



# Variabilità tra osservatori esperti nella definizione del *Clinical Target Volume* nei linfomi primitivi del mediastino

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# INTRODUCTION (1)

- ❑ PMBCL is a distinct and uncommon variant of DLBCL arising from thymic B cells [*Martelli M et al, Crit Rev Oncol Hematol, 2008*]
- ❑ Standard treatment: R-chemotherapy followed by RT [*Zinzani PL et al, Clin Lymphoma Myeloma, 2009; Vassilakopoulos TP et al, Oncologist, 2012*]
- ❑ The need of consolidation RT has been questioned in patients in complete response after R-CT [*Wirth A, Leuk Lymphoma, 2007*]

# INTRODUCTION (2)



Diagnosis PMLBCL  
Registration  
PET-CT 0

RCHOP 14-21; R-V/MACOP-B  
R-EPOCH; R-ACVBP; R m-CHOP

Standard therapy  
\*R-Chemo

PET-CT 1 (5-6week)  
Central review

Positive  
DS 3-5

Negative  
DS 1-2

Treatment based on  
investigator choice  
(follow-up for PFS)

Randomized 1:1

IFRT

Observation

# INTRODUCTION (3)

- ❑ A great accuracy in the delineation of the Clinical Target Volume (CTV) is crucial
- ❑ Imaging interpretation may be very different when there is mediastinal lymph nodes involvement in lung cancer and in Hodgkin's lymphoma [*Cascade PN et al, 1998; Fletcher BD et al, 1999*]
- ❑ Interobserver variability in the delineation of GTV, CTV and PTV is a very significant problem in RT planning [*Steenbakkers RJHM et al, 2005; Weiss E et al, 2003; Lammering G et al, 2010; Genovesi D et al, 2011*]



## INTRODUCTION (4)

- ❑ Definition of all initially involved disease sites, using information from both pre-chemotherapy CT and PET/CT
- ❑ **CTV**: initial volume of the mediastinal mass taking into account response to chemotherapy and displacement of normal structures
- ❑ **PTV**: CTV with margins to take into account organ motion and set-up variations

# PURPOSE

***The aim of this study was to assess the interobserver variability in CTV definition in a case of PMBCL***

During a meeting of the RT committee of the Fondazione Italiana Linfomi (FIL), the Radiation Oncology of the University of Turin proposed a multi-institutional contouring of a case of PMBCL

# **MATERIALS AND METHODS**

## ***Clinical case***

**G. F., male, 56 years old**

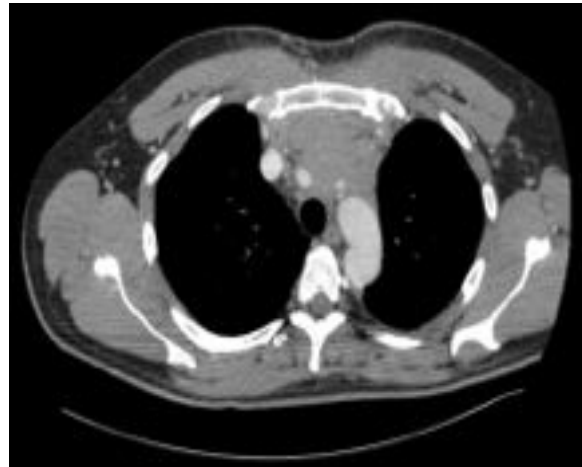
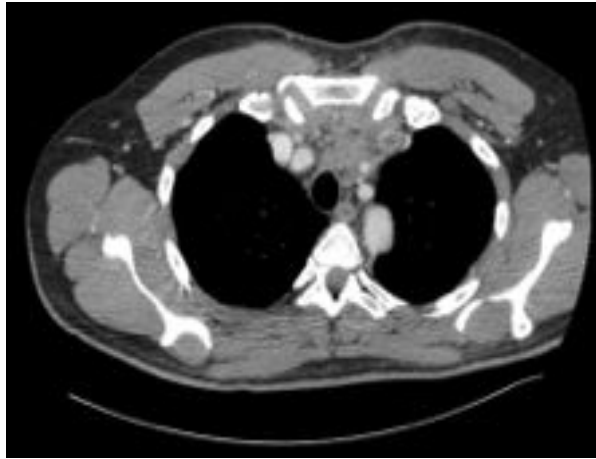
- *Hernioplasty at young age*
- *Pollen allergy*

