



Dipartimento Integrato Interistituzionale
DIPINT



Primo Workshop
Clinical Research and Innovation

Venerdì 4 luglio 2014 9.00 - 19.00
Aula Magna - Polo Fibonacci - Largo Pontecorvo 3, Pisa



**Quantitative imaging and imaging biobanks:
a forefront international project in diagnostic imaging**

Emanuele Neri, Davide Caramella, Carlo Bartolozzi

Radiologia Diagnostica e Interventistica

Dipartimento di Ricerca Traslazionale e Nuove Tecnologie in Medicina

Università di Pisa

emanuele.neri@med.unipi.it

Disclosure

- **Chair ESR Working Group on Imaging Biobanks**
- **Member Quantitative Imaging Biomarkers Alliance Europe**
- **Member ESR eHealth SubCommittee**

- **Member RSNA Radiology Informatics Committee**



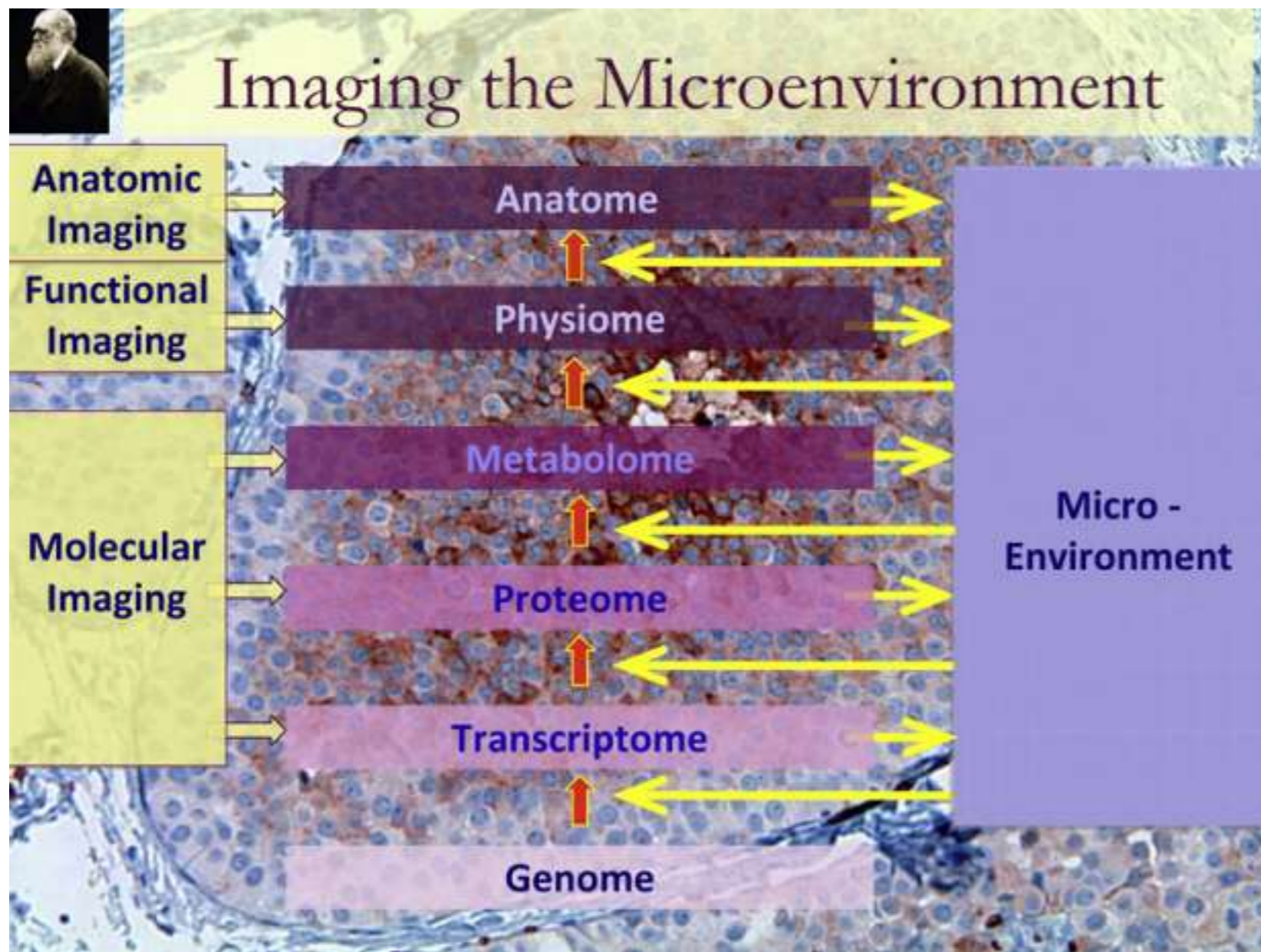


From genotype to phenotype

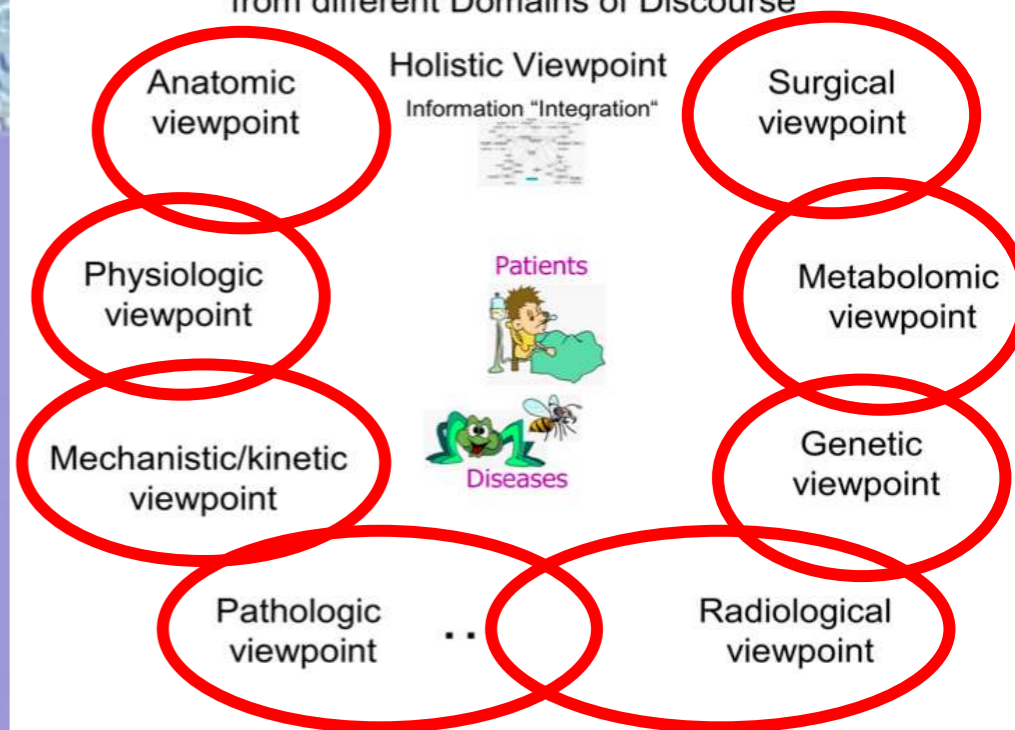
The biology underlying molecular imaging in oncology: from genome to anatome and back again

