

Applications of deep learning in computational pathology

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The business case for digital pathology?

5 Key criteria for evaluating Digital Pathology

The adoption of digital pathology is evolving and offers functionality that goes far beyond the microscope. These new opportunities significantly increase workflow efficiency. They move time-consuming tasks to the computer and allow the pathologist to spend more time on reviewing cases. Here are five key criteria when evaluating a solution for digital pathology.

1 Optimized workflow

- Access to all relevant patient data in one workstation.
- Minimum mouse mileage and clicks through seamless integration of control and interface.
- High-speed image display through web technology and server-side rendering.
- Improved ergonomics, avoiding shoulder and neck problems.

2 Collaboration with other specialists

- Easily share information across department boundaries.
- Tailored dynamic worklists and support for multidisciplinary team meetings.
- Sharing of workload and second opinions.
- Strategy towards integrated diagnostics.

3 Availability anytime, anywhere

- View, present and discuss from any workstation.
- Vendor-Neutral Archive (VNA) for centralized storage.
- Scalable to handle growth of users and production.

4 More consistent reviews

- Automated image analysis for frequent cases.
- Support for counting and percentage calculations.
- Teaching functionality with easy tag and search.
- Compare with patient history data.

5 Integration with healthcare IT solutions

- Support for standards like HL7 and DICOM to integrate with EMRs, LIS, etc.
- Vendor agnostic approach.
- Part of the full enterprise image management strategy.

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The business case for digital pathology?



Scanners



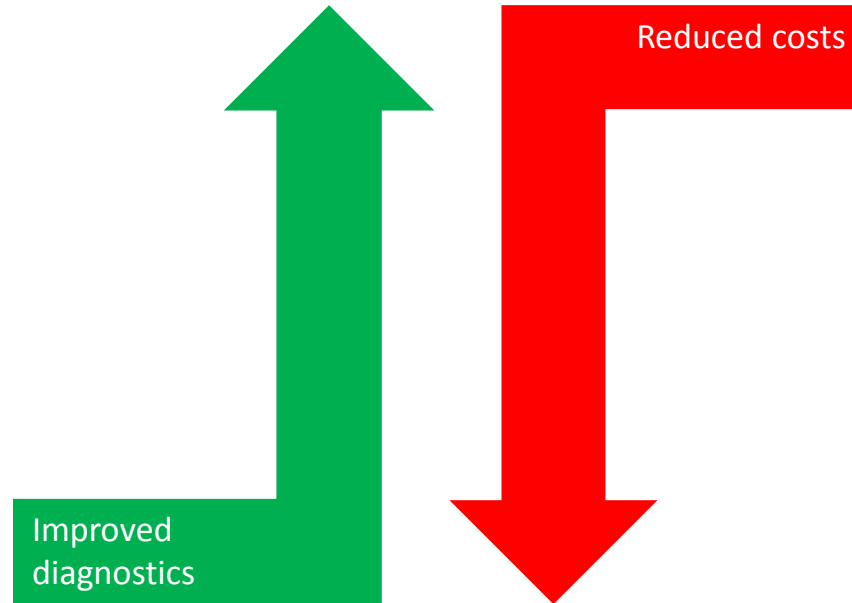
Storage



Computers



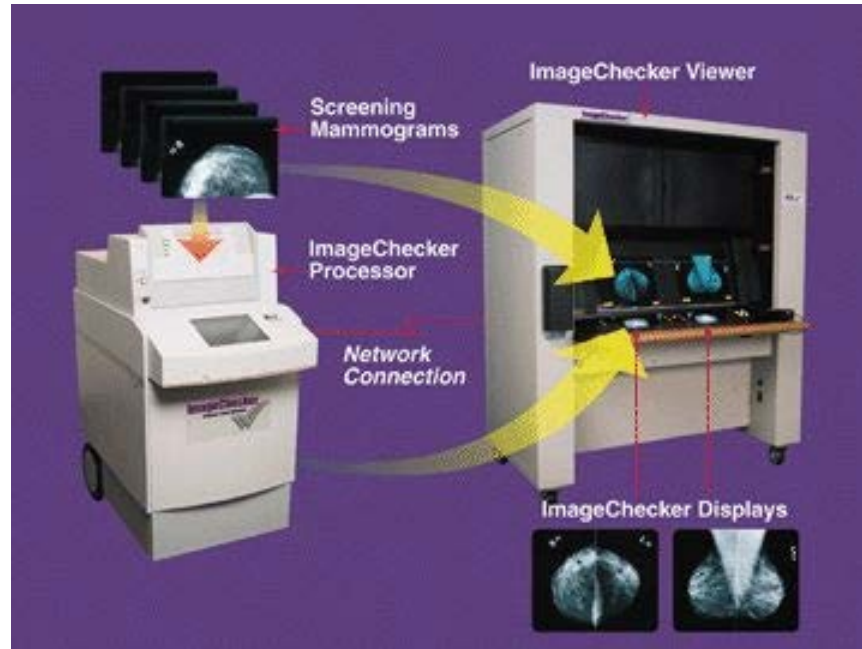
The business case for digital pathology?



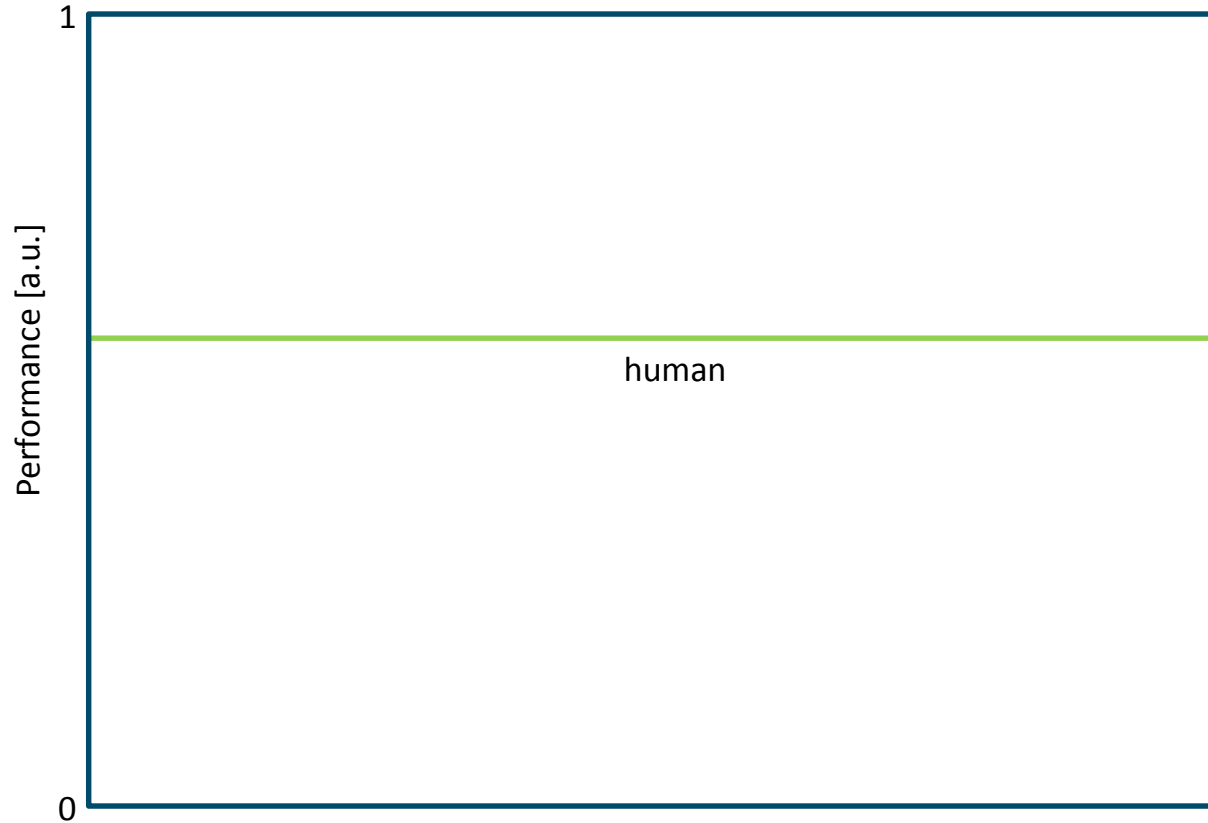
Computer Aided Diagnosis



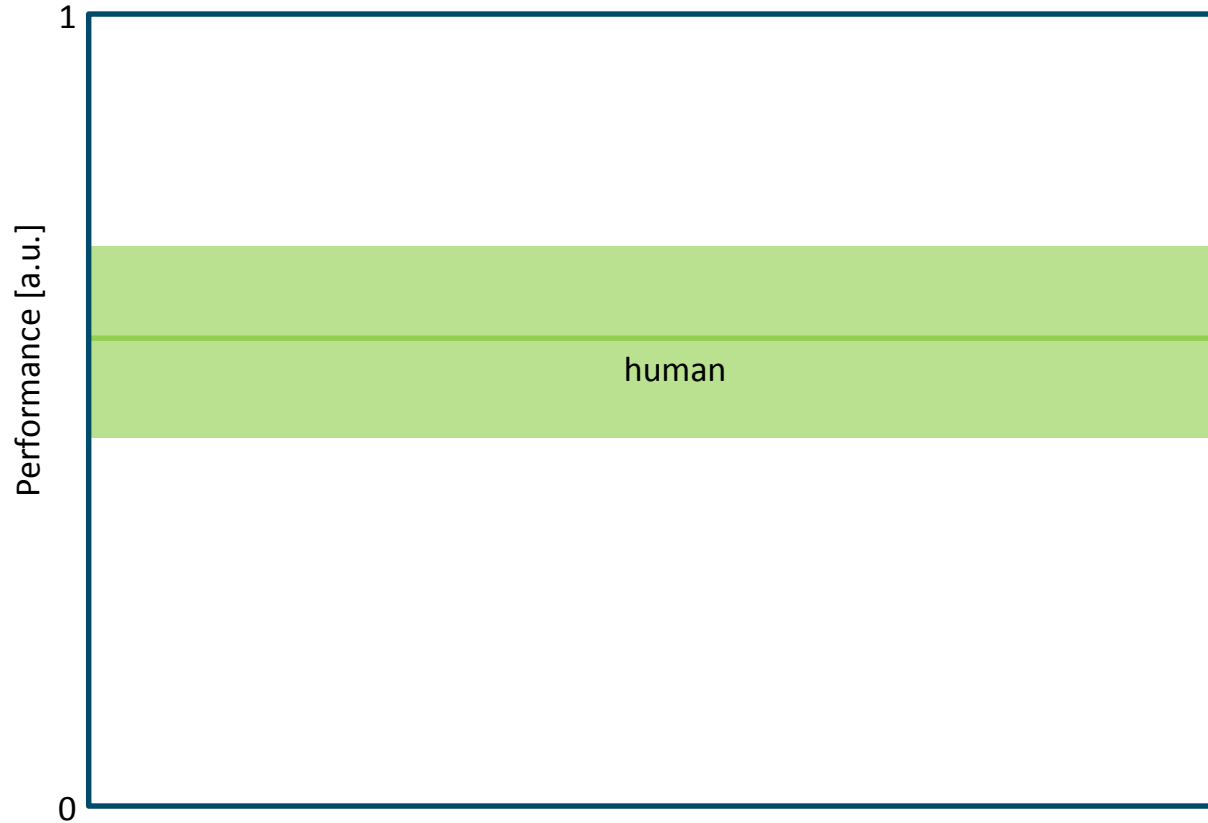
The promise of computerized analysis?



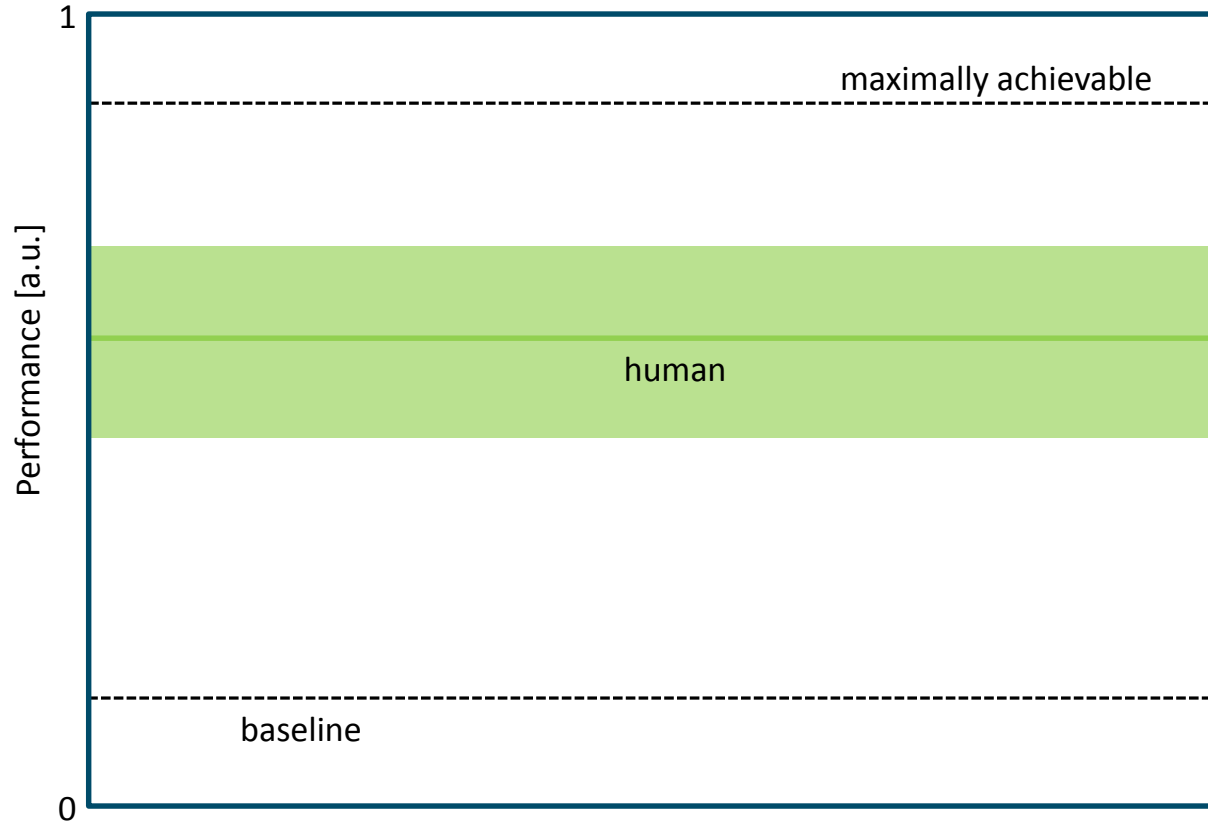
A detection/diagnosis/quantification task involving medical images



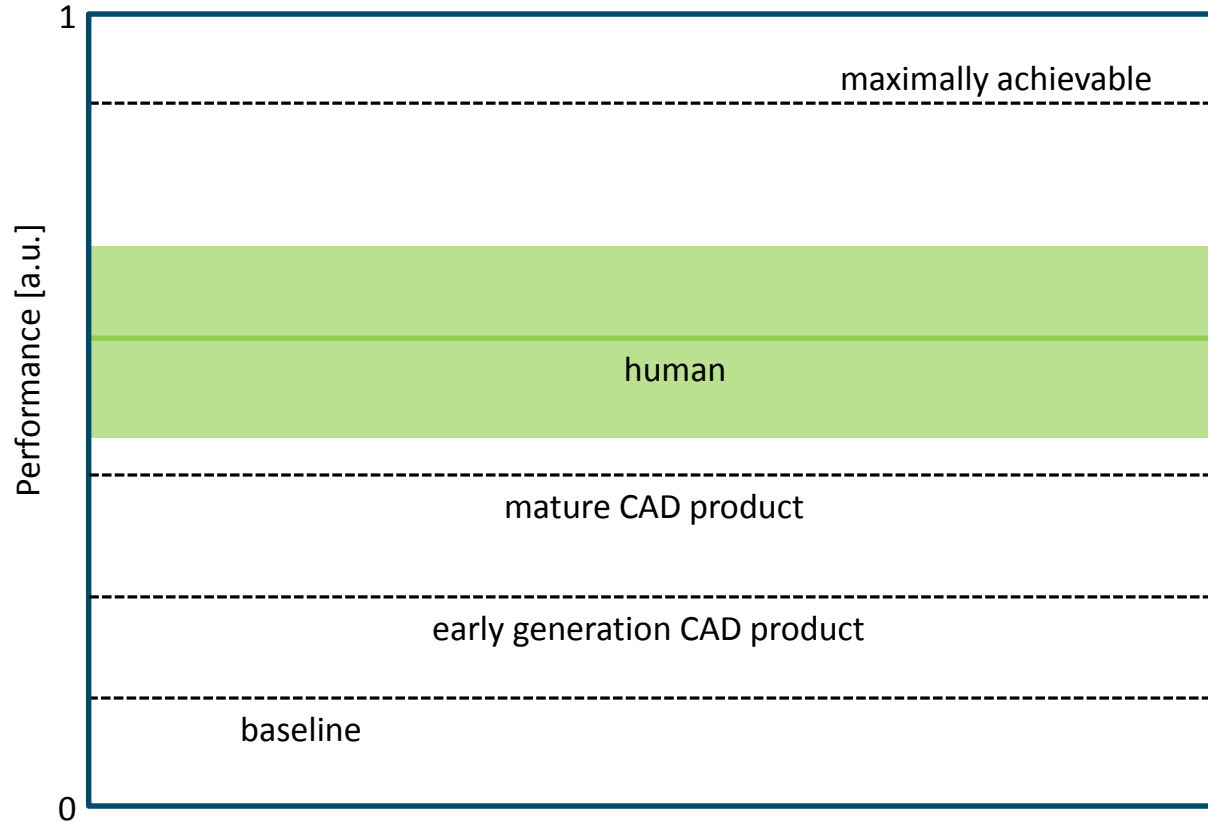
A detection/diagnosis/quantification task involving medical images



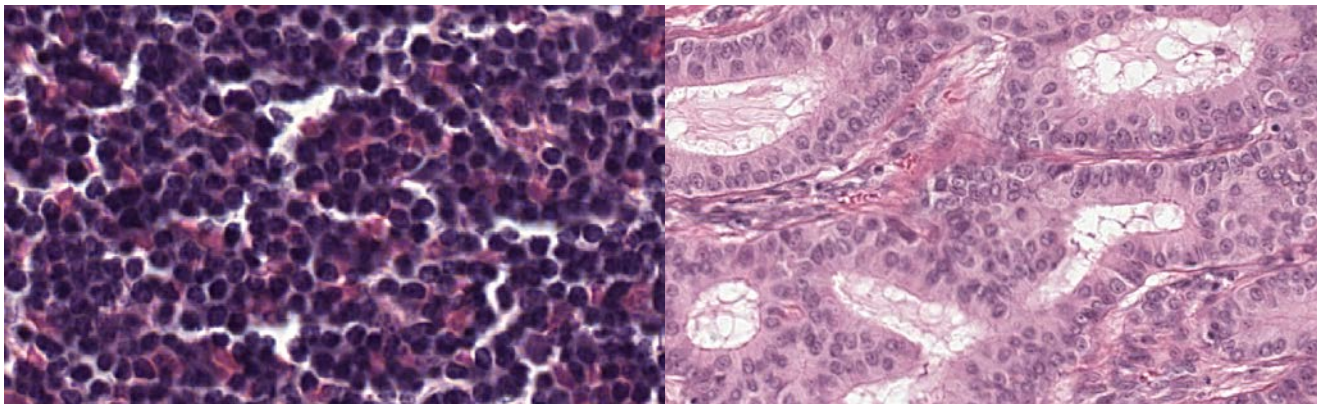
A detection/diagnosis/quantification task involving medical images



A detection/diagnosis/quantification task involving medical images



How to build a traditional CAD system?

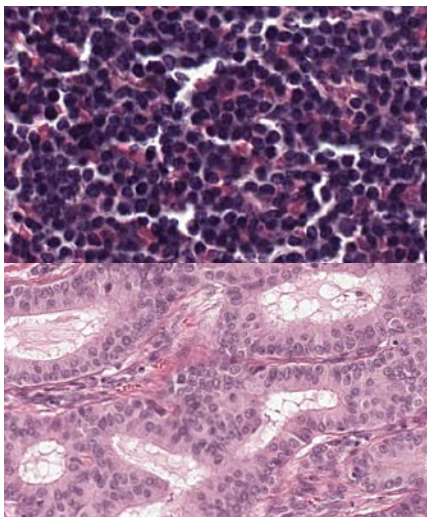


Normal lymph node tissue

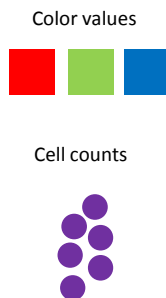
Breast cancer metastasis

How to build a traditional CAD system?

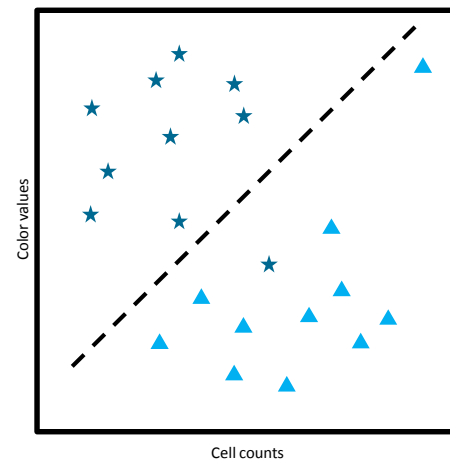
Examples



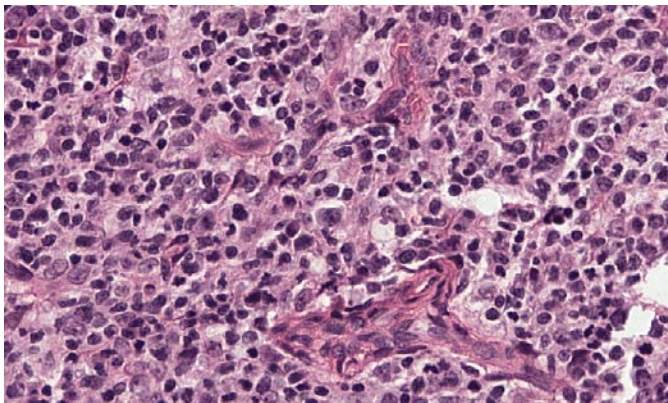
Features



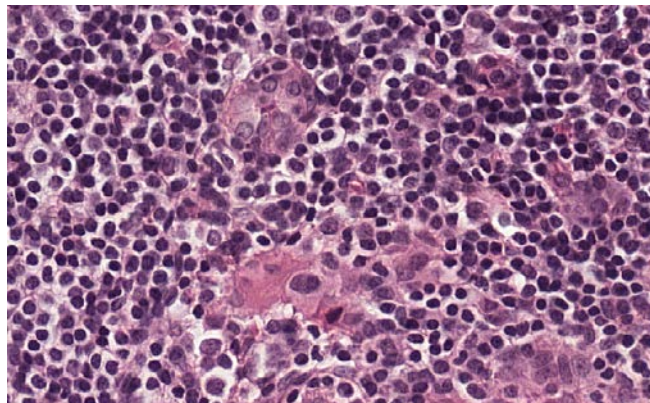
Classification



How to build a traditional CAD system?

