

9° WORKSHOP IN EMATOLOGIA TRASLAZIONALE

DELLA SOCIETÀ ITALIANA DI EMATOLOGIA SPERIMENTALE

Bologna, Aula "G. Prodi", 19-20 maggio 2025



Digital Pathology in Ematologia: Utile o Ridondante?

Gianluca Asti

Disclosures di Gianluca Asti

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other

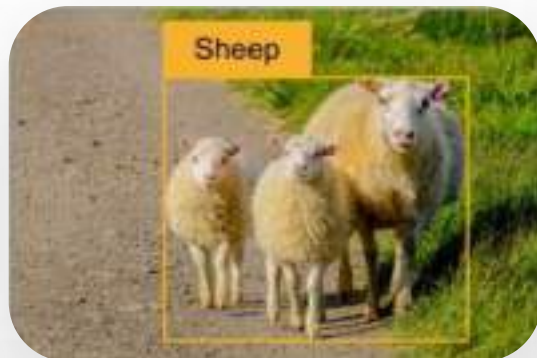
Bone marrow (BM) cytology and histopathology images are crucial for diagnosing and prognosticating myeloid neoplasms (MNs), but their high-dimensional data are underused.

Artificial Intelligence (AI) applied to tumor morphology (digital pathology, DP) has improved the use of tumor biopsies' data for various types of malignancies, accurately detecting patterns and converting complex image information into numerical features.

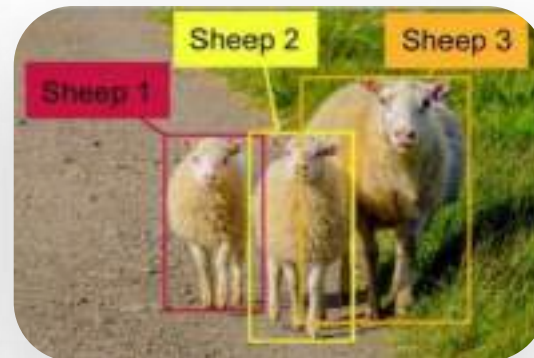
Here, we explored the potential of AI-based DP to improve personalized medicine in MNs which are characterized by high heterogeneity and a significant proportion of patients with unmet clinical needs.

What is Predictive AI

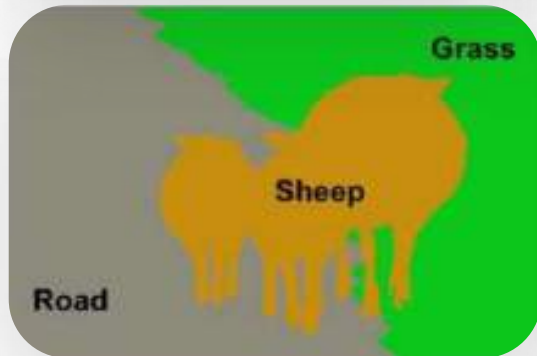
CLASSIFICATION
AND LOCALIZATION



OBJECT
DETECTION



SEMANTIC
SEGMENTATION

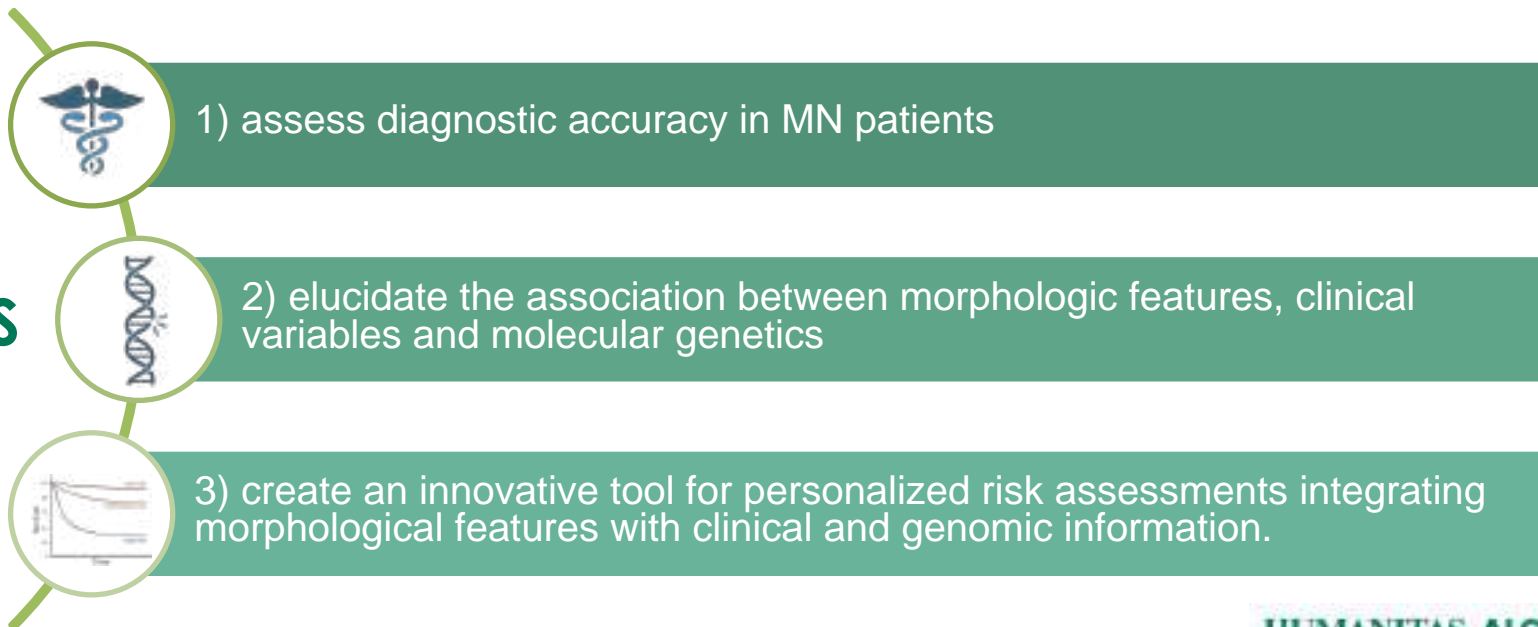


INSTANCE
SEGMENTATION



AIMS

This project was conducted by the GenoMed4All and Synthema consortia, to build AI-based features extraction tools from BM histopathological and cytological Whole Slide Images (WSI). High-dimensional data were used to

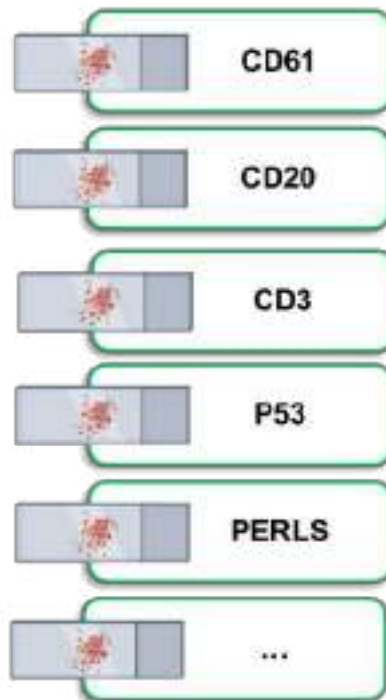
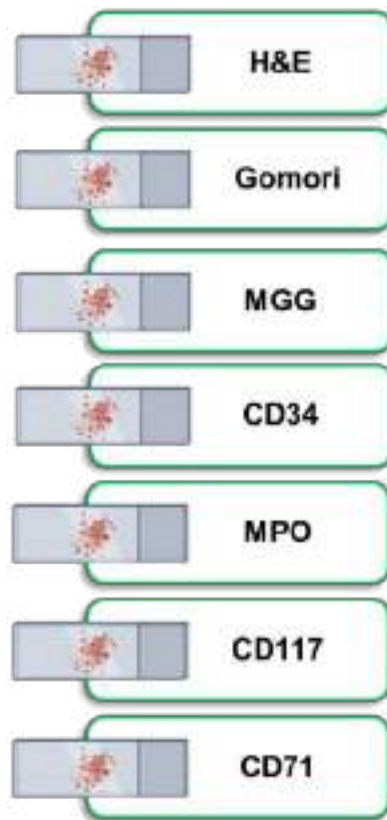


AIMS

Myeloid Neoplasm Dataset

Patients Cohort Characteristics	All Patients (n = 1,167)
Age (y), median (range)	67 (20-96)
Gender (Male/Female), %	700/467, 60% ; 40%
Patient Diagnosis	
AML (%)	210 (18%)
MDS (%)	514 (44%)
MDS/MPN (%)	105 (9%)
MPN (%)	338 (29%)

