

# QIBA and Imaging Biomarkers for Fat Quantification

Liver Forum, April 2022

Anthony E. Samir, MD,MPH  
Arinc Ozturk MD

Center for Ultrasound Research & Translation  
Department of Radiology



MASSACHUSETTS  
GENERAL HOSPITAL



# Outline

---

3 main biomarkers will be discussed

- **Attenuation**
  - **Speed of sound**
  - **Backscatter coefficient**
- 
- Physics
  - Availability
  - Clinical results

# Outline

---

3 main biomarkers will be discussed

- **Attenuation**
- **Speed of sound**
- **Backscatter coefficient**

- Physics
- Availability
- Clinical results

# Physics

Attenuation coefficient = Loss of wave amplitude due to acoustic phenomena, esp. absorption and scattering

The magnitude of the loss =  $A(z) = A_0 - \alpha f z,$

*Amplitude (in dB) after the wave propagates a distance  $z$  (in cm)*

Initial ultrasonic wave amplitude in decibel (dB)

Total loss of wave amplitude

$A(z)$  is the  $f$  is the ultrasonic frequency in MHz, and  $\alpha$  is the attenuation coefficient (AC; in dB/cm-MHz).

# Availability

- Most vendors have attenuation measurement technology
- Methods may differ
- Ongoing clinical trials (NCT04440540, NCT04012242)

