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BRUSSELS 2026
25-26 MARCH 



AI Tools in Radiology



Dr. J.J. Visser

SIEMENS
Healthineers

AGFA  **ENT**
HealthCare Enlightening
New Technologies

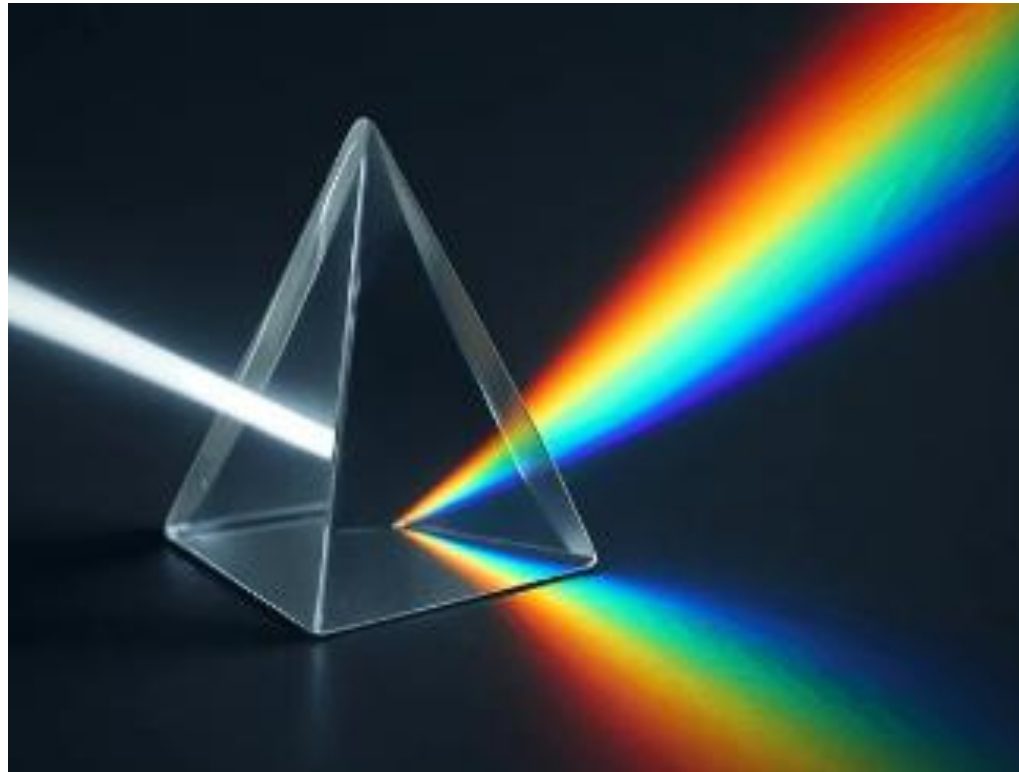


 **Dedalus**



DISCLOSURES

- Grant to institution from Qure.ai, Enlitic, Promedius
- Consulting fees from Tegus
- Payment to institution for lectures from Roche
- Travel grant from Qure.ai
- Participation advisory board from Noaber Foundation, AheadHealth, Contextflow
- Phantom shares in AheadHealth, Contextflow and Quibim
- Leadership on the steering committee of the PINPOINT (2) Project (payment to institution from AstraZeneca)
- NVvR AIfI Steering Committee (payment to institution)
- Chair ESR Value-based radiology Subcommittee (unpaid)
- RSNA Common Data Elements Steering Committee (unpaid)
- Board member EuSoMII (unpaid)
- Chair ESR ESR Subspecialities and Allied Sciences Committee (unpaid)
- Member Executive Council ESR (unpaid)



