Early inclusion of positron emission tomography (PET) in the stepwise oncological diagnosis improves tumor staging and can make further costly diagnostic and inadequate therapeutic measures superfluous. The advantage of this method, in answering the many questions that arise, has been supported by an extensive literature and analysis of interdisciplinary data. Its use is therefore demanded by doctors working in oncology. Surgeons and radiotherapists demand PET studies before local treatment is started so that patients with advanced-stage cancer are spared invasive local therapeutic measures. Oncologists take advantage of PET’s potential to administer stage-related chemotherapy and provide evidence of its efficacy. Expensive treatment regimens can be immediately tested for their efficacy and, if ineffective, can be replaced by a more suitable combination of chemotherapeutic agents. For this purpose combined PET and CT can be considered the (future) standard for oncological diagnosis. Manufacturers have already positioned themselves to provide PET only as part of combined PET/CT equipment. If these advances are not used, patients are deprived of optimal treatment. Furthermore, PET provides considerable potential for cost savings by avoiding expensive measures that do not prolong life.
Responsible use of these resources within the health service system requires the early use of PET in the staging of diagnostic methods so that therapeutic options can be weighed through interdisciplinary consultation. The patient can thus be given optimal information and included in therapeutic decisions. It is our obligation as doctors to demand from the decision makers that PET equipment be provided for use in accordance with correct indications and to reimburse the costs as is already the case in other parts of Europe.