



PET CT INDICATION AND PATIENT JOURNEY

KOSTIC JELENA, MD PhD
RADIOLOGIST
INTERVENTIONAL RADIOLOGIST



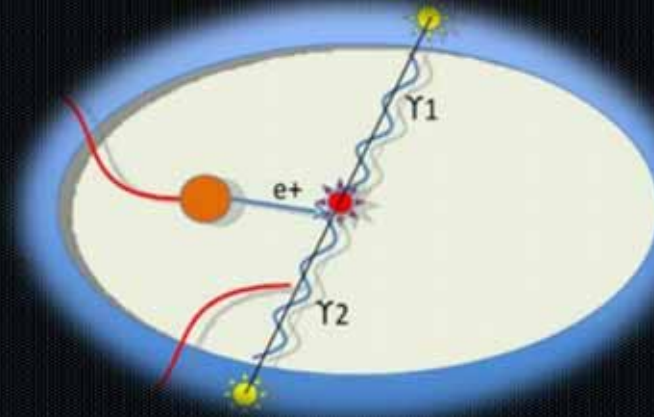
Positron Emission Tomography - nuclear imaging technique.

Gives data about biological and chemical activities.

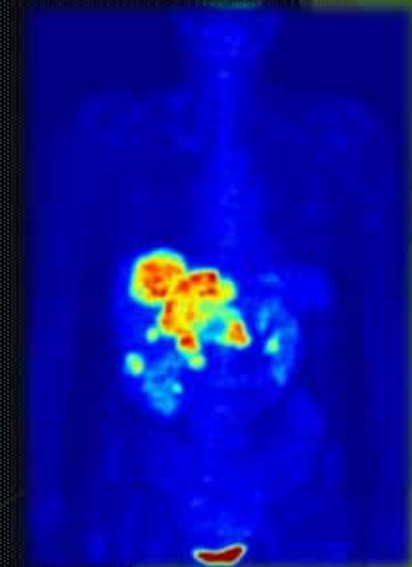
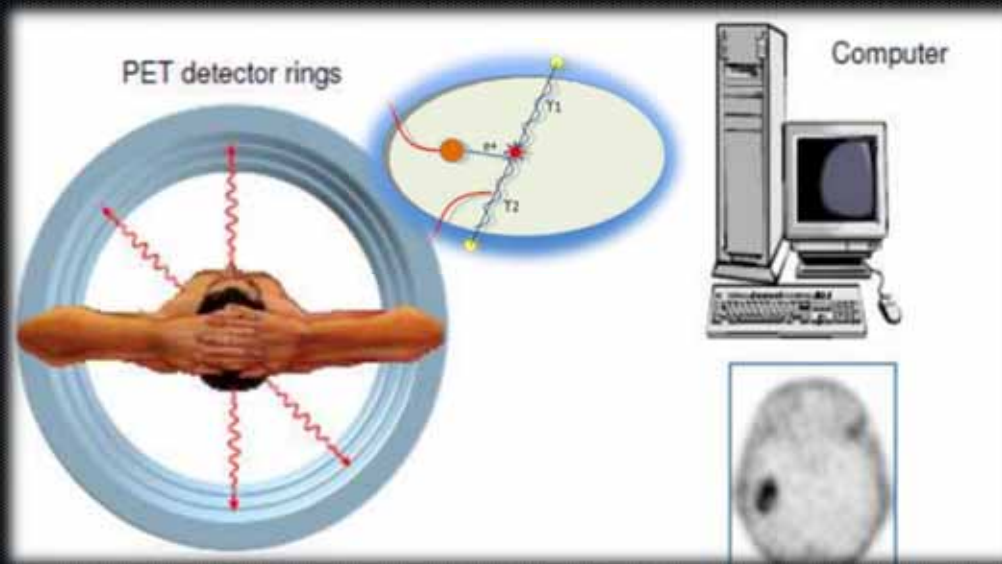
- Inject Short lived Radioactive Isotope in body - most commonly used is FDG (fluoro-2-deoxyglucose).
- Wait till tracer gets accumulated in tissues of interests.
- Patient is placed in the imaging scanner
- Tissue concentration is recorded with time.

How do we see it?

- As isotope decays in body, it releases a positron in body that interacts with an electron, and produces a pair of photons.



- The system detects **pairs of gamma rays** emitted indirectly by positron emitting radionuclide (tracer), which was previously injected in body on a biologically active molecule.
- PET scanner detect these photons and with the help of a computer creates pictures offering details on both the structure and function of organs and tissues in body.
- Images of tracer concentration within the body are then constructed by computer analysis.



