

RADIOMICS AND MACHINE LEARNING FOR OROPHARYNGEAL CANCER

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Translational Cancer Imaging



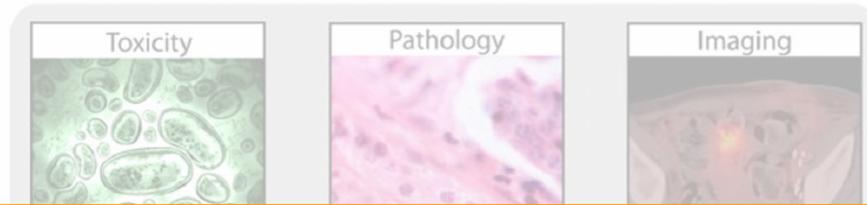
Computer-Aided Decision Support



Improve Patient Outcomes



Research Focus



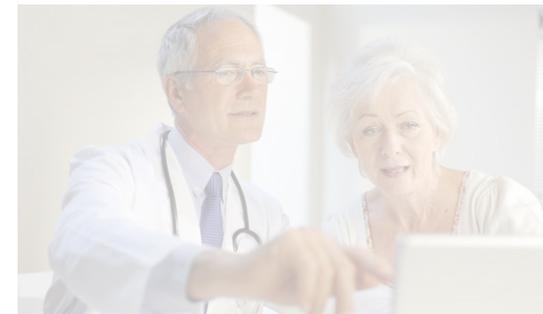
Clinical Decision Making



To develop, evaluate, and translate clinically relevant quantitative image analysis tools supporting diagnosis, treatment, and response assessment in oncology.

