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# Transforming Healthcare

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**AI in diagnostic imaging: why?**

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# Artificial Intelligence in diagnostic imaging: why?



More efficient  
workflow



Shorter reading time



Early detection



Dose and contrast  
reduction



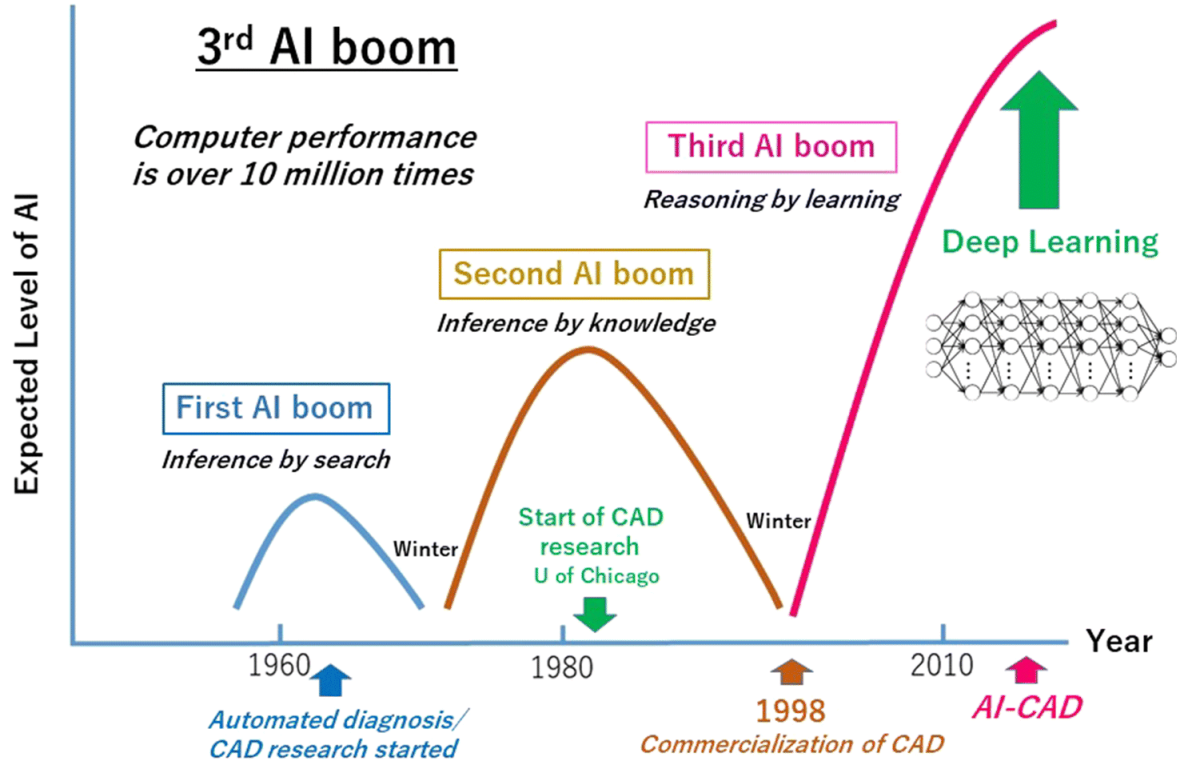
Improved diagnostic  
accuracy



Personalized  
diagnostics

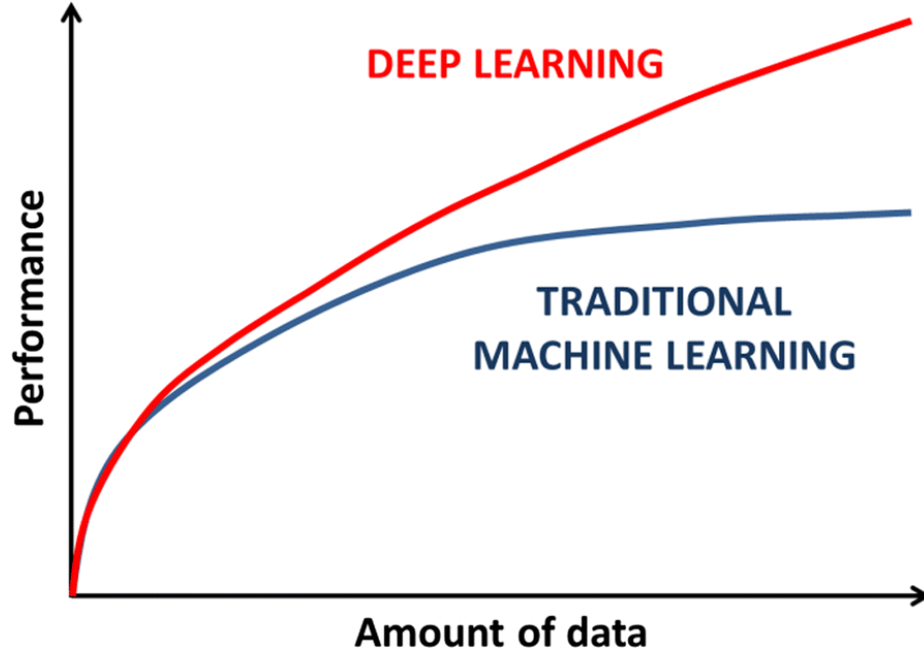
Efficiency  
Improvement

Increased  
Health

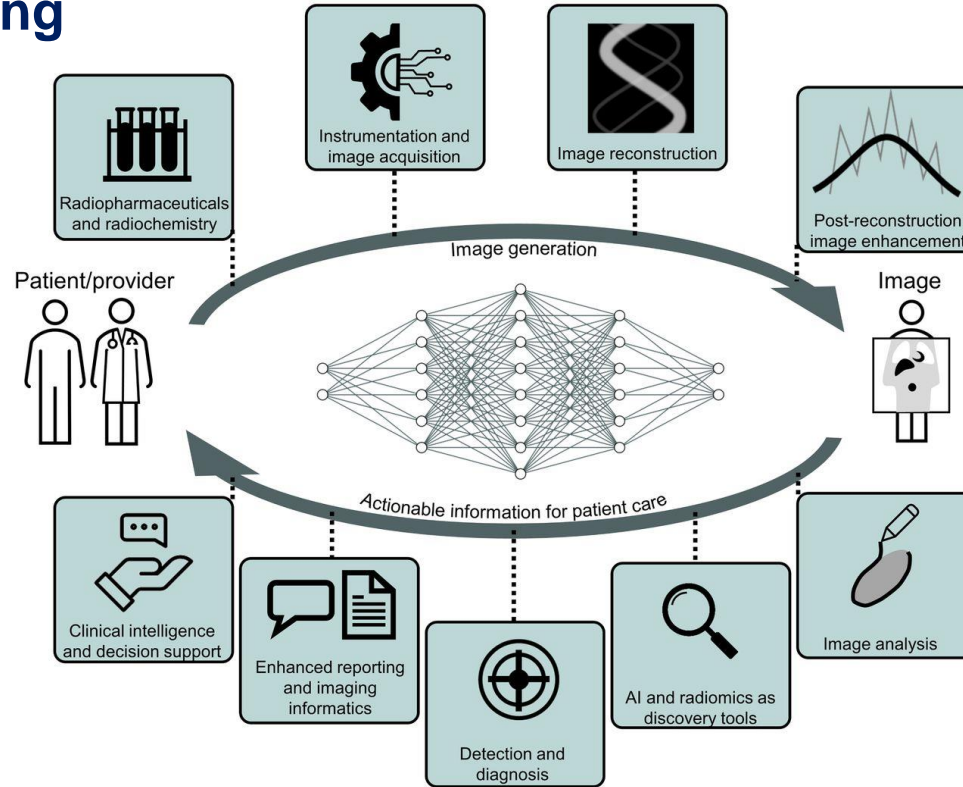


# Machine learning and deep learning performance

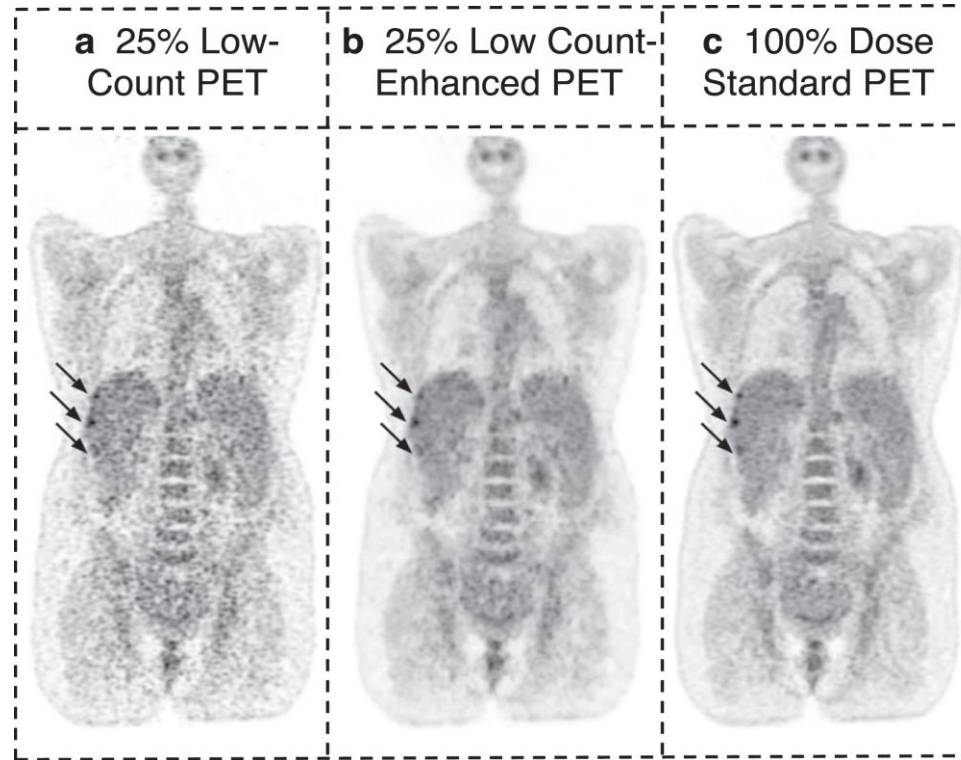
explainable Artificial Intelligence in healthcare Management  
2020-11-11, 09:38



