

# LITO

Prediction of response to neoadjuvant chemotherapy in  
Breast MRI

## I. Project reminder

- a. Neoadjuvant chemotherapy
- b. Database
- c. Relevant information
- d. Volumes of interest

## II. Radiomic analyses

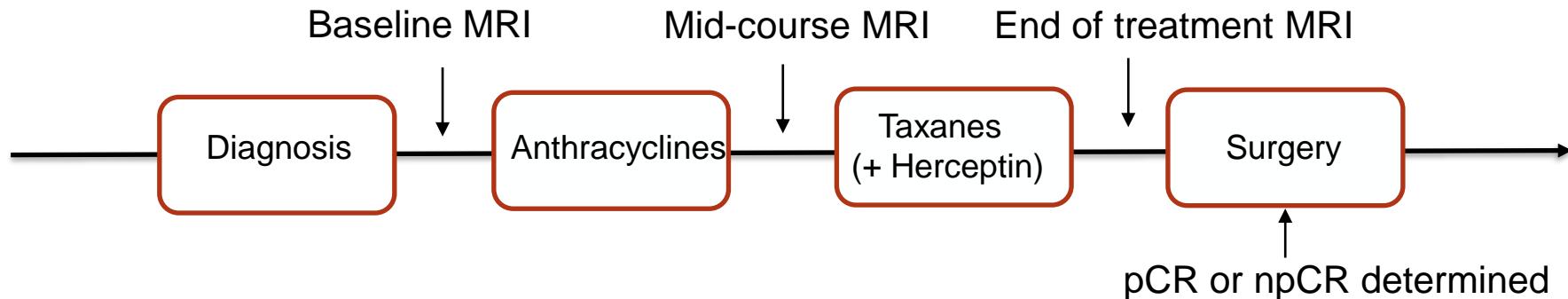
- a. Pipeline of pre-treatment
- b. Experiments & Selection
- c. Results
- d. Interpretation
- e. Future work

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# Project reminder

## I.a. Neoadjuvant chemotherapy

- Neoadjuvant chemotherapy (NAC) is the usual course of treatment in locally advanced breast cancer, but its success rate is extremely variable depending on cancer types
- Main goals are to reduce tumour sizes for safer surgeries and improve breast conservation rates
- NeoElasto project images patients 3 times during therapy



