

Multimodal deep learning to predict prognosis in adult and pediatric brain tumors

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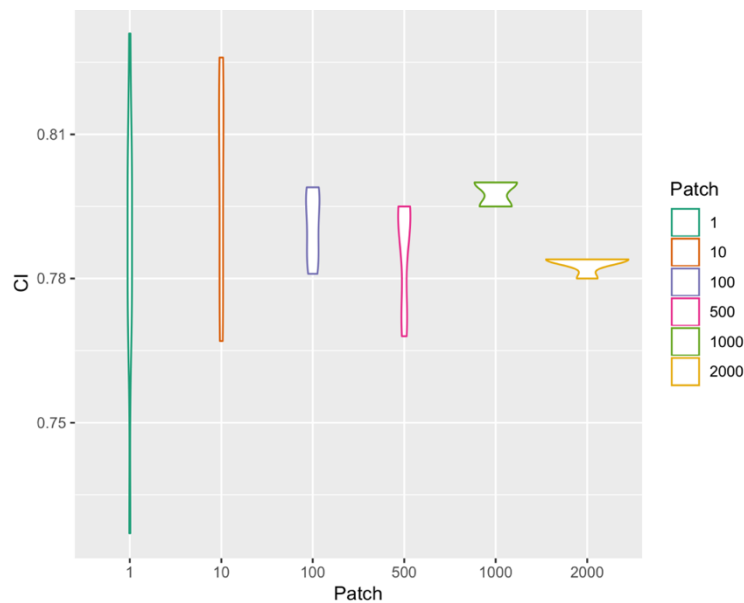
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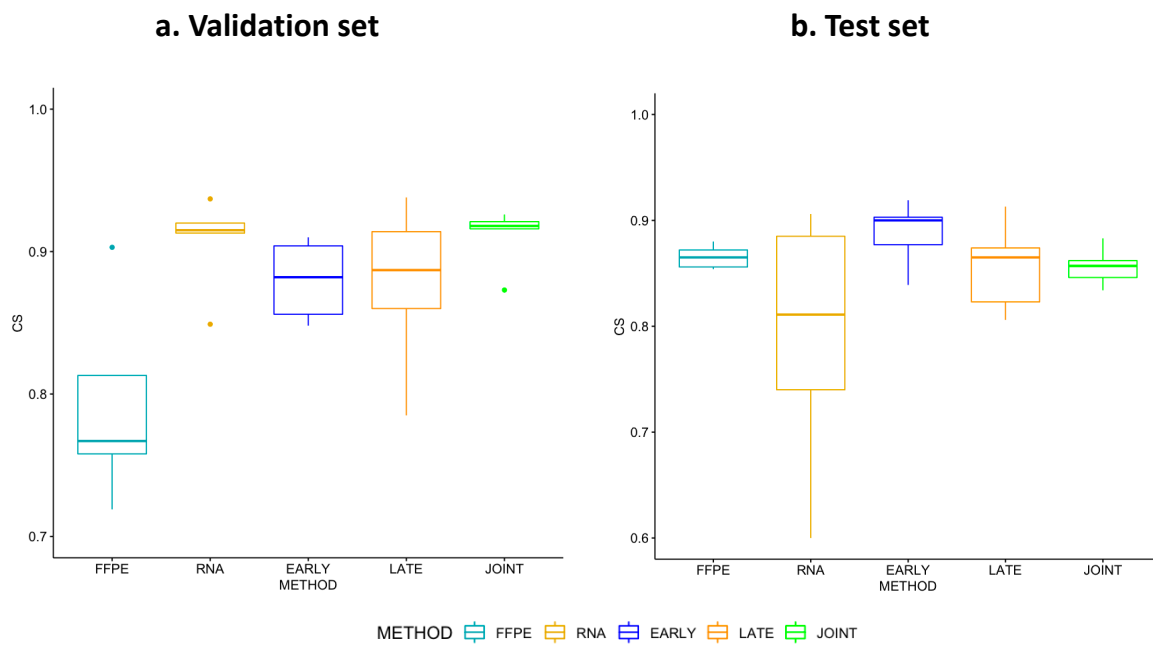
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Supplementary Information

