Precision and prediction of response to docetaxel/carboplatin therapy using machine-learning optimized radiomic features in preclinical FDG-PET imaging of TNBC Patient-Derived Tumor Xenografts

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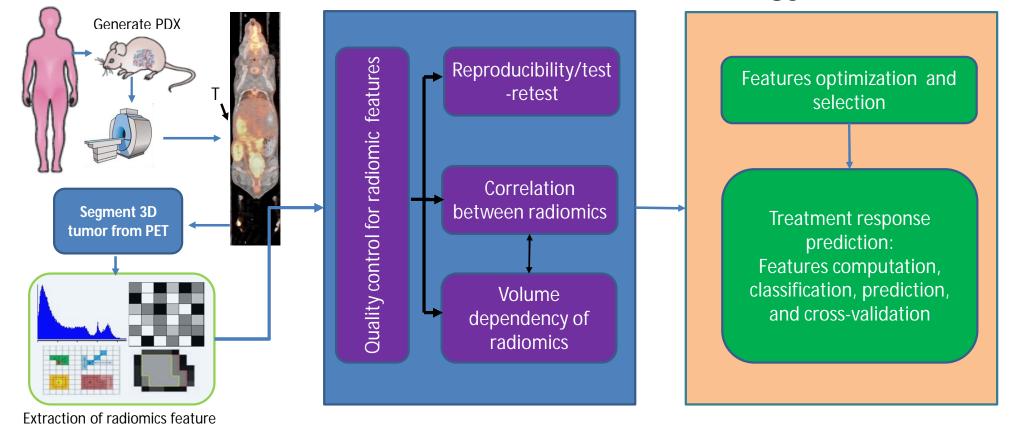








Overall Overview of Methodology

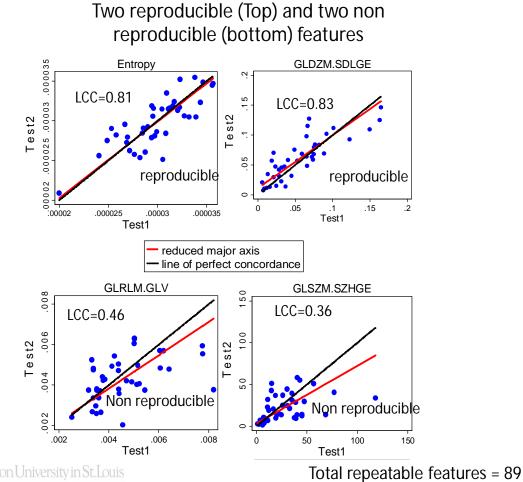


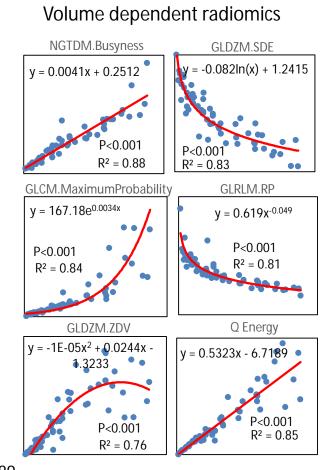
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*Radiomics were extracted as per ISBI guideline

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Radiomics features extraction and Quality control





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Treatment response prediction

Decision classification tree

Decision regression tree

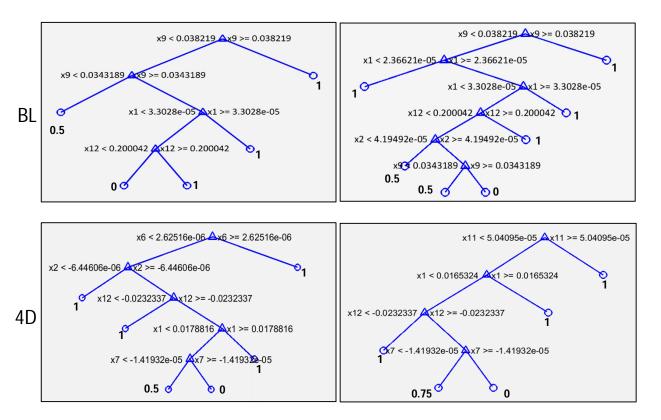


 Table 1: Error metric for machine learning algorithms

| Methods | Baseline (BL) | | Difference(4D-BL) | |
|-------------------------|---------------|-------------------|-------------------|-------------------|
| | Radiomics | SUV ₂₅ | Radiomics | SUV ₂₅ |
| Decision tree | 0.27 | 0.48 | 0.30 | 0.38 |
| (Classification) | 0.27 | 0.40 | 0.50 | 0.50 |
| Decision tree | 0.19 | 0.29 | 0.21 | 0.35 |
| (Regression) | 0.17 | 0.27 | 0.21 | 0.55 |
| Support vector | 0.21 | 0.34 | 0.17 | 0.26 |
| machine (SVM) | | | | |
| Naive Bayes | 0.18 | 0.43 | 0.21 | 0.29 |
| Ensemble of learners | 0.32 | 0.35 | 0.29 | 0.34 |

* Error was calculated from the ratio between total number of false positive (FP) and false negative (FN) to the total number (N). Accuracy can be calculated from (1-Error).

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Conclusions

- We identified unique, volume-independent, and reproducible radiomic feature to assess response to therapy.
- MLA was implemented to predict response to therapy with high-accuracy of >80% using only BL radiomic features as well from difference between (4D-BL).
- MLA was cross-validated to ensure applicability for TNBC PDX.
- Additional biomarkers can be used to further enhance prediction of response to therapy.

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