

## Research Article

# Quantitative nucleic features are effective for discrimination of intraductal proliferative lesions of the breast

Masatoshi Yamada<sup>1</sup>, Akira Saito<sup>2</sup>, Yoichiro Yamamoto<sup>3</sup>, Eric Cosatto<sup>4</sup>, Atsushi Kurata<sup>1</sup>, Toshitaka Nagao<sup>5</sup>, Ayako Tateishi<sup>6</sup>, Masahiko Kuroda<sup>1</sup>

Departments of <sup>1</sup>Molecular Pathology, <sup>2</sup>Quantitative Pathology and Immunology and <sup>3</sup>Human Pathology, Tokyo Medical University, Tokyo, <sup>4</sup>Department of Pathology, School of Medicine, Shinshu University, <sup>5</sup>Department of Laboratory Medicine, Shinshu University Hospital, Nagano, Japan, <sup>6</sup>Department of Machine Learning, NEC Laboratories America, Princeton, NJ, USA

E-mail: \*Dr. Akira Saito - [ak-saito@tokyo-med.ac.jp](mailto:ak-saito@tokyo-med.ac.jp), \*Prof. Masahiko Kuroda - [kuroda@tokyo-med.ac.jp](mailto:kuroda@tokyo-med.ac.jp)

\*Corresponding author

Masatoshi Yamada and Akira Saito are equly contributed to this work.

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## Abstract

**Background:** Intraductal proliferative lesions (IDPLs) of the breast are recognized as a risk factor for subsequent invasive carcinoma development. Although opportunities for IDPL diagnosis have increased, these lesions are difficult to diagnose correctly, especially atypical ductal hyperplasia (ADH) and low-grade ductal carcinoma *in situ* (LG-DCIS). In order to define the difference between these lesions, many molecular pathological approaches have been performed. However, still we do not have a molecular marker and objective histological index about IDPLs of the breast. **Methods:** We generated full digital pathology archives from 175 female IDPL patients, including usual ductal hyperplasia (UDH), ADH, LG-DCIS, intermediate-grade (IM)-DCIS, and high-grade (HG)-DCIS. After total 2,035,807 nucleic segmentations were extracted, we evaluated nuclear features using step-wise linear discriminant analysis (LDA) and a support vector machine. **Results:** High diagnostic accuracy (81.8–99.3%) was achieved between pathologists' diagnoses and two-group LDA predictions from nucleic features for IDPL discrimination. Grouping of nuclear features as size and shape-related or intranuclear texture-related revealed that the latter group was more important when distinguishing between normal duct, UDH, ADH, and LG-DCIS. However, these two groups were equally important when discriminating between LG-DCIS and HG-DCIS. The Mahalanobis distances between each group showed that the smallest distance values occurred between LG-DCIS and IM-DCIS and between ADH and Normal. On the other hand, the distance value between ADH and LG-DCIS was larger than this distance. **Conclusions:** In this study, we have presented a practical and useful digital pathological method that incorporates nuclear morphological and textural features for IDPL prediction. We expect that this novel algorithm is used for the automated diagnosis assisting system for breast cancer.

**Key words:** Intraductal proliferative lesion of breast, nucleic analysis, whole slide imaging

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## INTRODUCTION

Before the most recent quarter-century, the majority of breast cancer cases were detected at an invasive stage. The

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dissemination of simple mammography-based screening methods has dramatically increased the opportunity for diagnosing ductal carcinoma *in situ* (DCIS). The development of mammography has led to improved detection of intraductal proliferative lesions (IDPLs), including usual ductal hyperplasia (UDH), atypical ductal hyperplasia (ADH), and DCIS, which is considered the precursor lesion of invasive cancer.

Furthermore, great progress has been achieved in breast cancer management. Previously, radical mastectomy was the main treatment for breast cancer, but now the use of limited surgery in combination with radiation and chemotherapy has increased. Earlier breast lesion detection has lowered the patient age and accordingly increased expectations for limited surgery from an esthetic viewpoint. Given these parameters, appropriate pathological diagnoses of breast lesions, as well as precursor lesions are now in greater demand than ever before.

Although the definitive diagnosis of a breast lesion depends on a histopathological diagnosis via biopsy, the rate of diagnostic agreement among pathologists is only moderate for IDPLs, especially ADH and low-grade (LG)-DCIS.<sup>[1-4]</sup> Therefore, the establishment of objective diagnostic criteria is an urgent requirement because the number of ADH diagnoses in clinical practice increases annually.<sup>[5]</sup> Initially, ADH was described as ductal hyperplasia with “a loss of shape” and was not thought to be associated with the transition to invasive cancer.<sup>[6]</sup> ADH was subsequently found to confer a 4–5-fold greater risk of transition to invasive cancer relative to UDH, and it has become necessary to consider ADH and UDH as independent lesions.<sup>[7,8]</sup> The recent but widely accepted histological definition of ADH is a lesion that has both cytological and architectural features of LG, noncomedo DCIS but involves only a single ductal space or is <2 mm in size.<sup>[8,9]</sup> The distinction between ADH and LG-DCIS, however, remains difficult and diagnostic dissociation among pathologists is not uncommon.

The pathological concept of “ductal intraepithelial neoplasia (DIN)” was proposed in 1997 as a solution to this problem.<sup>[10]</sup> DIN explains the progression of IDPLs from UDH to DCIS as a sequential lesion. DIN can be classified into three categories. Grade 1 DIN (DIN1) includes UDH, ADH, and LG-DCIS. Grade 2 (DIN2), and Grade 3 DIN (DIN3) correspond to intermediate-grade (IM)-DCIS and high-grade (HG)-DCIS, respectively. Hence, the most significant characteristic of the DIN classification is the inclusion of ADH and LG-DCIS in the same category, given their low differential diagnostic agreement. The risks of invasive cancer development from ADH and DCIS are relatively low (4–5% and 8–10%, respectively),<sup>[11]</sup> and the

psychological strain upon patients and their families can be reduced by avoiding the use of the word “carcinoma” for cases of DCIS.

On the other hand, a clinical gap remains between ADH and DCIS. The topics of treatment following ADH diagnosis by needle biopsy and the implication of ADH in the resection stump of a breast surgery specimen remain open for discussion; therefore, the need for accurate ADH and DCIS diagnosis is considered significant. With the recent advances in molecular biology, gene expression profiling has been used to explain carcinogenic mechanisms and facilitate diagnoses. For breast cancer, prognosis prediction tools such as OncotypeDX® (Genomic Health, Inc., Redwood City, CA, USA) have been commercialized. However, given their high cost, it is unlikely that such tools will be widely used. In addition, although genetic analysis derives information from a very small number of cells in a cancer tissue, pathologists make diagnoses based on a comprehensive analysis of all tissues in a section. From their perspective, a more comprehensive range of quantitative information should be used to facilitate diagnosis. Hence, according to pathologists’ experiences,<sup>[12]</sup> whole slide imaging (WSI)-based analysis is the best tool for objectively evaluating the morphology of lesions in pathological tissue specimens. In addition to the molecular pathological approach, this technique considers the integration of a series of information related to molecular expression, nuclear morphology, and the organizational structure of the pathological malignancy. In this study, the usefulness of image analysis is verified using WSI of pathological sections of mammary gland ductal lesions.

## METHODS

### Samples

We analyzed a total of 175 breast tissue specimens representative of 6 histological types [Table 1]: 4 UDH specimens [Figure 1a], 21 ADH specimens [Figure 1b],

**Table 1: Number of measured nuclei according to histological diagnosis**

	Case number	ROIs	Measured nuclei
Normal	25	170	189,843
UDH	4	16	23,808
ADH	21	140	126,708
LG-DCIS	72	491	929,803
IM-DCIS	29	351	595,821
HG-DCIS	24	251	169,824
Total	175	1419	2,035,807

ROIs: Regions of interest, UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

72 LG-DCIS specimens [Figure 1c], 29 IM-DCIS specimens, and 24 HG-DCIS specimens [Figure 1d], as well as 25 normal breast tissue specimens obtained from formalin-fixed, paraffin-embedded (FFPE) blocks in which no diagnostic lesions had been detected. All specimens were diagnosed and surgically obtained at Shinshu University Hospital between 2011 and 2013. None of the specimens included invasive lesions nor those treated with neoadjuvant chemotherapy. This study was performed according to the Helsinki Declaration and was approved by the ethical committee of Shinshu University, Japan.

