

SPIE Medical Imaging 2009

**DICOM Research Applications
- life at the fringe of reality**

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Overview

- Range of research applications
- Clinical versus research context
- Commonalities and differences
- Types of image support & novel devices support
- DICOM versus proprietary research formats
- Non-image stuff
- Workflow
- De-identification
- Hosted applications
- Web services

Motivation

- Day job
 - large commercial oncology clinical trials
- Involved in
 - NCI caBIG in vivo imaging workspace projects
- Observing other groups struggling to
 - bridge clinical and research worlds
 - handle disparate information sources & sinks
 - leverage COTS and open-source technology

Types of Research

- Acquisition technology
- Image processing and analysis
- Biomarkers
- Drugs & in vivo devices
- Animal trials
- Clinical trials

Areas of Application

- Research
- Development

- Validation
- Verification
- Evaluation

Clinical versus Research

- DICOM is everywhere in clinical imaging
 - undeniable, unavoidable
 - medical IS folks get over it
- Not the same acceptance in research
 - whiners say DICOM is
 - too big, complicated, expensive, limited, slow, ...
 - not XML
- Missing an opportunity
 - to leverage huge base of codified expertise & tools
- Still unavoidable for a lot of research

Clinical versus Research

- Research and clinical trials are “niche markets”
- Almost completely ignored by major medical device vendors
- Re-using COTS may require creative and novel workarounds
- Specialist 3rd party vendors often not DICOM aware or literate

Commonalities

- Involves use of images
- Acquire images
 - human or animal
 - in vivo or ex
- Process and analyze images
- Store intermediate work
- Store and distribute results
- Search and retrieval
- Repetitive non-trivial workflow

Differences

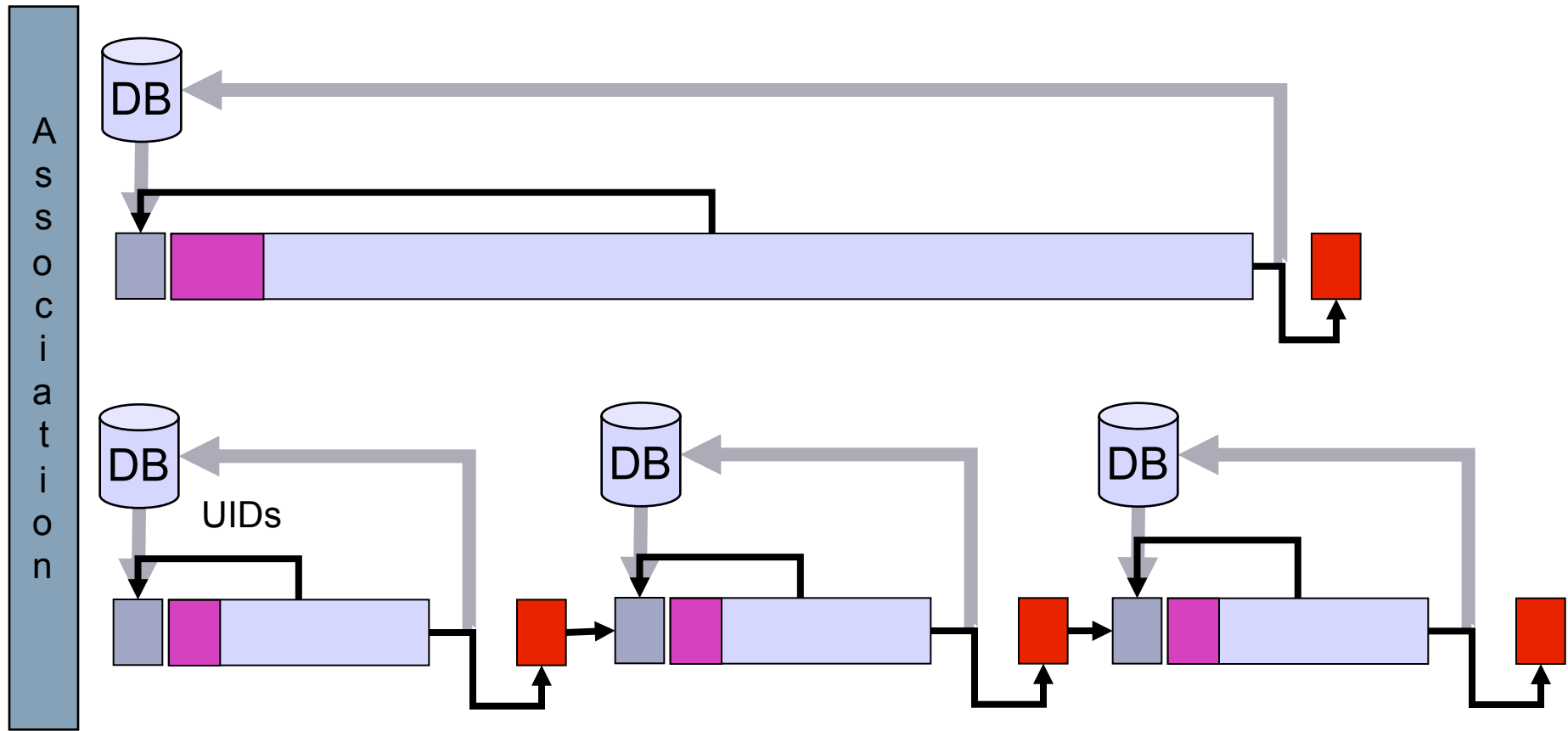
- Specialized acquisition technology
- Multi-subject acquisition (TMA)
- De-identified subjects
- Specialized processing & analysis
- Complex form of intermediate data
- Different search criteria
- Different (if any) regulatory burden
- Different workflow

