

Artificial Intelligence-based Breast Density Classifier Improves Mammography Reporting Reliability



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Artificial intelligence and machine learning
in breast

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DISCLOSURES

Authors:

- Dr. Watanabe is Chief Medical Officer, CureMetrix, Inc (La Jolla, CA)
- Richard Mantey, MS is an employee of CureMetrix
- Chiyung Chim, PhD is an employee of CureMetrix

Product:

- CureMetrix cmDensity™ software is investigational

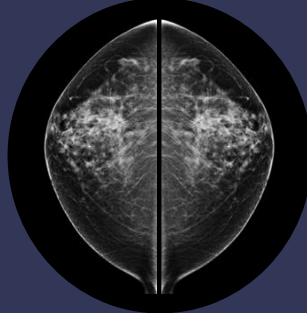
PURPOSE

To present a new semi-supervised learning (SSL) based model for mammography and how it can improve reliability in density assessments in radiologist reports

Patient



Mammogram



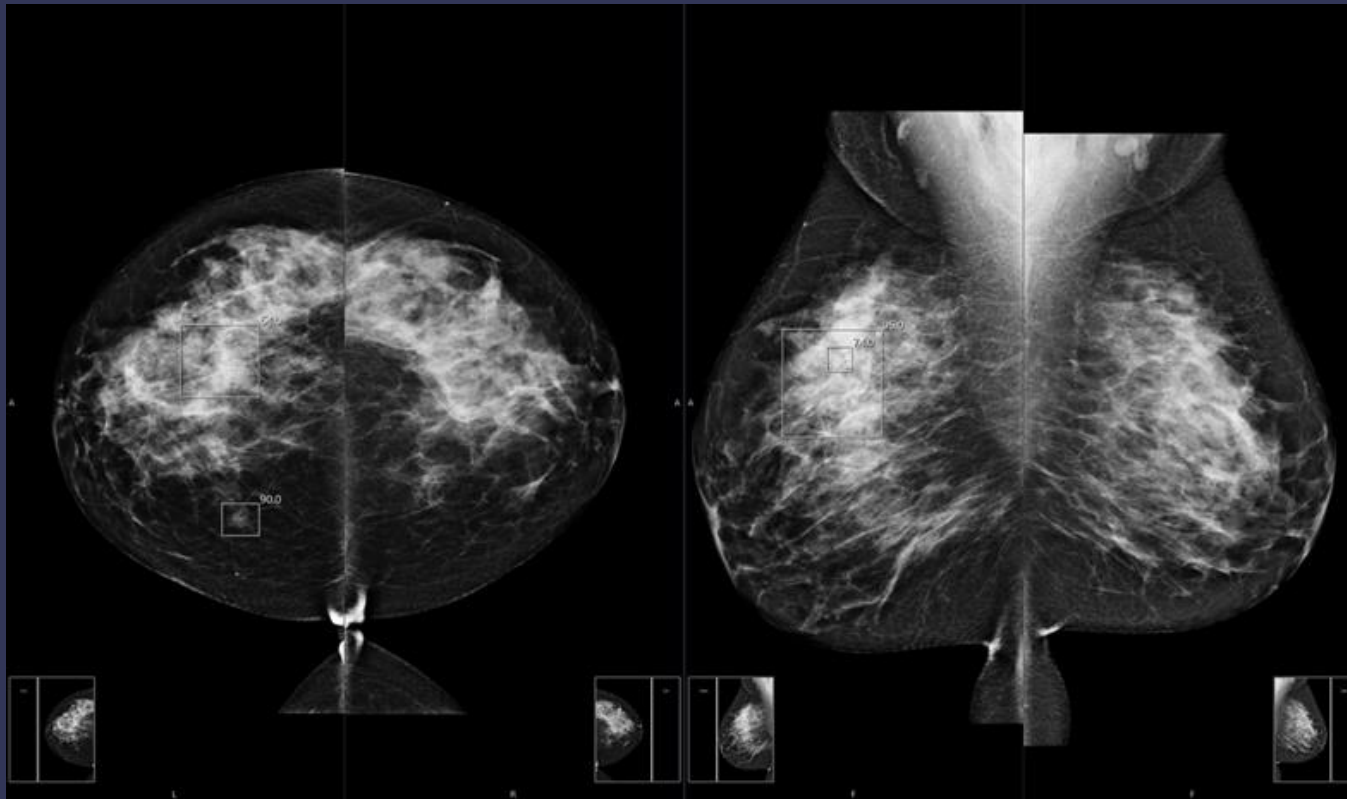
Artificial Intelligence



Reporting



INTRODUCTION: Clinical Importance of Density Assessment



Source: Journal of the American College of Radiology (JACR)

