

# PET/CT RESPONSE ANALYSIS IN PRIMARY MEDIASTINAL DIFFUSE LARGE B-CELL LYMPHOMA (PMLBCL): RESULTS OF THE IELSG-26 STUDY

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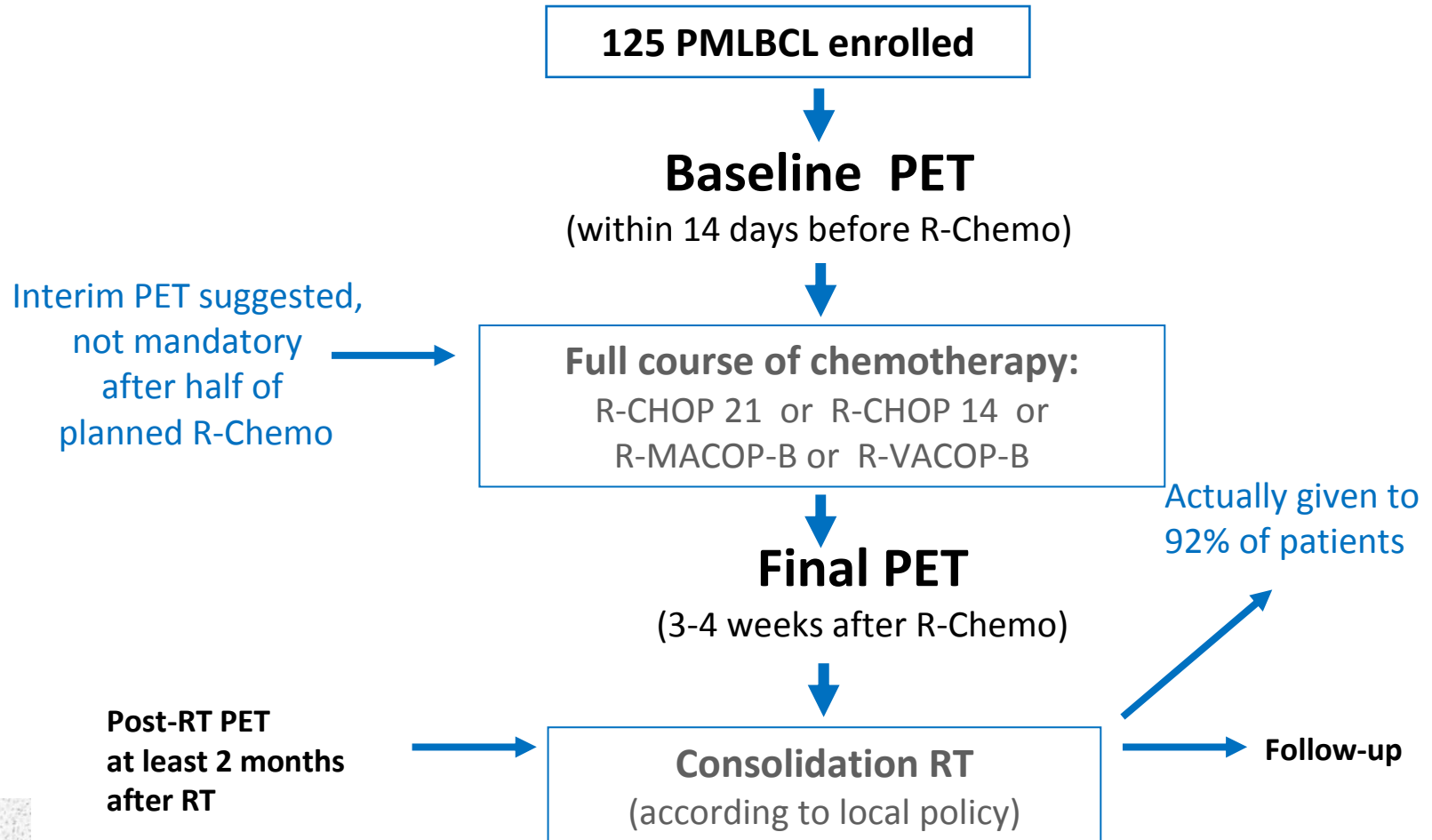


# IELSG-26 study: AIM

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The IELSG-26 study was designed to prospectively evaluate the clinical role of PET/CT after rituximab and anthracycline-containing immunochemotherapy (R-CHT) in patients with PMLBCL.

