

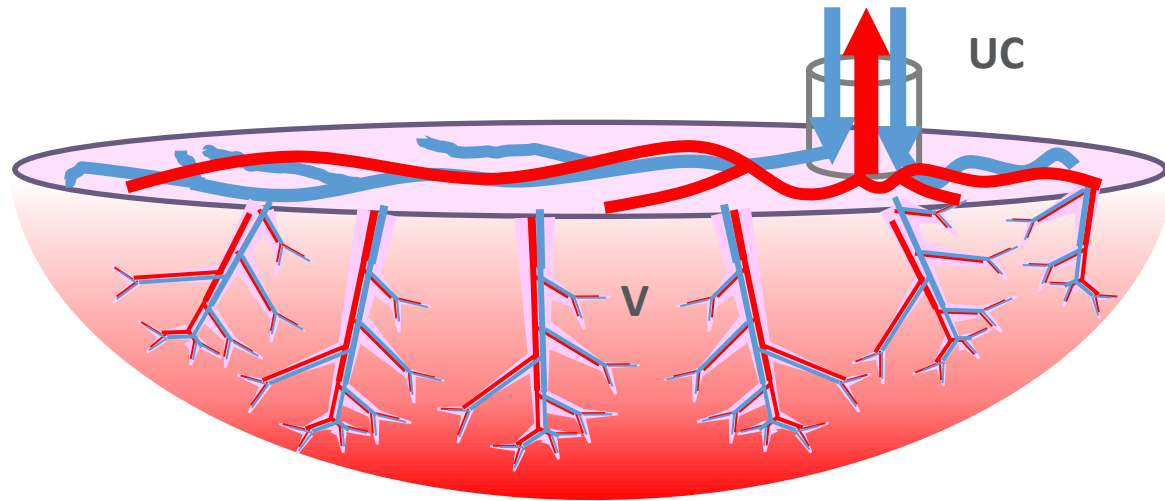


# Outline

- Why?
  - Why placenta?
  - Why machine learning?
- How?
  - The task – estimation of gestational age
  - Practicalities
  - Results
- What now?
  - Placenta
  - Pathology
  - Machine learning

# The placenta

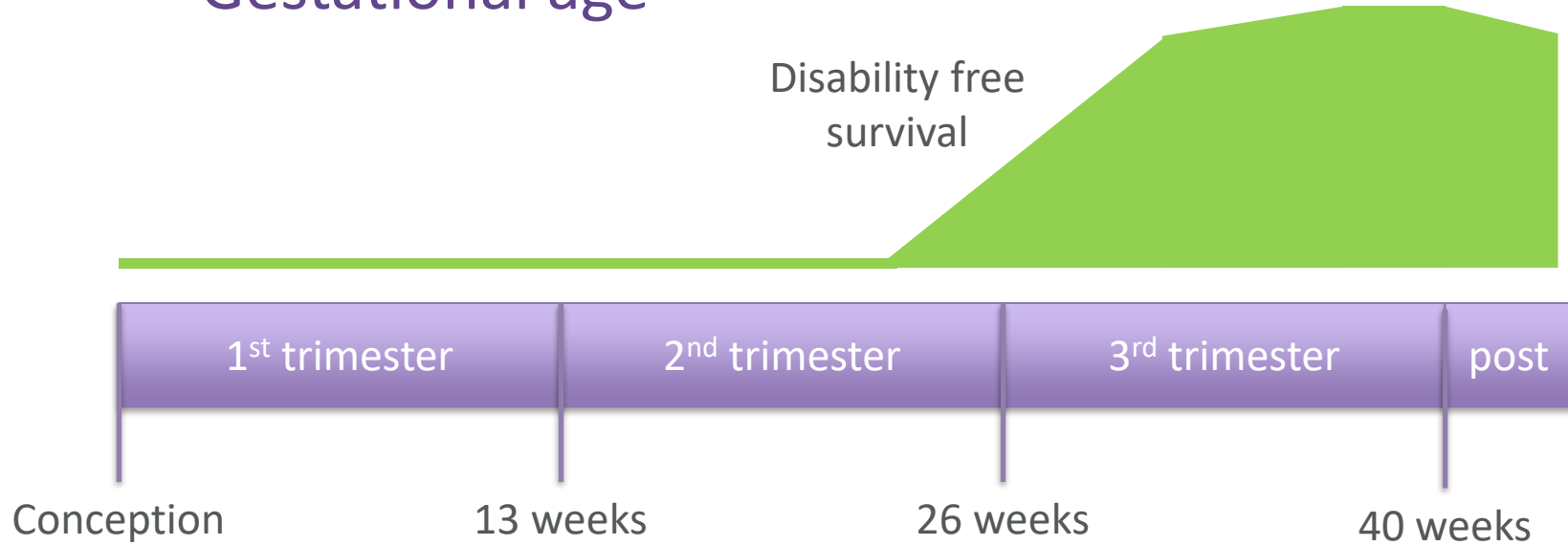
- First organ to form
- Source of fetal O<sub>2</sub> + nutrients
- Endocrine, immune, barrier, excretion functions
- Causes or reflects most diseases in pregnancy
- Branching structure:
  - UC->Capillaries
  - Capillaries -> UC



