



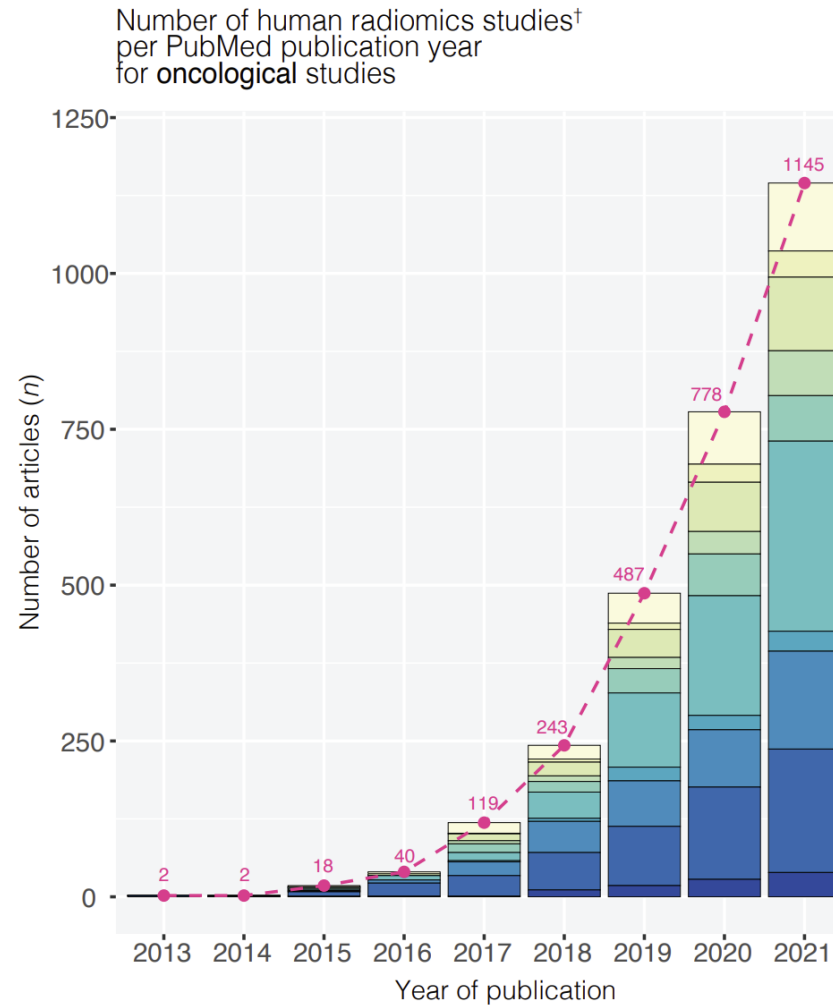
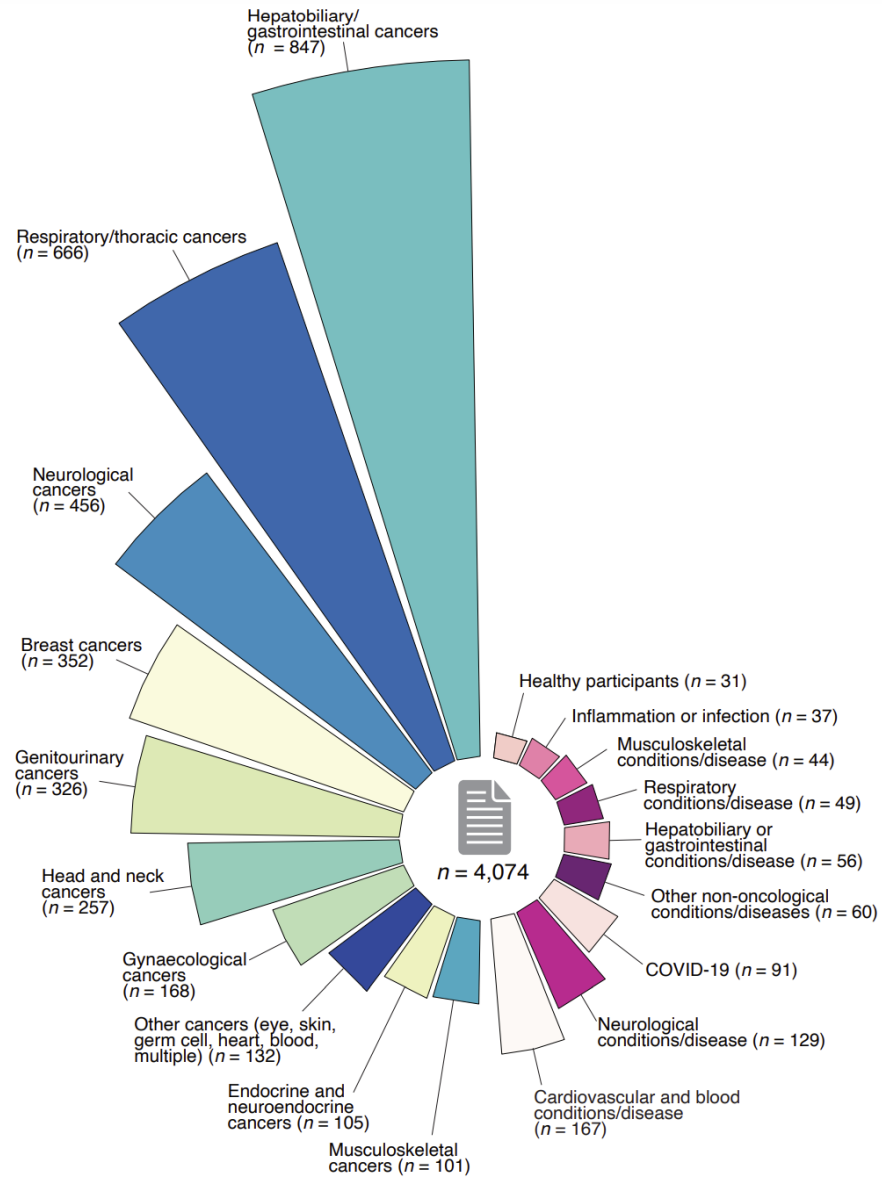
Radiomics: methods and general applications

Evis Sala, MD, PhD, FRCR, FRCP

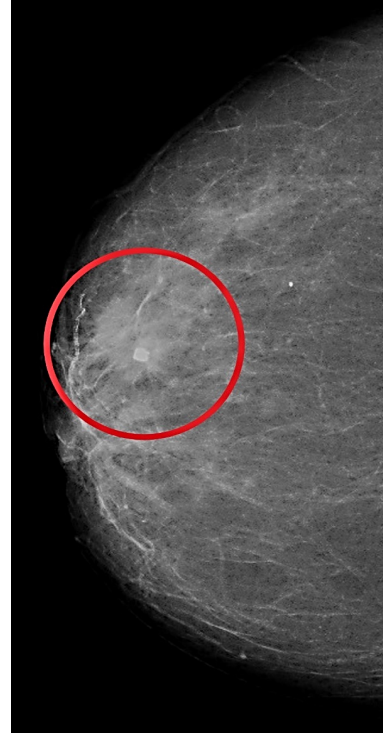
Disclosures

- Co-founder and shareholder, Lucida Medical
- Research support, GEHC, Canon
- Speakers' bureau, GEHC, Canon

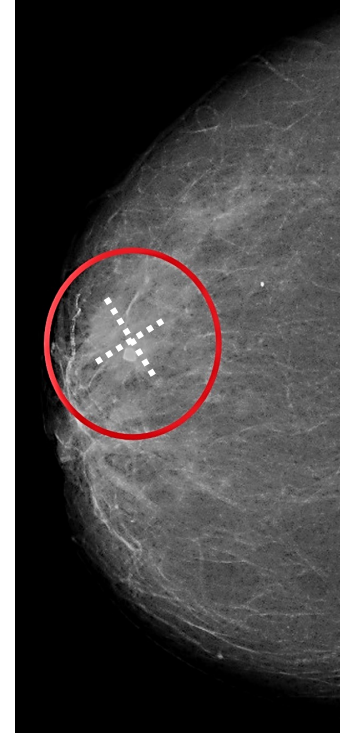
Radiomics Research



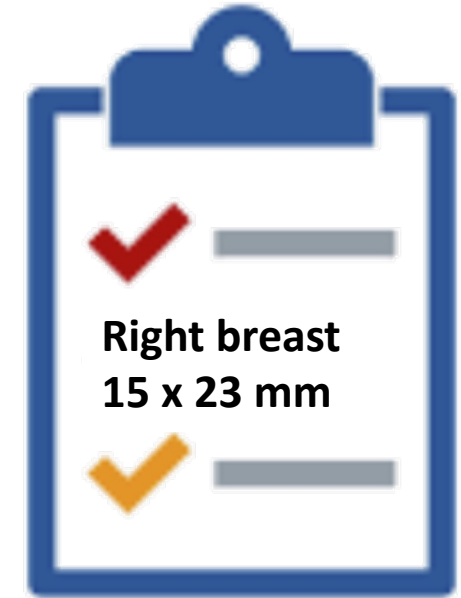
What does a radiologist do?



