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Convolutional Neural Network Based Localized Classification of Uterine Cervical Cancer Digital Histology Images.

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Abstract

In previous research, we introduced an automated localized, fusion-based algorithm to classify squamous epithelium into Normal, CIN1, CIN2, and CIN3 grades of cervical intraepithelial neoplasia (CIN). The approach partitioned the epithelium into 10 segments. Image processing and machine vision algorithms were used to extract features from each segment. The features were then used to classify the segment and the result was fused to classify the whole epithelium. This research extends the previous research by dividing each of the 10 segments into 3 parts and uses a convolutional neural network to classify the 3 parts. The result is then fused to classify the segments and the whole epithelium. The experimental data consists of 65 images. The proposed method accuracy is 77.25% compared to 75.75% using the previous method for the same dataset.

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1. Introduction

Cervical cancer is the second leading cause of cancer death in women aged 20 to 39 years, in 2017 an estimate of 12,820 new cases and 4,210 is reported [1]. Screening for cervical cancer and its precursor lesions is carried out using a Papanicolaou (Pap) test. Biopsied cervical tissue histology slides are used to give a definitive evaluation; interpretation of these slides is done by an expert pathologist [2]. Pathologists seek to detect cervical intraepithelial neoplasia (CIN), which is a pre-malignant condition for cervical cancer. A cervical biopsy is classified as normal (no CIN lesion) or one of three CIN grades: CIN1 (mild dysplasia), CIN2 (moderate dysplasia), or CIN3 (severe dysplasia) by identifying the atypical cells in the epithelium by the visual inspection of histology slides [3]. Fig. 1 shows an example of different CIN grades. Delayed maturation with an increase in immature atypical cells from bottom to top of the epithelium has been observed as CIN increases in severity [4]. Computer-assisted CIN diagnosis has been studied previously in [5]–[10]; in these studies, manually handcrafted features need to be extracted using various image processing and machine learning algorithms which are time-consuming and may not be the best features to be used.

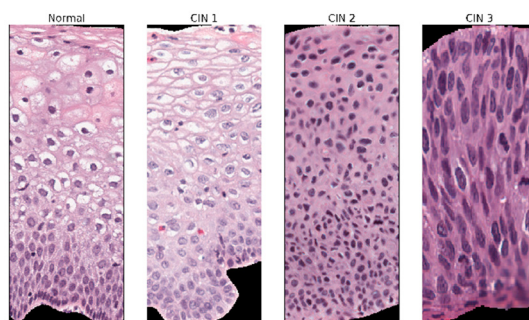


Fig. 1 CIN Grades

Convolutional neural networks (ConvNets) proved to be great in many images related domains such as image classification for very large scale datasets like ImageNet [11], face recognition [12], and breast cancer mitosis detection [13]. ConvNets does not need features to be extracted manually, instead, they use filters and convolve them with the images to extract the features. The filters are updated and tuned during the training process. In previous research, our research group used a localized fusion-based approach for CIN grade classification [6]; this localized approach divides an epithelium image into 10 segments then extract features from each segment; the futures are used to train a classifier which will classify each segment into one of the CIN grades. After classifying the segments, the whole image class is determined by voting among the 10 segments.

This research extends the localized fusion-based approach by further subdividing each segment into 3 parts: top, middle, and bottom. This division is trying to exploit the fact that the abnormality in the cells progresses from the bottom to the top of the epithelium, and analyzing the 3 parts separately then fuse the results shall improve the classification results. In this research, ConvNets will be used for feature extraction and initial classification, there will be no manually crafted features from the image or image parts. Other classification algorithms such as support vector machine, logistic regression, and random forests will be used to fuse the 3 parts and segments result to get the whole image class.

2. Methodology

The steps for processing an epithelium image for CIN classification is given as follows:

- Divide the whole image into 10 segments.
- Divide each segment into 3 parts: top, middle, bottom.
- Extract 32x32 patches (chunks) from each part.