Myeloid Neoplasm Data Layer



Molecular Tumor
Board Reports

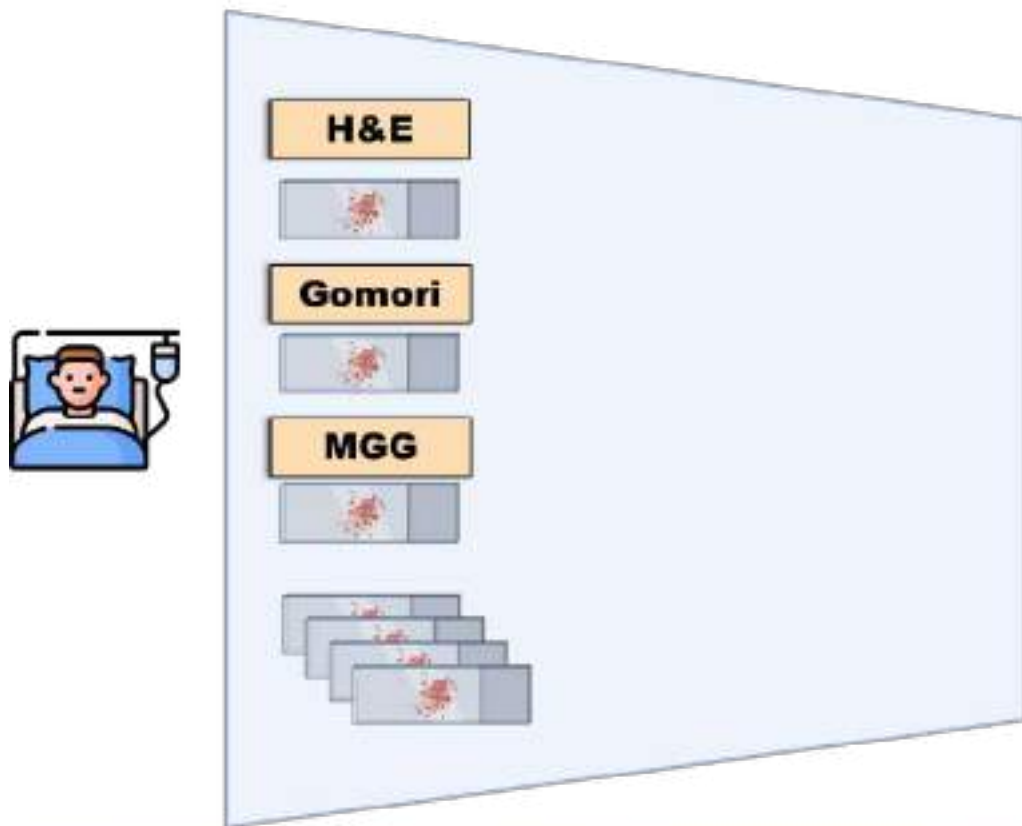


Clinical Reports

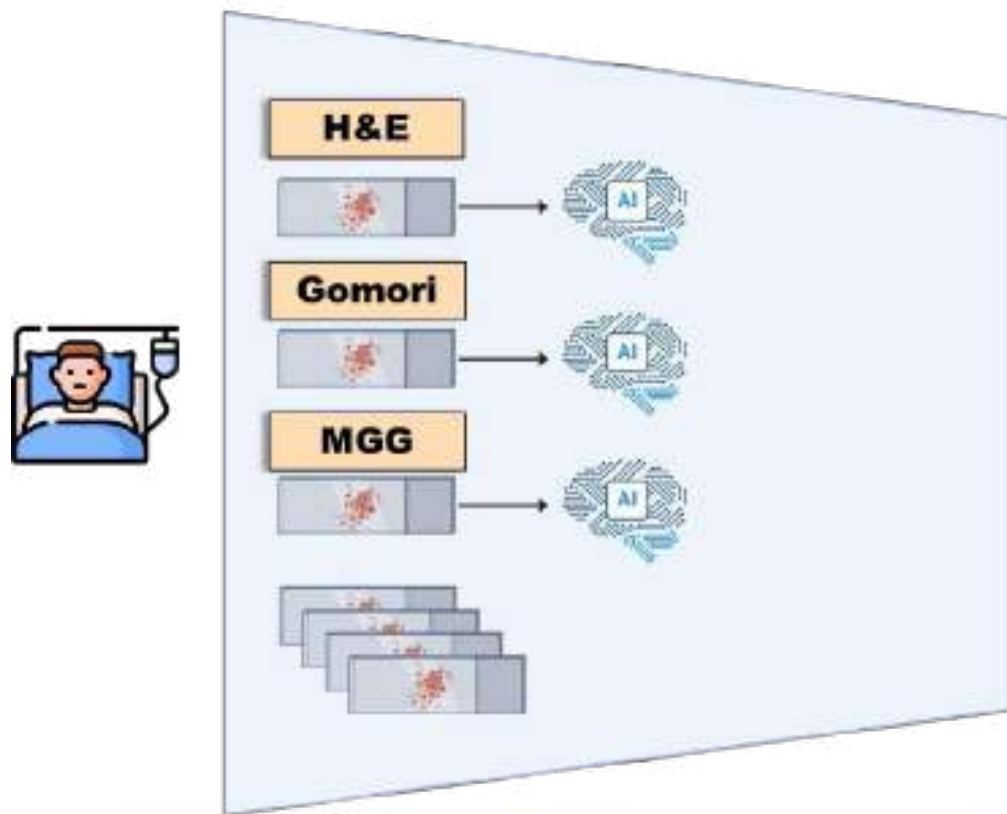


Histopathological
Reports

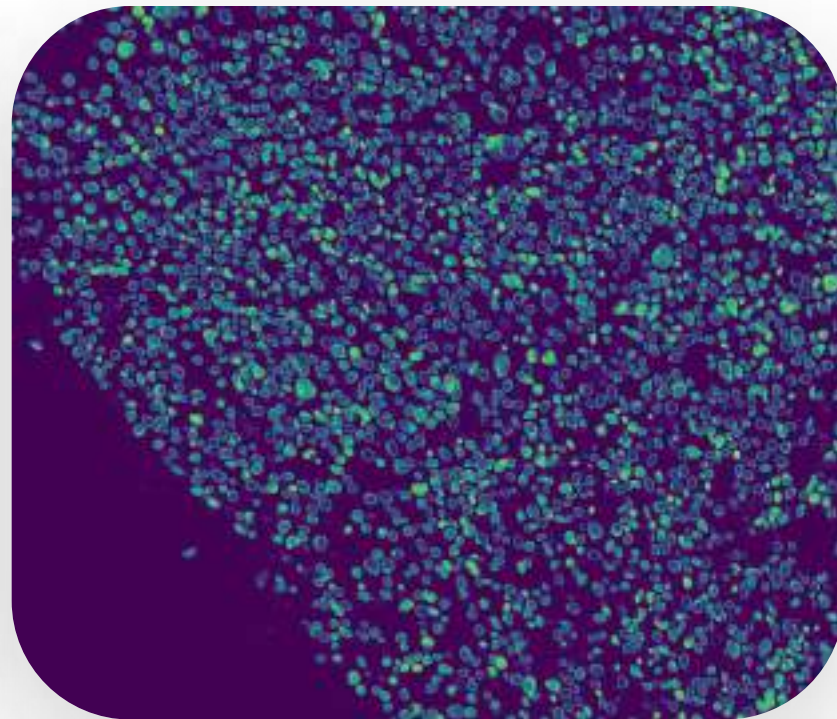
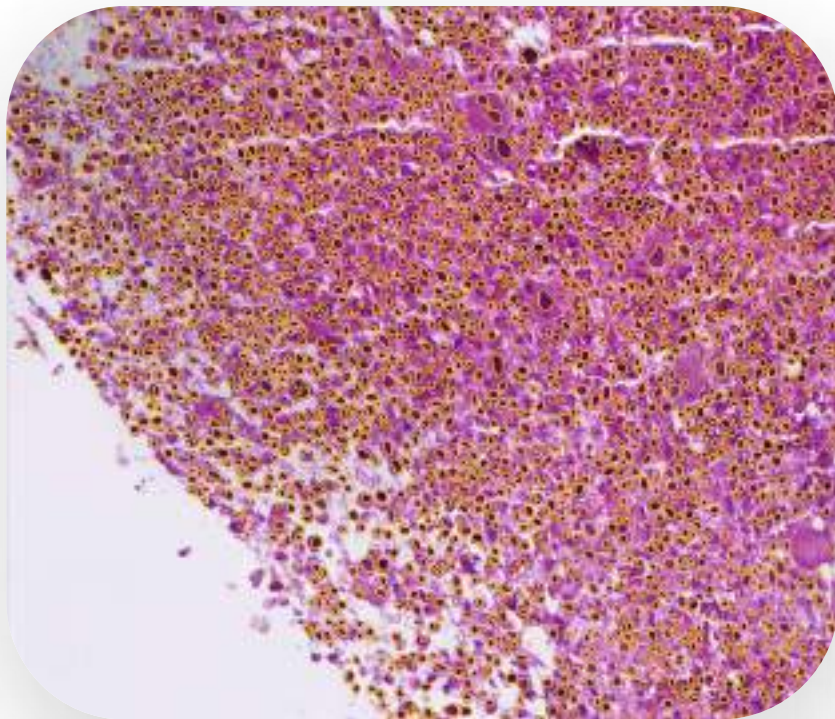
The Pipeline



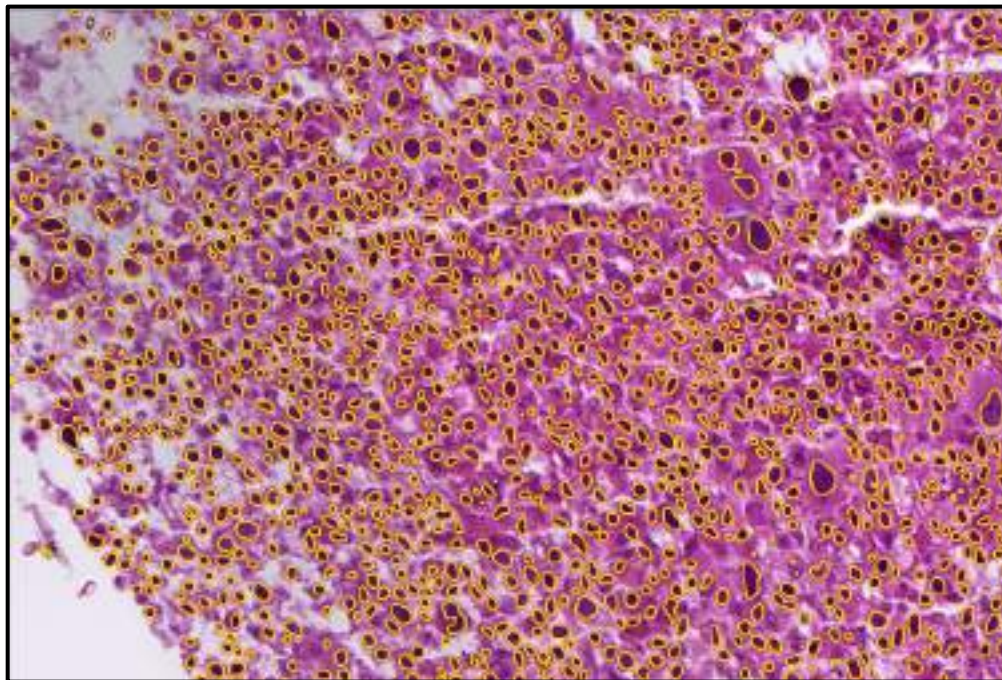
The Pipeline



Features Extraction: Hematoxylin and Eosin



Features Extraction: Hematoxylin and Eosin



Morphological

Area
Perimeter

...



