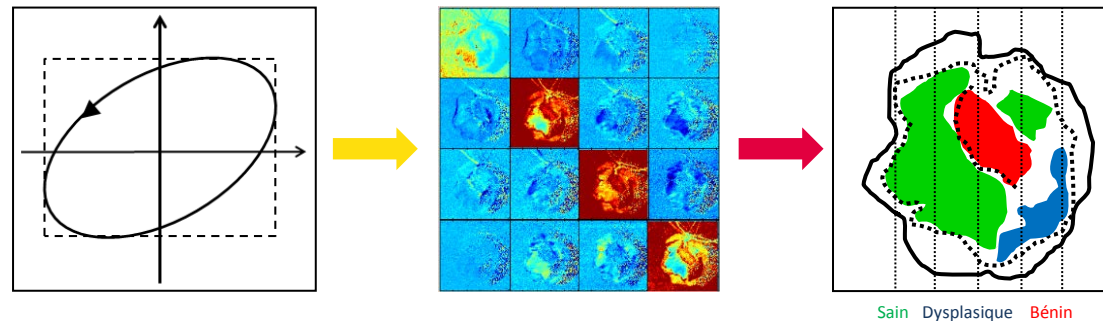
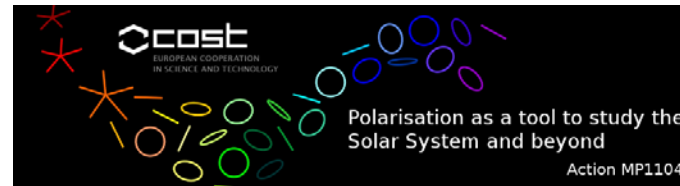


Polarimetric Imaging for Uterine Cervical Cancer Diagnosis

March 25th – Lorentz Center - Leiden



Antonello de Martino – Angelo Pierangelo – Tatiana Novikova

Presenter : Enric Garcia-Caurel

To Set the stage....

Why Cervical Cancer

- 2nd women cancer (after breast) by mortality, 275,000 deaths/yr essentially in developing and emerging countries
- **Screening** + **Disease Management Procedures** implemented in **developed** countries are very efficient but still perfectible (80 % decrease in mortality)
- Situation is very different in emerging countries
- Cervix is **accessible for direct (non endoscopic) imaging** and **good physical model**.
- We met *highly competent* and *motivated* gynecologists

Our Goals

- To develop an optical diagnostic tool to be used in real life
- To make good science on real life objects and bring a solution to human issues

Polarimetric Imaging

- Can be added to virtually any optical system at *affordable cost*
- Should be easily *accepted by practitioners*

The Uterine Cervix

- Outline of anatomy and physiology
- Cancer onset and evolution
- Current screening and disease management

Polarimetric imaging

- Orthogonal State Contrast (OSC) imaging *in-vivo*
- Full Mueller imaging *ex-vivo*

Conclusion and Outlook

I – Uterine Cervix

Anatomy outline

Cancer onset

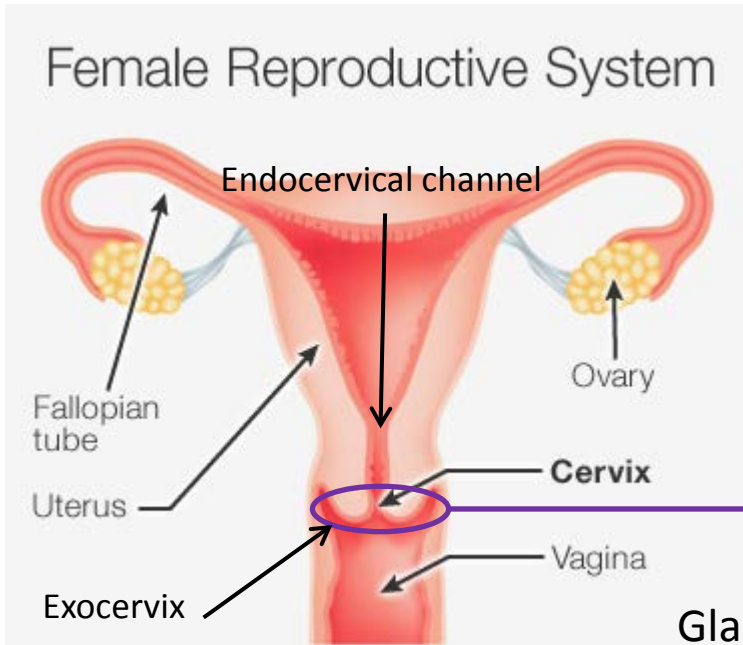
Screening and Disease management

II – Polarimetry

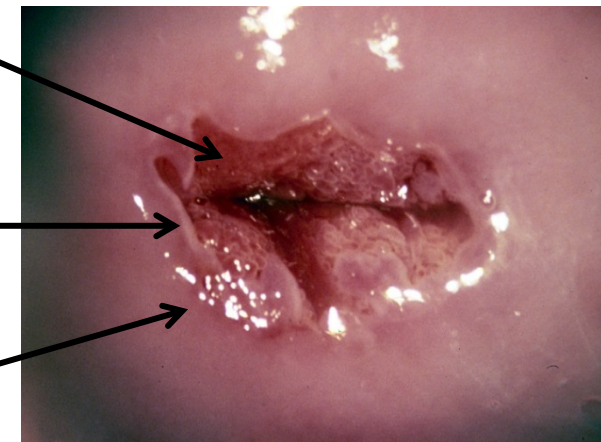
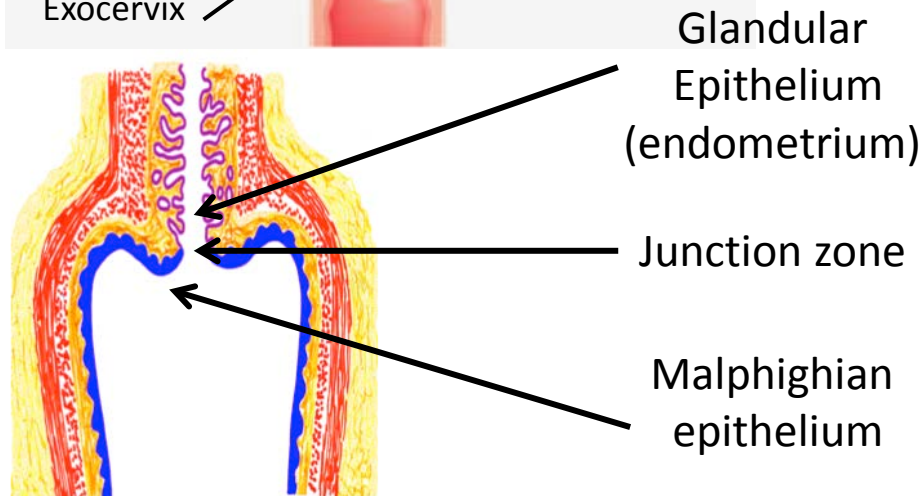
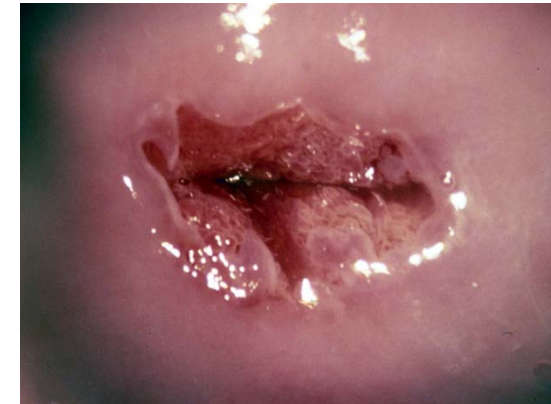
OSC