PET tracer:

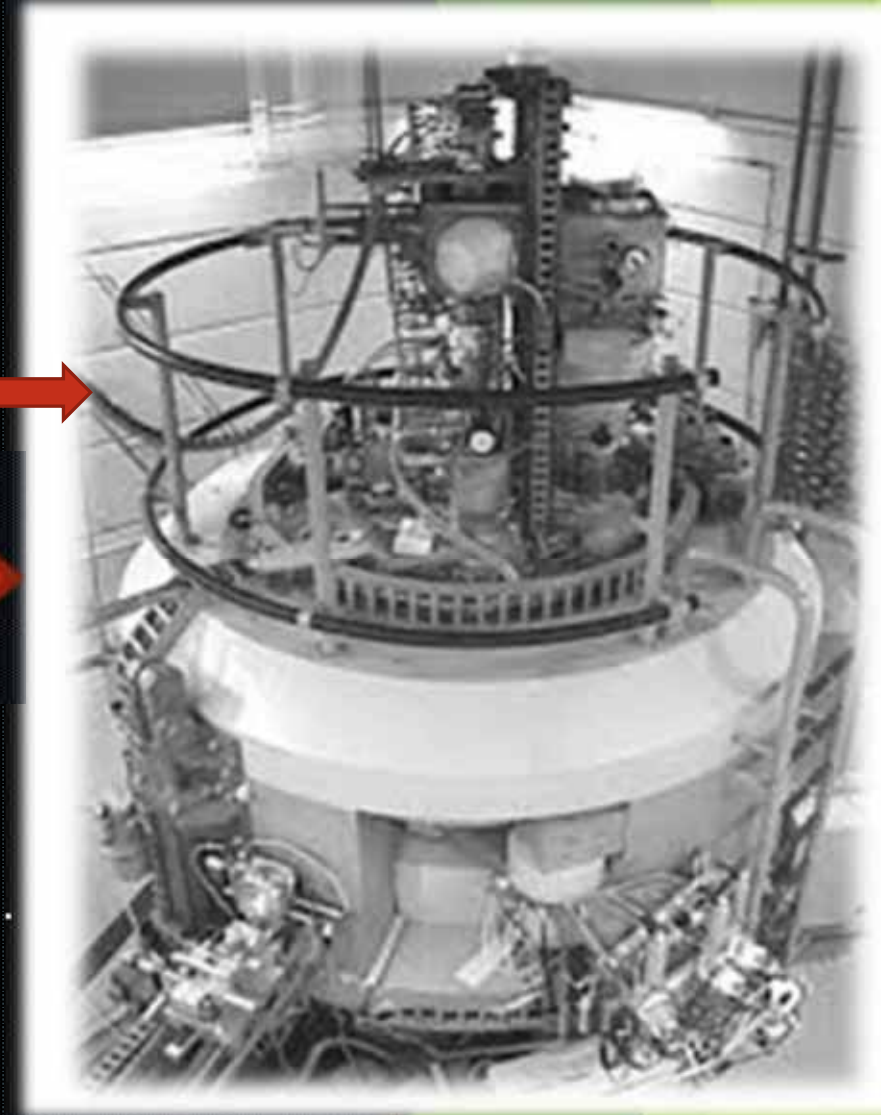
1. Fluorodeoxyglucose is a glucose analogue –
2-fluoro-2-deoxy-D-glucose - FDG.

- Radioactive fluoride atom produced in a **cyclotron** is attached to a molecule of glucose.
- The FDG molecule is absorbed by various tissues just as normal glucose would be.

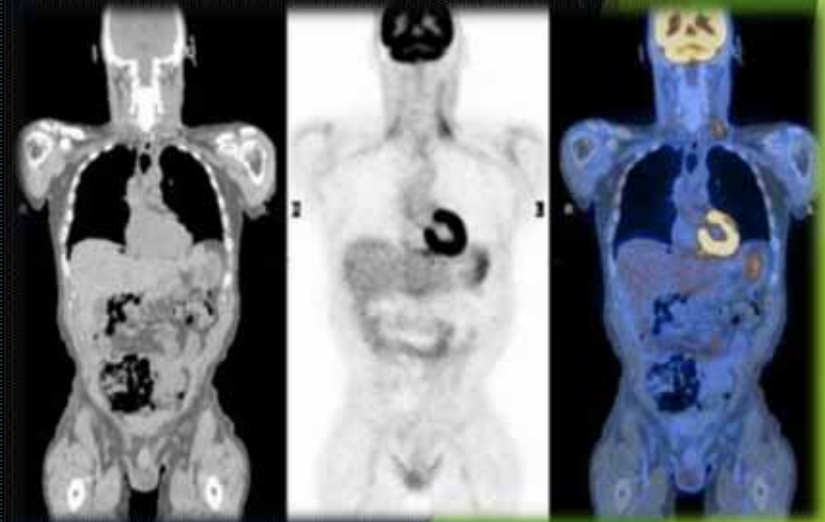
**IN- HOUSE PRODUCTION
of radioisotopes and
radiopharmaceuticals/ radiotracers:**

