





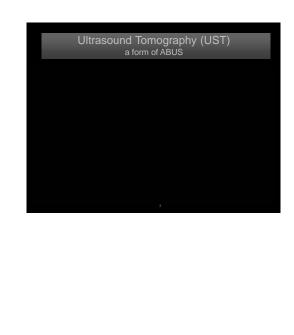
Ultrasound Tomography: A Breast Imaging Modality Whose Time Has Come

Neb Duric^{1,2}, Peter Littrup^{2,3}, Olivier Roy², Culping Li², Steve Schmidt², Heather Rone² ¹Karmanos Cancer Institute, Wayne State University, Detroit, MI ²Delphinus Medical Technologies, Plymouth MI ²Brown University, Providence RI

> AAPM July 15, 2015

Disclosure

Neb Duric and Peter Littrup have financial interests in Delphinus Medical Technologies. Potential financial conflicts of interest are managed by Wayne State University.



History of Medical Ultrasound Tomography

- 1950's Pulse-echo technique (Wild and Reid)
- 1950's Mechanical rotation in a water bath
- First Cross-sectional images of breast (Howry et al)
- 1978 First cross-sectional transmission images of the breast
 - Use of sound speed and attenuation to characterize tissue (Glover et al, Greenleaf and Johnson)
- 1981 First cross sectional images that combine reflection and
- transmission imaging (Carson et al) 1997 - First clinical use of diffraction tomography (Andre et al)
- · 2007 Full wave-based reconstructions of sound speed and
- attenuation for whole breast (Johnson et al; Techniscan Medical)
- 2007 Simultaneous reflection and transmission imaging of the whole breast (Duric et al)
- · 2008 Attenuation based tomography (Marmarelis et al)
- 2010 True 3-D reflection tomography (Ruiter et al)
- 2013/2014 FDA clearances for the SoftVue system (Delphinus Medical)

Screening Dense Breasts

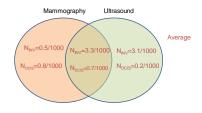
- X-ray mammography detects ~ 5 cancers per 1000 screens
 - · Low sensitivity in women with dense breast tissue
- · Tomosynthesis may help
 - · unlikely to create a paradigm shift in performance
 - · generates even higher levels of ionizing radiation
- MRI can address these limitations, but
 - long exam times and the use of contrast agents.
- · expensive for routine use although "fast MRI" holds promise
- PEM and MBI limited by cost and radiation concerns.
- Other modalities such as OCT and PAT are still in early development
- · Studies show effectiveness of HHUS and ABUS for women with dense breasts.
 - Up to 4.5 extra cancers detected per 1000 screens.
 - Predominantly node negative invasive cancers

Screening Ultrasound (US) Studies

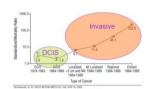
	Center	Туре	Exams	US Only Cancers	Yield per 1000
Brem, et al (2014)	Multi	ABUS	15,318	30	1.96
Berg, et al (2012)	Multi	HHUS	7,473	32	4.28
Hooley, et al (2012)	Single	HHUS	935	3	3.21
Kelly, et al (2010)	Multi	AWBU	6,425	23	3.58
Corsetti, et al (2008)	Multi	HHUS	9,157	37	4.04
Crystal, et al (2003)	Single	HHUS	1,517	7	4.61
Leconte, et al (2003)	Single	HHUS	4,236	16	3.78
Kolb, et al (2002)	Single	HHUS	13,547	37	2.73
Kaplan (2001)	Single	HHUS	1,862	6	3.22
Buchberger, et al (2000)	Single	HHUS	8,103	32	3.95
Gordon, et al (1995)	Single	HHUS	12,706	44	3.46

 _	
_	
 -	
_	
-	
 _	

Study Averages



The Dense Breast Screening Challenge



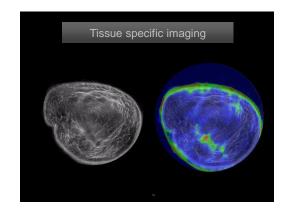
- US almost doubles invasive cancer detection
 Recall rates also doubled
- · Cost benefit trade-off uncertain

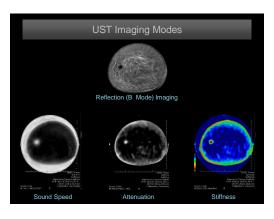
Sprague BL et al Ann Intern Med. 2015 Feb 3;162

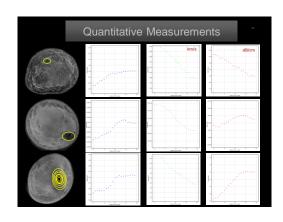
Results from UST Scanner at KCI

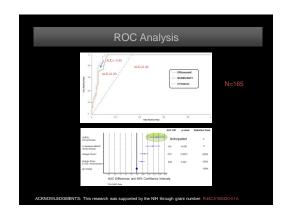


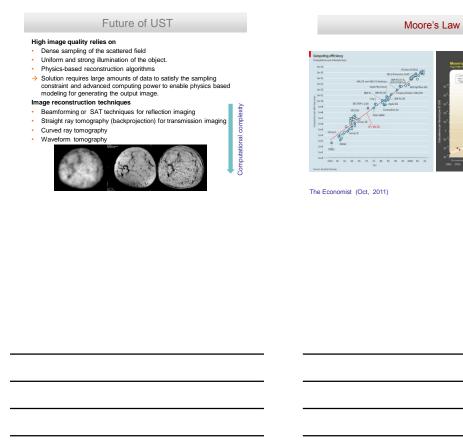












Conclusions

- Adjunctive screening with US increases sensitivity in dense breasts
 - Almost doubles invasive cancer detection
 - Increases call back rates
- UST may lower barriers to adoption for screening
 - UST's tissue specific imaging may help reduce call back rates
 Diagnostic studies suggest AUC improvement

 - UST will rapidly improve with time by riding Moore's Law



PMA trial for supplemental screening planned

