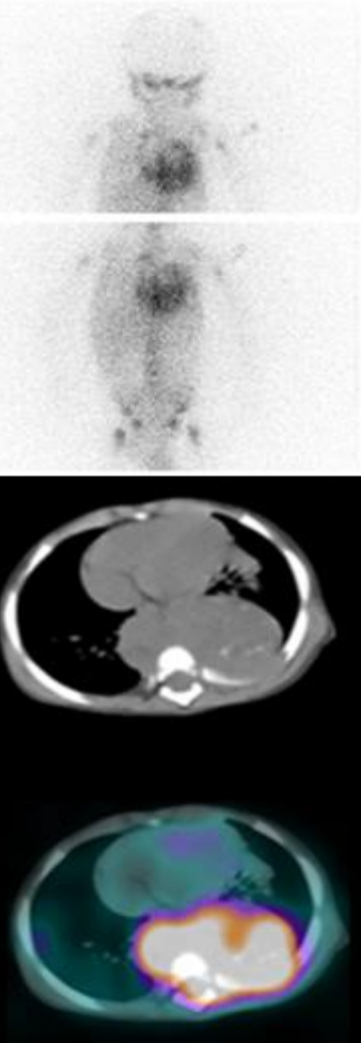


NEUROBLASTOMICS

Prognostic significance of
tumor heterogeneity in Neuroblastoma
using pre-treatment MIBG SPECT/CT :

Is there a place for Radiomics ?

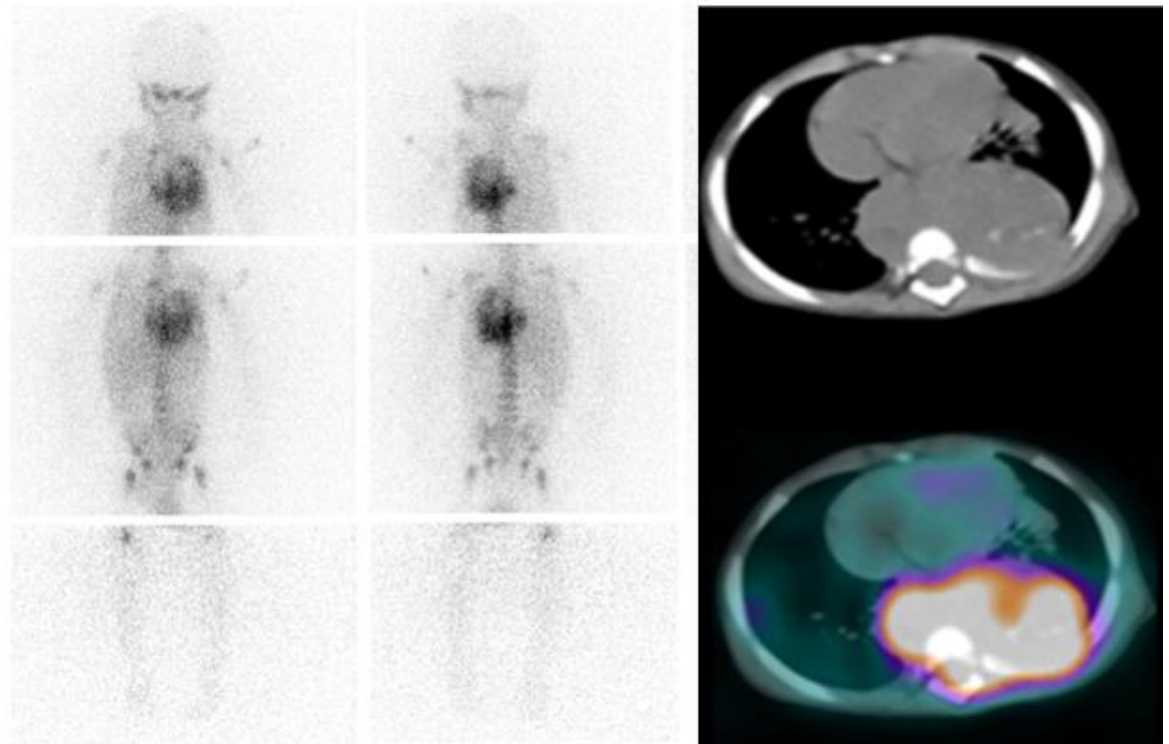




MIBG SPECT CT?

