# Next Steps for LesionTracker: Integration with a Clinical Trials Workflow Informatics System



### June 1, 2017

# Introduction

## Background

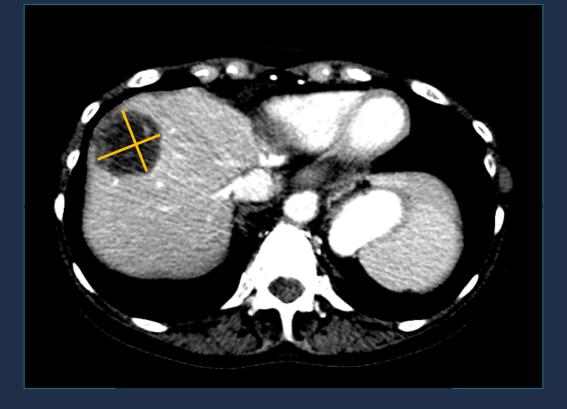
Oncology clinical trials rely on imaging to help determine patient eligibility and treatment efficacy

## Challenges

- Progressively more varied and complex tumor metrics criteria
- Increasing demand for same day turnaround of tumor metrics
- Rising expectations for consistent and controlled results reporting

## Solution

• Advanced cancer imaging informatics tools to promote protocolcompliant image evaluation and reviewer efficiency



- Quantitative imaging package built on Open Health Imaging Foundation's (OHIF) open-source web viewer and optimized for oncology clinical trials workflow
- LesionTracker is funded by PAR-13-294 grant for Advanced Development of Informatics Technology (U24)
- Vendor-neutral, extensible zero-footprint image viewer for display and analysis of DICOM images
- LesionTracker will be integrated with the Precision Imaging Metrics clinical trials informatics platform (available 2018)

### **Open Source** Commercially

permissive software license (MIT) developed on GitHub and Jira

State-of-the-art

Performance and functionality expected in modern imaging viewers

Reliable Implement software best practices and QMS

Secure Roadmap for HIPAA and 21CFR Part 11

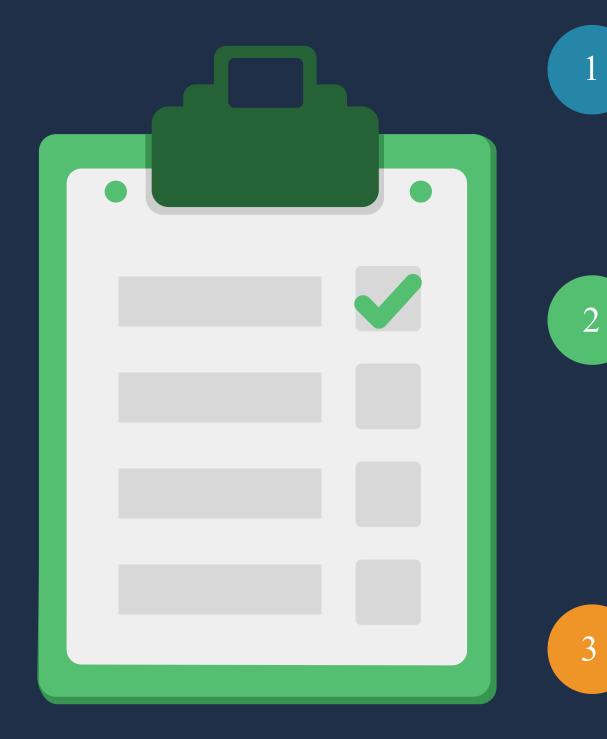
Download the source code at: http://github.com/OHIF/Viewers or visit http://lesiontracker.ohif.org to test drive the application



## Extensible

Framework for building imaging applications or integrating with 3<sup>rd</sup>-party software

**Zero-footprint** Web-based viewer using HTML5/CSS3/Modern JavaScript



PACS Connection Protocols Supports DICOM message service elements (DIMSE) and DICOMweb protocols (WADO, QIDO) • Tested against Orthanc and dcm4che

## Architecture

- Meteor https://www.meteor.com
- MongoDB https://www.mongodb.com

## User Support

- Cornerstone mailing list: tone-platform

Cornerstone https://github.com/chafey/cornerstone dicomParser https://github.com/chafey/dicomParser

Community web meetings (next on June 15, 2017) Public Jira instance: https://ohiforg.atlassian.net https://groups.google.com/forum/#!forum/corners

