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Immuno-RECIST in the assessment of atypical responses after immunotherapy

The many faces of atypical response

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The iRECIST approach **allows responses not typically observed in traditional systemic treatment to be identified and better documented**. The guideline describes a standard approach to solid tumour measurement and definitions for objective change in tumour size which can be used in immunotherapy clinical trials.

[iRECIST – RECIST](#)recist.eortc.org/irecist/

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However, **atypical response** patterns of **immunotherapies** are not correctly classified using RECIST 1.1 so that the effectiveness is also incorrectly interpreted. Methodical innovations: In order to correctly interpret these **atypical response** patterns, special **immune-related response** criteria in solid tumors (iRECIST) have been published. In contrast to RECIST 1.1 according to iRECIST an initially ...

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Background Uncommon response during **immunotherapy** is a new challenging issue in oncology practice. Recently, new criteria for **evaluation** of response to **immunotherapy immune response evaluation** criteria in solid tumors (iRECIST) were accepted. According to iRECIST, worsening of performance status (PS) accompanied to pseudoprogression reflects most probably the true ...

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Response Evaluation Criteria In Solid Tumors (RECIST)v1.1endpoints,originallydevelopedto evaluate the benefit of chemotherapeutic and targeted agents, are accepted measures of clinical efficacy in advanced **solid** malignancies.1 Re-cently, **cancer immunotherapy** (CIT) has shifted the treatment paradigm for several cancers.2,3 In

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Purpose Treating **solid tumors** with **cancer immunotherapy** (CIT) can result in unconventional responses and overall survival (OS) benefits that are not adequately captured by **Response Evaluation Criteria In Solid Tumors** (RECIST) v1.1. We describe immune-modified RECIST (imRECIST) **criteria**, designed to better capture CIT responses.

Response Evaluation Criteria in Solid Tumors

Response evaluation criteria in solid tumors is a set of published rules that define when tumors in cancer patients improve, stay the same, or worsen during treatment. The criteria were published in February 2000 by an international collaboration including the European Organisation for Research and Treatment of Cancer, National Cancer Institute of the United States, and the National Cancer Institute of Canada Clinical Trials Group. Today, the majority of clinical trials evaluating cancer treatments for objective response in solid tumors use RECIST. These criteria were developed and published in February 2000, and subsequently updated in 2009.

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