

Welcome to the session AI and Cancer: Unleashing Opportunities, Overcoming Challenges

Clustering event powered by INCISIVE and the AI4HI cluster









Introduction to cancer medical imaging repositories and their importance in research and clinical practice









Introduction to cancer medical imaging repositories and their importance in research and clinical practice.



Mrs. Gianna Tsakou Gruppo Maggioli INCISIVE Project





Mr. Oliver Díaz University of Barcelona RadioVal project.

Mr. Kostas Marias HMU, Head CBML-ICS-FORTH ProCAncer-I project



Mr. Ignacio Blanquer

Polytechnic University of Valencia PRIMAGE and CHAIMELEON projects



Dr. Luis Martí-Bonmatí

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RESIVE RESIVE EUCAIM



Mrs. Gianna Tsakou Gruppo Maggioli. Senior Project Manager INCISIVE Coordinator





Key facts (1)



A multimodal AI-based toolbox and an interoperable health imaging repository for the empowerment of imaging analysis related to the diagnosis, prediction and follow-up of cancer



Duration: 42 months

From October 2020 to March 2024





Call: H2020-SC1-FA-DTS-2019 **Topic:** DT-TDS-05-2020 AI for Health Imaging



These projects has received funding from the European Union's Horizon 2020 research and innovation programme



Funding: 9.995.727,50 €



Key facts (2) – Our consortium







- 9 Universities / Data providers
- **7** SMEs
- 6 Research / academic institutions
- 3 Large industries
- **2** Other

These projects has received funding from the European Union's Horizon 2020 research and innovation programme





Key facts (2) – Areas of Expertise

Al for health imaging & data analytics



Security



Complex ICT systems/integration





These projects has received funding from the European Union's Horizon 2020 research and innovation programme





Key facts (3) – Areas of Expertise

Cancer clinical research/practice & health data sharing





Patient representation & evaluation

Legal and ethical issues

TIMELEX





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Main objectives



AI-based toolbox that supports the decision-making of HCPs in relation to patient prioritization, cancer diagnosis and risk for metastasis



Interoperable pan-European federated health data repository (medical images & clinical data) that enables secure data sharing in compliance with ethical, legal and privacy requirements



TARGETED IMPACT ON:



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Hybrid (Federated-Centralised) Approach





Hybrid storage:

- Both federated and central nodes available
- Selection based on data provider's needs
- Federated Learning mechanisms

Data federation facilitates:

- aggregation of data from multiple sources
- ethical, legal and privacy compliance

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Data types

- Imaging & accompanying clinical & biological data for 4 types of cancer
- 9 Data Providers (12 hospitals) from 5 countries
- Imaging Data (at diagnosis and subsequent timepoints)
 - MRI CT
 - Ultrasound PET-CT
 - Mammography X-ray

- CT
- PET-CT
- X-ray
- Histopathological images

Accompanying Clinical Data (at diagnosis and timepoints)

- Demographics, treatment, mutations, lab results
- Excel Template used for collection





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UNS HCS **AUTH** UoA DISBA GOC



Data collection process

Steps followed



ETHICAL APPROVAL

ACTIONS

• From M3-M12 • Updates, where required



DATA QUALITY CHECK

• checks various data quality and structuring parameters







Benefits of data sharing



*based on ODAP The Open Data Assistance Program at Harvard (https://projects.iq.harvard.edu/odap/benefits-sharing-data), https://www.ccdc.cam.ac.uk/Community/depositastructure/cif-deposition-guidelines/benefits-of-data-sharing/



Making aboration easier	Research acceleration
-term data servation	Meeting requirements of funding and publications

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Challenges of data sharing



*categorization based on Sane, J. and Edelstein, M. (2015). <u>Overcoming Barriers to Data Sharing in Public</u> <u>Health: A Global Perspective.</u>





Economic / Sustainability

- lack of financial resources for sustaining data nodes
- lack of skilled human resources

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Technical challenges

- 3 data management layers for data integration, homogenisation and interoperability
- Lots of technical support to Data Providers!

