

RETINOMICS, multimodal analysis of retinoblastoma: correlations between morphological MRI, radiomic analysis and molecular profiles of tumors

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11/04/22

Epidemiology

- Retinoblastoma: the most common intraocular malignancy of infancy
- Incidence of 1/15,000 births
- Median age at diagnosis of 2 years

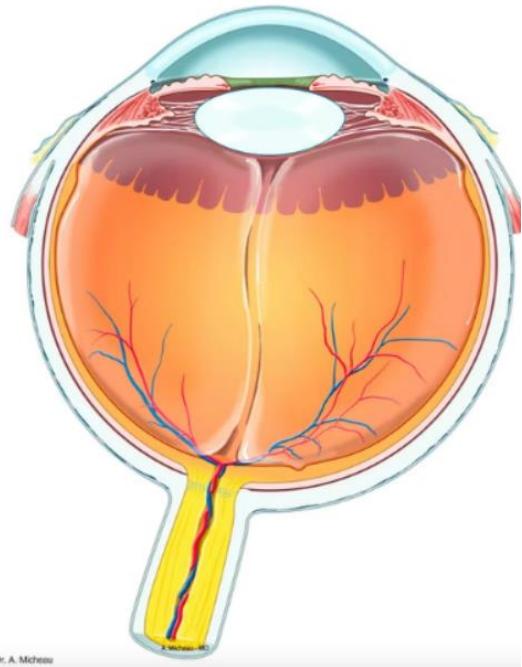
Clinical aspects

- Leukocoria (white reflection in the pupil) and strabismus : the most frequent clinical manifestations of retinoblastoma



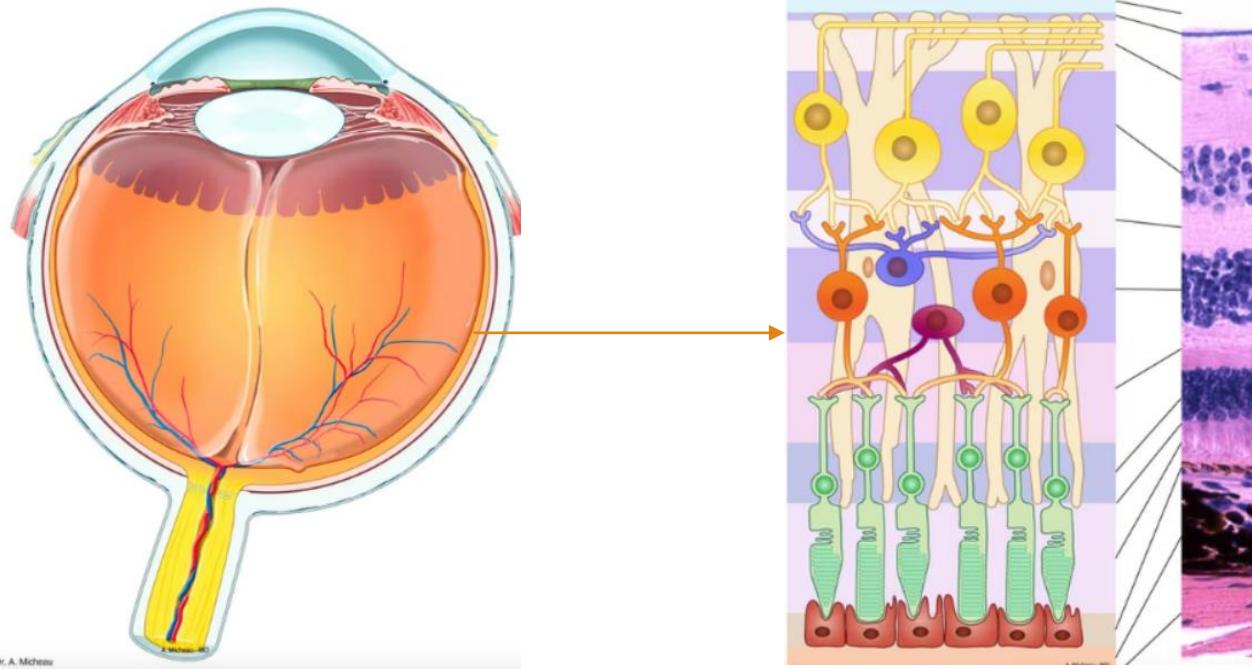
Origin

- Originating from a maturing cone precursor in the developing retina



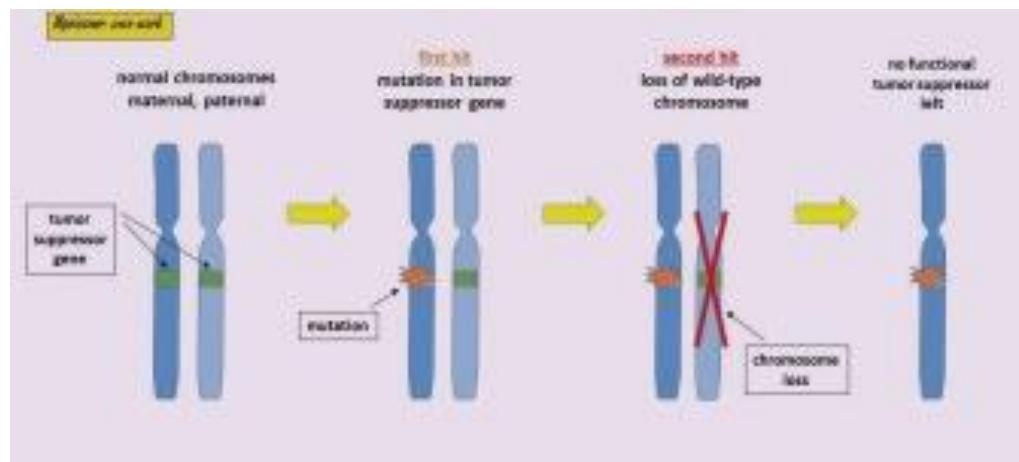
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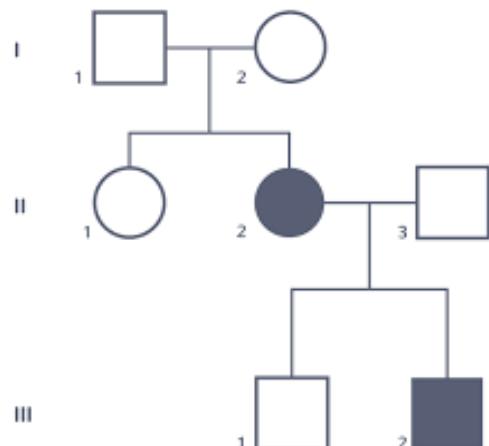
Genetic aspects

- Inactivation of the *RB1* tumor suppressor gene (13q14)
- Hereditary retinoblastomas (bilateral) versus non-hereditary cases (most unilateral)
- Autosomal dominant transmission with high penetrance



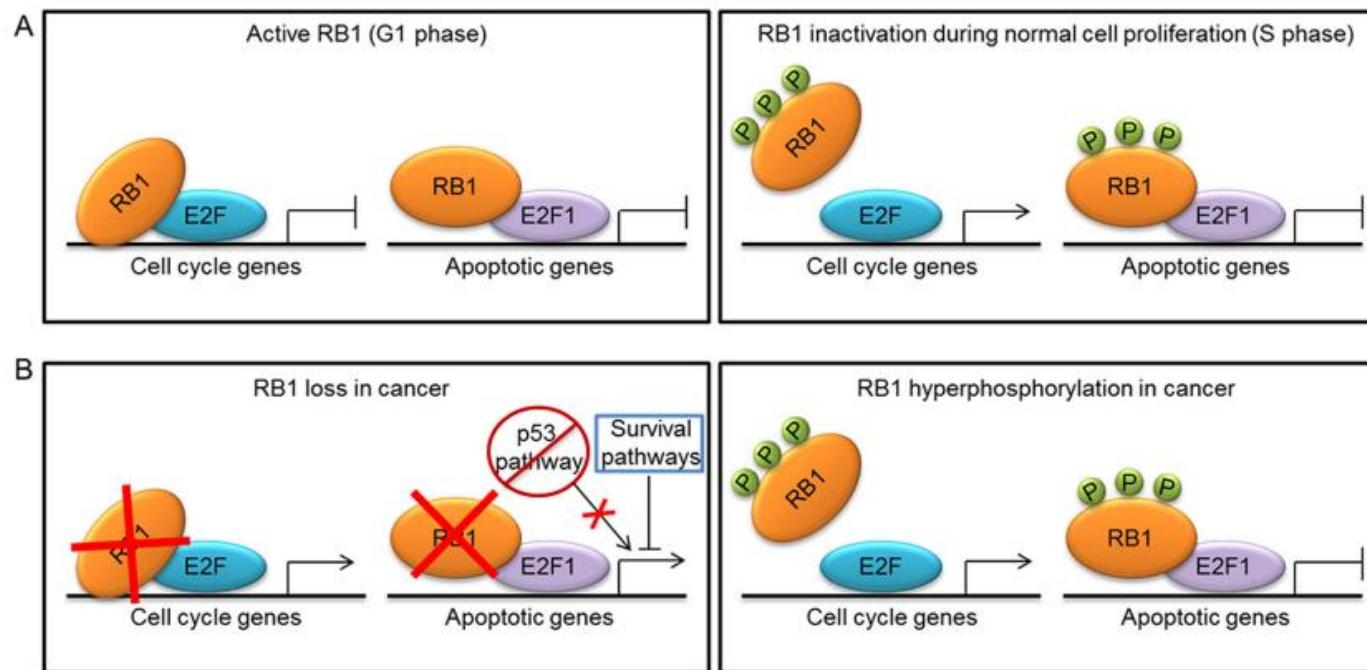
Genetic aspects

- Inactivation of the *RB1* tumor suppressor gene (13q14)
- Hereditary retinoblastomas (bilateral) versus non-hereditary cases (most unilateral)
- Autosomal dominant transmission with high penetrance
- ≠ Familial form with two case in a family



Genetic aspects

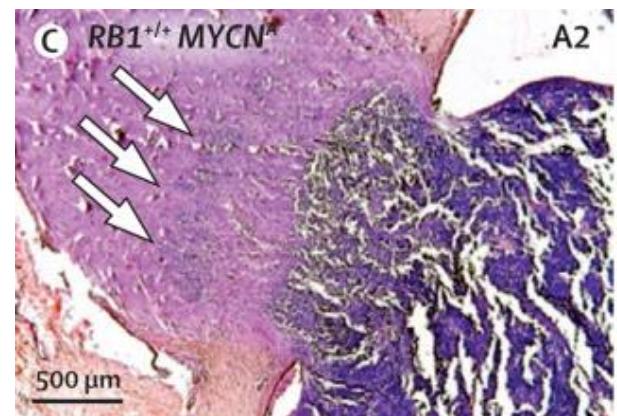
- Biallelic inactivation of the *RB1* tumor suppressor gene (13q14)



Genetic aspects

Other alterations:

- MYCN-amplification without *RB1* inactivation (<2%)
- Positive correlation between high copy-number alterations, age at diagnosis, and other clinical and histopathological variables, including aggressivity and local invasion



Molecular aspects

- The need of a better understanding of the the biology and clinical behavior of retinoblastoma

Molecular aspects

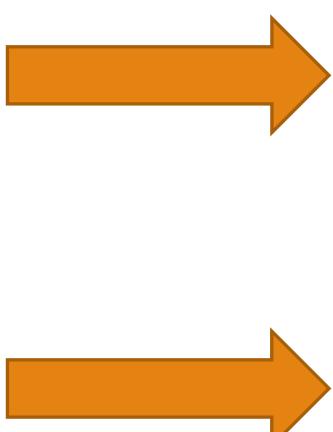
- 3 centers (France, Argentina, Spain) with a total of 102 analysed retinoblastomas
- Multi-omics data with integrative analysis of
 - Transcriptome
 - Methylome
 - DNA copy-number alteration



69/72 classified (subtype 1 or 2)

Molecular aspects

- 3 centers (France, Argentina, Spain) with a total of 102 analysed retinoblastomas
- Multi-omics data with integrative analysis of
 - Transcriptome
 - Methylome
 - DNA copy-number alteration
- Nine-CpG-based classifier



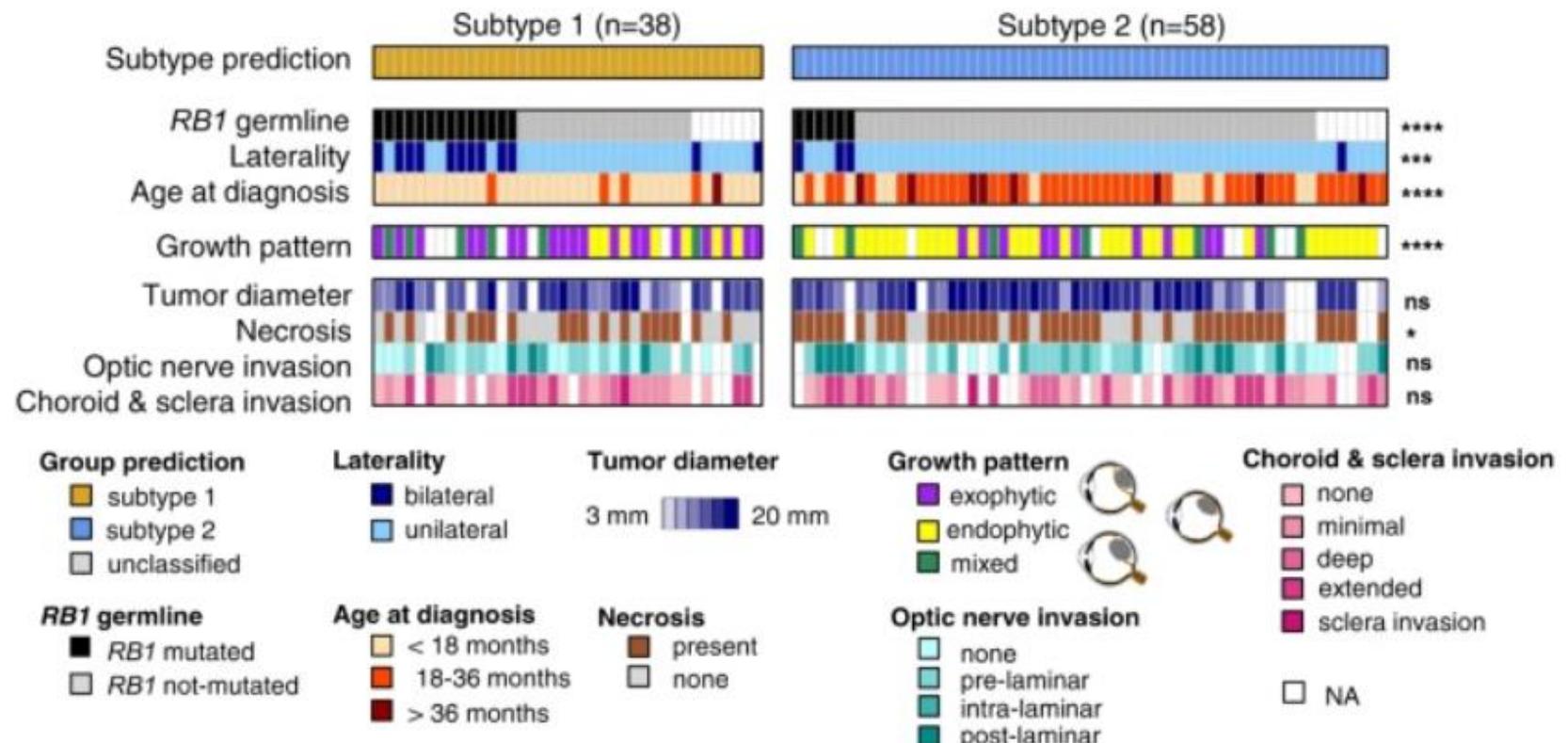
69/72 classified (subtype 1 or 2)