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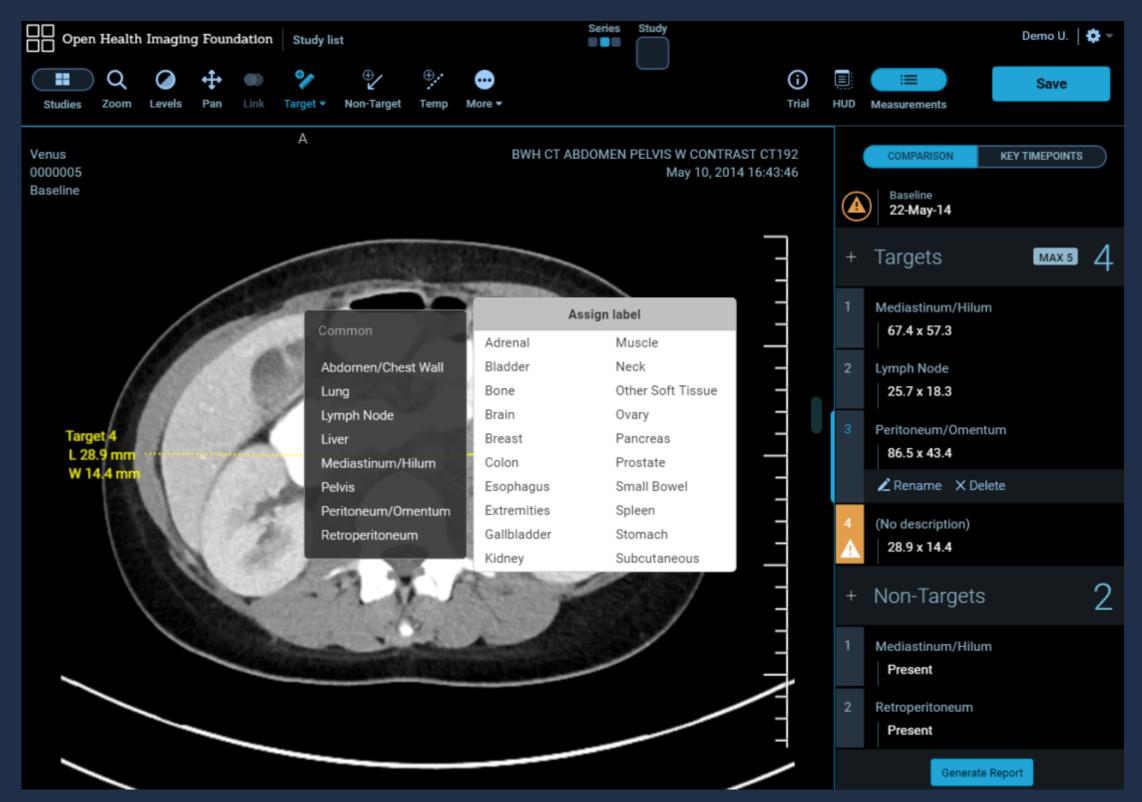
of development is funded by NCI U24

## Usage and Contributions

- Commercial vendors such as NucleusHealth http://www.nucleushealth.io
- Students such as MGH/IACS Capstone's Saké Viewer http://sakeviewer.com
- Hospital research groups such as **Precision Imaging Metrics** https://www.precisionmetrics.org

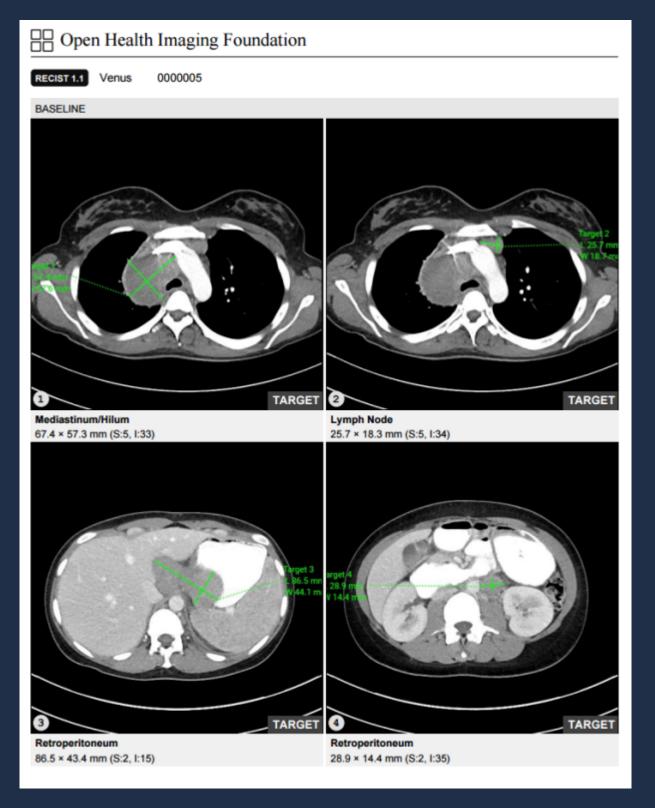
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## Image Analysis



