







# Prediction of treatment response in a longitudinal glioblastoma dataset using deep learning

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## Declaration of Financial Interests or Relationships

Speaker Name: Ana Matoso

I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.







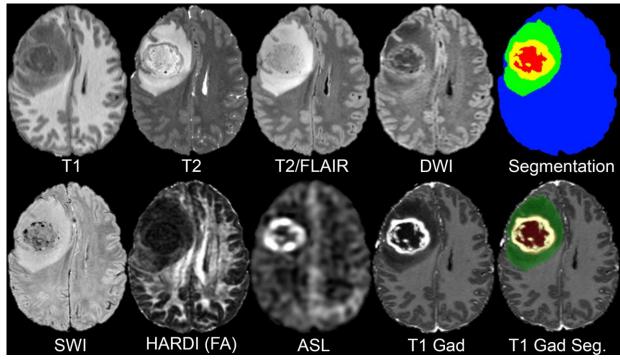


### Introduction

## Glioblastoma Glial cells Tumor

- Prevalence: ~3/100 000 per year
- Poor prognosis
  - Average survival: 9 months
  - 41% survival after 1 years
  - 13% survival after 2 years





Glioblastoma on different MRI modalities









### **Motivation**

Response Assessment in Neuro-Oncology (RANO) criteria

Complete Response Partial Response Stable Disease Progressive Disease



GOAL: To analyse and compare different Deep Learning approaches for RANO criteria classification based on two consecutive MRI acquisitions

SWI HARDI (FA) ASL T1 Gad T1 Gad Seg.

	Complete Response	Partial Response	Stable Disease	Progressive Disease <sup>a</sup>
T1-Gd+	None	≥50% ↓	<50% ↓- <25% ↑	≥25% ↑*
T2/FLAIR	Stable or ↓	Stable or ↓	Stable or ↓	<b>^*</b>
New lesion	None	None	None	Present*
Corticosteroids	None	Stable or ↓	Stable or ↓	NA
Clinical status	Stable or ↑	Stable or ↑	Stable or ↑	↓*
Requirement for respons	se All	All	All	Any*

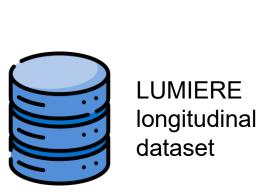








### **Methods – Data**



**LUMIERE** 

T1w

CT1 (T1w contrast enhanced)

T2w

**FLAIR** 

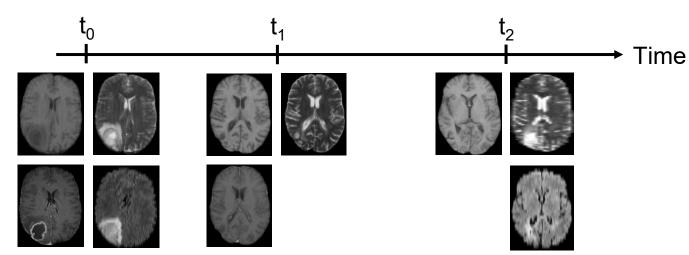
Clinical Data

RANO classification

638 timepoints

91 patients

Class	Prevalence
Progressive Disease (PD)	67%
Stable Disease (SD)	20%
Progressive Response (PR)	6%
Complete Response (CR)	7%



### **GOAL: RANO** criteria label

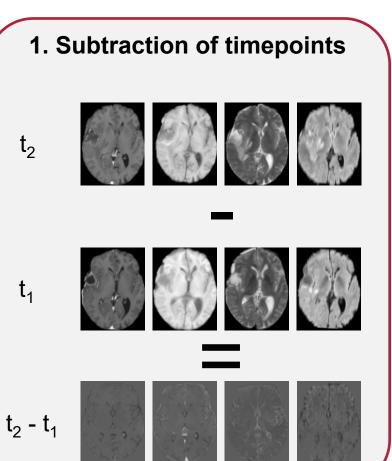


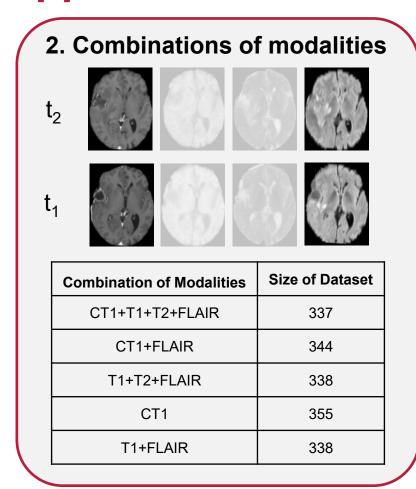






### **Methods – Tested Approaches**





#### 3. Model Architectures

- DenseNets:
  - DenseNet 121
  - DenseNet 169
  - DenseNet 264
- Vision Transformer
- > Alexnet3D







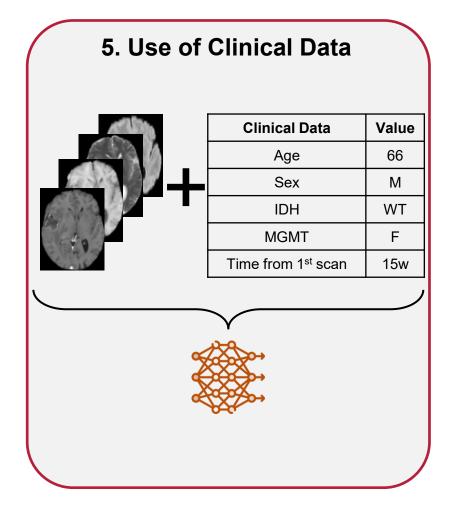


### **Methods – Tested Approaches**

### 4. Pretraining



- Self-Supervised Rotation Classifier
- MedMNIST Organ Classifier
- MedicalNet Segmentation Encoder











### **Results and Discussion**

