

## LIFEx v7.7.0

**Announcement** 

— LIFEx —

C. Nioche, F. Orlhac, I. Buvat















# What is new?



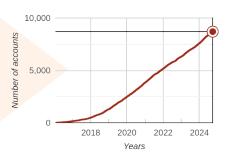
## Acknowledgements

Dear LIFEx users,

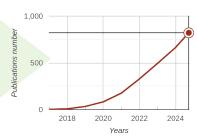
We are pleased to announce the release of LIFEx v7.7.0

We would like to take this opportunity to thank all 8.900 LIFEx users for their feedback and relevant suggestions. We took into account your comments to enhance the software and produce this version. We hope you will enjoy it.

Do not hesitate to download this new release and replace your old LIFEx version. Your feedback will always be welcome.



Evolution of the number of accounts (from our site web)



Evolution of Publications referencing LIFEx (from PubMed)

### LIFEx is free of charge.

Please help us to keep it free by always quoting the LIFEx reference:(see below)

#### Please note that the correct reference to be cited is:

C Nioche, F Orlhac, S Boughdad, S Reuzé, J Goya-Outi, C Robert, C Pellot-Barakat, M Soussan, F Frouin, and I Buvat. LIFEx: a freeware for radiomic feature calculation in multimodality imaging to accelerate advances in the characterization of tumor heterogeneity. Cancer Research 2018; 78(16):4786-4789





# Radiomics Theory And Practice April 23-25, 2025, Paris

AN ADVANCED INTERNATIONAL COURSE

### Radiomics theory and practice

4rd edition **April 23-25, 2025** 



Dear LIFEx users.

For those who are interested, we organize a 3-day radiomics and LIFEx training session in April 2025 in Paris, France.

Space is limited to 20 participants on site as we will have a lot of hand-on sessions, so if you are willing to participate, please register early.

This year, we are opening the morning lectures to 50 virtual seats. Please let us know if you are interested (lectures +/- practical sessions). Practical sessions will be available for on-site attendees only.

This <u>link</u> to see preliminary programme.

This <u>form</u> to save your seat and register.







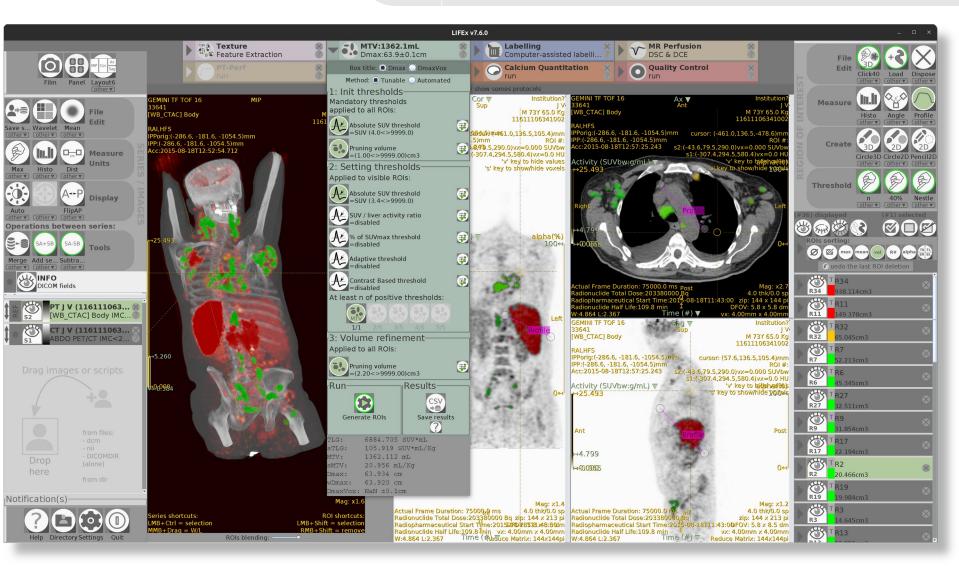






### Interface screenshot

Christophe Nioche







# PET-CT Quality Control

Calibration and axial uniformity test

C. Nioche, M. Soret, C. Comtat



#### Main:

- This Quality Control (QC) protocol allows for the assessment of the quantification accuracy and the uniformity of a cylindrical phantom filled with an uniform activity concentration.
- It follows the guidelines of the PET working group of the French Society of Medical Physics (SFPM).



