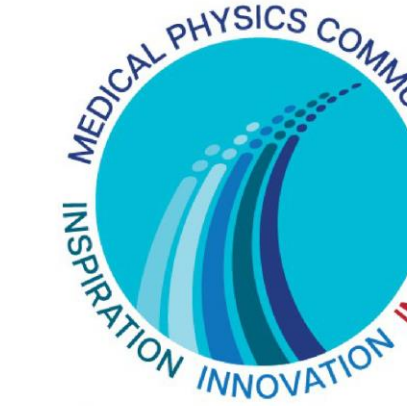


Hierarchical Spatial and Temporal Aggregation as Progressive Denoising for Longitudinal CBCT Radiomics

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1 Purpose

Daily CBCT during radiotherapy is **routine but dominated by noise** – individual scans are unreliable for radiomics.

Hypothesis: hierarchical spatial + temporal aggregation acts as **progressive denoising** ($\sigma/\sqrt{k}$), unlocking a clinically valuable signal.

Goal: robust survival prediction from **zero-added-burden** routine imaging in a clean full cohort of N=201.

2 Methods & Cohort

N=201 lung-cancer patients; weekly CBCT across 6 Tx weeks (TJUH, IRB #21F.644).

Features: 107 radiomic (1mm-iso, normalize=false) + 14 clinical (TNM · age · PS · dose).

• Aggregation: contour (GTV/CTV/ITV/PTV) → image → CBCTc1-6 → course → patient.

Two geometry targets:

Frozen (planning mask → shape) vs

Re-segmentation (on-Tx contour → intensity).

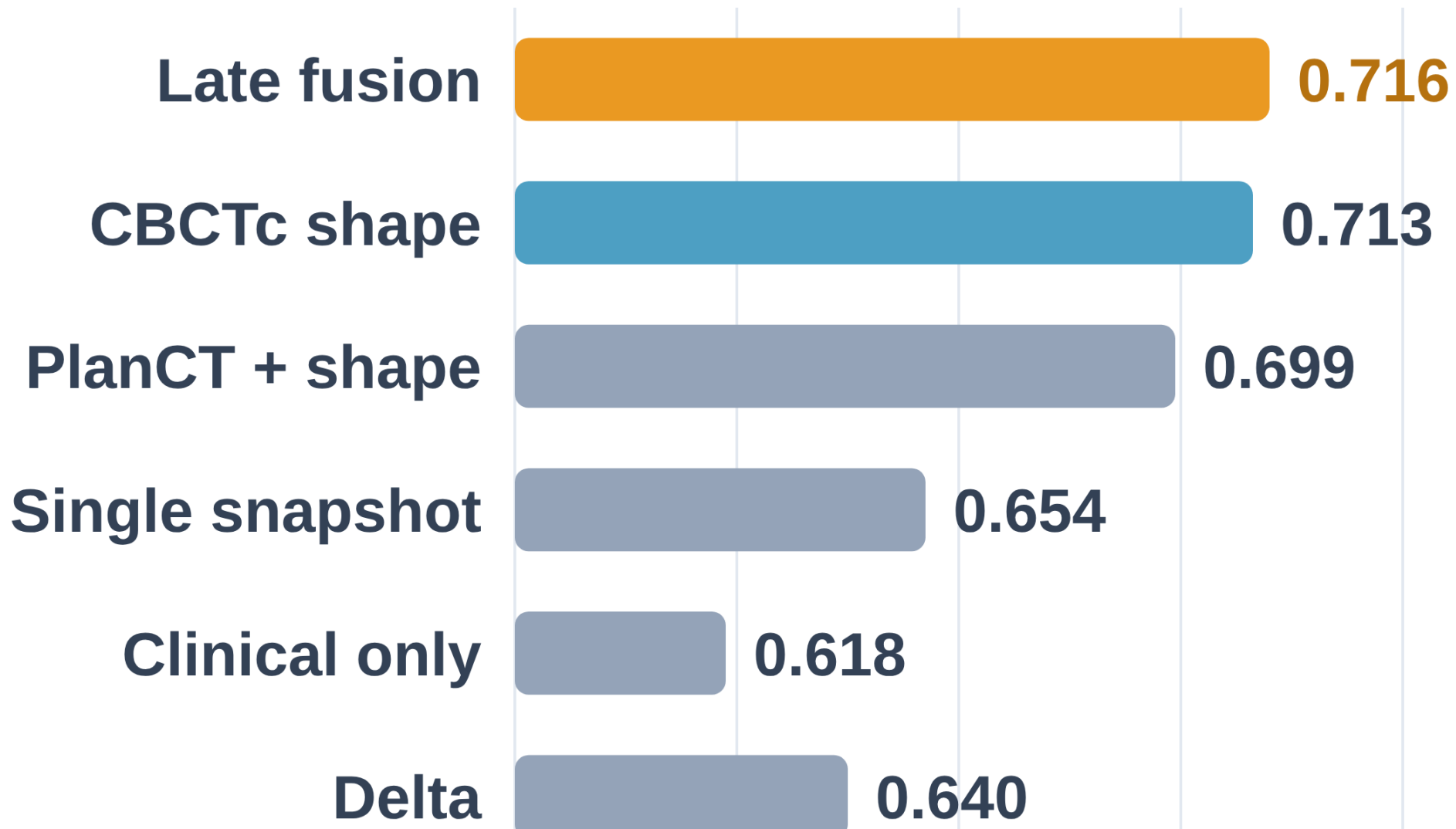
• Models: GBS / RSF / Cox-LASSO; 5-fold patient-level OOF C-index, seed-averaged (15 folds).

