

Avaliação do Doente Oncológico

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A determinação do tratamento oncológico depende da gravidade da doença

Evitar:

- Sub-tratamento (risco de recidiva)
- Hipertratamento (aumento da morbilidade)

O prognóstico da doença oncológica depende:

- Extensão da doença (Estadiamento)
- Estado geral de saúde do doente
- Resposta à terapêutica

1. ESTADIAMENTO

Tumores sólidos:

- Sistema TNM (principal)
- American Joint Committee on Cancer (AJCC)
- Fédération Internationale de Obstétriciens et Gynécologues (FIGO)
- Outras (específicas)

Tumores hematológicos:

- Sistemas específicos



UNION FOR INTERNATIONAL
CANCER CONTROL

TNM Classification of MALIGNANT TUMOURS

Eighth Edition

Edited by James D. Brierley,
Mary K. Gospodarowicz and Christian Wittekind



WILEY Blackwell

1. ESTADIAMENTO

Vantagens do Estadiamento:

- Orientação diagnóstica
- Determinação da terapêutica
- Definição do prognóstico
- Uniformização de linguagem
- Comparação de resultados
- Orientação para a investigação

1. ESTADIAMENTO

Desvantagens do Estadiamento:

- Não considera:
 - Variabilidade regional e racial
 - sexo e a idade
- Desvaloriza:
 - Fatores moleculares de prognóstico
 - Variabilidade tumoral

1. ESTADIAMENTO

Atualização do Estadiamento (4-8 anos):

- Estudos retrospectivos clínicos
- Ensaaios clínicos
- “Ciências Básicas”

1. ESTADIAMENTO

Tumores Sólidos: Sistema TNM

- T: Tumor
- N: Gânglios linfáticos
- M: Metástases

1. ESTADIAMENTO

Tumores Sólidos: Sistema TNM

O Estadiamento pode ser:

- Clínico (apoio de imagiologia)
- Cirúrgico (pTNM)

O Estadiamento nunca se altera ao longo da evolução da doença

1. ESTADIAMENTO

Sistema TNM: T (tumor)

- TX: Tumor não determinado
- T0: Sem evidência de tumor primário
- Tis: Tumor in-situ
- T1; T2; T3; T4: Gravidade progressiva

Inclui:

- Localização do tumor primário
- Tipo histopatológico do tumor
- Grau de diferenciação do tumor

1. ESTADIAMENTO

Sistema TNM: N (gânglios linfáticos)

- NX: Não foi determinado
- N0: Sem evidência de tumor
- N1; N2; N3: Gravidade progressiva

1. ESTADIAMENTO

Sistema TNM: M (metástases)

- MX: Não foram procuradas
- M0: Ausências de metástases
- M1: Metástases (indicar localizações)

1. ESTADIAMENTO

Sistema TNM: Organização por Estádios

- Estádio 0: Tumor in-situ
- Estádio I :Doença localizada
- Estádio II :Doença localizada/ regional
- Estádio III: Doença regional
- Estádio IV: Doença metastizada

TABLE 1: TNM staging of pancreatic tumors**Primary tumor (T)**

TX	Primary tumor cannot be assessed
T0	No evidence of a primary tumor
Tis	Carcinoma in situ ^a
T1	Tumor limited to the pancreas, ≤ 2 cm in diameter
T2	Tumor limited to the pancreas, > 2 cm in diameter
T3	Tumor extends beyond the pancreas but without involvement of the celiac axis or the superior mesenteric artery
T4	Tumor involves the celiac axis or the superior mesenteric artery (unresectable primary tumor)

Regional lymph nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node(s) metastasis
N1	Regional lymph node(s) metastasis

Distant metastasis (M)

M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)
M1	Distant metastasis

Stage grouping

Stage 0	Tis	N0	M0
Stage IA	T1	N0	M0
Stage IB	T2	N0	M0
Stage IIA	T3	N0	M0
Stage IIB	T1–3	N1	M0
Stage III	T4	Any N	M0
Stage IV	Any T	Any N	M1

