Pre-Congress Symposium 7
Oncology & Theraonotics Committee
Saturday, October 17, 13:00-16:00

Session Title
How to Read PET/CT - Different Shades of Sugar (FDG)

Chairpersons
Gopinath Gnanasegaran (London, United Kingdom)
Prof Annika Loft Jakobsen (Copenhagen, Denmark)
Prof Bhagwant Rai Mittal (Chandigarh, India)

Programme
13:00 - 13:20 Nicolas Aide (Caen, France): How to Read PET/CT - Chemotherapy Setting
13:20 - 13:40 Annika Loft Jakobsen (Copenhagen, Denmark): How to Read PET/CT - Radiotherapy Setting
13:40 - 14:00 Archie Agrawal (Mumbai, India): How to Read PET/CT - Post-Surgical Setting
14:00 - 14:15 Discussion

14:15-15:45 Coffee Break
14:45 - 15:05 Egesta Lopci (Milan, Italy): How to Read PET/CT - Immumotherapy Setting
15:05 - 15:25 Klaus Strobel (Lucerne, Switzerland): How to Deal with Incidental Findings
15:25 - 15:45 Tim Van Den Wyngaert (Antwerp, Belgium): How to Read PET/CT - Tumours with Low FDG Uptake
15:45 - 16:00 Discussion

Educational Objectives
1. How to read PET/CT in various clinical settings (e.g post surgical, chemotherapy, immunotherapy etc)
2. How to read PET/CT: Tumours with low FDG uptake
3. How to deal with incidental findings

Summary
18F-FDG PET/CT is a widely used functional imaging modality in oncology in various clinical settings such as staging, restaging, assessment of treatment response, etc. The advantages and limitations of FDG PET/CT in oncology are well known. Several normal variants, artefacts, and pitfalls in FDG PET/CT imaging are reported in the literature. Increased FDG uptake is seen in both malignant and benign lesions, and several tumours show low or no significant increase in FDG uptake. FDG PET/CT imaging is performed during and post-chemotherapy and immunotherapy, post-radiotherapy, and post-surgical settings. There are several false positive and false negative findings in this setting. This session will focus on how to report and interpret FDG PET/CT findings in the aforementioned clinical scenarios, and also how to deal with incidental findings.

Key Words
PET/CT, post surgical, chemotherapy, immunotherapy, Radiotherapy, incidental findings