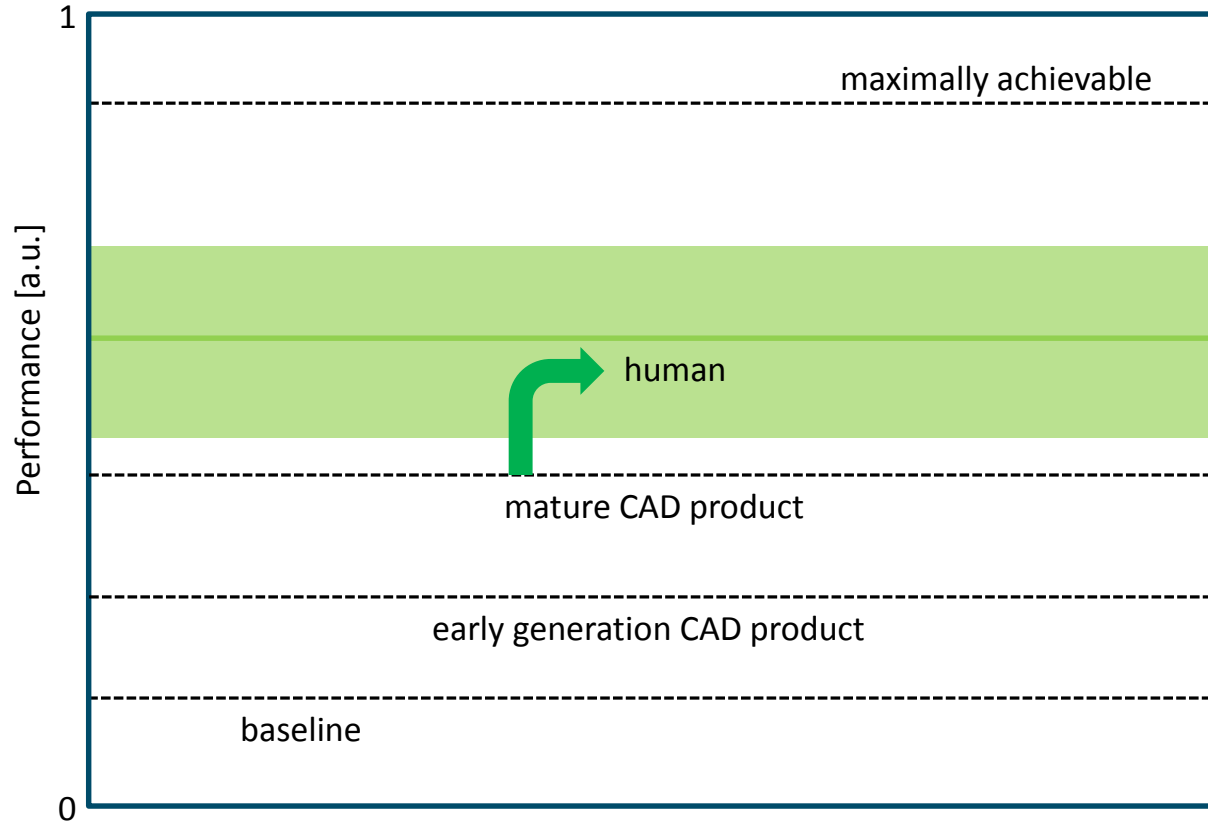


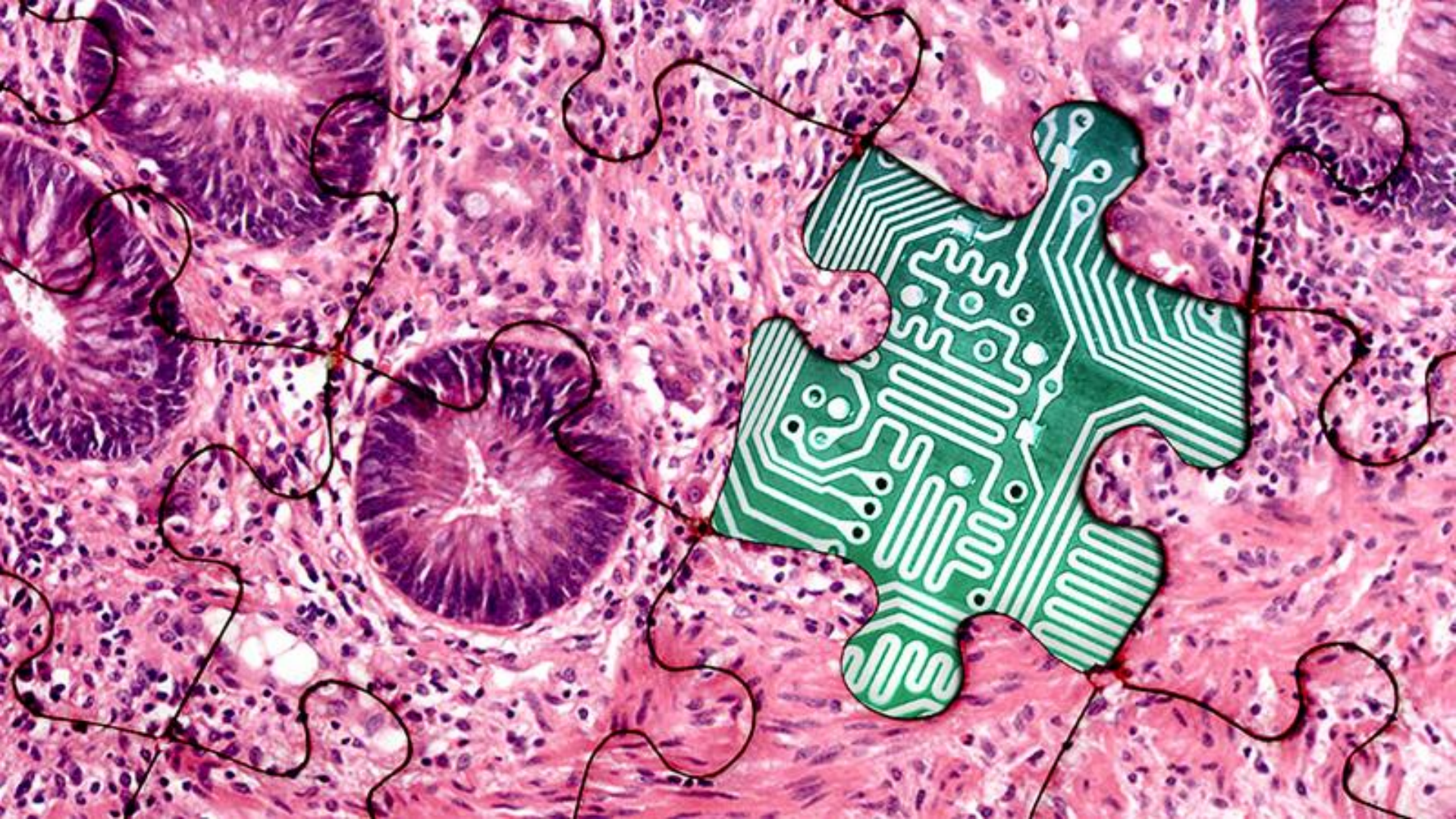
Normal lymph node tissue



Breast cancer metastasis

A detection/diagnosis/quantification task involving medical images





nature

THE INTERNATIONAL WEEKLY JOURNAL OF SCIENCE

At last — a computer program that
can beat a champion Go player **PAGE 484**

ALL SYSTEMS GO

CONSERVATION

SONGBIRDS À LA CARTE

*Illegal harvest of millions
of Mediterranean birds*

PAGE 452

RESEARCH ETHICS

SAFEGUARD TRANSPARENCY

*Don't let openness backfire
on individuals*

PAGE 459

POPULAR SCIENCE

WHEN GENES GOT 'SELFISH'

*Darwin's 'selfish'
card forty years on*

PAGE 462

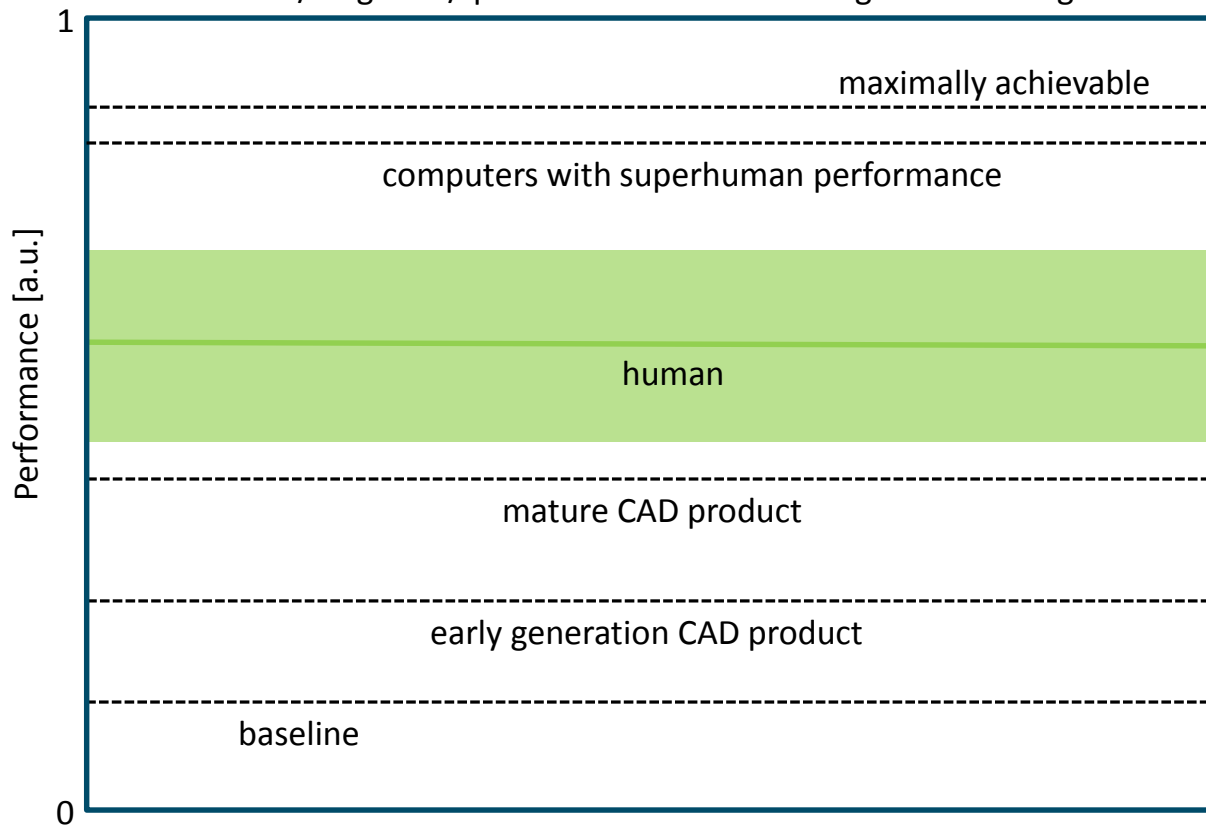
NATURE.COM/NATURE

25 January 2015 £10

ISSN 0028-280X



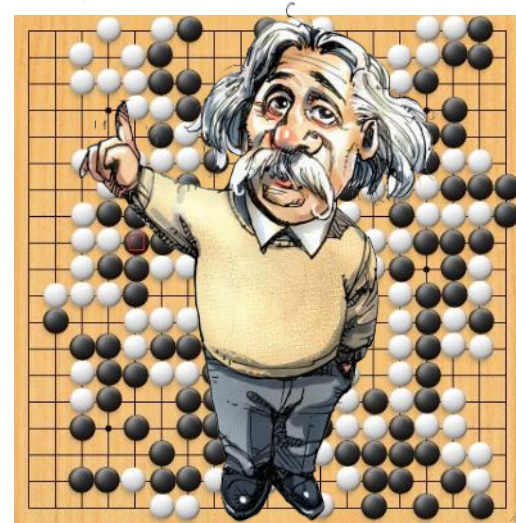
A detection/diagnosis/quantification task involving medical images



Deep learning

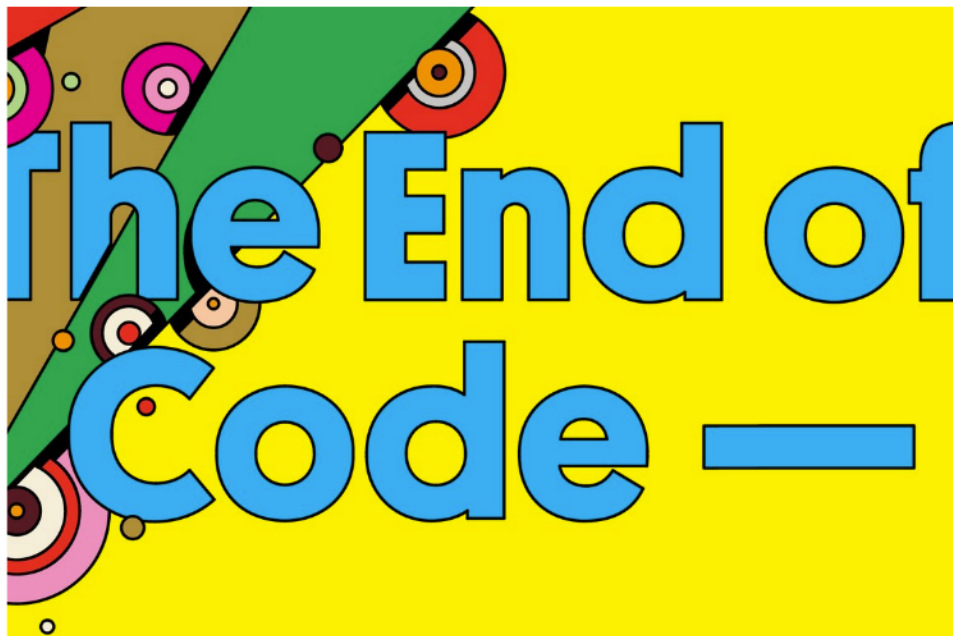


30 options per turn
40 turns per game



250 options per turn
150 turns per game

SOON WE WON'T PROGRAM COMPUTERS. WE'LL TRAIN THEM LIKE DOGS



EDWARD C. MONAGHAN

SHARE



SHARE
13183



TWEET

BEFORE THE INVENTION of the computer, most experimental psychologists thought the brain was an unknowable black box. You could analyze a subject's behavior—*ring bell, dog salivates*—but thoughts, memories, emotions? That stuff was obscure and inscrutable, beyond the reach of science. So these behaviorists, as they called themselves, confined their work to the study of stimulus and response, feedback and reinforcement: bells and saliva. They gave up trying to

MOST POPULAR



BUSINESS
SpaceX's President is
Thinking Even Bigger Than
Elon Musk
ERIN GRIFFITH

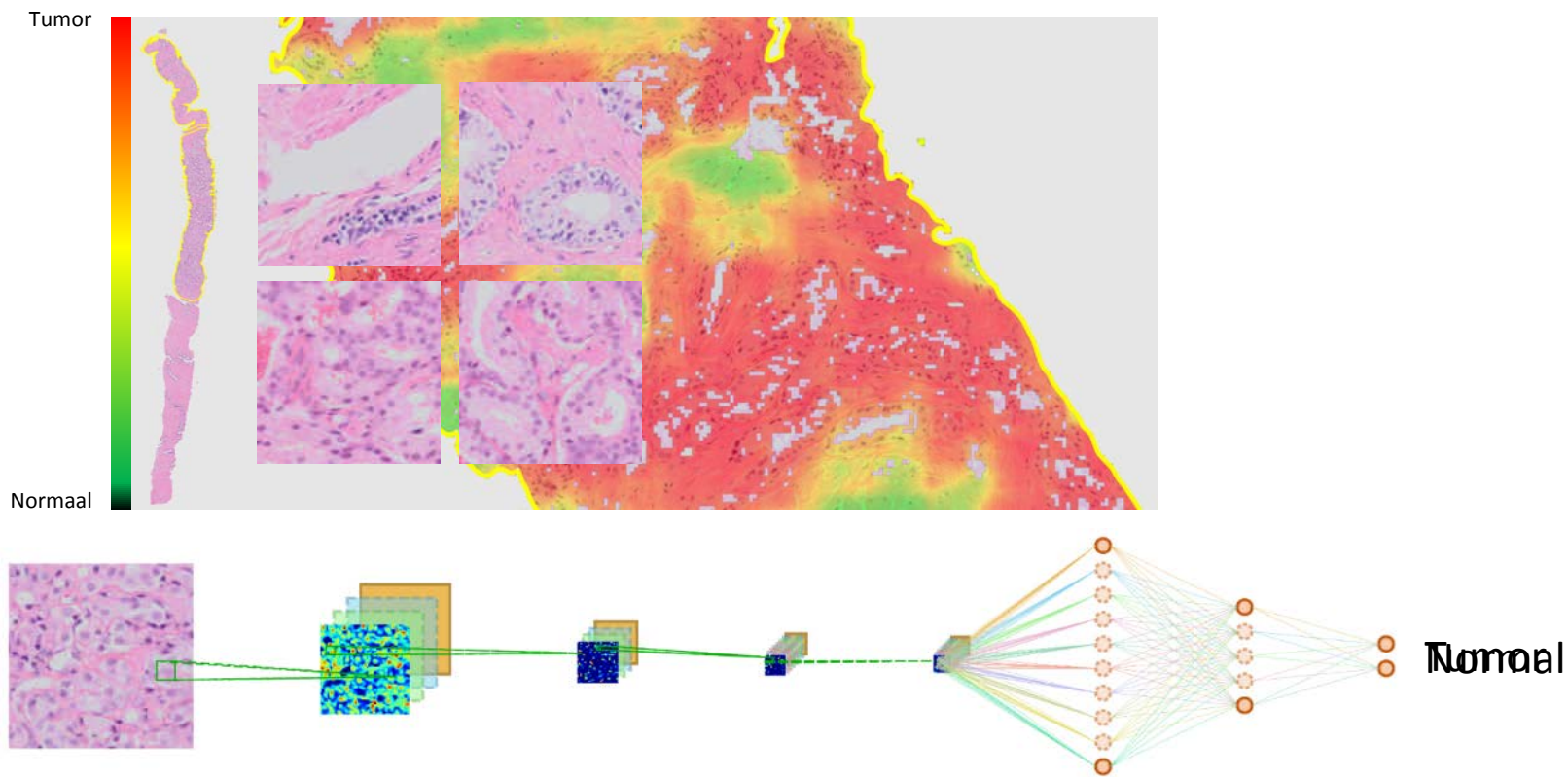
TRANSPORTATION

[JASON TANZ](#) IDEAS 05.17.16 06:50 AM

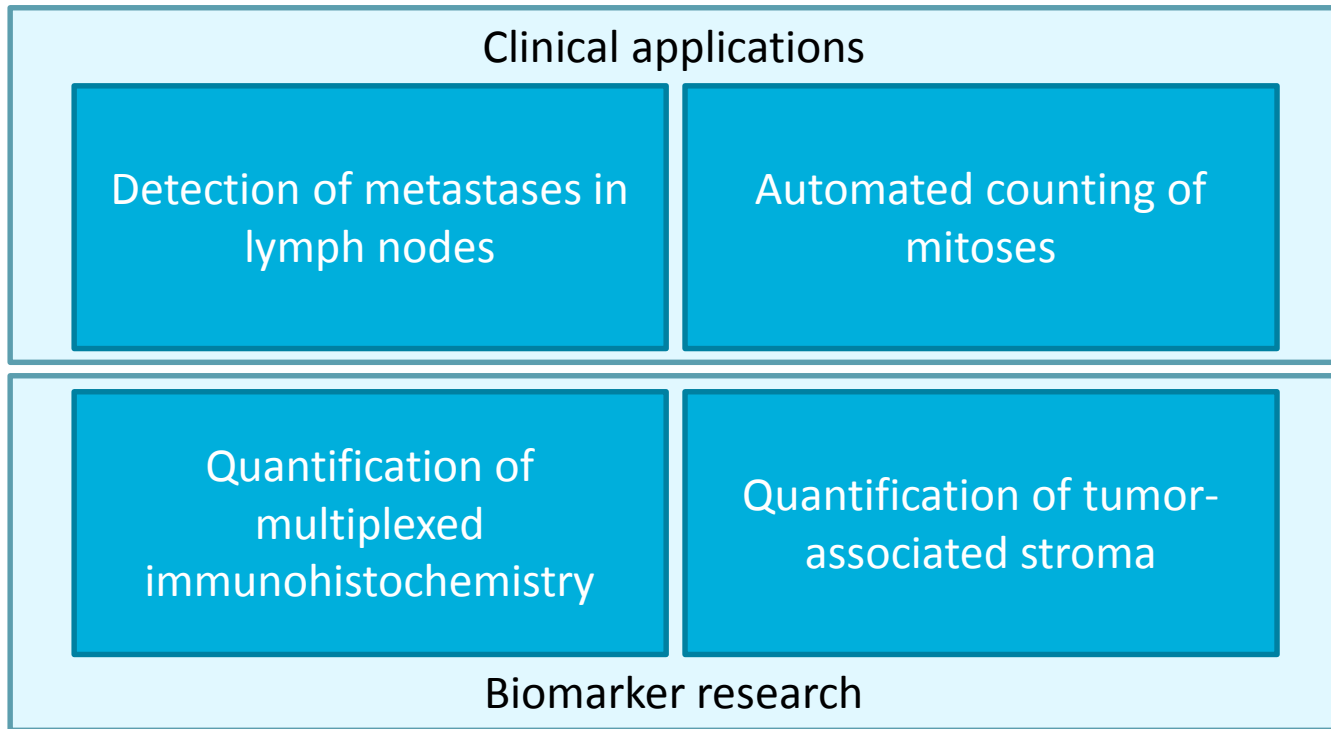
**SOON WE WON'T PROGRAM COMPUTERS. WE'LL
TRAIN THEM LIKE DOGS**

How to build CAD systems at (super-)human level?



