



The young side of
LYMPHOMA

gli under 40 a confronto

Milano, 14-15 aprile 2023

RADIOMICA NEI LINFOMI

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Disclosures of Name Surname

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other

RADIOMICA

Overview of radiomics

01

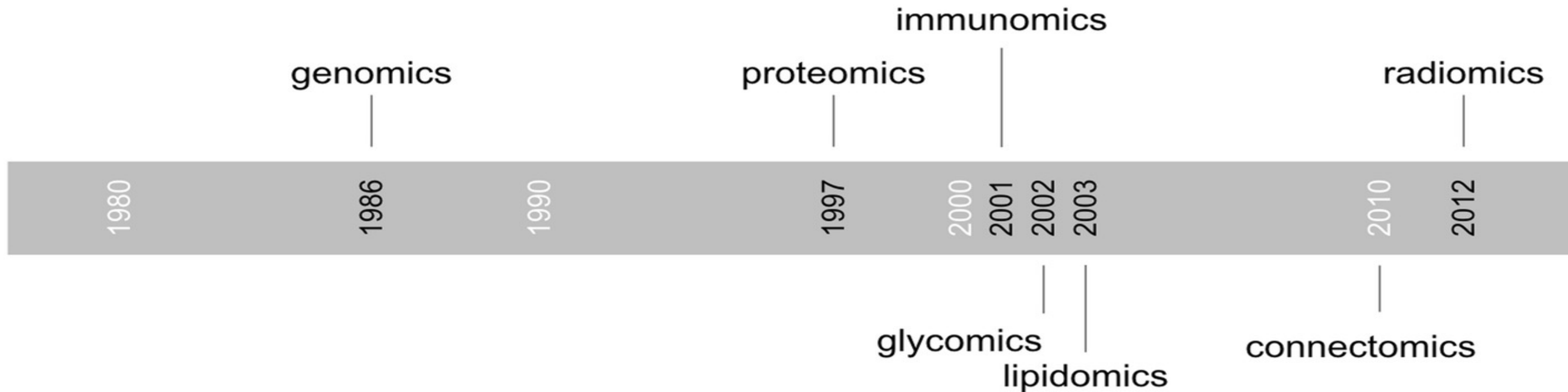
APPLICAZIONI DI
RADIOMICA

02

03

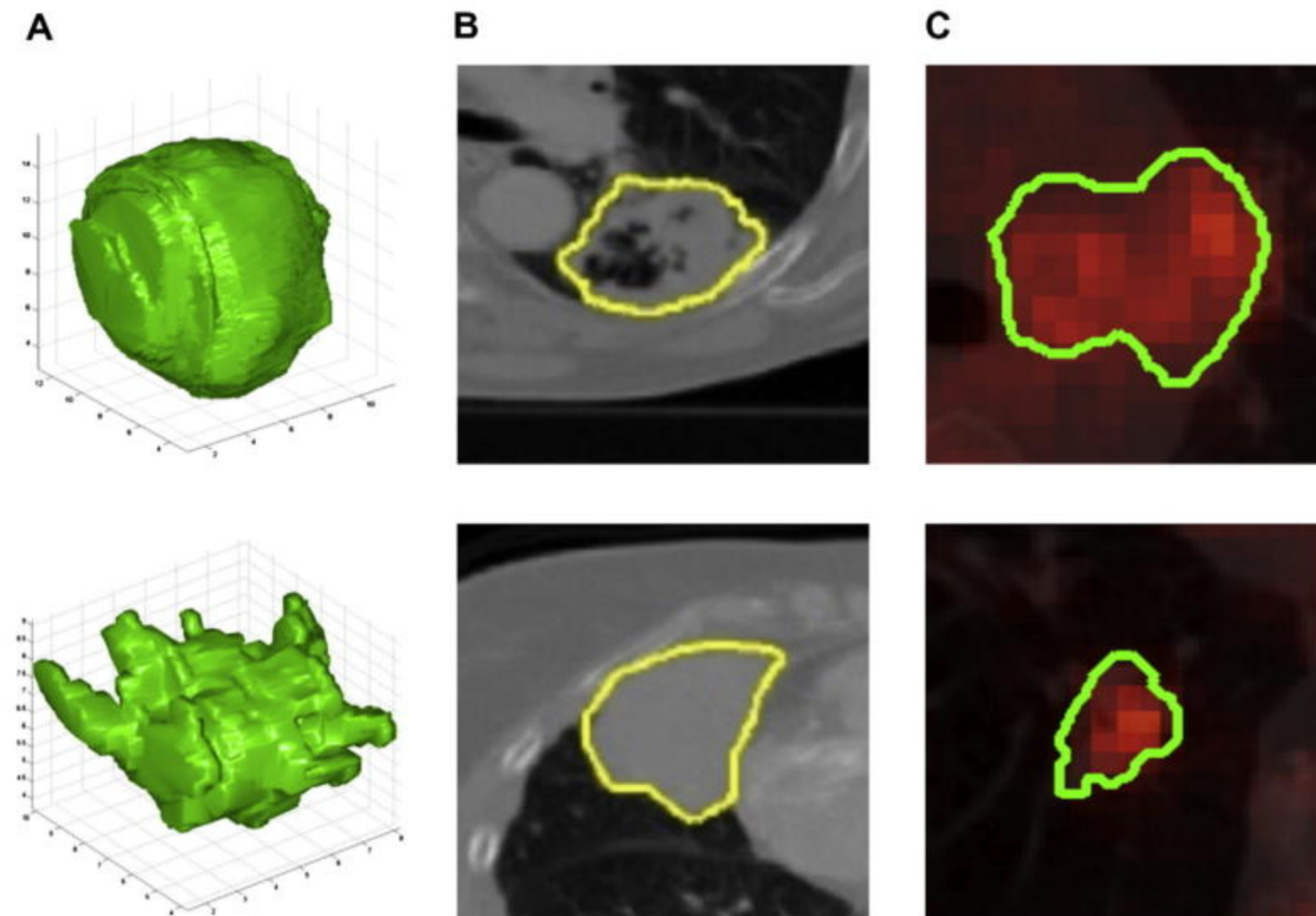
LIMITI E
PROSPETTIVE
FUTURE

Si definiscono *scienze omiche* quelle discipline che utilizzano tecnologie di analisi che consentono la produzione di informazioni (dati), in numero molto elevato e nello stesso intervallo di tempo, utili per la descrizione e l'interpretazione del sistema biologico studiato.

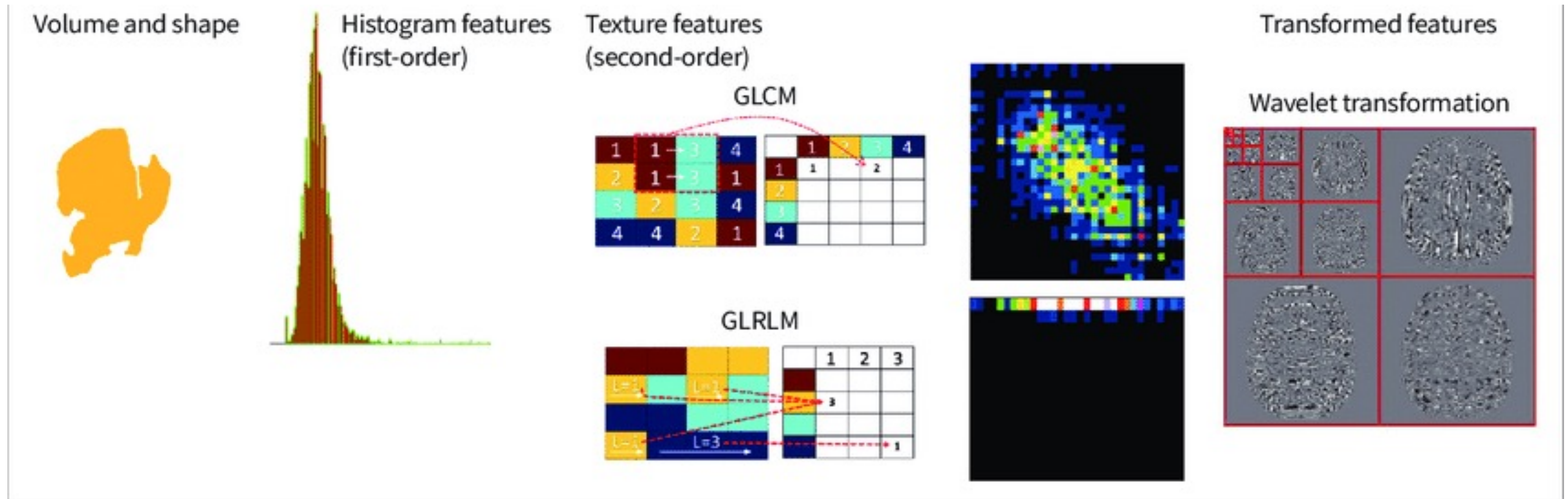


Gatta, R. *et al.* Integrating radiomics into holomics for personalised oncology: from algorithms to bedside. *Eur Radiol Exp* 4, 11 (2020).
<https://doi.org/10.1186/s41747-019-0143-0>

- **Radiomica:** l'analisi delle immagini mediche volta a ottenere, tramite opportuni **metodi matematici**, informazioni di tipo quantitativo per creare **modelli di supporto alla decisione clinica: Decision Support Systems**



Lambin P, Rios-Velazquez E, Leijenaar R, et al. *Radiomics: extracting more information from medical images using advanced feature analysis.* Eur J Cancer. 2012;48:441–446.



1. First-order features: statistical measurements of the image intensity distribution within the region of interest (ROI) and are related to the histogram of pixel/voxel values.

2. Second-order features: texture-based and describe the spatial relationships between pixels/voxels within the ROI. Second-order features are derived from the grey-level co-occurrence matrix (GLCM), grey-level run-length matrix (GLRLM), grey-level size zone matrix (GLSZM), and grey-level dependence matrix (GLDM).

3. Higher-order features: These features are derived from mathematical models, such as fractals and wavelets, and describe the more complex structures and patterns within the ROI.

First-order texture features

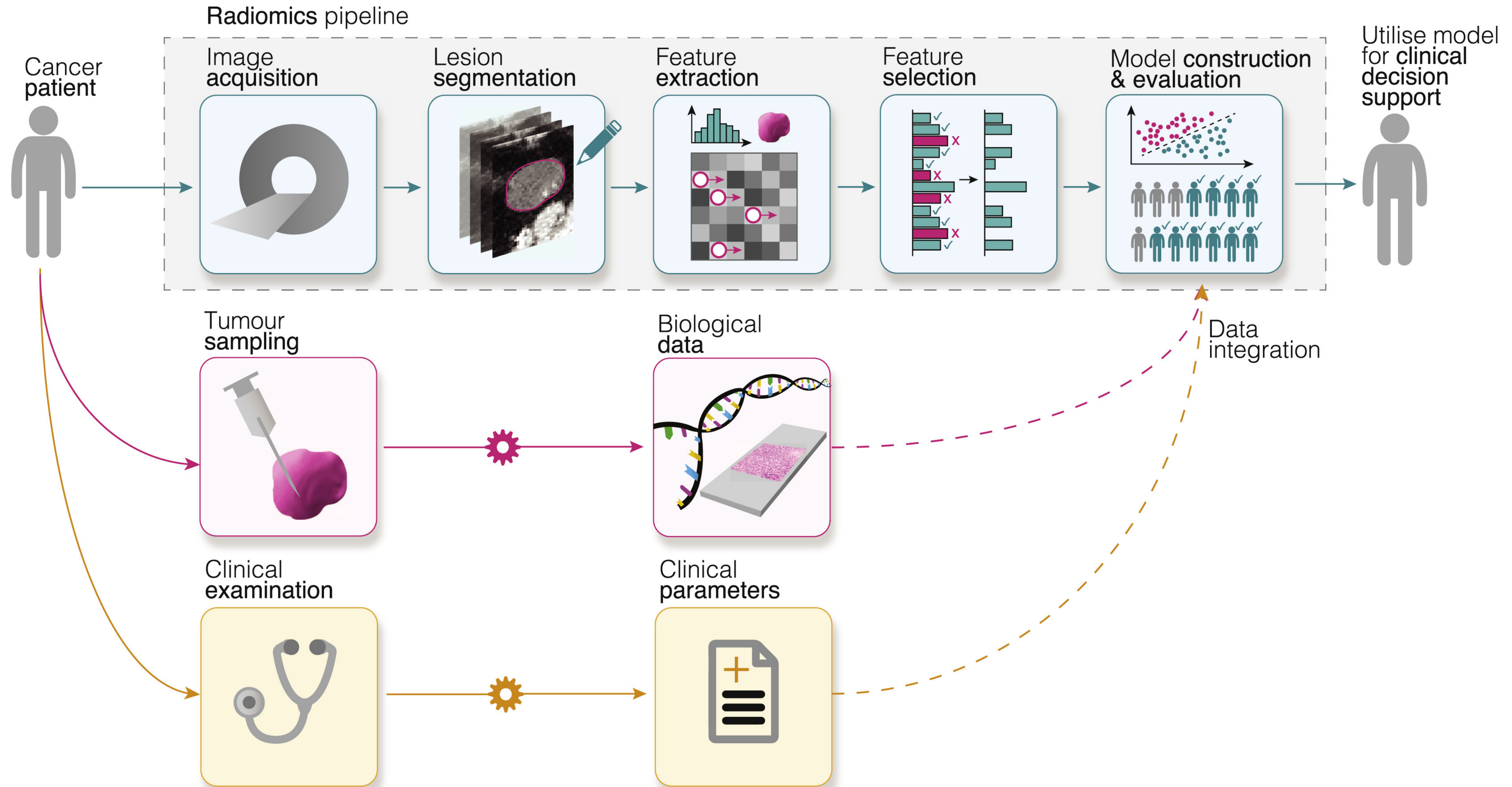
Feature	Definition	Description
SUV _{max} , SUV _{avg} , MTV, TLG	–	Conventional PET parameters
CV	Standard deviation of SUVs/SUV _{avg}	A global heterogeneity marker. Higher values indicate more heterogeneity
AUC-CSH	Percent of total tumor volume above percent threshold of SUV _{max} , which threshold varies from 0 to 100%.	A global heterogeneity marker. Lower values indicate more heterogeneity
Skewness	$\frac{\frac{1}{E} \sum_i (HISTO(i) - \overline{HISTO})^3}{\left(\sqrt{\frac{1}{E} \sum_i (HISTO(i) - \overline{HISTO})^2}\right)^3}$ (with E = the total number of voxels in the VOI, \overline{HISTO} = the average of gray levels in the histogram)	The asymmetry of the gray-level distribution in the intensity frequency histogram
Kurtosis	$\frac{\frac{1}{E} \sum_i (HISTO(i) - \overline{HISTO})^4}{\left(\frac{1}{E} \sum_i (HISTO(i) - \overline{HISTO})^2\right)^2}$ (with E = the total number of voxels in the VOI, \overline{HISTO} = the average of gray levels in the histogram)	The sharpness of the peak of the gray-level distribution in the intensity frequency histogram
Entropy _{histo}	$\sum_i p(i) \cdot \log(p(i) + \epsilon)$	The randomness of the gray-level distribution in the intensity frequency histogram

AUC-CSH, area under curve of cumulative SUV-volume histogram; *CV*, coefficient of variation; *MTV*, metabolic tumor volume; *SUV*, standardized uptake values; *SUV_{avg}*, average of SUVs; *SUV_{max}*, maximum of SUVs; *TLG*, total lesion glycolysis; *VOI*, volume of interest

Ha S. et al. Radiomics in Oncological PET/CT: a Methodological Overview. *Nucl Med Mol Imaging*. 2019;53(1):14-29. doi:10.1007/s13139-019-00571-4

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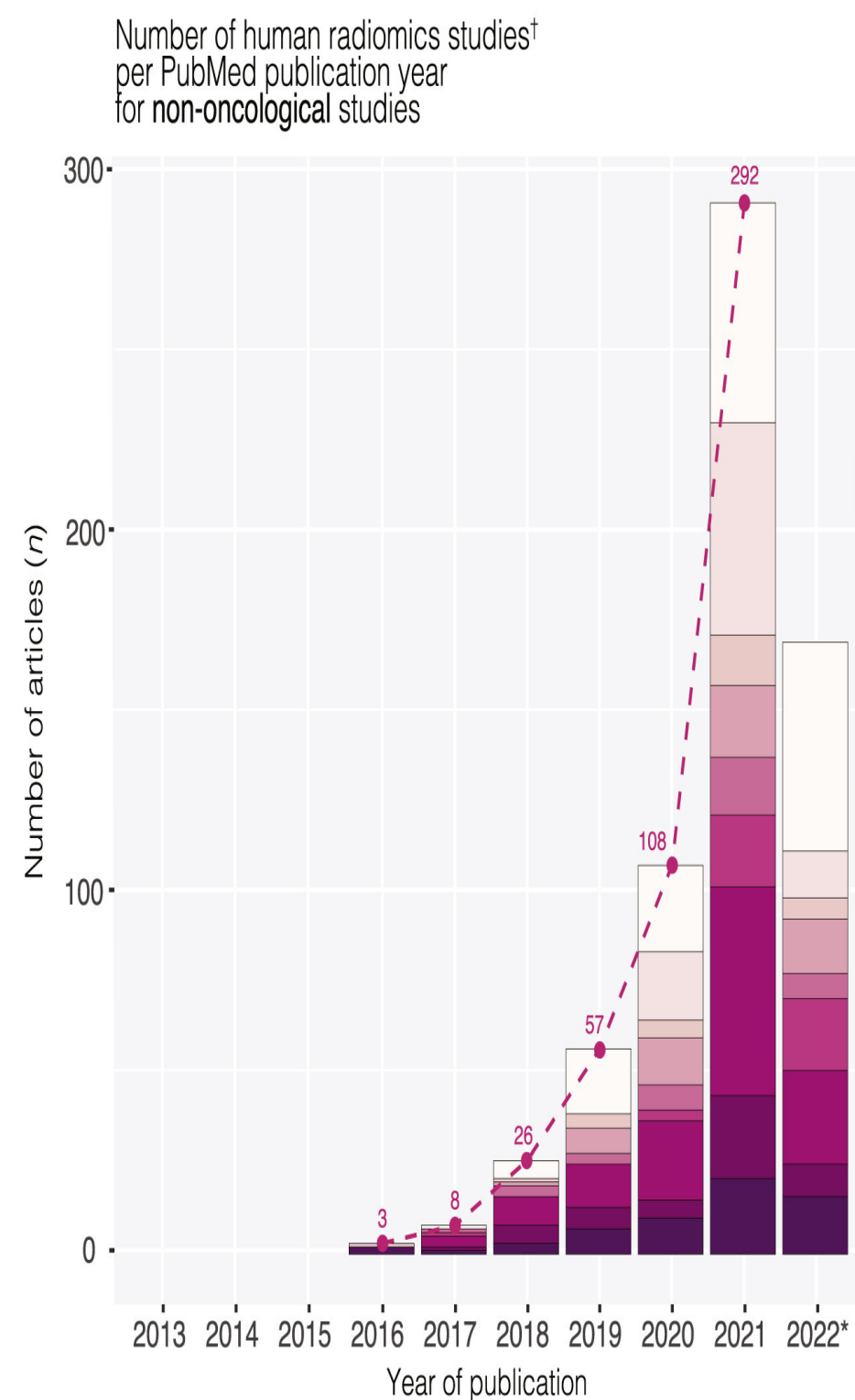
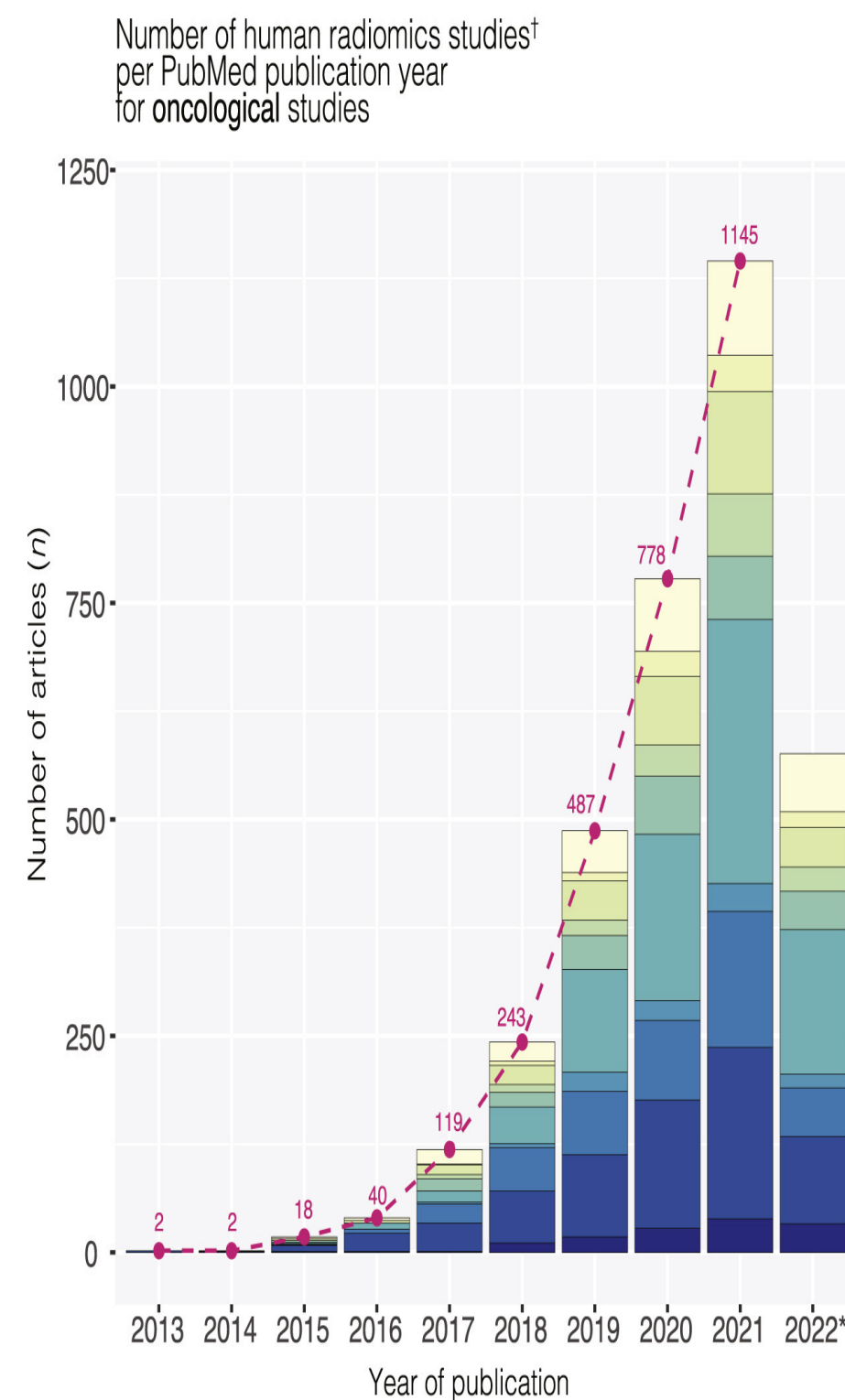