- 1.FDG
- 2.PSMA

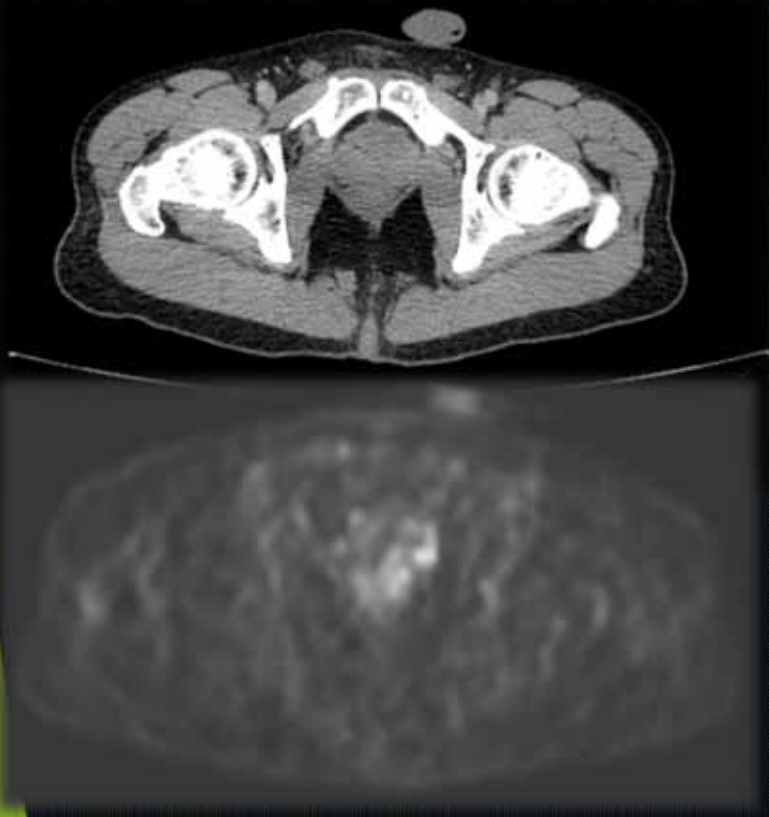
2. Prostate Specific Membrane Antigen (PSMA) ^{68}Ga -PSMA-11.

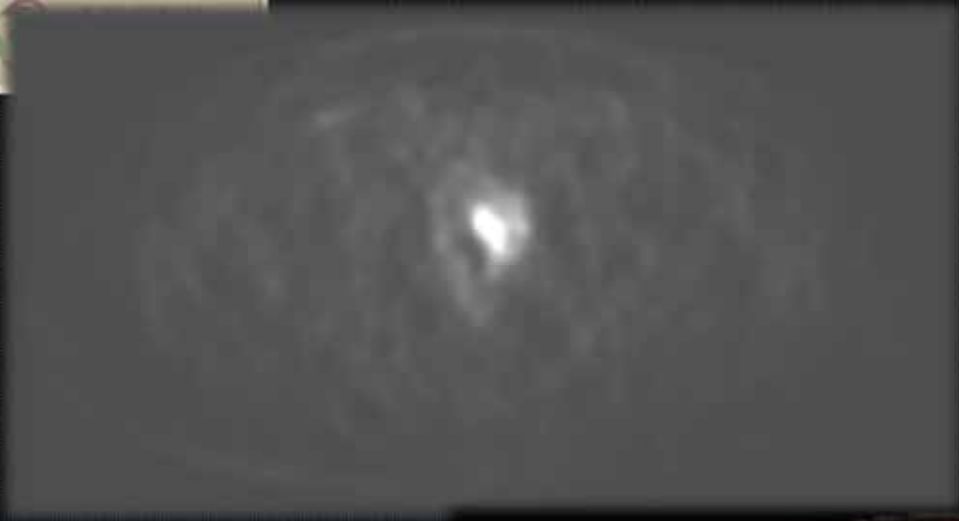


- Half-life : 110 mins
- FDG is not cancer specific and will accumulate in any areas of high rates of metabolism and glycolysis.
- Therefore, increased uptake can be expected in all sites of hyperactivity at the time of FDG administration (e.g., muscles and nervous system tissues); at sites of active inflammation or infection.
- Physiologic uptake of FDG is normally seen in brain, heart, liver, spleen, GI tract, bone marrow, urinary collecting system including bladder.



- Radioactive tracer drug (^{68}Ga -PSMA-11) is injected and attaches to PSMA proteins (prostate cancer tumours overexpress this protein).
- PSMA PET is more effective and precise for localizing metastatic prostate cancer.





PET provides images of quantitative uptake of the radionuclide injected that can give the concentration of radiotracer activity in kilobecquerels per milliliter .

Methods for assessment of radiotracer uptake:

- visual inspection
- **standardized uptake value (SUV)**
- glucose metabolic rate

SUV

- Semiquantitative assessment of the radiotracer uptake from a static (single point in time) PET image.
- Malignant tumours have an SUV of greater than 2.5–3.0, whereas normal tissues such as the liver, lung, and marrow have SUVs ranging from 0.5 to 2.5.
- The SUV of a given tissue is calculated with the following formula:

$$SUV = \frac{\text{Tumor activity concentration (MBq/ml)}}{\text{Injected dose (MBq)}} \times \text{body weight (g)}$$



AEGLE
Cancer Hospital
— A UNIT OF IHL GROUP —

Avant d'initier le traitement spécifique avec succès, le cancer doit être impérativement bien diagnostiqué.