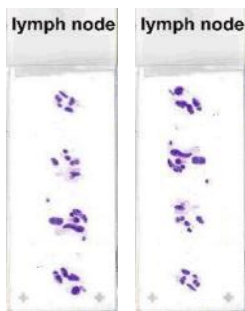


Applications of computational pathology



Detection of metastases in lymph nodes

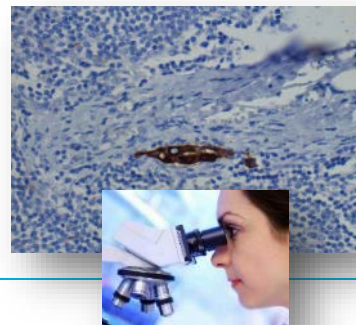




H&E



IHC



pN+

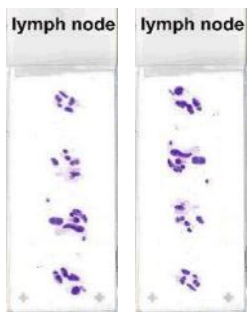
pNo

+

+

-

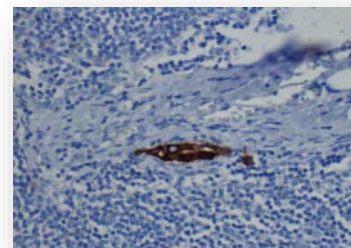
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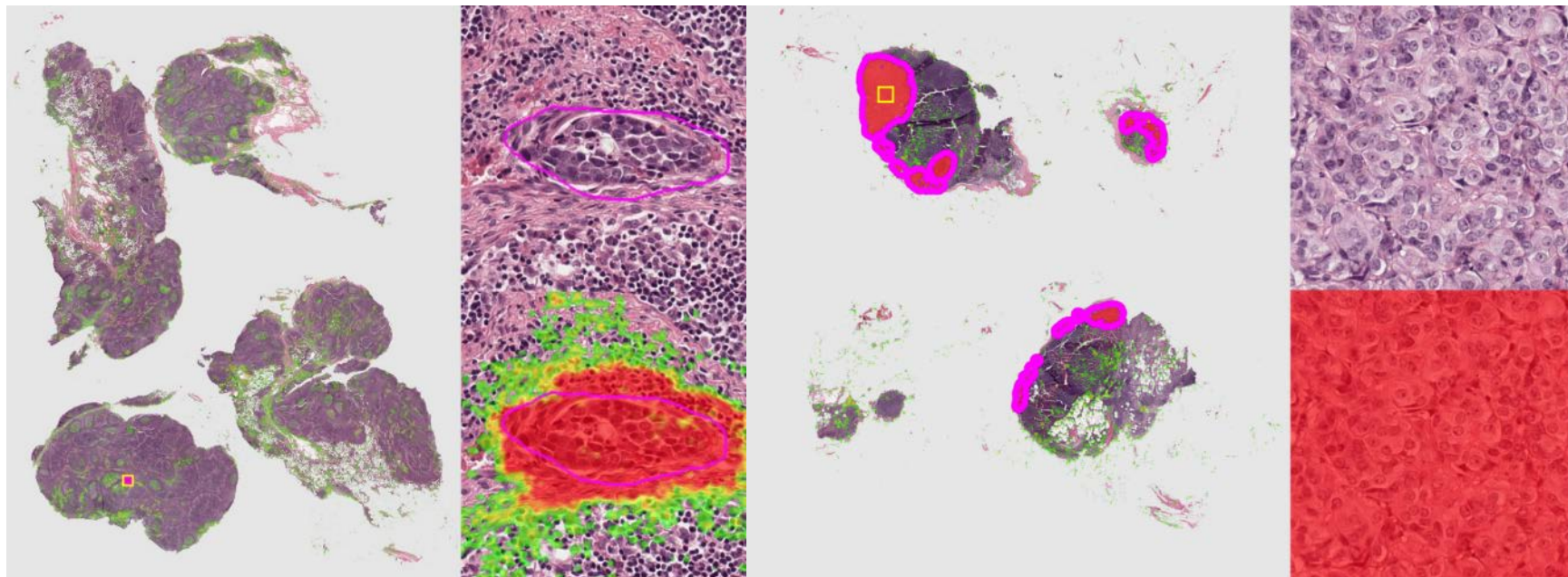
H&E



IHC



Detection of metastases in lymph nodes



Data





Center	Number of slides
CWZ (Nijmegen)	200
LabPON (Hengelo)	200
Rijnstate (Arnhem)	200
Radboudumc (Nijmegen)	439
UMCU (Utrecht)	350
Total	1399



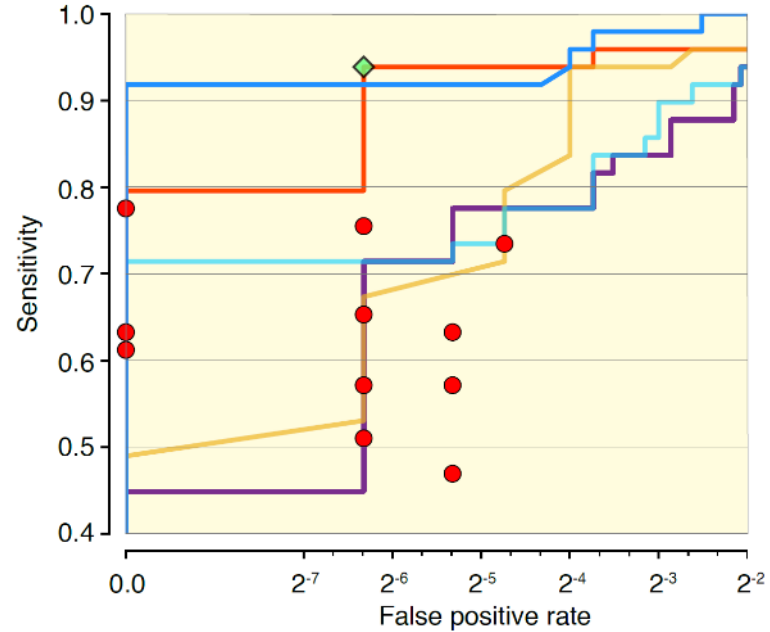
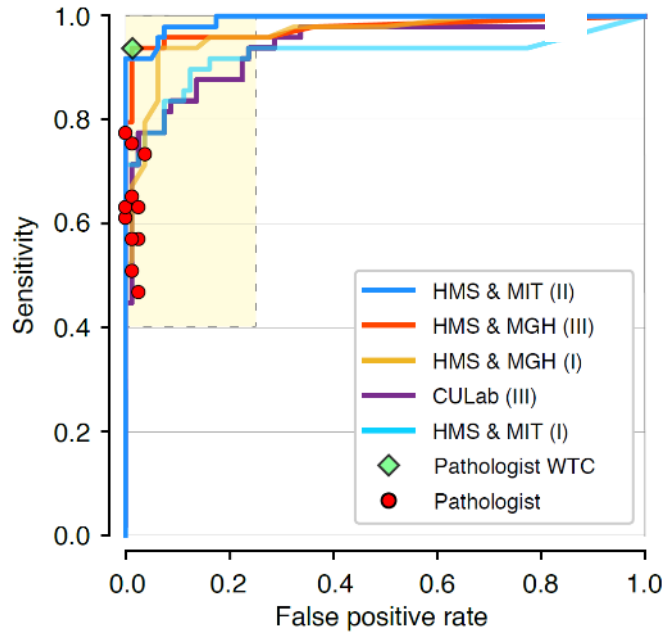
CAMELYON16



CAMELYON17

Rank ▲	Team ◇	AUC ◇	Description ◇
01	Harvard Medical School (BIDMC) and Massachusetts Institute of Technology (CSAIL), USA	0.9250	  
02	ExB Research and Development co., Germany	0.9173	  
03	Independent participant, Germany	0.8680	  
04	Health Sciences Middle East Technical University, Turkey	0.8669	  
05	NLP LOGIX co., USA	0.8332	  
06	University of Toronto, Electrical and Computer Engineering, Canada	0.8181	  
07	The Warwick-QU Team, United Kingdom	0.7999	  
08	Radboud University Medical Center, Diagnostic Image Analysis Group, Netherlands	0.7828	  
09	HTW-BERLIN, Germany	0.7717	 
10	University of Toronto, Electrical and Computer Engineering, Canada	0.7666	  