R.J. Gillies*, A.R. Anderson, R.A. Gatenby, D.L. Morse

H Lee Moffitt Cancer Center and Research Institute, Tampa, FL 33602, USA



"n+1" Generic and Complimentary Viewpoints from different Domains of Discourse



Anatomic Imaging

Functional Imaging

Big data = Imaging Biomarkers

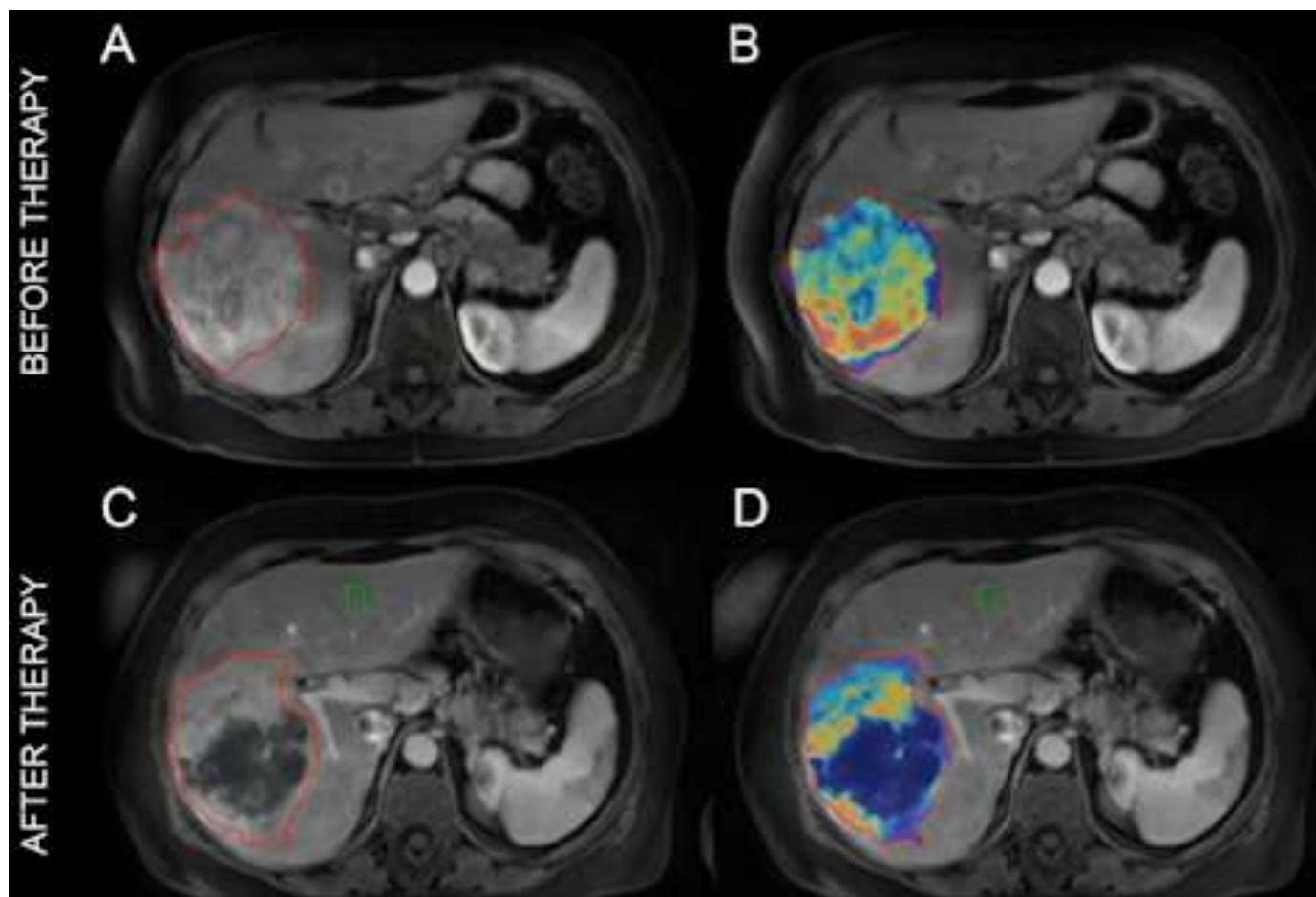
Molecular Imaging

What is Quantitative Imaging?

