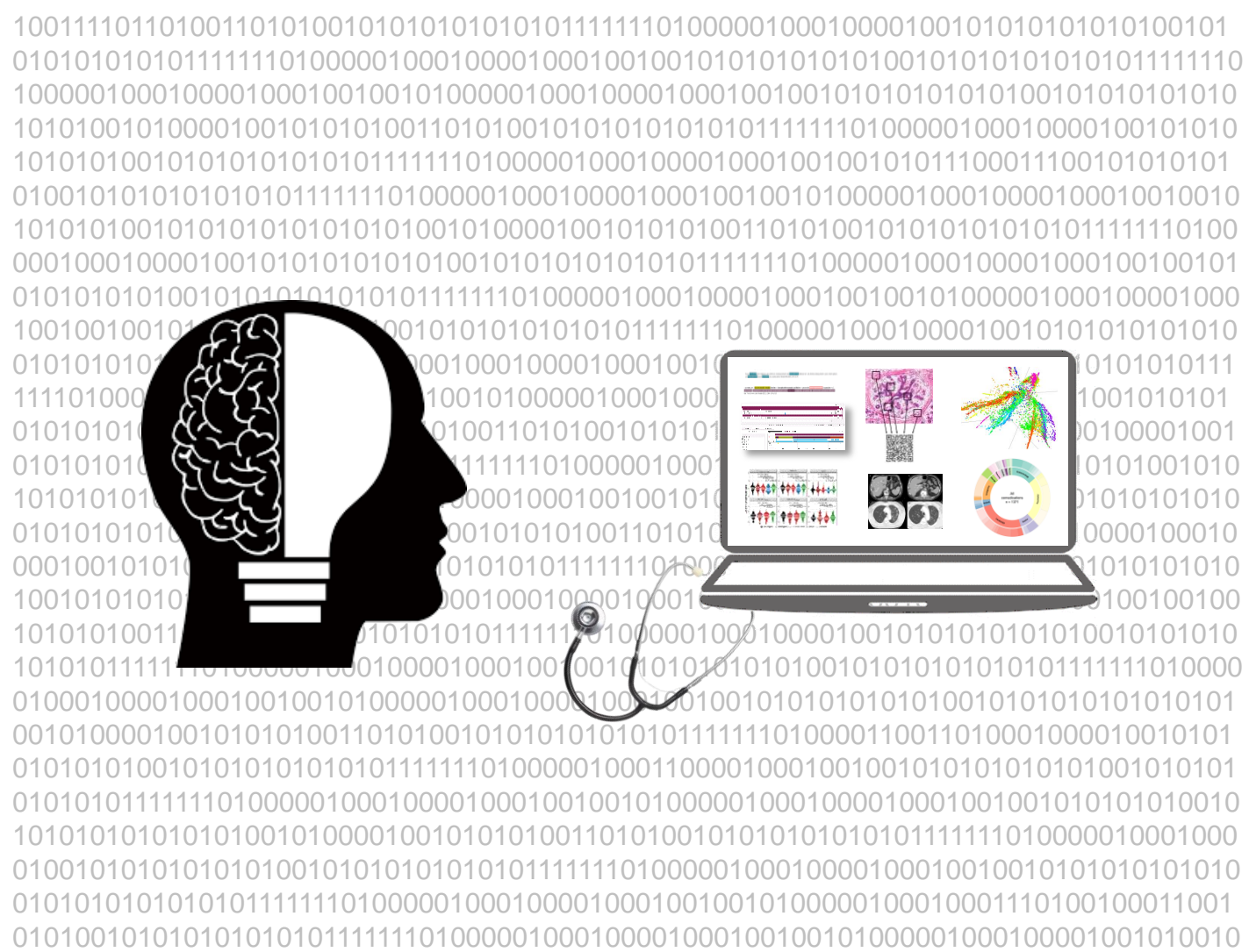


**Dr Xosé M Fernández**

*Chief Data Officer, Institut Curie*

# AI and Big Data in Cancer Outcome Research



OECI2022 Oncology Days, València 16<sup>th</sup> June 2022



# Disclosure

Roche speaker honoraria and research contract  
Janssen speaker honoraria  
Bristol-Myers-Squibb speaker honoraria  
Novartis research contract  
Leo Pharma research contract  
Amgen research contract

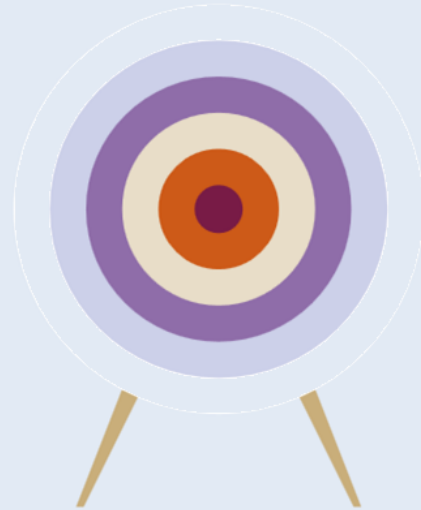
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# Inventing Tomorrow's Cancerology Today



## **Chemotherapy**

will be increasingly administered by mouth and will be done at home.



## **Radiotherapy**

will be more targeted, less invasive, and more secure.



## **Interventional radiology**

will replace certain complex and invasive surgeries.