NUMERICAL OVERVIEW

TOTAL FDA CLEARED SaMD PRODUCTS: 455

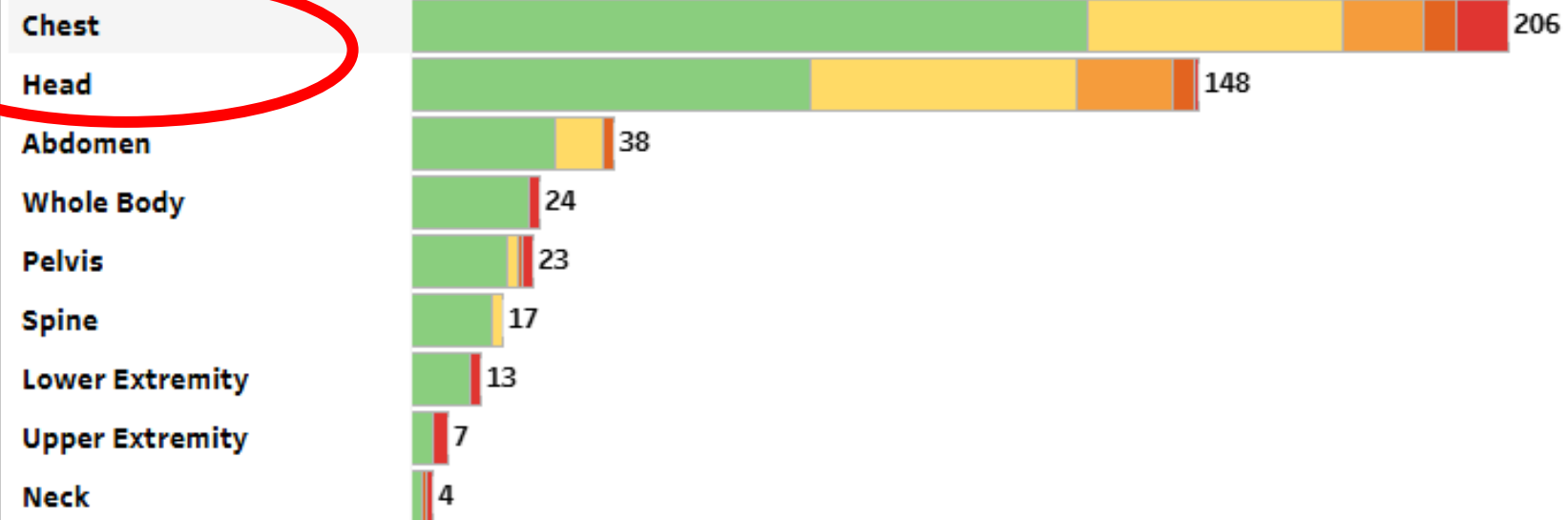
- Pediatric
- Adult

Manufacturer

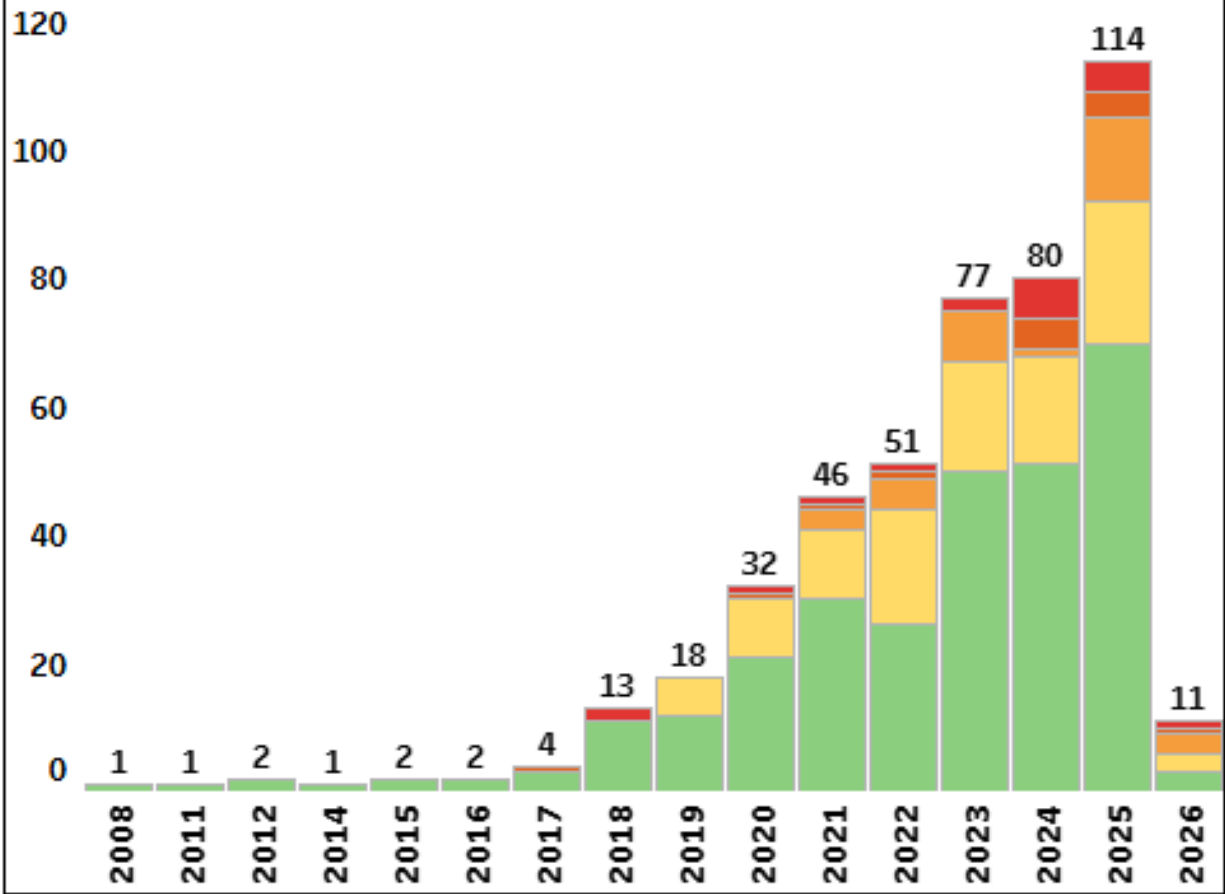
(Alle)

Subspecialty	CT	MR	PET	US	Null	3D-Angio	XRAY/MAM
Abdominal	28	25	1	13		2	3
Cardiac	59	20	2	19		2	8
Chest	60	9	2	6		1	45
Musculoskeletal	22	10	1	4		1	22
Neuroradiology	97	55	4	1	1	1	23
Breast Imaging	8	6	1	6		1	31
Pediatric	5	9		3			19

