

Il mesotelioma

La ricerca attiva
delle malattie
lavoro-correlate



Venerdì 17 novembre 2017
ore 8.45/17.00
Sala di Rappresentanza ATS Brescia
Viale Duca degli Abruzzi, 15



Il ruolo dell'imaging radiologico nel mesotelioma

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Mesotelioma Pleurico Maligno (MPM)

- Rara neoplasia maligna che origina dalla pleura
- Forte correlazione con esposizione all'asbesto (40-80%)
- L'incidenza di MPM in persone esposte è del 10%
- Può invadere sia la pleura viscerale che parietale e le strutture adiacenti (*parete toracica, mediastino, diaframma*)
- Prognosi → *mediana di sopravvivenza di 9-17 mesi dalla diagnosi*
 - Infiltrazione diffusa della pleura
 - Infiltrazione strutture adiacenti
 - Adenopatie mediastiniche
 - Metastasi a distanza

Diagnosi

Indagini
cito-
istologiche



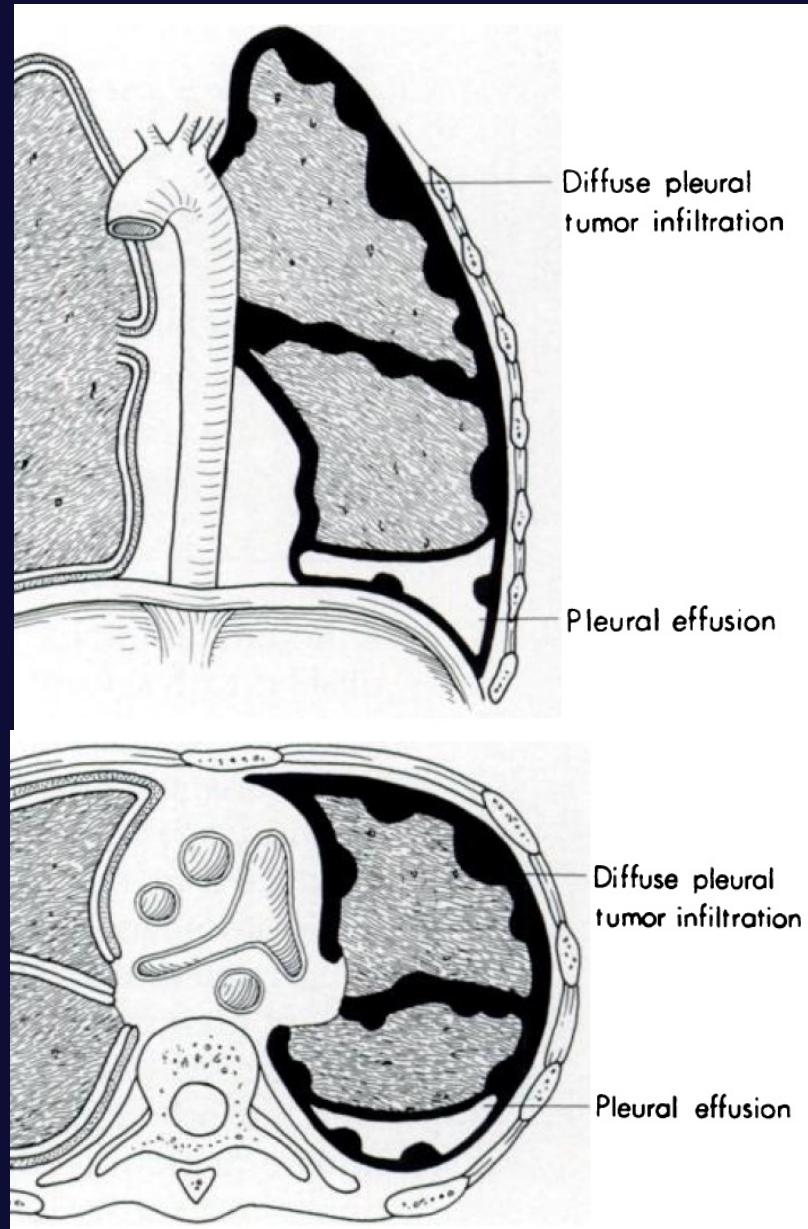
Anamnesi
lavorativa



Imaging
radiologico



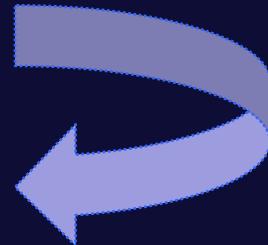
Valutazione
clinica



Mesotelioma Pleurico Maligno

Ruolo dell'imaging radiologico

- Diagnosi
- Stadiazione (TNM)
- Approccio Terapeutico
- Follow-up



DIAGNOSI - STADIAZIONE

Quale tecnica di imaging utilizzare?

- Radiogramma del Torace
- Tomografia Computerizzata (TC)
- Risonanza Magnetica (RM)
- PET-TC

Mesotelioma Pleurico Maligno

Radiogramma del Torace

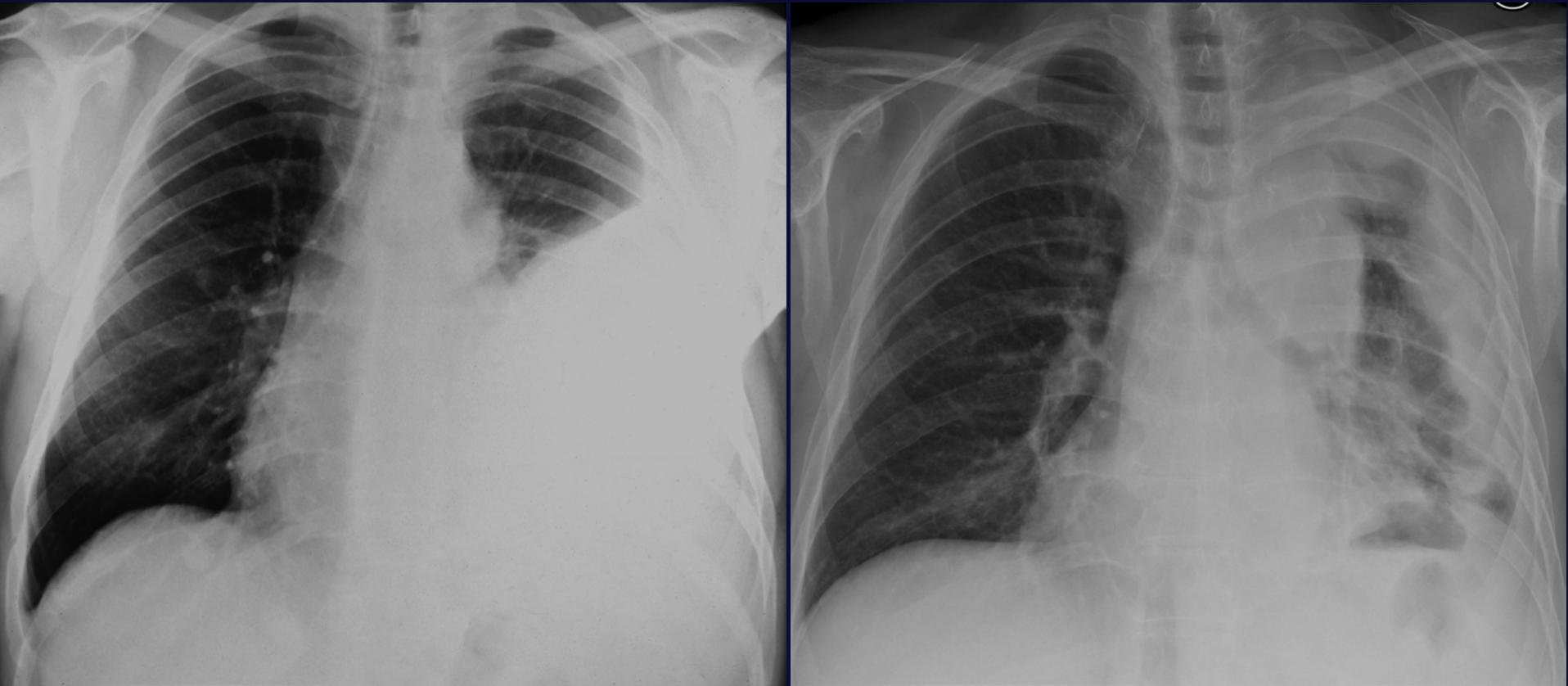
- Versamento pleurico monolaterale (30-80%)
- Ispessimento pleurico (60%)
- Placche e/o noduli pleurici (45-60%)
- Retrazione dell'emitorace

Chest x-ray is usually the first-line radiologic examination, but the radiographic findings are nonspecific

