

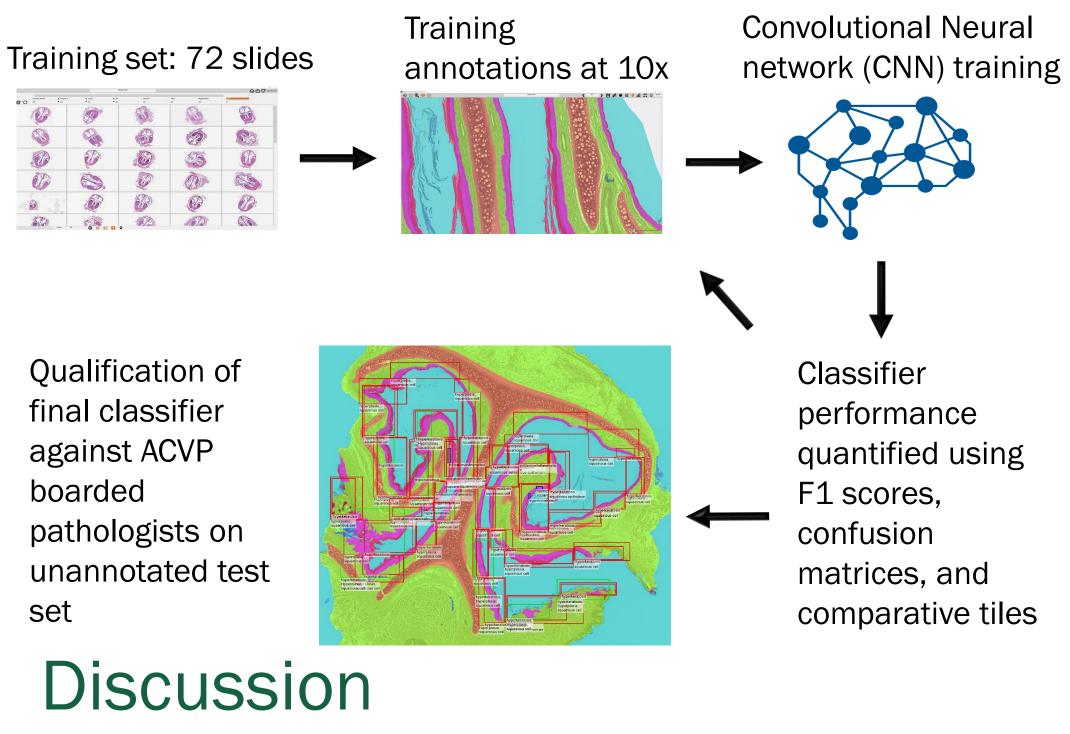
DECIPHEX

Background

- Nasal cavity assessment is an essential activity for the pathologist in many toxicology studies
- Usually 6 (I-VI) distinct levels evaluated because of anatomic complexity
- Evaluation within studies is time consuming and diagnostic consistency across studies challenging

Methods

• Whole slide images of H&E stained nasal cavity levels I and II were scanned at 40x on a Leica AT2 scanner and uploaded to Deciphexs' Patholytix Preclinical Study Browser