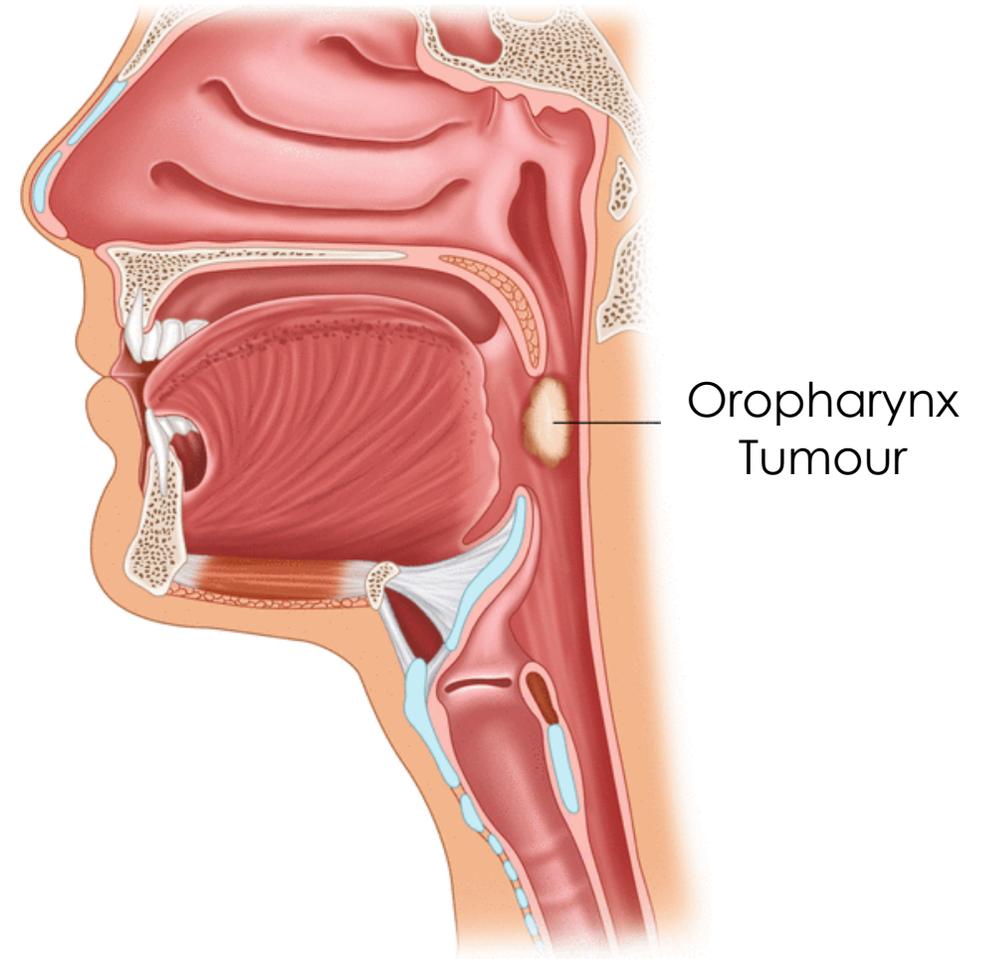


Improve Patient Outcomes



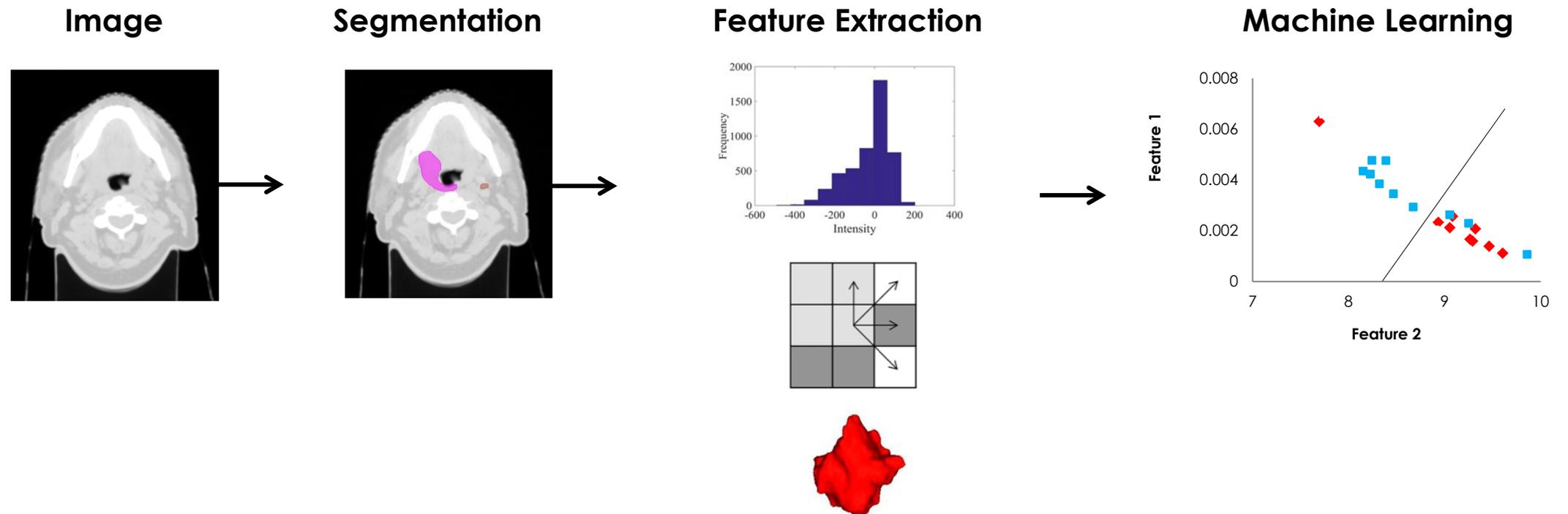
Oropharyngeal Cancer

- ▶ Oropharyngeal cancer is the fastest-rising incident cancer in Canada
- ▶ This increase is due to rapidly increasing rates of oral infection with the human papilloma virus (HPV)



