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AI in radiology

SOPHIA ZACKRISSON, PROFESSOR, SENIOR CONSULTANT RADIOLOGIST



**BREASTSCREEN AUSTRALIA
CONFERENCE 2024**

TOWARDS TOMORROW

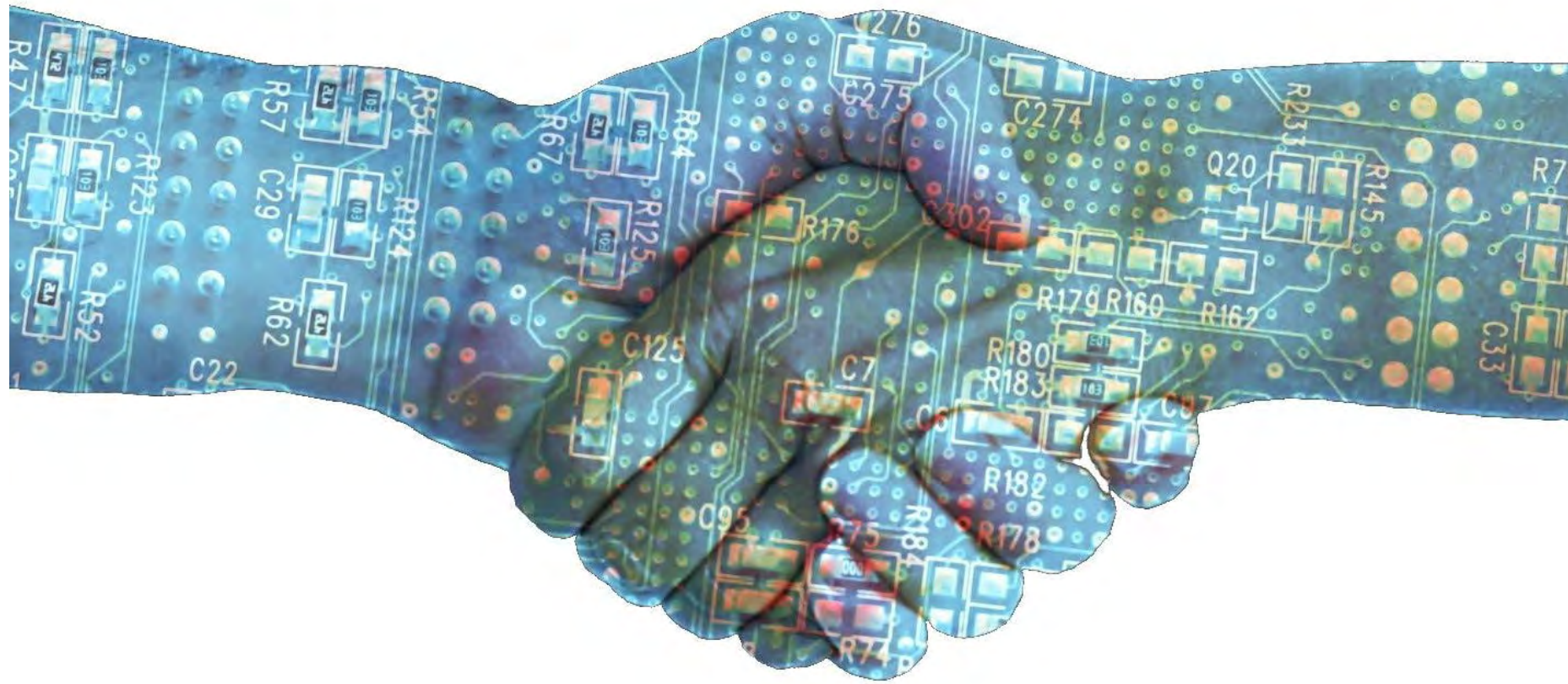
INCLUSION • EVIDENCE • SHOWCASE • CHANGE
National Convention Centre Canberra • 13 - 15 March 2024



Conflicts of interest

- Speaker's fees from Siemens Healthineers, Pfizer, Bayer AG
- Research agreement ScreenPoint Medical
- Patent (US patent no PCT/EP2014/057372)

How should we use AI in radiology?



AI benefits in imaging

```
graph TD; A[AI benefits in imaging] --> B[Improve what is already done]; A --> C[Improve workflows]; A --> D[Tasks beyond the expert];
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Improve what is already done

Improve workflows

Tasks beyond the expert

“It’s quite obvious that
we should stop training
radiologists”

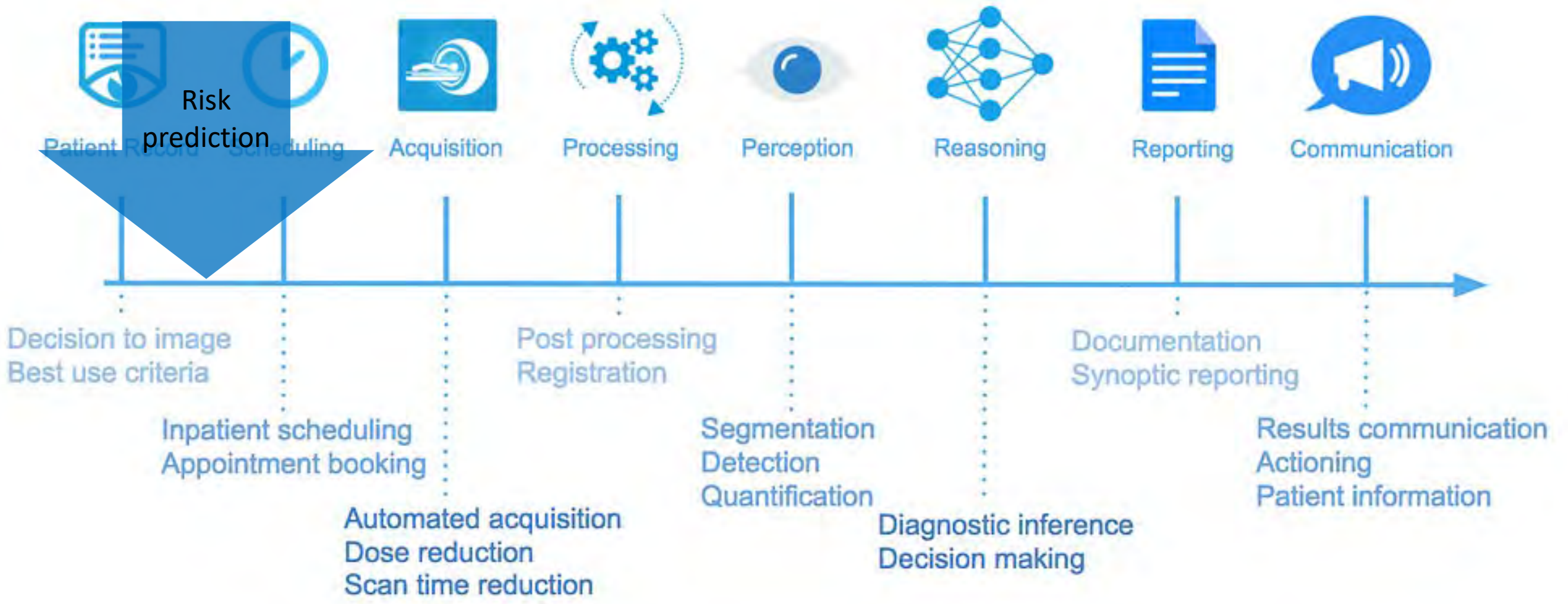


Professor Geoffrey Hinton, godfather of neural networks, in 2016

“It’s quite obvious that
we should stop training
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Professor Geoffrey Hinton, godfather of neural networks, in 2016



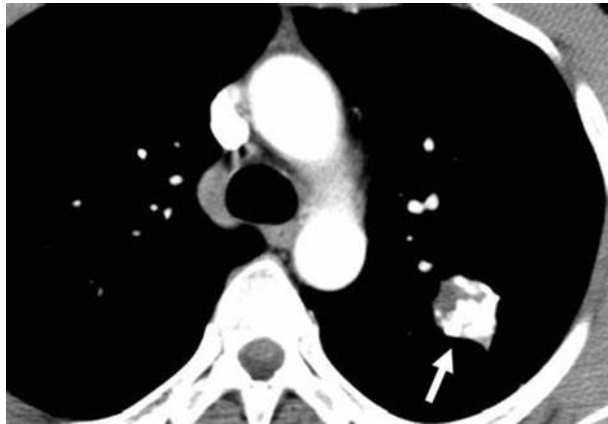
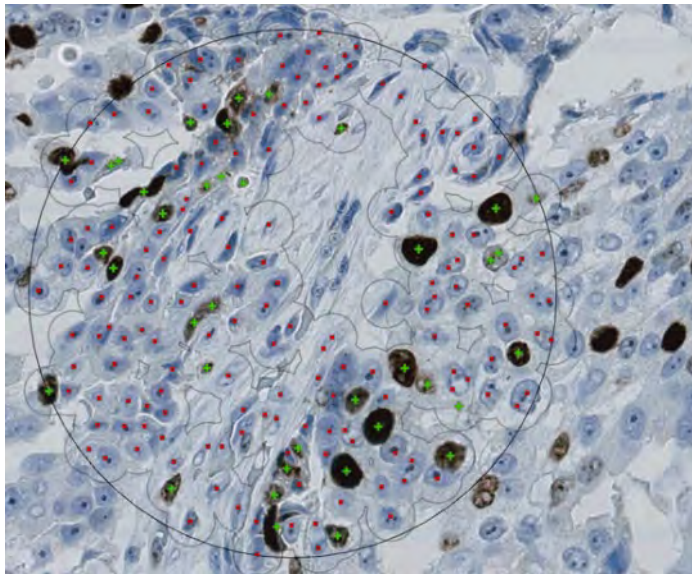
Simplified schematic of the diagnostic radiology workflow, with examples of where AI systems can be implemented.