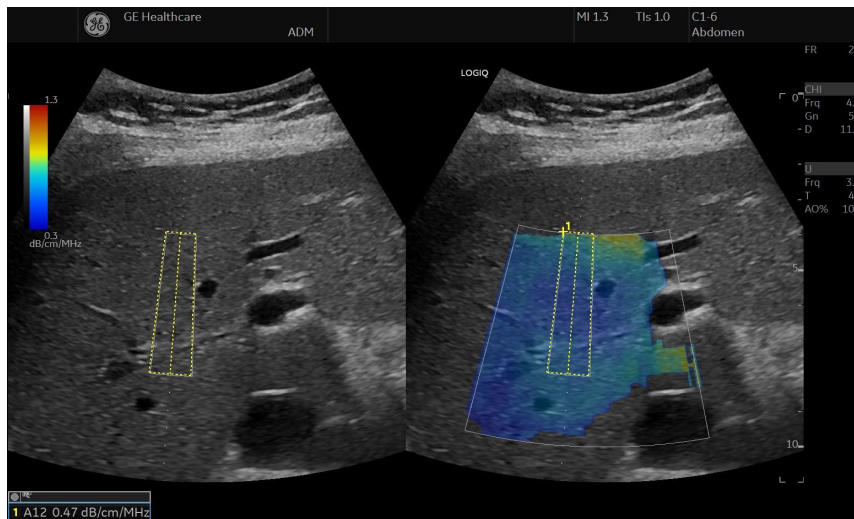


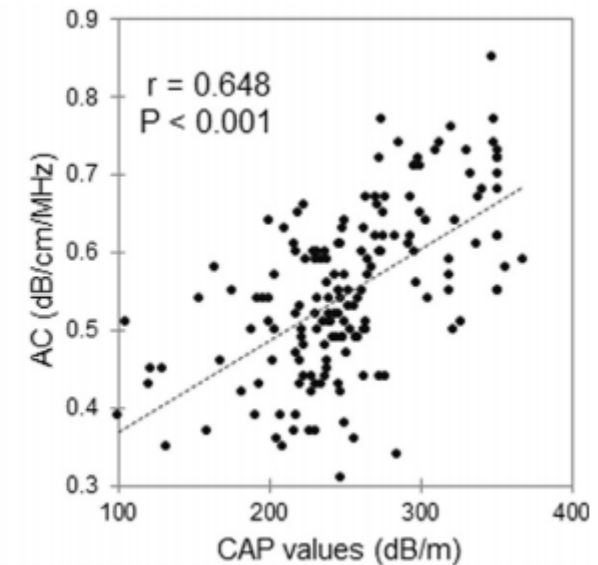
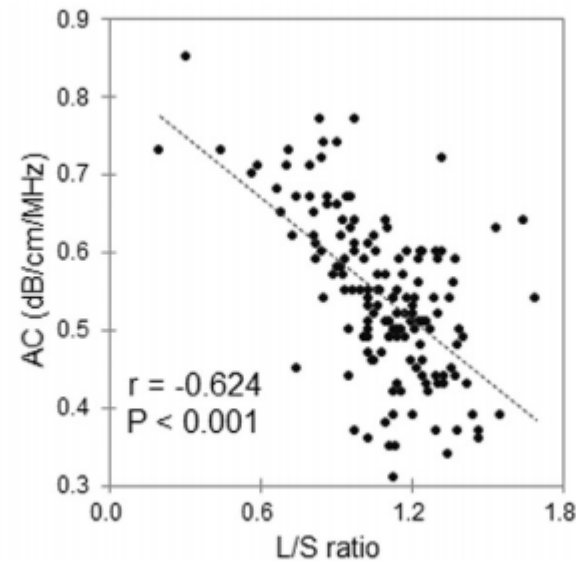
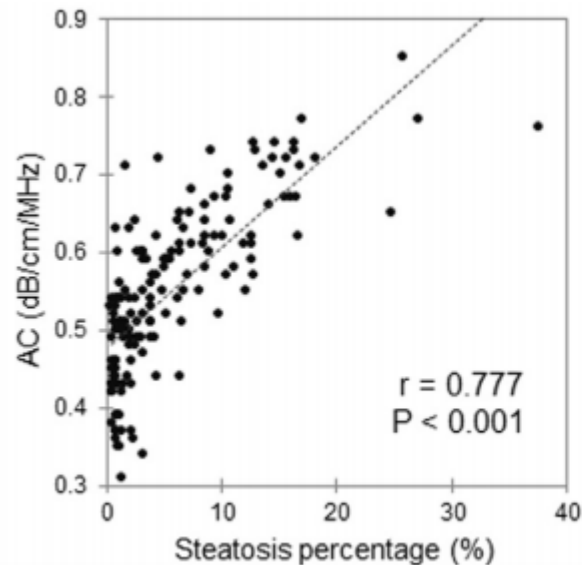
Image from, <https://www.gehealthcare.com.au/-/jssmedia/global/products/files/ultrasound/logiq-e10/logiq-e10-guided-attenuation-parameter-anz-jb76082xx-2.pdf?rev=-1>



Image from Ferraioli et al. 2021

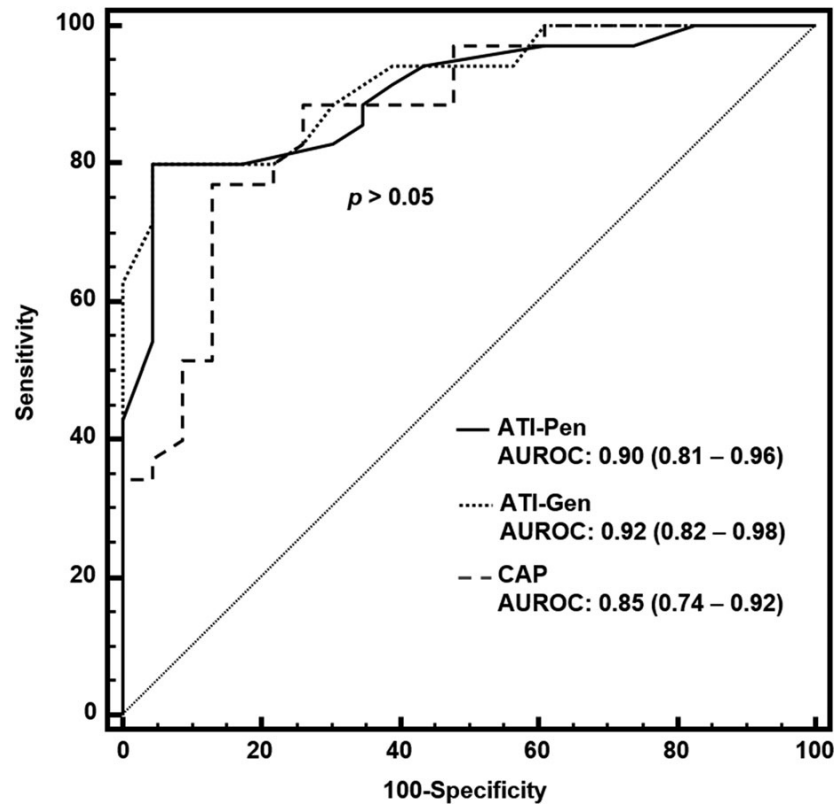
# Clinical results

Increased attenuation values at higher steatosis percentages and CAP values. Negative correlation with CT defined Liver-to-spleen ratio (L/S).