^a This also includes the “PanINIII” classification

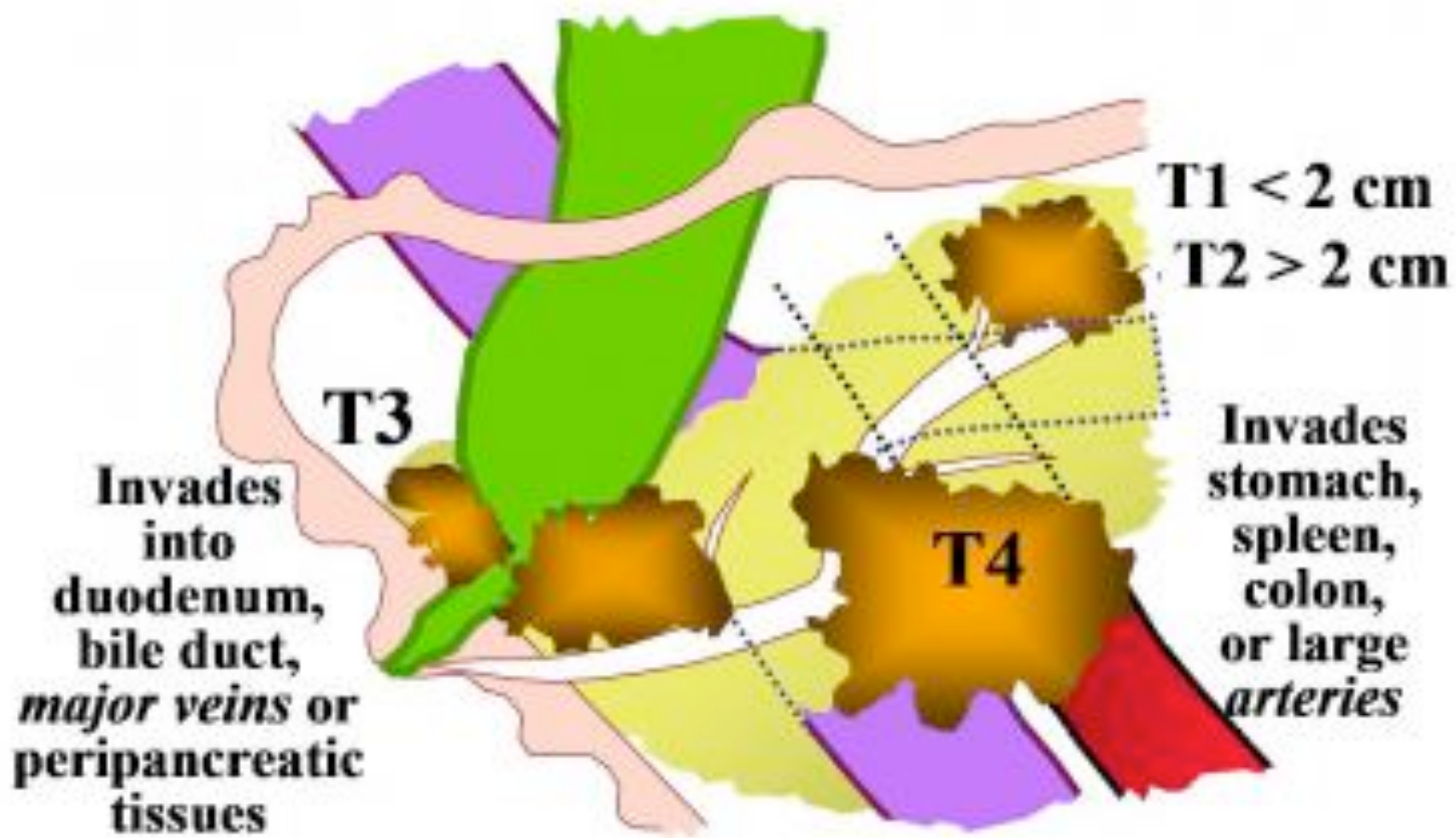


TABLE 2: TNM staging of intrahepatic bile duct cancer**Primary tumor (T)**

TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ (intraductal tumor)
T1	Solitary tumor without vascular invasion
T2a	Solitary tumor with vascular invasion
T2b	Multiple tumors, with or without vascular invasion
T3	Tumor perforating the visceral peritoneum or involving the local extrahepatic structures by direct invasion
T4	Tumor with periductal invasion

Regional lymph nodes (N)

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis
N1	Regional lymph node metastasis present

Distant metastasis (M)