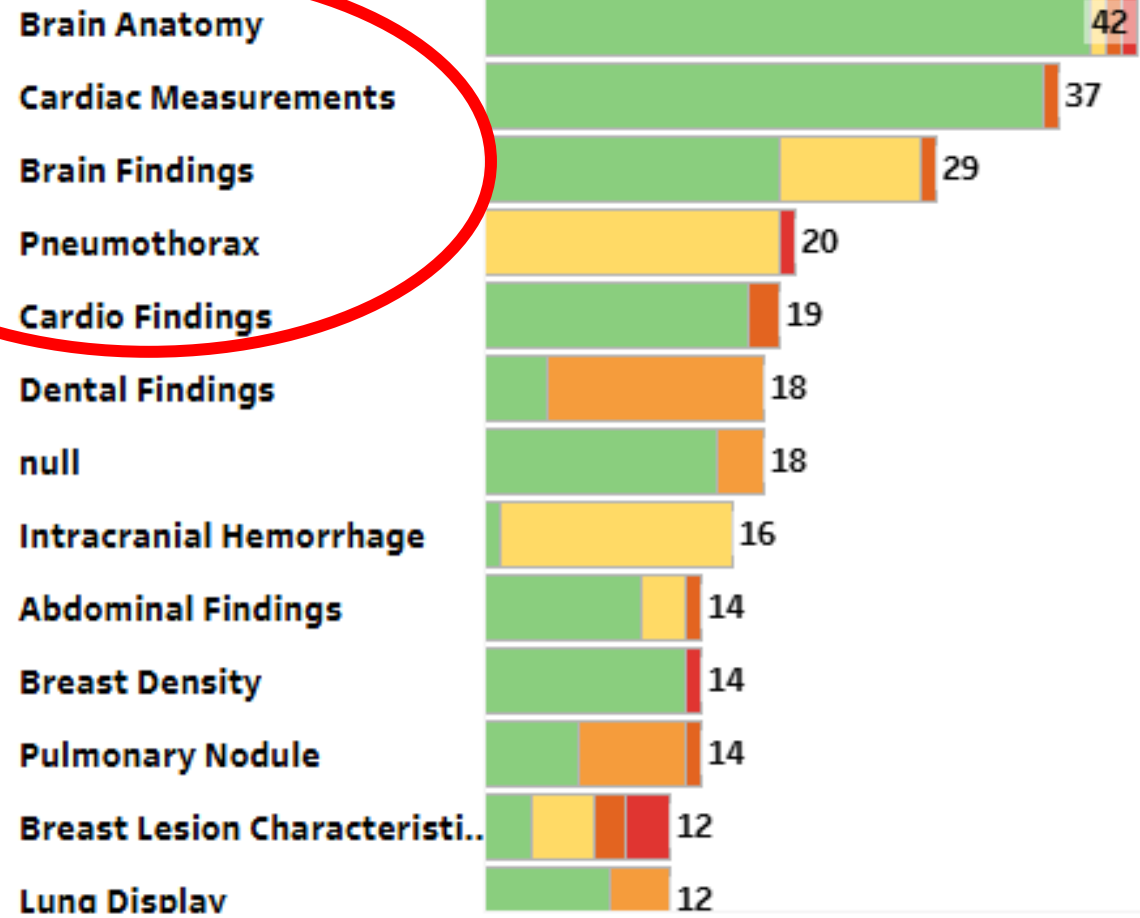
Anatomy



YEAR CLEARED



FOCUS





Products

Find the artificial intelligence based software for radiology that you are looking for. All products listed are available for the European market (CE marked).

299/299 products

IMAGING VALUE CHAIN



SCHEDULING:

By analysing past data, AI helps optimise staff and scanner rosters, reducing patient wait times.



SCANNING:

AI ensures the right imaging procedure is selected, reducing radiation exposure by picking the optimal scan settings.



ACQUISITION:

Real-time scanner adjustments by AI improve image quality and cut down scan times.



INTERPRETATION:

Radiologists receive help from AI in interpreting images and spotting urgent cases.



REPORTING:

Standardised radiology reports are a breeze with AI's auto-fill features based on image interpretation.



FOLLOW-UP AND MONITORING:

AI schedules follow-up scans and tracks disease progress by comparing current and previous images, ensuring top-notch continuity of care.



ADVERSE EVENTS:

AI forecasts potential complications by comparing a patient's imaging data with historical data of similar cases.



TREATMENT RESPONSE:

Learning from past cases, AI predicts a patient's likely response to treatments, aiding in treatment efficacy evaluations.



RECOMMENDATION:

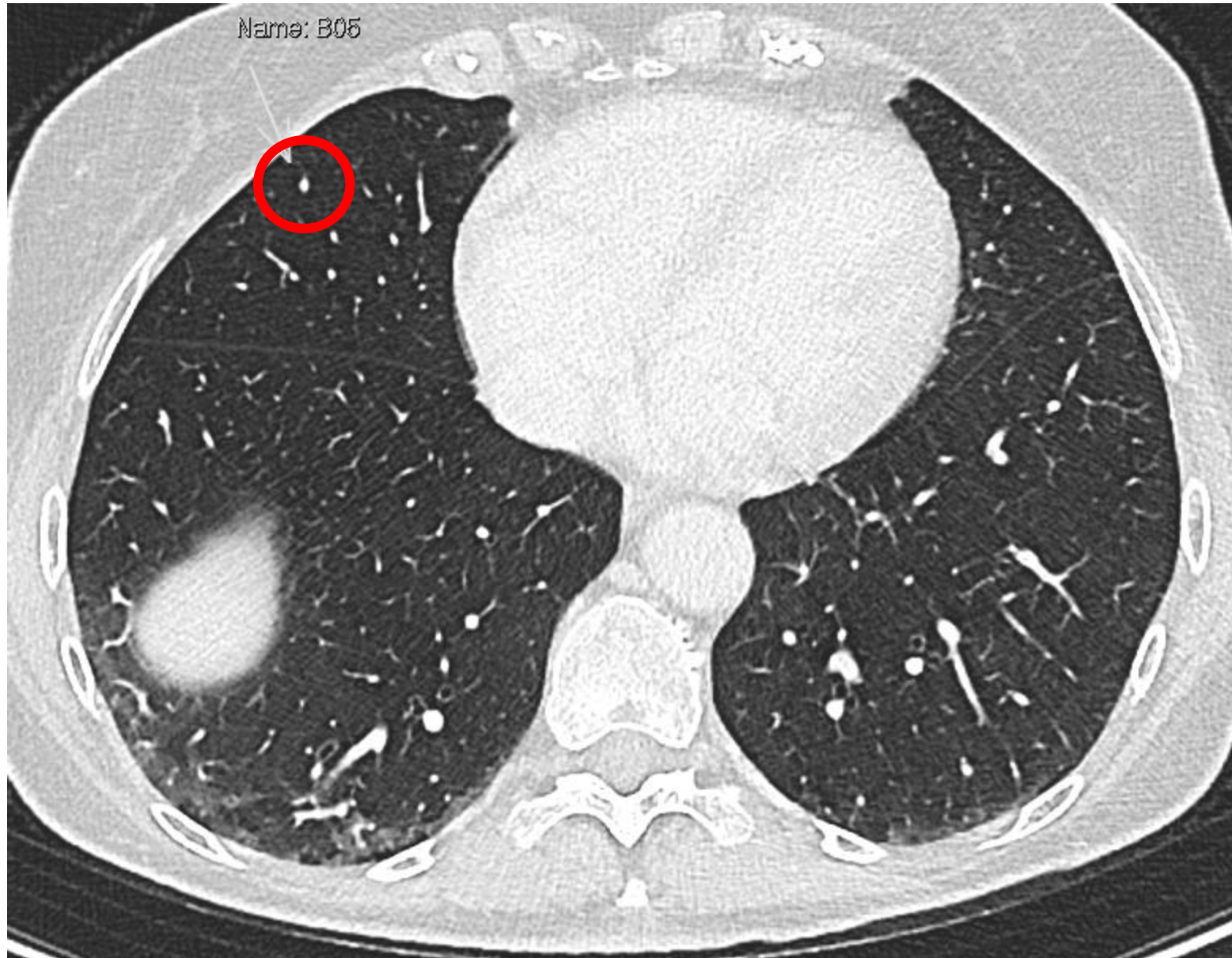
AI system correlates patient data to provide actionable insights for further diagnostics or treatments.



COMMUNICATION:

By integrating with hospital systems like EHRs, AI ensures the right blokes and sheilas get the imaging results in no time.

Stage of radiology workflow	Count
Scheduling	1
Scanning	0
Acquisition	2
Interpretation	33
Reporting	3
Communication	0
Recommendation	0
Treatment response	0
Adverse events	0
Follow-up and monitoring	0



