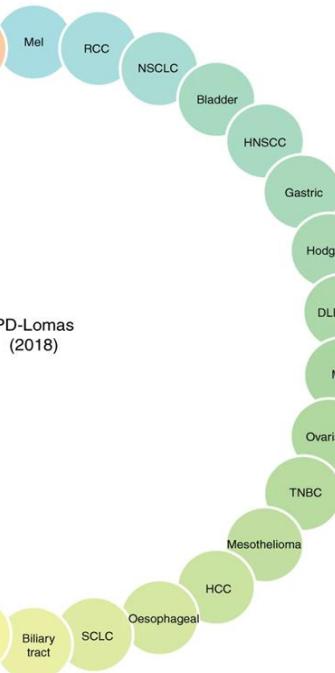


# Radiomics for Immunotherapy and radio-immunotherapy combinations: towards ultraprecision medecine?

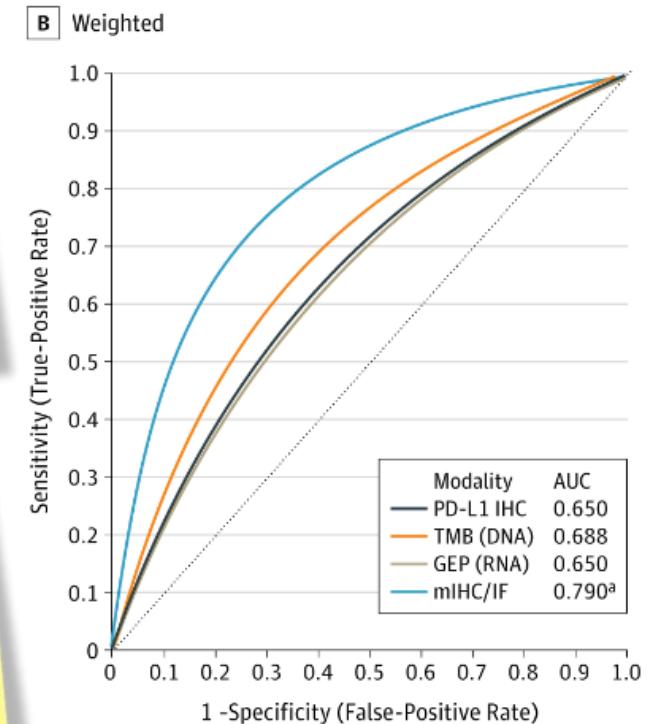
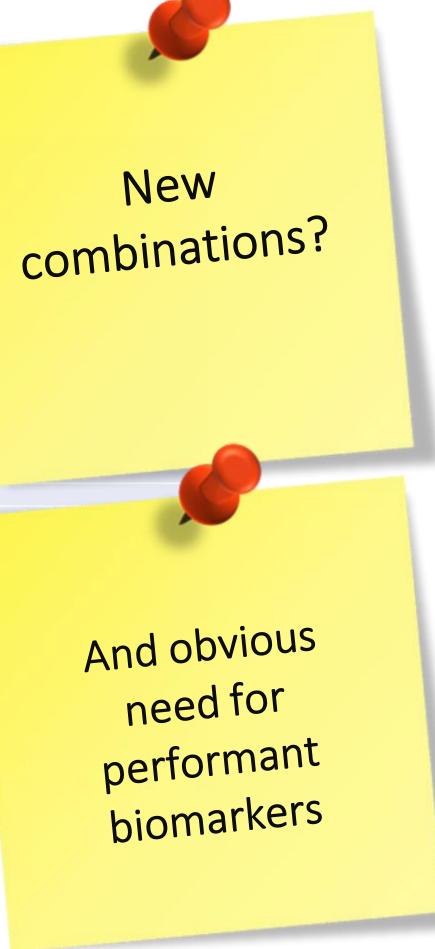
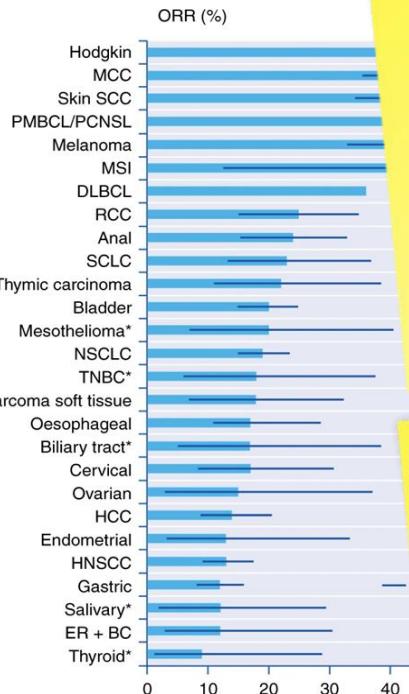
Roger Sun, MD PhD

Gustave Roussy, Radiotherapy, INSERM U1030

# Immunotherapy for oncology: a revolution



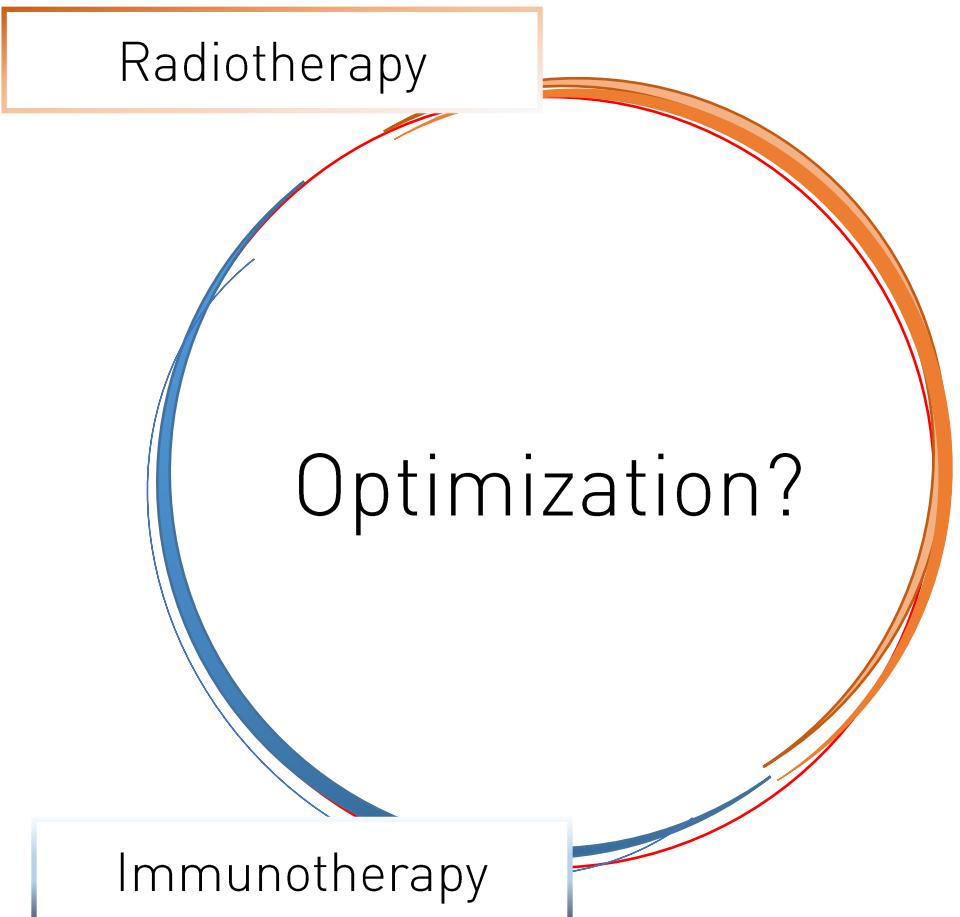
PD-Lomas  
(2018)



