Clinical workshop liver lesions September, 30 2022





Roland HUSTINX Dpt of Nuclear Medicine and Oncological Imaging



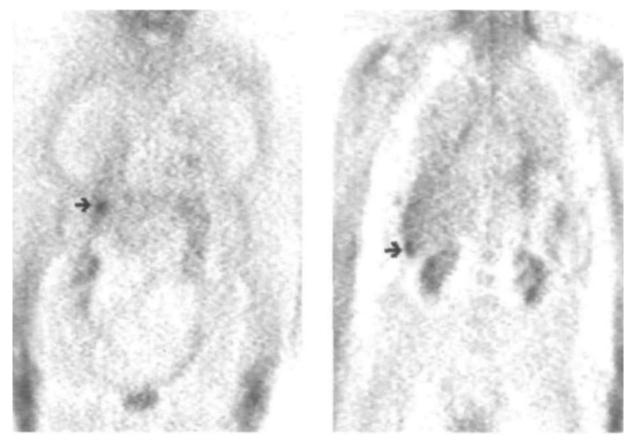
#### PET/CT: we have come a long way

Annals of Oncology 9: 397–401, 1998. © 1998 Kluwer Academic Publishers. Printed in the Netherlands.

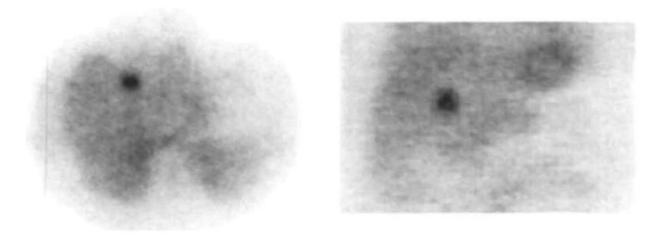
## Original article \_

# Clinical evaluation of whole-body <sup>18</sup>F-fluorodeoxyglucose positron emission tomography in the detection of liver metastases<sup>\*</sup>

R. Hustinx,<sup>1</sup> P. Paulus,<sup>1</sup> N. Jacquet,<sup>2</sup> G. Jerusalem,<sup>3</sup> T. Bury<sup>4</sup> & P. Rigo<sup>1</sup> Divisions of <sup>1</sup>Nuclear Medicine, <sup>2</sup>Abdominal Surgery, <sup>3</sup>Onco-Hematology, <sup>4</sup>Pneumology, University Hospital, Sart Tilman, Liege, Belgium



8 to II overlapping steps extending from the neck to the pelvis were obtained during a total scanning time of 32 to 44 minutes (4 min/step).



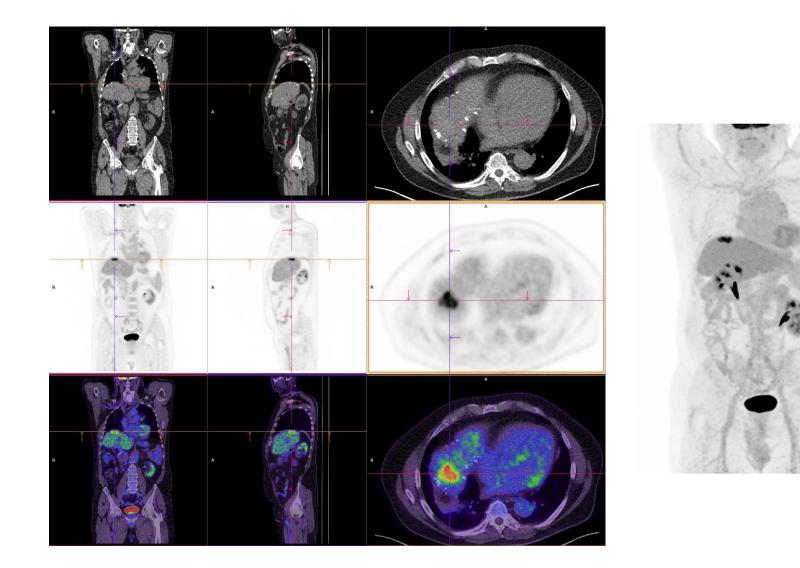
*Figure 3.* Sixty-eight-year-old man with a previous history of rectal carcinoma. A single liver metastasis is demonstrated by contrast enhanced CT and FDG-PET (left: transverse slice; right: coronal slice). Note the high quality of the attenuation corrected images.