DATA PREPARATION

- Common de-identification & annotation protocol & tools
- Common data collection guidelines & templates
- Integration & Quality Check Tool (image validity, structure, completeness, consistency, de-identification,...)

DATA STORAGE / SHARING (FAIR)

- Widely accepted data standards: - *Images:* DICOM & NIFTI - Semantic: SNOMED-CT & LOINC

- *Structural:* FHIR
- INCISIVE Common Data Model (CDM) *
- Extract Transform Load (ETL) tool
- \rightarrow Data Ingestion

* https://simplifier.net/guide/FHIR-Bundle-Guide/HOME?version=current

^{*}***

DATA SEARCHING FOR AI MODEL DEVELOPRMENT

- Search criteria related to: cancer type
- cancer stage
- patient demographics
- image modality
- data provider
- availability of segmentation



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Legal/Ethical/Political Challenges

INCISIVE DATA SHARING FRAMEWORK





",Controlled access +"

- Public Data Sharing Portal (<u>https://share.incisive-project.eu/</u>) informs Data Providers about steps to be
- When sharing data, DP have to accept T&C and provide description of the datasets

• Public Data Sharing Portal informs Data Users about data sets available (general description) and terms of

- Data Users have to apply to be admitted to the INCISIVE secure platform environment => present research

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INCISIVE Data Sharing Framework





RESEARCHERS NEEDS



GDPR-compliant data governance and access management framework (hybrid repository)

- Data Sharing Agreement, DPIA
- Data Providers in control of their data
- Technical and Operational Measures for data protection
 - (Cyber)Security measures
 - User authorisation
 - Logging of data usage actions
 - Federated Learning mechanisms

Data re-usability by researchers, incl. AI developers

- Multi-centre, multi-country data sources
- Standardised, interoperable, quality-checked data

https://share.incisive-project.eu/

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Motivational/Economic Challenges

- Data usage & citation requirement
- **Opportunities for networking**
- Opportunities for further funding
- Lots of technical support to reduce workload related to data sharing
- Training and capacity-building on various data sharing aspects
- Awareness-raising on benefits of data sharing
- Further motivation required...



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Al toolbox: Al models & pipelines, incl. FL mechanism

Hybrid Data Repository infrastructure

Data interoperability framework (methodology & tools, incl. CDM)

Data sharing framework (methodology & tools)

>3.7

cancer

4

9+



types			
Μ	cancer images	9.3k	de-identified patients
•	data providers	9/9	data providers integrated / federated repository

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INCISIVE Sustainability



EUCAIM

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INCISIVE (join our private group)

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Mr. Oliver Díaz University of Barcelona, RadioVal project.

"Al development a RadioVal case"

"AI development and validation based on FUTURE-AI: the



Would you TRUST this CAD?







48yo woman. Asymptomatic. Heterogeneously dense breast (ACR C). Courtesy of Dr. Javier Del Riego – Hospital Universitari Parc Taulí (Sabadell, Barcelona).





Efforts from the European Commission

Al Act (under discussion)

Pyramid of risks







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(July 2020)





International initiatives on AI trustworthiness

Protocol

Open access

BMJ Open Protocol for development of a reporting guideline (TRIPOD-AI) and risk of bias tool (PROBAST-AI) for diagnostic and prognostic prediction model studies based on artificial intelligence

> Gary S Collins 0, 1.2 Paula Dhiman 0, 1.2 Constanza L Andaur Navarro 0, 3 Jie Ma O, 1 Lotty Hooft, 3,4 Johannes B Reitsma, 3 Patricia Logullo O, 1,2 Andrew L Beam ⁽⁰⁾, ^{5,6} Lily Peng,⁷ Ben Van Calster ⁽⁰⁾, ^{8,9,10} Maarten van Smeden O, 3 Richard D Riley O, 11 Karel GM Moons34

Kocak et al. Insights into Imaging (2023) 14:75 https://doi.org/10.1186/s13244-023-01415-8

Insights into Imaging ESRE OF RADIOLOGY

GUIDELINE

Open Access

CheckList for EvaluAtion of Radiomics research (CLEAR): a step-by-step reporting guideline for authors and reviewers endorsed by ESR and EuSoMII

