



AIM Explore: Assisting The Trials Vs Assisting The Clinician

Andy Beck MD, PhD
CEO and co-founder at PathAI
January 10, 2025

Acknowledgements

- We are grateful to patients, collaborators, and team members at PathAI for enabling this work
- Dr Stephen Harrison was a close collaborator and co-author on this work, and we dedicate this presentation to his memory and the lasting impact his work continues to have on the field.

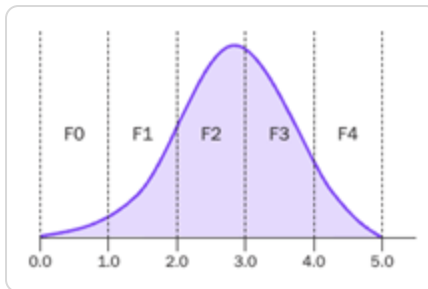


From augmenting clinical trial enrollment and endpoint assessment w/ AIM-MASH to driving biomarker discovery with Liver Explore



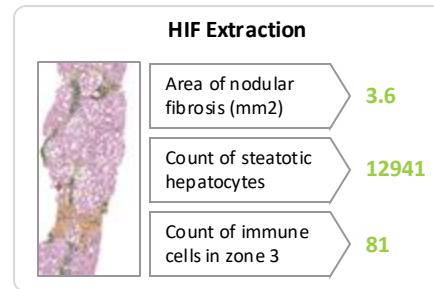
AIM  MASH⁺ AI Assist

Pathologist assist tool for clinical trial histology endpoint assessment to **reduce impact of reader variability and capture true drug effect.**



AIM  MASH⁺

Ordinal and continuous MASH CRN scores to drive more **nuanced / deeper understanding** of changes within ordinal bins.



 Liver Explore

AI-powered solution delivering histopathology features of tissue microarchitecture to uncover **insights into drug MOA and beyond.**

1. AIM-MASH and Liver Explore™ are for research use only. Not for use in diagnostic procedures
2. - Under review by FDA/EMA



AI-based automation of enrollment criteria and endpoint assessment in clinical trials in liver diseases

Received: 2 May 2023

Accepted: 3 July 2024

Published online: 7 August 2024

 Check for updates

A list of authors and their affiliations appears at the end of the paper

Clinical trials in metabolic dysfunction-associated steatohepatitis (MASH, formerly known as nonalcoholic steatohepatitis) require histologic scoring for assessment of inclusion criteria and endpoints. However, variability

FDA and EMA guidance recommend histologic endpoints for drug approval for MASH

MASLD Activity Score¹

Inflammation

0 No foci	1 <2 foci per 20x field	2 2-4 foci per 20x field	3 >4 foci per 20x field
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Variable and subjective approaches to counting foci

Ballooning

0 None	1 Few balloon cells	2 Many cells/prominent ballooning
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Subjective interpretation

Steatosis

0 <5%	1 5-33%	2 >33-66%	3 >66%
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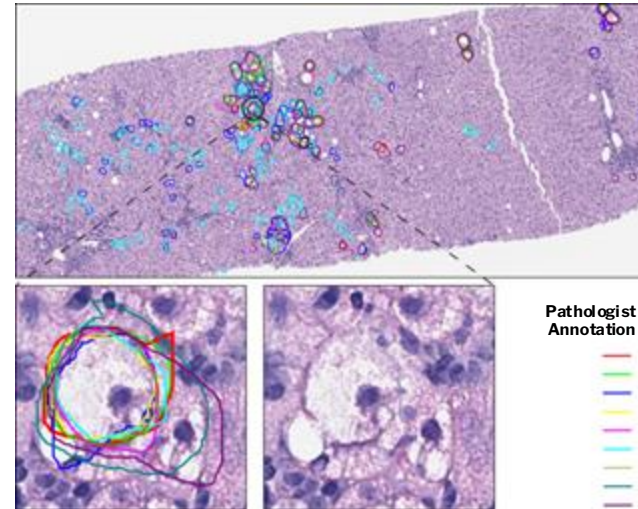
Arbitrary category boundaries

Fibrosis Stage

Fibrosis

F0 No fibrosis	F1 Perisinusoidal or perportal	F2 Perisinusoidal and perportal	F3 Bridging fibrosis	F4 Cirrhosis
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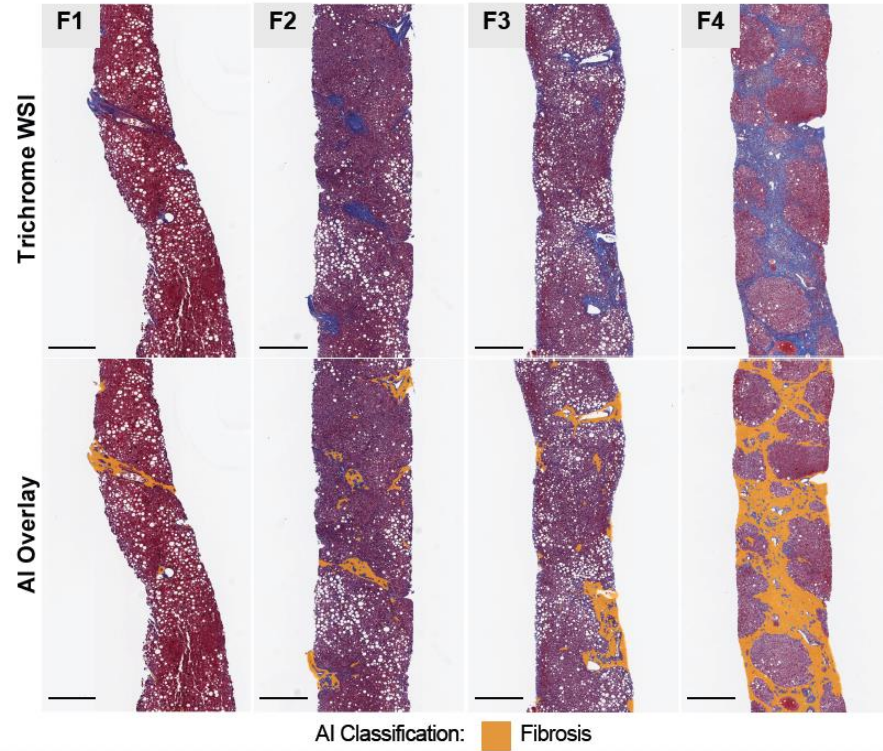
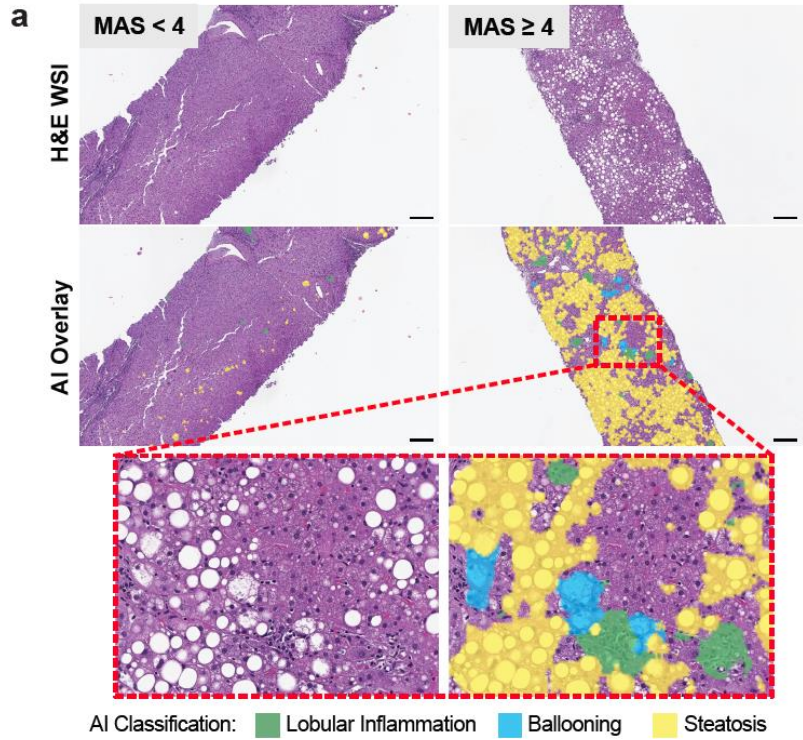
Subject to error around stage boundaries*



