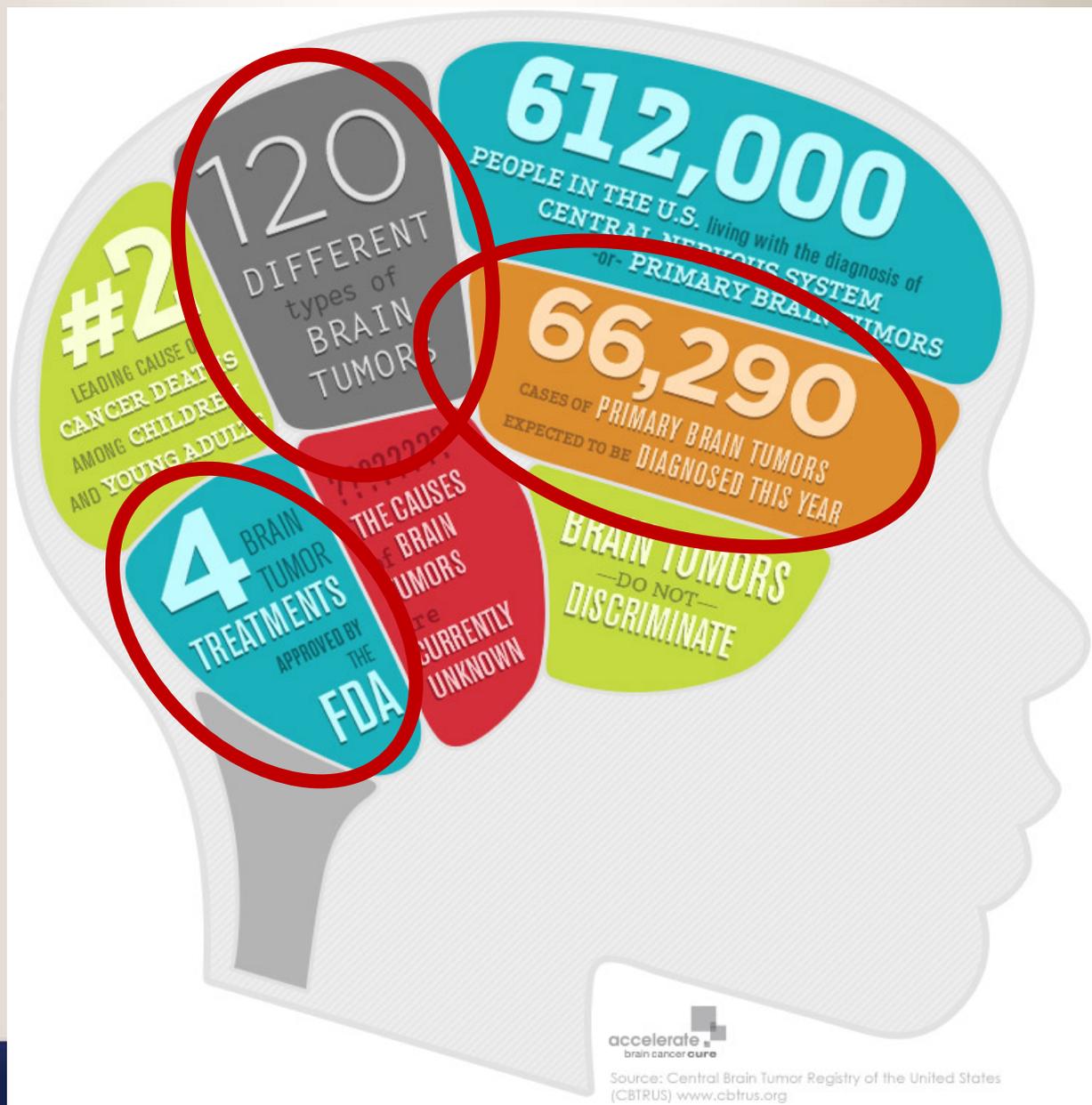


# Imaging-genomic Analysis of TCGA/TCIA Diffuse Lower Grade Gliomas by Molecular Subtype

Laila M Poisson, Lee AD Cooper, Erich P Huang, James Y  
Chen, Adam E Flanders, Daniel J Brat, and Chad A Holder  
with TCGA Glioma Phenotype Research Group

4<sup>th</sup> Annual TCGA Symposium (May 2015)

# Cancer of the Brain and CNS

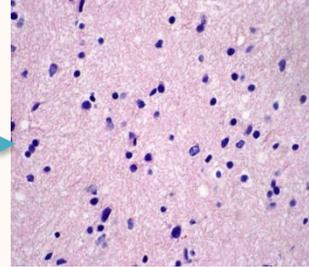


Source: Central Brain Tumor Registry of the United States (CBTRUS) [www.cbtrus.org](http://www.cbtrus.org)

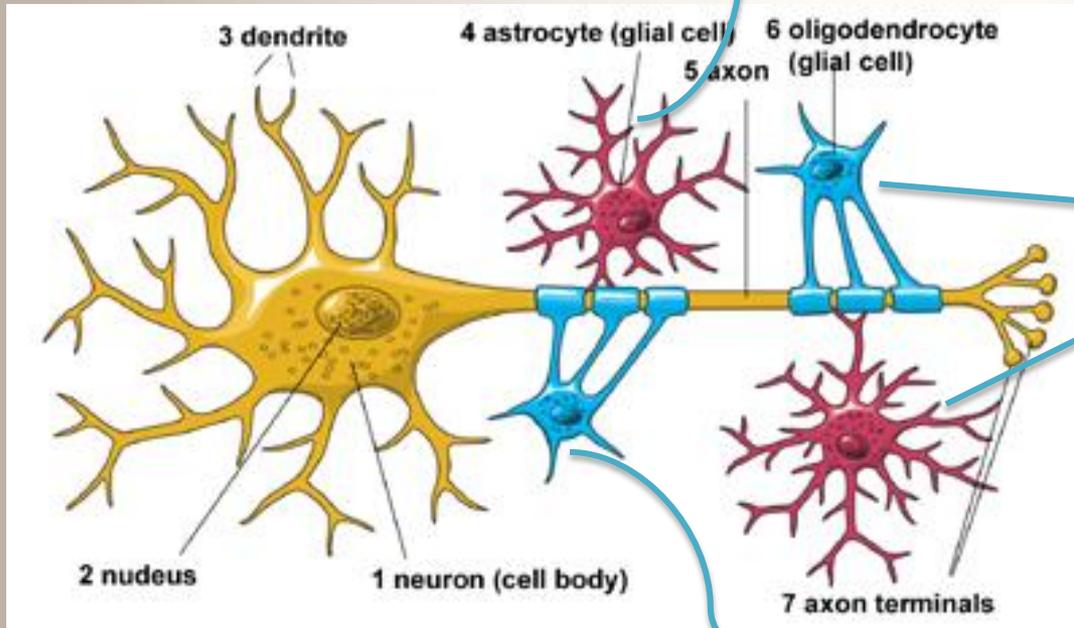
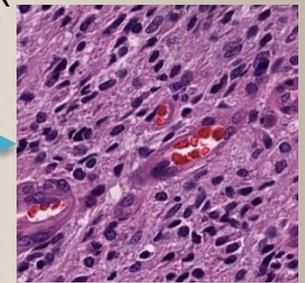