# Perinatal origins of disease and the placenta

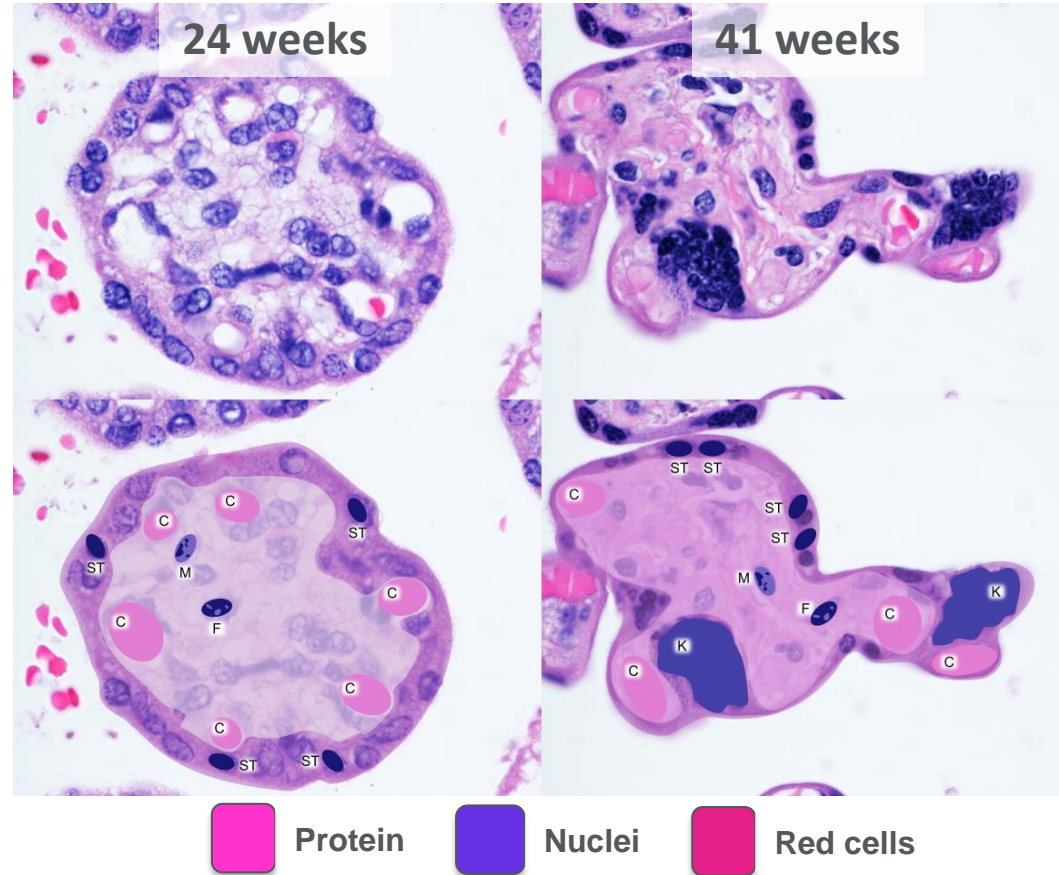
Event	Risk factor for	Citation
In utero for 1918-19 flu	Cardiovascular morbidity, lower income	10.3386/w27673
More ovoid placenta	Colorectal carcinoma	26428494
Histologic chorioamnionitis	Asthma	10.1001/archpediatrics.2009.238
Decidual arteriopathy	Maternal atherosclerosis	10.1016/j.placenta.2018.12.008
Prematurity	Chronic lung disease	10.1056/NEJMra067279

# Gestational age

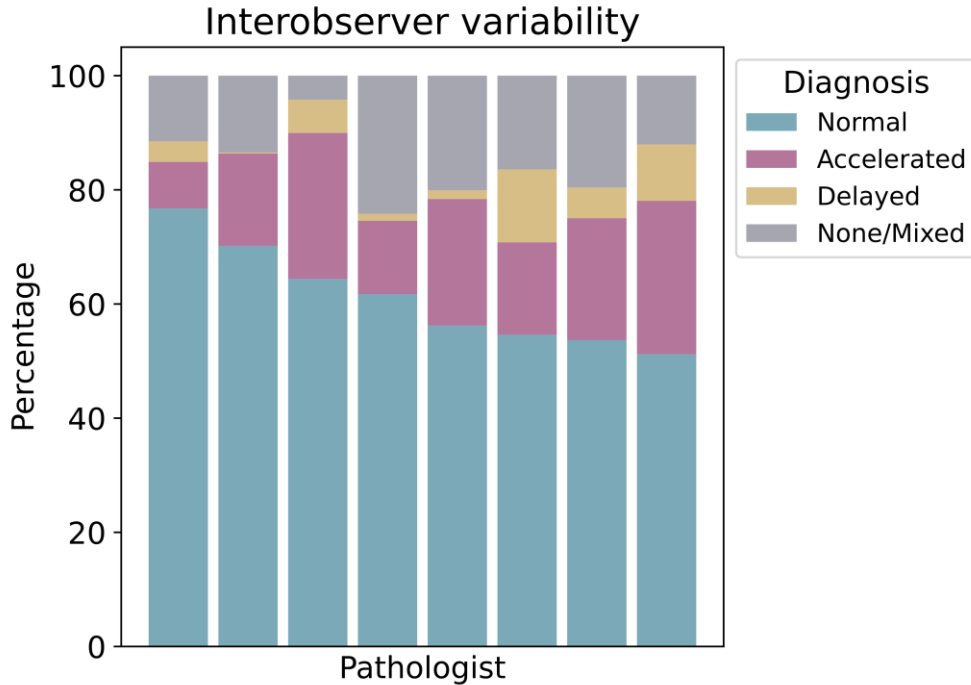


# Placenta 24-41 weeks

- Placenta 4x size, increased efficiency
- Maturation – reproducible pattern
  - Villi – thinner
  - Stroma - fewer cells, denser
  - Capillaries – under surface
  - Knots
- Abnormalities
  - Accelerated – hypertension; preeclampsia
  - Delayed – gestational diabetes
- 36k fields, 500k cells on one slide -->
  - **Gestalt across criteria + fields**



