

AI in the Era of Precision Medicine: Role of Medical Imaging

Robert Jeraj

Professor of Medical Physics, Human Oncology,
Radiology and Biomedical Engineering

University of Wisconsin Carbone Cancer Center, Madison, WI, USA
University of Ljubljana, Slovenia

 rjeraj@wisc.edu



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH



Disclosure

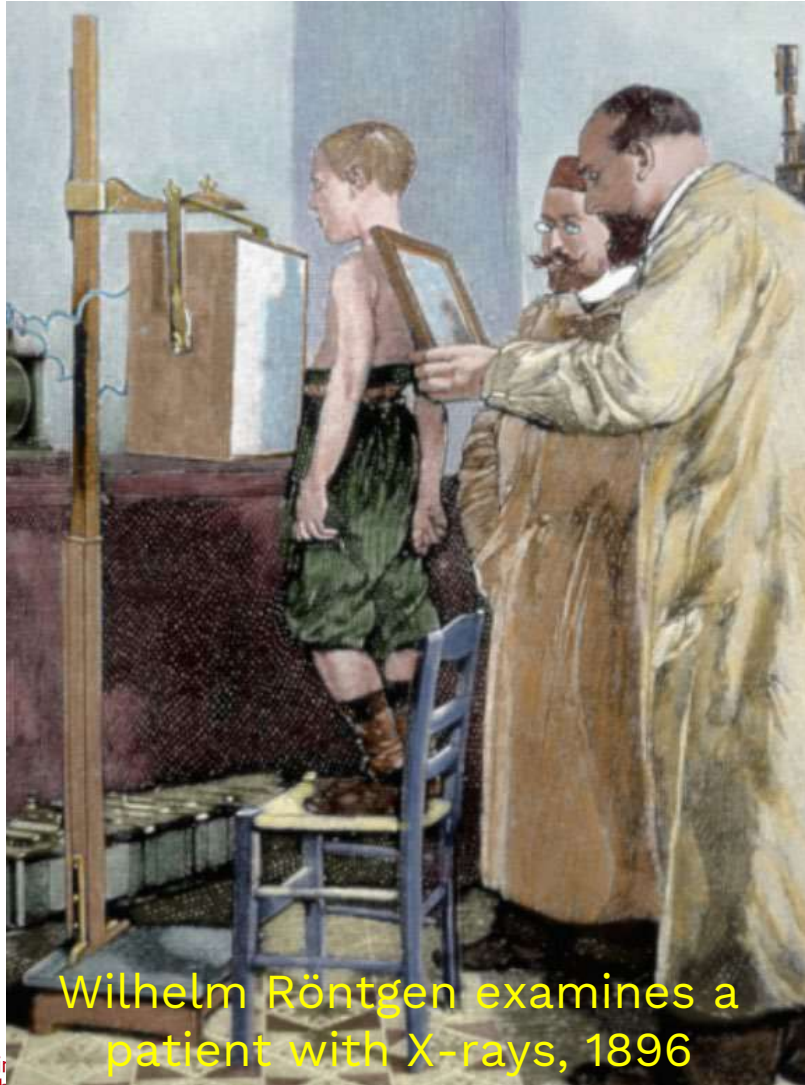
- Founder and CSO of AIQ Solutions

WHAT IS MEDICAL PHYSICS?

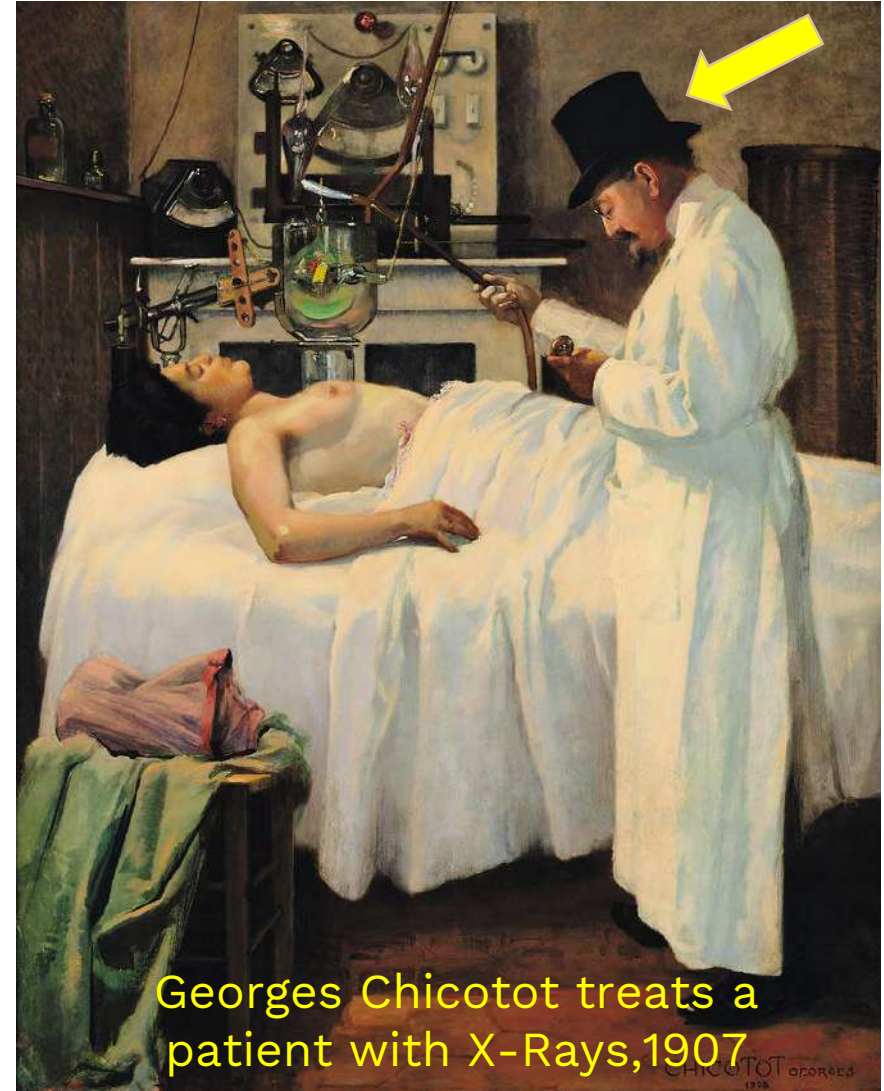
- Rich history of critical inventions
- Imaging, therapy, modeling in medicine

How was Medicine in Marie Currie's times?

Imaging and therapy



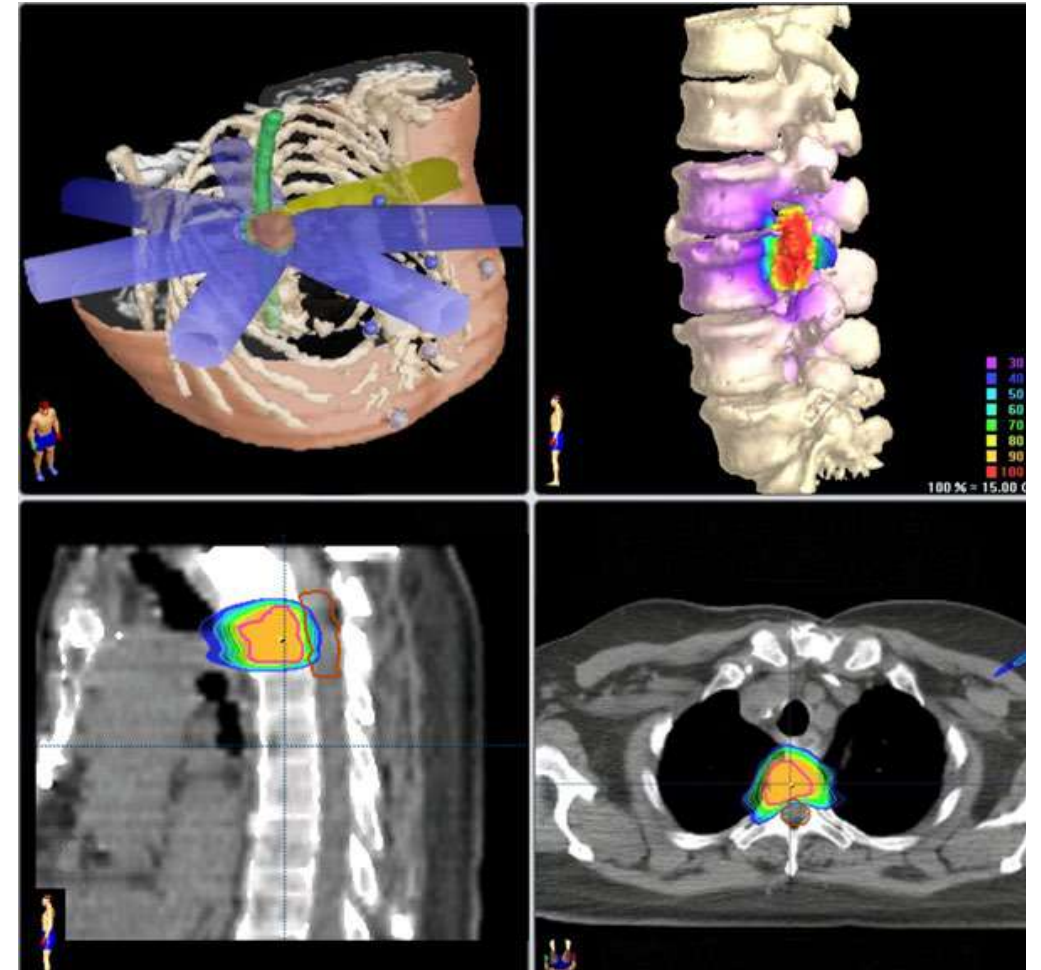
Wilhelm Röntgen examines a patient with X-rays, 1896



Georges Chicotot treats a patient with X-Rays, 1907

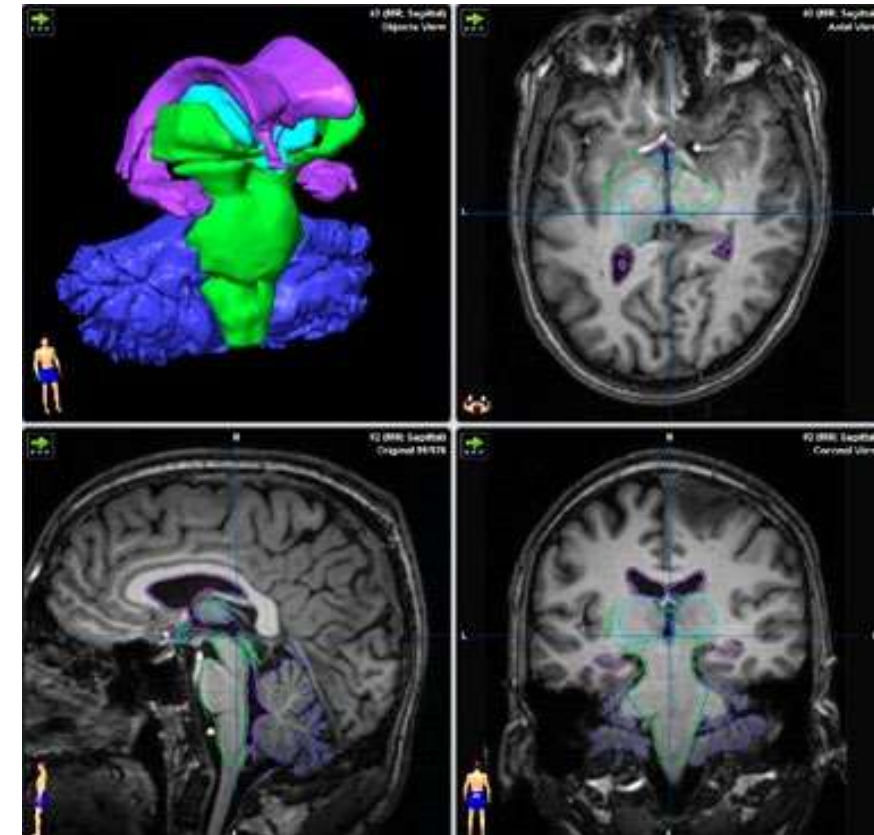
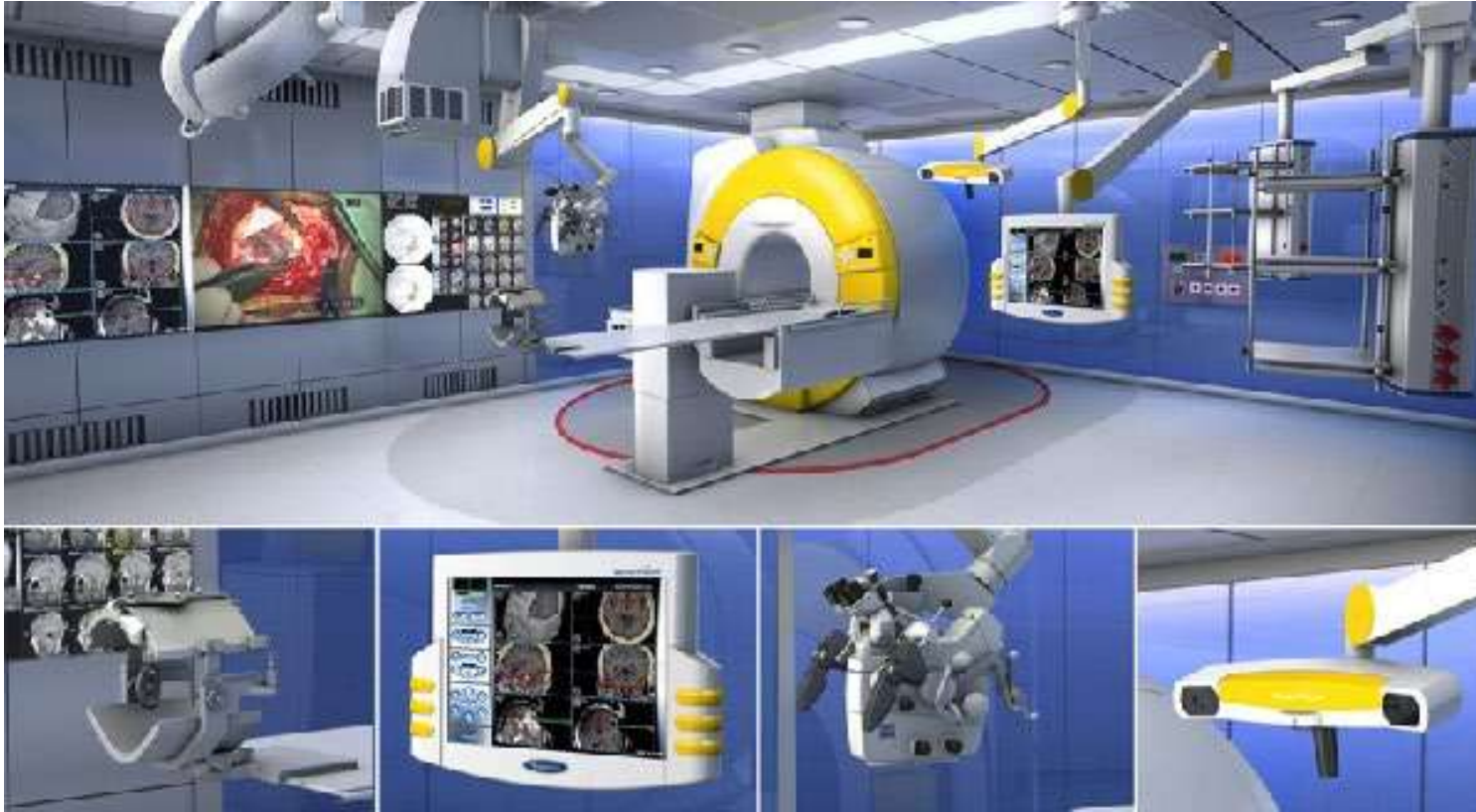
120 years later...

