



ANALYSIS OF A PILOT STUDY COLLECTING PATHOLOGIST ANNOTATIONS FOR VALIDATING MACHINE LEARNING ALGORITHMS

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Center for Devices and Radiological Health

U.S. Food and Drug Administration

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• Overview:

- High Throughput Truthing (HTT) Project
- Study 1:
 HTT Pilot Study
- Study 2:
 - eeDAP Registration Accuracy
- Future Work
 HTT Pivotal Study

Outline

Pain Point:

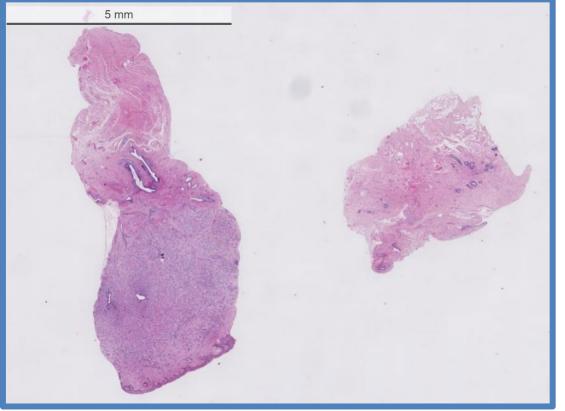
Validation of Digital Pathology Technology

Recent surge in Digital Pathology technologies:

- Whole Slide Image Scanners can create images on the order of Gpx and up to 120GB in size.
- Algorithms detect and diagnose disease

Evaluation by Algorithm:

- Reproducible
- Reduce burden on pathologists
- Increase Speed & Accuracy



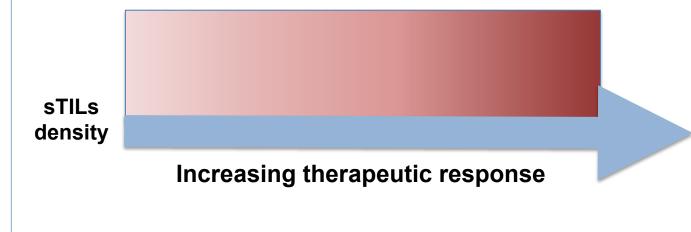
H&E Breast Cancer Whole Slide Image (WSI)

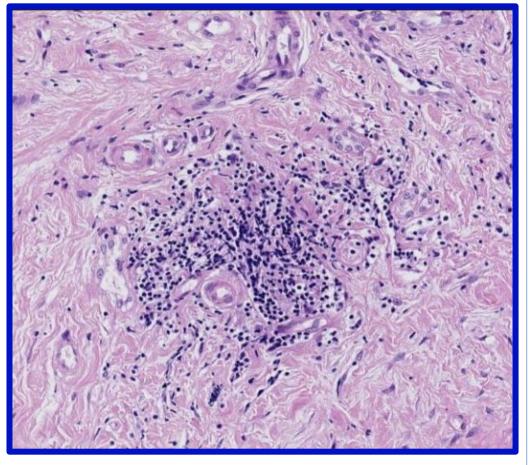
Use Case:

Stromal Tumor Infiltrating Lymphocytes (sTILs)

Clinical application:

stromal Tumor Infiltrating Lymphocytes (TILs) density are a **quantitative**, prognostic biomarker.





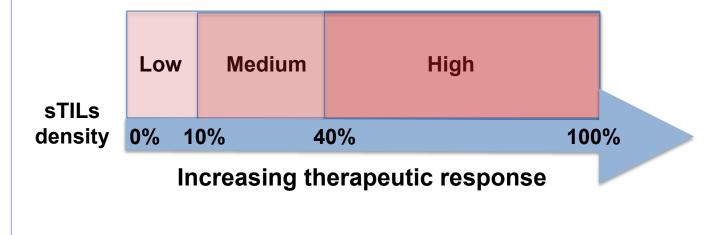
sTILs in Breast Cancer

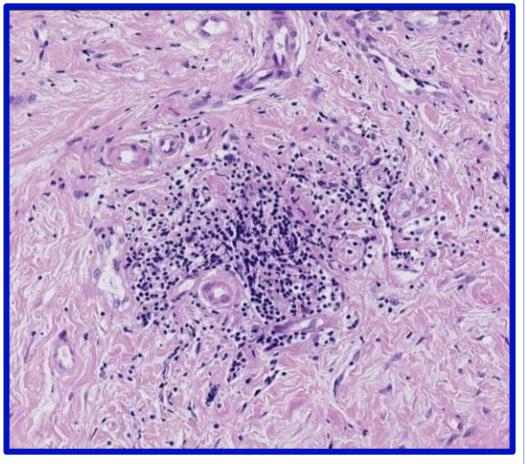
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sTILs in Breast Cancer

https://ncihub.org/groups/eedapstudies

https://www.zotero.org/groups/4384613/eedap _studies_presentations_publications_and_studie s/collections/9ABM9D8M

High-Throughput Truthing (HTT) Project

- An international volunteer collaboration
- **Goal:** Create a dataset of Triple Negative Breast Cancer (TNBC) slides & images with pathologist annotations of a quantitative biomarker (sTILs)
 - To be used for the validation of AI/ML and computational pathology models
 - Pursuing qualification as a medical device development tool (MDDT)

eeDAP Studies Group Page

A home for collaborative studies to create tools (methods, data, and code) that advance regulatory science in the area of digital pathology imaging and related artificial intelligence software as a medical device.