Comparison to human experts



Pathologist

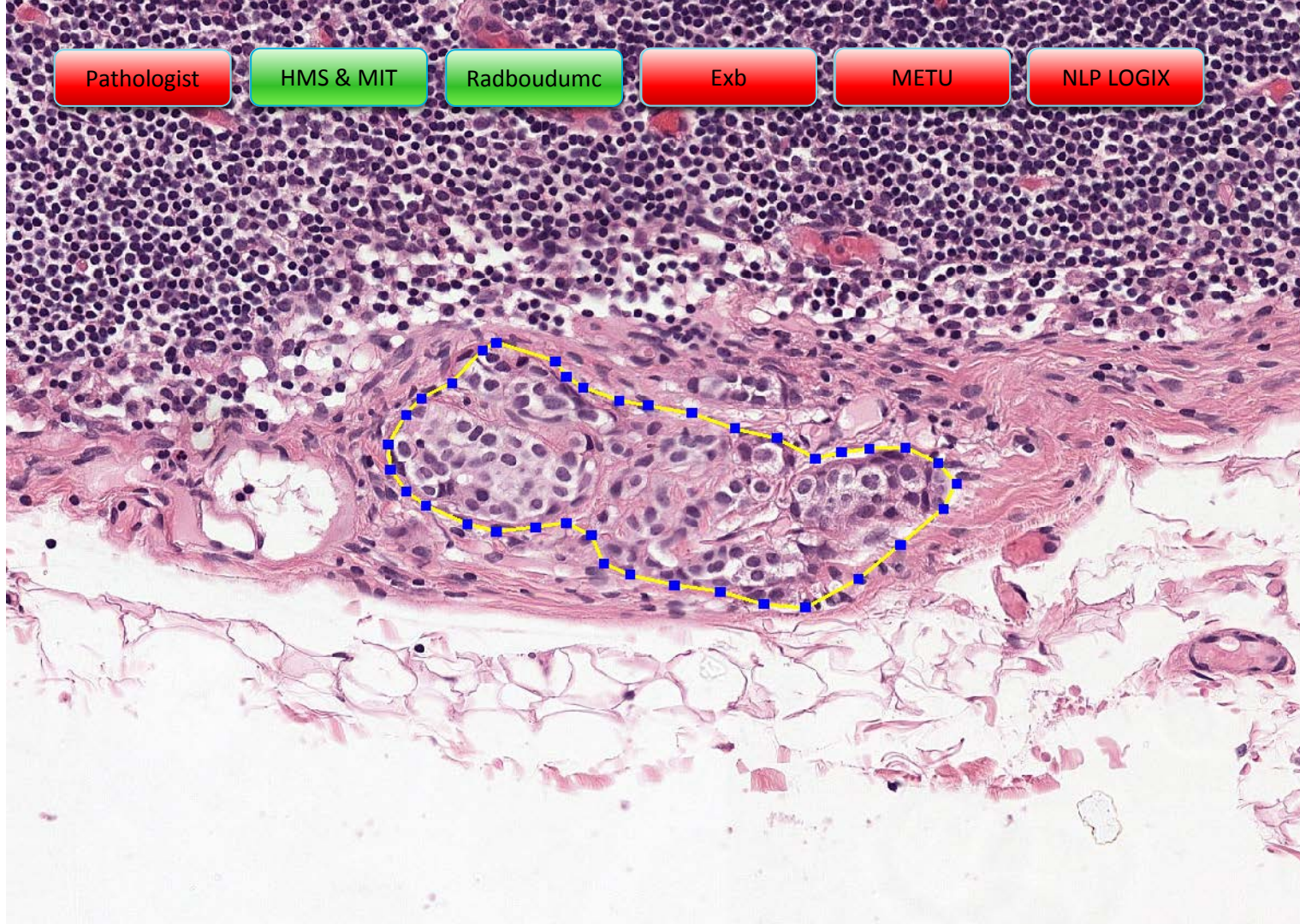
HMS & MIT

Radboudumc

Exb

METU

NLP LOGIX



Pathologist

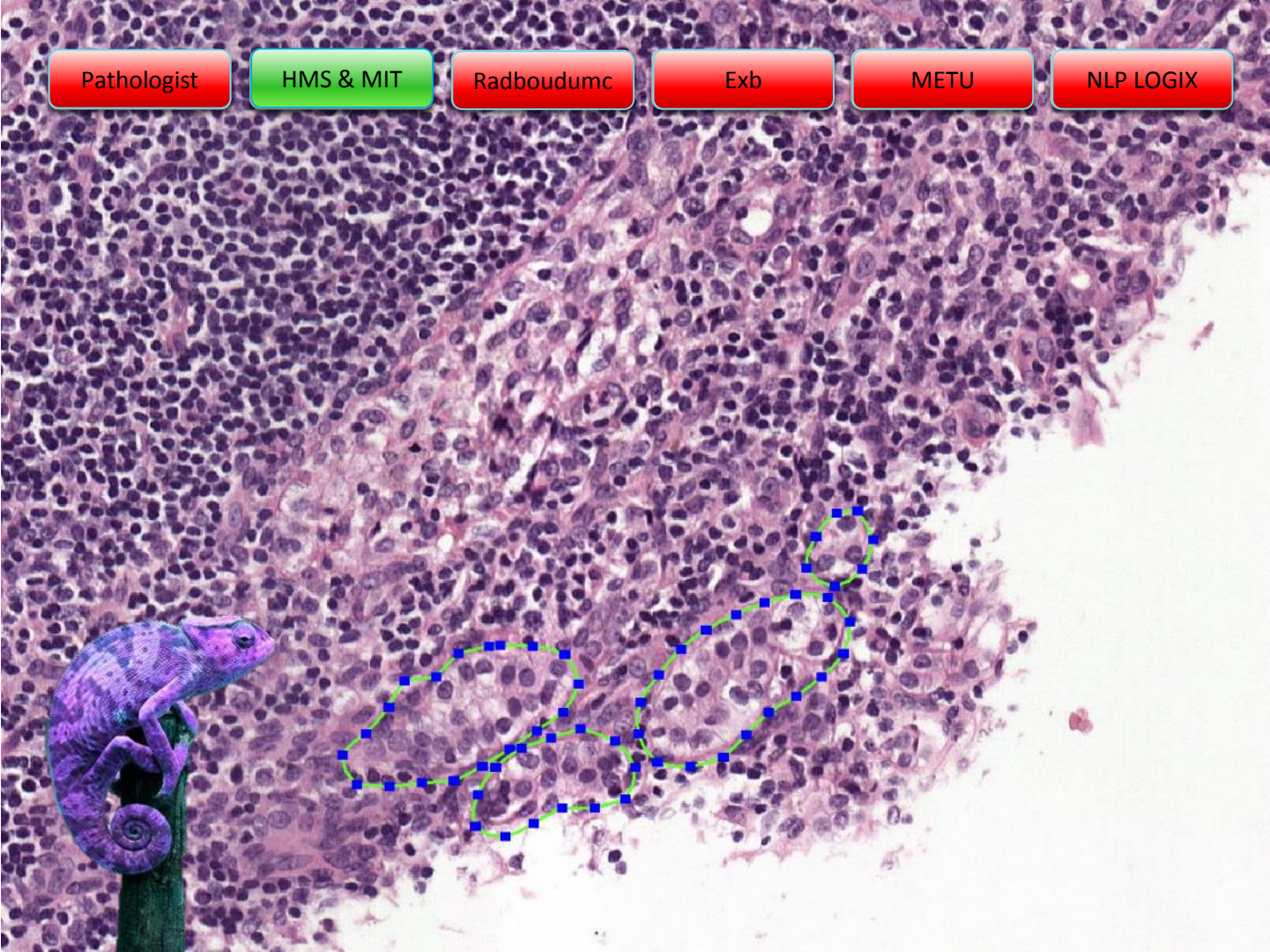
HMS & MIT

Radboudumc

Exb

METU

NLP LOGIX



Pathologist

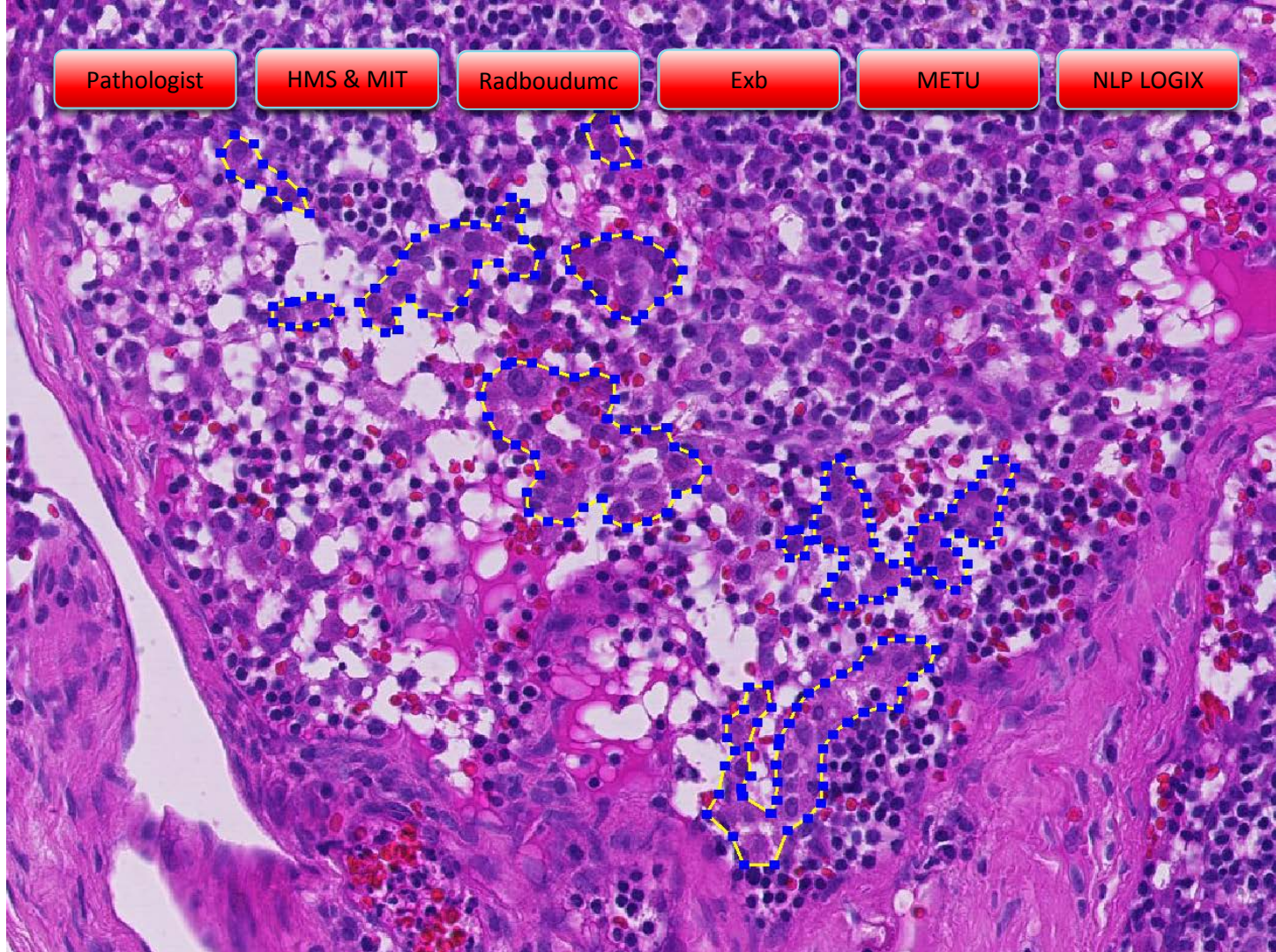
HMS & MIT

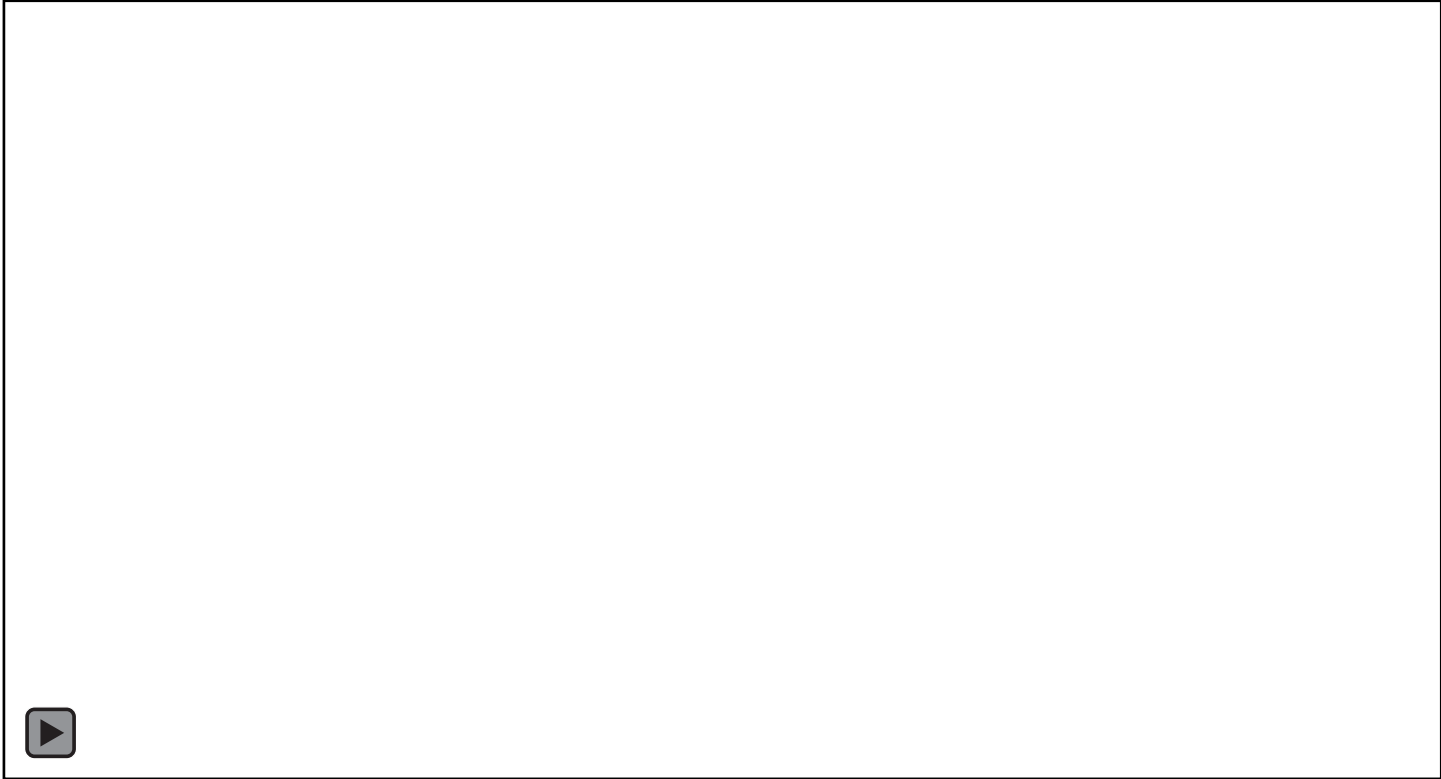
Radboudumc

Exb

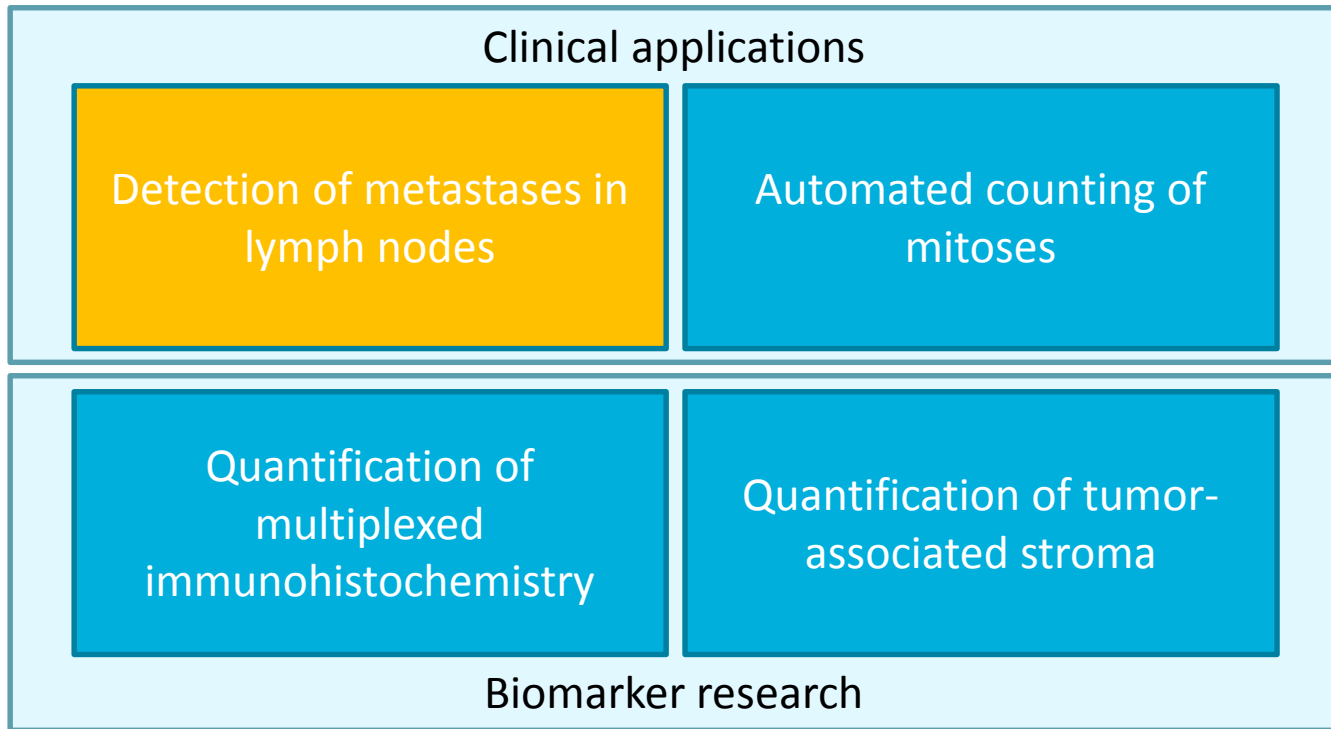
METU

NLP LOGIX

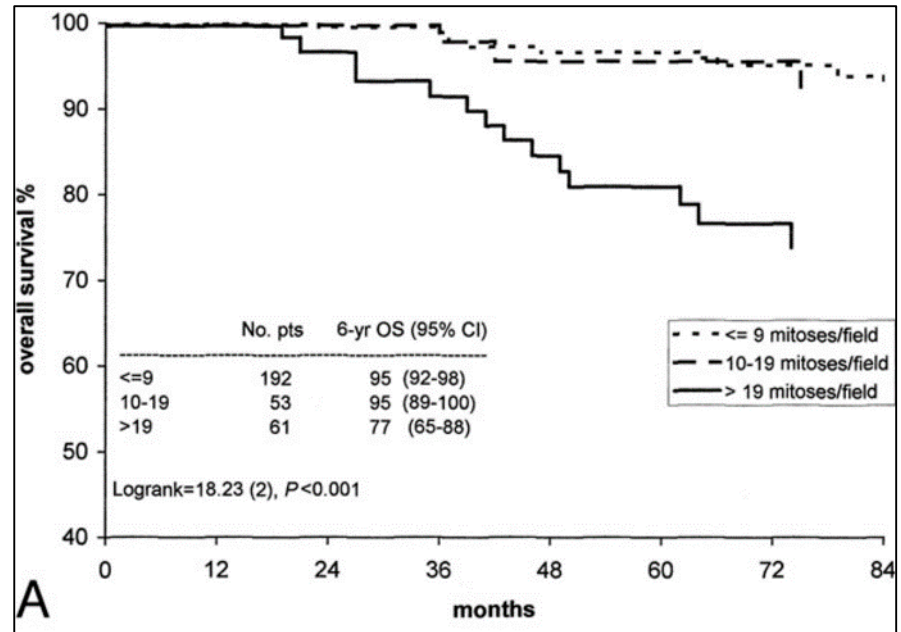
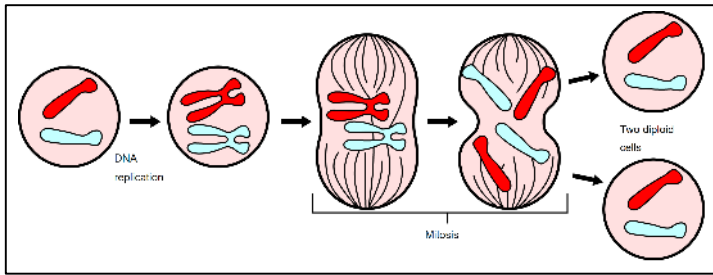


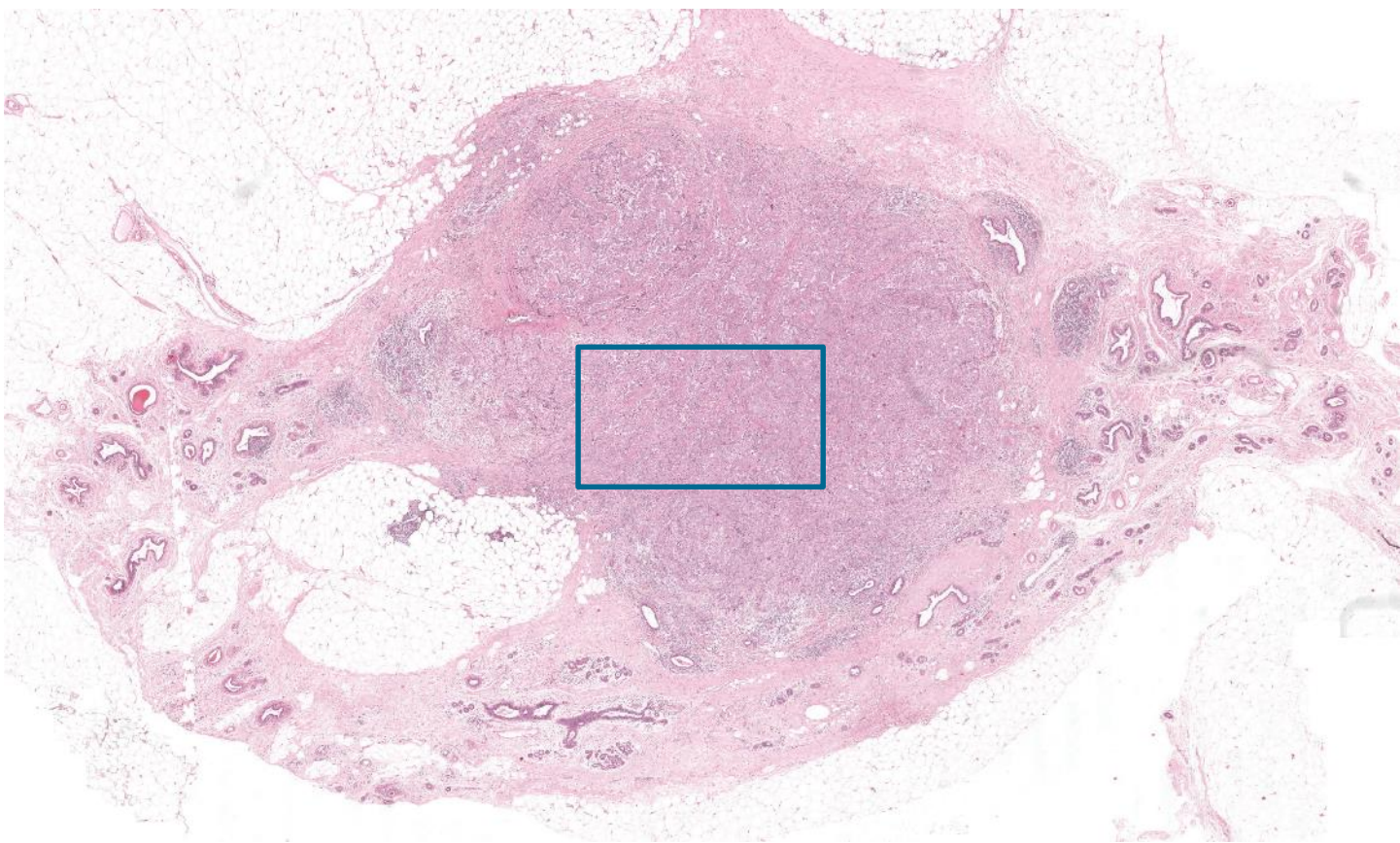


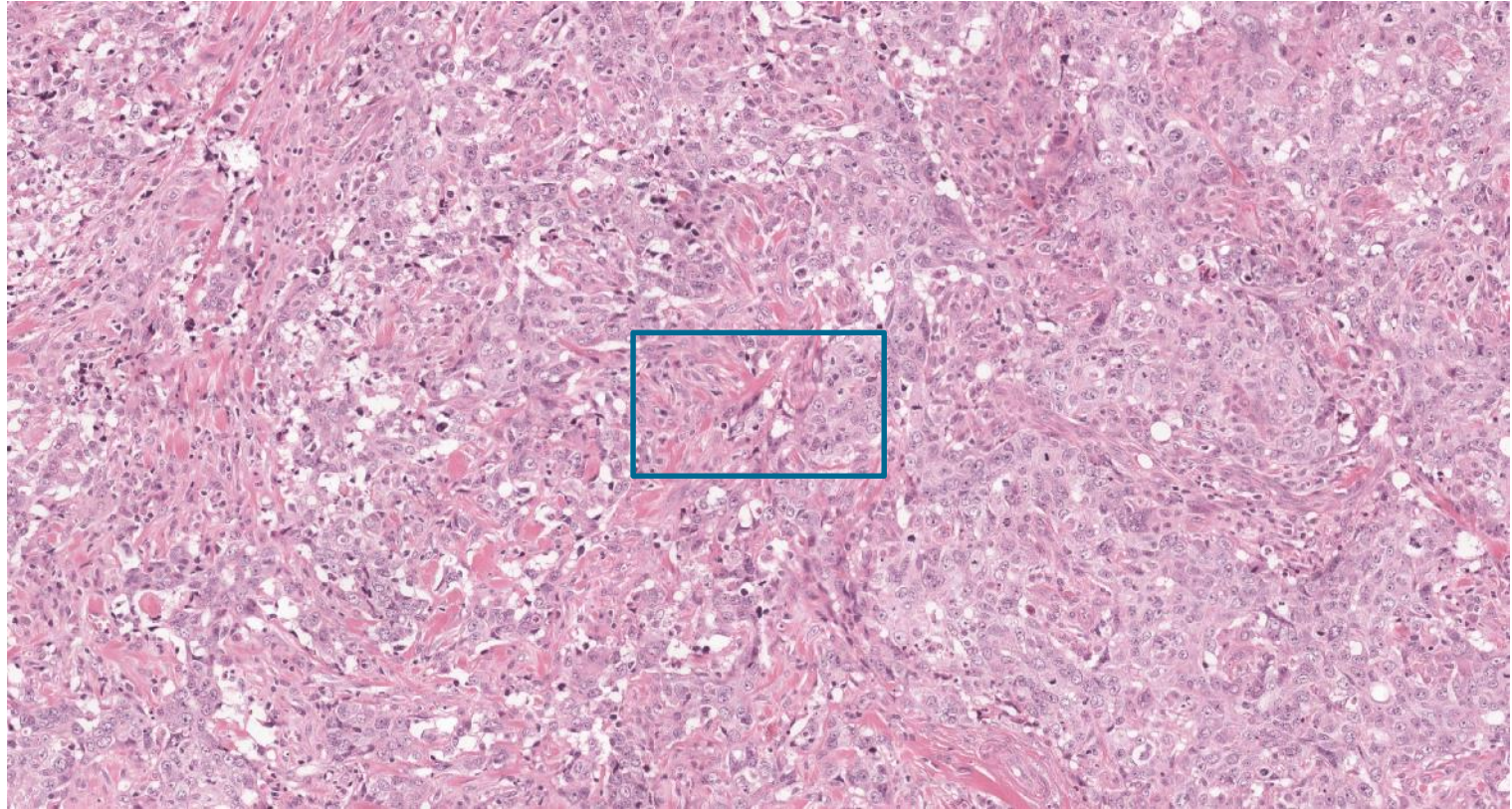
Applications of computational pathology

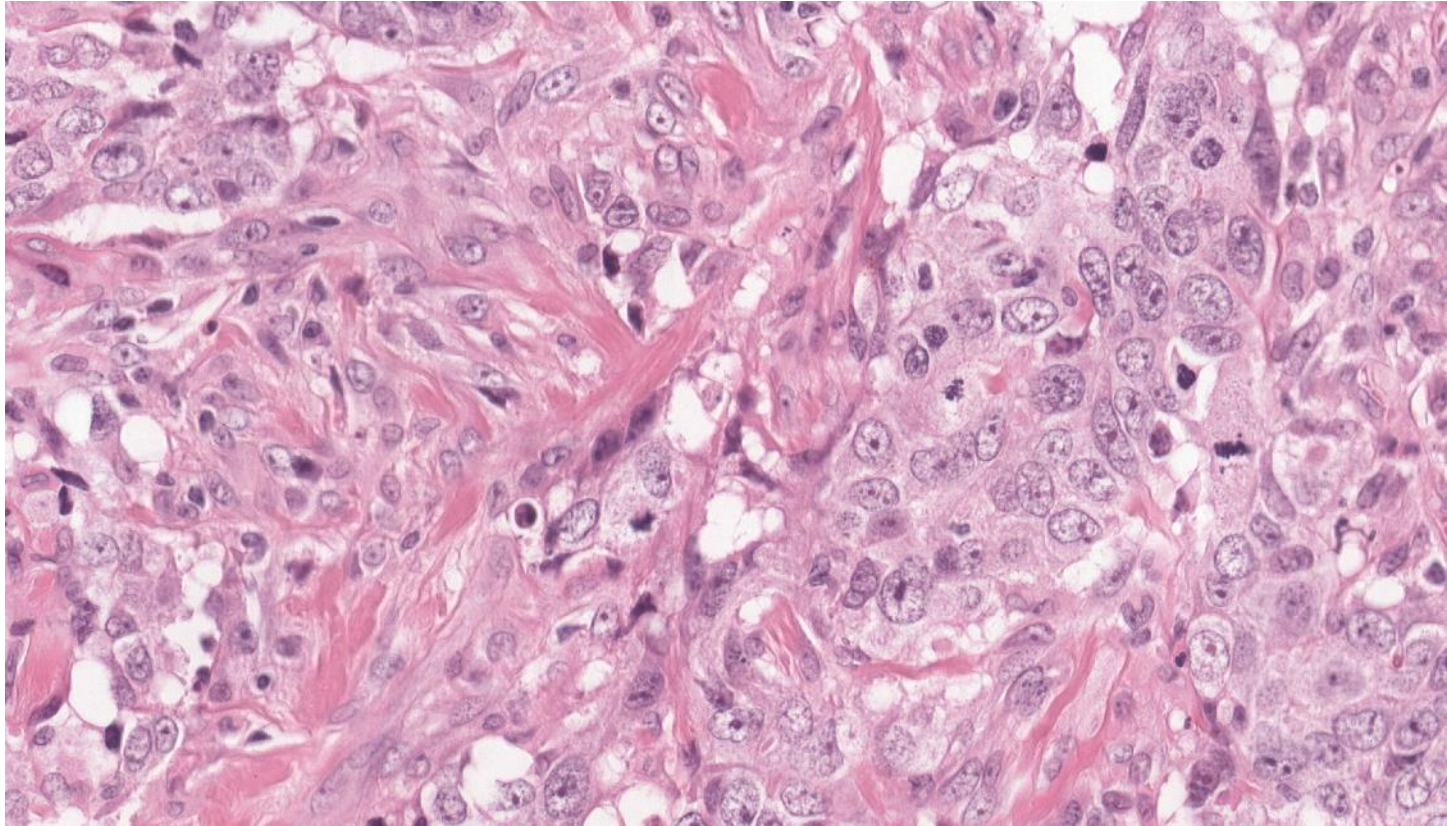


Automated counting of mitoses









Automated counting of mitoses

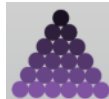


Assessment of Mitosis Detection Algorithms 2013

AMIDA13 | MICCAI Grand Challenge

D. C. Cireşan, A. Giusti, L. M. Gambardella, and J. Schmidhuber, "Mitosis detection in breast cancer histology images with deep neural networks," in *International Conference on Medical Image Computing and Computer-assisted Intervention*. Springer, 2013, pp. 411–418.

M. Veta, P. J. van Diest, M. Jiwa, S. Al-Janabi, and J. P. Pluim, "Mitosis counting in breast cancer: Object-level interobserver agreement and comparison to an automatic method," *PloS one*, vol. 11, no. 8, p. e0161286, 2016.



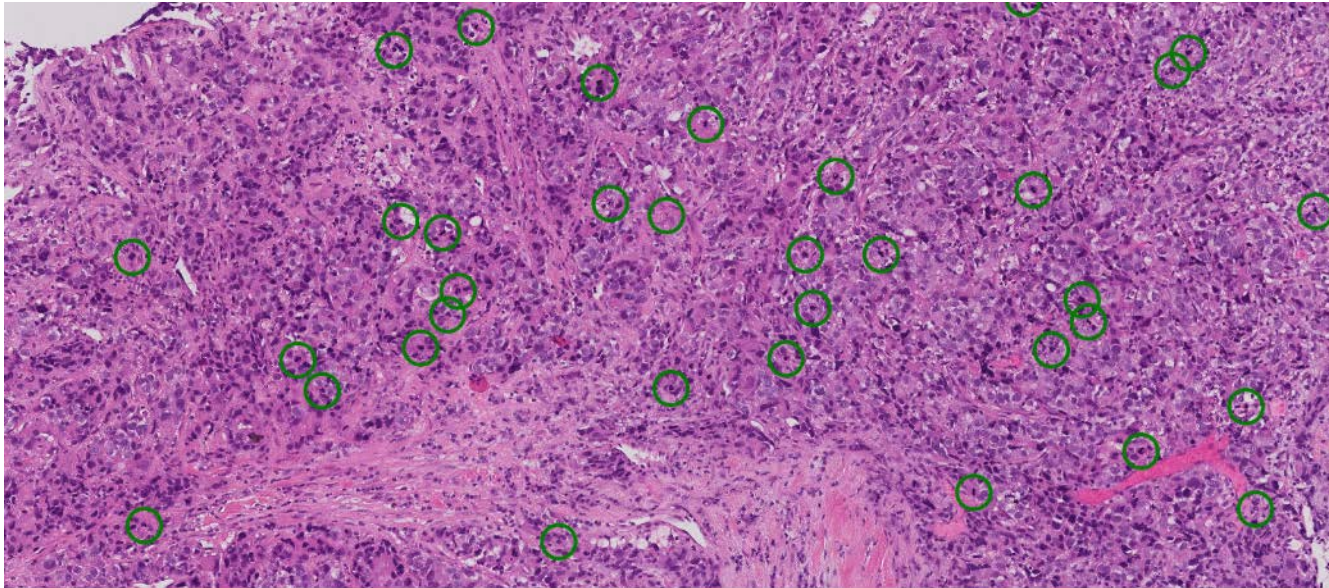
Tumor Proliferation Assessment Challenge 2016

TUPAC16 | MICCAI Grand Challenge

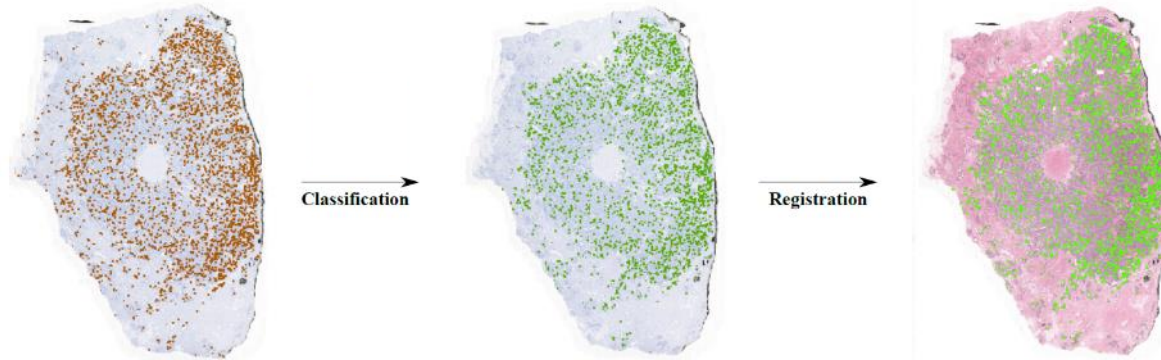
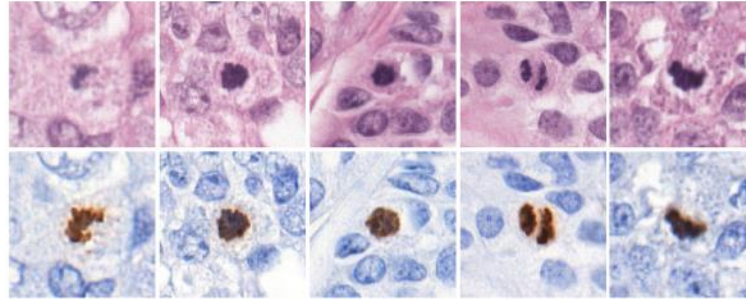
E. Zerhouni, D. Lányi, M. Viana, and M. Gabrani, "Wide residual networks for mitosis detection," in *Biomedical Imaging (ISBI 2017), 2017 IEEE 14th International Symposium on*. IEEE, 2017, pp. 924–928.

