

PRECISE-MD

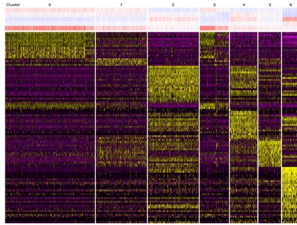
Pancreatic Ductal Adenocarcinoma and Hepatocellular Carcinoma:
Advancing Diagnostic Strategies Through Multicenter Data Integration and Biomarker
Development

Rickmer Braren*, Marianne Sinn, Ursula Ehmer, Daniel Rückert, Thomas
Ganslandt, Martin Boeker

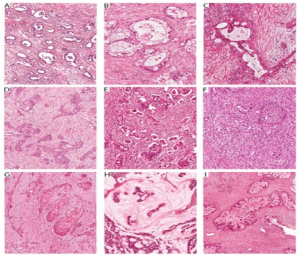
*Institut für Diagnostische und Interventionelle Radiologie
Klinikum rechts der Isar
Technische Universität München
10.10.2024

Personalisierte Bildgebung

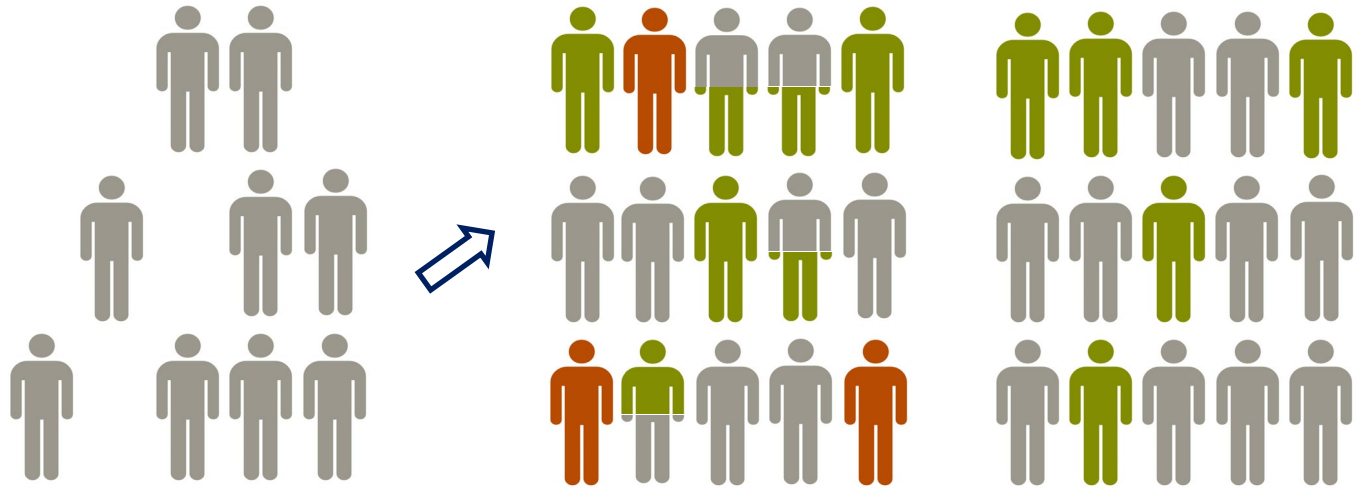
Biologie



Schlitter, 2017



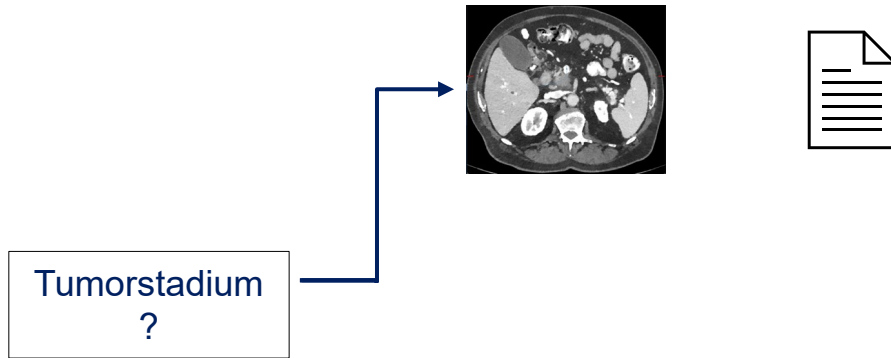
Kalimuthu, 2019



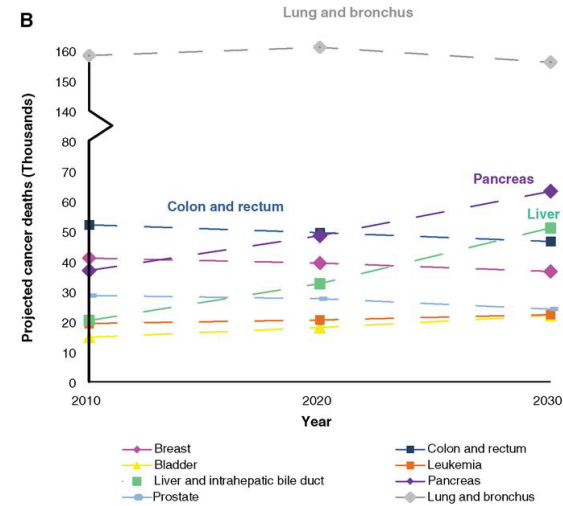
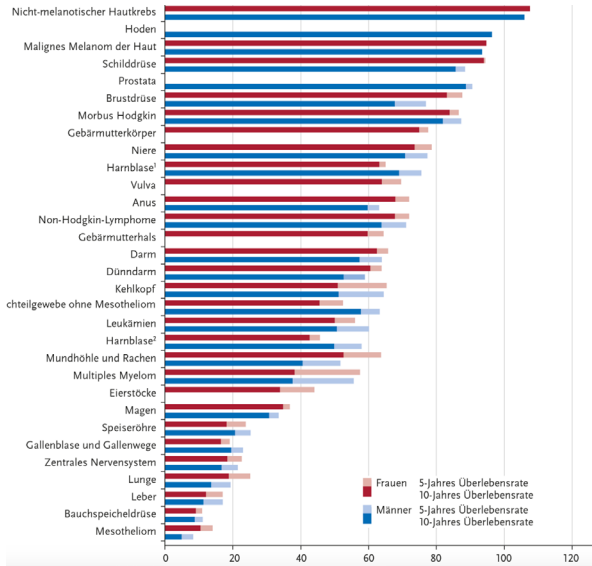
Klinik

Vielfalt nicht-invasiv abbilden für eine individualisierte Diagnostik und Intervention