Acquisition Technology

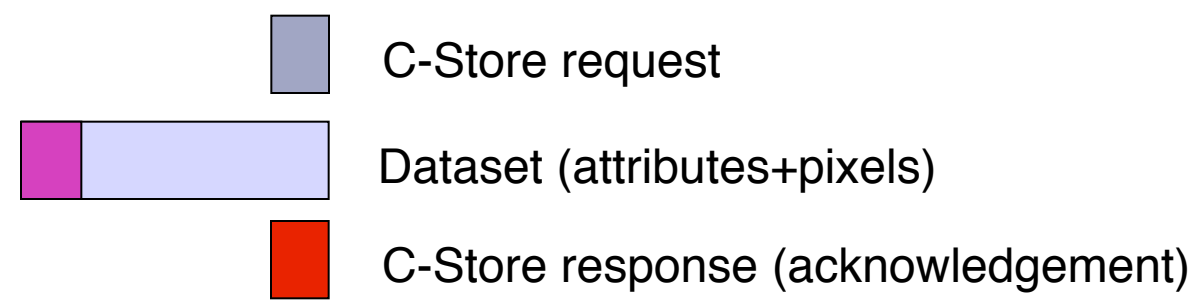
- Does DICOM have adequate coverage ?
 - to encode bulk (pixel) data
 - to manage data (demographics, etc.)
 - to describe acquisition
- Broad range of modalities
 - well beyond traditional radiology
- Improved secondary capture
 - multi-frame, vectors to describe dimensions
- Extensible with private attributes

Acquisition Technology

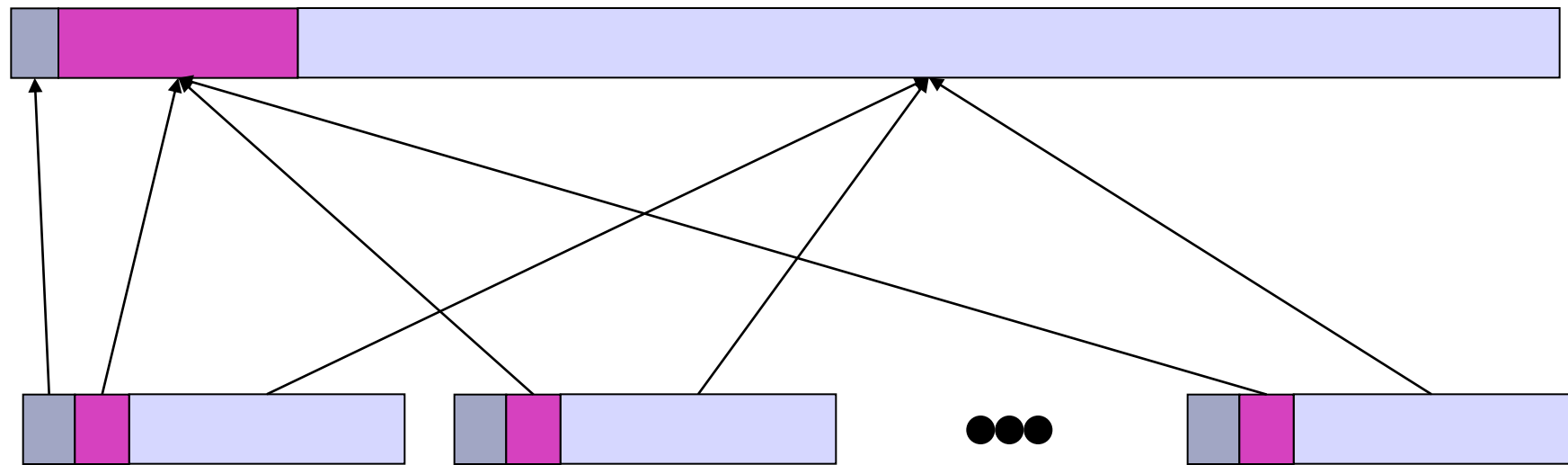
- Almost anything that is (or is like) an image
 - can be encoded in DICOM
 - should be encoded in DICOM
 - will be encoded in DICOM if from COTS device
- Use newer objects when possible
 - enhanced multi-frame family
 - more efficient access in single object
 - more robust descriptions (technique, timing)
 - extensible private functional groups