Supplementary Figures



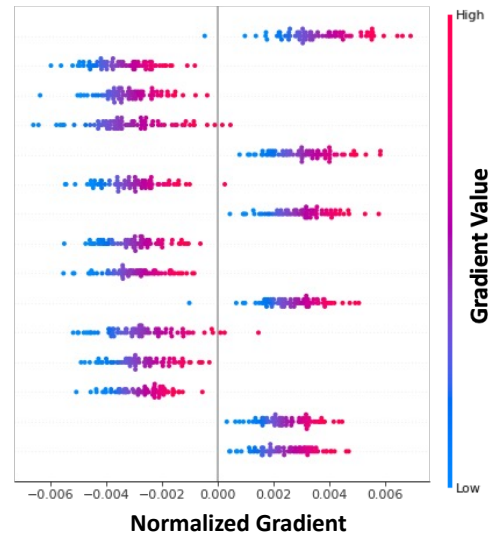
Supplementary Figure S1: Average Concordance Index (CI) for 10 training runs using either 1, 10, 100, 500, 1000 or 2000 patches per whole slide image (WSI). Indicated CI are the scores of the models on the test set (N=156).



Supplementary Figure S2: Boxplots of model performance for each model strategy on the pediatric glioma cohort. a Composite Score (CS) distribution on cross validation (CV) validation sets (N=32). **b** CS distribution of each CV fold on the test set (N=39).

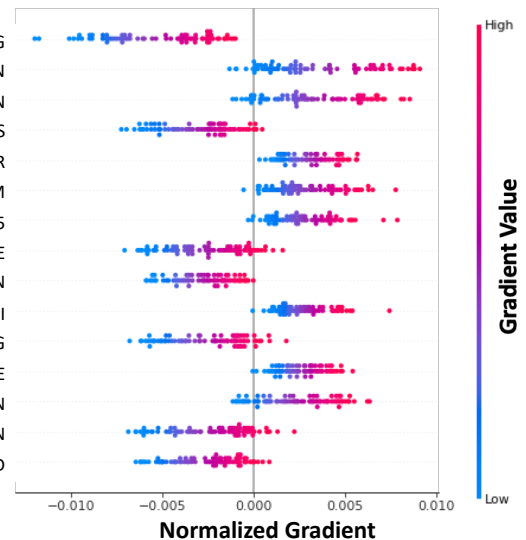
a. RNA only model

N-GLYCAN TRIMMING AND ELONGATION IN THE CIS GOLGI
 DISEASES OF BASE EXCISION REPAIR
 ACTIVATED NTRK3 SIGNALS THROUGH PI3K
 CHYLOMICRON CLEARANCE
 NTRK2 ACTIVATES RAC1
 PTK6 REGULATES PROTEINS INVOLVED IN RNA PROCESSING
 TRANSPORT OF NUCLEOTIDE SUGARS
 LRR FLII INTERACTING PROTEIN 1 LRRFIP1 ACTIVATES TYPE 1 IFN PRODUCTION
 PHOSPHATE BOND HYDROLYSIS BY NTPDASE PROTEINS
 FIBRONECTIN MATRIX FORMATION
 FLT3 SIGNALING THROUGH SRC FAMILY KINASES
 CATION COUPLED CHLORIDE COTRANSPORTERS
 SIGNALING BY NOTCH1 T 7 9 NOTCH1 M158 K255 TRANSLOCATION MUTANT
 PHASE 1 INACTIVATION OF FAST NA CHANNELS
 ACTIVATED NTRK2 SIGNALS THROUGH CDKS



