

#### **Texture Characterization of Tumors**

Paul Morel, Changizi Neda, Cheng Hing, Mitchell Joseph Ross

#### ▶ To cite this version:

Paul Morel, Changizi Neda, Cheng Hing, Mitchell Joseph Ross. Texture Characterization of Tumors. Care About Cancer, Edmonton, AB, Canada, 16/06/2011-18/06/2011, Jun 2011, Edmonton, Alberta, Canada. pp.78, 2011. hal-00673453

HAL Id: hal-00673453

https://hal.science/hal-00673453

Submitted on 23 Feb 2012

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



## Texture Characterization of Tumors

P Morel, MSc; N Changizi, MSc; H Cheng, BSc; JR Mitchell, PhD University of Calgary, Calgary, Alberta, Canada

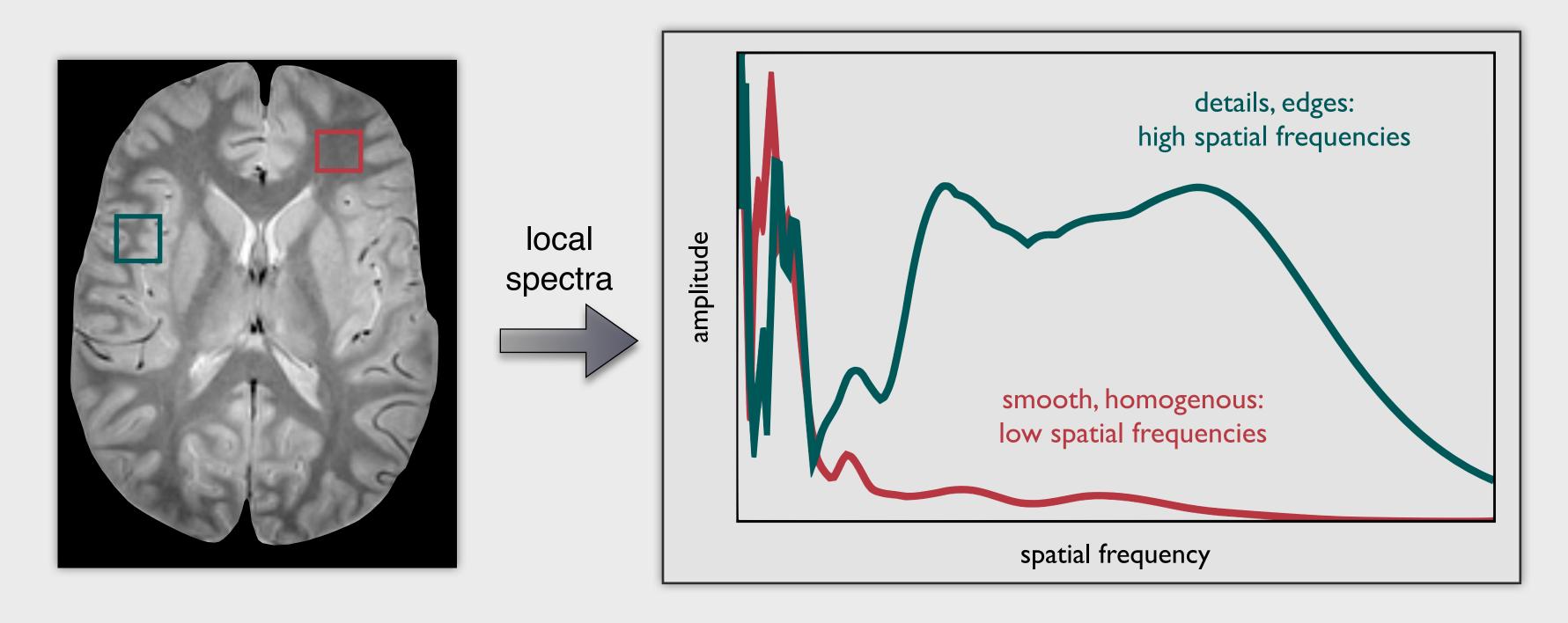


### 1 Introduction

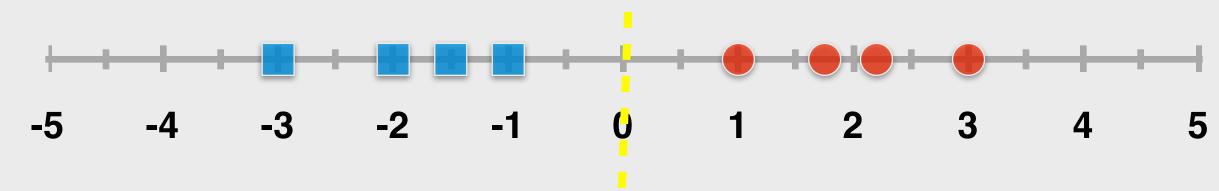
- Brain tumors often appear to be larger and inflamed in MRI after chemo and radiotherapy.
- May be due to lack of treatment response tumor growth
- May be caused by a real response an immune system reaction to tumor cell death
- The latter situation is referred to as radiographic "pseudo-progression".