Color

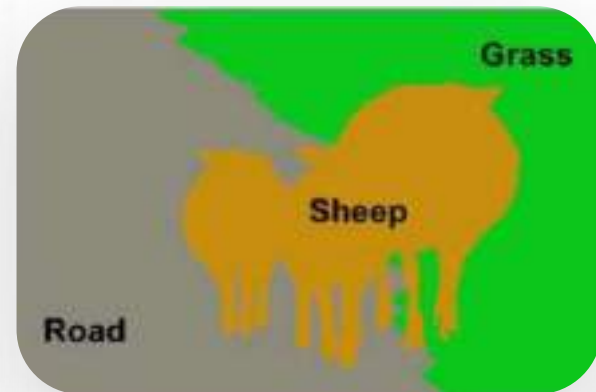
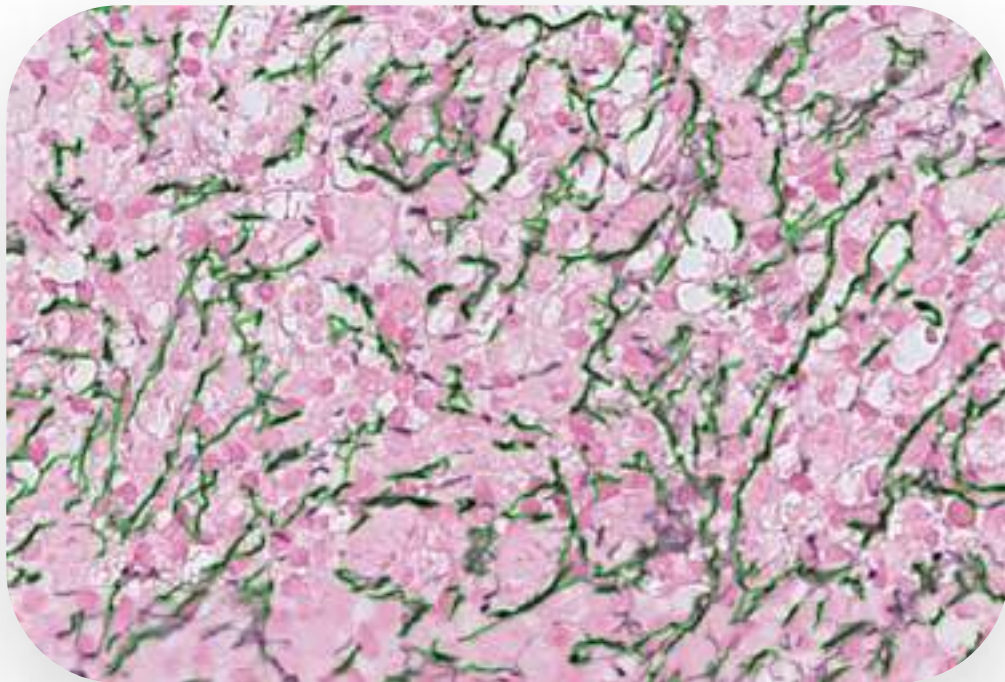
Mean RGB
Mean HSV



