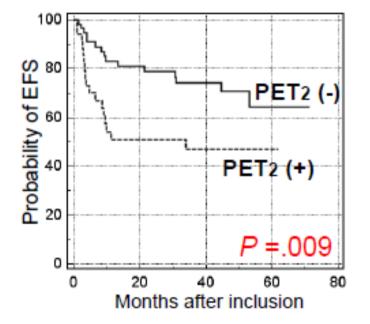
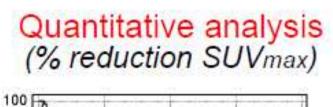
Current State in the use of quantification

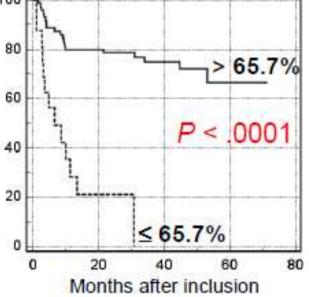
Olivier Casasnovas Hematology department Dijon, France

Visual vs Quantitative analysis

Visual analysis (Créteil, MRU)



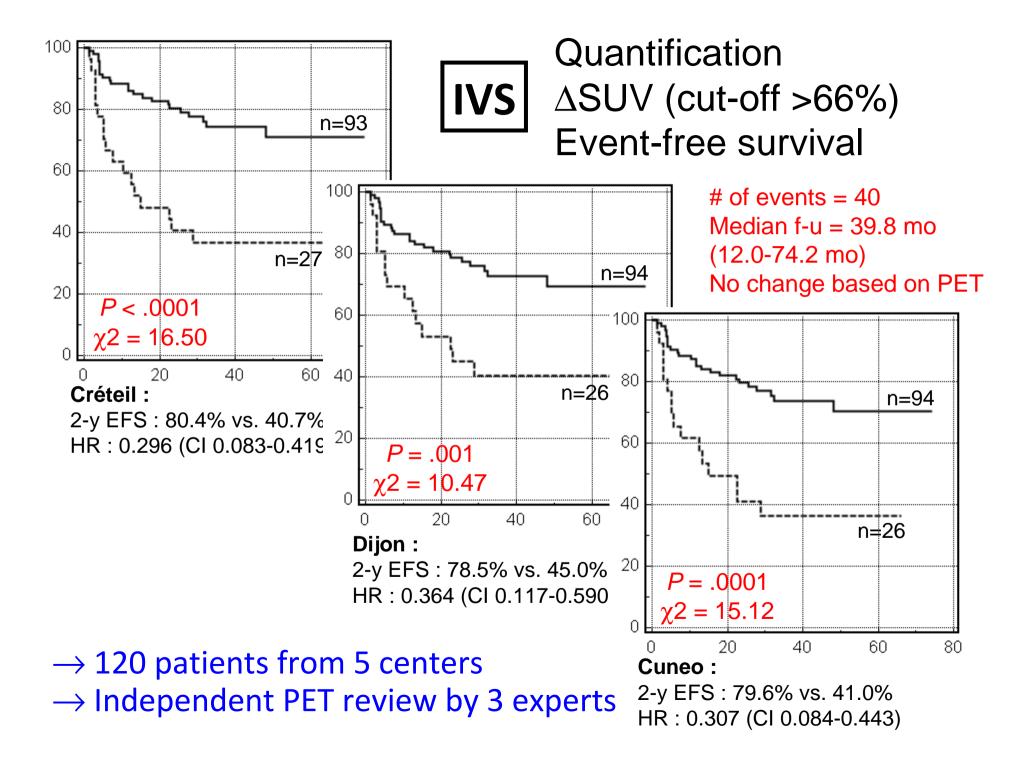


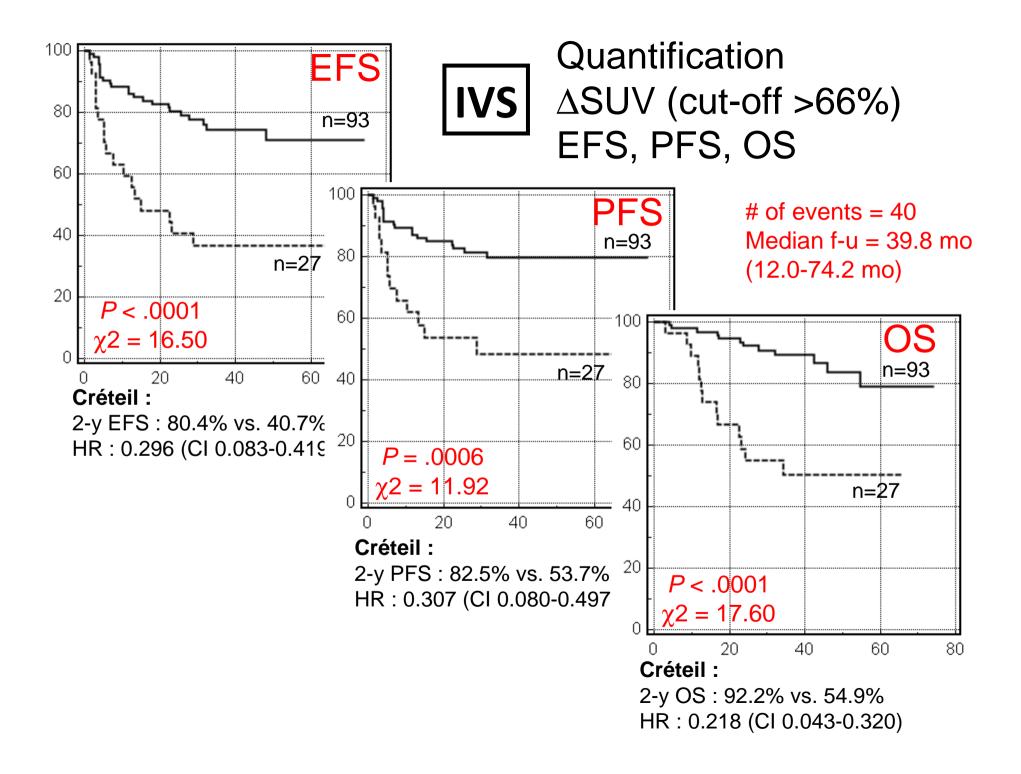


Cutoff determined by ROC analysis

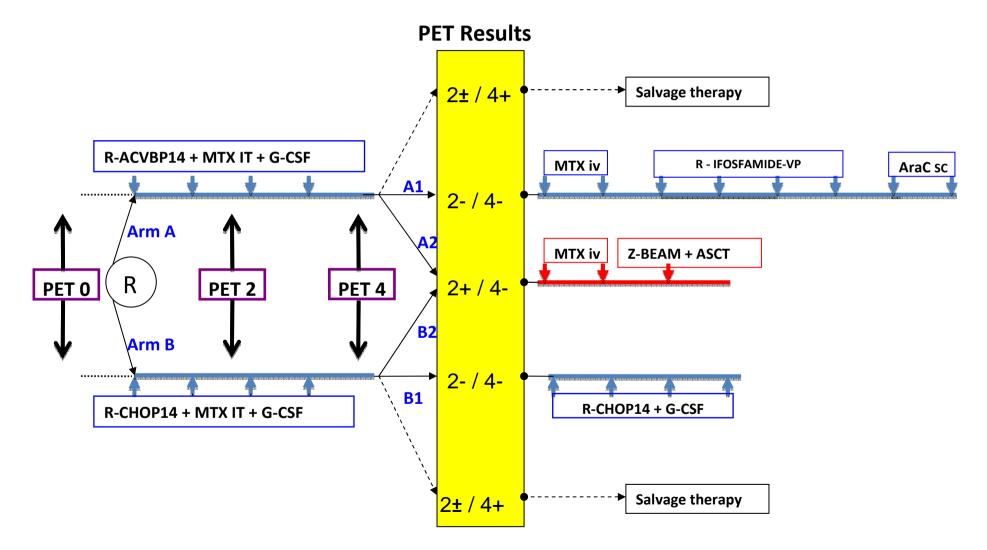
	PPV	NPV	Accuracy
Visual analysis	50%	74%	65%
Δ SUVmax	81%	75%	76%