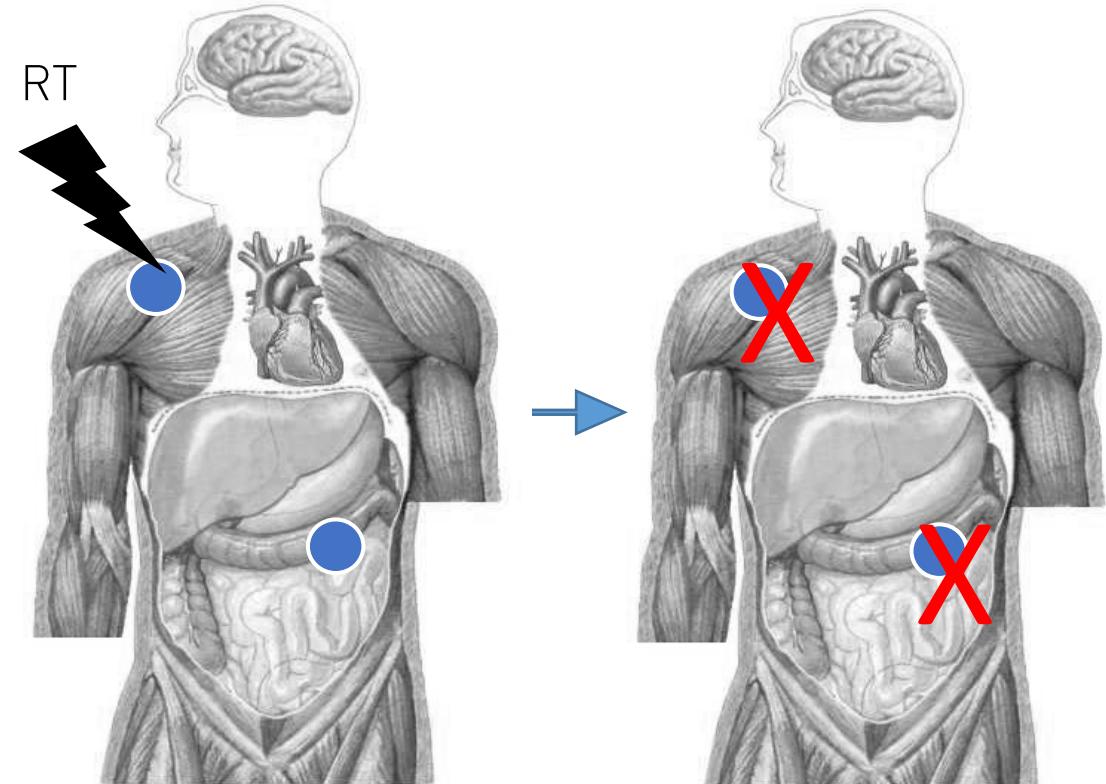
Hirsch L et al. BJC 2019

Lu S et al. JAMA Oncol. 2019

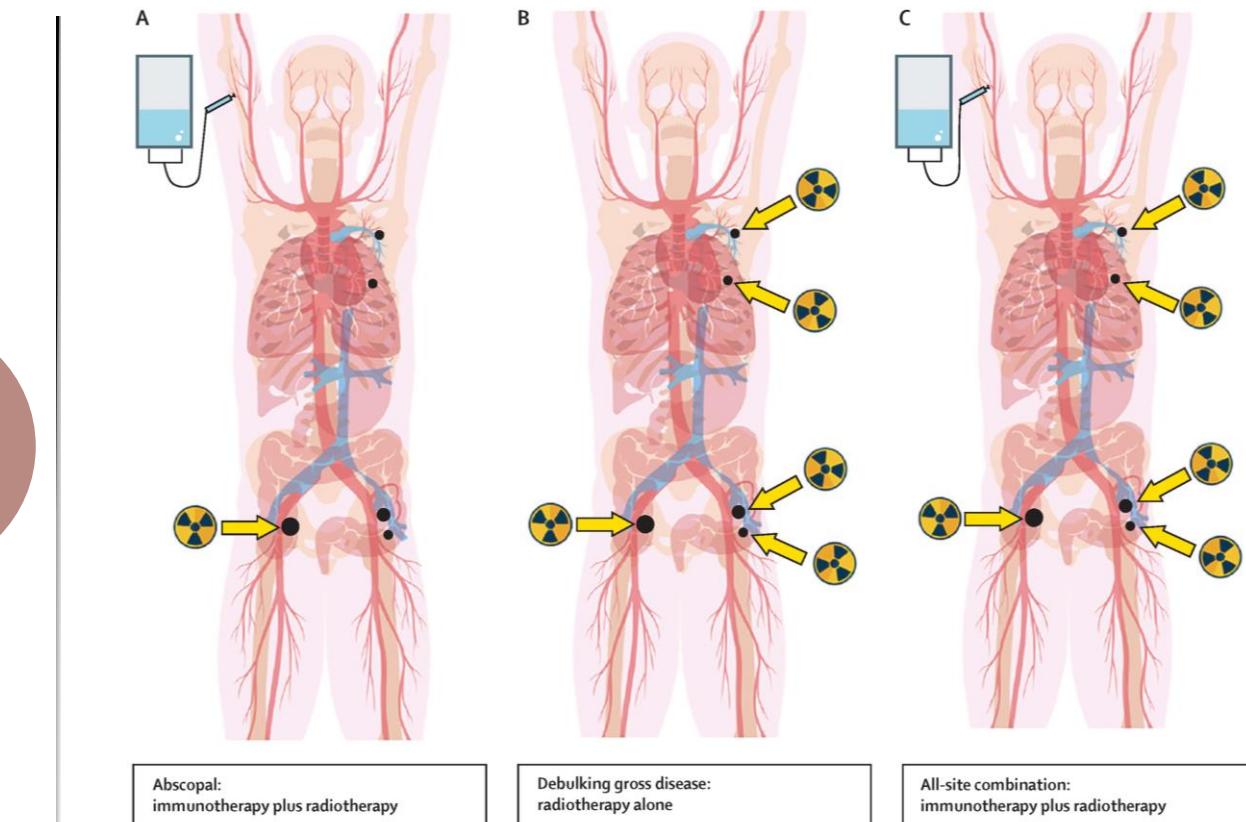
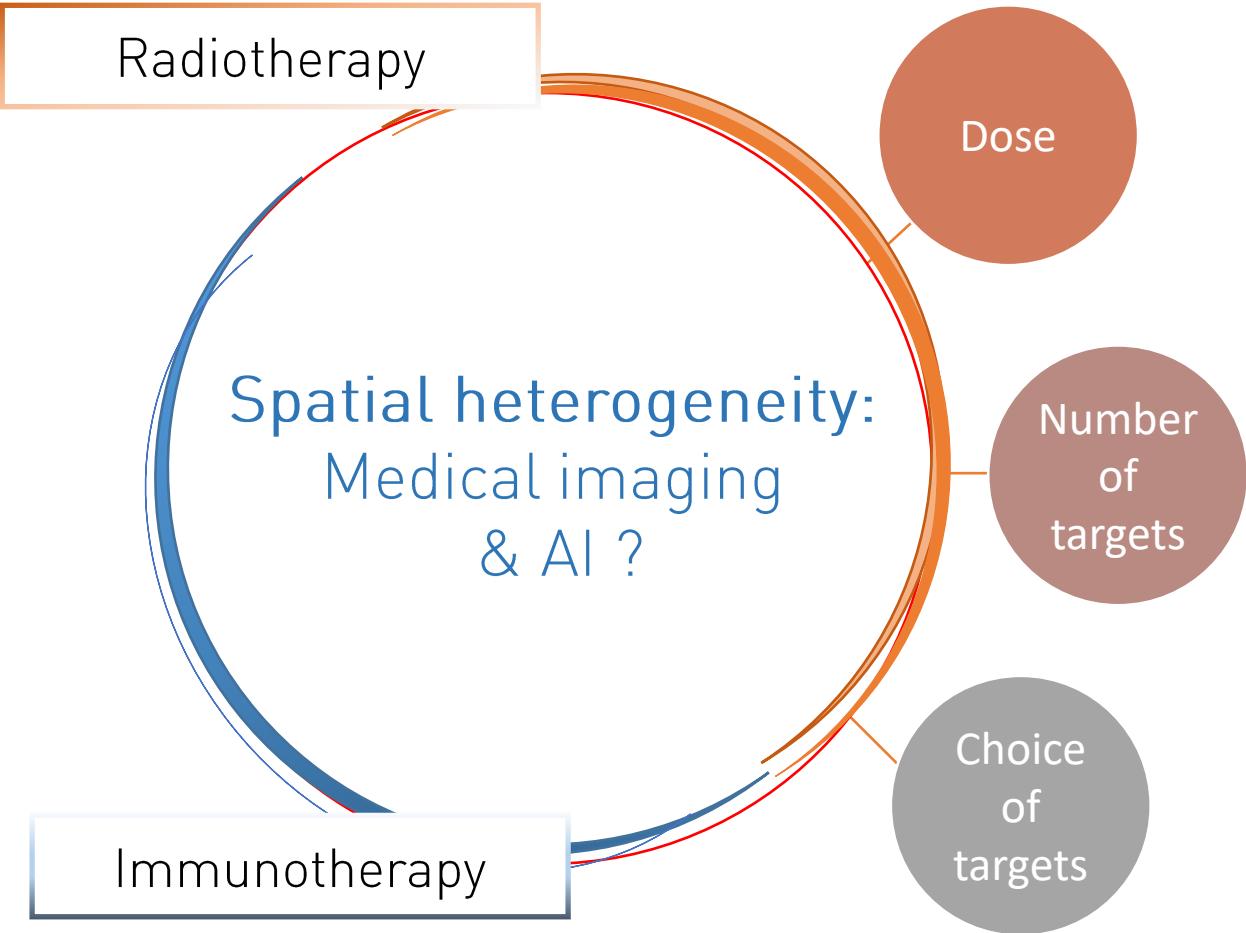
# Radioimmunotherapy



« Ablative » effect



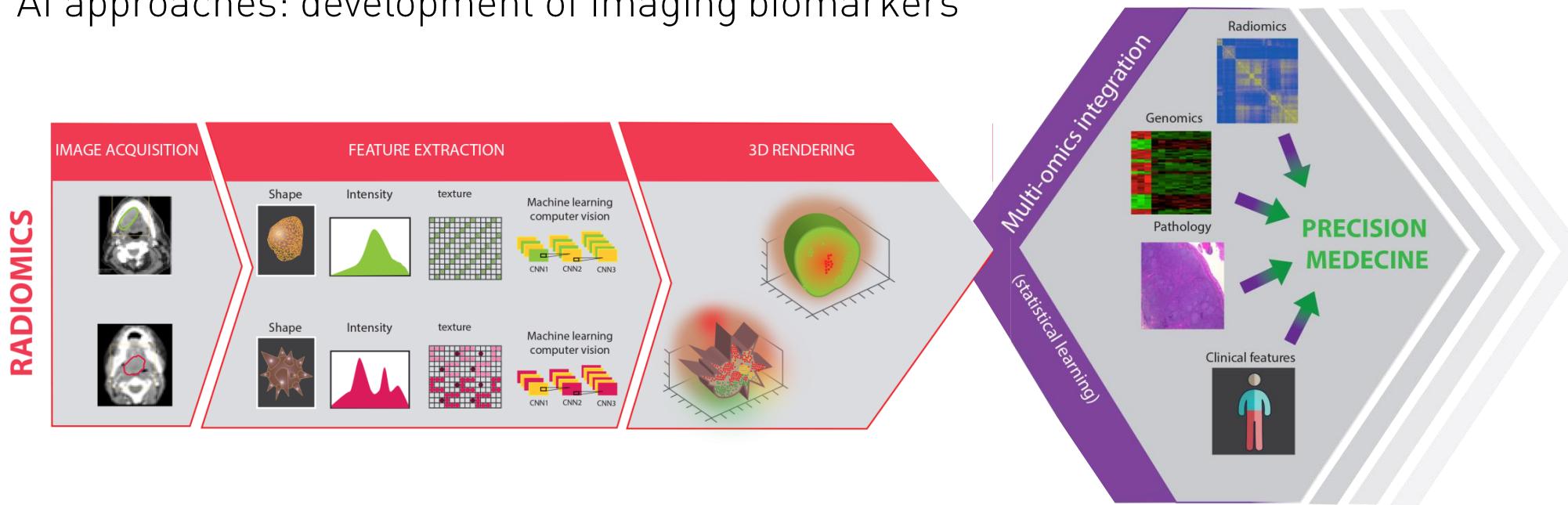
# Radioimmunotherapy



Deutsch et al. Lancet Oncol 2019

# Radiomics

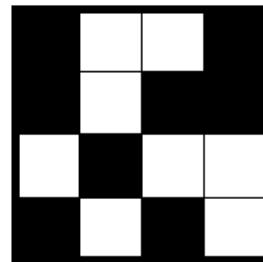
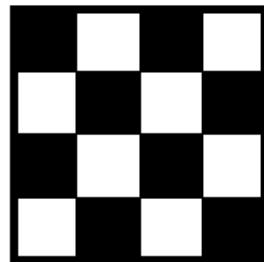
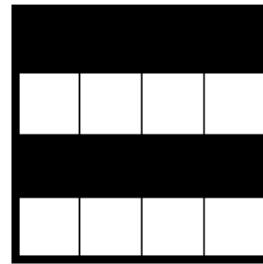
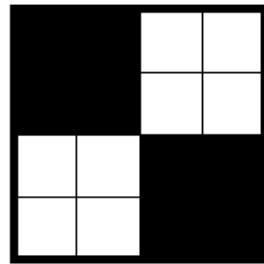
- Translates medical imaging into quantitative data
- Reflects the tumor phenotype (cellular and molecular properties)
- AI approaches: development of imaging biomarkers



Limkin E, Sun R et al. Ann Oncol 2017

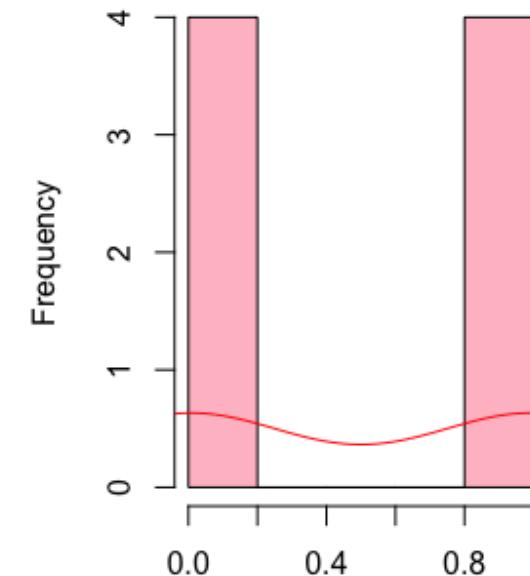
# Radiomics pipeline: feature extraction

*Histogram or 1<sup>st</sup>-order features*



- Histogram features**
- Skewness
- Kurtosis
- Entropy
- Energy

**But no spatial information**



4 different patterns:

- 8 black voxels
- 8 white voxels



Same histogram

# Radiomics pipeline: feature extraction

1	1	1	3
0	2	1	3
3	0	3	3
1	0	1	0

*Texture or 2<sup>nd</sup> order Features*

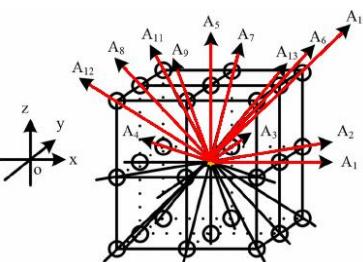
GLCM : Gray Level Co-occurrence Matrix  
Neighbor Pixel Value

Reference Pixel Value	0	1	2	3
	0	0	1	1
1	2	2	0	2
2	0	1	0	0
3	1	0	0	1

GLRLM : Gray Level Run-Length Matrix

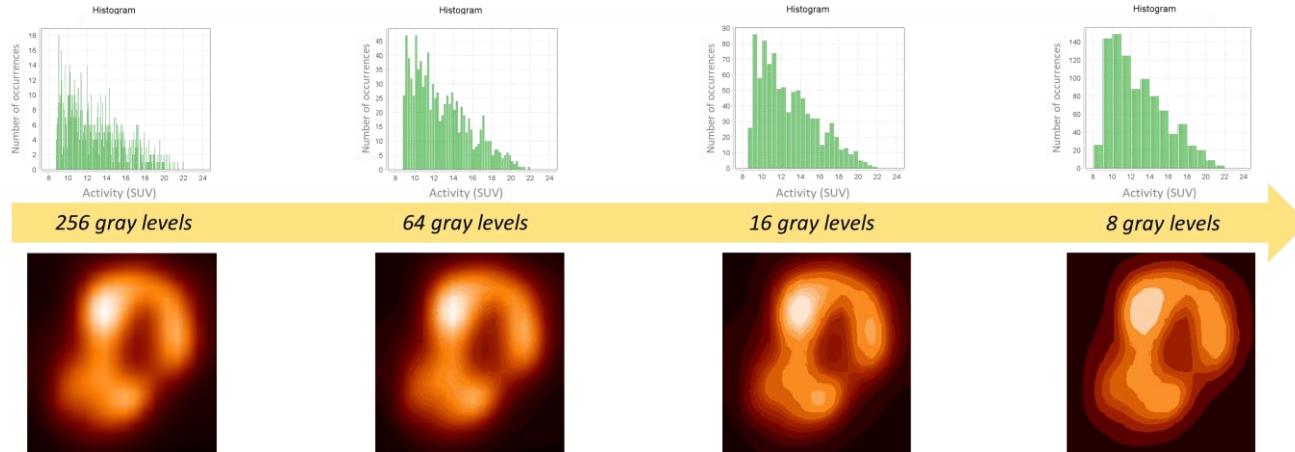
Gray level	1	2	3	4
	0	4	0	0
1	3	0	1	0
2	1	0	0	0
3	3	1	0	0