Clinical Radiology 2023 7883-98DOI: (10.1016/j.crad.2022.08.149)

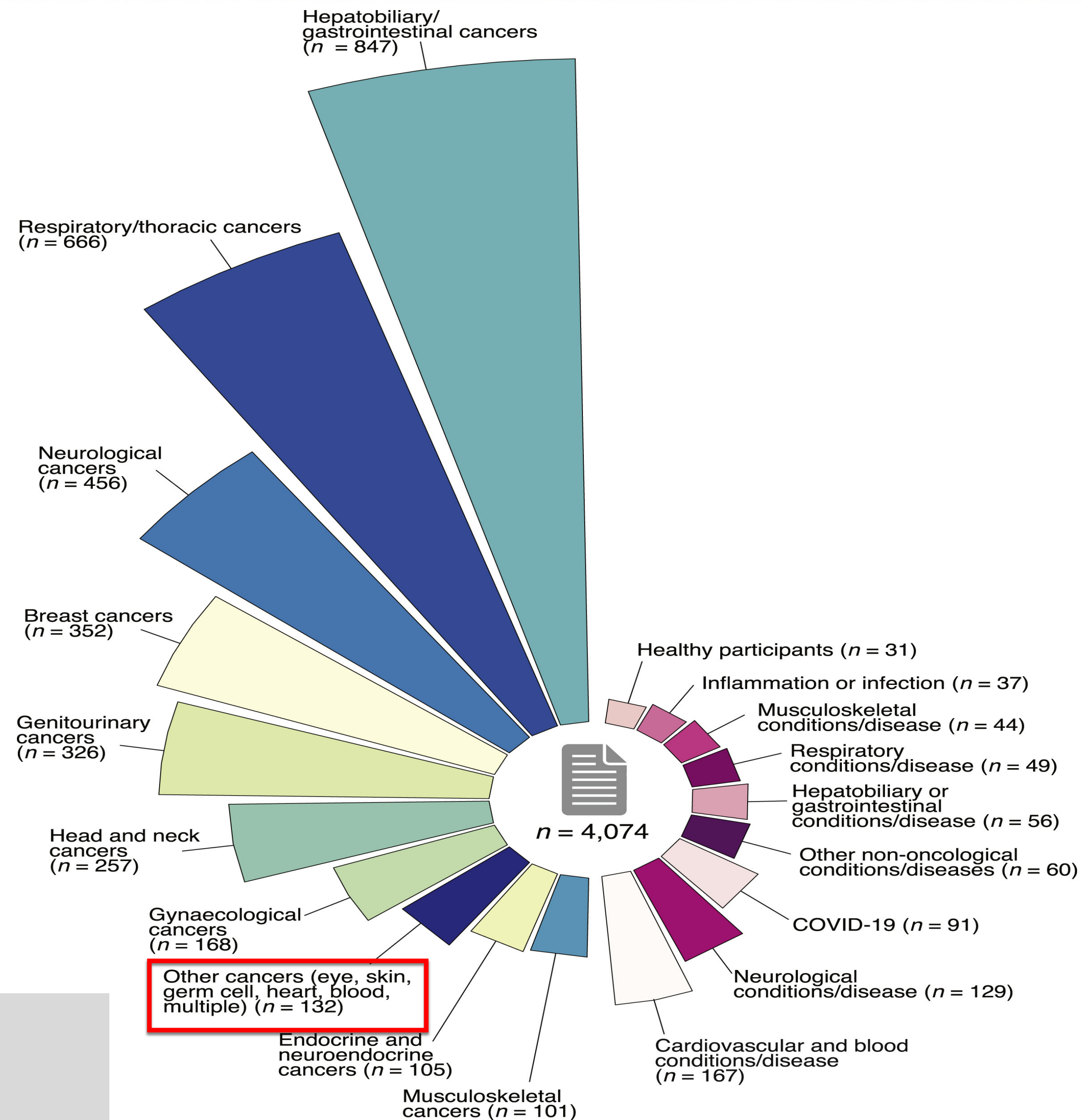
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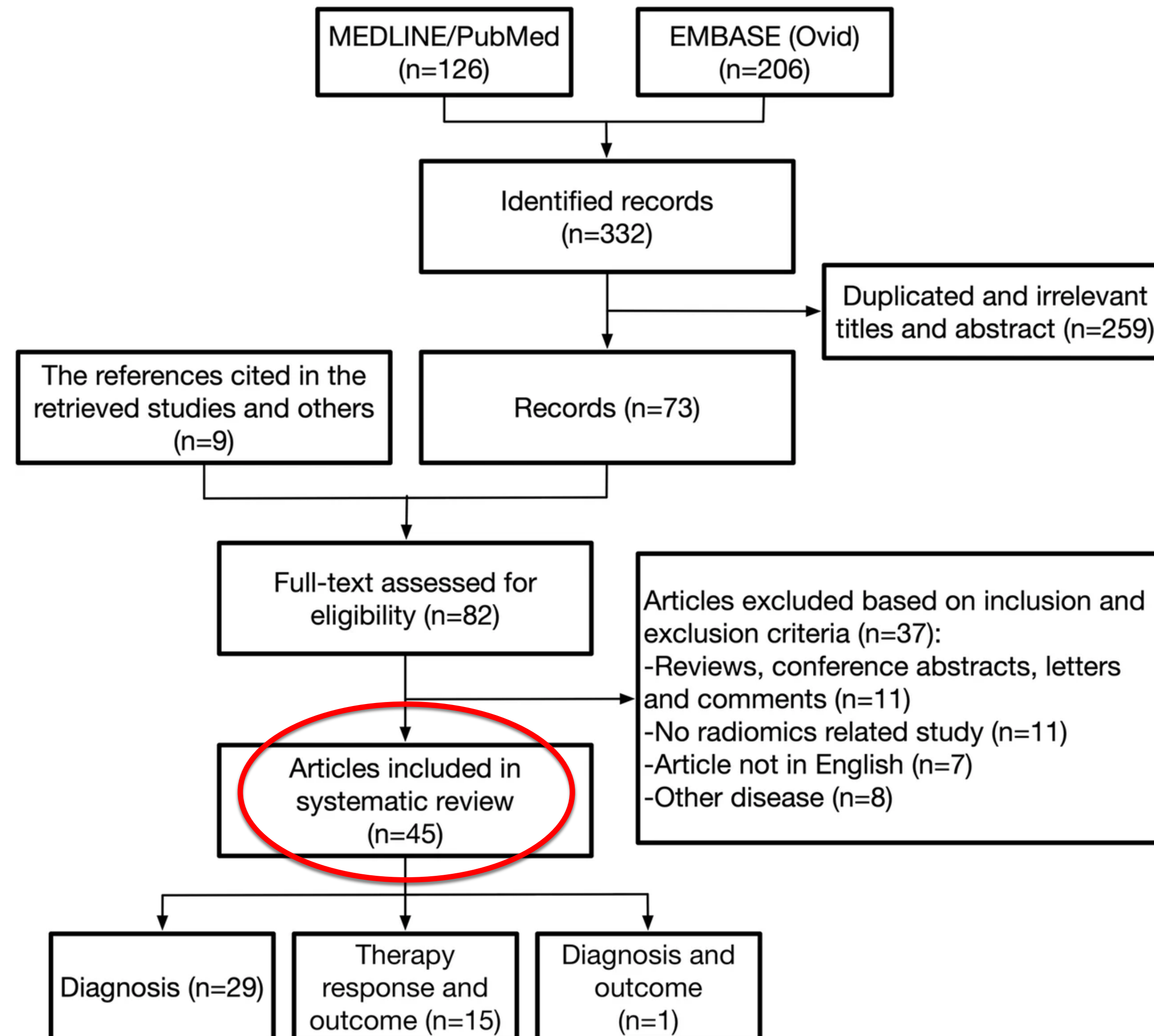
- Cancer type
- Breast
 - Endocrine and neuroendocrine
 - Genitourinary
 - Gynaecological
 - Head and neck
 - Hepatobiliary/gastrointestinal
 - Musculoskeletal
 - Neurological
 - Respiratory/thoracic
 - Other (eye, skin, heart, germ cell, blood, and multiple)
- Non-oncological conditions/disease
- Cardiovascular and blood
 - COVID-19
 - Healthy participants
 - Hepatobiliary or gastrointestinal
 - Inflammation or infection
 - Musculoskeletal
 - Neurological
 - Respiratory
 - Other (endocrine/neuroendocrine, eye, gynaecological, genitourinary, multiple, and age-related conditions)
- * As of May 12, 2022
† Excluding secondary sources and non-disease/non-site-specific technical articles



Clinical Radiology 2023 7883-98 DOI:
(10.1016/j.crad.2022.08.149)

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APPLICAZIONI DI RADIOMICA



Current status and quality of radiomics studies in lymphoma: a systematic review. Wang, H., Zhou, Y., Li, L. *et al.* *Eur Radiol* **30**, 6228–6240 (2020). <https://doi.org/10.1007/s00330-020-06927-1>



Contents lists available at ScienceDirect

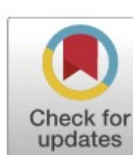
Computer Methods and Programs in Biomedicine

journal homepage: www.elsevier.com/locate/cmpb



Texture analysis and multiple-instance learning for the classification of malignant lymphomas

Marco Lippi^{a,j,k,*}, Stefania Gianotti^a, Angelo Fama^c, Massimiliano Casali^d, Elisa Barboliniⁱ, Angela Ferrari^c, Federica Fioroni^b, Mauro Iori^b, Stefano Luminari^{c,f}, Massimo Menga^g, Francesco Merli^c, Valeria Trojani^h, Annibale Versari^d, Magda Zanelli^e, Marco Bertolini^b



60 patients



Features extracted from PET/CT, combined with multiple-instance machine learning algorithms



Hodgkin's lymphoma, can be identified from texture information: 97.0% of sensitivity and a 94.1% of predictive positive value (precision)

Subtype	Method	VOIs				Patients			
		A	P	R	F ₁	A	P	R	F ₁
DLBCL	ES	–	–	–	–	0.778	0.545	0.667	0.600
	ES + R	–	–	–	–	0.806	0.600	0.667	0.632
	ES _ℓ + R	–	–	–	–	0.778	0.571	0.444	0.500
	IS	0.725	0.317	0.394	0.351	0.667	0.364	0.444	0.400
	IS + R	0.765	0.407	0.530	0.461	0.806	0.583	0.778	0.667
	IS _ℓ + R	0.800	0.379	0.512	0.436	0.833	0.714	0.556	0.625
FL	ES	–	–	–	–	0.833	1.000	0.333	0.500
	ES + R	–	–	–	–	0.778	1.000	0.111	0.200
	ES _ℓ + R	–	–	–	–	0.750	0.000	0.000	0.000
	IS	0.504	0.182	0.291	0.224	0.457	0.143	0.222	0.174
	IS + R	0.553	0.292	0.570	0.386	0.528	0.250	0.444	0.320
	IS _ℓ + R	0.565	0.316	0.560	0.404	0.639	0.357	0.556	0.435
HL	ES	–	–	–	–	0.917	0.875	0.778	0.824
	ES + R	–	–	–	–	0.917	0.875	0.778	0.824
	ES _ℓ + R	–	–	–	–	0.944	0.889	0.889	0.889
	IS	0.728	0.294	0.566	0.387	0.722	0.462	0.667	0.545
	IS + R	0.791	0.384	0.623	0.475	0.861	0.750	0.667	0.706
	IS _ℓ + R	0.818	0.419	0.619	0.500	0.833	0.714	0.556	0.625
MCL	ES	–	–	–	–	0.556	0.360	1.000	0.529
	ES + R	–	–	–	–	0.556	0.360	1.000	0.529
	ES _ℓ + R	–	–	–	–	0.611	0.391	1.000	0.563
	IS	0.662	0.610	0.500	0.550	0.806	0.600	0.667	0.632
	IS + R	0.625	0.550	0.500	0.524	0.722	0.455	0.556	0.500
	IS _ℓ + R	0.593	0.540	0.488	0.513	0.694	0.429	0.667	0.522

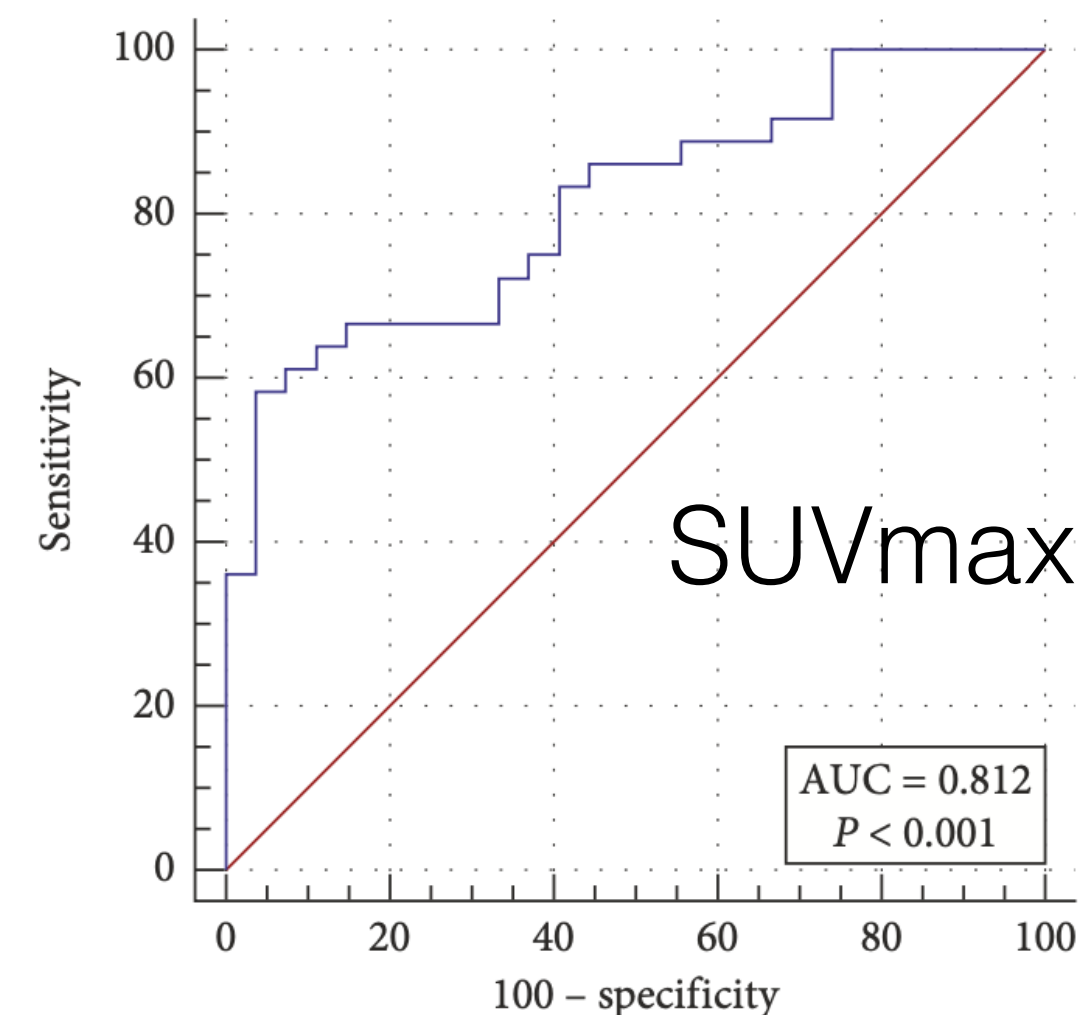
Research Article

Ability of ^{18}F -FDG PET/CT Radiomic Features to Distinguish Breast Carcinoma from Breast Lymphoma