# Interobserver variability - maturation



- 8 subspecialty trained perinatal pathologists.
- Routine practice
- Given slides and estimated gestational age, say if the placental maturation is normal, accelerated, delayed, or what.
- Motivation for ML

# Nuts + Bolts

154 patients / slides – 70:15:15 training:validation:test

Whole slide imaging, 20x magnification

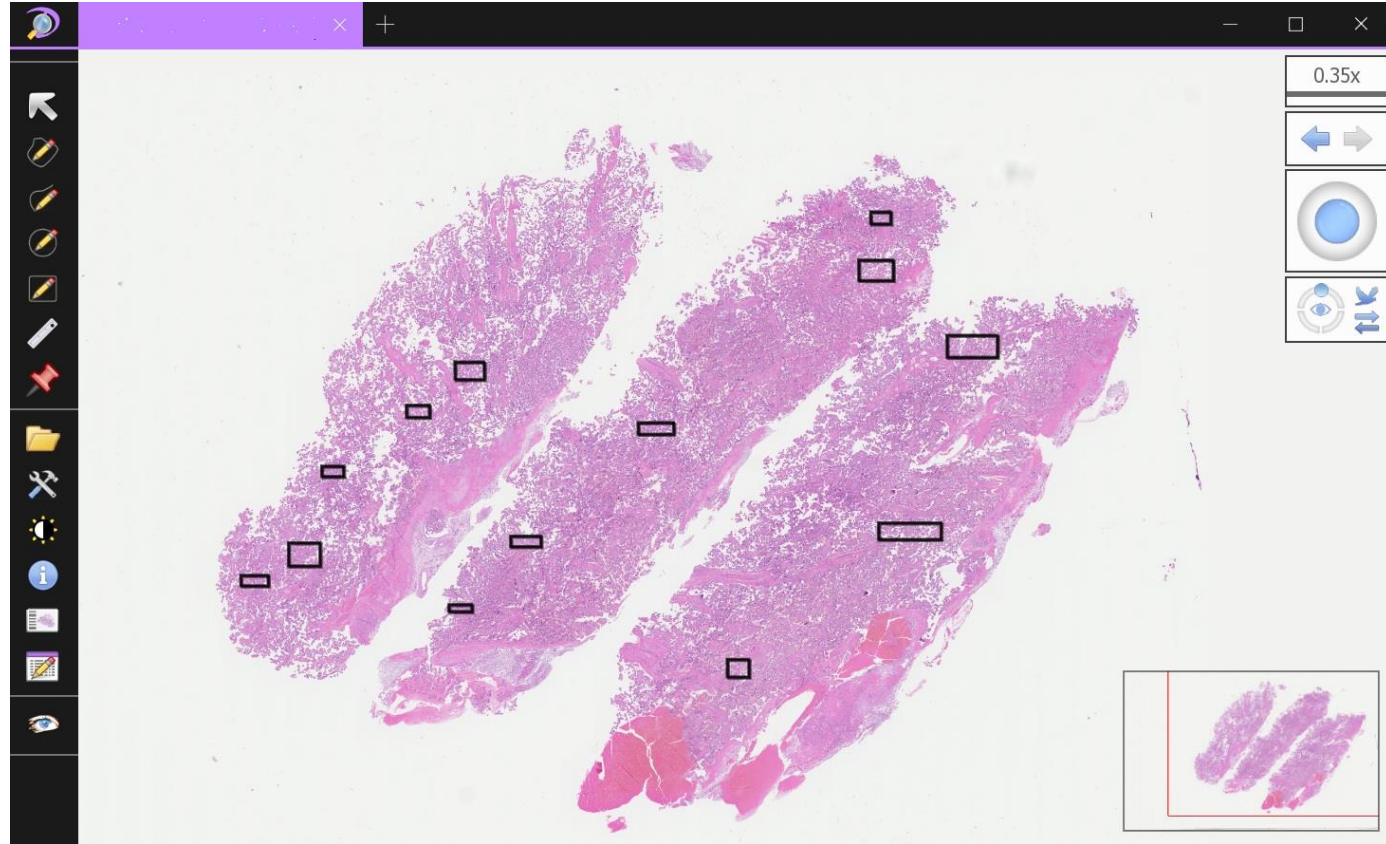
Annotation – 10+ regions of interest (ROI) – extract

Macenko color normalization

ROI -> 512 x 512 high power fields, shrunk to 256 x 256 (effective 10x magnification)

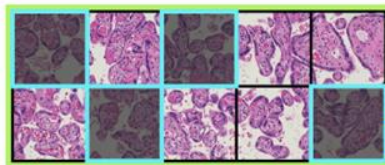
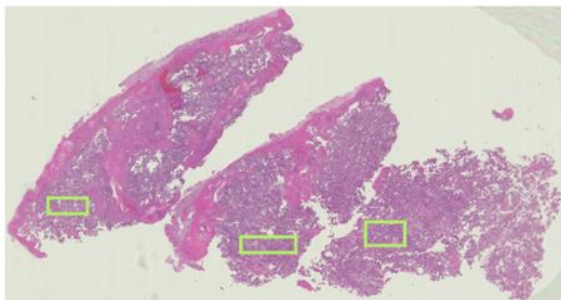
# Annotation

