

# FDG-PET RADIOMIC ANALYSIS PREDICTS SURVIVAL IN PATIENTS WITH SOFT TISSUE SARCOMAS

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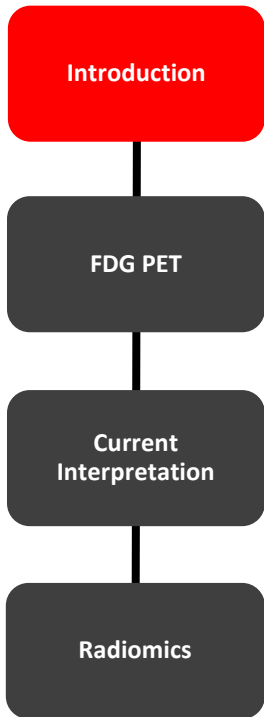
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# Case Study: Introduction



- Photos - **Measures thousands of coloured squares (pixels)**
- Modern medical imaging- consists of 3D digital information made up of **(voxels)**
- Process of colour mapping allows us to see this

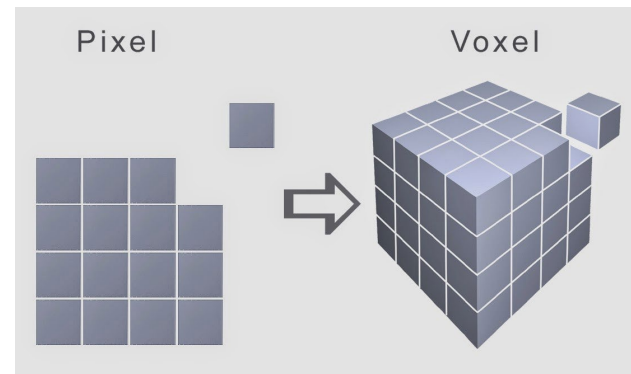
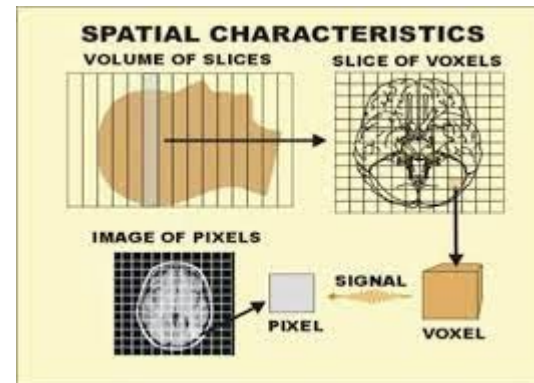


Figure 1. Pixel vs Voxel in radiology



# Background: FDG PET

Introduction

FDG PET

Current Interpretation

Radiomics

**Increased FDG uptake** is correlated with more **aggressive tumour cells**

Plays an essential role in assessing local and distant disease spread and evaluating response to treatment [1]

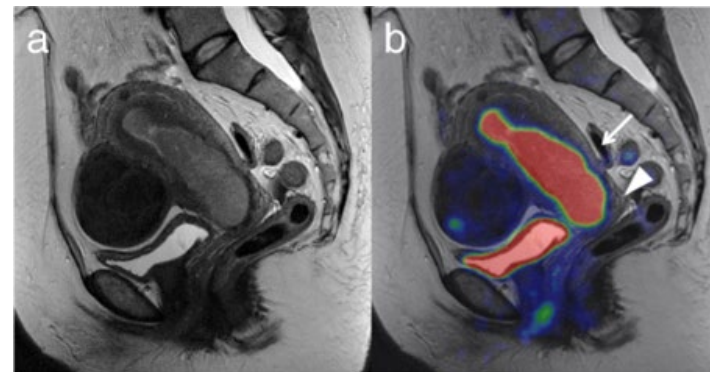


Figure 2. PET/CT of a large endometrial cancer

# Background: Current Interpretation

Introduction

FDG PET

Current  
Interpretation

Radiomics

Currently **qualitative assessment** with **simple quantitation** (SUV Maximum) [2]

SUV (standardised uptake value) **is a measure of FDG uptake**

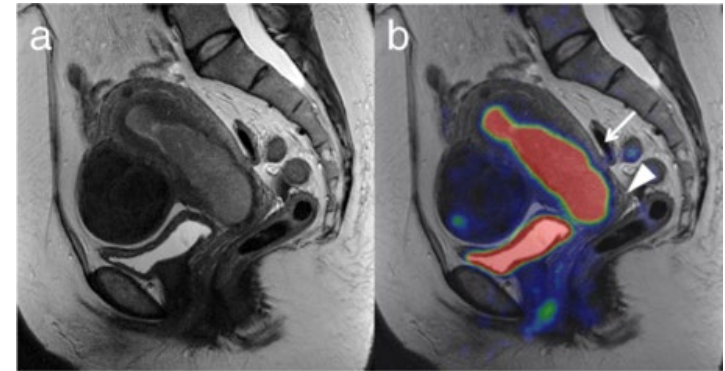
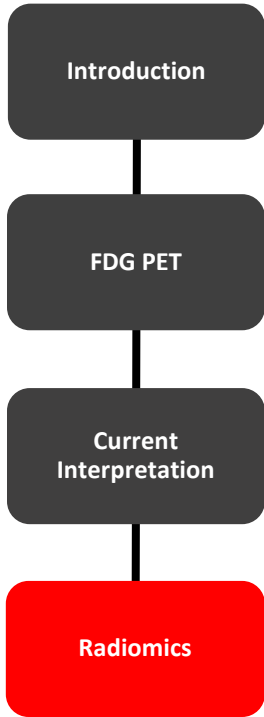


Figure 2. PET/CT of a large endometrial cancer

# Background: Radiomics



Definition: the process of extracting **multiple quantitative** imaging biomarkers [3]

Described using **radiomic features**

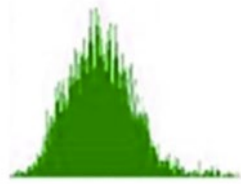
Radiomic features can capture **image characteristics**

