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The impact of coffee on health

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Abstract

Objective

Coffee is a beverage used worldwide. It includes a wide array of components that may have potential implication on health. We have reviewed publications on the effect of coffee on a series of health outcomes.

Methods

Articles published between January 1990 and December 2012 were selected after searching coffee or caffeine with a list of keywords representative of the most relevant health areas potentially affected by coffee intake.

Results

Caffeine, chlorogenic acids and diterpenes are important components of coffee. Caffeine often acts as a modulator of the biological actions of coffee. There is a significant impact of coffee on the cardiovascular system, and on the metabolism of carbohydrates and lipids. Contrary to previous beliefs, the various forms of arterial cardiovascular disease, arrhythmia or heart insufficiency seem unaffected by coffee intake. Coffee is associated with a reduction in the incidence of diabetes and liver disease. Protection seems to exist also for Parkinson's disease among the neurological disorders, while its potential as an osteoporosis risk factor is under debate. Its effect on cancer risk depends on the tissue concerned, although it appears to favor risk reduction. Coffee consumption seems to reduce mortality.

Conclusion

Information gathered in recent years has generated a new concept of coffee, which does not match the common belief that coffee is mostly harmful. This view is further supported by the discovery of a series of phyto-components with a beneficial profile. Reasonable optimism needs to be tempered, however, by the insufficiency of the clinical data, which in most cases stem from observational studies.

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SPREADS Monkeypox outbreak explodes across Europe Cases in Spain and Italy traced to island festival with 80,000 revellers

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May 2022 | Updated: 2:03, 22 May 2022



MONKEYPOX cases in Spain and Italy have been traced to an island
festival attended by 80,000 revellers.

Authorities are trying to halt an outbreak that has exploded across
Europe and beyond, with 92 cases now confirmed and dozens more
suspected.

TOTAL CASES: 145

Country	Cases
Canada	22
USA	2
UK	34
France	20
Germany	3
Italy	1
Spain	1
Sweden	1
Poland	1
Czechia	1
Russia	1
China	1
India	1
Australia	2
South Africa	1
Kenya	2
Egypt	3
Israel	1
Iran	50
Other countries	1

Total of 145 confirmed or suspected monkeypox cases have so far been recorded outside places where it is endemic in Africa

es of [monkeypox](#) in the UK have doubled in just a week after [a total of 10 cases](#) were reported.

and doctors warned that number will rise significantly as the virus spreads through Europe and as far as the US, Canada and Australia.

Spain now has the highest number of infections, outside places in Africa where the virus is endemic, with more than 50 known cases.

Now authorities are investigating a festival in Gran Canaria after it was linked with a number of cases in Madrid, Tenerife and Italy.

READ MORE ON HEALTH



VIRUS WARNING UK to have 'significant rise' of monkeypox cases, top doc says



VIRAL SPREAD Monkeypox patients could be infectious for up to **FOUR WEEKS**,...

Canaria Pride festival, held in the town of Maspalomas between May 14 and 15, has become a hotspot for the monkeypox outbreak, reports [El](#)

A massive party was attended by over 80,000 people, including three men who later tested positive for the virus.

A health source told the newspaper: "Among the 30 or so diagnosed in the island, there are several who attended the event, although it is not yet possible to know if one of them is patient zero of this outbreak or if they were not infected there."

Public health services are currently investigating whether there have been other infections during the celebrations including a suspected case reported in Tenerife.

— NEWS —

‘Unprecedented’, ‘Remarkable’: Cancer Study Leaves Every Patient Cancer-Free

"I believe this is the first time this has happened in the history of cancer."

By **Amanda Prestigiacomo** • Jun 6, 2022 DailyWire.com •



ults from a small cancer trial that left every patient in remission is being
sed as “unprecedented” and “remarkable.”

aper published on Sunday at The New England Journal of Medicine
ined a study of 18 rectal cancer patients who were given dostarlimab
y three weeks for six months and ended up cancer-free, including the first
ent who is now two years out from the trial.

believe this is the first time this has happened in the history of cancer,” said
Luis A. Diaz Jr. said, an author of the paper, The New York Times reported.

Andrea Cercek, an oncologist at Memorial Sloan Kettering Cancer Center
another author of the paper, described “a lot of happy tears” at the end of
trial.

le noting the study needs replication, Dr. Kimmie Ng, a colorectal cancer
ert from the Dana-Farber Cancer Institute and an associate professor at
vard University, called the trial results “remarkable” and “unprecedented.”

C Lineberger Comprehensive Cancer Center's Hanna K. Sanoff, MD, MPH, exercised caution but said the findings were "very encouraging," according Science Daily.

These initial findings of the remarkable benefit with the use of dostarlimab are very encouraging but also need to be viewed with caution until the results can be replicated in a larger and more diverse population," Sanoff said.

The responses in these first 12 of a planned-for 30 patients in the trial were remarkable and exceed what we would expect with the standard chemotherapy plus radiation," she continued. "Although quality of life measures have not been reported yet, it's encouraging that some of the most difficult symptoms, such as pain and bleeding, all resolved with the use of dostarlimab."

This post has been updated to note that Dr. Kimmie Ng is a colorectal cancer expert at the Dana-Farber Cancer Institute, as well as an associate professor at Harvard University

e initiated a prospective phase 2 study in which single-agent dostarlimab, an anti-PD-1 monoclonal antibody, was administered every 3 weeks for 6 months in patients with mismatch repair-deficient stage II or III rectal adenocarcinoma," the study said. "This treatment was to be followed by standard chemoradiotherapy and surgery."

Those who took the drug, which "unmasks cancer cells, allowing the immune system to identify and destroy them," according to the Times, did *not* have to move on to further cancer treatments.

Of the patients "who had a clinical complete response, with no evidence of tumor on magnetic resonance imaging," the paper explained. "At the time of this report, no patients had received chemoradiotherapy or undergone surgery and no cases of progression or recurrence had been reported during follow-up (range, 6 to 25 months). No adverse events of grade 3 or higher have been reported."

MD Anderson Cancer Center's Hanna K. Sanoff, MD, MPH, exercised caution but said the findings were "very encouraging," according to Science Daily.



Oncology/Hematology > Prostate Cancer

For Men on ADT, Checking Bone Density May Thwart Fractures

— But testing rates remain low among older prostate cancer patients on androgen deprivation therapy

by [Mike Bassett](#), Staff Writer, MedPage Today April 1, 2022



bone density testing in older prostate cancer patients on androgen deprivation therapy (ADT) was significantly associated with a decreased risk for major osteoporotic fractures, but remains little used, a prospective population-based study found.

In the cohort of nearly 55,000 men treated with ADT from 2005 to 2015, those who received dual x-ray absorptiometry (DXA) screening had a 9% lower risk of major fractures compared with those who did not (HR 0.91, 95% CI 0.83-1.00, $P=0.05$), after adjustment for previous fractures and history of osteoporosis, according to researchers led by Maria Suarez-Almazor, MD, PhD, of MD Anderson Cancer Center in Houston.