*Cardinale et al Acta Biomed 2017;
Nickell LT jr et al Radiographics 2014*

Mesotelioma Pleurico Maligno

Radiogramma del Torace



Versamento pleurico dx

*Retrazione dell'emitorace sin
Ispezzimento pleurico omolaterale*

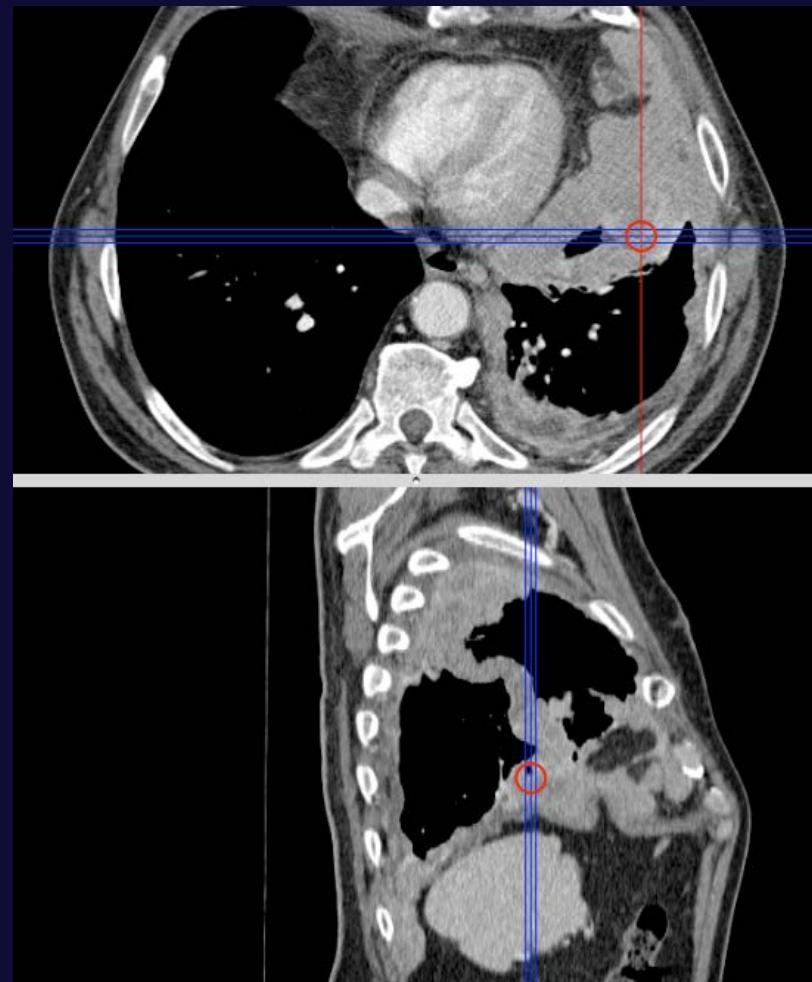
Mesotelioma Pleurico Maligno

Contrast enhanced CT (CECT)

Imaging modality of choice to evaluate MPM

- extent of primary tumor
- local invasion
- intrathoracic lymphadenopathy
- extrathoracic spread.

Chest CT alone is often sufficient for disease staging and treatment planning.

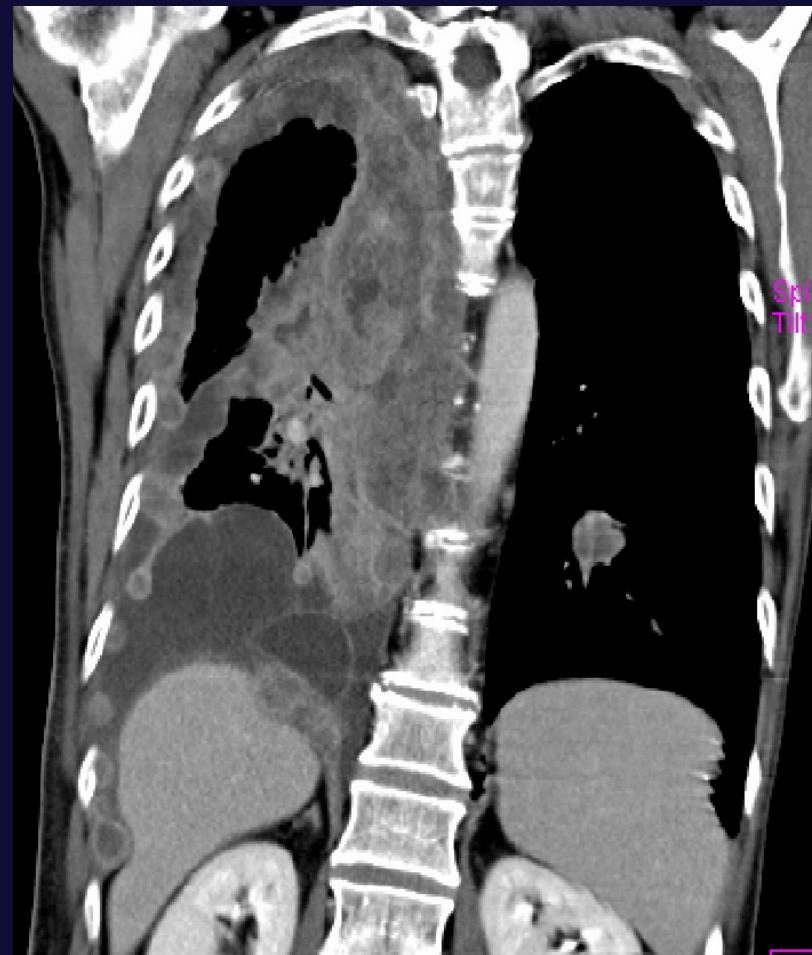


Mesotelioma Pleurico Maligno

Contrast enhanced CT (CECT)

The most common imaging manifestations of MPM

- Pleural effusion
- Pleural thickening
- Ipsilateral volume loss
- Local invasion
- Lymphadenopathy
- Metastatic disease



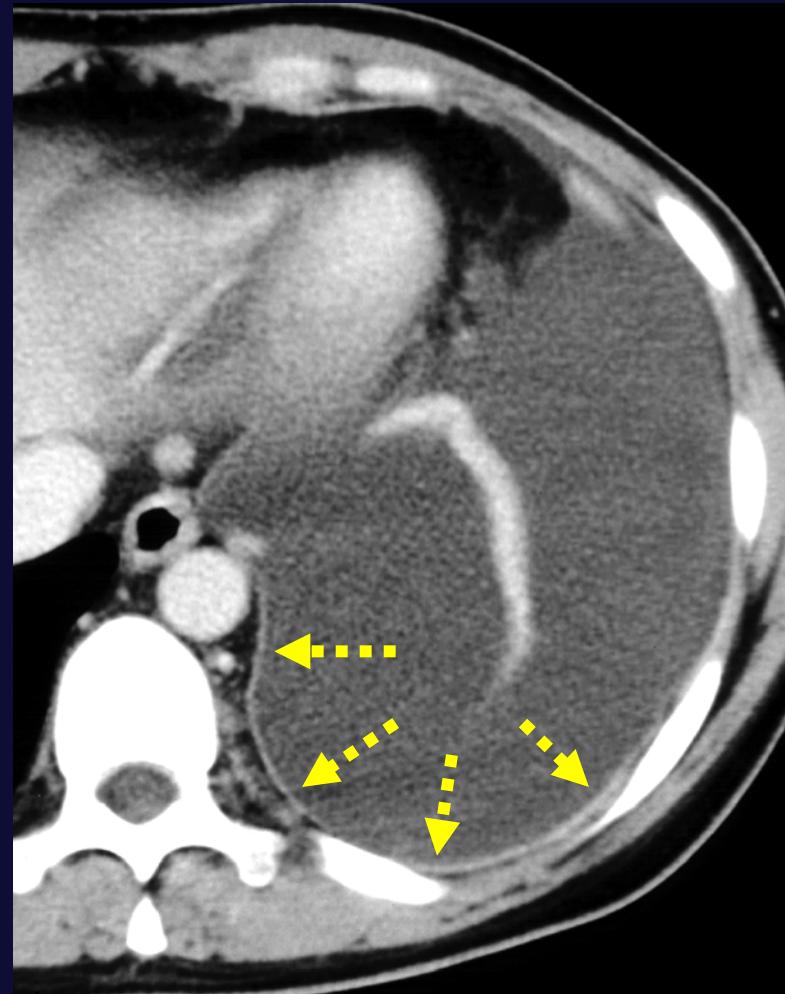
***Asbestos-related pleural disease*

Mesotelioma Pleurico Maligno

Contrast enhanced CT (CECT)

CT sign suggestive of MPM

- Unilateral pleural effusion (74%)
- Circumferential pleural thickening (94%)
- Mediastinal pleural thickening (70%)
- Fissural pleural thickening (84%)
- Pleural thickening >1cm (72%)