  - Current imaging techniques are not accurate enough to distinguish pseudo- from real tumor progression.
  - ► Based on biological differences (i.e. necrosis/inflammation in pseudo-progression vs. expanding viable tumor in real progression), we hypothesize that pseudo- and real progression will have different MRI "textures" that are detectable using machine-learning and advanced image processing algorithms.

### 2 Methods

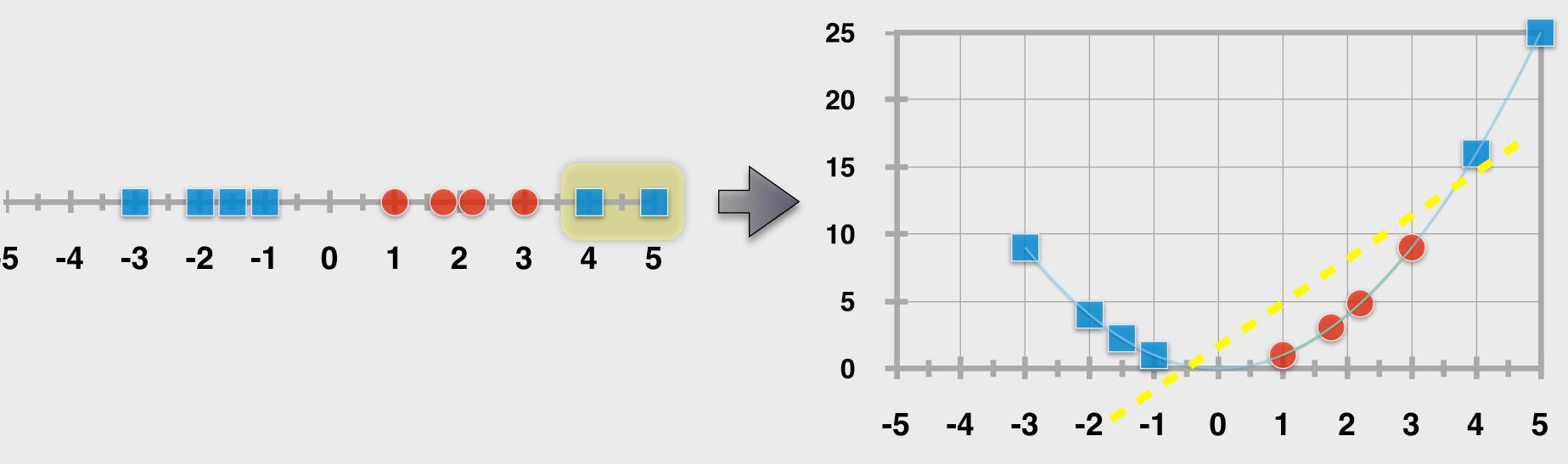
- MRI scans from 20 patients treated at the Tom Baker Cancer Center in Calgary, 10 with confirmed progression and 10 with confirmed pseudo-progression, were used to test our hypothesis.
- Each of these patients had biopsy-confirmed malignant glioma, a regimen of treatment that involved radiotherapy and temozolomide chemotherapy, and at least two post-treatment MRI scans, the first of which showed evidence of tumor change.
- Step1: Extract tumor texture features. Algorithms based on time-frequency analysis and variants of Stockwell Transform can be used to calculate local spectra that describe texture.



