

# DETECTION OF PANCREATIC CANCER ON CT IMAGES USING PSEUDO-LABELING METHODS

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## INTRODUCTION

- Pancreatic cancer is the **12th most frequent** cancer and the **7th highest in mortality** [1].
- Early-stage pancreatic cancer usually has **no clinical symptoms**. Although late-stage pancreatic cancer is usually symptomatic, the symptoms are not specific.
- CT scans are often used to diagnose and monitor pancreatic cancer, but early-stage pancreatic cancer is difficult to see on these images.
- The tumour may be lighter or darker than a healthy pancreas.
- The overall sensitivity of pancreatic cancer detection on CT images is 89% and the specificity is 90% (higher than on ultrasound images) [2].
- Small (< 2cm) and isoattenuating tumours may be missed on radiological examination. The sensitivity of the test may then be **as low as 58-77%** [2].

5-year survival prediction:

- IA - 14%
- IB - 12%
- III - 3%
- IV - 1%

More than half of the cases are diagnosed in stages III - IV (inoperable tumours) [3]. Therefore it is **extremely important to develop automatic pancreatic cancer detection tools for early diagnosis**.

## DATA PREPARATION

The dataset consists of **61 Santaros Clinics patients** (45 cancer, 16 healthy pancreas) and **361 patients from public datasets** (281 cancer, 80 healthy pancreas) from Memorial Sloan Kettering Cancer Center dataset [4] and the TCIA dataset [5].

In order to increase the amount of data for the input of the CNN, images of the **CT scans were divided into 50x50 pixels patches**. Only patches with visible pancreas or pancreatic cancer are used. Each patch is assigned the label 0 if only healthy pancreas is visible in the patch. A patch is labeled 1 if tumor is visible in the patch. Cancerous patches might contain healthy pancreas as well.

Patients in train - validation - test split:

Santaros: 31, 10, 20  
 Public: 270, 30, 61

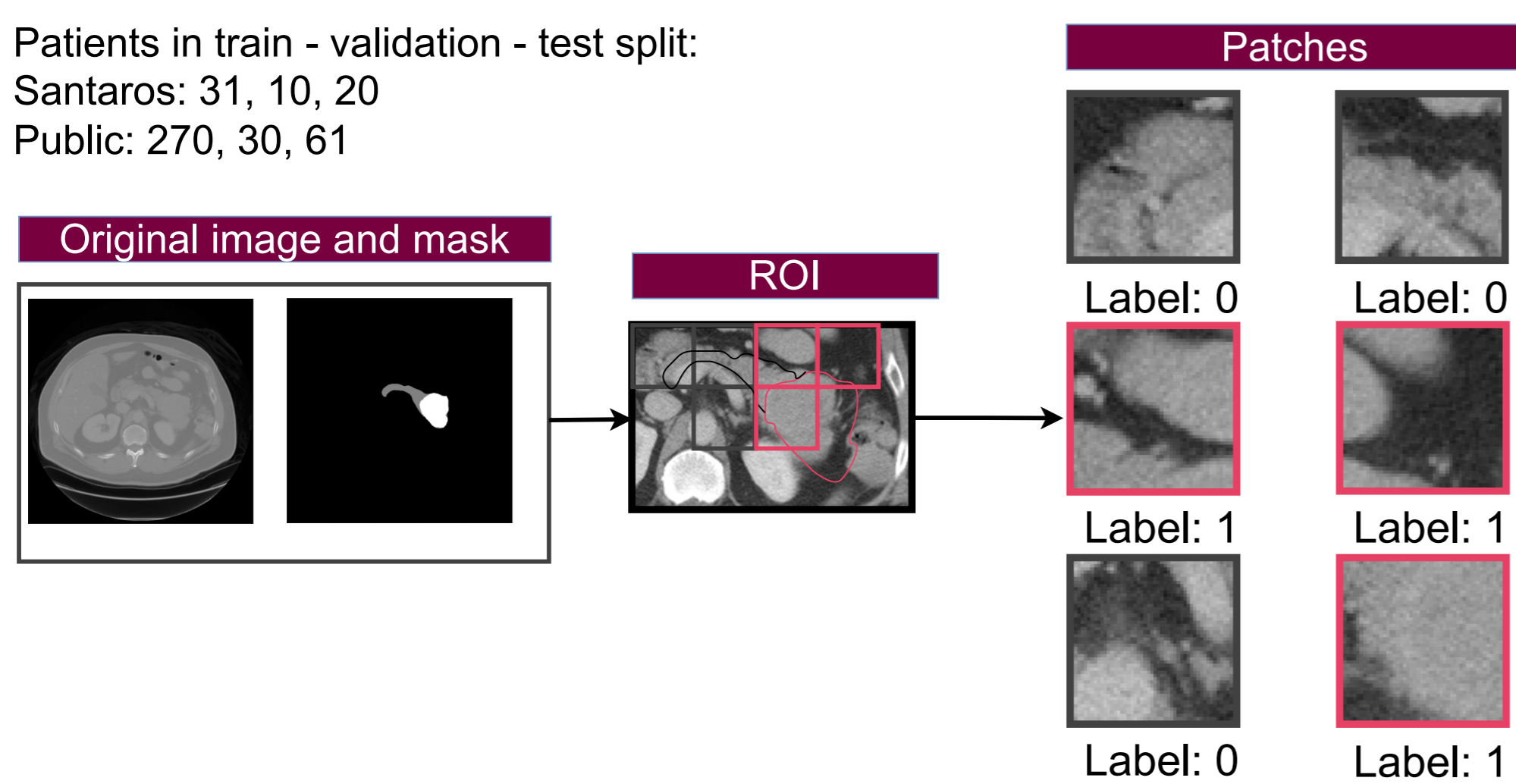


Figure 1. Image pre-processing by cropping and labelling patches

## LABEL PROPAGATION

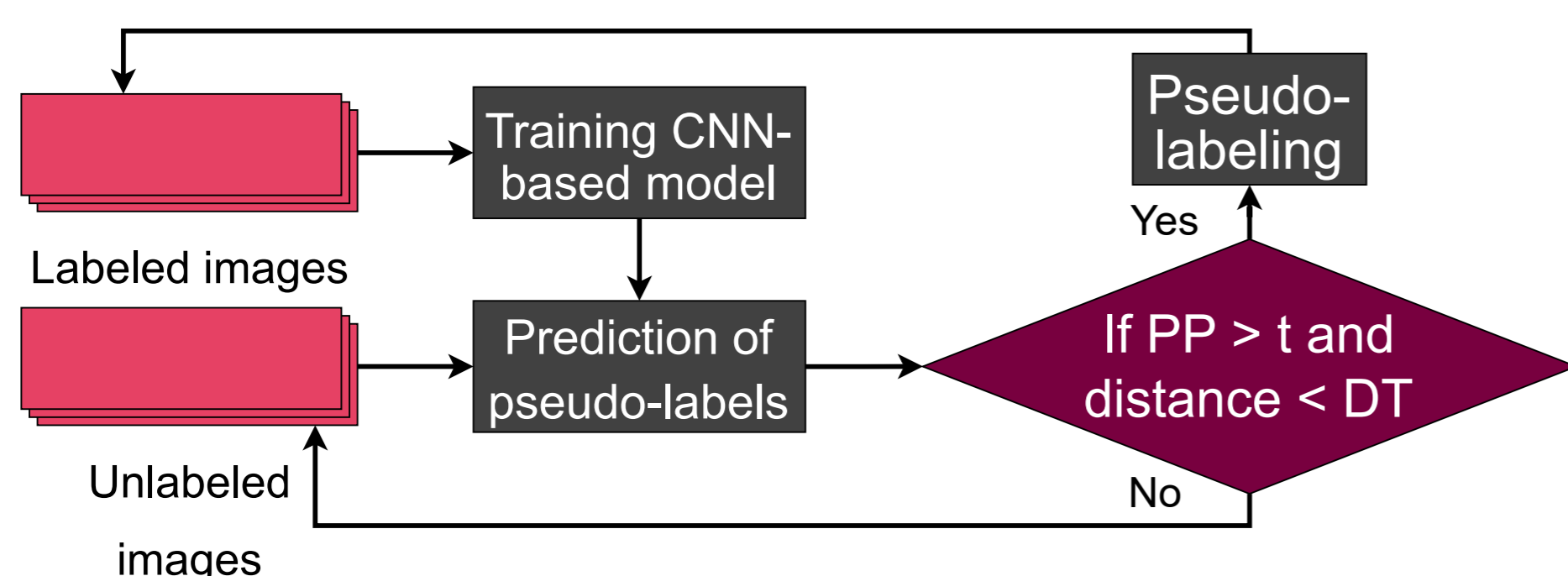


Figure 2. The process of pseudo-labeling. Patch prediction probability  $t = 0.9$ , distance threshold  $dist\_t$  was calculated using median Euclidean distances to all patches in the training set.

