

Are digital workflow and AI implementation under regulation?

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Agenda

- Digital imaging. Now, pathology
 - Some figures of digital pathology
- Why we need digital pathology and AI regulation
- Some specific regulations in pathology
- Application of AI in pathology
- Conclusions

Pathology, a most valuable source of information

- Since 1990's all pathology departments are custodians of well structured and organized specimens and data: descriptions (gross/micro), final diagnosis, comments, techniques, coding (topography/morphology).
- Some figures in a 47 million inhabitants country (Spain):
 - 4.5 million pathology reports in one year
 - 6.5 million paraffin blocks in one year
 - 10 million histology slides in one year
 - 1,200 surgical pathologists

Anatomic Pathology in Andalucía.

Some figures: 36 hospitals

	Seville	Málaga	Cádiz	Granada	Córdoba	Almería	Jaén	Huelva
Popul.	2 M	1,6 M	1,3 M	0,9 M	0,8 M	0,7 M	0,6 M	0,5 M
Hospit	6	7	5	4	4	3	4	3
Pathol.	43	40	27	23	20	16	16	12
Techn.	70	56	32	28	23	20	19	14
Citotec	16	6	3	5	4	2	0	1
Slides	411,000	337,000	189,000	253,000	208,000	218,000	96,000	88,000
Blocks	281,000	237,000	123,000	146,000	117,000	120,000	65,000	50,000

Total in Andalucía: **25% of surgical pathology** is related to **Dermatopathology**.

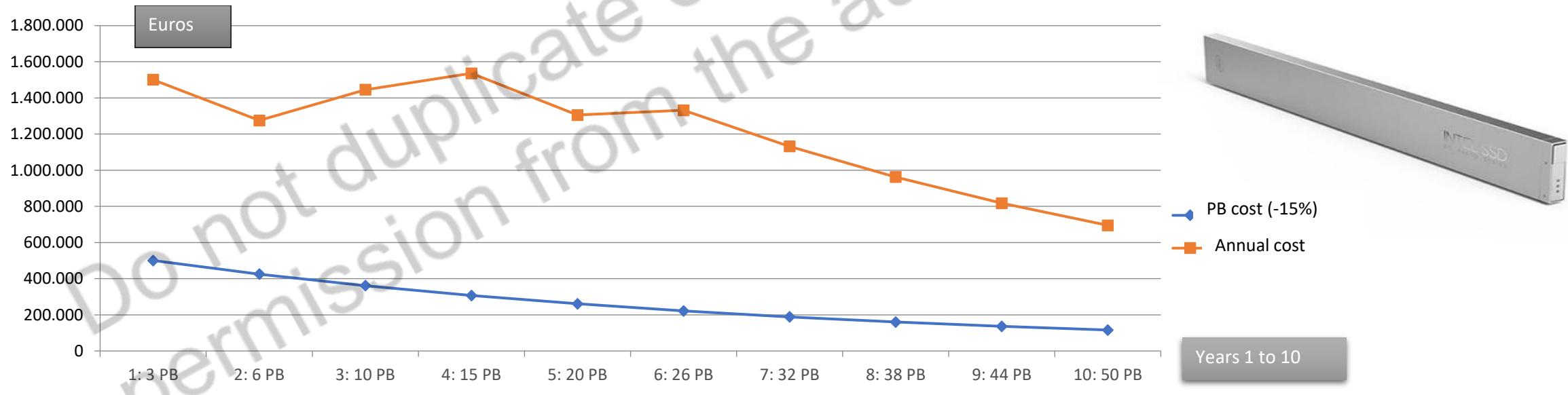
197 Pathologists, 262 Histotech, 37 Citotech.

1.800.000 slides / year

1.150.000 paraffin blocks / year (17% are related to Dermatopathology)

Storage

- Temporary. High performance: 250,000 slides.
 - 1,25 PB (5 GB/ slides). Annual growth : 5%
- Permanent. Larger capacity. 1.800.000 slides / year
 - Growth: 5 PB / year (3 GB/ slide). **€ 12 million in 10 years**



System Maturity Matrix

	Level 1	Level 2	Level 3	Level 4	Level 5
Image acquisition	*	*	*	*	*
Storage	*	*	*	*	*
Image distribution	*	*	*	*	*
Image presentation	*	*	*	*	*
Basic tasks redesign	*	*	*	*	*
Manual process optimization		*	*	*	*
PACS process redesign		*	*	*	*
Starting integration with other systems		*	*	*	*
Hospital level image distribution			*	*	*
Patient folder management			*	*	*
Image access based clinical decision			*	*	*
HIS/PACS/LIS integration			*	*	*
Workflow management			*	*	*
E-learning/Teleconferencing			*	*	*
Statistical control				*	*
Decision making assistance				*	*
Enterprise PACS interchange				*	*
PACS/medical record integration				*	*
Data Mining				*	*
Clinical collaboration				*	*
Continuous clinical optimization					*
PACS process innovation					*
Full integration in Medical Record					*

