



Development of an Artificial Intelligence Model to Aid in Determination of Invasion in Pulmonary Adenocarcinoma

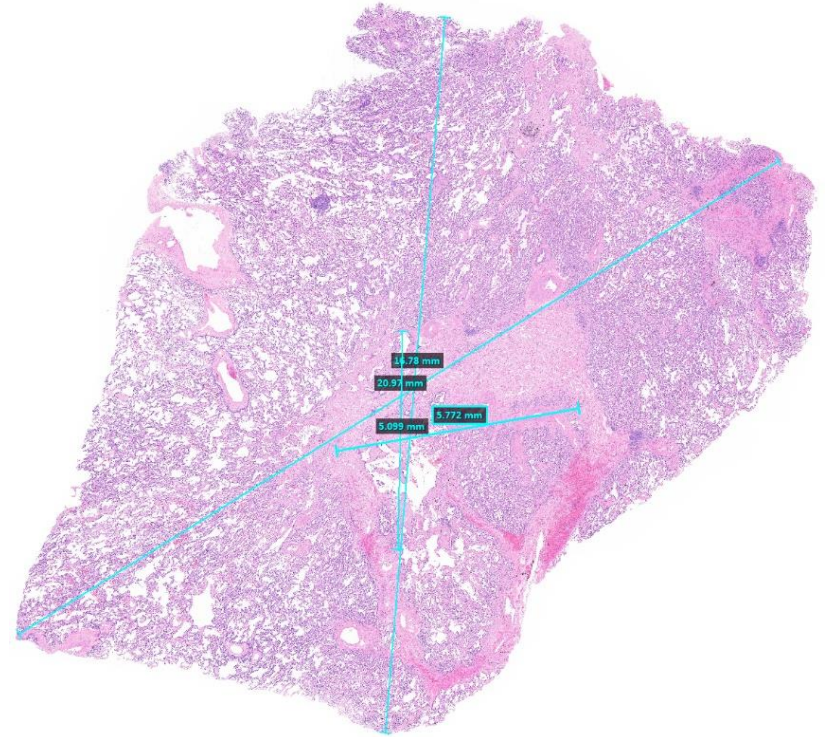
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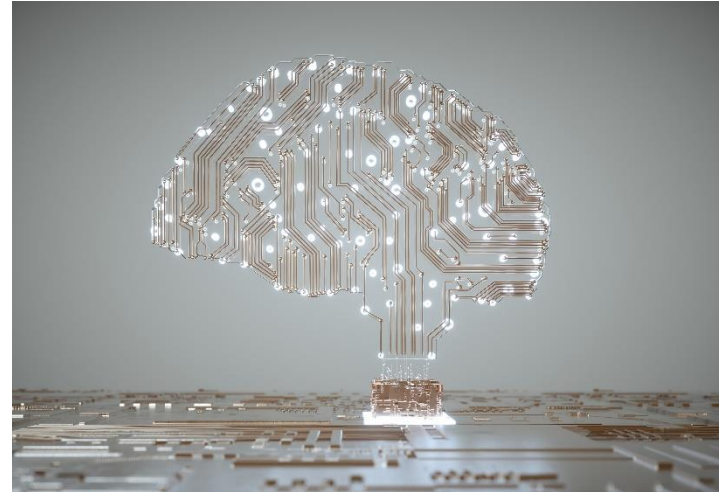
Background

- WHO classification of pulmonary adenocarcinoma is complex!
- Pathological reporting may be a challenge, particularly determining invasion size in lepidic-predominant tumors
 - Significant inter-observer variability
 - Determinant of tumor stage



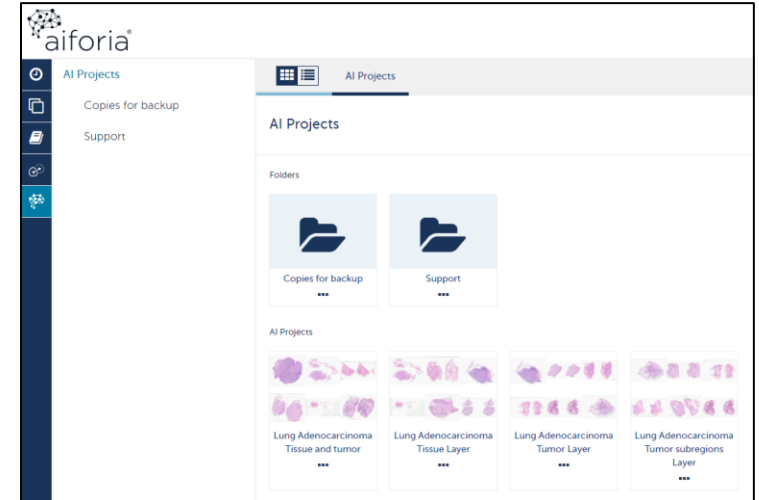
Hypothesis

- Artificial intelligence (AI) promises to aid pathologists in time consuming tasks that suffer from poor reproducibility
- It might be helpful in the context of determining invasion in pulmonary adenocarcinoma



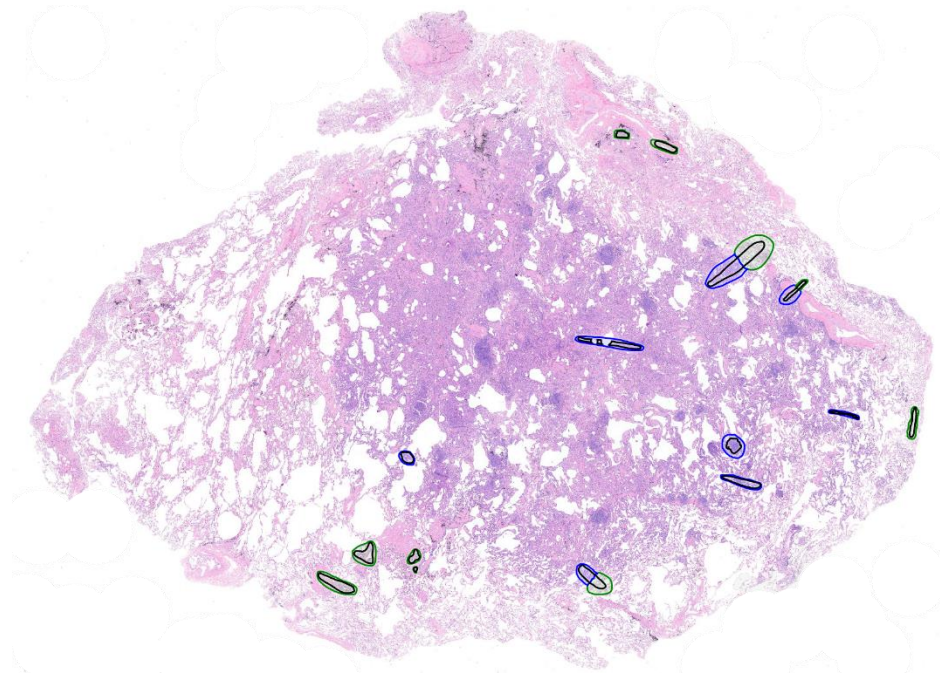
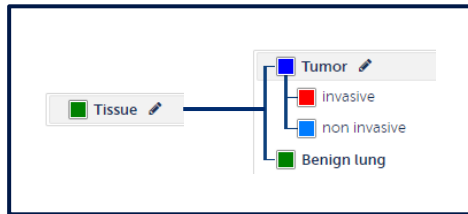
Design