Download the source code at: http://github.com/OHIF/Viewers or visit http://lesiontracker.ohif.org to test drive the application

## **Results Reporting**



F	eature Highlights		
•	Ability to define time points i.e., baseline or follow-up	•	Longitudi measurer
•	User interface (UI) to label lesions consistently across patients, trials, and sites	•	Synchron multiple
•	Bi-directional measurement tool	•	Audit log changes -
•	Non-target annotation tool with pre- defined response options	•	Results re captures
•	Built-in response criteria conformance checks for RECIST 1.1 and irRC	•	UI mecha accelerat imaging s

<u>Click to view LesionTracker highlights video on YouTube</u>

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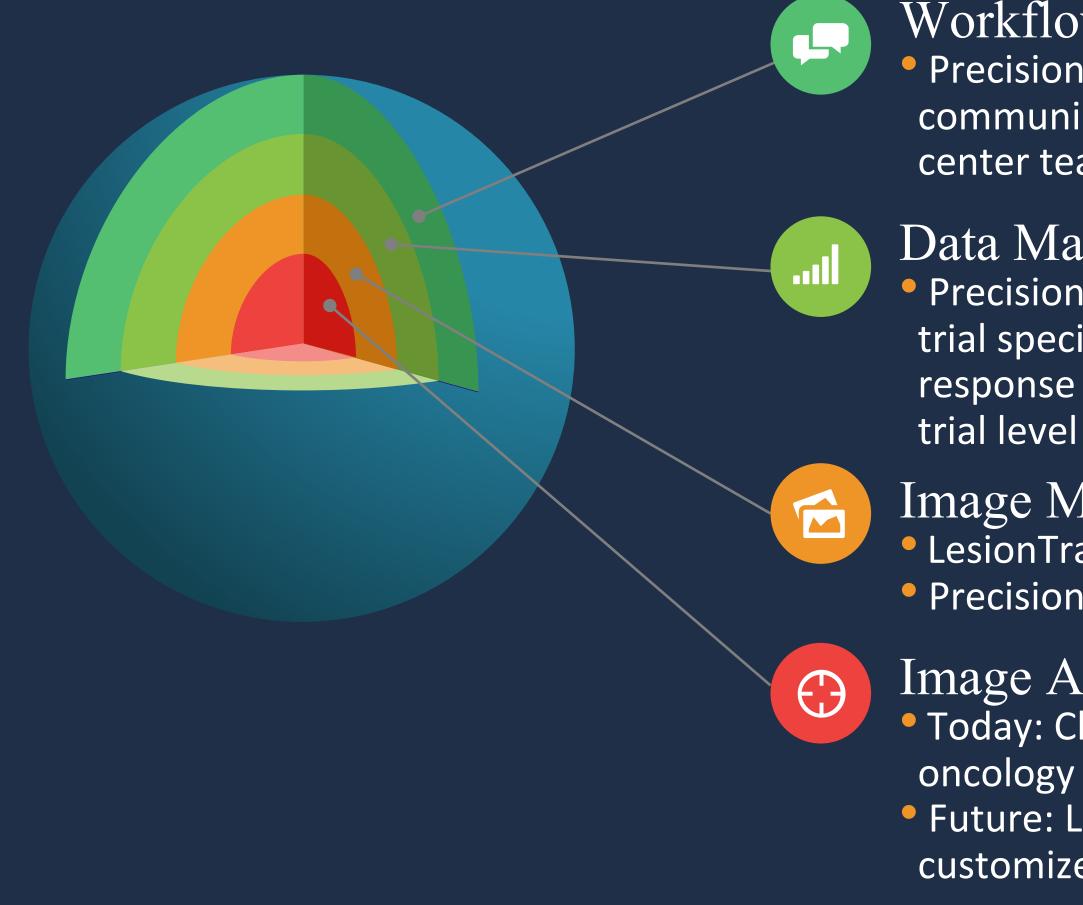
nized scrolling of images from time points