Detect

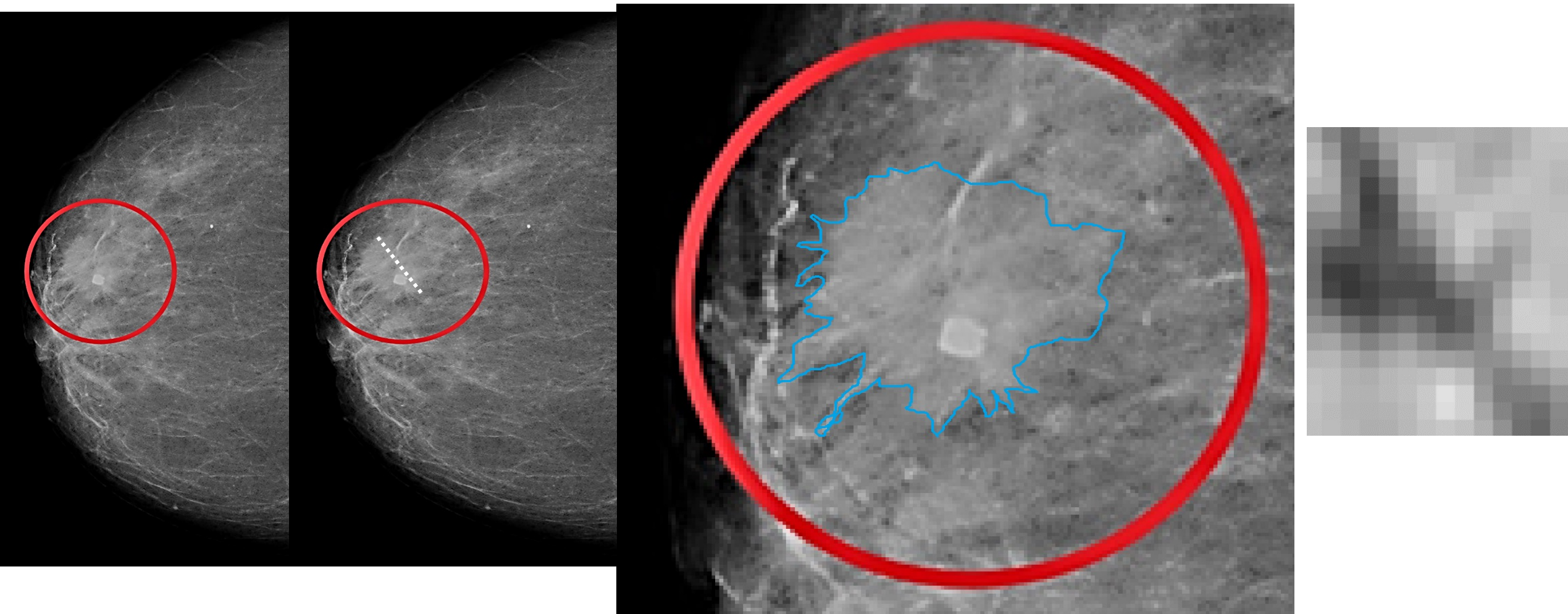


Measure

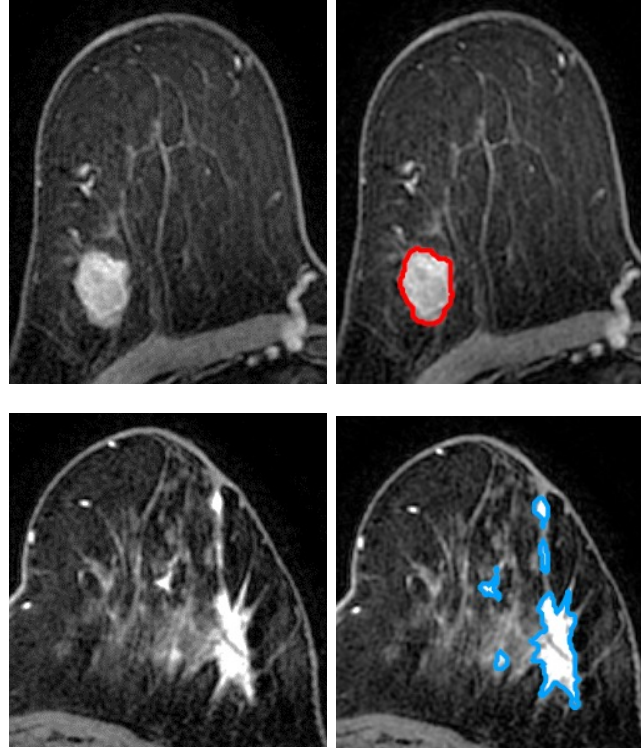


Report

Do we capture all the information available on images?
Mammography



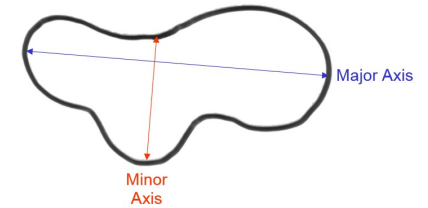
Radiomics - Quantitative Features



Quantitative shape features

Volume

Diameter along different axes



Maximum surface

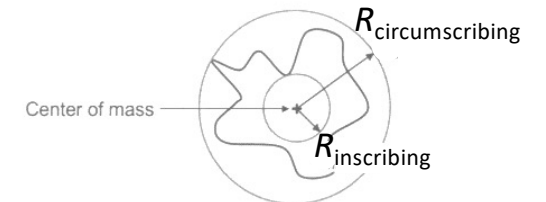
Tumour compactness
area vs perimeter



compactness=0.764 compactness=0.668

Sphericity

$$\text{sphericity} = \frac{R_{\text{inscribing}}}{R_{\text{circumscribing}}}$$



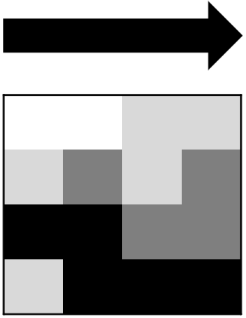
Radiomics - Quantitative Features



Histogram analysis
1st order statistics

2nd order statistics, **Texture** Analysis

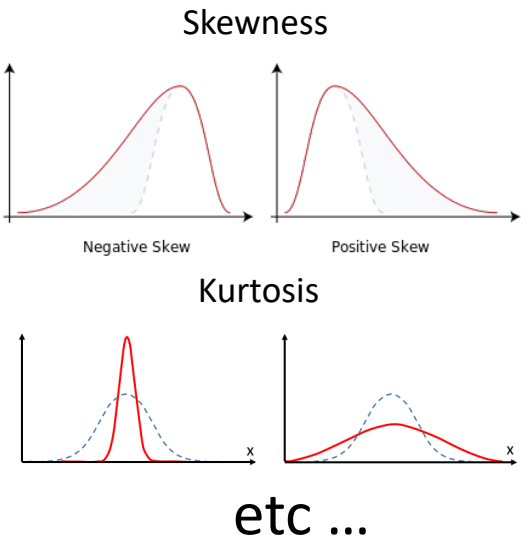
GLCM
Grey level cooccurrence matrix



	1	1	0	0	
	0	1	2	1	
	0	1	1	0	
	0	0	1	3	

Divide each element by total number of elements

	1/12	1/12	0	0	
	0	1/12	2	1/12	
	0	1/12	1/12	0	
	0	0	1/12	3/12	



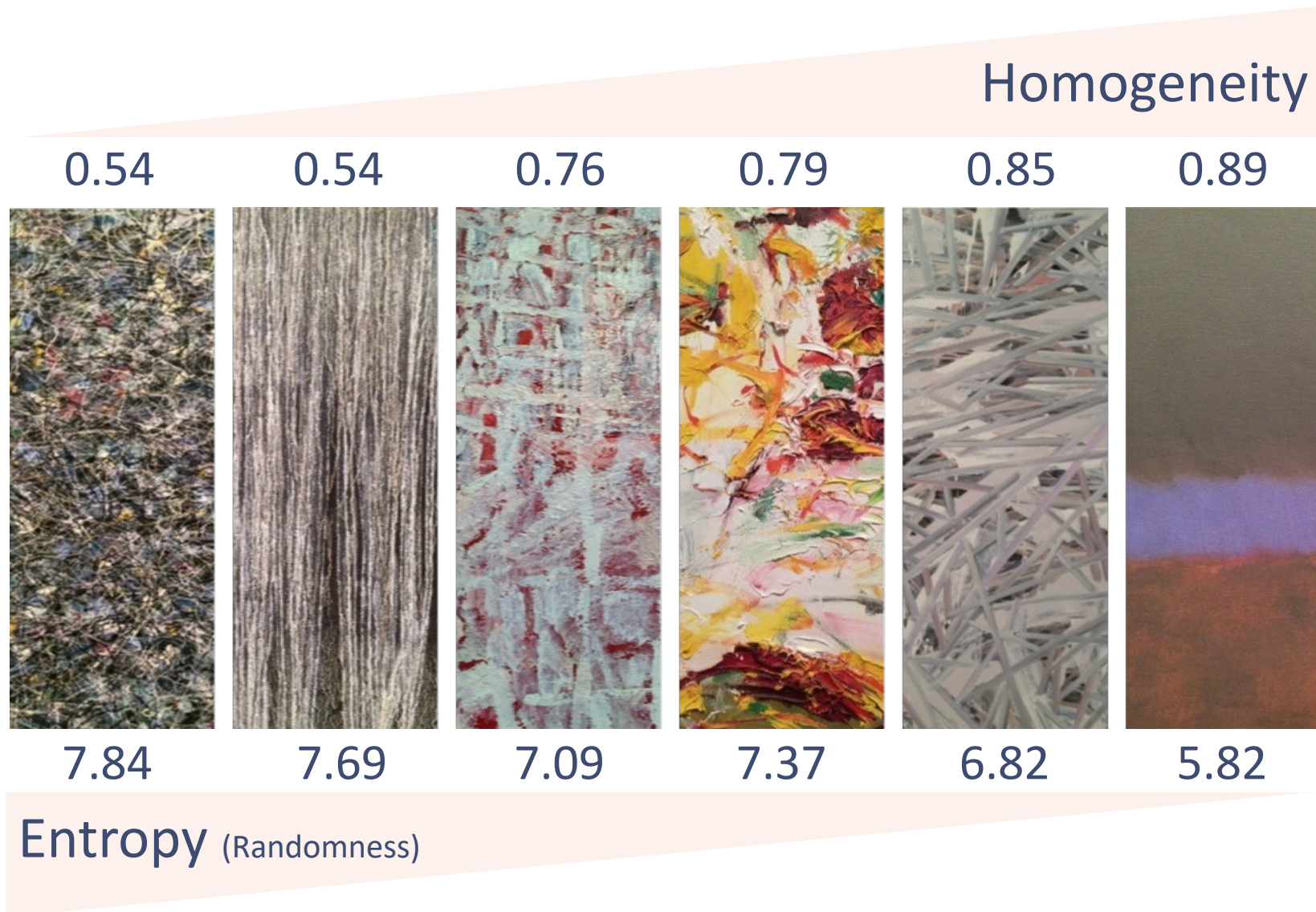
Entropy	$-\sum_{i=0}^{n-1} \sum_{j=0}^{n-1} l(i,j) \log(l(i,j))$	Statistical measure of randomness related to the texture of an image.
Contrast	$\sum_{i=0}^{n-1} \sum_{j=0}^{n-1} (i-j)(i-j)l(i,j)$	The intensity contrast between a pixel and its neighbors in a region of the image.
Correlation	$\frac{\sum_{i=0}^{n-1} \sum_{j=0}^{n-1} (i-i_0)(j-j_0)l(i,j)}{\sigma_i \sigma_j}$	Measure of the linear dependency between the intensity values of pixels at particular positions relative to each other.
Energy	$\sum_{i=0}^{n-1} \sum_{j=0}^{n-1} l(i,j)l(i,j)$	The sum of the squared elements in the GLCM (gray-level co-occurrence matrix).
Homogeneity	$\sum_{i=0}^{n-1} \sum_{j=0}^{n-1} \frac{l(i,j)}{1+ i-j }$	Measure of the closeness of the distribution of the elements in the GLCM to the GLCM diagonal.

doi:10.1371/journal.pntd.0004356.t001

etc ...