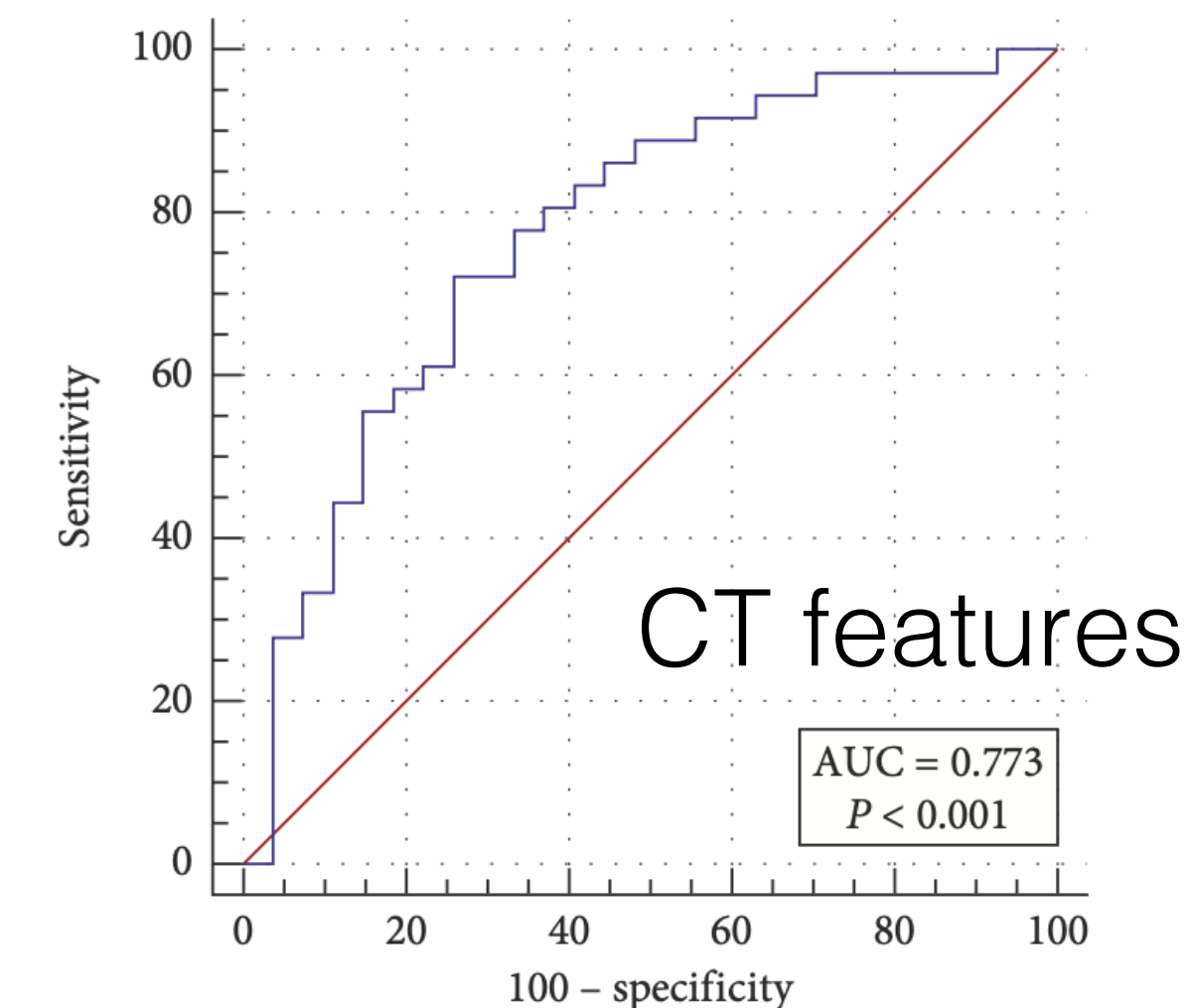
Xuejin Ou,^{1,2} Jian Wang,³ Ruofan Zhou,¹ Sha Zhu,¹ Fuwen Pang,⁴ Yi Zhou,⁴ Rong Tian^{ID},⁴ and Xuelei Ma^{ID}⁵

44 patients: 25 with breast cancer and 19 with lymphoma

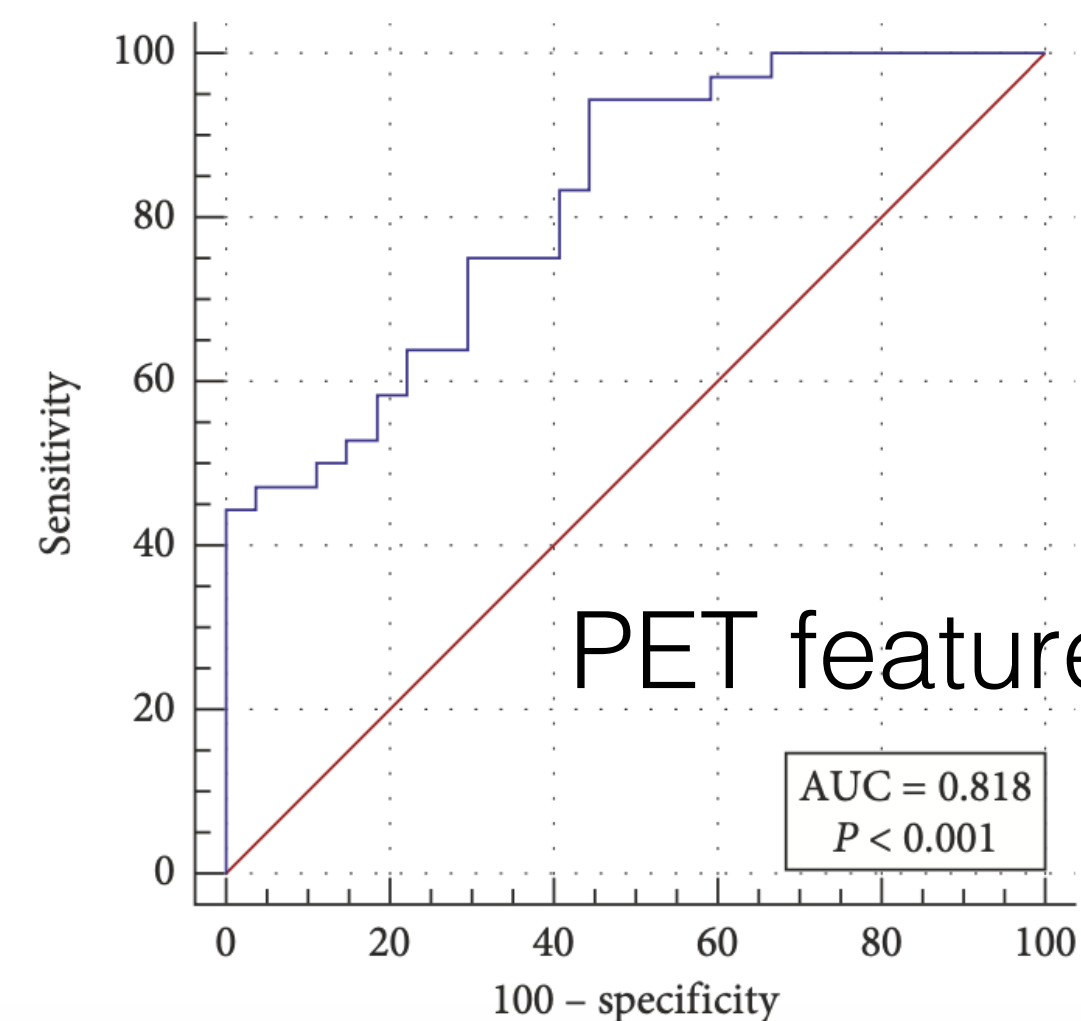
Histogram and texture features were extracted independently from PET and CT images



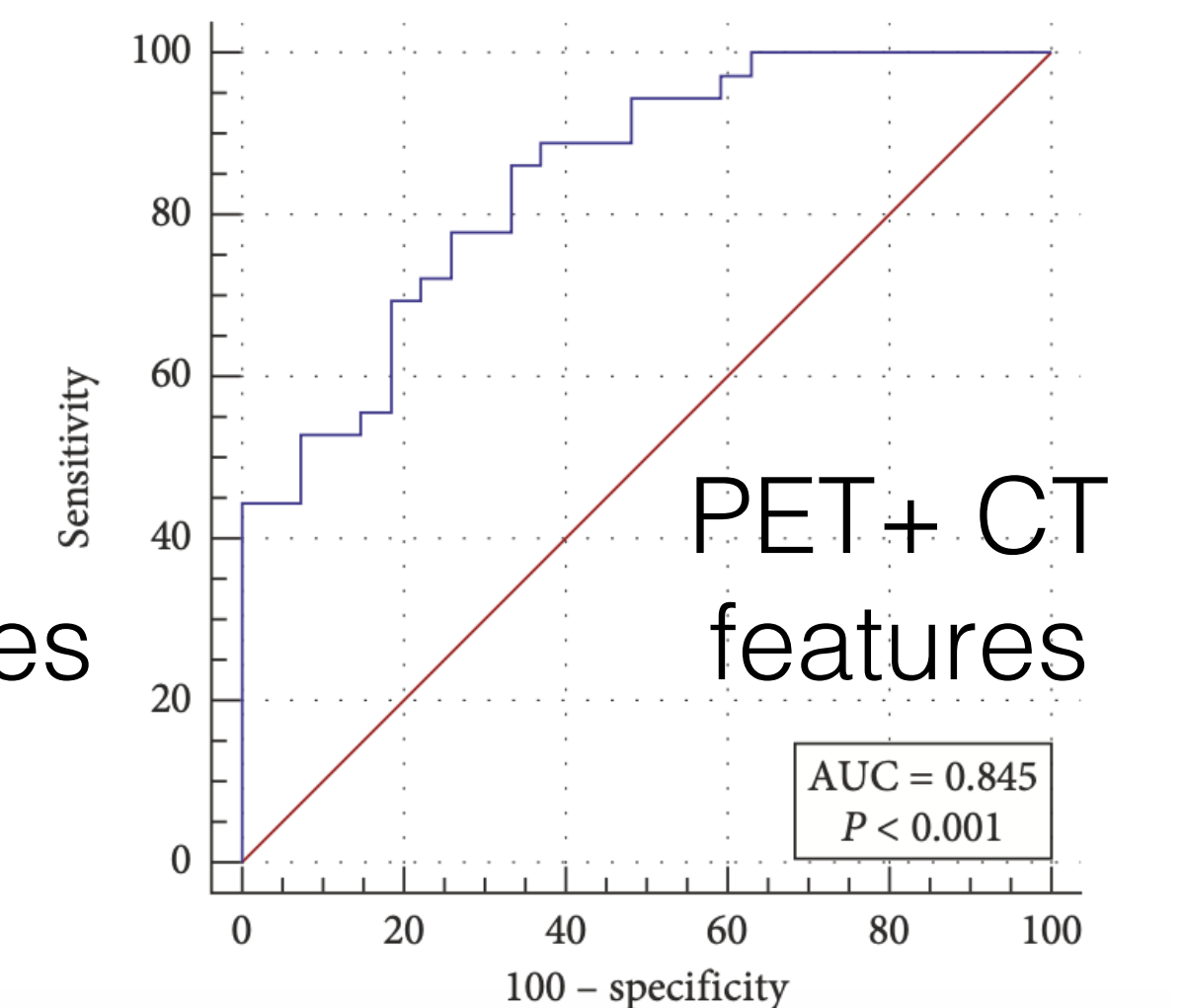
(a)



(b)



(c)



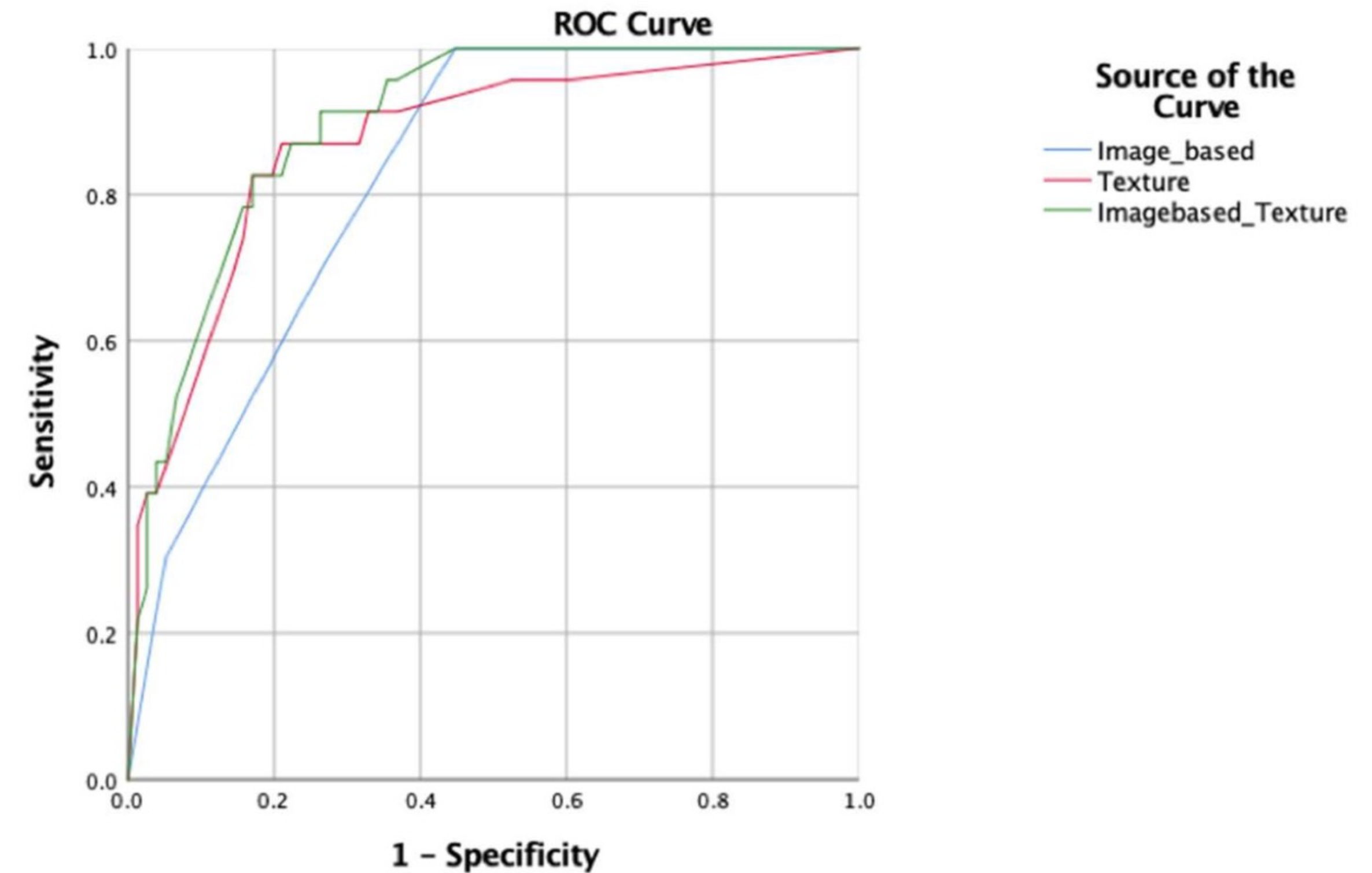
(d)



Three-Dimensional Texture Analysis Based on PET/CT Images to Distinguish Hepatocellular Carcinoma and Hepatic Lymphoma

Hanyue Xu^{1,2}, Wen Guo², Xiwei Cui², Hongyu Zhuo³, Yinan Xiao², Xuejin Ou², Yunuo Zhao², Tao Zhang² and Xuelei Ma^{1,3*}

99 patients: HCC ($n = 76$) and HL ($n = 23$)
Histological confirmation as gold standart



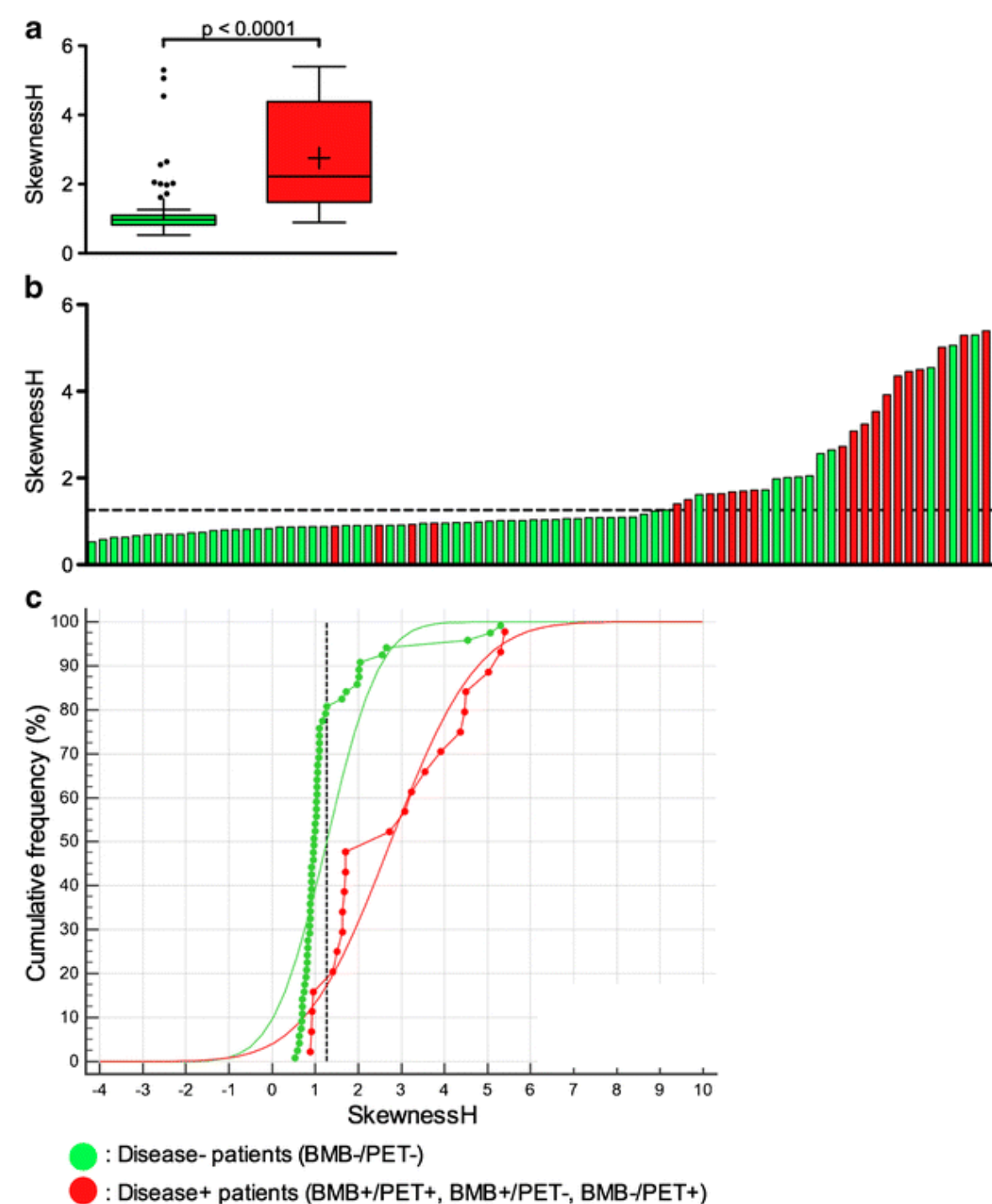
	AUC	SENSITIVITY	SENSIBILITY
SUVmax	0.822	0.696	0.737
Texture	0.870	0.913	0.776
SUVmax + Texture	0.898	0.913	0.776

Original Article | [Open Access](#) | [Published: 07 December 2017](#)

