

Progressive Disease (PD): Defined by any of the following:

At least two sequential scans separated by at ≥ 4 weeks both exhibiting $\geq 25\%$ increase in sum of products of perpendicular diameters or $\geq 40\%$ increase in total volume of enhancing lesions. The first scan exhibiting $\geq 25\%$ increase in sum of products of perpendicular diameters or $\geq 40\%$ increase in total volume of enhancing lesions should be compared to the smallest tumor measurement obtained either at baseline (if no decrease) or best response (on stable or increasing steroid dose) and is noted as "preliminary PD." If the second scan at least 4 weeks later exhibits a subsequent $\geq 25\%$ increase in sum of products of perpendicular diameters or $\geq 40\%$ increase in total volume of enhancing lesions relative to the "preliminary PD" scan, it is considered "confirmed PD" and the patient should discontinue therapy. If the second scan at least 4 weeks later exhibits SD or PR/CR, this scan showing "preliminary PD" is noted as "pseudoprogression", PsP, and the patient should continue on therapy until a second increase in tumor size relative to the PsP scan is observed. Note that any new measurable ($>10\text{mm} \times 10\text{mm}$) enhancing lesions should not be immediately considered PD, but instead should be added to the sum of bidimensional products or total volume representing the entire enhancing tumor burden.

In the case where the baseline or best response demonstrates no measurable enhancing disease (visible or not visible), then any new measurable ($>10\text{mm} \times 10\text{mm}$) enhancing lesions are considered PD after confirmed by a subsequent scan ≥ 4 weeks exhibiting $\geq 25\%$ increase in sum of products of perpendicular diameters or $\geq 40\%$ increase in total volume of enhancing lesions relative to the scan first illustrating new measurable disease. The first scan exhibiting new measurable disease is noted as "preliminary PD." If the second scan at least 4 weeks later exhibits a subsequent $\geq 25\%$ increase in sum of products of perpendicular diameters or $\geq 40\%$ increase in total volume of enhancing lesions relative to the "preliminary PD" scan it is considered "confirmed PD" and the patient should discontinue therapy. If the second scan at least 4 weeks later exhibits SD, CR, PR, or becomes non-measurable, this scan showing "preliminary PD" is noted as "pseudoprogression", PsP, and the patient should continue on therapy until a second increase in tumor size relative to the "preliminary PD", or PsP, scan is observed. Note that any new measurable ($>10\text{mm} \times 10\text{mm}$) enhancing lesions on the subsequent scan following the preliminary PD scan should not be immediately considered confirmed PD, but instead should be added to the sum of bidimensional products or total volume representing the entire enhancing tumor burden.

Clear clinical deterioration not attributable to other causes apart from tumor (e.g. seizures, medication adverse effects, therapy complications, stroke, infection) or attributable to changes in steroid dose. Failure to return for evaluation as a result of death or deteriorating condition.

	CR	PR	SD	PD
T1-Gd+	None	≥50%	<50%↓- <25%↑	≥25%↑*
T2/FLAIR	Stable or ↓	Stable or ↓	Stable or ↓	↑*
New Lesion	None	None	None	Present*
Corticosteroids	None	Stable or ↓	Stable or ↓	NA
Clinical Status	Stable or ↑	Stable or ↑	Stable or ↑	↓*
Requirement for Response	All	All	All	Any*

CR = Complete Response, PR = Partial Response, SD = Stable Disease, PD = Progressive Disease

From:
<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=progressive_disease

Last update: **2024/06/07 02:59**