# Glioma: Cancer of glial cells

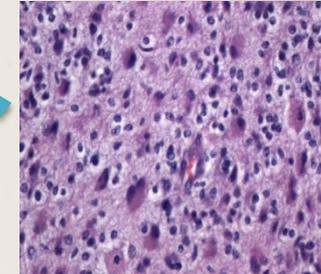
Astrocytoma  
(WHO Grade II/III)



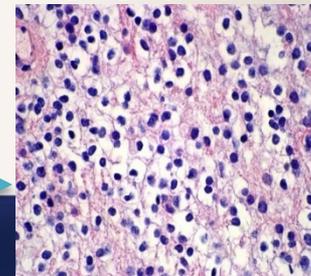
Glioblastoma  
(WHO Grade IV)



Oligoastrocytoma  
(WHO Grade II/III)

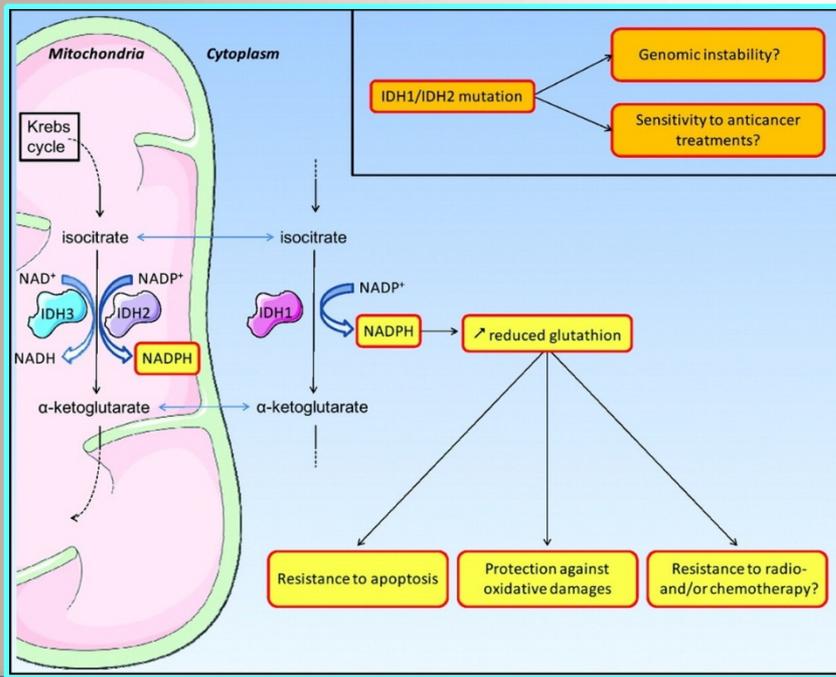


Oligodendroglioma  
(WHO Grade II/III)

