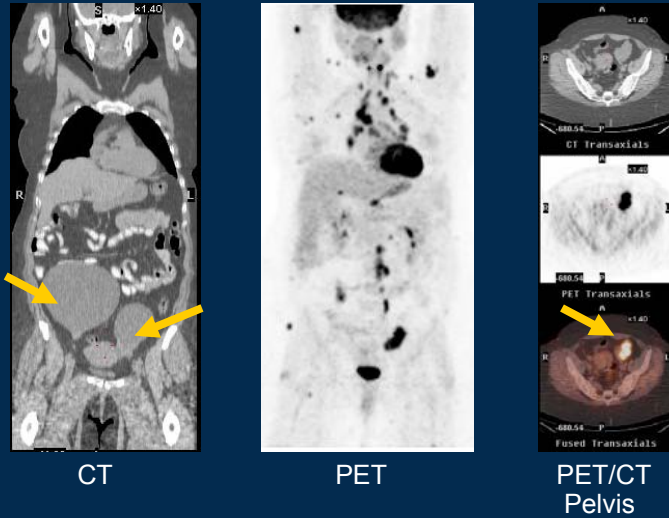




Case Study



CT

PET

PET/CT
Pelvis

PATIENT HISTORY

➤ 48 Y/O female with history of abdominal pain and swelling, rising CA-125. CT shows 11 cm lesion in right ovary and 8.5 cm lesion in left ovary; enlarged mediastinal and hilar lymph nodes. PET/CT requested for diagnosis of ovarian cancer and assess metastatic involvement.

PET/CT FINDINGS

- Abnormal FDG uptake in:
 - Left ovarian mass
 - Multiple mediastinal and hilar lymph nodes
 - Periaortic and porta hepatis lymph nodes
 - Multiple subcutaneous and muscle implants

IMPRESSION

➤ Findings consistent with advanced metastatic ovarian cancer.

DISCUSSION

➤ It has been documented that malignant ovarian cancer cells have a high affinity for fluorodeoxyglucose used as a tracer for PET imaging.¹ This case illustrates the value of PET/CT to properly diagnose ovarian cancer and assess stage, which then guides appropriate treatment. Due to the extent of disease in this patient as determined by PET/CT, an appropriate therapy choice was evident early on in the work-up.

The Stage

June 2006

Featured Indication:

Ovarian Cancer

The case at left describes an example of PET imaging's usefulness in *diagnosing* suspected ovarian cancer. Additionally, adding PET imaging to CT for ovarian cancer *staging* can aid in the detection of metastases outside the pelvis -- an important consideration when deciding whether surgery alone will be effective. While CT alone provides high-resolution morphologic information, PET imaging, provides unique metabolic information, often before anatomic manifestations are apparent.¹

Proper staging can help determine whether some patients should receive neoadjuvant chemotherapy before surgery. PET/CT has been shown to provide physicians with improved prognostic information before and after neoadjuvant chemotherapy. Avril, et al, showed that PET/CT imaging confirmed that median survival of advanced ovarian cancer patients increased to 39 months in metabolic responders, vs 20 months in non-responders as determined by PET. The authors concluded that PET predicted outcomes better than tumor markers or other imaging tests, and often as early as after the first cycle of neoadjuvant chemotherapy.²

Pandit-Taskar, et al, found PET/CT can also help localize the sites of disease so that surgery or biopsy can be better directed, and that PET/CT is of incremental value to CT alone in detecting viable disease after therapy.³

1. Pannu, H., et al, *Diag Imag*, Apr 2003.
2. Avril, N, et al, *J Clin Onc*, Oct 20, 2005.
3. Pandit-Taskar, N, et al, *J Nuc Med*, Nov, 2005.



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- Additional hyperlink to site from www.tridentpet.com



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Medicare Coverage Policy for PET/CT Scans for Ovarian Cancer

Medicare patients meeting the following criteria for Ovarian Cancer *will* be covered*

- Diagnosis
- Initial staging for metastases
- Monitoring effectiveness of ongoing Tx
- Re-staging for assessment of concluded Tx, and local or regional recurrence

*Medicare coverage as part of the National Oncologic PET Registry, which requires submission of pre- and post-PET data for each patient. Most private payers cover PET imaging for ovarian cancer, including BCBS and UHC.

770-513-2499
www.tridentpet.com

The Stage

June 2006

To Order a PET/CT Scan:

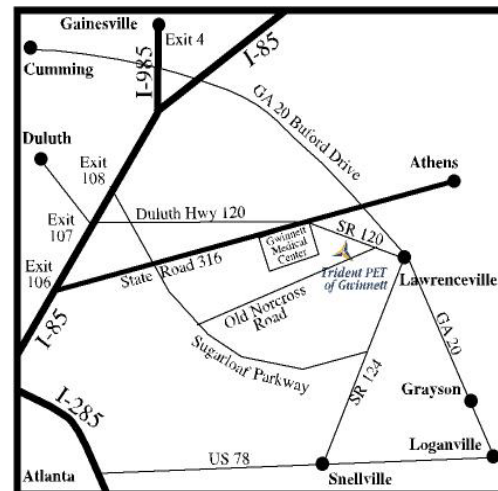
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