Mueller

III – Conclusions



Uterine Cervix



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and Disease management

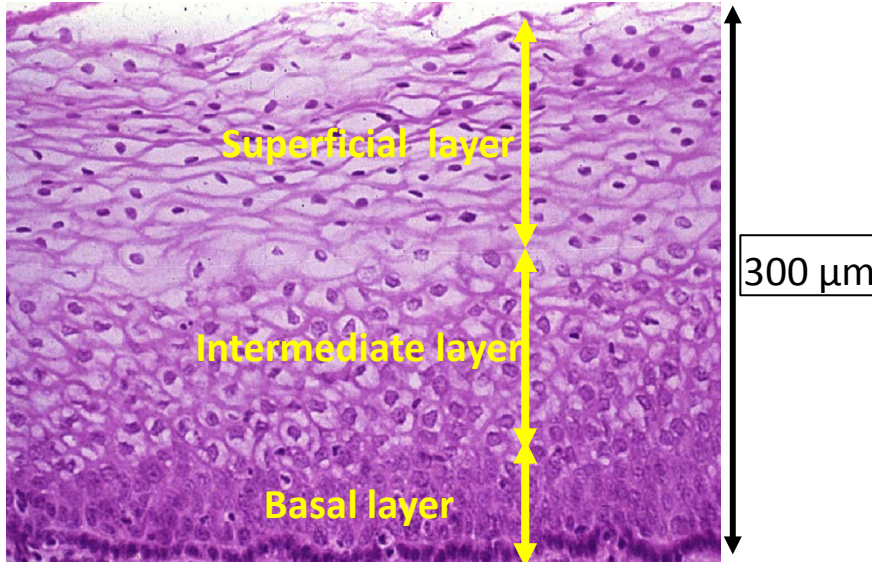
II – Polarimetry

OSC

Mueller

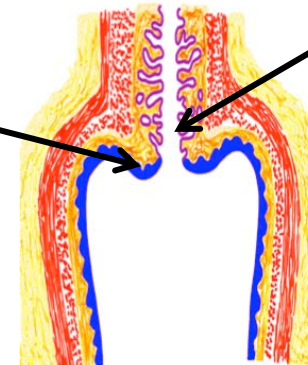
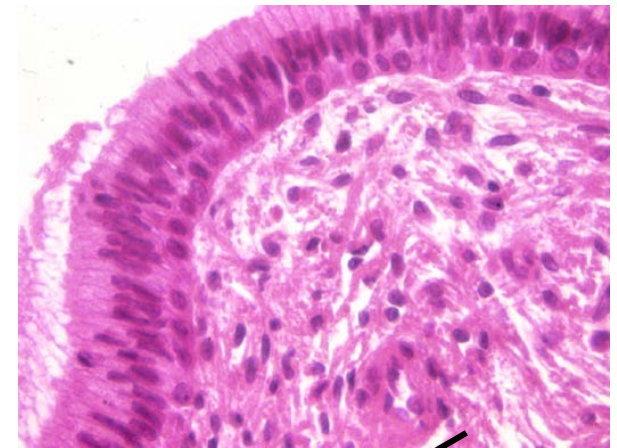
III – Conclusions

Mature Malpighian epithelium



Glandular epithelium (endometrium)

One or two cell layers (tens of μm)



Structure of the Junction Zone

I – Uterine Cervix

Anatomy outline

Cancer onset

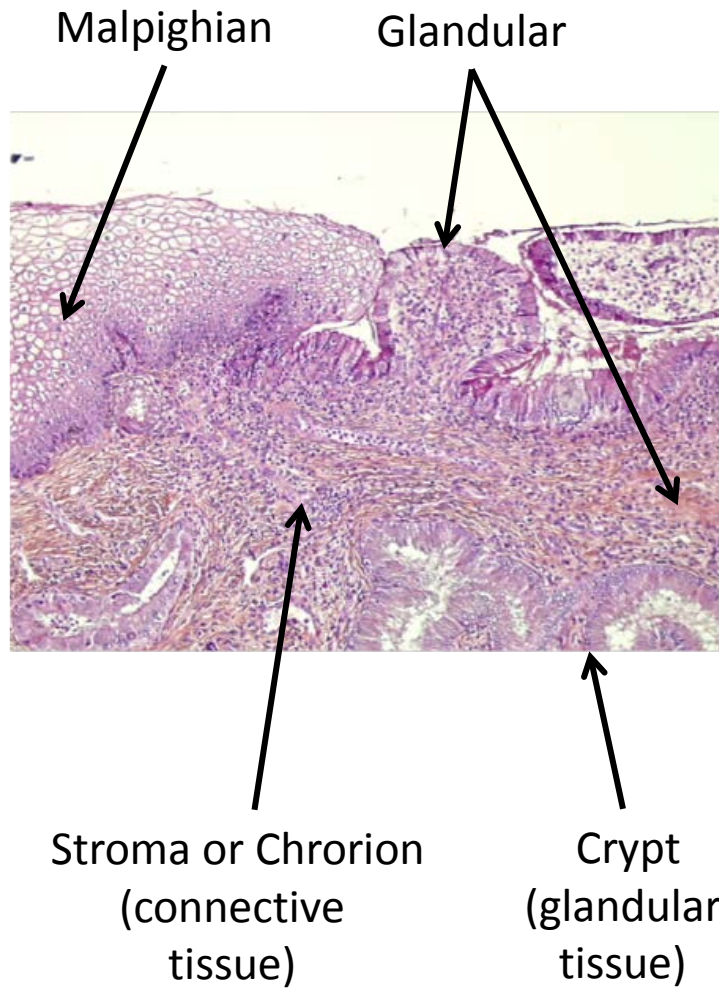
Screening and
Disease
management

II – Polarimetry

OSC

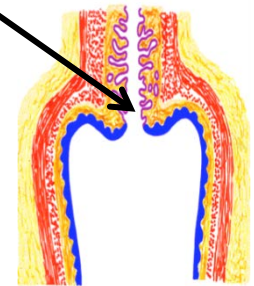
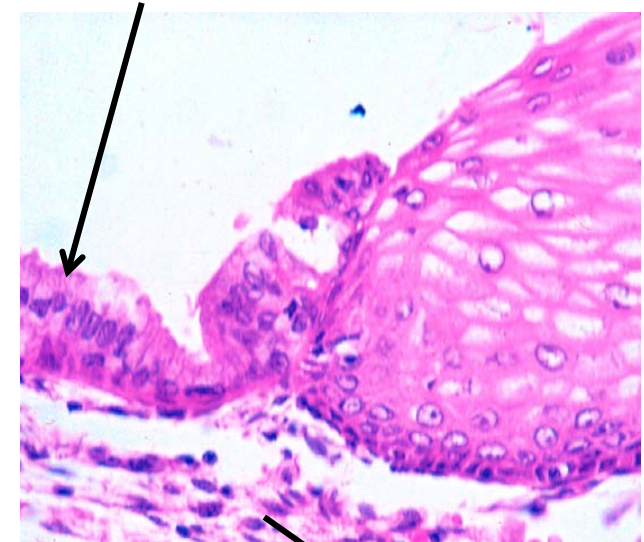
Mueller

III – Conclusions



Glandular

Malpighian



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and Disease management

II – Polarimetry

OSC

Mueller

III – Conclusions

Infection by Human Papilloma Virus.