We need to regulate:

1. Digital pathology
2. Computational pathology

Pathologists: Diagnosis, Treatment evaluation and Prognosis

- Until now:



<https://www.rcpi.ie/faculties/faculty-of-pathology/>

- Nowadays: **DIGITAL PATHOLOGY**



<https://www.leicabiosystems.com/digital-pathology/scan/>



<https://usdiagnostics.roche.com/en/tissue/research-platforms-reagents/ventana-dp-200-slide-scanner.html>

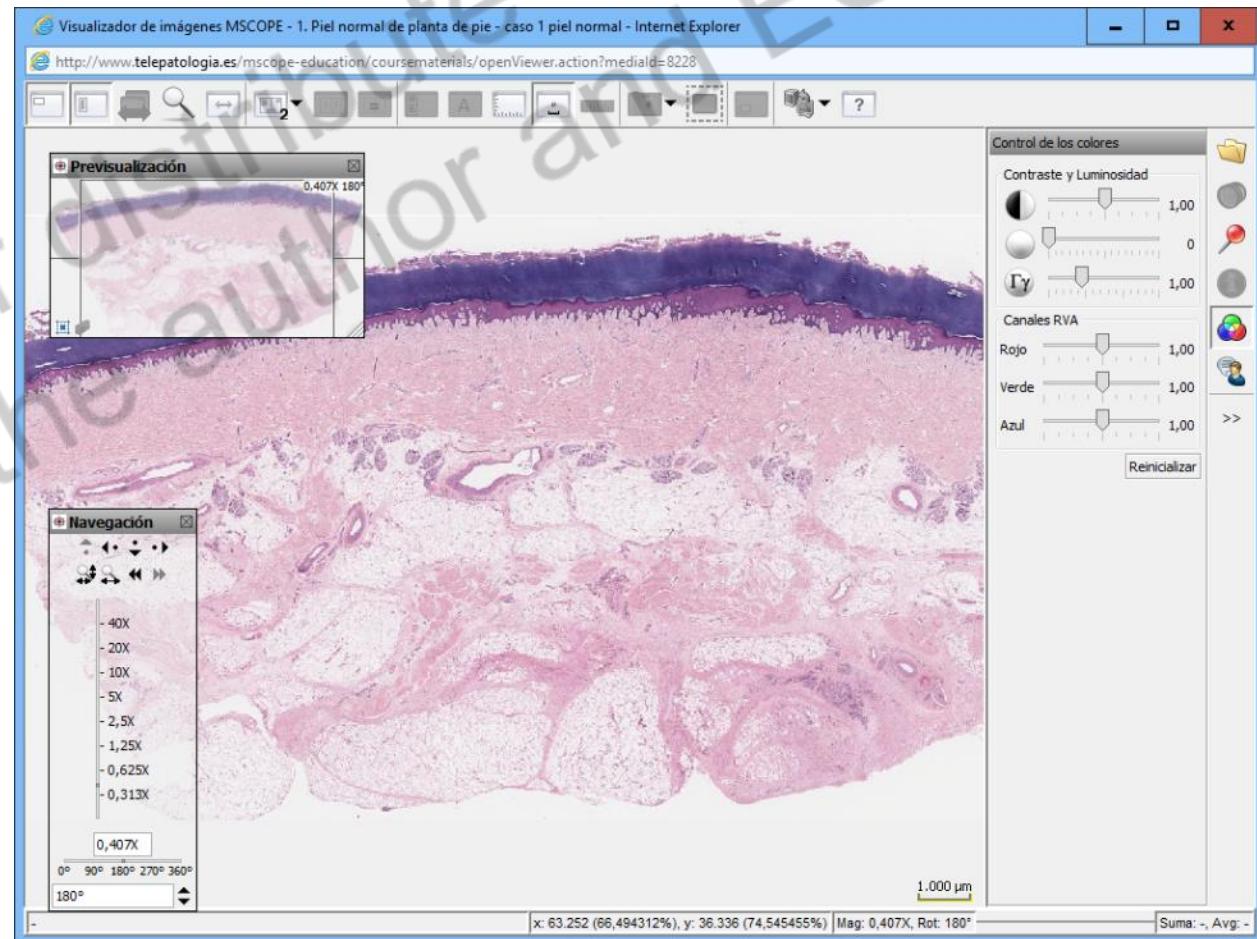
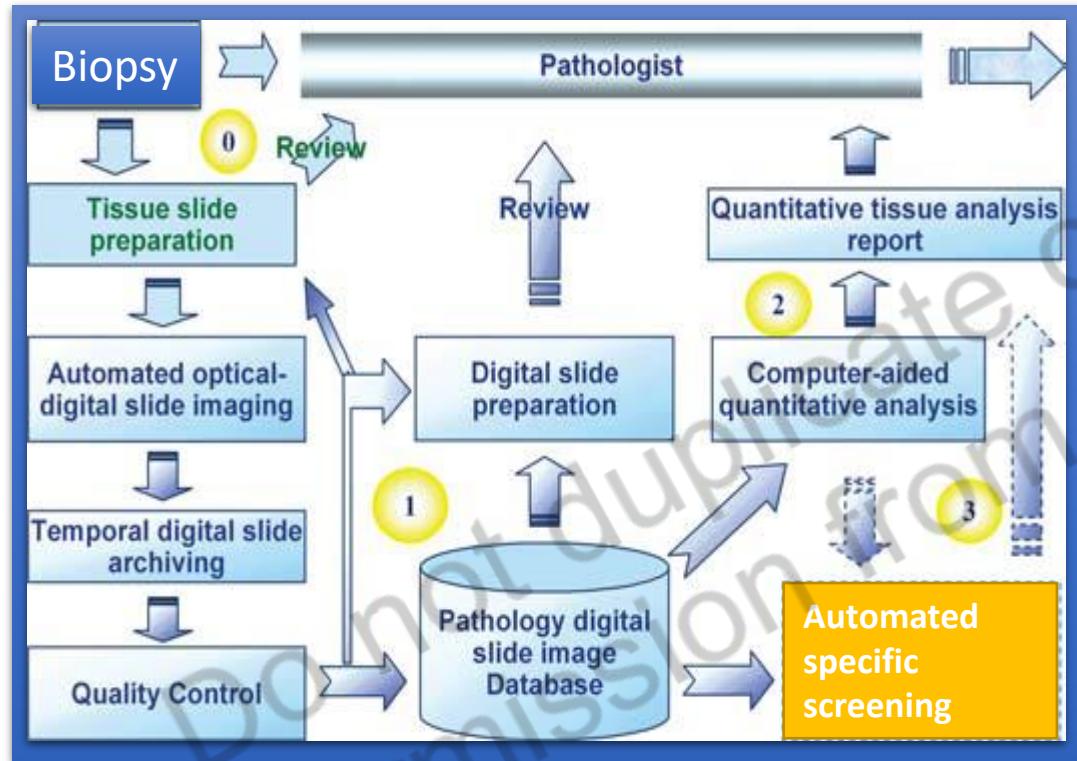


