

Enabling technologies for research using clinically acquired medical image data: Clinical Image Bank and MI2B2

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RPDR

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Mi2b2

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Medical Imaging in EHR





Order for imaging

Radiology Report (NLP-able)







Billing for image interpretation Billing for image processing

Billing for image acquisition

Research != Clinical

Research	Clinical
Common acquisition protocol	Customized per-patient
Controlled context and data curation	Wide variability
Highest reasonable image resolution	Best clinically justified images
Coverage of target structures	Only what is needed to answer the question at hand
Acquisition often custom for research software	Acquisition paired with commercial workstation features
Often normal subjects	Almost never normal (pathology and other variability)
Quantitative	Qualitative



Advancing High-Value Imaging to Support Patient Care and Research

DECEMBER 22, 2016 AT 10:30 AM ET BY RODERIC PETTIGREW, RICHARD CAVANAGH, JERRY SHEEHAN, AND MICHAEL CHEETHAM

	Referral	Scan	Interpretation	Next Steps
Current Practice	Driven by professional habit, time pressure, defensive medicine, networks	Lengthy techniques or imaging series	Qualitative: much information is discarded	Further imaging or consultation
Future Possibility	Driven by evidence- based Appropriate Use Criteria (AUC)	Faster, high-value techniques with shorter targeted protocols	Quantitative assessments: analytical tools mine image data for more useful information	Reduced need for further imaging: more timely and precise diagnostics and treatment

And yet.....

H₀: Clinically acquired images have tremendous potential to advance biomedical research as well as clinical care

Radiomics

"...high-throughput extraction of quantitative features that result in the conversion of images into mineable data and the subsequent analysis of these data for decision support..."

"...it is conceivable that conversion of [standard of care] digital images to mineable data will eventually become routine practice..."

• Gillies et al, Radiology 2016



Enterprise-wide data services are available to help Partners investigators and research groups expedite the process of obtaining data for analysis or to gauge study feasibility. Repositories of clinical samples and data, as well as public data sets, are accessible to researchers through the tools and processes outlined below.

A new initiative, the Partners wide Big Data Commons, enables Big Data to be integrated with the RPDR and tighter integration of the RPDR with Epic. The specific areas of focus of the Big Data Commons are to create a Research Patient Portal for direct patient engagement in Epic, creating a distributed query system to allow more types of Partners Big Data to be integrated and become discoverable by researchers, and specific integration platforms such as the Biobank Portal which serve to researchers new forms of Big Data in easily consumable forms.

Partners Clinical Image Bank

	Partners Clinical Image Bank ×			
Posoarch Patient Data Pogistry	O Attps://cb.partners.org/webclient/# NATINERS Clinical Image Bank	C Q Search	Table of Data 🔲 Get Images) 🔍 🖡 👘 🦻 В 🞯 Нер 🔺
Research Patient Data Registry	Nevlation Terms Find O R Pat	tient Set Viewer		
Research Patient Data Registry (RPDR)	Realthcare Data O Control Data O	efine View Review Patients History Download Images		
	(a) Apparent Diffusion Coefficient - 197 (b) CICOM Data - 403	You are viewing rows 26-50 out of 197 rows, one row per patient.		E Download CS
		Patient Number Age Age Race [All Concepts (Names/Text)]	Search: Apparent Diffusion Coefficient [Existence (Yes/No)]	Acquisition [Images (Yes/No)]
	Constant Section 2017 1997 1997 1997 1997 1997 1997 1997 1	66 M 12 White [1. Normative]	Yes	View
RPDR Daily Query Tool	⊖ 5 5. Cohort - 364 → 10 1 Normative - 194	67 F 9 White [1. Normative] 75 M 11 White [1. Normative]	Yes	View View
The RPDR has a new Daily Query Tool where users	Can qu	Acquisition		
	Workplace	Fri 18 Sat 19 Sun 20	Mon 21 Tue 22	Wed 23
		78 F 9 White [1. Normative]	Yes	No
		84 M 9 White [1. Normative] Patient 75 at 2011-02-20T09:25:11.000-05:00	Yes	<u>View</u>
Partners Biobank Portal				No
		111 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No
Biobank Portal				View View
				View
				View
	Previous Queries Find Q Q Q			No
mi2B2 Medical Image Access Tool				View
			Close	VIOW
mi2B2 Medical Image Access Tool				

Amassing Pediatric Brain MRI's to Understand "Normal" using Mi2b2

P. Ellen Grant, Yangming Ou, Lilla Zollei, Rudolph Pienaar, Steve Pieper, Sara Bates, Shawn N. Murphy, Randy L. Gollub

Partners Healthcare System, Children's Hospital Boston, and Massachusetts General Hospital, Boston, MA

Images Of Baby Brains: Priceless

• Whole-brain ADC from 100s of infants allow benchmarking



Using the Medical Imaging Informatics Bench to Bedside (mi2b2) Workbench



HIPAA compliant mi2b2 Workbench restricts access of investigator to the patient cohort identified in associated IRB, data pulls are audit logged