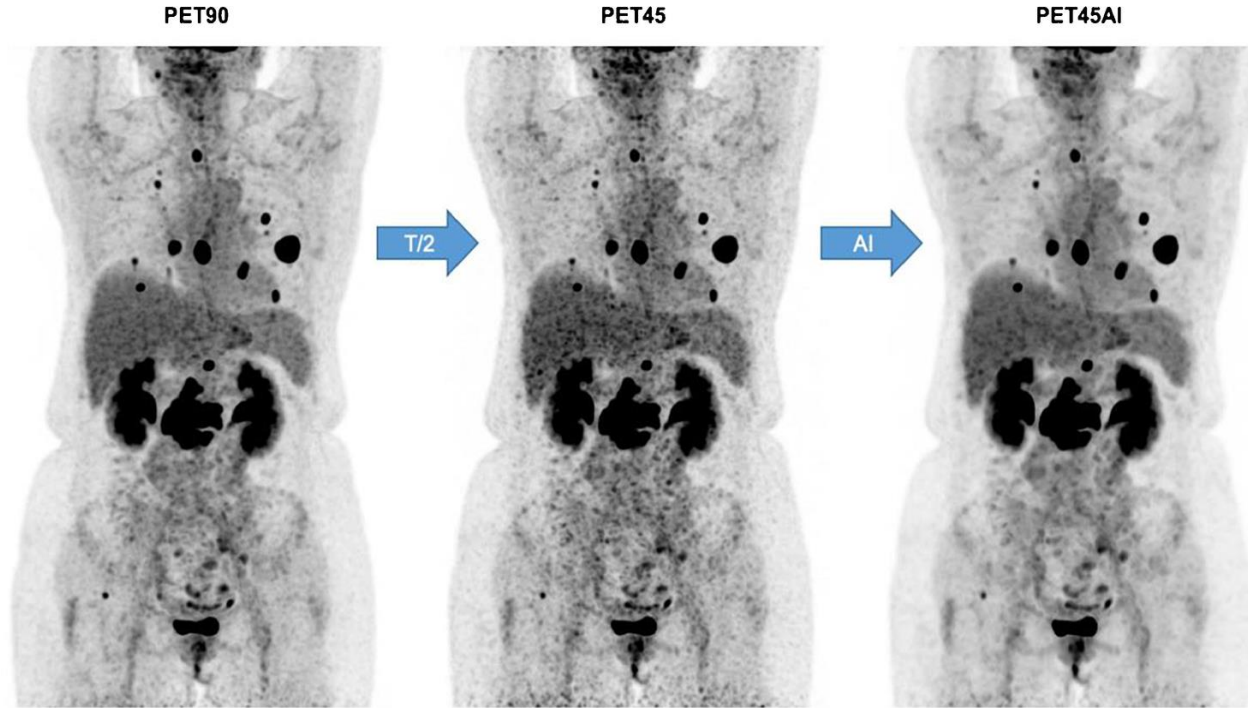
# Potential applications of Artificial Intelligence in diagnostic imaging



# AI applications for image quality restoration

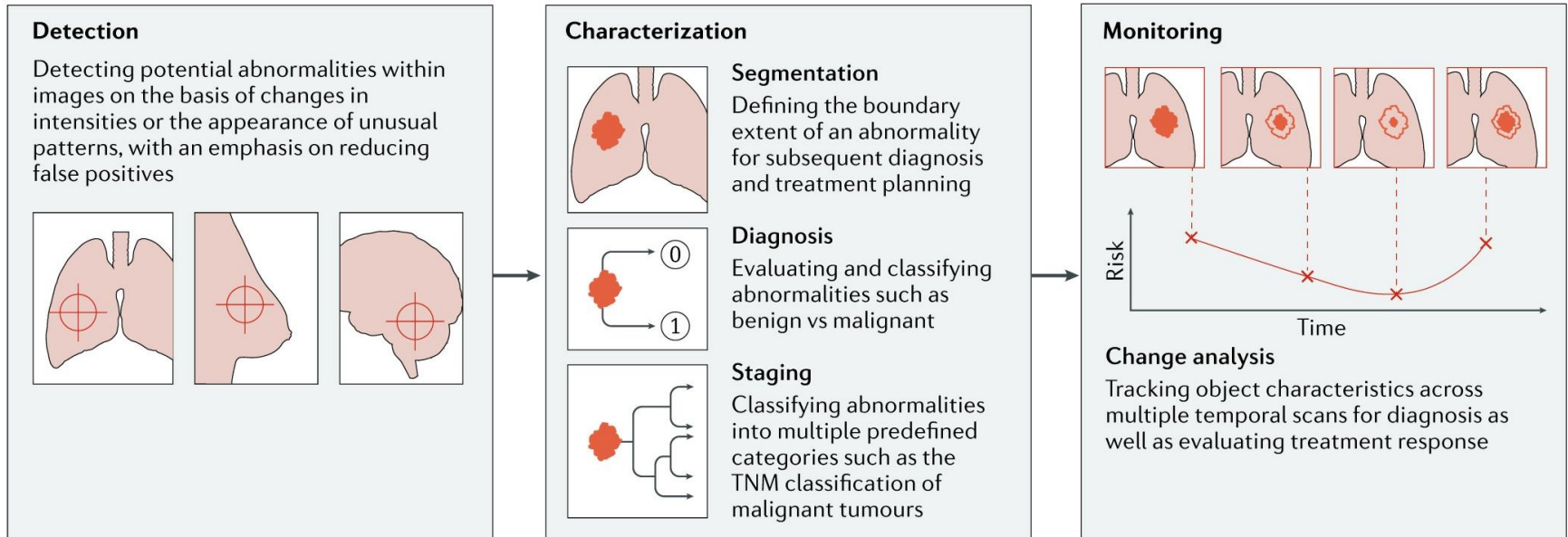


# AI applications for image quality restoration



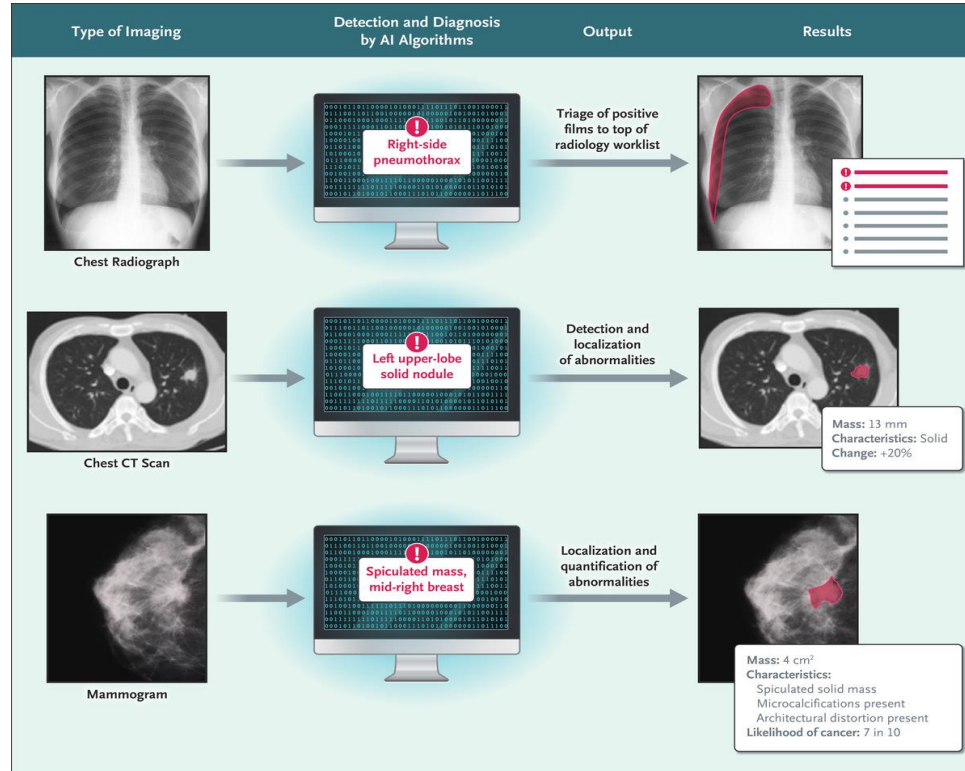
Weyts, K. et al. Artificial intelligence-based PET denoising could allow a two-fold reduction in  $[^{18}\text{F}]\text{FDG}$  PET acquisition time in digital PET/CT. *Eur J Nucl Med Mol Imaging* 49, 3750–3760 (2022).

# Artificial Intelligence in lesion detection and diagnosis





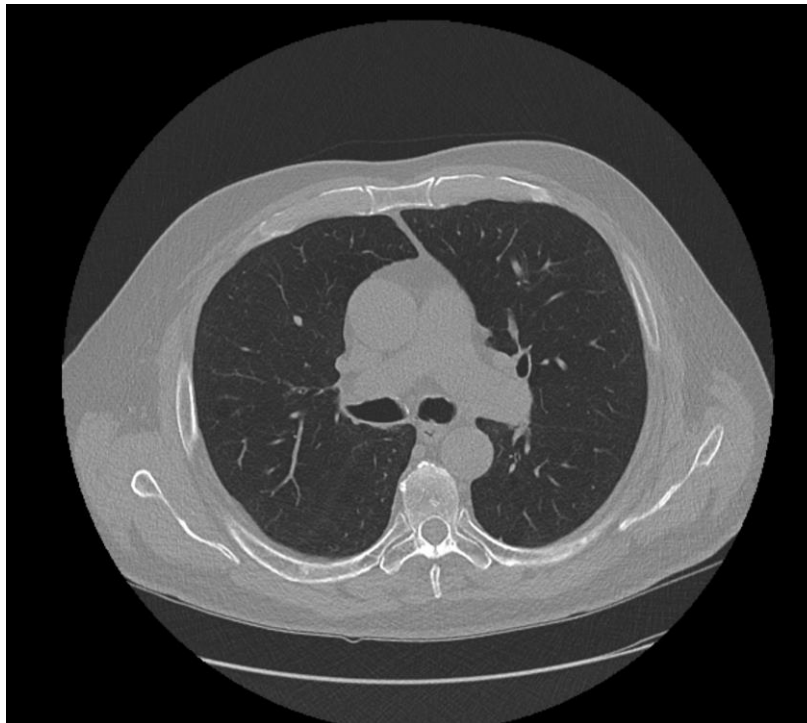
# Computer-Aided Detection (CADe) and Diagnosis (CADx) systems