Burak Kocak^{1*}¹⁰, Bettina Baessler²⁰, Spyridon Bakas^{3,4,5}⁰, Renato Cuocolo⁶⁰, Andrey Fedorov⁷⁰, Lena Maier-Hein^{8,9}, Nathaniel Mercaldo^{10,11}, Henning Müller^{12,13}, Fanny Orlhac¹⁴, Daniel Pinto dos Santos^{15,16}0, Arnaldo Stanzione¹⁷0, Lorenzo Ugga¹⁷0 and Alex Zwanenburg^{18,19,20}0

Radiolo

Checklist (CLAIM)

John Mongan, MI

AAPM SCIE

AAPM practic diagnos

Lubomir H Lia Morra⁵ **Quan Cher Zhimin Hu** Ravi Sama **Daniel Verg**



gy:Artificial Intelligence		EDITORIAL	
t for Artificial Intelligence in Medic : A Guide for Authors and Reviewers	al Imaging		
D, PhD • Linda Moy, MD • Charles E. Kahn, Jr, MD, MS			
INTIFIC REPORT MEDICAL I task group report 273: Recommendations on be es for Al and machine learning for computer-aid sis in medical imaging be adjiiski ¹ Kenny Cha ² Heang-Ping Chan ³ Karen Drukker ⁴ Janne J. Näppi ⁶ Berkman Sahiner ⁷ Hiroyuki Yoshida ⁸ n ⁹ Thomas M. Deserno ¹⁰ Hayit Greenspan ¹¹ Henkjan Huisma o ¹³ Richard Mazurchuk ¹⁴ Nicholas Petrick ¹⁵ Daniele Pergen ¹⁶	PHYSICS est ded	Recor Karim Lek Gianna Tsako Sara Colant	FUTURE-AI: Gui mmendations for ' M cadir ^{a,*} , Richard Osuala ^a , ou ^b , Susanna Aussó ^e , Leo onio ^g , Nickolas Papaniko Lamb
ala ¹⁸ Ronald M. Summers ¹⁹ Kenji Suzuki ²⁰ Georgia Tourassi ²¹ Me gara ²² Samuel G. Armato III ²³		s Reloaded	Recommendation

LENA MAIER-HEIN*[†], German Cancer Research Center (DKFZ), Germany, Heidelberg University, Germany, and National Center for Tumor Diseases (NCT), Germany ANNIKA REINKE[†], German Cancer Research Center (DKFZ), Germany and Heidelberg University, Germany



iding Principles and Consensus Trustworthy Artificial Intelligence in Iedical Imaging

Catherine Gallin^a, Noussair Lazrak^a, Kaisar Kushibar^a, onor Cerdá Alberich^d, Kostas Marias^e, Manolis Tsiknakis^e, olaouh, Zohaib Salahuddinf, Henry C Woodrufff, Philippe oin^f, Luis Martí-Bonmatí^d

is for image analysis



FUTURE-AI (initiative from AI4HI network)

FUTURE

FUTURE-AI: Best practices for trustworthy AI in medicine

FUTURE-AI is an international, multi-stakeholder initiative for defining and maintaining concrete guidelines that will facilitate the design, development, validation and deployment of trustworthy AI solutions in medicine and healthcare based on six guiding principles: Fairness, Universality, Traceability, Usability, Robustness and Explainability.





HOME FUTURE-AI GUIDELINES . ASSESSMENT CHECKLIST CURRENT PROJECTS . CONTACT US

www.future-ai.eu K. Lekadir *et al*. 2023. arXiv: 2309.12325

ar (iv > cs > arXiv:2309.12325

Computer Science > Computers and Society

(Submitted on 11 Aug 2023)

FUTURE-AI: International consensus guideline for trustworthy and deployable artificial intelligence in healthcare

