



# Research Clinician Perspective

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[www.cc.nih.gov/drd/summers.html](http://www.cc.nih.gov/drd/summers.html)

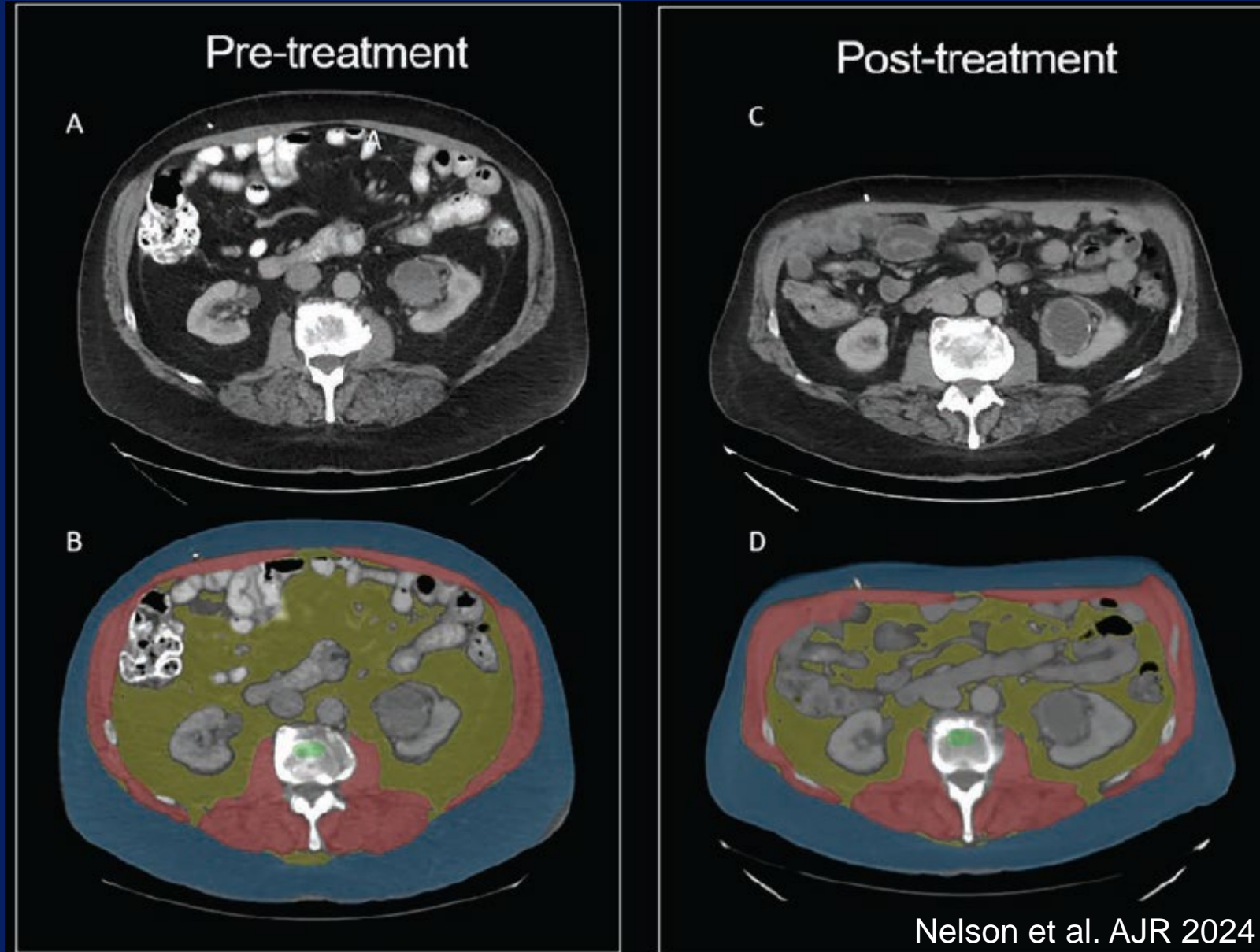
# Disclosures and Disclaimer

- Patent royalties from iCAD, ScanMed, PingAn, Philips, Translation Holdings, MGB
- Past research support from Ping An
- Views expressed are mine alone and not necessarily those of NIH or DHHS

