README

1. Folder structure:

```
FinalProject
Code

BME_342_final_project_template.ipynb
imc_preprocessing.py

IMC_images
metadata.csv
panel.csv
README.docx
```

Marked green = Folders

2. File information:

code folder:

There are two scripts in the this folder:

- BME_342_final_project_template.ipynb (can be used as a template for the project)
- imc_preprocessing.py (can be imported from the main script for preprocessing)

IMC_images folder:

This folder contains 984 hot-pixel filtered IMC images (in .tiff format) from 494 clear-cell renal cell carcinoma (RCC) patients.

panel.csv:

This file contains the list of channels present in the images and their respective markers.

metadata_general.csv:

This file contains image information and all important <u>patient-level</u> metadata. Here is a brief description of the column names:

```
"sample_id": Sample identifier

"width_px": Image width

"height_px": Image height

"PID": Patient identifier (Each patients has around 2 images).

"TMA": TMA origin (The study was measured on two separate TMAs)

"gender": Gender

"age": Age

"age_bin": Age bin
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"necrose": Tumor necrosis (2 classes)
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Marked blue = Clinical categories for classification (Information available for most patients)

Marked purple = Multi-Omic categories for classification (Genomic information available for 168 patients. Metabolic information is available for 442 patients)

Marked orange = Survival categories for classification (Category 1 information available for most patients; Category 2 information available for around 159 patients)

IMPORTANT NOTE: The images were resized to (224,224,n_channels). In metadata.csv you find the original image dimensions. Make sure to exclude images that have original image sizes that could be problematic for further analysis.

[&]quot;PDL1_score": PD-L1 status (2 classes)

[&]quot;genomic_risk": Genomic risk groups (3 classes)

[&]quot;metabolic_subtype": Metabolic subtype (4 classes)

[&]quot;surv_censor_event": Survival risk category 2 (2 classes; Median survival time split only for patients with survival event)