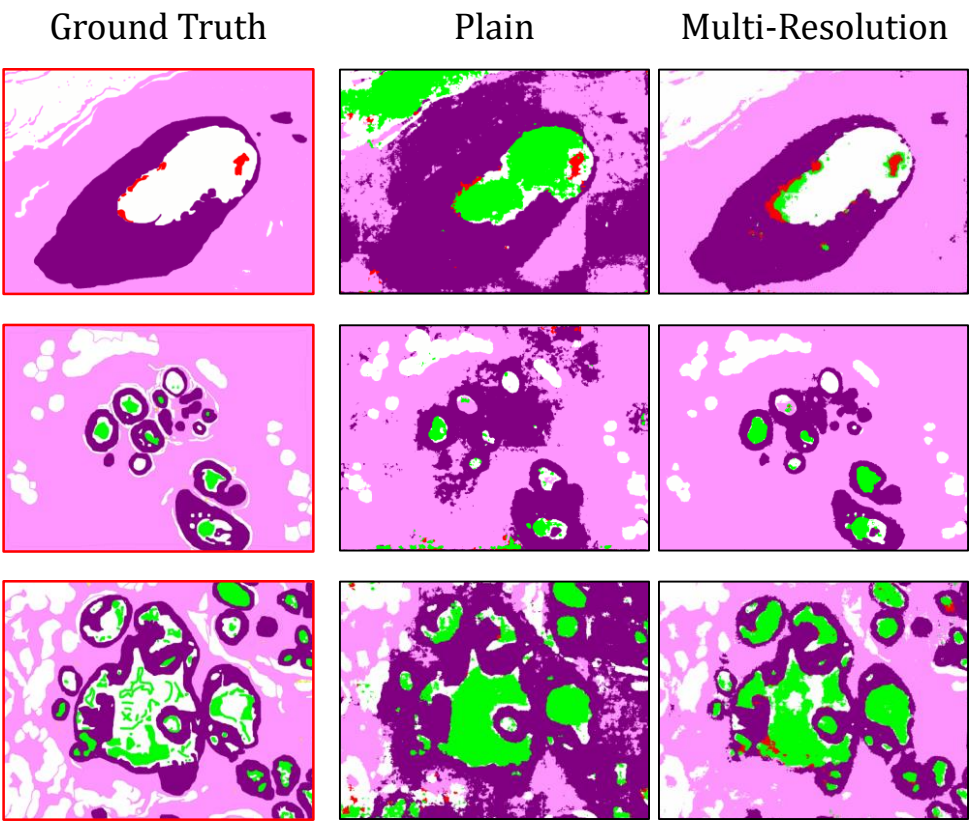
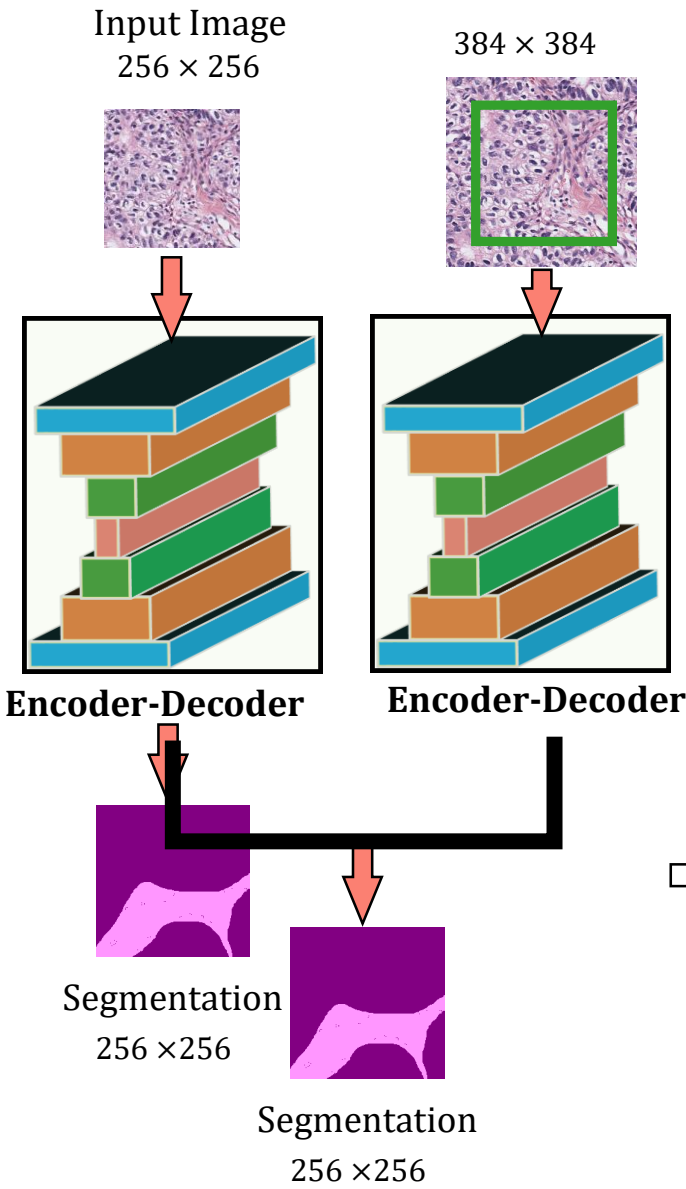
☐ background
 ☐ benign epithelium
 ☐ normal stroma
 ☐ secretion
 ☐ necrosis
☐ malignant epithelium
☐ desmoplastic stroma
☐ blood



Superspixel + SVM-based Segmentation



CNN-based Segmentation

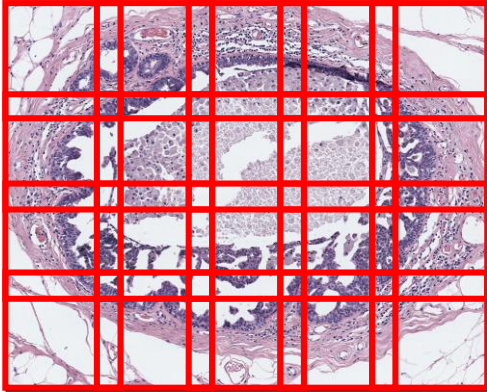


□ background ■ benign epithelium ■ normal stroma ■ secretion ■ necrosis
■ malignant epithelium ■ desmoplastic stroma ■ blood



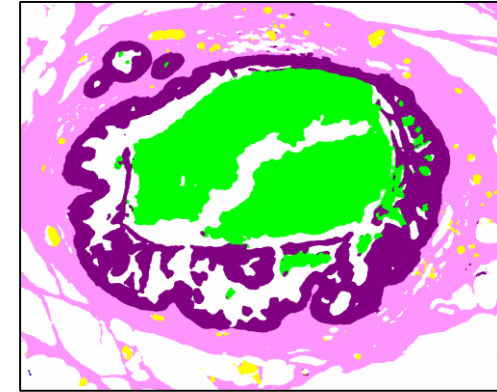
joint work with Sachin Mehta

CNN-based Segmentation

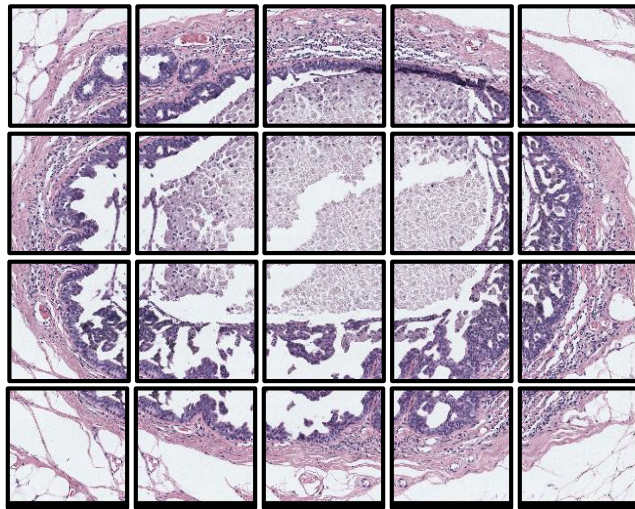


ROI

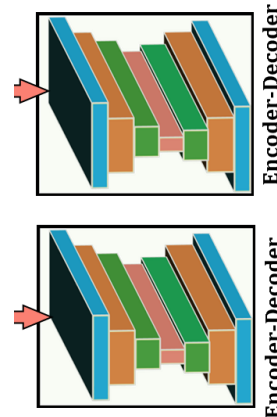
Training set: 38 ROIs
Test set: 20 ROIs



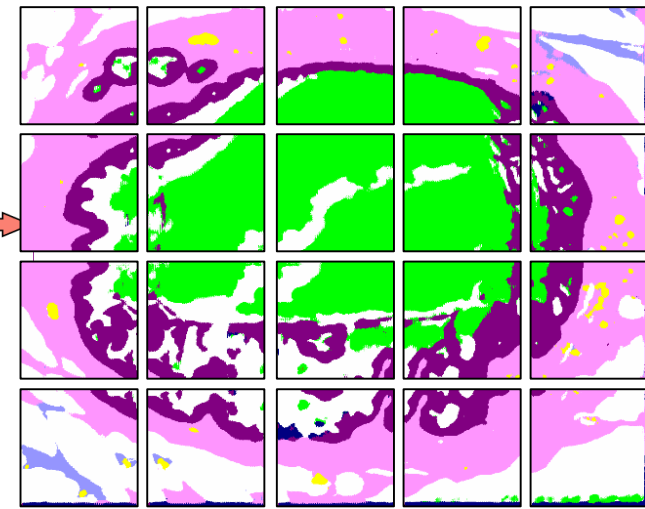
Segmented ROI



Overlapping Patches
256x256 pixel



CNN

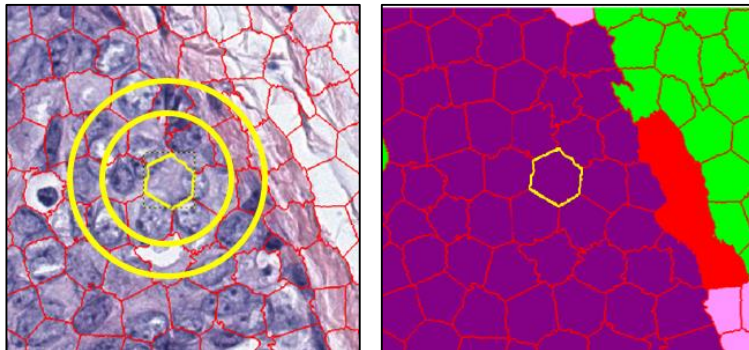


Segmented Patches

Supervised Tissue Label Segmentation

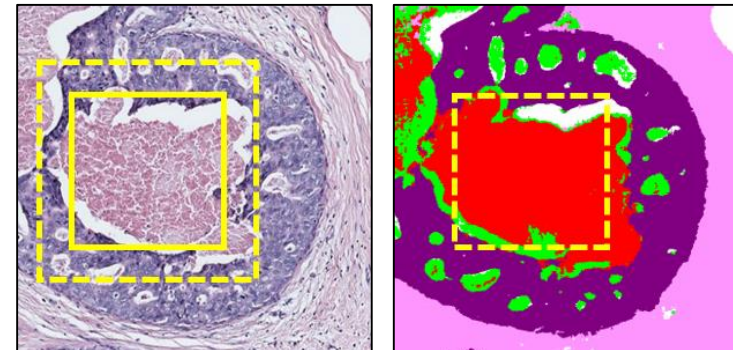
Superspixel + SVM

- Each **superspixel** is assigned a class label.
- Context: Two circular neighborhoods
- Relatively simple model
- Faster to train (~3 hours)



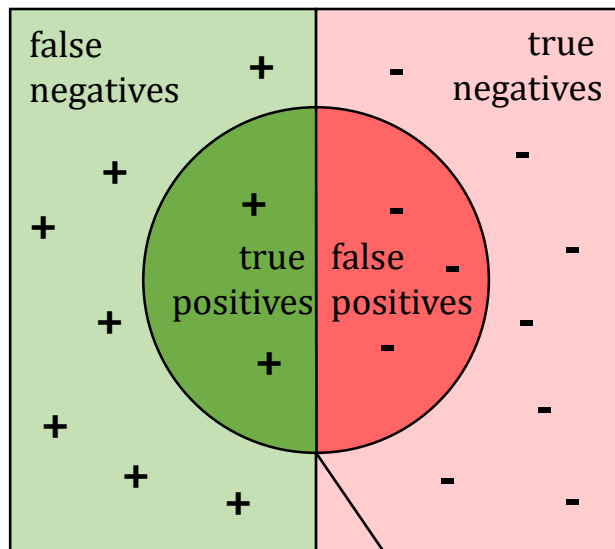
CNN

- Each **pixel** is assigned a class label.
- Context: 256x256 and 384x384 pixel patches
- More complex model
- ~1 week to train on special hardware



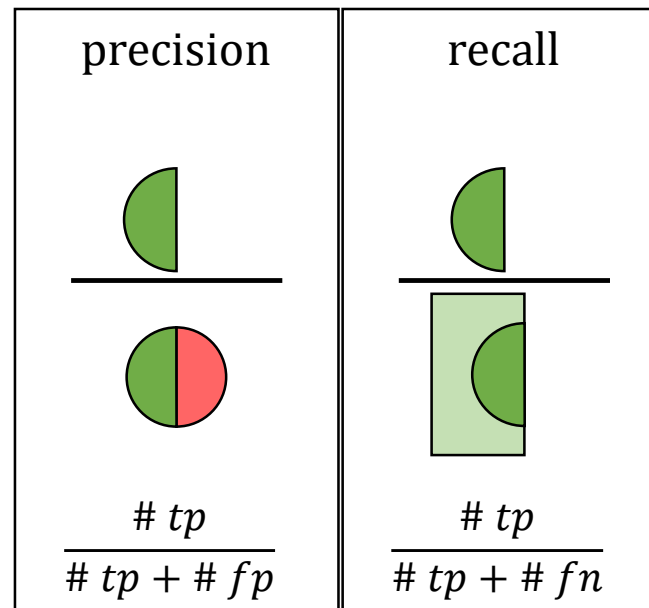
Evaluation

Each pixel is a sample.



tp = true positive
 # tn = true negative
 # fp = false positive
 # fn = false negative

predictions



$$F_1 \text{ score} = 2 \times \frac{\text{precision} \times \text{recall}}{\text{precision} + \text{recall}}$$