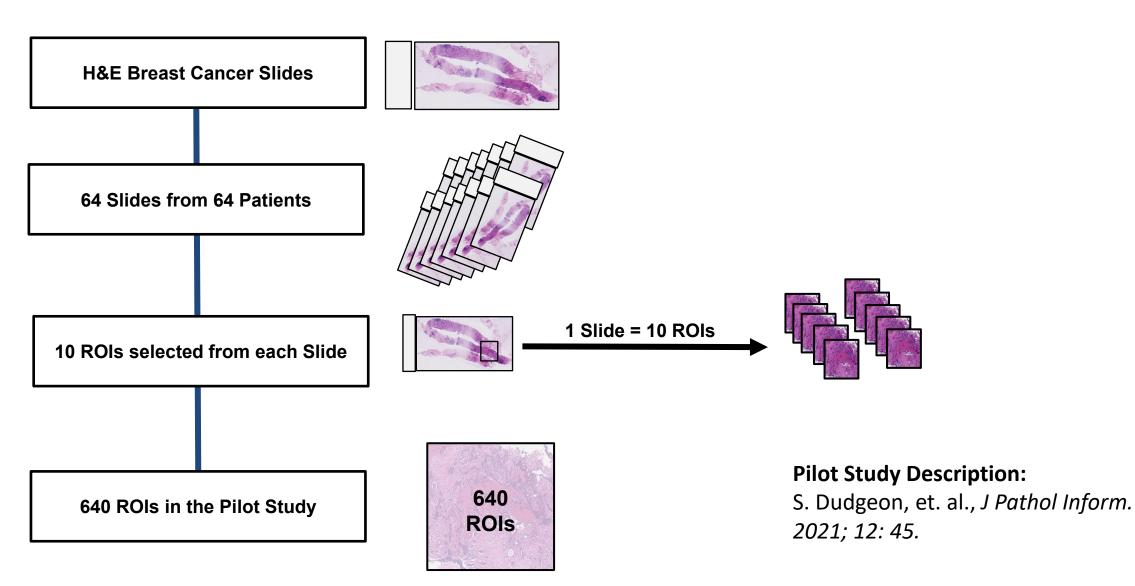
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Study 1

STUDY GOAL: Exploratory Analysis of HTT Pilot Data

Publication: K. Elfer, et. Al/ J. Med. Imag. 9(4) 047501, 2022.

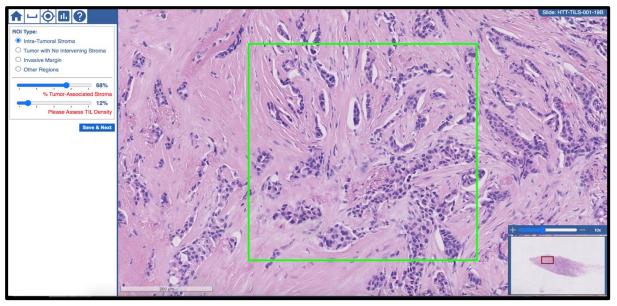
HTT Pilot Study Materials: Feb 2020 – May 2021



FDA HTT Pilot Study Materials: Feb 2020 – May 2021 **H&E Breast Cancer Slides 3** Annotations Platforms 64 Slides from 64 Patients 1 Slide = 10 ROIs 10 ROIs selected from each Slide **Pilot Study Description:** 640 S. Dudgeon, et. al., J Pathol Inform. 640 ROIs in the Pilot Study ROIs 2021; 12: 45.

HTT Data Collection Platforms: Digital Modalities

Platform 1: caMicroscope

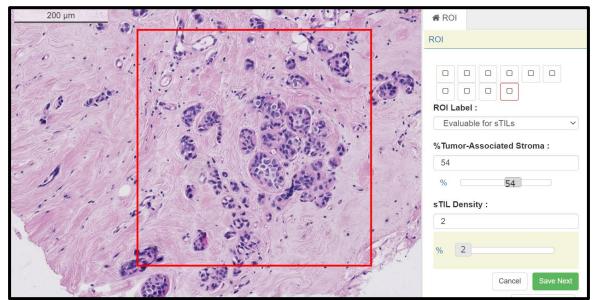


caMicroscope is an open-source platform hosted on precisionFDA



https://github.com/camicroscope/caMicroscope

Platform 2: PathPresenter



PathPresenter is a licensed commercial entity volunteering server space and platform customization

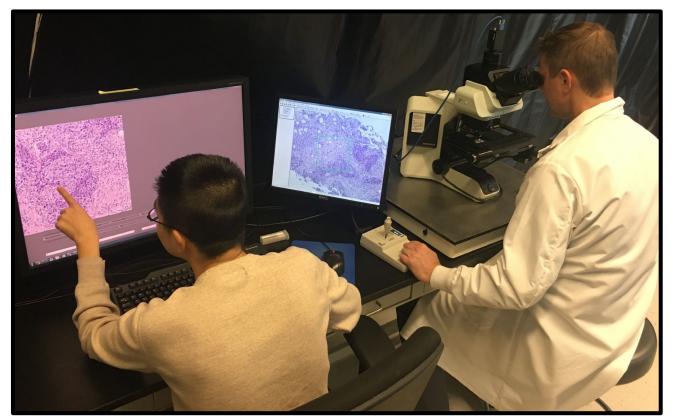
PathPresenter[®]

https://htt.pathpresenter.net

HTT Data Collection Platforms: Microscope Modality

Microscope: eeDAP

eeDAP evaluation environment for Digital and Analogue Pathology previously presented: Qi Gong, et. al. 2018, B.D. Gallas, et. al., 2014