Store, parse, check



Multi-frame Functional Groups



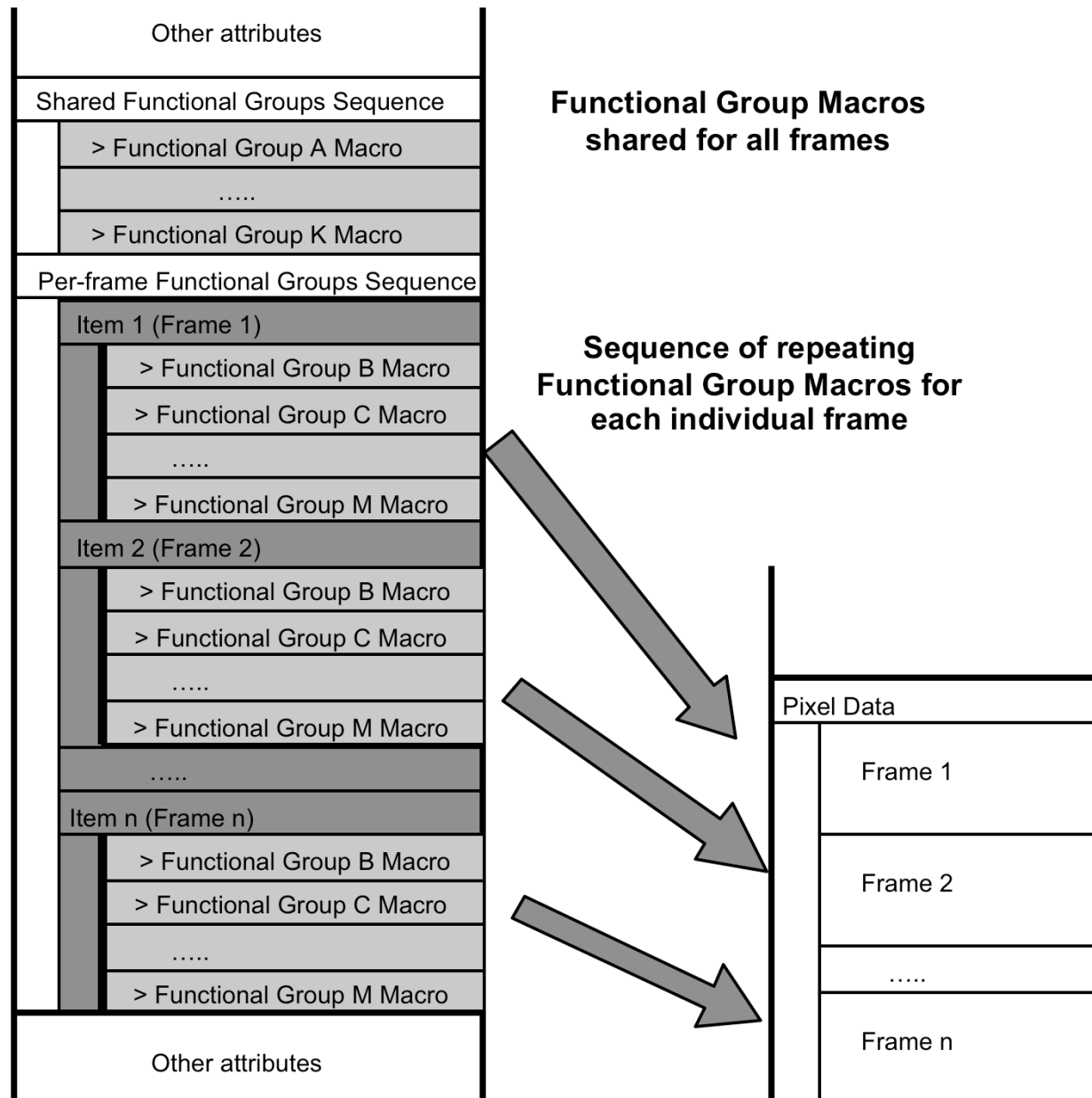
Shared attributes

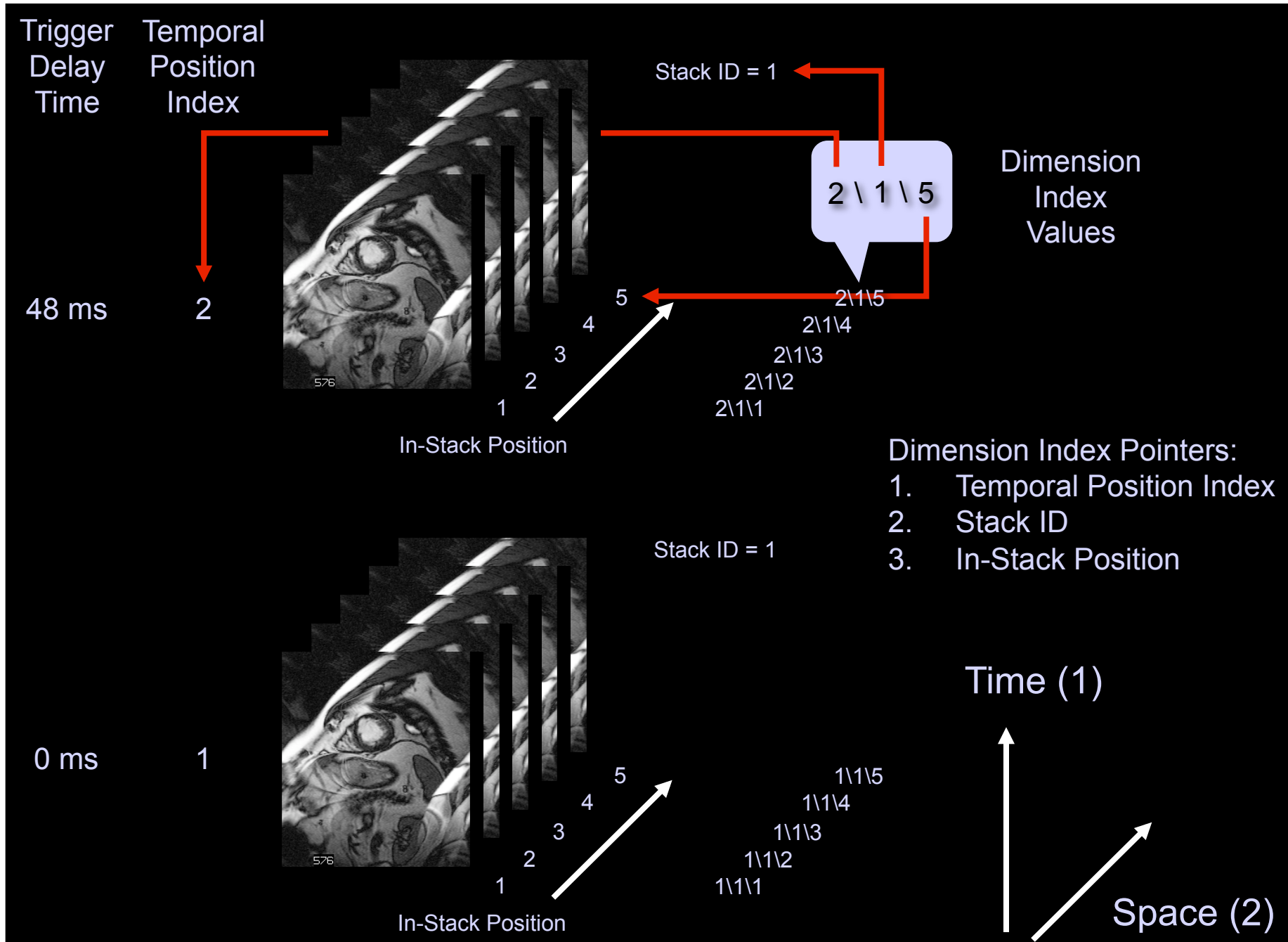


Per-frame attributes



Pixel data





DICOM Enhanced Objects for Research Acquisitions

- Easier to keep data for a single “experiment” organized
- Slices all together in one object
- Can explicitly describe dimensions
 - generic: space, time, cardiac cycle position
 - specific: standard or private
- Supported by secondary capture
 - e.g., for novel modalities
 - as of CP 600

