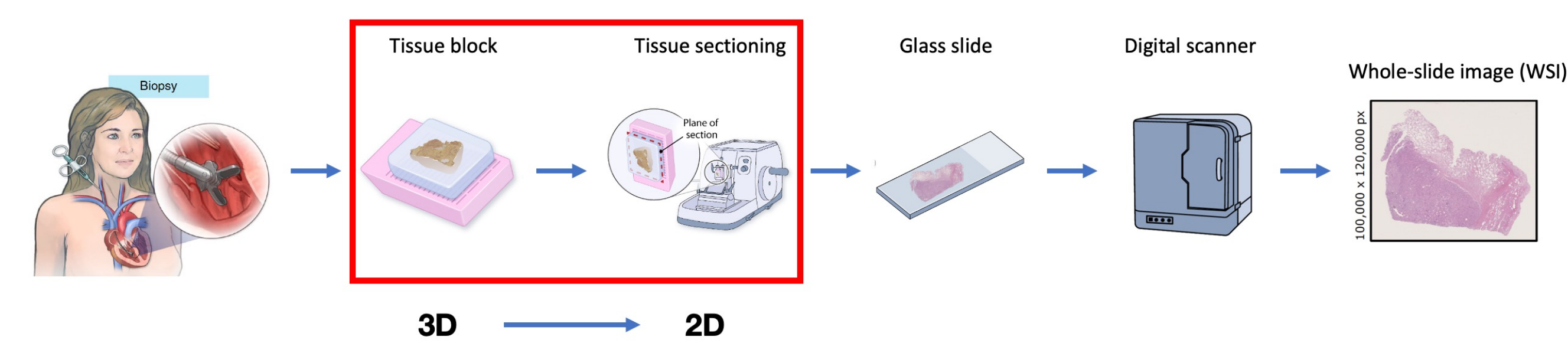


Motivation

Human tissue is inherently 3D!



However, the current clinical/computational practice entirely focuses on *thinly-sliced 2D tissue sections* [1,2]. This leads to ⇒ **Sampling bias and misdiagnosis** due to heterogeneous tissue volume ⇒ **Mischaracterization of 3D morphological structure** [3]

3D pathology paradigm can address these limitations!