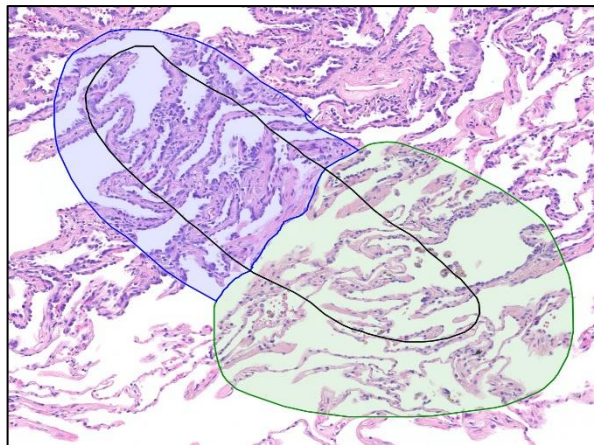
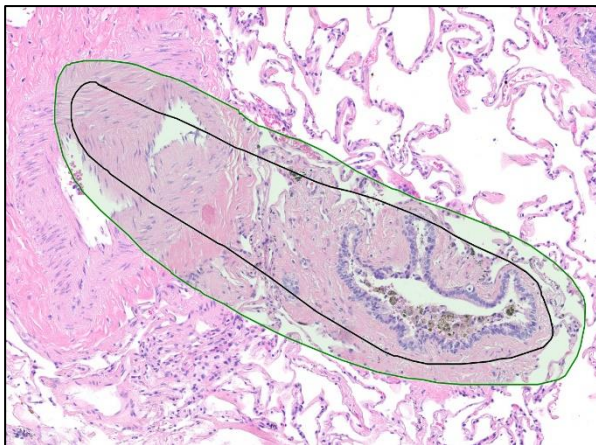
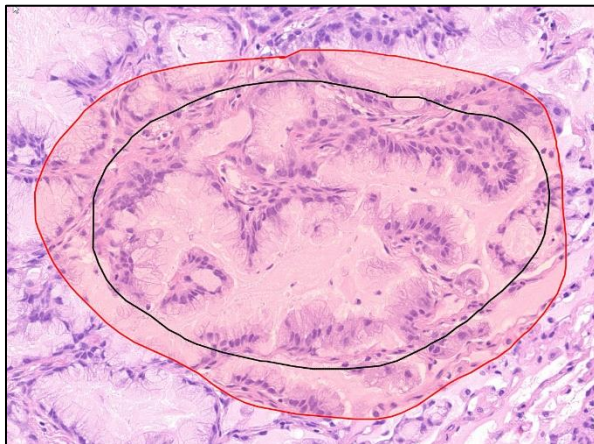
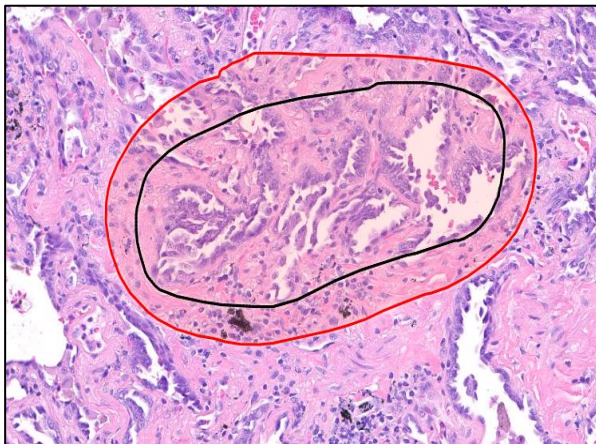
- One representative H&E slide was selected from 100 resected pulmonary adenocarcinomas
 - Arbitrarily divided into training (n=35) and validation (n=65) sets
 - Slides were scanned and uploaded to Aiforia for AI model creation



Model Creation

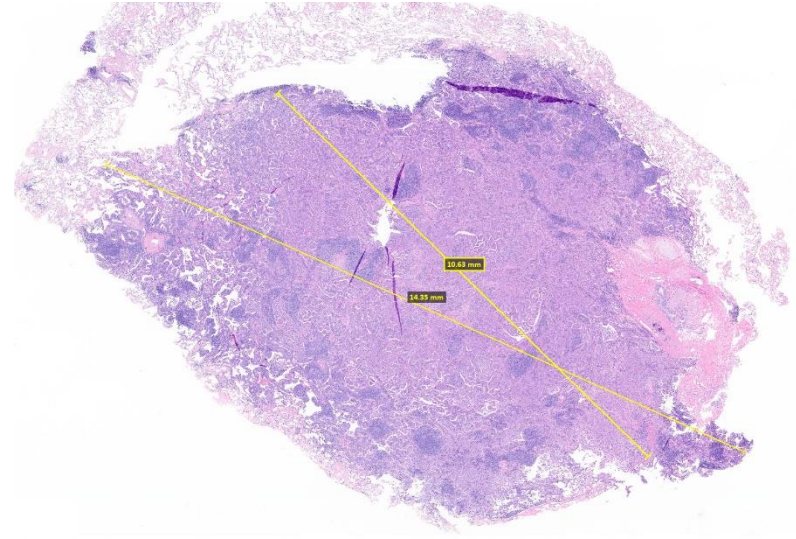
- Annotations were completed on the training set by 6 expert pulmonary pathologists
- Used to create a nested AI model





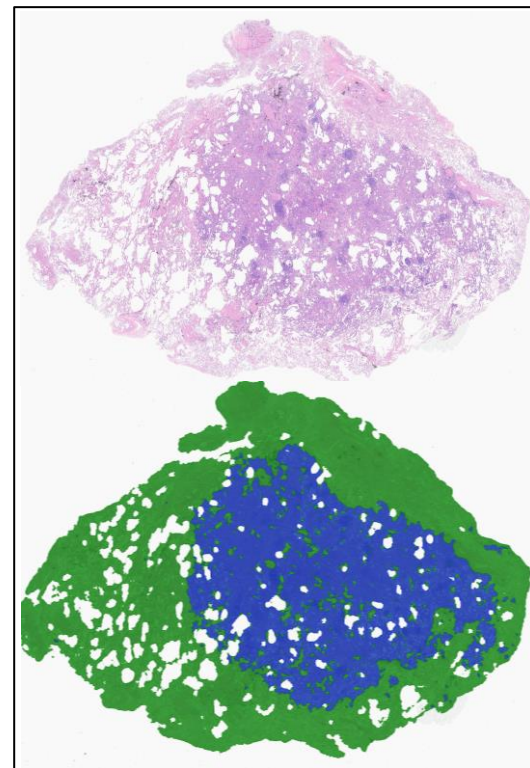
Design

- Manual measurements were performed by a pulmonary pathologist using a digital ruler
 - Largest tumor extent
 - Largest invasive size
 - % invasion
- Values compared to those generated by the AI model



Results

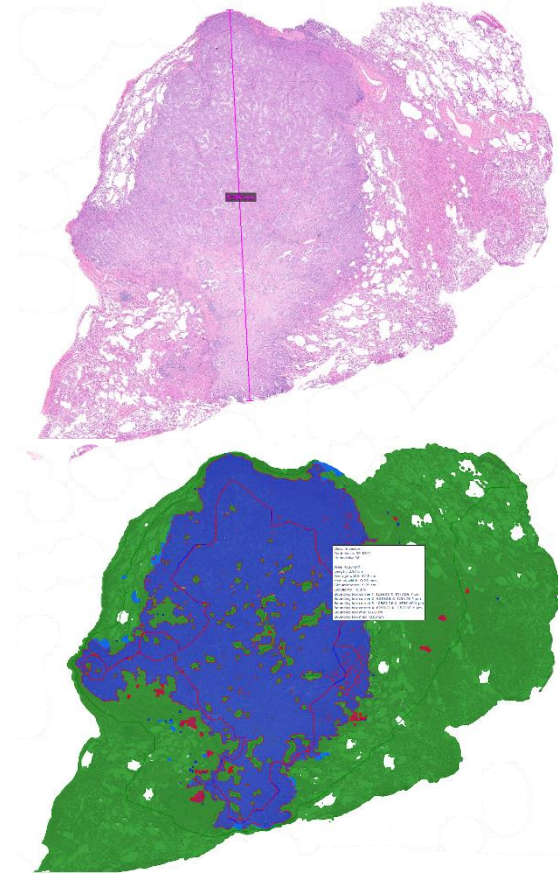
Layer	Annotations	Total Area Error	False +	False -
Tissue	199	0.31%	0.16%	0.15%
Tumor	314	2.18%	0.53%	0.56%
Invasive	152	0.74%	0.07%	0.03%

