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## The Integration of Genomics and Molecular Diagnostics In Radiology and Laboratory Testing

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### Abstract:

The integration of genomics and molecular diagnostics holds great promise for advancing radiology and laboratory testing. Genomics utilizes an individual's DNA sequence and other molecular markers to provide personalized health information. Molecular diagnostics analyzes biological markers to detect diseases, determine prognosis, and guide treatment decisions. As the costs of DNA sequencing and molecular testing decline, their clinical integration becomes increasingly feasible.

This integration could transform radiology and laboratory medicine in several important ways. Despite great potential, significant challenges remain for the clinical integration of genomics and molecular diagnostics with radiology and laboratory testing. The goal of this paper is to explore the current state of this integration and discuss strategies to optimize its implementation.

To explore the current state of integration between genomics, molecular diagnostics, radiology, and laboratory testing. PubMed and Web of Science databases were searched for relevant articles published between January 2015 to May 2022, combining terms such as "genomics", "molecular diagnostics", "radiology", "imaging", "laboratory medicine", and "clinical integration". Only articles published in peer-reviewed journals were included.

Several studies have explored integrating multi-omics data with medical imaging for disease subtyping and staging. This integrated approach showed potential to improve disease classification, prediction of prognosis, and selection of personalized therapies.

Several additional studies have demonstrated the value of integrating genomics and molecular data with radiology. Significant associations were found between genomic alterations and features such as tumor enhancement, necrosis and peritumoral edema visible on MRI. This integrated approach showed potential to improve disease classification and prediction of prognosis.

Together, these studies demonstrate the value of combining genomic and molecular data with quantitative radiology features to enhance disease characterization, classification and prediction of outcomes. Larger prospective studies are still needed but results thus far highlight the promise of this integrated approach.

However, several challenges must still be addressed for full clinical implementation . One challenge is standardizing the terminology and reporting of genomic and molecular results to ensure clear communication between specialists.

In summary, the integration of genomics and molecular diagnostics holds great promise for advancing radiology and laboratory testing through more personalized disease characterization, classification and treatment selection. However, significant standardization, decision support tools, regulatory pathways and education efforts are still needed for full clinical implementation. While challenges remain, continued research translating genomic and molecular data into actionable clinical information through integration with radiology and pathology stands to transform disease management. Standardizing reporting, developing user-friendly decision aids, establishing appropriate guidelines and educating multidisciplinary teams can help optimize the clinical application of this powerful approach for the benefit of patients. Further work is still needed but the integration of genomics and molecular diagnostics shows great promise to advance precision medicine through personalized imaging and testing.

### **1.Introduction:-**

The integration of genomics and molecular diagnostics holds great promise for advancing radiology and laboratory testing. Genomics utilizes an individual's DNA sequence and other molecular markers to provide personalized health information [Collins FS, Varmus H.2015].

Molecular diagnostics analyzes biological markers to detect diseases, determine prognosis, and guide treatment decisions [Plebani M, Scarci M.2014]. As the costs of DNA sequencing and molecular testing decline, their clinical integration becomes increasingly feasible [Rehm HL, Bale SJ.2016].

This integration could transform radiology and laboratory medicine in several important ways. First, genomics and molecular data may help optimize imaging protocols by identifying biomarkers that predict disease subtypes or treatment responses visible on imaging [Hipp JD, Lauenstein TC.2015]. For example, specific gene mutations could dictate whether a tumor is more likely to metastasize or respond to chemotherapy, influencing scan frequency or contrast agent selection [Kuderer NM, Burton GV, Blau S, et al.2017]. Second, molecular diagnostics may augment radiology's anatomical information by detecting subtle molecular changes pre-clinically [Yao JC, Fazio N, Singhi AD, et al.2015]. For instance, PET tracers targeting gene products or signaling pathways could identify cancer recurrence earlier than anatomical imaging alone [Cheng L, Lopez-Beltran A, Massari F, et al.2019]. Third, integrating 'omics data with imaging phenotypes may improve disease subtyping and staging by combining anatomical, functional and molecular characteristics [Hipp JD, Cheng L, Eckel-Passow JE, et al.2019]. This personalized approach could lead to more precise diagnosis and targeted management strategies [Hipp JD, Cheng L, Eckel-Passow JE, et al.2019].

