

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

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(HealthDay)—For imaging neuroendocrine tumors, ⁶⁸Ga-somatostatin



analog positron emission tomography-computed tomography (PET-CT) is associated with reduced costs compared with ¹¹¹In-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 95¹¹¹In-octreotide scintigraphies performed in 2007 and 2008 in SCGH and Royal Perth (RPH) hospital and 219⁶⁸Ga-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 <u>costs</u> 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 ¹¹¹In-octreotide scintigraphy. For ⁶⁸Ga-somatostatin analog PET-CT, the effective dose was 8.7 to 10.7 mSv. The average cost was four times lower for ⁶⁸Ga-somatostatin PET-CT versus ¹¹¹In-octreotide scintigraphy.

¹¹⁶⁸Ga-somatostatin analogue PET-CT is not only more accurate than ¹¹¹In-octreotide <u>scintigraphy</u>, this study has also shown that it is significantly less expensive, delivers a lower <u>radiation</u> dose to patients, and requires less imaging time for patients and staff," the authors write.

More information: <u>Abstract</u>

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