DICOM Enhanced Objects for Intermediate Work Storage

- To join processing pipeline components
- Same arguments apply as for acquisition
 - private frame descriptions and dimensions
 - e.g., real and imaginary frames
- Major gap is the absence of floating point pixel data representations
 - OF value representation (IEEE 32 bit float)
 - not defined for Pixel Data (7FE0,0010)
 - not supported by toolkits for Pixel Data

DICOM Output

- Emphasis on “Translational Research”
 - “bench to bedside”
- More modest goal for images
 - clinical distribution of research tool output
- Clinical systems (PACS)
 - all accept DICOM input
 - most will not accept non-DICOM input
 - almost none aware of research formats
 - DICOM encapsulated PDF is an option

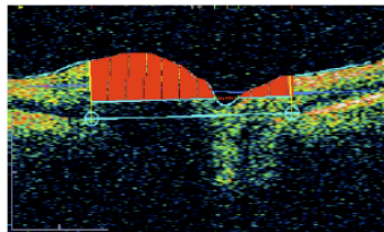
Encapsulated PDF

STRATUS OCT Optic Nerve Head Analysis Report - 4.0.1 (0056)



DOB: 11/12/1932, ID: 148536, Female

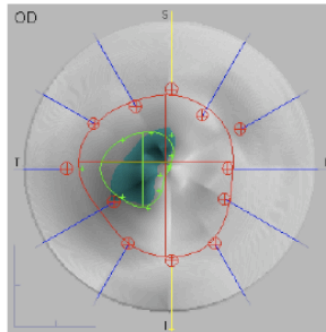
Scan Type: Fast Optic Disc: OD
Scan Date: 12/8/2006
Scan Length: 4.0 mm



Individual Radial Scan Analysis
Rim Area (Vert. Cross Section): 0.49 mm²
Avg Nerve Width @ Disk: 0.42 mm
Disk Diameter: 2.09 mm
Cup Diameter: 0.25 mm
Rim Length (Horiz.): 1.85 mm



Signal Strength (Max: 10) 4



Optic Nerve Head Analysis Results
Vert. Integrated Rim Area (Vol.) 0.785 mm³
Horiz. Integrated Rim Width (Area) 1.959 mm²
Disk Area 2.917 mm²
Cup Area 0.599 mm²
Rim Area 2.318 mm²
Cup/Disk Area Ratio 0.205
Cup/Disk Horiz. Ratio 0.456
Cup/Disk Vert. Ratio 0.459

Plot Background:
 None Absolute Aligned and Shaded
Cup Offset for Topo (microns): 150
Cup Area (Topo): 0.428 mm²
Cup Volume (Topo): 0.024 mm³

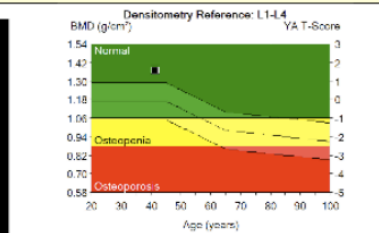
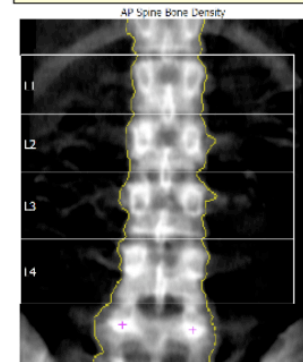
SCAN 1 : Results not Modified.
SCAN 2 : Results not Modified.
SCAN 3 : Results not Modified.
SCAN 4 : Results not Modified.
SCAN 5 : Results not Modified.
SCAN 6 : Results not Modified.

Signature: _____

Physician: _____, M.D.