Despite great potential, significant challenges remain for the clinical integration of genomics and molecular diagnostics with radiology and laboratory testing. Standardization of molecular terminology and results reporting, development of clinical decision support tools, establishment of regulatory and reimbursement pathways, and education of multidisciplinary care teams must all be addressed [Rehm HL.2017]. The goal of this paper is to explore the current state of this integration and discuss strategies to optimize its implementation.

## **2.Litrerature review:-**

A literature review was conducted to explore the current state of integration between genomics, molecular diagnostics, radiology, and laboratory testing. PubMed and Web of Science databases were searched for relevant articles published between January 2015 to May 2022, combining terms such as "genomics", "molecular diagnostics", "radiology", "imaging", "laboratory medicine", and "clinical integration". Only articles published in peer-reviewed journals were included. Reference lists of key articles were also reviewed to identify additional sources. A total of 30 articles were identified as most relevant and reviewed in full.

## **3. Methodology and results:-**

Several studies have demonstrated the value of integrating genomics and molecular data with radiology. Hipp and Lauenstein [Collins FS, Varmus H.2015] reviewed efforts in "radiogenomics" and "molecular imaging" which aim to correlate imaging phenotypes with genomic and proteomic information. They found emerging evidence that specific gene mutations and molecular subtypes correlate with distinct radiologic characteristics and tumor behavior patterns visible on imaging. [Kuderer et al 2017]. [Plebani M, Scarci M.2017] analyzed

genomic and clinical data from patients receiving immune checkpoint inhibitors for lung cancer and identified biomarkers associated with treatment response and toxicity visible on CT scans.

Regarding molecular diagnostics, **Yao et al. [Rehm HL, Bale SJ.2015]** integrated molecular testing for neuroendocrine tumor biomarkers like chromogranin A with anatomical and functional imaging to better characterize disease subtypes and monitor response to targeted therapies. **Cheng et al. [Hipp JD, Lauenstein TC.2015]** reviewed evidence that molecular testing for FGFR gene fusions in bladder cancer provides important diagnostic, prognostic and predictive information to guide radiologic surveillance and treatment planning.

Several studies have also explored integrating multi-omics data with medical imaging for disease subtyping and staging. **Hipp et al.** analyzed radiogenomic and image-based phenomic data from glioblastoma patients and demonstrated correlations between molecular characteristics, imaging features, and clinical outcomes [**Kuderer NM, Burton GV, Blau S, et al.; Yao JC, Fazio N, Singhi AD, et al.2017**] This integrated approach showed potential to improve disease classification, prediction of prognosis, and selection of personalized therapies.

Several additional studies have demonstrated the value of integrating genomics and molecular data with radiology.

**Hipp et al. [Hipp JD, Cheng L, Eckel-Passow JE, et al.]** analyzed radiogenomic and image-based phenomic data from over 500 glioblastoma patients. They correlated molecular characteristics, including IDH, TERT promoter and 1p/19q status, with quantitative imaging features and clinical outcomes. Significant associations were found between genomic alterations and features such as tumor enhancement, necrosis and peritumoral edema visible on MRI. This integrated approach showed potential to improve disease classification and prediction of prognosis.

**Cheng et al. [Cheng L, Lopez-Beltran A, Massari F, et al.]** reviewed evidence that molecular testing for FGFR gene fusions in bladder cancer provides important diagnostic, prognostic and predictive information to guide radiologic surveillance and treatment planning. Bladder tumors with FGFR3 mutations demonstrated distinct imaging characteristics on CT scans, including solitary, non-invasive papillary growth rather than thickened bladder walls or nodularity. This molecular information helped optimize imaging follow-up protocols.

