



Leiden University
Medical Center



AI for clinical data analysis: showcase of HECTOR

19-09-2024

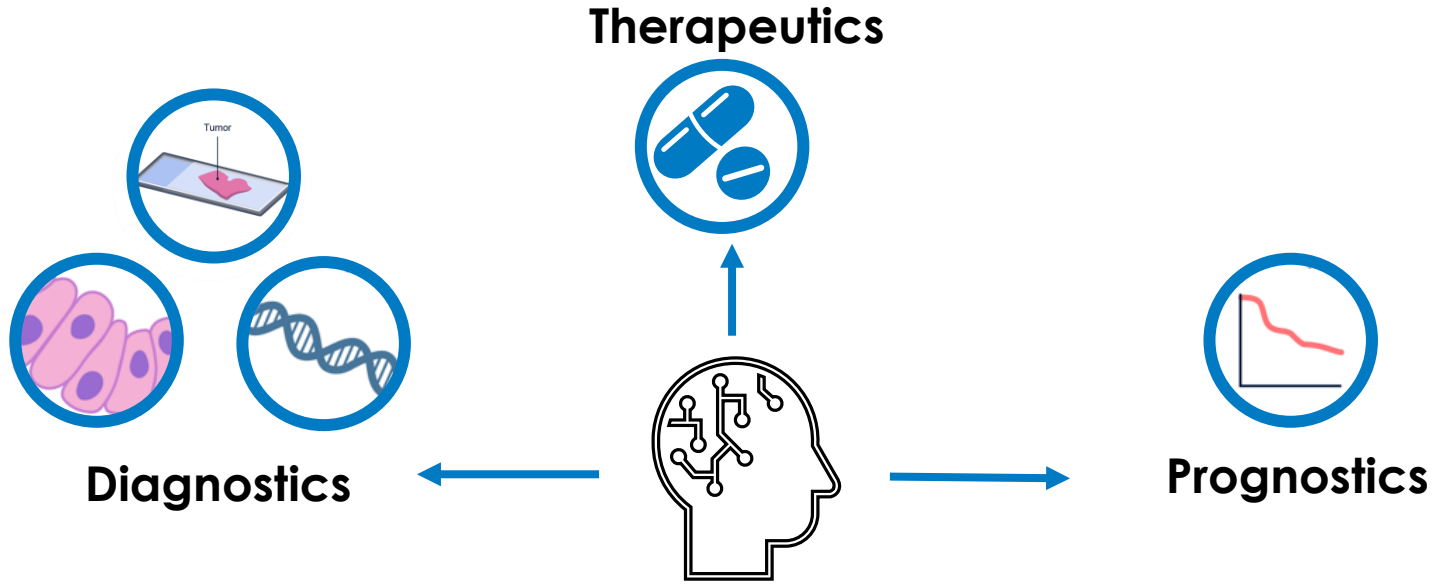
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LEIDEN UNIVERSITY MEDICAL CENTER, NETHERLANDS

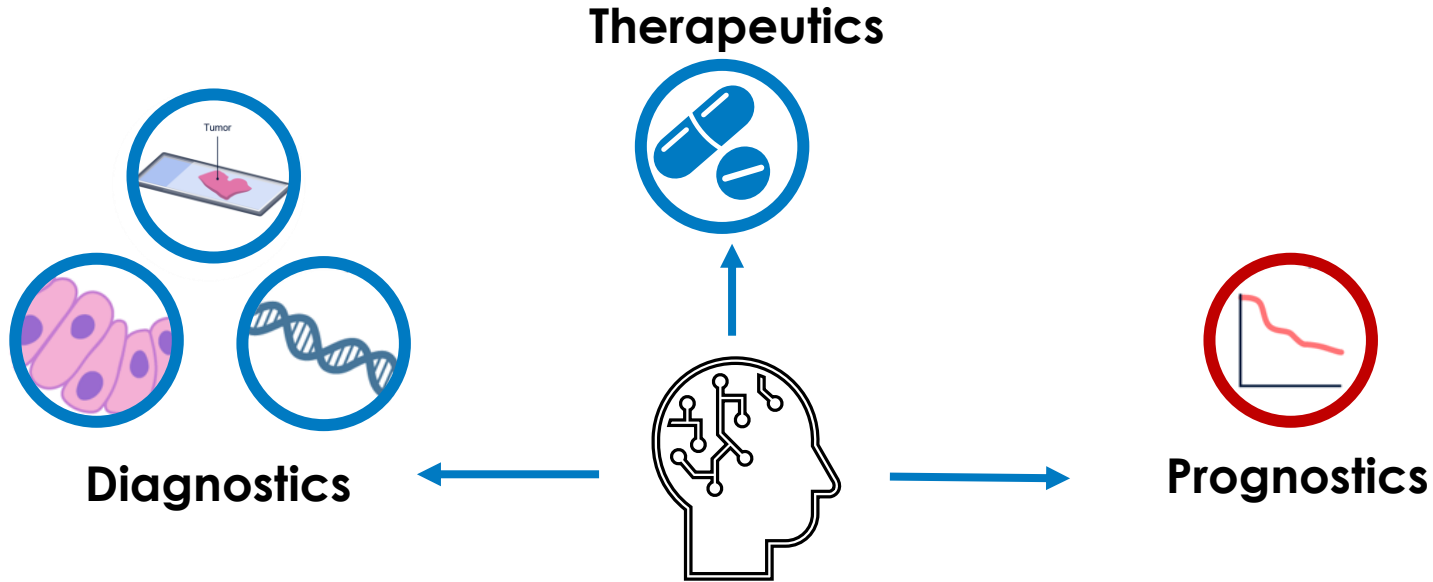


Outlook of applications of AI



- Shorter turn-around time
- Cheaper
- More accurate
- Deeper biological understanding
- Drug development support

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Introduction to HECTOR

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Histopathology-based
Endometrial
Cancer
Tailored
Outcome
Risk

nature medicine



Article

<https://doi.org/10.1038/s41591-024-02993-w>

Prediction of recurrence risk in endometrial cancer with multimodal deep learning