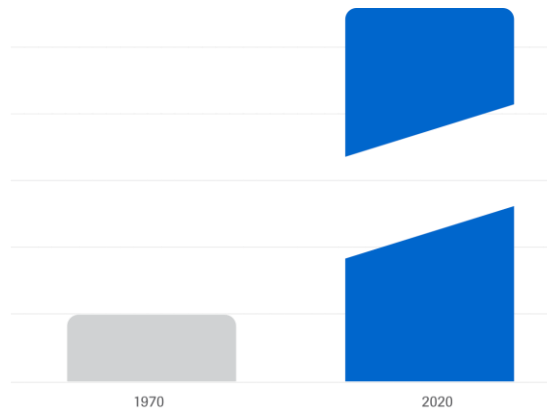


## **Molecular biology**

will allow for better tumour characterisation.

# A Transformational Moment for Healthcare

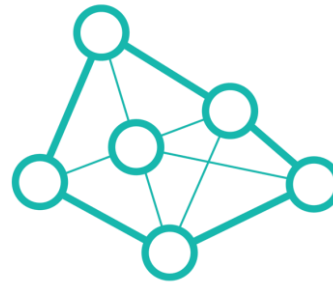
## Knowledge acceleration



Medical knowledge doubled **every 50 years** in 1950.

Today, it doubles **every 72 days**.

## Disease complexity



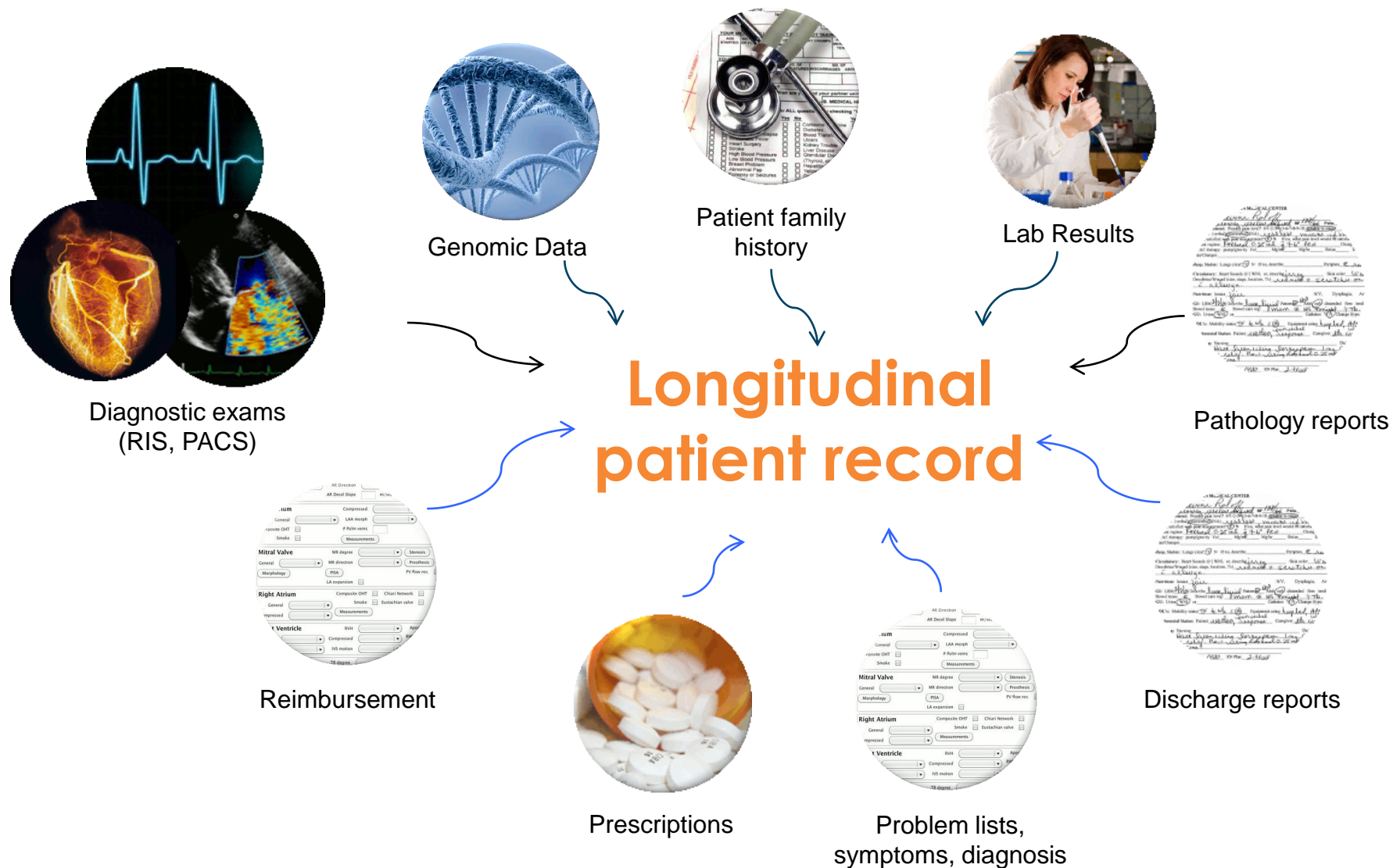
There are **+200** tumour types, which can have up to **1.2 million mutations**.