C. Lin et al, J Nucl Med 2007; 48: 1626.



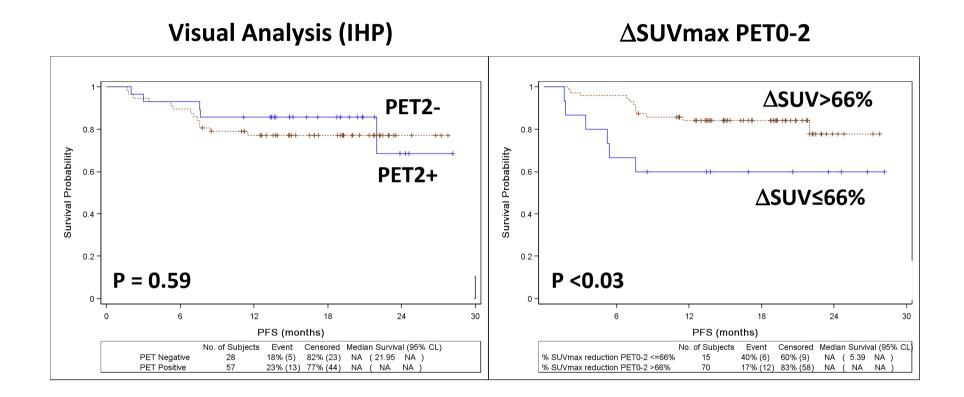


DLBCL: 18-60 y, aalPI=2-3





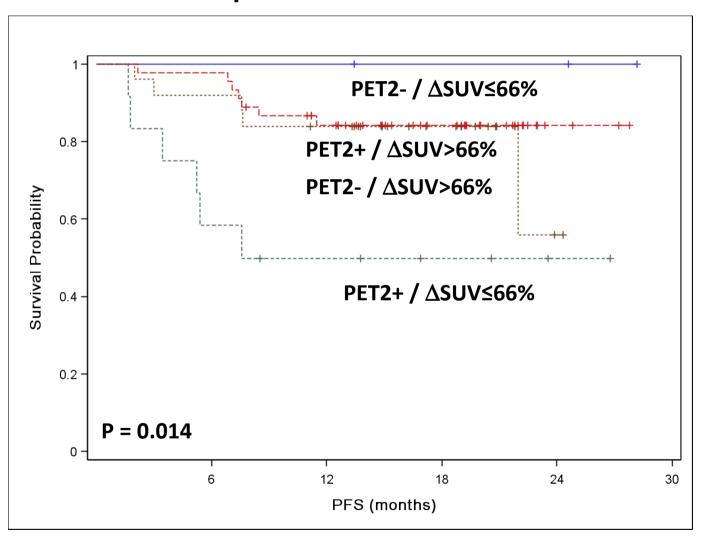
PFS according to PET2 results



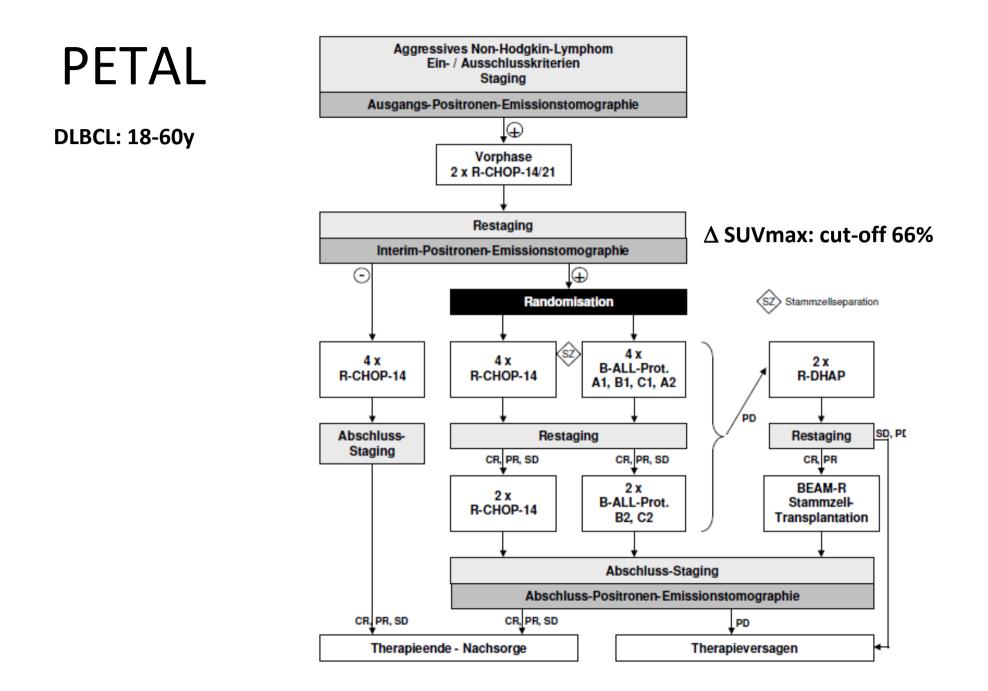
RO. Casasnovas et al, Blood 2011; 118:37



PFS according to visual and quantitative PET2 results



RO. Casasnovas et al, Blood 2011; 118:37



Conclusions – Vote

Recommendations of the Experts to be presented in plenary session on Thuesday 27th September

- Do the LNH07-3B, PETAL & IVS provide sufficient external validation to propose quantification use:
 - In a trial setting
 - In current practice
 - To drive treatment strategy

YES (n = 25) / NO (n = 0)

YES (n = 6) / NO (n = 19)

