Integrating FDG PET data for lymphoma management

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Combining metabolic data from baseline, interim or post treatment PET

PET Data can be combined:

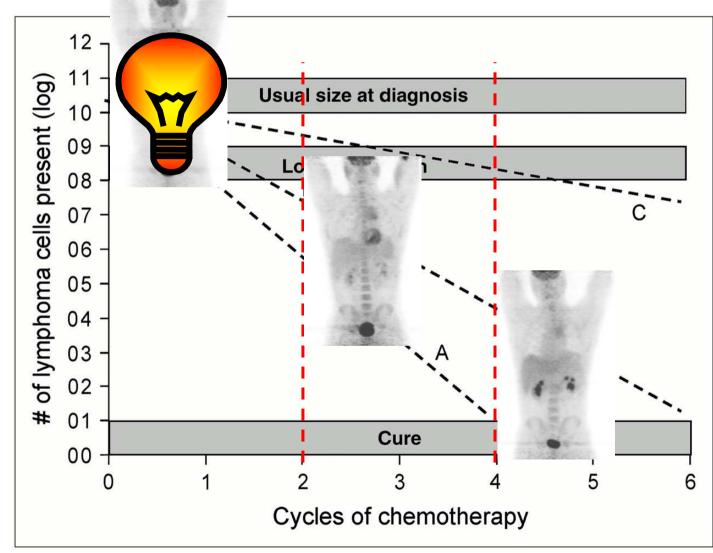
- 1. Together
- 2. With baseline clinical or biological data
- 3. With other imaging techniques
- Aim of this holistic approach:
 - Obtain new prognostic index
 - Tailor therapeutic strategy

1.Together

Data from baseline and interim PET combined together

- Could give:
- better response assessment at interim
- better risk assessment

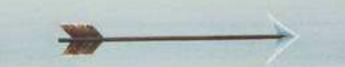
Kinetics of tumour destruction (DLBCL) Studied by PET during induction chemotherapy



Reporting interim PET in Diffuse Large B Cell Lymphoma: the Zeno's paradox

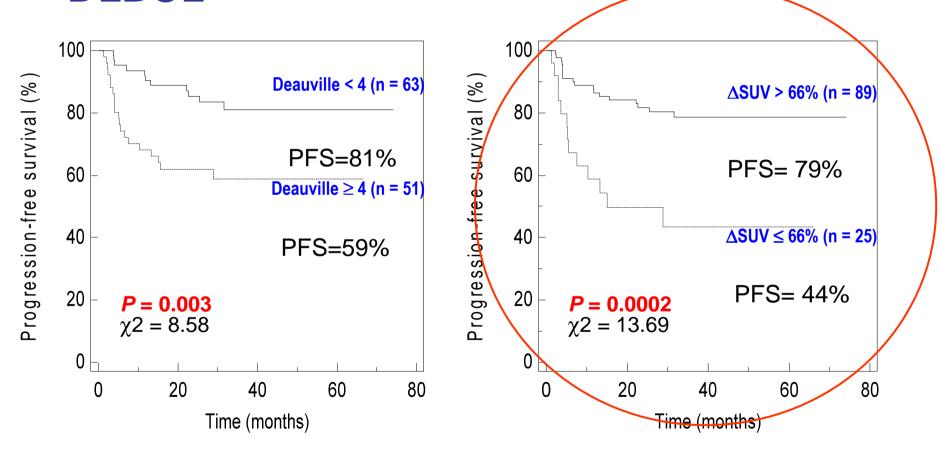
The "freezing" evaluation of the residual tracer uptake by visual scoring (DS) at one moment of this kinetics miss the entire phenomenon and remind us of the paradox of the Greek philosopher Zeno of Elea. At any instant of time the arrow has no motion, since time is composed of multiple freezing instances in succession.

