RECIST 1.1 Criteria

Application & Use
How to Select Target Lesions

Target Lesions should *unequivocally* be tumor
If you aren’t sure if a lesion is tumor/metastasis then
don’t make it a target lesion

Target lesions should be discrete & easily measured. Measurements must be reproducible

Choose the *largest lesion* on axial images that fulfills above 2 criteria
**Lymph Node Target Lesions**

Is the LN > or = 15mm Short axis?

- **YES**
  - May be used as an target lesion
  - Report short axis dimension on axial images

- **NO**
  - Do not use as target lesion
  - Do not mention in report if you think it’s a pathologic node

*Considered non-target lesion*
Tumor indicator lesions

Is the tumor nodule \(\geq 10\) mm?

- **YES**
  - May be used as a target lesion
  - Report longest dimension on axial images *

- **NO**
  - Do not use as target lesion
  - Mention in report

* Measure longest dimension on axial images, even if the orientation/axis is different than the measurement on prior scan. Include actual measurement, even if \(< 5\) mm. If measurement not possible due to size, then ‘too small to measure, default 5mm’ should be entered.
How to Measure Target Lesions

Windows

- Lung lesions
  measure on Lung windows
  3.75 or 5mm thick
- All other lesions
  soft tissue windows
  3 or 5mm thick, depending on protocol

Do NOT measure across multiple adjacent nodes

Do NOT include intervening blood vessels or normal tissues
Reporting Target Lesions

Use Standard Table in Powerscribe for Reporting: (sample)

The following indicator lesions were measured using RECIST 1.1 Criteria:
Prior study date:
Current scan date:

Lesion #1:
Prior study: Series , Image , mm
Current study: Series , Image , mm

<table>
<thead>
<tr>
<th>Maximum total # Target lesions</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum #/organ</td>
<td>2</td>
</tr>
</tbody>
</table>

* Note: 2 per organ, NOT 2 per body region
* Lymph nodes are considered ONE organ
Merging Lesions

- Several small lesions coalesce into one on follow up
  - See RECIST website:
Splitting Lesions

• One large lesion looks like several smaller lesions on follow up
  – See RECIST website
Non target lesions are tumor deposits or lymph node metastasis that are not used and reported in the RECIST 1.1 table of 5 lesions because:

- Too small to be a target
- Too many / organ system already in table
- They are non-measureable disease

These should be mentioned in the body of the report and any changes described.
Non-measurable disease

What is non-measurable disease?

- organomegaly
- ascites
- Pleural or pericardial effusions
- Cystic lesions
- Sclerotic bone lesions

Lytic bone lesions with an identifiable soft tissue component CAN be used as target lesions