Supplementary material to article by N. Neittaanmäki-Perttu, et al. "Delineating Margins of Lentigo Maligna Using a Hyperspectral Imaging System"

Appendix S1

Detailed description of the hypespectral imager and data analysis

The principle of the hyperspectral imager (500–850 nm) is based on multiple orders of the Fabry-Perot Interferometer (FPI) that are used to match the different sensitivities of the image sensor channels (10). When the FPI's air gap range is selected correctly, there will be one to 3 spectral transmission peaks, which are recorded with a normal RGB colour image sensor. The detector utilised in this study is a CMOS RGB image sensor MT009V022. After capturing the image, the spectral information can be retrieved from the Bayer colour filter pattern of RGB sensors. Hyperspectral imager is calibrated using an integrating sphere (11).

The holder had a tube to remove the diffuse background illumination of surrounding light and to standardise the distance between the skin and lens and thus the spatial resolution. The light source used (Dolan-Jenner DC950H without infrared filter) consisted of visible and infrared light. To achieve homogeneous illumination for the whole imaging area a diffusing film was placed in front of the ring light. The imaging system was optimised for flat surfaces. The imaging system's holder had changeable tubes with variable diameters for round surfaces like the nose and ears in order to keep the imaged skin surface flat.

The miniaturised hyperspectral imager was based on a piezoactualised Fabry-Perot interferometer (FPI), which enabled the capture of an entire spectral frame quickly by changing wavebands. Each spectral layer was captured within 100 ms resulting in a few seconds imaging time for the whole spectral cube. Spatially 1 mm represented 8 pixels in the image. The captured spatial area (field of view) was approximately 12 cm². The diffused ring light produced homogenous spatial illumination of the target.

To reduce noise the sensor level dark current response was subtracted from the image. The data was converted to reflectance values using white reference X-Rite M50103 Color-Checker. Basically, this means that if X_i is recorded spectra then reflectance is $R_i = (X_i - B_i)/(W_i - B_i)$, where W_i and B_i are spatially corresponding spectra from black current and white reference. This was done for all the spectra in hyperspectral images.

The reflectance data was processed with vertex component analysis (VCA) to detect end-members (i.e. pure pixels) from the spectral data (12). VCA is based on a linear mixture model, which assumes that spectra are linearly mixed. We used VCA iteratively, so that the algorithm was run a couple of times to determine an accurate number of endmembers in the data. We used the filter vector algorithm (FVA) (13), because of its low computational cost and because the results did not significantly diverge from the non-negative least square inversion (14). As a result we obtained abundance images representing determined end-members (5-8 per patient). These abundance maps representing the diffuse reflectance of the lentigo maligna (LM) and surrounding skin were used to delineate the lesions borders. Fig. S1¹ represents the typical endmembers determined for healthy skin and LM. Fig. S21 represents the comparison between the clinical situation, hyperspectral abundance map and histology.