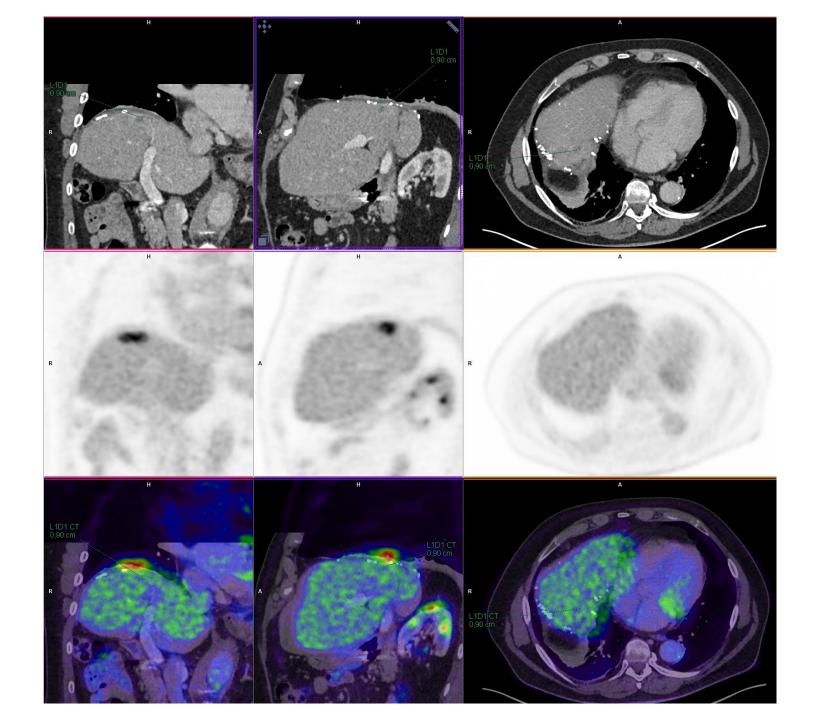




180 cm, 90 kg Acquisition: 9 minutes

#### 64 y-o male, colon cancer in 2010, liver recurrence treated by surgery in 2014 - ↗ CEA





#### Colorectal liver metastases: Diagnosis

15690 retrieved articles	
from all databases	
Jan 1990–Jan 2010	
5an 1990-5an 2010	
312 potentially relevant	15378 excluded articles based on:
articles based on title	<ul> <li>Irrelevant content e.g. other diseases</li> </ul>
and subsequently on	- Reviews
abstract	- Case reports
J	- Non-human studies
39 included articles in	273 ineligible articles based on:
this meta-analysis	- Article not found (n=4)
following inclusion and	- Retrospective study design (n=84)
exclusion criteria	- Study population <10 (n=10)
	- Imaging other than CT, MR-imaging, FDG-PET
	or FDG-PET/CT to identify and/or characterize
	liver metastases (n=47)
	- Unacceptable reference standard (n=28)
	- 2x2 table not possible for CRLM (n=80)
	- Results are a combination of different imaging
	modalities and cannot be differentiated for single
	tests (n=8)
	- Study uses non-helical CT (n=12)

Sensitivity Estimates for Each Imaging Modality on a Per-Lesion Basis							
Mean Sensitivity (%) <sup>†</sup>							
74.4 (68.7, 79.3)							
80.3 (74.6, 85.0)							
81.4 (66.5, 90.6)							
66.2 (54.5, 76.2)							

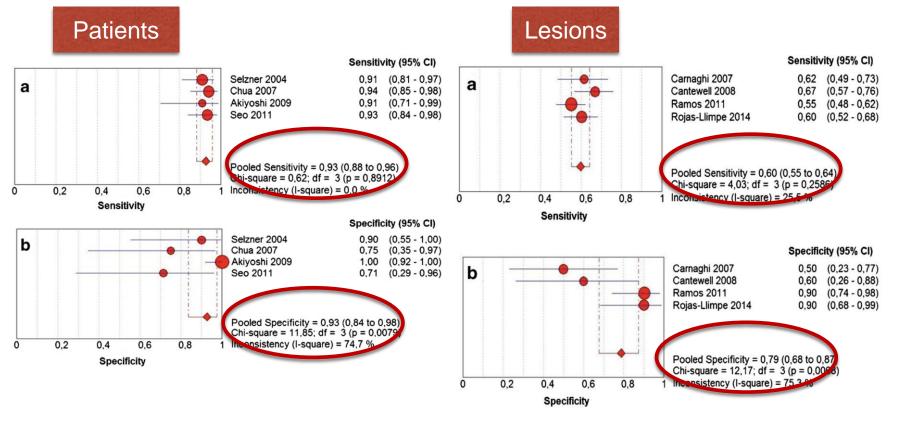
Summary of Estimates for Each Imaging Modality on a Per-Patient Basis							
Modality*	Mean Sensitivity (%) <sup>†</sup>	Mean Specificity (%) <sup>+</sup>					
CT ( <i>n</i> = 9)	83.6 (66.9, 92.8)	94.9 (92.9, 96.3)					
MR imaging $(n = 6)$	88.2 (64.8, 96.8)	92.5 (89.5, 94.6)					
FDG PET ( $n = 6$ )	94.1 (91.6, 95.9)	95.7 (92.7, 97.6)					
FDG PET/CT ( $n = 3$ )	96.5 (94.2, 97.9)	97.2 (92.8, 99.0)					

Niekel et al *Radiology:* Volume 257: Number 3—December 2010

#### Diagnostic accuracy and impact on management of <sup>18</sup>F-FDG PET and PET/CT in colorectal liver metastasis: a meta-analysis and systematic review

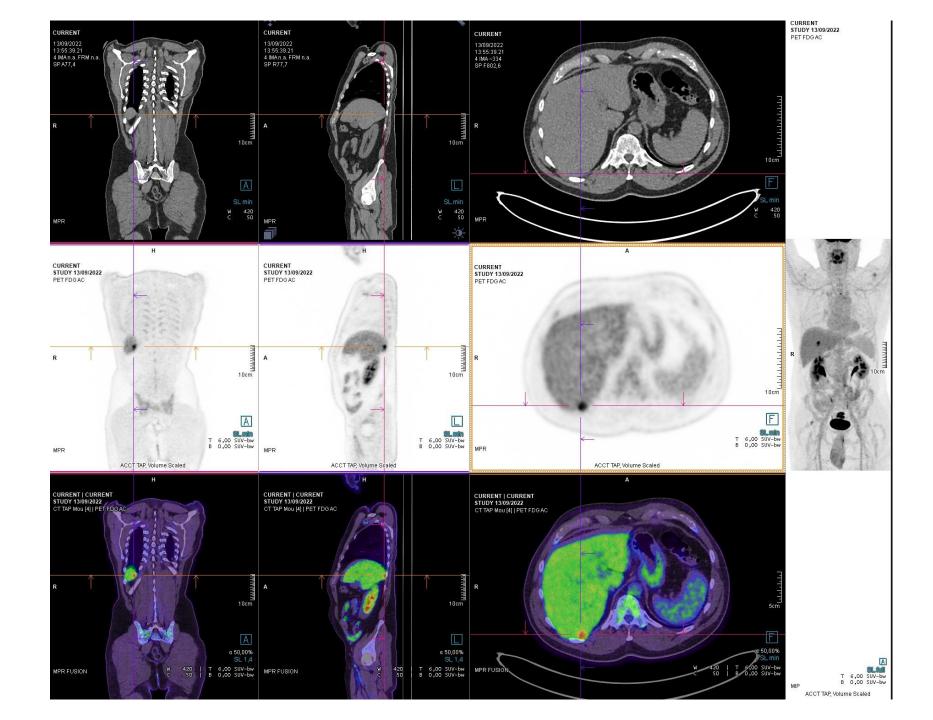
Eur J Nucl Med Mol Imaging (2015) 42:152–163 DOI 10.1007/s00259-014-2930-4