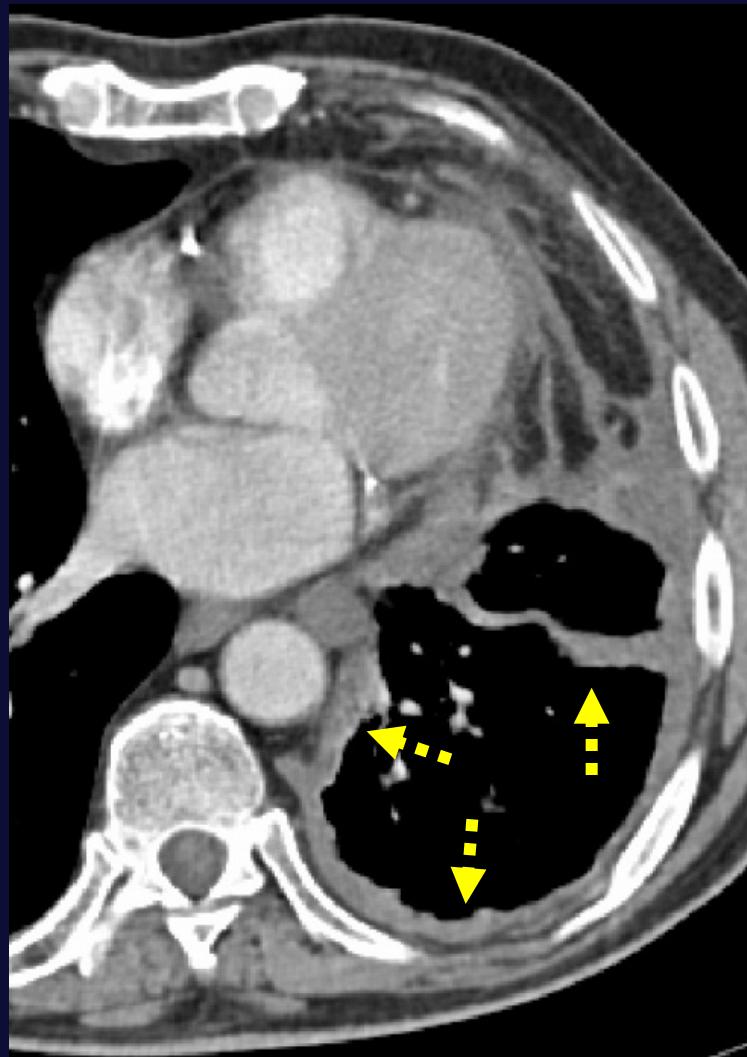


Mesotelioma Pleurico Maligno

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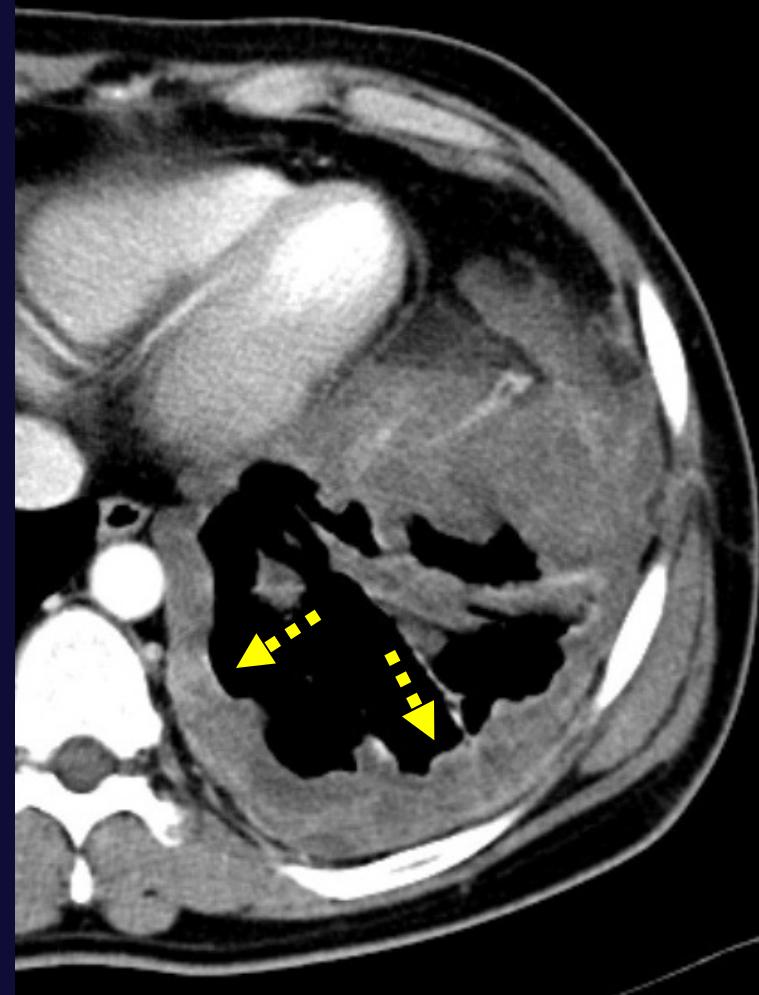
Mesotelioma Pleurico Maligno

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Pleural thickening that is >1 cm in thickness is highly suggestive of MPM



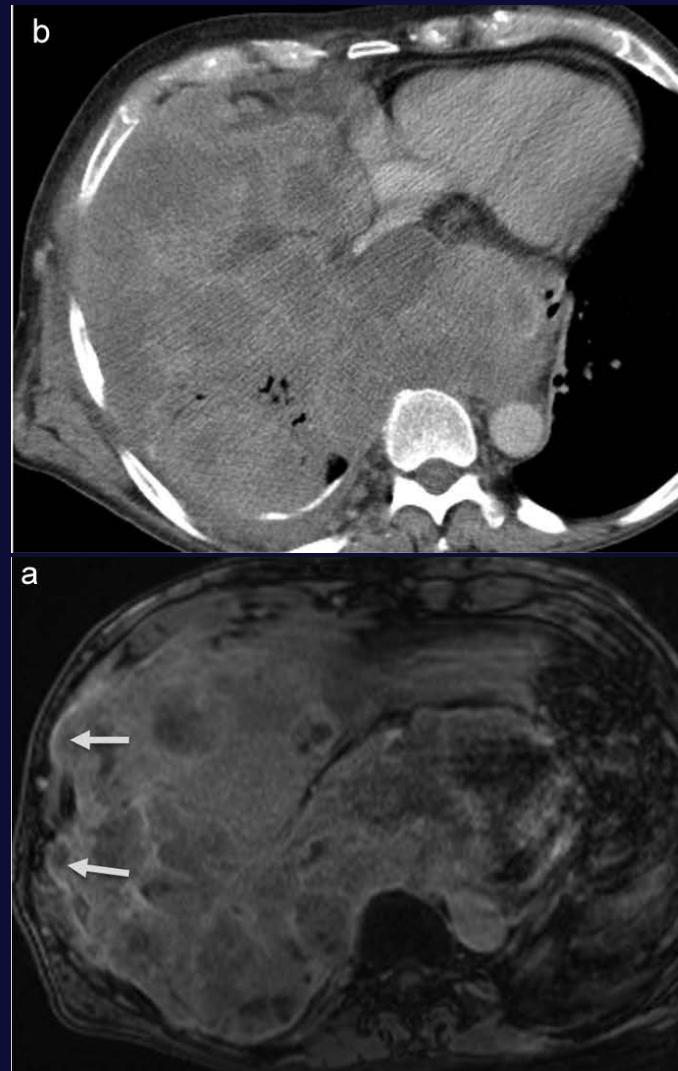
Mesotelioma Pleurico Maligno

Magnetic Resonance Imaging (MRI)

The greatest advantage of MRI is its greater sensitivity than CT

- chest wall invasion (69 vs 42%)
- diaphragm invasion (82 vs 55%)
- mediastinum invasion
- pericardium invasion

MR imaging is not routinely used to evaluate MPM

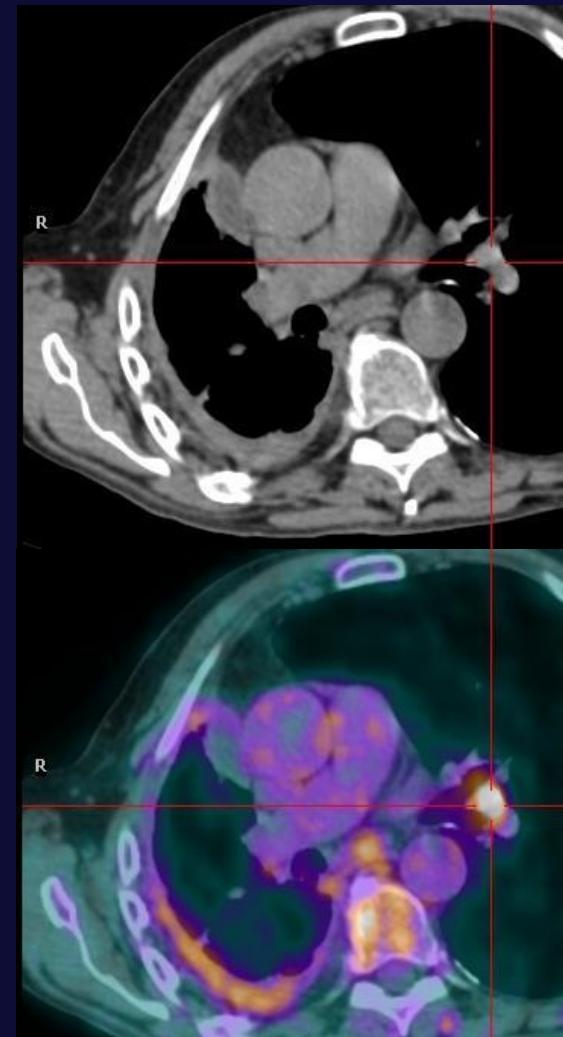


Mesotelioma Pleurico Maligno

PET/CT with fluorodeoxyglucose (FDG)

