

**MRI to MGMT: Predicting Drug Efficacy for Glioblastoma Patients** 



Lichy Han and Maulik Kamdar [Biomedical Informatics Training Program, Stanford University]

### Introduction



- Glioblastoma multiforme (GBM) is an aggressive brain cancer, with a median survival of only 15 months.
- The efficacy of primary chemotherapy treatment, temozolomide, is dependent on the methylation of the O<sub>6</sub>methylguanine methyltransferase (MGMT) promoter.
- Currently, invasive biopsy procedures are required to determine methylation status and select therapies.
- Genetic changes can manifest as macroscopic changes, detected using magnetic resonance imaging (MRI).
- Previous approaches: Use of manually-curated features from MRI scans, SVM methods, or simple neural networks.

## Datasets

- Brain MRI scans of Glioblastoma patients from The Cancer Imaging Archive (TCIA) and methylation data, for those patients, from The Cancer Genome Atlas (TCGA).
- Patient has a 'positive' methylation status if beta-value > 0.2 at any of three different methylation sites.



# Problem & Intuition

Predict MGMT promoter methylation status in Glioblastoma patients by using different neural network architectures on brain MRI scans from The Cancer Imaging Archive.

Intuition: MRI scans are 3D-reconstructions of the brain, and can also be treated similar to video objects.

## Methods

**Convolutional Recurrent Neural Network (CRNN)** 



#### 3-dimensional Convolutional Neural Network (3D-CNN)



- Variable CNN-ReLU-Batchnorm-Pooling Layers, uni- and bi-directional dynamic RNNs with LSTM or GRU units.
- Optimized for dropout, L2-regularization, learning rates, number of layers, filter sizes and LSTM/GRU state size.

Acknowledgements We would like to acknowledge the CS 231N staff.

### Evaluation





# Conclusions

- We applied multiple deep learning architectures to a compendium of 3D brain MRI scans.
- Filters from the first CNN layer appear to depict edges between cerebrospinal fluid and brain matter, with some containing heterogeneous areas that may correspond to tumor edges
- CNN on individual images attained the highest performance. However, many of these images do not contain the tumor. Thus, we believe CRNN has potential for achieving better performance, and will continue to optimize this classifier.