### Tissue Preparation and Whole Slide Scanning

All FFPE samples were sectioned at a thickness of 3  $\mu\text{m}$ . After hematoxylin and eosin staining according to the standard method, all slides were scanned using a WSI scanner (Nanozoomer 2.0-HT slide scanner; Hamamatsu Corp., Hamamatsu, Shizuoka, Japan) at  $\times 20$  magnification and were stored as TIFF files on a computer system.

### Analytical Image Selection and Histological Classification

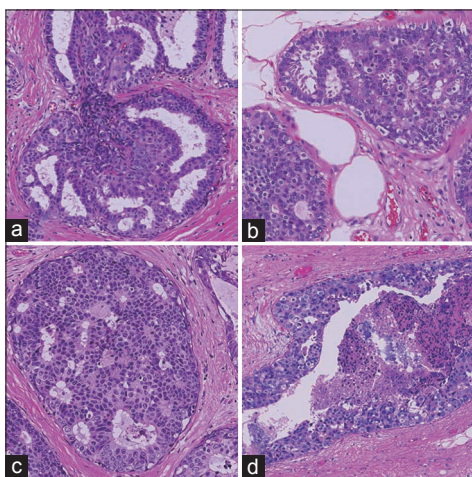
From whole slide images, analysis target areas or regions of interest (ROI) were selected manually. A single ROI image measured 2048 pixels  $\times$  2048 pixels, corresponding to 0.942 mm  $\times$  0.942 mm on the slide. Whole slide images contained mammary ducts, as well as stromal cells and areas of lymphocyte aggregation, among other features. Manual ROI selection was performed to confirm the positions of mammary glands and avoid areas containing scanning artifacts (e.g., poor focus). A total of 1419 ROIs were selected [Table 1]. For each ROI image, we diagnosed lesions based on the World Health Organization (WHO) classification criteria. At least three well-trained pathologists independently diagnosed

and scored each ROI; collective consensus regarding discrepant results was reached through discussion. We initially classified each ROI into 1 of 4 main classes: Normal, UDH, ADH, and DCIS. DCIS ROIs were subsequently classified as LG, IM-grade, and HG.

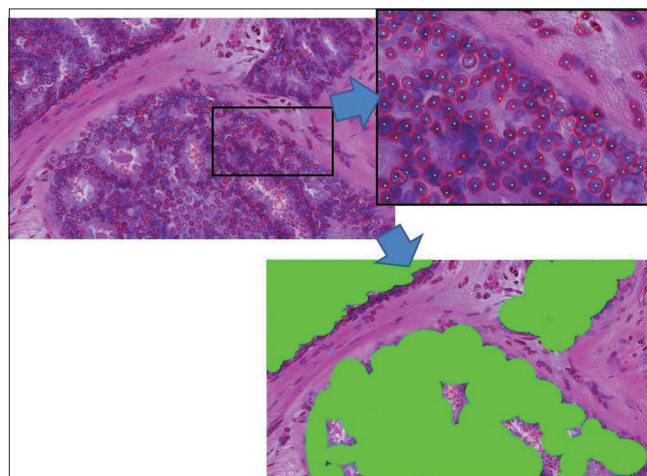
### Quantitative Morphological Image Analysis

We subjected the ROI images to a quantitative morphological analysis according to a previously described method.<sup>[13]</sup> The first analytical step was the extraction of the nuclear contours. Three image filters (2 difference-of-Gaussian sizes; 1 Hough) were used to locate the approximate centers of nuclei from hematoxylin signal images. After aggregation and nonmaxima suppression, polar cross-sections were extracted from the candidate centers. From the hematoxylin signal peaks on polar images, an algorithm determined the nuclear contour line using a snake line adaptation method. Figure 2 shows an example of nuclear extraction. Although the ROIs were centered on areas of mammary gland lesions, the images still contained fibroblasts, myoepithelial cells, lymphocytes, and other immunological cells. These cells were excluded using manually created masks. The algorithm then measured textural features using the integrated diffusion gradient method. For each nucleus, the algorithm measured a total of 40 morphological features [Table 2]. These features were separated into two Groups: Size- and shape-related features and intranuclear texture features.

For each ROI, the analysis could produce 200–5000 nuclei; from all ROIs, a total of 2,035,808 nuclei were measured. The algorithm then summarized these nuclear features by evaluating their statistical distributions over each ROI. The average, variance, standard deviation, median, mode, and percentiles



**Figure 1:** Microscopic morphology of hematoxylin and eosin stained intraductal proliferative lesions ( $\times 200$ ). (a) Usual ductal hyperplasia, (b) atypical ductal hyperplasia, (c) low-grade ductal carcinoma *in situ*, and (d) high-grade ductal carcinoma *in situ*



**Figure 2:** Example of nuclear contour extraction results. The enlarged partial position is on the upper right. Red lines indicate the automatically extracted nuclear contour line. Yellow dots indicate the nuclear center position. The lower image is a manually created masked image. Nuclear features were measured only on selected nuclei indicated in green areas

(10, 30, 50, 70, and 90) were measured. To reduce the effects of nuclear contour extraction errors (e.g.,  $\geq 2$  touching nuclei resulting in a single contour), the algorithm also measured these statistical distributions over 80% of the centered nuclei by ignoring the 10% comprising the largest nuclei and 10% comprising the smallest nuclei. A total of 15 statistics were measured for each of 40 features, resulting in 600 ROI features. A first feature reduction was then applied by eliminating features that exhibited no variance over the 1419 ROI dataset, yielding 472 features.

To identify the feature sets that were useful for distinguishing each lesion, a multiclass step-wise linear discriminant analysis (LDA) method was used. For this feature selection, a  $P < 0.05$  was set for the discriminant function IN and OUT level. We used the Statistical

Analysis Software Package R (R Project for Statistical Computing; <http://www.r-project.org>).

Furthermore, to confirm the discrimination level, we applied the machine learning method support vector machine (SVM), for which we used both linear and radial basis function kernels.<sup>[14]</sup> In this paper, we have reported the results using linear kernel SVM. To achieve a more accurate discrimination, we trained the SVM with 98% of the data and tested it with the remaining 2% (split randomly). This was performed >100 times, and the average results are reported. Although very similar to LDA, the advantage of linear SVM is that it looks directly at data points instead of approximate normal distributions when building the decision boundaries. Both LDA and SVM are used for discrimination purpose, but SVM needs the training set for creating the model, and prediction set for checking. SVM uses all given features, on the other hand, step-wise LDA uses minimum features set. Comparing both method results and discrimination rate, we analyzed features contribution level for each lesion discrimination.

**Table 2: Nuclear morphological parameters**

Nucleus size and shape parameters			
Nucleus area size	Nucleus contour line length	Roundness	Long axis length
Short axis length	Ellipsoidal ratio	Contour line complexity	IDG1 area size
Nucleus density in tissue	Nuclear arrayment level		
Intranuclear texture parameters			
GLCM angular 2 <sup>nd</sup> moment	GLCM contrast	GLCM homogeneity	GLCM entropy
IDG2 nucleus volume	IDG3-8	IDG9-14	IDG15-20
IDG7	IDG10	IDG11	IDG12
IDG13	IDG14	IDG15	IDG16
IDG21-26	Nuclear texture complex		

Average; variance; standard deviation; median, mode; 10%, 30%, 50% 70%, and 90% tile data; 80% based average variance, standard deviation, median, mode. GLCM: Gray level co-occurrence matrix, IDG: Integrated diffusion gradient, IDG1: Ratio of nucleus area size and rectangle box area (long  $\times$  short axis), IDG2: Ratio of nucleus 3D volume to cuboid volume, IDG3-8: Total volume over 6 threshold intensity levels, IDG9-14: Increased volume over each threshold intensity level, IDG15-20: Counts for each threshold intensity level cluster, IDG 21-26: Image fractal dimensions for each threshold intensity level

## RESULTS

We first applied LDA and SVM to all 6 histological groups: Normal, UDH, ADH, LG-DCIS, IM-DCIS, and HG-DCIS [Tables 3a and b]. Table 3a shows an analysis of a total of 170 Normal mammary gland ROIs. By step-wise LDA, 147 ROIs were correctly classified as Normal. The remaining 4, 10, 5, 3, and 1 ROIs were misclassified, respectively, as UDH, ADH, LG-DCIS, IM-DCIS, and HG-DCIS. The diagonal cells in the table show the numbers of correctly classified ROIs. The overall accuracy rates of LDA and SVM were 77.4–95.9%, respectively. LDA yielded a lower accuracy because this method assumes a normal data distribution; however, realistically the distribution is closer to a Chi-square distribution with 2° of freedom. When using LDA, ADH had the lowest accuracy level (67.1%) [Table 3a], whereas when using SVM, IM-DCIS had the lowest accuracy level (93.4%) [Table 3b].

