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Alliance of Pancreatic Consortia (APaCC):

Pre-diagnostic and early stage PDAC imaging repository project

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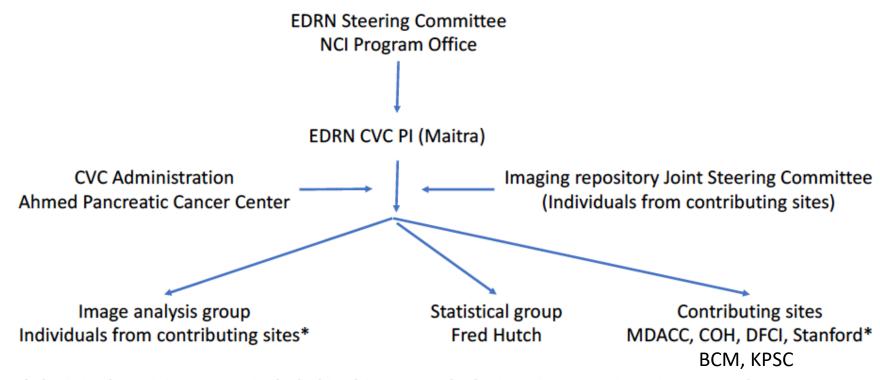
Department of Radiation Oncology

The University of Texas MD Anderson Cancer Center

Specific aims

- 1. Establish a multi-institutional imaging repository for pre-diagnostic and early pancreatic cancer cases with clinical annotation
- 2. Validate quantitative imaging tools for early detection of pancreatic cancer

Aim 1: EDRN prediagnostic and early stage PDAC imaging repository



^{*}The initial participants are included in this proposal. The imaging repository is expected to grow and include more contributing sites and imaging researchers over time.

Estimated sample size for pre-diagnostic cohort and controls

| Institution | Pre- diagnostic cases | Control 1 | Control 2 |
|-------------|-----------------------------|-----------|-----------|
| MD Anderson | 100 | 100 | 50 |
| СОН | 40-80 | 40-60 | 20-40 |
| BCM | 200-300 | 100 | 100 |
| Stanford | 250 | 250 | 150 |
| DFCI | 350 | 1000 | 1000 |
| UPMC | 300 | 100 | 100 |
| KPSC | 50-100 | 100 | 100 |
| Total | 1300-1600 | ~1600 | ~1500 |

Control 1: Patients with a single CT or MRI scan with no cancer diagnosis who have the following info: age at time of scan, gender, race (roughly categorized), IV contrast (yes/no), and year of scan.

Control 2: Patients with serial CT or MRI scans with no cancer diagnosis who have the same info as Group 1.

Estimated sample sizes for early stage cohort and controls

| Institution | Early stage cases | Control 1 | Control 2 | Control 3 | Control 4 |
|-------------|-------------------|-----------|-----------|-----------|-----------|
| MD Anderson | 200 | 100 | 1000 | Dozens | Dozens |
| СОН | 100 | Dozens | Hundreds | Dozens | Dozens |
| BCM | 150 | 1000 | 500 | 1000 | 100 |
| Stanford | 135 | 135 | 135 | 135 | 135 |
| DFCI | ~200 | 1000 | 1000 | 500 | 500 |
| UPMC | 400 | 200 | 500 | 50 | 50 |
| KPSC | 50-100 | 50 | 50 | 50 | 50 |
| Total | 1200-1300 | 2000-2500 | 2000-3000 | 1500-2000 | 700-900 |

