The International Conference on Malignant Lymphoma is the principal forum devoted to basic and clinical research into lymphoid neoplasms.

The conference aims to produce important results in study and treatment of malignant lymphomas, providing the world-wide most important meeting for the discussion of all aspects relating to basic science, translational research and most recent clinical studies with regard to lymphomas.

There were 15 plenary sessions: concomitantly basic and clinical data were presented, while the focus was not a specific morphologic subtype, but rather a pathway or another biological framework (e.g. microenvironment, immune system, chromosomal abnormalities, etc.)

6 Parallel sessions: clinical case discussion sessions, 10 “Focus on...” sessions,

15 educational sessions (Meet the Professor sessions) for a total of 166 oral presentations

2 poster sessions for a total of 200 posters ca.

11-ICML Closed Workshop:
“Lymphoma pretreatment assessment and response criteria in the New Millennium: Beyond Ann Arbor”
14th June 2011

Steering Committee members:
B.D. Cheson (Washington, DC, USA)
R.I. Fisher (Rochester, NY, USA)
T.A. Lister (London, UK)
E. Zucca (Bellinzona, Switzerland).

The participants were 63 (50% from USA/Far East – 50% from Europe).

The Ann Arbor Staging Classification for Hodgkin's Disease (1974) and its subsequent modification (Cotswald, 1989) in which lymphography was replaced by CT scanning, were established to allow accurate planning of curative radiotherapy. ‘Stage’, alone, or as part of prognostic indexes continues to be described for all lymphomas as ‘according to the Ann Arbor Classification’ regardless of the fact that staging laparotomies are no longer being performed and that PET scanning is increasingly being used as a staging modality and has already been incorporated in the response criteria definition for Hodgkin lymphoma and Diffuse large B cell lymphoma. Hence, there is a need to formulate a new classification that incorporates PET scanning in lymphoma diagnoses with high PET avidity, such that both staging and post treatment outcome assessment may be meaningful in terms of patient outcome and for research purposes.

The workshop was held on Tuesday, June 14, 2011 at USI Auditorium (Lugano University).
The discussion was mainly devoted to review the pre and post treatment evaluation of patients with lymphoma and to determine which changes are appropriate in order to accommodate FDG PET scanning. In addition, the workshop addressed the question of whether there was a definition of tumor bulk that was suited to the current treatments and could be incorporated into the response criteria. A central concept of the workshop was that the new classification would be designed primarily for use in routine clinical practice, and be adaptable for certain types of clinical trial, particularly those aimed at obtaining registration for new agents.

To this end the workshop was attended by representatives of many of the major clinical trial groups as well as other experts in the field.

The provisional conclusions of the workshop can be summarized as follow:

1) The current Ann Arbor Staging System needs to be modified to include pre-treatment PET scans in disease subtypes with high PET avidity where it will influence management (HD, DLBCL; FL for localised disease where RT is being considered; and possibly PTCL)
2) the best way to combine the structural and functional information available from CT and PET should be the subject of further study
3) Conventional radiology is not required in routine staging of all lymphomas
4) PET cannot replace bone marrow biopsy
5) Quantitative CT to provide volumetric measurements is not ready for use yet, but is very interesting.

However, it was anticipated that the workshop would identify additional data to be required before 'validated' classification would be proposed, and that subgroups will be established to plan how best to obtain the necessary data prior to a further workshop.

Next meeting: Tuesday, June 18, 2013