- Hand selected
- 'Representative'
- 'Good villi'
- <1% of slide consumed



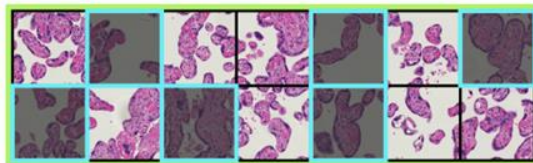
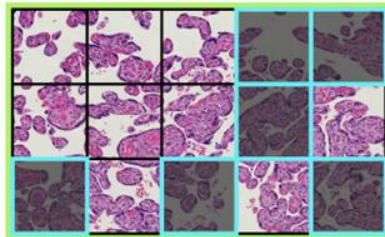
# Glimpse for aggregation + attention

Annotating ROIs

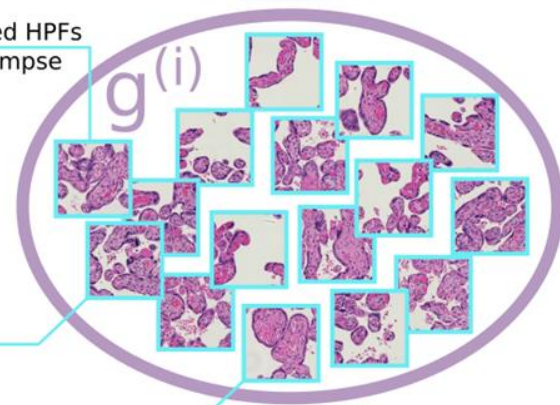


Putting randomly sampled HPFs from all ROIs into the glimpse