Radiomics

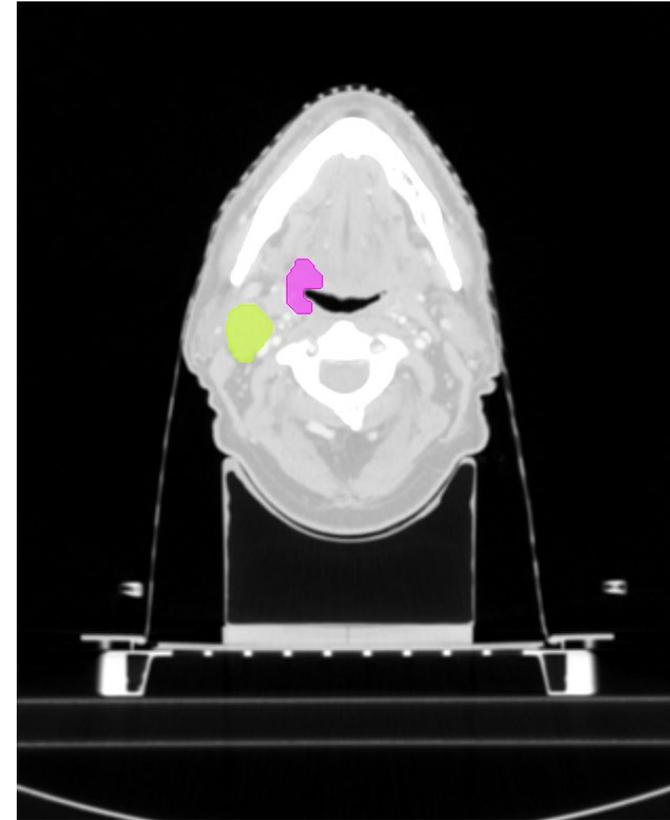
- ▶ Radiomics aims to extract more complex quantitative information (e.g., texture) from standard medical images.



HOW CAN WE CREATE REPRODUCIBLE RADIOMIC MODELS?

Dataset

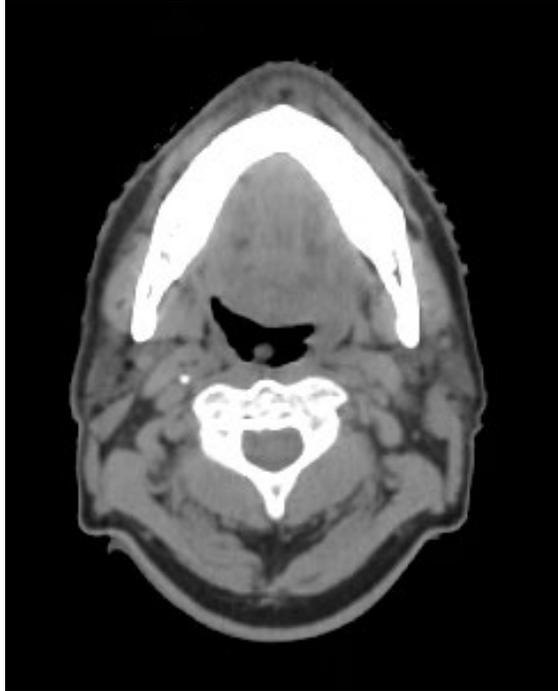
- ▶ 363 patients with oropharyngeal cancer
- ▶ Treated with chemoradiation at the London Regional Cancer Program between 2013 and 2018
- ▶ Planning CT +/- MRI with target volume contours



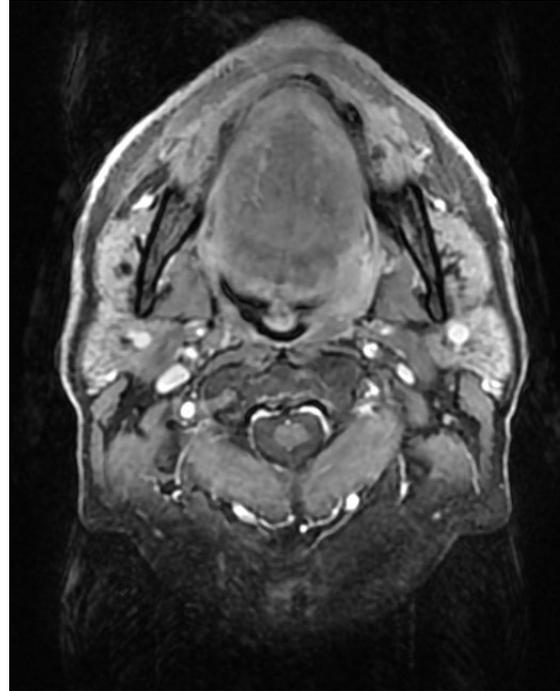
Imaging Challenges for Reproducibility

- ▶ Variability in Imaging
- ▶ Variability in Contouring
- ▶ Contrast
- ▶ CT Artifacts

