

# How to measure $\Delta$ SUV with the highest reproducibility

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# Issues raised by IVS analysis

- Inter-observer agreement: Kappa 0.755 to 0.879

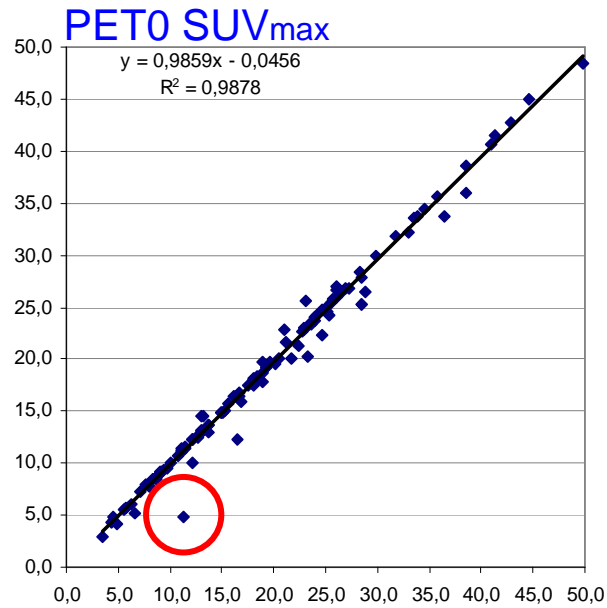
1) identification of the target lesion on baseline PET

2) identification of the target lesion on interim PET

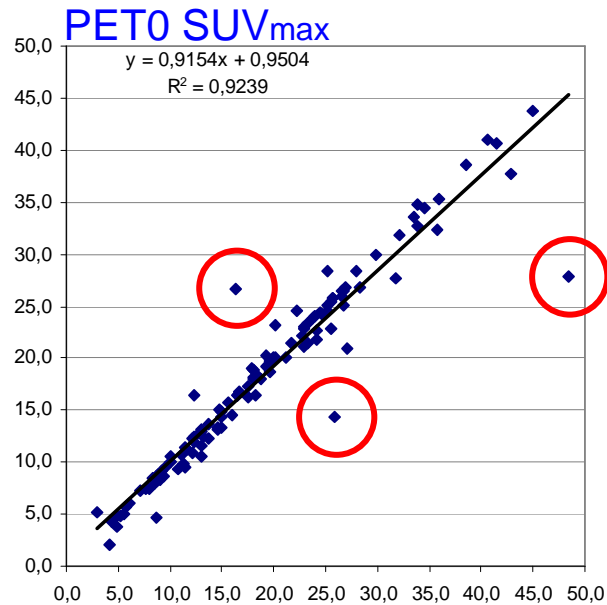
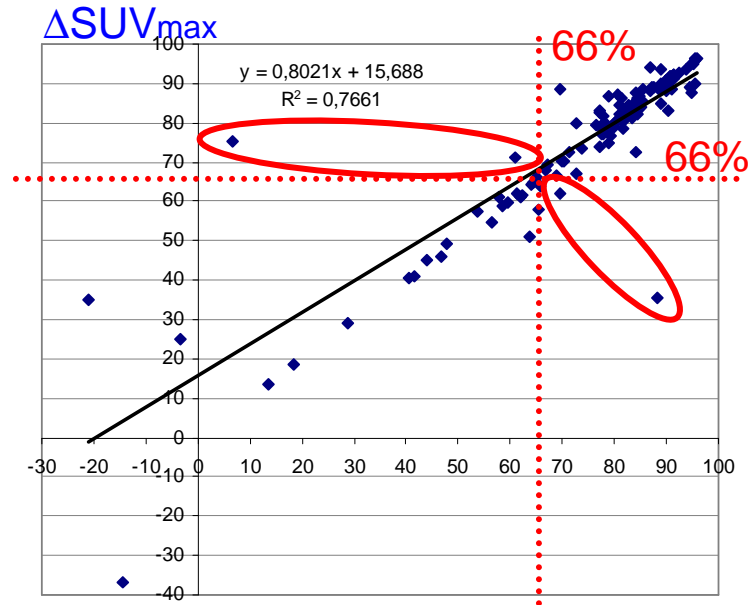
3) method of ROI drawing (2D vs. 3D)

Landis and Koch scale	
0.81 – 1.00	almost perfect
0.61 – 0.80	substantial
0.41 – 0.60	moderate
0.21 – 0.40	fair
0.00 – 0.20	slight
< 0	no agreement