Examples of handcrafted features

A bit of (art) history



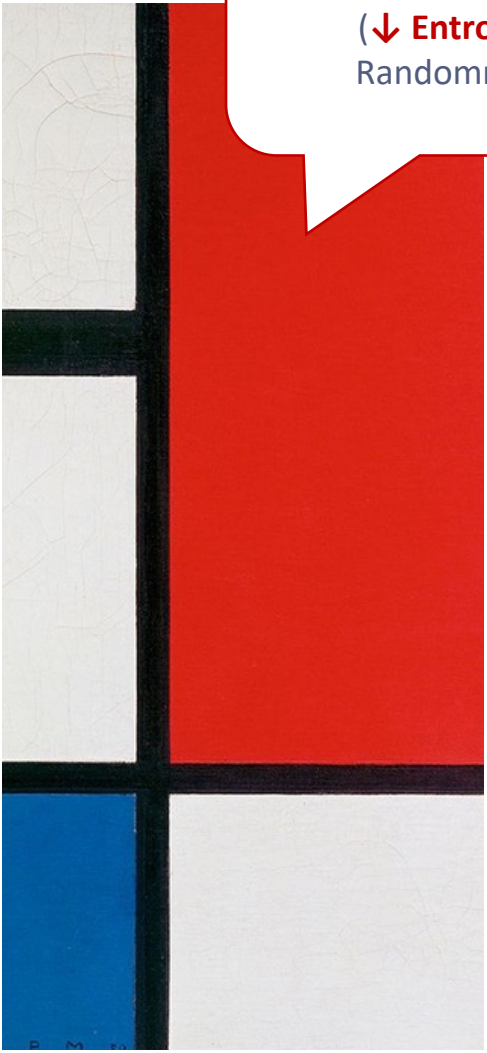
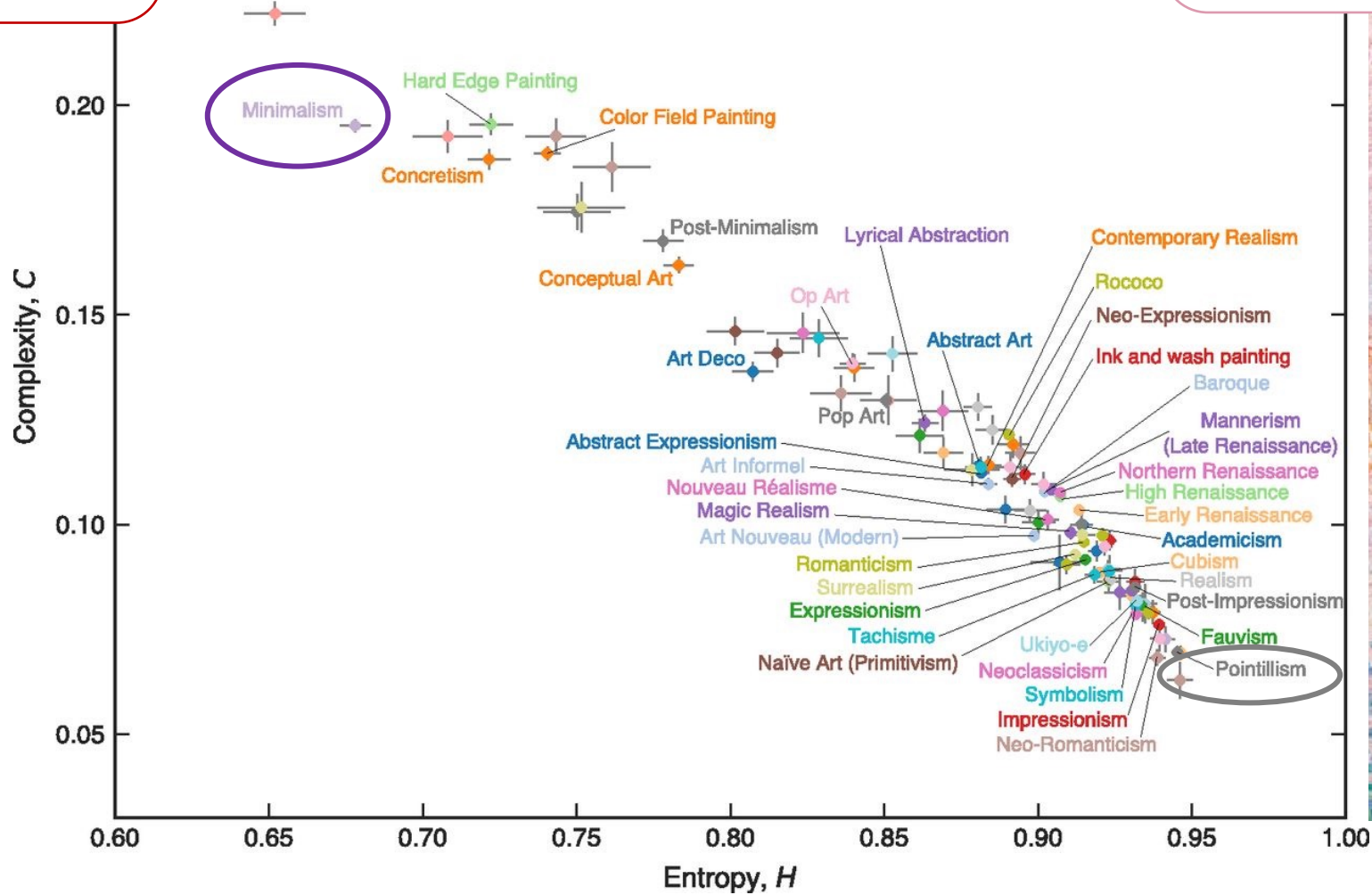
a-e) Jackson Pollock

f) Mark Rothko

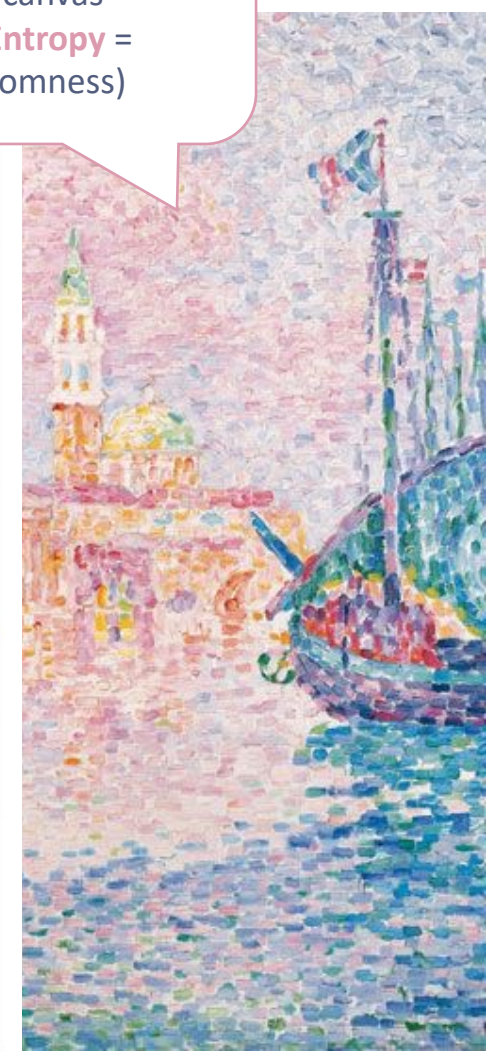
A bit of (art) history

Red is only found within this rectangle
 (↓ **Entropy** = Randomness)

A pink dot can be found almost anywhere across the canvas
 (↑ **Entropy** = Randomness)



Piet Mondrian 1930

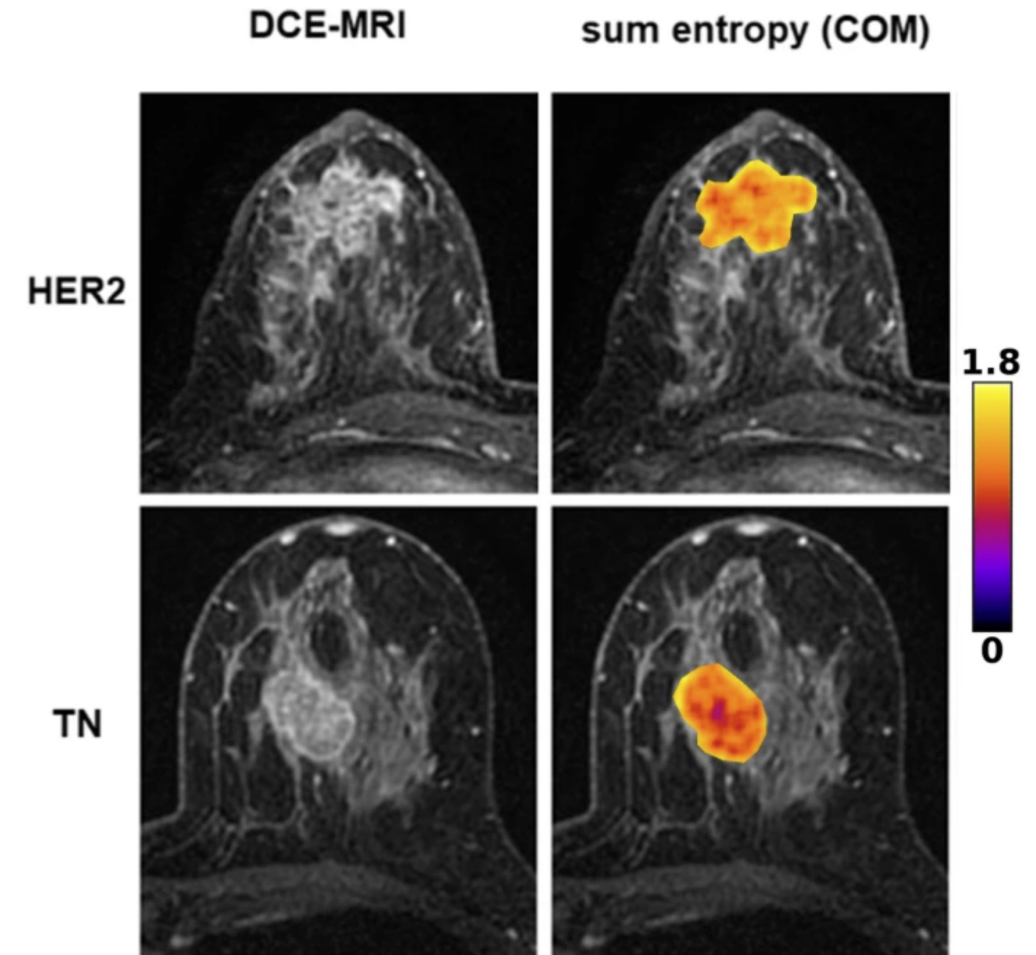


Paul Signac 1909

Radiomics to distinguish between intrinsic subtypes

Luminal B cancers have distinct radiomic signatures:

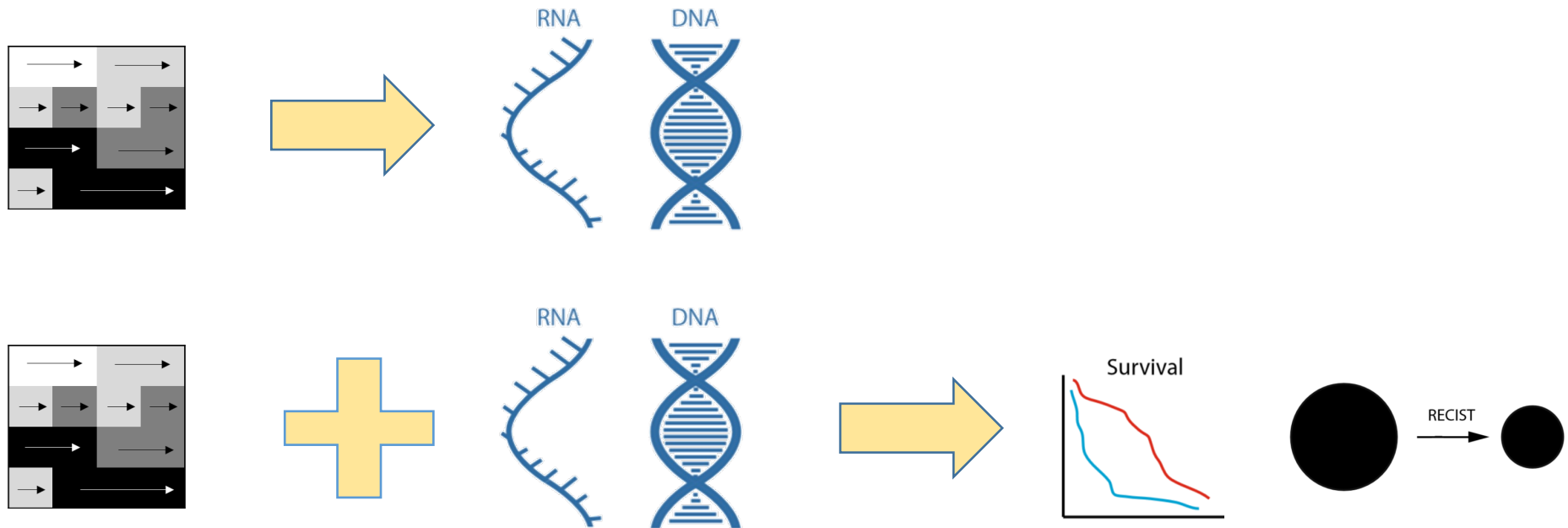
- **luminal B vs. luminal A**, 84.2%
- **luminal B vs. triple negative**, 83.9%
- **luminal B vs. all others**, 89%



Radiogenomics

Understanding relationship between **radiomics** (imaging phenotype) and **genomics** (transcriptomics)

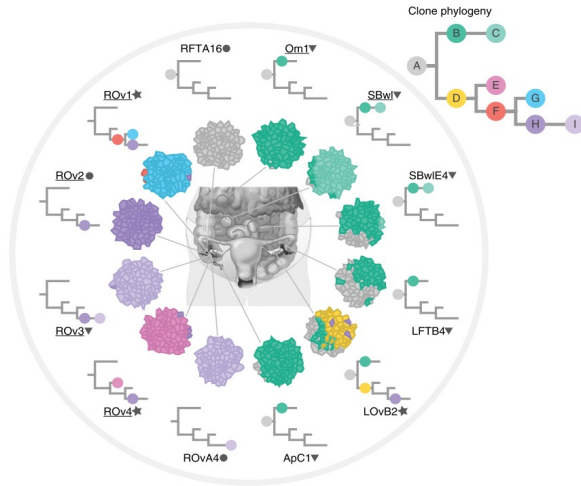
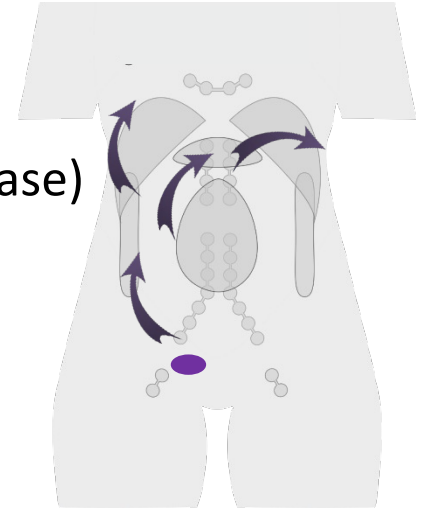
↳ Importance of **heterogeneity** in HGSOC



High Grade Serous Ovarian Cancer (HGSOC)

Highest mortality of all gynaecological malignancies

5-year overall survival rate: 20–40% FIGO III & 10-18% FIGO IV
~75% diagnosed at advanced stages (multi-site metastatic disease)

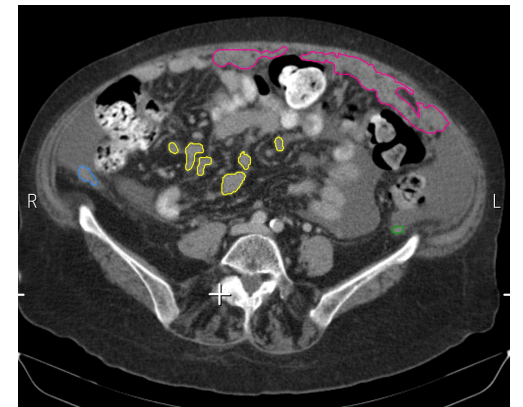


Genomic heterogeneity

Metastases in different sites harbor different **resistance mechanisms**

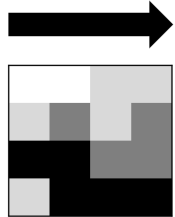
**Neoadjuvant chemotherapy (NACT)
+ delayed primary surgery (DPS)**

→ Can we predict response to NACT?

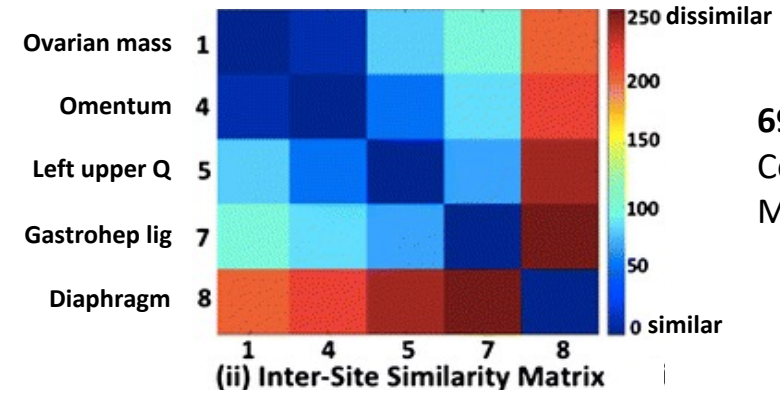
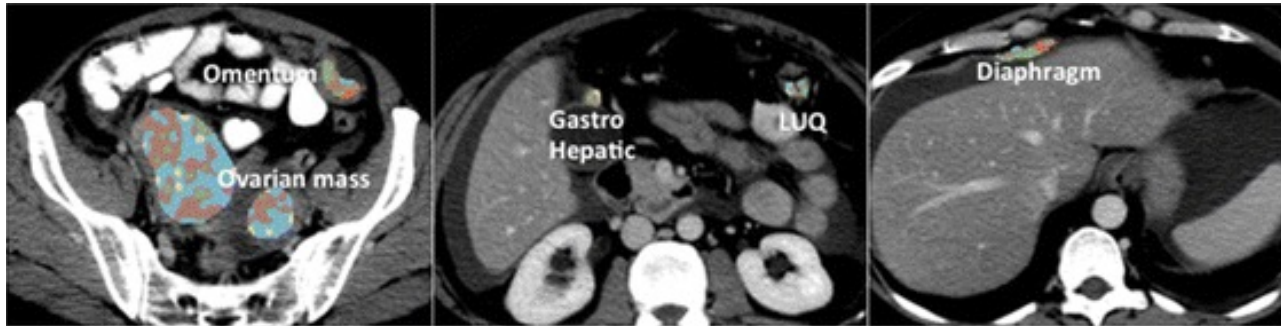


Inter-lesion Heterogeneity

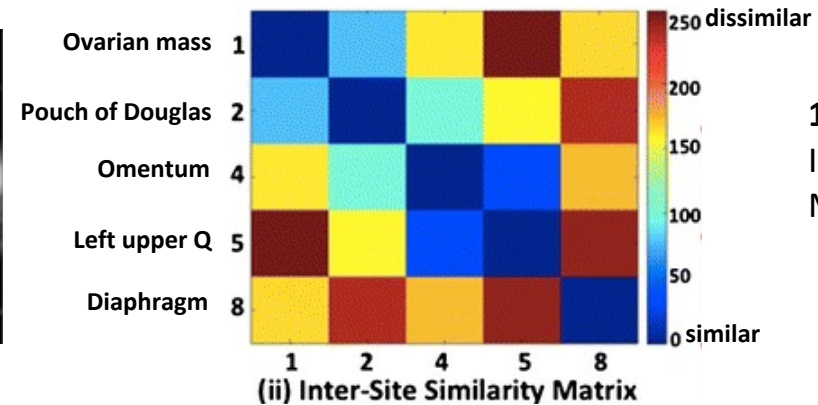
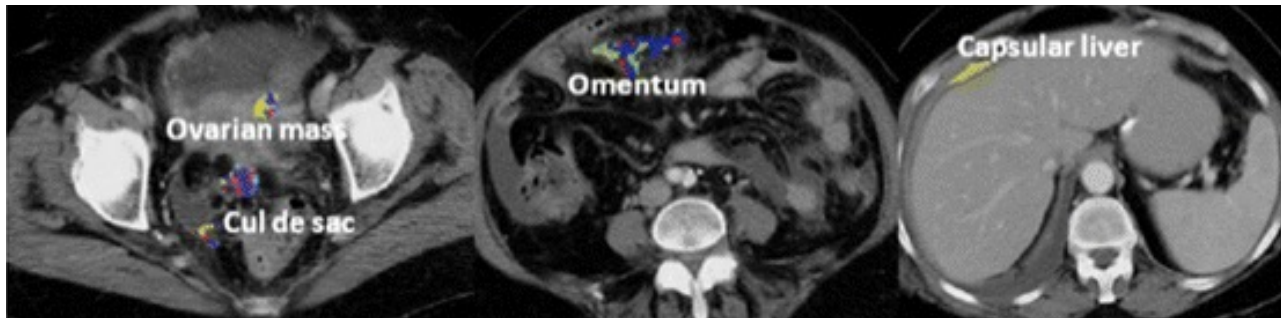
GLCM
Grey level cooccurrence matrix



2nd order/ texture features computed for each voxel inside lesion
Pairwise similarities computed for all sites → Inter-Site Similarity Matrix



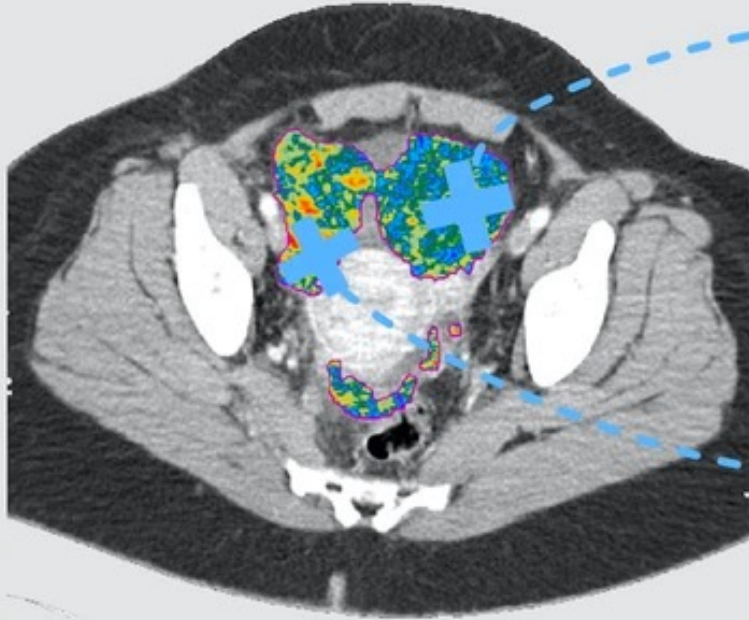
69 months OS
Complete resection
Mesenchymal subtype