## Diagnostic complexity



We are witnessing an overlap between disciplines. Which leads to increased complexity when dealing with **multimodal data**.

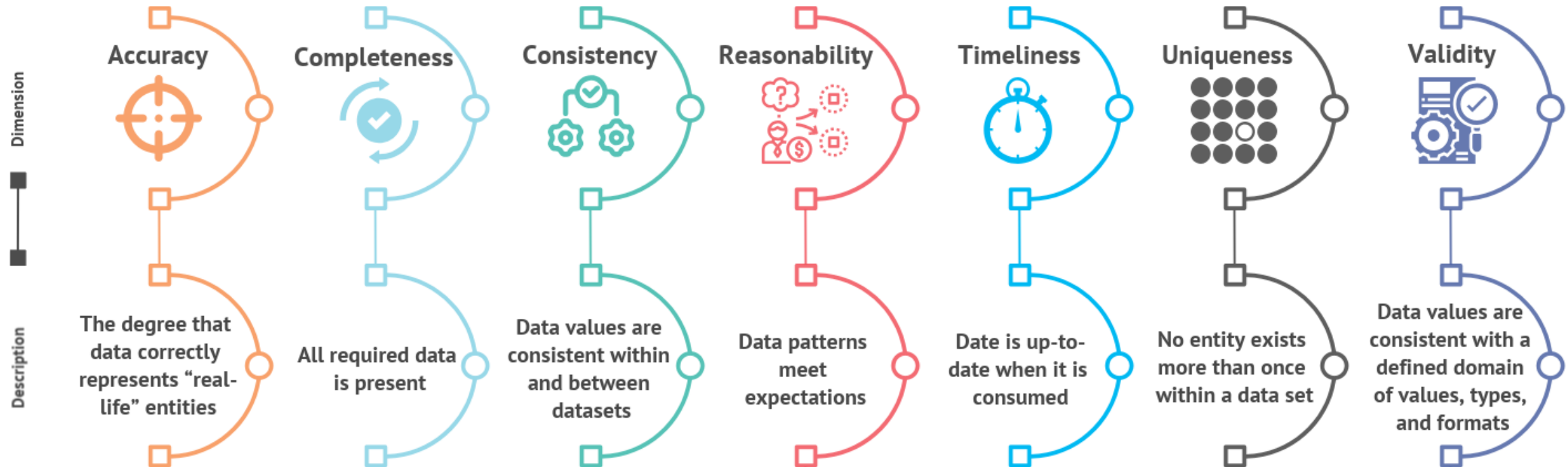
# Multimodal EHR



# The Data Flood



# Dimensions of Data Quality



- ⦿ Successful AI systems require **high quality**, population-representative and **diverse data**
- ⦿ An incredible platform for **biomedical innovation**
  - ⦿ Data geographically **distributed**
  - ⦿ Clinical data often not **interoperable**
  - ⦿ Technical know-how often in the **research** community
  - ⦿ Healthcare **infrastructure** not necessarily suitable to handle Terabytes or Exabytes of data
  - ⦿ Visualising output from models and make then accessible for clinical use
  - ⦿ **Secure access** and governance





“The **data** are trying to tell us what the **answer** is, but we need to know how to **listen** to it. That’s where our computation comes in.”

# Three Questions that every Cancer Patient Asks

A core ethical principle of medicine since **Hippocrates**, the imperative to learn from current patients

- Who's like me?
  - **DIAGNOSIS**
- How long have I got?
  - **PROGNOSIS**
- What are my options?
  - **PREDICTION**

# Consore – Natural Language Processing

- Identifying medical concepts
- Timeline

CCI mammaire gauche : mastectomie + curage axillaire + radiothérapie + hormonothérapie en 2015.  
cancer anal traité par radiothérapie


Antécédents familiaux :  
soeur cancer du sein  
mère et tante cancer utérin

Traitement actuel Xarelto - Altizide - Spironolactone - Diltiazem - Digoxine - Rivarosaban - Letrozole.

Métrorragies sous Xarelto.

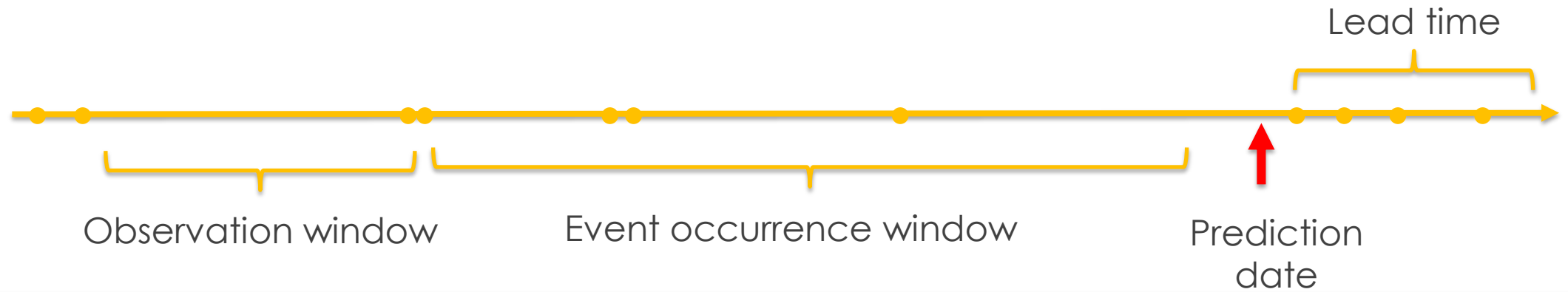
Examen : lésion bourgeonnante occupant les 2/3 inférieurs de la paroi latérale droite du vagin jusqu'à la fourchette vulvaire ulcérée, pigmentée avec atteinte de la paroi postérieure du vagin jusqu'au 2/3 moyen et latérale gauche sur 2-3 cm.

