MAMMOGRAPHIC PHANTOM IMAGES USING RECEIVER OPERATING CHARACTERISTIC ANALYSIS

NOR'AIDA BINTI KHAIRUDDIN

UNIVERSITI TEKNOLOGI MALAYSIA

MAMMOGRAPHIC PHANTOM IMAGE ANALYSIS FROM RECEIVER OPERATING CHARACTERISTIC (ROC) CURVE

NOR'AIDA BINTI KHAIRUDDIN

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To my beloved mother,

sisters and brothers

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ABSTRAK

Kanser payudara adalah sejenis kanser penyebab utama kematian wanita di seluruh dunia. Sebahagian imej mammografi digital mempunyai hingar dan kontras yang rendah. Teknik pemprosesan imej telah digunakan untuk meningkatkan kualiti imej. Tujuan penyelidikan ini adalah untuk melakukan analisis ciri operasi penerima (ROC) terhadap imej fantom mamografi yang dikenakan dua teknik peningkatan untuk menentusahkan sama ada teknik peningkatan itu meningkatkan kualiti imej. Imej mammografi digital ini ditingkatkan menggunakan teknik morfologi dan ubah bentuk gelombang kecil. Bagi teknik morfologi, imej dipertingkatkan menggunakan pembesaran untuk operasi morfologi dan penutupan morfologi. Bagi peningkatan ubah bentuk gelombang kecil, penuras wavelet biorthogonal 2.8 dengan dua tahap penguraian (L=2) telah digunakan. Empat orang pemerhati menilai imej yang mengandungi nodul, gentian dan mikronodul. Prestasi pengesanan terhadap imej asal dan imej yang telah diproses melalui tersebut dinilai dengan lengkung ROC. Imej juga dinilai berdasarkan tahap kontras, ketajaman serta kualiti imej keseluruhan. Analisis ROC menunjukkan pengesanan terhadap mikronodul memberi luas di bawah lengkungan dan nilai sensitiviti yang lebih tinggi daripada pengesanan terhadap nodul dan gentian. Bagi penilaian keseluruhan kualiti imej menggunakan skala penilaian subjektif pemerhati pula, imej asal menunjukkan nilai min yang lebih tinggi daripada imej yang ditingkatkan.

ABSTRACT

Breast cancer is a form of cancer which is a leading cause of death among women worldwide. Some digital mammographic images are noisy and have low contrast. Image processing techniques have been used to improve the quality of images. The aim of this study is to perform receiver operating characteristic (ROC) analysis on mammographic phantom images subjected to two enhancement techniques in order to verify whether the enhancements improve the quality of the images. The digital mammographic images were enhanced using the morphological and wavelet transform techniques. For the morphological techniques, the images were enhanced using dilation for morphological operation and morphological closing. For wavelet transform enhancement, biorthogonal 2.8 wavelet filter with two levels of decomposition (L=2) was used. Four observers evaluated the images that contain fibres, nodules and micronodules. The detection performances of the original and enhanced images were evaluated using ROC curves. The images were also rated based on contrast visibility, sharpness and overall image quality. The ROC analysis showed that detection of micronodules gave higher area index of curves and sensitivity than the detection of nodules and fibrils in all image datasets. For evaluation of overall image quality using observers' subjective rating scale, original images have higher mean values than the enhanced images.

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LIST OF SYMBOLS

Α	-	Atomic mass
A_z	-	Area index of curve
b	-	Structuring elements
Crad	-	Resultant radiation contrast
D_b	-	The domain of <i>b</i>
f	-	Gray scale dilation
kV	-	Kilovoltage
NA	-	Avogadro's number
Ν	-	Number of atoms per unit volume
n_A	-	The mean number of X-rays transmitted
<i>n</i> ₀	-	The mean number of X-rays incident
σ	-	Standard deviation
σ_t	-	Total cross section
ρ	-	Weight density of the material
μ	-	X-ray attenuation coefficient of the tissue
μ'	-	X-ray linear attenuation coefficient
μ_m	-	Mass attenuation coefficient
μ_t	-	Total linear attenuation coefficient
$\stackrel{D}{\Psi}$	-	Diagonal wavelets
Ψ	-	Horizontal wavelets
ψ^{V}	-	Vertical wavelets
~		
Ψ(<i>ω</i>) ~	-	Fourier Transforms of synthesis wavelet
$\varphi(\omega)$	-	Scaling function
Ζ.	-	Breast thickness

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CHAPTER 1

INTRODUCTION

Breast cancer is the most common form of cancer in the female population and continues to be leading cause of death among woman around the world. Early detection and treatment of breast cancer are the most effective methods to reduce mortality. Breast cancer mortality has declined among woman of all ages over the past decade although breast cancer incidence has increased (Fieg *et al.*, 1998). Mammography screening had reduced the mortality and improved the treatment of breast cancer (Buseman *et al.*, 2003). Mammography has proven to be the most effective tool for detecting breast cancer in early stage.