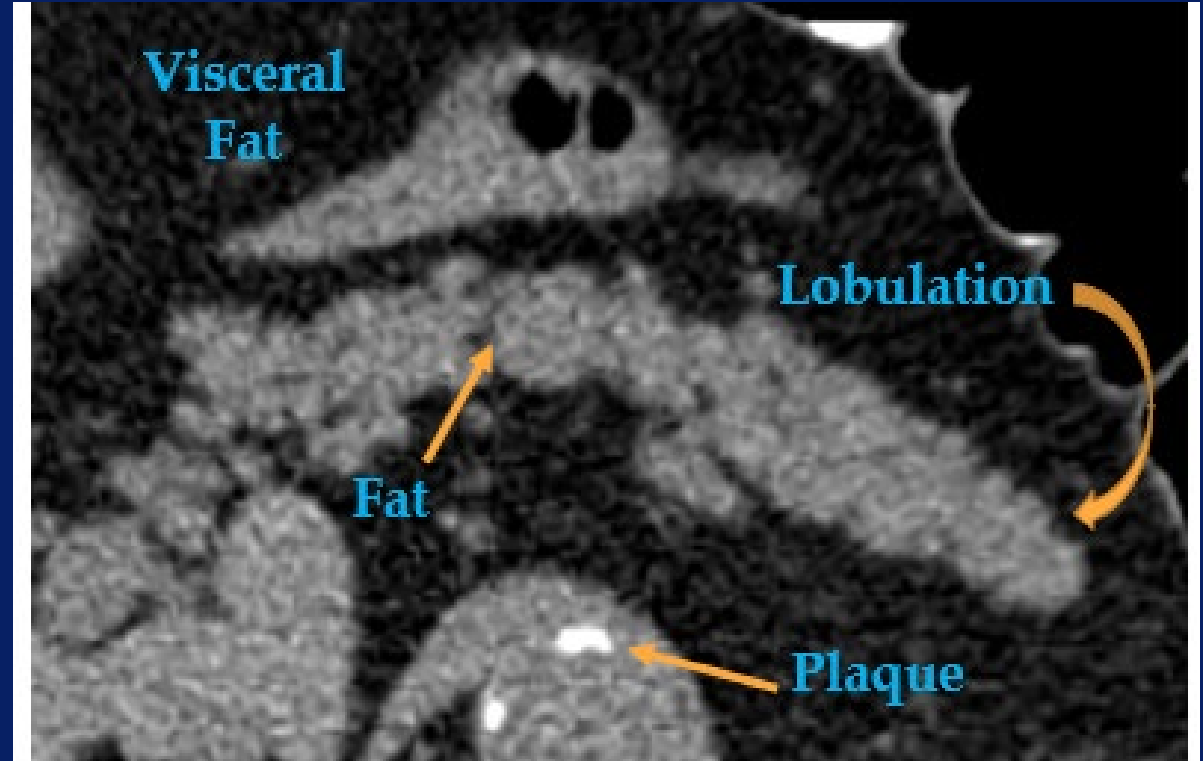
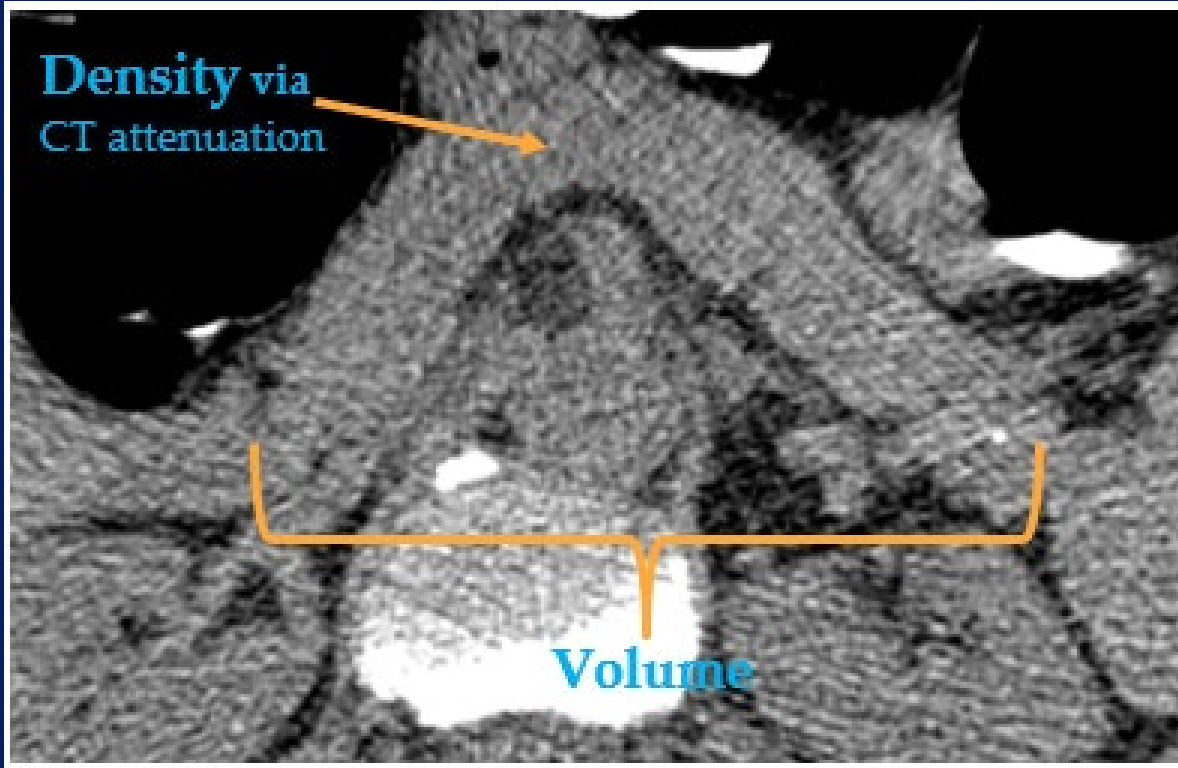
# Imaging Phenotyping