Sample w/o replacement

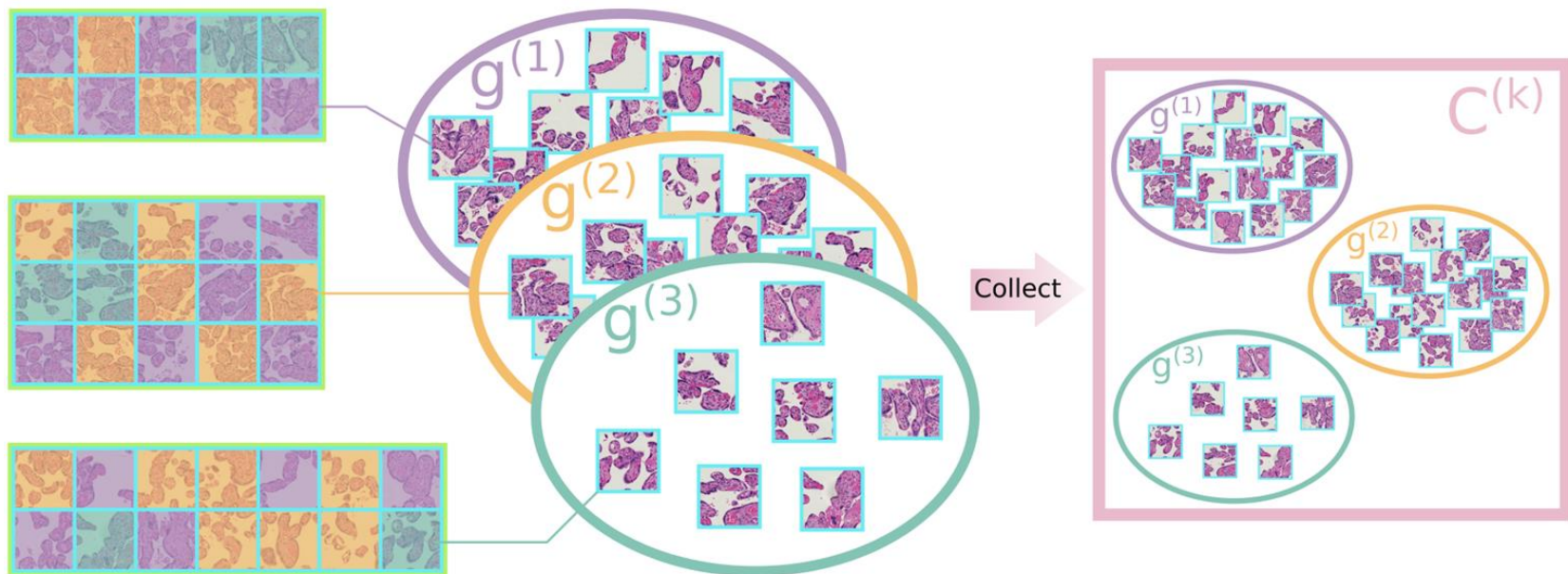


Glimpse



# Collection formation

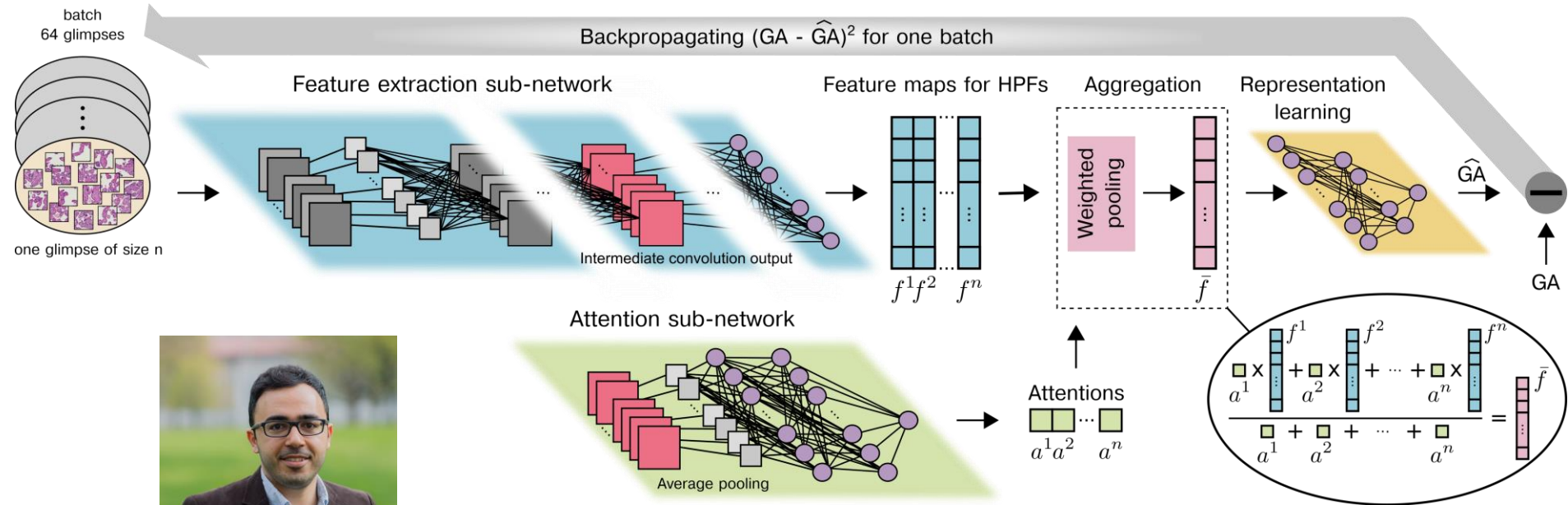
Collecting the glimpses into a Collection



All HPFs are used.

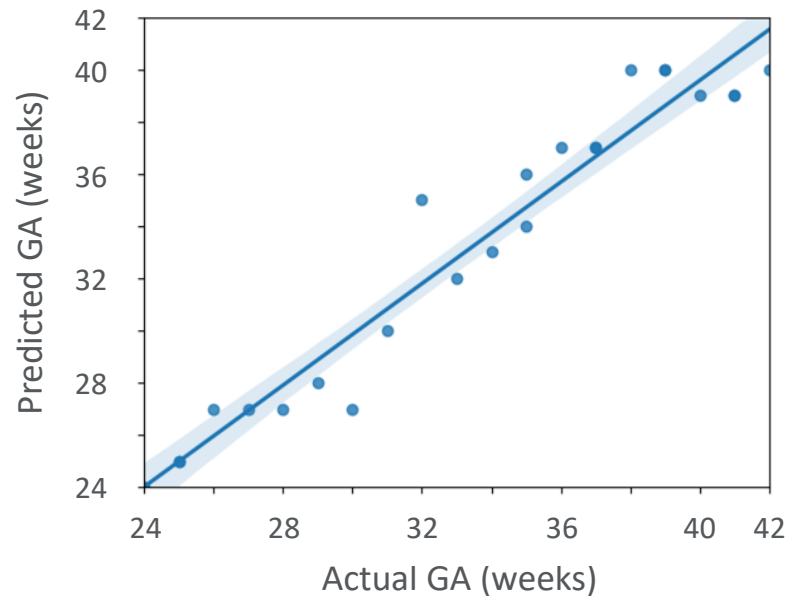
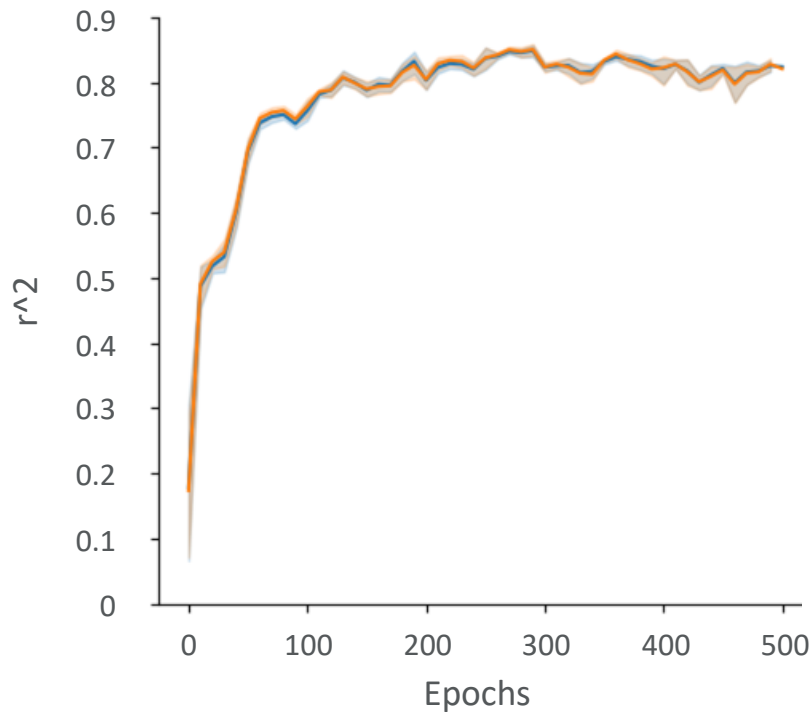
Last glimpse gets the remainder of HPFs.

