Deep Learning-Based Identification of Lymph Node Metastasis in Prostate Cancer

A I R A M A T R I X

Eric Erak¹, Lia D. Oliveira¹, Adrianna A. Mendes², Tracy Jones¹, Jessica L. Hicks¹, Uttara Joshi³, Chaith Kondragunta³, Dinisha Kadam³, Saikiran Bonthu³, Nitin Singhal³, Angelo M. De Marzo⁴, Tamara L. Lotan¹

1) Pathology, Johns Hopkins Hospital School of Medicine, United States 2) Pathology, Johns Hopkins University School of Medicine, United States 3) Medical Imaging, AIRA Matrix, Mumbai, India, 4) Pathology, Johns Hopkins University, United States





Overview

- Pelvic lymph node metastasis in prostate carcinoma is associated with poor prognosis among surgical candidates. These patients may benefit from adjuvant or salvage radiation and hormonal therapy.
- The mainstay for definitive diagnosis of lymph node metastasis is microscopic screening of all H&E slides containing dissected lymph nodes by surgical pathologists, often in cases containing only very minute foci of cancer cells that can be readily missed.
- To avoid false negatives, therefore, surgical pathologists tediously perform this lymph node screening task at medium to higher power in a timeconsuming process.
 We present a deep-learning-based tool to assist pathologists in identifying micro-metastatic foci on hematoxylin and eosin (H&E) stained digitized images.

Results

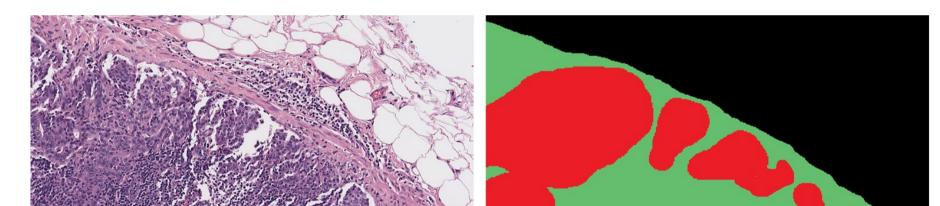
	SegFormer ^[1]		
Classes	Metastasis	Non-Metastasis	Tissue
F1-Score	0.94	0.89	0.97