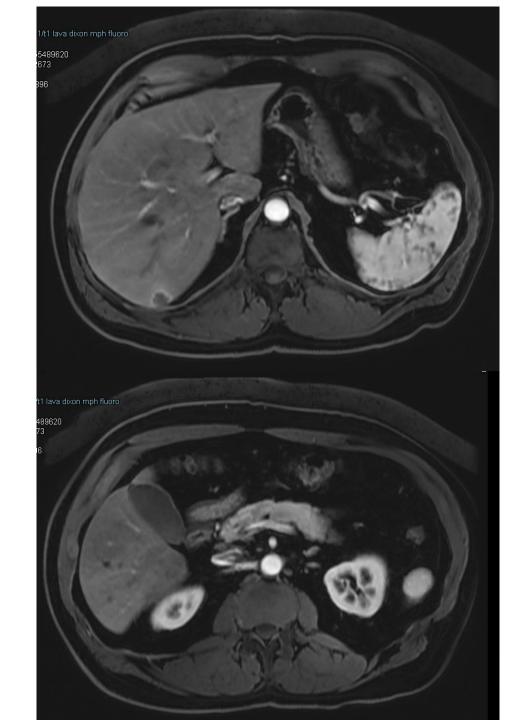
Anna Margherita Maffione • Egesta Lopci • Christina Bluemel • Francesco Giammarile • Ken Herrmann • Domenico Rubello



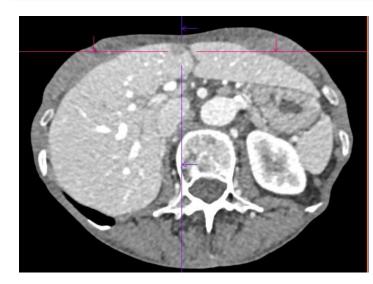
## Colon cancer, 2 suspicious lesions on CT



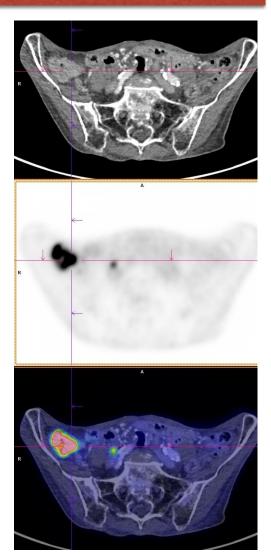




#### 70 y-o female, Colon cancer, 1 indeterminate lesion on CT







#### [<sup>18</sup>F]FDG is not specific to cancer: non-oncological indications

Short Communication Published: 15 June 2020

The use of a visual 4-point scoring scale improves the yield of <sup>18</sup>F-FDG PET-CT imaging in the diagnosis of renal and hepatic cyst infection in patients with autosomal dominant polycystic kidney disease

Marie F. Neuville, Pierre Lovinfosse, Alexandre Jadoul, Marie Thys, Laurence Seidel, Roland Hustinx & François Jouret

European Journal of Nuclear Medicine and Molecular Imaging 48, 254–259 (2021) | Cite this article 505 Accesses | 7 Citations | 2 Altmetric | <u>Metrics</u>

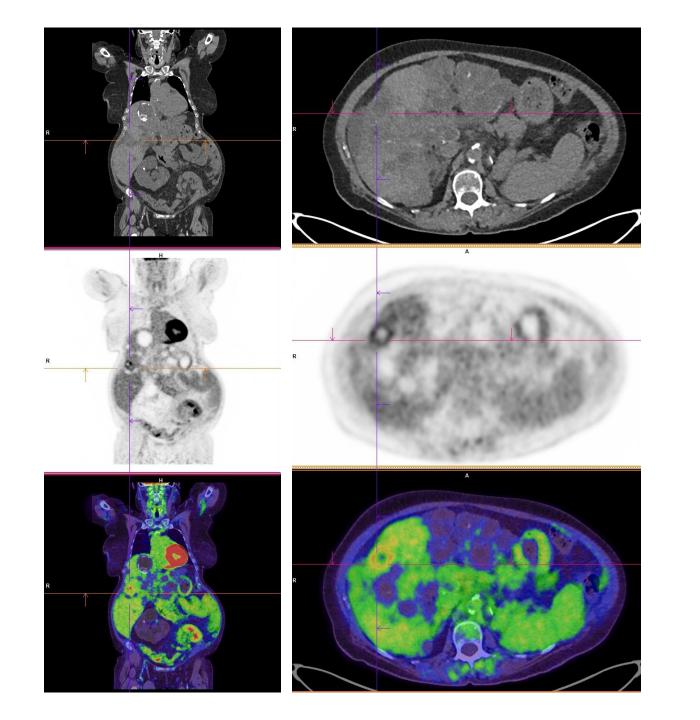
European Journal of Clinical Microbiology & Infectious Diseases (2018) 37:1195–1196 https://doi.org/10.1007/s10096-018-3233-7

LETTER TO THE EDITOR



Alveolar echinococcosis in southern Belgium: retrospective experience of a tertiary center