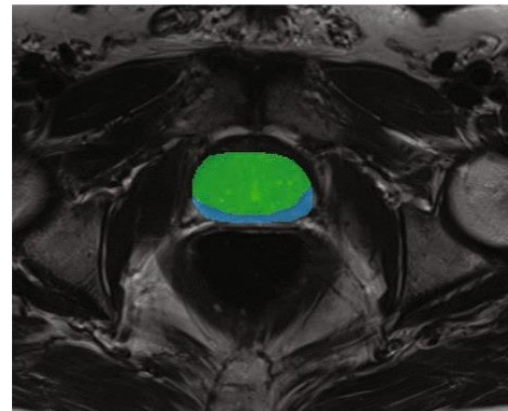
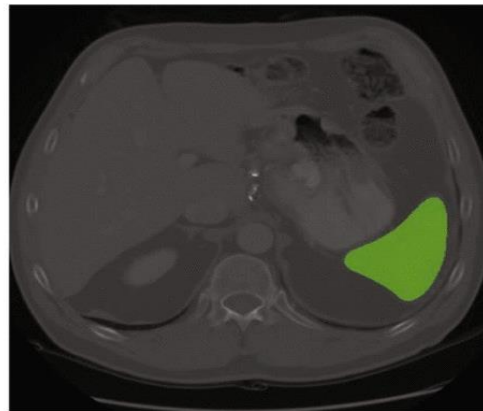
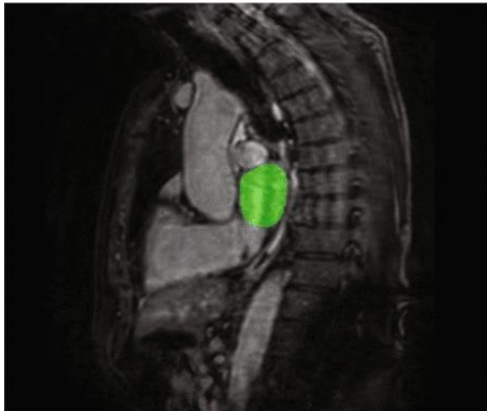
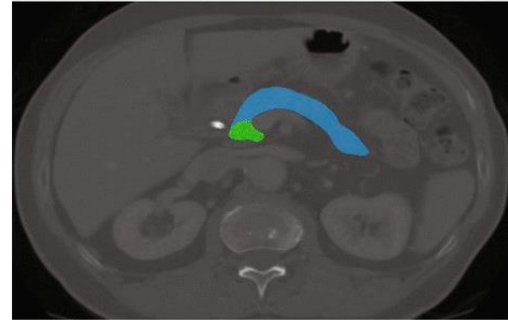
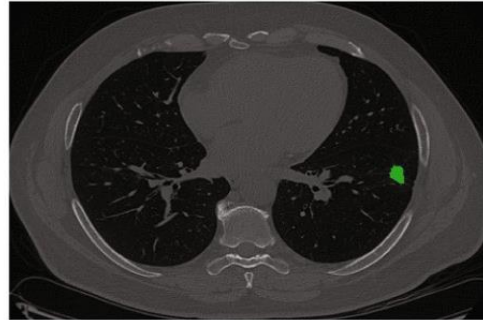
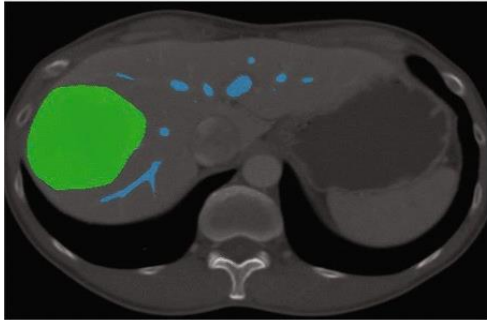
# Detection: Computer-Aided Detection

(CADe)

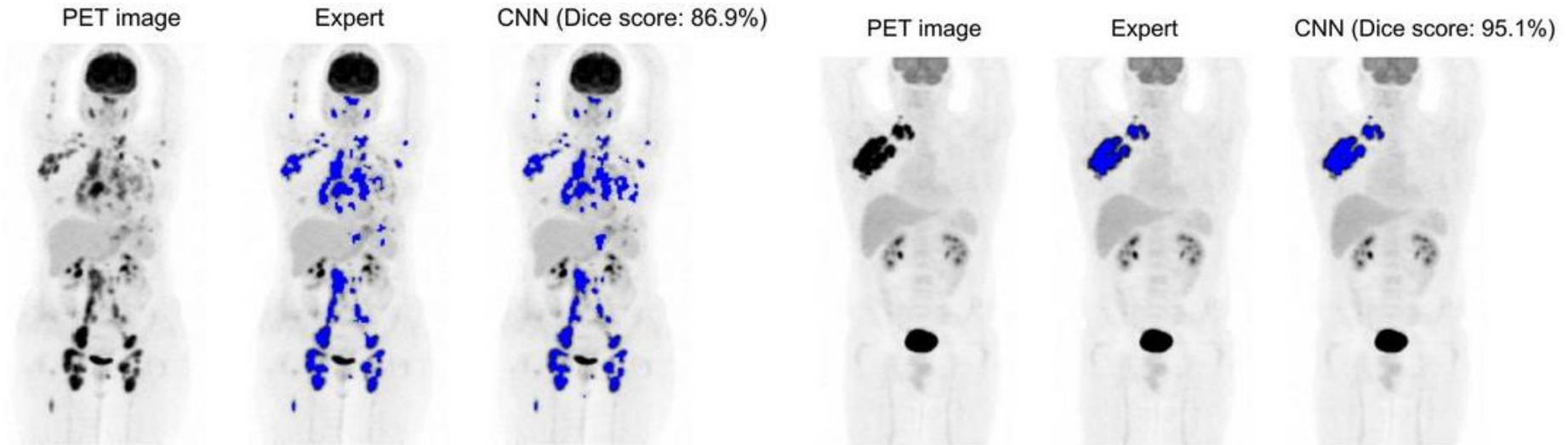
Explainable Artificial Intelligence in healthcare Management  
2020-LE-IA-0098



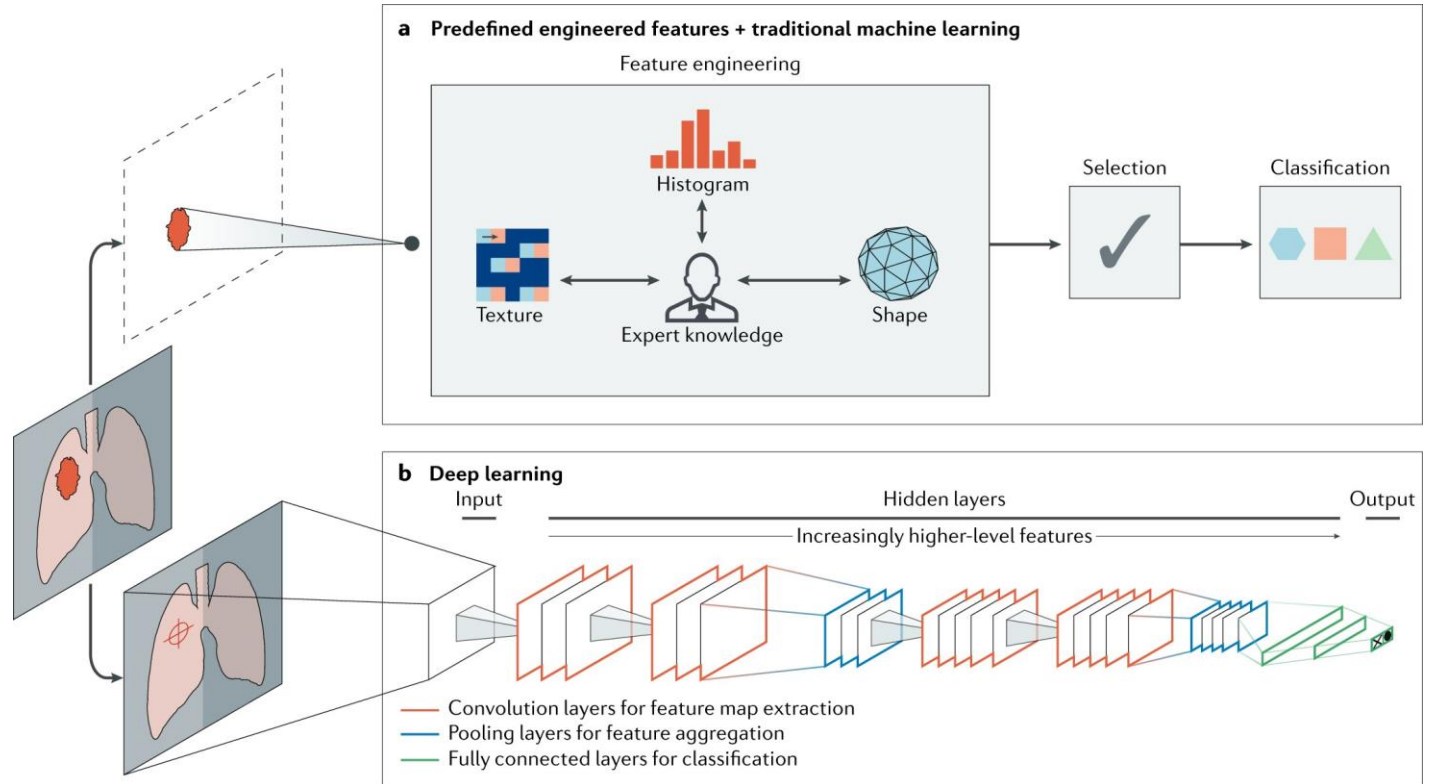
# AI applications for segmentation



# AI applications for segmentation



# Diagnosis: Machine Learning vs Deep Learning



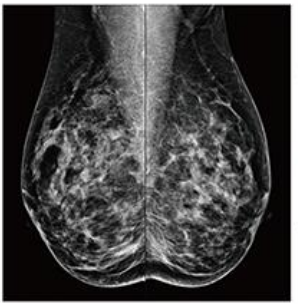
# Diagnosis: AI applied to mammography for breast cancer screening