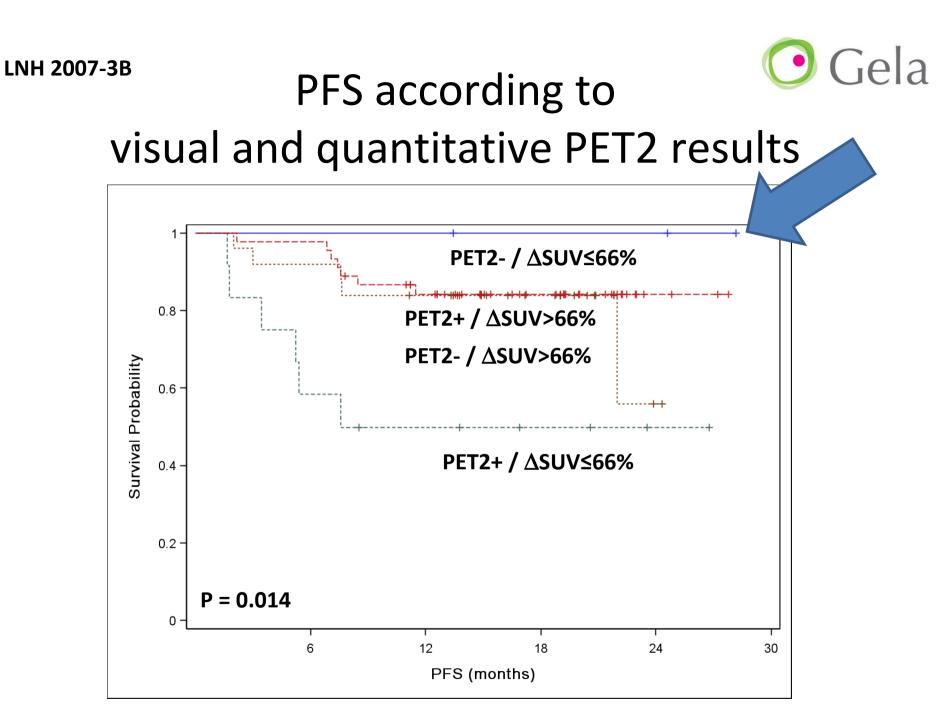
YES (n = 6) / NO (n = 19)

- Are patients with low baseline SUVmax eligible for Δ SUVmax analysis YES (n =) / NO (n =)
- Are patients with a Δ SUVmax above the target cutoff can be considered good responders despite a high interim SUVmax value YES (n =) / NO (n =)

ISSUES REGARDING BASELINE SUV < 10 AND INTERIM SUV > 5.0

Issues regarding SUVmax values

- Are patients with low baseline SUVmax eligible for Δ SUVmax analysis ?
 - More the Baseline SUVmax is close to the nearby background more the SUVmax reduction under the cutoff is unlikely
- Are patients with a ∆SUVmax above the target cutoff can be considered good responders despite a high interim SUVmax value?

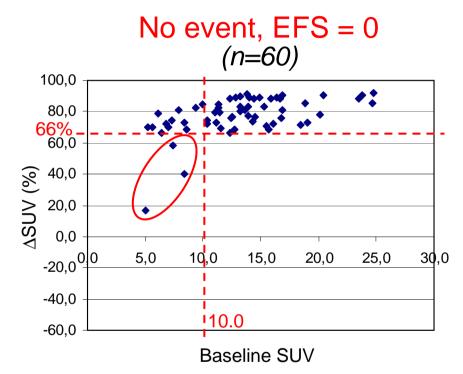


RO. Casasnovas et al, Blood 2011; 118:37

Tumors with baseline uptake <10.0 influence of baseline SUV on ∆SUV

-60.0

Lin et al. data 92pts



IVS data (09/11) 120pts No event, EFS = 0(n=80)100,0 80,0 60.0 40,0 20.0 0,0 20,0 30,0 0.0 40,0 50.0 -20,0 -40,0

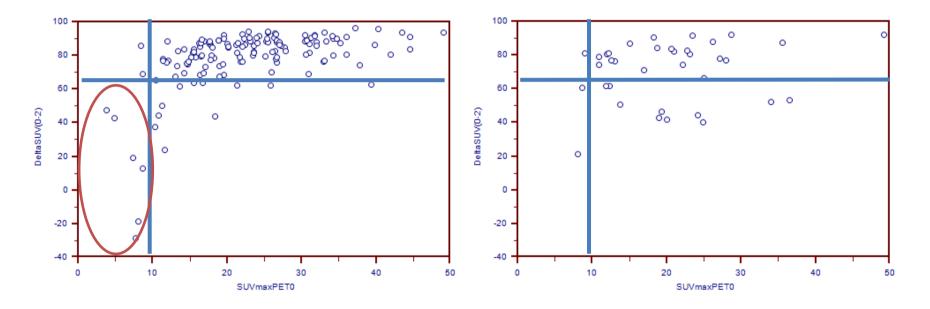
 \rightarrow 3 FP pts w/ baseline SUV<10.0, Δ SUV<66%, no event \rightarrow 5 FP pts w/ baseline SUV<10.0, Δ SUV<66%, no event

