## Image Management Using Orthanc in a Multi-Centre Research PET Study



OrthancCon I, 2019 Andrew Crabb The Johns Hopkins University

I Do Imaging





#### Overview

- We are a Radiology lab running multiple studies, all different
- Five-year research neuro PET pharmaceutical imaging study
- Four US academic medical centres
- 600 subjects, 2 scans each
- Images uploaded by scanner techs or Radiology admins
- Research subjects: No Protected Health Information entered
- High variability: Subject codes, sites, scanners, staff
- Some scanners could not have a DICOM node configured
- Some sites insist on encrypted transport

#### Neuro PET













#### Requirements

- A small, flexible solution with quick deployment
- Stability no memory leaks, restart on crash/reboot
- Scalable to ~ TB scale
- Client upload via DICOM transport and Web interface
  - Not every DICOM modality can be configured for our node
- Security Encrypted transport
  - Potential to achieve HIPAA compliance
- Client multi language/environment support
- Hierarchical development environment

## Orthanc

- Small
- Flexible
- Quick deployment
- Stable
- Scalable
- Upload via DICOM & Web
- Multi language

Runs easily in 2 GB, 1 core instance Plain text config files **DICOM** nodes in separate config Configure and installocated on GWS Linux Simple directory/symlink config files orthanc and nginx daemons are stable fisite and nginx daemons are stable futo restart with supervisord Orthanc easily handles our scale Imagies stored in external DB Has weibt interfade BITERNEN's d'rag/dr.op, 104], Languaige independent with REST.4.5", 104 ] We develop & test with curl & Postman Clients in Python and Matlab

## Why a Cloud Solution?

- Problems with DICOM transport:
  - Not (easily) encrypted over public internet
  - Ports (104 or custom) usually blocked
  - C-MOVE not possible behind NAT
- Cloud location is available from anywhere
  - Can allow only certain IP ranges
- Many features are easily deployed
  - Encryption of storage and transport
  - Backups of database instances
  - Logging of users and actions



#### Implementation



# POSTMAN

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## Rapid Prototyping: Postman

#### **HIPAA** Compliance

Requires (amongst others):

- Encryption of data in transport
- Encryption of data at rest
- Access control
- Logging of all actions
- Configuration monitoring
- Verified backup/archive procedure



#### Possible HIPAA-Compliant Implementation



#### Clinical Medicine vs. Medical Research

#### Clinical

Read individually, now Read by humans Immediate reading

=	William / Will
=	William / Wiliam
=	Sarah / Sara
=	A010 / A010

#### Research

Processed in batch, later Processed automatically Delayed processing

- ≠ Nicknames
  - ≠ Misspelling
  - ≠ Alternate spellings
- ≠ Spoken digits

#### Accommodating Error

#### Every human process includes random error

Medicine has a strong culture of *reducing* and *correcting* error Automation achieves *zero* ambiguity by *accommodating* error

## Why not just fix the errors?

- **Difficult** versed backups immedia
- PACS systems have limited access
- Slow, heavyweight process
- No history (provenance) of edits
- Only conforms to one view of correctness

'Fixing' is an attempt to say that something did not happen, that did happen

The 'fixing' process itself will contain error

## Identity

What is the correct identity of this subject? It depends on who you ask.





#### **Multiple Identities**

A *person* enrolled in a *study* and who receives a *scan* has three identities:

Personal Identity	<ul> <li>Name, birthdate, hospital history number</li> </ul>
Study Identity	• Name or code wished to be used at scan time
Scan Identity	<ul> <li>Name and history actually used at scan time</li> </ul>

#### Eliminating Error in Software Development



#### Accommodating Error in Identity

