

# Prognostic Value of Imaging-Based Estimates of Glioma Pathology Pre- and Post-Surgery

E. GATES<sup>1,2</sup>, D. SUKI<sup>3</sup>, J. WEINBERG<sup>3</sup>, S. PRABHU<sup>3</sup>, D. FUENTES<sup>1</sup>, AND D. SCHELLINGERHOUT<sup>4</sup>

1. Department of Imaging Physics, University of Texas MD Anderson Cancer Center,
2. The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences
3. Department of Neurosurgery, University of Texas MD Anderson Cancer Center
4. Departments of Neuroradiology and Cancer Systems Imaging, University of Texas MD Anderson Cancer Center

## INTRODUCTION

**Any** high grade tumor present within a glioma causes poor prognosis.

This project has two main goals:

- 1) Estimate the **local** proliferative activity in gliomas.
- 2) Show resecting highly proliferative tumor improves survival.

**Hypothesis: Removing highly proliferative tumor will improve overall survival**

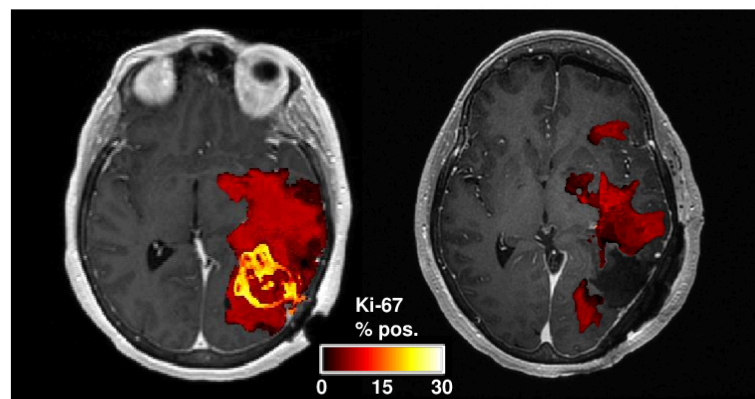


Figure 1: Predicted maps of proliferative activity in a glioma

## MODEL APPLIED TO NEW PATIENTS

Biomarker generalization in two independent patient cohorts:

1. 140 high-grade glioma cases from the 2018 BraTS challenge<sup>2</sup>
2. 68 previously untreated high-grade glioma patients from MD Anderson

Table 1: Groups of patients used in this study.

	23 glioma patients in the original clinical trial	1. BraTS challenge cases	2. Historical cases
Image guided tissue biopsies	✓	✗	✗
Preoperative MRI	✓	✓	✓
Postoperative MRI	✓	✗	✓
Outcome data	✗	✓	✓
Analysis	Train proliferation prediction models	Correlate preop proliferation predictions with survival	Measure benefit from removing high proliferation tumor

## SURVIVAL RESULTS

Highly proliferative tumor was defined as: >28.2% Ki-67 (cohort 1) and >24.75% Ki-67 (cohort 2).