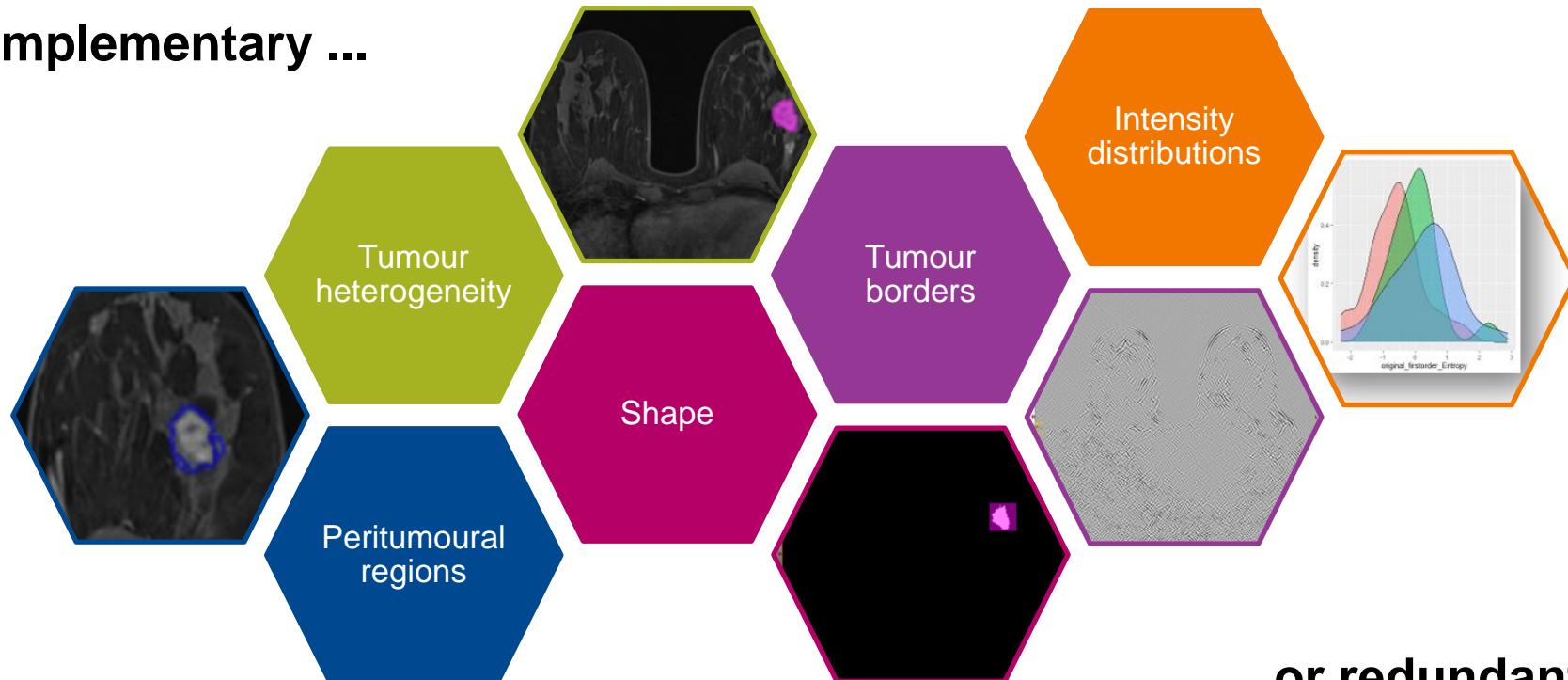
## I.b. Database

<b>103 patients:</b> <ul style="list-style-type: none"><li>• Her<sup>2+</sup>, Luminal B, TN</li><li>• segmented evenly by 2 radiologists</li></ul>	<b>49 patients reached pathological complete response (pCR) / 54 not responders (npCR)</b>	<b>3 scanning settings:</b> <ul style="list-style-type: none"><li>• Siemens machine (1.5T)<ul style="list-style-type: none"><li>- with 18-canal coil ➔ 19 patients</li><li>- with Sentinel coil ➔ 59 patients</li></ul></li><li>• GE machine (1.5T) ➔ 25 patients</li></ul>	<b>2 modalities:</b> <ul style="list-style-type: none"><li>• First T1w-DCE after injection</li><li>• fat-saturated T2</li></ul>
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Dependent: Response		npCR	pCR	p
MolecularSubtype	Her2+ (ER-, PR-, Her2+)	3 (25.0)	9 (75.0)	0.008
	Luminal B (ER+, PR<20, Her2 +or-, Ki >14%)	29 (69.0)	13 (31.0)	
	Triple negative (ER-, PR-, Her2-)	21 (43.8)	27 (56.2)	
MRIScanner	GE Curie Paris	15 (60.0)	10 (40.0)	0.389
	Siemens antenne 18 canaux Curie Paris	7 (38.9)	11 (61.1)	
	Siemens Sentinel Curie Paris	31 (52.5)	28 (47.5)	
Radiologist	Caroline	26 (51.0)	25 (49.0)	1.000
	Pia	27 (52.9)	24 (47.1)	

## I.c. Relevant information

### Complementary ...

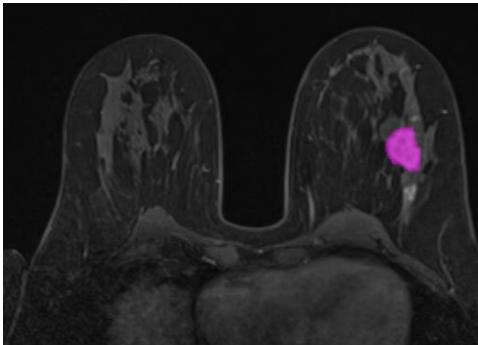


... or redundant ?

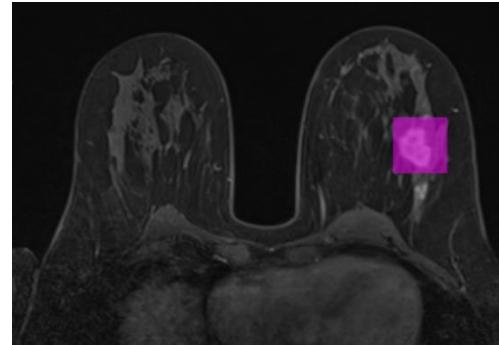
# I.d. Volumes of interest

4 VOIs defined:

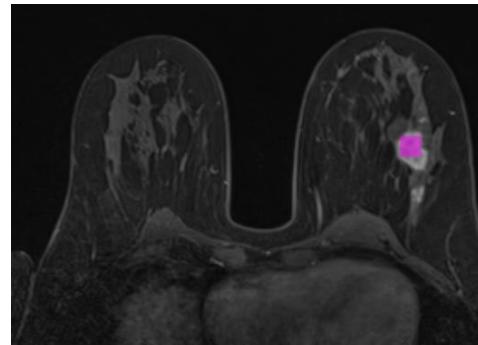
- 1) Radiologist segmentation (**texture, intensity, shape**)
- 2) Minimal bounding box (**texture, intensity, peritumoural regions, extent of the lesion, borders**)
- 3) Constant box  $12 \times 12 \times 12 \text{ mm}^3$   
(**texture & intensity**) in tumours  
 $14952 \pm 13000 \text{ mm}^3$
- 4) Minimal bounding box on binarized images (**Shape & Borders**)