Image copyright @drhughharvey.

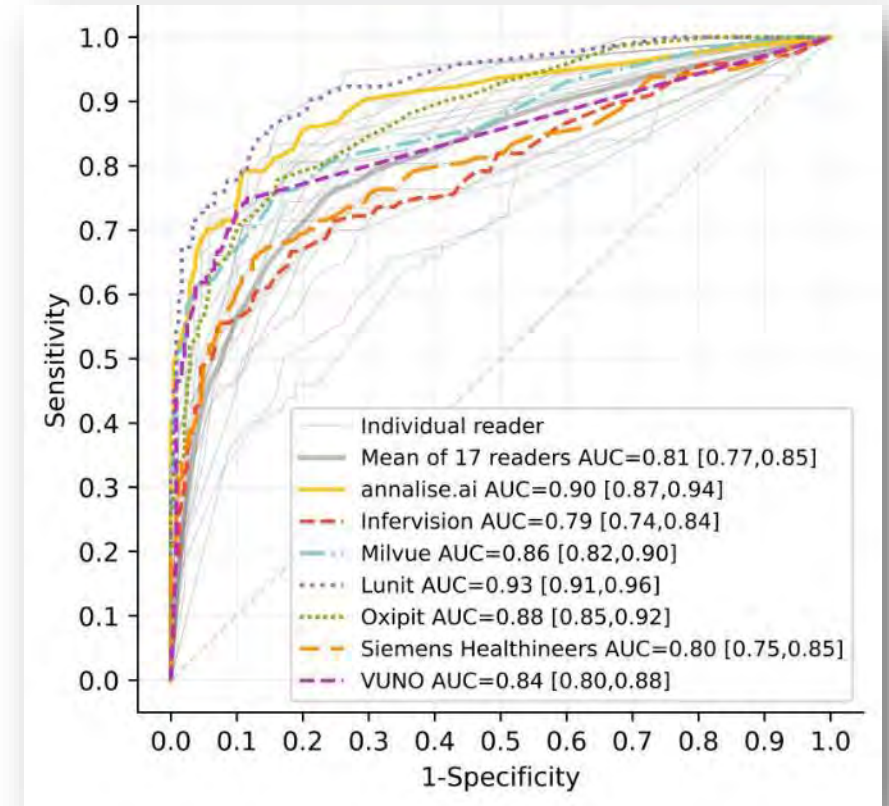
Improve what is already done

Higher quality and/or efficiency

- Find lung nodules
- Count positive cells



Jesper Molin,
PhD Dissertation 2016



Van Leeuwen et al., Comparison of commercial AI software performance for radiograph lung nodule detection and bone age prediction, Radiology, 2024

Improve what is already done and more!

Detect cancers at screening, interval cancers, next round cancers, exclude normals (up to 50%!)

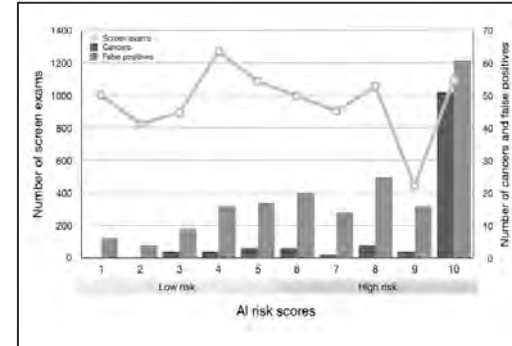
Article

International evaluation of an AI system for breast cancer screening

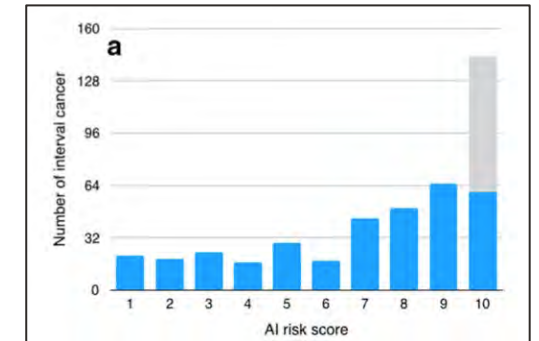
<https://doi.org/10.1038/s41586-019-1799-6>
 Received: 27 July 2019
 Accepted: 5 November 2019
 Published online: 1 January 2020

Scott Mayer McKinney^{1,14*}, Marcin Sieniek^{1,14}, Varun Godbole^{1,14}, Jonathan Godwin^{2,14}, Natasha Antropova², Hutan Ashrafian^{3,4}, Trevor Back², Mary Chesus², Greg C. Corrado¹, Ara Darzi^{3,4,5}, Mozziyar Etemadi⁶, Florencia Garcia-Vicente⁶, Fiona J. Gilbert⁷, Mark Halling-Brown⁸, Demis Hassabis², Sunny Jansen⁹, Alan Karthikesalingam¹⁰, Christopher J. Kelly¹⁰, Dominic King¹⁰, Joseph R. Ledsam², David Melnick⁶, Hormuz Mostofi¹, Lily Peng¹, Joshua Jay Reicher¹¹, Bernardino Romera-Paredes², Richard Sidebottom^{12,13}, Mustafa Suleyman², Daniel Tse^{1*}, Kenneth C. Young⁸, Jeffrey De Fauw^{2,15} & Shravya Shetty^{1,15*}

McKinney et al, Nature 2019



Lång K. Eur Radiol 2020



Lång K, Eur Radiol 2021

Articles

Effect of artificial intelligence-based triaging of breast cancer screening mammograms on cancer detection and radiologist workload: a retrospective simulation study

Karin Dembrower, Erik Wählin, Yue Liu, Mattie Salim, Kevin Smith, Peter Lindholm, Martin Eklund, Fredrik Strand

oa

Dembrower K et al. Lancet Digital Health 2020

Radiology ORIGINAL RESEARCH • BREAST IMAGING

An Artificial Intelligence–based Mammography Screening Protocol for Breast Cancer: Outcome and Radiologist Workload

Andreas D. Lauritzen, MSc • Alejandro Rodriguez-Ruiz, PhD* • My Catarina von Euler-Chelpin, PhD • Elinor Lyng, PhD • The Vøjbjerg, MD • Mads Nielsen, PhD • Nico Karssenweijer, PhD • Martin Lillhahn, PhD

From the Department of Computer Science (A.D.L., M.M., J.C.L.) and Public Health (M.C.v.E.C., E.L.), University of Copenhagen, Copenhagen; 2100 Copenhagen, Denmark; Section for Medical Physics, the Statens Serum Institut, N-3, Center for Epidemiological Research, Nydalgsgade Hospital, Nydalg, Denmark; (E.L.), Department of Radiology, Copenhagen University Hospital Hvidovre, Copenhagen, Denmark; (N.K.) and Department of Medical Imaging, Radboud University Medical Centre, Nijmegen, the Netherlands (N.C.); Received May 28, 2021; revision requested July 13; revision received February 10, 2022; accepted February 16. Address correspondence to M.L. (e-mail: gpm@radiol.ku.dk).

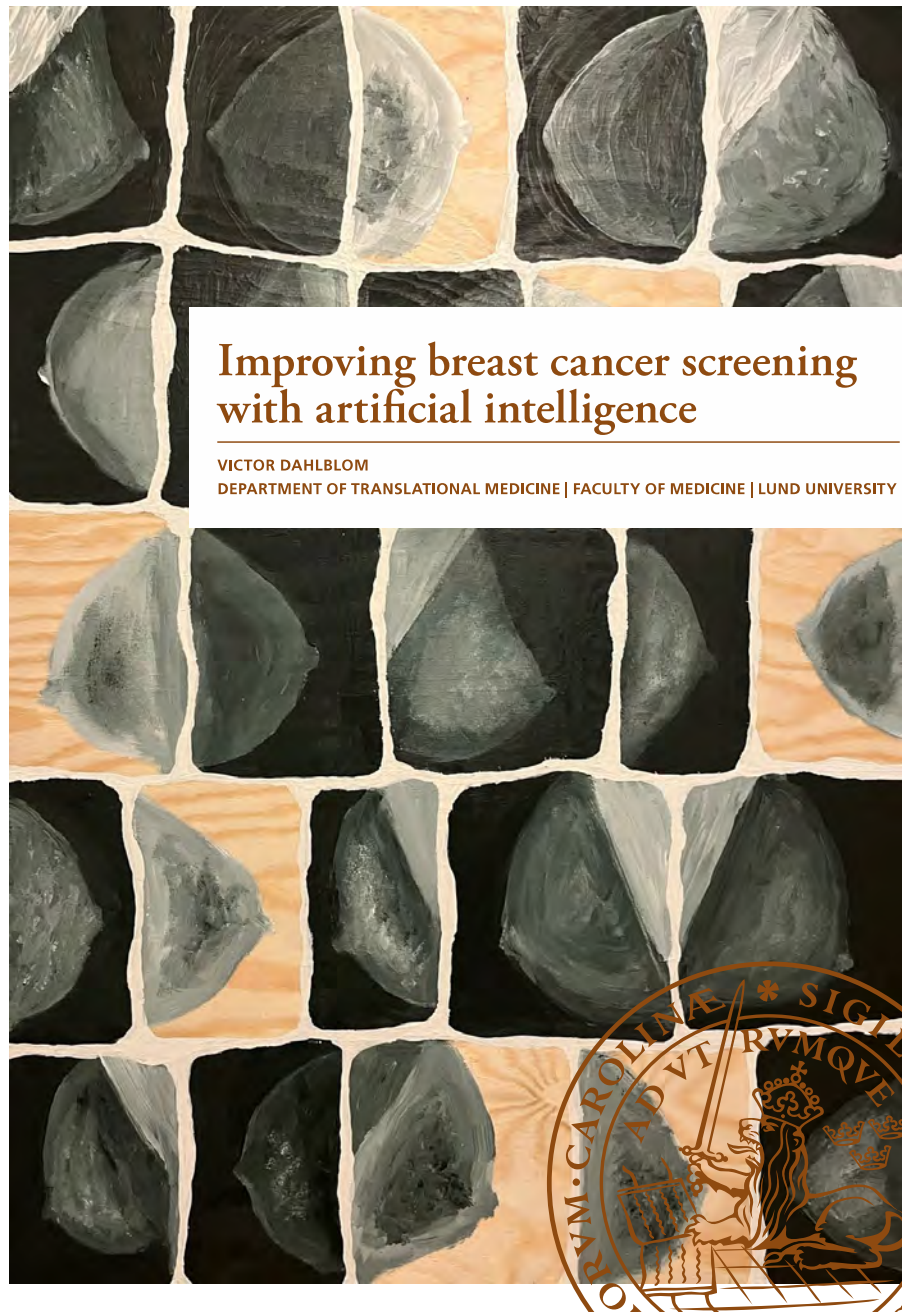
*Supported in part by European Union 101014185 (HERA).