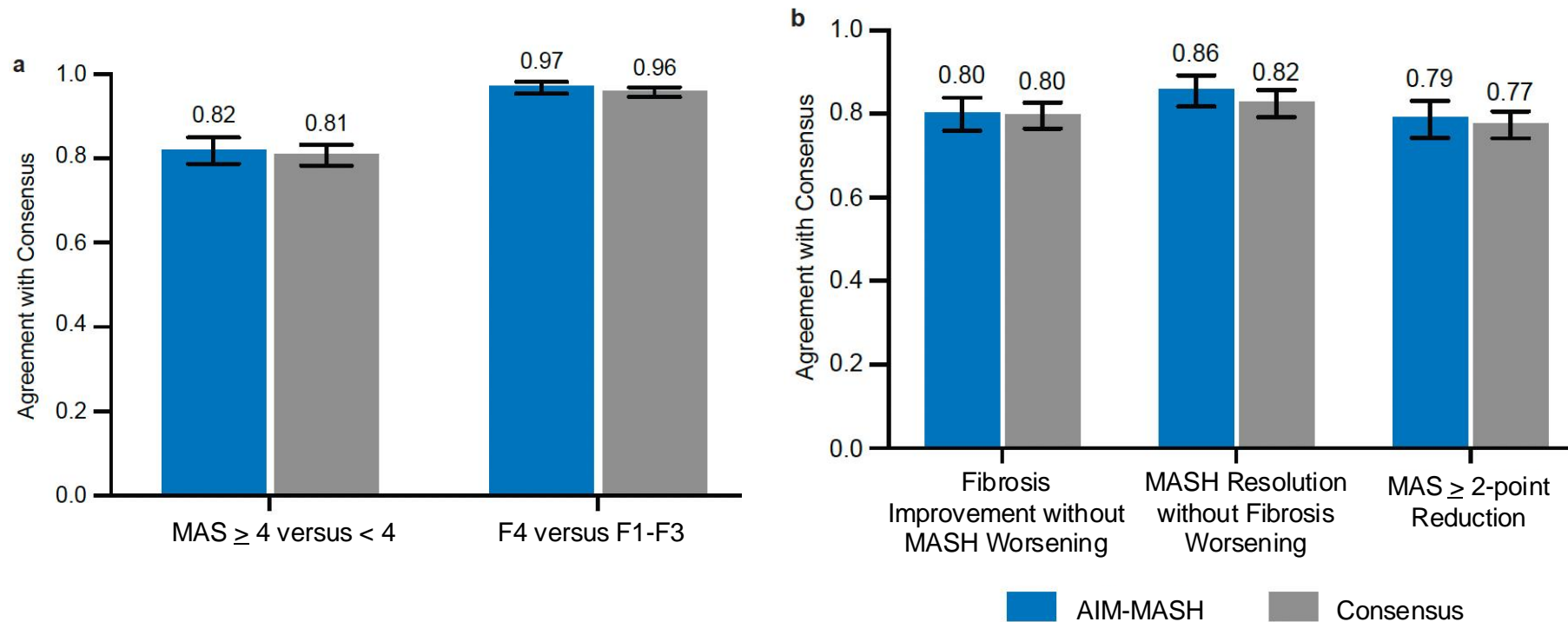
Only a single hepatocyte was considered to exhibit features consistent with ballooning by all 9 pathologists³

¹ Kleiner D E, et al. Design and validation of a histological scoring system for nonalcoholic fatty liver disease. Hepatology 2005 Jun; 41(6):1313-21.
² Kleiner D E, et al. Association of Histologic Disease Activity with Progression of Nonalcoholic Fatty Liver Disease. JAMA Network Open 2019; 2:3012565
³ Brunt EM, et al. Complexity of ballooned hepatocyte feature recognition: Defining a training atlas for artificial intelligence-based imaging in NAFLD. Hepatology. 2022 May; 76(5): P1030-1041

AI-based detection and scoring of MAS components and fibrosis enhanced by AI overlays of key histological features



AI-based grading/staging of enrollment criteria and efficacy endpoints on par with pathologist consensus



AI-based grading/staging is completely repeatable on the same whole slide image

Supplementary Table 2. Algorithm repeatability assessment using 10 independent reads per WSI.

	Number of WSIs	Model versus model agreement rate
Steatosis	639	100%
Lobular inflammation	639	100%
Ballooning	639	100%
Fibrosis	633	100%

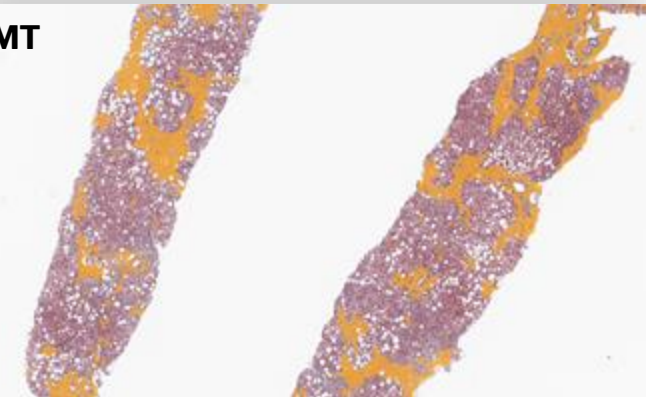
WSI, whole slide image.

AIM-MASH outputs continuous MAS and CRN grades/stages, enabling measurement of sub-ordinal changes in disease severity

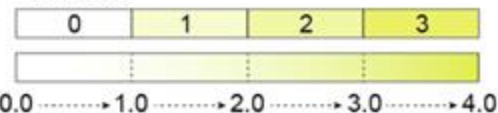
H&E



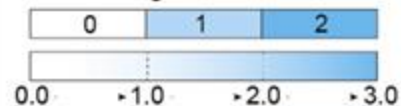
MT



Steatosis



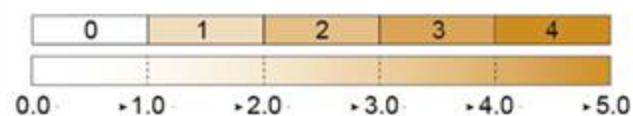
Ballooning



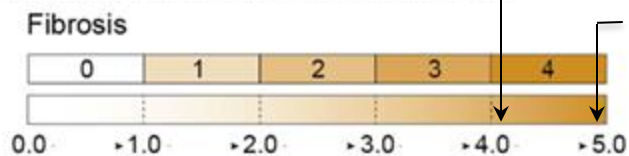
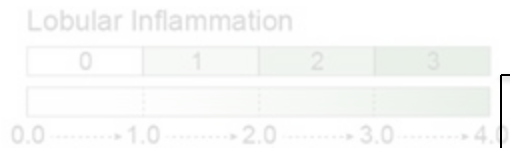
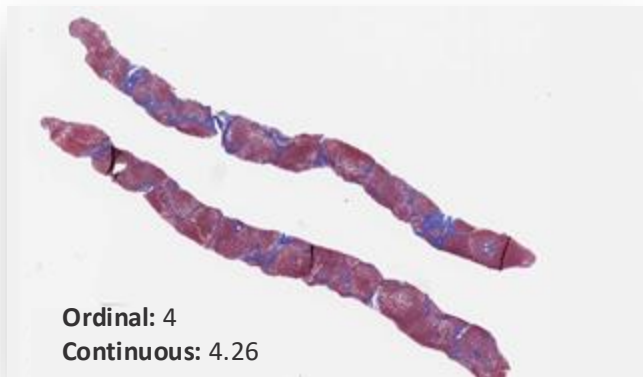
Lobular Inflammation