Table 2. Class wise F1-score

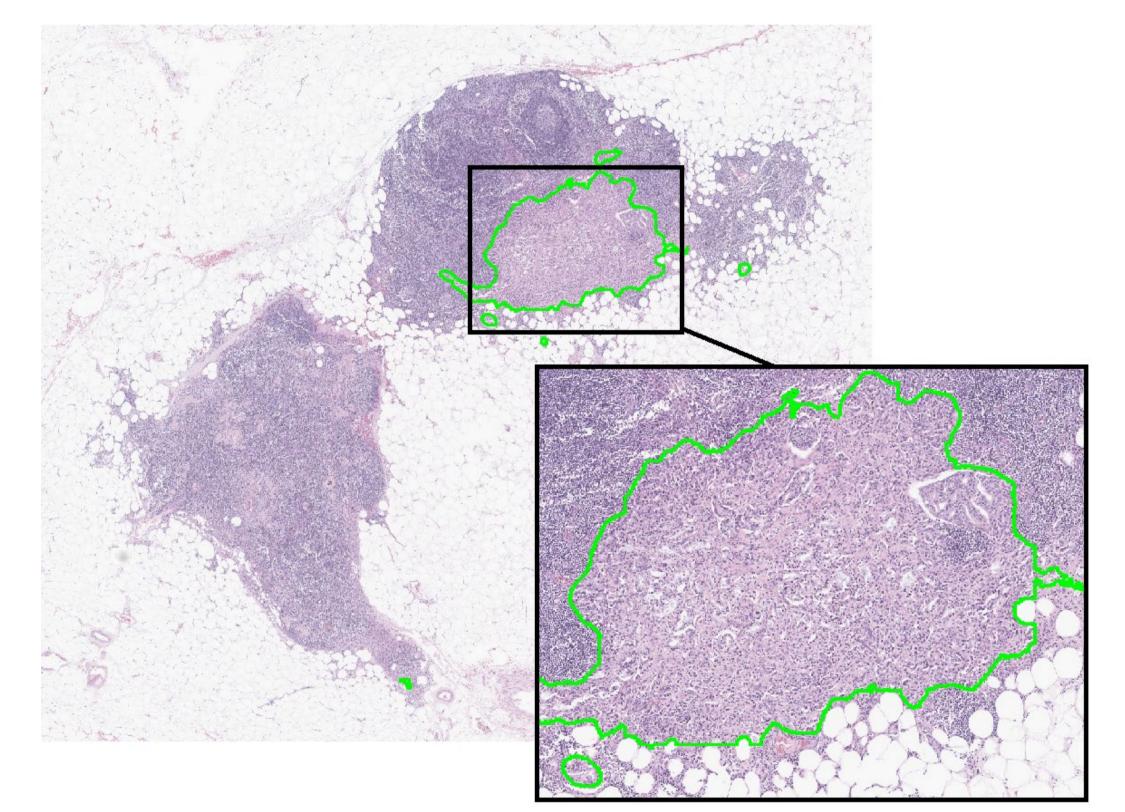
Methods

- Transformer-based segmentation model trained to identify and segment metastatic areas in these images.
- Based on the detection of malignant regions, the algorithm further categorised the WSI as "*metastasis detected*" or "*no metastasis detected*".
 Segformer model^[1], that consists of a hierarchical Transformer encoder and a lightweight all MLP decede head was trained with combined loss of
- and a lightweight all-MLP decode head was trained with combined loss of cross entropy and F1-score.

Dataset



On a test set of 81 WSI, the model achieved an accuracy of 89% in detecting metastatic regions in pelvic lymph node images, with a sensitivity of 95% and a specificity of 80% in classifying lymph nodes as "metastasis detected" and "metastasis not detected".