E.g. image texture, tumour heterogeneity, tumour shape

Tumor shape



Tumor intensity



Tumor texture

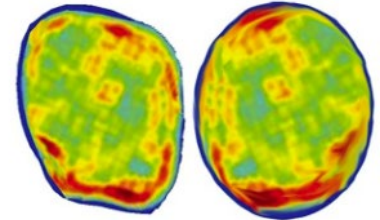
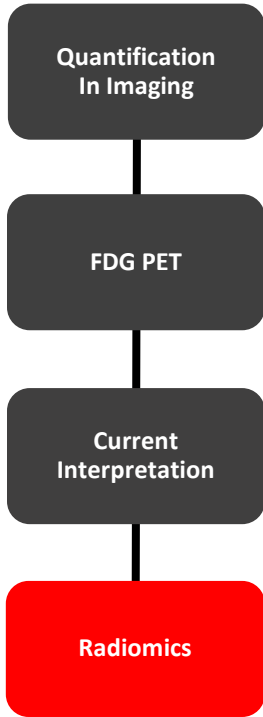


Figure 3. Image characteristics described by radiomic features

# Background: Radiomics



**More biological heterogeneity = poorer prognosis**

Tumour Heterogeneity in FDG PET is a known prognostic marker

This heterogeneity can be **quantified**

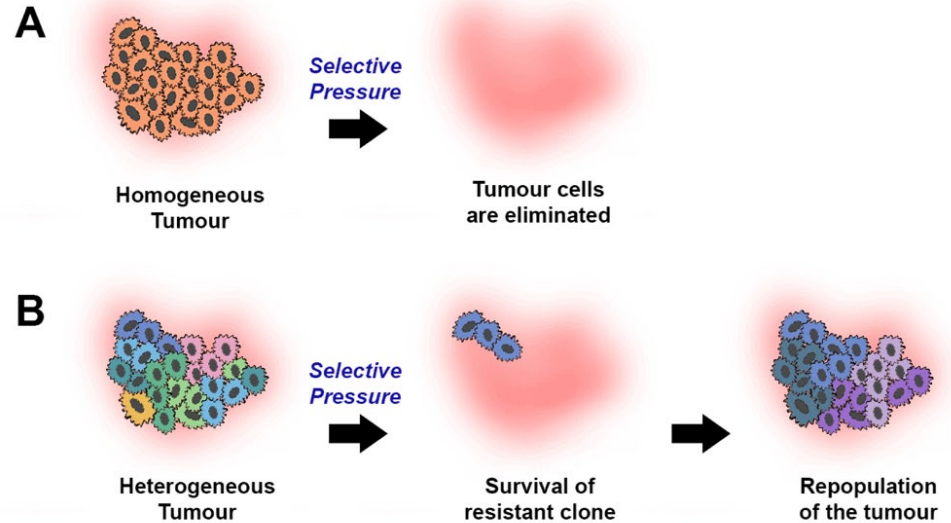
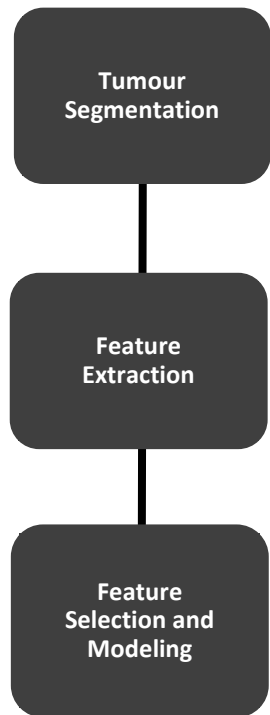


Figure 4. Demonstration of tumour heterogeneity [4]

# Radiomics



# Tumour Segmentation

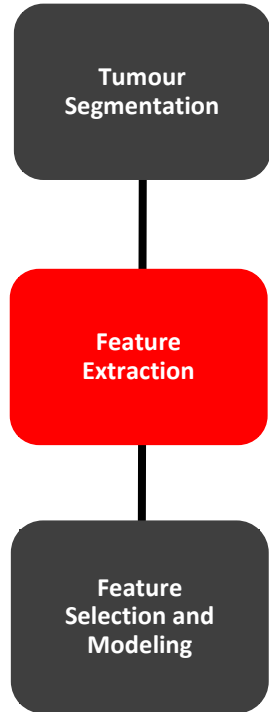
Tumour Segmentation

Feature Extraction

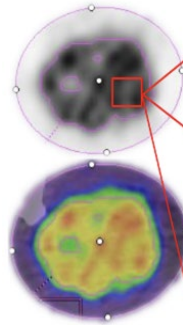
Feature Selection and Modeling



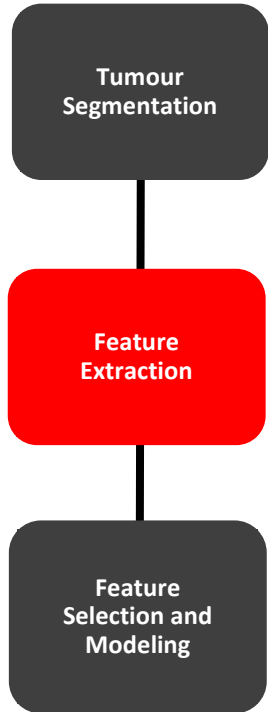
# Tumour Segmentation



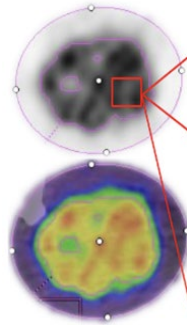
Radiomic  
Features can be  
separated into  
**first, second  
and higher  
order features**



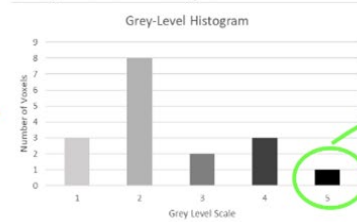
# Tumour Segmentation



Radiomic Features can be separated into **first, second and higher order features**