Parametrisierung der Bildgebung

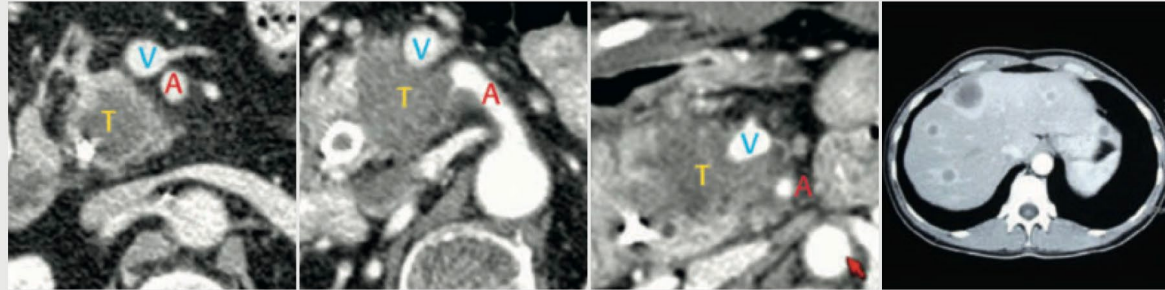


Überlebensraten



Stadien-abhängige Therapie

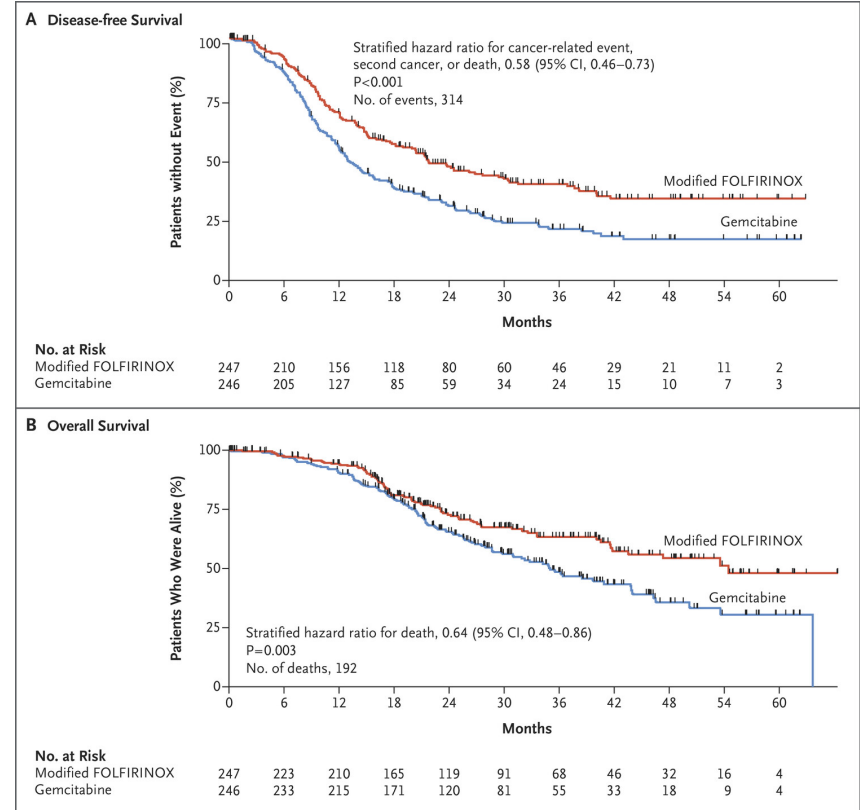
Pankreaskarzinom



Inzidenz	20 %	5–10 %	20 %	50–60 %
tumorbedingte Veneninfiltration/ Metastasen	keine/geringe tumorbedingte Veneninfiltration	moderate tumorbedingte Veneninfiltration	ausgeprägte tumorbedingte Veneninfiltration	metastasiert
Resektabilität	resektabel	borderline	irresektabel	keine Resektion
erreichbarer R-Status	R0	R1 wahrscheinlich	R2 wahrscheinlich	R2
Rolle primärer OP	gut	suboptimal	kein Benefit	kein Benefit
Überleben	20–24 Monate	abhängig von Resektabilität	9–15 Monate	6–12 Monate

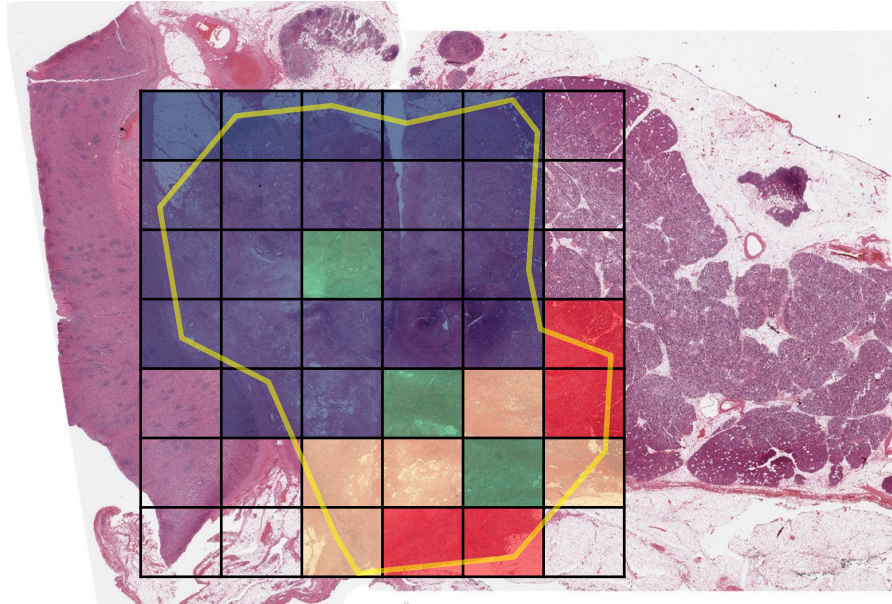
Therapieoptionen Pankreaskarzinom

- ECOG 0-1 und < 80 Jahren:
 - mFOLFIRINOX
- ECOG > 1:
 - Gemcitabin oder Gemcitabin + Capecitabin