# Model pipeline



Pooya Mobadersany, Ph.D.

# Results - Validation and Test



$R^2$	MAE (weeks)	Correct within 3 weeks
<b>0.9444</b>	<b>1.0847</b>	<b>24/24</b>

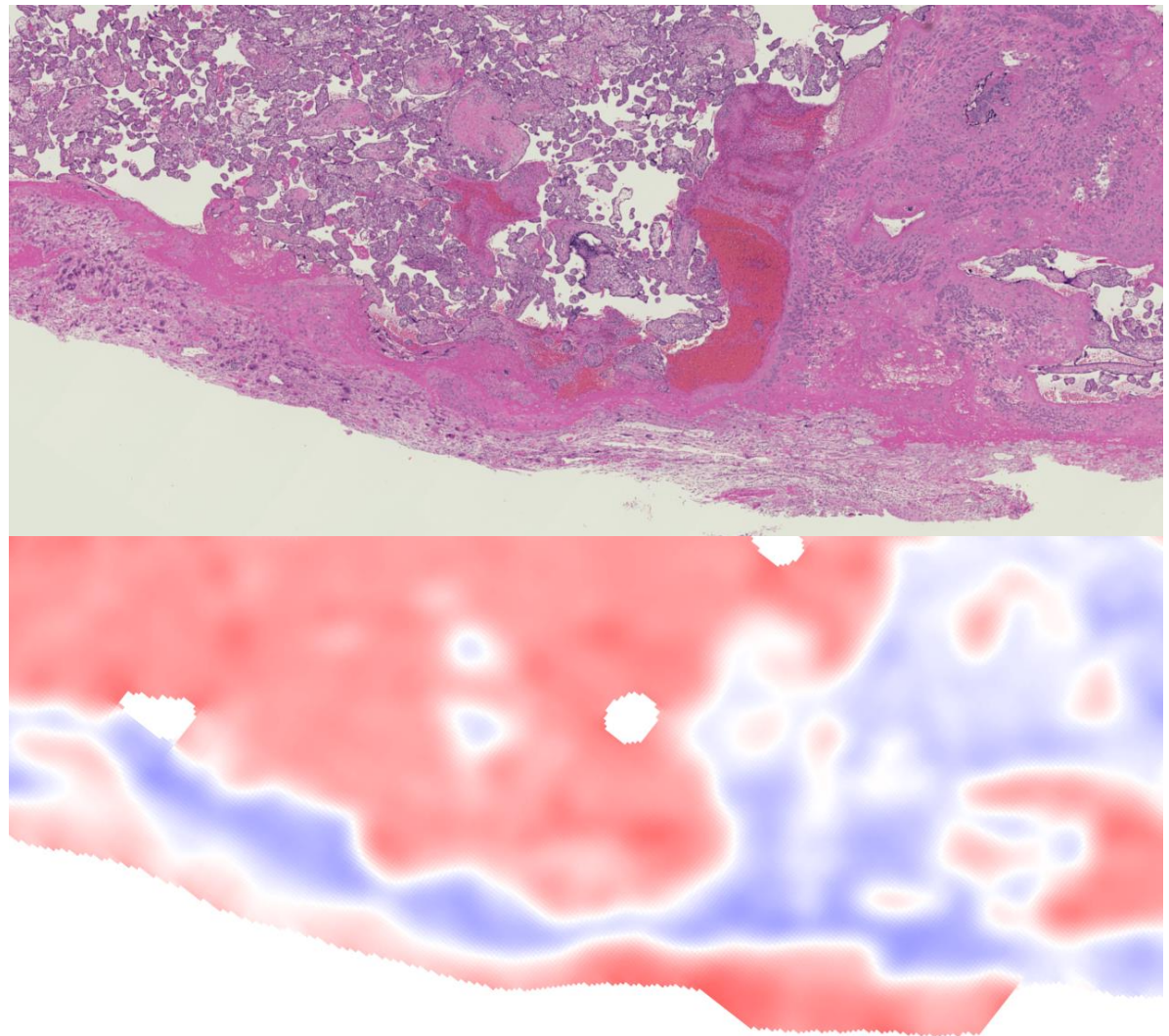
# Attention

Whole slide

Red: +'ve attention – villi

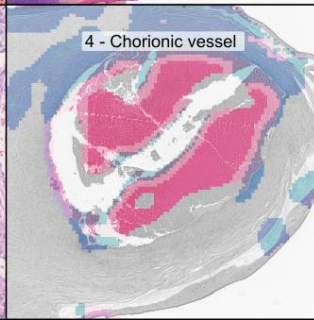
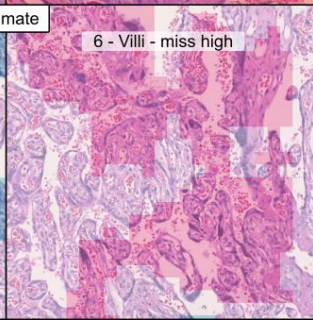
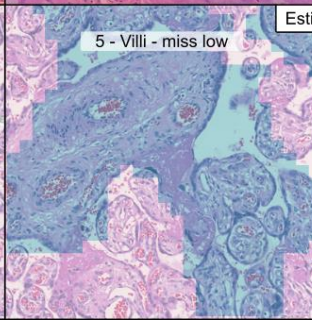
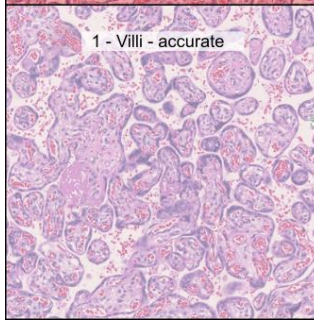
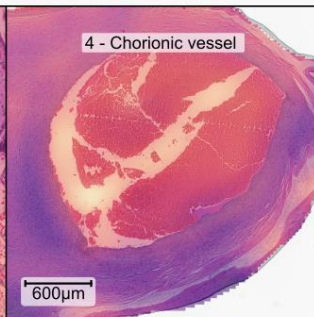
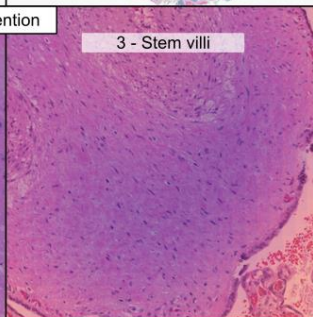
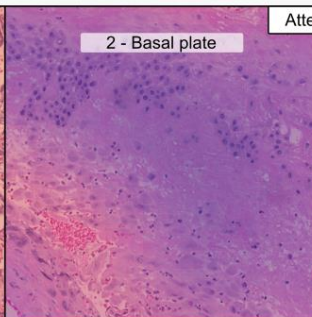
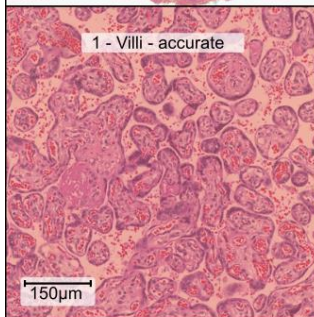
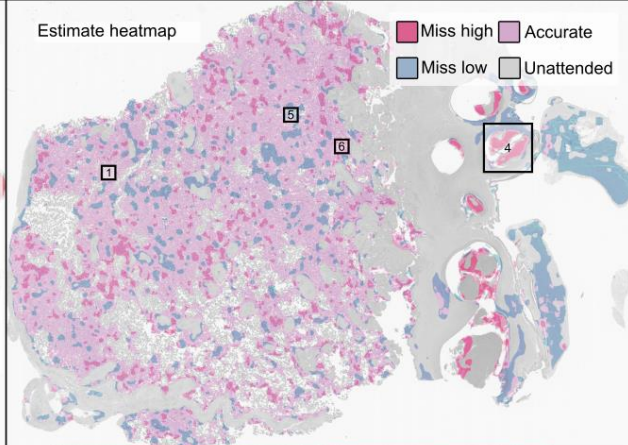
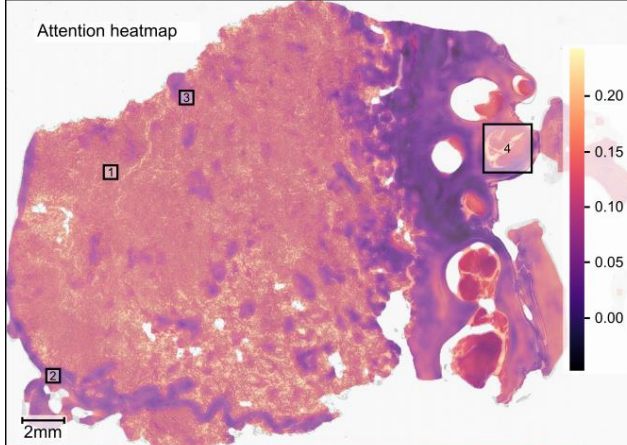
Blue: -'ve – large vessels,  
basal plate

Model implicitly  
recognizes placental  
regions: Do we even  
need ROI?



# Whole slide Attention + Estimation

Model implicitly recognizes villi - do we even need ROI? -> 36 new cases, no annotation, whole slide attention + prediction...



$R^2$	MAE (weeks)	Correct +/- 3 weeks
0.8859	1.3671	34/36

# Summary – gestational age prediction

- Can predict gestational age from microscopic slides with high accuracy
  - Clinical use when GA is unknown
  - Could predict from a single human-selected ROI
  - Quality improvement / improve interobserver variability
  - Utility of Glimpse for aggregation + attention
  
- Next steps
  - Problems with maturation (preeclampsia, diabetes)
  - Generalizability to different sites
  - Quantitative description of changes during gestation