27/30 classified (subtype 1 or 2)

Molecular aspects

- Two subtypes of retinoblastoma associated with different clinical and pathological features
- Arguments for a maturing cone precursor as the cell-of-origin of retinoblastoma

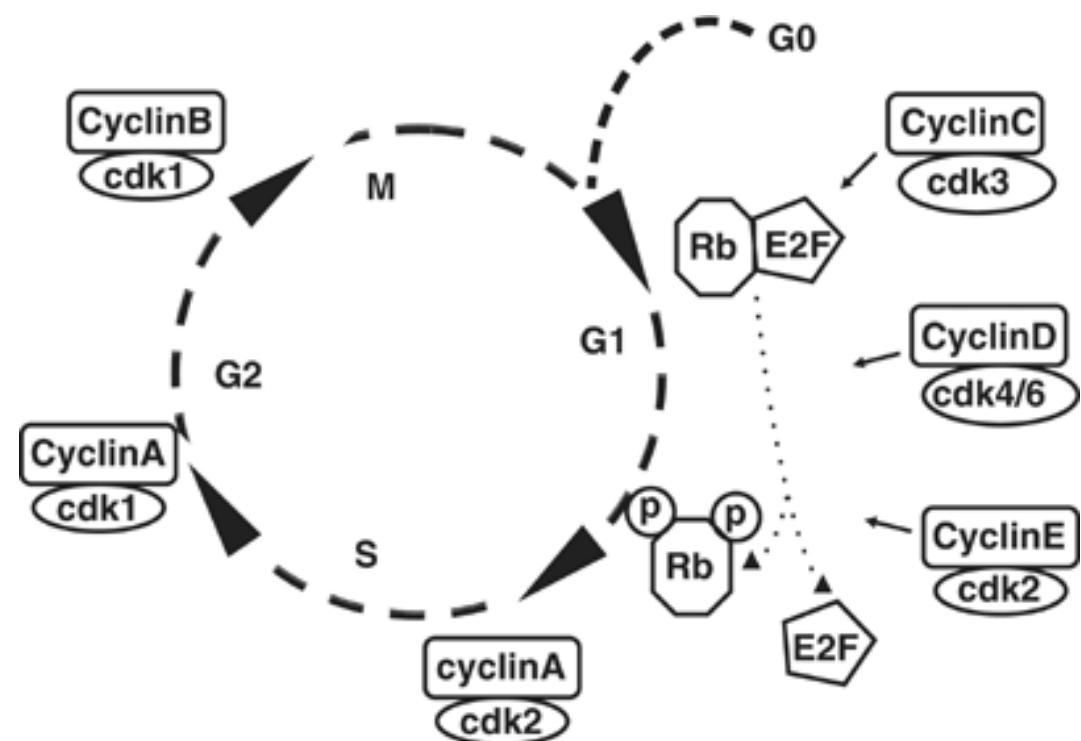
Molecular Subtype



Molecular Subtype

Subtype 1:

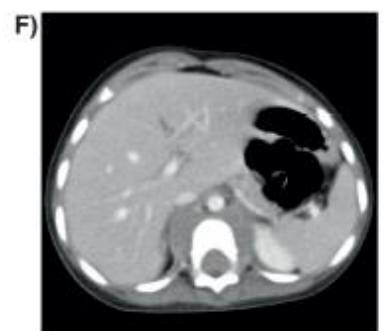
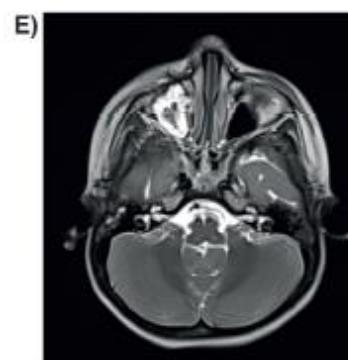
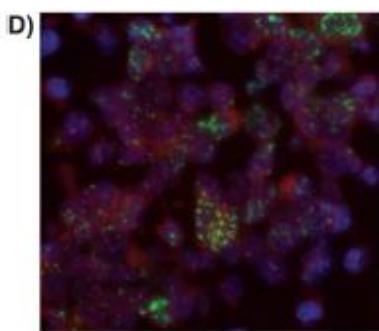
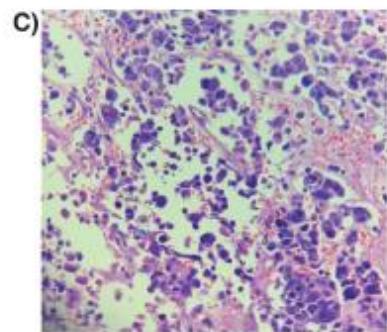
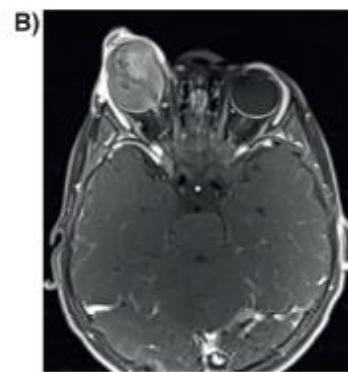
- Differentiated
- Bilateral
- Younger patients
- Rb1



Molecular Subtype

Subtype 2:

- Less differentiated
- Expression of neuronal/ganglion cell markers
- Marked inter- and intratumor heterogeneity
- Other recurrent genetic alterations, including *MYCN* amplifications
- Metastasis+



Diagnosis

- Diagnosis is made by fundoscopy with general anesthesia
- Memorization of images
- Specific wide-angle camera
- Precise assessment of intra ocular lesions:
 - Reese-Elworth
 - IRC

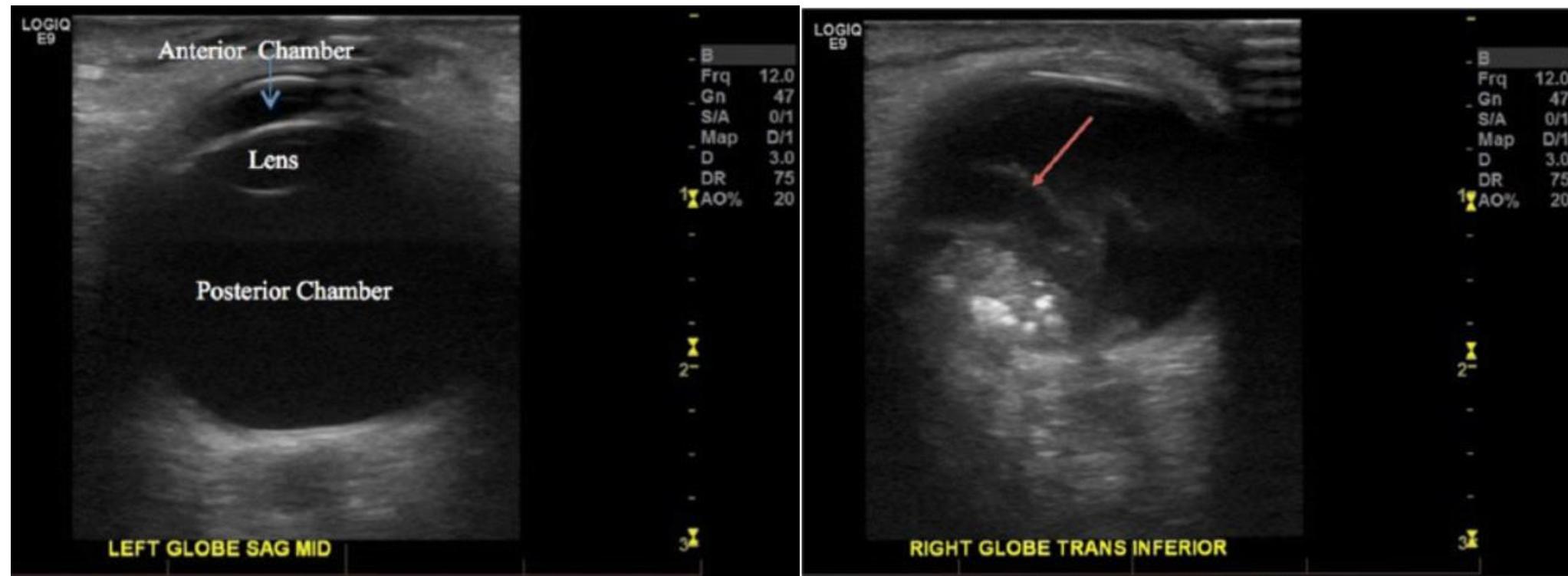


Imaging findings

- Ultrasound and magnetic resonance imaging (MRI) contributing both to diagnosis and assessment of the extension of the disease.

- Differential diagnosis:
 - Coats' disease
 - Persistent fetal vasculature
 - Retinal dysplasias

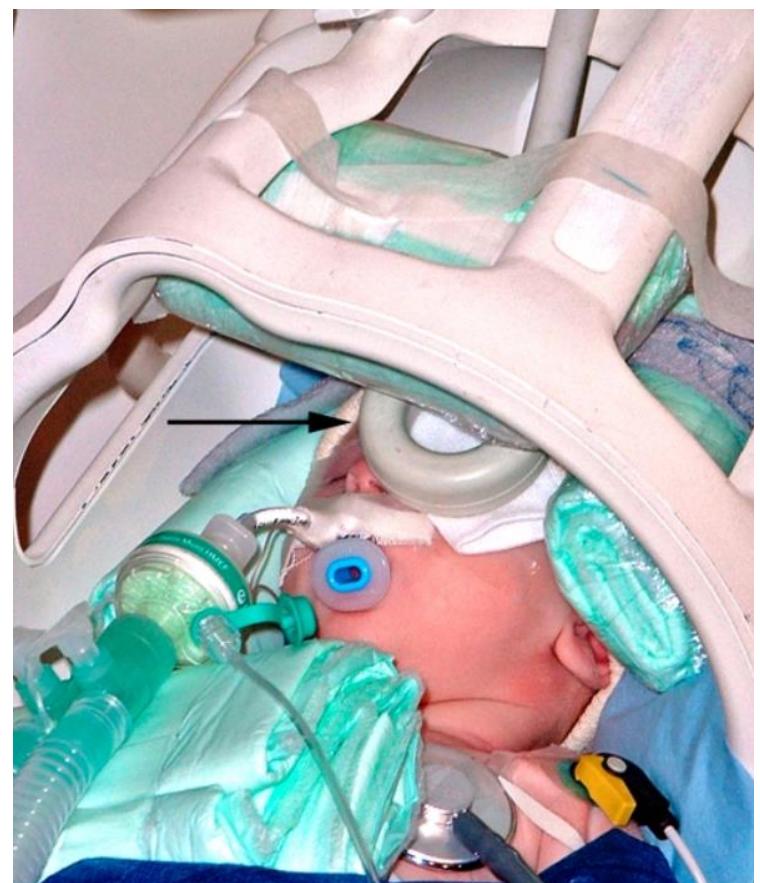
US



MRI

Protocole

- High-resolution MRI in retinoblastoma
- Under general anesthesia

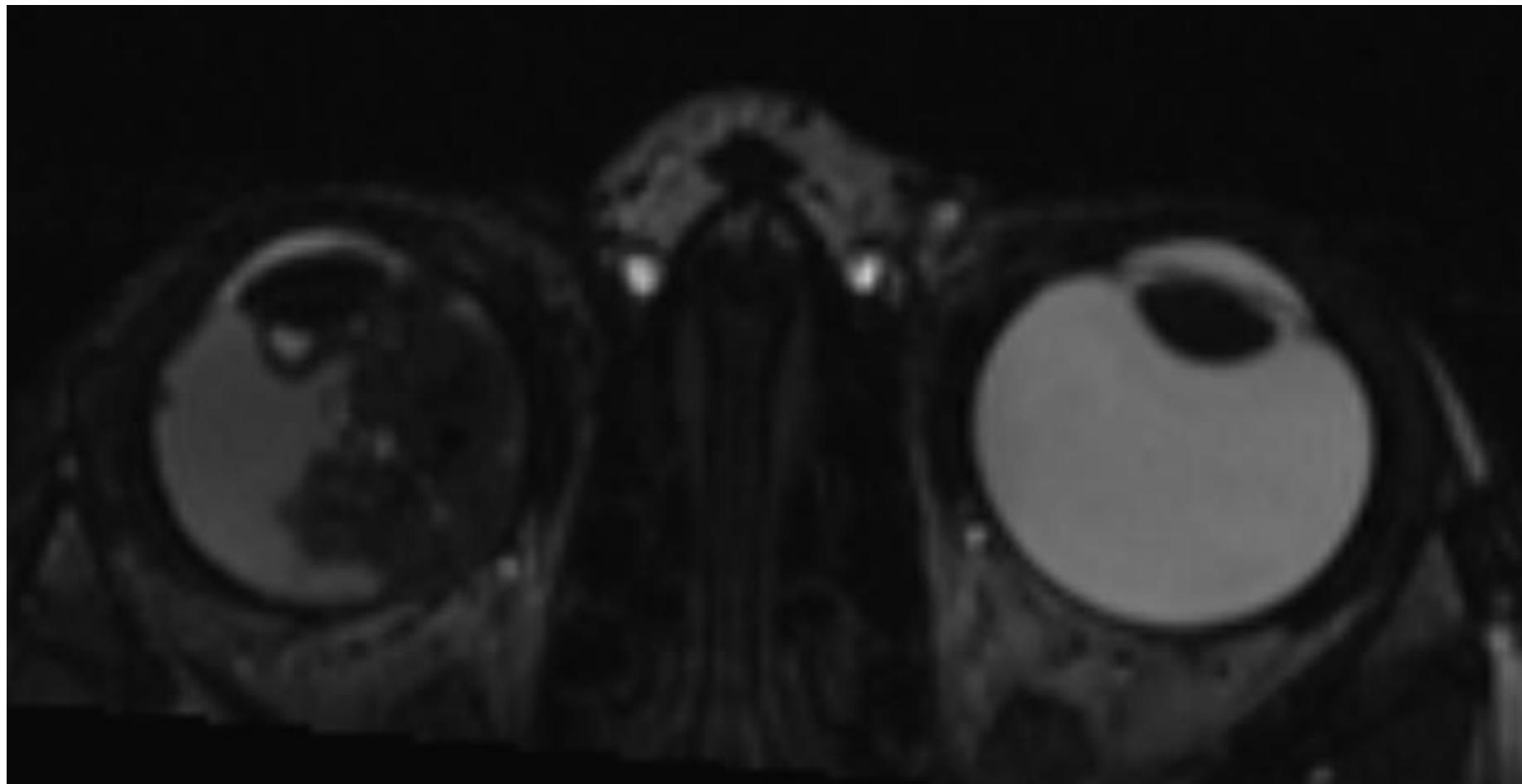


Protocole

- Field strength above 1 T
- 1.5-T system combined with one or two small surface coils,
(diameter < 5 cm)
- 3.0-T system combined with multichannel head coil