Radiologisch pathologische Korrelation

Heterogenität des duktaalen Pankreasadeno-Ca

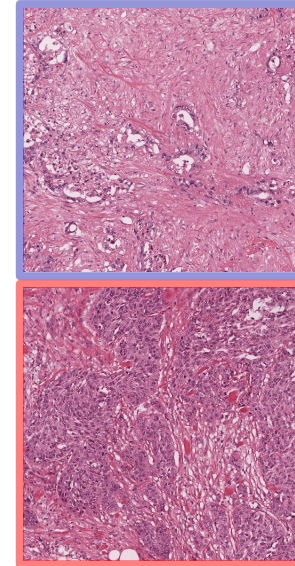


Tumor cells

- <10%
- 10%-30%
- >30%

Necrosis

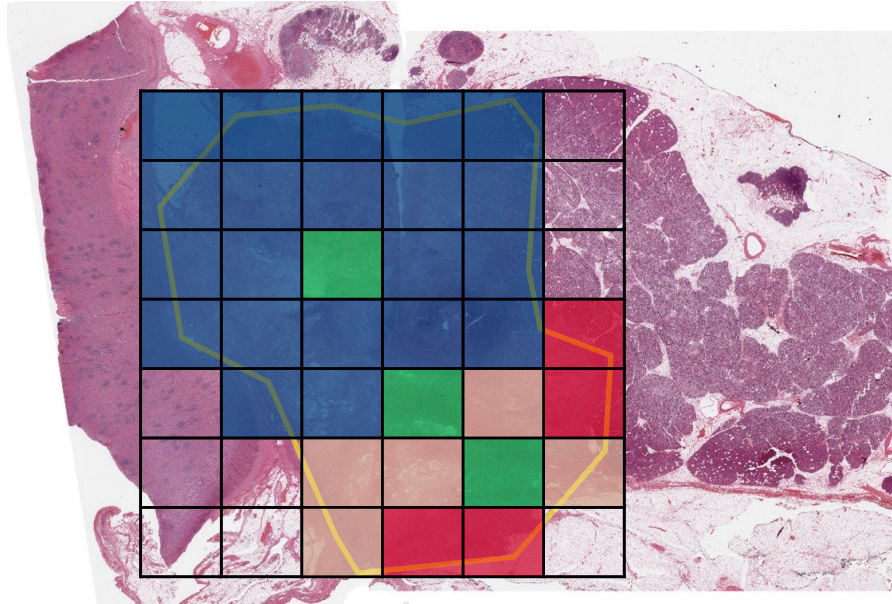
- >50%



- tumor cellularity/heterogeneity grading (-> none, low or high)

Radiologisch pathologische Korrelation

Heterogenität des duktaalen Pankreasadeno-Ca



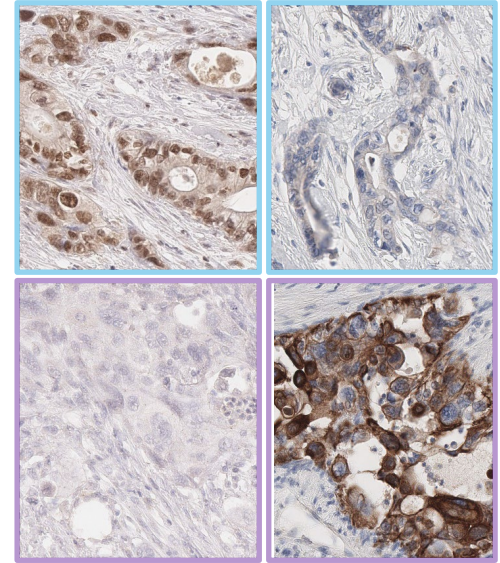
IHC

■ HNF1a

■ KRT81

Necrosis

■ >50%

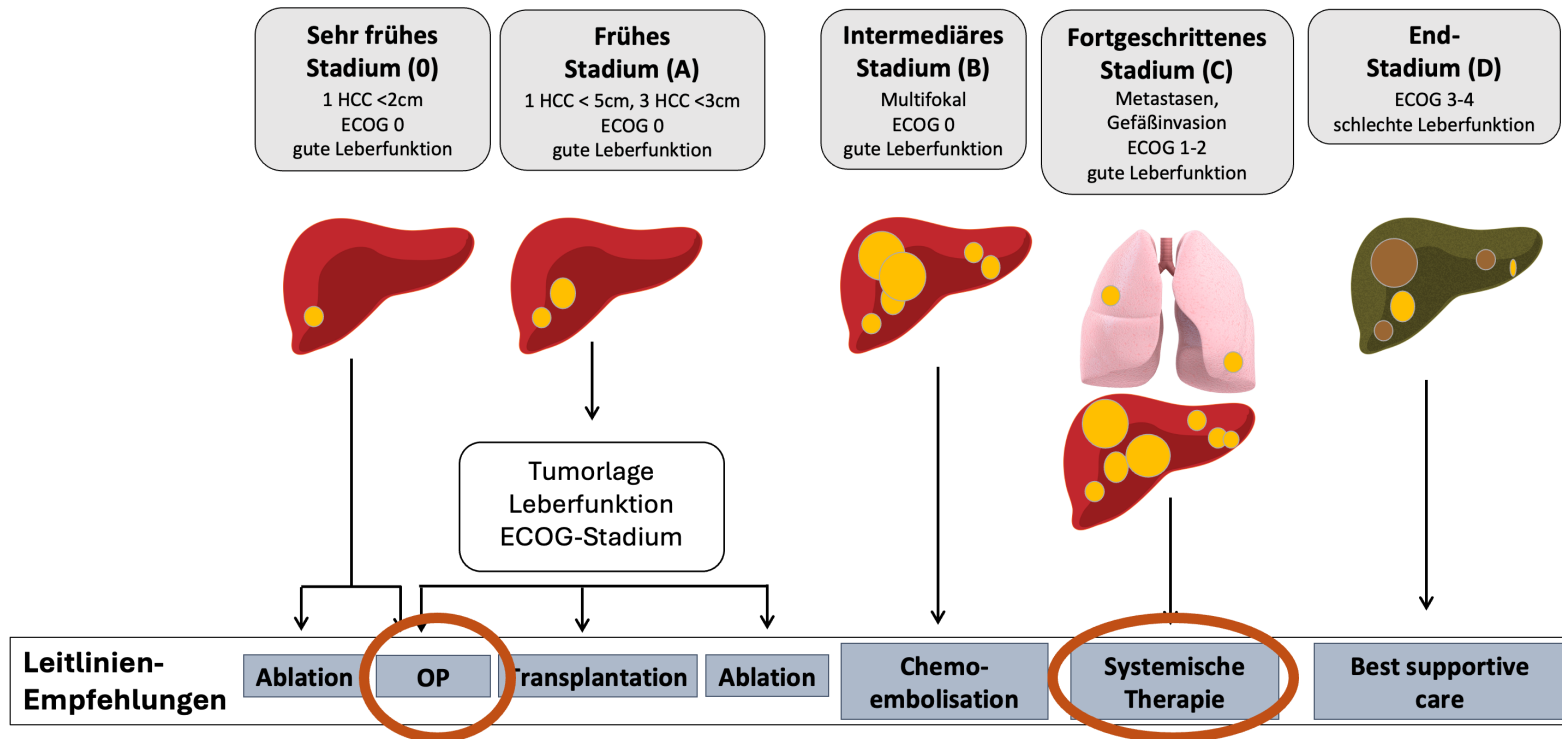


HNF1a

KRT81

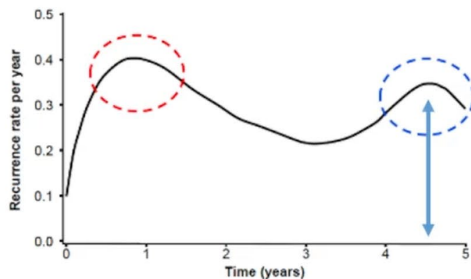
- tumor cellularity/heterogeneity grading (-> none, low or high)

