



COLLEGE of AMERICAN
PATHOLOGISTS

Light-sheet microscopy for 3D pathology

Nicholas P. Reder, MD, MPH

10/3/2017

Lawrence D. True, MD

Housekeeping

- **This series is sponsored by In Vivo Microscopy (IVM) Committee**
- **The presentation will be recorded and will be available in about 1 week; a pdf of the presentation will be sent to all registrants in about 1 week**
- **All lines are muted during the presentation**
- **Please ask your questions when you think of them via the “Question box” in your control panel**

Nicholas P. Reder, MD, MPH



- **Earned a B.S. from the University of Michigan**
- **Earned an M.P.H. in epidemiology from Emory University**
- **Earned MD from Loyola Stritch School of Medicine in 2014**
- **Co-chief resident and a clinical research fellow in the University of Washington Department of Pathology.**

Lawrence D. True, MD, FCAP



- **Earned a B.A. from Harvard**
- **Earned MD from Tulane**
- **Completed a pathology residency at the University of Colorado**
- **Professor of Pathology, Adjunct Professor of Urology, and lead pathologist for the Genitourinary Cancer Biorepository at the University of Washington**

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Disclaimer

- **Opinions expressed by the speaker are the speaker's own and do not necessarily reflect an endorsement by the CAP of any organizations, equipment, reagents, materials, or services used by participating laboratories.**

Disclosure

- **Dr. True and Dr. Reder hold a patent and have a start-up company (Alpenglow Optics, LLC) related to their light-sheet microscopy work.**

Learning Objectives

- Understand the motivation for 3D pathology
- Increase awareness that 3D pathology is possible **for the practicing pathologist!**
- Describe use-cases for 3D pathology

Outline

- **Review of light-sheet microscopy - Dr. Nicholas Reder**
- **Motivation for 3D pathology - Dr. Lawrence True**
- **Tissue clarification techniques - Dr. Nicholas Reder**
- **Results - Dr. Nicholas Reder**
- **Summary - Dr. Lawrence True**

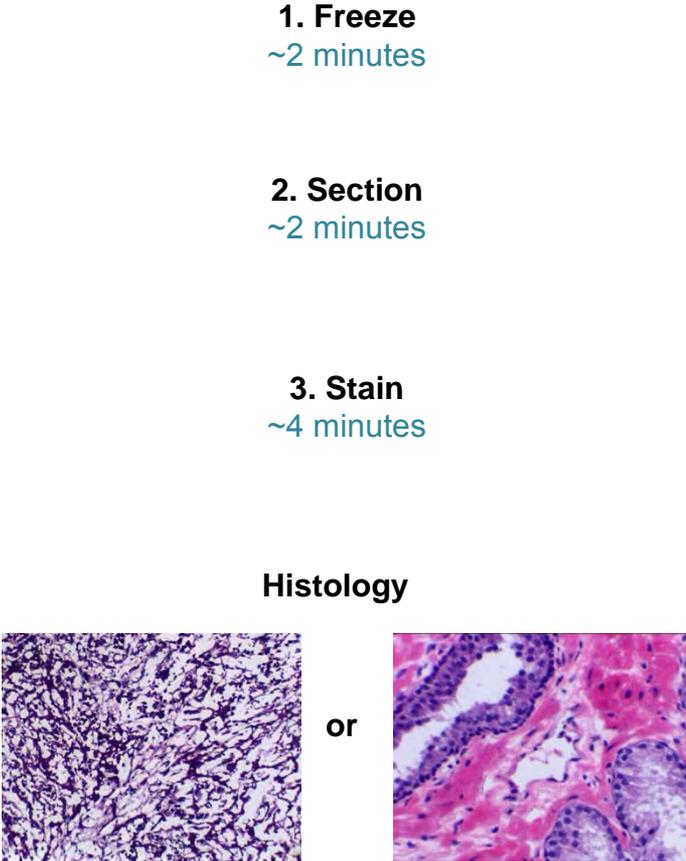
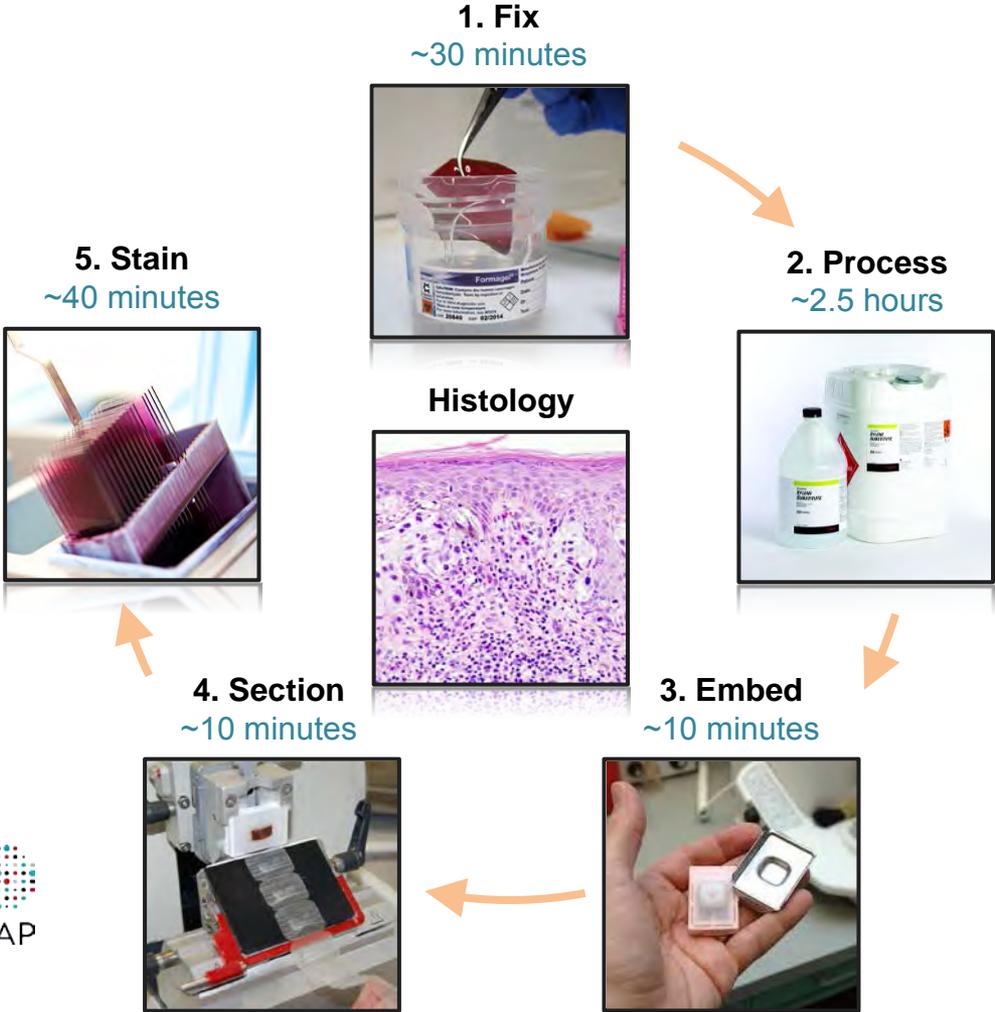
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Motivation: pathology has remained unchanged for a century