Biopsie vaginale : localisation d'un mélanome (Breslow 1,4 mm)



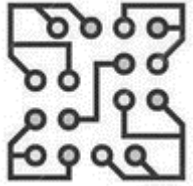
antécédents personnels	^
2015-12-31	^
actes	^
1624 - radiothérapie	
tumeurs	^
diagnostics	s
D46.6 - del	
N92 - Métorragies	
medicaments	
M16954 - Letrozole	
M23054 - Xarelto	
M251 - Altizide	
M3332 - Spironolactone	
M3750 - Digoxine	
M6762 - Diltiazem	

# Patient Timeline and Associated Data Gathering



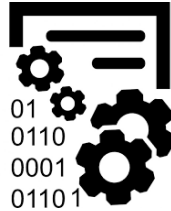
Cancer	C50.9 : SEIN DROIT											
Evolution	5	Récidiv	Surveillance	Récidive Locale						Métastase		
Chimiothérapie	■			■	■	■	■	■	■	■	■	■
Hormonothérapie	■	■	■	■	■	■	■	■	■	■	■	■
Radiothérapie	■											■
Chirurgie												
Imagerie	📷 📷 📷			📷				📷			📷	📷
	2003	2004	2005	2006	2007	2008	2009	2010	2011			

# Advanced ML beyond Standard Statistical Approaches



## More variables

Patients can be described with thousands to millions of variables, from diverse data types



## Capturing interactions

Non-linear machine learning models can reveal complex interactions between variables



## Clinical history

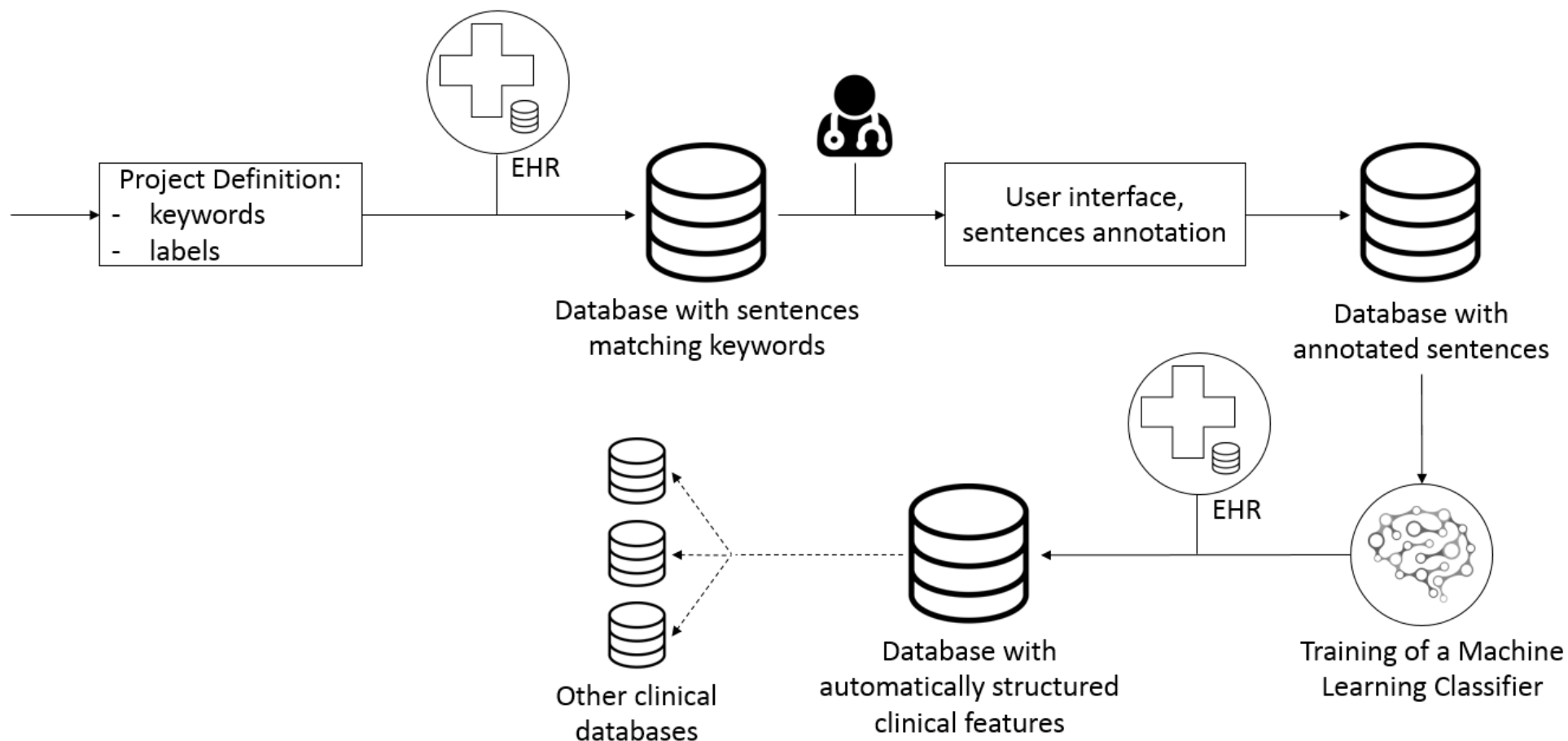
We can identify patterns in the clinical history of each patient, not just instantaneous snapshots