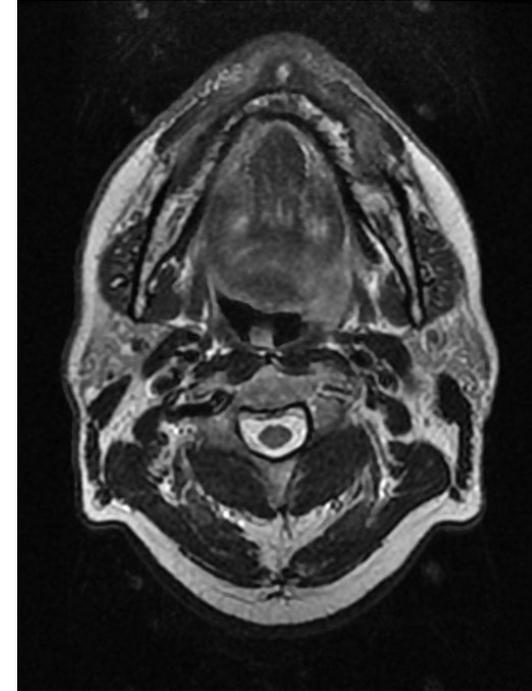
Imaging Variability



CT



T1-MRI



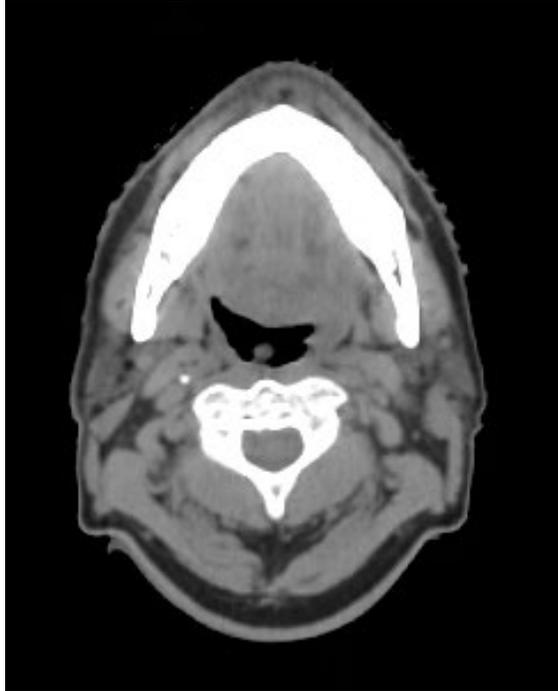
T2-MRI

Imaging Variability

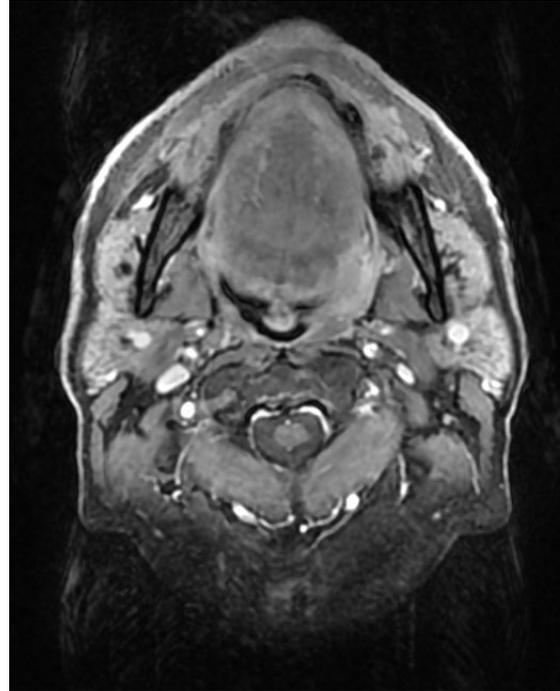