Appearance of left parasternal swelling, cough and dyspnea

**Chest X-ray:** mediastinal widening associated with bilateral pleural effusions

# MATERIALS AND METHODS

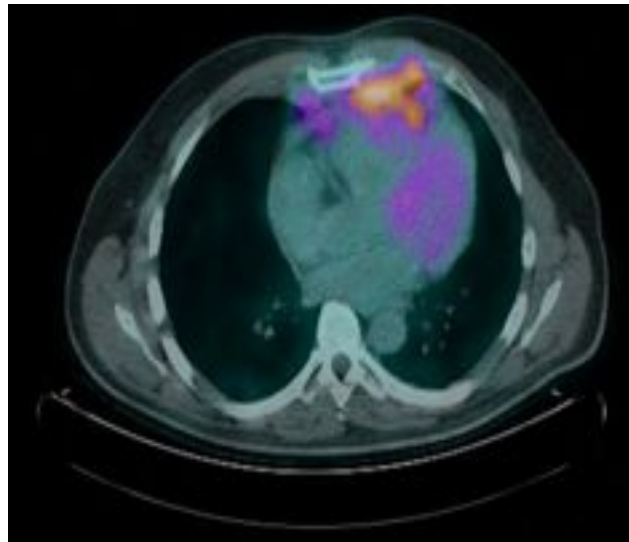
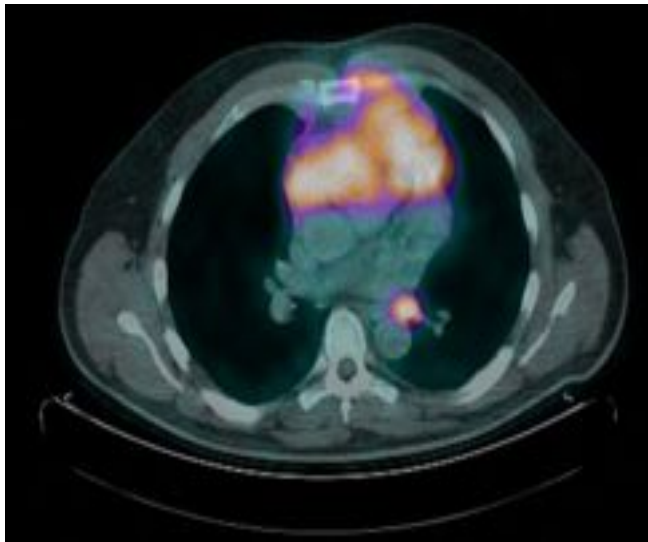
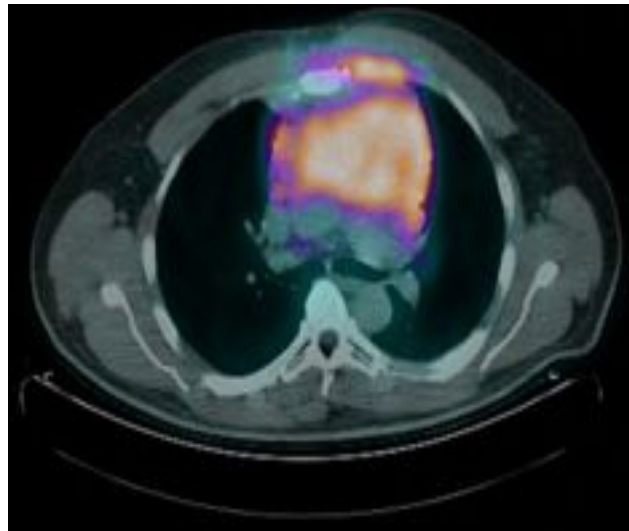
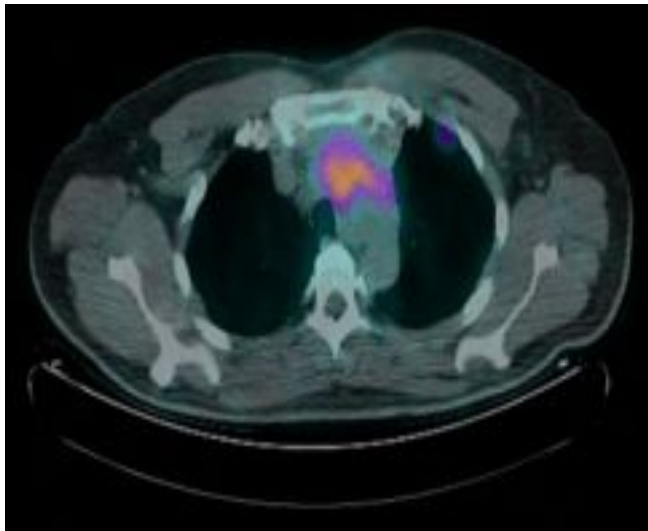
## *Clinical case*