Over the study period, 17.5% of the men had fractures and 7.7% had major fractures. Just 7.9% received DXA screening, they reported in *JAMA Network Open*.

Given the deleterious impact of fractures for morbidity and mortality, "Implementation strategies are needed to increase the uptake of current guideline-recommended bone health management among men with prostate cancer," Suarez-Almazor and colleagues concluded. "Early intervention with bone-modifying agents could potentially reduce the burden of illness associated with fractures among older men who are survivors of prostate cancer."

The group found several factors associated with lower DXA screening rates:

- Receiving nonsteroidal androgens (OR 0.57, 95% CI 0.39-0.84)
- Being single (OR 0.89, 95% CI 0.81-0.97)
- Black race (OR 0.80, 95% CI 0.70-0.91)
- Living in small urban areas (OR 0.77, 95% CI 0.66-0.90)
- Living in areas with lower educational levels (OR 0.75, 95% CI 0.67-0.83)

In an accompanying editorial, Amar Kishan, MD, of the University of California Los Angeles, and colleagues noted that since the study's end, professional societies have updated their guidelines on DXA screening, suggesting that current bone density screening rates may be higher. Over the study period, screening crept up from 6.8% in 2005 to 8.4% by 2015.

However, the study "highlights the fact that there is substantial room for improvement in evaluating bone health among patients with prostate cancer receiving ADT," according to the editorialists.

The low rate of DXA screening and the disparities in the use of DXA screening are concerning," wrote Kishan and colleagues. "It is particularly problematic that low rates of DXA screening were identified among men who were non-Hispanic Black, Hispanic, or residing in areas with lower socioeconomic status and lower educational attainment, suggesting that more research into these patterns is needed to fully understand the associated dynamics and implement appropriate strategies to increase bone health screening when indicated in these populations."

The study from Suarez-Almazor's group was based on data from the Surveillance, Epidemiology, and End Results database and the Texas Cancer Registry, which were linked with Medicare claims. It included 54,953 men 66 years or older with prostate cancer who were diagnosed between January 2005 and December 2015 and who initiated treatment with ADT.

Most of the men were white (75.4%), while 11.1% were Black and 8.5% were Hispanic. Of these, just 4,362 men received DXA screening, with rates among Black patients a particularly low 5.2%.

In general, DXA screening was more prevalent among patients with a diagnosis of osteoporosis (n=1,526) or fractures (n=1,426) in the year before ADT initiation.

In a multivariable model including propensity score adjustment, Suarez-Almazor and colleagues determined that previous DXA screening was not significantly associated with a risk of fracture.

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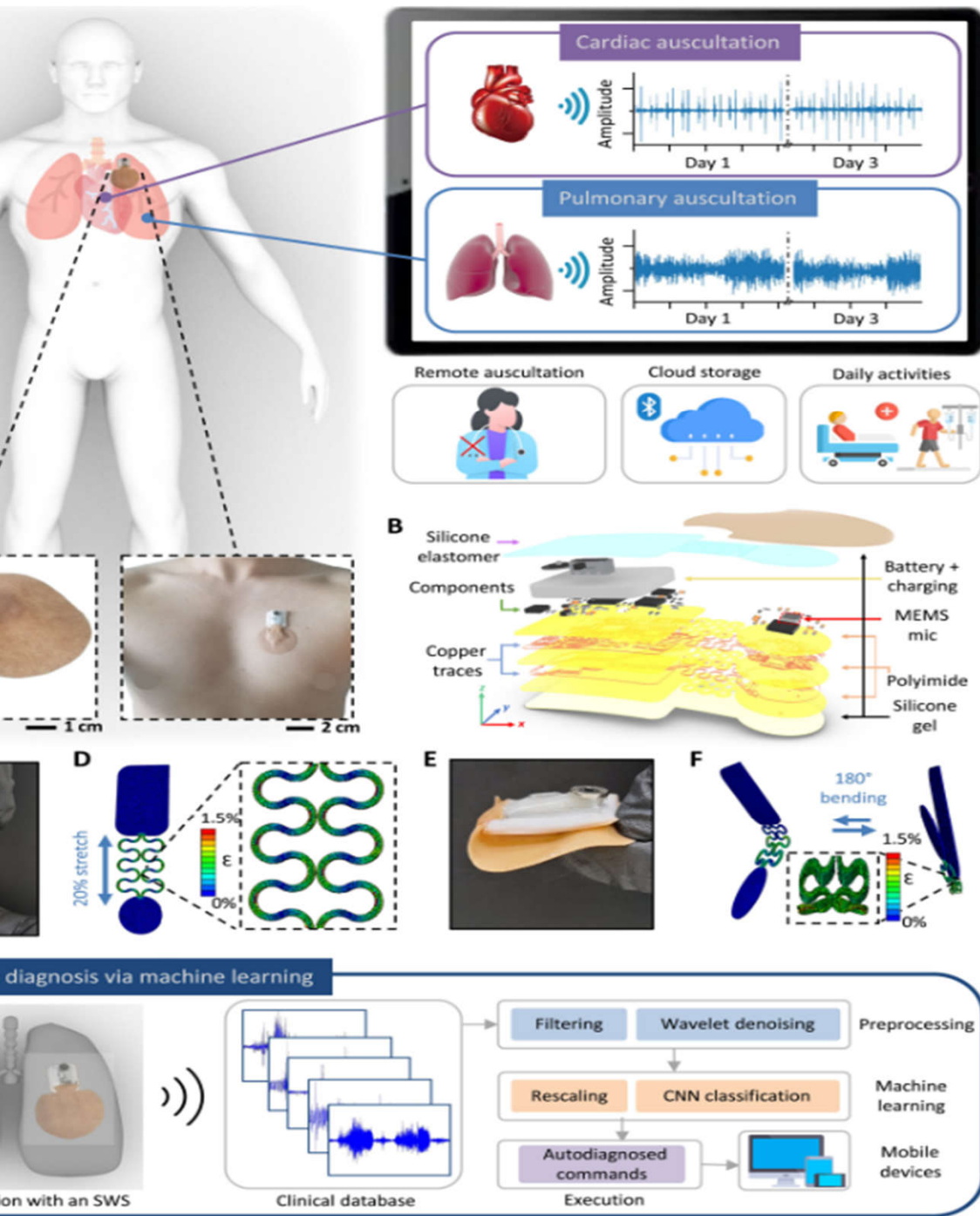