Source: Leica Aperio eSlide Manager

Do we need to digitize all slides?

- Simplify workflows
- To offer the best option to ALL patients:
 - Permanent image that do not deteriorate or get lost
 - Objective quantification
 - Easy data exchange and communication
 - Advanced image analysis (artificial intelligence)
- Avoid digital gap in this specialty: Research, training
- It is a essential part of the Medicine of the future
- It will be a continuous improvement process: more data will be collected, increasing image resolution, multi/hyperspectral, Z-stack...

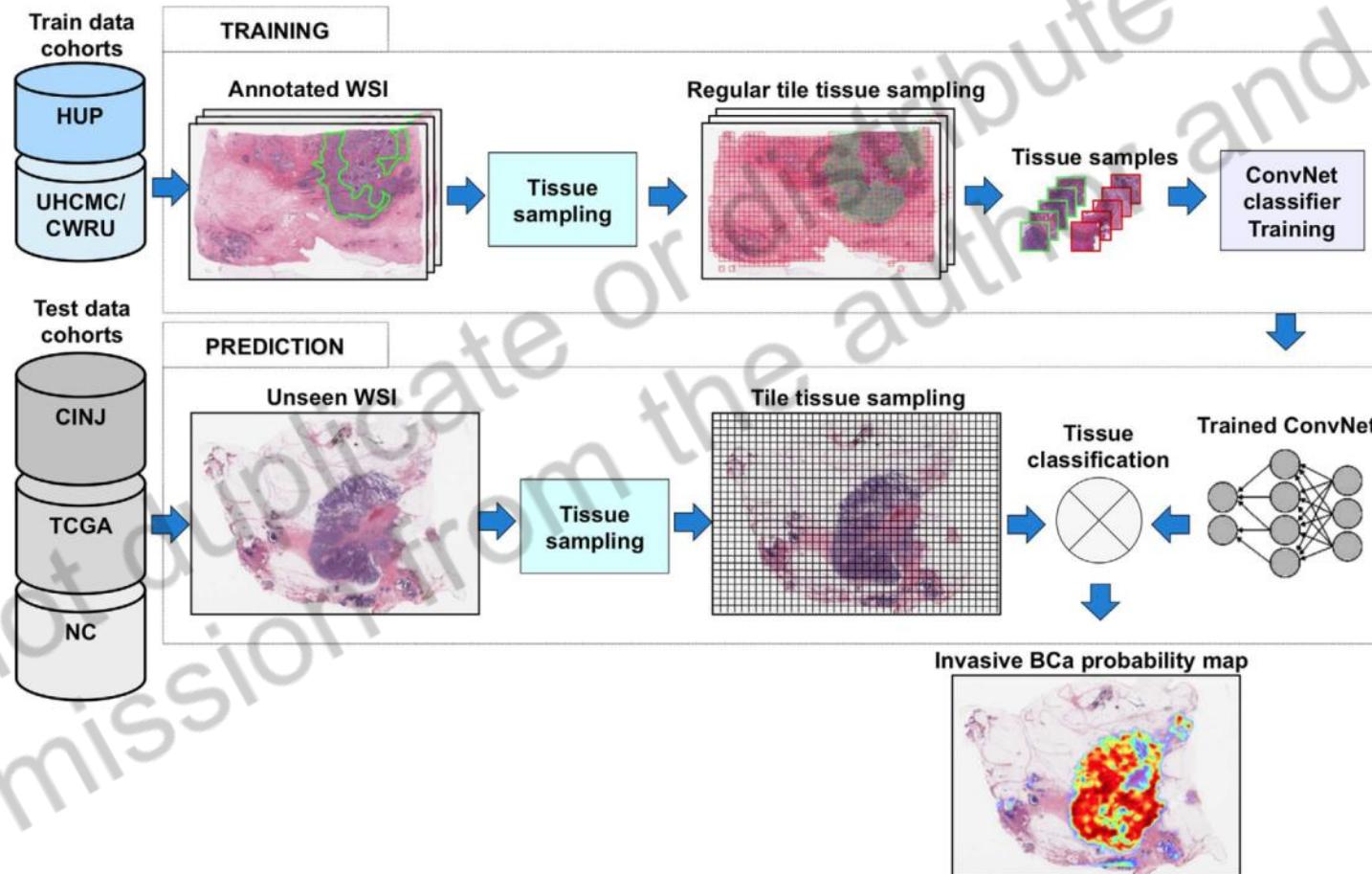
From conventional microscope to digital slide



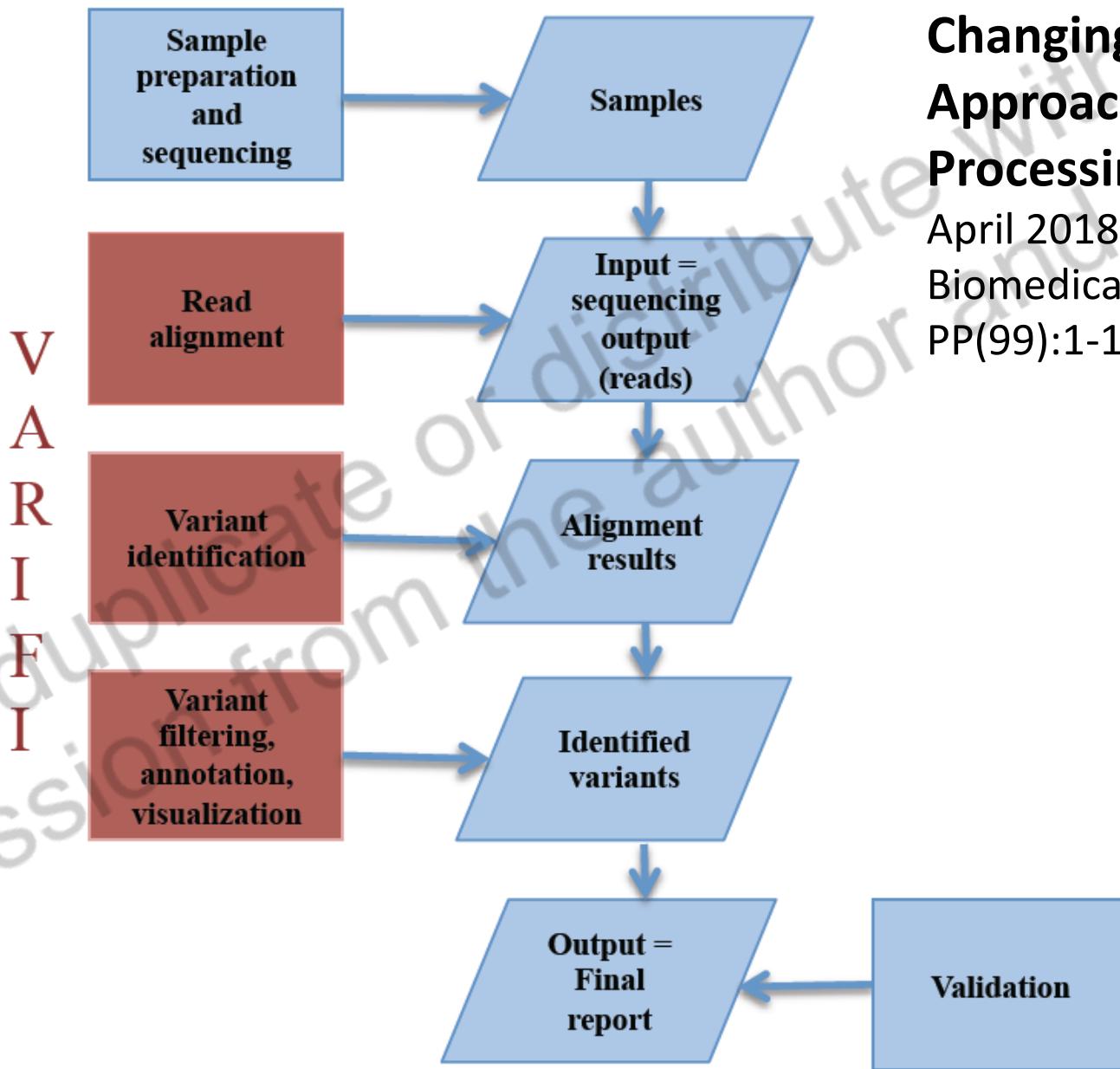
Do we need to keep everything? For how long?