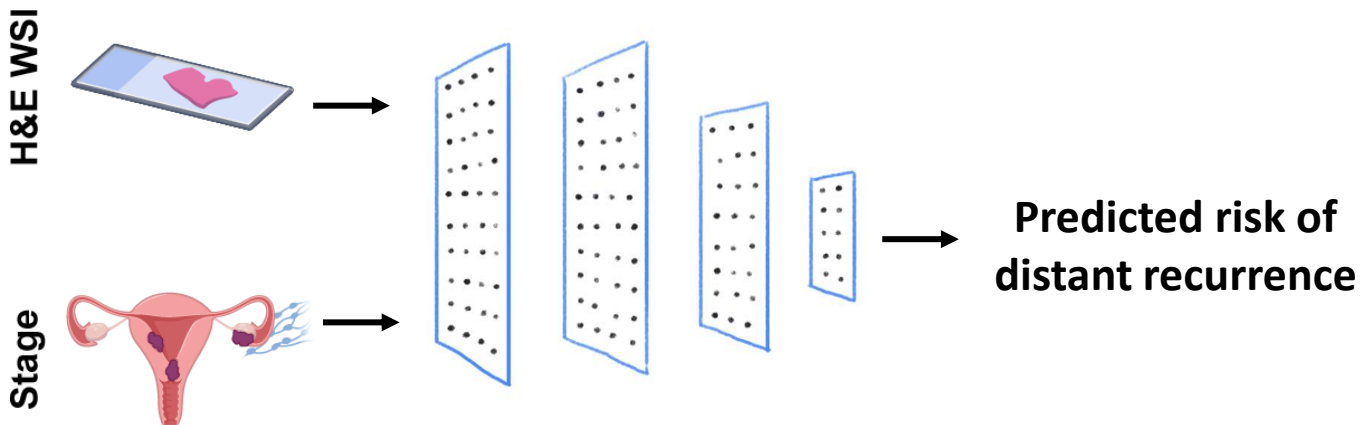
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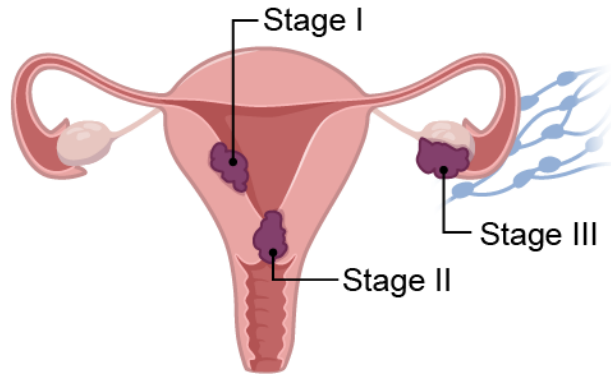
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Check for updates

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Why HECTOR?



- **Endometrial Cancer (EC)** is the most common gynecological cancer (400,000/year)
- Primary treatment is surgery. 10-20% develop **distant recurrence**.
- Who? Which adjuvant treatment?

Histology



Tumor Stage



Molecular



- Current risk identification based on
 - Stage
 - Histology (grade, histological type, LVSI)
 - Molecular class (*POLE*mut, MMRd, p53abn)
- Limiting reproducibility due to
 - Variability & expertise
 - Costs
 - Turn-around-time

Histology



Tumor Stage



Unmet need worldwide of accurately identifying EC patients at low-high risk of distant recurrence, for treatment-decision making

- Current risk identification based on
 - Stage
 - Histology (grade, histological type, LVSI)
 - Molecular class (*RPL5*mut, MMRd, p53abn)
- Variability & expertise
- Costs
- Turn-around-time

What data did we use?

What is the accuracy of HECTOR?

Results C-indices

Five-fold cross-validation



n=1,408 patients
x1 WSI



7.77 median follow-up
246 patients with
distant recurrence

Internal test set



n=353 patients
x1 WSI



8.44 median follow-up
62 patients with
distant recurrence

UMCG external test set



n=160 patients
x1 WSI



5.32 median follow-up
14 patients with
distant recurrence

LUMC external test set




n=151 patients
x3 WSIs




2.90 median follow-up
24 patients with
distant recurrence


Results C-indices


Five-fold cross-validation

 **n=1,408 patients**
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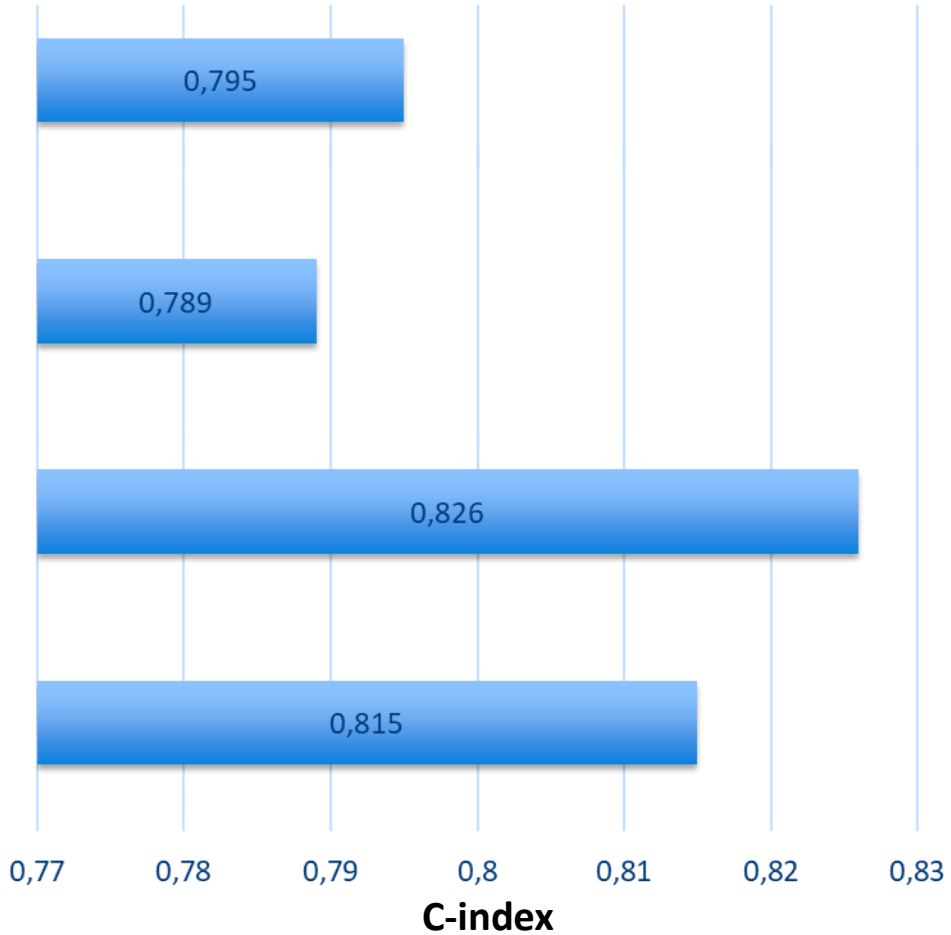
 **n=160 patients**
x1 WSI

