



Radiotherapy induced cardiovascular toxicity: delineating hearts in 8000 patient CT scans

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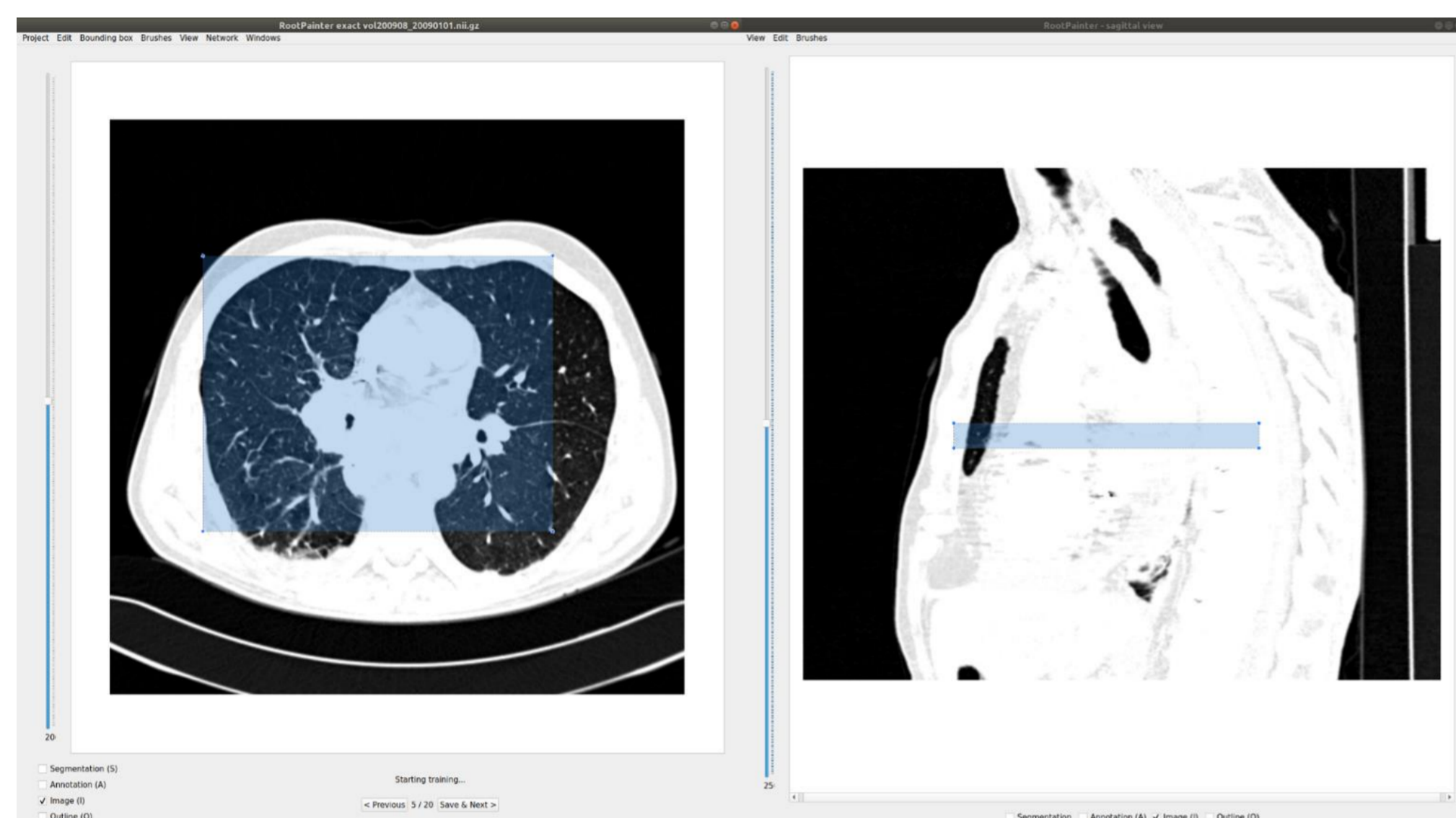
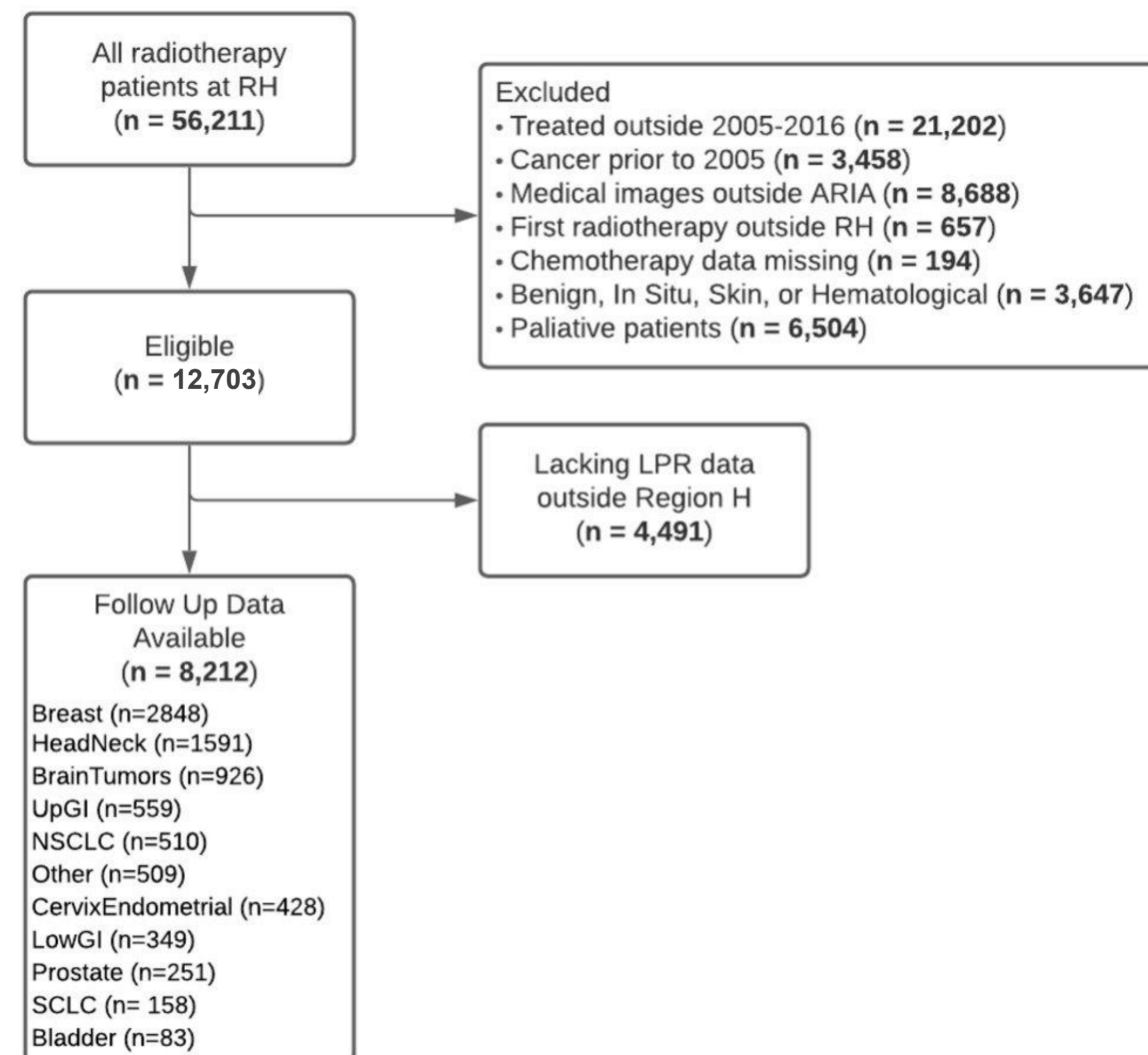
