



Southwest
Oncology
Group

A National
Clinical
Research
Group



Cancer Research And Biostatistics
1100 Olive Way, Suite 1150
Seattle, Washington 98101-1892
Phone: (206) 652-9711
Fax: (206) 652-4612
<http://www.crab.org>

NCI MANDATING NEW SOLID TUMOR RESPONSE CRITERIA

The NCI has adopted standardized response criteria and is requiring their use by all cooperative groups, including SWOG. These criteria, called “**RECIST**” (***Response Evaluation Criteria In Solid Tumors***), were developed and recently revised by the World Health Organization and will be implemented by SWOG for solid tumor protocols activating in the near future (currently active protocols will not be converted to these new criteria).

Differences between the RECIST and current SWOG criteria include:

- Uni-dimensionally measurable lesions are considered *measurable* rather than *evaluable*
- Sum of longest diameters is employed rather than the sum of products of bidimensional measurements.
- *Evaluable* disease is omitted from the RECIST criteria; disease sites are classified as either *measurable* or *non-measurable*.
- The concept of “target lesions” is used in the RECIST criteria. Target lesions are defined as all measurable lesions up to a maximum of 10 lesions representative of all involved organs and are selected on the basis of their size and ease of repeat assessment. (As with SWOG criteria, all target lesions, non-target lesions, and non-measurable disease should be assessed at each evaluation).
- Partial Response requires $\geq 30\%$ decrease of sum of longest diameters of target lesions (rather than a decrease of 50% or more in sum of products of bi-dimensional lesions)
- The RECIST definition of Progressive Disease includes 20% or greater increase in sum of longest diameter of target lesions (rather than an increase of 50% or more in sum of products of bi-dimensional lesions).
- The RECIST criteria employ a new response endpoint called “Symptomatic Deterioration,” which is global deterioration of health status requiring discontinuation of treatment without objective evidence of progression (efforts should be made to obtain objective evidence of progression after discontinuation).

Again, the RECIST criteria will be implemented within SWOG for solid tumor protocols activating in the near future. **When assessing response for any protocol patient, always use the criteria defined in the specific protocol to which that patient is registered (generally, section 10 of SWOG studies).**

To assist CRAs with learning the RECIST criteria, the CTTC Practicum Session and an Open Forum roundtable are being planned for the Spring, 2000 Group meeting. Please keep your eye on the next Group Newsletter for specific information regarding these sessions.