

High resolution mid-infrared spectral pathological imaging

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Early diagnosis is vital



Primary requirement for successful treatment of any malignancy is early detection.

Survival can be 10% at 5 years for advanced disease.

Histopathology – 50% agreement LGD/HGD





	A1	A2	A 3	B1	B2	B3
Path 1	No dys	No dys	Indef	Indef	Indef	Indef
Path 2	Indef	Indef	LGD	Indef	Indef	Indef
Path 3	LGD	LGD	LGD	LGD	LGD	Indef
Path 4	No dys	No dys	Indef	Indef	Indef	Indef



HEALTH

Pigeons trained to spot signs of cancer

By John von Radowitz

Pigeons are as good as humans at spotting signs of breast cancer in biopsy samples and mammogram scans, according to remarkable new research.

In a new experiment, the birds were taught how to recognise microscope slides and mammogram scanimages and could distiguish between benign and malignant tissue.

Eight pigeons took part in the experiment, with findings published in online journal Public Library of Science One.

Lead researcher Protessor Richard Levenson, from the University of California, said that pi-

> geons' acc u r a c y "increased from 50 per cent correct to nearly 85 per cent by days 13 to 15".



Pigeons (Columba livia) as Trainable Observers of Pathology and Radiology Breast Cancer Images



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Sample Measurements (Point Map and Image Spectra)



Vibrational Spectroscopy 60 (2012) 43-49



Histological imaging of a human colon polyp sample using Raman spectroscopy and self organising maps

Gavin Rhys Lloyd^a, James Wood^{a,c}, Catherine Kendall^{a,b}, Tim Cook^c, Neil Shepherd^{b,d}, Nick Stone^{a,b,*}







Raman

- Colon data
- SOM fed PCA















Novel Microscope Technology - imaging smaller imaging faster

FTIR-Diamond Synchrotron, UK

FTIR/DFIR-Benchtop instrument



www.minerva-project.e







Re-examination of existing data

- How might the AOTF parameters affect classification performance?
 - Gaussian profile centred on wavelength
 - FWHM = 1% of wavelength
 - Sampling at 1% wavelength











Frozen section colon model: Effect of spectral range 5-group

wn range	wn spacing	n datapoints	Overall CC	Average SN	Average SP	Average PA	Average MS
2500-4000	1%	48	74%	65%	90%	60%	64%
900-1800	1%	69	83%	74%	93%	79%	77%
800-4000 900-1800 +	1%	154	80%	68%	91%	64%	70%
2500-4000	1%	129	82%	73%	93%	74%	72%

2-group

wn range	wn spacing	n datapoints	Overall CC	Average SN	Average SP	Average PA	Average MS
2500-4000	1%	48	90%	85%	85%	88%	85%
900-1800	1%	69	98%	93%	93%	96%	90%
800-4000 900-1800 +	1%	154	94%	88%	88%	90%	83%
2500-4000	1%	129	95%	88%	88%	91%	84%

Conclusions

- 900-1800 cm-1 gives the best performance (CC, SN and SP) overall.
- 2500-4000 cm-1 gives the worst performance overall.
- Performance and model stability decrease rapidly when wavenumber spacing exceeds 32 wavenumbers.
- 800-4000 cm-1 appears least affected by increased wavenumber spacing.
- Furthermore the addition of the 2500-4000 cm-1 region to the 900-1800 cm-1, although it doesn't increase performance, it doesn't significantly reduce it, however the inclusion of the region between 1800 and 2500 cm-1 wavenumbers clearly introduces spectral features which do not
 Poorrelate with disease condition.

Source W / 2cm⁻¹ through 10µm pinhole – CH region







Optimal regions for model performance Variable Importance for Projection (VIP)







Figure 1 – Mean spectrum of colon dataset for the two supercontinuum laser wavelength regions. Shaded regions indicate those identified by VIP as significant.



Gloucestershire Hospitals MHS Lloyd et al. Applied Spectroscopy 2015



photonics

LETTERS PUBLISHED ONLINE: 14 SEPTEMBER 2014 | DOI: 10.1038/NPHOTON.2014.213

Mid-infrared supercontinuum covering the 1.4–13.3 μm molecular fingerprint region using ultra-high NA chalcogenide step-index fibre

Christian Rosenberg Petersen^{1*}, Uffe Møller¹, Irnis Kubat¹, Binbin Zhou¹, Sune Dupont², Jacob Ramsay², Trevor Benson³, Slawomir Sujecki³, Nabil Abdel-Moneim³, Zhuoqi Tang³, David Furniss³, Angela Seddon³ and Ole Bang^{1,4}

Are SC light sources good alternatives to QCLs?











Infrared spectral imaging of tissues - Methodology





WP7



Comparison of different de-paraffinization methods



Fig. 3 Intensity maps of the paraffin fit to all the de-paraffinization methods with their respective time points (T1 to T5). First row: pure paraffinized tissue without any de-paraffinization and electronic de-paraffinization; second row: xylene de-paraffinization; third row: hexane de-paraffinization; fourth row: paraffin oil de-paraffinization. All the methods show differential retention of paraffin across all time points.

labHuman

J Nallala, G Lloyd and N Stone, Analyst, 2015





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Can high magnification help?











5 um













1.2

Novel Microscope Technology – High-resolution IR imaging Histological image IR based cluster image IR based cluster image (Normal colon tissue) Conventional resolution (5.5x5.5 μ m² pixel size) High-resolution $(1.1 \times 1.1 \ \mu m^2 \text{ pixel size})$.4 mm 1.4 mm (2x2 FPA tiles) 704 µm (5x5 FPA tiles) **Experimental details Imaging parameters:** Spectral resolution: 4 cm-1 280 µm Pixel size: 5.5 µm and 1.1 µm Scans per pixel: 128 Range: 900-4000 cm-1 Spectral pre-processing: Background correction, EMSC (baseline, normalization and electronic deparaffinization)

Multivariate statistical analysis: K-means clustering

c.f. Raman

280 µm (2x2 FPA tiles)

19

Nallala et al, Analyst, November 2015 (DOI: 10.1039/C5AN01871D)

Standard magnification (7X; 5.5x5.5 μm² pixel size)



High magnification (36X; 1.1x1.1 μm² pixel size)

J. Nallala, G. Lloyd, N. Shepherd, N. Stone; Analyst, 141, 2016

Colonic tubular adenoma

Imaging parameters:

Spectral resolution: 4 cm⁻¹ Pixel size: 5.5 and 1.1 μ m² Scans/pixel: 64 Spectral range:1000-3900 cm⁻¹

Spectral pre-processing:

EMSC based corrections (baseline, normalization and mathematical de-paraffinization)

Multivariate statistical analysis: K-means cluster analysis

Differentiating cell types: Principal component analysis (PCA)



Principal component analysis (PCA) showing the score plot (left) and the loading (right) for the clusters 12 (G1) and 3 (G2). For the score plot, PC1 shows a clear separation with the highest explained variance. PC1 loading is plotted on the right which shows predominant mucin features (highlighted in green) separated from the other histological features.

High-resolution FTIR imaging of colon tissues for elucidation of individual cellular and histopathological features.

Jayakrupakar Nallala, Gavin Rhys Lloyd, Neil Shepherd and Nick Stone

Analyst, November 2015 (DOI: 10.1039/C5AN01871D)



Agilent Technologies Cary 670 FTIR spectrometer coupled to a Cary 620 FTIR microscope with a 0.62 NA, 15× Cassegrain objective, and a liquid nitrogen-cooled focal plane array (FPA) detector. The detector has 16384 pixels arranged in a 128×128 array. The area imaged by micro-transmission through the 15× objective corresponds to 704×704 µm2.











^NGloucestershire Hospitals **NHS** BI

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 Standard mode (5.5x5.5 μm²) High-magnification mode (1.1x1.1 μm²) Total 200 FTIR images
 EMSC based mathematical de-paraffinization Baseline correction Normalization
 K-means cluster analysis Pathology attribution PCA-LDA (LOSOCV) based discrimination

- 15,000,000 spectra retained !
- > 50 GB data cube !







SPEC

amedical Spectroscopy Labs

Clustering vs Manual



- 64 images; 5 pathologies
- Paraffin corrected

- K-means segmentation
- Manual segmentation (surgical registrar)



MINERVA 317803 WP7
Common K-Means Clustering











Segmentation using common K-means

Standard magnification

26 samples

6 classes Epithelium Stroma





Work flow for spectral histopathology









- PCA-LDA
 - Leave-one-map-out cross-validation
 - 2 groups (Normal vs Cancer)
- Standard magnification (5.5x5.5 μm²)



	SN	SP	No. Spectra	No. samples
Standard k-means only (NM)	81%	82%	500K	57
Standard k-means only (HM)	80%	83%	3M	57
Common k-means only (NM)	84%	86%	260K	26
Segmentation + registration only (HE-IR)	79%	83%	770K	25
Segmentation + registration + K-means (HE-IR-KM)	90%	93%	81K	29 24

Discriminating cancerous tissues from non-cancerous

2 group model (N=57) 500K spectra NM / 3M spectra HM Normal magnification High magnification SN = 81% SN = 80%

SP = 82% SP = 83%

t = x mins t = 25x mins

- The jury is out regarding high versus standard mag for discrimination work on going
- Discrimination reduces with the addition of intermediate groups
- In the process of building large models with many patients / samples

Raman: Pixel size versus classification performance



using sample 1: (a) 8.4- μ m pixel size and (b) 2.1- μ m pixel size. There

is a subtle discontinuity (at x pixel number 210) in the 2.1- μ m map,

 Table 1 Classification performance of the training dataset of the PCA fed LDA model (8.4- and 2.1- μ m pixel sizes, 15-s acquisition time) measured on sample 1.

8.4 10 20 20 20 20	4µm		CaF ₂	ТВ	FCT	HGD	Fl	Correctly classified (%)
^{>} 60	8.4	um CaF ₂	374	7	0	0	0	98.2
70 80		ТВ	14	150	24	1	0	79.4
10 20 30 40 50 60 70 80 90 100 FCT	Border	FCT	0	0	990	4	6	99.0
(b) 50 50 Filinges	scence	HGD	0	3	196	3420	43	93.4
		Fl	0	2	0	0	165	98.8
9200 2.	1µm ^{2.1}	um CaF ₂	5541	543	0	0	0	91.1
² 250	-	ТВ	187	1352	11	0	0	87.2
300		FCT	0	1	5399	0	0	100.0
350		HGD	0	125	3951	65,813	714	93.2
x pixel number	-	Fl	0	4	2	0	4067	99.9
Fig. 3 Performance of the LDA tissue classification model (ger	nerated —							

TB = Tissue border...



Journal of Biomedical Optics 15(6), 000000 (November/December 2010)





Smith et al., Technology in Cancer Research and Treatment, 2003.





Comparison of different NA's and magnifications

HE reference image



1 (20.55%) 2 (3.05%) 3 (5.64%) 4 (21.33%) 5 (17.92%) 6 (13.31%) 7 (18.2%)



C. Conventional magnification (12X)

(Pixel size: 3.3 x 3.3 µm²)

1 (8.7%) 2 (16.38%) 3 (21.27%) 4 (17.05%) 5 (18%) 6 (5.28%) 7 (13.33%)

B. High magnification (36X) (Pixel size: 1.1 x 1.1 μm²) 1 (13.07%) 2 (11.9%) 3 (16.92%) 4 (17.95%) 5 (10.17%) 6 (1.92%) 7 (22.85%) 8 (5.22%)



D. High magnification (63X) (Pixel size: 0.66 x 0.66 µm²)

1 (14.22%) 2 (6.48%) 3 (19.59%)4 (15.86%) 5 (13.84%) 6 (2.46%) 7 (10.52%) 8 (8.56%) 9 (8.47%)









Recent advances – discrete frequency imaging



a)

FTIR microscope









R. Bhargava, et al, Anal. Chem., 2014

4000 1800 1000 800 а 0 (qg) -10₹ -20 Inte -30 5 6 7 10 11 12 13 14 Wavelength (µm) Sr (MW) 2.0 1.6 1.2 po d Deak 0.8 du 0.4 0.0 10 11 12 13 14 1 2 7 8 9 3 4 5 6 Wavelength (µm)

Wavenumbers (cm⁻¹)

Christian Petersen, et al, Nat. Photonics, 2014



Recent advances – discrete frequency imaging



a)













- Supercontinuum source (2 to 4.5 μm) 0.5 milliwatt/nm
- Acousto-optic tuneable filter (5 cm⁻¹ spacing)
- Mid-IR camera (500x600 pixels)
- 160 frequencies, Transmission mode

Quantum cascade laser-based hyperspectral imaging of biological tissue

Niels Kröger,^{a,*} Alexander Egl,^a Maria Engel,^a Norbert Gretz,^b Katharina Haase,^a Iris Herpich,^a Bettina Krär Sabine Neudecker.^b Annemarie Pucci.^a Arthur Schönhals.^a Jochen Vogt.^a and Wolfgang Petrich^a

0.2



Fig. 1 Experimental setup: Infrared radiation is emitted from the external cavity quantum cascade laser (QCL). The beam is split by a nonpolarizing beam-splitter for simultaneous power- and wavelength-monitoring as well as sample illumination. NPBS. nonpolariz-50 μ m











(a)



(b)

Fig. 2 (a) Image of haematoxylin and eosin-stained section of mouse jejunum. The center of the slice shows villi surrounded by crypts and smooth muscle tissue of the lamina muscularis. (b) Corresponding infrared label image of the adjacent unstained tissue slice, measured with QCL-based imaging. The total acquisition time of the complete infrared image of $3.1 \times 2.8 \text{ mm}^2$, including the reference measurement, amounted to 5 min. The box indicates the area used for comparing the QCL-based imaging with other infrared methods (see Fig. 3). The clustering was performed in the spectroscopic region from 1030 to 1090 cm⁻¹.





Preliminary conclusions and future plans

- Spectral discrimination between tissue-type works well in comparison to the gold-standard

Epithelial tissue, connective tissue., etc

- Higher magnification is providing greater understanding of biochemical changes associated with pathological cells and tissues

-Discrimination between pathologies is promising for the two-group model: Normal and Cancerous

- Discrimination capabilities reduces with the addition of intermediate groups Adenomatous and hyperplastic

- Efforts underway to test more discriminant models to separate different pathologies of colon tissues

- Key discrete frequencies for discrimination to be identified and targeted









WP7 Acknowledgements





Dr Jayakrupakar Nallala

Dr. Gavin Lloyd

Prof. Neil Shepherd

Prof Valery Naranjo

Mr Francisco Peñaranda Gómez

Biophotonics Unit

Gloucestershire Hospitals MHS

NHS Foundation Trust



Universitat Politècnica de València

Spain



Dr. Bruce Napier (VIVID)



Gooch & Housego

Dr. Jon Ward Dr. Mark Farries Dr. Nikola Prtljaga

THANK YOU



Dr. Peter Morten Moselund



Gloucestershire Hospitals











Acknowledgements

MINERVA

Bruce Napier Dr Jayakrupakar Nallala,

Dr Gavin Lloyd, Jim Wood (DM), Rebecca Griggs (Mres)

Biomedical Spectroscopy Labs

WP7 - UPV Prof Valery Naranjo Ornedo – UPV Francisco Penaranda Gomez - UPV

WP9 – G&H Ian Lindsay / Mark Farries - G&H

Angela Seddon, Slawomir Sujecki, Sergiy Smuk Björn Kemper, Juergen Schnekenburger, Carl Asplund, Henk Martijn, Peter Fuhrberg, Samir Lamrini Cestmir Barta, Radek Hasal Jon Ward, Gary Stevens, Stefano Valle, Ole Bang, Lasse Leick, Christian Ruben Petersen, Patrick Merken, Rosa Maria Vinella Peter Morten Moselund Gloucestershire Hospitals



MINERVA Partners

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4	BBT-Materials Processing SRO	CZ
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11	The University of Exeter	UK
12	Gloucestershire Hospitals NHS Foundation Trust	UK
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