GE Healthcare 726 Heartland Trail Madison, WI 53717-1915

Patient: _____ Facility ID: _____
Birth Date: _____ Referring Physician: _____
Height / Weight: _____ Measured: 1/9/2002 10:41:55 AM (6.00)
Sex / Ethnic: Female Asian Analyzed: 10/1/2007 3:09:05 PM (12.00)



Region	BMD ¹ (g/cm ³)	Young-Adult ² T-Score	Age-Matched ³ Z-Score
L1	1.357	1.9	2.0
L2	1.392	1.6	1.7
L3	1.353	1.3	1.4
L4	1.373	1.4	1.5
L1-L4	1.369	1.6	1.7

COMMENTS:

Image net for diagnosis
Printed: 10/2/2007 3:43:35 PM (12.00/70.0) 00:00:00:12.0 0.009.06 0.50xL05
0.00xL05 0.00xL05
Filename: iatel_00000105.pdf
Scan Mode: Standard

1 - Statistically 95% of normal scores fall within 1SD (± 0.010 g/cm³ for AP Spine L1-L4)
2 - IFA (Corrected HADR) (ages 20-30) / Iune (ages 30-40) AP Spine Reference Population (4330)
3 - Matched for Age, Weight (females 25-100 kg), Ethnicity
11 - World Health Organization - Definition of Osteoporosis and Osteopenia for Caucasians
Women: Normal = T-Score at or above -1.0 SD; Osteopenia = T-Score between -1.0 and -1.5 SD; Osteoporosis = T-Score at or below -1.5 SD; (MHO definitions only apply when a young healthy Caucasian Women reference database is used to determine T-Scores.)

Research Only Formats

- Medical equipment proprietary formats
 - largely gone – “DICOM inside”
- Research software proprietary formats
 - groups have pre-DICOM development history
 - lacking toolkits and expertise in early days
 - single file for entire 3D/4D volume convenient
 - every group develops better “framework”
 - floating point sometimes required
 - some use other standards (HDF, NetCDF)

Problems with Research Only Formats

- Convert DICOM input from modalities
 - discard management & technique data
- Often no management metadata
 - organized in files & folders not database
 - build custom format-aware database
- Convert output to DICOM for PACS
 - inadequate meta-data to do it right
- Problems are surmountable
 - generic format agnostic data warehouse
 - just use DICOM in the first place ?

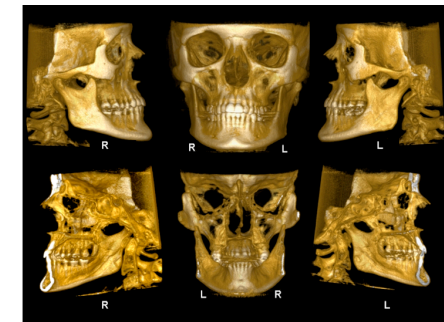
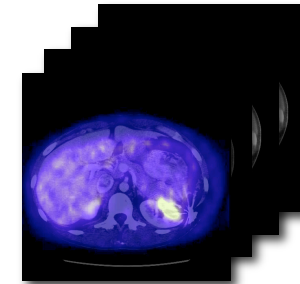
Non-Image DICOM Objects for Research

- Segmentation
 - raster – binary, fractional (occupancy, probability)
 - surfaces – mesh
- Registration
 - rigid – affine transform
 - non-rigid – deformation field
- Sorting and grouping
 - key object selection (KOS) document

Result Reporting

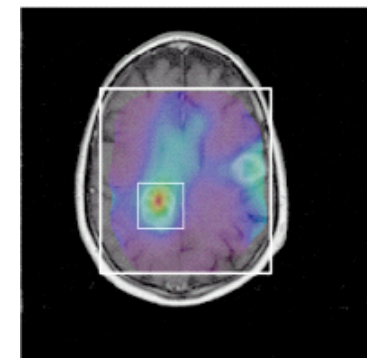
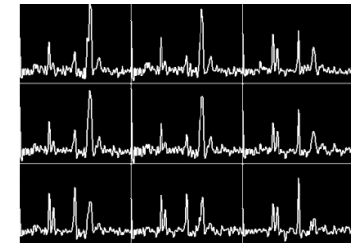
DICOM Objects for Research

- Numeric and structured results
 - structured report (SR)
- Image appearance
 - Grayscale and color presentation states
- Multi-modality image fusion
- Blending presentation state
- Display Organization
 - Structured Display – specific images
 - Hanging Protocols – rules for classes of images