Murphy SN, Wang Y, Wang TD, Sack D, Reynolds N, Plesniak W, Andriole K, Wei J, Pieper S, Herrick C, Gollub RL. High throughput tools to access images from clinical archives for research, J Digit Imaging. 2015 Apr;28(2):194-204. doi: 10.1007/s10278-014-9733-9

Data Collection- RPDR + mi2b2

								_
Secure DI	COM Image Search and Download 8	3						•
estions? RI	DRHelp@partners.org						Repository Usage:	0.16%
			Patients Sta	udies Transfer	Log Transferred Images	Image Viewer		
Patients fro	m RPDR are listed here. Select the one	s you are inter	ested in and sel	ect the 'Get Image :	Study Information for Selected	Patients' button at the bottom.		
Select All	Elin Selections			-			Т	oggle Filter
EMPI	Name	Gender	Date of Birth	MRNs	Ŧ	r	Selection	
-	PHAL MOUNTEET, SETERTEEN	Famala		man.			Not Checked	
-	BWHLMRHMIEST, NINETEEN	Female		BWH.			Checked	
-	BWHLMRHMIEST, TWENTY	Female		BWH.			EMDI	
	BWALLMETEST, LIGHT	Male		Divisi.			Chiri	
	RWHI MRTEST, TEN	Male		RWH-				
2	BWHLMRTEST, ELEVEN	Female		BWH				
2	BWHLMRTEST, TWELVE	Female		BWH			Apply Filte	r
1	BWHLMRTEST, THIRTEEN	Female		BWH:			No	
1	BWHLMRTEST, FOURTEEN	Male		BWH:			BUNNY, EASTER YRUC	WD. PATIENT
5	BWHLMRTEST, FIFTEEN	Female		BWH:			4	
5	BWHLMRTEST, SIXTEEN	Male		BWH:			Gandar	
5	BWHLMRTEST, SEVENTEEN	Female		BWH:			Female	
	BWHLMRHMTEST, TWENTY	Female		BWH:			Male	
	BWHLMRHMTEST, TWENTY	Female		BWH:			Unknown-U	
	BWHLMRHMTEST, TWENTY	Female		BWH:			Date of Birth	
	BWHLMRHMTEST, TWENTY	Female		BWH:				
ו	TEST, ABIGAIL	Female		BWH:			-	
	BWHLMREHRSTEST, EIGHT	Male	1000	BWH:			MRN	
splaying 3	69/369 patient(s)							

Mi2b2 engine: <u>https://www.nmr.mgh.harvard.edu/lab/mi2b2</u> Lead: Shawn Murphy, Randy Gollub (MGH) [Murphy et al, 2015]

<u>To vet</u>

N=~100,000

- Brain MRI in MGH

N = 2,871

- Scanned 2006-2013 with ADC maps in Siemens 3T scanner
- 0-6 years old at the time of scan
- Radiological reports suggesting free of abnormality

N = 1,648

- ADC maps found and not corrupted

N = 705

 ADC maps re-examined & confirmed to be normal by a neuro-radiologist (Dr. Grant) and a neonatologist (Dr. Bates)

N = 201

- Duplicates and CNS morbidity removed
- Still normal 3 years after the initial visit

Data Analysis Approach – Atlas Construction

4.70		Y1		va	vo	Y4	VE	VC	Total		
Age	W1-2	Rest of Q1	Q2	Q3	Q4	12	15	14	15	10	Iotai
# Subjects	13	13	8	8	13	34	33	25	21	33	201
# Females	4	5	4	5	5	17	14	14	10	15	93



[Software for Atlas Construction] * Ou et al, <u>https://www.nitrc.org/projects/popdramms</u>

[Atlases released] * Ou et al, https://www.nitrc.org/projects/mgh_adcatlases

Ou Y, Zollei L, Retzepi K, Castro V, Bates SV, Pieper S, Andriole KP, Murphy SN, Gollub RL, Grant PE, Human Brain Mapping, 2017

Validation – are the atlases right?



a) Whole-brain volume and ADC values, and changes



Statistically, at each age,

measurements from 1 atlas == measurements from multiple individuals

Ou Y, et al, Human Brain Mapping, 2017

Validation – are the atlases right?

