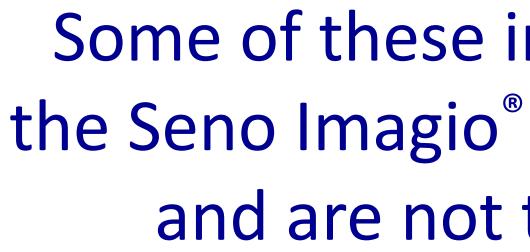


# MAESTRO Interim Results from 75 of the 200 Subject MAESTRO Study

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1 UMC Utrecht / NL, 2 Rijnstate Hospital / NL, 3 Albert Schweitzer Hospital / NL, 4 ZGT Hospital / NL, US, 5 Radboud UMC / NL





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# Purpose Study

- To assess the diagnostic value in
- terms of sensitivity and specificity of additional Opto-Acoustics (OA) to conventional diagnostic ultrasound
- in masses classified as BI-RADS 4a and 4b.



# Purpose Study

- Downgrade benign masses (to BI-RADS 2 or 3)
- Upgrade malignant masses (to BI-RADS 4c or 5)

To evaluate BI-RADS 4a and 4b masses and reclassify BI-RADS category using OA feature scoring





# **Used Seno Medical Instruments** Opto-acoustic imaging device, Imagio<sup>®</sup>

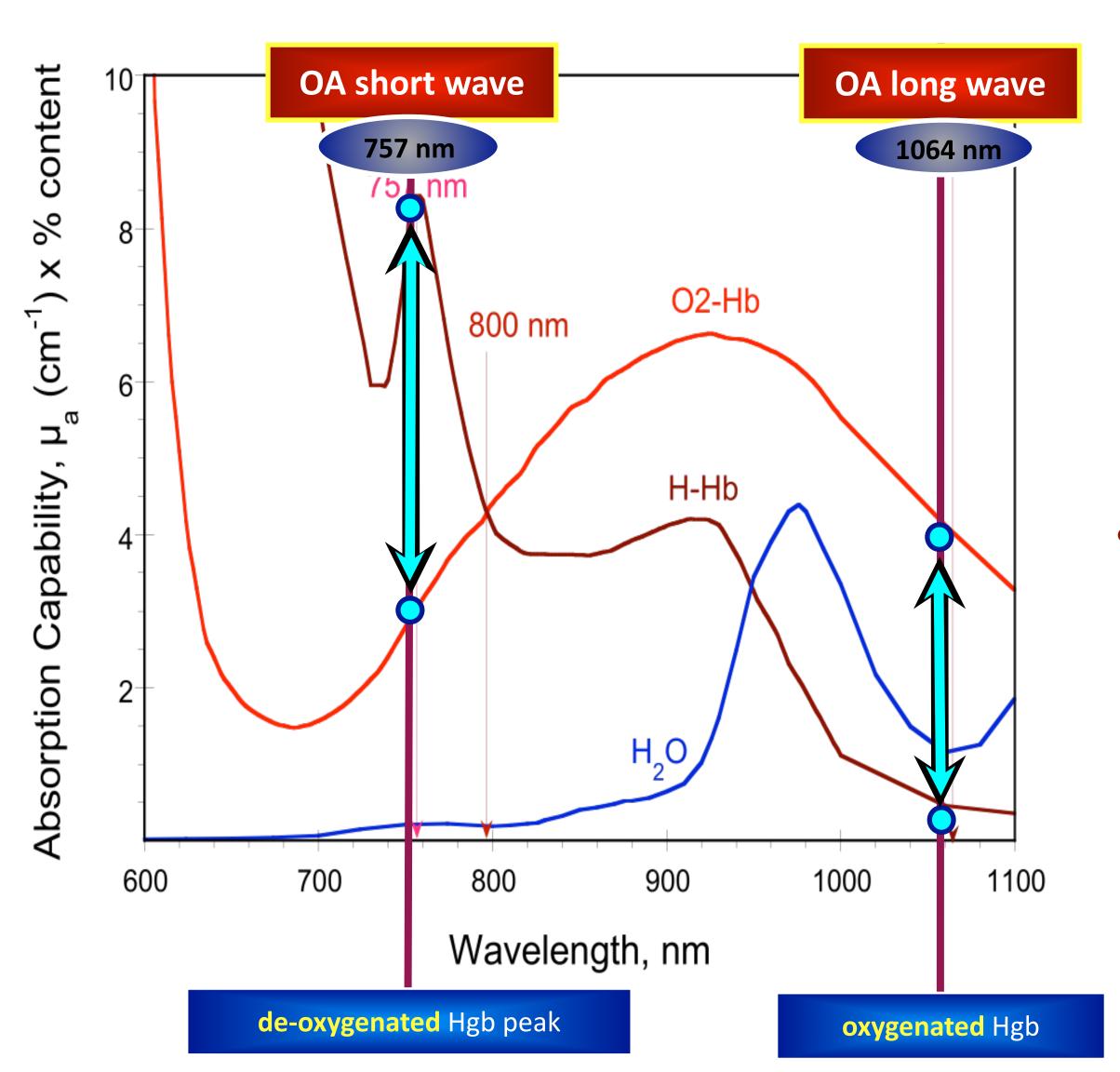


### SENO IMAGIO<sup>®</sup> DEVICE





# Seno Imagio<sup>®</sup> Device



### **Optical Absorption** within Breast Tissues

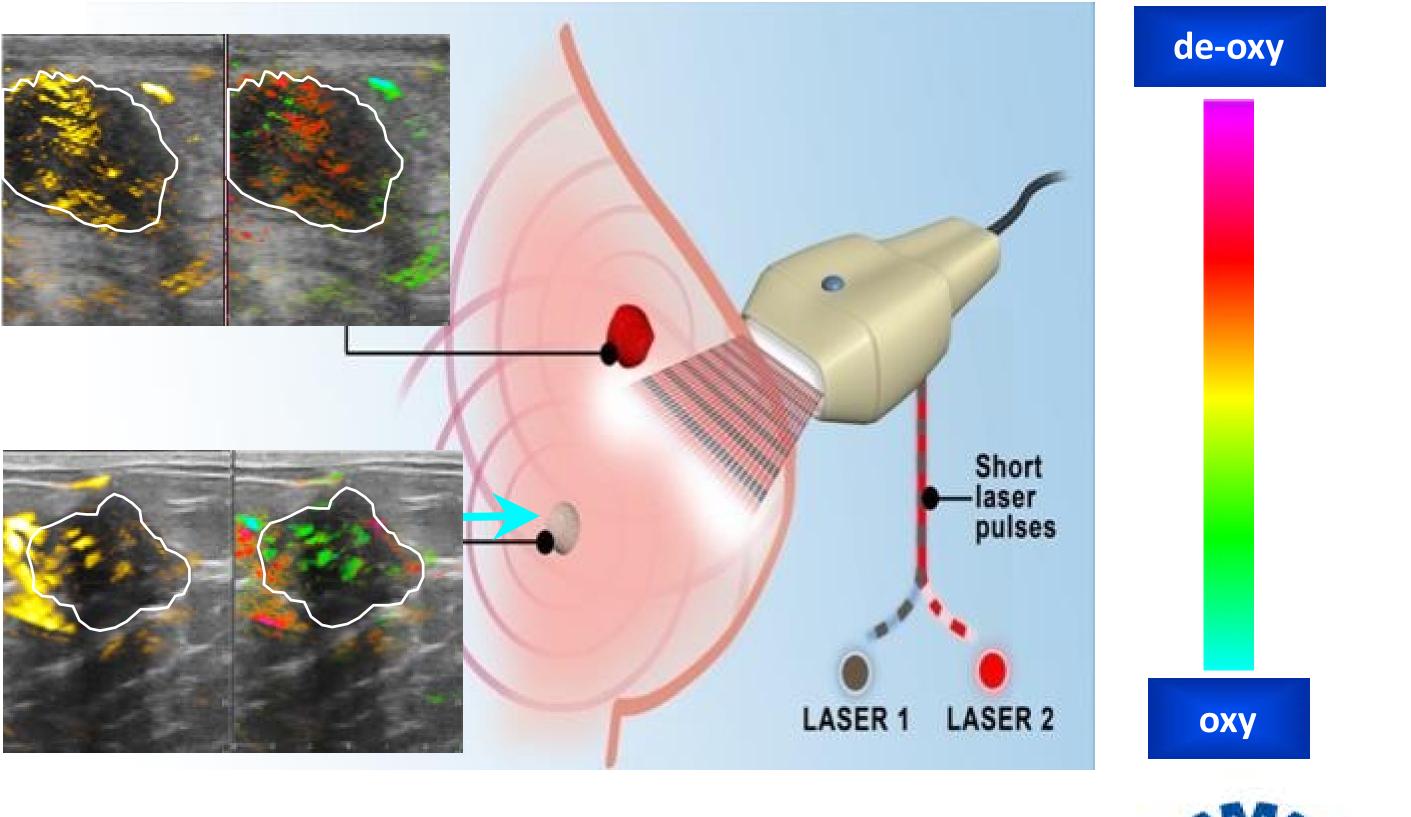
• at two laser wavelengths



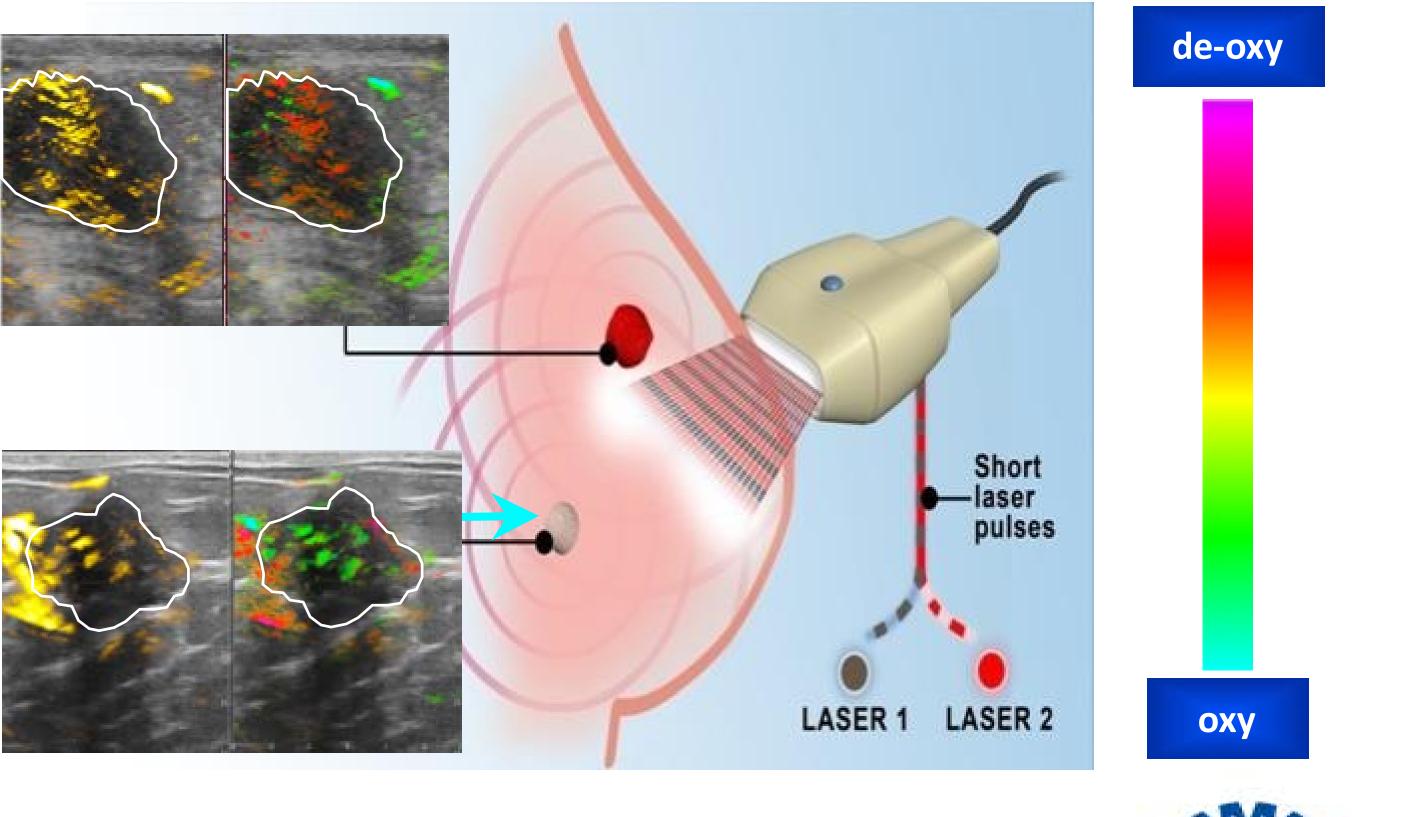


# Opto-Acoustic (OA) and Ultrasound Images Real-time hemoglobin map

Malignant more deoxygenated hemoglobin