**Table 3a: Step-wise linear discriminant analysis results**

	Prediction						Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth							
Normal	147 (86.5)	4 (2.4)	10 (5.9)	5 (2.9)	3 (1.8)	1 (0.6)	170
UDH	0 (0)	15 (93.8)	0 (0)	1 (6.3)	0 (0)	0 (0)	16
ADH	21 (15)	5 (3.6)	94 (67.1)	11 (7.9)	8 (5.7)	1 (0.7)	140
LG-DCIS	16 (3.3)	13 (2.6)	32 (6.5)	364 (74.1)	63 (12.8)	3 (0.6)	491
IM-DCIS	8 (2.3)	3 (0.9)	8 (2.3)	69 (19.7)	257 (73.2)	6 (1.7)	351
HG-DCIS	2 (0.8)	0 (0)	3 (1.2)	14 (5.6)	11 (4.4)	221 (88.0)	251
Total	194	40	147	464	342	232	1419

Total accuracy=77.4%. UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

**Table 3b: Linear SVM analysis results**

	Prediction						Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth							
Normal	168 (98.9)	0 (0)	0 (0)	2 (1.0)	0 (0)	0 (0)	170
UDH	0 (0)	16 (100)	0 (0)	0 (0)	0 (0)	0 (0)	16
ADH	0 (0)	0 (0)	135 (96.4)	4 (2.9)	1 (0.7)	1 (0.7)	140
LG-DCIS	3 (0.6)	1 (0.2)	9 (1.8)	464 (94.1)	11 (2.2)	3 (0.6)	491
IM-DCIS	0 (0)	0 (0)	1 (0.2)	22 (6.2)	328 (93.4)	0 (0)	351
HG-DCIS	0 (0)	0 (0)	0 (0)	1 (0.4)	0 (0)	250 (99.6)	251
Total	171	17	145	493	340	253	1419

Total accuracy=95.9%. UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*, SVM: Support vector machine

In Supplementary Table 1, we report the standardized coefficient values of selected features for each pair-wise discriminant function. These values are useful for intuitively confirming the discrimination power of individual features. However, because the discriminant functions are pair-wise, for our six classes 15 coefficients required evaluation and the number of selected features became large. Hence, we performed a step-wise LDA (in which features with the highest prediction power were selected greedily and their variances were removed until the correlations stopped changing significantly) for each combination of histopathological conditions. High diagnostic accuracy (81.8–99.3%) was achieved, and the results are shown in Tables 4a and b. Table 4c shows the Mahalanobis distances between each group centroid. In this table, we note that the smallest distance values occurred between LG-DCIS and IM-DCIS and between ADH and Normal (1.73567 and 1.98269, respectively). The distance value between ADH and LG-DCIS (2.48288) was larger than these distance, and the values between HG-DCIS and the other types were, relatively, large. In Supplementary Table 2, we report the standardized coefficient values of selected features after performing step-wise LDA. Blank table cells correspond to features that were not selected by a paired histological criteria analysis.

While focusing on LG-DCIS and benign lesions, we reduced the number of groups to 4 (Normal, UDH, ADH, and LG-DCIS). Tables 5a and b present the results obtained when using all features with LDA and SVM, respectively. Tables 5c and d show the results obtained using only nucleus size and shape-related features, whereas Tables 5e and f show those based on only intranuclear textural features. We noted that using only nucleus size- and shape-related features resulted in lower accuracy rates for both LDA (62.1% vs. 81.4%, respectively) and SVM (80.0% vs. 99.8%).

The same analysis was performed while focusing on the 3 DCIS grades (LG-DCIS, IM-DCIS, and HG-DCIS), and these results are reported in Table 6a-f. For this

grouping, no significant differences in accuracy were observed between the two types of features. This demonstrates that although intranuclear texture features were more important when analyzing LG-DCIS and benign lesions, the nucleus size and shape features were equally important when grading DCIS lesions.

Table 7 shows the levels of contribution for the top 22 features in an SVM analysis of the six histological classes. Nucleus size- and shape-related features accounted for 10.5%, whereas intranuclear texture accounted for 89.5%.

## DISCUSSION

In the WHO classification published in 2012, IDPLs were regarded as an independent category that included UDH, columnar cell lesions (e.g., columnar cell changes and hyperplasia, flat epithelial hyperplasia), ADH, and DCIS.<sup>[15]</sup> This categorization stratified IDPLs, which carry a risk of invasive ductal carcinoma, while targeting a practical diagnosis. ADH was first proposed as a lesion harboring the risk of invasive ductal carcinoma by Page *et al.* in 1985.<sup>[7,16]</sup>

On the other hand, a relatively low rate of concordance between pathologists has been noted with respect to ADH diagnostic criteria.<sup>[1-3]</sup> Some authors have reported that the introduction of unified diagnostic criteria<sup>[17]</sup> and supportive immunohistochemistry<sup>[3]</sup> have led to an increase in diagnostic concordance. However, other authors reported that the incidence of diagnostic discrepancy was not reduced, despite the introduction of unified diagnostic criteria.<sup>[18]</sup>

Under these circumstances, Rosai proposed the addition of mammary intraepithelial neoplasia, which corresponds to all IDPLs.<sup>[19]</sup> This new classification is effective for pathologists; however, it could cause confusion with regard to clinical management. Despite its noninvasive nature, the management of DCIS, generally, conforms to that of invasive carcinoma; therefore, total tumor resection is usually applicable. Accordingly, the introduction of

**Table 4a: Step-wise discriminant analyses for each combination of histopathological conditions**

	Prediction		Total
	Normal (%)	UDH (%)	
Truth			
Normal	165 (97.1)	5 (2.1)	170
UDH	0 (0)	16 (100)	16
Total	165	21	186

Accuracy=97.3%, Mahalanobis' distance=3.87675. UDH: Usual ductal hyperplasia

	Prediction		Total
	Normal (%)	UDH (%)	
Truth			
Normal	149 (87.6)	21 (12.4)	170
ADH	26 (18.6)	114 (81.4)	140
Total	175	135	310

Accuracy=84.8%, Mahalanobis' distance=1.98269. UDH: Usual ductal hyperplasia

	Prediction		Total
	Normal (%)	UDH (%)	
Truth			
Normal	152 (89.4)	18 (10.6)	170
LG-DCIS	28 (5.7)	463 (94.3)	491
Total	180	481	661

Accuracy=93.0%, Mahalanobis' distance=3.25961. UDH: Usual ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

	Prediction		Total
	Normal (%)	IM-DCIS (%)	
Truth			
Normal	167 (98.2)	3 (1.8)	170
IM-DCIS	8 (2.3)	343 (97.7)	351
Total	175	21	521

Accuracy=97.9%, Mahalanobis' distance=4.12958. IM-DCIS: Intermediate-grade ductal carcinoma *in situ*

	Prediction		Total
	Normal (%)	HG-DCIS (%)	
Truth			
Normal	165 (97.1)	5 (2.9)	170
HG-DCIS	5 (2.0)	246 (98.0)	251
Total	170	251	421

Accuracy=97.6%, Mahalanobis' distance=4.36597. HG-DCIS: High-grade ductal carcinoma *in situ*

	Prediction		Total
	UDH (%)	ADH (%)	
Truth			
UDH	15 (93.8)	1 (6.2)	16
ADH	19 (13.6)	121 (86.4)	140
Total	34	122	156

Accuracy=87.2%, Mahalanobis' distance=2.24234. UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia

**Table 4a: Contd...**

	Prediction		Total
	UDH (%)	LG-DCIS (%)	
Truth			
UDH	13 (81.3)	3 (18.7)	16
LG-DCIS	47 (9.6)	444 (90.4)	491
Total	60	447	507

Accuracy=90.1%, Mahalanobis' distance=2.24234. UDH: Usual ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

	Prediction		Total
	UDH (%)	IM-DCIS (%)	
Truth			
UDH	14 (87.5)	2 (12.5)	16
IM-DCIS	6 (1.7)	345 (98.3)	351
Total	20	347	367

Accuracy=97.8%, Mahalanobis' distance=4.25055. UDH: Usual ductal hyperplasia, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*

	Prediction		Total
	UDH (%)	HG-DCIS (%)	
Truth			
UDH	16 (100)	0 (0)	16
HG-DCIS	2 (0.8)	249 (99.2)	251
Total	18	249	267

Accuracy=99.3%, Mahalanobis' distance=5.40486. UDH: Usual ductal hyperplasia, HG-DCIS: High-grade ductal carcinoma *in situ*

	Prediction		Total
	ADH (%)	LG-DCIS (%)	
Truth			
ADH	109 (77.9)	31 (22.1)	140
LG-DCIS	44 (9.0)	447 (91.0)	491
Total	153	478	631

Accuracy=88.1%, Mahalanobis' distance=2.48288. ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

	Prediction		Total
	ADH (%)	IM-DCIS (%)	
Truth			
ADH	126 (90.0)	14 (10.0)	140
IM-DCIS	12 (3.4)	339 (96.6)	351
Total	138	353	491

Accuracy=94.7%, Mahalanobis' distance=3.67725. ADH: Atypical ductal hyperplasia, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*

	Prediction		Total
	ADH (%)	HG-DCIS (%)	
Truth			
ADH	133 (95.00)	7 (5.0)	140
HG-DCIS	6 (2.4)	245 (97.6)	251
Total	139	252	391

Accuracy=96.7%, Mahalanobis' distance=4.32731. ADH: Atypical ductal hyperplasia, HG-DCIS: High-grade ductal carcinoma *in situ*

Contd...