Rapid histology: 4 hours

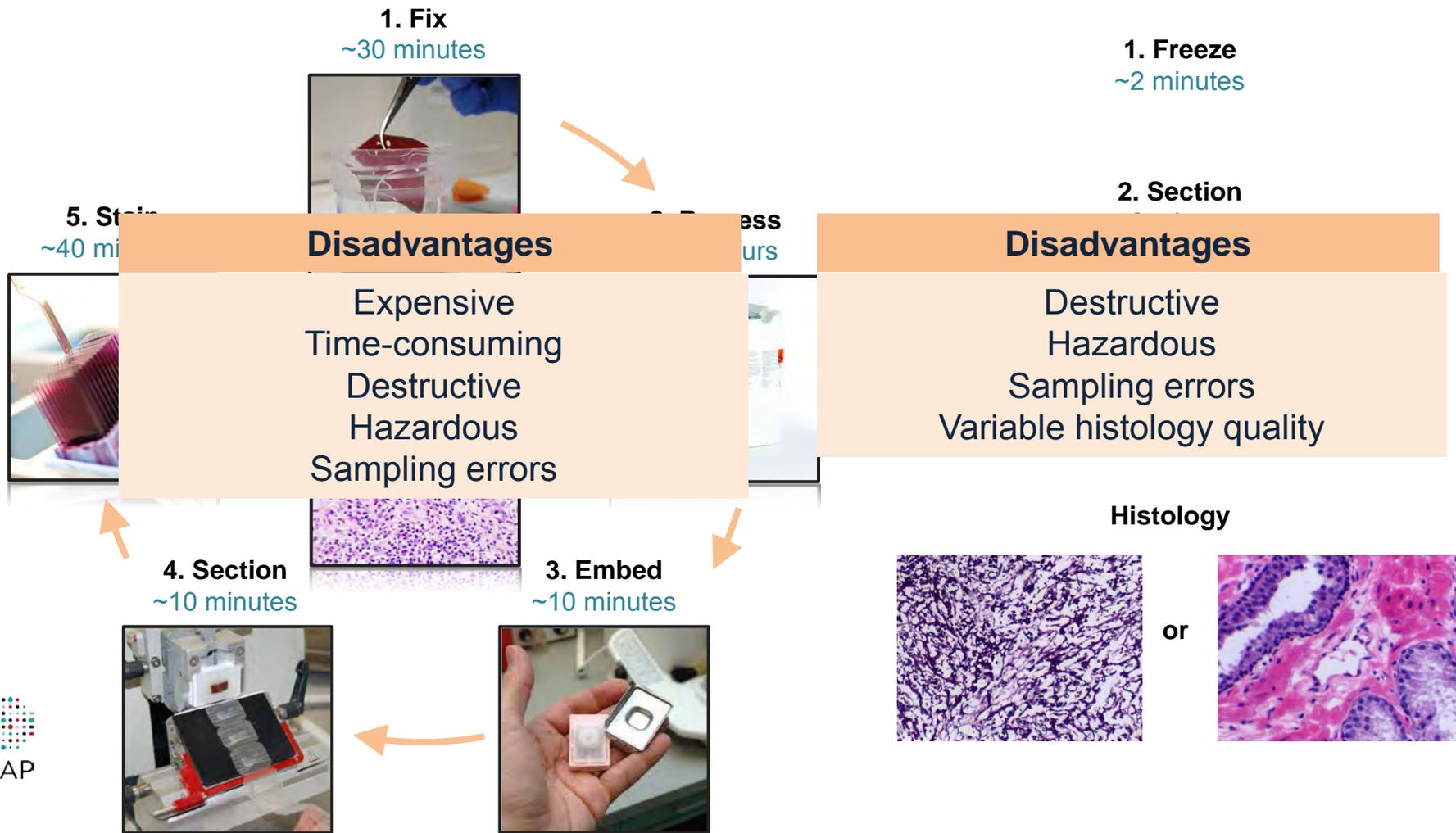
Frozen Section: 10 minutes



Motivation: pathology has remained unchanged for a century

Rapid histology: 4 hours

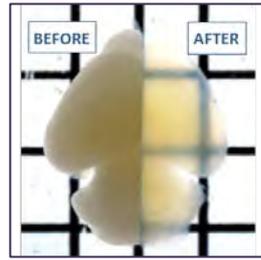
Frozen Section: 10 minutes



Goal: non-destructive, slide-free, 3D 'digital' pathology

***0. Clear**

~5 minutes to overnight



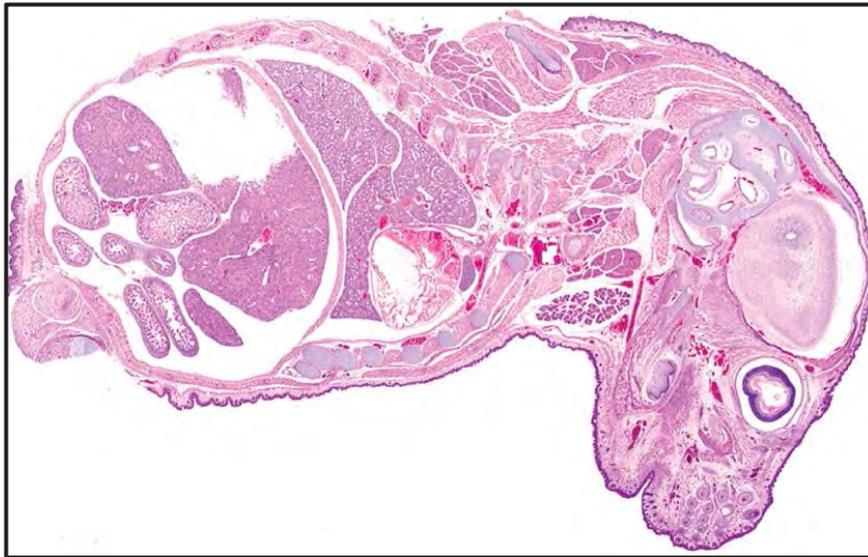
1. Stain
<1 minute



2. Image
<10 minutes



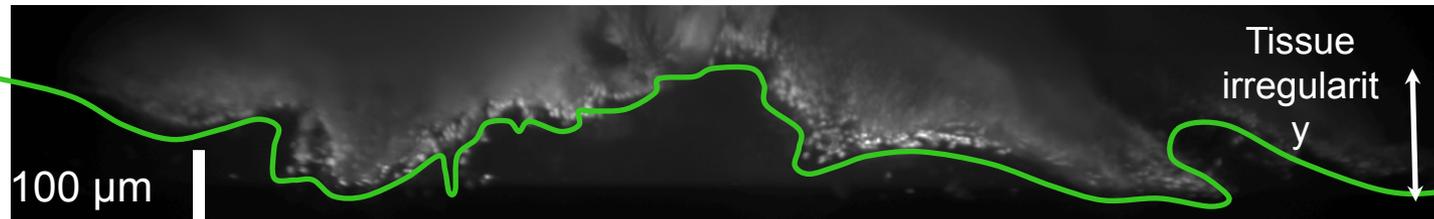
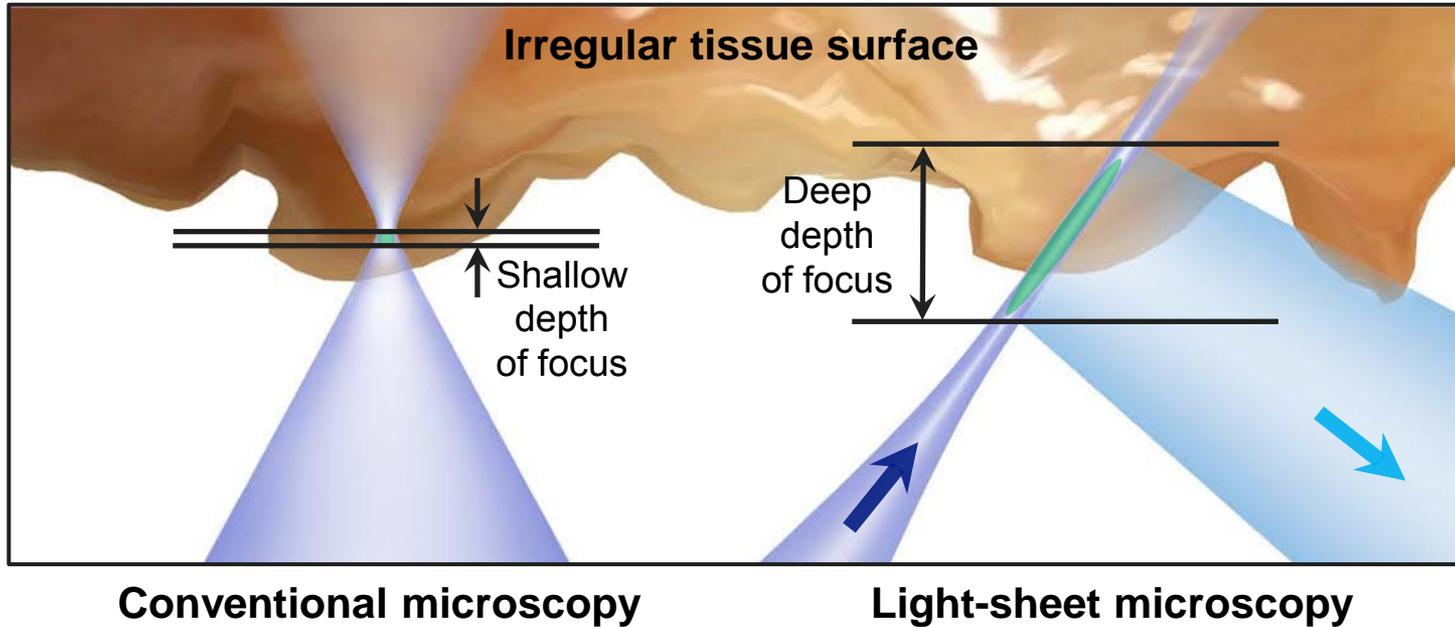
Wide-area 'digital' histology



Advantages

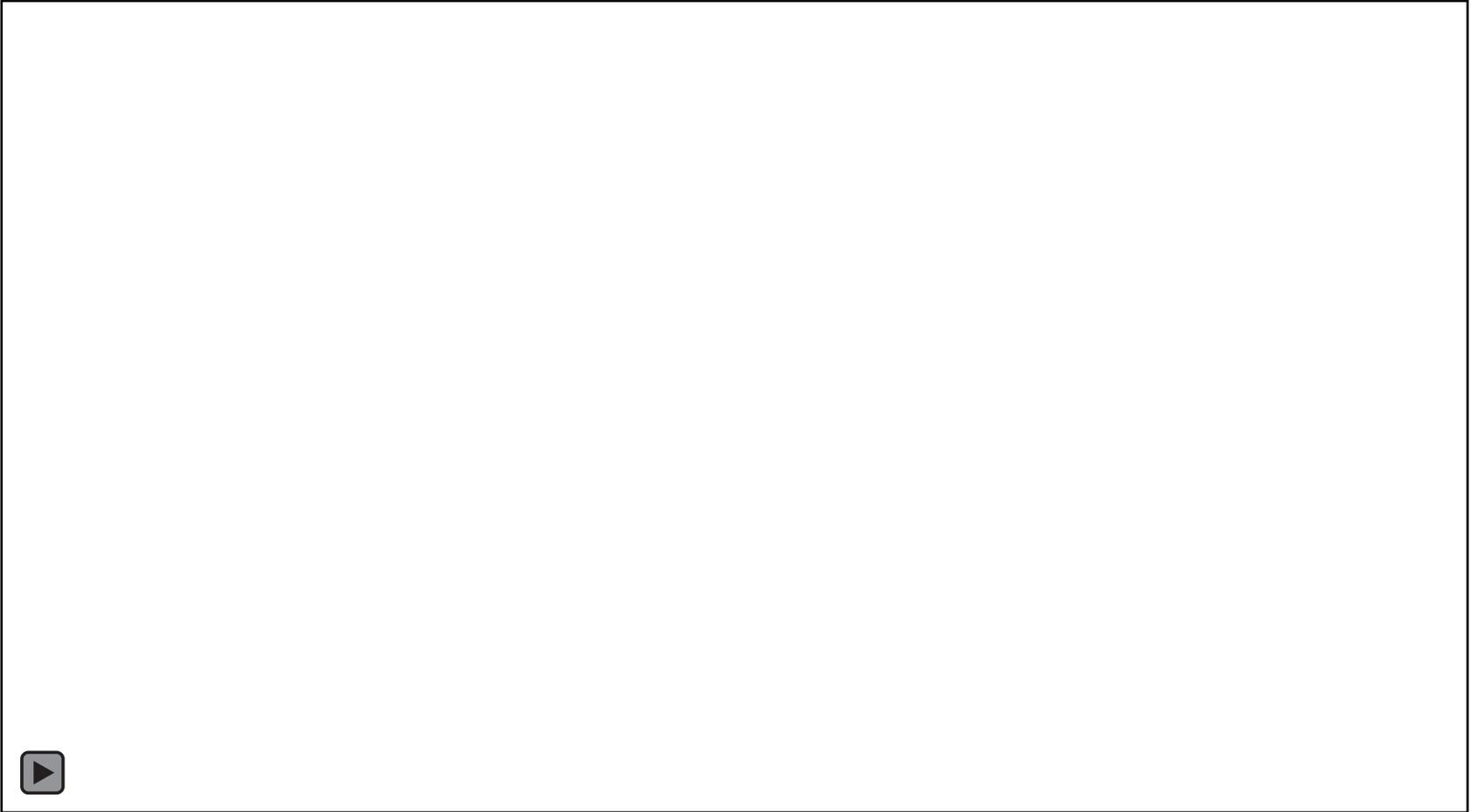
Fast
Digital
Non-destructive
Slide-free
Wide-area

Advantages of LSM for imaging human tissues



Advantage: LSM rapidly images a 3D volume, within which an irregular tissue surface may be digitally extracted and imaged over a range of depths

Light-sheet microscope system demonstration



Outline

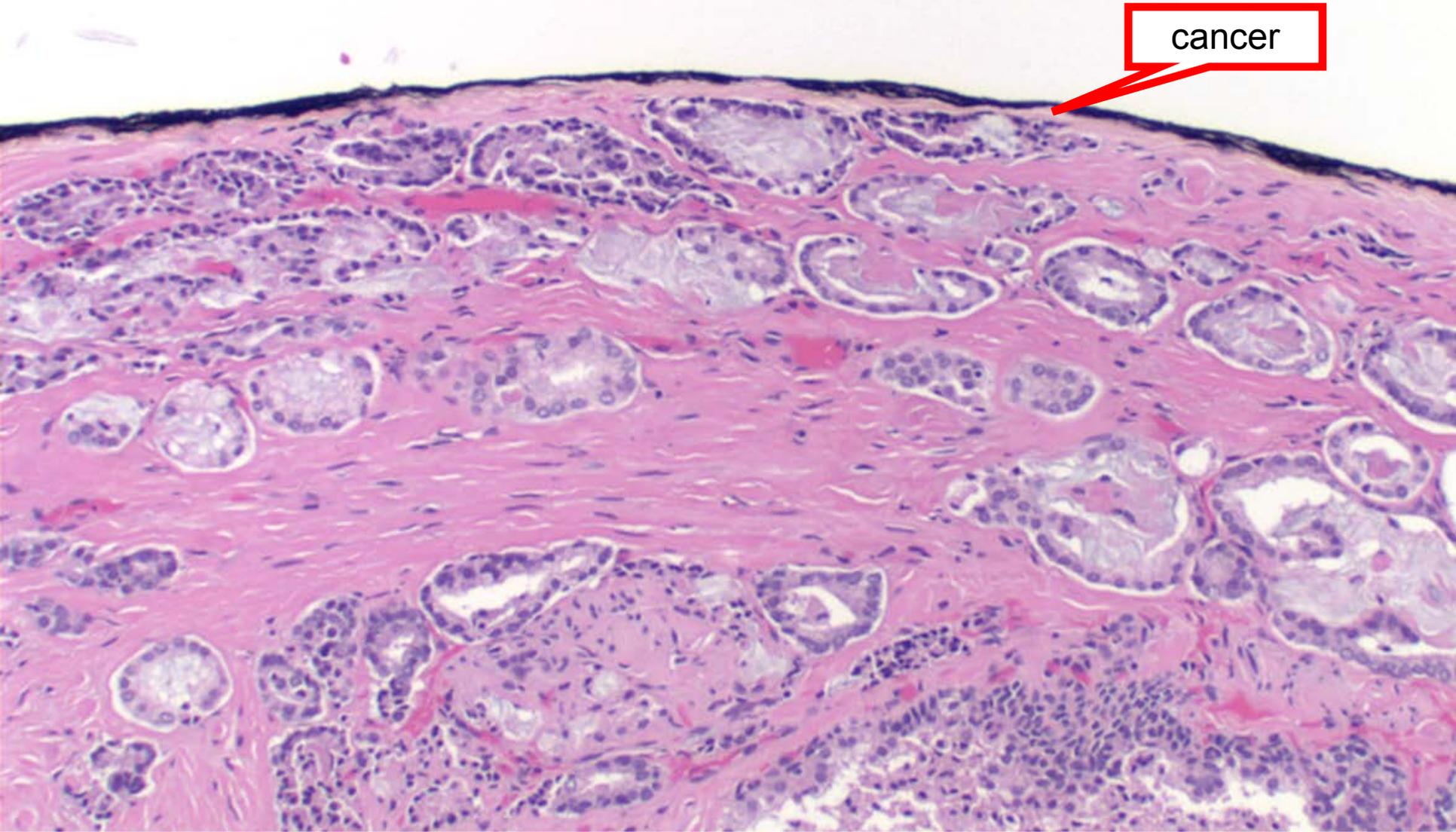
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Motivation for 3D pathology

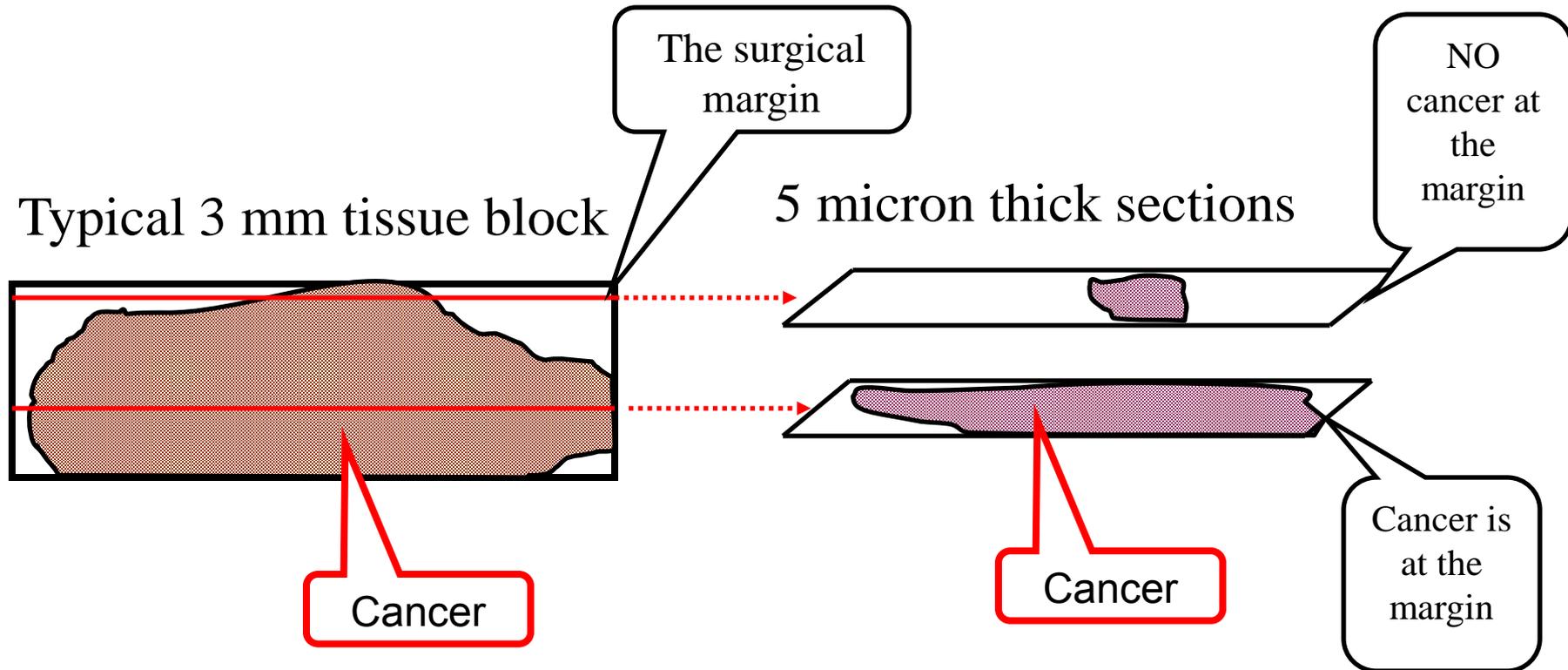
- **To more extensively sample a surgical margin**
 - **Radical prostatectomy**
 - **Mastectomy**
 - **Thyroid, follicular lesions (NIFTY)**
 - **Partial nephrectomy**
 - **Ischemic bowel**
- **To more accurately evaluate the structure of cancers**
 - **Gleason score 6 vs. 7 (3+4)**
 - **Satellite lesions of melanoma**
- **To more accurately determine spatial relationships**
 - **Prostate: Is there extraprostatic extension of cancer?**
How many cancers are there in a prostatectomy?