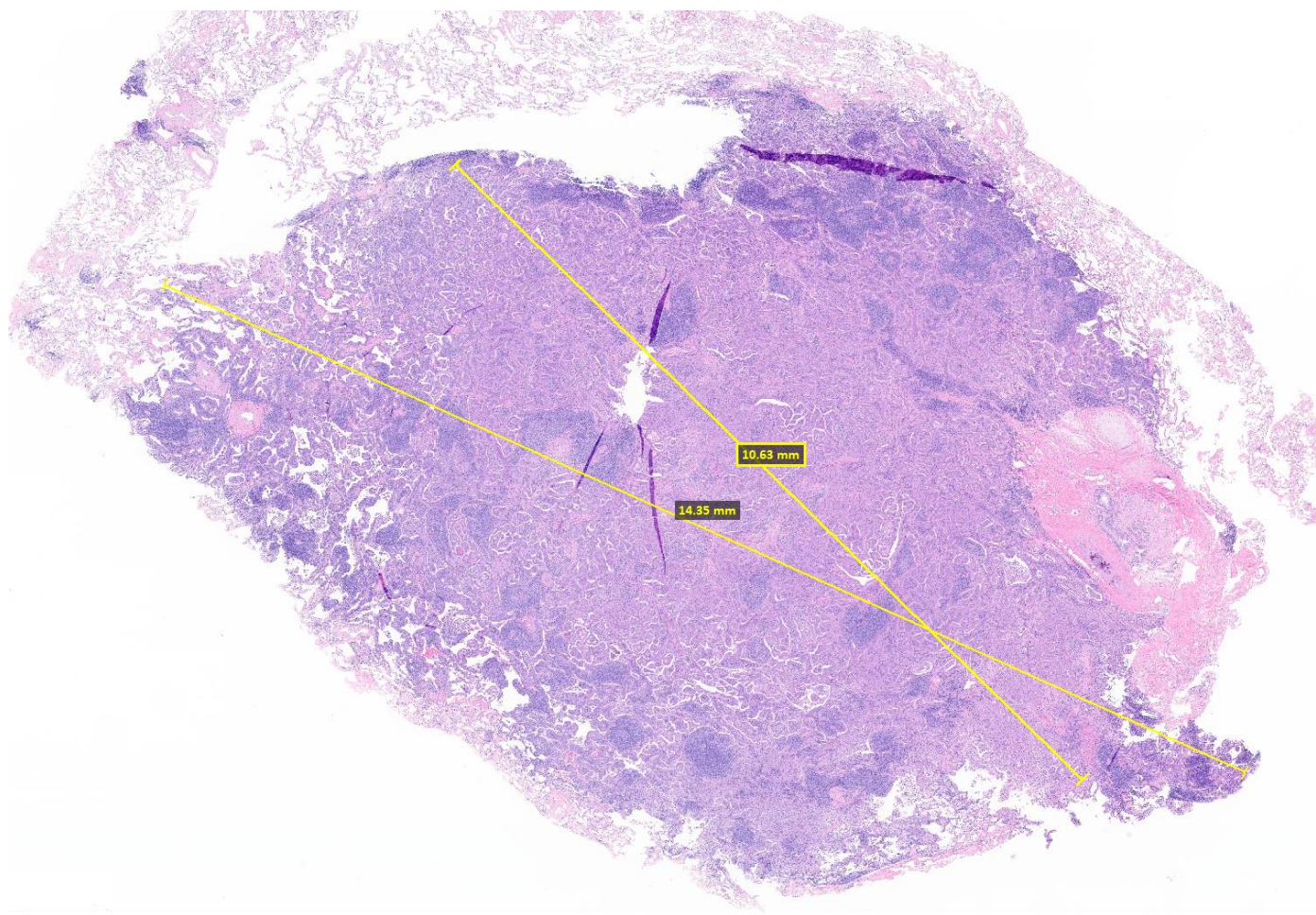


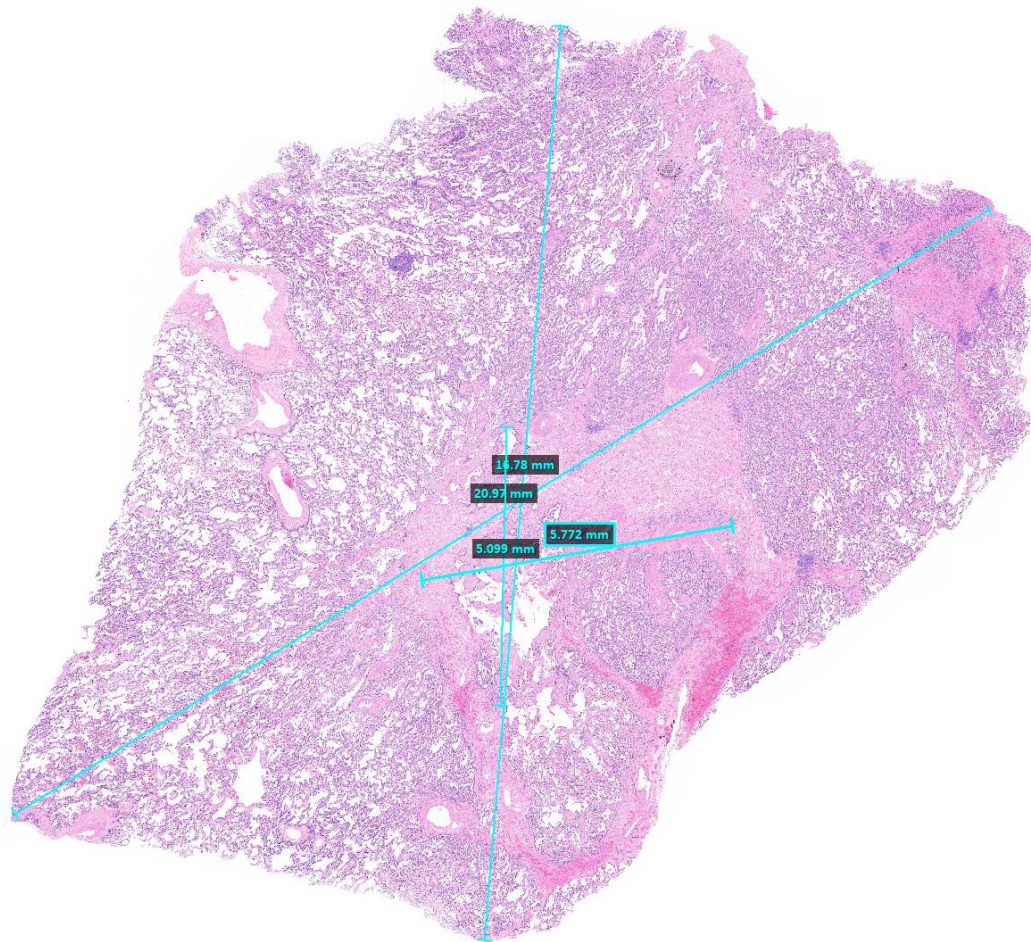
Green=benign lung, blue=tumor

Results

- Final model was used to evaluate whole slide images of the training and validation sets
- Invasion assessments by the AI model were compared to those manually measured or estimated by a pulmonary pathologist

