DR. SERGEY MOROZOV

WEEKLY AI INTELLIGENCE REPORT

Radiology and Medical Imaging

Week 28 | 5 to 11 July 2026

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Compiled from publicly available sources (indexed peer-reviewed literature, official press releases, regulatory databases). Does not constitute medical, regulatory, or financial advice.

8	7	5	2
Peer-reviewed papers	Industry / FDA items	Media highlights	Key opinion leaders

SECTION 0

EXECUTIVE SUMMARY

Key trends, week of 5 to 11 July 2026

[FOUNDATION MODEL] NEVA BEATS TEN FOUNDATION MODELS AND READS NMYC STATUS FROM ROUTINE PATHOLOGY

Zhu J et al. (Nature Communications) built NEVA, a neuroblastoma vision-language foundation model, on a multi-institutional cohort of 1238 patients. It outperformed ten foundation models including TITAN, UNI and Virchow on most of 11 clinical tasks, reaching AUROC 0.916 for subtype classification and 0.806 for risk group stratification. Critically, it infers molecular alterations from routine pathology, with AUROC 0.924 for NMYC amplification and 0.830 for 1p36 deletion, opening a route to risk stratification where molecular profiling is unavailable.

[CLINICAL] ABDOMINAL EMERGENCY CT MODEL KEEPS ITS AUROC BUT LOSES ITS THRESHOLDS EXTERNALLY

Erdogan HM et al. (J Imaging Inform Med) trained a multi-window YOLOv11 system to detect and localise six acute abdominal emergencies on CT (1274 patients, 42,922 annotations). Internal macro AUROC was 0.941 with macro F1 76.1%. On the external Stanford Merlin cohort (280 patients) macro AUROC held at 0.879, yet macro F1 collapsed to 0.545 at frozen thresholds, recovering only to 0.648 after recalibration. Discrimination travels; operating points do not.

[EVIDENCE] TWO META-ANALYSES SPLIT ON WHETHER IMAGING AI SURVIVES EXTERNAL VALIDATION

Jin Y et al. (J Med Internet Res) pooled 28 studies of MRI-based AI for prostate cancer biochemical recurrence and found no significant drop from internal to external validation (AUC 0.86 to 0.84; P=.53). Zare M et al. (J Imaging Inform Med) pooled 13 studies of MRI radiomics for microvascular invasion in HCC and found the opposite: externally validated studies reported systematically lower AUCs, which they attribute to optimism bias, while combining intratumoral and peritumoral compartments added only 0.05 AUC (p = 0.110).

[REGULATION] FOUR FDA CLEARANCES IN ONE WEEK ACROSS PACS, RETINA, PATHOLOGY AND ULTRASOUND

A dense regulatory week. CliniComp cleared a PACS Viewer as a Medical Image Management and Processing System embedded in its EHR (7 July). iHealthScreen cleared iPredict-DR (K253704) for autonomous detection of more than mild diabetic retinopathy, operable by a nurse (8 July). OptraSCAN cleared an integrated digital pathology system with HER2 image analysis (K260755, 9 July). Philips launched Alturion ultrasound with AI-powered measurements following 510(k) clearance and CE mark (8 July).

[CONFERENCE] LANGLOTZ AND EuSoMII SET THE AUTUMN AGENDA AS AGENTIC AI ENTERS THE PROGRAMME

Curt Langlotz (Stanford) confirmed on 10 July that he will speak at RANZCR Intelligence26 (AI and the Future of Practice, Sydney, 24 and 25 July), which has moved to a larger venue after member demand exceeded capacity. In Europe, EuSoMII announced the programme for its 2026 Annual Meeting, which will take place in Heraklion, Crete, on 9 and 10 October under the theme 'Sustainable Intelligence: Can Radiology AI be Green, Global, and Generational?'. The meeting itself is still three months away; what happened this week is the programme announcement, which society president Daniel Pinto dos Santos amplified alongside the agentic AI teaser, signalling that the autumn agenda will move past detection towards autonomous agents in the department.