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JUNE 3, 2022 **FEATURE**

A soft wearable stethoscope designed for automated remote disease diagnosis

by Thamarasee Jeewandara , Medical Xpress



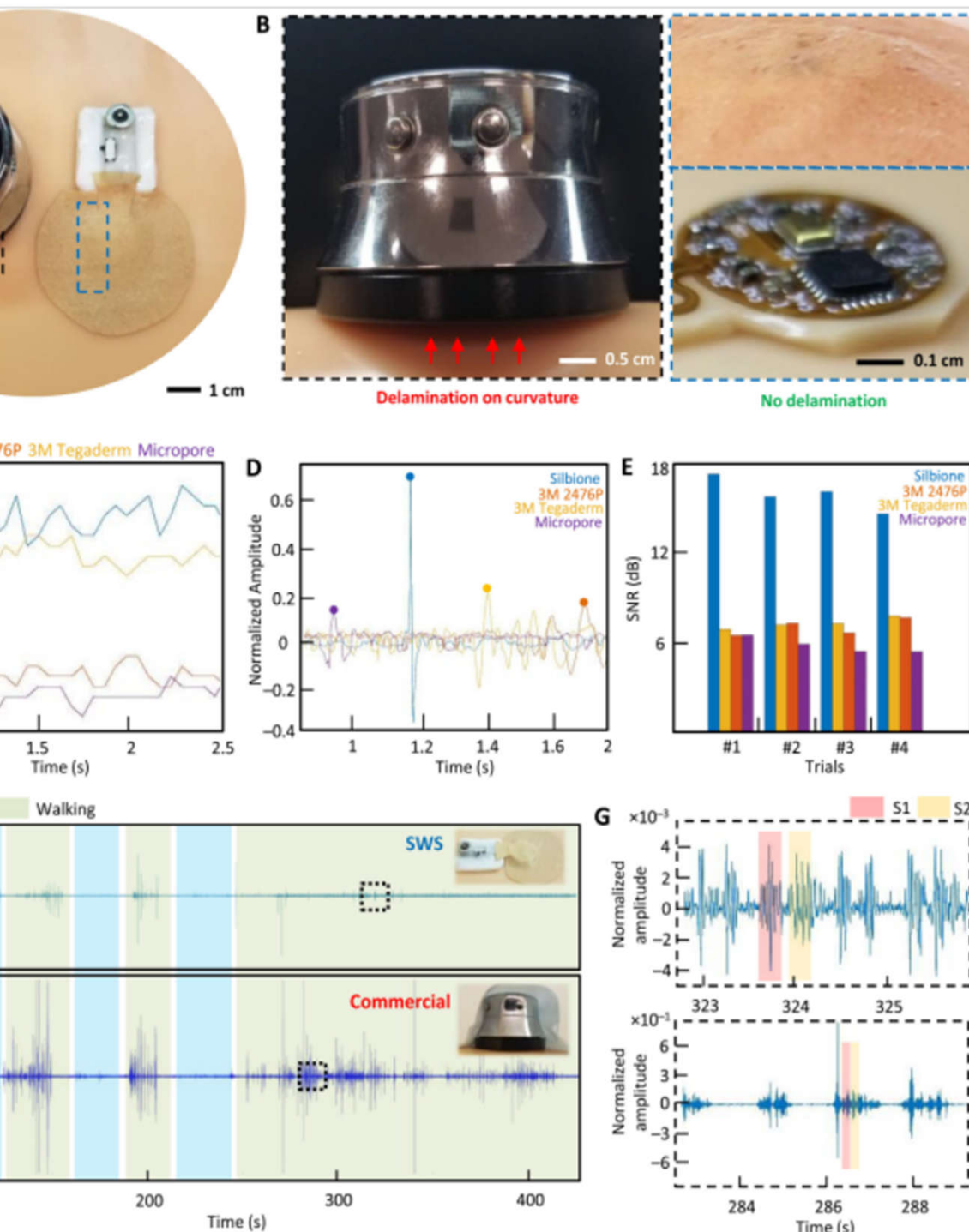
Design, architecture, and mechanical properties of an SWS. (A) Schematic illustration of remote monitoring using the SWS, with the zoomed-in photo of the device on the finger and the chest (bottom). Mobile device showing real-time collection of cardiac and pulmonary auscultation data over several days (right) while doing daily activities without contact (bottom right). (B) Exploded view of the SWS with multiple layers of deposited materials. (C) Image of the 20% stretched interconnected network of the SWS. (D) Finite element analysis (FEA) results of the network in (C). (E) Photo of the SWS with 180° bending. (F) FEA results showing cyclic bending from (E). Schematic illustration of the flow for automatic and objective diagnosis of diseases via machine learning in the SWS. Various real-time collected abnormal sounds go through preprocessing, machine learning, and classified results stored through the application installed in any mobile device.

al stethoscopes provide better results compared to conventional methods to record and visualize modern auscultation. Current stethoscopes are bulky, non-conformal, and unsuited for remote use, while motion artifacts can lead to inaccurate diagnosis. In a new report now published in *Science Advances*, Sung Hoon Lee and a research team in engineering, biotechnology, and medicine at the Georgia Institute of Technology, U.S., and the Chungnam National University Hospital in the Republic of Korea described a class of methods to offer real-time, wireless, continuous auscultation. The devices are part of a soft wearable system for quantitative disease diagnosis across various pathologies. Using the soft device, Lee et al collected continuous cardiopulmonary sounds with minimal distortion to characterize signal abnormalities in real-time. The team conducted a clinical study with multiple patients and control subjects to understand the unique advantage of the wearable auscultation method, with integrated machine learning, to estimate diagnoses of four types of disease in the lung, ranging from a crackle, to a wheeze, stridor and rhonchi, with 95% accuracy. The soft system is applicable for a sleep study to detect disordered breathing and to detect sleep apnea.

Auscultation in the field of medicine

Chronic obstructive [pulmonary disease](#) (COPD) and [cardiovascular disease](#) (CVD) are the two [predominant factors](#) of mortality worldwide. The two pathologies form an umbrella term for diseases of the heart and lung, leading to the malfunction and restricted blood flow during breathing. While approximately 80% of COPD mortality occurs in low-to-middle income countries due to healthcare inaccessibility, accurate auscultation can be helpful to diagnose disease at an early stage and [evaluate the patient response](#). Similarly, heart sounds also facilitate diagnosis and the identification of vascular heart diseases.

Auscultation is the most basic and vital diagnostic method in medicine, due to its non-invasive, fast, informative and inexpensive use. Since most stethoscopes cannot record the detected sounds, the process can be limited via conventional stethoscopes, making it difficult to share the outcomes to record abnormalities. As a result, some of the critical respiratory and heart diseases can be [misdiagnosed or underdiagnosed](#). Digital stethoscopes that [assist auscultation in real-time](#) can convert acoustic sounds to electrical signals to amplify inaudible sounds via acoustic stethoscopes. In this work, Lee et al introduced a soft wearable [stethoscope](#) system for ambulatory cardiomyopathy auscultation via a class of methods based on advanced electronics, flexible mechanics, and soft packaging for cardiovascular disease, and respiratory monitoring.