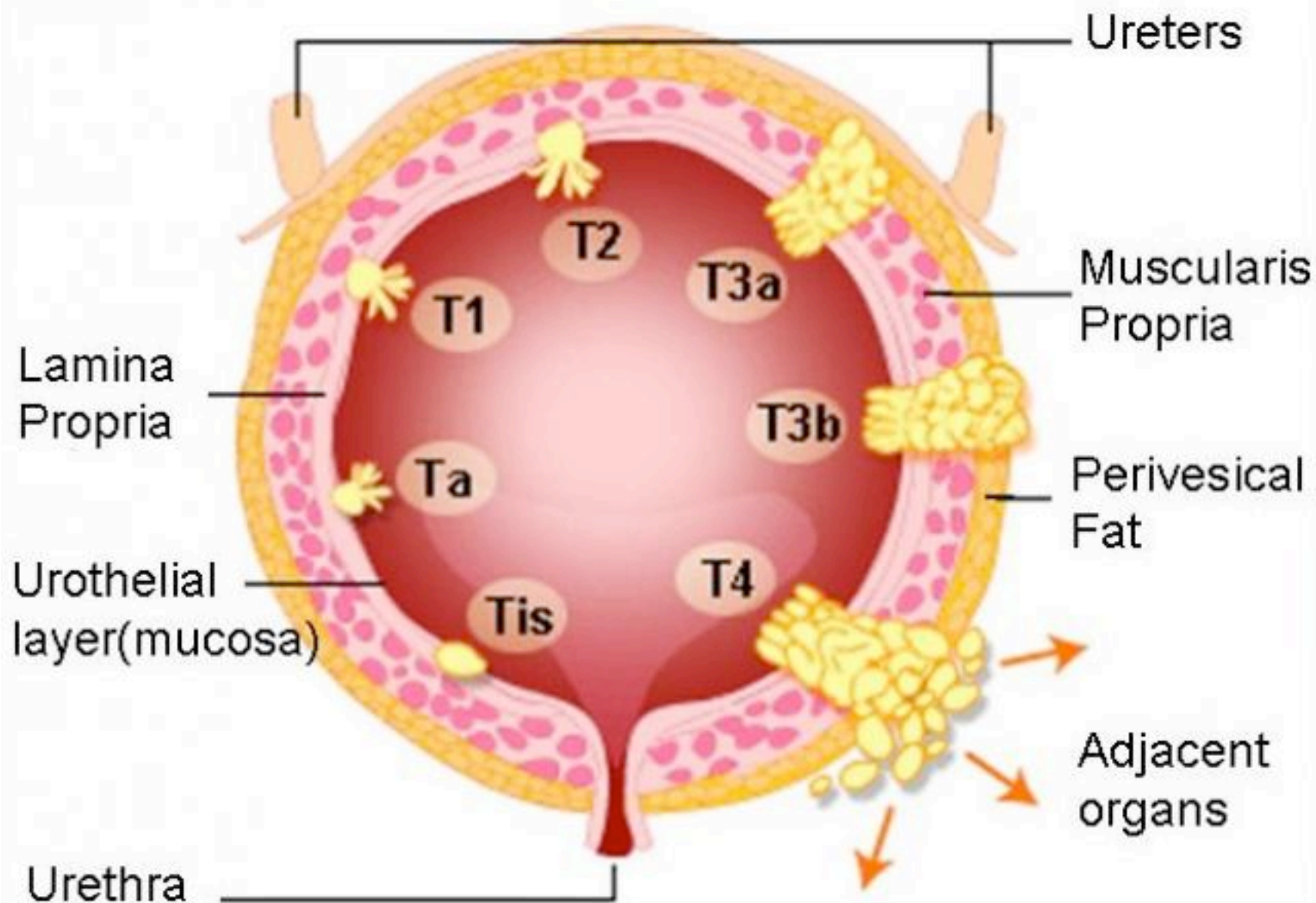
M0	No distant metastasis
M1	Distant metastasis

Stage grouping

Stage 0	Tis	N0	M0
Stage I	T1	N0	M0
Stage II	T2	N0	M0
Stage III	T3	N0	M0
Stage IVA	T4	N0	M0
	Any T	N1	M0
Stage IVB	Any T	Any N	M1

From Edge SB, Byrd DR, Compton CC, et al (eds): AJCC Cancer Staging Manual, 7th ed. New York, Springer, 2010.

BLADDER CANCER STAGING (TNM)



1. ESTADIAMENTO

Classificação específica: Dukes

Cancro Colo-rectal

Table 1 Staging of colorectal cancer		
AJCC/Dukes' stage	Anatomical extent of disease	5-year overall survival
I/A	Confined to mucosa (T1) or muscularis propria (T2) No nodal involvement No distant metastases	93.2%
II/B	Tumour penetrates muscularis (T3) or invades adjacent organs or structures (T4) No nodal involvement No distant metastases	82.5%
III/C	Any tumour stage Nodal metastases No distant metastases	59.5%
IV/D	Any tumour stage Any nodal status Distant metastases	8.1%

1. ESTADIAMENTO

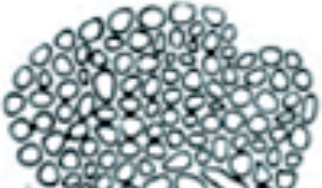




Medscape®		www.medscape.com		
Dukes	AC	MAC	TNM	Description
A	A	A	T ₁ N ₀	Node-negative; limited to mucosa
	B ₁	B ₁	T ₂ N ₀	Node-negative; penetration into submucosa, not through muscularis propria
B	B ₂	B ₂	T ₃ N ₀	Node-negative; penetration through muscularis propria
		B ₃	T ₄ N ₀	Node-negative; penetration through muscularis propria, adherence to or invasion of surrounding organs or structures
C	C ₁	C ₁	T ₁₋₂ N ₁	Node-positive; limited to bowel wall
	C ₂	C ₂	T ₃ N ₁	Node-positive; penetration through muscularis propria
		C ₃	T ₄ N ₁	Node-positive; penetration through muscularis propria and adherence to, or invasion of, surrounding organs/structures

AC, Astler–Coller; MAC, modified Astler–Coller; T, tumour; N, node; M, metastasis

1. ESTADIAMENTO

Classificação específica: Gleason

Cancro da Próstata

	①	Small, uniform glands with minimal nuclear changes
	②	Medium-sized acini, still separated by stroma but more closely arranged
	③	The most common finding in prostate cancer biopsies, show marked variation in glandular size and organisation with infiltration of stroma and neighbouring tissues
	④	Markedly atypical cells with extensive infiltration into surrounding tissues
	⑤	Sheets of undifferentiated cancer cells ⁶

GLEASON SCORES IN CATEGORICAL ORDER

Gleason X	Gleason score cannot be determined
Gleason 6 or less	The tumor tissue is well differentiated, less aggressive and likely to grow more slowly
Gleason 7	The tumor tissue is moderately differentiated, moderately aggressive and likely to grow but may not spread quickly
Gleason 8-10	The tumor tissue is poorly differentiated or undifferentiated, highly aggressive and likely to grow faster and spread

