

Prediction of recurrence risk in oral squamous cell carcinomas; an AI-based assessment of whole slide histological images

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THE PROBLEM

Oral cavity squamous cell carcinoma (OSCC) is aggressive 5-year survival only ~50%

30% of patients relapse locally despite surgery + adjuvant radiotherapy or chemoradiotherapy (RT/CRT)

Currently, clinicians cannot predict who will benefit from adjuvant RT/CRT — leading to unnecessary treatment toxicity and poor outcomes

THE AI SOLUTION

Deep learning-based multiple instance learning applied to routine H&E whole slide images (WSI) of primary tumour.

Aims to predict treatment response by providing a relative risk of recurrence

Builds on validated pipelines from HPV+ oropharyngeal cancer and breast cancer lymph node studies

THE PIPELINE

Cohort: 99 OSCC patients treated at Guy's & St Thomas' NHS Foundation Trust (2010–2018)

Treatment: Surgery + post-operative radiotherapy (60–66 Gy IMRT); 30% also received chemotherapy

Demographics

- Median age 62.5 yrs (range 31–82), 61% male
- Primary sites: Tongue (40%), alveolar ridge (22%), floor of mouth (18%)
- TNM8 stage: 95% stage IVA–IVB
- 48% experienced disease recurrence

Methods

- Attention-based multiple instance learning to highlight areas of interest
- Visual analysis by consultant histopathologist to review areas of interest and suggest biological reasoning

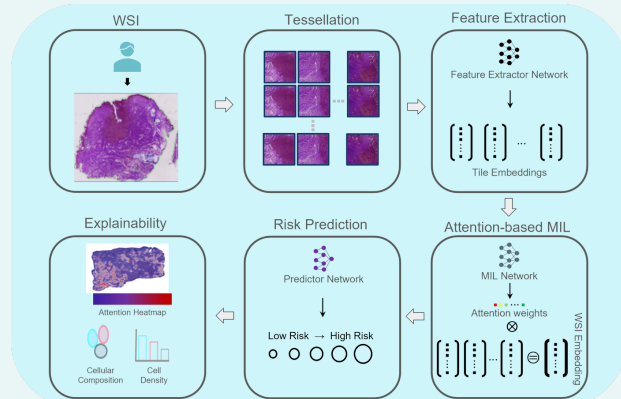


Fig 1: Deep learning-based pipeline for prediction of recurrence risk and explanation

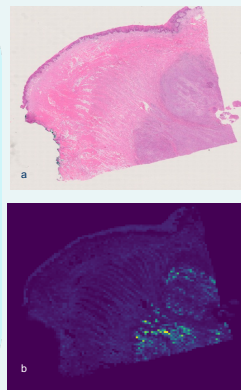


Fig 2: Sample WSI with primary tumour seen at bottom right (a), with heat map overlay showing regions of interest suggesting higher risk for recurrence (b)

IN PARALLEL

- We tested a previously developed AI model, the H&E Profiling Tool (HEPT)
- HEPT can segment, classify and measure individual cells and subcellular features in H&E sections
- We tested HEPT on a subset of 10 OSCC cases
- For each case, we selected 10 representative image tiles from the WSI
- HEPT outputs quantitative inter and intra cell features. E.g. number of tumour invading lymphocytes or nuclear density and heterogeneity
- With hopes of utilising on the heat map areas of interest for granular assessment

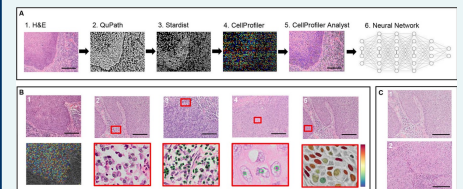


Fig 3: HEPT deep learning-based pipeline for histological analysis. Steps include pixel classification, nuclear mask overlay and feature extraction. Image taken from original paper Hue et al. 2023

WHAT'S NEXT?

- Validate the deep learning model with an external data set from Malaysia
- Add additional data modalities (clinical data, RNA expression) to improve model accuracy
- Improving explainability of results:
 - Visual analysis of heatmaps
 - Utilising the HEPT (H&E profiling tool) model to gain granular information on the of areas of interest in the heatmaps.
- Improve interpretability to support future clinical trust & adoption
- Explore integration into clinical trial stratification and NHS clinical pathways

RESULTS SO FAR..

- Successfully predict recurrence risk with C-index > 0.7 within internal test data.
- Able to identify clinically explainable regions of a WSI salient to a risk prediction.

MY MILESTONES

Completed high-quality slide annotation in QuPath (a application which allows WSI annotation)

Tested the HEPT (H&E profiling tool) model on our data set, in preparation of its use in explainability

Acted as clinical-technical liaison across KCL, GSTT and CSC groups