## Unstructured data

Working with structured and unstructured data (capable of integrating EHR, free text and medical imaging)

# Champollion – Automatic Structuration of Clinical Features from EHR



Hijano *et al.* (2021) doi: 10.1007/978-3-030-77211-6\_54

# Champollion – Evaluation of performance of ML Classifiers

Project	Labels	# annotated sentences	Score
<b>Inflammatory Cancer</b> Assessing whether a tumour is inflammatory or not	<b>Yes, no, n/a</b>	1846	<b>95%</b>
<b>Genetic Mutations</b> Mutation status of a given a set of genes whose mutations (or absence thereof) are known to impact the evolution of the tumour	<b>Mutated, not mutated, n/a</b>	1031	<b>93%</b>
<b>PD-L1 Immunohistochemistry</b> Percentage of PD-L1 immunohistochemistry	<b>Percentage in the text, n/a</b>	508	<b>97%</b>
<b>Performance Status</b> Described using the Zubrod scale	<b>Score 0-4, n/a</b>	480	<b>98%</b>

Hijano *et al.* (2021) doi: 10.1007/978-3-030-77211-6\_54

A grayscale background image featuring a medical stethoscope on the left, a brain scan (MRI) on the right, and a medical chart with a grid and handwritten notes at the bottom. The text is overlaid in the center.

**Biomedical sciences** have become **data intensive** enterprises.

**Scale** is ramping up fast.

Future **innovations** in healthcare are going to be **data-driven**.



# AI & Medical Imaging

## Abnormality detection



### Lung

Early detection of lung cancer is associated with improved outcomes



### Breast

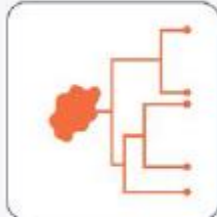
More robust screening mammography interpretation and analysis

## Characterisation of suspected lesions



### Segmentation

Defining the extent of an abnormality in terms of 2D or full 3D assessments



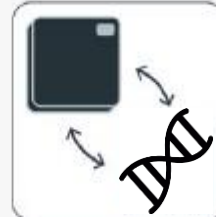
### Staging

Categorising tumours into predefined groups based on expected course & treatment strategies



### Diagnosis

Classifying abnormalities as benign or malignant



### Imaging Genomics

Associating imaging features with genomics data for comprehensive tumour characterisation

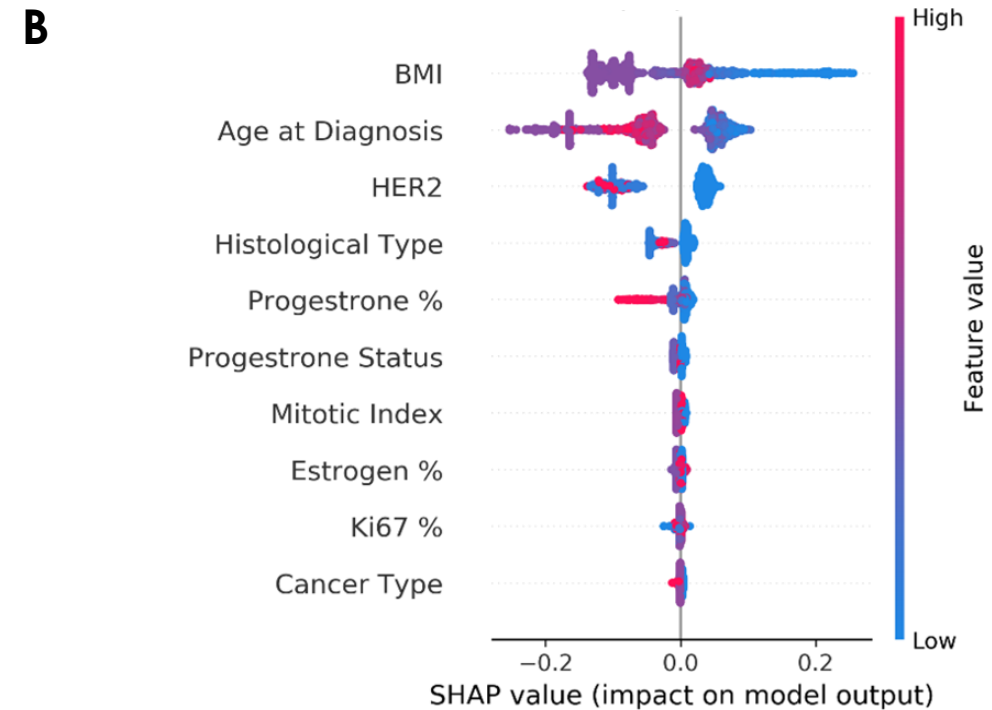
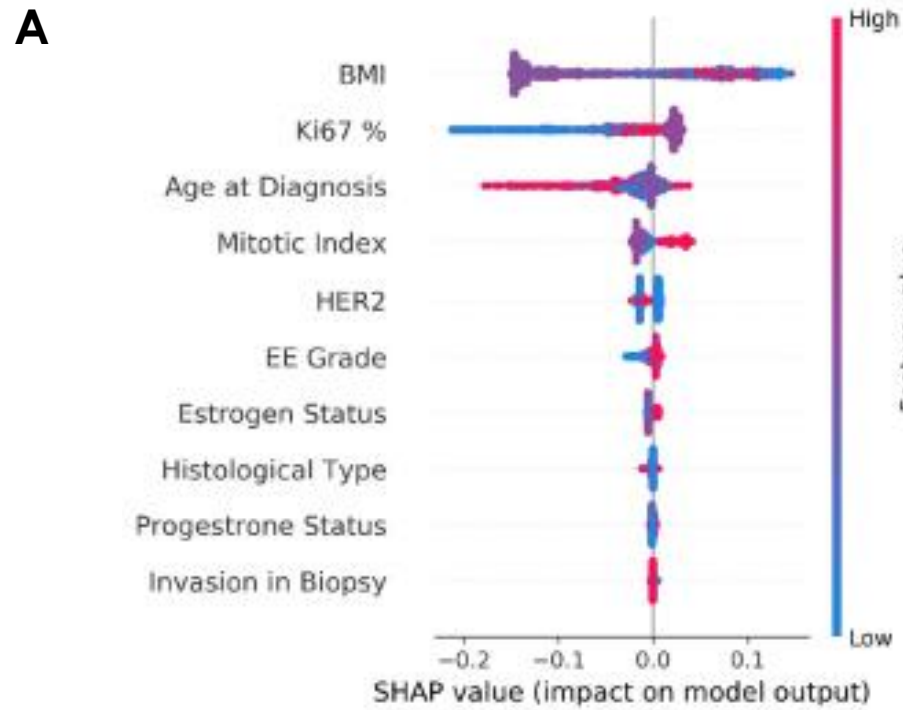
## Monitoring over time