Reference Standard Technology

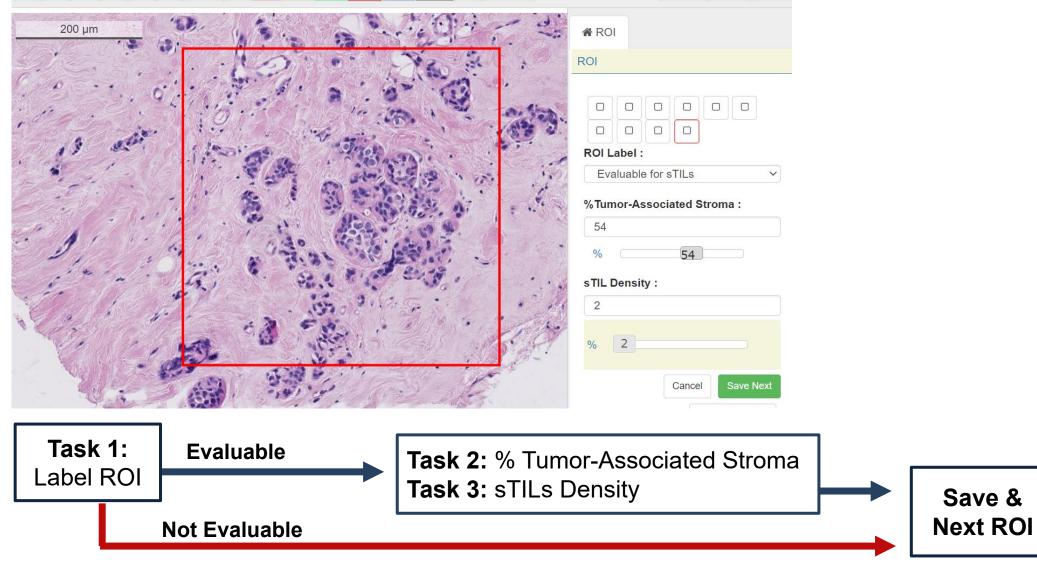
Enables exact studies on glass slides & WSIs

https://github.com/DIDSR/eeDAP



HTT Annotations

htt.pathpresenter.net



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FDA **HTT Pilot Study Results: All Platforms** Platform **Readers Observations** eeDAP 7 440 PathPresenter 1833 10 caMicroscope 20 5100

Publication:

K. Elfer, et. al., J. Med. Imag. 9(4) 047501, 2022.

All

37

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HTT Pilot Study Results: All Platforms

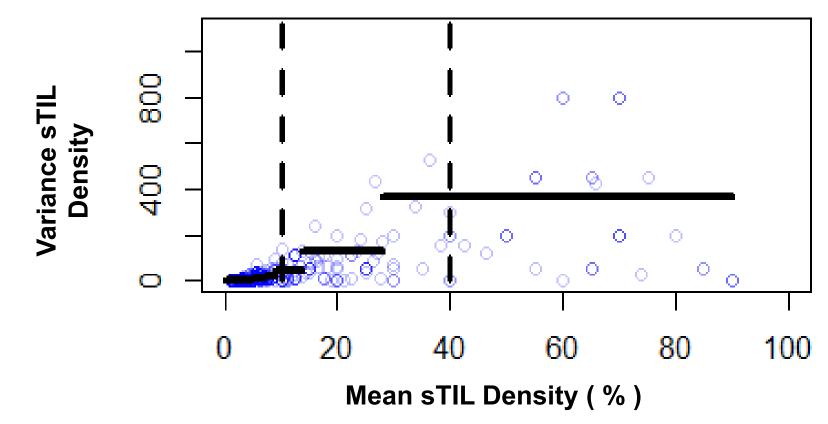
Pre-Selected Density Bins

Platform	Readers	Observations	Low	: 0-10%	Med: 1	<u>1-40%</u>	<u>High: 41-1(</u>	00%
eeDAP	7	440		323	2	1	10	
PathPresenter	10	1833	1	,127	21	1	79	
caMicroscope	20	5100	3	,042	91	2	233	
All	37	7373	4	,492	1,1	44	322	
		g	sTILs	Low	Medium		High	
Publication: K. Elfer, et. al., J. Med. Imag. 9(4) 047501, 2022.			ensity	0% 10% Inc		.0% Ierapeut	ic response	100%

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HTT Pilot Study Results

PathPresenter: Variance for each ROI (nROI=495)



Each blue circle represents one ROI (n=495) with at least two sTIL density estimates.

FDA

Pathologist variance depends on the ROI and increases with the mean.

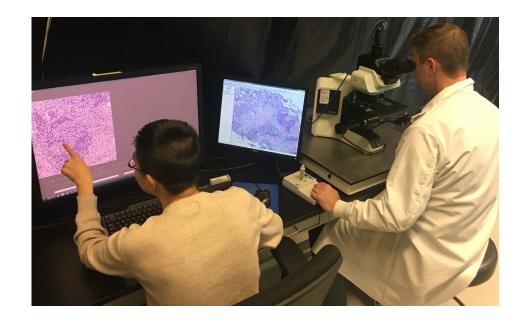
Publication:

K. Elfer, et. al., J. Med. Imag. 9(4) 047501, 2022.

Take-Aways from the HTT Pilot Study

Accomplishments:

- Training methods to reduce variability:
 - Expert Panel: Pearls and Pitfalls of sTILs Assessment
 - V. Garcia, et. al., Cancers (Basel). 2022 May 17;14(10):2467.
 - Development of a medical training course in sTILs Assessment
 - Development of interactive training materials
- Improvement of data-collection platforms:
 - Improvement of digital platforms
 - Improved hardware for eeDAP