#### 1.3.1 Calibration and axial uniformity test

A centered circular ROI is automatically drawn in yellow in each slice of the cylinder (see Figure 1.3).

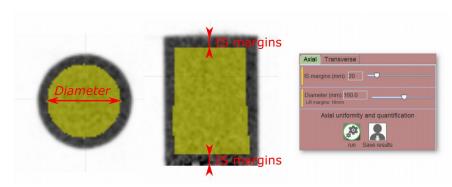


Figure 1.3: Definition of the ROIs for the calibration and axial uniformity test

The ROI mean value is automatically computed for each slice z:  $ROI_{\rm axial}(z)$ . From these values, the following quantities are calculated with the run command (see Figure 1.4):

- the average:  $\overline{ROI}_{axial} = Mean\{ROI_{axial}(z)\};$
- the standard deviation:  $\sigma(ROI_{axial}) = Standard\ deviation\{ROI_{axial}(z)\};$
- the coefficient of variation:  $c_V(ROI_{axial}) = \frac{\sigma(ROI_{axial})}{ROI_{axial}}$ ;
- if the units are SUV body weight, the volumic bias:  $\frac{\overline{ROI}_{axial}-1}{1}$ ;
- the minimum value:  $min(ROI_{axial}) = Minimum\{ROI_{axial}(z)\};$
- the maximum value:  $max(ROI_{axial}) = Maximum\{ROI_{axial}(z)\};$
- the axial integral uniformity:  $IU_{\text{axial}} = \frac{max(ROI_{\text{axial}}) min(ROI_{\text{axial}})}{ROI_{\text{axial}}}$ .

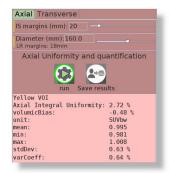


Figure 1.4: Results of the calibration and axial uniformity test

The results can be exported as a CSV ASCII file with the <code>Save\_results</code> command.





## PET-CT Quality Control

Calibration and Transverse uniformity test

C. Nioche, M. Soret, C. Comtat

#### Main:

- This Quality Control (QC) protocol allows for the assessment of the quantification accuracy and the uniformity of a cylindrical phantom filled with an uniform activity concentration.
- It follows the guidelines of the PET working group of the French Society of Medical Physics (SFPM).



#### 1.3.2 Transverse uniformity test

A centered circular ROI in green and four peripheral circular ROIs in red are automatically drawn in each slice of the cylinder (see Figure 1.5).

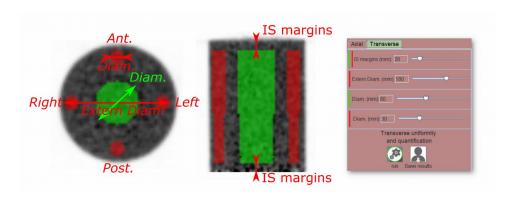


Figure 1.5: Definition of the ROIs for the transverse uniformity test

From these values, the transverse integral uniformity is automatically computed for each slice as:

$$IU_{transverse}(z) = \frac{max_{transverse}(z) - min_{transverse}(z)}{mean_{transverse}(z)}$$
(1.1)

- the average: \( \overline{IU}\_{transverse} = Mean \{ IU\_{transverse}(z) \};\)
- the central value: IU<sub>transverse</sub>(z<sub>c</sub>) on the central slice z<sub>c</sub>;
- the minimum value:  $min(IU_{transverse}) = Minimum\{IU_{transverse}(z)\};$
- the maximum value:  $max(IU_{transverse}) = Maximum\{IU_{transverse}(z)\};$
- · the global value, estimated on the volumic ROIs.

The results can be exported as a CSV ASCII file with the Save\_results command.



