

Incorporation of In Vivo Microscopy (IVM) into Pathology Practice

Hany Osman, MD Gary Tearney, MD, PhD July 10, 2018

Hany Osman, MD

- Completed medical school at Cairo University of Medicine and completed his residency and dermatopatholoy fellowship at Indiana University School of Medicine
- The first In-Vivo Microscopy fellow at Massachusetts General Hospital, Harvard Medical School, Boston
- Involved in multiple projects that aim to advance in-vivo microscopy



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Confocal Laser Endomicroscopy



Reflectance Confocal Microscopy



Confocal



Volumetric Laser Endomicroscopy Tethered Capsule endomicroscopy











~1 µm axial resolution Depth ~ 250 µm



En-Face



Injected Fluorescein Contrast







~1 µm axial resolution Depth ~ 100-200 µm







No Contrast needed



PINHOLE

WINDOW

LASER

SCANNING OPTICS

OBJECTIVE LENS





Hofmann-Wellenhof, Rainer, et al., eds. *Reflectance confocal microscopy for skin diseases*. Springer Science & Business Media, 2012.



Junctional nevus



Hofmann-Wellenhof, Rainer, et al., eds. *Reflectance confocal microscopy for skin diseases*. Springer Science & Business Media, 2012.



Melanoma



Hofmann-Wellenhof, Rainer, et al., eds. *Reflectance confocal microscopy for skin diseases*. Springer Science & Business Media, 2012.



Basal cell carcinoma





Hofmann-Wellenhof, Rainer, et al., eds. *Reflectance confocal microscopy for skin diseases*. Springer Science & Business Media, 2012.







~10 µm axial resolution Depth ~ 2-3mm



Cross-sectional

















Muscularis Interna

Submucosa Muscularis mucosa Lamina Propria

Epithelium





Spectrally Encoded Confocal Microscopy (SECM)



<5 µm axial resolution Depth ~ 2-3mm







No Contrast needed





Imaging of Eosinophilic Esophagitis with SECM: Biopsy, No AA

Transition to Clinical Practice



Adoption

Adoption

Resolution

Orientation/artefacts

Magnification

Color Map

Ancillary studies

In-vivo based contrast



Resolution

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In-vivo based contrast

Adoption

Resolution



Adoption

Resolution



Signal Intensity Score	surface intensity < subsurface intensity = 0	+ +
	surface intensity = subsurface intensity = 1	+ +
	surface intensity > subsurface intensity = 2	T T
Glandular Architecture Score	no mucosal glands = 0	
	glands or ducts without atypia* = 1	
	glands or ducts with atypia* = 2	<u>1 mm</u>

A score of >2 associated with a sensitivity of 83% and a specificity of 75% for BE Neoplasia

Evans, J.A., Poneros, J.M., Bouma, B.E., Bressner, J., Halpern, E.F., Shishkov, M., Lauwers, G.Y., Mino–Kenudson, M., Nishioka, N.S. and Tearney, G.J., 2006. Optical coherence tomography to identify intramucosal carcinoma and high-grade dysplasia in Barrett's esophagus. *Clinical Gastroenterology and Hepatology*, *4*(1), pp.38-43.

Leggett, C.L., Gorospe, E.C., Chan, D.K., Muppa, P., Owens, V., Smyrk, T.C., Anderson, M., Lutzke, L.S., Tearney, G. and Wang, K.K., 2016. Comparative diagnostic performance of volumetric laser endomicroscopy and confocal laser endomicroscopy in the detection of dysplasia associated with Barrett's esophagus. *Gastrointestinal endoscopy*, *83*(5), pp.880-888.



Resolution

Orientation/artefacts

Magnification

Color Map

Ancillary studies

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Resolution

Orientation/artefacts

Magnification

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In-vivo based contrast


Orientation/artefacts





Orientation/artefacts





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Orientation/artefacts

- Normal Bile duct Miami and Paris Classifications
 - Thin Reticular dark bands
 - less than 20
 - Fluorescein filled vessels
 - Less than 20 microns
 - Light gray background
 - Epithelium is usually not seen, may be seen if probe not in contact with duct

In-Vivo pCLE of Bile duct



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orrelation with lymphatics. *Journal of clinical gastroenterology*, 45(3), p.246.