*Current address: Department of Image Guided Therapy Systems, Philips Healthcare, Leiden, the Netherlands.

Conflicts of interest are listed at the end of this article.

Radiology 2022; 364:41–49 • <https://doi.org/10.1148/radiol.210948> • Content codes: **BR** **AI**

Lauritzen A et al. Radiology 2022



Victor Dahlblom, MD, PhD student

Thesis to be defended on April 5th!

Improved workflows – mammography screening

Two radiologists vs AI + one radiologist



MASAI

(Lång et al., 2023, Lund)

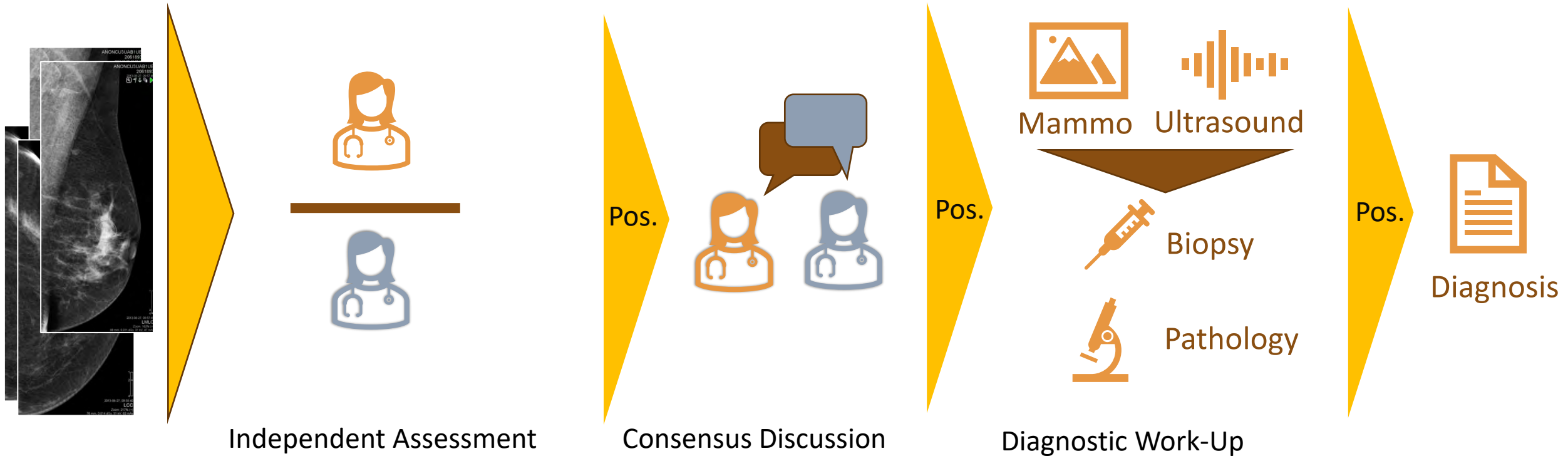
- 80.000 women
- Equal detection (or higher with AI)
- 44% workload reduction

ScreenTrustCAD

(Dembrower et al., 2023, KI)

- 56.0000 women
- Equal detection
- 50% workload reduction

Screening Workflow and AI – Replace One Radiologist's assessment



Artificial intelligence for breast cancer detection in screening mammography in Sweden: a prospective, population-based, paired-reader, non-inferiority study

*Karin Dembrower, Alessio Crippa, Eugenia Colón, Martin Eklund, Fredrik Strand, and the ScreenTrustCAD Trial Consortium**



Standard of care: two radiologists

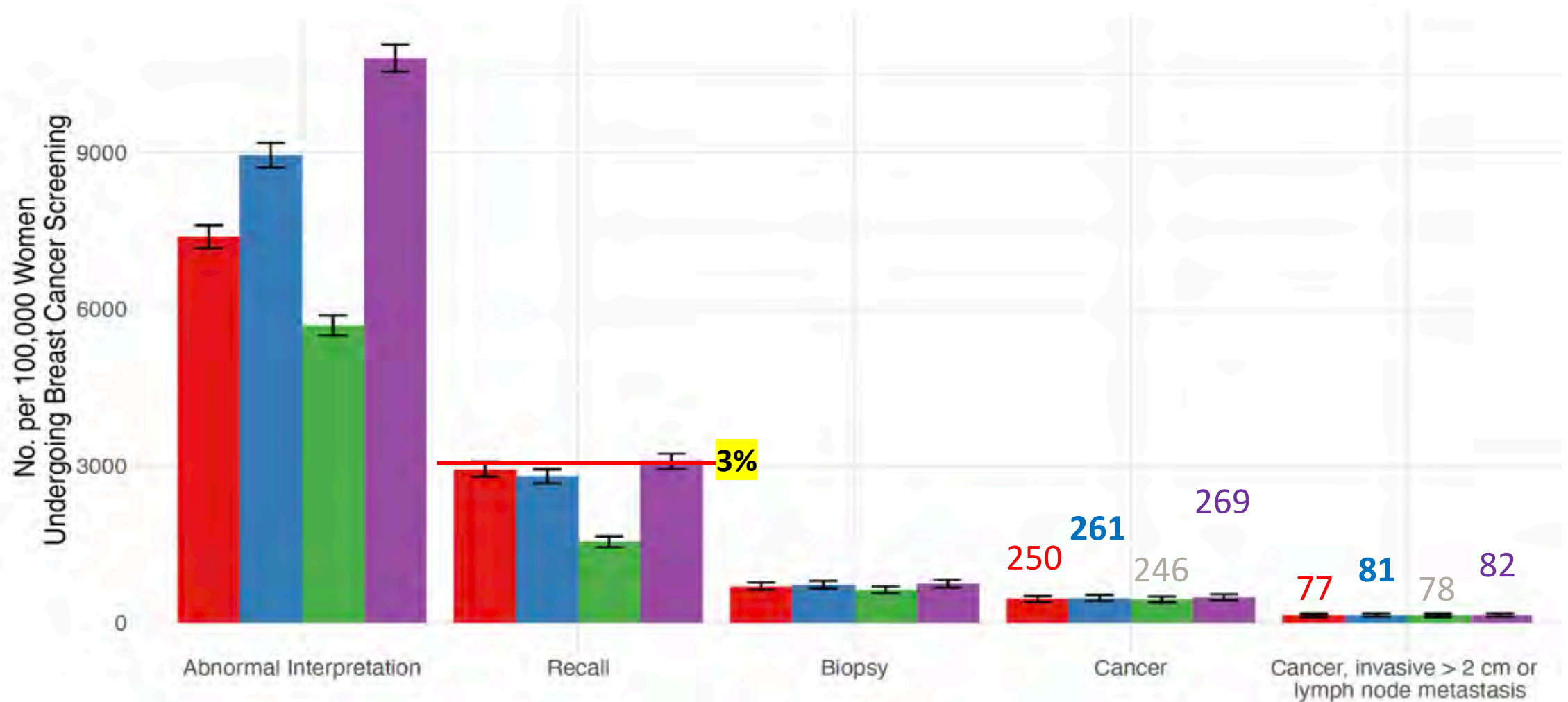
New strategy: AI and one radiologist



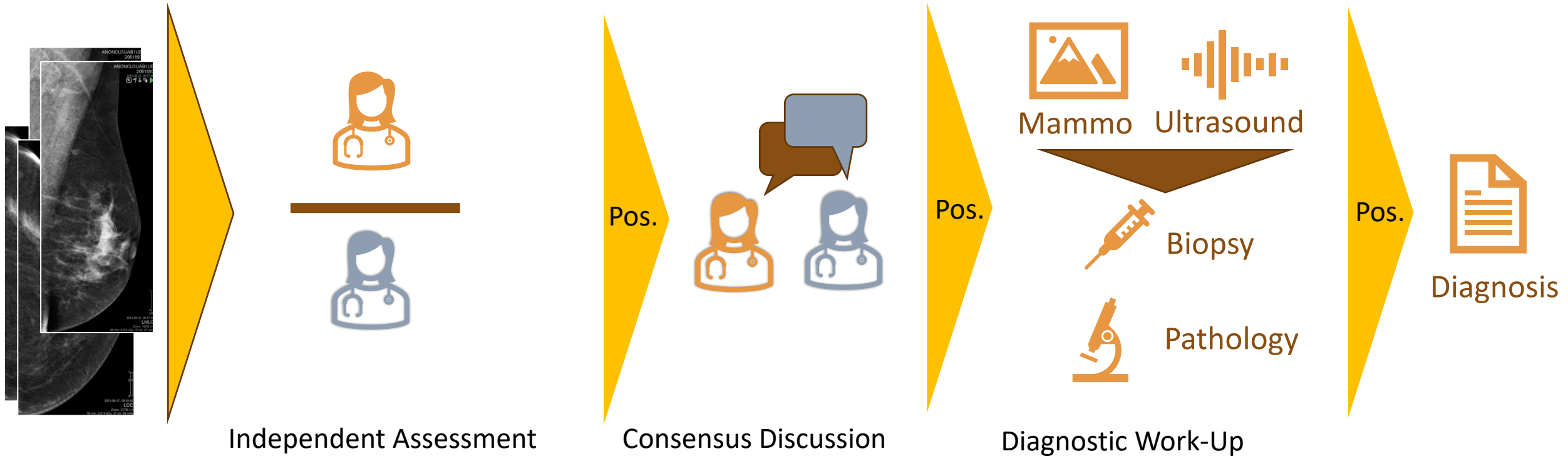
Results

Strategy

- Double-reading by two radiologists
- Double-reading by AI plus one radiologist
- Single-reading by AI
- Triple-reading by two radiologists plus AI

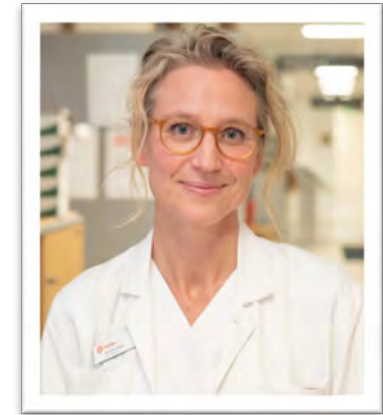


Screening Workflow and AI – Triage to One or Two Radiologists



Artificial intelligence-supported screen reading versus standard double reading in the Mammography Screening with Artificial Intelligence trial (MASAI): a clinical safety analysis of a randomised, controlled, non-inferiority, single-blinded, screening accuracy study