# IELSG-26 study on the PET/CT response after R-chemotherapy in primary mediastinal (thymic) large B-cell lymphoma (PMLBCL)



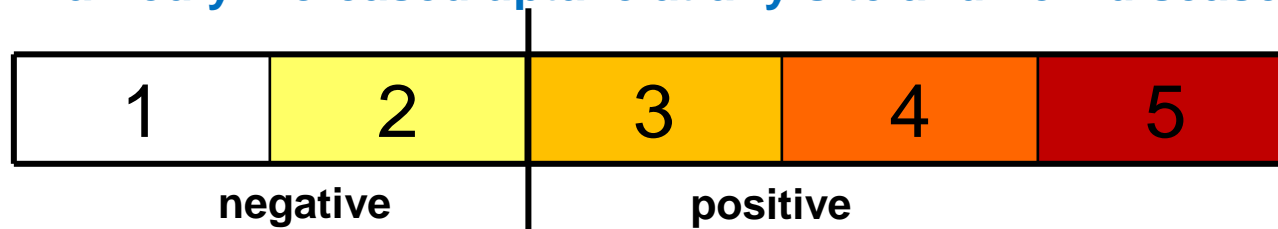
# IELSG-26 study: PET/CT response Criteria for final PET (at 3-4 weeks after R-Chemotherapy)

\* *IHP criteria (Juweid et al. JCO 2007)*

Negative final PET : no residual uptake or  
minimal residual uptake  $\leq$  MBP

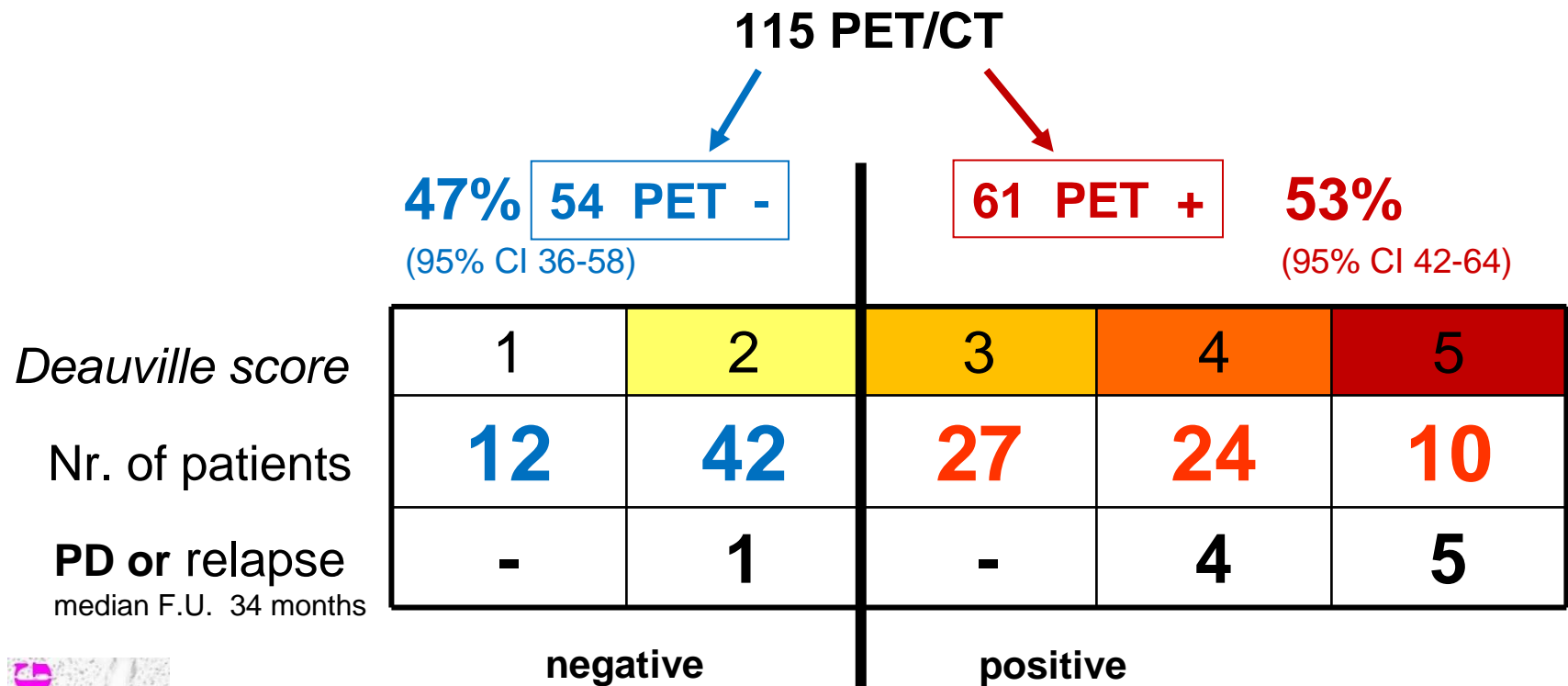
\* *Deauville criteria [5-point visual analysis scale] ( Leuk Lymphoma 2009)*