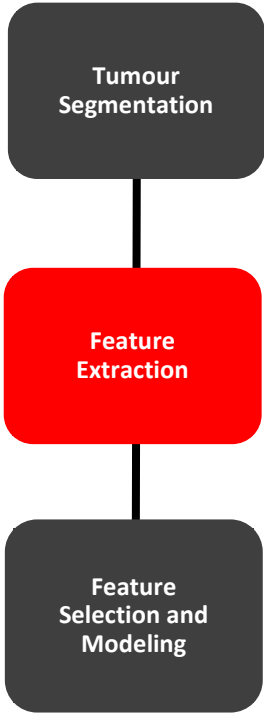


Grey-Level Histogram

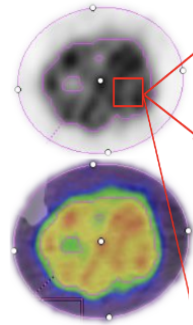


SUVmax = 5

# Tumour Segmentation

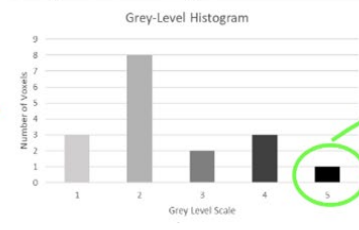


Radiomic Features can be separated into **first, second and higher order features**



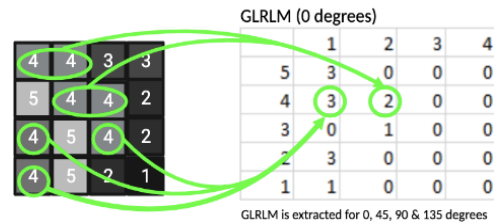
4	4	3	3
5	4	4	2
4	5	4	2
4	5	2	1

Grey-Level Histogram



SUVmax = 5

Grey Level Run Length Matrix



GLRLM fraction  
% of voxels within VOI that are part of runs

GLRLM is extracted for 0, 45, 90 & 135 degrees

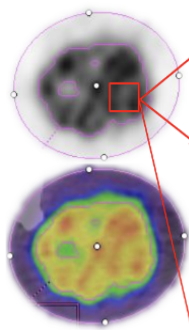
# Tumour Segmentation

Tumour Segmentation

Feature Extraction

Feature Selection and Modeling

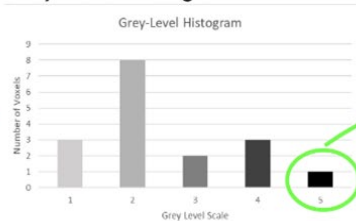
Radiomic Features can be separated into **first, second and higher order features**



4	4	3	3
5	4	4	2
4	5	4	2
4	5	2	1

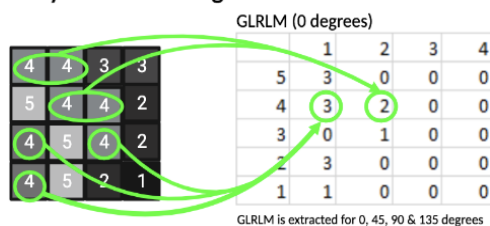
2	2	1	1
4	4	2	2
5	4	2	2

Grey-Level Histogram



SUVmax = 5

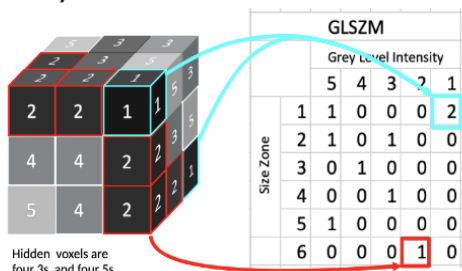
Grey Level Run Length Matrix



GLRLM fraction

% of voxels within VOI that are part of runs

Grey Level Size Zone Matrix

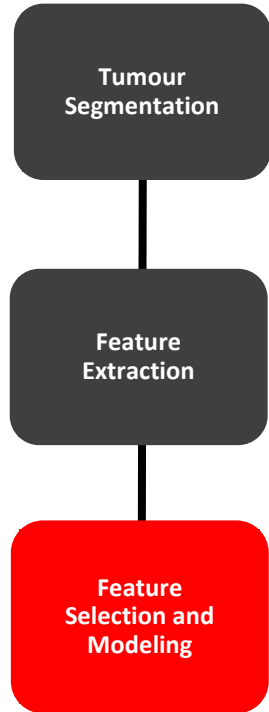


GLSZM - Zone Percentage

Ratio of number of zones to number of voxels: measures the coarseness of the texture

Hidden voxels are four 3s and four 5s

# Feature Selection and Modelling



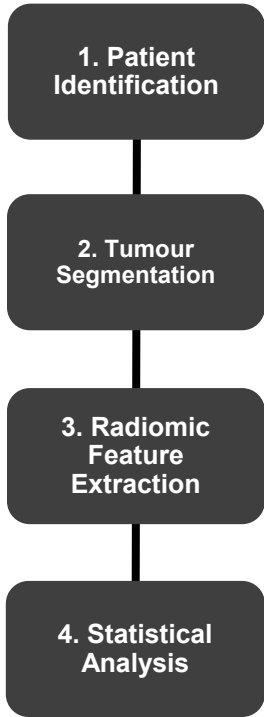
Radiomic Features can essentially act as tumour **biomarkers**

- **This is COMPLEMENTARY to current practice**
- **Diagnosis** e.g. presence of bone metastases
- **Prognosis**
  - Survival endpoints
  - Grade
  - Gene markers
- **Response to treatment**

# Aim

Assess the **prognostic value** of pre-treatment FDG **PET quantitative parameters** for patients with **soft tissue sarcoma**

# Methods



# Methods

**1. Patient Identification**

**2. Tumour Segmentation**

**3. Radiomic Feature Extraction**

**4. Statistical Analysis**

## Inclusion Criteria

Primary soft tissue sarcoma

Pre-treatment PET

## Exclusion Criteria

Treatment prior to PET

PET data not available for review

Age <18

Treatment with palliative intent

GIST (gastrointestinal stromal tumor)