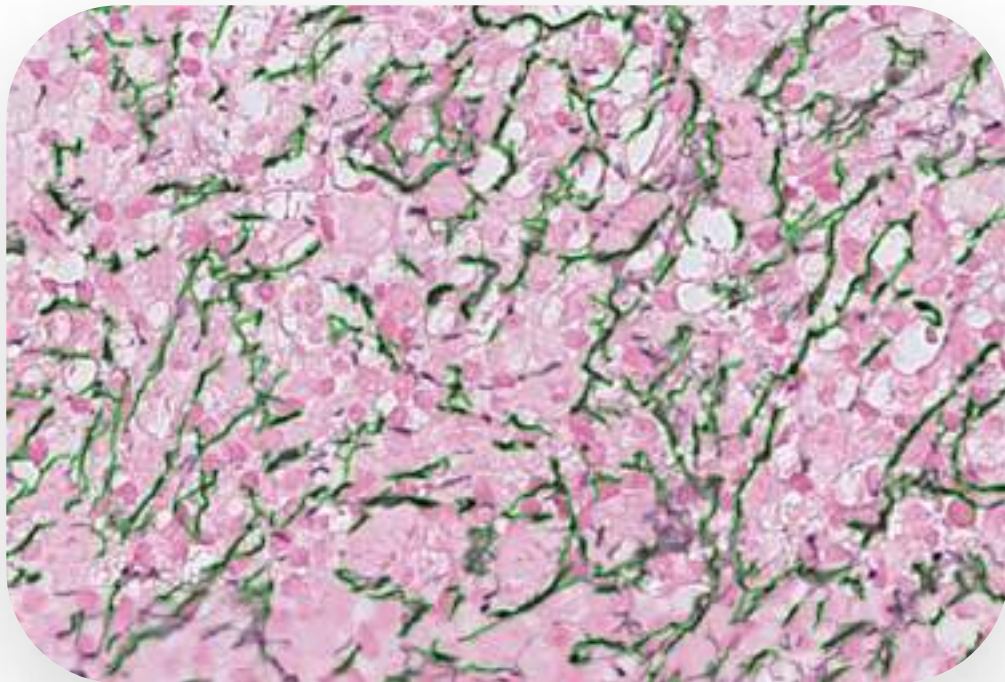
Haralick

Entropy
Contrast

Features Extraction: Gomori

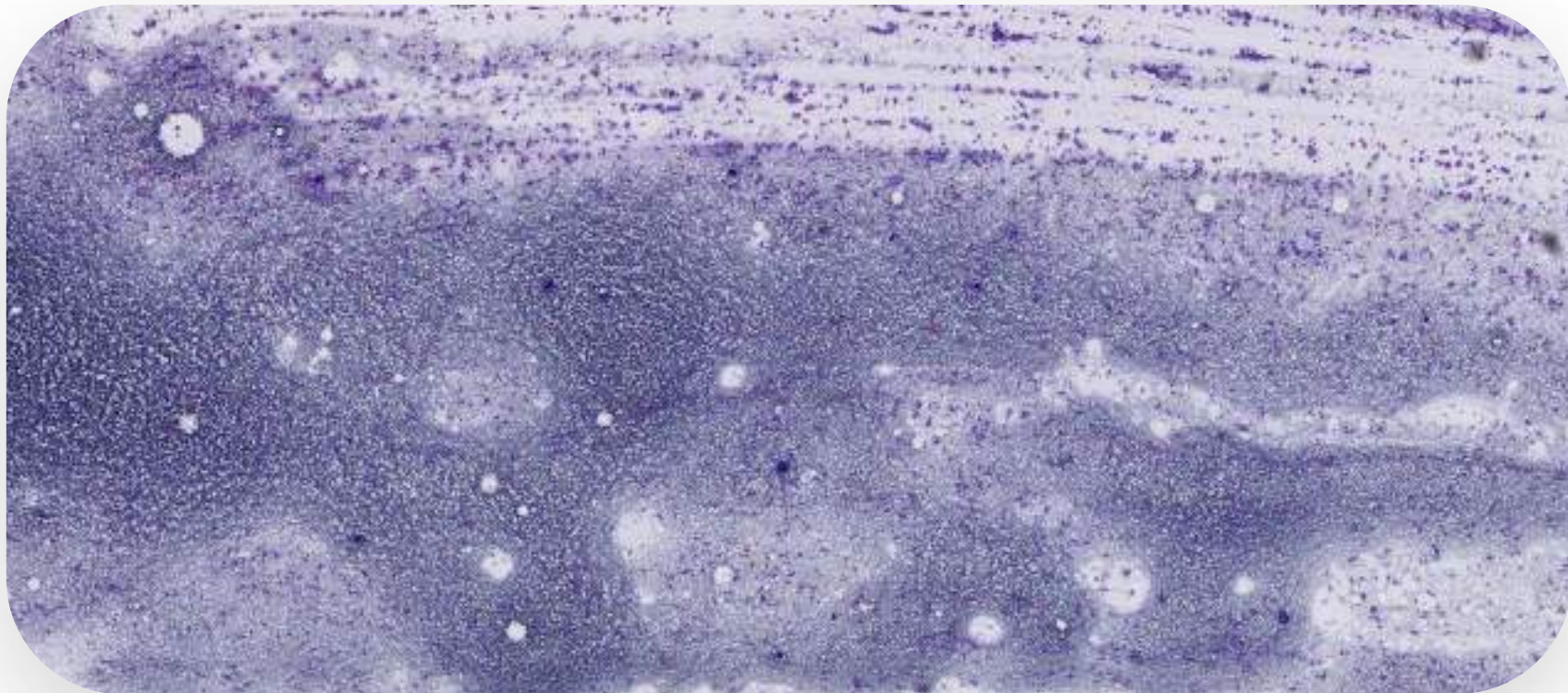


Features Extraction: Gomori

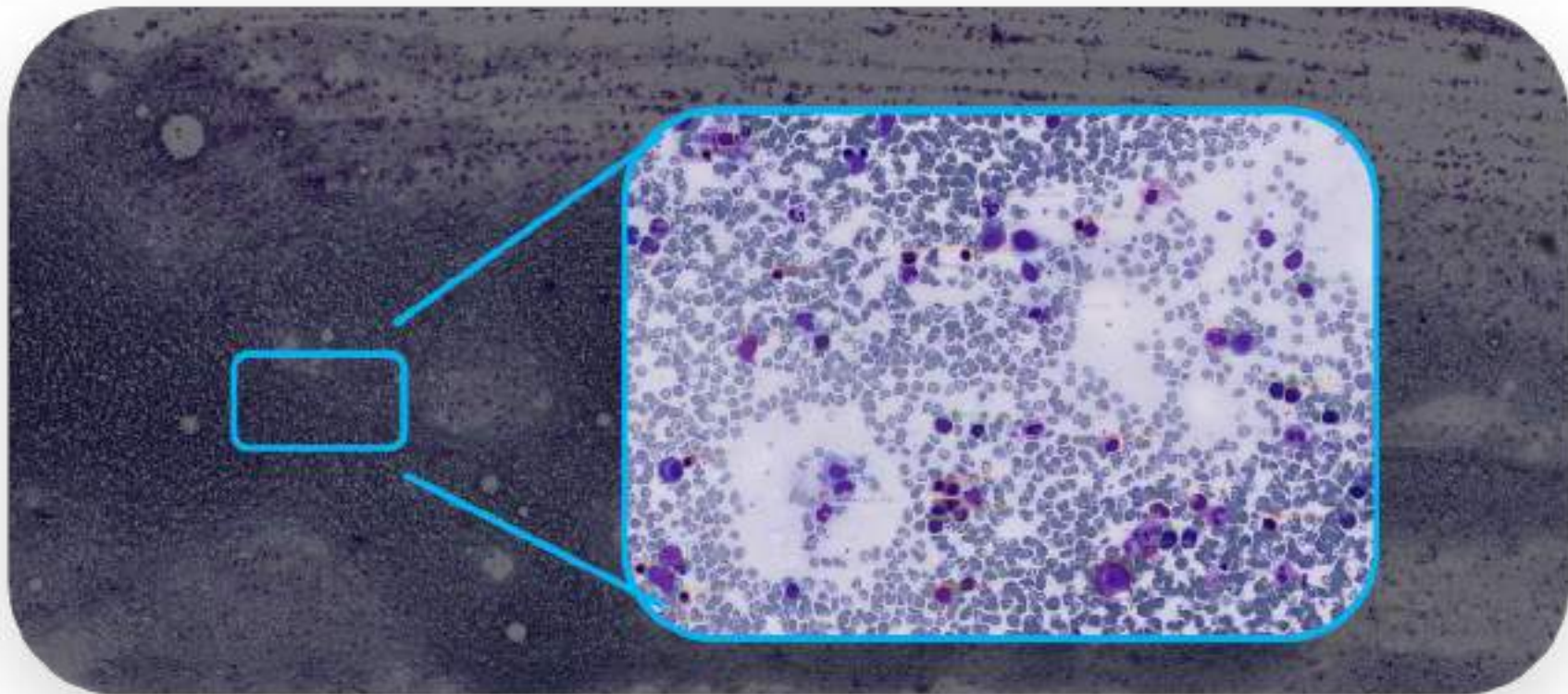


Fibrosis %

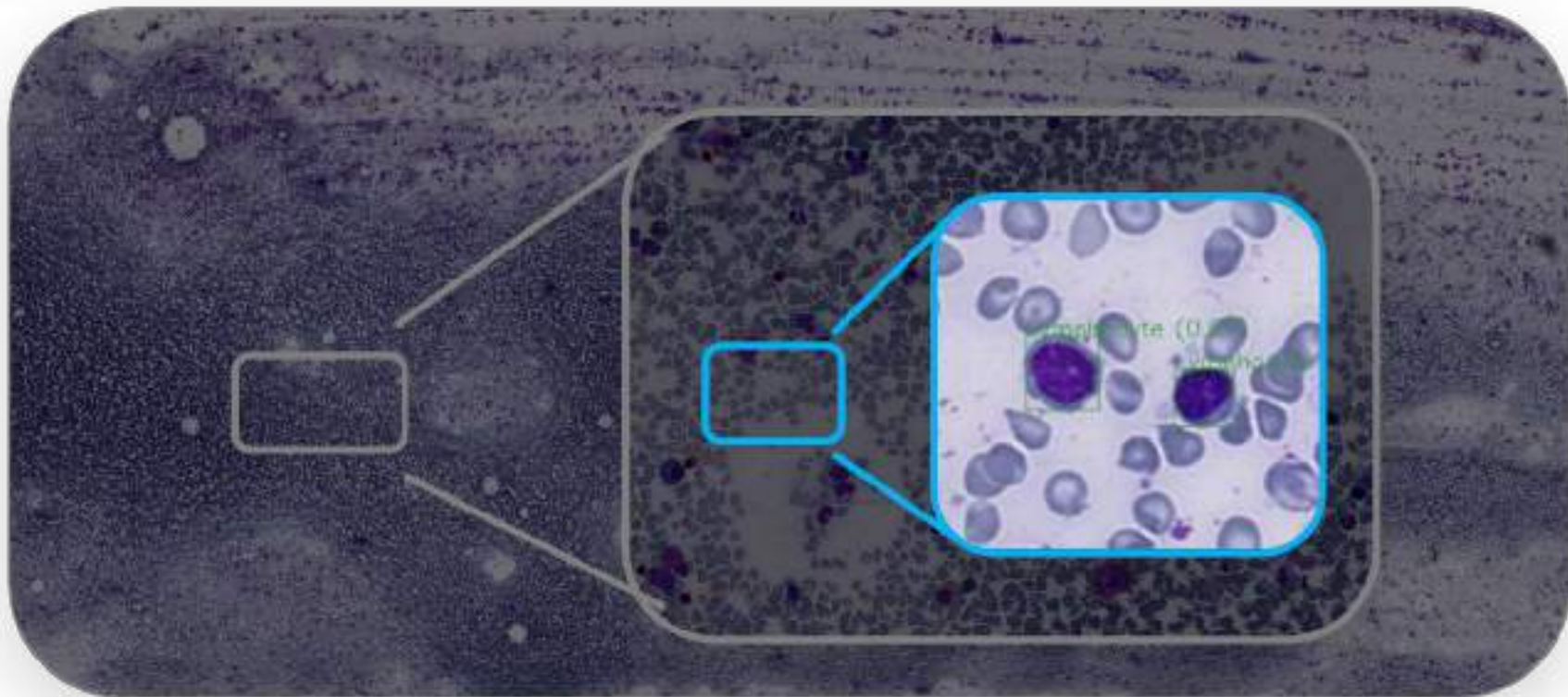
Features Extraction: May-Grunwald Giemsa



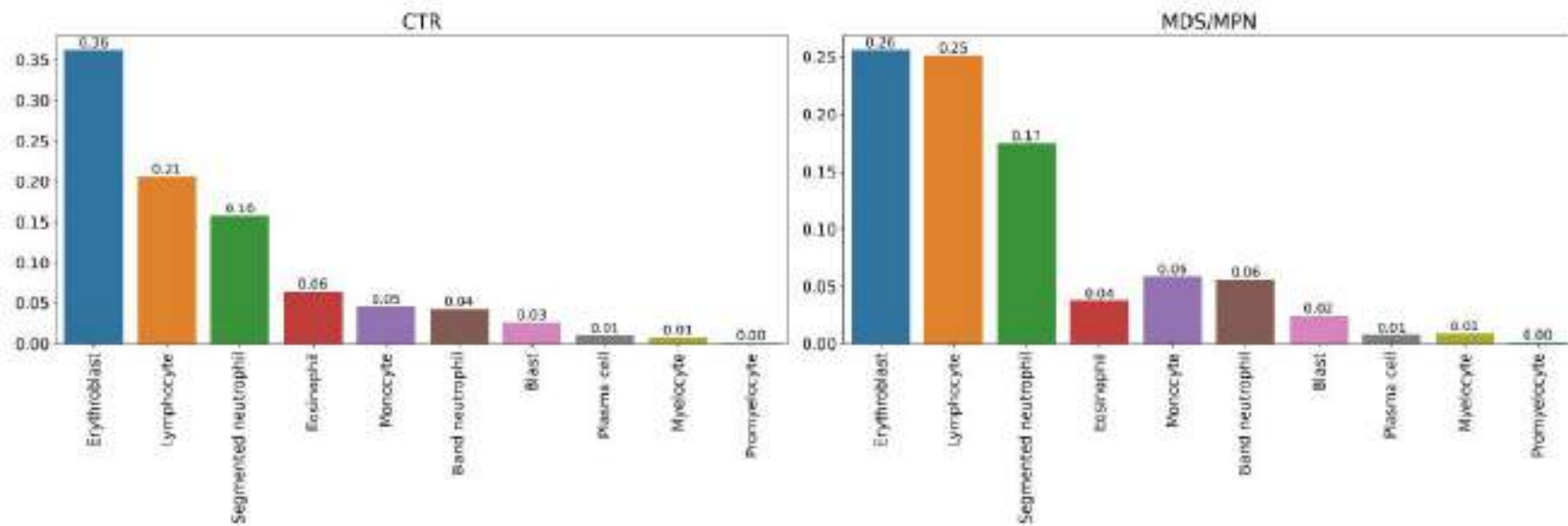
Features Extraction: May-Grunwald Giemsa