# MATERIALS AND METHODS

## *Clinical case*

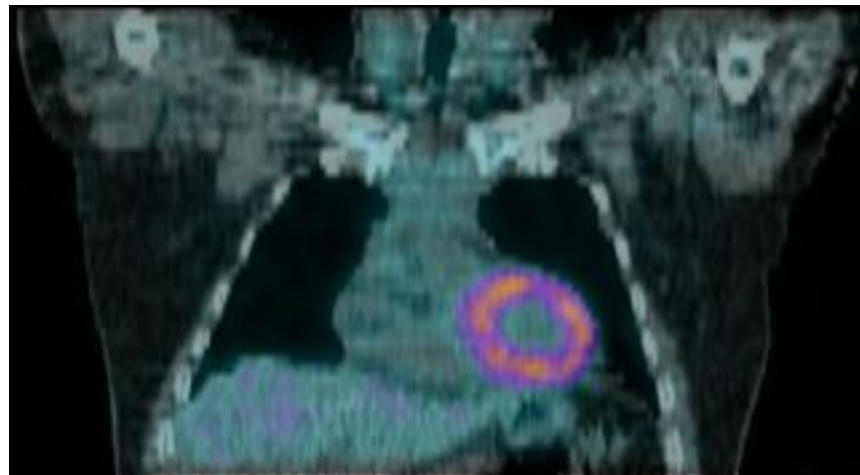
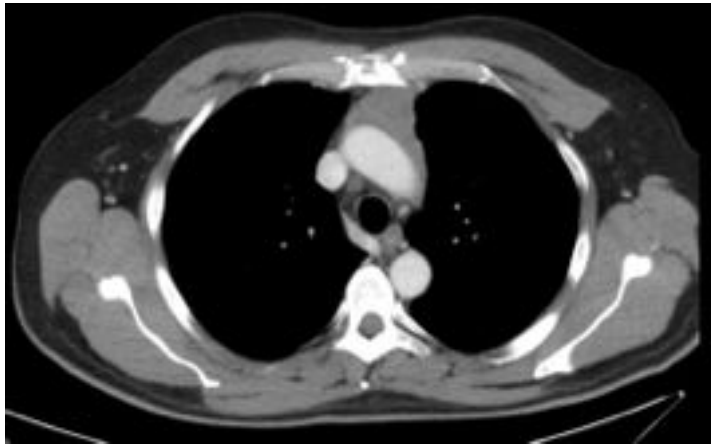