- Breast cancer risk assessment
 - Higher lifetime risk of developing breast cancer in patients with high tissue density
 - Tyler-Cuzick Version 8
- Masking effect
 - Decreased sensitivity of mammography with higher tissue density
 - Qualitative
 - BIRADS- 5th edition

Breast Density Reporting – 5th Edition mandated in US

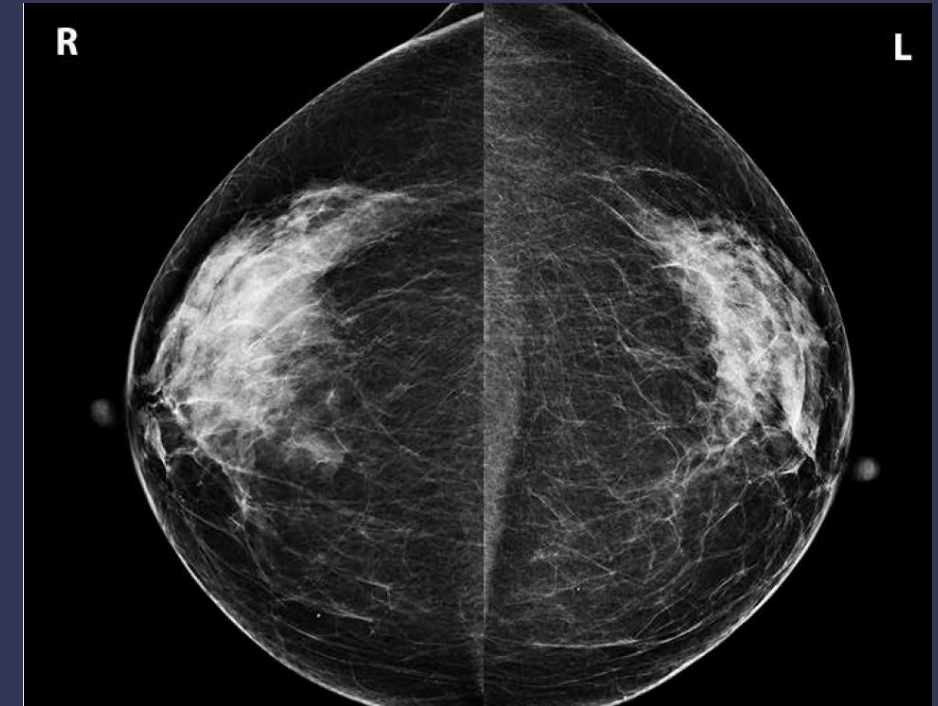
5th Edition: Category A-D

Readers categorize more mammograms as dense

- Portnow, et al. RSNA 2019
- Irshad et al. AJR 2016 Dec;207(6):1366-1371
- Alikhassi A, et al.: Higher but not significant. Eur J Radiol 2018; 5:67–72

Reader variability is increased

- 5th vs 4th edition ($k = 0.57$ vs. 0.63)
- Irshad, et al. AJR 2016 Dec;207(6):1366-1371



BIRADS 5th Edition: Category C (dense), even though less than 50% of the volume contains fibroglandular tissue, but there are dense patches
Percentage system of 4th edition (Type 1-4 eliminated)

Source: BIRADS 5th edition, ACR

BACKGROUND:

The challenge for density software: No gold standard

Quantitative methods do not translate well to subjective 5th Edition qualitative guidelines

Ex: Volpara, Quantra, Densitas

- Use breast MRI or human labels as reference standards
- $K = .799$ (moderate agreement with Volpara v rad)
 - <https://doi.org/10.1177/0284185114554674>

Therefore, a new approach is needed:

- **Semi-supervised deep learning (SSL)**
- No human labels for training—which eliminates human bias

Source: <https://www.sciencedirect.com/topics/computer-science/semisupervised-learning>



The use of SSL removes human bias from the training of software. SSL addresses reader variability, poor consistency of quantitative classifiers, and the complex issues in machine training based on the subjective goals of BIRADS 5th-edition.