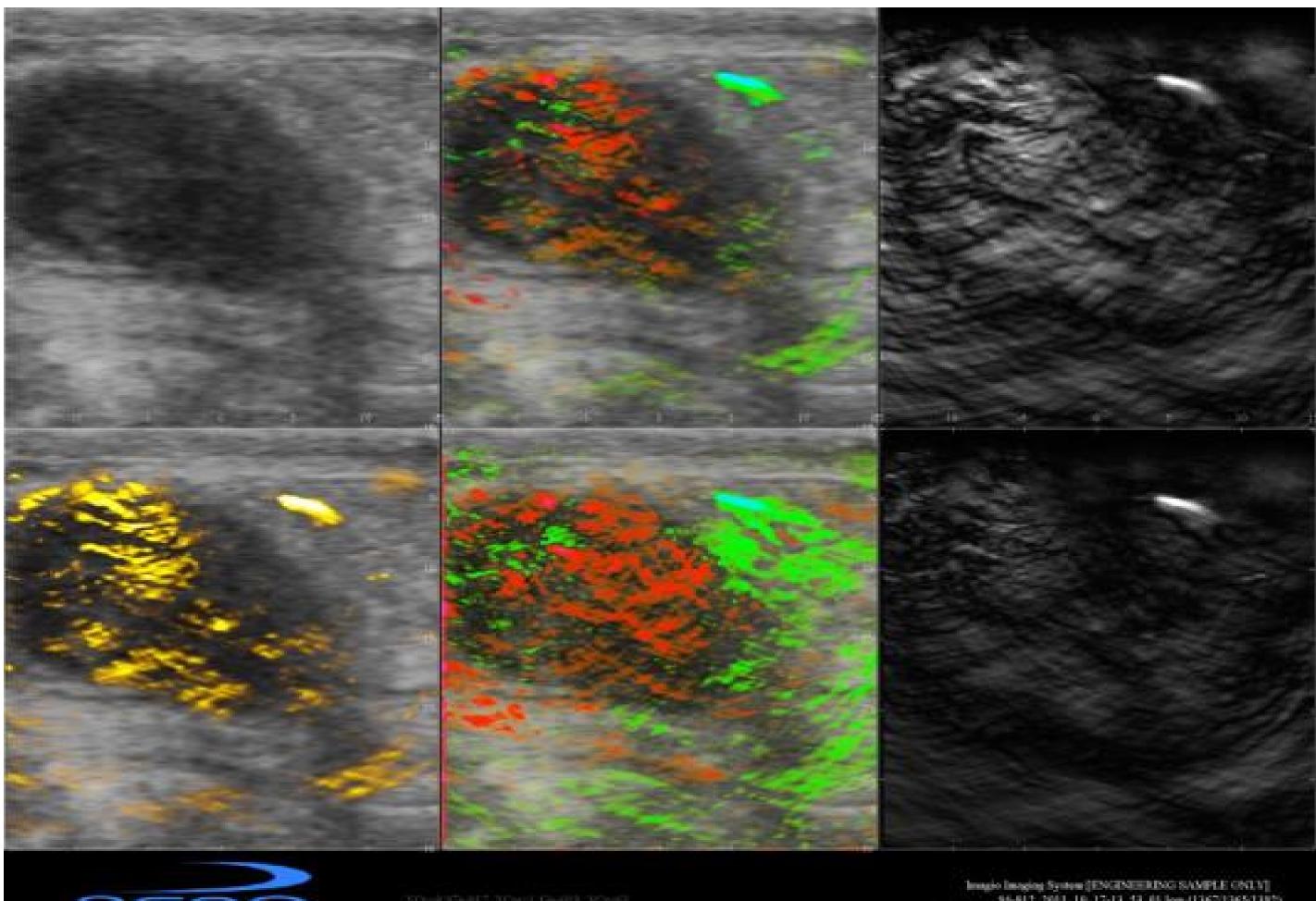


Benign more oxygenated or absent hemoglobin











PO440122\_100214\_092.008.004152

### Invasive ductal carcinoma, grade 3

Imagio Imaging System [ENGINEERING SAMPLE ONLY] 84-012\_2011\_10\_17-13\_53\_01.lom (1367/1365/1382) P213-SVN:D1813-1026//G1013-0026\* Generated: 14-Feb-2012 PatientED 84-002

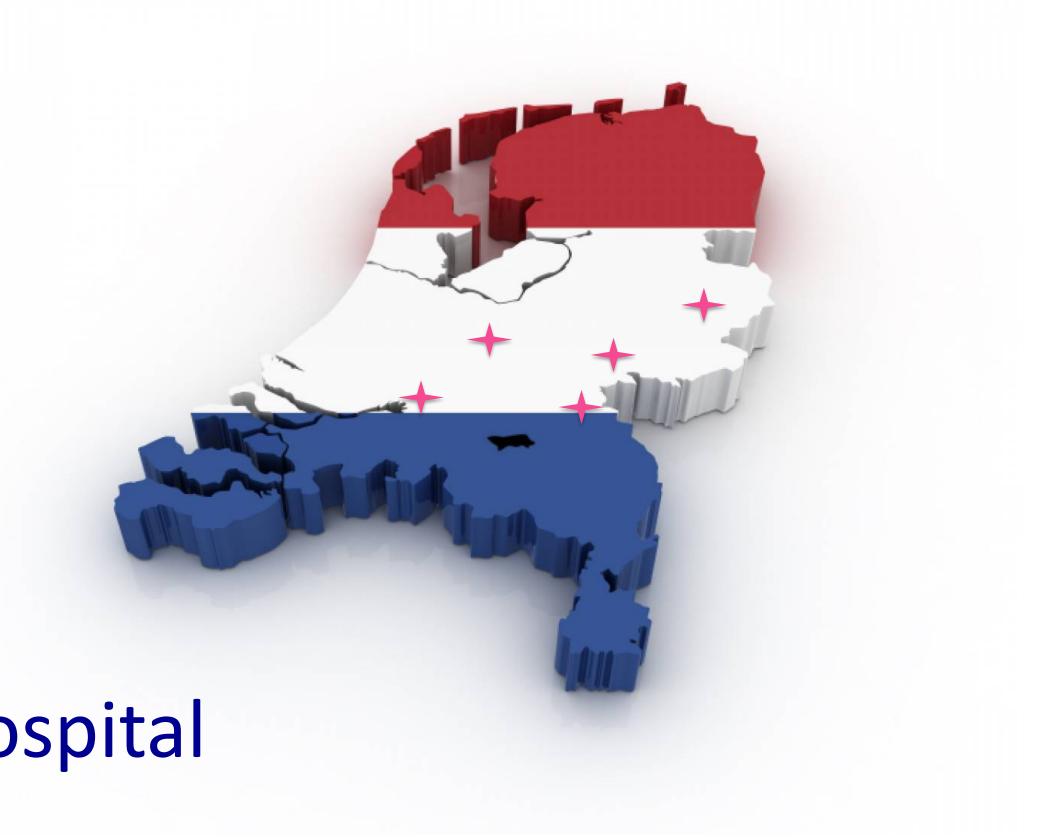
# de-oxy ОХУ





**Multi Centre Study** 

- UMC Utrecht
- Radboud UMC
- Rijnstate Hospital
- ZGT Hospital
- Albert Schweitzer Hospital







- 78 masses with BI-RADS 4a or 4b
  - 44 benign
  - 34 malignant
- All underwent biopsy
- - Scored 5 OA features
  - Assigned percentage change of malignancy (POM)
  - Assigned and OA BI-RADS category
- **Central Pathology Review** 
  - Prof dr M. van de Vijver (AMC Amsterdam)



### Prior to biopsy; Radiologists (unlike previous PIONEER study)



# Results: Sensitivity and Specificity

# MAESTRO: 78 Masses Sensitivity and Specificity

	CDU		Imagio®		
<b>BI-RADS</b>	Sensitivity	Specificity	<b>Sensitivity</b>	Specificity w/o nomograms	Specificity with nomograms
4a & 4b	100%	0%	<mark>97.1%</mark>	<mark>43.2%</mark>	<mark>68.2%</mark>

The nomenclature "nomogram" may change in future documentation.