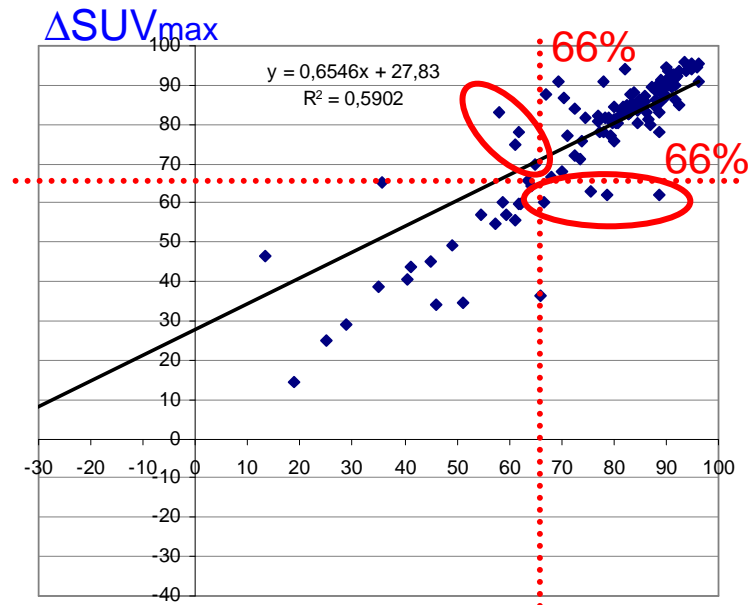
# Inter-observer agreement



Obs1-Obs2  
 $\kappa = 0.879$

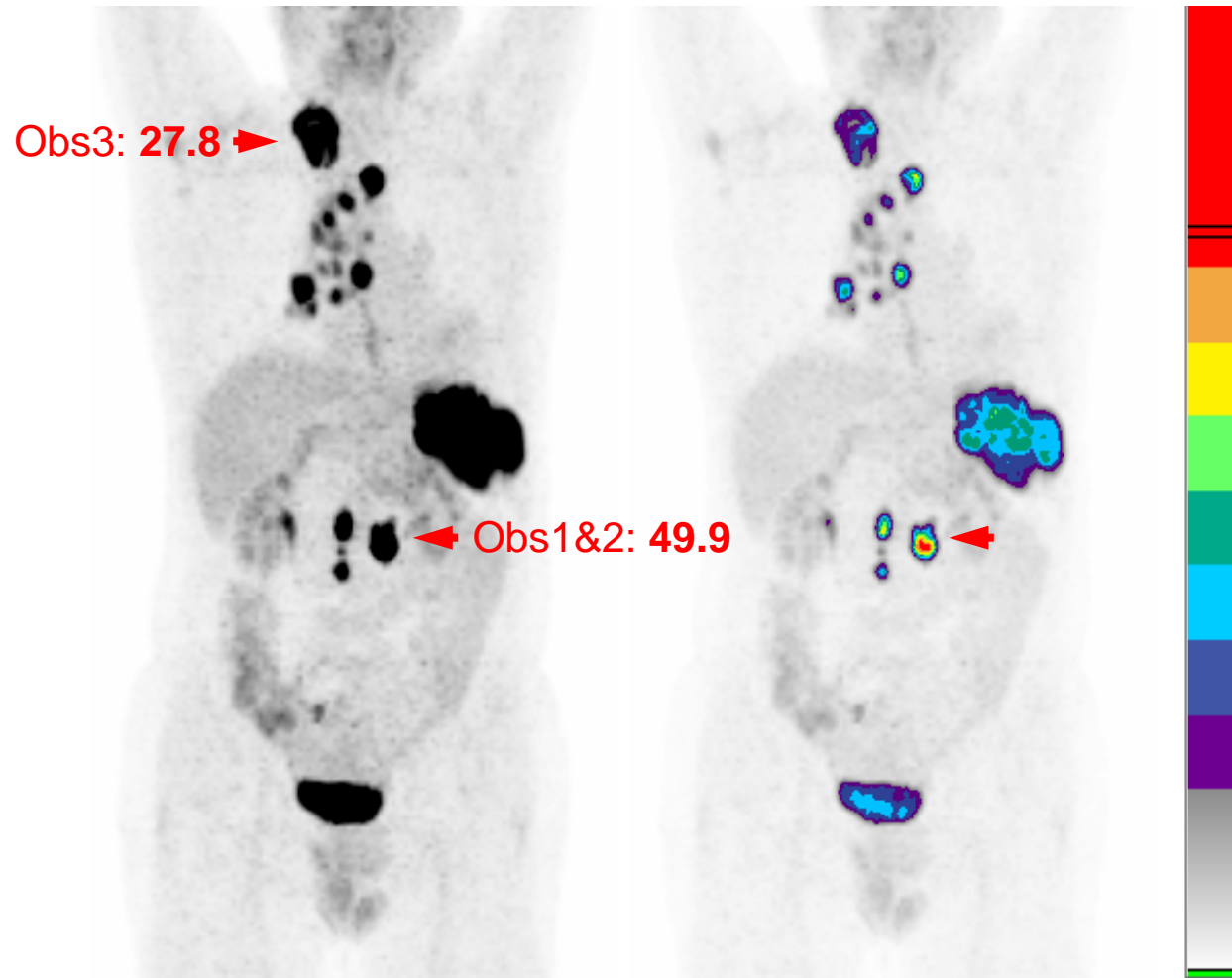


Obs2-Obs3  
 $\kappa = 0.755$