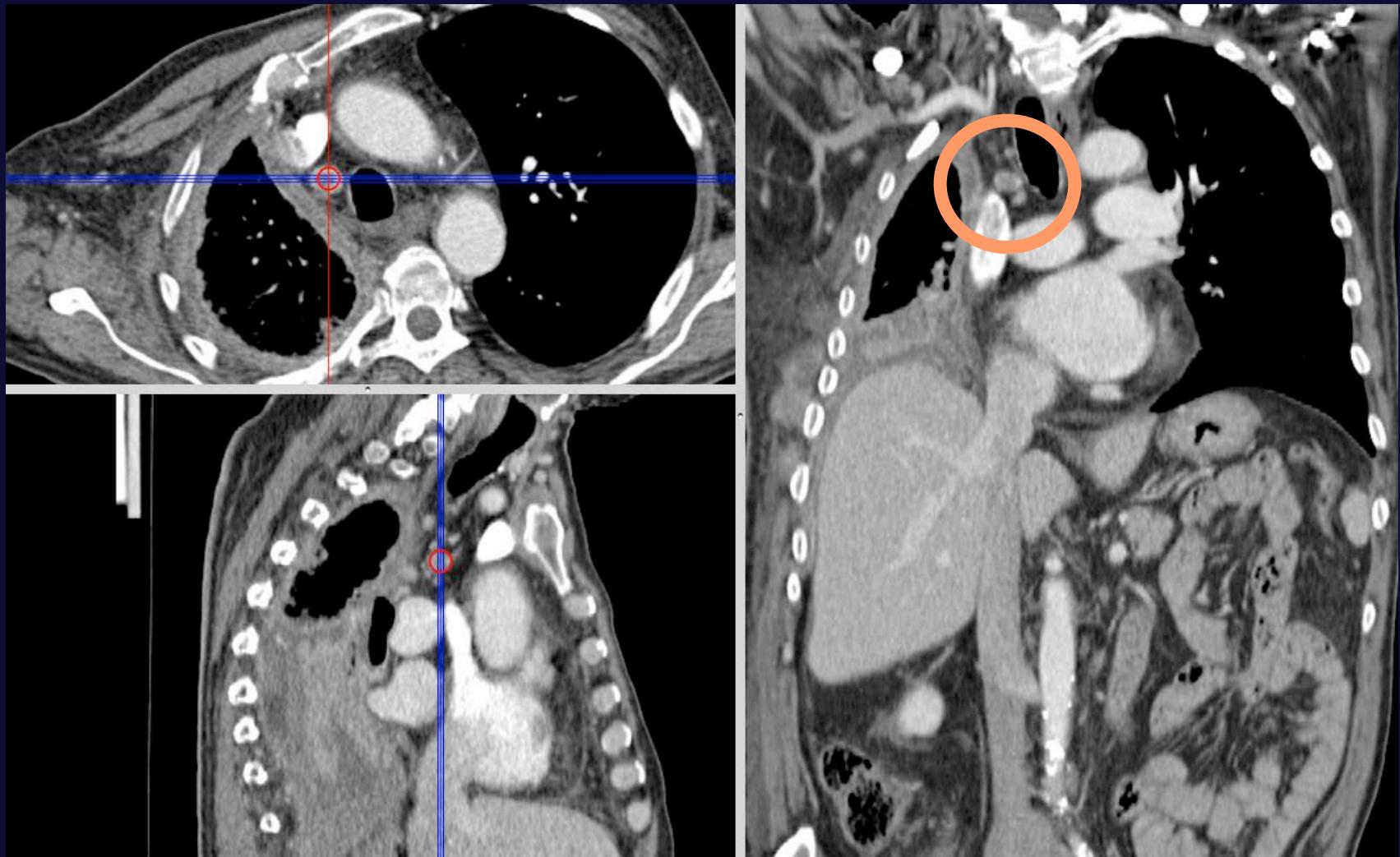
PET-CT combines the metabolic information obtained with the FDG with the anatomic detail provided by CT.

- FDG uptake (SUV) is associated with survival and prognosis ($\uparrow\uparrow SUV_{max} \rightarrow \downarrow\downarrow survival$)
- FP → pleurodesis and inflammation
- Compared with CT, FDG/PET-CT better demonstrates intra and extra-thoracic lymphadenopathy and metastatic disease



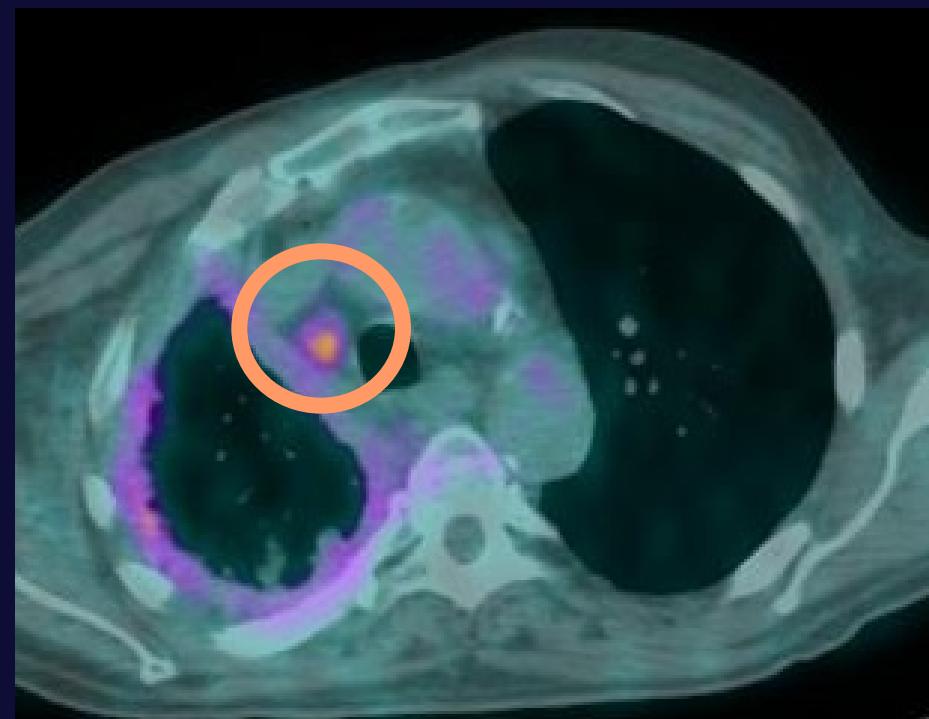
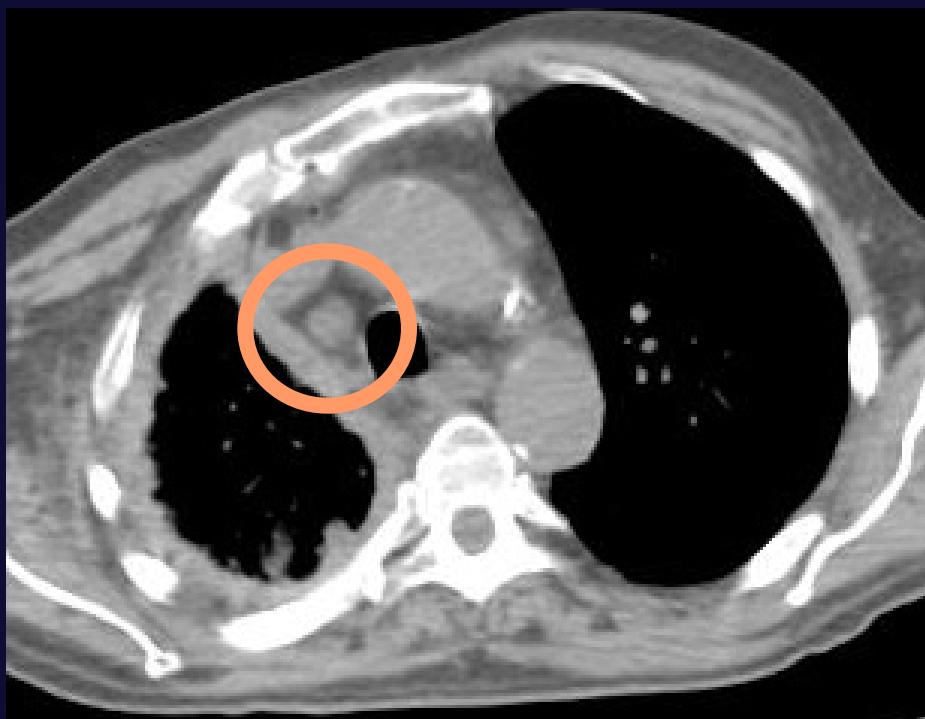
Nickell LT jr et al Radiographics 2014
Bpnomi et al Lung Cancer: Targets and Therapy 2017