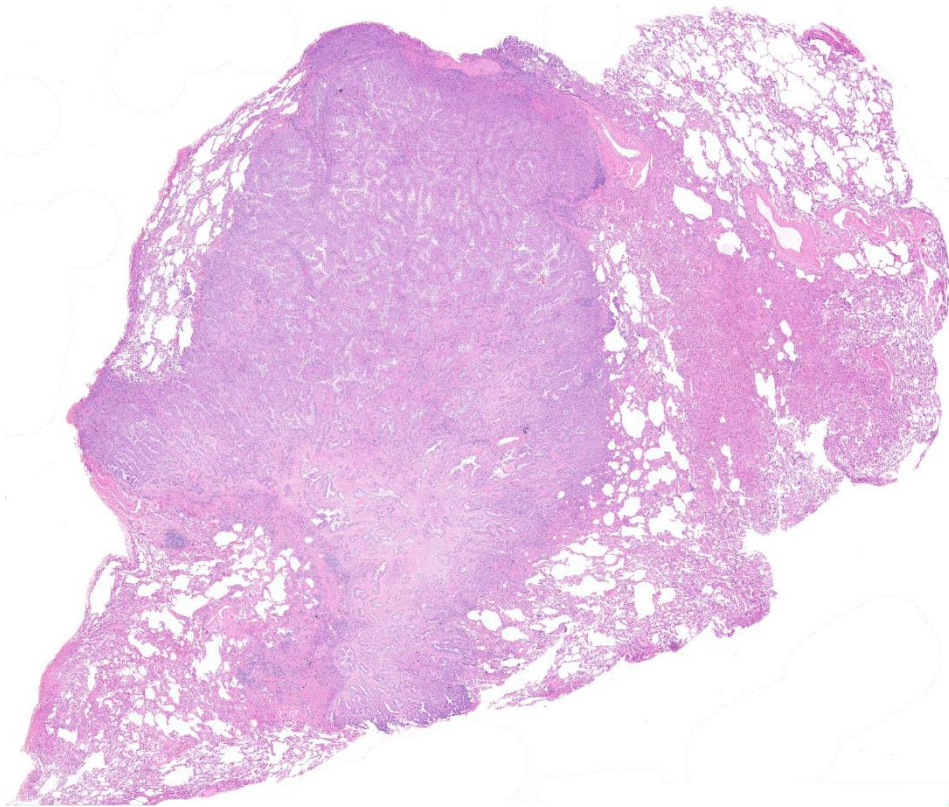




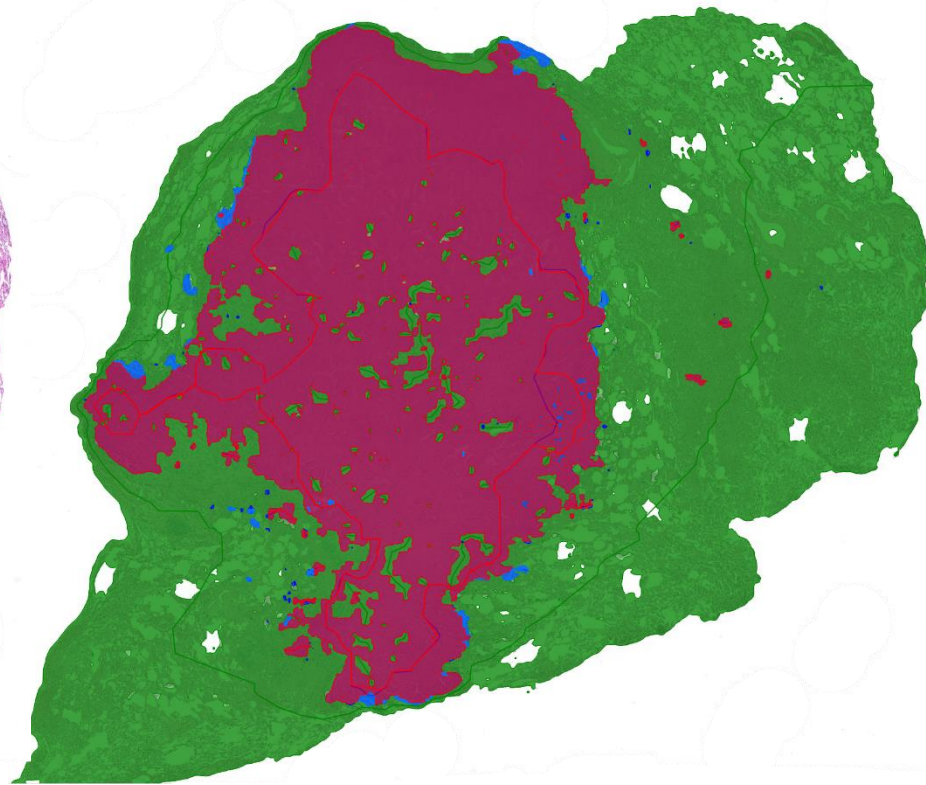


Example Cases

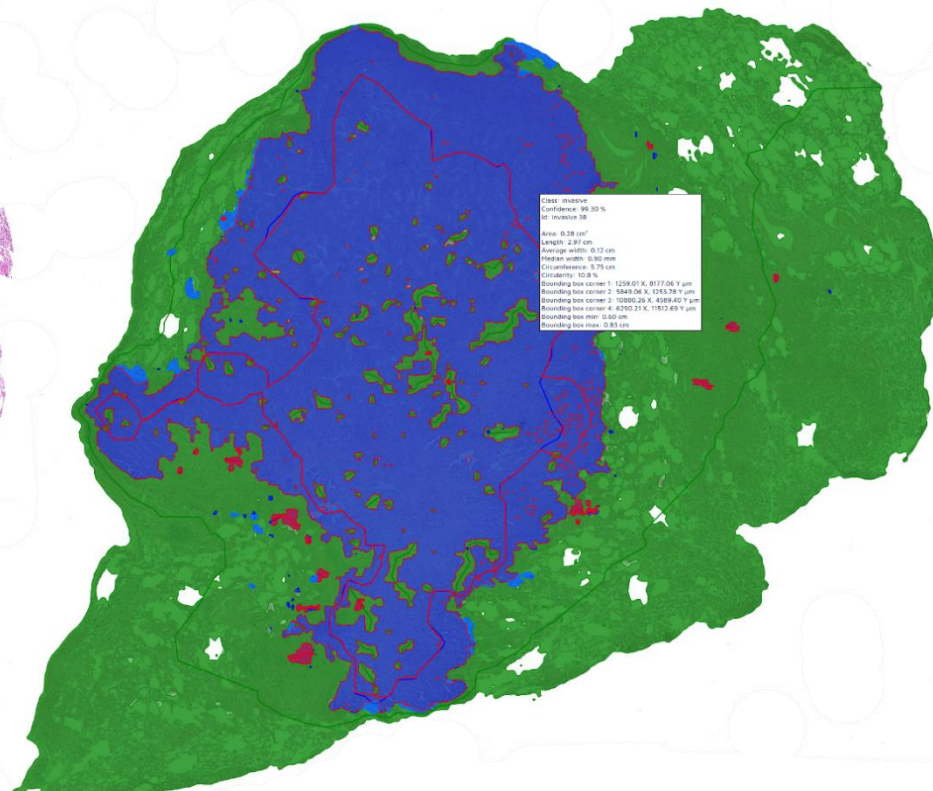
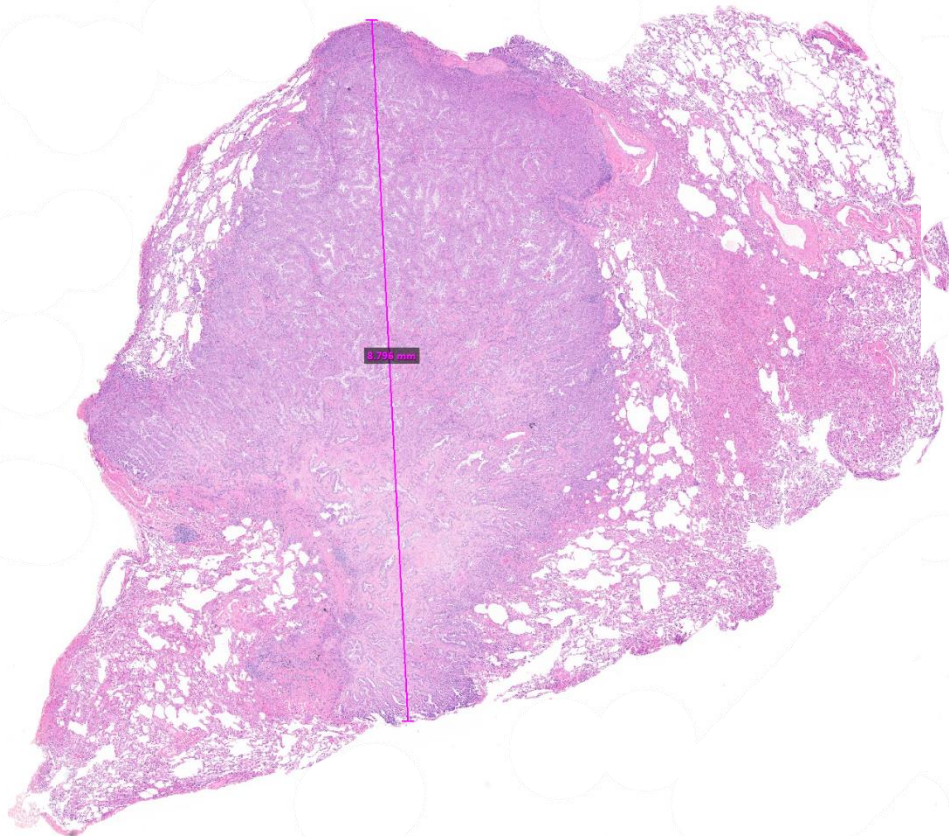
When things go well...

