Artificial Intelligence in Medicine



Harmonization of features extraction process using the ComBat tool in a multicenter study on stage III unresectable Non-Small-Cell Lung Cancer

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(Small) dataset



57 patients with inoperable stage III lung adenocarcinoma undergoing radio-chemo-immuno therapy. 2 CT images acquired at 2 time points:

- Baseline: at the diagnosis
- After the chemo-radio-immuno therapy

Homogeneus dataset of clinical features

Aim

Predict:

- Probability of Metastasis
- Probability of Relapses
- Response to the therapy





Images from 10 different centers:

Image Parameters:

Pixel From (0.62 x 0.62) mm² to (0.98 x 0.98) mm²

Slice thickness From 0.3 mm to 3.0 mm

Reconstruction Parameter: Convolutional Kernel 11 types

Acquisition Parameters:

Scanner 4 different vendors

Current From 56 mA to 581 mA

Contrast Agent 2 types **kV-peak** 100 kVp, 120 kVp, 130 kVp, 140 kVp

Exposure Time From 350 s to 1000 s



42 features computed by Lifex (IBSI standard compliant), including six categories of features:





6 First-order Statistics features

32 Higher order Statistics features: 7 grey-level co-occurency matrix features, 11 grey-level run length matrix features, 3 neighboring grey-level difference matrix features, 11 grey-evel zone length matrix features



Images Parameters Harmonization

To harmonize images (before the extraction):

- 1. Spatial Resampling: 1mm x 1mm x 1mm
- 2. Intensity Rescaling: -1000 HU, 3000HU
- 3. Intensity Discretization: 400 bins of size 10 HU



Acquisition parameters Harmonization





Scanner vendor, kVp and Convolutional Kernel have a statistically significant impact on features distributions

ComBat: realigns features as a function of median and variance. **Batch:** numeric value associated with each combination of parameters.

kV peak - convolution kernel combinations define **the harmonization batches**





Acquisition parameters Harmonization







FC17 -

1000

Percentage of features dependent on the parameter Percentage of features not dependent on the parameter

Classification task: predict which patients will develop metastases.

Objective: find a mathematical model that, based on the data provided in the training phase, learns to automatically classify the patient's prognosis:

- **INPUT:** radiomic features;
- **OUTPUT:** incidence of metastases or not.

Leave-One-Out cross validation

Three classification models are compared:

- Elastic Net;
- Random forest;
- Support Vector Machine.

Model	Accuracy	AUC
ElasticNet	0.67	0.58
Random Forest	0.68	0.53
Support Vector Machine	0.75	0.65

Variable importances





Conclusions



- 1. Importance of the development of robust analysis pipeline for small-datasets
- 2. Images and features harmonization steps are necessary with small-datasets
- 3. Possibility of applying ML for prognosis prediction
- 4. Automatic segmentation to prevent human segmentation variability

Thank you!