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2021-EO-11-0088



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Qualitative Assessment by Radiologists



Quantitative Assessment by CAD

<b>GRADE A:</b> Almost entirely fat <b>GRADE B:</b> Scattered fibroglandular density <b>GRADE C:</b> Heterogeneously dense <b>GRADE D:</b> Extremely dense	Mass Asymmetry Distortion Calcifications	<b>Category 1:</b> Negative <b>Category 2:</b> Benign <b>Category 3:</b> Probably benign <b>Category 4:</b> Suspicious malignant <b>Category 5:</b> Highly suggestive of malignancy	Follow-up Biopsy
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	Total	R	L	RCC	RMCQ	ECC	LMCQ
Vol (ml)	83	43	43	42	43	40	36
Vol (%)	200	510	541	26	312	493	541
Vol (%)	8	8	7	12	8	8	7
Amb (%)	11	12	10	17	8	17	8
Vol score	0.12	0.13	0.32	0.16	0.42	0.3	0.25
Vol score	0.3	0.4	0.49	0.11	0.39	0.43	0.25
Q. abs	2	2	2	2	2	2	2
Q. abs	2.25	2.25	2	2.43	2.87	2.15	1.84

**HOLOGIC**

volpara®

Patient Name  
Patient ID  
Patient DOB  
Accession #  
Study Date

**d**

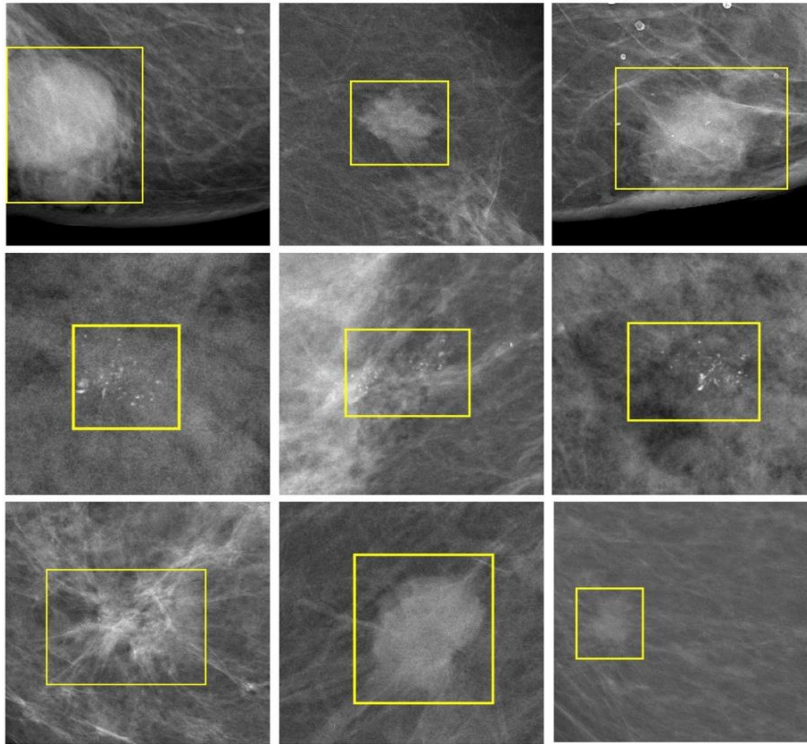
Volume of Fibroglandular Tissue (ml)<sup>3</sup>  
Volume of Breast (ml)<sup>3</sup>  
Volumetric Breast Density (%)

Right    Left  
136.2    124.5  
544.4    524.5  
25.1    23.7

1.8 mly    14 kVp    24.4%

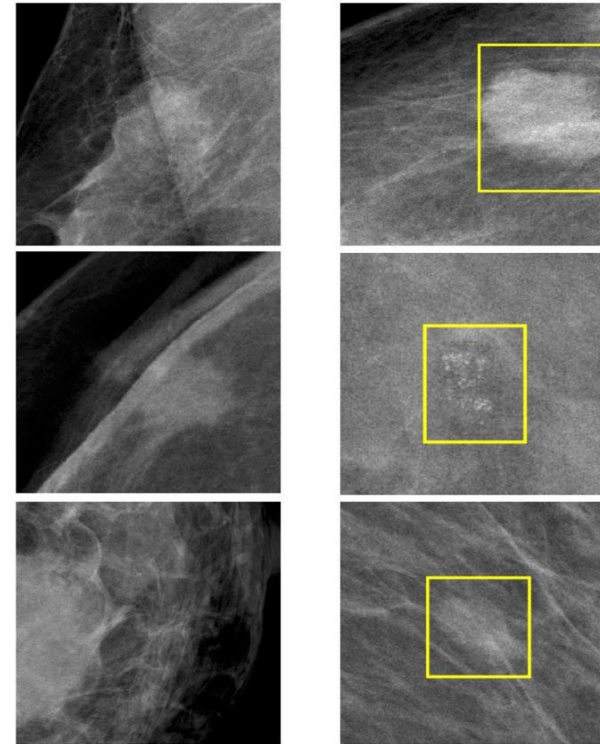
Yoon, J. H. & Kim, E. K. Deep Learning-Based Artificial Intelligence for Mammography. *Korean J Radiol* 22, 1225–1239 (2021).

## Malignant



True positives

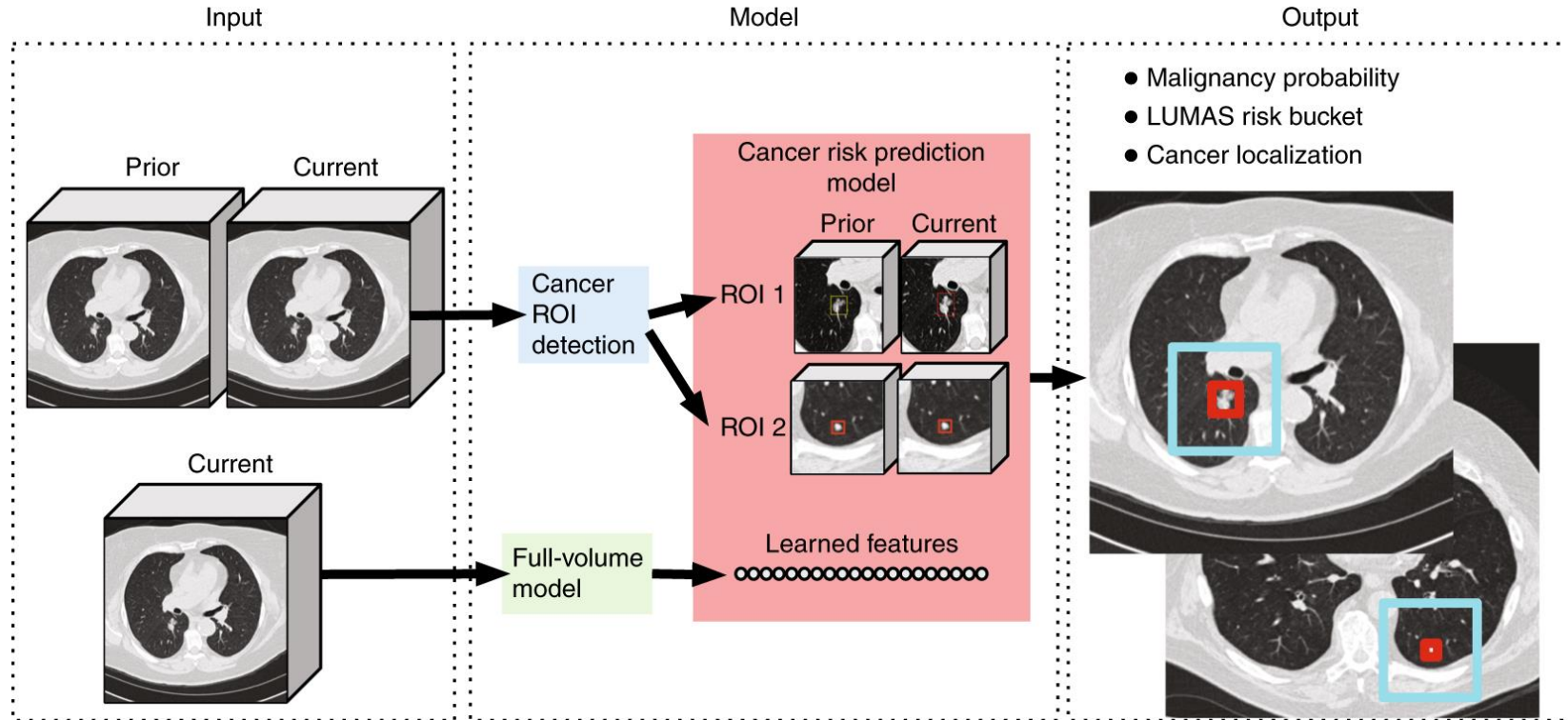
## Benign



False negatives

False positives

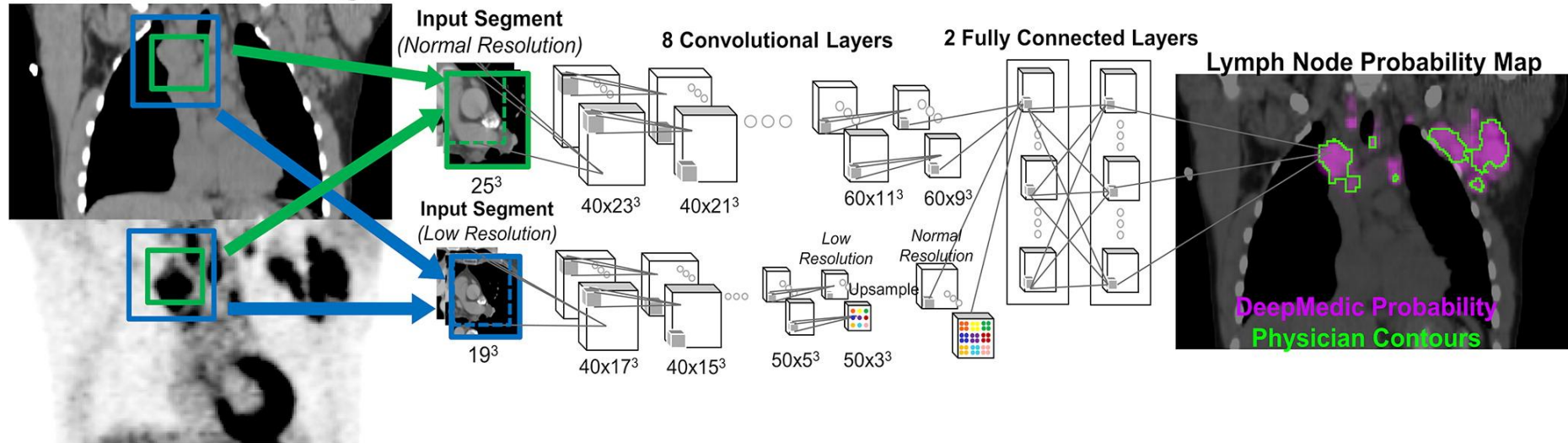
# Diagnosis: AI applied to low-dose chest CT for lung cancer screening

