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Research

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<b>13. ABSTRACT (Maximum 200 Words)</b>  The purpose of this infrastructure project is to develop a large database of digitized mammograms that will be distributed free of charge to researchers working in all aspects of digital mammography. This database will facilitate and promote rapid development in digital mammography research. The database will consist of 1000 cases subdivided into 5 categories, 4 containing different breast lesions -- masses, microcalcifications, architectural distortions, asymmetric densities (both benign and malignant) -- and one containing normal mammograms. The mammograms will be collected and digitized (0.05-mm pixel size) at two sites: the Universities of Chicago and North Carolina. The database will be stored at the two sites and will be available over internet, and by mail on CD, tape, and magneto-optical disks. To date 669 cases have been digitized. Each case consists of index and previous exams (each having four standard views) and up to two special-view mammograms (e.g., magnification views). The computer systems for the database have been assembled and are connected to the network. The first release of 50 cases with clustered microcalcifications will be made shortly after true location of the cluster is determined. This release will be followed by another 50 cases of microcalcifications and 100 cases with masses. Along with the images, instructions on how to use the database will also be distributed. This includes an objective scoring method that we are developing based on input from radiologists'.				
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#### **4. INTRODUCTION**

The purpose of this project is to develop a database of digital mammograms that can be used by researchers who (1) are trying to determine the image quality requirements of detectors for digital mammography; (2) are developing image processing techniques to optimize the displayed digital mammogram; (3) are developing computerized methods for analyzing mammograms; (4) are studying the effects of image compression methods on image quality; (5) are developing methods for remote transmission of mammograms; and (6) are studying the relationship between image quality and diagnostic accuracy. This database also could be used as a resource for teaching radiology residents and for testing the performance levels of mammographers.

The specific aims of this proposal are:

1. Collect and digitize 200 cases in each of 5 different categories, mammograms exhibiting: (i) clustered microcalcifications, (ii) masses, (iii) architectural distortions, (iv) asymmetric densities, and (v) no lesions (i.e. normals).
2. Make these cases available to other researchers either over computer network (Internet) or by sending images on computer tape or CD. The database will be distributed as widely as possible so that comparisons of different computerized analysis techniques can be standardized.

#### **5. BODY**

This research is being funded as an infrastructure award and as such, it does not represent a research project per se. That is, there is no hypothesis that we are trying to prove. Therefore, this report is structured slightly different from a normal scientific research report -- heavy on the method and light on actual results. In this project, the procedure is the most important component, which is applied continuously in a straightforward manner to achieve the goal of creating the database of mammograms.

##### **Task 1: Collect and digitize mammograms, (See Figure 1.)**

We now have 669 cases digitized (see Table I, at the end of the report). We have reached or surpassed our target of 200 cases of calcifications, masses and normal cases. We will not reach our goal of 200 cases of asymmetries and architectural distortion because they types of lesion are less common than masses and calcifications.

The stumbling block to this project remains marking the exact location of the lesions. The current available database from the University of South Florida, well large, does not have the truth marked exactly. This makes it difficult to use and to compare results between different researchers. Each research group marks their own truth and it will be different from any other group's truth. Therefore, well groups are using the same cases, they are not using the same truth. This makes intercomparison of techniques problematic. We will continue to encourage the radiologists in our department to help us mark truth.

It is important that this database be used in such a way so as comparisons between different algorithms can be made. This is the main motivation for creating such a database. To allow for valid comparisons to be made, two things are needed: (i) the exact same cases need to be used to measure performance, and (ii) the same criteria for scoring the results need to be used. To this end, we have divided the database into testing and training cases. Furthermore, we are preparing recommendations for scoring the results based on some preliminary results in our lab. [1] This information will be released with the database. No other database offers such instructions for its use and thus comparisons of different techniques are still difficult to do. We are in the process of specifying an objective scoring method based on radiologists' input. Once we have the scoring method developed and truth marked, we will begin to distribute the database widely. The study is underway. Preliminary results are inconclusive at this stage.