13 directions are needed to connect a voxel with its 26 neighbors in 3D



# Radiomics pipeline: feature extraction

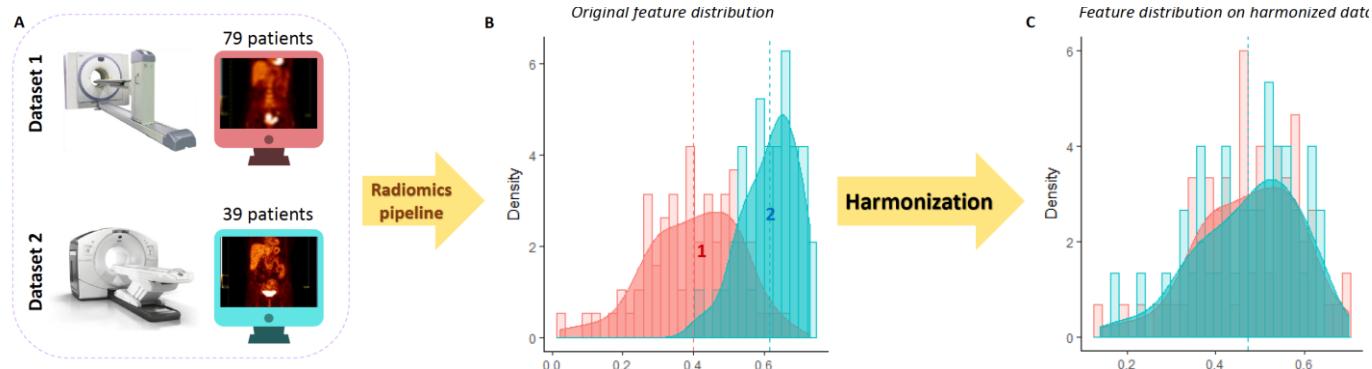
## Imaging preprocessing



Voxel resampling

Intensity (SUV) Discretization

## Radiomics features standardization



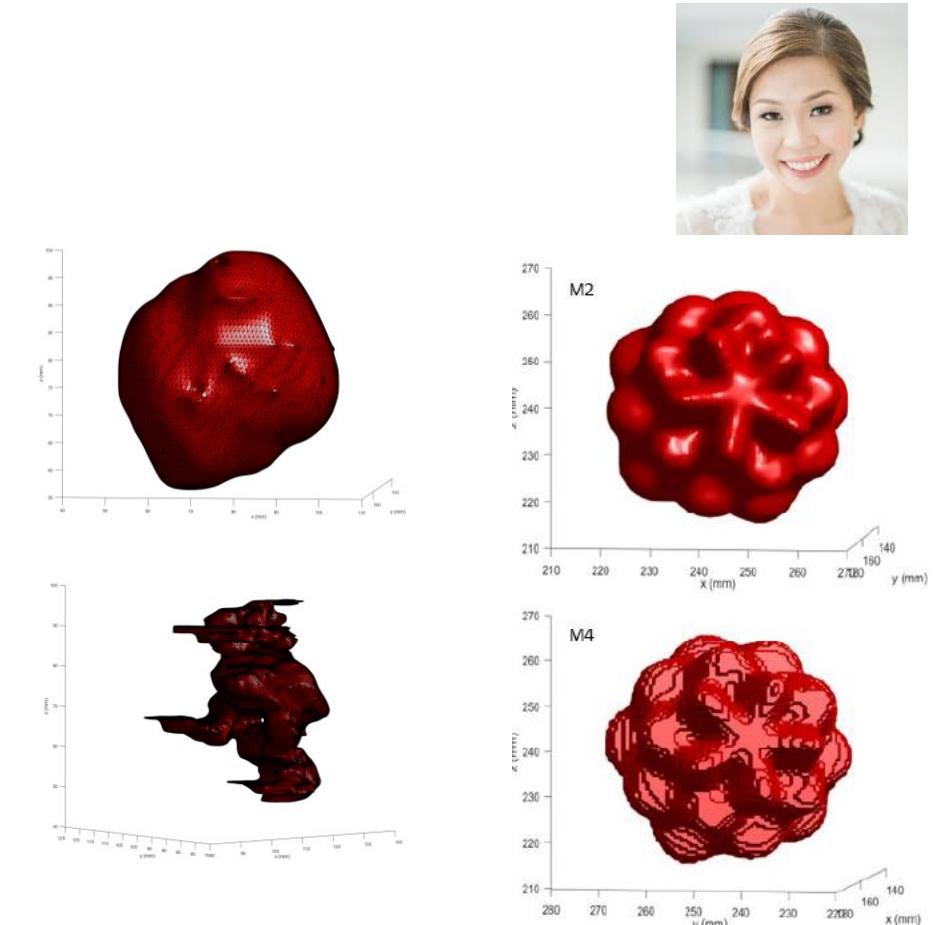
Reuzé S et al. Oncotarget 2017

Reuzé S et al. IJROBP 2018

# Radiomics pipeline: feature extraction

## Shape features

FEATURE	DESCRIPTION	FORMULA
Volume <sup>23</sup>	Determined by counting the number of pixels in the tumor region and multiplying this value by the voxel volume.	<i>Number of pixels * voxel volume</i>
Surface area <sup>23</sup>	Surface area, calculated by triangulation (i.e. dividing the surface into connected triangles)	$A = \sum_{i=1}^N \frac{1}{2}  a_i b_i \times a_i c_i $
Surface to Volume ratio <sup>23</sup>	Ratio of surface area to volume	$\text{surface to volume ratio} = \frac{A}{V}$
Compactness 1 <sup>23</sup>	describes how much the shape of a tumor resembles that of a sphere/ can be encompassed by a sphere	$\text{compactness 1} = \frac{V}{\sqrt{\pi} A^{\frac{2}{3}}}$
Compactness 2 <sup>23</sup>	compactness of a sphere = 1	$\text{compactness 2} = 36\pi \frac{V^2}{A^3}$
Compactness 3 <sup>18</sup>		$\text{compactness 3} = 1 - \frac{4\pi A}{P^2}$
Spherical disproportion <sup>23</sup>	The ratio of the surface area of the tumor to the surface area of a sphere with the same volume as the tumor	$\text{spherical disproportion} = \frac{A}{4\pi R^2}$
Sphericity <sup>23</sup>	measure of the roundness or spherical nature of the tumor, where the sphericity of a sphere is the maximum value of 1	$\text{sphericity} = \frac{\frac{1}{3}(6V)^{\frac{2}{3}}}{A}$
Fractional concavity	the cumulative length of the concave segments in the tumor divided by the total length of the tumor contour	$Fcc\_3D = \frac{\text{surface area conv}}{\text{surface area}}$

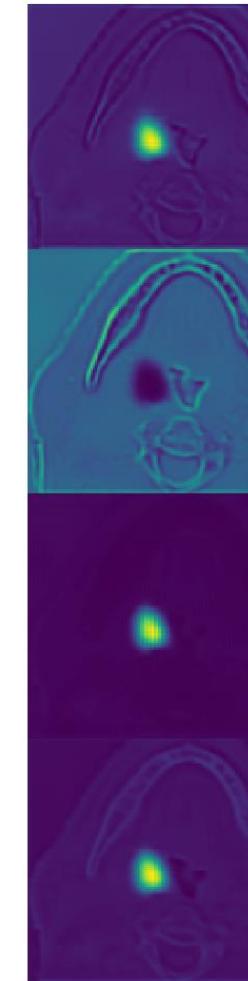
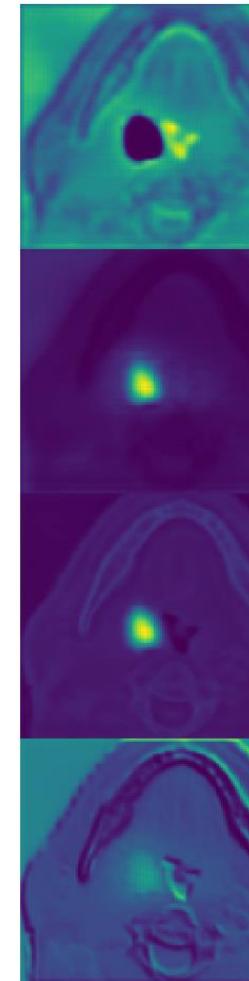
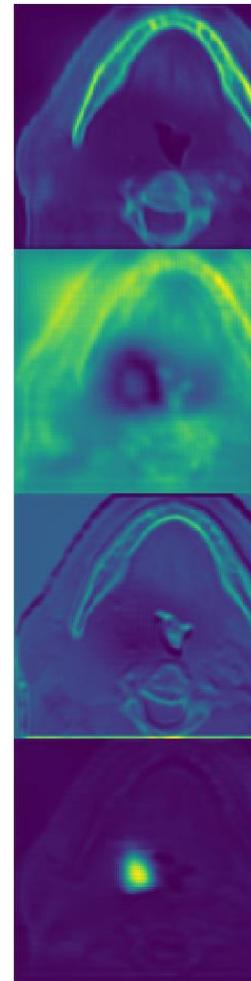
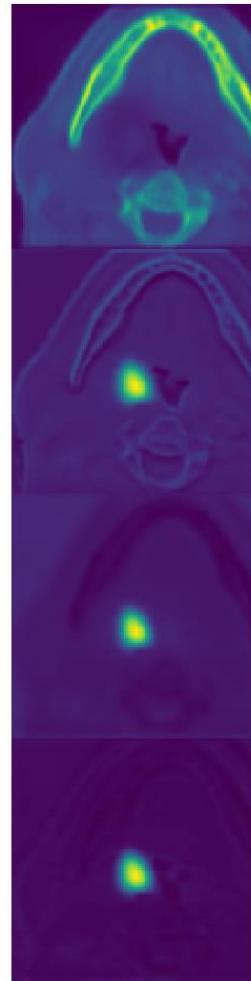


Volume dependency

Limkin et al, Scientific Reports 2019

# Radiomics pipeline: feature extraction

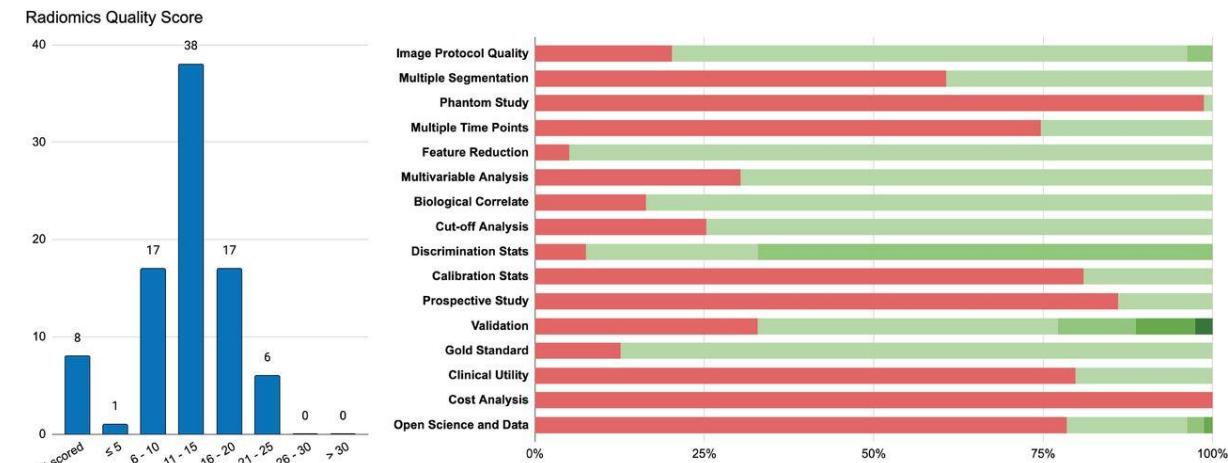
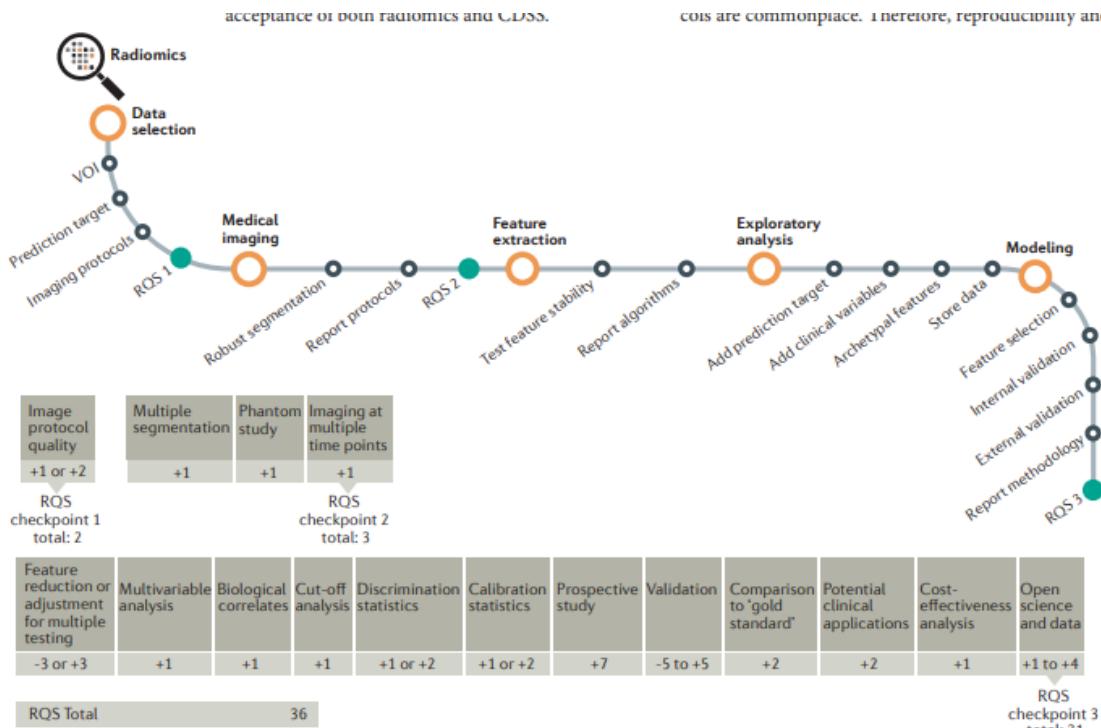
*Deep Learning and deep features*



