Multicenter, double-blind, randomized, intraindividual crossover comparison of gadobenate dimeglumine and gadopentetate dimeglumine for MR imaging of the breast (DETECT)

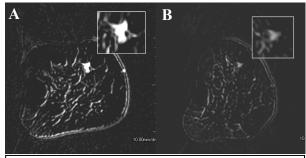
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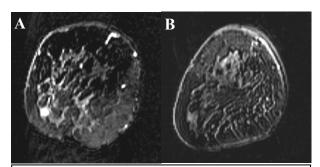
Purpose: To intra-individually compare 0.1 mmol/kg doses of gadobenate dimeglumine and gadopentetate dimeglumine for contrast-enhanced breast MRI using a prospective, multi-center double-blinded, randomized protocol.

Methods: Institutional review board approval and patient informed consent was obtained. One hundred sixty-two women (52.8±12.3 years) enrolled at 17 sites in Europe and China between 07/07 and 05/09 underwent at least one breast MRI exam at 1.5T using 3D spoiled GRE sequences. Of these, 151 women received both agents in randomized order in otherwise identical exams separated by >2 but <7 days. Images, acquired at ≤2 min intervals after contrast injection, were evaluated independently by three blinded radiologists unaffiliated with enrolment centers. Histopathological confirmation was available for all malignant lesions (n=144), while benign lesions were confirmed either by histopathology (n=52) or by 12-month diagnostic follow-up (n=20) with mammography and/or ultrasound. Determinations of malignant lesion detection rates and diagnostic performance (sensitivity, specificity, accuracy, positive and negative predictive values [PPV and NPV]) were performed and compared (McNemar and Wald tests). A full safety assessment was performed.

Results: Each reader detected significantly more malignant lesions with gadobenate dimeglumine than with gadopentetate dimeglumine (132-136 of 144 [91.7-94.4%] vs. 115-120 of 144 [79.9-83.3%]; p \leq 0.0003). The cancer misdiagnosis rates were roughly double with gadopentetate dimeglumine for all three readers (4.9-11.9% vs. 2.6-4.0%). In terms of diagnostic performance significantly superior sensitivity, specificity and accuracy for breast cancer detection with gadobenate dimeglumine was noted by all three readers (91.1-95.2% vs. 81.2-84.6%; 96.9-99.0% vs. 93.8-97.8%; 96.7-98.2% vs. 92.8-96.1%; p \leq 0.0094). Likewise each reader noted significantly superior PPV (77.2-91.1% vs. 60.9-80.7%; p \leq 0.0002) and NPV (99.0-99.4% vs. 97.8-98.1%; p \leq 0.0003) with gadobenate dimeglumine. Three-reader agreement for assessing lesion nature was good (76.4%; κ =0.689) for gadobenate dimeglumine but only moderate (66.2%; κ =0.574) for gadopentetate dimeglumine. No safety concerns were noted with either agent.



A. MultiHance B. Magnevist. A 68-year old woman with IDC in right superior medial region of right breast. Irregular lesion shape and spiculated margins are better seen in enlarged image after MultiHance.



A. MultiHance B. Magnevist A 36-year old woman with IDC in right inferior lateral region of right breast. Lesion detected by all three readers after MultiHance but by only one reader after Magnevist.

Conclusion: Gadobenate dimeglumine at a dose of 0.1 mmol/kg bodyweight is superior to gadopentetate dimeglumine at equivalent dose for breast cancer diagnosis. The improved diagnostic performance with gadobenate dimeglumine may have important implications for breast cancer screening and diagnosis.