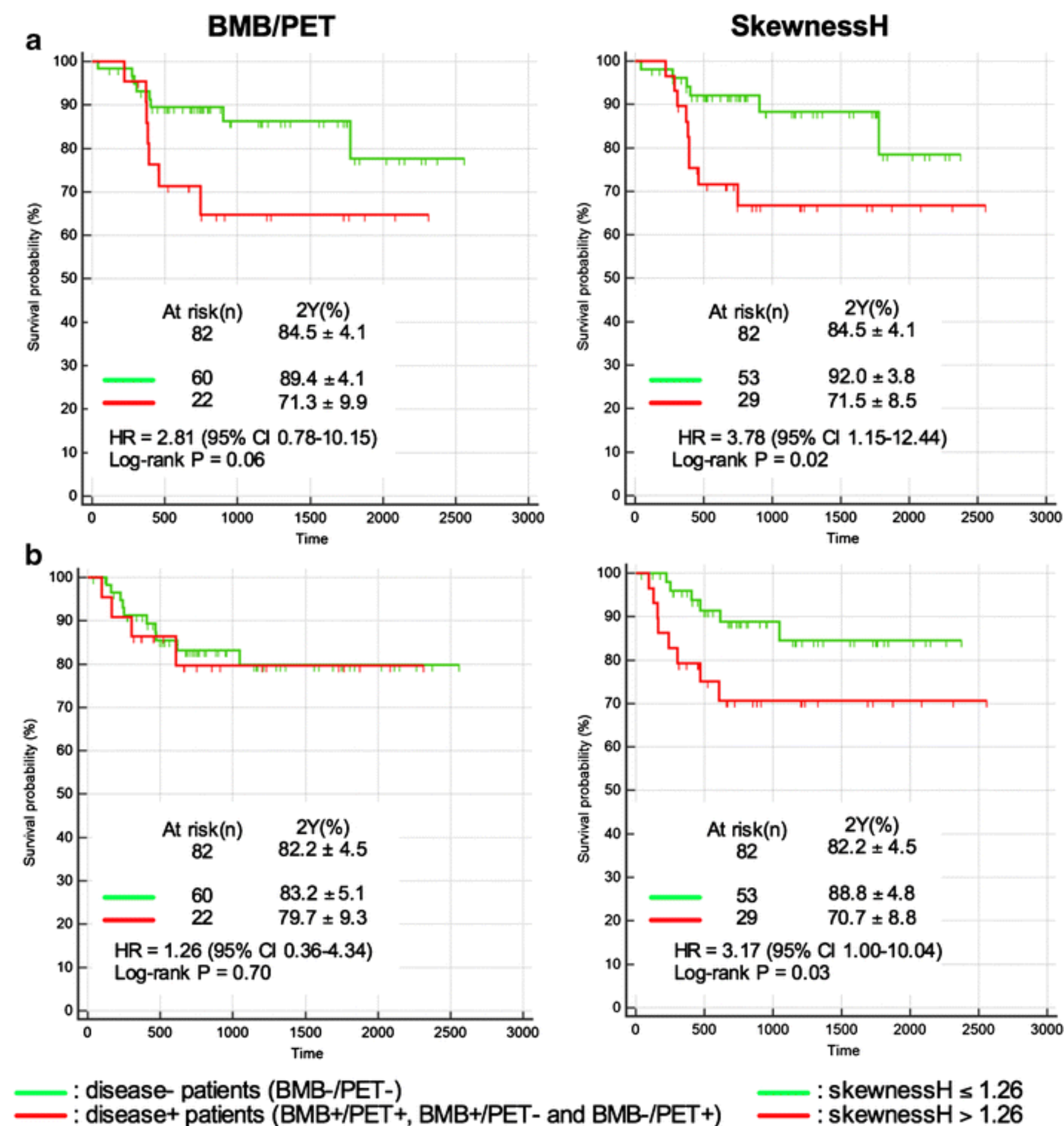
Diagnostic and prognostic value of baseline FDG PET/CT skeletal textural features in diffuse large B cell lymphoma

[Nicolas Aide](#), [Marjolaine Talbot](#), [Christophe Fruchart](#), [Gandhi Damaj](#) & [Charline Lasnon](#) ✉

[European Journal of Nuclear Medicine and Molecular Imaging](#) **45**, 699–711 (2018) | [Cite this article](#)



82 DLBCL patients
BM and PET as gold
standart



> [Cancers \(Basel\)](#). 2020 May 2;12(5):1138. doi: 10.3390/cancers12051138.

[18F]FDG-PET/CT Radiomics for Prediction of Bone Marrow Involvement in Mantle Cell Lymphoma: A Retrospective Study in 97 Patients

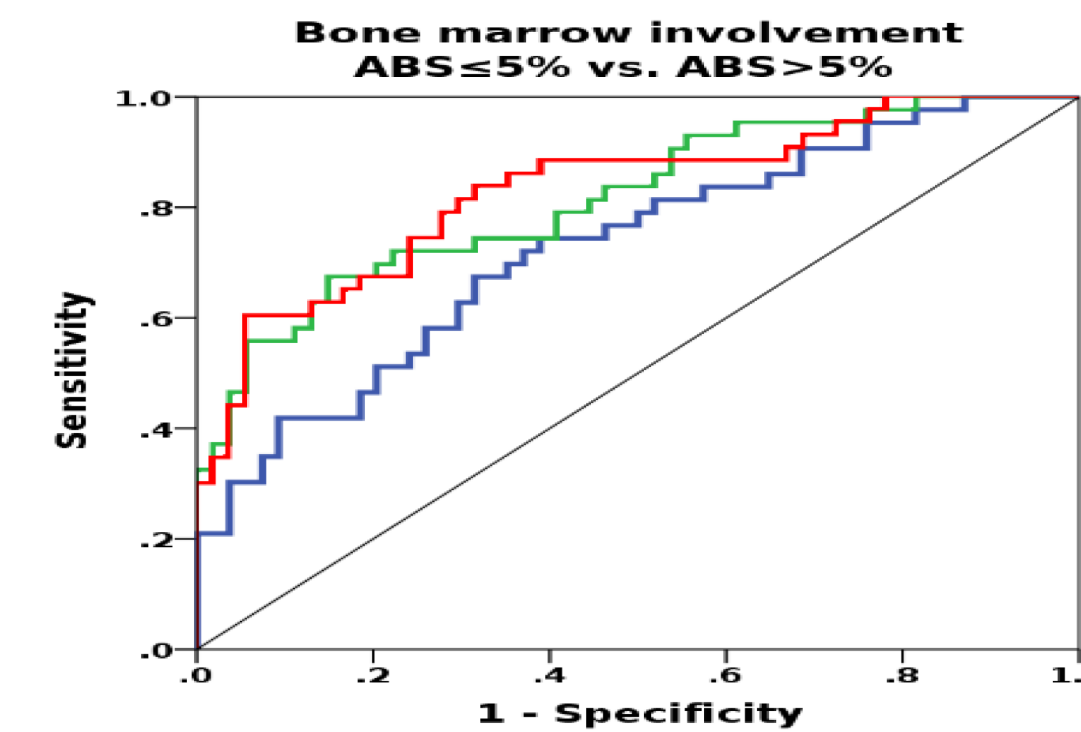
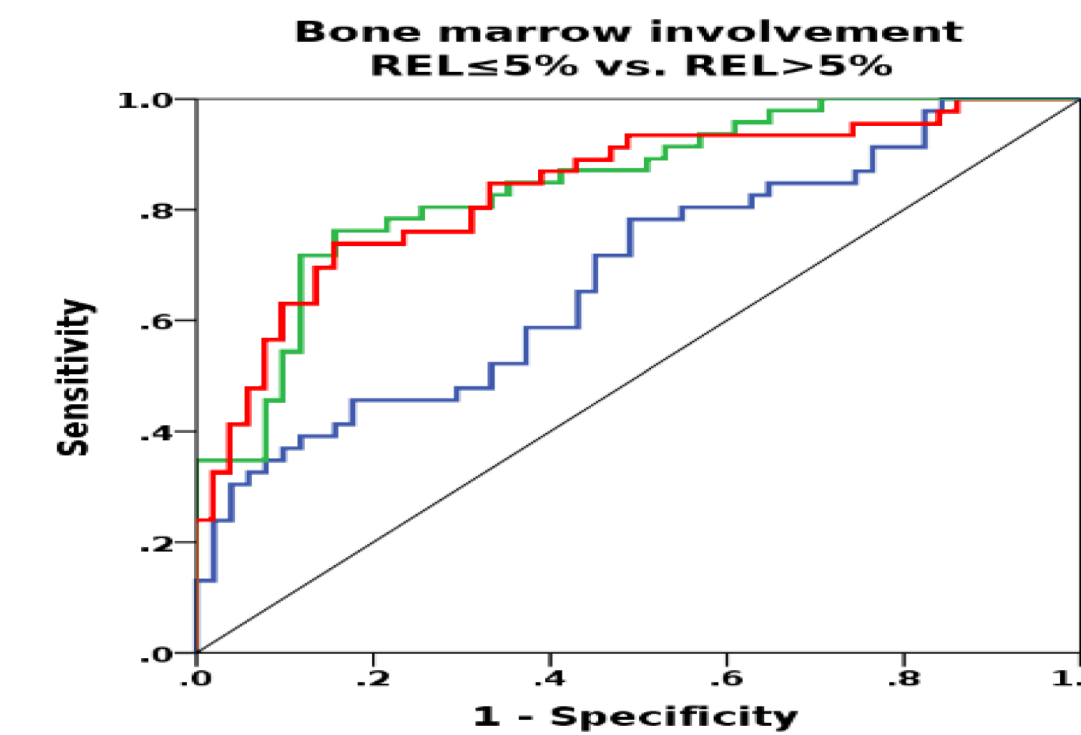
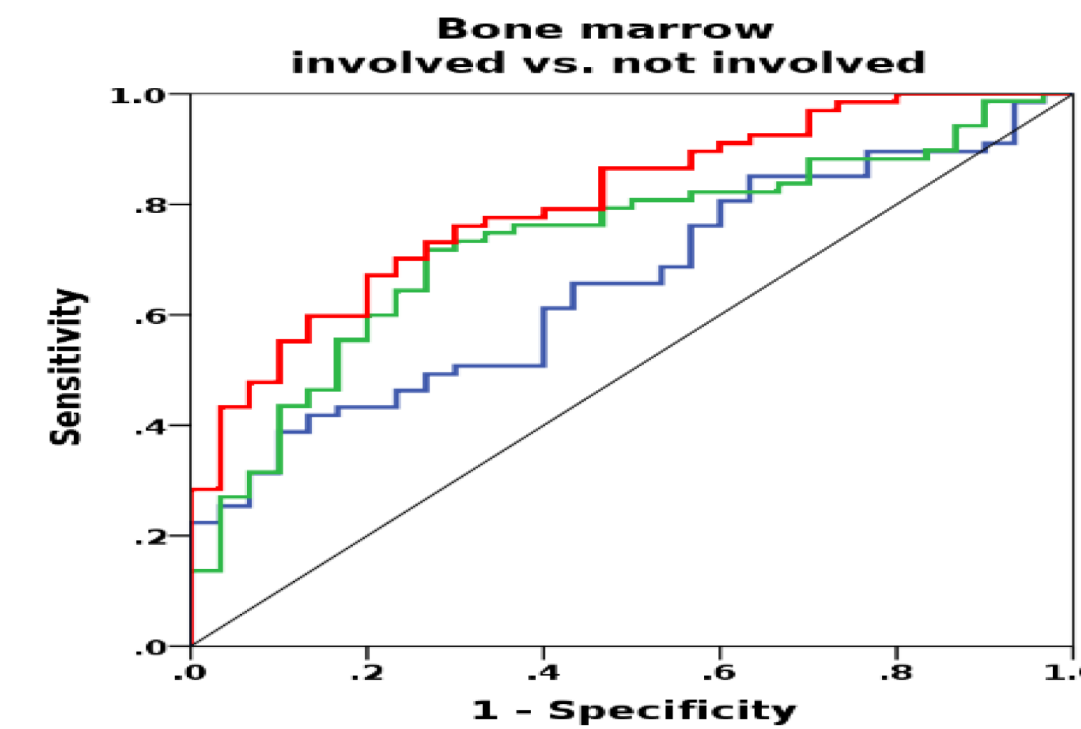
Marius E Mayerhoefer^{1,2}, Christopher C Riedl¹, Anita Kumar³, Ahmet Dogan⁴, Peter Gibbs¹, Michael Weber², Philipp B Staber⁵, Sandra Huicochea Castellanos¹, Heiko Schöder¹

97 patients with MCL (70% training and 30% validation)
BM as gold standart

SUVs alone: AUC of up to 0.66

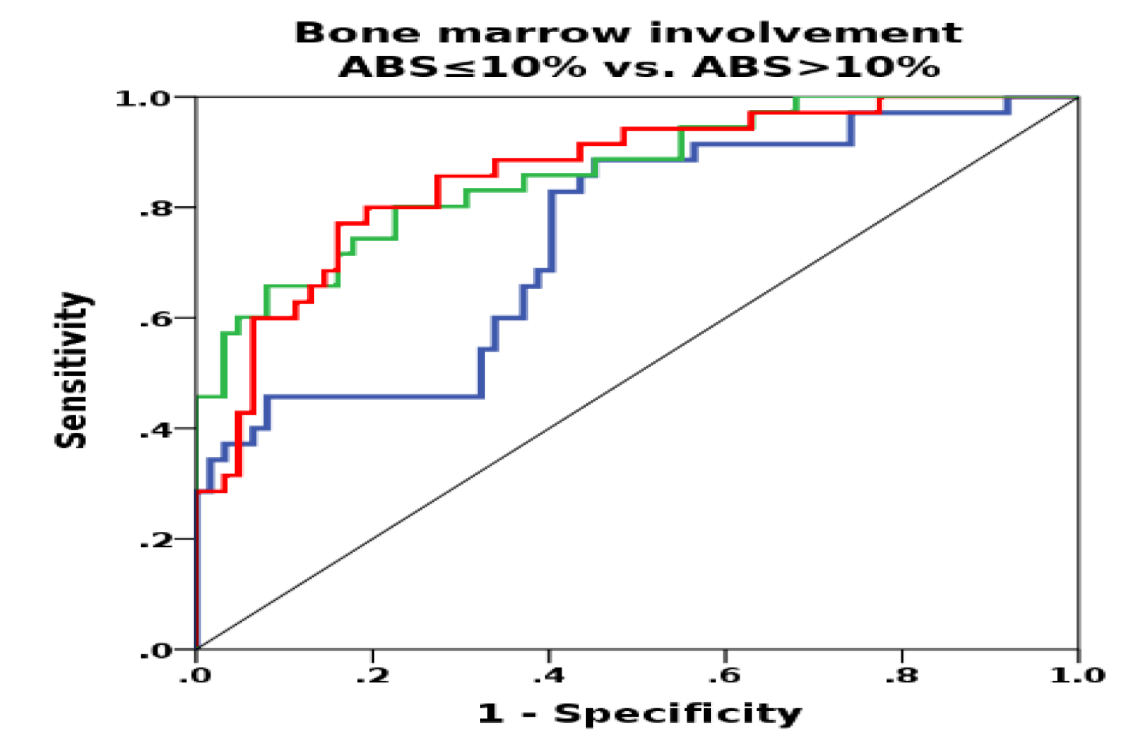
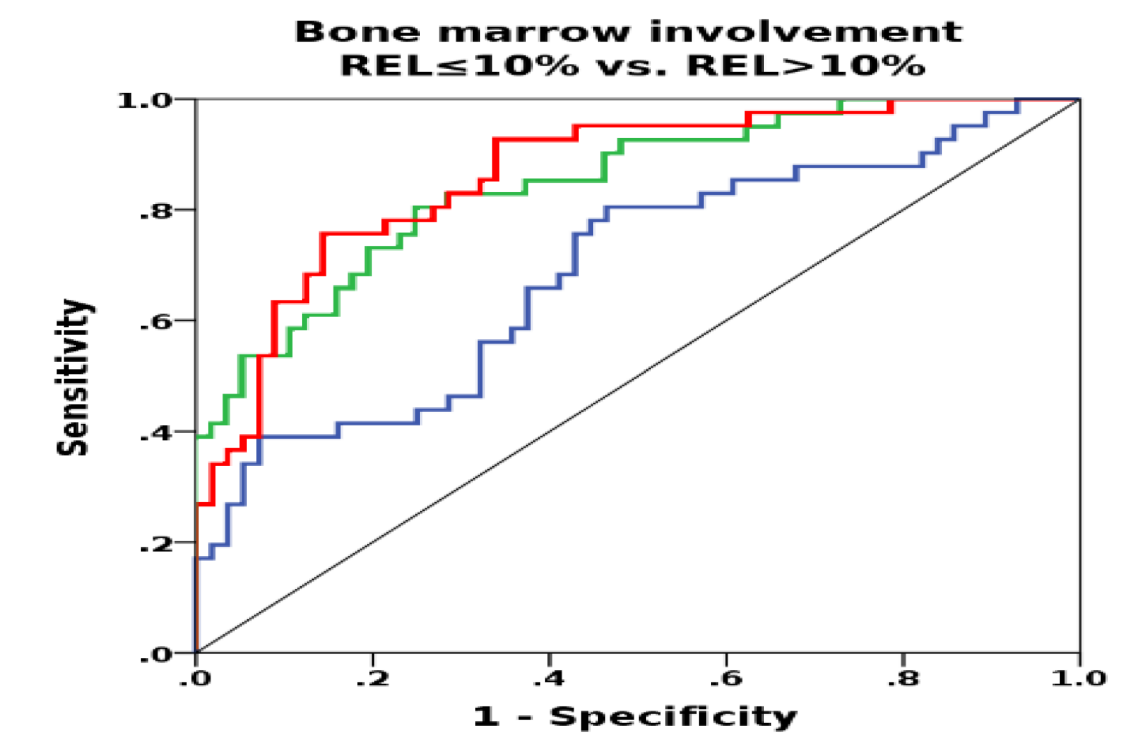
16 GLCM features : AUC of up to 0.73