s which captures all data -who, what, and when

reporting with screen of annotated images

anisms to simplify and te switching between studies

# LesionTracker & Precision Imaging Metrics (PIM)



### Workflow Management Precision Imaging Metrics enhances communication between imaging & cancer

center teams and drives image analysis

### Data Management

 Precision Imaging Metrics manages trial specific data and supports response criteria customization at the

### Image Management

LesionTracker: Orthanc Precision Imaging Metrics: Nucleus.io

### Image Analysis

• Today: ClearCanvas with customized oncology plugins Future: LesionTracker with

customized automated workflows

## L Imaging Metrics

In 2004, Dana-Farber/Harvard Cancer Center investigators were struggling to get reliable, timely, compliant assessments:

- Deviations from trial protocol parameters
- Delays in results to oncologists (or investigators)
- Inefficient workflows
- Lack of QA and QC
- Poor fiscal management
- Difficulty in audit preparation •

Tumor Imaging Metrics Core (TIMC), co-Directed by Drs. Harris and Van den Abbeele, was formed to address these issues

# **PRECISION** L Imaging Metrics

Adequate imaging assessment / reporting tools were only available to Clinical Research Organizations (CROs), not meeting needs of cancer center site reads

PIM system was developed by TIMC to manage:

- Results reporting and protocol compliance
- Demanding requirements for turnaround time
- Communication between radiology and oncology

Visit http://www.precisionmetrics.org for more information

## **PIM Solution** Consists of two integrated applications:

### 1) Workflow & data management system

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### 2) Image analysis platform (Current)



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## **PIM Solution** Consists of two integrated applications:

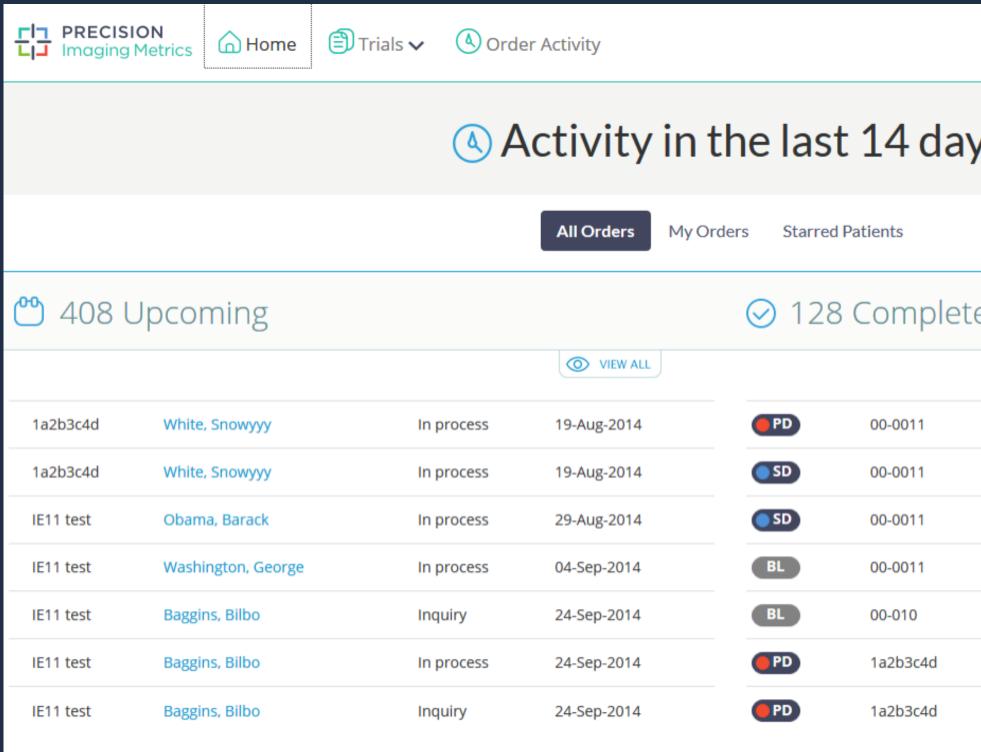
### 1) Workflow & data management system