Fibrosis



AIM-MASH outputs continuous MAS and CRN grades/stages, enabling measurement of sub-ordinal changes in disease severity



Continuous fibrosis score of 4.1 can be thought of as a "low" ordinal F4 (less severe F4)

Continuous fibrosis score of 4.9 can be thought of as a "high" ordinal F4 (more severe F4)

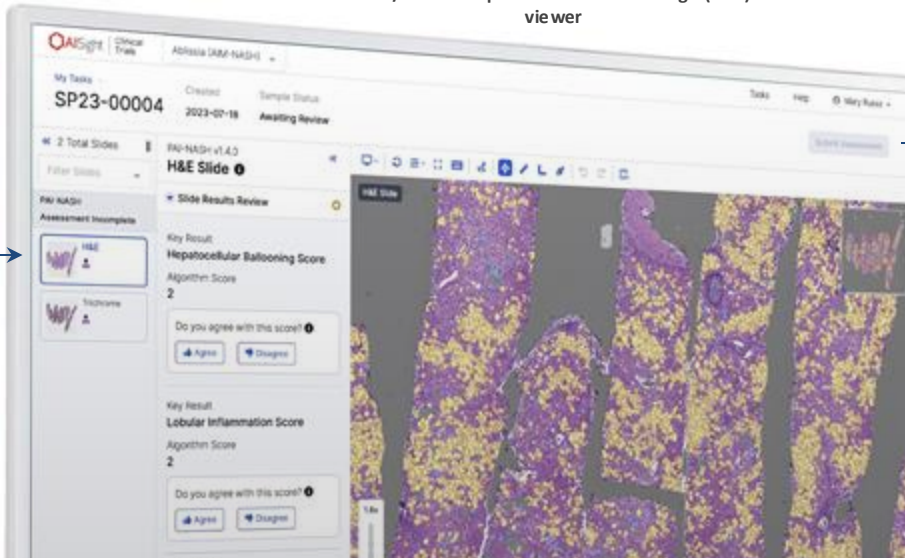
AIM-MASH Drug Development Tool for Assisting Pathologists for MASH Trial Biopsy Scoring

AI Sight Clinical Trials, validated for pathologist evaluation of biopsies in MASH trials.

AI Sight | Clinical Trials
GCP/GLP compliant Whole Slide Image (WSI) viewer

Digitized WSIs of liver biopsy (H&E and Trichrome)

AIM-MASH Deployment



Pathologist review of AIM-MASH scores



MASLD activity score



CRN fibrosis stage



Overlay features validated for accuracy in highlighting the MAS and CRN fibrosis scores

Context of Use for which a Qualification is requested: A monitoring biomarker as an adjunct that aids the pathologist in assessing MAS score (steatosis, hepatocellular ballooning, lobular inflammation) and fibrosis stage (at baseline and follow-up time points) in liver biopsies in MASH clinical trials.















Clinical validation of an AI-based pathology tool for scoring of metabolic dysfunction-associated steatohepatitis

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 Check for updates

Hanna Pulaski ^{1,19}, Stephen A. Harrison ^{2,19}, Shraddha S. Mehta^{1,12}, Arun J. Sanyal ³, Marlena C. Vitali^{1,13}, Laryssa C. Manigat¹, Hypatia Hou¹, Susan P. Madasu Christudoss^{1,14}, Sara M. Hoffman^{1,15}, Adam Stanford-Moore ¹, Robert Egger¹, Jonathan Glickman ^{1,16}, Murray Resnick^{1,17}, Neel Patel¹, Cristin E. Taylor¹, Robert P. Myers⁴, Chuhan Chung⁵, Scott D. Patterson ⁶, Anne-Sophie Sejling⁷, Anne Minnich⁸, Vipul Baxi⁸, G. Mani Subramaniam⁴, Quentin M. Anstee ⁹, Rohit Loomba ¹⁰, Vlad Ratziu ¹¹, Michael C. Montalto^{1,18}, Nick P. Anderson¹, Andrew H. Beck ¹ & Katy E. Wack ¹ 

Today's paradigm for MASH clinical trial histology assessment

Today's paradigm



Three individual pathologists, each need to read every case
Intra- and inter-reader reproducibility is a challenge



~10% of cases require consensus panel

AIM-MASH AI-assisted solution



Single AI-assisted pathologist reads each case with equivalent accuracy to consensus panel and are aided by a highly reproducible tool



< 2% of cases require consensus reads

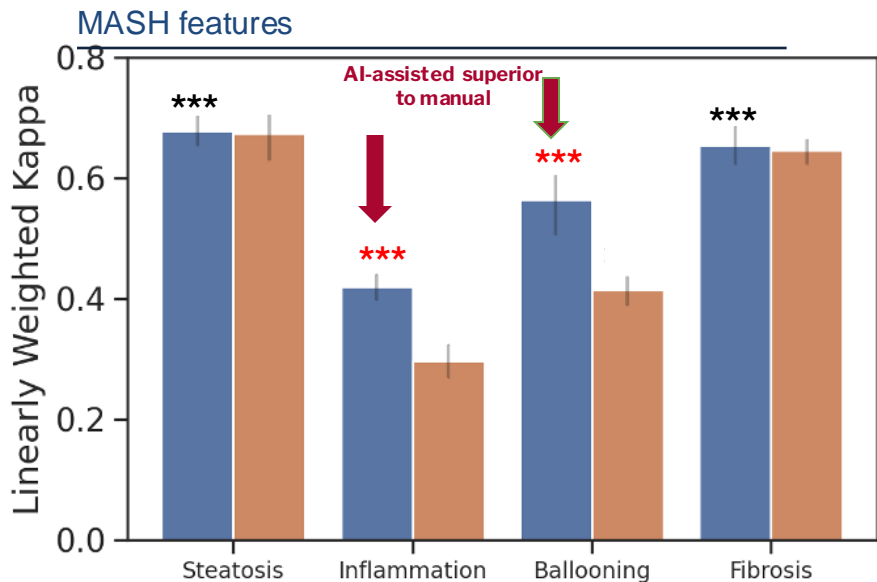
AIM-MASH AI Assist has the potential to enhance turnaround time, reduce complexity without compromising gold standard consensus-level trial readouts

AIM-MASH Achieves Superior Agreement to Ground Truth (GT) for Scoring MASH Phenotypes Compared to Unaided Pathologist

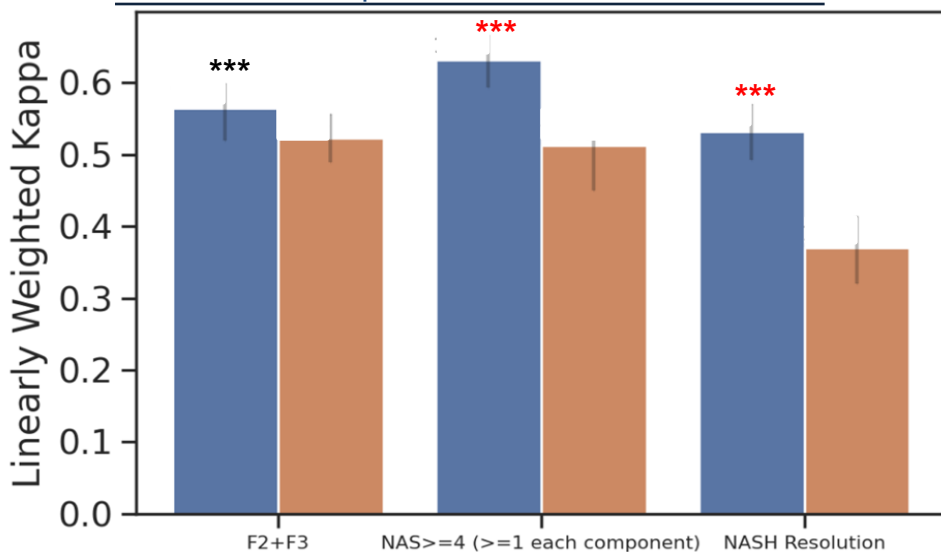
Average AI-assisted pathologist compared to average individual pathologists' linearly weighted kappa with ground truth (GT) panel - algorithm score was modified by pathologist in only 1.8% of all cases.