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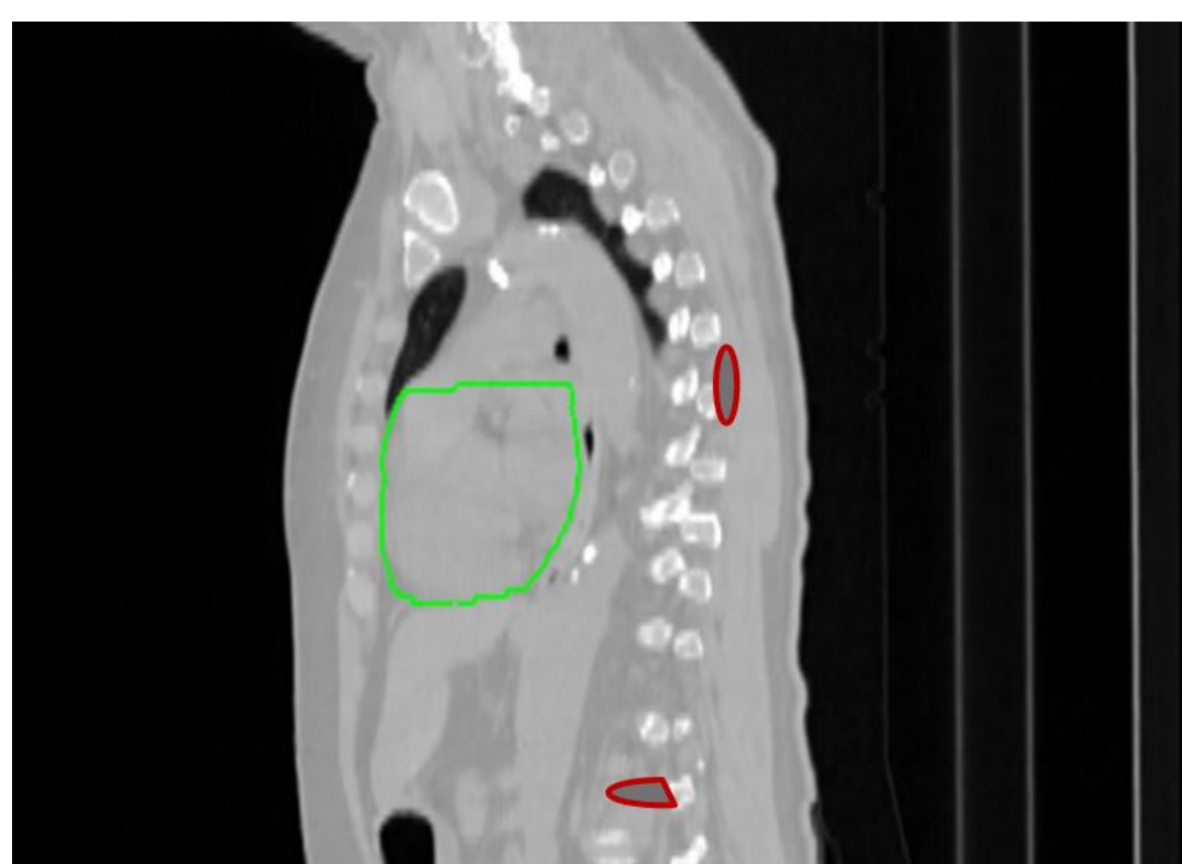
Purpose