### Change analysis

Temporal monitoring of tumour changes either in natural history or in response to treatment

- Highlighting suspicious regions in images
- Detecting indeterminate nodules
- Addressing high- false-positive rates and over diagnosis
- Providing robust tumour descriptions to capture intra-tumour heterogeneity and variability
- Capturing a large number of discriminative features that go beyond those measures by traditional evaluation criteria

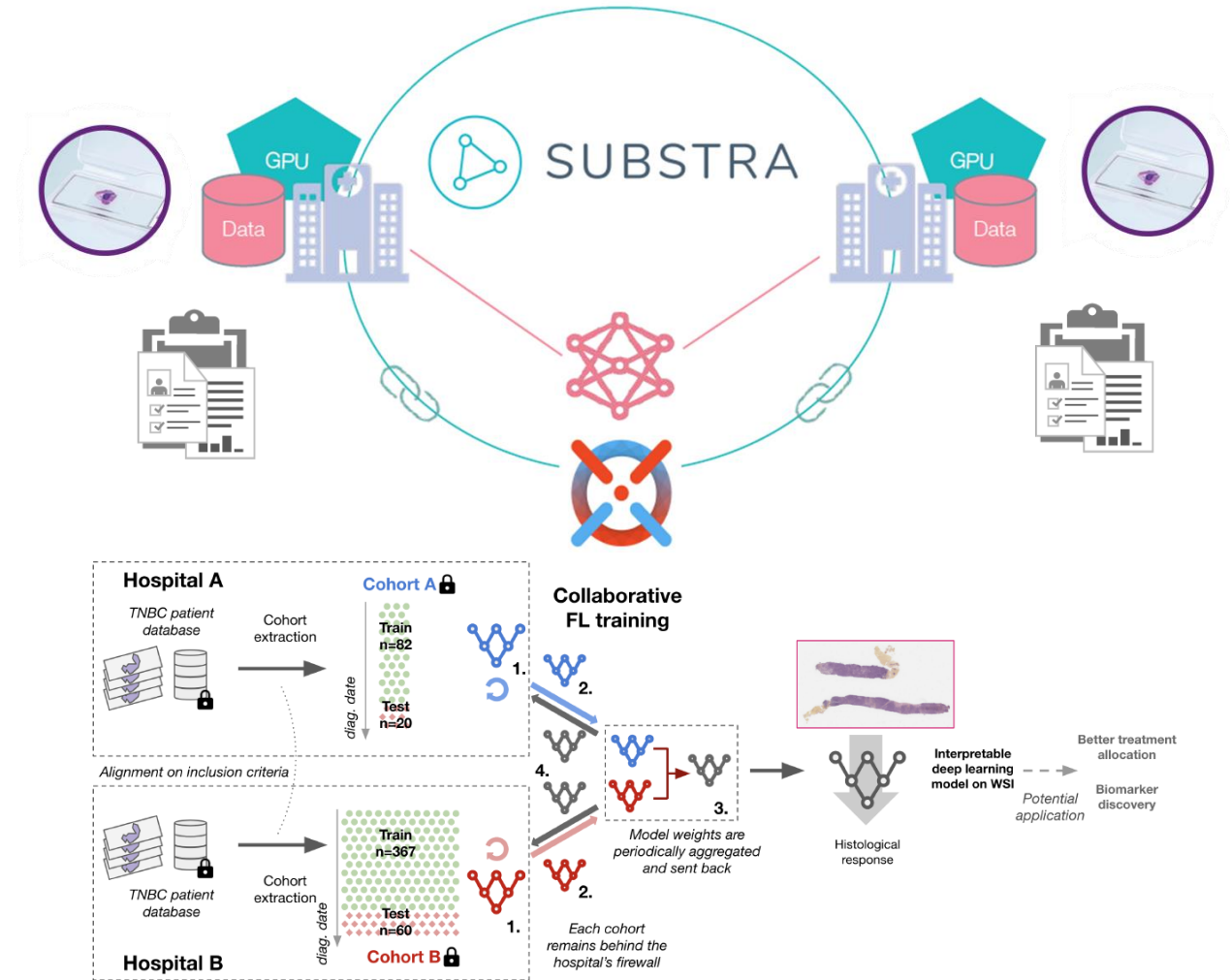
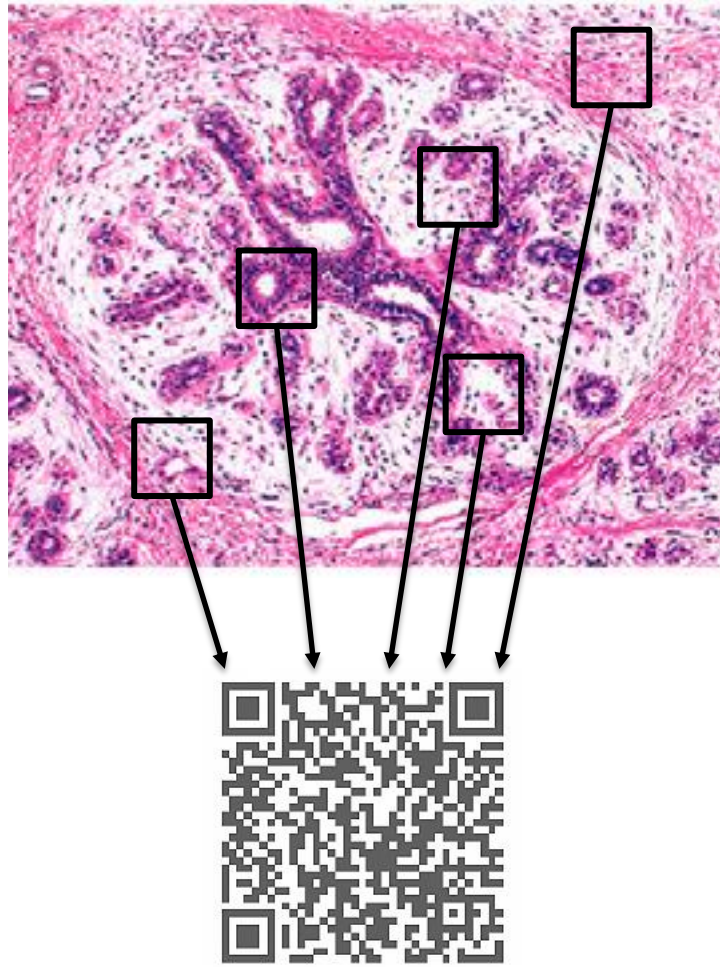


