

Medical Imaging Informatics

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<http://willhsu.discoveryinformatics.org>



[@uclawillhsu](https://twitter.com/uclawillhsu)

UCLA

Health
Radiology

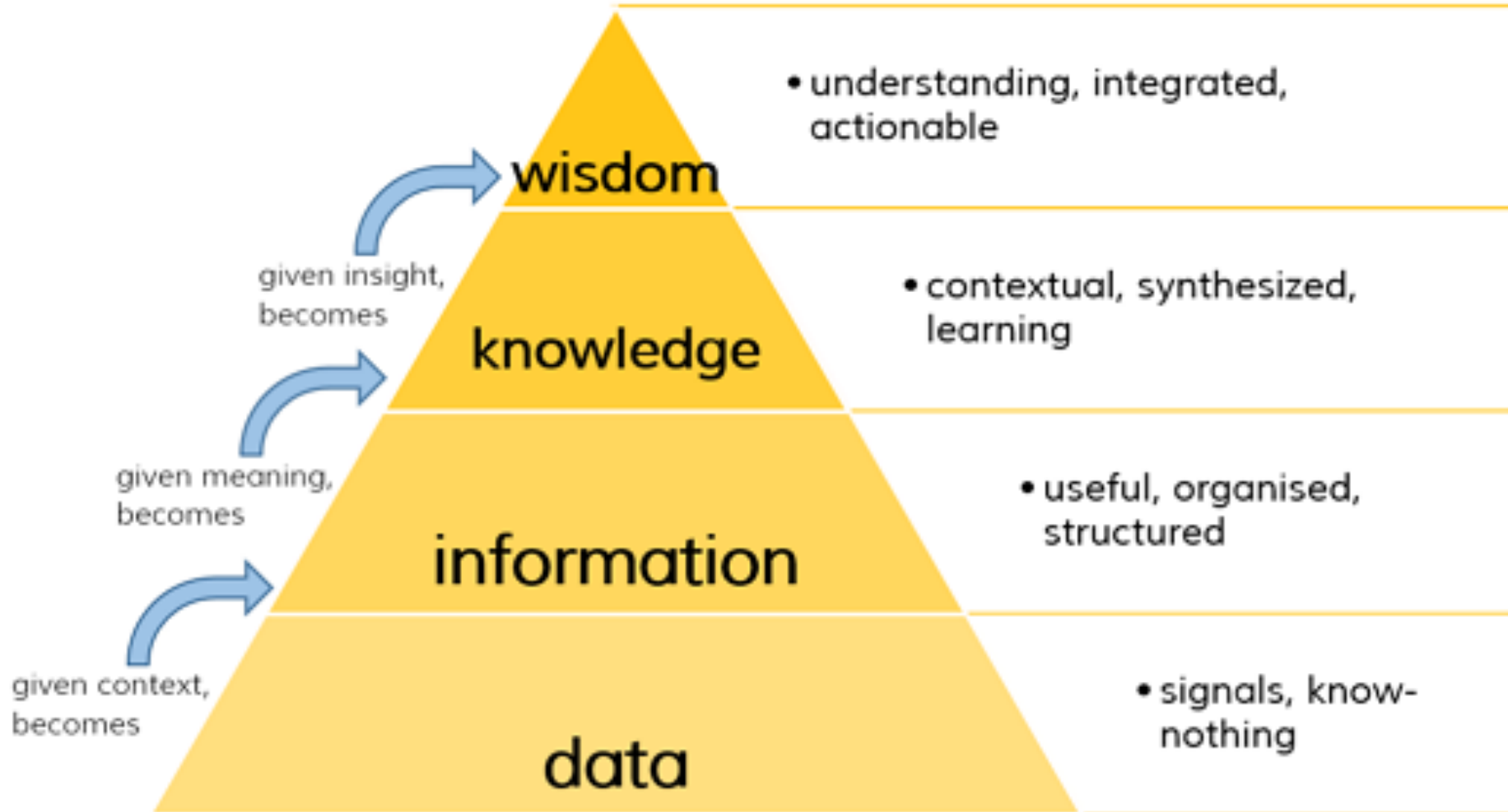
What is Imaging Informatics?

Biomedical informatics is the scientific field that deals with biomedical *data, information, and knowledge* – their storage, retrieval, and optimal use for problem solving and decision making.



Figure 1. A “Fundamental Theorem” of informatics.



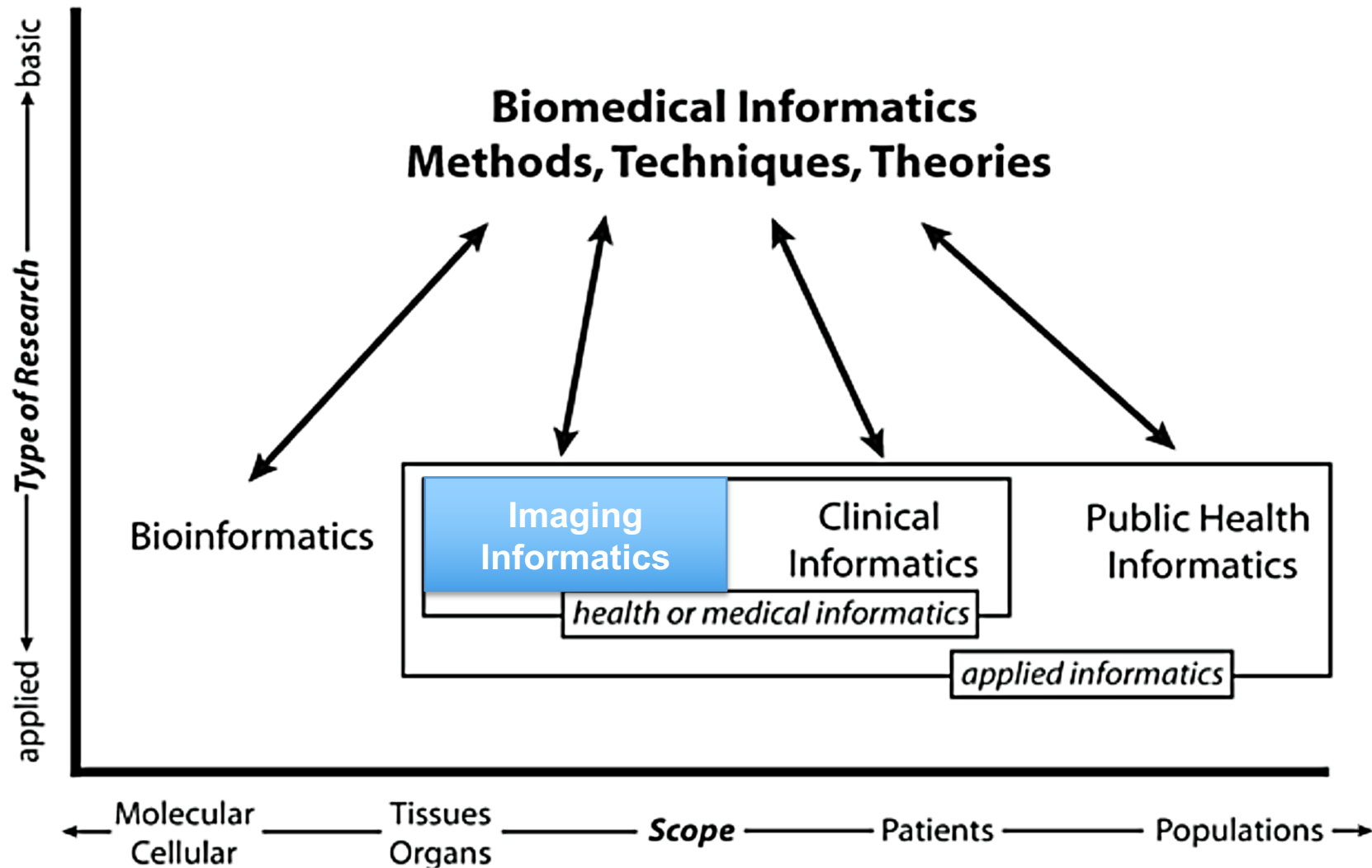


What is Imaging Informatics?

Biomedical informatics is the scientific field that deals with biomedical data, information, and knowledge – their storage, retrieval, and optimal use for problem solving and decision making.

The primary aim of **imaging informatics** is to improve the efficiency, accuracy, usability, and reliability of medical imaging services within the healthcare enterprise.





Data



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Radiology: Past and Present

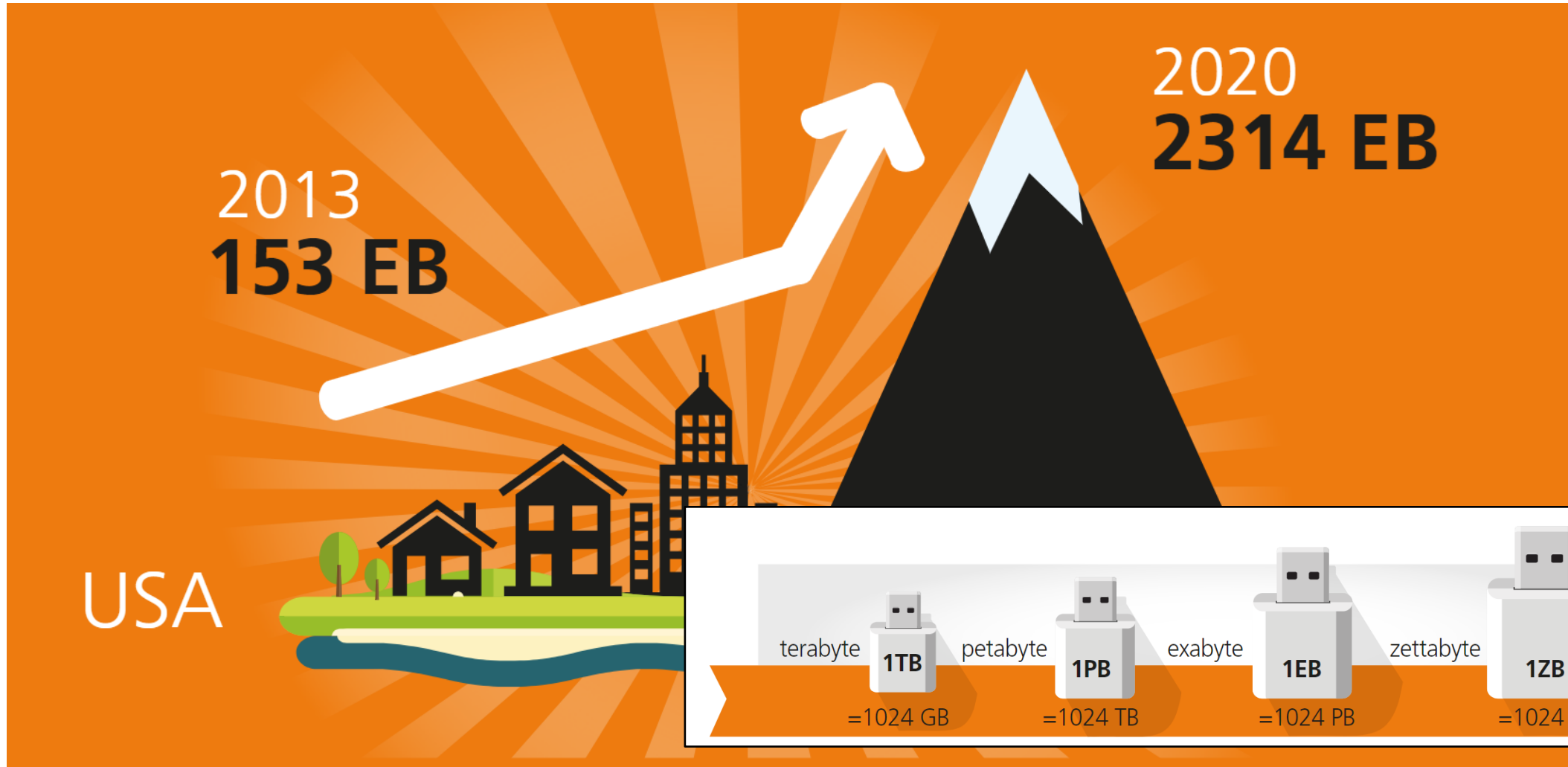


Source: <https://www.kqed.org/futureofyou/256816/how-technology-ruined-the-radiology-profession>



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Types of Information Systems

Hospital information system (HIS, CareConnect)

- Supports the comprehensive information requirements of hospitals and medical centers, including patient, clinical, ancillary, and financial management

Radiology information system (RIS, Radiant)

- Supports radiology department operations: scheduling exams, reporting results, billing

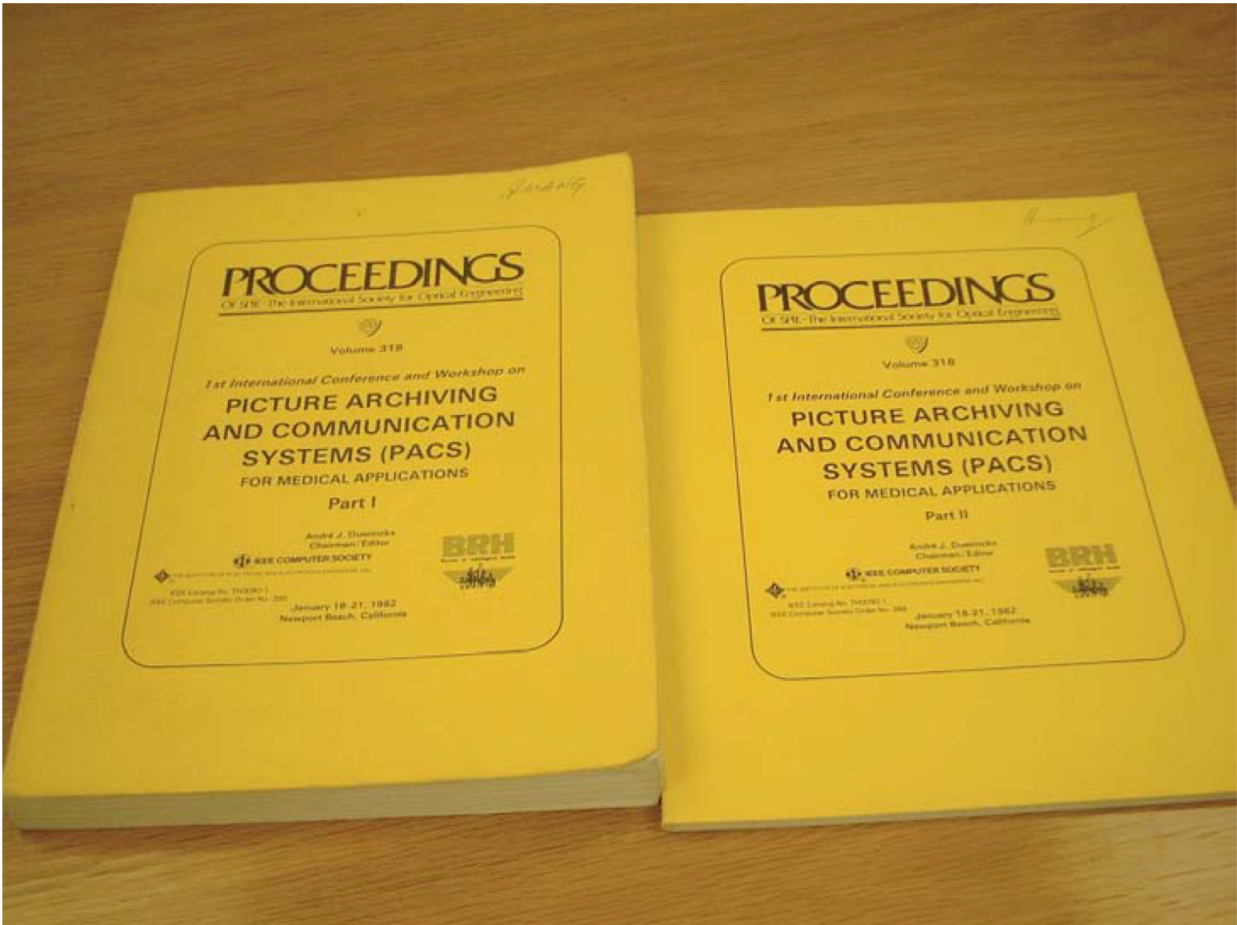
Picture archiving and communication system (PACS, Centricity)

- Acquires, stores, retrieves, and displays digital images

Clinical decision support system (CDSS, ACR Select...)