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## 2) Image analysis platform (Future)



# PIM: Trial Staff View



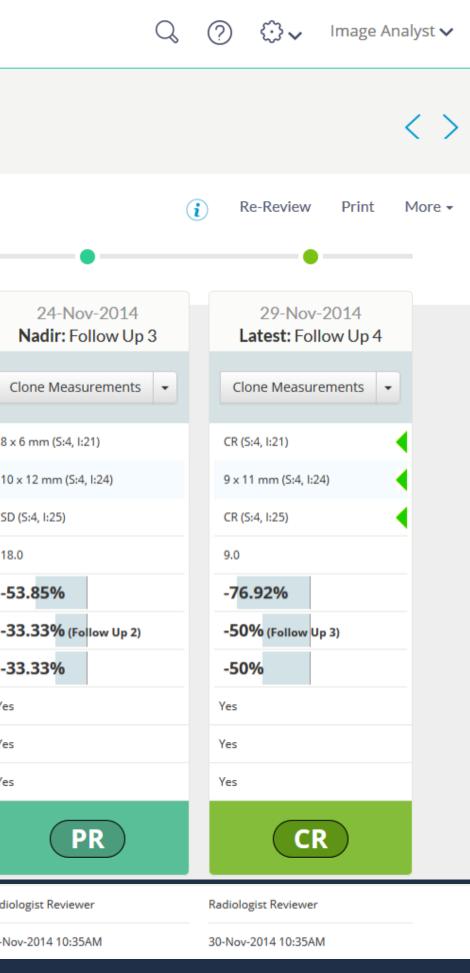
### 🗟 Starred Trials

	Trial Name / Number 🎔	Status	Phase	Criteria	PI / Sponsor	Sub-Group
*	RECIST 1.1 for RSNA 2014 00-000	Active	П	RECIST 1.1	Lewis, Rob Trinity LTD	Early Therapeutics, Gastrointestinal (GI), Genitourina

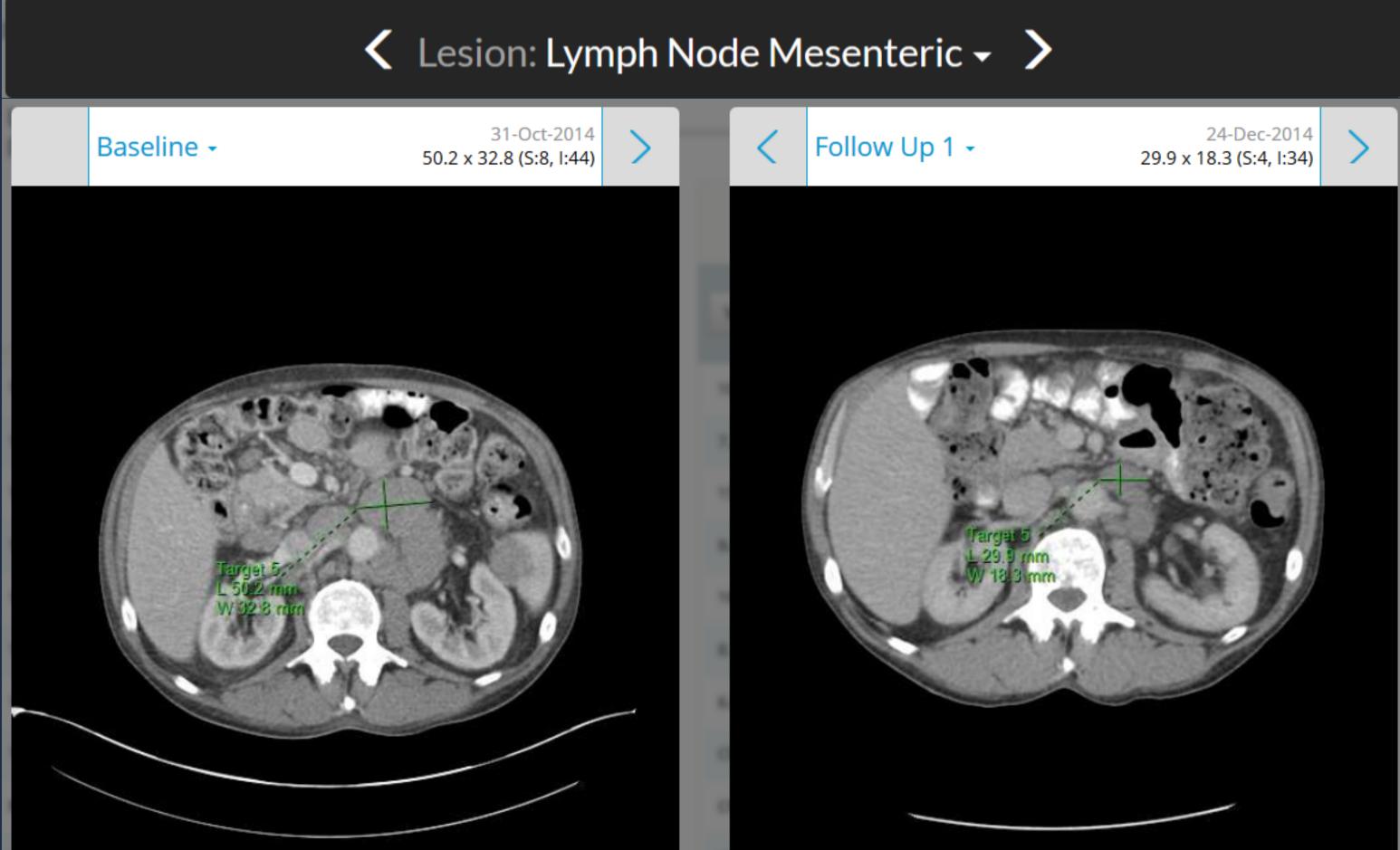
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# PIM: Longitudinal Metrics