# Results: Downgrades and Upgrades

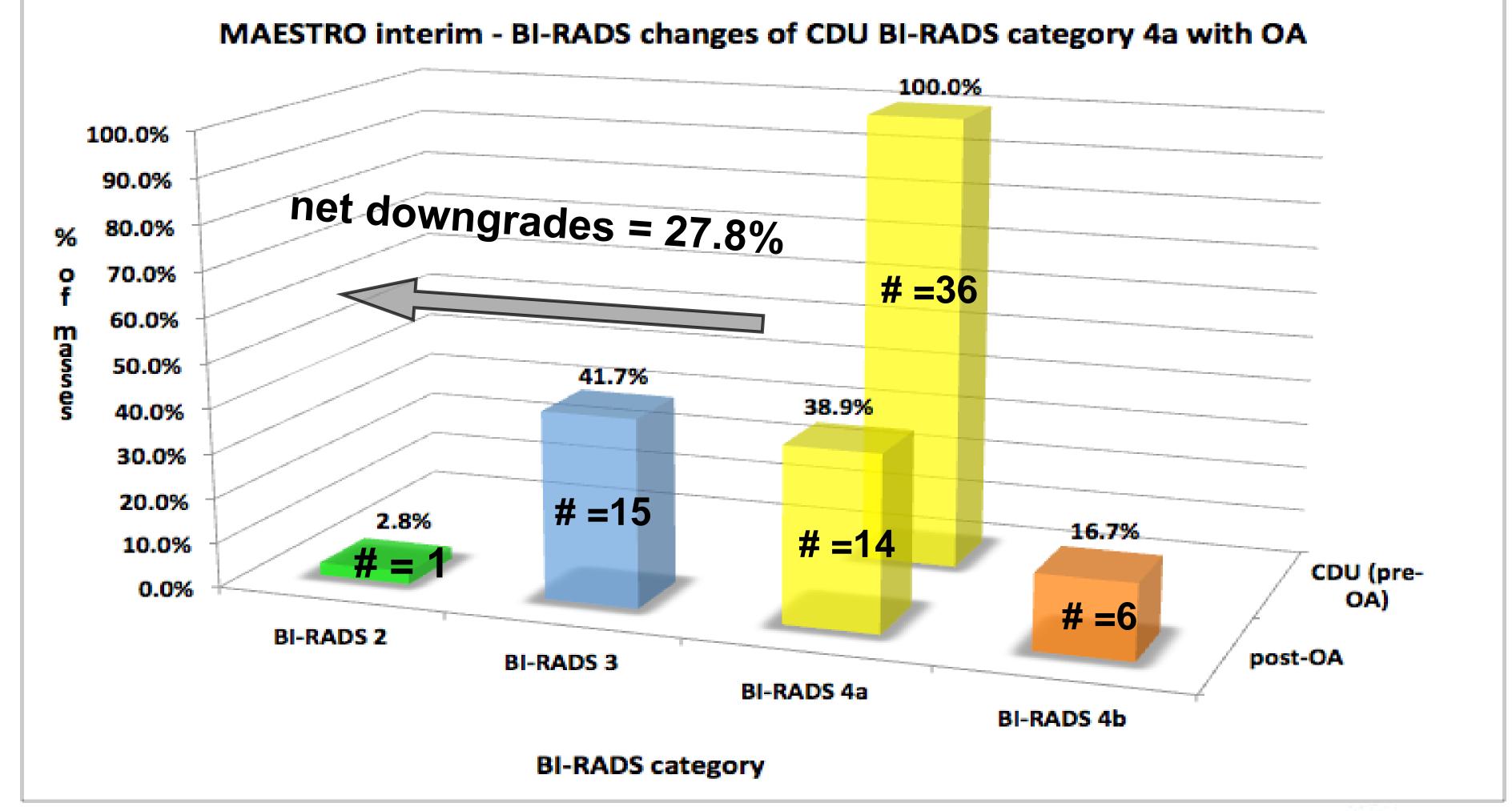
	Benign Mass Downgrades		Malignant Mass Upgrades	
<b>BI-RADS</b>	Overall	Using Nomograms	Overall	Using Nomograms
4a & 4b	43.2%	68.2%	47.1%	35.3%
<b>4</b> a	44.4%	75.0%	20.0%	20.0%
<b>4b</b>	37.5%	37.5%	51.7%	37.9%

The nomenclature "nomogram" may change in future documentation.