T Categories

- TX: Primary tumor cannot be assessed
- T1: Clinically inapparent tumor neither palpable nor visible by imaging
- T1a: Tumor incidental histologic finding in 5% or less of tissue resected
- T1b: Tumor incidental histologic finding in more than 5% of tissue resected
- T1c: Tumor identified by needle biopsy
- T2: Tumor confined within prostate
- T2a: Tumor involves 50% or less of one lobe
- T2b: Tumor involves more than 50% of one lobe but not both lobes
- T2c: Tumor involves both lobes
- T3: Tumor extends through the prostate capsule
- T3a: Extracapsular extension (unilateral or bilateral)
- T3b: Tumor invades seminal vesicle(s)
- T4: Tumor is fixed or invades adjacent structures other than seminal vesicles

N Categories

- NX: Regional lymph nodes were not assessed
- N0: The cancer has not spread to lymph nodes
- N1: The cancer has spread to lymph nodes

M Categories

- MX: Distant metastasis cannot be assessed
- M0: No distant metastasis
- M1: Distant metastasis
- M1a: The cancer has spread to distant lymph nodes
- M1b: The cancer has spread to bone(s)
- M1c: The cancer has spread to other organs (e.g., lungs, liver, brain)

TNM: tumor-node-metastasis.

TABLE 2: TNM staging system of prostate cancer, 2010 updates^a**Anatomic Stage/Prognostic Groups**

GROUP	T	N	M	PSA	Gleason
Stage I	T1a–c	NO	M0	PSA < 10	Gleason ≤ 6
	T2a	NO	M0	PSA < 10	Gleason ≤ 6
	T1–2a	NO	M0	PSA X	Gleason X
Stage IIA	T1a–c	NO	M0	PSA < 20	Gleason 7
	T1a–c	NO	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	NO	M0	PSA < 20	Gleason ≤ 7
	T2b	NO	M0	PSA < 20	Gleason ≤ 7
	T2b	NO	M0	PSA X	Gleason X
Stage IIB	T2c	NO	M0	Any PSA	Any Gleason
	T1–2	NO	M0	PSA ≥ 20	Any Gleason
	T1–2	NO	M0	Any PSA	Gleason ≥ 8
Stage III	T3a–b	NO	M0	Any PSA	Any Gleason
Stage IV	T4	NO	M0	Any PSA	Any Gleason
	Any T	N1	M0	Any PSA	Any Gleason
	Any T	Any N	M1	Any PSA	Any Gleason

From Edge SB, Byrd DR, Compton CC, et al (eds): AJCC Cancer Staging Manual, 7th ed. New York, Springer, 2010.

^aWhen either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.

1. ESTADIAMENTO

Classificação específica: Clark / Berslow

Melanoma Cutâneo

Clark Level	Histological tumour characteristics
Level 1	Confined to the epidermis; “ <i>in situ</i> ” melanoma
Level 2	Invasion of the papillary dermis
Level 3	Filling of the papillary dermis but not extending to the reticular dermis
Level 4	Invasion of the reticular dermis
Level 5	Invasion of the deep, subcutaneous tissue