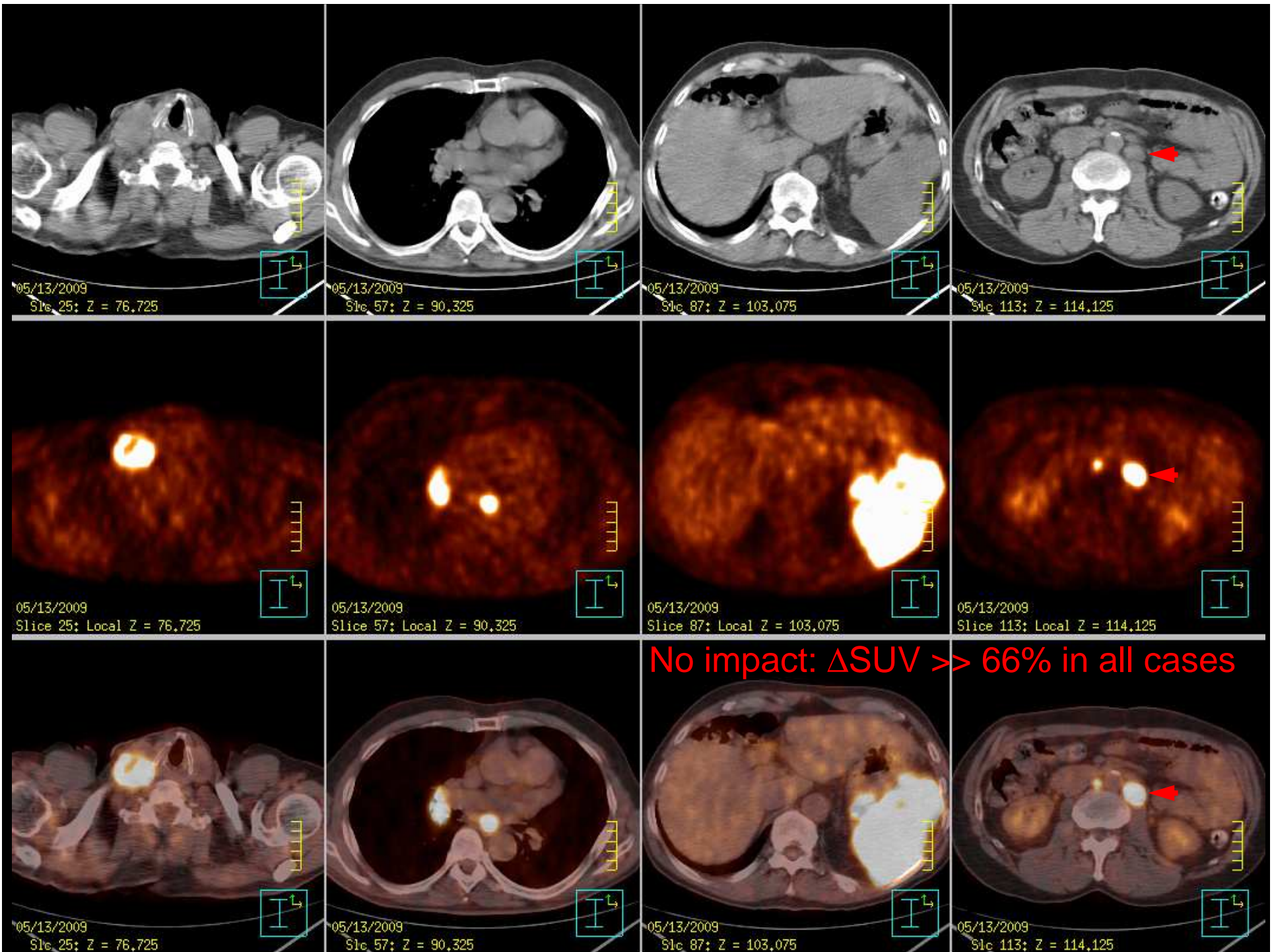


# 1) identification of the target lesion on baseline PET

- MIP
- color scale

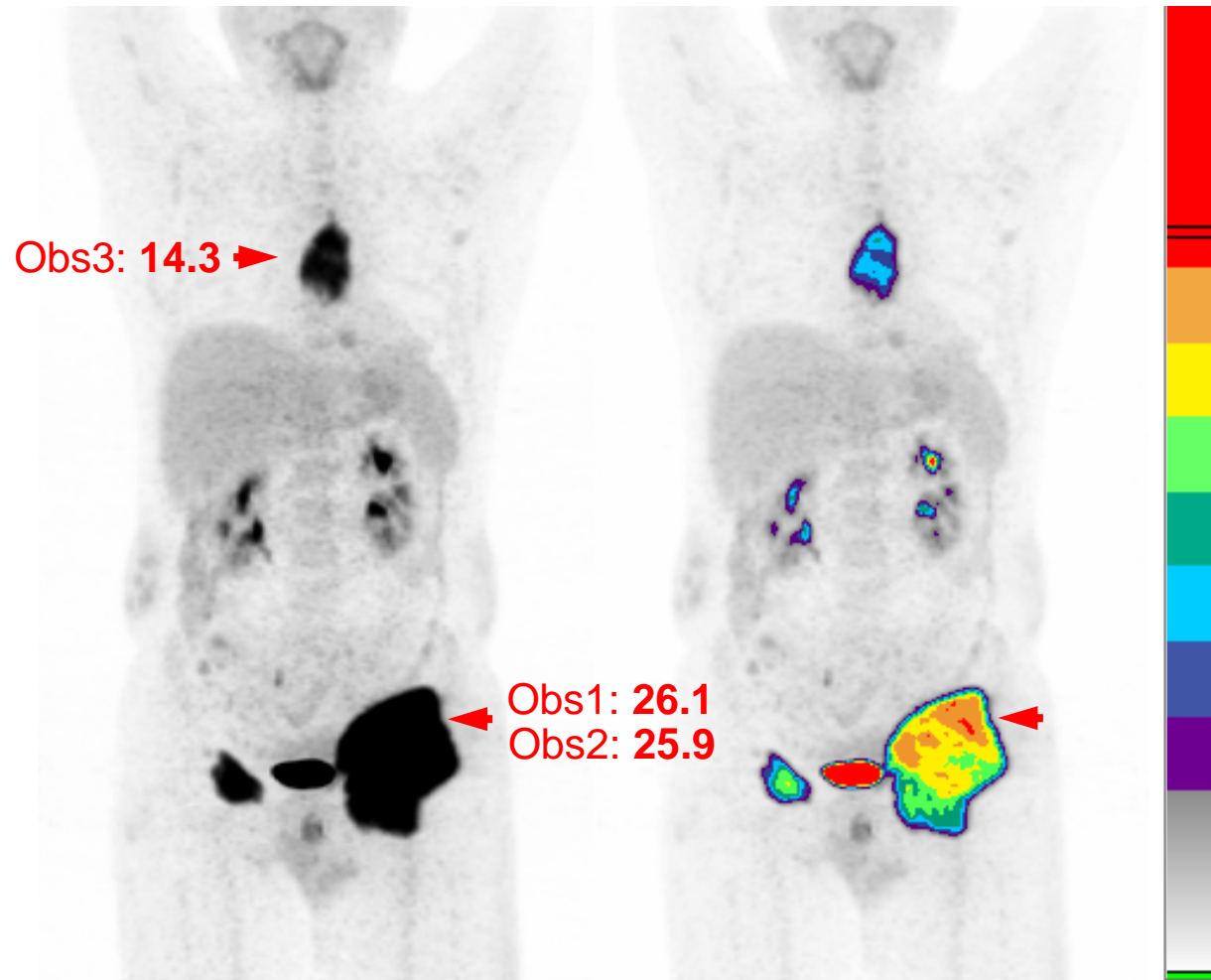


→ uretera?

