

# International Validation Study of the Prognostic Role of Interim-PET Scan in ABVD-treated, Advanced Stage Hodgkin Lymphoma.

## Results



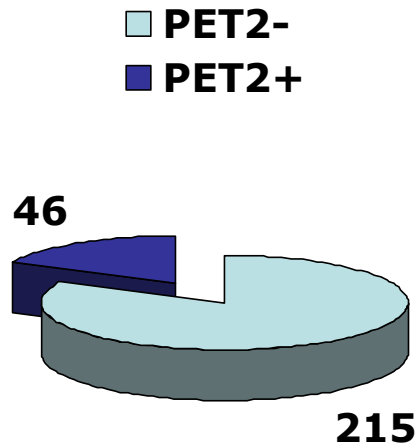
**Third international workshop on interim-PET in lymphoma**

Menton (France), Palais de l'Europe,

September 26-27th, 2011

# 2nd-line chemotherapy

Median follow-up 37.6 months



**46/261  
(18%)**

**patients were  
PET2 positive**

- 30/46 (65%) of them had a treatment failure
  - 26 had treatment intensification for disease progression
  - 4 had a relapse

**215/261  
(82%)**

**patients were  
PET2 negative**

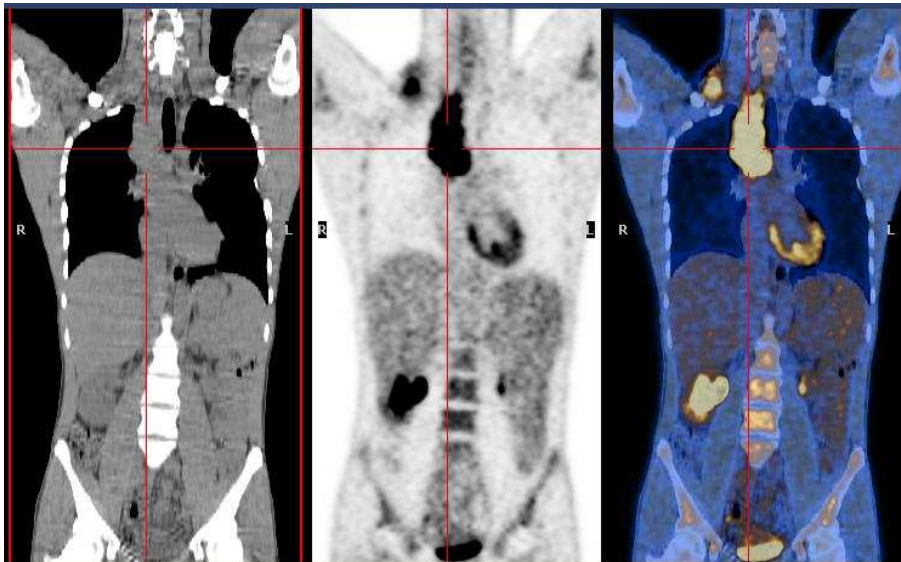
- 11 (5%) of them had a treatment failure
  - 9 had treatment intensification for disease progression
  - 2 had a relapse

46 patients changed therapy:

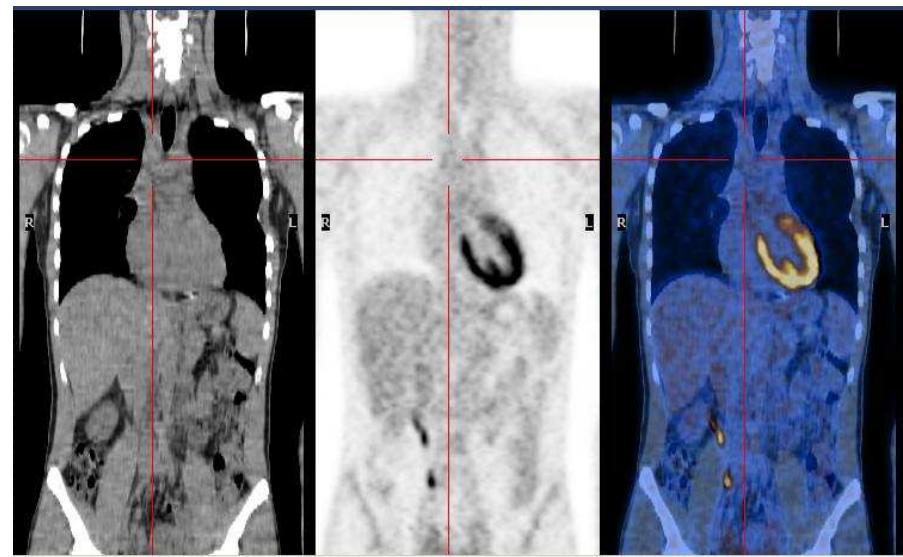
- 41 after a median of 7.86 months (range 2-34) at clinical progression
- 1 after 2 months due to PET findings in isolation
- 3 after 3 months for clinical evidence of disease progression
- 1 after 4 months due to PET findings in isolation.

# PET Review Process

**Baseline PET-0**



**Interim (after 2 ABVD cycle) PET-2**



## DEAUVILLE 5-point scale

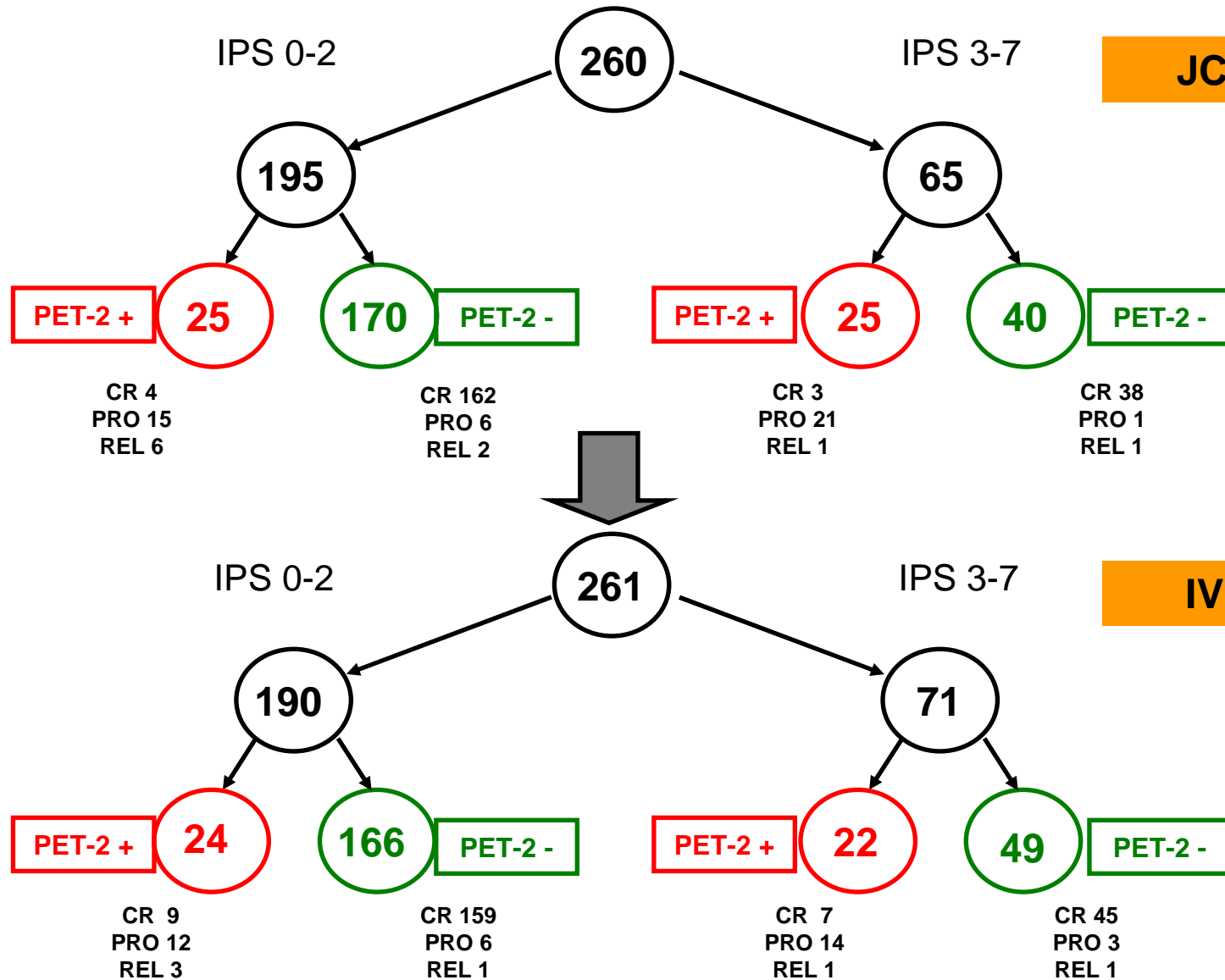
- \* *no uptake*
- \* *uptake  $\leq$  mediastinum*
- \* *uptake  $>$  mediastinum but  $\leq$  liver*