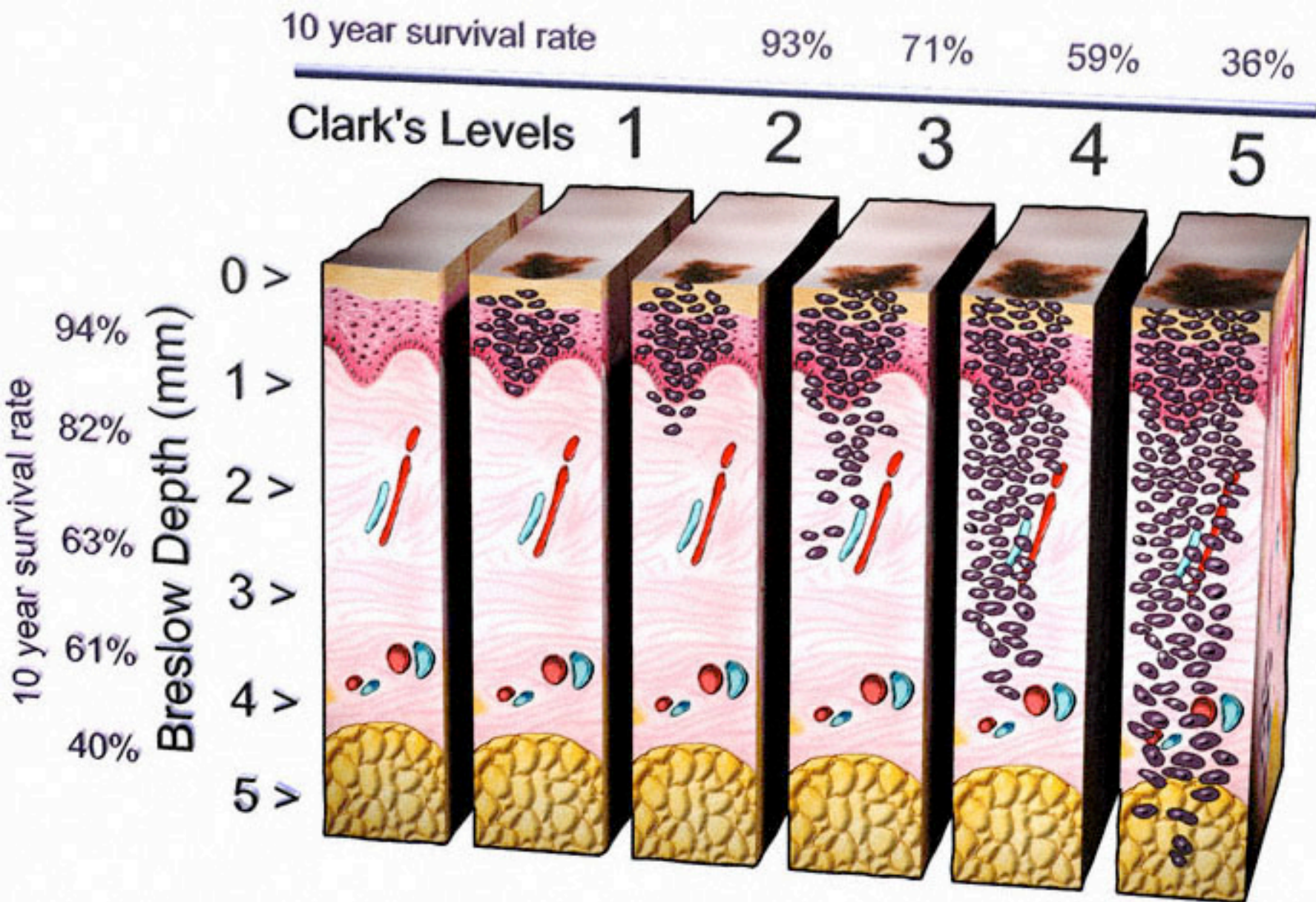


Table 2: TMN Classification of Melanoma

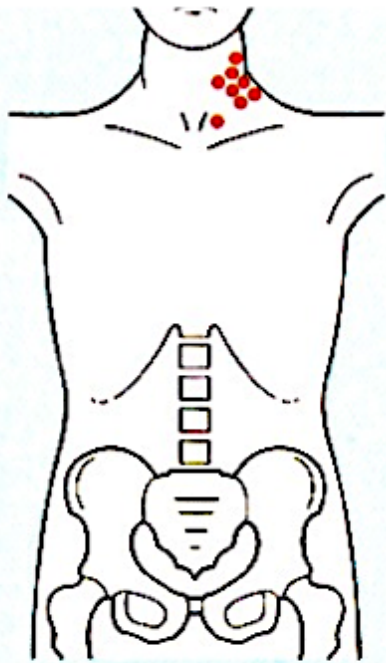
Primary tumor (T)		Regional lymph nodes (N)			
Tx	Primary tumor cannot be assessed (eg, shave biopsy or regressed melanoma)	Nx	Regional lymph nodes cannot be assessed	N2	Metastasis in two to three regional nodes or intra-lymphatic regional metastasis without nodal metastases
T0	No evidence of primary tumor	N0	No regional lymph node metastasis	N2a	Clinically occult (microscopic) metastasis
Tis	Melanoma in situ	N1	Metastasis in one lymph node	N2b	Clinically apparent (macroscopic) metastasis
T1	Melanoma ≤ 1.0 mm in thickness, with or without ulceration	N1a	Clinically occult (microscopic) metastasis	N2c	Satellite or in-transit metastasis without nodal metastasis
T1a	Melanoma ≤ 1.0 mm in thickness and Clark's level II or III, no ulceration	N1b	Clinically apparent (macroscopic) metastasis	N3	Metastasis in four or more regional nodes, or matted metastatic nodes, or in-transit metastasis or satellite(s) with metastasis in regional node(s)
T1b	Melanoma ≤ 1.0 mm in thickness and Clark's level IV or V or with ulceration	Distant metastasis (M)			
T2	Melanoma 1.01–2.0 mm in thickness, with or without ulceration	Mx	Distant metastasis cannot be assessed		
T2a	Melanoma 1.01–2.0 mm in thickness, no ulceration	M0	No distant metastasis		
T2b	Melanoma 1.01–2.0 mm in thickness, with ulceration	M1	Distant metastasis		
T3	Melanoma 2.01–4.0 mm in thickness, with or without ulceration	M1a	Metastasis to skin, subcutaneous tissues, or distant lymph nodes		
T3a	Melanoma 2.01–4.0 mm in thickness, no ulceration	M1b	Metastasis to lungs		
T3b	Melanoma 2.01–4.0 mm in thickness, with ulceration	M1c	Metastasis to all other visceral sites or distant metastasis at any site associated with an elevated serum lactic dehydrogenase (LDH) level		
T4	Melanoma > 4.0 mm in thickness, with or without ulceration				
T4a	Melanoma > 4.0 mm in thickness, no ulceration				
T4b	Melanoma > 4.0 mm in thickness, with ulceration				