# Clinical results

S0 vs. S1-S2-S3 ( $S > 0$ )

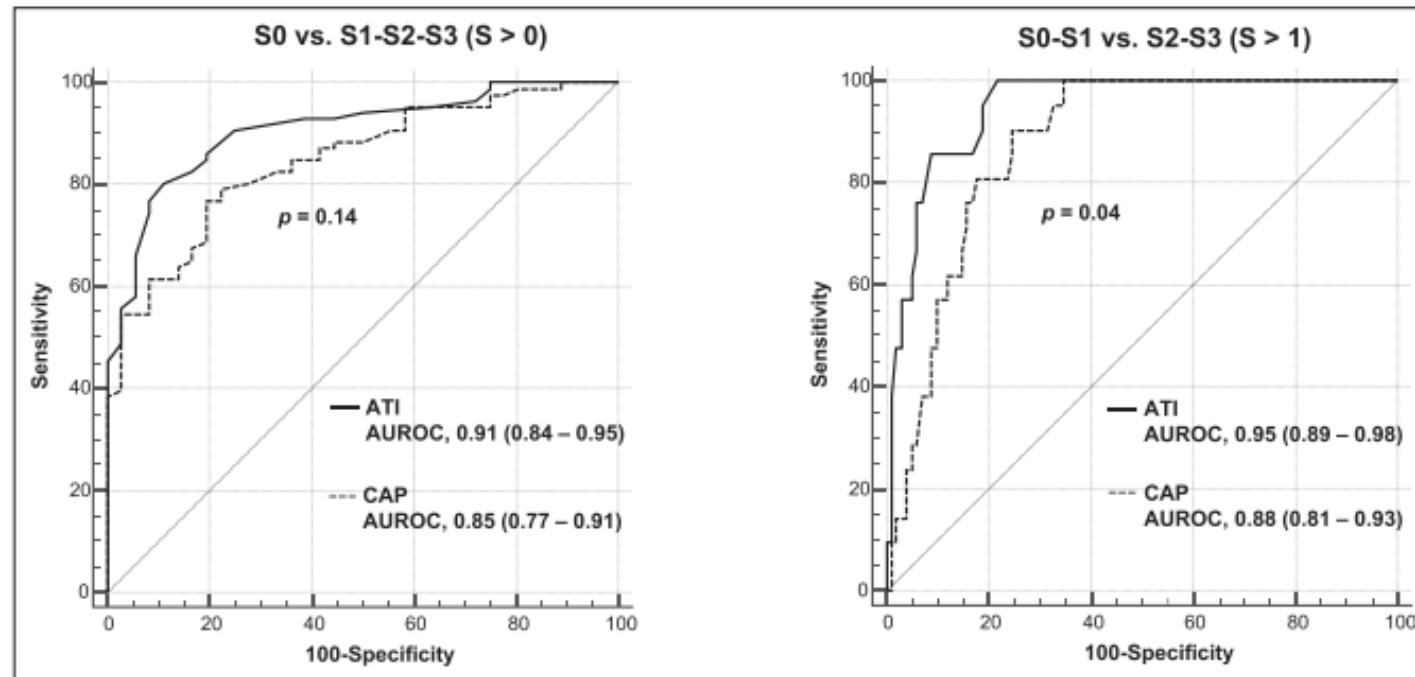


Comparison of receiver operating characteristic curves for 2 attenuation commercial implementations for S0 versus S1 to S3 ( $S > 0$ ), as defined by MRI-PDFF of greater than 5%.

ATI-Pen (3.0 MHz), ATI-Gen (4 MHz)