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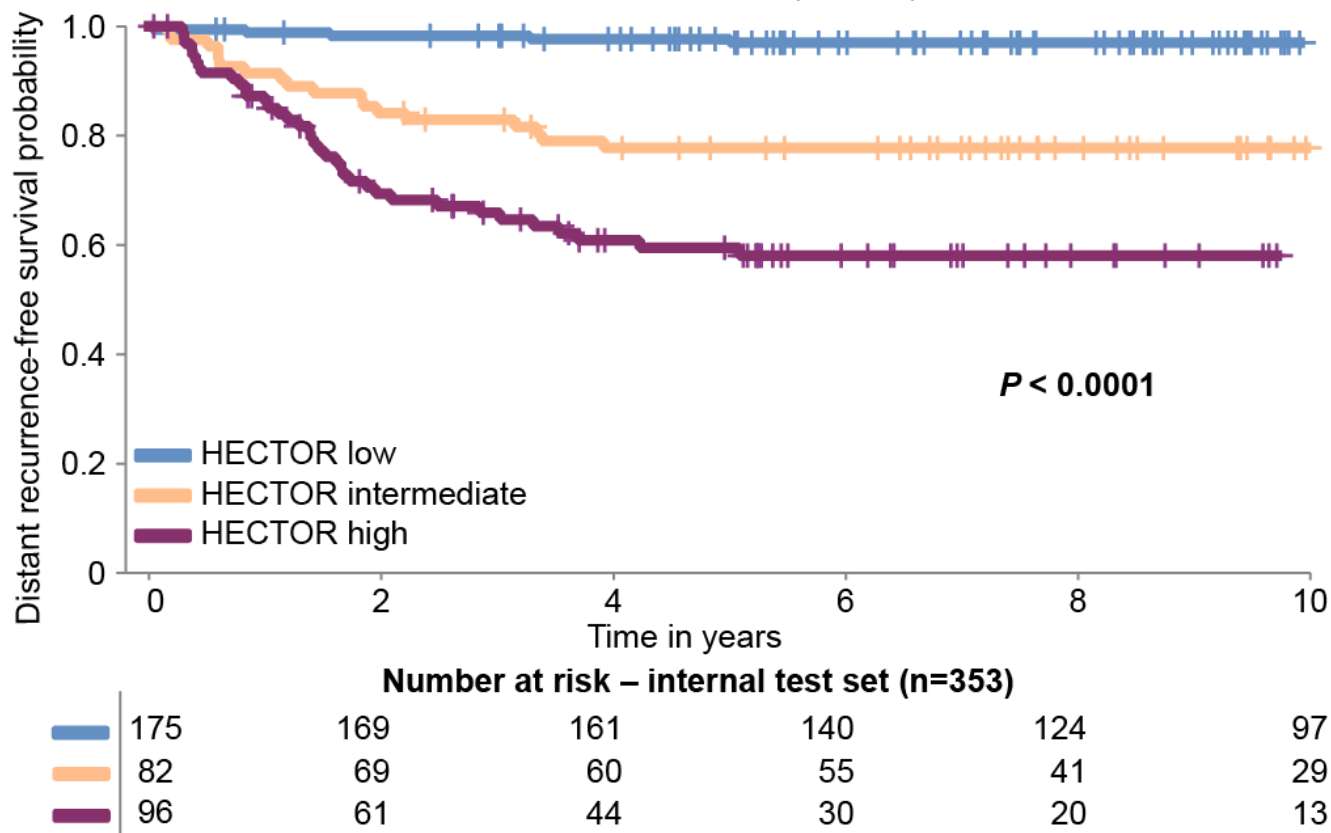
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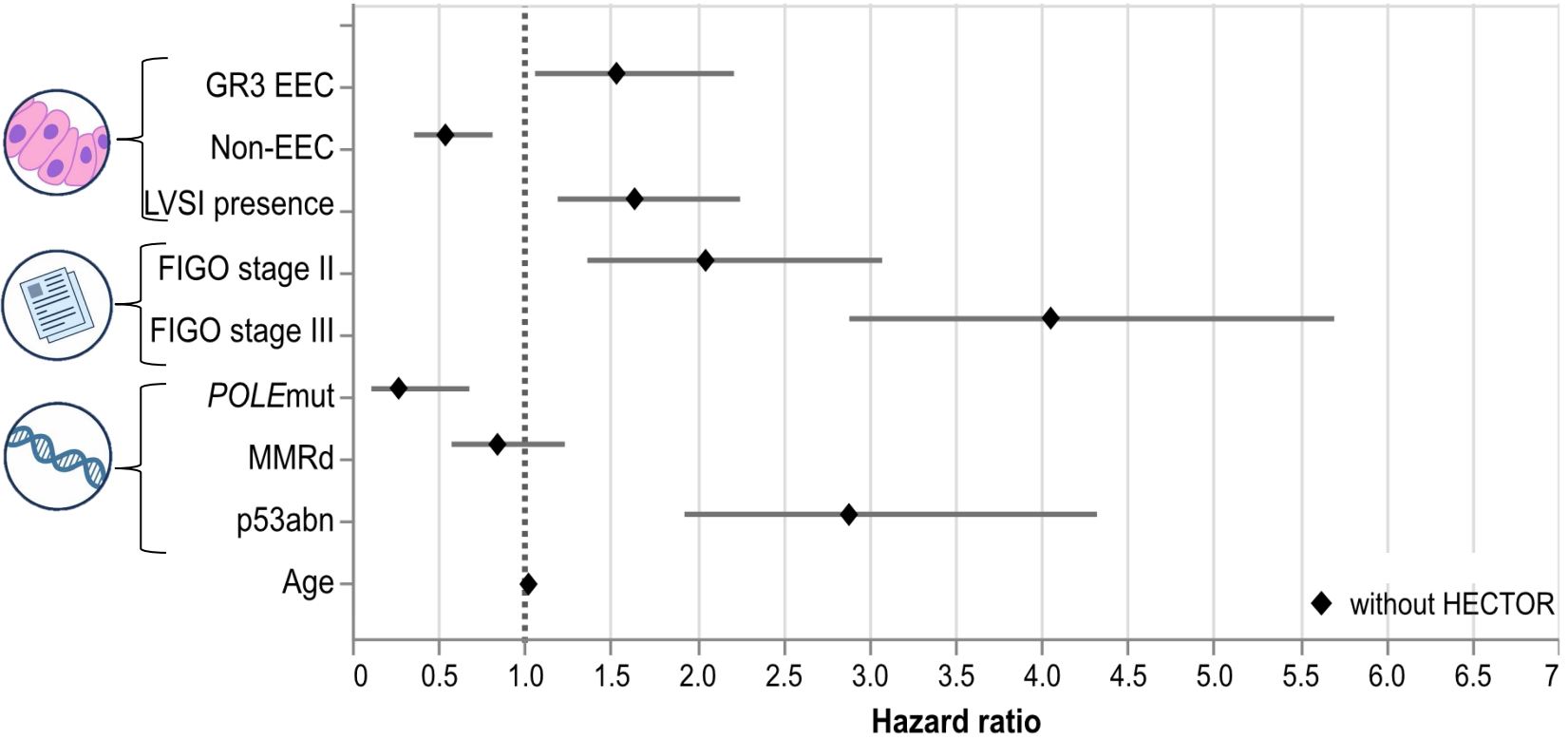