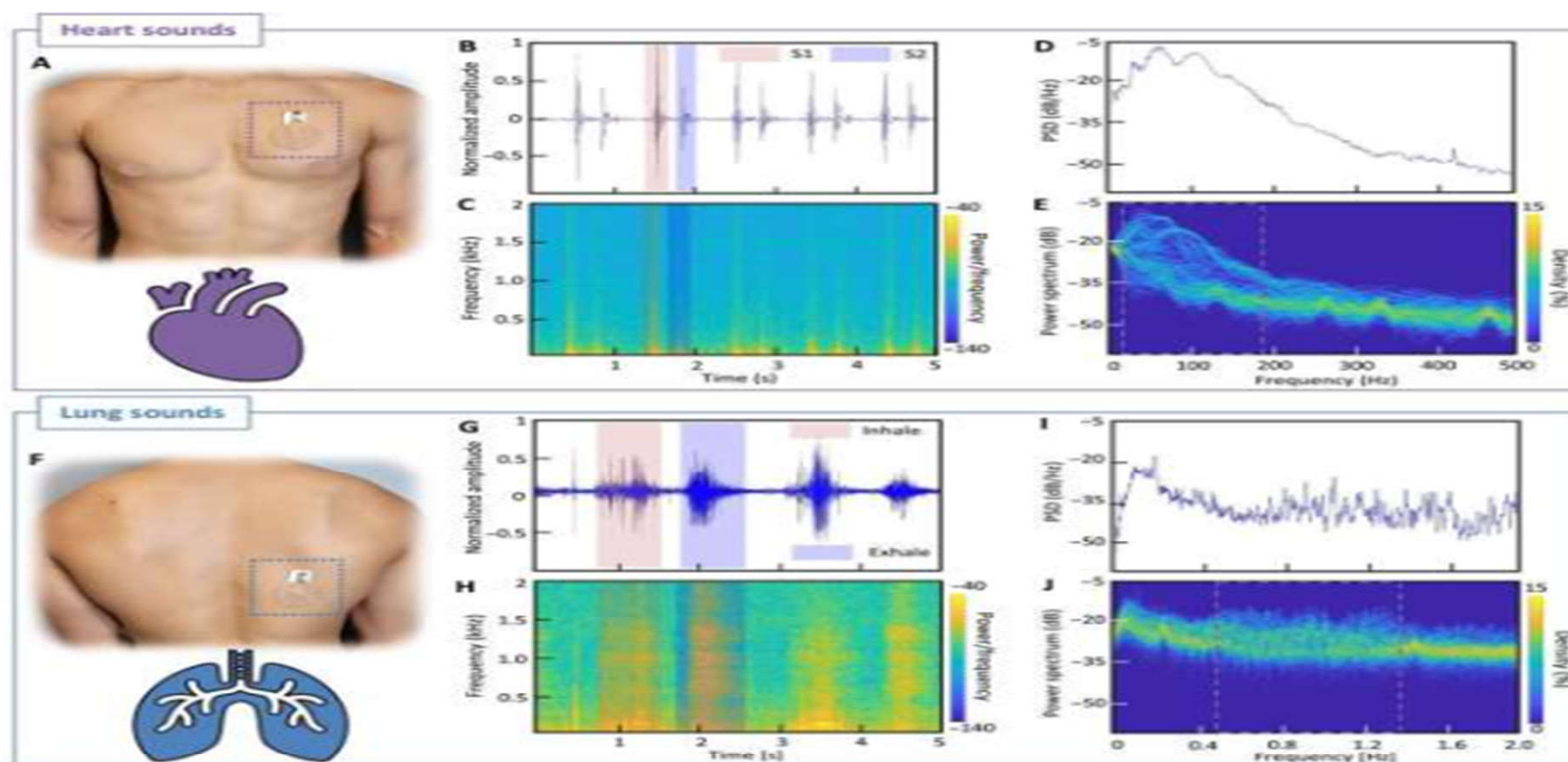


Mechanics, optimization, and control of motion artifacts with an SWS. (A) Photo comparing the SWS with a commercial device (TLO digital stethoscope) on the skin model. (B) Comparison of skin contact quality between the commercial rigid stethoscope (left) showing delamination from the skin due to 45° curvature and the SWS showing intimate contact. (C) Difference of pressure applied to the microphone island using various biocompatible adhesives, including silicone, 3M 2476P, 3M Tegaderm, and micropore. (D) Time-series graph of heart sounds versus normalized amplitude for the S1 peak using different adhesives. (E) Calculated SNR from S1 peaks from (D); the four trials. (F) Time-series graph of the SWS and the commercial device (TLO) when both are mounted on the chest; this subject conducted different activities, including standing and walking while recording the sounds. (G) Zoomed-in view for part of the noise peaks caused by walking. The SWS with skin-conformable contact (top graph) clearly shows S1 and S2 peaks, while the commercial one (bottom graph) shows step noise amplified compared to the heart sounds.

the design of a soft wearable stethoscope (SWS)

The team collected the cardiorespiratory data accurately during daily activities to diagnose pulmonary abnormalities. They then improved the signal-to-noise ratio from the wavelet-denoised sound collection, to minimize circuitry and made the device more compact to train a **machine learning** model to accurately identify **stridor**, **rhchi**, **wheezing**, and **crackling** lung sounds. Lee et al also developed a user-friendly mobile device application to record heart and lung sounds, and uploaded the data remotely and securely. They formed the miniaturized, soft wearable system for remote patient cardio-pulmonary auscultation with exceptionally small and mechanically flexible devices, for flexible skin integration, and self-assisted auscultation to facilitate remote continuous monitoring without patient-physician physical interactions. The elastomeric enclosure maintained **an inner silicone gel** to ensure **skin contact**, and included a thin, conductive hydrogel-coupled layer to facilitate cardiac and respiratory activities. The setup included multiple layers of materials and electronic components, including a microphone sensor, a rechargeable battery, and thin-film circuits with a **blue-tooth low-energy unit** for wireless data transmission. The system maintained a microelectronic mechanical system microphone for sound recording, allowing the team to convert the sound collected from the microphone to digital signals via an analog-to-digital converter and transmitted via the wireless chip for data processing. The fully portable stethoscope provided a unique opportunity to remotely monitor the digital health.