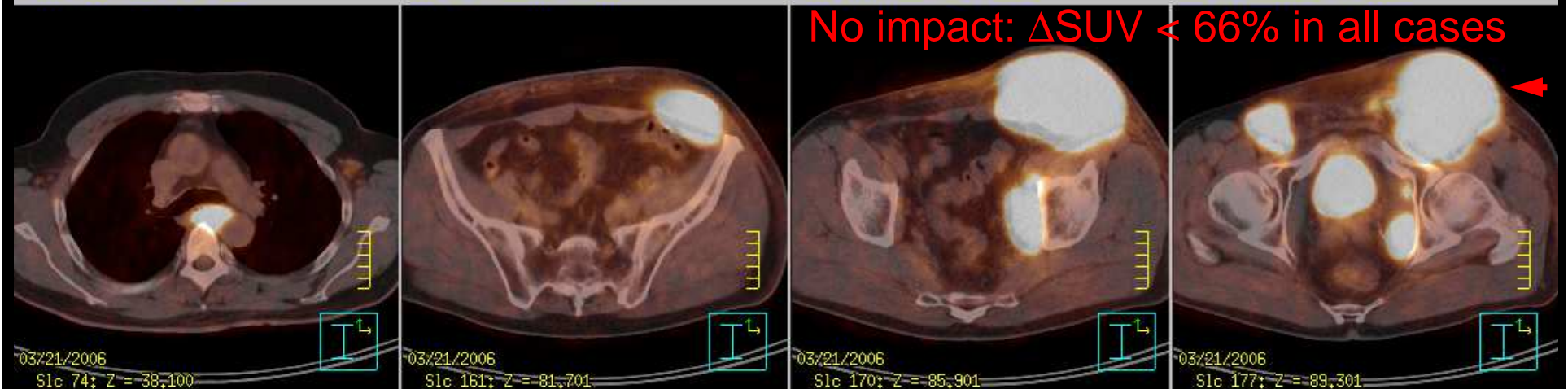
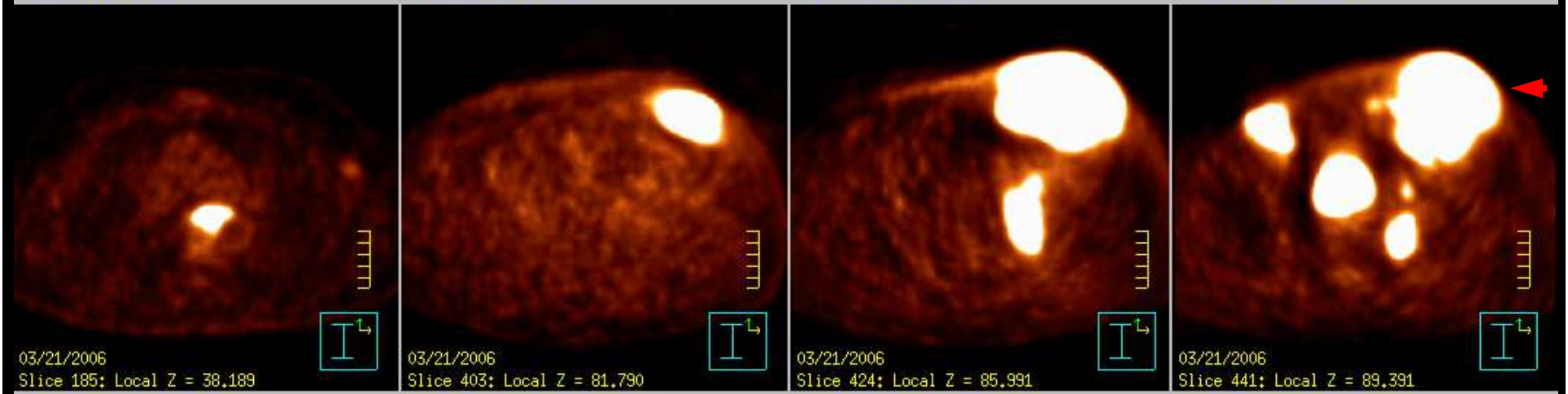
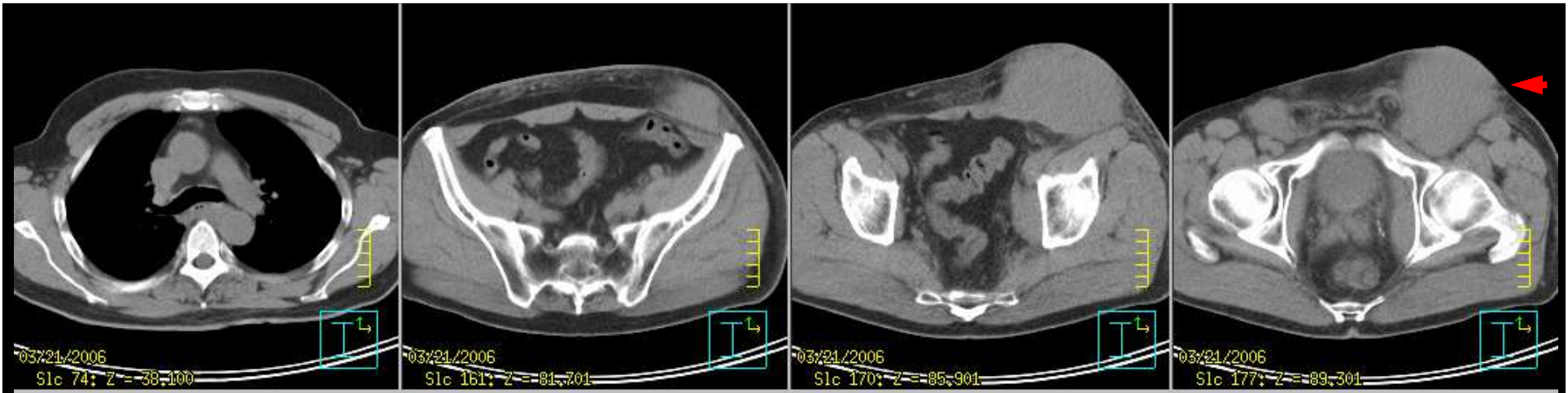


# 1) identification of the target lesion on baseline PET

- MIP
- color scale



→ contamination?