radiomic + lab (WBC and LDH): AUC of up to 0.81



MLP-NN pairwise classification

— SUVs
— Radiomic signature
— Radiomic signature + lab data



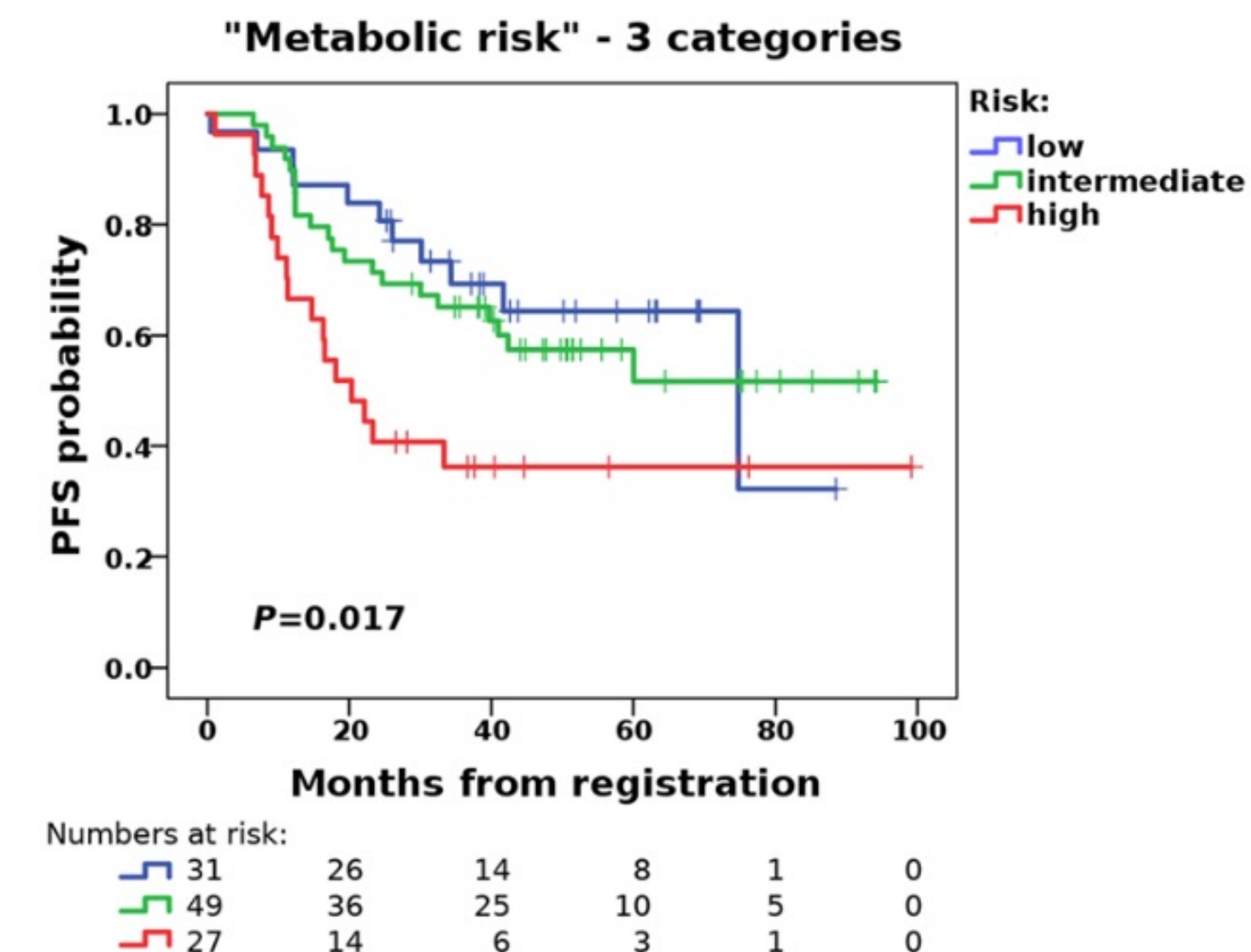
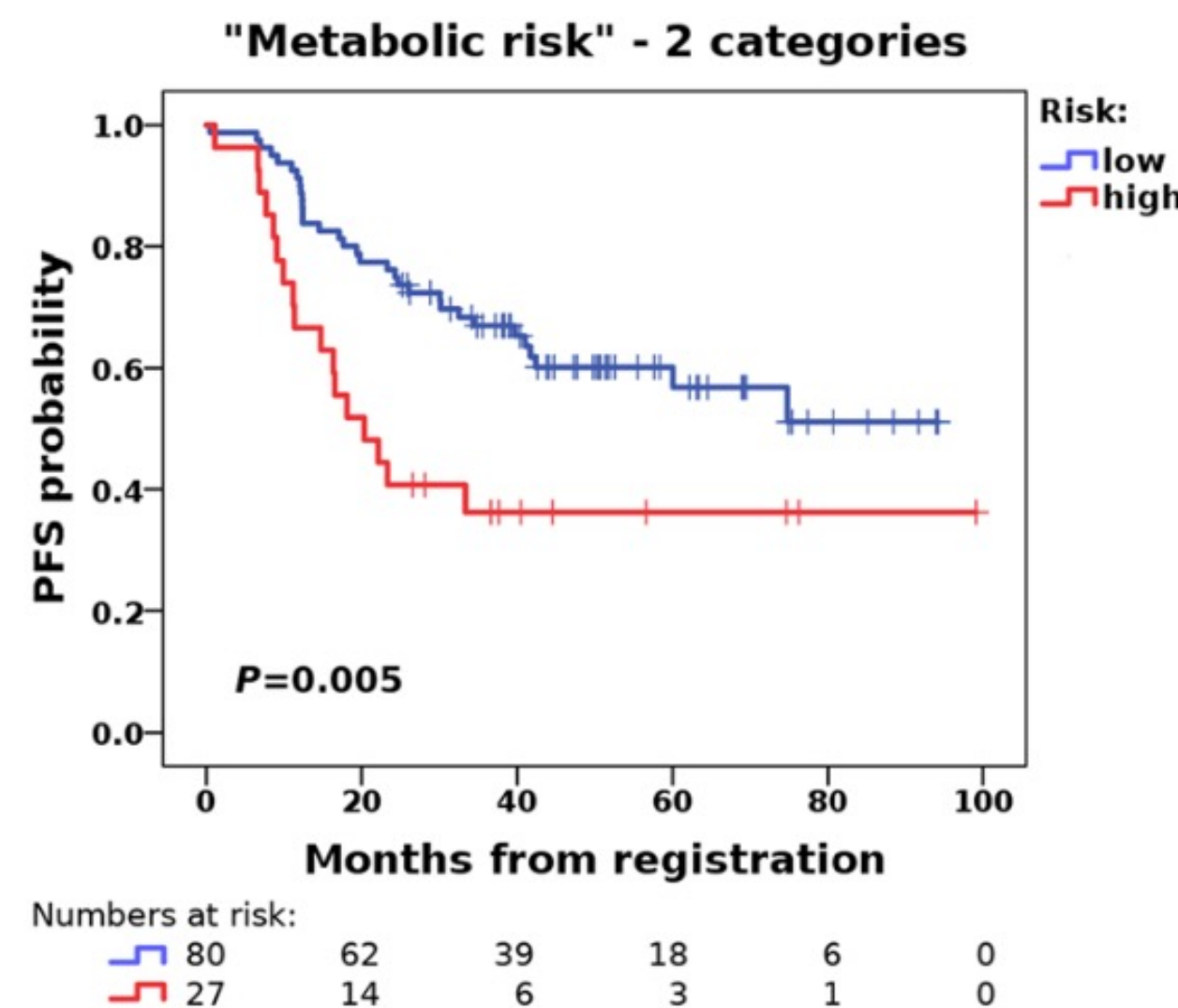
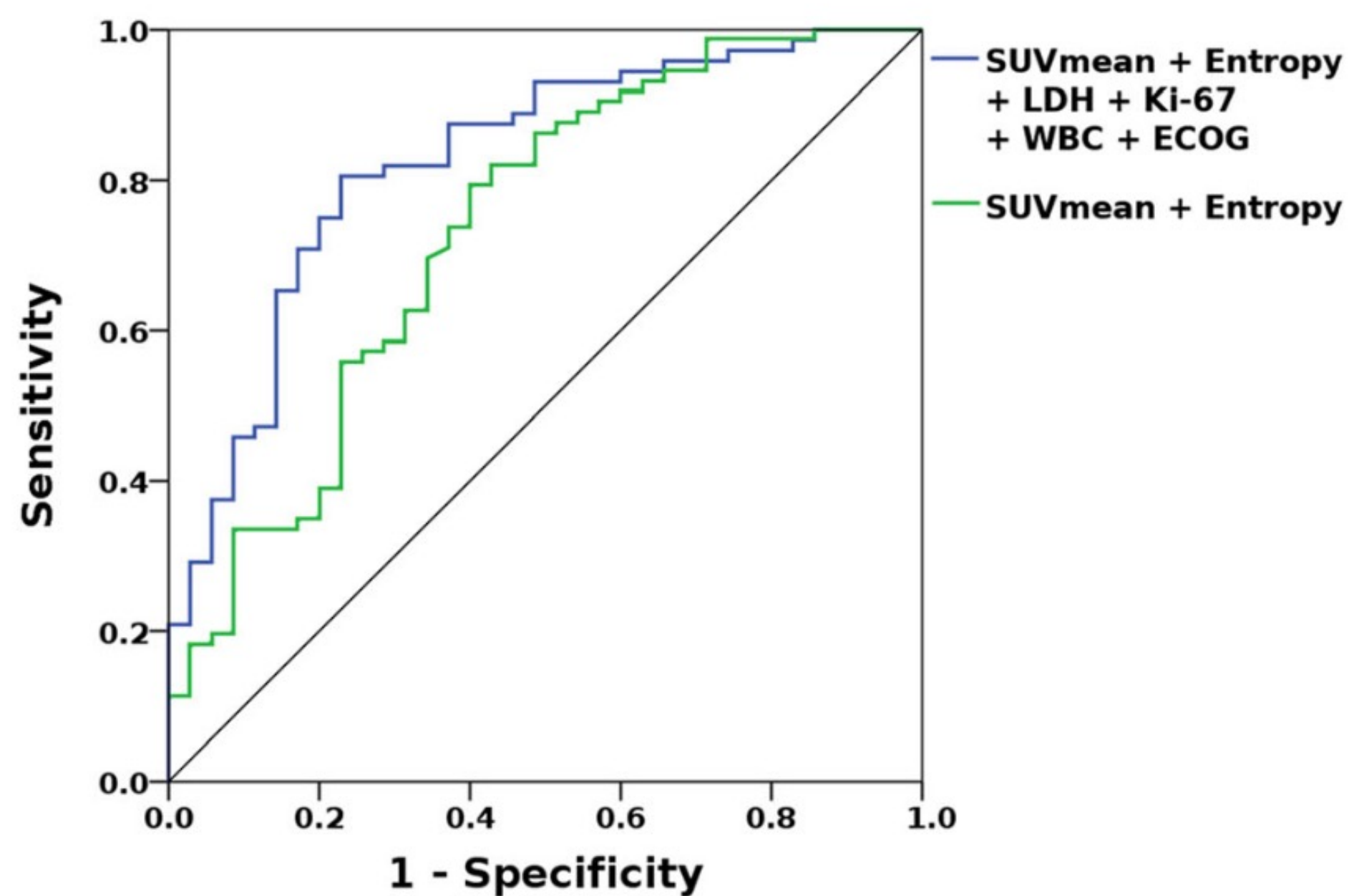


Radiomic features of glucose metabolism enable prediction of outcome in mantle cell lymphoma

Marius E. Mayerhoefer^{1,2} · Christopher C. Riedl¹ · Anita Kumar³ · Peter Gibbs¹ · Michael Weber² · Ilan Tal⁴ · Juliana Schilksy¹ · Heiko Schöder¹

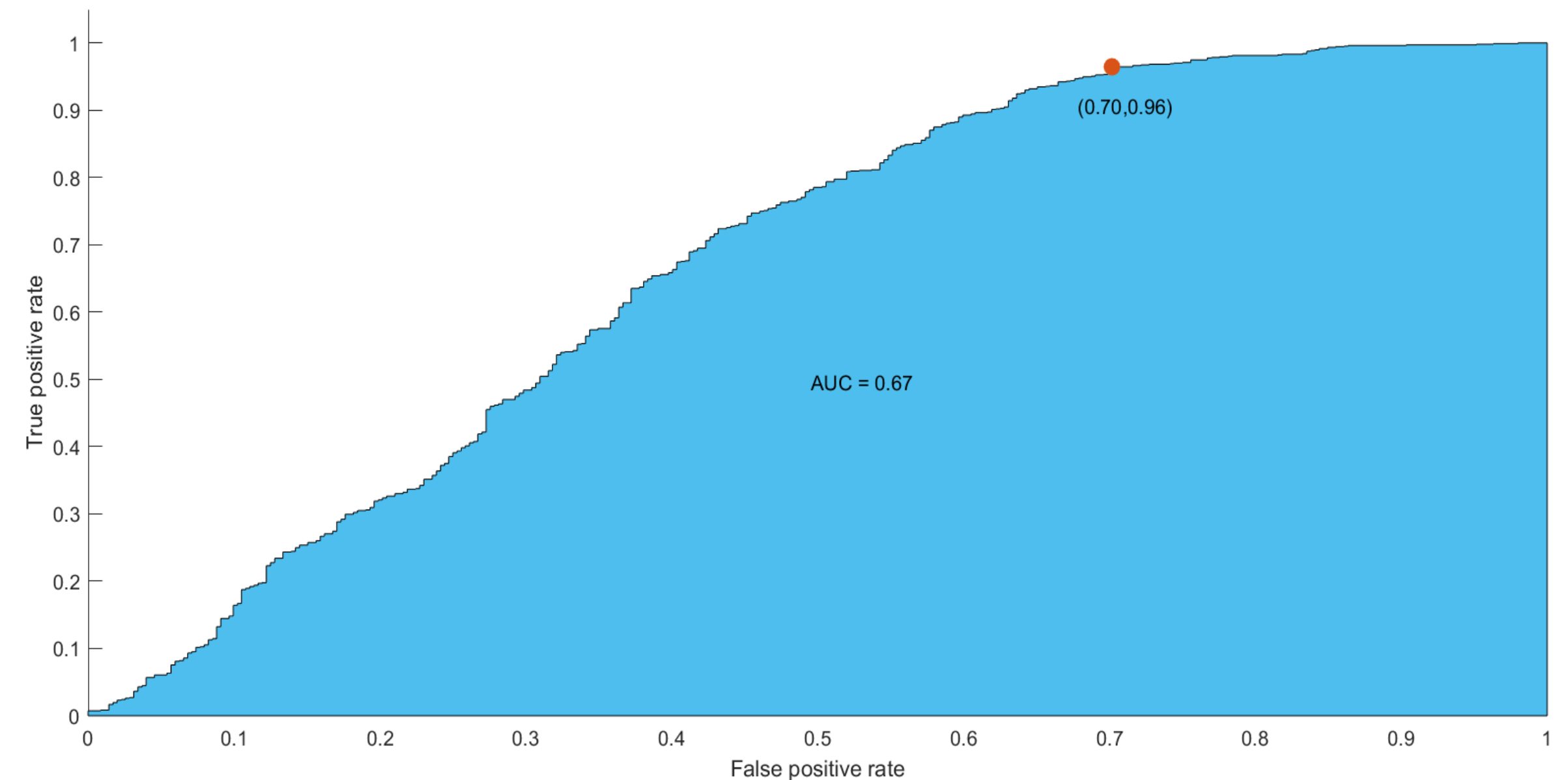
107 patients with MCL
 (70% training and 30% validation)

SUVmean (P = 0.013) and Entropy (heterogeneity of glucose metabolism; p=0.027) were significantly predictive of 2-year PFS



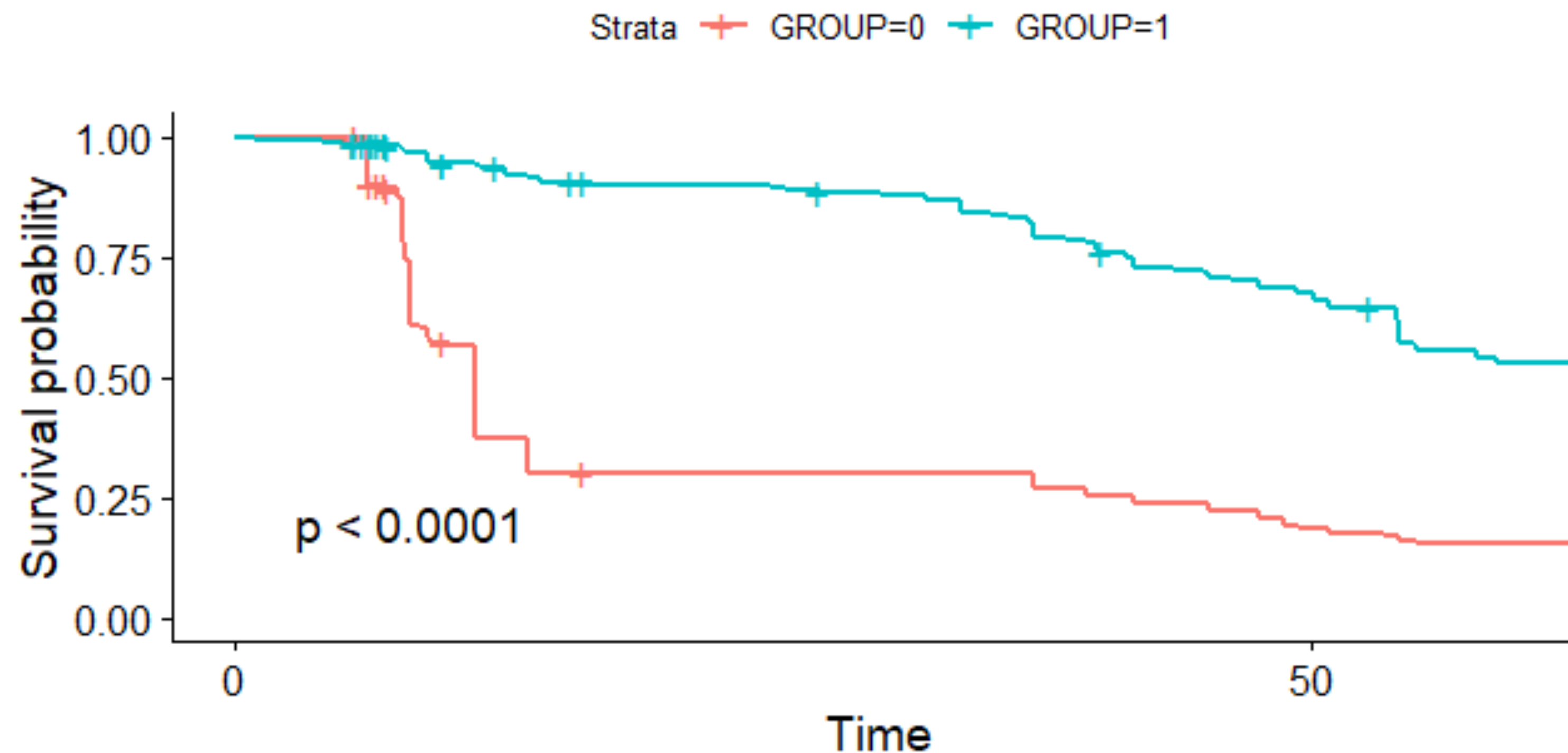
A radiomic signature based on features extracted from baseline 18F-FDG PET/CT predicts 2-year PFS in Hodgkin Lymphoma patients

- A total of 1503 radiomic features were extracted, including shape-based features, first-order histogram features, high-order textural features, and wavelet-filtered features.
- Based on the LASSO regression analysis, 6 wavelet image-filtered features resulted significant and selected to establish the radiomic signature
- The radiomics model showed an AUC of 0.67 (CI 0.64-0.71) with true positive rate of 96% and false positive rate of 70%



A radiomic signature based on features extracted from baseline 18F-FDG PET/CT predicts 2-year PFS in Hodgkin Lymphoma patients

➤ 2-year PFS 74.9% (95% CI 72.7% - 77.2%)



Durmo et al. Eur J Nucl Med Mol Imaging (2021) 48 (Suppl 1): S1–S648DOI: 10.1007/s00259-021-05547-1

