



## CURRENT POSTGRADUATE STUDENT

|  |                                       |   |
|--|---------------------------------------|---|
| <b>SURNAME</b>   | LO                                    |  |
| <b>NAME</b>  | Wan Yee (Winnie Lorraine)             |   |
| <b>PROGRAM</b>   | MPhil in Surgery                      |   |
| <b>DATE OF REGISTRATION</b>  | 1 AUG 2018                            |   |
| <b>SUPERVISOR</b>  | <a href="#">Professor Carmen Poon</a> |   |
| <b>FIELD OF RESEARCH / INTENDED THESIS TITLE</b>                                       | Biomedical and process engineering    |   |
| <b>KEYWORDS FOR RESEARCH</b>   |                                       |   |
| <b>RESEARCH STUDY:</b>   |                                       |   |
|  |                                       |   |
| <b>CONFERENCE TITLE / ABSTRACT / POSTER:</b>   |                                       |   |
| 1. Posters on Colorectal polyp detection and screening (one of the designers/ drawers) |                                       |   |

# Localisation of Colorectal Polyps by Convolutional Neural Network Features Learnt from White Light and Narrow Band Endoscopic Images of Multiple Databases

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## Colorectal Cancer

Tsui et al., 2012; Chen et al., 2013; Hong Kong Cancer Registry, 2017

- 3<sup>rd</sup> most common cancer in the world
- 376,300 new incidence and 191,000 died in China, 2015
- 1<sup>st</sup> in new incidence, 2<sup>nd</sup> in cause of cancer death in Hong Kong

## Current Limitation

Itsekovich et al., 2008; Rao et al., 2007; Tajbakhsh et al., 2014; Park et al., 2012; Tajbakhsh et al., 2016

- 10-30% miss-polyp rate during colonoscopy
- Existing polyp detection algorithms
  - Not efficient for real-time analysis
  - Performance compromised by training and testing on same database

## Methodology

Radem et al., 2016

- Implemented a real-time object detector YOLO to localize polyp with bounding boxes on endoscopic images
- Pre-trained with non-medical databases and fine-tuned with colonoscopic images
- Evaluated on several colonoscopy databases with different combination of images selected and augmented

## Experimental Setup

Bessal et al., 2012; Bessal et al., 2012; Sirov et al., 2004

- 3 public databases (CVC-ColonDB, CVC-ClinicDB & ETIS-Larib)
- 1 self-collected database (PWH-ColonDB)

TABLE 1. FOUR COLONOSCOPIC IMAGE DATABASES USED IN THIS STUDY

| Database     | Images  | Image resolution (w×h)                | Number of images with polyps | Ground Truth                          |
|--------------|---|---------------------------------------|------------------------------|---------------------------------------|
| CVC-ClinicDB | 612 sequential WL images from 25 short videos | 384×288                               | 612                          | Bounding box created from binary mask |
| CVC-ColonDB  | 380 sequential WL images from 15 short videos | 574×500                               | 380                          | Bounding box created from binary mask |
| ETIS-Larib   | 196 WL images                                 | 1225×966                              | 196                          | Bounding box created from binary mask |
| PWH-ColonDB  | 798 NB images                                 | 1244x1080; 1034x900; 460x400; 227x227 | 798                          | Bounding box                          |

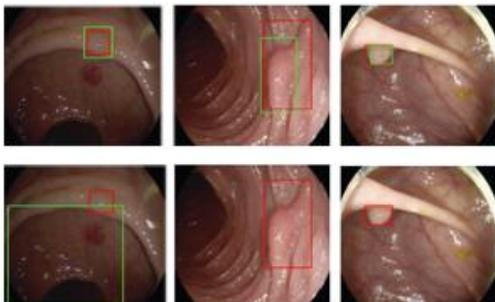
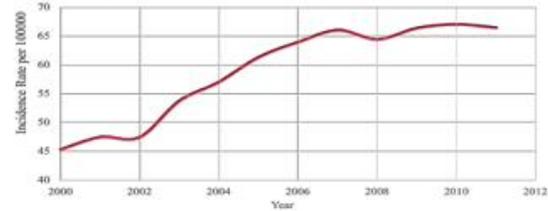


Figure 1. Examples that were correctly localized by YOLO when trained with CVC-ClinicDB (a) while was not localized by YOLO when trained with PWH-ColonDB (b). Green boxes are predicted, and red boxes are the ground truth.

Incidence Rates for Colorectal Cancer in China (Chen et al., 2015)



## Experimental Results

- Augmentation of the training data can improve the localization performance of YOLO by 5%.
- By pulling WL (white light) images from different database from CVC-ClinicDB for training.
- NB (narrow-band) and WL images should be considered separately for the training.
- YOLO has great potential for real-time polyp localization.

TABLE 2. THE OPTIMAL PERFORMANCE OF THE FIVE TRIALS

| Trial No. | Training dataset | No. of training images | Optimal weights | Threshold | TP  | FP | FN  | Prec  | Recs  | F1    | F2    |
|-----------|------------------|------------------------|-----------------|-----------|-----|----|-----|-------|-------|-------|-------|
| 1         | CVC-Clinic       | 612                    | 2000.weights    | 0.3       | 122 | 40 | 86  | 73.3% | 58.7% | 65.9% | 61.4% |
| 2         | PWH              | 798                    | 3000.weights    | 0.3       | 69  | 59 | 159 | 61.4% | 23.8% | 31.0% | 26.1% |
| 3         | CVC-Clinic-Aug   | 2448                   | 2000.weights    | 0.3       | 139 | 44 | 89  | 76.0% | 66.8% | 71.1% | 68.5% |
| 4         | CVC-Aug          | 3988                   | 5000.weights    | 0.2       | 154 | 43 | 54  | 77.4% | 74.0% | 75.7% | 74.7% |
| 5         | CVC-Aug-PWH      | 4786                   | 4000.weights    | 0.25      | 149 | 40 | 59  | 78.8% | 71.8% | 75.8% | 73.0% |

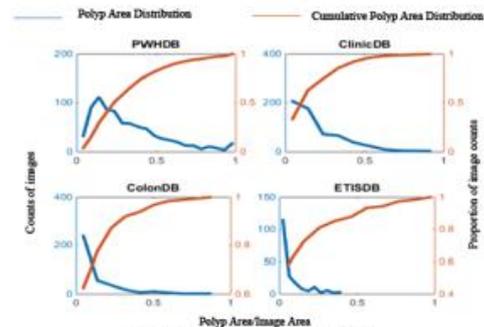


Figure 2. Distribution of relative polyp area in four databases.

## Uniqueness and Competitive Advantages

- ★ **Minimized Chances of Missed Polyps**
  - By locating potential polyp region
- ★ **Reduced Cost and Burden**
  - By providing real-time pathology decision for 1) Resect-and-Discard and 2) Diagnose-to-Leave strategies