MAESTRO: 78 Masses - Downgrades and Upgrades



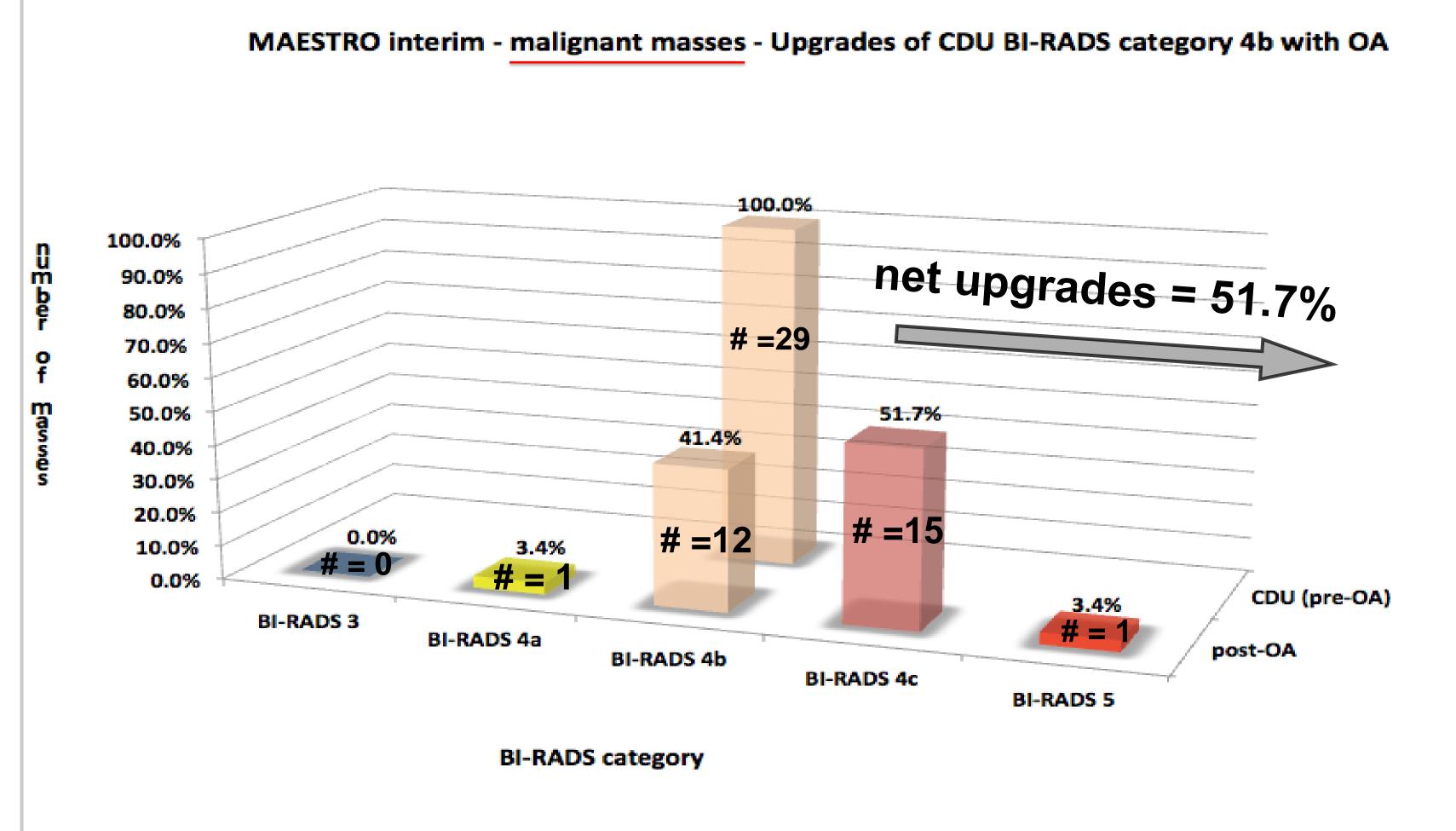
### MAESTRO interim - benign masses - CDU BI-RADS 4a downgrades







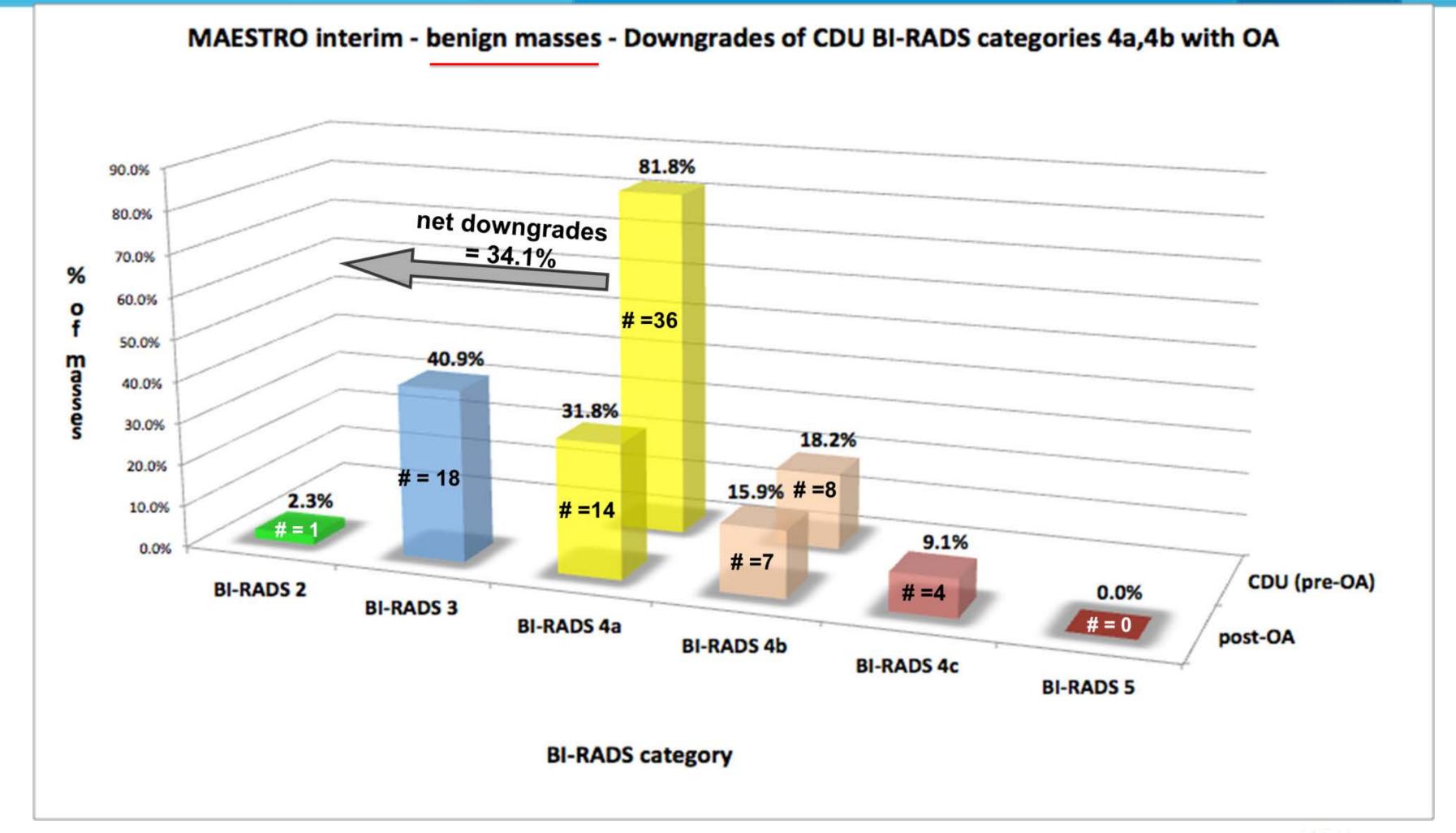
### MAESTRO interim - malignant masses - CDU BI-RADS 4b upgrades