SECTION 1

PEER-REVIEWED PAPERS

Source: PubMed | Verified indexing | No preprints | 5 to 11 July 2026

Magnetic Resonance Imaging-Based Artificial Intelligence in Predicting Prostate Cancer Biochemical Recurrence: Systematic Review and Meta-Analysis.

Jin Y, et al. | ***Journal of medical Internet research*** | *2026-07-07*

Systematic review and meta-analysis of MRI-based AI models predicting biochemical recurrence (BCR) after prostate cancer treatment. Systematic searches of PubMed, Embase, Web of Science and Cochrane Library up to 13 January 2026; studies included participants with prostate cancer, MRI-based AI for BCR prediction and clearly defined reference standards. Study quality was assessed with PROBAST+AI and a bivariate random effects model pooled sensitivity, specificity and AUC. Twenty-eight studies were included. Subgroup and meta-regression analyses probed sources of heterogeneity.

Key metrics: 28 studies; 2623 patients in internal validation and 1134 in external validation. Internal validation: pooled sensitivity 0.80 (95% CI 0.73-0.86), specificity 0.83 (95% CI 0.77-0.89), AUC 0.86 (95% CI 0.83-0.89). External validation: sensitivity 0.82 (95% CI 0.72-0.91), specificity 0.83 (95% CI 0.71-0.92), AUC 0.84 (95% CI 0.79-0.90). No statistically significant internal versus external differences in sensitivity (P=.73), specificity (P>.99), AUC (P=.53) or diagnostic odds ratio (P=.98). Medical Net and Extreme Gradient Boosting achieved the highest sensitivity and AUC; multiple kernel learning and support vector machine the highest specificity.

Clinical relevance: The first quantitative, direct comparison of MRI-based AI performance between internal and external validation cohorts for prostate cancer BCR prediction. The absence of significant degradation on external data is unusual in imaging AI and strengthens the case for these models as adjunctive decision support. The analysis identifies MRI acquisition timing and treatment modality as key heterogeneity sources, and provides an actionable recommendation to prioritise pretreatment MRI for model development, while underscoring the need for standardised imaging protocols and prospective multicentre studies.

PMID 42412916 **DOI** 10.2196/85360

Artificial Intelligence-Assisted Screening for Patients With Diabetic Retinopathy and Age-Related Macular Degeneration in Family Medicine and Geriatric and Gerontology Care: Protocol for a Pragmatic Randomized Clinical Trial.

Kuo BI, et al. | ***JMIR research protocols*** | *2026-07-06*

Protocol for a pragmatic randomised clinical trial of AI-assisted fundus imaging for diabetic retinopathy (DR) and age-related macular degeneration (AMD) screening, delivered in family medicine and geriatric and gerontology care rather than in ophthalmology. Multicentre, two-arm, parallel-group, open-label, individual-level RCT across four medical centres in Taiwan. Eligibility: diabetic individuals aged 20 years and over for DR screening; individuals aged 50 years and over for AMD screening. After a pilot implementation phase without randomisation, participants are randomised 1:1 to AI-assisted screening or usual physician-only screening. Note: this is a protocol; no outcome results are reported yet.

Key metrics: Funded September 2024; recruitment began 2 October 2025; expected completion December 2027. 1:1 randomisation. Primary outcomes: detection rates (participants with confirmed DR or AMD among all screened) and positive predictive values (confirmed DR or AMD among those testing positive). Cost-effectiveness analyses will be performed on trial data. Approved by the ethics committees of all participating hospitals, with written informed consent.

Clinical relevance: One of the few randomised, cost-effectiveness-powered evaluations of imaging AI deployed outside the specialist setting, addressing the shortage of ophthalmic screening skills among general physicians. Because the primary endpoints are detection rate and PPV rather than standalone AUC, and because health-economic outcomes are built in, the trial is positioned to generate exactly the evidence payers and health systems require for reimbursement decisions on AI-assisted screening at population scale.

PMID 42406913 **DOI** 10.2196/91699

Intelligent surgical workflow recognition-based skill assessment for minimally invasive submandibular gland resection.

