

PET/CT and PEM based breast surgeries: The need for adequate evaluation of lesion and tissue margins

Sunday 6 September 2009 18:30 (15 minutes)

As PET/CT has become more common in clinical practice, we are seeing patients earlier for diagnosis and staging and more frequently for monitoring of therapy. Some of the PET positive recurrent lesions we identify are anatomically within normal limits on CT. High resolution positron emission mammography (PEM) is a more recent tool for evaluating breast cancer. The lesions we identify on PEM sometimes do not correlate with any obvious anatomic abnormality. Intra-operative PET probes have been developed to assist in localization of these lesions. However, once localized it is essential to determine if the intra-operative margins are adequate. Currently, surgeons often have to wait while pathologists evaluate frozen sections. While this is happening, the patient remains under anesthesia and the operating room is on hold. Small table-top high resolution PET scanners with optical image fusion may allow surgeons to quickly determine if the lesion is in the excision sample and whether there are adequate margins around the lesion.

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Session Classification: Symposium Session 7 (Continued)