K. Paeng, S. Hwang, S. Park, M. Kim, and S. Kim, "A unified framework for tumor proliferation score prediction in breast histopathology," *arXiv preprint arXiv:1612.07180*, 2016.

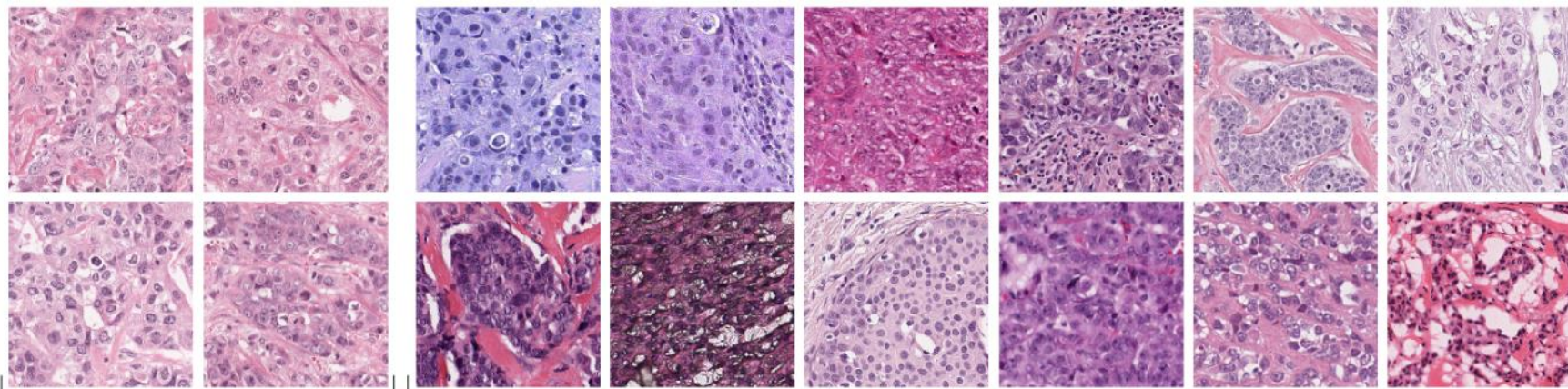
Problem 1: reference standard



Solution: PHH3 IHC



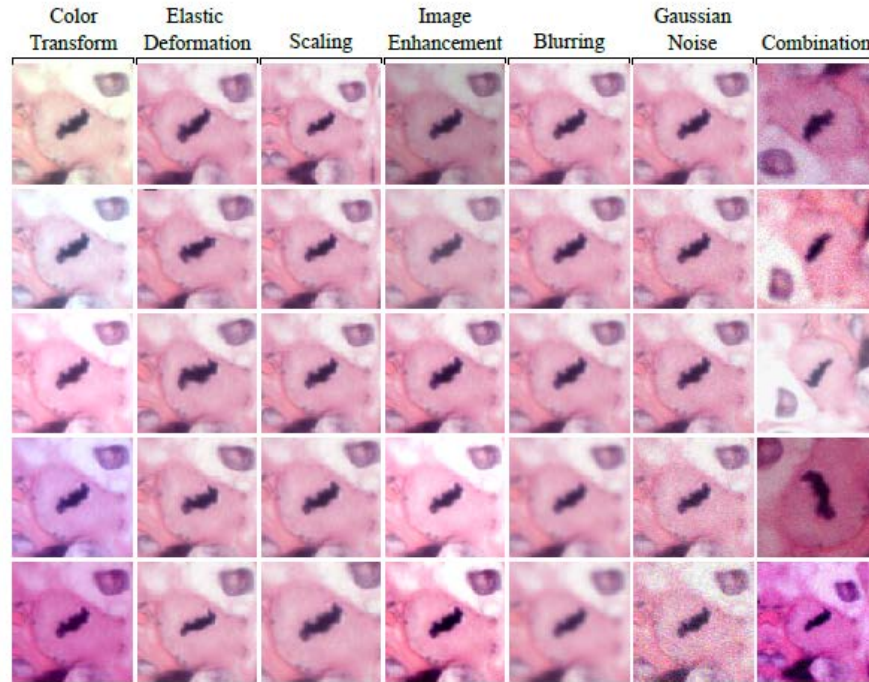
Problem 2: staining variation

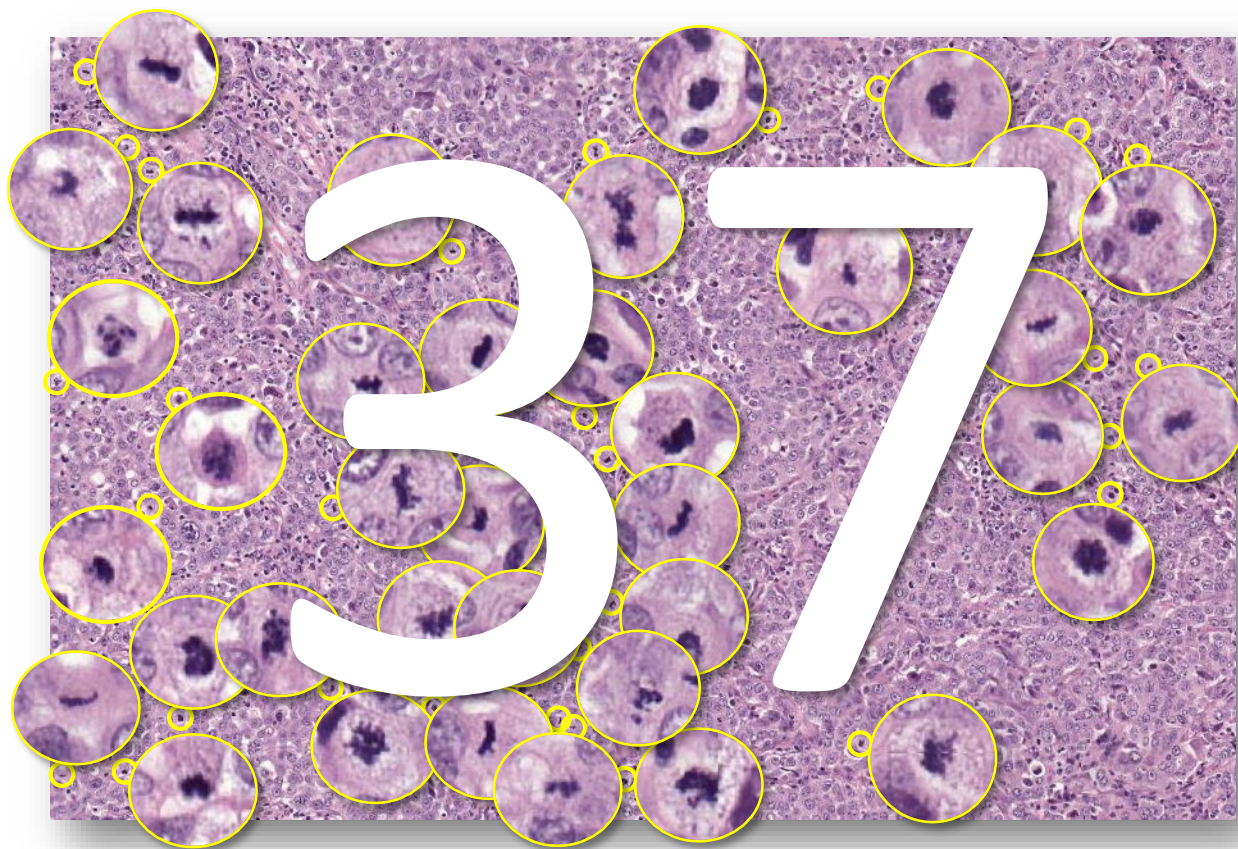


TNBC dataset

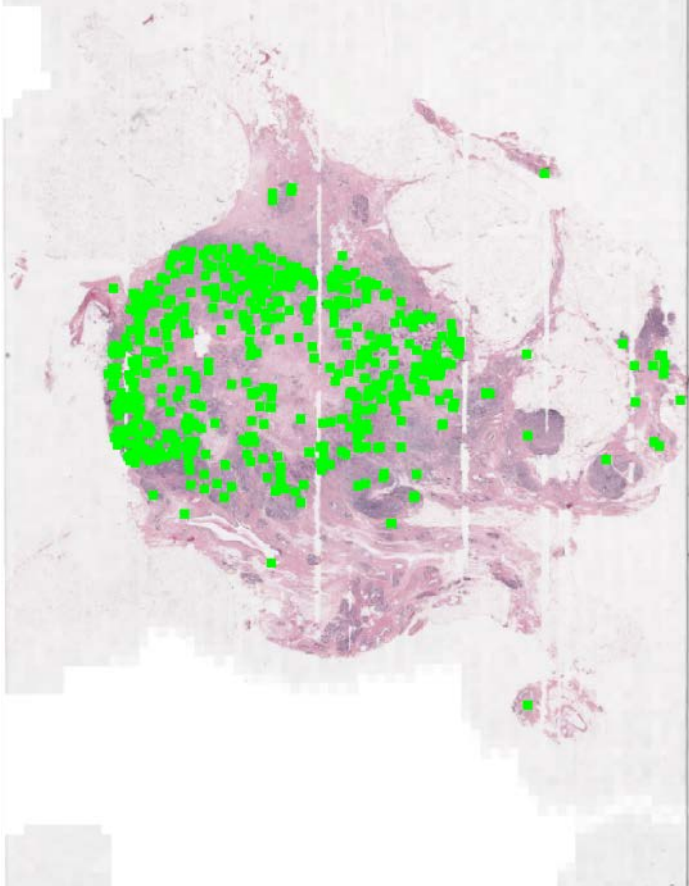
TUPAC dataset

Solution 2: Data augmentation

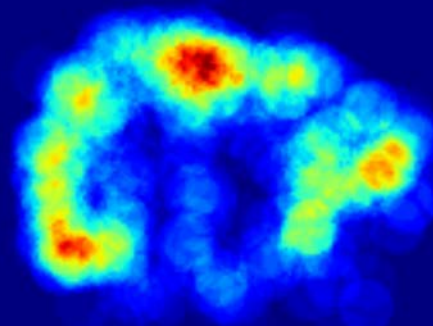




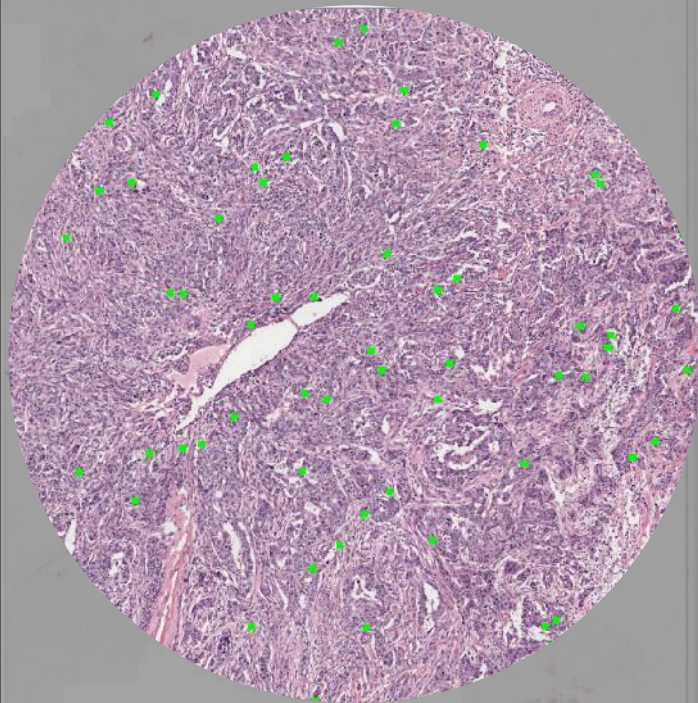
Mitosis detection



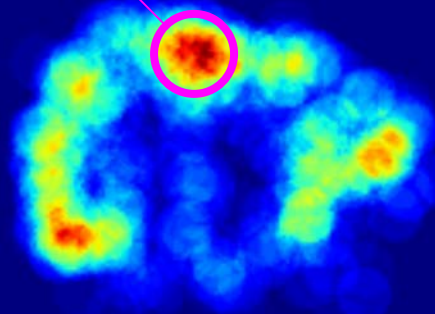
Mitosis density



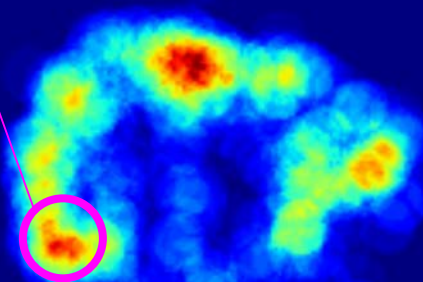
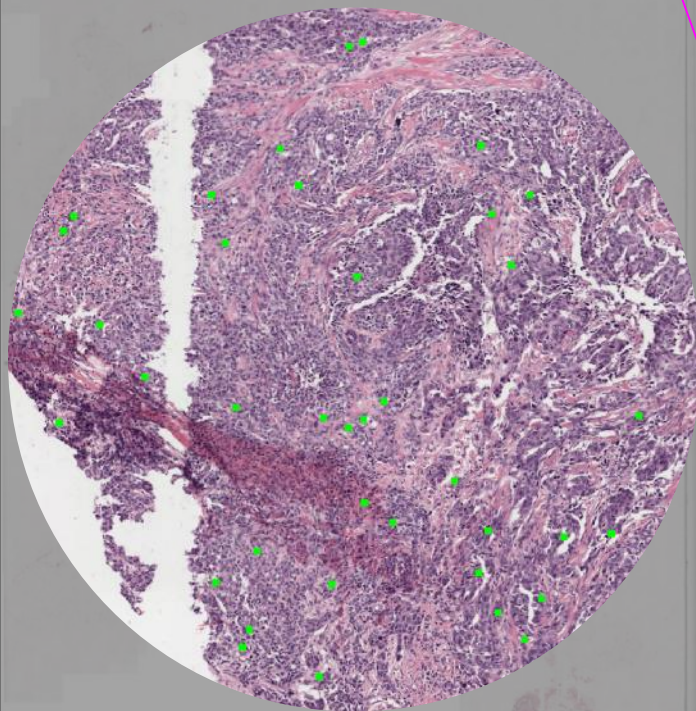
56 mitoses



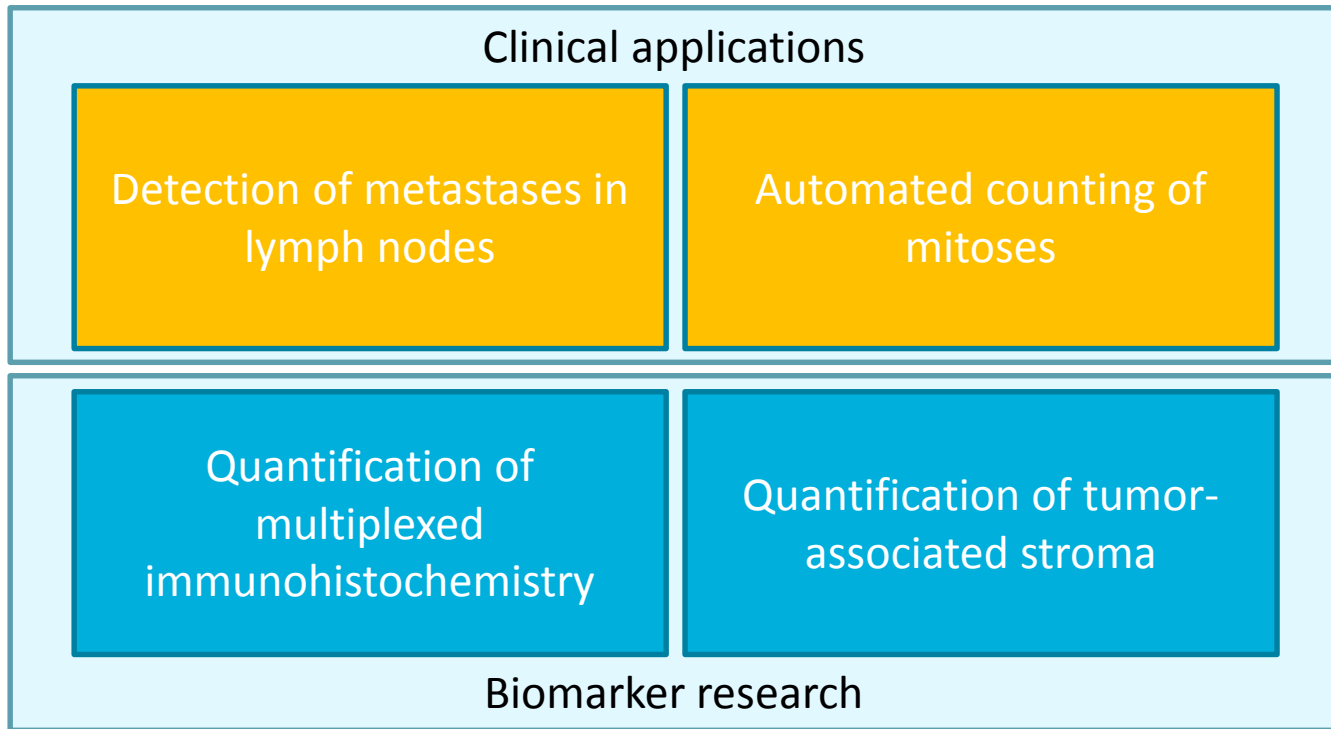
Immediate visibility via hot-spots



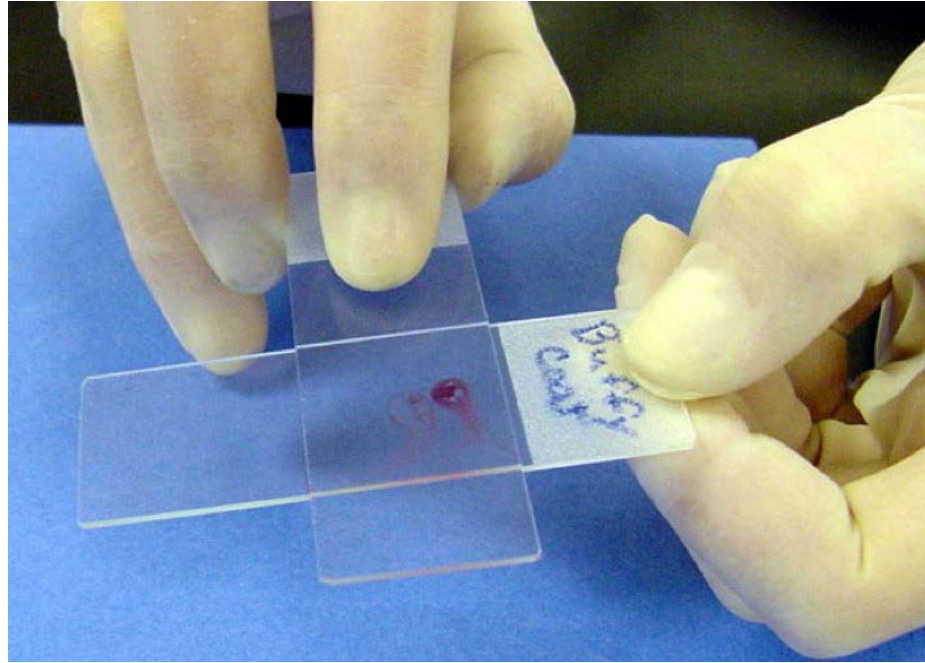
38 mitoses



Applications of computational pathology



Multiplexing in routine...



Current multiplexing strategies in research...



- **A novel immunohistochemical sequential multi-labelling and erasing technique enables epitope characterization of bone marrow pericytes in primary myelofibrosis.** Madelung et al. *Histopathology*. 2012
- **Prediction of survival in diffuse large B-cell lymphoma based on the expression of genes reflecting tumor and micro-environment.** Alizadeh et al. *Blood*, 2011
- **Distribution Patterns of Dendritic Cells and T Cells in Diffuse Large B-Cell Lymphomas Correlate with Prognoses.** Chang et al. *Clin Canc Res*, 2007
- Many others...