Prostatectomy: Negative margin

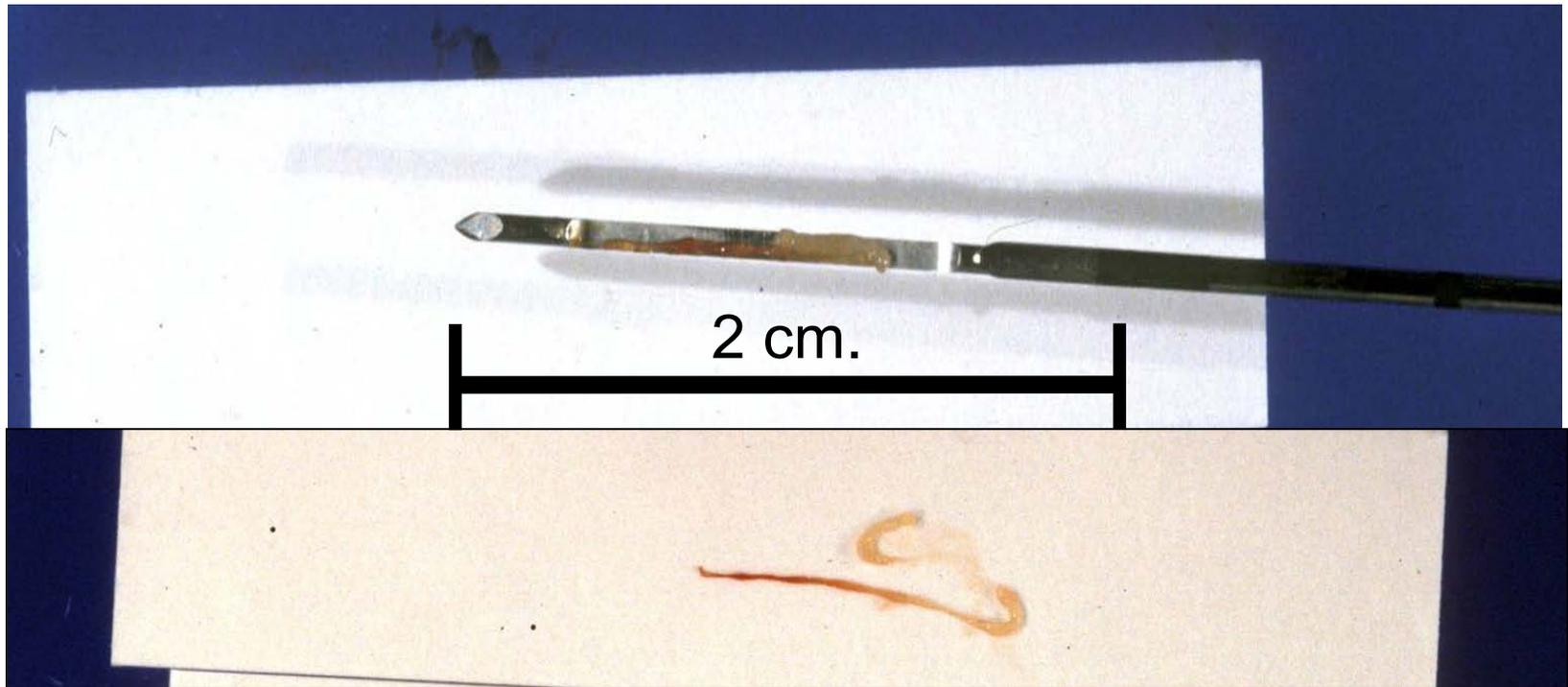
Is cancer at the margin deeper in the block of tissue?



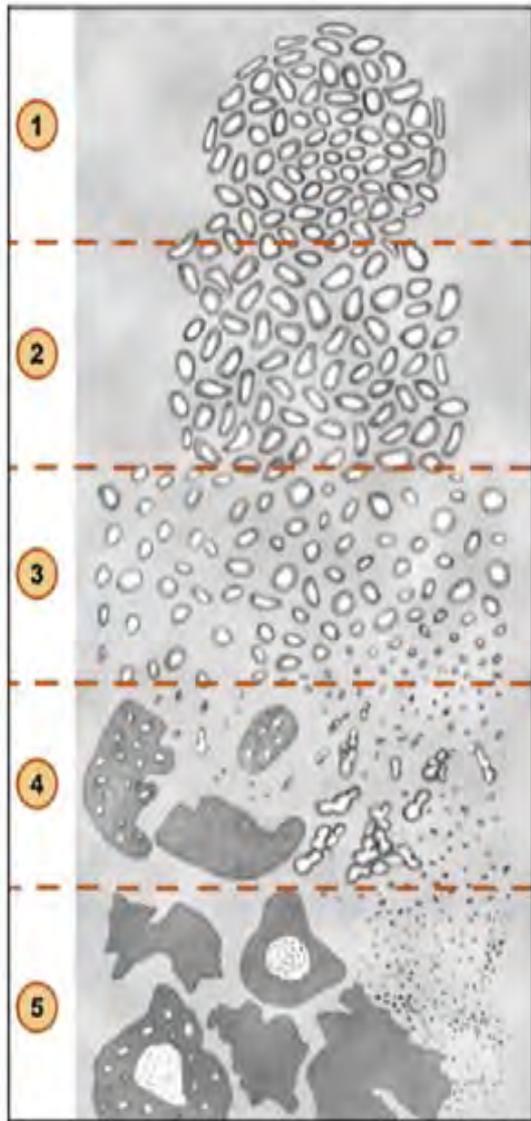
Is cancer at a margin deeper in the block of tissue?



Example prostate core-needle biopsy



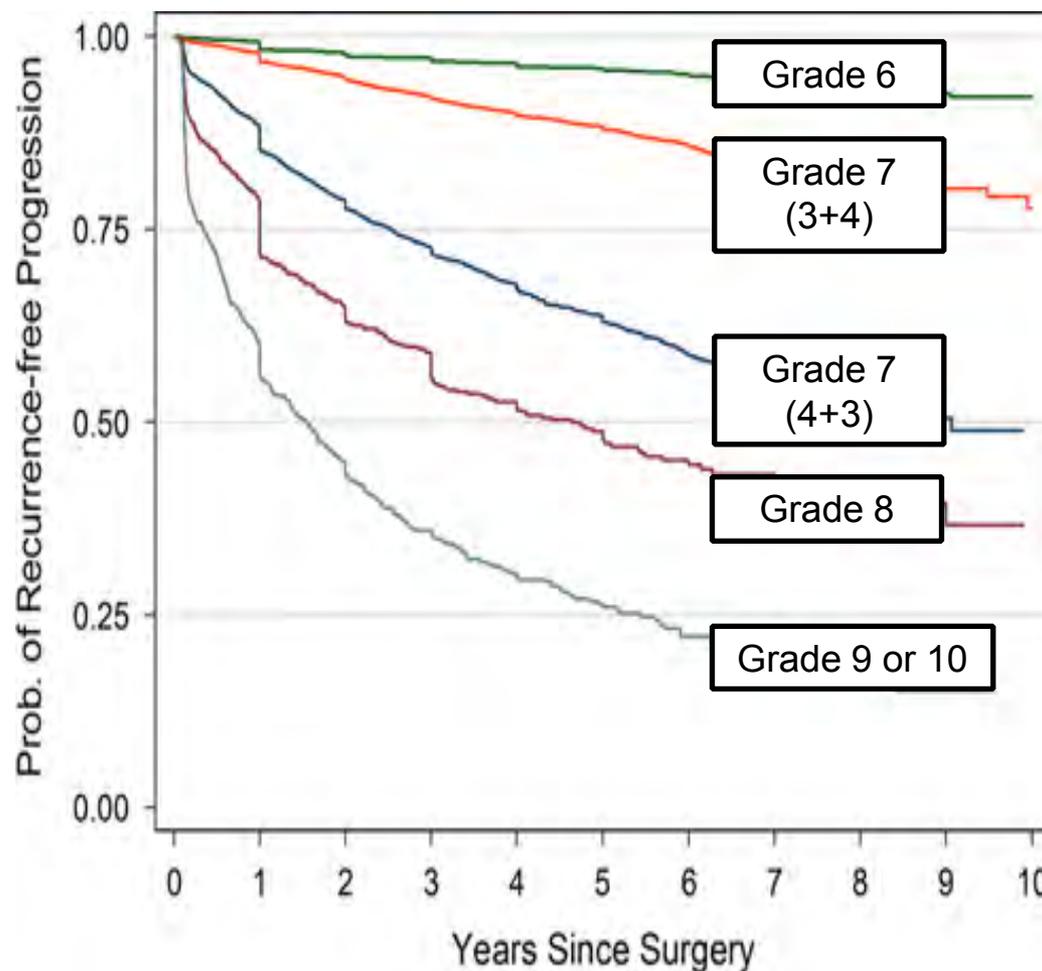
Gleason grading system



**Higher grade
associated with
worse prognosis**

Gleason grade = primary pattern + secondary pattern

Gleason score is used clinically



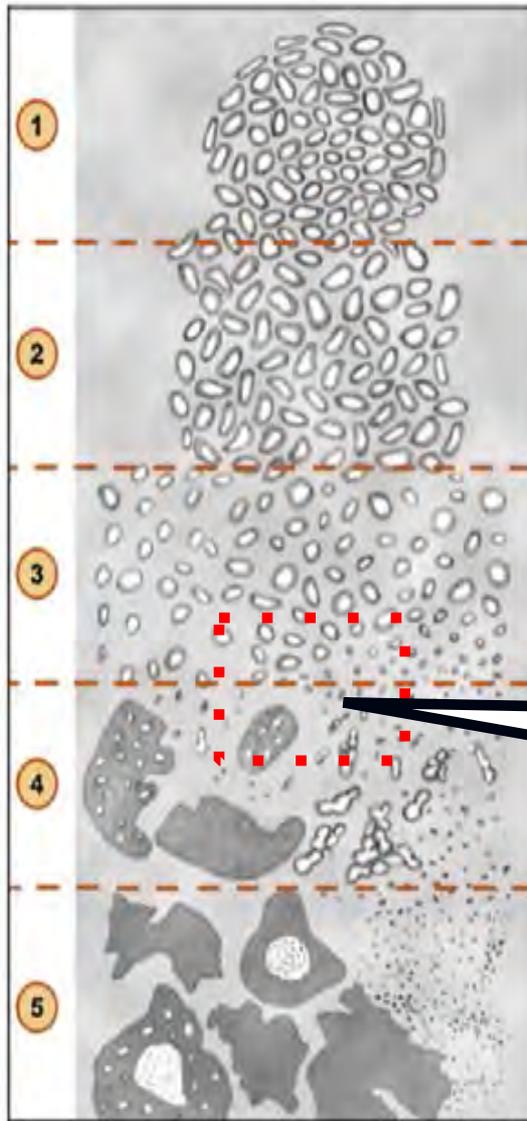
Grade 6	Active surveillance
Grade 7 (3+4)	Either active surveillance or Intent-to-Cure Therapy
Grade 7 (4+3)	Intent-to-Cure Therapy
Grade 8	Intent-to-Cure Therapy ± Neoadjuvant Therapy
Grade 9 or 10	Neoadjuvant Therapy



Active surveillance: Periodic monitoring and biopsies
Intent-to-Cure therapy: Surgery vs. Radiation (Seed implants/brachytherapy or External beam radiation therapy)
Neoadjuvant therapy: Chemotherapy before Intent-to-Cure therapy