Common virus eliminated by the immune system

Cervical Intraepithelial Neoplasia (CIN)

60% of women get infected

Invasive cancer

- Very slow evolution (5 to 10 years from infection to invasive cancer)
- Easily cured by simple surgery (conisation)

Screening is very effective but not perfect (reduction of mortality by 70-80%)

I – Uterine Cervix

Anatomy outline

Cancer onset

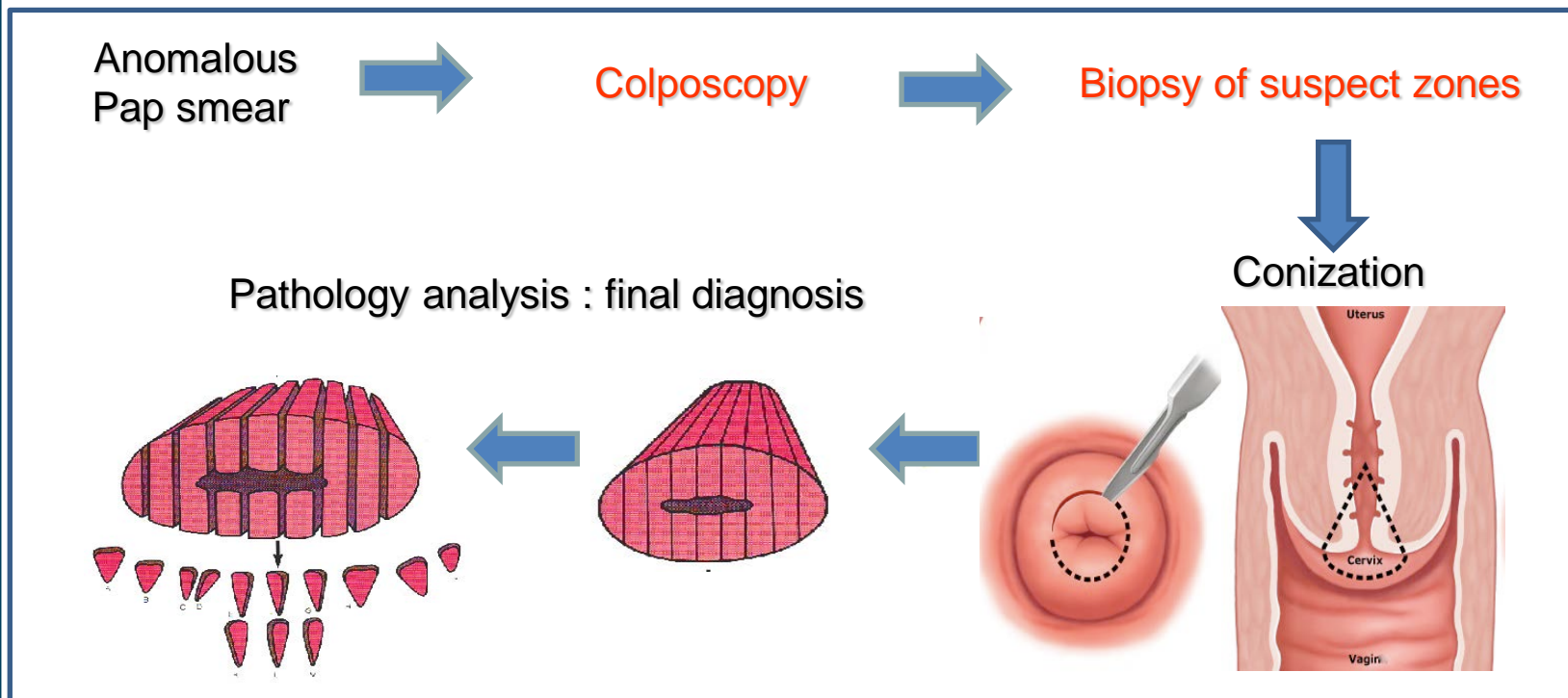
Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions



Colposcopy: Precancerous (CIN2+) lesions are very difficult to visualize. Results are very operator dependent.

Conization : the surgical margins are poorly defined

Systematic Pap smear cannot be implemented in developing countries. Currently no alternative is available to reduce the death toll (**275 000 per year worldwide**)

I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions

Polarimetry Experiments

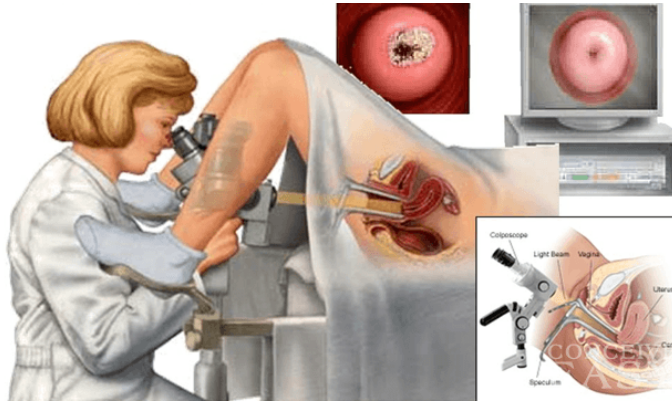
I - Orthogonal State Contrast (OSC)