AI-assisted vs. GT

Individual Manual Reader vs. GT



Trial relevant composite endpoints for gold standard median panel scores

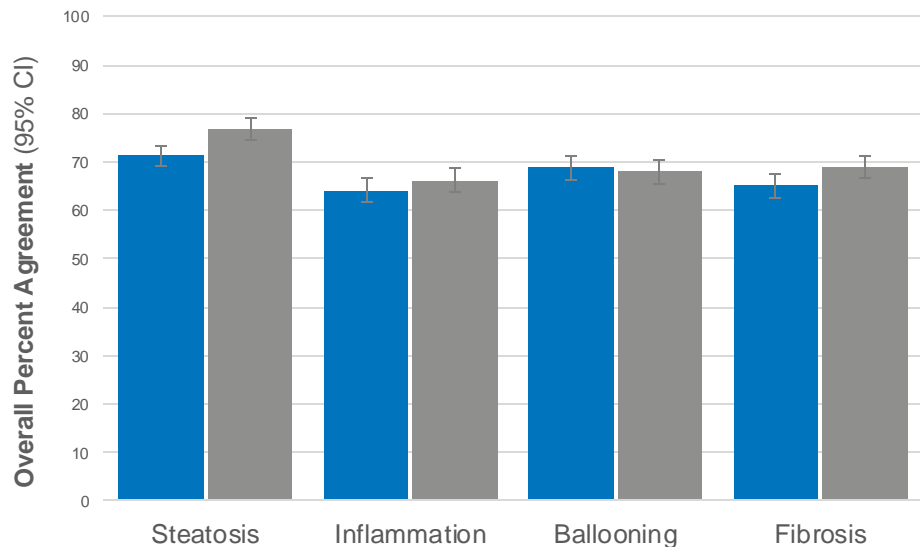


Single AIM MASH AI Assist -aided pathologist is equivalent to gold standard panel

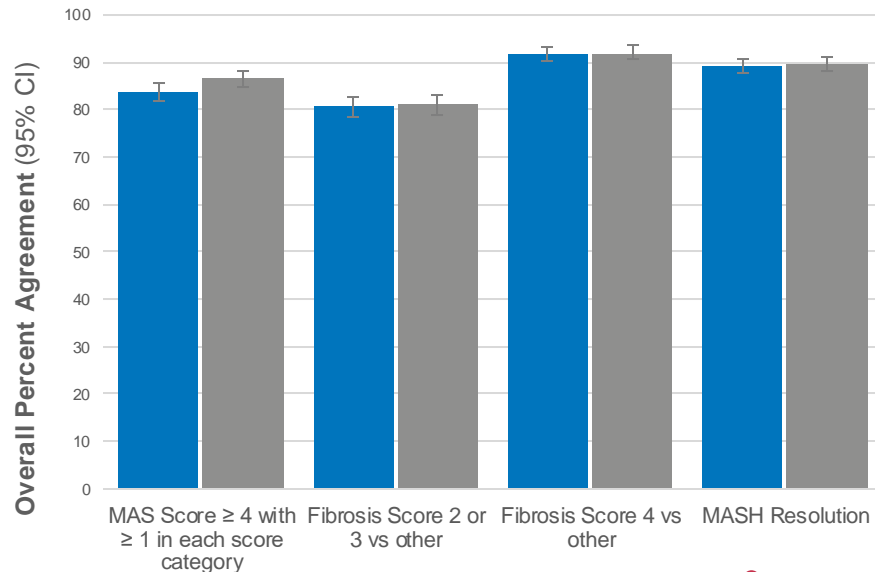
Average AI-assisted pathologist compared to median panel of pathologists' overall percent agreement with ground truth (GT) panel

■ AI-assisted vs. GT ■ Median Panel vs. GT

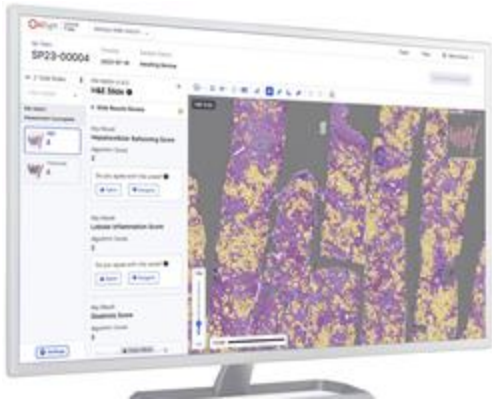
MASH features



Trial relevant composite endpoints for gold standard median panel scores



AIM-MASH-assisted scoring is superior to traditional manual pathology scoring for enrollment and endpoint assessment



Pathologists aided by AIM-MASH are as good as the gold standard consensus panel at all MASH CRN components and clinical trial relevant assessments



Pathologists aided by AIM-MASH are **more accurate** in their assessment of **hepatocellular ballooning**, and **lobular inflammation** and non-inferior in their assessment of steatosis and fibrosis compared to unaided pathologists.



Pathologists aided by AIM-MASH are **superior** to unaided pathologists in accuracy in their assessment **of inclusion criteria, NAS ≥ 4 , F2/3, and relevant endpoint assessment, NASH resolution.**

AIM-MASH is **highly reproducible** and substantially improves scoring reproducibility compared with unassisted manual scoring

For further information, please refer to two recent publications on the development and clinical validation of AIM-MASH

nature medicine

AI-based automation of enrollment criteria and endpoint assessment in clinical trials in liver diseases

Iyer, J.S., Juyal, D., Le, Q. et al. Nat Med 30, 2914–2923 (2024).
<https://doi.org/10.1038/s41591-024-03172-7>



nature medicine

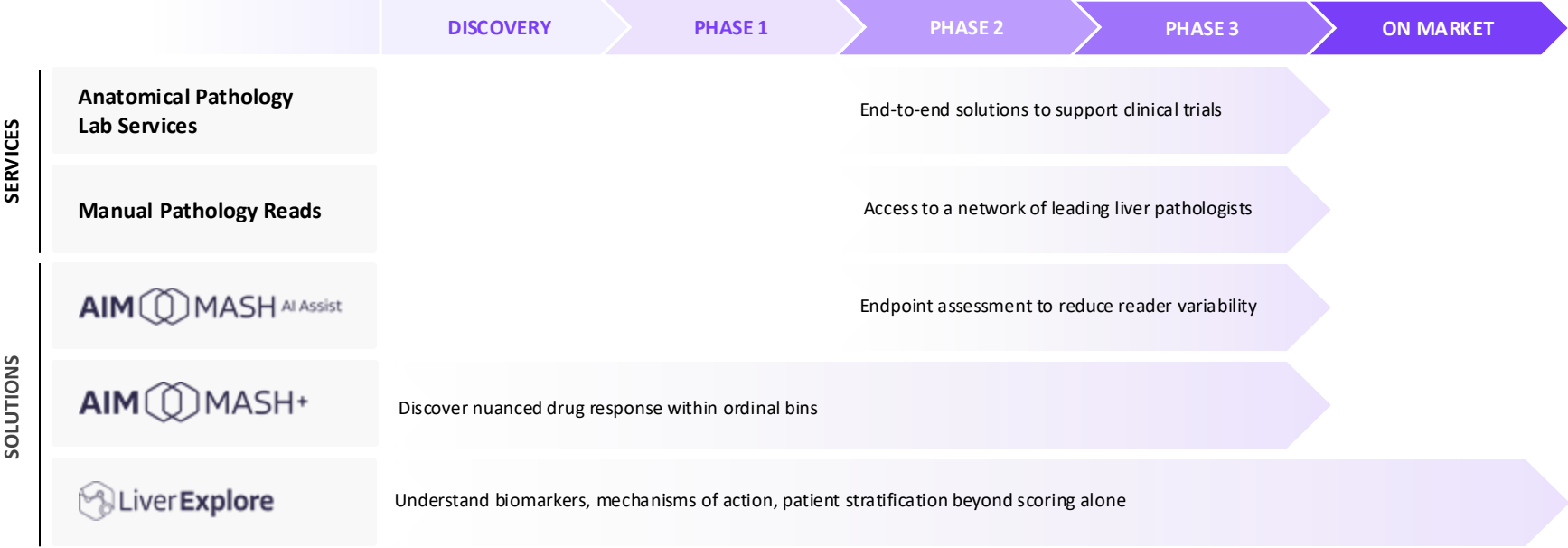
Clinical validation of an AI-based pathology tool for scoring of metabolic dysfunction-associated steatohepatitis