Stadien-abhängige Therapie Hepatozelluläres Karzinom



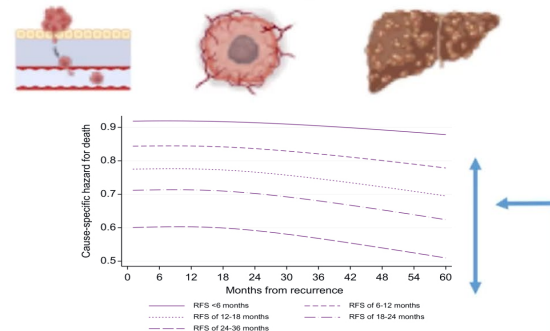
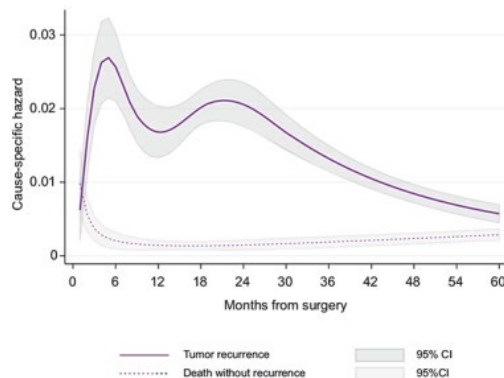
Therapieoptionen Hepatozelluläres Karzinom

249 patients who underwent
hepatectomy for HCC in Japan



- Factors related to early recurrence were non-anatomical resection, microvascular invasion, and AFP
- Those contributing to late recurrence were grade of hepatitis, multiple tumors, and tumor grading

813 patients with HCC in metabolic syndrome from 24 Western centers



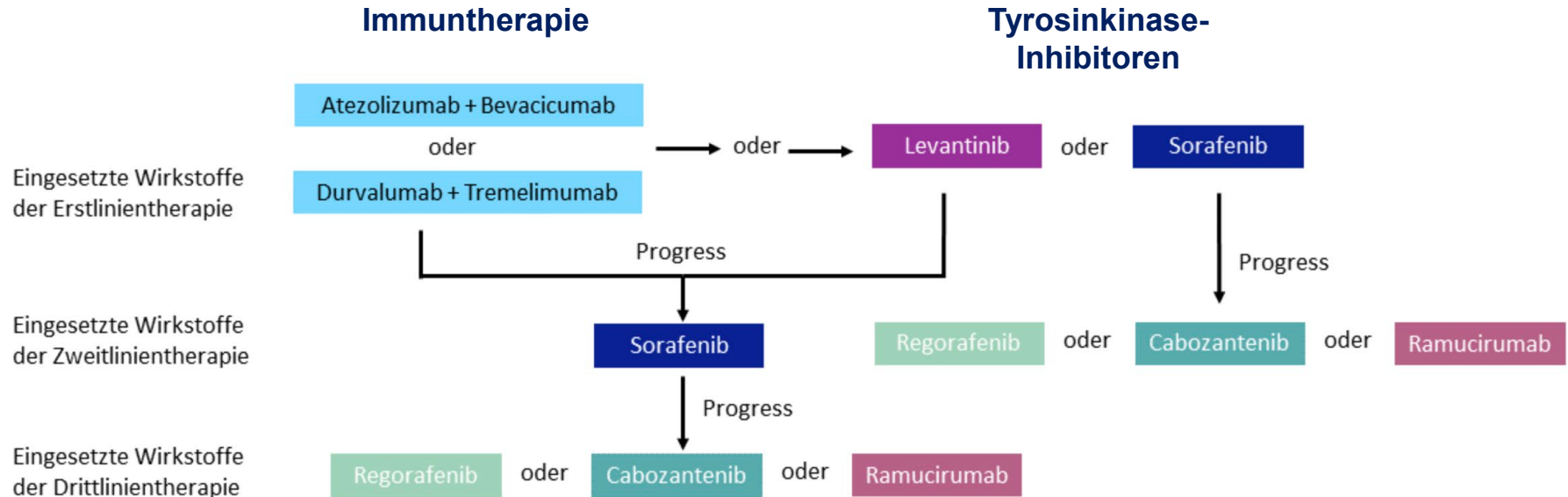
Timing of recurrence significantly
impacts survival

Time-specific hazards depend on
tumor-related factors and liver
disease

Peaks of cause-specific hazard of
recurrence:
6 months and 24 months

- **Aggressive tumor in absence of cirrhosis** will most likely recur early after surgery, will not be amenable to curative treatment strategies and will bear poor survival.
- **Indolent tumor with underlying cirrhosis** have increased hazards of recurrence starting 2 yrs after surgery, treatment will likely have a curative intent, eventually displaying good survival.
- **Presence of cirrhosis and negative tumoral features** are persistently at high risk of recurrence.

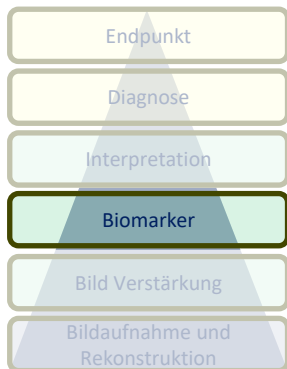
Therapieoptionen Hepatozelluläres Karzinom



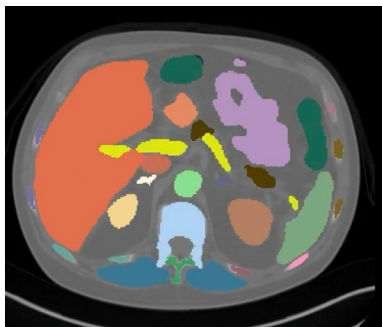
AI

Parametrisierung der Bildgebung

Total Segmentator & Co



CT

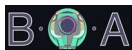


MRT



❖ Vergleich innerhalb gematchter Kohorten

❖ Vergleich mit Gesunden



arXiv:2406.00125 [pdf] [arXiv](#) [CV](#) [SL](#)

TotalVibeSegmentator: Full Torso Segmentation for the NAKO and UK Biobank in Volumetric Interpolated Breath-hold Examination Body Images

Authors: Robert Gröf, Paul Sören Hatzek, Evamaría Olga Riedel, Constanze Ramschütz, Sophie Starck, Hendrik Kristian Möller, Mutan Atad, Henry Völkle, Robin Bülow, Carsten Oliver Schmidt, Julia Rüdelschütz, Matthias Jung, Marco Reiser, Jakob Weiss, Maximilian Löffler, Fabian Bamberg, Rene Wiestler, Johannes C. Fiezdorf, Daniel Rueckert, Jan Stefan Kirschke

Abstract: Objectives: To present a publicly available torso segmentation network for large epidemiology datasets on volumetric interpolated breath-hold examination (VIBE) images. Materials & Methods: We extracted preliminary segmentations from TotalSegmentator, spine, and body composition networks for VIBE images, then improved them iteratively and retrained a netUNet network. Using subsets of NAKO (35 subjects, 17 males) submitted 31 May 2024, originally processed June 2024.