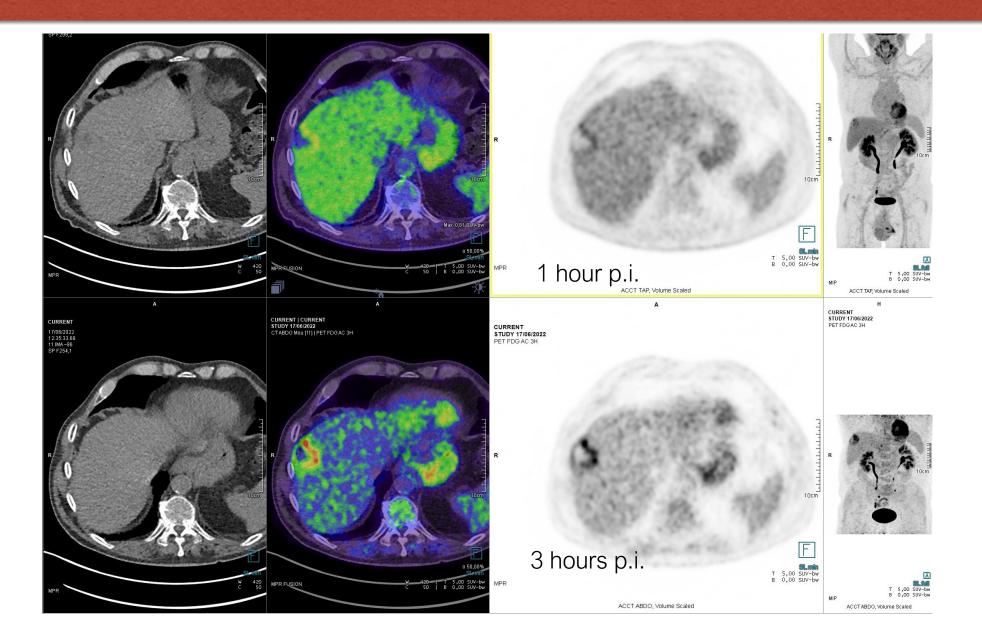
Audrey Cambier<sup>1,2</sup> • Philippe Leonard<sup>1,2</sup> • Bertrand Losson<sup>1,3</sup> • Jean-Baptiste Giot<sup>1,2</sup> • Noëlla Bletard<sup>1,4</sup> • Paul Meunier<sup>1,5</sup> • Roland Hustinx<sup>1,6</sup> • Nicolas Meurisse<sup>1,7</sup> • Jean Delwaide<sup>1,8</sup> • Pierre Honore<sup>1,7</sup> • Marie-Pierre Hayette<sup>1,9</sup> • Olivier Detry<sup>1,7</sup>

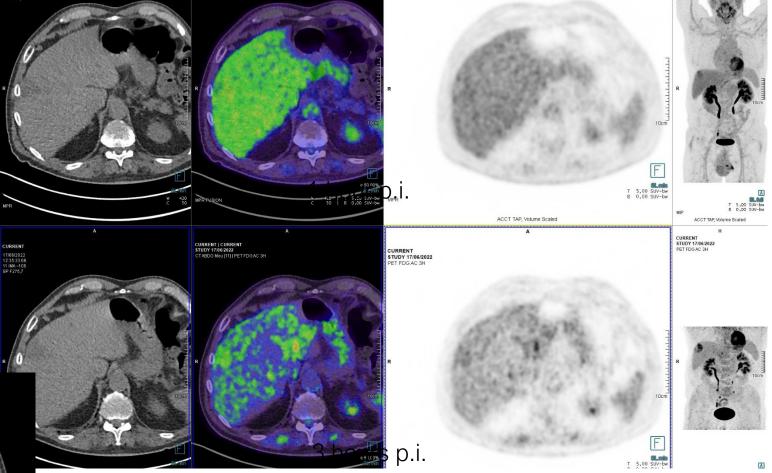






#### Dual time-point [<sup>18</sup>F]FDG imaging for Alveolar Echinococcosis







Xia et al. Cancer Imaging (2015) 15:19 DOI 10.1186/s40644-015-0055-z

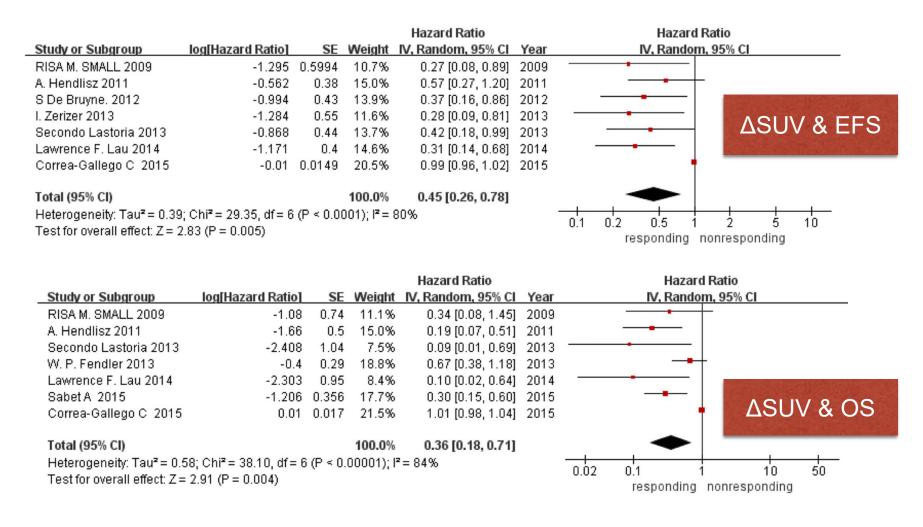
#### Cancer Imaging

# **RESEARCH ARTICLE**Open AccessPrognostic significance of <sup>18</sup>FDG PET/CT in<br/>colorectal cancer patients with liver<br/>metastases: a meta-analysisOpen Access

Qian Xia<sup>1</sup>, Jianjun Liu<sup>1</sup>, Cheng Wu<sup>2</sup>, Shaoli Song<sup>1</sup>, Linjun Tong<sup>1</sup>, Gang Huang<sup>1\*</sup>, Yuanbo Feng<sup>3</sup>, Yansheng Jiang<sup>3</sup>, Yewei Liu<sup>3</sup>, Ting Yin<sup>3</sup> and Yicheng Ni<sup>3\*</sup>