Ma Z, et al. | ***NPJ digital medicine*** | *2026-07-07*

AI-miSMG, an intelligent surgical workflow recognition model for minimally invasive submandibular gland (SMG) resection, extending imaging AI from static radiographs to dynamic endoscopic video. A standardised annotation protocol divides endoscopic SMG resection into Creation, Position, Separation, Inspection and Idle phases. The model was trained on high-quality endoscopic videos and evaluated on a multicentre dataset from four different centres. Beyond phase recognition, it was explored for workflow-based analysis of surgical fluency across surgeons of different experience levels, and as a model-assisted annotation tool.

Key metrics: Trained on 73 endoscopic SMG resection videos comprising 386,122 labelled frames. External multicentre evaluation across four centres totalling 85,913 images, with overall accuracy 0.87 on the external validation dataset. Model-assisted annotation reduced annotation time by approximately 47%, from 94.00 minutes to 49.90 minutes.

Clinical relevance: Video-based surgical AI remains underexplored in oral medicine, where most applications target static radiographs. The 47% reduction in annotation time is the organisationally interesting number: annotation is the dominant cost in building surgical AI, so a model that bootstraps its own labelling changes the economics of dataset construction. Phase-level workflow analysis also opens an objective route to skill assessment and training, rather than subjective supervisor rating.

PMID 42414567 **DOI** 10.1038/s41746-026-02976-w

MRI Radiomics for Preoperative Microvascular Invasion Stratification in Hepatocellular Carcinoma: Comparative Analysis of Intratumoral, Peritumoral, and Combined Intratumoral-Peritumoral Approaches-A Systematic Review and Meta-analysis.

Zare M, et al. | ***Journal of imaging informatics in medicine*** | *2026-07-07*

Systematic review and meta-analysis comparing intratumoral, peritumoral and combined intratumoral-peritumoral MRI radiomics for preoperative prediction of microvascular invasion (MVI) in hepatocellular carcinoma. Systematic search of PubMed, Embase, Scopus and Web of Science through 29 October 2025, including studies developing MRI-based radiomics or deep learning models for MVI prediction with histopathological reference standards. Random-effects meta-analysis synthesised diagnostic accuracy; risk of bias and methodological quality were assessed with QUADAS-2 and RQS-2.

Key metrics: 13 retrospective studies, N = 3173 patients. Combined intratumoral-peritumoral models: pooled AUC 0.83 (95% CI 0.80-0.87). Peritumoral-only models (7 studies, n = 473): AUC 0.78. Intratumoral-only models (8 studies, n = 633): AUC 0.78. Incremental benefit of combined over peritumoral-only was delta AUC 0.05 (p = 0.110) and over intratumoral-only delta AUC 0.05 (p = 0.097), neither statistically significant. Peritumoral ring width did not significantly modify performance (p = 0.828). Studies employing external validation achieved lower pooled AUC than internally validated studies.

Clinical relevance: A useful corrective to the prevailing enthusiasm for combining tumour and peritumoral compartments: the incremental gain is 5 AUC points and does not reach significance. More important for anyone appraising radiomics evidence, the subgroup analysis shows that methodologically rigorous, externally validated studies report systematically lower AUCs, which the authors read as optimism bias in the published literature. Read alongside the prostate BCR meta-analysis, it illustrates how differently external validation behaves across imaging AI subfields.

PMID 42414725 **DOI** 10.1007/s10278-026-02087-8

A unified vision-language model for precision oncology and biomarker prediction in neuroblastoma.

Zhu J, et al. | ***Nature communications*** | *2026-07-09*

NEVA (NEuroblastoma Vision-language AI), a multimodal foundation model for precision oncology and biomarker prediction in neuroblastoma, a leading cause of childhood cancer mortality where molecular profiling is often inaccessible in routine practice. Unlike conventional approaches relying on frozen encoders and multiple instance learning, NEVA implements a pathologist-inspired hierarchical workflow with end-to-end optimisation. It was developed and evaluated in a large multi-institutional cohort across multiple centres, and predicts key molecular alterations from routinely available pathology data. Interpretable attention maps localise histologically relevant regions.