Contd...

**Table 4a: Contd...**

	Prediction		Total
	LG-DCIS (%)	IM-DCIS (%)	
Truth			
LG-DCIS	417 (84.9)	74 (15.1)	491
IM-DCIS	79 (22.5)	272 (77.5)	351
Total	496	346	842

Accuracy=81.8%, Mahalanobis' distance=1.73567. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*

	Prediction		Total
	LG-DCIS (%)	HG-DCIS (%)	
Truth			
LG-DCIS	485 (98.8)	6 (1.2)	491
HG-DCIS	16 (6.4)	235 (93.6)	251
Total	501	247	742

Accuracy=97.0%, Mahalanobis' distance=4.01048. LG-DCIS: Low-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

	Prediction		Total
	IM-DCIS (%)	HG-DCIS (%)	
Truth			
IM-DCIS	340 (96.9)	11 (3.1)	351
HG-DCIS	13 (5.2)	238 (94.8)	251
Total	353	249	602

Accuracy=96.0%, Mahalanobis' distance=3.69370. IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

DIN grades, in which the absence of invasion indicates a noncarcinoma lesion, could substantially modify the clinical concept of this disease.

It is customary to perform an initial pathological diagnosis of a mammary lesion via needle biopsy. If the pathological diagnosis is ADH, upstaging to carcinoma occurs in 11–36% of cases based on subsequent resection material.<sup>[20-24]</sup> Therefore, at minimum an excisional tumor biopsy is advisable following an ADH diagnosis.<sup>[20]</sup> However, excisional biopsy itself can place considerable stress on the patient. To avoid this, a new pathological diagnostic assessment is under development. Ely *et al.* reported that  $\geq 3$  ADH lesions per needle biopsy specimen indicates a higher risk of upstaging, whereas  $< 3$  ADH lesions indicates no risk.<sup>[24]</sup>

On the other hand, the existence of ADH lesions in the surgical margins of resected breast carcinoma material is of clinical concern. Currently, most researchers do not regard the existence of ADH lesions in the surgical margin as a risk factor for recurrence and, therefore, advise against re-operation.<sup>[25-28]</sup>

As mentioned above, although the pathological diagnosis of IDPLs is not simple, the strict distinction of the lesions in this category is clinically necessary. The features extracted using our algorithm show promising

discriminatory power, with accuracies exceeding 80% when using LDA [Table 4b]. In particular, an 88% accuracy rate was achieved for HG-DCIS. This might reflect the fact that pathologists, generally, diagnose HG-DCIS based on nuclear atypia. On the other hand, the accuracy rate for ADH was relatively low except when distinguishing IM-DCIS and HG-DCIS. However, an 88.1% discrimination rate was achieved between ADH and LG-DCIS, which is the most problematic for distinction by visual inspection by pathologists. In the case of SVM analysis, the selection of training data set and prediction data set may be affect the accuracy level. In this analysis, all ROI images were treated as independent data. But ROIs came from the same case may have correlation each other. For checking this, we selected the training data set and prediction data set by case bases, and test ADH and LG-DCIS SVM discrimination for 4 times.

The accuracy results are 71.8% (correct predicted ROIs/prediction data set ROIs = 23/32), 75.6% (68/90), 76.5% (75/98), and 95.9% (163/170), the result cross-validation 88% becomes almost average for case level testing. Invasive breast carcinomas had large intercase and intracase heterogeneity. In the case of intraductal lesions, the nuclei-based heterogeneity was small comparing invasive cases. There was the possibility that results of discrimination keep around 80% accuracy level even using only nuclear features. These data suggests that imaging analysis might provide useful support for this distinction.

Table 4c shows the Mahalanobis distance value of two group centroid values on each group distribution. When this value has the small value, two group data have the close features data values. For example, Mahalanobis distance value between Normal and ADH group (1.98) is smaller than Normal and HG-DCIS (4.37), Normal and ADH nuclei have the near measured feature data values intuitively. For considering the similarity of each group data set, we use the Mahalanobis distance value by magnitude correlation. The Mahalanobis distance between each group centroid showed that the smallest distance value between LG-DCIS and IM-DCIS (1.74) followed by the distance between ADH and normal (1.98). The distance value between ADH and LG-DCIS was larger than these distance, indicating that considerable difference in nucleic features lies between ADH and LG-DCIS. It is difficult to explain what individual difference in nuclear features mean biologically and pathologically. However, it is noteworthy that the large distance lies between ADH and LG-DCIS which are considered to be difficult to differentiate morphologically by pathologist's eyes. This large distance indicates that these two diseases are biologically different and should be differentiated strictly at pathological diagnosis.

**Table 4b: Accuracy table**

	Normal	UDH (%)	ADH (%)	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)
Normal		97.3	84.8	93.0	97.9	97.6
UDH			87.2	90.1	97.8	99.3
ADH				88.1	94.7	96.7
LG-DCIS					81.8	97.0
IM-DCIS						96.0
HG-DCIS						

UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

**Table 4c: Mahalanobis' distance**

	Normal	UDH	ADH	LG-DCIS	IM-DCIS	HG-DCIS
Normal		3.88	1.98	3.26	4.13	4.37
UDH			2.25	2.69	4.25	5.40
ADH				2.48	3.68	4.33
LG-DCIS					1.74	4.01
IM-DCIS						3.69
HG-DCIS						

UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate-grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

**Table 5a: Step-wise linear discriminant analysis: Nuclear size and shape and intranuclear texture features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	147 (86.5)	5 (2.9)	10 (5.9)	8 (4.7)	170
UDH	0 (0)	14 (87.5)	0 (0)	2 (12.5)	16
ADH	16 (11.4)	7 (5.0)	100 (71.4)	17 (12.9)	140
LG-DCIS	18 (3.7)	11 (2.2)	33 (6.7)	429 (87.4)	491
Total	181	37	143	456	817

Total accuracy=84.5%. UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

**Table 5b: Linear kernel SVM discriminant analysis: Nuclear size and shape and intranuclear texture features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	170 (100)	0 (0)	0 (0)	0 (0)	170
UDH	0 (0)	16 (100)	0 (0)	0 (0)	16
ADH	0 (0)	0 (0)	139 (99.3)	1 (0.7)	140
LG-DCIS	0 (0)	0 (0)	1 (0.2)	490 (99.8)	491
Total	170	16	140	491	817

Total accuracy=99.8%. UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, SVM: Support vector machine

Moreover, the distance value between UDH and normal (3.88) was larger than that of LG-DCIS and normal (3.26), as well as that of ADH and normal. Although UDH is regarded as the disease that has the lowest risk to develop to invasive cancer in IDPLs, it may be possible that UDH has a different character from the other IDPLs from the viewpoint of nucleic features.