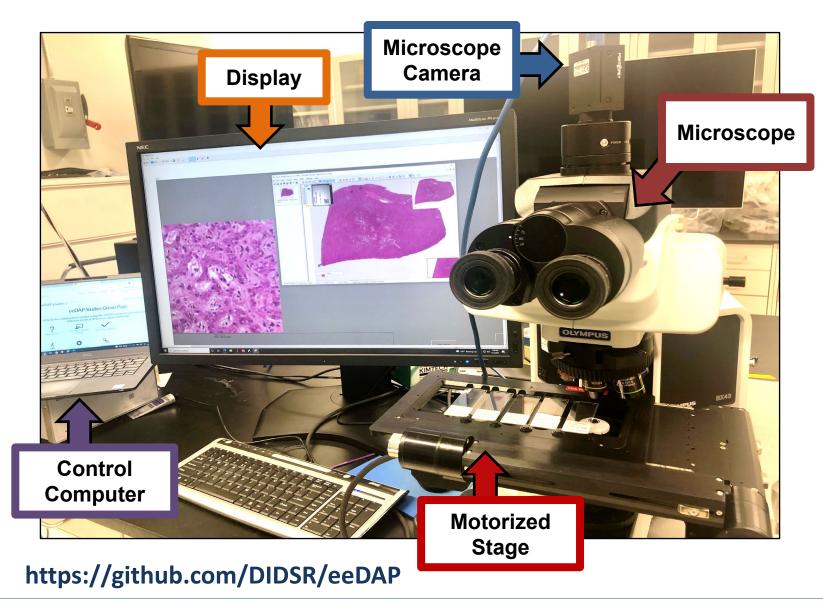


Study 2

STUDY GOAL: Registration Accuracy of eeDAP

Continuation of : Qi Gong, et. al.,SPIE Med Imag, Proceedings, 2018

eeDAP: evaluation environment for Digital and Analogue Pathology



eeDAP drives the microscope stage to an x-y target location corresponding to the WSI's spatial coordinates

Uses a set of custom input files to define tasks for annotators.

B.D. Gallas, et. al., Proc. SPIE 9037, Medical Imaging 2014.

B. D. Gallas, et. Al, J Med Imaging 2014 Oct;1(3):037501.

eeDAP Registration Methods

<u>4 Registration Methods:</u>

- 1) Global Registration
 - defines relationship between WSI and glass slide
- 2) Local: Automatic
- 3) Local: Fast utilizes padding to extend boundary of image
- 4) Local: Best best fit; no-padding

D

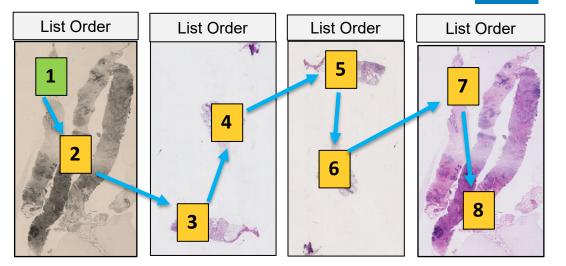
eeDAP Registration Methods

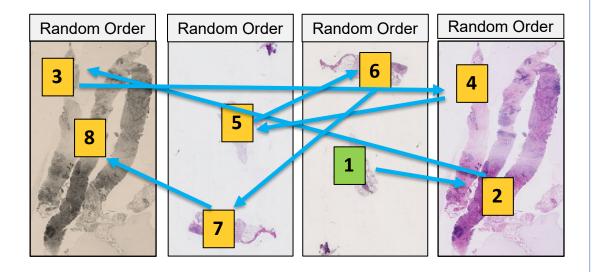
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2 Orders of Operation:

- 1) List Order
- 2) Random Order





eeDAP Registration Methods

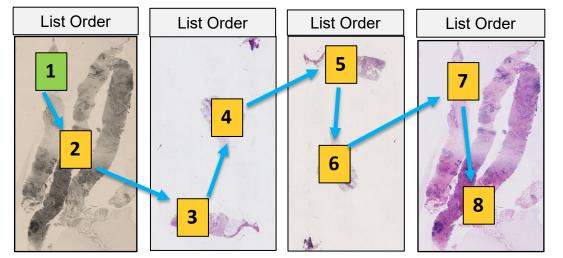
4 Registration Methods:

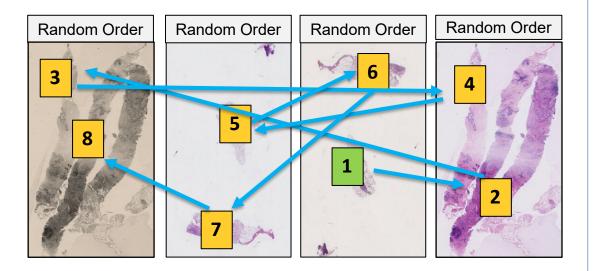
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2 Orders of Operation:

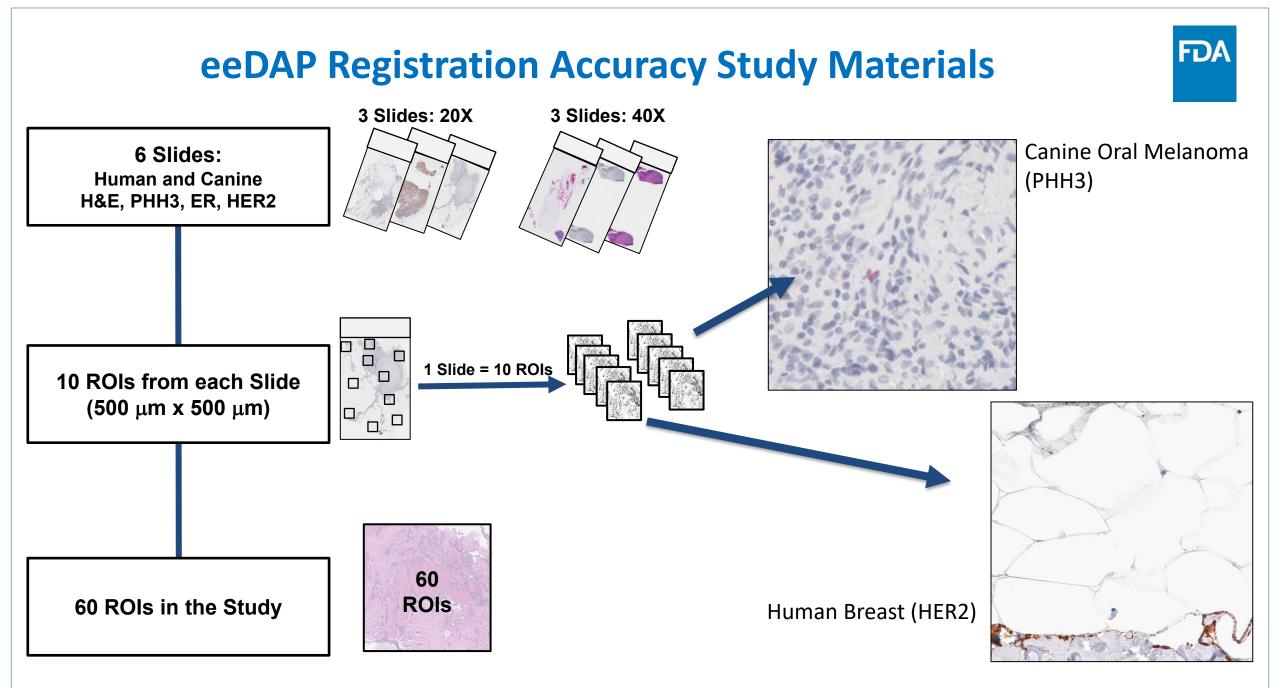
- 1) List Order
- 2) Random Order

8 Study Conditions

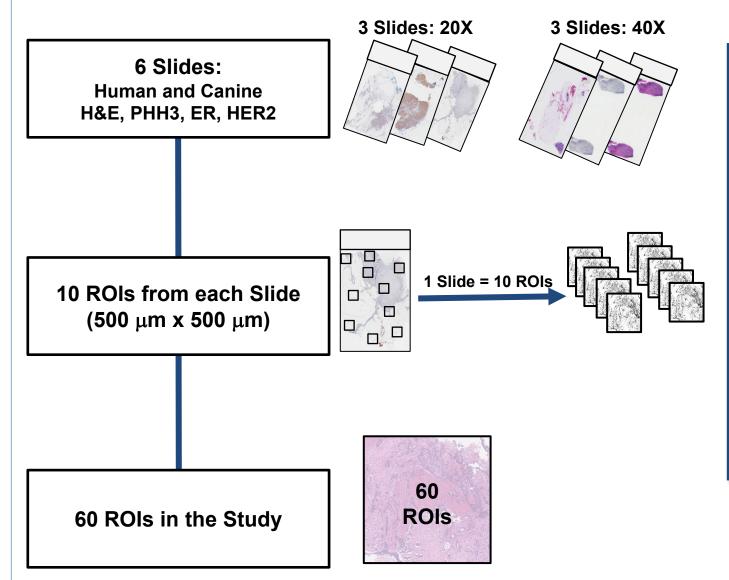




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eeDAP Registration Accuracy Study Materials



2018: 2 Operators

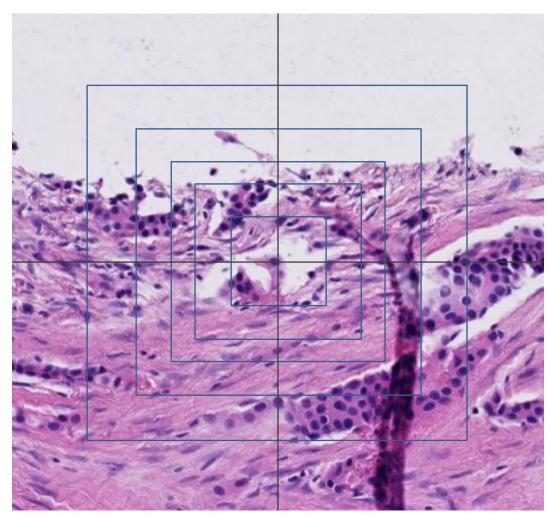
Camera: PointGrey Grasshopper 3 0.3 MP ; pixel size = 7.5 μm Stage: Ludl BioPrecision 2 Velocity = 33 mm/s ; accuracy = 6 μm Qi Gong, et. al.,SPIE Med Imag, Proceedings, 2018

<u> 2022: 1 Operator</u>

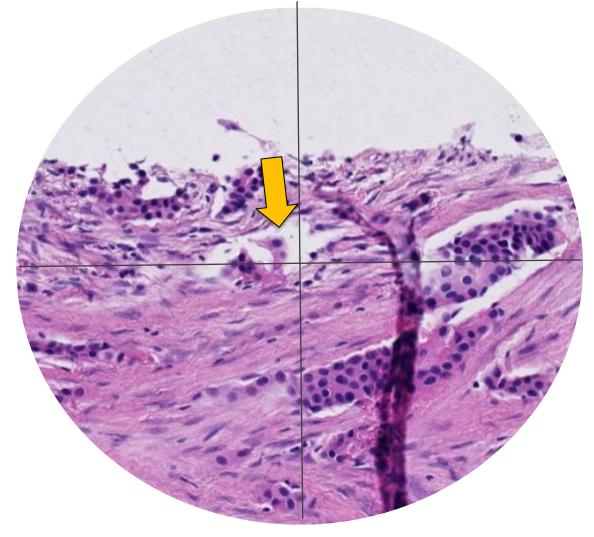
Camera: PointGrey Grasshopper 3 2.3 MP ; pixel size = 5.36 μm Stage: Thorlabs High Speed X-Y Velocity = 250 mm/s ; accuracy = 0.25 μm