- Assessment of expressed traits as influenced by genetics and the environment
- Missing ingredient due to image complexity
- One of my lab's major contributions to medicine
- Enables:
  - Assessment of treatment response
  - Data mining of unstructured imaging data
  - Integration with non-imaging data

# Body Composition and Semaglutide Therapy



# Pancreatic CT and Diabetes



# Example Scenario

- NIDDK multi-institutional trial of acute and chronic pancreatitis
- CT scans vary from one institution to another
- Substantial effort involved in harmonizing the imaging data

# Data Scarcity

- Data are the new oil
- AI model development requires large datasets from different populations
- Well-labeled data are helpful but expensive

## **Editorials**

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Michael W. Vannier  
Ronald M. Summers

# **Sharing Images<sup>1</sup>**

# Imaging Data Archives

- Different data formats for different archives
- Multiplicity of archives
- Wide variety of interfaces
- User agreements vary from permissive to very restrictive
- Metadata vary widely
- Costs vary widely

# Image Formats

- Clinical images are voluminous in individual size and numbers
- DICOM is frequently advocated but is storage inefficient
- NIFTI is storage efficient, but metadata can be lost

# Clinical Text and Metadata Formats

- Text anonymization is challenging
- Manual review often required
- CSV format for sharing wide variety of data types

# What is Needed

- Data harmonization for biomedical images & metadata
- Consolidation of image archives
- Standardized infrastructure
- More publicly available clinical data, particularly those data paid for by government

# AI Model Sharing

- Minority of AI publications share the AI model
- Code sharing is most common but of limited utility

# Clinical Text

- Corporuses are limited
- Most research uses the same clinical text corporuses
- Given LLMs and Gen AI, more clinical text needed
- Standards for clinical text anonymization desirable