The smallest distance value was identified between LG-DCIS and IM-DCIS. When LG-DCIS is diagnosed by pathologists, the major ground of diagnosis is its structural atypia along with the monotonous nuclear shape of individual cells. If the nuclear pleomorphism exists to some extent, but not prominent like HG-DCIS, the lesion is diagnosed as IM-DCIS. Therefore, when the analytic features of over a



**Table 5c: Step-wise linear discriminant analysis: Nuclear size and shape features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	100 (58.8)	28 (16.5)	27 (15.9)	15 (8.8)	170
UDH	1 (6.3)	12 (75.0)	2 (12.5)	1 (6.3)	16
ADH	33 (46.2)	17 (12.1)	72 (51.4)	18 (12.9)	140
LG-DCIS	45 (9.2)	88 (17.9)	35 (7.1)	323 (65.8)	491
Total	179	145	136	357	817

Total accuracy=62.1%. UDH: Usual ductal hyperplasia,ADH:Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

**Table 5d: Linear kernel SVM discriminant analysis: Nuclear size and shape features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	118 (69.4)	0 (0)	12 (7.0)	40 (23.6)	170
UDH	0 (0)	9 (56.3)	1 (6.3)	6 (37.4)	16
ADH	23 (16.4)	0 (0)	71 (50.7)	46 (32.9)	140
LG-DCIS	25 (5.1)	0 (0)	10 (2.0)	456 (92.9)	491
Total	166	9	94	548	817

Total accuracy=80.0%. UDH: Usual ductal hyperplasia,ADH:Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, SVM: Support vector machine

**Table 5e: Step-wise linear discriminant analysis: Intranuclear texture features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	147 (86.5)	6 (3.5)	11 (6.5)	6 (3.5)	170
UDH	1 (6.3)	14 (87.5)	1 (6.3)	0 (0)	16
ADH	20 (14.3)	8 (5.7)	90 (64.3)	22 (15.7)	140
LG-DCIS	23 (4.7)	17 (3.5)	37 (7.5)	414 (84.3)	491
Total	191	45	39	442	817

Total accuracy=81.4%. UDH: Usual ductal hyperplasia,ADH:Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*

**Table 5f: Linear kernel SVM discriminant analysis: Intranuclear texture features**

	Prediction				Total
	Normal (%)	UDH (%)	ADH (%)	LG-DCIS (%)	
Truth					
Normal	170 (100)	0 (0)	0 (0)	0 (0)	170
UDH	0 (0)	16 (100)	0 (0)	0 (0)	16
ADH	0 (0)	0 (0)	140 (99.3)	0 (0)	140
LG-DCIS	0 (0)	0 (0)	2 (0.4)	489 (99.6)	491
Total	170	16	142	489	817

Total accuracy=99.8%. UDH: Usual ductal hyperplasia,ADH:Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma *in situ*, SVM: Support vector machine

thousand nuclei in each ROI images were averaged, the Mahalanobis distance value between LG-DCIS and IM-DCIS resulted in relatively small. This is supported by the larger distance value between IM-DCIS and HG-DCIS (3.69), in which the nuclear pleomorphism is prominent.

To explore the nuclear characteristics used for pathological diagnosis of intraductal lesions, the 472 imaging analysis features were simply classified as size and shape-related and intranuclear texture-related prior to further analysis. Interestingly, the intranuclear texture was found to be more important than size and shape when discriminating

**Table 6a: Step-wise linear discriminant analysis: Nuclear size and shape and intranuclear texture features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	389 (86.1)	84 (17.1)	18 (3.7)	491
IM-DCIS	95 (27.1)	241 (68.7)	15 (4.3)	351
HG-DCIS	14 (5.6)	15 (6.0)	222 (88.4)	251
Total	498	340	255	1093

Total accuracy=78.0%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

**Table 6b: Linear kernel SVM discriminant analysis: Nuclear size and shape and intranuclear texture features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	431 (87.8)	56 (11.4)	4 (0.8)	491
IM-DCIS	98 (27.9)	248 (70.7)	5 (1.4)	351
HG-DCIS	11 (4.4)	5 (2.0)	235 (93.6)	251
Total	540	309	244	1093

Total accuracy=83.6%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*, SVM: Support vector machine

**Table 6c: Step-wise linear discriminant analysis: Nuclear size and shape features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	373 (76.0)	95 (18.3)	23 (4.7)	491
IM-DCIS	108 (30.8)	209 (59.5)	34 (9.7)	351
HG-DCIS	25 (10.0)	15 (6.0)	211 (84.1)	251
Total	506	319	268	1093

Total accuracy=72.6%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

among normal duct, UDH, ADH, and LG-DCIS. On the other hand, nucleus size and shape and intranuclear texture were equally important only when grading DCIS, and therefore, both characteristics are apparently necessary for this process.

In summary, this study has shown that computerized analysis based on a detailed imaging study of nuclei can simulate pathological diagnoses of IDPLs. This study was limited to the analysis of nuclear data and did not consider other tissue data, including size, distribution,

**Table 6d: Linear kernel SVM discriminant analysis: Nuclear size and shape features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	428 (87.2)	51 (10.4)	12 (2.4)	491
IM-DCIS	145 (41.3)	248 (50.4)	29 (8.3)	351
HG-DCIS	33 (13.1)	14 (5.6)	204 (81.3)	251
Total	606	313	245	1093

Total accuracy=74.0%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*, SVM: Support vector machine

**Table 6e: Step-wise linear discriminant analysis: Intranuclear texture features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	350 (71.2)	121 (24.6)	20 (4.1)	491
IM-DCIS	97 (27.6)	232 (66.1)	22 (6.3)	351
HG-DCIS	27 (10.8)	20 (8.0)	204 (81.3)	251
Total	474	373	246	1093

Total accuracy=71.9%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*

**Table 6f: Linear kernel SVM discriminant analysis: Intranuclear texture features**

	Prediction			Total
	LG-DCIS (%)	IM-DCIS (%)	HG-DCIS (%)	
Truth				
LG-DCIS	428 (87.2)	45 (9.2)	18 (3.6)	491
IM-DCIS	134 (38.2)	198 (56.4)	19 (5.4)	351
HG-DCIS	21 (8.4)	16 (6.4)	214 (85.2)	251
Total	583	259	251	1093

Total accuracy=76.9%. LG-DCIS: Low-grade ductal carcinoma *in situ*, IM-DCIS: Intermediate grade ductal carcinoma *in situ*, HG-DCIS: High-grade ductal carcinoma *in situ*, SVM: Support vector machine

and presence of necrosis. Although this method is not a substitute for visual pathological analysis, the high accuracy rates of the reported methods suggest that it provides practical and useful support for pathological diagnosis, and, therefore, further studies are expected.

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**Conflicts of Interests**

The authors declare that they have no competing interests.

**Table 7: Contribution level of each feature via SVM analysis**

	Contribution (%)	Accumulated (%)
GLCM contrast average	18.6	18.6
GLCM contrast median	12.7	31.3
Contour line complexity variance	8.5	39.8
IDG7 average	8.3	48.1
Nuclear texture complexity average	5.9	54.0
GLCM homogeneity variance	5.3	59.3
GLCM homogeneity average	5.2	64.5
GLCM angular 2 <sup>nd</sup> median	4.8	69.3
GLCM entropy variance	3.8	73.1
Long axis median	3.5	76.6
IDG7 variance	3.4	80.0
Long axis variance	3.2	83.2
IDG2 variance	2.8	86.0
Nuclear texture complexity variance (80% based)	2.5	88.5
IDG4 median	2.2	90.7
Short axis variance	2.2	92.9
IDG4 variance	2.1	95.0
Contour line complexity median	1.9	96.9
Roundness variance	1.6	98.5
IDG2 variance (80% based)	1.1	99.6
GLCM angular 2 <sup>nd</sup> variance	0.3	99.9
GLCM entropy median	0.1	100.0

GLCM: Gray level co-occurrence matrix, IDG: Integrated diffusion gradient, SVM: Support vector machine

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**Supplementary Table 1: Step-wise discriminant function (6 group-based) coefficient values**