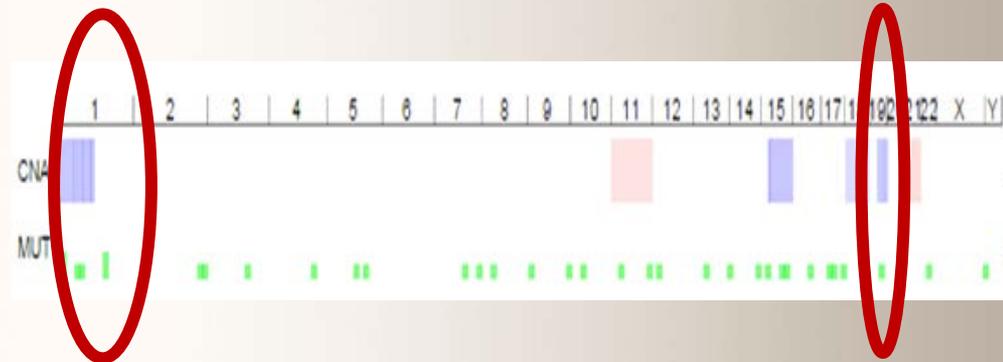


# Molecular markers in glioma

## Mutation of Isocitrate Dehydrogenase (IDH1/2)



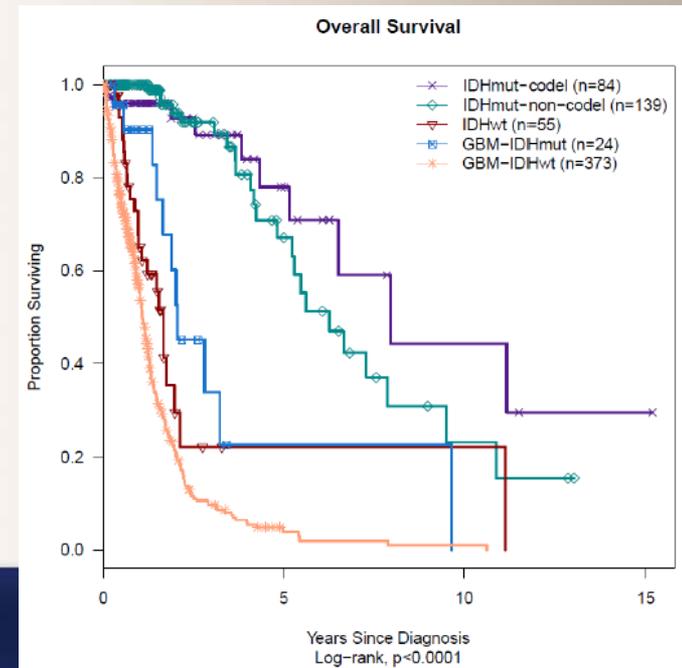
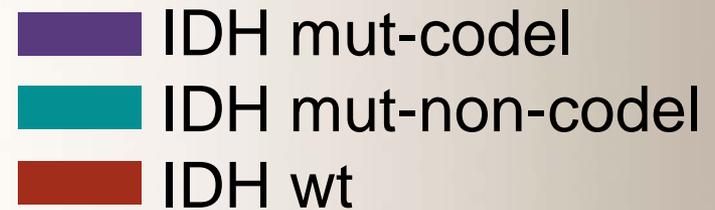
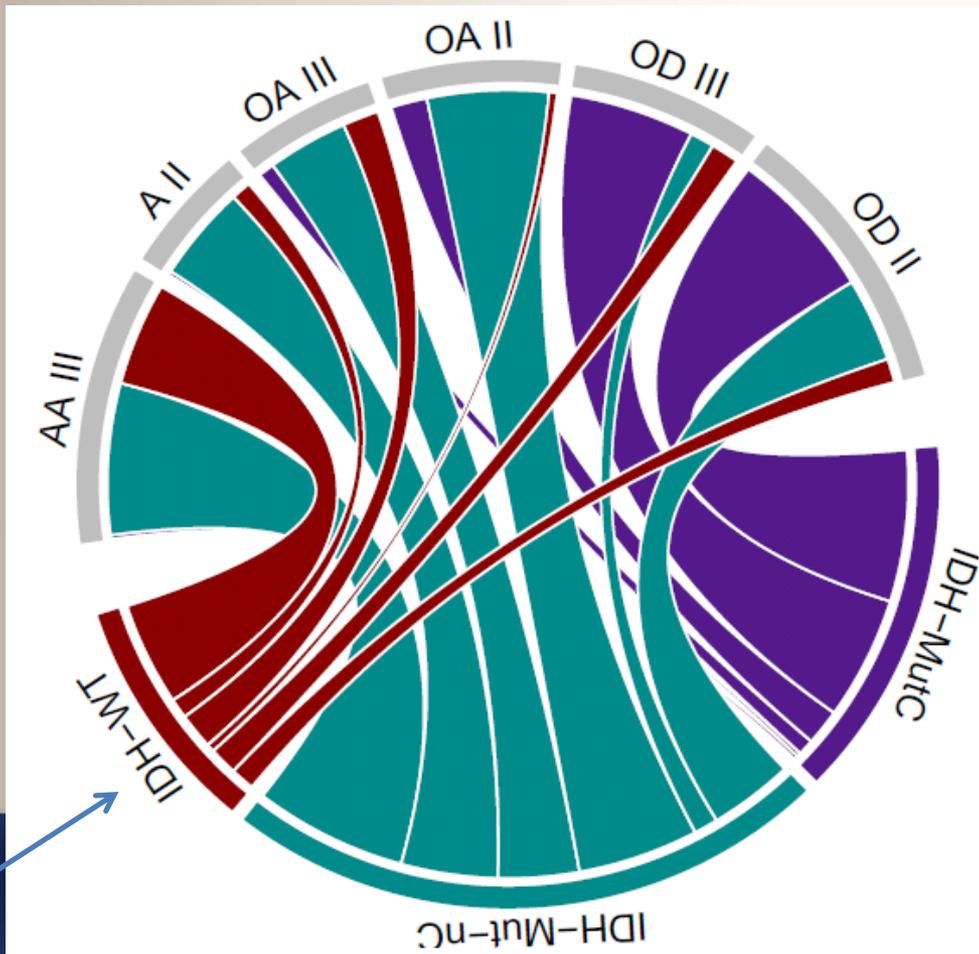
## Co-deletion of Chr 1p and Chr 19q



Case TCGA-DU-6393,  
visualized at [www.cbioportal.org](http://www.cbioportal.org)

Role of IDH (Labussiere et al, 2010)

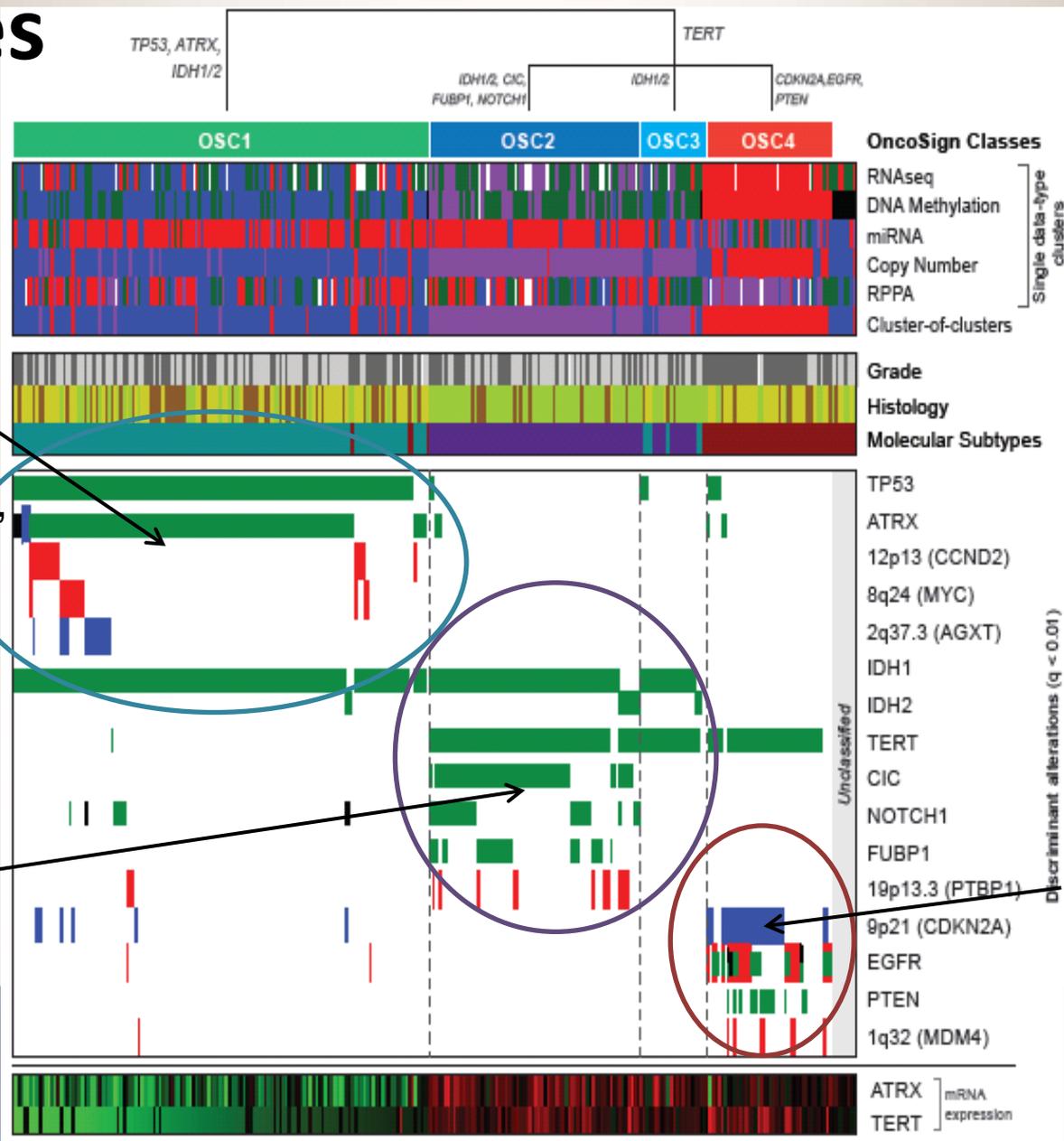
# IDH/Codel vs Histology/Grade



# Biology Follows IDH/Code1 Molecular Subtypes

**IDH Mut-Non-codel**  
 TP53  
 ATRX  
 Gain of CCND2, MYC,  
 Loss of AGXT

**IDH Mut-Codel**  
 TERT  
 CIC  
 NOTCH1  
 FUBP1



**Histology**

- Astrocytoma
- Oligoastrocytoma
- Oligodendroglioma

**Molecular subtype**

- IDHwt
- IDHmut-non-codel
- IDHmut-codel

**IDH WT**  
 CDKN2A loss  
 EGFR gain/mut  
 PTEN mut  
 MDM4 gain



# The Cancer Imaging Archive (TCIA)

The screenshot displays the XNAT Viewer web interface. The browser address bar shows [xnatview.org](http://xnatview.org). The main content area is divided into several panels:

- Project:** A list of projects including TCIA\_GBM\_PUB, LIDC\_IDRI, TCGA\_KIRC, TCGA\_LGG (highlighted with a blue arrow), TCGA\_PRAD, TCGA\_LUAD, and TCIA\_TCGA\_BRCA.
- Subject:** A list of subjects including TCGA-DU-7016, TCGA-DU-730, TCGA-CS-494, TCGA-CS-666, TCGA-DU-639, TCGA-DU-730, TCGA-CS-494, TCGA-DU-639, TCGA-DU-701, TCGA-DU-730, TCGA-DU-640, TCGA-DU-701, TCGA-CS-666, and TCGA-DU-815.
- Experiment:** A list of experiments including TCGA-DU-7309\_1996-08-31.
- Scan Gallery:** A window displaying a brain MRI scan. The deep link is [http://xnatview.cci.emory.edu/xnatview\\_dev/scan\\_gallery.php/TCGA\\_LGG](http://xnatview.cci.emory.edu/xnatview_dev/scan_gallery.php/TCGA_LGG). The image shows a cross-section of a brain with a lesion. Below the image are navigation controls.

The status bar at the bottom left shows <http://xnatview.org/> (guest) and TR : 4000.

# 9 Neuroradiologists + 26 Features (LGG-VASARI set)

**James Chen**

(UC San Diego University)

**Brent Griffith**

(Henry Ford Hospital)

**Chad Holder**

(Emory University)

**Scott Hwang**

(St. Jude's Children's Research Hospital)

**Michael Iv**

(Stanford University)

**Sugoto Mukherjee**

(University of Virginia Health System)

**Max Wintermark**

(University of Virginia Health System)

**Leo Wolansky**

(Case Western Reserve University)

**Kristen Yeom**

(Stanford University)

Is the shape ovoid or irregular?

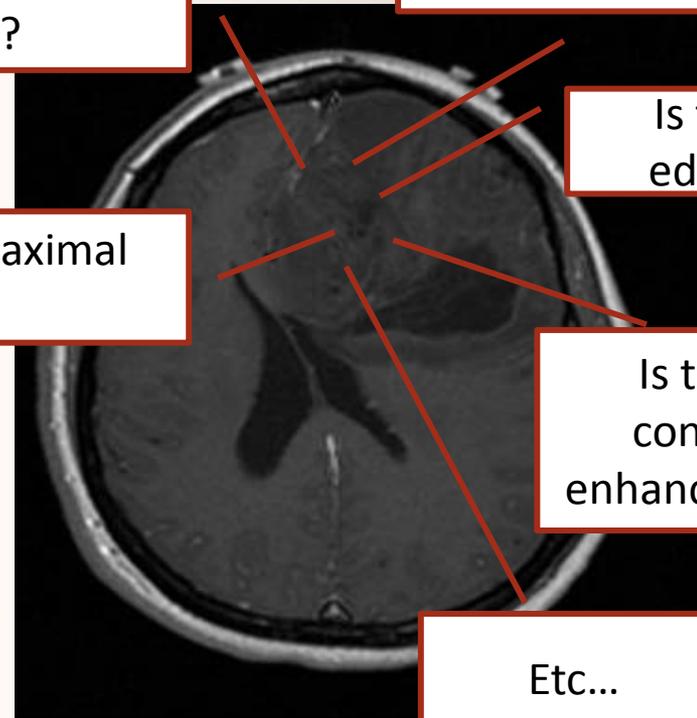
Is there necrosis?

Is there edema?

What is the maximal area?

Is there contrast enhancement?

Etc...

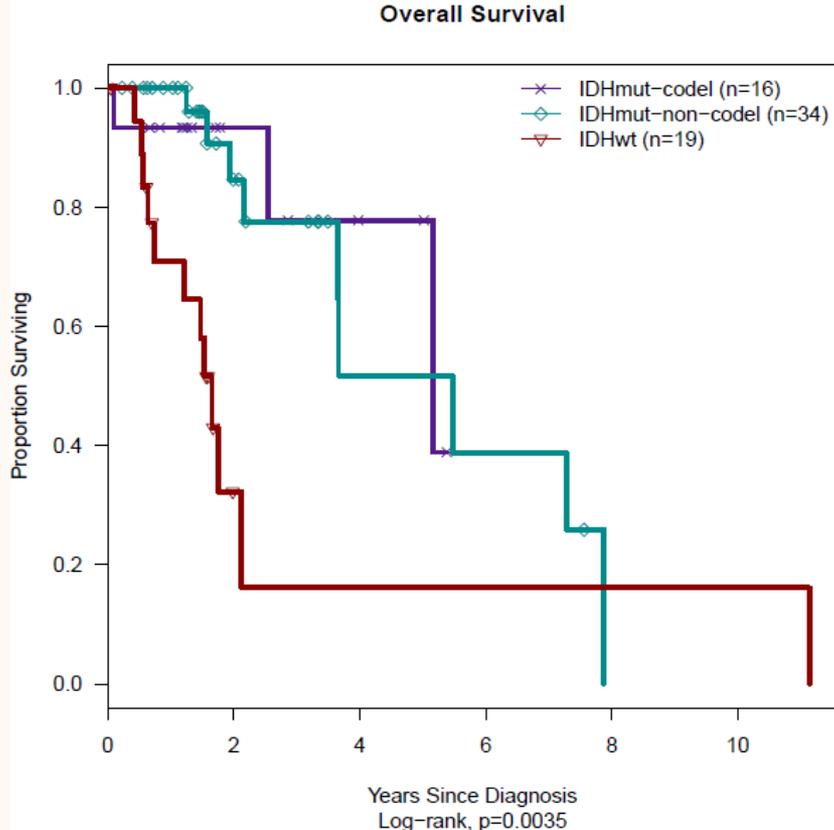
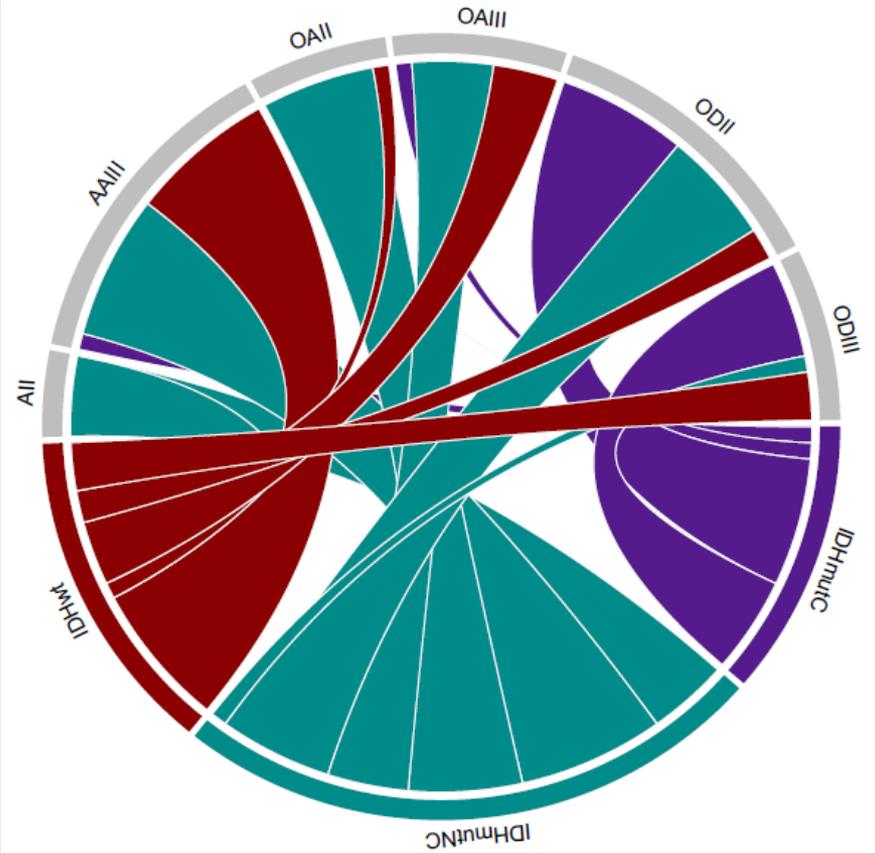