Courtesy T. Estienne

# Validity of radiomics studies

## Radiomics Quality Score

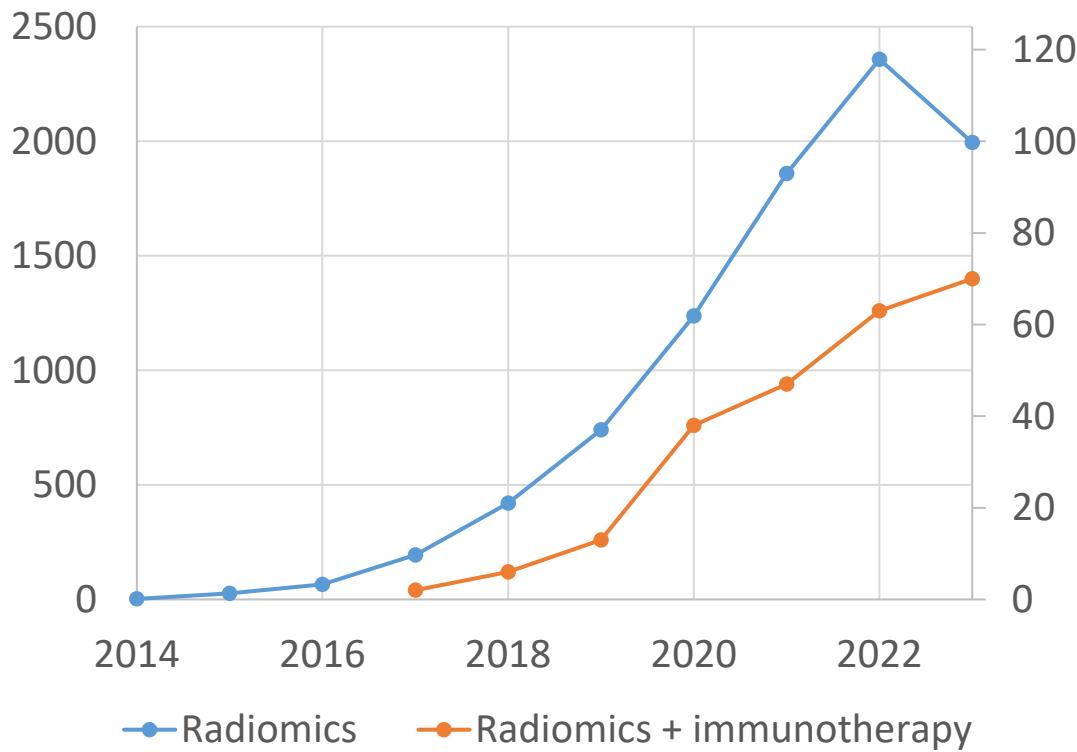


Dercle et al, JITC 2022

Lambin et al, NRCO 2017

# Radiomics for immunotherapy?

Pubmed results (no review - Oct 2023)



Molecular pathways of immune response, inflammation,  
TILs, PD-L1

Grossman et al. eLife 2017

Tang et al. Sci Rep 2018

Chen et al. Eur Radiol 2019

MSI: Golia Pernicka et al. Abdom Radiol 2019

**Microenvironment > IO response**

CD8: Sun et al. Lancet oncol 2018

TMB: He et al. J Immunother Cancer. 2020

PDL1: Mu et al. J Immunother Cancer. 2021

Hypoxia: Tunali et al. JNCI Cancer Spectr. 2021

**Response to IO directly**

Tunali et al. Lung Cancer 2019

Trebeshi et al. Ann oncol 2019

Khorrami et al. Cancer Immunol Res 2019

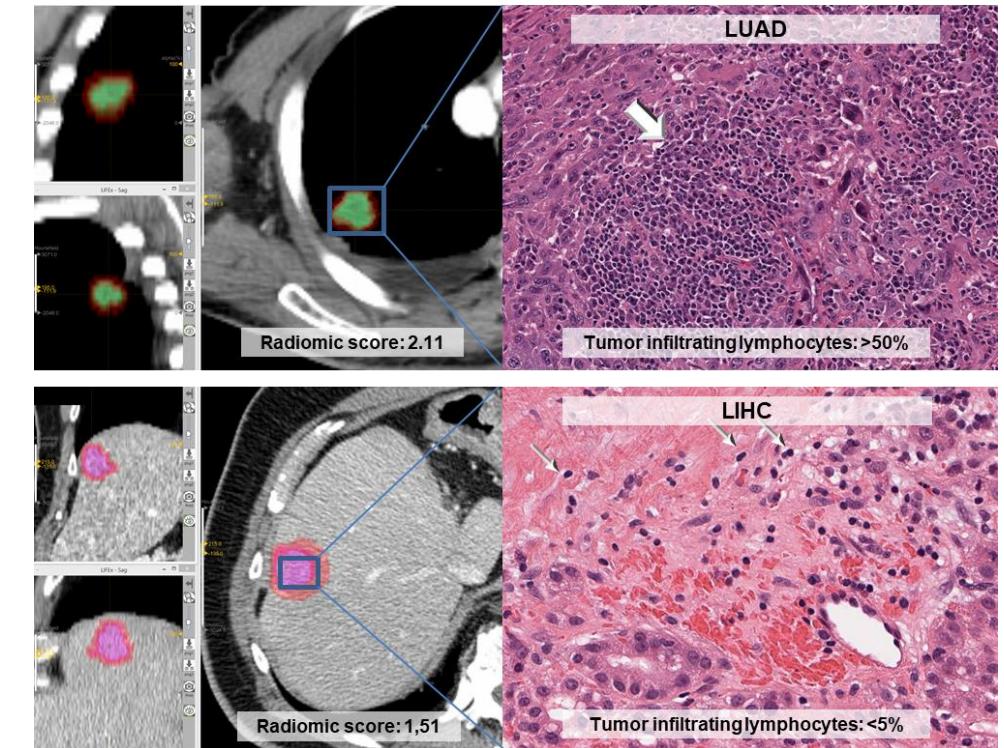
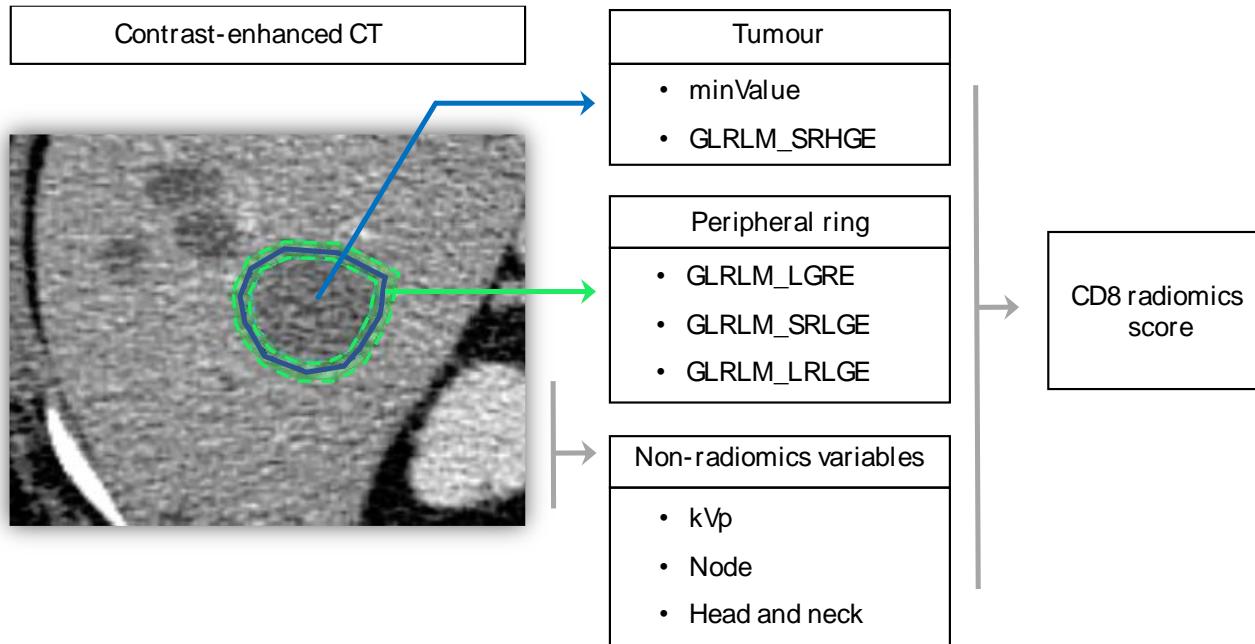
Mu et al. EJNMMI 2020

Liu et al. Front Oncol 2021

**MDSC-targeting immunotherapy** : Devkota Sci Adv. 2020 (mice)

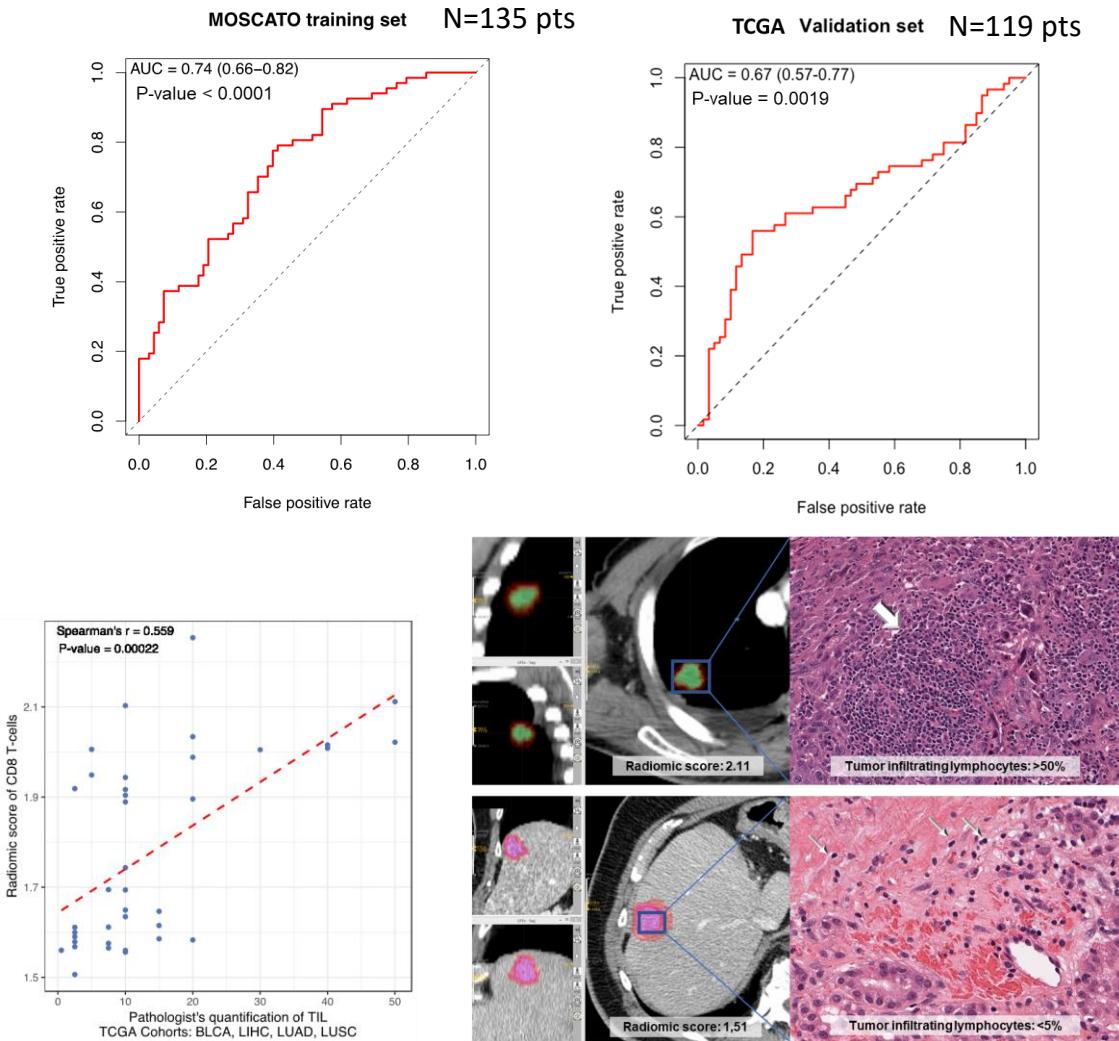
# CD8 Radiomics signature

Prediction of CD8 T cells using radiomics on contrast enhanced CTs

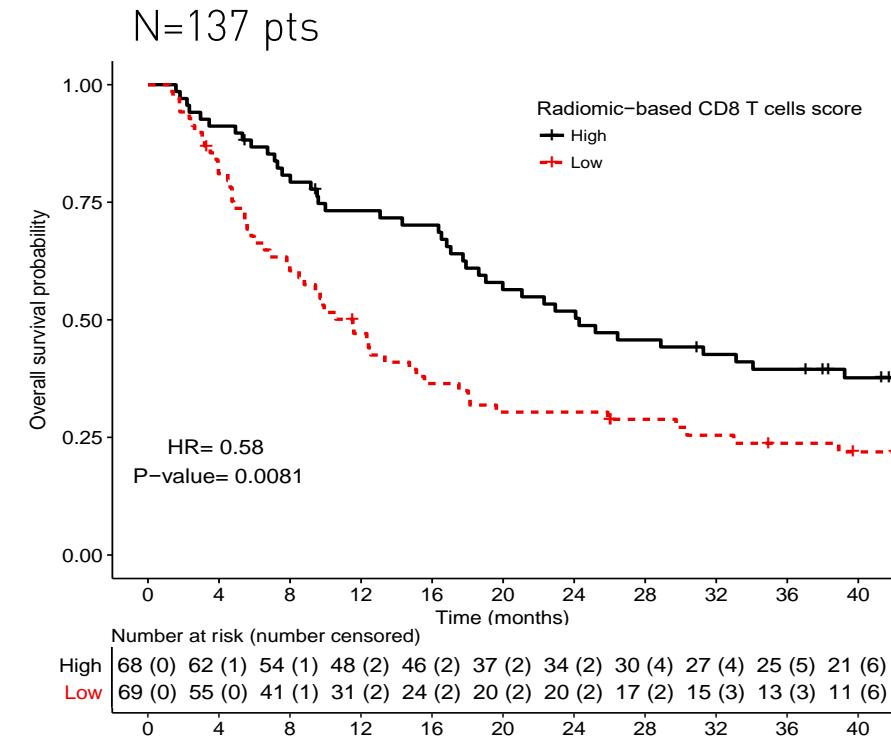


# CD8 Radiomics signature

The radiomic signature could discriminate high vs low genomic score of CD8 T-cells infiltration