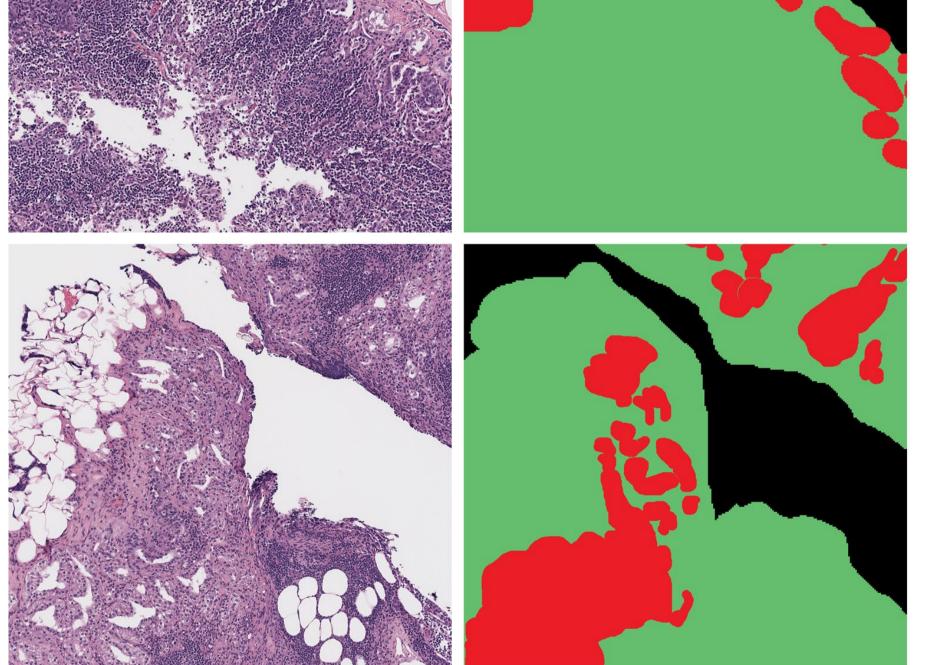
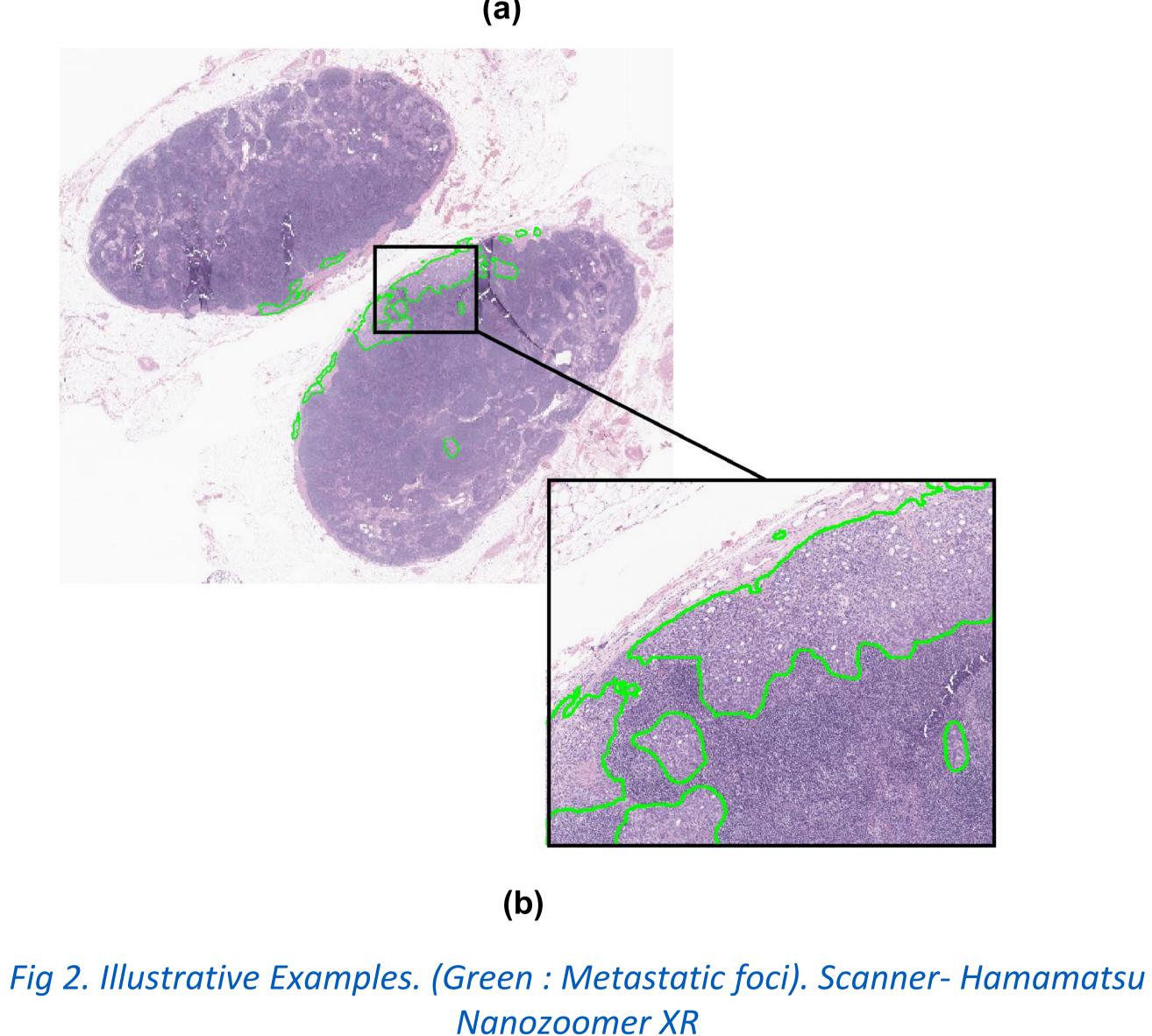


Fig 1. Sample images with labels (Green : Lymphoid tissue , Red : Metastasis)

For 39 H&E WSI, lymph node and metastatic regions were annotated. For training, 10x magnification tiles were extracted from annotated images. Since the whole tissue area was used to generate data, the dataset (raw dataset) contained a significant number of tiles with a similar appearance. Using the cosine similarity score on tile embeddings generated by MobileNet that was pre-trained on the ImageNet dataset, a set of unique-looking tiles was chosen as training data.



	WSI	Annotated Tiles
Training	25	1645
Validation	14	973

Table 1. Tile level distribution between Training and Validation sets

References

[1] Enze Xie, Wenhai Wang, Zhiding Yu, Anima Anandkumar, Jose M. Alvarez, Ping Luo -SegFormer: Simple and Efficient Design for Semantic Segmentation with Transformers

Conclusion

Patients with lymph node metastases have a poor prognosis with substantially decreased disease-specific and biochemical recurrence-free survival rates; therefore, the detection of lymph node metastasis has a significant prognostic impact.
 The proposed approach assists the pathologist in detecting lymph node metastasis in prostate cancer patients.
 Future development will incorporate external validation of the solution and will examine whether the process is rendered more efficient for

pathologists.



nitin.singhal@airamatrix.com www.airamatrix.com