# Clinical results

## ROC analysis- Diagnosing PDFF proven steatosis %



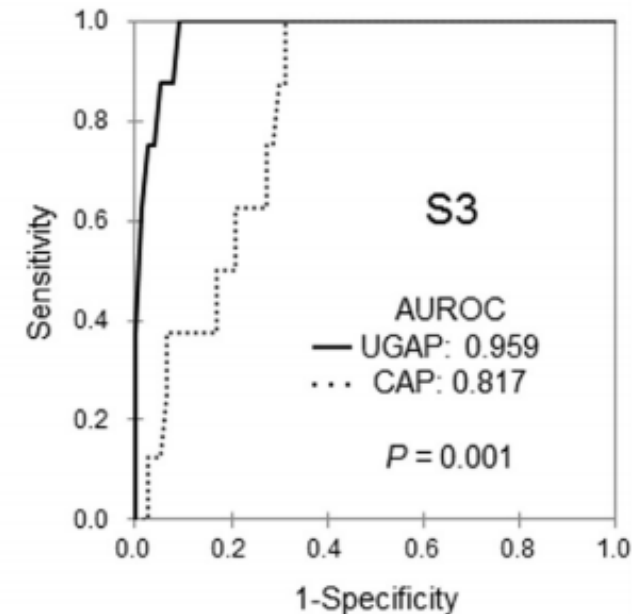
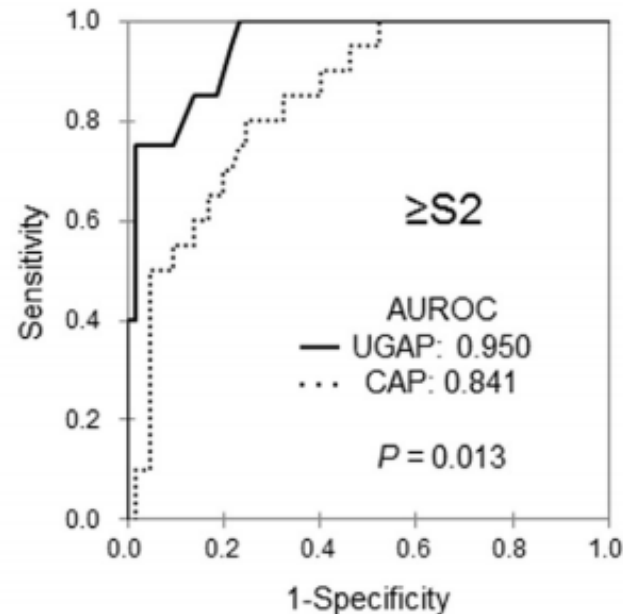
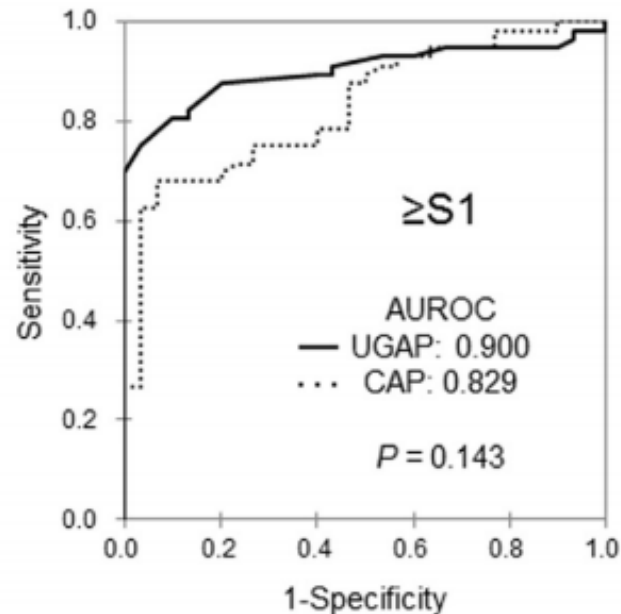
Reference standard: MRI-PDFF  $\geq 5\%$

MRI-PDFF  $\geq 16.3\%$



# Clinical results

## ROC analysis- by steatosis stage



# Outline

---

3 main biomarkers will be discussed

- **Attenuation**

- **Speed of sound**

- **Backscatter coefficient**

- Physics
- Availability
- Clinical results

# Physics

## Focusing methods

- SoS assumed to be 1540 m/s.
- Deviation of true tissue SoS leads to image degradation.