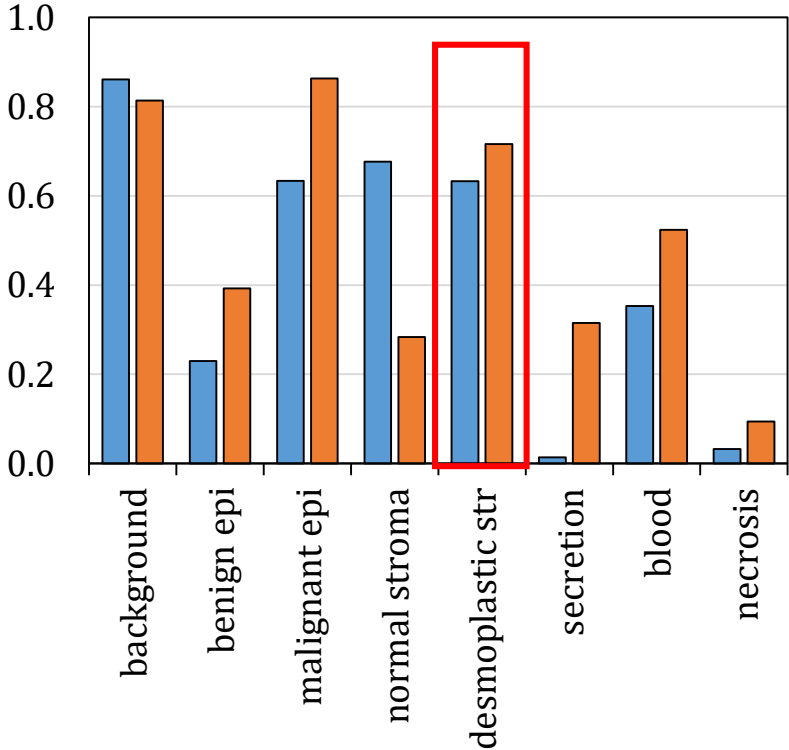
Results

Mean F_1 -score

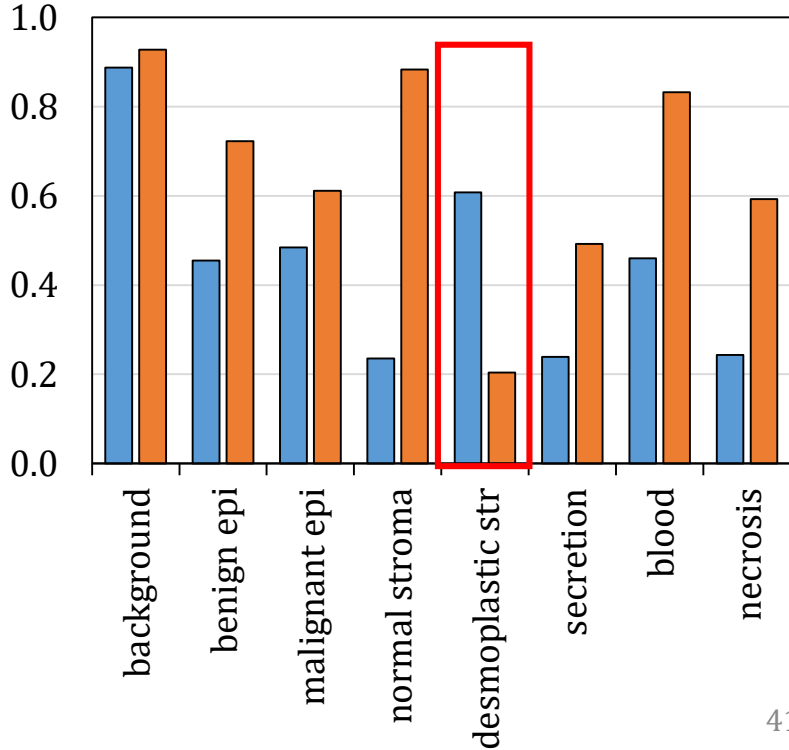
SP+SVM	0.40
CNN	0.50

■ SP+SVM ■ CNN

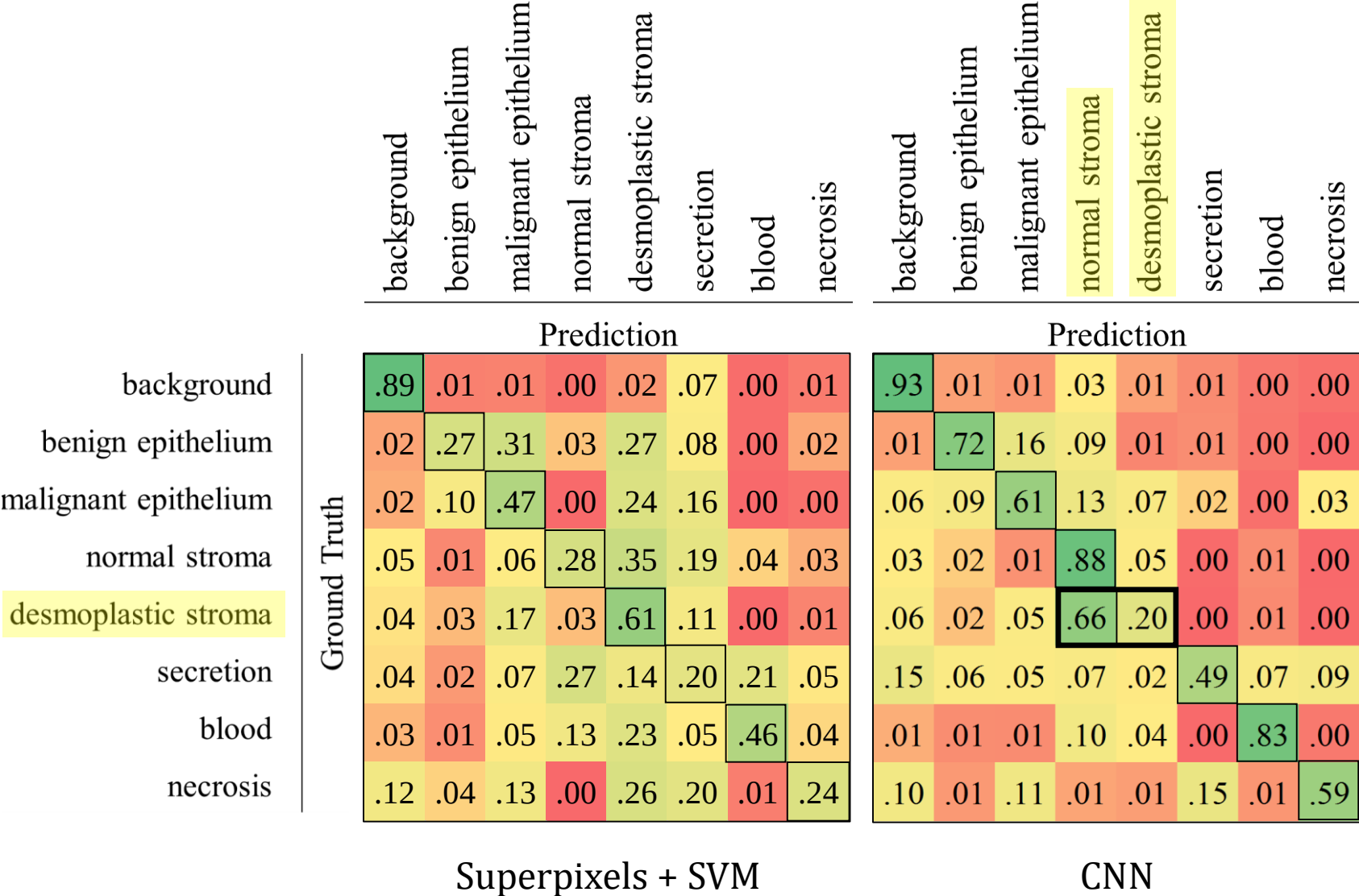
Precision



Recall



Confusion Matrices



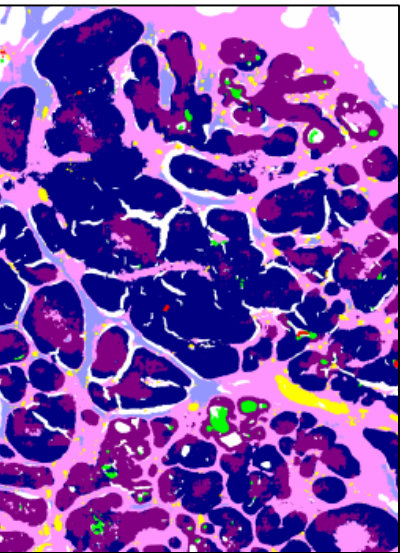
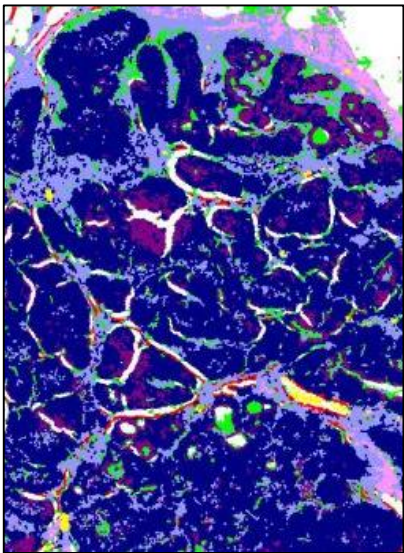
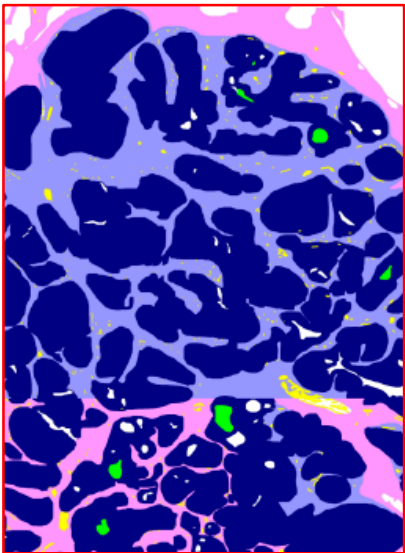
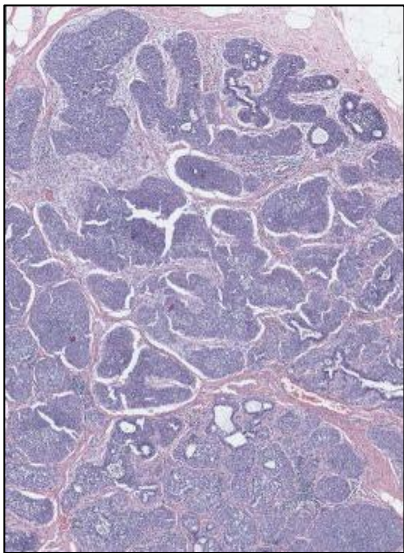
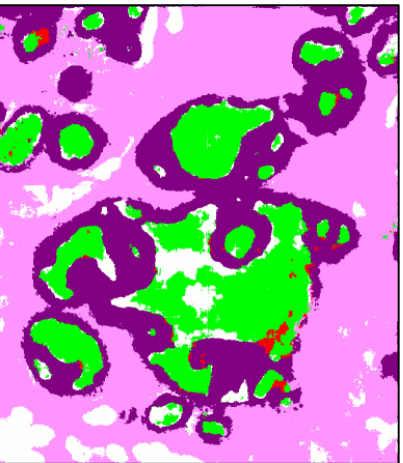
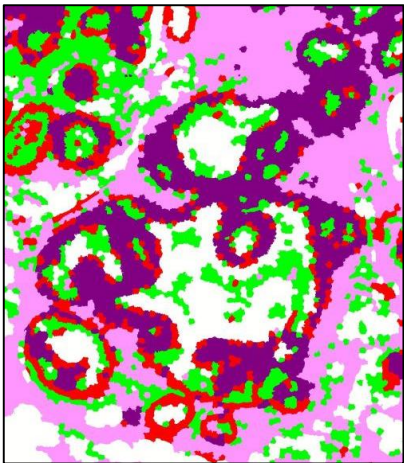
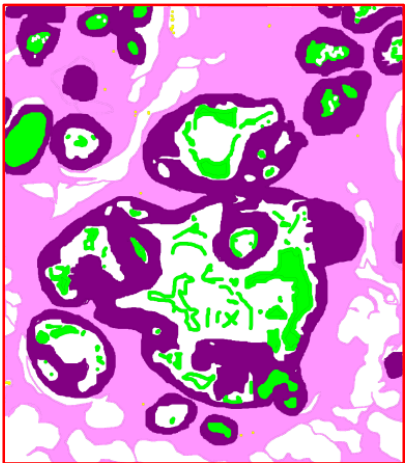
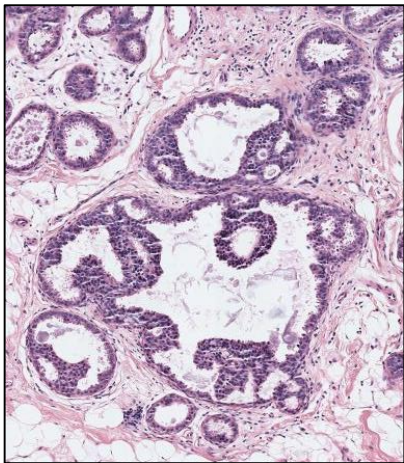
Segmentation Results

RGB

Ground Truth Labels

SVM Predictions

CNN Predictions



□ background ■ benign epi ■ normal stroma ■ secretion ■ necrosis ■ malignant epi ■ desmoplastic stroma ■ blood

Summary

- Tissue-label segmentation is a useful abstraction.
- We developed a set of **8 tissue labels** and collected pixel-label data from a pathologist on 58 ROIs.
- We trained two models: **SVM** and **CNN**
- CNNs performed significantly better than SVMs both quantitatively and qualitatively.

Outline

1. Introduction
2. ROI Localization in WSIs
3. Tissue Label Segmentation
- 4. Automated Diagnosis of ROIs**
5. Viewing Behavior Analysis
6. Conclusions

digiPATH Dataset

case
(n=240)

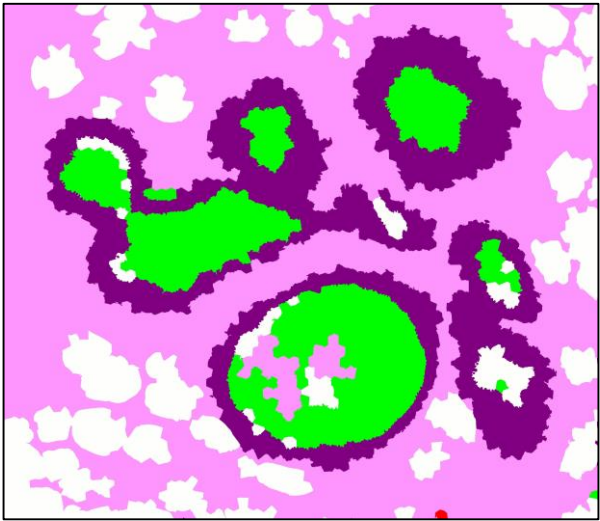


digital WSI
consensus ROI
consensus diagnosis

biopsy type
breast density
patient age

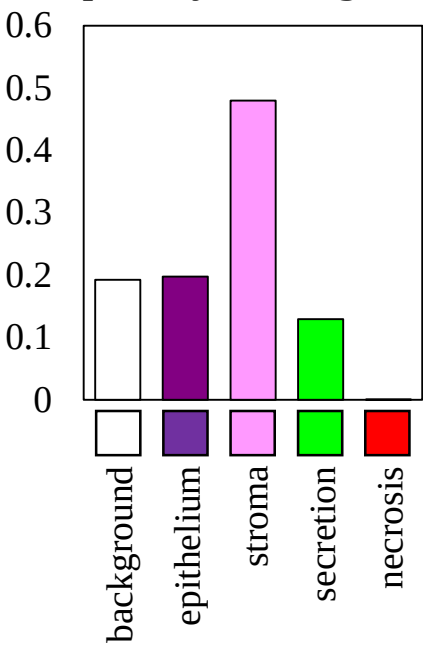
Automated Diagnosis of ROIs

- Diagnostic errors are alarmingly high for pre-invasive lesions of the breast.
- In the digiPATH study, the agreement between pathologists and experts for the **atypia** cases is only **48%**.
- Novel image features for diagnosis can help
 - develop computer aided diagnosis systems, and
 - study the reasons for diagnostic errors.