Conclusion

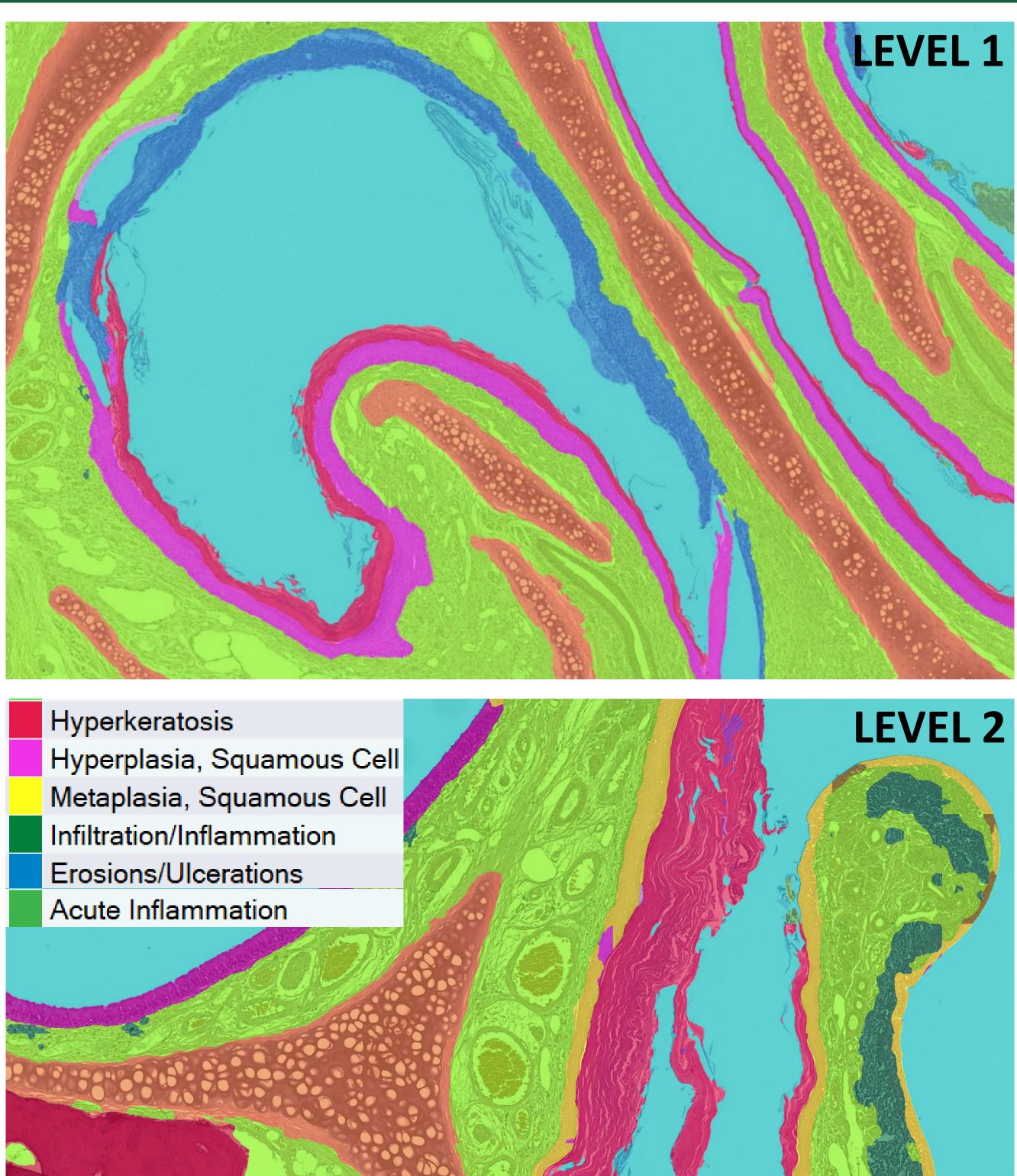
- The CNN algorithm detected nasal cavity pathology successfully for 5 common nasal cavity lesions
- The heat map provided by the algorithm masks helps the pathologist readily identify "abnormal" areas
- Using a CNN algorithm as a decision support tool for pathologists could facilitate standard nasal cavity evaluation

Challenges and Next Steps:

- Using only 2 "normal classes" initially slowed the computer learning process and prompted a change from 2 "normal classes" to 8
- The CNN model could not differentiate some changes (e.g. acute inflammation vs the debris from erosion and ulcerations) because context was insufficient at only one training magnification. Training was then done at multiple magnifications and using multi-magnification models such as Unet-MESD.
- CNN model identification of minimal or mild Infiltration/Inflammation is challenging and may be improved by higher magnification training
- The performance of this algorithm was excellent for the intended use. Additional studies are required to understand the impact of this type of tool on the pathologist's efficiency and consistency within and across studies

DEVELOPMENT OF A DEEP LEARNING METHOD FOR DISCRIMINATING ANTERIOR NASAL CAVITY DEGENERATIVE, REGENERATIVE, AND INFLAMMATORY LESIONS IN THE RAT <u>Samuel Neal¹</u>, Jogile Kuklyte², Adam Power², Aoife Whelan², Daniel G Rudmann¹ ¹Charles River Laboratories, Ashland OH, USA, ²Deciphex, Dublin, Ireland

Deep Learning Al Provides Decision Support For Pathologists Through Abnormality Detection in the Rat Anterior Nasa Cavity