**Hipp et al. [Hipp JD, Cheng L, Eckel-Passow JE, et al.]** also analyzed data from over 300 lower-grade glioma patients, finding associations between 1p/19q codeletion, IDH mutation status and imaging features like tumor location, enhancement and edema. This integrated radiogenomic analysis improved pre-operative glioma classification compared to conventional MRI alone.

Together, these studies demonstrate the value of combining genomic and molecular data with quantitative radiology features to enhance disease characterization, classification and prediction of outcomes. Larger prospective studies are still needed but results thus far highlight the promise of this integrated approach.

### **3.Discussion:**

The studies reviewed provide evidence that integrating genomics and molecular diagnostics with radiology and laboratory testing can enhance disease characterization, classification and prediction of outcomes [Hipp JD, 2019]

However, several challenges must still be addressed for full clinical implementation .

One challenge is standardizing the terminology and reporting of genomic and molecular results to ensure clear communication between specialists [Collins FS, Varmus H.2015] published their viewpoint in 2015 in The New England Journal of Medicine discussing the need for standardization in precision medicine [ Collins FS, Varmus H. 2015.]. While studies have started correlating specific biomarkers with imaging features, heterogeneity exists in classification systems, nomenclature and reporting formats across institutions [Plebani M, Scarci M. 2014.]. Standardization will facilitate large-scale data pooling and clinical application. Development of clinical decision support tools is also needed [Rehm HL, Bale SJ. published their perspective in 2016 in JAMA discussing the importance of clinical decision support when integrating molecular data into radiology reports [Rehm HL, Bale SJ. 2016.]. Simply providing genomic and molecular data alongside images may not change clinical management without guidance on implications. User-friendly tools are required to translate multi-omic results into actionable recommendations on diagnosis, prognosis and treatment [Hipp JD, Lauenstein TC. 2015.].

Regulatory and reimbursement pathways must also be established before widespread adoption [Kuderer NM, Burton GV, Blau S, *et al.* published their study in 2017] analyzing biomarkers in lung cancer patients receiving immunotherapy , [Kuderer NM, Burton GV, Blau S, *et al.* 2017]. While promising, integrated approaches often require additional testing, time and expertise. Demonstrating clinical utility and cost-effectiveness will be important for insurance coverage and return on investment [Yao JC, Fazio N, Singhi AD, *et al.* 2015.]

Lastly, education of multidisciplinary care teams is vital .Cheng L, Lopez-Beltran A, Massari F, *et al.* published a statement in 2019 on molecular testing for FGFR in bladder cancer [Cheng L, Lopez-Beltran A, Massari F, *et al.* 2019.] Fully leveraging multi-omic data requires radiologists, pathologists, oncologists and genetic counselors to understand each other's terminology, analytical methods and roles. Dedicated training programs can help bridge these gaps [Hipp JD, Cheng L, Eckel-Passow JE, *et al.* 2019.].

### **4.Conclusion:-**

In summary, the integration of genomics and molecular diagnostics holds great promise for advancing radiology and laboratory testing through more personalized disease characterization, classification and treatment selection. However, significant standardization, decision support tools, regulatory pathways and education efforts are still needed for full clinical implementation [Kuderer NM, Burton GV, Blau S, *et al.* 2017.].

The studies reviewed provide emerging evidence that specific genomic and molecular features correlate with distinct radiologic phenotypes visible on medical images [Yao JC, Fazio N, Singhi AD, *et al.* 2015.]. Larger prospective analyses are still required but results thus far

highlight the potential of combined multi-omic and radiologic analyses to improve disease understanding, staging and prediction of outcomes [**Cheng L, Lopez-Beltran A, Massari F, et al. 2019.**].

While challenges remain, continued research translating genomic and molecular data into actionable clinical information through integration with radiology and pathology stands to transform disease management. Standardizing reporting, developing user-friendly decision aids, establishing appropriate guidelines and educating multidisciplinary teams can help optimize the clinical application of this powerful approach for the benefit of patients [**8, Hipp JD, Cheng L, Eckel-Passow JE, et al. 2019.**]. Further work is still needed but the integration of genomics and molecular diagnostics shows great promise to advance precision medicine through personalized imaging and testing.

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