Karim Lekadir, Aasa Feragen, Abdul Joseph Fofanah, Alejandro F Frangi, Alena Buyx, Anais Emelie, Andrea Lara, Antonio R Porras, An-Wen Chan, Arcadi Navarro, Ben Glocker Benard O Botwe, Bishesh Khanal, Brigit Beger, Carol C Wu, Celia Cintas, Curtis P Langlotz, Daniel Rueckert, Deogratias Mzurikwao, Dimitrios I Fotiadis, Doszhan Zhussupov, Enzo Ferrante, Erik Meijering, Eva Weicken, Fabio A González, Folkert W Asselbergs, Fred Prior, Gabriel P Krestin, Gary Collins, Geletaw S Tegenaw, Georgios Kaissis, Gianluca Misuraca, Gianna Tsakou, Girish Dwivedi, Haridimos Kondylakis, Harsha Jayakody, Henry C Woodruf, Hugo JWL Aerts, Ian Walsh, Ioanna Chouvarda, Irène Buvat, Islem Rekik, James Duncan, Jayashree Kalpathy-Cramer, Jihad Zahir, Jinah Park, John Mongan, Judy W Gichoya, Julia A Schnabel, Kaisar Kushibar, Katrine Riklund, Kensaku Mori, Kostas Marias, Lameck M Amugongo, Lauren A Fromont, Lena Maier-Hein, Leonor Cerdá Alberich, Leticia Rittner, Lighton Phiri, Linda Marrakchi-Kacem, Lluis Donoso-Bach, Luis Marti-Bonmati, M Jorge Cardoso, Maciej Bobowicz, Mahsa Shabani, Manolis Tsiknakis, Maria A Zuluaga, Maria Bielikova, Marie-Christine Fritzsche, Marius George Linguraru, Markus Wenzel, Marleen De Bruijne, Martin G Tolsgaard, Marzyeh Ghassemi, Md Ashrafuzzaman, Melanie Goisauf, Mohammad Yaqub, Mohammed Ammar, Mónica Cano Abadia, Mukhtar M E Mahmoud, Mustafa Elattar, Nicola Rieke, Nikolaos Papanikolaou, Noussair Lazrak, Oliver Diaz, Olivier Salvado, Oriol Pujol, Ousmane Sall, Pamela Guevara, Peter Gordebeke, Philippe Lambin, Pieta Brown, Purang Abolmaesumi, Qi Dou, Qinghua Lu, Richard Osuala, Rose Nakasi, S Kevin Zhou, Sandy Napel, Sara Colantonio , Shadi Albargouni, Smriti Joshi, Stacy Carter, Stefan Klein, Steffen E Petersen, Susanna Aussó, Suyash Awate, Tammy Riklin Raviv, Tessa Cook, Tinashe E M Mutsvangwa, Wendy A Rogers, Wiro J Niessen, Xénia Puig-Bosch, Yi Zeng, Yunusa G Mohammed, Yves Saint James Aquino, Zohaib Salahuddin, Martijn P A Starmans (collapse list)









International Clinical Validation of Radiomics Artificial Intelligence for Breast Cancer Treatment Planning

Empowering Personalised Treatment of Breast Cancer Patients

Raising the standard of breast cancer care with radiomics-based prediction



radioval.eu

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RadioVal case





Try our self-assessment checklist: <u>https://future-</u> ai.eu/checklist/





RESIVE RESIVE EEUCAIM



Mr. Kostas Marias *HMU, Head CBML-ICS-FORTH ProCAncer-I project*



ProCAncer-I: Challenges related to multi-center data collection and AI modelling

PROCANCER-I RETROSPECTIVE PROTOCOL:

- > To develop AI models in the context of 9 clinical scenarios
- To identify/validate new prognostic and predictive markers in PCa patients