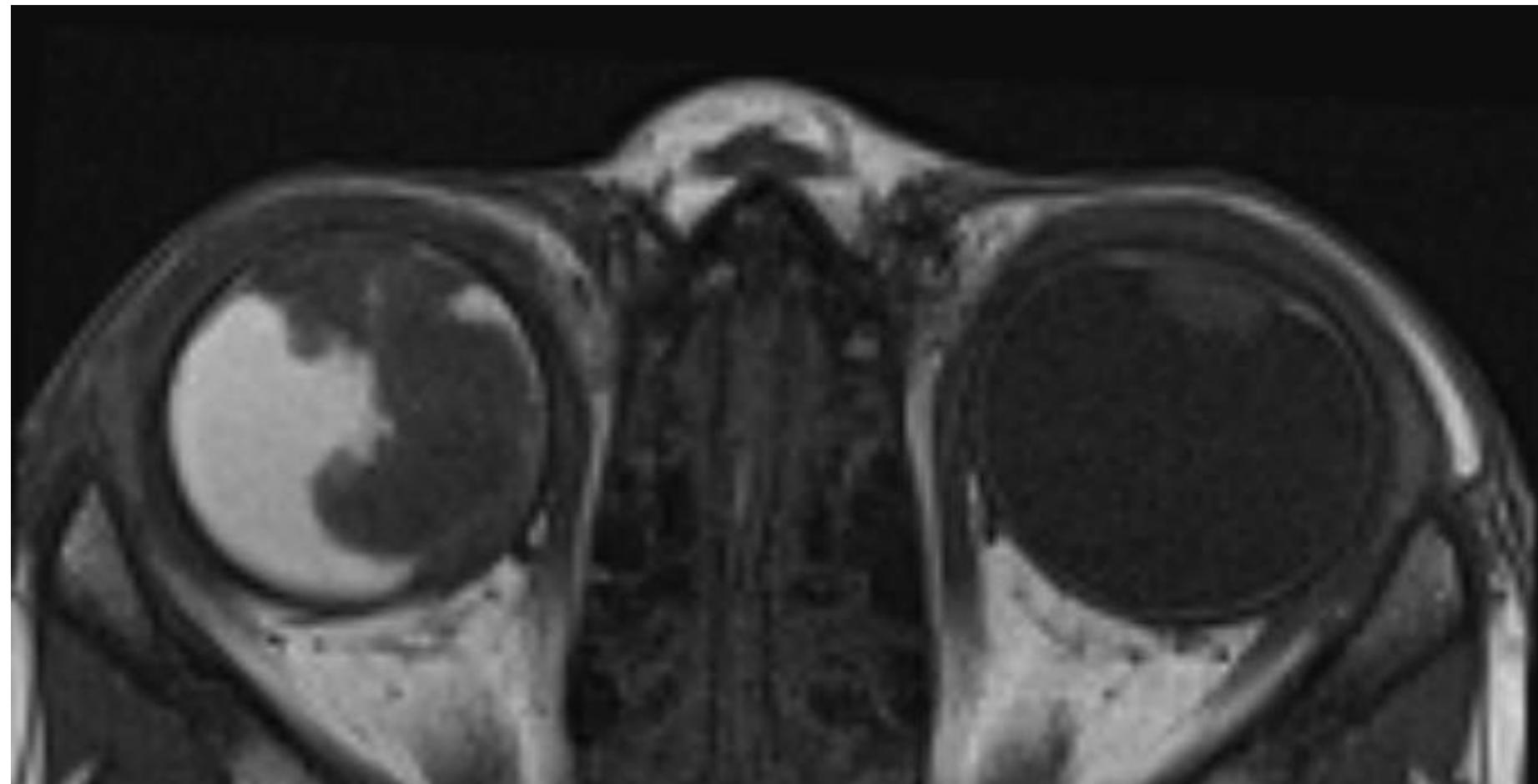
Transaxial T2-W



AX 3D CISS
iso_0.7 PETIT FOV
FLEX

- 1.5 T
- 63.6768
- 3D
- 0.7 mm
- TE 4.7 ms
- TR 11 ms

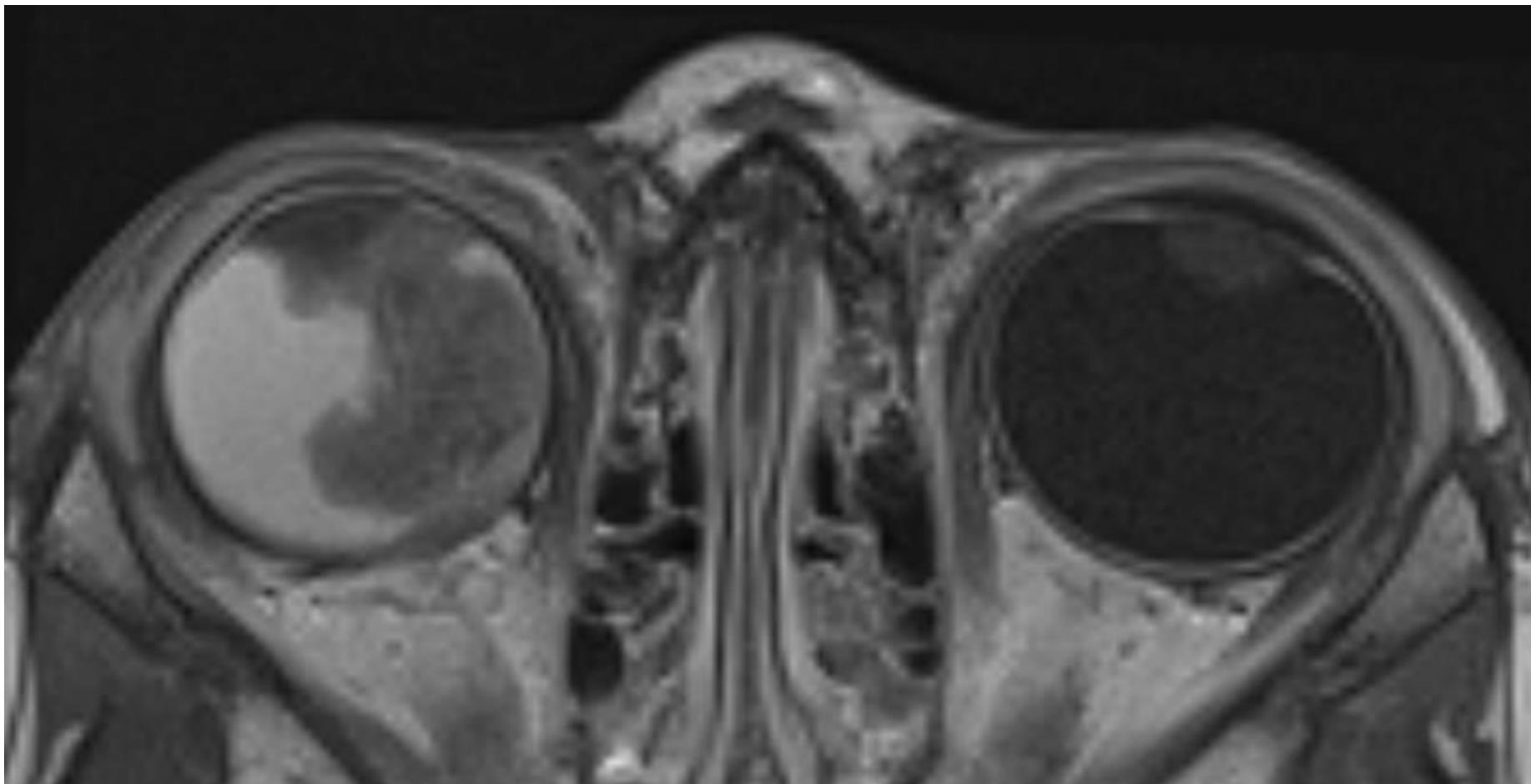
Precontrast T1-W



AX T1 SE FLEX 2
mm

- 1.5 T
- 63.6768
- 2D
- 2 mm
- TE 12 ms
- TR 331 ms

Post contrast T1-W



AX T1 SE FLEX 2
mm

- 1.5 T
- 63.6768
- 2D
- 2 mm
- TE 12 ms
- TR 331 ms

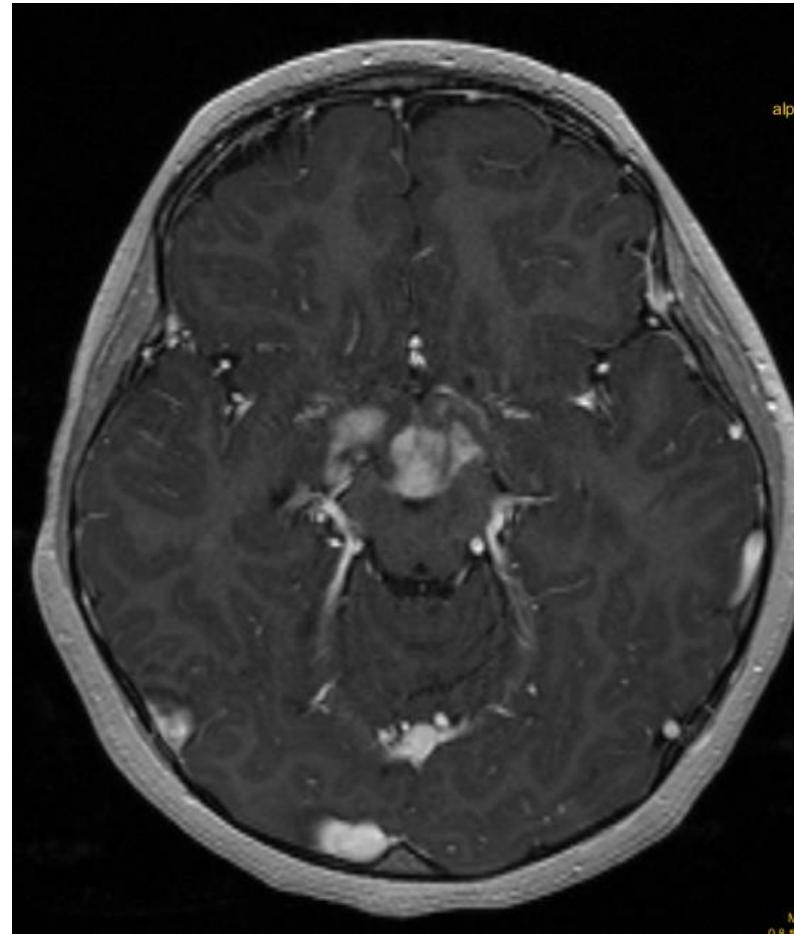
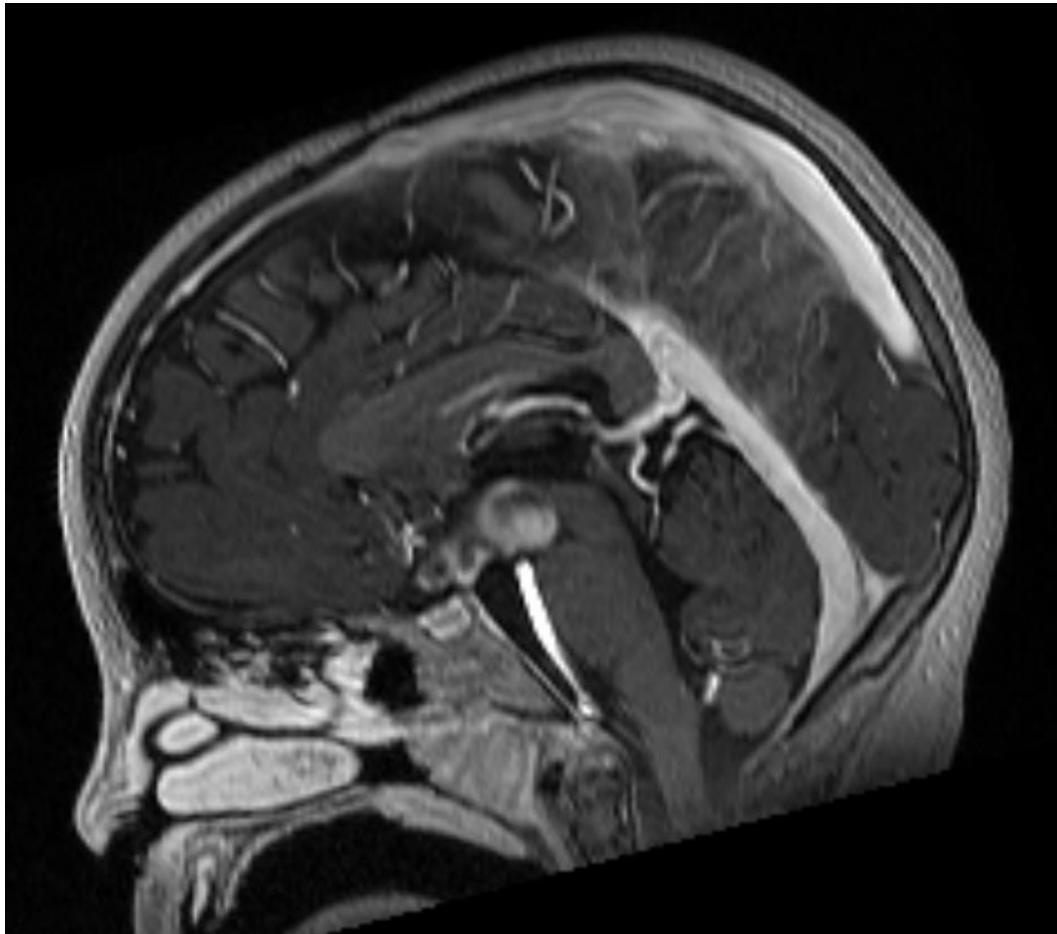
sagittal T2-W