Conventional stethoscope vs. the digital stethoscope

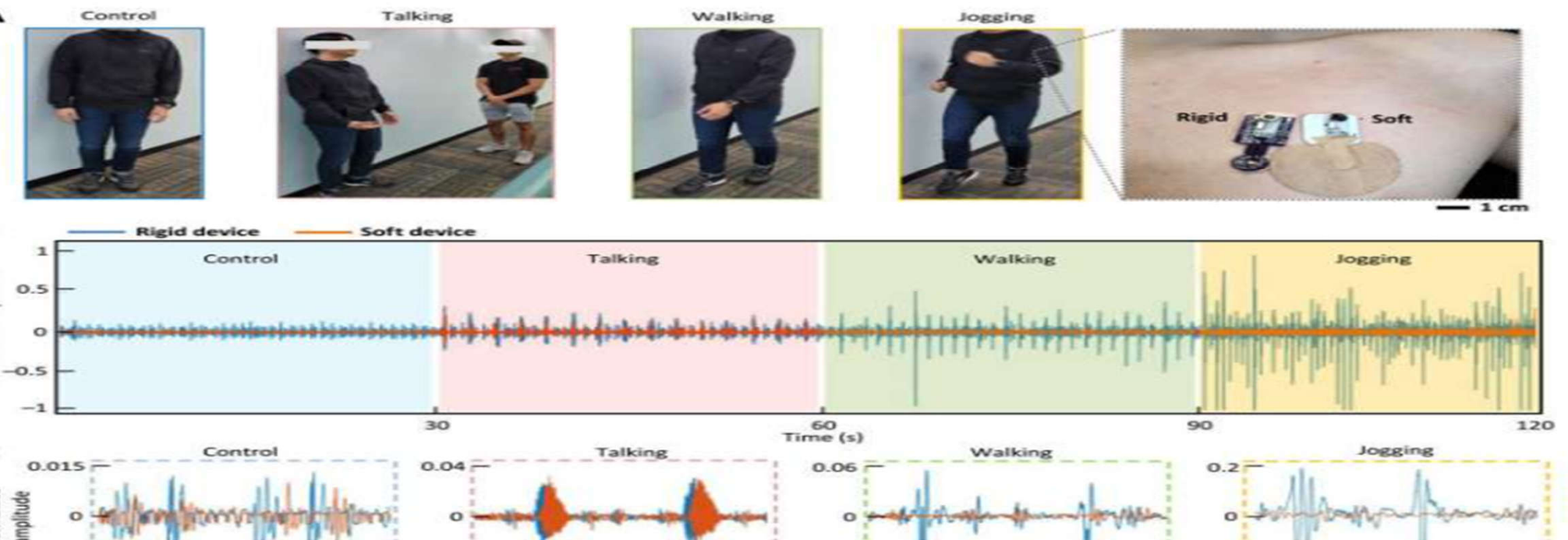


the performance in the monitoring of heart and lung sounds. (A) Photo of the SWS mo

eam sought to maintain appropriate contact of the wearable microphone
 m to the skin. When compared to the commercial stethoscope, the thin and
 ple digital stethoscope formed conformable contact for high-quality sound
 dding. Lee et al conducted experiments to compare the sound recording
 ormance between conventional vs. digital stethoscopes, in which healthy
 ects walked or stood with the device mounted on the chest and recorded
 ds every five minutes. The device further demonstrated water-proof capabili
 breathability, for long-term use.

Recording cardiac sounds in daily life and introducing a denoising algorithm for automated disease diagnosis

Daily activities have diverse sources of noise, and can negatively affect recording sounds with a conventional stethoscope. Clinicians perform auscultations on patients in a resting state. Lee et al demonstrated the performance of a digital stethoscope to regulate motion artifacts relative to the skin-contact quality by comparing a range of scenarios in which subjects mimicked a variety of real-life activities to show the influence of the measured sound quality. While the soft device allowed efficient sound recording, conventional stethoscope-like devices yielded low-quality recordings of the heart and lung sounds. The team used additional filtering of the first-level cut-off frequencies to remove unwanted high-frequency noise.



portable, continuous monitoring of cardiac sounds in daily life. (A) Series of photos sho...

researchers studied wavelet transformation of heart, lung sound signals and noise filtering to capture sounds of the body and the surrounding. They accomplished this with a threshold algorithm to suppress noise in digital signals. The work showed superior performance of the soft wearable system by detecting heart sounds and abnormalities from various diseases. The new stethoscope provided a crucial advantage for continuous real-time recording of high-quality signals, and quantitative data via [convolutional neural network \(CNN\)](#)-based machine learning, for automated disease classification. The team converged the smartphone app with machine learning to classify disease phenotypes in real-time.

ook

In this way, Sung Hoon Lee and colleagues developed a flexible, soft material recording mechanism and associated algorithm to fully realize a portable, continuous, real-time auscultation method with a wearable stethoscope. The team tested cardiopulmonary monitoring across multiple humans engaged in various activities. The soft wearable system is biocompatible and skin friendly, with integrated deep learning, applicable for successful clinical studies and remote disease analyses, suited for next-generation personalized biometric security systems.



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 **CT** *Sponsored by Canon Medical Systems*



CT-detected emphysema points to higher lung cancer risk

By Kate Madden Yee, AuntMinnie.com staff writer

3, 2022 -- Emphysema found on chest CT is associated with higher lung cancer risk -- especially if the emphysema is severe, according to a study published in *Radiology*. Such findings could help indicate individuals suitable for CT cancer screening.

These findings could help physicians better identify patients at high risk for lung cancer, said study co-author Marleen Vonder, PhD, of the University of Groningen in the Netherlands in a statement released by the RSNA.

"Essentially, emphysema detected on a baseline CT scan could be used to select high-risk participants who would require more frequent follow-up lung cancer screening," she said.

Lung cancer is the main cause of cancer-related death around the world, and risk of the disease is evaluated using low-dose chest CT. Emphysema is also assessed on chest CT, and shares common risk factors with lung cancer, including smoking, chronic lung inflammation, and occupational exposure to air pollutants.

"Other underlying mechanisms like genetic susceptibility, chronic inflammation or DNA damage and abnormal repair mechanisms, or a combination thereof, have been proposed to link emphysema and lung cancer," Vonder said in the statement.

Previous studies have produced mixed results regarding the link between emphysema severity and lung cancer, and particularly between visual analysis performed by radiologists interpreting CT exams and quantitative assessment of CT images.

In the current study, a team led by Dr. Xiaofei Yang, also of the University of Maastricht, explored the connection via a study that included data from 21 studies found in three databases (PubMed, Embase, Cochrane) that investigated the link between emphysema evaluated visually or quantitatively on chest CT and lung cancer; the studies included 107,000 patients, and researchers tracked emphysema severity and subtype.

The study review found that overall pooled odds of developing lung cancer given the presence of emphysema were 2.3 (with 1 being reference). These odds were similar for both visual (2.3) and quantitative (2.2) assessment of CT images.

Of the 21 studies showed that the odds of a person being at higher risk for lung cancer increased with emphysema severity and were higher on visual assessment of CT images than on quantitative assessment, the group found.

Odds for lung cancer based on emphysema severity and by type of assessment (reference = 1)

Emphysema severity	Quantitative assessment of CT images	Visual assessment of CT images
Trace	1.9	2.5
Mild	2.2	3.7
Moderate to severe	2.5	4.5

"Emphysema diagnosed at chest CT was independently associated with a higher risk of developing lung cancer, regardless of whether it was assessed visually or quantitatively," the team wrote.

emphysema diagnosed at chest CT was independently associated with a higher risk of developing lung cancer, regardless of whether it was assessed visually or quantitatively," the team wrote.