- Train 3 ConvNets on the 32x32 patches, one for each part.
- Classify the training and testing patches to get classification probability.
- Estimate the 3 parts class probability based on the patches extracted from each part.
- Train a classifier to classify each segment/image based on the probability vector from the 3 parts.
- Use the trained classifier on the test images.

The remainder of this section presents each step in detail.

2.1. Segmenting Images and extracting patches.

The first step is to determine the medial axis which is used to partition the whole epithelium image into 10 segments based on the methods from [6], [7]. Partitioning the epithelium image into ten vertical segments has facilitated improved CIN assessment through fusion of local sub-region classifications of the epithelium [6], [7], [14]. An example of the medial axis and vertical segment partitioning is shown in Fig. 2. The segments are then divided into 3 parts: top, middle, and bottom.

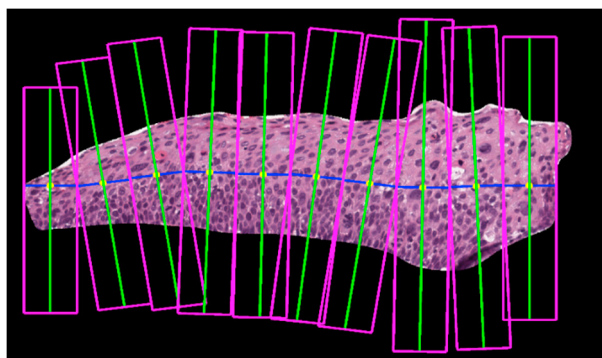


Fig. 2 Segmenting epithelium into 10 segments

The ConvNets requires input images to be the same size and since the epithelium has an irregular shape and non-uniform size, the 3 parts need to be processed in a way that produced a fixed size patches. For this research, a 32 by 32 pixels patches are extracted from each part, the patches extracting uses a non-overlapping sliding window over the 3 parts of the segment. Fig 3 shows an example of a segment being divided into 3 parts and 32x32 patches extracted from the middle part.

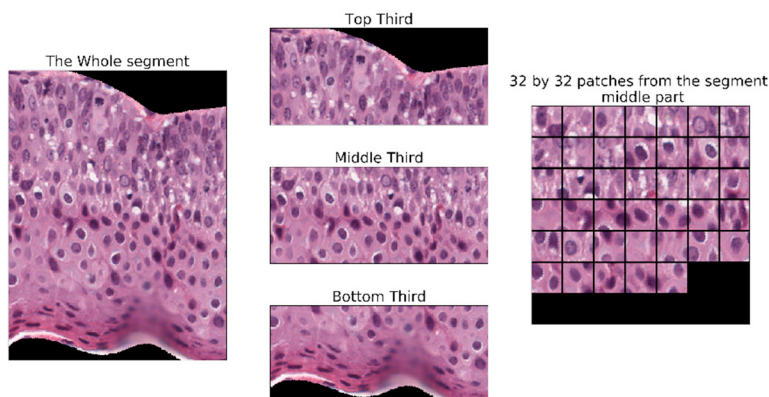


Fig. 3 Example of segment being divided into 3 parts and 32x32 patches extracted from it

In other words, the feature vector is the percentage of patches falling in each class (normal, CIN 1-3). The CNN will classify the patches in each part (top, middle, and bottom) of the segment independently using different trained network for each part. The percentage of patches in each class serves as a confidence value of the part coming from a segment with this class. The confidence values of the 3 parts are arranged into a vector of size 12. This vector is used as a training input to other algorithms namely support vector machine (SVM), linear discriminant analysis (LDA), multilayer perceptron (MLP), Logistic regression, and random forest (RF).

2.4. Whole image classification

Classification of individual segments gives both the segment class and the probability of each class. To classify the whole image two approaches have been used, the first approach uses voting mechanism among the class of the segments by assigning the class appearing the most among the segments. The second approach constructs a new features vector from the probability of all segments, the feature vector length is 40 (4 classes from 10 segments). This feature vector is used to train a new classifier that is used to classify the images in the test set.

