

*4th International Workshop on PET in Lymphoma  
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Poster Discussion Session*

# **Poster discussion PET in lymphoma**

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# Poster discussion – PET in lymphoma

*Clinically versus technically oriented studies*

## **19 abstracts on ,PET in lymphoma‘**

9 clinically oriented studies

B3, B4, B6, B7, B9, B10, B11, B13, B14

10 technically oriented studies

B1, B2, B5, B8, B12, C1, C2, C3, C4, C5

6 brief presentations

# Poster discussion – PET in lymphoma

*9 clinically oriented studies*

	<b>HL</b>	<b>DLBCL</b>	<b>PMBCL</b>	<b>BL</b>	<b>PCNSL</b>	<b>FL</b>	<b>Sjögren</b>
<b>Pre</b>	B4				B11	B13	
<b>Interim</b>		<del>B9</del>			B11	(B13)	
<b>Post</b>	B3	<del>B9</del>	B6, B7	B10	B11	B13	B14

# Baseline PET/CT - HL

*B4: Angelopoulou et al, Athens, Greece*

Entity / study goal: HL / comparison CT vs. PET/CT  
 Patient selection: availability of bPET/CT  
 No. of patients: 67, retrospective  
 Treatment: ?

Results:

		PET Stage				
		I	II	III	IV	
Clinical stage (CT)	I	3	2	2	1	} 30 % stage shift 24 % Tx modification justified 10 % Tx modification realized 64 % wider radiation field (I/II)
	II	0	16	1	8	
	III	0	3	10	4	
	IV	0	0	0	17	

		<u>PET neg.    diffuse    multifocal uptake</u>		
Bone marrow biopsy	neg.	42	9	8
	pos.	0	2	5

Conclusions: BMB: High NPV → no BMB required.  
 CT- vs. PET/CT-based staging hard to compare.

# Baseline and end-of-treatment PET - FL

*B13: Robin et al, Amiens, France*

Entity / study goal: FL / comparison conv. staging, prognostic impact  
Patient selection: availability of bPET and ePET  
No. of patients: 17, retrospective  
Treatment: R-CHOP-14, R-CVP, R-CT + auto-Tx

## Results:

Baseline 80 % discordant, 73% pts. more lesions on PET  
40 % upstaging of Ann Arbor stage  
0 % change in FLIPI (median FLIPI: 3)

End-of-treatment PET	<u>No.</u>	<u>PFS</u>	<u>OS</u>	<u>3-yr-PFS</u>
Negative	13	38 mo.	44 mo.	~ 75 %
Positive	4	19 mo.	31 mo.	~ 25 %

Conclusions: bPET is more sensitive than CT → 40 % upstaging  
ePET is a good predictor of survival  
Best care for pts. with positive ePET ?

# End-of-treatment PET/CT – HL

*B3: Vassilakopoulos et al, Athens, Greece*

Entity / study goal:	HL / prognostic factors in ePET-negative pts.
Patient selection:	ePET/CT negative
No. of patients:	229 (stage I/II: 73 %; I/IV: 27 %), retrospective
Treatment:	4 – 8 x ABVD ± RT (stage I/II: 95 %, III/IV: 11 %)
<u>Results:</u>	<u>4-yr. RFS</u>
Stage I/II	96 %
Stage III/IV	81 % (stage III: 88 %; stage IV: 70 %)
< 5 sites	93 %
> 5 sites	85 %

Only independent risk factor: **stage III/IV** vs. stage I/II

## Conclusions:

Stage I/II:	ePET predicts excellent outcome, no follow-up imaging
Stage III/IV:	higher relapse rate despite neg. ePET, follow-up imaging

# End-of-treatment PET/CT – BL

*B10: Eugène et al, Nantes, France*

Entity / study goal: BL / comparison convent. staging, prognostic impact  
Patient selection: children, mean age 9 years  
No. of patients: 18, prospective  
Treatment: LMB2001 (stage II: 2; III: 3; IV: 4 cycles)

## Results:

### Conventional Staging

		<u>neg</u>	<u>pos</u>	
PET Staging	neg	9	2	(2/2 CS pos. → neg. biopsy)
	pos	1	7	(1/7 PET pos. → pos. biopsy)

	<u>PET</u>	<u>CS</u>
NPV	100 %	81 %
PPV	25 %	11 %

Conclusions: High NPV for PET → no biopsy required for PET-neg. lesions  
Low PPV for PET → biopsy recommended for PET-pos. lesions

# End-of-treatment PET/CT – NHL in Sjögren's

*B4: Ziakas et al, Athens, Greece*

Entity: Sjögren's-associated NHL (6 MALT, 1 DLBCL, 1 SL)  
Study goal: correlation with biopsy (lymphoma vs. inflammation)  
No. of patients: 8, prospective  
Treatment: immunochemotherapy

## Results:

Median SUVmax 3.05  
Median Tarpley score 2.5 } → strong correlation inflammation - SUV

2 / 8 residual MALT on biopsy, SUVmax 3.8 + 4.2

SUVmax > 3.0: Sensitivity (for residual lymphoma) 100 %, specificity 67 %

SUVmax ≤ 3.0: NPV 100 %

Conclusions: ePET confounded by Sjögren's inflammatory activity.  
Biopsy required for differentiation lymphoma vs. inflammation.  
Biopsy may be unnecessary at very low SUVmax.



# PET in lymphoma

## *Clinically oriented studies*

### **Brief presentations**

- B6. Vassilakopoulos et al, Athens, Greece  
Prognostic significance of post-rituximab-CHOP (R-CHOP) PET/CT in [primary mediastinal large B-cell lymphoma](#) (PMLBCL)
  
- B7. Ceriani et al, Bellinzona, Switzerland  
PET/CT response analysis in [primary mediastinal diffuse large B-cell lymphoma](#) (PMBL): results of the IELSG-26 study
  
- B11. Cimarelli et al, Lyon, France  
The role of FDG PET in immunocompetent patients with [primary central nervous system lymphoma](#).