The study could have interesting effects on lung cancer screening, according to an accompanying commentary written by Dr. Andetta Hunsaker of Brigham and Women's Hospital in Boston.

"The implications of the current study by Yan et al are valuable for patient care," she wrote. "It may be that lung cancer screening as we know it will need to undergo some modification to include emphysema as one of the category descriptors, which will contribute to the Lung CT Screening Reporting and Data System score and follow-up screening intervals."



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 **MRI** *Sponsored by Fujifilm Healthcare Americas*



Women with silicone breast implants getting follow-up MRI?

Madden Yee, AuntMinnie.com staff writer

June 6, 2022 -- Few women with silicone breast implants comply with the U.S. Food and Drug Administration's (FDA) recommendation that they be tracked for asymptomatic rupture with breast MRI, a study published June 3 in *Plastic and Reconstructive Surgery* has found.

Why? It may be that women with silicone implants don't know about the FDA guideline, or they may not see it as necessary, reported a team led by Dr. Libby Peland-Halperin of Dartmouth-Hitchcock Medical Center in Lebanon, NH.

"The majority of patients in our study were unaware of [the FDA recommendation] and generally underwent imaging for cancer-related reasons rather than implant concerns," the group wrote. "Furthermore, those who were aware of the recommendation elected not to undergo screening due to having no implant concerns or aversion to MRI testing."

Silicone breast implants were introduced in the 1960s. Rupture is one of the most common reasons for removing them -- with some estimates putting rupture incidence as high as 30% at five years, 50% at 10 years, and 70% at 17 years. Silicone leakage is a serious concern because it can have systemic effects, Peland-Halperin and colleagues noted.

Mammography can identify ruptures in which silicone has migrated out of the implant (extracapsular), but it may miss those in which the silicone has ruptured inside the capsule of tissue the body has formed around the implant (intracapsular), the authors wrote. Additionally, although breast implant ruptures may manifest as breast asymmetry or pain, they can also be asymptomatic, which makes breast MRI a more effective way to assess for implant ruptures. In 2006, the FDA recommended that women with silicone implants undergo breast MRI beginning three years after breast surgery and every two years after that.

are women complying with this guideline? To address this question, the investigators conducted a telephone survey study that included 109 women 18 years and older with silicone implants that had been placed between 2011 and 2016. The survey assessed the women's awareness of FDA recommendations, whether they had undergone breast MRI for screening for asymptomatic implant rupture, and if there were any barriers to doing so. Most of the women (79%) had implants placed for reconstruction purposes, and most (30%) were covered by Medicare or Medicaid.

Of the women who participated in the survey, only 5.9% were aware of and compliant with the FDA's breast MRI follow-up recommendation; 92 were "unaware of the FDA recommendation, despite this having been discussed during preoperative clinic visits and summarized in supplemental information pamphlets," the group reported.

Rates of imaging surveillance for silicone implants	
Measure	Compliance rate
Any other imaging performed since implant surgery	48.6%
Mammography performed since implant surgery	31.2%
Ultrasound performed since implant surgery	17.4%
MRI performed at all since implants placed	15.6%
MRI performed within FDA guideline	5.9%

Researchers found no statistically significant difference in women's adherence when it came to cosmetic versus reconstructive surgery, having health insurance, or having higher income.

Researchers found no statistically significant difference in women's adherence when it came to cosmetic versus reconstructive surgery, having health insurance, or having higher income.

Lack of compliance with the FDA's suggestion regarding tracking silicone breast implant rupture with breast MRI may have to do with patient discomfort about the exam or insurance coverage, the team noted.

When patients who were aware of the recommendation elected not to undergo screening MRI because they 'didn't like MRIs' or did not believe it necessary because 'everything has been fine' in follow-up," Copeland-Halperin and colleagues wrote. "Unfortunately, because routine, asymptomatic follow-up visits several years postoperatively may not be covered by insurance policies and cosmetic procedures/follow-up are not covered by insurance, many patients may not return for follow-up around the time MRI would be due."

The low adherence rate needs further study in order to better understand women's reluctance, according to the authors.

Additional research is needed to better characterize adherence to MRI surveillance recommendations, identify barriers to implementation, and determine whether [the FDA's] recommendation remains valid," they concluded.



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◀ Women's Imaging *Sponsored by Mammotome*



How good is digital breast tomosynthesis, anyway?

by Eileen Madden Yee, AuntMinnie.com staff writer

16, 2022 -- It's been more than 10 years since the U.S. Food and Drug Administration (FDA) cleared digital breast tomosynthesis (DBT) for marketing. Did DBT delivered on its much-anticipated promise? Experts weighed in on Monday at the American Society for Breast Imaging annual meeting in Savannah, GA.

DBT offers some benefit over digital mammography (DM) alone, said presenter Barbara Monticciolo of Texas A&M University in Temple. But these benefits are specific to particular populations and care settings.

"The variation of application settings affects [DBT] outcomes," she told session attendees. "Prevalence versus incidence, biennial versus annual screening, high versus low recall rates, the age of patients, and breast density."

Monticciolo offered an overview of DBT's performance, then addressed hotly debated topics such as whether synthesized mammography (SM) images can replace digital mammography ones in tomosynthesis imaging and whether the overall cancer rate for DBT is an effective way to measure mortality rates.

eye view

Does digital mammography alone compare with digital mammography plus DBT, which requires two radiation exposures? Paired studies have shown that DM/DBT does find more cancers: 8.8 per 1,000 women compared with 6.4 per 1,000. But in unpaired studies, the difference is narrower, at 5.7 cancers detected per 1,000 women compared with 4.5, Monticciolo noted.

What about recall rates? The DM/DBT combination has a higher overall recall rate in paired studies compared with digital mammography alone: 4.1% versus 3.5%. In unpaired studies, the DM/DBT combination produces fewer recalls compared with digital mammography alone: 8% versus 11.3%.

What's the takeaway? The benefit of DM/DBT compared to digital mammography depends on the setting.

"Cancer detection rate improves most in the biennial screening setting, but is lower in annual screening," Monticciolo said. "The recall rate improves in the biennial setting, but is often still high, and there's no improvement seen in randomized design studies."

How effective are synthetic mammography images?

In 2012, the FDA cleared the way for synthetic mammography images to be used in place of digital ones with DBT -- an action that appears to be good for women, since full-view DBT radiation doses are 23% to 38% higher than digital mammography, and using synthesized imaging saves an acquisition and thus a radiation dose.