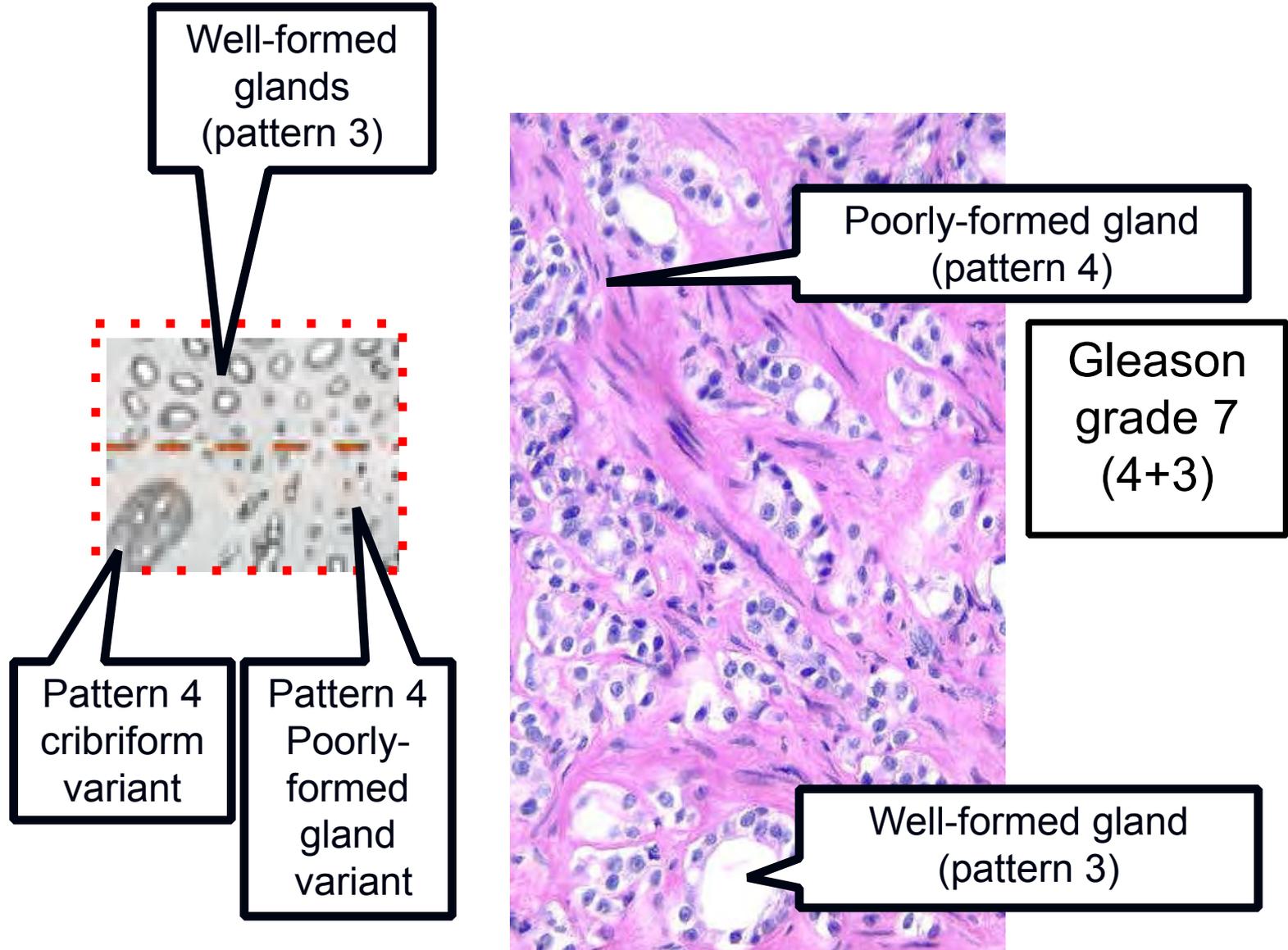
Difficulties in Gleason grading

A source of inter-pathologist variance in grading



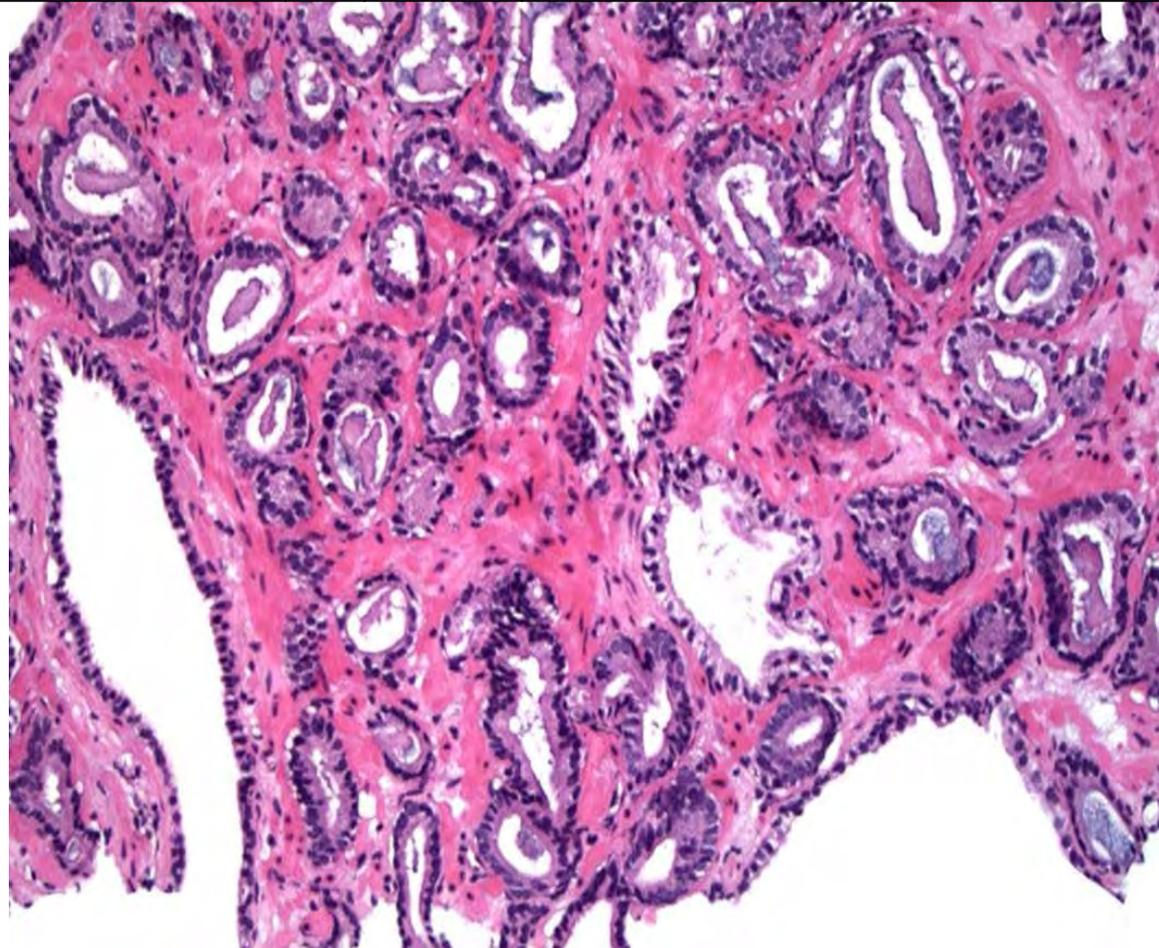
Distinguishing tangential sections of pattern 3 glands from poorly formed glands (pattern 4 glands)

Difficulties in Gleason grading



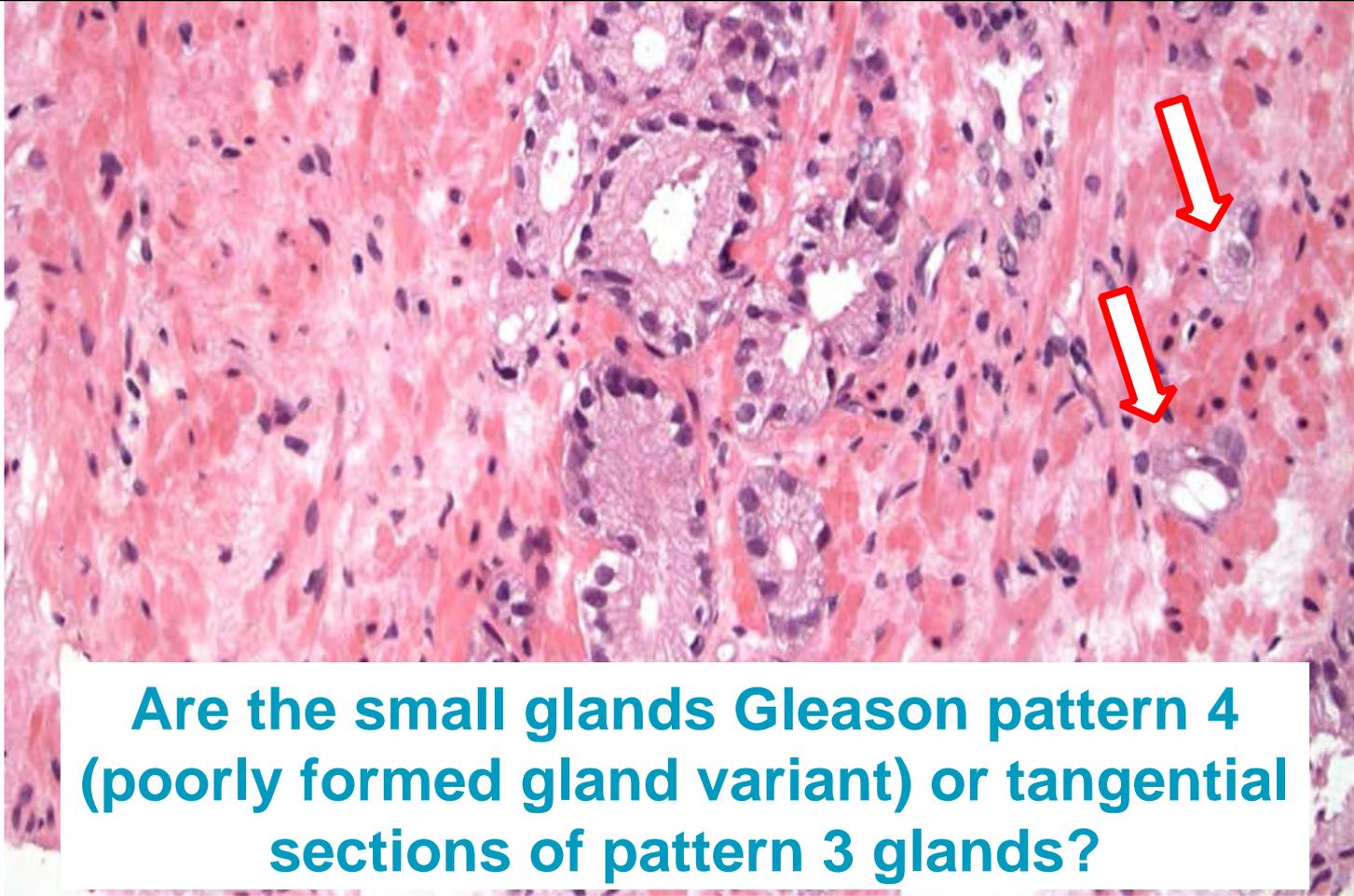
Consensus: Gleason pattern 3

Gleason score	6	7	>7	<i>comment</i>
# of pathologists	7			Well formed cancer glands



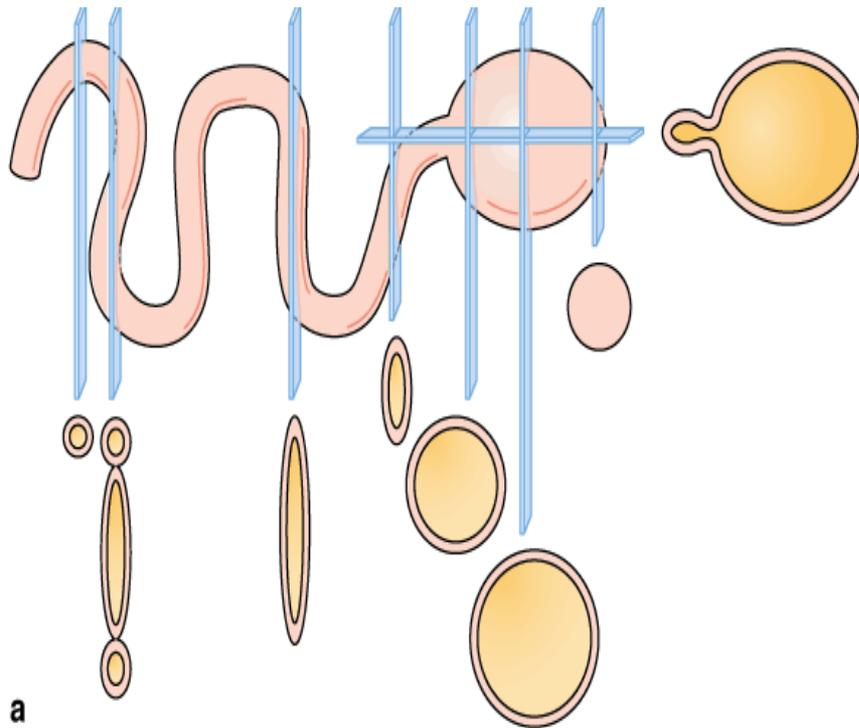
No consensus: Gleason pattern 3 versus 4

Gleason score	6	7	>7	<i>comment</i>
# of pathologists	4	3		Poorly formed glands vs. tangential sections of well-formed glands????



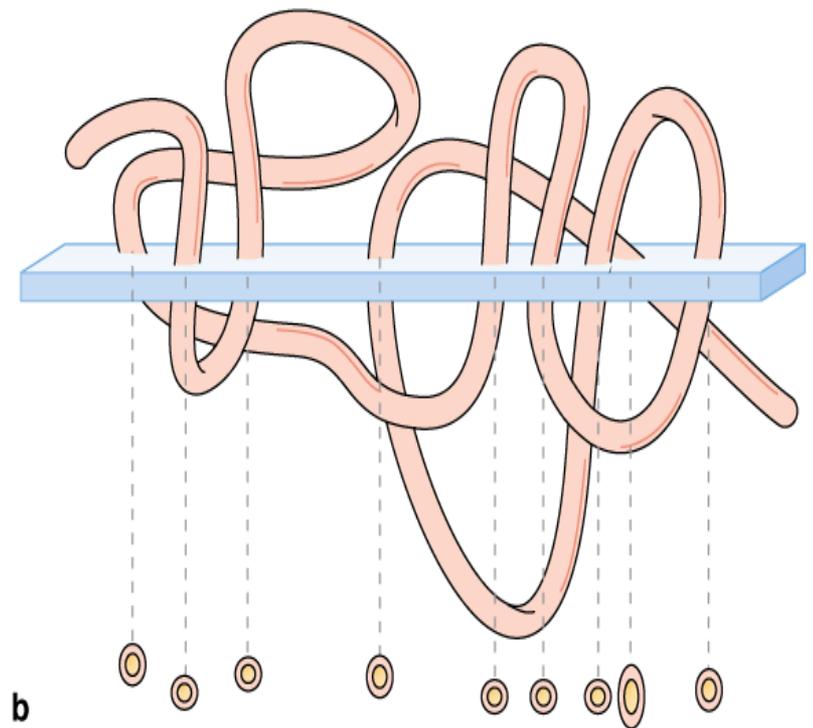
Are the small glands Gleason pattern 4 (poorly formed gland variant) or tangential sections of pattern 3 glands?