1) Tumour ('T')



2) Bounding box ('BB')



3) Constant Box  
(‘CB’)



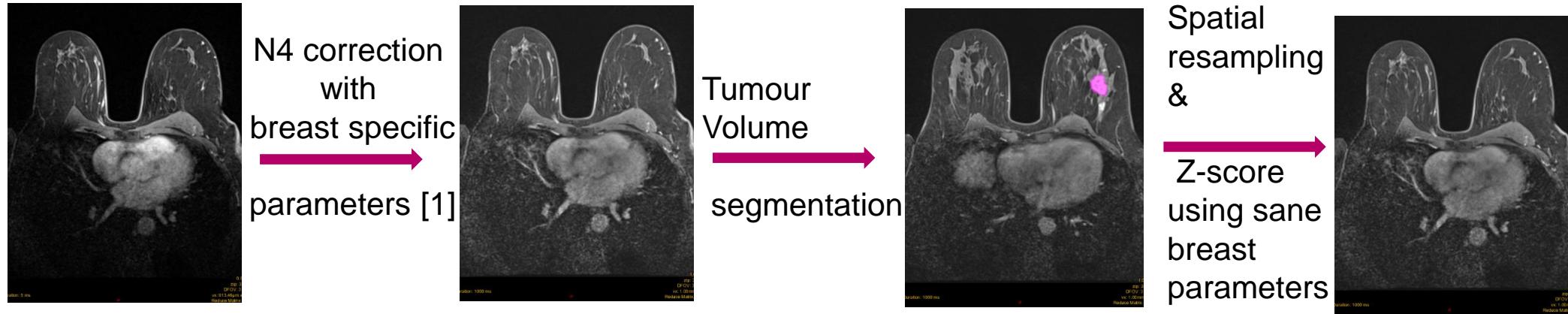
4) Binary Bounding box  
(‘bBB’)

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# Radiomic analyses

## II.a. Pipeline of pre-treatment

- Pre-processing of images



- Extraction of radiomic features with Pyradiomics:

- Absolute discretisation with bin width of 1
- Use of linear filters (Wavelet with 8 decompositions) and non-linear filters (exponential, logarithm, square, square-root, gradient)
- From T1w-DCE and T2 full and reduced forms