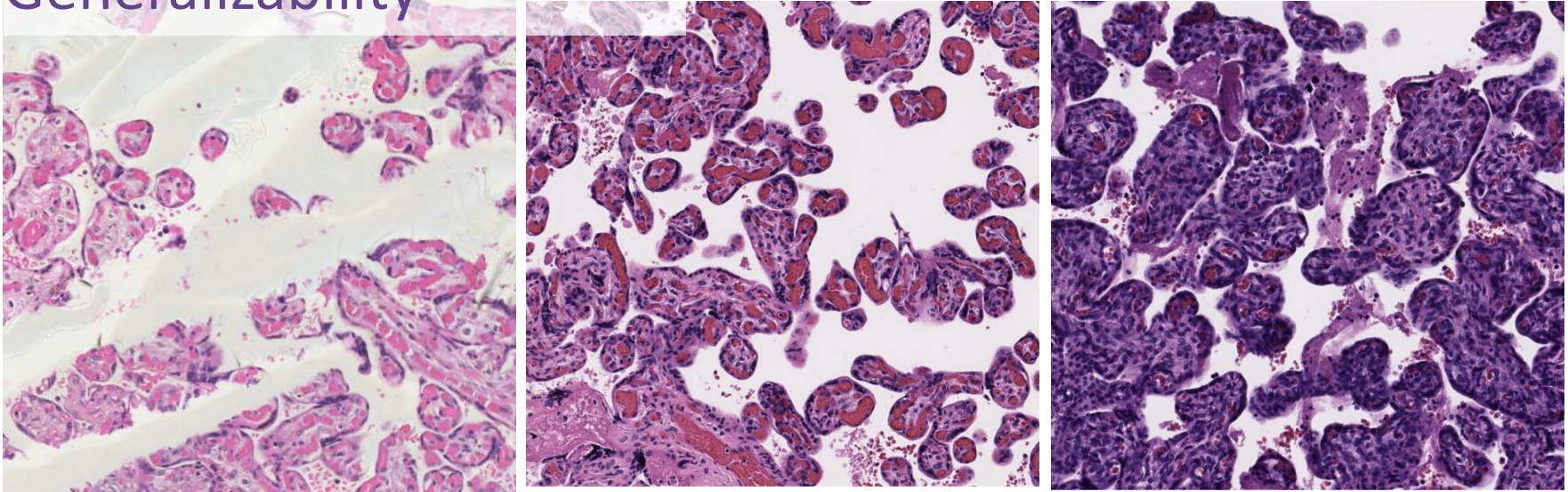
# Placenta as a use case

Examining problems in digital  
pathology and machine learning

# Stress tests

- My data used for training are curated in that
  - All slides from 1 lab
  - Only good quality slides are used
  - “Representative” regions without artifacts are used for analysis
- This won't hold true for deployment
  - Different labs
  - Different scanners
  - Have to diagnose the slide you have
  - Much interrater disagreement comes from region selection\*

# Generalizability

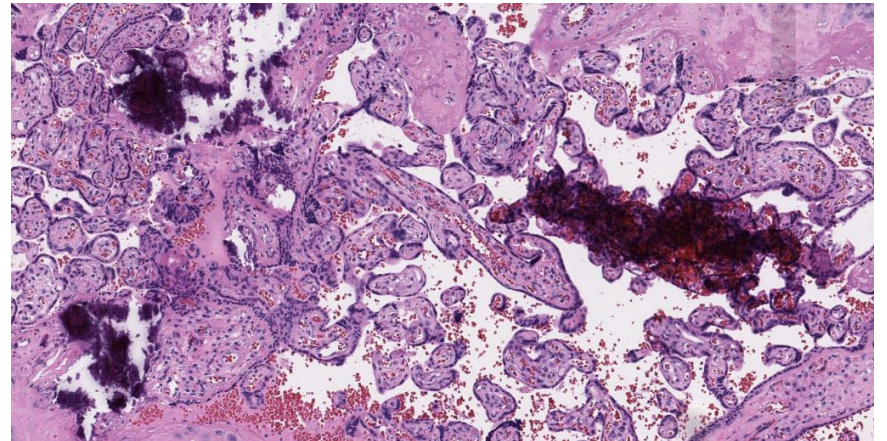


Clockwise from top-left – coverslip wrinkles,  
tissue scratched; different lab; tissue too thick;  
tissue folded over, calcifications.

(NU\_24\_98, CMU\_ 14456 A, CMU\_ 20838 B, CMU\_ 31566 B)

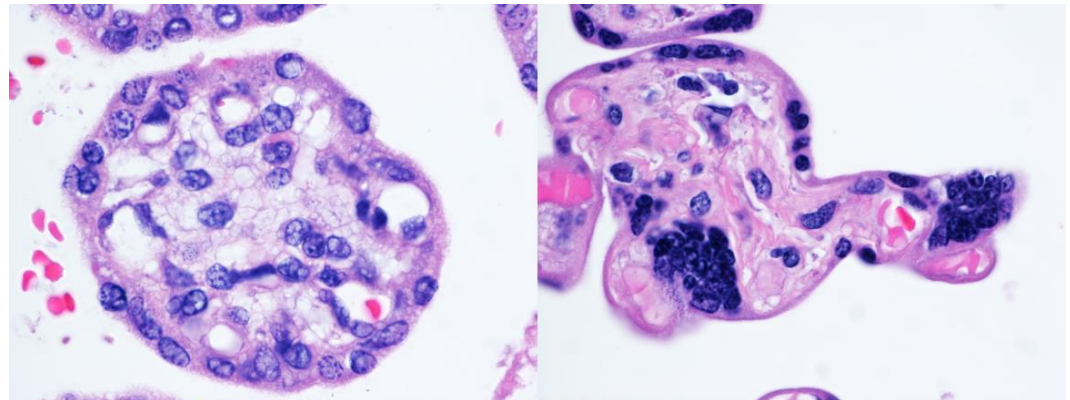
CMU images available from:

<http://image.upmc.edu:8080/cmu%20placenta%20project/view.apml?>; Clymer 2020



# Interpretability

- Interpretability (how the model knows what it knows) is not a virtue in medicine
  - Proof – how is hematocrit run?
  - Why not? – test results are always interpreted before diagnosis
  - Human in the loop is standard
- Can these results be made more interpretable?
  - Attention – done – ish
  - Maturation components (knots, stromal density, vessel location etc.)



# Acknowledgements

- Lee Cooper, PhD – K08 Mentor
- Pooya Mobadersany, PhD
- Brian Vadasz, MD
- Payal Patel, BSc
- Huma Khan, BSc
- NIBIB K08 EB030120
- Friends of Prentice
- NU/NMH Department of Pathology

# Thank You