Performance in internal test set

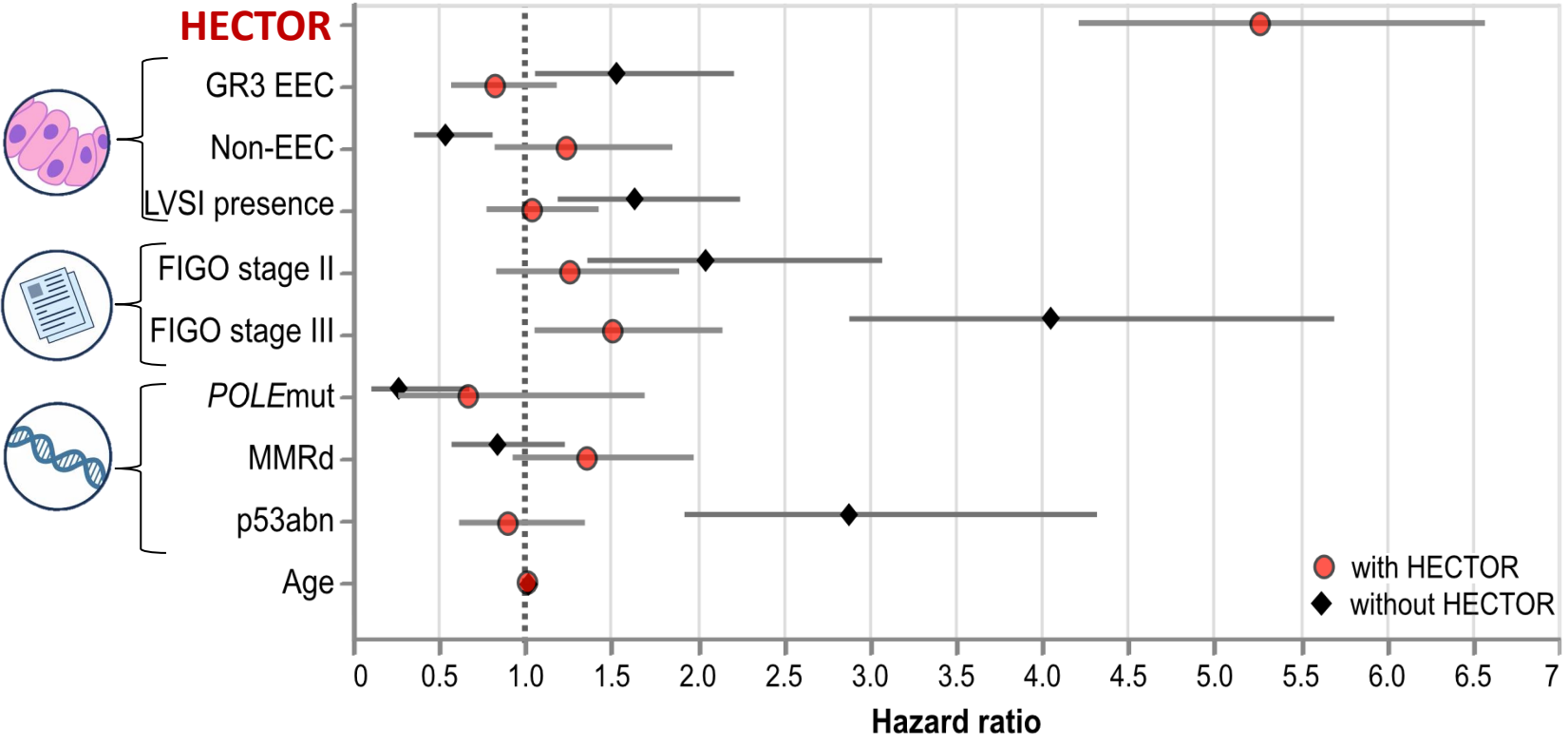


As compared to the gold standard in the clinic?