**Needle biopsy:**  
Primary Mediastinal  
B Cell Lymphoma

# MATERIALS AND METHODS

## *Clinical case*

**The patient was enrolled in the IELSG37 protocol  
Chemotherapy according R-CHOP14, for a total of 6 cycles**



# **MATERIALS AND METHODS**

## ***Workshop - Contouring***

- ❑ 10 observers
  
- ❑ Target volume definition
  - CTV: the initial volume of the mediastinal mass at presentation taking into account response to chemotherapy and displacement of normal structures
  
- ❑ Information from pre and post-chemotherapy CT and PET/CT
  
- ❑ Image fusion and target definition by VelocityAI software

# **MATERIALS AND METHODS**

## ***Data Analysis***

- CTVs volume**
  
- Maximum diameters**
  - craniocaudal
  - anteroposterior
  - laterolateral

# MATERIALS AND METHODS

## *Data Analysis*

Considering CTV<sub>ref</sub> the one with the best Dice Similarity Coefficient (DSC) between a volume resulting from the union of all CTVs and individual CTV:

### **DSC for each volume compared to CTV<sub>ref</sub>**

*DSC 0 indicates no agreement between the observers*

*DSC 1 represents 100% concordance*

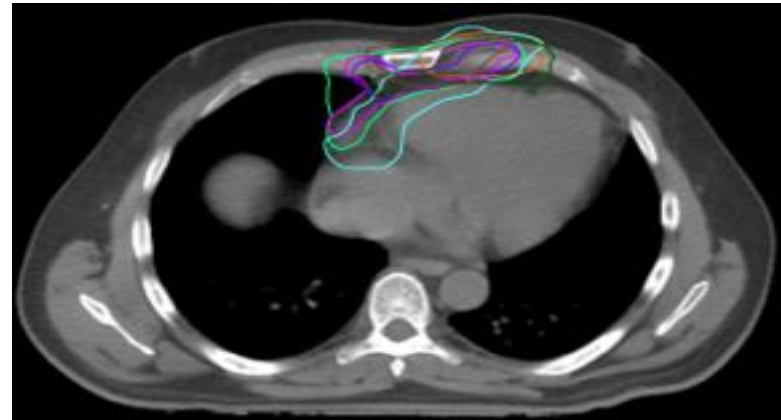
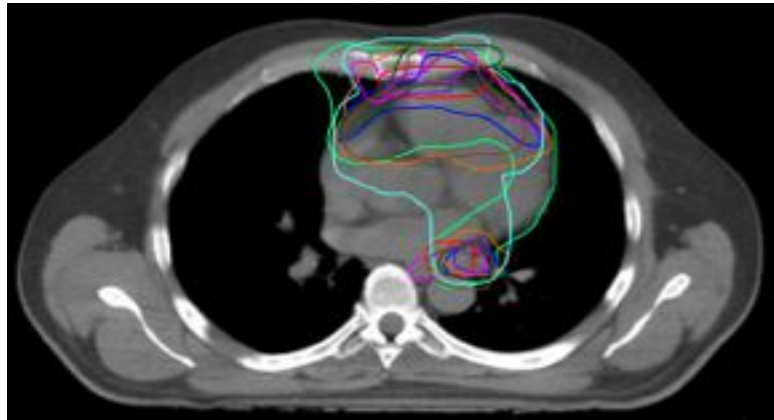
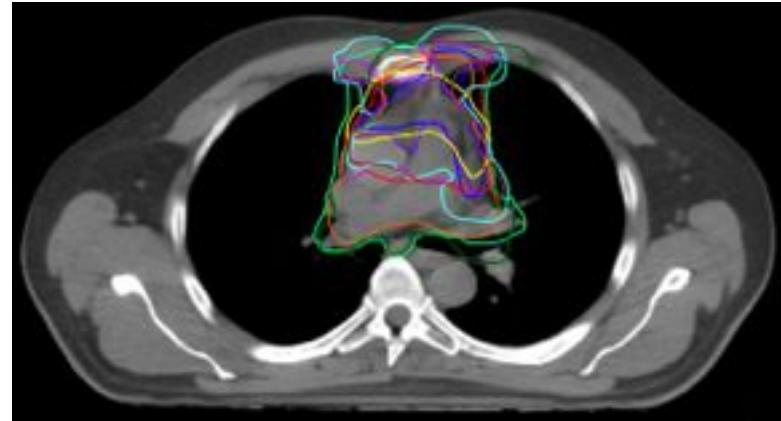
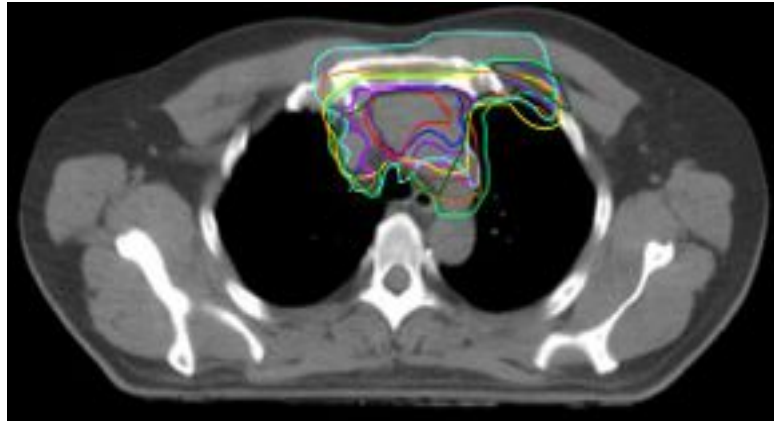
### **Hausdorff Distance (HD) for each volume compared to CTV<sub>ref</sub>**