**Any** high proliferation preop or postop led to worse survival.

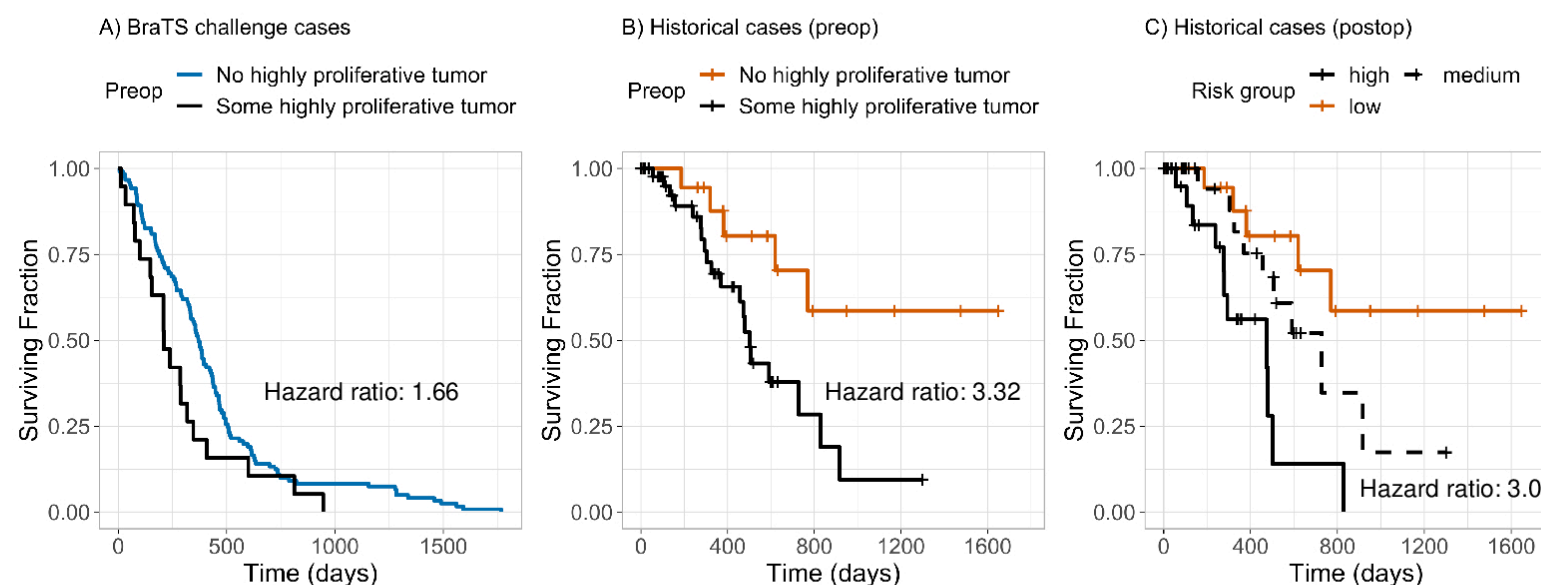
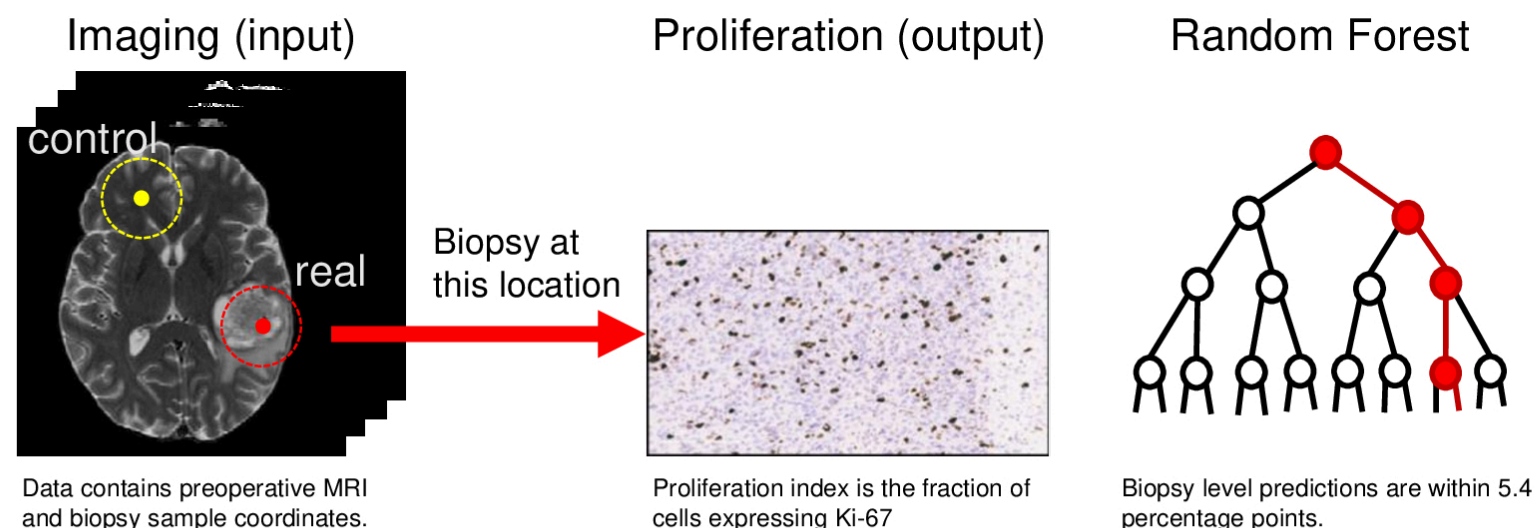


Figure 2: Survival curves for BraTS cases (A) and historical cases (B, C)

Table 2: risk groups in Figure 2C)

		Pre-op high proliferation	
		no	yes
Post-op high proliferation	no	Low risk	Medium risk
	yes	-	High risk

## PROLIFERATION PREDICTING MODEL<sup>1</sup>



## CONCLUSIONS

- We can predict highly proliferative tumor using routine brain MRI.
- Targeting highly proliferative tumor improves overall survival and is more focused than reducing bulk tumor volume.

## FUTURE WORK

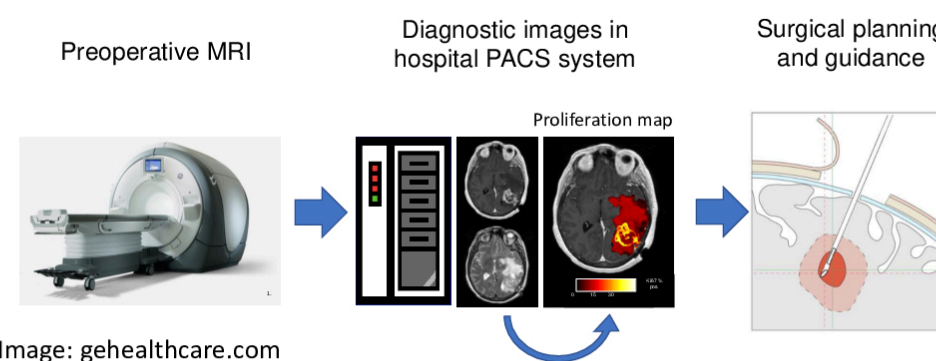


Figure 3: Proliferative activity maps can be generated from routine MR imaging and integrated into the PACS system for surgical planning and guidance.

## ACKNOWLEDGEMENTS

E. Gates is supported by the NLM Training Program in Biomedical Informatics and Data Science, T15LM007093

Some data for this work have been obtained through a search of the integrated multidisciplinary Brain and Spine Center Database. The Brain and Spine Center Database was supported in part, by an institutional M. D. Anderson database development grant.

**CONTACT:** [EGates1@mdanderson.org](mailto:EGates1@mdanderson.org) [@EDHGates](https://twitter.com/EDHGates)

## REFERENCES

1. Gates, E. D. H., Lin, J. S., Weinberg, J. S., et. al., "Guiding the first biopsy in glioma patients using estimated Ki-67 maps derived from MRI: conventional versus advanced imaging," Neuro. Oncol. 21(4), 527–536 (2019).
2. Menze, B. H., Jakab, A., Bauer, S., et. al., "The Multimodal Brain Tumor Image Segmentation Benchmark (BRATS)," IEEE Trans. Med. Imaging 34(10), 1993–2024 (2015).