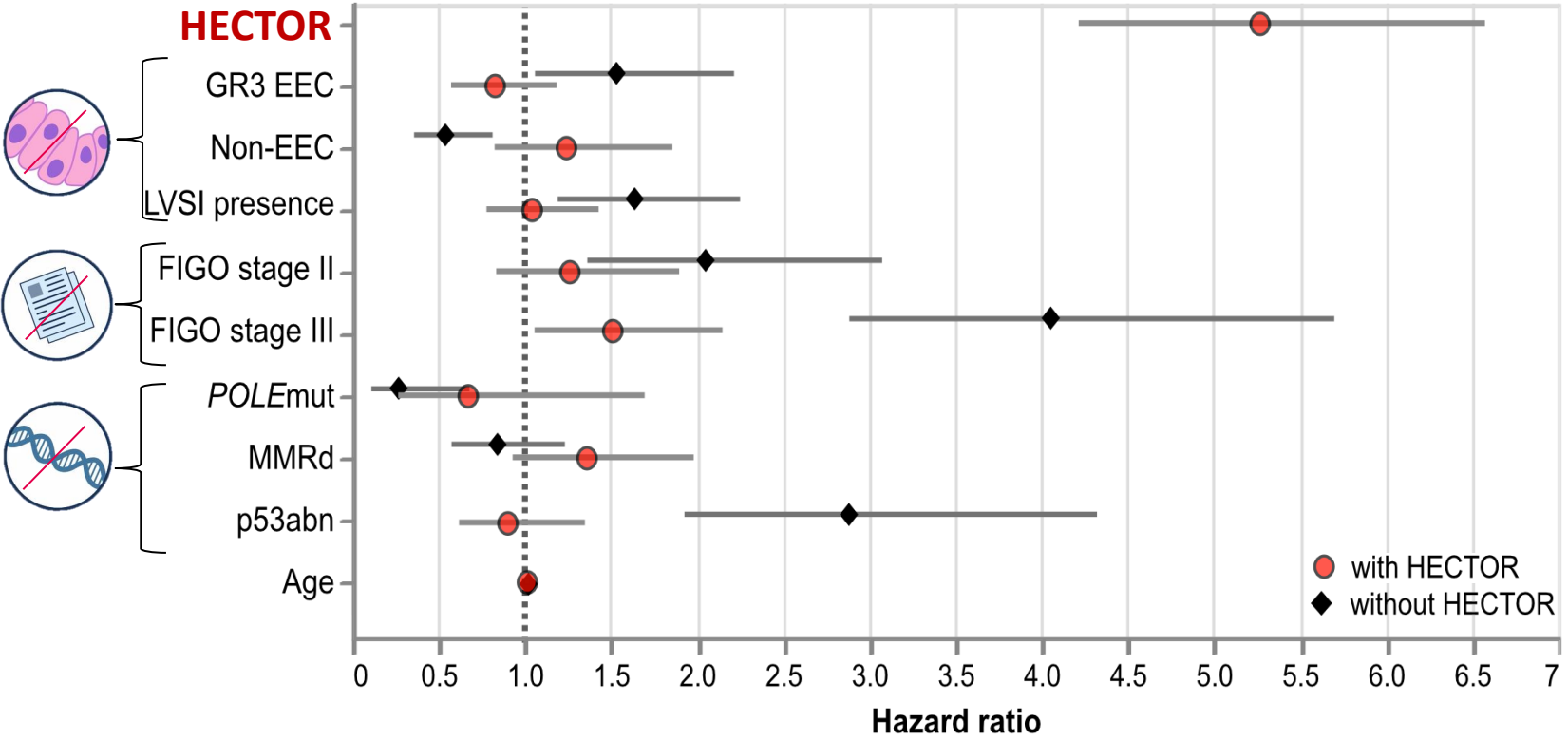
Comparison with gold standard



Comparison with gold standard



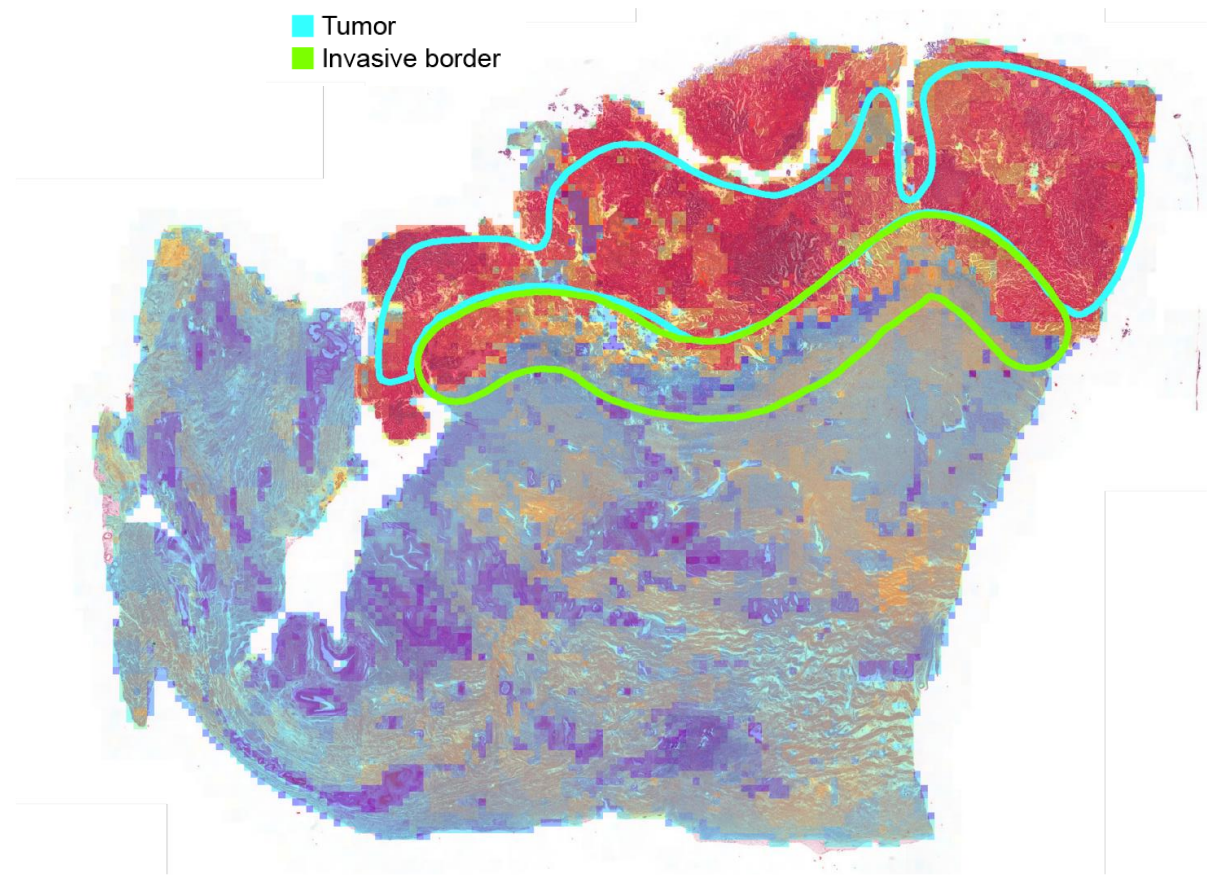
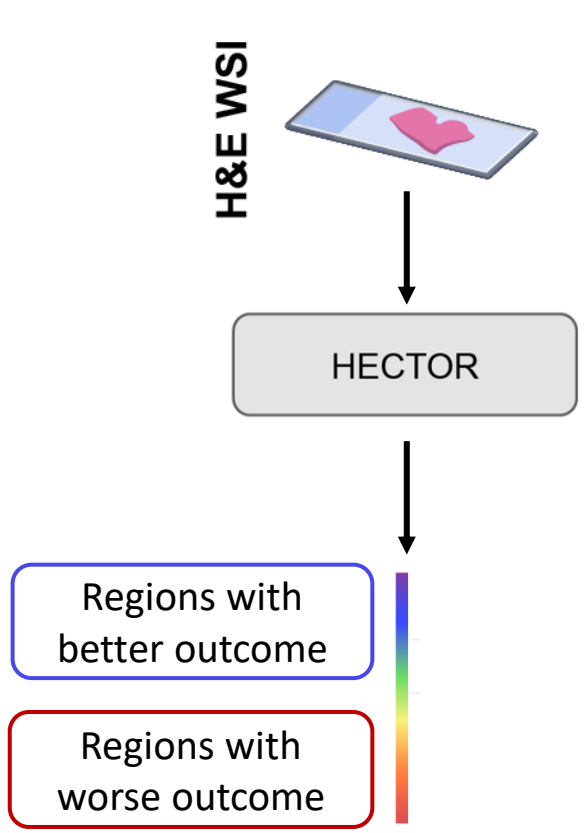
Comparison with gold standard



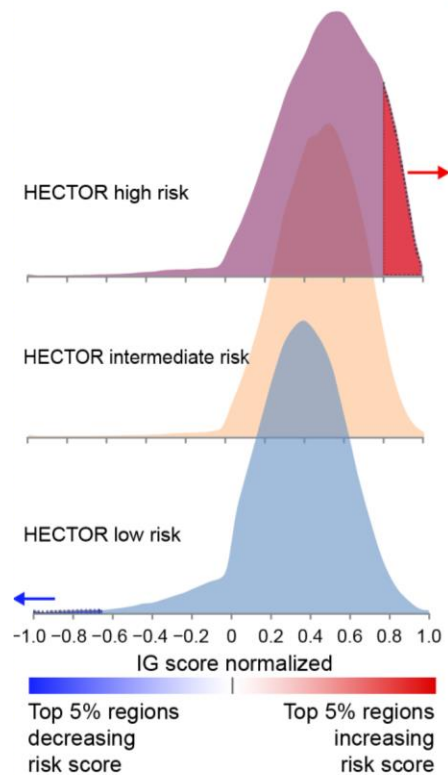
Are HECTOR predictions reliable?

Can we deepen our biological understanding?

