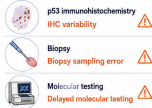
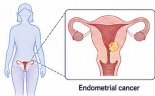


MRI-Derived Spatial Microenvironment for Noninvasive Identification of p53abn Endometrial Cancer

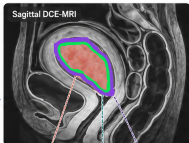
1 Clinical challenge

Preoperative identification of p53-abnormal endometrial cancer is clinically important.



Current assessment is limited by IHC variability, biopsy sampling error, and delayed molecular testing.

2 DCE-MRI spatial phenotyping

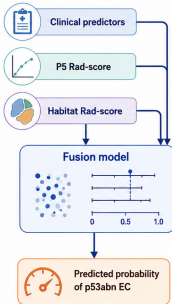


Whole tumor
Entire enhancing tumor volume.

Peri 3/5mm region
Translucent 3/5-mm ring surrounding the tumor.

Intratumoral habitats
Three biologically meaningful subregions reflecting intratumoral heterogeneity.

3 Fusion model



4 Key performance

AUC: 0.891 / 0.885 / 0.863

NPV: 0.974 / 0.925 / 0.968

Training / internal / external cohorts

Clinical decision support (adjunctive)

 Low-risk exclusion

 Prioritized molecular review

 Individualized perioperative decision-making

 Noninvasive adjunct for molecular risk stratification

 Adjunctive tool; not a replacement for molecular pathology