<https://mdbcancerjourney.com/tag/mask/>

Imaging Variability



CT



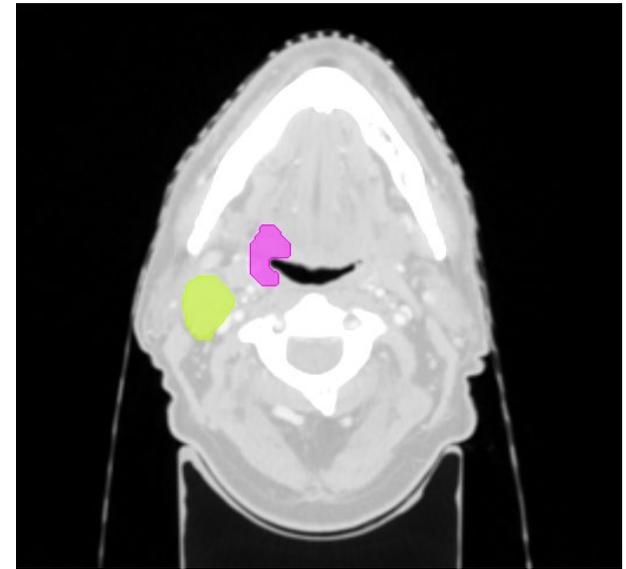
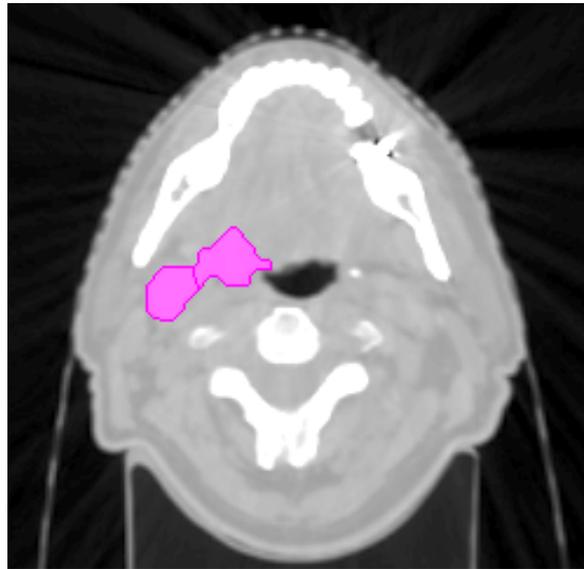
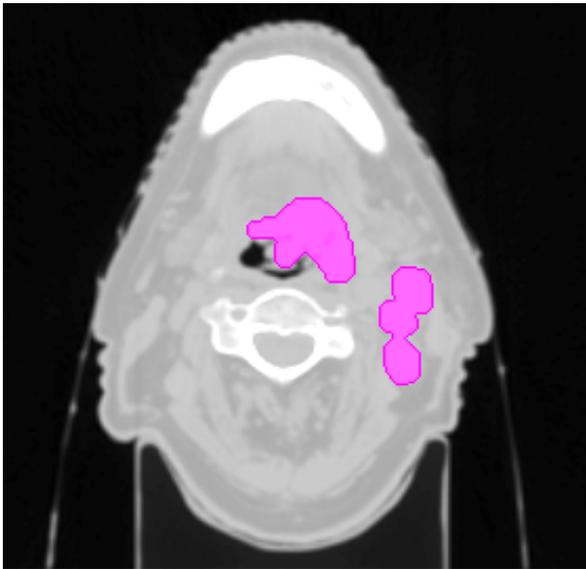
T1-MRI