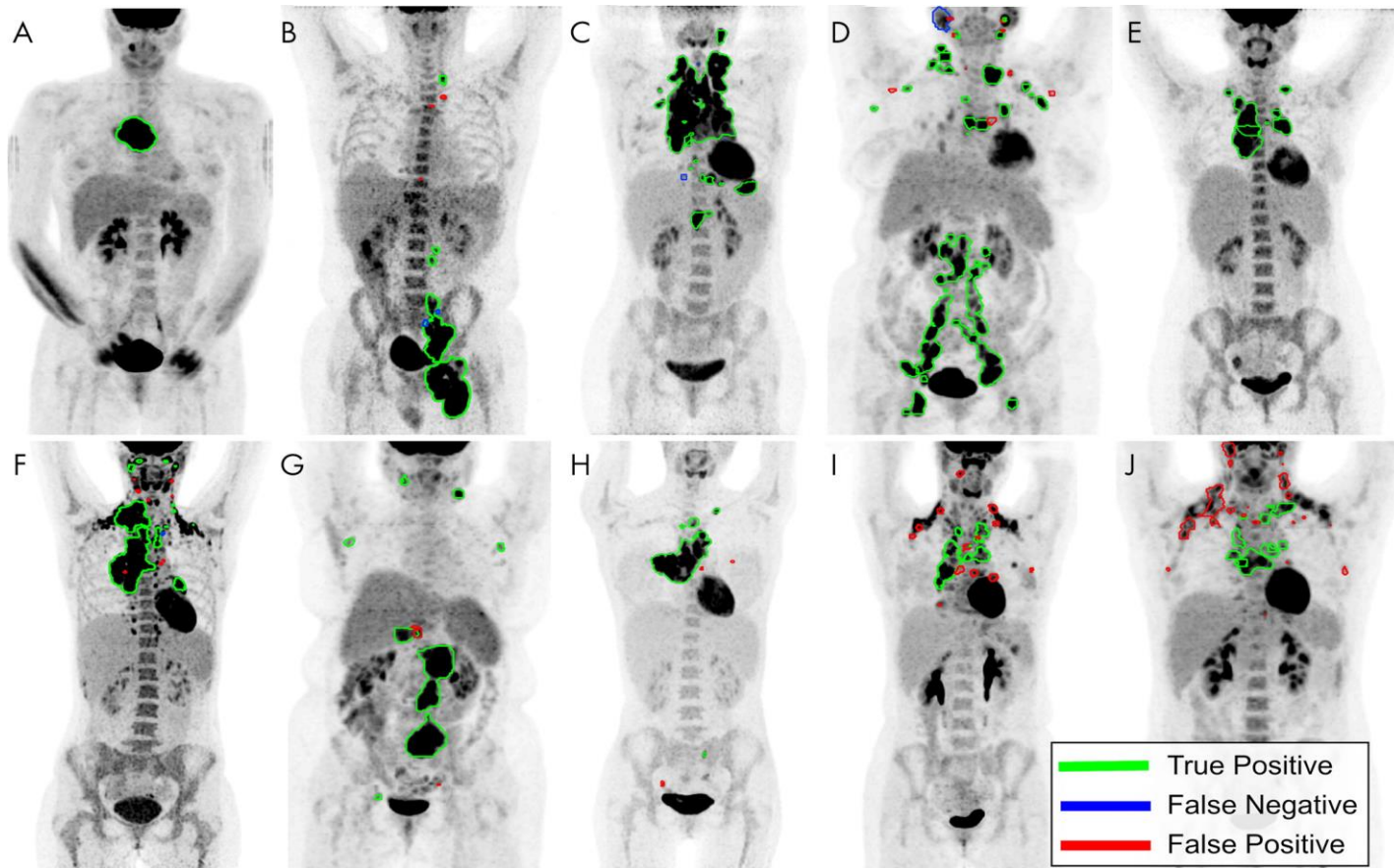


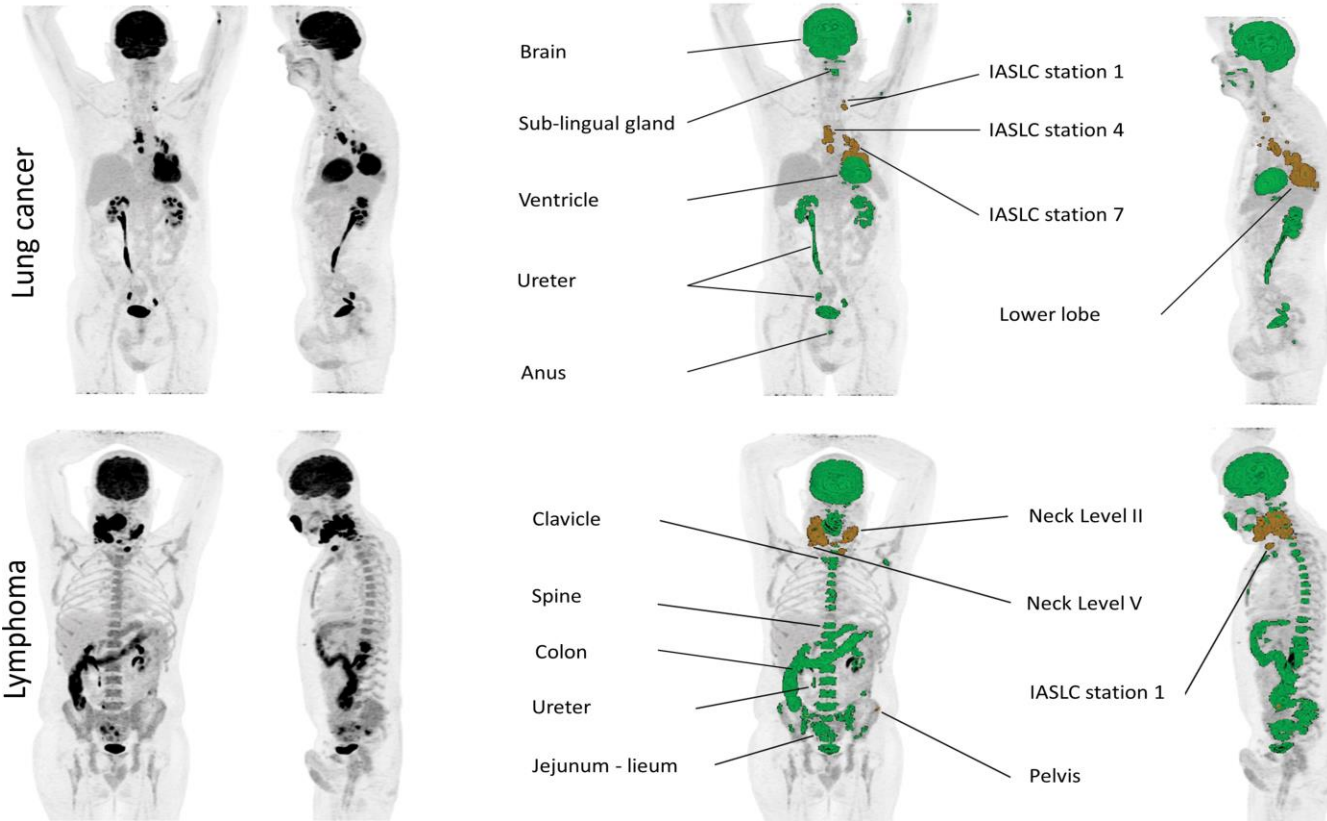


# Staging: AI applied to [<sup>18</sup>F]FDG PET/CT in lymphoma

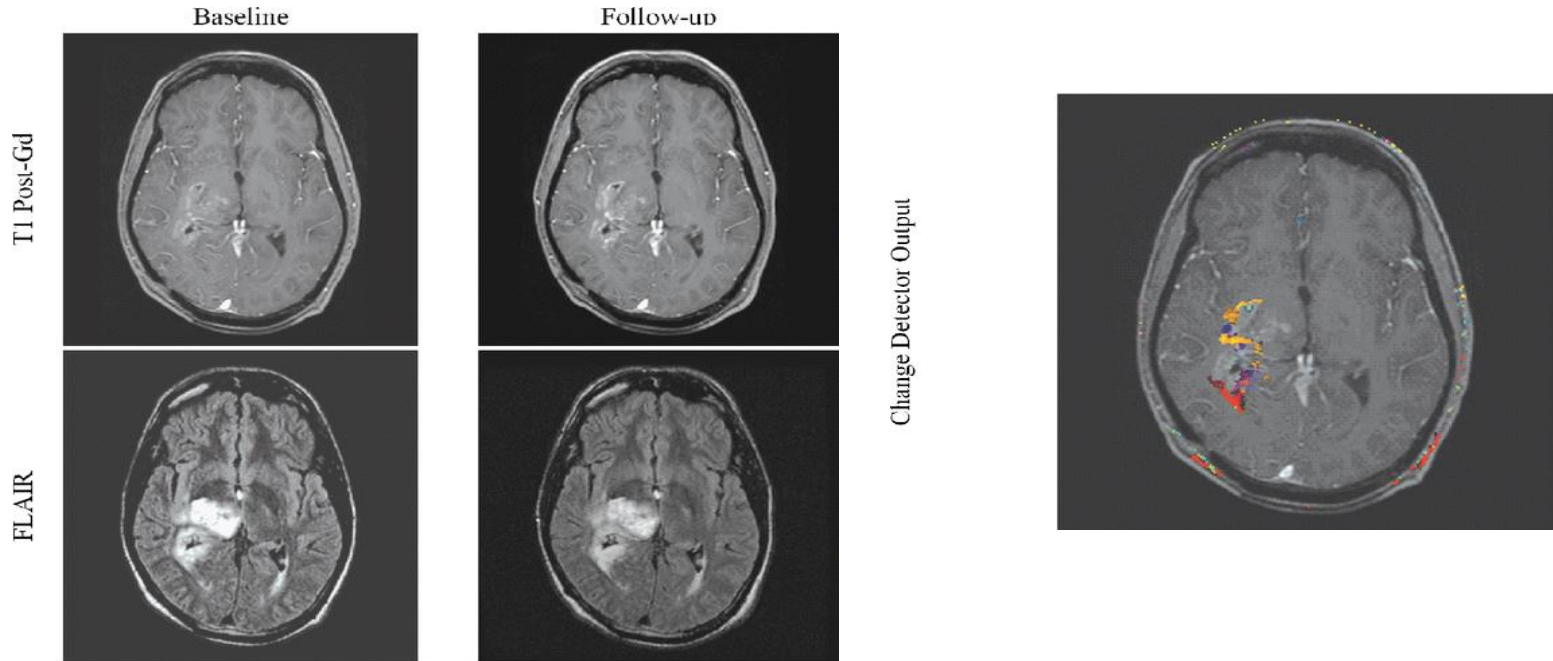
Channels: CT and PET images







# Monitoring: AI applied to serial MRI studies in brain tumours



# Risk prediction: AI applied to chest CT for cardiovascular risk

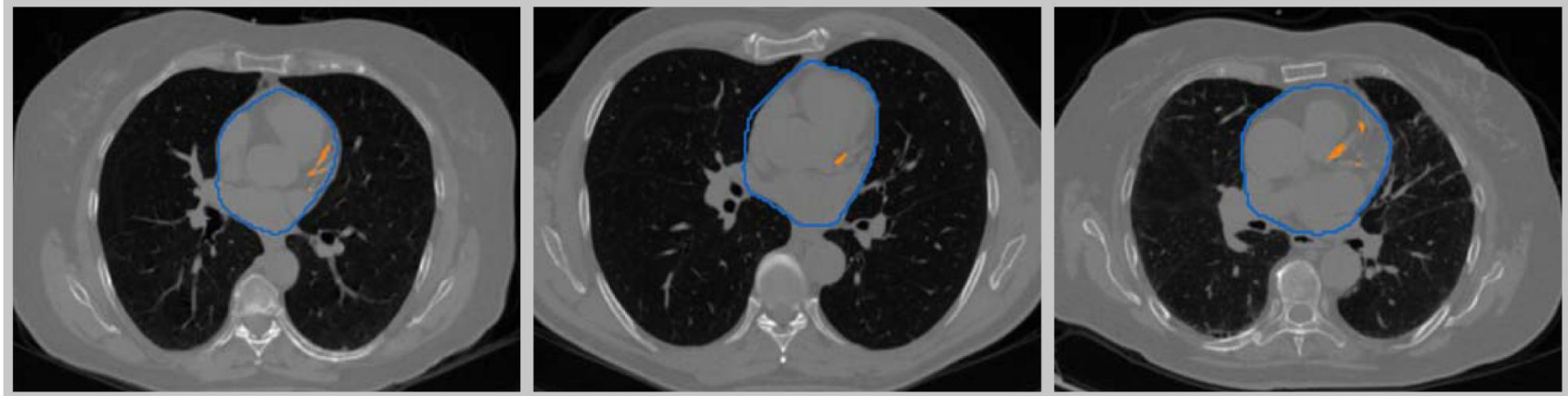
Explainable Artificial Intelligence in Healthcare Management  
2020-EU-RIA-0098



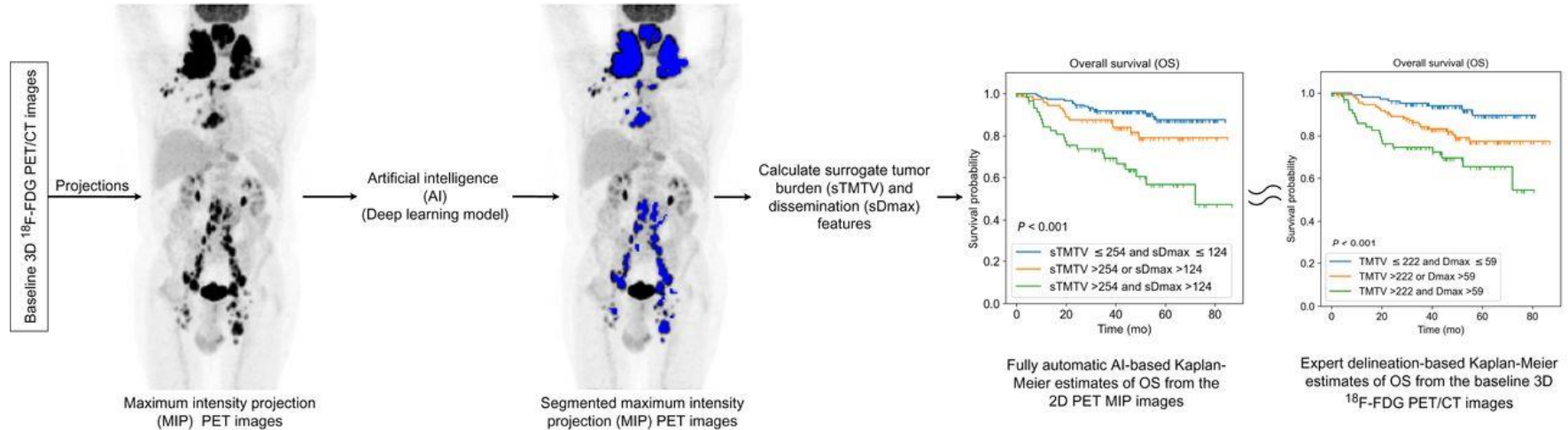
## Deep Learning System



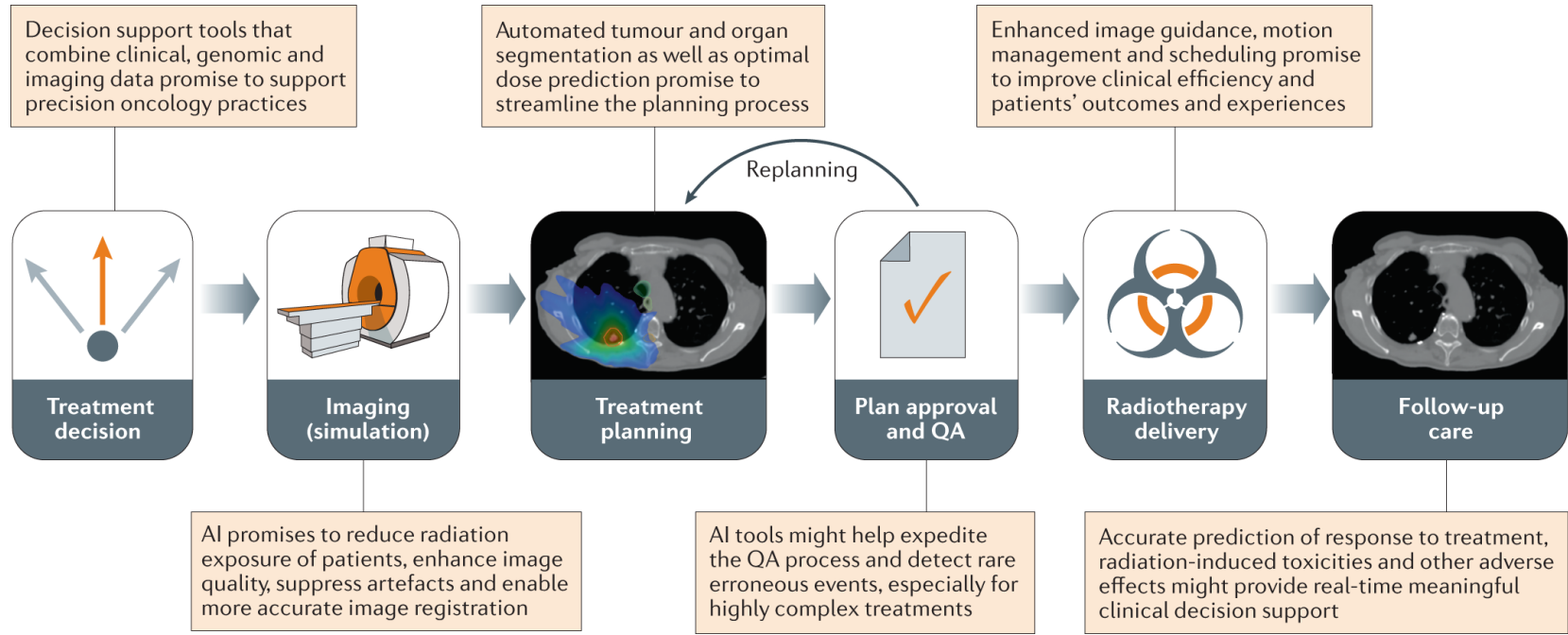