Image Guided Radiation Therapy



120 years later...

Image Guided Surgery



AI AND PRECISION MEDICINE

- Just buzz words, or real thing?

What does MEDICAL COMMUNITY think?

“4 P’s of medicine”: Individuals respond differently to environmental conditions, according to their genetic endowment and their own behavior. In the future, research will allow us to **predict** how, when, and in whom a disease will develop. We can envision a time when we will be able to precisely target treatment on a **personalized** basis to those who need it, avoiding treatment to those who do not. Ultimately, this individualized approach will allow us to **preempt** disease before it occurs, utilizing the **participation** of individuals, communities, and healthcare providers in a proactive fashion, as early as possible, and throughout the natural cycle of a disease process.

Elias A. Zerhouni, M.D.

Director, National Institutes of Health (NIH), 2008

It is all about PM these days...



What does IMAGING COMMUNITY think?

- Imaging research laboratories are rapidly creating **machine learning systems that achieve expert human performance**
- **Roadmap for future research initiatives:**
 - New image reconstruction methods
 - Automated image labeling and annotation methods
 - New machine learning methods for clinical imaging data
 - Machine learning methods that can explain the advice they provide to human users
 - Validated methods for image de-identification and data sharing

It is all about AI these days...

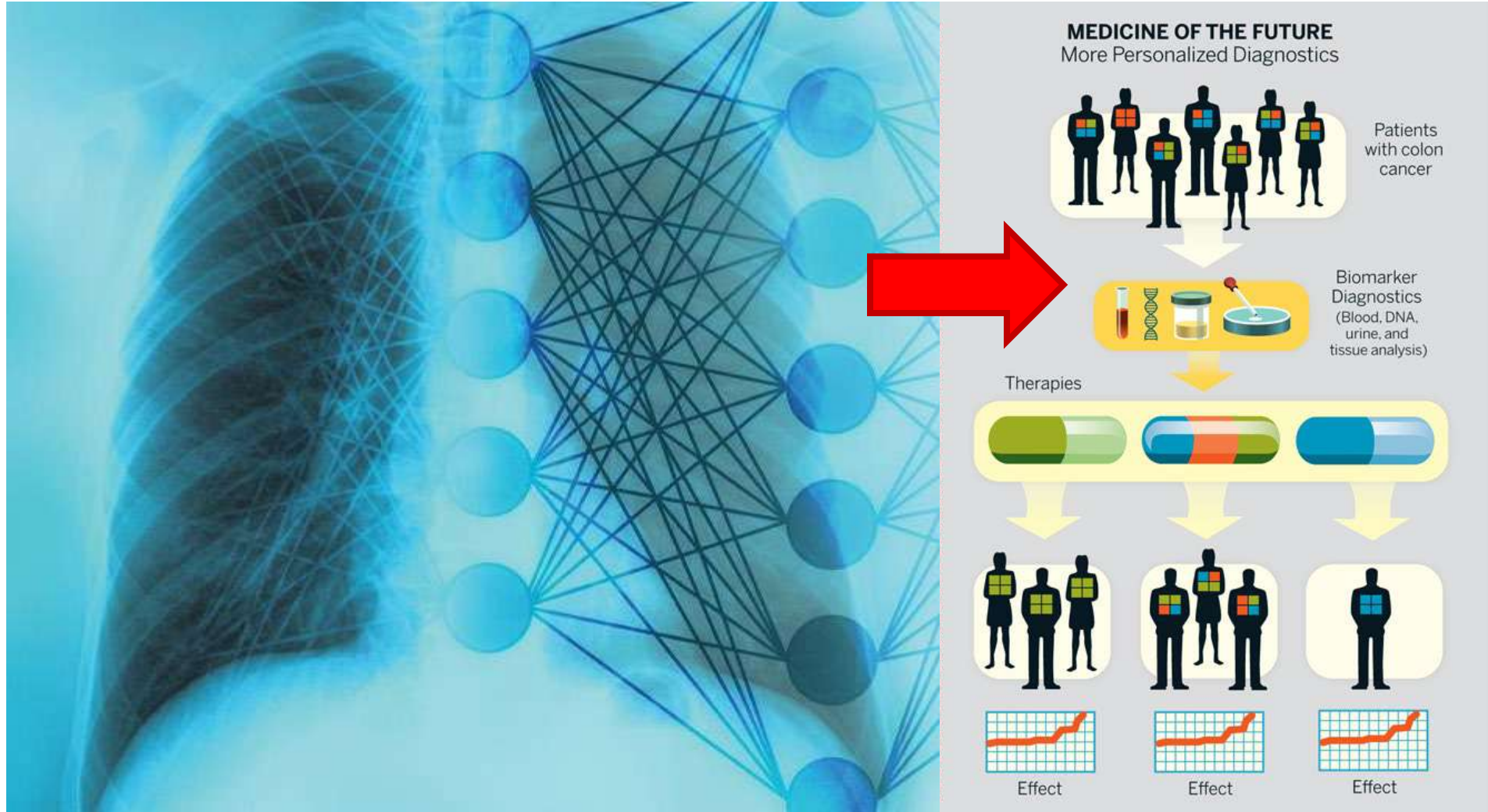


"I'm sorry, the doctor no longer makes diagnoses."

What does BUSINESS COMMUNITY think?

- Medical imaging and machine learning are on a **collision course** that promises significant advancements in diagnostics and precision medicine
- **Precision medical imaging** market, worth **\$120 million in 2017**, will explode into an **\$8 billion opportunity by 2027** (Frost and Sullivan).
- Precision medical imaging has tremendous potential to improve all aspects of the care continuum, thus supporting emerging care approaches that are more **targeted, predictive, translational, personalized and effective.**
- **AI-enriched imaging equipment** will help adapt and personalize the imaging protocols and procedures while precise radiomic and phenomic datasets from the given clinical context will enable deep learning, thereby reinforcing medical imaging's contribution to precision medicine

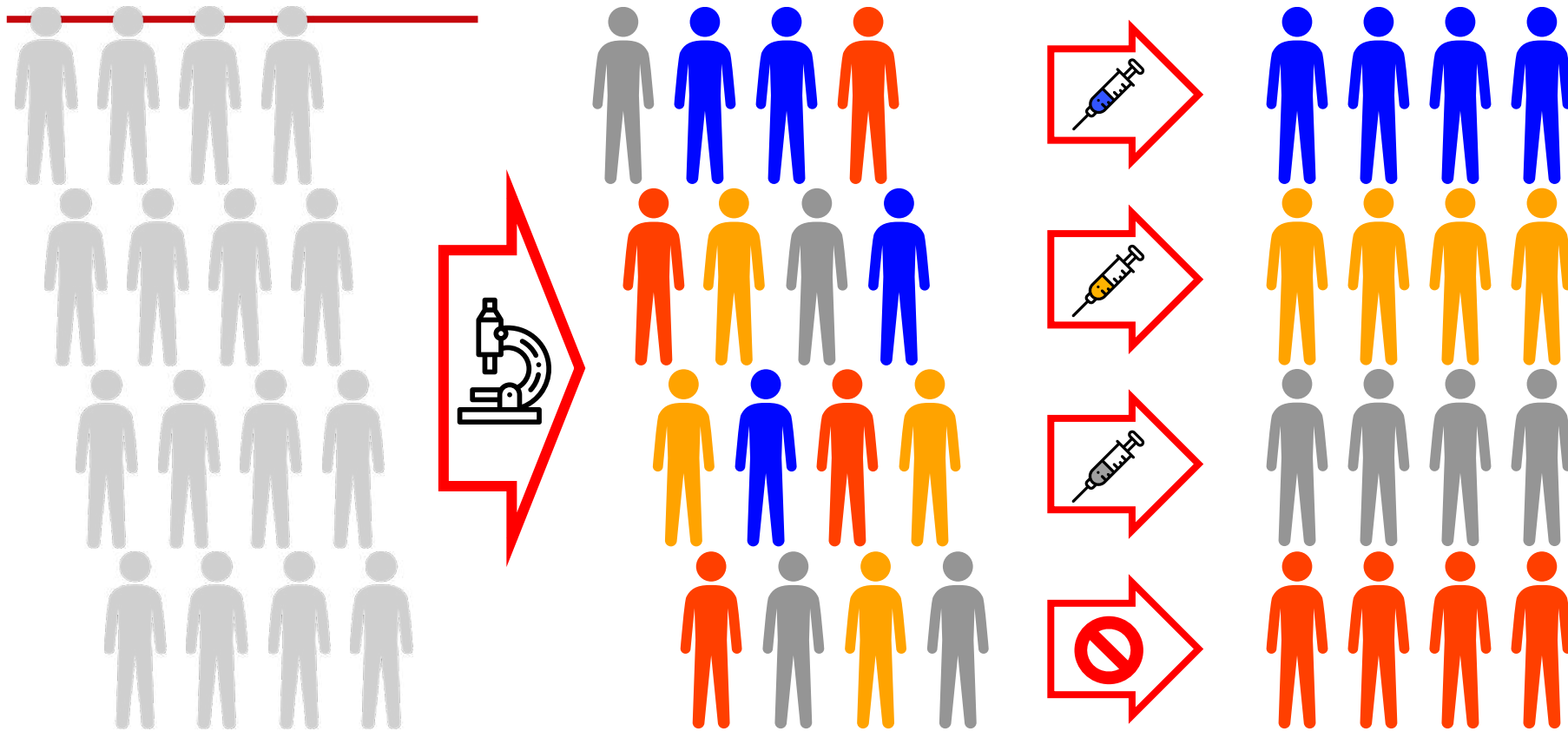
It is all about AI+PM these days...



PRECISION MEDICINE

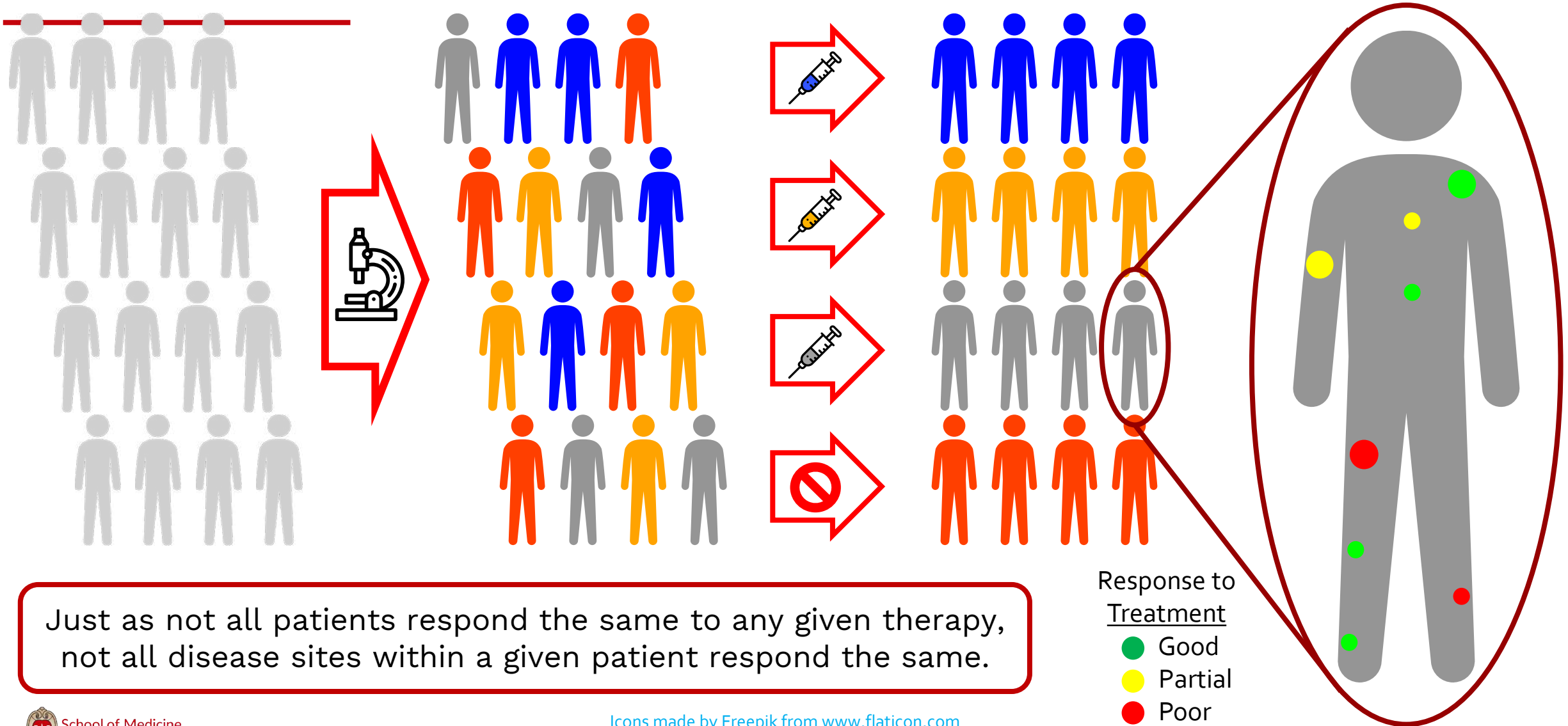
- The problem of response heterogeneity
- The problem of treatment resistance

Precision medicine aims for this...