b) Regional and voxel-wise ADC values, and changes



measures from 1 atlas ~ measures from multiple individuals

	birth	01	02	03	04	Y2	Y3	¥4	Y5	Y6	20-40vo	Imaging protocol			
Caudate	10 II CI	Q, A	Q.L.	6,5		12	10	14	10	10	20 4010	ind Brid protocol			
Our atlases (L)		1235	936	848	814	812	810	804	786	781					
Our atlases (R)		1226	965	857	840	829	817	800	803	802		Siemens 3T, 2x2x2 mm, b=1000			
Neil et al [6]	1240											Siemens 1.5T. 2x2x5mm. b=987/800			
Sener et al [3]									820			Siemens 1.5T, b=1000			
	1		-												
Thalamus															
Our atlases (L)		1101	899	840	840	818	809	799	783	782		Singara 27, 20202 mm, h=1000			
Our atlases (R)		1111	904	829	823	800	796	789	768	765		Siemens 31, 2x2x2 mm, b=1000			
Neil et al [6]	1080											Siemens 1.5T, 2x2x5mm, b=987/800			
Sener et al [3]			98	30				-	83	30	1	Siemens 1.5T, b=1000			
Helenius et al [24]				1		1		1		1	730	Siemens 1.5T. 2x2x5mm. b=1000			
Naganawa et al (25)											830-910	Siemens 1.5T, 2x2x6mm, b=1000			
Kwan et al [16]	1075	1020							<u> </u>			Phillins 3T 1 8x1 8x1 8mm h=750			
chan ce ar [20]	1075	1020					· · · ·			I		1 millips of , 1.6x1.6x1.6mill, 6-756			
Corpus Callosum															
Our atlases		1524	1359	1204	1145	1057	976	963	960	942		Siemens 3T, 2x2x2 mm, b=1000			
Morriss et al [20] (Lgenu)	15	40		1310	1130	940	1080			869					
Morriss et al [20] (B genu)	14	70		1330	1320	950	1060			933					
Morriss et al [20] (L solenium)	19	180		1410	1350	1180	1180			950		Siemens 1.5T, 2x2x5mm, b=100			
Morriss et al [20] (Esplenium)	19	80	-	1240	1350	1030	1120			960		{			
7bai et al [21] /genul	~120	10	-	22.40	1000	1000	1120			100	~780				
Zhai et al (21) (genu)	~110	0	-	<u> </u>		<u> </u>			<u> </u>		~950	Siemens 3T, 1.72 ² x5mm, b=1000			
Engelbracht at al 191 (sopu)	1280		-				760		<u> </u>		050				
Engelbrecht et al [0] (gehu)	1410		-	<u> </u>		-	700		<u> </u>			Siemens 1.5T, 2x2x5mm, b=1000			
Engelbrecht et al [6] (spienium)	1410		1120				//0	1							
Provenzale et al [74] (genu)			1110			<u> </u>			<u> </u>	<u> </u>		GE 1.5T, 3x3x5mm, b=1000			
Provenzale et al [74] (spienium)	4.050		1110	<u> </u>					<u> </u>						
Sadegni et al [23]	~1350				~1050	/~950						Siemens 31, 2x2x2mm, b=1000			
White Matter (Anterior)															
Our stases (L)		1517	11/12	1006	1027	002	020	011	000	975					
		1.402	1142	1090	1037	990	930	911	000	0/5		Siemens 3T, 2x2x2 mm, b=1000			
Our atlases (R)	1 45.0	1400	115/	1094	1028	960	912	0//	050	000		Ciamana 1 57, 0-0-5			
	1450		-	<u> </u>					<u> </u>	<u> </u>		Siemens 1.51, 2x2x5mm, D=987/800			
Zhai et al [21]	~150	10	-	-					<u> </u>		~/50	Siemens 31, 1.72*x5mm,b=1000			
Engelbrecht et al [8]	1500						920					Siemens 1.51, 2x2x5mm, b=1000			
Helenius et al [24]									<u> </u>		710	Siemens 1.5T, 2x2x5mm, b=1000			
Naganawa et al [25]											780-860	Siemens 1.5T, 2x2x6mm, b=1000			
Provenzale et al [74]			1330									GE 1.5T, 3x3x5mm, b=1000			
Kwan et al [16]	1760	1508										Phillips 3T, 1.8x1.8x1.8mm, b=750			
Whiter Matter (Posterior)		4005	400	4.00	1	0.55	0.45	0.05		0.00					
Our atlases (L)		1322	1064	1029	1017	952	915	900	876	865		Siemens 3T, 2x2x2 mm, b=1000			
Our atlases (R)		1385	1081	1027	1028	970	921	896	877	863					
Neil et al [6]	1500											Siemens 1.5T, 2x2x5mm, b=987/80			
Zhai et al [21]	~155	50									~880	Siemens 3T, 1.72 ² x5mm,b=1000			
Engelbrecht et al [8]	1640						900					Siemens 1.5T, 2x2x5mm, b=1000			
Helenius et al [24]											710	Siemens 1.5T, 2x2x5mm, b=1000			
Kwan et al [16]	1494	1379							I			Phillips 3T, 1.8x1.8x1.8mm, b=750			

Ou Y, et al, Human Brain Mapping, 2017

Most common cause of Neonatal Brain Injury is Hypoxic Ischemic Encephalopathy (HIE)

- HIE occurs in 2-6/1000 infants, most common in term infants
- Therapeutic hypothermia is now the standard treatment
- Survivors often suffer from long-term neuro-cognitive deficits



Figure from cerebralpalsy.org

<u>Standard of care includes</u> brain MRI in first days of life. At MGH, state of the art, research quality acquisition protocol including DWI and quantitative ADC maps was established in 2008 and has been stable since.

