

AI application in Cancer Diagnostics

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Cancer

More screening
Detection of early tumors

minimally invasive
treatment

cure
with better QoL

Precision
Medicine

more effective targeted- &
immunotherapy

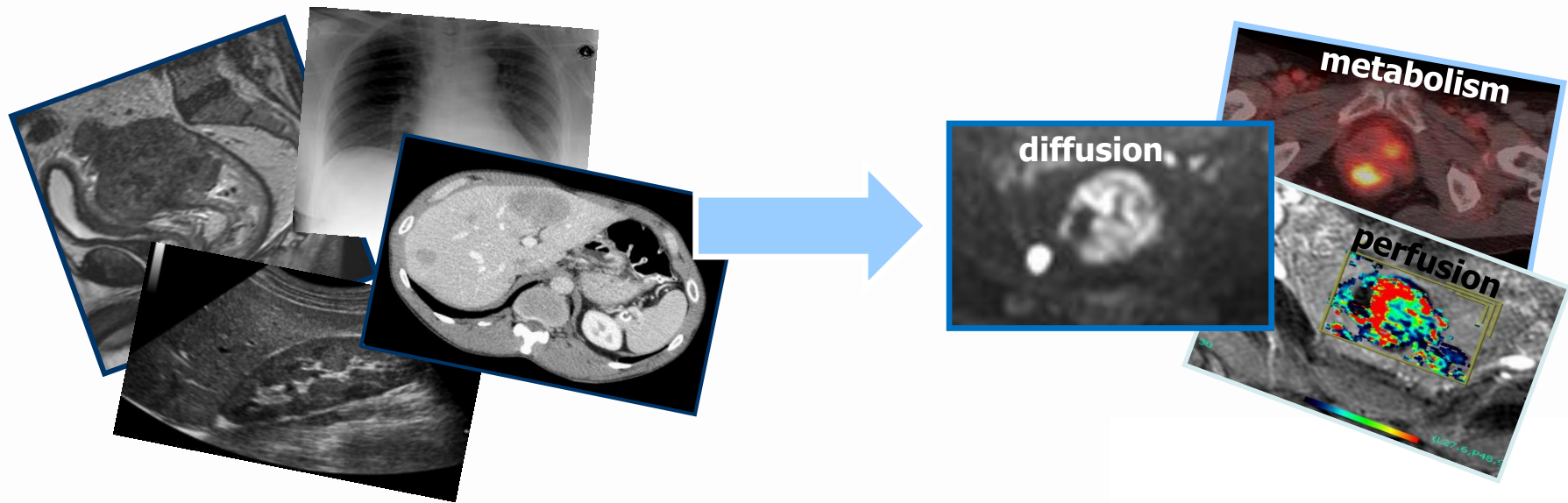
prolonged
survival

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Cancer Imaging

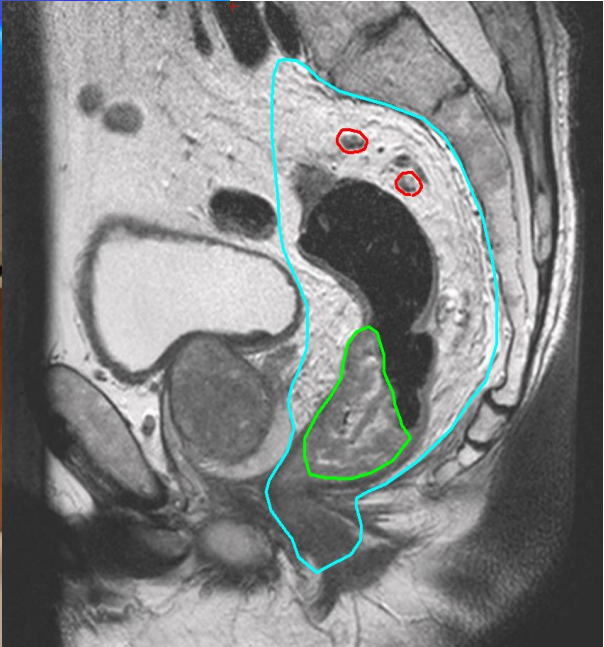


Imaging Morphology & Biology

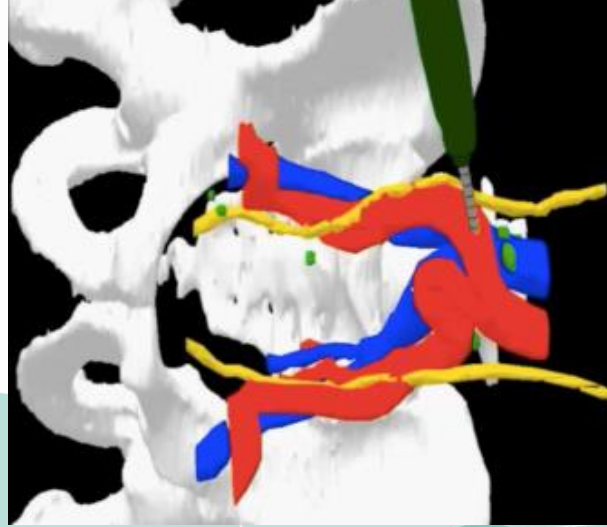
Trend towards use of imaging in treatment minimally invasive treatment....