No impact:  $\Delta\text{SUV} < 66\%$  in all cases

## 2) identification of the target lesion on interim PET

- Case 1: interim PET (+)
  - SUV<sub>max</sub> whichever the location

Lin et al. *J Nucl Med* 2007;48:1626-32

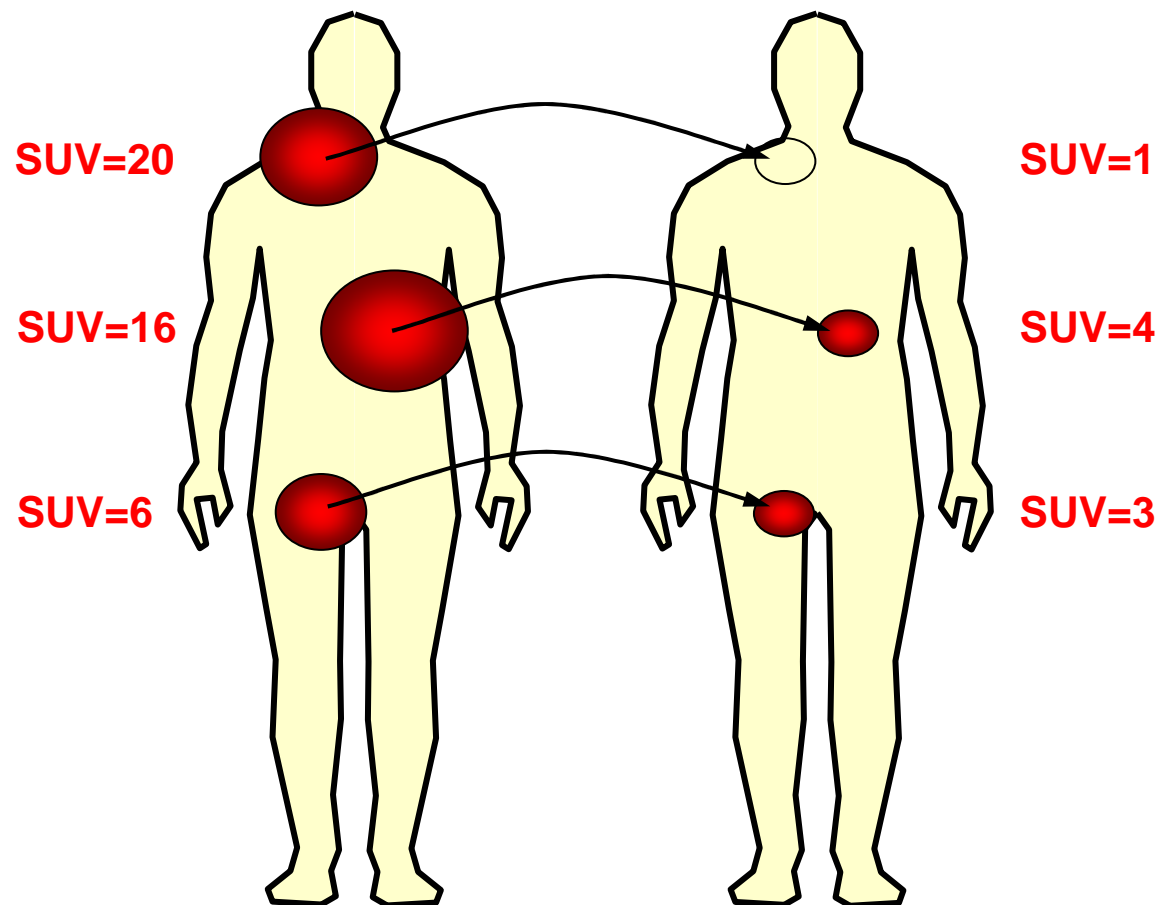
Itti et al. *J Nucl Med* 2009;50:527-33

Casasnovas et al. *Blood* 2011;118:37-43

- Diffuse disease/lymphocyte clones/PVE?
- or same site as on PET0 (*follow-up of a target*)
  - What if 2 or more interim PET (+) lesions?
- or define target on PET2, then go back to PET0
  - What if no lesion?



