

IMAGING TUMOR RESPONSE TO THERAPY

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Cancer is a major human health problem, and a completely effective therapy is not available for most types of cancer. The expected benefit of the treatment is assessed in terms of a reduction in both the size of the tumor and dissemination of the cancer. Imaging is an ideal tool with which to evaluate response. The aim of using imaging as a surrogate biomarker for therapeutic response in oncology is to obtain a measure of disease extent and to better understand tumor response earlier than is

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In my opinion, Imaging Tumor Response to Therapy is an excellent book for all the medical professionals involved in oncology. The book is well priced and is an important addition to anyone who is interested in the oncology field.
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The first drugs for cancer chemotherapy became available more than 50 years ago. At that time, these chemotherapeutic agents were observed to produce tumor shrinkage and thus, in some cases, increased survival and even patient cure.

[Optical imaging predicts tumor response to anti-EGFR therapy](#)

Tumor cell lines that had less internalization of labeled antibody in vitro had a greater response to cetuximab treatment in tumor xenografts in vivo. Consistent with findings from other investigators, 6, 9, 10 EGFR expression did not correlate with treatment response.

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The first drugs for cancer chemotherapy became available more than 50 years ago. At that time, these chemotherapeutic agents were observed to produce tumor shrinkage and

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Measurement of solid tumor response to treatment relies mainly on imaging. WHO tumor response criteria and, more recently, RECIST (response evaluation criteria in solid tumors) have provided means

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WHO tumor response criteria and, more recently, RECIST (response evaluation criteria in solid tumors) have provided means to objectively measure tumor response in clinical trials with imaging. These guidelines have been rapidly adopted in clinical practice to monitor patient treatment and for therapy planning.