Early MRI in term infants with perinatal hypoxic—ischaemic brain injury: Interobserver agreement and MRI predictors of outcome at 2 years Goergen, et al, Clinical Radiology, 2014

Yet, 20-50% intra-/inter-rater variability or uncertainty even for experienced pediatric neuroradiologists!

Detecting HIE Injury is difficult

- Gold Standard: <u>Apparent Diffusion Coefficient</u> (ADC) maps
- Abnormally low ADC values => restricted diffusion => lack of oxygen/blood
- Q: How low is too low? What is within normal variation?



An easy case



Gano et al, Ped. Res., 2012

De Veris et al, BMJ, 2010

More challenging cases



Figure from Howlett et al, Ped Res, 2013

Atlas-based Abnormality Detection

Atlases





Quantification of Voxel-wise



* Ou et al, OHBM, 2015, 2017

Accuracy of Z-map Approach

- Compare with expert annotations
- Machine-vs-Human =?= Human-vs-Human



Inter-rater Dice overlap compared to algorithm-rater Dice overlap



Accuracy of Z-map Approach (n = 6 cases, n = 2 raters



An atlas-based **naïve** Z-map approach can provide a **good initiation** for lesion detection, approaching the accuracy of human experts

Ongoing Work – Bring to Radiology Classroom and Reading Room





Structured Report template

Image analysis approach



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Lilla Zollei Steve Pieper Kathy Andriole

Clinical Informatics

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Boston Childrens Hospital

P. Ellen Grant Yangming Ou Rudolph Pienaar

rc.partners.org



Overview of the RPDR

The Research Patient Data Registry (RPDR) is a centralized clinical data registry, or data warehouse that gathers clinical information from various Partners hospital systems. An online Query Tool allows researchers to explore clinical data through a self-service system in order to:

- Assess clinical study feasibility
- Identify patients for clinical trials
- Investigate hospital operations and patient care
- Provide identified patient data with approved IRB protocol
- Find control patients for previously defined populations
- Search clinical notes for specific text terms and phrases in order to identify patient cohorts who have notes/reports that contain the searched text.
- Query for patients with blood samples in the Partners Biobank
- Supply a workbench that allows viewing and download access for MGH and BWH Radiology images

The RPDR ensures the security of patient information by controlling and auditing the distribution of patient data within the guidelines of the IRB and with the use of several builtin, automated security measures. The online search in real time results in a faster data turnaround with extensive specificity of patient criteria.

Functions of the RPDR

The RPDR has two related but separate functions:

- The online query tool provides users with aggregate numbers of patients that meet user-defined characteristics and criteria such as diagnoses, procedures, medications and/or laboratory results.
- The Data Request Wizards allow the user to ask for more detailed medical record information on the identified patient population. **This process requires an approved IRB protocol.**

Obtaining access to the RPDR

In order to use the RPDR, a person must first become registered in the RPDR system. Registration is handled differently for faculty vs. non-faculty members.

RPDR Access

In order to use the RPDR, a person must first become registered in the RPDR.

	Obtaining Access to the RPDR	
×	RPDR Tools	
\$	Training	
CON		

RPDR Contacts

For help with the RPDR, please contact:

Laurie Bogosian- User Liaison > 857 282-3746

Stacey Duey - Project Specialist 617 759-8248

Mariah P. Mitchell - Corporate Manager- » RPDR Group 857 282-3767

Chris Herrick - Director of the RPDR Group» 857 282-3758

Shawn N. Murphy, MD, PhD Designer of » the RPDR & Director for RISC 857 282-3769

RPDR MAILBOX »

RPDR Evolved into international "Informatics for Integrating Biology and the Bedside (i2b2)" sponsored by the National Institutes of Health, what is it?

- Software for explicitly organizing and transforming personoriented clinical data to a way that is optimized for clinical genomics research
 - Allows integration of clinical data, trials data, and genotypic data
- A portable and extensible application framework
 - Software is built in a modular pattern that allows additions without disturbing core parts
 - Available as open source at https://www.i2b2.org

An i2b2 Environment (the Hive) is built from i2b2 Cells



I2b2 Software components are distributed as open source



Implementations (a sampling)