## 2) identification of the target lesion on interim PET

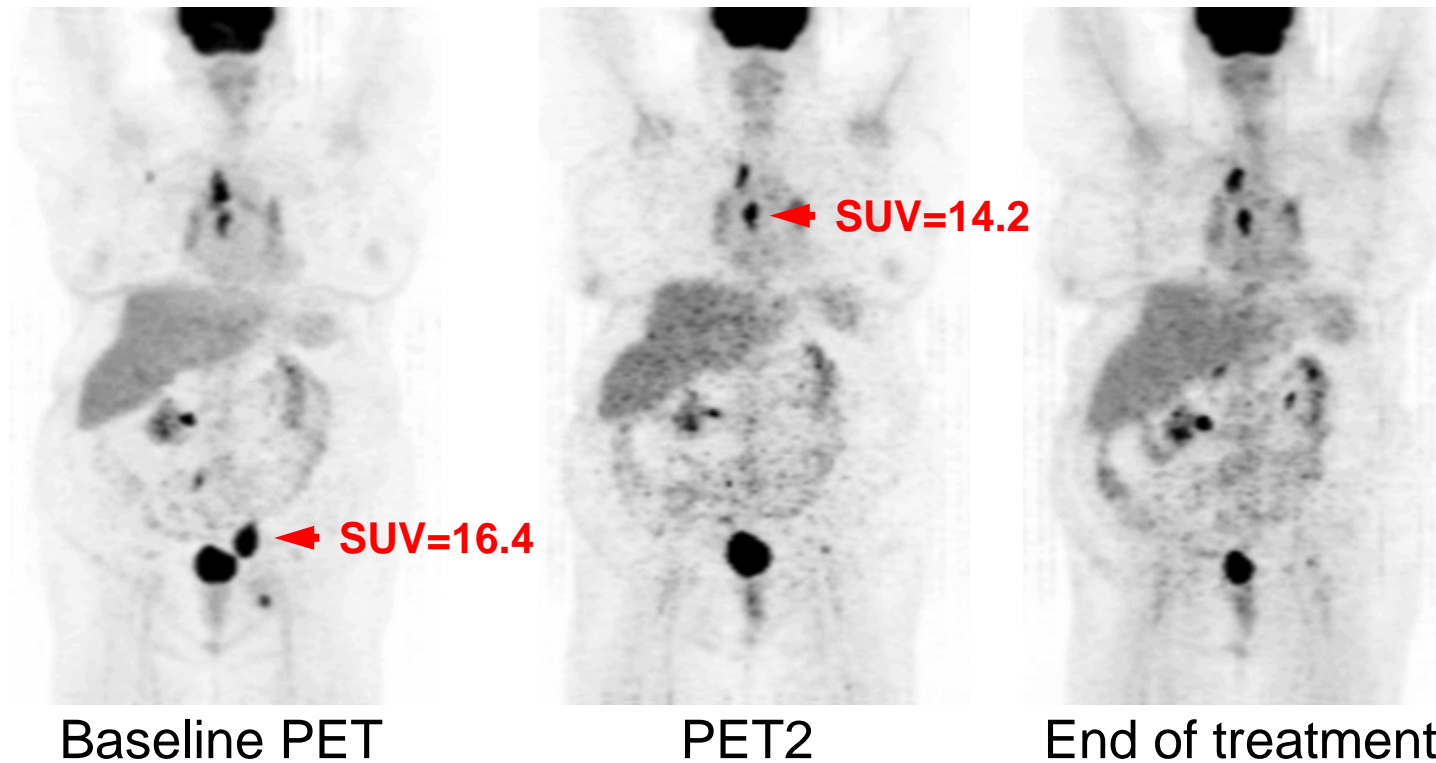


Whichever the location:  
 $SUV_0=20$ ,  $SUV_2=4$   
 $\Delta SUV=80\% \rightarrow CR$

Follow-up of a target:  
 $\Delta SUV_{t1}=95\% \rightarrow CR$   
 $\Delta SUV_{t2}=75\% \rightarrow CR$   
 $\Delta SUV_{t3}=50\% \rightarrow PR$

Retrospective target:  
 $\Delta SUV_{t2}=75\% \rightarrow CR$   
 $\Delta SUV_{t3}=50\% \rightarrow PR$

# Limits of this approach



→  $\Delta\text{SUV}=13\%$ , no event after 43 mo f-u

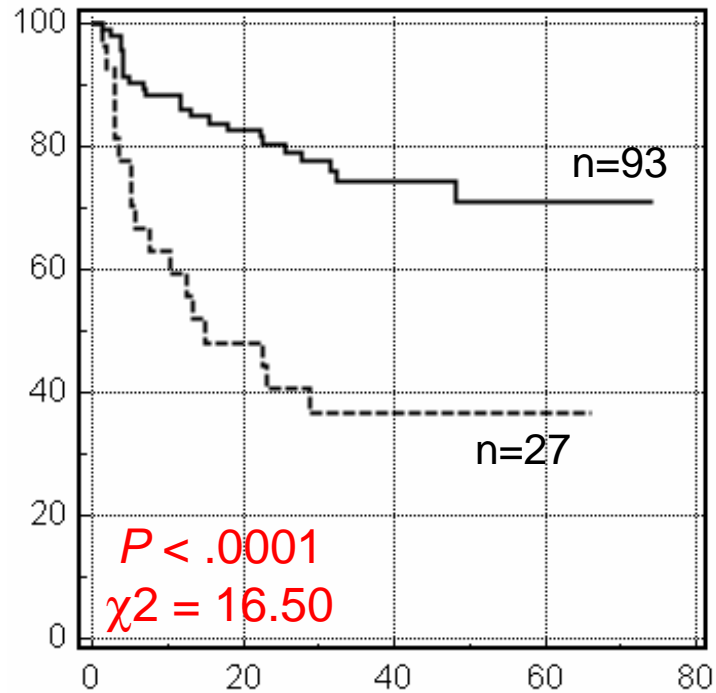
→ Sarcoidosis activation?

## 2) identification of the target lesion on interim PET

- Case 2: interim PET (–)
  - initial site on PET0?
  - or generic SUV of 1.0?

→ IVS data: PET(-) if  $5PS \leq 2$  → average SUV=1.9±0.9

## SUV in PET0 site

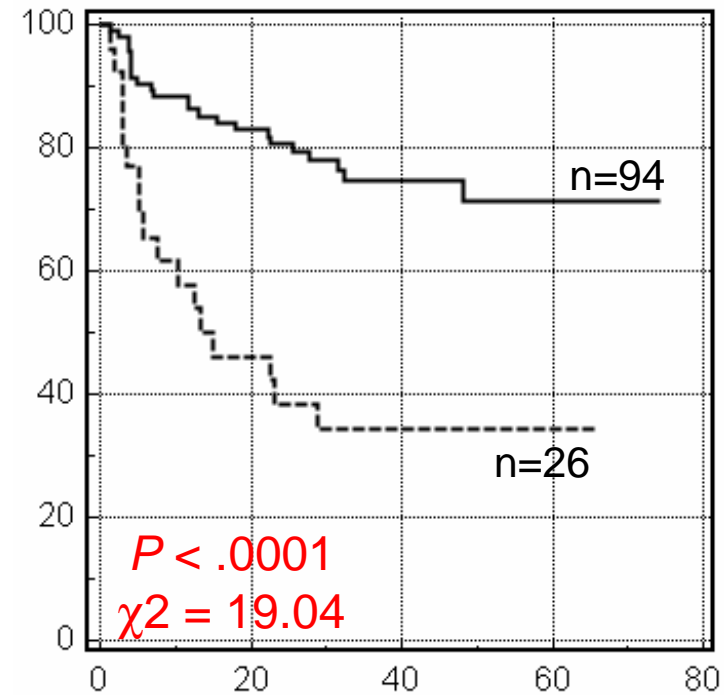


**Obs1 :**

2-y EFS : 80.4% vs. 40.7%

HR : 0.296 (CI 0.083-0.419)