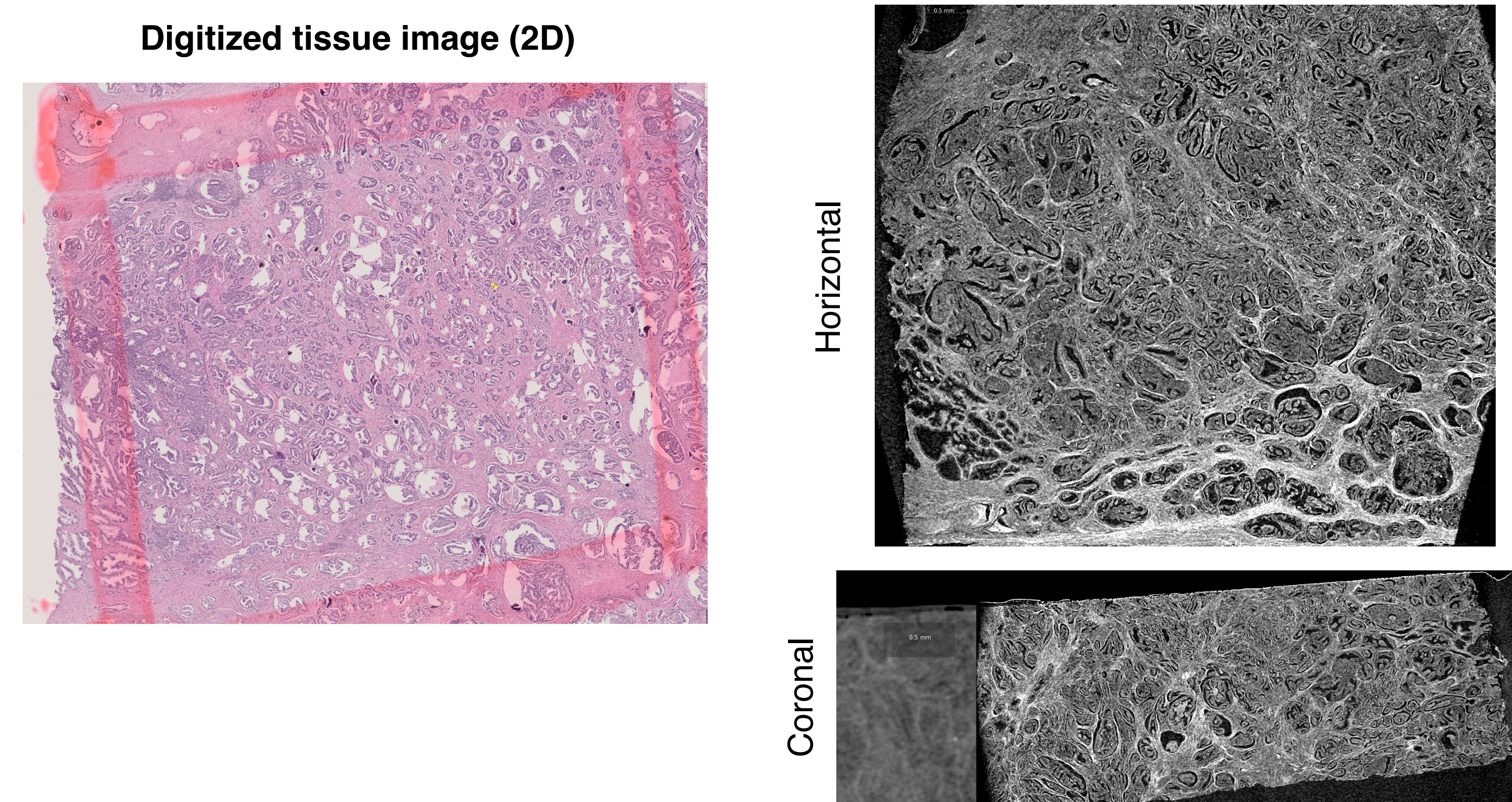
The current state of 3D pathology

3D pathology requires innovations in hardware and software

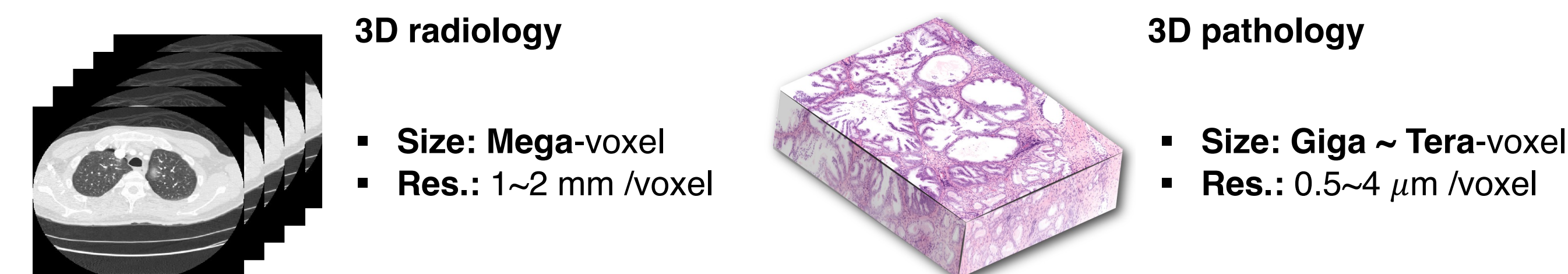
High-resolution 3D imaging modalities (hardware)



Examples of 3D pathology image (Prostate cancer)