## Coherence methods

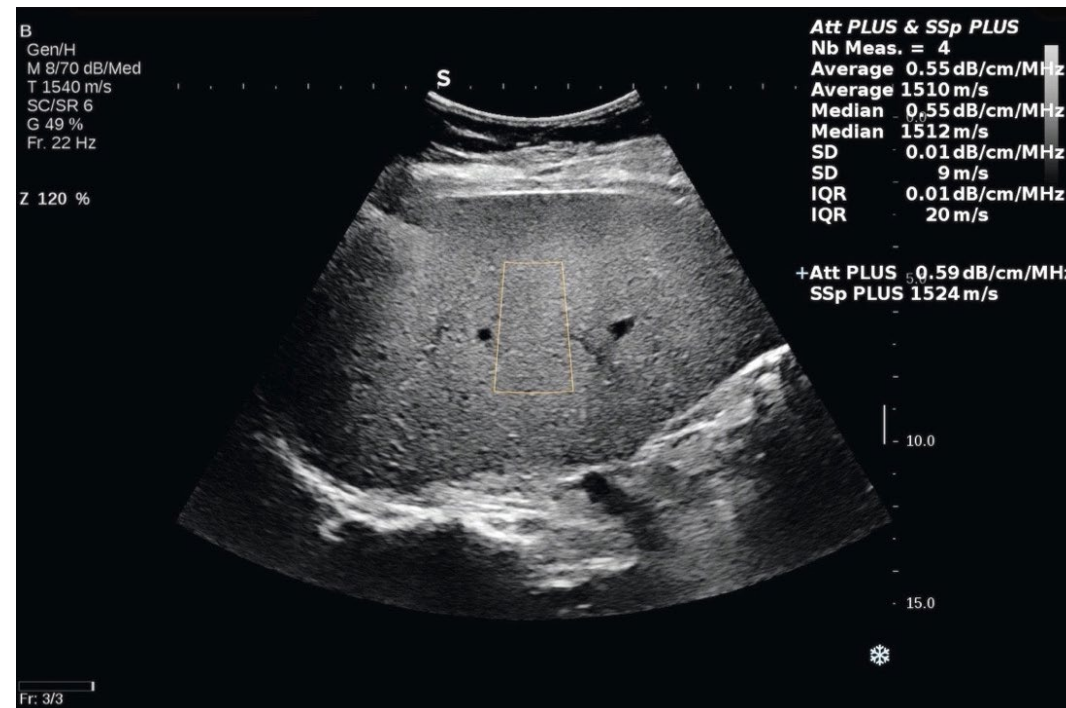
- Specialized signal processing
- Channel-data
- Depth specific SoS

## Compounding methods

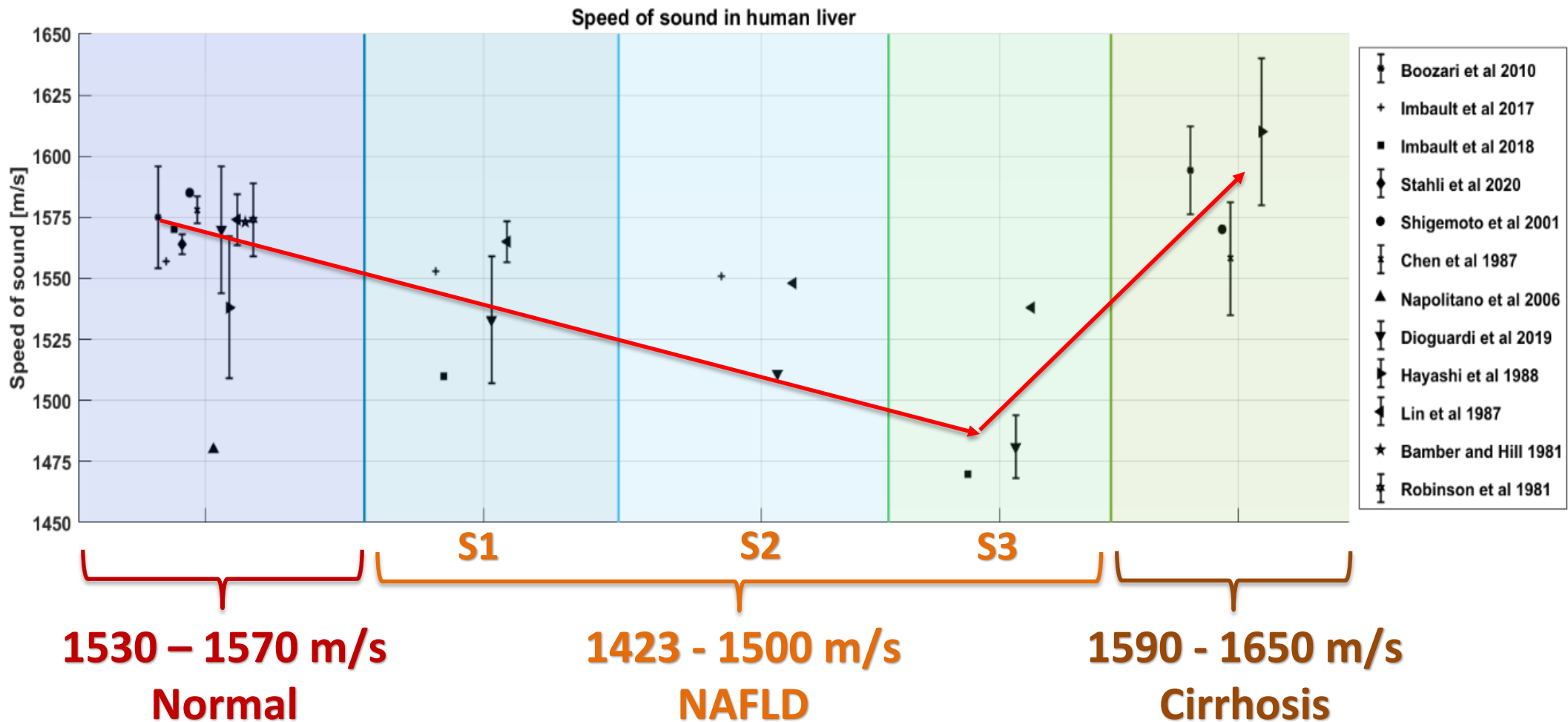
- Uses different transmit steering angles to cause spatial shift misregistration
- Real-time SoS maps