Zeno's arrow



By contrast the quantitative approach combining SUVmax baseline and after treatment to obtain Δ SUVmax between base line and either of the chemotherapy cycles integrates this kinetic information

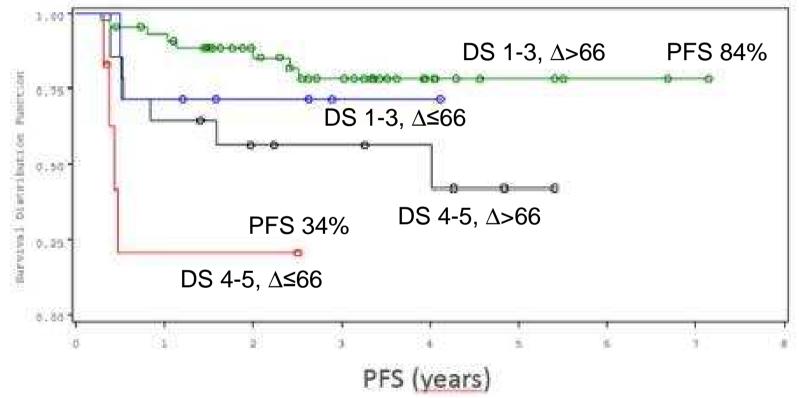
Reporting interim PET by Integrative ∆SUVmax more predictive of outcome than scoring residual activity at one step of the kinetics (DS) DLBCL



IVS: **114 pts**, 5 centers, 3 observers, PET 2 cycles; med FU 39 months

Itti , 2013, Eur J Nucl Med Mol Imaging

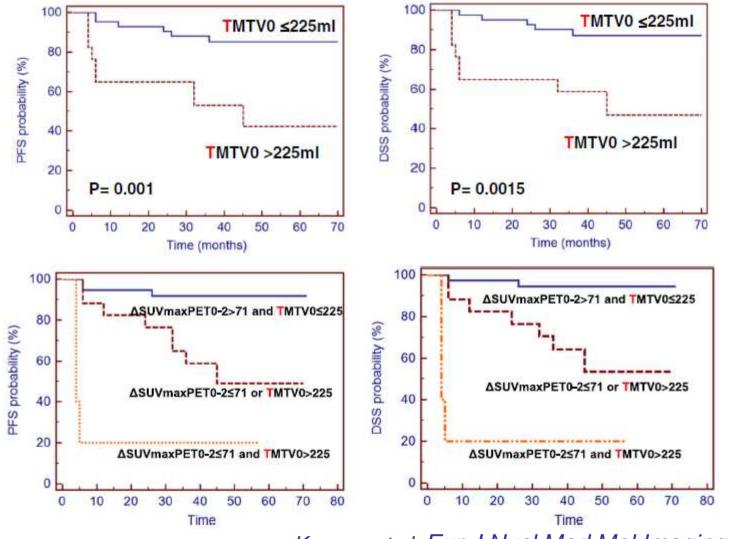
Combining analysis of residual uptake (DS) with ∆SUV kinetic approach at 3-4 cycles in DLBCL (74 patients)



71% patients Double negative excellent outcome Double positive poor outcome

Nols et al. Leuk Lymphoma 2013

Combining in HL base line data,TMTV and response data, ΔSUVmax (PET2)