MATERIALS AND METHODS:

Readers vs. cmDensity

7 MQSA qualified readers

- Board-certified radiologist
 - MQSA certified
 - Spent at least 75% of time reading mammograms for the last 3 years
 - Read >5000 mammography exams/year
- 792 full-field digital mammograms from 3 institutions, 2 continents, and 3 vendors
 - IRB Approved
 - Screening mammos, 4 or more views

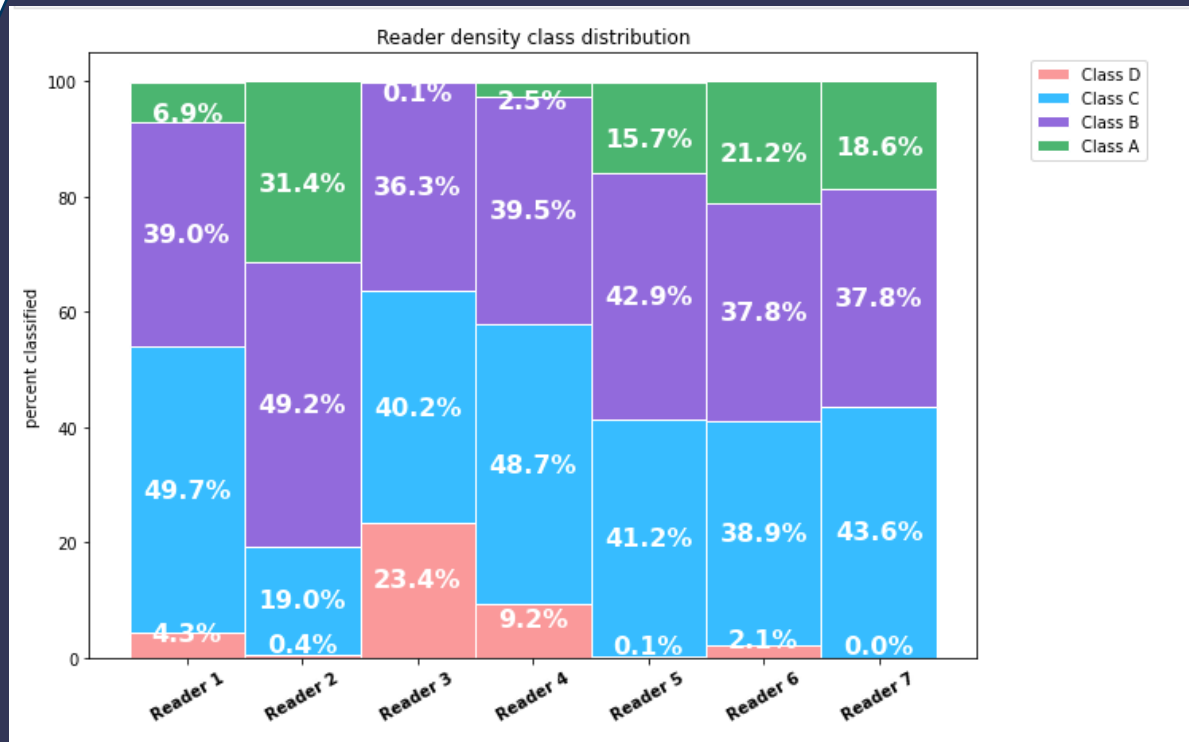
▪ Difficult borderline cases chosen to test performance