**Introduction du 1^{er}
PET/CT Scan numérique
de l'île Maurice**



660 6000



aeglecancerhospital.com



Rose-Belle Business Park, New Grove

**Avec des performances plus rapides et une plus grande précision,
c'est le diagnostic de référence pour le cancer.**

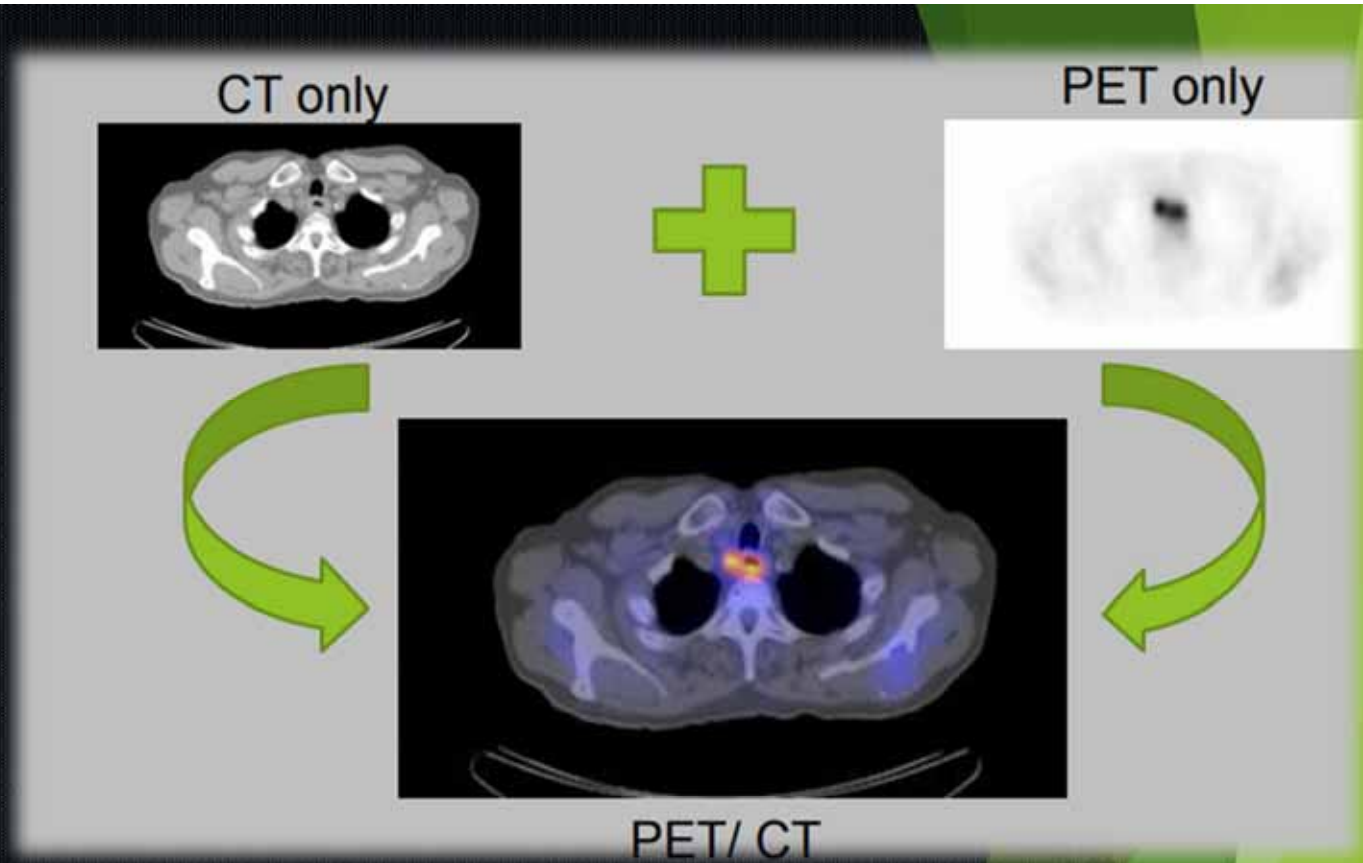
PET



CT

**More
information**

- **PET - Functional imaging**
- **CT-Scanner - Anatomical details**
 - Medical Imaging Technique
 - Both systems in one Gantry
 - Acquired image combined into a coregistered image



- **One-Stop-Shop for Anatomical and Functional information.**
- **Greater Patient Comfort**
 - One trip to the doctors office
 - Better treatment planning
 - More satisfied Patient experience

Applications of PET

- Neuroimaging
- Clinical oncology (medical imaging of tumours).
- Musculo-skeletal imaging
- Cardiology
- Pharmacology
- Neuropsychology

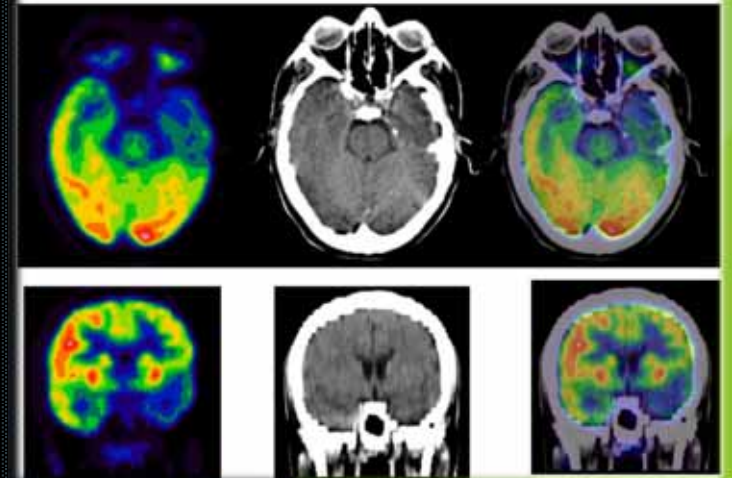
ONCOLOGY:

- Diagnose malignant tumours .
- Select and monitor therapy.
- Detect recurrent tumours before they can be seen on CT or other imaging modalities.
- Find out if the tumour has metastasized (spread).
- Therapy F/U

NEUROLOGY:

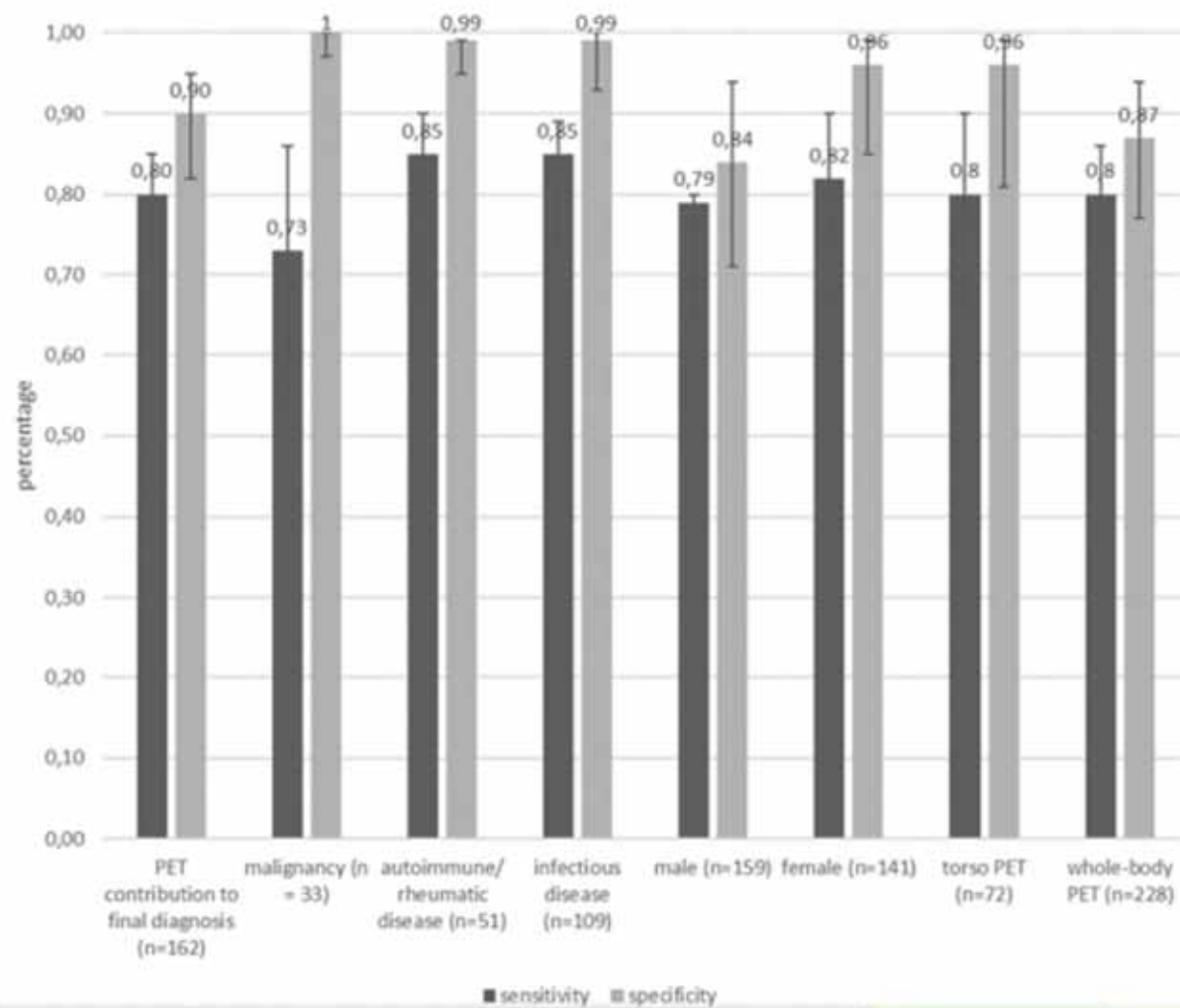
- Localize seizure focus in patients with seizure disorders/ pre-surgery planning.
- Alzheimer's disease
- Evaluate extent of stroke and recovery following therapy.

Hypo metabolism in left temporal lobe secondary to epilepsy



CARDIOLOGY:

- Detect presence of coronary artery disease- myocardial viability/myocardial perfusion.
- Assess the extent of damage from heart disease (is the patient a bypass candidate?)
- Determine which patients will benefit from cardiac transplantation.