Milano, 14-15 aprile 2023

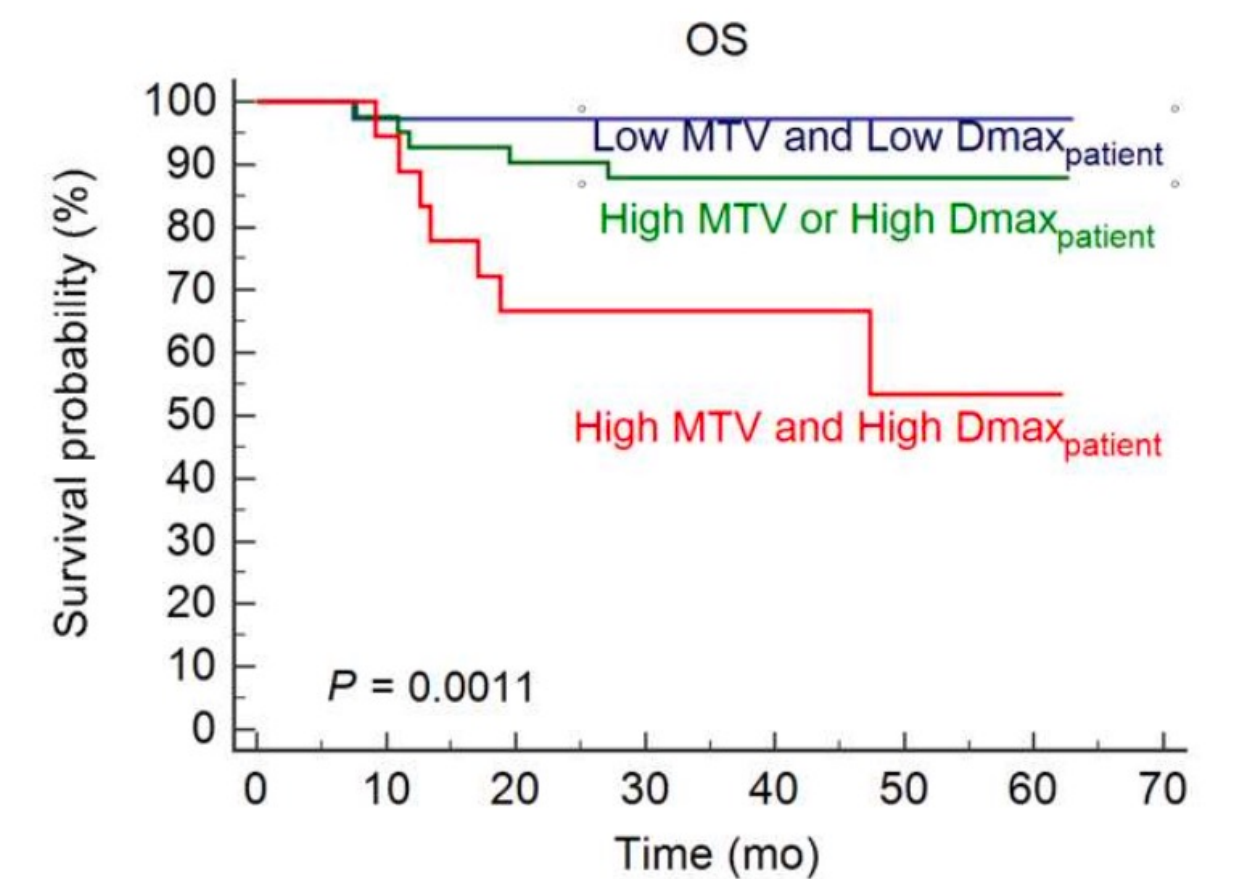
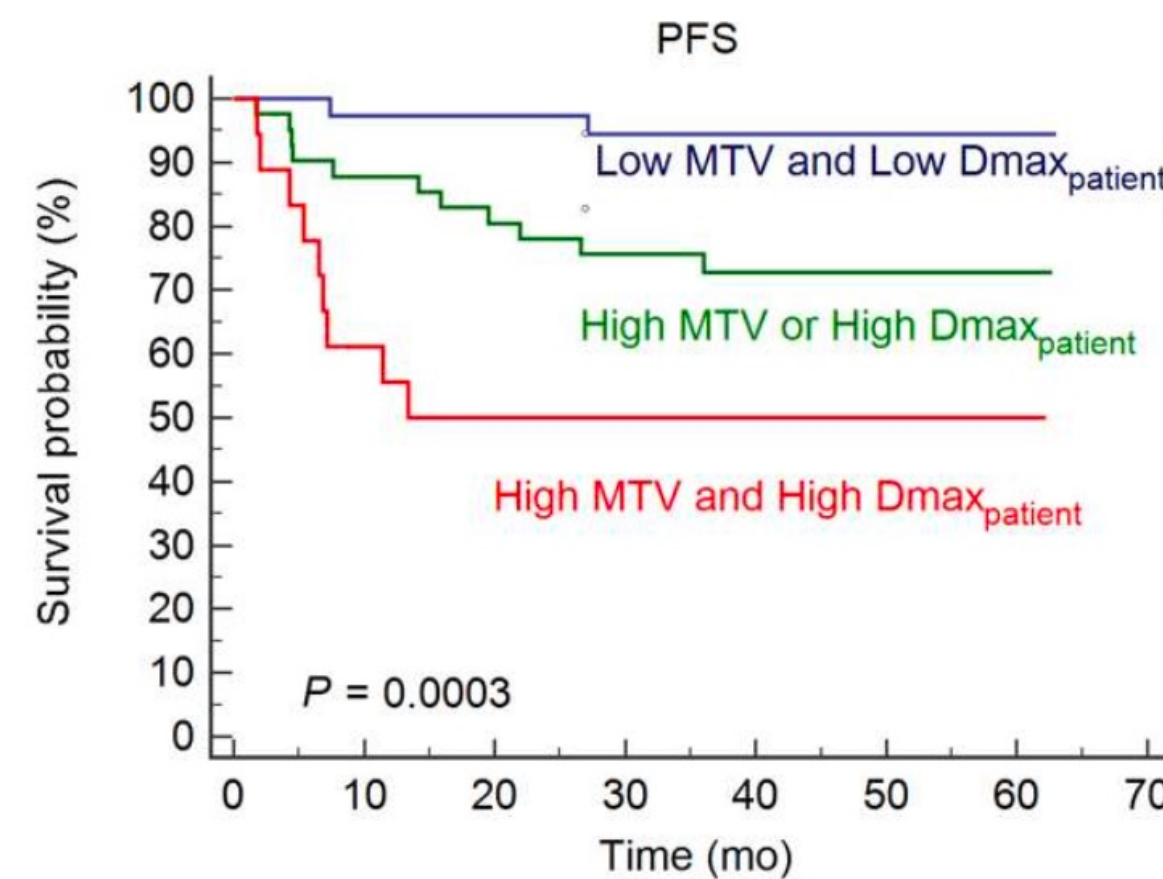
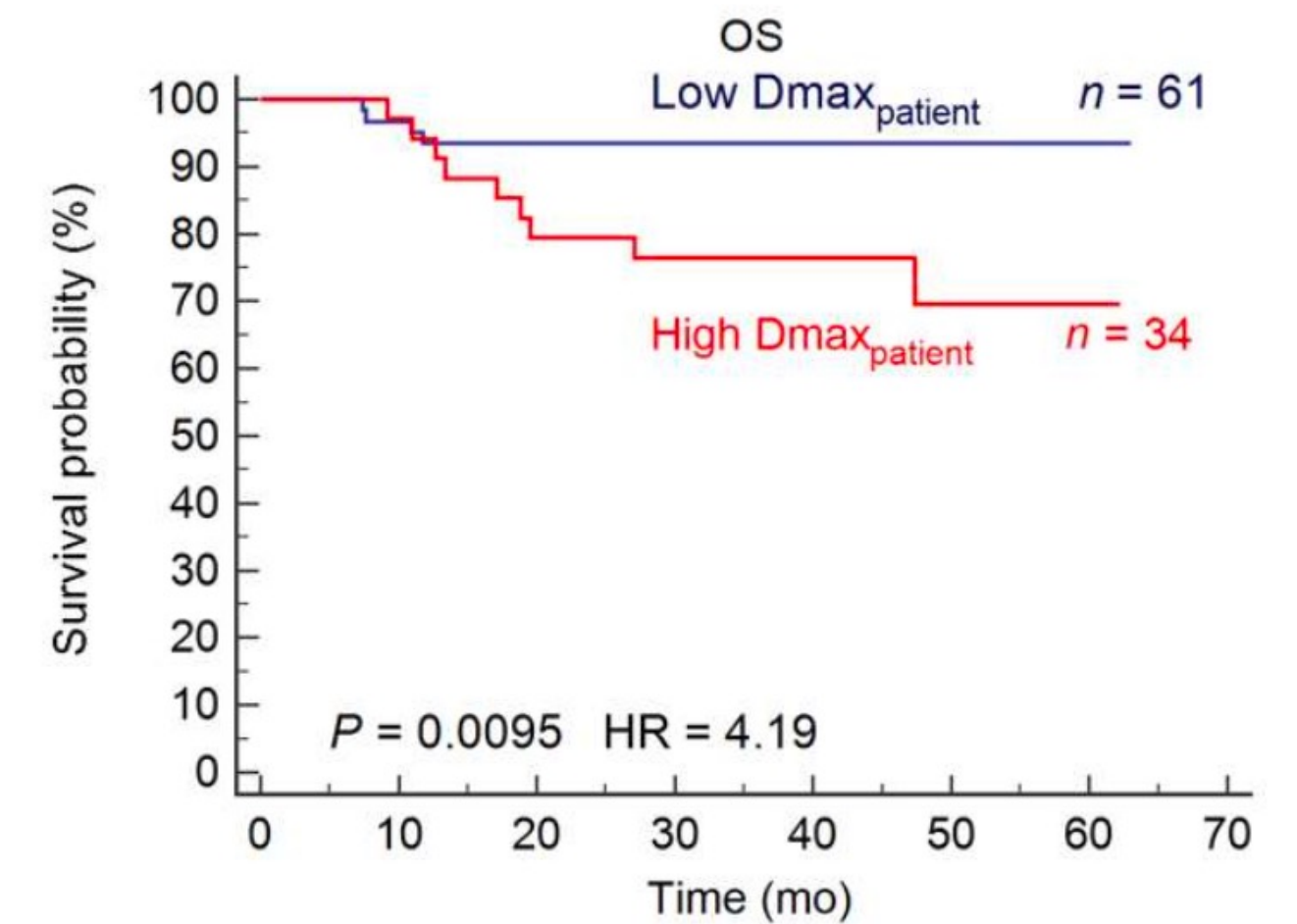
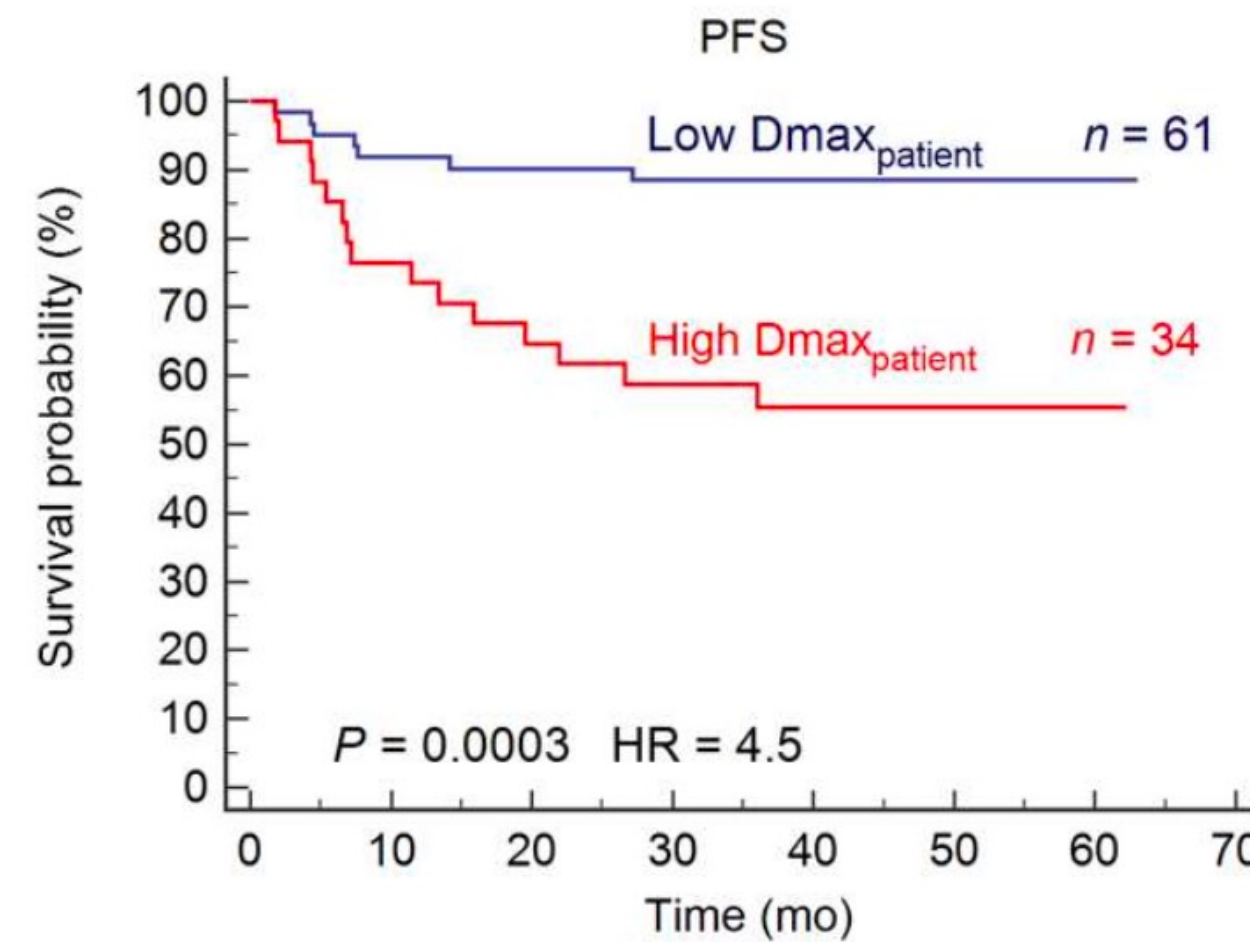


¹⁸F-FDG-PET dissemination features in diffuse large B cell lymphoma are prognostic outcome

Anne-Segolene Cottreau, Christophe Nioche, Anne-Sophie Dirand, Jerome Clerc, Franck Morschhauser, Olivier Casanovas, Michel A. Meignan and Irene Buvat

J Nucl Med.
Published online: June 14, 2019.
Doi: 10.2967/jnumed.119.229450

n=95 DLBCL patients
Median MTV= 375 cm³
Median Dmax = 45 cm



[Hematol Oncol](#). 2022 Oct; 40(4): 645–657.

PMCID: PMC9796042

Published online 2022 May 30. doi: [10.1002/hon.3025](https://doi.org/10.1002/hon.3025)

PMID: [35606338](https://pubmed.ncbi.nlm.nih.gov/35606338/)

Prognostic value of lesion dissemination in doxorubicin, bleomycin, vinblastine, and dacarbazine-treated, interimPET-negative classical Hodgkin Lymphoma patients: A radio-genomic study

[Rexhep Durmo](#),^{1,2} [Benedetta Donati](#),³ [Louis Rebaud](#),^{4,5} [Anne Segolene Cottreau](#),⁶ [Alessia Ruffini](#),⁷ [Maria Elena Nizzoli](#),⁷ [Sabino Ciavarella](#),⁸ [Maria Carmela Vegliante](#),⁸ [Christophe Nioche](#),⁴ [Michel Meignan](#),⁹ [Francesco Merli](#),⁷ [Annibale Versari](#),¹ [Alessia Ciarrocchi](#),³ [Irene Buvat](#),⁴ and [Stefano Luminari](#)^{7,10}