And was associated with OS in patients treated with anti-PD-1/PD-L1



Sun R et al. Lancet Oncol 2018

# Useful for radioimmunotherapy?

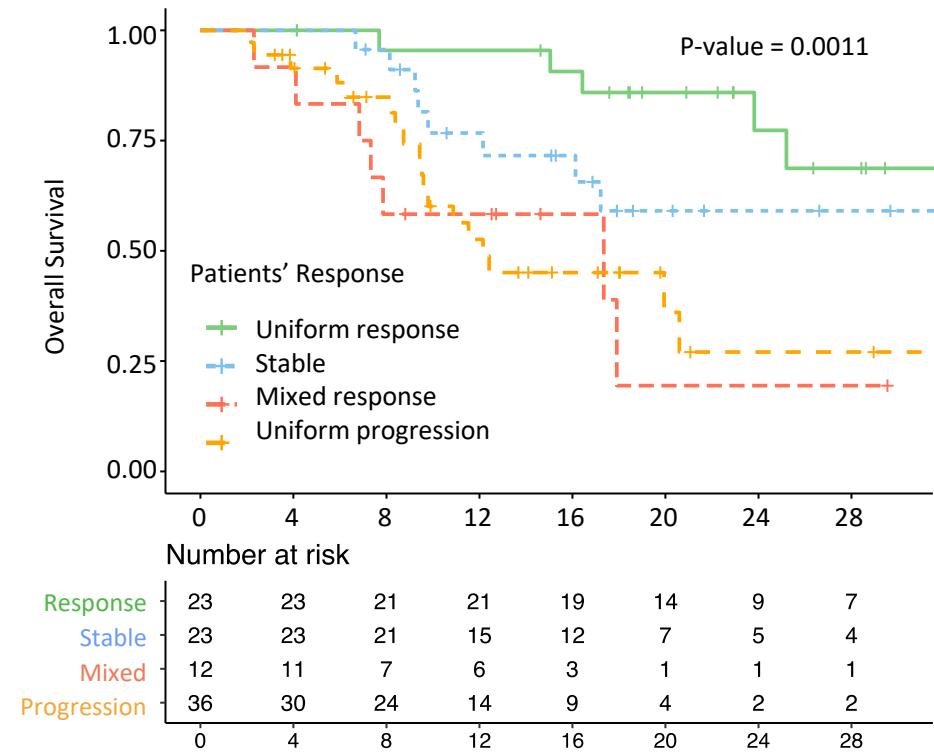
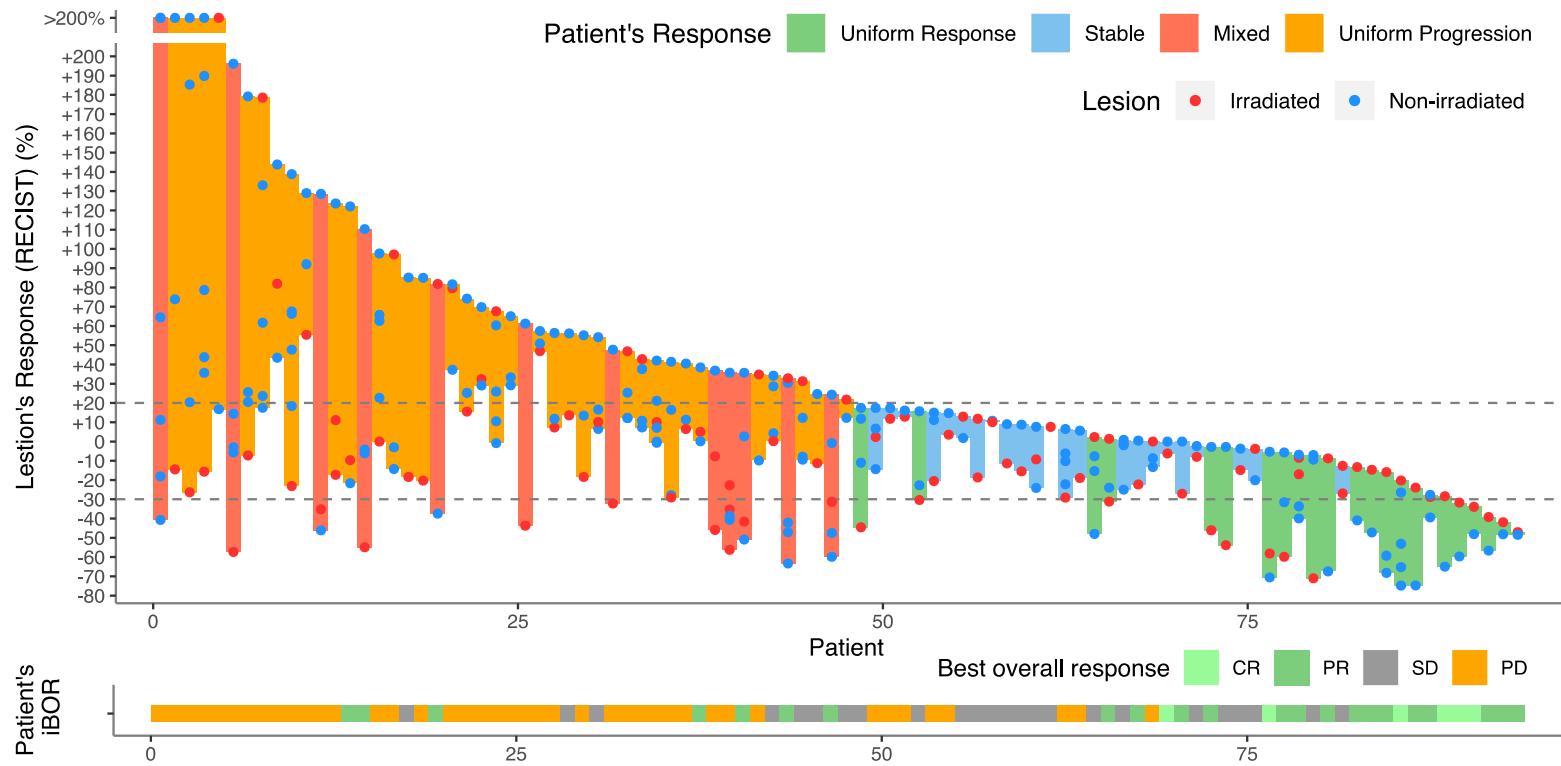
## Patients

Gustave Roussy	SABR	Phase II <b>CRC, melanoma, lung</b> stage IV	Stereotactic RT (SBRT) : 3 x 15 Gy	Atezolizumab	94 patients
	Mel-Ipi-Rx	Phase I <b>Melanoma</b> Stage III-IV	Hypofractionated 3 x 3 / 5 / 6 Gy	Ipilimumab	
Gent	SBRT Ipilimumab	Phase I <b>Melanoma</b> Stage IV	SBRT : 3 x 8 / 10 / 12 Gy	Ipilimumab	
	SBRT Nivolumab	Phase II <b>Melanoma</b> Stage III-IV	SBRT : 3 x 8 Gy	Nivolumab	
	SBRT Pembrolizumab	Phase I <b>Urothelial</b> Stage IV	SBRT : 3 x 8 Gy	Pembrolizumab	
Erlangen	ST-ICI	Observational <b>H&amp;N, lung</b> Stage III-IV	Palliative and/or curative RT	Nivolumab Pembrolizumab	100 irradiated lesions 189 non-irradiated lesions



# RTIO cohort

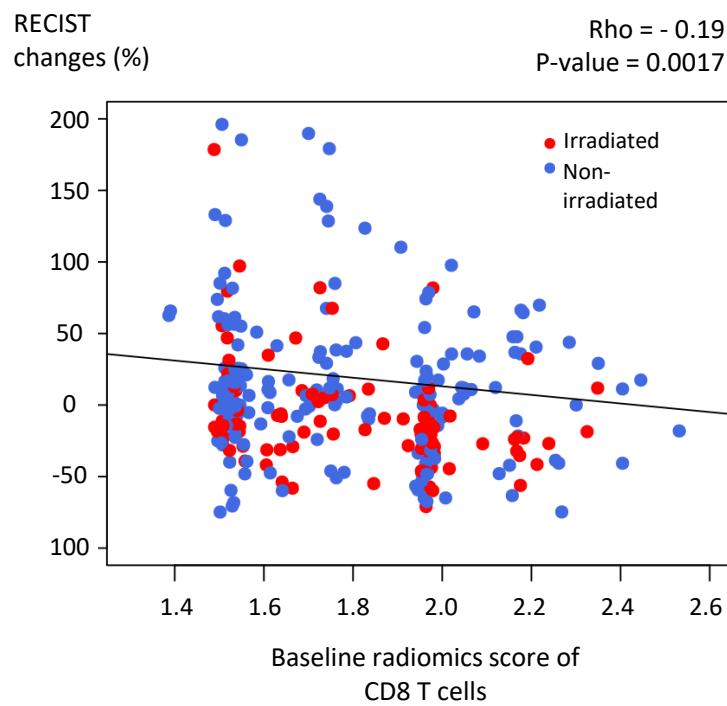
## Patient patterns of response



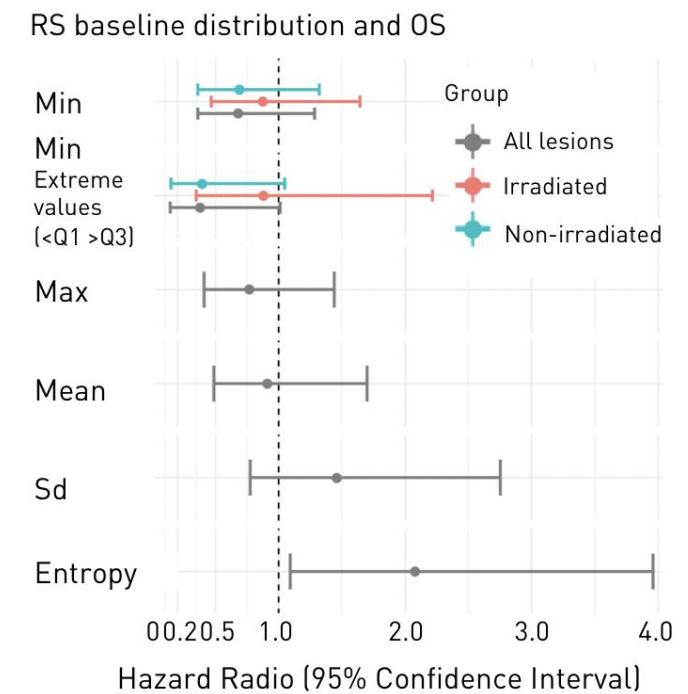
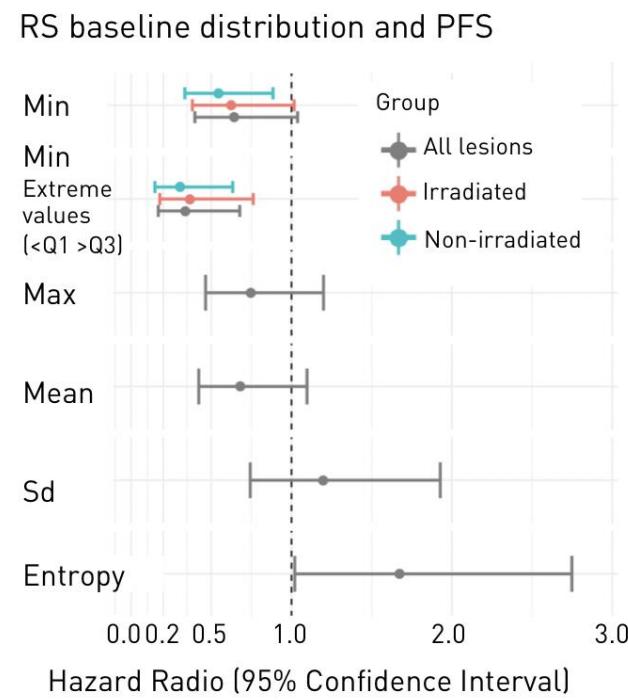
# RTIO cohort