# Methods

## 1. Patient Identification

2. Tumour Segmentation

3. Radiomic Feature Extraction

4. Statistical Analysis

186 Patients identified from cross-referencing POWH PET/Nuclear Med Databases with POWH STS database

### Exclusions

No Initial PET (70)  
Treatment with palliative intent (25)  
Age at diagnosis <18 (6)  
Other Cancers (9)  
GIST (1)  
Initial PET elsewhere (29)

48 Patients

### Exclusions

PET Image Unavailable (4)

44 Patients

# Methods

1. Patient Identification

2. Tumour Segmentation

3. Radiomic Feature Extraction

4. Statistical Analysis

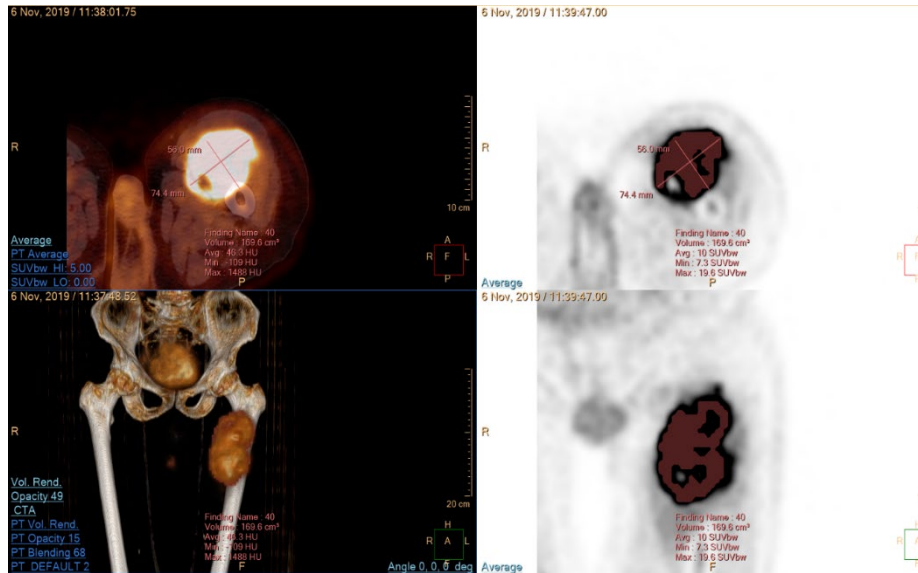


Figure 3. PET scan segmented using 40% of SUVmax on IntelliSpace Portal

- Software: **IntelliSpace Portal**
- Threshold: 40% of SUVmax

# Methods

1. Patient Identification

2. Tumour Segmentation

3. Radiomic Feature Extraction

4. Statistical Analysis

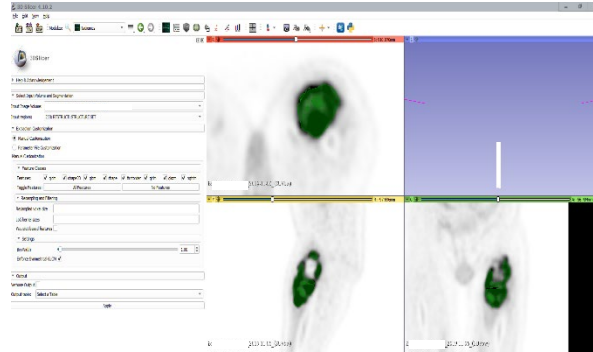
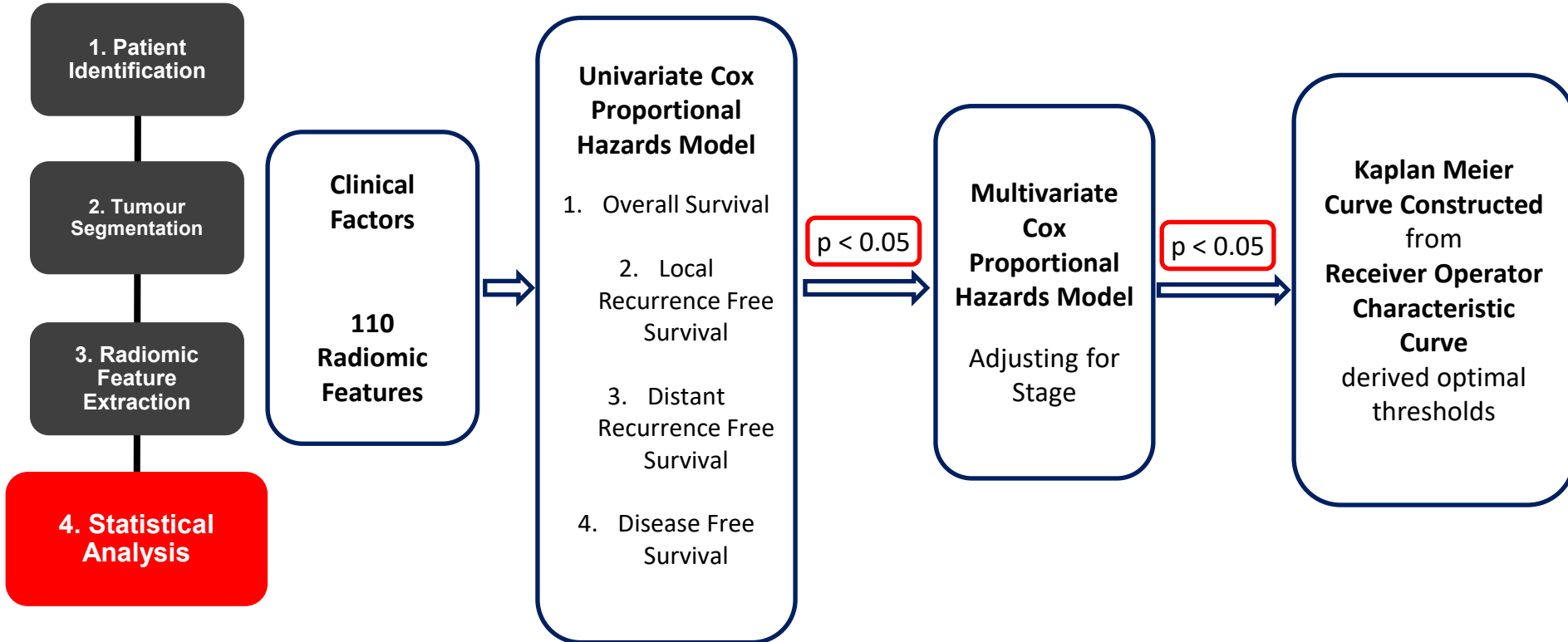