Figure 1.6: Results of the transverse uniformity test





## PET-CT Quality Control NEMA IEC PET Body Phantom Set

C. Nioche, M. Soret, C. Comtat

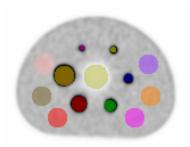


#### Main:

- This test allows for the evaluation of the PET system image quality in a standardized situation representative of a typical clinical condition. It is a global measure that includes data acquisition and image reconstruction and quantification steps.
- It follows the guidelines of the PET working group of the French Society of Medical Physics (SFPM).







#### 2.4.1 Body background

Six spherical VOIs with a diameter of 37 mm are automatically drawn in the background. The mean and standard-deviation of the activity concentration in each background VOI *I* are reported: BGSphere *I*\_Mean and BGSphere *I*\_Dev. The averaged activity concentration across the six VOIs is also reported: BGSpheres\_Mean.

#### 2.4.2 Contrast spheres

A spherical VOI is automatically drawn for each of the six contrast sphere, with a diameter equal to the nominal internal diameter D of the sphere. Its theoretical volume  $\frac{4}{3}\pi\left(\frac{D}{2}\right)^3$  and effective volume, depending on the voxel sampling, are reported.

The mean and standard-deviation of the activity concentration in the contrast spheres VOI of diameter D are reported: SphereD\_Mean and SphereD\_Dev.

The measured activity concentration ratios between the contrast spheres D and the body background are reported: SphereD\_RatioWithBGSM =  $\frac{\text{Sphere}D\_\text{Mean}}{\text{BGSpheres\_Mean}}$ .

The Contrast Recovery Coefficient (CRC) of each sphere  ${\cal D}$  is then calculated as follows:

$$Sphere D\_CRC = \frac{Sphere D\_RatioWith BGSM - 1}{Sphere D\_Nominal Ratio - 1}, \tag{2.2}$$

where Sphere *D*\_Nominal Ratio is the nominal ratio value.

#### 2.4.3 Lung insert

A spherical VOI is automatically drawn on the cylindrical lung insert, with a diameter equal to the internal diameter of the insert.

The mean and standard-deviation of the activity concentration in the contrast lung VOI are reported: LungInsert\_Mean and LungInsert\_Dev.

The lung error is calculated as:

$$LungError = \frac{LungInsert\_Mean}{BGSpheres\_Mean}.$$
 (2.3)





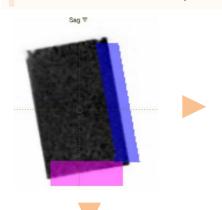
# PET-CT Quality Control

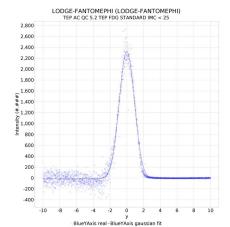
Point Spread Function – spatial resolution

C. Nioche, M. Soret, C. Comtat

#### Main:

- This Quality Control (QC) protocol allows for the measurement of the spatial resolution under the conditions of a clinical oncological examination, that is to say in an attenuating and scattering medium.





LODGE-FANTOMEPHI (LODGE-FANTOMEPHI)
TEP AC QC 5.2 TEP FDG STANDARD IMC < 25

2.800
2.600
2.400
2.000
1.800
1.600
1.600
400
200
0
-200
-400
-400
-600

MagentaZAxis real-MagentaZAxis gaussian fit

Figure 3.2: Spatial resolution in the axial direction. The blue dots indicate the data and the black curve indicate the Gaussian function fit from which the resolution measure is derived

- Spatial Resolution in the Axial Direction: An edge profile is drawn on the central axial slice, and on several slices in front and several slices behind (see Figure3.2). By appropriately displacing and then combining line profiles from different slices, the edge response function ESF(s) can be measured with a sampling interval much finer than the pixel spacing of the original images. From these composite-edge profiles ESF(s), the spatial resolution of the system can be determined by fitting an analytic function erf() and measuring the full width at half maximum (FWHM).