b. Joint fusion model

PTK6 REGULATES PROTEINS INVOLVED IN RNA PROCESSING
 RUNX2 REGULATES CHONDROCYTE MATURATION
 APOBEC3G MEDIATED RESISTANCE TO HIV-1 INFECTION
 TYSND1 CLEAVES PEROXISOMAL PROTEINS
 ATTACHMENT OF GPI ANCHOR TO UPAR
 REACTOME VITAMIN B1 THIAMIN METABOLISM
 ACTIVATED NTRK2 SIGNALS THROUGH CDK5
 NR1H2 NR1H3 REGULATE GENE EXPRESSION TO LIMIT CHOLESTEROL UPTAKE
 MAPK1 ERK2 ACTIVATION
 N-GLYCAN TRIMMING AND ELONGATION IN THE CIS GOLGI
 RUNX1 REGULATES TRANSCRIPTION OF GENES INVOLVED IN WNT SIGNALING
 METABOLISM OF INGESTED SEMET SEC MESEC INTO H2SE
 RUNX3 REGULATES IMMUNE RESPONSE AND CELL MIGRATION
 RUNX3 REGULATES BCL2L11 BIM TRANSCRIPTION
 IKBA VARIANT LEADS TO EDA ID



Supplementary Figure S3: Visualization of pathway importance with respect to survival predictions for the adult The Cancer Genome Atlas (TCGA) cohort. Pathways are ranked from top to bottom based on the sum of the absolute gradients across all samples. Negative gradients contribute to a lower risk score, while positive gradients lead to a higher risk score. **a** Top 15 pathways of the unimodal gene expression model (RNA only). **b** Top 15 pathways of the multimodal joint fusion model (histopathology + RNA data).

Supplementary Tables

Supplementary Table S1: Concordance Index scores (CI) of survival predictions on adult and pediatric glioma cohorts using two single modality models (FFPE & RNA), and three data fusion methods (early, late & joint). The first two data columns show the results (mean and standard deviation (stdev)) on the cross validation (CV) training and validation sets (10-fold CV for adult and 5-fold CV for pediatric cohort). The last column shows the result of the final model on the test set.

Cohort	Strategy	Model	Training set CV Mean(CI) <i>± stdev</i>	Validation set CV Mean(CI) <i>± stdev</i>	Test set CI
ADULT	Single modality	FFPE	0.841 <i>± 0.021</i>	0.764 <i>± 0.027</i>	0.768
		RNA	0.818 <i>± 0.032</i>	0.754 <i>± 0.055</i>	0.710
	Multimodal	Early Fusion	0.841 <i>± 0.011</i>	0.789 <i>± 0.020</i>	0.786
		Late Fusion	0.865 <i>± 0.015</i>	0.797 <i>± 0.019</i>	0.778
		Joint Fusion	0.846 <i>± 0.035</i>	0.779 <i>± 0.027</i>	0.788
PEDIATRIC	Single modality	FFPE	0.889 <i>± 0.011</i>	0.795 <i>± 0.097</i>	0.803
		RNA	0.899 <i>± 0.065</i>	0.934 <i>± 0.050</i>	0.860
	Multimodal	Early Fusion	0.912 <i>± 0.027</i>	0.896 <i>± 0.059</i>	0.908
		Late Fusion	0.931 <i>± 0.029</i>	0.905 <i>± 0.045</i>	0.947
		Joint Fusion	0.994 <i>± 0.001</i>	0.929 <i>± 0.026</i>	0.912

Supplementary Table S2: Integrated Brier Scores (IBS) of survival predictions on adult and pediatric glioma cohorts using two single modality models (FFPE & RNA), and three data fusion methods (early, late & joint). The first two data columns show the results (mean and standard deviation (stdev)) on the cross validation (CV) training and validation sets (10-fold CV for adult and 5-fold CV for pediatric cohort). The last column shows the result of the final model on the test set.

Cohort	Strategy	Model	Training set CV Mean(IBS) <i>± stdev</i>	Validation set CV Mean(IBS) <i>± stdev</i>	Test set IBS
ADULT	Single modality	FFPE	0.092 <i>± 0.011</i>	0.150 <i>± 0.015</i>	0.158
		RNA	0.096 <i>± 0.012</i>	0.135 <i>± 0.025</i>	0.151
	Multimodal	Early Fusion	0.089 <i>± 0.006</i>	0.127 <i>± 0.029</i>	0.115
		Late Fusion	0.082 <i>± 0.008</i>	0.132 <i>± 0.025</i>	0.134
		Joint Fusion	0.094 <i>± 0.017</i>	0.130 <i>± 0.023</i>	0.144
PEDIATRIC	Single modality	FFPE	0.089 <i>± 0.016</i>	0.212 <i>± 0.088</i>	0.094
		RNA	0.099 <i>± 0.048</i>	0.121 <i>± 0.039</i>	0.159
	Multimodal	Early Fusion	0.121 <i>± 0.047</i>	0.136 <i>± 0.033</i>	0.070
		Late Fusion	0.072 <i>± 0.038</i>	0.151 <i>± 0.084</i>	0.121
		Joint Fusion	0.031 <i>± 0.010</i>	0.108 <i>± 0.032</i>	0.189