A Pivotal Player in Neuroblastoma's Management

- DIAGNOSTIC
- PRONOSTIC
- THERANOSTIC



- Retrospective Monocentric Study - *Institut Curie*
- Collaboration with LITO



F. Orlhac, H. Fokem Fosso, C. Nioche, I. Buvat

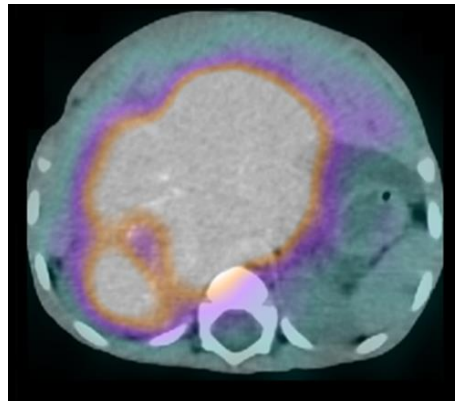
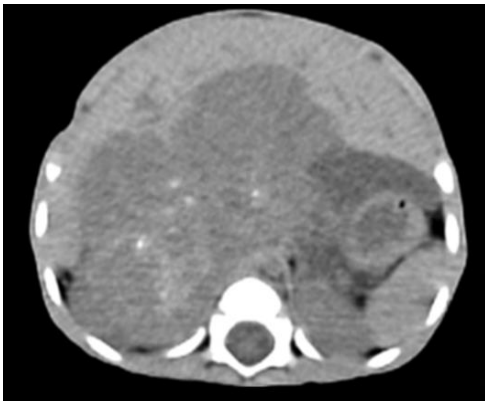
- Scientific Support of the EANM's Paediatric Committee

"To assess the prognostic significance of primary tumor heterogeneity in neuroblastoma, based on pre-treatment MIBG SPECT/CT radiomic features"

Tumor avidity, T_{max}, T_{mean},
MTV, Shape features, Textural features...



Extraction of a Radiomic Signature



Is RS able to predict :

- OS (2y / 5y)
- RR of Relapse
- RR of Refractory disease

Secondary Objectives

To explore the relationship between radiomics SPECT/CT patterns and :

- 1/ Other prognostic factors of Neuroblastoma
- 2/ Tumoral response on post induction MIBG
- 3/ Other histologies (*GN maturing, GNB intermixed, GNB nodular*)

Inclusion Criteria

- Newly diagnosed patients (<18 yo) with neuroblastoma, ganglioneuroma, ganglioneuroblastoma
- Pre-treatment MIBG performed in Curie Institute

Exclusion Criteria

- > 18 yo at diagnosis
- Pre-treatment MIBG scan from another center
- Pre-treatment MIBG scan without SPECT/CT focused on primary tumor
- Parents Opposition to Data Re-use

- Newly diagnosed patients from *09/2012 to 09/2019*
- Follow-up ≥ 2 years (*09/2012 to 09/2021*)

272 patients screened

851 MIBG in our PACS - among which 600 SPECT/CT



123 Patients Included

(90 NRB + 10 GN + 14 GNRB + 2 NT undefined)

COLLECTED DATA

CLINICAL DATA:

inclusion order number / sex / weight, height and age at diagnosis, /date of dg / comorbidities / hypertension & and paraneoplastic sdr, INRGS

BIOLOGICAL, HISTOLOGICAL AND GENETIC PROGNOSTIC DATA :

LDH /catecholamines,

INPC /

mycn status / segm. vs num / Alk / 11q aberration

MIBG DATA :