	0 versus 1	0 versus 2	0 versus 3	0 versus 4	0 versus 5	1 versus 2	1 versus 3	1 versus 4	1 versus 5	2 versus 3	2 versus 4	2 versus 5	3 versus 4	3 versus 5	4 versus 5
	<b>4.13728</b>	<b>2.95486</b>	<b>3.52221</b>	<b>3.88048</b>	<b>4.76612</b>	<b>4.1185</b>	<b>3.94527</b>	<b>4.26791</b>	<b>5.71601</b>	<b>3.33386</b>	<b>3.54664</b>	<b>4.91772</b>	<b>1.95562</b>	<b>4.32925</b>	<b>4.08723</b>
Contour line length variance	-2.45595	3.90460	17.93029	34.47757	70.59923	6.36060	20.38624	36.93352	73.05518	14.02564	30.57292	66.69458	16.54728	52.66900	36.12166
Long axis variance	24.43368	14.17900	8.15686	4.31150	-12.02098	-10.25452	-16.27681	-20.12218	-36.45465	-6.02229	-9.86766	-26.20013	-3.84537	-20.17800	-16.33247
IDG26 variance	-2.99068	-0.33181	-12.42668	-5.00465	-41.57119	2.65887	-9.43600	-2.01397	-38.58051	-12.09487	-4.67284	-41.23938	7.42203	-29.14500	-36.56654
Area variance (80% based)	-10.06658	-9.17380	-5.80230	-6.96151	-8.92086	0.89281	4.26428	3.10507	1.14572	3.37148	2.21226	0.25291	-1.15921	-3.11860	-1.95935
IDG20 SD	-0.35924	1.13260	0.67838	0.31308	-0.10298	1.49186	1.03761	0.67232	0.25626	-0.45424	-0.81954	-1.23560	-0.36530	-0.78136	-0.41606
Short axis median	-0.81979	-0.83140	0.32665	3.30409	3.83763	-0.01161	1.14644	4.12388	4.65742	1.15805	4.13549	4.66902	2.97744	3.51100	0.53354
IDG17 average	-1.84136	-2.27430	-1.44537	1.14898	2.84772	-0.43296	0.39599	2.99034	4.68908	0.82895	3.42329	5.12204	2.59434	4.29310	1.69875
GLCM contrast SD	10.97419	0.35968	-6.74873	-7.75936	-6.77617	-10.61451	-17.72293	-18.73355	-17.75036	-7.10842	-8.11904	-7.13585	-1.01063	-0.02744	0.98319
Density SD	-4.62533	0.03327	-0.49123	-0.32324	1.40839	4.65860	4.13410	4.30209	6.03372	-0.52449	-0.35651	1.37512	0.16798	1.89960	1.73163
GLCM homogeneity SD (80% based)	-1.25578	-1.66800	-1.25044	-2.97417	-2.52123	-0.41226	0.00534	-1.71840	-1.26546	0.41759	-1.30614	-0.85320	-1.72373	-1.27080	0.45294
Contour line complexity mode	-0.43924	0.00733	0.23295	-0.38108	0.15111	0.44657	0.67220	0.05816	0.59035	0.22562	-0.38841	0.14378	-0.61403	-0.08184	0.53219
Density 70% tile	8.44891	0.83034	-0.27774	-0.00884	-1.72679	-7.61857	-8.72665	-8.45775	-10.17570	-1.10808	-0.83918	-2.55713	0.26890	-1.44910	-1.71795
GLCM contrast 90% tile	2.51385	3.37090	4.98107	2.82410	1.27680	0.85709	2.46722	0.31025	-1.23705	1.61013	-0.54684	-2.09414	-2.15697	-3.70430	-1.54731
IDG22 average (80% based)	-3.26739	20.43300	19.59399	16.96300	13.23329	23.70061	22.86138	20.23039	16.50069	-0.83923	-3.47022	-7.19992	-2.63100	-6.36070	-3.72970
Ellipsoidal ratio SD (80% based)	-0.61951	-1.24260	-0.47980	-1.14254	0.19152	-0.62311	0.13971	-0.52303	0.81102	0.76282	0.10008	1.43413	-0.66274	0.67131	1.33406
IDG21 SD	-3.96381	-0.57920	-1.89173	-1.92866	-2.85580	3.38461	2.07209	2.03516	1.10801	-1.31252	-1.34945	-2.27660	-0.03693	-0.96408	-0.92715
Grad SD	9.08664	3.61500	3.26894	2.56590	8.84527	-5.47167	-5.81770	-6.52074	-0.24137	-0.34603	-1.04907	5.23030	-0.70304	5.57630	6.27937
Short axis SD	-0.63408	0.59537	1.59699	0.03651	4.10539	1.22945	2.23107	0.67060	4.73947	1.00162	-0.55885	3.51002	-1.56047	2.50840	4.06887
GLCM homogeneity 10% tile	0.67110	-1.35250	2.66831	0.23901	0.51067	-2.02357	1.99721	-0.43208	-0.16042	4.02078	1.59148	1.86315	-2.42930	-2.15760	0.27166
GLCM entropy 10% tile	-5.11912	-3.29270	1.38613	-1.60646	-1.49876	1.82644	6.50525	3.51266	3.62036	4.67881	1.68622	1.79392	-2.99258	-2.88490	0.10770
IDG6 30% tile	2.88927	0.42665	0.61095	-2.80860	-7.47509	-2.46262	-2.27832	-5.69787	-10.36436	0.18430	-3.23525	-7.90174	-3.41955	-8.08600	-4.66649
IDG2 median	-6.50187	-3.06410	-2.82203	-2.90891	-0.40886	3.43772	3.67984	3.59296	6.09301	0.24212	0.15524	2.65529	-0.08688	2.41320	2.50005
Nucleus texture complexity SD (80% based)	3.67331	2.30680	1.36598	1.92199	-0.55359	-1.36652	-2.30733	-1.75133	-4.22691	-0.94082	-0.38481	-2.86039	0.55601	-1.91960	-2.47558
IDG2 90% tile	1.90388	-0.96480	1.24658	1.88233	2.58192	-2.86868	-0.65730	-0.02155	0.67805	2.21137	2.84713	3.54672	0.63575	1.33530	0.69959
IDG22 variance (80% based)	10.29505	9.53660	6.62849	6.80900	11.10975	-0.75848	-3.66655	-3.48604	0.81470	-2.90807	-2.72756	1.57319	0.18051	4.48130	4.30075
SG14 variance (80% based)	0.15548	-1.74040	-0.70318	0.77219	-0.74140	-1.89584	-0.85866	0.61671	-0.89688	1.03719	2.51255	0.99896	1.47537	-0.03823	-1.51360
IDG12 10% tile	-0.52918	-1.99490	-2.42524	-1.57572	-0.48215	-1.46570	-1.89605	-1.04654	0.04704	-0.40305	0.41916	1.51274	0.84951	1.94310	1.09357
IDG22 SD (80% based)	-1.385679	-9.92630	-8.37400	-7.70852	-11.36982	3.93049	5.47978	6.14827	2.48697	1.54929	2.21778	-1.44352	0.66849	-2.99280	-3.66130
IDG12 30% tile	-0.41849	2.21210	-0.13480	1.58529	-0.90775	2.63064	0.28370	2.00378	-0.48925	-2.34694	-0.62686	-3.11989	1.72008	-0.77295	-2.49303
IDG25 SD	-3.87064	-6.01200	-3.39737	-0.80152	-1.98267	-2.14131	0.47327	3.06912	1.88797	2.61458	5.21043	4.02928	2.59585	1.41470	-1.18115
GLCM angular 2 <sup>nd</sup> 90% tile	-11.16926	-4.80560	-4.62633	-5.83675	-6.42173	6.36363	6.54293	5.33251	4.74754	0.17931	-1.03112	-1.61609	-1.21042	-1.79540	-0.58498
IDG21 variance	3.70138	0.00009	2.17455	2.51966	3.02900	-3.70128	-1.52683	-1.18172	-0.67238	2.17445	2.51956	3.02891	0.34511	0.85445	0.50934
Long axis variance (80% based)	-0.44984	0.38347	0.01026	5.24942	7.34405	0.83330	0.46009	5.69926	7.79388	-0.37321	4.86596	6.96058	5.23917	7.33380	2.09462
Contour line length variance (80% based)	-0.22958	-4.23080	-1.18044	-13.23308	-3.63767	-4.00126	-0.95086	-13.00350	-3.40809	3.05040	-9.00224	0.59317	-12.05264	-2.45720	9.59541

Contd...