Kristina Lång, Viktoria Josefsson, Anna-Maria Larsson, Stefan Larsson, Charlotte Högberg, Hanna Sartor, Solveig Hofvind, Ingvar Andersson, Aldana Rosso



- Similar cancer detection rate
- Similar recalls, FP
- 44% reduced workload

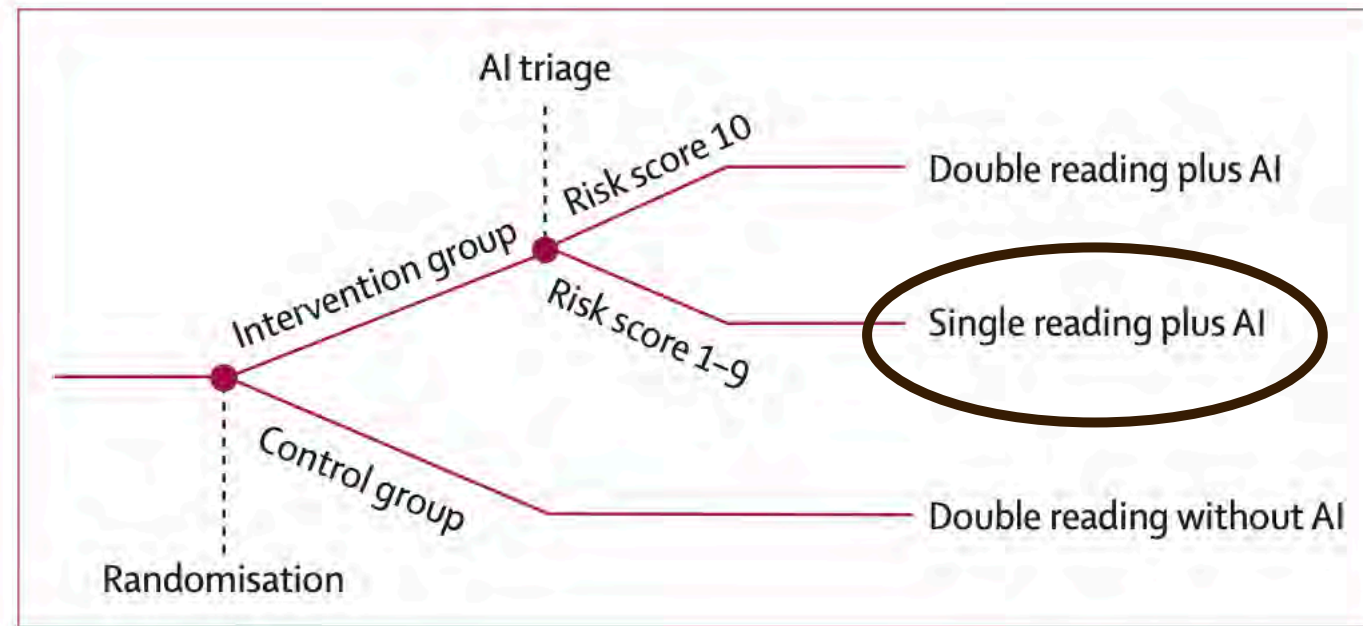


Figure 1: Overview of trial intervention
AI=artificial intelligence.

- Similar cancer detection rate
- Similar recalls, FP
- 44% reduced workload
- AI is safe

	Intervention group (n=39 996)	Control group (n=40 024)
Early screening performance		
Number of recalls	861	817
Recall rate, %	2.2% (2.0–2.3)	2.0% (1.9–2.2)
Number of screen-detected cancers	244	203
Cancer-detection rate, per 1000 participants screened	6.1 (5.4–6.9)	5.1 (4.4–5.8)
False positive rate, %	1.5% (1.4–1.7)	1.5% (1.4–1.7)
Positive predictive value of recall, %	28.3% (25.3–31.5)	24.8% (21.9–28.0)
Workload		
Number of screen readings	46 345	83 231
Number of consensus meetings	1584	1576
Consensus meeting rate	4.0% (3.8–4.2)	3.9% (3.8–4.1)
Data are n or point estimate (95% CI).		
Table 2: Early screening performance and workload measures, modified intention-to-treat population		



AI implemented in screening

- Region Värmland, Sweden
- St Görans Hospital, Sweden
- Copenhagen, Denmark

More regions in Sweden
soon to come...

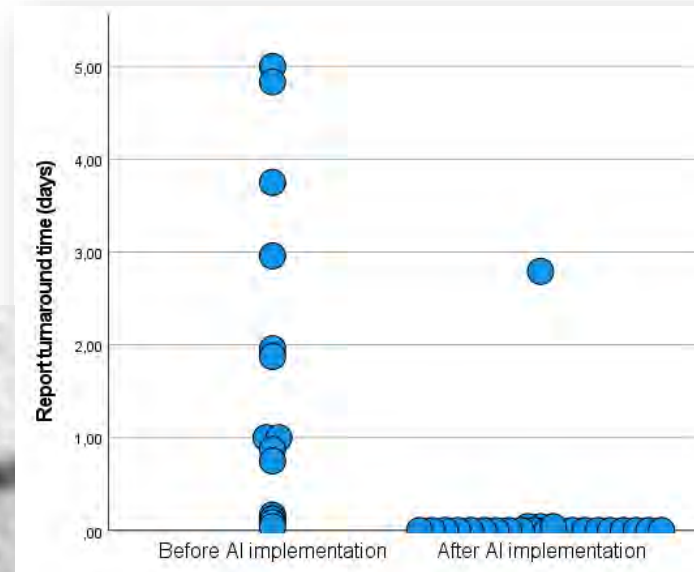
Improved workflows

- Flag potential intracerebral hemorrhage



Dennis Dunker,
Sahlgrenska,
Implementation
2022

- Shorten report turnaround time for pulmonary embolism



Peder Wiklund,
Region Halland,
Implementation
2022.