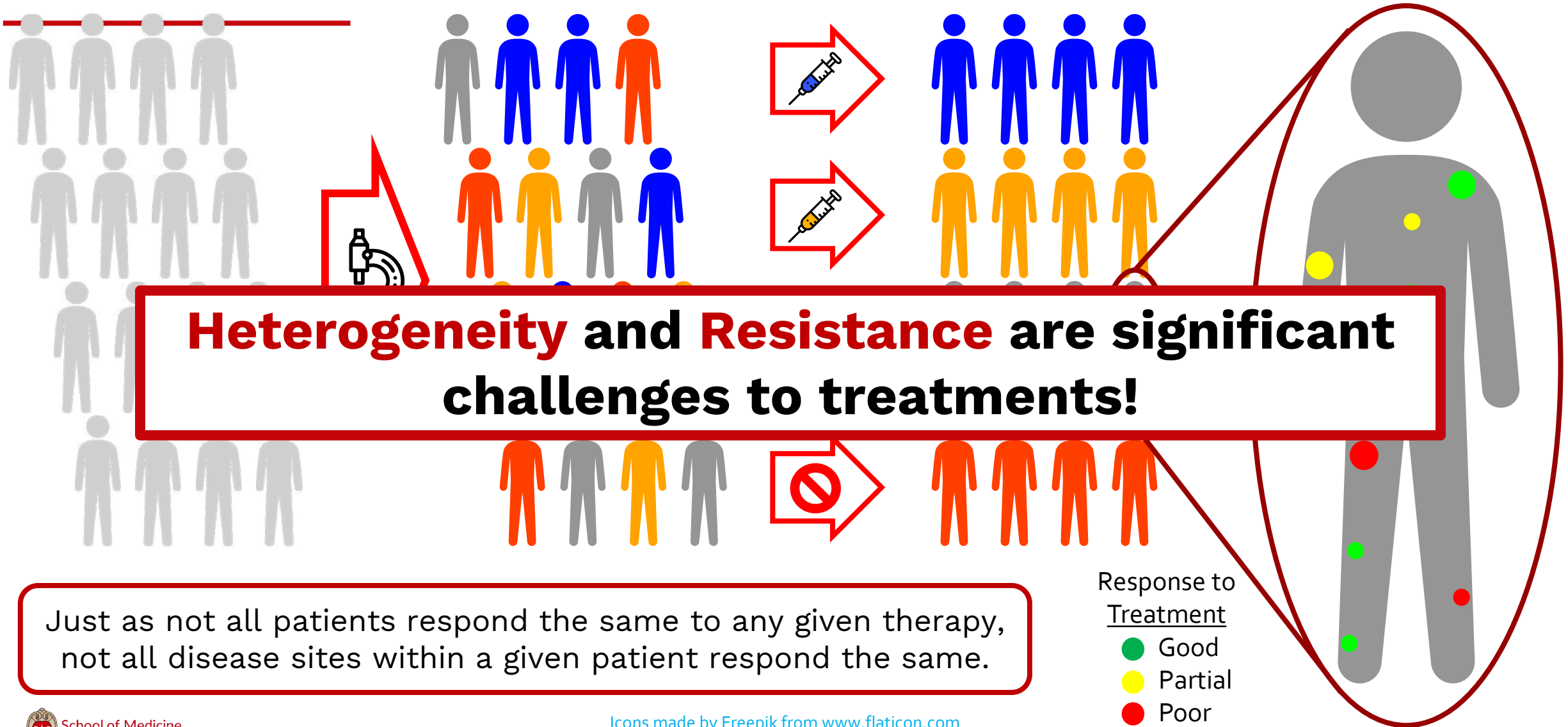


Not all patients respond the same to any given therapy,
therefore different treatments need to be chosen

...but there is a big problem!

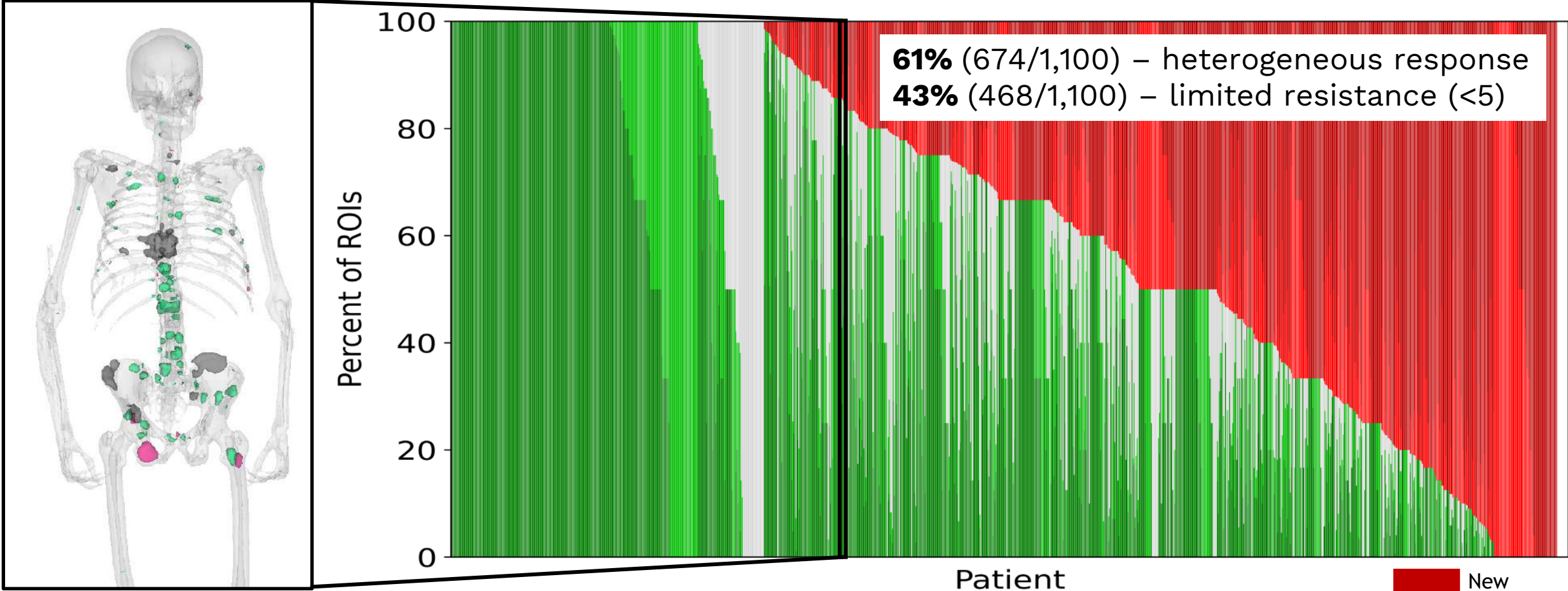


...but there is a big problem!



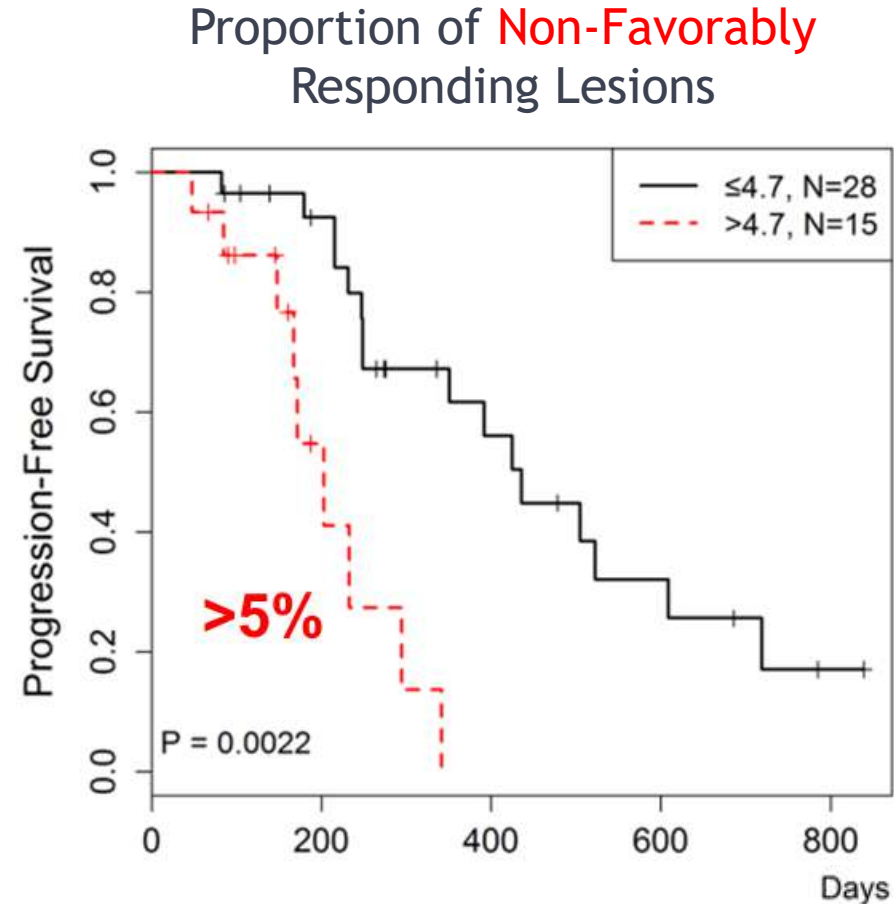
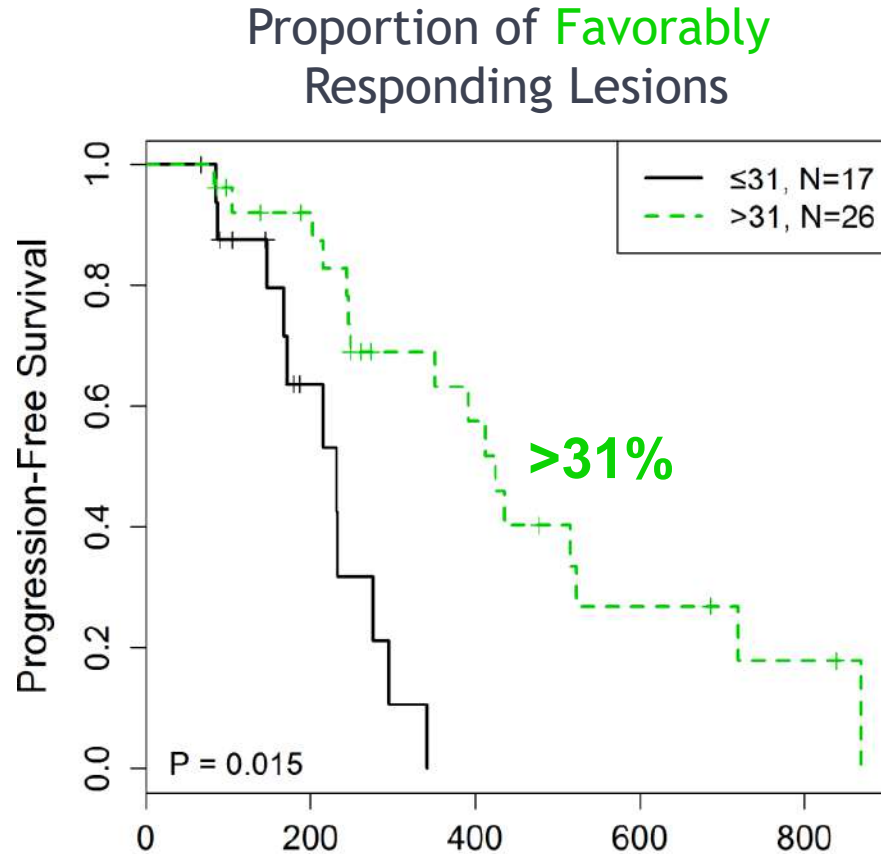
Just as not all patients respond the same to any given therapy, not all disease sites within a given patient respond the same.

The problem of response heterogeneity



Cancers included (n=1,100): prostate, bladder, renal, testicular, penile
H&N, NSCLC, NET, melanoma, ACC

The problem of treatment resistance

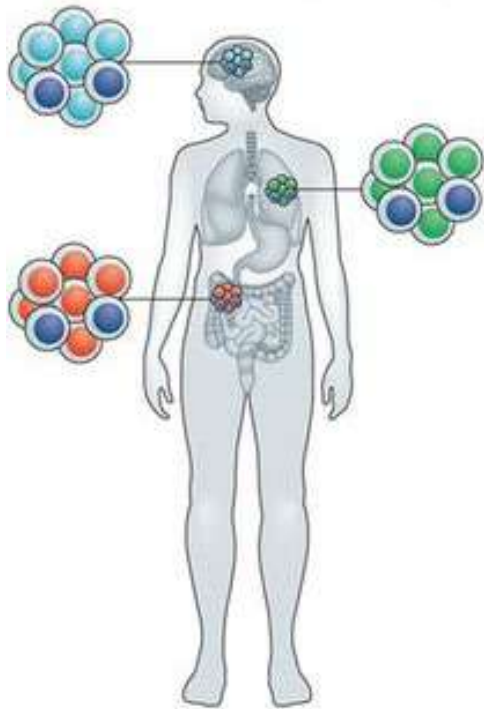


Although favorable response improves outcome,
overall outcome is predominantly driven by resistance

Why heterogeneity?