Keywords: <https://pubs.cim.uni-dortmund.de/totalvibe-segmentator>

Prädiktive Biomarker Pankreaskarzinom

Muskelverfettung

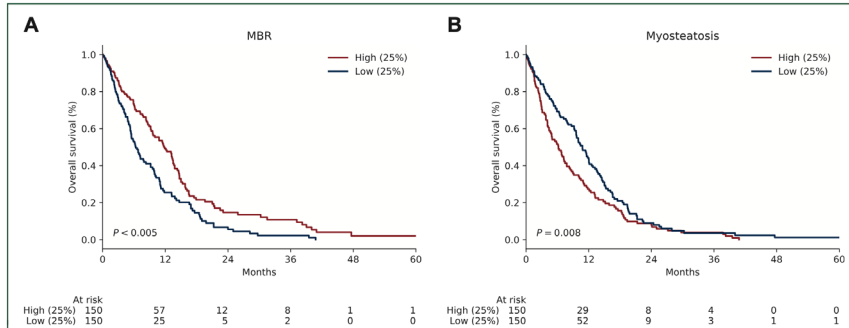
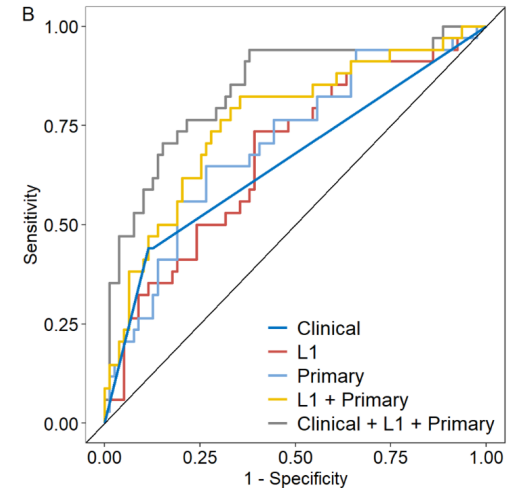


Figure 2. Kaplan-Meier plot showing overall survival according to MBR and myosteatosis in the pooled cohort. (A) Overall survival of patients with high and low MBR. (B) Overall survival of patients with high and low myosteatosis. MBR, muscle-to-bone ratio.

Tumor Radiomics



Förderlinie

Modul 1: Workshops und Data Challenge
Projekte / Datathons

Modul 2: Projekte des förderierten Lernens

Modul 3: Erstellung von qualitätsgesicherten
Trainings-, Validierungs- und Testdatensätzen



START BEKANNTMACHUNGEN ÜBERSICHT DATENSCHUTZ PRESSE | GEBÄRDENSPRACHE LEICHTE SPRACHE ENGLISH Suchbegriff

Forschen für ein
gesundes Leben



Pankreaskarzinom

Spricht an auf Systemtherapie

Spricht an auf FFX versus G/A

Spricht an auf Systemtherapie

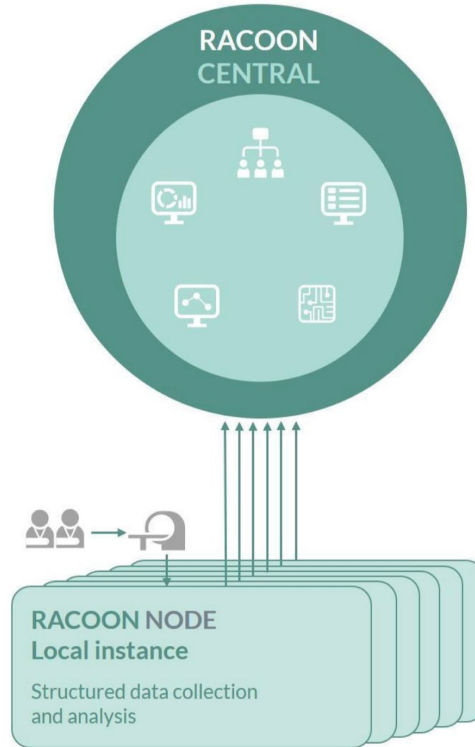
Rezidiert nach Resektion



Hepatocelluläres Karzinom

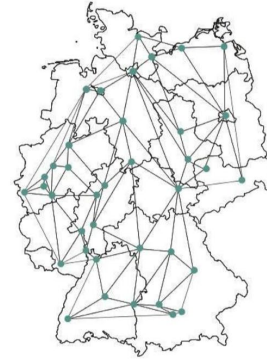


Infrastructure



Secure central environment

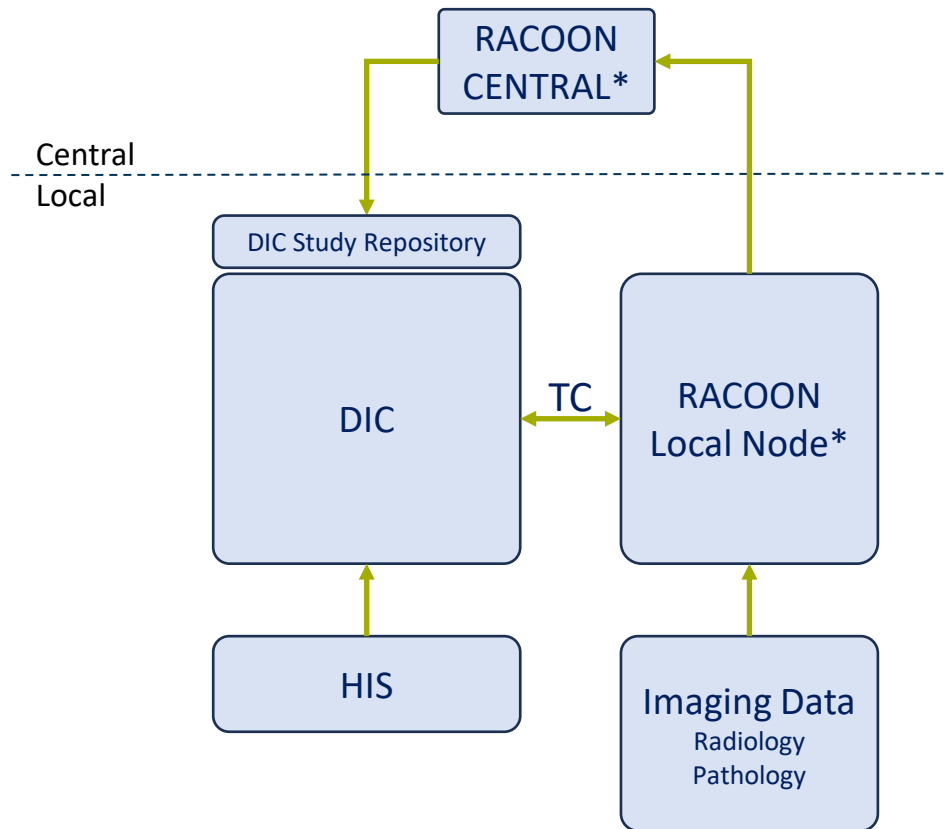
- Data analytics in real time
- Monitoring toolsets
- Equivalent modular components