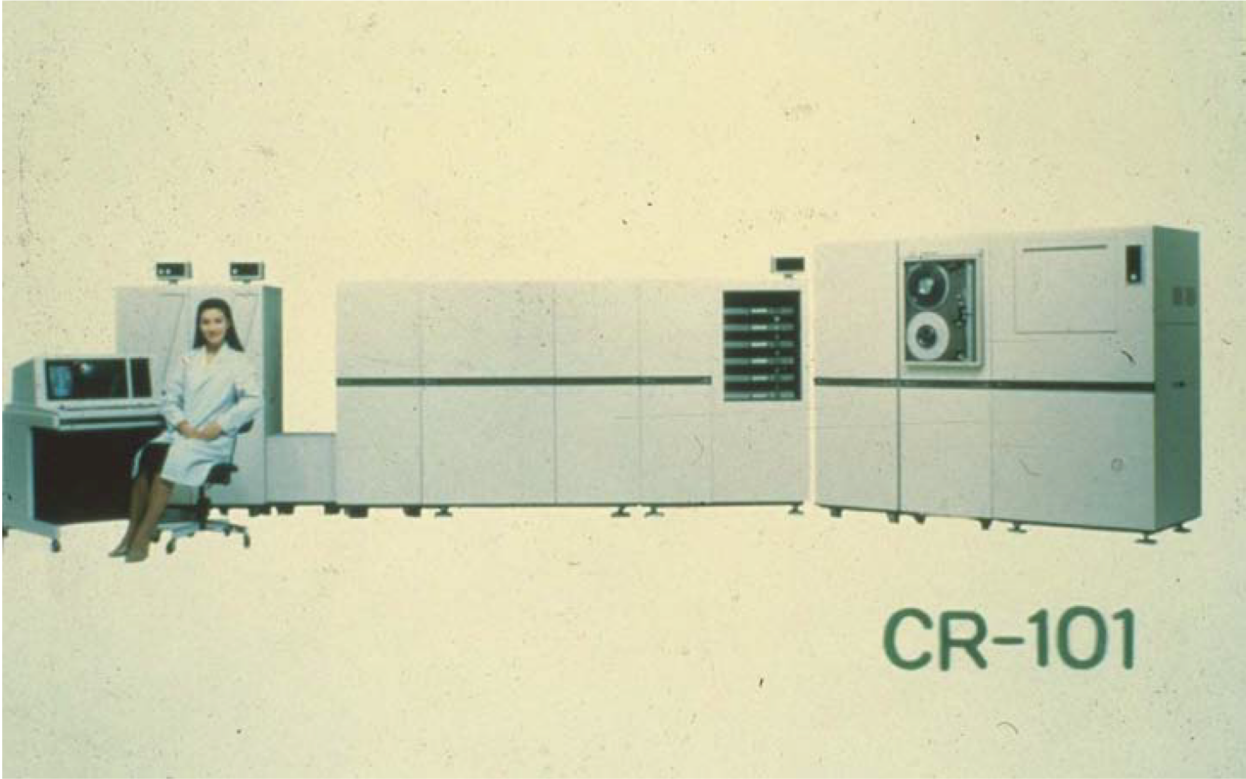
- Facilitates the integration and use of data in decision-making tasks



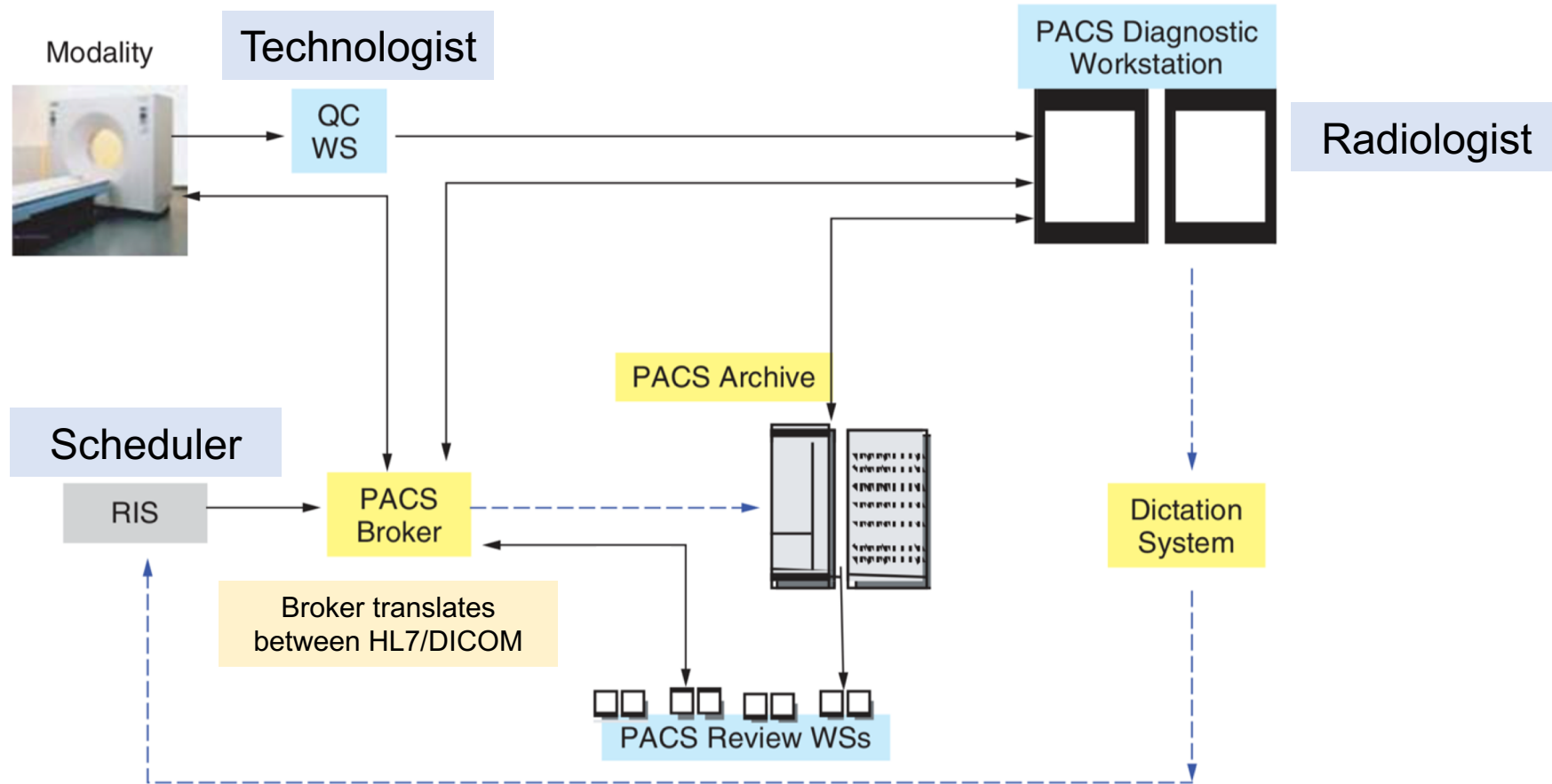


Proceedings of the first PACS specific meeting -- 1982

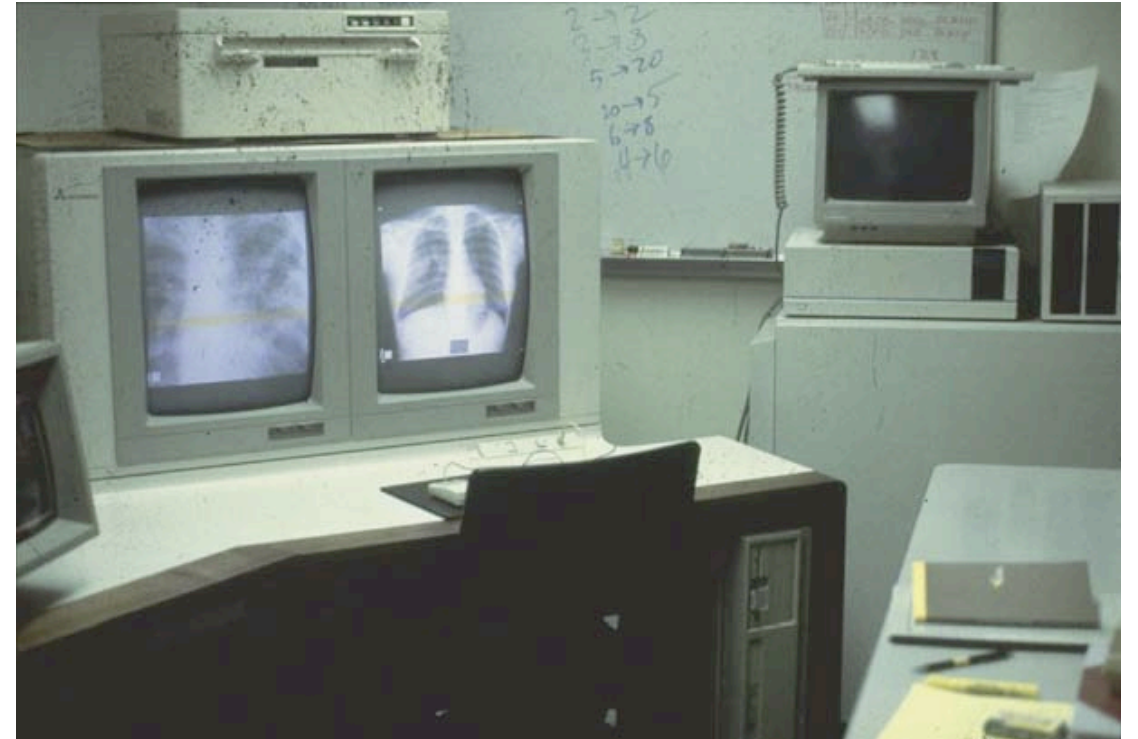
First commercial PACS in New Orleans (Fuji) -- 1985

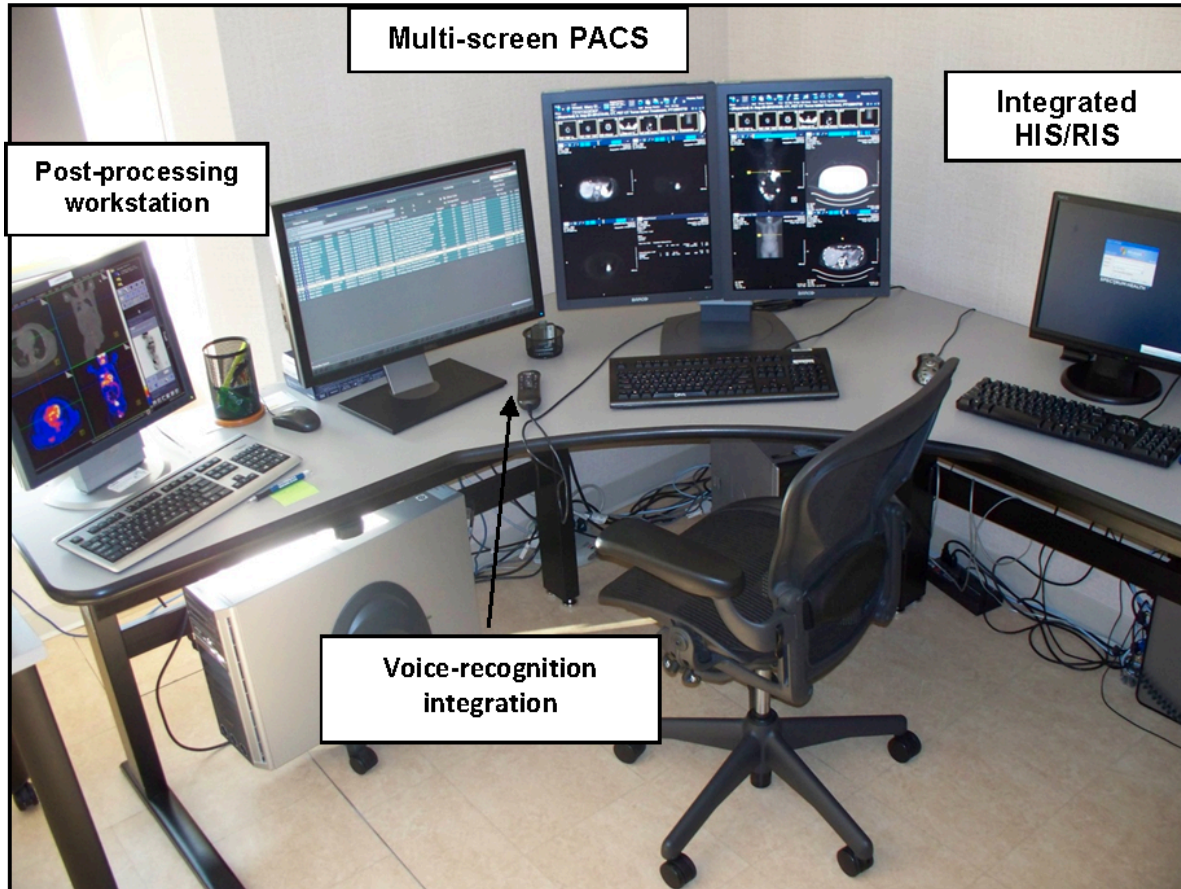


Basic PACS Workflow



Evolution of PACS

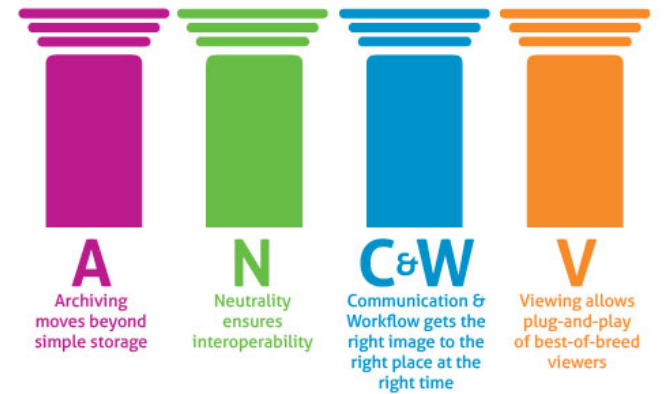




Source: Faasse et al. Positron Emission Tomography-Computed Tomography Data Acquisition and Image Management



Vendor Neutral Archive (VNA)



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Messaging

- HL7: Health Level 7

- Standard used to send messages between the hospital information system (CareConnect) and ancillary systems (Radiant/PACS)

(1) Message header segment

```
MSH||STORE|HOLLYWOOD|MIME|VERMONT|200305181007|security|  
ADT|MSG00201|||<CR>
```

(2) Event type segment

```
EVN|01|200305181005||<CR>
```

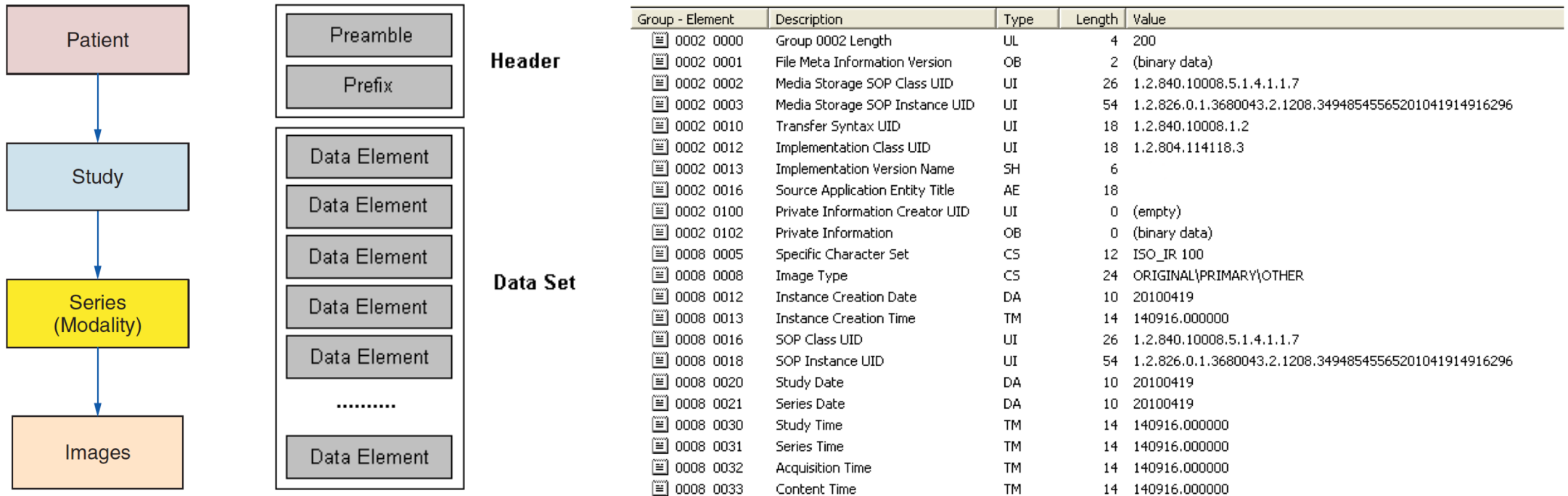
(3) Patient identification segment

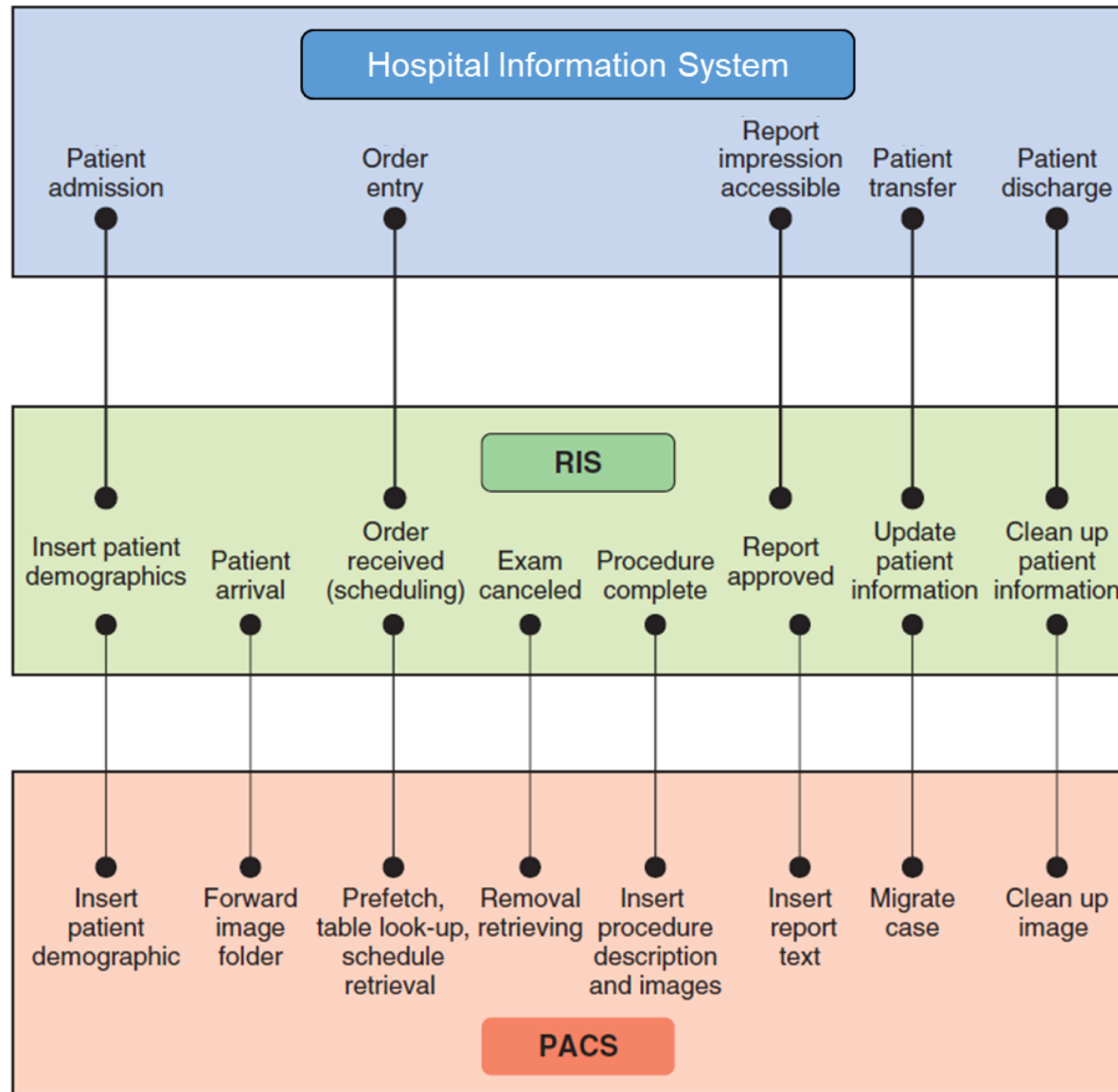
```
PID|||PATID1234567||Doe^John^B^II||19470701|M||C|
```



Messaging

- DICOM: Digital Imaging COmmunications in Medicine
 - Standard used to communicate among acquisition devices, PACS, and radiologist workstations





HL7

DICOM

Takeaways

- Imaging informatics is important because
 - Volume of imaging data is rapidly increasing
 - Images contain a treasure trove of information
- Data is stored in large information systems (HIS/RIS/PACS)
- Coordination is required to prepare for and accept each imaging study → communication is possible through messaging standards (HL7, DICOM)
- Effective data management is the first step towards clinical decision support