Figure 4. Feature Extraction on 3D Slicer

- Images exported into 3DSlicer 4.10.2
- Pyradiomics Plugin utilized to extract features
- Total Features = **110**
  - First Order Statistics (19 features)
  - Shape-based (3D) (16 features)
  - Shape-based (2D) (10 features)
  - Gray Level Cooccurrence Matrix (24 features)
  - Gray Level Run Length Matrix (16 features)
  - Gray Level Size Zone Matrix (16 features)
  - Neighbouring Gray Tone Difference Matrix (5 features)
  - Gray Level Dependence Matrix (14 features)

# Methods



# Patient Characteristics

Demographics

Histology

Treatment

Grade & Stage

Follow Up

# Patient Characteristics

Demographics

Histology

Treatment

Grade & Stage

Follow Up

<b>Gender</b>	Male no. (%)	19 (43%)
	Female no. (%)	25 (57%)
<b>Age at Diagnosis</b>	Mean (Standard Deviation)	57 (18)
	Range	19 – 85

# Patient Characteristics

Demographics

Histology

Treatment

Grade & Stage

Follow Up

Histology

Liposarcoma 10

Leiomyosarcoma 6

Fibromyxosarcoma 5

Myxoid fibrosarcoma 4

Undifferentiated 4

pleomorphic sarcoma

Sarcomatoid tumour 2

Peripheral nerve sheath 2

tumour

Angiosarcoma 2

Synovial sarcoma 1

Giant Cell sarcoma 1

Undifferentiated sarcoma 1

Rhabdomyosarcoma 1

Spindle cell sarcoma 1

Unknown 3

# Patient Characteristics

Demographics

Histology

Treatment

Grade & Stage

Follow Up

<b>Treatment</b>	Surgery	11
	RT + Surgery	22
	Chemotherapy + Surgery	2
	RT + Chemotherapy + Surgery	5
	Chemotherapy	1
	Unknown	3

# Patient Characteristics

Demographics

Histology

Treatment

Grade & Stage

Follow Up

<b>Grade</b>	1	8
	2	10
	3	25
<b>AJCC Clinical Stage</b>	Ia	2
	Ib	7
	II	3
	IIIa	11
	IIIb	18
	IV	2
	Unknown	1
<b>Follow Up</b>	Mean (Standard Deviation)	28.58 months (18 months)
	Range	6.2 months – 76 months

# Survival Analysis

Outcome	Feature	Multivariate	
		HR (95% CI)	P value
Overall Survival	*SUV <sub>Maximum</sub>	*1.1 (1-1.2)	*0.042
	SUV <sub>Kurtosis</sub>	1.4 (1.0 - 1.8)	0.044
Local Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	3.45e5 (5.2e-11 - 0.75)	0.045
Distant Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	1.5 (2.8e-07- 0.35)	0.024
Disease Free Survival	Shape <sub>SurfaceVolumeRatio</sub>	1.6 (0.095- 1.3e5)	0.035
	SUV <sub>Skewness</sub>	1.5 (0.0096-16)	0.017
	SUV <sub>Kurtosis</sub>	1.6 (0.012-3.7)	0.025
	GLSZM <sub>SZNUN</sub>	1.6 (0.95-1.5)	0.011

\* Univariate Analysis

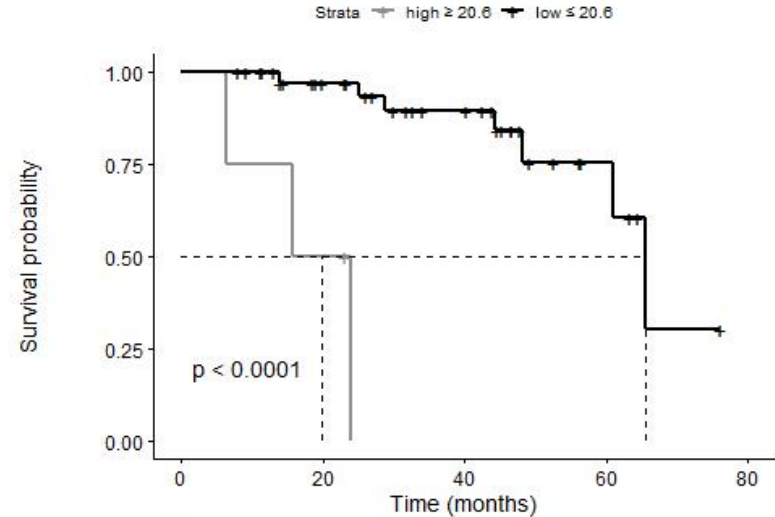


# Survival Analysis

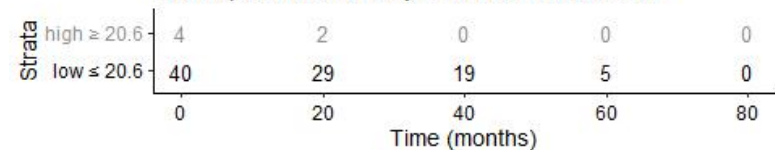
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\* Univariate Analysis