Key metrics: Multi-institutional cohort of 1238 patients across multiple centres. NEVA outperformed ten representative foundation models, including TITAN, UNI and Virchow, across the majority of 11 clinical tasks evaluated. Diagnostic AUROC 0.916 for subtype classification, 0.823 for Shimada classification and 0.806 for risk group stratification. Molecular prediction from pathology: AUROC 0.924 for NMYC amplification and 0.830 for 1p36 deletion. Prognostic stratification demonstrated for progression-free and overall survival across multiple test cohorts.

Clinical relevance: The strategically significant result is inferring molecular status from routine histology: an AUROC of 0.924 for NMYC amplification, the single most important prognostic marker in neuroblastoma, points to a route to risk stratification in centres without molecular profiling. Beating TITAN, UNI and Virchow on most of 11 tasks also suggests that task-adapted, end-to-end hierarchical training can still outperform general-purpose pathology foundation models, which is a meaningful signal for anyone deciding whether to buy a generic foundation model or build a domain-specific one.

PMID 42426002 **DOI** 10.1038/s41467-026-74865-5

Multisequence MRI and clinical data-based deep learning radiomics model for predicting adjacent segment degeneration post-lumbar fusion: a retrospective multicenter study.

Zou C, et al. | ***BMC medical imaging*** | *2026-07-06*

Retrospective multicentre study developing a model that integrates clinical data, deep learning and radiomic features from multisequence MRI to predict adjacent segment degeneration (ASDeg) after lumbar fusion, a major complication for which objective preoperative risk tools are lacking. A Vision Transformer 3D architecture was used for model development, with deep learning and handcrafted radiomic features extracted from multisequence MR images. A LASSO-based logistic regression model was established and 14 machine learning classification models were evaluated by ROC analysis. ASDeg, defined as degeneration on radiological follow-up beyond 6 months after surgery, served as the reference standard.

Key metrics: 305 patients with preoperative lumbar MRI: training cohort n = 192, internal validation n = 83, external test cohort n = 30 recruited from two additional centres. After feature selection, 17 handcrafted radiomic features, 12 deep learning radiomics features and 3 clinical features were retained. Linear support vector machine was best for the radiomic model, AdaBoost for the deep learning radiomics model and gradient boosting machine for the combined model. Combined model AUC 0.959 (training), 0.818 (internal validation) and 0.895 (external test). The combined model outperformed the combined predictions of two spinal surgeons; decision curve analysis showed greater net benefit.

Clinical relevance: Preoperative risk stratification that beats two spinal surgeons on an external cohort has a direct organisational payoff: identifying high-risk patients before the index fusion is what reduces revision surgery, the dominant cost driver in this pathway. The external AUC of 0.895 holding up above internal validation is worth noting, though the external cohort is small (n = 30), which limits confidence and is the main caveat on this result.

PMID 42410387 **DOI** 10.1186/s12880-026-02468-z

Anatomically Localized Detection of Six Acute Abdominal Emergencies on CT Using Multi-window Deep Learning: Development and Validation.

Erdogan HM, et al. | ***Journal of imaging informatics in medicine*** | *2026-07-08*

Development and retrospective validation of a deep learning system classifying and anatomically localising six acute abdominal emergencies on CT using multi-window Hounsfield Unit encoding. Each CT slice was encoded into three diagnostic HU windows (soft tissue, bone/stone, angio/liver). A YOLOv11-Large model with a stride-4 (P2) head was trained at 1280 x 1280 on a publicly available national teleradiology dataset. Localisation was evaluated on the clinical nine-region abdominal grid, and specificity assessed in target-negative patients. External validation used a radiologist-adjudicated Stanford Merlin cohort with model weights and thresholds applied without modification.

Key metrics: Training and internal validation on 1274 patients (42,922 bounding box annotations), split 896/189/189 at patient level. Internal macro AUROC 0.941, macro F1 76.1%. Nine-region localisation accuracy 99.5% among detected cases and 90.9% including missed detections. Specificity 86.2% in 80 target-negative patients. External Stanford Merlin cohort (280 patients): macro AUROC 0.879 with all six classes at or above 0.80; AAA reached F1 0.889 at frozen thresholds; macro F1 was 0.545, rising to 0.648 after recalibration.