TCGA-DU-6401  
Axial T1 post-Gad contrast



Are there neuro-imaging features associated with the IDH/Codel-defined molecular subtypes?

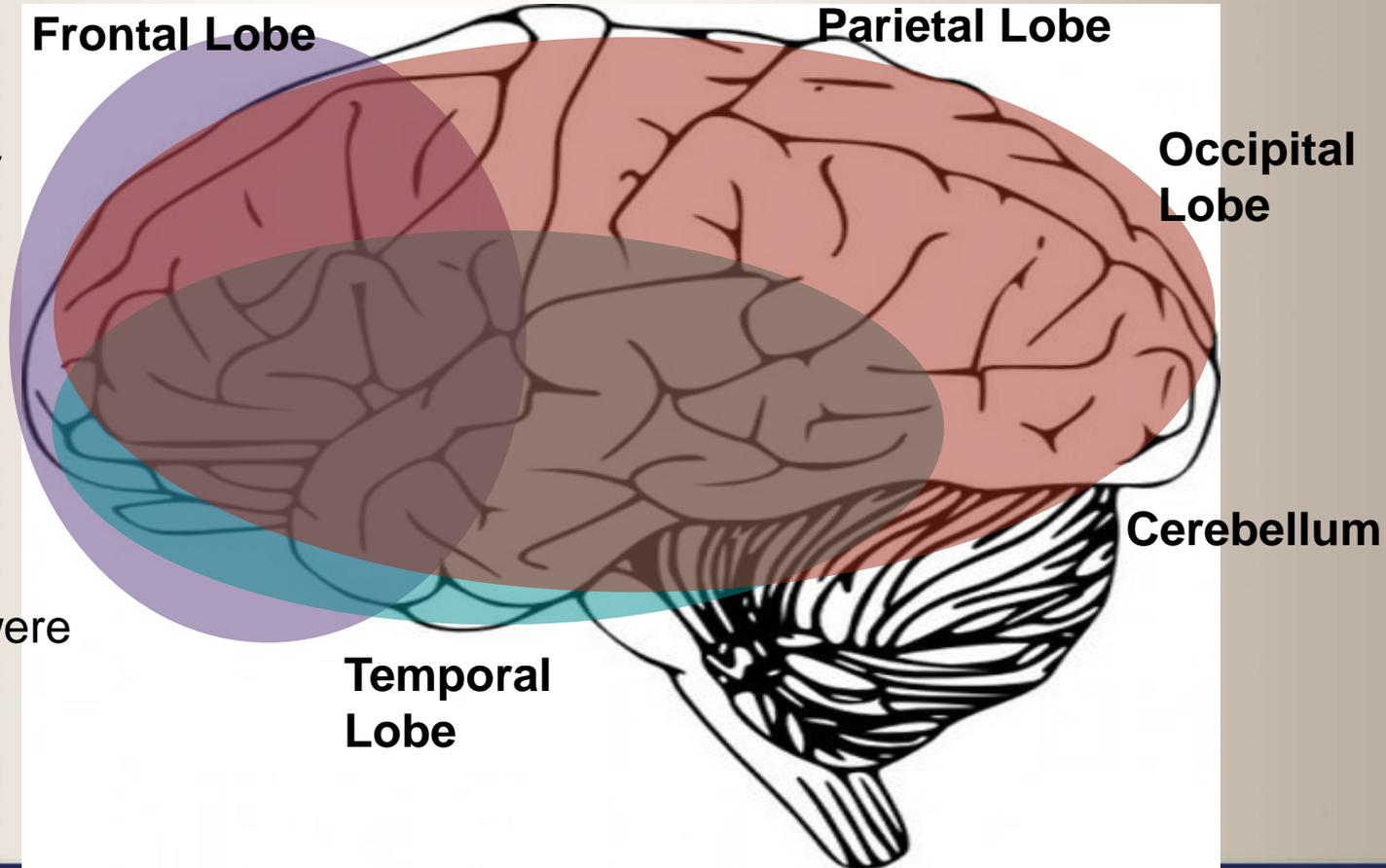
# Radiogenomic Study Set (n=70)



# IDH-mut/codel tumors are likely to be centered in the frontal lobe

75% of IDH-mut/codel  
In frontal lobe vs other  
locations  
(FET  $p=0.026$ )