Mesotelioma Pleurico Maligno *lymphadenopathy → PET/CT vs CECT*



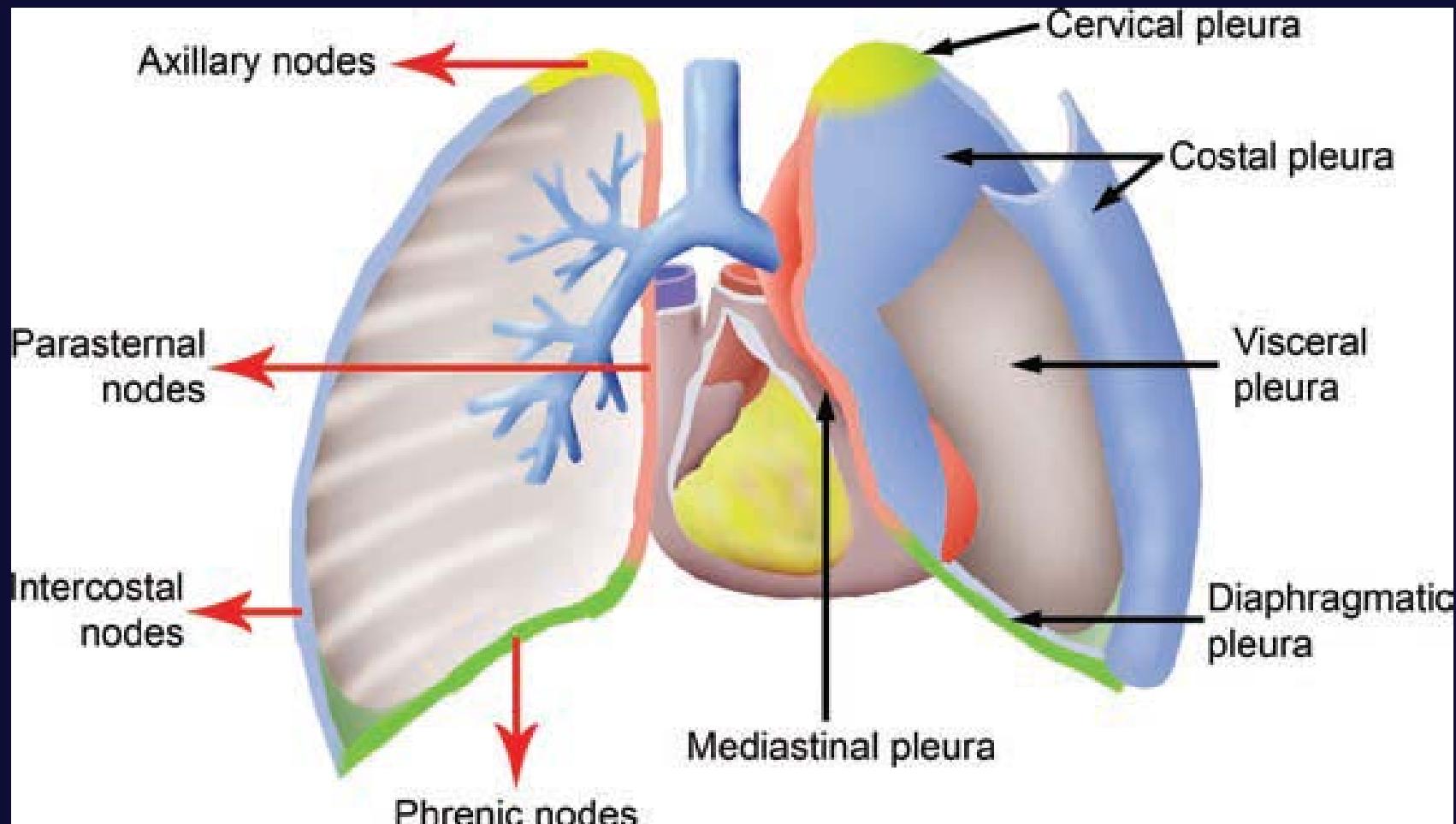
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Mesotelioma Pleurico Maligno *lymphadenopathy* → PET/CT vs CECT



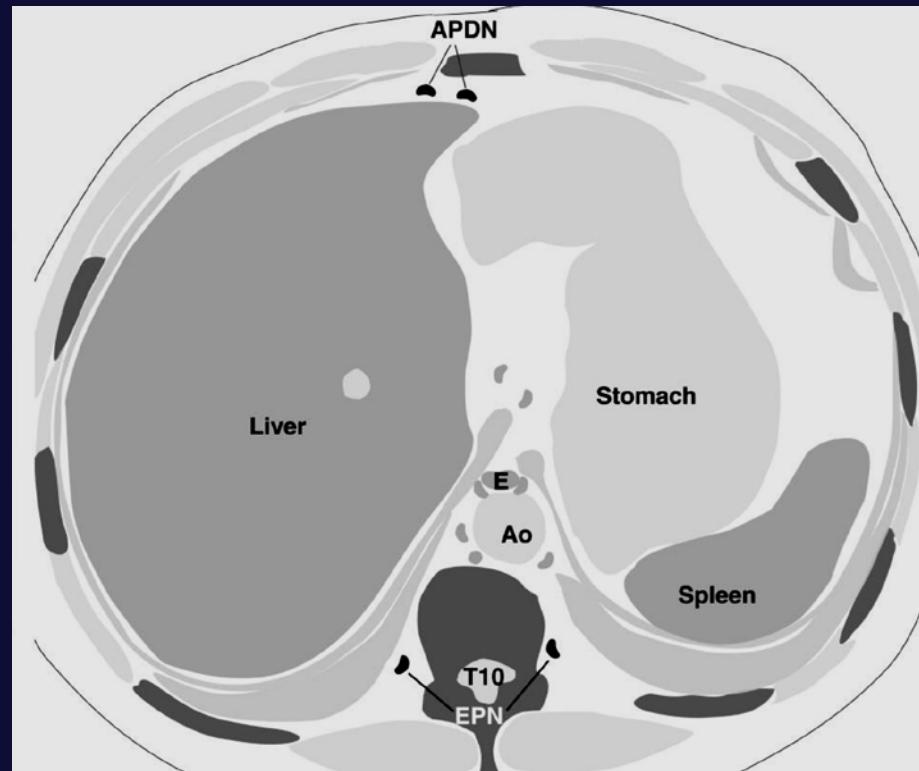
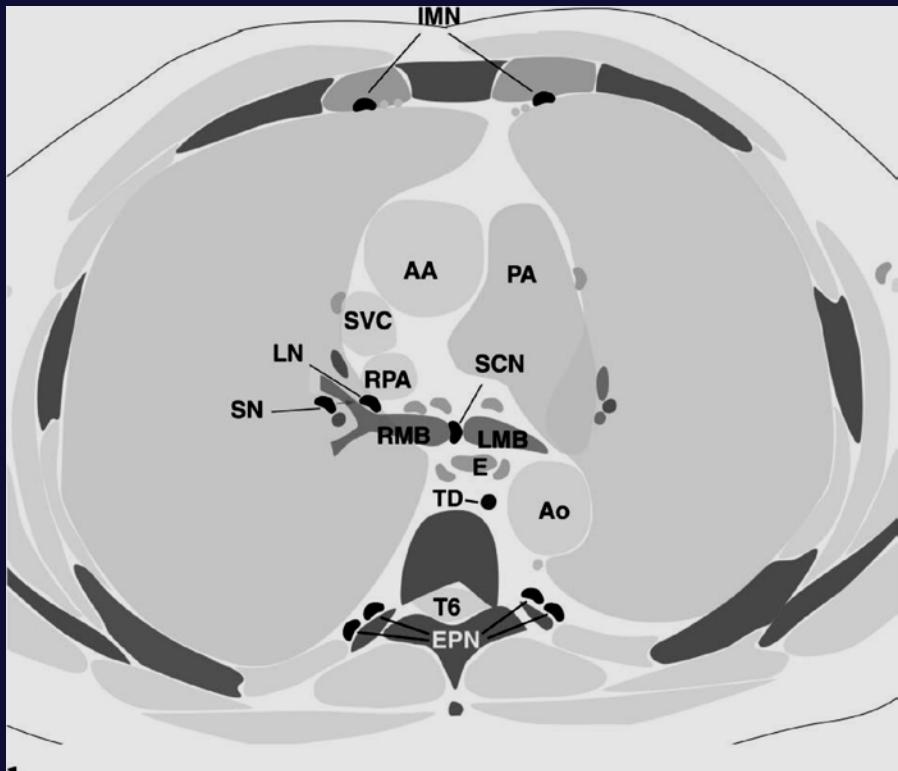
Nickell LT jr et al Radiographics 2014
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Mesotelioma Pleurico Maligno *lymphadenopathy*



