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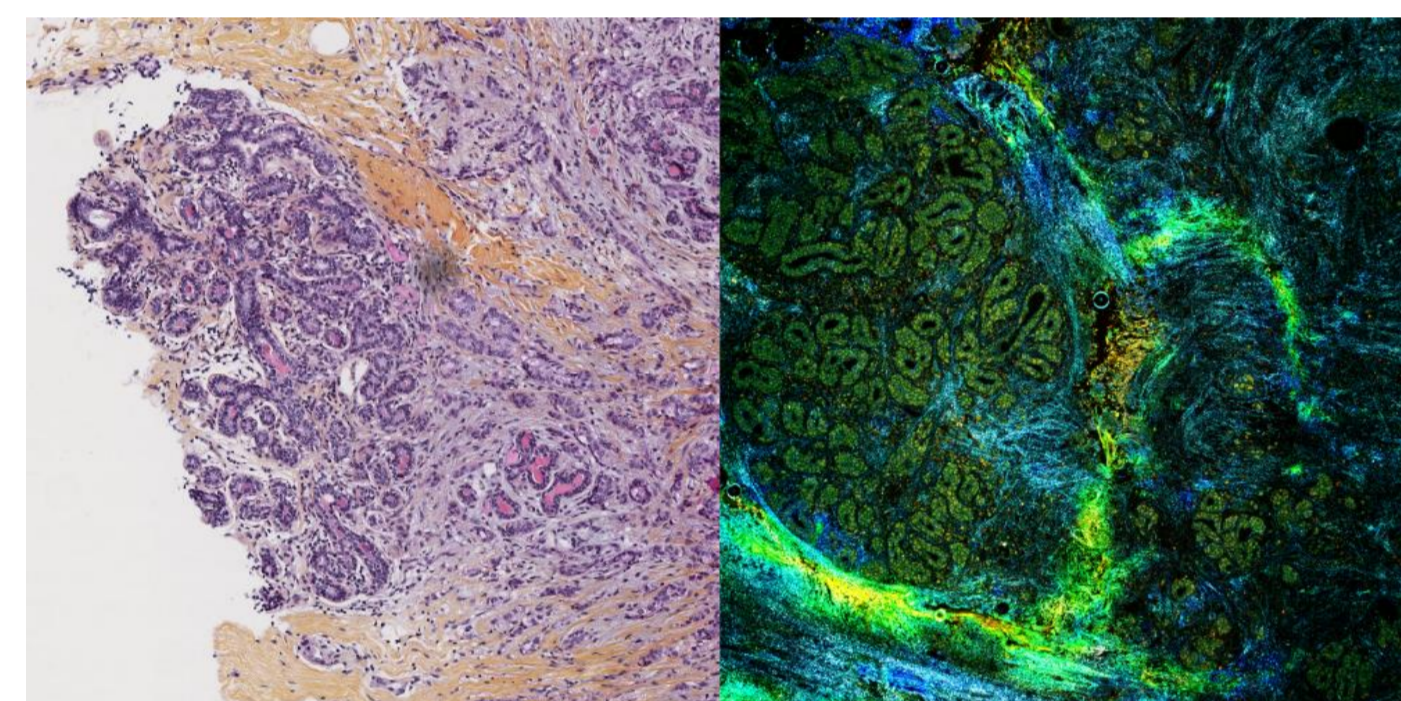
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## CONTEXT

Diagnosis at the point-of-care for **biopsies & surgical margins** :

- ✓ fast **non-invasive imaging** with *Dynamic Full Field Optical Coherence Tomography* (aka *Dynamic Cell Imaging - DCI*) technique offering **10 min/cm<sup>2</sup> acquisition speed** and **1µm resolution** in 3D;
- ✓ immediate **automated diagnosis** and **localization** of malignancy through *AI-based algorithm*.



