# Efficacy and reproducibility of the Al-assisted Gubra Histopathological Objective Scoring Technique (GHOST) in preclinical rodent models of fibrosing NASH

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#### **Background & Aim**

Drug efficacy testing in animal models of NASH should include clinical primary endpoint assessment for histopathological NAFLD Activity Score and Fibrosis Stage/Ishak Fibrosis Score. Manual histopathological scoring are prone to inter- and intra-observer variability which can significantly influence reproducibility of results.

To enable objective and unbiased histopathological assessment in liver biopsies from mouse models of NASH, we developed and validated **Gubra** 

Histopathological Objective Scoring Technique (GHOST), an automated deep learning-based digital imaging analysis pipeline for the NAFLD Activity Score and fibrosis staging/scoring system.

## Methods

Liver biopsies were obtained from two industrystandard rodent models of NASH:

- GAN diet-induced obese (GAN DIO-NASH) mouse
- Choline-deficient L-amino acid defined high-fat diet (CDAA-HFD) rat

Automated GHOST analysis was performed on HE and PSR stained sections and validated against manual scoring:

- NAFLD Activity Score (NAS):
  - Steatosis (score 0-3)
  - Lobular inflammation (score 0-3)
  - Ballooning degeneration (score 0-2)
- Fibrosis stage (score 0-4)
- Ishak score (score 0-6)

Corresponding quantitative histomorphometrics:

- Density of hepatocytes with lipid droplets
- Number of inflammatory foci
- Ballooning cell index
- Fractional area of periportal and perisinusoidal fibrosis







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calculated based on simple threshold

## Agreement between GHOST and manual scoring

#### **NAFLD Activity Score**

GHOST score

GHOST score

## **Fibrosis Stage** 2 0 1 3

GHOST score

**Cohen's** Kappa

NAFLD	Fibrosis	Ishak
score	stage	score
0.72	0.84	0.82



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using the Threshold image analysis method based on a polynomial local linear filter feature.



Figure 5. GHOST-based histomorphometrics on scoring variables. (A) Percentage of hepatocytes with lipid droplets relative to total hepatocyte counts (mean ±SEM) (B) Number of inflammatory foci pr mm<sup>2</sup> (mean ±SEM). (C) Ballooning cell index. (D) Percentage of area with fibrosis in section (mean ±SEM). (E) Percentage of area of periportal fibrosis in the section (mean ±S EM). (F) Percentage of area of sinusoidal fibrosis in the section (mean ±SEM).



Figure 3. GHOST-based Ishak fibrosis score. (A) PSR-stained liver section from CDAA-HFD rat. (B) PSRstained liver section from age-matched control. In the top panel the original image is shown. In the lower panel images are divided into squares and classified using convolutional neural network (CNN) analysis. Output of the CNN analysis was used in a machine learning algorithm to train the AI to predict fibrosis. Boxes of different colours have been given different Ishak scores : White=0, orange=5 and red=6,

### Conclusion

- GHOST shows high agreement with manual scoring by expert histopathologist in industry-standard rodent models of NASH
- GHOST provides fast, accurate and reproducible histopathological scoring
- GHOST enables quantitative analysis of scoring-derived variables
- GHOST is highly applicable for assessment of drug effects on clinical histopathological hallmarks in rodent models of NASH



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