CTSA's

- Boston University
- Case Western Reserve University (including Cleveland Clinic)
- Children's National Medical Center (GWU), Washington D.C.
- Duke University
- Emory University (including Morehouse School of Medicine and Georgia Tech)
- Harvard University (including Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Children's Hospital Boston, Dana Farber Cancer Center, Joslin Diabetes Center, Massachusetts General Hospital)
- Medical University of South Carolina
- Medical College of Wisconsin
- Oregon Health & Science University
- Penn State MIlton S. Hershey Medical Center
- Tufts University
- University of Alabama at Birmingham
- University of Arkansas for Medical Sciences
- University of California Davis
- University of California, Irvine
- University of California, Los Angeles*
- University of California, San Diego*
- University of California San Francisco
- University of Chicago
- University of Cincinnati (including Cinncinati Children's Hospital Medical Center)
- University of Colorado Denver (including Children's Hospital Colorado)
- University of Florida
- University of Kansas Medical Center
- University of Kentucky Research Foundation
- University of Massachusetts Medical School, Worcester
- University of Michigan
- University of Pennsylvania (including Children's Hospital of Philadelphia)
- University of Pittsburgh (including their *Cancer Institute*)
- University of Rochester School of Medicine and Dentistry
- University of Texas Health Sciences Center at Houston
- University of Texas Health Sciences Center at San Antonio
- University of Texas Medical Branch (Galveston)
- University of Texas Southwestern Medical Center at Dallas
- University of Utah
- University of Washington
- University of Wisconsin Madison (including Marshfield Clinic)
- Virginia Commonwealth University
- Weill Cornell Medical College

Academic Health Centers (does not include AHCs that are part of a CTSA):

- Arizona State University
- City of Hope, Los Angeles
- Georgia Health Sciences University, Augusta
- Hartford Hospital, CN
- HealthShare Montana
- Massachusetts Veterans Epidemiology Research and Information Center (MAVERICK), Boston
- Nemours
- Phoenix Children's Hospital
- Regenstrief Institute
- Thomas Jefferson University
- University of Connecticut Health Center
- University of Missouri School of Medicine
- University of Tennessee Health Sciences Center
- Wake Forest University Baptist Medical Center

HMOs:

- Group Health Cooperative
- Kaiser Permanente

International:

- Georges Pompidou Hospital, Paris, France
- Hospital of the Free University of Brussels, Belgium
- Inserm U936, Rennes, France
- Institute for Data Technology and Informatics (IDI), NTNU, Norway
- Institute for Molecular Medicine Finland (FIMM)
- Karolinska Institute, Sweden
- Landspitali University Hospital, Reykjavik, Iceland
- Tokyo Medical and Dental University, Japan
- University of Bordeau Segalen, France
- University of Erlangen-Nuremberg, Germany
- University of Goettingen, Goettingen, Germany
- University of Leicester and Hospitals, England (Biomed. Res. Informatics Ctr. for Clin. Sci)
- University of Pavia, Pavia, Italy
- University of Seoul, Seoul, Korea

Companies:

- Johnson and Johnson (TransMART)
- GE Healthcare Clinical Data Services

Use RPDR to access detailed clinical data



Research Patient Data Registry

Research Patient Data Registry (RPDR)

RPDR Daily Query Tool

The RPDR has a new Daily Query Tool where users can query source systems which are updated in the RPDR on a daily basis.



The Medical Imaging Informatics Bench to Bedside (mi2b2) workbench serves as a secure bridge between a researcher and the Partners PACS systems, which aims to:

- Facilitate searching for, previewing, and accessing clinically acquired images that are stored in several PACS (Picture Archive and Communication System) systems that serve the Partners institutions
- Enable researchers to extend the use of the Research Patient Data Registry (RPDR) to access clinical images on patients of interest for enhanced research studies, with proper IRB approval
- Enable efficient retrieval of medical images (DICOM format) for lists of patients generated from research, teaching and clinical activities in keeping with all regulatory guidelines
- Provide access to only patient images authorized by approved IRBs and provide audit trails for HIPAA compliance.

If using the RPDR Query tool and the RPDR Data Acquisition Engine (Image Request Wizard), a user can obtain aggregate numbers of patients with user-defined characteristics based on a query or upload a pre-defined list of Medical Record Numbers and then receive more detailed medical information about the queried patient cohort. Either way, the user is provided with a personalized mi2b2 workbench, directly configured to include the queried cohort information. It is delivered in an folder along with the encrypted RPDR data results. For instructions on how to use the RPDR to request mi2b2 workbench, please visit: (http://RPDR) ->Help -> Request Images Help.

Detailed tutorial support for new users of the mi2b2 software is found at http://mi2b2help.partners.org.