OS Kaplan Meier Analysis for SUV Maximum



OS Kaplan Meier Analysis for SUV Maximum

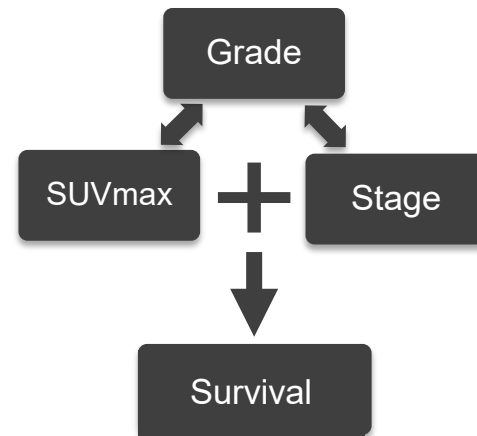


Survival Median: 19.7 months vs 65.6 months

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\* Univariate Analysis



Insignificance on multivariate likely due to correlation between **grade and SUVmax (p = 0.002)**

# Survival Analysis: Intratumoural Heterogeneity

- Radiomic features which measured **intratumoural heterogeneity** were associated with **survival**
  - Intratumoural heterogeneity has been shown to be correlated with prognosis<sup>4-6</sup>
  - Can measure heterogeneity across the **entire tumour**

# SUV Kurtosis

Outcome	Feature	Multivariate	
		HR (95% CI)	P value
Overall Survival	*SUV <sub>Maximum</sub>	*1.1 (1-1.2)	*0.042
	SUV <sub>Kurtosis</sub>	1.4 (1.0 - 1.8)	0.044
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\* Univariate Analysis



UNSW SYDNEY

Measures the **peakedness of SUV distribution**  
**Higher values** indicate **greater heterogeneity**

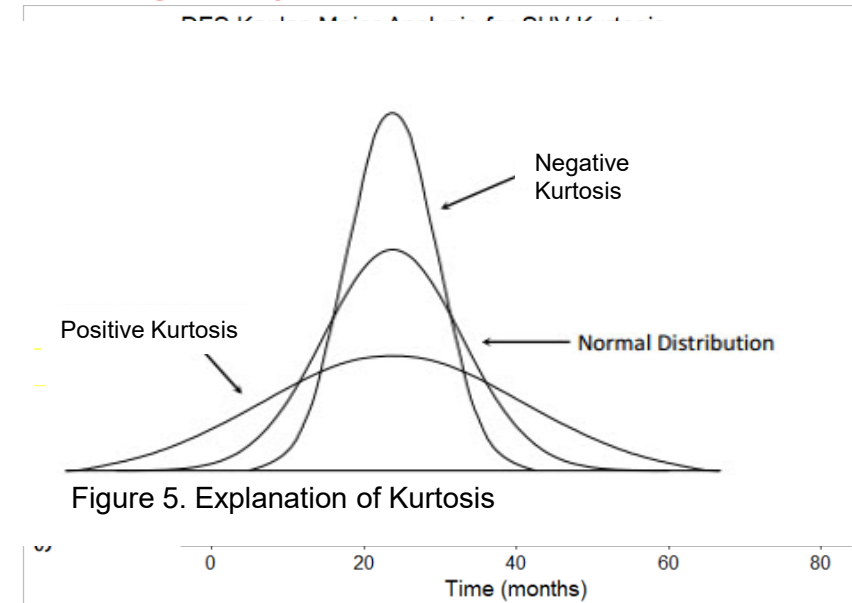


Figure 5. Explanation of Kurtosis

Survival Median: not reached vs 21 months



# Grey Level Size Zone Matrix Size Zone Non-Uniformity Normalised

Outcome	Feature	Multivariate	
		HR (95% CI)	P value
Overall Survival	*SUV <sub>Maximum</sub>	*1.1 (1-1.2)	*0.042
	SUV <sub>Kurtosis</sub>	1.4 (1.0 - 1.8)	0.044
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\* Univariate Analysis

Grey Level Size Zone Matrix

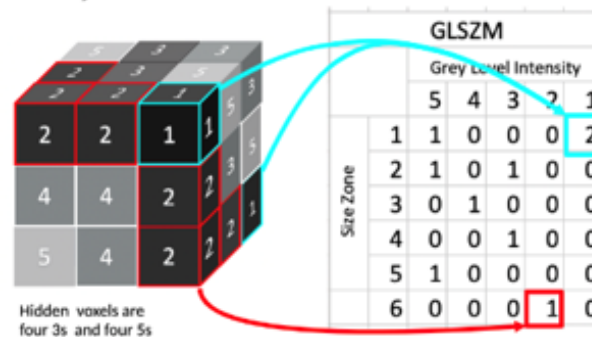


Figure 6. Explanation of GLSZM

GLSZM<sub>SZNUN</sub> measures the **variability of size zone volumes** throughout the image

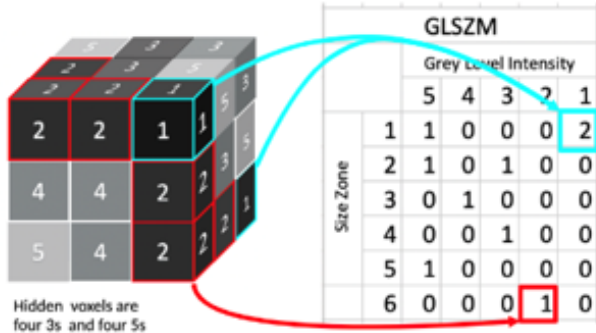
**Lower values** indicate **more homogeneity among zone size volumes** in the image.