ADDED VALUE

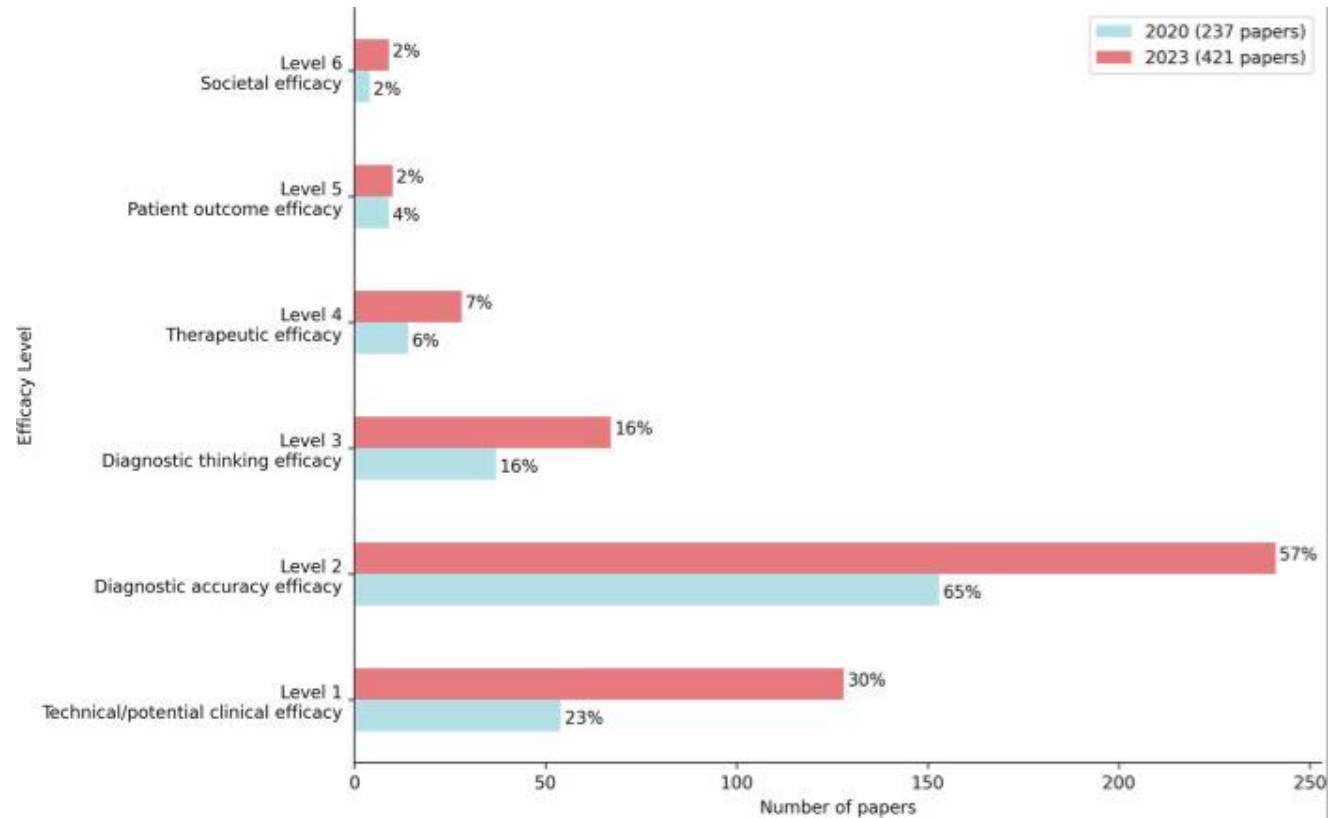
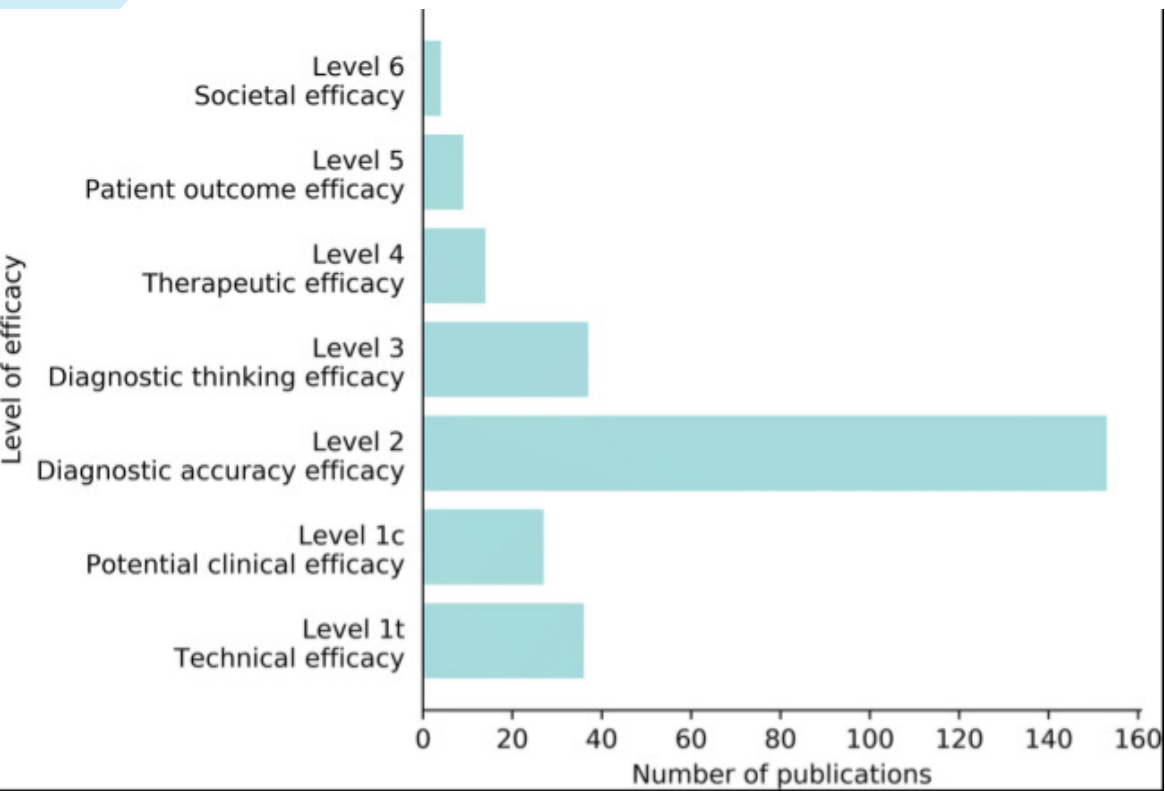
Level	Example
1. Technical efficacy	Applicability
2. Diagnostic accuracy efficacy	Sensitivity, specificity
3. Diagnostic thinking efficacy	Impact on diagnosis
4. Therapeutic efficacy	Impact on treatment decisions
5. Patient outcomes efficacy	Overall survival
6. Societal efficacy	Cost-effectiveness



Fryback et al.; The efficacy of diagnostic imaging; MDM 1991

Boverhof BJ et al, Radiology AI Deployment and Assessment Rubric (RADAR) to bring value-based AI into radiological practice.