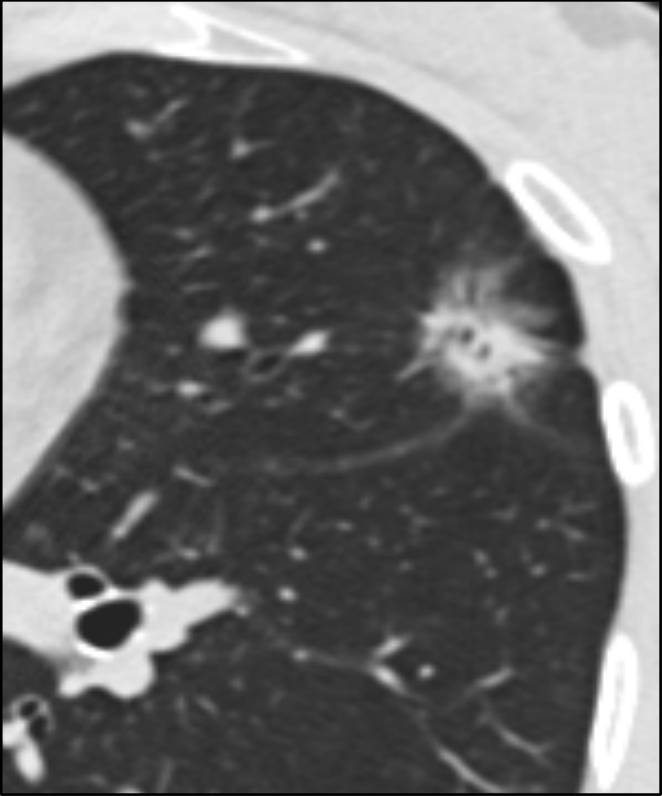
Information



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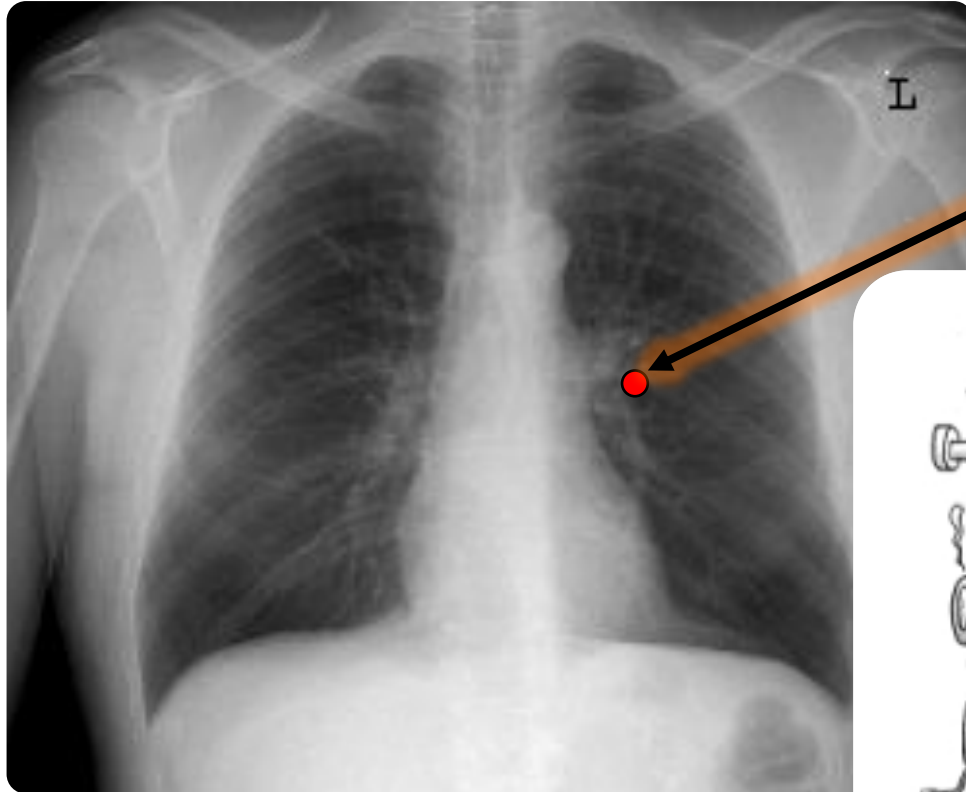
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What is an Image?

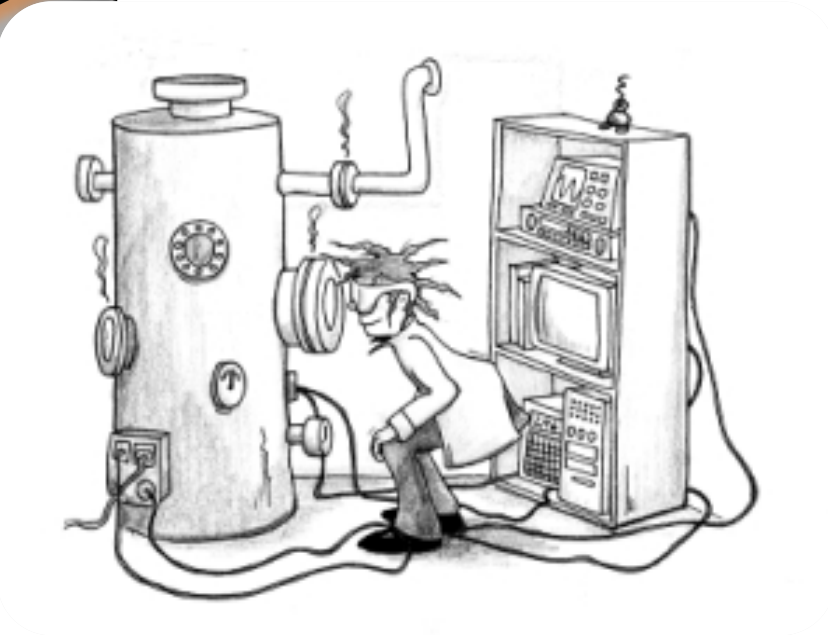


19	50	48	88	11	73	74	77	6	60
64	29	58	47	17	39	99	56	82	41
57	79	30	33	134	145	26	1	92	43
76	8	70	100	184	173	156	176	51	8
62	5	75	118	176	189	189	163	49	74
68	79	8	38	103	127	110	164	7	14
86	35	13	12	198	108	57	61	3	32
72	14	38	29	91	28	39	49	87	3
45	85	23	98	65	84	26	71	32	59
44	85	32	96	53	48	51	76	87	12

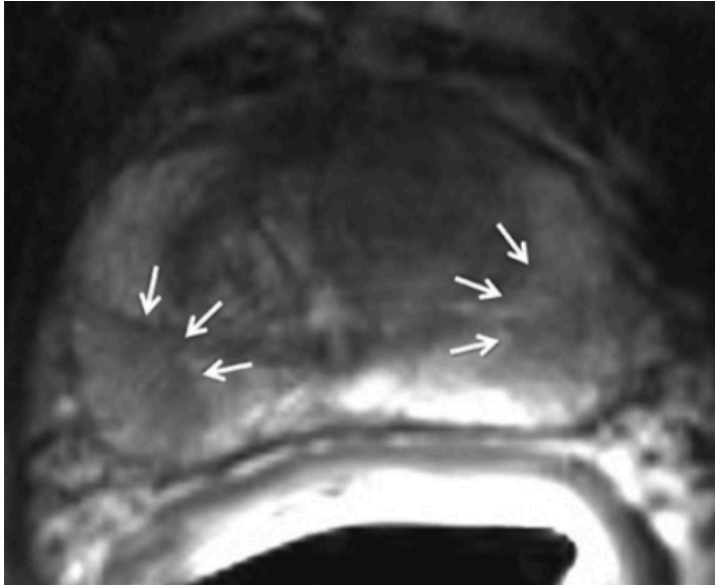




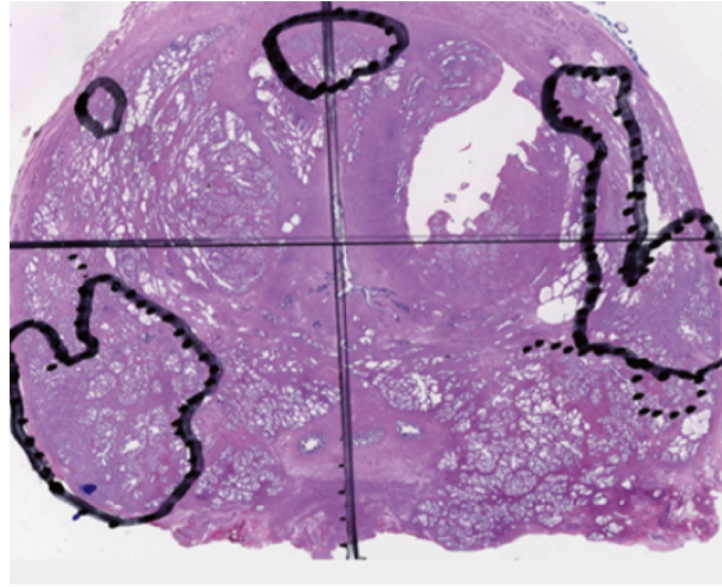
What does one pixel represent?



What effect are you observing?



T2-MRI



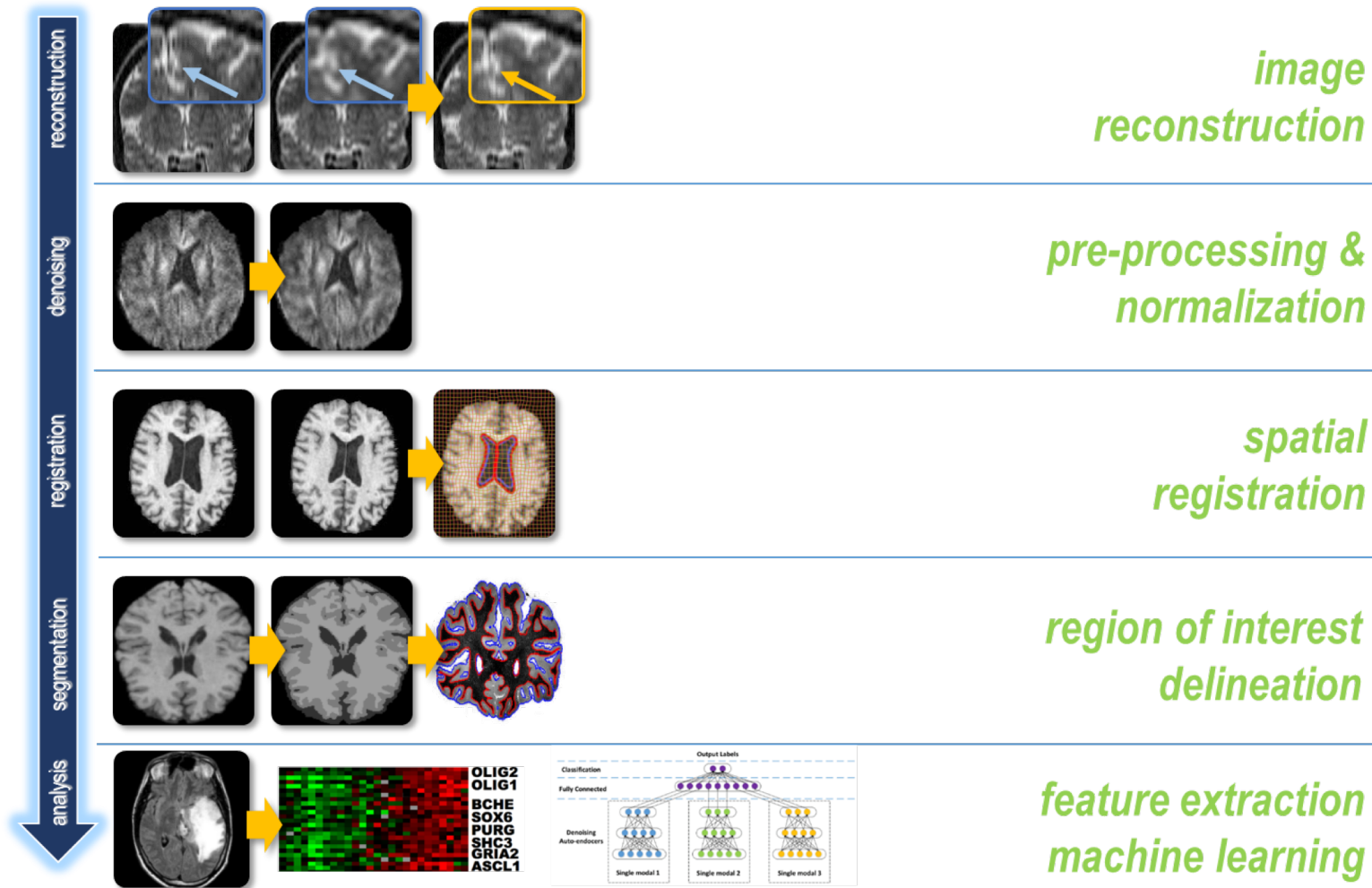
Whole-mount Path

62-yr-old male with intermediate-risk prostate cancer (biopsy
Gleason score 4 + 3, PSA level 11 ng/ml)

- Pixel data
 - What does it look like?
- Information content
 - What is it?
- Knowledge → Wisdom
 - What does it mean?
 - What should we do about it?



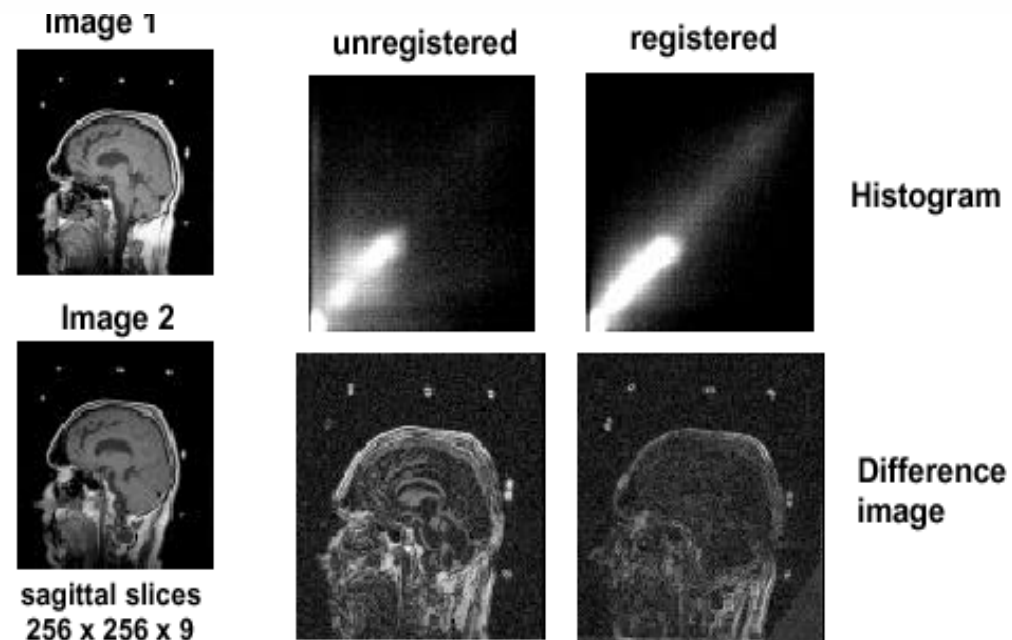
Image Analysis Pipeline



Components: Registration

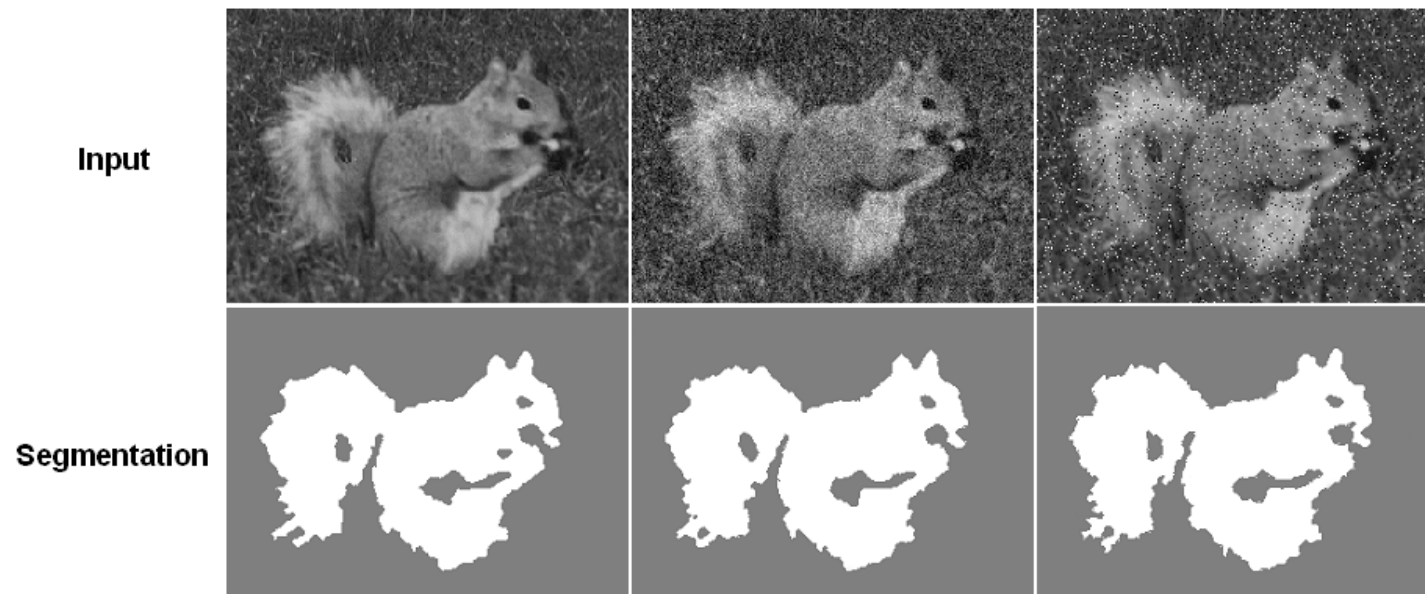
- Process of aligning images so that the correspondences between them can be seen more easily

$$\arg \max_T \{ \text{similarity}(Image_1, T(Image_2)) \}$$



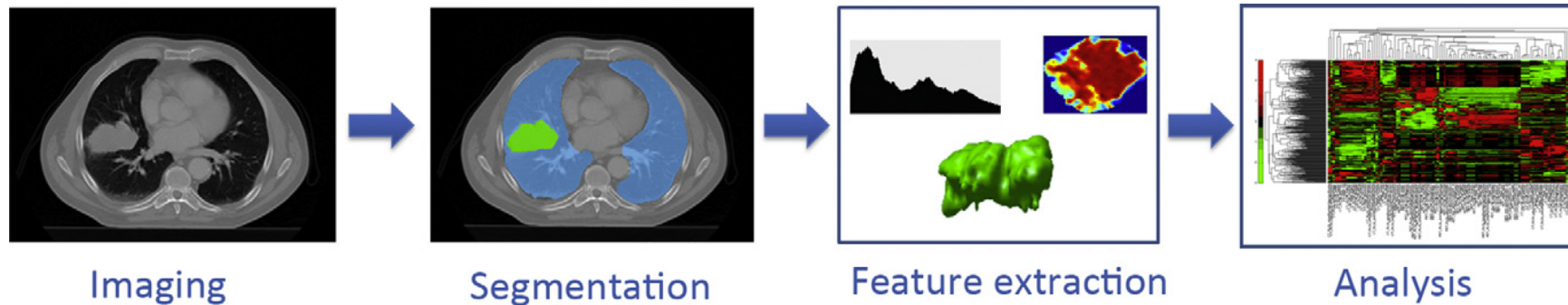
Components: Segmentation

- Partitioning image pixels into different classes (e.g., foreground, background)
- Used when we want to analyze just the pixels within a particular region



Components: Feature Extraction

- **Radiomics** is the extraction and analysis of large amounts of advanced quantitative imaging features with high throughput from medical images
- Feature types:
 - Color, shape, texture



Radiology Reports are *Unstructured*

History: 57 year old man with 2 day history of thumb tingling and numbness and history of colon cancer 12 years prior.

