

Virtual Microscopy: The UCL experience

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Virtual microscope



Hamamatsu Nanozoomer

Overview

- Research.
- Scanning image quality, reliability etc.
- Use of virtual microscopy in routine histopathological reporting.
- Current areas of clinical interest.
 - Remote reporting
 - UK EQA schemes
 - Teaching
- Areas of difficulty.

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Scanning - image quality, reliability etc.



Dahmane Oukrif – Research Fellow

Scanning

- Simple.
- Reliable.
- Relatively quick.
- High quality images.
- Simple effective viewer (NDP.view)



Use of virtual microscopy in routine clinical histopathology



Radiologists have PACS. How about virtual microscopy for pathologists? Use of virtual microscopy in routine clinical histopathology

- Current UK situation:
 - -Capacity
 - -Cost
 - -Reporting speed
 - Pathologist compliance

- UCLH
 - Medium sized UK teaching hospital.
 - 21,000 cases per annum
 - 120,000 slides per annum
 - 500MB per slide

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→ 60,000 GB / 60 Terabytes

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 - 250 working days
 - \rightarrow 480 slides/day

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Scanning time @ 5mins/slide 2400 minutes = 40 hours/day.

- UCLH
 - Medium sized UK teaching hospital.
 - 20,000 cases per annum
 - 100,000 slides per annum
 - 250 working days
 - \rightarrow 400 slides/day
 - Scanning time @ 5mins/slide 2400 minutes = 40 hours.

\rightarrow 3+ Nanozoomers

Cost

- Technician(s) to scan slides $? \in 30000 + /pa$
- Virtual microscope(s) ? \in 100,000+ each
- Computer, monitor and network upgrades -?? €
- Unlike radiology (PACS)
 - Unlikely for clinicians to want to see images.
 - ALL ON COSTS (no change in processing etc).
 - Little (if any) saving.

Reporting speed and pathologist compliance

- Over local network reporting speed very fast.
- Pathologists will have to "learn" how to use systems (inherently conservative!).
- Benefits of virtual images need to be emphasised
 - Measurements (e.g. Breslow thickness).
 - Counts (e.g. Proliferation index assessment).
 - Remote reporting flexible working.







Use of virtual microscopy in routine clinical histopathology

• Current UK situation:

-Capacity $\sqrt{}$

- -Cost X
- –Reporting speed $\sqrt{}$

-Pathologist compliance ?

Current areas of clinical interest

- Is remote reporting feasible?
- Why would you want remote reporting?
- Where and how should we start?









• Why would you want remote reporting?

- Why would you want remote reporting?
 - -Lack of local histopathologist/expertise
 - Frozen sections at remote/satellite hospital
 - Expert/specialist opinion

• Why would you want remote reporting?

Lack of local histopathologist/expertise

– Use of time zones

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- Lack of local histopathologist/expertise

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Delhi - London 5.5 hours

Heidelberg – New York 6 hours



• Why would you want remote reporting?

-Lack of local histopathologist/expertise

-Use of time zones

-Lifestyle (histopathologists)



- Where and how should we start?
 - Peripheral hospitals (e.g frozen sections).
 - -Gulf + developing world.
 - -? Joint venture with Western private health care providers (e.g HCA, Capio etc).

UK EQA Schemes

- External Quality Control Schemes
 - Sets of slides circulated to histopathologists.
 - -Histopathologists report cases.
 - -Scored anonymously (candidate numbers).
 - -Repeated poor performance.

\rightarrow Re-train

Virtual Microscopy EQA schemes

- Many advantages:
 - -1 set of slides.
 - Cost
 - Can use small biopsies
 - Cost (No postage).
 - Uniform sections.
- Disadvantages:
 - Variable computer access/connections.
 - Pathologist compliance.

UCL: <u>http://virtualcellpath.histop</u> <u>.ucl.ac.uk</u> Leeds University: <u>http://www.virtualpatholog</u> <u>y.leeds.ac.uk</u>

Teaching

- Extremely useful here.
 - Slide access pre-courses.
 - Image libraries.
 - -E-learning (<u>www.eurocytology</u>.)

- Variable web access + computer types (PC/Mac)
- Hospital firewalls
- Choice of software + cost
 - Image analysis
 - Image databases/websites

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UCL server web interface



Leeds University server web interface

Where does all this leave me?



Beautiful machine



Beautiful machine, but I am still learning to drive and I cannot afford a chauffeur!





