

## Access to Medical Imaging Coalition

Protecting and Preserving Access to Quality Imaging Services for our Nation's Medicare Patients

**For Immediate Release**  
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### **Study Demonstrates Significant Benefits of F-FDG PET in Evaluating Colorectal Liver Metastases, Reduces Invasive Procedures by Nearly Forty Percent**

*Washington, D.C.* – The Access to Medical Imaging Coalition (AMIC) announced today that a study published in this month's *Journal of Nuclear Medicine* demonstrated the tremendous benefits of advanced imaging in the evaluation of colorectal liver metastases. Dr. Theo Ruers lead a team of researchers in evaluating the benefits of F-fluorodeoxyglucose (FDG) positron emission tomography (PET) when combined with computed tomography (CT), and its ability to diagnose and stage hepatic growths far more effectively than standard CT alone. The study was presented at the Society of Nuclear Medicine annual meeting in 2008 and received the Siemens Award for Excellence in Practice-Based Research.

“Liver metastases are among the most dangerous threats to patients who have been treated for colorectal cancer, and it is absolutely imperative that at-risk patients have access to the highest quality diagnostic procedures in order to detect and properly stage these cancerous growths if they develop,” said Tim Trysla, executive director, AMIC. “Effective staging of these growths can lead to improved clinical outcomes, and in many cases can prevent unnecessary or ineffective surgeries. AMIC applauds the work of Dr. Ruers and his team, whose research proves the addition of F-FDG PET to standard diagnostic protocols to be extremely useful in accurately identifying the population of individuals most likely to benefit from hepatic surgery and, in turn, drastically reducing the number of wasteful procedures.”

In a randomized multi-center study of 150 patients with colorectal liver metastases recommended for surgery, Ruers et al evaluated the benefits of F-FDG PET by comparing the utilization of F-FDG PET combined with CT to the utilization of CT alone for staging and developing surgical recommendations, with the primary metric for determining success being the overall percentage of futile laparotomies (abdominal incisions to resect the tumor growth) resulting from each diagnostic strategy.

F-FDG PET proved highly successful when combined with CT, ultimately reducing the percentage of futile laparotomies – defined as either any laparotomy that did not result in complete tumor treatment, revealed benign disease, or did not result in a disease-free survival period longer than 6 months – by a net 17 percent (45 percent for CT alone versus 28 percent for F-FDG PET/CT), or a relative reduction of 38 percent.

The authors also noted that because this data was collected between 2002 and 2006, they were forced to use separate PET and CT equipment in making their determinations. With the recent innovative breakthrough and ability to utilize joint PET/CT technology, Ruers et al wrote that in the future “the actual reduction of futile laparotomies will be larger than 38%.”

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