



FDG-PET/CT improves management of patients with sarcomas

By Will Morton, AuntMinnie.com staff writer

Sunday, November 27 | 10:30 a.m.-11:30 a.m. | S2-SSNMMI01-4 | Room E352
In this scientific session, a study will be presented on the impact of F-18 FDG-PET/CT imaging on initial staging, restaging, clinical management, and outcomes for patients with soft-tissue and bone sarcomas.

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Researchers led by presenter Dr. Ur Metser, head of molecular imaging at the University of Toronto, analyzed data on 304 patients who underwent 320 PET scans between November 2018 and October 2021. Imaging was performed for initial staging of high grade (\geq grade 2) or ungradable soft tissue or bone sarcomas with negative or equivocal findings for nodal or distant metastases on conventional imaging prior to curative intent therapy or for restaging of patients with history of treated sarcoma.

Presence of local recurrence or metastases on PET was recorded. Clinical management after PET, compared with pre-PET planned management and outcome data, were retrospectively collected for 171 patients from two participating hospitals.

According to the findings, at initial staging, PET detected metastases in 16.2% of patients with no metastases on conventional workup and confirmed metastases in 47.8% of patients with equivocal findings for metastases. What's more, PET changed treatment intent and treatment type in 37.4% of these patients.

At time of restaging, PET detected local recurrence in 30.1% of patients and distant metastases in 57.7% of patients. It also changed treatment intent and treatment type in 32.8% of patients. In addition, the presence of metastases on PET was associated with shorter progression-free survival at initial staging and shorter overall survival at time of recurrence.

"The detection of additional disease sites on FDG-PET in patients with soft tissue or bone sarcomas results impacts clinical management decisions in a third of patients," Metser noted.

Attend this talk to learn more.

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