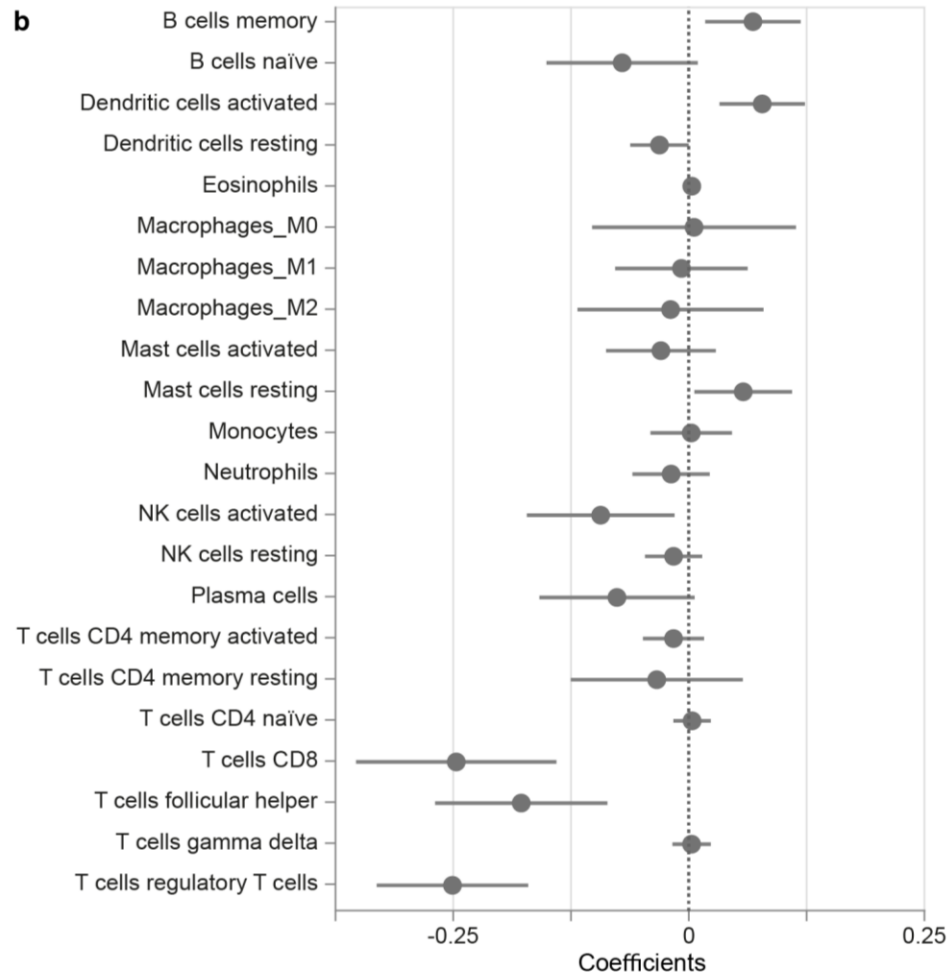
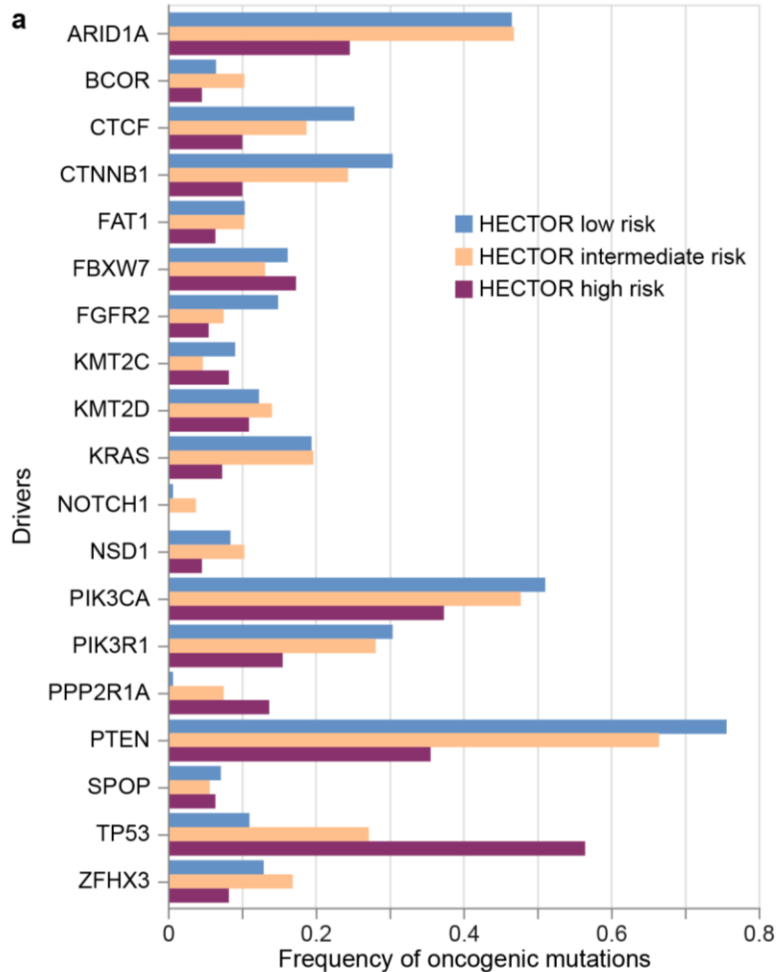
Morphological correlates



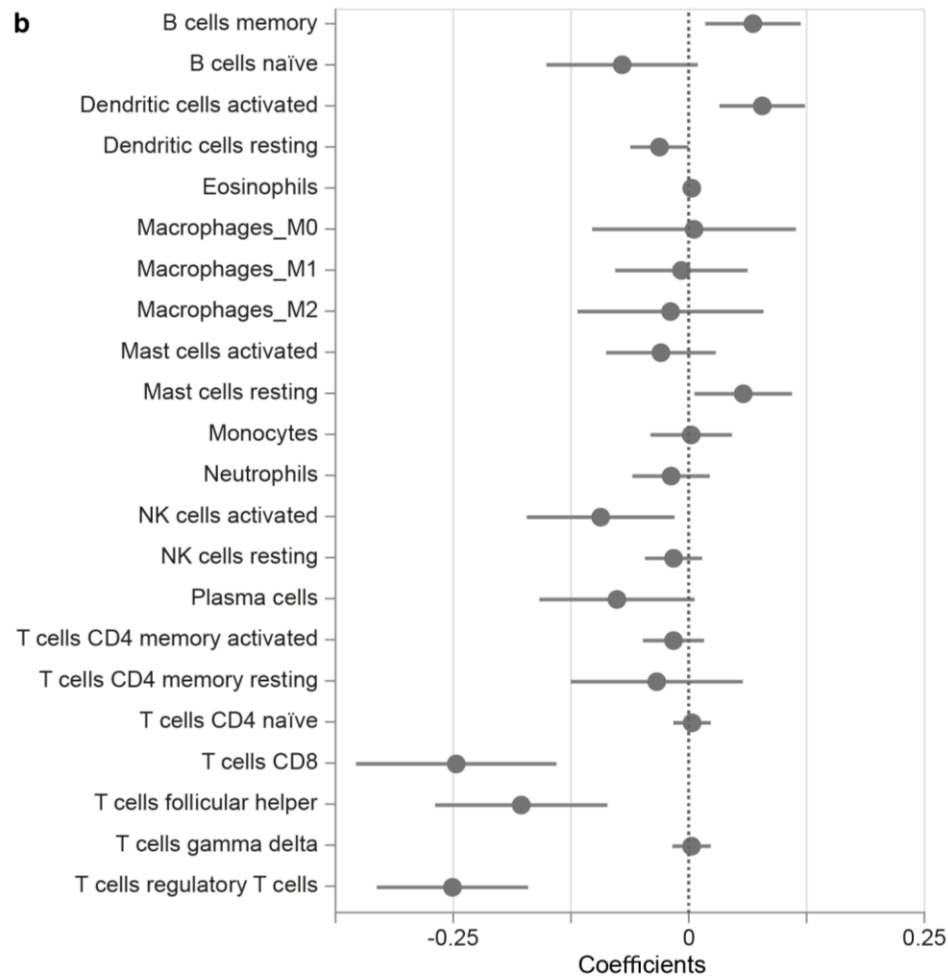
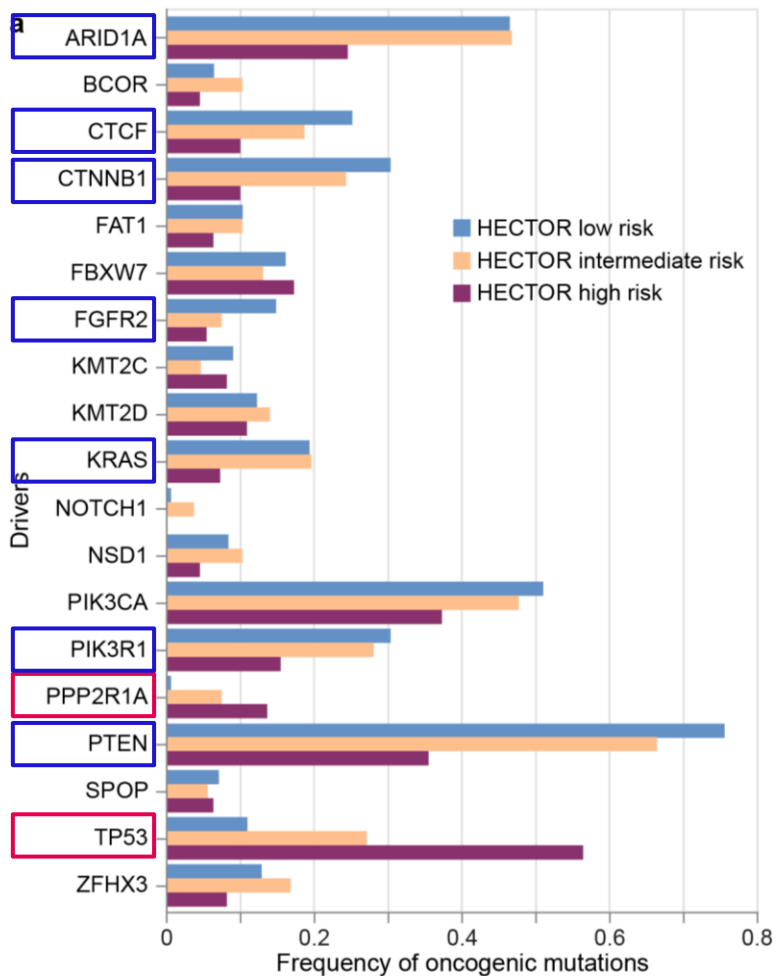
Morphological correlates