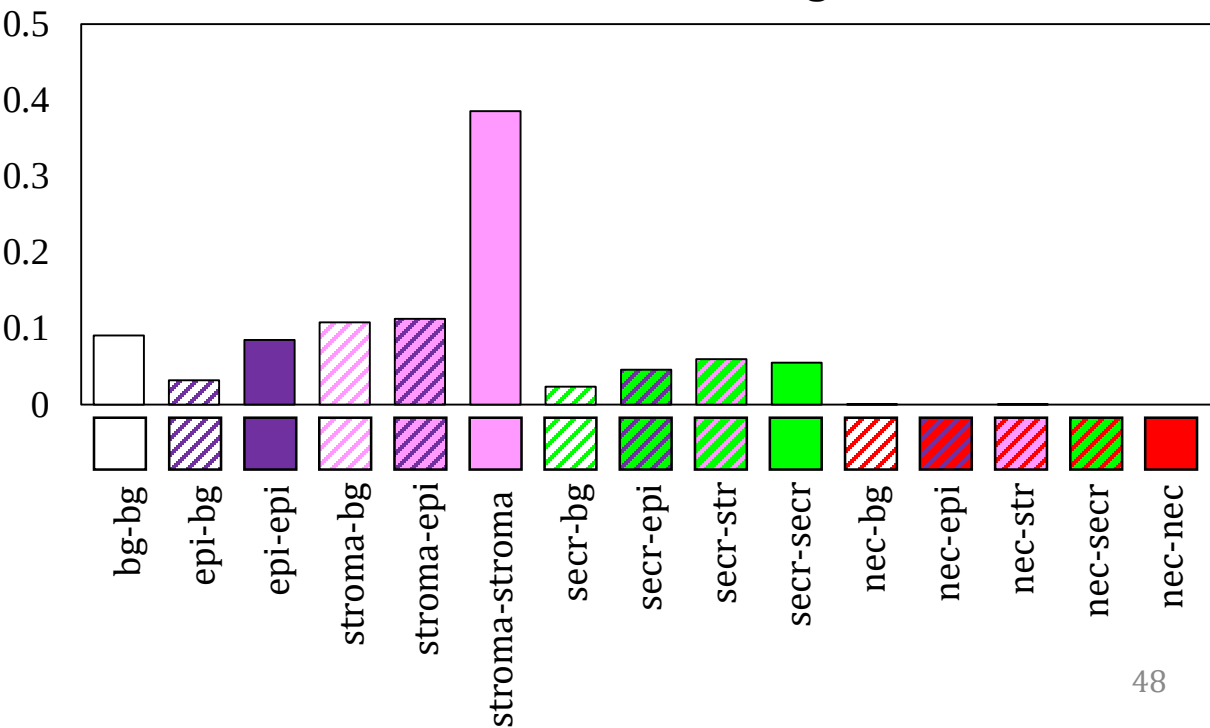


Supersixel Label Frequency and Co-occurrence Histograms

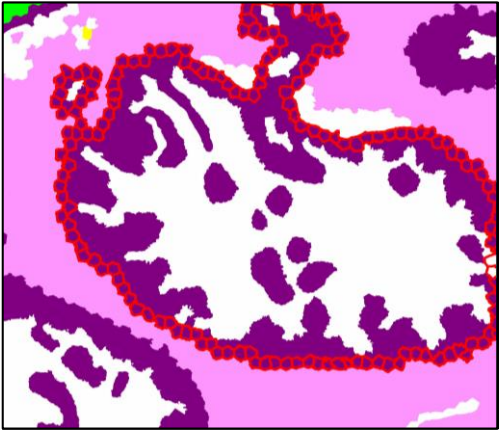
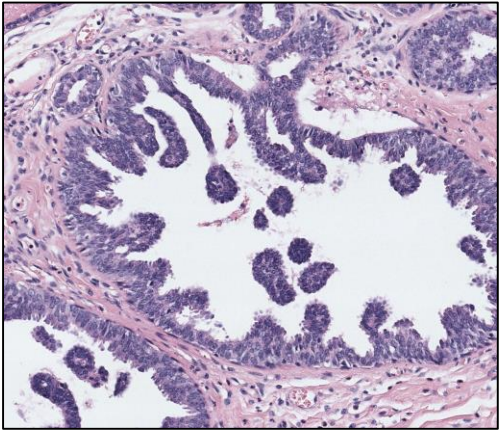
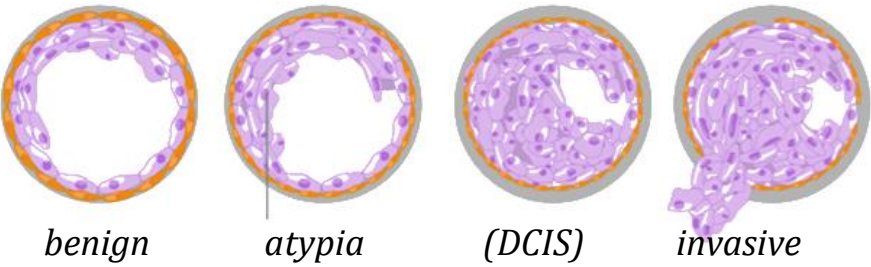
Frequency Histogram



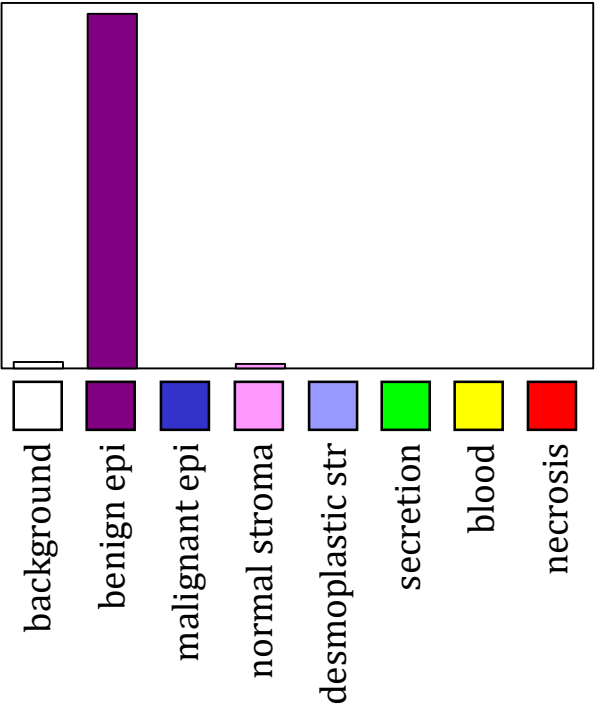
Co-occurrence Histogram



Structure Feature

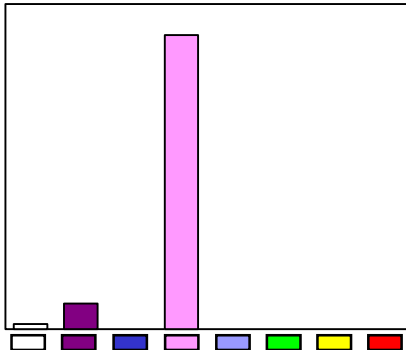
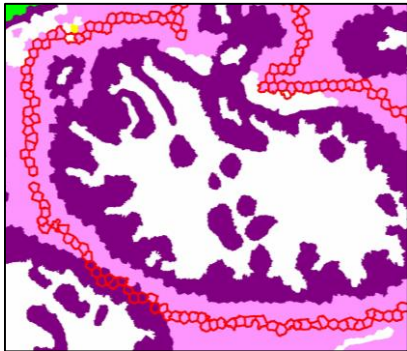
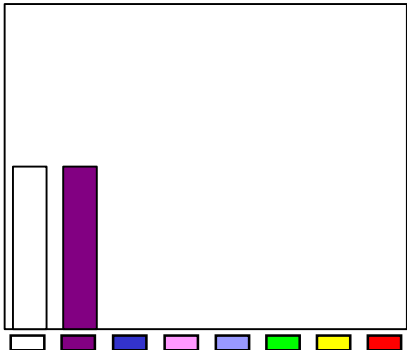
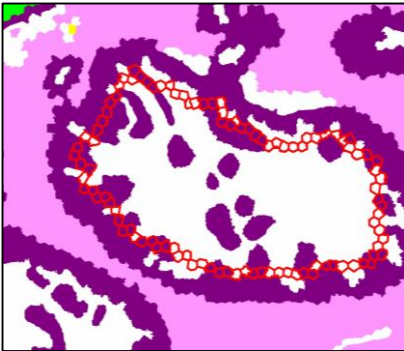
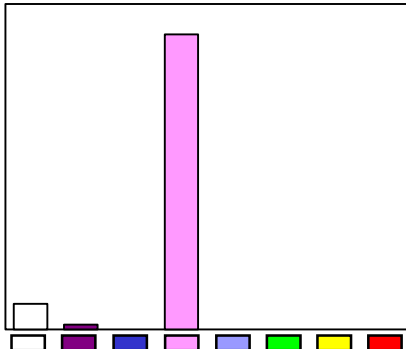
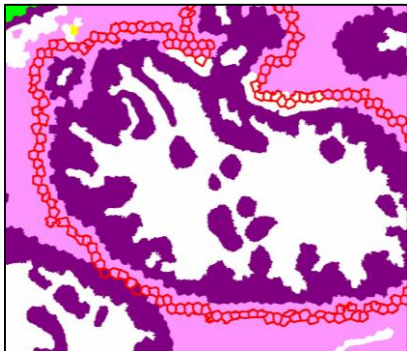
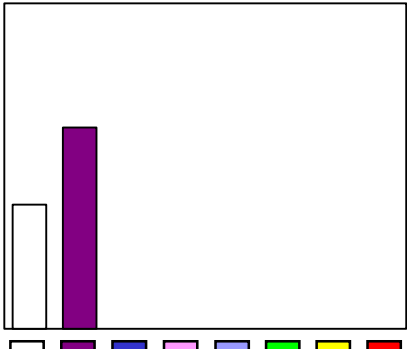
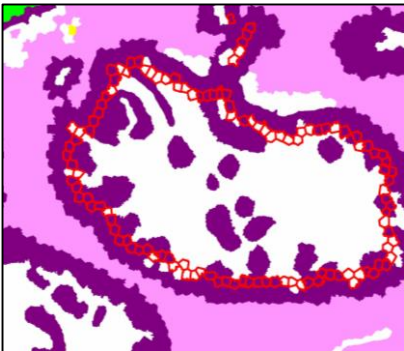
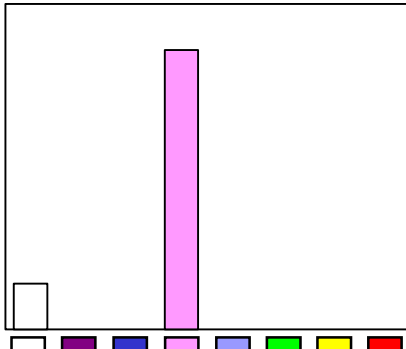
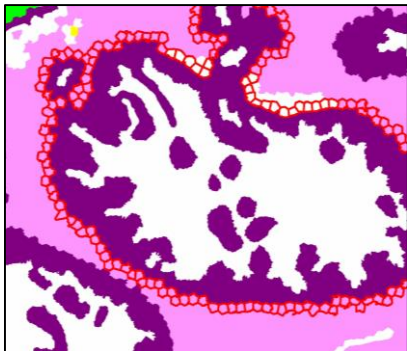
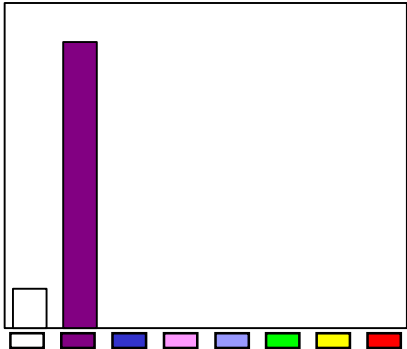
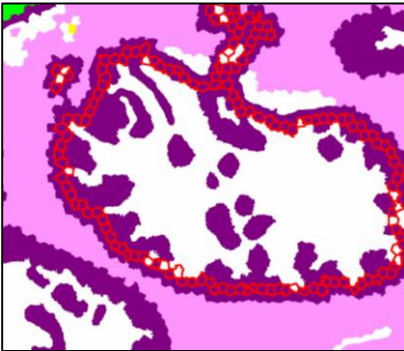


duct layer



Inner Layers

Outer Layers



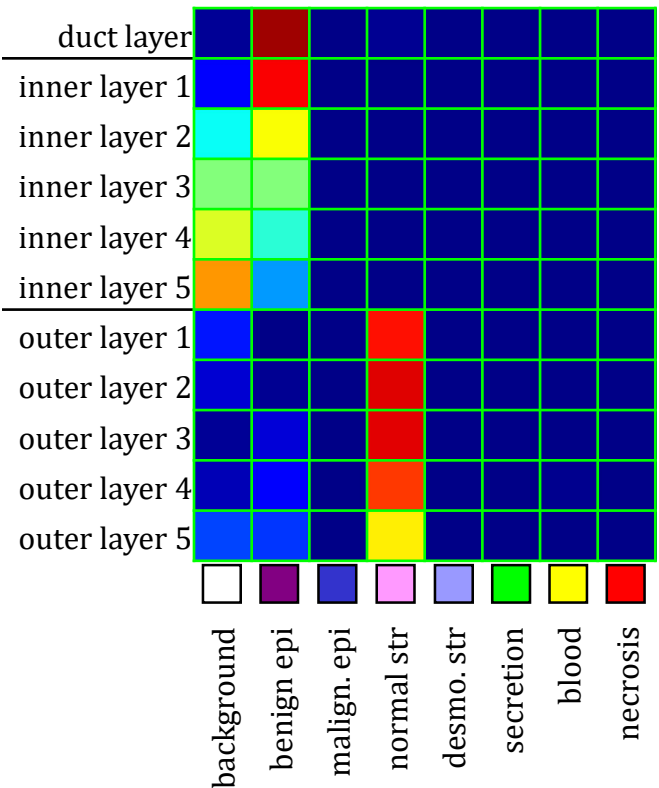
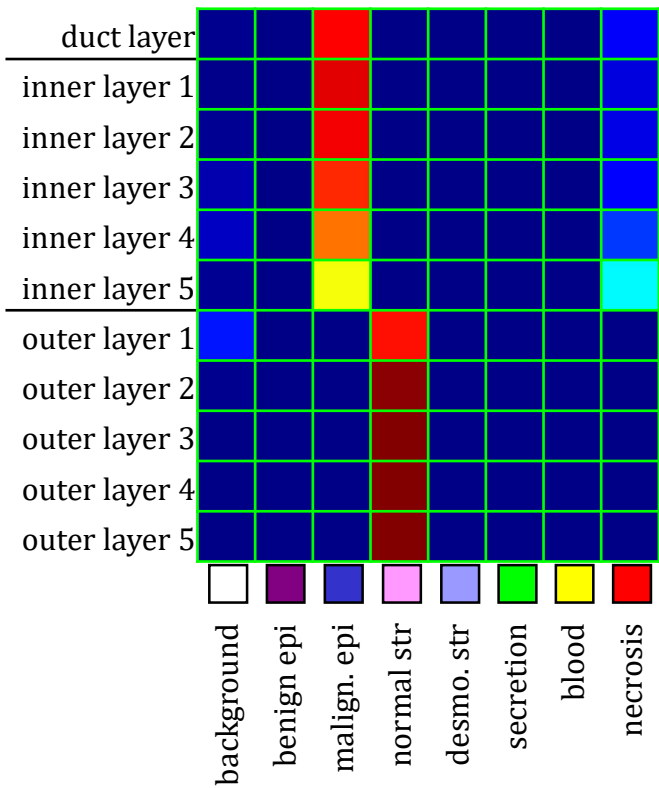
background
benign epithelium