PNOTO T2 OEIL DROIT TSE FLEX
2D

- 2D
- 2 mm
- TE 128 ms
- TR 3790 ms

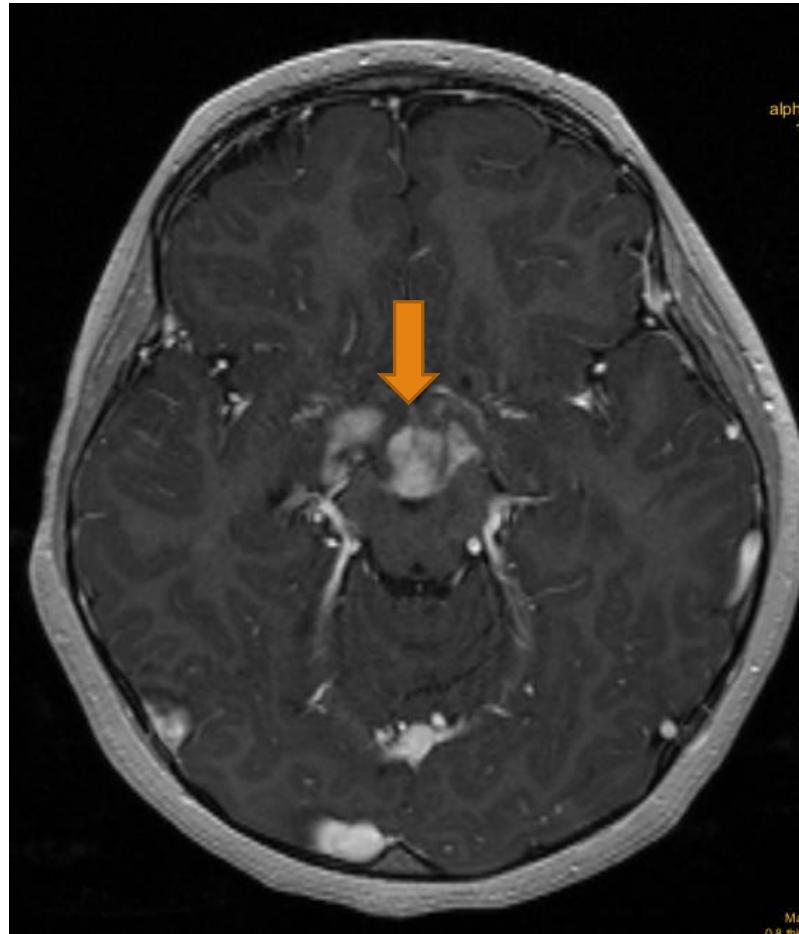
Brain Postcontrast T1-W



AX FLASH 3D IV

- 3D
- 1 mm
- TE 5.3 ms
- TR 11 ms

Brain Postcontrast T1-W



AX FLASH 3D IV

- 3D
- 1 mm
- TE 5.3 ms
- TR 11 ms

Atlas morphologique



F1 Eye size

F2 Tumor location

F3 Growth pattern

F4 Retinal detachment

F5 Subretinal composition

F6 Shallowness of the anterior eye
chamber

F7 Number of lesions

F8 Dominating shape of largest tumor
lesion

F9 Calcifications

F10 Tumor cavitation(s)

F11 Definition of the tumor margin

F12 Tumor homogeneity

F13 Compactness of the entire mass

F14 Enhancement quality

F15 Proportion Contrast Enhancing Tumor (CET)

F16 Proportion necrosis

F17 Presence of non-contrast enhancing non-
necrosis tumor mass

F18 Enhancement anterior eye segment

F19 Vitreous hemorrhage

F20 Vitreous seedings

F21 Subretinal seedings

F22 Uveitis

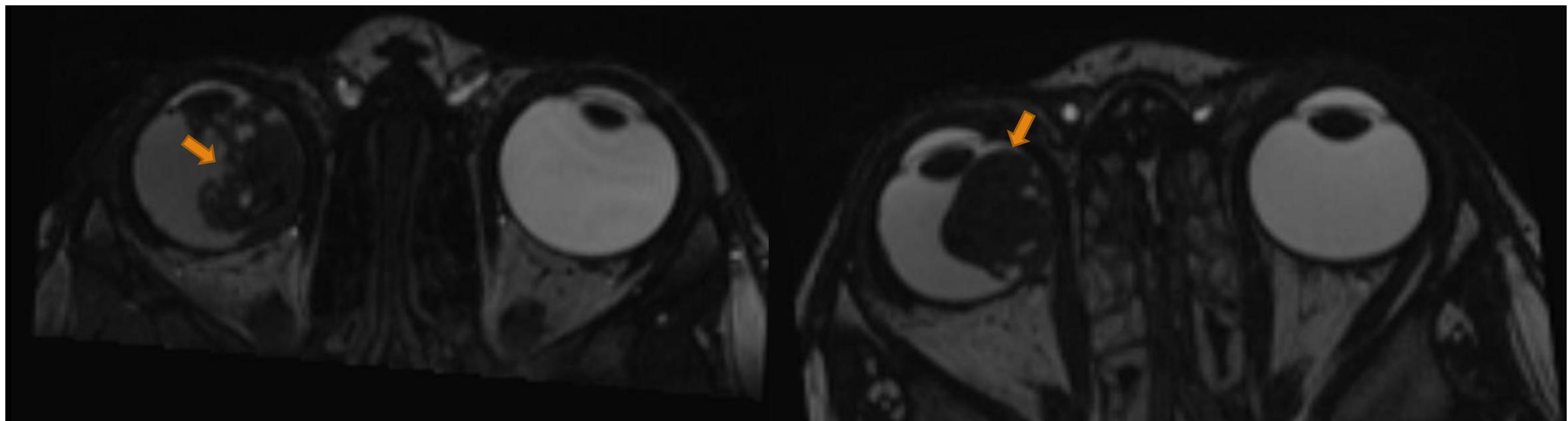
F23 Orbital cellulitis

F24 Dislocated eye lens

F3 growth pattern

Exophytic

Endophytic

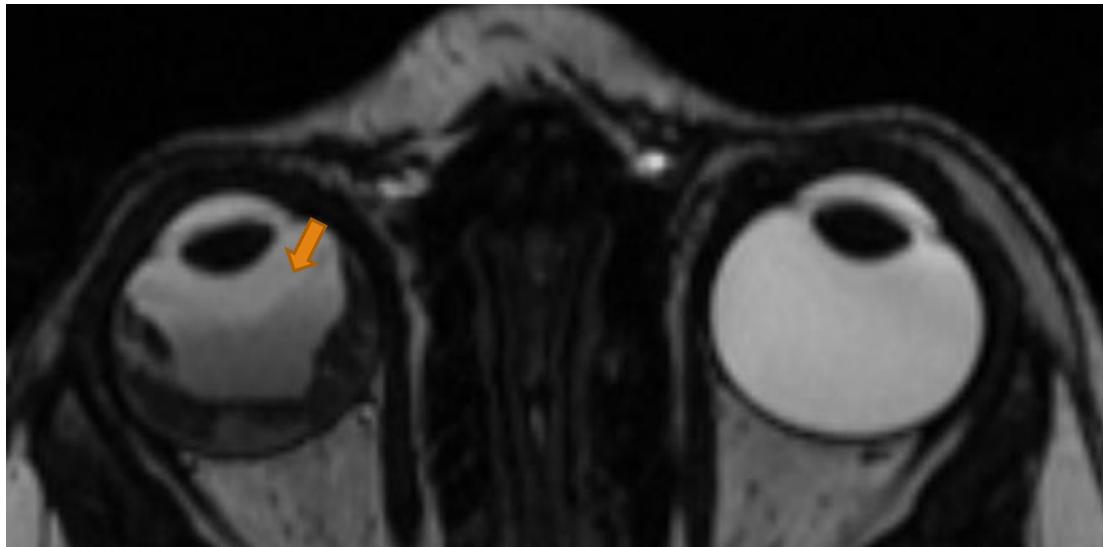


CISS

CISS

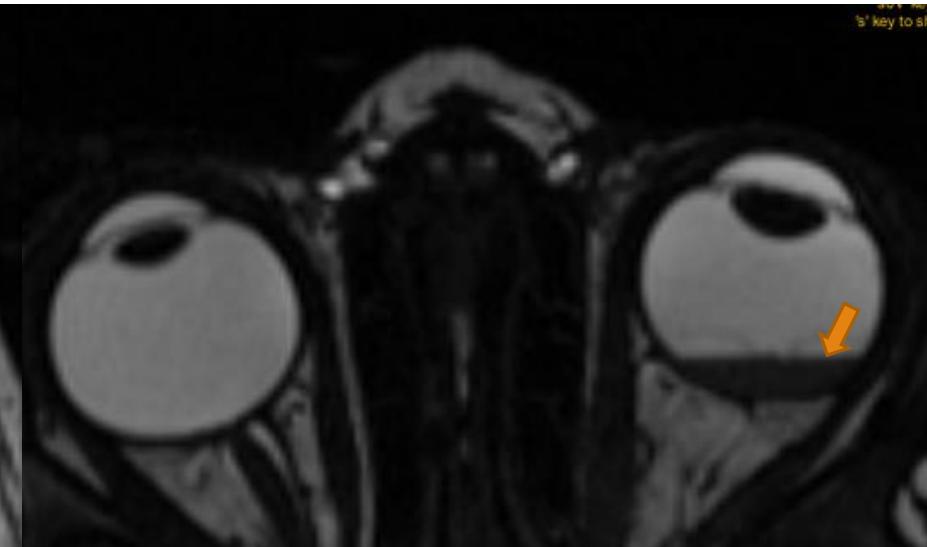
F5 subretinal composition

Protein rich



CISS

Subretinal hemorrhage



CISS

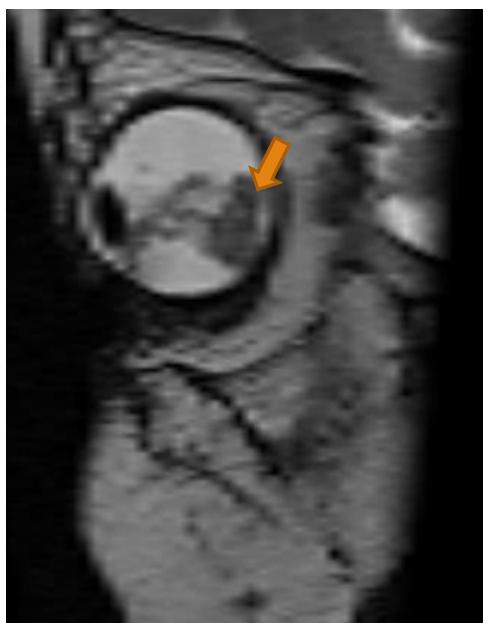
F9 calcifications

Massive calcifications



T2w

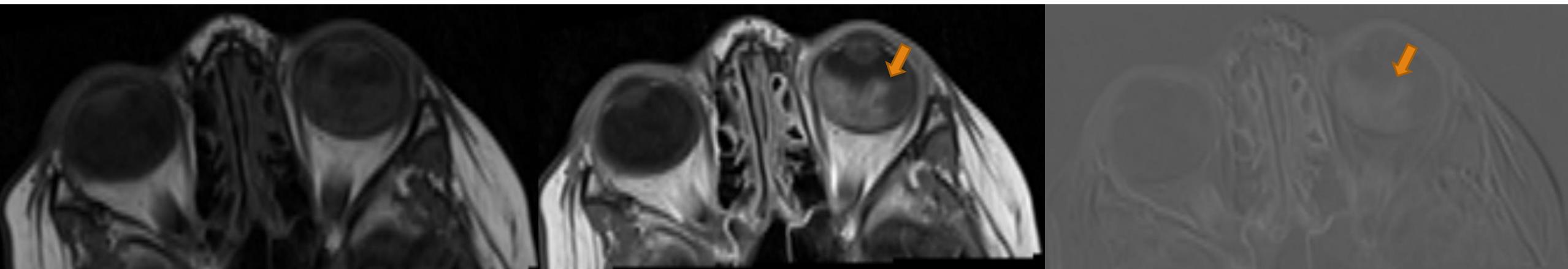
Focal spot of calcifications



T2w

F14 Enhancement quality

Strong enhancement



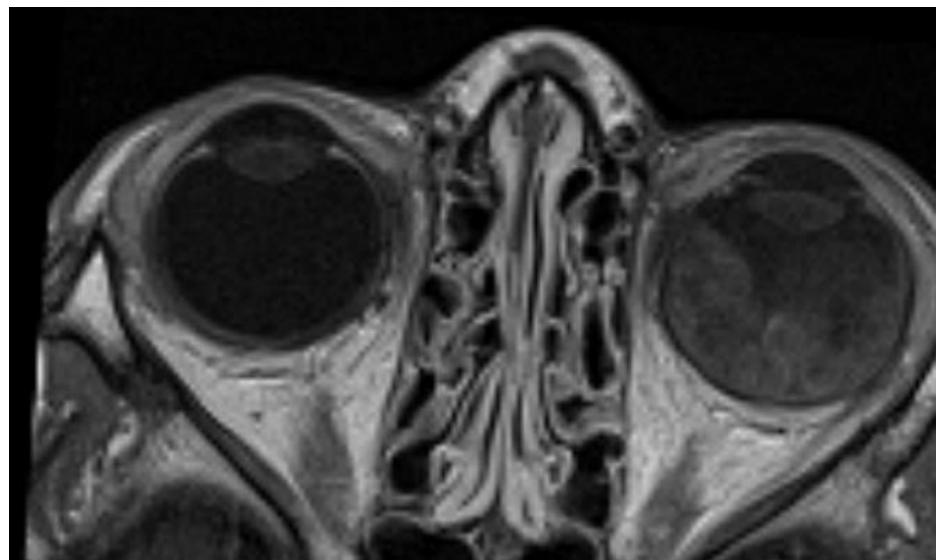
Precontrast T1w

Post contrast T1w

Subtraction

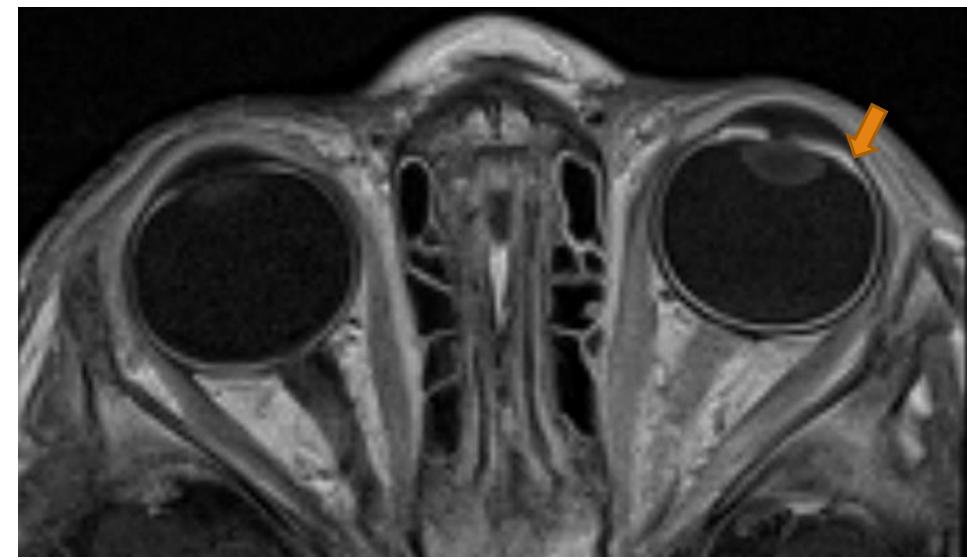
F22 uveite

No



Post contrasteT1w

Yes



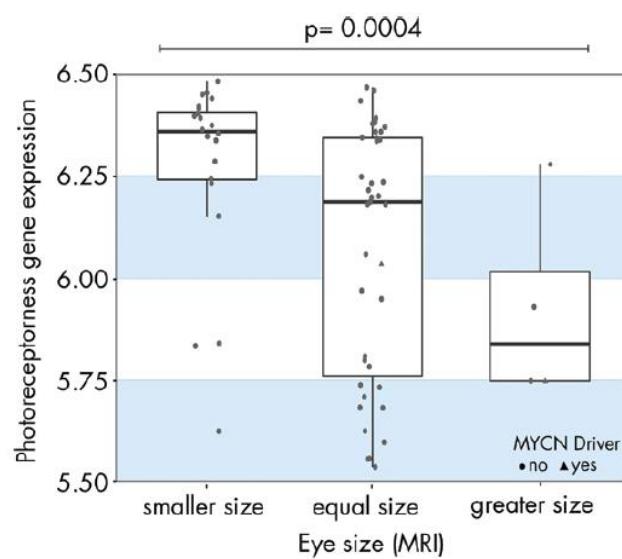
Post contrasteT1w

Purpose of the treatment

- Save the child's life through early detection
- Treatment of the ocular tumor, and prevention of metastatic spread
- Eye preservation and maximization of visual potential