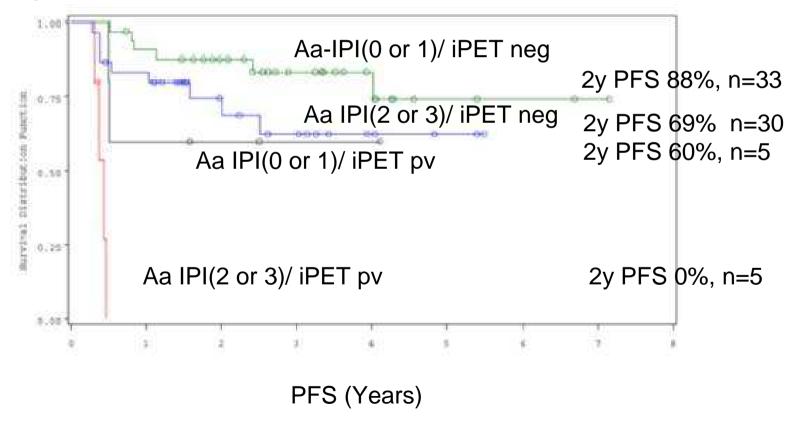


Kanoun et al. Eur J Nucl Med Mol Imaging, 2014

2. With baseline clinical and biological data

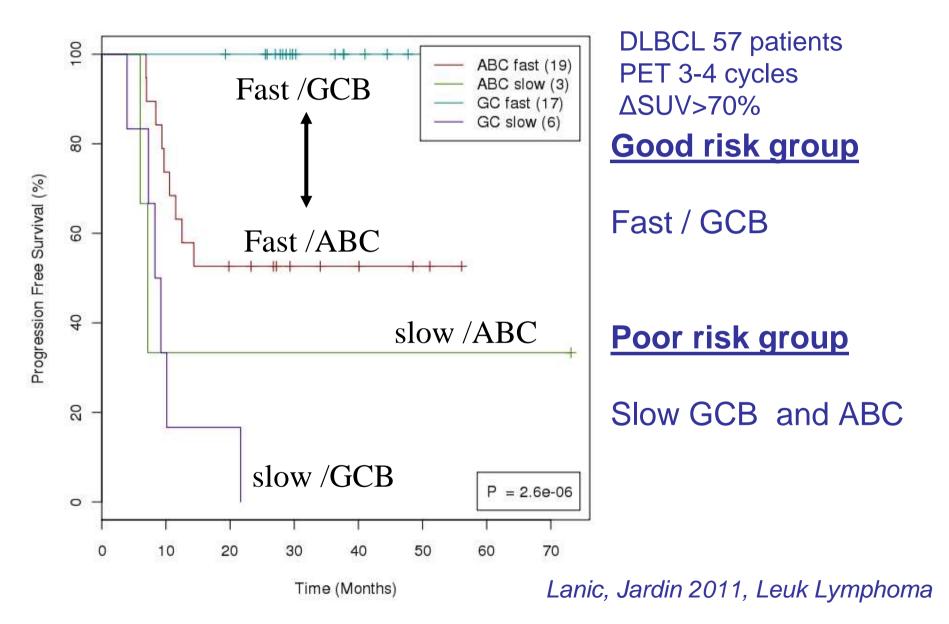
Combining Aa IPI and iPET

73 DLBCL, anthracycline based regimen (R-CHOP, ACVBP, mini CHOP) Positive: DS \geq 4 and or Δ SUVmax \leq 66% Negative:DS<4 and or Δ SUVmax \geq 66%