- Training weakly supervised artificial intelligence systems requires thousands of images from all type of diseases and normal tissues
- Long term cohort studies
- We are not able to predict future applications (morphological, molecular or genetic data we will be able to obtain in the future)
- Today's deleting criteria may change tomorrow
- Data storage needs will always be increasing

Deep learning classifiers



DeepVariant: A convolutional neural network to study NGS variants.



Why Deep Learning Is Changing the Way to Approach NGS Data Processing: a Review

April 2018. IEEE Reviews in Biomedical Engineering
PP(99):1-1

Some specific regulations

In clinical practice

- Personal data protection
- Patient right and obligations
- Electronic medical record
- In vitro diagnosis (IVD) Regulation
- Cybersecurity
- Electronic signature
- Digital administration
- Artificial intelligence

In research and training

- Personal data protection
- Biomedical research law
- Intellectual property
- Artificial intelligence
- Biomedical ethical principles

Pathology in the Electronic Health Record

- Elements:
 - Pathology Information System (traceability)
 - Digital slide management system (viewers, local and central repositories)
 - Teleconsultation and remote diagnosis
 - Image analysis and artificial intelligence tools
- Patient access to personal health data and images
- Promoting international standards (IHE, HL7, CDA, DICOM, SNOMED CT)

Artificial intelligence in Pathology regulation

- CLIA (USA): Developing algorithms prior to validation and implementation.
- American Medical Association (AMA): patient privacy and confidentiality
- Questions:
 - Validation and safety (how much is needed?); privacy
 - Resulting unemployment
 - To whom the responsibility falls
 - Balance between ethical guidance and avoiding AI development delay
 - Industry self-regulation is not enough → peer regulation? (CAP, Societies)