- Image guided Radiotherapy
- Image guided Surgery
- Interventional Radiology

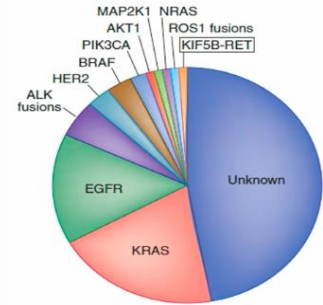
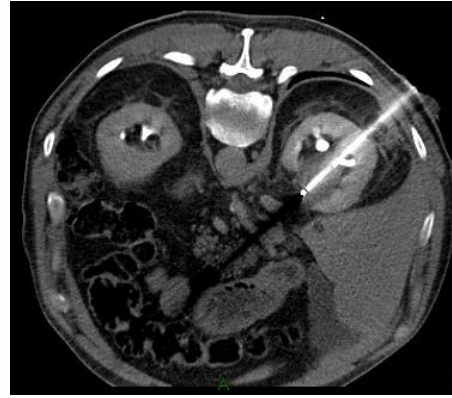
MR guided Radiotherapy



Navigation Surgery

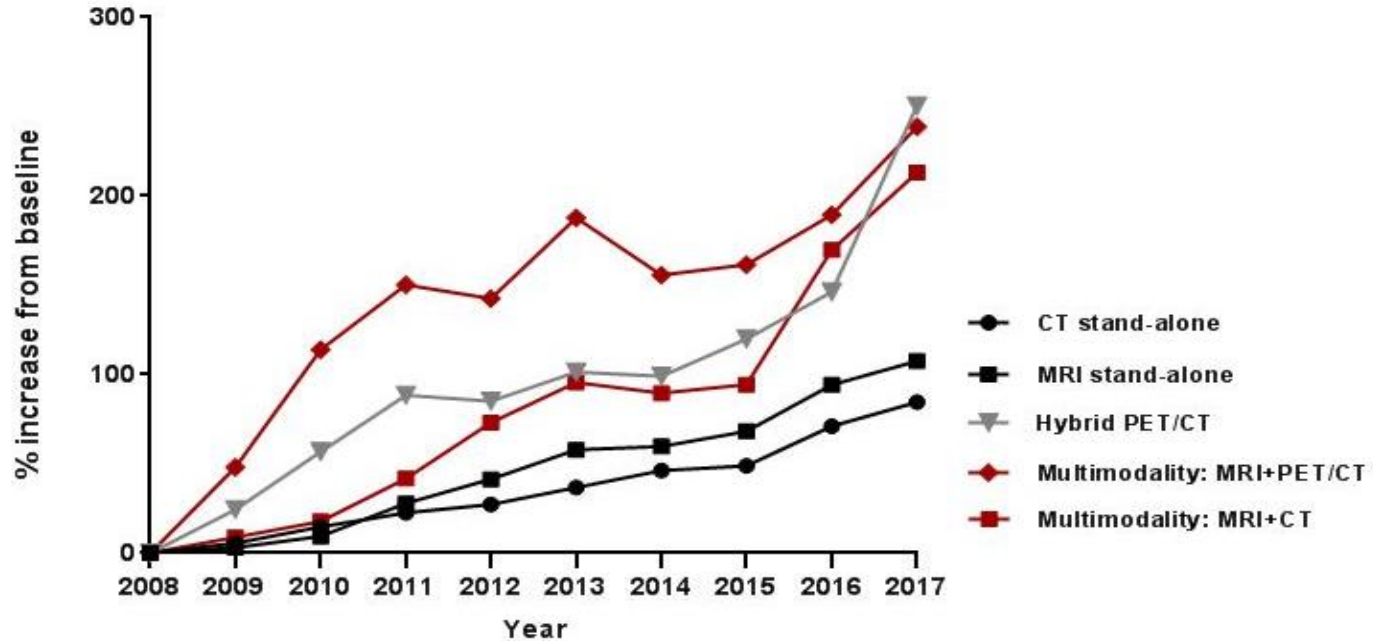


Interventional Oncology – Biopsy & Treat tumors

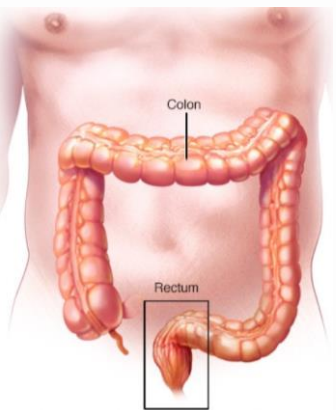


Hybrid Interventional CT- Angiography Suite at the OR

Increasing use of imaging in Cancer Care

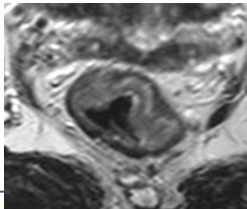


increasing use of imaging
does it impact treatment outcome?



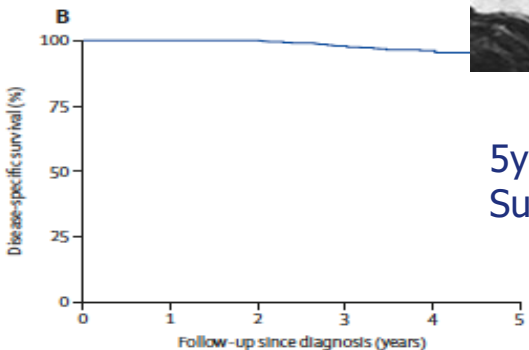
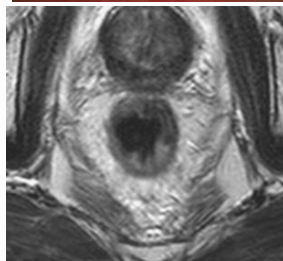
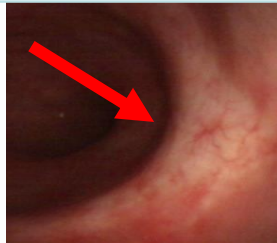
Organ preservation Watch & Wait

Loc Advanced Rectal cancer

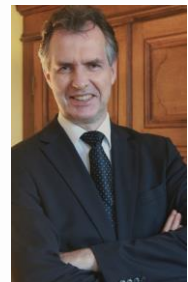


Chemoradiotherapy

Complete response



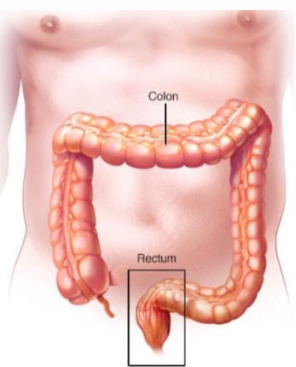
5yr Disease spec
Survival 94%



Beets et al
The Lancet 2018



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Organ preservation Cure with better Quality of Life