Wiklund et al.,
Incidental
pulmonary...,
Eur Radiol. 2022

Tasks beyond the experts

- Count >1000 cells
- Mitigate subjectivity in classification of emphysema
- Mitigate bias in assessment of knee pain and osteoarthritis

naturemedicine

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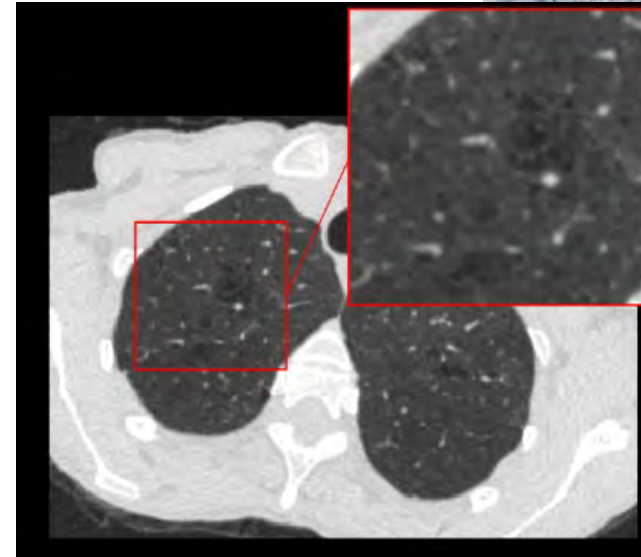
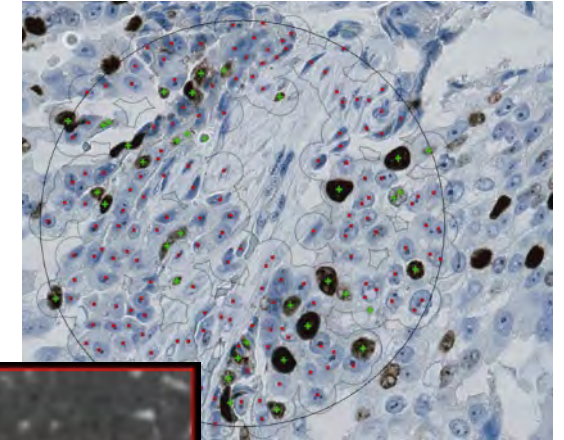
nature > nature medicine > articles > article

Article | Published: 13 January 2021

An algorithmic approach to reducing unexplained pain disparities in underserved populations

Emma Pierson, David M. Cutler, Jure Leskovec, Sendhil Mullainathan & Ziad Obermeyer

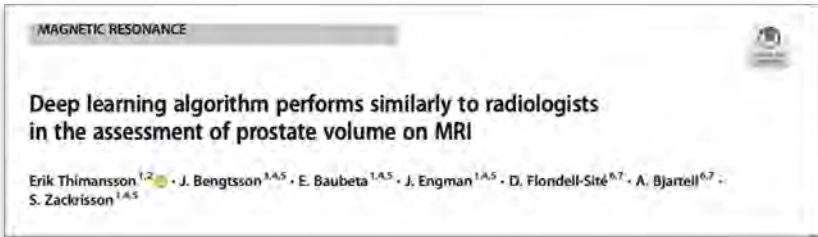
Jesper Molin,
PhD Dissertation 2016



Lidén et al., Machine learning slice-wise...,
Eur Radiol, 2023

Tasks beyond the experts

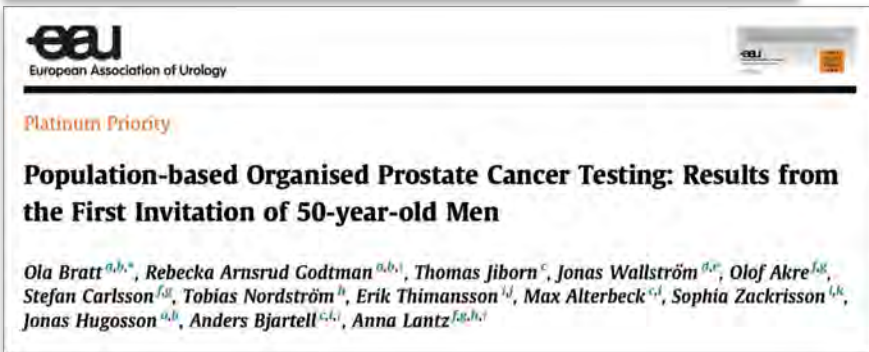
- Prostate MRI – segmentation and volume by AI works well and saves time
- Pivotal for implementing early MRI in prostate cancer testing programmes



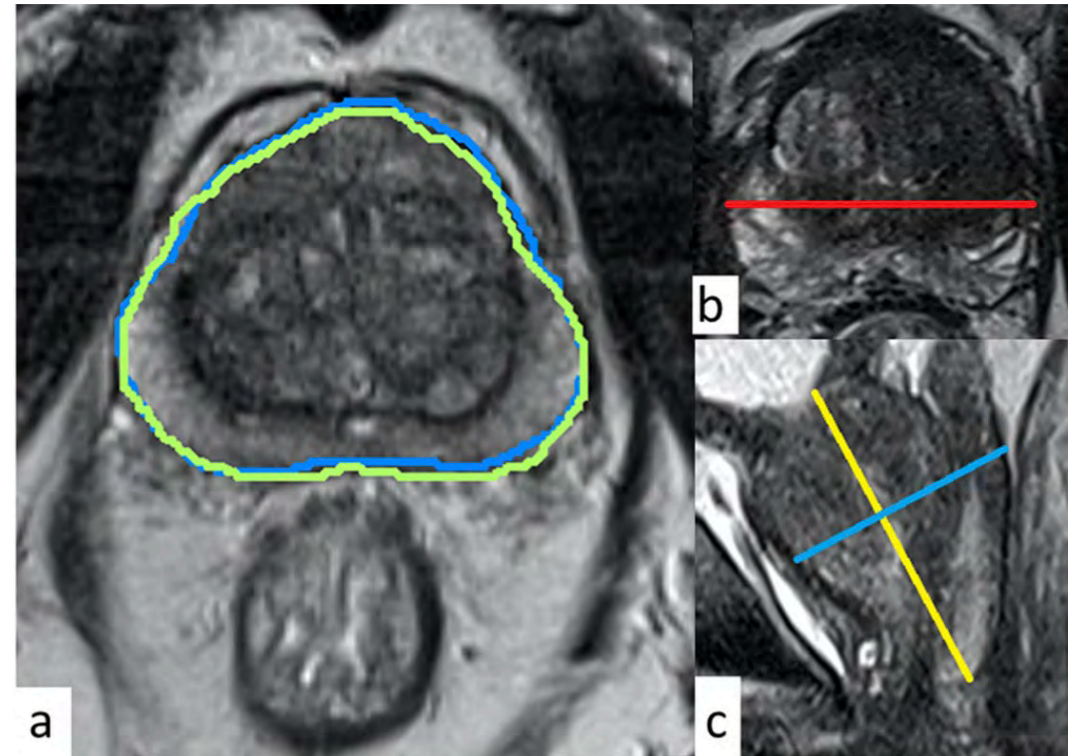
Eur Radiol 2023



JMI 2024



Eur Urol In press

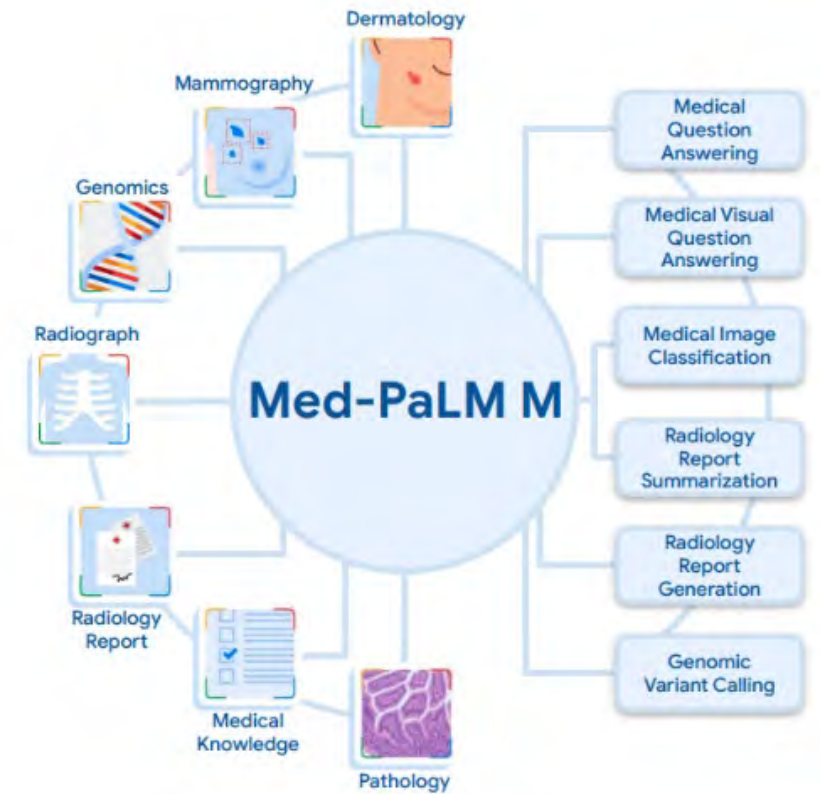


Large language models

- (RSNA 2023) GPT4 extracted measurements in lung cancer radiology reports with 98% precision
- Works well for well-defined and framed tasks:
 - Free reporting, get structured report
 - Interpret free text → Local statistics
 - Chat interface to user guide