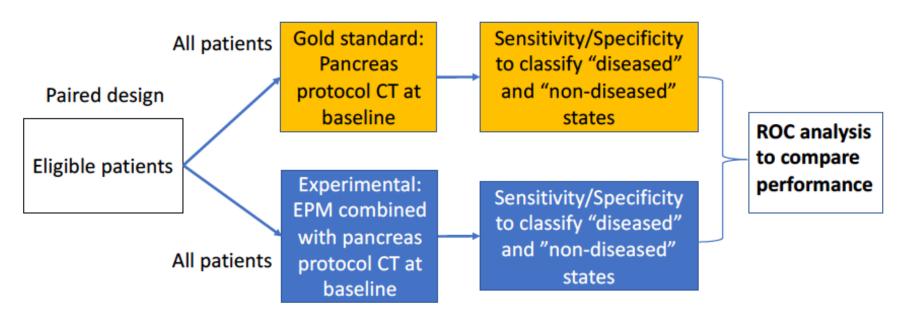
Control 1: Patients with no pancreatic lesions

Control 2: Patients with benign pancreatic cysts (mucinous and non-mucinous)

Control 3: Patients with acute pancreatitis and no PDAC

Control 4: Patients with chronic pancreatitis and no PDAC

Aim 2: Primary pancreas lesion evaluation



^{*}Patient-based and lesion-based sensitivity/specificity

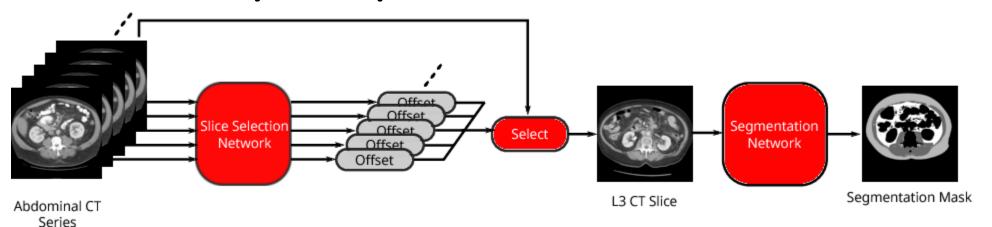
- Null hypothesis: 0.75/0.85 for sensitivity/specificity
- With 120 cases, the power to reject the null hypothesis for sensitivity is 83%/>99% if the true sensitivity of the experimental procedure is 85%/90%.
- With 800 controls, the power to reject the null hypothesis for specificity is >99% if the true specificity of the experimental procedure is 90%.

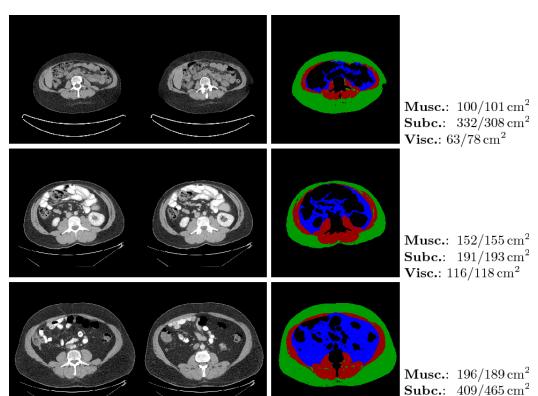
[&]quot;Diseased" = pathologically confirmed PDAC