## CD8 radiomic score distribution

### Lesion response



### Patient response



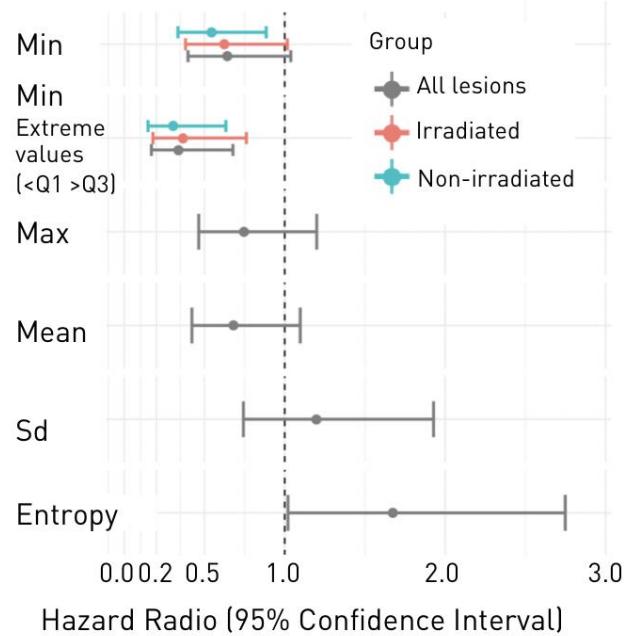
Sun et al. JITC 2020

# RTIO cohort

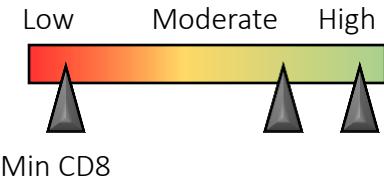
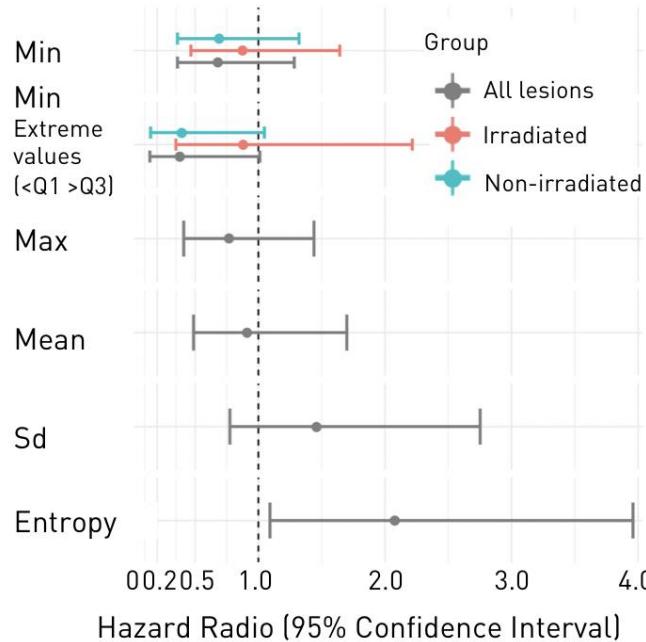
## CD8 radiomic score distribution

### Patient response

RS baseline distribution and PFS



RS baseline distribution and OS



### Min CD8 RScore

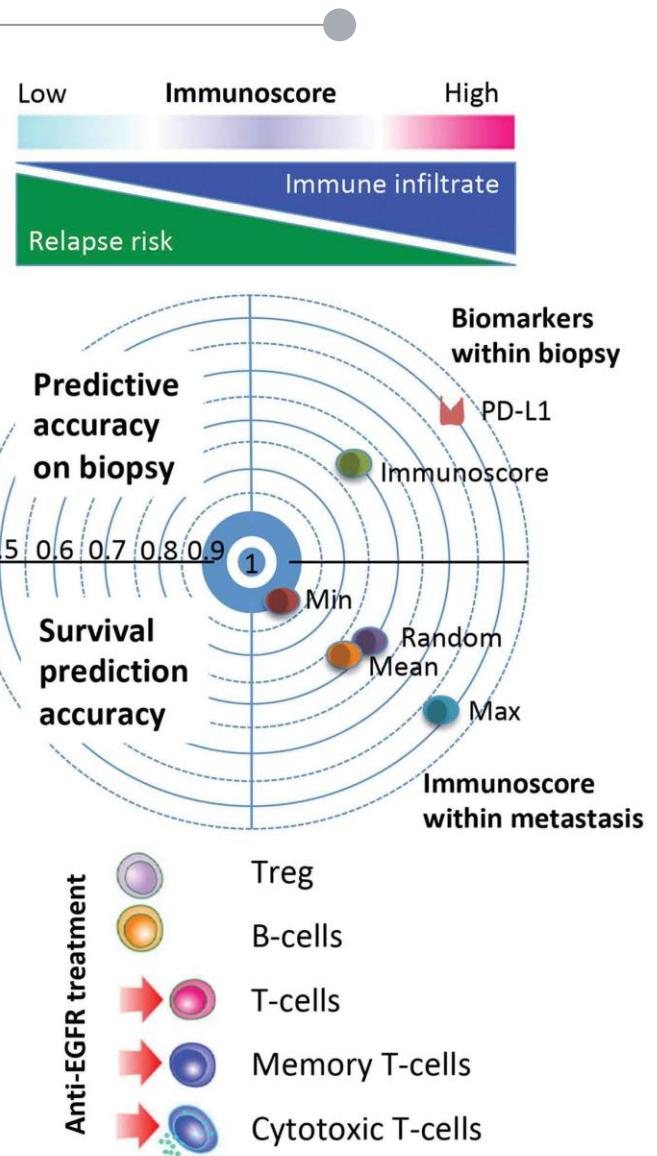
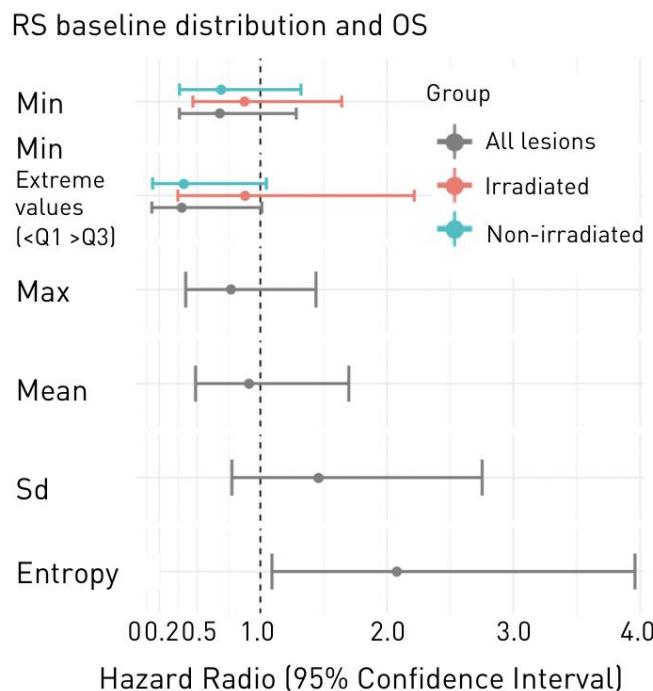
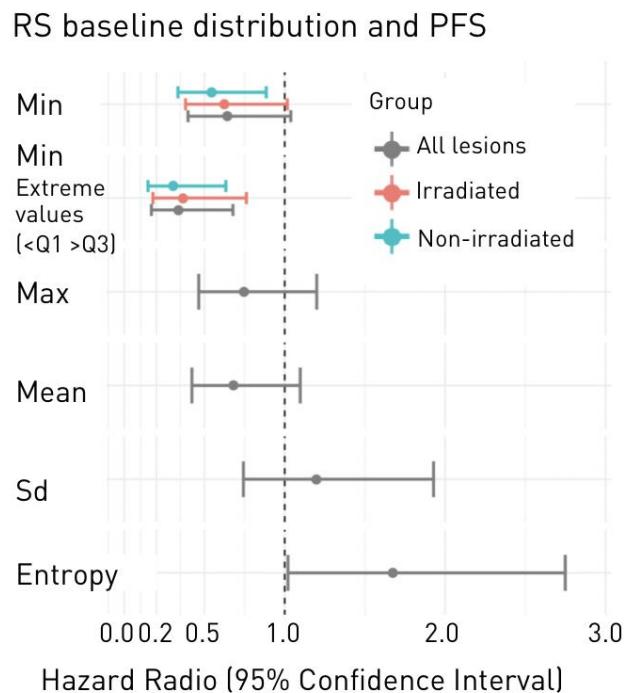
Predictive value of the **least immune-infiltrated** and **non-irradiated** metastasis

May help to guide radiotherapy

# RTIO cohort

## CD8 radiomic score distribution

## Patient response



Van den Eynde et al. Oncoimmunology 2020

# CD8 signature: validated for melanoma

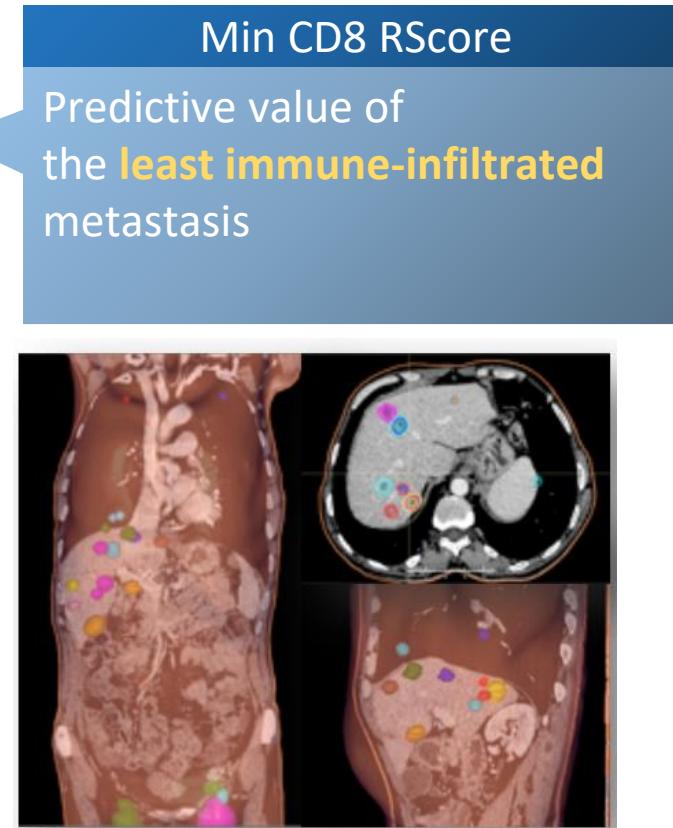
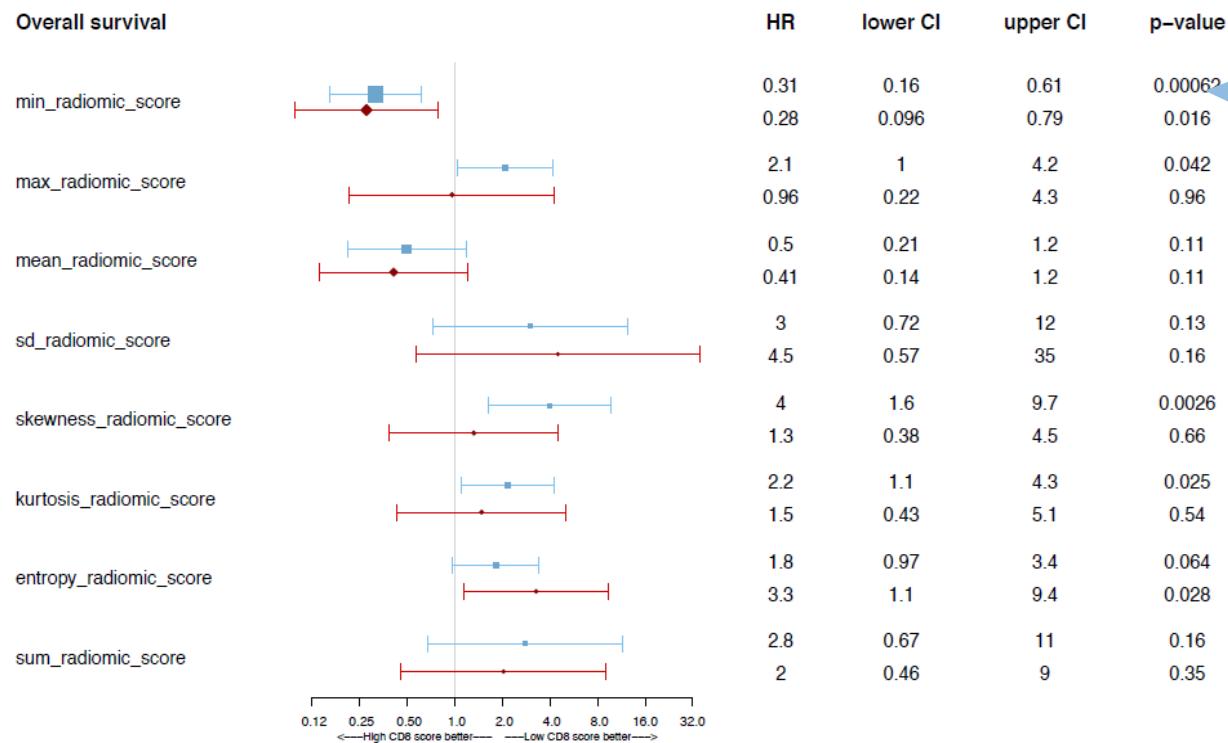
## CD8 radiomics score

Melanoma patients

Immunotherapy: anti-PD1  
(mono or bitherapy)

Baseline CT available:  
N= 136 patients  
1120 lesions delineated  
at baseline

Baseline and E1 CTs  
available:  
N= 127 patients  
1052 lesions delineated  
at both times



Sun et al. JITC 2022

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Radiomics CD8 score and liver mets?

