

## Deauville, April 3, 2009, Consensus Meeting on Interim PET/CT in Lymphoma

- The use of interim PET to assess early response is increasing.
- It is therefore necessary to standardize response criteria for the interim setting.
- The current published criteria were not intended for interim analysis.
- The criteria should be simple, reproducible, easy to implement and relevant for prognosis.
- These criteria should be validated in a large cohort of patients.

# Consensus Committee

## Hematologists- Oncologists

- **L Sehn**, Vancouver, C, **C.Haioun** Creteil, F , **JM Zijlstra**, Amsterdam, N ,**A. Gallamini**, Cuneo , **M Hutchings**, Copenhagen, **G. Mikhaeel**, London, **U Dührsen**, Essen, **A Huttmann**, Essen, **A Polliack**, Jerusalem, **P. Brice** (GELA), **M. André** (GELA), **N. Mounier** (GELA), **O. Casasnovas** (GELA), **F. Morschhauser** (GELA), **Terasawa T**, Nagoya, Boston

## Nuclear Medicine Physicians

- **R Boellaard**, Amsterdam , **S Bardet**, Caen (GELA) , **P Vera** , Rouen (GELA), **Van der Boght Th** Louvain (GELA), **A. Biggi**, Cuneo, **M. Meignan**, Crétei (GELA) , **E Itti**, Créteill (GELA), **S P Müller** Essen, **M O'Doherty**, London, **F. Kraber Bodere**, Nantes

# Deauville guidelines

The two groups of experts met separately and then joined to reach the following consensus:

- A baseline PET/CT should be performed prior to initiation of therapy.
- An interim PET is performed early during induction chemotherapy.
- Preservation of the continuous nature of the data instead of reporting a binary decision, i.e. either an ordinal visual score or SUV data is recommended.

# Deauville guidelines

- A visual analysis using a five points scale is first applied.
- The preferable reference would be the mediastinum and the liver.

## Five points scale

1. No uptake
2. Uptake  $\leq$  mediastinum
3. Uptake  $>$  mediastinum but  $\leq$  liver

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4. Uptake moderately increased above liver at any site
5. Markedly increased uptake at any site including new sites of disease

# Deauville guidelines

- For categories 2-4 , correction methods of the  $SUV_{max}$  should be investigated.
- For therapeutic decisions, a cut off should be determined according to the clinical strategy (lymphoma subtypes, (de)-escalation of therapy).

# Five points scale

1. No uptake

2. Uptake  $\leq$  mediastinum

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3. Uptake  $>$  mediastinum but  $\leq$  liver

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4. Uptake moderately increased above liver at any site

5. Markedly increased uptake at any site including new sites of disease