## THRESHOLD SELECTION

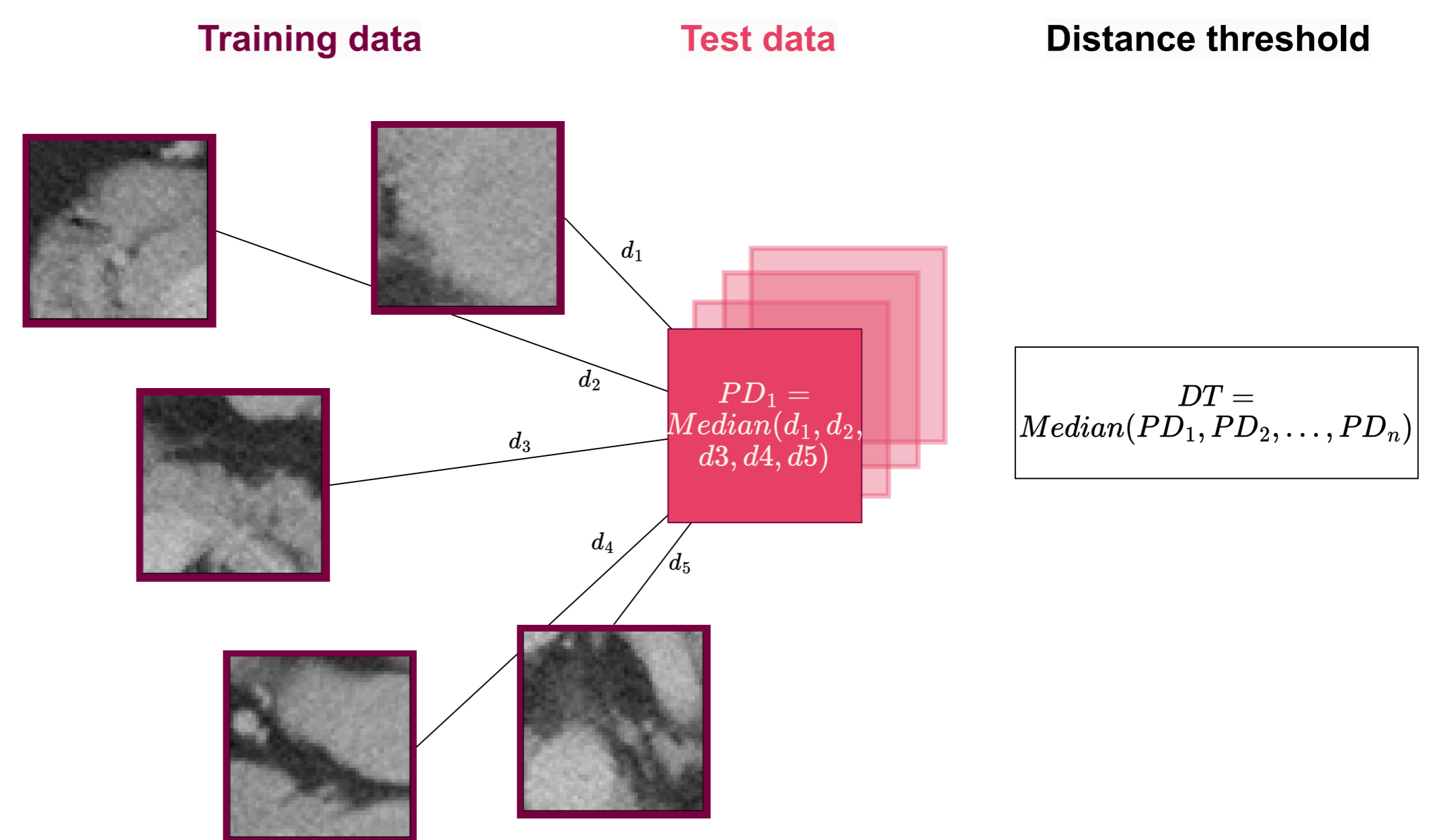


Figure 3. The process of determining optimal distance threshold.  $d_1 - d_5$  - Euclidean distances between all patches in the training set and a single patch in the test set.  $PD$  - patch distance,  $DT$  - distance threshold.

## RESULTS

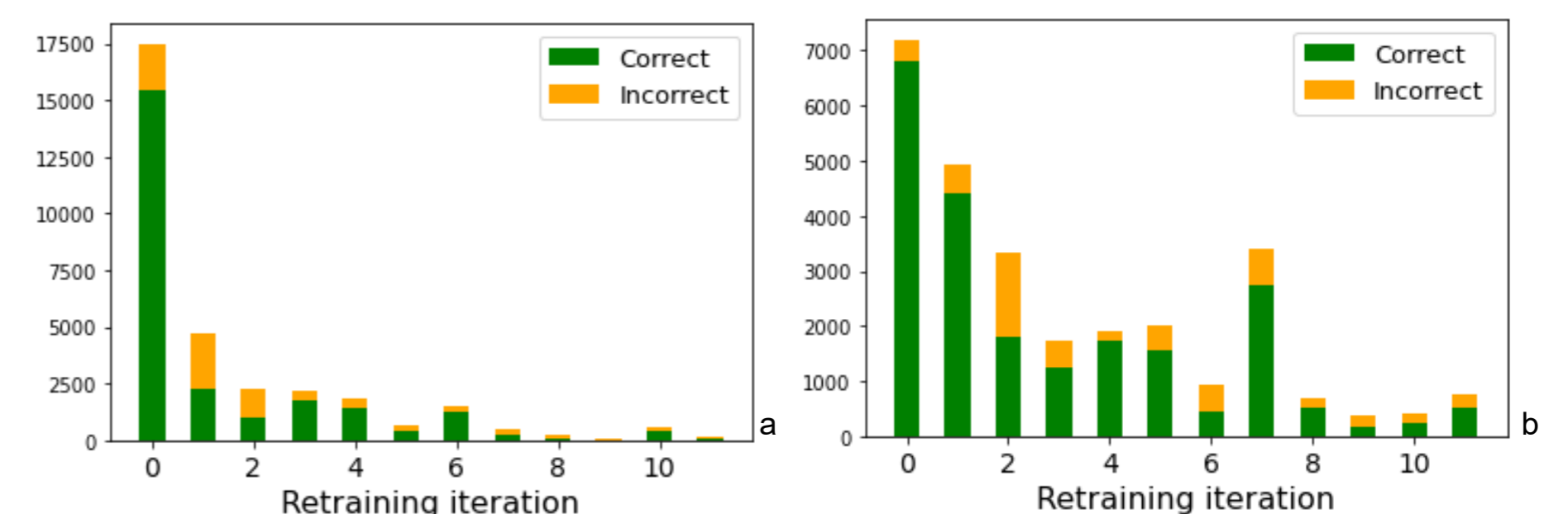


Figure 4. Number of added labels after retraining iterations, a- using only probabilities for threshold, b- using probabilities and distances for threshold

