

Utilizing Machine Learning for the Identification of Pre-Treatment Prognostic Non-Imaging Biomarkers of Cancer Therapy-Related Cardiac Dysfunction in Female Patients with Breast Cancer

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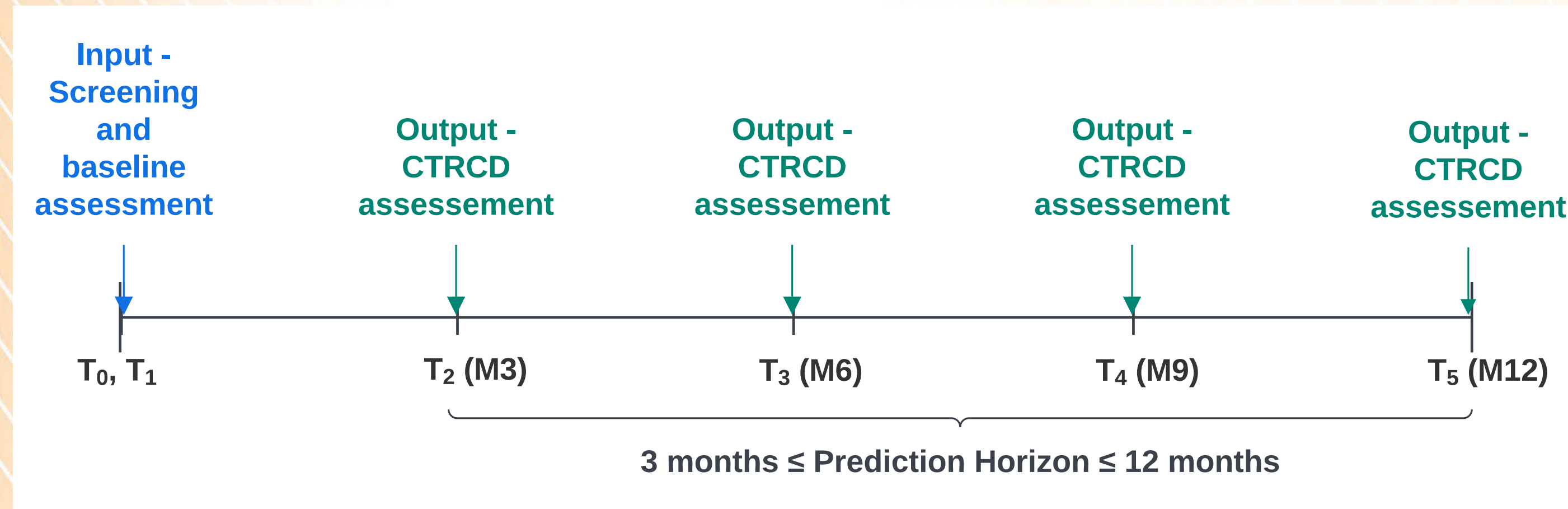
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REQUIREMENTS

- Pre-treatment risk assessment of cancer therapy-related cardiovascular toxicity (CTR-CVT) can inform cardiovascular prevention strategies and cancer treatment choices, mitigating CTR-CVT risk and improving adherence to effective cancer treatments and overall survival [1].

