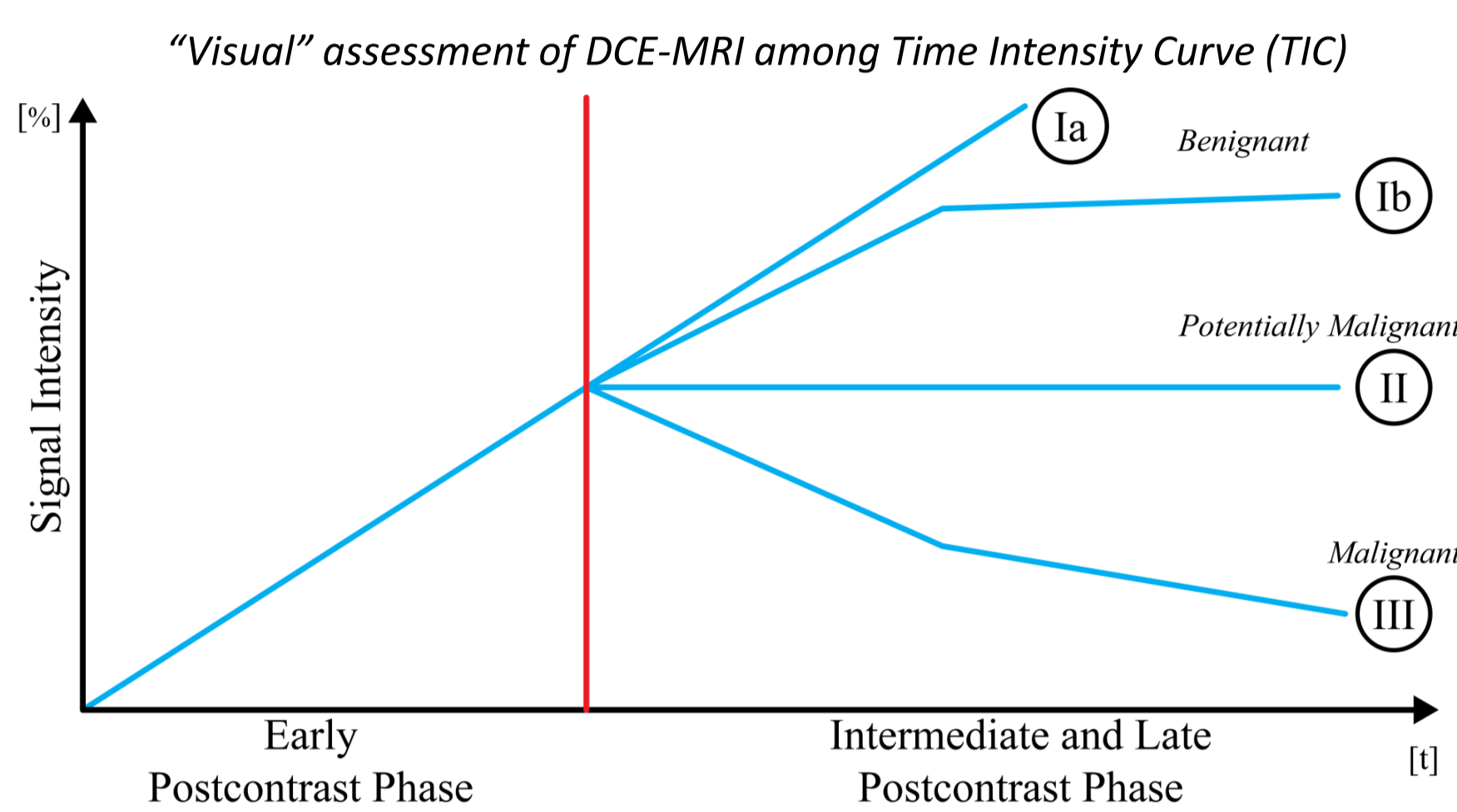


Gabriele Piantadosi

Tutor: Prof. Carlo Sansone – co-Tutor: Prof. Mario Sansone
XXIX Cycle - II year presentation