- Impressive even without frames, but risk for hallucinations (facts fabrication)

Generalist multimodal systems

- Foundation models for medicine
 - Combines text and images
 - Easy to adjust general models
 - Easy to create step-by-step solutions
-
- Medicine: not publicly available data – different from other areas in society
 - Legal uncertainties also regarding open source data

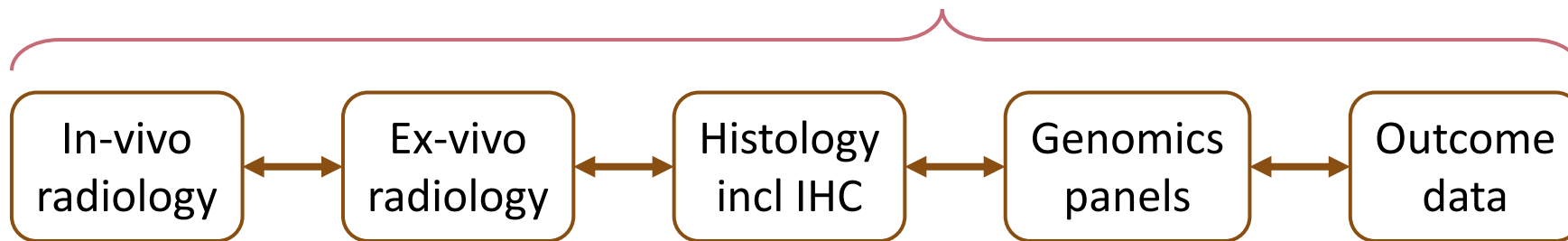
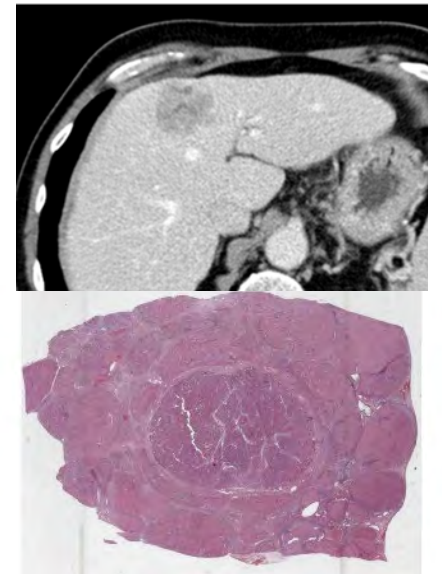


Tu et al., Towards Generalist Biomedical AI, arXiv, 2023

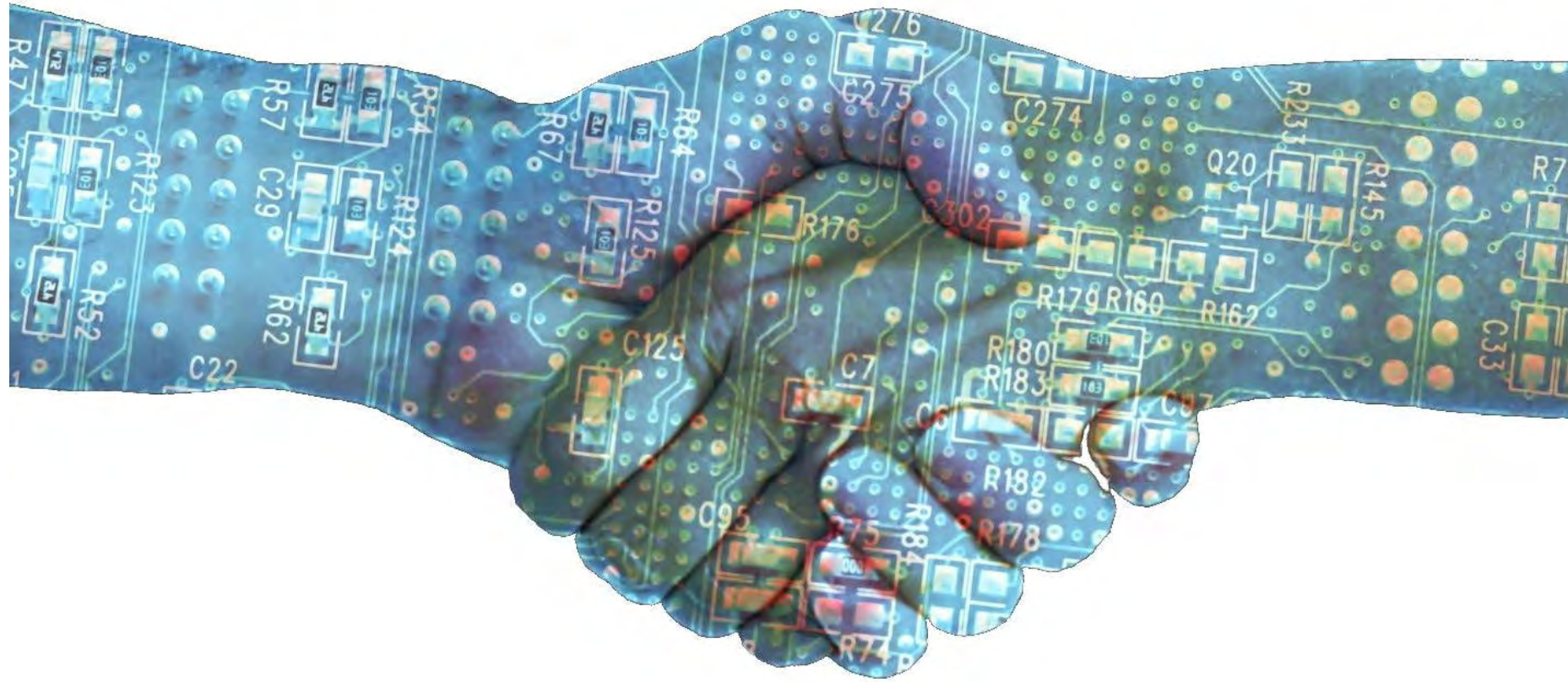


Future potentials: Multimodal AI

- AI can easily combine several data sources
- (RSNA 2023) Greatly improved precision for AI using both mammography and ultrasound images
- Several CMIV/Sectra (Linköping) research projects for multimodal AI
 - AI for histology fed by histology and genomics
 - AI combining radiology och histology



How to implement AI



218 CE-marked AI products in radiology



Products

Compar

Ab

C

Radiology

Find the artificial intelligence based software for radiology that you are looking for.
All products listed are available for the European market (CE marked).

Subspecialty: Modality: CE : CE class : FDA class : Sort by:

All ▾

All ▾

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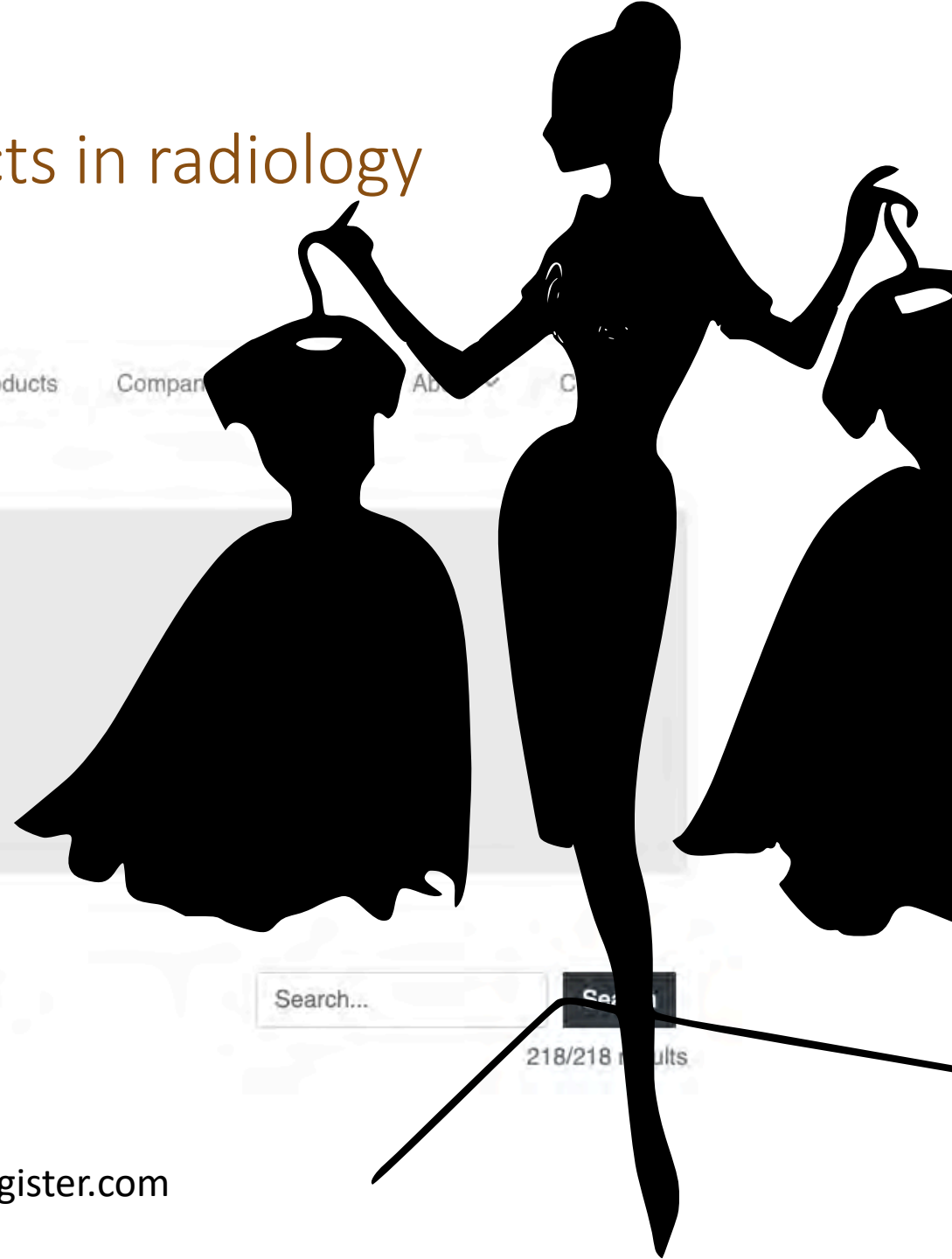
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218/218 results