- Step 2: Texture curves from known samples are used to train a machine learning classifier (a Support Vector Machine) to discriminate between pseudo-progression and real progression.
- Machine Learning algorithms may be used to differentiate 2 groups, "Group A" and "Group B".
- In the following simple example, a linear boundary that best separate two groups is identified (vertical yellow line):

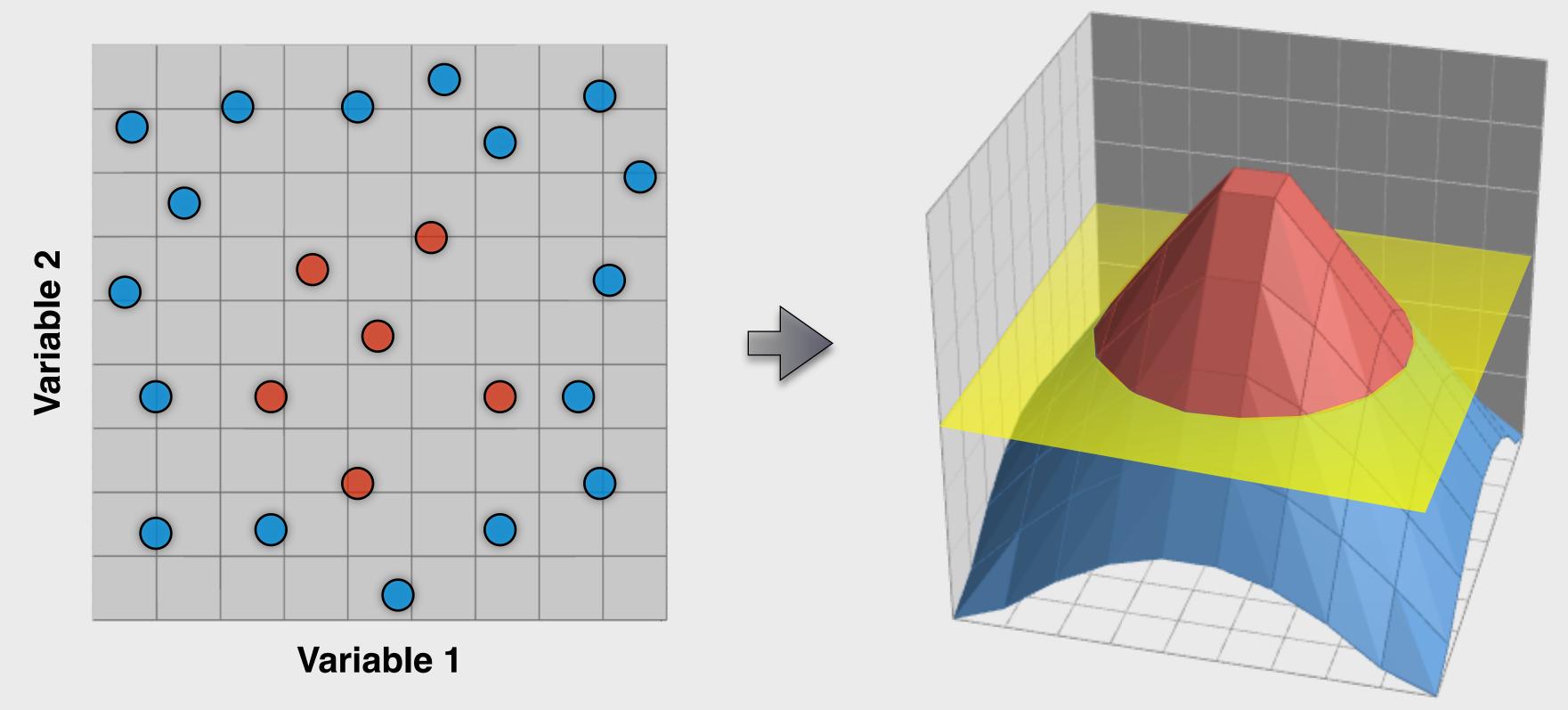


 However, if additional samples are added to "Group A", finding a single linear boundary may be more difficult. The trick is to go from 1 dimension to 2 dimensions. For example, let  $y=x^2$ . Now a single linear boundary (yellow line) separates the 2 groups.