I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and Disease management

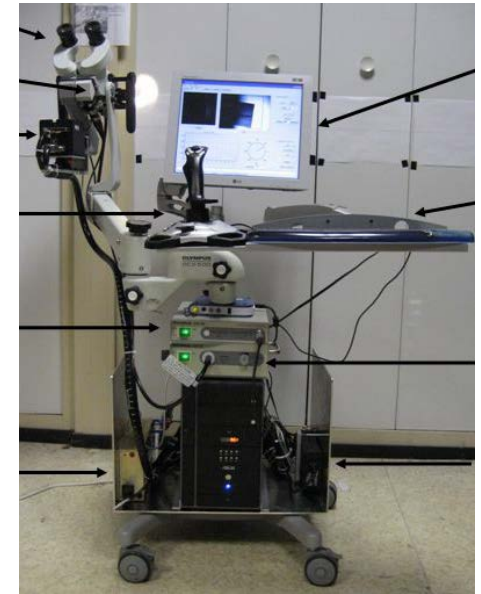


II – Polarimetry

OSC

Mueller

III – Conclusions



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and Disease management

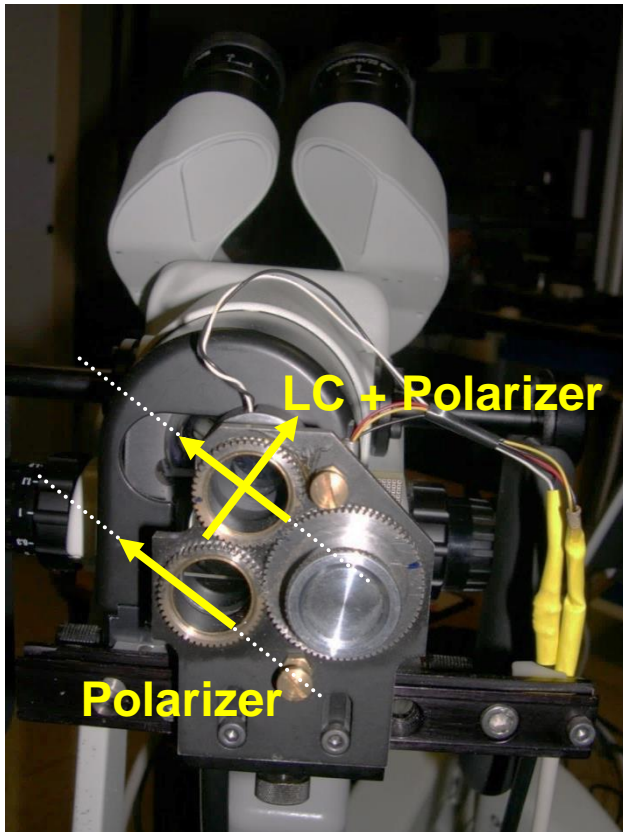
II – Polarimetry

OSC

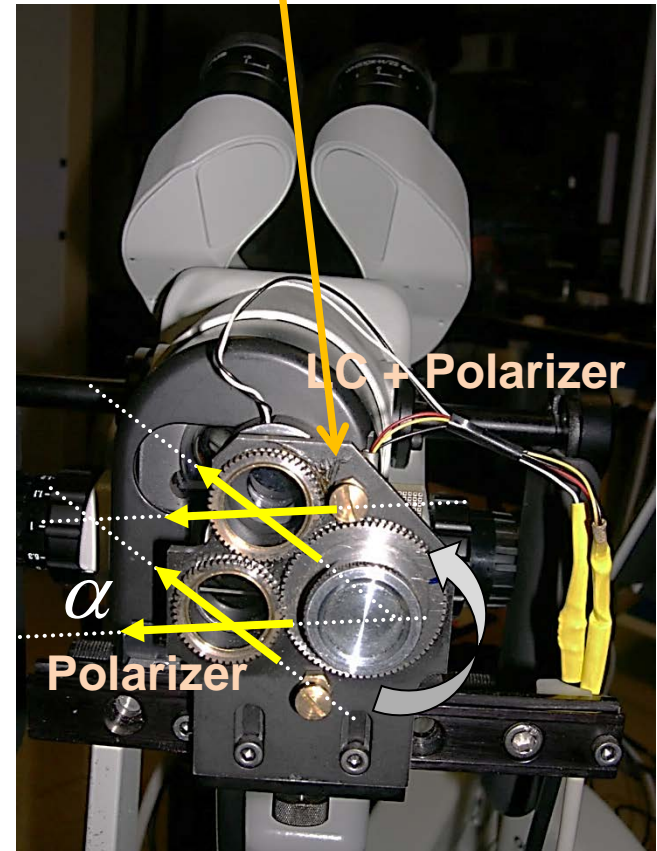
Mueller

III – Conclusions

$$I_{osc}(\alpha) = \frac{I_{//} - I_{\perp}}{I_{//} + I_{\perp}}$$



$$I_{osc}(\alpha) = \frac{I_{//} - I_{\perp}}{I_{//} + I_{\perp}}$$



I – Uterine Cervix

Anatomy outline

Cancer onset

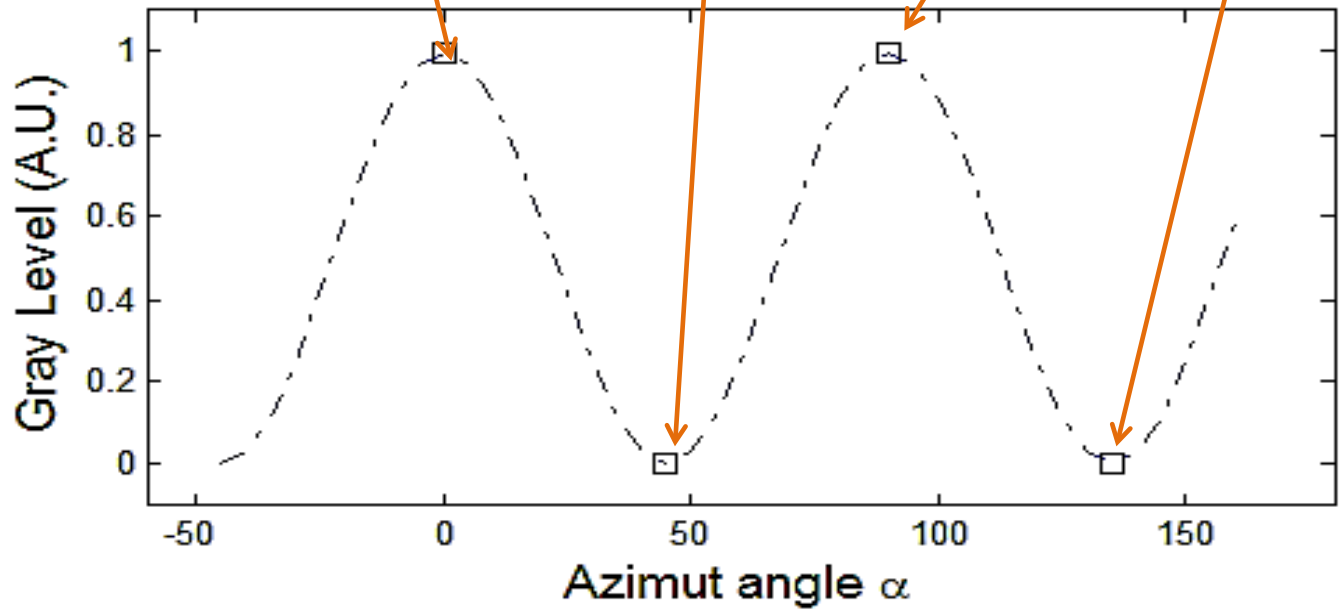
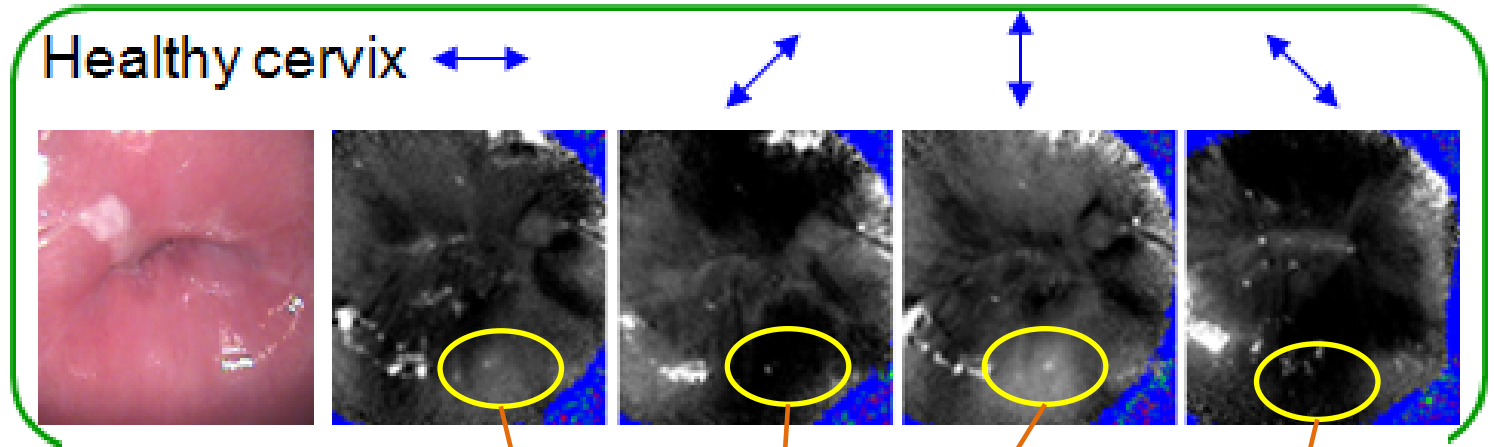
Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and
Disease
management