1. ESTADIAMENTO

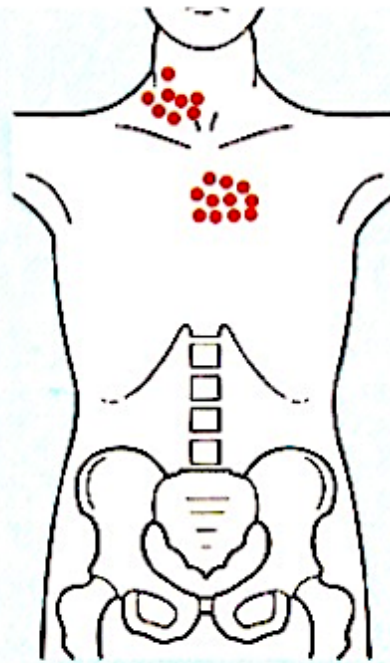
Tumores Hematológicos

- Linfomas Não-Hodgkin (Ann Arbor)
- Linfoma de Hodgkin (Cotswold)
- Leucemias

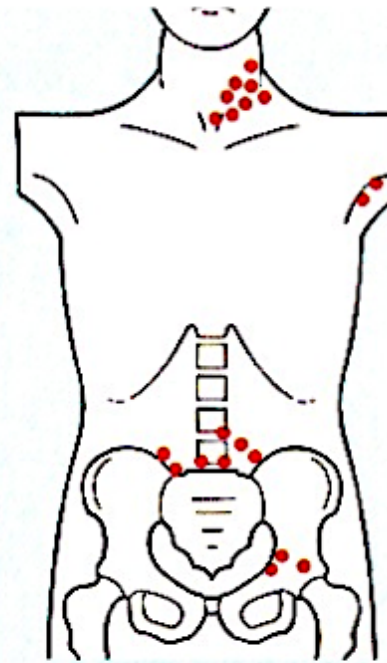
Linfomas Não-Hodgkin (Classificação de Ann Arbor)



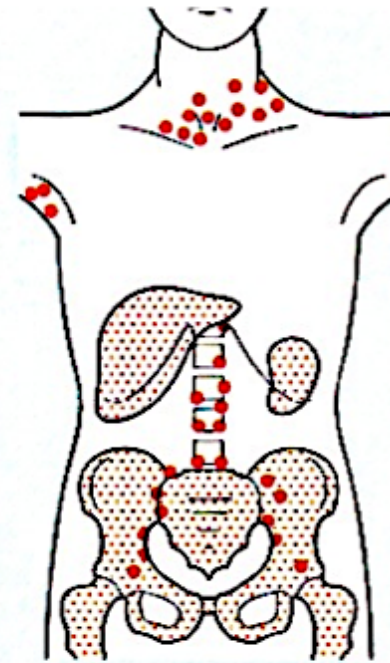
Stage I:
involvement of single lymph node region or single extralymphatic site (I_E)



Stage II:
involvement of two or more lymph node regions on same side of diaphragm; may include localized extralymphatic



Stage III:
involvement of lymph node regions on both sides of the diaphragm; may include spleen (III_S) or localized



Stage IV:
diffuse extralymphatic disease (e.g. in liver, bone marrow, lung, skin)

Linfoma Hodgkin (Classificação de Ann Arbor/Cotswold)

	Description
Stage I	Involvement of a single lymph node region or lymphoid structure (eg, spleen, thymus, Waldeyer ring)
Stage II	Involvement of 2 or more lymph node regions on the same side of the diaphragm
Stage III	Involvement of lymph node regions on both sides of the diaphragm III1: With or without involvement of spleen or hilar, celiac, or portal nodes III2: With involvement of para-aortic, iliac, or mesenteric nodes
Stage IV	Involvement of extranodal site(s) beyond that designated E
A	No symptoms
B	Unexplained fever $\geq 101.5^{\circ}\text{F}$, drenching night sweats, loss of $>10\%$ body weight within the previous 6 mo
X	Bulky disease: $>1/3$ the width of the mediastinum; >10 cm maximal dimension of nodal mass
E	Involvement of a single extranodal site, contiguous or proximal to a known nodal site
CS	Clinical stage
PS	Pathologic stage

Acute Leukemia

Prognosis :

1- ALL :

- Prognosis Varies from Poor to Good According to :

1- Type of Cytogenetic abnormalities

2- Diploidy , Hyper or Hypo

3- Metastasis

Cytogenetic change	Risk category
t(4;11)(q21;q23)	Poor prognosis
t(8;14)(q24.1;q32)	Poor prognosis
Complex karyotype (more than four abnormalities)	Poor prognosis
Low hypodiploidy or near triploidy	Poor prognosis
High hyperdiploidy (specifically, trisomy 4, 10, 17)	Good prognosis
del(9p)	Good prognosis

Staging of Typical B Cell Lymphoid Leukaemia

Stage	Clinical Features	Median Survival, Years
RAI System		
0. Low risk	Lymphocytosis only in blood and marrow	>10
I: Intermediate risk	Lymphocytosis + lymphadenopathy	7
II Intermediate risk	Lymphocytosis + splenomegaly /hepatomegaly	
III: High risk	Lymphocytosis + anemia	1.5
IV High risk	Lymphocytosis + thrombocytopenia	
Binet System		
A	❖ Fewer than 3 areas of clinical lymphadenopathy. ❖ no anemia or thrombocytopenia	>10
B	❖ Three or more involved node areas; ❖ no anemia or thrombocytopenia	7
C	❖ Hemoglobin 10 g/dL and/or ❖ platelets <100,000/L	2