Breast Cancer Analysis in DCE-MRI

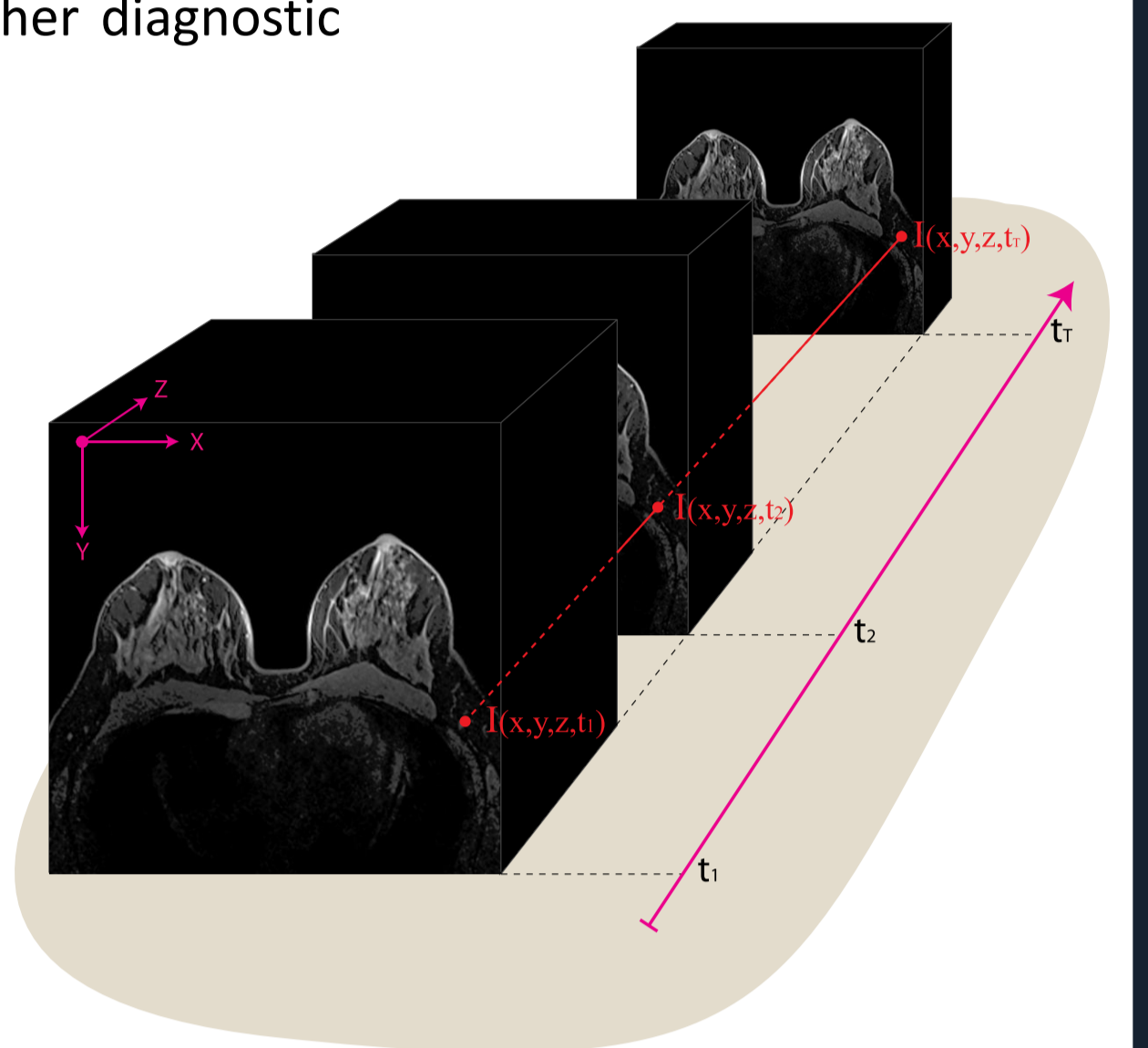
Dynamic Contrast Enhanced-Magnetic Resonance Imaging (DCE-MRI) has recently showed promising results in breast cancer detection and diagnosis. Advantages over other diagnostic modalities are: minimal invasiveness, capability to exploit functional information, high 3D spatial resolution.



Benefits of DCE-MRI

- By means of a positive paramagnetic contrast agent, DCE-MRI supplies functional tissue information
- Provides an high spatial resolution (~1mm)
- 4D volume (3 spatial dimensions + 1 temporal dimension)
- Makes use of electromagnetic fields (non-ionizing)
- High sensitivity (>95%)
- Differently from mammography, DCE-MRI permits early detection.