Technique: An MRI of the brain was performed on a 1.5T scanner utilizing the following sequences: thin-cut axial SPGR and thin-cut axial T2W.

Findings: An enhancing mass is again seen in the anteroinferior aspect of the left parietal lobe along the primary sensory cortex abutting the central sulcus. The mass also abuts the sylvian fissure. There is a small region of central necrosis. The lesion measures 1.7 cm AP x 2.0 cm TR x 1.8 cm CC. There is moderate perilesional edema which extends into the posterior temporal and frontal lobes. There is no significant mass effect from the lesion. The high convexity cerebral sulci are normal and there is no significant midline shift or mass effect on the ventricles. There is no hydrocephalus. No other lesions or regions of abnormal enhancement are seen within the brain, dura or leptomeninges. The skull is normal in appearance. Minimal T2W/FLAIR high signal intensity surrounds the periventricular white matter, consistent with mild microvascular ischemic disease. The brainstem and cerebellum are unremarkable in appearance. The basal cisterns are clear.

Impression: Contrast-enhanced MRI of the brain again demonstrates an enhancing mass in the anteroinferior aspect of the left parietal lobe, located on the primary sensory cortex. There is moderate perilesional edema. No other lesions are seen.



Structured Reporting

CT lung cancer screening

Technical parameters

kVp: []

mA: []

DLP: []

Clinical information

Screening visit: [Baseline | Year 1 | Year 2]

[Lung cancer screening.]

Comparison

[None.]

Findings

Exam parameters

Diagnostic quality: [Satisfactory | Limited, but interpretable | Non-diagnostic]

Comments: Comments []

Lung nodules

[None. | Present, detailed below:]

[-- | Right lung | Left lung] [] mm [-- | solid | semi-solid | ground-glass] [-- | unchanged | increased | decreased | new] image # []

[-- | Right lung | Left lung] [] mm [-- | solid | semi-solid | ground-glass] [-- | unchanged | increased | decreased | new] image # []

[-- | Right lung | Left lung] [] mm [-- | solid | semi-solid | ground-glass] [-- | unchanged | increased | decreased | new] image # []



RSNA's Reporting Initiative is improving radiology reporting practices by building IT standards and a library of clear and consistent report templates.

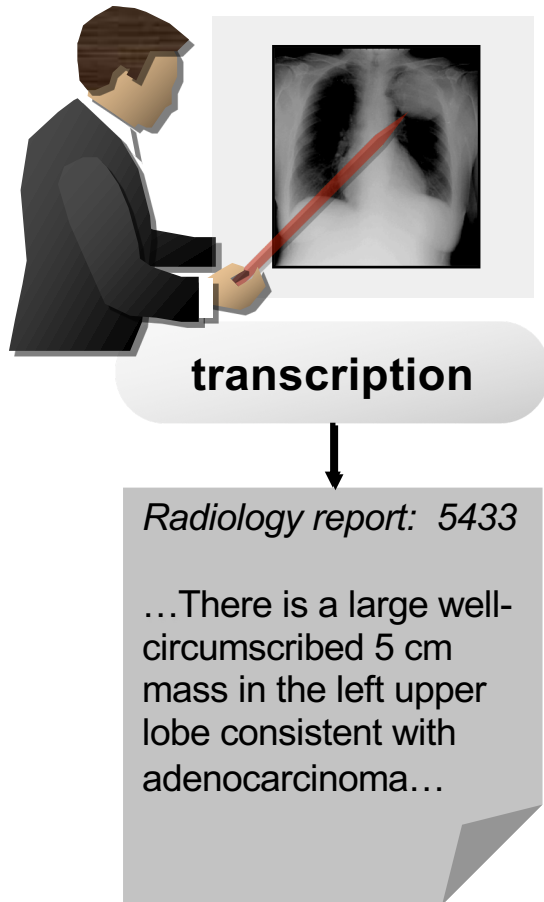
Supported in part by NIH / NIBIB.

Specialties Organizations Languages Popular New

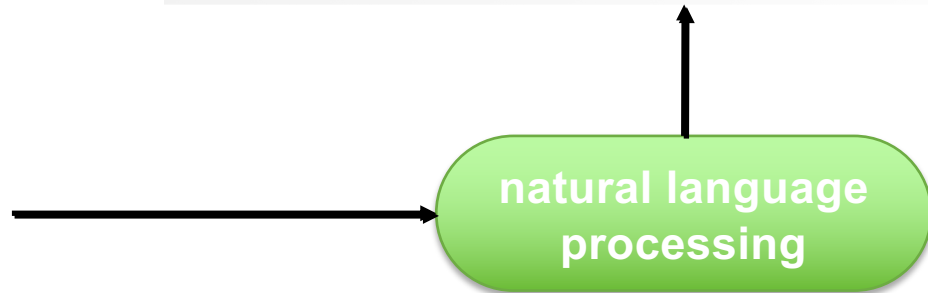
CA	Cardiac Radiology CT Calcium Score · 7 more	MK	Musculoskeletal Radiology Skeletal Survey · 42 more
CH	Chest Radiology MR Brachial Plexus · 21 more	NR	Neuroradiology MR Neck · 24 more
CT	Computed Tomography CT Onco Renal Mass · 51 more	NM	Nuclear Medicine White Blood Cell Scan · 28 more
DX	Diagnostic Radiology Skeletal Survey · 54 more	OB	Obstetric/Gynecologic Radiology US Pelvis · 6 more
ER	Emergency Radiology US Retroperitoneum · 23 more	OI	Oncologic Imaging CT Onco Renal Mass · 21 more
GI	Gastrointestinal Radiology Defecography · 46 more	PD	Pediatric Radiology Skeletal Survey · 12 more
GU	Genitourinary Radiology CT Onco Renal Mass · 36 more	QI	Quality Improvement Communication of Actionable Findings
HN	Head and Neck Parathyroid SPECT · 15 more	RS	Research US Carotid Arteries (with Stenosis Calculator) · 2 more
IR	Interventional Radiology CT-guided Drainage Catheter Placement · 16 more	US	Ultrasound US Retroperitoneum · 26 more
MR	Magnetic Resonance Imaging MR Neck · 29 more	VI	Vascular Imaging US Abdominal Aorta · 20 more

<http://radreport.org/>

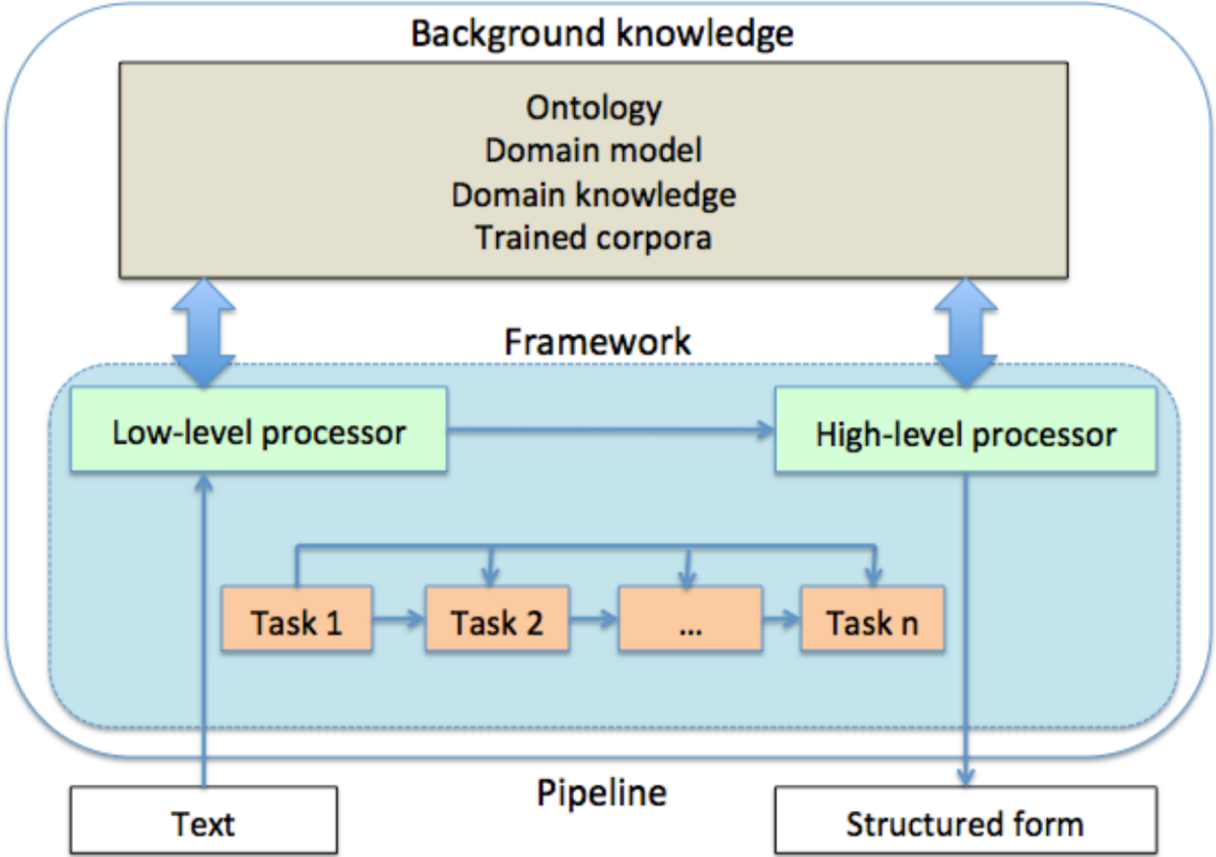
Natural Language Processing (NLP)



<u>mass</u>		<u>finding</u>
existence	=	present (“there is”)
quantity	=	1
size	=	large, “5 cm”
external architecture	=	“well-circumscribed”
location	in	left upper lobe
interpretation	=	adenocarcinoma
certainty	=	possible



Components of an NLP System

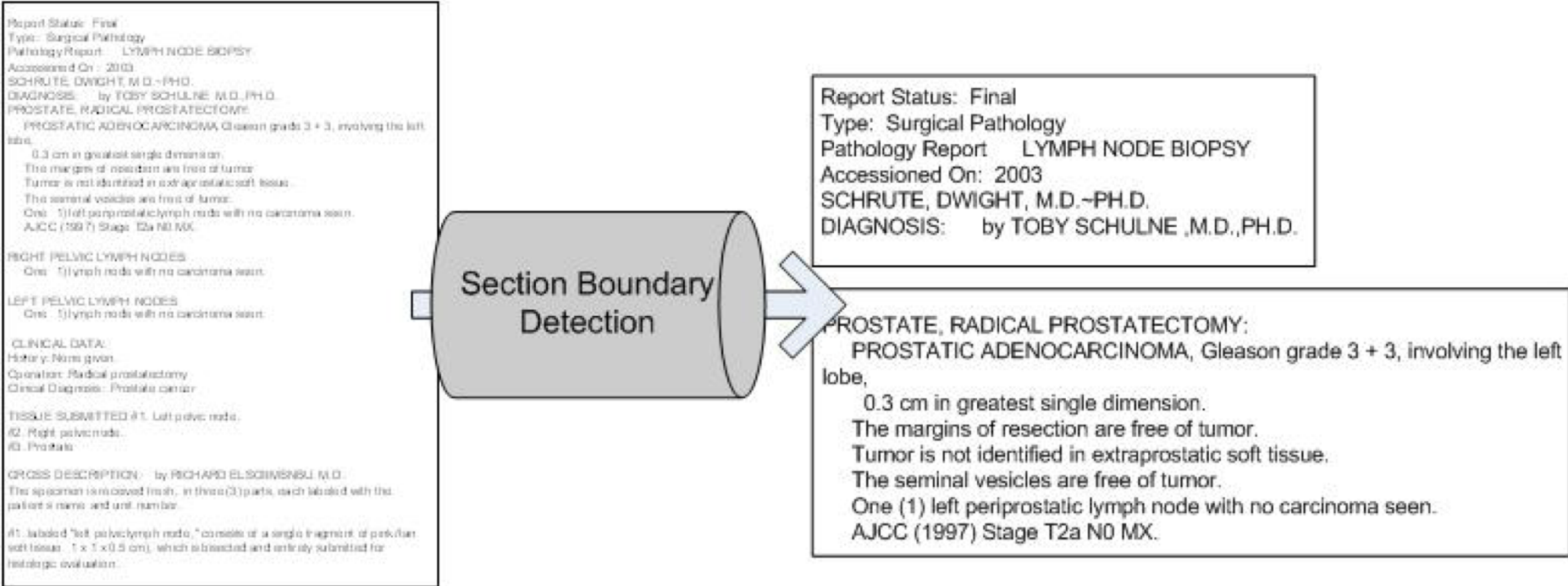


Components: Background Knowledge

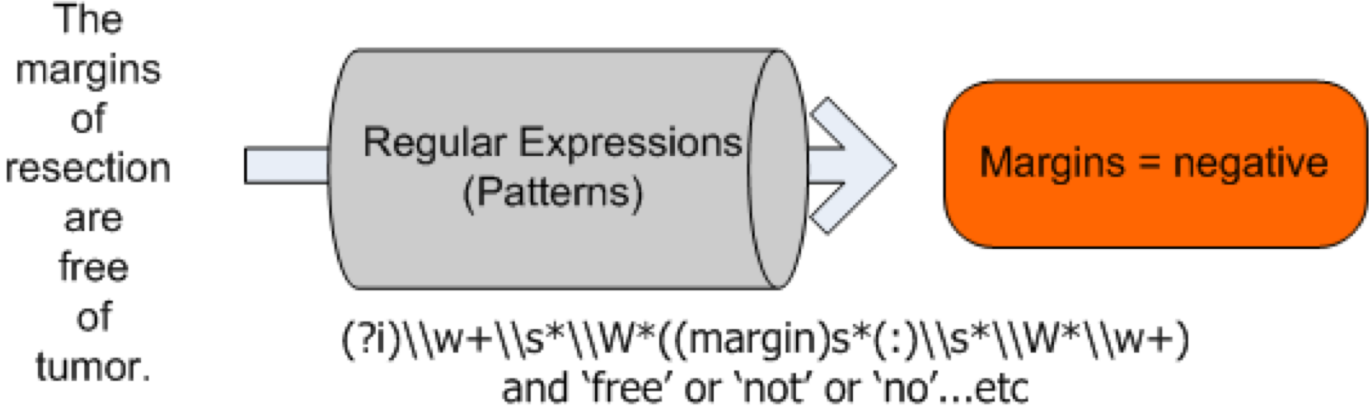
- A **lexicon** is a collection of information about the words of a language about the lexical categories to which they belong
- e.g., RadLex lexicon
 - A radiology-specific lexicon with over 75,000 terms and synonyms developed by RSNA
 - <http://www.rsna.org/RadLex.aspx>
- e.g., Radiology Gamuts Ontology
 - A **gamut** is a set of conditions that can cause a specified imaging finding
 - Gamuts Ontology contains 16,912 entities (12,878 causes / 4,662 effects)
 - <https://www.gamuts.net>