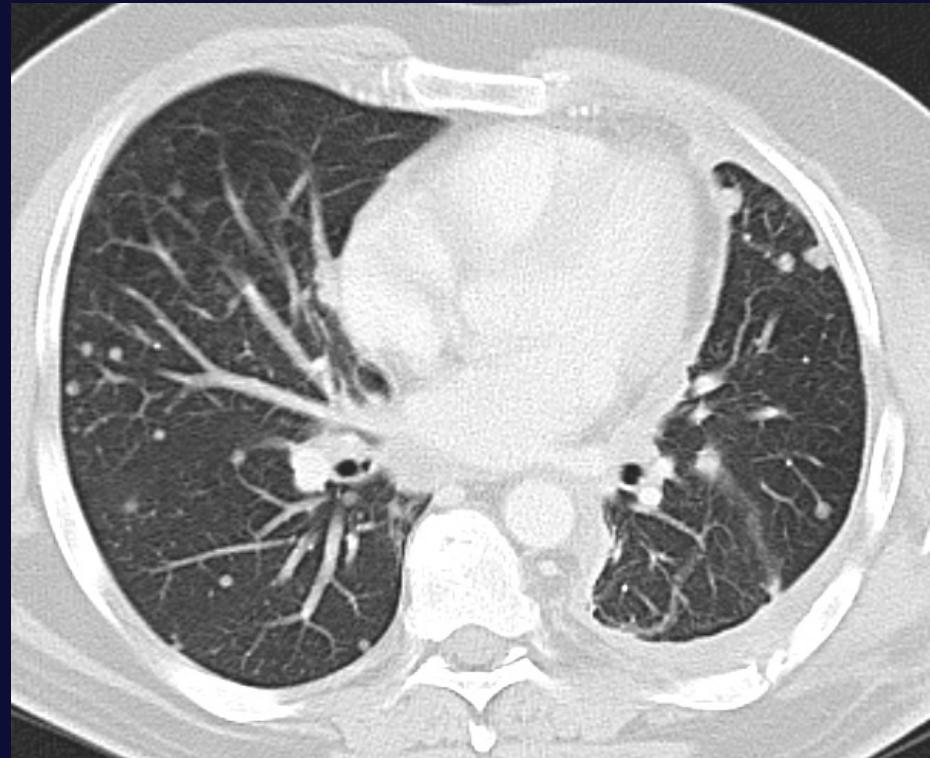
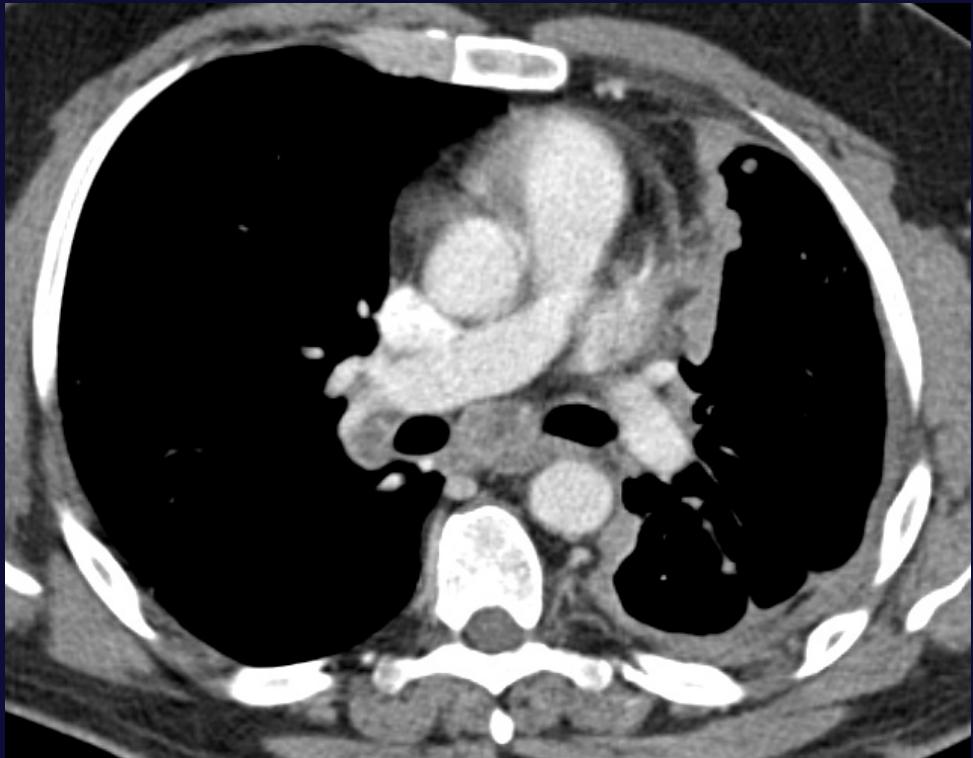
Jeong et al Radiographics 2008
Sharma et al Radiographics 2008

Mesotelioma Pleurico Maligno *lymphadenopathy*



Mesotelioma Pleurico Maligno

metastatic disease



Mesotelioma Pleurico Maligno

Ruolo dell'imaging radiologico

Elementi critici che influiscono il trattamento:

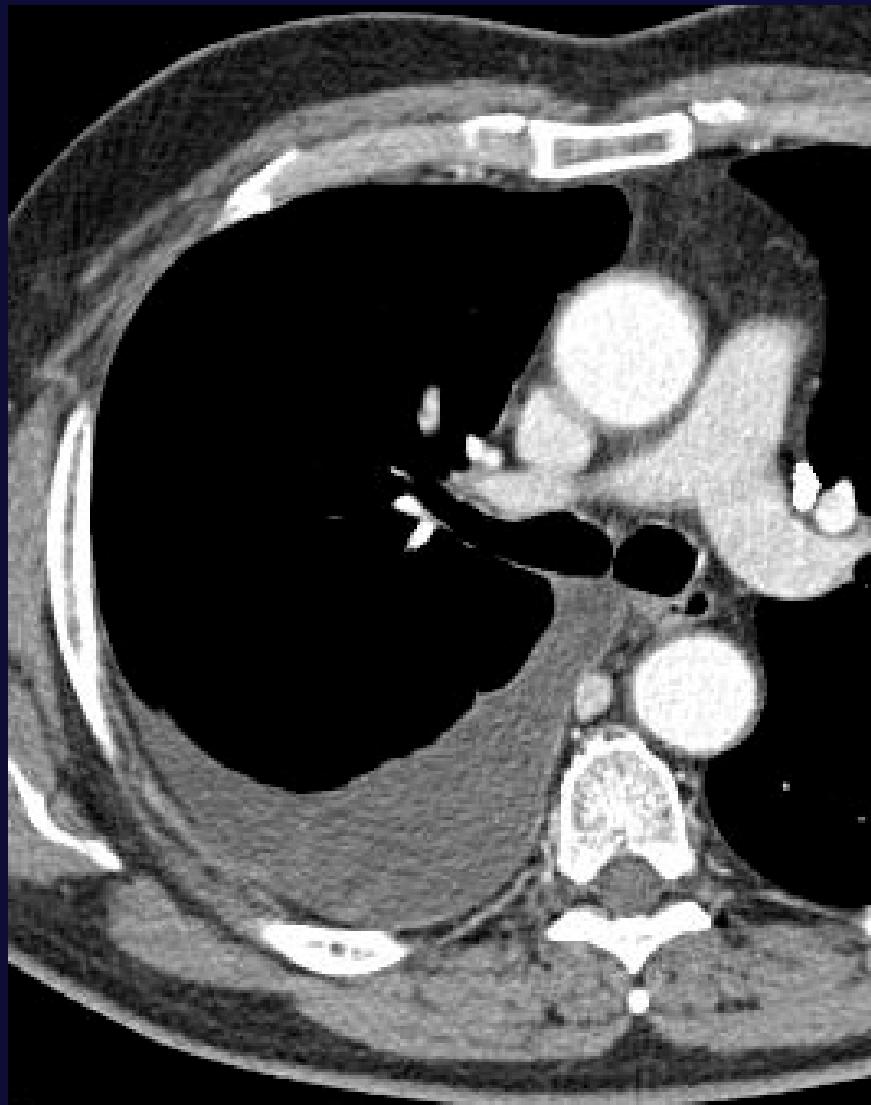
- *Infiltrazione del grasso mediastinico*
- *Infiltrazione della parete toracica*
- *Infiltrazione del diaframma*
- *Adenopatie*
- *Metastasi a distanza*

Stadiazione - MPM

Ruolo dell'imaging radiologico

- Può definire correttamente un tumore “piccolo” (potenzialmente operabile) e un tumore “grande” (sicuramente non operabile)
- Non in grado definire in maniera esaustiva i quadri intermedi
- *Imaging sottostima l'estensione della malattia → accuratezza diagnostica 80%*

MPM STADIO 1A → operabile



MPM STADIO IIIb → non operabile





Mesotelioma Pleurico Maligno

Risposta al trattamento e follow-up

Quali tecniche di imaging dovremmo utilizzare?