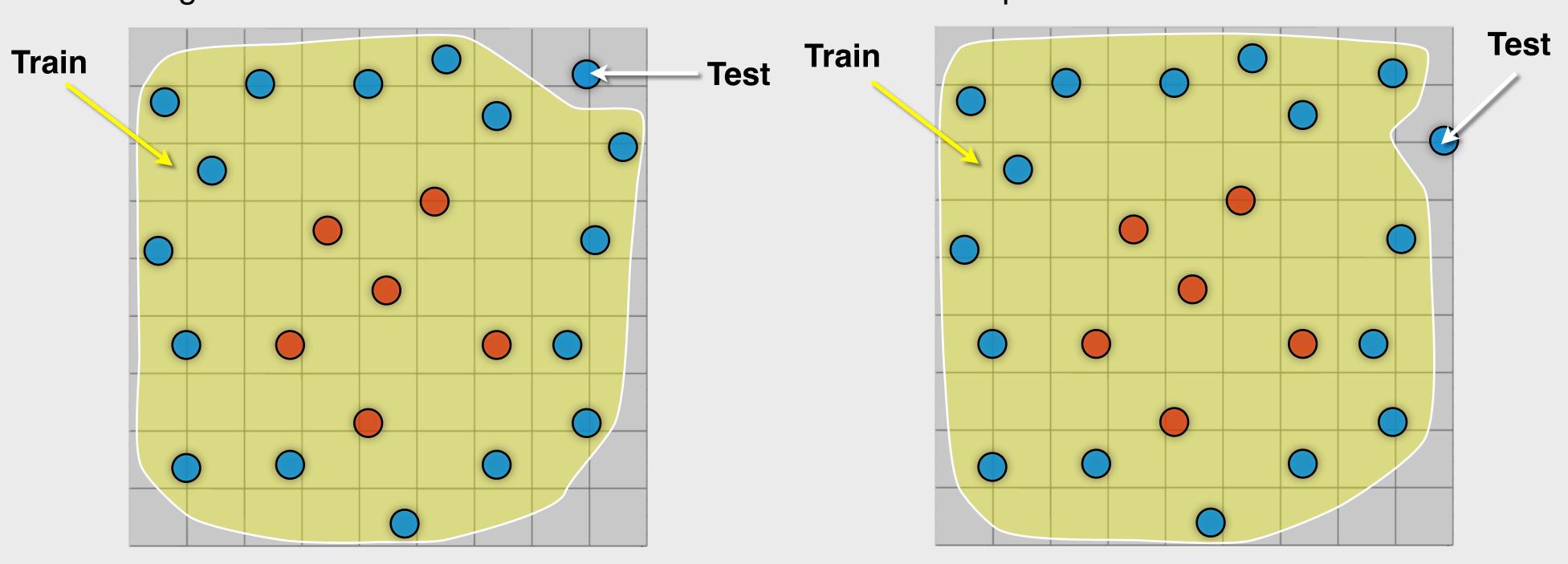


# 2 Methods (Continued)

• This trick can be used for data with 2 (or more) dimensions. Here, going from 2 to 3 dimensions allows a single linear boundary (yellow plane) to separate the 2 groups.



**Step 3:** The last step is to evaluate the classifier using Leave-one-out cross-validation. A single observation from original samples is used as the test data, and the classifier is trained on the remaining observations. This is a "harsh" test of the classifier's performance.



## 3 Results

 Pseudo-progression was distinguished from real progression with 90% accuracy. The classifier was able to correctly identify the 10 real progression cases (100% sensitivity). However, it incorrectly classified 2 pseudo-progression cases as real progression (80% specificity).