Clinical relevance: An unusually honest external validation. Discrimination transfers reasonably well (macro AUROC 0.941 to 0.879), but the operating point does not: macro F1 collapses from 76.1% to 0.545 at frozen thresholds and only partially recovers to 0.648 after recalibration. That gap is the single most important practical lesson for AI procurement, because it shows that a model can retain rank-ordering ability while its decision thresholds become unusable at a new site. The authors themselves conclude that multisite prospective validation and site-specific threshold calibration are required before deployment.

PMID 42420647 **DOI** 10.1007/s10278-026-02084-x

Cross-Center Online Generalization Algorithm with Unadversarial Consistency for Fetal Heart Ultrasound View Recognition.

Liu Y, et al. | ***Journal of imaging informatics in medicine*** | *2026-07-07*

A cross-center online adaptation framework for fetal echocardiographic view recognition, addressing performance degradation from domain shift across medical centres without requiring target-domain labels. The framework integrates three components: a dual-branch architecture with unadversarial perturbation-based consistency regularisation to enforce feature invariance; uncertainty-aware loss weighting via evidential deep learning to prioritise high-uncertainty samples; and selective fine-tuning of Batch Normalization layers to adapt domain-sensitive parameters efficiently. Model parameters are adjusted dynamically at inference using unlabelled test data, avoiding costly retraining. Evaluated on multicentre fetal echocardiography datasets.

Key metrics: Mean recognition accuracy improved by 0.88% to 2.55% across six deep learning models. DenseNet achieved the highest external test accuracy at 82.29%, outperforming baseline models. Feature visualisation via t-SNE and heatmaps confirmed enhanced discriminative capability; confusion matrices showed reduced misclassification for challenging views (for example RVOT versus 3VV/3VT).

Clinical relevance: Label-free test-time adaptation is the pragmatic answer to the recalibration problem seen elsewhere in this issue: it lets a deployed model absorb a new site's domain shift without new annotations or retraining. The effect size is modest (under 3 accuracy points) and absolute external accuracy of 82.29% remains short of clinical autonomy, but the approach is directly relevant to standardising prenatal screening quality in resource-limited regions, where fetal congenital heart disease is most often missed and where annotation budgets do not exist.

PMID 42414724 **DOI** 10.1007/s10278-026-02100-0

SECTION 2

INDUSTRY & REGULATION

Sources: Official registers | Press releases | FDA databases

[FDA] iHealthScreen Receives U.S. FDA 510(k) Clearance (K253704) for iPredict-DR, an AI-Powered Software for Automated Diabetic Retinopathy Screening

iHealthScreen | 9 July 2026

iHealthScreen announced FDA 510(k) clearance (K253704) for iPredict-DR, AI software that automatically detects more than mild diabetic retinopathy (mtmDR) in adults with diabetes not previously diagnosed. It analyses colour retinal fundus images from the iCare DRSplus camera and is operable by a min

Source: Business Wire

[FDA] OptraSCAN System Receives FDA Clearance

OptraSCAN | 9 July 2026

OptraSCAN announced FDA 510(k) clearance (K260755) for the OptraSCAN System, an integrated digital pathology platform comprising the OS-Ultra Scanner, a colour display monitor and a workstation running ImagePath image management software, including HER2 Image Analysis Software. The company operates

Source: einpresswire.com

[PARTNERSHIP] Viz.ai Expands into Neurodegenerative Disease with Cortechs.ai Collaboration

Viz.ai | 9 July 2026

Viz.ai announced a collaboration with Cortechs.ai to integrate the NeuroQuant and NeuroQuant MS suite into the Viz.ai platform, expanding access to quantitative neuroimaging for US hospitals and health systems. The partnership marks Viz.ai's expansion into neurodegenerative disease, beginning with m