Orientation/artefacts

- Inflammatory Bile duct –
 Paris Classification
 - Thickened Reticular dark bands
 - More than 20 microns
 - Regular
 - Vascular congestion (thick vessels)
 - Multiple thin white bands (regular)
 - Dark granular patterns with scales
 - Increased inter-glandular space





Inflammatory stenosis



Thick Dark Bands

Giovannini, M., Bories, E., Monges, G., Pesenti, C., Caillol, F. and Delpero, J.R., 2011. Results of a phase I–II study on intraductal confocal microscopy (IDCM) in patients with common bile duct (CBD) stenosis. Surgical endoscopy, 25(7), pp.2247-2253.

Orientation/artefacts

- Cholangiocarcinoma–
 Miami classification
 - Thick, dark bands (>40 microns)
 - Thick, white bands (>20 microns)
 - o Dark Clumps
 - Epithelium visualized (villi, glands)
 - Fluorescein leakage

In-Vivo pCLE of Bile duct



Wallace, M., Lauwers, G.Y., Chen, Y., Dekker, E., Fockens, P., Sharma, P. and Meining, A., 2011. Miami classification for probe-based confocal laser endomicroscopy.



Orientation/artefacts

Magnification

Color Map

Ancillary studies



Orientation/artefacts

Magnification

Color Map

Ancillary studies



The power of low power



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Charalampaki, P., et al., Confocal Laser Endomicroscopy for Real-time Histomorphological Diagnosis: Our Clinical Experience With 150 Brain and Spinal Tumor Cases. Neurosurgery, 2015. 62 Suppl 1: p. 171-6 © College of American Pathologists







Artefacts



Motion artefact

RBCs

Magnification



Magnification







Adoption

SECM Capsule Microscopy







Orientation/artefacts

Magnification

Color Map

Ancillary studies



Orientation/artefacts

Magnification

Color Map

Ancillary studies

Color Map



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Color Map



Gareau, D.S., Feasibility of digitally stained multimodal confocal mosaics to simulate histopathology. J Biomed Opt, 2009. 14(3): p. 034050.



Orientation/artefacts

Magnification

Color Map

Ancillary studies



Orientation/artefacts

Magnification

Color Map

Ancillary studies



Boer, Esther de, Jason M. Warram, Matthew D. Tucker, Yolanda E. Hartman, Lindsay S. Moore, Johannes S. de Jong, Thomas K. Chung, et al. 2015. "In Vivo Fluorescence Immunohistochemistry: Localization of Fluorescently Labeled Cetuximab in Squamous Cell Carcinomas." *Scientific Reports* 5 (June). The Author(s):10169.



Orientation/artefacts

Magnification

Color Map

Ancillary studies

Resolution

Orientation/artefacts

Magnification

Color Map

Ancillary studies





Esophagus, Normal

- Regular rhomboid squamous cells with clear borders.
- Regularly spaced intraepithelial papillary capillary loops (IPCLs)
- Lack of Fluorescein leakage from intrapapillary capillary loops

Barrett's Esophagus

- Dark goblet cells
- Columnar epithelial layer appearing as dark band with uniform cells.
- bright basal border of epithelium
- dark line outlining apical border of columnar epithelium
- Regular capillaries in deeper mucosa with no fluorescein leakage







Barrett's Esophagus, Dysplasia

- Irregular epithelial lining with saw-toothing of luminal border
- Decreased epithelial thickness.
- Gland fusion
- Irregular vascular pattern
- Dark areas

Adenocarcinoma

- Cellular and architectural Disarray
- Fluorescein leakage
- Infiltrative dark malignant cells beyond epithelium







Irritable Bowel Syndrome



Fritscher-Ravens, A., Schuppan, D., Ellrichmann, M., Schoch, S., Röcken, C., Brasch, J., Bethge, J., Böttner, M., Klose, J. and Milla, P.J., 2014. Confocal endomicroscopy shows food-associated changes in the intestinal mucosa of patients with irritable bowel syndrome. *Gastroenterology*, *147*(5), pp.1012-1020.