2. AVALIAÇÃO DO ESTADO GERAL (“Performance Status”)

É um indicador indireto do estado de saúde do doente

2. AVALIAÇÃO DO ESTADO GERAL (“Performance Status”)

Vantagens:

- É fator de prognóstico
- Influencia a conduta terapêutica
- Permite a comparação entre grupos de doentes
- É indispensável na Investigação Clínica

2. AVALIAÇÃO DO ESTADO GERAL (“Performance Status”)

Desvantagens:

- Não considera as patologias subjacentes
- Não valoriza deficiências físicas anteriores
- Exclui condições sociais e psicológicas
- Não avalia a percepção da qualidade de vida

2. AVALIAÇÃO DO ESTADO GERAL (“Performance Status”)

Tipos de Escalas:

- Karnofsky
- ECOG (Eastern Cooperative Oncology Group) - OMS/Zubrod
- Lansky (crianças)
- Cuidados paliativos

Figura 1. Escala de Performance de Karnofsky

100%	Sem sinais ou queixas, sem evidência de doença.
90%	Mínimos sinais e sintomas, capaz de realizar suas atividades sem esforço.
80%	Sinais e sintomas maiores, realiza suas atividades com esforço.
70%	Cuida de si mesmo, não é capaz de trabalhar.
60%	Necessita de assistência ocasional, capaz de trabalhar.
50%	Necessita de assistência considerável e cuidados médicos frequentes.
40%	Necessita de cuidados médicos especiais.
30%	Extremamente incapacitado, necessita de hospitalização, mas sem iminência de morte
20%	Muito doente, necessita suporte
10%	Moribundo, morte iminente

Initial questions	Follow-up questions	Symptom characterization	KPS %	Comments
<p>Is the patient able to carry on with his/her normal work or activity?</p> <p>YES →</p> <p>NO ↓</p> <p>Is the patient bedridden for more than half a day?</p> <p>YES →</p>	<p>A Does the patient have symptoms? (pain, loss or gain of weight, reduced energy etc.)</p>	No symptoms.	100	Normal, no complaints, no evidence of disease.
		Mild symptoms.	90	Able to carry on normal activity, minor signs or symptoms of disease.
		Moderate symptoms.	80	Normal activity with effort, some signs or symptoms of disease.
	<p>B Does the patient need assistance? (grooming, food intake, dressing, other daily activities)</p>	No assistance.	70	Cares for self, unable to carry on normal activity or to do active work.
		Occasional assistance.	60	Requires occasional assistance, but is able to care for most of his needs.
		Considerable assistance.	50	Requires considerable assistance and frequent medical care.
	<p>C What is the patient's degree of disability in terms of bed confinement?</p>	Bedridden in more than 50 % of the time.	40	Disabled, requires special care and assistance.
		Almost completely bedridden.	30	Severely disabled, hospitalization is indicated although death not imminent.
		Completely bedridden and dependent upon extensive nursing care by professionals and/or family.	20	Hospitalization necessary, very sick, active supportive treatment necessary.
		Completely bedridden <i>and</i> comatose or barely arousable.	10	Moribund, fatal processes progressing rapidly.
		Dead.	0	Dead.

ECOG –PS (Eastern Cooperative Oncology Gruoup Performance Status Scale)

- 0 Atividade normal.
 - 1 Sintomas de doença, mas deambula e realiza suas atividades normalmente.
 - 2 Fora do leito mais de 50% do tempo.
 - 3 No leito mais de 50% do tempo, carente de cuidados intensivos.
 - 4 Restrito ao leito.
-

ECOG	KARNOFSKY
0: fully active , able to carry on all predisease performance without restriction.	100% - Normal ; no complaints; no evidence of disease. 90% - Able to carry on normal activity ; minor signs or symptoms of disease
1 – Symptomatic but completely ambulatory (Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature. For example, light housework, office work)	80 %- Normal activity with effort ; some signs or symptoms of disease . 70% - Cares for self ; unable to carry on normal activity or to do active work
2 – Symptomatic, <50% in bed during the day Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours)	60% - Requires occasional assistance , but is able to care for most of his personal needs. 50 %- Requires considerable assistance and frequent medical care.
3 – Symptomatic, >50% in bed, but not bedbound (Capable of only limited self-care, confined to bed or chair 50% or more of waking hours)	40% - Disabled ; requires special care and assistance. 30% - Severely disabled ; hospital admission is indicated although death not imminent.
4 – Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)	20% - Very sick ; hospital admission necessary; active supportive treatment necessary. 10% - Moribund ; fatal processes progressing rapidly.
5 – Death	0 - Dead