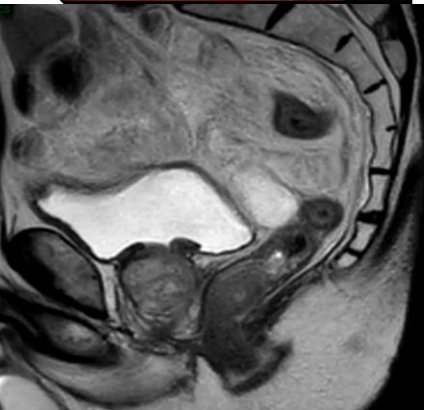
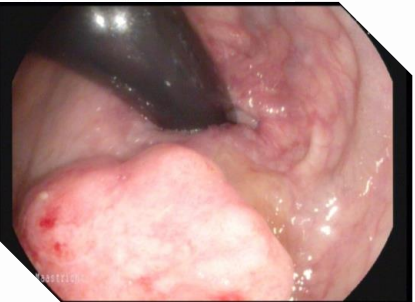
High demand from patients

Predict response

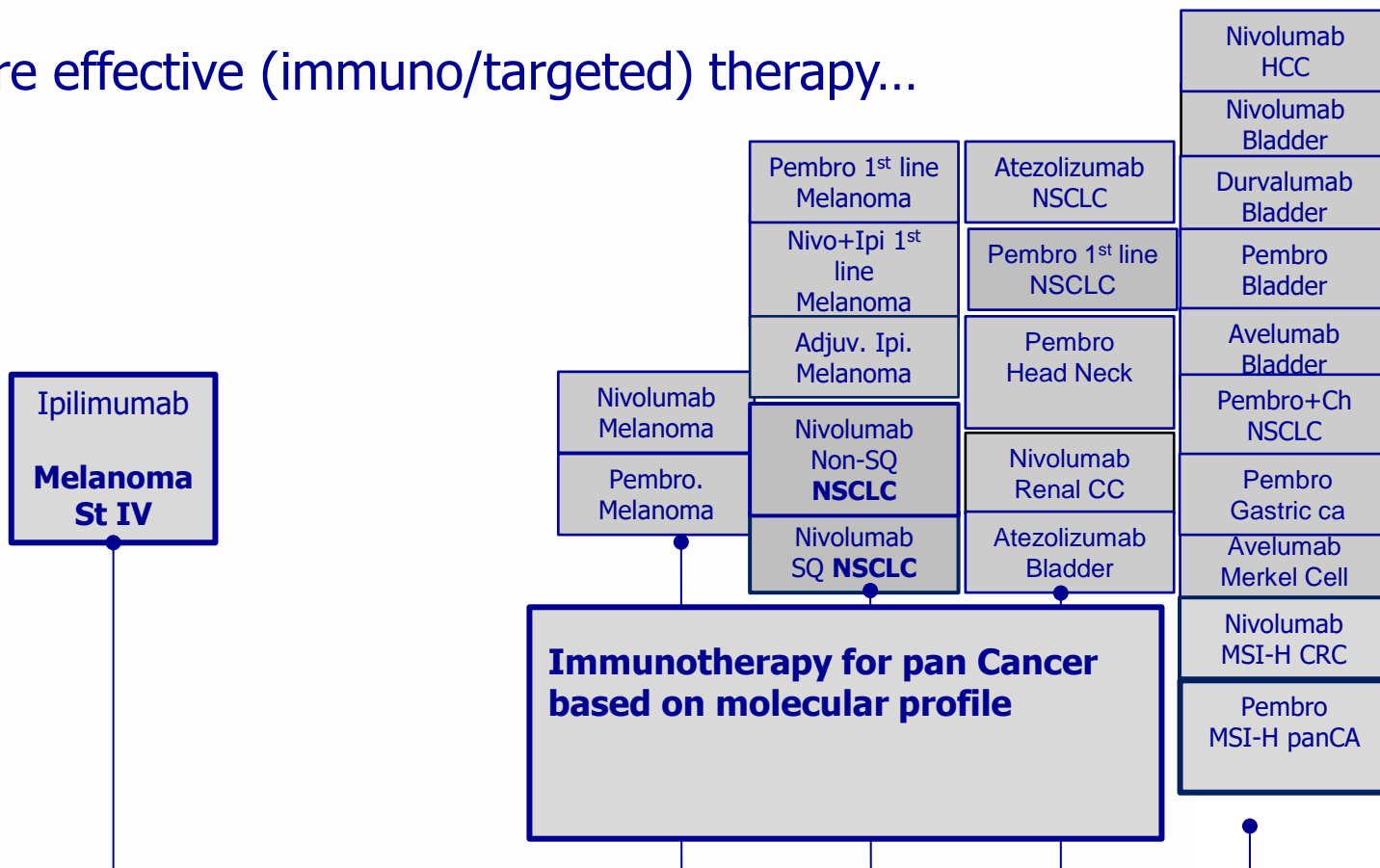
70% chance complete response -> CRT → cCR -> W&W

15% chance complete response -> Surgery

no single reliable predictive factor !



More effective (immuno/targeted) therapy...



Further increase costs cancer care incl diagnostics (imaging,tissue,genomics)

AI.....?