S UMC Utrecht



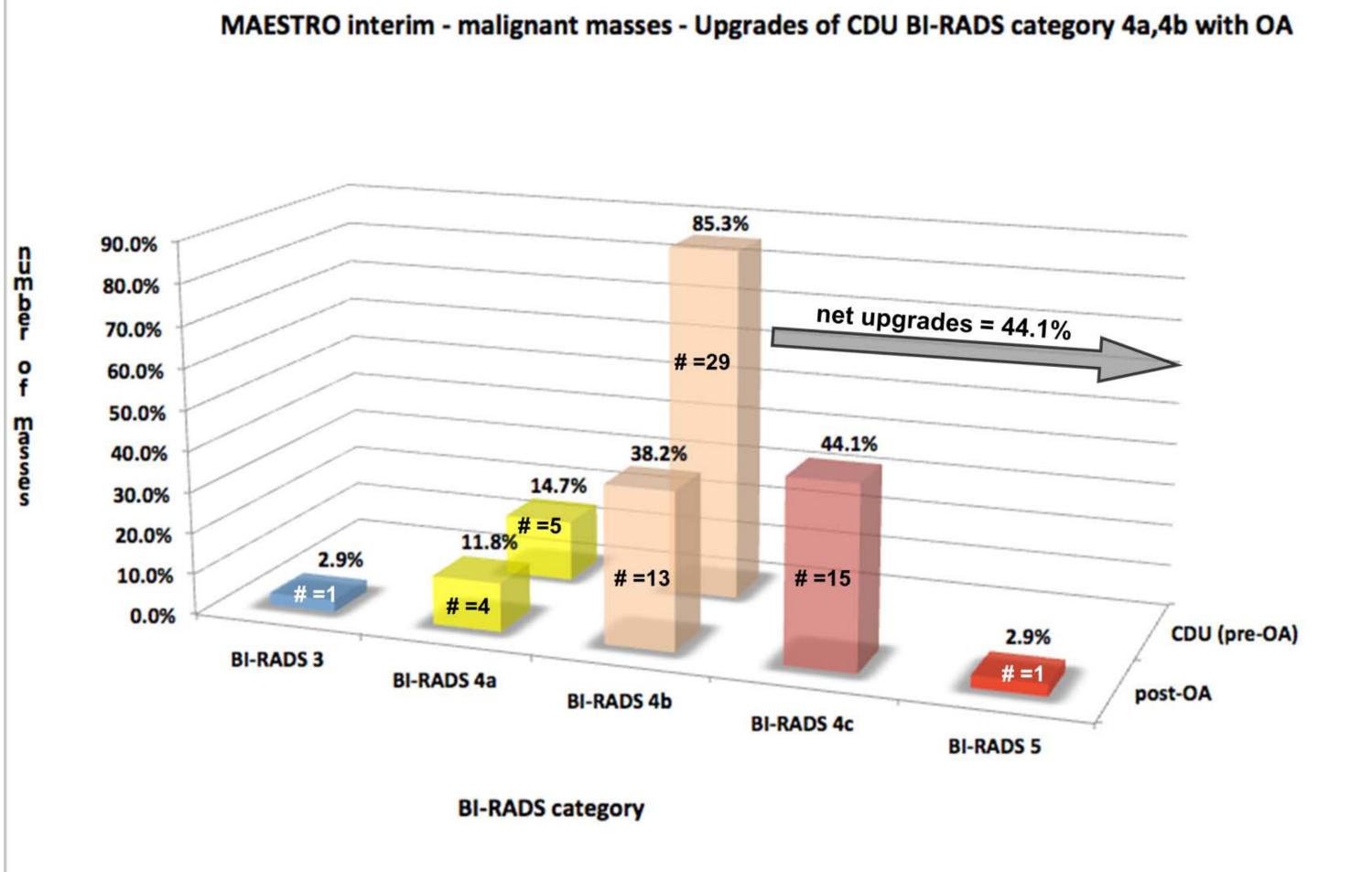
# Results – Downgrades of Benign Masses







# Results – Upgrades of Malignant Masses







# Results: Learning Curve

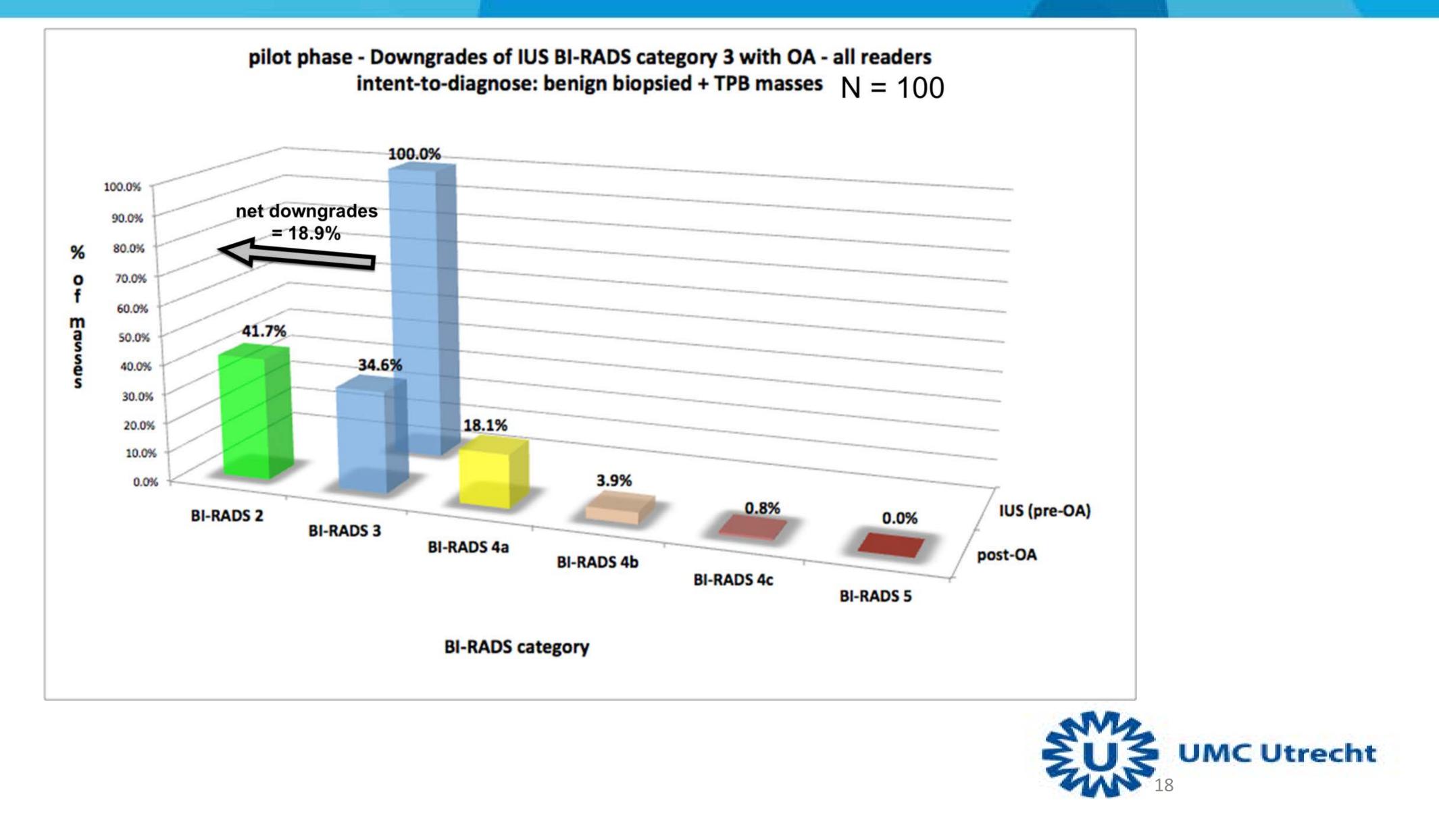
# MAESTRO Learning Curve Specificity Improved - False Positives Decreased

	BI-RADS	Benign	Cancer			
All 78 Masses	4a	4a 20 FPs				
	4b	5 FPs	0			
Learning Curve	First 30	11 FPs (0.367)	0			
	Last 48	14 FPs (0.292)	1 FN			
20% absolute reduction in FP rate in last 48 cases						





### PIONEER - Pilot Downgrades from BI-RADS 3 to BI-RADS 2 can potentially obviate follow-up in addition to preventing biopsy



# Conclusions

- OA appears to better distinguish between benign and malignant masses than does US.
- OA has the potential to decrease benign biopsies by downgrading.
- OA has the potential to upgrade BI-RADS category in maligant masses.
- The completed PIONEER Pivotal Study (N=2,095) and the MAESTRO Study (n=200) may further confirm these results.