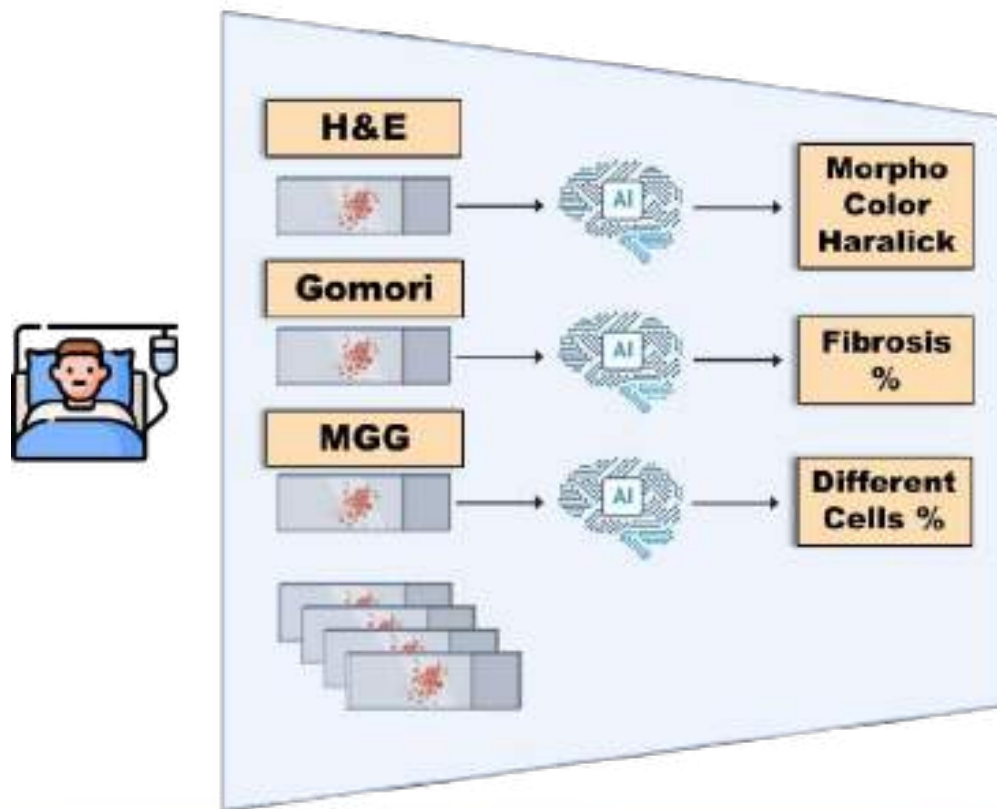
Features Extraction: May-Grunwald Giemsa



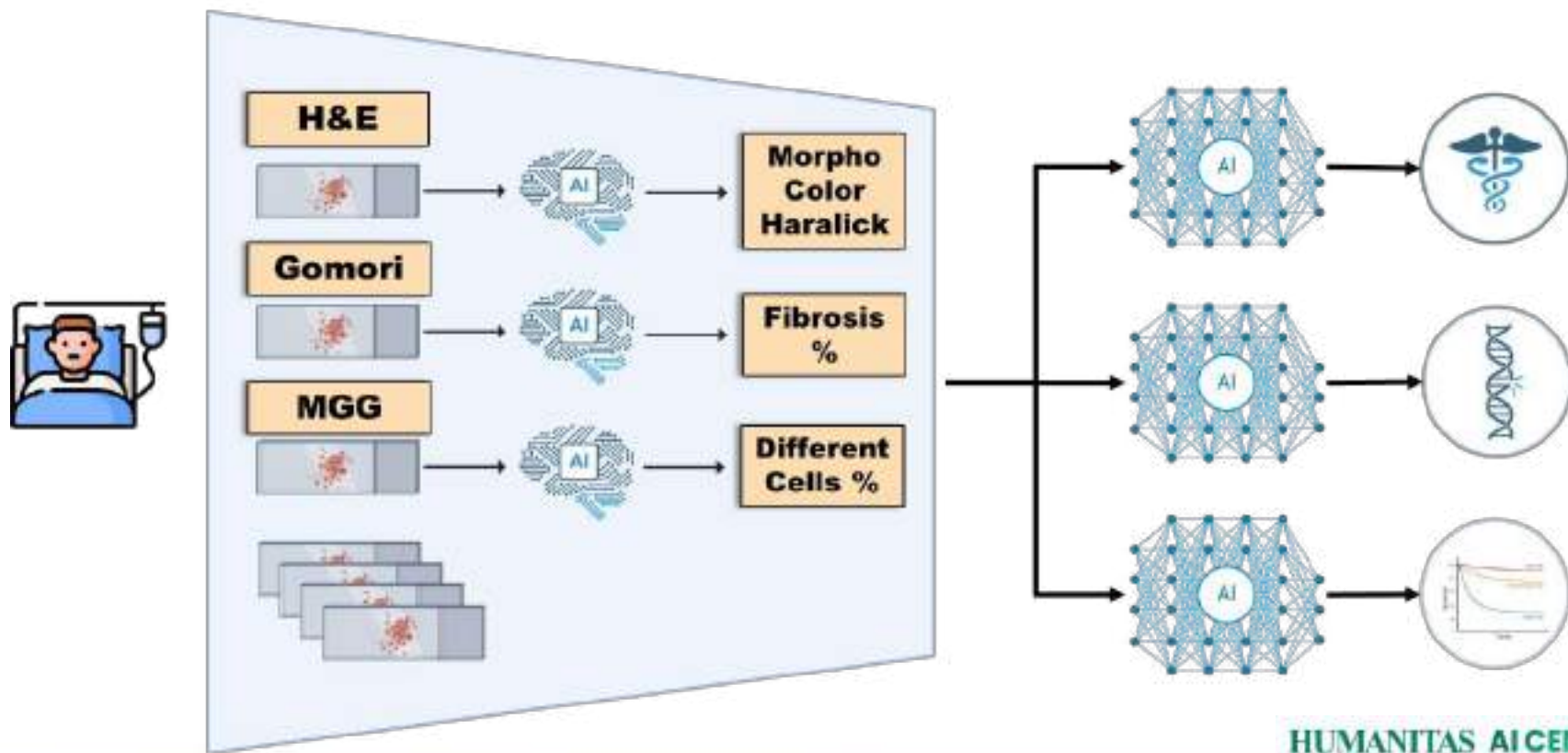
Features Extraction: May-Grunwald Giemsa



The Pipeline

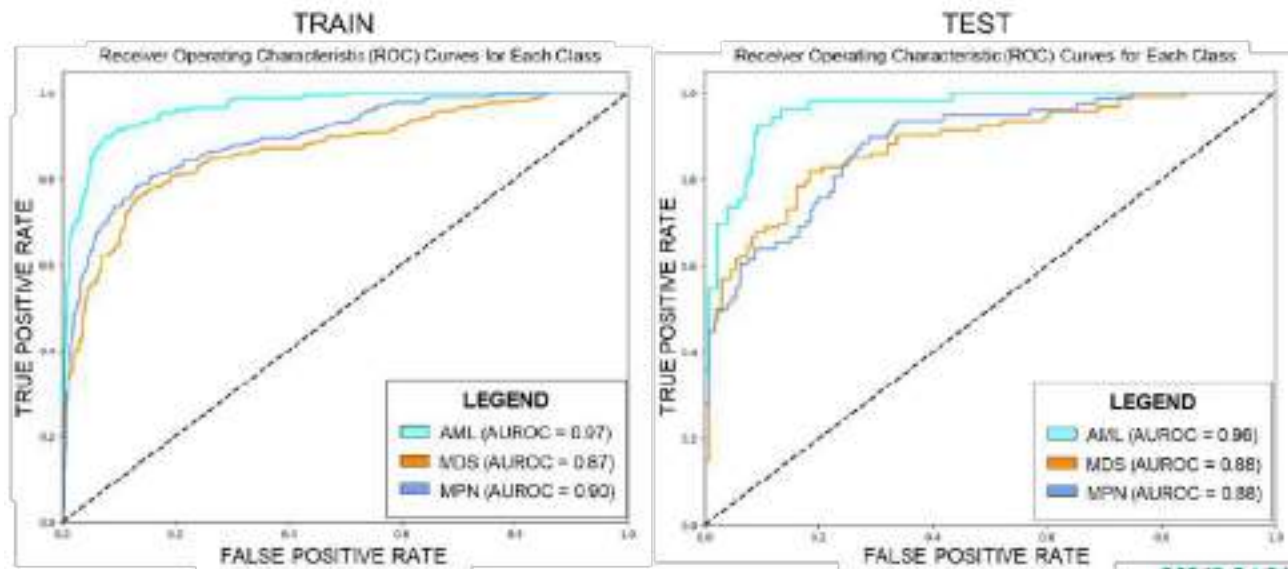


The Pipeline

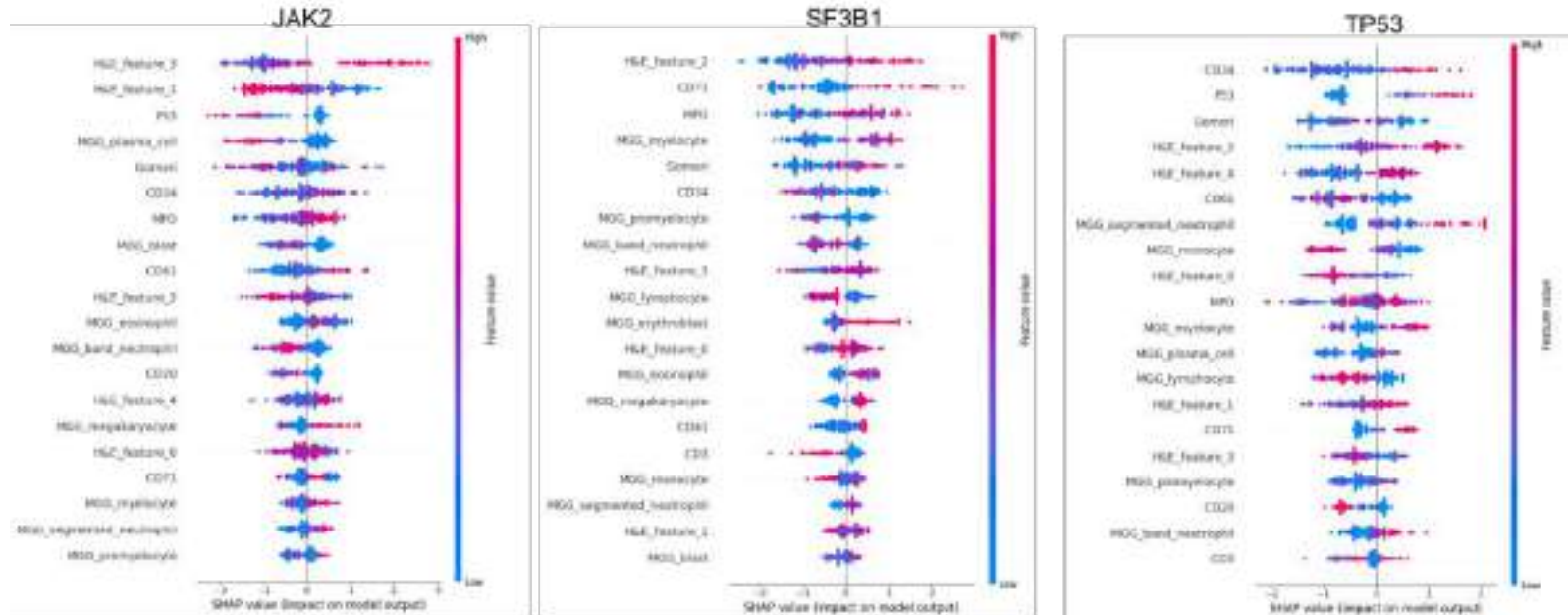


Results

A Deep Learning Model for multiclassification was trained using the WSI features to discriminate specific clinical entities among MN. The models predicted a correct diagnosis with an overall AUROC >0.91 , suggesting that extracted features capture clinically relevant information.