# Grey Level Size Zone Matrix Size Zone Non-Uniformity Normalised

$GLSZM_{SZNUN}$  measures the **variability of size zone volumes** throughout the image

**Lower values** indicate **more homogeneity among zone size volumes** in the image.

Grey Level Size Zone Matrix



# Grey Level Size Zone Matrix Size Zone Non-Uniformity Normalised

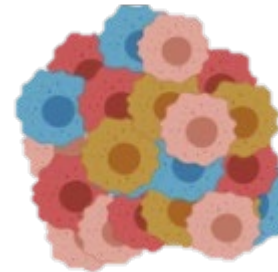
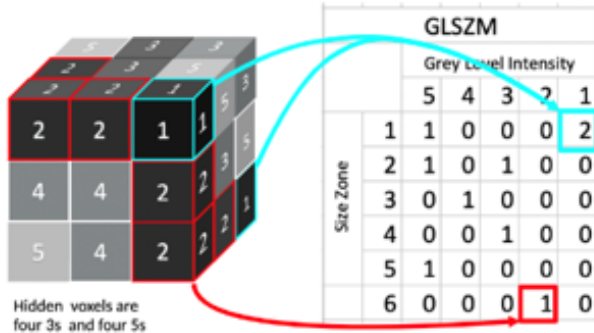
$GLSZM_{SZNUN}$  measures the **variability of size zone volumes** throughout the image

**Lower values** indicate **more homogeneity among zone size volumes** in the image.

Lower  $GLSZM_{SZNUN}$  could represent

1. Numerous small but approximately equal size zones, representing increased tumour heterogeneity (multiple equal sized subpopulations of cancer)

Grey Level Size Zone Matrix



# Grey Level Size Zone Matrix Size Zone Non-Uniformity Normalised

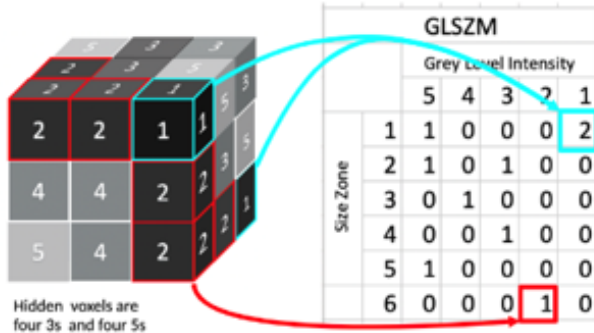
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Grey Level Size Zone Matrix

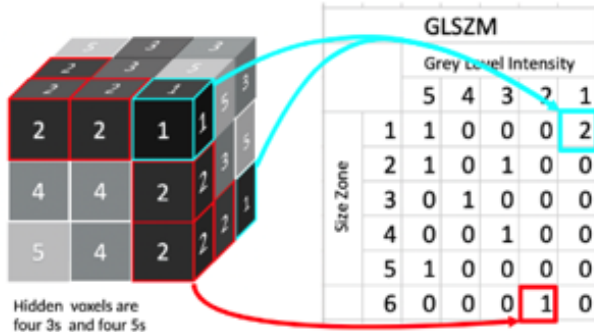


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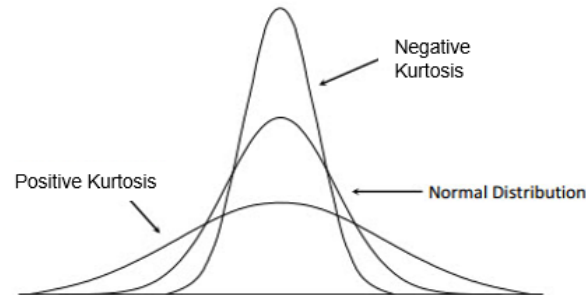
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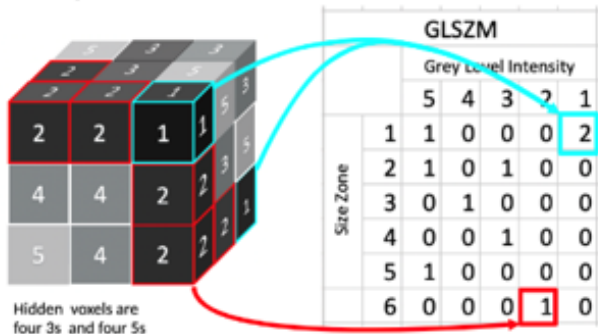


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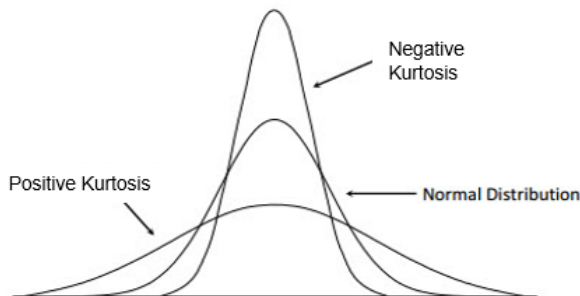
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1. Numerous small but approximately equal size zones, representing increased tumour heterogeneity (multiple equal sized subpopulations of cancer)
2. Numerous large (approximately equal) size zones indicating less heterogeneity