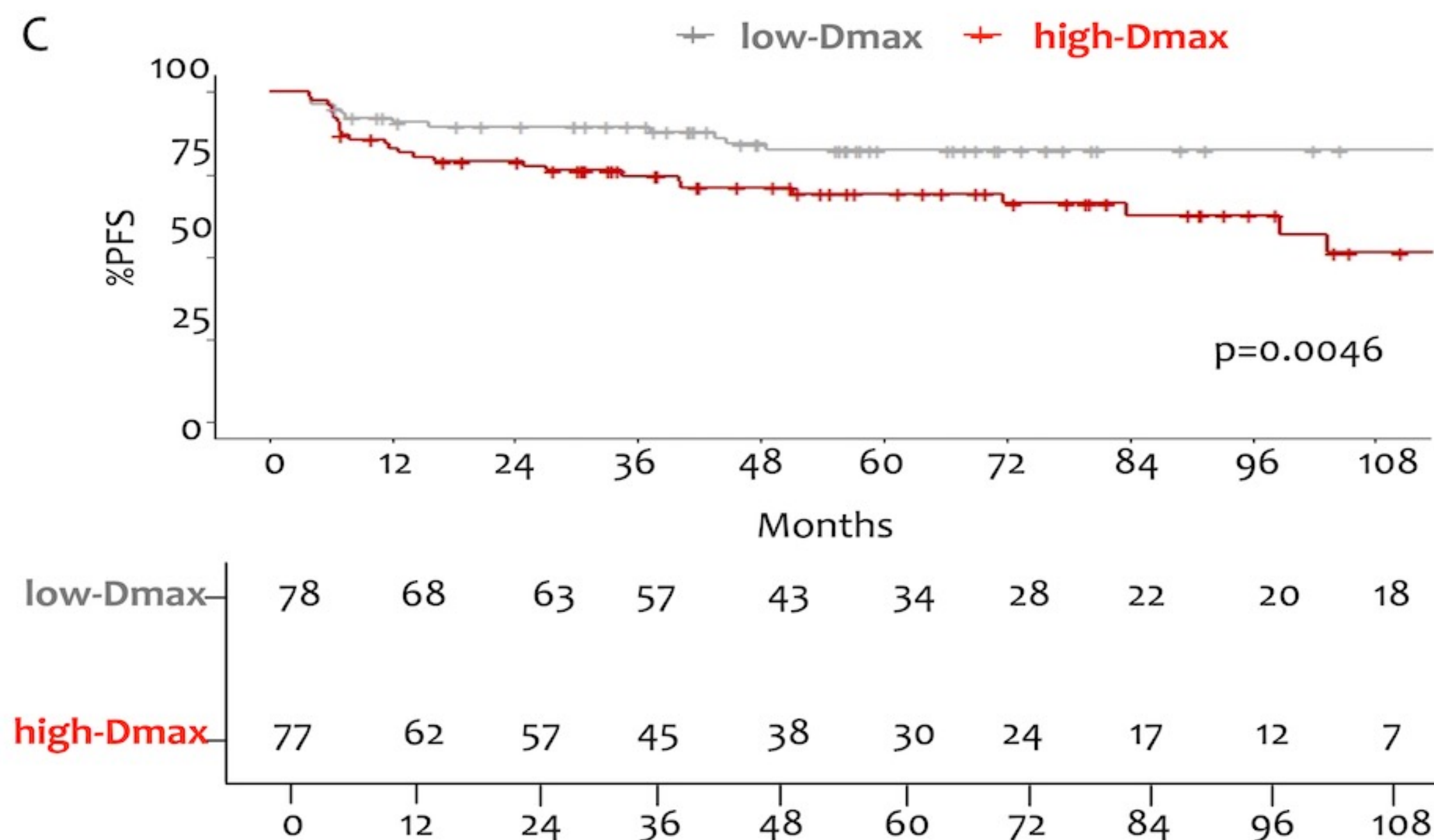
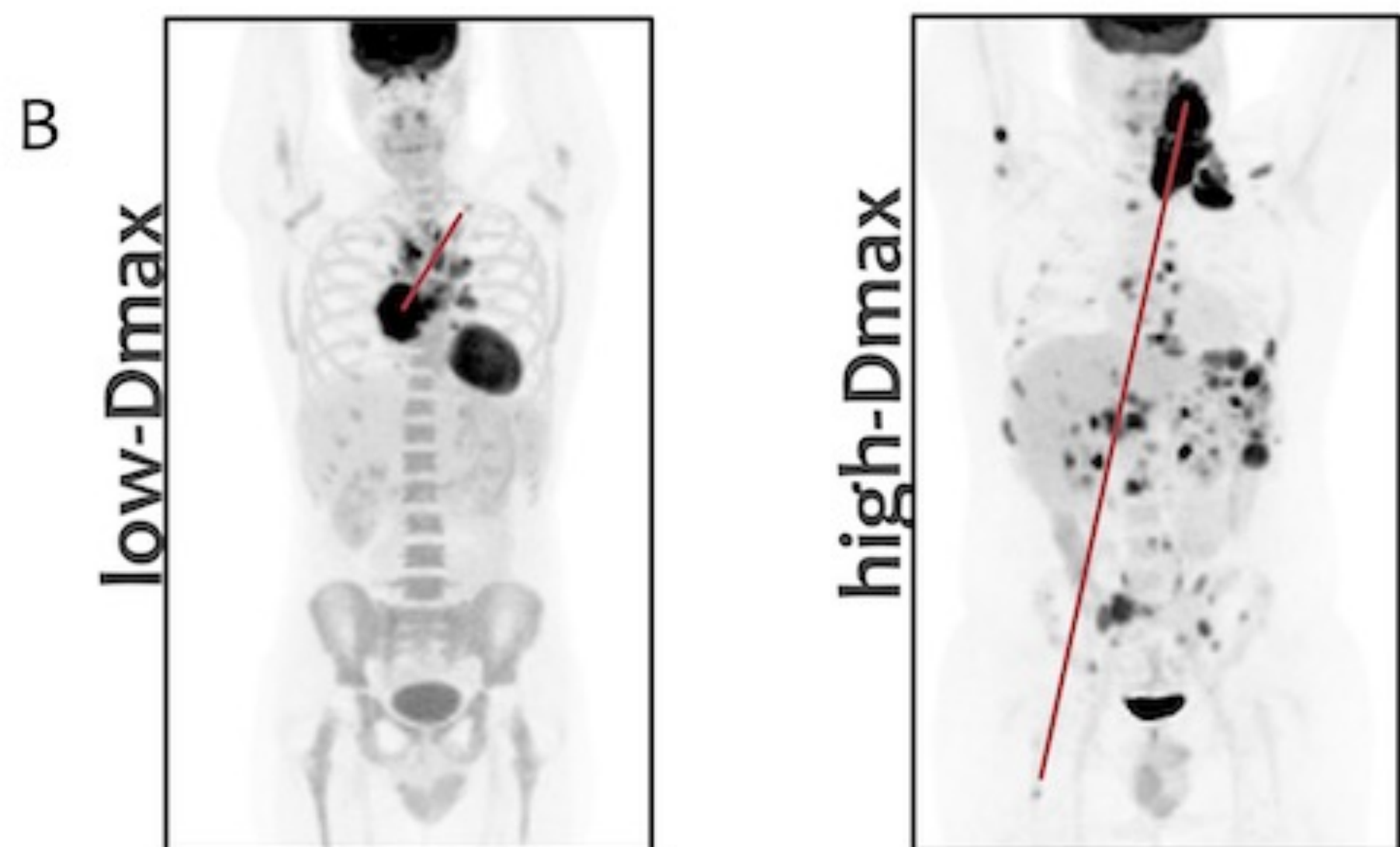
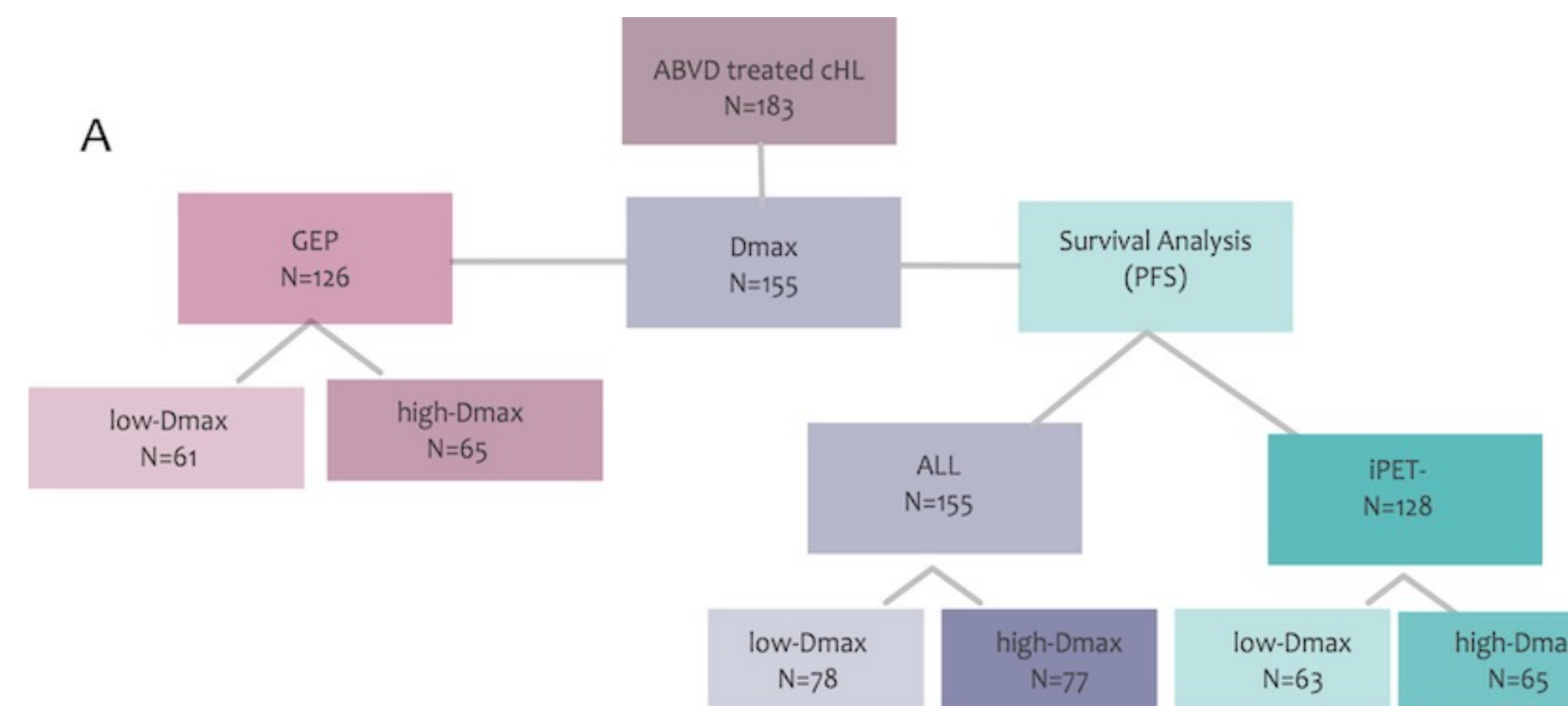


FIGURE 4

[Hematol Oncol.](#) 2022 Oct; 40(4): 645–657.

PMCID: PMC9796042

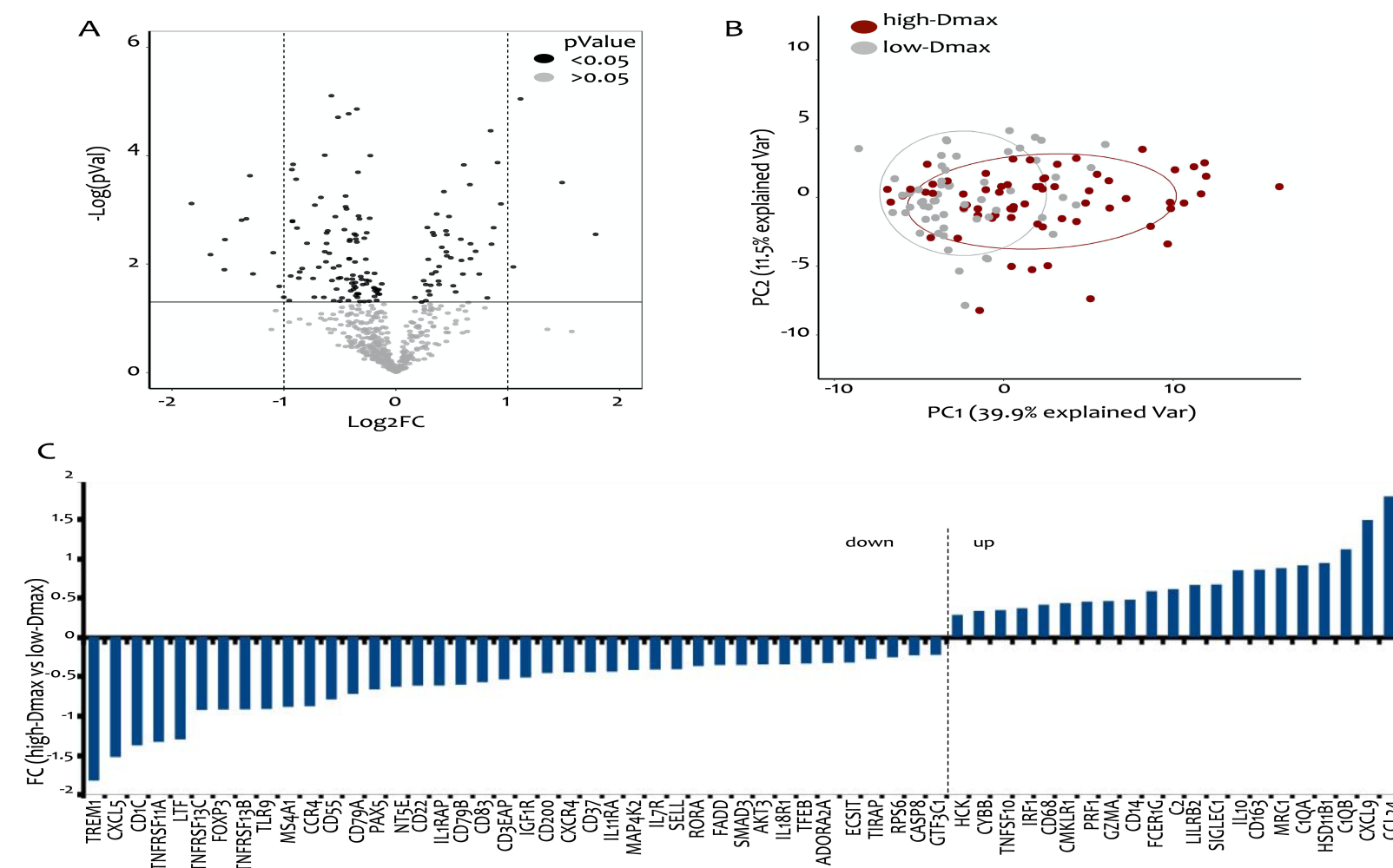
Published online 2022 May 30. doi: [10.1002/hon.3025](https://doi.org/10.1002/hon.3025)

PMID: [35606338](https://pubmed.ncbi.nlm.nih.gov/35606338/)

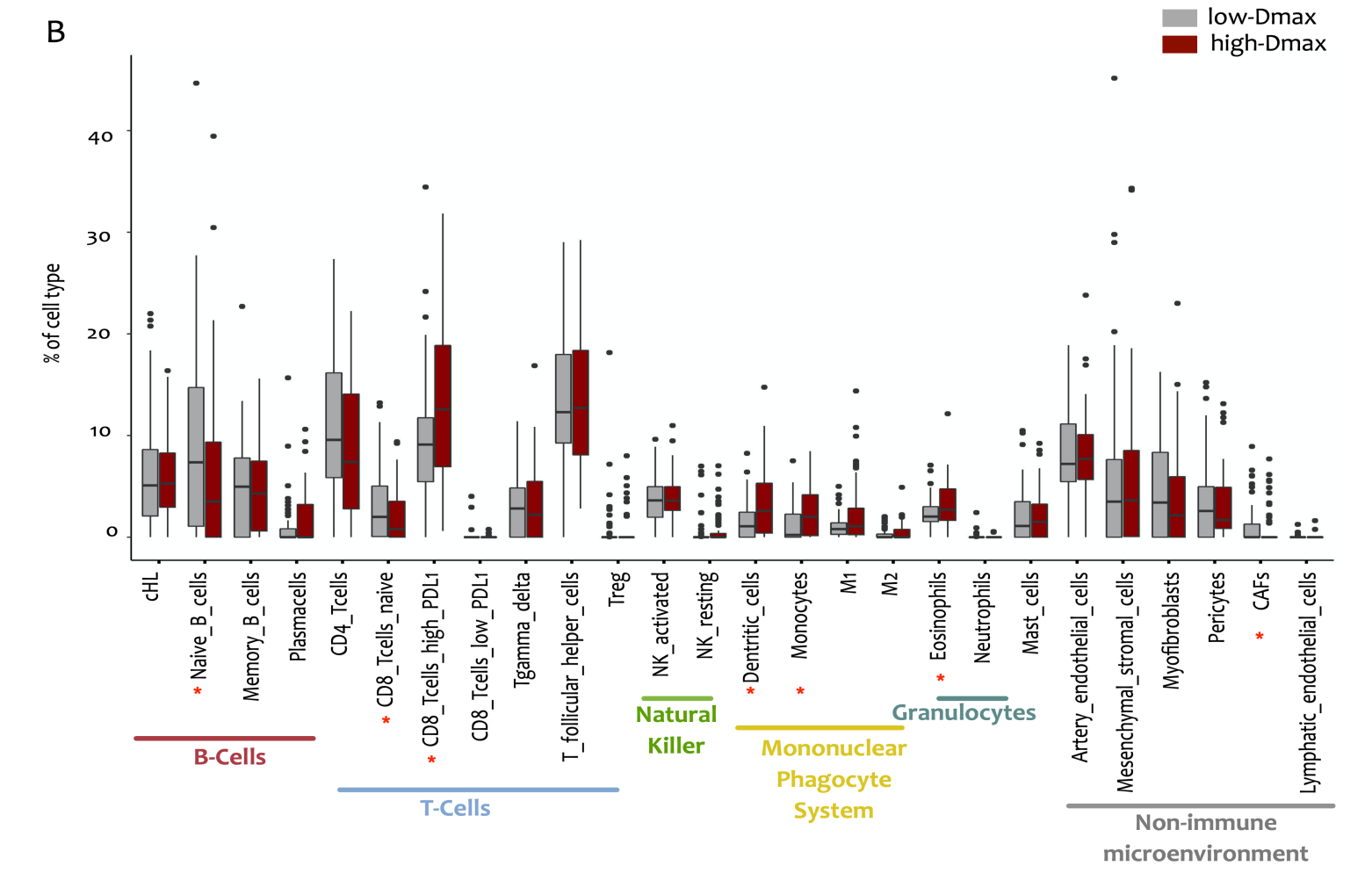
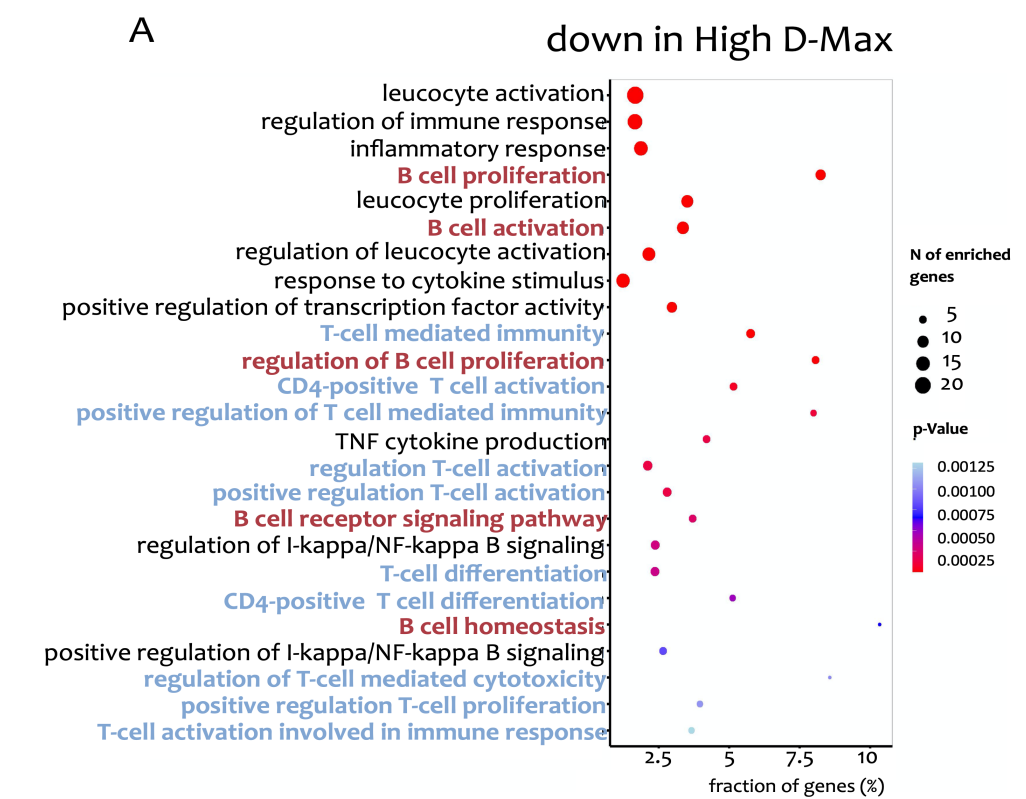
Prognostic value of lesion dissemination in doxorubicin, bleomycin, vinblastine, and dacarbazine-treated, interimPET-negative classical Hodgkin Lymphoma patients: A radio-genomic study

[Rexhep Durmo](#),^{1,2} [Benedetta Donati](#),³ [Louis Rebaud](#),^{4,5} [Anne Segolene Cottereau](#),⁶ [Alessia Ruffini](#),⁷ [Maria Elena Nizzoli](#),⁷ [Sabino Ciavarella](#),⁸ [Maria Carmela Vegliante](#),⁸ [Christophe Nioche](#),⁴ [Michel Meignan](#),⁹ [Francesco Merli](#),⁷ [Annibale Versari](#),¹ [Alessia Ciarrocchi](#),³ [Irene Buvat](#),⁴ and [Stefano Luminari](#)^{7,10}