*A mathematical construct to measure the "closeness" of two sets of points*

*It determines the maximum of all the distances from points on one structure to the closest point on the other structure*

*Low values of HD indicate no outlier points on the comparing structures*

# RESULTS (1)

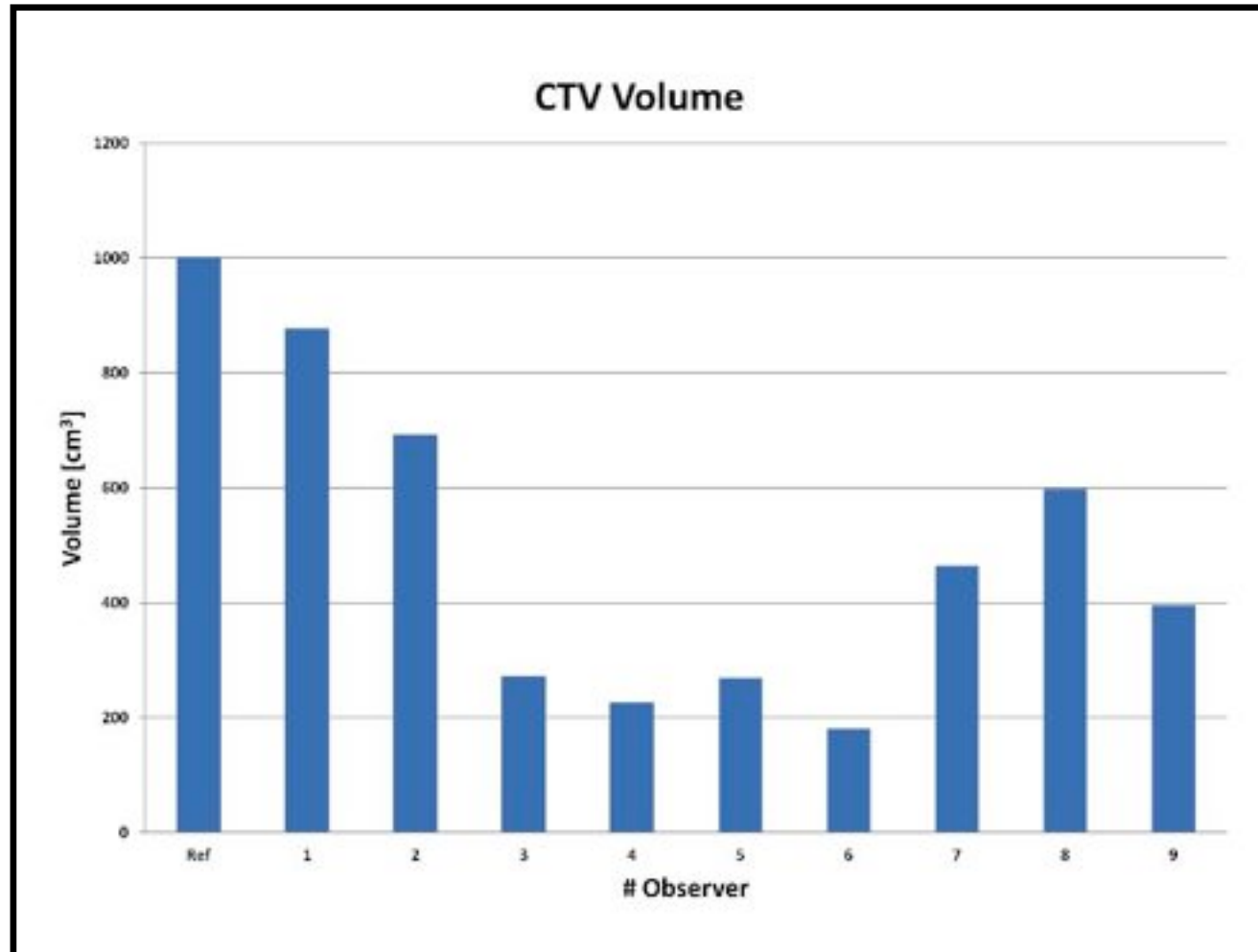


*Graphic representation of interobserver variability in CTV definition by all observers*

## RESULTS (2)

<b>Statistics</b>	<b>Volume (cc)</b>	<b>Craniocaudal diameter (mm)</b>	<b>Anteroposterior diameter (mm)</b>	<b>Laterolateral diameter (mm)</b>
<b>N</b>	10	10	10	10
<b>Mean</b>	498.3	132.7	132.6	126.2
<b>Standard deviation</b>	285.5	24.9	18.9	21.6
<b>Minimum</b>	181.8	80.6	84	83.7
<b>Maximum</b>	1003	159	150.5	149.5
<b>Median</b>	430.4	144.7	136.2	133.5

