# RSNA-MICCAI Brain Tumor Radiogenomic Classification

Deep Learning for Medical Image Analysis - UB - UPC Mario Lozano Cortés



### Clinical background

Glioblastoma

(malignant tumor in the brain)

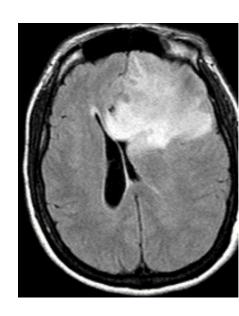
Most common form of brain cancer

Median survival < 1 year

The presence of the specific MGMT genetic sequence is an important prognostic factor and a strong predictor of responsiveness to chemotherapy.

**Problem**: Genetic analysis of cancer **requires surgery** to extract a tissue sample.

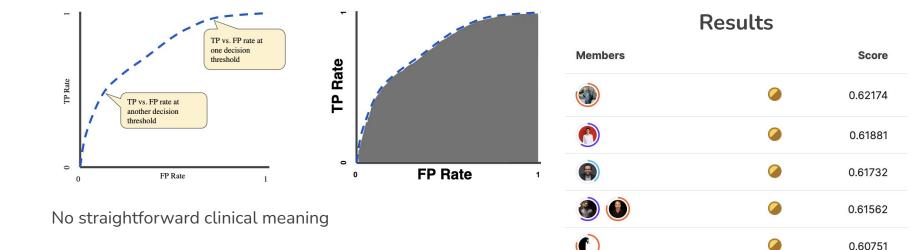
Challenge: Develop an accurate method to predict the genetics of the cancer through imaging such as radiogenomics, thus, minimizing the number of surgeries and refining the type of therapy required.



#### Result summarization

Evaluation metrics: **Area under the ROC curve (AUC)**, accuracy, FScore and Matthew's Correlation Coefficient.

The AUC is a metric that measures the overall discriminatory capacity of a model.



## Winning approach - AUC: 0.6217



Approach	3D CNN
Architecture	ResNet10
Loss	Binary Cross Entropy
Optimizer	Adam
Epochs	15
Learning Rate	lr = 0.0001 (epochs: 1->10)   lr=0.00005 (epochs: 10->15)
Batch Size	8
General Information	<ul> <li>Small trick: The best central image trick</li> <li>One epoch -&gt; 1 minute and 20 seconds using an RTX 3090.</li> </ul>





Approach	2D CNN - LSTM - DICOM images to PNG
Architecture	CNN: EfficientNet B0 - LSTM: From scratch.
Loss	Binary Cross Entropy
Optimizer	Adam
Epochs	15
Learning Rate	0.0001
Batch Size	8
General Information	<ul> <li>Cross Validation</li> <li>2D convolution to map the 4-channel image into a 3-channel feature map</li> <li>Data augmentation</li> </ul>

# Some thoughts



- Simpler models obtained in general better results
- The lack of straightforward clinical meaning is concerning (AI Explainability problem)

