

資料 6

RECIST guidelines

Characteristic	RECIST
Measurability of lesions at baseline	<ol style="list-style-type: none"> 1. Measurable, unidimensional (LD only, size with conventional technique ≥ 20mm; spiral computed tomography ≥ 10mm) 2. Nonmeasurable: all other lesions, including small lesions. Evaluable is not recommended
Objective response	<ol style="list-style-type: none"> 1. Target lesions (change in sum of LDs, maximum of 5 per organ up to 10 total [more than one organ]) <ul style="list-style-type: none"> CR: disappearance of all target lesions, confirmed at ≥ 4 wk PR: $\geq 30\%$ decrease from baseline, confirmed at 4 wk PD: $\geq 20\%$ increase over smallest sum observed, or appearance of new lesions SD: neither PR or PD criteria met 2. Nontarget lesions <ul style="list-style-type: none"> CR: disappearance of all target lesions and normalization of tumor markers, confirmed at ≥ 4 wk PD: unequivocal progression of nontarget lesions, or appearance of new lesions Non-PD: persistence of one or more nontarget lesions and/or tumor markers above normal limits
Overall response	<ol style="list-style-type: none"> 1. Best response recorded in measurable disease from treatment start to disease progression or recurrence 2. Non-PD in nontarget lesion(s) will reduce a CR in target lesion(s) to an overall PR 3. Non-PD in nontarget lesion(s) will not reduce a PR in target lesion(s)
Duration of response	<ol style="list-style-type: none"> 1. Overall CR <ul style="list-style-type: none"> From: date CR criteria first met To: date recurrent disease first noted 2. Overall response <ul style="list-style-type: none"> From: date CR or PR criteria first met (whichever status came first) To: date recurrent disease or PD first noted 3. SD <ul style="list-style-type: none"> From: date of treatment start To: date PD first noted

RECIST = Response Evaluation Criteria in Solid Tumors, LD = longest diameter, CR = complete response, PR = partial response, PD = progressive disease, NC = no change, SD = stable disease.

Journal of the National Cancer Institute, Vol.92, No.3, February 2, 180, 2000