AI reads Chest X-ray



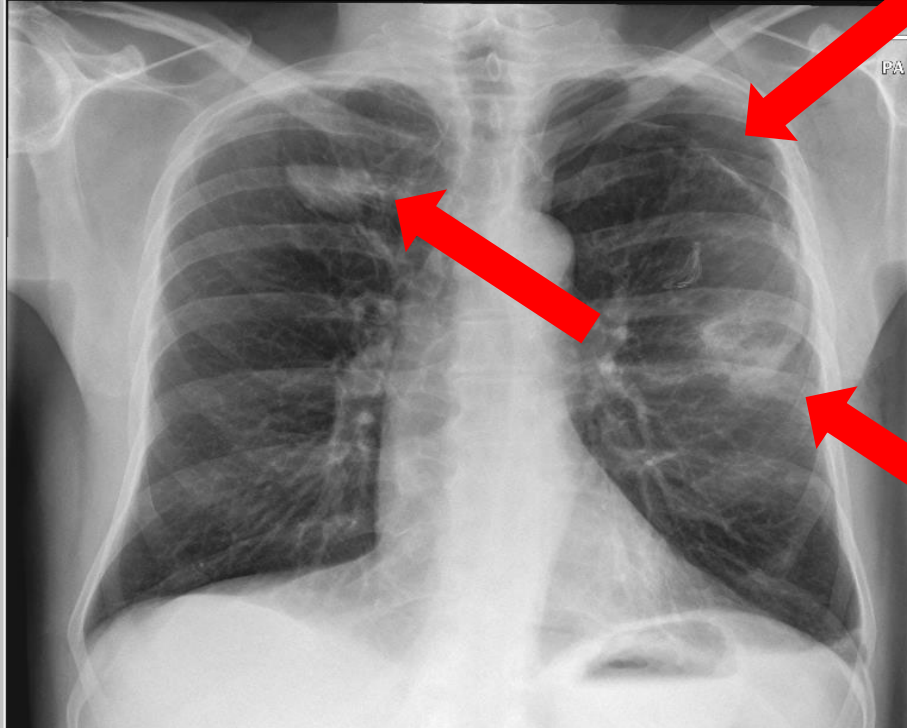
Nieuwe afbeelding analyseren

Bevindingen

- › Volumeverlies in het linker middenveld. Onscherp begrensde vlekkelijke verdichting in het linker middenveld.
- › Goed afgrensbare ovale/ronde massa in het rechter bovenveld.
- › Lucht aan de linker zijde met compressie van het onderliggende longparenchym.
- › Bilateraal pleuravocht met sluiering van beide sinus pleurae.
- › Corgrootte binnen de norm.
- › Slink mediastinum.

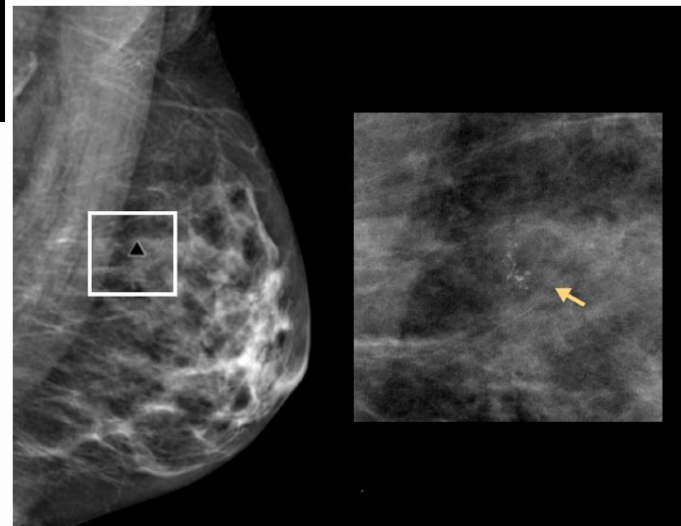
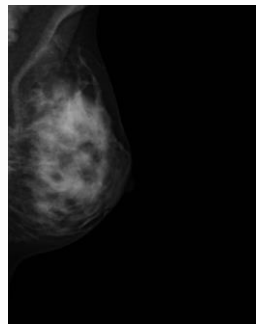
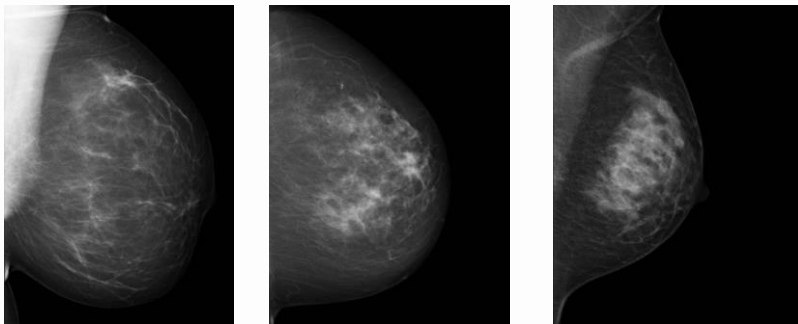
Conclusie

- › Consolidatie linker middenveld.
- › Massa in het rechter bovenveld.
- › Pneumothorax links.
- › Bilateraal pleuravocht.

