

# Measurements on breast cancerous tissue with HERA VIS-SWIR

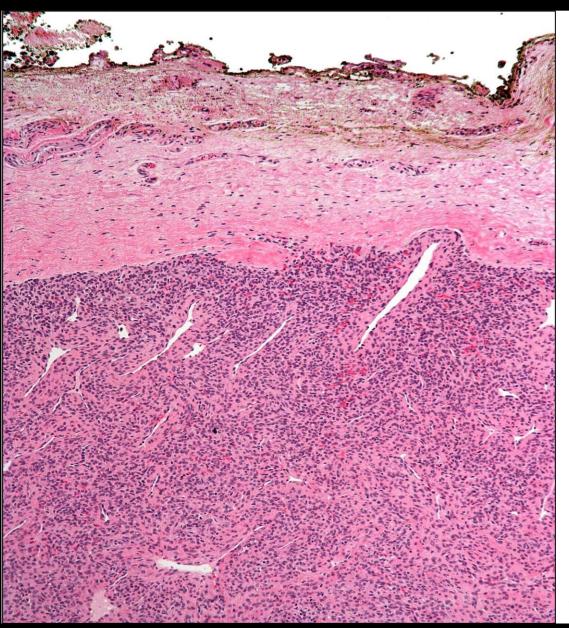
**Lorenzo Vinco** Physics Engineer - PhD student

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## Challenges in intraoperative margin assessment





Up to 39% patients who undergo surgery leave the operating room without a complete tumor resection due to positive or close margins.\*

A complete resection is associated with 3-5 times improvement in the patient survival rate\*

The current standard involves coordination between surgical room and pathology department  $\rightarrow$  usually not feasible or hard to do

Q: Could the surgeon make a **quick** and **reliable** assessment of margins *inside* the operating room?

A: **Optical Methods** (RGB, Multispectral or Hyperspectral, Raman,...) + **Machine Learning** 

\* Fei B, et al., J Biomed Opt. 2017 Aug;22(8):1-7

**MULTISPECTRAL HYPERSPECTRAL** RGB (MSI) (HSI) Wavelength Wavelength Wavelength

HSI provide a combination of SPECTRAL and SPATIAL information, paving the way to the creation of computer-aided diagnostic tools for both stained and unstained histological specimens.

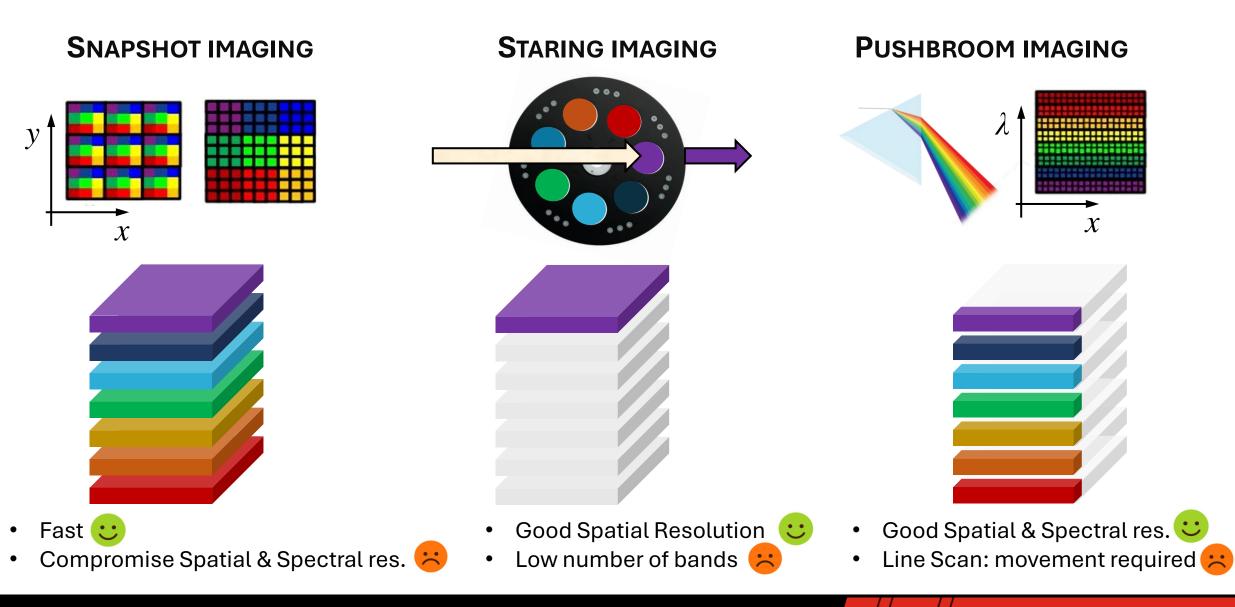
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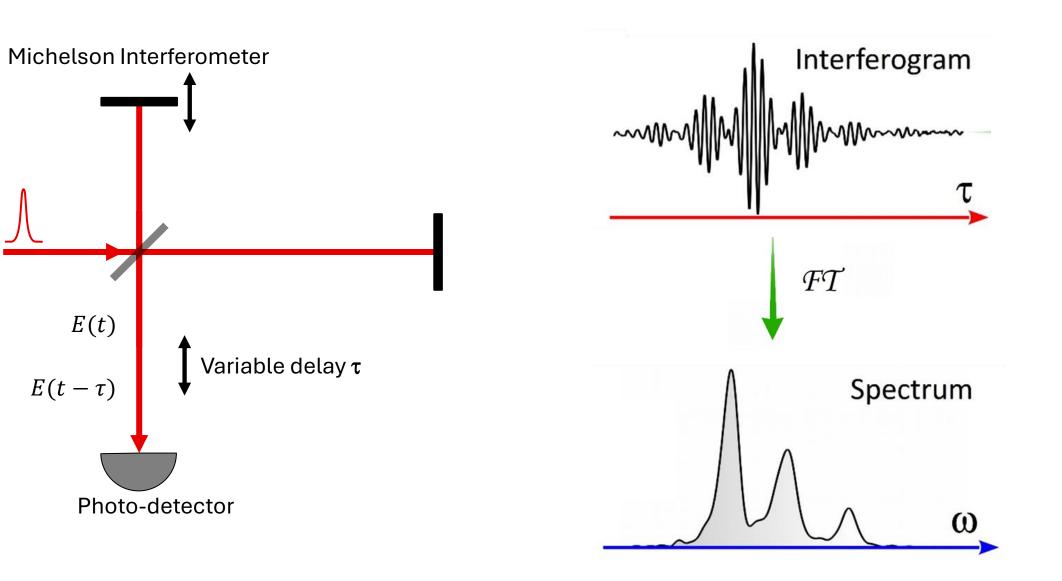
Improvement in the detection of tumors compared to traditional RGB.

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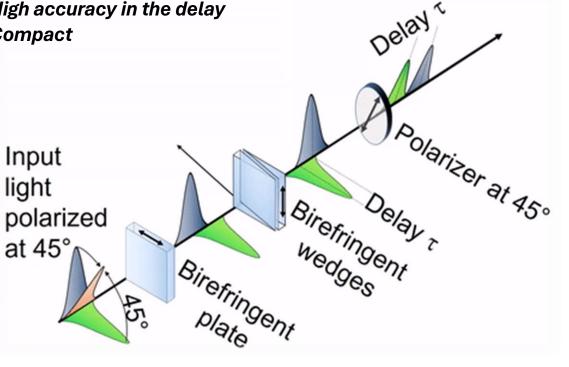
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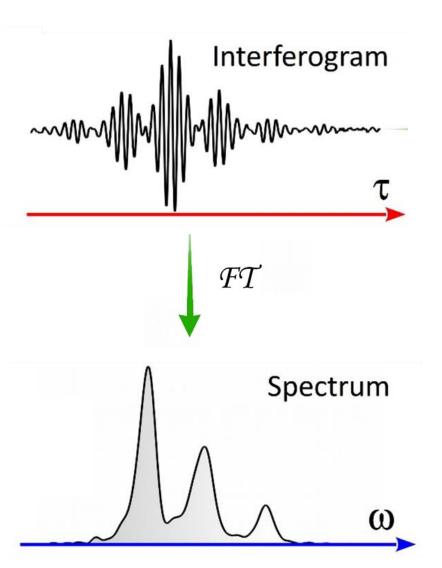
## Fourier transform approach



Based on the patents Nº: US9182284B2 (2013) N°: 102018000008171 (2018) Nº: 102023000005346 (2023)

- High stability and reproducibility ٠
- High accuracy in the delay •
- Compact



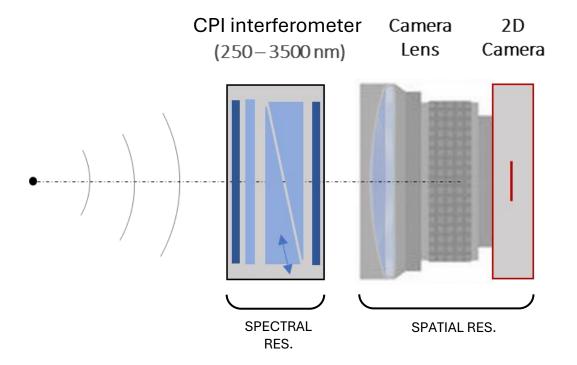


### From a spectrum to a "hyper" picture

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Spectrum Interferogram FT**FTIR spectrometer** - 🗖 mm (single pixel detector) τ ω Hyperspectral data-cube Time domain data-cube **FTIR Hyperspectral camera** (2D detector) τ ω

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Spectral range (limited by the sensor):

- 400 1000 nm (Si detector)
- 900 1700 nm (InGaAs detector)
- 1200 2300 nm (T2SL detector)
- <u>400 1700 nm (Si + InGaAs)</u> 👩



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- High Spatial & Spectral Resolution (e.g. 1.3 Mpixel // <1.5 nm @400 nm)
- Staring technique → Ease of use & Integration with commercial microscopes
- No slit, no gratings -> High optical throughput -> Fluorescence Hyperspectral Imaging
- Variable Spectral Resolution (selectable via software) → Flexibility and versatility



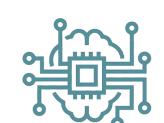
HER REFERENCE A Hyperspectral imaging in pathology - workflow

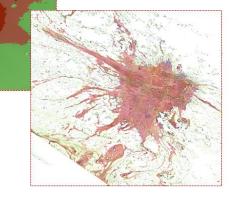
Step 1: collecting hyperspectral data on fresh biopsies & preprocessing

Step 2: training & validation of an algorithm on known spectra sampled from datacubes

Step 3: test the model on whole datacubes and visualize classified images

Step 4: comparing classified image with H&E-stained image (gold standard) to evaluate the model









## Hyperspectral imaging in pathology – experimental setup



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Field-of-view (FOV)  $\approx 3 \ge 2.5 \ cm$ Image size = 1280  $\ge 1024 \ px$ Spatial resolution  $\approx 23 \ \mu m/px$ Spectral range = 400 - 1700 nm Collection of light reflected from the surface of ex vivo breast cancerous tissue with VIS-SWIR hyperspectral camera equipped with macro lens

Samples are inserted inside a black box with uniform illumination and imaged in about 1 min



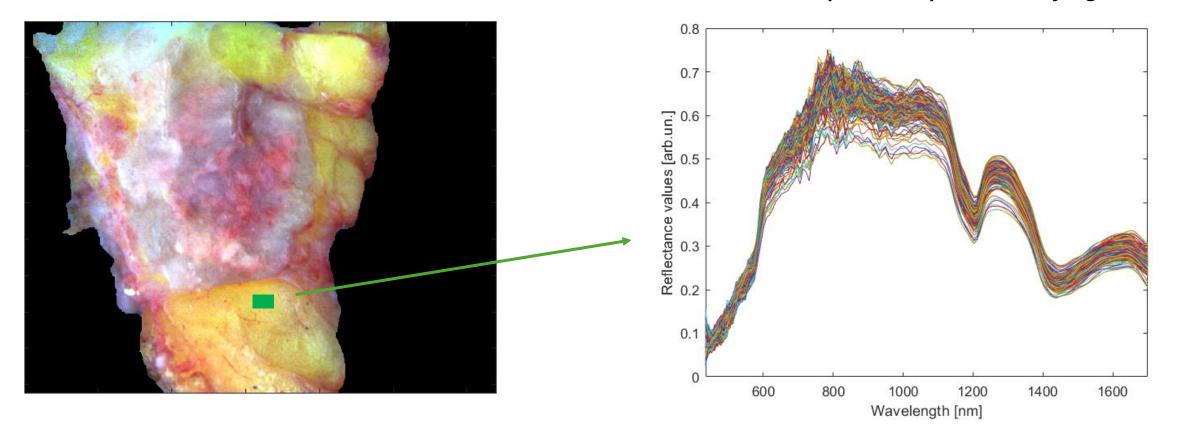


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Reflectance spectra sampled from fatty region

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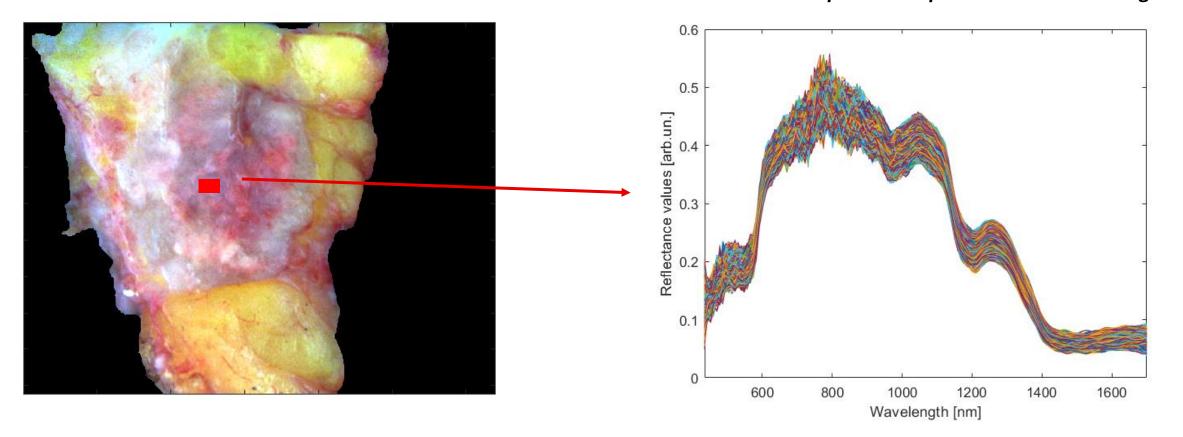
By overlapping three grayscale images in the red, green and blue bands, a

realistic RGB reconstructed picture is obtained (background was masked away)

Reflectance spectra sampled from cancerous region

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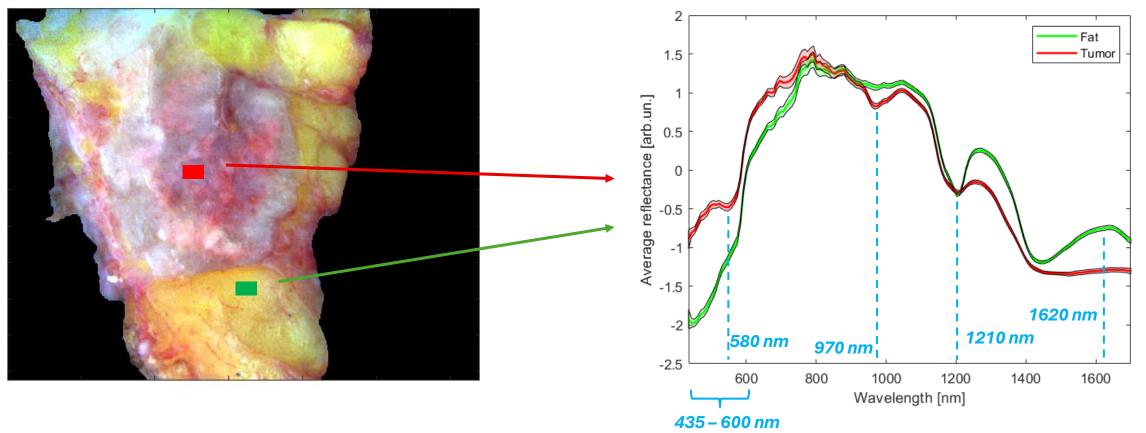


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Average SNV spectra of fatty and cancerous regions

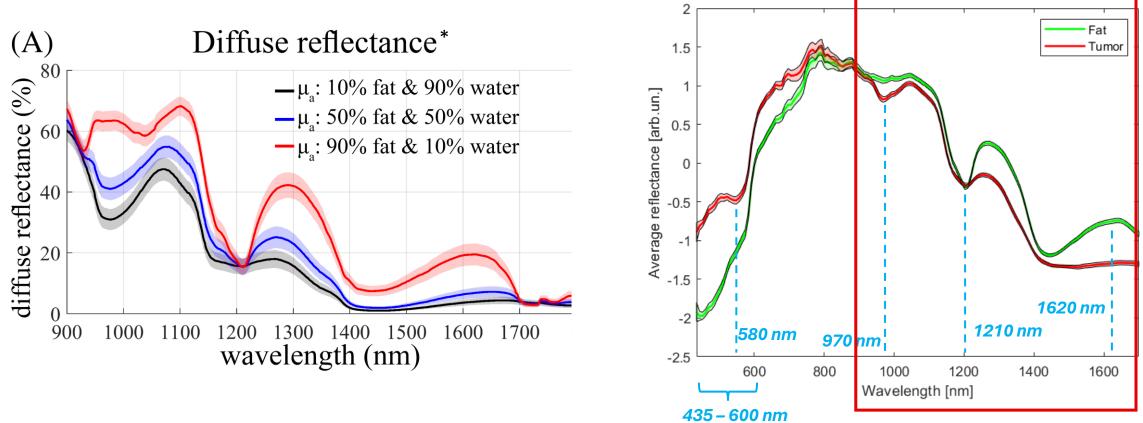
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#### Average SNV spectra of fatty and cancerous regions

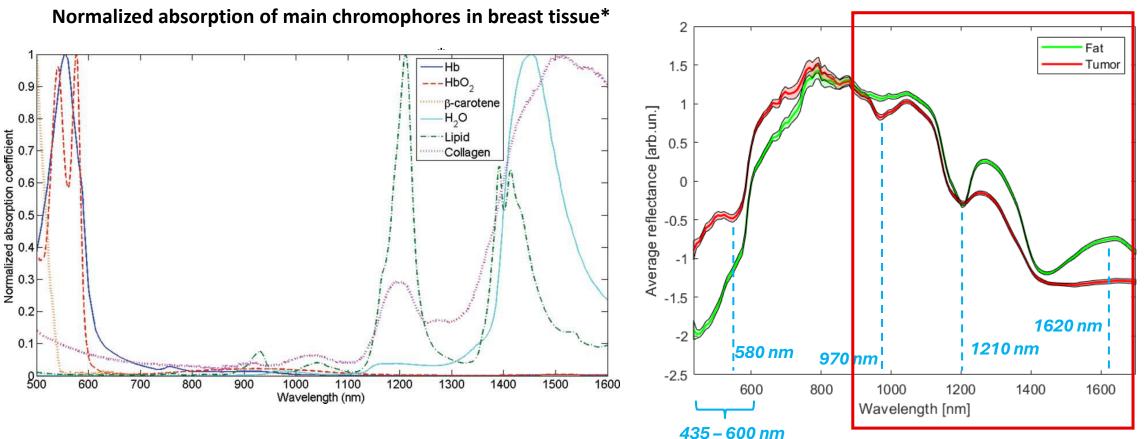
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\*Kho et Al., Journal of BIOphotonics, 9 july 2019

https://doi.org/10.1002/jbio.201900086

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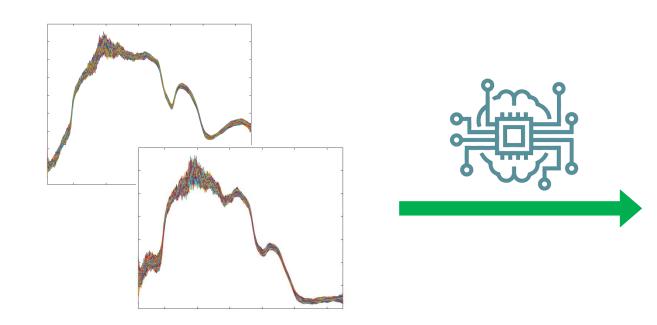


Average SNV spectra of fatty and cancerous regions

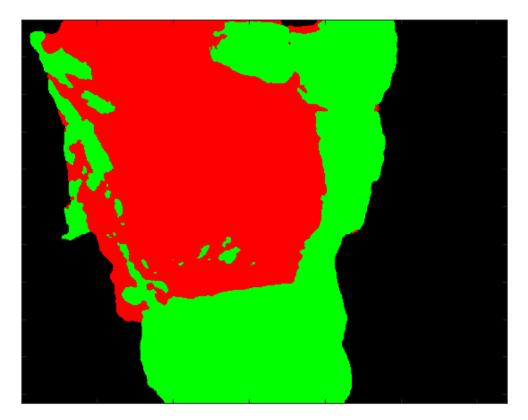
\*Nachabe et Al., Journal of Biomedical Optics 16(8), 087010 (August 2011) DOI: 10.1117/1.3611010

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Traning of a fine tree algorithm on spectra of fatty and cancerous regions

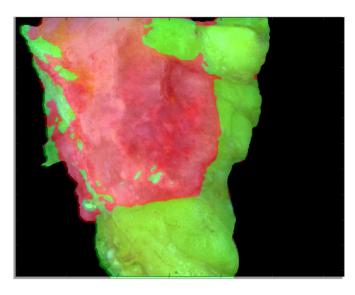


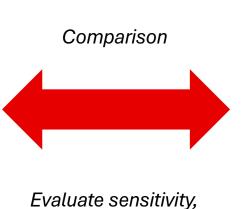
Output classification (tumor in red, fat in green)

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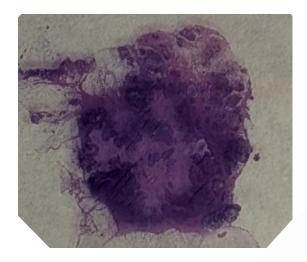
#### **Classified** image





specificity, accuracy, ...

#### Hematoxylin and eosin (H&E)



N.B. Digital H&E-stained image is still being worked on, necessary for best image registration

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## How can we improve?



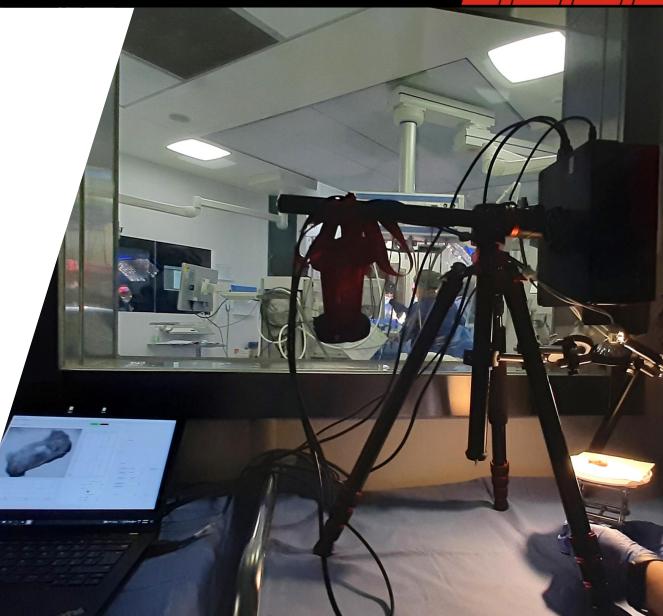
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**Upscale the protocol** to tens (or hundreds...) of patients to make classification clinically significant

#### Technical improvements:

- Improve stability of the system
- Improve spectral coverage in the NIR region
- Improve uniformity to prevent specular reflection
- Standardize the size of the measured region

Explore different models (KNN, Neural networks,...)



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What is next?



Project: 101187508 — Spectra- BREAST — HORIZON-EIC-2024-PATHFINDEROPEN-01

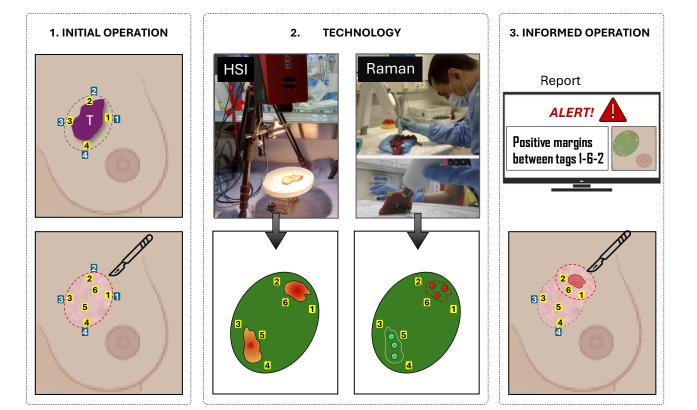


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## Thanks for the attention

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