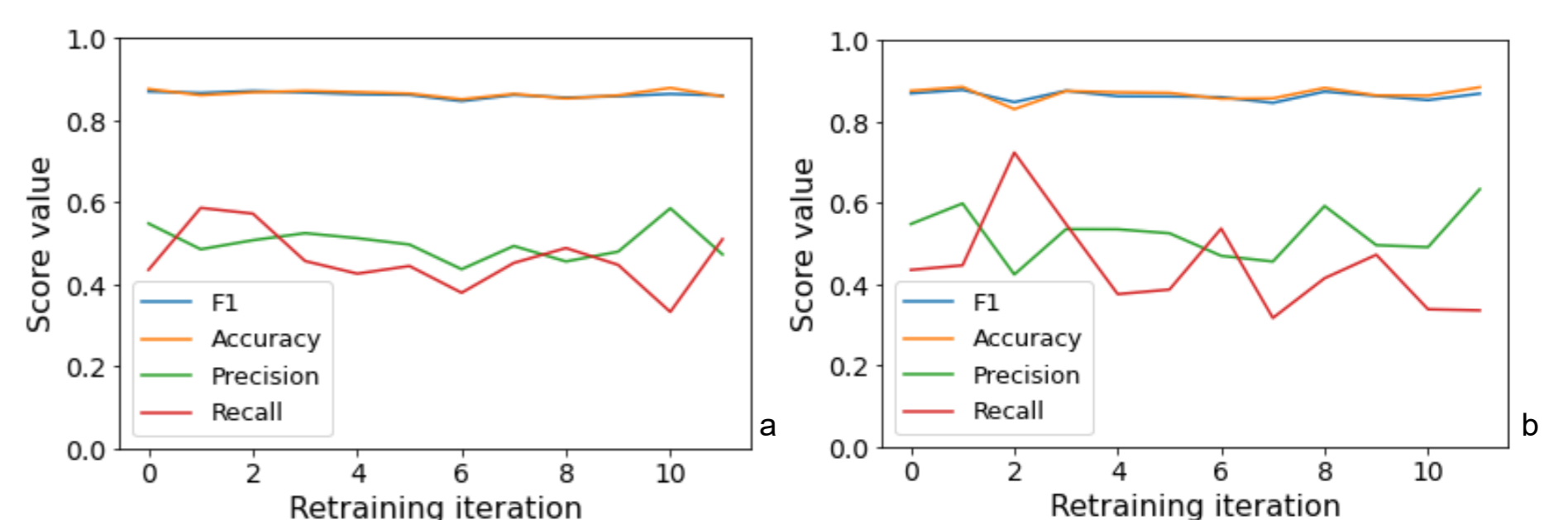


Figure 5. Prediction results after each retraining iteration using validation set, a- using only probabilities for threshold, b- using probabilities and distances for threshold

Total patches added:

- Using probabilities: 32061
- Using probabilities and distances: 27638

Correctly labeled patches:

- Using probabilities: 24446, 76.2%
- Using probabilities and distances: 22170, 80.2%

Adding calculations of distances to pseudo-labeling threshold selection resulted in **bigger proportion of patches labeled correctly**. Also, the increase of training dataset was more steady.

Using pseudo-labeling method the results of classification evaluation metrics remained approximately the same. Therefore adding pseudo-labeled patches **did not affect the classification results negatively**.

This study was approved by the Institutional Ethics Committee of Vilnius University (protocol code Nr. 158200-17-941-455).

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