PV-0477: Early CT image biomarkers change and xerostomia score are strong predictors for late xerostomia

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Conclusion: A learning system based on SWM trained with mp-MR data has been presented. Reported results show that this learning scheme can provide a probability map of the area of relapse of GBM in a stable and accurate manner. This study suggests the potential of mp-MR data in addressing specific questions in GBM imaging.

PV-0476
Fractional anisotropy dose-response relationship of the corpus callosum
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Purpose or Objective: Diffusion tensor magnetic resonance imaging (DTI) is a non-invasive modality for determination of water diffusion properties. Fractional anisotropy (FA) quantifies the extent of directionality of water diffusion. We investigated absorbed dose as a predictor of FA change in the corpus callosum (CC) following radiation therapy for high-grade glioma.

Material and Methods: Fifteen patients with high-grade glioma underwent DTI scans before, and ten months after radiation therapy to 59.4-60 Gy. Diffusion data were acquired on a 3T MRI scanner. Using an automated white matter fiber tracking technique, 23 fiber tracts were segmented on the baseline and follow-up DTI images. The CT images used for treatment planning and both DTI image sets were aligned using non-linear registration. This way, the baseline FA, the follow-up FA, and the absorbed dose could be determined for each voxel in all 15 patients. For each voxel in the CC, we calculated the FA change as FAfollow-up /FAbaseline and dichotomized the data into a binary outcome variable using 0.5 as cutoff. For all 15 patients, logistic regression was used to determine dose-response curve parameters (D50 and g50) and their confidence intervals (CIs). We used the area under the receiver-operating characteristics curve (AUC) to evaluate the discriminative ability of the voxel dose. Then, we estimated dose-response curve parameters and calculated the AUC for each patient individually.

Results: The median age was 59 (range: 40-85) years. The average CC volume and average CC mean absorbed dose was 62.8 cm3 and 26±14 Gy (1 SD), respectively. Using data from 99 691 voxels, the estimated parameters for the dose-response curve for all patients (upper panel in Figure 1) were D50=88.0±0.1 Gy and g50=0.80±0.01 (95% CIs). The AUC was 0.71 indicating good discriminative ability. For nine out of 15 patients, the individual AUC was ≥0.60, indicating that higher absorbed dose is associated with higher probability of FA change ≥0.5. Dose-response curves for those patients are shown in the lower panel in Figure 1 and their estimated parameter values in Table 1. Individual D50s varied between 41.3 and 125.9 Gy.

Conclusion: Absorbed dose was a significant predictor of FA change in the CC. This was the case both when all patients were pooled for analysis, and in nine out of 15 patients when analyzed separately. More detailed analyses are needed to better understand the effect radiation has on water diffusion in brain white matter.

PV-0477
Early CT image biomarkers change and xerostomia score are strong predictors for late xerostomia
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Purpose or Objective: Radiation induced xerostomia is related to the dose given to the parotid glands (PG),
Nevertheless, substantial unexplained variability remains in the development of late xerostomia. To understand this variation becomes increasingly important with the advent of more conformal radiation techniques. Our hypothesis is that the patient-specific late response to radiotherapy (RT) is associated with changes in CT images and xerostomia scores early after RT.

**Material and Methods:** Parotid gland (PG) image characteristics were extracted from CTs before (T0) and after RT (6 weeks post RT) of 110 HNC patients. The differences between those two time points resulted in potential Δ CT Image Biomarkers (IBMs). These potential Δ CT IBMs represent geometric (Δ20) and CT intensity (Δ24) changes of the PG. Furthermore, the scored xerostomia of the patients before (XERbaseline) and 6 weeks post RT (XER6w_post), tumour, patient and dose characteristics were included. To identify variables that were associated with the endpoint moderate-to-severe xerostomia 12 months after RT (XER12m) whilst reducing multicollinearity, variables were first omitted based on inter-variables correlation. Second, multivariable selection was conducted by bootstrapped forward selection based on log-likelihood performance. The performance of the resulting logistic regression models was evaluated with the area under the ROC-curve (AUC) and Nagelkerke R2 index. All models were internally cross validated.

**Results:** Multivariable analysis was performed with 23 Δ CT IBMs. The primarily selected IBM was volume (between T0 and 6 weeks post RT) of the PG (figure) (p<0.001). Larger volume change was related to a higher chance of XER12m. Furthermore, the XER6w_post and XERbaseline were very prognostic. The performance of the multivariable model was high with an AUC of 0.89 and R2 of 0.54 (table). This model showed to be stable when it was internally validated (AUC-cross=0.88, R2-cross=0.53). Moreover, dose parameters did not add to the performance of the model (AUC-cross=0.88, R2-cross=0.52). Δ Volume made dose parameters redundant, suggesting that PG volume changes are related to the patient-specific response to dose.

**Table. Model performance measures**

<table>
<thead>
<tr>
<th>Baseline model</th>
<th>Post RT model</th>
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<tbody>
<tr>
<td>PG dose +</td>
<td>XER6w_post</td>
</tr>
<tr>
<td>XERbaseline</td>
<td>XER6w_post</td>
</tr>
<tr>
<td>Δ volume</td>
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<td>Δ Volume</td>
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**Results:** Change of PG volume 6 weeks post RT showed to be strongly related to late xerostomia. Moreover, together with xerostomia scores before and 6 weeks after RT, outstanding performance was obtained to predict XER12m. We believe that this model can contribute to the understanding of the patient-specific response to RT in developing late xerostomia. Secondly, it can serve as a quantitative measure for late damage to the PG early after treatment. The next step will be to investigate whether Δ PG Volume and xerostomia determined early in treatment can be used to predict late xerostomia, to select patients with a large risk on late xerostomia for proton treatment.

**Conclusion:**