<b>Clinical Performance</b> Assessed the performance of the deep learning system to predict cardiovascular events in all independent test cohorts	<b>Clinical Risk Factors</b> Compared the results of the deep learning system with other clinical risk factors in all independent test cohorts	<b>Expert Readers</b> Compared the performance of the deep learning system with assessments of expert readers on 5,521 participants	<b>Test-Retest</b> Assessed the robustness of the deep learning system using test-retest analysis on participants that received two scans within one hour
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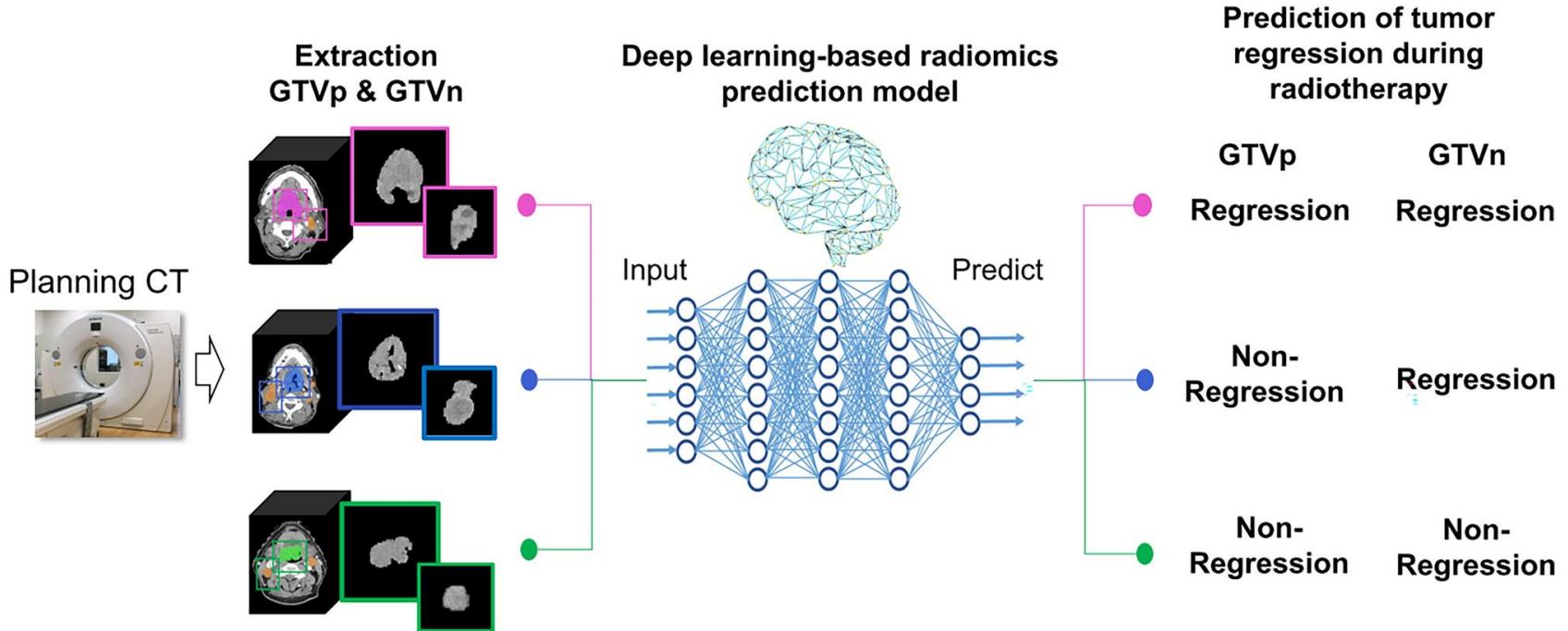
# Outcome prediction: AI applied to [<sup>18</sup>F]FDG PET/CT in lymphoma