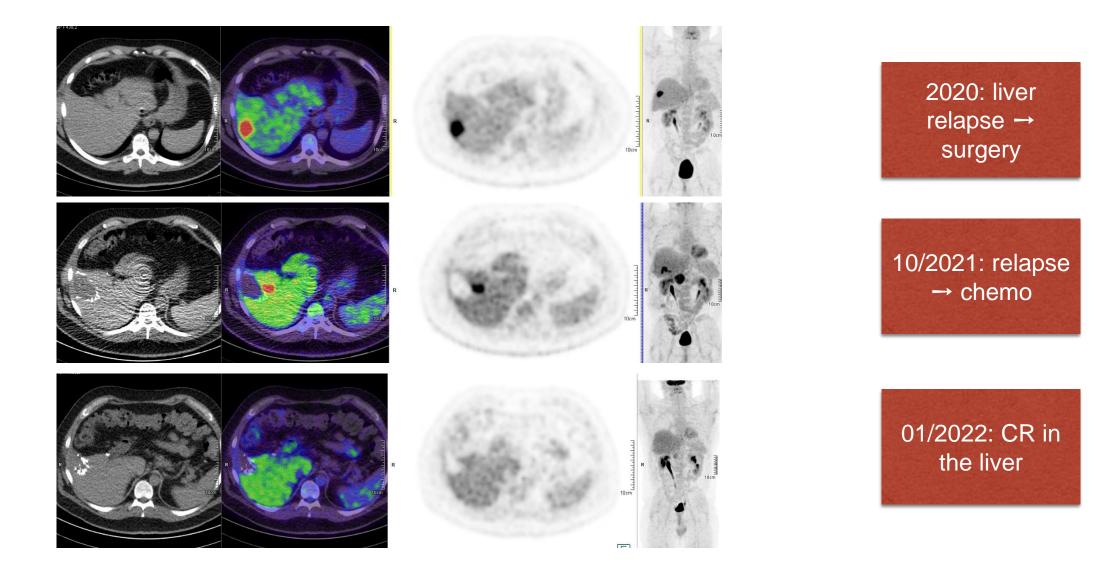
				Hazard Ratio		Hazard Ratio
Study or Subgroup	log[Hazard Ratio]	SE	Weight	IV, Random, 95% Cl	Year	IV, Random, 95% Cl
L. F. de Geus-Oei. 2006	0.157	0.052	35.6%	1.17 [1.06, 1.30]	2006	; <b>-</b>
Christopher C 2007	0.854	0.276	7.1%	2.35 [1.37, 4.03]	2007	·
Vijayaragavan M. 2012	0.081	0.2	11.7%	1.08 [0.73, 1.60]	2012	2
Hyo Sang Lee 2014	0.363	0.147	17.5%	1.44 [1.08, 1.92]	2014	,   <del></del> _
Claire Jones. 2014	0.05164	0.115	22.6%	1.05 [0.84, 1.32]	2014	, <b>–</b>
Correa-Gallego C 2015	0.19885	0.3166	5.6%	1.22 [0.66, 2.27]	2015	;
Total (95% CI)			<b>100.0</b> %	1.24 [1.06, 1.45]		▲
Heterogeneity: Tau <sup>z</sup> = 0.02; Chi <sup>z</sup> = 9.18, df = 5 (P = 0.10); l <sup>z</sup> = 46% Test for overall effect: Z = 2.63 (P = 0.008)				6		0.2 0.5 1 2 5 High SUV Low SUV
						ingi cov Edwoov

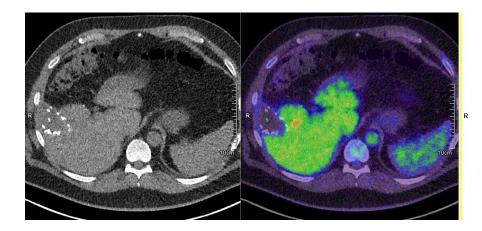
Hot lesions are not good



Metabolic response is good... ...not easily actionable during treatment ...but very useful in the follow up

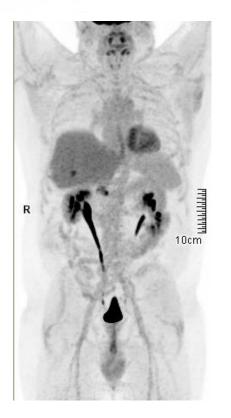
#### 50 y-o male, recto-sigmoid junction treated in 2018