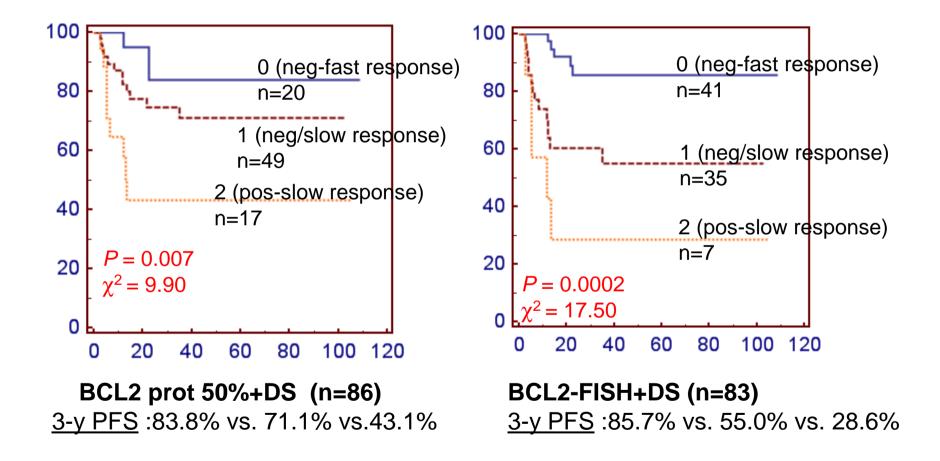


Nols et al, Leuk Lymphoma 2013

Combining GCB/ABC subtypes and Δ SUVmax



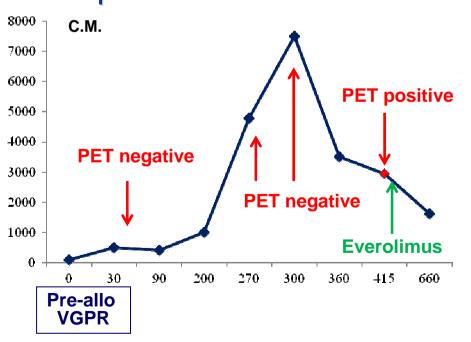
Combining BCL2 protein expression and BCL2 gene alteration with early PET response at 2 cycles in DLBCL allows improved stratification



Copie-Bergman. *Hematol Oncol* 2013: 31;151-200. Abs 210

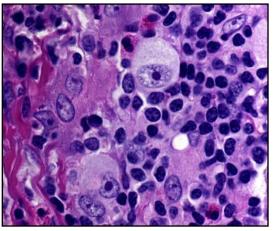
Correlation kinetics of Thymus activation related chemokines (TARC) and PET in relapse/refractory HL

In 4 patients who relapsed after alloSCT serum TARC increased progressively (median fold increase: 5,2) before PET scan became positive. TARC can predict metabolic relapse after alloSCT in HL



Accessory cells show a very high metabolic activity and are responsible for FDG uptake. Ma Y.: Blood 2008; 111, 2339-

2346

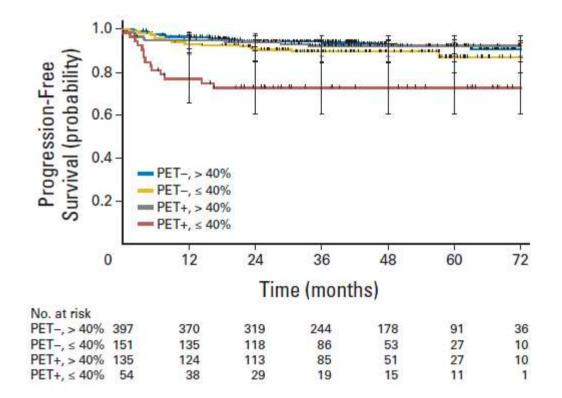


Farina Hematol Oncol 2013; 31: 96-150. Abs 144

3. With other imaging techniques

Combining FDG/PET and CT in HL

739 patients /HD15 with CT residue ≥2.5cm at end treatment



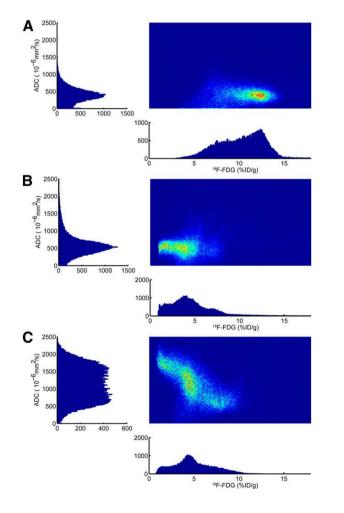
Poor prognosis of patient PET+ and with a ≤40% tumour shrinkage

Kobe J Clin Oncol 2014

Combining FDG/PET and MRI

Xenograft tumour model of a non-small cell lung cancer

Density scatter plots FDG intensity on x ADC on y



Initiation of therapy

Decrease of FDG Stable cellular density

Several components in the tumor

Conclusions

- Holistic approach using PET and other parameters
- Could produce new prognostic index
- Improve understanding
- Validation needed (limited number of patients in these studies)
- Open field for research