acquisition plane	T2-w PI-RADS compliant		DWI PI-RADS compliant		DCE (optional) PI-RADS compliant		
	straight axial or oblique axial matching the long axis of the prostate	straight axial or oblique axial matching the long axis of the prostate	same as T2-w	same as T2-w	same as T2-w	same as T2-w	
slice thickness	i≤ 4 mm	s 3 mm and no gap	s4mm	s 4 mm and no gap	s 4 mm	≤ 3 mm and no gap	
in-plane dimension	<1.2 mm (phase) x <1.2 mm (frequency)	s0.7mm (phase) x s0.4mm (frequency)	<2.5mm phase and frequency	<2.5mm phase and frequency	≤2.0 mm x ≤2.0 mm	<2.0 mm x <2.0 mm	
b-values (for ADC calculation)	-	-	≤ 100 s/mm ² (low) ≤ 1,400 s/mm ² (high)	50-100 s/mm ² (low) 800-1,000 s/mm ² (high)	4	<i></i>	
temporal resolution	1	-			s 15 s (preferably)	< 15 s (mandatory)	
observation time		5	14		> 2 min	> 2 min	
dose and injection rate					0.1 mmol/kg and 2-3 cc/s	0.1 mmol/kg and 2-3 cc/s	





ToCAncer-I

protocols

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The ProCAncer-I data collection



ProCAncer-I: Challenges related to multi-center data collection and AI modelling

ProCAncer-I has placed particular emphasis on data curation and especially on quality enhancing mechanisms.

	Metadata	Repository Quality Check Tool	
werity	Type of alert	Description	
APHANA APHANA APHANA OTAC	NOTICE	 Biopsy is positive but gleason<3+3 Index lesion has PI-RADS<=2, although there are other reported lesions with >=3 Negative patients with really high PSAs 	
2016) 2016)	LOW IMAGES	DICOM series with less than 10 images (per series)	
onna of wor	EXCESS DATA	DICOM studies with more than 3500 images	
	INCOMPLETE	Patients with less than 3 series (since T2, ADC and high b-value are the minimum requirements). Less than 3 means that at least 1 series is missing, possibly failed to upload	
	ORPHAN	DICOM study with no uploaded metadata. This means that there is a study in the DICOM browser, but there is no uploaded e-crf form accompanying this study.	0
owing 1 to 15 (WARNING	1. Series with suspicious secondary captures (e.g. screenshots)	ed









ProCAncer-I quality enhancing technologies

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roCAncer-I



Major Challenges and Actions Taken

Challenge		Action
Heterogeneity between legal frameworks in different countries/ data providers. Difficulty to obtain Ethics Committee approvals for clinical data collection with delay to provide requested cases for developing AI models.	•	Clear and navigate the Certain cliprovide m
No comprehensive imaging model for allowing the registration of imaging metadata, annotation and curation processes, and used in conjunction with clinical information for cohort creation	•	Imaging I (presented publication
Not standardized clinical and imaging metadata to be used for cohort creation (e.g. sequence type in DICOM tags).	•	Developed vocabulari
Delay of prospective enrollment due to time limitation collecting the reference standard (especially for negative patients) – not allowed to use MRI examinations before the sign of informed consent.	•	Data provi new eCRF
Logical discrepancies in clinical forms Secondary image captures containing sensitive information not removed by the anonymization script	•	Developed secondary
Low image quality due to variability in medical image acquisition protocols and presence of artifacts (e.g. image blurring, motion artifacts, geometric distortions, signal "graininess")		Quality as assess qua Data clea data harm
MRI acquisitions not compliant with the minimum technical parameters required to perform reliable quantitative AI modeling.	•	Acquire a upload a s
Inadequate data and imbalanced datasets due to missing mandatory information for the reference standard, orphan data.	•	Monitorin external/s



comprehensive data user agreements as well as legal experts engagement helping ne complexities.

inical partners were asked to increase their datasets, retaining the vendor balance & eans for batch uploading of data for reducing uploading time

Extension of OMOP-CDM to incorporate and standardize image related processes d by V. at the European OHDSI Symposium, Rotterdam, Holland, 2023 and accepted for n at ASCO JCO Clinical Cancer Informatics).

tools (e.g. AI model for sequence type identification) and use of standardized es in the eCRF tool (OMOP vocabularies and RSNA Radlex standard terminology)

iders were asked to upload more retrospective cases to be used for model validation. A upload tool version was developed to address this group of patients.

a metadata quality check tool using heuristics to identify such issues, and remove captures from the repository.

sessment: Prostate Imaging Quality (PI-QUAL) study for developing an automatic tool to lity of MRI examinations.