3 Aggregation ladder

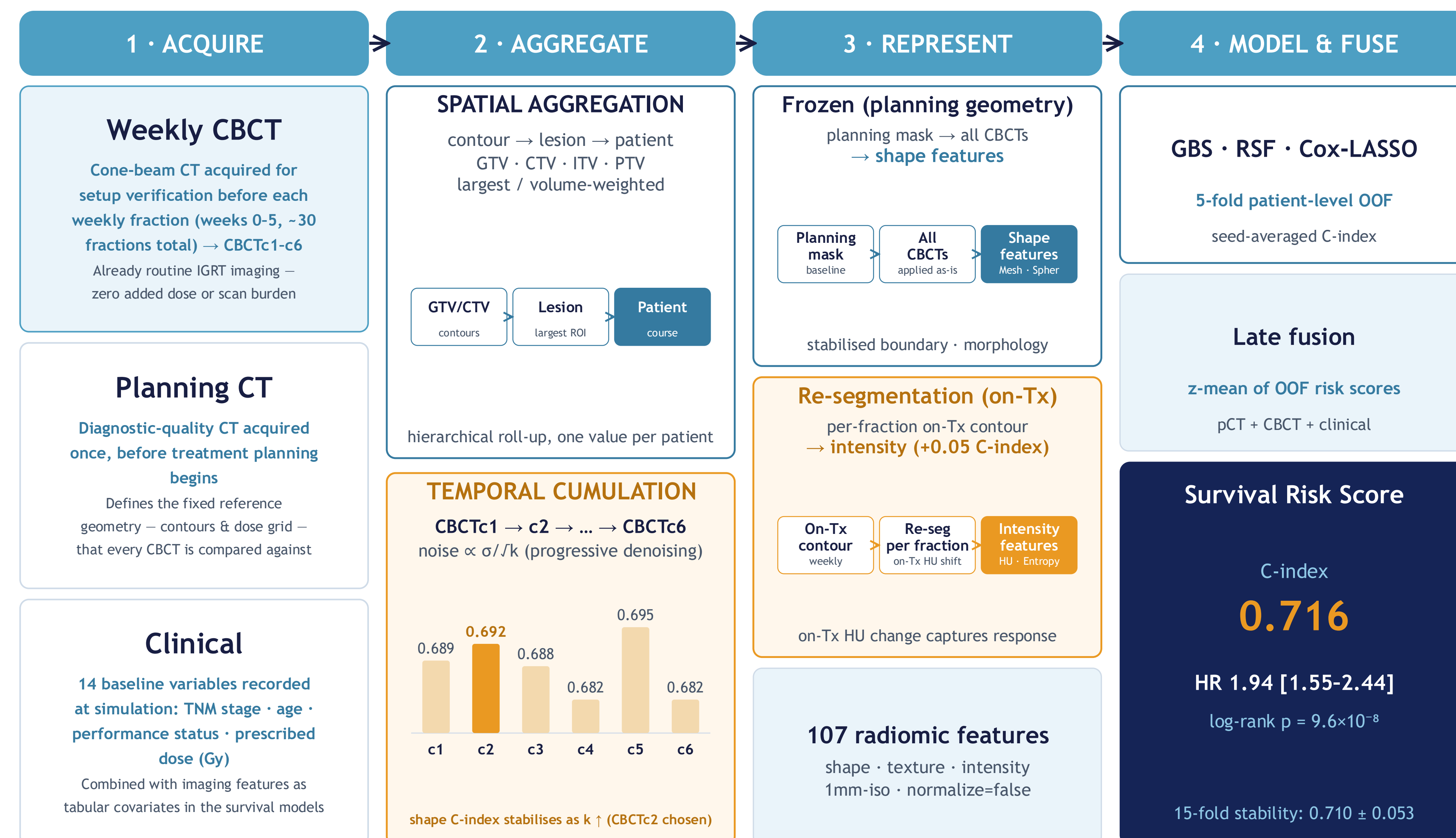
Level added	C-index
L0 – planning CT + clinical	0.661
+ contour / ROI	0.680
+ cumulation	0.713
+ course aggregation	0.718

Cumulation is the largest single step → drives +0.052.

