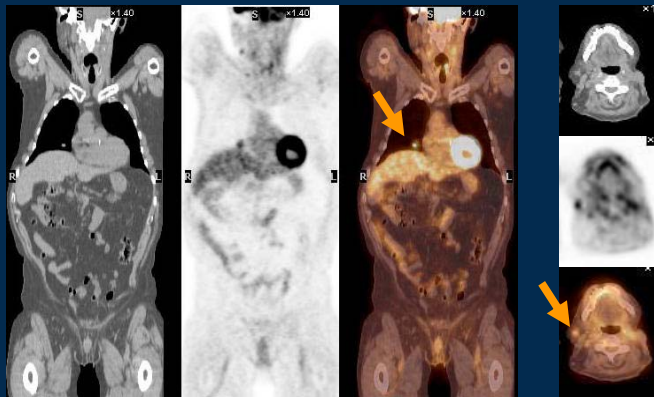


## Case Study



### PATIENT HISTORY

➤ 82 Y/O male with history of 1.6 cm melanoma lesion on right side of head resected 2 years prior. No chemotherapy or radiation. Now presents with swelling in right parotid area. CT shows 2.3 cm lesion in right parotid gland with *no other suspicious findings*. PET/CT to rule out metastatic recurrence.

### PET/CT FINDINGS

- Abnormal FDG uptake in:
- Right parotid region and local lymph nodes
  - Right hilum
  - Left humeral head and shaft
  - Left iliac bone and multiple ribs
  - Left ear tissue

### IMPRESSION

➤ Findings consistent with metastatic, recurrent melanoma.

### DISCUSSION

➤ It has been documented that melanoma cells have a very high affinity for glucose. This case illustrates the value of PET/CT to properly assess melanoma recurrence and stage, and then guide treatment. PET/CT confirmed that the palpable lesion in the right jaw was indeed malignant, and also identified multiple other, previously unknown metastases. Due to these findings, the scheduled parotidectomy and radiation therapy was cancelled. Palliative treatment was then initiated.

Findings and Impression reported by Scott Bartley, MD

## Featured Indication:

### Melanoma

Recently, PET/CT has been shown to be of increasing value in the initial staging and assessment of recurrence of melanoma. While CT alone provides high-resolution morphologic information, melanoma has a high affinity for fluorodeoxyglucose used in PET imaging, which provides unique metabolic information. PET, therefore, is considered to be very accurate for detection of melanoma metastases.<sup>1</sup>

In a recent article Brady, et al, showed that utilizing PET in combination with contrast enhanced CT preoperatively resulted in a significant change in planned patient management 94% of the time. The most common change was cancellation of surgeries (53%), usually because the patient's stage was found by PET to be more advanced than originally thought. The authors also found that PET was more sensitive than CT in finding occult disease, while both tests were highly specific.<sup>2</sup>

It should be noted that PET/CT may not identify primary or metastatic melanoma when the lesion is less than 5 mm, due to the inherent resolution of PET scanners. Therefore, careful consideration should be made to assess micrometastatic disease in local lymph nodes. The literature suggests that lymphoscintigraphy be used to assess the sentinel node, and negative imaging results of sentinel node involvement during the initial workup be confirmed pathologically.<sup>3</sup>

1. McFarland, et al, *J Clin Onc*, 1998;16:1770-1776.
2. Brady, MS, et al, *Ann Surg Onc*, Feb 15, 2006.
3. Acland, MC, et al, *J Clin Onc*, 2001;19:2674-2678.



## The Images you've seen

on films delivered with each patient's transcribed report are now available for your review online with Trident's new *Online Image Viewer*.

Features include:

- Secure web server for two week storage
- Secure log-in and password for each physician
- jpg file format for PET/CT images
- pdf file format for transcribed report
- Email notification that images are ready for viewing
- Downloadable files for printing or archiving



Contact your Trident Professional Services Coordinator to register for this useful tool.

## Medicare Coverage Policy for PET/CT Scans for Melanoma

Medicare patients meeting the following criteria for Melanoma *will* be covered

- Initial staging for distant metastases
- Re-staging for local or regional recurrence

*Not Covered by Medicare*

- Screening asymptomatic patients
- Initial staging of sentinel or local lymph nodes

770-513-2499  
www.tridentpet.com

## The Stage

March 2006

## To Order a PET/CT Scan:

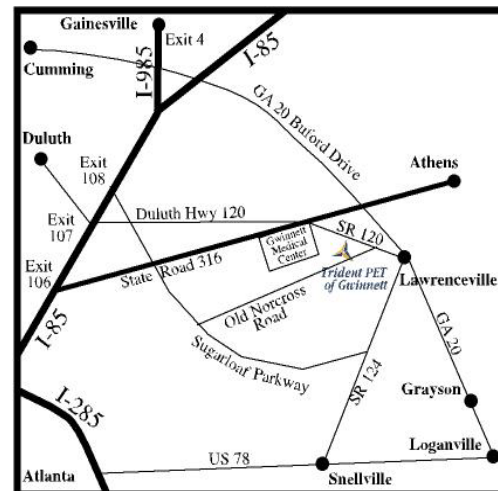
Call: 770-513-2499

Fax: 770-513-2715

Email:

infogwinnett@tridentpet.com

Trident PET of Gwinnett  
545 Old Norcross Road,  
Suite 200  
Lawrenceville, GA 30045



*"Quality Without Compromise"*