A. Prediction of **metastasis** in women with locally advanced breast cancer (0.747 AUC)

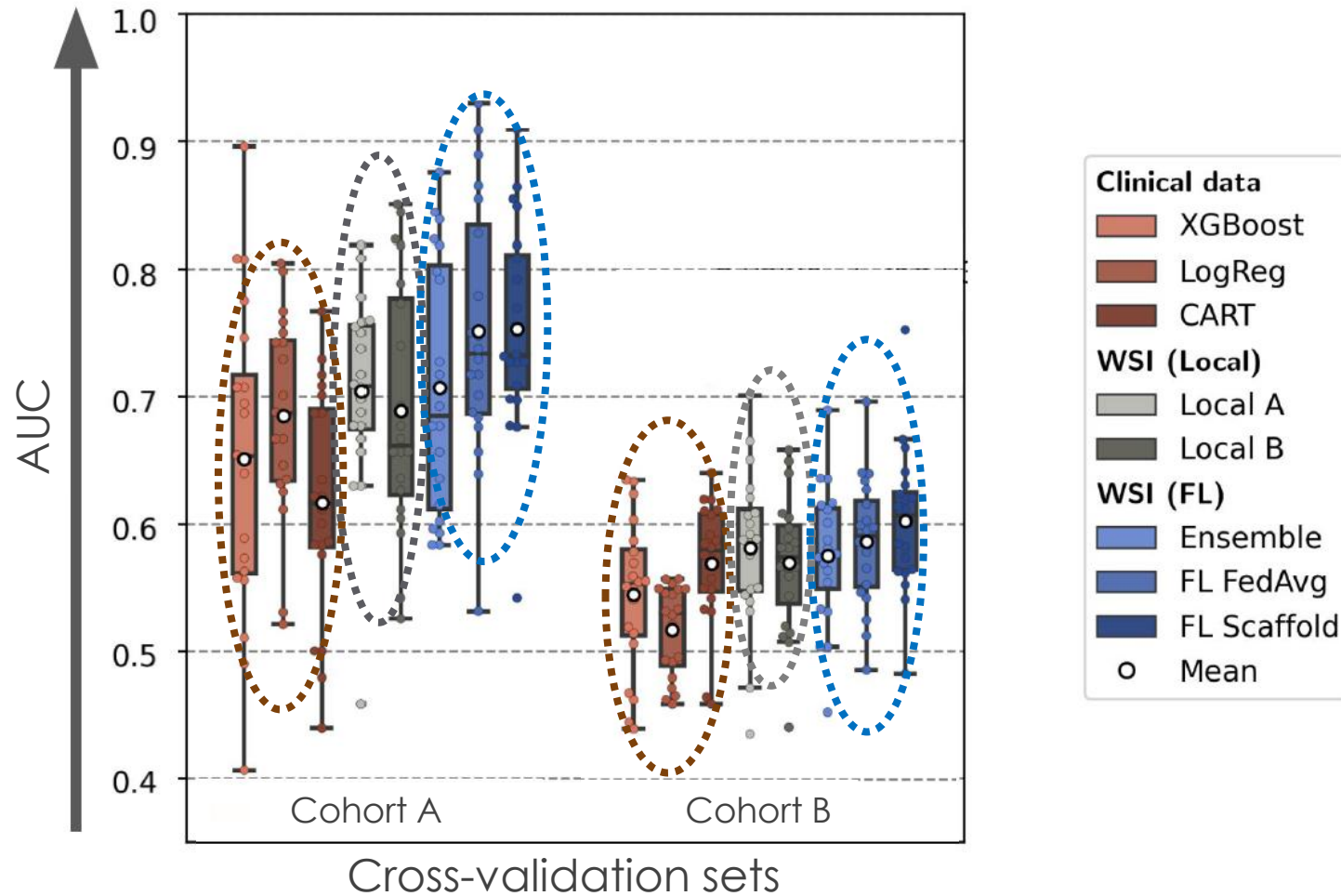
B. Multimodal prediction of **five-year** breast cancer **recurrence** in NAC treated women (AUC>0.89)

A summary plot of SHapley Additive exPlanations (SHAP) values of top features in the clinical model. The figure depicts, in descending order, the top features that had the most influence on the multimodal prediction. Each point represents a single patient. The X-axis indicates the **effect** (either positive or negative) **of the feature** on the predicted score for the patient. The point's colour represents the **value** of the features (red = high value, blue = low value).

# Digital Pathology – Collaborative Federated Learning



# Quantitative Results in Cross-validation Sets



Ogier du Terrail *et al.* (2021) doi: 10.1101/2021.10.27.21264834

OECI2022 Oncology Days – Artificial Intelligence in Healthcare

# Big Data and Cancer Precision Medicine

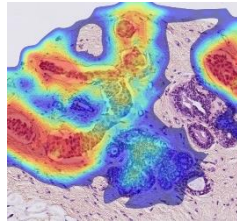
- ⌘ **Understanding illness and health** beyond symptoms
  - ⌘ A detailed map of medicine at molecular level
  - ⌘ Genomics is only one of *many* sources in precision medicine
    - ⌘ However we are witnessing a rapid expansion in medical applications
- ⌘ **Knowledge networks** (so-called *big data*) in healthcare transcends EHRs
  - ⌘ Unifying medicine and data