Insights Imaging. 2024 Feb 5;15(1):34



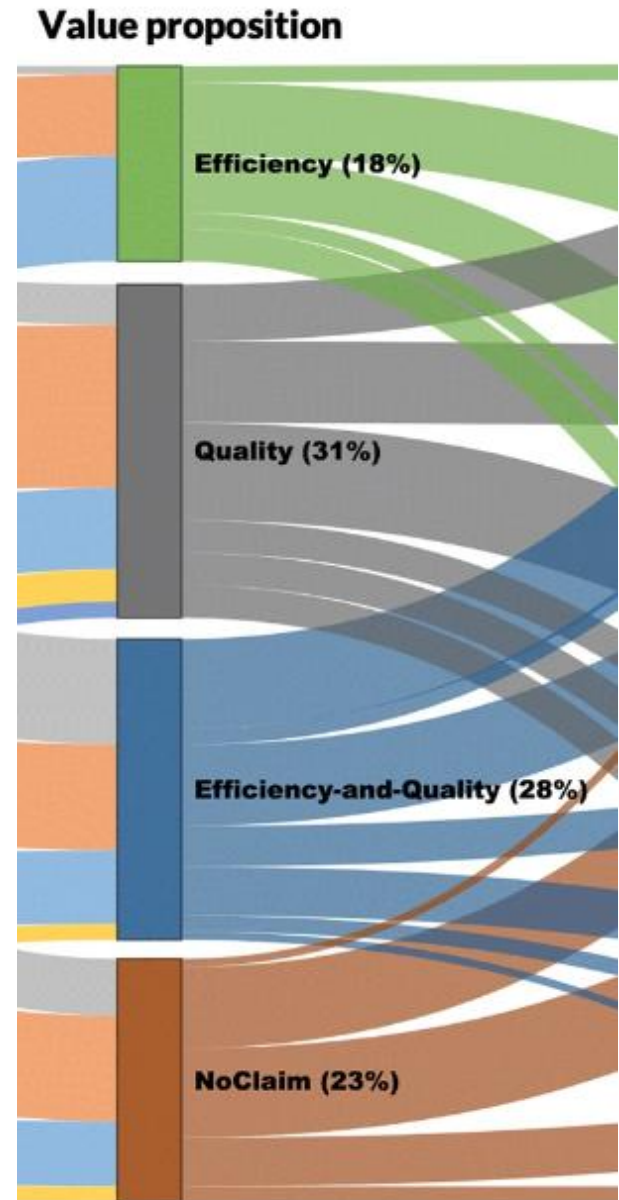
Fryback et al.; The efficacy of diagnostic imaging; MDM 1991

van Leeuwen KG, Schalekamp S, Rutten MJCM, van Ginneken B, de Rooij M. Artificial intelligence in radiology: 100 commercially available products and their scientific evidence. Eur Radiol. 2021 Jun;31(6):3797-3804. doi: 10.1007/s00330-021-07892-z. Epub 2021 Apr 15. PMID: 33856519; PMCID: PMC8128724.

Antonissen N, Tryfonos O, Houben IB, Jacobs C, de Rooij M, van Leeuwen KG. Artificial intelligence in radiology: 173 commercially available products and their scientific evidence. Eur Radiol. 2026 Jan;36(1):526-536. doi: 10.1007/s00330-025-11830-8. Epub 2025 Jul 24. PMID: 40707732; PMCID: PMC12711992.

- Added value according to vendors:

- Better decisions (33%)
- Higher quality (31%)
- Work acceleration(19%)
- Cost reduction (10%)
- Lowers work pressure(7%)



Mehrzi MHR, Gerritsen SH, de Klerk WM, Houtschild C, Dinnessen SMH, Zhao L, van Sommeren R, Zerfu A. How do providers of artificial intelligence solutions propose and legitimize the values of their solutions for supporting diagnostic radiology workflow? A technography study in 2021. Eur Radiol. 2023 Feb;33(2):915-924. doi: 10.1007/s00330-022-09090-x. Epub 2022 Aug 18. PMID: 35980427; PMCID: PMC9889424.

Mun SK, Wong KH, Lo SB, Li Y, Bayarsaikhan S. Artificial Intelligence for the Future Radiology Diagnostic Service. Front Mol Biosci. 2021 Jan 28;7:614258. doi: 10.3389/fmolb.2020.614258. PMID: 33585563; PMCID: PMC7875875.

LEVEL OF EVIDENCE

Original Research
Thoracic Imaging

AI Improves Nodule Detection on Chest Radiographs in a Health Screening Population: A Randomized Controlled Trial

Ju Gang Nam, Eui Jin Hwang, Jayoun Kim, Nanhee Park, Eun Hee Lee, Hyun Jin Kim, Miyeon Nam, Jong Hyuk Lee, Chang Min Park, Jin Mo Goo

Author Affiliations

Published Online: Feb 7 2023 | <https://doi.org/10.1148/radiol.221894>



Interval cancer, sensitivity, and specificity comparing AI-supported mammography screening with standard double reading without AI in the MASAI study: a randomised, controlled, non-inferiority, single-blinded, population-based, screening-accuracy trial

Jessie Gommers, Veronica Hernström, Viktoria Josefsson, Hanna Sartor, David Schmidt, Annie Hjelmgren, Anna-Maria Larsson, Solveig Hofvind, Ingvar Andersson, Aldana Rosso, Oskar Hagberg, Kristina Lång

Summary

Background Evidence indicates that artificial intelligence (AI) can improve mammography screening by increasing cancer detection and reducing screen reading workload, but its effect on interval cancers (primary breast cancers diagnosed between two screening rounds or within 2 years after the last scheduled screening that were not detected at screening) is unknown. We aimed to compare the interval cancer rate in AI-supported mammography screening with standard double reading without AI.