Federated research environment

- Modular components for reporting and annotation
- Support for automated image feature extraction
- AI training of QIBs modules
- Available at all NUM partner sites
- Container-based portable modules

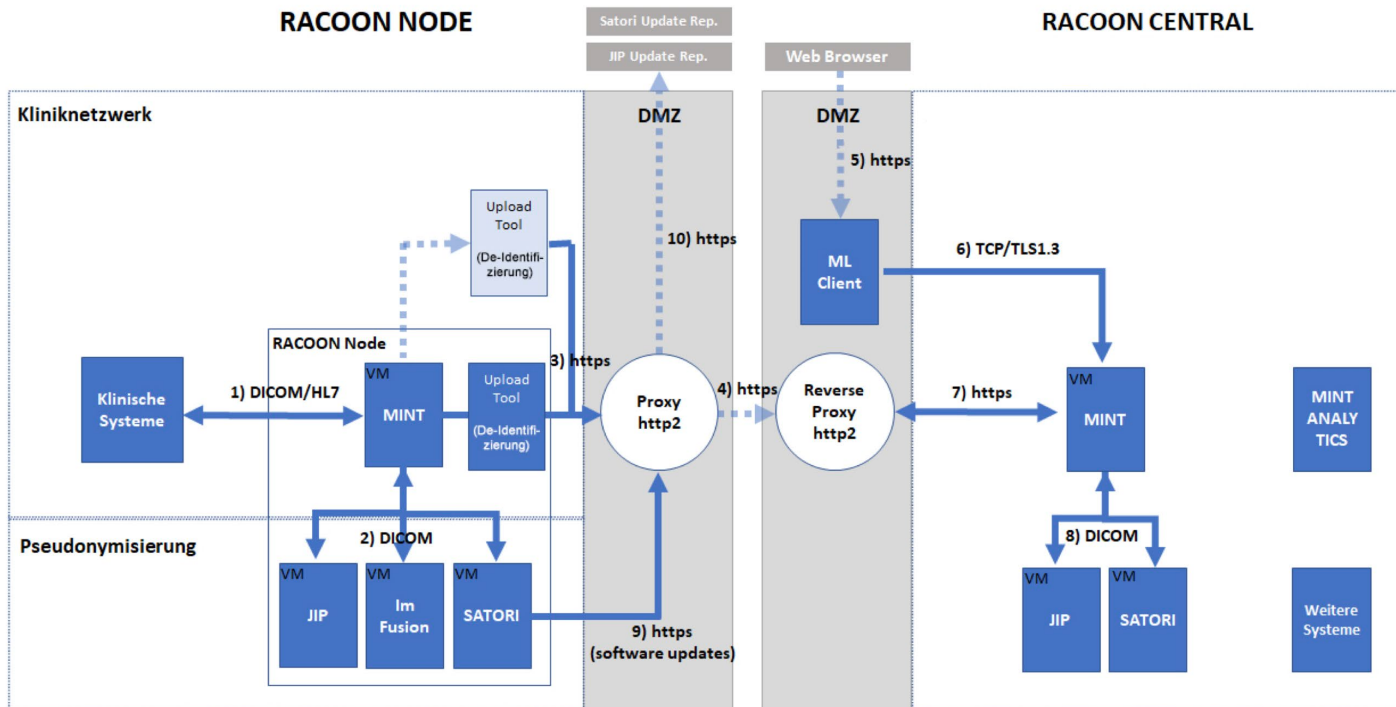
Infrastructure





Bundesministerium
für Bildung
und Forschung

Infrastructure



Klinische Datenerfassung

PDAC Klinische Parameter

Basisinformationen Patient bei Erstdiagnose

Geschlecht

Alter bei ED

Größe bei ED

Gewicht bei ED

Allgemeinzustand bei Erstdiagnose ECOG

Allgemeinzustand bei 1. FU ECOG

Allgemeinzustand bei Progress ECOG

Gewicht bei 1. FU

Gewicht bei Progress

Basisinformationen Tumor und Erkrankungssituation bei Erstdiagnose

Datum Erstdiagnose

In Bearbeitung

PDAC Klinische Parameter

Datum Erstdiagnose

Therapiesituation

CA 19-9 bei Erstdiagnose

CA 19-9 bei 1. FU

CA 19-9 bei Progress

Histologie bei Erstdiagnose

Art des Materials

Histologie

Grading

Histologie Objektträger

In Bearbeitung

PDAC Klinische Parameter

Histologie Objektträger

Histologie molekular

Angaben zum Resektat und zur OP

Art der Resektion

Datum Resektion

Zusätzlich resezierte Strukturen

Tumorfokalität

Tumorfokalisation

In Bearbeitung

PDAC Klinische Parameter

Tumordimension

Histologischer Tumortyp (WHO 2019)