[&]quot;Non-diseased" = no PDAC

Aim 2: Body compartment measurements

Visc.: $318/260 \, \text{cm}^2$



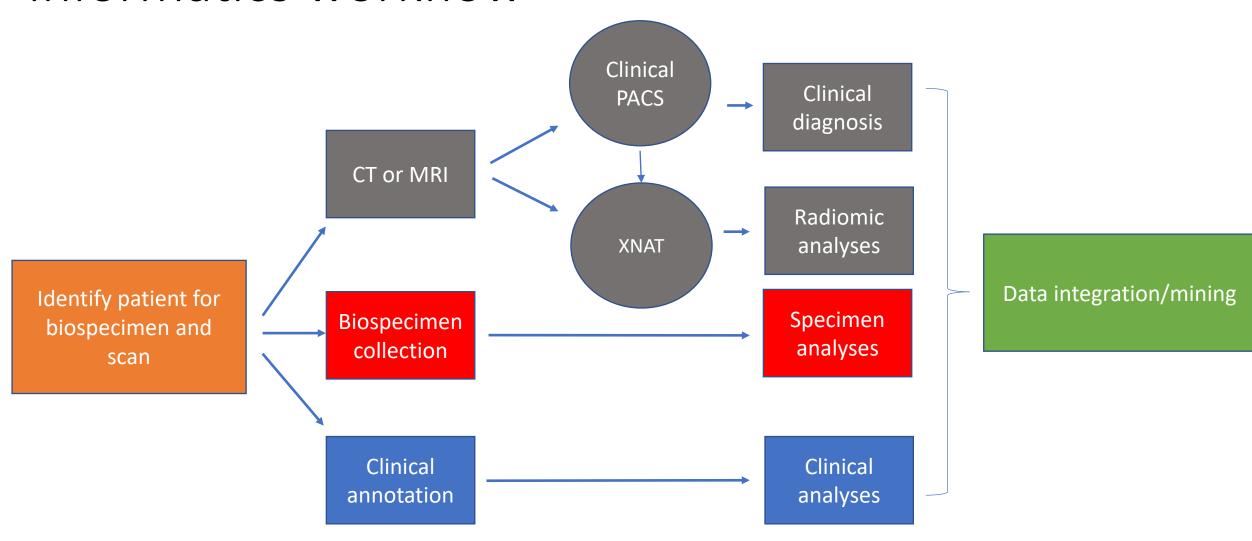


Two step process:

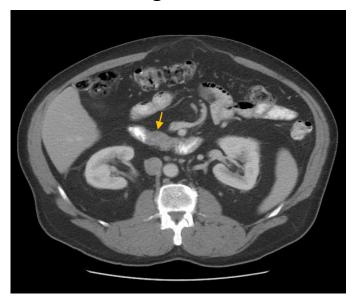
- 1. DenseNet to select CT slice
- 2. U-Net for segmentation

Bridge, Rosenthal et al, 2018

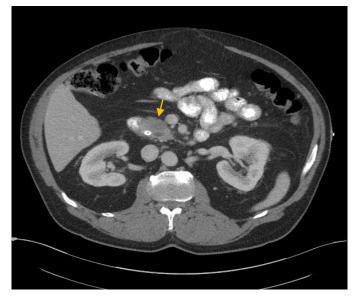
Informatics workflow



Pre-diagnostic scan

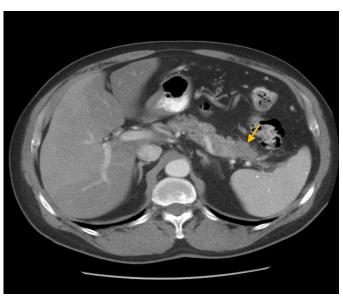


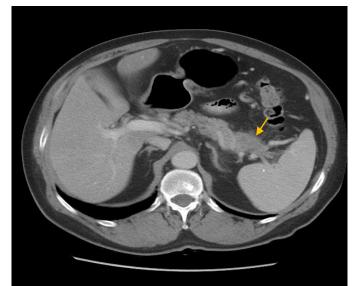
Diagnostic scan



Longest diameter increase: <u>15.2%</u> per month

Time between shown scans is <u>13.8</u> months





Longest diameter increase: <u>0.4% per month</u>

Time between shown scans is <u>7.2</u> months

Modeling tumor growth for early detection: Gompertz function

The following form of Gompertz function was fit to tumor growth kinetics data:

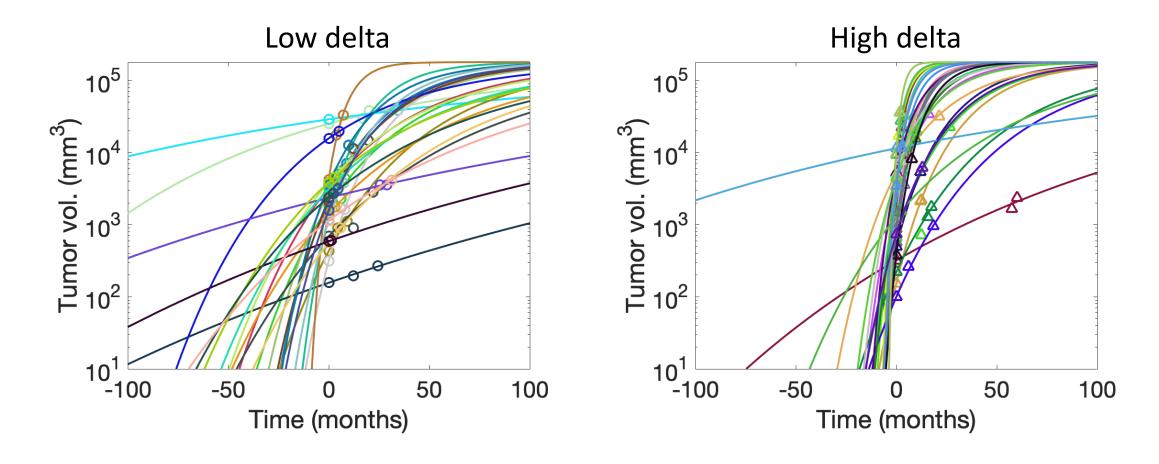
$$X(t) = Ke^{\ln(\frac{X_0}{k})e^{-\alpha t}}$$

where, X(t) is tumor size at time t, K is the tumor size as $t \to \infty$, α is the tumor growth rate constant, and X_0 is the size of the tumor at first observation.

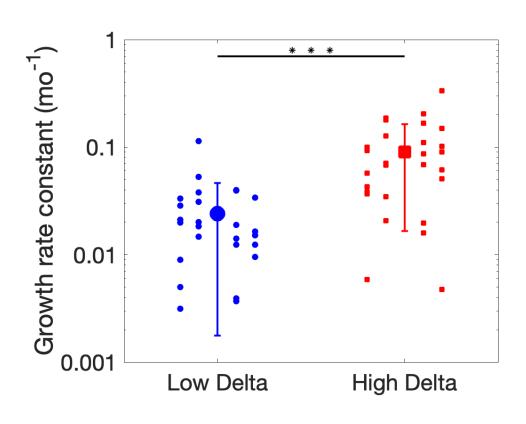
The first derivative of the above function gives the tumor growth rate X':

$$X'(t) = \alpha \log \left(\frac{K}{X(t)}\right) X(t)$$

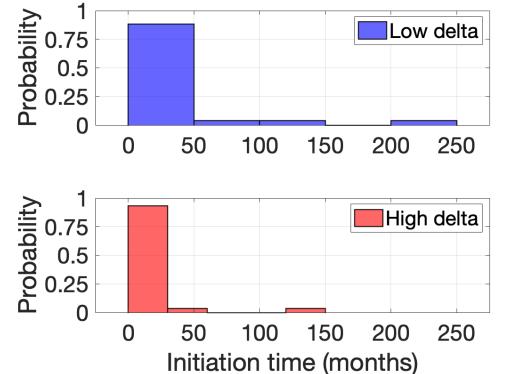
Gompertz function fitting for low and high delta PDAC during pre-diagnostic period



Differences in growth rates and predictions of time to detection



Probability distributions of backward predictions of time to growth from a single cell to a 1 cm³ tumor



Ongoing work

- Biology of early detection of PDAC
 - Correlation of the growth rate parameter with changes in body compartments
 - Validation of the associations of the growth rates with high/low delta in multiinstitutional repository
- Imaging repository for pre-diagnostic and early stage PDAC
 - Image transfer from participating sites to MDACC is occurring
 - Working with JPL to establish DMSA
 - Image analyses ongoing
 - Adding KPSC to the group

Summary

- EDRN PDAC imaging repository aims to serve immediate and longterm goals for collaborative research
- Initial applications will focus on changes in body compartments and on changes in the pancreas in the pre-diagnostic period
- Data transfer, image analyses, and addition of new sites are ongoing

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5 minute Q&A

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