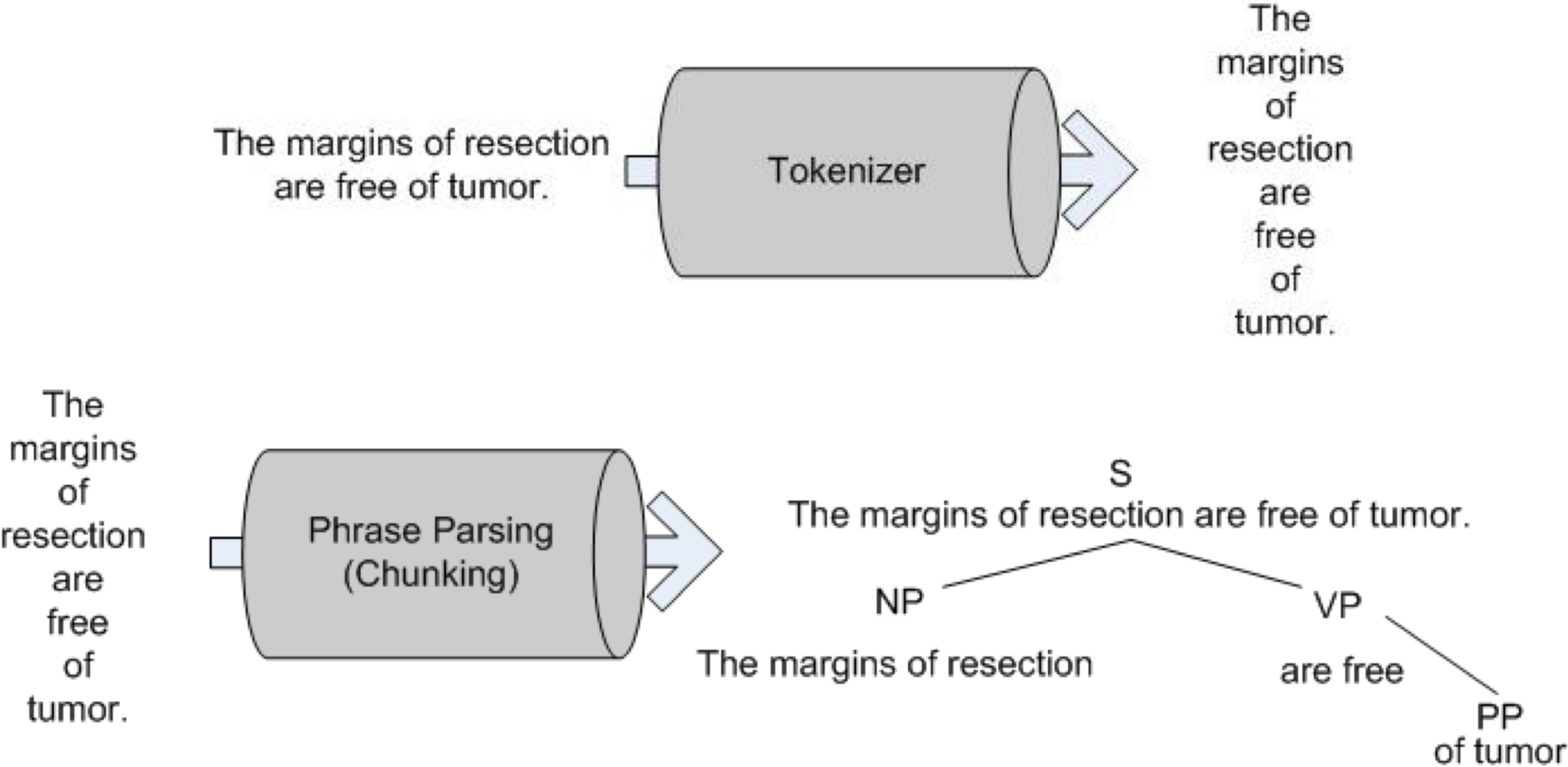
Components: Structural Analyzer



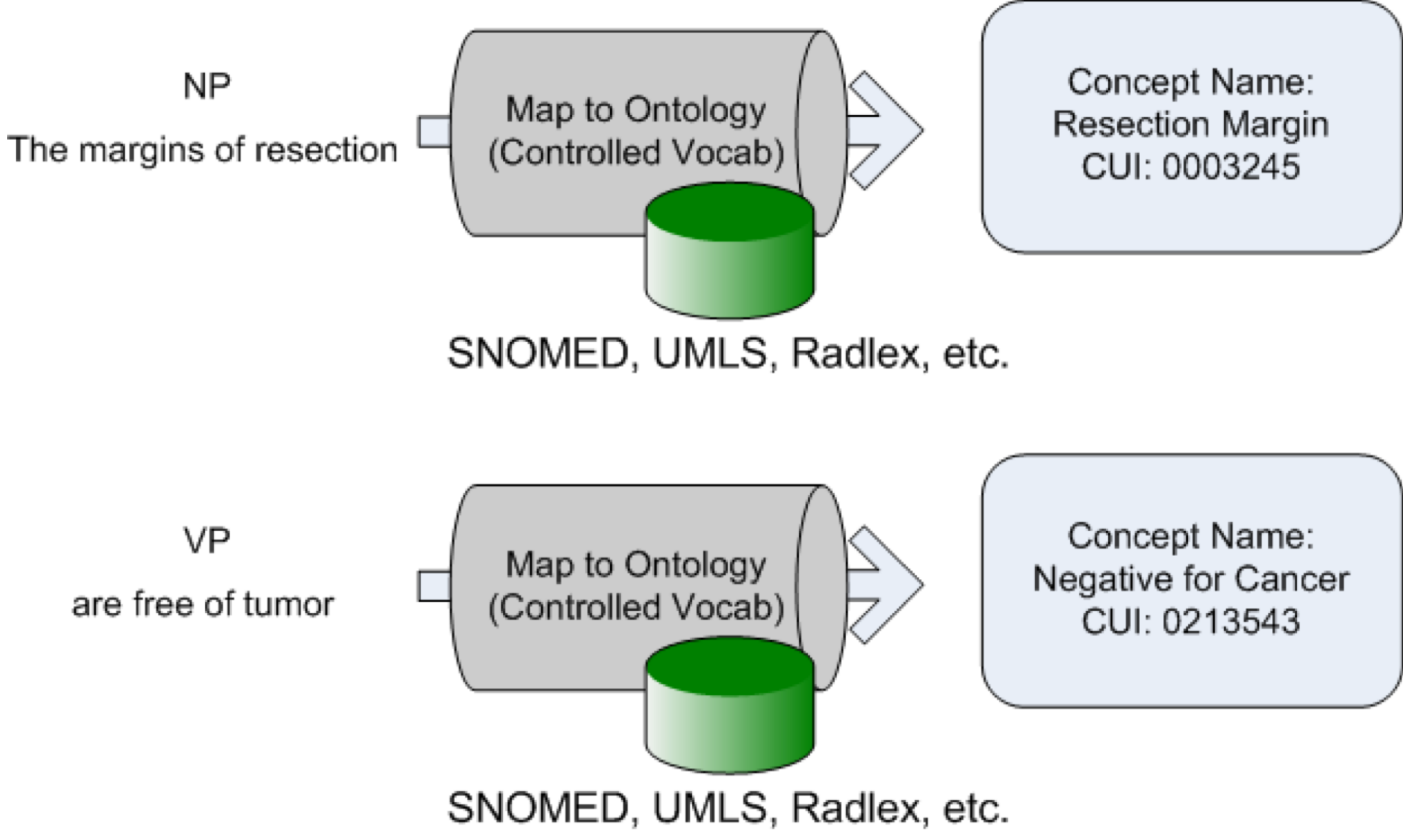
Components: Rule-based Approach



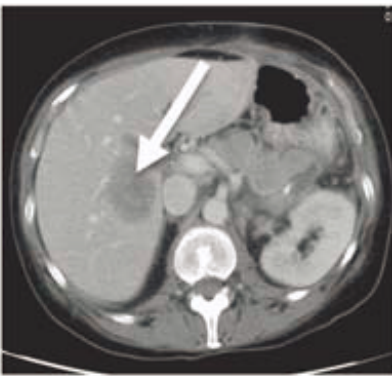
Components: Lexical Analyzer/Parser



Components: Semantic Interpreter



Combining Images & Text → Meaning



Image

“There is a hypodense mass measuring 4.5 x 3.5 cm in the right lobe of the liver, likely a metastasis.”

Text Report



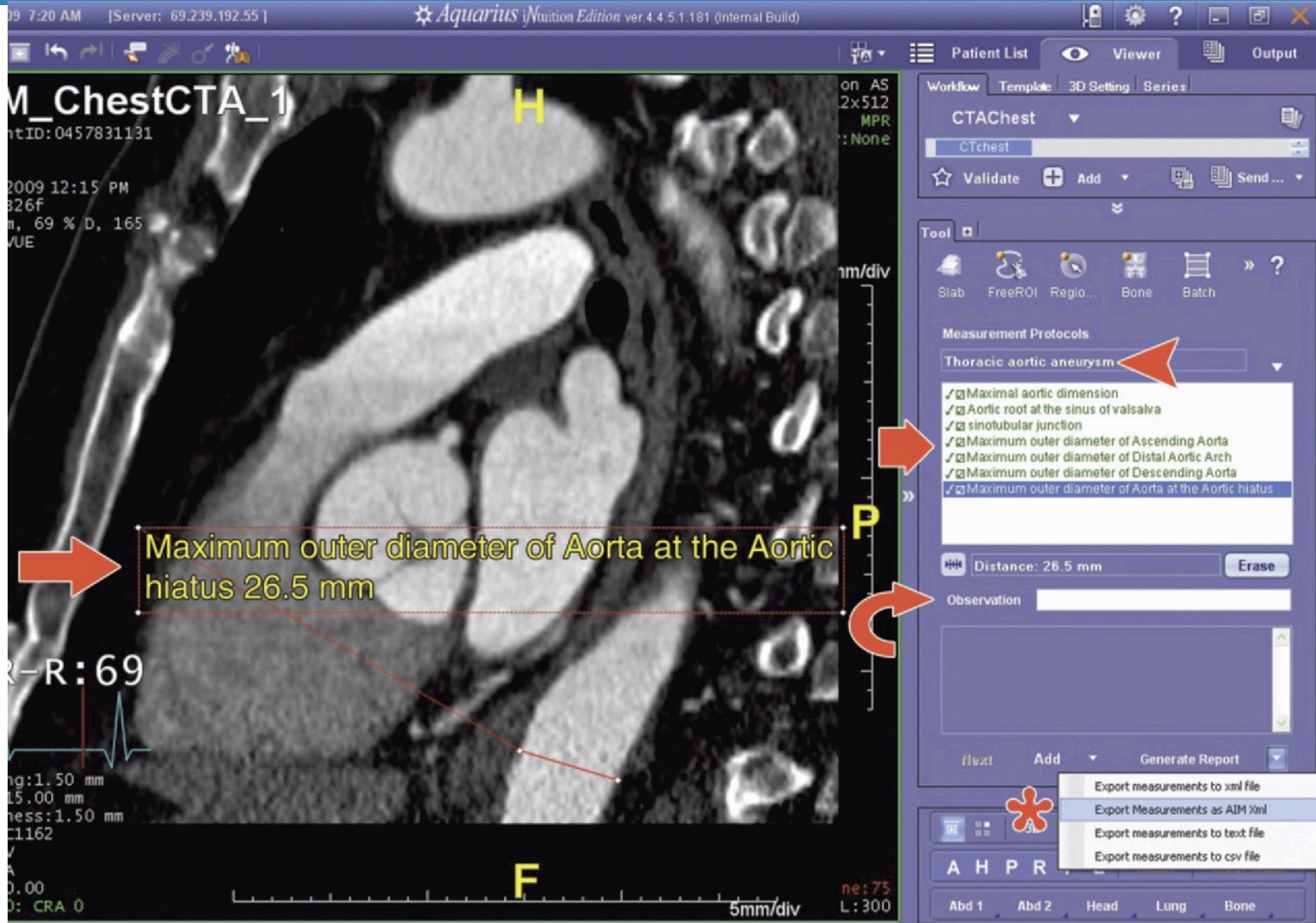
Terminology

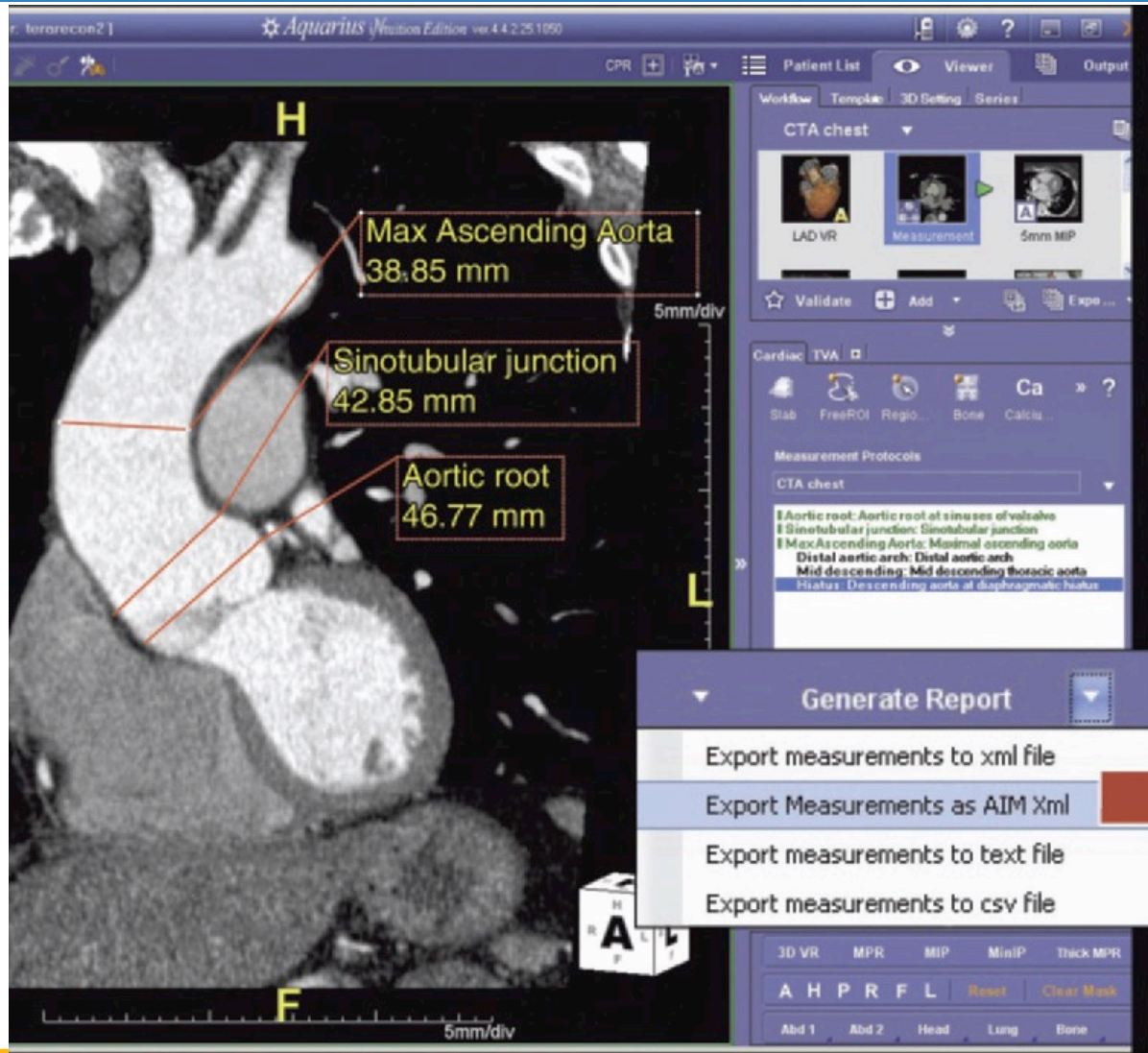
The **Pixel** at the tip of the arrow
[coordinates (x,y)]
in this **Image**
[DICOM: 1.2.814.234543.23243]
represents an **Hypodense Mass**
→ [RID243, RID118]
[2D measurement] **4.5 x 3.5 cm**
in the **Right Lobe**
of the **Liver**
→ [SNOMED:A3310657]
Likely
→ [SNOMED:A2340017]
→ [RID:392]
a **Metastasis**
→ [SNOMED:A7726439]

Semantic Annotation

Annotation Image Markup (AIM)
is a structured text-based language that captures annotations and markups in a standardized format using **eXtensible Markup Language (XML)**.
<https://wiki.nci.nih.gov/display/AIM/Annotation+and+Image+Markup+-+AIM>







```

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- <Annotations>
- <ImageAnnotation xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:ca="http://www.nema.org/specifications/1.1.1/CA-CORE/3.2/edu.northwestern.radiology.AIM" name="Maximal aortic dimension" uniqueIdentifier="a3011-24T07:25:39.9375-05:00" xsi:type="ImageAnnotation" />
- <calculationCollection>
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- <Annotations>
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- <calculationCollection>
- <Calculation id="0" uid="93183989-3d7f-400c-8e8b-f58d113a1bac" description
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- </ImageReference>
- </imageReferenceCollection>
- <patient>
- <Patient id="0" name="AIM_ChestCTA_1" patientID="0457831131" sex="M" />
- </patient>

```

Findings

A thoracic aortic aneurysm is present with maximal aortic dimensions of [42.1 mm] occurring in the [..]. aneurysm extends from [..] to [..].

There is no dissection, intramural hematoma or penetrating atherosclerotic ulcer.

Measurements of the thoracic aorta (outer diameter) are as follows at the indicated levels:

Aortic root at Sinus of Valsalva	[21.2 mm]
Sinotubular junction	[24.9 mm]
Maximum outer diameter of Ascending Aorta	[41.1 mm]
Maximum outer diameter of Distal Aortic Arch	[20.9 mm]
Maximum outer diameter of Descending Aorta:	[28.8 mm]
Maximum outer diameter of Aorta at the Aortic hiatus	[22.6 mm]

The brachiocephalic, subclavians, proximal common carotid and proximal vertebral arteries are patent.



Key Takeaways

- Images and radiology reports are unstructured data
 - Images are comprised of pixel data that need to be normalized, registered, and segmented to extract relevant features
 - Using natural language processing and/or structured reporting, information from radiology reports can be represented in a form that is amenable to mining
- Structured information can be combined using standardized markup languages such as Annotation Image Markup (AIM) for storing or sharing



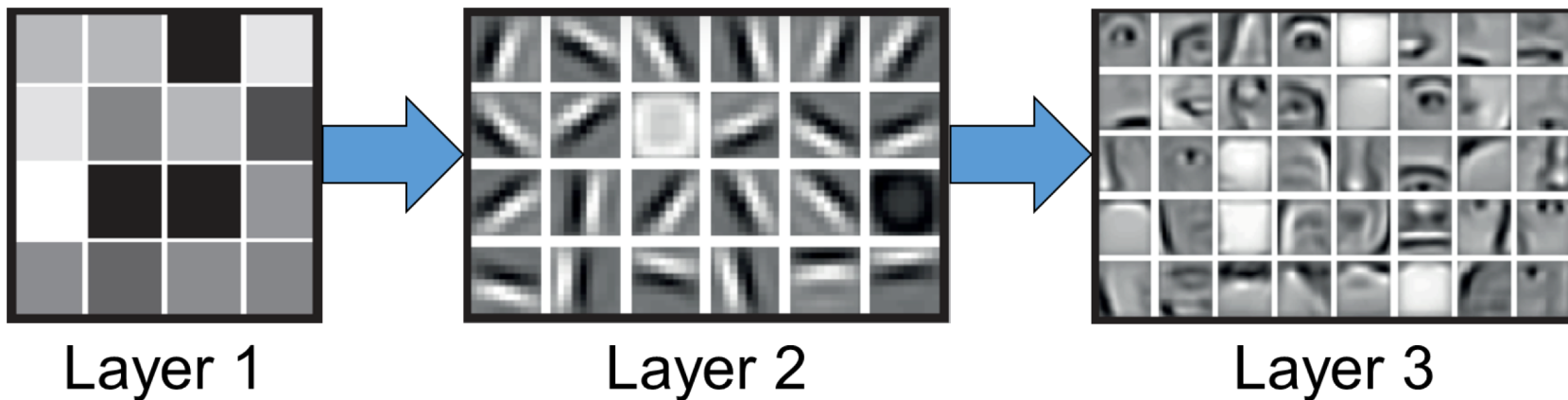
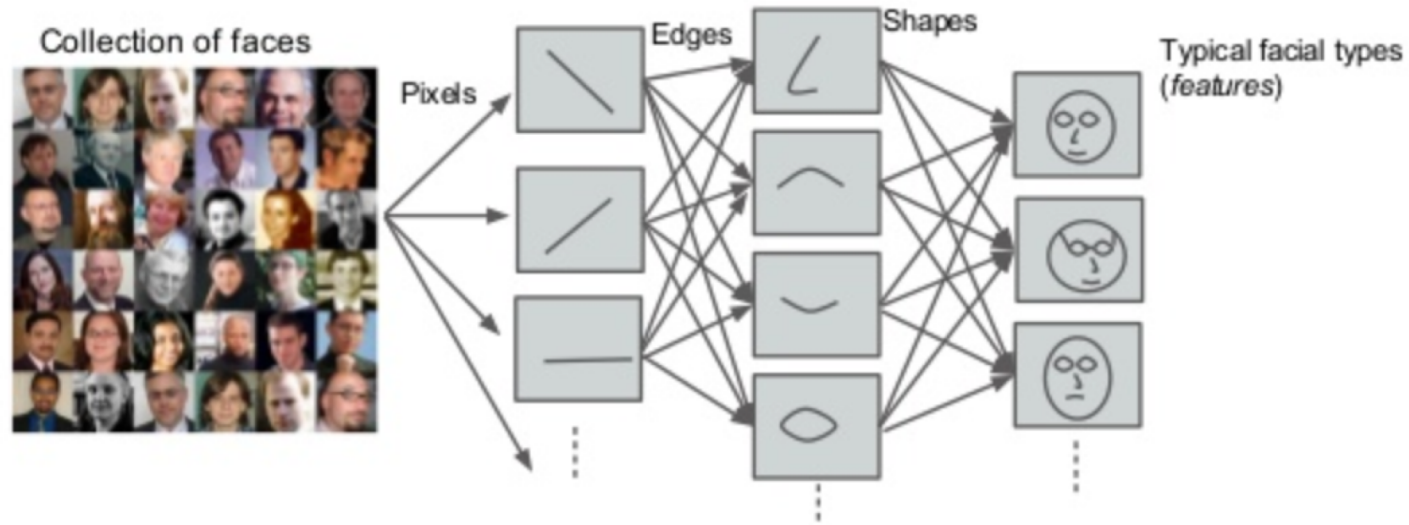
Knowledge



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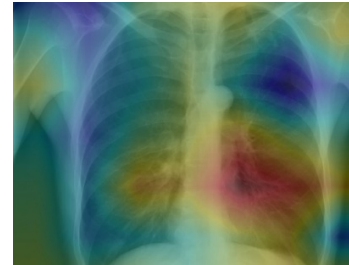
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Representation is Key to Knowledge



Stanford Algorithm Can Diagnose Pneumonia Better Than Radiologists

Source: <https://spectrum.ieee.org/the-human-os/biomedical/diagnostics/stanford-algorithm-can-diagnose-pneumonia-better-than-radiologists>



engadget

For a dollar, an AI will examine your medical scan

Zebra-Med's tech helps radiologists find heart, liver, bone and other diseases.