# Availability

- Limited availability
- Ongoing clinical trials to assess variability and diagnostic performance are needed. Active trials (NCT04782050)



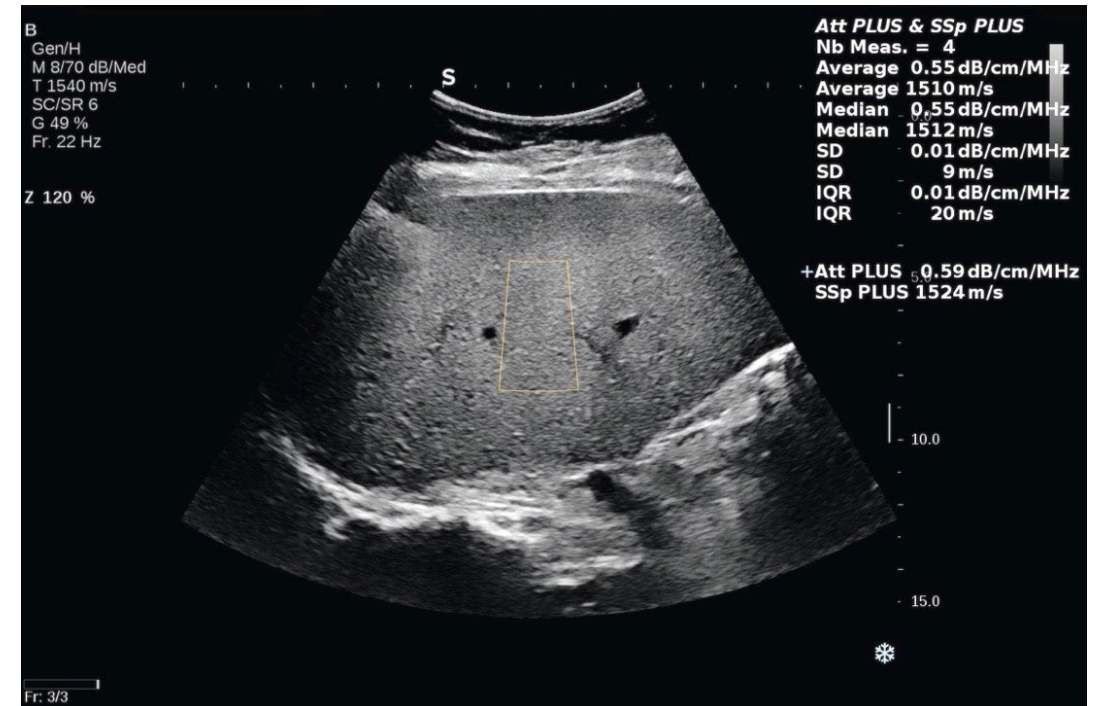
# Clinical results



# Clinical results

- Majority of studies are animal and ex-vivo studies.
- Limited clinical studies
- Popa et al. 2021, AUC to detect S2,S3 steatosis

<b>Cut-off</b>	<1524 m/s
<b>AUC(95%CI)</b>	0.88 (0.82-0.92)
<b>Sens</b>	75.5 %
<b>Spec</b>	93.4 %