Elfer, et. al., SPIE Med Imag, Proceedings, 2023

Measuring eeDAP Registration Accuracy



A. ROI with virtual bounding box

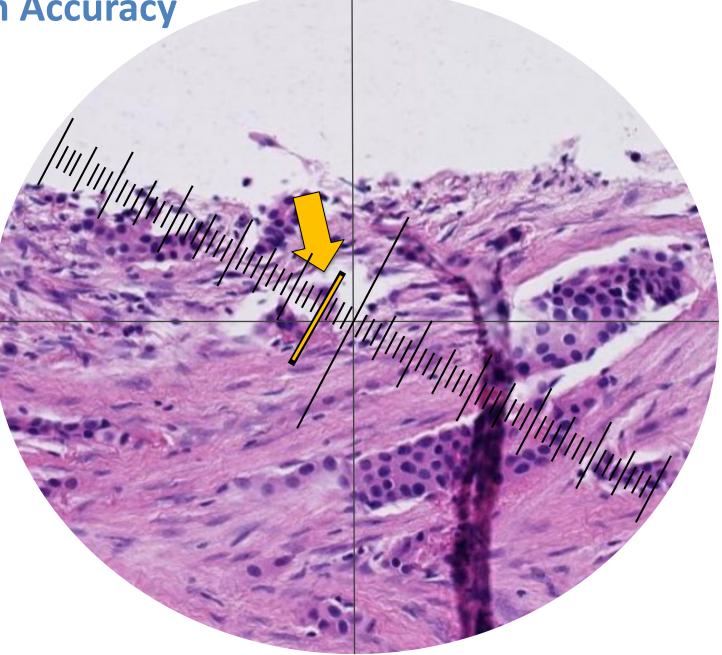


B. FOV with reticle ruler

Measuring eeDAP Registration Accuracy

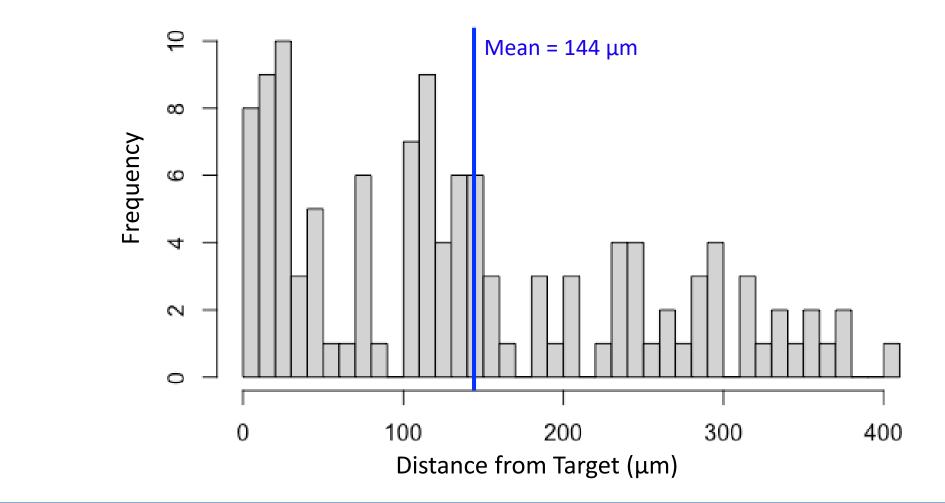
Reticle Ruler: 10 mm: 100 divisions

We measure radial distance from center of cross-hairs to target



Global Registration Measurements

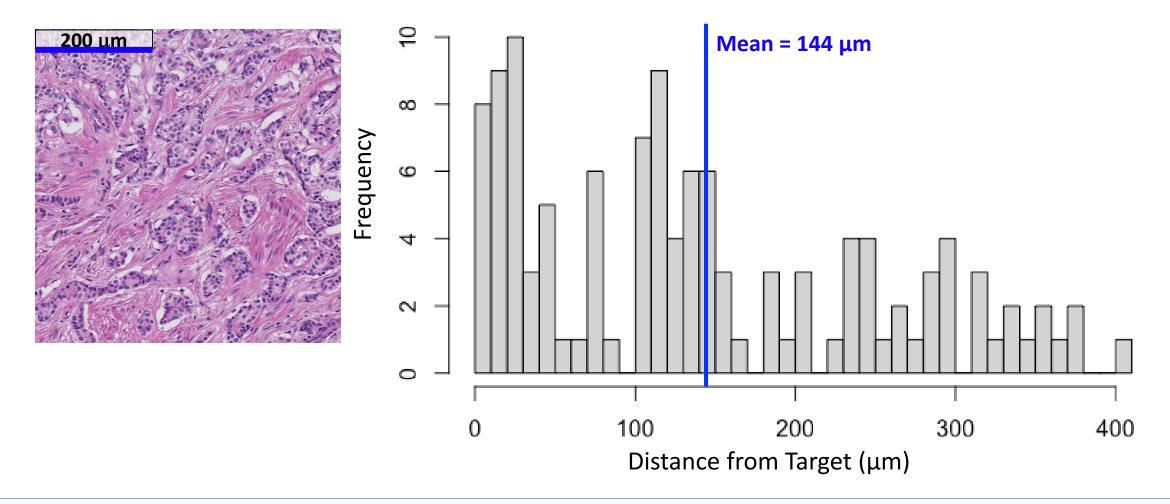
Histogram of Global Measurements (n=120)



