10 Interesting Nuclear Medicine Articles
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2. Am J Nucl Med Mol Imaging. 2014 Aug 15;4(5):471-82. Clinical impact of FDG-PET/CT on colorectal cancer staging and treatment strategy. Petersen RK et al. FDG-PET/CT changed the treatment plan in 30% of cases. In ⅓ of these there was either a change from intended curative to palliative therapy or vice versa, while in the remaining ⅔ the pattern was more mixed.


4. Br J Radiol. 2014 Oct;87(1042): Ability of 18-fludeoxyglucose positron emission tomography/CT to detect incidental cancer. Sone Y et al. Retrospective study of of 3079 consecutive patients with known or suspected malignancies, 6.5% scan positive, 2.2% true positive, 4.5% false positive, 2.3% false negative. Most common sites were the colon, lung and stomach. The median survival duration of patients was 42months.

5. Endocr Pract. 2014 Aug 6:1-13. Metformin may be associated with false negative cancer detection in the gastrointestinal tract on PET/CT. Steenkamp DW et al. Metformin leads to intense, diffusely increased FDG uptake in the colon, and to a lesser degree, the small intestine which limits the diagnostic capabilities of FDG PET/CT scanning and may mask gastrointestinal malignancies.

6. J Nucl Med. 2014 Sep;55(9):1401-3. Is Radiocholine PET/CT Already Clinically Useful in Patients with Prostate Cancer? Mansi L et al. Radiocholine PET may be considered a useful tool in the restaging of PCa patients. Some authors recommend radiocholine PET in patients with a biochemical relapse of disease in the case of PSA greater than 1.5 ng/mL, PSA velocity greater than 0.75 ng/mL/y, or PSA doubling time less than 6 mo.

ALN metastasis was found to be independently associated with cancer-specific death.

214 biopsy-proven HNSCC patients underwent a posttherapy PET/CT study, between 5 and 24 wk after completion of treatment. The median follow-up was 27 mo. Scores 1, 2, and 3 were considered negative for tumors, and scores 4 and 5 were considered positive for tumors. The Hopkins 5-point qualitative therapy response interpretation criteria has substantial interreader agreement and excellent negative predictive value and predicts OS and PFS in patients with HPV-positive HNSCC.

SAM/CME article

Lu-PRRT was shown to be an effective therapeutic option in 43 patients with advanced progressive GI-NETs.