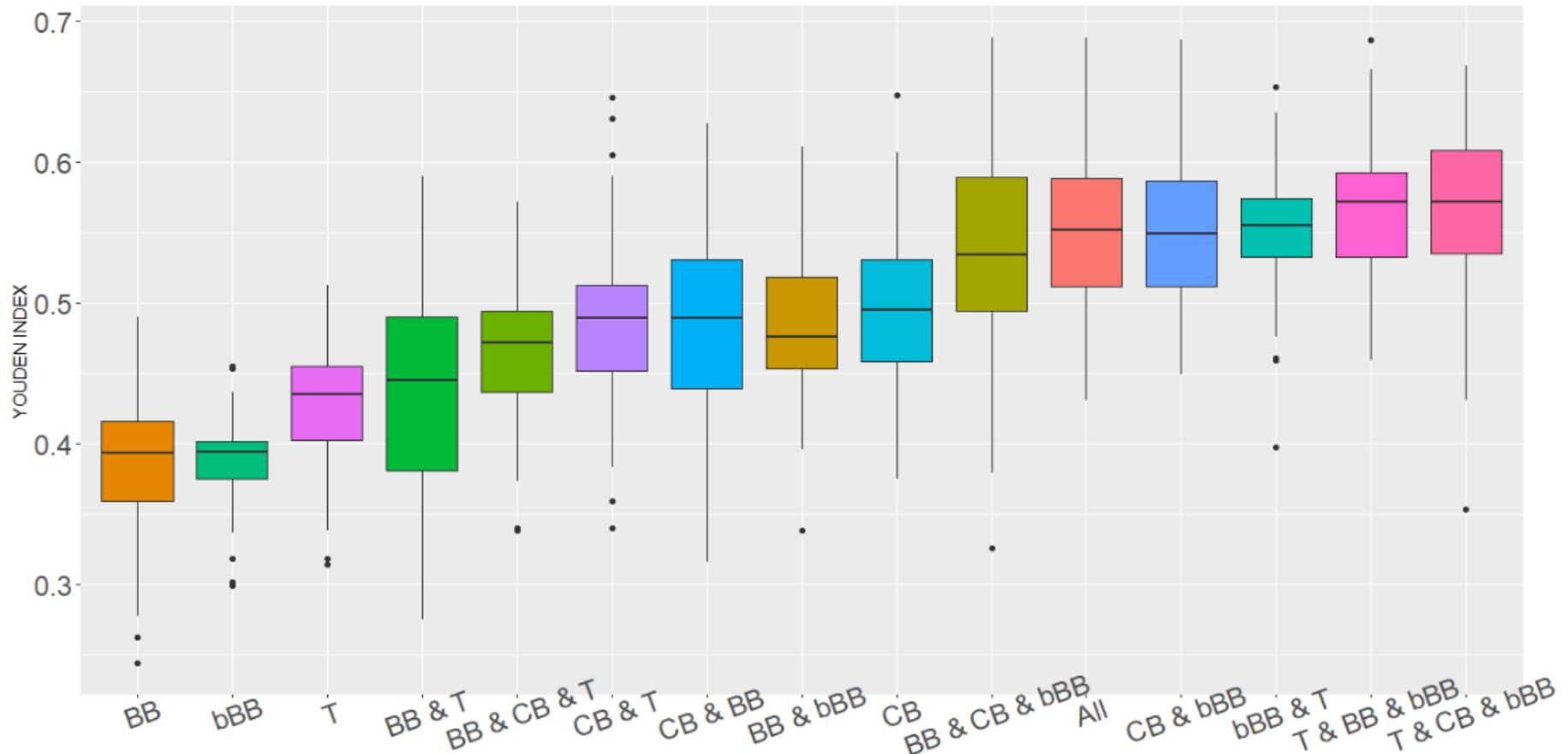
2638 features

## II.b. Experiments and selection

- Balanced dataset
- 4 sets of features extracted from the 4 VOIs
- 15 experiments with combinations of 1, 2, 3 of all 4 sets
- 100 repetitions of Boruta selection and Random Forest evaluation