- 4-class (Category A-D) assessment
- Binary (dense vs non-dense) assessment

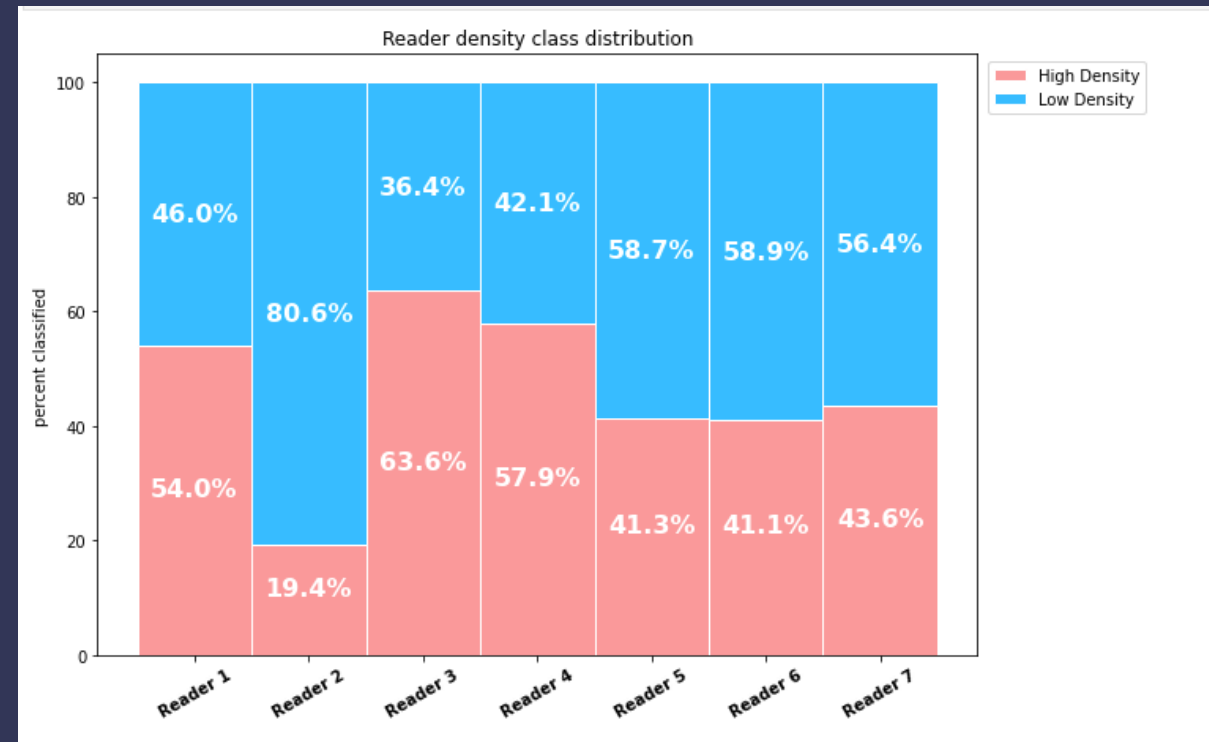


RESULTS: High inter-reader variability – 792 exams

4 Class A-D assessment ($k=.35$)

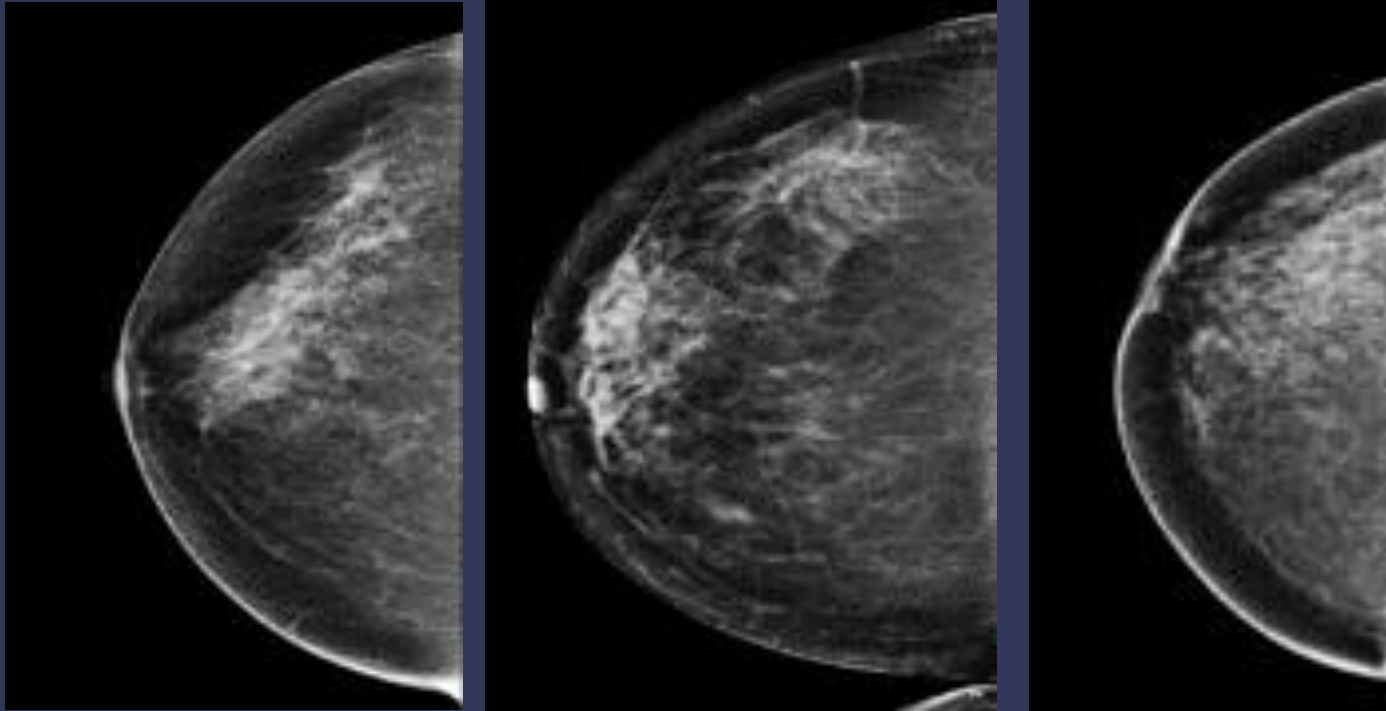


2 Class/Binary (dense vs non dense) assessment ($k=0.6$)



RESULTS:

High intra-reader variability: cmDensity is more consistent



- The most consistent reader categorized these cases as C,B,C
- In retrospect, reader indicated he would reclassify all 3 as C
- cmDensity consistently classified all 3 as C

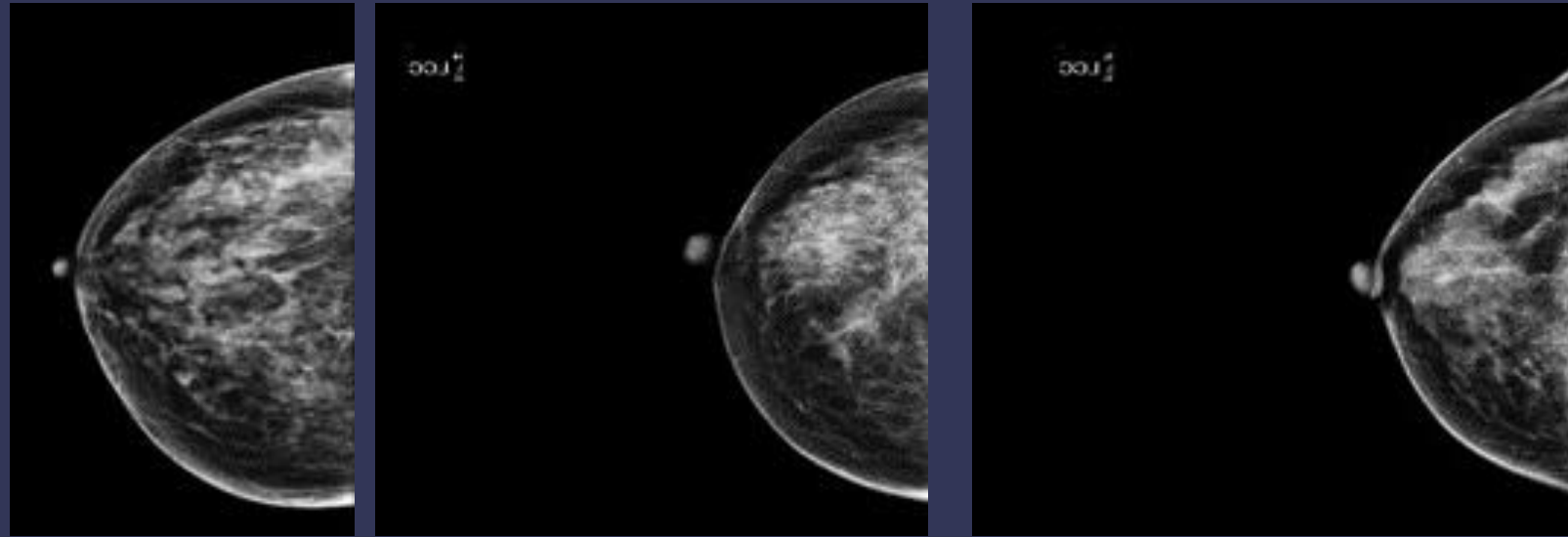
Reliability (intra-reader variability) of readers vs cmDensity