Source: viz.ai

[MARKET] Natoe AI Expands AI-Native Teleradiology, Bringing Faster Remote Radiology Reads to U.S. Hospitals

Natoe AI | 9 July 2026

Natoe AI is delivering remote radiology reads to US hospitals with a workflow built around AI-drafted pre-read reports, a response to a projected long-term radiologist shortage. FDA-cleared AI flags findings on incoming studies and the platform assembles a structured pre-read report before the case

Source: aijourn.com

[REGULATION] Philips introduces Alturion ultrasound system with AI-powered workflows for high-volume clinical environments

Philips | 8 July 2026

Philips launched the Alturion ultrasound system, available in the USA and Europe following FDA 510(k) clearance and CE mark certification. Alturion includes Elevate Plus with AI-powered measurements for abdominal ultrasound; AI-enabled capabilities help streamline acquisition, automate measurements

Source: philips.com

[FDA] FDA Clears CliniComp PACS Viewer (MIMPS), Unifying Diagnostic Imaging, Enterprise EHR, and Native AI in a Single Platform

CliniComp | 7 July 2026

CliniComp announced FDA 510(k) clearance of its PACS Viewer as a Medical Image Management and Processing System (MIMPS). The clearance enables diagnostic-quality image viewing and advanced image processing directly within CliniComp's New Era EHR with Native AI Solution Suite, bringing diagnostic ima

Source: PR Newswire

[PARTNERSHIP] Catalyst MedTech Announces Channel Partnership with APQ Health to Expand Access to Advanced Cardiac CT Analysis

Catalyst MedTech | 7 July 2026

Catalyst MedTech announced a strategic channel partnership with APQ Health to expand access to advanced cardiac CT angiography visualisation and plaque analysis. Catalyst will introduce APQ Health's coronary CTA viewer software and FDA-cleared Autoplaque analysis services, combining on-site image re

Source: cardiacvascularnews.com

SECTION 3

MEDIA HIGHLIGHTS

AuntMinnie | Radiology Business | The Imaging Wire | Diagnostic Imaging | ITN

Top 6 Radiology Trends for the First Half of 2026

The Imaging Wire | *8 July 2026*

The Imaging Wire recaps the top six medical imaging stories of H1 2026. Radiology dominated the FDA's list of new AI authorisations, garnering 76% of all authorisations since the agency began keeping count and 75% in Q4 2025. A separate top story found that while AI is popular with radiologists, few

Link: https://theimagingwire.com/2026/07/08/top-six-medical-imaging-stories/

Keys to Facilitating AI Literacy in Radiology

Diagnostic Imaging | *8 July 2026*

Nina Kottler, MD, MS, Chief Medical AI Officer at Mosaic Clinical Technologies, discusses AI literacy in radiology in an interview with Diagnostic Imaging, arguing that radiologists need both a basic understanding of AI and a practical grasp of a specific product's strengths and weaknesses in order

Link: https://www.diagnosticimaging.com/shorts/keys-facilitating-ai-literacy-radiology

FDA Clears AI-Enabled Ultrasound for High-Volume Clinical Settings

Diagnostic Imaging | *8 July 2026*

Diagnostic Imaging reports FDA 510(k) clearance of the Alturion ultrasound system, an AI-powered platform that may improve efficiencies in high-volume clinical settings. The system features the FDA-cleared Elevate Plus software offering AI-enabled measurements for abdominal ultrasound views, and com

Link: https://www.diagnosticimaging.com/view/fda-clears-ai-enabled-ultrasound-for-high...

FDA Clears EHR-Integrated PACS Viewer for Diagnostic Imaging

axisimagingnews.com | *7 July 2026*

Axis Imaging News reports CliniComp's FDA 510(k) clearance for its PACS Viewer as a Medical Image Management and Processing System, allowing diagnostic-quality image viewing and advanced processing directly within the company's EHR platform, and correlating imaging studies with laboratory results, m

Link: https://axisimagingnews.com/radiology-products/radiology-software/pacs/fda-clear...