# AI applications in radiation oncology

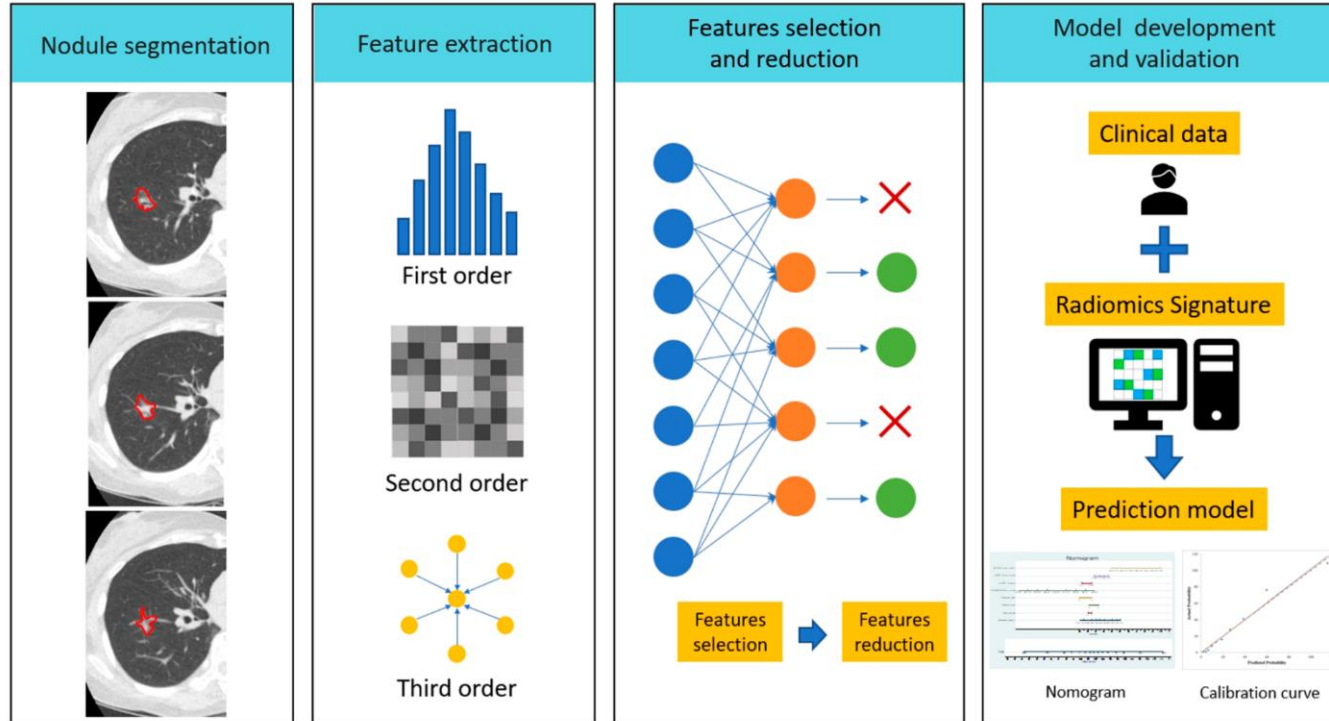


# AI applications in radiation oncology: outcome prediction





# Application of AI in advanced image analysis



## Personalised medicine



### Single treatment (*one-fits-all*)



### DIAGNOSTIC



Genetic analysis

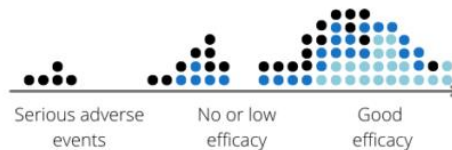


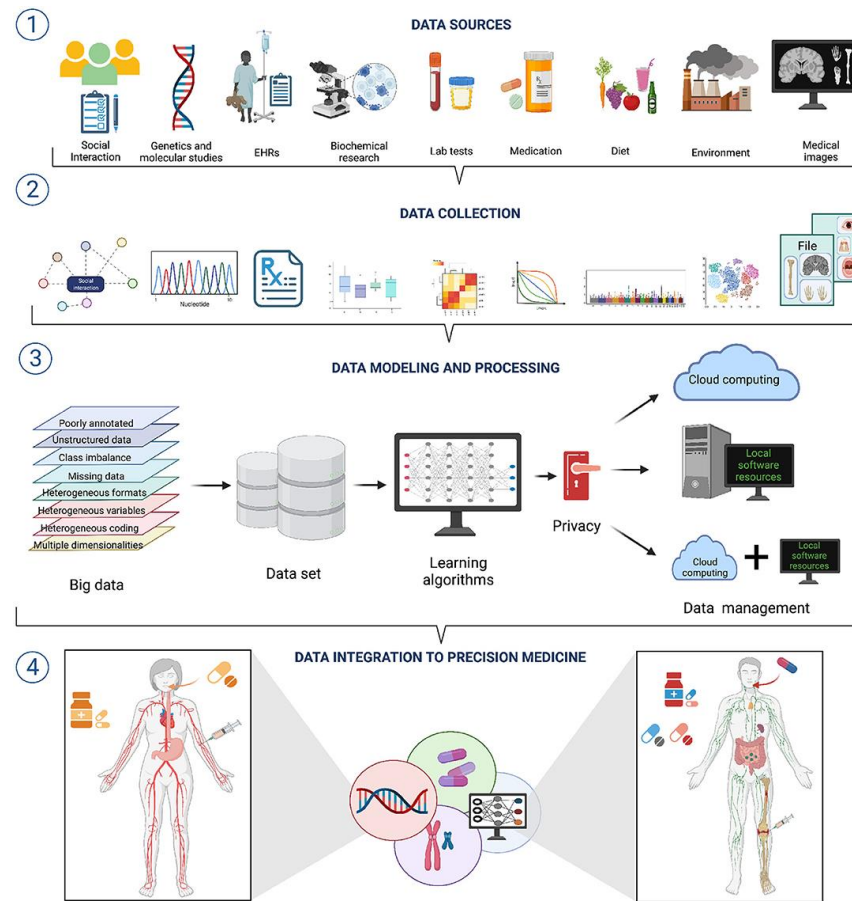
Biomarker analysis



Life style analysis

### Personalised treatment

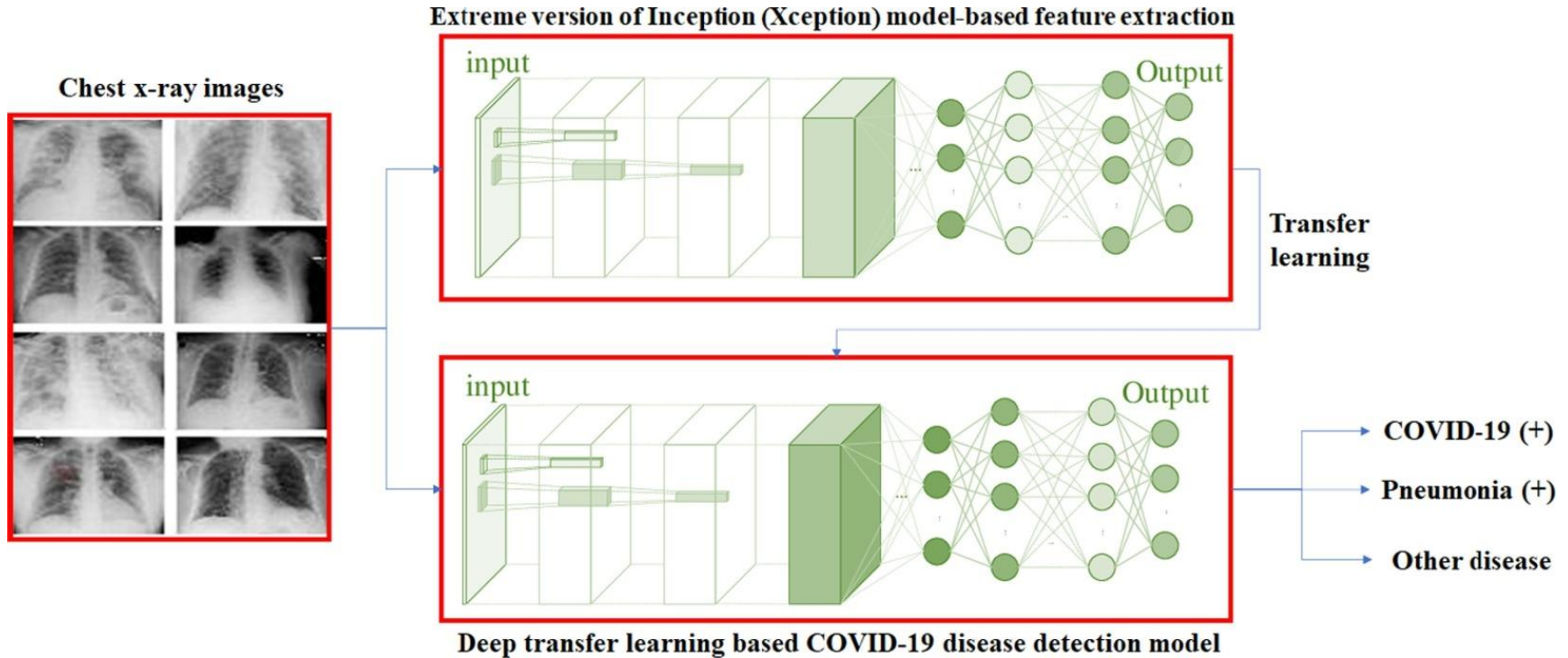




# Challenges for implementing AI in clinical routine: all that glitters is not gold

Challenge	Solution
<b>1</b> MODEL BIAS	<ul style="list-style-type: none"><li>• Recording and reporting race, gender and demographic distributions.</li><li>• Active efforts to obtain representative, heterogenous data sets.</li></ul>
<b>2</b> DATA SECURITY	<ul style="list-style-type: none"><li>• Federated learning.</li><li>• Advanced encryption.</li></ul>