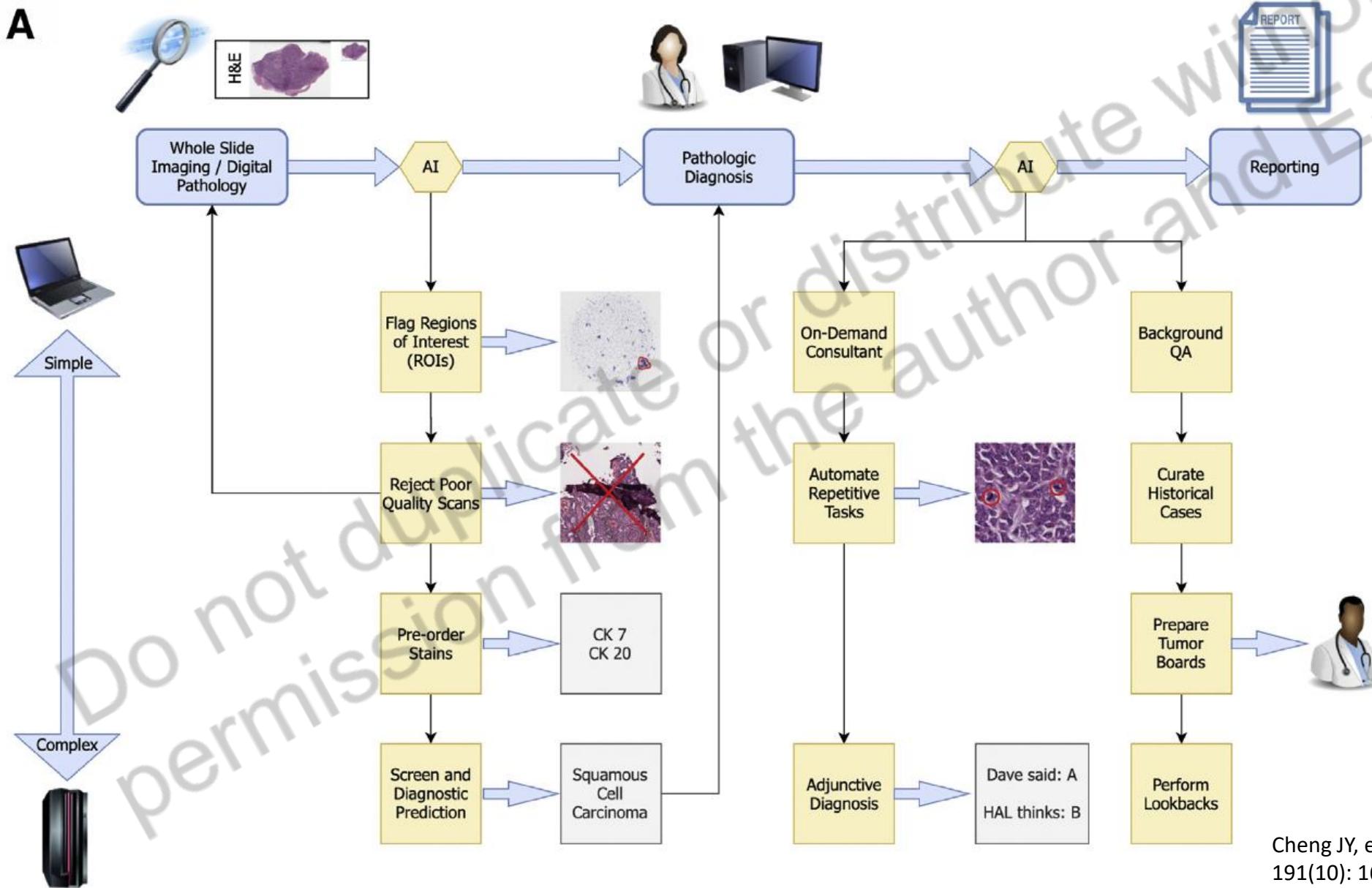
New methods of regulatory guidance in Pathology

- “Flexibility” allowing for temporary, experimental regulation.
- “Regulatory sandboxes”: Industry can test new ideas with less rigid rules
- “Anticipatory rulemaking” Stakeholder feedback → regulations that are timely and relevant
- Regulation based on increased use of data analysis
- Adaptation of common law rules to AI whenever possible
- “Legal foresight”: proactively explore potential future legal developments
- “Multistakeholder councils”: to overcome uncertainty and information deficits
- A strong opportunity for “enterprise liability”