IDH-mut/non-codel were  
split 41% frontal and  
41% temporal lobes



- IDH-mutant/Codel
- IDH-mutant/non-Codel
- IDH-wt

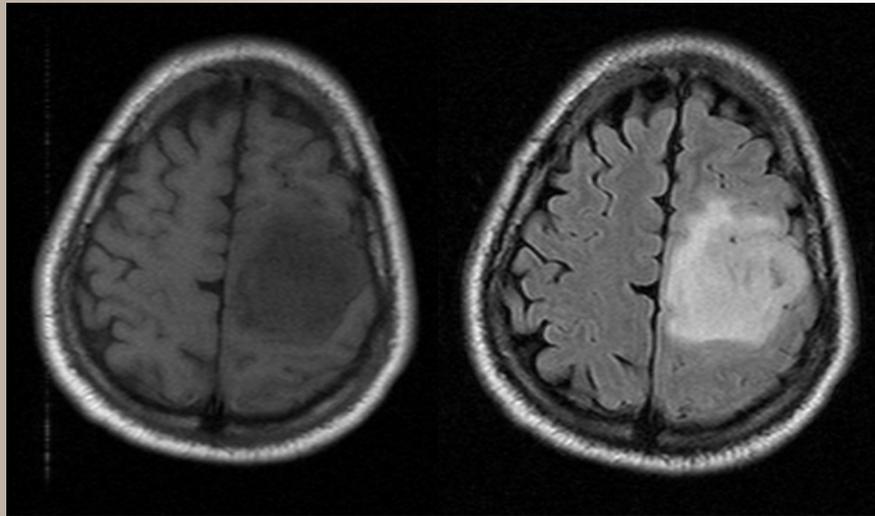
# Other IDHmut Associated Features

- IDHmut-codel tumors were more likely to have:
  - T1/FLAIR signal cross the midline (FET  $p=0.007$ )
  - Have presence of hemorrhage (FET  $p=0.009$ )
  - Have presence of cysts (FET  $p=0.066$ )
- IDHmut-non-codel tumors were least likely to have presence of satellites (FET  $p=0.030$ )

# IDHwt tumors tend to be more infiltrative

IDH-mut-codel

TCGA-CS-4943 (T1 ~ FLAIR)

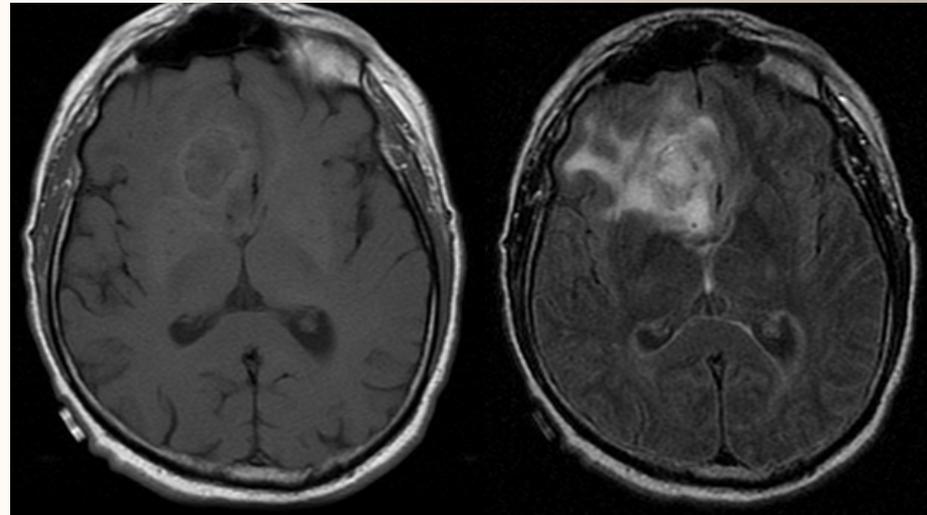


T1W

T2 FLAIR

IDH-wt

TCGA-CS-4941 (T1 << FLAIR)



T1W

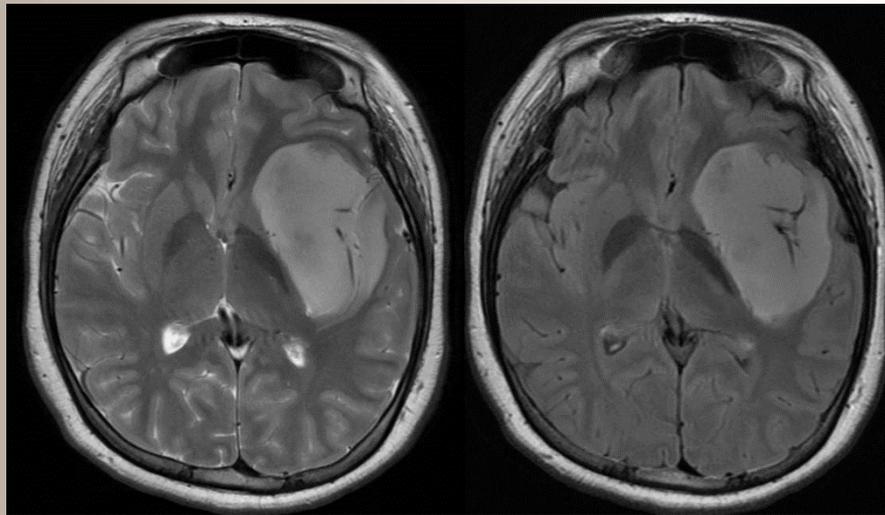
T2 FLAIR

FLAIR region likely to be larger than T1 (FET,  $p=0.003$ )