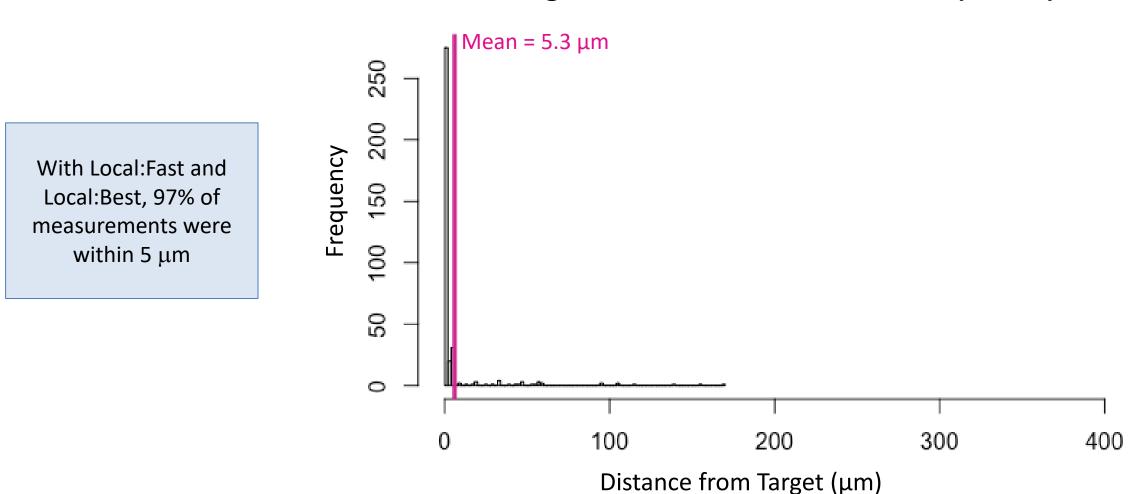
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Global Registration Measurements

Histogram of Global Measurements (n=120)



Local Registration Measurements



Histogram of Global Measurements (n=120)

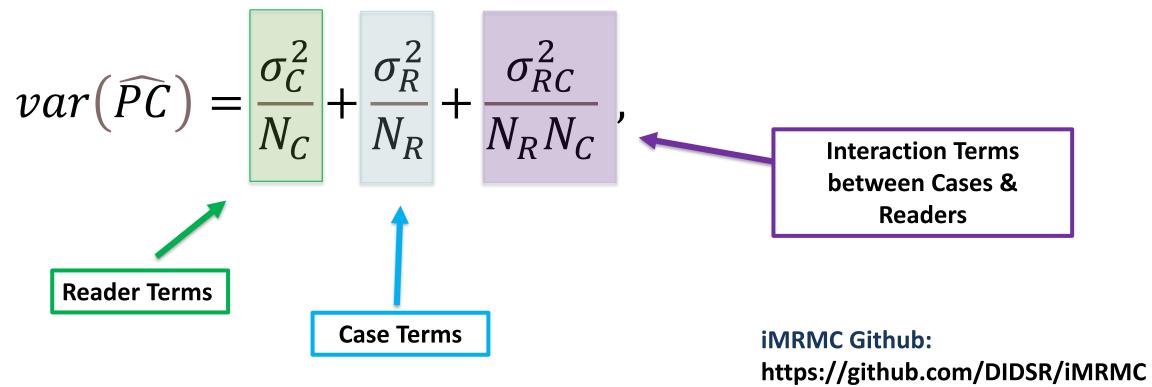
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Multi-Reader Multi-Case Analysis for sizing a validation study

Variance of Percent Correct (PC) where success = 1; failure = 0

Binary Data: Success $\leq 5 \ \mu m$: Failure > 5 $\ \mu m$

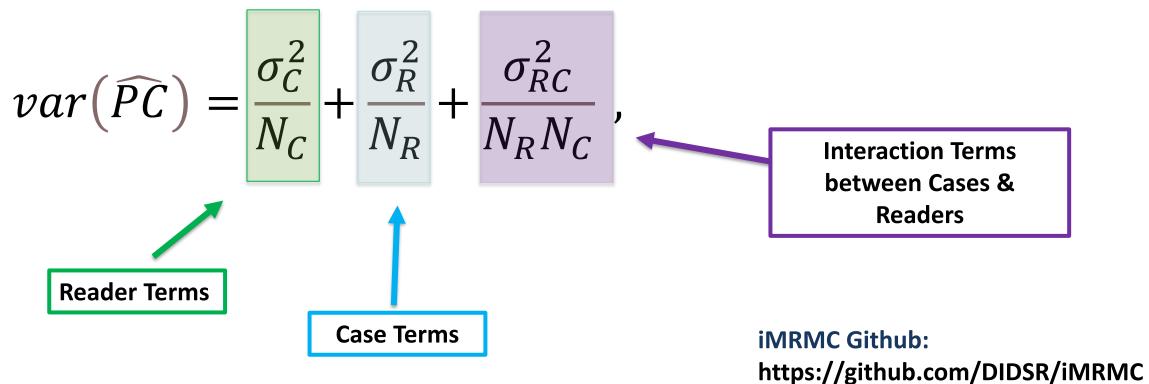
3 Variance Components:



Multi-Reader Multi-Case Analysis for sizing a validation study

12 Readers pooled across 2018 & 2022 readers and methods 3 Readers X (Local:Fast + Local:Best) X (List + Random) = 12 Readers

3 Variance Components:



Multi-Reader Multi-Case Analysis for sizing a validation study



Using these variability results, we can estimate the N_C, N_R of future validation studies, like one for the HTT project

Component	MRMC Result	
Average registration success rate	0.97	
MRMC standard error of the average registration success rate	0.013	va
σ_c^2 = variability from cases	6.8 x10 ⁻³	
σ_R^2 = variability from readers	2.7 x10 ⁻⁴	
σ_{RC}^2 = variability from interaction between readers and cases.	2.3 x10 ⁻²	