Score	Lansky Performance Status Scale Definitions (circle from 0–100)	Karnofsky Performance Status Scale Definitions (circle from 0–100)
100	Fully active, normal	Normal; no complaints; no evidence of disease
90	Minor restrictions in physically strenuous activity	Able to carry on normal activity; minor signs or symptoms of disease
80	Active, but tires more quickly	Normal activity with effort; some signs or symptoms of disease
70	Both greater restriction of and less time spent in play activity	Cares for self; unable to carry on normal activity or to do active work
60	Up and around, but minimal active play; keeps busy with quieter activities	Requires occasional assistance but is able to care for most personal needs
50	Gets dressed but lies around much of the day, no active play but able to participate in all quiet play and activities	Requires considerable assistance and frequent medical care
40	Mostly in bed; participates in quiet activities	Disabled; requires special care and assistance
30	In bed; needs assistance even for quiet play	Severely disabled; hospital admission is indicated although death not imminent
20	Often sleeping; play entirely limited to very passive activities	Very sick; hospital admission necessary; active supportive treatment necessary
10	No play; does not get out of bed	Moribund; fatal processes progressing rapidly
0	Unresponsive	Dead

**TABLA
1** **Palliative Performance
Status (PPS)**

Porcentaje	Deambulación	Actividad y evidencia de enfermedad	Independencia para autocuidados	Ingesta oral	Nivel de conciencia
100	Completa	Actividad normal, sin evidencia de enfermedad	Completa	Normal	Normal
90	Completa	Actividad normal, alguna evidencia de enfermedad	Completa	Normal	Normal
80	Completa	Actividad normal con esfuerzo, alguna evidencia de enfermedad	Completa	Normal o reducida	Normal
70	Reducida	Incapaz de trabajar, alguna evidencia de enfermedad	Completa	Normal o reducida	Normal
60	Reducida	Incapaz de desempeñarse en <i>hobbies</i> y trabajo doméstico, evidencia significativa de enfermedad	Necesita ayuda ocasional	Normal o reducida	Normal o confusión
50	Principalmente sentado o echado	Incapaz de realizar cualquier trabajo, enfermedad extendida	Necesita ayuda considerable	Normal o reducida	Normal o confusión
40	Principalmente en cama	Incapaz de realizar cualquier trabajo, enfermedad extendida	Necesita ayuda principalmente	Normal o reducida	Normal, somnolencia, confusión
30	Totalmente en cama	Incapaz de realizar cualquier trabajo, enfermedad extendida	Necesita ayuda para todo	Reducida	Normal, somnolencia, confusión
20	Totalmente en cama	Incapaz de realizar cualquier trabajo, enfermedad extendida	Necesita ayuda para todo	Sorbos mínimos	Normal, somnolencia, confusión
10	Totalmente en cama	Incapaz de realizar cualquier trabajo, enfermedad extendida	Necesita ayuda para todo	Cuidados de boca sólo	Somnolencia, coma
0	Muerte	—	—	—	—

3. RESPOSTA AO TRATAMENTO

A avaliação da resposta ao tratamento médico influencia:

- O prognóstico da doença
- A conduta terapêutica

3. RESPOSTA AO TRATAMENTO

O Método da avaliação da resposta ao tratamento médico é influenciado por:

- Doença mensurável
 - Redução do maior diâmetro mensurável
- Doença não mensurável
 - Redução do número de lesões
 - Redução de marcadores biológicos

3. RESPOSTA AO TRATAMENTO

Classificação da OMS (Tumores sólidos)

Classificação REGIST (Tumores sólidos)
(Response Evaluation Criteria in Solid Tumors)

Classificação RECIL (Linfomas)

Comparison of RECIST and WHO guidelines

Characteristic	RECIST	WHO
Objective response (OR) (LD is the longest diameter)	Target lesions change in sum of LDs, maximum 5 per organ up to 10 total (more than one organ)	Measurable disease change in the sum of the products of LDs and greatest perpendicular diameters, no maximum number of lesions specified
Complete response (CR)	Disappearance of all target lesions, confirmed at ≥ 4 weeks	Disappearance of all known disease, confirmed at ≥ 4 weeks
Partial response (PR)	$\geq 30\%$ decrease from baseline, confirmed at ≥ 4 weeks	$\geq 50\%$ decrease from baseline, confirmed at ≥ 4 weeks
Progressive disease (PD)	$\geq 20\%$ increase over smallest sum observed or appearance of new lesions	$\geq 25\%$ increase in one or more lesions or appearance of new lesions
Stable disease (SD)	Neither PR nor PD criteria met	Neither PR nor PD criteria met (no change)

Comparison between RECIST 1.1, Lugano lymphoma classification, and RECIL 2017

	RECIST 1.1	Lugano	RECIL 2017
Number of target lesions	Up to 5	Up to 6	Up to 3
Measurement method	Uni-dimensional: long diameter of non-nodal lesions, short diameter of lymph nodes	Bi-dimensional: perpendicular diameters	Uni-dimensional: long diameter of any target lesion
Incorporates PET results to describe CR	May be considered to confirm CR and/or to declare PD based on detecting new lesions	Yes	Yes
Minor response	No	No	Yes, reduction in sum of long diameters between $\geq 10\%$ and $< 30\%$
Stable disease	-29% to $+ 20\%$	-50% to $+ 50\%$	decrease $< 10\%$ to increase $\leq 20\%$
PD	Increase in sum of diameters by 20%	Increase in the sum of products of perpendicular diameters by $> 50\%$, or any single lesion by $> 50\%$	Increase in sum of the longest diameters by 20% . For relapse from CR, at least one lesion should measure 2 cm in the long axis with or without PET activity

CR, complete response; PD, progression of disease; PET, positron emission tomography.



Questões
Abertas