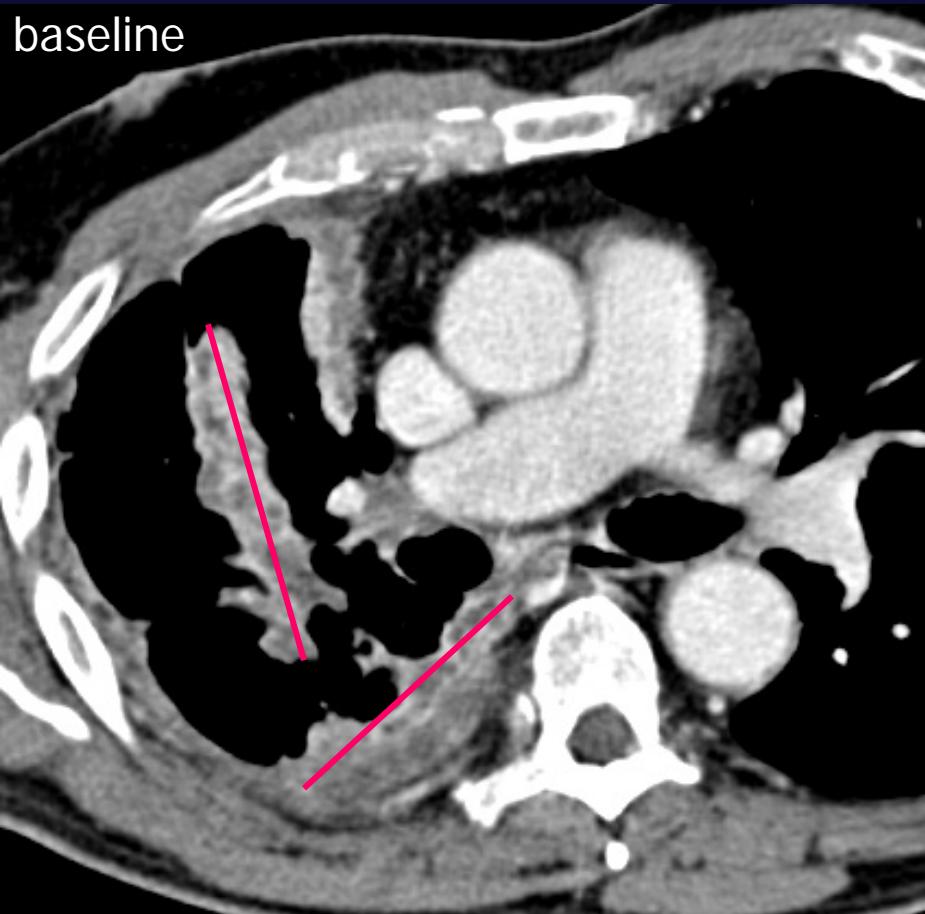
- CECT
- PET-CT
- MRI

Quali criteri di valutazione?

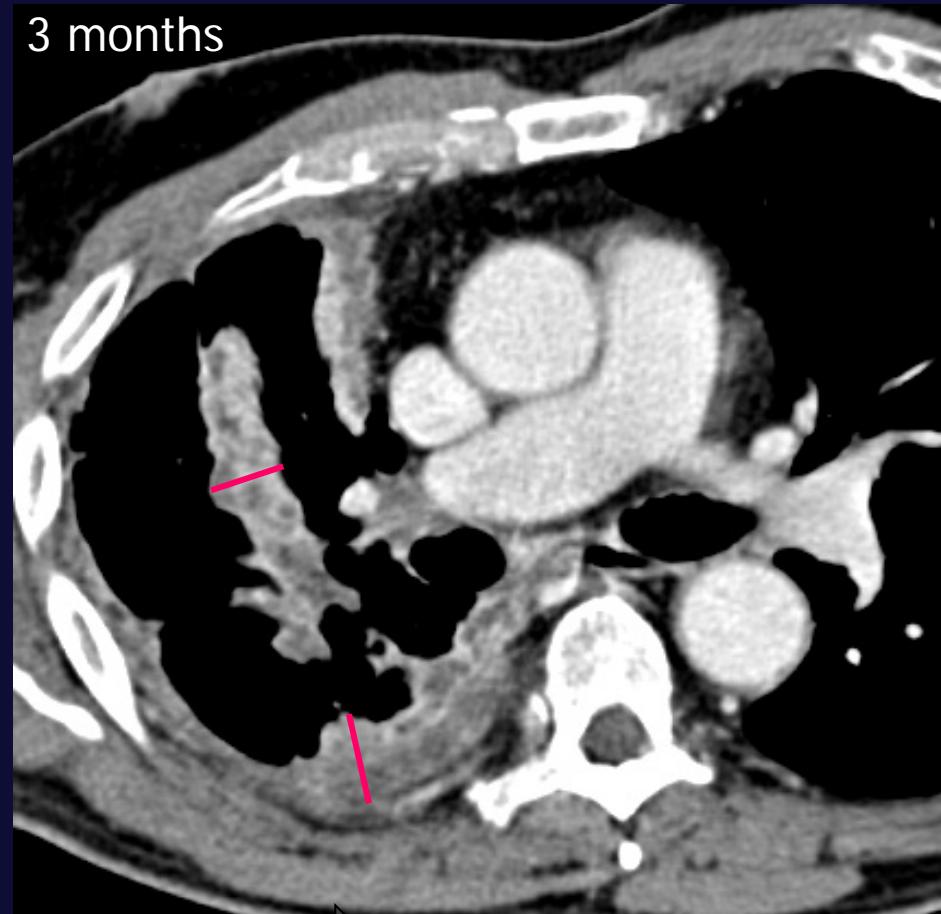
- modified RECIST
- Functional/metabolic criteria

HOW TO EVALUATE TUMOR RESPONSE?

baseline



3 months



Modified RECIST criteria

HOW TO EVALUATE TUMOR RESPONSE?

- Modified RECIST (*measurement*) criteria
 - longest perpendicular diameter to chest wall or mediastinum measured at two sites at three different levels on CT scan and at the same levels on subsequent scans
 - six measurements are summated to produce a total measurement

*Byrne MJ, Nowak AK. Ann Oncol 2004;15:257–60.

Modified RECIST criteria for assessment of response in malignant pleural mesothelioma