Article | Published: 04 January 2021

## Liver metastasis restrains immunotherapy efficacy via macrophage-mediated T cell elimination

Jiali Yu, Michael D. Green, Shasha Li, Yilun Sun, Sara N. Journey, Jae Eun Choi, Syed Monem Rizvi, Angel Qin, Jessica J. Waninger, Xuetong Lang, Zoey Chopra, Issam El Naqa, Jiajia Zhou, Yingjie Bian, Long Jiang, Alangoya Tezel, Jeremy Skvarce, Rohan K. Achar, Merna Sitto, Benjamin S. Rosen, Fengyun Su, Sathiya P. Narayanan, Xuhong Cao, Shuang Wei, ... Weiping Zou

Show authors

[Nature Medicine](#) 27, 152–164 (2021) | [Cite this article](#)

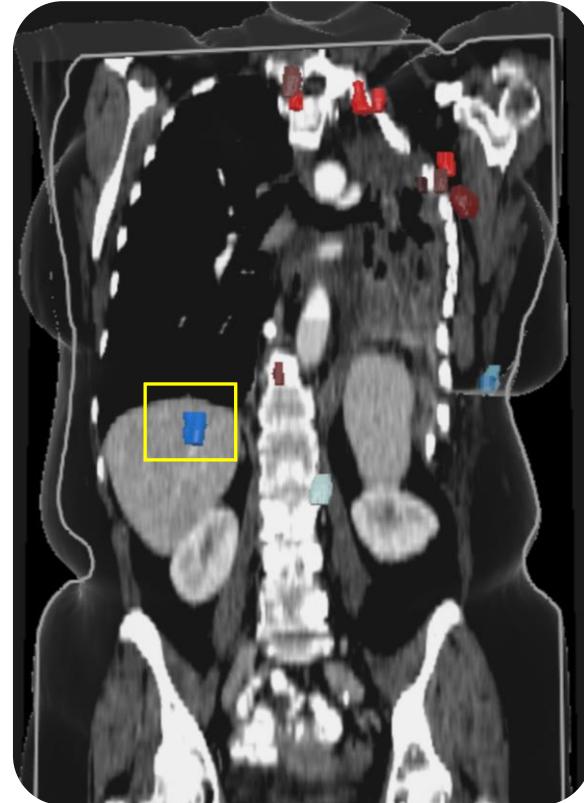
# Radiomics CD8 score and liver mets?

## NSCLC cohort

Stratification of patients:

- with liver mets: cold vs hot liver lesions
- without liver mets: cold vs hot non-liver lesions

Cold liver  
lesion



Hot  
liver  
lesion

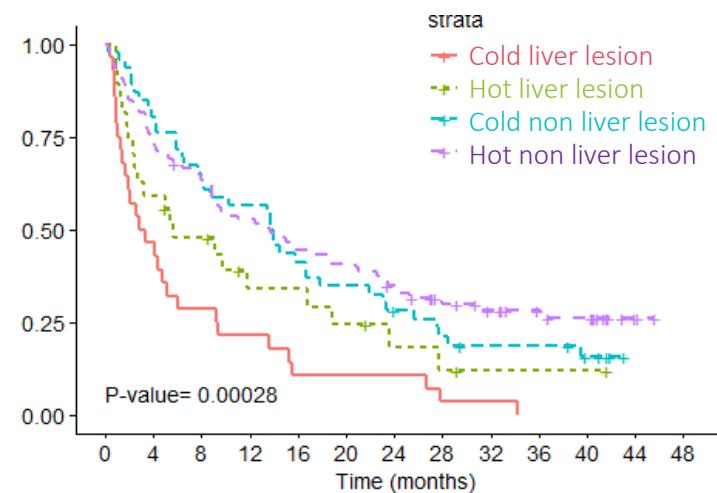


## NSCLC cohort

Stratification of patients:

- with liver mets: cold vs hot liver lesions
- without liver mets: cold vs hot non-liver lesions

Overall survival

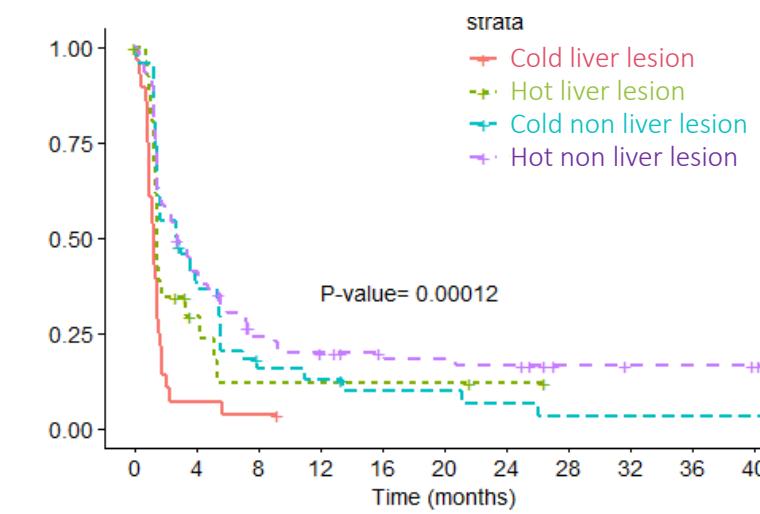


Number at risk

	0	4	8	12	16	20	24	28	32	36	40	44	48
Cold liver lesion	28	13	8	6	3	3	3	1	1	0	0	0	0
Hot liver lesion	27	16	12	7	7	5	3	2	1	1	1	0	0
Cold non liver lesion	46	37	29	26	19	16	13	9	7	7	4	0	0
Hot non liver lesion	87	66	54	45	38	35	29	21	17	13	11	2	0

Time (months)

Progression free survival



Number at risk

	0	4	8	12	16	20	24	28	32	36	40
Cold liver lesion	28	2	1	0	0	0	0	0	0	0	0
Hot liver lesion	27	5	2	2	2	2	1	0	0	0	0
Cold non liver lesion	46	16	6	5	3	3	2	1	1	1	1
Hot non liver lesion	87	35	18	14	11	10	9	5	4	4	3

Time (months)

# Liver lesion irradiation and outcomes

## Patients

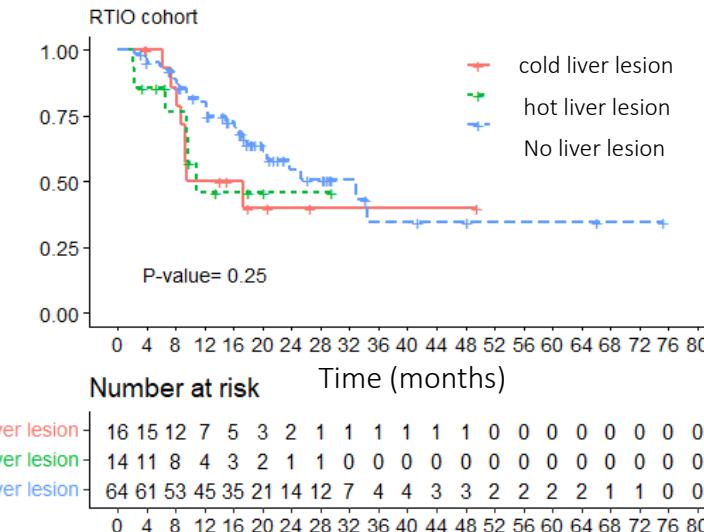
N=94 pts treated with ICI + RT (mostly 3 x 8 Gy)

- 30 patients with liver lesions (32%)
- Cold liver lesions: according to the median value
- Median OS : 13 mo vs 10 mo vs 33 mo (NS)

SBRT of liver lesion according to CD8 Radiomics score

- SBRT to cold Liver lesions improved OS  
(according to the median Value of irradiated live lesions)
- Median OS:  
Not reached vs 9.8 mo.

## Overall Survival

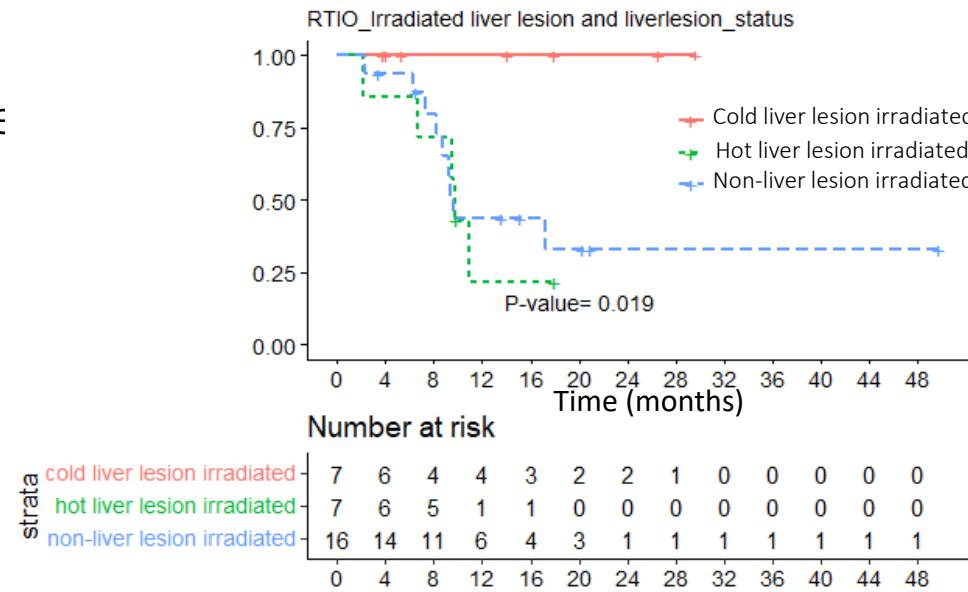


94 patients



100 irradiated lesions  
189 non-irradiated lesions

## Overall Survival



# Independent external validation



Association of radiomics score with clinical outcomes after stereotactic body radiation therapy and immune checkpoint blockade.

The Journal of Clinical Investigation

CLINICAL MEDICINE

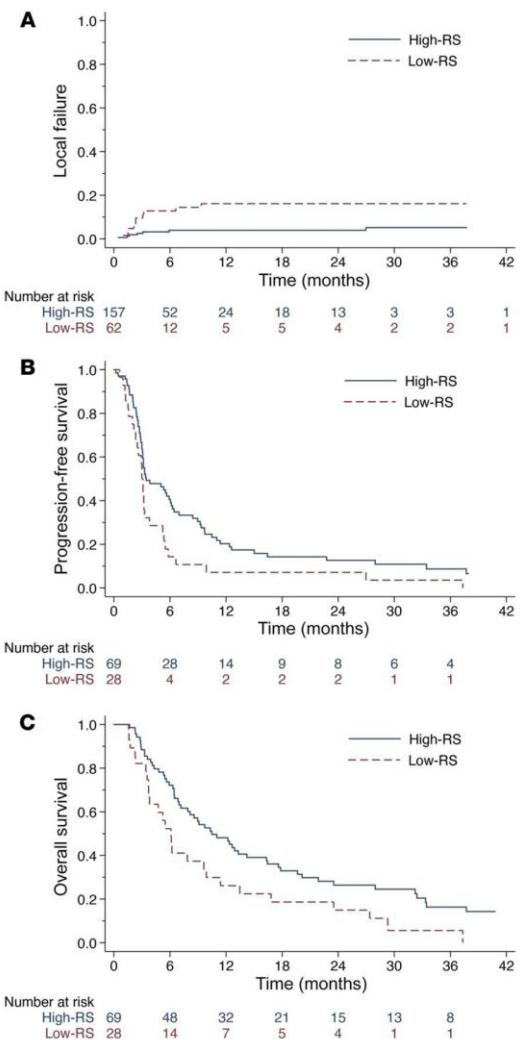
## Partial tumor irradiation plus pembrolizumab in treating large advanced solid tumor metastases

Mark C. Korpics,<sup>1</sup> Benjamin E. Onderdonk,<sup>1</sup> Rebekah E. Dadey,<sup>2</sup> Jared H. Hara,<sup>1</sup> Lilit Karapetyan,<sup>3</sup> Yuanyuan Zha,<sup>4</sup> Theodore G. Garrison,<sup>5</sup> Adam C. Olson,<sup>2</sup> Gini F. Fleming,<sup>6</sup> Ralph R. Weichselbaum,<sup>1,7</sup> Riyue Bao,<sup>2</sup> Steven J. Chmura,<sup>1</sup> and Jason J. Luke<sup>2</sup>

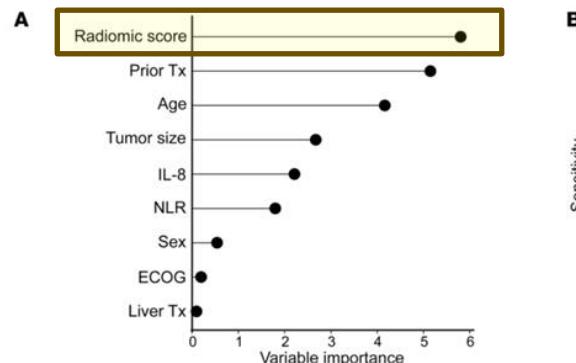
<sup>1</sup>Department of Radiation and Cellular Oncology, The University of Chicago, Chicago, Illinois, USA. <sup>2</sup>UPMC Hillman Cancer Center and University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, USA. <sup>3</sup>Department of Cutaneous Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida, USA. <sup>4</sup>Human Immunological Monitoring Core, Biological Sciences Division,

<sup>5</sup>Department of Public Health Sciences, Department of Medicine, Section of Hematology/Oncology, and <sup>6</sup>Ludwig Center for Metastasis Research, The University of Chicago, Chicago, Illinois, USA.