<https://radiology.healthairegister.com>



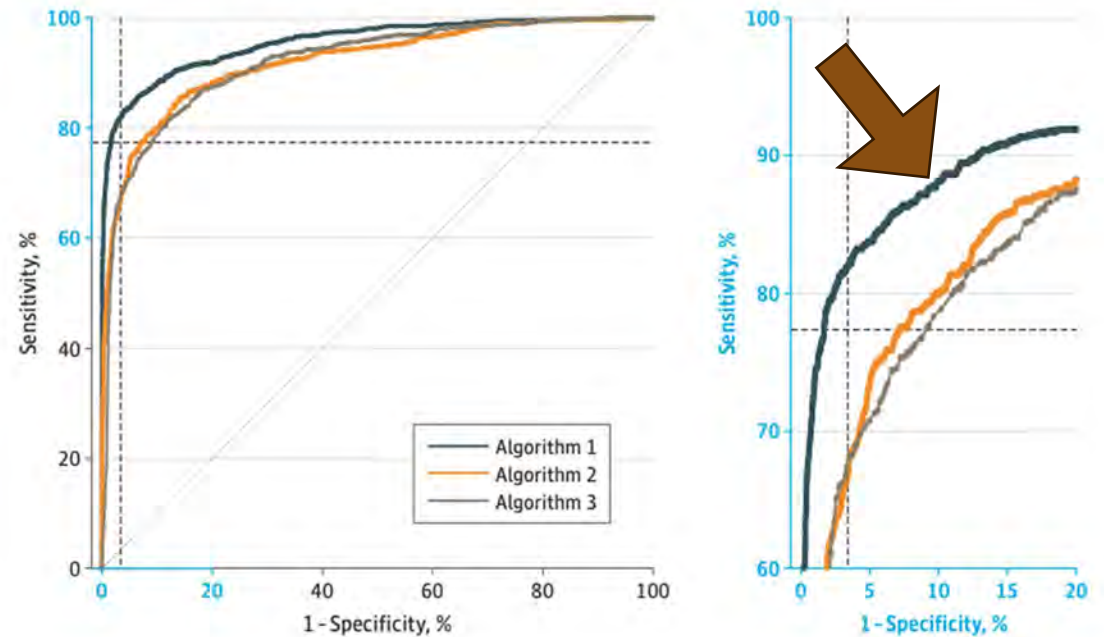


JAMA Oncology | Original Investigation


External Evaluation of 3 Commercial Artificial Intelligence Algorithms for Independent Assessment of Screening Mammograms

Mattie Salim, MD; Erik Wåhlin, MSc; Karin Dembrower, MD; Edward Azavedo, MD; Kevin Smith, MSc, PhD; Martin Eklund, MSc, PhD; Fredrik Strand, MD, PhD

Figure. Receiver Operating Characteristic Curves for the 3 Artificial Intelligence Computer-Aided Detection Algorithms

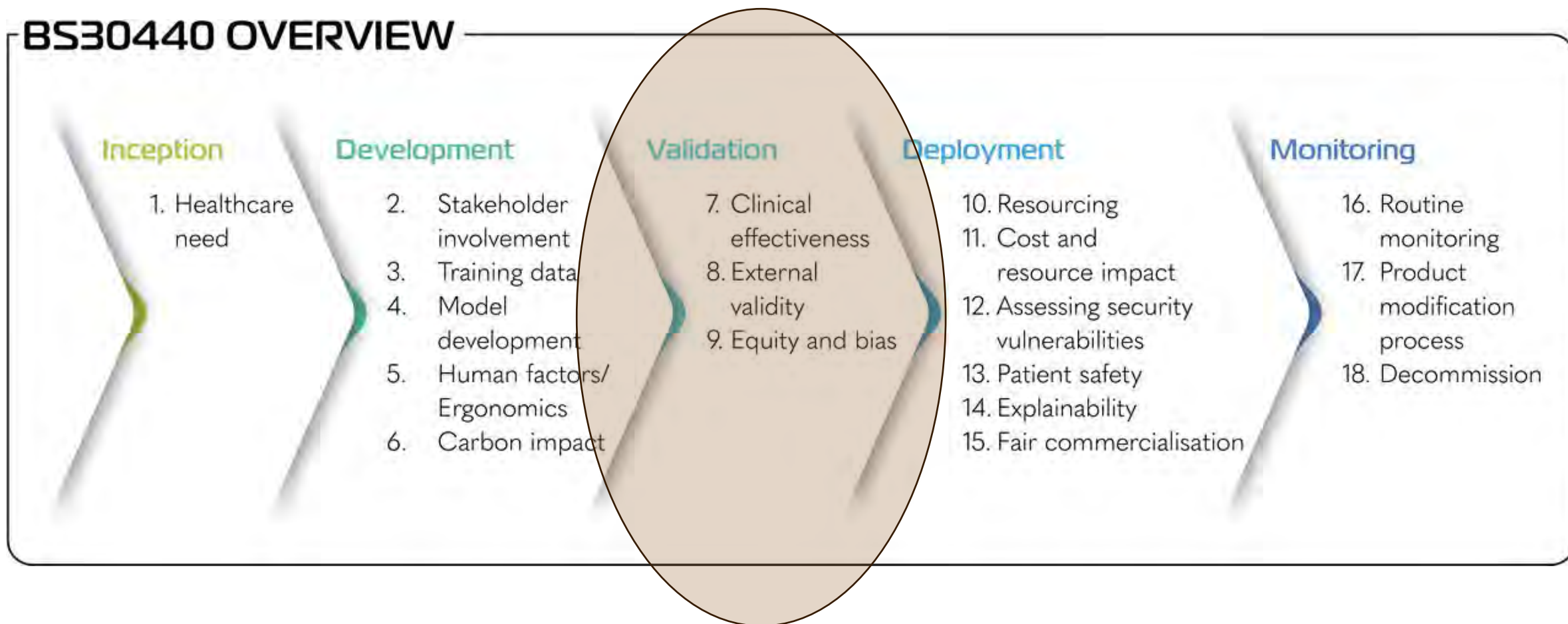


Validation framework for the use of AI in healthcare: overview of the new British standard BS30440

Mark Sujan ^{1,2}, Cassius Smith-Frazer,³ Christina Malamateniou,⁴
Joseph Connor,⁵ Allison Gardner,⁶ Harriet Unsworth,⁷ Haider Husain³

To have a strategy...

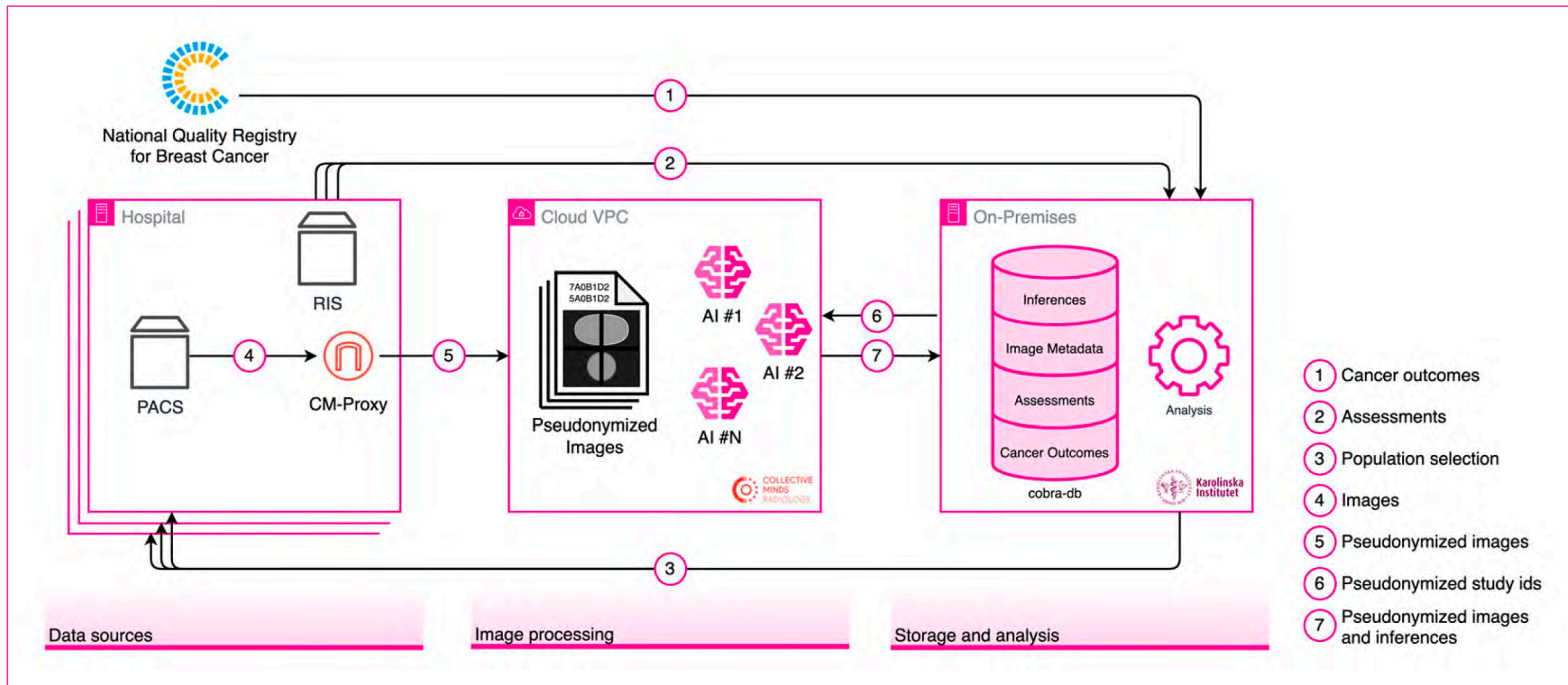
BS30440 OVERVIEW



Vägledning rörande användning av artificiell intelligens i svensk sjukvård

Datum: 2023-09-12
Dnr: 4.2.1-2023-077449

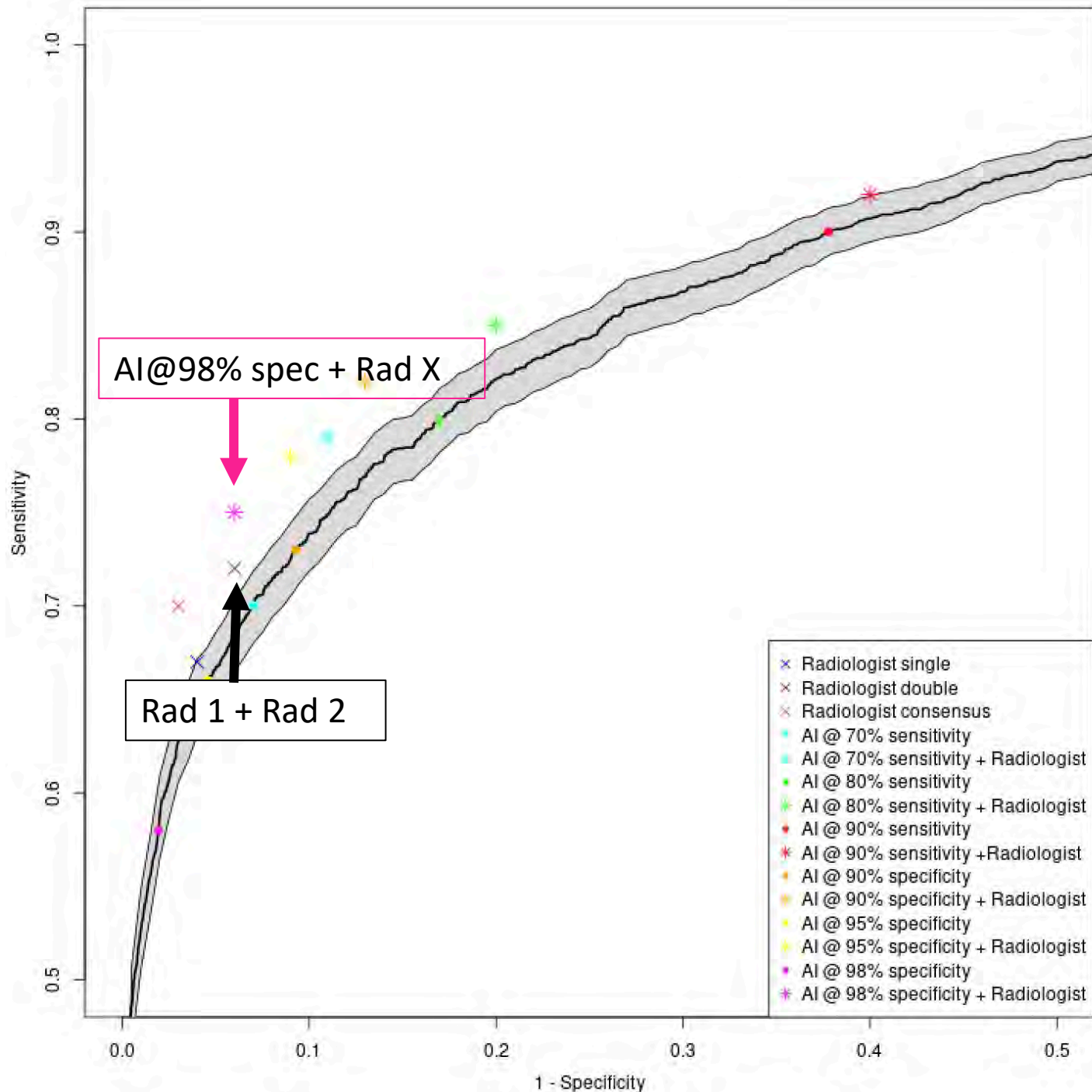
<https://www.lakemedelsverket.se/sv/medicinteknik/anvanda/anvandning-av-ai-i-sjukvarden#hmainbody1>



Does it work
equally well in
all situations?

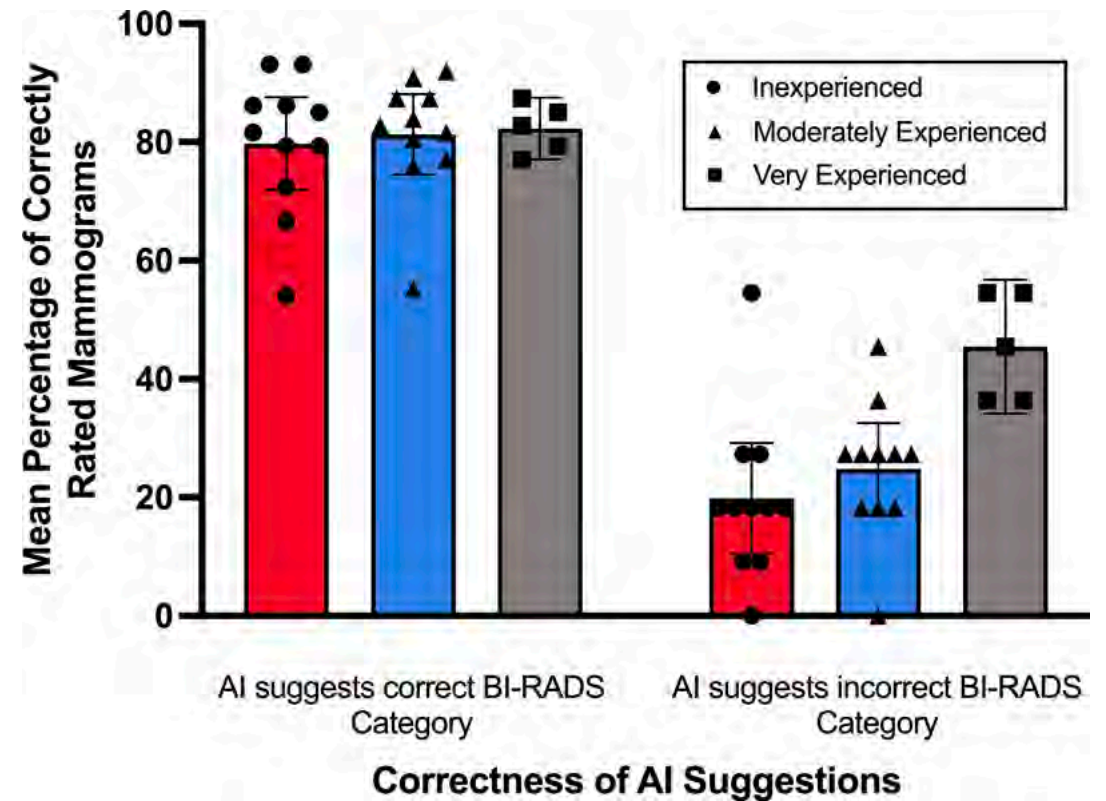
- **Cancer** characteristics (e.g., histology)
- **Breast** characteristics (e.g., density)¹
- **Population** characteristics (e.g., ethnicity proxy by parents' geographic origin)