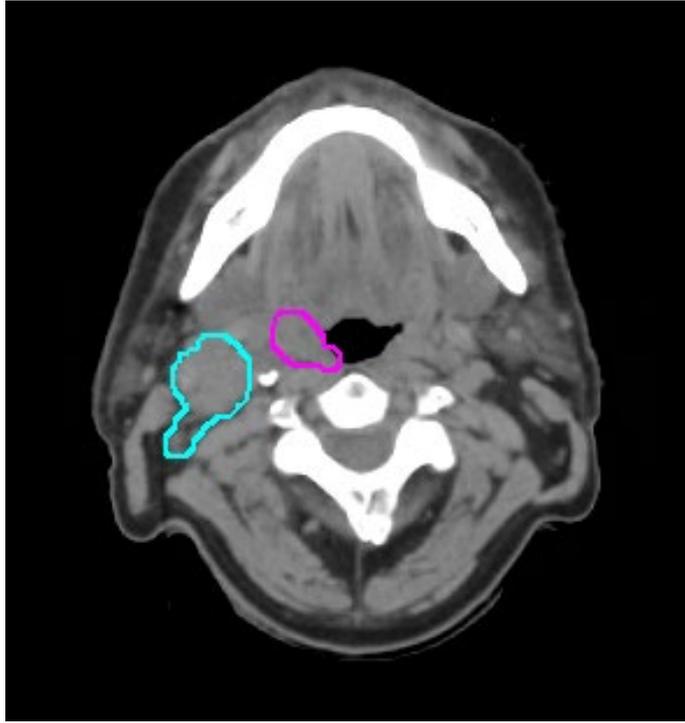
T2-MRI

Contour Naming and Variability

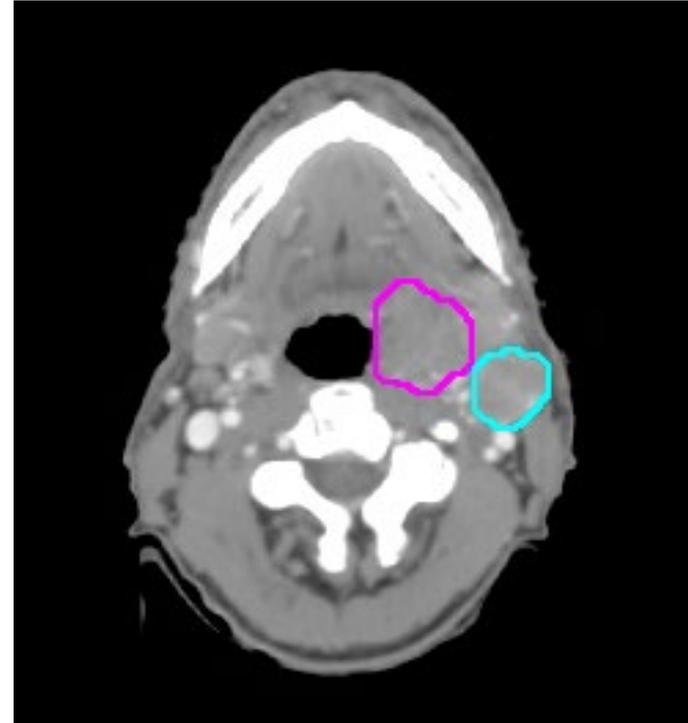
- ▶ Gross Tumor Volume (GTV)
 - > Primary and/or nodes