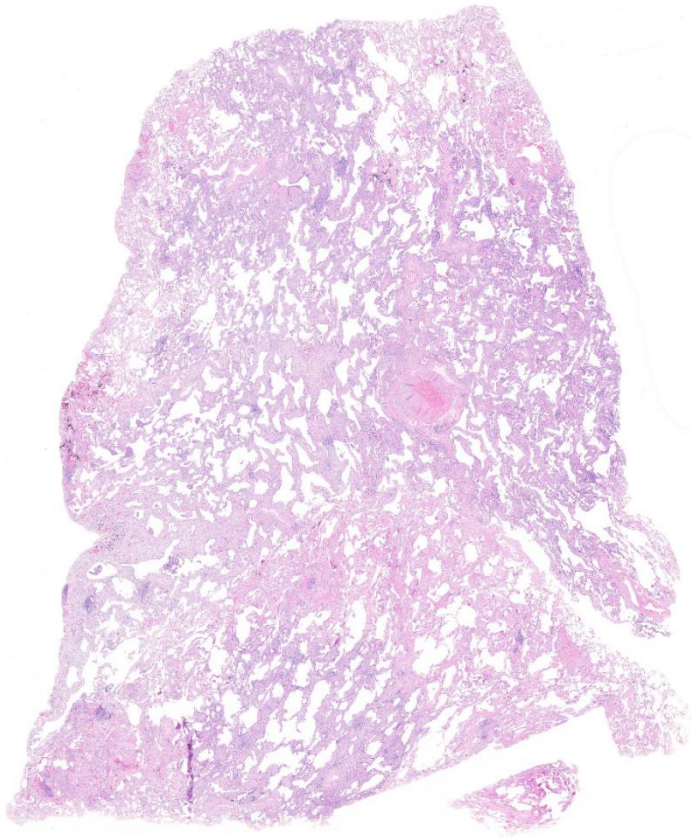


100% invasive

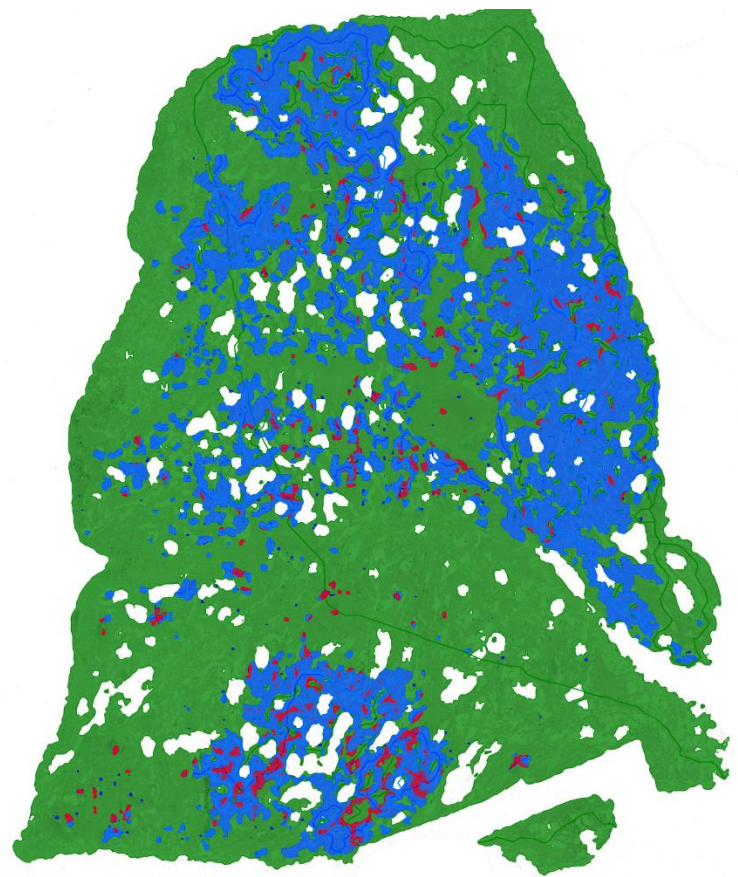


98% invasive

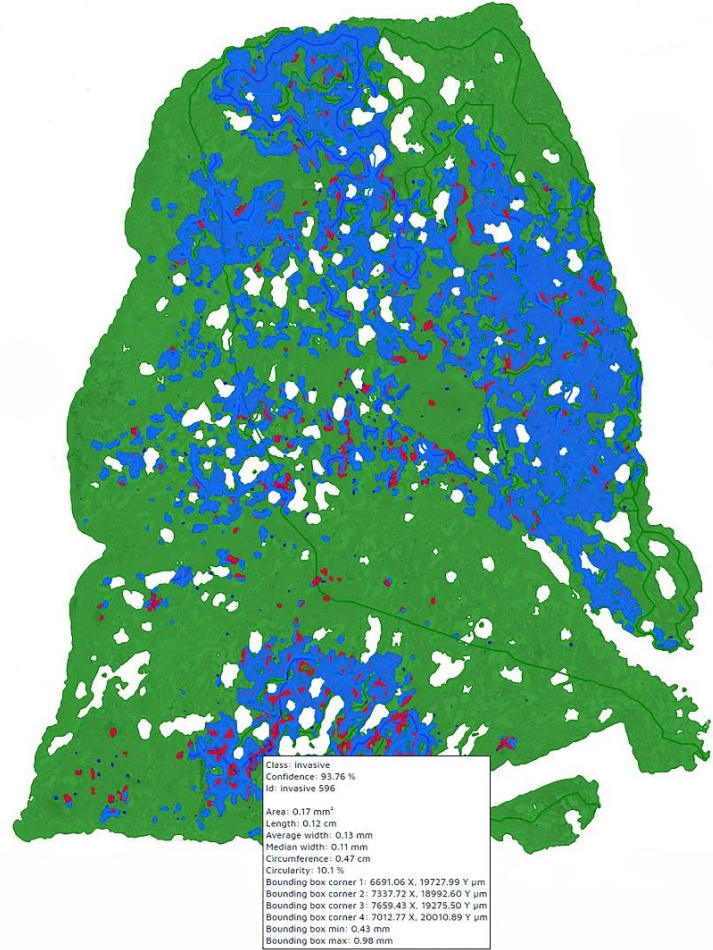
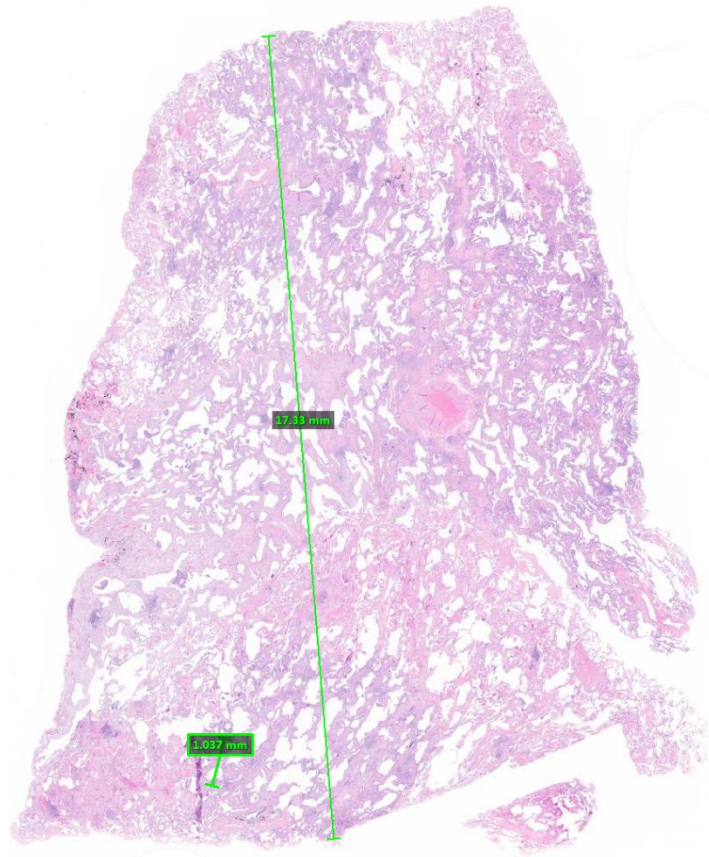