10 months OS
Incomplete resection
Mesenchymal subtype

Spatial Radiomics: Habitats

Targeted approach: radiomic maps + multiple targeted biopsies



Molecular profile 1
associated with
local radiomic
feature values

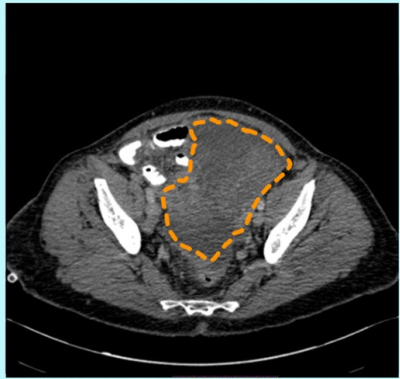
Molecular profile 2
associated with
local radiomic
feature values

Radiomic-pathologic-molecular Correlation

- Customised **3D-printed tumour moulds** for targeted tissue sampling
- **US-fusion biopsies** (overlay of radiomic habitats from CT during US-guided biopsies)

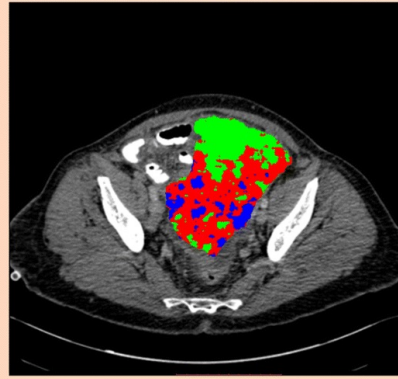
US-fusion biopsies

Radiology



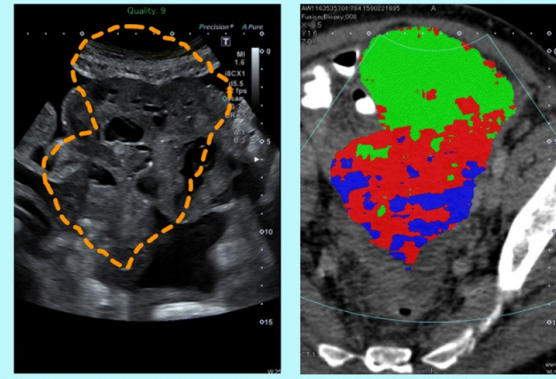
a

Computation



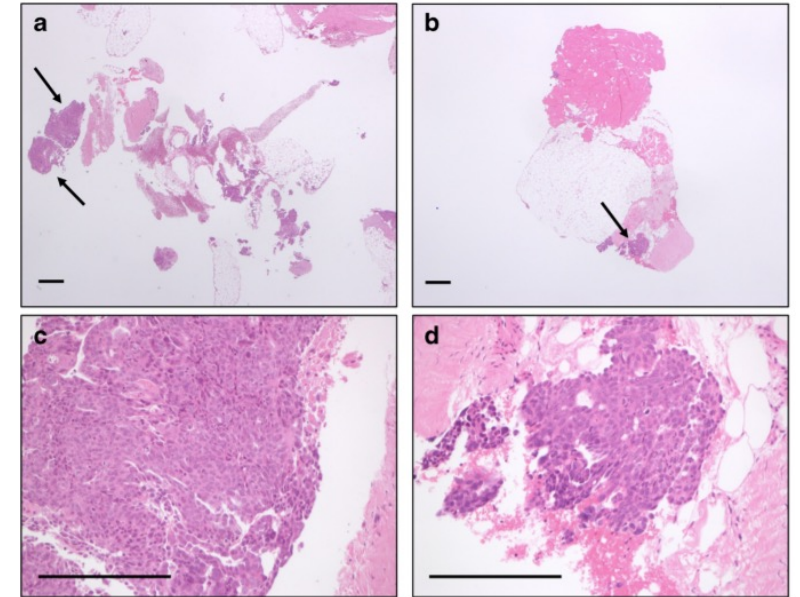
b

Biopsy (CT/US fusion)

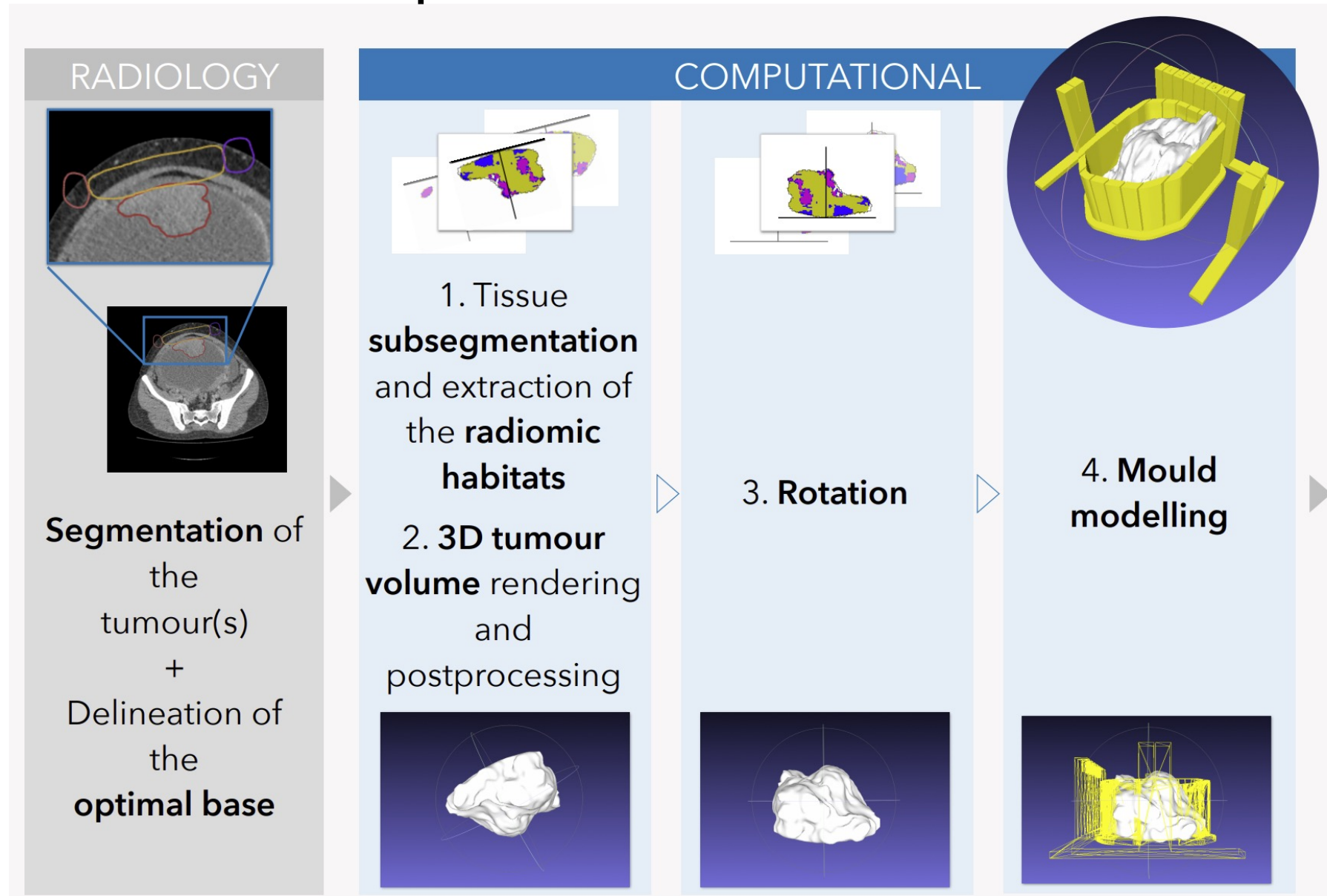


c

Targeted tissue characterisation



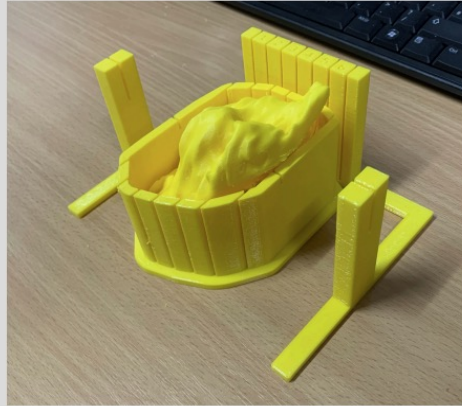
3D-printed tumour moulds



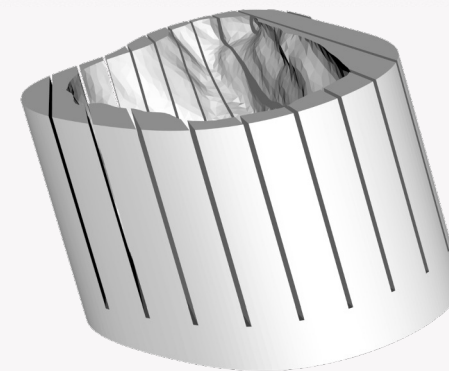
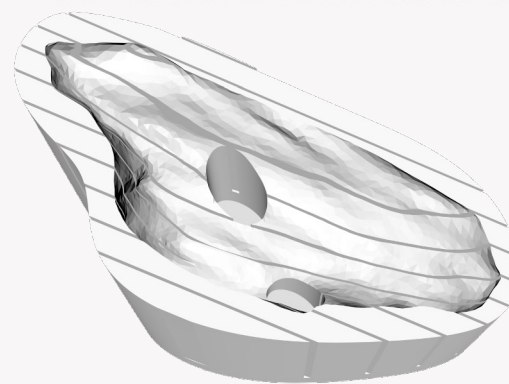
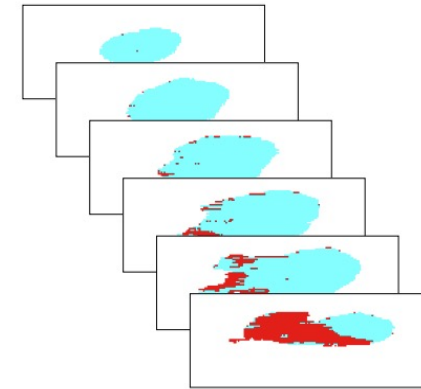
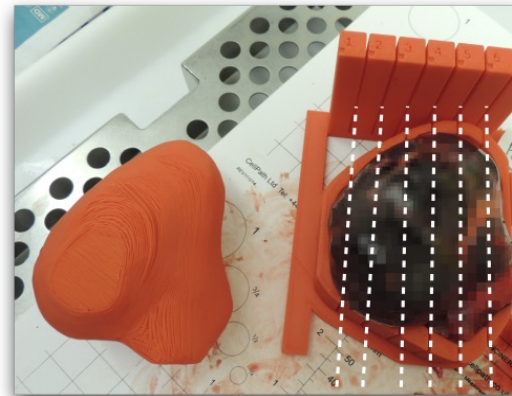
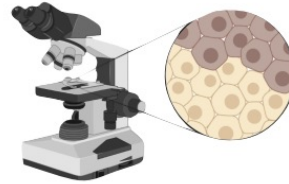
3D-printed tumour moulds

