Improved Differentiation of Breast Tumors using Novel Imaging System based on Co-Registered Opto-Acoustic Tomography and Ultrasound

P. Otto, K. Kist, D. Dornbluth

University of Texas Health Science Center, San Antonio T. Stavros, M. Ulissey, D. Herzog, B. Clingman, J. Zalev, P. Lavin, A. Oraevsky Seno Medical Instruments

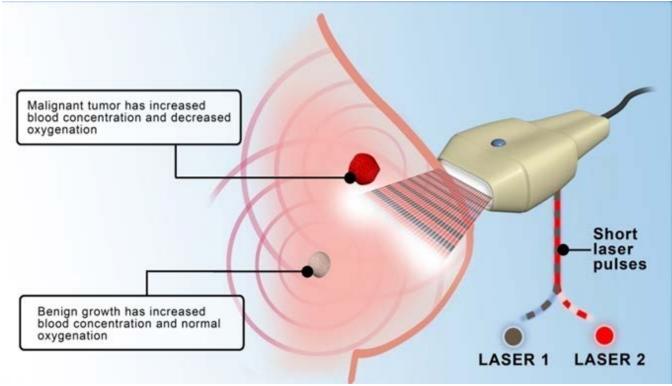
### Disclosures:

- P. Otto
  - Medical Consultant, Seno Medical Instruments
- T. Stavros, M. Ulissey, D. Herzog, B. Clingman, J. Zalev, P. Lavin and A. Oraevsky

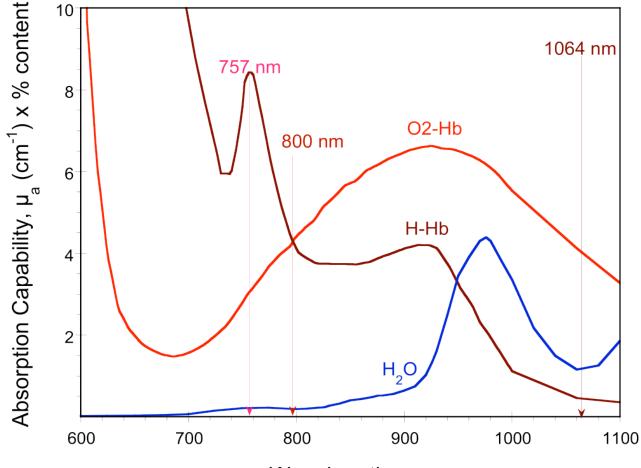
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### Co-registration of Opto-Acoustic and Ultrasound Images

- OA technology combines and co-registers images based on optical and acoustical contrast.
- Co-registered OA+US imaging has the merit of providing both functional information based on specificity of optical contrast in blood and morphological information due to the high resolution of ultrasonic imaging



# Molecular Components of Optical Absorption in Breast Tissue



Wavelength, nm

## **Study Design**

- 155 subjects (two TX sites) assessed
  - 79 biopsies: 39 benigns, 34 cancers
- All had OA imaging prior to biopsy
- Biopsy was the gold standard
- Images read by 5 independent readers – Blinded to clinical data
  - No site guidance

## **Image Sets**

- CDU
- IUS
- OA + Mammography
- OA + Mammography + CDU
- Mammography + CDU

## **Effectiveness Endpoints**

- Probability of malignancy (POM)
  - Benign vs. malignant
  - BI-RADS 4ab: benign vs. malignant
  - Reader consistency
- ROC AUC (primary) from POM
- Sensitivity
- Specificity

### Limitations of Study

- Number of patients
- Real time Imagio imaging did not have coregistered images available to the physician scanning

### **Results: POM ROC AUC**

• All image sets produced AUC > 0.8 (0.5 random)

## **Results: ROC Curves**

• OA had an advantage for POM<10%

### **Results: Mean POMs**

#### Mean POM

	n	OA	IUS	I+M	CDU	H+M	All Images
BENIGN	39	31.5	19.9	29.6	19.9	18	21.7
MALIGNANT	34	73.6	64.1	79.8	62.1	68.3	80.7
Difference		42.1	44.2	50.2	42.2	50.3	59

## **Results: BIRADS**

#### OA is helpful in confirming cancer

Mean POM by BIRADS Score

	N	BIRADS	OA	IUS	I+M	CDU	H+M	All Images
BENIGN	2	3	23.2	12.5	23.5	13.1	19.3	15.8
BENIGN	22	4a	18.1	13.1	18.4	13.3	12	11.8
BENIGN	13	4b	47.9	27.6	43.6	26.1	22.7	31.9
BENIGN	1	4c	71.6	19	61	26.2	12.8	46.4
BENIGN	1	5	92.2	84.6	91.4	92.6	95.6	92.2
MALIGNANT	2	4b	64	29.8	72.5	33.8	35.9	67.1
MALIGNANT	б	4c	71.5	66.3	77.2	61.6	71	83.8
MALIGNANT	26	5	74.8	66.2	80.9	64.4	70.2	81

### Results

#### Sensitivity and Specificity by POM

POM Cut						
Point	OA Spec	OA Sens	IUS Spec	IUS Sens	CDU Spec	CDU Sens
0	0	1	0	1	0	1
1	0.058	1	0.058	1	0.026	1
2	0.237	0.988	0.183	1	0.161	1
3	0.368	0.976	0.351	0.988	0.363	0.994
4	0.389	0.976	0.356	0.988	0.389	0.988
5	0.4	0.976	0.366	0.988	0.389	0.988
10	0.437	0.976	0.524	0.976	0.513	0.976
15	0.5	0.929	0.644	0.94	0.606	0.898
20	0.526	0.929	0.66	0.934	0.622	0.886
25	0.547	0.923	0.691	0.922	0.658	0.867

# Summary

- •OA POM ROC AUC exceeds 0.80
- •OA IUS scores higher than CDU
  - IUS is certain to be non-inferior to CDU
  - OA may be superior to CDU
- •OA readings highest for cancers
- •OA has a higher POM for malignant lesions than CDU

### Summary OA+US Imaging as a Clinical Technology

#### Preliminary Statistical Analysis of Clinical Feasibility Study: (5 blinded readers, adjudicated and independently analyzed)

Potential to spare 40%% more biopsies
Provides >42.1% mean POM difference between benign and malignant tumors for all variety of lesions
Diagnoses BI-RADS 4b cases with 30.2% higher mean POM
Detects BIRADS 5 malignancies 10% higher mean POM vs. mammography + diagnostic ultrasound

#### Co-registered OA + US may substantially improve Sensitivity and Specificity compared to the present standard of care