Theoretical model of tangentially sections glands



Source: Mescher AL: *Junqueira's Basic Histology: Text and Atlas, 12th Edition*: <http://www.accessmedicine.com>

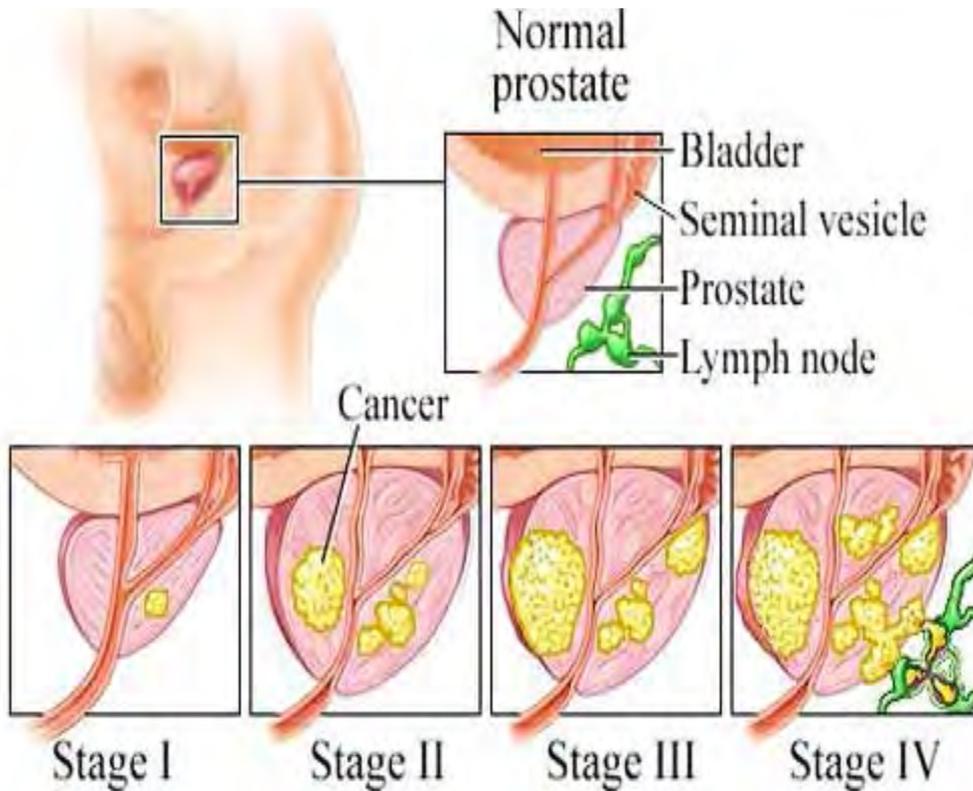
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Source: Mescher AL: *Junqueira's Basic Histology: Text and Atlas, 12th Edition*: <http://www.accessmedicine.com>

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Sampling and relationships

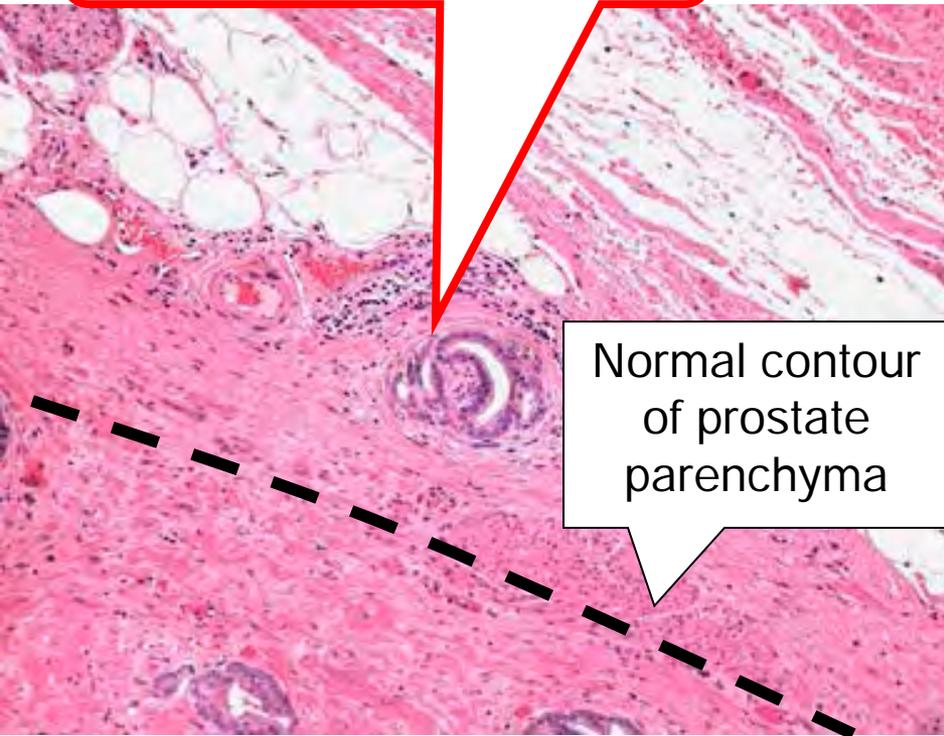


Important tumor parameters affected by sampling

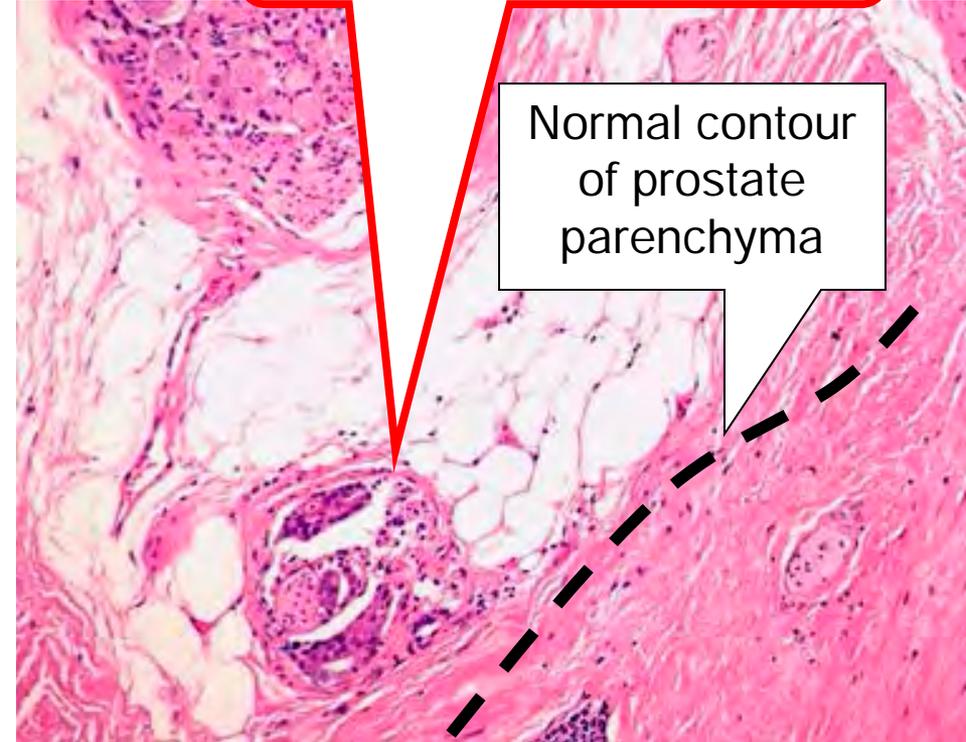
- Size
- Grade
- Extent
- Margins

Extraprostatic extension (focal)

Stage pT3a cancer

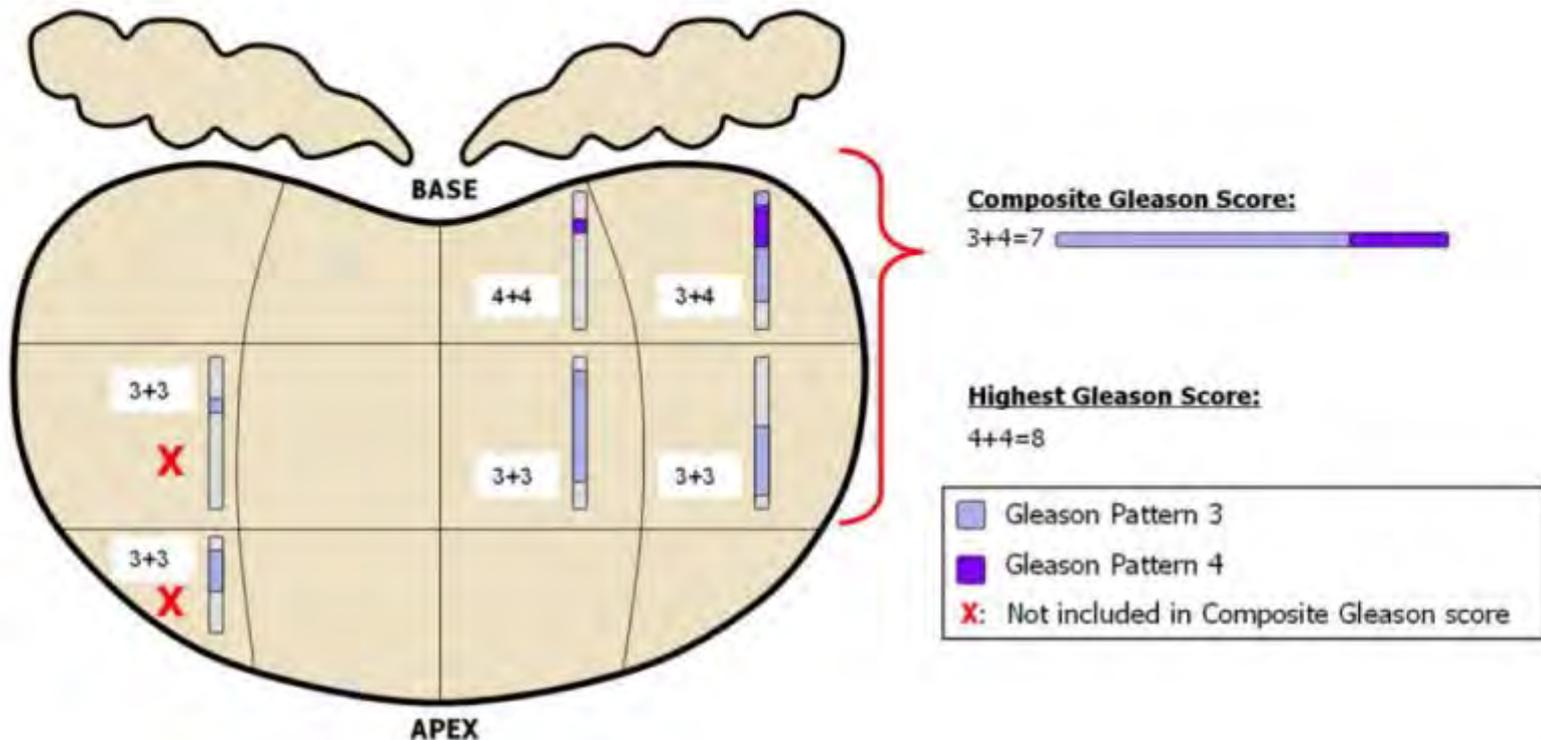


Stage pT3a cancer



Spatial Relationships: Prostatectomy

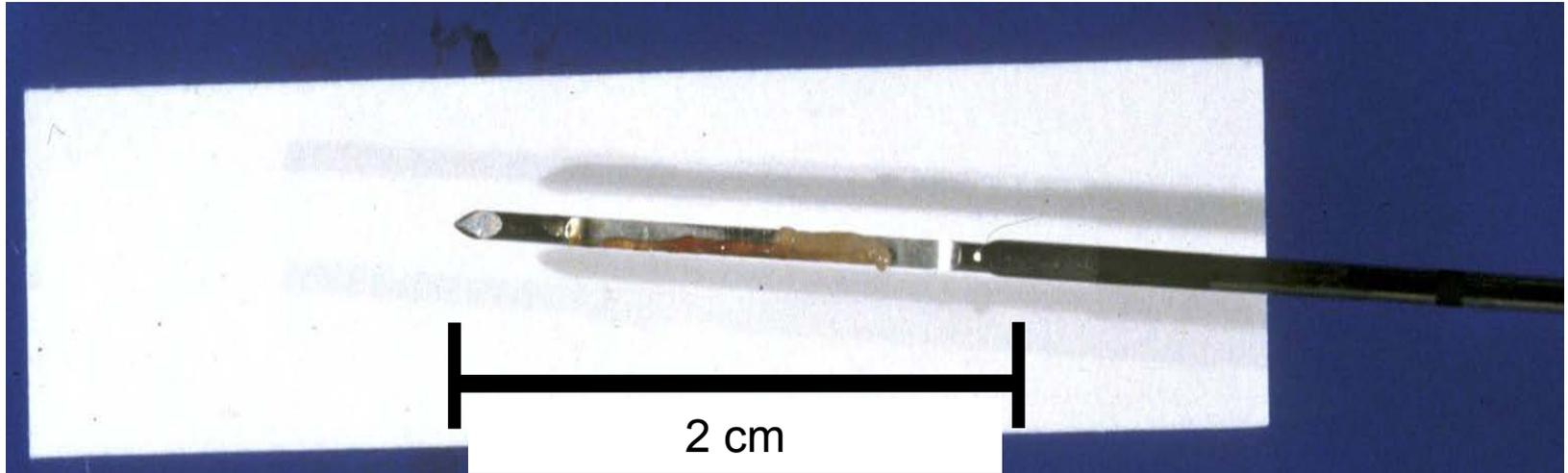
Are these 2 separate cancers?



Outline

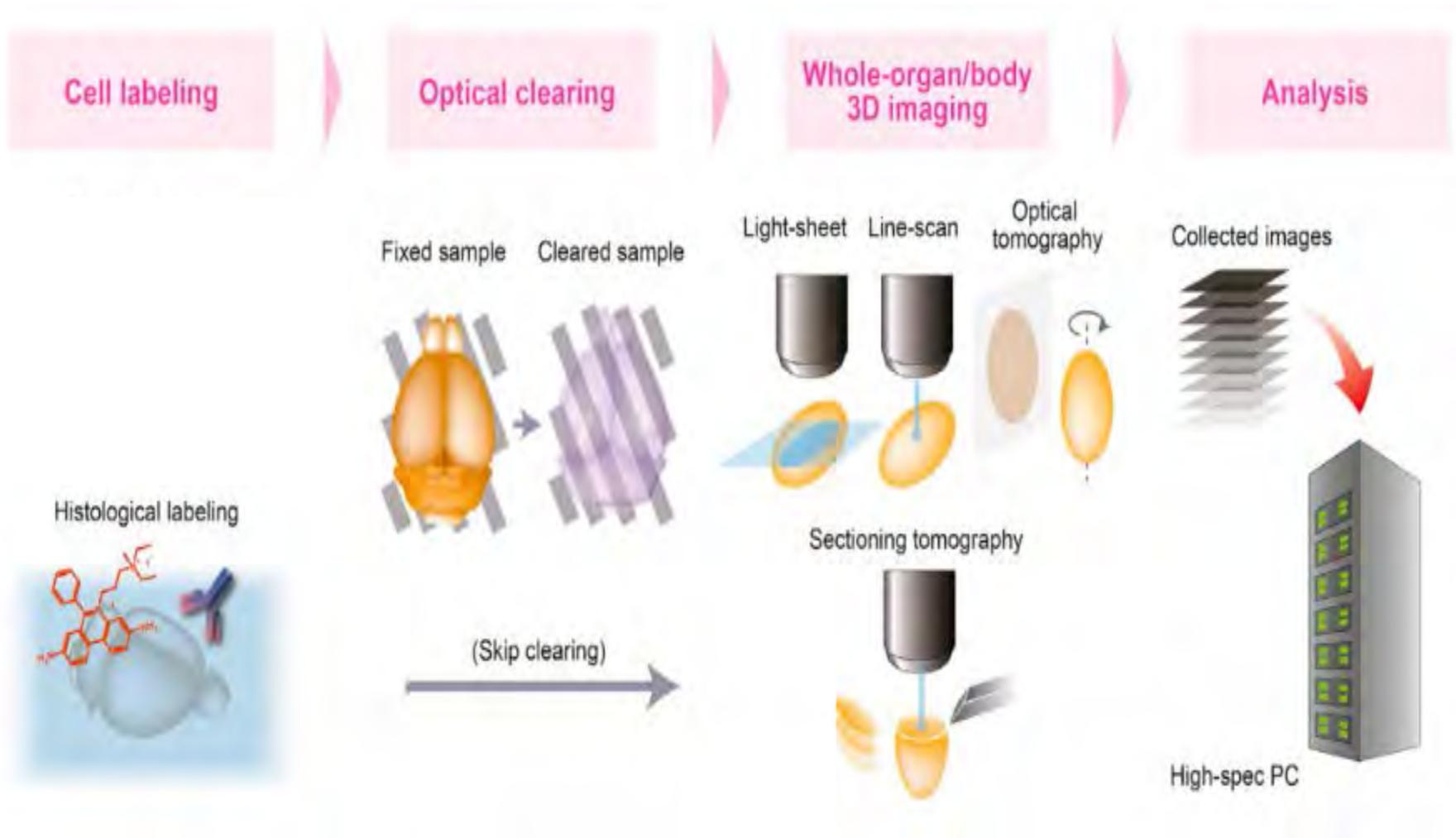
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Prostate core needle biopsy (fresh and opaque)

