MODE IN ONCOLOGY



Tumor growth model applied for meningiomas : first clinical validation

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Meningiomas



Intracranial tumor arising from uncontrolled mitosis of arachnoidal cells



Meningiomas represents 30% of primary brain tumors



Non malignant tumor with a slow growth rate





Tumor expansion may compress and permanently damages neighboring healthy tissues.

Objectives

CHU Bordeaux (MRI T1 sequence, contrast agent: Gadolinium)



 $t_0 = 0 \text{ day}$ $t_1 = 169 \text{ days}$ $t_2 = 330 \text{ days}$

> Can we **model** the meningioma growth?

Can we **predict** (or at least estimate) the growth?



Clinical goal : can we predict the tumor volume and shape at time t_2 from the imaging data at t_1 and t_0 ?





We consider one population of tumoral cells and the surrounding medium.



The mitosis occurs homogenously in the tumour.



The surrounding medium is simply pushed away by the tumoral cells with a speed that is directly linked to the mitosis capacity.



The growth starts from the arachnoid towards the brain.

Prediction and simulation method



Semi-automatic 3D segmentation tool



Model personalization









Time (days)











Case #6



Time (days)









Prediction results



Cohort 1:

- 8 patients
- Mean relative error = 14.3%
- Linear regression : y = -0.23 + 1.10x ($R^2 = 0.866$)

• Cohort 2:

- 30 patients
- Mean relative error = 12.7%
- Linear regression : y = 0.06 + 1.03x (R² = 0.986)

Cohort 3:

- 18 patients
- Mean relative error = 12.6%
- Linear regression : y = -0.21 + 1.09x ($R^2 = 0.980$)

Simulation result







Numerical modeling can improve the monitoring of asymptomatic meningiomas





Optimization of the imaging examination frequency.



Prediction of the brain sensitive structure compression.



A medical software offering segmentation and prediction tools is currently under development