Lancet 2026; 407: 505-14
See Comment page 471
Department of Medical Imaging, Radboud University Medical Centre, Nijmegen, Netherlands (J Gommers, MC)

Nevertheless, RCTs remain the most powerful type of experimental study. [4] In light of the AI revolution in radiology, we believe the time has come for RCTs and encourage further research in this important field.

https://www.researchgate.net/figure/Hierarchy-of-evidence-pyramid-The-pyramidal-shape-qualitatively-integrates-the-amount-of_fig1_311504831

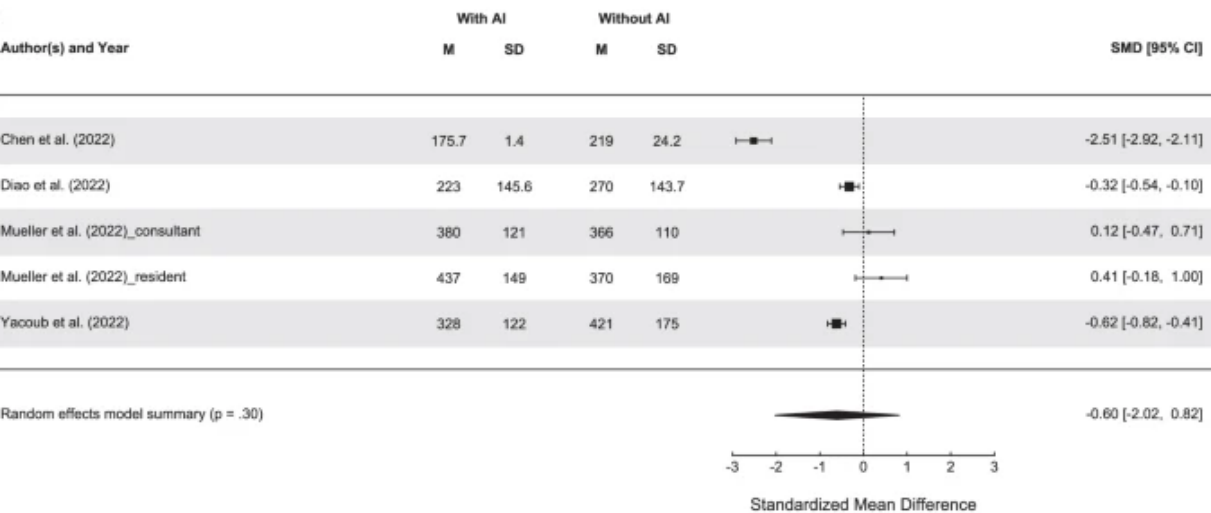
Gorenstein L, Soffer S, Apter S, Konen E, Klang E. AI in radiology: is it the time for randomized controlled trials? Eur Radiol. 2023 Jun;33(6):4223-4225. doi: 10.1007/s00330-022-09381-3. Epub 2023 Jan 4. PMID: 36597003.

	Intervention group (n=53 043)	Control group (n=52 872)	Proportion ratio	p value
Number of recalls*	1110	1027	NA	NA
Number of screen-detected cancers*	338	262	NA	NA
Number of interval cancers	82	93	NA	NA
Number of cancers in total	420	355	NA	NA
Interval cancer rate per 1000	1.55 (1.23-1.92)	1.76 (1.42-2.15)	0.88 (0.65-1.18)	0.41
Sensitivity	80.5% (76.4-84.2)	73.8% (68.9-78.3)	1.09 (1.01-1.18)	0.031
Specificity	98.5% (98.4-98.6)	98.5% (98.4-98.6)	1.00 (0.99-1.01)	0.88