1. No uptake.
2. Uptake  $\leq$  mediastinum.
3. Uptake  $>$  mediastinum but  $\leq$  liver.
4. Uptake moderately more than liver uptake, at any site.
5. Markedly increased uptake at any site and new disease sites



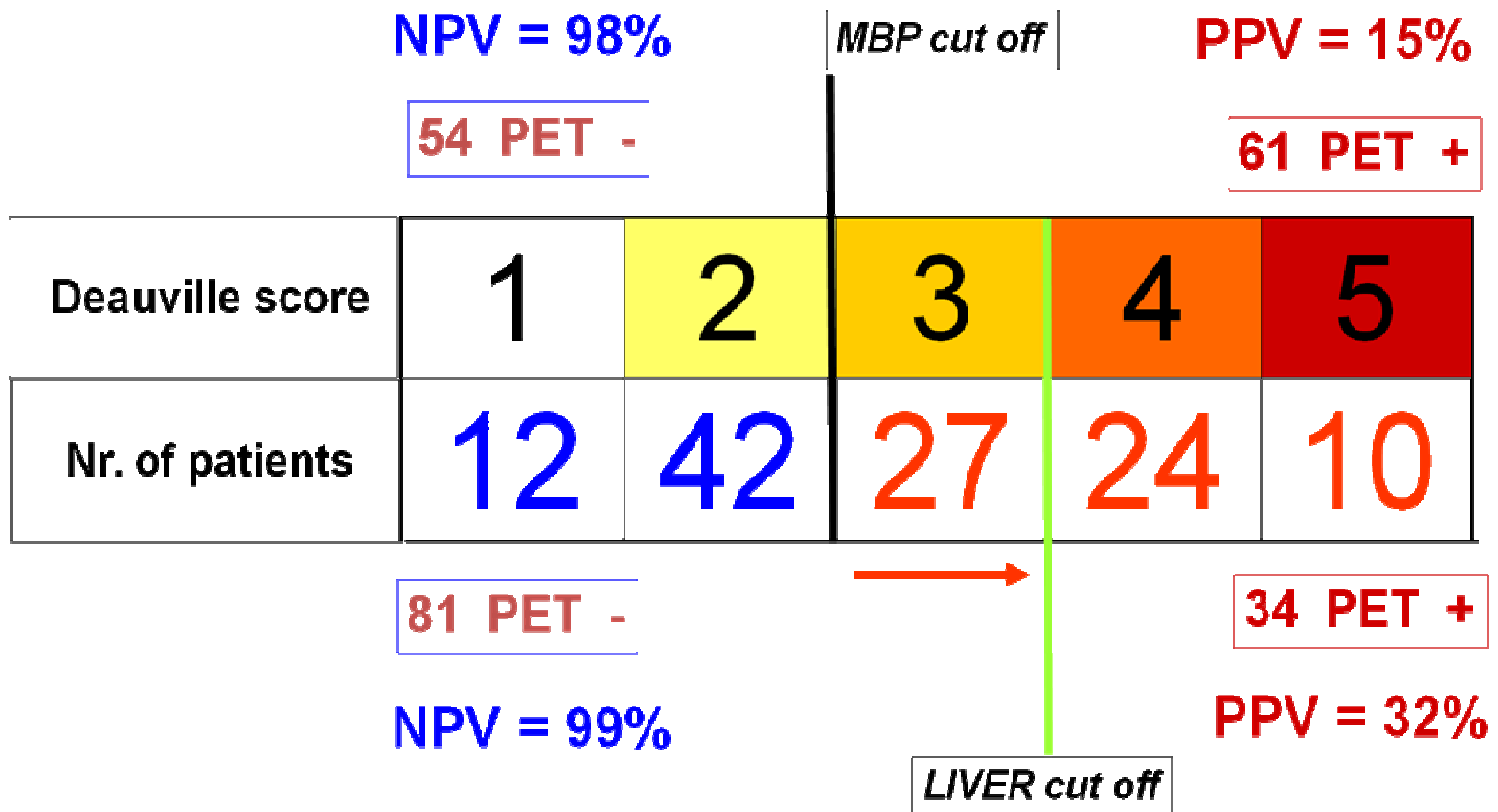
# IELSG-26 study: Preliminary results

Post R-chemo PET interpretation - blind central review  
 115 /125 studies reviewed

