

# Time activity curve

Aim of Blanc-Durand et al., of the [Lausanne](#) University Hospital in [Switzerland](#) was to develop a full automatic clustering approach of the time-activity curves (TAC) from dynamic [18F-FET PET](#) and evaluate its association with [IDH1 mutation](#) status and survival in patients with [gliomas](#).

Thirty-seven patients (mean age:  $45 \pm 13$  y) with newly diagnosed gliomas and dynamic 18F-FET PET before any histopathologic investigation or treatment were retrospectively included. Each dynamic 18F-FET PET was realigned to the first image and spatially normalized in the Montreal Neurological Institute template. A tumor mask was semi-automatically generated from Z-score maps. Each brain tumor voxel was clustered in one of the 3 following centroids using dynamic time warping and k-means clustering (centroid #1: slowly increasing slope; centroid #2: rapidly increasing followed by slowly decreasing slope; and centroid #3: rapidly increasing followed by rapidly decreasing slope). The percentage of each dynamic 18F-FET TAC within tumors and other conventional 18F-FET PET parameters (maximum and mean tumor-to-brain ratios [TBRmax and TBRmean], time-to-peak [TTP] and slope) was compared between wild-type and IDH1 mutant tumors. Their prognostic value was assessed in terms of progression free-survival (PFS) and overall survival (OS) by Kaplan-Meier estimates.

Twenty patients were IDH1 wild-type and 17 IDH1 mutant. Higher percentage of centroid #1 and centroid #3 within tumors were positively ( $P = 0.016$ ) and negatively ( $P = 0.01$ ) correlated with IDH1 mutated status. Also, TBRmax, TBRmean, TTP, and slope discriminated significantly between tumors with and without IDH1 mutation ( $P$  range 0.01 to 0.04). Progression occurred in 22 patients (59%) at a median of 13.1 months (7.6-37.6 months) and 13 patients (35%) died from tumor progression. Patients with a percentage of centroid #1  $> 90\%$  had a longer survival compared with those with a percentage of centroid #1  $< 90\%$  ( $P = 0.003$  for PFS and  $P = 0.028$  for OS). This remained significant after stratification on IDH1 mutation status ( $P = 0.029$  for PFS and  $P = 0.034$  for OS). Compared to other conventional 18F-FET PET parameters, TTP and slope were associated with PFS and OS ( $P$  range 0.009 to 0.04).

Based on dynamic 18F-FET PET acquisition, they developed a full automatic clustering approach of TAC which appears to be a valuable noninvasive diagnostic and prognostic marker in patients with gliomas <sup>1)</sup>.

<sup>1)</sup>

Blanc-Durand P, Van Der Gucht A, Verger A, Langen KJ, Dunet V, Bloch J, Brouland JP, Nicod-Lalonde M, Schaefer N, Prior JO. Voxel-based 18F-FET PET segmentation and automatic clustering of tumor voxels: A significant association with IDH1 mutation status and survival in patients with gliomas. PLoS One. 2018 Jun 28;13(6):e0199379. doi: 10.1371/journal.pone.0199379. eCollection 2018. PubMed PMID: 29953478.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=time\\_activity\\_curve](https://neurosurgerywiki.com/wiki/doku.php?id=time_activity_curve)

Last update: **2024/06/07 02:58**