Date / tracer and activity injected / quantitative data & radiomic features

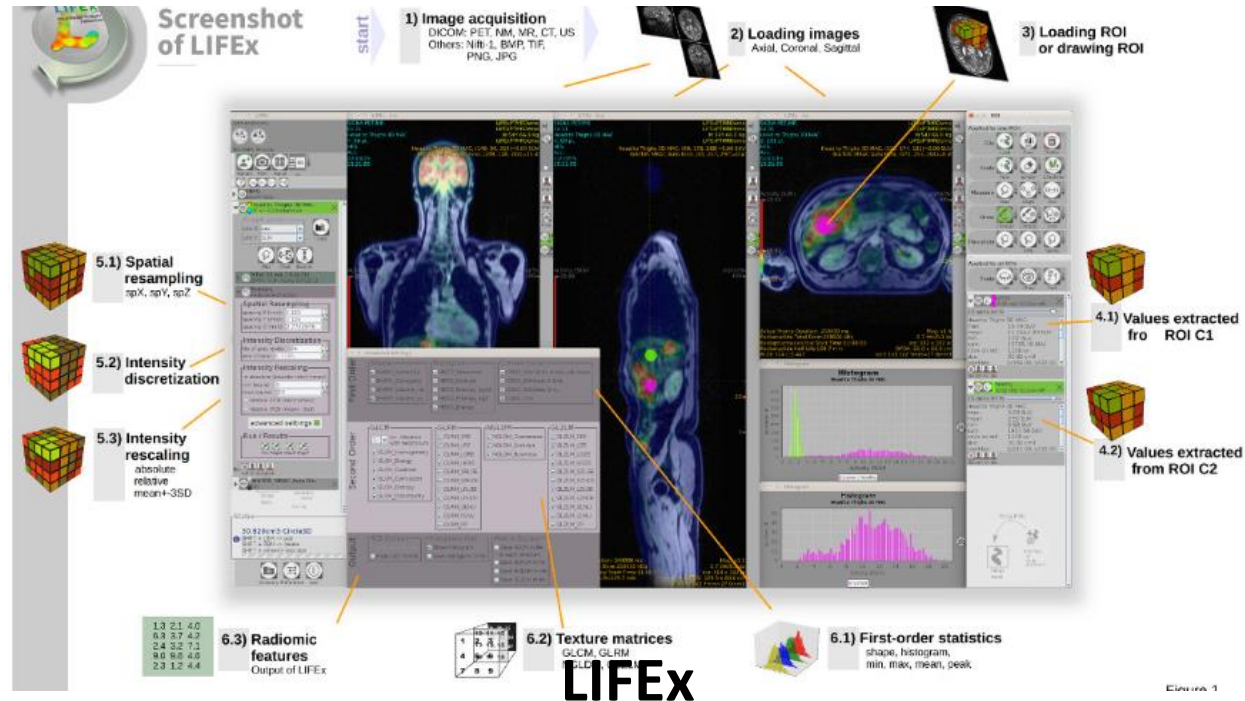
TTT DATA :

Initial treatment (chemo vs. no treatment vs. surgery) / Response to initial TTT (INRC) / Therapeutic decision

FOLLOW UP DATA:

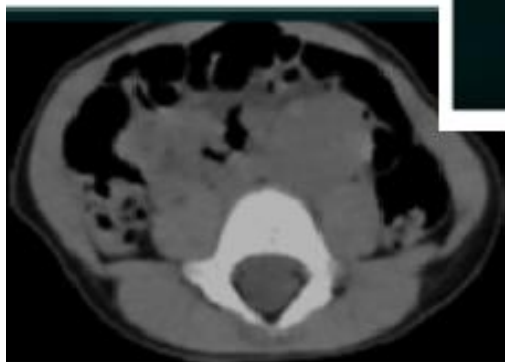
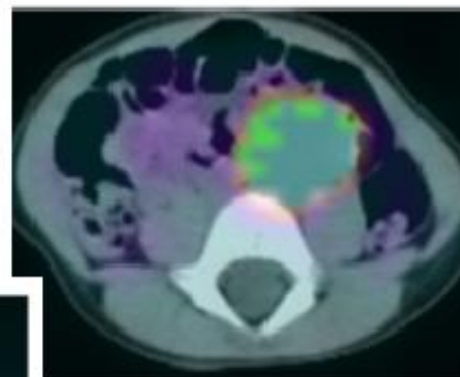
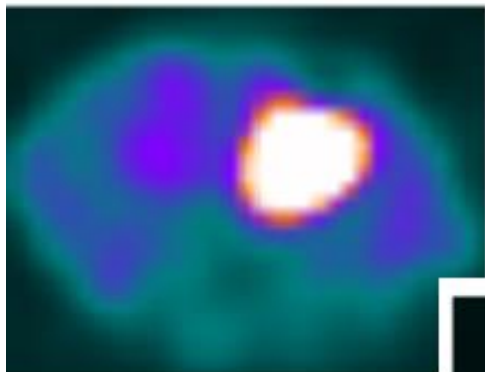
Status at 2 years / Status at 5 years : relapsed, refractory / RC VS PR VS PD VS SD / death / lost to sight

Date of last news

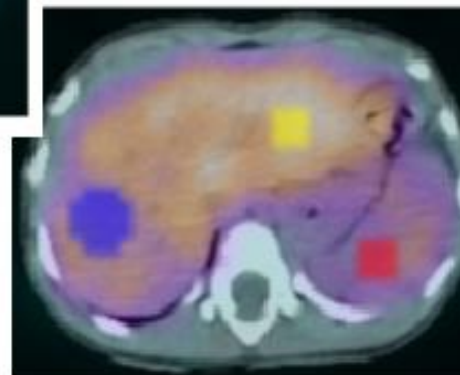


“freeware dedicated to radiomic feature calculation in multimodality imaging.”

