



Special Track Session 11

Oncology & Theranostics Committee

Tuesday, October 7, 15:00 – 16:30

Session Title

Challenge the Expert: Lymphoma Evaluation: Do we need to go Beyond the Deauville Score?

Moderators

Cristina Nanni (Bologna, Italy)

David Morland (Reims, France)

Expert

Carsten Kobe (Cologne, Germany): How to interpret PET/CT in lymphoma in daily routine and clinical trials

Challengers: Team Nantes

Raphael Metz (Nantes, France)

Chloé François (Nantes, France)

Rachel Bardy (Nantes, France)

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Dominic Ufton (Cologne, Germany)

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Educational Objectives

1. Recommendations using deauville scale
2. Use of delta-SUV in DLBCL
3. Use of modified Deauville scale in advanced Hodgkin (140% liver background for Deauville 4)
4. PET at the era of new immunotherapeutics(Car-T cells, bispecific antibodies)
5. Perspective using TMTV in clinical practice

Summary

In malignant lymphoma, [18F]FDG PET/CT is seen as essential for staging and for early and late therapy response assessment. The Lugano recommendations issued in 2014 are still the current reference, with some adjustments and developments made over the years and publications.

Today, [18F]FDG PET/CT is recommended for staging Hodgkin's disease, DLBCL, follicular lymphoma and other FDG-avid lymphomas including T-cell lymphomas and marginal zone lymphomas. [18F]FDG PET/CT is recommended to guide biopsy in cases of suspicion of aggressive transformation of a low-grade entity . Although numerous studies have demonstrated the prognostic value of tumor burden using TMTV at diagnosis, its role in therapeutic management is not yet well established. The Deauville scale is recommended for the therapeutic evaluation of lymphomas, using level 4 as the best positivity threshold.



For intermediate therapeutic evaluation, Hodgkin's disease and DLBCL are the only 2 entities for which the relevance of PET-guided therapeutic strategies (de-escalation for Hodgkin's disease in the AHL 2011 study and escalation for DLBCL in the Gained study) has been demonstrated using specific interpretation criteria. [18F]FDG PET/CT should be performed at the end of treatment in all FDG-avid lymphoma entities in order to validate complete metabolic response. The Deauville 1-2-3 versus 3-4 scale is still the reference at this stage of treatment (Lugano).

In line with its essential role in managing lymphoma, [18F]FDG PET/CT is also the preferred imaging modality for assessing patients both prior to and following CAR T-cells therapy.

Key Words

Lymphoma; Deauville scale; Delta-SUV; TMTV; Car-t cells