**Supplementary Table 1: Contd...**

	0 versus 1	0 versus 2	0 versus 3	0 versus 4	0 versus 5	1 versus 2	1 versus 3	1 versus 4	1 versus 5	2 versus 3	2 versus 4	2 versus 5	3 versus 4	3 versus 5	4 versus 5
Contour line complexity 30% tile	4.13728	2.95486	3.52221	3.88048	4.76612	4.1185	3.94527	4.26791	5.71601	3.33386	3.54664	4.91772	1.95562	4.32925	4.08723
	0.43644	0.35515	-0.53079	-0.91951	-0.16456	-0.08129	-0.96723	-1.35595	-0.60100	-0.88594	-1.27466	-0.51972	-0.38871	0.36623	0.75494
Contour line complexity SD (80% based)	3.48830	-1.68990	-1.83937	-1.79029	-9.90466	-5.17824	-5.32766	-5.27858	-13.39296	-0.14943	-0.10034	-8.21472	0.04908	-8.06530	-8.11438
	-0.14065	1.47270	1.24789	1.29205	10.39673	1.61340	1.38854	1.43271	10.53738	-0.22485	-0.18069	8.92399	0.04417	9.14880	9.10467
Density 10% tile	-0.96943	2.35320	2.62938	4.26228	4.57133	3.32259	3.59881	5.23171	5.54076	0.27621	1.90912	2.21817	1.63290	1.94200	0.30905
Density 30% tile	-3.64530	-3.04870	-4.35690	-6.45799	-4.37961	0.59665	-0.71160	-2.81269	-0.73432	-1.30825	-3.40934	-1.33096	-2.10109	-0.02271	2.07838
GLCM contrast mod	-1.39641	-1.16910	-0.75226	-0.40498	-0.94783	0.22735	0.64416	0.99144	0.44858	0.41680	0.76408	0.22123	0.34728	-0.19558	-0.54286
IDG1 mod (80% based)	-0.31355	-0.74023	-0.37708	-0.17387	0.41487	-0.42668	-0.06353	0.13969	0.72843	0.36315	0.56636	1.15511	0.20322	0.79196	0.58874
GLCM entropy variance	-12.92171	-3.81570	-0.32064	-0.81774	-7.40643	9.10603	12.60107	12.10397	5.51528	3.49504	2.99794	-3.59075	-0.49710	-7.08580	-6.58869
GLCM angular 2 <sup>nd</sup> variance (80% based)	1.16789	-0.75830	0.09215	-2.04556	-0.72528	-1.92619	-1.07574	-3.21345	-1.89317	0.85045	-1.28726	0.03303	-2.13771	-0.81743	1.32029
Long axis SD	-15.00882	-11.42200	-9.14040	-9.36411	-18.49248	3.58670	5.86842	5.64471	-3.48366	2.28172	2.05802	-7.07035	-0.22371	-9.35210	-9.12837
IDG26 SD	5.00569	5.21000	12.26505	3.62544	26.15301	0.20430	7.25936	-1.38025	21.14733	7.05506	-1.58454	20.94303	-8.63961	13.88800	22.52757
IDG1 SD (80% based)	12.13854	7.70830	-0.27953	2.52418	-12.27263	-4.43026	-12.41807	-9.61436	-24.41117	-7.98781	-5.18410	-19.98091	2.80371	-11.99300	-14.79681
Contour line length 70% tile	-7.27578	-6.10100	-7.69497	-5.71138	-7.48826	1.17477	-0.41919	1.50441	-0.21248	-1.59396	0.32964	-1.38724	1.92360	0.20672	-1.71688
Roundness median	-0.32965	0.10934	-2.41092	-0.01602	-0.98204	0.43899	-2.08127	0.31363	-0.65239	-2.52027	-0.12536	-1.09139	2.39491	1.42890	-0.96602
Ellipsoidal ratio 30% tile	-1.36816	-3.71760	-0.19303	-1.40973	1.10127	-2.34946	1.17513	-0.04157	2.46943	3.52460	2.30790	4.81889	-1.21670	1.29430	2.51100
Long axis average (80% based)	-7.26713	0.49381	3.28564	4.99634	18.81654	7.76094	10.55277	12.26347	26.08367	2.79183	4.50253	18.32273	1.71070	15.53100	13.82020
IDG22 variance	2.77874	2.74860	2.95507	1.48810	-2.02308	0.17634	-1.29064	-4.80181	0.20651	0.16726	-1.26046	-4.77163	-1.46697	-4.97810	-3.51118
Nucleus arrayment level 50% tile	-0.53787	-0.25212	-0.08486	-0.50036	0.67438	0.28575	0.45301	0.03751	1.21225	0.16726	-0.24824	0.92650	-0.41550	0.75924	1.17474
Nucleus arrayment level 70% tile	0.56425	0.32856	0.13287	0.85142	-0.94208	-0.23569	-0.43138	0.28717	-1.50633	-0.19568	0.52286	-1.27063	0.71854	-1.07500	-1.79349
IDG11 mod (80% based)	0.87931	-0.08627	0.33103	0.32860	-0.54182	-0.96559	-0.54828	-0.55071	-1.42113	0.41731	0.41488	-0.45554	-0.00243	-0.87285	-0.87042
Nucleus arrayment level SD	-0.00599	-0.47191	0.21993	-0.09366	1.59594	-0.46593	0.22591	-0.08767	1.56552	0.69184	0.37825	2.03145	-0.31359	1.33960	1.65320
IDG15 SD	-0.56547	0.04998	-1.00986	-0.74221	-0.72104	0.61545	-0.44439	-0.17675	-0.15557	-1.05984	-0.79220	-0.77102	0.26765	0.28882	0.02118
GLCM angular 2 <sup>nd</sup> variance	6.08093	3.24780	0.42180	3.78794	4.31861	-2.83313	-5.65913	-2.29299	-1.76232	-2.82600	0.54013	1.07081	3.36614	3.89680	0.53068
GLSM angular 2 <sup>nd</sup> SD	-1.60532	-2.05200	-0.41323	-2.78629	-2.97491	-0.44668	1.19209	-1.18098	-1.36960	1.63877	-0.73430	-0.92292	-2.37306	-2.56170	-0.18862
Roundness average (80% based)	1.32855	4.42800	3.44396	2.55956	3.93802	3.09948	2.11542	1.23102	2.60948	-0.98406	-1.86846	-0.49000	-0.88440	0.49406	1.37846
GLCM contrast variance	-10.42569	-2.22840	5.38329	6.86778	7.35482	8.19725	15.80899	17.29347	17.78051	7.61174	9.09622	9.58327	1.48448	1.97150	0.48704
GLCM contrast variance (80% based)	2.48528	0.97243	-3.89470	-4.85080	-2.74092	-1.51285	-6.37998	-7.33607	-5.22619	-4.86713	-5.82322	-3.71334	-0.95610	1.15380	2.10988
GLCM contrast SD (80% based)	-1.76952	0.10490	3.66781	5.88013	3.18267	1.87442	5.43733	7.64965	4.95219	3.56291	5.77523	3.07777	2.21233	-0.48514	-2.69747
IDG13 SD (80% based)	1.01523	0.12061	0.96890	-0.08321	0.50770	-0.89462	-0.04633	-1.09843	-0.50753	0.84829	-0.20382	0.38709	-1.05211	-0.46120	0.59091
IDG17 average (80% based)	2.33720	0.11703	2.44958	0.65271	-2.59262	-2.22016	0.11239	-1.68449	-4.92981	2.33255	0.53567	-2.70965	-1.79687	-5.04220	-3.24532
IDG23 variance	-0.38115	-0.59816	-0.84980	-1.12236	2.76502	-0.21701	-0.46864	-0.74121	3.14617	-0.25164	-0.52420	3.36318	-0.27256	3.61480	3.88738
Area size average	-22.75324	-5.41310	-28.47442	-61.35417	-70.21588	17.34014	-5.72119	-38.60093	-47.46264	-23.06133	-55.94107	-64.80279	-32.87974	-41.74100	-8.86171
IDG24 SD (80% based)	-0.58727	0.22878	-0.31580	-1.07611	-2.91232	0.81605	0.27147	-0.48884	-2.32506	-0.54458	-1.30489	-3.14111	-0.76031	-2.59650	-1.83622

Contd...

**Supplementary Table 1: Contd...**

	0 versus 1	0 versus 2	0 versus 3	0 versus 4	0 versus 5	1 versus 2	1 versus 3	1 versus 4	1 versus 5	2 versus 3	2 versus 4	2 versus 5	3 versus 4	3 versus 5	4 versus 5
4.13728	2.95486	3.52221	3.88048	4.76612	4.1185	3.94527	4.26791	5.71601	3.33386	3.54664	4.91772	1.95562	4.32925	4.08723	
ISG1 average (80% based)	29.10597	10.73500	25.88919	51.54611	51.46470	-18.37071	-3.21677	22.44014	22.35873	15.15393	40.81084	40.72943	25.65691	25.57600	-0.08141
IDG5 10% tile	1.16214	1.20220	1.97845	2.75703	2.66372	0.04006	0.81630	1.59489	1.50158	0.77625	1.55483	1.46152	0.77859	0.68528	-0.09331
ISG22 average	10.02033	-19.15800	-17.05032	-11.99863	-11.94108	-29.17826	-27.07065	-22.01896	-21.96142	2.10761	7.15930	7.21684	5.05169	5.10920	0.05755
IDG2 30% tile	0.19910	2.17080	-0.39275	-0.35352	-0.49631	1.97171	-0.59184	-0.55262	-0.69541	-2.56355	-2.52433	-2.66712	0.03923	-0.10357	-0.14280
ISG4 90% tile	-0.77418	1.27180	-0.17212	0.50446	1.49731	2.04594	0.60206	1.27864	2.27148	-1.44388	-0.76729	0.22555	0.67658	1.66940	0.99284
IDG6 average	-2.87781	-4.76460	-1.22855	-5.44260	-4.77888	-1.88675	1.64926	-2.56479	-1.90107	3.53601	-0.67804	-0.01432	-4.21405	-3.55030	0.66372
GLCM angular 2 <sup>nd</sup> SD (80% based)	7.14720	3.53830	2.50893	5.58431	5.07808	-3.60888	-4.63826	-1.56289	-2.06912	-1.02939	2.04599	1.53976	3.07537	2.56920	-0.50622
ISG12 90% tile	1.10518	0.52241	0.52764	0.66042	1.46261	-0.58277	-0.57754	-0.44475	0.35743	0.00523	0.13802	0.94020	0.13279	0.93497	0.80219
ISG25 SD (80% based)	-0.22294	1.52700	1.22201	-1.55035	1.96462	1.74993	1.44495	-1.32741	2.18757	-0.30498	-3.07734	0.43764	-2.77236	0.74262	3.51498
Nuclear texture complexity median	-1.92996	-0.17814	-0.16591	-1.36916	-0.16574	1.75182	1.76405	0.56080	1.76422	0.01223	-1.19102	0.01240	-1.20325	0.00017	1.20342
IDG25 mod	-0.17905	0.09568	0.61251	0.48644	-0.04049	0.27473	0.79157	0.66549	0.13856	0.51683	0.39076	-0.13617	-0.12607	-0.65300	-0.52693