Normal breast lobule appearance in **H&E Histology vs. DCI**

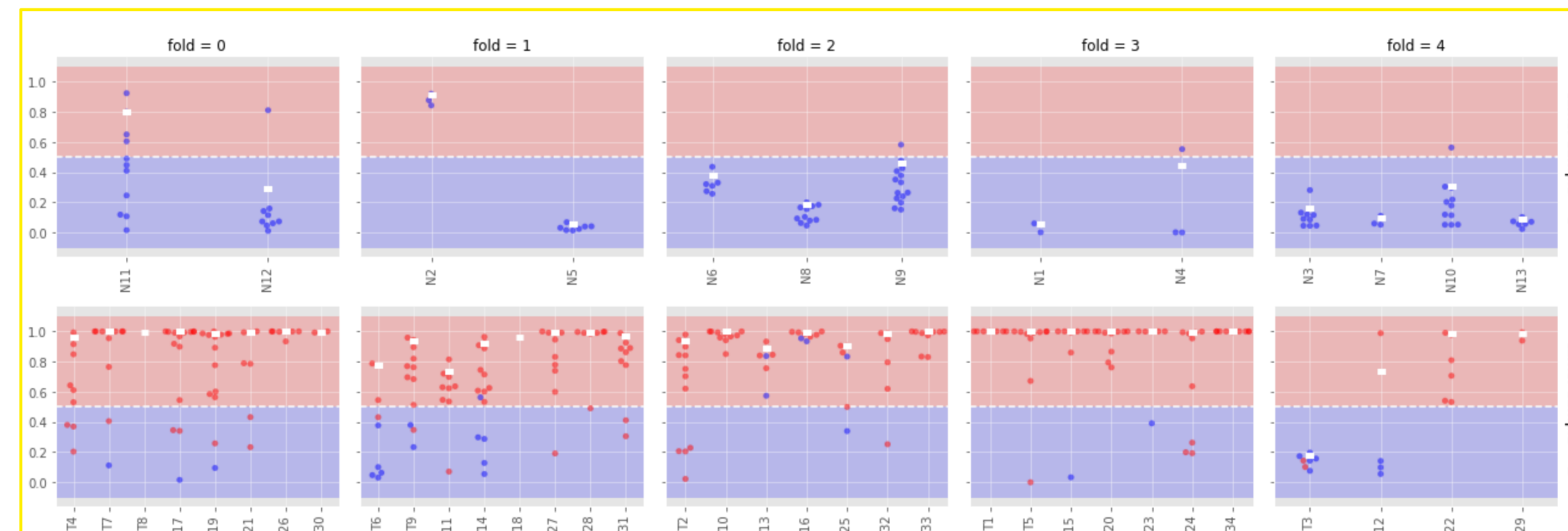
LightCT Scanner by LLTech



## DATASET

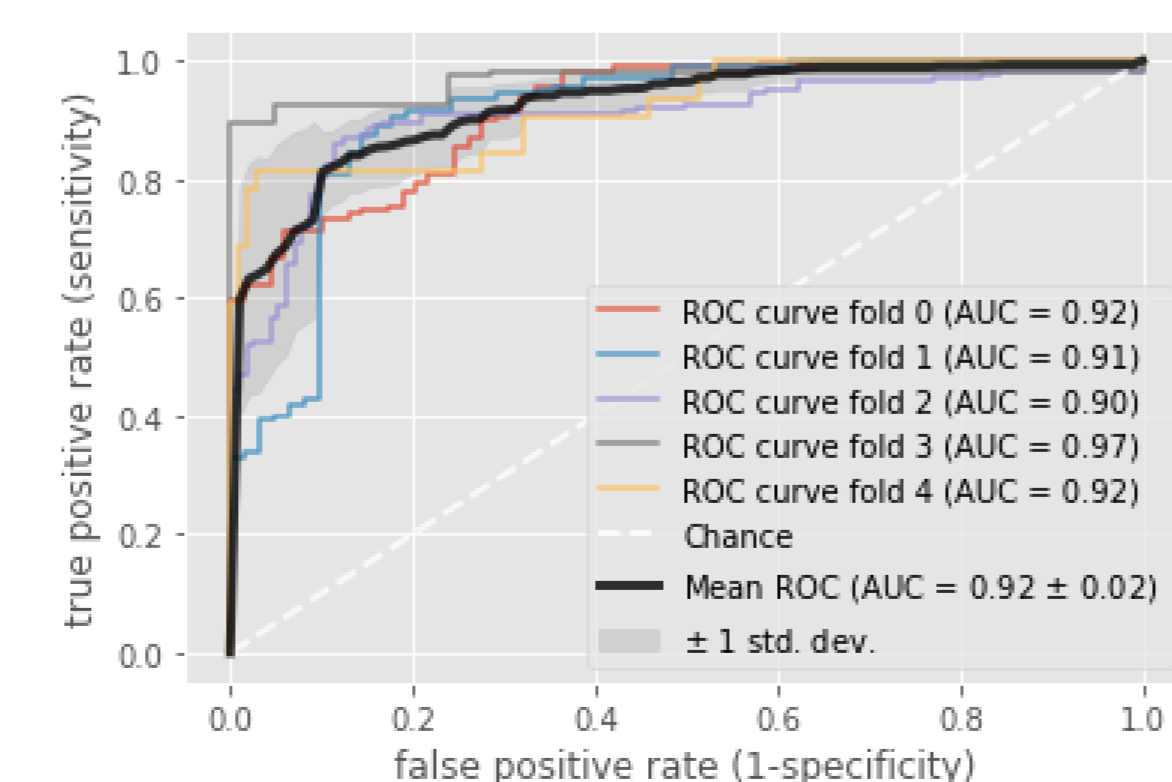
- 33 *patients* who have undergone *partial or total breast ablations*
- 47 *samples* (34 pathological, 13 normal) from surgical waste
- 396 DCI fields-of-view (260 with tumor, 136 normal)

## QUANTITATIVE RESULTS



	Accuracy	Sensitivity	Specificity	F1-Score	ROC AUC
per FOV	89 ± 4 %	88 ± 4 %	86 ± 6 %	90 ± 3 %	0.92 ± 0.02
per SAMPLE	94 ± 5 %	95 ± 10 %	80 ± 24 %	95 ± 5 %	0.96 ± 0.05

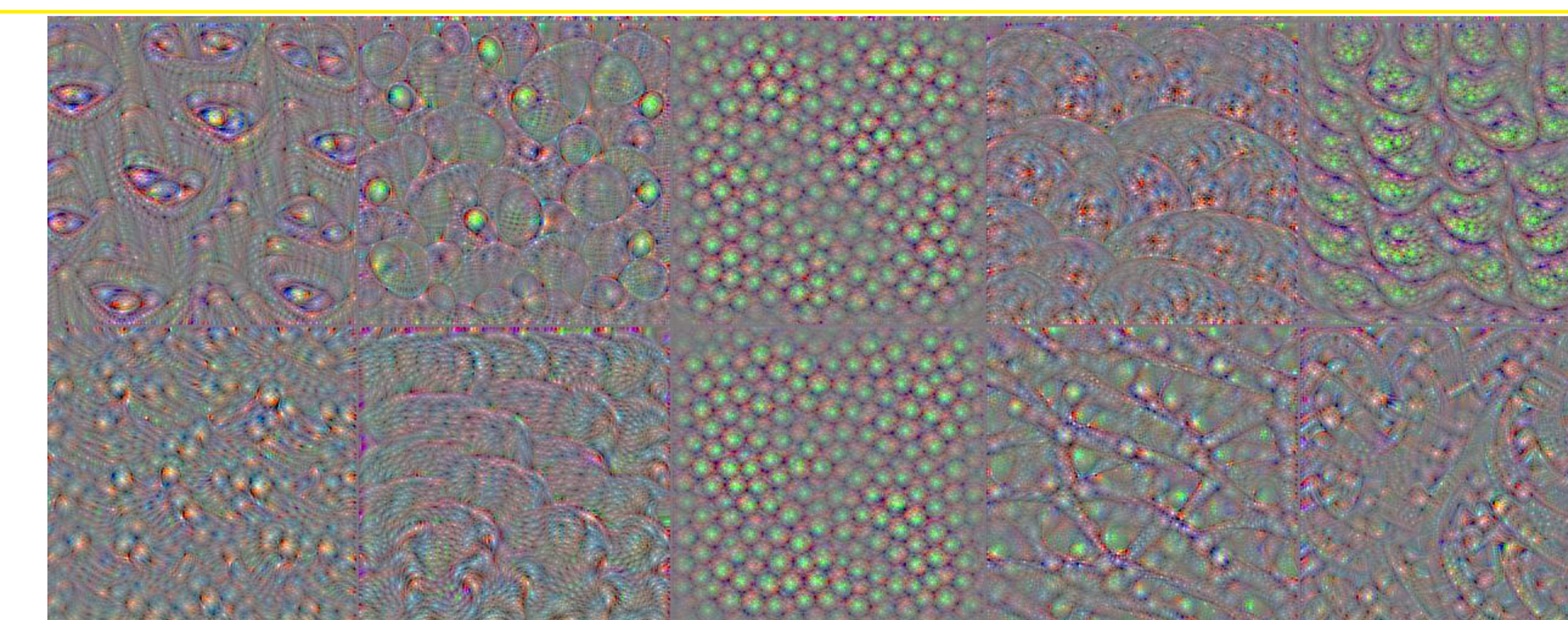
5-fold cross-validation metrics (average ± standard deviation)



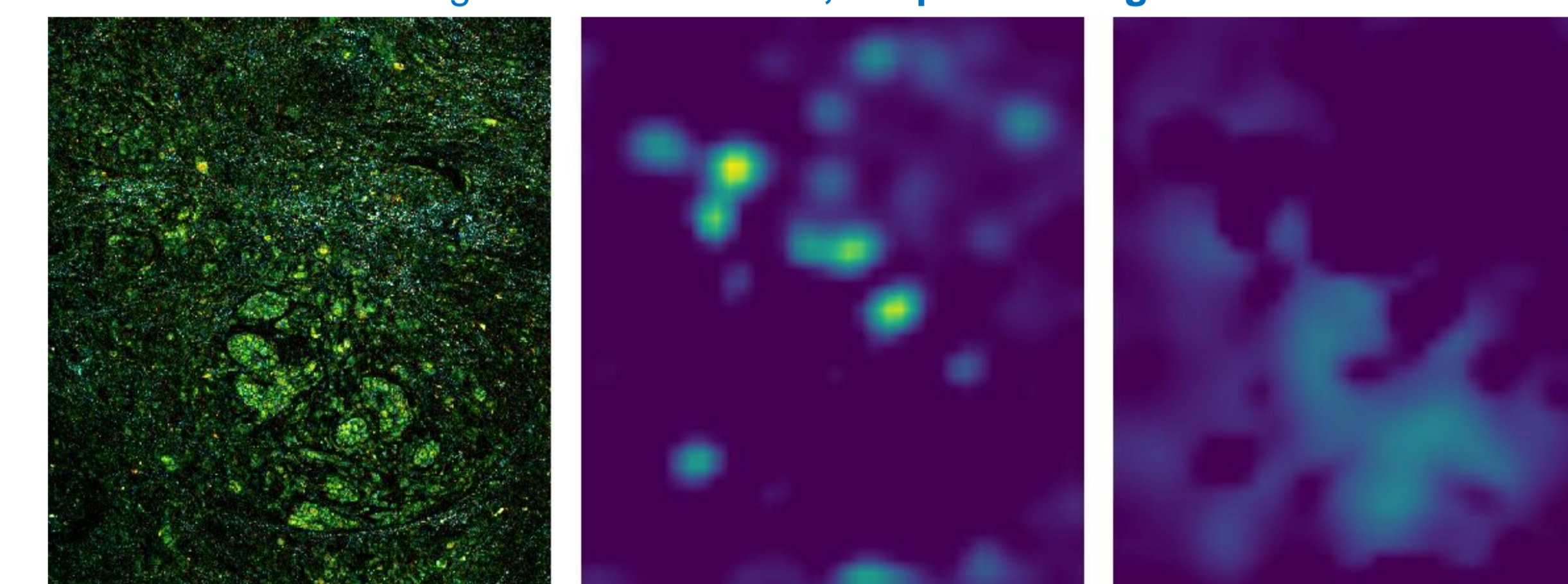
	normal	tumor
true normal	11	2
true tumor	1	33

Confusion matrix aggregated sample-wise over all CV folds

## QUALITATIVE RESULTS



Example of some learned *filters* in the last convolutional layer showing different **cell sizes, shapes and organization**



DCI crop of FOV correctly classified as tumoral with **97% probability**

Tumor-positive *activation map* highlighting **isolated cancer cells**

Tumor-negative *activation map* highlighting **healthy breast lobule**

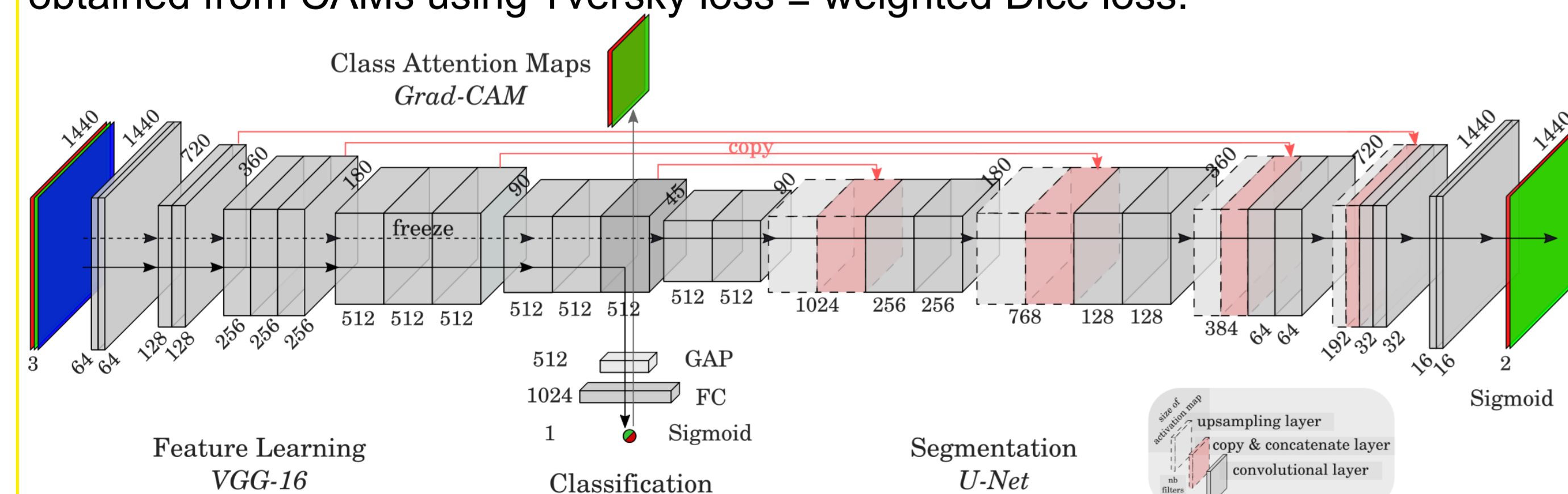
## METHOD

**Feature Learning via Classification** :

- VGG-16 *backbone* (pre-trained, ~15M params) + narrow *bottleneck* (Global Average Pooling) + shallow classifier to enforce generalization.
- Minimize weighted binary cross-entropy loss with SGD (lr=1e-4, momentum=0.8, batch=3) until convergence (~100 epochs).

**Class Activation Maps** : modified Grad-CAM accounting for both positive and negative gradients, i.e. reveal input areas accounting for and against tumor class.

**Self-supervised Segmentation** : train U-Net decoder on segmentation masks obtained from CAMs using Tversky loss  $\equiv$  weighted Dice loss.



## CONCLUSION

- ✓ **High confidence** breast tumor **classification** through *high performance metrics* and *qualitative assessment*.
- ✓ **Tumor localization** from training on global tumor presence only.
- ✓ **Classification and segmentation** *streamlined together* for easy model deployment.

## REFERENCES

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- [DCI] Apelian, Boccara et al. Biomed. Opt. Express. 2016.
- [Grad-CAM] Selvaraju et al. ICCV. 2017.
- [VGG] Smolyan, Zisserman. ICLR. 2015.
- [U-Net] Ronnenberg et al. MICCAI. 2015.
- [Tversky Loss] Sadeqh et al. Tech. Rep. 2017.

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