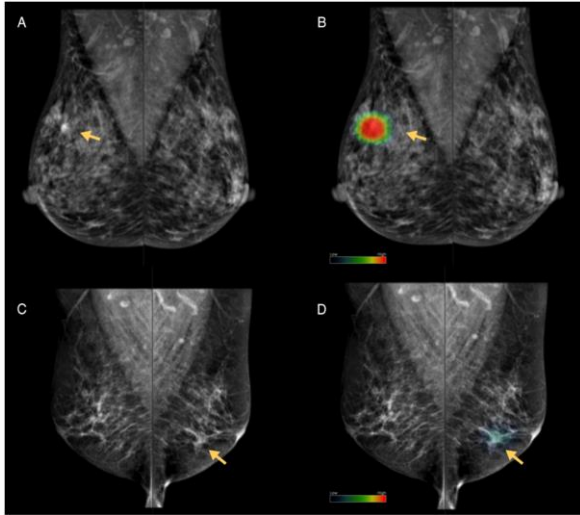


Breast Cancer Screening

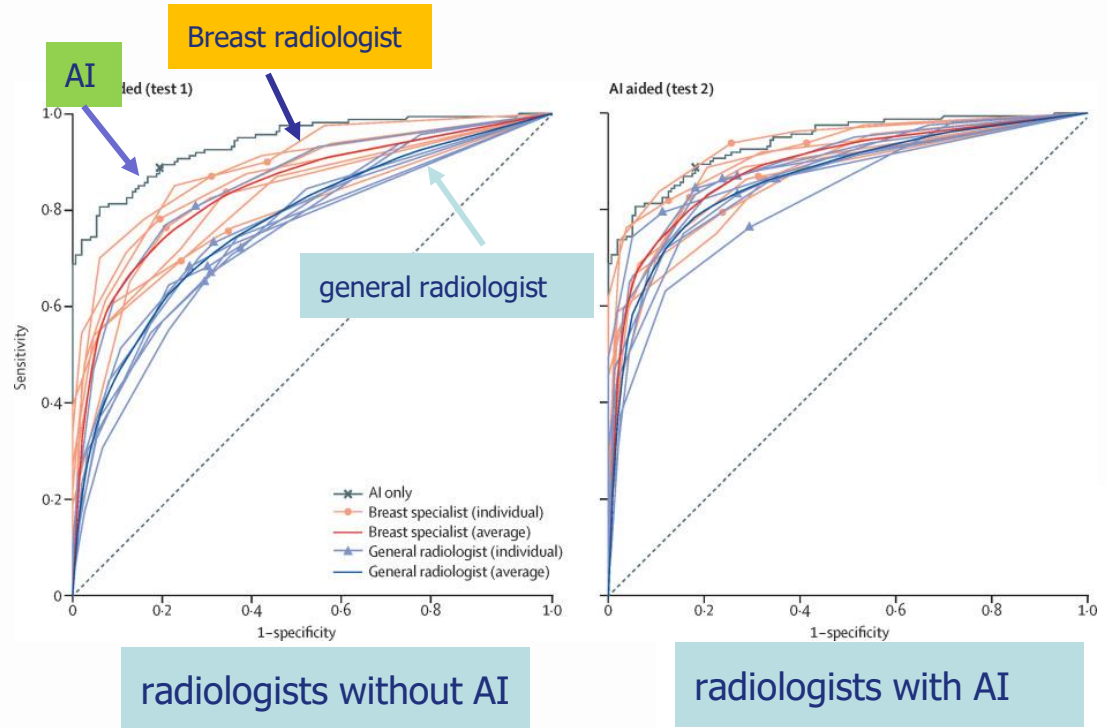
2 breast specialised radiologists
hundreds of images per day
repetitive tasks



AI improves performance of non-expert radiologists



Kim et al 2020, Lancet Dig. Health



End-to-end lung cancer screening with three-dimensional deep learning on low-dose chest computed tomography

A team of researchers at Google is planning to use deep learning to look for signs of lung cancer in people. So far, the AI has detected malignancies in CT scans of patients, with an accuracy of 94.4 percent. (Gerd Altmann | Pixabay)

that would otherwise be too difficult or too time-consuming for human doctors to detect.



In a study featured in the journal *Nature Medicine*, researchers trained a deep learning program to detect the malignancy with a success rate of 94.4 percent.

While Google AI is still considered a work in progress, it offers a brief glimpse of what the technology holds for the future of medicine.

Diagnosing Illnesses Using Deep Learning

By feeding AI programs with large amounts of data, the technology can be trained to identify different medical conditions

AI and Radiologists

- AI recognizes patterns and continuously learns to get better
- The Radiologist's value is not defined by pattern recognition but by clinical relevance
- AI will assist Radiologists & free his time to take on a more clinical role

European Society of Radiology (ESR)
Insights into Imaging (2022) 13:100
<https://doi.org/10.1186/s13244-022-01241-4>

Insights into Imaging

STATEMENT

Open Access

The role of radiologist in the changing world of healthcare: a White Paper of the European Society of Radiology (ESR)

European Society of Radiology (ESR)*



AI as Radiologist's companion in clinical practice



AI for efficient workflow

The screenshot shows a medical software interface with a patient list table and a CT scan image. The table lists patient information and AI detection results for pulmonary embolism. The CT scan image shows a cross-section of the chest with a red area indicating a pulmonary embolism.