Contrast

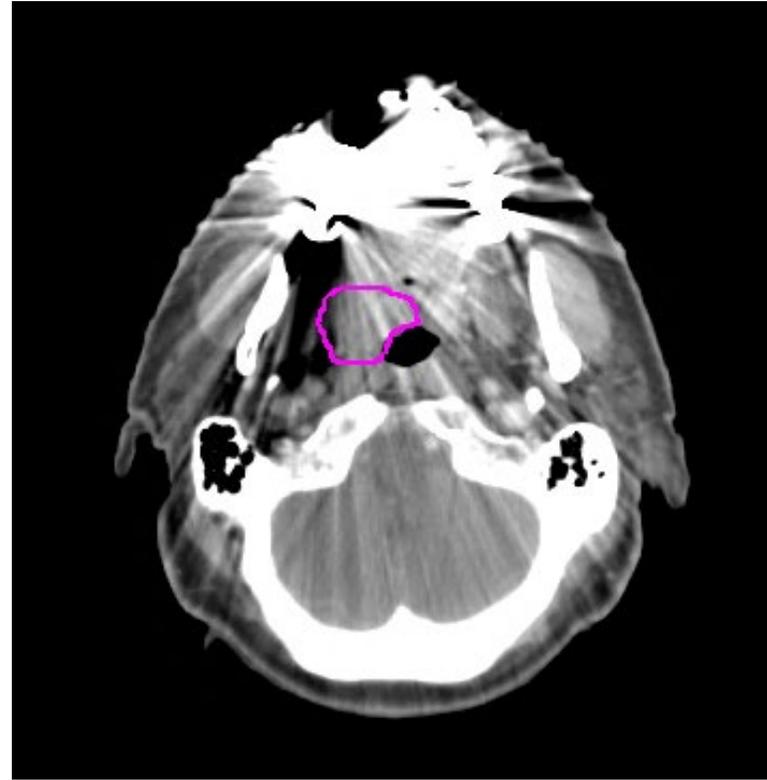
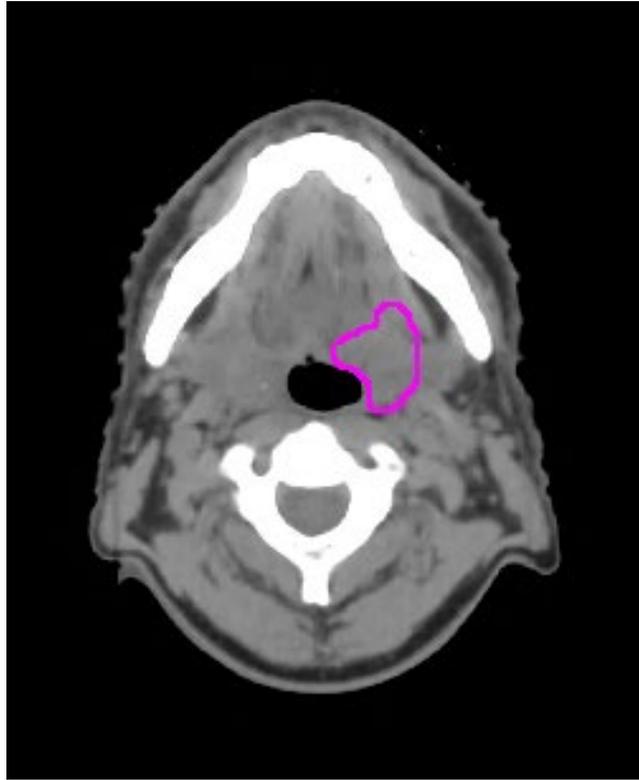


No Contrast



Contrast

CT Artifacts



CT Artifacts



DentalArtifactModel

Dental artifact Classification in H&N CT

PYTORCH

NETRON

Welch, Mattea L., et al. *Physics in Medicine & Biology* 65.3 (2020): 035017.

Imaging Challenges for Reproducibility

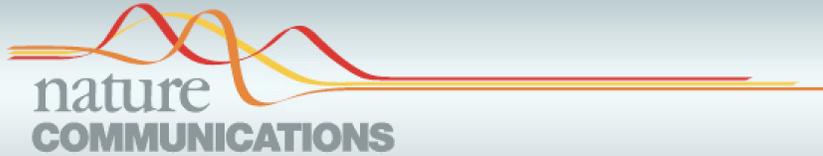
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HOW CAN VALIDATE EXISTING RADIOMIC MODELS?

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Medical Biophysics
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Validation of Existing Models



ARTICLE

Received 25 Nov 2013 | Accepted 29 Apr 2014 | Published 3 Jun 2014 | Updated 7 Aug 2014

DOI: [10.1038/ncomms5006](https://doi.org/10.1038/ncomms5006)

OPEN

Decoding tumour phenotype by noninvasive imaging using a quantitative radiomics approach

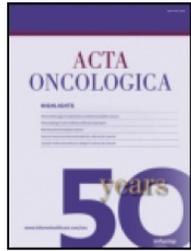
Hugo J.W.L. Aerts^{1,2,3,4,*}, Emmanuel Rios Velazquez^{1,2,*}, Ralph T.H. Leijenaar¹, Chintan Parmar^{1,2}, Patrick Grossmann², Sara Carvalho¹, Johan Bussink⁵, René Monshouwer⁵, Benjamin Haibe-Kains⁶, Derek Rietveld⁷, Frank Hoebers¹, Michelle M. Rietbergen⁸, C. René Leemans⁸, Andre Dekker¹, John Quackenbush⁴, Robert J. Gillies⁹ & Philippe Lambin¹