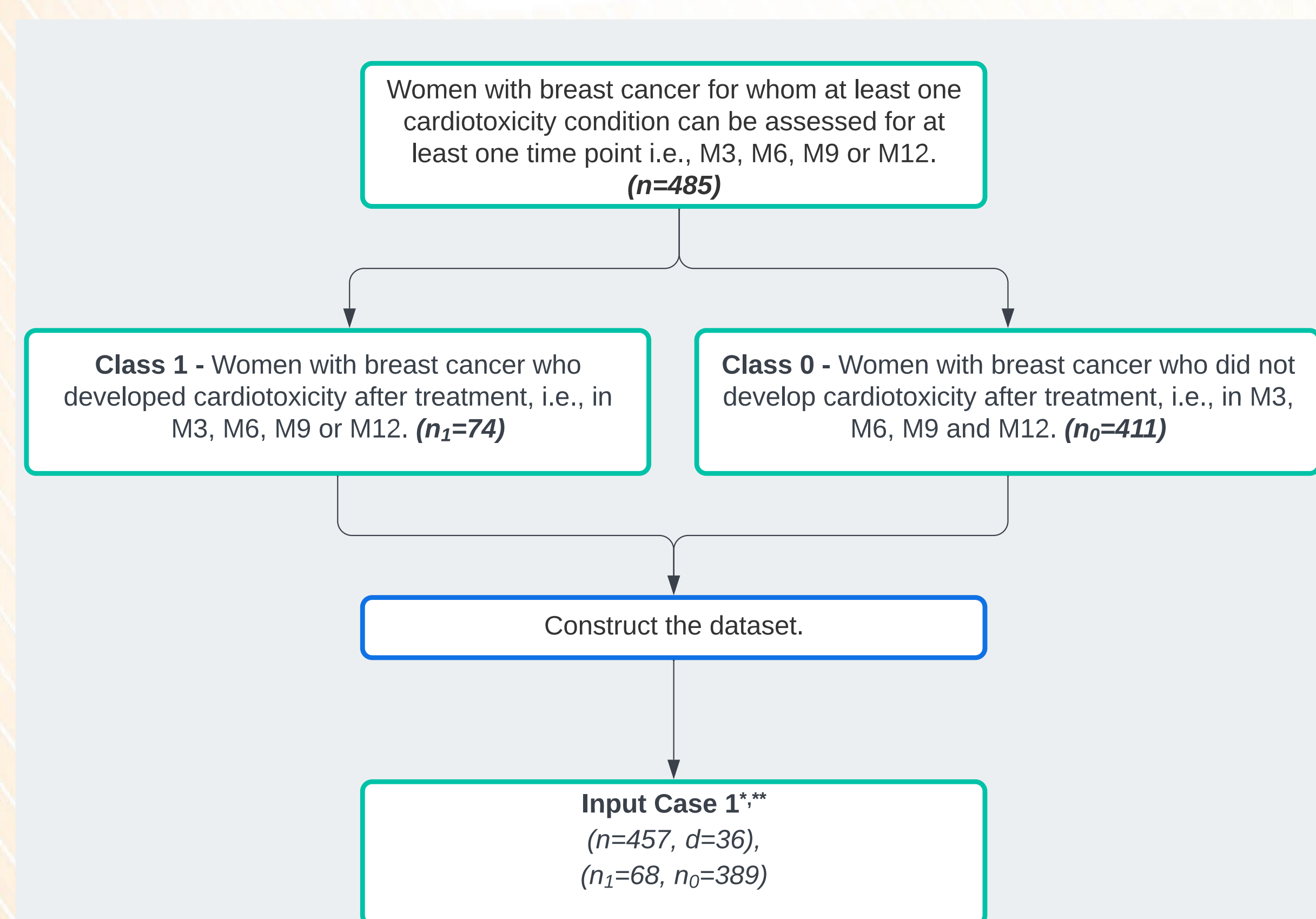
STUDY OBJECTIVE

- To identify pre-treatment prognostic biomarkers of asymptomatic cancer therapy-related cardiac dysfunction (CTRCd) in women aged ≥ 55 years diagnosed with breast cancer [2,3].



