

## **The utility of PET-CT in baseline and sequential characterisation of Pulmonary Pleomorphic Carcinoma**

*Darragh Garrahy<sup>1</sup>, Teh Rui Qian<sup>2</sup>, Danielle Byrne<sup>2</sup>, Peter Beddy<sup>2</sup>*

*(1) Department of Radiology, St Vincent's Hospital, Nutley Lane, Dublin 4, Ireland.*

*(2) Department of Radiology, St James's Hospital and Trinity College Dublin, James's St, Dublin 8, Ireland.*

Pulmonary Pleomorphic Carcinomas (PPCs) represent a rare and aggressive subtype of Non-Small Cell Lung Cancer (NSCLC) that can only be definitively diagnosed on a surgical specimen. This study utilised PET-CT to evaluate radiological characteristics of PPCs.

This study retrospectively evaluated the radiological characteristics of PCCs diagnosed in St James's Hospital Dublin between 2012-2023. Computed Tomography (CT) and Positron Emission Tomography (FDG-PET) imaging features (size, location, density, shape, invasion, and growth kinetics) and standard uptake value for each lesion were evaluated.

39 PCCs were identified with a mean age of 66.5 years (range: 49-82 years). FDG-PET was performed in all 39 cases. Tumours demonstrated a high FDG uptake at baseline with a mean (SUV) of 12.6 (range: 1.4 - 36.9). A second interval PET-CT on average 3.3 months after the first in 3 cases demonstrated over 120% increase in SUV. The mean tumour size was 4.3 cm (range: 1.0 - 14.5 cm). Tumours developed rapid interval growth, reaching a mean maximum diameter of 6.6 cm (53.4%) within a mean of 2.1 months. Tumours were predominantly located in the upper lobe (71.8 %) and displayed necrotic features in 53.8 % of cases. 82.1% of tumours invaded the mediastinum.

This study describes the largest cohort of Pulmonary Pleomorphic Carcinoma in the literature. Tumours demonstrate a high SUV on baseline imaging and demonstrate rapid growth on interval imaging and central necrosis.

## References:

- (1) Mochizuki T, Ishii G, Nagai K, Yoshida J, Nishimura M, Mizuno T, Yokose T, Suzuki K, Ochiai A. *Pleomorphic carcinoma of the lung: clinicopathologic characteristics of 70 cases*. Am J Surg Pathol. 2008;32(11):1727–35. doi: [10.1097/PAS.0b013e3181804302](https://doi.org/10.1097/PAS.0b013e3181804302).
- (2) Nishida A, Abiru H, Hayashi H, Uetani M, Matsumoto K, Tsuchiya T, Yamasaki N, Nagayasu T, Hayashi T, Kinoshita N, et al. *Clinicoradiological outcomes of 33 cases of surgically resected pulmonary pleomorphic carcinoma: correlation with prognostic indicators*. Eur Radiol. 2016;**26**(1):25–31. Doi: <https://doi.org/10.1186/s12890-022-01915-1>
- (3) WHO Classification of Tumours Editorial Board. WHO classification of tumours. Thoracic tumours. 5th ed. Lyon: IARC PREE; 2021.
- (4) Chen, Z., Liu, J. & Min, L. *Clinicopathological characteristics, survival outcomes and prognostic factors in pleomorphic carcinoma: a SEER population-based study*. BMC Pulm Med 22, 116 (2022). doi: [10.1186/s12890-022-01915-1](https://doi.org/10.1186/s12890-022-01915-1).
- (5) Travis WD, Brambilla E, Nicholson AG, Yatabe Y, Austin J, Beasley MB, Chirieac LR, Dacic S, Duhig E, Flieder DB, et al. *The 2015 World Health Organization classification of lung tumors: impact of genetic, clinical and radiologic advances since the 2004 classification*. J Thorac Oncol. 2015;**10**(9):1243–60. doi: [10.1097/JTO.0000000000000630](https://doi.org/10.1097/JTO.0000000000000630).