4 Strategy comparison

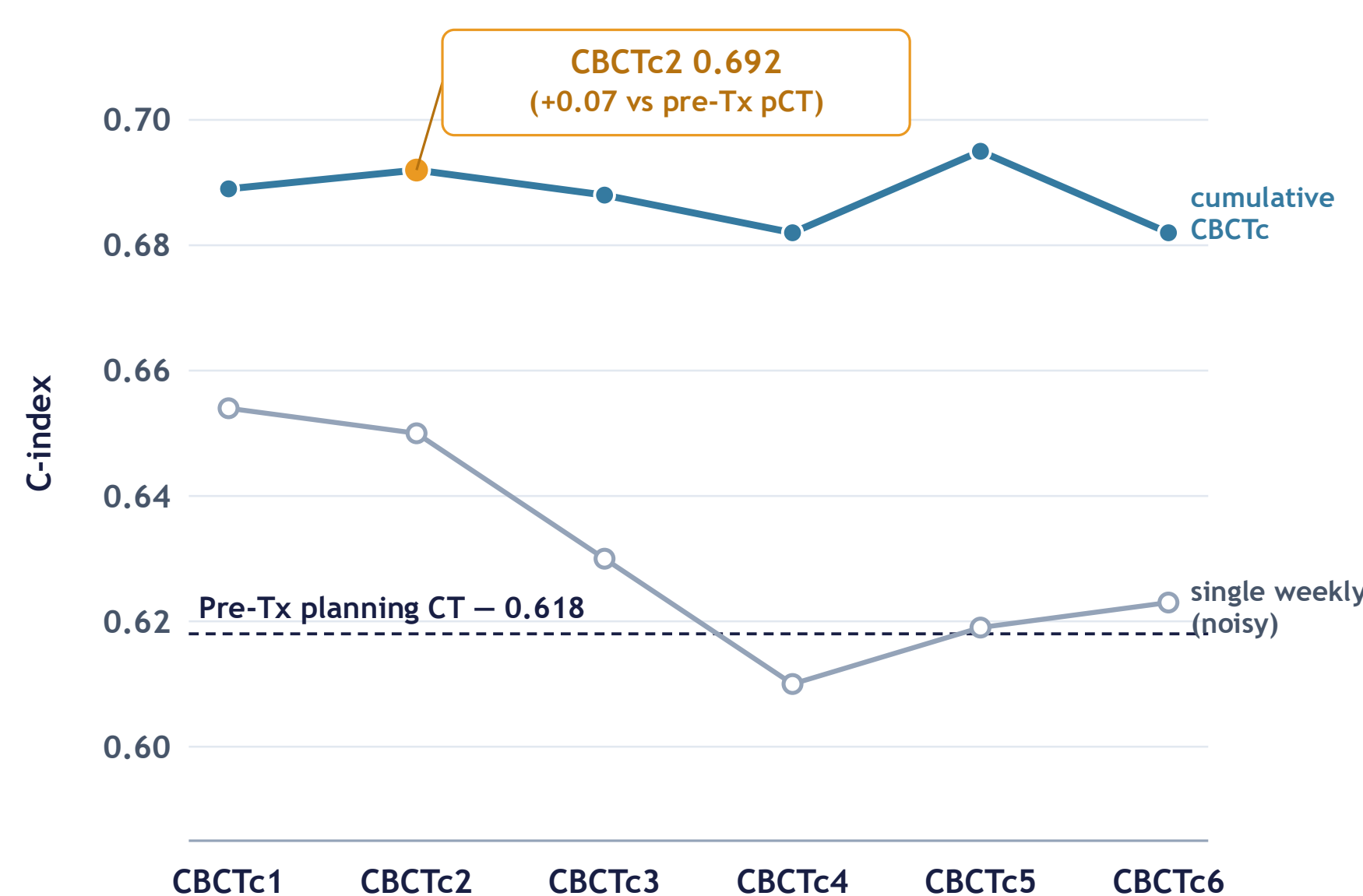


5 Method – hierarchical aggregation pipeline



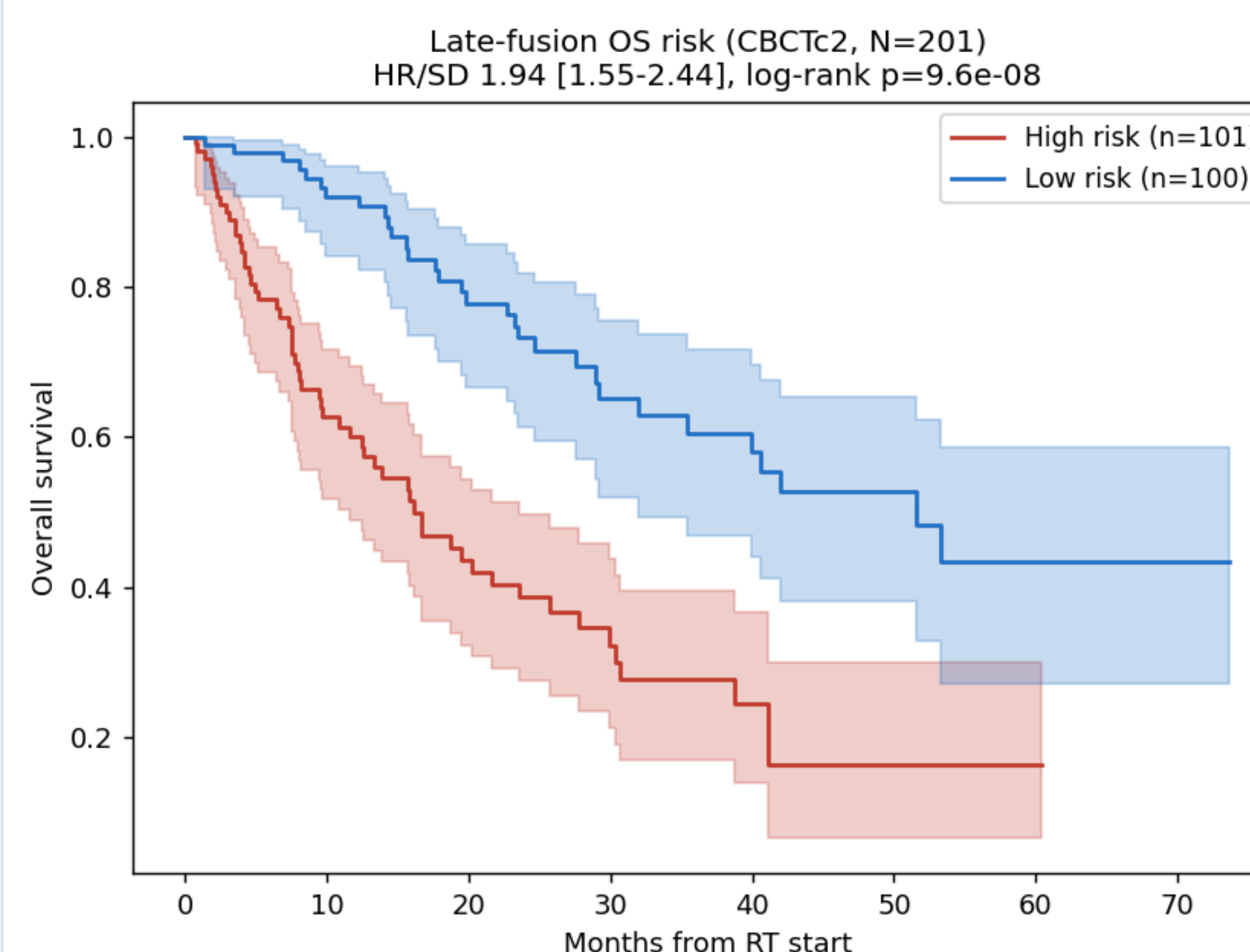
Spatial aggregation (contour→patient) + temporal cumulation (CBCTc1-6, $\sigma/\sqrt{k}$ progressive denoising); frozen-shape & reseg-intensity targets fused via z-mean late fusion.

6 Cumulation >> single snapshot



CBCTc (+0.07 vs pre-Tx pCT): each cumulative point beats the corresponding single-week snapshot by +0.04-0.08 C-index.

7 Survival significance (KM)



Late fusion: C-index 0.716; HR 1.94 [1.55-2.44]; log-rank $p = 9.6 \times 10^{-8}$; 15-fold stability 0.710 ± 0.053 .