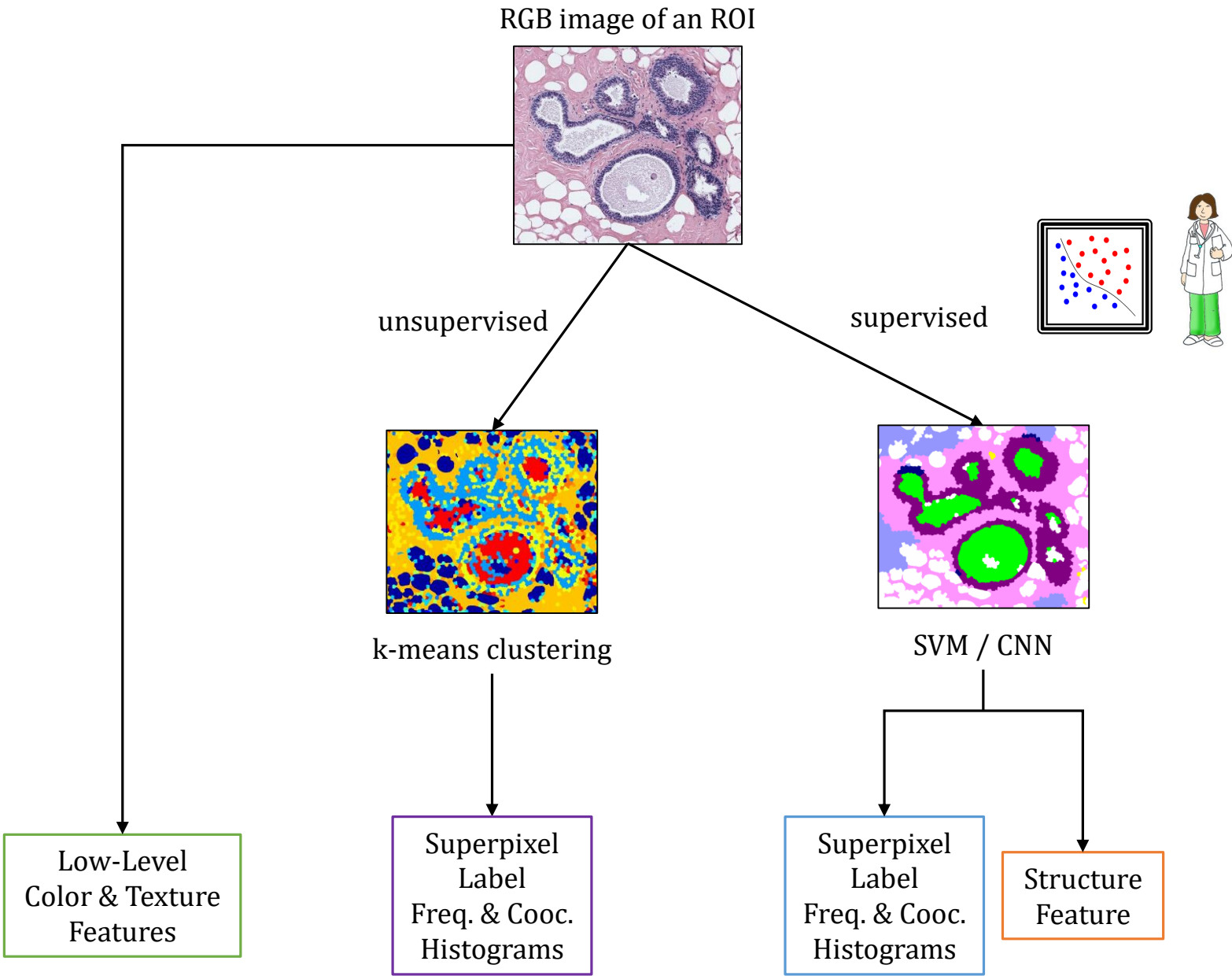
malignant epithelium
normal stroma

desmoplastic stroma
secretion

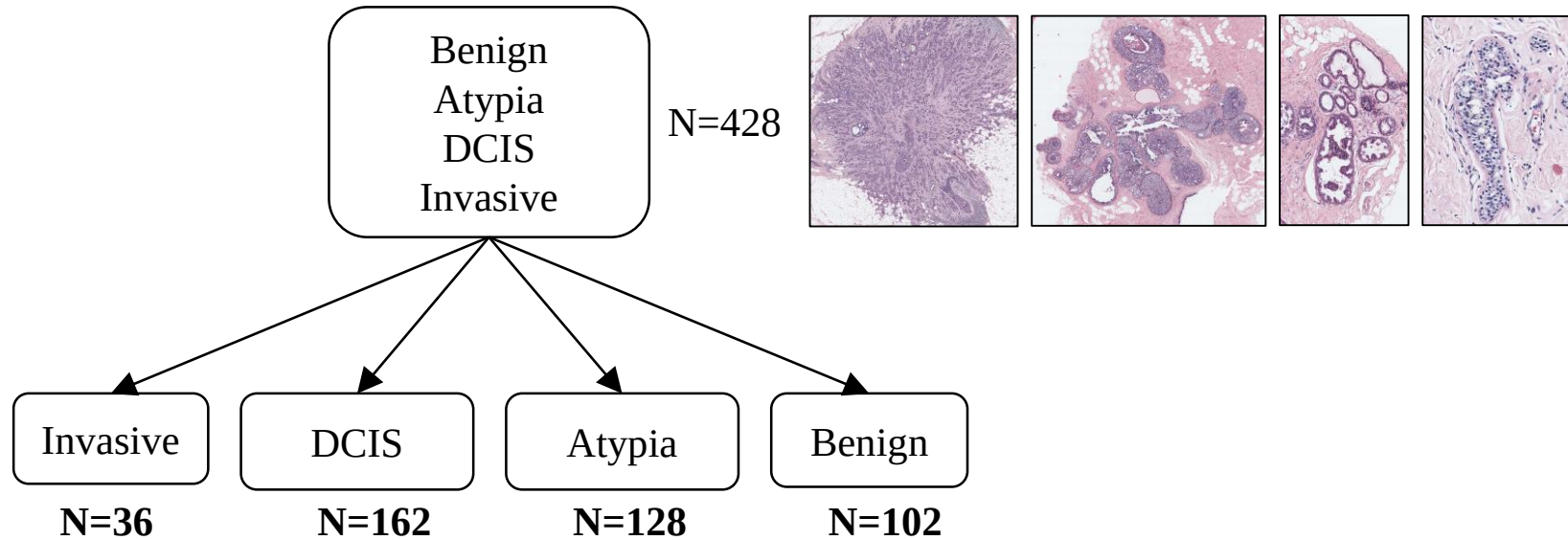
blood
necrosis

Structure Feature



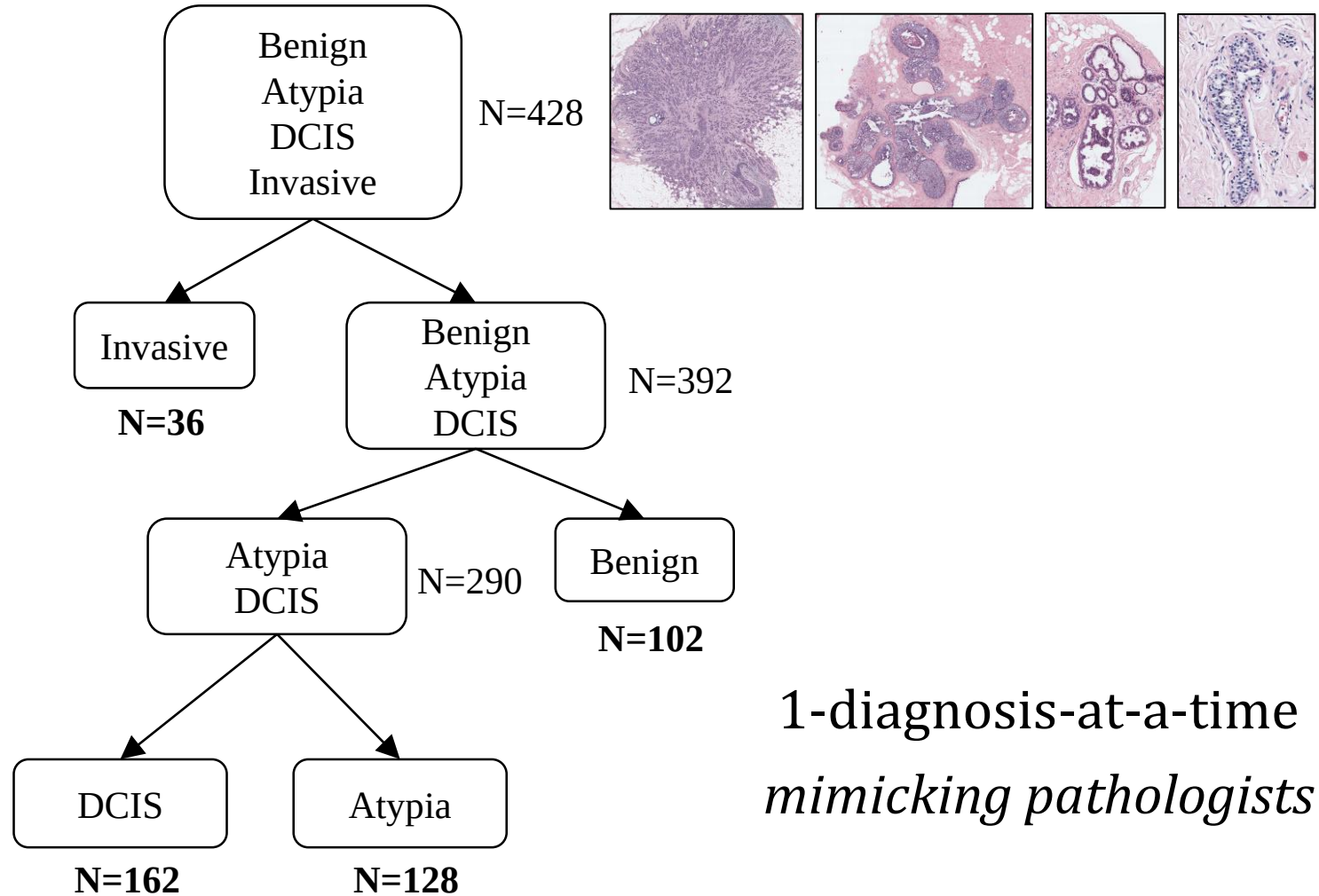


Diagnostic Classification



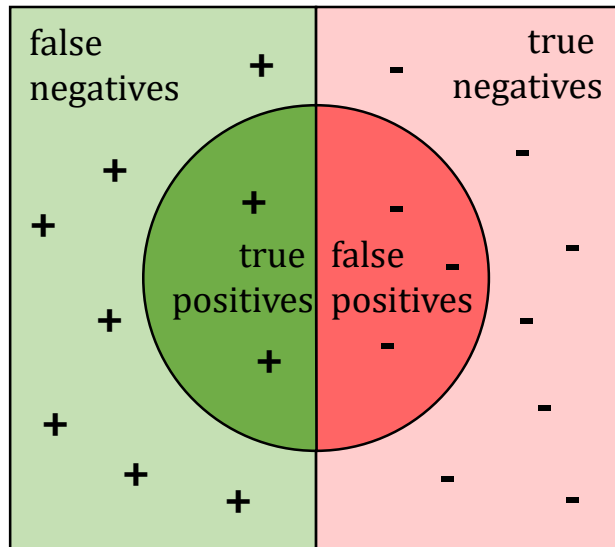
4-class classification

Diagnostic Classification

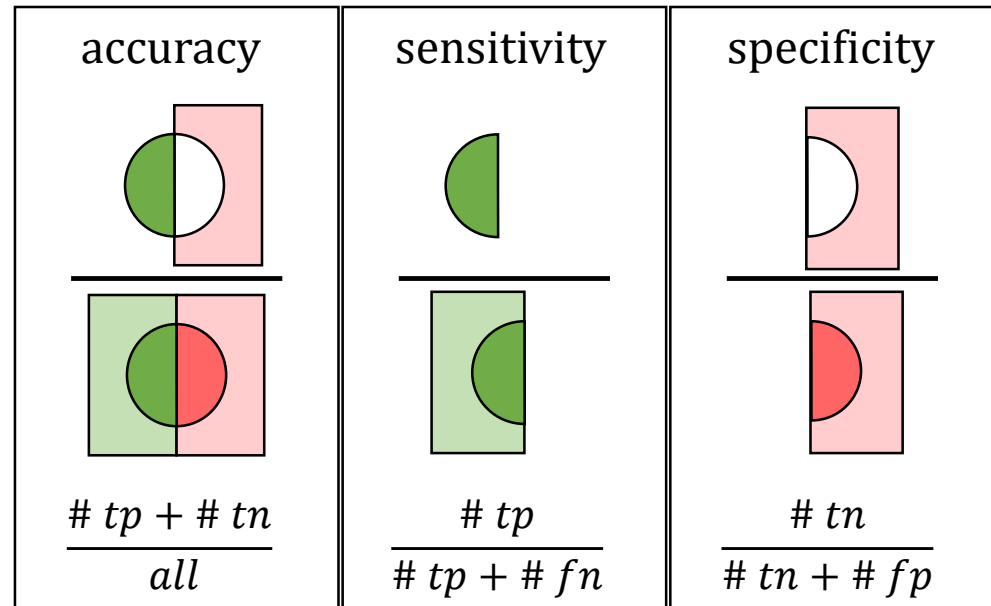


Evaluation

Each ROI is a sample.

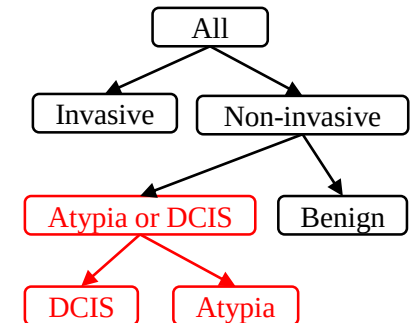
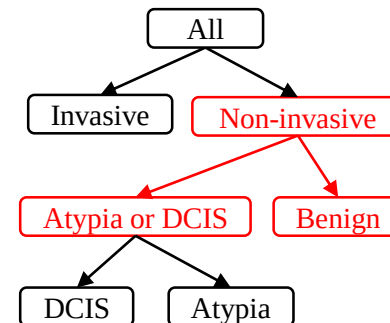
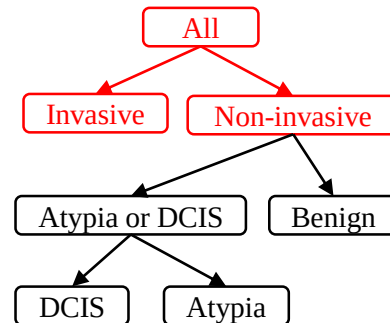
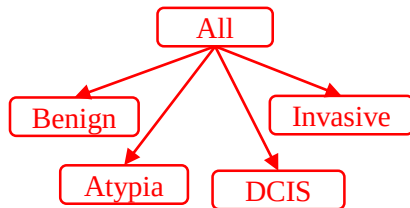


tp = true positive
tn = true negative
fp = false positive
fn = false negative

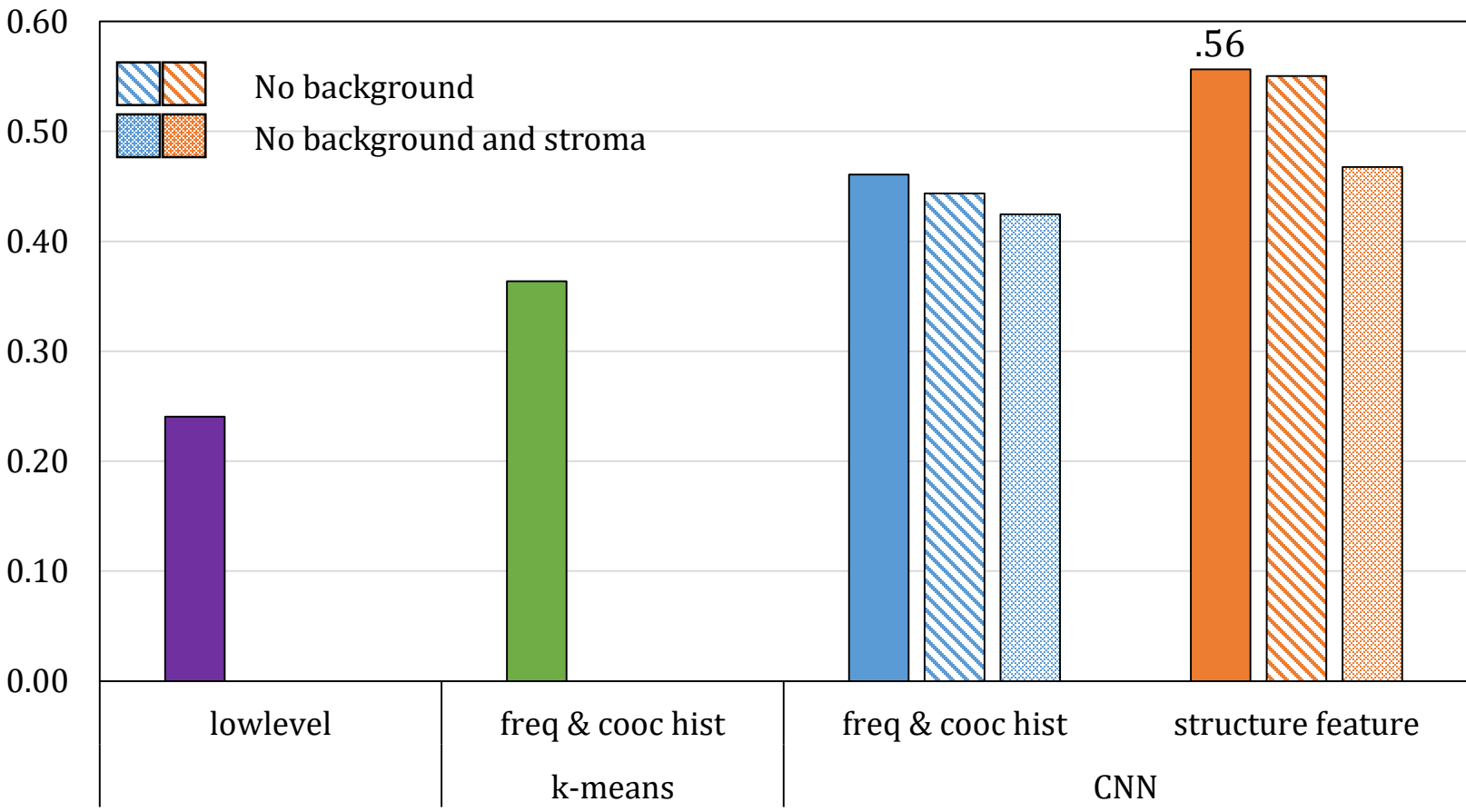
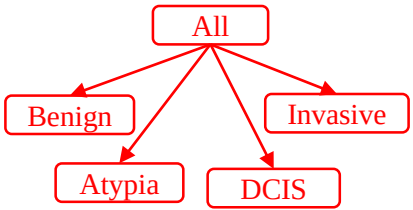