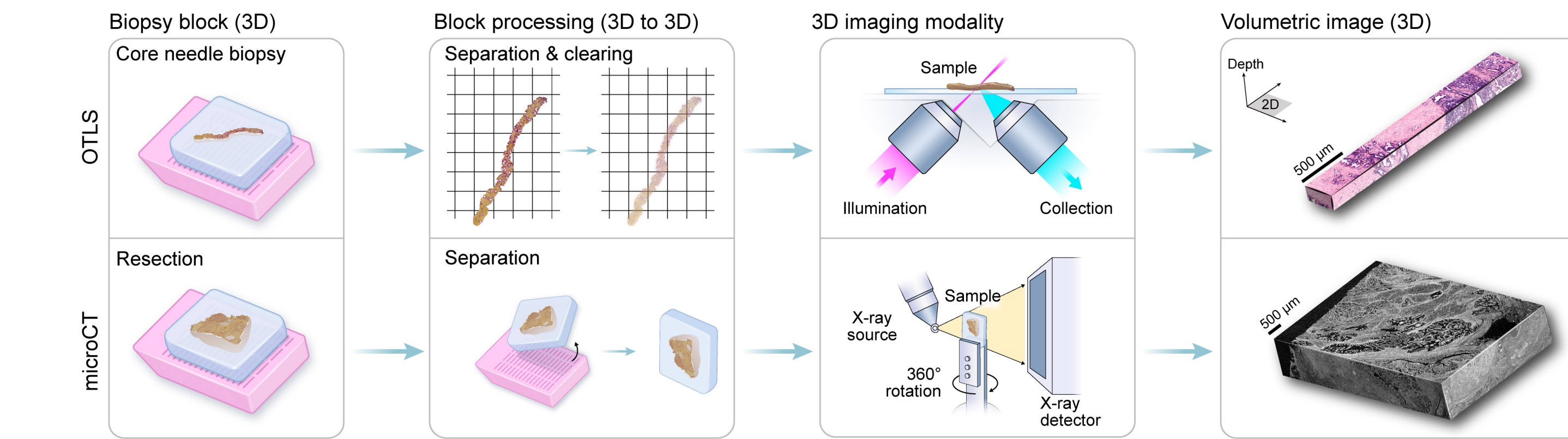


No computational pipeline to process volumetric data exists!