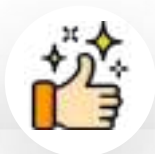
Then we analysed the morphologic and molecular features association. Specific genomic profiles were predicted from WSI features with specialized XGBOOST models with high accuracy, in particular for SF3B1, JAK/STAT, TP53 and RUNX1 mutations (all with F1 Score > 90%). These findings underline the capability of the morphological features to capture the biological background of MN.



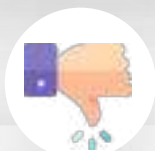
On these bases, we integrated morphological features into an innovative prognostic tool for personalized prediction of overall survival (OS) and leukemia-free survival (LFS) in MN. After the feature selection process (by using a L1-penalized Cox regression) morphological features were included in the model together with demographic, clinical and genomic information. Model discrimination was assessed using Harrell's concordance index (CI). Sequential integration of data layers into the model showed an increasing CI for OS and LFS, starting with 0.78 and 0.68, respectively with clinical and cytogenetic features alone; then raising CI up to 0.82 and 0.80 including somatic gene mutations; and finally reaching CI of 0.88 and 0.90 further integrating morphological features

Variables	Overall Survival C-Index	Leukemia Free Survival C-Index
Clinical	0.78	0.68
Clinical + Genomic + Karyotype	0.82	0.80
Clinical + Genomic + Karyotype + Imaging	0.88	0.90

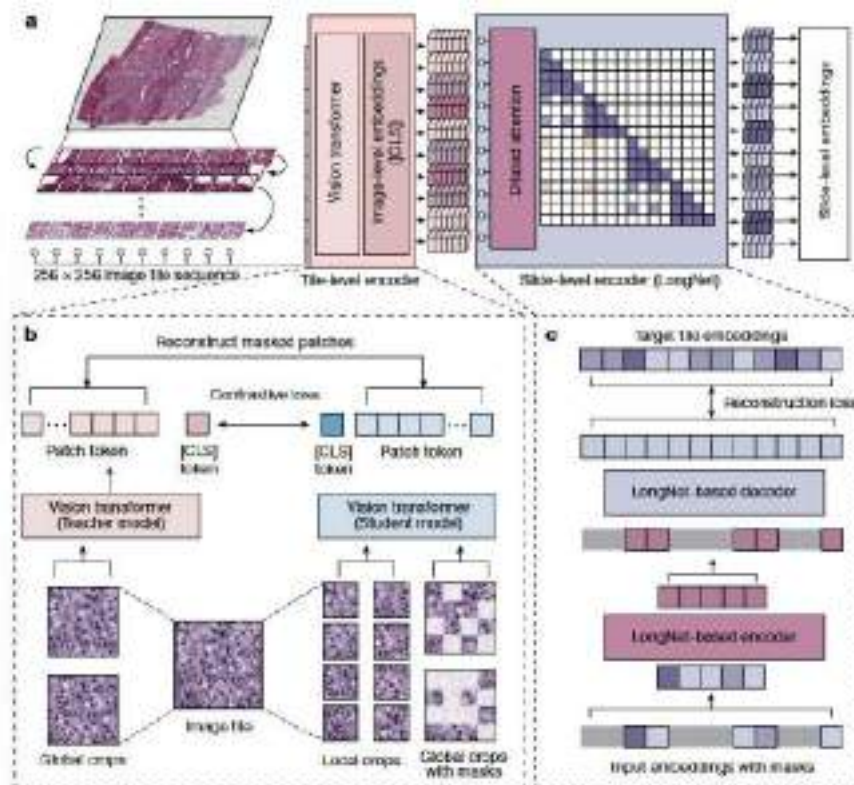
Next Steps



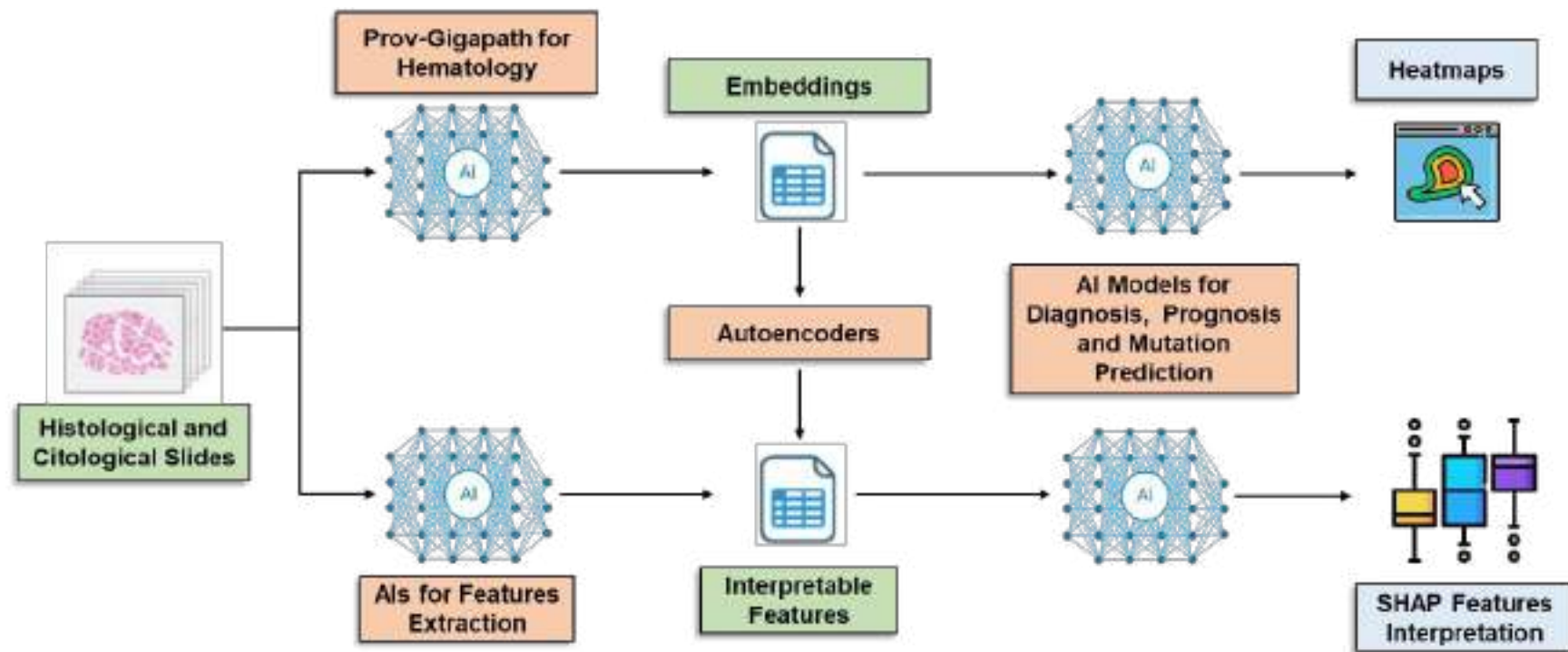
More Powerful than “Glass-Box” Models



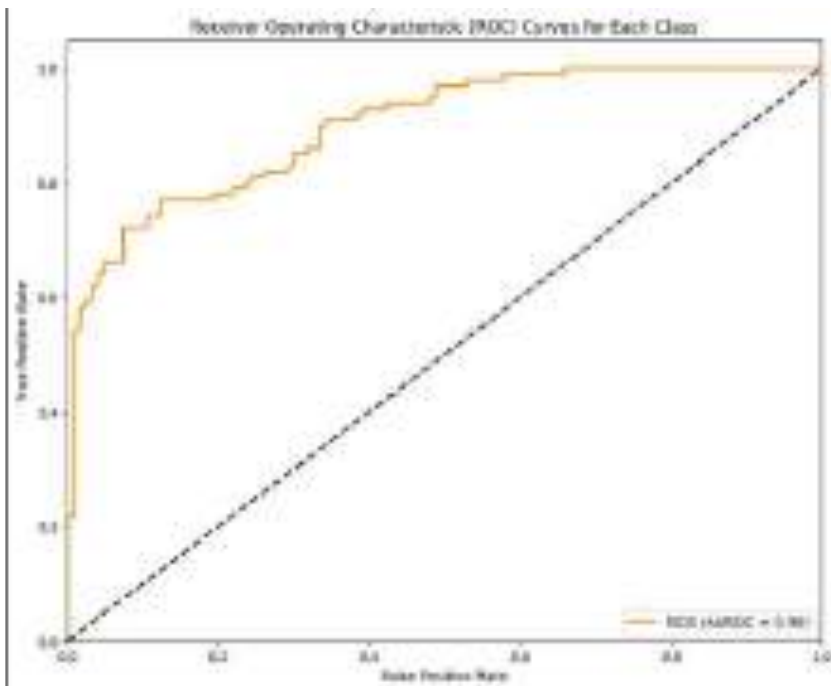
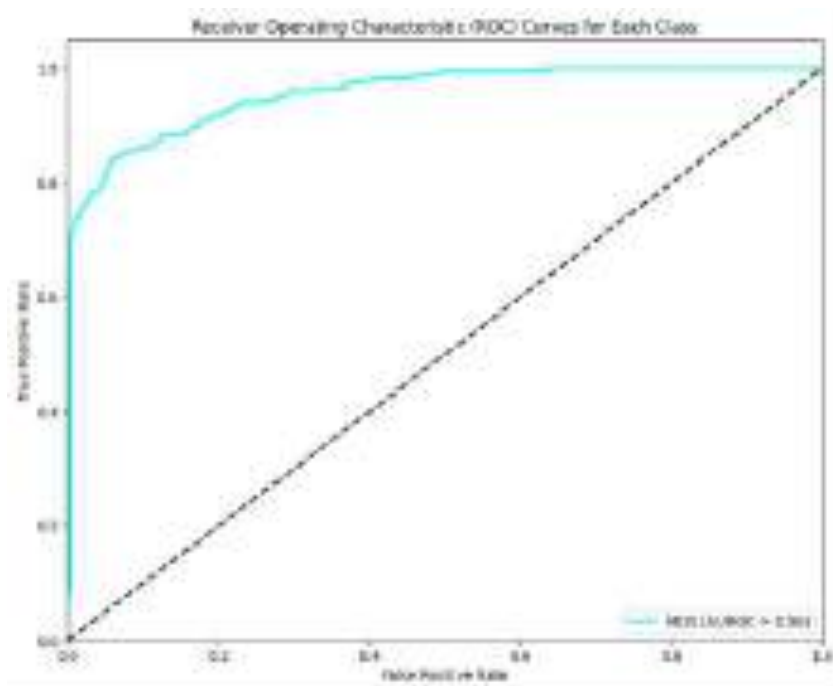
- Low Explainability
- They focus on only one staining at a time