Pulaski, H., Harrison, S.A., Mehta, S.S. et al. Nat Med (2024).
<https://doi.org/10.1038/s41591-024-03301-2>



PathAI provides support throughout clinical development

Integrating unique solutions to your most pressing clinical challenges



Leveraging **quantitative insights** to uncover liver biology with **Liver Explore™**

Drug MOA, disease progression and beyond

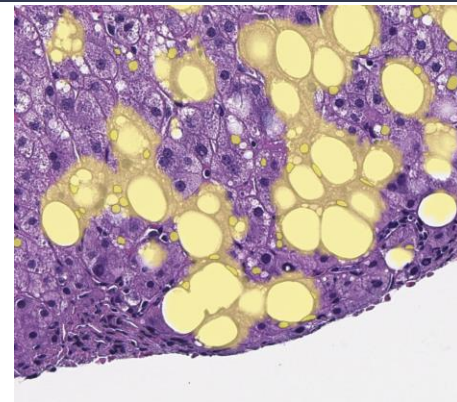


Liver Explore features can address hypothesized mechanisms

Mechanism	Liver Explore features
Reduced fat deposition	
Reduced inflammatory response	
Reduced fibrogenesis	
Recovery of hepatocyte function	

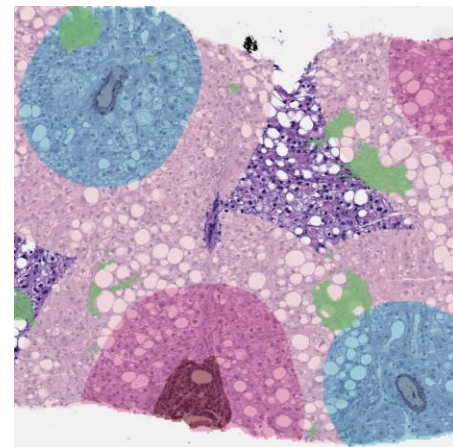
Liver Explore features can address hypothesized mechanisms

Mechanism	Liver Explore features
Reduced fat deposition	<ul style="list-style-type: none">•Proportionate area of steatosis•Density of steatotic hepatocytes
Reduced inflammatory response	
Reduced fibrogenesis	
Recovery of hepatocyte function	



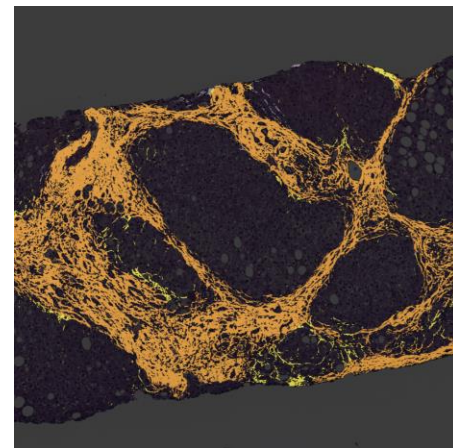
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Reduced fibrogenesis	
Recovery of hepatocyte function	



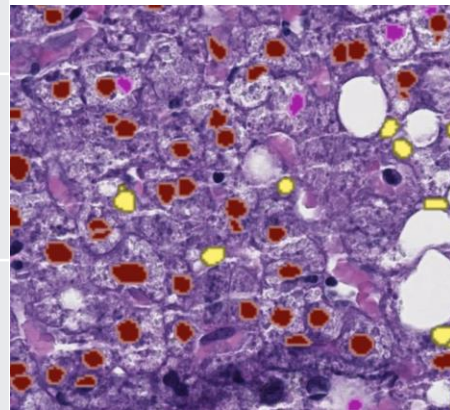
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Reduced fibrogenesis	<ul style="list-style-type: none">•Proportionate area of pathological fibrosis, or of fibrosis subtypes, over total tissue•Area ratio of fibrotic tissue to non-steatotic tissue•Density of fibroblasts
Recovery of hepatocyte function	



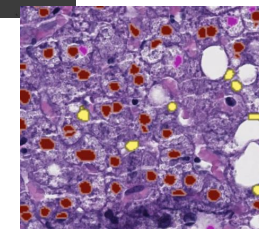
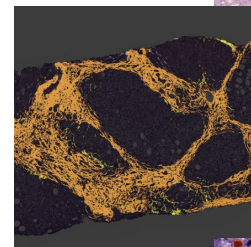
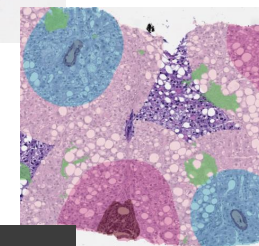
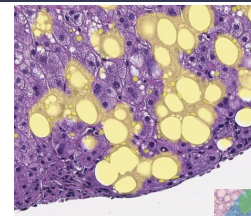
Liver Explore features can address hypothesized mechanisms

Mechanism	Liver Explore features
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Recovery of hepatocyte function	<ul style="list-style-type: none">•Density of normal hepatocytes•Proportion of normal hepatocytes relative to all hepatocytes•Proportionate area of hepatocellular ballooning•Nucleus size of normal hepatocytes