 $var(\widehat{PC}) = \frac{\sigma_C^2}{N_C} + \frac{\sigma_R^2}{N_R} + \frac{\sigma_{RC}^2}{N_R N_C},$

iMRMC Github: https://github.com/DIDSR/iMRMC

Current and Future Work



Launch of the HTT Pivotal Study

Launch of training course and modules for pathologist sTILs Assessment

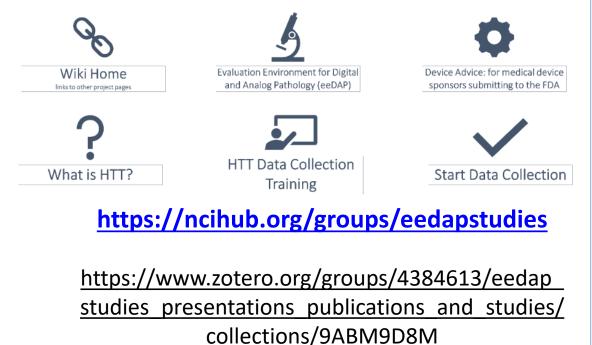
Recent Publications:

S. Wen & B.D. Gallas, Three-Way Mixed Effect ANOVA to Estimate MRMC Limits of Agreement. *Statistics in Biopharmaceutical Research*, 2022.

H. Du, et. al., Single reader between-cases AUC estimator with nested data. *Statistics in Biopharmaceutical Research* 31(11), 2022.

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Acknowledgements

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Cancer Prevention Fellowship Program https://cpfp.cancer.gov/



NATIONAL CANCER INSTITUTE Cancer Prevention Fellowship Program **FD**

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 - Department of Health Sciences Research, Mayo Clinic
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 - iRhythm Technologies Inc

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 - Emory University, caMicroscope
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 - FDA/CDRH/OPQE/Division of Biostatistics
- Rajendra Singh, MD
 - Northwell health and Zucker School of Medicine
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 - Arrive Bio
- Darick Tong, MS
 - Arrive Bio
- Si Wen, PhD
 - FDA/CDRH/OSEL/DIDSR
- Bruce Werness, MD
 - Arrive Bio

FD/

FDA **Open for Questions**



CDRH Mission



.. protect and promote the health of the public by ensuring the **safety** and **effectiveness** of **medical devices** and the safety of radiation-emitting electronic products...

We facilitate medical device innovation by advancing regulatory science, providing industry with predictable, consistent, transparent, and efficient regulatory pathways, and assuring consumer confidence in devices marketed in the U.S.



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CDRH Snapshot

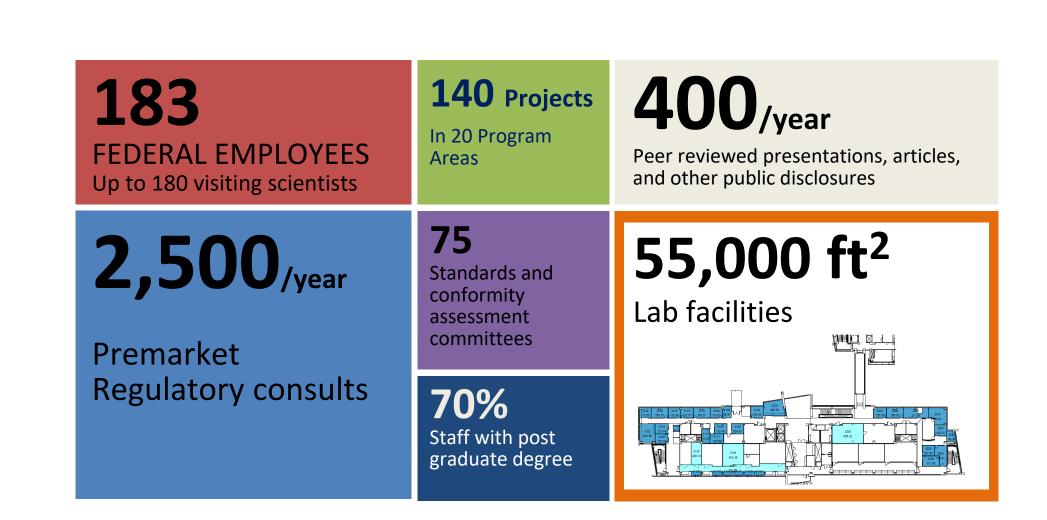
1900 EMPLOYEES	18k Medical Device Manufacturers	183k Medical Devices On the U.S. Market
22k/year Premarket	570k Proprietary Brands	1.4 MILLION/year Reports on
Submissions including supplements and amendments	25k Medical Device Facilities Worldwide	medical device adverse events and malfunctions



Office of Science and Engineering Laboratories (OSEL)

- Conduct laboratory-based regulatory research to facilitate development and innovation of safe and effective medical devices and radiation emitting products
- Provide scientific and engineering expertise, data, and analyses to support regulatory processes
- Collaborate with colleagues in academia, industry, government, and standards development organizations to develop, translate, and disseminate science and engineering-based information regarding regulated products
- <u>https://www.fda.gov/about-fda/cdrh-offices/office-science-and-engineering-laboratories</u>

OSEL Snapshot





Division of Imaging, Diagnostics and Software Reliability (DIDSR)

- Develop least burdensome approaches for regulatory evaluation of imaging and big-data devices
 - Efficient clinical trials accounting for reader variability, simulation tools, in silico phantoms and imaging trials, addressing issues related to imperfect / missing reference standards, and limited data for training/testing of machine classifiers
- Develop measures of technical effectiveness of imaging and big-data technologies
 - Phantoms, laboratory measurements, computational models

DIDSR Snapshot



35 FEDERAL EMPLOYEES 14 Fellows/Students 3 Open Staff Positions



Peer reviewed articles, code and presentations

4 Program Areas

- AI/ML
- Medical Imaging and Diagnostics
- Digital Pathology
- Mixed Reality (AR/VR/XR)

550/year

Premarket Regulatory consults

~15,000 ft²