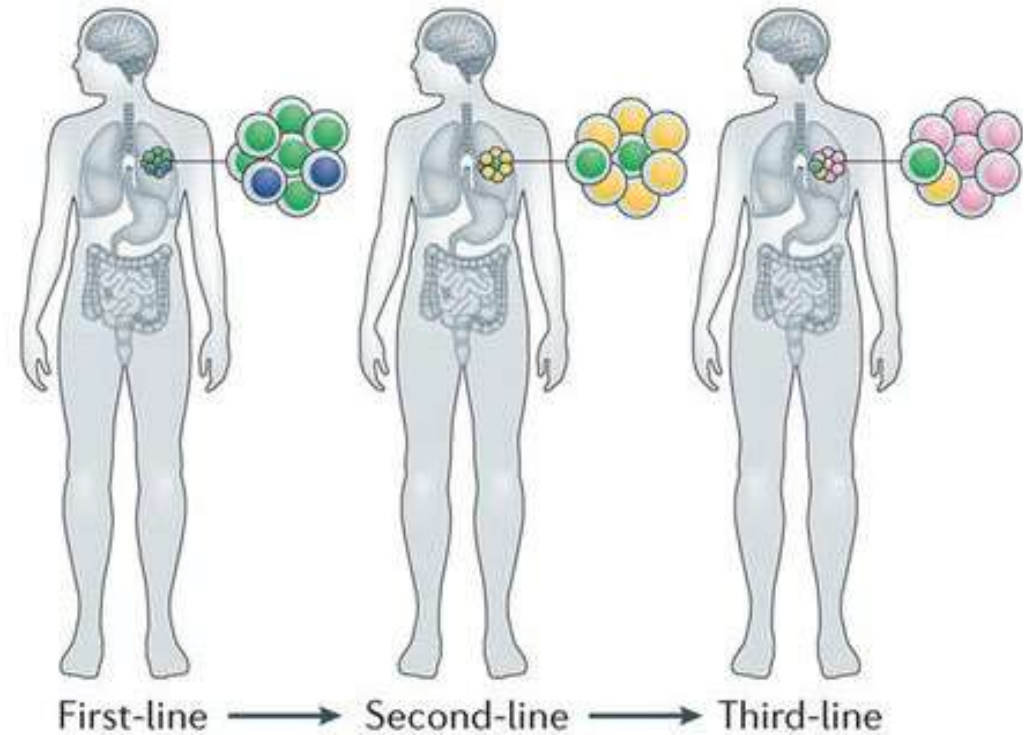
Spatial Heterogeneity

Different disease sites have different responses to therapy at a given point in time



Temporal Heterogeneity

The same disease site may respond differently at different points in time



Why heterogeneity?

Spatial Heterogeneity

Different
disease



Temporal Heterogeneity

The same

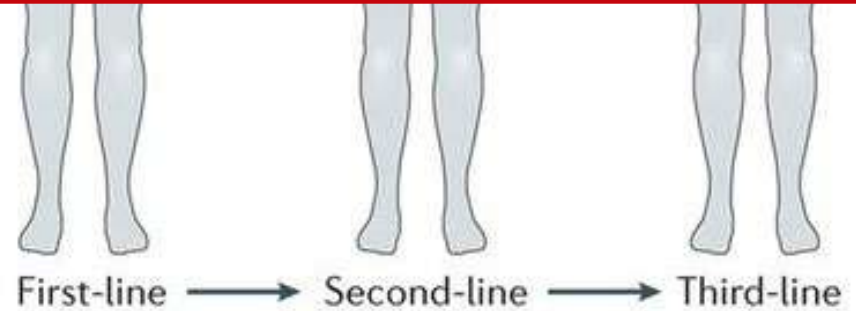


**How can we assess spatial-temporal heterogeneity?
Only Medical Imaging can!**

therapy at a
given point in
time



different
points in time



HOW CAN WE GET SUCH DATA?

- AI-based Treatment Response Assessment

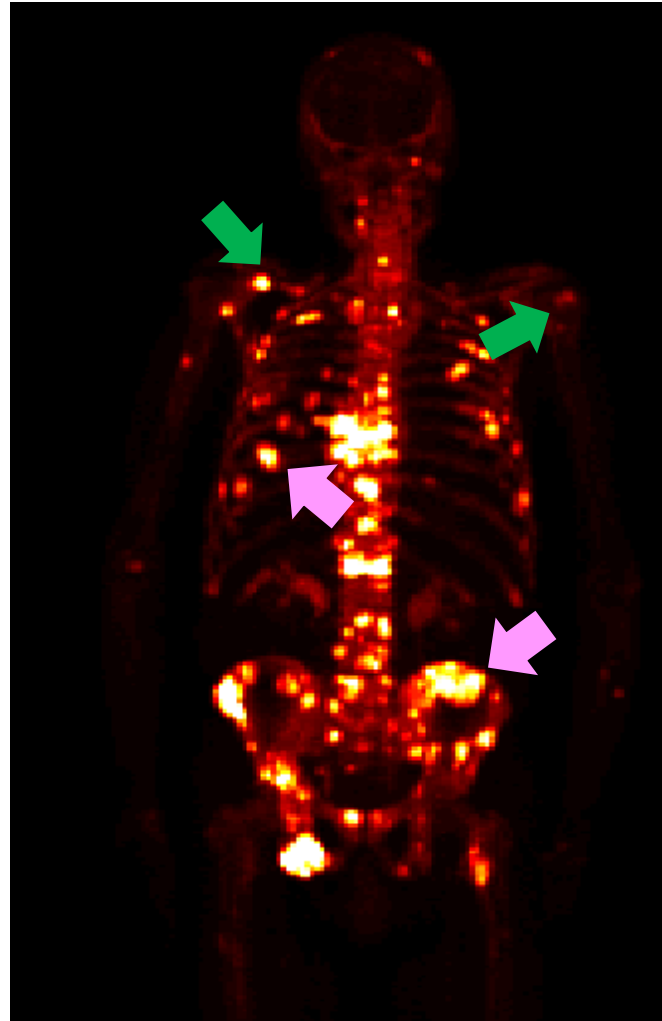
Treatment response assessment – Current practice

Manual and Qualitative Assessment

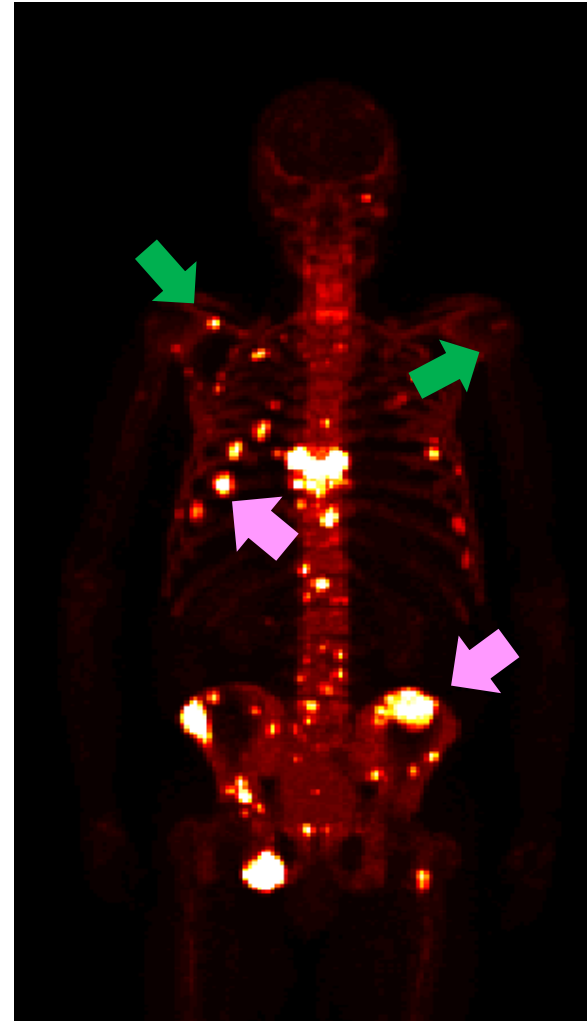


Radiologists/nuc med physicians manually identify subset of lesions for treatment evaluation

Time point 1



Time point 2



What information do we want to extract from imaging data?

Number of lesions?

Total disease burden?

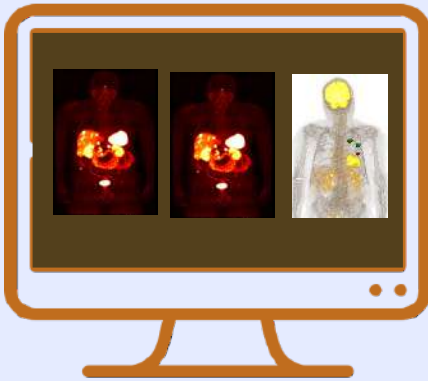
Inter-lesion heterogeneity?

.....

How do you capture useful intelligence efficiently and objectively?

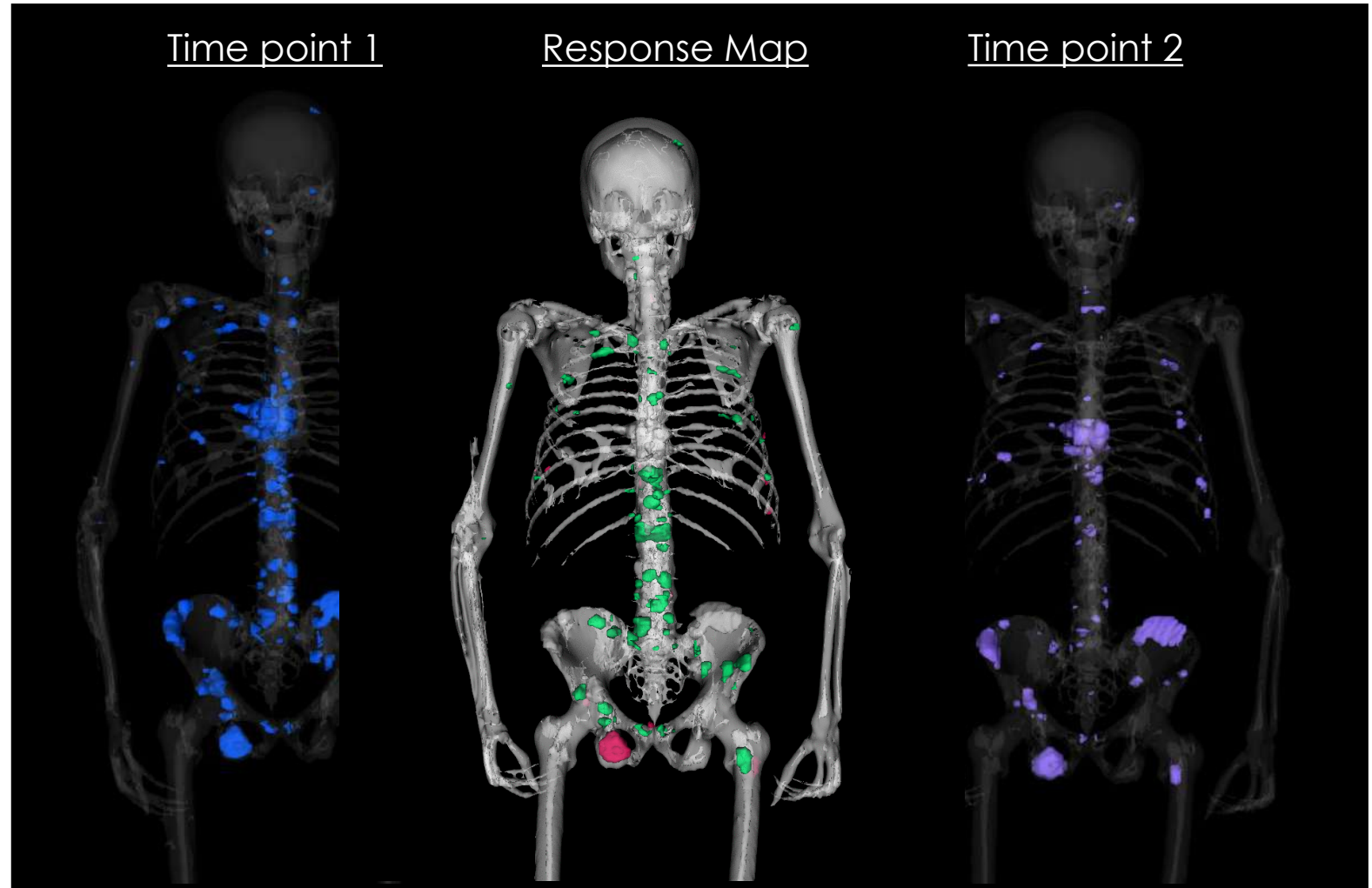
Treatment response assessment – AI-based approach

Automatic and Quantitative
Assessment

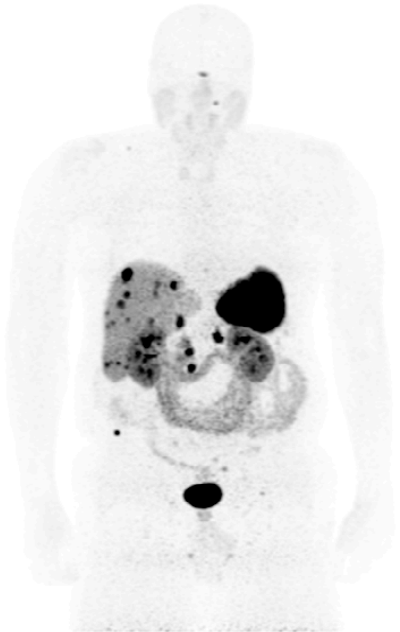
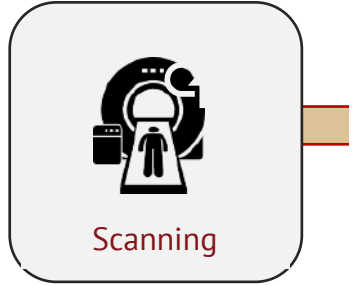