Ausdehnung der Infiltration

Grading

T-Kategorie

In Bearbeitung

PDAC Klinische Parameter

N-Kategorie

Lymph node ratio

M-Kategorie

R Status

Lymphangiosis

Hämangiosis

Perineuralscheideninfiltration

OP-Zeit

Venenresektion

Ansprechen auf Neoadjuvanz

In Bearbeitung

PDAC Klinische Parameter

Ansprechen auf Neoadjuvanz

Resektionsstatus Pankreasparenchymabsetzung

Resektionsstatus Gallengangsabsetzung

Resektionsstatus Gastrale / proximale Duodenalabsetzung

Resektionsstatus Posteriore Pankreasfläche

Resektionsstatus Mediale Gefäßfurche

Resektionsstatus Anteriore Pankreasfläche

Resektionsstatus Venenresektionsrand proximal

Resektionsstatus Venenresektionsrand distal

Resektionsstatus Arterienresektionsrand proximal

Resektionsstatus Arterienresektionsrand distal

Nebenbefunde

Erstlinientherapie

Folgetherapie

Strahlentherapie des Primarius

Progress/Rezidiv

Überleben

In Bearbeitung

PDAC Klinische Parameter

Resektionsstatus Mediale Gefäßfurche

Resektionsstatus Anteriore Pankreasfläche

Resektionsstatus Venenresektionsrand proximal

Resektionsstatus Venenresektionsrand distal

Resektionsstatus Arterienresektionsrand proximal

Resektionsstatus Arterienresektionsrand distal

Nebenbefunde

Erstlinientherapie

Folgetherapie

Strahlentherapie des Primarius

Progress/Rezidiv

Überleben

In Bearbeitung

PDAC Klinische Parameter

Nebenbefunde

Erstlinientherapie

Folgetherapie

Strahlentherapie des Primarius

Progress/Rezidiv

Überleben

In Bearbeitung

PDAC Klinische Parameter

Nebenbefunde

Erstlinientherapie

Folgetherapie

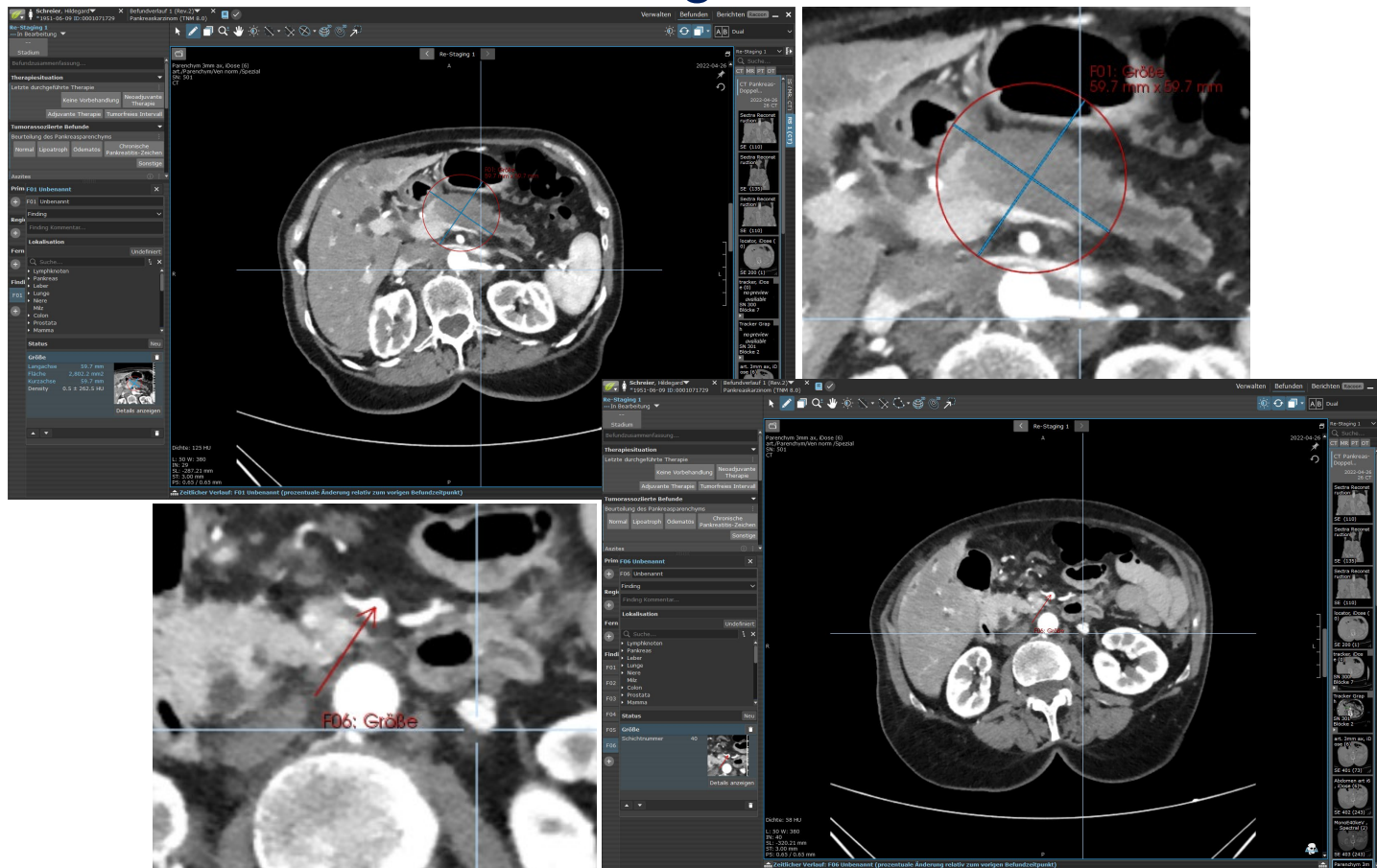
Strahlentherapie des Primarius

Progress/Rezidiv

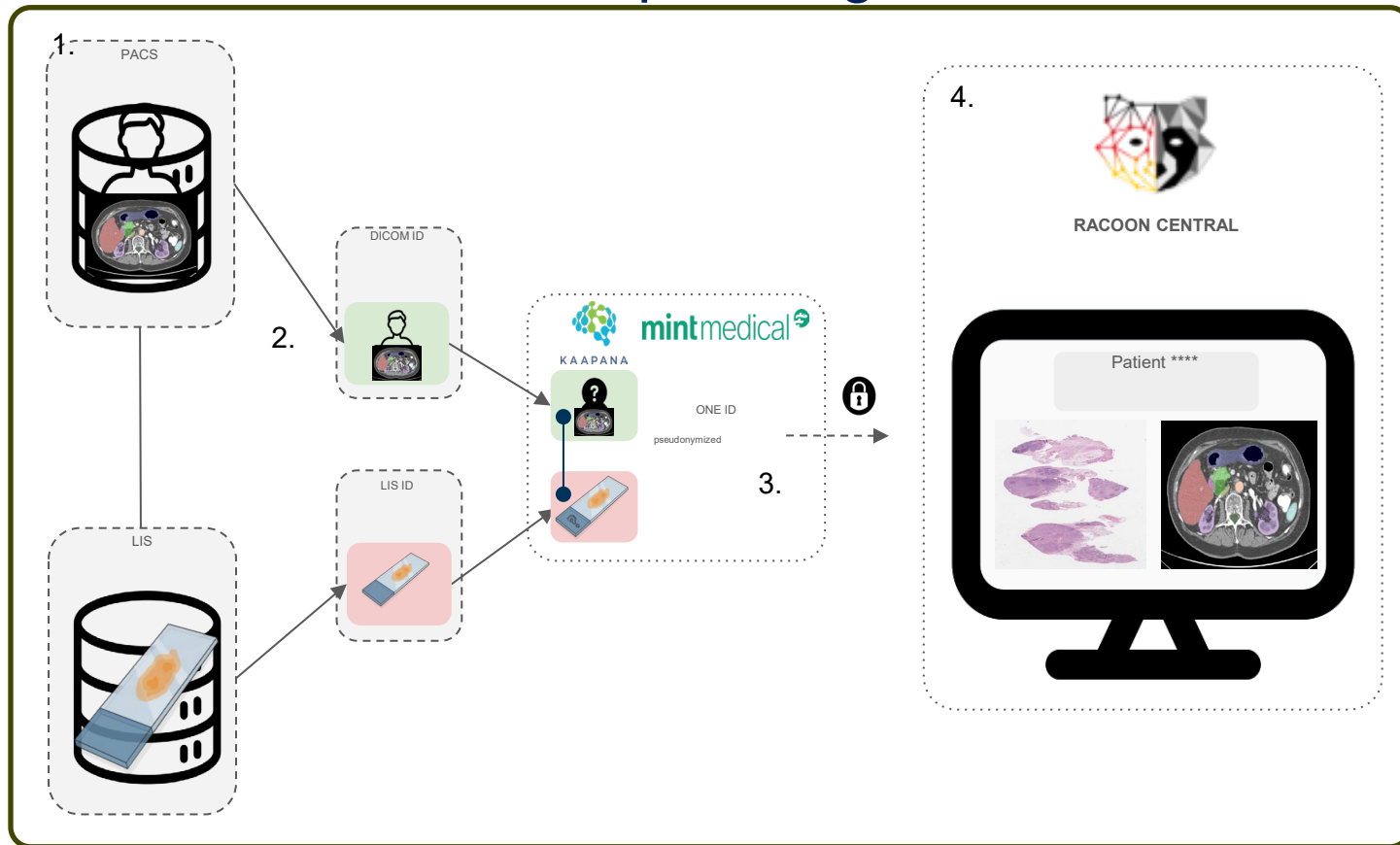
Überleben

In Bearbeitung

Strukturierte Befundung und Bilddaten Annotation



Histopathologie



AI

Wo geht die Reise hin?

Academia

„...kein einziger brauchbarer Algorithmus!“
(n=2212)



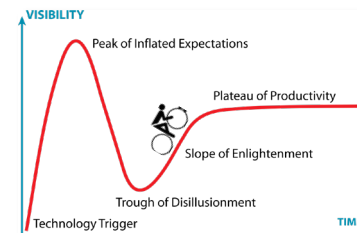
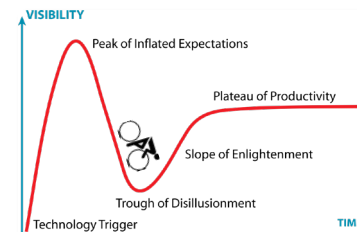
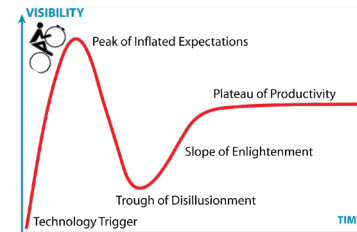