Source: <https://www.engadget.com/2017/10/27/for-a-dollar-an-ai-will-examine-your-medical-scan/>



The NEW ENGLAND
JOURNAL of MEDICINE

Predicting the Future — Big Data, Machine Learning, and Clinical Medicine

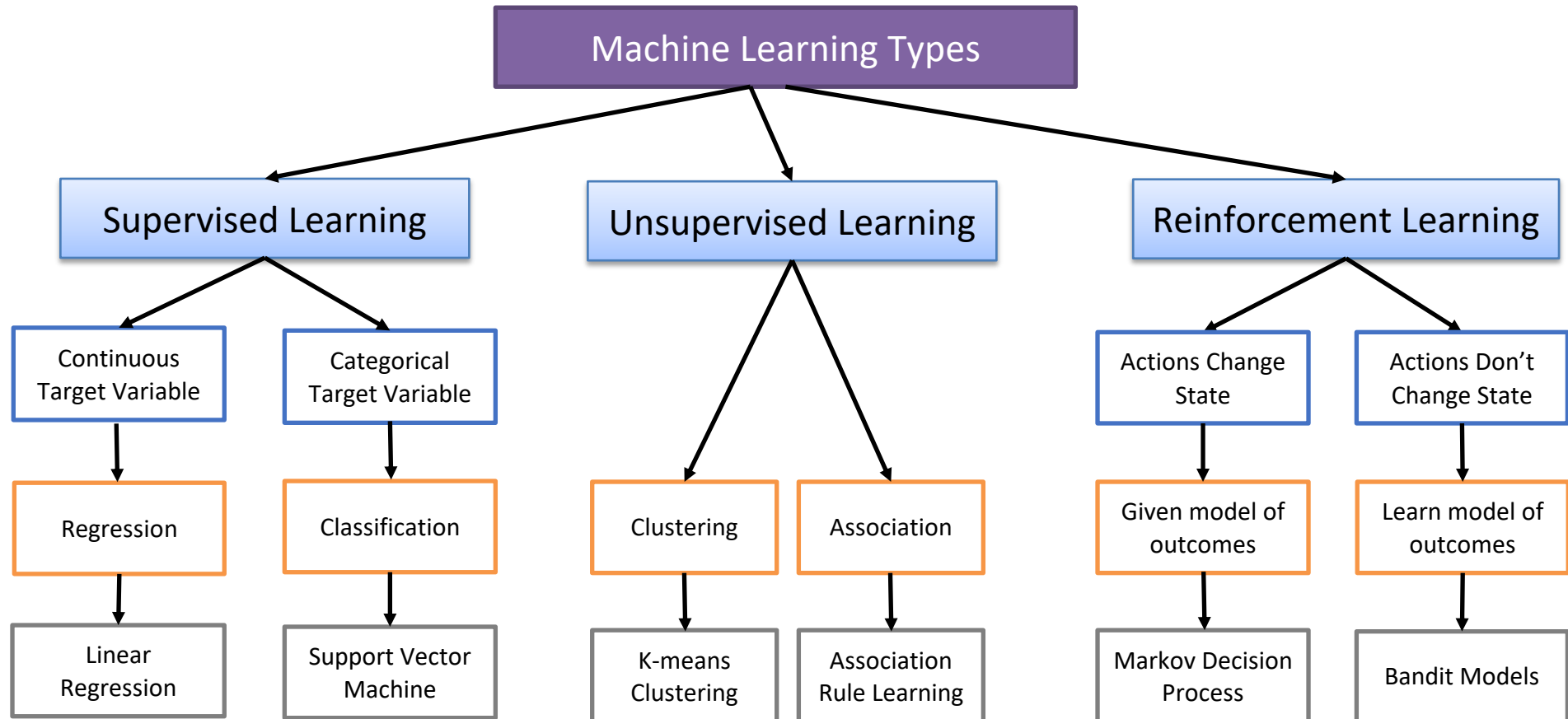
Ziad Obermeyer, M.D., and Ezekiel J. Emanuel, M.D., Ph.D.

Source: <http://www.nejm.org/doi/full/10.1056/NEJMp1606181>

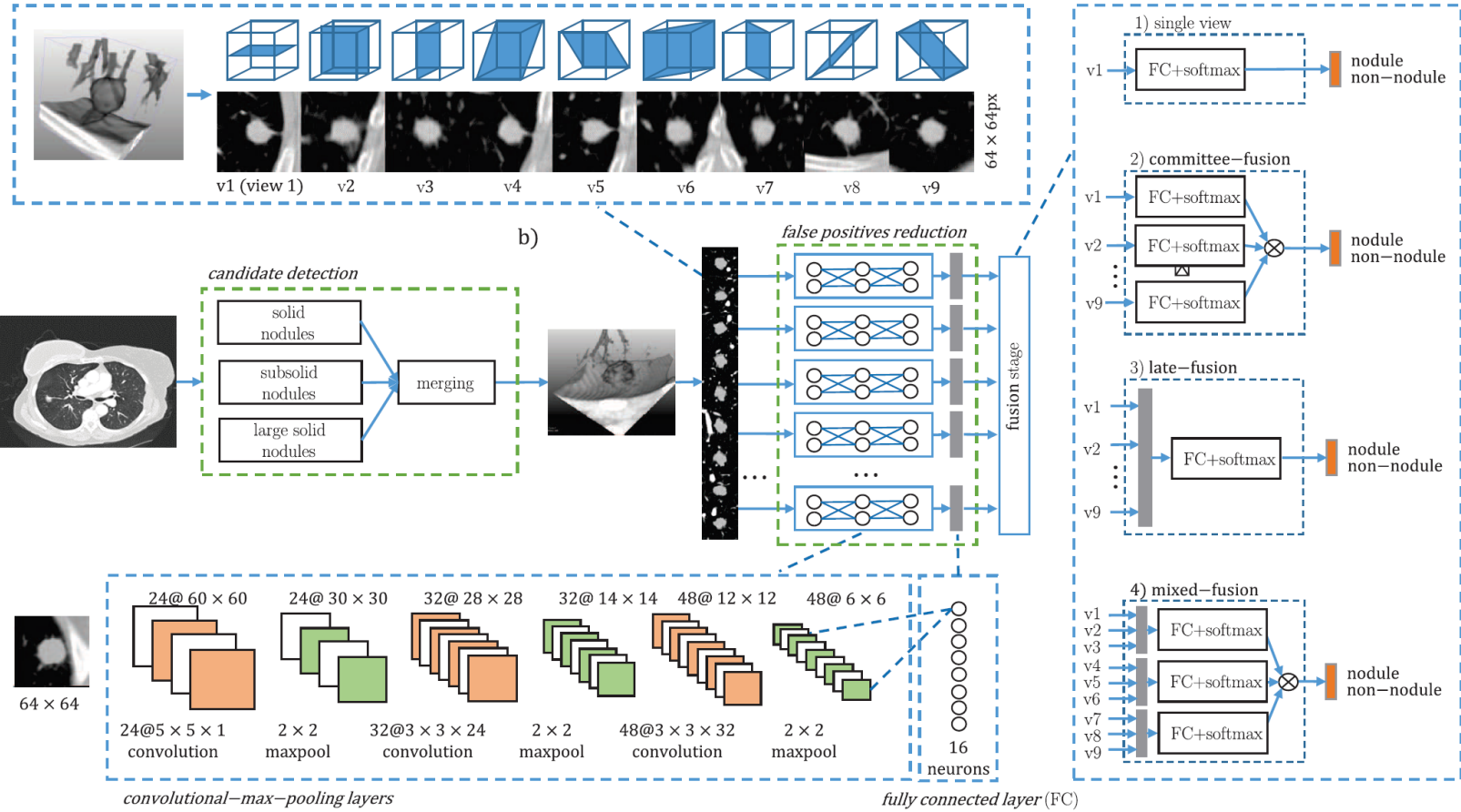
Improving the Use of Imaging



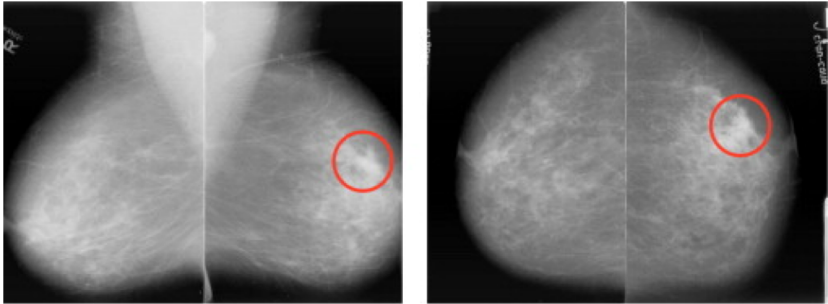
A Variety of Approaches Exist



CADe: Computer Aided Detection

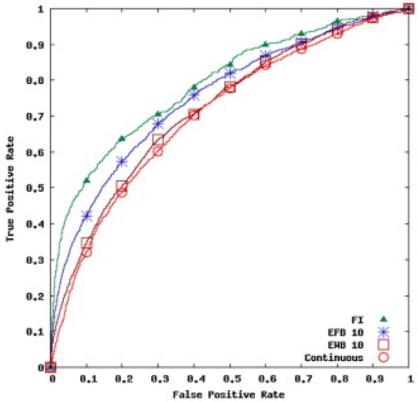


CADx: Computer Aided Diagnosis

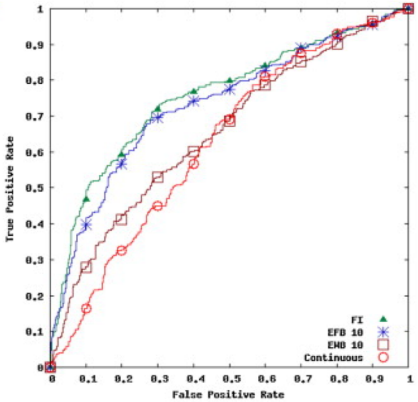


(a) MLO

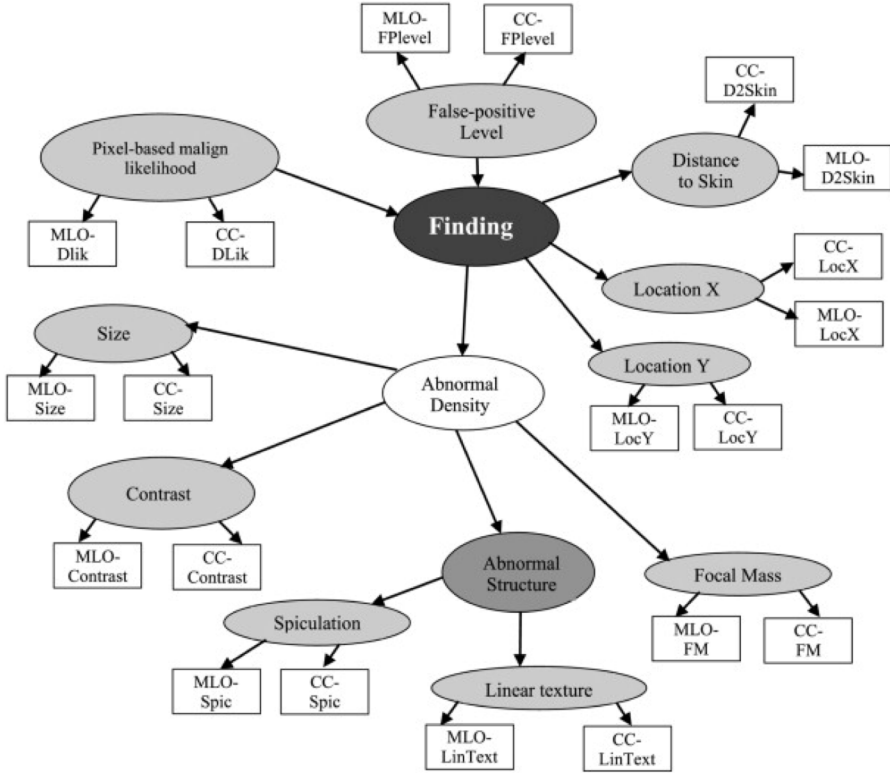
(b) CC



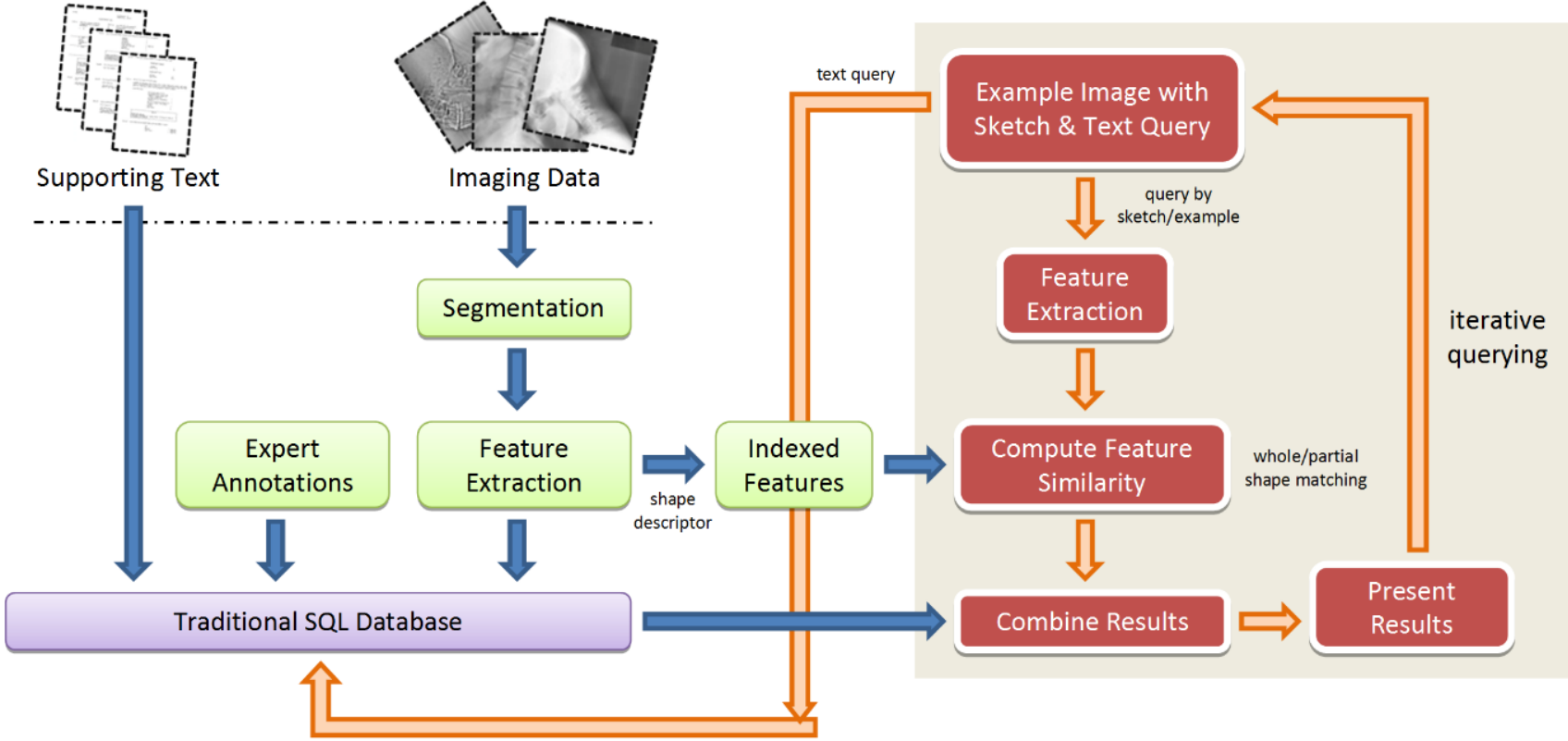
(a) Link level



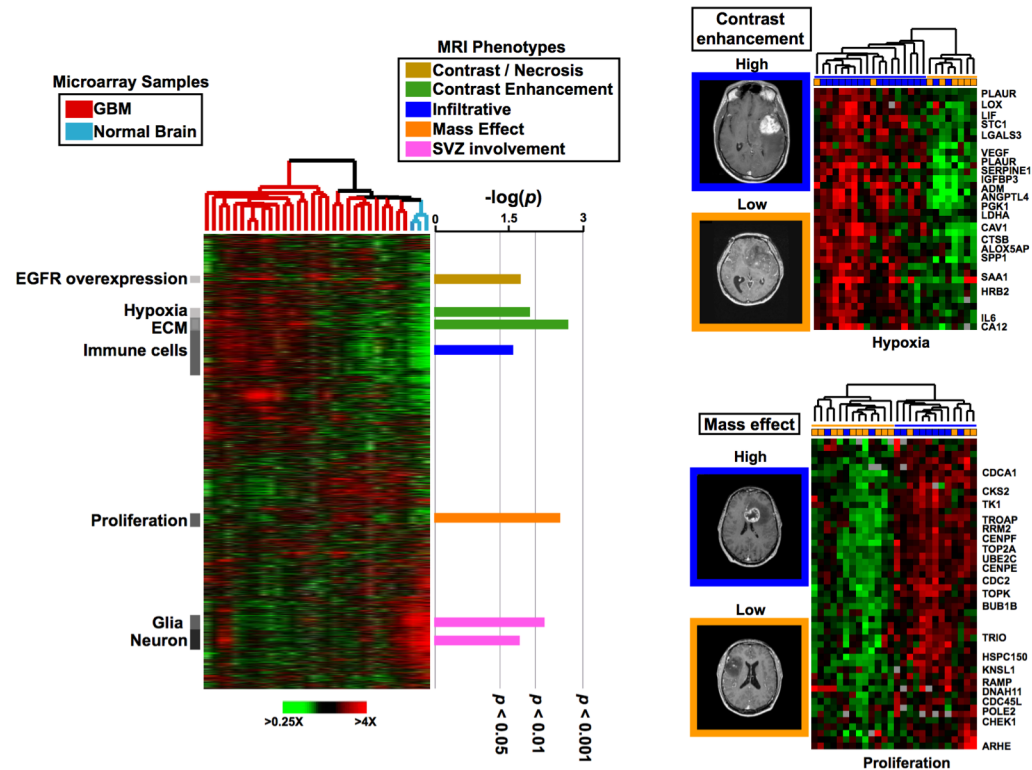
(b) Patient level



Content-based Image Retrieval

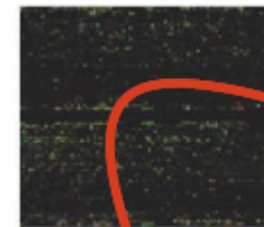


Radiogenomics



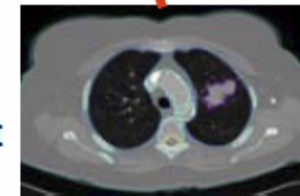
Source: Diehn M et al, PNAS, 2008

Mineable Genomic info



Learn molecular features that predict best drug

Mineable Image feature set



Learn imaging features that predict the biology

Learn imaging features that predict the best treatment!