Next Steps

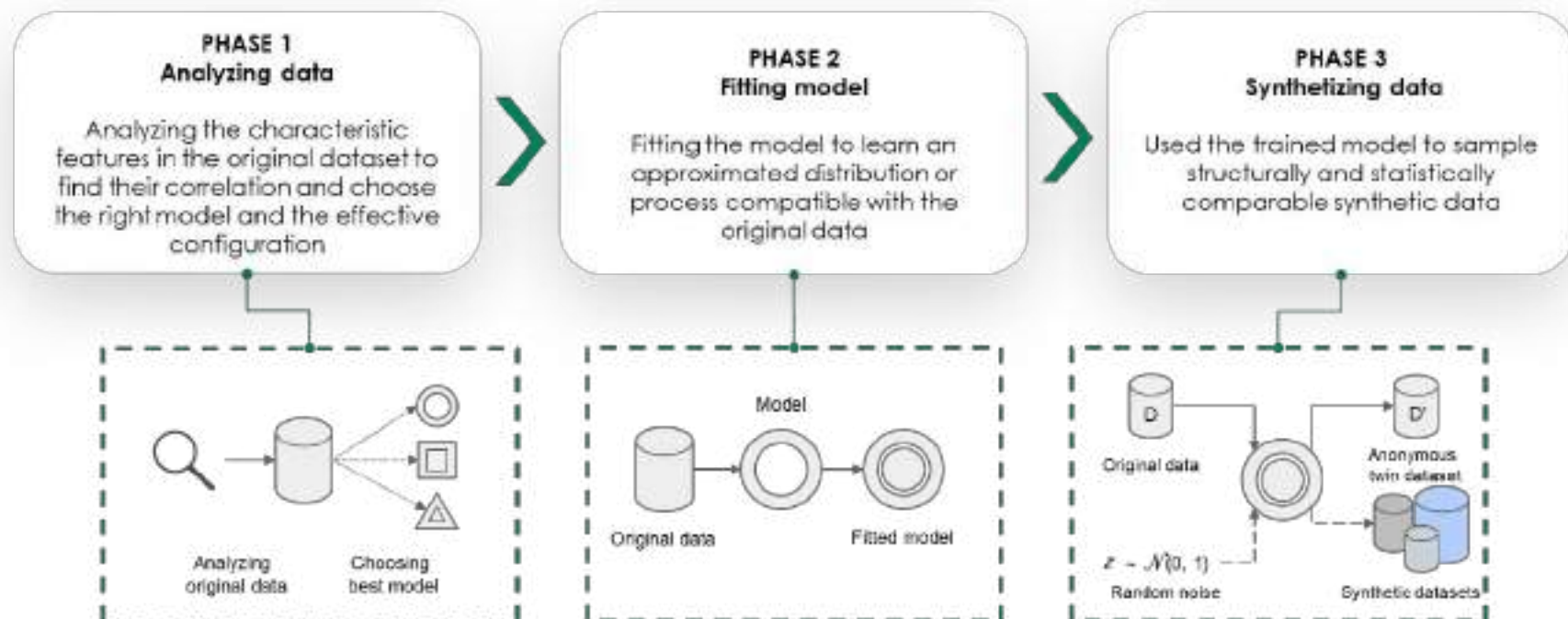


Next Steps



Validation is currently ongoing on an independent MN population from MD Anderson Cancer Center, US.

Generative AI



The importance of training

Prompt: Generate cell
images of a patient of
80 years old with acute
leukemia

The importance of training

Prompt: Generate cell images of a patient of 80 years old with acute leukemia



The importance of training

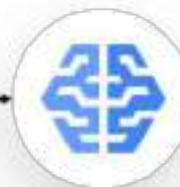
Prompt: Generate cell images of a patient of 80 years old with acute leukemia



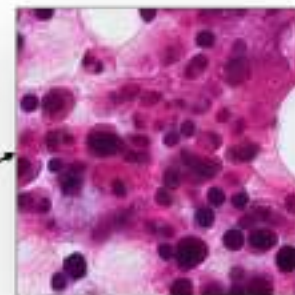
Generation of synthetic images from textual information

Clinical Text Description:

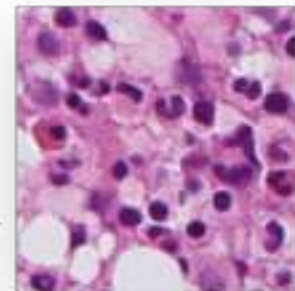
"BM cellularity 55% with preservation of the L:E ratio and by maturational progression of hematopoietic lines in the absence of relevant aspects of cytoarchitectural dysplasia. Proportion of CD34+ precursors <1%. Expression of p53 in less than 2% of the total cells. Absence of BM fibrosis."



**Generative
Model**

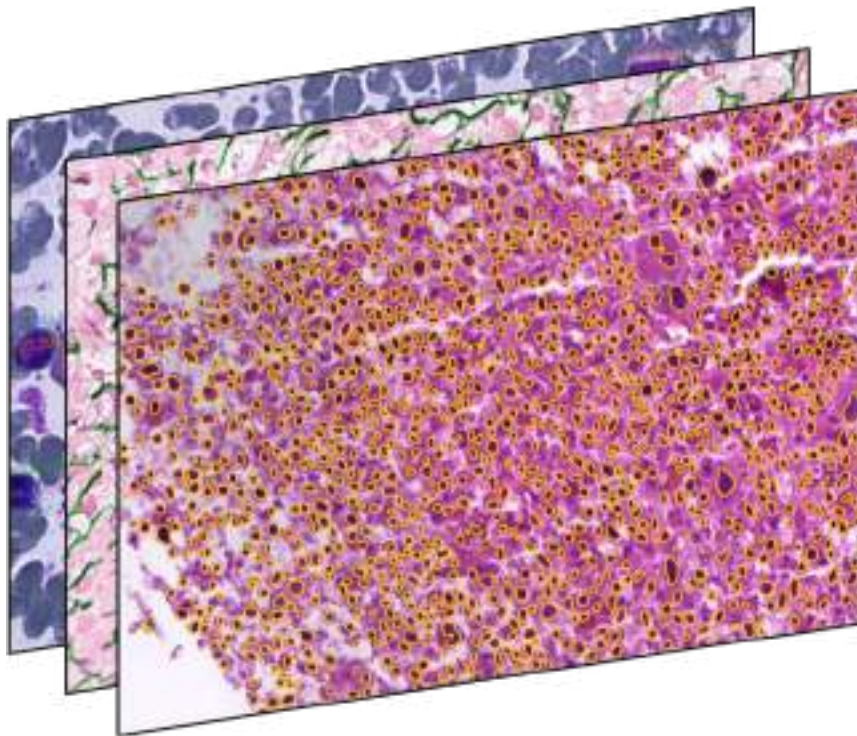


SYNTH IMAGE



REAL IMAGE

Clinical validation on imaging data: features extraction



Morphological

Area
Perimeter
...