Predictive role of MRI findings for genetic characterization



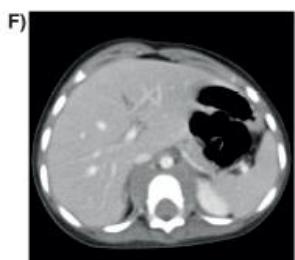
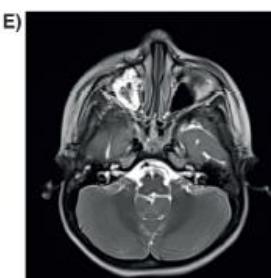
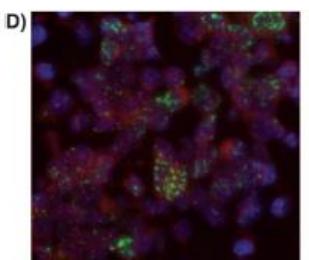
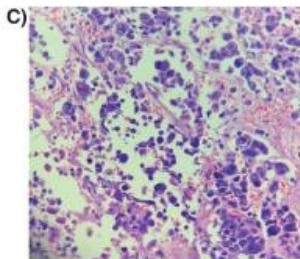
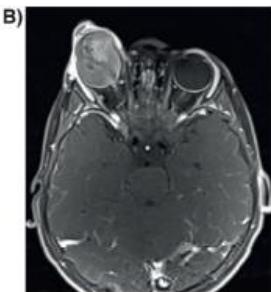
R.W. Jansan et al. ,Radiology 2018

Guide for lesion characterization on MR images in retinoblastoma, P. de Graaf.

I.E. Kooi, et al.;, EBioMedicine 2015

Predictive role of MRI findings for genetic characterization

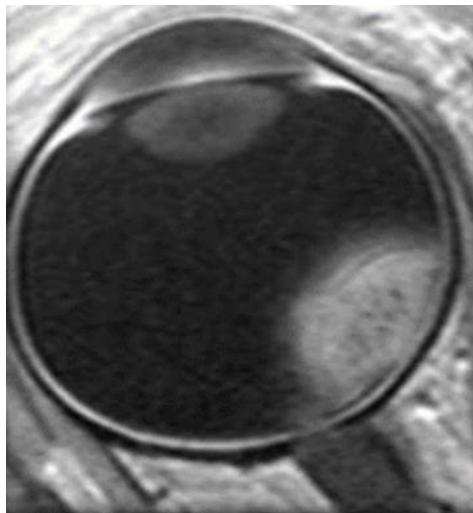
MYCN amplification



Definition: Number of tumor lesions (tumor seedings excluded).
1=1 lesion, 2=1-5 lesions, 3=5-10 lesions, 4=>10 lesions, 9=indeterminate

Objective of the study

Determine morphological and radiomic MRI features correlated to genomic subtypes of retinoblastoma



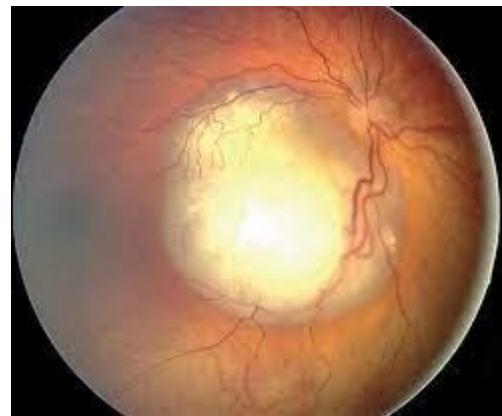
Study

- Retrospective, monocentric, observational
- Conducted between 2004 and 2021
- Focusing on patients with retinoblastoma followed in Curie Institute



Population

- Patient with a suspected retinoblastoma on the fundus
- Pre treatment MRI (at least T2W)
- With a primary enucleation



Data



Identification

Clinical data

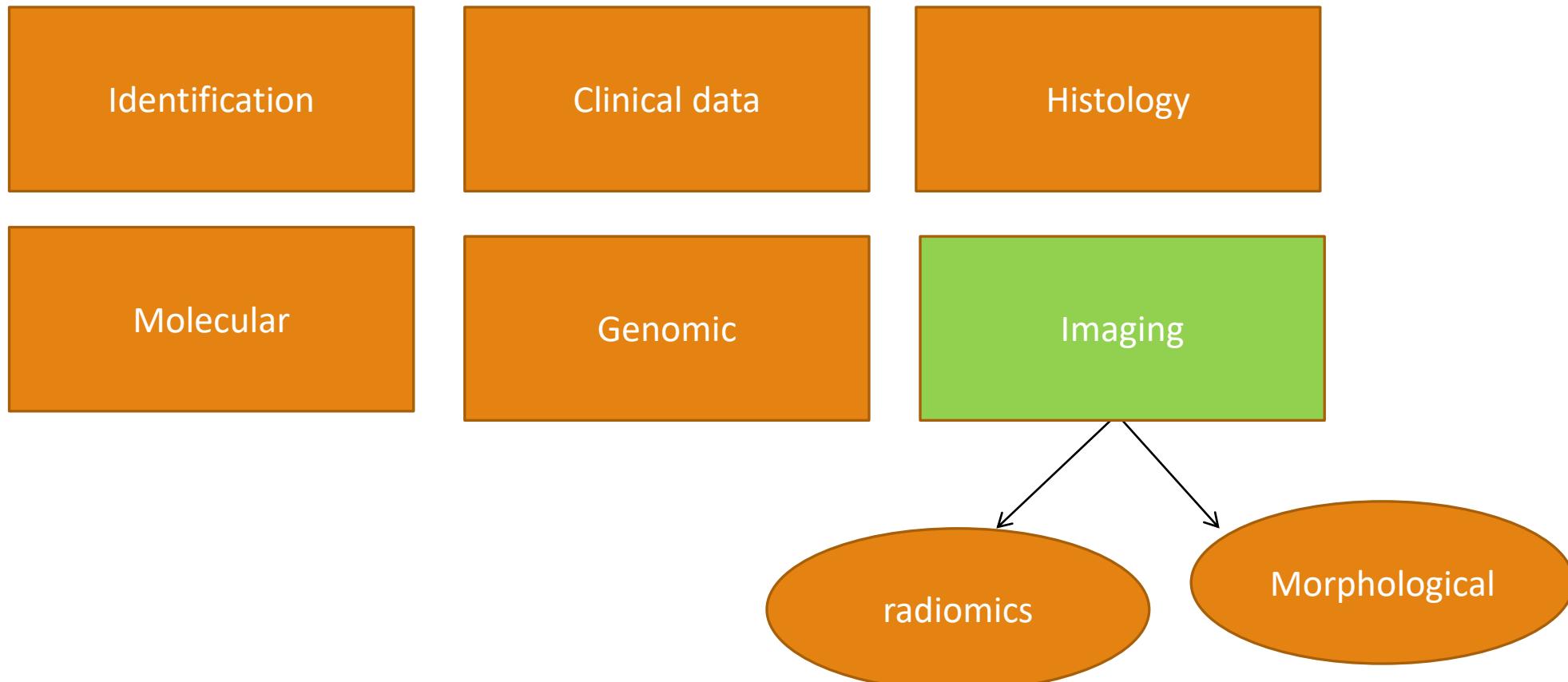
Histology

Molecular

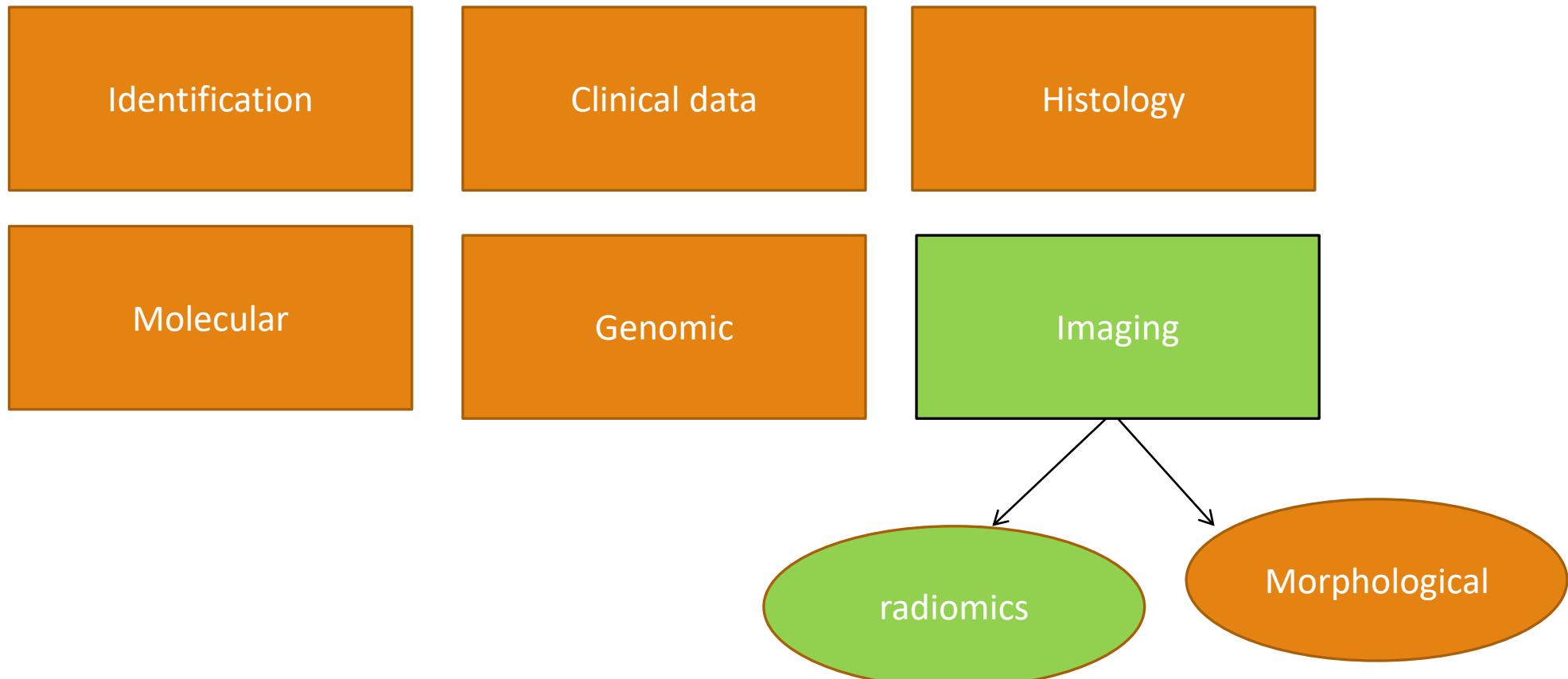
Genomic

Imaging

Data



Data



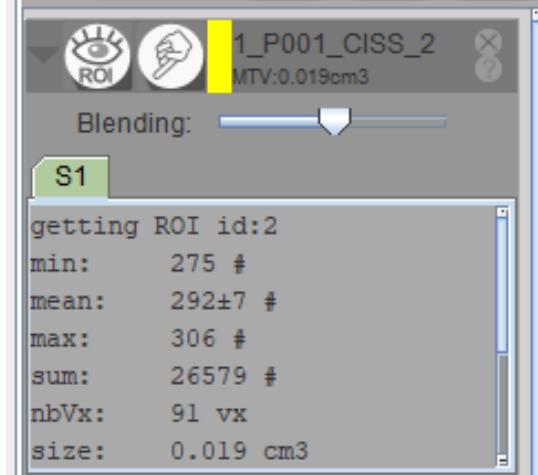
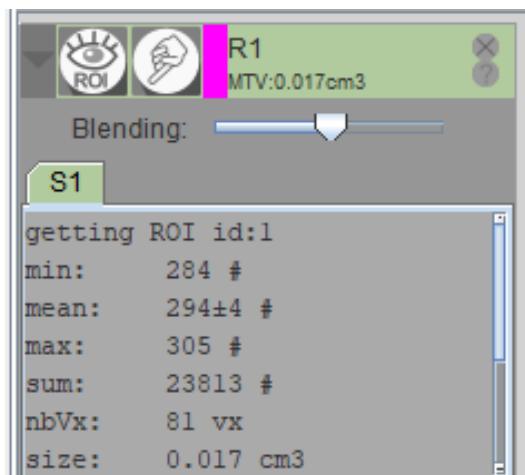
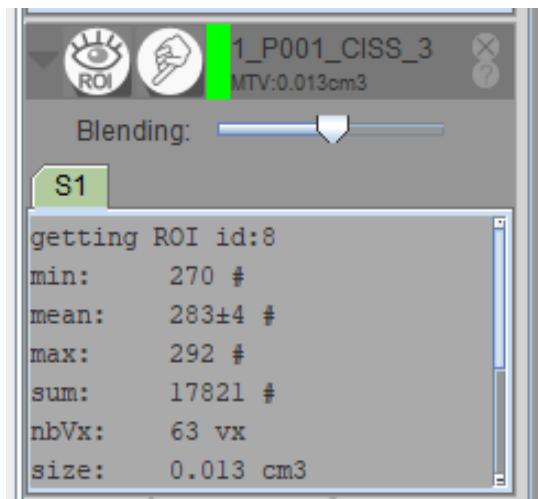
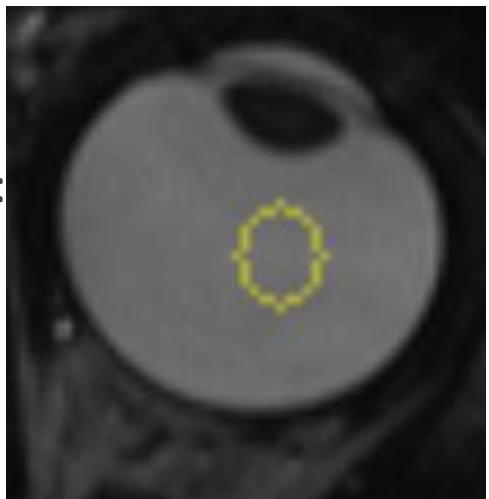
Preprocessing

- Process anonymized images: DICOM => NIfTI and json,

Preprocessing

- Intensity normalization (wT2, wT1...):
 - Intense areas,
 - At least 30 vx,
 - Variation under 10%.