Clip PRECISION       Imaging Metrics       Imaging Metrics       Imaging Metrics										
← 00-000: RECIST 1.1 for RSNA 2014 ☆ Dorian Gray мG	iH 0183951 12/02/1916	Bladder								
RECIST 1.1         5 of 5 displayed         Show summary	•	•	•							
	03-Nov-2014 Baseline	10-Nov-2014 Follow Up 1	17-Nov-2014 Follow Up 2							
Data view Detail view # LABEL TARGET	Clone Measurements -	Clone Measurements -	Clone Measurements -							
1 Abd/Pelvis - Pelvis - Right Y	21 x 19 mm (5:4, l:23)	18 x 16 mm (S:4, I:23)	15 x 12 mm (5:4, l:23)	8						
2 Abd/Pelvis - Lymph Node - Pel Y	18 x 23 mm (5:4, 1:25)	13 x 21 mm (S:4, I:25)	12 x 15 mm (S:4, I:25)	1						
3 Abd/Pelvis - Lymph Node - Pel N	NM (S:4, I:29)	SD (S:4, I:27)	SD (S:4, I:26)	s						
RECIST 1.1	39.0	31.0	27.0	1						
% Change from Baseline		-20.51%	-30.77%	-						
% Change from Nadir		-20.51% (Baseline)	-12.9% (Follow Up 1)	-						
% Change from Prior		-20.51%	-12.9%	-						
Acceptable image quality	Yes	Yes	Yes	Ye						
Presence of contrast	Yes	Yes	Yes	Ye						
Adequate anatomical coverage	Yes	Yes	Yes	Ye						
Response	BL	SD	PR							
Radiologist	Radiologist Reviewer	Radiologist Reviewer	Radiologist Reviewer	Rad						
Approval date	30-Nov-2014 10:34AM	30-Nov-2014 10:34AM	30-Nov-2014 10:34AM	30-1						



# PIM: Annotated Images



# PIM: Analytical Tools

Data and D	etails
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	Data and Details									
	Ac	tive Patients 74	Off-Study Patients 67	Starred Patients 🧿	All Patients	Data and Details	Activity	Permissions		
Data Details									Export 🗸	Audit Log
Best Response (% C	hange) 💌	RECIST1.1	•							
50%										
-100%										



