

# ONCOLOGY STAGING REPORT

**Clinical history:**  
**Technique:**

**Report:**  
PRIMARY TUMOUR;

LYMPH NODES;  
*[free text]*

Location	Size (short axis)

METASTASES;  
*[free text]*

Location (Target Lesions)	Size (longest diameter)

NON TARGET LESIONS:

Location	

Other findings:

**CONCLUSION:**

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**Notes:**

- Must include free text under Lymph Node and Metastases headings to describe regions involved and trend of change
- All measurements in mm
- Longest diameter needed for RECIST for primary and metastases
- Choose max 2 lymph nodes from disparate regions of body
  - Measure and record short axis diameter
  - Target nodes must have initial short axis >15mm
- Choose max of 5 lesions total (Primary, Lymph nodes and Mets combined)
  - max of 2 per organ (Target lesions >10mm diameter)
- Ideally largest lesions in organs, but those that will be most reproducible
- Use axial plane for all measurements, unless T stage of Primary Tumour relies on diameter, in which case use longest diameter in any plane
- Non target lesions used to group multiple similar lesions, include lesions >5 and LN 10-15mm diameter
- Do not remove TNM headings, but if none present – state ‘none’ or similar
- Conclusion – try to give TNM stage as far as possible
- Save ALL measurements on PACS, and put same ones in report

RECIST 1.1 ref: Eisenhauer EA, Therasse P, Bogaerts J. *New response evaluation criteria in solid tumours: Revised RECIST guideline (version 1.1)* Eur J Cancer 2009 Jan;45(2):228-247

# ONCOLOGY FOLLOW UP REPORT

**Clinical history:**  
**Comparison scan:**  
**Technique:**  
**Report:**  
PRIMARY TUMOUR;

LYMPH NODES;  
*[free text]*

Location	Previous size	Current Size
	(short axis)	

METASTASES;  
*[free text]*

Location (Target Lesions)	Previous size	Current size
	(longest diameter)	

NON TARGET LESIONS:

Location	Previous	Current
	<i>Present, Disappeared, Unequivocal progression</i>	

Other findings:

## **CONCLUSION:**

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### **Notes:**

- Include free text under Lymph Node and Metastases headings to describe regions involved and trend of change
- Do not remove TNM headings, but if none present – state 'none' or similar
- All measurements in mm
- Longest diameter needed for RECIST for primary and metastases
- Measure max 2 lymph nodes
  - Measure short axis of lymph nodes
  - Include measurements of target nodes even if now <10mm
- Choose max of 5 lesions total (Primary, Lymph Nodes and Mets combined)
  - max of 2 per organ
- Ideally largest lesions in organs, but those that will be most reproducible
- Measure same lesions as previous study and use same prior measurements unless a significant disagreement (*state this in report*)
- Don't measure extra lesions (keep in Non target) unless new lesion or clin sig.
- Describe non-target lesions as present, disappeared or unequivocal progression (75% volume increase)
- Calculate % change since previous scan by adding up lesions for each scan
- **Conclusion:** give % change and summary of disease.
- Avoid RECIST terms in trial patients. Can use as a guide in non-trial patients if accurate
- Beware of pseudo-progression in immunotherapy
- Save ALL measurements on PACS, and put same ones in report

RECIST 1.1: Eisenhauer EA, Therasse P, Bogaerts J. *New response evaluation criteria in solid tumours: Revised RECIST guideline (version 1.1)* Eur J Cancer 2009 Jan;45(2):228-247

iRECIST: Seymour L et al. *iRECTST: guidelines for response criteria for use in trials testing immunotherapeutics* Lancet Oncol. 2017;18(3):E143-152

Persigehl T et al. *iRECIST: How to do it.* Cancer Imaging 2020(2)

# LYMPHOMA REPORT

Clinical history:

Comparison scan:

Technique:

Report:

LYMPH NODES & MASSES;

*[free text]*

Location	Previous size	Current size
	(bi-dimensional)	

SPLEEN & LIVER NODULES;

*[free text]*

Location (Target lesions)	Previous size	Current size
	(bi-dimensional)	

Splenic size:

Other findings:

**CONCLUSION:**

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**Notes:**

- Based on Lugano criteria, not RECIST
- All measurements in mm,
- All measurements bi-dimensional in the axial plane
- Give longest diameter of a mediastinal mass
  - Bulky is >10cm for Hodgkins Disease (or > 1/3 trans thoracic diameter)
  - > 6-10cm for NHL
- Must include free text under Lymph Node & Masses heading to describe regions involved and trend of change
  - This includes all masses in the body (nodal and extra-nodal)
- From these select the 6 largest masses for measurement
  - Nodes which are / were >15mm longest axis diameter
  - Masses which are / were >10mm longest axial diameter
  - Chose from disparate regions of body if possible
  - Must include mediastinum and retroperitoneum if involved
- Splenic and liver nodules listed separately
  - Measure 2 largest lesions per organ
- Measure longest splenic length **cranio-caudal. Splenomegaly >13cm**
- In Conclusion, give impression of disease change
  - The clinicians can calculate the response from the measurements
- Save ALL measurements on PACS

1. Cheson B J Clin Oncol 2014;32:3059-3067
2. Cheson et al. Blood 2016;128:2489-2496