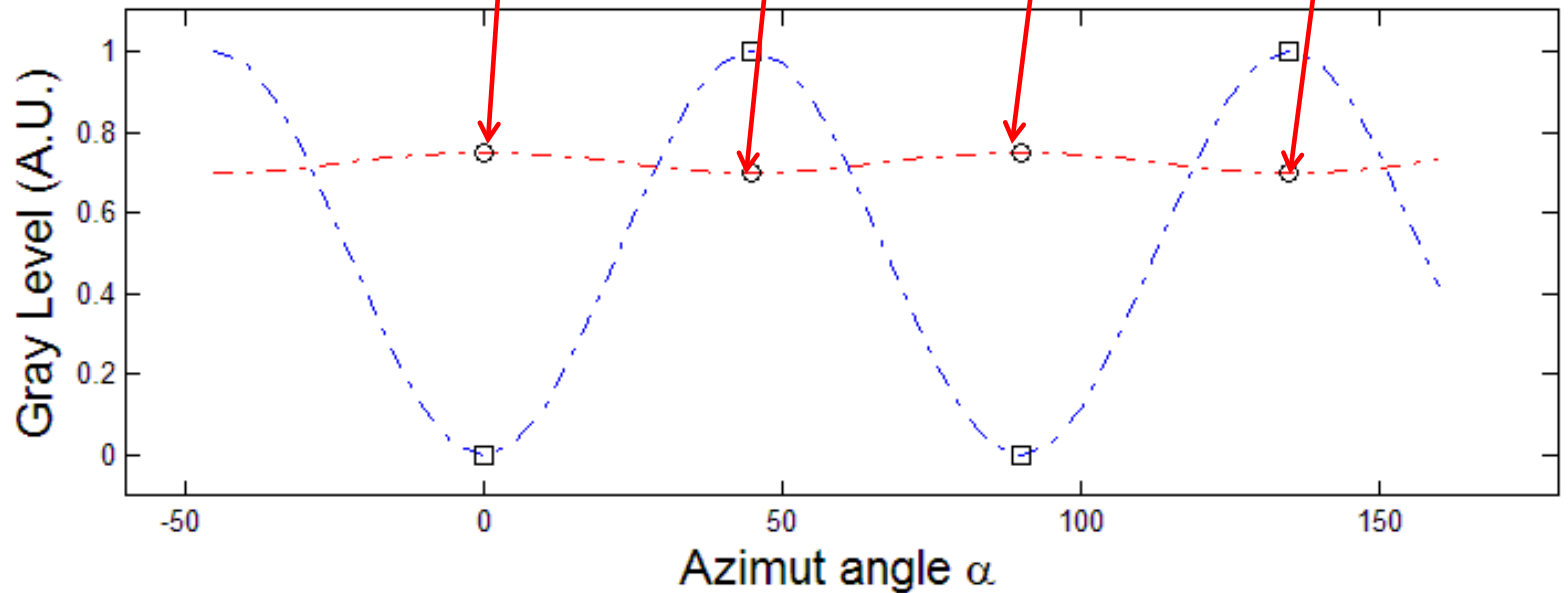
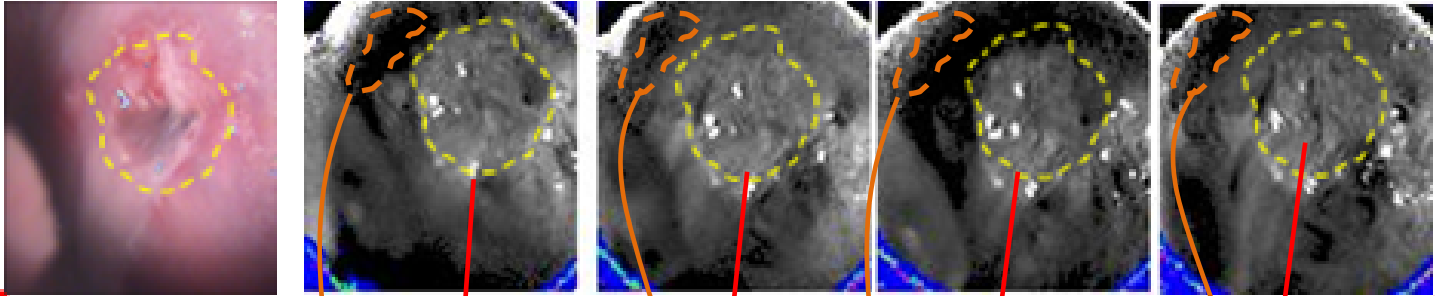
II – Polarimetry

OSC

Mueller

III – Conclusions

Pathological cervix



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions

Polarimetry Experiments

II – Mueller Images on ex-vivo tissues

Description de la polarimétrie

Application ex-vivo : Tissu biologique (conisation)

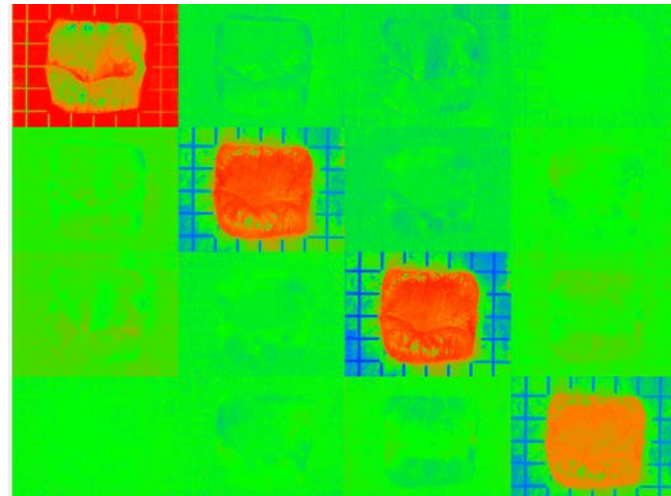
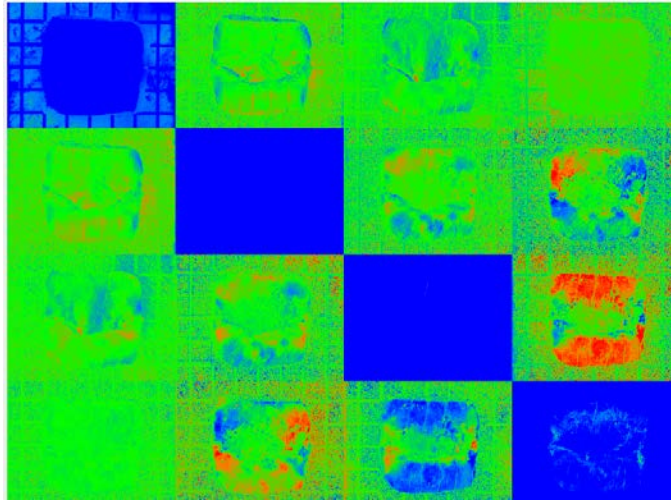
I – Uterine Cervix