Digital mammography has provided useful radiographic information and advantages including digital image management, digital data transfer and new medical applications. Digital detectors of digital mammography have improved the efficiency of absorption of incident X-ray photons. A photoconductor such as amorphous selenium (a-Se) captures the X-rays photons and converts absorbed X-rays directly to a digital signal. Digital detectors have a wide range of X-ray intensities and low noise system. Digital mammography improved the lesion visibility with wide dynamic range (1000:1) compared to screen film mammography, dynamic image manipulation and ability to postprocess (Mahesh, 2004).

Digital mammography also could overcome the limitation of screen film mammography and improved detection and diagnosis of breast cancer (Yaffe, 2001). Digital mammography does not only provide outstanding technology for X- ray detection but also a powerful instrument system for image acquisition, image review and image storage. The design of digital mammography allows the new medical applications such as Computer Aided Detection (CAD), tomosyntesis, telemammography and quantitative image analysis.

Hiroshi *et al.* (2006), Yip *et al.* (2001), Williams *et al.* (2008) and Young *et al.* (2010) found that digital mammography has improved contrast sensitivity and specificity compared to screen film mammography. Image processing technique could enhance visibility of digital mammography. Wavelet transformations, image filtering and grey-level enhancements were the examples of image processing technique which had been studied by Diekmann *et al.* (2001). Different types of enhancement including different set of algorithms and parameters are applied depending on different types of mammographic lesions.

Quantitative imaging has an important role in developing image analysis methods to extract quantitative data more accurately in detection and diagnosis (Giger, 2008). Receiver Operating Characteristic (ROC) analysis is one of the imaging analysis methods to compare the accuracy of two or more imaging modalities. The ROC curve represents sensitivity (True Positive Fraction) and specificity (True Negative Fraction). ROC analysis evaluates the plots by calculating the area under the curves. The mammographic images are scored based on subjective interpretation by observers. Many researchers had proved that quantitative diagnostic assessments from ROC curves could provide valuable feedback to improve diagnostic performance.

1.1 Research Background

A digital mammogram is considered as high quality when the diagnostic sensitivity and specificity are high. Oliver *et al.* (2010) confirmed that most radiologist and physicians had missed the presence of different types of breast lesions. A small number of radiologists available and large amount of mammographic images to be analysed make such readings labour intensive and often inaccurate.

The contrast, resolution and noise properties of the image describe the technical image quality. Mammographic images usually are noisy and have low contrast regions. Image processing techniques are the other alternative to improve the quality of image which should be independent of image acquisition and display. Parameter settings affect the display devices by mapping pixel values to luminance. Digital detectors affect image resolution, gain, modulation transfer function and noise characteristics. Digital Imaging and Communications in Medicine (DICOM) header provides acquisition parameters such as anode material, filtration and kVp. Mahesh (2004) found that radiation dose decreased for thicker breast with digital mammography.

A recent study by Pisano *et al.* (2004) shows that image processing has improved visualization and more accurate detection of abnormalities from mammographic images. Masses or calcifications could be detected from the evaluation of eight different image processing algorithms. The image processing techniques were performed using histogram and mixture model based intensity windowings, peripheral equalization, multiscale image contrast applifications, Contrast Limited Adaptive Histogram Equalization (CLAHE) and unsharp masking.

The performance using different processing techniques for screen-film mammographic images and digital mammographic images are still being studied. Default techniques, multiscale image contrast amplification and CLAHE combination were applied in both digital mammographic images and screen film images. Cole *et al.* (2005) found that the detection of masses were better for screen film images compared to digital images. The specific image processing algorithms need to be improved based on machine and breast lesion type.

The effect of wavelet processing on a mixture of mammographic findings was investigated by Kallergi *et al.* (2004). The study was evaluated using Localization Response Operating Characteristic (LROC) with 500 negative, benign, masses and calcification clusters. They found that wavelet enhancement improved all case combinations. The mammographic images require more advanced processing technique than standard grayscale adjustments.