Color

Mean RGB
Mean HSV

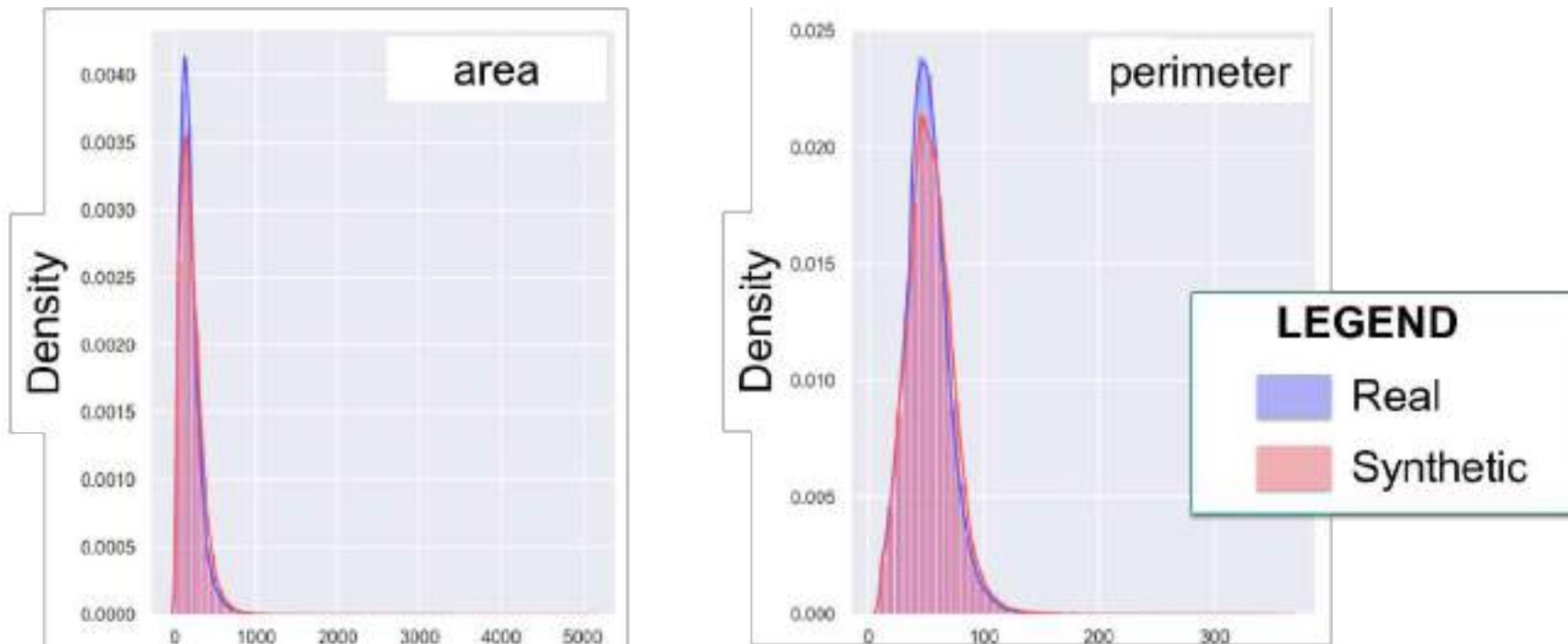


Haralick

Entropy
Contrast

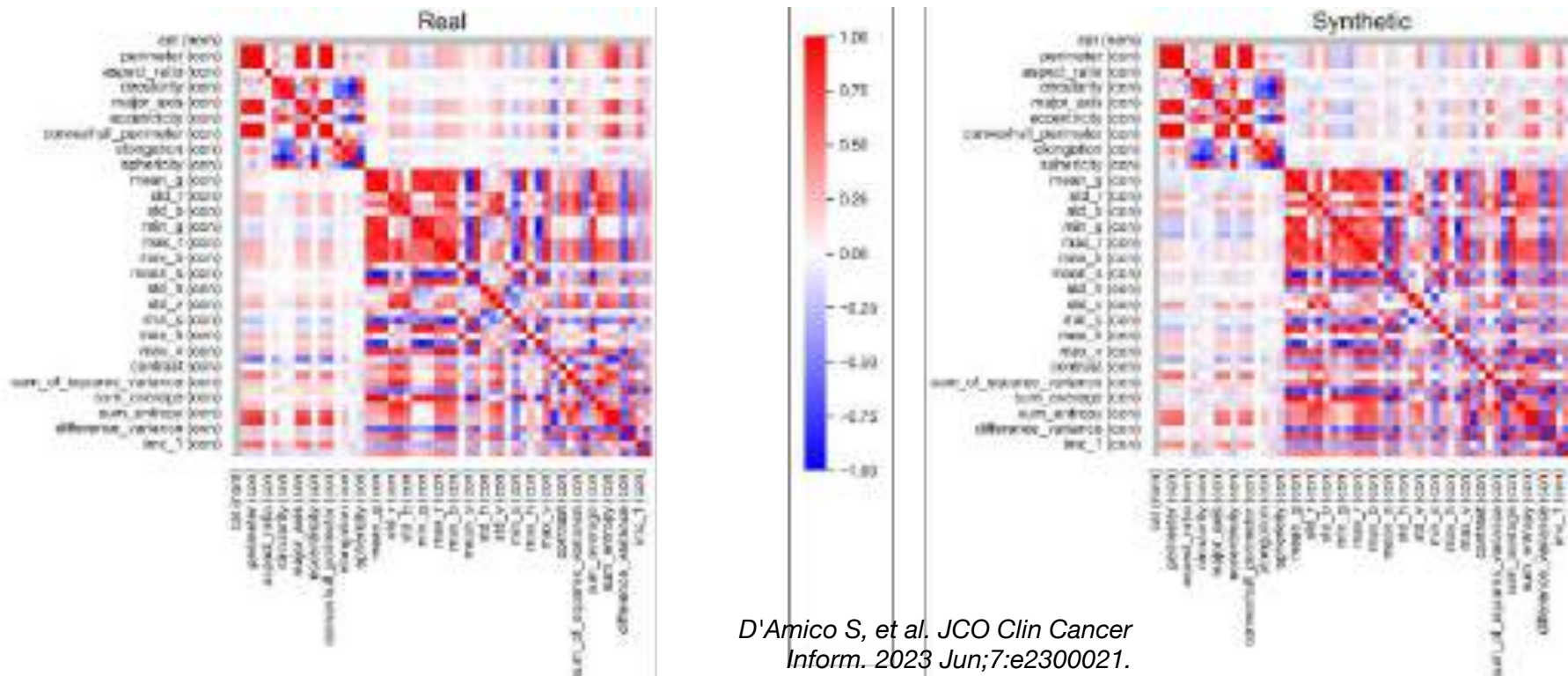
Synthetic Images Validation Framework

Distributions of Morphological Features extracted from Real and Synthetic H&E images



Synthetic Images Validation Framework

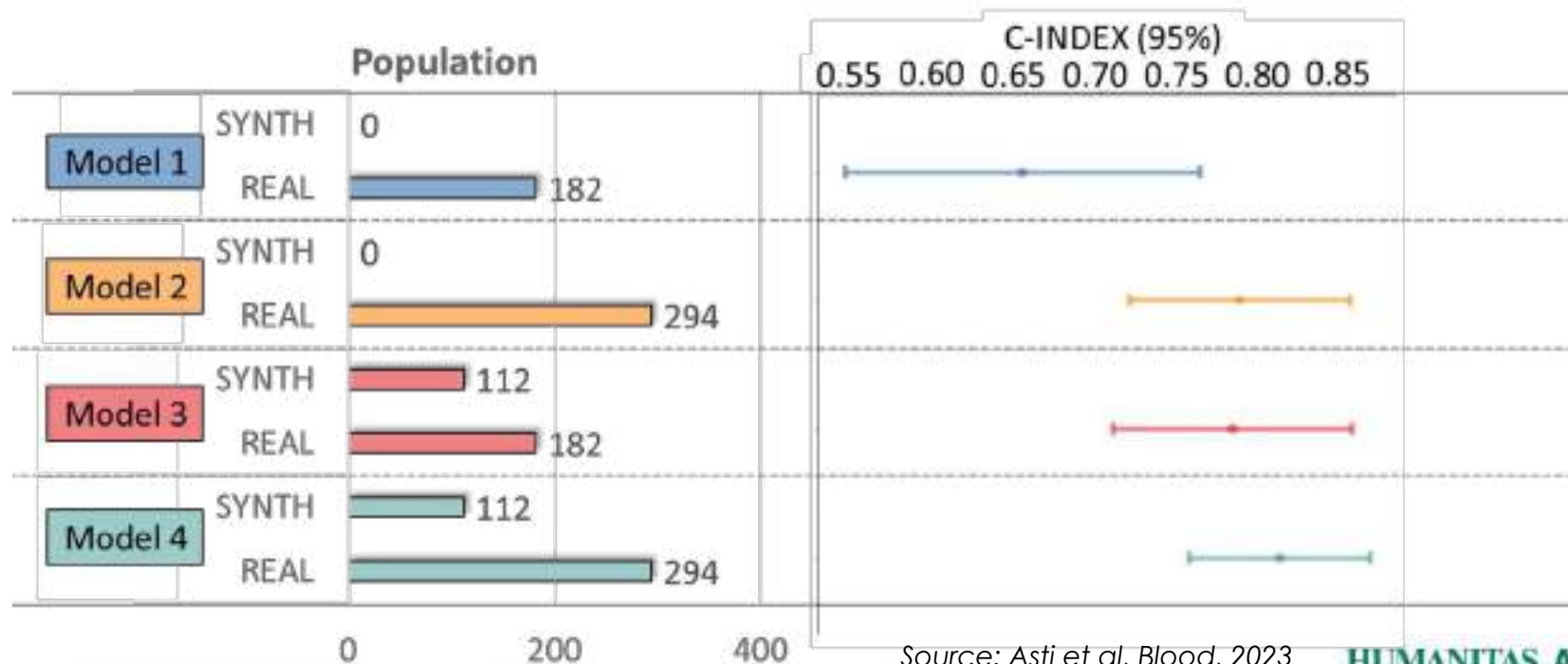
Correlation of Features extracted from Real and Synthetic H&E images



D'Amico S, et al. JCO Clin Cancer Inform. 2023 Jun;7:e2300021.
doi:10.1200/CCI.23.00021.

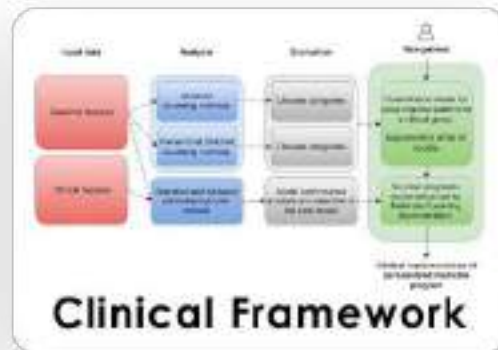
Clinical validation on imaging data: prognosis

Cox's proportional hazards model to predict individual probability of overall survival in patients affected with myeloid neoplasms.



Source: Asti et al, Blood, 2023

AI in healthcare



Acknowledgements

GEN MED4ALL

SYNTHEMA

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train
AI POWER IS NOTHING WITHOUT TRAINING



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