SURGERY

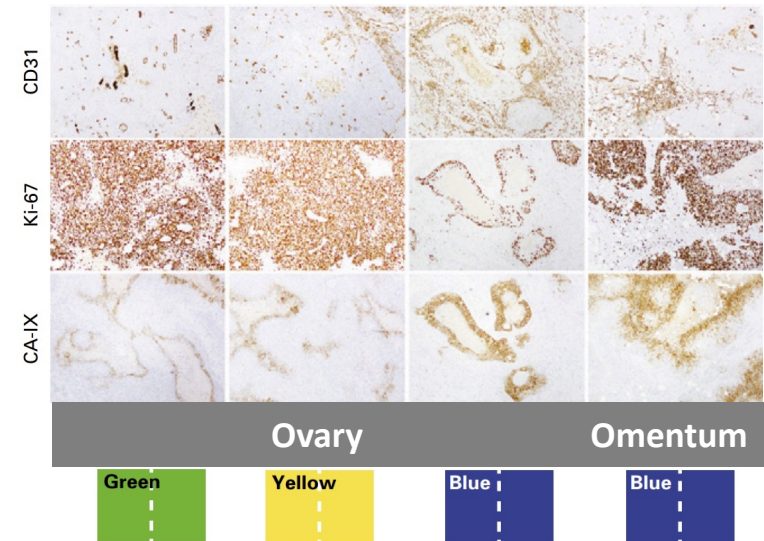
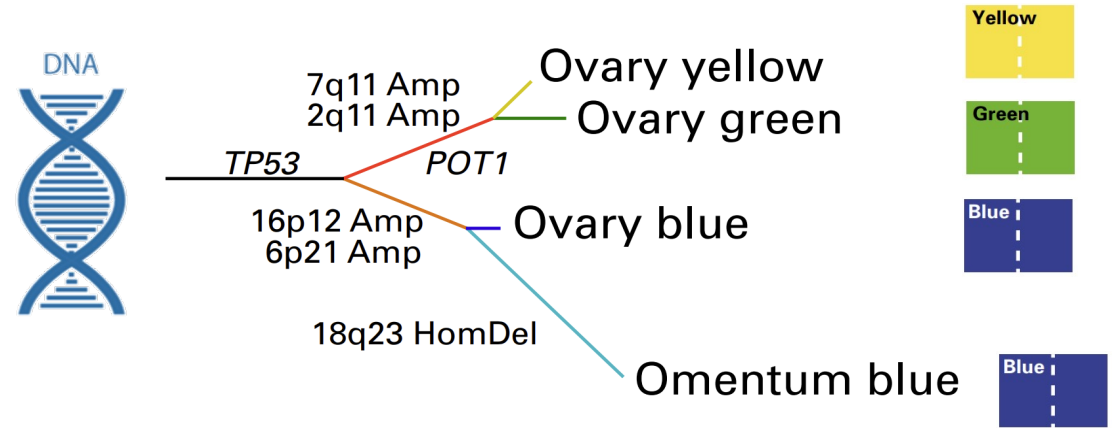
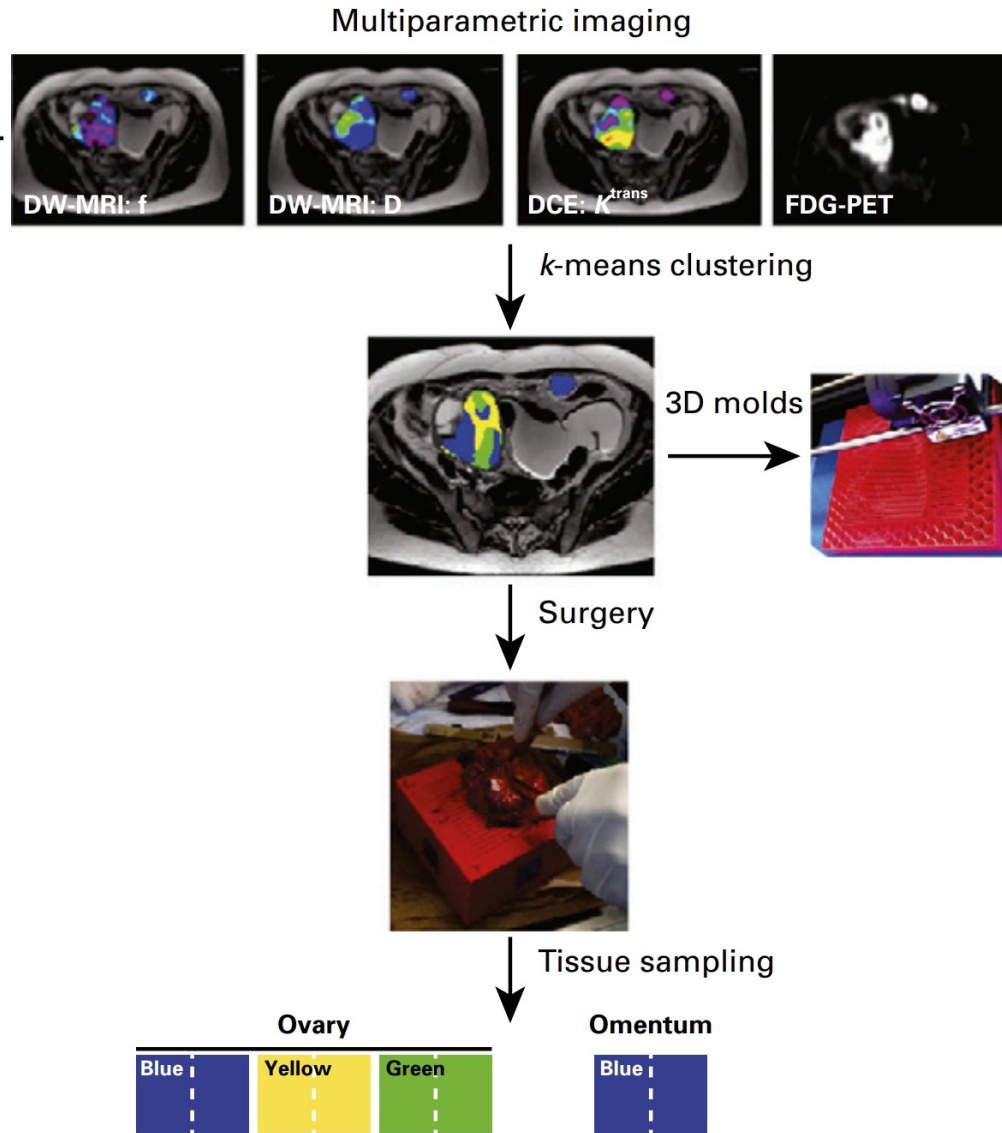
PATHOLOGY



The **3D-printed mould and tumour** are brought to surgery and pathology **to aid the tissue sampling based on the radiomic habitats**

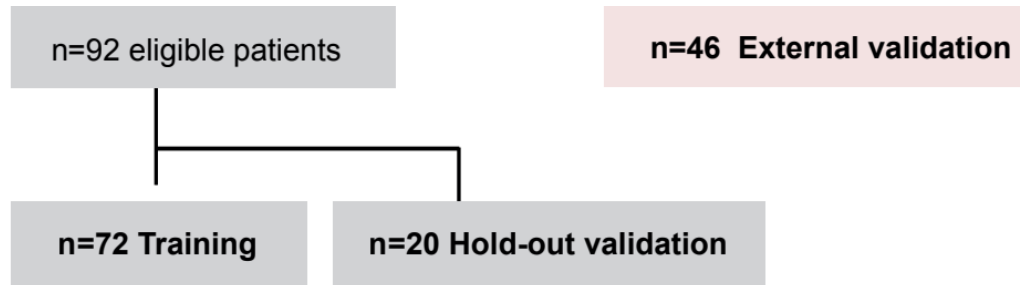


3D-printed tumour moulds



Radiogenomic response predictor for HGSOc

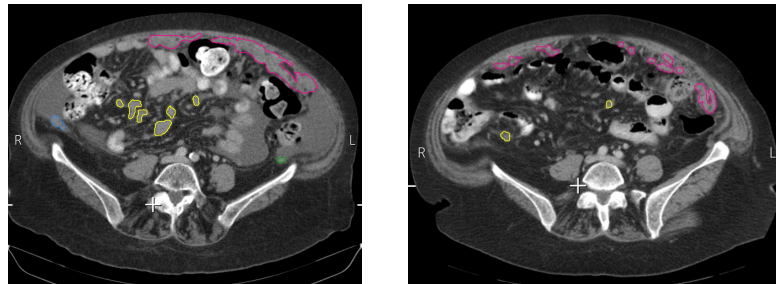
Patient cohort (n=138)



Predict response to neoadjuvant chemotherapy (NACT) [change in tumour volume] from baseline scans