Supplementary Table S3: Distribution of different prognostic subtypes of adult glioma based on genetic and diagnostic markers in the poor survival (PS) and good survival (GS) groups of each model. Values indicate the number of samples of the test set classified by each model in the two risk groups. IDHmut/wt = *IDH1* mutant/wildtype; (no)codel = (no) 1p/19q codeletion. For some samples, the genetic subtype was not known (NA).

Cohort	Group	Subtype	FFPE (PS / GS)	RNA (PS / GS)	Early Fusion (PS / GS)	Late Fusion (PS / GS)	Joint Fusion (PS / GS)
ADULT test set	Diagnostic	Glioblastoma	68 / 6	56 / 18	66 / 8	64 / 10	64 / 10
		Astrocytoma anaplastic	2 / 22	14 / 10	10 / 14	12 / 12	11 / 13
		Astrocytoma NOS	1 / 6	1 / 6	0 / 7	0 / 7	0 / 7
		Oligodendroglioma anaplastic	2 / 5	3 / 4	2 / 5	2 / 5	2 / 5
		Oligodendroglioma NOS	3 / 16	0 / 19	0 / 19	0 / 19	0 / 19
		Mixed Glioma	2 / 23	4 / 21	0 / 25	0 / 25	1 / 24
	Genetic	IDHmut-codel	6 / 14	1 / 19	0 / 20	0 / 20	0 / 20
		IDHmut-nocodel	2 / 41	2 / 41	0 / 43	0 / 43	1 / 42
		IDHwt	50 / 20	59 / 11	58 / 12	60 / 10	60 / 10
		NA	20 / 3	16 / 7	20 / 3	18 / 5	19 / 4

Supplementary Table S4: P-values of Kruskal-Wallis test and post-hoc Dunn Tests (with Benjamini-Hochberg P-value correction). Multiple pairwise comparisons of Composite Score (CS) on cross validation (CV) validation sets (N=63) (top) and CS distribution of each CV fold on the test set (N=156) for each model strategy (bottom). (*P-value < 0.05, **P-value < 0.01 and ***P-value < 0.005)

Validation sets	Kruskal-Wallis P-value = 0.028* (df=4, chi-squared=10.843)				
	<i>Post-hoc Dunn-test</i>	FFPE	RNA	Early Fusion	Late Fusion
	RNA	0.418	NA	NA	NA
	Early Fusion	0.044*	0.056	NA	NA
	Late Fusion	0.059	0.052	0.425	NA
	Joint Fusion	0.076	0.098	0.410	0.326
Test set	Kruskal-Wallis P-value = 2.855e-07*** (df=4, chi-squared=36.038)				
	<i>Post-hoc Dunn-test</i>	FFPE	RNA	Early Fusion	Late Fusion
	RNA	0.013*	NA	NA	NA
	Early Fusion	0.001***	< 2.2e-16***	NA	NA
	Late Fusion	0.064	0.0001***	0.065	NA
	Joint Fusion	0.245	0.002***	0.008**	0.192

Supplementary Table S5: Concordance Index scores (CI) of the developed models on CPTAC, ependymoma and medulloblastoma cohorts. CPTAC: validation of adult glioma models on external cohort. Ependymoma and medulloblastoma: transfer learning of pediatric glioma models on pediatric brain tumor cohorts from a different origin with less samples.

Strategy	Model	CPTAC CI	Ependymoma CI	Medulloblastoma CI
Single modality	FFPE	0.563	0.519	0.495
	RNA	0.563	0.630	0.617
Multimodal	Early Fusion	0.593	0.588	0.637
	Late Fusion	0.588	0.569	0.609
	Joint Fusion	0.571	0.615	0.696