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Accurate measurement of well-differentiated neuroendocrine tumors liver metastases is critical to determine tumor slope and to assess treatment efficacy

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Our objectives were to determine which CT or MRI sequence is the most reproducible to measure Neuro Endocrine tumors (NET) liver metastases and to assess the percentage of variability of measurements. Intra and inter-observer variability were studied on tri-phasic abdominal CT or liver MRI in 22 and 32 NET patients respectively. Patients were treatment-naïve or under somatostatin analogues. A maximum of 5 liver target lesions per patient was defined and three radiologists measured them on each sequence. Reproducibility was analyzed by calculating the Relative Variation (RV) as defined by RECIST criteria. We analyzed 1656 target measurements for CT and 3384 for MRI. Intra-observers RV were better than inter-observers. T2 for MRI and portal-phase for CT were associated with the lowest measurement variability. The MRI sequence offering the best intra and inter-observer reproducibility is the T2W-sequence. MRI allows more reproducible measurement than CT (inter-observer RV < 20% in 96.8% for MRI and 81% for CT). Our study demonstrates.

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