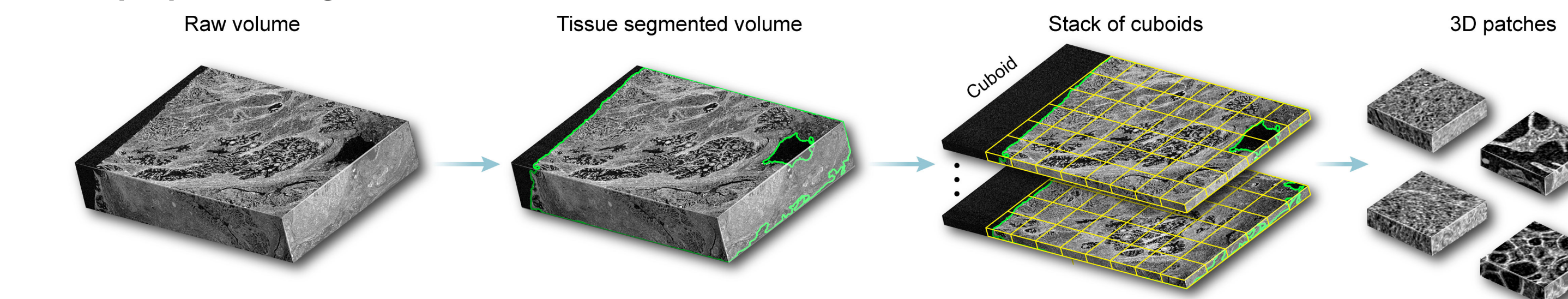


TriPath: 3D computational pathology toolbox

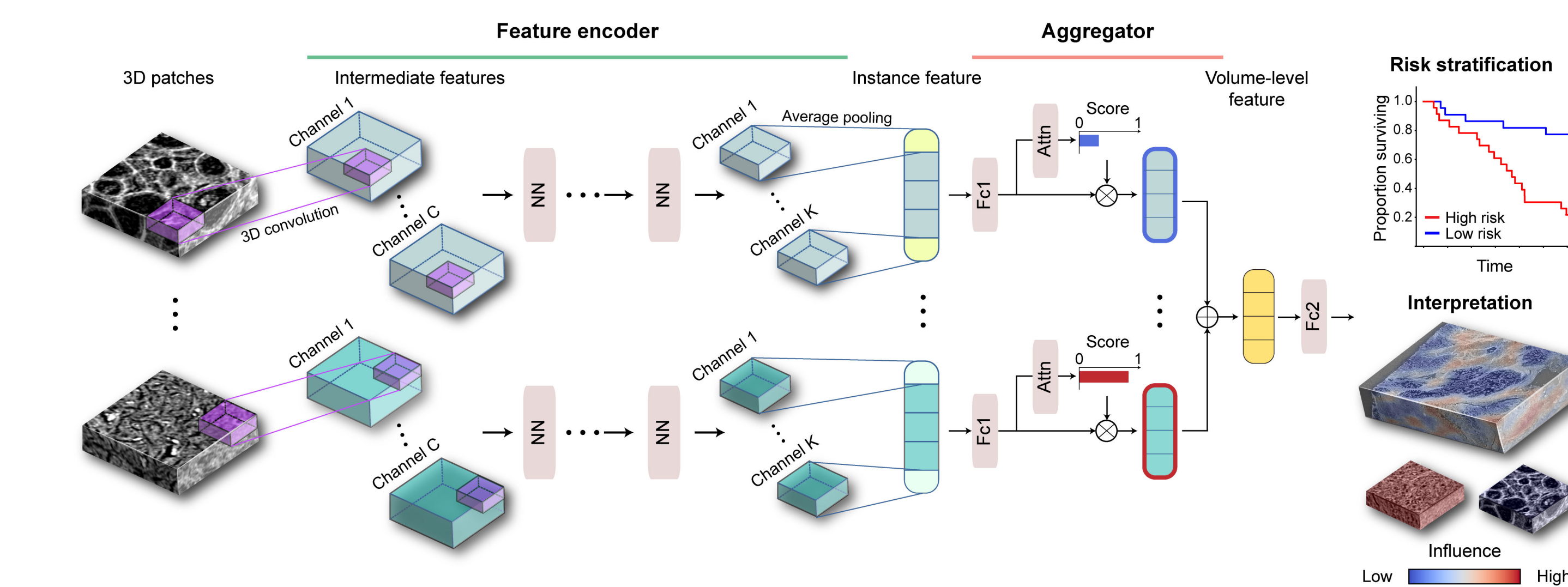
Proposed 3D workflow