DATASET

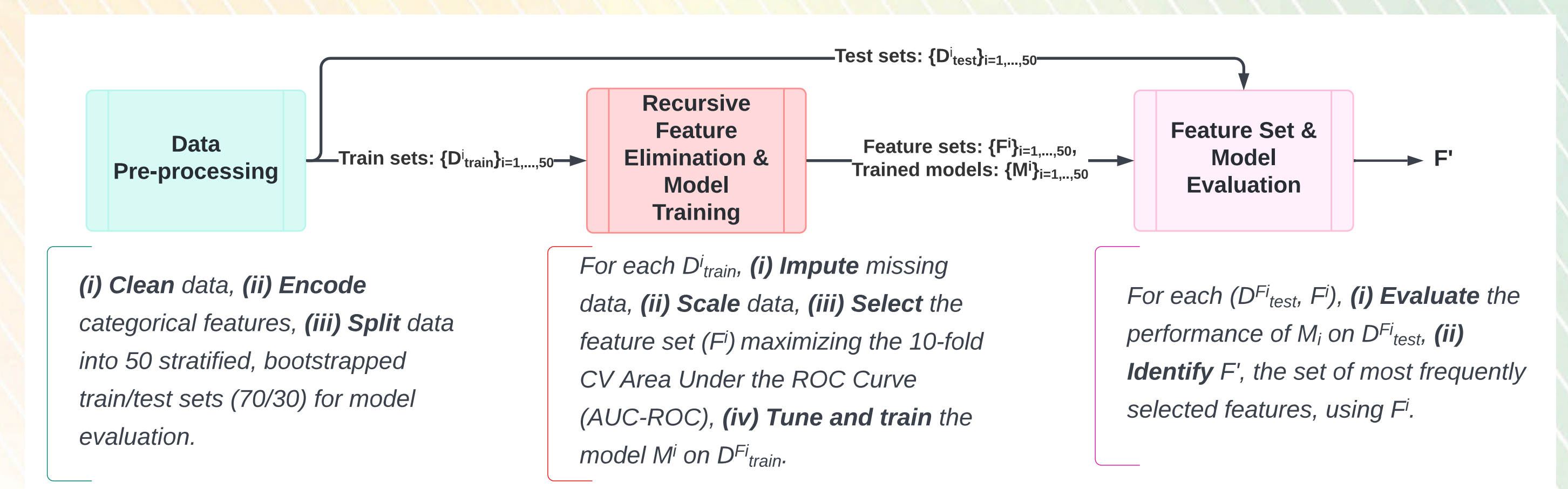
- CARDIOCARE's Retrospective Data:** The dataset utilized in this study was generated via the CARDIOCARE's retrospective study [4].
- Patients were treated with **anthracyclines and/or anti-HER2 therapies** in adjuvant, neoadjuvant, or metastatic settings.
- Clinical, cardiac imaging, biochemical markers, demographics, and medical history** were systematically collected at screening, baseline, and at 3, 6, 9, and 12 months following treatment initiation, when available.



n: number of patients; d: number of features; *Features with >40% missing values are removed; **Samples with >50% missing values are removed.