<b>3</b> DATA SIZE LIMITATIONS	<ul style="list-style-type: none"><li>• Transfer learning.</li><li>• Synthetic data.</li><li>• Self supervised learning.</li></ul>
<b>4</b> VARIABLE METHODOLOGY STANDARDS	<ul style="list-style-type: none"><li>• Peer-reviewed publication using AI frameworks (e.g. SPIRIT-AI)</li><li>• External-validation.</li><li>• Prospective studies and RCTs.</li></ul>

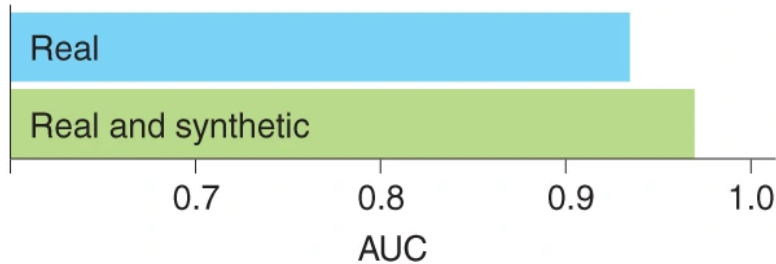
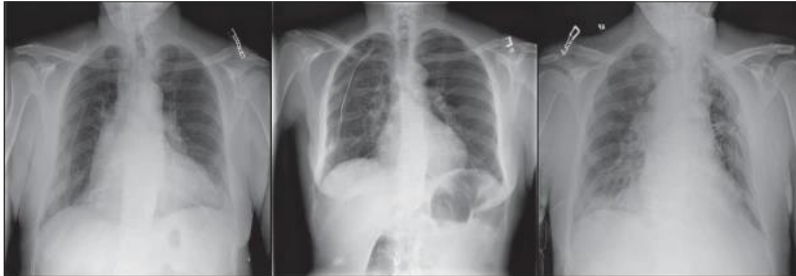
# Facing data size limitations: Transfer learning



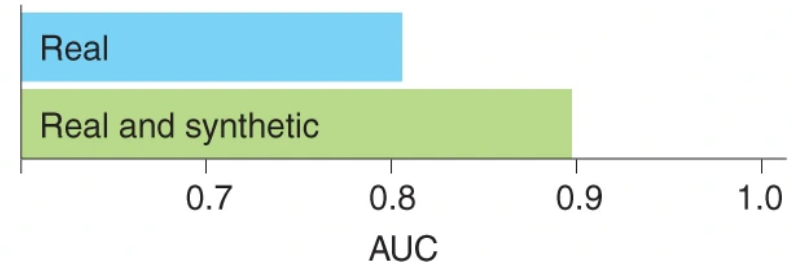
# Facing data size limitations: Synthetic images

Chest X-rays

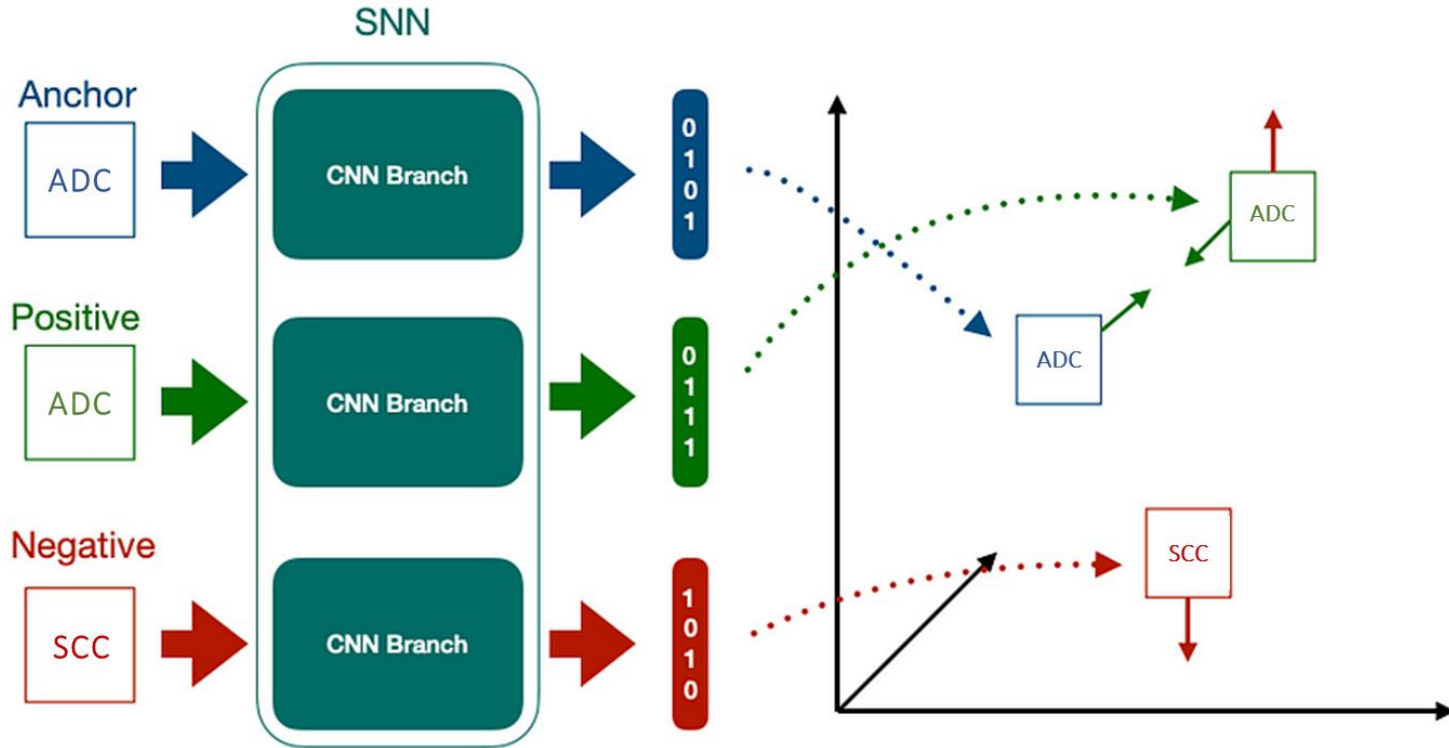
Synthetic images



Real images

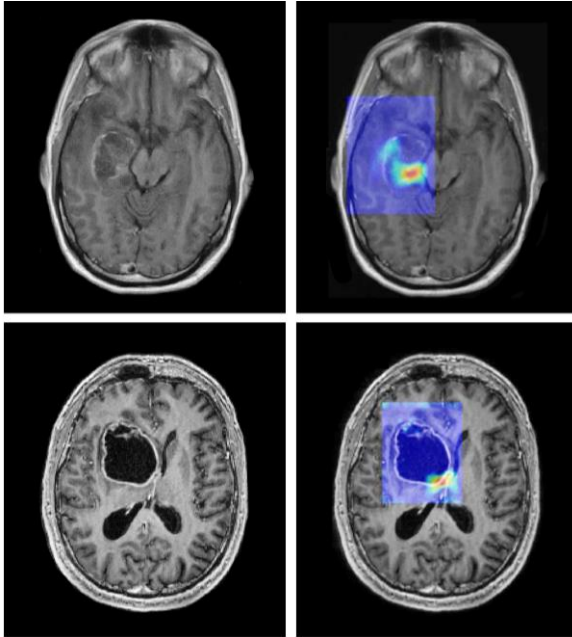


# Facing data size limitations: Triplet networks



# Explainable AI: the GradCAM

*IDH1 mutant glioblastoma*



*IDH1/2 wild type glioblastoma*