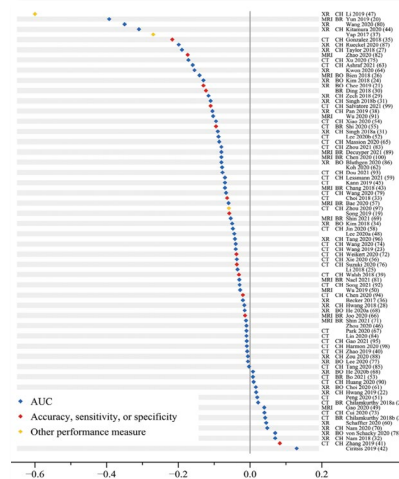
OPEN Common pitfalls and recommendations for using machine learning to detect and prognosticate for COVID-19 using chest radiographs and CT scans

Michael Roberts^{1,2,3,4}, Derek Driggs¹, Matthew Thorpe³, Julian Gilbey¹, Michael Yeung⁴, Stephan Ursprung^{4,5}, Angelica I. Aviles-Rivero¹, Christian Etmann¹, Cathal McCague^{4,5}, Lucian Beer¹, Jonathan R. Weir-McCall^{4,6}, Zhongzhao Teng⁴, Effrossyni Gkrania-Klotsas⁷, AIX-COVNET^{*}, James H. F. Rudd^{8,36}, Evis Sala^{4,5,36} and Carola-Bibiane Schönlieb^{1,36}

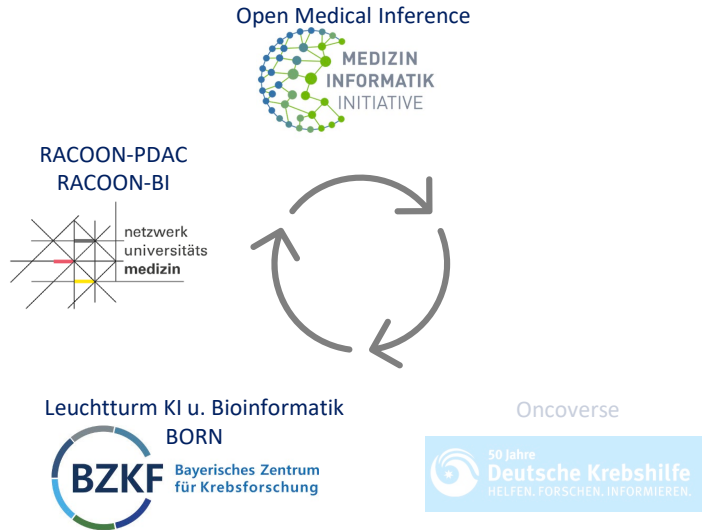
Machine learning methods offer great promise for fast and accurate detection and prognostication of coronavirus disease 2019 (COVID-19) from standard-of-care chest radiographs (CXR) and chest computed tomography (CT) images. Many articles have been published in 2020 describing new machine learning-based models for both of these tasks, but it is unclear which are of potential clinical utility. In this systematic review, we consider all published papers and preprints, for the period from 1 January 2020 to 3 October 2020, which describe new machine learning models for the diagnosis or prognosis of COVID-19 from CXR or CT images. All manuscripts uploaded to bioRxiv, medRxiv and arXiv along with all entries in EMBASE and MEDLINE in this timeframe are considered. Our search identified 2,212 studies, of which 415 were included after initial screening and, after quality screening, 62 studies were included in this systematic review. Our review finds that none of the models identified are of potential clinical use due to methodological flaws and/or underlying biases. This is a major weakness, given the urgency with which validated COVID-19 models are needed. To address this, we give many recommendations which, if followed, will solve these issues and lead to higher-quality model development and well-documented manuscripts.

Industry

„...80% der FDA
Algorithmen schlechter als



Infrastruktur



PRECISE-MD



Partnerstandorte

