

## Paper 6

# A NOVEL ALGORITHM TO PREDICT TREATMENT RESPONSE AFTER TOTAL NEOADJUVANT THERAPY FOR LOCALLY ADVANCED RECTAL CANCER

Chris Varghese<sup>1,2</sup>, Jyi Cheng Ng<sup>3</sup>, Richard Sassun<sup>3</sup>, Cornelius Thiels<sup>1</sup>, Hojjat Salehinejad<sup>5,6</sup>, William R. G. Perry<sup>3</sup>, Kellie L. Mathis<sup>3</sup>, David W. Larson<sup>3</sup>

### Affiliations

1. Division of Hepatobiliary and Pancreas Surgery, Mayo Clinic, Rochester, MN, USA
2. Department of Surgery, University of Auckland, Auckland, NZ
3. Division of Colon and Rectal Surgery Mayo Clinic, Rochester, MN, USA
4. General Surgery Residency Program, University of Milan, Milan, Italy
5. Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery, Mayo Clinic, Rochester, MN, USA
6. Department of Artificial Intelligence and Informatics, Mayo Clinic, Rochester, MN, USA

## Background

Patient selection for watch-and-wait (W/W) after total neoadjuvant therapy (TNT) for locally advanced rectal cancer remains challenging. We developed a predictive model for pathological complete response (pCR) after TNT to inform selection for W/W strategies.

## Methods

A tabular foundation model was fine-tuned with ensemble learning in a cohort of adult patients with clinical stage II or III microsatellite stable rectal adenocarcinoma undergoing TNT and total mesorectal excision (TNT+TME) from 2018-2023 to predict pCR using pre-TNT, post-TNT and pre-TME variables. This model was externally validated in patients having TNT and W/W (TNT+W/W) to predict persistent clinical complete response (pcCR; the absence of local regrowth, distant metastases, or persistent near-cCR). Area under the receiver operator curve (AUROC), area under the precision-recall curve (AUPRC), and Brier score are reported with 95% confidence intervals (CI) from 1000 bootstrap resamples.

## Results

Among 308 patients that underwent TNT+TME (median age 56; 40% female), the model predicted pCR with an AUROC 0.71 (95%CI 0.65-0.71), AUPRC 0.42 (95%CI 0.33-0.53), and was well calibrated with a Brier score of 0.17 (95%CI 0.15-0.20). External validation in a cohort of 83 patients that are being managed with TNT+W/W (median age 57; 37% female), the model predicted pcCR with an AUROC 0.71 (95%CI 0.57-0.82), AUPRC 0.90 (95%CI 0.84-0.96), and Brier score of 0.30 (95%CI 0.26-0.33), improving to 0.17 with recalibration.

## Conclusion

This novel predictive model demonstrated good discrimination and calibration for pCR after TNT+TME with prognostic utility in TNT+W/W for pcCR after appropriate recalibration, supporting its use in W/W patient selection.

**Figure:** Ensemble TabPFN model evaluation plots depicting 10-fold cross validation performance of the model predicting pathological complete response (pCR) in the TNT+TME cohort (blue) and the model fully trained in the entire TNT+TME cohort, being applied to the TNT+W/W cohort to predict persistent clinical complete response (pcCR; orange); A) receiver operator curve for; B) precision-recall curve; C) calibration plot.