3. Experimental Results

To test the algorithm a dataset consisting of 65 images is used. The data set contains 32 images classified as normal, 7 images classified as CIN1, 17 images classified as CIN2, and 10 images classified as CIN3. The images have been annotated by an expert pathologist.

The ConvNet was trained using 5 folds cross-validation by dividing the data set into 80% training and 20% testing sets, where the test sets are disjoint. The images have been processed according to the method described in section 2 resulting in more than 75,000 sample of size 32x32 per fold for ConvNet training. The 32x32 patches test classification results can be found in Table 3. We can see that the bottom part of the segment having lower accuracy in general, that is due to the similarity of this part among the different classes; it is hard for the neural network to distinguish between them.

Table 3 ConvNet 32x32 patches test set average classification result

Fold	Top	Middle	Bottom
1	0.6503	0.6102	0.4499
2	0.4724	0.4625	0.3008
3	0.5245	0.4932	0.3496
4	0.6565	0.6510	0.4880
5	0.4720	0.4645	0.3523
Average	0.5551	0.5362	0.3847

Extracting 32x32 patches generated a large dataset that could be trained and tested using the 5-folds cross validation method, but training and testing the whole image classification with 5-folds method was not viable due to the limited number of images in the dataset, hence a leave-one-out approach is used. The segments of one image are held for testing while the rest are used to train the classifier (SVM, LDA, MLP ... etc.). This approach is used to classify both the segments and the whole image. You can see the classification results in Table 4. For SVM, LDA, and MLP using the voting method outperformed the 40 features method. The logistic regression and random forest outperformed the other algorithms when using the 40 features method. You can see the confusion matrix for both in Tables 5, 6

Table 4 Segments and whole image classification results

Data	SVM	LDA	MLP	Logistic	Random Forest
Segment accuracy	0.6950	0.6535	0.6813	0.6965	0.7041
Whole Image (Voting)	0.7576	0.7576	0.7273	0.7425	0.7273
Whole Image (40 Feat.)	0.6515	0.6667	0.6970	0.7727	0.7727

Table 5 Confusion matrix (Logistic Regression)

class	Normal	CIN1	CIN2	CIN3
Normal	32	0	0	0
CIN1	7	1	1	0
CIN2	2	0	7	3
CIN3	0	0	2	11

Table 6 Confusion matrix (Random Forest)

class	Normal	CIN1	CIN2	CIN3
Normal	31	1	0	0
CIN1	8	1	0	0
CIN2	0	0	10	2
CIN3	0	0	4	9

CIN1 images were confused as normal for both logistic regression and random forest. Fig. 4 shows an example of a CIN1 epithelium classified as Normal and an example of normal epithelium. As you can see they look very similar and differentiating the two is not easy.

When compared to the algorithm used in [6] the proposed algorithm gave better results 77.27% exact class accuracy compared to 75.75% on the same dataset.

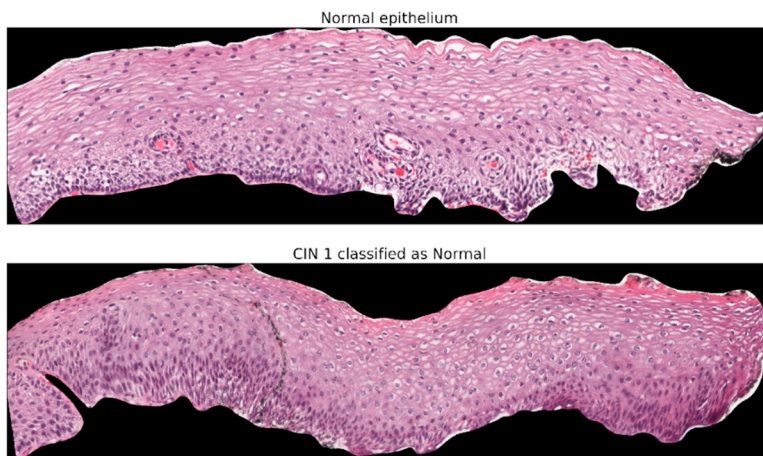


Fig. 4 Example of a normal epithelium and a CIN1 misclassified as normal

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