Tumors with baseline uptake < 10 LNH 2007-3B

N = 179; Median Fu =15 months

No Event





False positive6/8 (75%) cases with baseline SUV<10, ΔSUVmax<66%, have no event</th>rate12/22 (54%) cases with baseline SUV>10, ΔSUVmax<66%, have no event</td>

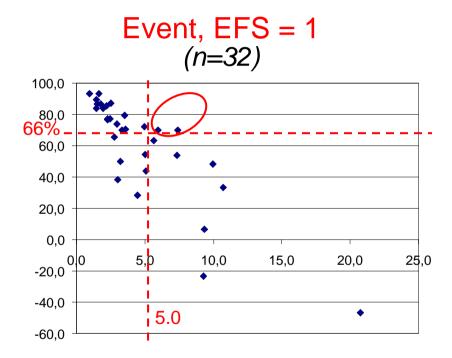
Issues regarding SUVmax values

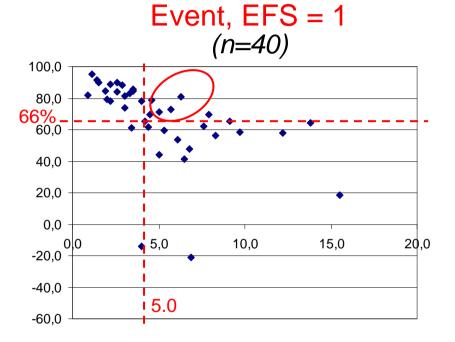
- Are patients with low baseline SUVmax eligible for ∆SUVmax analysis ?
 - More the Baseline SUVmax is close to the nearby background more the SUVmax reduction under the cutoff is unlikely
- Are patients with a ∆SUVmax above the target cutoff can be considered good responders despite a high interim SUVmax value?

Tumors with PET2 uptake > 5.0 influence of interim SUV on ∆SUV

Lin et al. data 92pts

IVS data (09/11) 120pts

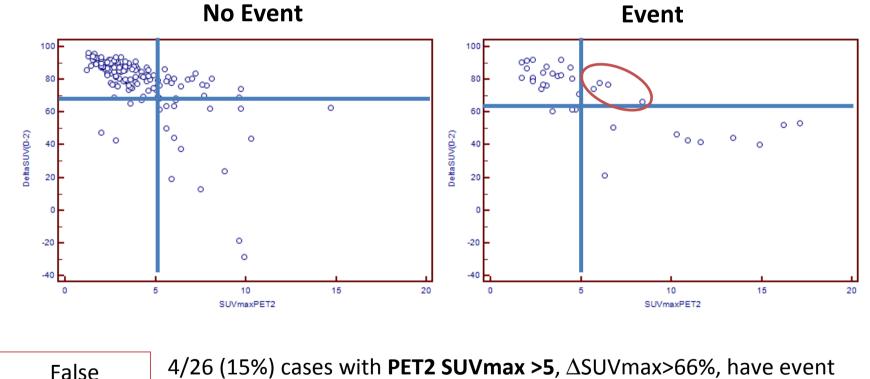




 \rightarrow 2 FN pts w/ Δ SUV>66%, interim SUV>5.0, having event \rightarrow 3 FN pts w/ Δ SUV>66%, interim SUV>5.0, having event

Tumors PET2 uptake > 5 LNH2007-3B

N = 179; Median Fu = 15 months



negative rate 20/123 (16%) cases with **PET2 SUVmax <5**, Δ SUVmax>66%, have event

Conclusions – Vote

Recommendations of the Experts to be presented in plenary session on Thuesday 27th September

- Do the LNH07-3B, PETAL & IVS provide sufficient external validation to propose quantification use:
 - In a trial setting
 YES (n = 25) / NO (n = 0)
 - In current practice

To drive treatment strategy

YES (n = 6) / NO (n = 19)

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- Are patients with low baseline SUVmax eligible for Δ SUVmax analysis YES (n =) / NO (n =)
- Are patients with a ∆SUVmax above the target cutoff can be considered good responders despite a high interim SUVmax value YES (n =) / NO (n =)