Current literature focusses on ideal situations

Idealized setting

- Consecutive sections
- Similar stains
- No major tissue artifacts
- Rough alignment present

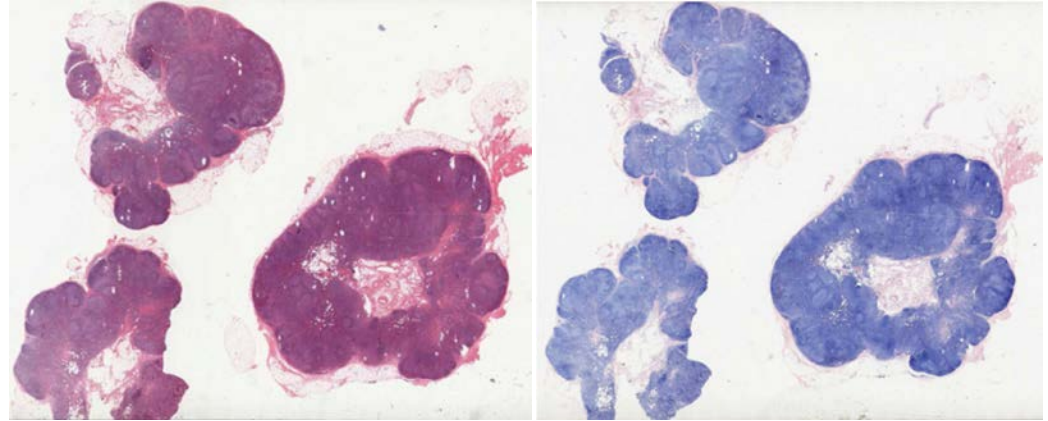


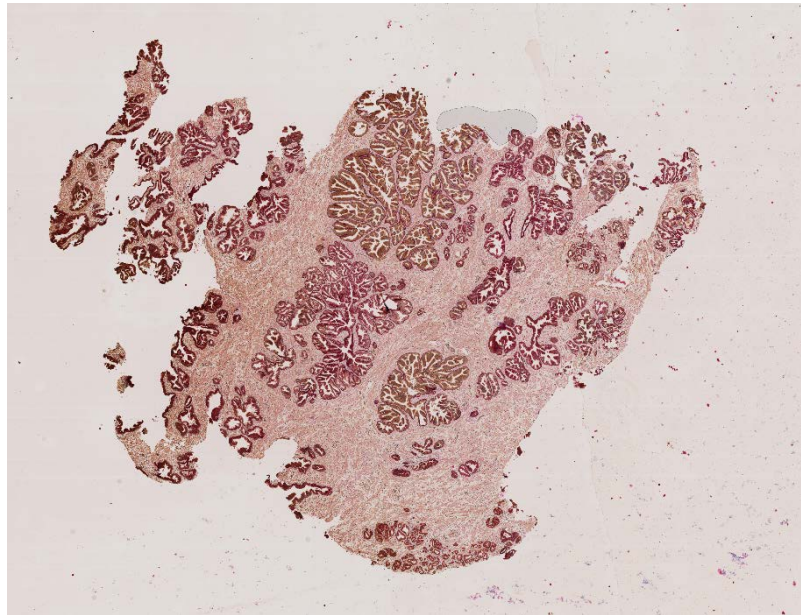
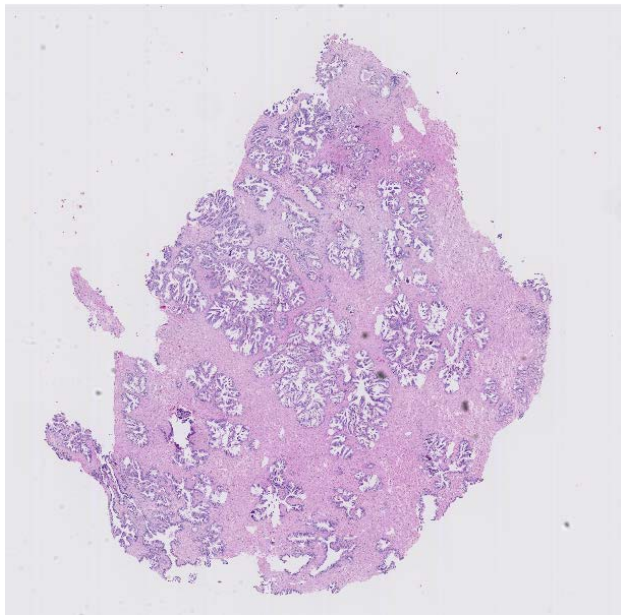
Image from Mueller et al. *Computerized Medical Imaging and Graphics*. 2011

Deviations from idealized setting have huge impact

- Median Hausdorff distance between landmark points triples (25 microns to 75 microns)¹

¹Song et al. *IEEE Transactions on Biomedical Engineering*. 2014

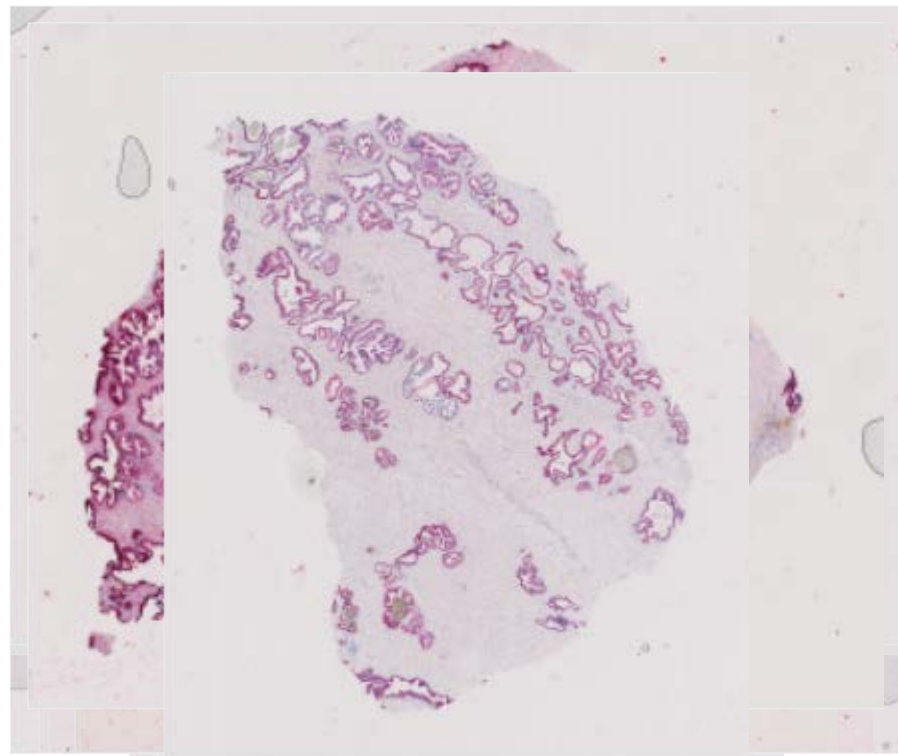
Most studies don't have ideal data



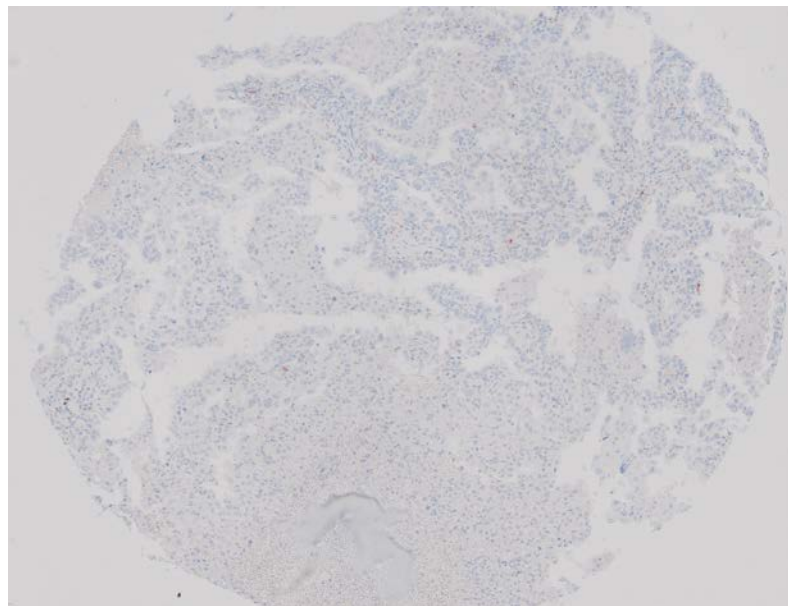
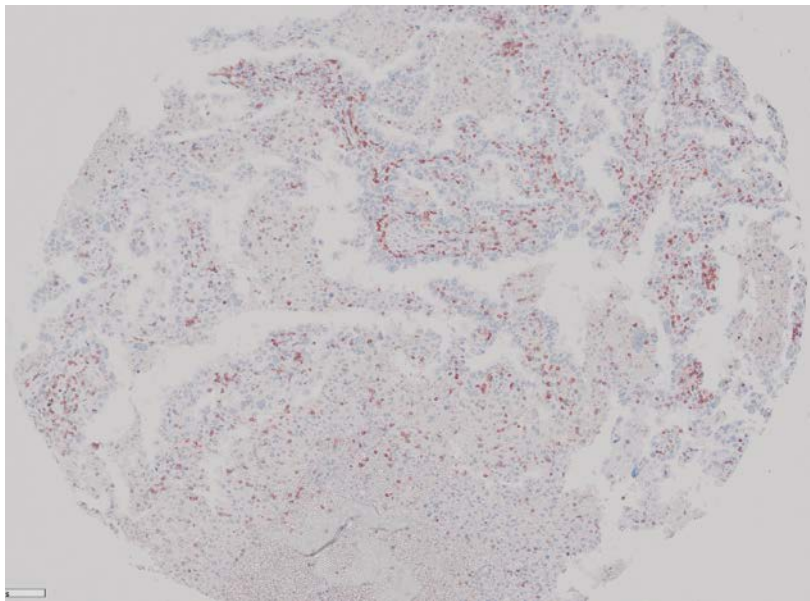
'Real' data

Clinical trial for immunotherapy

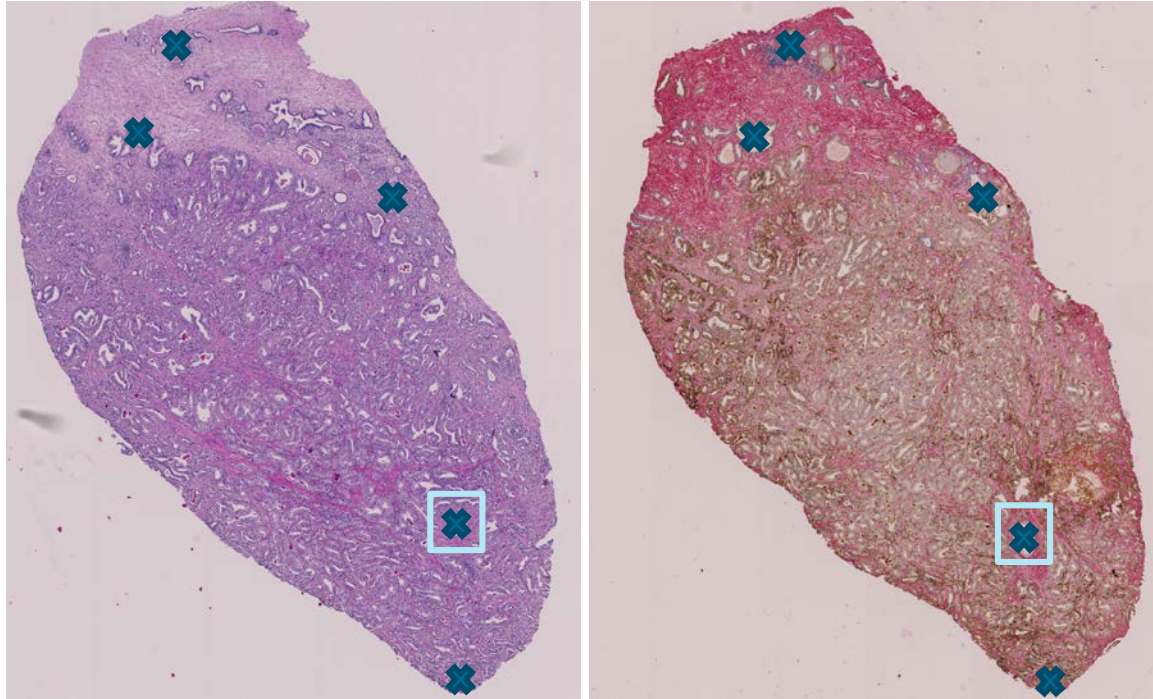
- 31 stains per section
- 0.48 microns per pixel



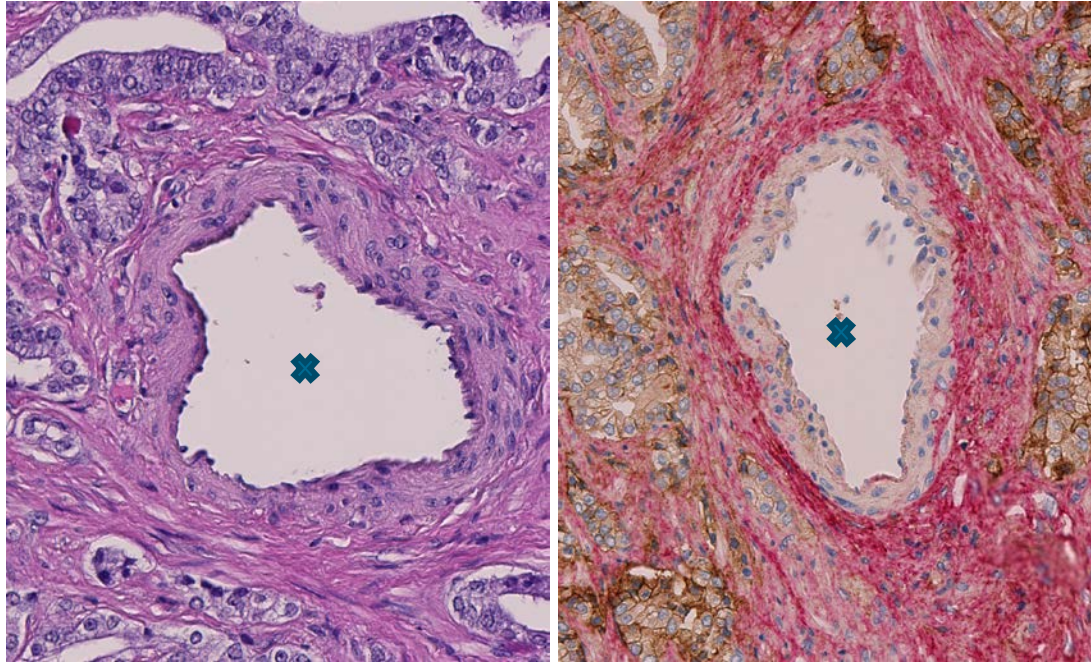
'Ideal' data



Experimental design

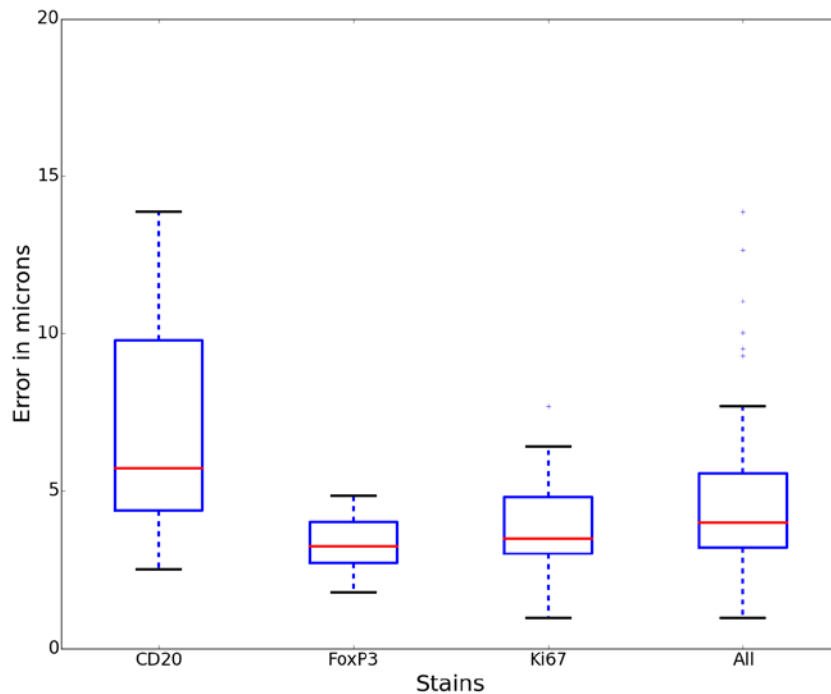


Experimental design

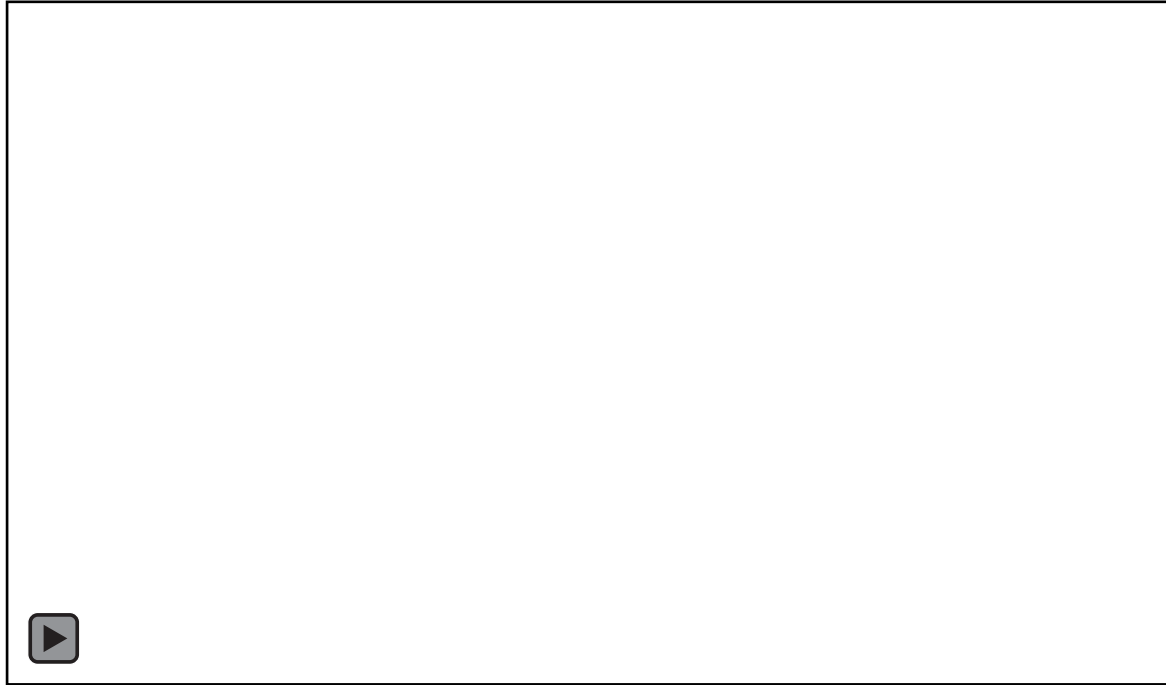


Quantitative results – ‘Ideal’ data

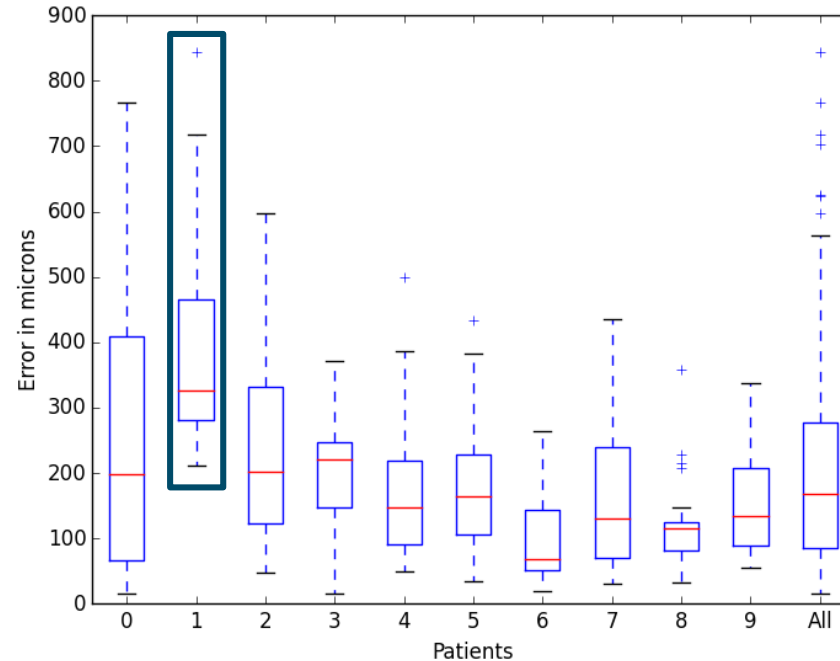
- Median registration error across all stains is 4 micron
- Maximum registration error is 14 micron



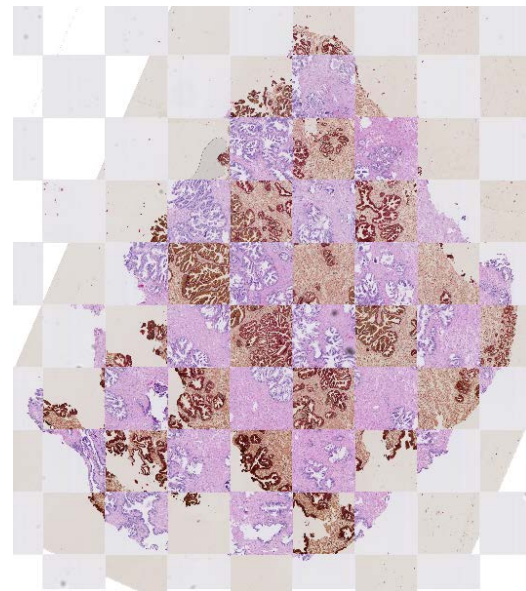
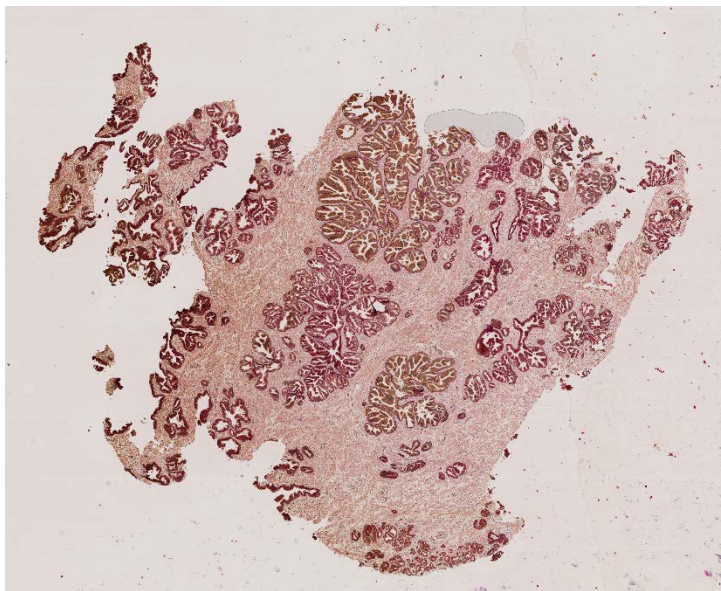
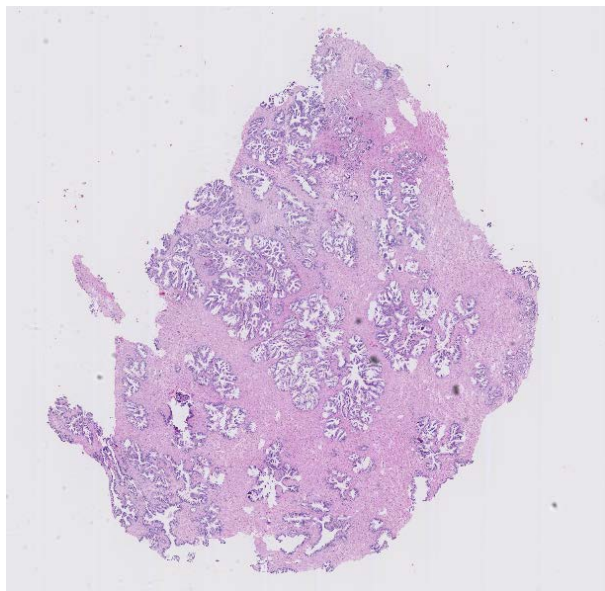
Qualitative results