SHOW

Use mi2b2 to access large medical image sets

SPDR Enhanced Query Tool - Windows Internet Explorer				tion front to be		
G v kttps://rpdrssl.partners.org/RpdrWebClient,	/querytool.a	spx?res=768			🕶 🔒 🗟 🐓 🗙 🚼 Goog	gle 🔎 🔻
🖕 Favorites 🛛 👍 🔊 RPDR Admin (2) 🔊 RPDR Admi	n 🙋 Suggi	ested Sites 🔻 🙋 Web Sli	ce Gallery 🔻 🔤 Home Part	ners HealthCare		
RPDR Enhanced Query Tool					🏠 🕶 🔊 👻 🖃	🖶 🔻 Page 🖛 Safety 🖛 Tools 🖛 🔞 🖛
RPDR Enhanced Ouery Tool			Logain	g: Duev, Stacev A, in workgroup of Gollub, R	andy 👻	
Find Patients Match Controls Analyze Patients R	equest Det	ailed Data Request S	pecimens Request Imag	es Understand Data Get Help		
Query Items Find Terms Previous Queries			Using a	ythromelalgia, BRAIN M	IRI (Test on 11/27/2012 #2	
Show Data Requests Legend Refresh List	ΤZ	aro	Using a know	Ist of MRNs Independe This option is used to crea	ate an imaging data request •Specificity	
Query Name	Ву	Status	Date	based on an existing quer	y	Group 3 of 3
BRAIN MRI, 75-84 year, HI	nar3	Ready	01/29/13 11:05:20	Dates Recorded>0x Exclude	Dates Recorded>0x Exclude	Dates Recorded>0x Exclude
No Psych or Neuro - Jan 17 2013	207		01/ 0/1 17:3 34	Independent of Visit	Independent of Visit	Independent of Visit 👻
0-9 years, Massachuse, Ra	vc070	Ready	01/08/13 17:57:23	together, and intersected with other	together, and intersected with other	logether, and intersected with other
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0-14 years old on 01/08/2013	vc070	Ready	01/08/13 16:16:30	🔄 Erythromelalgia	MR ANGIO - HEAD AND NECK	
Head, Face and, 0-9 years ol	nar30	Ready	12/20/12 11:34:18		MR ANGIO - HEAD AND NECK	
Epilepsia, 0-9 years, HI	nar30	Ready	12/20/12 11:32:42		(Test:MR052)	
0-9 years, Head, Face, HI	nar30	Ready	12/18/12 16:00:21		(Test:M5052)	
Patient breakdowns for Detail fo	nar30	Ready	12/17/12 09:22:08		MR Brain w/o Contrast (Test:BM551)	
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MI2B2 Workbench



mi2b2 Partners Tutorial (http://mi2b2help.partners.org)

Mi2b2 at Partners Healthcare

<u>http://mi2b2help.partners.org</u>



Disclaimer: All data has been de-identified and masked.

A tool customized for the Partners community

Many current and future clinical research studies rely on medical images for quantitative metrics for diagnosis, prognosis and treatment response. Images are used to quantify disease burden such as tumor volume, inflammation, hemorrhage, and infarction. Serial imaging is used to quantify the outcome of interventions, such as changes in tumor size or loss of brain tissue. Importantly, medical images are providing an ever increasing number of sensitive diagnostic approaches to disease, such as the use of susceptibility weighted and diffusion tensor MR imaging in the evaluation of brain trauma.

Initially developed with the support of an ARRA supplement to the Harvard Catalyst, the **Medical Imaging Informatics Bench to Bedside (mi2b2)** workbench aims to facilitate searching, acquiring, and previewing the aforementioned material that is stored in multiple **PACS** (Picture Archiving and Communication System) systems. It serves as a bridge between a user and the PACS, which may be housed across multiple institutions and departments (e.g. radiology, cardiology, or neurology).

This new release of the mi2b2 workbench enables researchers of the Partners Community to couple the use of the **Research Patient Data Registry** to the mi2b2 workbench's ability to access Radiology material stored in the Partners' network PACS systems.

Homepage Getting Started I. Reviewing the Patients II. Requesting Studies III. Downloading Studies IV. Cache Management V. Image Viewer Links mi2b2 Open Source Client RPDR Help

Menu

Operating the mi2b2 Workbench



The user inputs the passphrase associated with the IRB protocol of the particular project in order to access the next windows.





Images are viewed in the Image Viewer and can be manipulated using the tools provided.

Managing Expectations



Home > News & Events > Announcements > New registry of early childhood Brain MRIs available through Partners Big Data Commons

New registry of early childhood Brain MRIs available through Partners Big Data Commons

GET HELP

October 23, 2017 9:35 am

The recently launched **Partners Clinical Image Bank** portal enables researchers to access registries of expertly curated, phenotypically characterized medical images and associated clinical data extracted from the Partners electronic medical records.

The first registry to be made available is a repository of pediatric brain MR images comprised of a cohort of neonates with clinically confirmed hypoxic ischemic encephalopathy (HIE), along with a cohort of "normative" children imaged between the ages of 0-6 years of age with no known CNS pathology. In addition to secure access to the DICOM image data, the portal allows interaction with and download of extracted quantitative metrics from the Apparent Diffusion Coefficient (ADC) maps calculated from the Diffusion Weighted Images for many of the cases.

Each HIE case also has detailed perinatal clinical course information including maternal risk factors, outcomes and much more.

Access to the Clinical Image Bank is available to all registered RPDR users who accept the terms of the Data Use Agreement.

Users with IRB approval who wish to download the fully identifiable clinical data and DICOM medical images may do so easily.