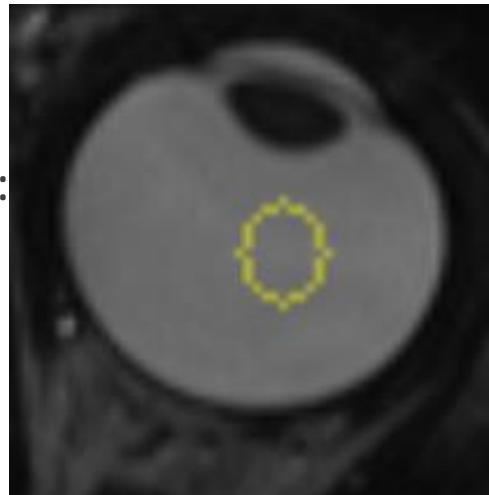
CISS



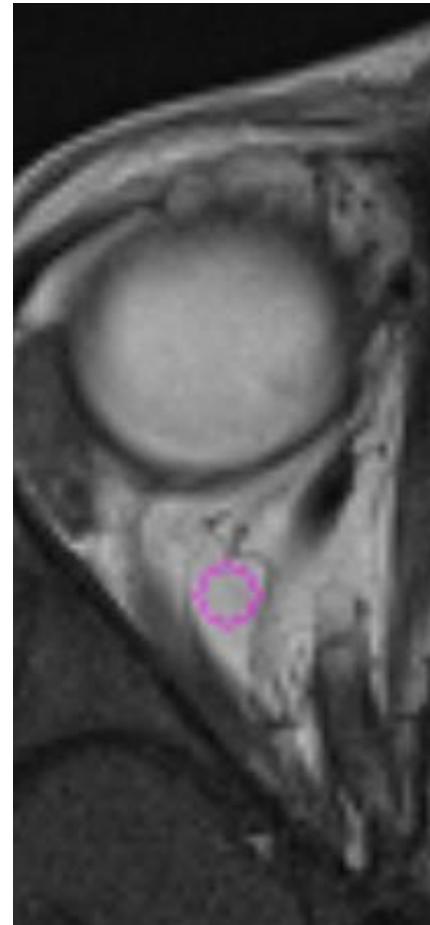
Preprocessing

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 - Intense areas
 - At least 30 vx
 - Variation under 10%

CISS



wT1



wT2



Preprocessing

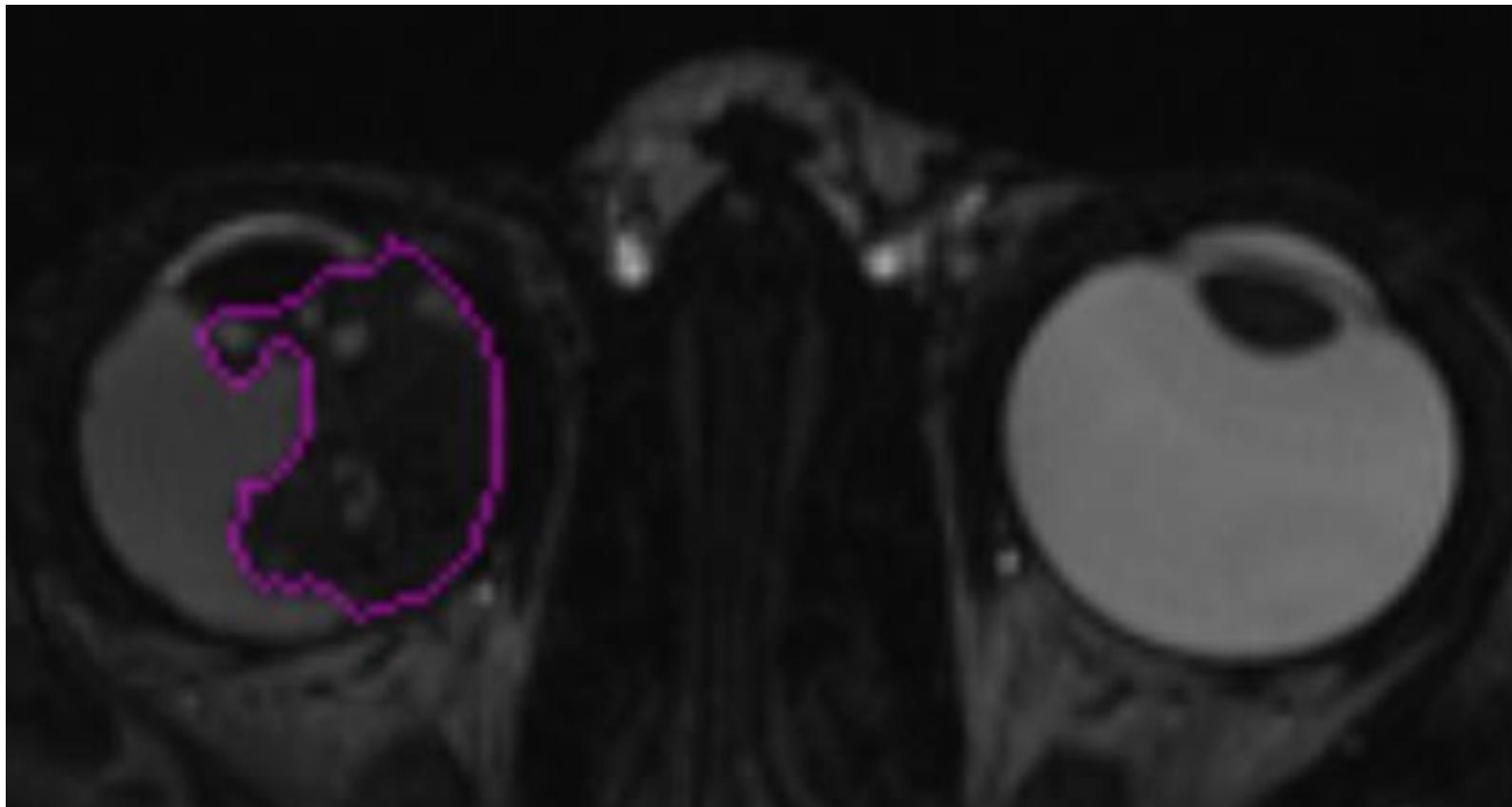
- Intensity normalization (wT2, wT1...):
 - Purpose: analyze patients in the same frame of reference
 - We determine a region of interest that seems to vary little
 - Application of a linear transformation

$$ls(v) = [l(v) - F]/\sigma$$

Preprocessing

Manual
segmentation by
two observers

- Orbital structures
- Slice thickness <2.5 mm
- T2w



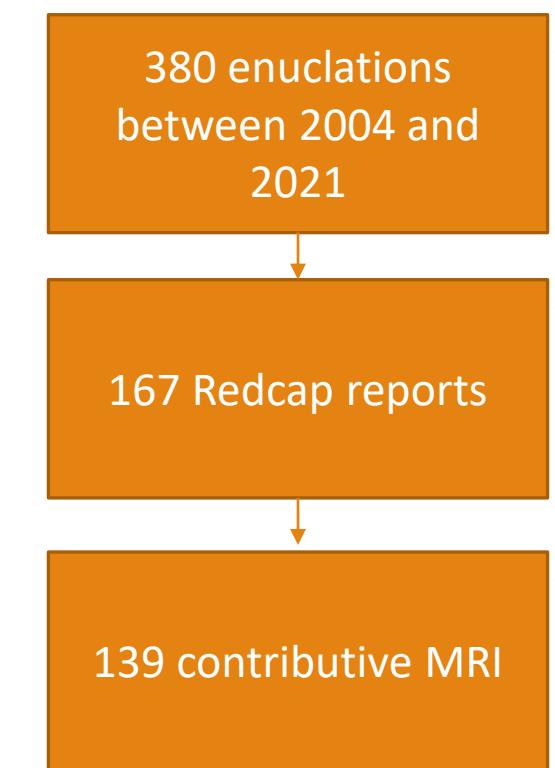
380 enucleations
between 2004 and
2021

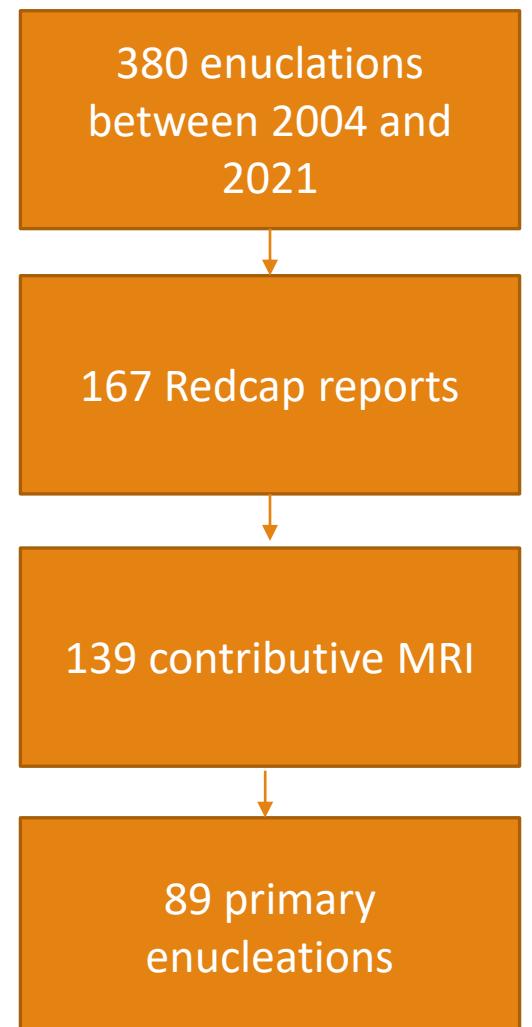


380 enucleations
between 2004 and
2021

167 Redcap reports

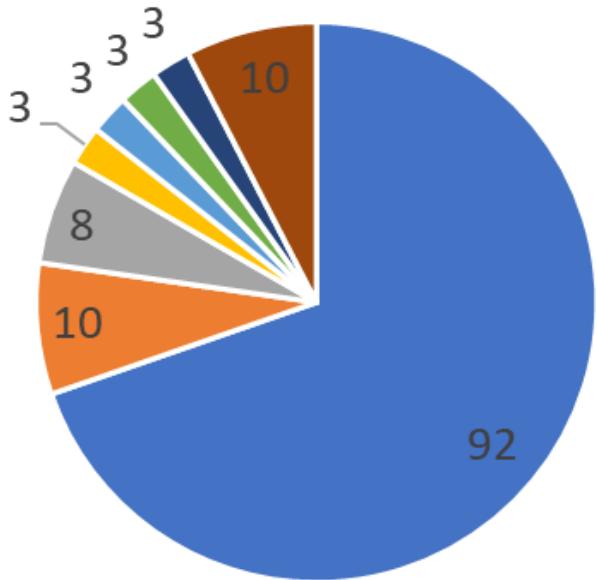






139 contributive MRI

NUMBERS OF MRI BY CENTERS



■ INSTITUT CURIE ■ NA

■ LYON

■ NANTE

■ ROTSCHILD

■ BORDEAUX

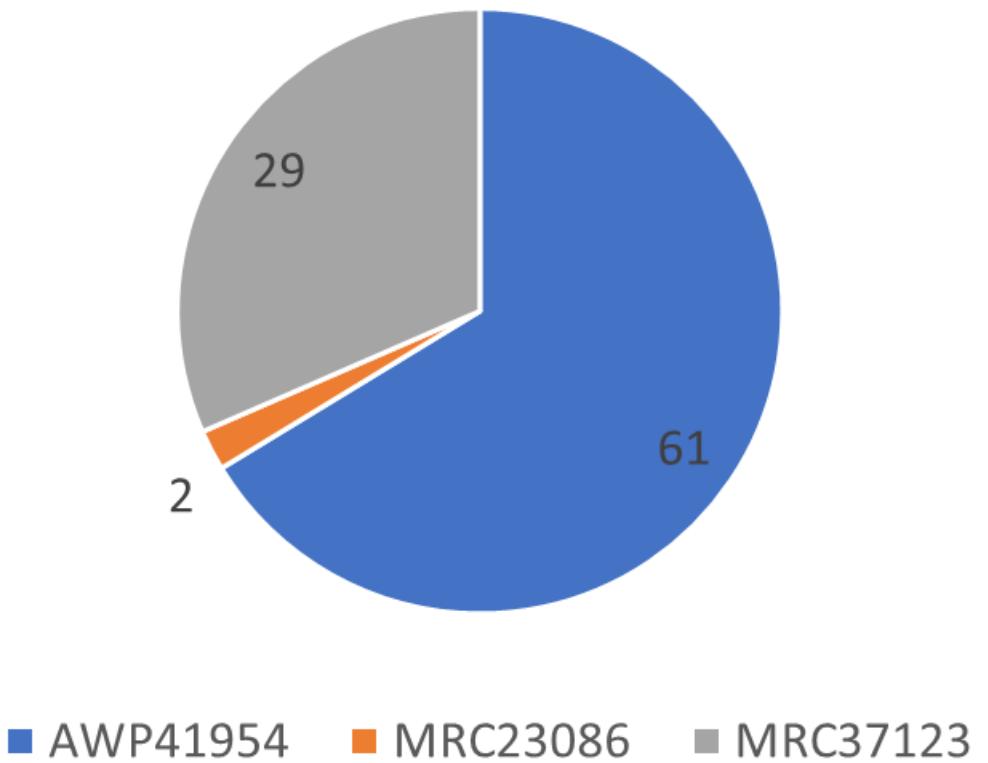
■ NECKER

■ OTHERS



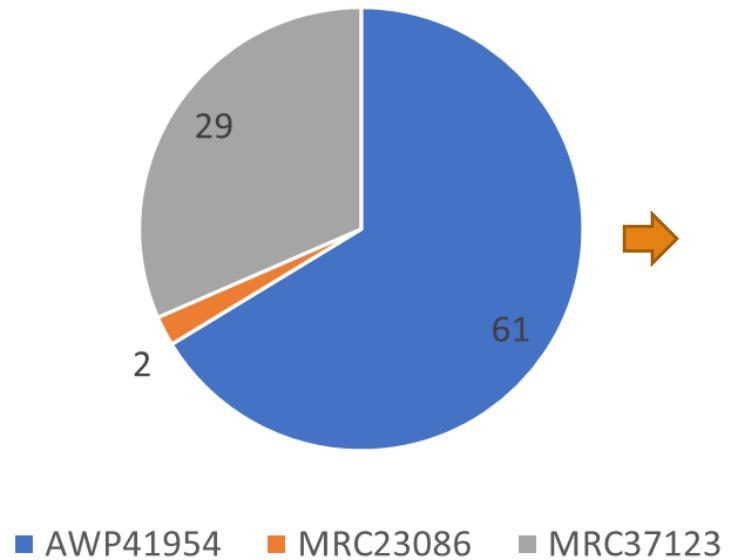
92 MRI AT CURIE
INSTITUTE

NUMBER OF MRI (CURIE) ACCORDING TO NAME
STATION



92 MRI AT CURIE
INSTITUTE

NUMBER OF MRI (CURIE) ACCORDING TO NAME
STATION



61 AWP41954:

- 3 wT2 with a slice thickness of 2 mm.
- 58 CISS with a slice thickness between 0.65 mm and 0.8 mm.