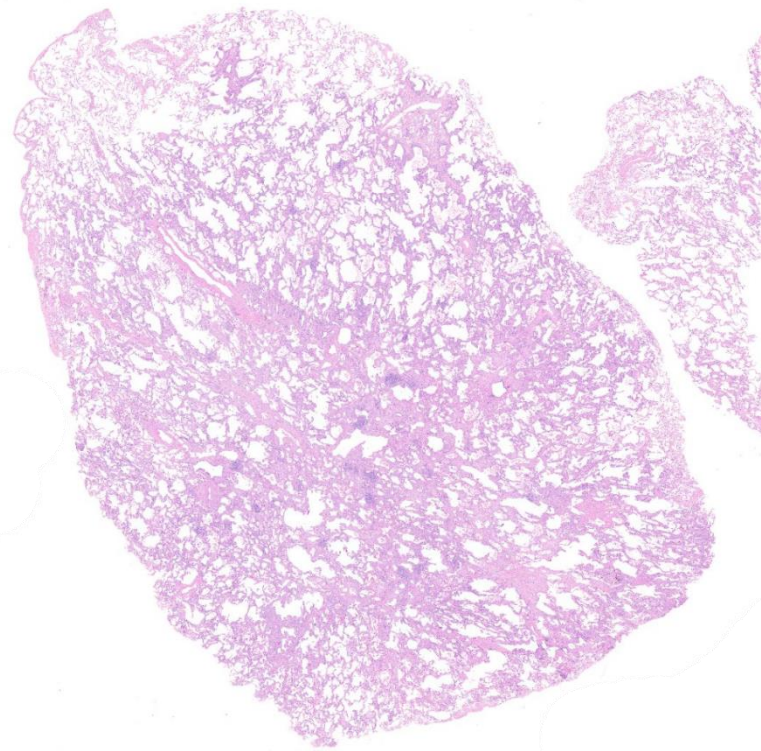
1% invasive



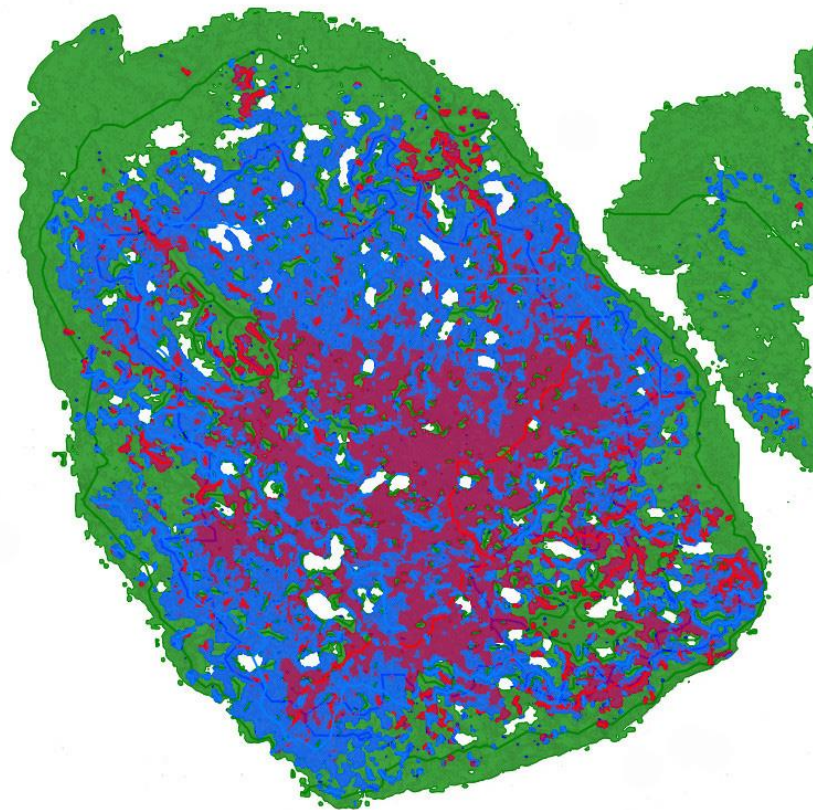
9% invasive



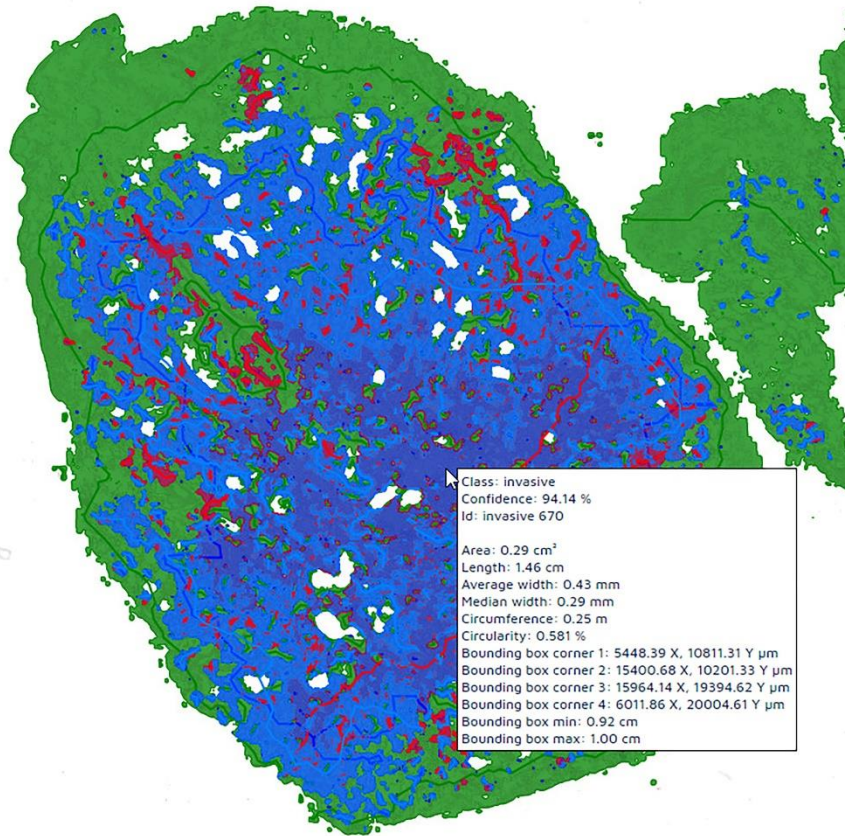
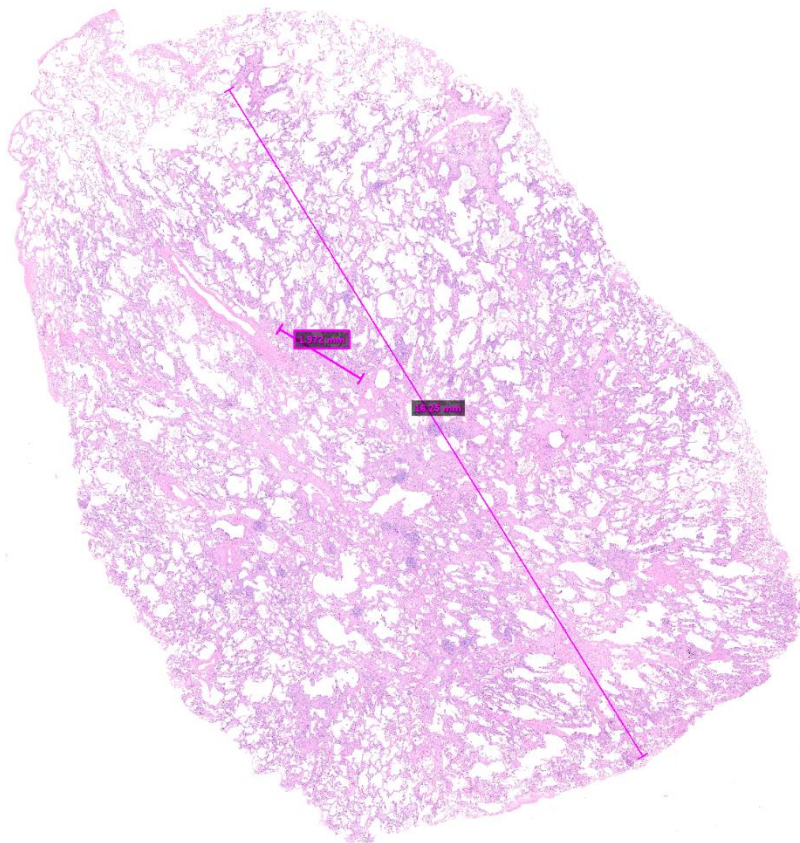
When things don't go so well...