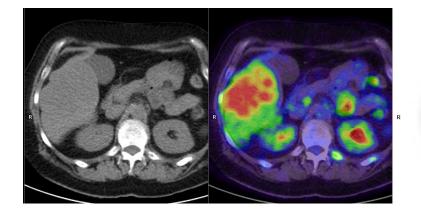


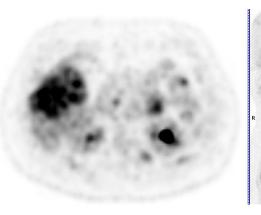






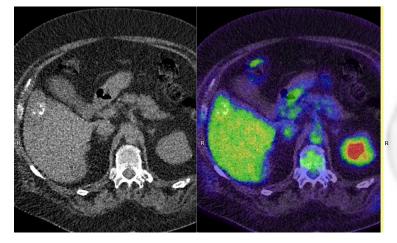
## 48 y-o female, GIST

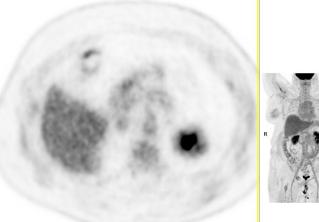






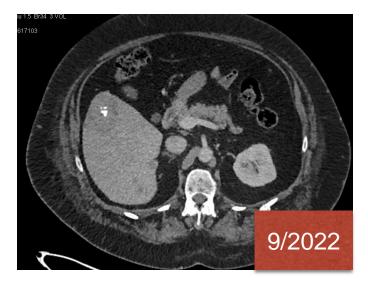


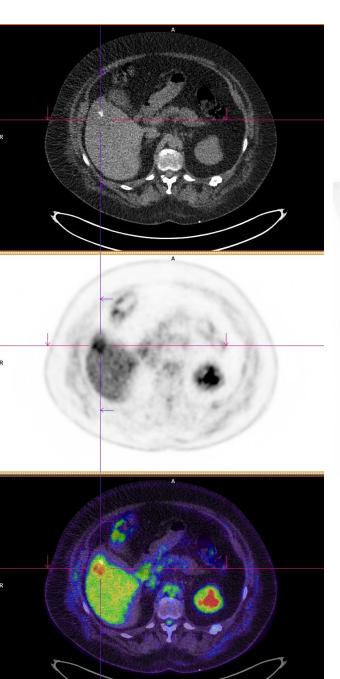




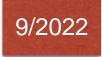




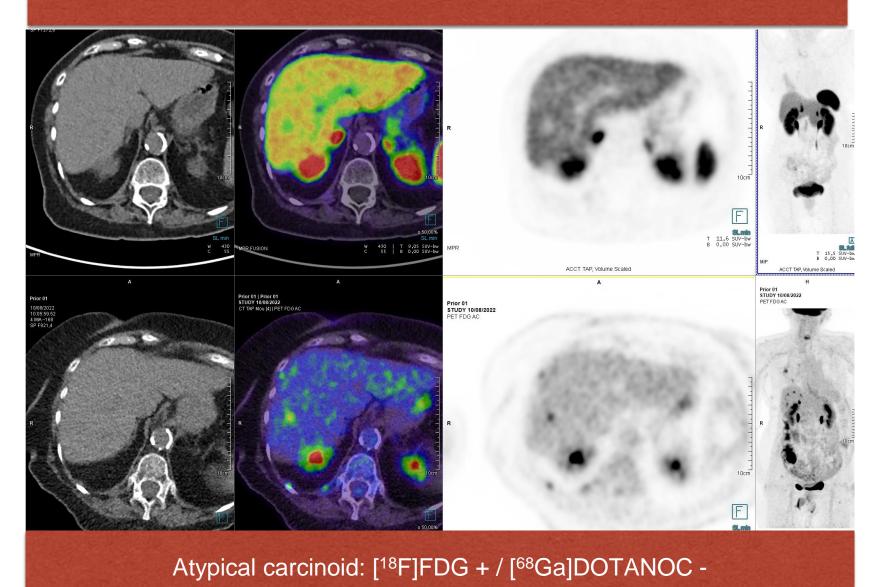






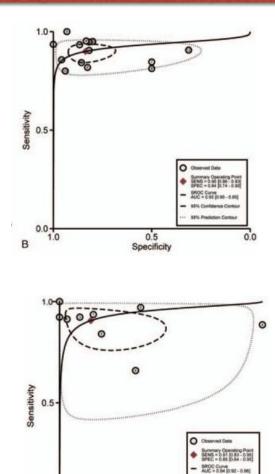


#### Beyond [<sup>18</sup>F]FDG: [<sup>68</sup>Ga]DOTA-peptides for NET



#### Cholangiocarcinoma

#### Diagnosis of primary



0.0+

В

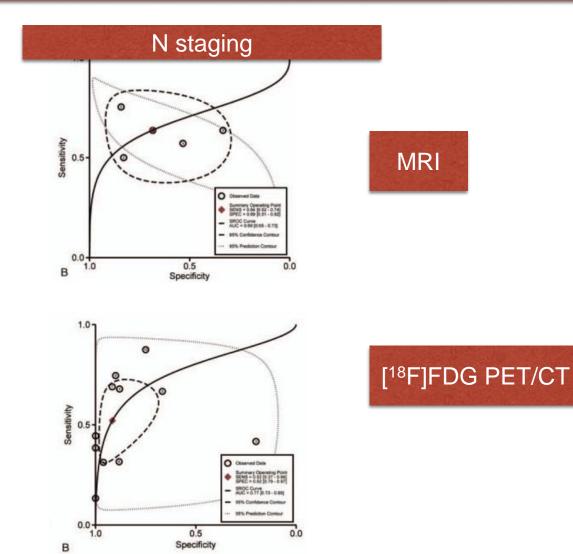
95% Confidence Conteu

95% Prediction Contox

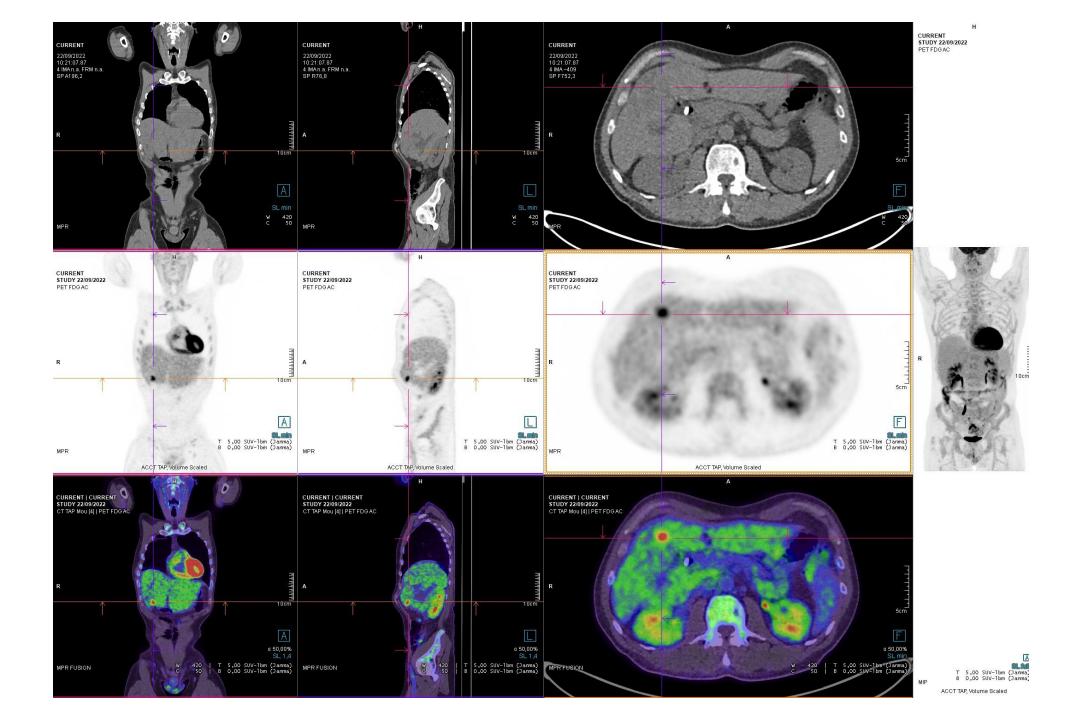
