

# NSCLC-Radiomics

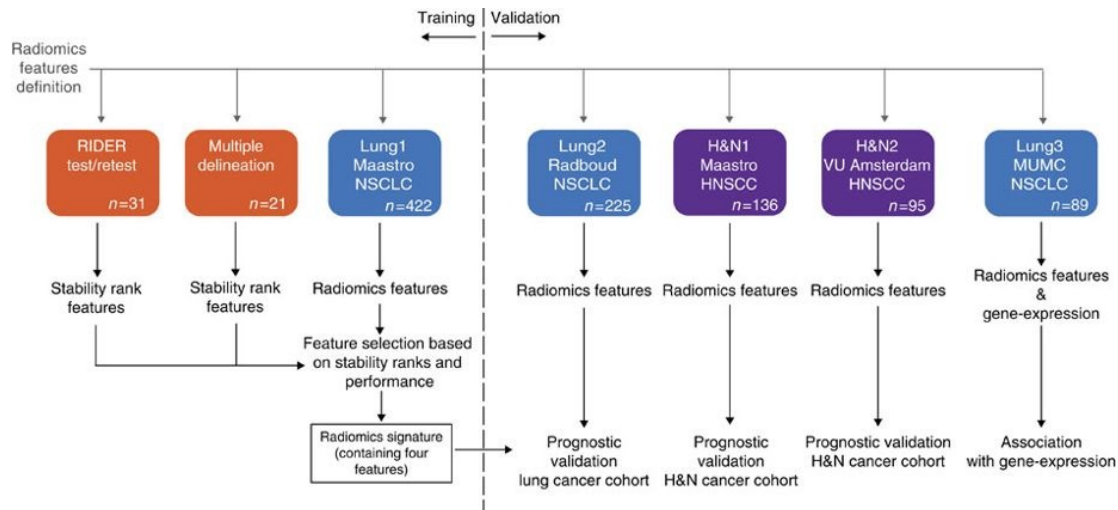
## Summary

This collection contains images from 422 non-small cell lung cancer (NSCLC) patients. For these patients pretreatment CT scans, manual delineation by a radiation oncologist of the 3D volume of the gross tumor volume and clinical outcome data are available. This dataset refers to the Lung1 dataset of the [study published in Nature Communications](#).

In short, this publication applies a radiomic approach to computed tomography data of 1,019 patients with lung or head-and-neck cancer. Radiomics refers to the comprehensive quantification of tumour phenotypes by applying a large number of quantitative image features. In present analysis 440 features quantifying tumour image intensity, shape and texture, were extracted. We found that a large number of radiomic features have prognostic power in independent data sets, many of which were not identified as significant before. Radiogenomics analysis revealed that a prognostic radiomic signature, capturing intra-tumour heterogeneity, was associated with underlying gene-expression patterns. These data suggest that radiomics identifies a general prognostic phenotype existing in both lung and head-and-neck cancer. This may have a clinical impact as imaging is routinely used in clinical practice, providing an unprecedented opportunity to improve decision-support in cancer treatment at low cost.

The dataset described here (Lung1) was used to build a prognostic radiomic signature. The Lung3 dataset used to investigate the association of radiomic imaging features with gene-expression profiles consisting of 89 NSCLC CT scans with outcome data can be found here: [NSCLC-Radiomics-Genomics](#).

Other data sets in the Cancer Imaging Archive that were used in the same [study published in Nature Communications](#): [Head-Neck-Radiomics-HN1](#), [NSCLC-Radiomics-Interobserver1](#), [RIDER Lung CT Segmentation Labels from: Decoding tumour phenotype by noninvasive imaging using a quantitative radiomics approach](#).

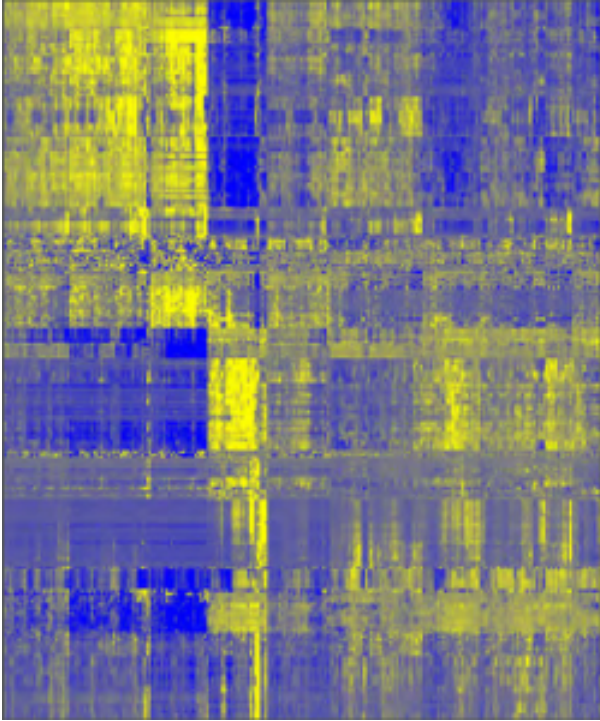


For scientific inquiries about this dataset, please contact Dr Leonard Wee ([leonard.wee@maastro.nl](mailto:leonard.wee@maastro.nl)) and Prof Andre Dekker ([andre.dekker@maastro.nl](mailto:andre.dekker@maastro.nl)) at MAASTRO Clinic/Maastricht University Medical Centre+ and Maastricht University, The Netherlands.