# **PIM: Training and Certification**

### **RECIST** Tutorial

### RECIST (00:50/02:45) TUMOR IMAGING METRICS Thumbnails Outline Notes Search **Baseline Assessment: Lymph Nodes** RECIST Response Evaluation Criteria in Solid Tumors 3. Baseline Assessment RECIST1.0: 4. Target Lesion Documentation 5. Non-Target Lesion Documentation Long axis is included in Use of Cytology measurement total Baseline Assessment: Measurable Lesions 8. Baseline Assessment: Measurable Lesions Manusch Laurer aufe Baseline Assessment: Non-Measurable Lesi 10. Baseline Assessment: Lymph Nodes Baseline Assessment: Lymph Nodes 12. Baseline Assessment: Lymph Nodes 13. Baseline Assessment: Lymph Nodes Bone Lesions 15. Cystic Lesions Previously Treated Lesions Meets target criteria by Does not meet target or 17. Definition of CR RECIST1.0 and RECIST1.1 non-target criteria by RECIST1.1 18. Definition of PR 19. Definition of SD 20. Definition of PD 21. Possible PD by FDG-PET Short axis of lymph node is the critical measurement 22. Clarification of Target PD 23. Clarification of Non-target PD 24. New Lesions

RECIST1.1:

- Short axis is included in measurement total
- Normal: short axis <10 mm</li>
- Measurable: short axis ≥15 mm