Resolution

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Ancillary studies

Education

Utility

Patient

Data

Billing

Regulation

Organ	In Vivo Microscopy		
	Now	3-5 Years	7-10 Years
Eye	Standard of Care	Standard of Care	Standard of Care
Cardiovascular	Clinical Procedures	Standard of Care	Standard of Care
GI	Clinical Procedures	Standard of Care	Standard of Care
Skin	Clinical Procedures	Clinical Procedures	Standard of Care
Lung	Clinical Trials	Clinical Procedures	Standard of Care
Head and Neck	Clinical Trials	Clinical Procedures	Standard of Care
Breast	Clinical Trials	Clinical Trials	Clinical Procedures

Source: CAP's In Vivo Microscopy Committee

Education

Utility

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Regulation

- How is this technology used
 - Screening
 - o Guidance








Reduction biopsies of benign lesions, by 50–68%

Xiong YD, Ma S, Li X, Zhong X, Duan C, Chen Q. A metaanalysis of reflectance confocal microscopy for the diagnosis of malignant skin tumours. J Eur Acad Dermatol Venereol 2016;30:1295–1302.

Accuracy of pCLE in Gastrointestinal diagnoses



Sanduleanu, S., Driessen, A., Gomez–Garcia, E., Hameeteman, W., de Bruïne, A. and Masclee, A., 2010. In vivo diagnosis and classification of colorectal neoplasia by chromoendoscopy-guided confocal laser endomicroscopy. *Clinical Gastroenterology and Hepatology*, *8*(4), pp.371-378. Shahid M.W. et al. Diagnostic Accuracy of probe based Confocal Laser Endomicroscopy in Detecting Residual Colorectal Neoplasia after EMR: A prospective Study. Gastrointestinal Endoscopy, 2012.

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Sharma P. et al. Real-time Increased Detection of Neoplastic Tissue in Barrett's Esophagus with probe- based Confocal Laser Endomicroscopy: Final Results of a Multi-center Prospective International Randomized Controlled Trial. Gastrointestinal Endoscopy, 2011 (DONT BIOPCE).

Education

Utility

Patient

Data

Billing

Regulation

Education

Utility

Patient

Data

Billing

Regulation

Patient







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Education

Utility Patient











Education

Utility Patient



New CPT codes for optical endomicroscopy

Two new codes were added to report optical endomicroscopy when performed with esophagoscopy and esophagogastroduodenoscopy (EGD).

Code 43206 was added to the esophagoscopy family to describe real-time therapeutic decisions involved in optical endomicroscopy procedures when performed with esophagoscopy. This procedure includes the diagnostic injection for the administration of the contrast agent, interpretation and report for the service. The supply of the contrast agent itself, however, is not included as part of the procedure. Therefore, a parenthetical note has been included that directs separate report of the agent. Provision of this service includes the interpretation and report for the service; code 88375 should not be reported in conjunction with this code.

43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing
or washing (separate procedure)

43206 with optical endomicroscopy

(Report supply of contrast agent separately) (Do not report 43206 in conjunction with 88375)

Code 43252 was added to the EGD family to describe real-time therapeutic decisions involved in optical endomicroscopy procedures when performed with EGD. The procedure includes diagnostic injection for the administration of the contrast agent and the interpretation and report for the service. The supply of the contrast agent itself, however, is not included as part of the procedure. Therefore, a parenthetical note has been included that directs separate report of the agent. Provision of this service includes the interpretation and report for the service and code 88375 should not be reported in conjunction with this code.

43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/ or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

43252 with optical endomicroscopy

(Report supply of contrast agent separately) (Do not report 43252 in conjunction with 88375) (For biopsy specimen pathology, use 88305)

88375

Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session

Data

Billing

Education Utility Patient



Data

Billing

88375

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Education

Utility Patient Data Imaging (Technical) +

CLINICAL IMAGING

Billing





Education

Utility **Patient**













Billing

88375

96933

Regulation



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