Are synthesized images an effective alternative to digital mammography images? Clinical results testing the efficacy of synthesized mammography images in DBT have been mixed. The Norwegian randomized Digital Breast Tomosynthesis Trial in Bergen (TOBE) compared SM/DBT to DM alone, and it found that across a variety of measures, only SM/DBT's recall rate and positive biopsies per called patients (PPV1) showed better performance compared with DM alone.

Comparison of digital mammography alone to SM/DBT (TOBE trial)

Measure	Digital mammography alone	SM/DBT	p-value
Recall rate	4%	3.1%	< 0.0001
PPV1	15.2%	21.4%	0.011

In another study, the Screening with Tomosynthesis Or standard Mammography-2 (STORM-2) trial, compared digital mammography to DM/DBT to SM/DBT and found that the cancer detection rate was higher with either tomosynthesis technique versus digital alone, but the study results indicated that the two techniques were essentially equivalent, Monticciolo said.

Cancer detection rate per 1,000 women by breast imaging technique (TOBE trial data)

Measure	Digital mammography (reference)	SM/DBT	DM/DBT
Overall	6.3	8.8 (p-value, < 0.0001)	8.5 (p-value, < 0.0001)
Women < 60	3.7	7 (p-value, < 0.0001)	6.3 (p-value, < 0.0001)
Women 60 and older	10.2	11.4 (p-value, 0.23)	11.7 (p-value, 0.031)

DBT outcomes are equivalent to DM/DBT -- although SM is an inferior imaging modality. "Digital mammography has better resolution," Monticciolo said. "There's support for using either."

Does DBT reduce mortality?

Does tomosynthesis lead to a mortality benefit? A survey of eight studies conducted between 2016 and 2021 that explored whether DBT cut interval cancer rates compared with digital mammography alone found no statistically significant reduction, Monticciolo noted.

"DBT does not change interval cancer rates," she said. "[But] interval cancer is a preventable event, and all studies are underpowered to see interval cancer rate changes."

As DBT moves into its use, DBT's benefits may be more moderate than clinicians initially hoped, Monticciolo concluded.

"When it comes down to it, we all thought initially DBT would knock our socks off. [The technology] is a closer cousin to digital mammography than we expected," she said.



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Model diagnoses osteoporosis on hip x-rays

Will Morton, AuntMinnie.com staff writer

27, 2022 -- An artificial intelligence (AI) model based on features seen in h could help clinicians diagnose osteoporosis. Researchers from South Korea nained their study in a paper published May 25 in Radiology: Artificial igence.

access to dual-energy x-ray absorptiometry (DEXA) for osteoporosis scree r limited or unavailable in many regions in the world, the authors suggest t could serve as a second reader to identify patients at risk for the disease.

model can serve as a triage tool recommending DEXA in patients with hig ected osteoporosis," said radiologist Dr. Hee-Dong Chae of Seoul Nationa ersity Hospital (SNUH), in a news release from RSNA.

A exams of bone mineral density are used globally as a reference for osing osteoporosis. Yet its use for screening in regions with developing omies is limited due to the low availability of scanners and relatively high c in developed countries, many patients are left at risk for fracture without rgoing osteoporosis screening due to a lack of understanding among hcare providers, according to the authors.

paratively, plain x-ray is "an almost ubiquitous imaging modality," the autho e.

nt studies have shown the potential of deep learning as a promising tool for osteoporosis diagnosis, but most previous studies have been performed using either texture or deep-learning features alone, and studies using both features simultaneously are scarce, the authors wrote.

In this study, the researchers aimed to develop a "deep-radiomics" model that combined radiomics features, texture features, and clinical features of hip x-rays and validate it for diagnosing osteoporosis.

The researchers began with data on 54,687 consecutive adult patients with hip anteroposterior x-rays acquired between January 2008 and April 2020 at a tertiary care hospital. Among these records, they selected 8,686 patients with suspected osteoporosis who underwent DEXA exams.

After various exclusions, they included 4,308 patients with 4,924 x-rays. Among these, 40% showed normal bone mineral density, 46% indicated osteopenia, and 13% showed osteoporosis.

From this dataset, the group extracted 20 deep-learning radiomics features, 32 region texture features, and three clinical features (age, sex, and weight) to train and test the model, named Model-DTC.

Deep Radiomics-based Approach to the Diagnosis of Osteoporosis Using Hip Radiographs

Key Result

The deep-radiomics model had higher diagnostic performance for osteoporosis on hip radiographs than models using only clinical and texture features.

Patients:

Training, Validation, Internal Sets
• 4308 with DXA

External test set
• 444 with DXA

Methods:

- A deep-radiomics model was developed using 20 deep features, 32 texture features, and 3 clinical features.
- 7 models were created by combining different feature types.

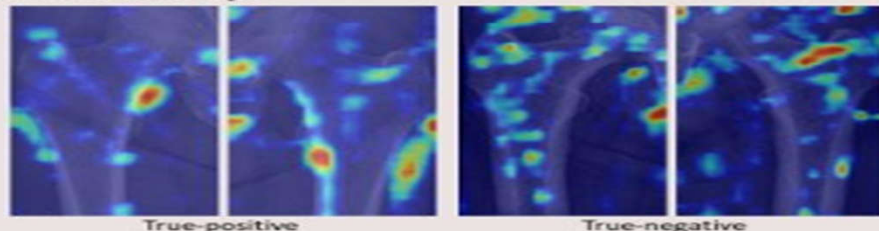
Results:

- The model with deep, clinical, and texture features (Model DTC) showed the highest diagnostic performance with an external test set compared with other models and observers.

Results:

	AUC
Model DTC	0.95
Average observers (without aid of model)	0.77
Average observers (with aid of model)	0.87

Grad-CAM Maps



True-positive

True-negative

Kim S and Kim BR et al. Published Online: May 25, 2022
<https://doi.org/10.1148/ryai.210212>

Radiology: Artificial Intelligence

Next, six readers (two fourth-year radiology residents, two musculoskeletal radiology fellows, and two staff radiologists with 10 and seven years of experience) reviewed an external set of 444 hip x-rays over two sessions. In the first session, each observer reviewed the x-rays without the help of the deep-radiomics model, and in the second session, they evaluated the image while referring to the predictions of Model-DTC.

According to results, the stand-alone prediction by Model-DTC (AUC, 0.95) demonstrated higher performance diagnosing osteoporosis than predictions by observers with or without aid of the deep-radiomics model.

Moreover, with regard to the added value of Model-DTC as a second reader, the researchers found the diagnostic performance of all six observers significantly improved in the second session (average AUC, 0.87) over the first session (average AUC, 0.77).

In addition, the average sensitivity and specificity for the readers in the first session were 88% and 49%, which improved to 89% and 66% in the second session, the researchers found.

In addition, the average sensitivity and specificity for the readers in the first session were 88% and 49%, which improved to 89% and 66% in the second session, the researchers found.