0.0

0.5

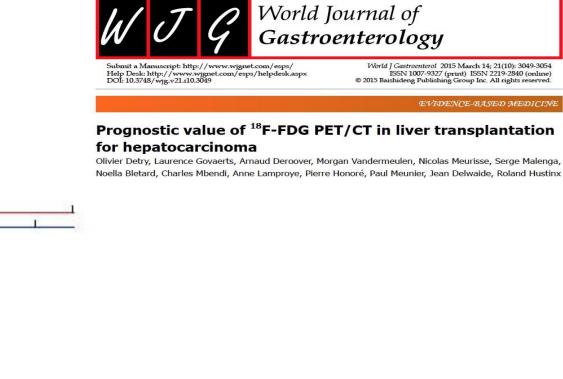
Specificity

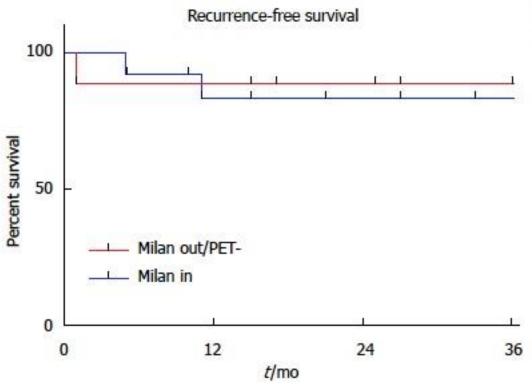


Huang et al. Medicine (2020) 99:35

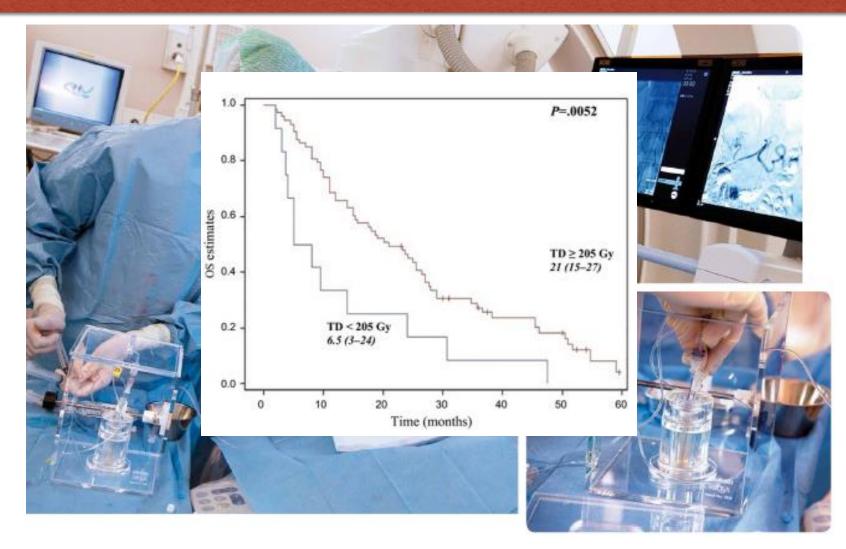


# [<sup>18</sup>F]FDG PET/CT in HCC: poor sensitivity but prognostic value prior to transplant (?)





#### SIRT: Role of individual dosimetry

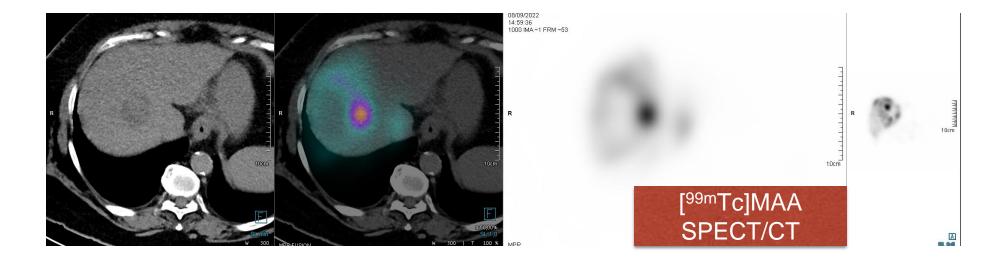


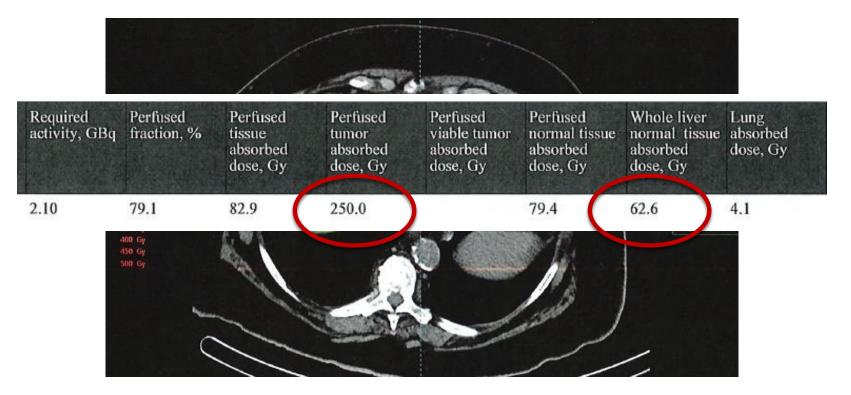
1.Garin E, Rolland Y, Pracht M, et al. High impact of macroaggregated albumin-based tumour dose on response and overall survival in hepatocellular carcinoma patients treated with 90 Y-loaded glass microsphere radioembolization. Liver Int. 2017 Jan;37(1):101-110.