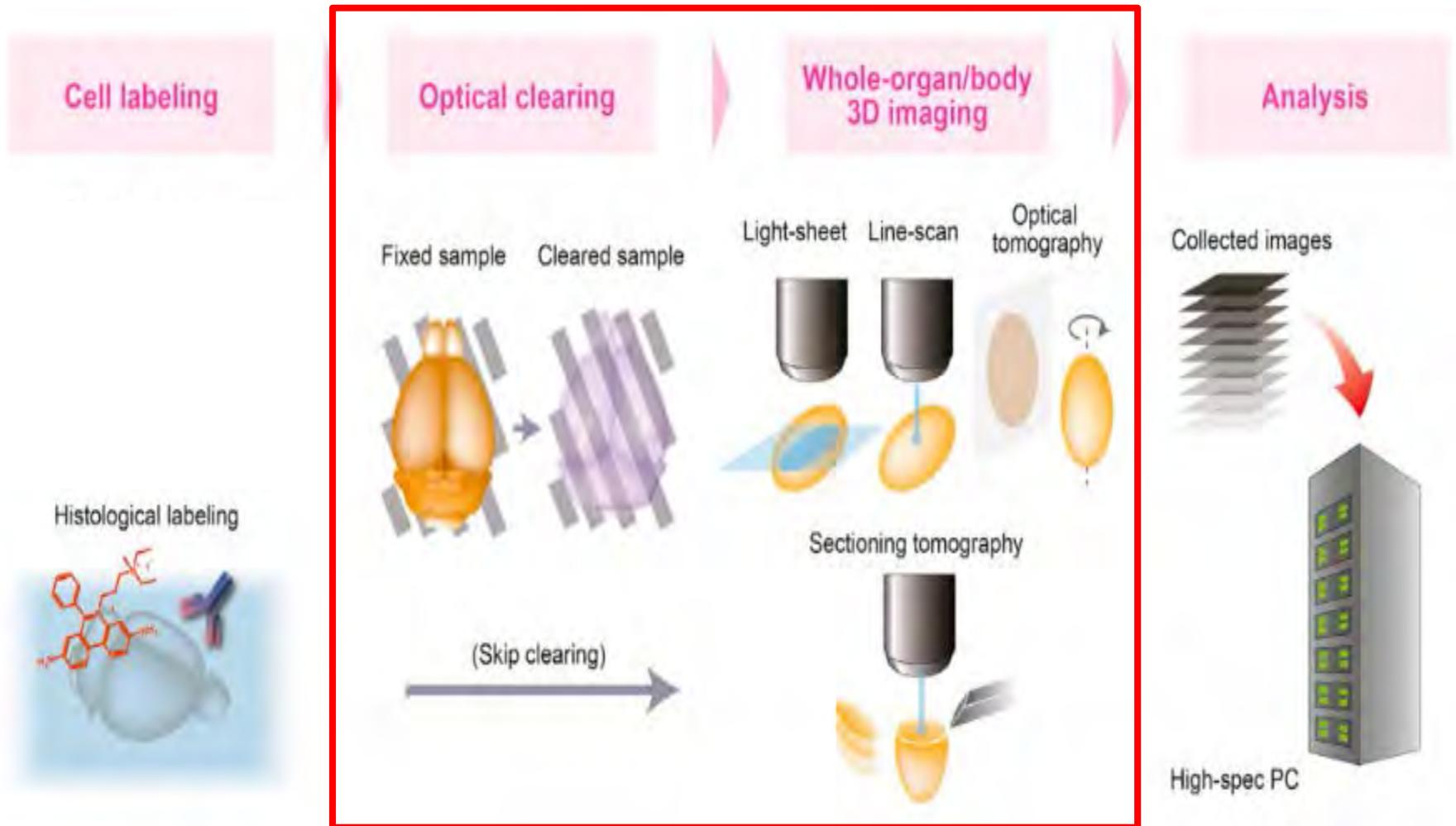


1 mm

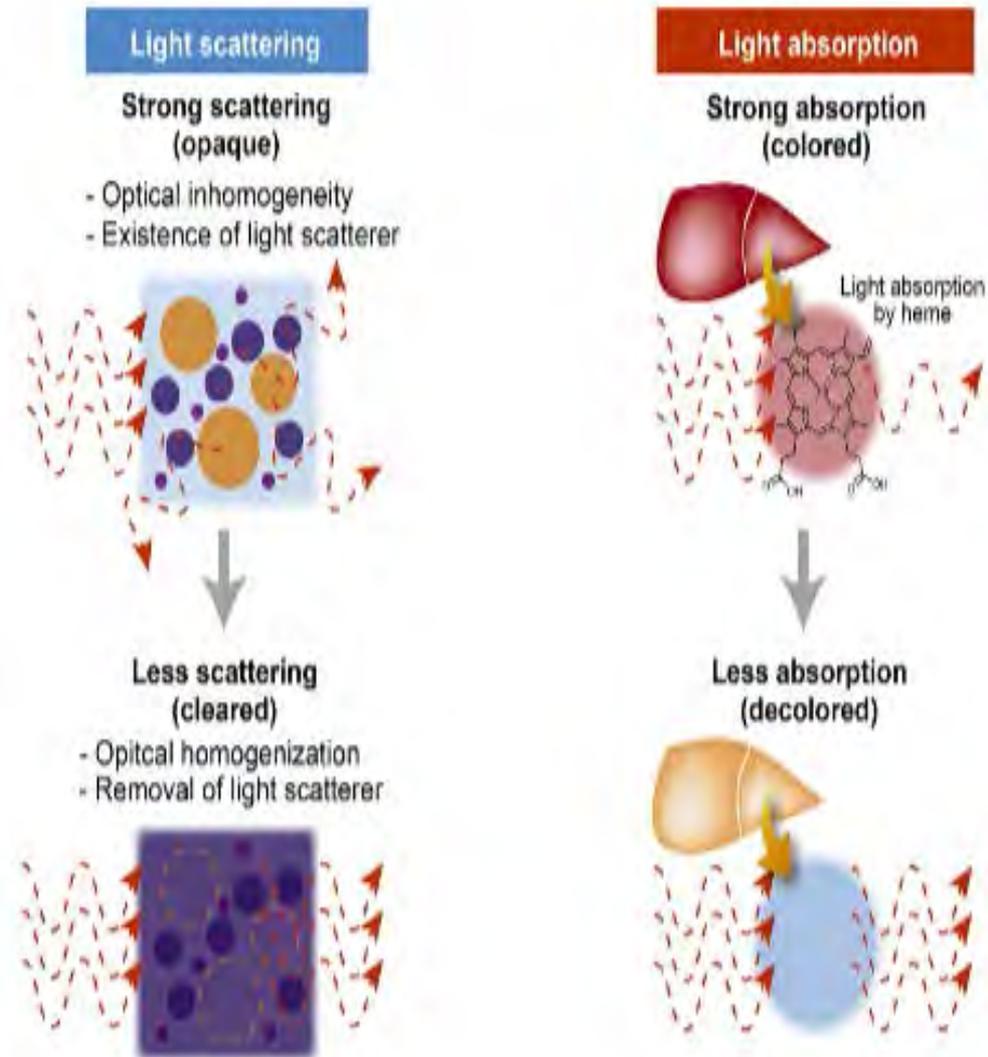
3D imaging workflow



3D imaging workflow

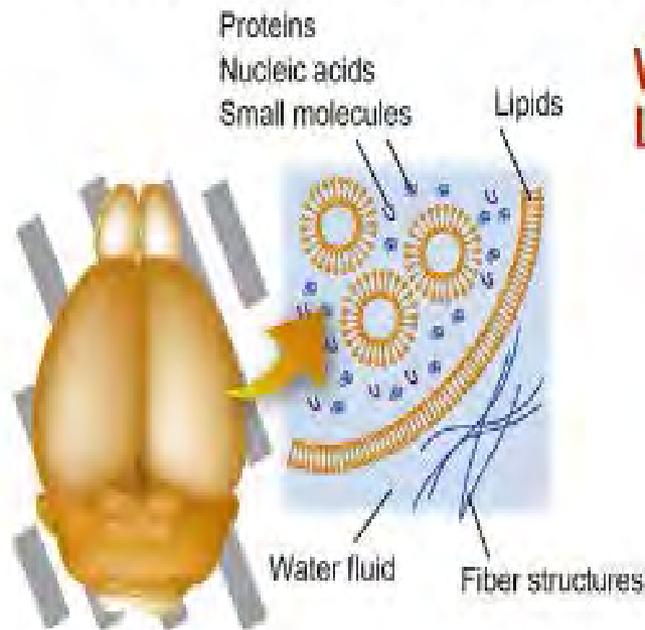


Tissue clearing



Tissue clearing

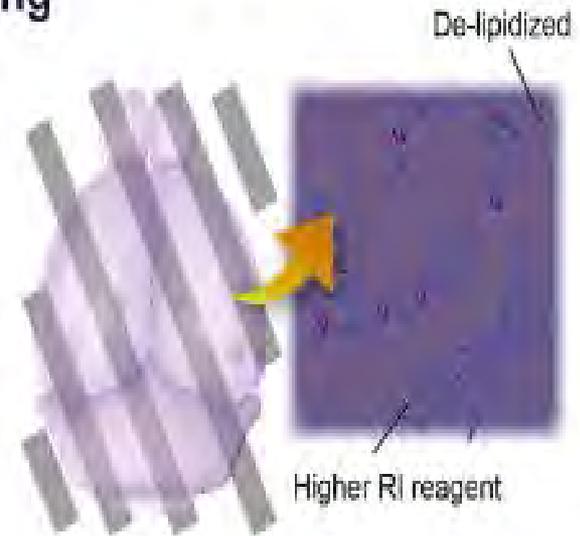
Strong scattering (opaque)



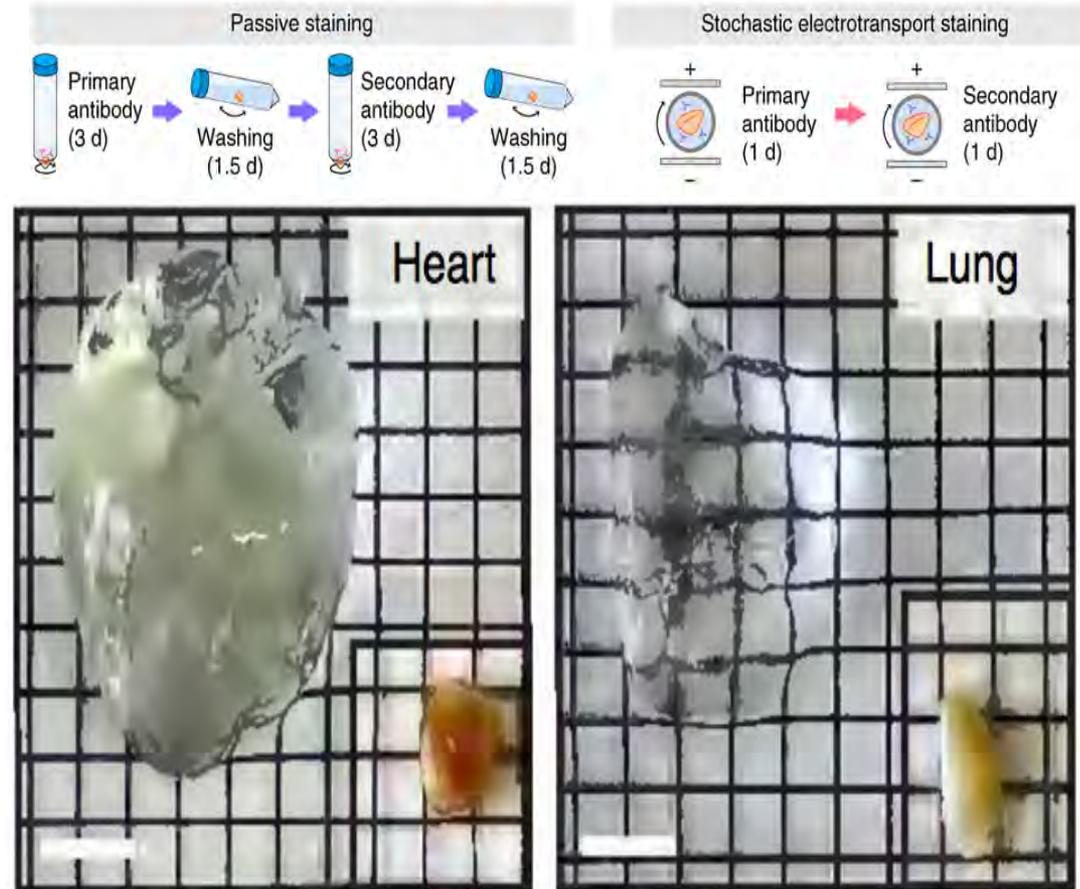
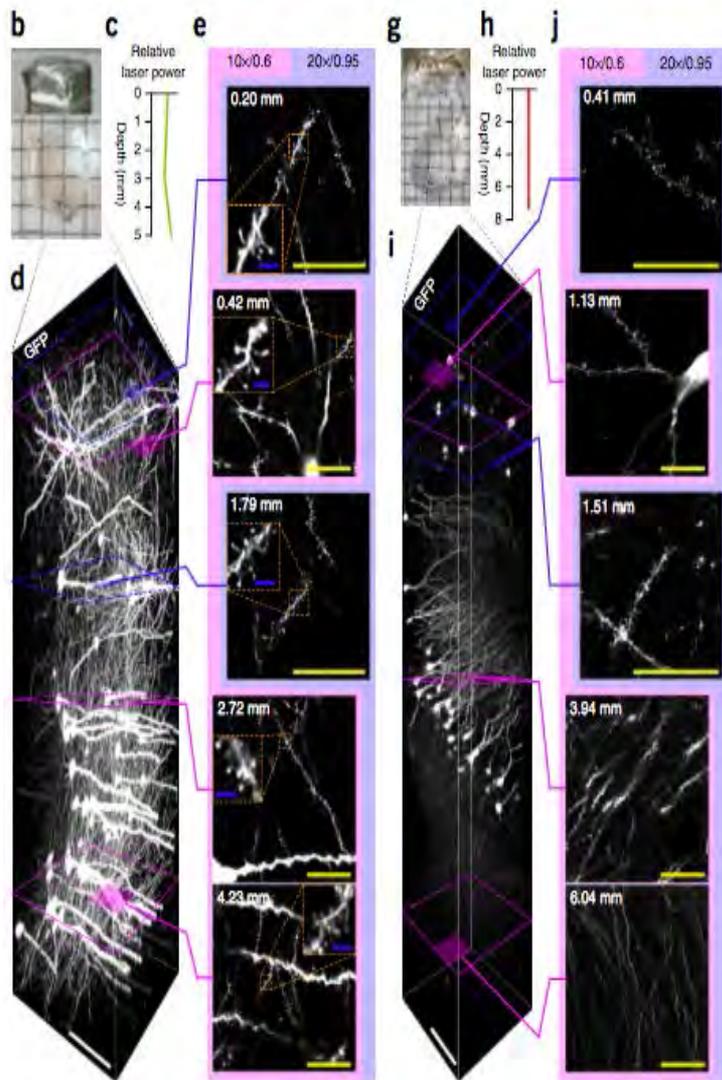
Water RI matching
Lipid reagent