However, due to the **huge amount of data**, DCE-MRI can hardly be inspected without the use of a computer aided support. This stimulated researchers in the last decade to develop **Computer Aided Detection/Diagnosis (CAD)** systems. Among the major issues in developing CAD systems for breast DCE-MRI there are the **detection of suspicious region of interests (ROIs)** and the **classification of detected ROIs into benignant/malignant class**.



The breast-mask is a binary mask representing **only breast parenchyma** and excluding background and other tissues (as we propose in [1]).

- Attenuate noise caused by extraneous pixel
- Reduce the computational load of the subsequent stages

Breast Mask

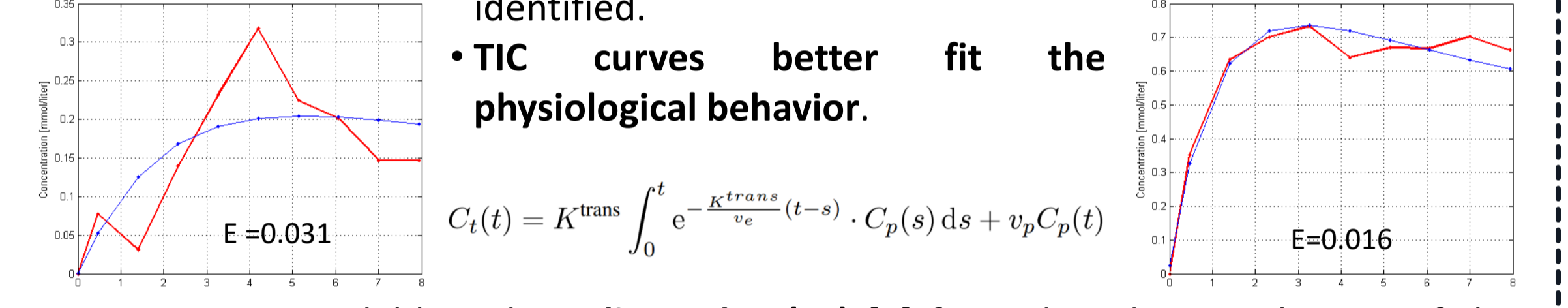
Motion Correction

ROI Detection (by classification)

ROI Classification

Benefit of a Motion Correction Technique (MCT) in DCE-MRI [1]

- No Shadow Ghost.
- Lesion is well-defined.
- The pectoral muscle is easily identified.
- TIC curves better fit the physiological behavior.



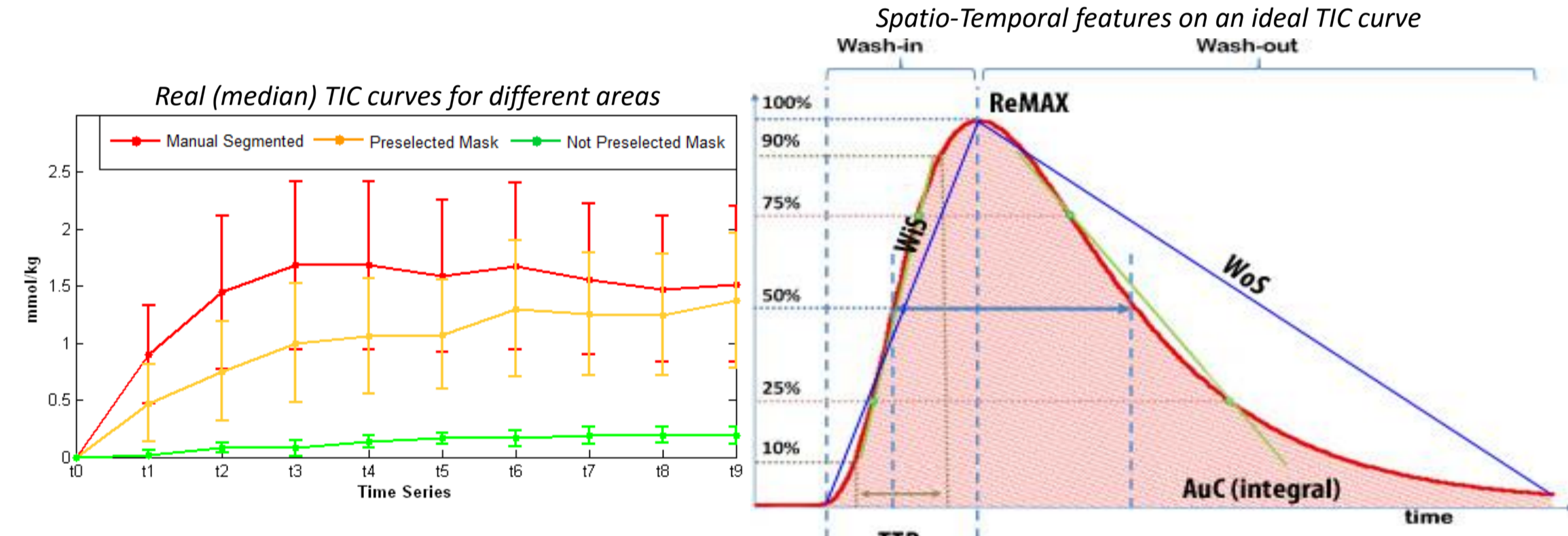
We propose a model-based **Quality Index (QI)** [3] for a data-driven selection of the MCTs in breast DCE-MRI [4].