Liver Explore features can address hypothesized mechanisms

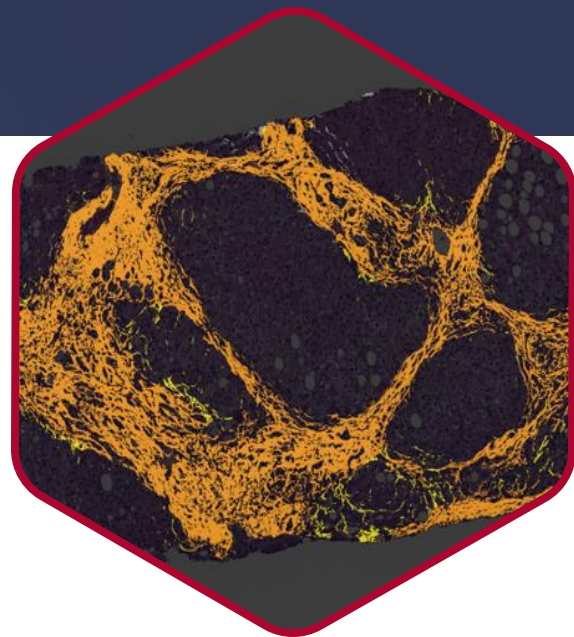
Mechanism	Liver Explore features
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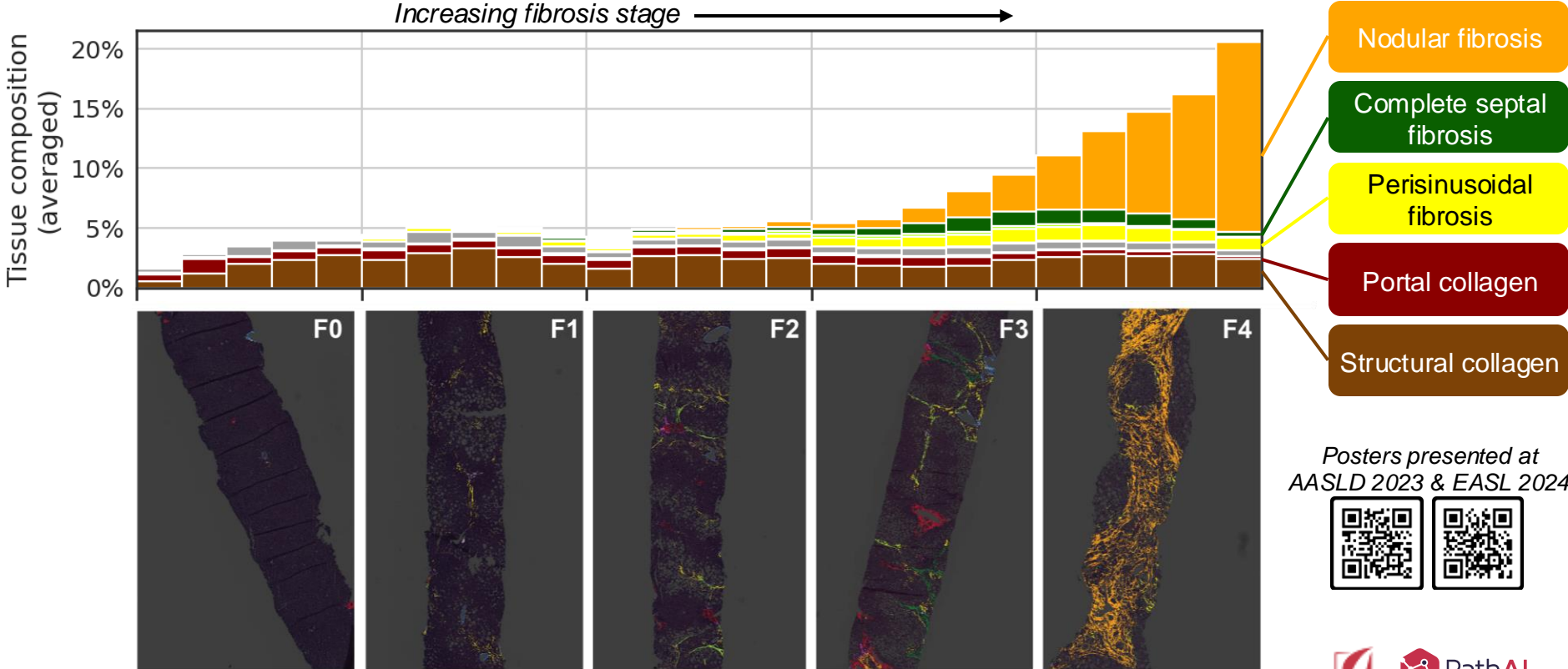
Case studies

Applying Liver Explore features to test hypotheses across liver disease indications

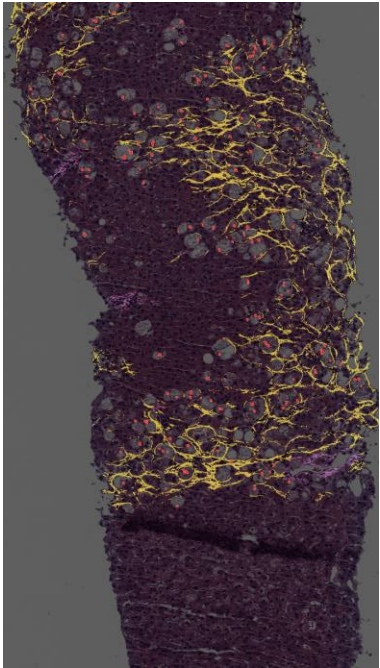
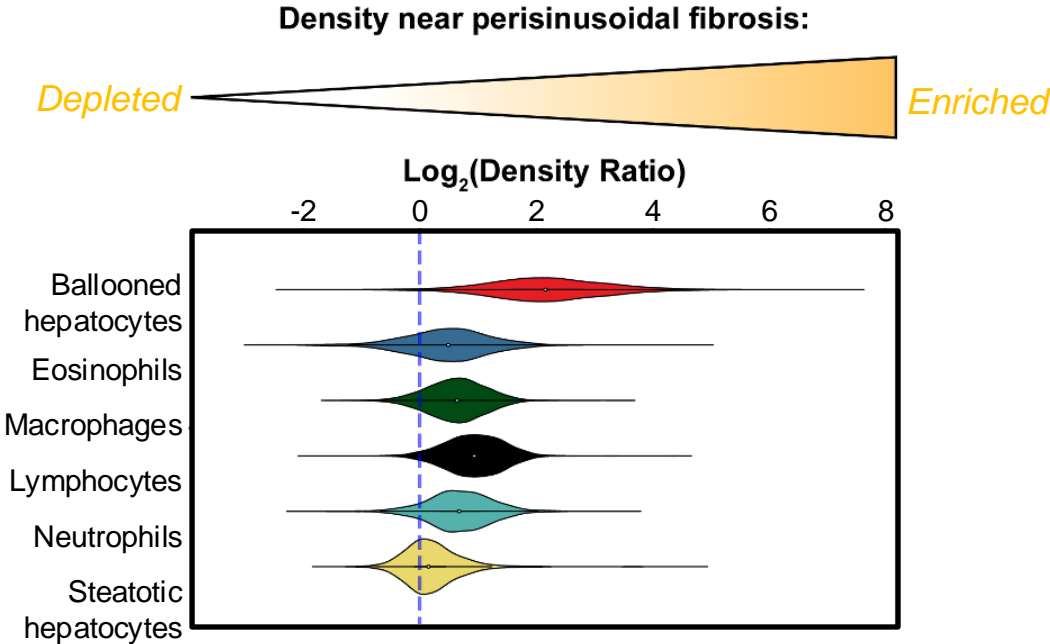
- 1. MASH: fibrosis insights and spatial insights** (quantitative characterization)
 - *Collaboration with Gilead (STELLAR-3 and STELLAR-4 datasets), results presented at AASLD 2023 and EASL 2024*
- 2. Bariatric surgery: histologic response to treatment**
 - *Collaboration with Unitat de Recerca Biomèdica, Universitat Rovira i Virgili (Step 2 cohort), results submitted to EASL 2025*
- 3. ASH: correlation with outcomes** (novel insights)
 - *Collaboration with the Mayo Clinic, results presented at AASLD 2024*



Liver Explore fibrosis subtyping features offer granular resolution within MASH CRN fibrosis stages



