10 points to know about RECIST 1.1

(Response Evaluation Criteria in Solid Tumors)

1. Provides objective assessment of the change in tumor burden.
2. Widely used in oncologic clinical trials.
3. Must identify target lesions. What is a target lesion?
    a. **Measurable** = Must be >= 10 mm (**longest** dimension)
        i. BUT, if lesion is a lymph node, it must have short axis >= 15 mm. Short axis of LN is the measurement submitted, not longest axis.
    b. **Reproducible** = Must be able to be measured accurately on repeat exams
    c. Only 5 Target lesions need to be recorded, no more than 2 per organ.
4. Only the longest dimension of the target lesions get recorded in a measurement table BY THE REFERRING MD's RESEARCH NURSE, not us.
5. The sum of the longest dimensions of all the target lesions determines response. THE REFERRING MD will ultimately decide if there has been enough progression to remove patient from study, not us. We can conclude that new lesions indicate progression but ours is not the final say.
6. Progression of disease by RECIST = 20% increase in the sum of the longest dimensions of target lesions from point of smallest sum (MUST BE AT LEAST 5mm increase).
7. Non-target lesions are <10 mm (non-measurable) or not reproducible.
8. Non-target lesions should be described as in any standard exam interpretation.
9. It is important to label/**name lesions similarly** on serial exams, to measure using the **same angles**, and to **note the slice position** in your report.
10. Cavitating lesions, hemorrhage into a tumor, and treated GIST tumors remain challenging when applying RECIST 1.1.

Examples:

These are NOT target lesions, and should not be included in your 5 Targets.

Lymph nodes < 15 mm short axis
Malignant ascites
Malignant pleural effusions
Lymphangitic spread of tumor
Leptomeningeal disease
Cystic or necrotic lesions
Lesions in an irradiated area
Skeletal metastases (often don't go away post-Tx)

RAF,

We will interpreting the exams as we have always done, but will need to include up to 5 Target lesions and their measurements (in two dimensions as usual). A research coordinator from the referring MD's office will extract the information needed for the protocol from our reports, include it on a table that will be submitted with each subsequent CT exam, and ultimately decide if there has been progression of disease or not that will cause the patient to be removed from a study protocol. Please be consistent from exam to exam on the target lesion nomenclature, the angles of measurement, and the slice positions. --Both Neil's and Stacy