# Artificial Intelligence for radiomic prediction of radiotherapy side effects

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# Radiotherapy is very effective, but can result in side-effects in some patients

Breast		Lung		Prostate			
<ul> <li>Erythema (short term)</li> <li>Atrophy</li> <li>Pain</li> <li></li> </ul>		<ul> <li>Cardiotoxicity</li> <li>Breathing problems</li> <li>Lung fibrosis</li> <li></li> </ul>		• In • R • S	<ul> <li>Incontinence</li> <li>Rectal bleeding</li> <li>Sexual dysfunction</li> </ul>		
Patient factors	Treat	ment factors	Geneti	CS	RT treatment		
<ul><li>Demographics</li><li>BMI</li><li>Age</li></ul>	• Mea • Surg • Hor	dication gery mone	• Genome-v SNP data	wide	<ul> <li>Dose</li> <li>Fractions</li> <li>Time of day?</li> </ul>		

# The REQUITE project



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 601826

- Multi-national observational study
- Breast, lung and prostate cancer patients
- ~ 4500 patients from 26 recruitment sites in 8 countries
- Cohort to validate existing predictive models and biomarkers of radiotoxicity



<ul> <li>B Breast cancer patients</li> <li>P Prostate cancer patients</li> </ul>	Blood samples	DNA / RNA Genotyping RNASeq	RILA (apoptosis assay)	Biobank		
Lung cancer patients		$\nabla$	$\nabla$	$\nabla$	$\nabla$	$\nabla$ .
	Baseline Radiotherapy	End of RT	3m	6m	12m	24m
Patient-related information Epidemiological, demographic, comorbidities	BPL		l	0	BPL	BPL
<b>Toxicity data</b> Health professional rated (CTCAE v4)	BPL	BP	C	C	BPL	BPL
Patient Reported Outcomes (PF	ROs)					
<u>General QoL</u> : EORTC QLQ C30	BPL	BP	9		BPL	BPL
<u>Fatigue</u> : MFI	BBF	BP	y		BPL	
Physical activity: GPAQ	BPL	BP	C		BPL	BPL
Breast specific: BR23	B	B			B	B
Prostate specific: Pelvic Symptom	ns 🦉	Р			P	P
Lung specific: Lung Symptoms	U		U	U	G	U
Breast photos BCCT.core scored	В					B
<b>Cancer treatment data</b> Radiotherapy, chemotherapy, surgery, hormonal treatment		BPL				
Radiotherapy physics data DICOM: CT, RTPLAN, RTDOSE, RTSTRUCT DVH (dose-volume histograms)	)	BPL				
Vital status Cause of death, disease progress withdrawal reason (if applicable)	sion;					BPL

## REQUITE: Big(ish) data



Patient factors	Treatment factors	Genetics	RT treatment	
<ul> <li>Demographics</li> <li>BMI</li> <li>Age</li> <li></li> </ul>	<ul><li>Medication</li><li>Surgery</li><li></li></ul>	<ul> <li>Genome-wide SNP data</li> </ul>	<ul> <li>Dose</li> <li>Fractions</li> <li>Time of day?</li> <li>RT technology</li> </ul>	

Physics Data – radiotherapy planning



- Manual or semi-manual delineation of tumour and organ structures
- RT plan to maximise tumour dose while sparing surrounding tissues
- Can we use AI approaches to predict which plans are more likely to result in radiotoxicity?
- Deep learning imaging approaches : Axial3D

## IAX Involvement

• IAX provided travel funds to meet with Axial3D and develop a Wellcome Trust Innovator Award application

#### **Academic perspective**

- Axial3D's expertise in machine learning image analysis will allow us to fully exploit radiotherapy dose data with greater precision
- Machine learning outcomes will enhance our radiotoxicity prediction models

#### **Axial3D perspective**

- Being part of an active research community
- Develop new products that can improve the healthcare and medical institutions

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