Discussion - HL

Central and local rv similar

Best agreement 1,2,3 vs 4,5

Best trade off for high PPV with high NPV

BUT Higher NPV using 1,2 for de-escalation

Also data emerging suggest DS5 worst prognosis- RAPID, RATHL, FIL HD0801, 0607

RATHL : Agreement between central and local reporters in 300 PET2 scans

LIVER

Local \ Central	Positive	Negative
Positive	54	15
Negative	9	222

Agreement : 276/300; Kappa = 0.77 (0.68-0.86)

MBP

Local \ Central	Positive	Negative
Positive	85	12
Negative	39	164

Agreement : 249/300; Kappa = 0.64 (0.55-0.73)

1-5

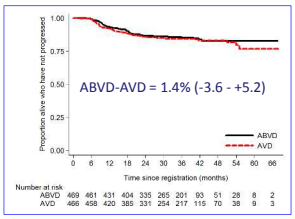
Local score \ Central score	1	2	3	4	5
1	55	59	15	2	0
2	3	47	20	2	0
3	3	1	19	5	0
4	3	5	7	34	2
5	0	0	0	4	14

Barrington SF et al Blood 2016

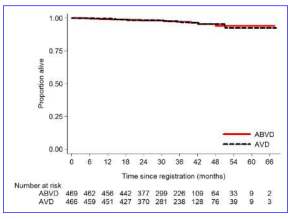
RATHL trial

(Median follow up 36.3 months)

PFS for PET negative patients
Intention to treat analysis:



OS for PET negative patients



HR: 1.11 (0.79 – 1.54), p = 0.53
3 Year PFS, ABVD: **85.4% (95% CI: 81.6 – 88.5)**
3 Year PFS, AVD: **84.4% (95% CI: 80.7 - 87.6)**

ABVD: 97.1 (94.7 – 98.4)
AVD: 97.4 (95.0 – 98.6)

Association between baseline factors and PFS following negative PET-2

		Hazard ratio (95% CI)	p	3 year PFS %
Stage	II	1.00	0.008	88.8
	III	1.64 (1.09-2.47)		84.0
	IV	1.85 (1.23-2.81)		80.0
IPS	0-2	1.00	0.043	86.7
	≥3	1.41 (1.01-1.97)		81.6
Bulk	-	1.00	0.263	87.8
	+	0.80 (0.55-1.18)		83.8
PET-2 score	1	1.00	0.555	87.9
	2	1.09 (0.62-1.90)		85.4
	3	1.28 (0.72-2.27)		83.4

Johnson P et al N Engl J Med 2016; 374:2419-2429

Discussion HL

iPET negative : > 90 -100 % chance of being EOT –ve
? Related to prognosis and stage

	iPET -ve	EOT +ve	
Stroebel 2007	31/38	0	IHP
Hutchings 2006	61/77	1	-ve/+ve
Hutchings 2005	27 –ve and had iPET and EOT scans 9 'MRU'	0 1	-ve/MRU/+ve
Zinzani 2012	128/147 early stage 123/157 advanced	3 (PD)(2%) 10 (PD) (8%)	-ve including MRU/+ve

Discussion DLBCL

iPET negative : > 90 -100 % chance of being EOT –ve
? Related to prognosis and stage

	iPET -ve	EOT +ve	
Mamot 2007	55/138	0	Local and DC
Huntington 2015	57/94	0	-IHP
Carr 2015	209/327	13 (6%)	-ve/MRU/+ve

Discussion FL

- Use of PET and the DC in FL lags behind
- Funding more limited
- Than either HL or DLBCL
- Limited utility of iPET
- At EOT DC little used but should be
- Best cut off 1,2,3 vs 4,5
- We should be encouraging use of DC in EOT reports where we can get the scans