Overview of the clinical effectiveness of positron emission tomography imaging in selected cancers

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Record Status
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Citation

Authors' objectives
"The aim of this review was to assess the clinical effectiveness of FDG-PET in breast, colorectal, head and neck, lung, lymphoma, melanoma, oesophageal and thyroid cancers. For each cancer, use of FDG-PET to aid management decisions relating to diagnosis, staging/restaging, recurrence, treatment response and radiotherapy (RT) planning were evaluated." (from executive summary)

Authors' conclusions
Implications for healthcare The strongest evidence for the clinical effectiveness of PET is in staging NSCLC, restaging HL, staging/restaging colorectal cancer and detection of SPN. Some of these may still require clinical audit to augment the evidence base. Other management decisions require further research to show the impact of FDG-PET on patient management or added value in the diagnostic pathway.

It is likely that new capital investment will be in the newer PET/CT technology, for which there is less evidence. However, as this technology appears to be slightly more accurate than PET/CT, the PET clinical effectiveness results presented here can be extrapolated to cover PET/CT.

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