0.716

Late-fusion C-index

1.94

Cox HR / +1 SD

+0.07

Cumulative vs pre-Tx CT

N=201

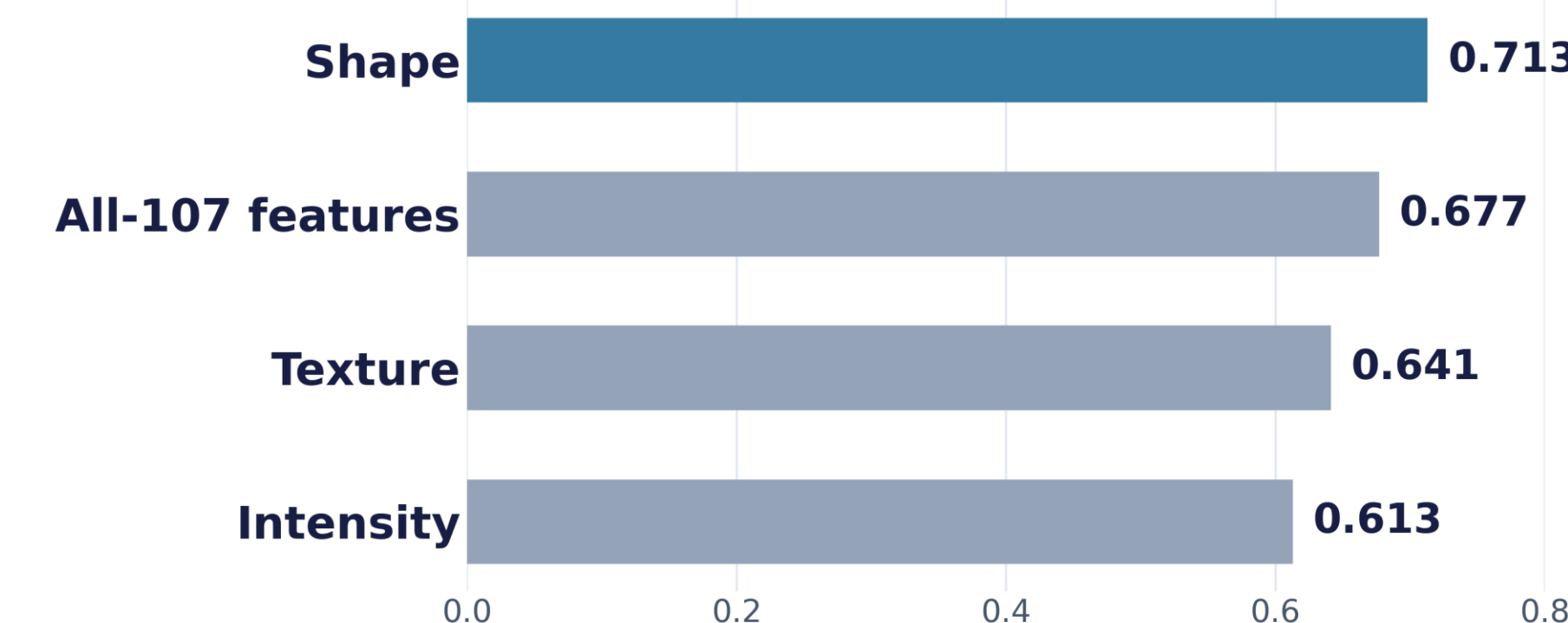
Full cohort, no drops

Conclusion

Hierarchical aggregation of longitudinal CBCT radiomics enables **progressive denoising across treatment**.

Cumulation stabilizes geometry; re-segmentation supplies on-treatment intensity; **late fusion integrates them (0.716, HR 1.94)** for early risk stratification – no added imaging burden.

8 Shape-primacy



Shape 0.713 >> all-107 features 0.677 > texture 0.641; pooling 107 features dilutes the signal.

9 Re-segmentation → intensity



Re-segmentation's model-independent value is intensity (+0.05, robust), not shape – on-Tx density matters.

10 Key findings

- Cumulation overcomes CBCT noise:** CBCTc >> single snapshot by +0.04-0.08 C-index.
- During-Tx CBCT ≥ pre-Tx pCT** from CBCTc2 onward (no wait needed).
- Shape primacy:** shape 0.713 >> all-107 features 0.677 (pooling dilutes the signal).
- Re-segmentation's value is intensity (+0.05)**, not shape – on-Tx tumor density over geometry.
- Late fusion 0.716, HR 1.94**, log-rank $p = 9.6 \times 10^{-8}$. 15-fold 0.710 ± 0.053 .

11 Code & reproducibility



qradiomics (open source)
Atomic radiomics primitives –
foundation of this pipeline.
github.com/choilab-jefferson/qradiomics