Experiments

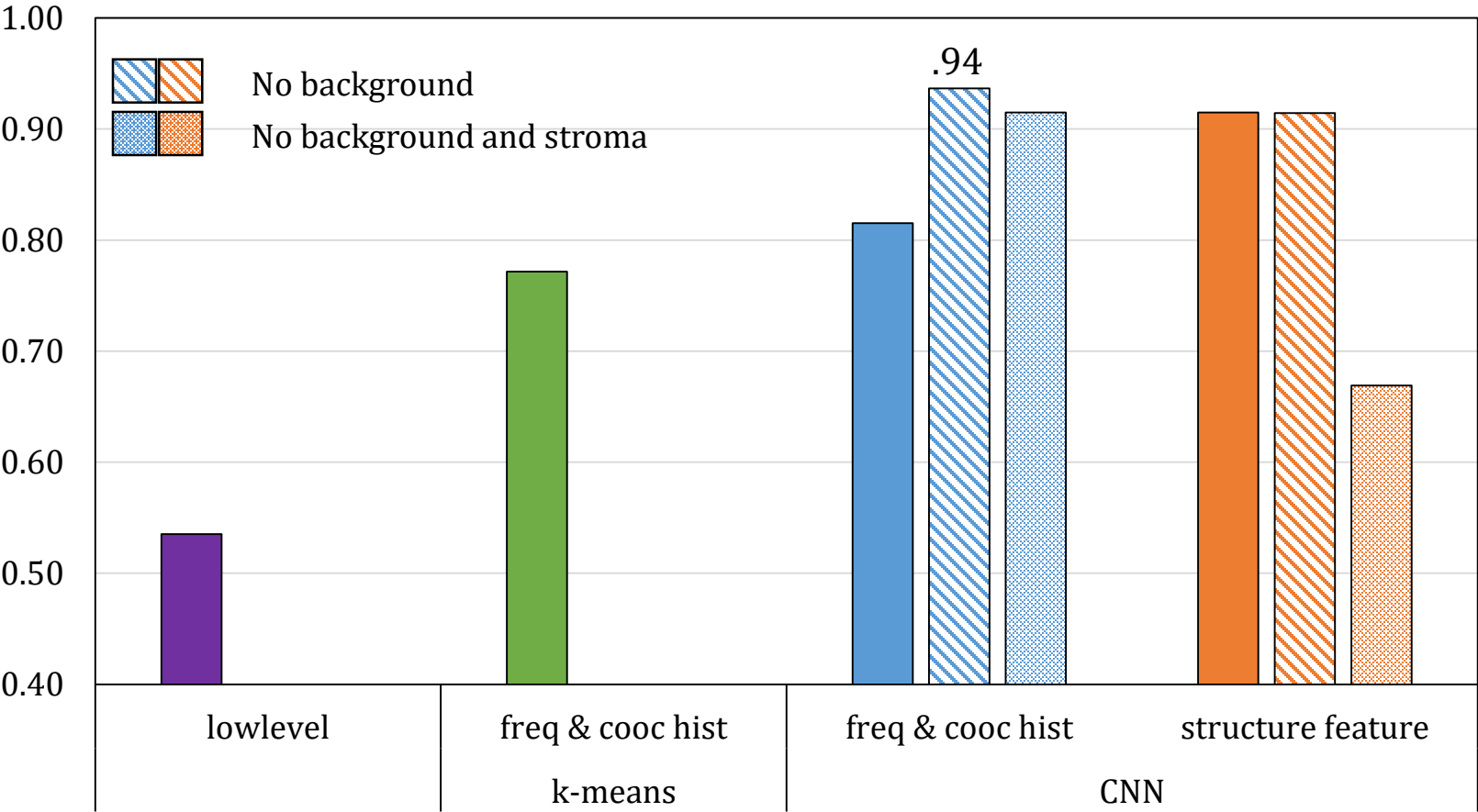
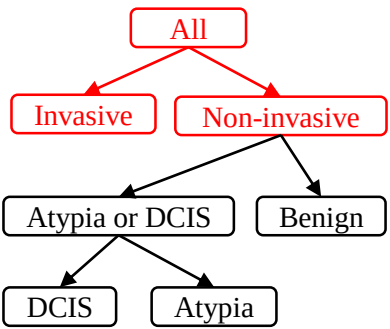
- We subsampled the training data for a uniform distribution of all classes.
- We trained SVMs with different features
- We ran 10-fold cross-validation experiments for the 4 classification tasks:



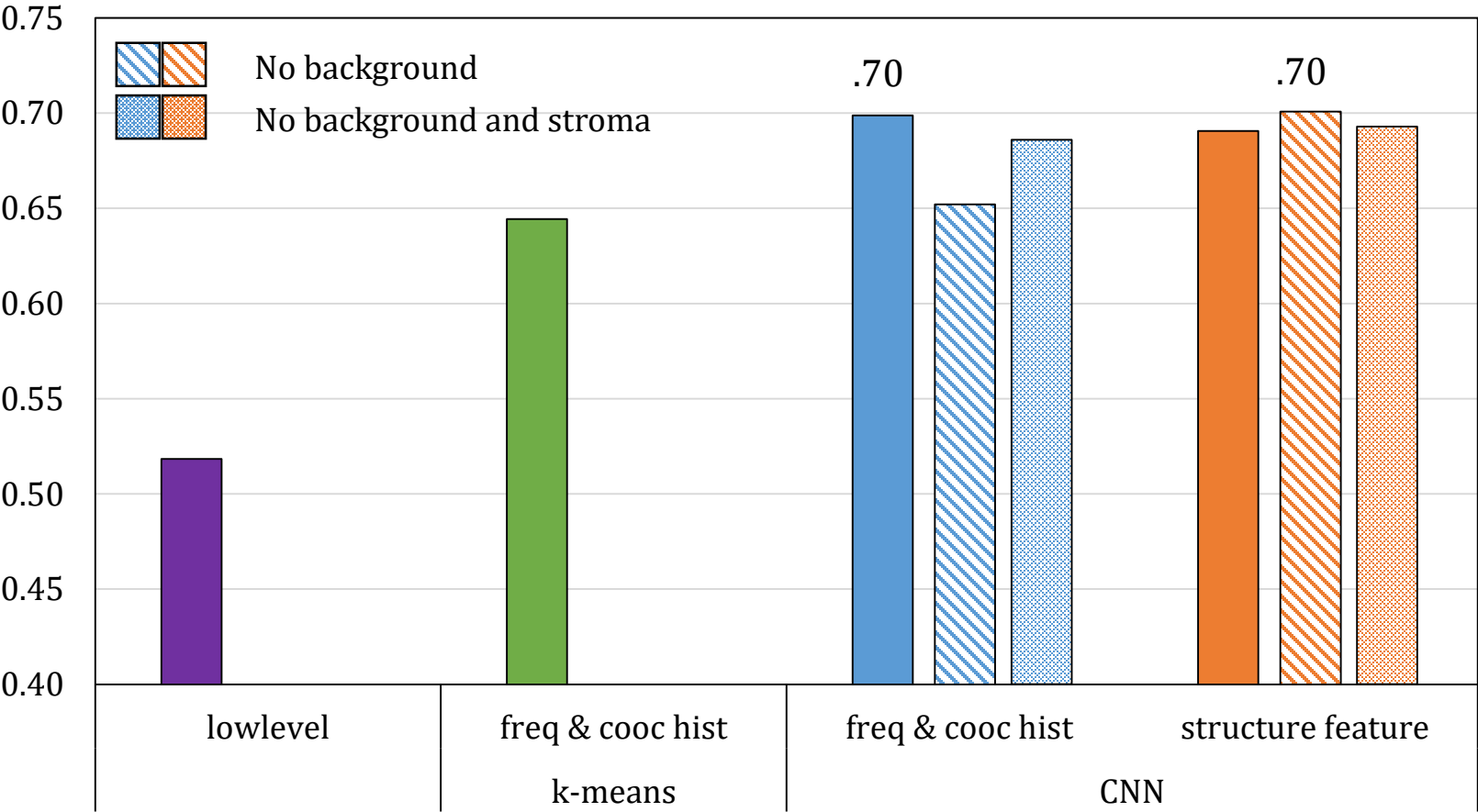
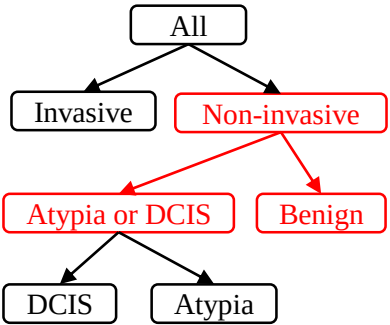
Accuracy for 4-class classification



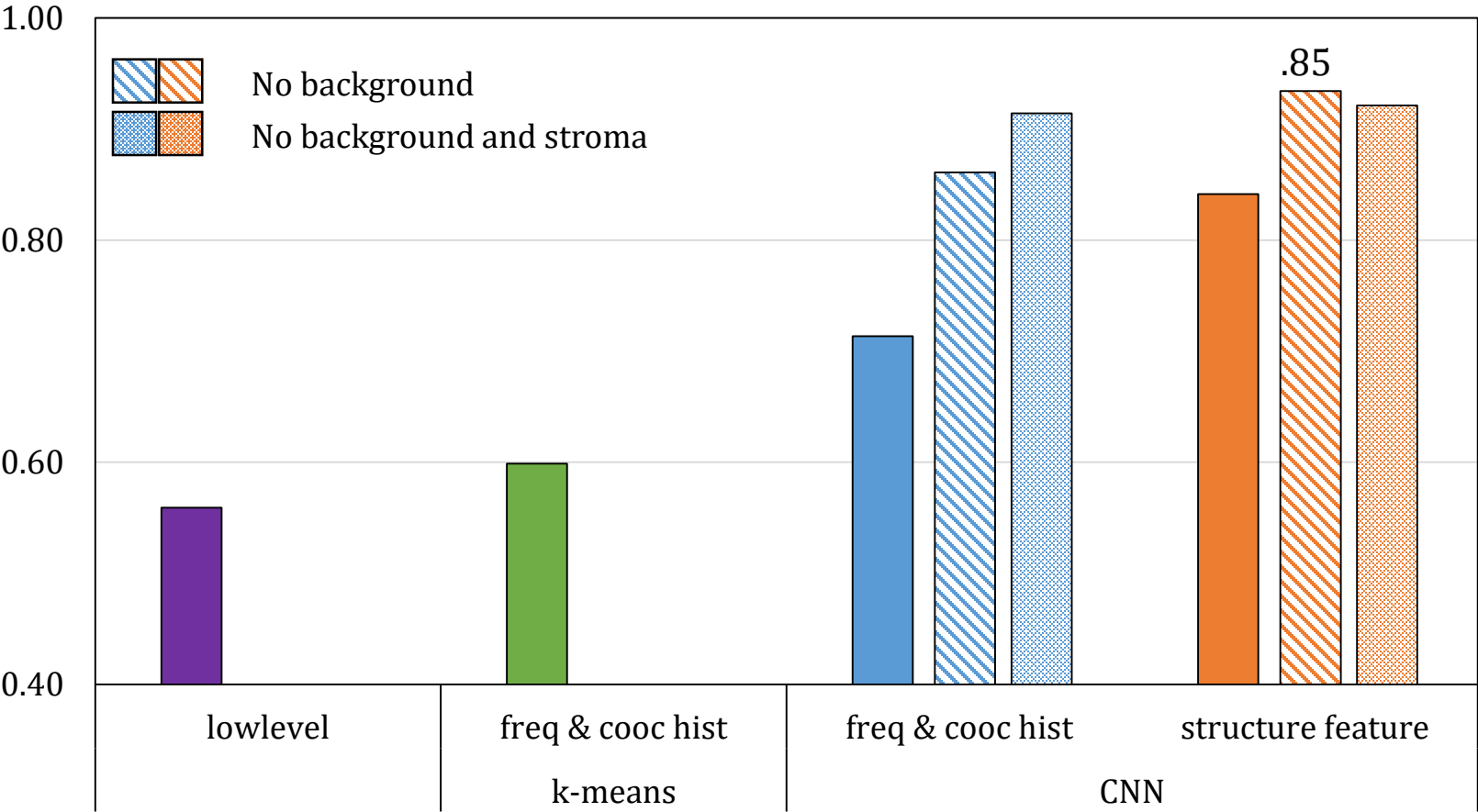
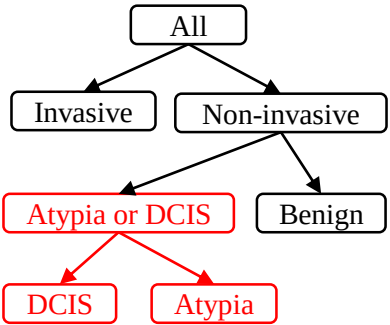
Accuracy for invasive vs. benign & atypia & DCIS