Data preprocessing



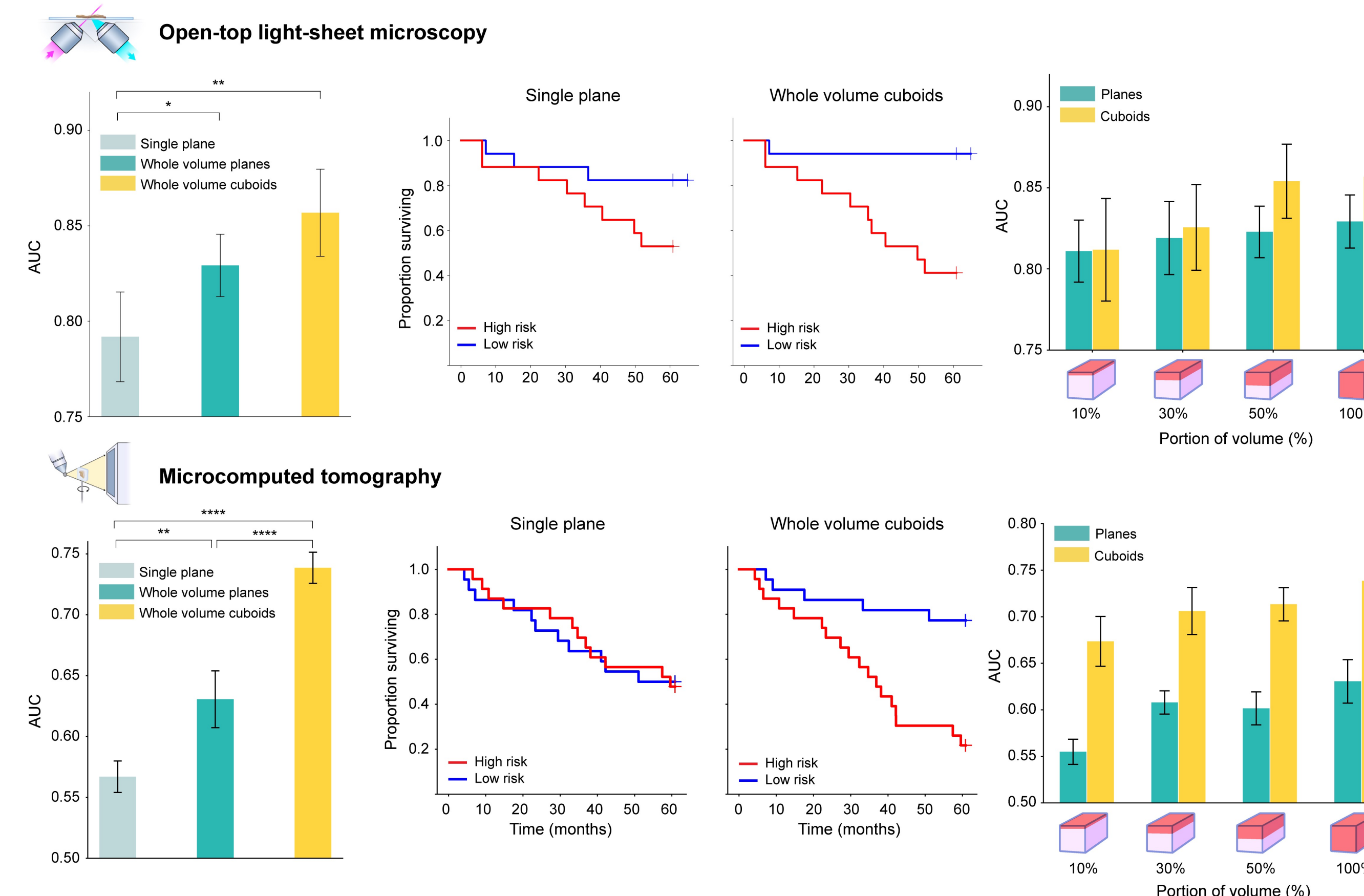
AI-based computational processing



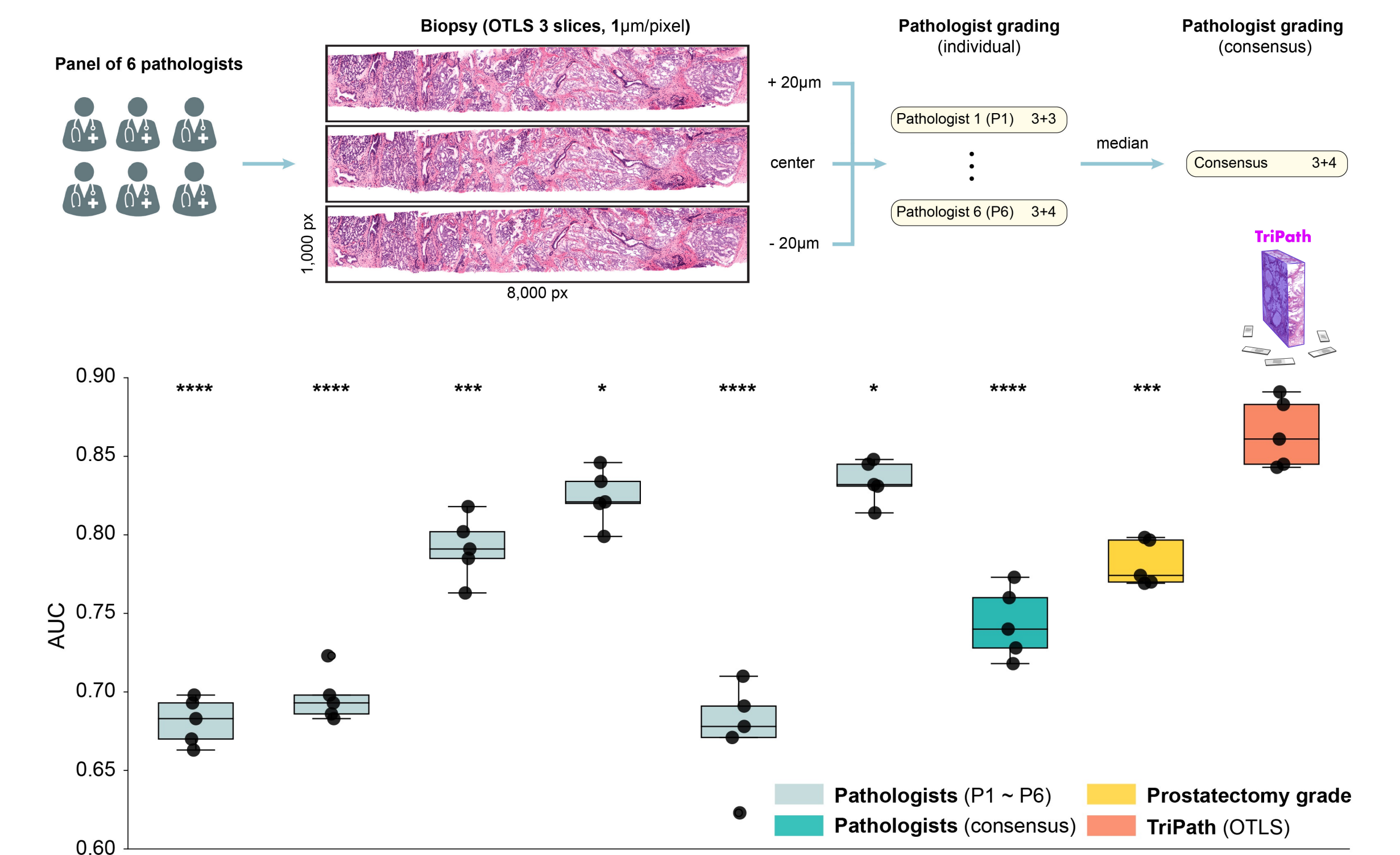
Multiple instance learning (weakly-supervised learning) in 3D

Risk stratification in Prostate cancer

Prostate cancer recurrence risk stratification (high-risk vs. low-risk)