With regard to the added value of the deep-radiomics model (Model-DTC) as a second reader, the diagnostic performance of all six observers was significantly improved in the second interpretation session," the authors wrote.

The research group noted several limitations, namely that the study was retrospective and may have been affected by selection bias and that the model was not based on DXA measurement methods that continuously reflect bone mineral density. Thus, its use for fracture risk monitoring would be limited, they wrote.

Nevertheless, the bottom line is that the study showed a deep-radiomics model can be used to help diagnose osteoporosis on hip radiographs with high diagnostic performance, Chae and colleagues wrote.

Future studies are planned to evaluate the performance of deep-learning approaches for predicting fracture risks on x-rays in patients with osteoporosis, as well as validating the model in various ethnic populations other than Asians with a wide range of body weights, the authors concluded.



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Intelligence (AI) Can Diagnose Osteoporosis from Hip X-Rays

International staff writers

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e with osteoporosis, a skeletal disease that thins and weakens bone, is more susceptible to fracture associated with bone fragility, resulting in poor quality of life and increased mortality. Early screening for osteoporosis with dual-energy x-ray absorptiometry (DXA) to assess bone mineral density is an important treatment that can reduce the risk of fractures. However, the low availability of DXA scanners and the relatively high cost has limited its use for screening and treatment follow-up. In contrast, plain X-ray is widely available and is commonly used for various clinical indications in daily practice. Despite these attributes, X-ray has been relatively underutilized in the management of osteoporosis because diagnosing osteoporosis using only X-rays is challenging even for an experienced radiologist. Now, a new method that combines imaging information with artificial intelligence (AI) can diagnose osteoporosis from hip X-rays and could help prevent fractures in patients before fractures occur.

Researchers at Seoul National University Hospital (Seoul, Korea) have developed a deep learning-based method that can automatically diagnose osteoporosis from hip X-rays. The method uses radiomics, a series of image processing and analysis methods to extract quantitative information from the image, with deep learning, an advanced type of AI. A computer program can be trained to find patterns in images associated with di-

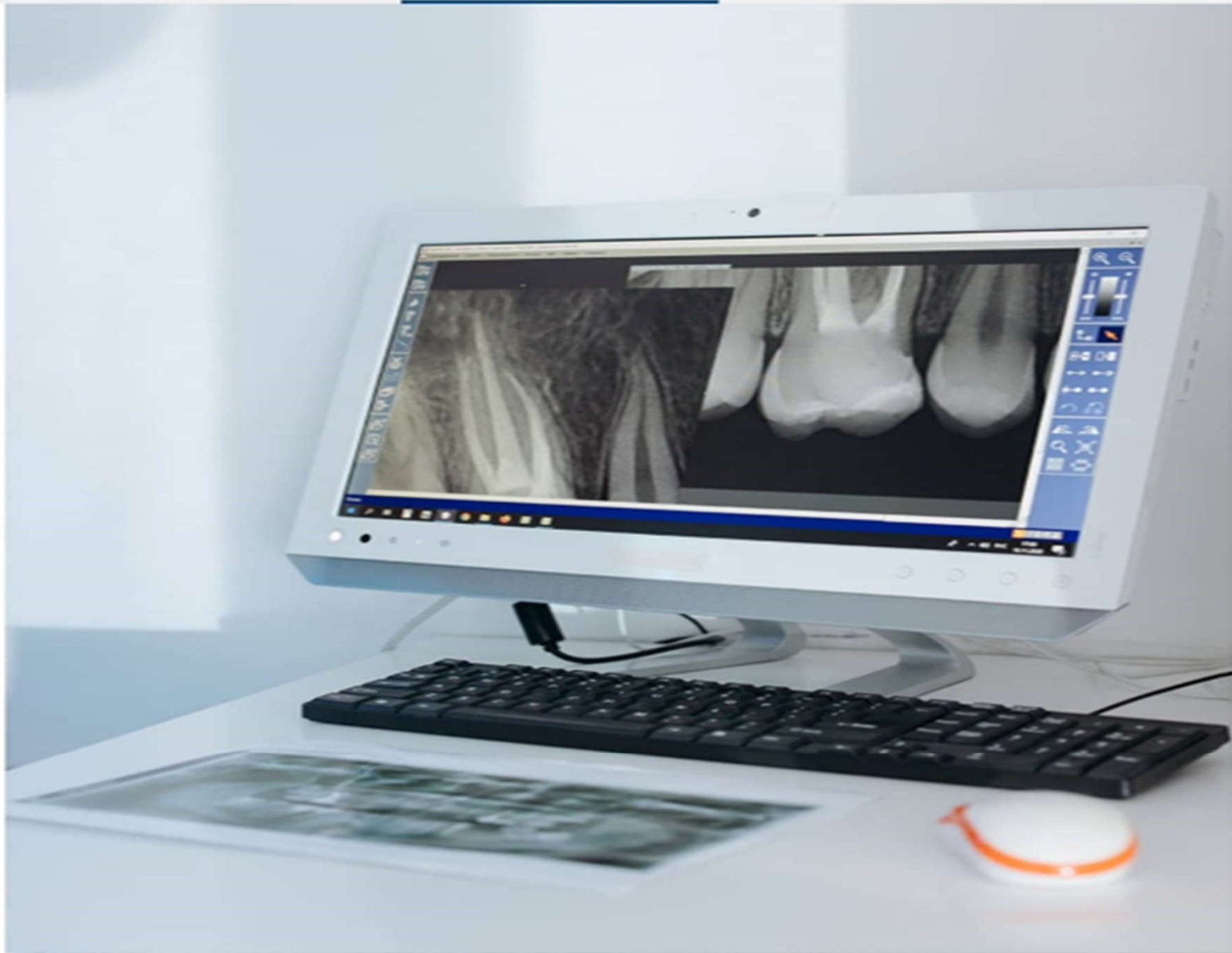


Image: An AI model can automatically diagnose osteoporosis from hip X-rays (Photo courtesy of Pexels)

researchers developed the deep-radiomics model using almost 5,000 X-rays from 4,308 patients obtained over more than 10 years. They developed models with a variety of deep, clinical and texture features and then tested them externally on 444 hip X-rays from another institution. The deep-radiomics model with deep, clinical, and texture features was able to diagnose osteoporosis on hip X-rays with superior diagnostic performance than models using either texture or deep features alone, enabling opportunistic diagnosis of osteoporosis.

For patients with hip pain, radiologists often evaluate only image findings that may cause pain, such as fractures, osteonecrosis and osteoarthritis. Lead study author Hee-Dong Chae, M.D., from the Department of Radiology at Seoul National University Hospital. "Although X-ray images contain more information about the healthiness of the patient's bones and muscles, this information is often overlooked or considered less important."

The study shows that opportunistic detection of osteoporosis using hip X-ray images is advantageous, and our model can serve as a triage tool for recommending DXA in patients with highly suspected osteoporosis," Dr. Chae added.

THE END