### Acknowledgements

We would like to acknowledge the individuals and institutions that have provided data for this collection:




- Leonard Wee, MAASTRO (Dept of Radiotherapy), Maastricht University Medical Centre+, Maastricht, Limburg, The Netherlands.
- Dirk de Ruyscher, MAASTRO (Dept of Radiotherapy), Maastricht University Medical Centre+, Maastricht, Limburg, The Netherlands.
- Andre Dekker, MAASTRO (Dept of Radiotherapy), Maastricht University Medical Centre+, Maastricht, Limburg, The Netherlands.
- Hugo Aerts, Computational Imaging and Bioinformatic Laboratory, Dana-Farber Cancer Institute & Harvard Medical School, Boston, Massachusetts, USA.



### Data Access

## Data Access

Click the **Download** button to save a ".tcia" manifest file to your computer, which you must open with the [NBIA Data Retriever](#). Click the **Search** button to open our Data Portal, where you can browse the data collection and/or download a subset of its contents.

Data Type	Download all or Query/Filter
Images (DICOM, 29GB)	<div style="display: flex; gap: 10px;"> <span> Download</span> <span> Search</span> </div> <p>(Requires the <a href="#">NBIA Data Retriever</a>.)</p>
Lung1 clinical (CSV)	<div style="display: flex; gap: 10px;"> <span> Download</span> </div>

Click the Versions tab for more info about data releases.

### Detailed Description

## Detailed Description

Collection Statistics	
Modalities	CT, RTSTRUCT, SEG
Number of Patients	422
Number of Studies	844

Number of Series	1265
Number of Images	52072
Image Size (GB)	29.3

## Radiation Oncologist Tumor Segmentations

The RTSTRUCT files in this data contain a manual delineation by a radiation oncologist of the 3D volume of the primary gross tumor volume ("GTV-1").

For viewing quickly we recommend Dicompyler (<http://www.dicompyler.com/>) which is an open source, cross-platform DICOM RT viewer. Slicer has a SlicerRT module (<http://slicerrt.github.io/index.html>) which enables use of this kind of data. The Radiotherapy DICOM toolkit may also be useful for working with this data (<https://github.com/dicom/rtkit>).

## Clinical Data

Corresponding clinical data can be found here: [Lung1.clinical.csv](#).

Please note that survival time is measured in days from start of treatment. DICOM patients names are identical in TCIA and clinical data file.

### Citations & Data Usage Policy

## Citations & Data Usage Policy

This collection **may not be used for commercial purposes**. It is available to browse, download, as outlined in the Attribution-NonCommercial 3.0 Unported (CC BY-NC 3.0) <https://creativecommons.org/licenses/by-nc/3.0/>. See TCIA's [Data Usage Policies and Restrictions](#) for additional details. Questions may be directed to [help@cancerimagingarchive.net](mailto:help@cancerimagingarchive.net).

**Please be sure to include the following citations in your work if you use this data set:**

### **i** Data Citation

Aerts, H. J. W. L., Wee, L., Rios Velazquez, E., Leijenaar, R. T. H., Parmar, C., Grossmann, P., ... Lambin, P. (2019). *Data From NSCLC-Radiomics* [Data set]. The Cancer Imaging Archive. <https://doi.org/10.7937/K9/TCIA.2015.PF0M9REI>

### **i** Publication Citation

Aerts, H. J. W. L., Velazquez, E. R., Leijenaar, R. T. H., Parmar, C., Grossmann, P., Cavalho, S., ... Lambin, P. (2014, June 3). Decoding tumour phenotype by noninvasive imaging using a quantitative radiomics approach. *Nature Communications*. Nature Publishing Group. <http://doi.org/10.1038/ncomms5006> (link)

### **i** TCIA Citation




Clark K, Vendt B, Smith K, Freymann J, Kirby J, Koppel P, Moore S, Phillips S, Maffitt D, Pringle M, Tarbox L, Prior F. **The Cancer Imaging Archive (TCIA): Maintaining and Operating a Public Information Repository**, *Journal of Digital Imaging*, Volume 26, Number 6, December, 2013, pp 1045-1057. (paper)

## Other Publications Using This Data

TCIA maintains [a list of publications](#) that leverage our data. If you have a publication you'd like to add, please [contact the TCIA Helpdesk](#).




### Versions

#### Version 3 (Current): Updated 2019/10/23

Data Type	Download all or Query/Filter
Images (DICOM, 29GB)	  (Requires the <a href="#">NBIA Data Retriever</a> .)
Lung1 clinical (CSV)	



- Re-checked and updated the RTSTRUCT files to amend issues in the previous submission due to missing RTSTRUCTS or regions of interest that were not vertically aligned with the patient image.
- In 4 cases (LUNG1-083,LUNG1-095,LUNG1-137,LUNG1-246) re-submitted the correct CT images.
- The regions of interest now include the primary lung tumor labelled as “GTV-1”, as well as organs at risk.
- For one case (LUNG1-128) the subject does not have GTV-1 because it was actually a post-operative case; we retained the CT scan here for completeness.
- Added DICOM SEGMENTATION objects to the collection, which makes it easier to search and retrieve the GTV-1 binary mask for re-use in quantitative imaging research.
- Clinical data updated as follow-up time has been extended.

#### Version 2: Updated 2016/05/31

Data Type	Download all or Query/Filter
Images (DICOM, 25GB)	  (Requires the <a href="#">NBIA Data Retriever</a> .)
Lung1 clinical (CSV)	

Added 318 RTSTRUCT files for existing subject imaging data

#### Version 1: Updated 2014/07/02

Data Type	Download all or Query/Filter
Images (DICOM, 25GB)	  the <a href="#">NBIA Data Retriever</a> .

Lung1 clinical (CSV)	 A blue rectangular button with rounded corners, containing a white downward-pointing arrow icon followed by the text "Download" in white.
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