PELVIS: Added value of Diffusion-Weighted MRI NM deSouza

- Diffusion-weighted (DW-) MRI is proving invaluable for detection, staging and response assessment of pelvic malignancy
- Standardized methodology and rigorous quality assurance are essential for robust measurements that are usuable in multicentre response assessment trials

DW-MRI exploits intrinsic tissue contrast generated by movement of water within tissues over distances of around 1-20 microns. In soft tissue tumors, quantitative ADC maps can be used in conjunction with conventional T2-W images to improve tumor detection and staging, and are increasingly being explored as quantitative functional biomarkers of prognosis and response. In prostate cancer, the addition of DW-MRI improves the sensitivity and specificity for detecting Stage 1 and 2 tumors from 50.0% and 79.6% respectively on T2-W alone to 73.2% and 80.8%¹. ADC has also been explored as a marker for disease aggressiveness by comparing tumor values between patients with low- vs. higher-risk organconfined prostate cancer. In monitoring patients managed by active surveillance, tumor ADCs showed significant reduction with time in patients who were upgraded histologically or progressed to radical treatment while changes in those that did not progress were not significant². In *rectal cancer*, ADCs have been reported to differentiate tumor from both healthy and inflammatory colon with 93% sensitivity and 93% specificity³. Tumors achieving downstaging have been associated with significantly lower pre-treatment mean ADC values than non-downstaged tumors, suggesting the absence of significant necrosis before treatment as a favorable prognostic factor⁴. In *ovarian cancer*, DW-MRI depicts deposits on the visceral peritoneum as foci of high signal intensity against a background of suppressed signal from surrounding ascites, bowel contents and fat. Preliminary data using histogram analyses of ADCs derived from multiple target lesions indicates the ability of DW-MRI to differentiate responders from non-responders after 1 cycle of chemotherapy⁵. In *cervical* cancer, ADC of cervical tumors is significantly lower than normal cervical stroma⁶, improving tumor detection, particularly in early stage disease. ADC is significantly lower in poorly compared with well/moderately differentiated cervical tumors⁷. ADC values can differentiate malignant from benign endometrial lesions with a sensitivity, specificity and accuracy of 85%, 100% and 92% respectively⁸. The accuracy of DW-MRI in assessing myometrial invasion has been shown to be comparable to DCE-MRI which it could replace in preoperative evaluation⁹.

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