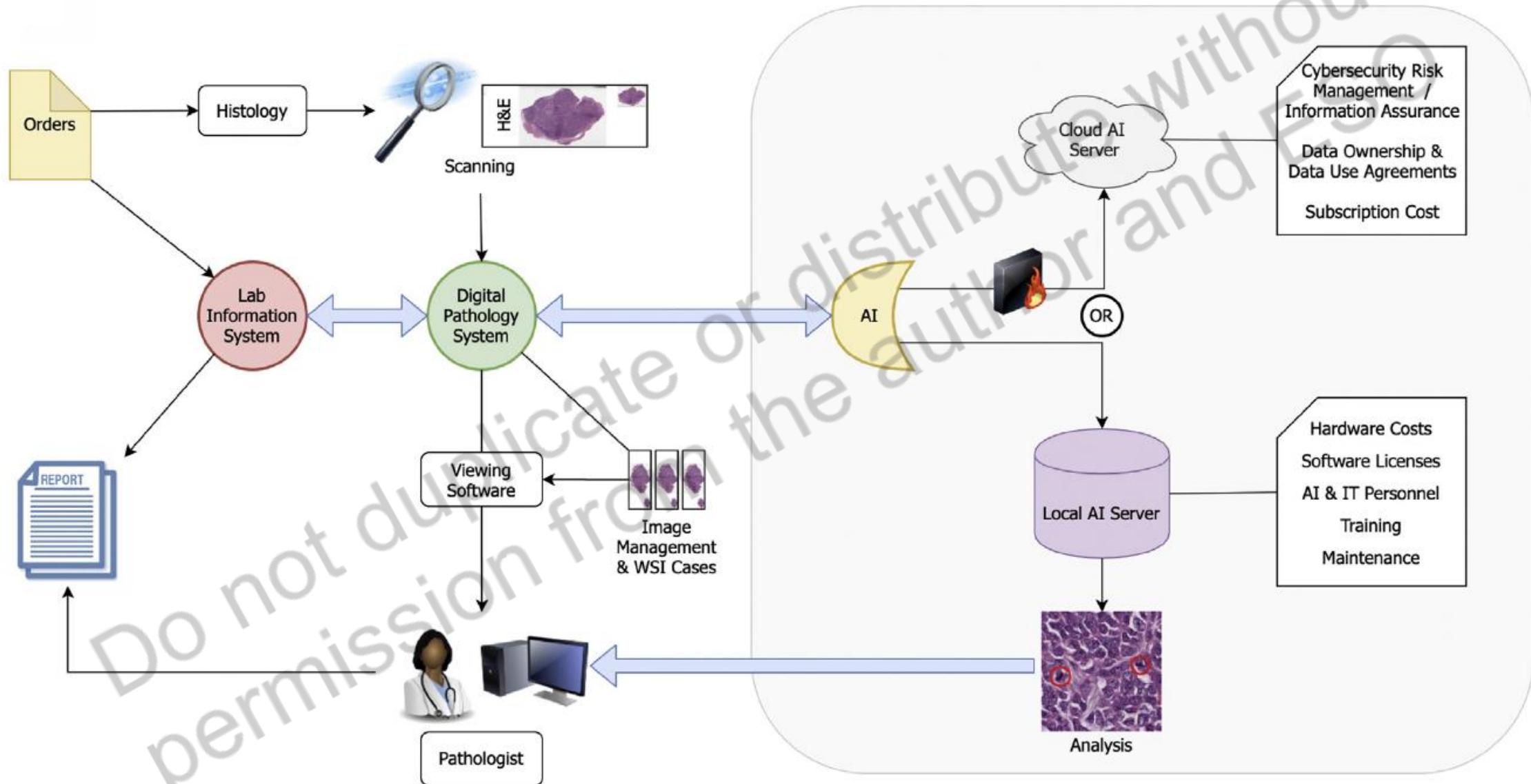
Current scenario on the use of AI in Pathology