IDG: Integrated diffusion gradient, IDG1: Ratio of nucleus area size and rectangle box area (long x short axis), IDG2: Ratio of nucleus 3D volume to cuboid volume, IDG3-8: Total volume over 6 threshold intensity level, IDG9-14: Increased volume over each threshold intensity level, IDG15-20: Counts for each threshold intensity level cluster, IDG21-26: Image fractal dimensions for each threshold intensity level, GLCM: Gray level co-occurrence matrix, SD: Standard deviation

**Supplementary Table 2: Step-wise discriminant function (2 group-based) coefficient values**

	Normal			UDH			ADH			LG-DCIS			IM-DCIS			IG-DCIS			
	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	IM-DCIS	
Area size variance																			
Area size SD																			
Area size mod																			
Area size 10% tile																			
Area size 90% tile																			
Area size variance (80% based)																			
Area size SD (80% based)																			
Contour line length variance																			
Contour line length SD																			
Contour line length mod																			
Contour line length 30% tile																			
Contour line length variance (80% based)																			
Roundness variance																			
Roundness SD																			
Roundness median																			
Roundness mod																			
Roundness 10% tile																			
Roundness 30% tile																			
Roundness 70% tile																			

Contd...

Supplementary Table 2: Contd...

	Normal			UDH			ADH			IM-DCIS			LG-DCIS						
	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	IM-DCIS	LG-DCIS
Roundness average (80% based)	2.46756																		
Roundness variance (80% based)																			
Roundness SD (80% based)																			
Roundness mod (80% based)																			
Long axis variance																			
Long axis SD																			
Long axis 90% tile																			
Long axis average (80% based)	6.88350																		
Long axis variance (80% tile)																			
Long axis mod (80% based)																			
Short axis SD																			
Short axis median																			
Short axis mod																			
Short axis 90% tile																			
Short axis variance (80% based)																			
Short axis SD (80% based)																			
Ellipsoidal ratio variance																			
Ellipsoidal ratio SD																			
Ellipsoidal ratio median																			
Ellipsoidal ratio mod																			
Ellipsoidal ratio 10%																			
Ellipsoidal ratio 70%																			
Ellipsoidal ratio 90%																			
Ellipsoidal ratio SD (80% based)																			
Contour line complexity average																			
Contour line complexity variance																			
Contour line complexity SD																			
Contour line complexity mod																			
Contour line complexity 10% tile																			
Contour line complexity 70% tile																			
Contour line complexity variance (80% based)																			
Contour line complexity mod (80% based)																			
GLCM angular 2 <sup>nd</sup> variance																			
GLCM angular 2 <sup>nd</sup> SD																			
GLCM angular 2 <sup>nd</sup> mod																			
GLCM angular 2 <sup>nd</sup> 10% tile																			
GLCM angular 2 <sup>nd</sup> 30% tile																			

Contd...





Supplementary Table 2: Contd...

	Normal			UDH			ADH			IM-DCIS			LG-DCIS						
	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	IM-DCIS	LG-DCIS
IDG2 variance			-3.37270																
IDG2 SD		-1.45998																	
IDG2 median	-5.15220																		
IDG2 mod																			
IDG2 10% tile																			
IDG2 30% tile																			
IDG2 70% tile																			
IDG2 variance (80% based)																			
ISG2 SD (80% based)																			
IDG2 mod (80% based)																			
IDG4 variance																			
IDG4 mod																			
IDG4 10% tile																			
IDG4 average (80% tile)																			
IDG4 variance (80% based)																			
IDG4 mod (80% based)																			
IDG5 mod																			
IDG5 70% tile																			
IDG5 variance (80% based)																			
ISG5 SD (80% based)																			
IDG6 10% tile																			
IDG7 median																			
IDG7 30% tile																			
IDG7 variance (80% based)																			
IDG11 median																			
IDG11 mod																			
IDG11 10% tile																			
IDG11 70% tile																			
IDG11 mod (80% based)																			
IDG12 median																			
IDG12 10% tile																			
IDG12 average (80% based)																			
IDG12 variance (80% based)																			
IDG12 SD (80% based)																			
IDG13 variance																			
IDG13 mod																			
IDG13 10% tile																			
IDG13 30% tile																			
IDG13 90% tile																			
IDG13 average (80% based)																			
IDG13 variance (80% based)																			

Contd...

Supplementary Table 2: Contd...

	Normal			UDH			ADH			IM-DCIS			LG-DCIS						
	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	IM-DCIS	LG-DCIS
IDG13 SD (80% based)	-0.54989																		
IDG14 30% tile							-6.48350												
IDG14 90% tile			2.48490																
IDG14 variance (80% based)																			
IDG14 mod (80% based)			1.03274																
IDG15 SD																			
IDG15 SD (80% based)																			
IDG16 median																			
IDG16 70% tile																			
IDG16 average (80% based)																			
IDG16 SD (80% based)																			
IDG17 average																			
IDG17 SD																			
IDG17 90% tile																			
IDG17 average (80% based)																			
ISG18 SD																			
IDG18 SD (80% based)																			
IDG19 SD																			
IDG19 90% tile																			
IDG20 SD																			
IDG21 variance																			
IDG21 SD																			
IDG21 70% tile	6.10210																		
IDG21 90% tile	-7.90870																		
IDG21 average (80% based)																			
IDG22 variance																			
IDG22 10% tile																			
IDG22 30% tile																			
IDG22 70% tile																			
IDG22 variance (80% based)																			
IDG23 variance																			
IDG23 SD																			
IDG23 mod																			
IDG23 variance (80% based)																			
IDG24 variance																			
IDG24 mod																			
IDG24 10% tile																			
IDG24 90% tile																			
IDG24 mod (80% based)																			
IDG25 variance																			

Contd...

Supplementary Table 2: Contd...

	Normal			UDH			ADH			IM-DCIS			LG-DCIS		
	UDH	ADH	LG-DCIS	IM-DCIS	LG-DCIS	ADH	UDH	IM-DCIS	LG-DCIS	ADH	IM-DCIS	LG-DCIS	ADH	IM-DCIS	LG-DCIS
IDG25 SD			9.09701												
IDG25 variance (80% based)															3.76646
IDG26 variance															-12.96831
IDG26 median	-6.90840														-12.28467
IDG26 mod				1.27243											
IDG26 30% tile															
IDG26 70% tile				-3.39182											
IDG26 90% tile		5.95983													
IDG26 variance (80% based)					-4.00060										
IDG26 SD (80% based)															
IDG26 mod (80% based)							1.47740								
Nuclear texture complexity variance											15.83050				
Nuclear texture complexity SD		1.4804									-23.01030				
Nuclear texture complexity median															
Nuclear texture complexity variance (80% based)															
Nuclear texture complexity SD (80% based)	4.60160		6.52672	9.33385											

UDH: Usual ductal hyperplasia, ADH: Atypical ductal hyperplasia, LG-DCIS: Low-grade ductal carcinoma in situ, IM-DCIS: Intermediate-grade ductal carcinoma in situ, IDG: Integrated diffusion gradient, IDG1: Ratio of nucleus area size and rectangle box area (long x short axis), IDG2: Ratio of nucleus 3D volume to cuboid volume, IDG3-8: Total volume over 6 threshold intensity levels, IDG9-14: Increased volume over each threshold intensity level, IDG15-20: Counts for each threshold intensity level cluster, IDG21-26: Image fractal dimensions for each threshold intensity level, GLCM: Gray level co-occurrence matrix, SD: Standard deviation