Other Bulk Data DICOM Objects for Research

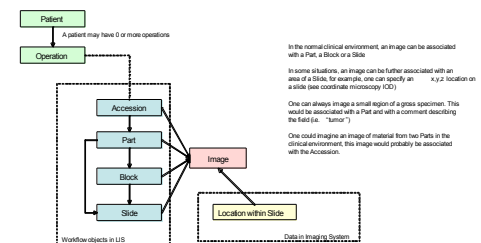
- Time-based Waveforms
 - ECG
 - Hemodynamic
 - Audio
- MR Spectroscopy
 - Single voxel
 - Multi-voxel
 - Multi-frame
 - Metabolite maps (CSI) as images



Storage Issues to Address or Work In Progress

- Floating point pixels
 - needed for research but no current work item
 - modality vendors convinced they don't need it
- More complex identification
 - specimen identification
 - recently completed
- Really, really big images (> 64k x 64k)
 - whole slide imaging
 - work in progress – pyramidal tiling approach

Integration of Images and LIS in Anatomic Pathology



Research Workflow

- Needs
 - small volume research often unmanaged and ad hoc workflow
 - reliability of repetitive tasks rapidly reduces as scale increases
 - multi-center phase III clinical trials demand rigorous workflow control
- Reliable and consistent
 - identifiers and status
 - sequence of operations

Research Workflow

- Solutions in DICOM
 - Worklists & Performed Procedure Step
 - Modality, General Purpose, Unified
- Solutions in IHE
 - Teaching file and Clinical trial Export (TCE)
 - Import Reconciliation WorkFlow (IRWF)
- Equally applicable to
 - novel device acquisitions
 - transfer from sites to central labs

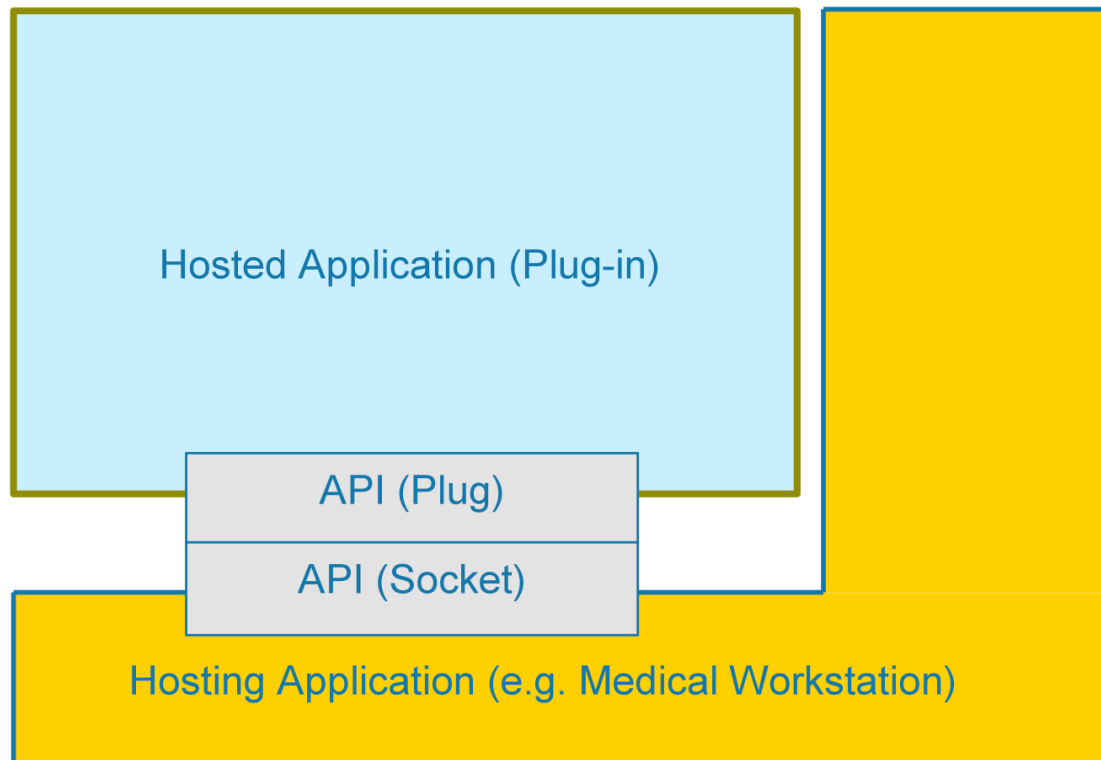
De-identification

- Privacy is important
- Individual researchers are not lawyers
- IRBs are not always consistent
- Use-cases vary
 - need body weight for PET, not for other stuff
 - need dates for longitudinal studies
- Researchers don't know all DICOM attributes
- DICOM standard on de-identification
 - what to do with which attributes when