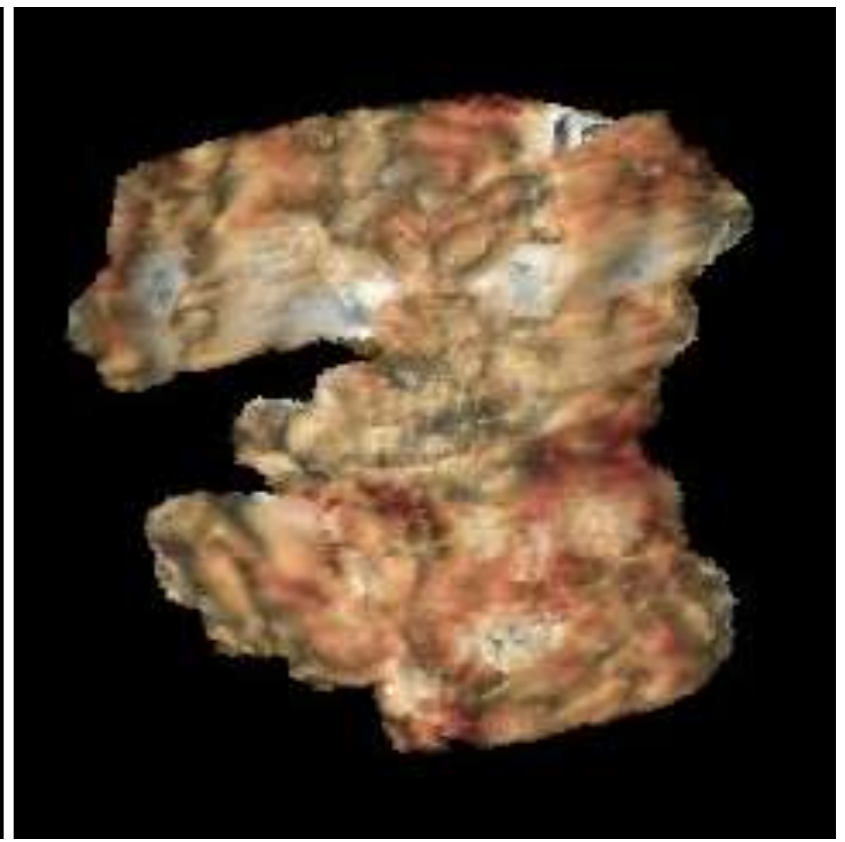
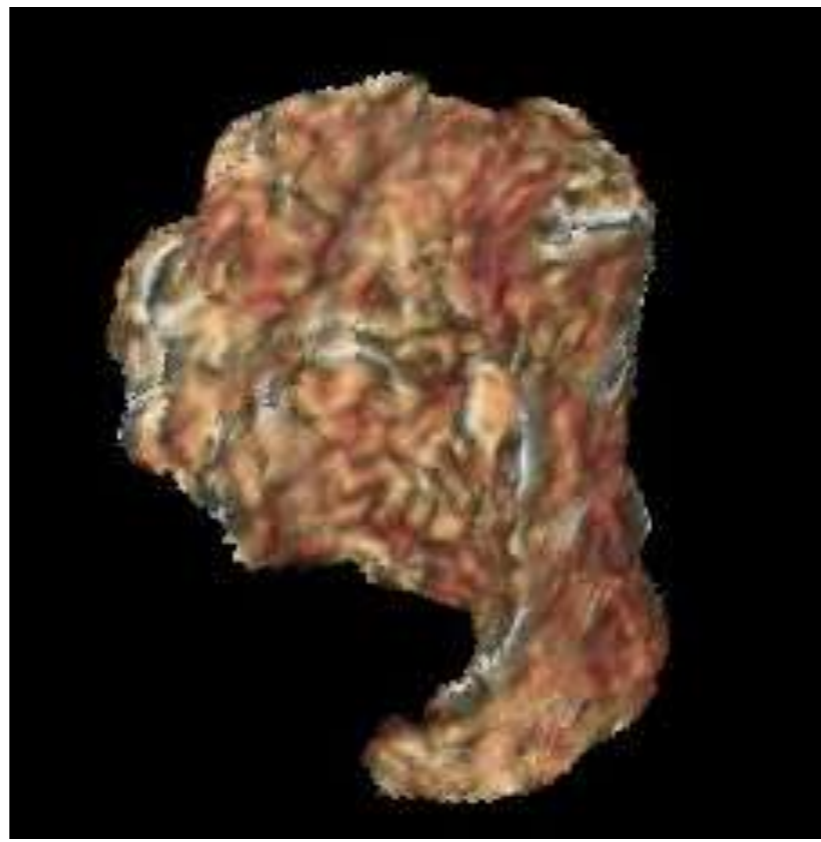
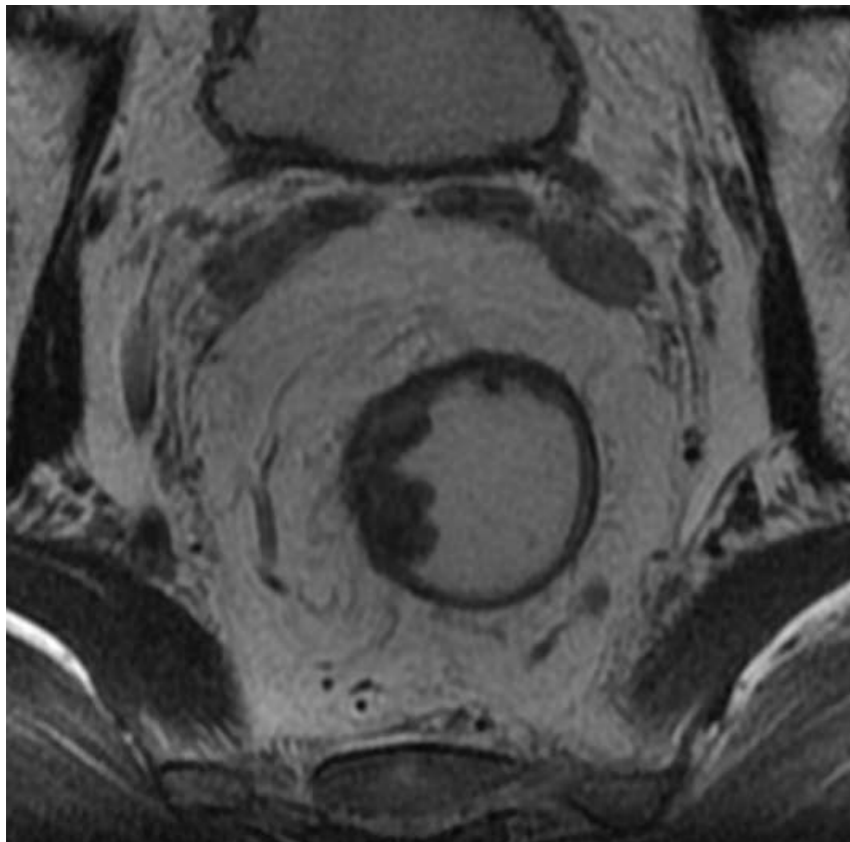
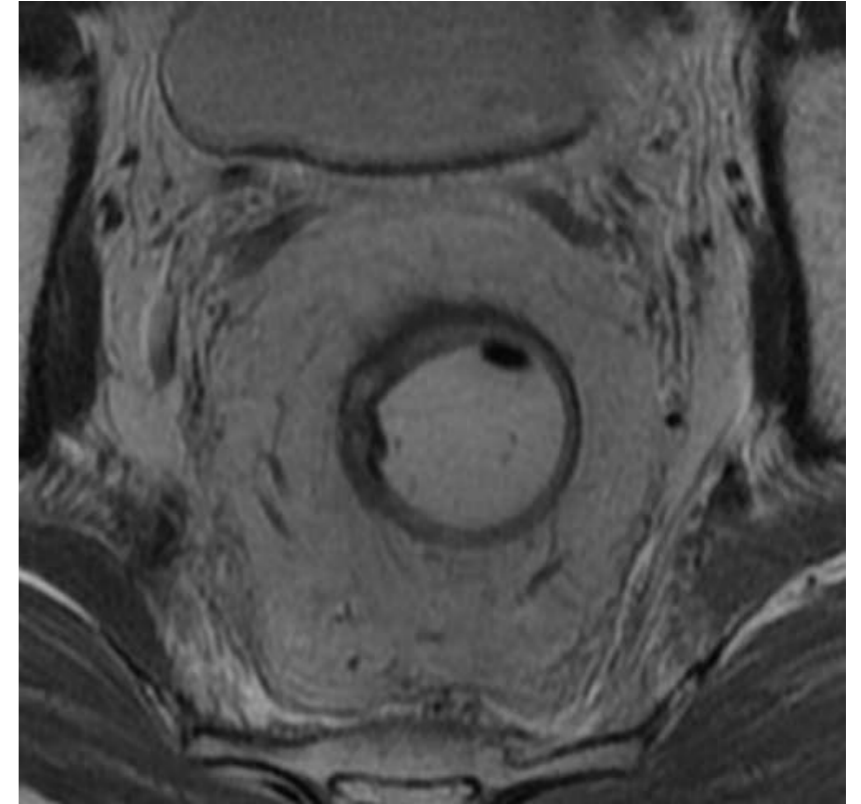
Quantitative imaging is the extraction of quantifiable features from medical images for the assessment of normal or the severity, degree of change, or status of a disease, injury, or chronic condition relative to normal. Quantitative imaging includes the development, standardization, and optimization of anatomical, functional, and molecular imaging acquisition protocols, data analyses, display methods, and reporting structures. These features permit the validation of accurately and precisely obtained image-derived metrics with anatomically and physiologically relevant parameters, including treatment response and outcome, and the use of such metrics in research and patient care.