Accuracy for atypia & DCIS vs. benign



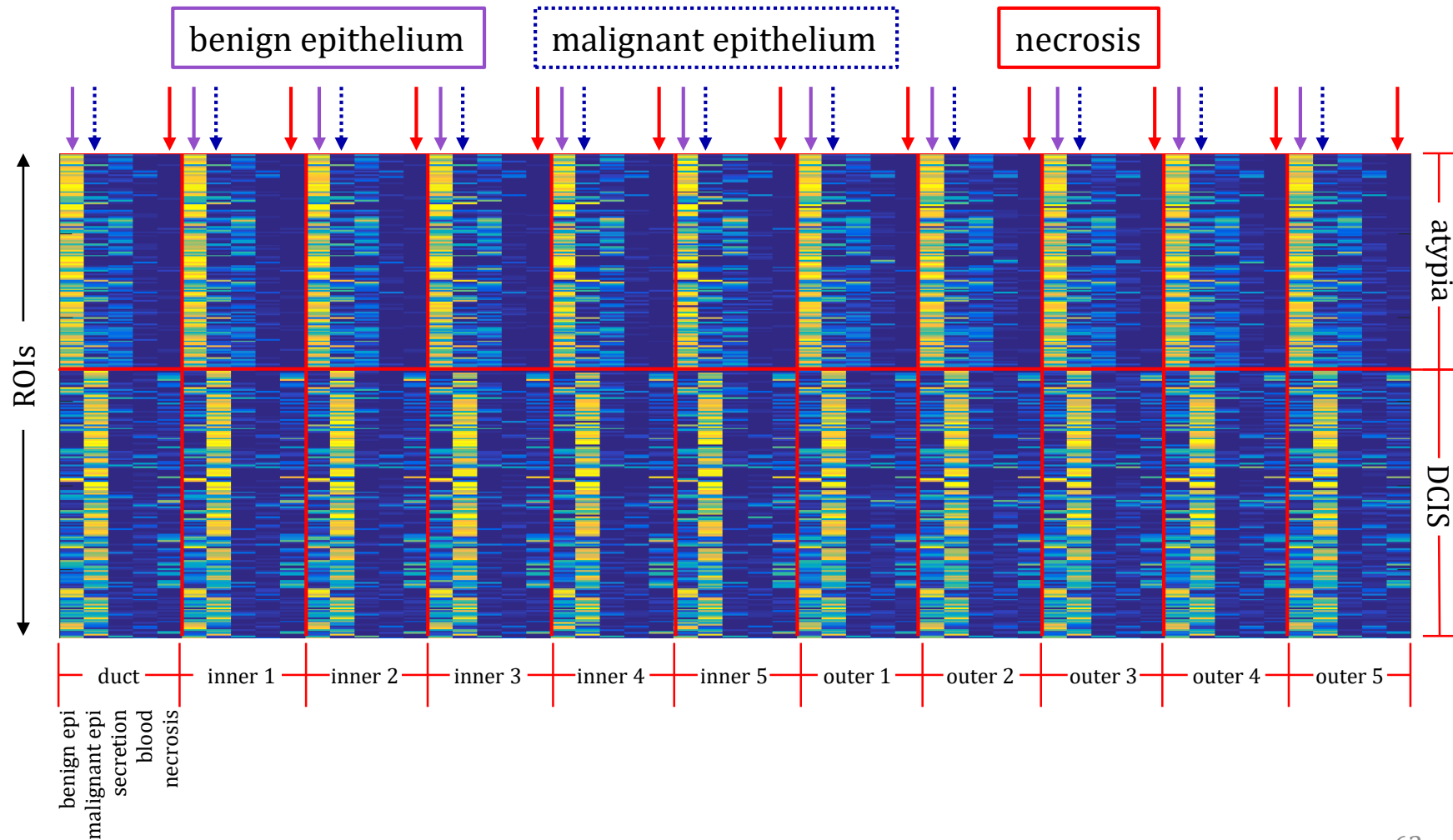
Accuracy for DCIS & atypia



Results – Accuracies

	Average Accuracy			
	<i>Invasive vs. Non-invasive</i>	<i>Atypia & DCIS vs. Benign</i>	<i>DCIS vs. Atypia</i>	<i>4-class</i>
<i>sensitivity</i>	.84	.72	.70	
<i>specificity</i>	.99	.62	.82	
<i>Participant Pathologists</i>	.98	.81	.80	.70
<i>sensitivity</i>	.70	.83		
<i>specificity</i>	.95	.42		
<i>Freq. and Cooc. Hist.</i>	.94	.70	.83	.46
<i>sensitivity</i>		.85	.89	
<i>specificity</i>		.45	.80	
<i>Structure Feature</i>	.91	.70	.85	.56

Structure Feature



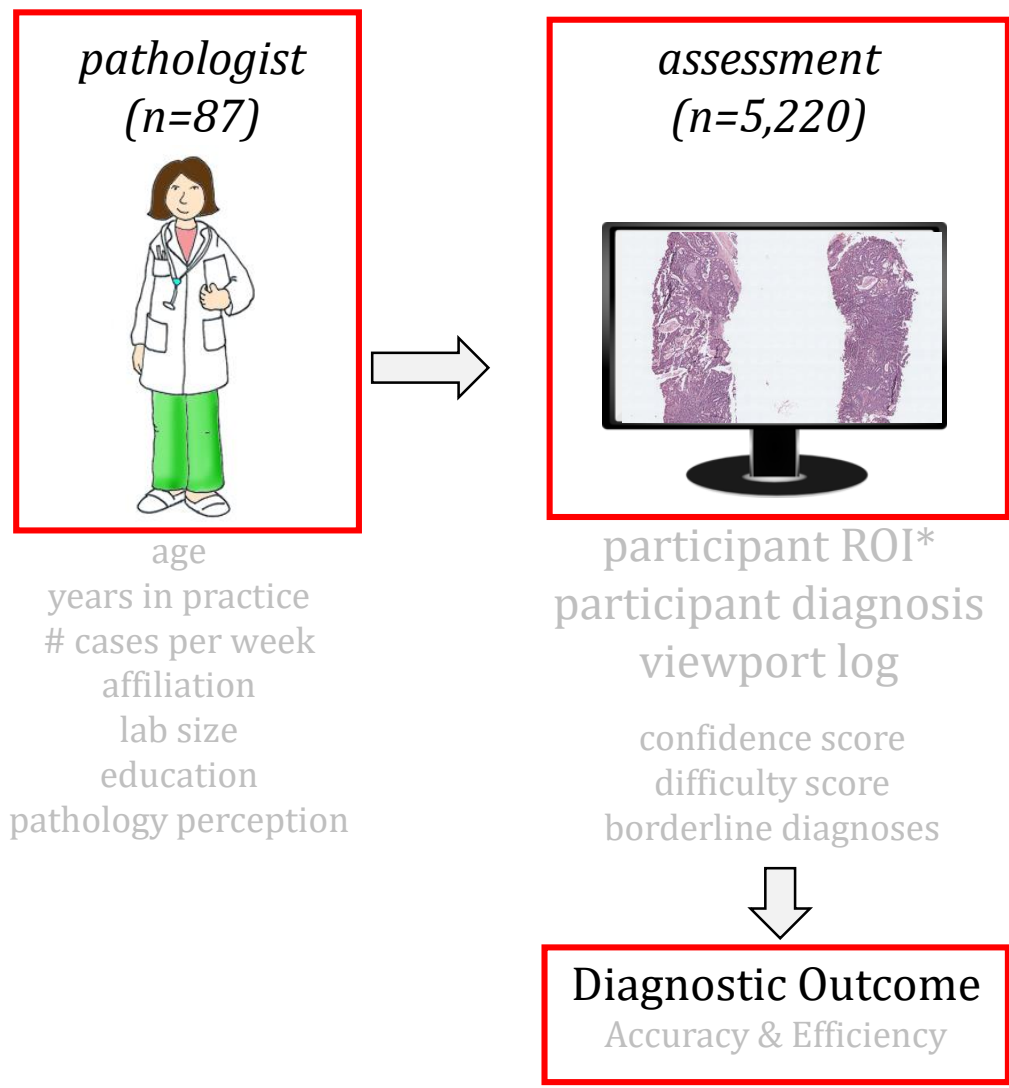
Summary

- Image features to describe the diagnostically important visual characteristics:
 - superpixel label frequency and co-occurrence histograms
 - **structure feature**
- Different features are informative for different diagnoses:
 - Superpixel label frequency and co-occurrence histograms for invasive cancer (**0.94** accuracy).
 - Structure features for benign, atypia and DCIS (**0.70** and **0.85** accuracies).

Outline

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digiPATH Dataset

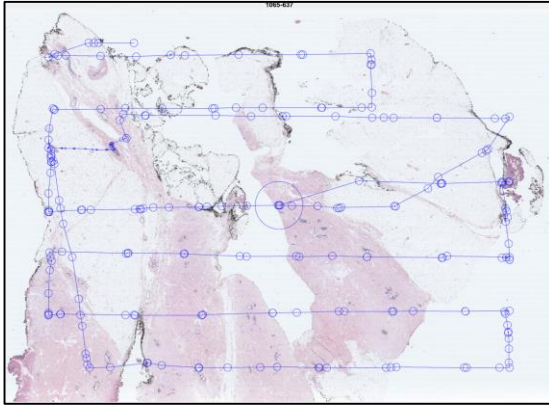


Diagnostic Search Patterns: Scanners and Drillers

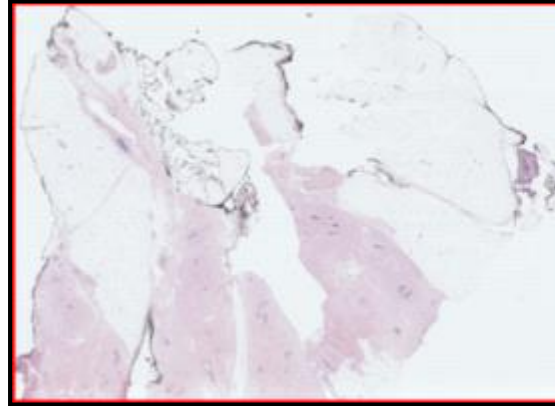
- Histopathological diagnosis is a **visual search**.
- Prior work in radiology showed that physicians tend to adopt different search strategies.
- Our aim is:
 - To find **efficient** and **accurate** visual search strategies for diagnosis.
 - To understand the factors affecting visual search patterns.