Reader	ICC
1	0.70 (CI: 0.68,0.73)
2	0.72 (CI: 0.70,0.74)
3	0.75 (CI: 0.72, 0.76)
4	0.71 (CI: 0.69,0.73)
5	0.78 (CI: 0.76,0.8)
6	0.77 (CI: 0.75,0.79)
7	0.82 (CI: 0.80,0.83)
cmDensity	0.99 (CI: 0.98, 0.99)

cmDensity™ shows higher consistency (0.99) compared to all readers

RESULTS:

cmDensity - High agreement with readers in consensus exams



- Similar cases all Category 3 by **cmDensity** despite variation in percentage of fibroglandular tissue
- Downfall of quantitative volumetry software

Agreement of cmDensity with consensus data

Readers in Consensus	4_Class_Kappa	2_Class_Kappa
4	0.65 (CI: 0.58, 0.72)	0.72 (CI: 0.63, 0.82)
5	0.82 (CI: 0.76, 0.87)	0.88 (CI: 0.83, 0.94)
6	0.94 (CI: 0.89, 0.98)	0.95 (CI: 0.91, 0.99)
7	0.97 (CI: 0.91, 1.0)	1.0 (CI: 1.0, 1.0)



- cmDensity agreement **increases** with increased consensus
- **K=0.97, 1.0 for 100% reader consensus exams**

RESULTS:

High Performance of cmDensity

Confusion Matrix

	Actually Positive (1)	Actually Negative (0)
Predicted Positive (1)	True Positives	False Positives
Predicted Negative (0)	False Negatives	True Negatives

100% Reader consensus (4 Class)

cmDensity Prediction	A	B	C	D
	100%			
		100%		
			93%	7%
				100%

100% Reader consensus (binary)

cmDensity Prediction		Nondense	Dense
	Nondense	100%	
	Dense		100%

CONCLUSION: Clinical impact of cmDensity™

Findings:

- AI model shows higher reliability compared to readers
- Addresses qualitative goal of the 5th Edition
- Overcomes consistency issues with quantitative density products

Clinical Relevance:

- ✓ Reduces subjective reporting variability
- ✓ Improved worklist control for radiologist – Sort by density
- ✓ Automated population of density field in structured reports and tracking system
- ✓ MQSA case retrieval

BI-RADS®:

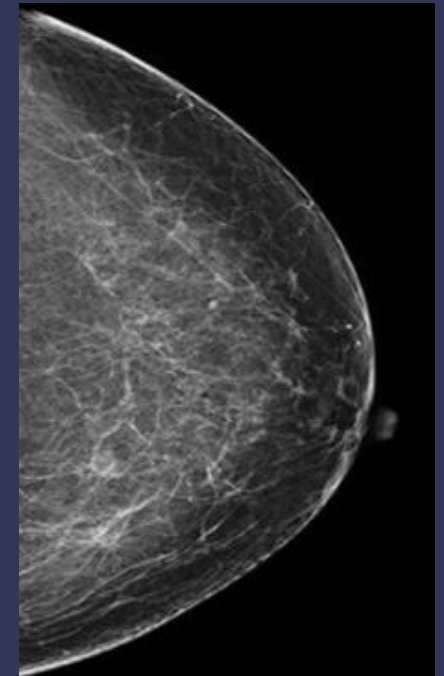
1 - Negative-No significant findings

Recommendation:

1Y - Repeat mammogram in 1 year

Tissue Density:

Heterogeneously dense



Thank you



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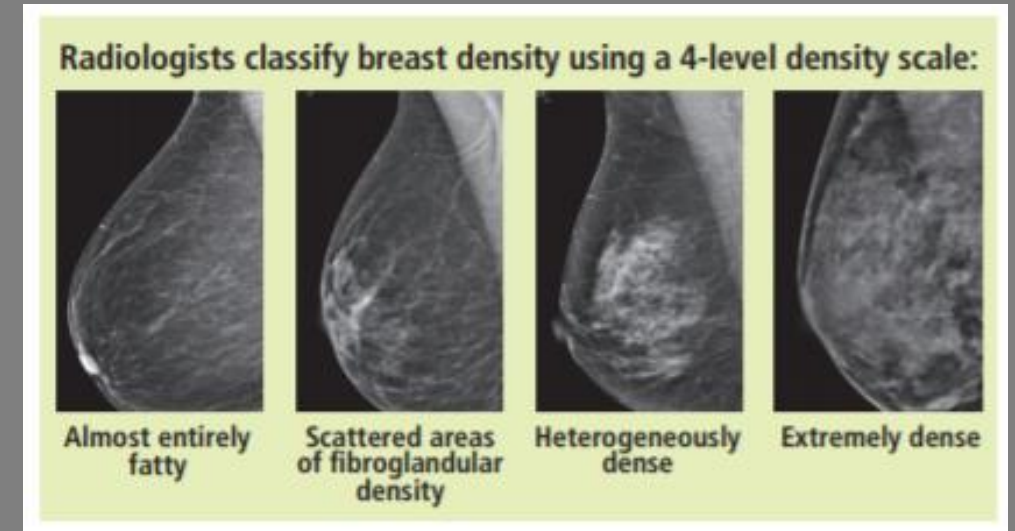
BACKGROUND: Quantitative vs. Qualitative density assessment

BIRADS 4th Edition – 2003 = Quantitative

- To measure percentage of fibroglandular tissue within the breast
- Breasts with glandular densities of <25%, 25%–50%, 50%–75%, and >75%
- BIRADS Type 1-4

BIRADS 5th Edition – 2013 = Qualitative

- To subjectively describe the masking effect of dense tissue as it may impair the accuracy of breast cancer
- Percentage system eliminated
- BIRADS Category A-D