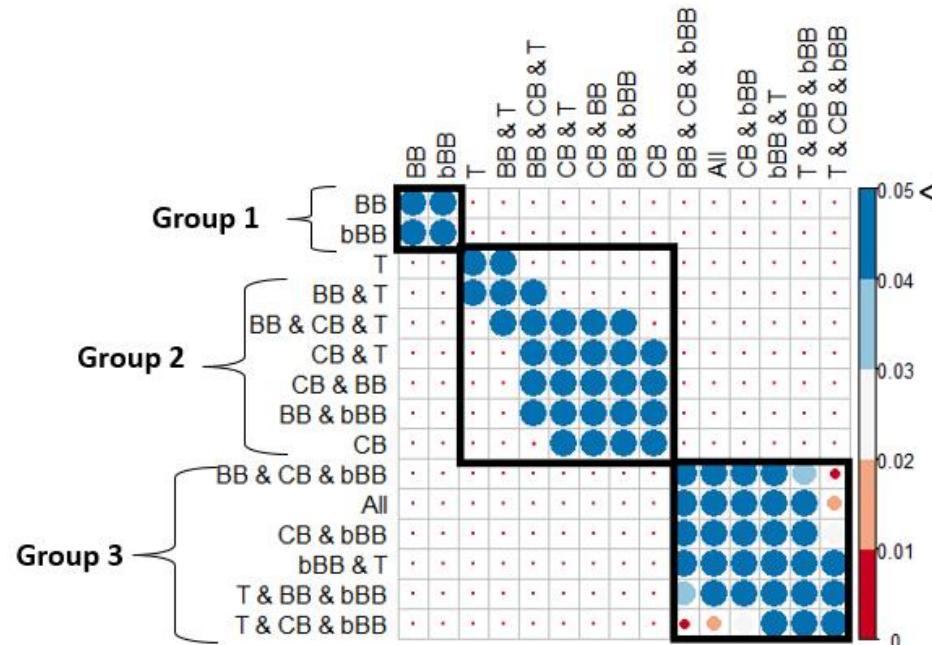


## II.c. Results

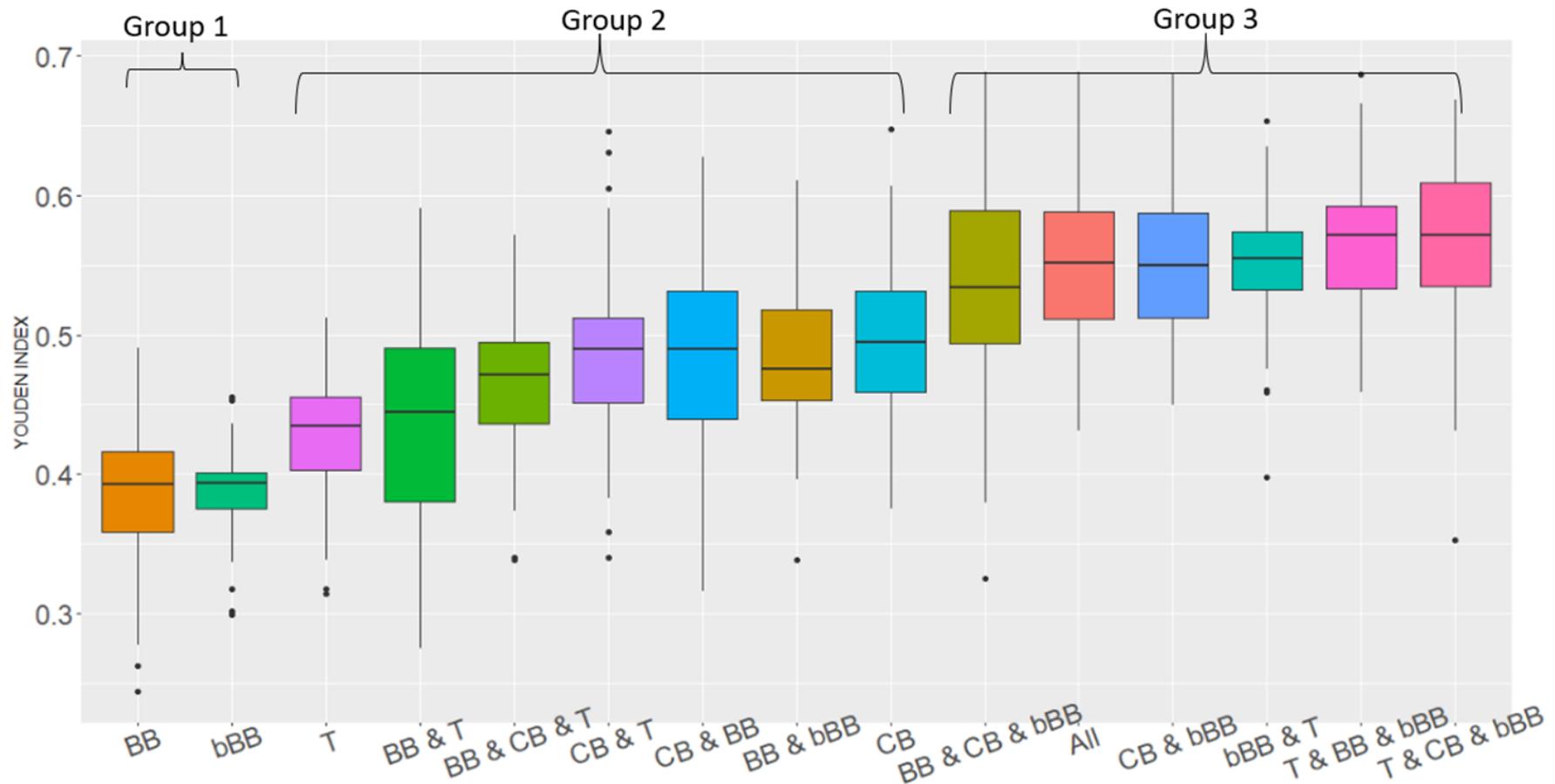


## II.c. Results

- Welch one-way anova test had a p-value < 0.0001
- Games-Howell post hoc testing: out of  $\binom{15}{2} = 105$ , 82 comparisons experiments were statistically significantly different