Prognostic Radiomics Signature

- ▶ Features were extracted on a lung cancer dataset (Lung1)
- ▶ **Cox model** was built to predict **overall survival** using four radiomic features:
 1. First order energy
 2. Compactness
 3. Gray level run length matrix (GLRLM) gray level non-uniformity
 4. Wavelet (HLH) GLRLM gray level non-uniformity
- ▶ This signature was validated on two cohorts of patients with head and neck cancer

Aerts et al, Nature Communications, 5(1):1-9

Validation of Existing Models



Acta Oncologica

ISSN: 0284-186X (Print) 1651-226X (Online) Journal homepage: <https://www.tandfonline.com/loi/ionc20>



External validation of a prognostic CT-based radiomic signature in oropharyngeal squamous cell carcinoma

Ralph T. H. Leijenaar, Sara Carvalho, Frank J. P. Hoebbers, Hugo J. W. L. Aerts, Wouter J. C. van Elmpt, Shao Hui Huang, Biu Chan, John N. Waldron, Brian O'Sullivan & Philippe Lambin

Radiotherapy and Oncology 130 (2019) 2–9



ELSEVIER

Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



Original article

Vulnerabilities of radiomic signature development: The need for safeguards



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Validation of Existing Models

- ▶ **Pyradiomics** was used to extract radiomic features on Lung1 and our local OPC dataset
- ▶ A **Cox model** was built to predict **overall survival (OS)** based on four radiomic features:
 1. First order energy
 2. Compactness
 3. Gray level run length matrix (GLRLM) gray level non-uniformity
 4. Wavelet (HLH) GLRLM gray level non-uniformity

Challenges with Validation of Existing Models

- ▶ Radiomic feature extraction:
 - > Inconsistency / updates to feature equations
 - > In-house vs. open-source software
 - > Parameters

$$Compactness1 = \frac{V}{\sqrt{\pi A^2}^3}$$

$$Compactness1 = \frac{V}{\sqrt{\pi A^3}^2}$$

Challenges with Validation of Existing Models

- ▶ Model validation:
 - > Model weights are not reported
 - > Median threshold for risk group stratification not reported
 - > Software variability

Coefficients of Cox Model from Lung1 Dataset

Feature	Aerts et al, 2014 (Reported in Leijenaar et al, 2015)	Welch et al, 2018	London
First-Order Energy	2.42E-11	1.74E-11	6.62E-11
Compactness	-5.38E-03	-1.65E+01	-8.32E00
GLRLM Gray Level Non-Uniformity	-1.47E-04	4.95E-05	1.50E-05
HLH GLRLM Gray Level Non-Uniformity	9.39E-06	2.81E-06	2.76E-05

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Cox Model – London Dataset

- ▶ Concordance = 0.69 [95% CI: 0.61– 0.77]
 - > Log-rank $p < 0.001$

Feature	Coefficient	p-value
First-Order Energy	-4.44E-9	$p=0.052$
Compactness	-1.02E2	$p=0.005^*$
GLRLM Gray Level Non-Uniformity	-9.75E-4	$p=0.214$
HLH GLRLM Gray Level Non-Uniformity	9.47E-4	$p=0.026^*$

Considerations in Head and Neck Radiomics

- ▶ Impact of radiomic features on:
 - > Segmentation variability
 - > CT artifacts
- ▶ Open-source software
- ▶ Detailed description of all methodology:
 - > Image acquisition
 - > Radiomic feature extraction
 - > Machine learning modeling
- ▶ **Radiomics Quality Score (RQS) and Image Biomarker Standardization Initiative (IBSI)**

Future Opportunities

- ▶ Incorporation of clinical data
- ▶ Integration of dosimetric information
- ▶ Prospective data collection
- ▶ Collaboration and validation of models

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- ▶ Integration of dosimetric information
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Imaging and machine learning applications have the potential to make real changes to clinical practice!

AFFILIATIONS



 **BAINES
IMAGING**



FUNDING AGENCIES



Acknowledgements



Department of
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Anthony
Nichols, MD

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Kathleen
Surry, PhD



Pencilla Lang,
MD, PhD



David Palma,
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<http://www.bainesimaging.com/>

Translational Cancer Imaging



Computer-Aided Decision Support



Improve Patient Outcomes