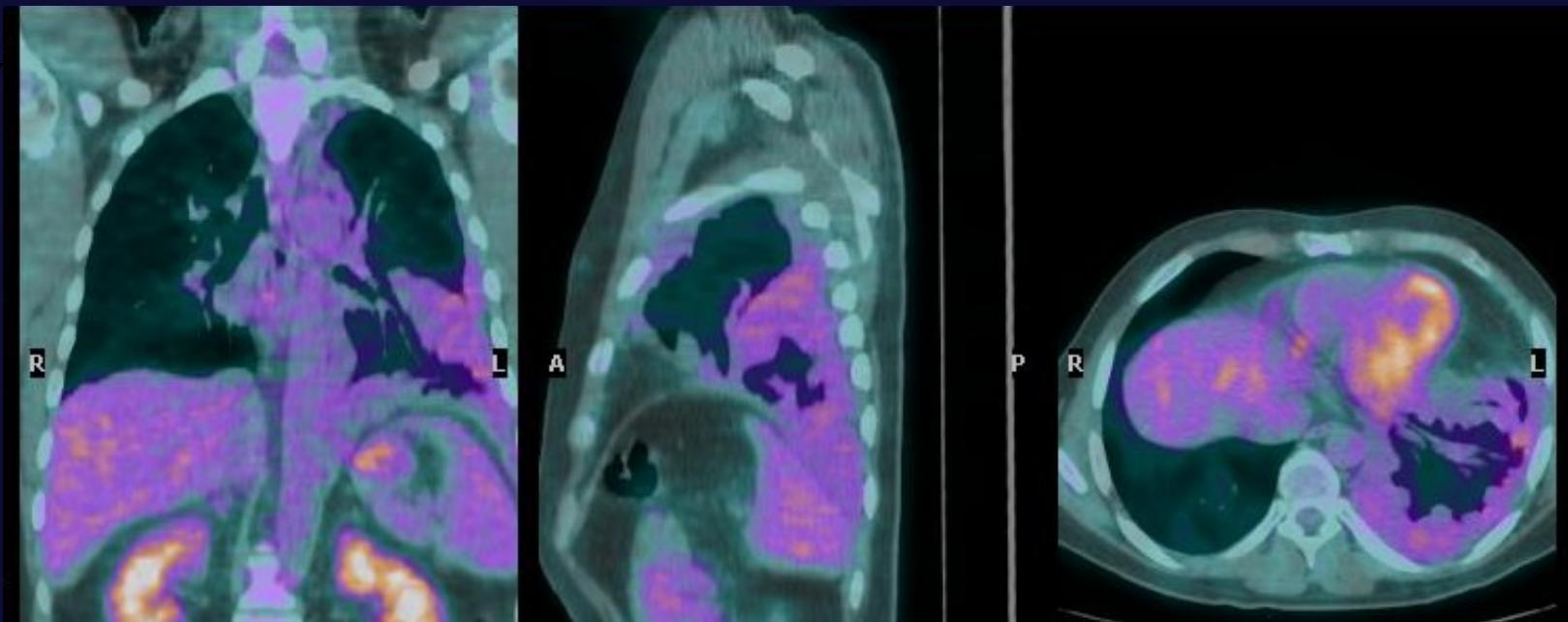
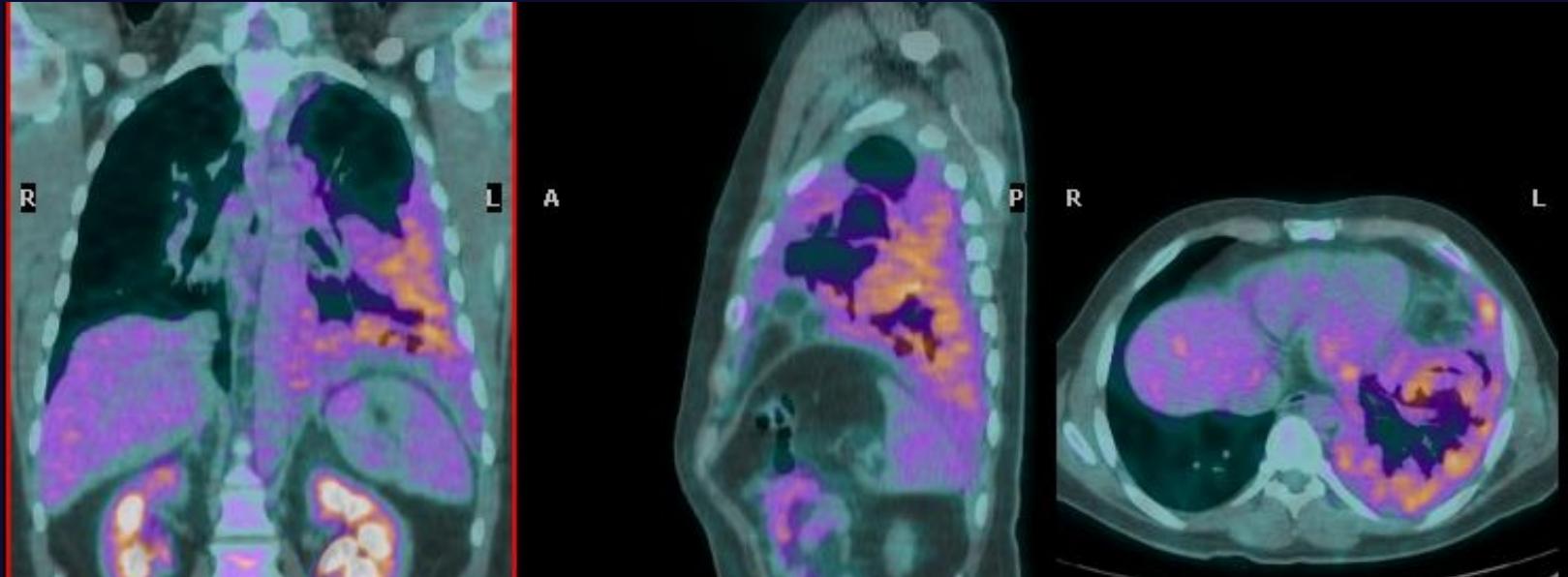
baseline

Stable Disease? (SD)

3 months

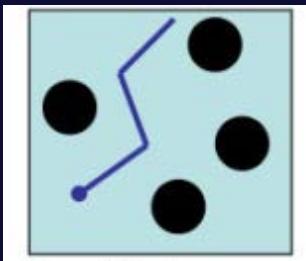


Functional/radiometabolic criteria

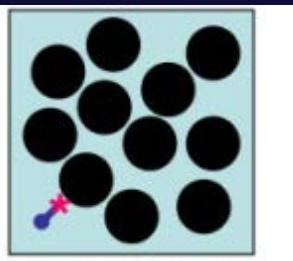


Diffusion-weighted MRI (DWI)

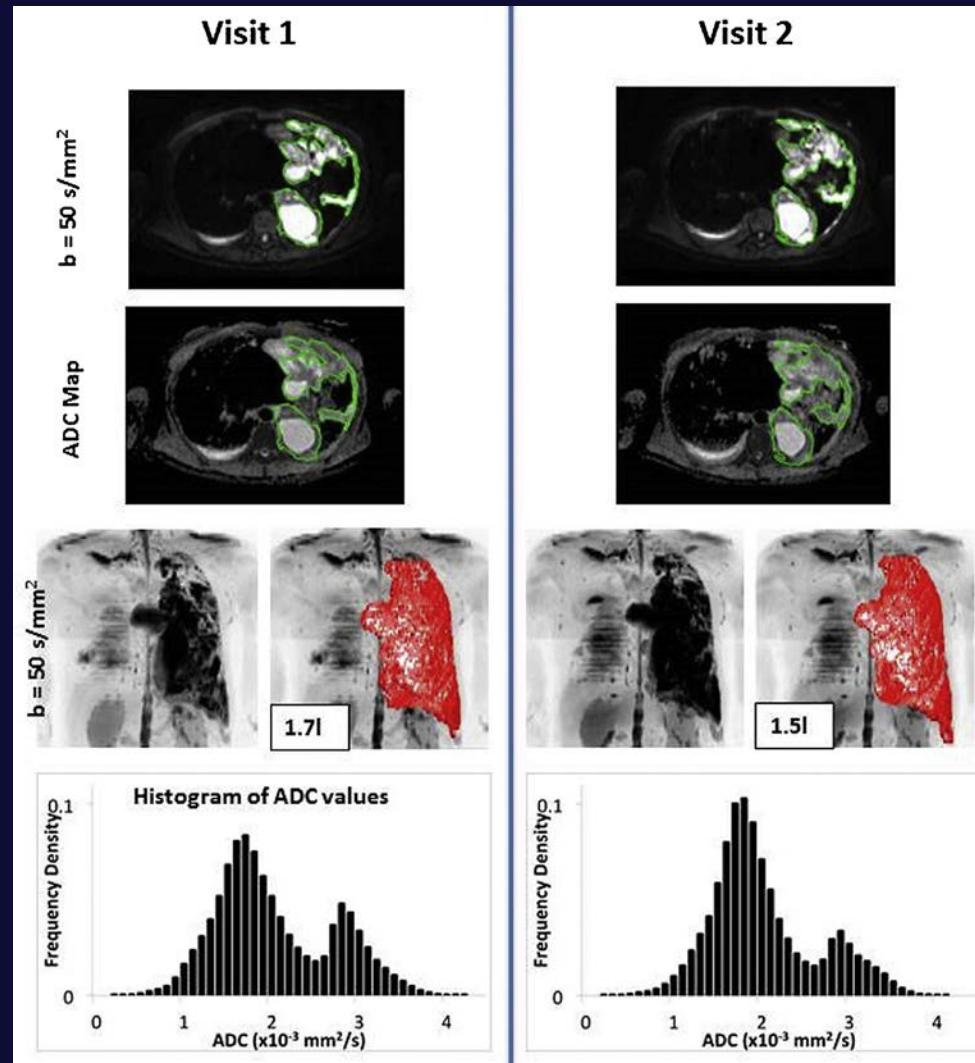
Imaging "funzionale": restrizione del movimento browniano delle molecole d'acqua in tessuti caratterizzati da **elevata cellularità (tumore)**



Free diffusion
Low signal intensity DWI
High ADC



Restricted diffusion
High signal intensity DWI
Low ADC



In responders the DWI signal would decreases and the ADC value increase

CONCLUSIONI STAGING

identificazione della malattia e giudizio di resecabilità

CECT

+

PET-CT

MRI



CONCLUSIONI FOLLOW-UP

Valutazione della risposta al trattamento

CECT
+
PET-CT

DWI (MRI)



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