The Clinical Image Bank is available at https://cib.partners.org/pr can be launched from the RPDR homepage at http://rpdr.partners.org

For questions, suggestions for future expansion and feedback about the Clinical Image Bank, contact RPDRHelp@partners.org

CIB: Motivation and Goals

- The Clinical Image Bank seeks to make valuable collections of patient cohorts available to Partners investigators and their collaborators
 - Well curated phenotypes
 - Clinical images with secondary research utility
 - Clinical information not available in RPDR
- Easily accessible to support robust data mining
 - Web accessible with credentials
 - DUA simplifies management while maintaining patient privacy and all legal protections
- Enables cohort curation across phenotypes over time

CIB: Register from within firewall (use VPN)



CIB: Sign the DUA

Clinical Image Bank							
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nw096	nwattanasin@partners.org						
Full Name (e.g. Doe, John): * Wattanasin, Nich							
Sign Data Use Agreement	[Print this DUA] [View in new browser window]						
Partners HealthCare Clinical Image Bank	A						
Data Use Agreement - Clinical Image Bank Portal (S	September 11th, 2017)						
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By checking this box, you agree to the C	Clinical Image Bank Data Use Agreement.						
✓ Type your Full Name to Sign: *	Job Title: *						
Department: *	Institution: *						
	Complete Registration						

CIB: Login

I	ARTNERS Clinical Image Bank
Login	Register
LOC Please ente	in er your Partners user ID and password:
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Launch	

CIB: Run a Query



CIB: Create a Table of Data

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CIB: Review Patients

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CIB: View Timeline of available images

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CIB: View thumbnails of images

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CIB: Download data

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CIB: Download data

1	Gender	Age	Race	4. Birth head circumference	5. Cohort [All Concepts (Names/Text)]
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11	М	12	Black	[34]	[2. Hypoxic Ischemic Encephalopathy (HIE)]
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13	М	9	White	[36]	[2. Hypoxic Ischemic Encephalopathy (HIE)]
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15	F	0	White	[31]	[2. Hypoxic Ischemic Encephalopathy (HIE)]
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CIB: Currently available data



Detailed information on NICU care

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CIB: Clinical outcome measures



CIB: Quantitative Imaging Metrics



What kinds of images?

• Mostly brain MRI now (T1, T2, FLAIR, DWI/ADC)





Occasional scans are of poor quality



Approximately n=120 Non-Brain scans

- Mostly spine (n=99)
- Miscellaneous other MR (n=21)
- No way to consistently tell anything from file name

In addition there are MRS traces (n=2)





IT Services

Research Apps & Services

Support & Training

Knowledge Base About

Home > Research Apps & Services > Identify Subjects / Request Data

Identify Subjects / Request Data

Partners Biobank Portal

Enterprise-wide da for analysis or to g researchers throug

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Research Patient I

RPDR Daily C

Partners Biol Biobank Portal

> mi2B2 Medica mi2B2 Medical Ima

The **Partners Biobank Portal** is a tool that links consented subjects from the Partners Biobank with their healthcare data from the electronic medical record (EMR) and allows researchers to request clinical samples for these subjects. Users must have a valid Partners logon and be a registered Research Patient Data Registry (RPDR) user to use the Portal.

In addition to comprehensive electronic medical record data, the Biobank Portal includes:

- **Biobank Health Information Survey**, patient-reported lifestyle, environment and family history information.
- **Curated Disease Populations** sets of subjects within the Biobank population who have been statistically determined to have a particular disease such as Type 2 diabetes, rheumatoid arthritis, congestive heart failure and others. These cohorts are often called disease phenotypes.
- **Healthy Populations,** an index that statistically groups patients by co-morbidities (using the Charlson Index) in order to help select relatively healthy controls from the Biobank population.
- **Biobank Sample Types,** including DNA, plasma and serum. Both de-identified and identified samples may be requested from the Portal. Requesting identified samples requires a valid Partners IRB protocol.
- **Biobank Genomic Data**, genotyped and imputed genomic data are available for a subset of the Biobank population and may be requested via the Portal. Both deidentified and identified samples may be requested from the Portal. Requesting identified samples requires a valid Partners IRB protocol.
- Querying by Genomic Data, single nucleotide polymorphism (SNP) and insertion and deletion (indel) variants and their related annotations are available on a subset of genotyped subjects in the Biobank Portal and may be used to query for subjects within the Portal.

Researchers can use the Biobank Portal to identify eligible case and control subjects, request samples, and perform analyses related to using consented samples for research.

Please contact the Biobankportalhelp@partners.org mailbox with any questions or support.

Biobank Portal Access

You must register to use the Biobank. If you are already an RPDR user, you are automatically registered.

	Request Access	
C	Log in to the Biobank Portal	
D	Biobank Portal Wiki	
	Help performing queries? Stacey Duey, (617) 759-8248	
\square	Biobank Help Mailbox	
CON.	TACT BIOBANK SUPPORT »	

The Partners Biobank



- The Partners Biobank
 provides samples (plasma, serum, and DNA) collected
 from consented patients.
- 80,000 patients have consented to date
- Samples are available for distribution to Partners investigators* to help identify novel Personalized Medicine opportunities that reduce cost and provide better care

*with required approval from the Partners Institutional Review Board (IRB).