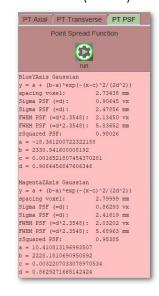
$$ESF(s) = \int_{-\infty}^{S} PSF(S')ds'$$
 (3.1)

$$PSF(s) = \frac{A}{\sigma\sqrt{2\pi}}e^{-(s-\mu)^2/2\sigma^2}$$
 (3.2)

$$ESF(s) = \frac{A}{2} \left( 1 + erf\left(\frac{s - \mu}{\sigma\sqrt{2}}\right) \right) \tag{3.3}$$

$$FWHM = \sqrt{8\ln 2\sigma} \tag{3.4}$$

Where ESF(s) is the edge function, PSF(s) is the point spread function of the signal, A is a scaling factor which takes into account the magnitude of the data,  $\mu$  is the center of the Gaussian function, and  $\sigma$  is the standard deviation of the Gaussian function.



- **Spatial Resolution in the Radial Direction:** An edge profile is drawn on the central coronal slice and on several slices to the left and right. In a manner similar to the axial step, the spatial resolution is obtained.



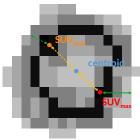


# New radiomic features NHOC and NHOP definitions

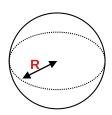
Narinée Hovhannisyan-Baghdasarian



Narinée Hovhannisyan-Baghdasarian, Marie Luporsi, Nicolas Captier, Christophe Nioche, Vesna Cuplov, Erwin Woff, Nadia Hegarat, Alain Livartowski, Nicolas Girard, Irène Buvat, Fanny Orlhac. Promising candidate prognostic biomarkers in [18F]FDG-PET images: Evaluation in independent cohorts of Non–Small Cell Lung Cancer Patients. Journal of Nuclear Medicine March 2024, jnumed.123.266331; DOI: https://doi.org/10.2967/jnumed.123.266331



**A** Tumor (black is high SUV, white is low SUV)



**B** Hypothetical sphere of radius R having the same volume as the tumor

NHOCmax: distance (yellow arrow) from the voxel with maximum SUV (SUVmax, red cercle) to the tumor centroid (blue cercle) divided (normalized) by the radius (R)

NHOCpeak: normalized distance (yellow dashed arrow) from the hotspot with maximum average SUV (within a 1cm³ spherical volume, SUVpeak, orange cercle) to the tumor centroid

NHOPmax: normalized distance (green line) from the SUVmax to the tumor perimeter (closest border)

NHOPpeak: normalized distance (green dashed line) from the SUVpeak to the tumor perimeter

#### LIFEx features in relation:

NHOCmax: MORPHOLOGICAL\_radiusSphereNorm\_MaxIntensityCoor\_RoiCentroidCoor\_Dist MORPHOLOGICAL\_radiusSphereNorm\_PeakIntensityCoor\_RoiCentroidCoor\_Dist

NHOPmax: MORPHOLOGICAL\_radiusSphereNorm\_MaxIntensityCoor\_PerimeterCoor\_3DSmallestDist MORPHOLOGICAL\_radiusSphereNorm\_PeakIntensityCoor\_PerimeterCoor\_3DSmallestDist





# New radiomic features Opened to the public Narinée Hovhannisyan-Baahdasarian



#### MORPHOLOGICAL\_\* Features:

maxIntensityCoor\_RoiCentroidCoor\_Dist radiusSphereNorm\_MaxIntensityCoor\_RoiCentroidCoor\_Dist (NHOCmax)  $radius Roi Norm\_MaxIntensity Coor\_Roi Centroid Coor\_Dist$ peakIntensityCoor\_RoiCentroidCoor\_Dist  $radiusSphereNorm\_PeakIntensityCoor\_RoiCentroidCoor\_Dist(NHOCpeak)$ radiusRoiNorm\_PeakIntensityCoor\_RoiCentroidCoor\_Dist  $radius Sphere Norm\_Centroid Coor\_Wcentroid Coor\_Dist$ radiusRoiNorm\_CentroidCoor\_WcentroidCoor\_Dist maxIntensityCoor\_PerimeterCoor\_3DSmallestDist radiusSphereNorm\_MaxIntensityCoor\_PerimeterCoor\_3DSmallestDist (NHOPmax) radiusRoiNorm\_MaxIntensityCoor\_PerimeterCoor\_3DSmallestDis maxIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist radiusSphereNorm\_MaxIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist radiusRoiNorm\_MaxIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist  $maxIntensity Coor\_Perimeter Coor\_2D Coronal Smallest Dist$  $radius Sphere Norm\_MaxIntensity Coor\_Perimeter Coor\_2D Coronal Smallest Dist$ 