Anatomy outline
Cancer onset
Screening and Disease management

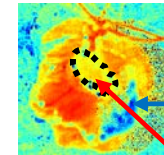
II – Polarimetry

OSC
Mueller

III – Conclusions



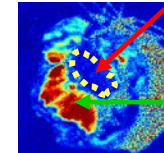
Depolarization



Ectropion

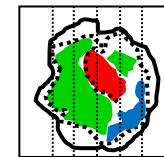
Dysplasia

Retardation



Healthy

**Anatomopathologist
Cartograph**



Ex-vivo Mueller Images – Healthy sample

Lu Chipman decomposition

Δ : depolarization, R : retardation, α : orientation of slow axis

I – Uterine Cervix

Anatomy outline

Cancer onset

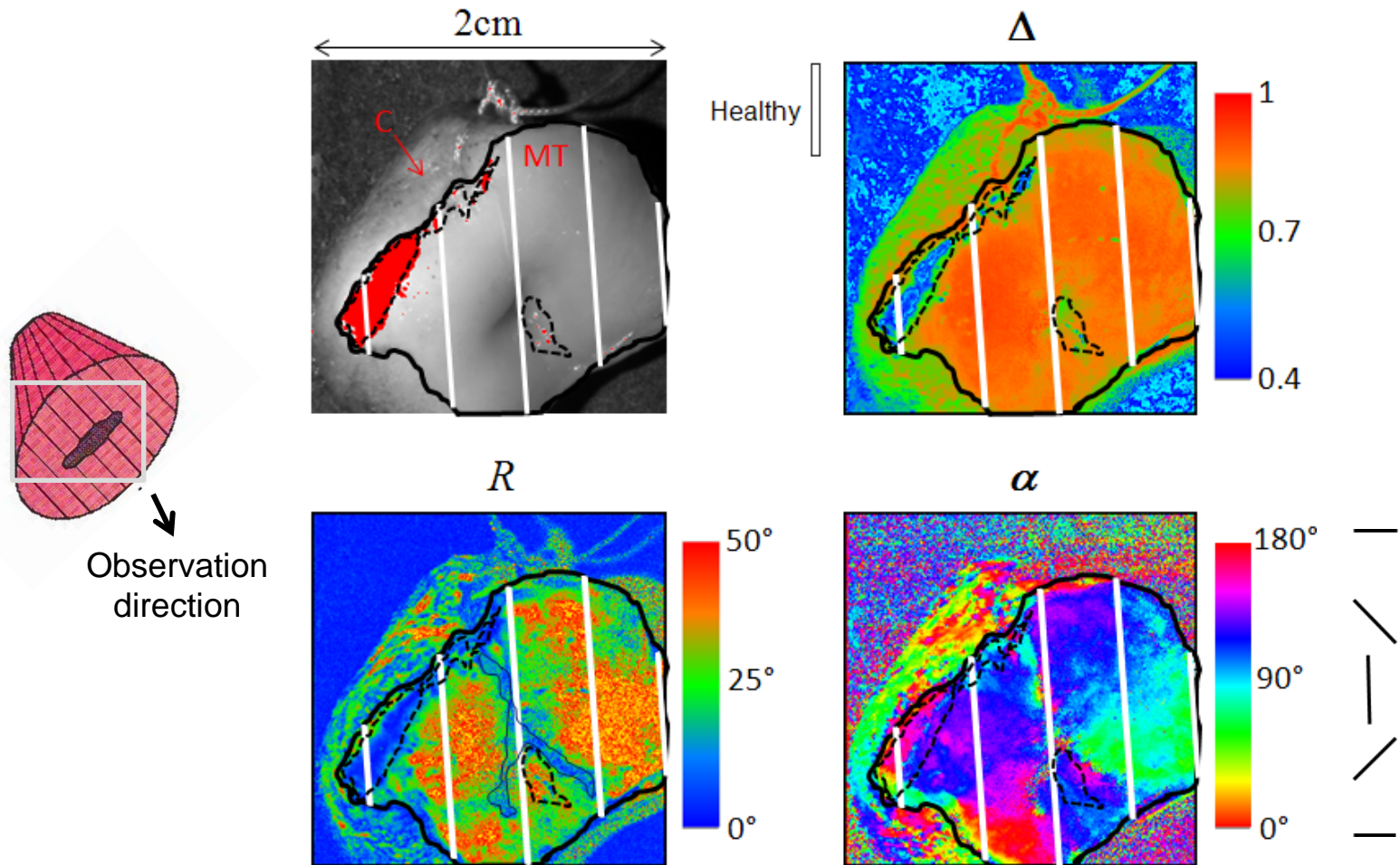
Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions



Ex-vivo Mueller Images – Healthy sample + CIN1

Lu Chipman decomposition

Δ : depolarization, R : retardation, α : orientation of slow axis

I – Uterine Cervix

Anatomy outline

Cancer onset

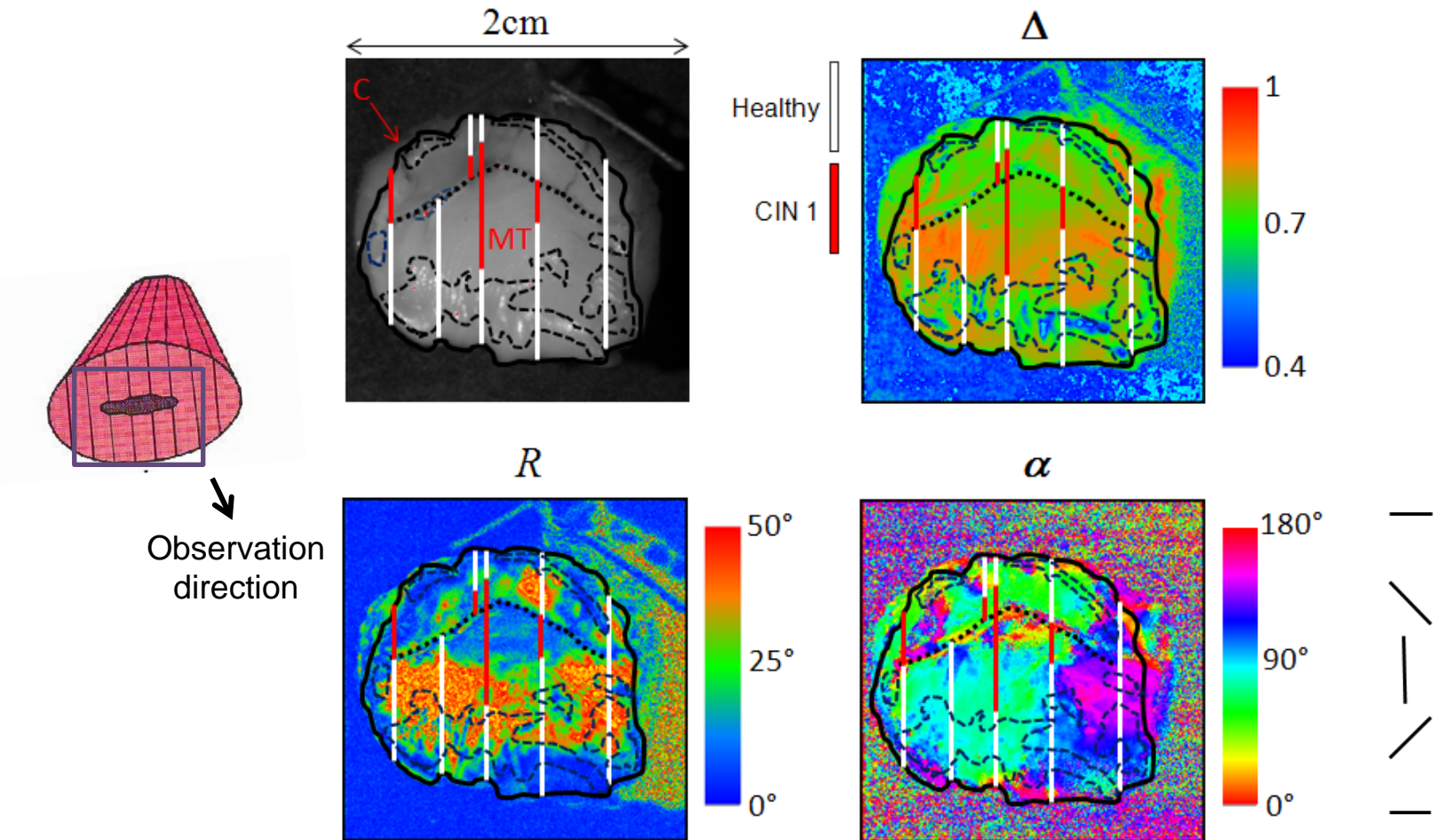
Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and
Disease
management

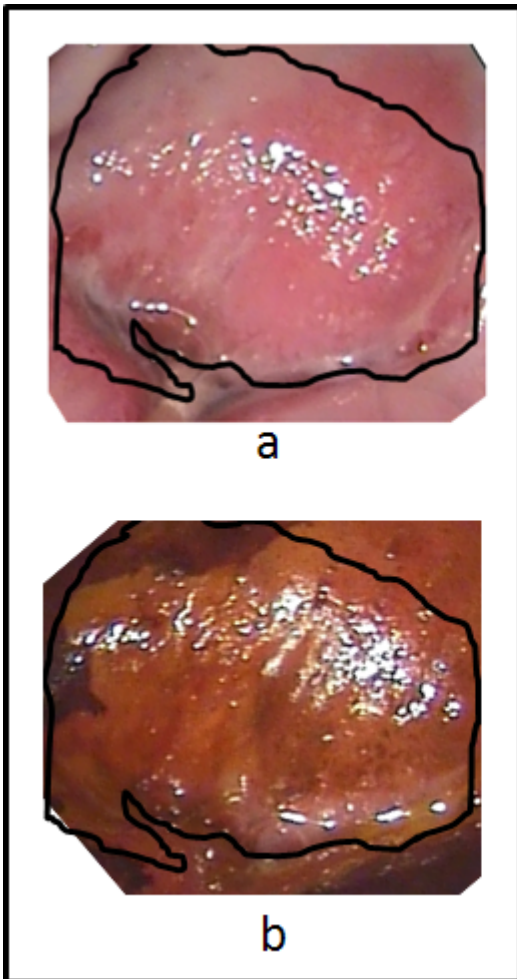
II – Polarimetry

OSC

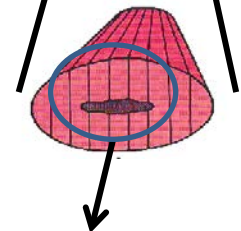
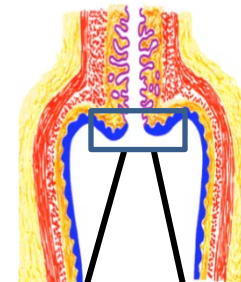
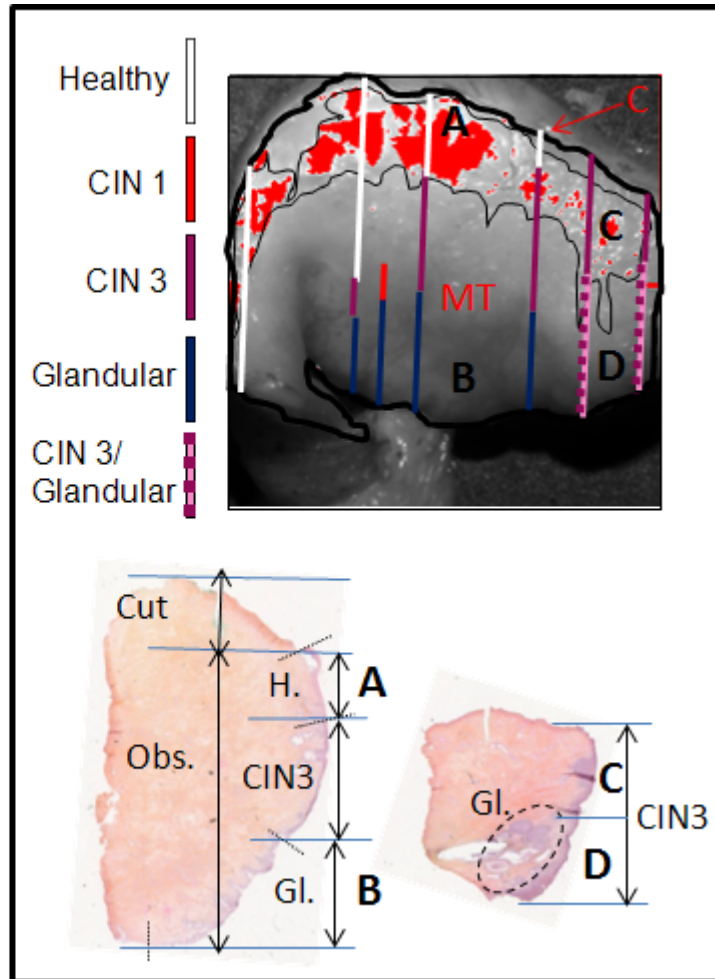
Mueller