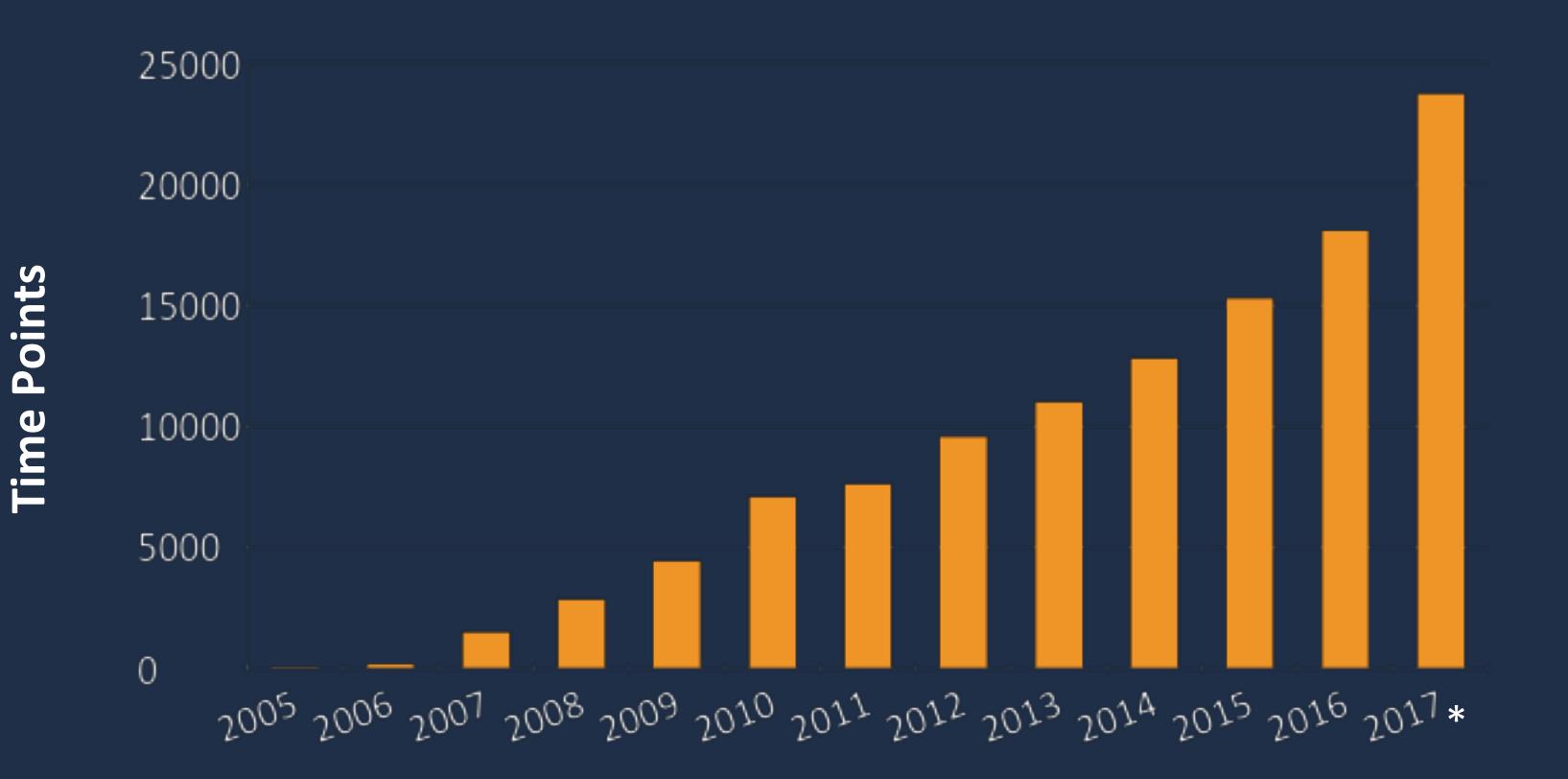
ATTACHMENTS

■ Non-measurable: short axis ≥10 mm and <15 mm

# Current PIM Usage

Cancer Center	Location	Activation Date	Trials	Time Points
Dana-Farber / Harvard Cancer Center	Boston, MA	August 2004	1,468	74,949
Yale Cancer Center	New Haven, CT	September 2013	358	12,612
Fred Hutchinson Cancer Research Center	Seattle, WA	September 2014	455	13,876
Huntsman Cancer Institute	Salt Lake City, UT	June 2015	72	1,568
Massey Cancer Center	Richmond, VA	September 2015	54	463
Winship Cancer Institute	Atlanta, GA	February 2017	127	409
Medical College of Wisconsin	Milwaukee, WI	Summer 2017	TBD	TBD

# Current PIM Usage



### Year



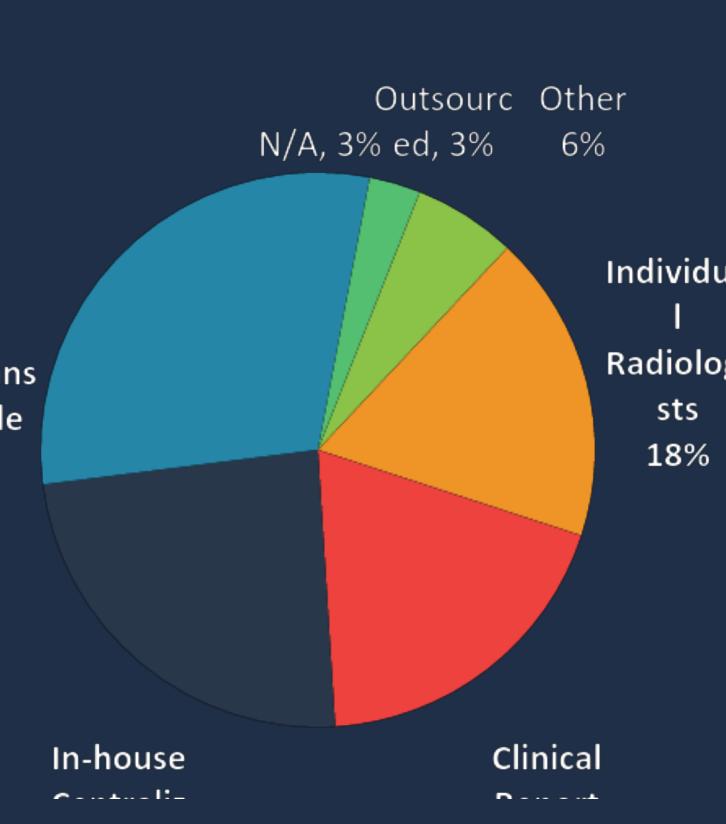
\* Projected

20

# Summary

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- Most cancer centers struggle to obtain reliable, timely, protocol compliant tumor metrics
- There is a need for advanced cancer imaging informatics tools<sup>Clinicians</sup> Provide
- Implementation may vary across cancer centers
  - LesionTracker
  - Precision Imaging Metrics



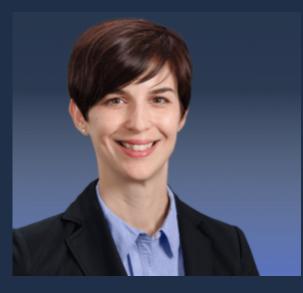
# LesionTracker Development Team



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Trinity Urban, MA, PMP Product Manager



Chris Hafey Development Consultant

Please reach out to us if you have any follow-up questions: gjharris@partners.org & turban@partners.org



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Erik Ziegler, PhD Development Consultant