Artificial Intelligence in Medicine



Working with clinicians: the DORIAN Tech. experience

Ruben Gianeri next_AIM annual meeting 15.02.2023, Milano



DORIAN TECHNOLOGIES srl (Diagnosis ORlented ANalysis**)**



DORIAN delivers a fast and reliable tool for the **quantification** of medical imaging to support the early and differential diagnosis of neurodegenerative disorders. It provides clinicians and researchers with state-of-the-art robust, rater-independent and reproducible quantitative biomarkers to **better evaluate** dementias stage and progression, **complementing** their ability to write informed medical reports and improve on the early detection and diagnosis of neurodegenerative diseases.

Dorian recent activity

> Spin-off foundation

- > Start of beta-tests @ 6 italian centers
- > Lab sessions @ Nucl. Med. school in Neurology
- > EBAN finalist
- > Unicredit StartLab 3rd classified
- >> Amazon AWS academy invitation
- > Lab sessions @ Nucl. Med. school in Neurology
- > First fulfilled contract

[May 2020] [Apr 2021] [Sep. 2021] [Mar.2022] [May 2022] [Sep. 2022] [Oct. 2022] [Dec. 2022] A. Chincarini (INFN-GE)



P. Bosco (IRCCS Stella Maris, Pisa)







E. Peira (INFN-GE)

R. Gianeri (INFN-GE)





F. Sensı (IRCCS San Martino, Genova)





Benefits of quantification



Inter-rater agreement of 6 expert clinicians in the differential assessment of 100 FDG-PET cases, which have been confirmed with a diagnosis of MCI-LB or MCI-AD.

The accuracy and agreement (w Cohen's k) of each clinician is plotted with respect to 3 different diagnostic settings:

- 1. "visual": PET data is presented as acquired,
- 2. "vis+spm" where the PET data is presented together with a consolidated semi-quantification algorithm
- 3. "vis+spm+quant" where the PET data and semi-quantification are complemented with a third machine learning-based method, and a comprehensive analysis is presented to the clinician.

The added information and its synthesis not only **improves the accuracy** of the single clinician with respect to the true diagnosis, but it also delivers a much **higher intra-rater agreement**.

There are several solutions for image analysis, but they are usually provided as workstations:

> Difficult access to the workstation: the console is not necessarily in a space accessible to all clinicians, and it can only be used by one person at a time.

> Rely on local computational resources.

> Require constant maintenance and upgrading is usually done with the purchase of a new workstation.

> Analysis are often restricted to certain Scanners only.

> Semi-automated analyses: direct intervention of the clinician is required.



DOlab is

- Accessible from any device
- Computes on cloud
- Supports multiple users
- Easy to extend
- Secure, GDPR compliant
- Fully automated





- 1. **include clinicians/NM experts** in the process from the beginning
- 2. use of **multi-algorithm** approach, integrating standard methodologies with Al
- 3. aim at **quantification** (i.e. a direct product of the exam, open to interpretation) rather than at the diagnostic label (the outcome of a more complex process often involving several experts, difficult to challenge)
- 4. use **explainable** algorithms
- 5. **train users** & get feedback
- 6. keep implementation simple

Working with clinicians



Past activities

- > Collaboration with clinicians for early research development
 > Clinical testing @ 5 Italian centers: Genoa, Milan, Prato, Bergamo, Padua [2021 2022]
 > Training session at the AIMN National School of Nuclear Medicine (Advanced course) [Sep 2021]
 > Training session at the AIMN National School of Nuclear Medicine (Base course) [Oct 2022]
 Planned activities
- > First release installation in AIMN-Neurology centers (15 Hospitals Nationwide)[May 2023]> First certified training course for D0lab usage in clinical practice[Dec 2023]



ROI	SUVr		ELBA		TDr		CmpLS	
	Score	Cut-off	Score	Cut-off	Score	Cut-off	Order	Visua
L Frontal	1.85	1.15	1.09	0.8	0.68	0.54	1 st	٠
L Occipital	1.23	1.2	0.68	0.71	0.49	0.47	9 th	
L Posterior Parietal	1.47	1.24	0.9	0.81	0.64	0.55	3rd	٠
L Lateral Temporal	1.25	1.18	0.73	0.73	0.58	0.53	7 th	٠
L Precuneus + Post Cingulate	1.56	1.32	0.86	0.9	0.58	0.58	8 th	٠
R Frontal	1.8	1.23	1.08	0.81	0.65	0.57	2 nd	٠
R Occipital	1.16	1.12	0.65	0.68	0.48	0.46	10 th	•
R Posterior Parietal	1.43	1.29	0.9	0.78	0.66	0.52	5 th	٠
R Lateral Temporal	1.27	1.14	0.76	0.76	0.6	0.49	6 th	٠
R Precuneus + Post Cingulate	1.55	1.25	0.88	0.83	0.6	0.53	4 th	٠

AIMN training [2021 & 2022]



Survey results

about 50% of participants regularly use quantification tools.92% would use D0lab in clinical practice.

Preferred features

- > multi-algorithm quantification
- > explainability of analysis algorithms
- > regional analysis
- > comparison of patient results with normative population

From research to clinical practice





- Model validation on large multi-center dataset (~1000 clinically validated cases).
- Introduction of automatic checks on input data, providing warnings to the user.

- > Wrong image uploaded:
 - NM image (i.e. Early AmyPET/FDG-PET instead of Late AmyPET)
 - Wrong patient
 - Flipped/preprocessed image
- > Incomplete data

- Provide a comprehensive manual and adequate user training.
- Continuous checks and requests for confirmation of data submitted by the user.
- Automatic inspection on input data (FOV, resolution, ...).
- Image recognition with Al algorithms







Clinical Advisors



Diego Cecchin

Director of Nuclear medicine unit (a) University Hospital of Padua

> "Many reliable analyses. A sound tool to increase diagnostic confidence!"



Silvia Morbelli

Nuclear Medicine Physician (a) IRCCS S.Martino, Genoa

"DOlab is a real gem! I use it everyday and I gladly suggest it to my colleagues!"



Stelvio Sestini

Director of Nuclear medicine unit @ Prato Hospital

"Quantification made with the DOlab platform is really helpful to detect damaged brain regions and precisely monitor the therapy efficacy."

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Thank you

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