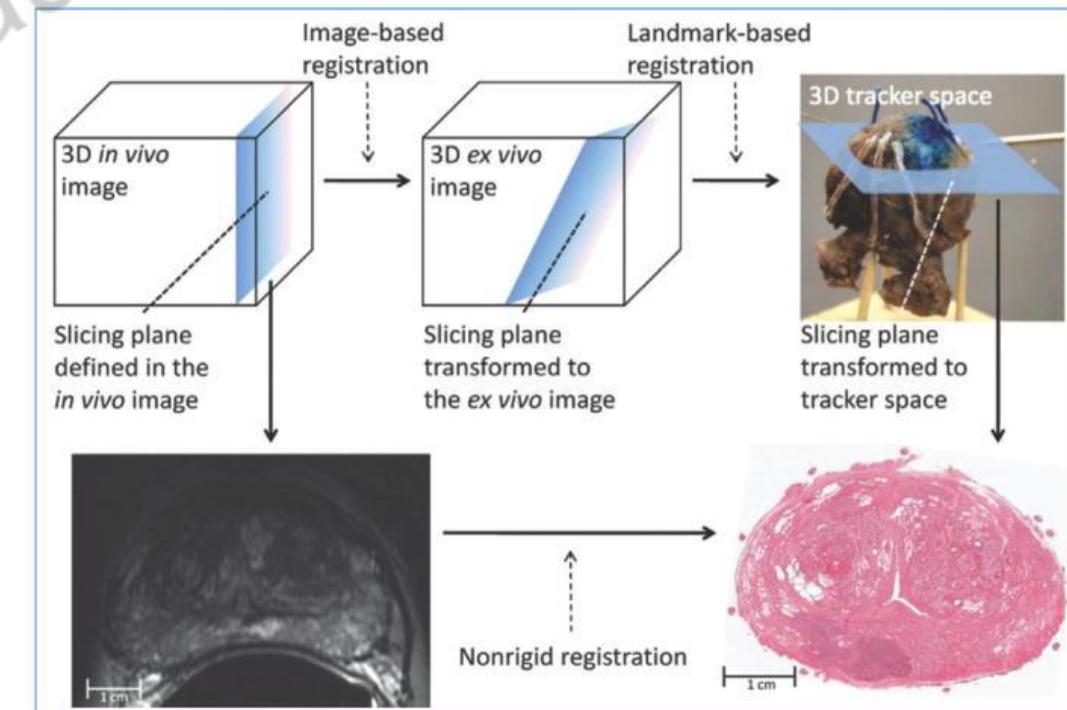
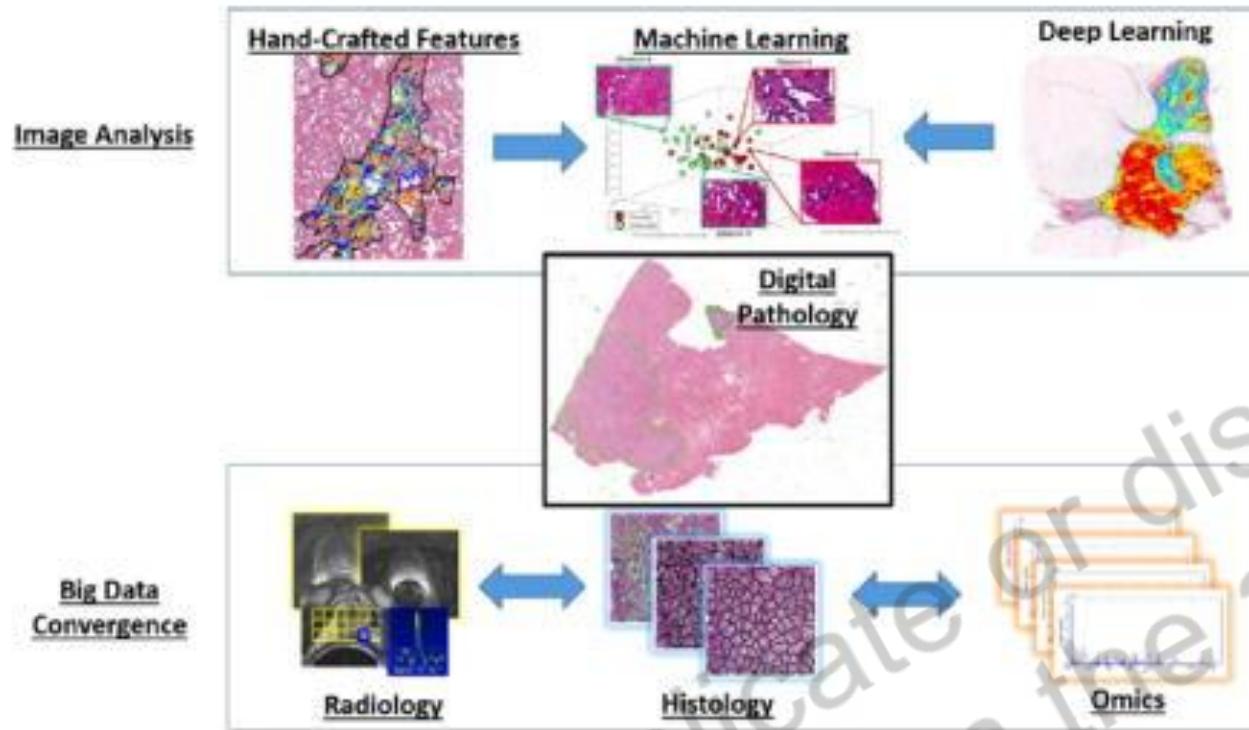
- It is unlikely that AI-based tools will wholly replace physicians in the near future. They are designed for very specific problems.
- Repetitive tasks may be suitable for supplemental AI-based assistance
- 71% pathologist indicated that AI tools could increase their diagnostic efficiency
- CAP: Rigorous validation studies before clinical use
- IVD market approval (EU and USA)

AI in Pathology. Possible applications



AI in Pathology. Implementation





Conclusions

- Digital pathology affects general workflow in pathology department
- Unprecedented large amount of data is being generated. Their efficient use requires normalization and regulation
- AI demands new regulatory scenarios, also in pathology
- Some commercial AI products have been cleared (FDA, CE-IVD) in pathology, but they are focussed only on specific problems
- Validation is encouraged before AI is implemented in clinical practice
- AI implementation should consider the integration of multiple data sources

Muchas gracias



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