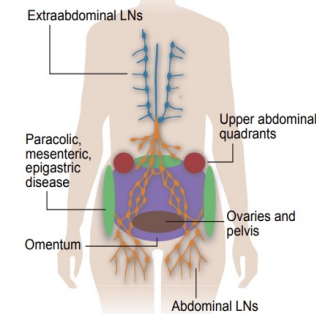
CT scans



Pre-NACT

Post-NACT

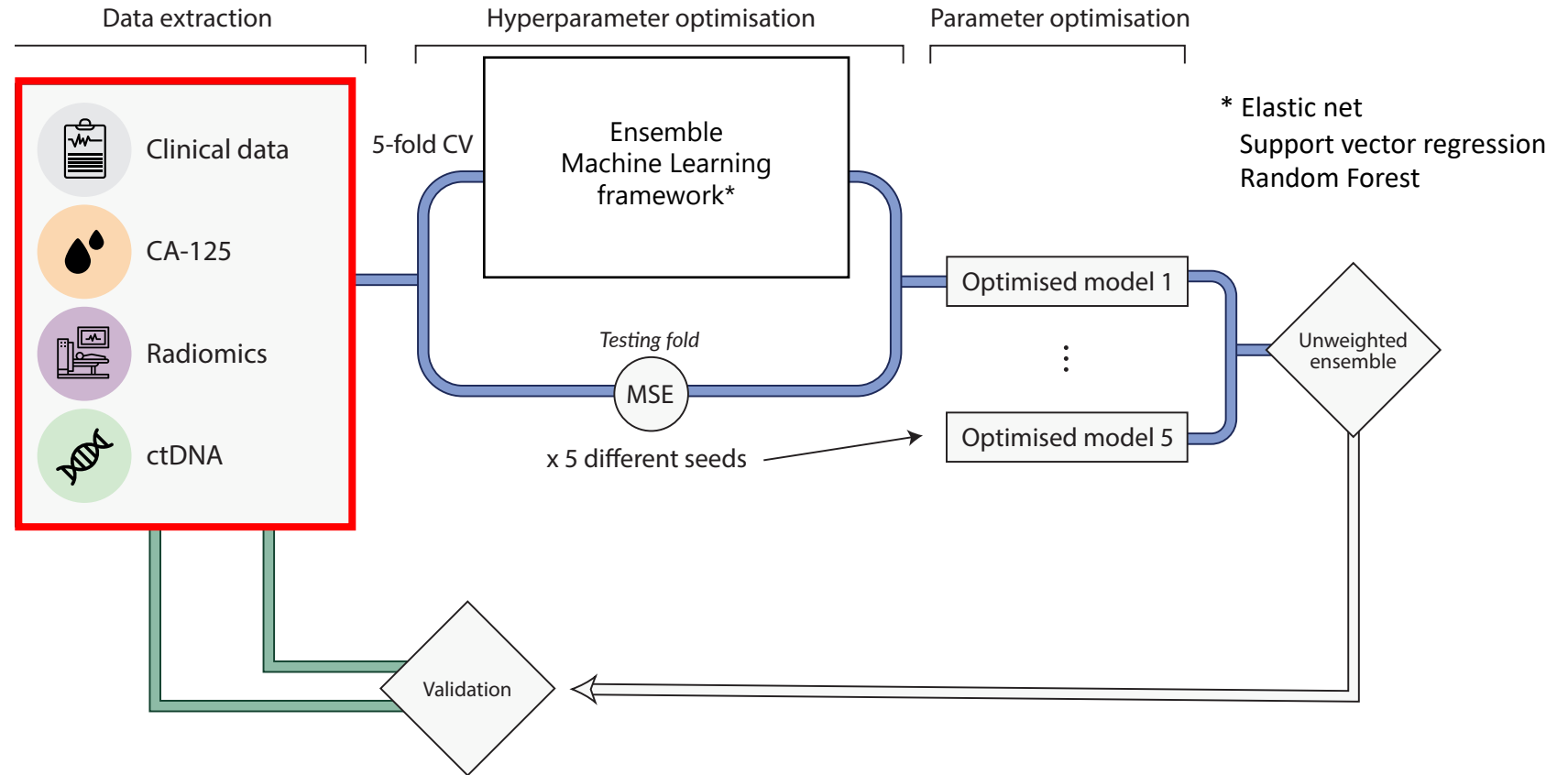
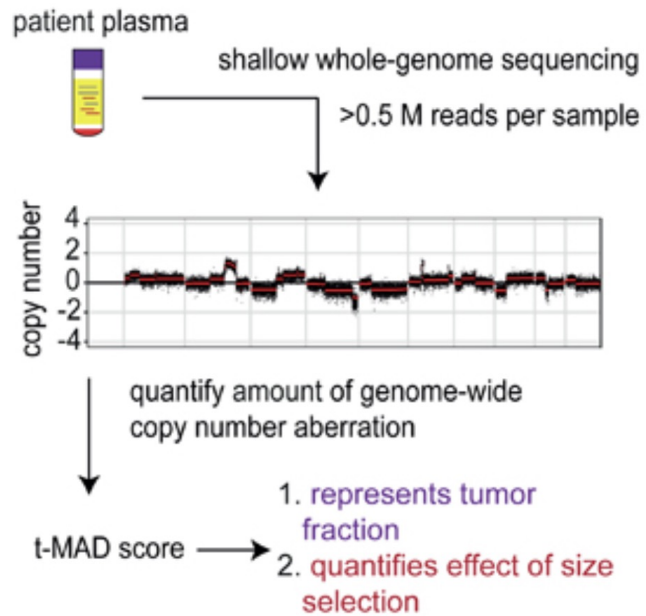
Manual segmentations of whole tumour burden



Radiogenomic response predictor for HGSOc

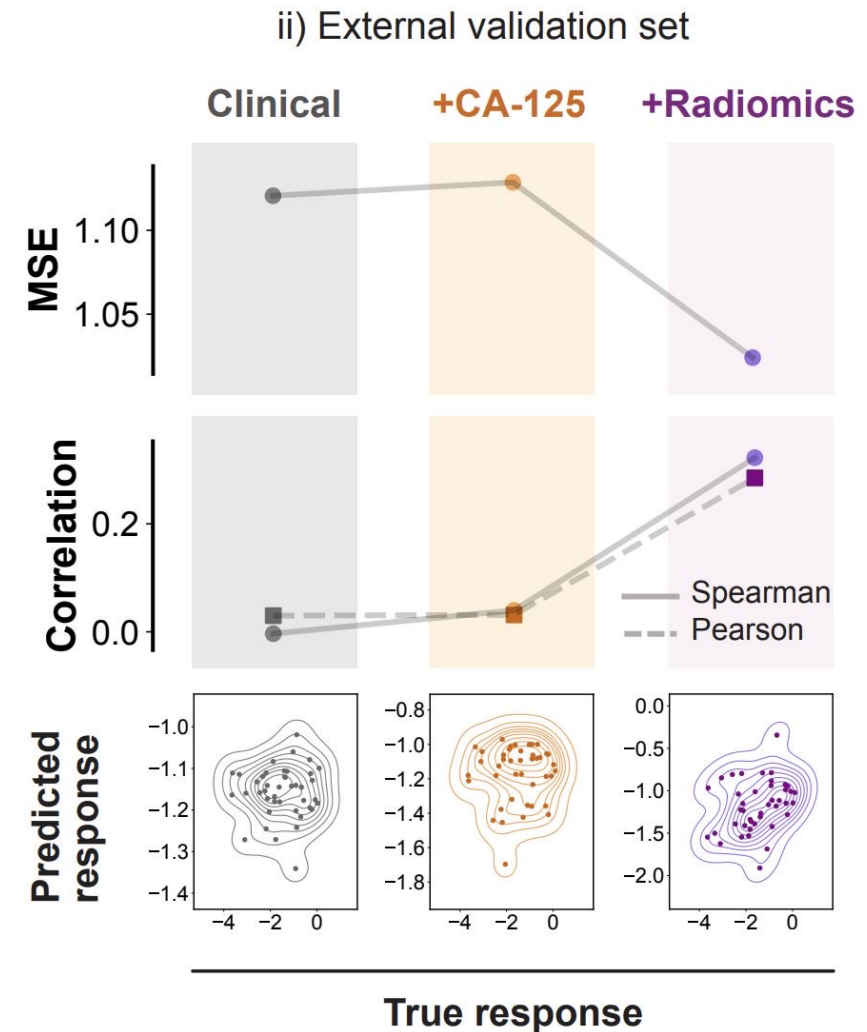
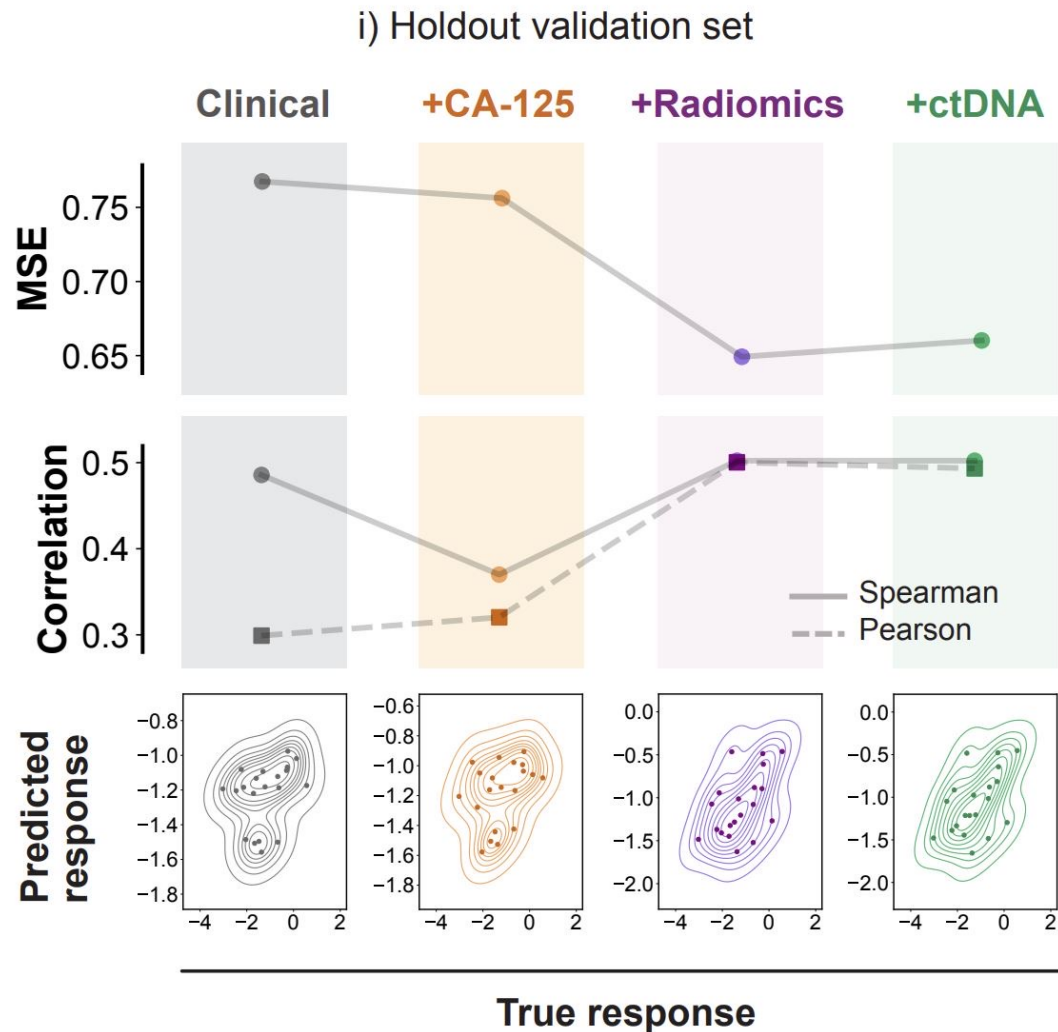
tMAD
trimmed Median Absolute Deviation from copy-number neutrality

sWGS
Quantification of **genome wide copy number aberrations**



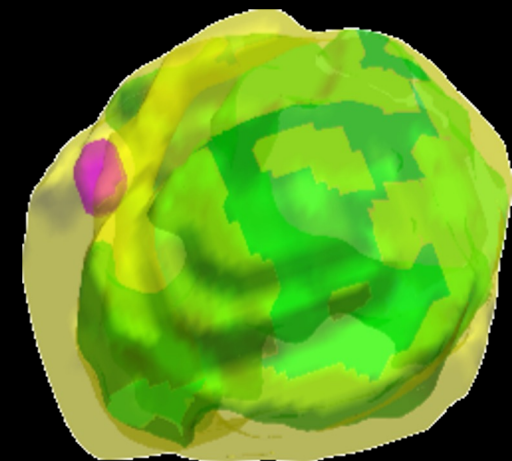
Data integration improves response prediction