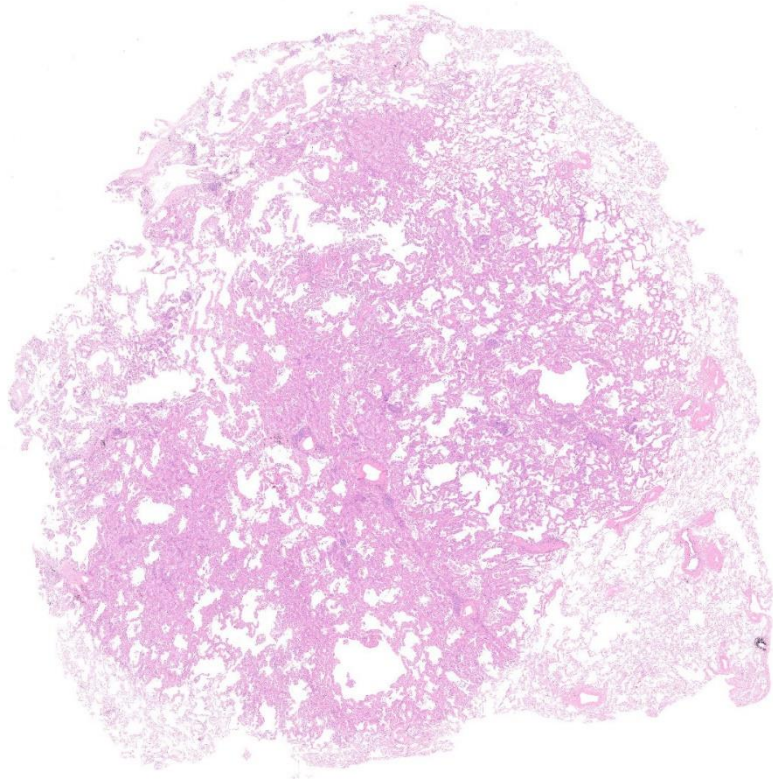
1% invasive



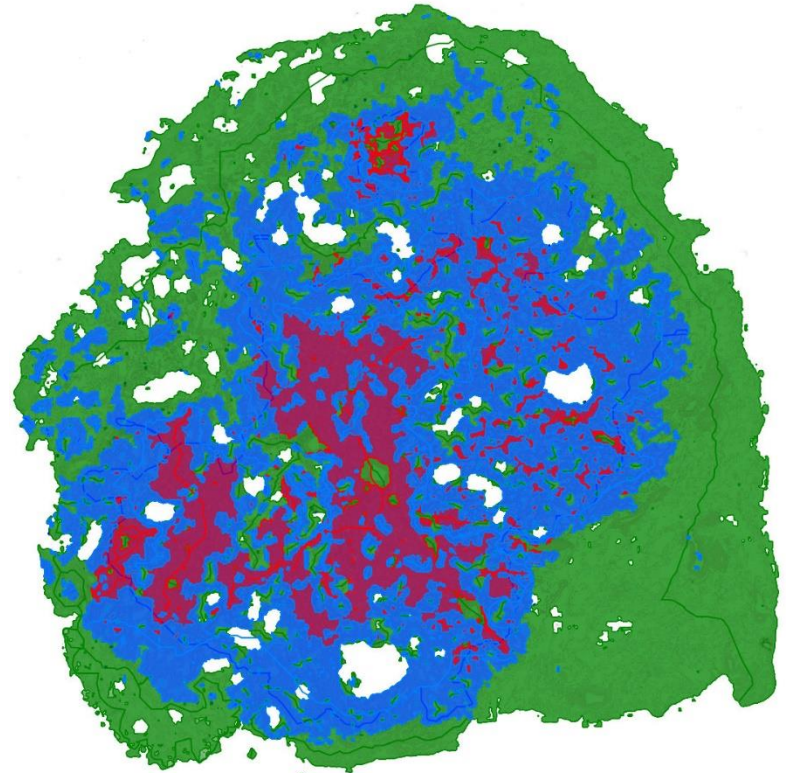
43% invasive



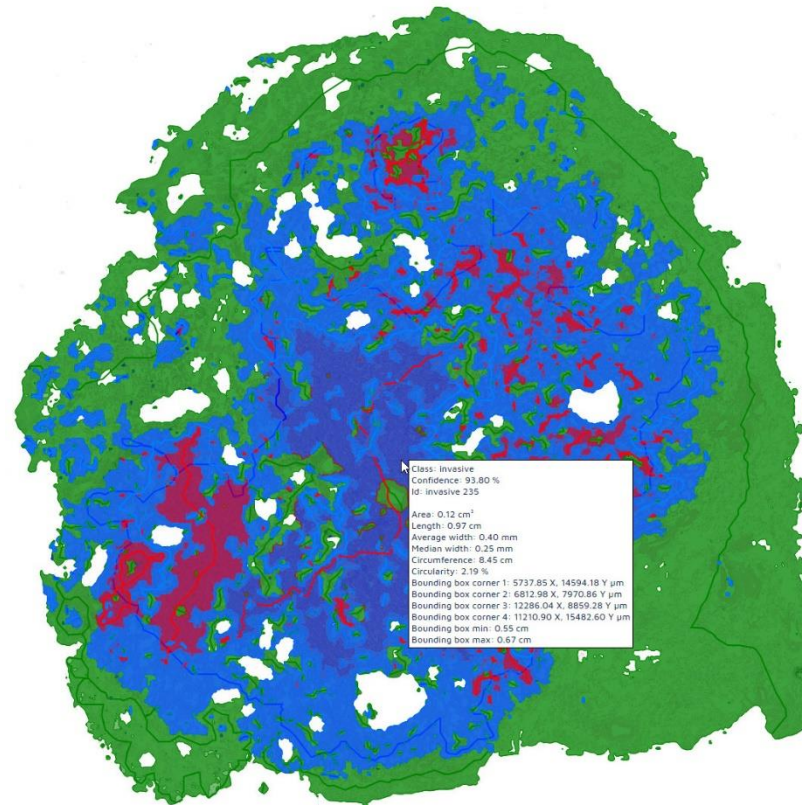
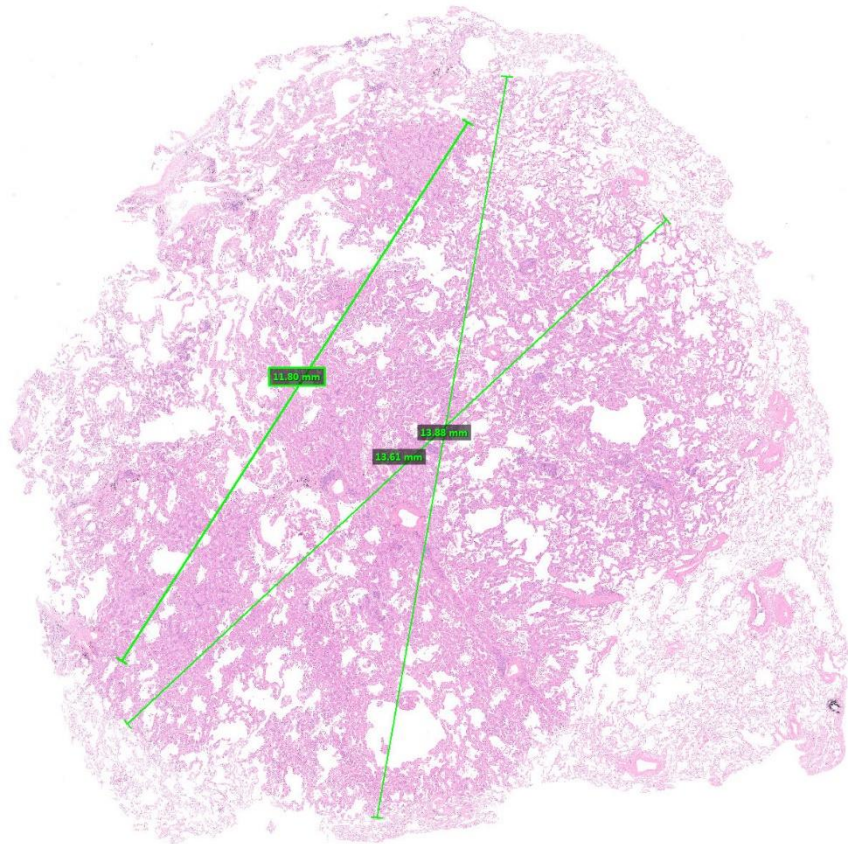
Manual Bridging

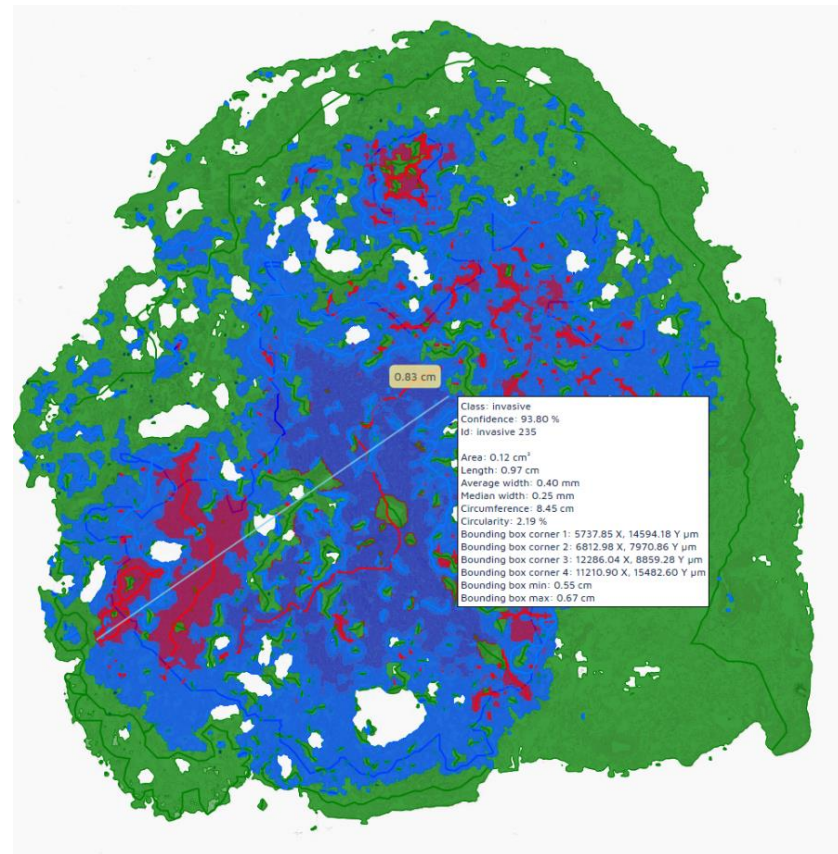
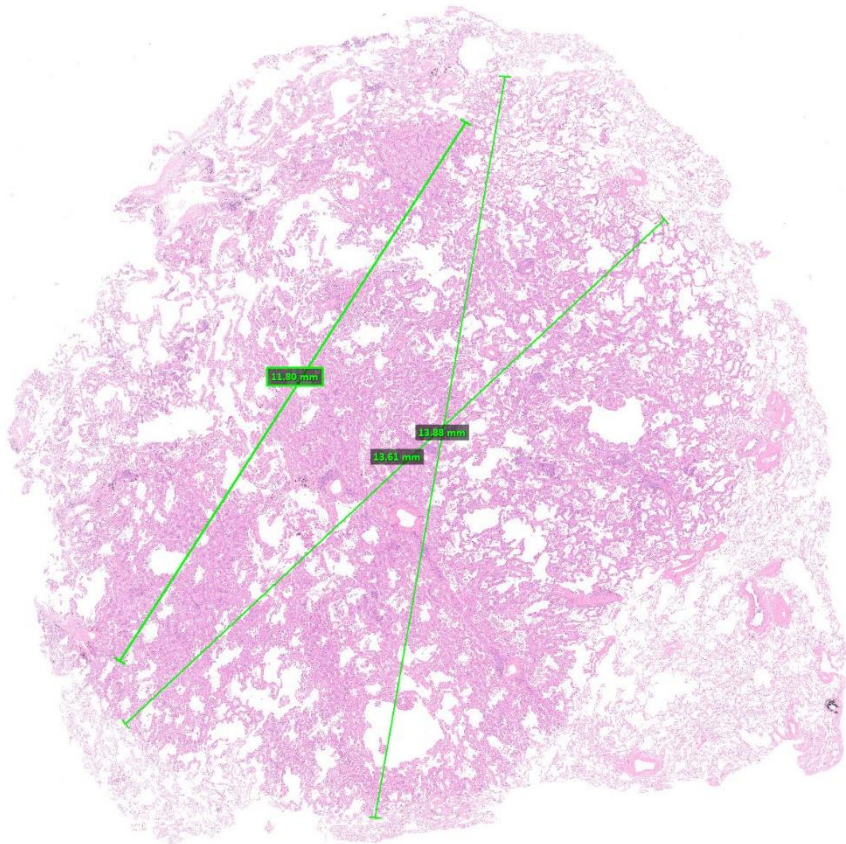