NEUROBLASTOMICS



LITO



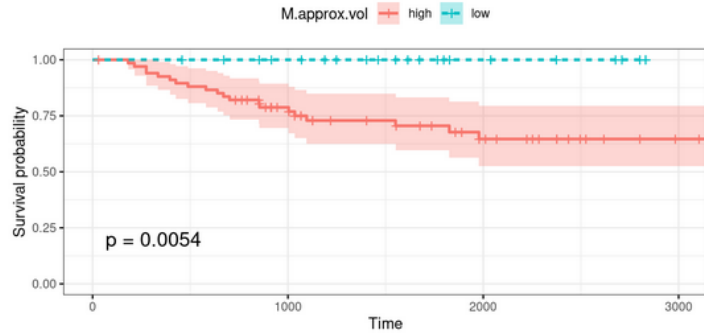
NEUROBLASTOMICS



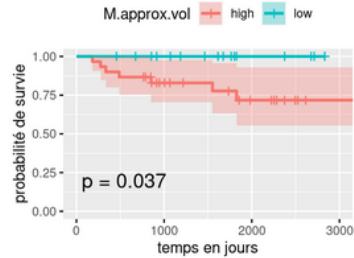
MORPHOLOGICAL APPROXIMATE VOLUME

cette variable est très fortement corrélée à la précédente (cf. corrPlot) avec un coefficient de corrélation de 0.9. C'est donc sans surprise qu'on observe exactement le même résultat que précédemment et donc les mêmes observations énumérées plus haut

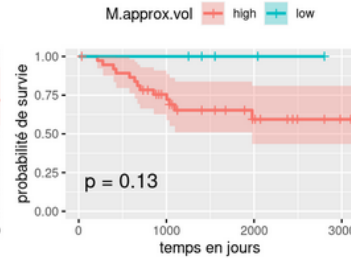
estimated cutpoint = 19040



ages inf à 18 mois



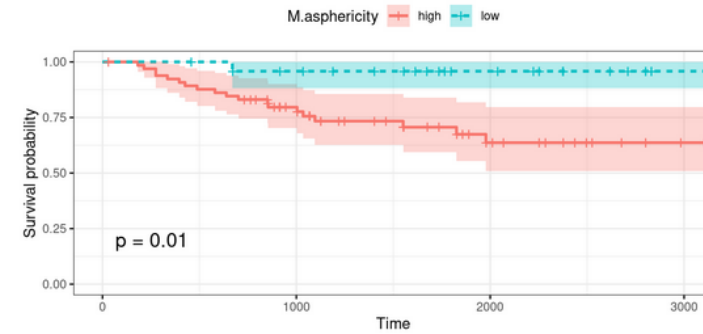
ages sup à 18 mois



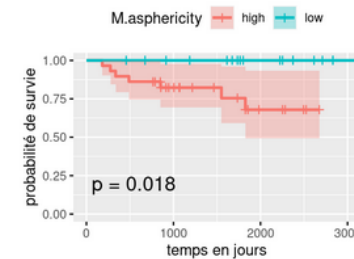
MORPHOLOGICAL ASPHERICITY

$Asphericity = Sphericity - 1$. Cette formule et graph montrent une forte corrélation entre cette variable et la précédente. C'est donc sans surprise qu'on observe exactement les mêmes courbes et effectifs, les mêmes boxplots et les mêmes p-values

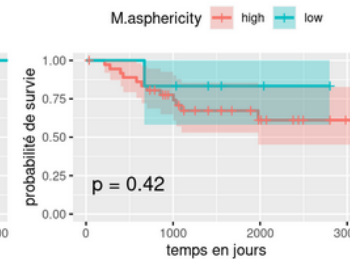
estimated cutpoint = 0.538477707772805



ages inf à 18 mois



ages sup à 18 mois



MERCI