Clinical data, CA 125, radiomics, and ctDNA with external validation

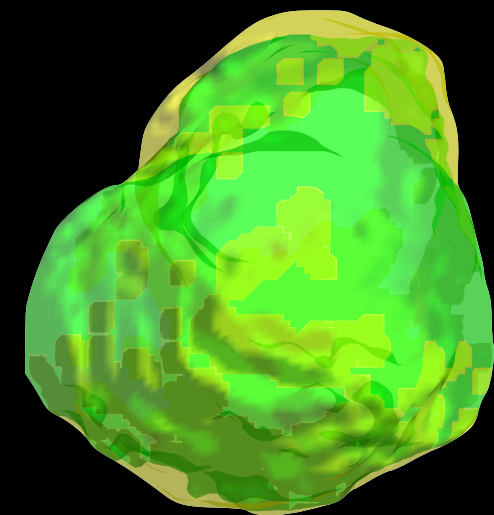
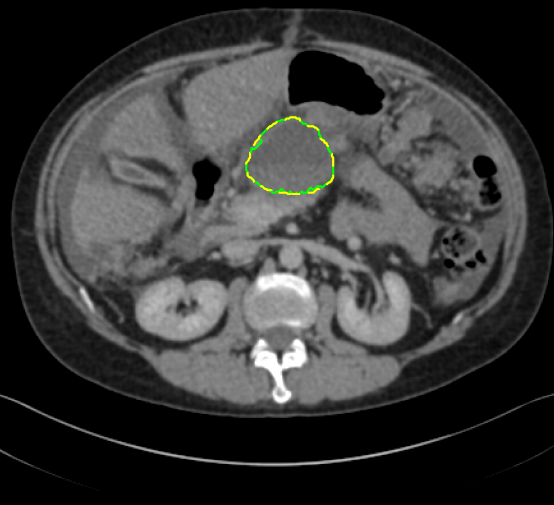


Lesser sac lesion

Time point 1

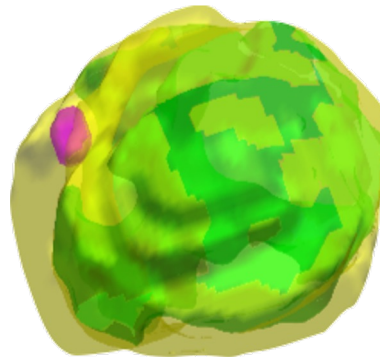
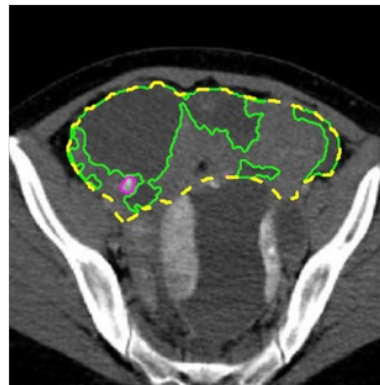
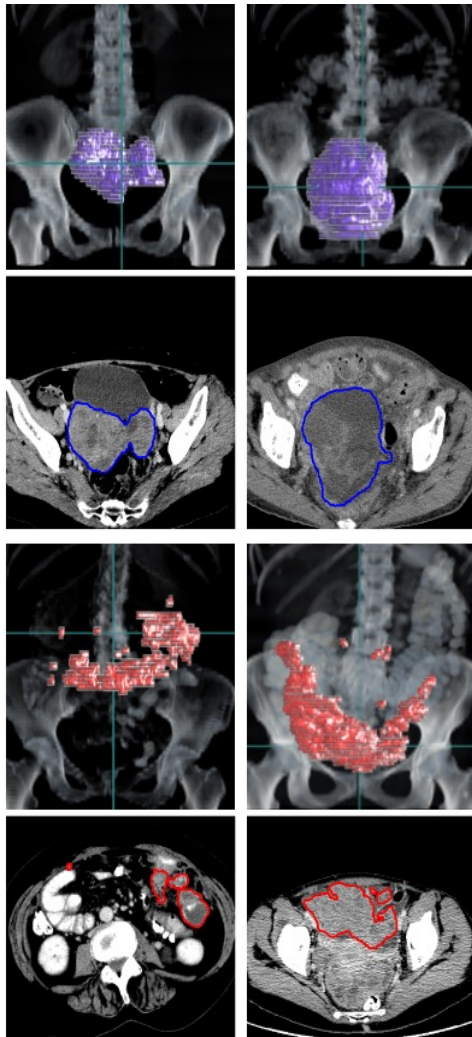


Time point 2



Automated segmentation

Automated sub-segmentation



Improved response assessment

Overall changes in total tumour volume

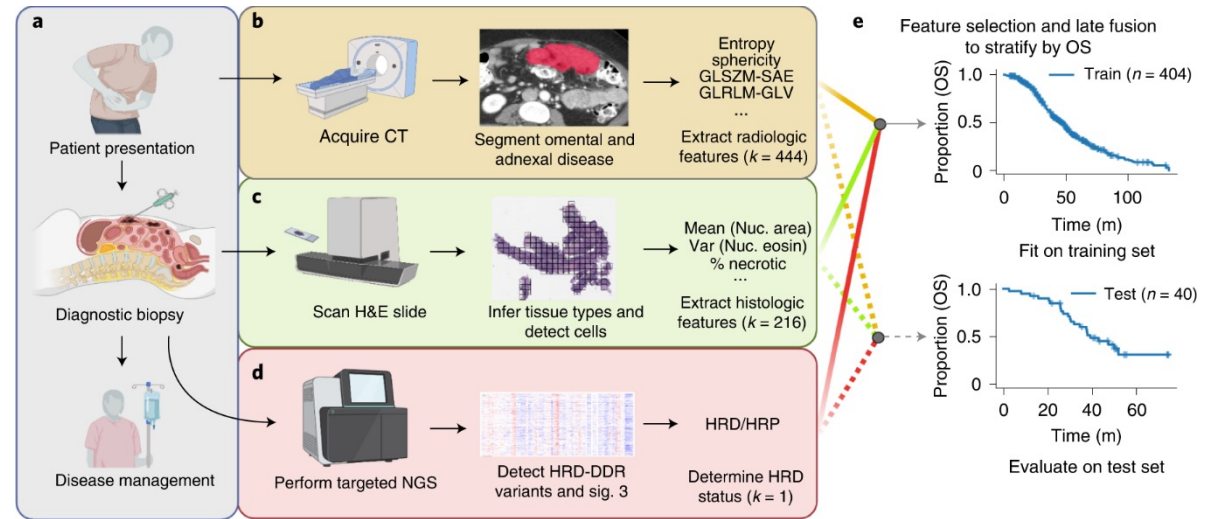
Cystic vs. solid components

→ Radiomics of different tumour components

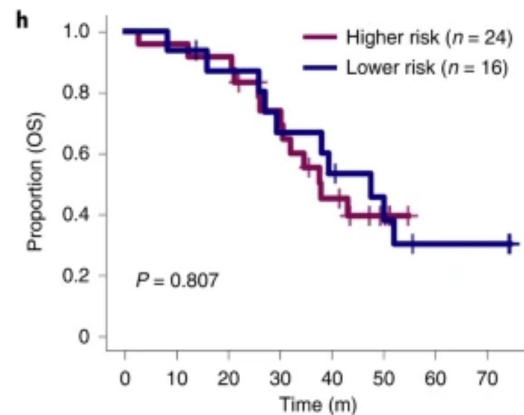
Radiogenomics for patient stratification

Patient stratification based on multiomics

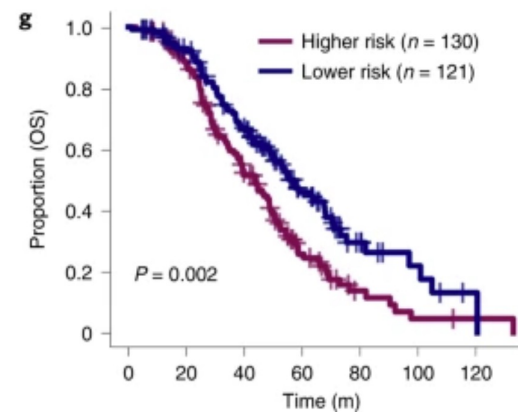
- CT
- H&E tissue sections (dig. Pathology)
- HRD/HRP (NGS)



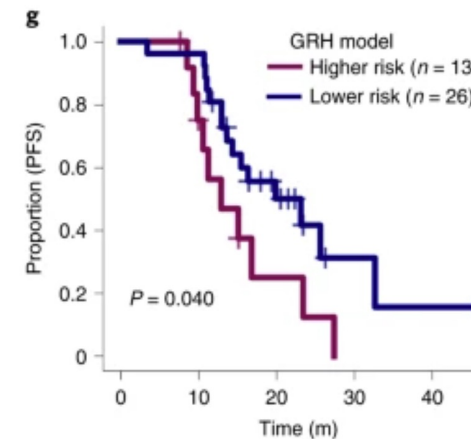
Adnexal radiomics



Omental radiomics

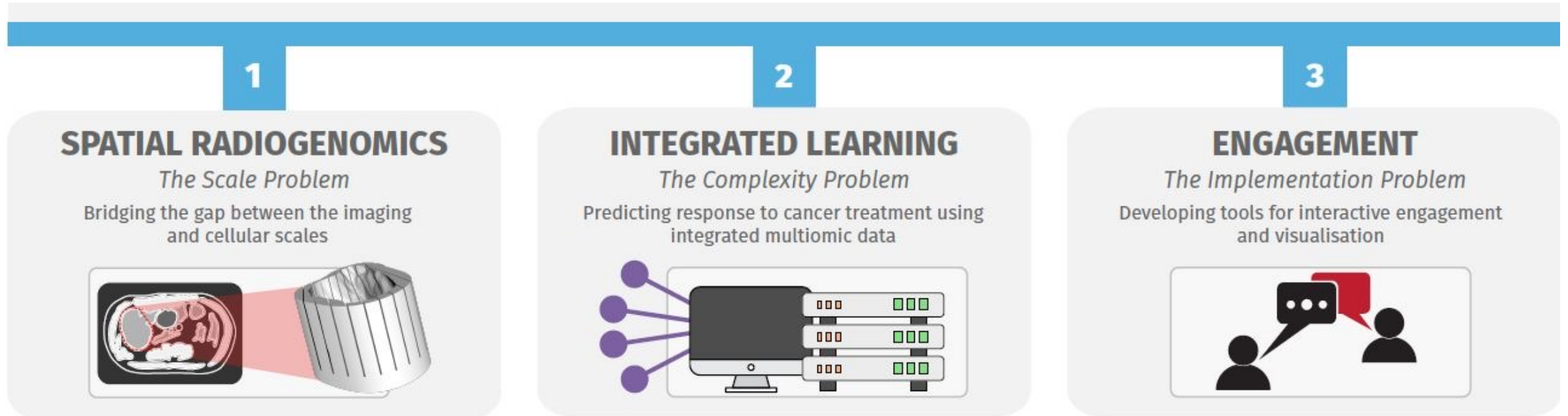


Multimodal data (incl. omental radiomics)



Vision (next 5 years)

Develop integrated frameworks for cancer that bridge the gap between imaging and cellular scales (research line 1), predict response to treatment (research line 2), and engage interactively with patients and clinicians (research line 3)



THANK YOU



CANCER
RESEARCH
UK

CAMBRIDGE
CENTRE



Ramona Woitek
Lonardo Rundo
Stephan Ursprung
Lucian Beer
Vlad Bura
Cathal McCague
Lorena Escudero
Maria Delgado-Ortet
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Marika Reinus
Gabriel Funningana
James Brenton
Carola Bibiane-Schoenlieb
Roxana Pintican
Hilal Sahin
Helen Addley/Sue Freeman

*Delivering a New Paradigm
for Personalised Cancer Medicine*



AI/Deep Learning

PDTXs

Imaging & Digital Pathology

eMR & EPIC

Molecular Signatures