

# 68Ga-somatostatin analog PET-CT linked to reduced costs

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(HealthDay)—For imaging neuroendocrine tumors,  $^{68}\text{Ga}$ -somatostatin

analog positron emission tomography-computed tomography (PET-CT) is associated with reduced costs compared with  $^{111}\text{In}$ -octreotide scintigraphy, according to a study published online July 17 in the *Journal of Medical Imaging and Radiation Oncology*.

Tatiana Segard, M.D., from Sir Charles Gairdner Hospital (SCGH) in Nedlands, Australia, and colleagues conducted an analysis based on retrospective clinical data from 95  $^{111}\text{In}$ -octreotide scintigraphies performed in 2007 and 2008 in SCGH and Royal Perth (RPH) hospital and 219  $^{68}\text{Ga}$ -somatostatin analog PET-CT studies conducted at SCGH in 2013. The authors derived whole body effective radiation dose from the radiopharmaceutical and low-dose CT scan. Radiopharmaceutical and imaging [costs](#) were included in the cost analysis.

The researchers found that the mean effective radiation dose was 18.1 mSv and 13.8 mSv at SCGH and RPH, respectively, for  $^{111}\text{In}$ -octreotide scintigraphy. For  $^{68}\text{Ga}$ -somatostatin analog PET-CT, the effective dose was 8.7 to 10.7 mSv. The average cost was four times lower for  $^{68}\text{Ga}$ -somatostatin PET-CT versus  $^{111}\text{In}$ -octreotide scintigraphy.

" $^{68}\text{Ga}$ -somatostatin analogue PET-CT is not only more accurate than  $^{111}\text{In}$ -octreotide [scintigraphy](#), this study has also shown that it is significantly less expensive, delivers a lower [radiation](#) dose to patients, and requires less imaging time for patients and staff," the authors write.

**More information:** [Abstract](#)  
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