- Background:**
 - Cancer survivors experience ~10% increased risk of cardiovascular disease per gray of mean heart dose [1]
 - Mean heart dose is a proxy for substructure exposure [2]
- Research goal:** Further describe the relationship between radiation and cardiovascular diseases to better inform treatment and ongoing care
 - Large retrospective cohort
 - Across multiple diagnoses
 - Detailed anatomic and dose data
- Challenges:**
 - Approval, access, and curation of patient registry and electronic health records
 - Segmentation of hearts in 8000 patients receiving radiation at Rigshospitalet



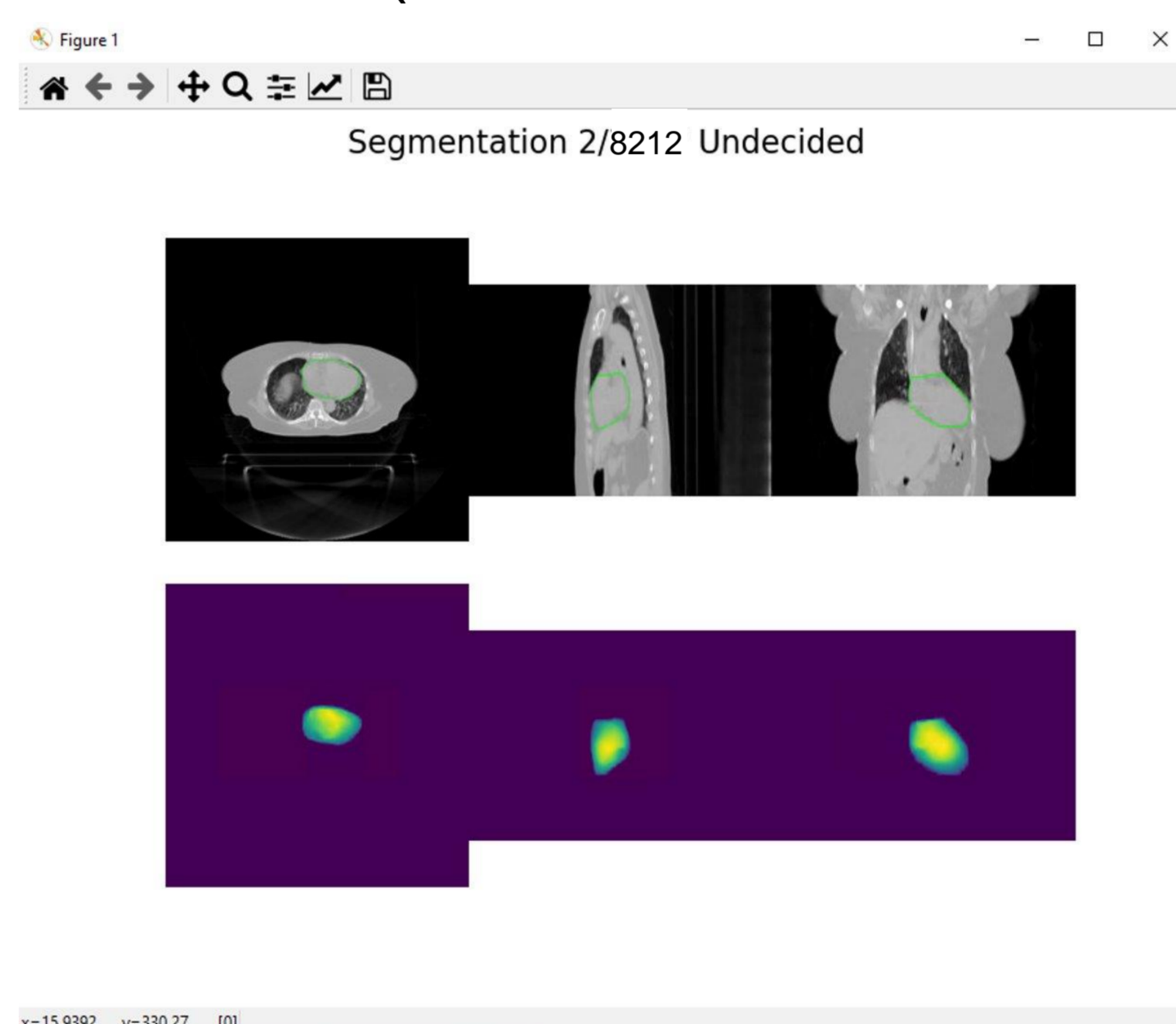
Execution

- Method:** RootPainter model for heart segmentation [3]
 - Impressive results in study of 900 hearts
- Issue 1:** Islands predicted outside the heart
 - Save only largest contiguous regions
- Issue 2:** Manual bounding box required
 - Not feasible for 8000 images (30 sec each)
 - Small bounding box and sparse labels/corrections converted to a large randomly positioned bounding box and dense labels
 - Goal: learn to find the heart in the image and not in a small bounding box
- Conclusion:** Appears to work well
 - Identical dice coefficients (0.961)