Less scattering (cleared)



Elaborate tissue clearing protocol



Ku T, et al. Multiplexed and scalable super-resolution imaging of three-dimensional protein localization in size-adjustable tissues. *Nat Biotechnol.* 2016;34(9):973-81

Rapid tissue clarification for 3D pathology

Aqueous clearing solution +



C12OC(O[C@@H]1O[C@@H](O[C@@H]3OC(O)[C@H](O)[C@@H]3O)CO)O[C@@H]2O
Sucrose
RI - 1.44
(60% w/v in water)

OCC(O)CO
Glycerol
RI - 1.44
(80% w/v in water)

NC=O
Formamide
RI - 1.44 (95%)

C1C(O)[C@H](O)[C@@H](CO)O1
Fructose
RI - 1.50
(130% w/v in water @ 37C)

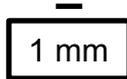
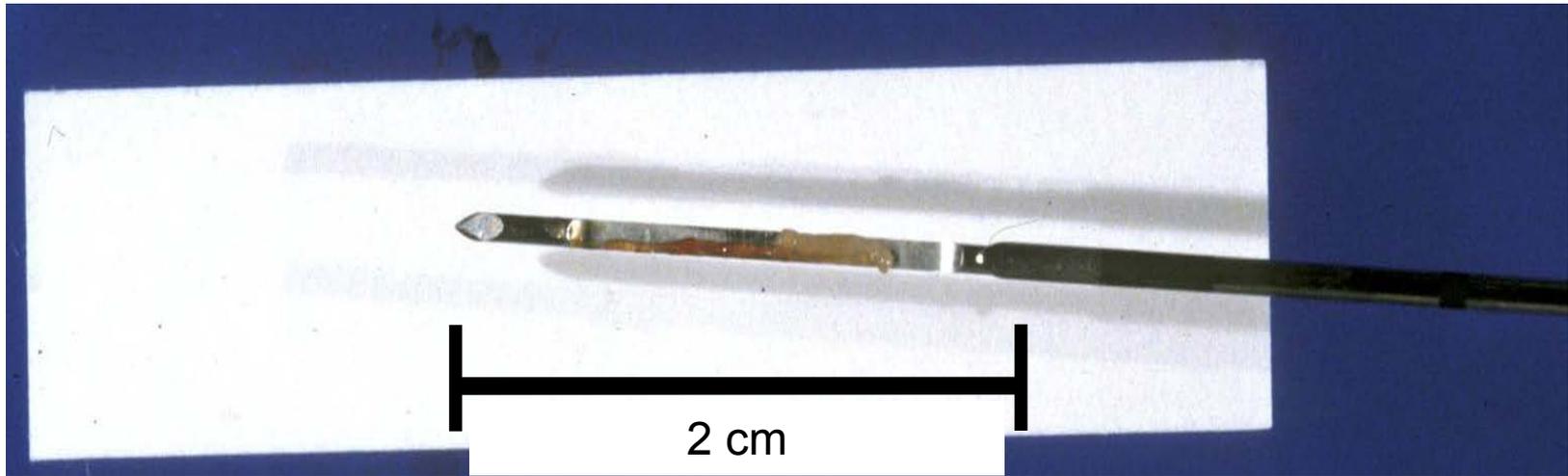
O=C(O)c1c(O)c(O)c(O)c1C(=O)O
Diatrizoic Acid
RI - 1.40 (0.74M)

OCCSCCO
2,2'-thiodiethanol
RI - 1.51
(97% v/v in water)
RI - 1.45
(60% v/v in water)

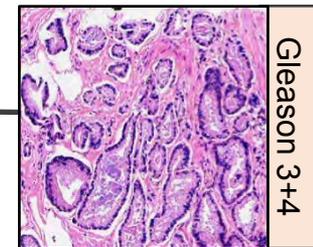
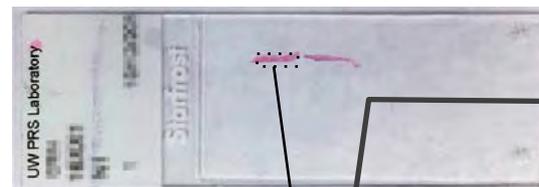
TDE

For core needle biopsies, clearing achieved in ~15 minutes

Prostate core needle biopsy procedure



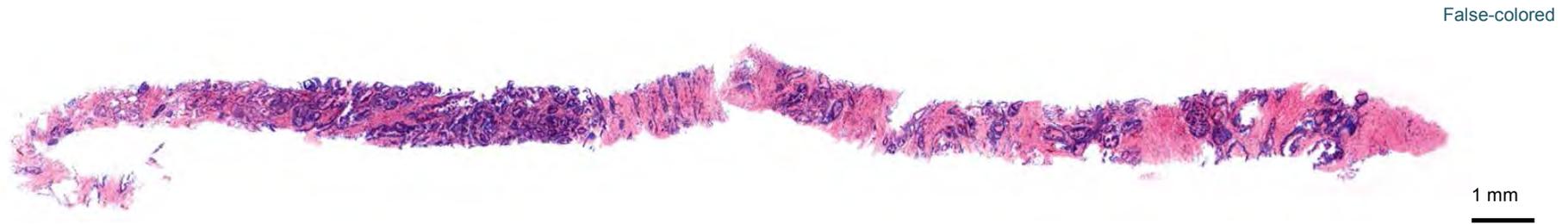
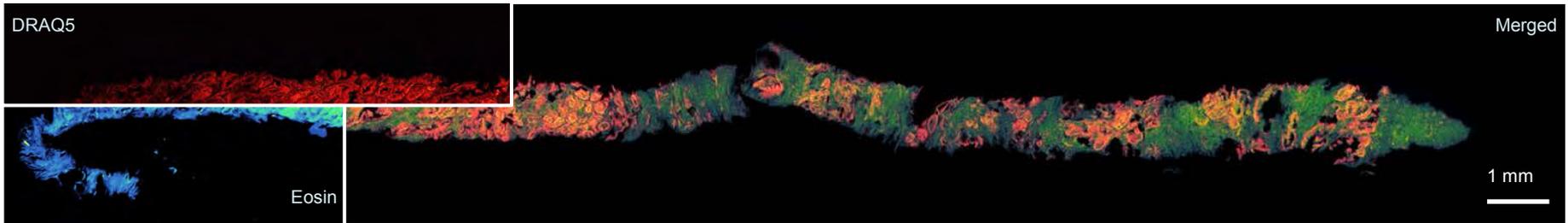
2D traditional H&E



- Rapid: 30 minutes to stain, clear, and image
- Does not alter H&E

False-color H&E imaging

DRAQ5 and Eosin dual-channel fluorescent staining and imaging of human prostate core-needle biopsy



Example false-colored H&E result

Nuclear stain (DRAQ5, $\lambda_{ex} = 660 \text{ nm}$, $\lambda_{em} = 680 \text{ nm}$)



'Digital' histology



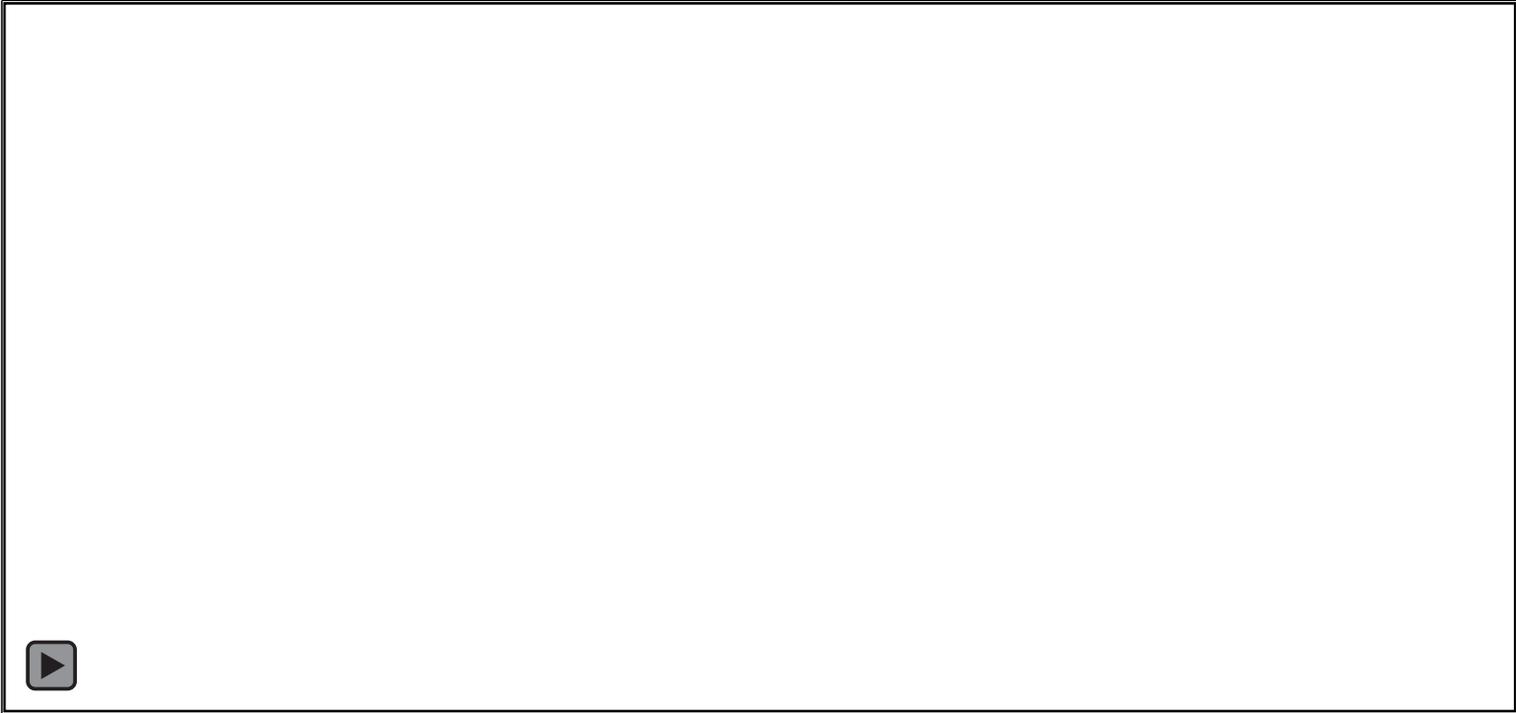
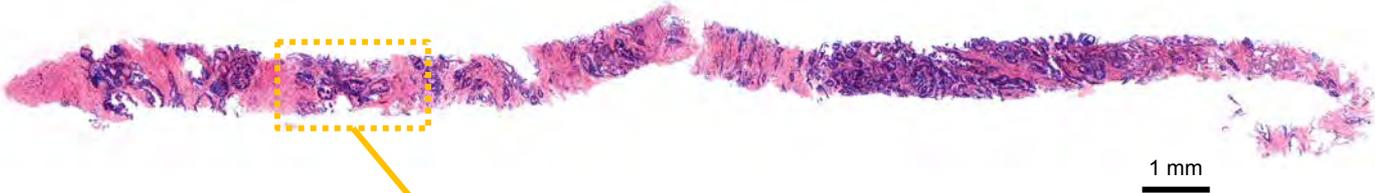
Cytoplasmic stain (Eosin, $\lambda_{ex} = 488 \text{ nm}$, $\lambda_{em} = 500 \text{ nm}$)