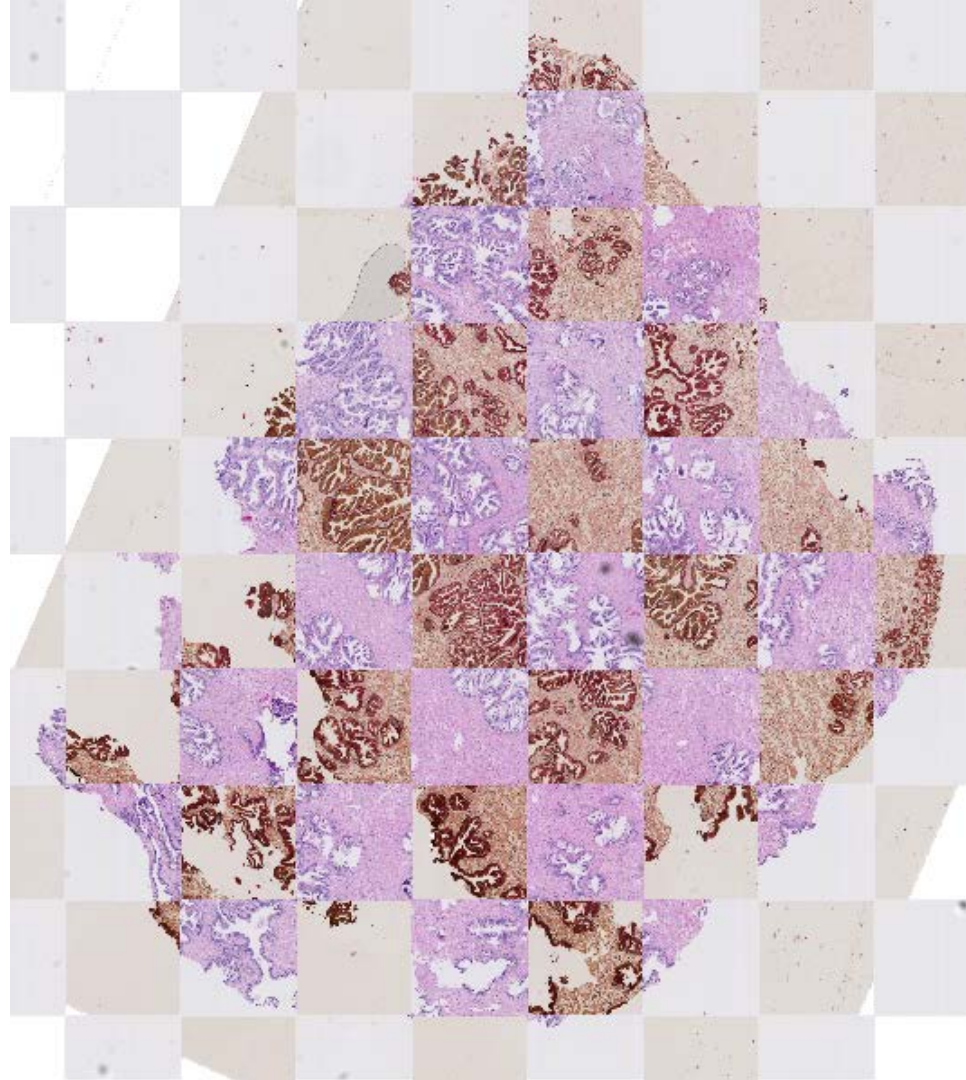


Quantitative results – ‘Real’ data

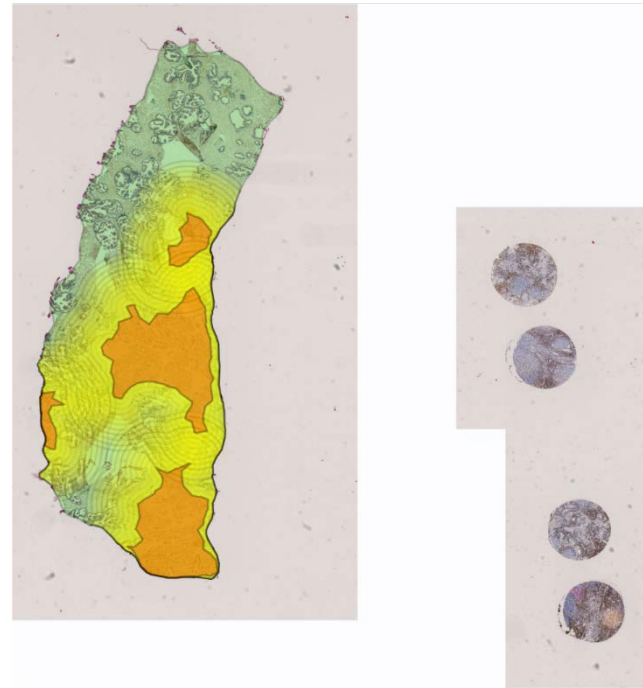
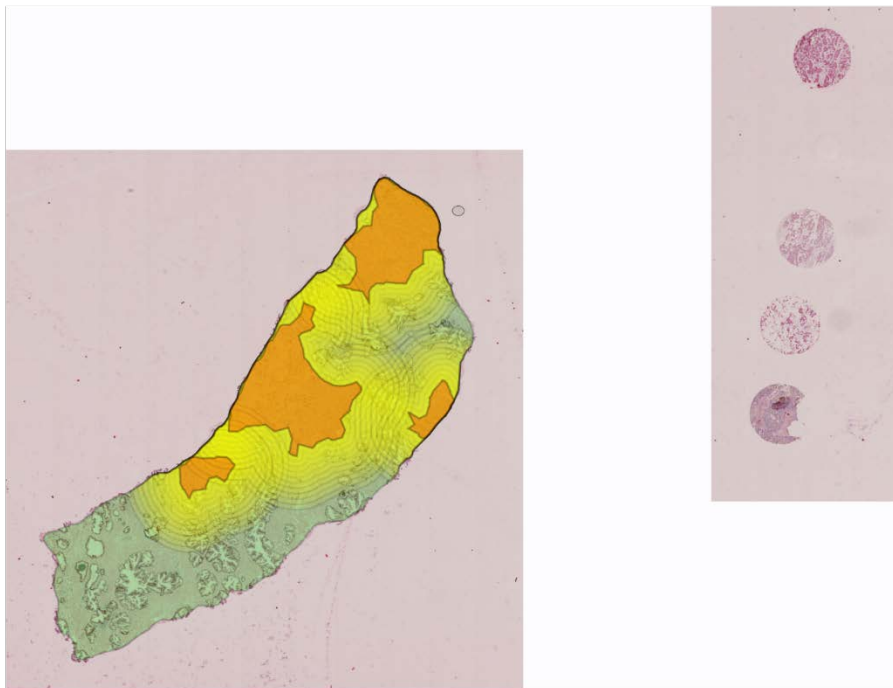


Qualitative results: Patient 1

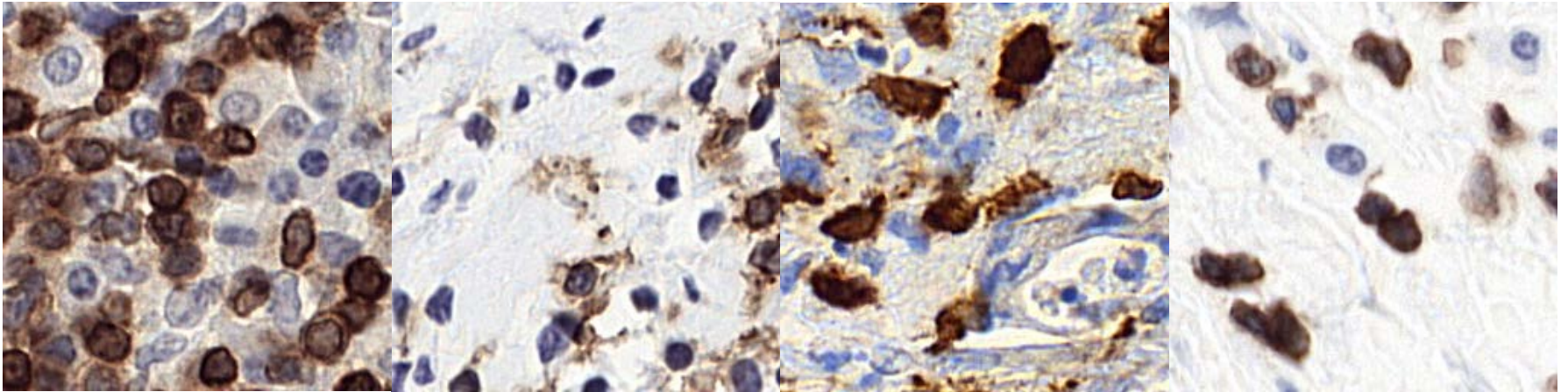




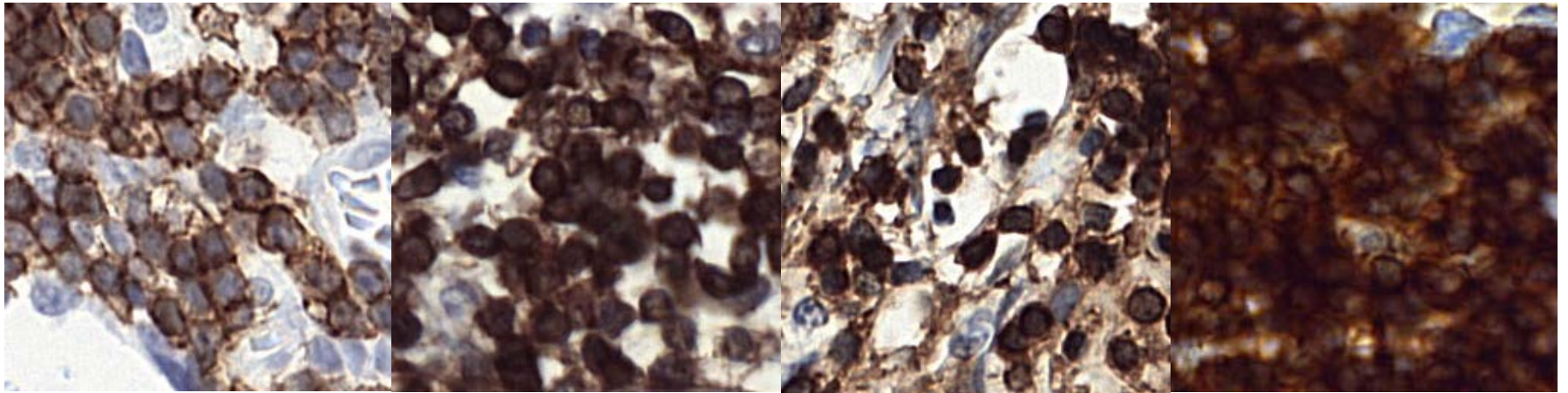
Qualitative results



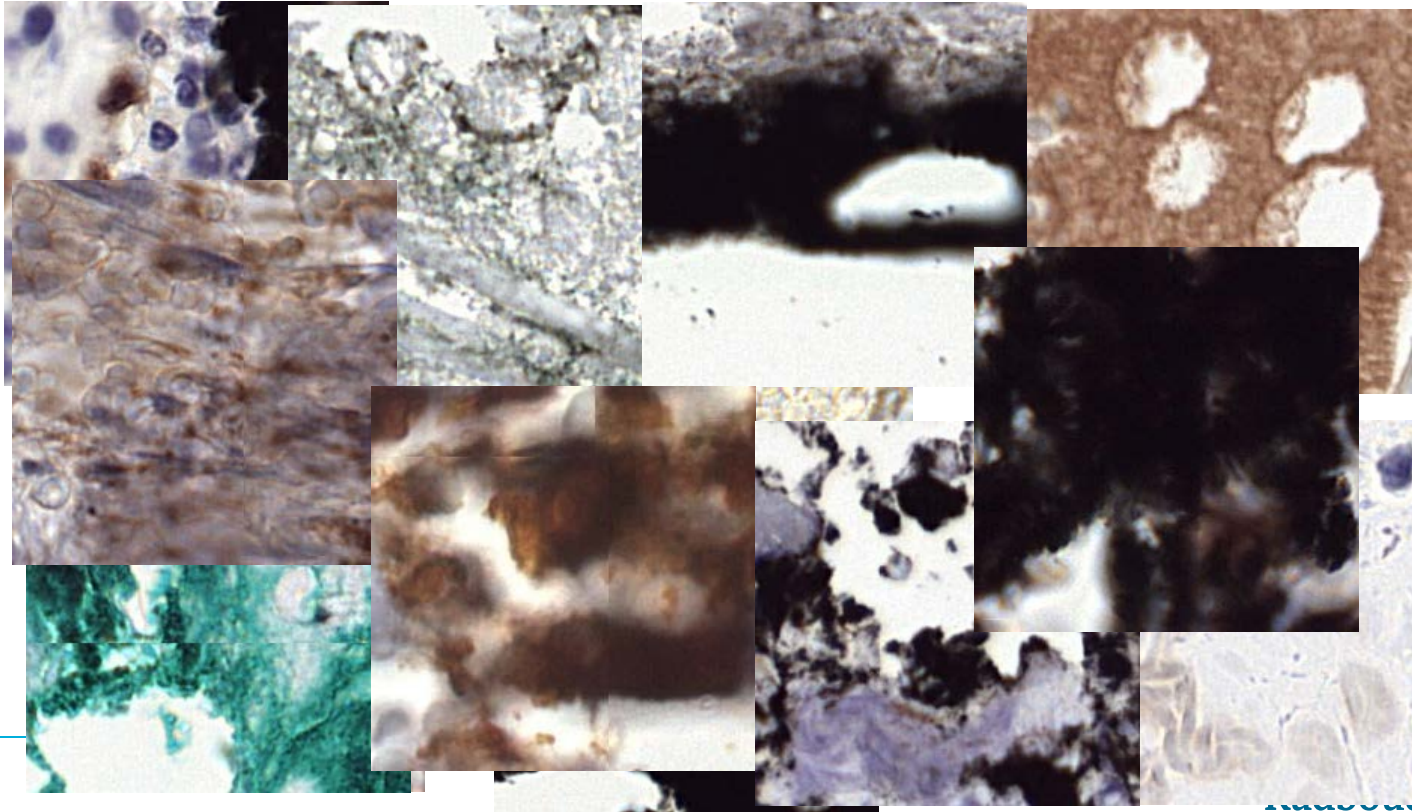
Quantification of IHC



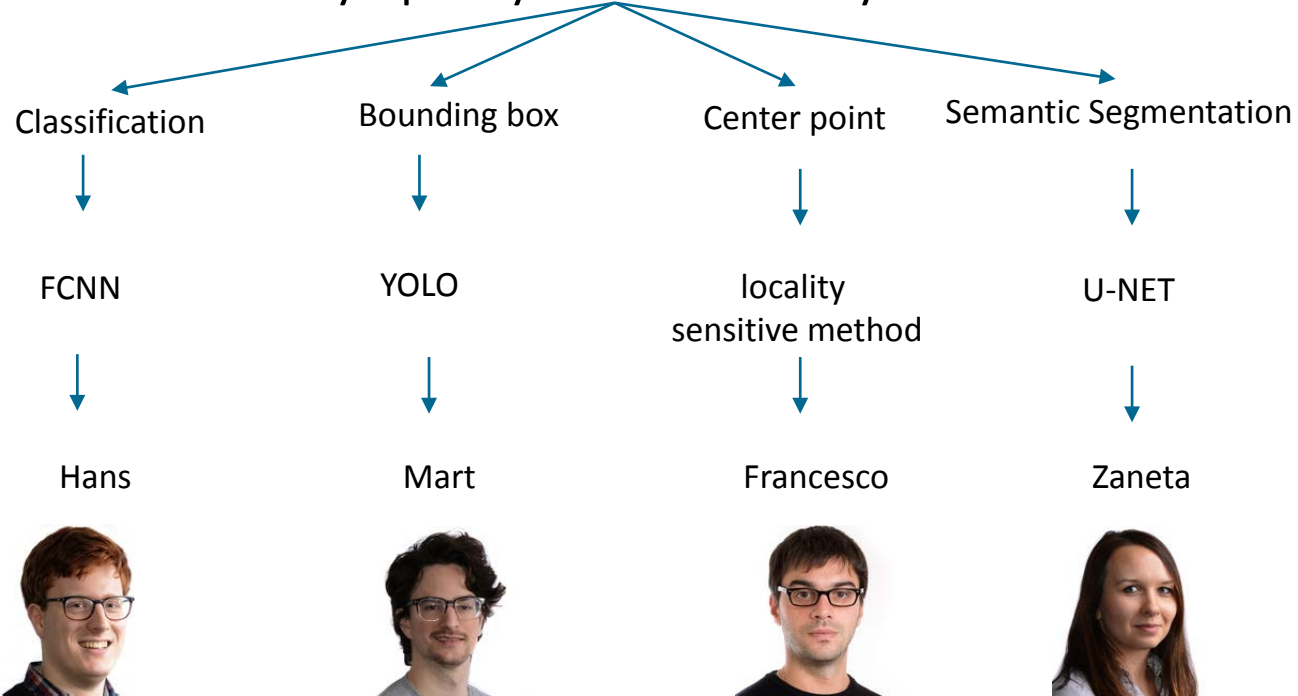
Quantification of IHC



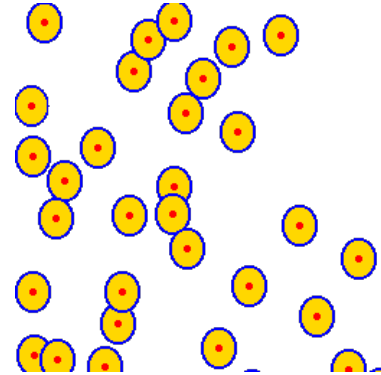
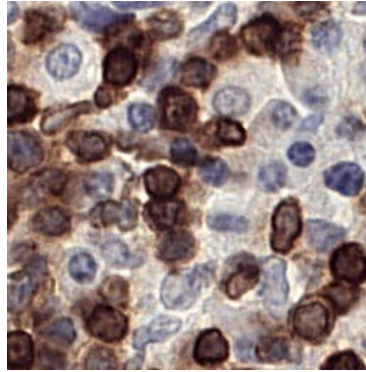
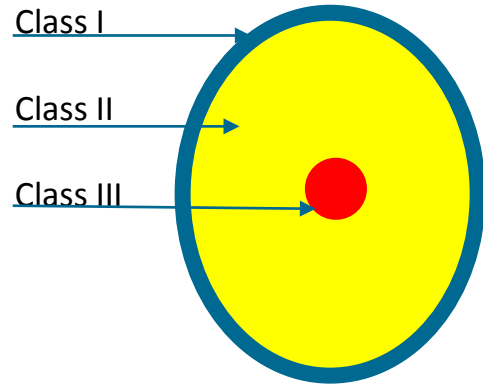
Quantification of IHC



Lymphocytes detection by...



Approach II -multi-class mask



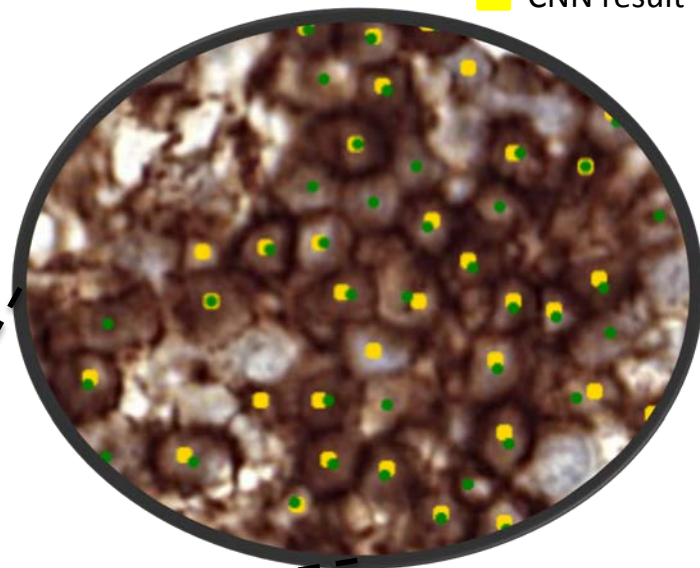
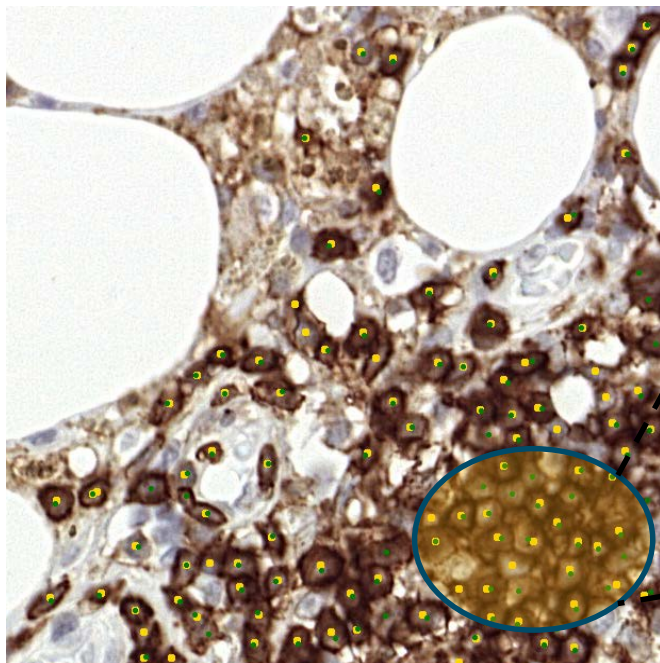
Quantitative results

Area type	Method	Test set		
		F1-score	Precision	Recall
Regular tissue	FCNN	0.721	0.753	0.810
	LSM	0.669	0.554	0.846
	YOLO	0.780	0.750	0.810
	Unet	0.762	0.785	0.740
	Unet-E	0.778	0.756	0.781