## Generic SUV of 1.0



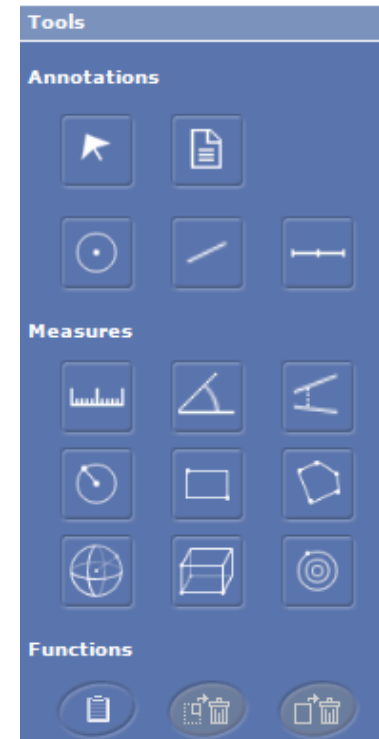
**Obs1:**

2-y EFS : 80.6% vs. 38.5%

HR : 0.273 (CI 0.068-0.360)

# Method of ROI drawing (2D vs. 3D)

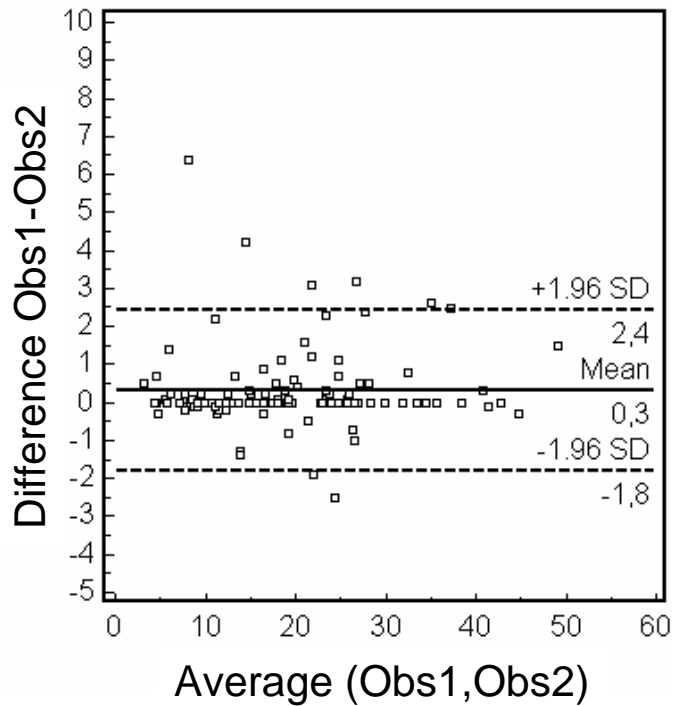
- circular ROI on axial slice with  $SUV_{max}$ 
  - recommendation: 3-5 slices around the max
  - in practice: 1 slice
- volumetric VOI (spherical)
  - need special software
  - avoid areas of high physiol. uptake!



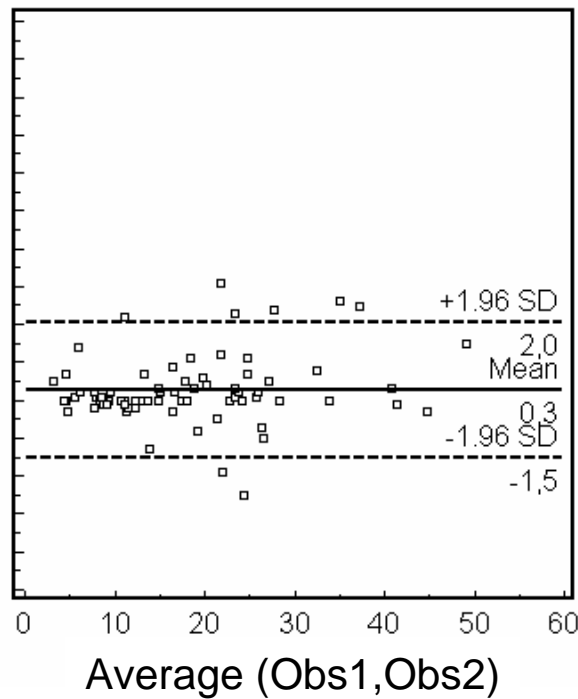
→ IVS data: upgrade of the Imagys software with 3D VOI