Median gets CE marking for lung cancer screening software

AuntMinnie.com | *6 July 2026*

AuntMinnie reports that Median Technologies received CE marking for eyonis LCS, clearing the AI lung cancer screening software for commercial launch in Europe. The CE mark classifies eyonis LCS as a Class IIb device under the EU Medical Device Regulation. The software analyses low-dose CT scans to d

Link: https://www.auntminnie.com/clinical-news/ct/news/15829336/median-gets-ce-marking...

SECTION 4

PROFESSIONAL SOCIETIES

SIIM | ACR | RCR | Official publications and event coverage

RSNA News: Model Predicts Lung Nodule Risk with Fewer Data

7 July 2026

RSNA News reports on a Radiology: Artificial Intelligence study in which a deep learning algorithm estimating pulmonary nodule malignancy risk reached clinician-level accuracy with as little as 20% of the training data. Lead author Bogdan Obreja, MSc (Radboud University Medical Center) and senior author Colin Jacobs, PhD trained the model on 16,077 annotated nodules from the National Lung Screening Trial and tested it externally on the Danish Lung Cancer Screening Trial. The model combined 2D and 3D convolutional neural networks; at 20% of the data it still performed nearly as well as 11 clinicians. The authors argue resources are better spent on diverse, well-annotated datasets than on accumulating large volumes of similar cases.

Source: https://www.rsna.org/news/2026/july/ai-predicts-lung-nodule-risk

EuSoMII announces the programme for its 2026 Annual Meeting in Crete

6 July 2026

The European Society of Medical Imaging Informatics announced the programme for its 2026 Annual Meeting, which will take place in Heraklion, Crete, on 9 and 10 October 2026, under the theme 'Sustainable Intelligence: Can Radiology AI be Green, Global, and Generational?'. The meeting has not yet been held: this week's item is the programme announcement and the opening of registration. The two-day programme will bring together international experts on AI, imaging informatics, sustainability, implementation, ethics and regulation in medical imaging.

Source: https://www.linkedin.com/posts/eusomii_eusomii-annual-meeting-2026-activity-7479799743842504704-9fHe

SECTION 5

KEY OPINION LEADERS

LinkedIn | Public statements | Week of 5 to 11 July 2026

Curt Langlotz

Professor of Radiology, Medicine and Biomedical Data Science, Stanford University School of Medicine

Posted on 10 July that he is looking forward to seeing everyone at RANZCR Intelligence26, resharing the Royal Australian and New Zealand College of Radiologists announcement that the meeting (Intelligence26: AI and the Future of Practice, 24 and 25 July 2026) has moved to a larger venue, the Hyatt Regency Sydney, due to overwhelming member demand. Langlotz is listed among the speakers. The same day he also reshared Jonathan H. Chen's announcement of the Stanford HAILS (AI in Healthcare Leadership and Strategy) 2027 cohort registration, with an information session on 10 July 2026.

Source: LinkedIn

Daniel Pinto dos Santos

President, EuSoMII; Managing Senior Radiologist, Universitaetsmedizin Mainz

On 10 July reshared the EuSoMII teaser for its 2026 Annual Meeting programme, headlined 'Coming soon to a radiology department near you... Agentic AI', framing the question of what agentic AI actually means for radiology. The same day he reshared Jacob J. Visser (radiologist and CMIO, principal investigator on value-based radiology) confirming attendance at the EuSoMII 2026 meeting in Heraklion, Crete, under the AI and Aegean banner.

Source: LinkedIn

QUALITY ASSURANCE NOTE

Compiled by Dr. Sergey Morozov from publicly available sources: peer-reviewed papers indexed in PubMed (PMIDs and DOIs verified, no preprints or arXiv), official press releases, regulatory databases and specialist media. It does not constitute medical, regulatory or financial advice. All papers have publication dates verified within 5 to 11 July 2026. Paper selection is deterministic (pinned PubMed query, Q1/flagship journal allow-list, exclusion of pure reviews [meta-analyses kept], radiomics-only and interventional-radiology work, then a transparent ranking score). Industry items come from official press releases / regulatory notices; KOL items from public LinkedIn activity within the window.