Pat.	Motion Correction Techniques (MCTs)							
	NO-MC	ML	MEDx3	MEDx5	AL Ru	AC Ru	BL Ru	BC
p1	4°	5°	1°	2°	3°	7°	5°	8°
p2	4°	2°	5°	6°	1°	3°	8°	7°
p3	5°	7°	2°	1°	3°	4°	6°	8°
p4	7°	4°	3°	2°	4°	1°	8°	6°
p5	7°	6°	2°	1°	4°	3°	5°	8°
p6	1°	4°	2°	3°	4°	4°	4°	8°

QI	Spearman Rank Correlation
R-MSE	6.90%
PSRN	13.56%
N-CC	18.26%
HB	31.31%
GCTT	51.15%
TK-W	55.95%
TK-P	59.17%
ETK-W	58.33%
ETK-P	73.91%

Hit Percentage by varying the subsampling

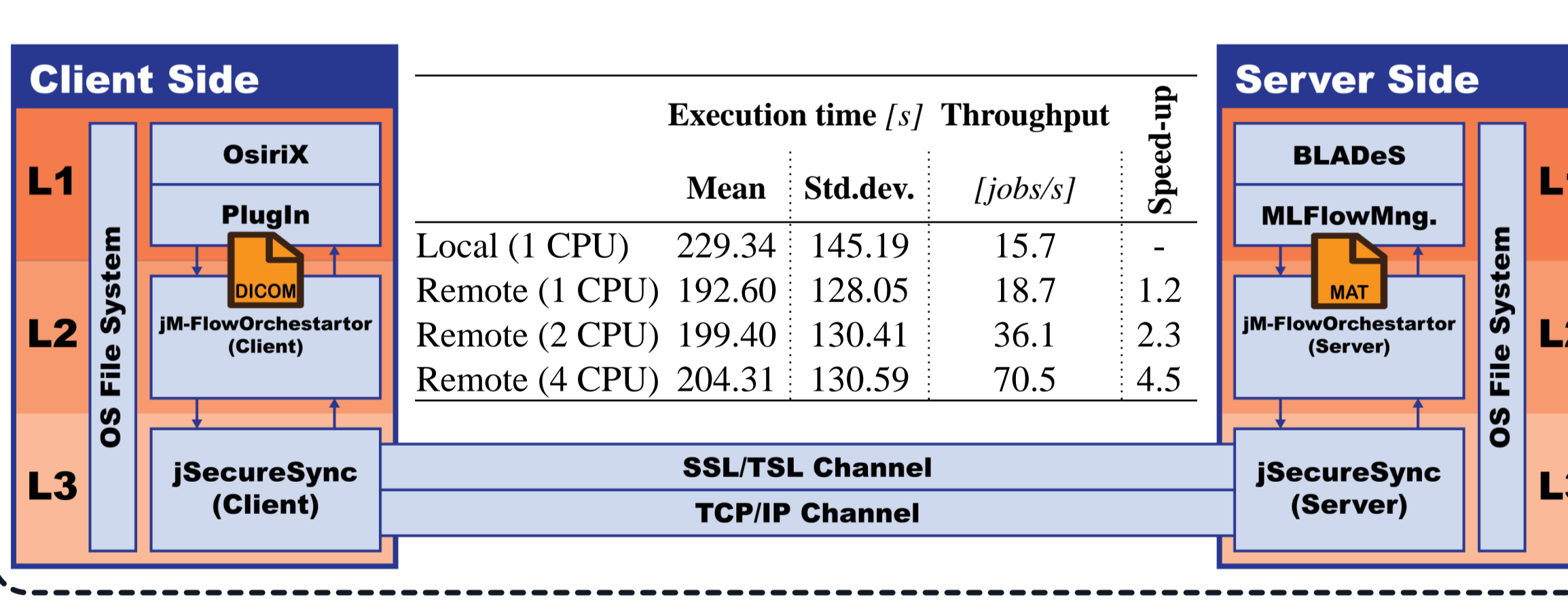
Preselection → **Feature Extraction** → **Segmentation**