Scanners and Drillers

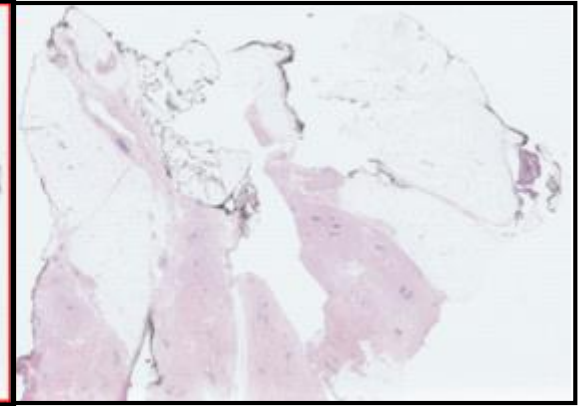
Scanner



Viewport Graph



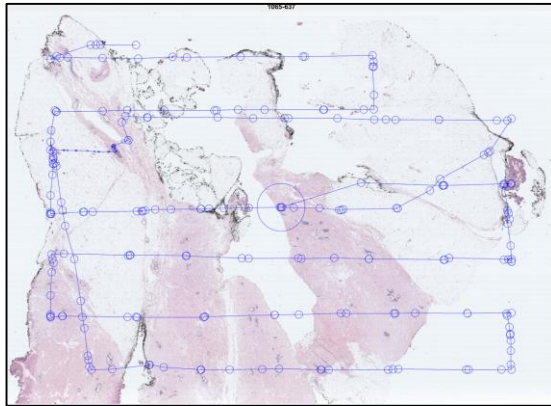
Viewport



Pathologist's Screen

Scanners and Drillers

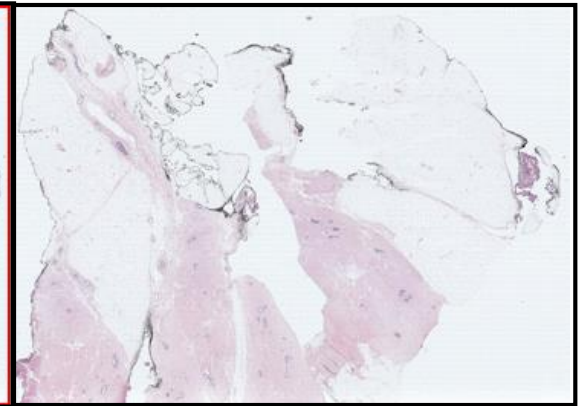
Scanner



Viewport Graph

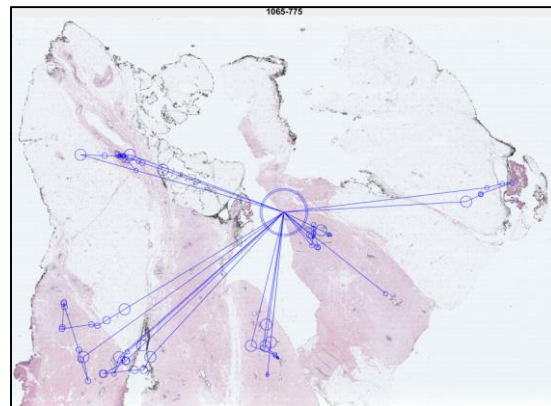


Viewport



Pathologist's Screen

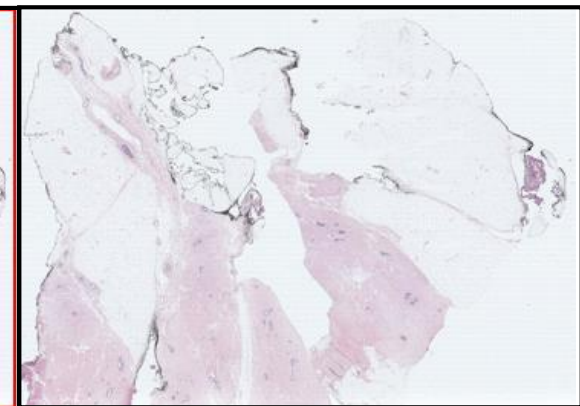
Driller



Viewport Graph

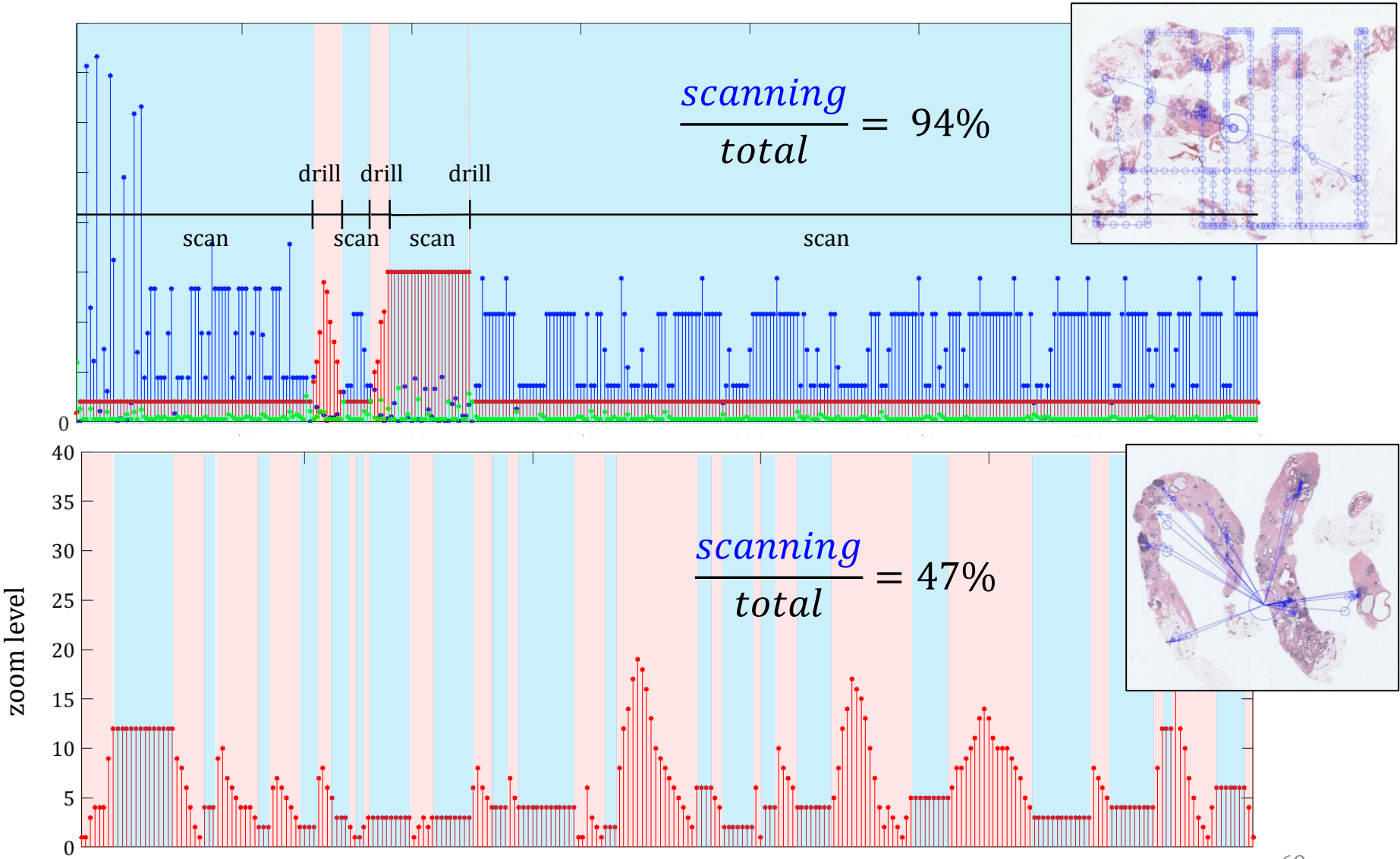


Viewport

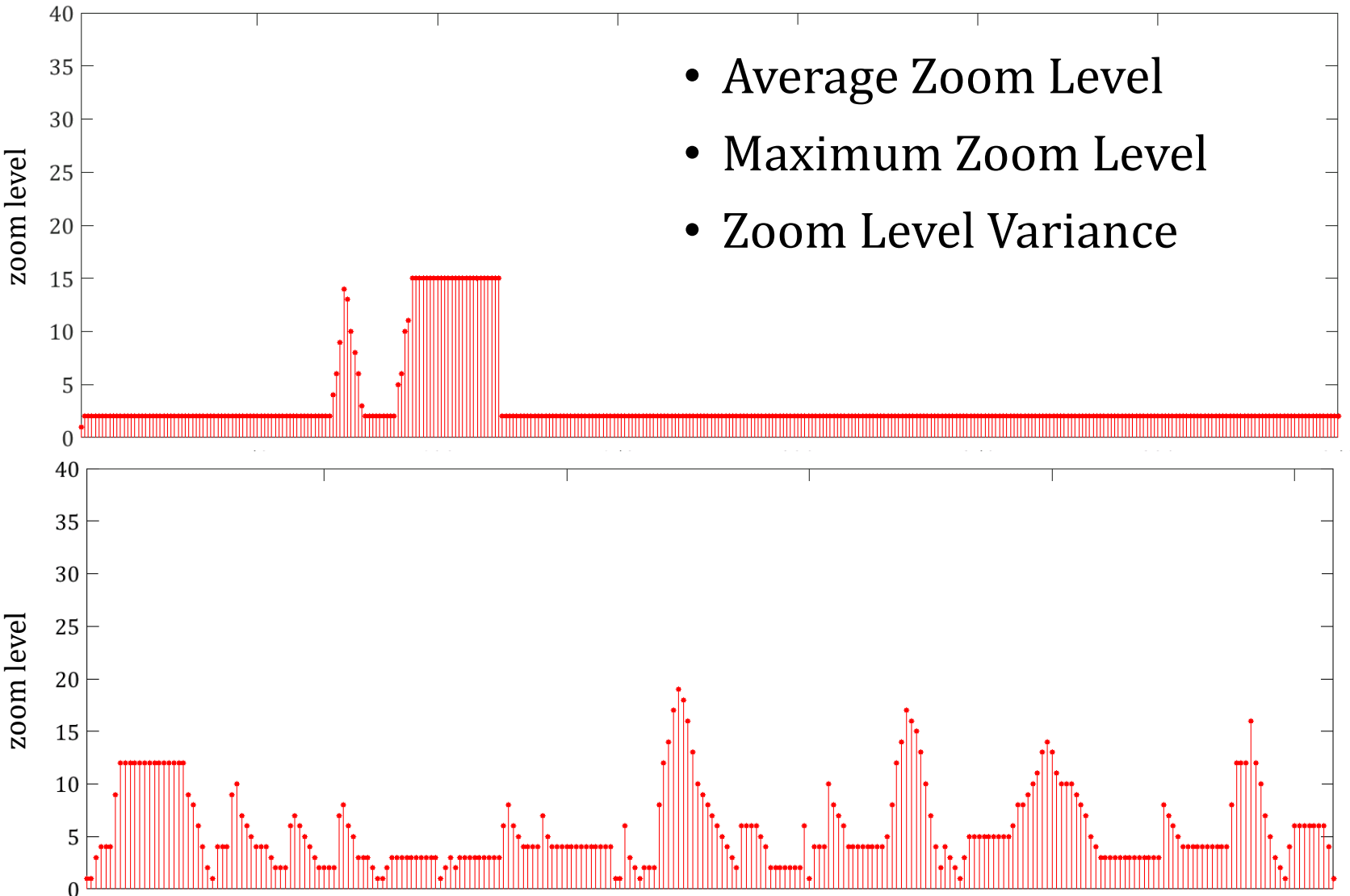


Pathologist's Screen

Scanning Percentage



Zoom Level Statistics



Statistical Analysis

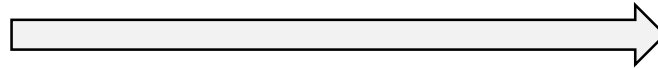
What factors affect interpretative strategy?

Pathologists
(*n=87*)

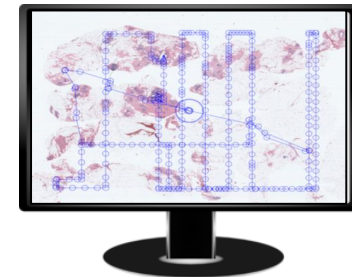


Pathologist Characteristics
Breast Histopathology Perceptions

Generalized Estimating Equations
(GEE) Model



Assessments
(*n=5,220*)

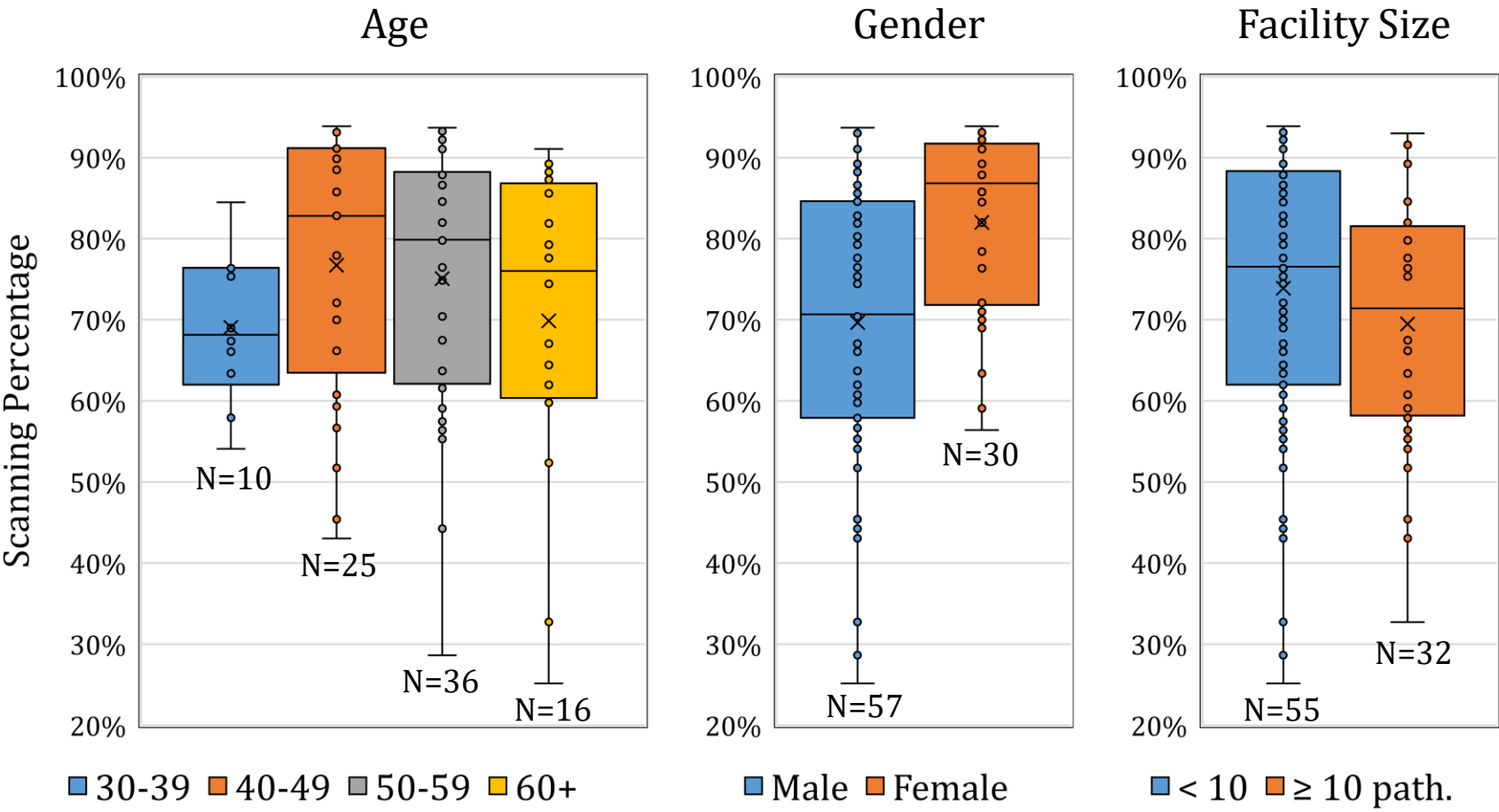


Scanning Percentage

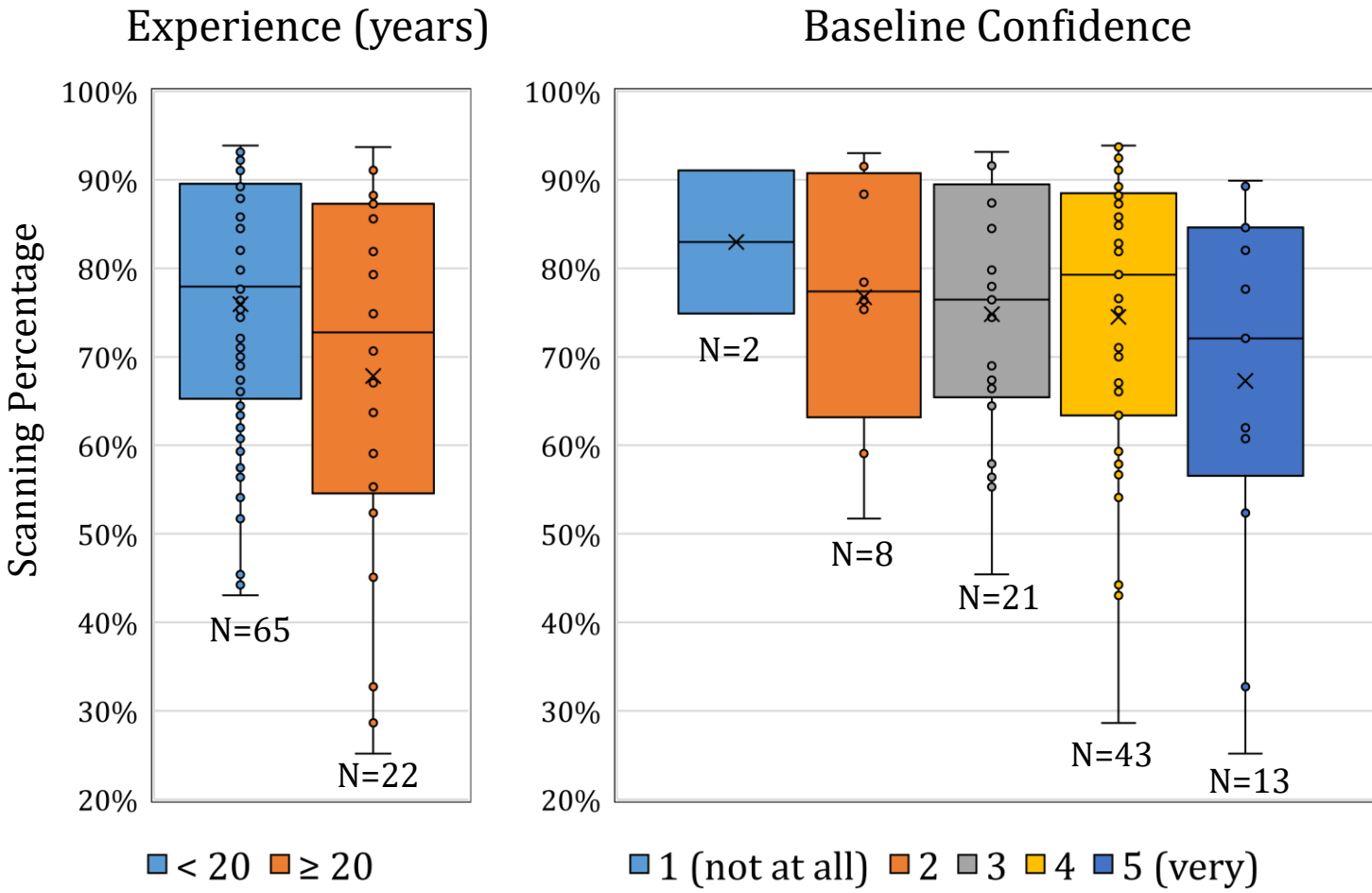


joint work with Prof. Tad Brunye

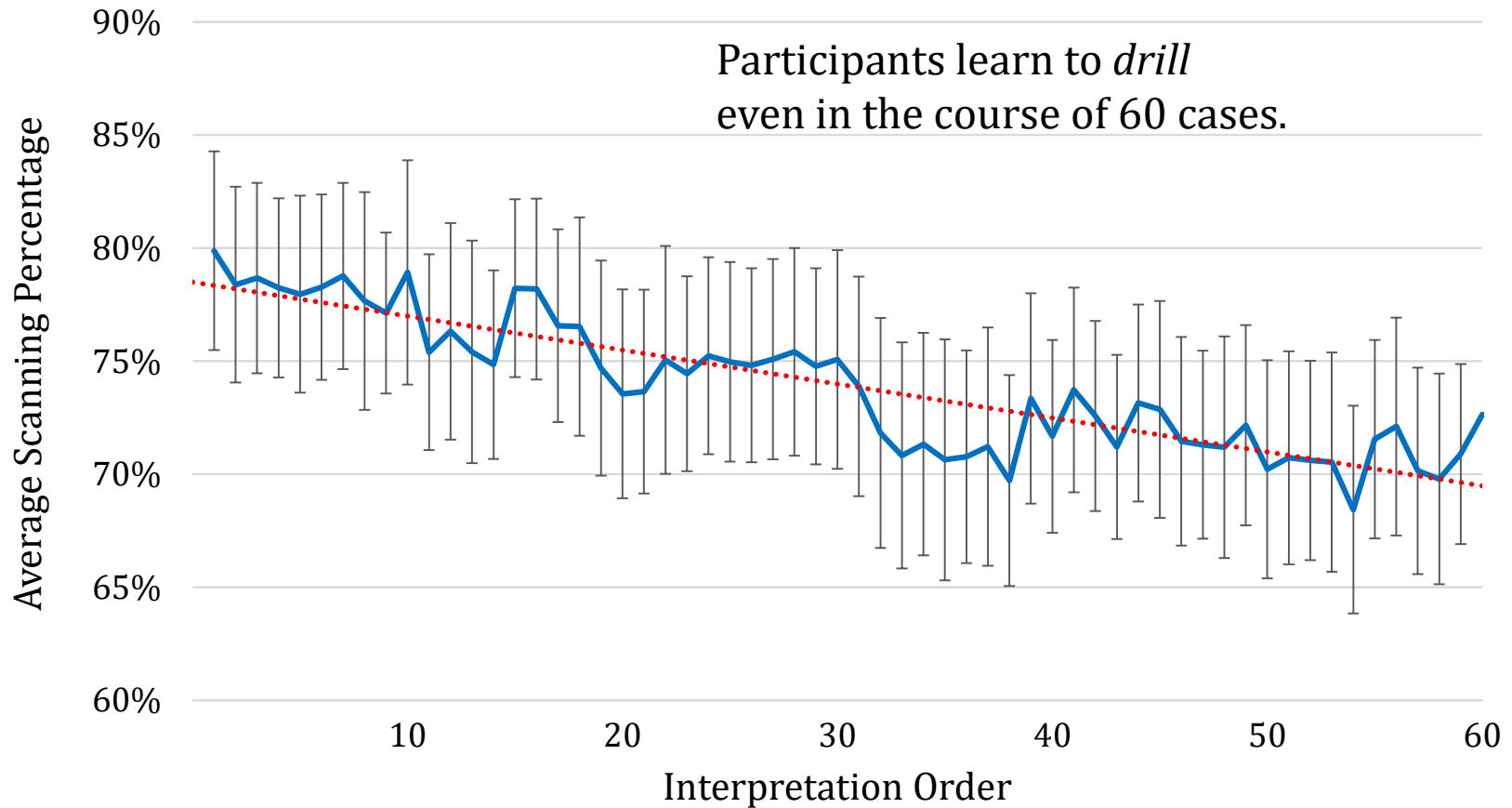
Pathologist Demographics



Pathologist Demographics



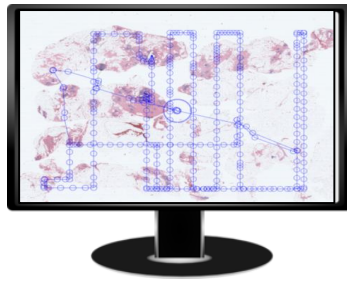
Interpretation Order



Statistical Analysis

How does interpretative strategy influence diagnostic outcome?