FIGURE 3

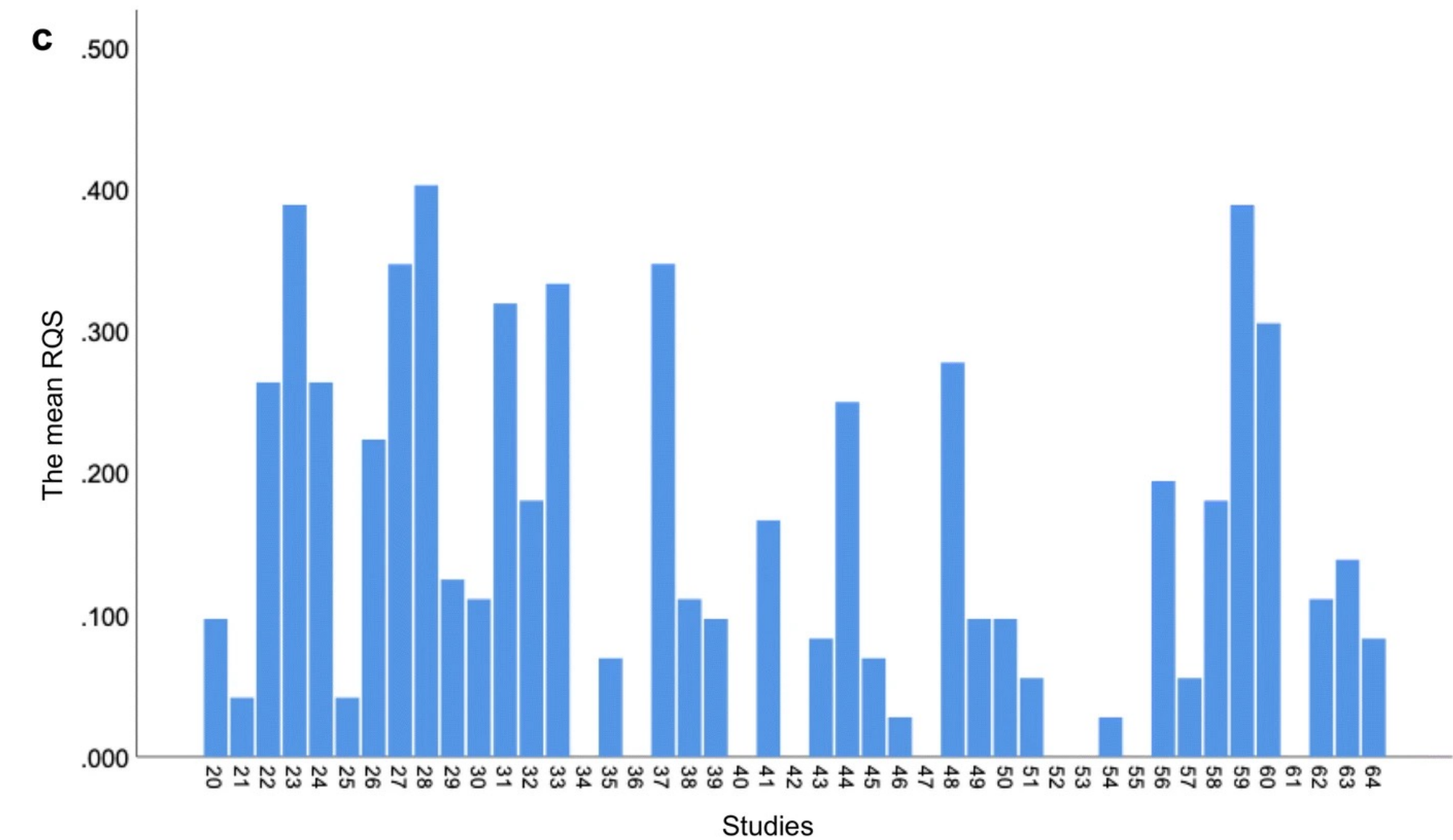
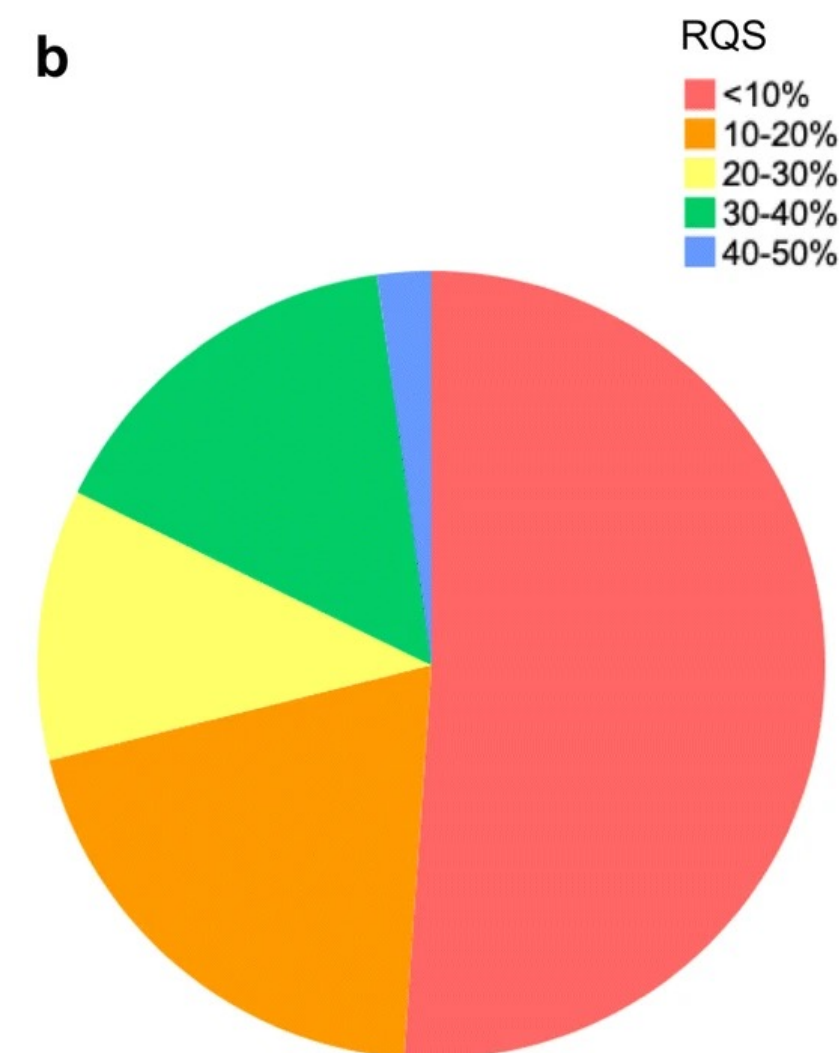
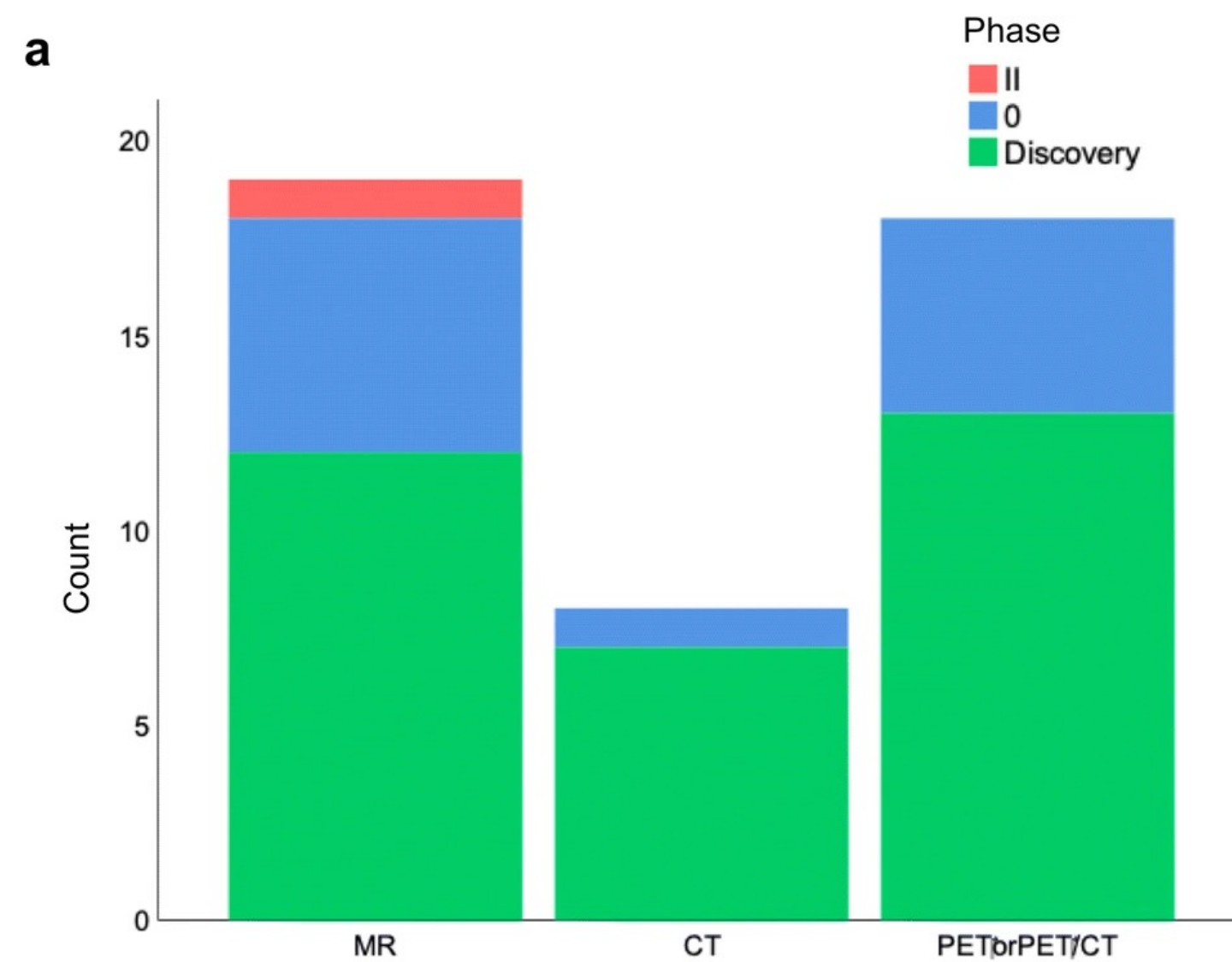


- 21 genes were up-regulated and 40 down-regulated in high-Dmax versus low-Dmax



- naïve B and T cells were strongly enriched in the low-Dmax subgroup. By contrast CD8+ T cells expressing high level of PDL1, dendritic cells, monocytes and eosinophil were enriched in the high-Dmax samples.

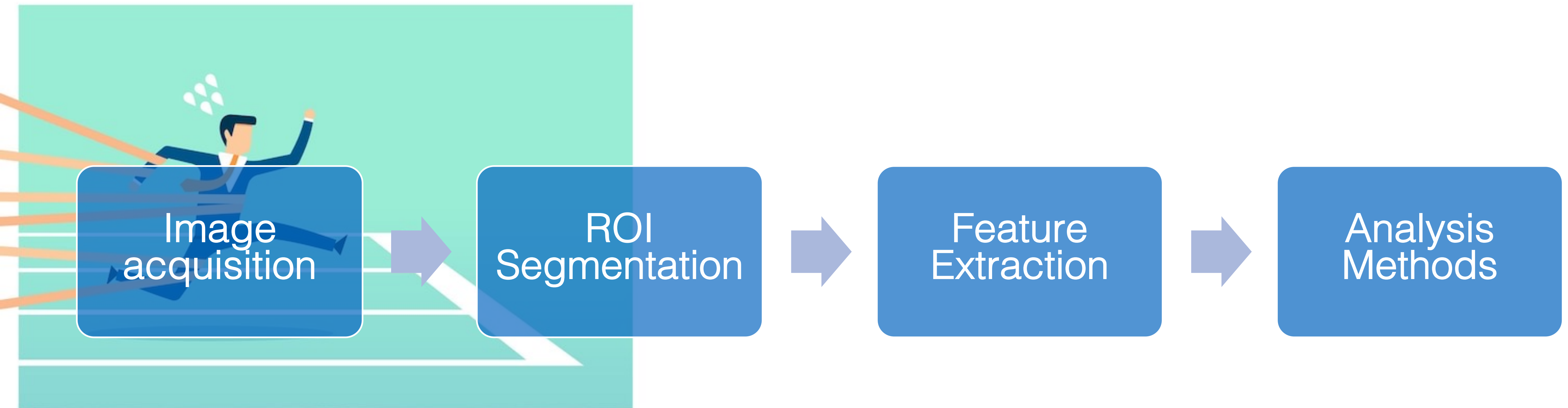
LIMITI E PROSPETTIVE FUTURE



Current status and quality of radiomics studies in lymphoma: a systematic review. Wang, H., Zhou, Y., Li, L. *et al.* *Eur Radiol* **30**, 6228–6240 (2020). <https://doi.org/10.1007/s00330-020-06927-1>

LIMITI

Lack of Standardization



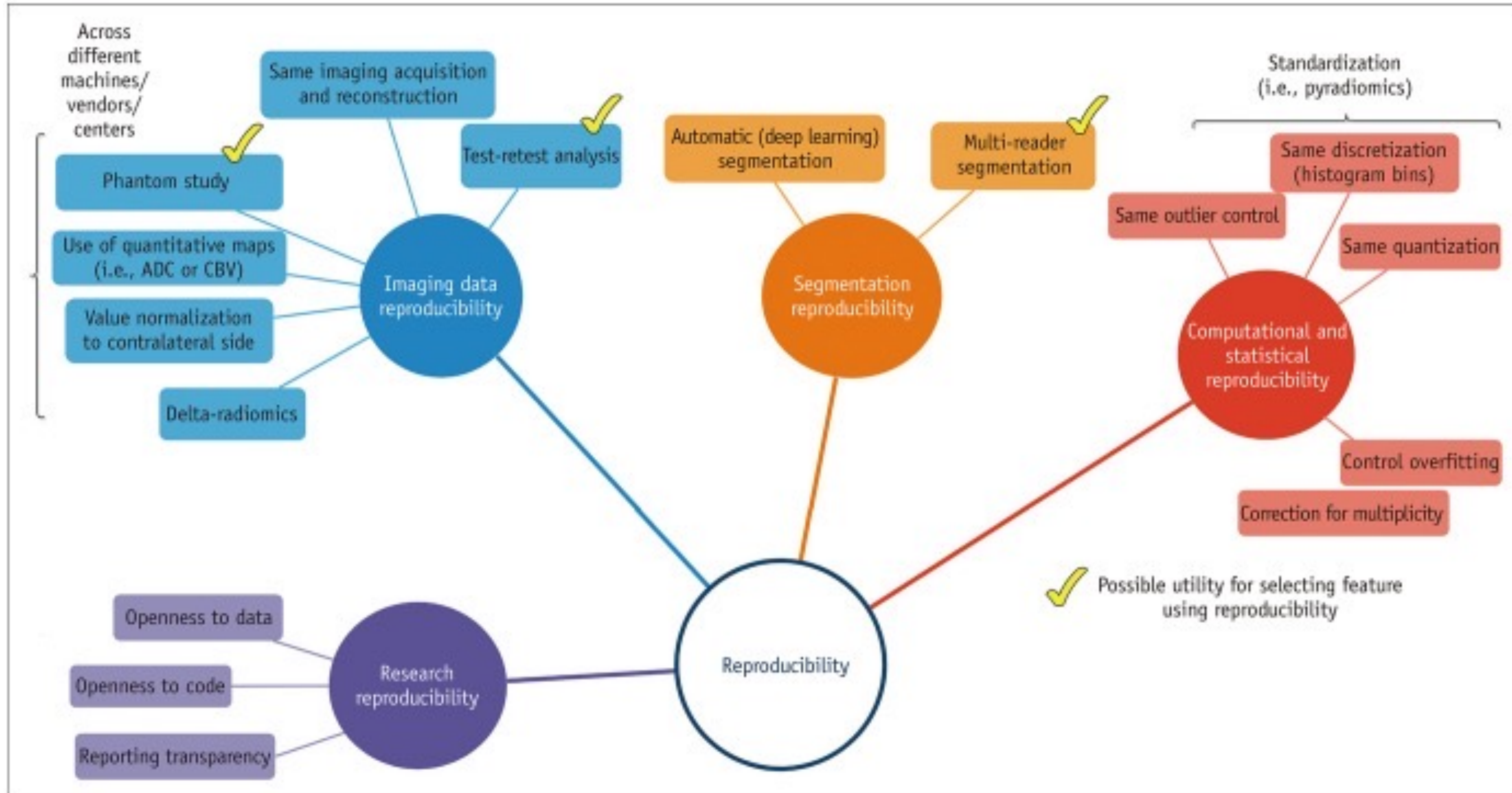
LIMITI



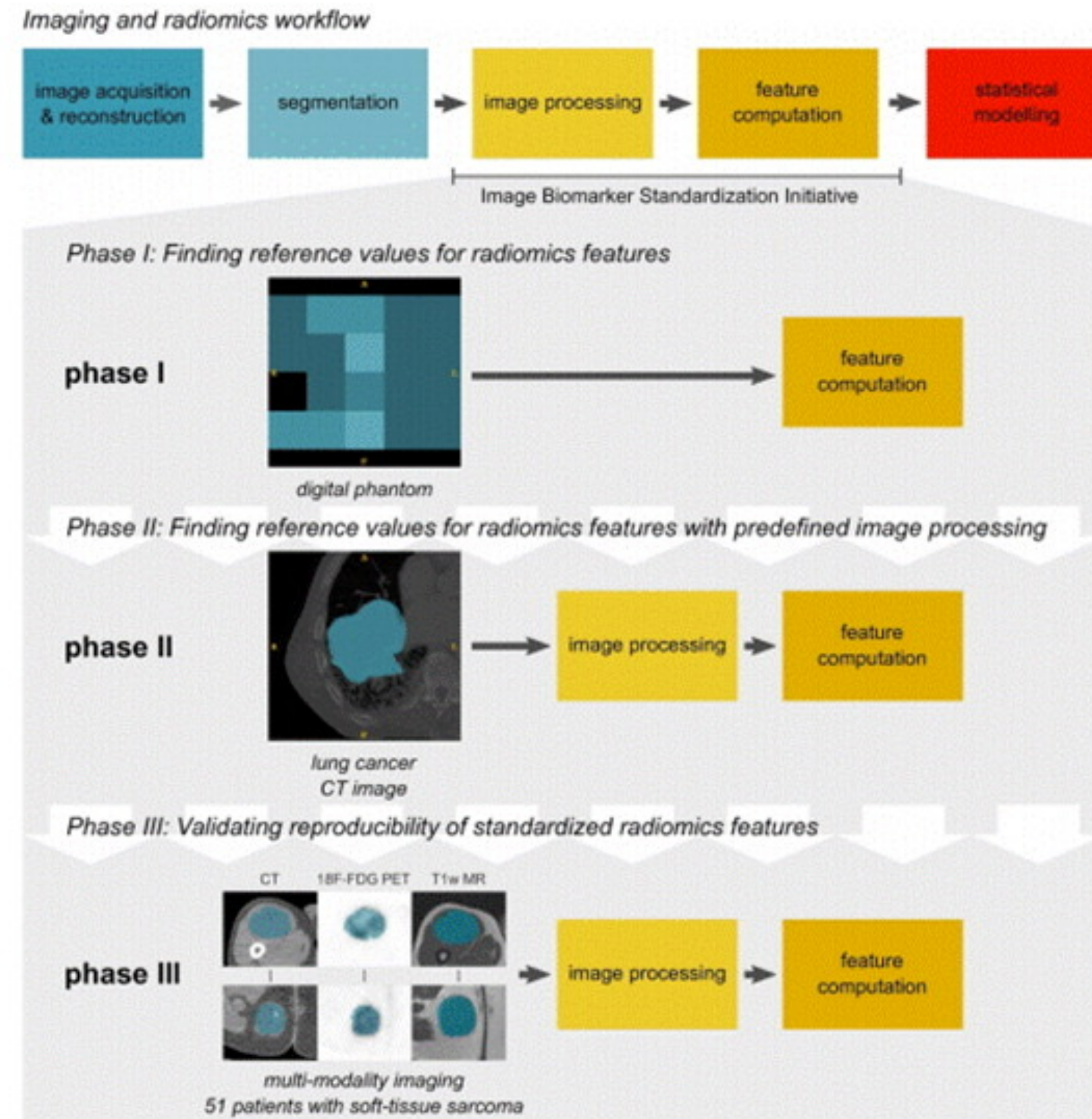
Small Sample Sizes
(Overfitting)

Variability in Image
Quality

Lack of Validation



The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping



- Twenty-five research teams found agreement for calculation of 169 radiomics features derived from a digital phantom and a human lung cancer on CT scans
- Among these 169 candidate radiomics features, good to excellent reproducibility was achieved for 167 radiomics features by using MRI, fluorine 18 fluorodeoxyglucose PET, and CT images obtained in 51 patients with soft-tissue sarcoma

CONCLUSIONI

Potenzialità della Radiomica

- Utilizzo di dati non invasivi, non richiede biopsie o altre procedure invasive.

- Possibilità di ottenere informazioni dettagliate sulla struttura e la funzione dei tessuti e dei tumori.

- Capacità di identificare caratteristiche e pattern nascosti nelle immagini radiologiche che non sono visibili ad occhio nudo o che sono difficili da individuare con altri metodi.

- Potenziale per aiutare nella diagnosi precoce, nella valutazione della gravità della malattia e nella scelta del trattamento più efficace per il paziente.

- Possibilità di integrare l'analisi radiomica con altri dati clinici e molecolari per una valutazione più completa e personalizzata della malattia.

Criticità della Radiomica

- Il processo di estrazione dei dati radiomici richiede competenze tecniche avanzate.

- Variabilità nelle modalità di acquisizione delle immagini radiologiche, che possono influire sulla qualità dei dati e sulla loro utilità per l'analisi radiomica.


- Bisogno di grandi quantità di dati per ottenere risultati affidabili e generalizzabili.

- Il rischio di overfitting, ovvero di adattare il modello di radiomica ai dati di addestramento, senza riuscire a generalizzare i risultati su nuovi pazienti.

- Validare i risultati in studi clinici su larga scala prima di poterli utilizzare nella pratica clinica.

Grazie per l'attenzione!

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