Improved Clinical Care for All Patients

Biobank Integrative Genomics Strategy



Partners Personalized Medicine Components



Data Integration | Phenotype Discovery Center



Psychological Medicine (2012), 42, 41–50. © Cambridge University Press 2011 doi:10.1017/S0033291711000997 ORIGINAL ARTICLE

Using electronic medical records to enable large-scale studies in psychiatry: treatment resistant depression as a model

R. H. Perlis^{1,2*}, D. V. Iosifescu^{1,3}, V. M. Castro⁴, S. N. Murphy⁵, V. S. Gainer⁴, J. Minnier⁶, T. Cai⁶,
S. Goryachev⁴, Q. Zeng⁷, P. J. Gallagher², M. Fava¹, J. B. Weilburg¹, S. E. Churchill⁸,
I. S. Kohane⁹ and J. W. Smoller²

Use Phenotyping Algorithms to define cohorts of treatmentresistant and treatmentresponsive depression



0.95

0.95

0.95

0.95

0.39 (0.06)

0.06 (0.02)

0.37 (0.06)

0.39 (0.07)

0.78 (0.02)

0.26 (0.27)

0.86 (0.02)

0.85 (0.02)

0.87 (0.02)

0.55 (0.03)

0.85 (0.02)

0.86 (0.02)

NLP + Billing Codes

NLP + Billing Codes

Billing Codes

NLP

Depressed

Well

Well

Well

Initially: AUC = 0.55

Finally: AUC = 0.86

Biobank Portal Curated Diseases w/genotype data

Validated Phenotype	Count*	Predictive Positive Value
Bipolar Disease	154	89%
Congestive Heart Failure	556	90%
Coronary Artery Disease	3476	97%
Crohn's Disease	566	90%
Multiple Sclerosis	190	90%
Rheumatoid Arthritis	885	90%
Type 2 Diabetes Mellitus	2712	97%
Ulcerative Colitis	392	90%

Healthy Controls based on Charlson Index	Count*
0 – 10-year survival probability is >98.3%	12,142
1 – 10-year survival probability is >95.87%	8,556
2 – 10-year survival probability is >90.15%	8,250

* Based on 20,086 patients

** Based on 79,834 patients

BIOBANK PARTNERS. Find Patients Help & Support Make Request 6 🚨 Wattai Navigate Terms 🕢 📝 🖳 Query Tool 🐻 🗟 📄 Find Query Name: RA - -Adali-Illum@15:46:12 🗄 🔂 Biobank Consent Information 🕦 🗄 🔂 Biobank Demographics Treat all groups independently Temporal Constraint • 🗄 🔂 Biobank Genomics 🕕 E People with genomic data - 4930 Group 1 X Group 2 х Group 3 Х Dates Occurs > 0x Exclude Occurs > 0x Exclude Occurs > 0x Exclude Dates Dates Treat Independently -SNP Array - 4930 Treat Independently -Treat Independently -🗄 🔂 Biobank Health Information Survey 🕦 RA - current or past Adalimumab - 689 bi Illumina Multi-Ethnic GWAS/Exome SNP Array history (PPV 0.90) - 717 🗄 🔂 Biobank Sample Types 🕦 4930 E Curated Disease Populations 🕦 🗄 🔂 Bipolar Disorder (BD) 🕦 🗄 🔂 Congestive Heart Failure (CHF) 🕦 🗄 🔂 Coronary Artery Disease (CAD) 🕦 🗄 🔂 Crohn's Disease (CD) 🕦 **Run Query** 3 Groups New Group Clear ► 🗄 🔂 Multiple Sclerosis (MS) 🕦 🗄 🔂 Rheumatoid Arthritis (RA) 🕦 **Query Report** Show Query Status Graph Results Download Data -D RA - current or past history (PPV 0.90) -717 RA - no history (NPV 0.99) - 24086 Number of patients 🗄 🔂 Type 2 Diabetes Mellitus (T2DM) 🕦 🗄 🔂 Ulcerative Colitis (UC) 🕦 🗄 🔂 Healthcare Data 🕦 E Healthy Populations (Controls) For Query "RA - -Adali-Illum@15:46:12" -- 7

Genotype Data



LDLR



•141 SNP or indels (V1)

- •243 SNP or indels (V2)
- •1336 subjects with protein altering (frameshift, missense, nonsense, start loss, stop loss) variant

High Quality Phenotypes for Genetic Studies



Acknowledgements

RPDR

- Shawn N Murphy
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- Nich Wattanasin
- Christopher Herrick
- Bill Wang
- Reeta Metta
- Rudolph Pienaar
- Yangming Ou



Mi2b2

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- Bill Wang
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- Kallirroi Retzepi
- Rudolph Pienaar
- Victor Castro
- Steve Pieper
- Lilla Zollei
- Yangming Ou

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Operating the mi2b2 Workbench

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Operating the mi2b2 Workbench

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