# RESULTS (2)

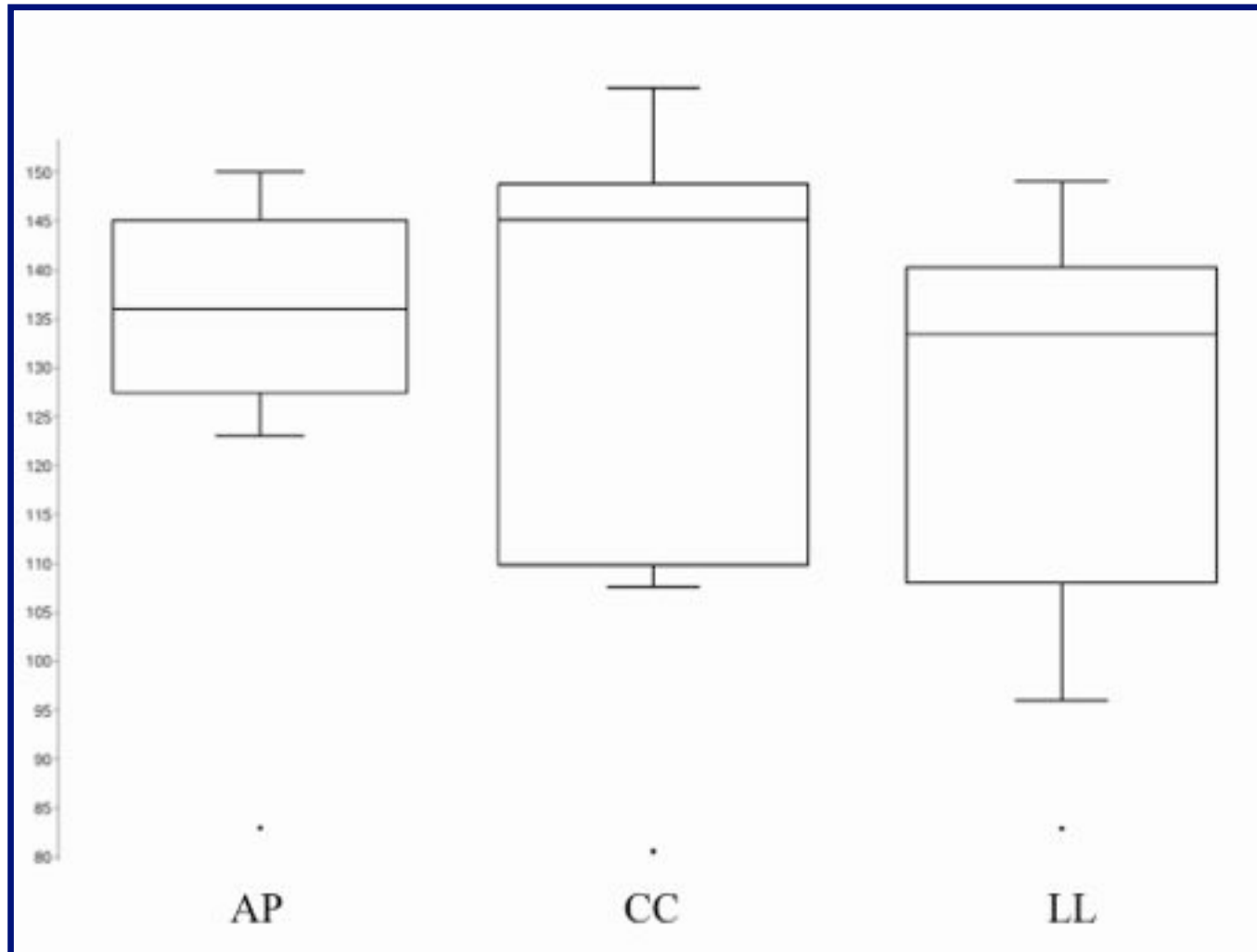




## RESULTS (3)

<b>Statistics</b>	<b>Volume (cc)</b>	<b>Craniocaudal diameter (mm)</b>	<b>Anteroposterior diameter (mm)</b>	<b>Laterolateral diameter (mm)</b>
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# RESULTS (3)



# RESULTS (4)

<b>Observer</b>	<b>DSC</b>	<b>HD</b>
<b>1</b>	0.72	1.8
<b>2</b>	0.74	1.9
<b>3</b>	0.39	14.8
<b>4</b>	0.37	6.9
<b>5</b>	0.42	9.2
<b>6</b>	0.31	12.1
<b>7</b>	0.59	4.5
<b>8</b>	0.67	2.4
<b>9</b>	0.54	3.5
<b>Mean</b>	0.53	6.4

# CONCLUSION

Results of our multi-institutional study show great variability in CTV definition among radiation oncologists from different institutions in all parameters (volume, diameters, DSC, HD)

***This findings affirm the need of specific guidelines, accurate knowledge and experience in lymph node delineation when planning consolidative RT in PMBCL***



***Grazie per l'attenzione...***