Extraction of quantifiable features from medical images (i.e. oncologic imaging)

- Volume (vital vs non-vital tumor tissue)
- Contrast enhancement (tumor neo-angiogenesis)
- Diffusion wighted Imaging (tumor cellularity)
- MR spectroscopy (metabolite composition)
- PET (metabolic activity)
- Ultrasound - Elastasonography (tissue elasticity)



Measurable oncologic biomarker: tumor volume

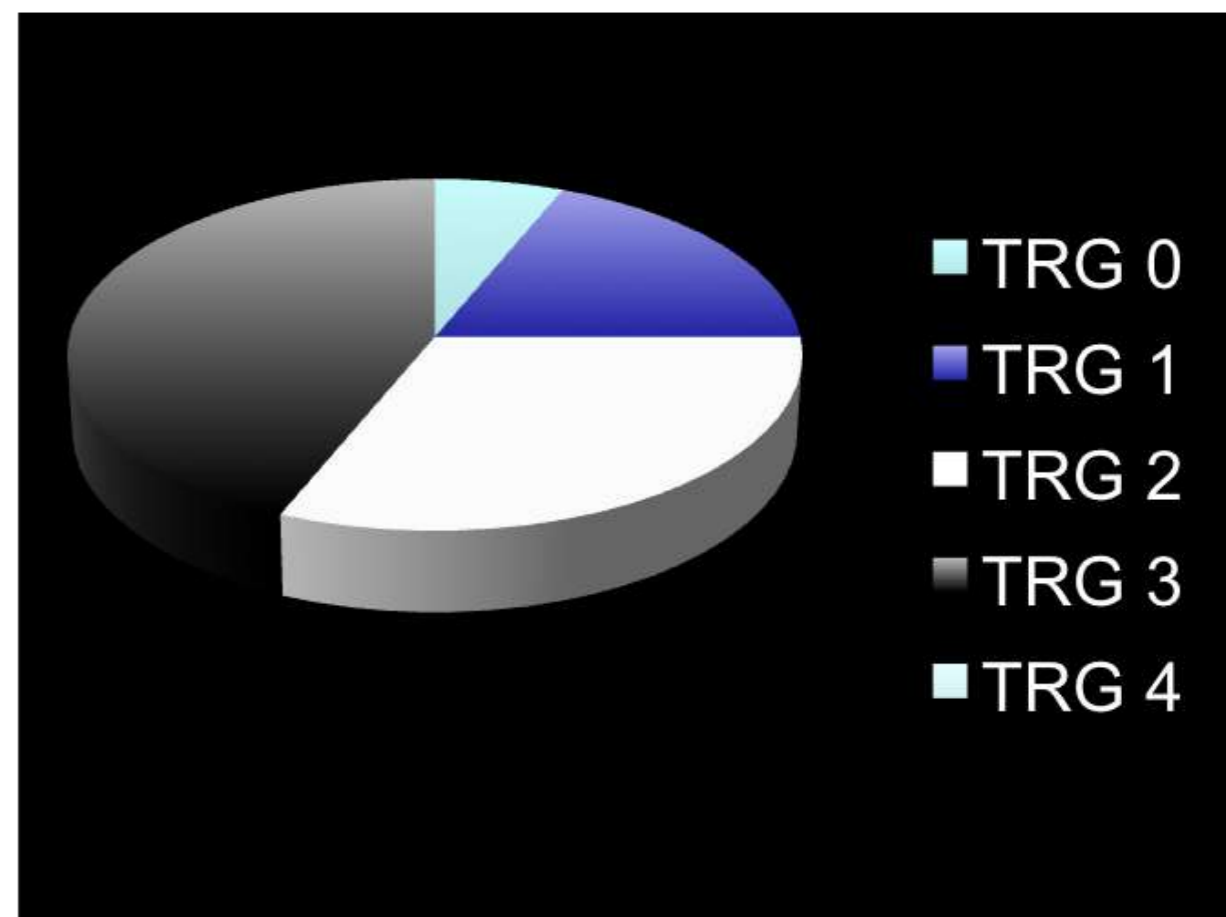


New diagnostic strategy

Identification of patients responder vs non-responder to chemo- and radio-therapy

Tumor Regression Grade - Dworak

0. No regression
1. Predominantly tumor with significant fibrosis and/or vasculopathy
2. Predominantly fibrosis with scattered tumor cells (slightly recognizable histologically)
3. Only scattered tumor cells in the space of fibrosis with/without acellular mucin
4. No vital tumor cells detectable