***PET negative***

- 
- \* *moderately increased uptake compared to liver*
  - \* *markedly increased uptake compared to liver*

***PET positive***

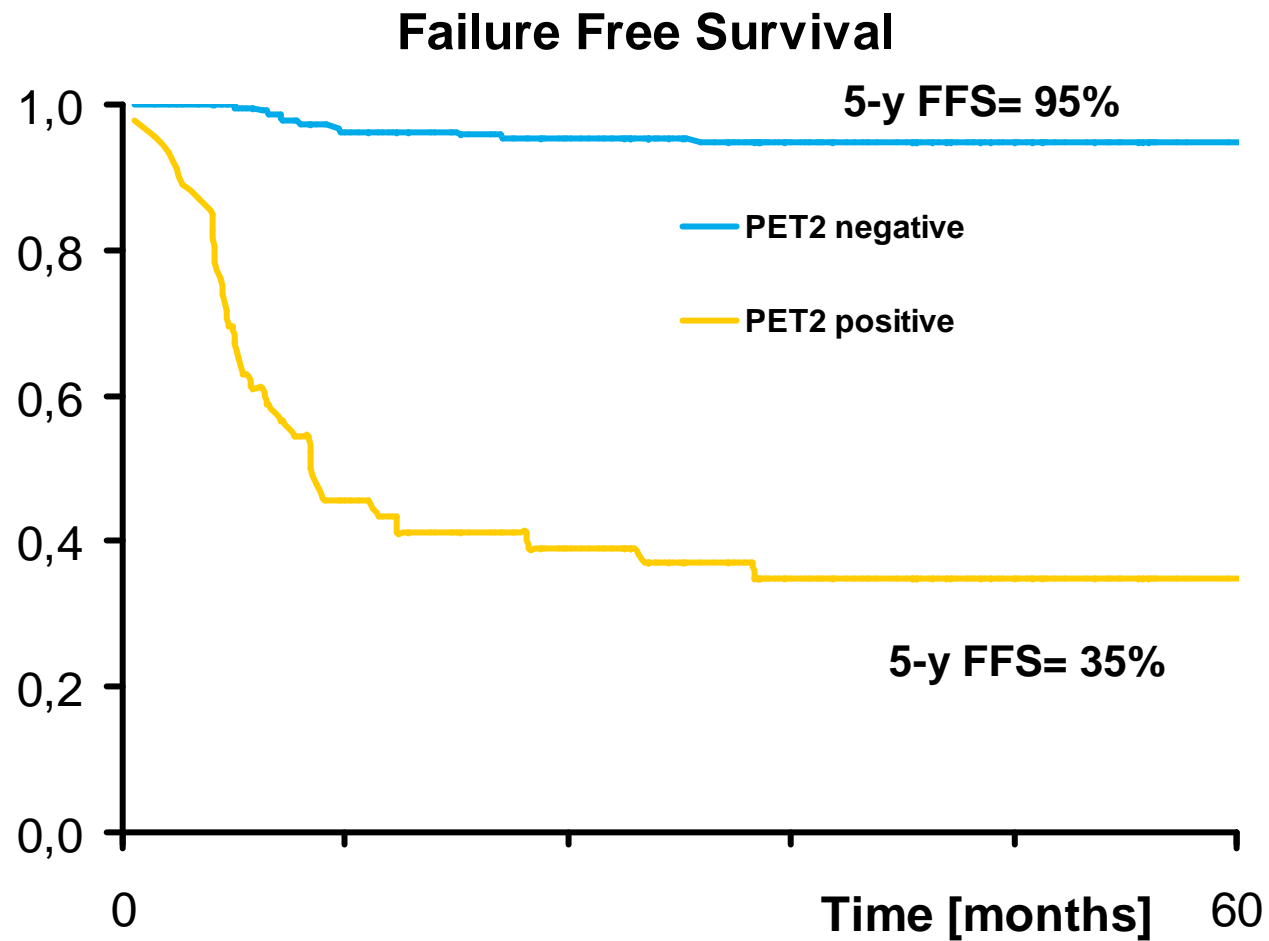
# 1-st line treatment outcome according to PET-2 and IPS



