

# Re: [External] SPAN: U Iowa TTC analysis

## Assignment requested 7/22/21

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From: **Karisma A Nagarkatti** | nagarkat@usc.edu

Friday, Jul 9,  
9:46 AM

To: **Dhanesha, Nirav A** | nirav-dhanesha@uiowa.edu, **Chauhan, Anil** | anil-chauhan@uiowa.edu, **Leira, Enrique C** | enrique-leira@uiowa.edu

Cc: **Patrick Lyden** | plyden@usc.edu, **Jessica Lamb** | lambj@usc.edu, **cayata@mgh.harvard.edu** | cayata@mgh.harvard.edu, **Ryan Cabeen** | Ryan.Cabeen@loni.usc.edu

From:

Hi Nirav,

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<username>:

span

<password>:

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There is an instructional video on the site that describes and demonstrates how to use the tool. Some slices may be poorly stained or have missing parts. Please use your best judgement in defining the brain and lesion outlines, like when you are measuring infarct volumes for your own projects. Whatever rules you follow when outlining the slices, please apply to all brains. If there is no lesion, you can skip that label, but every image should have at least a brain label. You may also label any other features that you find relevant using a custom label. Your work will be saved automatically to the server, so you won't have to worry about sending results back to us. **Please let the coordinating center know when you are finished with the task.** It should take 30 seconds to 1 minute per image, so the task should take less than two hours. If you leave the site, you can return and find your previous work, but you will need to skip ahead to the image where you left off.

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From: **Dhanesha, Nirav A** | nirav-dhanesha@uiowa.edu

Friday, Jul 9, 10:16 AM

To: **Karisma A Nagarkatti** | nagarkat@usc.edu, **Ryan Cabeen** | Ryan.Cabeen@loni.usc.edu

Cc: **Jessica Lamb** | lambj@usc.edu, **Chauhan, Anil** | anil-chauhan@uiowa.edu, **Leira, Enrique C** | enrique-leira@uiowa.edu

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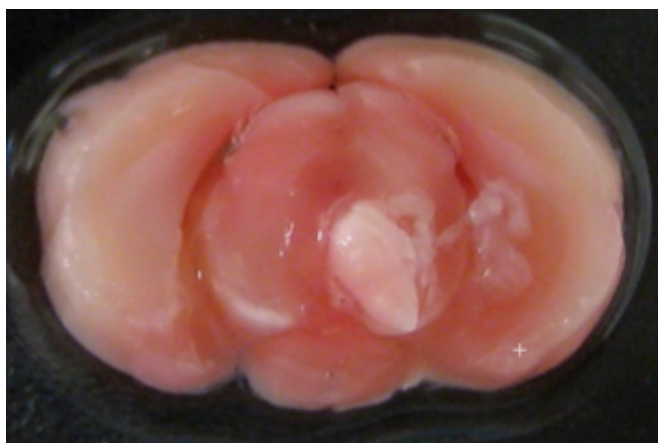
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From: **Ryan Cabeen** | [ryan.cabeen@loni.usc.edu](mailto:ryan.cabeen@loni.usc.edu)

Friday, Jul 9, 6:05 PM

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Ryan, Karisma,

Is there a way to label R/L and put the sections in order, if they are not already?

We need to get this done soon, I don't think we should make the staff do the outlining twice.

Let me know your thoughts...

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From:

From: **Ryan Cabeen** | ryan.cabeen@loni.usc.edu

Monday, Jul 12, 7:03 PM

To: **Patrick Lyden (USC)** | plyden@usc.edu, **Ayata, Cenk, M.D.** | CAYATA@mgh.harvard.edu

Cc: **Jessica Lamb (USC)** | lambj@usc.edu, **Karisma Nagarkatti (USC)** | nagarkat@usc.edu

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From: **CAYATA@mgh.harvard.edu**

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From: **Patrick Lyden** | plyden@usc.edu

Saturday, Jul 10, 8:35 AM

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From: **Ayata** | CAYATA@mgh.harvard.edu

To: **Ryan.Cabeen@loni.usc.edu**

Friday, Jul 9, 11:36 PM

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However, if we leave them completely alone, I suspect the TTC-MRI correlation will also suck, which beats the purpose of doing a “validation” pilot.

In other words, for validation we need the real TTC lesion outlined. For showing superiority of MRI, we need real world simulation.

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From: **Ryan Cabeen** | Ryan.Cabeen@loni.usc.edu

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What do you think?

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From: **Nirav A** | nirav-dhanesha@uiowa.edu

Friday, Jul 9, 10:16 AM

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I have one question:

Are these slices arranged for right side infarctions? In other words, should I label lesion on right or left or both side ?

For example, the below image (taken from the LONI) white part is visible on both the side.  
In such case what is the best way to label infarction?

Kindly advise

Nirav

<image003.png>

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To: **Dhanesha**

Friday, Jul 9, 11:46 AM

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Monday, Jul 12, 8:40 PM

To: **Ryan Cabeen** | Ryan.Cabeen@loni.usc.edu

Cc: **Patrick Lyden (USC)** | plyden@usc.edu, **Jessica Lamb (USC)** | lambj@usc.edu, **Karisma Nagarkatti (USC)** | nagarkat@usc.edu

Ok, let's just release what Ryan said to the group in case they wanted to know.

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