# IDH-wt tumors are less likely to have well defined non-enhancing regions

**IDH-mut-non-codel**

**Well-defined NER**

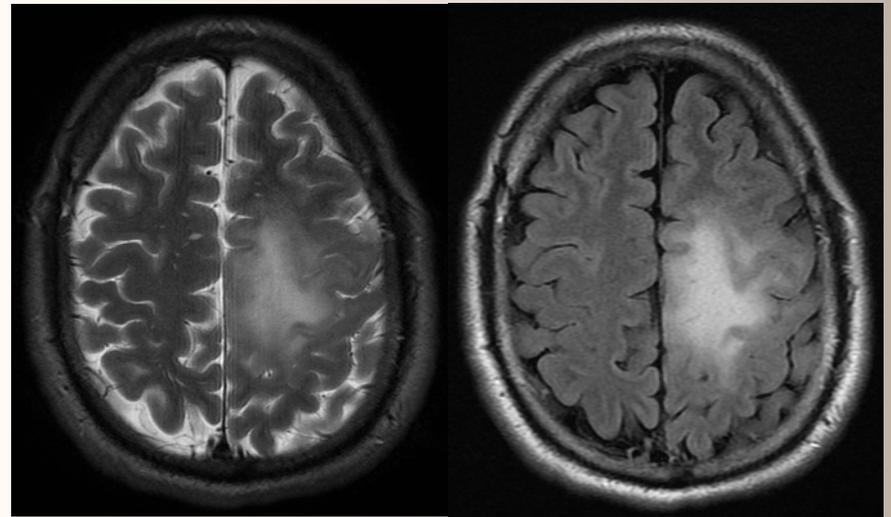


T2W

T2 FLAIR

**IDH-wt**

**Poorly-defined NER**



T2W

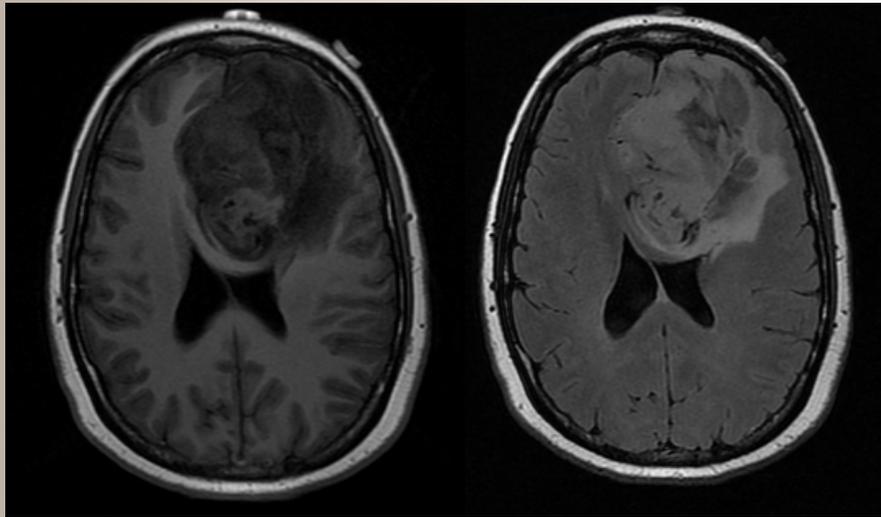
T2 FLAIR

56% IDH-mut/Codel and 76% IDH-mut/Non-codel  
vs. 32% for IDH-wt (FET,  $p=0.027$ )

# IDHwt tumors tend to be smaller

**IDH-mut-codel**

**TCGA-DU-5871 (57.6 cm<sup>2</sup>)**

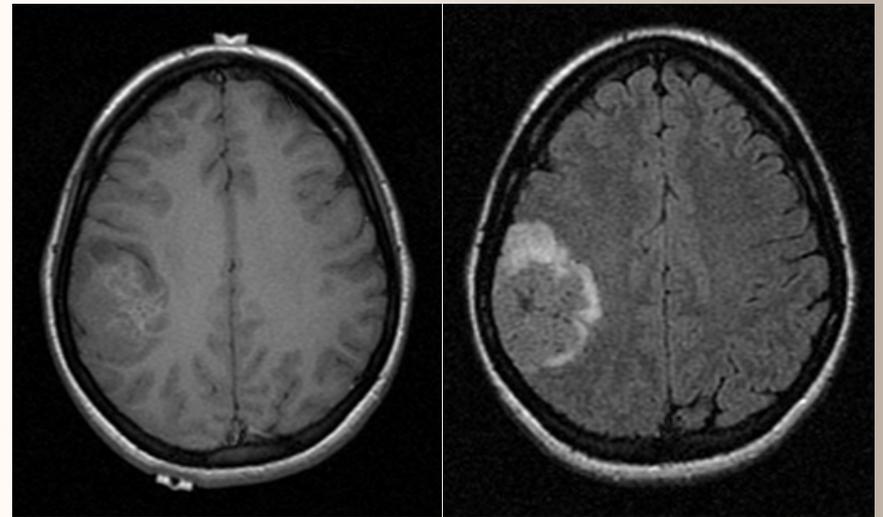


T1W

T2 FLAIR

**IDH-wt**

**TCGA-DU-6404 (21.5 cm<sup>2</sup>)**



T1W

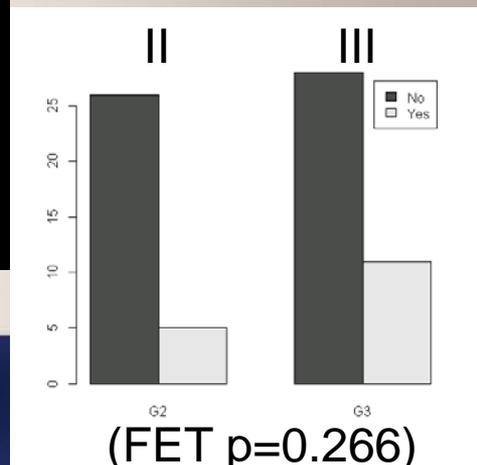
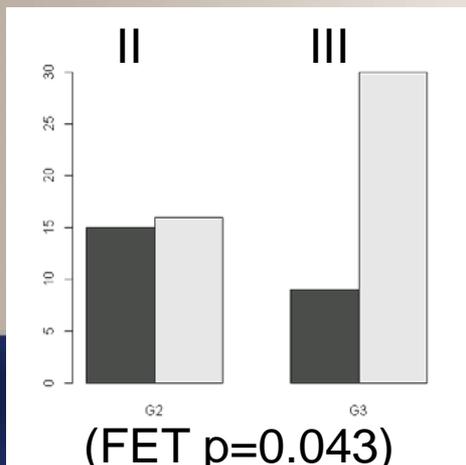
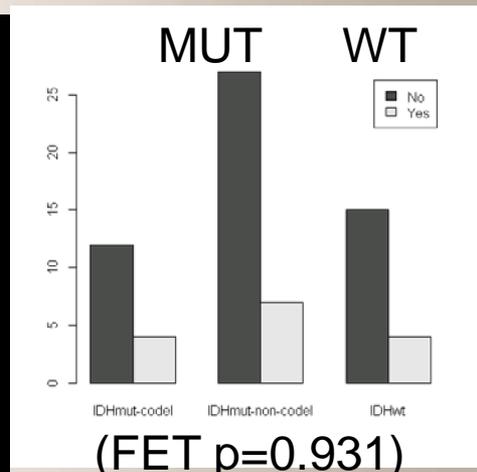
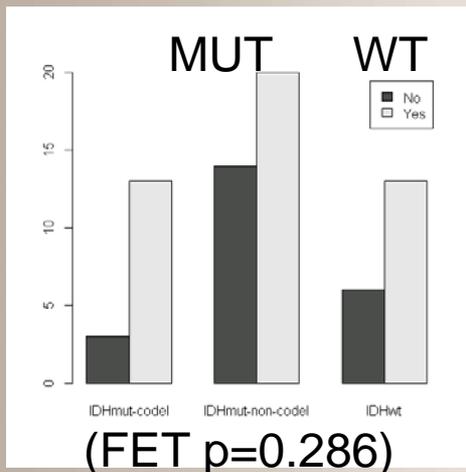
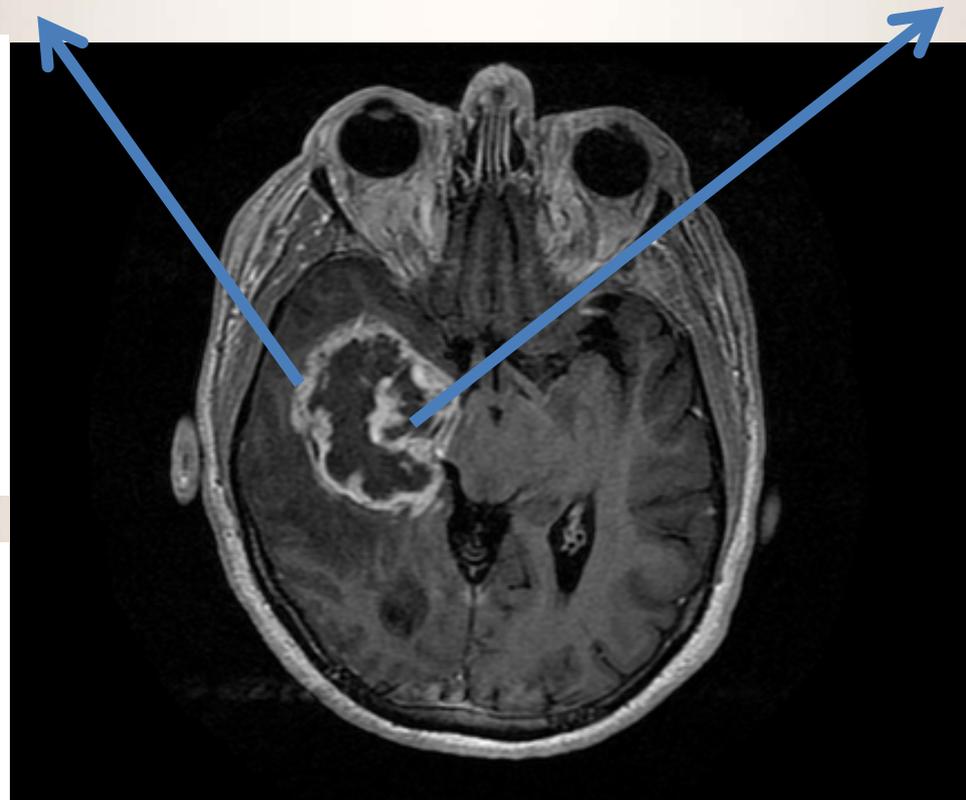
T2 FLAIR