# Outline

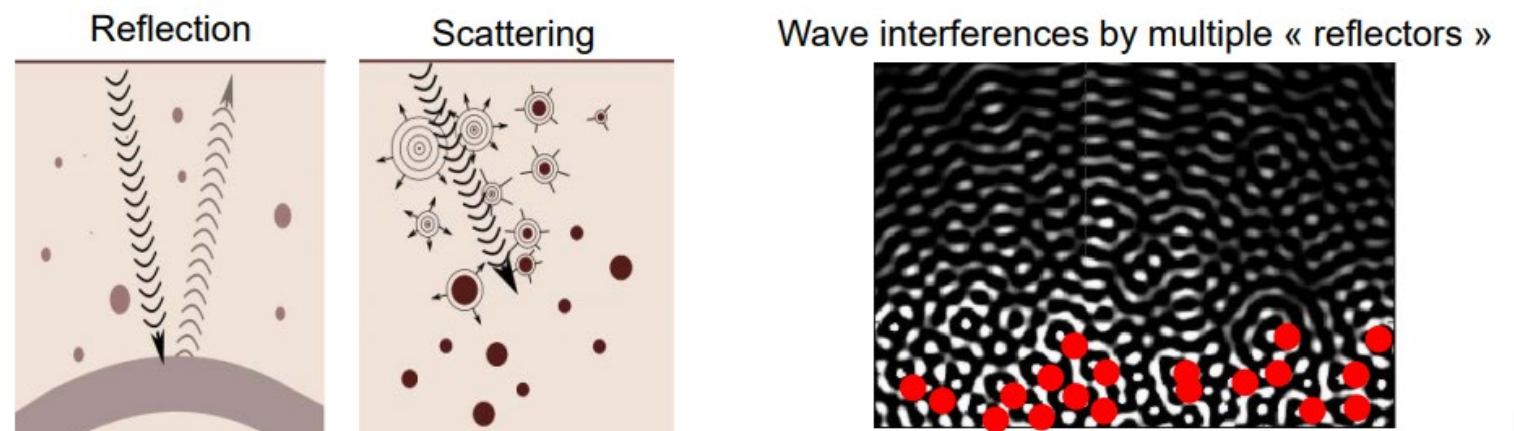
---

3 main biomarkers will be discussed

- **Attenuation**
  - **Speed of sound**
  - **Backscatter coefficient**
- Physics
  - Availability
  - Clinical results

# Physics

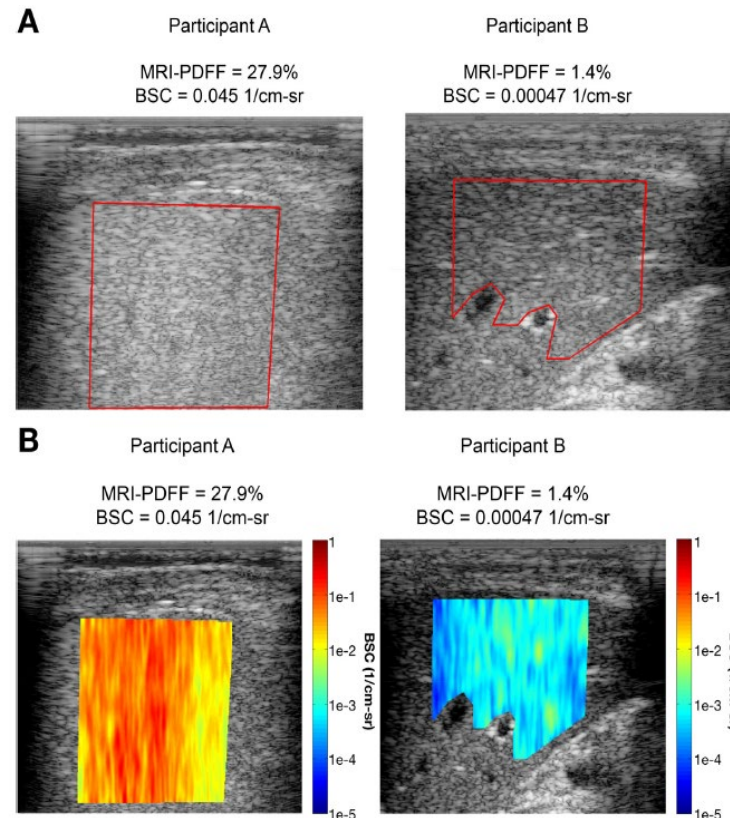
- Backscatter imaging refers to the analysis of echoes received by the ultrasound transducer due to compression wave reflection and scattering
- Quantitatively measure scattering from biological tissue
- Defined as the differential scattering cross-section per unit volume in the  $180^\circ$  direction.