III – Conclusions

Colposcopy



Pathology



To observer

I – Uterine Cervix

Anatomy outline

Cancer onset

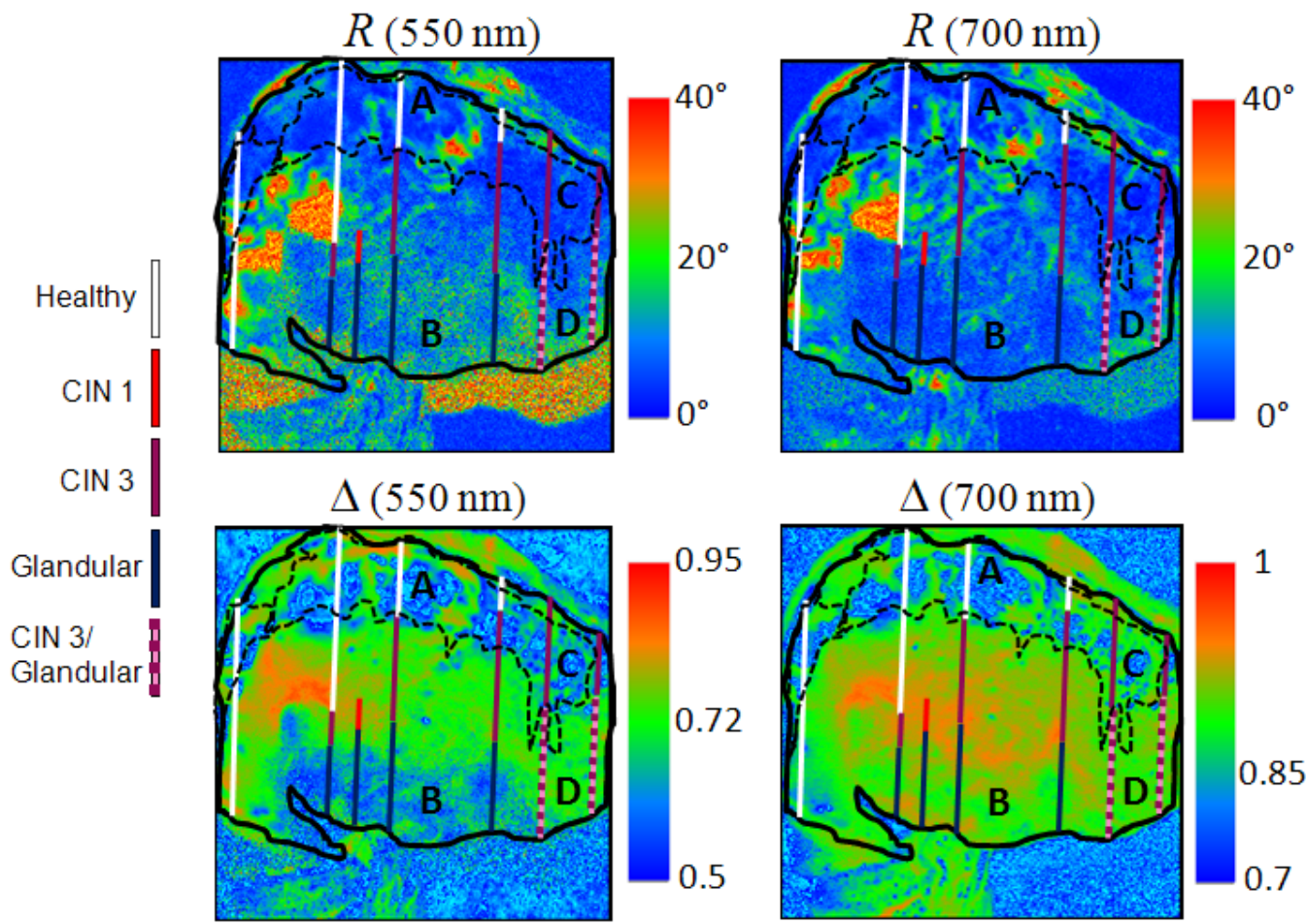
Screening and
Disease
management

II – Polarimetry

OSC

Mueller

III – Conclusions



Summary of Observed Trends

I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and Disease management

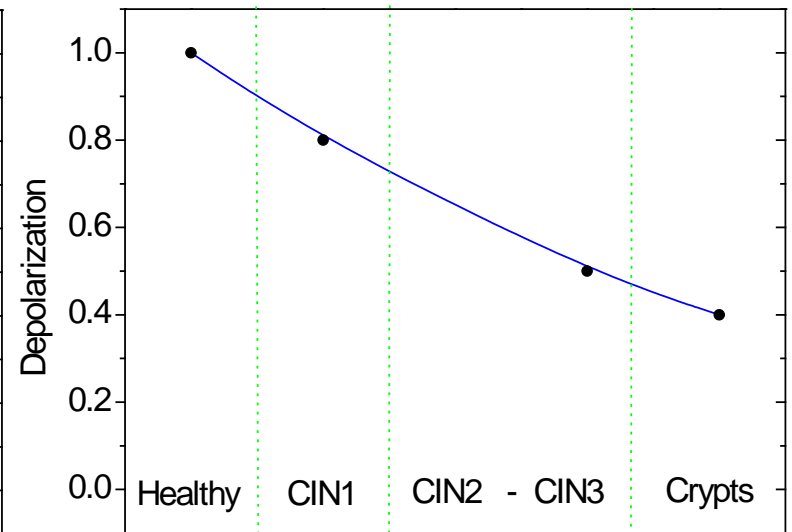
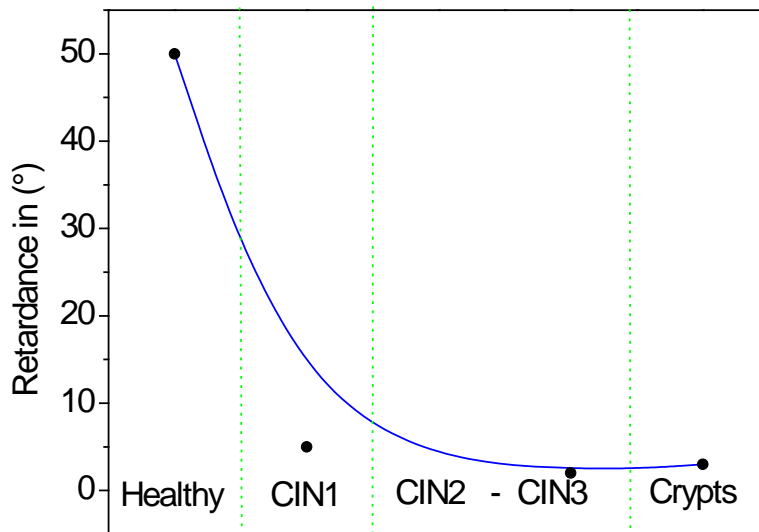
II – Polarimetry

OSC

Mueller

III – Conclusions

- Healthy malpighian epithelium exhibits a specific birefringence
- Birefringence disappears already at stage CIN1. This birefringence is more specific than classical colposcopy.
- Depolarization « hierarchy » : glandular < CIN3 < CIN1 < healthy malpighian
- Multiwavelength imaging should be able to disentangle contributions from deep structures (crypts).



I – Uterine Cervix

Anatomy outline

Cancer onset

Screening and
Disease
management

II – Polarimetry

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Mueller

III – Conclusions

Perspectives

- Project « PAIR Gynéco » funded by the French Institute of Cancer (INCa)
 - Systematic study on 100 to 200 conizations, with learning and testing phases of image segmentation procedures (IMM & CHU de Bicêtre)
 - Assessment in vivo with a Mueller colposcope (CHU de Bicêtre)
 - Evaluation of polarimetry for the follow-up of radiochemotherapy for locally advanced cervical cancers (Institut Gustave Roussy)
- Polarimetric imaging of histological slides, modelling of polarized light scattering and, perhaps, understanding something about the observed contrasts



Thank you

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Bicher Haj Ibrahim
Sandeep Manhas
Maria Rosaria Antonelli
Clément Fallet

