

Prognostic and Prediction Modelling with Radiomics for Non-Small Cell Lung Cancer

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PROPOSITIONS

1. With the increasing burden on healthcare both in terms of patient load as well as the tremendous growth of the imaging data, there is a need for the healthcare industry to adopt advanced and newer solutions to improve the patient experience, affordability and access to care, specifically cancer care.
2. There is strong need to build high quality prognostics and predictive models in cancer care, so that these can be rapidly adapted into the clinical practice.
3. Identification and delineation of the pathology and anatomy of interest is vital as well as laborious, there is a need to automate the process and improve the efficiency of the workflow.
4. With need of automation in the cancer care to reduce the burden on oncologists and reduce inter/intra-observer segmentation variations, Deep Learning based approaches to segment the region of the Lung and Gross Tumor Volume (GTV) without seed point initialization are required and possible (this thesis).
5. Identification of the histology of NSCLC is important for care planning and it is possible to identify histology using imaging rather than biopsies (this thesis).
6. Fractals can play a vital role in Radiomics, providing information not only about the tumor structure, but also can help in characterization of the tumor (this thesis).
7. A survival model built using Radiomics features combined with clinical data of the patient provides a better survival prediction (this thesis).
8. Centralized computing solutions in the cloud is evolving towards a combination of distributed computing, edge computing and central computing.
9. Many of the concepts, models and algorithms developed in the thesis are being piloted at hospital sites and integrated into the Philips Digital platform for monetization (valorization).

10. Good data governance and stewardship are key to the success of deep learning models in healthcare.