  - ⌘ Information-based approach to describe cancer
  - ⌘ A framework for integrating and leveraging biomedical research

*Toward Precision Medicine*, US National Academy of Sciences (2011)  
*Personalised Medicine for the European Citizen*, European Science Foundation (2012)

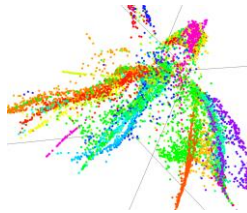
“**digital technology** is no longer in the cordoned-off domain of **IT**; it is being applied to almost **every part** of a company’s value chain”

Digital Doesn't Have to Be Disruptive (Furr & Shipilov), *Harvard Business Review* 2019

# Enhancing Collaboration Opportunities



Digital  
Pathological  
Analysis

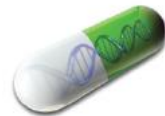


Data Visualisation  
Networks

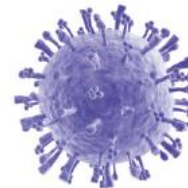


Digital Imaging  
Analysis

Biomarkers



Immunotherapy



Text mining (EHR)



Genomics

Data Science



**Laelitia Chanas**, Linda Ammoura-Haroun, Paulette Feghali-Salamoun, Raïna Ikonomova, Eve Lapouble, Maud Milder, Hurera Mohammed  
**Julien Guérin**, Thomas Balezeau, Jessica Henao, Aurelien Legros, Armand Léopold, Victor Nguyen, Pier-Francesco Rocci, Christophe Sive  
Catherine Manceau  
Alain Livartowski



Alumni: Élise Dumas, Matthieu Bachelot, Xiaomeng Wang, Dido Carrero, Juliette Tran Lu Y

*I am among those who think that science  
has great beauty*

Marie Skłodowska-Curie



Gràcies  
Thank you

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