Mean: 23.0 cm<sup>2</sup> vs 39.7cm<sup>2</sup> maximal area (t-test p<0.001)

# Features of GBM were not more common in IDH-wt tumors

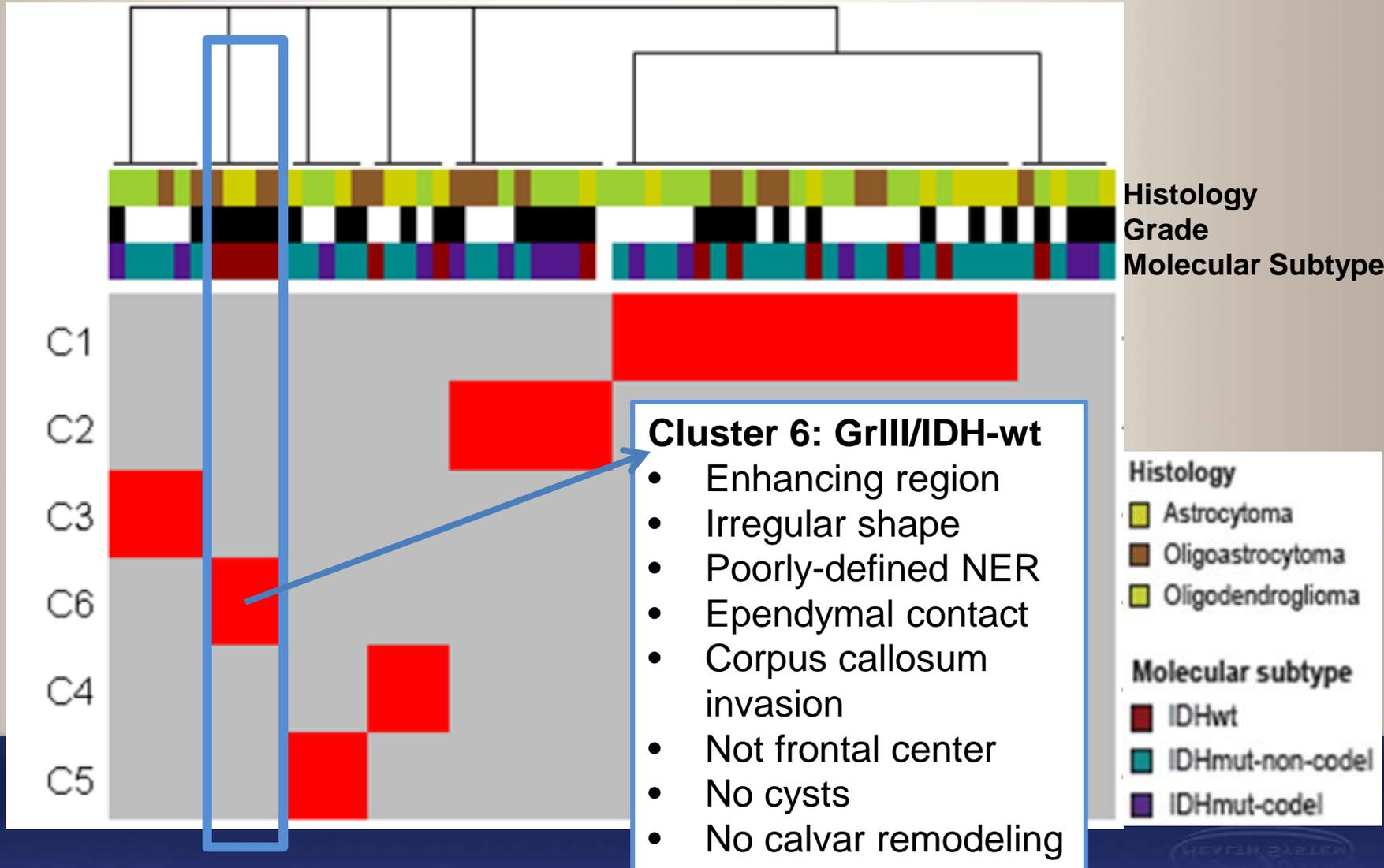
Enhancing Component

Necrotic Component



TCGA-06-0189 (GBM)  
T1 Post-gad

# Bi-clustering finds sets of samples with consistent imaging characteristics



# Conclusions

- Several MR imaging features are associated with LGG molecular classes
- IDH-wt LGG does show association with aggressive features
- IDH-wt LGG is not likely under-diagnosed GBM
- Imaging patterns are present
- Further work needs to be done to determine if the associations in MR Imaging have clinical implications or other genomic associations

# Acknowledgements



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- Leo Wolansky (Case Western Reserve University)
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Poster #98