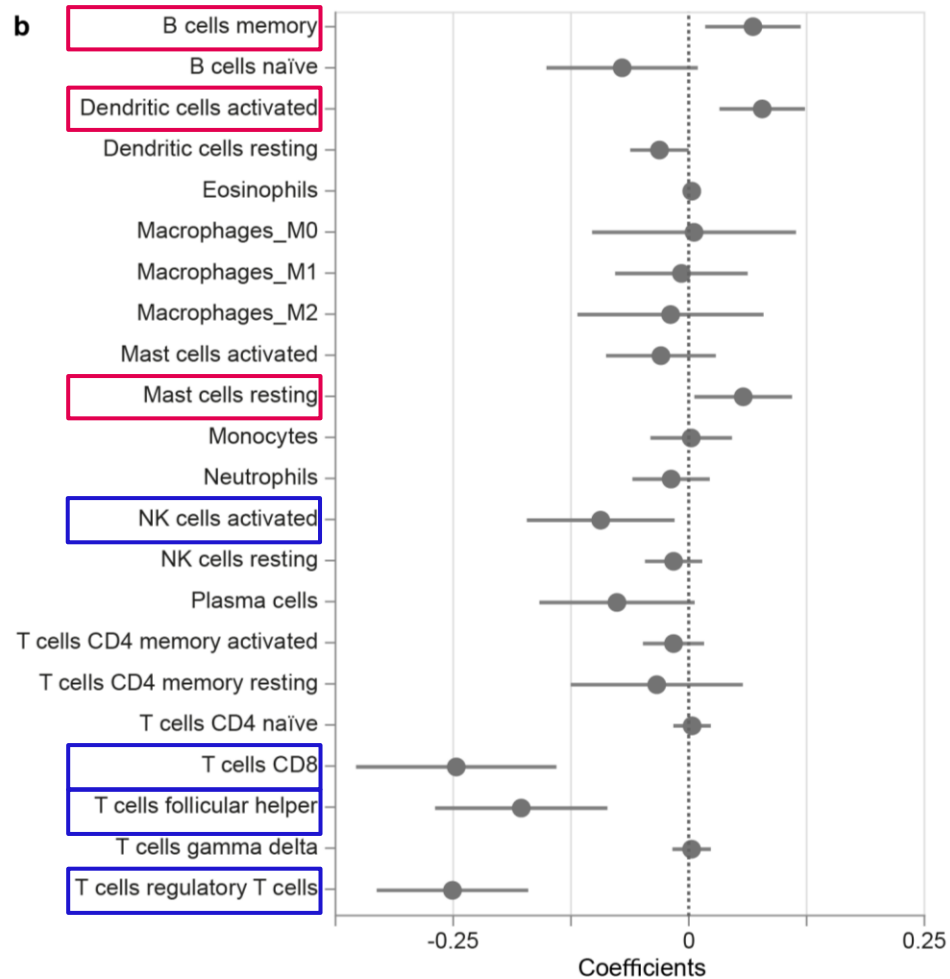
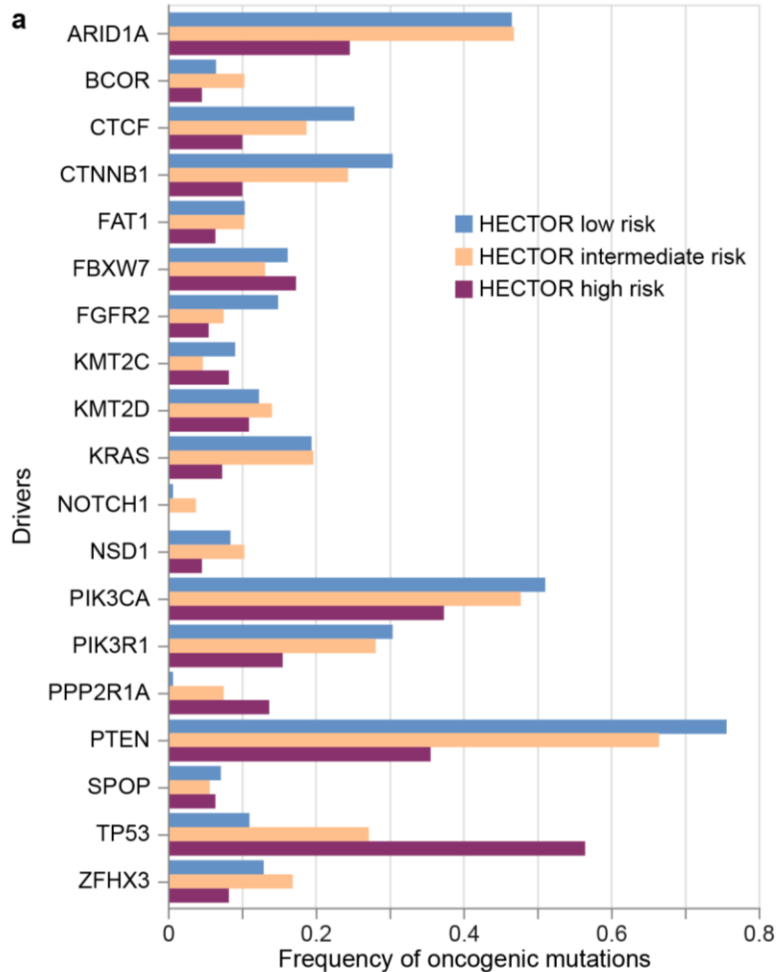
Correlates with gene mutation & immune cell subset