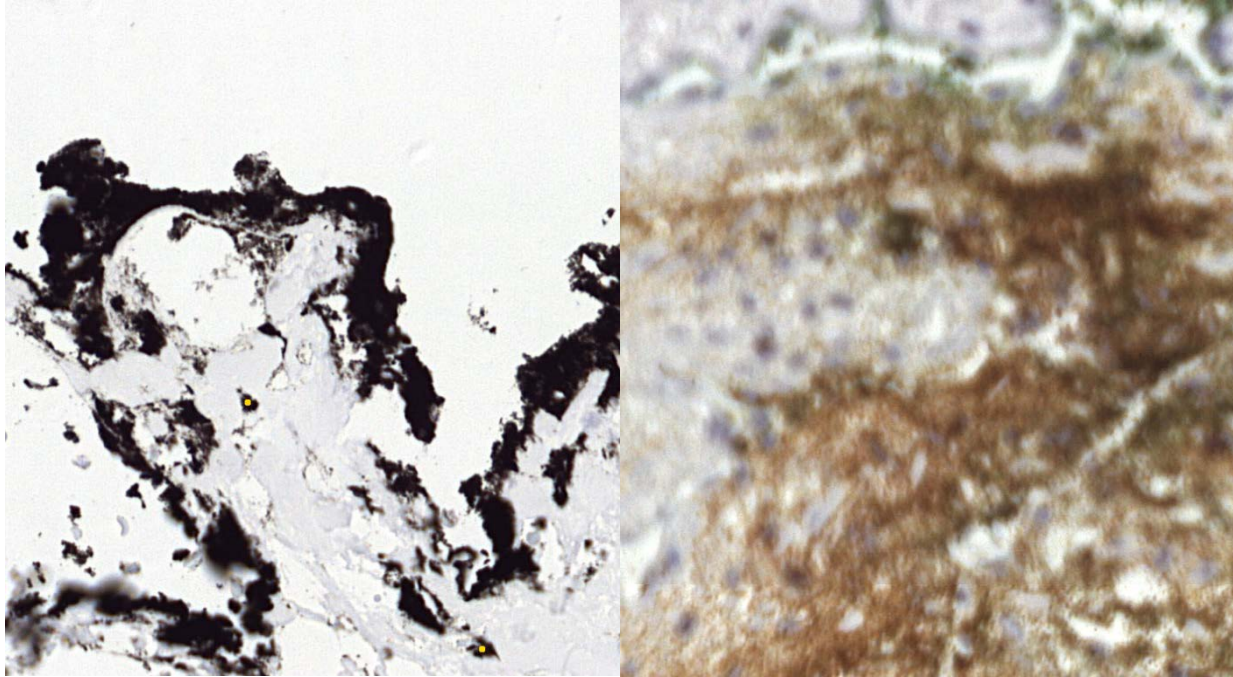
Qualitative results - clusters

■ Manual
annotation

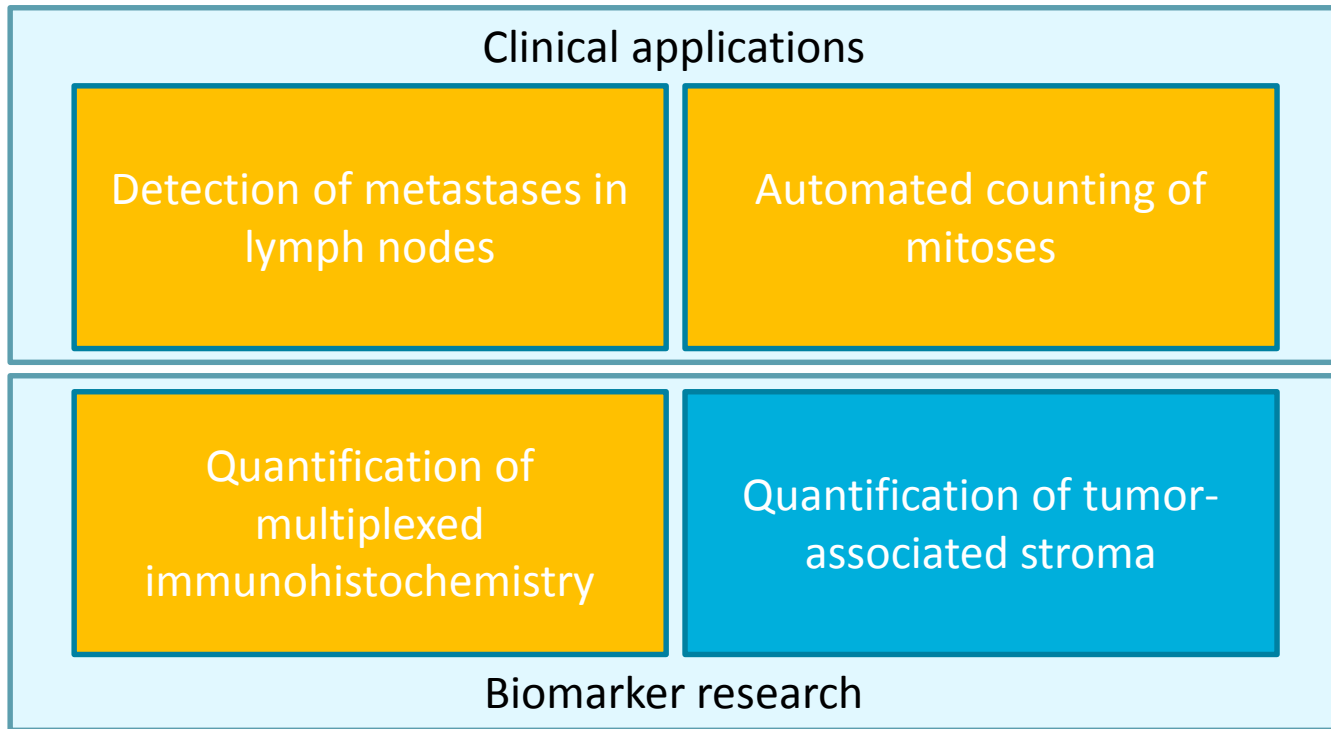
■ CNN result



Qualitative results - artifacts

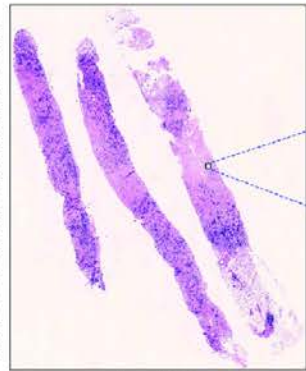


Applications of computational pathology

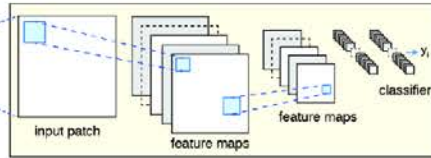


Tumor-associated stroma

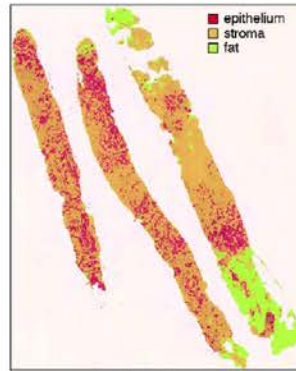
Tumor stroma identification pipeline



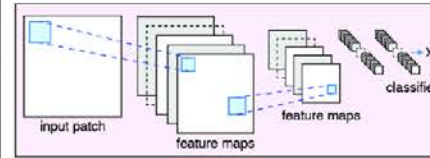
input WSI



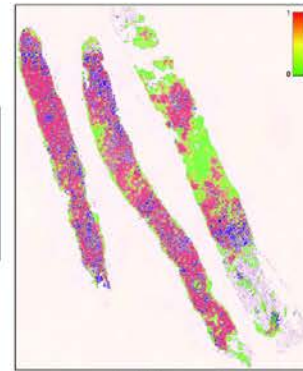
CNN I - tissue component classifier



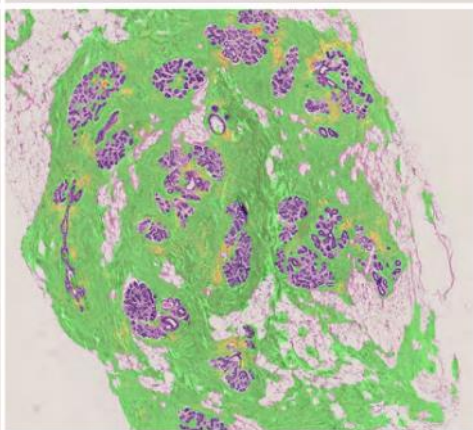
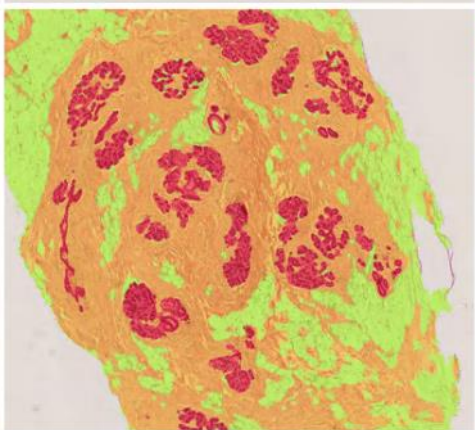
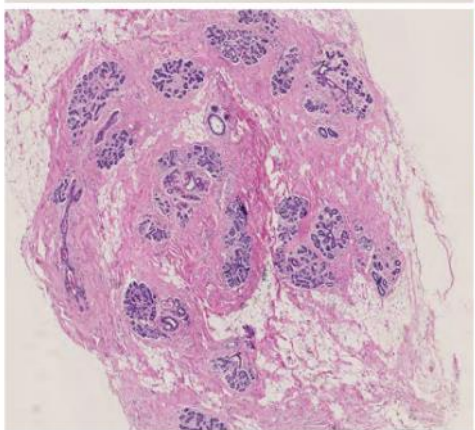
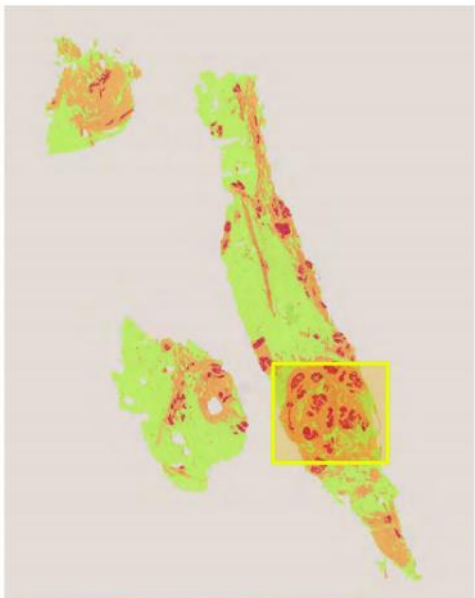
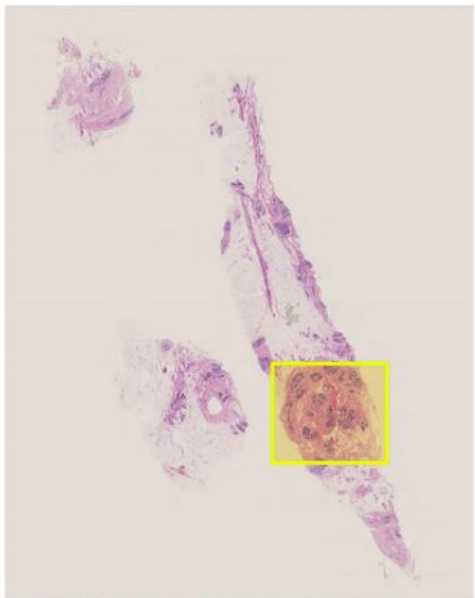
classification map

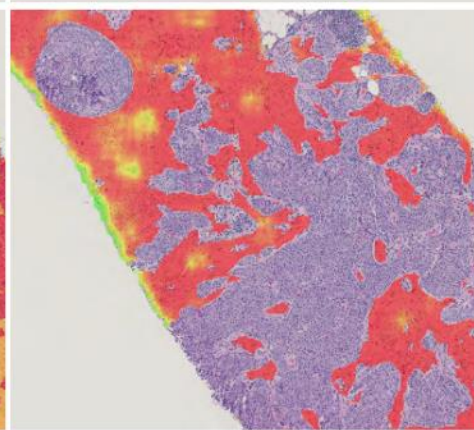
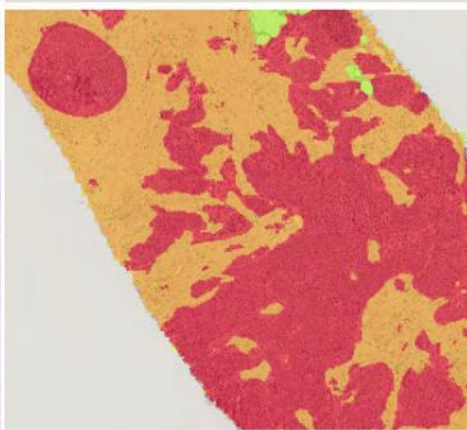
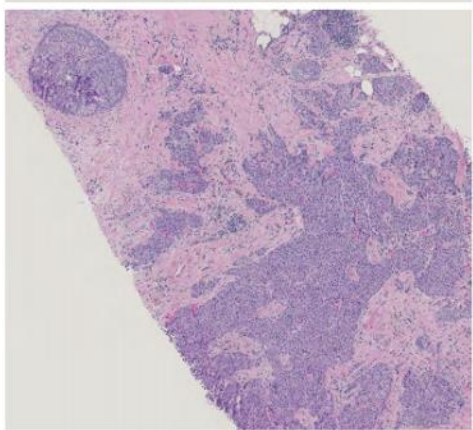
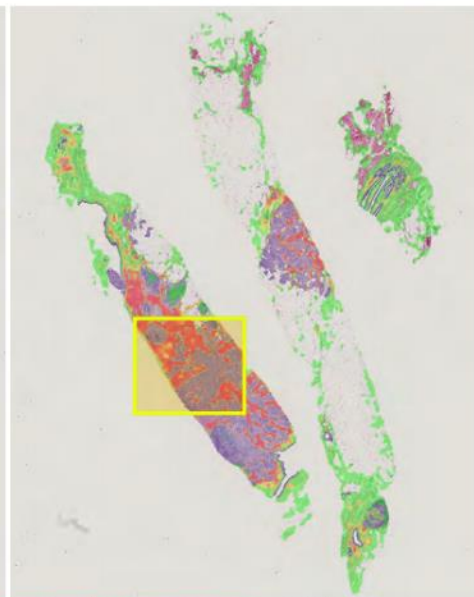
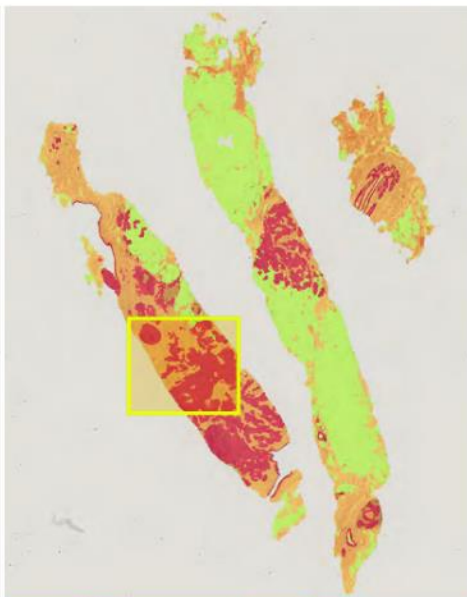
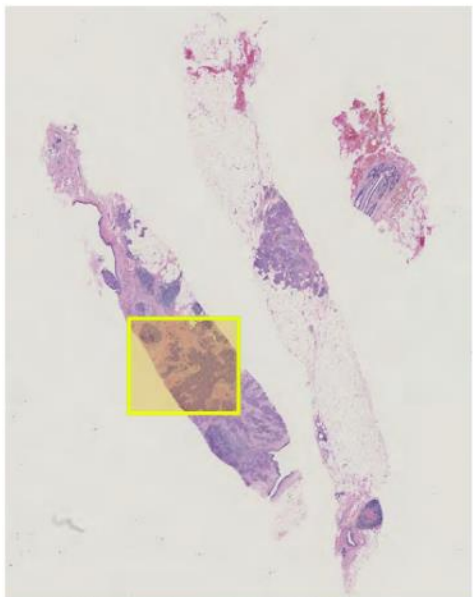


CNN II - stroma classifier

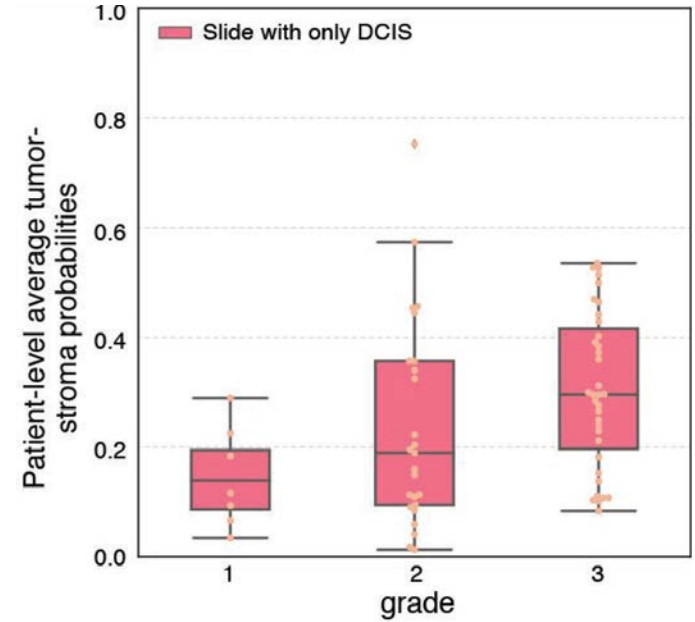
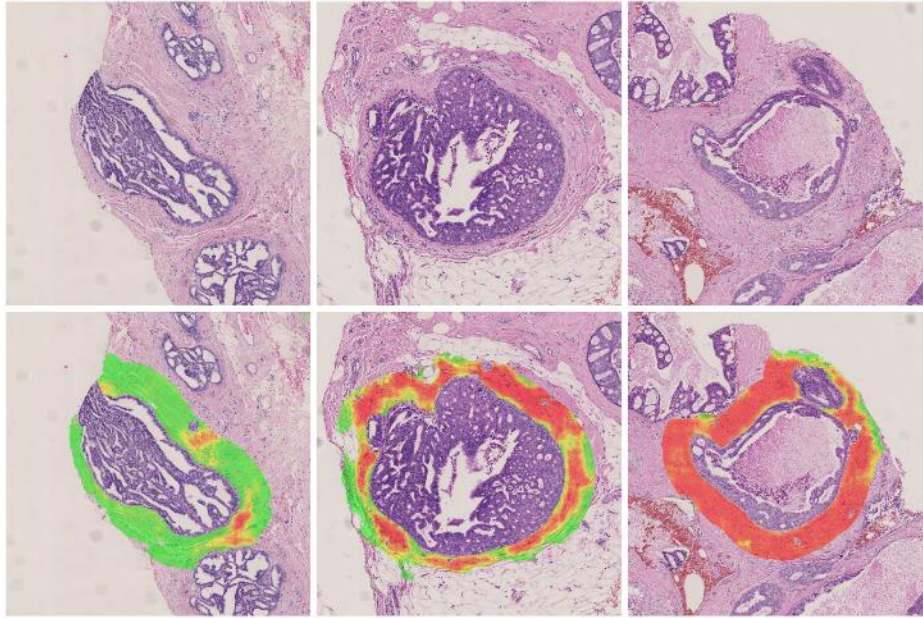


probability map for

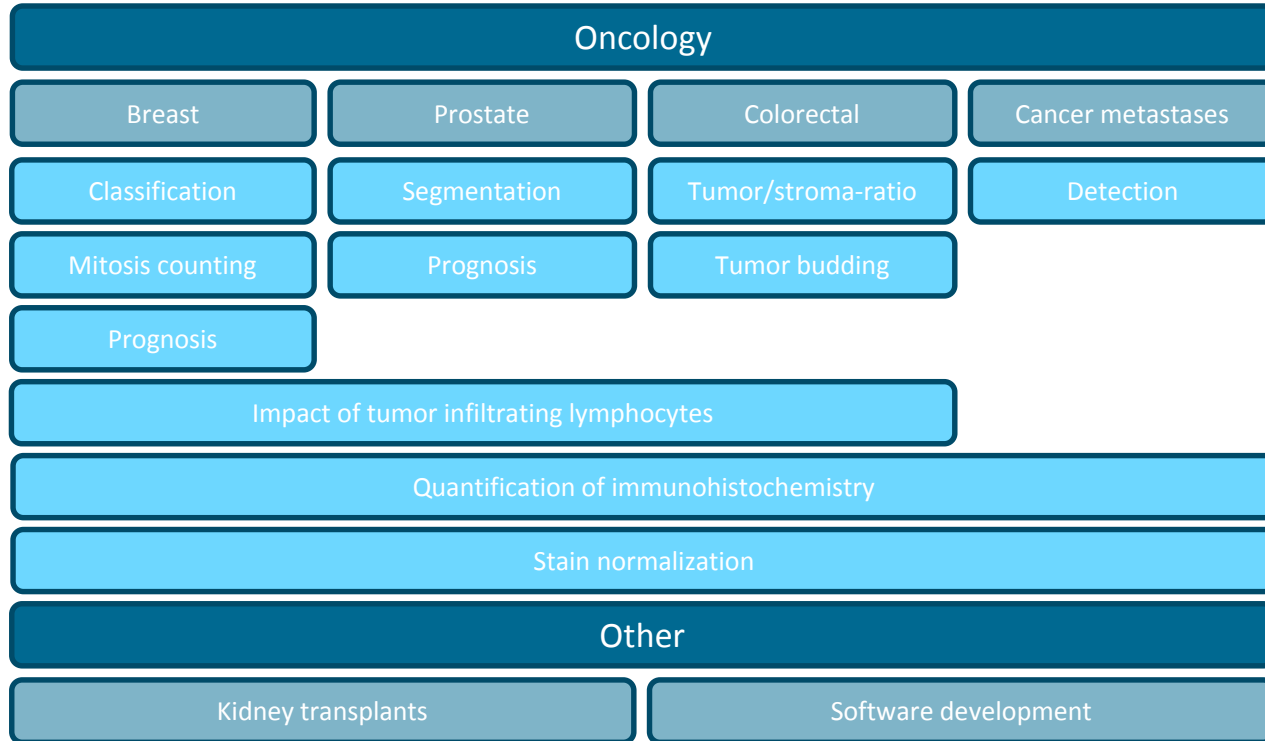




Tumor-associated stroma



Other areas of research



Faculty



Jeroen van der Laak 



Geert Litjens 



Francesco Ciompi 

Technicians



Karel Gerbrands 



Rob van de Loo 

Researchers



Maschenka Balkenhol 



Péter Bándi 



Thomas de Bel 



John-Melle Bokhorst 



Wouter Bulten 



Oscar Geessink 



Meyke Hermesen 



Hans Pinckaers 



Zaneta Swiderska-Chadaj 



David Tellez 

Students



Marjolijn den Boer 



Mart van Rijthoven 