

HPC usage at BIOEMTECH: A case study on Nuclear Medicine Dosimetry

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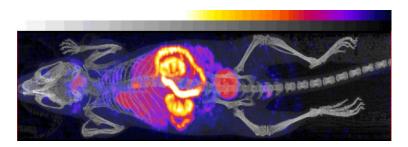
BIOEMTECH activities

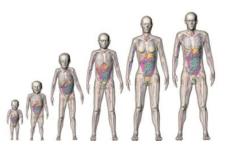


BIOEMTECH develops and offers innovative solutions in pharmaceutical, medical physics and biotechnology research.

We focus on molecular imaging, dosimetry & biomedical engineering







BIOEMTECH activities



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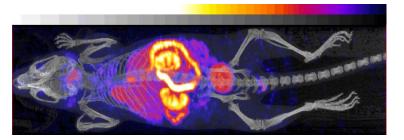
We focus on molecular imaging, dosimetry & biomedical engineering:

Design and construction of benchtop imaging devices for screening applications

✓ Performance of preclinical **imaging services** in our imaging platform

Computational solutions using MC simulations & AI techniques







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SW unit activities

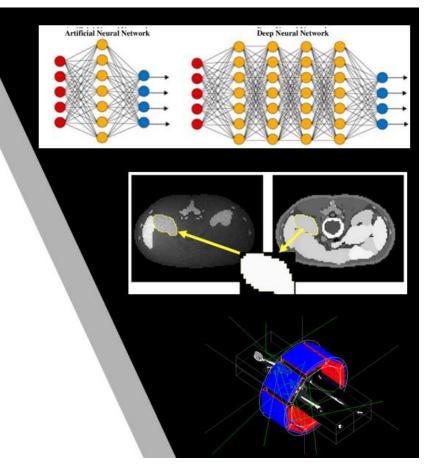
Monte Carlo Simulations Dosimetry – Medical Imaging PET/SPECT/CT

> Artificial Intelligence

Develop prediction models (clinical and preclinical apps) Decision Support Systems (DSS for clinicians)

Image Processing/Analysis
Radiomics – Segmentation – Reconstruction

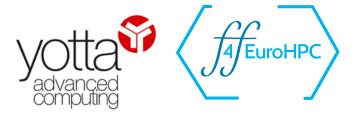
Anthropomorphic & Animal 3D computational models Synthetic Data (artificial realistic clinical data)



Current HPC usage at BIOEMTECH

✓ 2021-2022 — FF4EuroHPC
 (PediDose project at YOTTA – 11000 unit hours)

- ✓ 2022-2023 Extended access at YOTTA (Internal usage of HPC – 8500 unit hours)
- ✓ 2024 EuroHPC JU Development Access
 (SynthesizeCare project at MeluXina 3000 node hours)

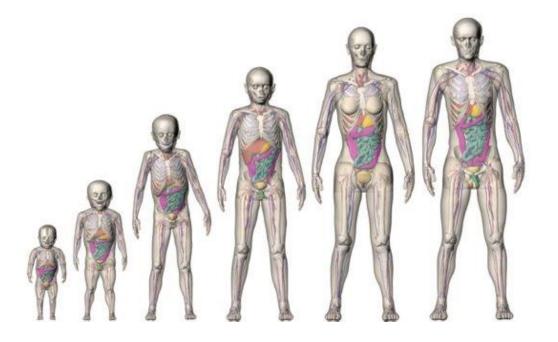






Precision Medicine





Personalized Medicine

A medical model **that aims to provide tailor-made Prevention, Diagnosis & Treatment strategies** of a disease for defined individuals (group of individuals)



Big Data / AI / Digital Twins Reconsider clinical protocols \rightarrow Individualized

Al in Precision Medicine



Prevention

Diagnosis

Therapy

Management Cost Effectiveness

Productivity

Delayed diagnosis

All fits one clinical protocols

Non-individualized approaches

No common expertise

Lack of personnel

Unsure diagnosis

Non-effective management of the patients

Non-effective therapies

Non effective follow up processes

Reduce the no required clinical examinations

Lack of DSS



PediDose: Overview

Call:FF4EuroHPC Call-1Duration:15 months (2021)

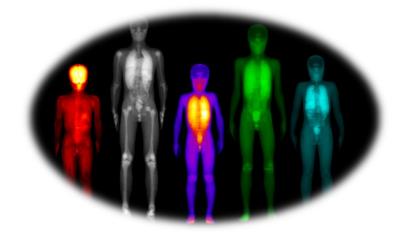
- BIOEMTECH (Domain expert & End-user) Coordinator SME in the field of Biotechnology
- IKNOWHOW (End-user) SME in the field of Medical Software

GRNET (HPC expert)

Greek National Infrastructures for Research and Technology

* **YOTTA** (HPC provider) – Subcontractor







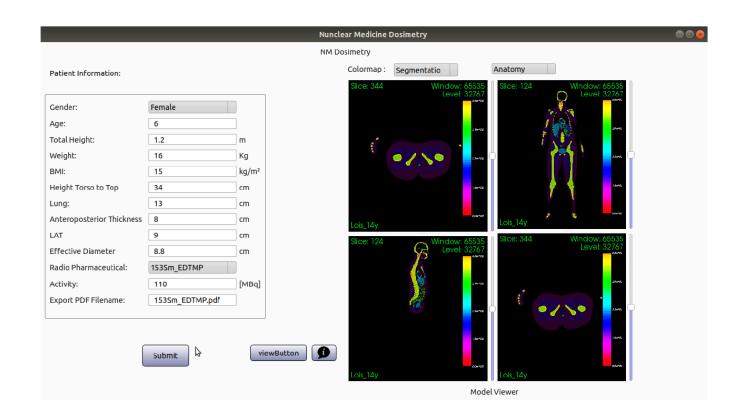


PediDose: The idea

Develop a new product – clinical software tool
 – assist clinicians (DSS)

Personalized pediatric dosimetry prediction
 prior the examination

Based on a dosimetry methodology previously developed (H2020-MSCA-RISE ERROR project)



EuroHPC

PediDose: The problem



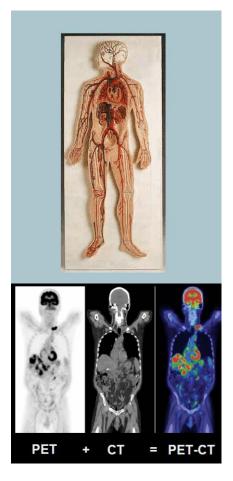
Problem based on theory

- Nuclear Medicine procedures involve radioactivity
- Ionizing radiation deposits energy in human body
- >Absorbed dose from ionizing radiation can lead to cancer
- Pediatric patients are higher radiosensitive than adults



Daily clinical routine drawback

- Difficult to measure the absorbed dose in each organ of the body
- Rough estimations are currently applied in clinical practice
- Dosimetry is done after the radiopharmaceutical injection
- ➢ No estimation on the dose that a child will receive



EURO

EuroHPC

PediDose HPC: The need

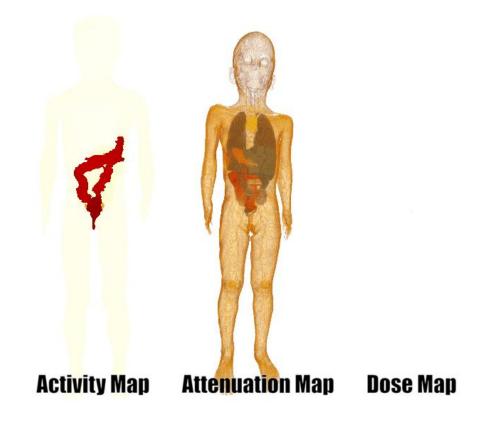
Many & Intensive dosimetry MC simulations:

- ~30 pediatric models (2-15 years old)
- for 5 most common radiopharmaceuticals
- 4 time points after the injection

~500 simulations!
1 simulation run: ~3days locally ~1h on HPC

→ Absorbed dose database

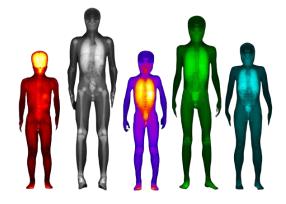
Training of Machine Learning models to predict dose per organ for a pediatric patient according to his/her anatomical characteristics



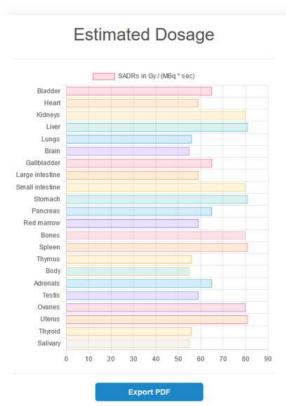
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PediDose: Solution

"A novel software product (decision support) that offers clinicians the possibility to assess internal dosimetry and <u>optimize Nuclear Medical (NM) imaging clinical</u> <u>protocols</u> in terms of personalized dosimetry"



Physical		
Gender	🧿 Male 🔵 Female	
Age		
Total Height		cm
Weight		Kg
BMI		Kg/m ²
Height Torso to Top Lung Anteroposterior Thickness LAT Effective Diameter		cm cm cm cm cm
Process		
Radio Pharmaceutical	NM-131I-Nal_p1 ~	
Activity		MBq



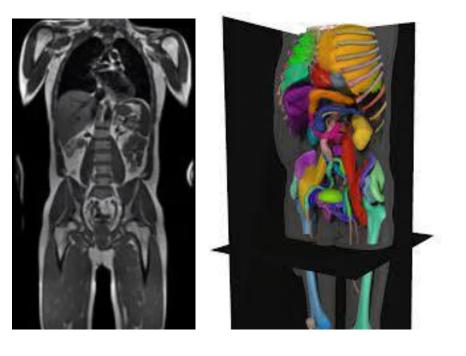
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SynthesizeCare: Tool

Development of a tool for auto-creation of a computational anatomical model for each patient who undergoes CT/MRI examination

(e.g., for personalized radiotherapy treatment plan)



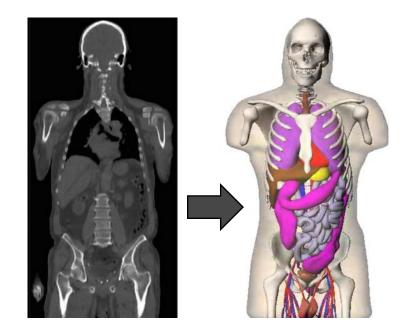


SynthesizeCare: Methodology

- Collection of clinical datasets (>2000 clinical CT and/or MRI images)
- Access HPC (MeluXina) for organs' segmentation
- Creation of anatomical phantoms for the acquired dataset.
- Evaluation of the anatomical models
- Train AI models on HPC to provide synthetic anatomical map for each new patient

*Applicability in hospitals and clinics \rightarrow data to be stored in Patients' Medical Record

(e.g., for personalized radiotherapy treatment plan)



HPC use \rightarrow Output

BIOEMTECH: HPC opportunities



- New collaborations (2 SMEs collaborated for a new product).
- > HPC provided resources to develop **novel products.**
- \succ Combination of MC, AI and HPC \rightarrow Innovative solutions for personalized medicine.
- Extension and grow in medical SW market.
- > Be more competitive in the market.
- Staff was trained on HPC procedures.







Benefits of HPC @ BIOEMTECH

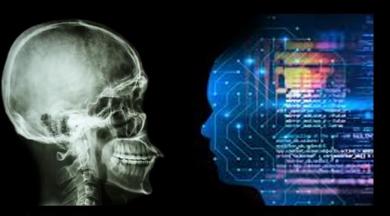


- ✓ Gain speed in execution time of MC simulations and AI training models.
- Manage to have robust results in couple of hours with low statistical uncertainty (High Statistics)
- ✓ Extension of HPC access beyond PediDose for MC simulations in our HW department
- Learned to use HPC for other applications (HPC usage to become daily routine)
 Use of HPC for AI applications: training models for ML/DL with large imaging datasets
- ✓ **Submission of other proposals** with the prior expertise of HPC

Limitations | Challenges



Personalized Medicine / AI / HPC / Industry



1895 X-rays

2023 AI

AI in Medicine is real. HPC can bring AI in clinical routine! Ethical Issues (data processing, GDPR, mechanical decisions)

- Clinical acceptability (trustworthiness, robustness)
- **Explainability** (Black box \rightarrow Grey/white box, useful tools for clinicians)
- Data Harmonization (multicenter, multiscale data)
- Standardization of data (collection & storage)
- Change clinical protocols (personalized protocols clinical trials need)
- Computational resources (HPC, clusters, GPU infrastructures)
- > Training personnel in new techniques

New regulations are required (EU regulations, legislations)

Involve several stakeholders (researchers, clinicians, patients, legislators, regulators, industry)

...the end



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Thank you!

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