nr	voornaam	achternaam	afdeling	status	diagnose	AI	score	rank	
25-1201	Meekamp	Konink	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	11	1448	
25-1202	Abdoen	gijzenrooye	O.K.	Pulmonary Embolism	AI	9	1448	1448	
25-1203	Abdoen	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1205	1205	
25-1204	Thoran	Longe geneeskunde	O.K.	Pulmonary Embolism	AI	8	1185	1185	
25-1205	Abdoen	Patiëntenzorg	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1063	1063
25-1206	Thoran	Patiëntenzorg	Urologie	O.K.	Pulmonary Embolism	AI	8	1438	1438
25-1207	Thoran	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1683	1683
25-1208	Meekamp	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1295	1295
25-1209	Abdoen	Patiëntenzorg	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1475	1475
25-1210	Abdoen	Patiëntenzorg	Urologie	O.K.	Pulmonary Embolism	AI	8	1489	1489
25-1211	Abdoen	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1482	1482
25-1212	Neurologie	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1541	1541
25-1213	Abdoen	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1688	1688
25-1214	Abdoen	Patiëntenzorg	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1218	1218
25-1215	Thoran	Patiëntenzorg	Longe geneeskunde	O.K.	Pulmonary Embolism	AI	8	891	891
25-1216	Thoran	Patiëntenzorg	Radiotherapie	O.K.	Pulmonary Embolism	AI	7	1221	1221
25-1217	Abdoen	Patiëntenzorg	Longe geneeskunde	O.K.	Pulmonary Embolism	AI	7	791	791
25-1218	Abdoen	Patiëntenzorg	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1475	1475
25-1219	Abdoen	Patiëntenzorg	Chirurgie	O.K.	Pulmonary Embolism	AI	8	1308	1308
25-1220	Meekamp	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1618	1618
25-1221	Abdoen	Patiëntenzorg	Urologie	O.K.	Pulmonary Embolism	AI	8	1819	1819
25-1222	Abdoen	Patiëntenzorg	Interne geneeskunde	O.K.	Pulmonary Embolism	AI	8	1193	1193
25-1223	CT	CT Thorax-Abdomen	V	Abdoen	Patiëntenzorg	Urologie	9	1089	1089
25-1224	CT	CT Thorax-Abdomen	V	Thoran	Patiëntenzorg	Interne geneeskunde	8	1342	1342
25-1225	CT	CT Thorax	V	Thoran	Patiëntenzorg	Longe geneeskunde	8	1387	1387
25-1226	CT	CT Thorax-Abdomen-NEP	M	Thoran	Patiëntenzorg	Longe geneeskunde	8	824	824
25-1227	CT	CT Thorax-Abdomen	M	Abdoen	Konink	Chirurgie	8	1223	1223
25-1228	CT	CT Thorax-Abdomen-3D scan	V	Thoran	Patiëntenzorg	Urologie	8	1634	1634
25-1229	CT	CT Thorax-Abdomen	M	Abdoen	Patiëntenzorg	Longe geneeskunde	8	1634	1634
25-1230	CT	CT Thorax-Abdomen-3D scan	V	Interventie	Patiëntenzorg	Longe geneeskunde	8	1861	1861
25-1231	CT	CT Thorax-Abdomen-NEP	M	Abdoen	Patiëntenzorg	Longe geneeskunde	12	2311	2311
25-1232	CT	CT Hals Thorax	V	Neurologie	Patiëntenzorg	Radiotherapie	8	1125	1125
25-1233	CT	CT Thorax-Abdomen	V	Abdoen	Patiëntenzorg	Interne geneeskunde	8	1773	1773
25-1234	CT	CT Hals Thorax-Abdomen	V	Meninge	Patiëntenzorg	Interne geneeskunde	8	1608	1608
25-1235	CT	CT Thorax-Abdomen	M	Meninge	Patiëntenzorg	Interne geneeskunde	8	1218	1218

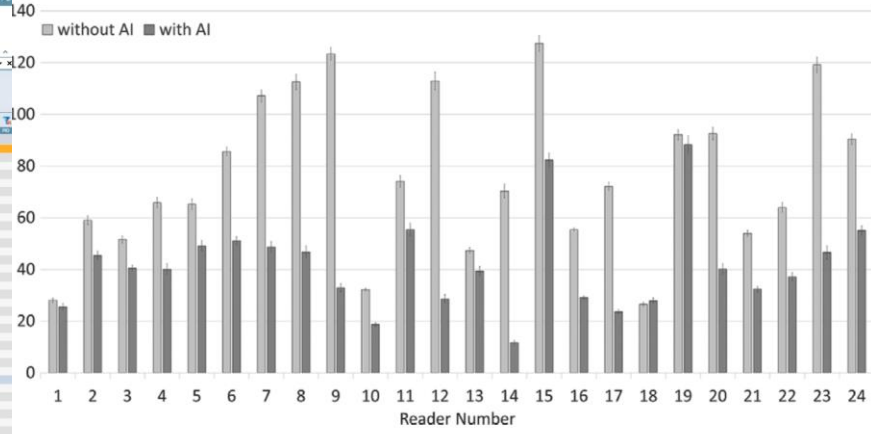


Figure 3: Bar graph shows average reading times for each reader without and with artificial intelligence (AI).

- ✓ AI prioritise complex cases to be evaluated by radiologists
- ✓ AI will free Radiologist's time
 - ✓ to become a true sparring partner in the multidisciplinary team