# Predictive value on treatment outcome

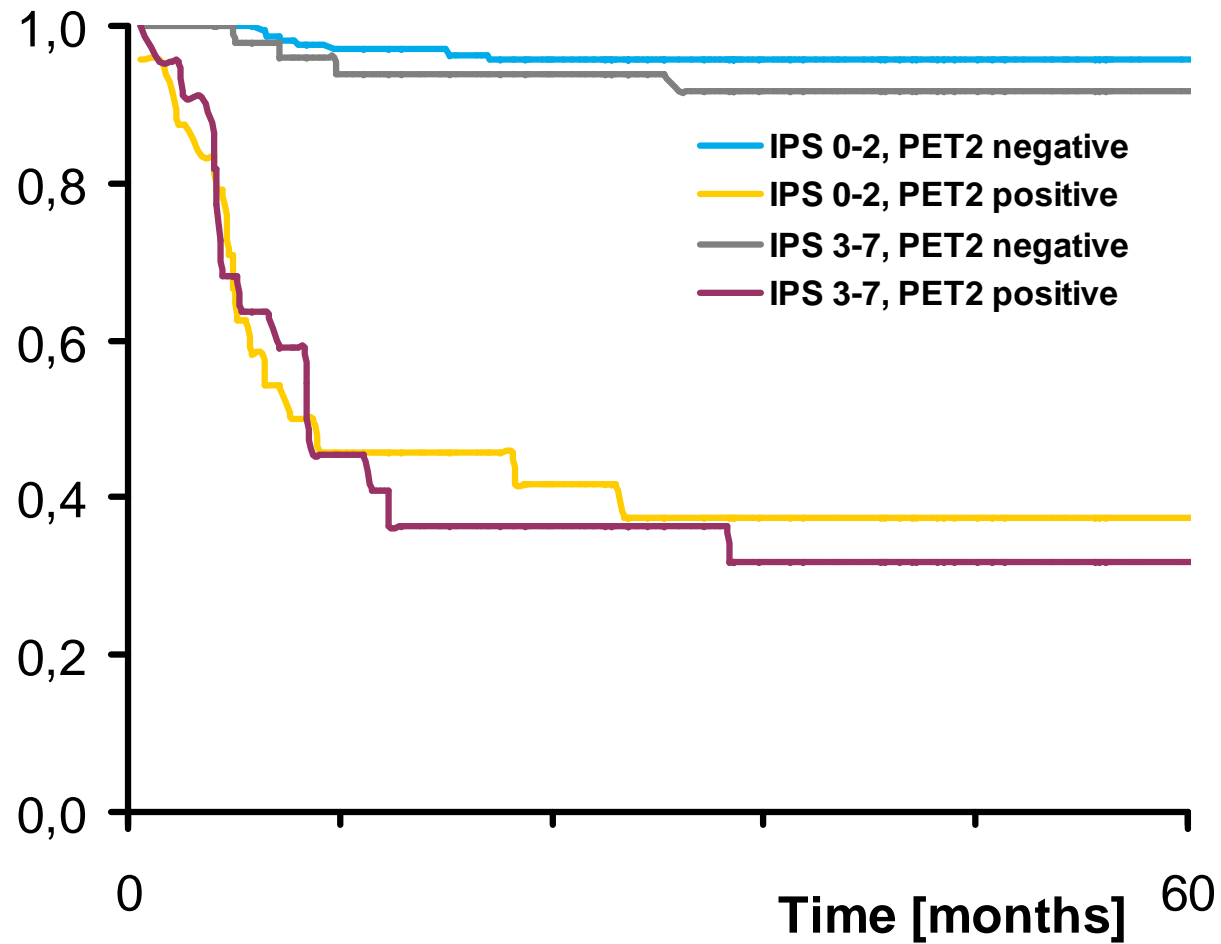
Parameter	IVS	JCO
True Positive	30	44
True Negative	204	199
False Positive	16	6
False Negative	11	11
Sensitivity	0.732 [0.678,0.785]	0.81
Specificity	0.927 [0.896,0.959]	0.97
Positive Predictive Value	0.652 [0.594,0.710]	0.93
Negative Predictive Value	0.949 [0.922,0.976]	0.92