- **Acquisition**² characteristics – adding:
 - Equipment Software upgrades
 - Detector plate replacements
 - Compression plate varieties

What is the estimated effect of AI?



Future of AI – How much can we rely on AI?

- Automation bias
- Less experienced radiologists are more likely to follow the incorrect suggestions of AI



HUMAN IN THE LOOP



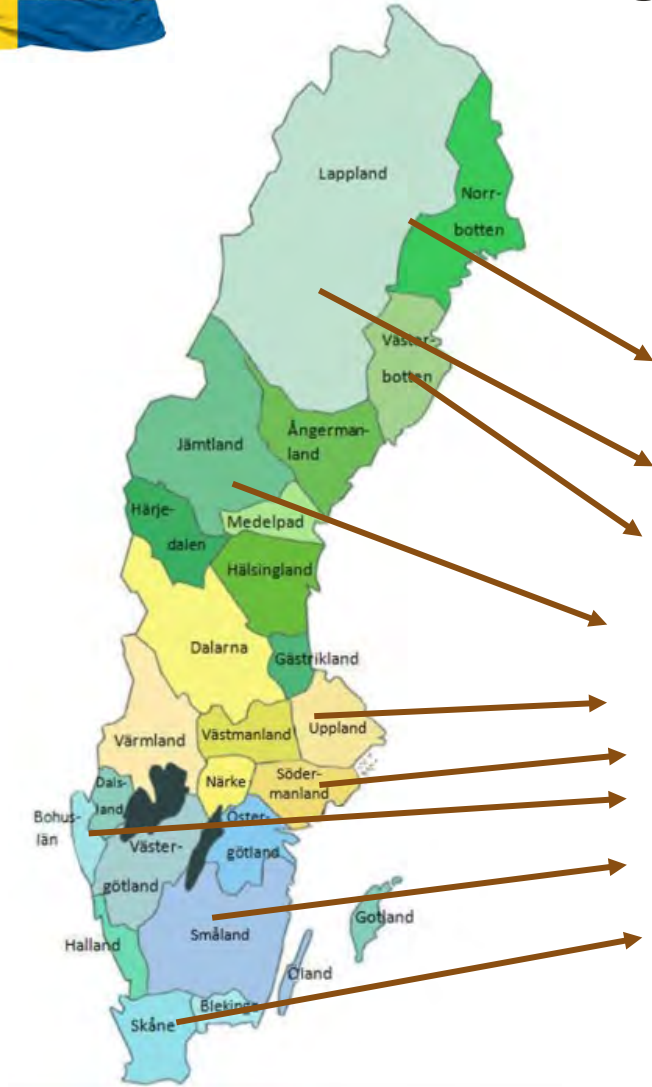
Next steps for implementation in healthcare

- Don't wait – let's go!
 - Mature techniques
 - Don't overdo (RCTs etc) – BUT quality assure!
 - Actual implementation and local validation will inform us
- Clinical needs should guide us
- Easiest possible governance





Regional testing of DM+AI or AI+DBT in Sweden



Knowledge transfer network

NUB
 Nationellt utvecklingsnätverk för bröstcancerscreening

VAI.B Validation Platform for AI in Breast Imaging

AIDA
 Analytic Imaging Diagnostics Arena

REGIONALA CANCERCENTRUM I SAMVERKAN

Information/interaction
Health authorities, profession and "end users"



Thanks to:

- A/Prof Claes Lundström, Center for Medical Image Science and Visualization (CMIV), Linköping University, Research Manager Sectra
Leader, Analytic Imaging Diagnostic Arena (AIDA)
- VAI-B consortium
- Karin Dembrower, MD, PhD, St Göran's hospital, Stockholm
- A/Prof Fredrik Strand, MD, PhD, Karolinska, Stockholm







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