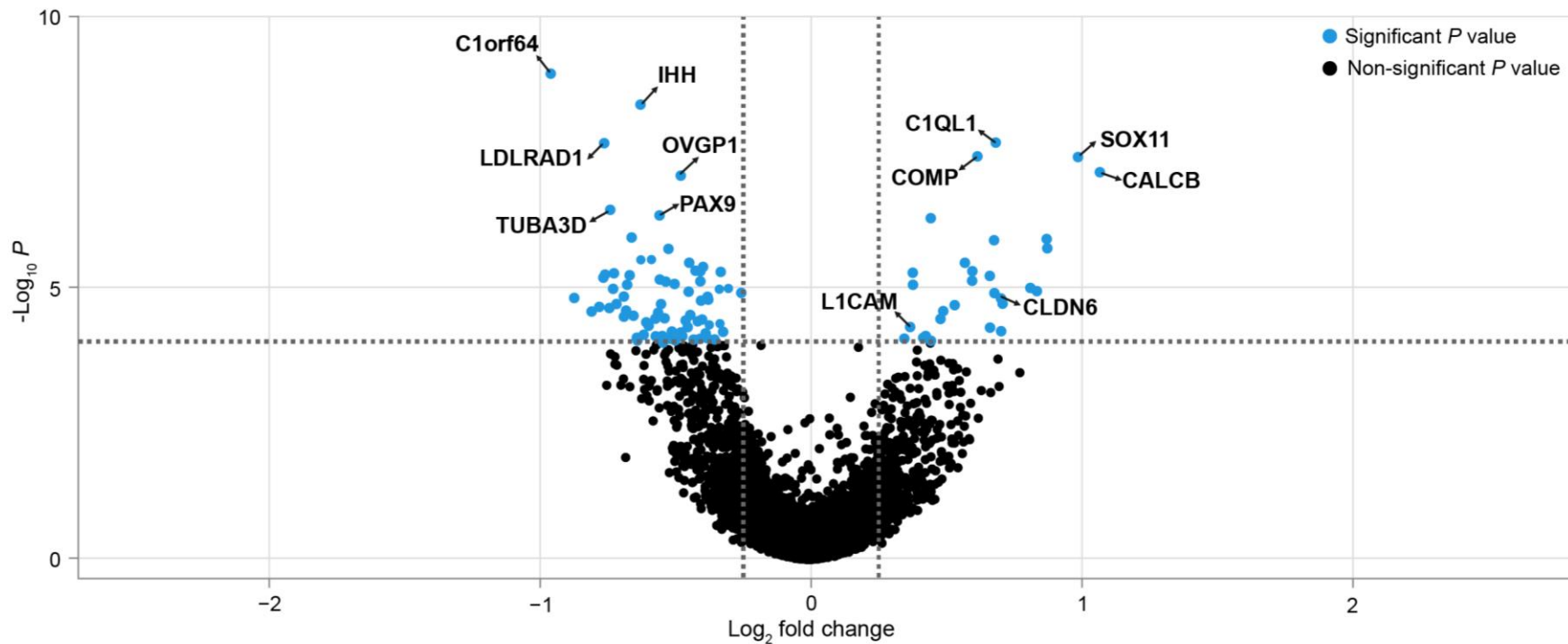
Correlates with gene mutation & immune cell subset



Correlates with gene mutation & immune cell subset



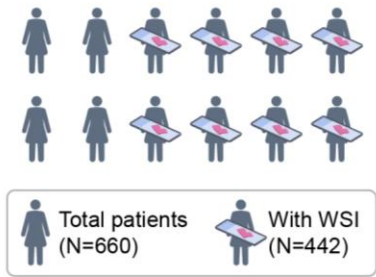
Correlates with differential gene expression



Could HECTOR support treatment decision making?

Benefit of adjuvant chemotherapy

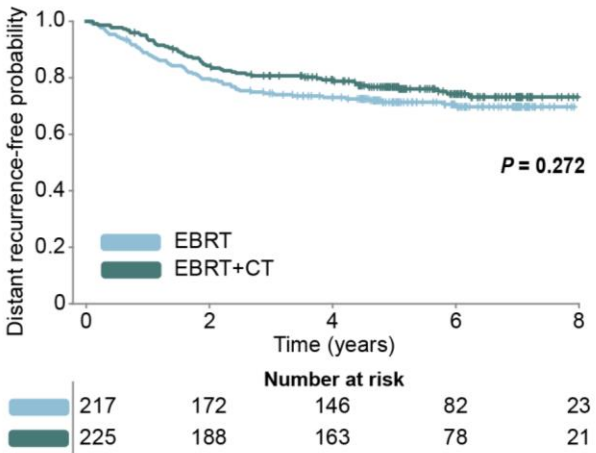
PORTEC-3 randomized trial



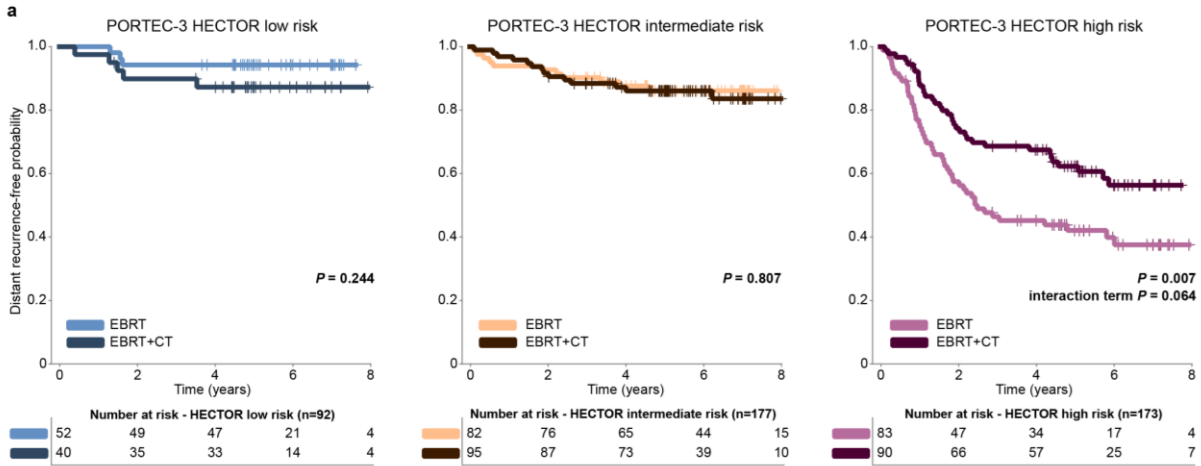
EBRT (n=217)



EBRT + CT (n=225)



Benefit of adjuvant chemotherapy



Conclusion & discussion

Conclusions

- HECTOR **accurately** predicted distant recurrence risk in EC, outperforming standard clinical risk factors, prospective validation needed
- Domain expertise, computational power, and high-quality dataset with collaboration were **essential**
- HECTOR could be used to **triage patients** at low and high risk of distant recurrence for **systemic therapy treatment**

Acknowledgment



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TransPORTEC members

PORTEC study groups

PORTEC-3 international collaborators

Clinical cohorts study groups

Patients and families