## II.c. Results



## II.d. Interpretation

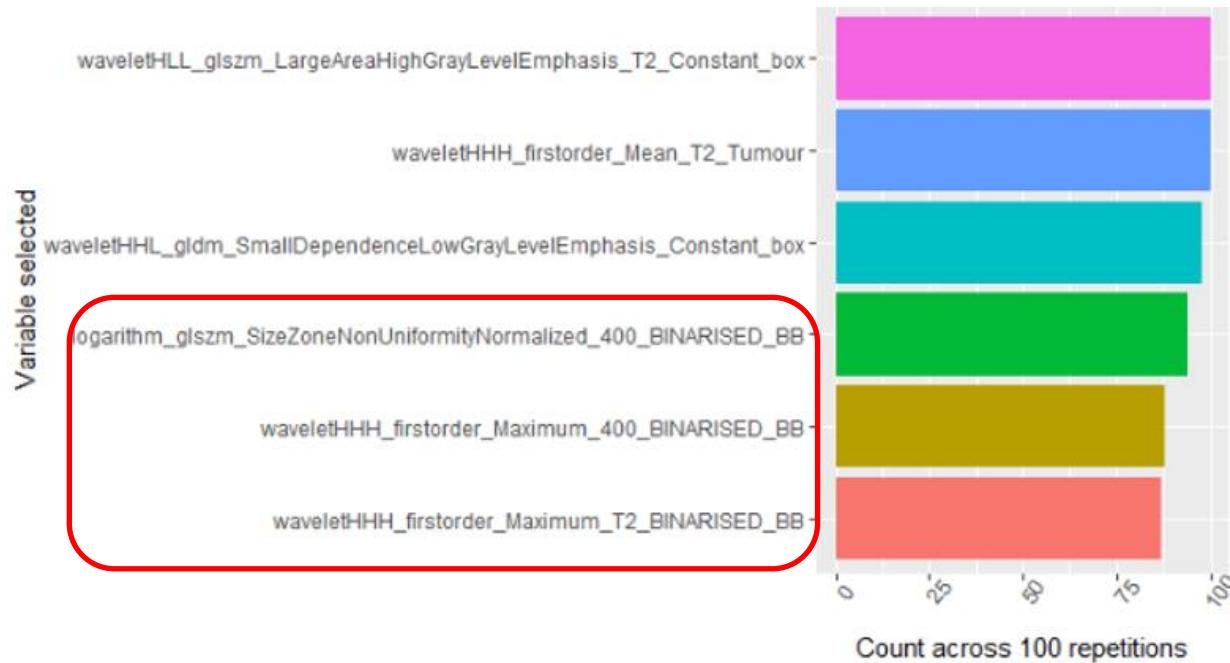
- Best experiment was 'Tumour & Constant Box & Binary Bounding box' with  $Y=0.57 \pm 0.05$  with an average of 9 features
- Binary Bounding box experiment present in all experiences of Group 3



Most selected features in best model across 100 selections

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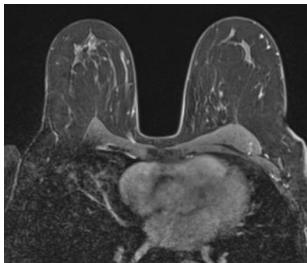
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What do they represent ?

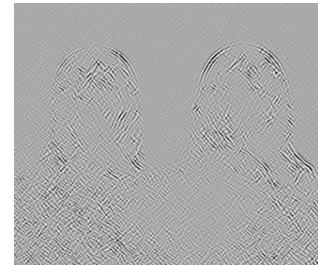
Could they be approximated by shape parameters ?

## II.d. Interpretation

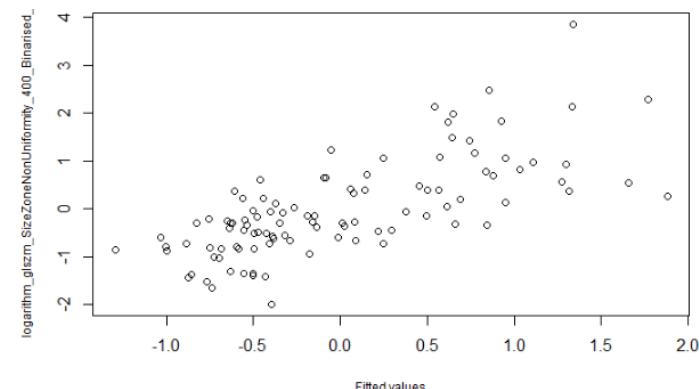
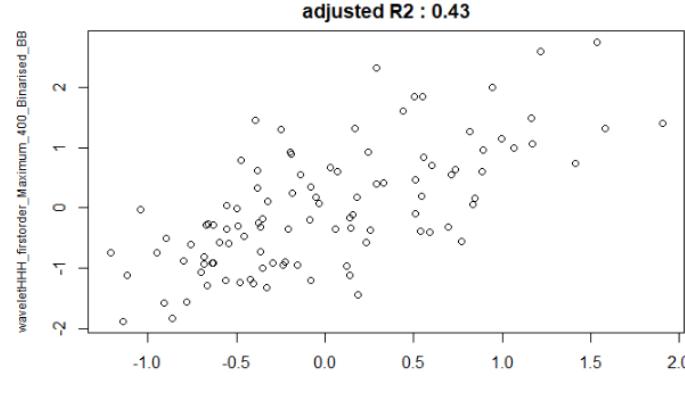
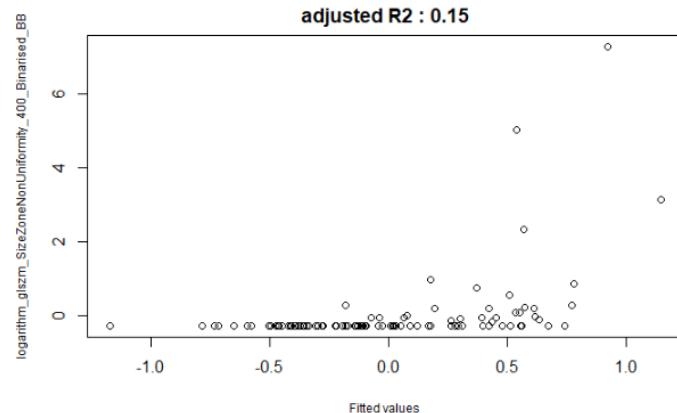
- Regression models to approximate Binary Bounding box features
- Based on shape Parameters
- Best subset regression approach: elongation, sphericity and flatness most selected



