ATS 2021 Highlights Respiratory Structure and Function Early Career Professionals





Rachel L Eddy, BEng, PhD

Postdoctoral Fellow, Centre for Heart Lung Innovation University of British Columbia, Vancouver BC, Canada *Is your research clinical, basic science or translational?* Translational and clinical

Tell us about your research?

My research is focused on the development and application of medical imaging tools to better understand lung disease. Most recently, my focus has been developing machine and deep learning approaches to generate imaging phenotypes and to link imaging with 'omics' measurements in patients with airways disease.

Where do you see yourself in 5 years?

I aim to lead a multi-disciplinary and translational pulmonary imaging research program, where innovative engineering bridges clinical research and continues to foster the next generation of researchers.

What do you find is the major benefit of RSF Assembly Membership?

The RSF Assembly uniquely elevates trainees and early career researchers in a collaborative space, making it possible to get to know world experts in respiratory research and develop international collaborations.



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	CLUSTER 1	CLUSTER 2	CLUSTER 3	CLUSTER 4
IMAGING	n=15	n=12	n=14	n=4
MRI heterogeneity VDP	Moderate 8±10%	Moderate 12±10%	Moderate 7±5%	Significant 41±10%
Airway count TAC	Normal 205±24	Reduced 147±23	Significantly reduced 132±29	Significantly reduced 137±43
Wall thickening <i>WT</i> <i>WT</i> *	Moderate 1.36±0.08 mm 0.27	Significant 1.41±0.09 mm 0.29	Moderate 1.28±0.10 mm 0.25	Moderate 1.37±0.06 mm 0.26
Luminal narrowing D D*	Minimal 4.02±0.35 mm 0.23	Minimal 3.85±0.35 mm 0.24	Significant 3.40±0.30 mm 0.19	Significant 3.55±0.64 mm 0.19
CLINICAL				
Female	53%	100%	43%	25%
FEV ₁	93±26% _{pred}	74±18% _{pred}	71±17% _{pred}	63±21% _{pred}
RV	105±29% _{pred}	123±27% _{pred}	144±57% _{pred}	168±28% _{pred}
MRI + CT				

Structure-function Imaging Phenotypes of Asthma Using CT and ¹²⁹Xe MRI

Objective: Imaging phenotypes of asthma have previously been evaluated using computed tomography (CT) measurements of airway structure and air trapping. Hyperpolarized ¹²⁹Xe magnetic resonance imaging (MRI) provides measurements of lung function. We aimed to evaluate CT and MRI measurements in cluster analyses to generate structure-function imaging phenotypes of asthma

Methods: We evaluated CT airway and MRI ventilation heterogeneity measurements in 45 participants with asthma using k-means cluster analysis. Imaging and clinical measurements were compared across clusters.

Results: Four imaging-based clusters with distinct lung structural and functional characteristics are summarized in the Figure. Participant sex and lung function (measured using pulmonary function tests) were different across the clusters.

Conclusion: Imaging phenotypes of asthma were related to clinical measurements and may provide new opportunities for treatment decisions and personalized medicine.

Supported by NSERC and MSFHR fellowships

Supervised by Dr. Grace Parraga (UWO), Drs. Don Sin and Jonathon Leipsic (UBC)

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