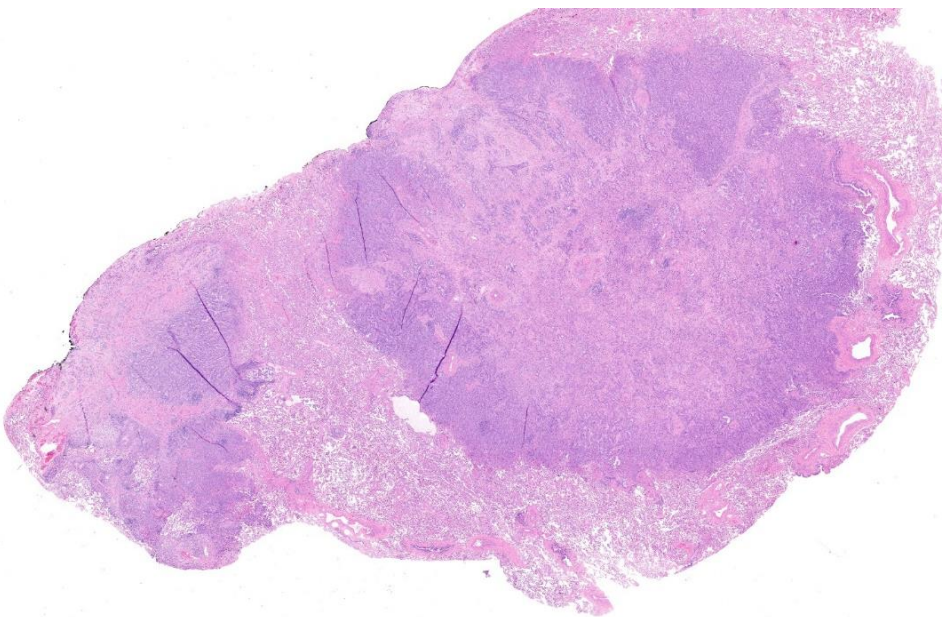
40% invasive



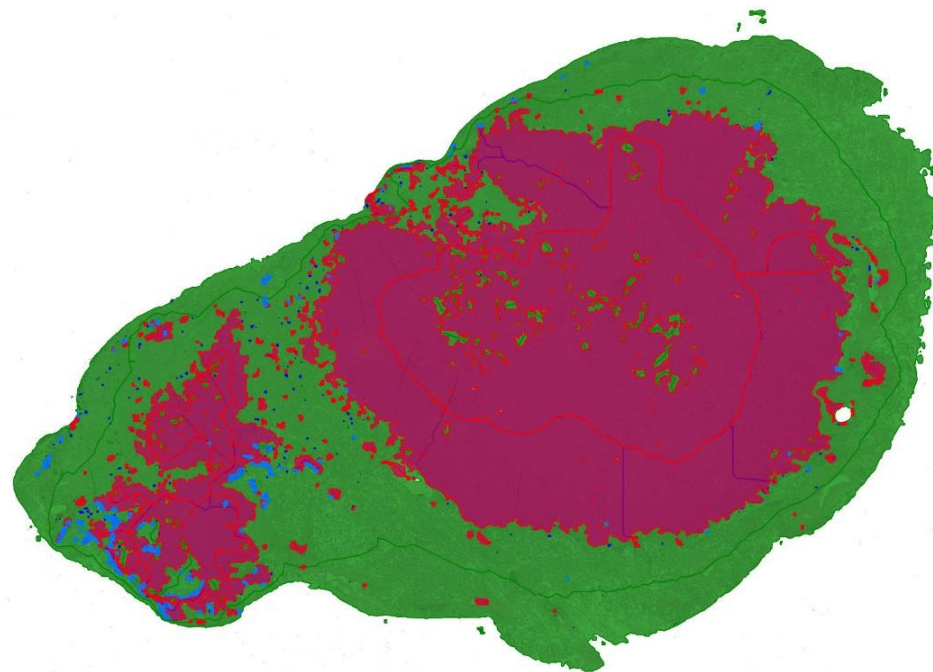
29% invasive



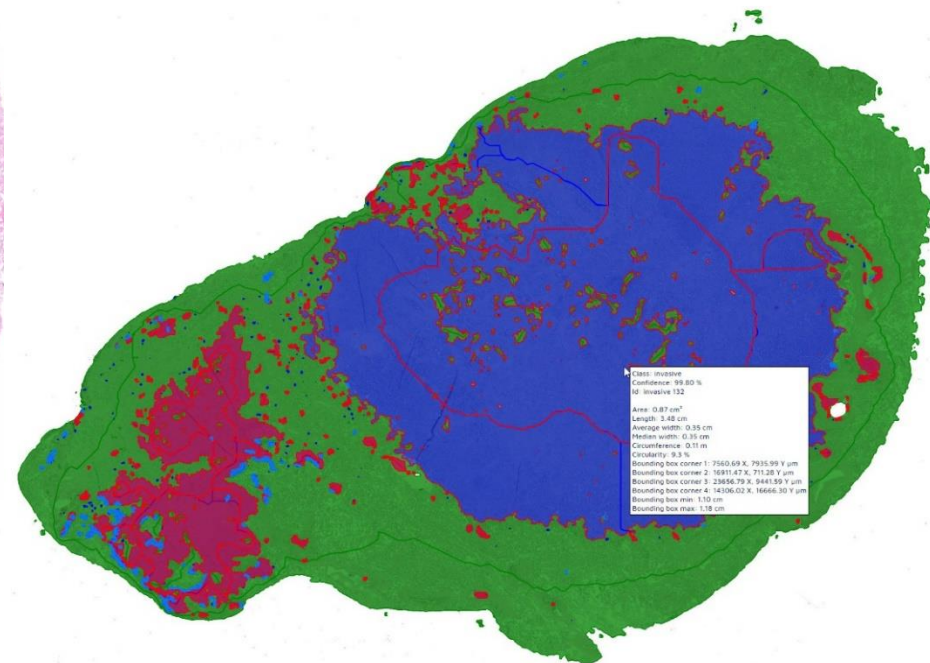
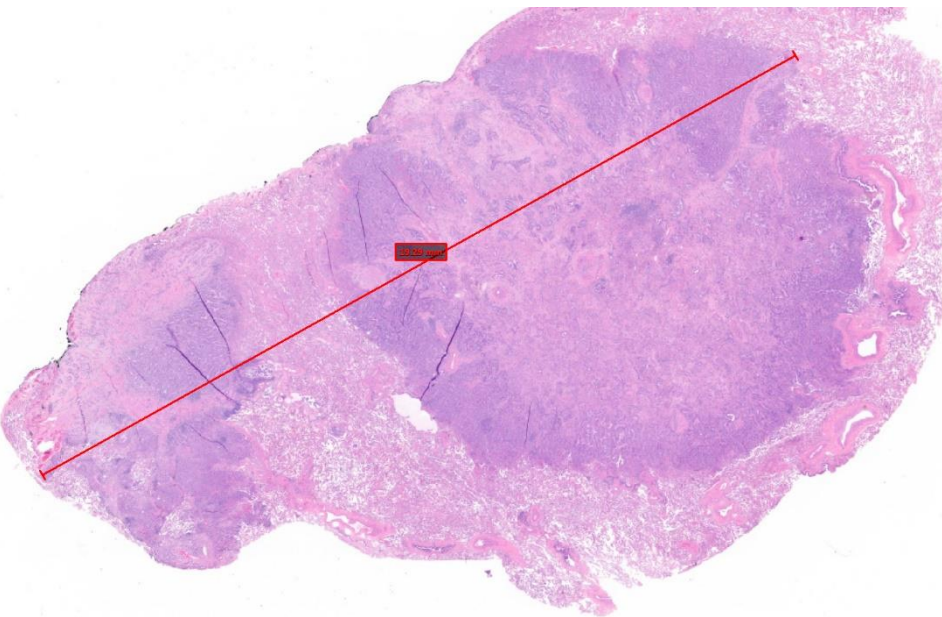




100% invasive



99% invasive



Results

	Median Difference	Mean Difference	Difference Range	SD
<u>Training Set</u>				
Invasive %	9	11.7	1-35	9.7
Tumor Size (mm)	0.7	0.8	0-2.6	0.7
Invasive Size (mm)	1.5	1.6	0-4.7	1.5
<u>Validation Set</u>				
Invasive %	8	15.6	0-93	17.5
Tumor Size (mm)	0.4	0.8	0-6	1.1
Invasive Size (mm)	1	2	0-9.2	2.4

Conclusions

- An AI model was successfully designed using expert pathologist annotations to aid in assessment of pulmonary adenocarcinoma invasion.
- Most invasive percentages generated by the AI model were within 10% of pathologist assessment, with tumor and invasive measurements typically within 1-2 mm.
- However, manual pathologist review and potential revision of the model assessments is necessary to ensure accuracy.

Possible Future Directions

- Reduce the need for “bridging” measurements
- Recognition of invasive tumor patterns
- Interobserver variability studies
- More nuanced features
 - STAS
 - Pleural Invasion



Questions and Discussion