# Method of ROI drawing (2D vs. 3D)

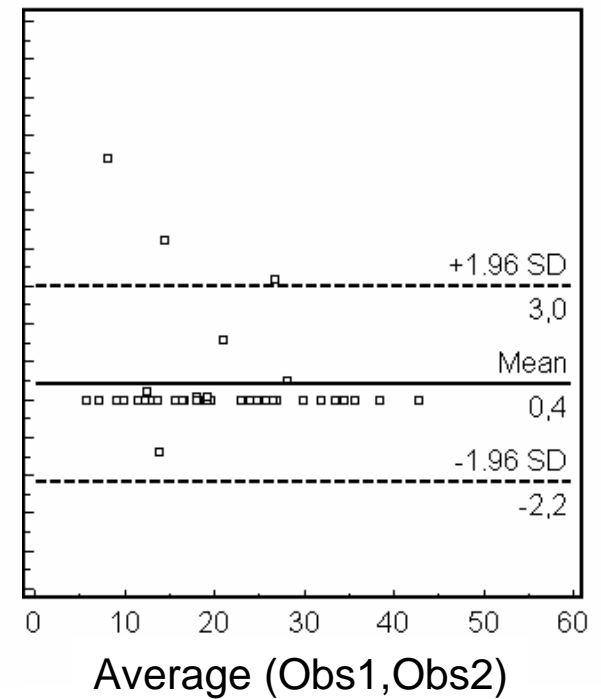
Entire population

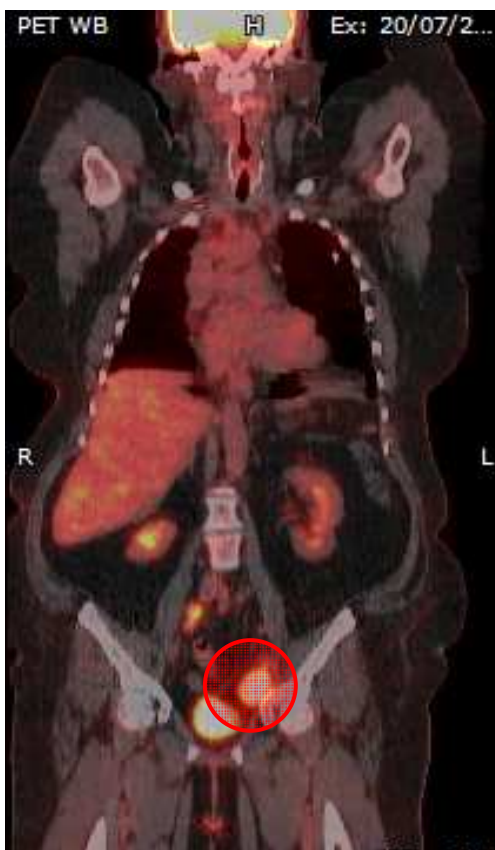
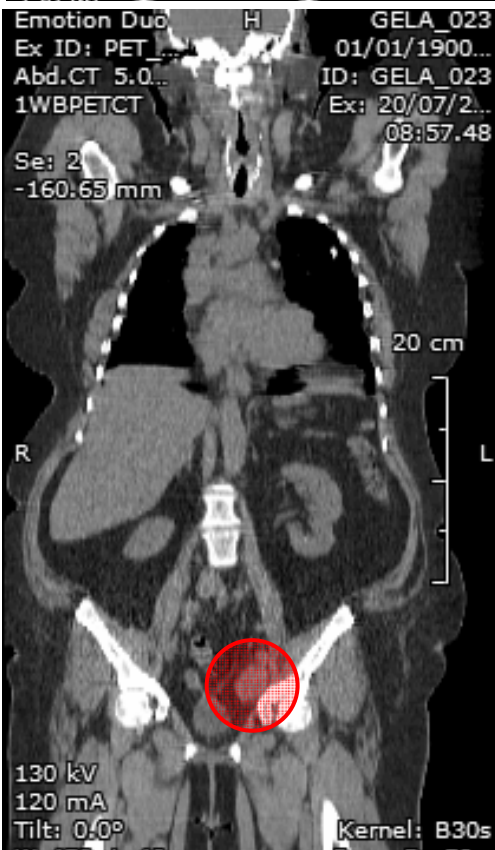
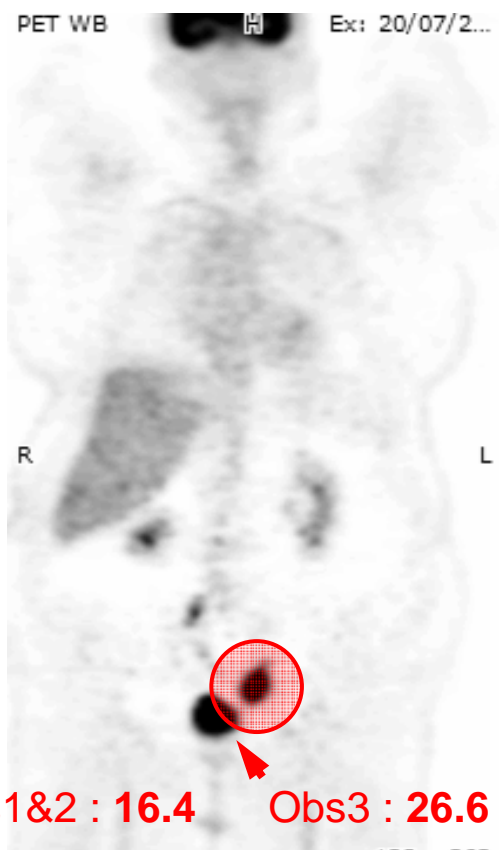
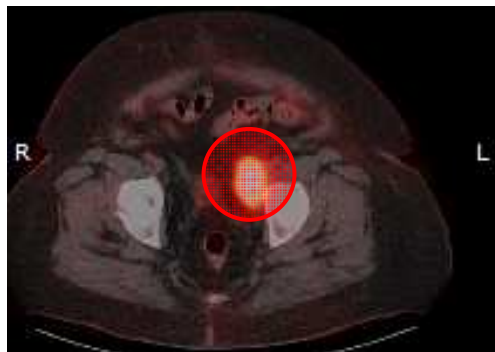
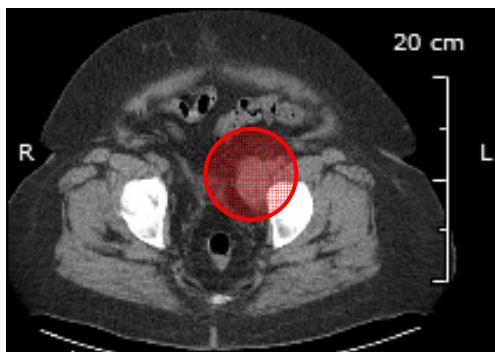
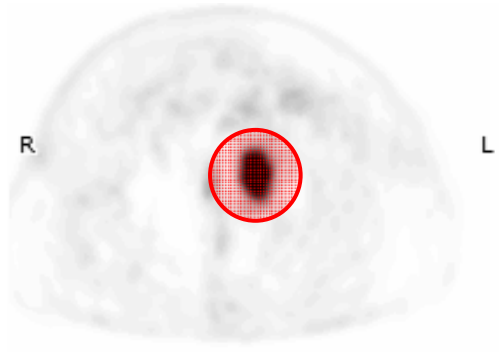


2D ROI (n=65)



3D VOI (n=45)





Obs1&2 : 16.4      Obs3 : 26.6

# Conclusion – Vote

recommendations of the Experts to be presented in plenary session on Tuesday

- 1) identification of the target lesion on baseline PET
  - MIP + color scale YES (n=25)
  
- 2) identification of the target lesion on interim PET
  - PET(+): whichever location YES (n=16) NO (n=9)
    - same as PET0 NO
  - PET(-): initial site YES
    - generic SUV of 1.0 NO
  
- 3) method of ROI drawing (2D vs. 3D)
  - 3-5 contiguous/volumetric YES