

## VIDA Extends Trial Imaging Platform with the Addition of Data-Driven Texture Analysis (DTA) Fibrosis Score for ILD

VIDA adds the extensively validated and widely published DTA Fibrosis Score to its suite of Interstitial Lung Disease (ILD) solutions

CORALVILLE, IA, UNITED STATES, August 20, 2025 /EINPresswire.com/ -- VIDA Diagnostics, Inc. (VIDA), the leader in clinical imaging intelligence, has added DTA Fibrosis Score to its ILD imaging solution for clinical trials. DTA is a deep learning-based solution that automatically quantifies lung fibrosis on high-resolution computed tomography (HRCT) scans, using hallmark radiologic features of fibrosis including reticulation, honeycombing, and traction bronchiectasis. Licensed from National Jewish Health and previously applied to tens of thousands of scans from diverse, multi-center clinical trials, registries, and research cohorts, DTA provides an exceptionally robust and validated measure of fibrosis, with an established minimum clinically important difference (MCID) of 3.4% for IPF populations [1] and demonstrated sensitivity to small changes in early lung fibrosis [2,3].

"Studies using DTA have provided strong evidence that deep learning-based measurement of lung fibrosis extent is a clinically meaningful imaging biomarker," said Stephen Humphries, PhD, Associate Professor of Radiology at National Jewish Health. "We are pleased to expand its availability in clinical trials to enable more precise quantitative CT analysis and to support better understanding and treatment of ILDs."

DTA enhances the industry's most complete ILD imaging solution. In addition to the DTA Fibrosis Score, VIDA's ILD offering enables the following trial services:

- Enhanced eligibility assessments, supported by novel, patented visualizations, including Tomographic Multiplanar Reformat (tMPR), Subpleura View and automated quantification of tissue patterns and density.
- Robust, comprehensive endpoint assessments, with up to 15,000 metrics per scan utilizing CT and Xenon MRI biomarkers to measure changes in lung structure and function. VIDA's platform supports integration of best-of-breed partner algorithms for the most complete disease assessment available.
- Collection and management of high-quality global imaging data, leveraging a modern cloud platform to orchestrate imaging-based trials at scale.

"VIDA continues to bring the most innovative and validated imaging biomarker solutions to our industry leading platform", said Susan Wood, PhD, CEO of VIDA. "Our ability to reliably quantify fibrosis in global trials and cohorts gives biopharma sponsors deeper response insights, enabling more informed, faster development decisions."

For a white paper with a list of publications on DTA Fibrosis Score, please contact VIDA at: <a href="https://vidalung.ai/connect/">https://vidalung.ai/connect/</a>

## **About VIDA**

VIDA is a clinical imaging intelligence company, accelerating the approval and adoption of life-saving therapies to patients through its Al-powered digital biomarker solution. With best-in-breed imaging biomarkers and a modern approach to trial imaging management, the VIDA Intelligence Platform is helping biopharma sponsors leverage the power of quantitative imaging at scale. VIDA's platform technology powers <u>OSIC Cloud</u>, the world's largest ILD imaging data repository. VIDA partners with <u>Polarean</u> to offer functional lung assessment with Xenon MRI for clinical trials. Learn more at <a href="https://vidalung.ai">https://vidalung.ai</a>. Follow @vidalung on X and LinkedIn.

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Other

- 1. Humphries SM, Swigris JJ, Brown KK, et al. Quantitative HRCT fibrosis score: performance characteristics in idiopathic pulmonary fibrosis. Eur Respir J 2018; 52: 801384
- 2. Ash, SY, Choi, B, Oh, A, et al., Deep Learning Assessment of Progression of Emphysema and Fibrotic

Interstitial Lung Abnormality. Am J Respir Crit Care Med, 2023, 208(6): 666-675

3. Steele MP, Peljto AL, Mathai SK, et al., Incidence and Progression of Fibrotic Lung Disease in an At-Risk Cohort. Am J Respir Crit Care Med. 2023 Mar 1;207(5):587-593

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