 $radius Roi Norm\_MaxIntensity Coor\_Perimeter Coor\_2D Coronal Smallest Distriction and the contraction of th$ maxIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist radiusSphereNorm\_MaxIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist radiusRoiNorm\_MaxIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist peakIntensityCoor\_PerimeterCoor\_3DSmallestDist radiusSphereNorm\_PeakIntensityCoor\_PerimeterCoor\_3DSmallestDist (NHOPpeak) radiusRoiNorm\_PeakIntensityCoor\_PerimeterCoor\_3DSmallestDist peakIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist radiusSphereNorm\_PeakIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist radiusRoiNorm\_PeakIntensityCoor\_PerimeterCoor\_2DAxialSmallestDist peakIntensityCoor\_PerimeterCoor\_2DCoronalSmallestDist radiusSphereNorm\_PeakIntensityCoor\_PerimeterCoor\_2DCoronalSmallestDist radiusRoiNorm\_PeakIntensityCoor\_PerimeterCoor\_2DCoronalSmallestDist peakIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist radiusSphereNorm\_PeakIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist radiusRoiNorm\_PeakIntensityCoor\_PerimeterCoor\_2DSagittalSmallestDist



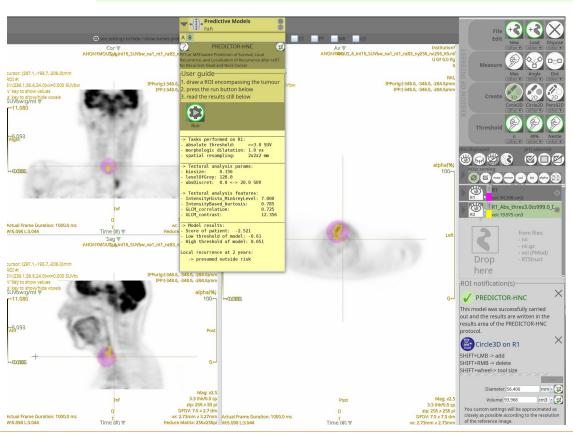


# New predictive model PREDICTOR-HNC

Arnaud Beddok



Arnaud Beddok, Fanny Orlhac, Valentin Calugaru, Laurence Champion, Catherine Ala Eddine, Christophe Nioche, Gilles Créhange, Irène Buvat. [18F]-FDG PET and MRI radiomic signatures to predict the risk and the location of tumor recurrence after re-irradiation in head and neck cancer. Eur J Nucl Med Mol Imaging. 2023 Jan;50(2):559-571. doi: 10.1007/s00259-022-06000-7



### Purpose:

To evaluate whether radiomics from [18F]-FDG PET before re-irradiation (reRT) of recurrent head and neck cancer (HNC) could predict the occurrence and the location "infield" or "outside" of a second locoregional recurrence (LR).





# LIFEx is still evolving Christophe Nioche

Other functionalities are being added every week. Stay tuned! We hope you go on enjoying LIFEx





## LIFEx is free of charge.

Please help us to keep it free by always quoting the LIFEx reference: (see below)

#### Please note that the correct reference to be cited is:

C Nioche, F Orlhac, S Boughdad, S Reuzé, J Goya-Outi, C Robert, C Pellot-Barakat, M Soussan, F Frouin, and I Buvat. LIFEx: a freeware for radiomic feature calculation in multimodality imaging to accelerate advances in the characterization of tumor heterogeneity. Cancer Research 2018; 78(16):4786-4789