*J Clin Invest.* 2023;133(10):e162260. <https://doi.org/10.1172/JCI162260>.



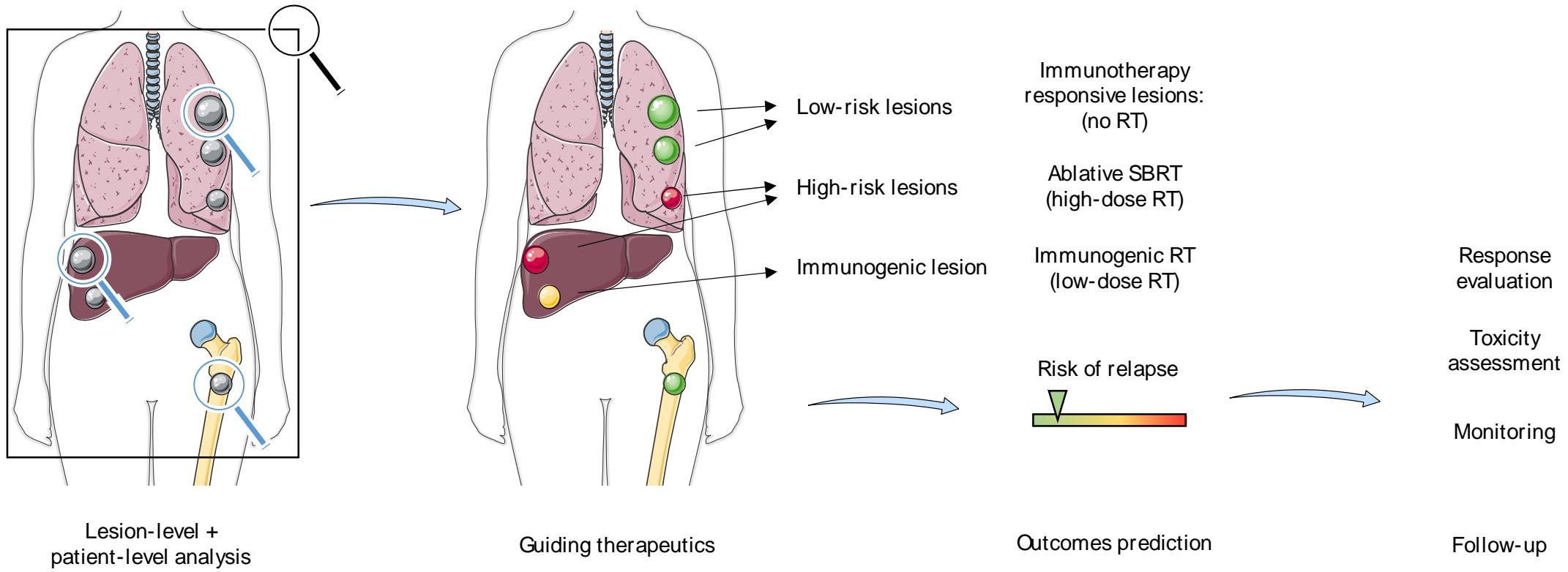
97 patients 219 irradiated lesions. 145 unirradiated lesions



Modelling of responders/non-responders

# Toward ultra-precision radioimmunotherapy ?

## Imaging-biomarkers guided radiotherapy

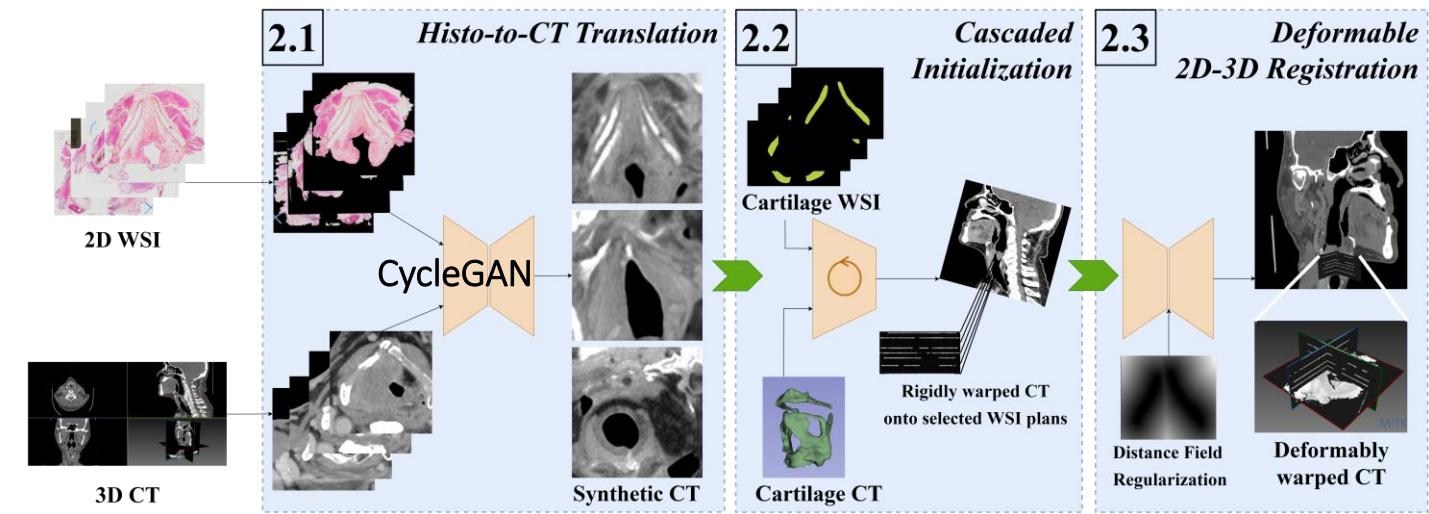




Amaury Leroy

# From pathology to CT :

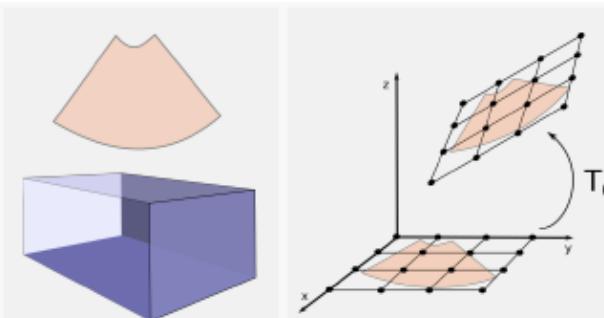
- Very different types of imaging:
  - Multimodal (colors, resolution)
  - 2D/3D



Modality Translation



Plane Selection



1  
Input data

2  
Initialization

3  
Optimization

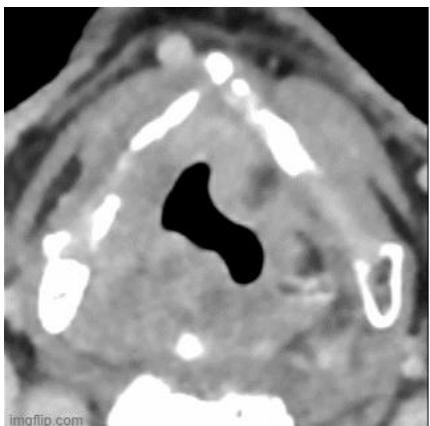
4  
Result

5  
Output

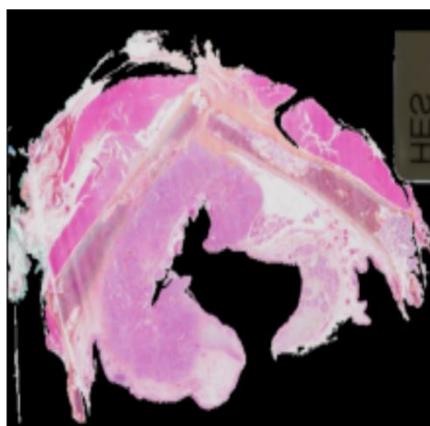


# Micron level tumor infiltration characterisation

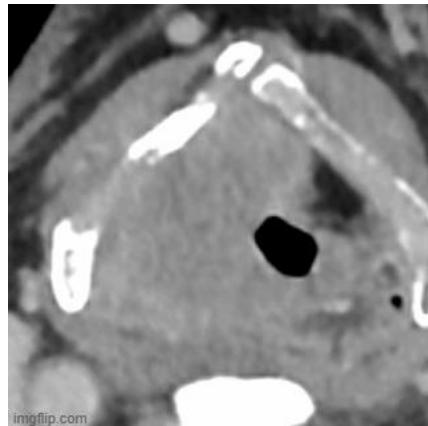
A Leroy



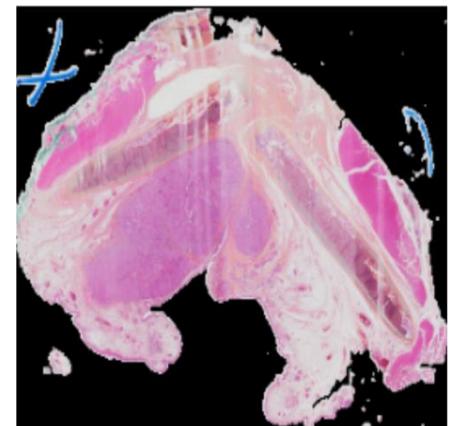
Moving CT



Fixed Histology



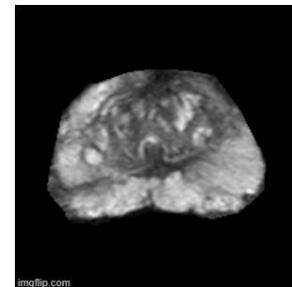
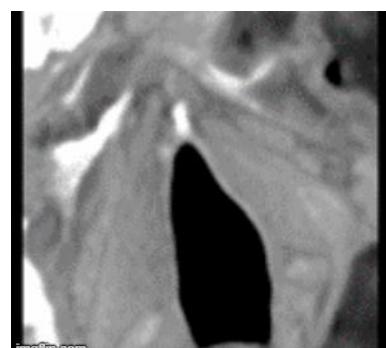
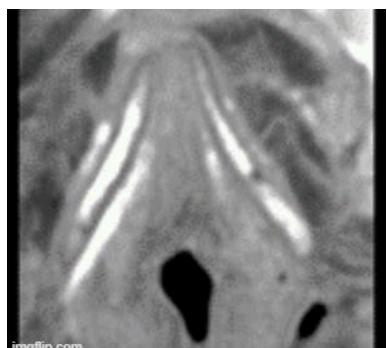
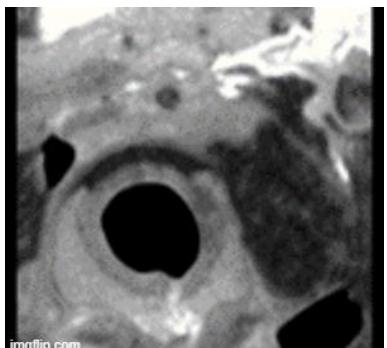
Moving CT



Fixed Histology

**Virtual Histology Synthesis**

**CT/MRI to the microscope into 1 click !**



MR to Histology (prostate)

CT to Histology

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# Conclusions

- Hétérogénéité inter-lésionnelle: un challenge majeur pour la radiomics
- Amélioration des connaissances tumor biology & radioimmunotherapy
- Guider un des traitements locaux (RT?)
- Importance d'un design d'étude adapté.

Merci pour votre attention !  
U1030 et collaborations