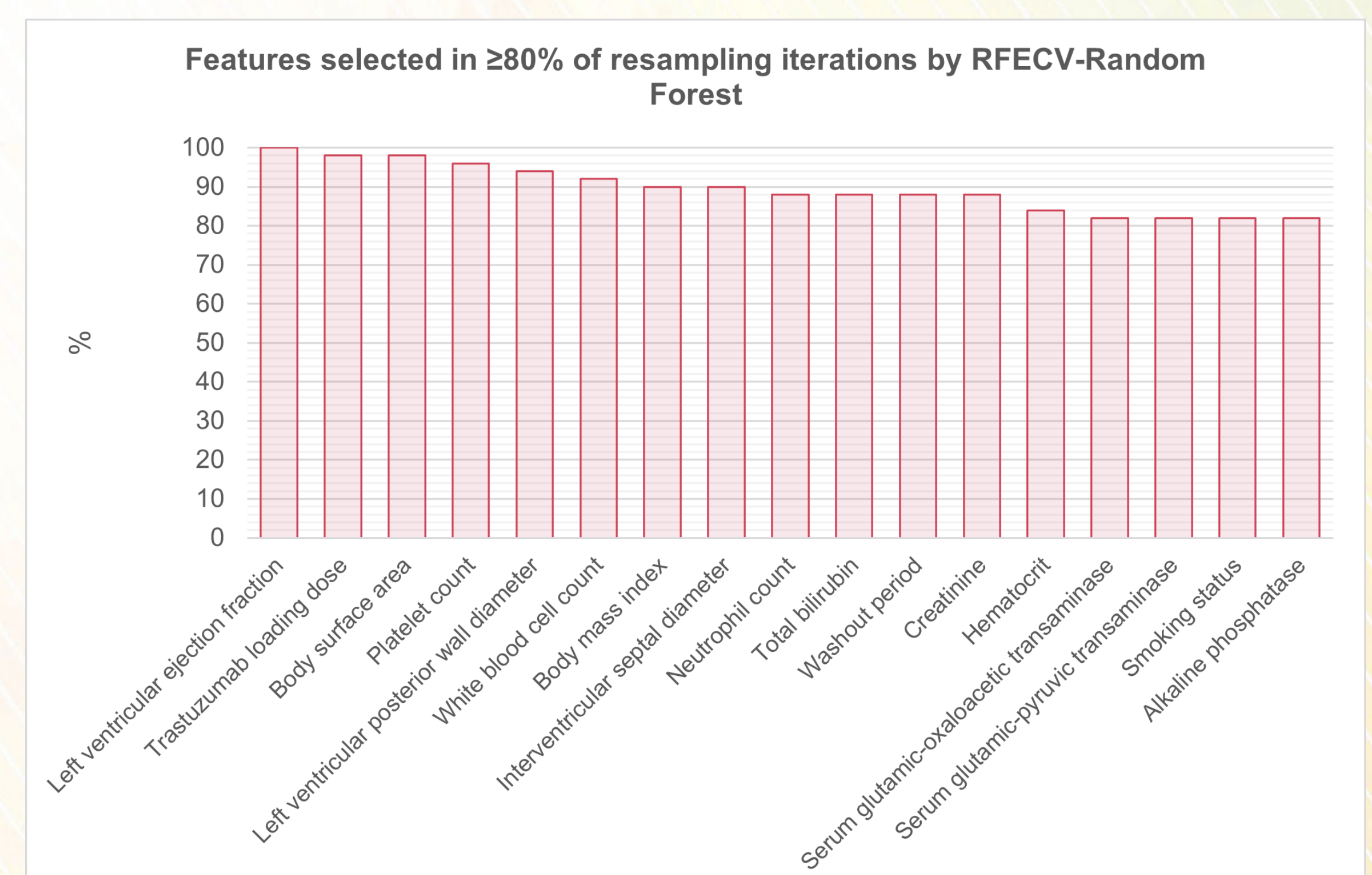
METHODS

- The identification of significant features acting as prognostic biomarkers of asymptomatic CTRCD is framed as a **feature selection problem**, addressed using a **Recursive Feature Elimination with Cross-Validation (RFECV)** strategy.



RESULTS

- The **RFECV-Random Forest** model achieved the highest prognostic performance (**ROC-AUC = 0.75 ± 0.07**) among six classifiers.
- Features selected in **>90%** of iterations, including **LVEF, trastuzumab loading dose, body surface area, BMI, platelet count, WBC count, and cardiac imaging parameters** (LV posterior wall and interventricular septal diameters), emerged as **strong prognostic biomarkers for asymptomatic CTRCD**.



CONCLUSION

- An **ML-based feature selection approach** identified a **reproducible set of pre-treatment biomarkers** predictive of **asymptomatic CTRCD** in women aged ≥ 55 years with breast cancer, achieving a mean **ROC-AUC of 0.75 ± 0.07**.
- The results support the utility of **integrating clinical, biochemical, and cardiac imaging data** into ML models for **pre-treatment risk stratification** in cardio-oncology, aligning with recent **ESC and IC-OS recommendations**.

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