Consent form signed



self

ACH

Referral Dr

GP

Specialist

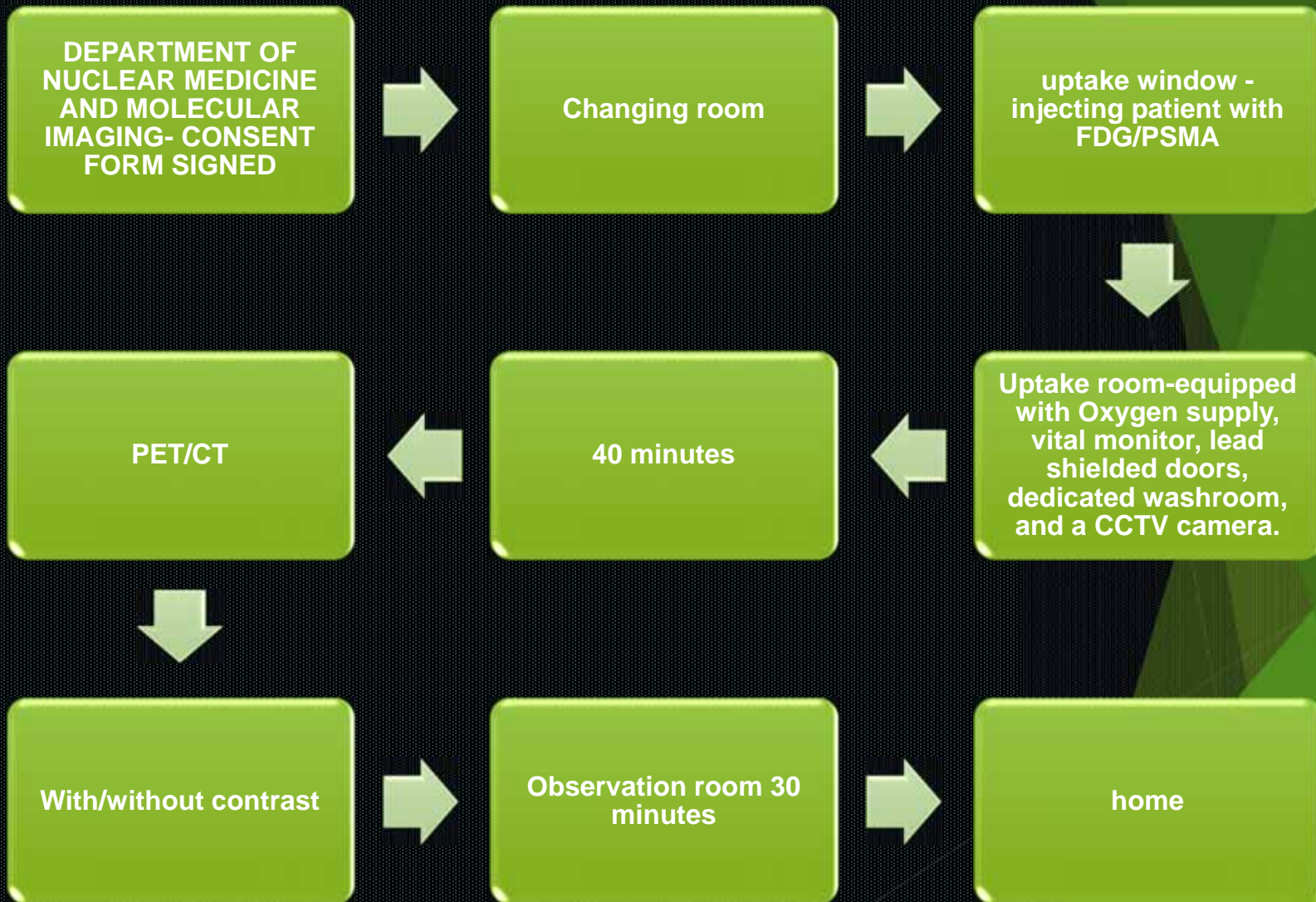
PET /CT



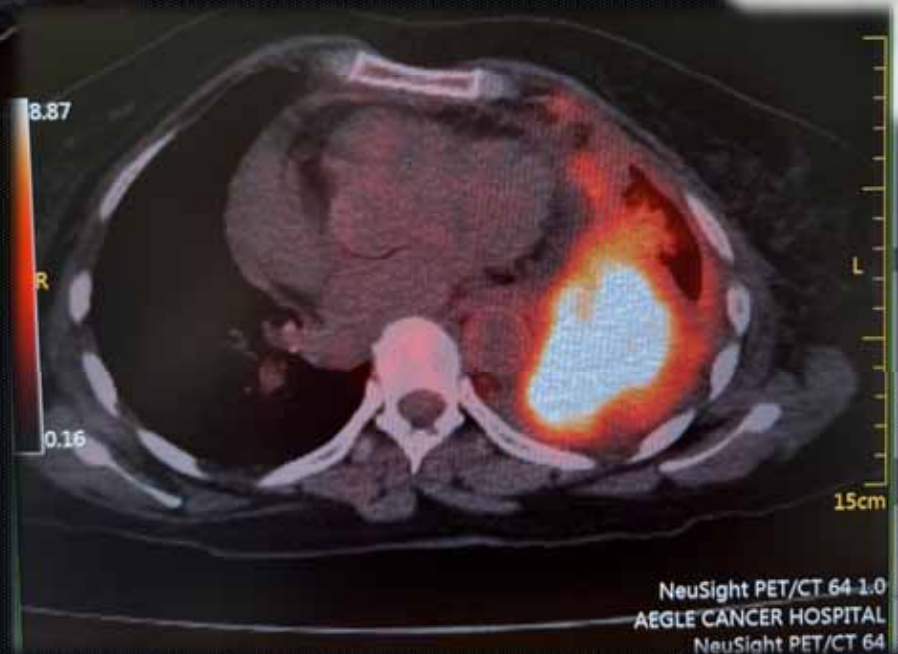
Back to referral Dr