Which Drug to use?

Credit: Robert Gillies, Moffit



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Takeaways

- Knowledge is attained by finding the appropriate representation for a given task
 - Machine and deep learning are different forms of representations for integrating biomedical information for clinical decision support
 - No one representation is the optimal solution for all tasks
- A variety of tasks exist in imaging
 - Computer-aided detection/diagnosis (CADe/CADx), content-based image retrieval (CBIR), radiomics/radiogenomics
- More on this later... Fabien Scalzo's lecture (9/17)





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Integrated Diagnostics (IDx)

- Radiological Sciences | Pathology & Lab Medicine
 - <http://idx.mednet.ucla.edu>
- **Mission:** Provide an infrastructure for capturing, curating and retrieving validated patient datasets across clinical, imaging, pathology and molecular data sources for the purposes of improving early detection, diagnosis and treatment of cancer
 - Clinical & outcomes data
 - Medical imaging
 - Histologic features
 - Molecular features, depending upon research questions
 - Collected longitudinally

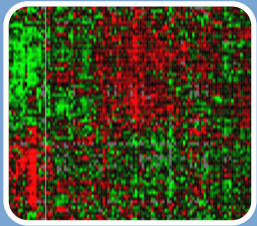


Objectives



Enable hypothesis generation

- Capture highly curated data and annotations
- Support open ended queries and real-time analytics



Integrate with molecular diagnostics

- Link findings across clinical, imaging, pathologic, and molecular data
- Characterize disease heterogeneity and evolution



Provide tailored clinical decision support


- Generate new evidence for appropriate use of imaging
- Improve early detection, diagnosis, and treatment




Search here... Find your cohort

- ALL CASES
- PIRADS 4 OR 5
- GLEASON \geq 3+4


Statistics




1280 Lesions
581 Patients



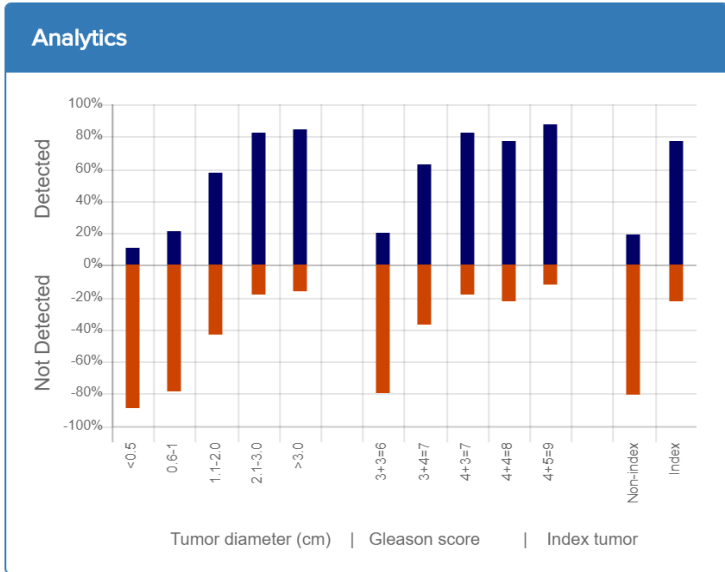
PIRADS 3: 217 Lesions
PIRADS 4: 316 Lesions
PIRADS 5: 183 Lesions



336 Total MRI Images
336 Annotated Images



4025 Total Whole Mount Images
1656 Micrographs



Latest News & Highlights

 **IDxProstate @IDxProstate**
Please welcome our new research coordinator Danielle Inohara!
Aug 3, 2017

 **IDxProstate @IDxProstate**
Upcoming Events:
1) RSNA 2017 Annual Meeting (Nov. 26 - Dec. 1, 2017)
See event here: rsna.org/Annual_Meeting...
Jul 10, 2017

IDx Prostate Data Portal: Front Page



Search here... Find your cohort



Filters: PIRADS: 4 OR 5; Resection GLEASON: 3+4 OR 4+3 [Clear All](#)

Hide Filters

Demographics:

Age

- 18 - 39
- 40 - 54
- 55 - 69
- ≥ 70

Clinical:

Digital Rectal Exam

- Positive
- Negative

PSA (ng/ml)

- < 3
- 3 - 10
- > 10

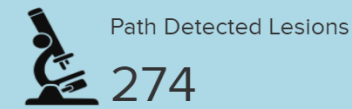
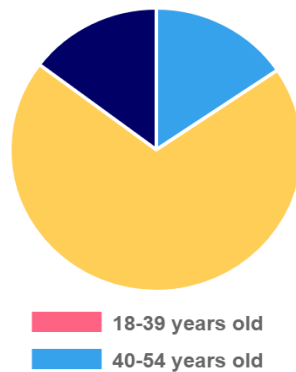


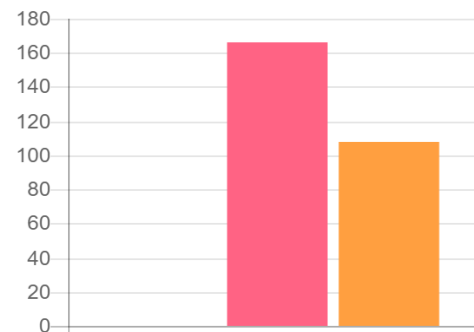
Chart View

Table View

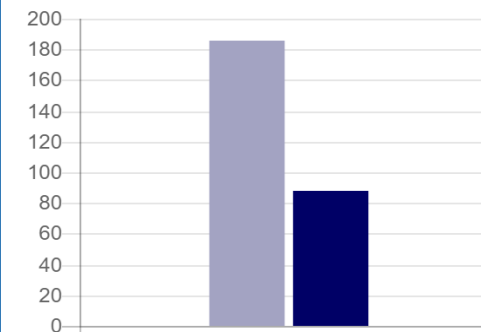
Age Groups



PIRADS Groups



Gleason Groups



Charts View



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Search here... Find your cohort



Filters: PIRADS: 4 OR 5; Resection GLEASON: 3+4 OR 4+3 Clear All

Hide Filters

Chart View

Table View

Demographics:

Age

- 18 - 39
- 40 - 54
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Clinical:

Digital Rectal Exam

- Positive
- Negative

PSA (ng/ml)

- < 3
- 3 - 10
- > 10

Cohort Selection

Export to Excel

Select Output Data

Research ID	Radiology Size	PIRADS Score	Gleason Score	Image Links
1_00A171OX	1.1		4+3	Micrograph
1_00OZMN8B	0.9	4	3+4	MRI MRI Contour Whole Mount Micrograph
1_02709602	1.8	5	4+3	Micrograph
1_043834FF	1.6		3+4	

Table View



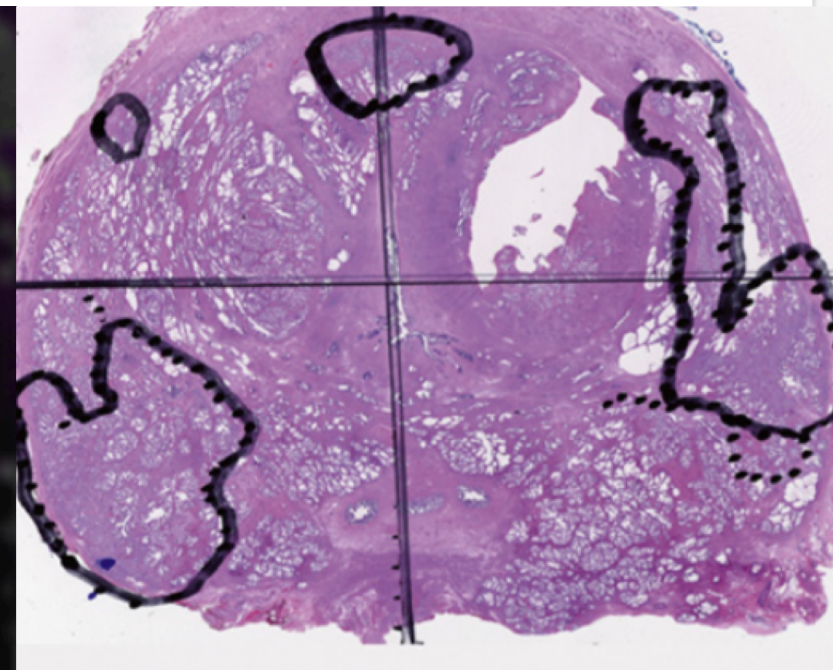
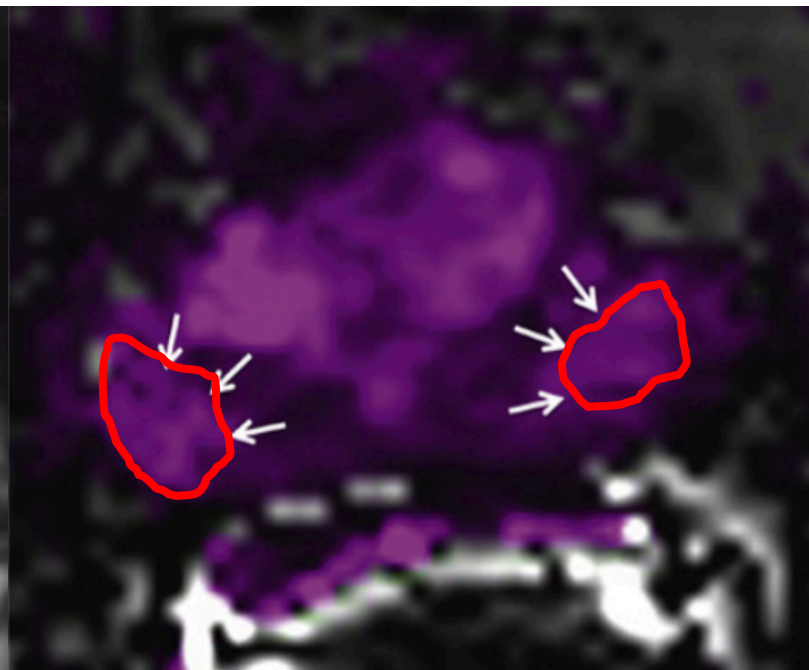
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Search here... Find your cohort



Filters: PIRADS: 4 OR 5; Resection GLEASON: 3+4 OR 4+3 Clear All



< 3
 3 - 10
 > 10

T2-MRI

1_02709602	1.8
1_043834FF	1.6

4+3	Whole Mount Path
3+4	

Annotated Datasets



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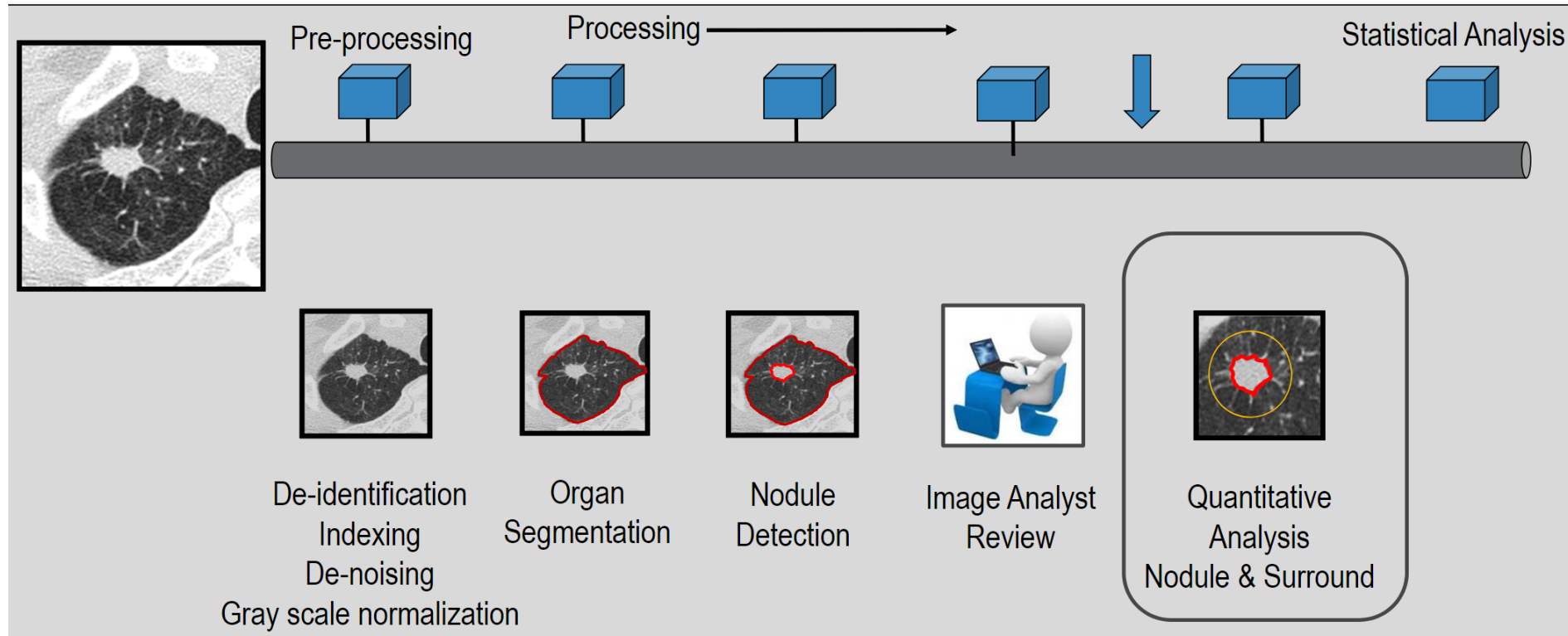


Integrated Diagnostics

- Project launched in March 2015

	Cases	Imaging	Specimens	Annotations	Clinical
Prostate	665 pts	MR	Banked: 164 pts	PI-RADS, prostate contour, MRI lesion, whole mount lesion	PSA, digital rectal exam, diagnosis, recurrence
Lung	1,982	CT	Banked: 528	LungRADS, nodule, emphysema, interstitial lung disease, coronary artery calcium	Risk factors, comorbidities, pulmonary function test, diagnosis, treatments
Breast (Athena)	49,037	MR, MG (FFDM, DBT)	SNP: 364 WES: 13	BI-RADS, breast density	Risk factors, comorbidities, diagnosis, treatments
Liver	449	CT/US biopsy (121)	Banked: 71	--	Labs (AFP, bilirubin, Creatinine, etc), diagnosis, comorbidities, treatments
Kidney	804	CT	Banked: 35	Lesion attenuation, other organs/structures attenuation (reference)	Diagnosis, treatments, history

IDx Lung: Nodule Characterization

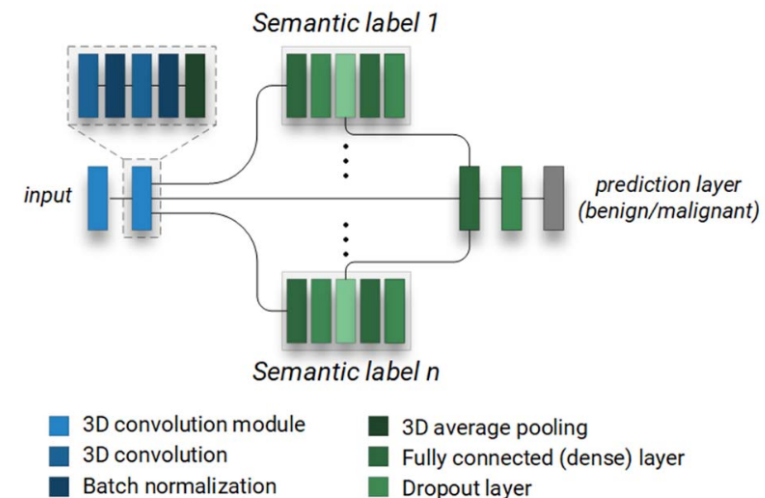


- Pipeline accepts only cases of < 2 mm slice thickness; the remainder must be manually segmented.