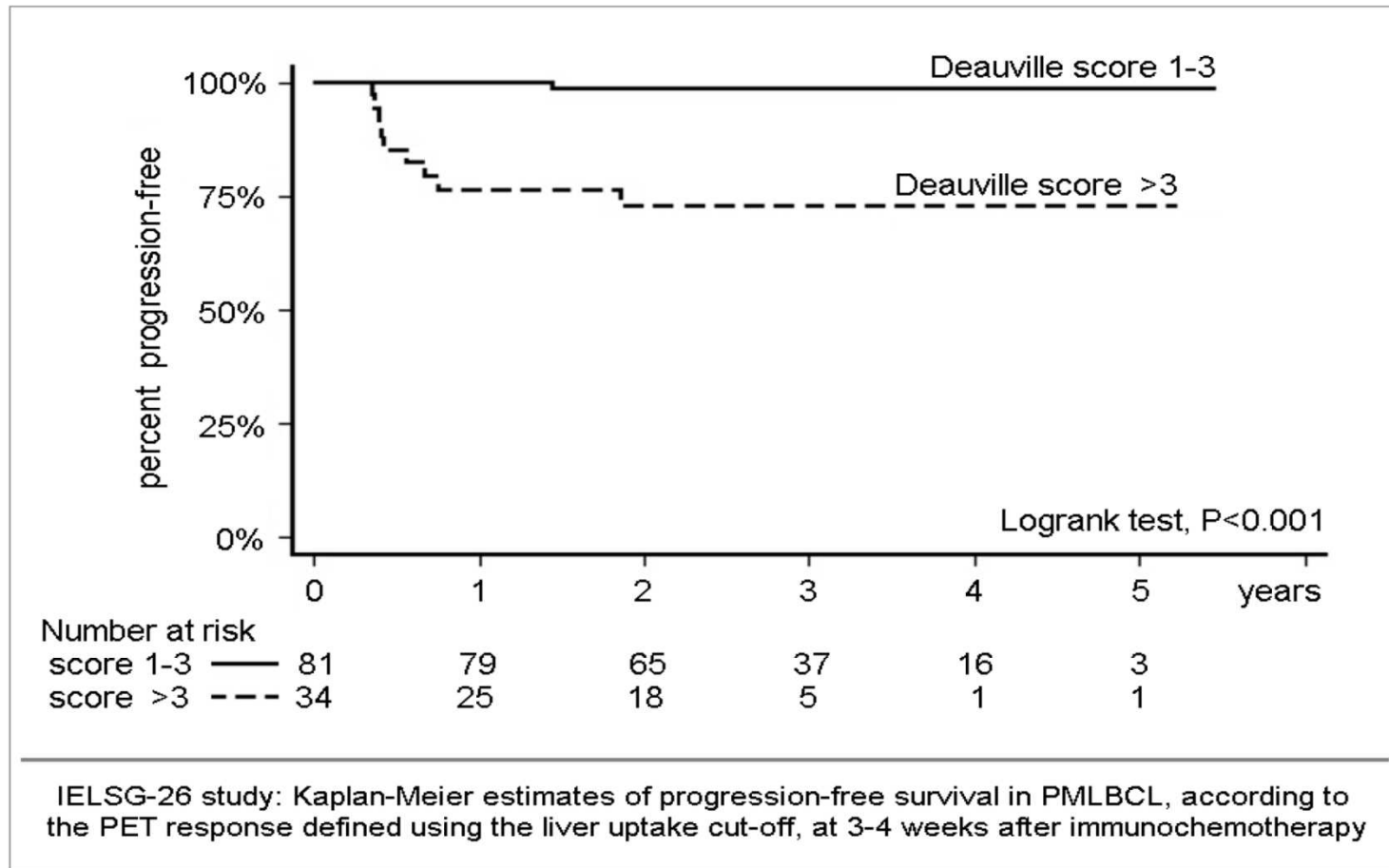


**INTERNATIONAL EXTRANODAL LYMPHOMA STUDY GROUP**

# IELSG-26 study: Preliminary results



# IELSG-26 study: Preliminary results



# IELSG-26 study: preliminary conclusions

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1. with the MBP cut-point, the PET+ rate (Deauville score >2) after R-Chemo in PMLBCL was higher (53%) than in DLBCL or HL
2. >90% of pts are projected to be alive and progression-free at 5 years post treatment and a negative PET/CT after R-Chemo is significantly associated with a longer PFS.
3. pts with Deauville score 3 had a clinical outcome identical to those with score 1-2, suggesting that the liver uptake may represent a more appropriate cut-point for the definition of CR.
4. Pts with score 4 and 5 had a significantly worse PFS and OS
5. a negative PET after R-CHT may select a subgroup of patients who may not need consolidation RT (IELSG 37 study is ongoing)