*Assessments
(n=5,220)*



Average Zoom Level
Maximum Zoom Level
Zoom Level Variance
Scanning Percentage

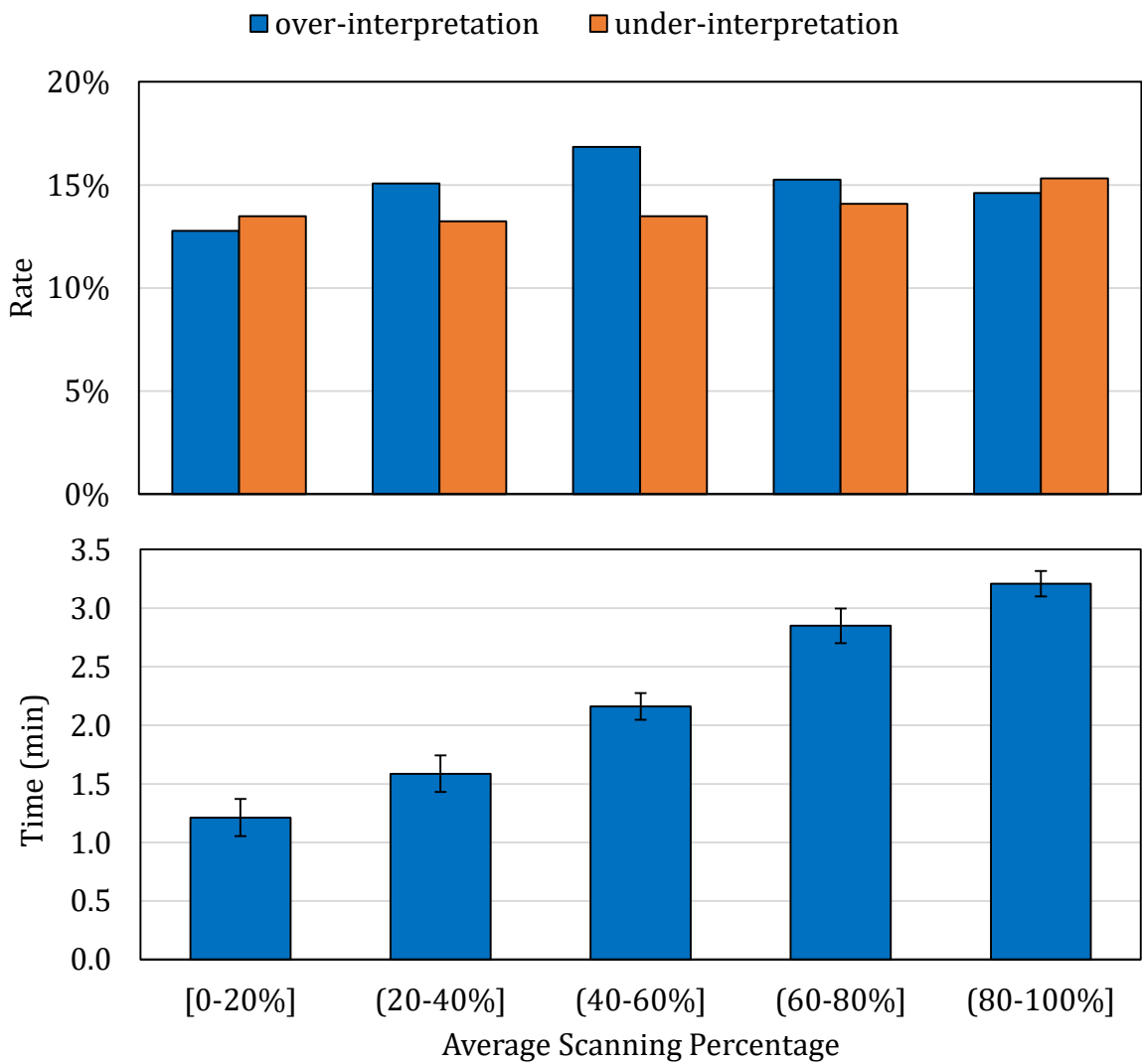
ANOVA



Diagnostic
Accuracy & Efficiency

Under-interpretation
Over-interpretation
Interpretation Time

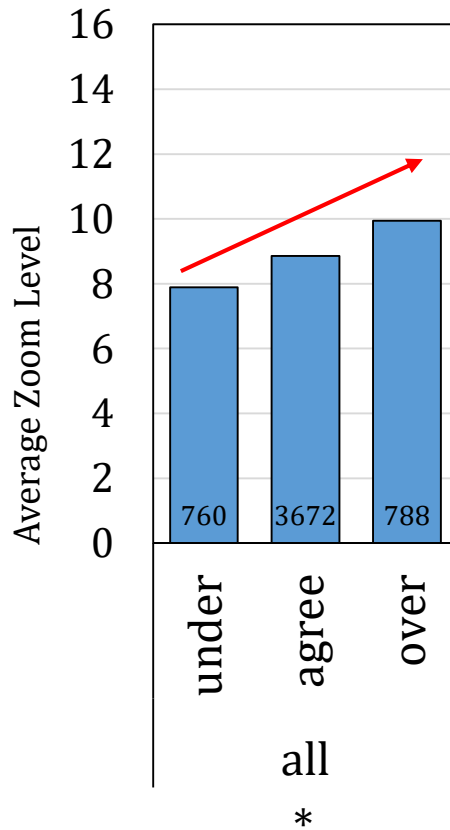
Diagnostic Accuracy and Efficiency



Scanning does not
affect diagnostic
accuracy
but it costs time.

Diagnostic Concordance

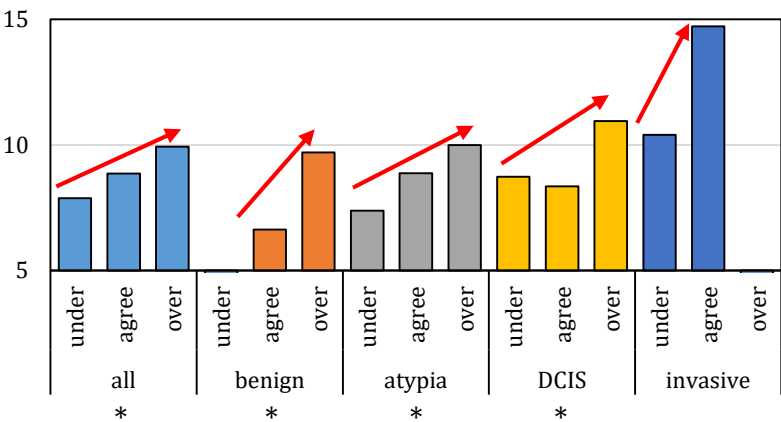
Average Zoom Level



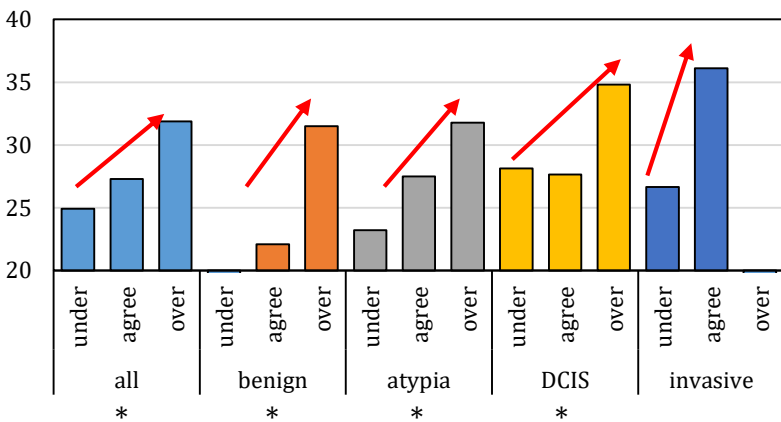
* $p < 0.02$ (ANOVA)

Diagnostic Concordance

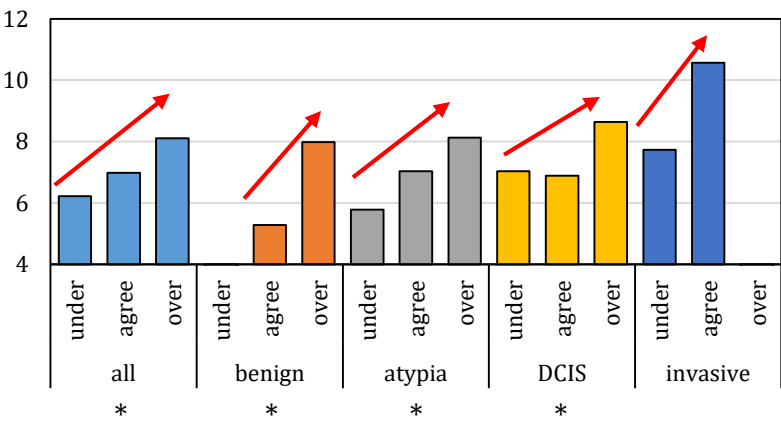
Average Zoom Level



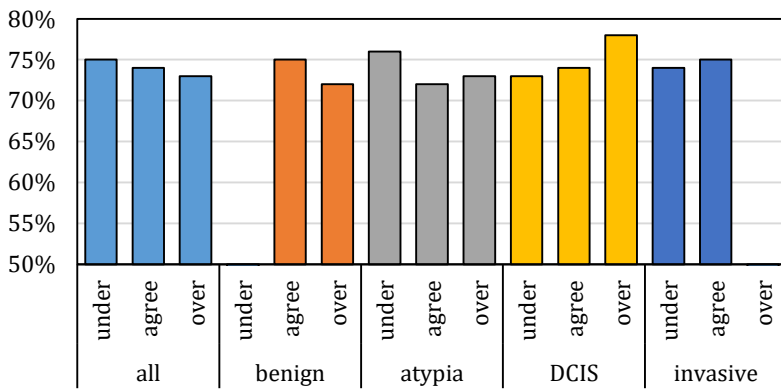
Maximum Zoom Level



Zoom Level Variance



Scanning Percentage



* p<0.02 (ANOVA)

Summary

- Pathologists exhibit two viewing patterns:
 - scanning and drilling
- We developed four objective measures to quantify the viewing behavior:
 - maximum zoom level
 - average zoom level
 - zoom level variance
 - scanning percentage

Summary

- Scanning is correlated with
 - sex (*females > males*), age (+) , facility size (-), experience (-) and confidence (-).
- Pathologists **learn to drill** in the course of 60 cases.
- Scanning is not predictive of diagnostic accuracy but it is **inefficient** in terms of time.
- Increasing average and maximum zoom levels, and variance correlates with **over-interpretation**.

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Our Aim

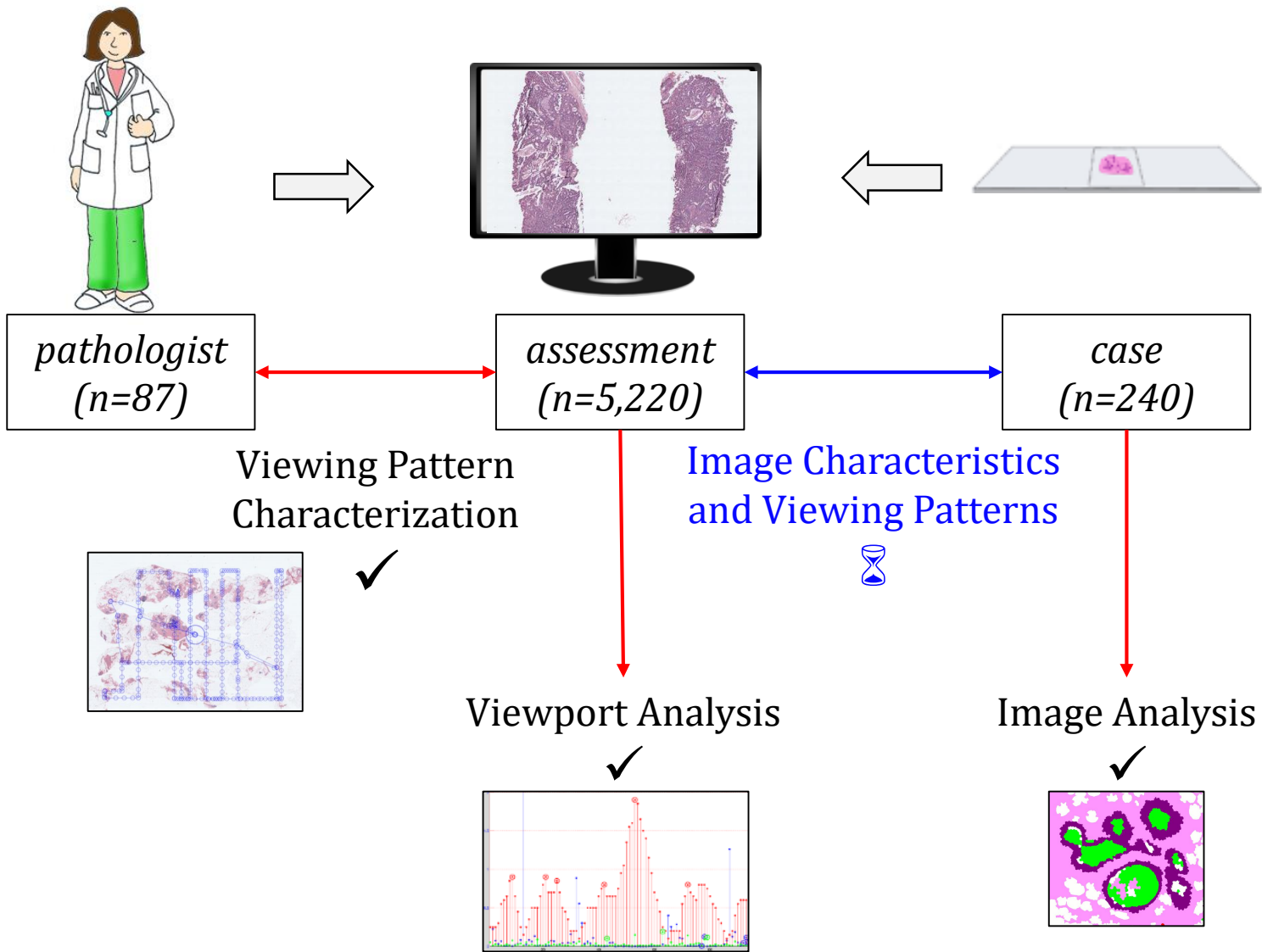
We propose novel **image features** and **viewing behavior analysis methods**

- to investigate the causes of diagnostic errors and
- to discover accurate and efficient interpretation strategies for pathologists.

Contributions

- Novel analysis methods for the **viewing behavior**:
 - Analysis methods for the tracking logs to detect diagnostically relevant regions
 - Objective measures to quantify the interpretation patterns
- Novel **image features** for the pre-invasive and invasive lesions of the breast:
 - An 8-label supervised segmentation
 - Structure feature to describe the changes associated with pre-invasive lesions

digiPATH



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Irma Lam
Mabel Raza
Nicola Dell
Raven Travillian
Jia Wu
Shulin Yang
Alfred Gui

Safiye Celik
Scott Lundberg
Nao Hiranuma
Javad Hosseini
Gabriel Schubiner
Hugh Chen

Mara Rendi
Jamen Bartlett
Dilip Nagarkar
Tom Morgan
Paul Frederick
Andrea Radick
Ross Lambert
Natalia Oster
Hannah Shucard

Parmita Mehta
Mike Chung
Robert Gens
Kivanc Muslu
Paul Pham
Jinna Lei



R01 CA172343, R01 CA140560, and K05 CA104699



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