Identification

Clinical data

Histology

Molecular

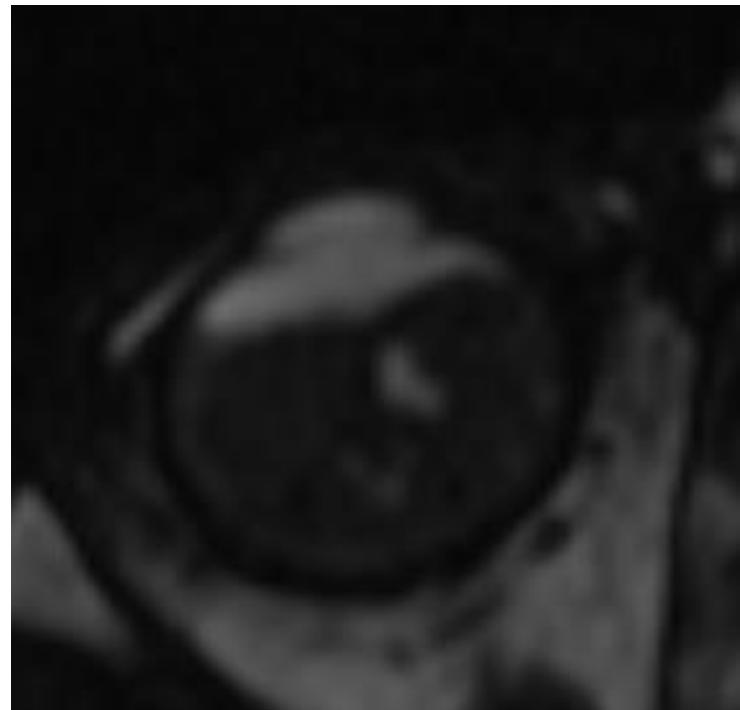
Genomic

Imaging

- Consensus of readers for segmentation and morphological aspects

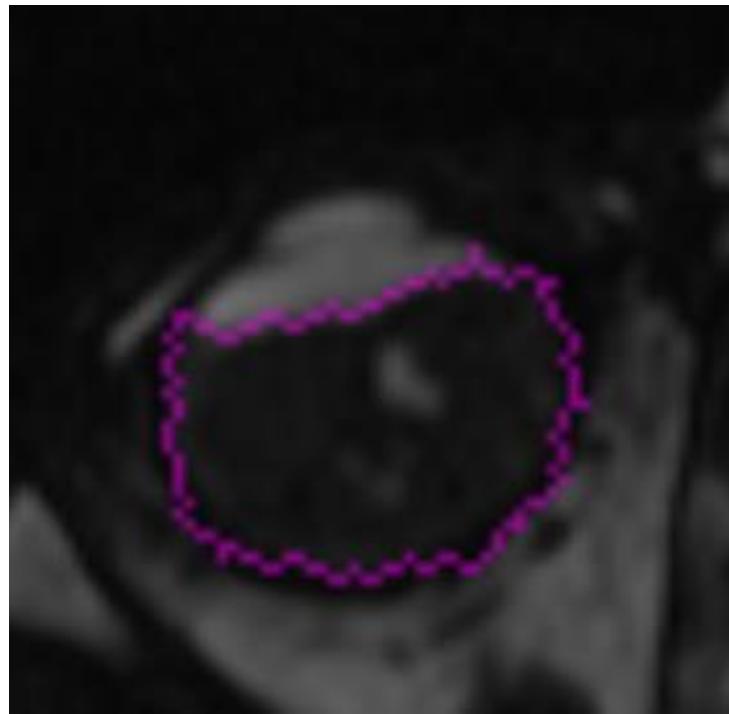
- Consensus of readers for segmentation and morphological aspects

Reader 1

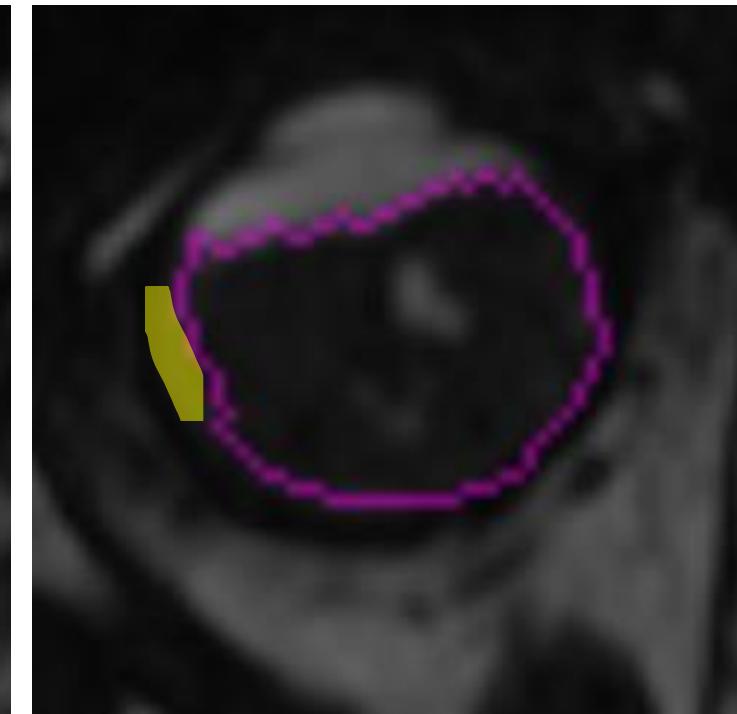


CISS

Reader 2

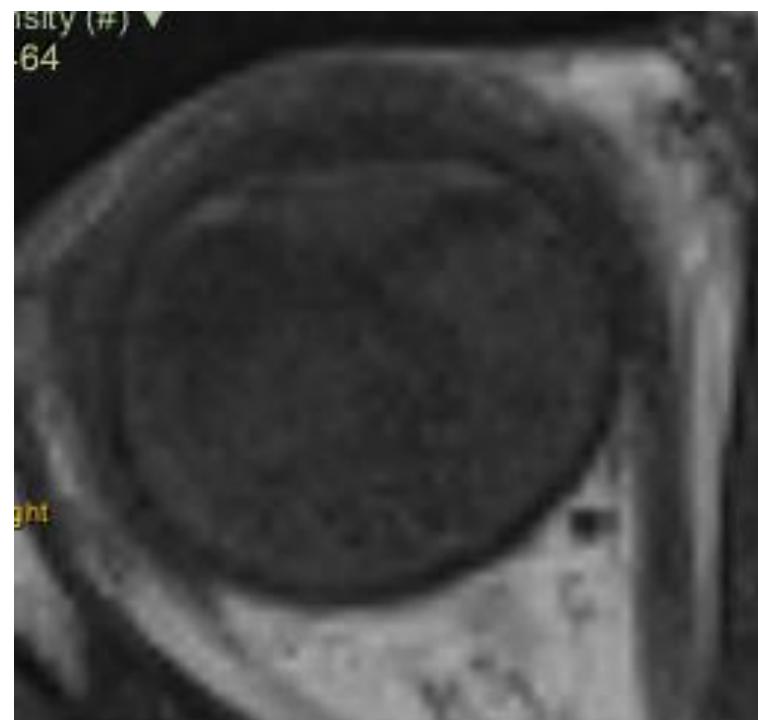


CISS



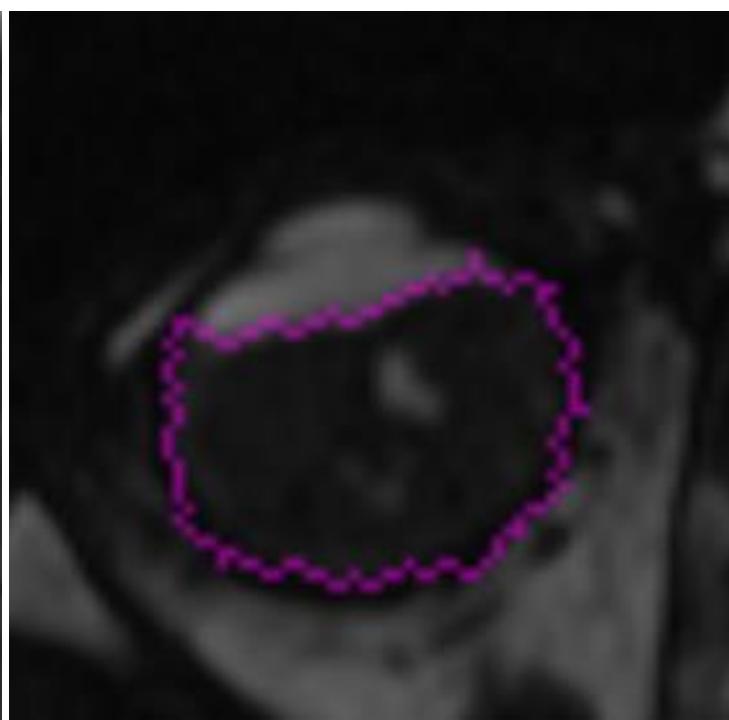
CISS

- Consensus of readers for segmentation and morphological aspects



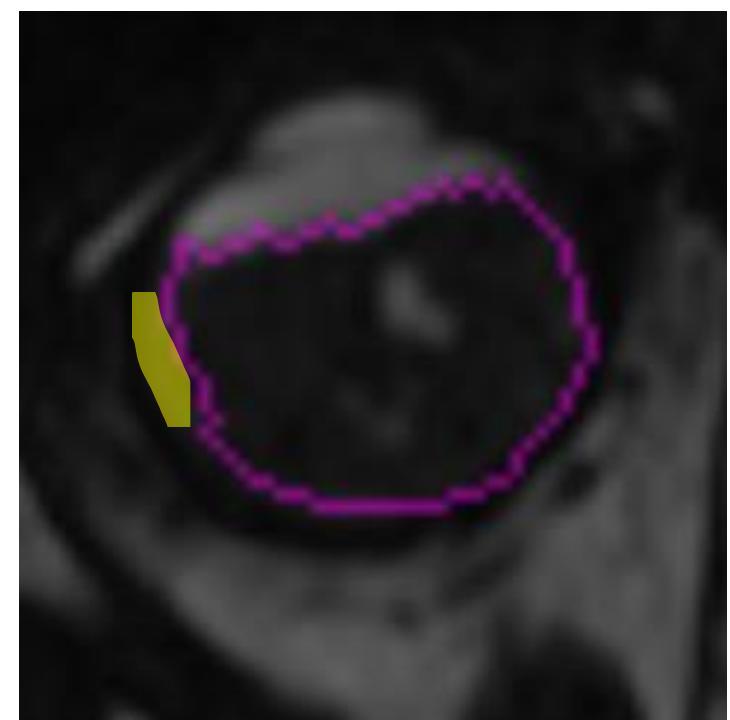
Pre contrast T1w

Reader 1



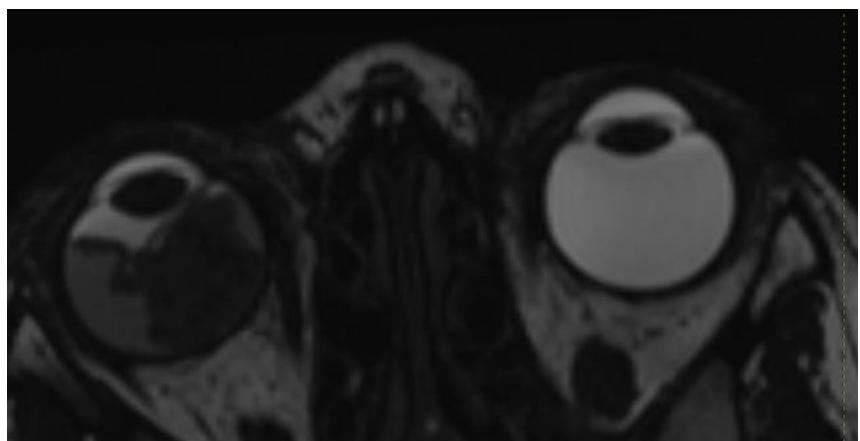
CISS

Reader 2



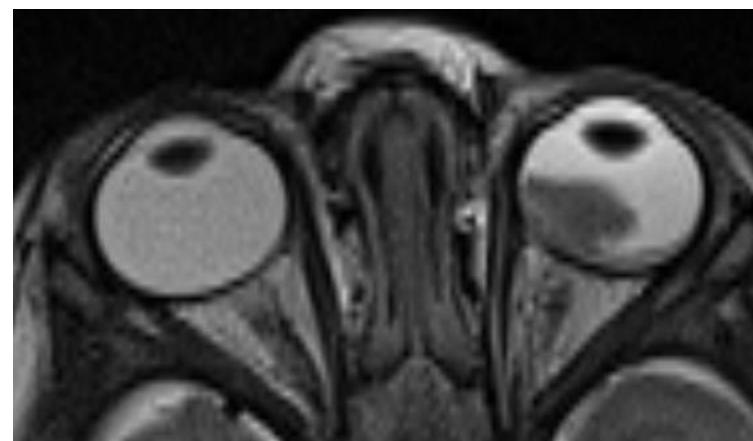
CISS

- Consensus of readers for segmentation and morphological aspects
- Consensus about sequences