Our software automatically detects
and classifies all lesions

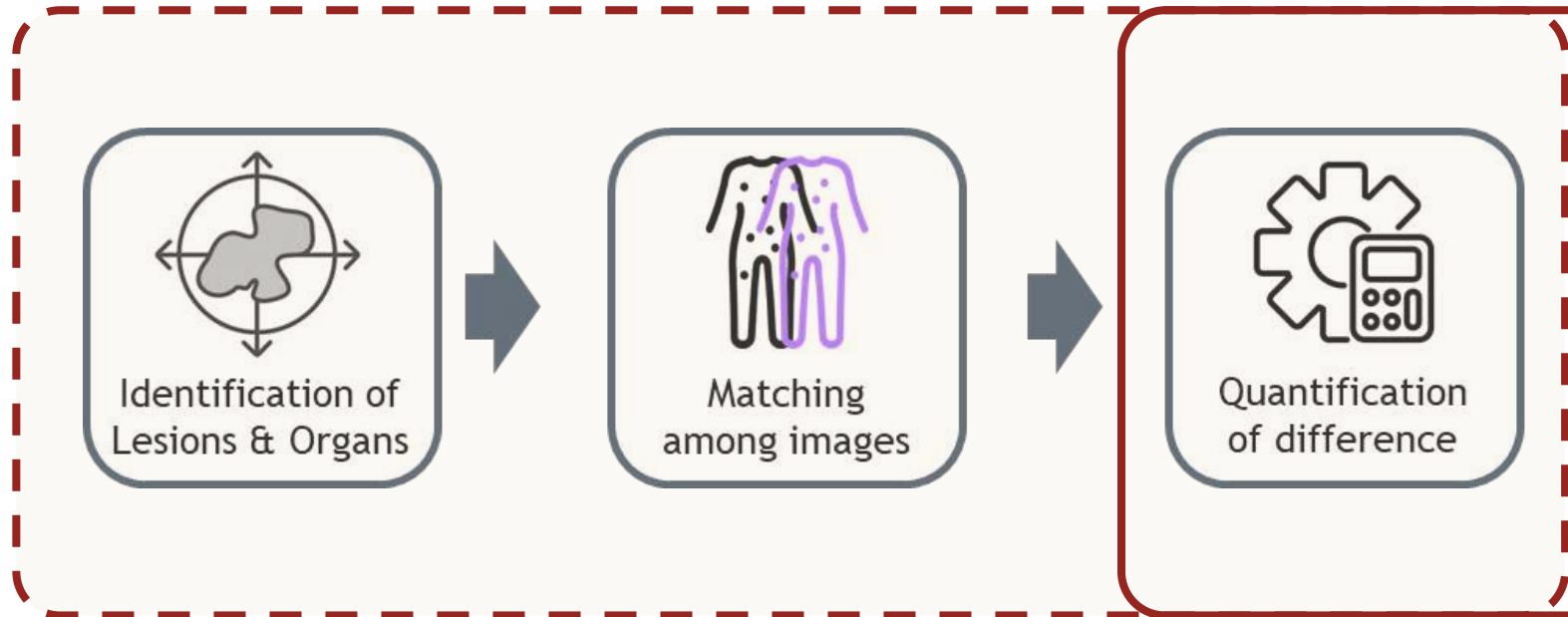
US Patents 9603567, 10445878
Licensed to our spin-off:
AIQ Solutions



Treatment response assessment – AI-based workflow



AI-driven association with outcomes



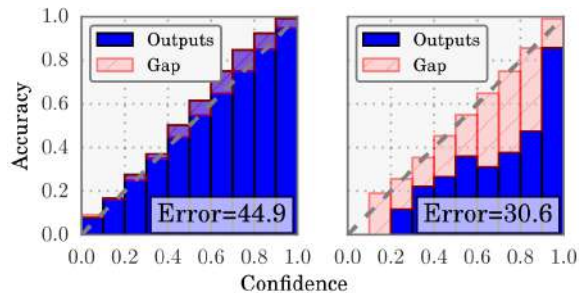
Quantitative Imaging Biomarkers

Surrogate Endpoints
(Predictive Biomarkers)

AI challenges – ignore or solve?

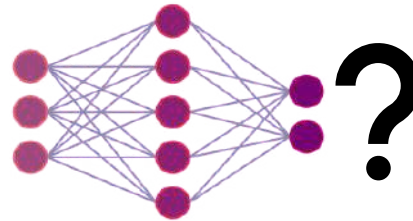
Challenges

Poorly Calibrated Probabilities Values

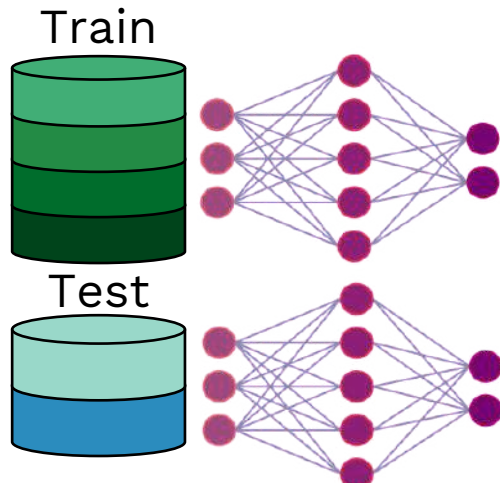


Guo. arXiv. 2017.

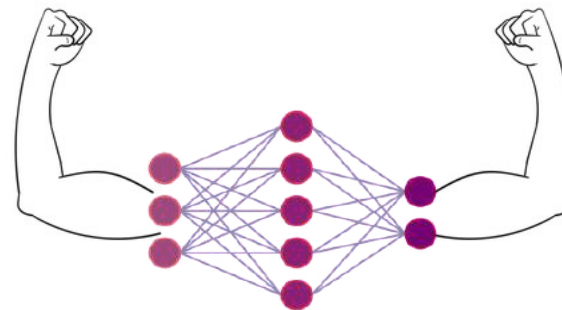
Model Uncertainty



Small Datasets and Unknown Generalizability



Unknown Model Robustness

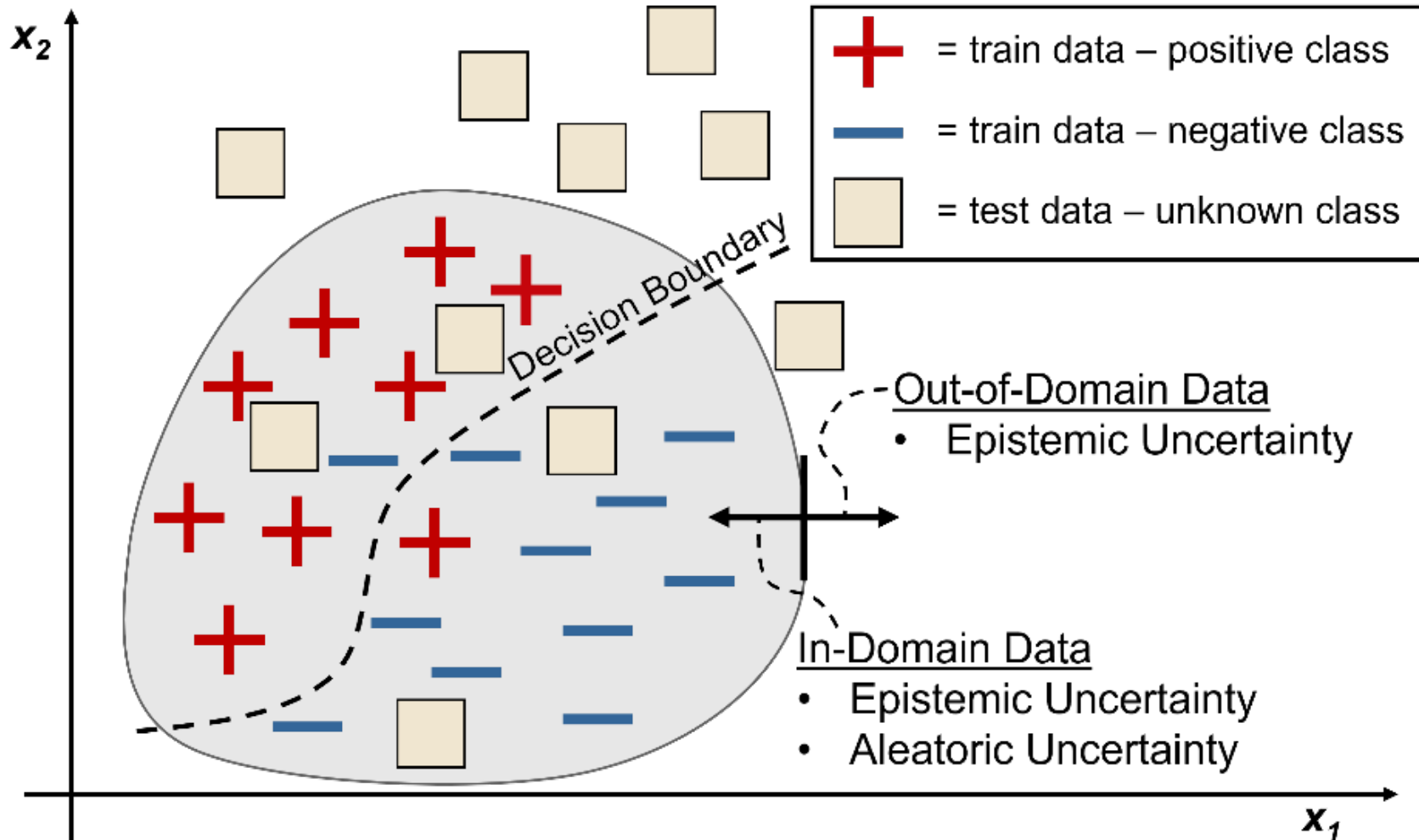


Ignore

Solve

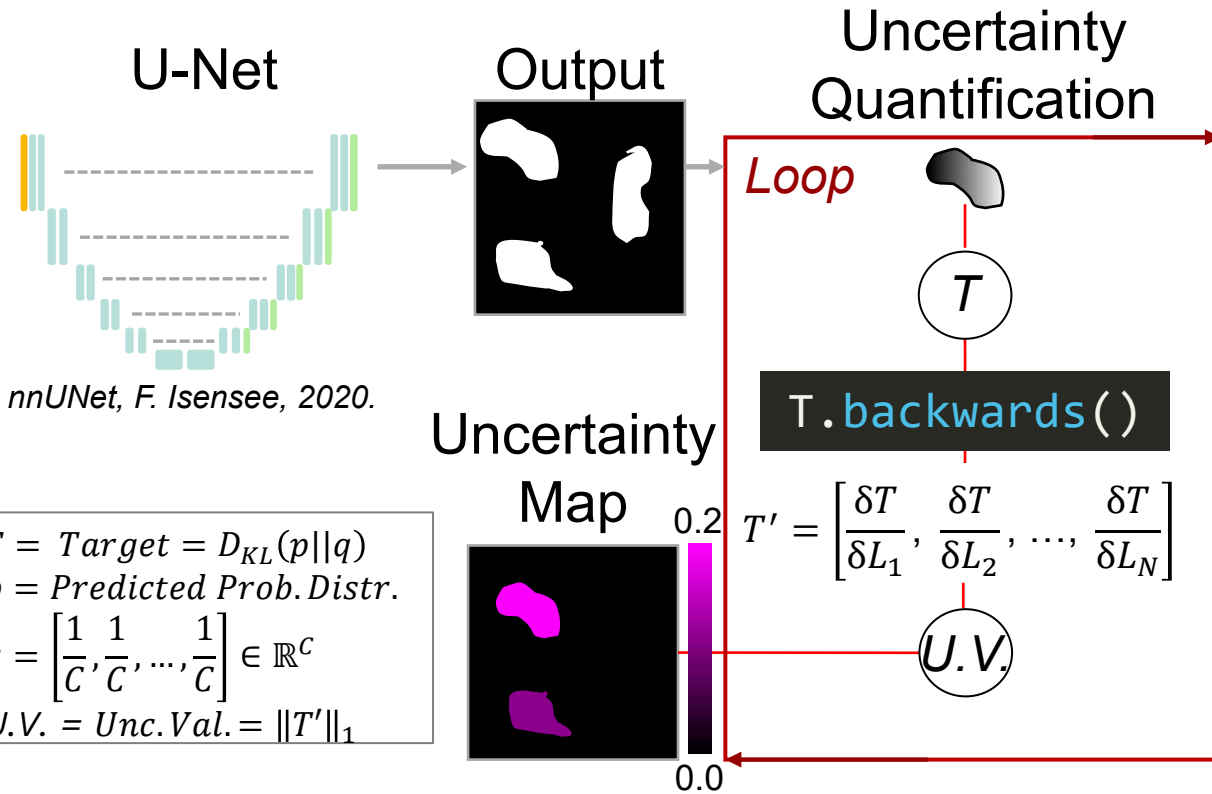


AI comes with uncertainty!



Understanding AI uncertainty

Assessment of uncertainty (Novel *local gradients* method)



nnUNet, F. Isensee, 2020.

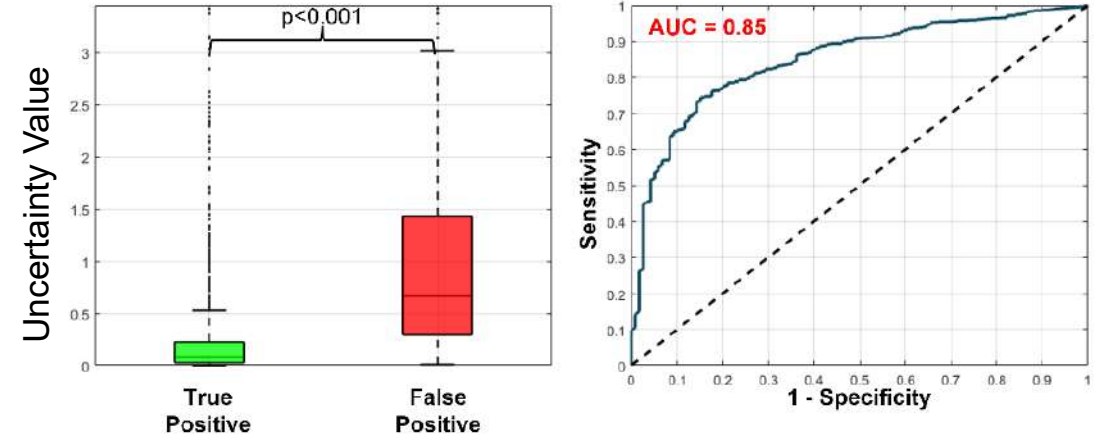
$$T = \text{Target} = D_{KL}(p||q)$$

$$p = \text{Predicted Prob. Distr.}$$

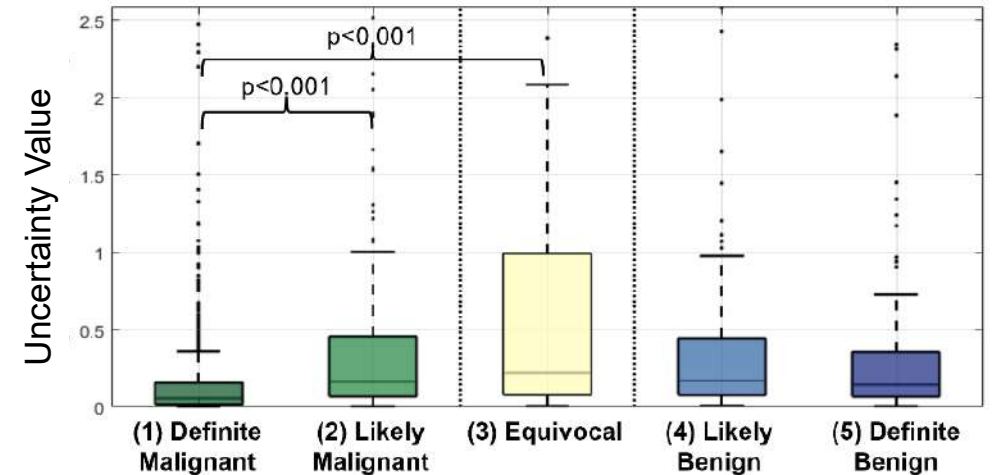
$$q = \left[\frac{1}{C}, \frac{1}{C}, \dots, \frac{1}{C} \right] \in \mathbb{R}^C$$