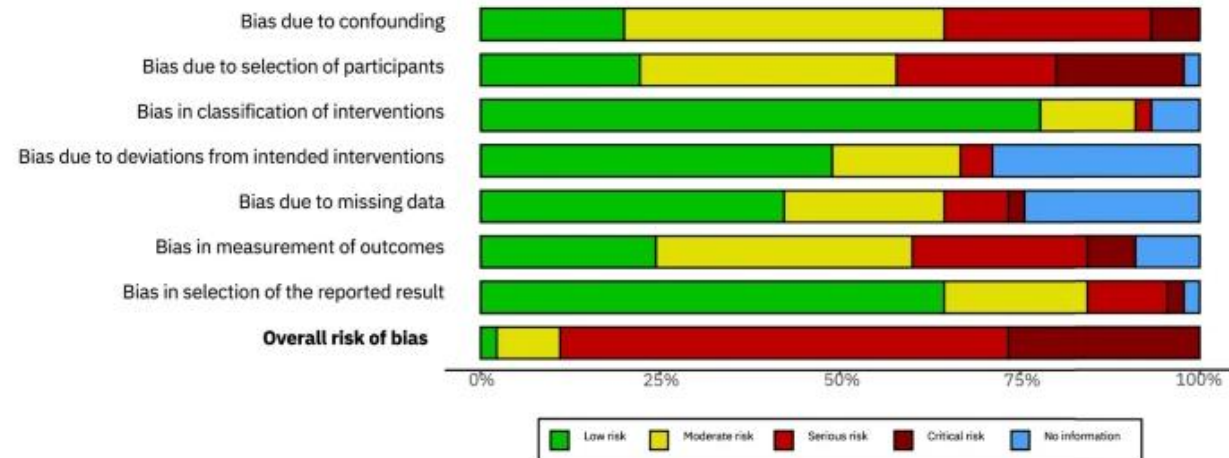
Data are n or point estimate (95% CI). NA=not applicable. *Rates for recall and cancer detection have previously been reported.^a The numbers are included for contextualisation of sensitivity and specificity.

Table 2: Interval cancer rate, sensitivity, and specificity

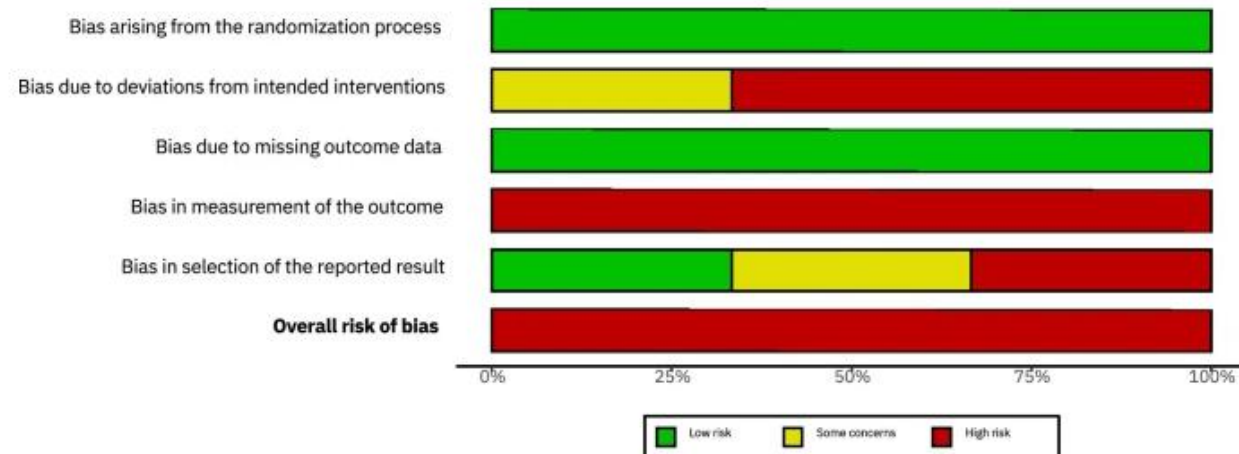
Gommers J, Hernström V, Josefsson V, Sartor H, Schmidt D, Hjelmgren A, Larsson AM, Hofvind S, Andersson I, Rosso A, Hagberg O, Lång K. Interval cancer, sensitivity, and specificity comparing AI-supported mammography screening with standard double reading without AI in the MASAI study: a randomised, controlled, non-inferiority, single-blinded, population-based, screening-accuracy trial. *Lancet*. 2026 Jan 31;407(10527):505-514. doi: 10.1016/S0140-6736(25)02464-X. PMID: 41620232.



Risk of bias in non-randomized studies (ROBINS-I)

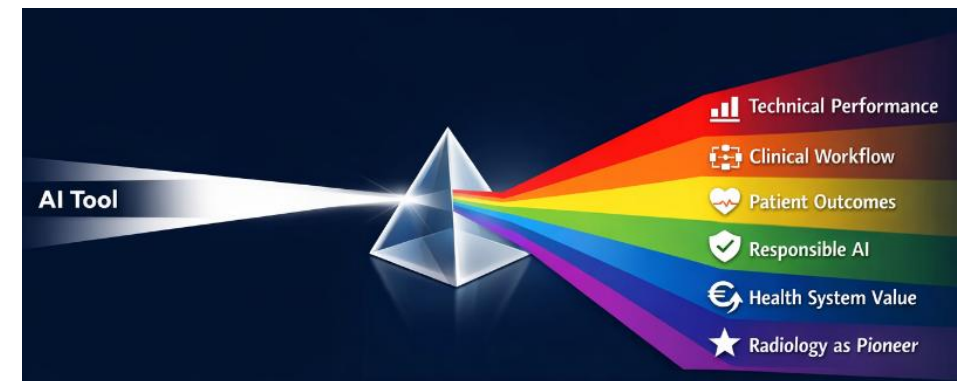


Risk of bias in randomized studies (RoB 2)



CONCLUSIONS

- Radiology still at the forefront of AI in healthcare
- Increasing number of radiology AI tools available
- Mostly focused on imaging interpretation
- Proven added value limited
- Predominantly lack of solid scientific evidence





Erasmus MC

Erasmus MC Hoofdingang

Spoedeisende hulp