Outline

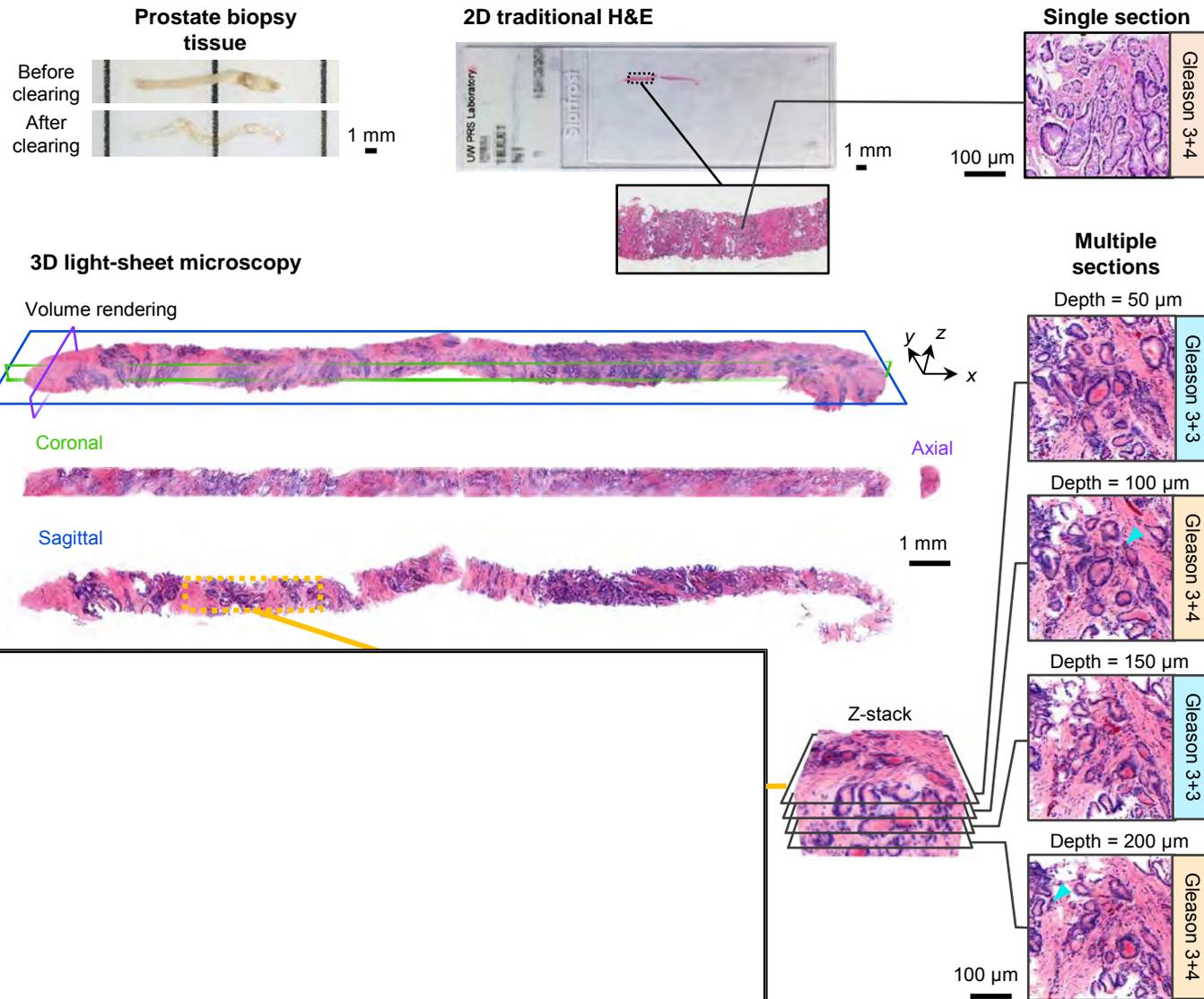
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Volumetric imaging of human prostate core-needle biopsy



Glaser et al, *Nature Biomedical Engineering*. 2017
Profiled on Dr. Francis Collins NIH Director's Blog

Voumetric imaging of human prostate core-needle biopsy



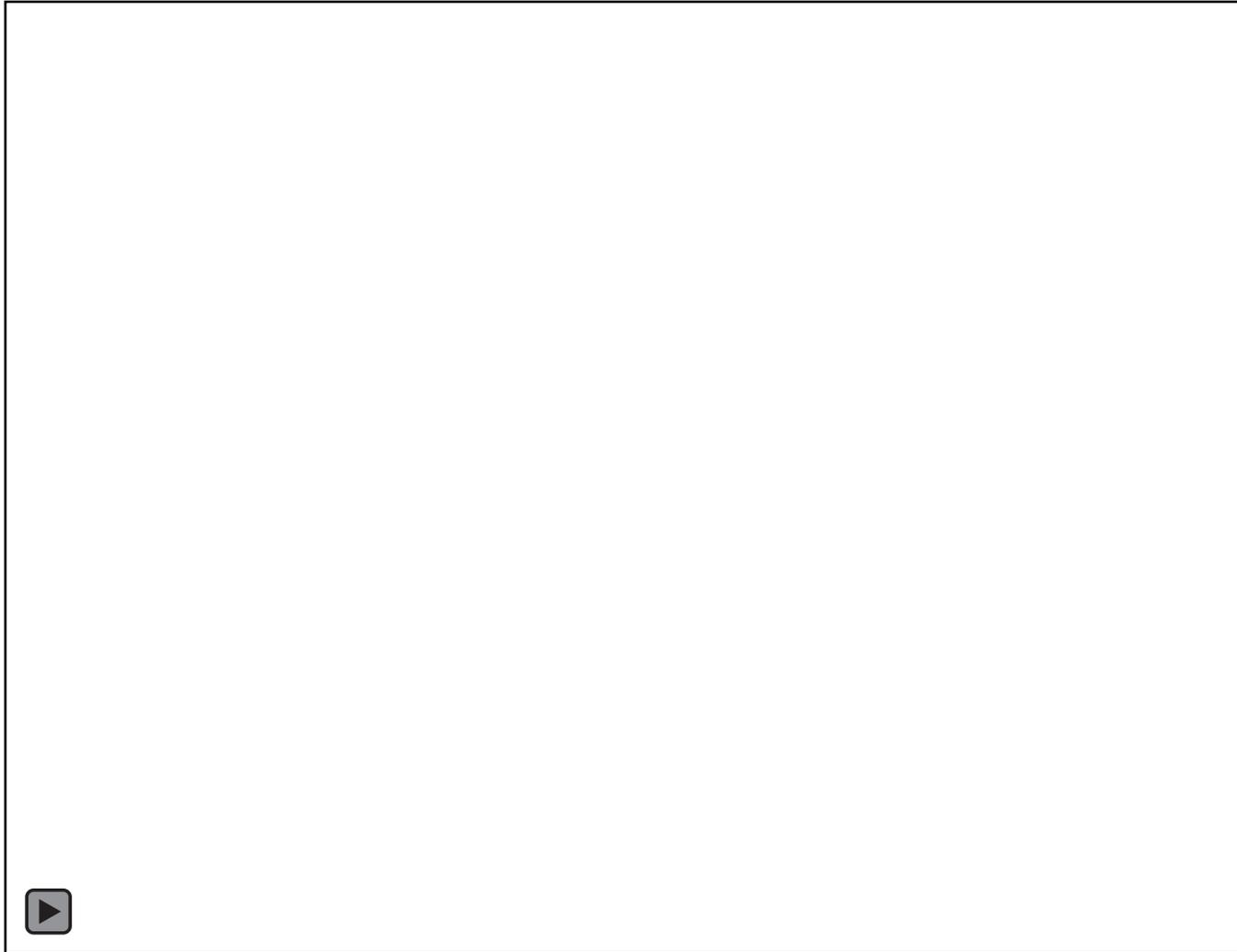
3D pathology of a prostate core needle biopsy



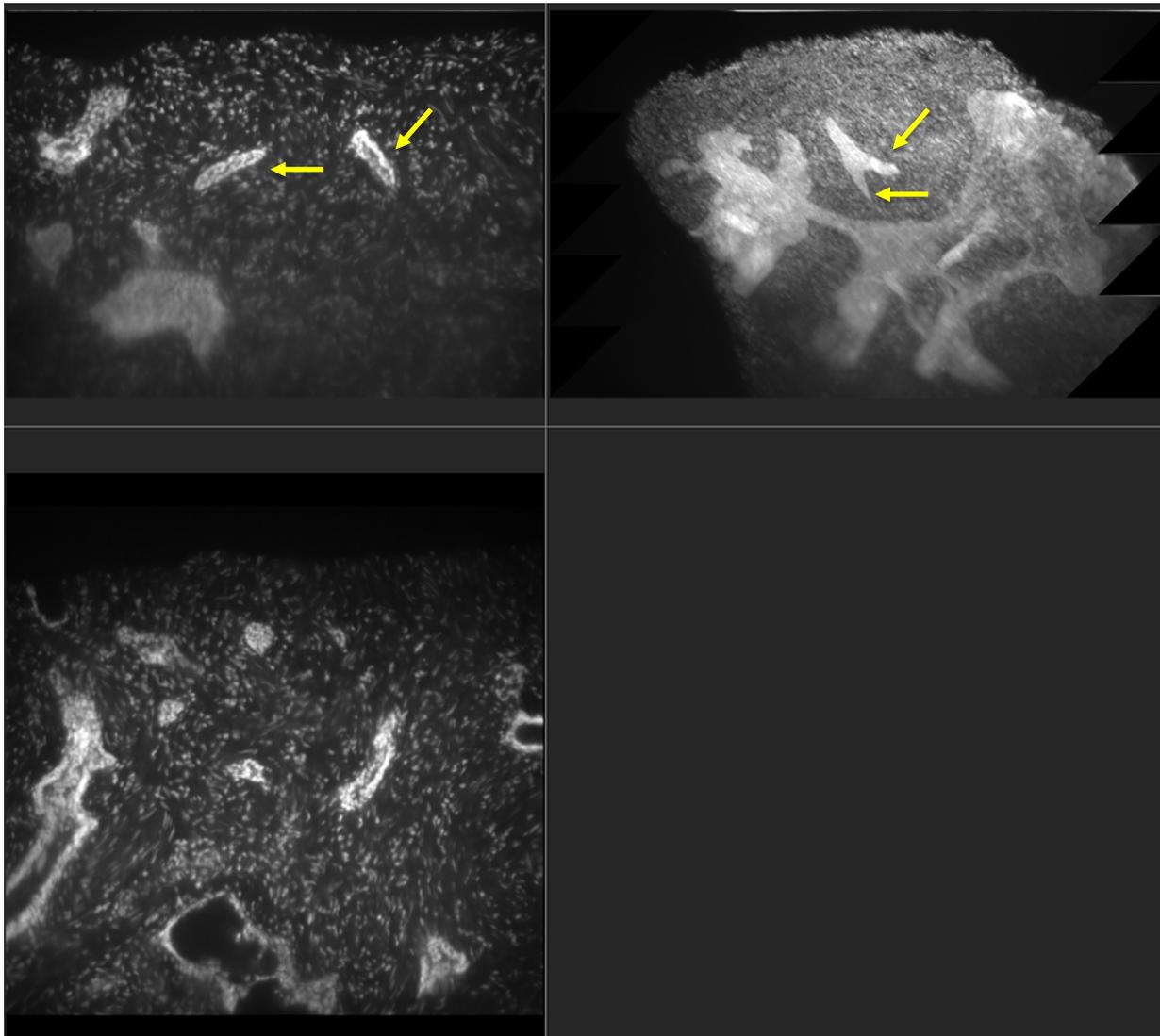
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Glaser AK, et al. Assessing the imaging performance of light sheet microscopies in highly scattering tissues. *Biomed Opt Express*. 2016;7(2):454-66.

3D pathology – prostate glandular structure



3D pathology – prostate glandular structure



3D pathology – 3D IHC



- **3D CK8 IHC of mouse prostate: highlights 3D glandular topology**

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Clinical applications of 3D microscopy

- **Better pathology using 3D**
 - Reduced sampling errors
 - Non-destructive comprehensive 3D imaging
 - 3D Immunofluorescence phenotyping

- **Advantages over conventional pathology:**
 - Speed and cost (fresh unprocessed tissue)
 - Non-destructive (allows downstream molecular diagnostics of tissue)

Challenges of 3D pathology

- **1. Image processing**
 - Mosaicking
 - Segmentation
 - Deconvolution

- **2. Image presentation**
 - Data storage
 - Compression
 - Visualization

Challenges of 3D pathology (continued)

- **3. Image interpretation**
 - How do we interpret 3D data?
 - Computer-aided diagnosis (CAD)
 - Machine learning / automated interpretation
- **4. Clinical acceptance, FDA approval, and reimbursement**

Acknowledgements

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Mr. Chengbo Yin

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Ms. Erin McCarty



UW eScience

Dr. Ariel Rokem
Dr. Amanda Tan
Dr. Rob Fatland

UW CoMotion

Forest Bohrer
Ken Myer
Mike Connolly

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NIH / NIDCR – R01 DE023497

NIH / NCI – R01 CA175391

Department of Defense Prostate Cancer Research Program

NIH / NCI - PO1 CA163227

UW Royalty Research Fund

ITHS Collaboration Innovation Award

UW CoMotion Innovation Award

Gordon and Betty Moore Foundation - Data Science Environments Project Award

Alfred P. Sloan Foundation Award



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DATE	TOPIC	SPEAKER(s)
11/7	Rapid examination of fresh tissue using light-sheet microscopy	Nicholas P. Reder, MD, MPH

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The CAP In Vivo Microscopy Resource Guide – see handout

- The IVM resource guide highlights current IVM articles and other resources that assist in understanding and potentially adopting IVM and EVM
 - Printed guides are available for members (\$39) and non-members (\$69)
 - The digital copies of all four Resource Guides are a complimentary member benefit
 - Access them www.cap.org > Resources and Publications



IVM Short Presentations on Emerging Concepts (SPECs) – see handout

- IVM SPECs are:
 - Short PowerPoints, created for pathologists
 - Useful for educating pathologists colleagues about IVM and GI specialist on the role and value of pathologists in IVM
- IVM SPEC Topics:
 - In Vivo Microscopy (IVM): A New Role for Pathologists
 - IVM of the GI Tract
 - Ex Vivo Microscopy (EVM): A New Tool for Pathologists **(NEW)**

Access them www.cap.org > Resources and Publications



CAP17 The Pathologists' Meeting – IVM Highlights

- Visit the IVM Table at the **Fellowship Fair** to find out about IVM and EVM fellowships that you can participate in
- Learn about CAP's in vivo microscopy resources and talk with fellow members who are pioneering these technologies at the **CAP's IVM Resources Booth** in the Exhibit Hall
- Sign up for the complimentary breakfast workshop **Justifying the Introduction of Emerging Technologies into a Pathology Department: How to Develop a Business Plan**
- **Register at www.cap.org/cap17**



IVM Topic Center Page on CAP.ORG

- **Check the IVM Topic Center for continued updates and for all your IVM resources**

www.cap.org > Search for “IVM Topic Center”

THANK YOU!

- Thank you for attending our webinar “**Light-sheet microscopy for 3D pathology**” by Nicholas P. Reder, MD, MPH and Lawrence D. True, MD
 - For comments about this webinar or suggestions for upcoming webinars, contact ivminfo@cap.org
 - NOTE: There is no CME/CE credit available for today’s complimentary webinar. The pdf of the presentation will be sent out in a week.



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