$$U.V. = \text{Unc. Val.} = \|T'\|_1$$

Identifies False Positives



Aligns With Physician Uncertainty

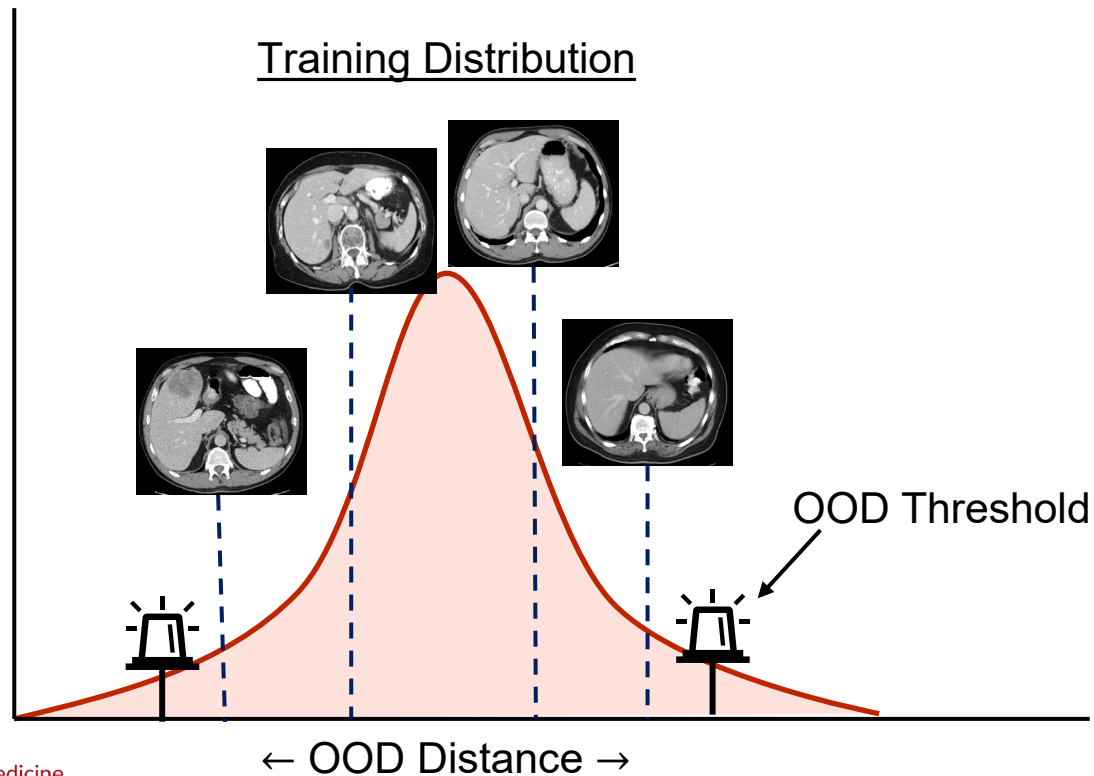


Out-of-distribution detection

OOD: Test data that differs substantially from the train dataset

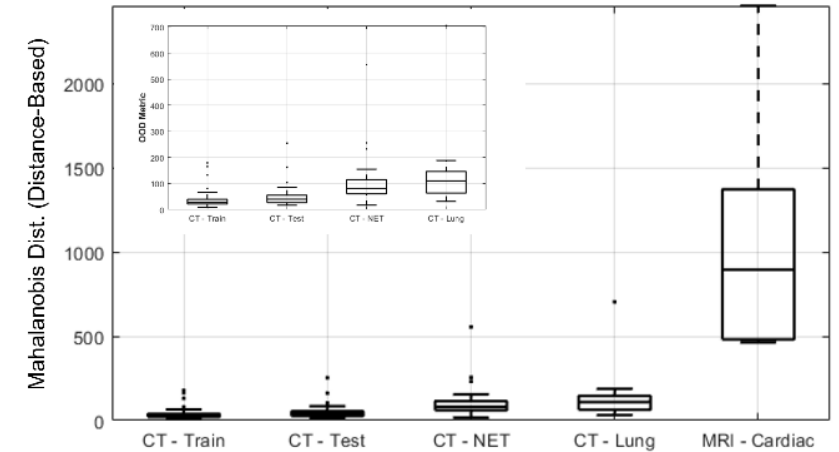
Generates untrustworthy model outputs

Goal: Detect OOD test inputs



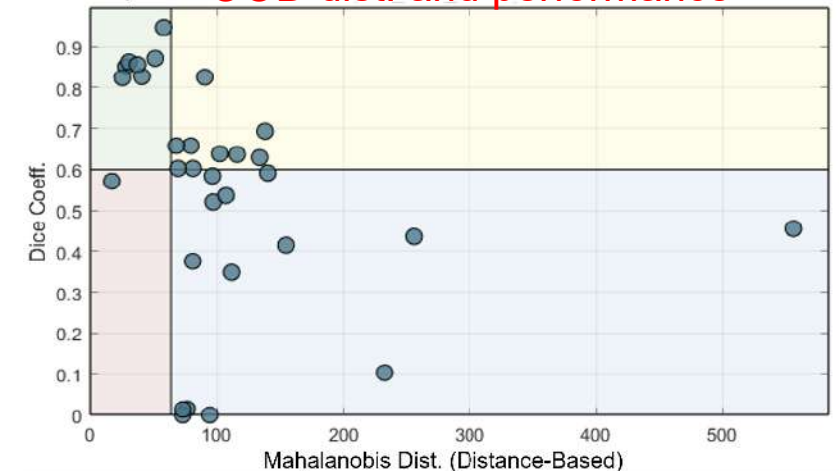
Metastatic tumor segmentation on CT

Distinguish ID from OOD data

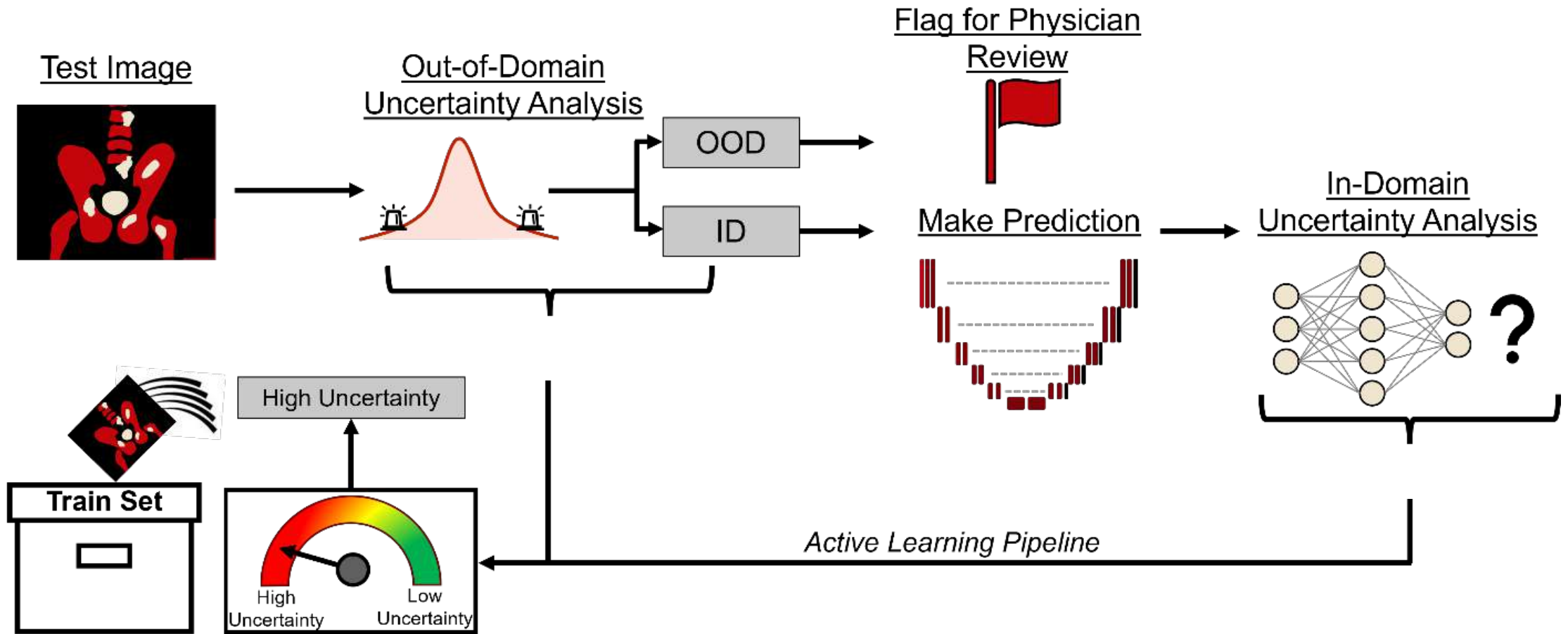


OOD Degree Increasing →

Investigate correlations between OOD dist. and performance

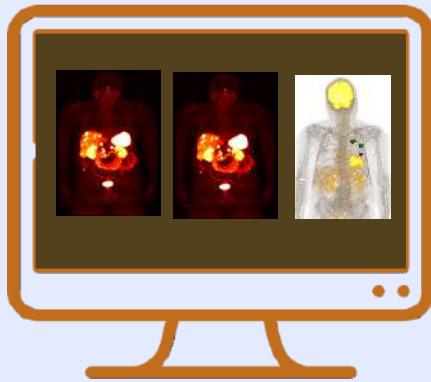


Ideal AI-based workflow



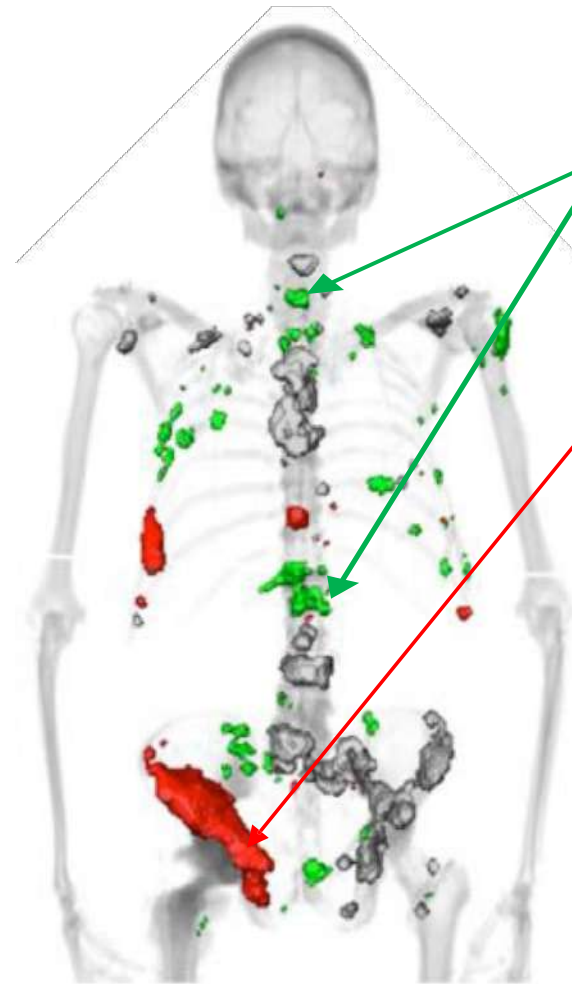
AI-based precision medicine

Automatic and Quantitative Assessment



Our software automatically detects and classifies all lesions

US Patents 9603567, 10445878
Licensed to our spin-off:
AIQ Solutions

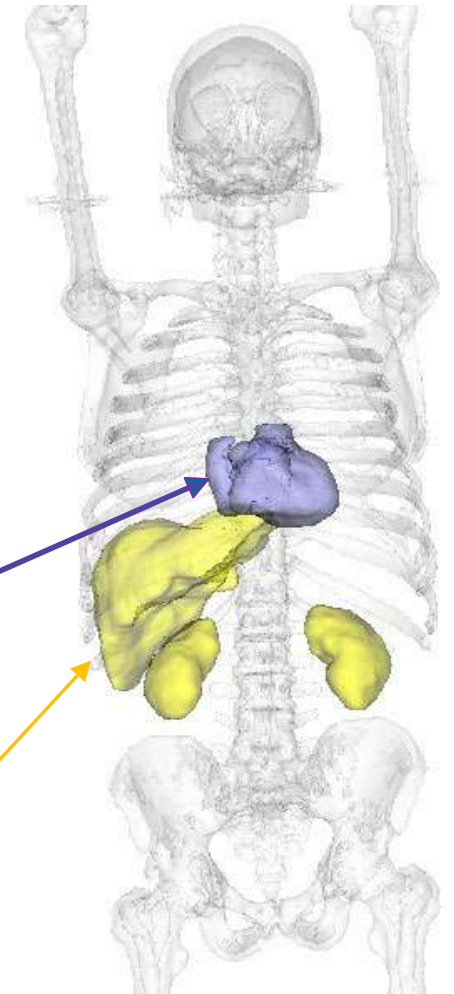


Responding
to treatment

Resistant
to treatment

Medium
toxicity risk

High
toxicity risk



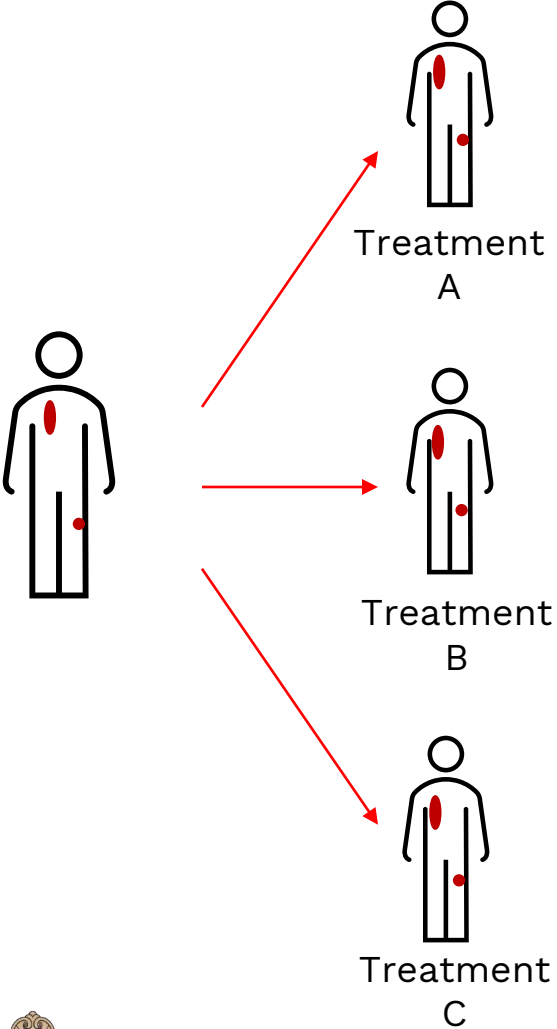
WHERE DO WE GO FROM HERE?