Spatial association revealed between cell types and fibrotic features



Ballooned hepatocytes

Perisinusoidal fibrosis

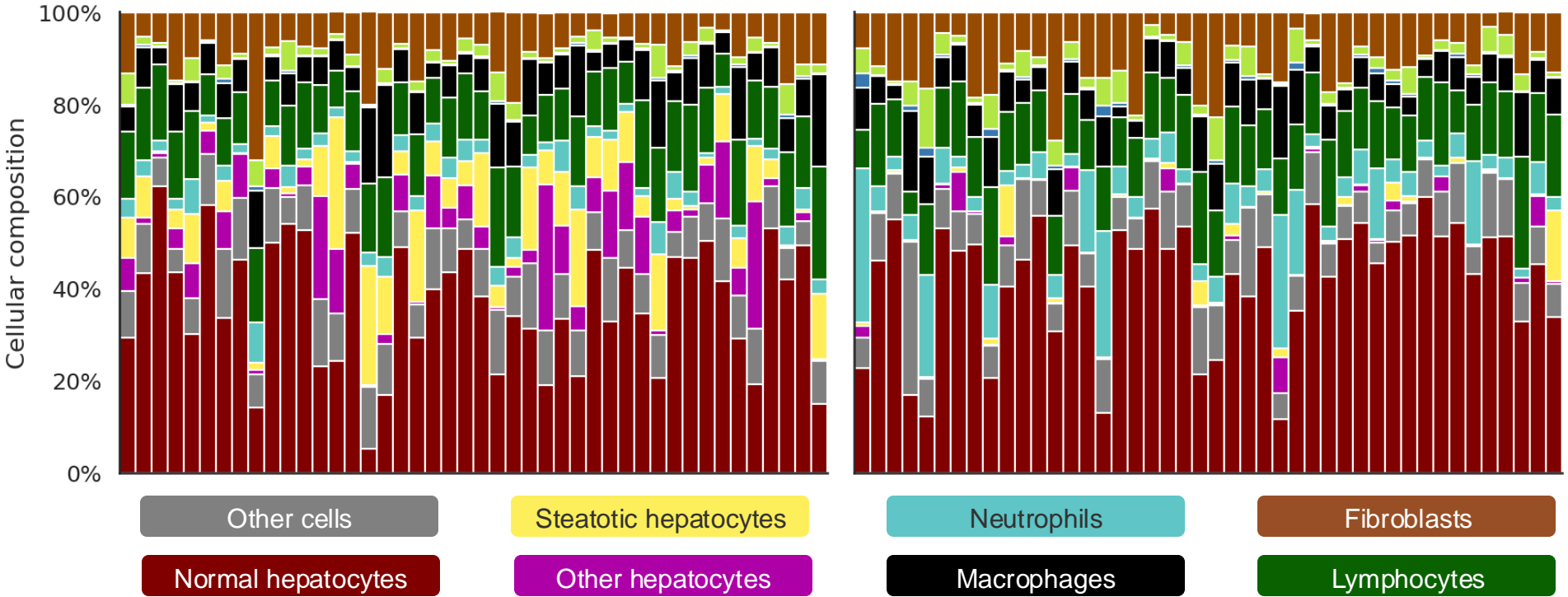
Poster presented at AASLD 2023



Bariatric surgery results in cellular composition changes

Prior to First intervention

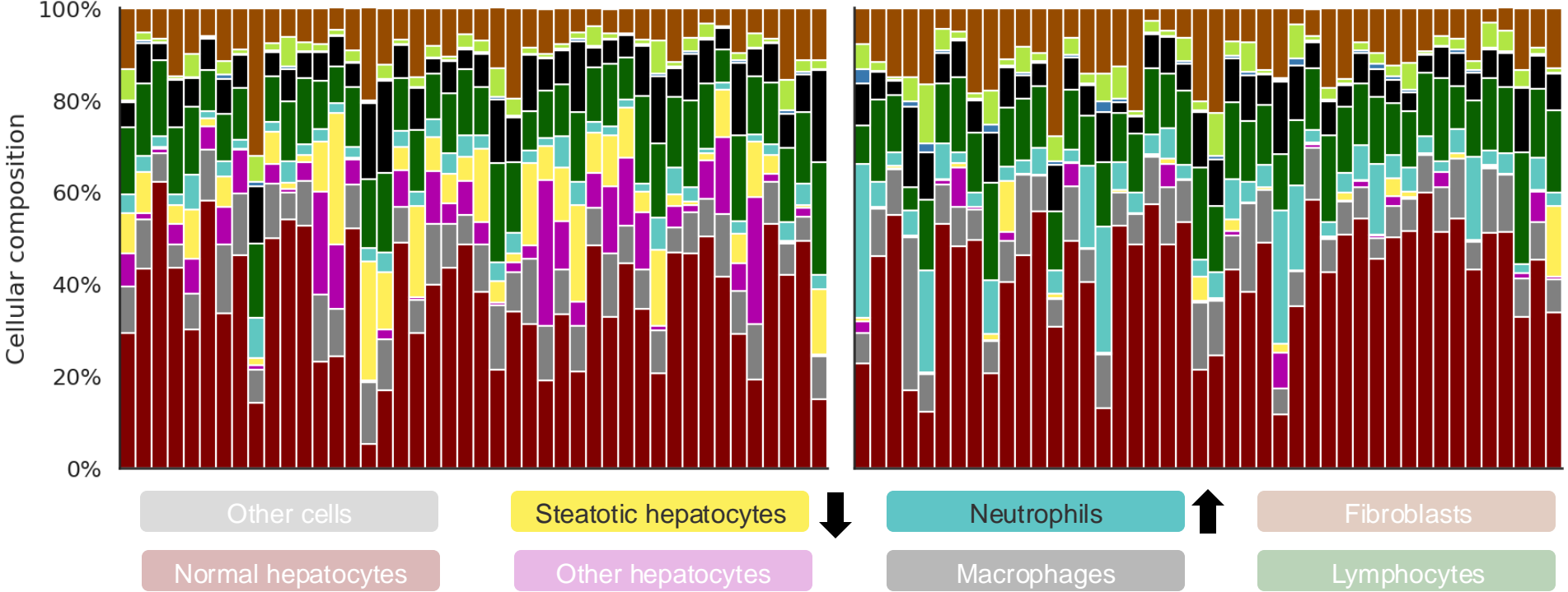
Prior to Second intervention



Bariatric surgery results in cellular composition changes

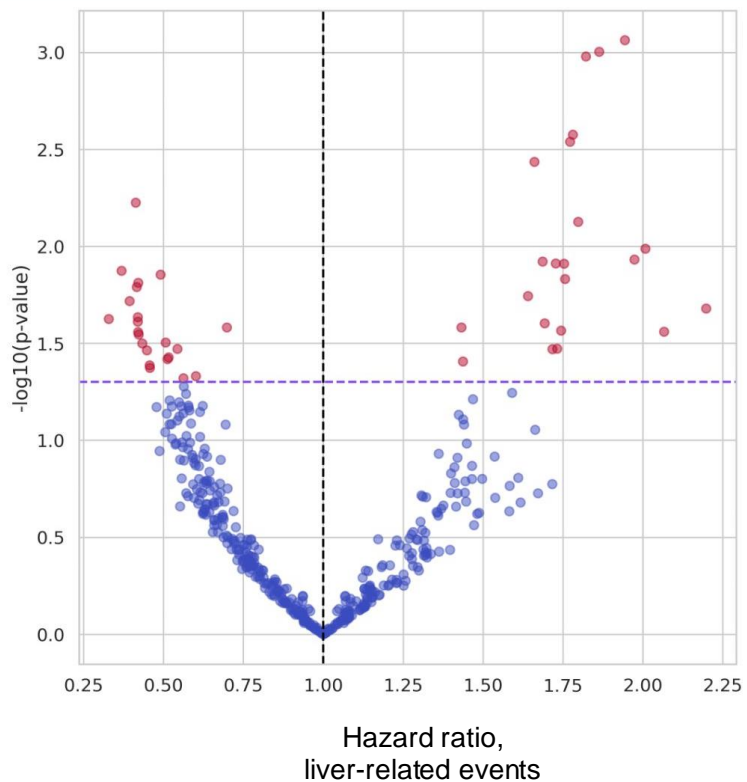
Prior to First intervention

Prior to Second intervention



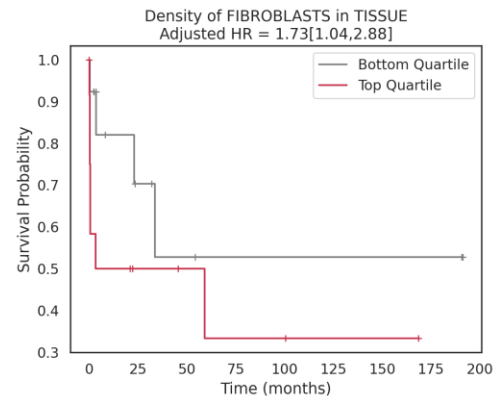