A = almost entirely fat

B = scattered fibroglandular densities

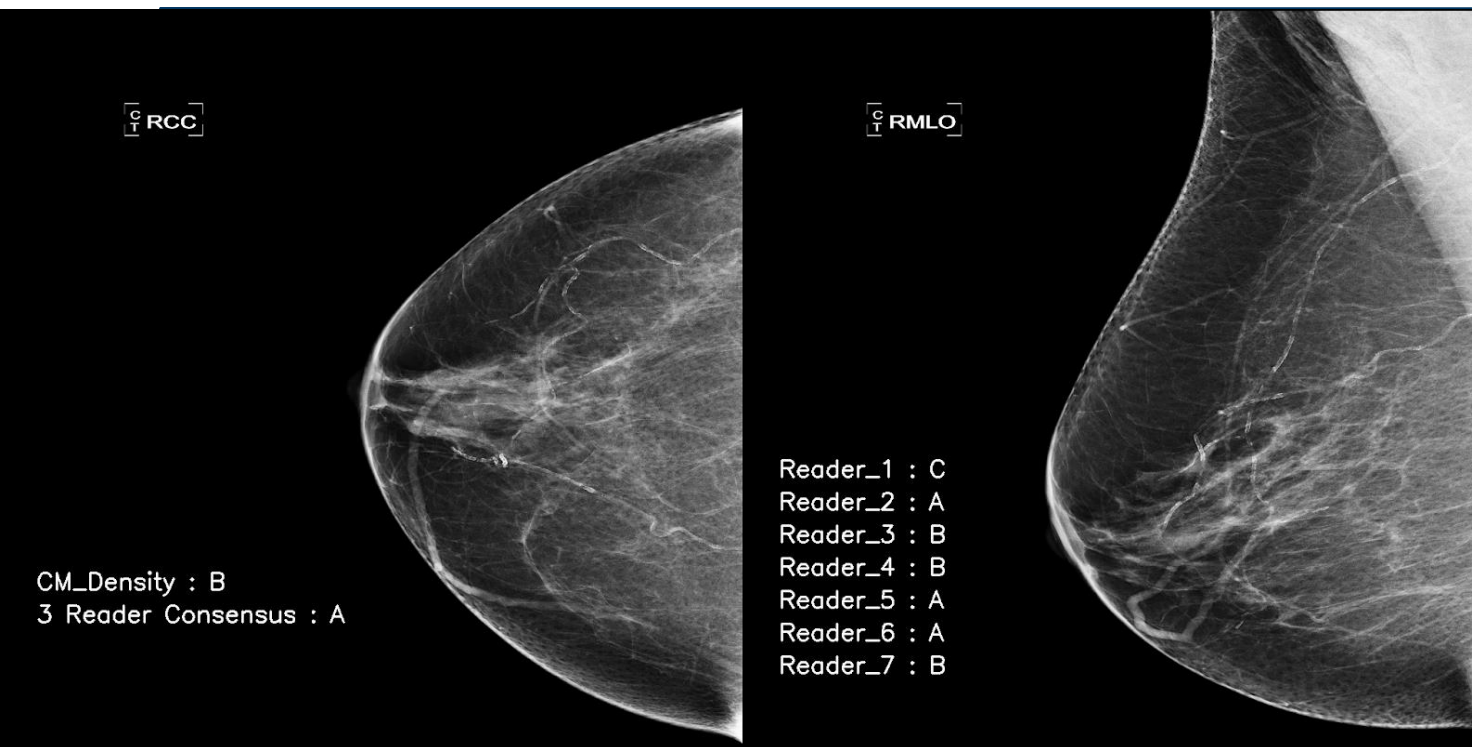
C = heterogeneously dense

D = extremely dense

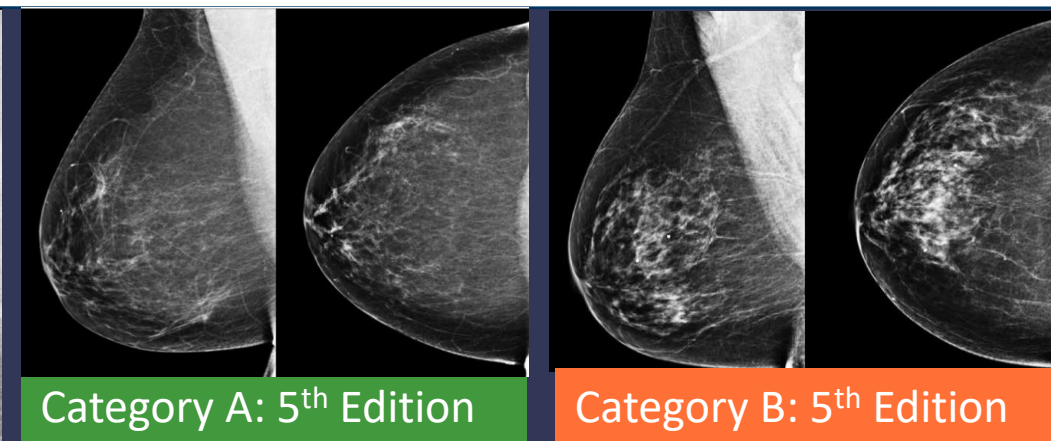
Source: ACR/Society of Breast Imaging

RESULTS:

High inter-reader variability – 4 class overall kappa=0.35



Example: Low consensus case
Readers labeled from A to C:
3=A, 3=B, 1=C. cmDensity =B



Agreement of each reader with cmDensity

Reader	4_Class_Kappa	2_Class_Kappa
1	0.66	0.77
2	0.44	0.43
3	0.41	0.66
4	0.58	0.76
5	0.74	0.79
6	0.70	0.77
7	0.76	0.84