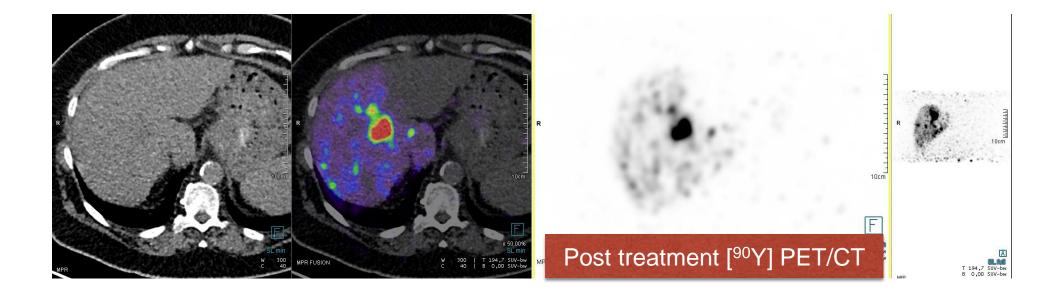


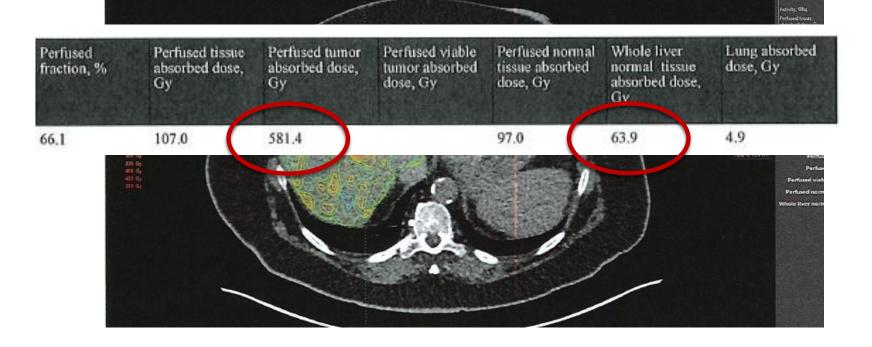
#### 78 y-o female Bifocal HCC











#### Individual dosimetry is key in selecting the patients eligible to SIRT

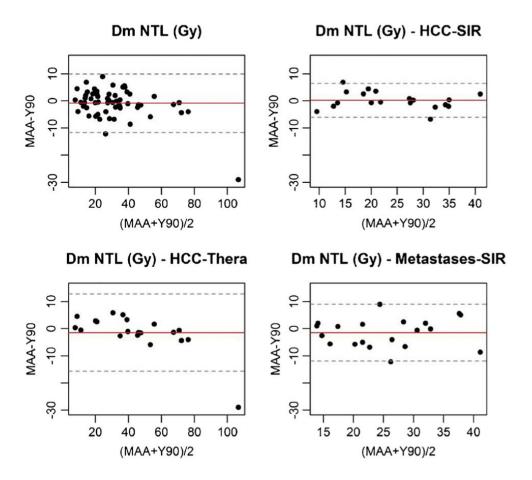
European Journal of Nuclear Medicine and Molecular Imaging (2020) 47:828–837 https://doi.org/10.1007/s00259-019-04465-7

ORIGINAL ARTICLE

Check for updates

Comparative dosimetry between <sup>99m</sup>Tc-MAA SPECT/CT and <sup>90</sup>Y PET/CT in primary and metastatic liver tumors

Alexandre Jadoul<sup>1</sup> · Claire Bernard<sup>1</sup> · Pierre Lovinfosse<sup>1</sup> · Laurent Gérard<sup>2</sup> · Henri Lilet<sup>1</sup> · Olivier Cornet<sup>2</sup> · Roland Hustinx<sup>1</sup>



#### **EJNMMI** Physics

#### ORIGINAL RESEARCH

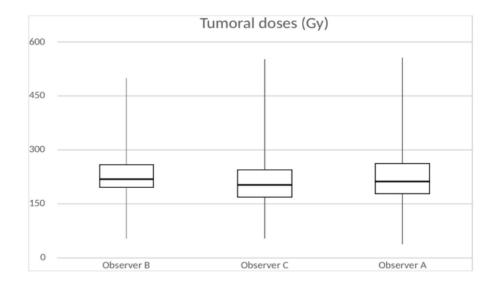


Check for updates

#### Inter-observer variability of <sup>90</sup>Y PET/CT dosimetry in hepatocellular carcinoma after glass microspheres transarterial radioembolization

Nicolas Meyers<sup>1\*</sup>, Alexandre Jadoul<sup>1</sup>, Claire Bernard<sup>1</sup>, Jean Delwaide<sup>2</sup>, Anne Lamproye<sup>2</sup>, Olivier Detry<sup>3</sup>, Pierre Honoré<sup>3</sup>, Laurent Gerard<sup>4</sup> and Roland Hustinx<sup>1</sup>





## Conclusions

- [<sup>18</sup>F]FDG PET/CT
  - High diagnostic performances in the management of liver metastases from mostprimaries
    - Whole-body evaluation, ± diagnostic CT
  - High sensitivity in choloangiocarcinomas
  - Prognostic value in HCC
- [<sup>68</sup>Ga]DOTA-peptides for NETs
- Individual dosimetry in SIRT