Validation

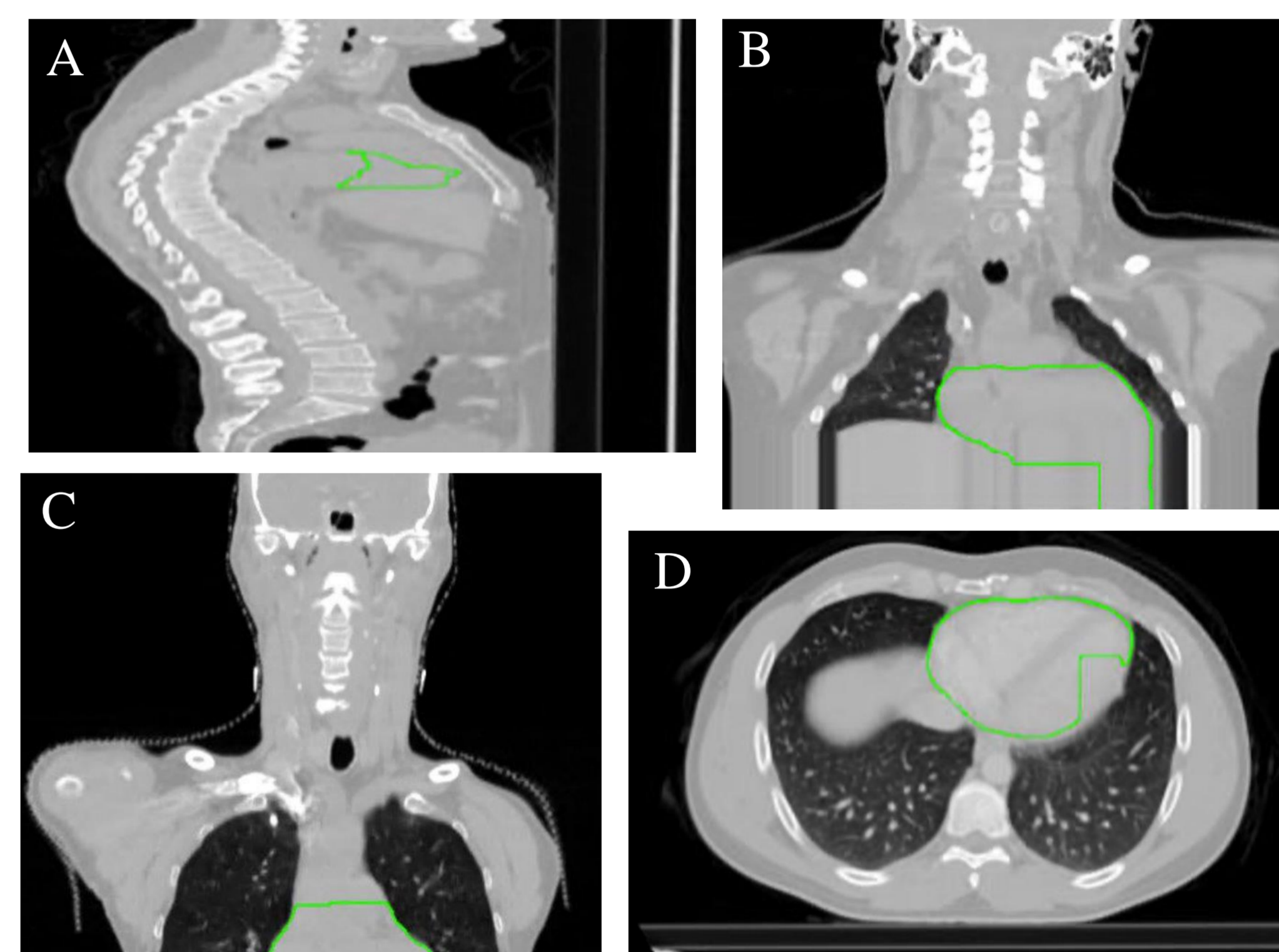
- Question:** Is RootPainter good enough for fully automated large-scale analysis
- Method:** Use a manual tool to review all 8000 segmentations
 - Viewing slices of CT overlaid with contour plus thickness projections
 - Delineation issues can be quickly identified (1-2 secs each = 2-4 hrs)



- Issue 3:** Field of view extrapolation
 - RootPainter has never seen images without hearts
 - Patients included beyond chest irradiated diagnoses from training data

	Heart in view	Heart not in view	Total
Segmentation	5742	1715	7457
No segmentation	0	755	755
Total	5742	2470	8212

- Images without hearts were mostly head or abdominal scans
- We can assume zero radiation dose if heart is out of the field of view



Conclusions

- With minimal time spent on manual assistance and review, we segmented 8000 images
 - 95% of segmentations in images containing heart were acceptable
 - 98% in trained diagnoses
 - Frequent causes of unacceptable segmentation: rare anatomy^A or pathology, artifacts^B, partial hearts^C
 - Most errors are minor^D and will have a small impact on dose calculation

Future Steps

- Expand patient cohort
- Improve model to enable fully automated segmentation
 - Train classification network on validation results to determine if heart is in view
 - Ensemble model
- Merging image data with patient health data
- Exploring distributional characteristics of dose exposure
- Time to event analysis for cardiovascular diseases and overall survival

Acknowledgements

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References

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