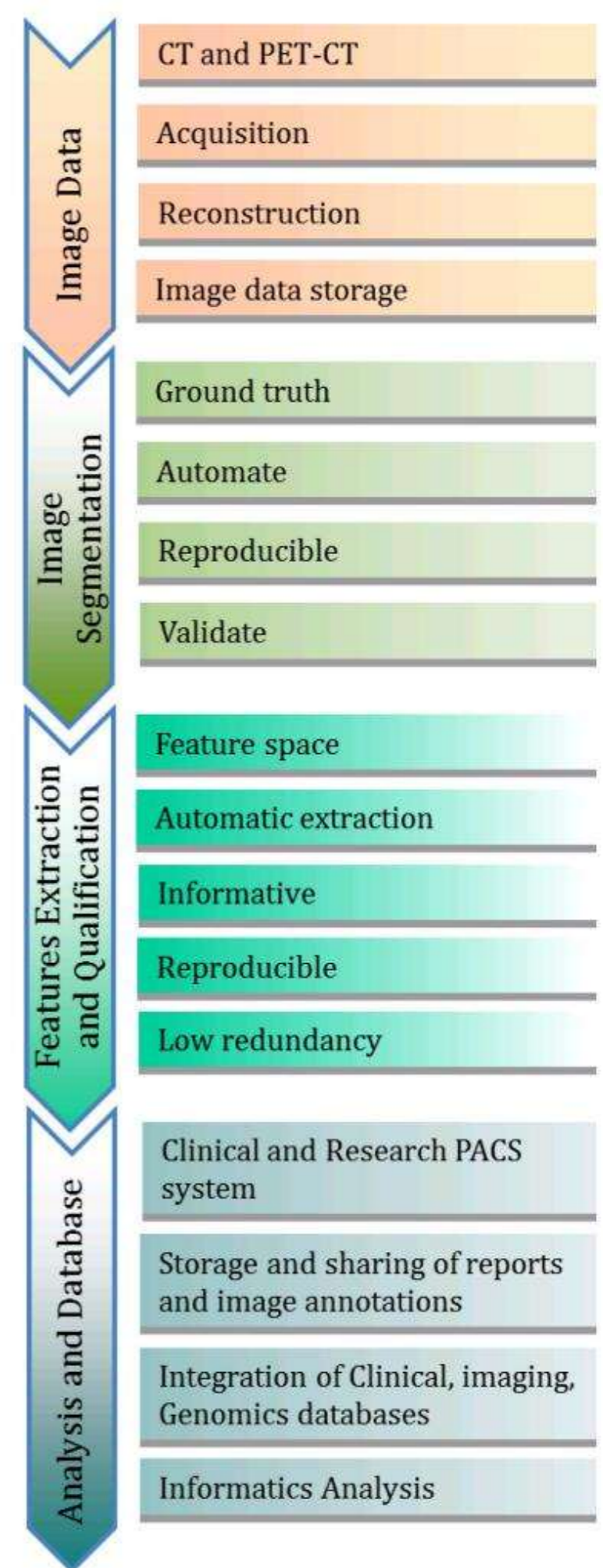
TRG 4 correlate with a tumor volume reduction >80%

Radiomics: the process and the challenges

Virendra Kumar^a, Yuhua Gu^a, Satrajit Basu^b, Anders Berglund^c, Steven A. Eschrich^c,
Matthew B. Schabath^d, Kenneth Forster^e, Hugo J.W.L. Aerts^{f,h}, Andre Dekker^f,
David Fenstermacher^c, Dmitry B. Goldgof^b, Lawrence O. Hall^b, Philippe Lambin^f,
Yoganand Balagurunathan^a, Robert A. Gatenby^g, Robert J. Gillies^{a,g,*}

Radiomics

“Radiomics” refers to the extraction and analysis of large amounts of advanced quantitative imaging features with high throughput from medical images.



MISSION

○ Horizon 2020 and the Big Data issue

- To promote the development of imaging biobanks and **intelligent tools (CAD)** for the **analysis and processing** of **imaging biomarkers**.
- To promote **the standardisation, validation and benchmarking** of the imaging data included in those biobanks.
- To stimulate the **linking and integration** of existing (national and regional) image data repositories.
- To stimulate the **link between imaging biobanks and traditional biobanks** through the development of standards.
- To explore the **economical, ethical/legal issues** for the management of imaging biobanks.

Personalised medicine starts with the patient.

However, rather than having a unique treatment for each individual person, patients can be sub-divided into groups based on their individual biological genetic and genomic characteristics.

By this stratification of patients, **medical interventions can be tailored to be more effective and have fewer undesirable side effects for this particular group, than the currently dominating "one size fits all" medical approach.**



Emanuele Neri

Radiologia Diagnostica e Interventistica
Dipartimento di Ricerca Traslazionale e Nuove
Tecnologie in Medicina
Università di Pisa

emanuele.neri@med.unipi.it