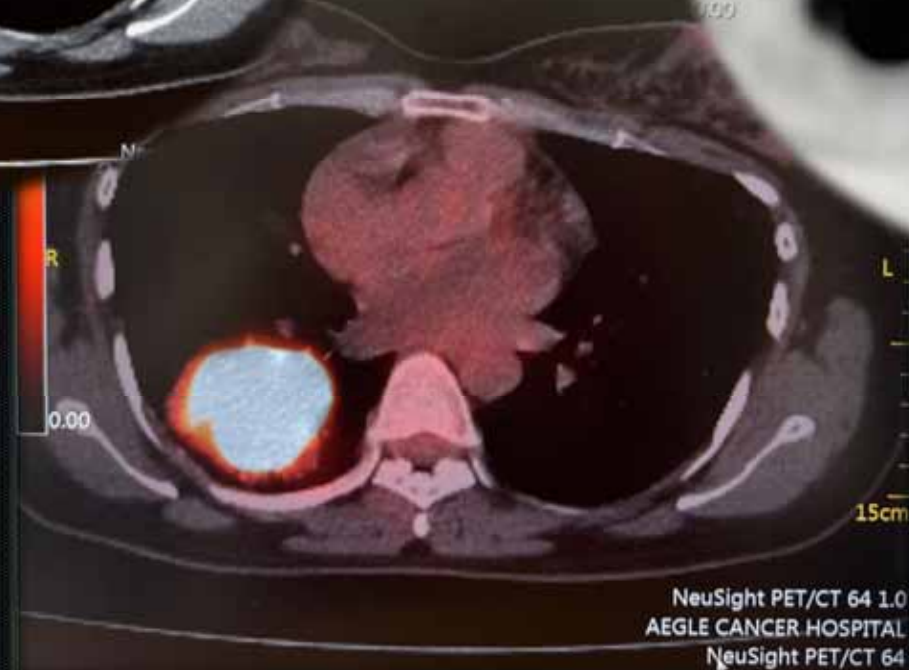
Further diagnostic

Treatment

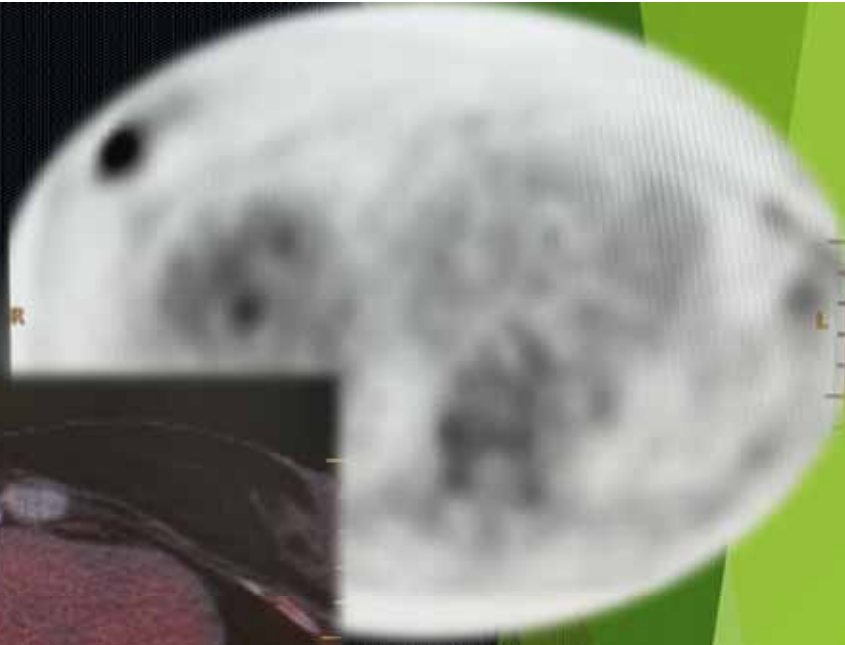




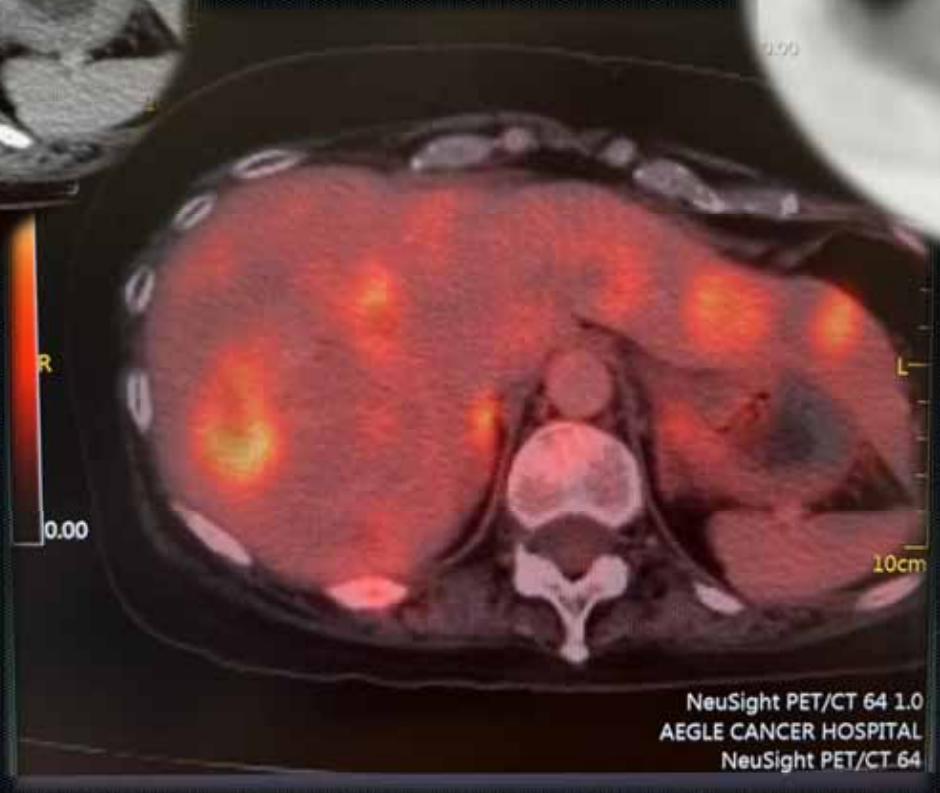


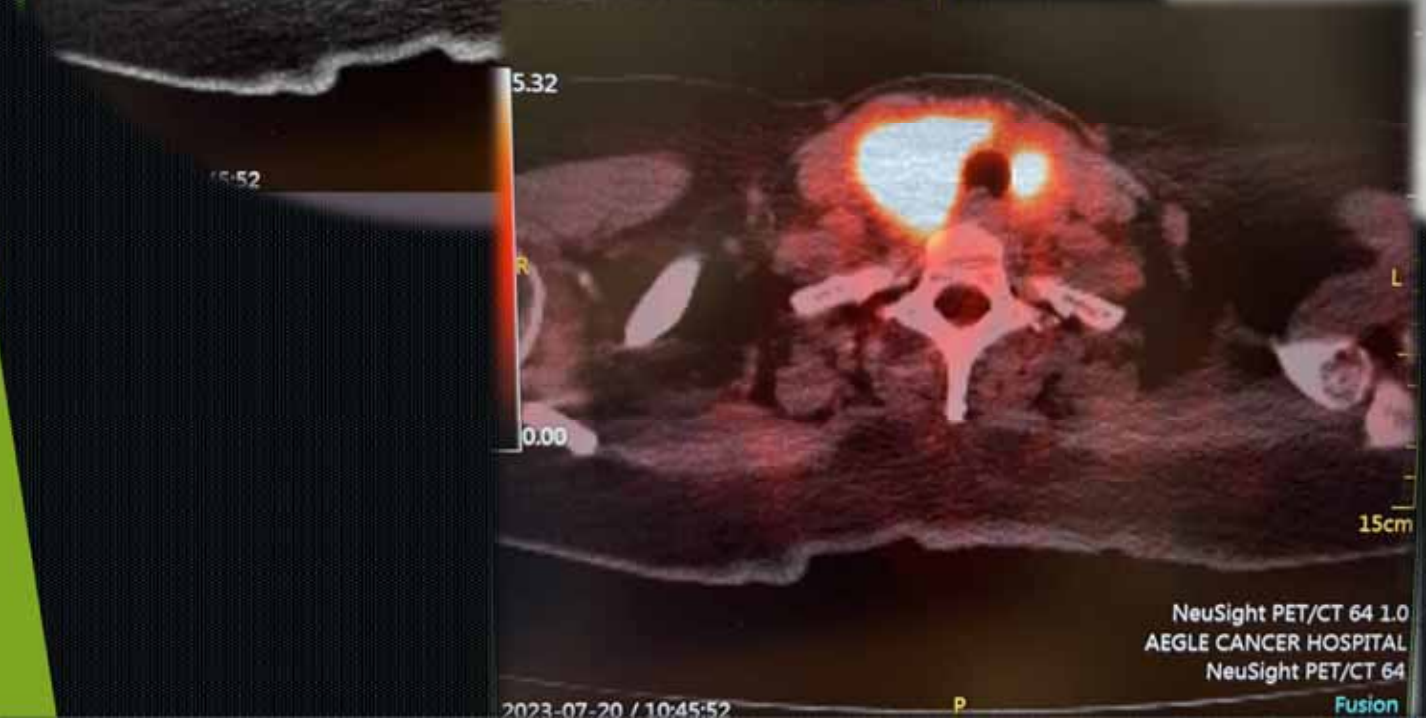


NeuSight PET/CT 64 1.0
AEGLE CANCER HOSPITAL
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Fusion

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THANKS