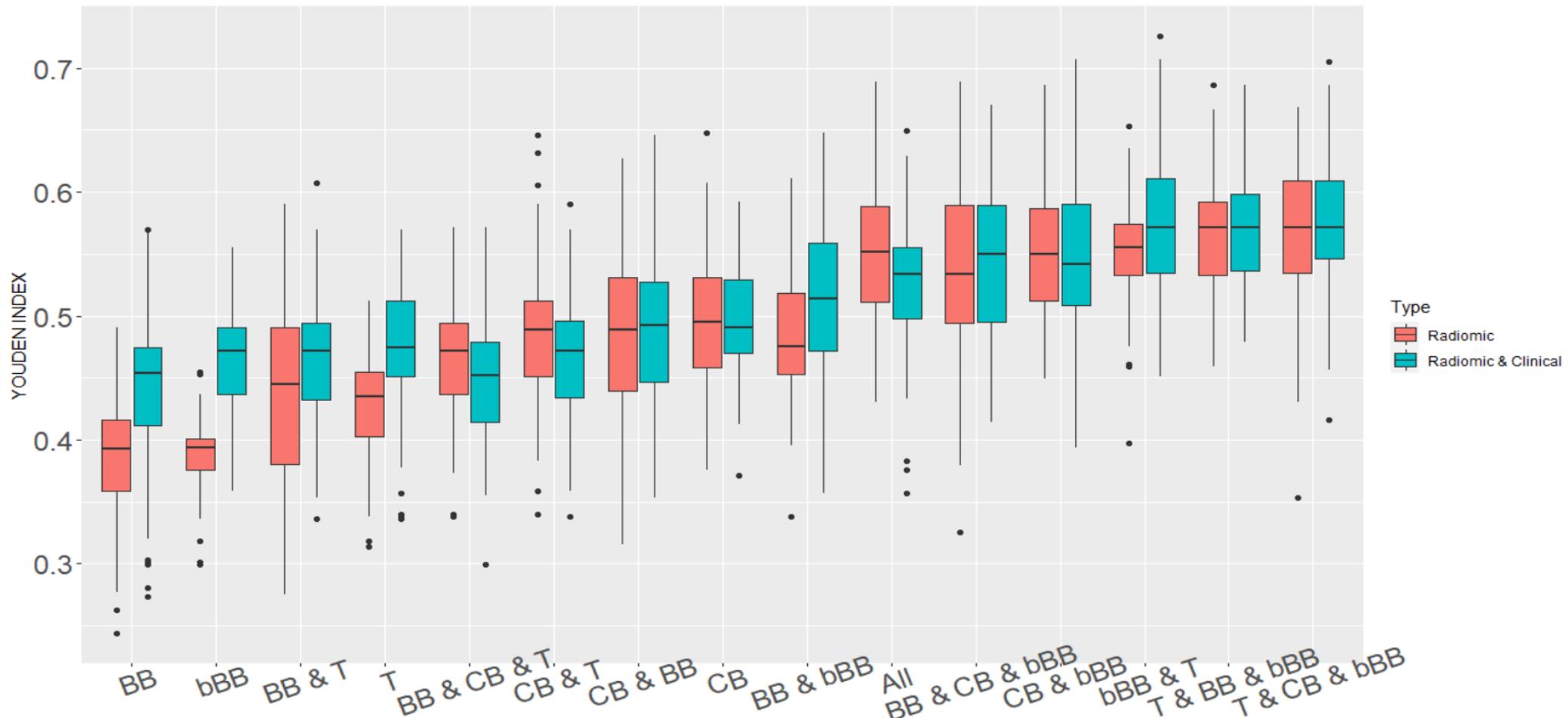
Wav-HHH  
↙



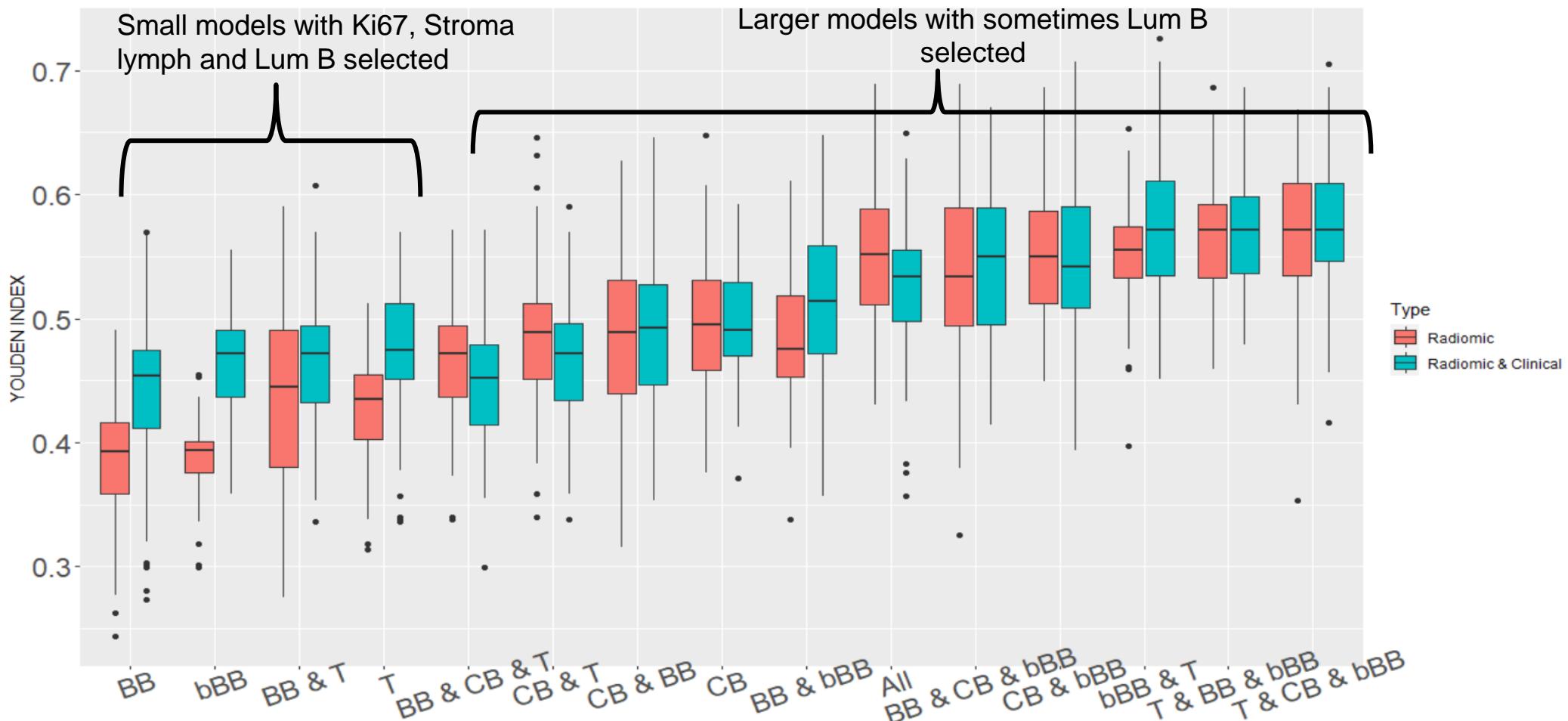
Wav-HHH on binary



## II.e. Future work



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### III Conclusion

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- Information extracted from different VOIs is complementary
- Precise delineation of tumours by radiologists is paramount to increase performances
- Binary experiment bring complementary information that cannot be captured by conventional shape parameters
- Clinical information does not increase performances in all experiments
- In the future: working on mid-course images and extraction of deep features

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# Thank you