

A Collaborative Suite for Radiology and Urology



MIM Symphony<sup>TM</sup> is an exciting new collaborative platform for prostate cancer diagnosis and management. With no compromise solutions for radiology and urology, both disciplines are able to focus on their specialties while providing each other a wealth of information for accurate diagnosis and staging.

# mpMR Reporting

The power of multiparametric MR for accurate diagnosis and staging of prostate cancer is virtually undeniable. However, in-bore MR-quided biopsies are or motion corrections can be accomplished in seconds. impractical on a broad scale.

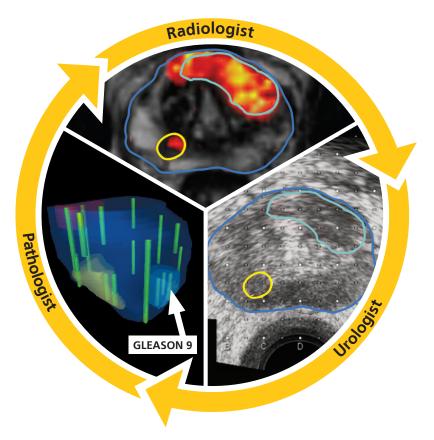
MR-based diagnoses are only as good as the radiologist making them. And software tools are essential. PACS viewers are insufficient for linking functional and anatomical MR images and

"In terms of standardizing reporting, and making reporting faster, MIM Symphony has the potential to improve things significantly from where we are at the moment."

DR SHONIT PUNWANI **Consultant Radiologist University College London** 

lack quantitation. With MIM®, all MR images are linked together automatically and any necessary alignment Quantitation is also automatic, and suspicious areas can be identified or confirmed by their restricted diffusion or their contrast enhancement patterns with ease.

Reporting is rich with MIM, including standardized reporting tools, such as PI-RADS. Graphical and 3D reporting can provide an enhanced representation for understanding the precise location and size of the suspicious lesions within the prostate.



## **Fusion Biopsy**

The greatest power of the system for the urologist is being able to precisely biopsy an MR defined target using ultrasound guidance. MIM Symphony makes this easy – with radiologist-defined targets rendered over the live ultrasound image.

The fusions take mere seconds, thanks to MIM's ReSlicer™. With this technology, the radiologist can reorient and reslice the MR to generate images which will correspond precisely with the ultrasound images – all before the biopsy. During the procedure, it's simply a matter of verifying that the capsule as identified

on MR matches the prostate visualized using ultrasound.

"The advantages of using the MIM Symphony system are multiple. Before we even take the biopsies, there is less planning for me to do because the radiologists have done it. In theatre, we need less time. We are more precise because we are taking biopsies in the actual areas cancer is likely to be. The side effects for the patients are much less. Overall, it is a much better experience for the patient, the urologist, and the radiologist."

MR. MARK LANIADO
Consultant Urological Surgeon
Heatherwood & Wexham
Park Hospital NHS Trust

With MIMcloud™, the images, lesion contours, and resliced images can be sent nearly instantly to the urologist. And since everything is prepared by the radiologist in advance, the biopsy can be just as fast as without MR.

## Patient Management

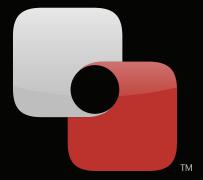
After the biopsy, the pathology results can be linked to the biopsy record. Greater confidence that the index lesion has been targeted can result in more accurate staging and better informed treatment decisions. All the data, including MR identified lesions and biopsy results, can be presented by urologists in a way patients can understand.

Should a repeat MR be taken, as part of an active surveillance protocol for example, all previous results are available to quantify and localize any detectable changes. Comparison imaging is fast and easy with MIM Symphony, and previous biopsy locations can be correlated with new images to identify precise targets for potential repeat biopsy.

MR is changing the management of prostate cancer. And MIM Symphony is unleashing the power of MR at every step of that pathway.

"One of the great and unique things about MIM Symphony is that it is a pathway solution. It can be implemented at the beginning when the PSA is high and also 10, 15 years later when that prostate is being reimaged. The software not only renders the whole process more efficient, but actually makes the radiologist's life easier."

PROFESSOR MARK EMBERTON
Professor of Interventional Oncology
University College London





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