ning: Dockerized tools for bias field correction, image denoising, image enhancement, onization.

larger number of prospective cases using an MRI compliant acquisition protocol and ubgroup of them for training of the AI models

g tool to identify such issues, relax constraints whenever possible, incorporate synthetic datasets, select proper AI algorithms (DL/radiomics/self-supervising)

The ProCAncer-I major challenges faced

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roCAncer-I



Data Collection and Al Modeling Challenges



Despite all efforts to a) accelerate data collection, b) ensure/monitor data quality especially in segmentations and c) optimise/adapt AI modeling methodologies, it is not feasible to properly address all the UCs within the lifetime of the project rendering very important the need to extend the project's scope within EUCAIM.



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roCAncer-I

ProCAncer-I AI modeling challenges



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Mr. Ignacio Blanquer Polytechnic University of Valencia PRIMAGE and CHAIMELEON projects

Concept"



"Preserving the legacy and the Virtual Research Environment



PRIMAGE Medical imaging







The main of PRIMAGE is to build an open cloud-based platform as a Decision Support System (DSS) to assist in the clinical management of two paediatric cancers:

Neuroblastoma (NB), as the most frequent solid cancer of early childhood, and Diffuse Intrinsic Pontine Glioma (DIPG), being the leading cause of death related to brain tumours in children.









PRIMAGE project



PRIMAGE

Medical imaging Artificial intelligence Childhood cancer research

Over 1000 cases of Neuroblastoma and 70 cases of DIPG

Need for long-term preservation and compliance to FAIR principles

Data Transfer & Data Sharing agreements, FAIR-compliant services.



9



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CHAIMELEON Project





Images + Related clinical data (eform)



Cloud-based cancer imaging repository as an online resource for the Al community working on the development of cancer management solutions

Not just a data warehouse...

- Incorporating all necessary functionalities to allow AI experimentation on the cloud (without downloading the data).
- Powered with automation tools.
- Interoperable with other existing initiatives.



Virtual Research Environment



https://chaimeleoneu.i3m.upv.es/datasetservice/datasets









Central VRE Model





- It facilitates the traceability of data access.
- Simplified architecture and higher availability.
- Reduced costs due to the • centralisation of resources.
- Better user experience. ٠
- Simplifies the development of new • applications.
- Benchmarking and validation of tools.



- It requires Data Transfer Agreements and common Data Sharing Agreements.
- May not be compatible with some legal specificities.
- May have issues with pseudonymised data.
- Balance between services used and access delegation.
- Need to homogenise data model.





Conclusions

- PRIMAGE and CHAIMELEON will end up with a set of joint assets that need to be preserved.
- The federated model is the fastest approach for a smooth transition
 - Progressive adaptation of data from mediators to full compliance.
 - Viable option until the central storage is fully procured.

• The federated model is cumbersome in terms of data exploitation

• Central storages with isolated partitions can be adequate and efficient.

Conclusion



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More information

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Instituto de Instrumentación para Imagen Molecular













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od cancer resear



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Dr. Luis Martí-Bonmatí La Fe Polytechnic University Hospital EUCAIM, PRIMAGE and CHAIMELEON projects



Federated Infrastructure with a Central Node Atlas of Cancer Images





These projects has received funding from the European Union's Horizon 2020 research and innovation programme





Prototype platform





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Access request process



• Intended users requesting access to datasets

Researchers and Innovators (development and validation of computational solutions)

Intended collaborators

Partners, Stakeholders, Research Communities



EUCAIM Atlas of Cancer Images

Central Repository

Federated nodes

EUCAIM Infrastructure and Nodes

Partners, projects, research communities, hospitals...





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Sustainability

Main result available beyond the lifetime of EUCAIM Cancer Image Europe infrastructure

Sustainability plan

Currently investigating MCP options

- Primarily focusing on efforts to become an EDIC (already 7 countries EoI).
- Dedicated Working Group has been created (Spanish coordination).
- Your help in getting engaged national representative could be key.
- Communication channel with GDI.



Cancer Image Europe

Introducing the future European Digital Infrastructure Consortium (EDIC)



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