CISS

≈



wT2

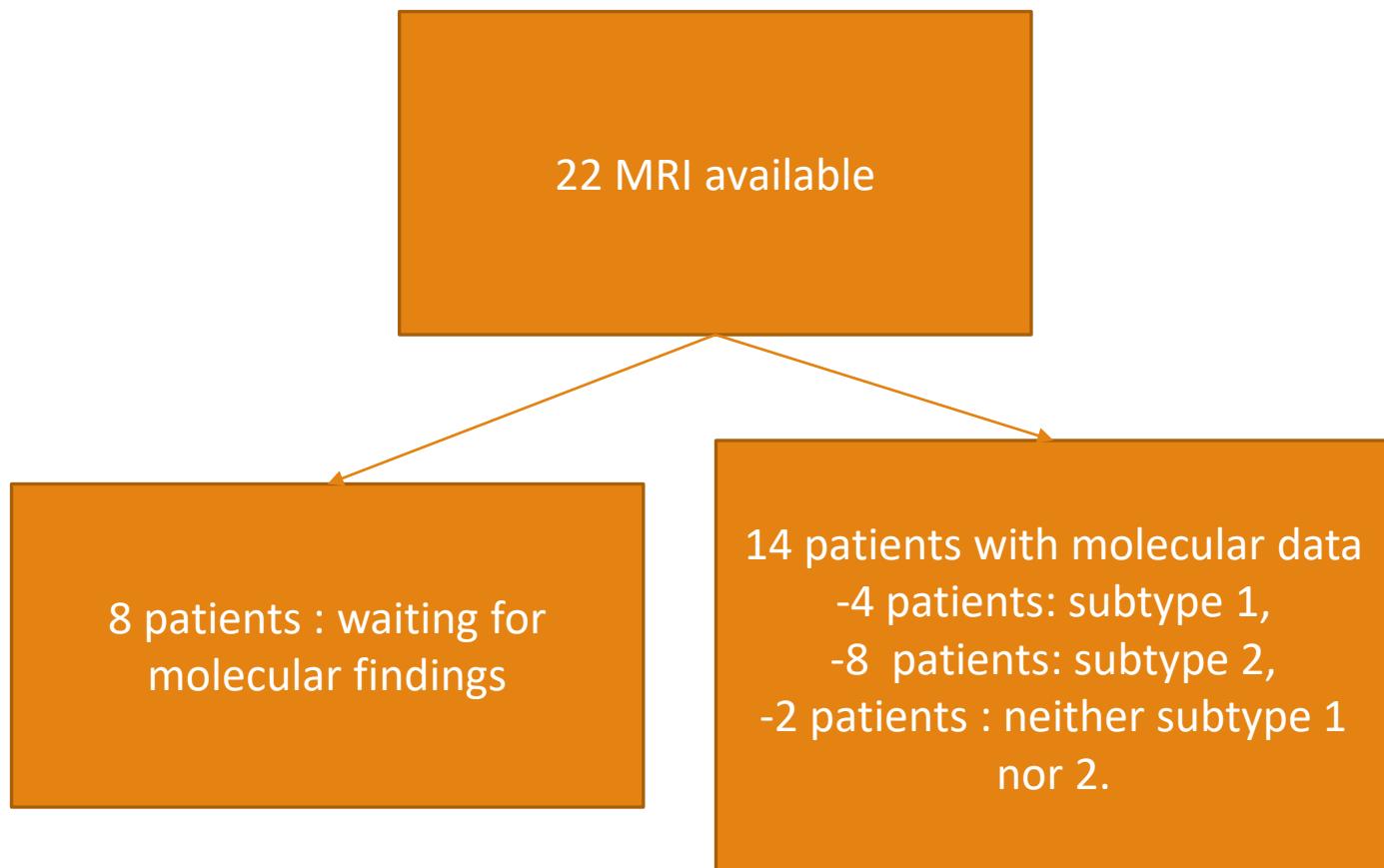
- Consensus of readers for segmentation and morphological aspects
- Consensus about sequences : CISS \approx wT2?
- Teamwork with other specialists



- Consensus of readers for segmentation and morphological aspects
- Consensus about sequences : CISS \approx wT2?
- Teamwork with other specialists
- Waiting for the results of molecular analysis to estimated the size of the groups

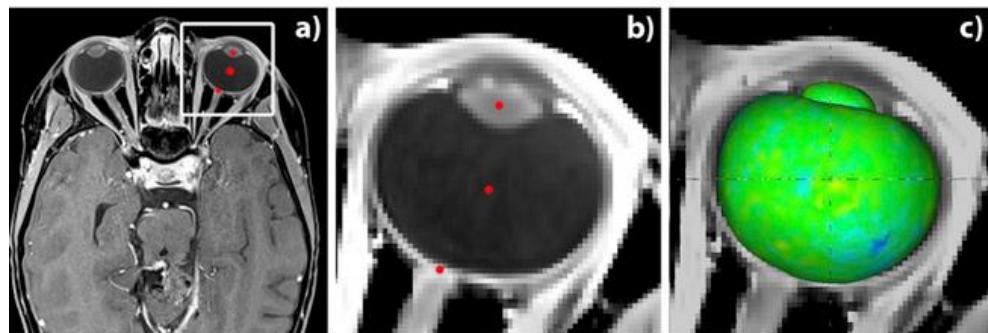
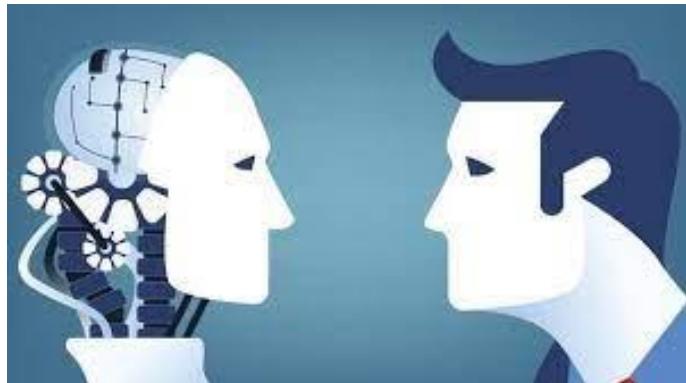


Size of groups?



- Consensus of readers for segmentation and morphological aspects
- Consensus about sequences : CISS \approx wT2
- Teamwork with other specialists
- Waiting for the results of molecular analysis to estimated the size of the groups
- ComBat

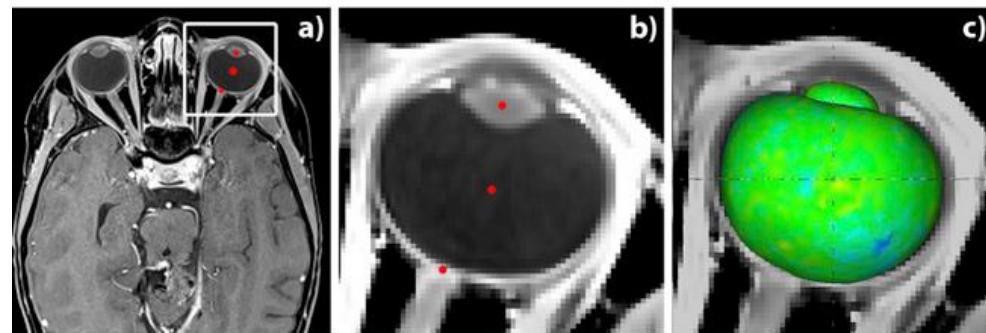
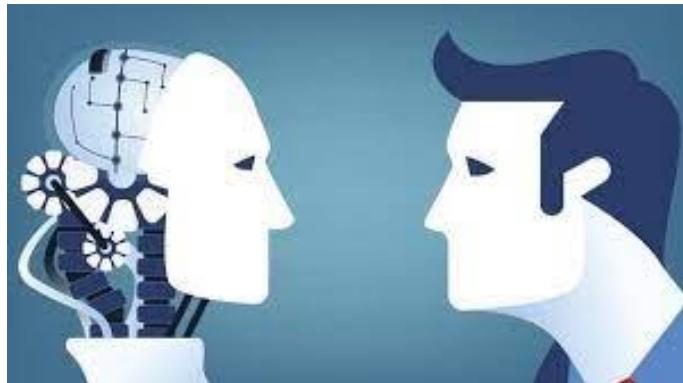
Prospects: supervised machine learning analysis.



- Training set: 24 eyes on 3T MRI
- Manual annotation
- Leave-one-out cross Validation

Ciller et al., International Journal Radiation Oncology, 2015

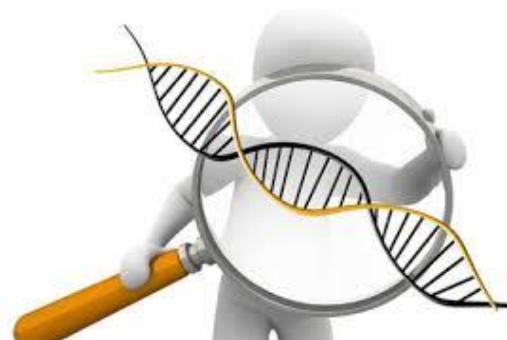
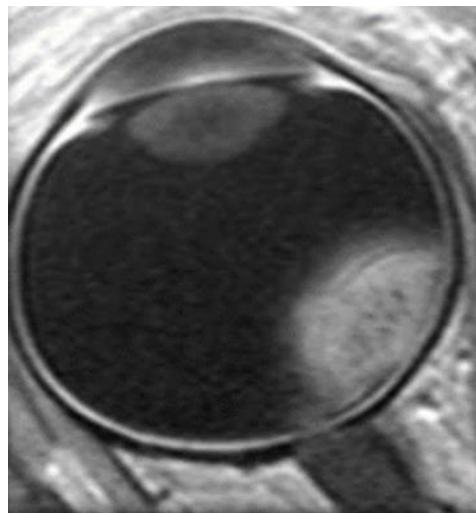
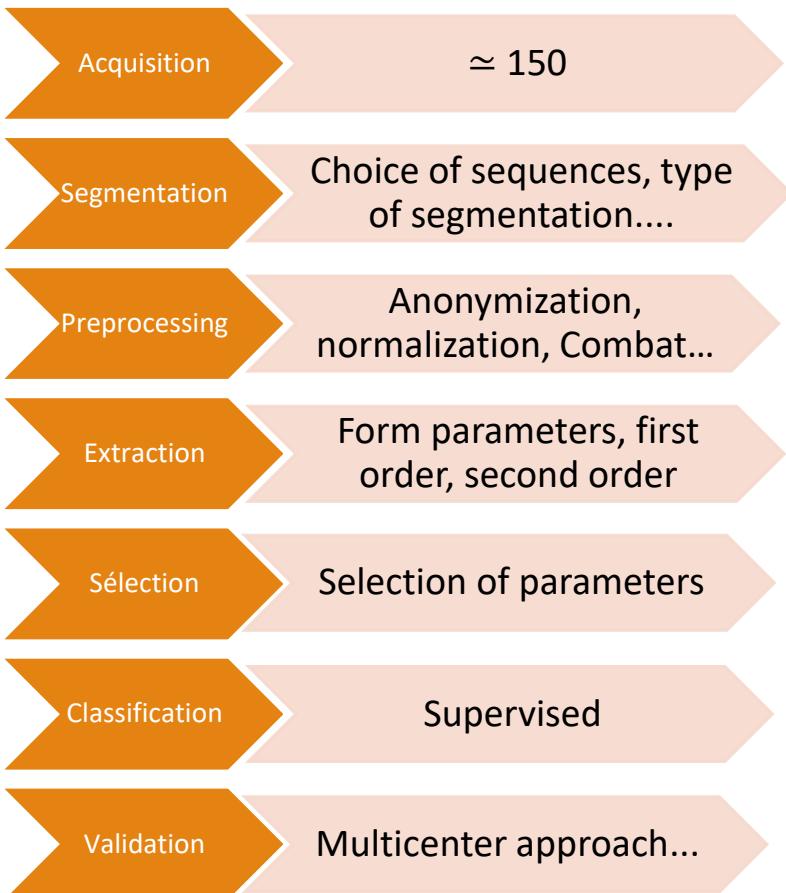
Prospects: supervised machine learning analysis.



- Dice similarity coefficient of $94.90 \pm 2.12\%$ for the sclera and the cornea
- $94.72 \pm 1.89\%$ for the vitreous humor
- $85.16 \pm 4.91\%$ for the lens

Ciller et al., International Journal Radiation Oncology, 2015

Work in progress!



Bibliography (1/2)

- Aerts I, Lumbruso-Le Rouic L, Gauthier-Villars M, Brisse H, Doz F. Actualités du rétinoblastome [Retinoblastoma update]. Arch Pediatr. 2016 Jan;23(1):112-6. French. doi: 10.1016/j.arcped.2015.09.025. Epub 2015
- COUF 2021
- Liu J, Ottaviani D, Sefta M, Desbrousses C, Chapeaublanc E, Aschero R, Sirab N, Lubieniecki F, Lamas G, Tonon L, Dehainault C, Hua C, Fréneaux P, Reichman S, Karboul N, Biton A, Mirabal-Ortega L, Larcher M, Brulard C, Arrufat S, Nicolas A, Elarouci N, Popova T, Némati F, Decaudin D, Gentien D, Baulande S, Mariani O, Dufour F, Guibert S, Vallot C, Rouic LL, Matet A, Desjardins L, Pascual-Pasto G, Suñol M, Catala-Mora J, Llano GC, Couturier J, Barillot E, Schaiquevich P, Gauthier-Villars M, Stoppa-Lyonnet D, Golmard L, Houdayer C, Brisse H, Bernard-Pierrot I, Letouzé E, Viari A, Saule S, Sastre-Garau X, Doz F, Carcaboso AM, Cassoux N, Pouponnot C, Goureau O, Chantada G, de Reyniès A, Aerts I, Radvanyi F. A high-risk retinoblastoma subtype with stemness features, dedifferentiated cone states and neuronal/ganglion cell gene expression. Nat Commun. 2021
- Indovina, Paola et al. “RB1 dual role in proliferation and apoptosis: cell fate control and implications for cancer therapy.” Oncotarget vol. 6,20 (2015)
- Zugbi S, Ganiewich D, Bhattacharyya A, Aschero R, Ottaviani D, Sampor C, Cafferata EG, Mena M, Sgroi M, Winter U, Lamas G, Suñol M, Daroqui M, Baialardo E, Salas B, Das A, Fandiño A, Francis JH, Lubieniecki F, Lavarino C, Garippa R, Podhajcer OL, Abramson DH, Radvanyi F, Chantada G, Llera AS, Schaiquevich P. Clinical, Genomic, and Pharmacological Study of *MYCN*-Amplified *RB1* Wild-Type Metastatic Retinoblastoma. Cancers (Basel). 2020

Bibliography (2/2)

- de Graaf P, Göricker S, Rodjan F, Galluzzi P, Maeder P, Castelijns JA, Brisse HJ; European Retinoblastoma Imaging Collaboration (ERIC). Guidelines for imaging retinoblastoma: imaging principles and MRI standardization. *Pediatr Radiol.* 2012
- Riestra-Candelaria BL, Rodríguez-Mojica W, Vázquez-Quiñones LE, Jorge JC. Ultrasound Accuracy of Liver Length Measurement with Cadaveric Specimens. *J Diagn Med Sonogr.* 2016
- Jansen RW, de Jong MC, Kooi IE, Sirin S, Göricker S, Brisse HJ, Maeder P, Galluzzi P, van der Valk P, Cloos J, Ekhout I, Castelijns JA, Moll AC, Dorsman JC, de Graaf P. MR Imaging Features of Retinoblastoma: Association with Gene Expression Profiles. *Radiology.* 2018
- Kooi IE, Mol BM, Moll AC, et al. Loss of photoreceptorness and gain of genomic alterations in retinoblastoma reveal tumor progression. *EBioMedicine.* 2015
- Nioche C, Orlhac F, Boughdad S, Reuzé S, Goya-Outi J, Robert C, Pellot-Barakat C, Soussan M, Frouin F, Buvat I. LIFEx: A Freeware for Radiomic Feature Calculation in Multimodality Imaging to Accelerate Advances in the Characterization of Tumor Heterogeneity. *Cancer Res.* 2018
- Orlhac F, Eertink JJ, Cottreau AS, et al. A Guide to ComBat Harmonization of Imaging Biomarkers in Multicenter Studies. *J Nucl Med.* 2022
- Ciller C, De Zanet SI, Rüegsegger MB, Pica A, Sznitman R, Thiran JP, Maeder P, Munier FL, Kowal JH, Cuadra MB. Automatic Segmentation of the Eye in 3D Magnetic Resonance Imaging: A Novel Statistical Shape Model for Treatment Planning of Retinoblastoma. *Int J Radiat Oncol Biol Phys.* 2015

Thank you for your attention