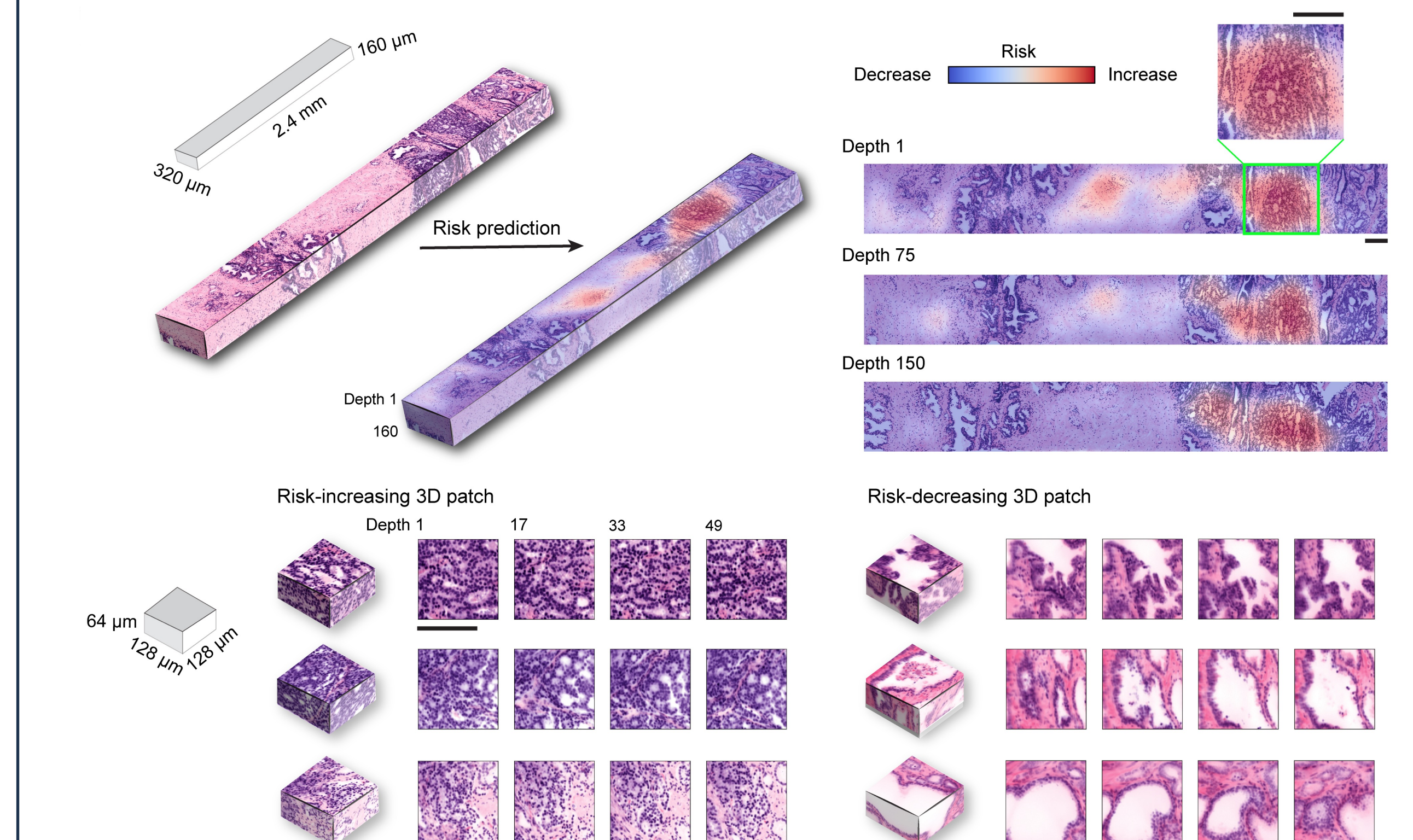
Clinical validation



Reader study with six board-certified pathologists

⇒ TriPath outperforms all clinical baselines, demonstrating clinical potential

TriPath for Interpretability



References

- [1] Song AH et al., Analysis of 3D pathology samples using weakly-supervised AI. *Cell*, 2024
- [2] Song AH et al., Artificial intelligence for digital and computational pathology. *Nature Reviews Bioengineering*, 2023
- [3] Liu JTC et al., Harnessing non-destructive 3D pathology. *Nature Biomedical Engineering*, 2021
- [4] Bishop K et al., An end-to-end workflow for nondestructive 3D pathology. *Nature Protocols*, 2024