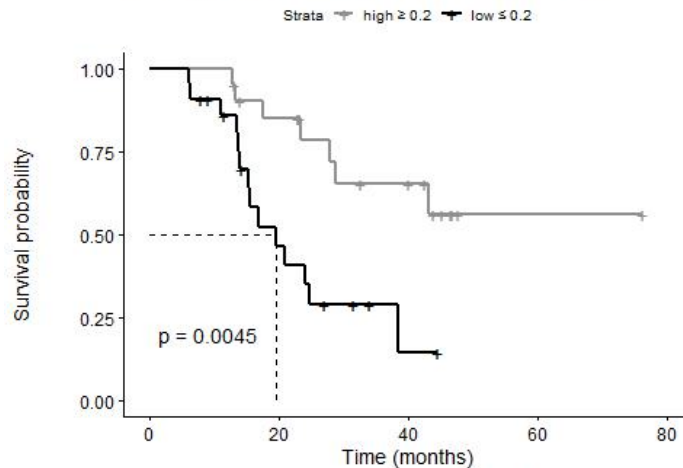


# Grey Level Size Zone Matrix Size Zone Non-Uniformity Normalised

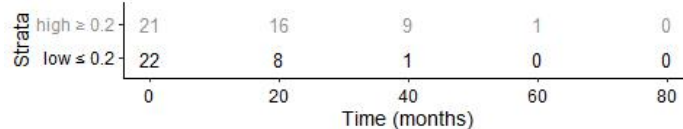
Outcome	Feature	Multivariate	
		HR (95% CI)	P value
Overall Survival	*SUV <sub>Maximum</sub>	*1.1 (1-1.2)	*0.042
	SUV <sub>Kurtosis</sub>	1.4 (1.0 - 1.8)	0.044
Local Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	3.45e5 (5.2e-11 - 0.75)	0.045
Distant Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	1.5 (2.8e-07- 0.35)	0.024
Disease Free Survival	Shape <sub>SurfaceVolumeRatio</sub>	1.6 (0.095- 1.3e5)	0.035
	SUV <sub>Skewness</sub>	1.5 (0.0096-16)	0.017
	SUV <sub>Kurtosis</sub>	1.6 (0.012-3.7)	0.025
	GLSZM <sub>SZNUN</sub>	1.6 (0.95-1.5)	0.011

\* Univariate Analysis

DFS Kaplan Meier Analysis for GLSZM SZNUN



DFS Kaplan Meier Analysis for GLSZM SZNUN



Survival Median: 19.6 months vs not reached

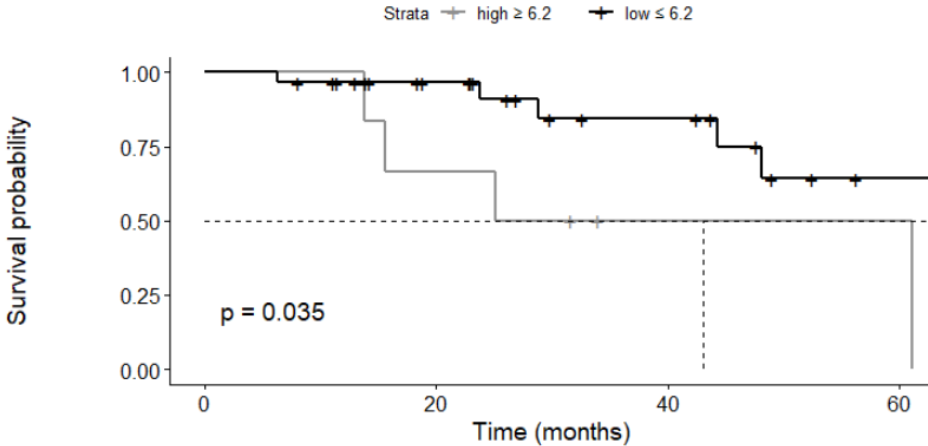
# High – Grade Subgroup Analysis (Grade 2/3: n = 35)

Outcome	Feature	Multivariate	
		HR (95% CI)	P value
Overall Survival	SUV <sub>Kurtosis</sub>	1.4 (1.0 - 1.8)	0.044
Distant Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	1.5 (2.8e-07-0.35)	0.024
Distant Recurrence Free Survival	GLSZM <sub>SZNUN</sub>	1.6 (0.95-1.5)	0.011

Features could **stratify survival** even amongst **high grade tumours**

# High – Grade Subgroup Analysis (Grade 2/3: n = 35)

High Grade: OS Kaplan Meier Analysis for SUV Kurtosis



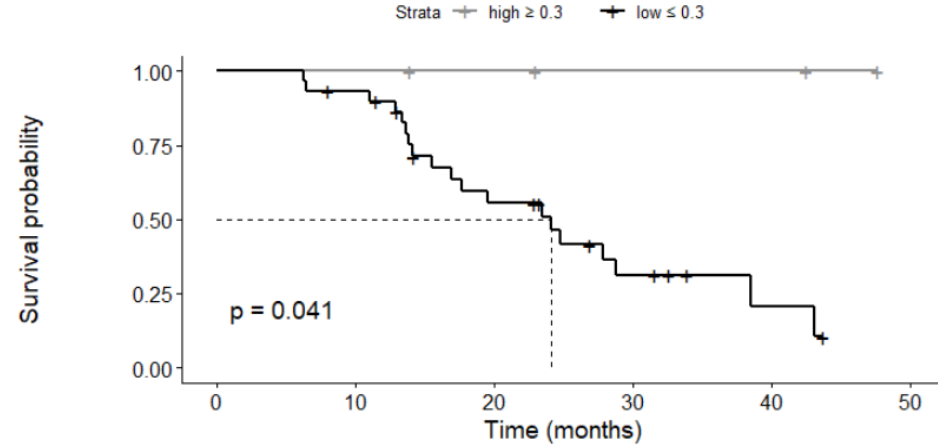
High Grade: OS Kaplan Meier Analysis for SUV Kurtosis

Strata	high $\geq$ 6.2	low $\leq$ 6.2
0	6	29
20	4	20
40	1	11
60	1	3

Time (months)

Survival Median: 65.6 months vs 43.1 months

High Grade: DFS Kaplan Meier Analysis for GLSZM SZNUN



High Grade: DFS Kaplan Meier Analysis for GLSZM SZNUN

Strata	high $\geq$ 0.3	low $\leq$ 0.3
0	4	30
10	4	27
20	3	14
30	2	6
40	2	2
50	0	0

Time (months)

Survival Median: 24.2 months vs not reached

# Limitations

Retrospective nature

Patient Cohort

- **Small patient cohort** (n = 44)
- Relatively **short follow up** (mean = 28.6 months)

High correlation between features

- SUVKurtosis & SUVSkewness
  - (cor = 0.76, p < 0.001)

# Conclusion

In this cohort, radiomic features, especially **measures of heterogeneity**, demonstrated significant prognostic utility **independent of clinical stage** and could **predict all measured survival outcomes**.

# Discussion: Future Directions



Identified PET radiomic features need to be tested for robustness and reproducibility in **large, prospective, multi-centre studies**



**Incorporated directly** into clinical practice and **guide treatment** & determine **follow up intervals**



**Machine learning** algorithms and deep learning approaches

# Questions/Discussion?