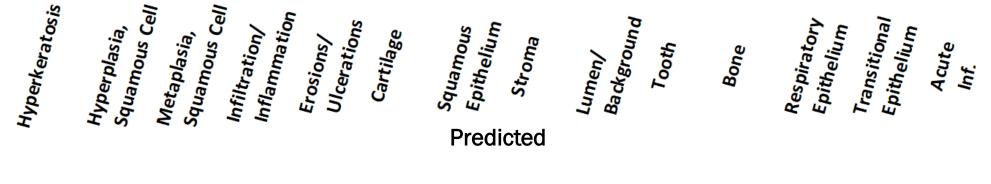




Model Performance

Confusion Matrix

| r | | | | | | | 1 | | | | 1 | | | |
|--------------------------------|-------------|------------|----------------------------|-------------------|--------------|------------------------|-----|-----------------------|-------------|------|-----|------|------------|-----|
| Hyperkeratosis | 67 % | 8 % | 1% | 0% | 3% | 0% | 3% | 0% | 18% | 0% | 0% | 0% | 0 % | 1% |
| Hyperplasia, Squamous Cell | 3% | 81% | 0% | 0% | 2% | 0% | 4% | 8% | 0% | 0% | 0% | 0% | 0% | 0% |
| Metaplasia, Squamous Cell | 1% | 0% | 75% | 0% | 0% | 0% | 0% | 13% | 3% | 0% | 0% | 1% | 6 % | 1% |
| Infiltration/ Inflammation | 0% | 0% | 0% | 46 % | 1% | 0% | 0% | 52% | 0% | 0% | 0% | 0% | 0% | 0% |
| Erosions/ Ulcerations | 2% | 0% | 0% | 0% | 86% | 0% | 0% | 3% | 8% | 0% | 0% | 0% | 1% | 0% |
| Cartilage | 0% | 0% | 0% | 0% | 0% | 97 % | 0% | 3% | 0% | 0% | 0% | 0% | 0% | 0% |
| Squamous Ctna Epithelium | 0% | 0% | 0% | 0% | 0% | 0% | 84% | 9 % | 4% | 0% | 0% | 1% | 1% | 0% |
| ≺ Stroma | 0% | 1% | 0% | 1% | 0% | 1% | 0% | 95% | 1% | 0% | 1% | 0% | 0% | 0% |
| Lumen/ Background | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 1% | 98 % | 0% | 0% | 0% | 0% | 0% |
| Tooth | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 2% | 0% | 95% | 3% | 0% | 0% | 0% |
| Bone | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 3% | 0% | 1% | 96% | 0% | 0% | 0% |
| Respiratory Epithelium | 0% | 0% | 2% | 0% | 0% | 0% | 1% | 4% | 1% | 0% | 0% | 90% | 2% | 0% |
| Transitional Epithelium | 0% | 0% | 6 % | 1% | 1% | 0% | 1% | 14% | 4% | 0% | 0% | 5% | 68% | 0% |
| Acute Inflammation | 0% | 0% | 1% | 0% | 1 9 % | 0% | 0% | 0% | 7% | 0% | 0% | 0% | 0% | 73% |
| | atosis | Isia, | ¹⁵ Cell sia, | ^b Cell | ation Is/ | ^{10ns} 18e | sno | mu ⁿ en | | Pun, | a | tory | ional | e e |



| F1 | Sco | res |
|----|-----|-----|
| -1 | SCO | res |

| Class | Best Single Magnification Model | Unet-MESD |
|----------------------------|---------------------------------|-----------|
| Bone | 0.953 | 0.95 |
| Cartilage | 0.946 | 0.963 |
| Lumen/background | 0.967 | 0.976 |
| Respiratory Epithelium | 0.889 | 0.865 |
| Squamous Epithelium | 0.8 | 0.772 |
| Stroma | 0.931 | 0.942 |
| Tooth | 0.981 | 0.969 |
| Transitional Epithelium | 0.752 | 0.672 |
| Acute Inflammation | 0.169 | 0.692 |
| Erosions/Ulcerations | 0.846 | 0.856 |
| Hyperkeratosis | 0.777 | 0.7 |
| Hyperplasia, Squamous Cell | 0.766 | 0.777 |
| Infiltration/Inflammation | 0.496 | 0.48 |
| Metaplasia, Squamous Cell | 0.738 | 0.756 |
| Binary | 0.823 | 0.811 |

| | Qualif | cation | | |
|------|--------|--------|--|--|
| tion | Total | Numb | | |

Positive Detection: Were any lesion classes detected by the algorithm in the area annotated?

| Total Number of Annotations | Number of Annotations with Positive Detections | % Positive Detections of Total | | |
|-----------------------------------|--|--------------------------------------|--|--|
| 182 | 159 | 87.36 | | |
| 1298 | 1123 | 86.52 | | |
| 57 | 54 | 94.74 | | |

Class Match Detection: Were the specific lesion classes annotated detected by the algorithm?

| Class | Total Number of Annotations | Detected | % Detected | Not Detected | % Not Detected |
|-------------------------------|--------------------------------|----------|---------------|-----------------|-------------------|
| Hyperkeratosis | 364 | 358 | 98.35 | 6 | 1.65 |
| Hyperplasia, Squamous Cell | 466 | 450 | 96.57 | 16 | 3.43 |
| Metaplasia, Squamous Cell | 128 | 126 | 98.44 | 2 | 1.56 |
| Infiltration/Inflammati on | 652 | 172 | 26.38 | 480 | 73.62 |
| Erosions/Ulcerations | 58 | 52 | 89.66 | 6 | 10.34 |
| Acute Inflammation | 55 | 40 | 72.73 | 15 | 27.27 |