## Feasibility of Using the Privacy-preserving Large Language Model Vicuna for Labeling Radiology Reports

Pritam Mukherjee, PhD • Benjamin Hou, PhD • Ricardo B. Lanfredi, PhD • Ronald M. Summers, MD, PhD

**A**

### FINAL REPORT

**EXAMINATION:** CHEST (PORTABLE AP)

**INDICATION:** \_\_\_ year old woman with persistent tachypnea and hypoxia. worsening pleural effusion vs PNA  
worsening pleural effusion vs PNA

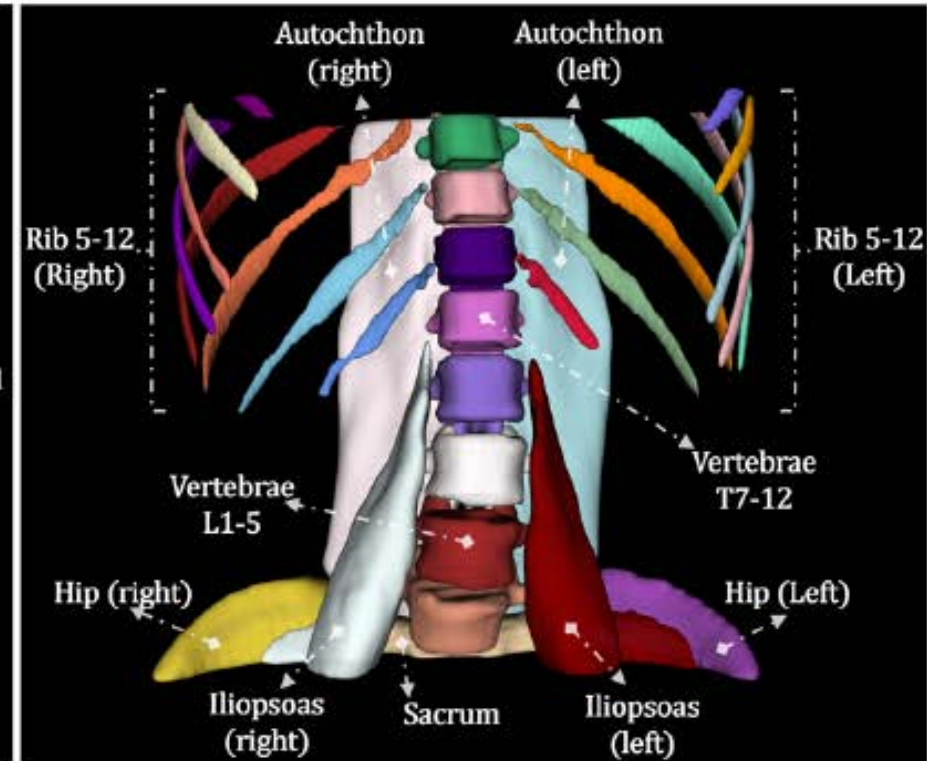
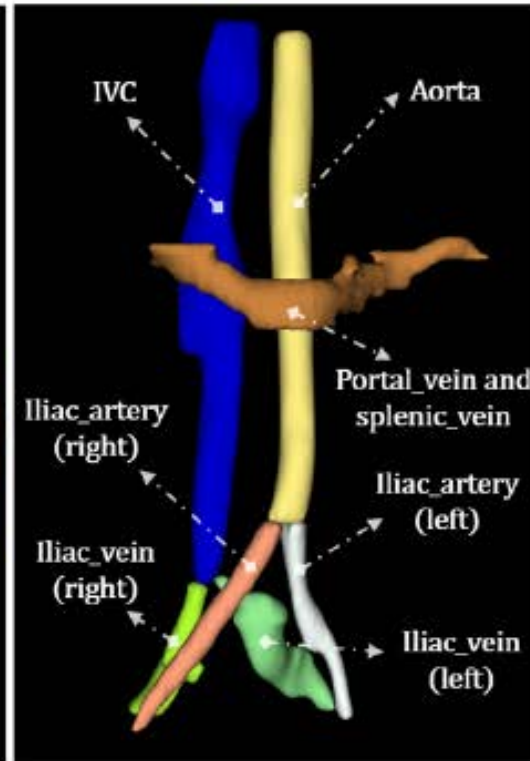
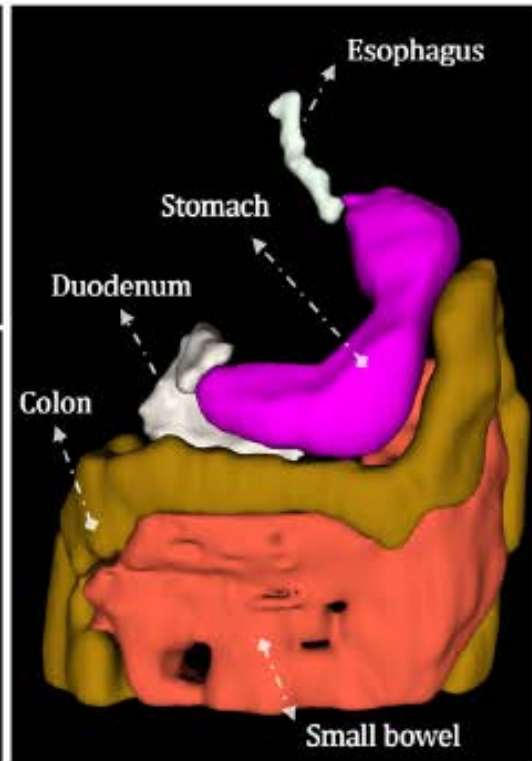
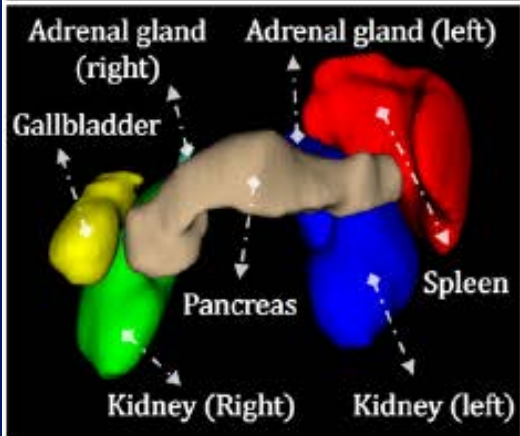
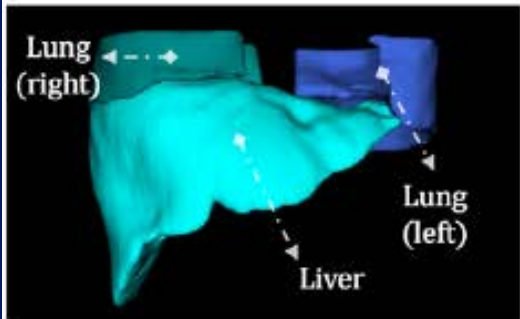
**IMPRESSION:** Comparison \_\_\_. No relevant change. Minimal right and moderate left pleural effusion, the left pleural effusion is slightly increasing. Moderate cardiomegaly. Signs of mild pulmonary edema. No new focal parenchymal opacities. Unchanged alignment of the sternal wires, unchanged. Left pectoral pacemaker.



Vicuna-13B

### Report Labels:

- Atelectasis: 0
- Cardiomegaly: 1
- Consolidation: 0
- Edema: 1
- Enlg. Cardiomed.: 0
- Fracture: 0
- Lung Lesion: 0
- Lung Opacity: 0
- Pleural Effusion: 1
- Pleural Other: 0
- Pneumonia: 0
- Pneumothorax: 0
- Support Devices: 1



# Summary

- AI has transformed biomedical image analysis and informatics
- Clinical images and text remain scarce
- Data archives must balance complexity with generalizability and cost
- Simplicity and standardization are desirable
- Making clinical data publicly available and AI ready will enable improved patient health