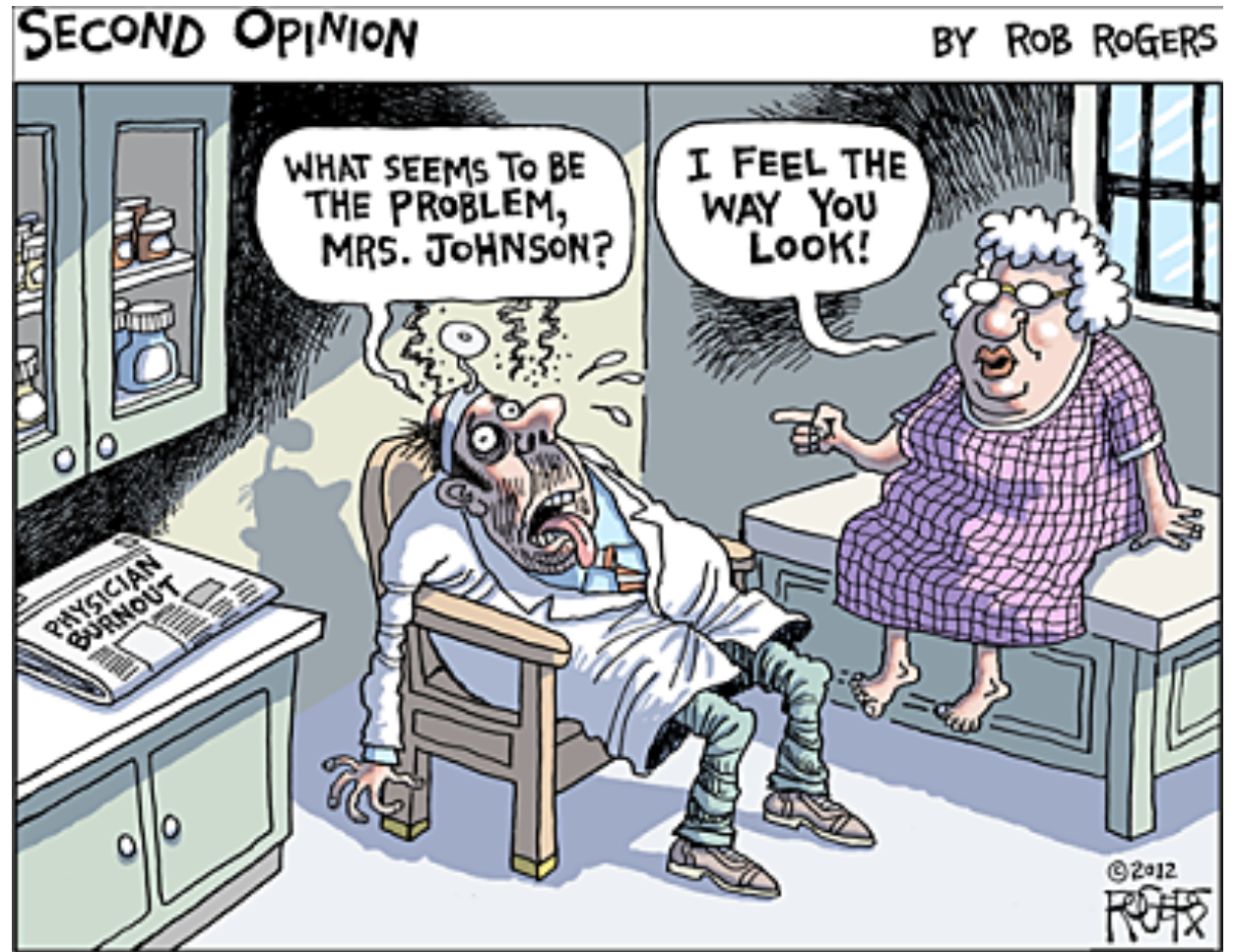
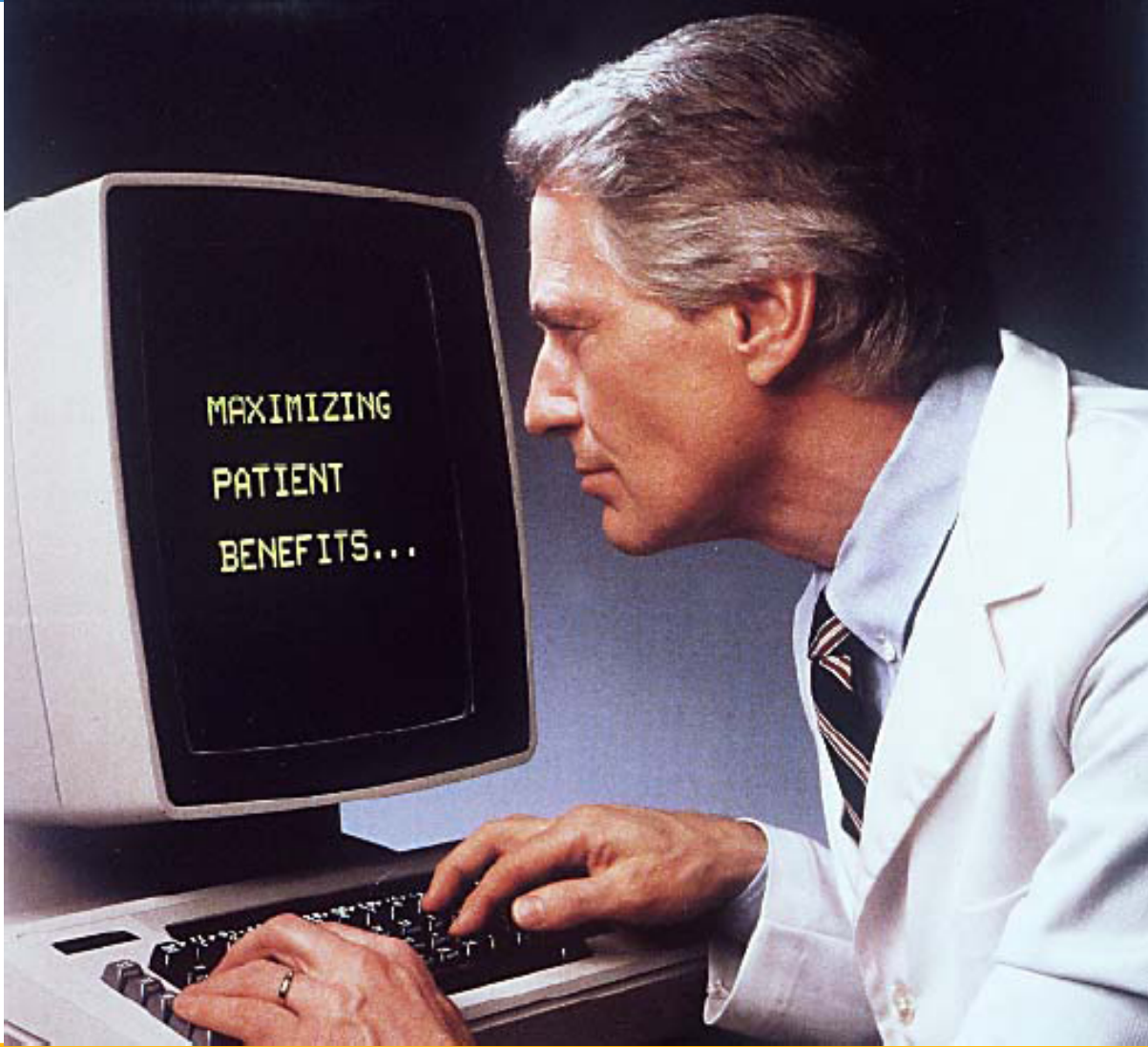
IDx Lung: Towards Improved Risk Predictions

- Classification task: Cancer vs. No cancer
- Train CNN with semantic labels to make output more interpretable to humans
- Trained on LIDC dataset
- Assess classification performance for semantic labels & diagnostic prediction
- Comparing CNN to hierarchical semantic network:
 - 3D single CNN AUC = 0.847 (\pm 0.024)
 - 3D hierarchical semantic network AUC = 0.856 (\pm 0.026)
 - Mean difference = 0.005 (95% CI: 0.0051-0.0129); $p = 0.009$



Concluding Thoughts: Towards Wisdom?





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IBM pitched its Watson supercomputer as a revolution in cancer care. It's nowhere close

By CASEY ROSS @caseymross and IKE SWETLITZ @ikeswetlitz / SEPTEMBER 5, 2017

Machine Learning and Prediction in Medicine — Beyond the Peak of Inflated Expectations

Jonathan H. Chen, M.D., Ph.D., and Steven M. Asch, M.D., M.P.H.

VIEWPOINT

Unintended Consequences of Machine Learning in Medicine

Federico Cabitza, PhD
Department of Informatics, University of Milano-Bicocca, Milan, Italy; and IRCCS Istituto Ortopedico Galeazzi, Milan, Italy.

Over the past decade, machine learning techniques have made substantial advances in many domains. In health care, global interest in the potential of machine learning has increased; for example, a deep learning algorithm has shown high accuracy in detecting diabetic retinopathy.¹ There have been suggestions that machine learning will drive changes in health care within a few years. specifi-

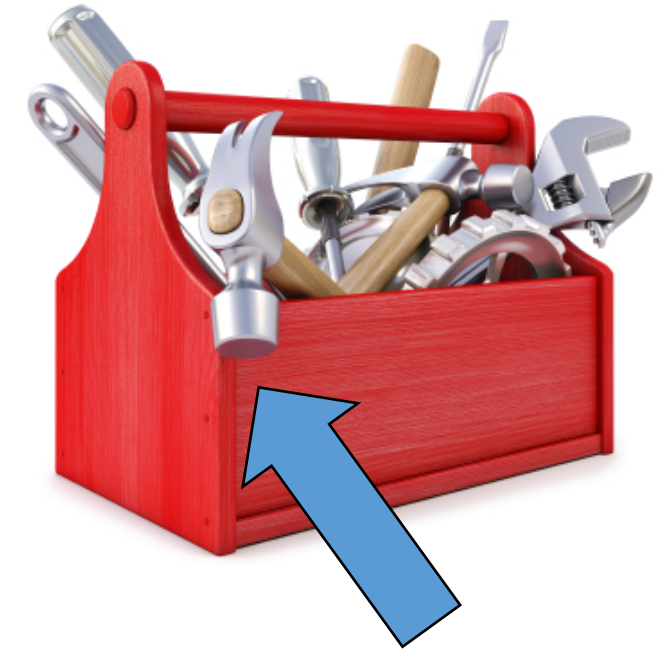
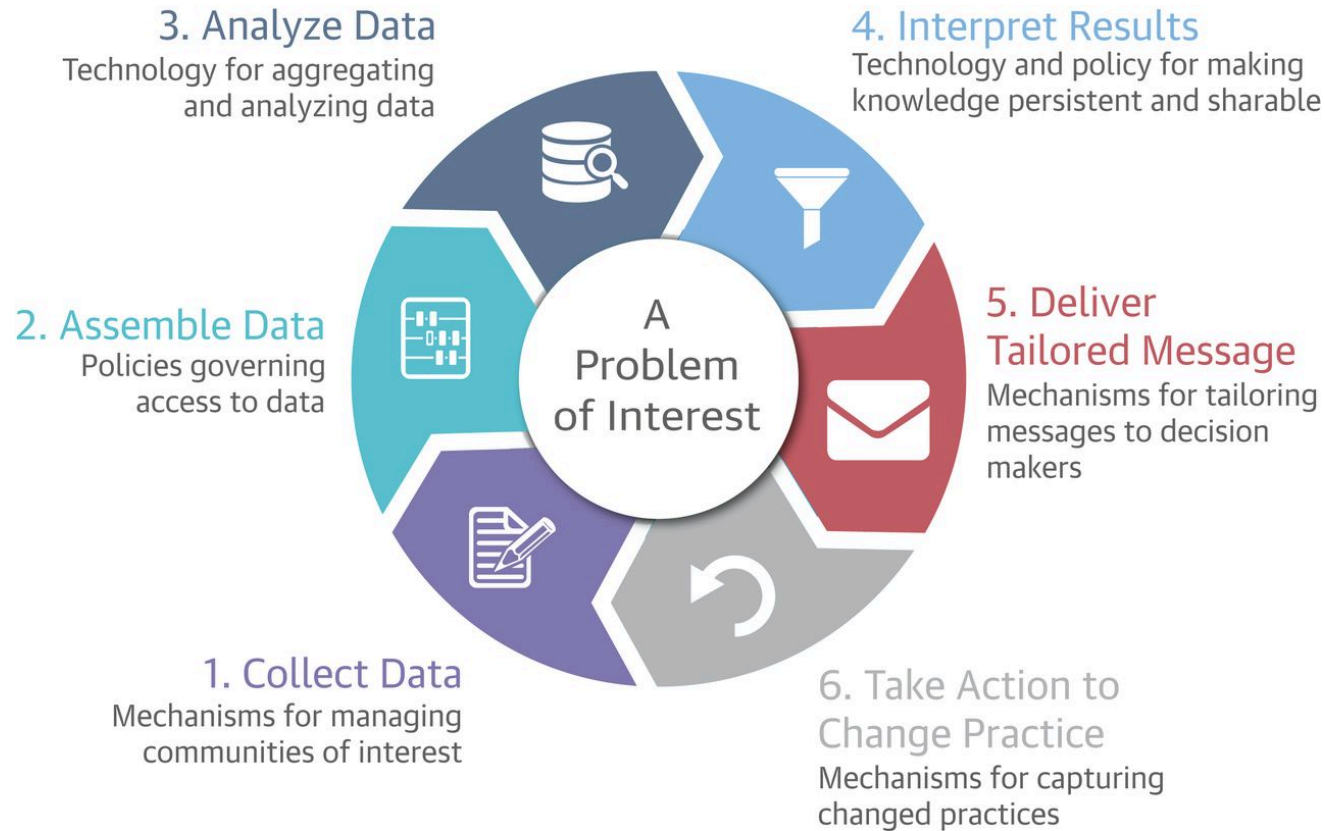
the expense of other elements that are more difficult or impossible to easily describe. Relying on ML-DSS requires considering digital data as reliable and complete representations of the phenomena that these data are supposed to render in a discrete and trustworthy form. This may be a problem when the clinical context is not represented, particularly if physicians lose awareness of



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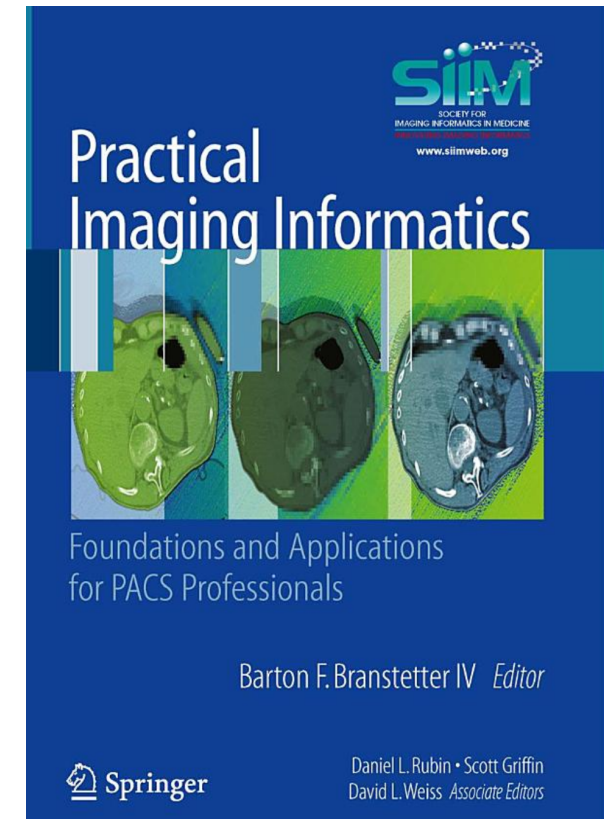
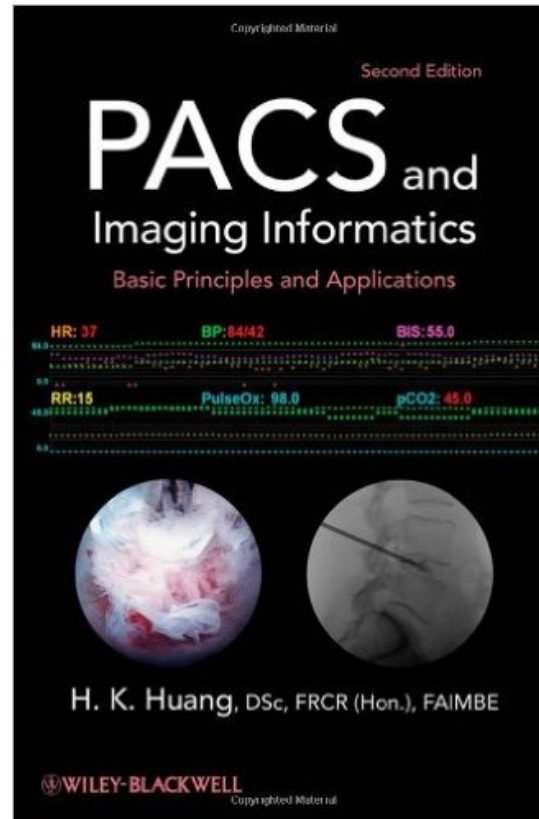
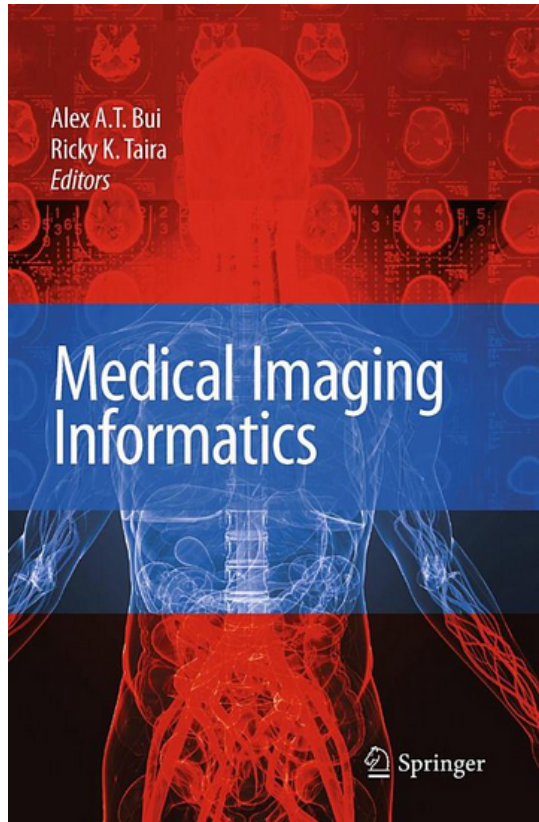
A Learning Health System



Data integration,
machine learning



Resources



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IDx | INTEGRATED DIAGNOSTICS

Home

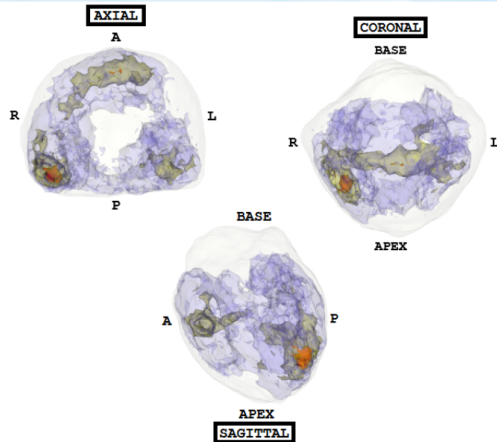
Domain

Contact Us

Related Links

Oversight Meeting Minutes

Publications



Just Accepted in "Abdominal Radiology"
Mahesh B. Nagarajan

"Building a high resolution T2-weighted
MR-based probabilistic model of
tumor occurrence in the prostate."

Awaiting Publication

PROSTATE



LUNG



LIVER



KIDNEY



<http://idx.mednet.ucla.edu>



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Resources

The screenshot displays the Montage Radiology Search web application. The browser address bar shows the URL: <https://staging.montagehealthcare.com/search/rad?q=fracture>. The page header includes the Montage logo and "Radiology Search" text. On the left, there are sorting options (Date Ascending, Date Descending, Relevance, Random) and modality filters (CR, CT, DF, MG, MR, NM, PT, US, XA). The main search area shows the query "fracture" and a "Search" button. Below the search bar, it indicates "13,955 reports in 0.014 seconds" and provides filters for "Start Date" and "End Date" (Last 7 days, 30d, 90d, 180d, 1 year). The search results list two entries for "CLEU (CT LOWER EXTREMITIES UNENHAN)". The first entry is dated 2015-07-20 and the second is dated 2015-06-19. Both entries have an "INDICATION" section describing a patient status post motor vehicle collision with right calcaneal fracture, left ankle pain, with fracture and edema. The "RIGHT ANKLE" section describes a multi-detector CT imaging of the right ankle. Each result includes a "Report Details" box with information such as Modality: CT, CPT: 73700 (Ct lower extremity w/o dye), and Organization: Metropolitan. On the right side, there is an "Actions" panel with buttons for Optimize, Analyze, Analyze Dose, Group by Patient, Export, Save Search, and Sequential Search. At the bottom right, it shows "Matches in Other Indexes" with counts for Radiology (13,955) and Pathology (11).

<http://montage.mednet.ucla.edu>



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Acknowledgements

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<http://willhsu.discoveryinformatics.org>



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Health
Radiology