Research and Application Hosting

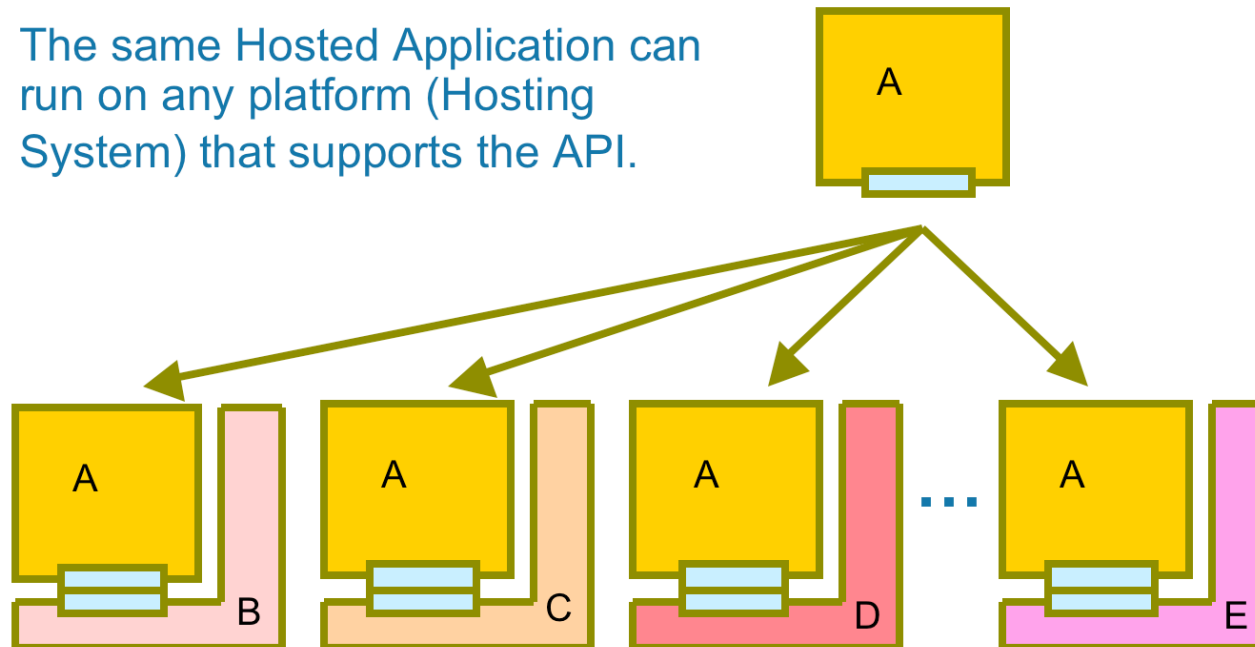
- Goal is reuse of existing infrastructure
 - engineers build the hosts
 - scientists write the application that is hosted
 - more rapid translation for clinical use and sale
- Hosts take care of
 - workflow
 - data selection, retrieval and persistence
- Hosted applications
 - do the processing +/- user interaction

Hosted Applications



Hosted Applications

The same Hosted Application can run on any platform (Hosting System) that supports the API.



Hosted Applications

- Platform neutral hosting
 - Web Services end points on local host
- Bulk (pixel) data transfer
 - via URI's which may be local files
 - memory-mapped files for efficiency
- Meta-data interfaces
 - binary – entire original file
 - native – XPath query of DICOM attributes
 - abstract – N dimensional model

DICOM, Web Services and Research

- DICOM is almost a quarter century old
- Wide area distribution infrastructure services have improved
- “X” buzzword has become “WS-*”
- Genuine reasons to share SOAP-based persistence, transport and security infrastructure
- Adapt to support generic IHE XDS
- SOAP MTOM/XOP transport of ordinary DICOM files
- Complex remote queries over web services
- New working group formed

Conclusion

- DICOM is good for research too
- DICOM is here to help
- DICOM can accommodate specific needs
- DICOM has a clinical trials working group
- DICOM is branching out into uncharted water
- DICOM wants to be buzzword compliant too



... even at the fringe of reality