

## **Hyperspectral Transmission Microscopy for Oral Cancer Diagnosis**

**Anneliese Jarman<sup>1</sup>, Arunthathi Manickavasagam<sup>2</sup>, Frederic Festy<sup>3</sup>**

**<sup>1</sup> King's College London, Tissue Engineering and Biophotonics Department**

**([anneliese.jarman@kcl.ac.uk](mailto:anneliese.jarman@kcl.ac.uk))**

**<sup>2</sup> Thorlabs, 1 St Thomas Place, Ely, CB7 4EX**

**<sup>3</sup> Virtual AI, 24 Oakwood, Berkhamsted, United Kingdom, HP4 3NQ**

Over the past decade, the incidence of oral cancer has been one of the fastest increasing of all cancers, with the statistics for oropharyngeal cancer being particularly concerning <sup>[1]</sup>. It is often detected late due to reliance on self-referral, and metastasis is found at first inspection in 32.5% of cases <sup>[2]</sup> meaning that prognosis tends to be poor. The diagnosis gold standard is biopsy followed by histopathological examination which has poor repeatability, particularly in marginal cases such as precancers <sup>[3,4]</sup>. The poor repeatability is due, in part, to the qualitative nature of the diagnostic techniques used. A quantitative technique for a second "opinion" in difficult cases could lead to improved repeatability. In time it could also be used to generate personalised treatment ameliorating the difficult balance between treatment which is aggressive enough to be effective without causing unnecessary detriment to the patients' quality of life.

Raman spectroscopy has been identified as a highly accurate diagnostic tool <sup>[5]</sup>, however it is too time consuming to be viable as a histopathological diagnostic aid on whole tissue sections as it scans the full area point-by-point. Therefore, a spectral scanning hyperspectral transmission microscope has been developed and is being tested for use as a rapid pre-screening technique to locate small regions of clinical interest for further investigation with vibrational spectroscopy, or for complete diagnostic imaging alone.

Unstained human oral tissue is very complex, therefore data from simpler biological samples have also been collected for this work, including saliva droplets and mouse tissue. Analysis was carried out using in-house cluster analysis software as well as texture analysis software, which is currently under development.

### **References**

- [1] Louie KS, Mehanna H, Sasieni P. Trends in head and neck cancers in England from 1995 to 2011 and projections up to 2025. *Oral Oncol* 2015; 51:341-8.
- [2] S Fan, Q L Tang, Y J Lin, Wei-Liang Chen, J S Li, Z Q Huang, Z H Yang, Y Y Wang, D M Zhang, H J Wang, E D Ribeiro, Q Cai, and L Wang. A review of clinical and histological parameters associated with contralateral neck metastases in oral squamous cell carcinoma. *Int J Oral Sci International Journal of Oral Science*, 3(3):180{191, 2011.
- [3] S M Ismail, A B Colclough, J S Dinnen, D Eakins, D M Evans, E Gradwell, J P O'Sullivan, J M Summerell, and R G Newcombe. Observer variation in histopathological diagnosis and grading of cervical intraepithelial neoplasia. *BMJ (Clinical research ed.)*, 298(6675):707{10, mar 1989.
- [4] W G McCluggage, H Bharucha, L M Caughley, A Date, P W Hamilton, C M Thornton, and M Y Walsh. Interobserver variation in the reporting of cervical colposcopic biopsy specimens: comparison of grading systems. *Journal of clinical pathology*, 49(10):833{5, oct 1996.
- [5] S P Singh, A Deshmukh, P Chaturvedi, C Murali Krishna. In vivo Raman spectroscopy for oral cancers diagnosis. *Proc. Of SPIE Vol. 8219 82190K*. Feb 2012 10.1117/12.905453