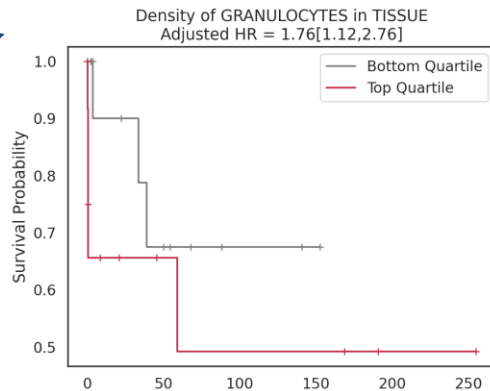
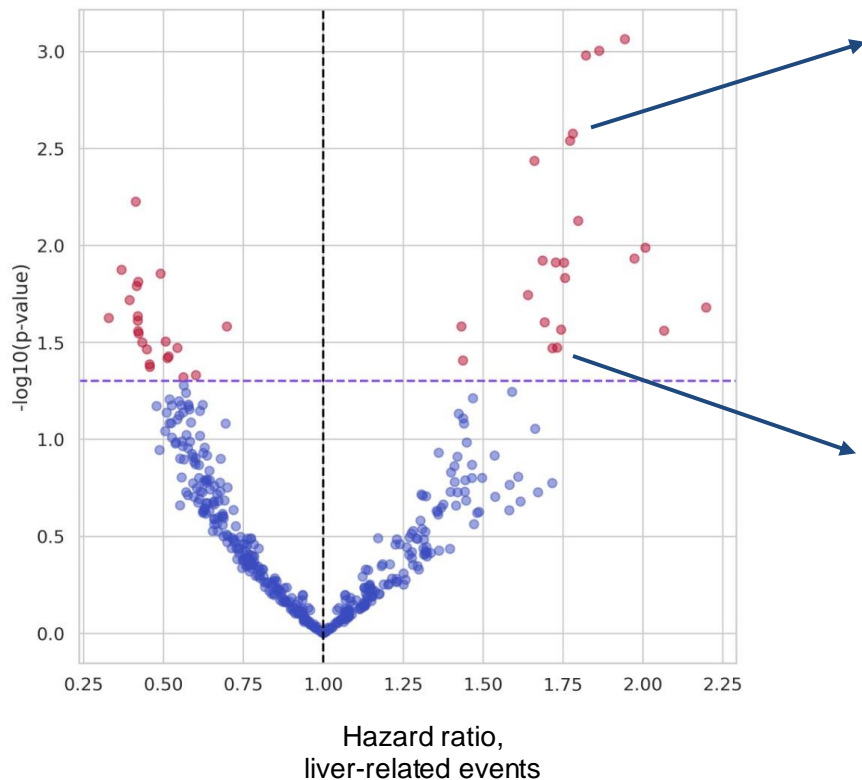
High-throughput biomarker discovery in ASH

Oral presentation at
AASLD 2024

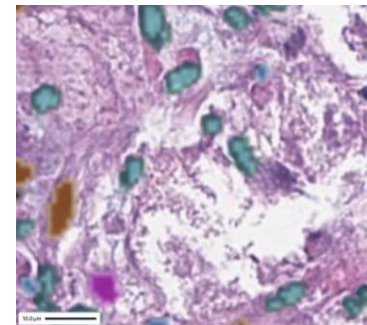


High-throughput biomarker discovery in ASH

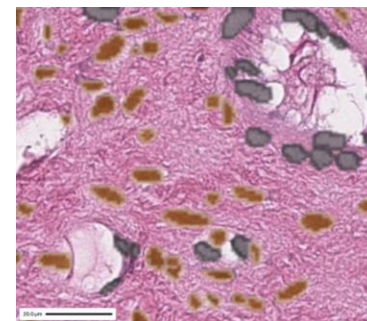
Oral presentation at
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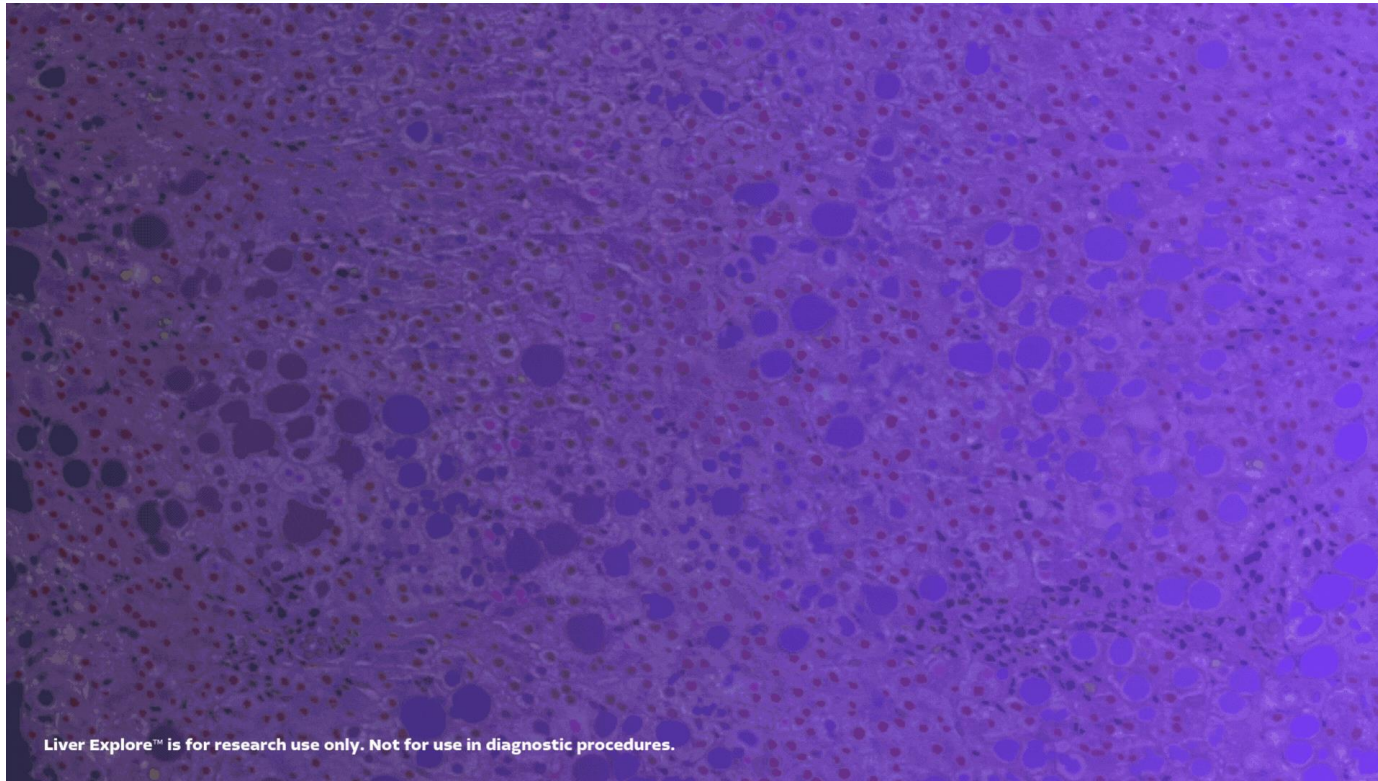
Granulocytes



Fibroblasts



Liver Explore™ at your fingertips



Demo Registration





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