- Optimizing risk-benefit

Optimizing treatment decisions

Treatment selection

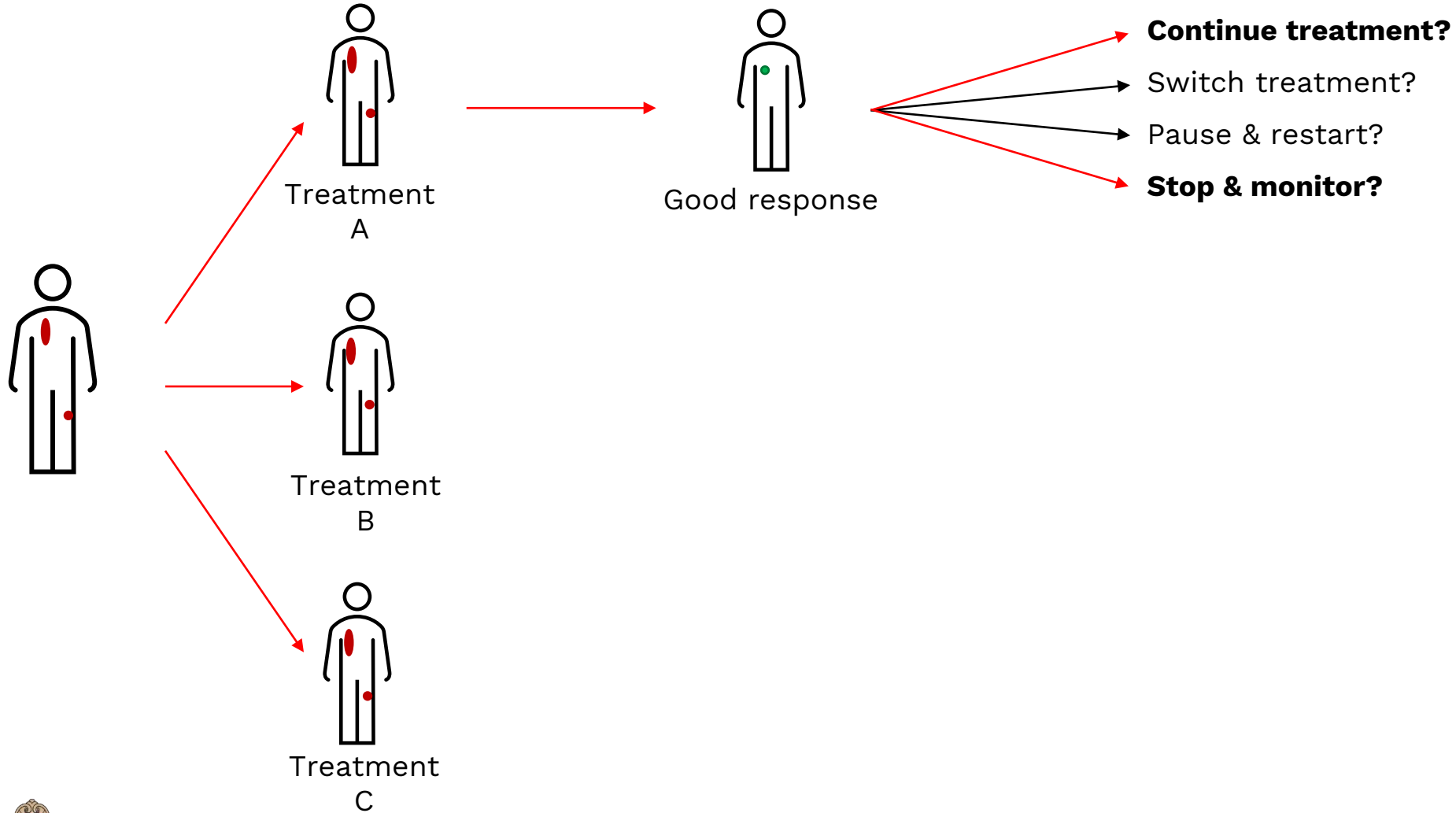
Response Assessment



Optimizing treatment decisions

Treatment selection

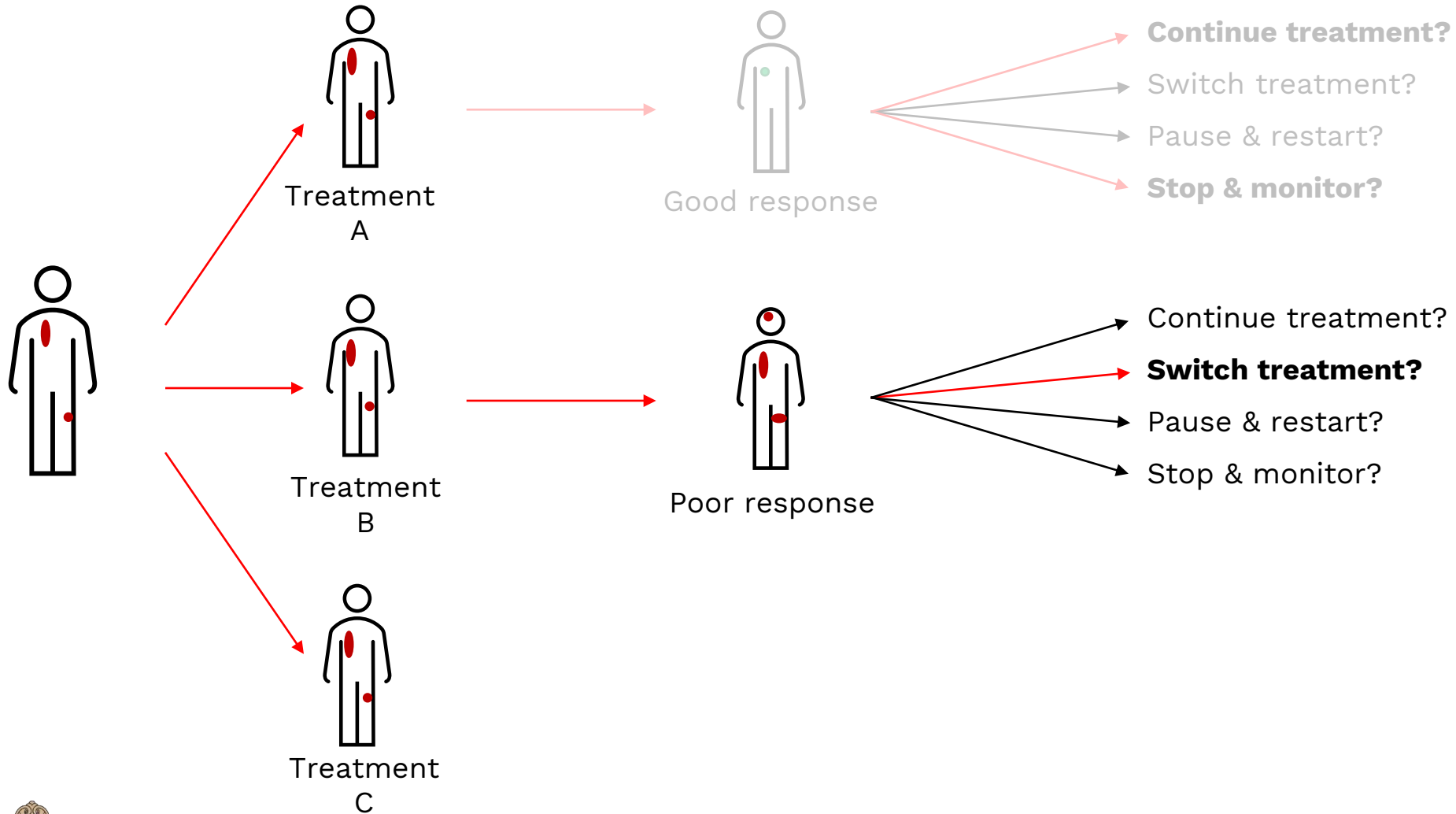
Response Assessment



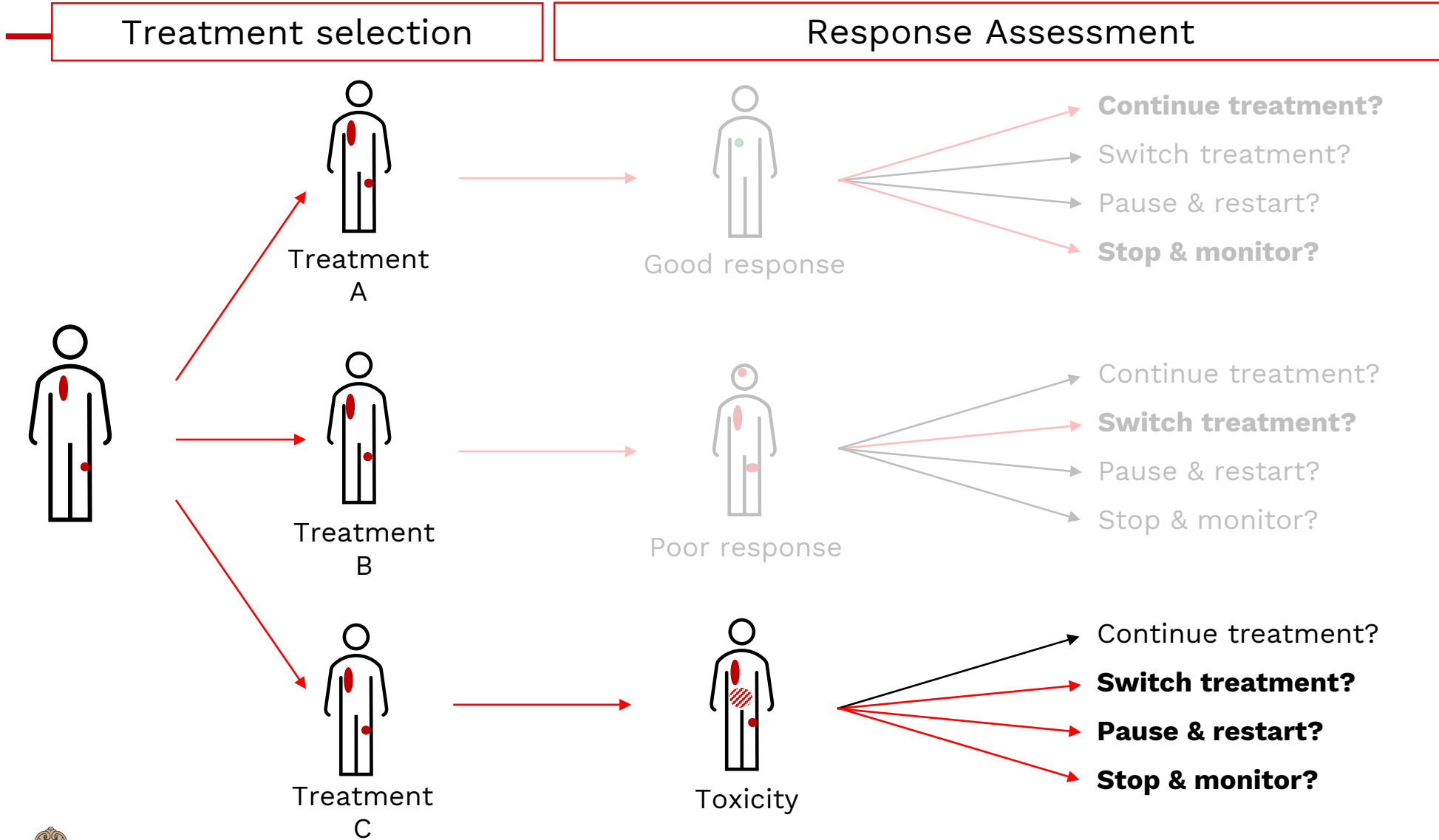
Optimizing treatment decisions

Treatment selection

Response Assessment



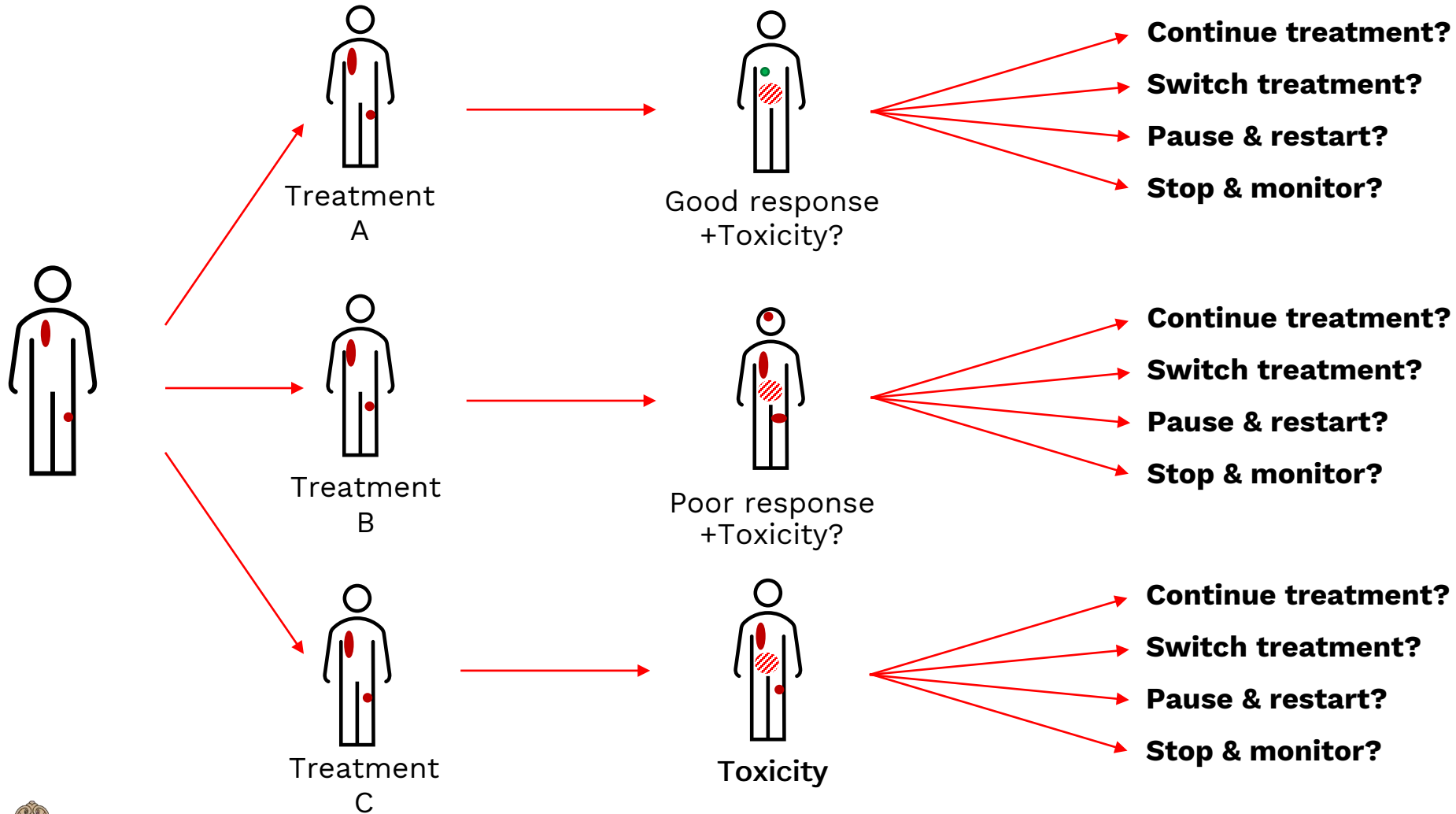
Optimizing treatment decisions



Optimizing treatment decisions

Treatment selection

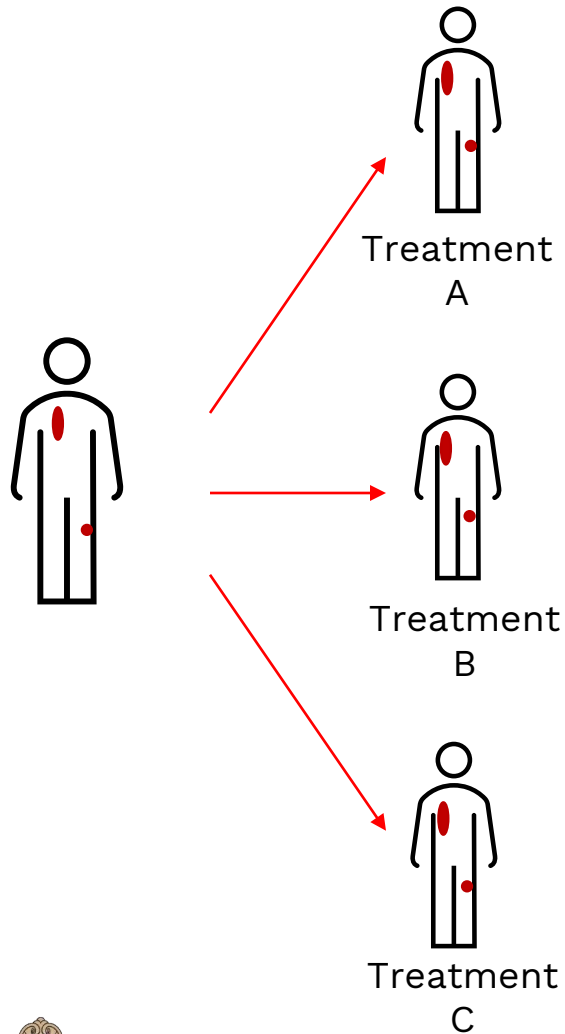
Response Assessment



Balancing risks and benefit

Treatment selection

Response Assessment

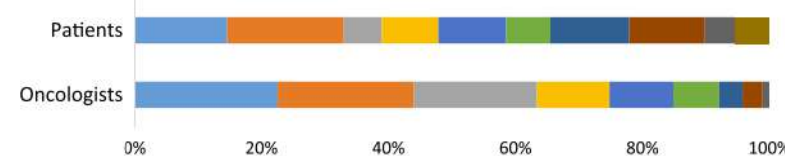


The Oncologist®
Breast Cancer

What Is Important When Making Treatment Decisions in Metastatic Breast Cancer? A Qualitative Analysis of Decision-Making in Patients and Oncologists

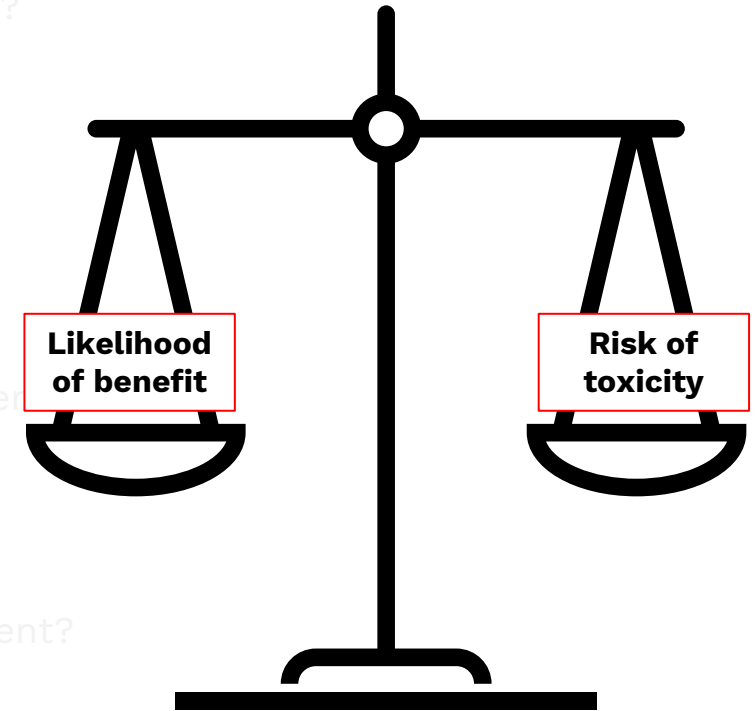
GABRIELLE B. ROCQUE^{a,b,c}, AYSHA RASOOL^d, BEVERLY R. WILLIAMS^e, AUDREY S. WALLACE^e, SOUMIYA J. NIRANJAN^b, KARINA I. HALILOVA^b, YASEMIN E. TURKMAN^f, STACEY A. INGRAM^g, COURTNEY P. WILLIAMS^h, ANDRES FORERO-TORRES^{a,b}, TOM SMITHⁱ, SMITA BHATIA^b, SARA J. KNIGHT^b

The percentage of thematic references referring to specific themes.



- physical side effects
- treatment efficacy
- cost and financial toxicity
- treatment logistics and convenience
- personal and family responsibilities
- salience of cutting-edge treatment options
- attending important events and pursuing important goals
- treatment impact on engaging in daily activities
- emotional side effects of treatment
- cognitive side effects of treatment

(Rocque et al., 2019)



Risk-Benefit "game"

Example patient

MM patient starting on ipi+nivo

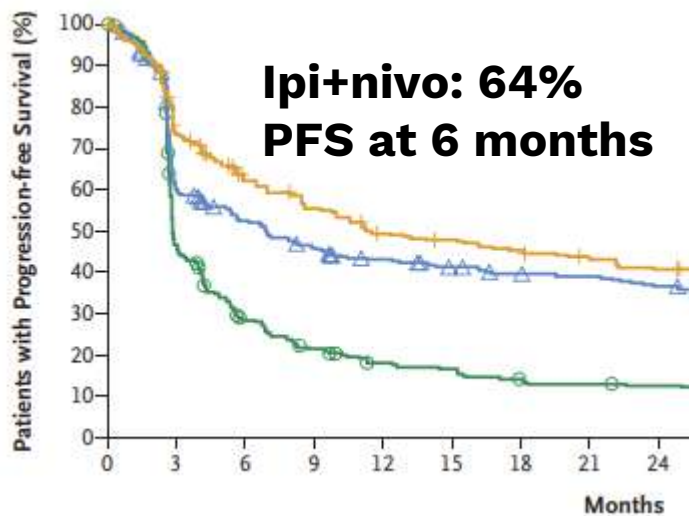
Benefit: PFS > 6 mo. **Toxicity:** colitis g3/4



Day -11

Disease:

Toxicity (bowel):

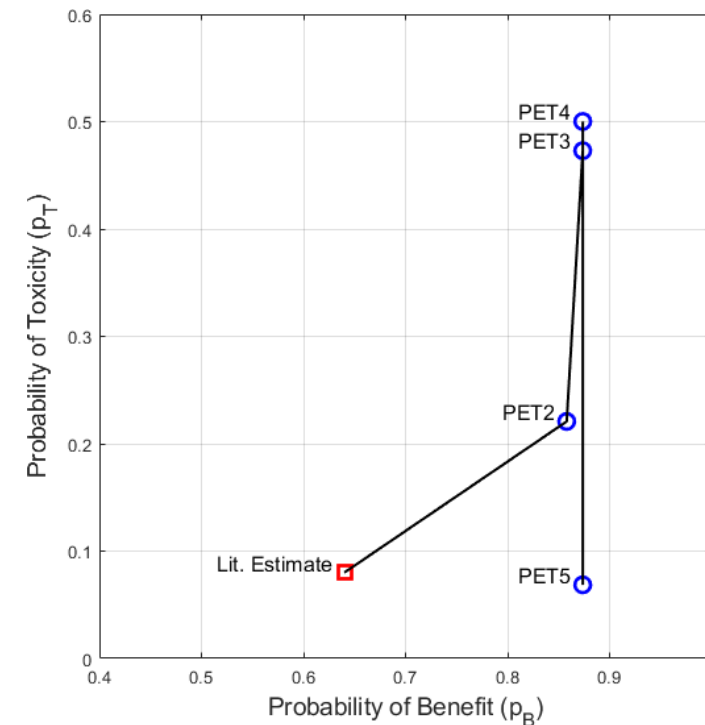
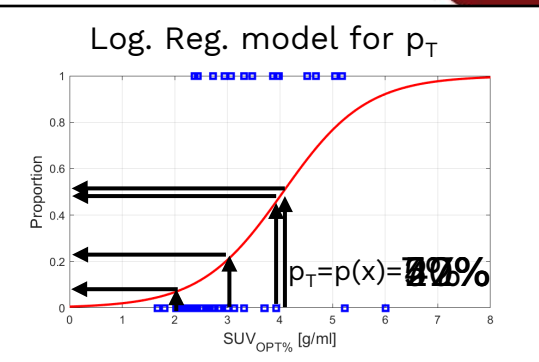
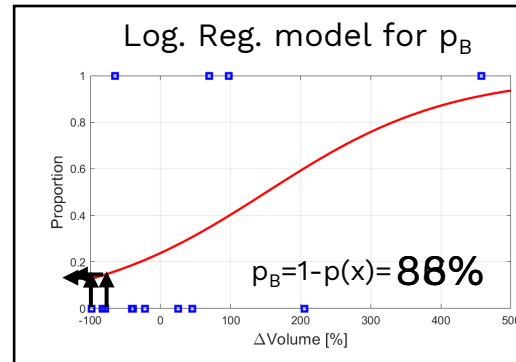


Baseline response and toxicity from CHECKMATE-067 (Wolchok et. al. 2017)

Table 2. Treatment-Related Adverse Events.^a

Event	Nivolumab plus Ipilimumab (N=313)	
	Any Grade	Grade 3 or 4
Any treatment-related adverse event	300 (96)	184 (59)
Rash	93 (30)	10 (3)
Pruritus	112 (35)	6 (2)
Vitiligo	28 (9)	0
Maculopapular rash	38 (12)	6 (2)
Fatigue	119 (38)	13 (4)
Asthenia	109 (35)	1 (1)
Pyrexia	69 (22)	2 (1)