# Availability

- Mostly experimental
- Clinical trials to assess variability and diagnostic performance are needed.



# Clinical results

		Mean AUC Values	Treshold	Sens%	Spec%
<b>Backscatter Coefficient</b>	Grade 1 vs $\geq 2$	0.854 (0.753-0.966)	0.0112	0.848 (0.681-0.949)	0.815 (0.619-0.937)
	Grade $\leq 2$ vs 3	0.830 (0.719-0.942)	0.0166	0.882 (0.636-0.985)	0.744 (0.588-0.885)
<b>MR-PDFF</b>	Grade 1 vs $\geq 2$	0.962 (0.922-1.000)	13.45	0.848 (0.681-0.949)	0.963 (0.810-0.999)
	Grade $\leq 2$ vs 3	0.929 (0.865-0.933)	16.83	1.000 (0.805-1.000)	0.814 (0.666-0.916)

# Clinical results

---

- Biopsy Comparison (Paige, AJR 2017)
  - 61 subjects with biopsy-confirmed NAFLD
  - BSC had a cross-validated grading accuracy of 68%
  - Note that MRI-PDFF had a cross-validated grading accuracy of 71%.
- MRI-PDFF Comparison (Han, Radiology 2020)
  - Study of 102 participants of which 72 had NAFLD
  - BSC had Correlation Coefficient of 0.58 with MRI-PDFF

Han A, Zhang YN, Boehringer AS, Montes V, Andre MP, Erdman JW Jr, Loomba R, Valasek MA, Sirlin CB, O'Brien WD Jr. Assessment of Hepatic Steatosis in Nonalcoholic Fatty Liver Disease by Using Quantitative US. Radiology. 2020 Apr;295(1):106-113. doi: 10.1148/radiol.2020191152. Epub 2020 Feb 4. PMID: 32013792; PMCID: PMC7104700..

Paige JS, Bernstein GS, Heba E, Costa EAC, Fereirra M, Wolfson T, Gamst AC, Valasek MA, Lin GY, Han A, Erdman JW Jr, O'Brien WD Jr, Andre MP, Loomba R, Sirlin CB. A Pilot Comparative Study of Quantitative Ultrasound, Conventional Ultrasound, and MRI for Predicting Histology-Determined Steatosis Grade in Adult Nonalcoholic Fatty Liver Disease. AJR Am J Roentgenol. 2017 May;208(5):W168-W177. doi: 10.2214/AJR.16.16726. Epub 2017 Mar 7. PMID: 28267360; PMCID: PMC5512552.

# AIUM/RSNA collaboration

---



- Radiological Society of North America (RSNA) established QIBA in 2007.
- Mission “to improve the value and practicality of quantitative imaging biomarkers by reducing variability across devices, sites, patients and time”

# AIUM/RSNA collaboration

---



- A new, collaborative effort (PEQUS) to gain knowledge about the;
  - Diagnostic performance of emerging fat quantification techniques
  - Inter and intra-manufacturer variability of these biomarkers

# AIUM/RSNA collaboration



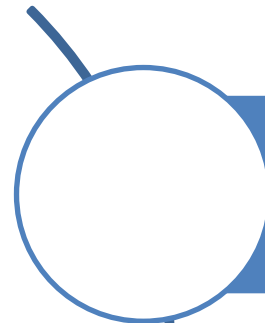
- AIUM/RSNA QIBA Pulse Echo Quantitative Ultrasound (PEQUS) Biomarker committee was established in 2020.
- 4 sub-committees were generated.
- Members from different disciplines.

Attenuation working group	Backscatter coefficient working group
Phantom working group	Speed of Sound working group

# AIUM/RSNA collaboration



- AIUM/RSNA QIBA PEQUS Biomarker committee goals



to reach agreement on how to measure, report, and test PEQUS biomarkers among manufacturers



to reach agreement on how to measure, report, and test PEQUS biomarkers under equivalent conditions

# Thank you for your attention!

---



CENTER FOR ULTRASOUND RESEARCH & TRANSLATION  
(CURT)

<https://curt.mgh.harvard.edu>