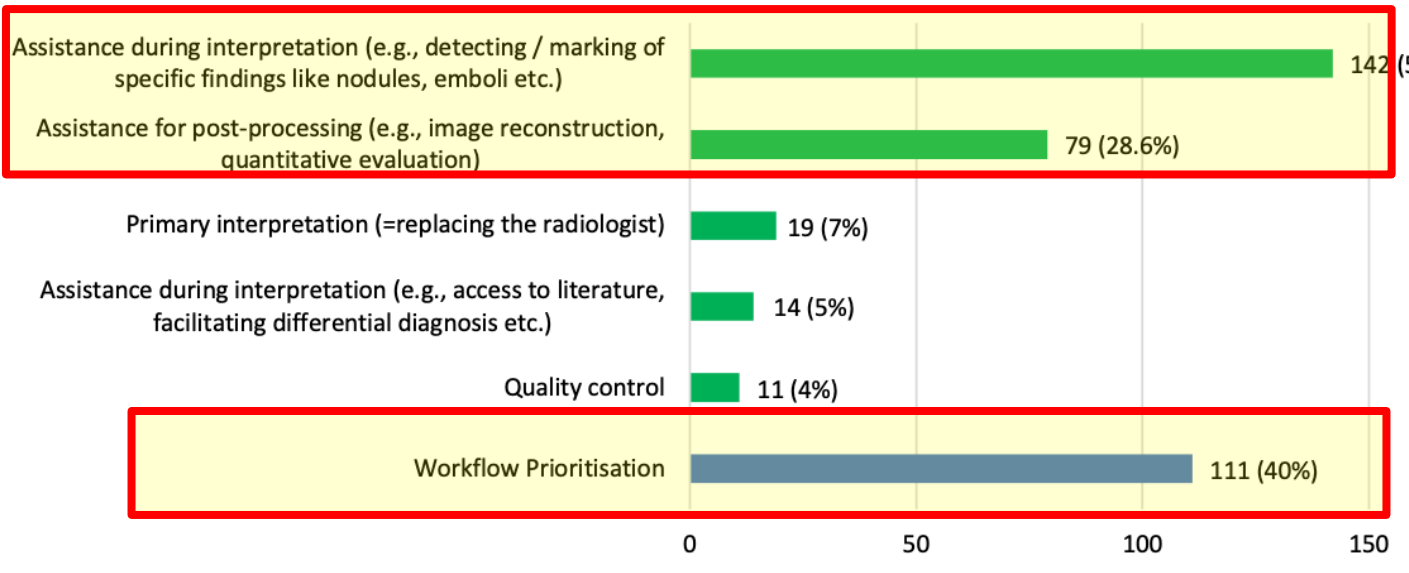
ESR survey - AI in clinical radiology



690 radiologists **using AI in their practice**

229 institutions, 0.52 academic, 0.37 regional, 0.11 private

Country	Number of respondents per country	Percentage of radiologists with practical clinical experience in AI per country
Italy	71	32%
Spain	64	30%
United Kingdom	60	38%
Germany	50	46%
Netherlands	50	70%
Sweden	33	100%
Denmark	27	56%
Turkey	27	11%
Norway	26	46%
Switzerland	27	54%
France	25	48%
Belgium	23	57%
Austria	21	57%
Greece	21	24%
Cyprus	17	22%
Romania	16	25%
Ukraine	13	23%
Croatia	11	36%
Russian Fed.	11	36%
Bulgaria	10	0%
Poland	10	40%
Finland	7	57%
Hungary	7	43%
Serbia	7	14%
Slovenia	7	43%
Slovakia	6	83%
Ireland	5	40%
Lithuania	5	40%
Bos. & Herzegovina	4	0%
Czech Republic	4	75%
Israel	4	50%
Latvia	4	0%
Armenia	3	0%
Albania	2	0%
Azerbaijan	2	0%
Belarus	2	0%
Estonia	2	100%
Georgia	2	0%
Kazakhstan	2	0%
Luxembourg	2	50%
Cyprus	1	0%
Iceland	1	0%
Kosovo	1	100%
Uzbekistan	1	0%



AI in clinical radiology – ESR survey

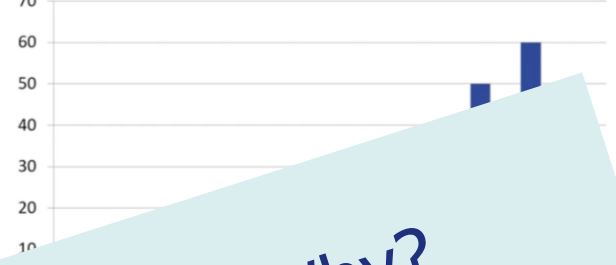


- AI software reliable & no problems with technical integration
- Is AI helpful to reduce the workload for medical staff :

Answer	Number of respondents	(%)
Not at all helpful	16	14.4 %
Moderately helpful	69	62.2 %
Very helpful	26	23.4 %
TOTAL	111	100%

- Radiology - Digital T...
- Expon...

Yet no wide adoption in clinical practice → Why?



digital images

each year



Challenges

- Need for large scale external validation, using multicenter curated data
- Need for standardization of diagnostic protocols/quality across Europe
- ethico-legal issues
 - cross-border research collaboration still have hurdles
 - laws too complex for researchers
 - GDPR interpretation varies across MS
 - **AI related legislation**

Challenges

- **AI related legislation**
- Dedicated pathway for AI software licensing
 - AI software still considered as medical device
 - FDA 2021: 343 medical devices - 241 relating to AI*
 - standards for risk assessments of AI products
- transparency – make AI software publicly available
- code of conduct for public - private partnerships

Challenges

- **Build trust** and ensure patients that it is safe to share their data
- Medico legal → Who will be **responsible** for the diagnosis?
- Establish **accredited AI training programs** for medical professionals

If radiologists do not understand how AI led to diagnosis

how can physicians and patients trust radiologist's diagnosis?