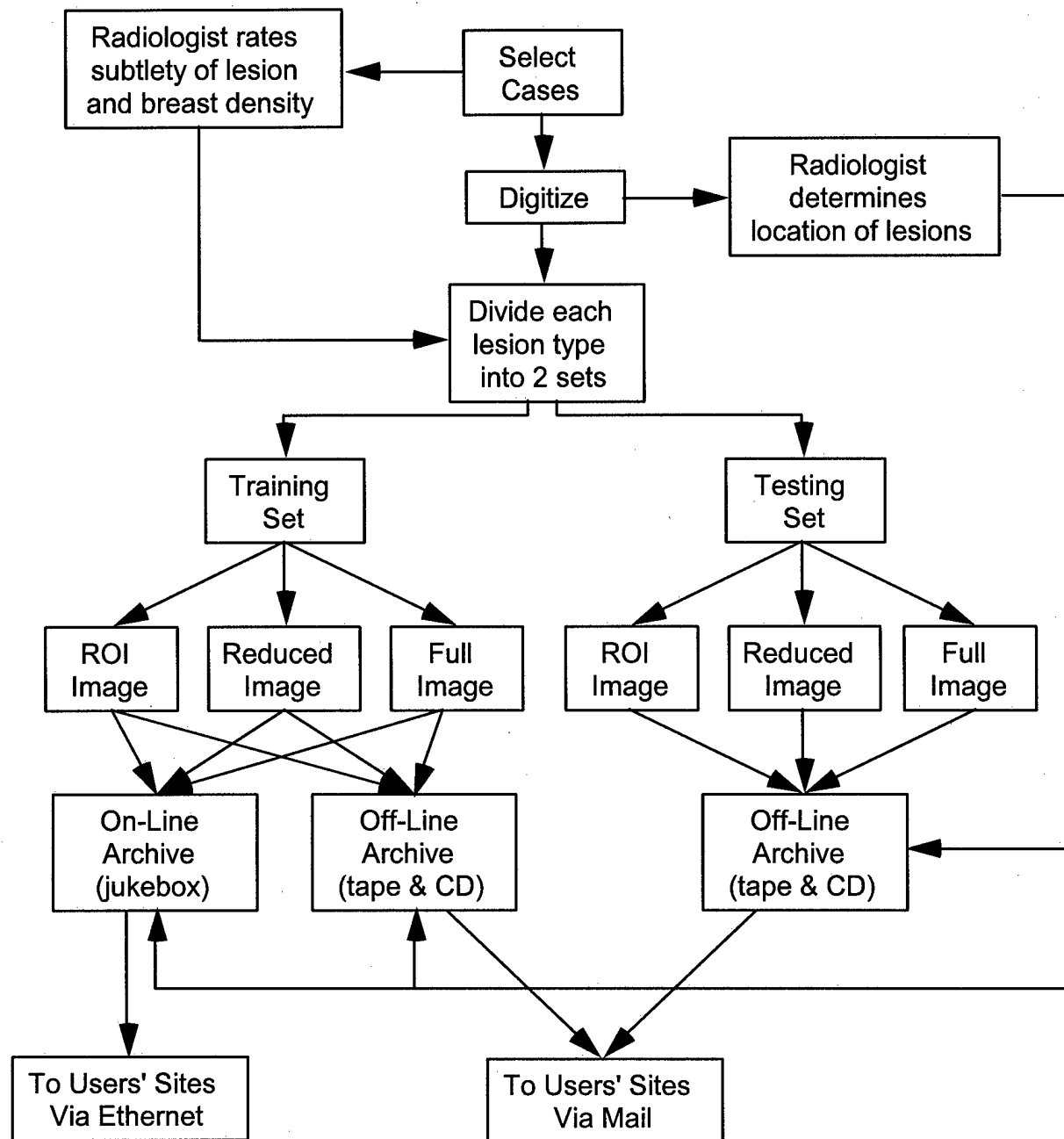


Figure 1. A flowchart of the steps required to collect, digitize, archive, and distribute the mammographic database. The 'Full Image' is the whole digitized mammogram at full resolution. The 'Reduced Image' is a minified version (reduced resolution) of the full image. The 'ROI Image' is a portion of the full image at full resolution.

## Task 2: Establish protocol for transmitting database

We originally considered the ACR/NEMA (DICOM) image format for our database. However, when we began our work, the ACR/NEMA format did not have a module for mammography, and it would have been an extensive project to develop one at that time. Recently a digital mammography module has been approved. We have at this time decided not to use the DICOM format, since many users of our database may not have a DICOM reader.

## Task 3: Maintain database and distribute cases

Maintenance of the database and distribution of the database are at a minimum currently. These tasks will become important shortly as cases go "on-line". Cases are being archived on 4-mm tape and DVD.

## **6. KEY RESEARCH ACCOMPLISHMENTS**

- Collection of 669 mammographic cases

## **7. REPORTABLE OUTCOMES**

Presentations and Manuscripts:

1. Nishikawa RM, Wolverton DE, Schmidt RE, Johnson RE, Pisano, ED, Hemminger BM: A common database of mammograms for research in digital mammography. U.S. Army Medical Research and Materiel Command Breast Cancer Research Program: An Era of Hope, November, 1997, Washington, DC.
2. Nishikawa RM, Wolverton DE, Schmidt RA, Pisano ED, Hemminger BM, Moody J: A common database of mammograms for research in digital mammography. In: Doi K, Giger ML, Nishikawa RM, and Schmidt RA (eds.), Digital Mammography '96. (Amsterdam: Elsevier Science) 435-438, 1996.
3. Nishikawa RM: Mammographic databases. Breast Disease 10 137-150, 1998.

## **8. CONCLUSIONS**

The development of a common database of mammograms for digital mammography research is underway. We are currently establishing an objective scoring method based on radiologists' input. We will distribute cases and the scoring method in order to insure that meaningful comparisons between different techniques can be made. Such comparisons are currently not possible or are problematic with any existing database.

## **9. REFERENCES**

1. Nishikawa RM, Yarusso LM: Variations in measured performance of CAD schemes due to database composition and scoring protocol. Proc. SPIE 3338: 840-844, 1998.

Table I. Breakdown of cases in the database as of October 1/02.

Type of Lesion	Pathology	# of Cases
Mass	Malignant	121
Mass	Benign	75
Microcalcifications	Malignant	120
Microcalcifications	Benign	87
Asymmetric Density	Malignant	30
Asymmetric Density	Benign	4
Architectural Distortion	Malignant	32
Architectural Distortion	Benign	3
Normal		200
<b>Total</b>		<b>669</b>