We achieve a pixel-by-pixel **segmentation** (by classification) by means of spatio-temporal features (ReMAX, TTP, AUC, WIS, WoS) [1].

Author	Accuracy	Sensitivity	Specificity
Our proposal	98.70	71.56	98.94
Toricelli et al.	98.69	25.80	99.49
Fusco et al.	86.99	90.97	86.99
Pixel-Based on RE	86.59	75.44	86.64

Framework for remote processing of huge amount of data [2, 6]



We propose [5] to classify ROIs with LBP features for 3D volumes: **Three Orthogonal Planes (LBP-TOP)** considers three orthogonal planes: XY, XT and YT, and concatenates histograms.

Author	Methodology	Accuracy	Sensitivity	Specificity
Our proposal	LBP-TOP + Random Forest	84.6	80.0	90.9
Fusco et al.	Dynamic features + Naive Bayes	65.4	80.0	45.5
	Morphological features + Decision Tree	65.4	53.3	81.8
Glaßer et al.	Dynamic & Morph. features + Multiple Classifier System	69.2	86.7	45.5
	Morphological & Clinical features + Decision Tree	61.5	93.3	18.2

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Future Works

- Future works will treat, carefully, every stage of the CAD system for breast DCE-MRI. Specifically:
- Testing new breast-mask extraction algorithms;
 - Test different datasets (Pascale & USF collaborations);
 - Explore new "habitat-based" features (USF collaboration);
 - Develop new textural features for jointly spatial and temporal analysis;
 - Prediction of the treatment outcome (USF collaboration);
 - Further improve the performances of the QI for the data-driven selection of MCTs.

References & Publications

- [1] S. Marrone, G. Piantadosi, R. Fusco, A. Petrillo, M. Sansone and C. Sansone, "Automatic lesion detection in breast DCE-MRI" in International Conference on Image Analysis and Processing (ICIAP), pp. 359-368, 09-13 Dec 2013, Naples, Italy, 2013.
- [2] G. Piantadosi, S. Marrone, M. Sansone and C. Sansone, "A secure Osirix plug-in for detecting suspicious lesions in breast DCE-MRI", in 13th International Conference on Algorithms and Architectures for Parallel Processing (ICA3PP), pp. 217-224, 18-20 Dec 2013, Vietri sul Mare, Italy, 2013.
- [3] S. Marrone, G. Piantadosi, R. Fusco, A. Petrillo, M. Sansone, and C. Sansone, "A novel model-based measure for quality evaluation of image registration techniques in DCE-MRI" in IEEE 27th International Symposium on Computer-Based Medical Systems (CBMS), pp. 209-214, 27-29 May 2014, New York IEEE, 2014.
- [4] G. Piantadosi, S. Marrone, R. Fusco, A. Petrillo, M. Sansone, and C. Sansone, "Data-driven selection of motion correction techniques in breast DCE-MRI" in IEEE International Symposium on Medical Measurements and Applications (MeMeA), IEEE, 07-09 May 2015, Turin, Italy, 2015.
- [5] G. Piantadosi, R. Fusco, A. Petrillo, M. Sansone and C. Sansone, "LBP-TOP for volume lesion classification in breast DCE-MRI" in International Conference on Image Analysis and Processing (ICIAP), 07-11 Sep 2015, Genova, Italy, 2015.
- [6] G. Piantadosi, S. Marrone, M. Sansone and C. Sansone, "A secure, scalable and versatile multi-layer client-server architecture for remote intelligent data processing" in Journal of Reliable Intelligent Environments (JRIE), 1 (2-4), 173-187, Dec 2015.