- **Culture change** of medical community
- Research on Human-AI interaction

Caution for overreliance on machine generated results

ignoring conflicting human decision

EU Research Opportunities

Europe's Beating Cancer Plan

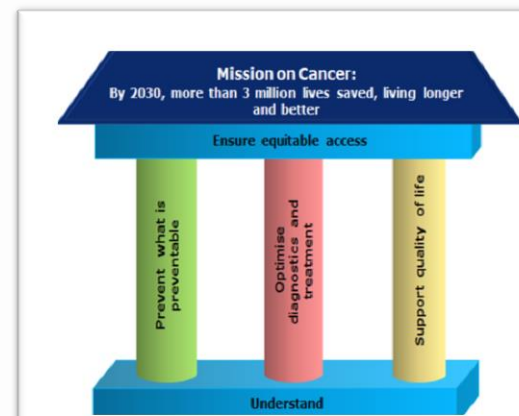
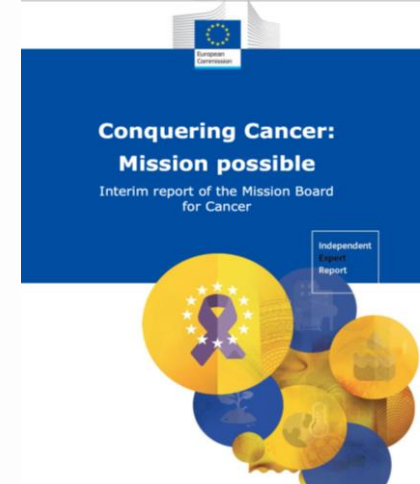
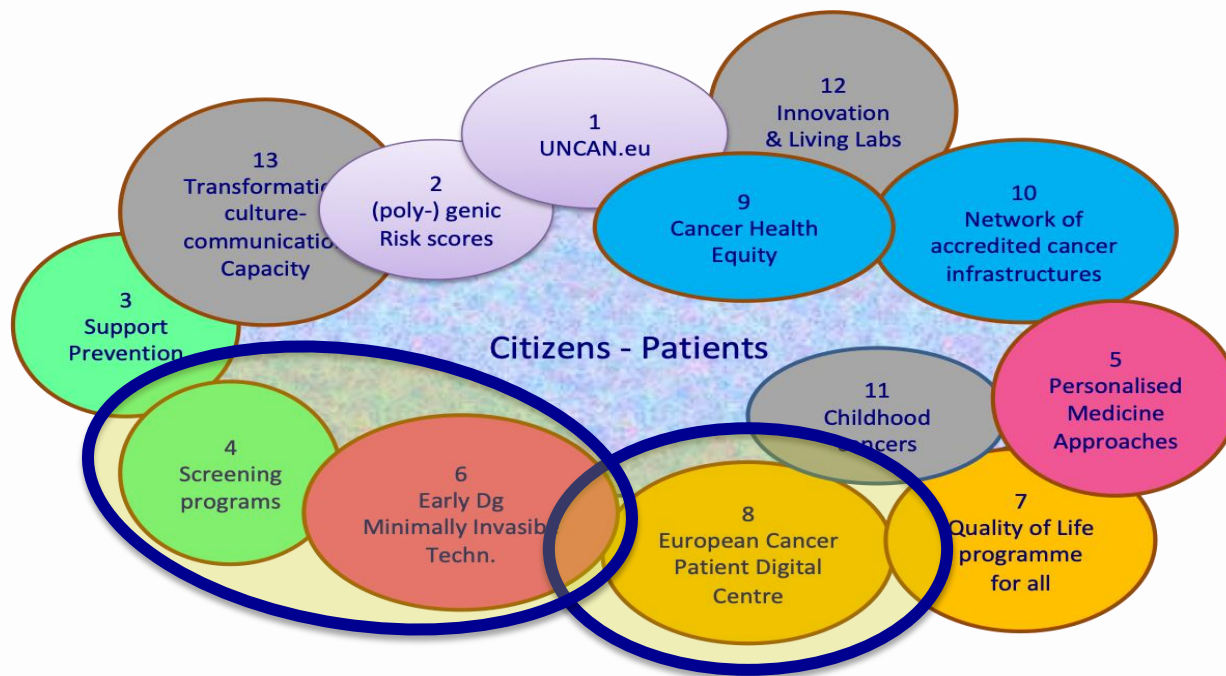
Flagship 2: European Cancer Imaging Initiative to develop an **EU atlas of cancer-related images... accessible to a wide range of stakeholders**will further improve personalised medicine and support innovative solutions, thanks to greater accuracy and reliability in minimally-invasive diagnostics and follow-up of treatments

Digital Europe

2022 Call to establish a **pan-European digital infrastructure facilitating access to cancer images & link with other data (genomics, tissue molecular, clinical)**....contributes to the Europe's Beating Cancer Plan and Cancer Missions under Horizon Europe...



EU Cancer Missions




Which measures can be taken at EU level ?


- 4 Optimise existing **screening programmes** and develop novel approaches for screening and early detection
- 5 Advance and implement **personalised medicine approaches** for all cancer patients in Europe
- 6 Develop an EU-wide research programme on **early diagnostic** and **minimally invasive treatment/ technologies**
- 7 Develop an EU-wide **research programme and policy support to improve the quality of life** of cancer patients and survivors, family members and carers, and all persons with an increased risk of cancer

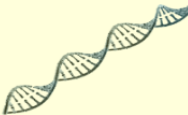


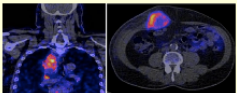
Accelerate the implementation of multi-modal diagnostic methods for better guidance and treatments (drugs, surgery, radiotherapy, other) by establishing an ambitious academic clinical trial programme. They should involve clinical trials of existing diagnostic techniques, including imaging and most demonstrated clinical utility. They may also involve trials validating AI powered integrated diagnostic methods (Integrating biomarkers of imaging, tissue, genetic, fluids, clinics).

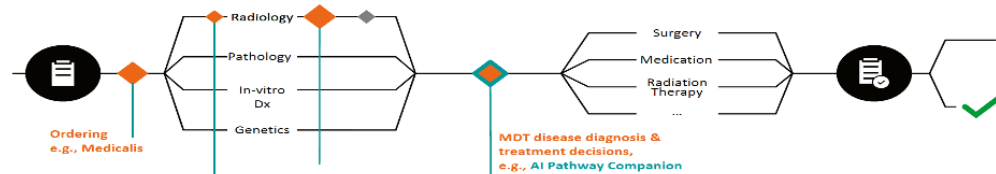
Multidisciplinary approach

 **Tissue biopsy**

 **Liquid biopsy**







Integration of biomarkers

accurate AI prediction models of outcome



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EU Cancer Missions



8

Create a **European Cancer Patient Digital Centre** where cancer patients and survivors can deposit and share their data for personalised care

This recommendation involves the creation of a European Cancer Patient Digital Centre (ECPDC), i.e. a virtual network of patient-controlled (national) health data infrastructures, in which cancer patients and survivors can deposit their health data provided by their medical care providers (e.g. imaging, genetics, blood markers, clinical and lifestyle data) in a standardised, ethical and interoperable manner. The repository would include a summary of treatments and integrate patient-reported outcomes useful for the cancer patient own use and everyday life data provided by patients and survivors themselves.

Health
passport

“All too many observations lie isolated and forgotten on personal hard drives and CDs, trapped by technical, legal and cultural barriers” — Nature, September 2009

‘Creating a data center where patients will have control of their own data, where data will not only be for the use of researchers but for multi stakeholders and patients is actually the next step we need to take to help realise the full potential of Real World Evidence and the step that can make the difference in outcome of cancer treatment’

Regina Beets-Tan

EUROPEAN CONGRESS OF RADIOLOGY

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