Diarrhea	29 (9)	7 (2)
Nausea	88 (28)	7 (2)
Vomiting	48 (15)	7 (2)
Abdominal pain	26 (8)	1 (<1)
Colitis	40 (13)	26 (8)
Headache	35 (11)	2 (1)
Arthralgia	43 (14)	2 (1)
Increased lipase level	44 (14)	34 (11)
Increased amylase level	26 (8)	9 (3)
Increased aspartate aminotransferase level	51 (16)	19 (6)

Ipi+nivo: 8% colitis g3/4



Risk-benefit space can be used to **track and predict disease response** and **toxicity risk** at each assessment timepoint during treatment

Risk-Benefit “game” – IQ Decide

Brazilians will be playing the key role!

Medical physics names first entrepreneurial fellowship recipient



Victor Santoro-Fernandes Named Inaugural Recipient

The Department of Medical Physics has selected Victor Santoro-Fernandes as its inaugural Entrepreneurial Fellowship Program recipient. This program was created to fast-track selected senior Ph.D. students and postdocs towards startup incubation. It focuses on customized training and mentorship for those who want to make real products out of innovative academic ideas.

Santoro-Fernandes, who will be defending his Ph.D. thesis over the summer, received both a bachelor's and master's degree in physics from the University of São Paulo in Brazil. He also earned a master's degree in medical physics from the University of Wisconsin-Madison.

Santoro-Fernandes serves as the [Wisconsin Alumni Research Foundation](#) (WARF) ambassador and technology writer, and has two patent disclosures with WARF.



Summary

- **Precision medicine** is a great concept, but also very complex:
 - The problem of response heterogeneity
 - The problem of treatment resistance
- **AI-supported analytics** is critically needed:
 - Assessment of each individual lesion response (metastatic disease)
 - Modeling complex relationship to predict risks and benefits
 - Beware of critical steps in safe application of AI-based technologies
- **AI-supported Precision Medicine** enables:
 - Population-based and individual risk-benefit models
 - Optimized treatment decisions to improve patient care

Thanks to:

Research groups:



University of Wisconsin, WI, USA



University of Ljubljana, Slovenia

Collaborators: University of Wisconsin (USA), Institute of Oncology (SLO), AIQ Solutions

Funding: NIH (R01, P30, P50, SBIR), ARIS

Thank you
for your attention

OBRIGADO!



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON