



Prostate Cancer Semantic Segmentation by Gleason Score Group in bi-parametric MRI with Self Attention Model on the Peripheral Zone



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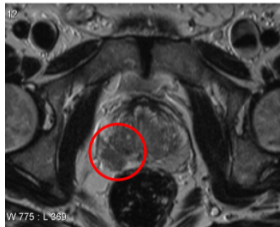
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Context : Prostate Cancer Diagnosis with MRI

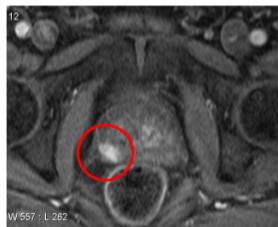
- ▶ Multiparametric MRI allows early detection of prostate cancer
- ▶ Need for computer aided diagnosis (CAD) system to assist radiologists facing difficult cases
- ▶ Need to detect cancer and predict their aggressiveness (clinical outcome, active surveillance, focal therapy etc.)



T2-w



ADC



DCE

CAD for prostate cancer segmentation: state-of-the-art

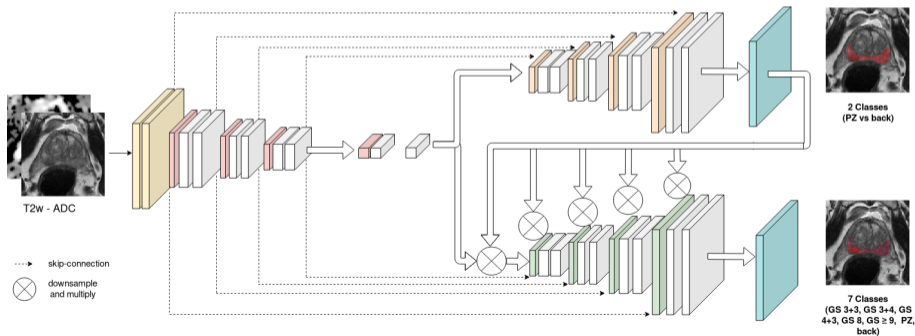
Deep Learning based prostate lesion segmentation:

- ▶ **Mainly binary segmentation** (cancer vs benign)
[[Yang et al., MEDIA, . 2017](#); [Wang et al., IEEE TMI, . 2018](#)]
- ▶ **Few studies performing multi-class segmentation**
[[Cao et al., IEEE TMI, . 2019](#)]
- ▶ **Some attempts to focus attention on the prostate zone**
[[Yang et al., MEDIA, . 2017](#); [Wang et al., IEEE TMI, . 2018](#)]

Our Contribution: ProstAttention-Net

A novel end-to-end architecture that :

- ▶ Jointly performs PZ segmentation and multi-class segmentation of PCa lesions by aggressiveness (Gleason Score)
- ▶ Focuses attention on the peripheral zone (PZ) of the prostate



Our Contribution: ProstAttention-Net

- ▶ Global loss = sum of the 2 branches' losses
- ▶ Combination of weighted dice loss and cross entropy

Loss : $L = \lambda_1 \cdot L_{PZ} + \lambda_2 \cdot L_{lesion}$ where

$$L_{PZ} = 1 - 2 \frac{\sum_{c=1}^2 w_c \sum_{i=1}^N y_{ci} p_{ci}}{\sum_{c=1}^2 w_c \sum_{i=1}^N y_{ci} + p_{ci}} - \frac{1}{N} \sum_{i=1}^N \sum_{c=1}^2 \mathbb{1}_{y_i \in C_c} w_c \log p_{ci}$$

$$L_{lesion} = 1 - 2 \frac{\sum_{c=1}^7 w_c \sum_{i=1}^N y_{ci} p_{ci}}{\sum_{c=1}^7 w_c \sum_{i=1}^N y_{ci} + p_{ci}} - \frac{1}{N} \sum_{i=1}^N \sum_{c=1}^7 \mathbb{1}_{y_i \in C_c} w_c \log p_{ci}$$

with w_c the class-specific weight, p_{ci} the probability predicted by the model for the observation i to belong to class c and y_{ci} the ground truth label for pixel i .

Dataset

- ▶ 98 patients dataset
 - ▶ 57 from a 1.5T scanner (Symphony; Siemens, Erlangen, Germany)
 - ▶ 41 from a 3T scanner (Discovery; General Electric, Milwaukee, USA)
- ▶ T2w and ADC modalities
- ▶ whole-mount histopathology slices of the prostatectomy specimens as ground truth

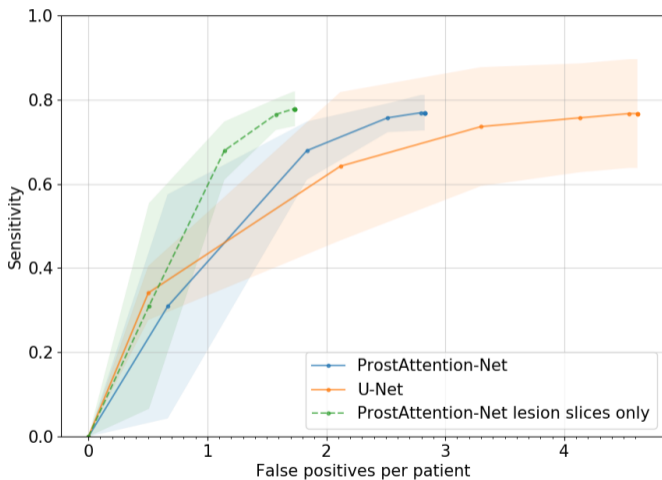
Table: Lesions distribution by Gleason Score

GS 3+3	GS 3+4	GS 4+3	GS 8	GS \geq 9	Total
37	47	23	16	9	132

Experiments

- ▶ 2 segmentation tasks
 - ▶ discriminate **clinically significant** lesions ($GS > 6$)
 - ▶ FROC on the whole volume or on slices with lesions only
 - ▶ discriminate lesions of each **Gleason score** (GS) group
 - ▶ FROC and quadratic-weighted kappa
- ▶ 5-fold cross-validation
- ▶ Ablation study to evaluate the influence of the **attention** model

Results: FROC analysis for CS lesion segmentation



Results: FROC analysis by Gleason Score Group

Table: Comparison between our ProstAttention-Net and U-Net detection sensitivity at given false positive (FP) per patient thresholds on each Gleason Score group - *preliminary results due to the few lesions per Gleason Score group*

	GS \geq 9		GS 8		GS 4+3		GS 3+4		GS 3+3	
	1FP	1.5FP	1FP	1.5FP	1FP	1.5FP	1FP	1.5FP	1FP	1.5FP
U-Net	0.70	0.70	0.43	0.45	0.40	0.50	0.43	0.47	0.17	0.17
ProstAttention-Net	0.80	0.80	0.28	0.28	0.48	0.54	0.46	0.54	0.19	0.25

Table: Cohen's quadratic weighted kappa coefficient

U-Net	0.31 \pm 0.08
ProstAttention-Net	0.35 \pm 0.05

Visual Results

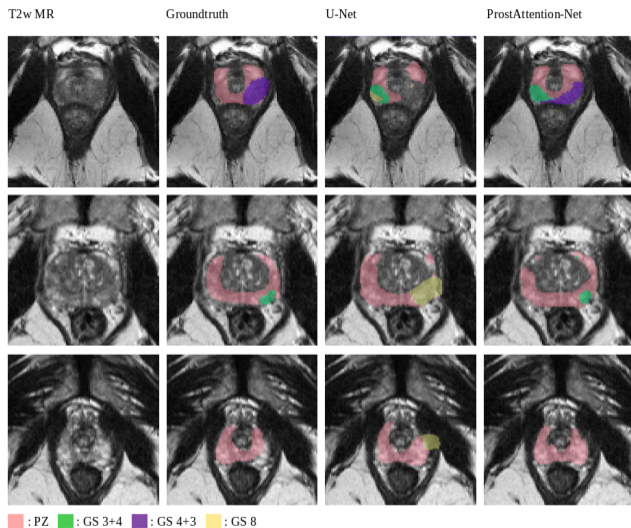


Figure: Prediction comparison for several images from the validation set.

Conclusion and perspectives

Conclusion :

Our ProstAttention-Net model allows:




- ▶ Joint segmentation of PZ and lesions by Gleason Score Group
- ▶ Outperforming U-Net
- ▶ Robust to a heterogeneous dataset

Perspectives :

- ▶ Include lesions of the prostate transition zone
- ▶ Add more patients, that might not be fully annotated
- ▶ Ranking based losses
- ▶ Evaluate the model on PROSTATEx-2 public dataset

Thank you for your attention !

References

-  Cao, R. *et al.* en. *IEEE Transactions on Medical Imaging* (2019).
-  Wang, Z. *et al.* *IEEE Transactions on Medical Imaging* **37**, 1127–1139 (2018).
-  Yang, X. *et al.* *Medical Image Analysis* **42**, 212–227 (2017).