Dominquez *et al.* (2008) and Guillaume *et al.* (2007) found that the positive effect of performance still have room for improvement. More research is needed to utilize more accurate enhancement and optimize image processing techniques for future improvement of the breast lesion detection.

1.2 Problem Statement

Mammography images are difficult to interpret by the radiologists because the features are typically very small, poor contrast and have a wide range of anatomical patterns. For radiologists, reading mammography images is a very demanding job make the detection and diagnose difficult. The radiologists' judgement depends on their training, experience and subjective criteria.

Radiologists have to view many of digital mammographic images and are required to complete the task. This could result in clinical dissatisfaction. The electronic reading rooms may leads to greater fatigue among radiologists, which could affect the diagnostic performance.

Some mammographic images are affected by noise and generate false positive results. Large amount of mammographic images have been missed or misinterpreted by the radiologists leading to greater number of false positive cases. Image analysis is very subjective and qualitative. Human observations always cause some errors.

Masses and microcalcifications are identified as the breast abnormalities which are indicators to the breast cancer. Microcalcifications have high attenuation properties, small size and low contrast. Microcalcifications sometimes can be misinterpreted as noise in the inhomogeneous background. According to Bozek *et al.* (2009), when radiologists overlook some microcalcification with higher accuracy software of detection too much, this could produce more false positive results.

Indra *et al.* (2011) and Dominquez *et al.* (2008) proved that large number of regions must be processed, which cost more in computing times and resources in

order to produce high sensitivity and less false positive.

Laszlo *et al.* (2010) found that many researchers faced difficulty to conduct with sufficient statistics and objectivity. There had been an improvement in the detection algorithms but their performance still not perfect. There were still many false positive outputs because the areas under the ROC curves were normally below 90%. Image enhancement must be developed to reduce computing times and resources. The algorithms for image enhancement must be simple and the implementation does not required complex computations while reducing the false positive results.

1.3 Research Objectives

The aim of the research is to perform the quantitative mammographic phantom image analysis using Receiver Operating Characteristic (ROC) technique. The objectives are:

- To develop image enhancement techniques and determine whether the techniques improve the image quality.
- To determine the peak signal to noise ratio (PSNR) and mean squared error (MSE) values for original and enhanced images.
- To compare the quality of images with and without enhancement techniques by using ROC analysis.
- To evaluate mammographic phantom images using subjective evaluation rating scale.

1.4 Scope of Study

This study was intended to determine the quantitative mammographic phantom image quality using Receiver Operating Characteristic (ROC) analysis. Each mammographic phantom was divided into eleven partitions which contain micronodules, nodules and fibrils were arranged randomly. Twenty mammographic phantom images were analysed to investigate the characteristic and accuracy of detection of nodules, fibrils and micronodules.

The mammographic phantom images were obtained using Digital Mammography System at Sultan Ismail Hospital with kilovoltage range between 28 kV to 30 kV and multiple types of filter. Different values of kVp, mAs and type of filters were used to test the effect on image quality.

For the preprocessing techniques, low pass Gaussian filter were used to denoise the image. The structures of the image were enhanced using morphological techniques and 2D wavelet transform. Morphological operation using dilation and morphological closing were used in morphological techniques. In 2D wavelet transform application, Biorthogonal 2.8 wavelet filter was applied with two levels of decomposition (L = 2). The performances of the selected methods were compared.

After enhancement, each observer interpreted the embedded structures in each mammographic phantom image subjectively. The images before enhancement also have been scored based on the selected scale. The performance of the enhancement methods were evaluated using ROC analysis and rated based on contrast visibility of mammary gland and adipose tissues with its granularity and sharpness.

1.5 Organization of Thesis

The thesis is organised as follow, Chapter 1 describes the usage of digital mammography among radiologists, image enhancement development, research objectives and scopes of this study. In Chapter 2, literature review regarding previous studies in wavelet applications and morphological techniques will be discussed. Theory about principle of digital mammography, basic principles of image acquisition and enhancement methods will be elaborated in this chapter. The development of breast phantom, the working flow of image acquisition, image enhancement techniques, image scoring and ROC analysis method will be elaborated in Chapter 3. Chapter 4 will be discussed the comparison of ROC area under the curves between observers. The relationship between the curves from the ROC analysis and subjective evaluation rating scales will be explained in this chapter. Finally in Chapter 5, the conclusion of this study and future work will be discussed.

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