# FFS for all patients (N= 261)



# FFS according to PET-2 and IPS (N= 261)

## Failure Free Survival



# Acknowledgements

G. Mikhaeel, Medical Oncology, Guy & St. Thomas Hospital London (UK)

E. Dann, Hematology Dept. Rambam Medical Center, Haifa (IL)

M. Coleman, Hematology Dept. Cornell University New York (USA)

J. Seymour, Hematology Dept. Peter Mc Callum Cancer center, Melbourne (A)

O. Casasnovas, Hematologie Clinique, Hopital Le Bocage Dijon (F)

M Hutchings, Onco-Hematology Dept. RigHospitalet, Copenhagen (DK)

P. Brice, HDJ Hematologie Hopital Saint Louis Paris (F)

JM Zaucha, Onco-hematology Dept. Gdynia University Gdansk (P)

L. Trentin, Experimental medicine, Hematology and Immunology Dept., Padua (I)

U. Vitolo, Hematology Dept., Ospedale S. Giovanni Battista, Torino (I)

S. Viviani, M. Gianni, Medical Oncology, Istituto Tumori, Milano (I)

C. Stelitano, Hematology Dept., Policlinico A. Melacrinò, Reggio Calabria (I)

A. Levis, Hematology Dept., Ospedale S. Antonio e Biagio, Alessandria (I)

K. Patti, Hematology Dept., Ospedale "A. Cervello", Palermo, (I)

G. Di Raimondo, Hematology Dept. and BMT Unit, University of Catania, (I)

S. Bolis Hematology Dept. Ospedale S. Gerardo, Monza (I)

F. Fiore, C. Castellino Hematology Dept. S. Croce Hospital Cuneo (I)

For Imaging exchange we thank

J. Fortineau Keosys, Nantes, France

A. Stancu, PG Cerello, Dixit S.r.L, Italy

