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Abstract: AIM, METHOD: Recommendations for the use of FDG-PET in relapsed colorectal cancer and the decision of reimbursement should base on published studies and on their level of evidence. Therefore, the PET-studies published between 1997 and 2002 were graded by the bias-criteria, by two rating-systems and by two classification-systems for the level of evidence according to AHCPR (Agency for Health Care Policy and Research) and VHA (Veterans Health Administration). RESULTS: The recommendation for the use of PET in relapsed colorectal cancer reached the level IIa according to the AHCPR, corresponding to level B according to the VHA. The sensitivity and specificity of FDG-PET were 94% (95% CI: 91-96%) and 78% (95% CI: 69-86%), respectively. Staging was changed correctly in 27% of patients (95% CI: 24-30%). Staging by FDG-PET was incorrect in 4% of the patients (95% CI: 2-5%) compared with the conventional methods. The additional use of PET changed the prospectively defined management plan for 34% of patients (95% CI: 31-38%). Either potentially curative operations were initiated in case of resectable tumour or futile operations were cancelled in case of multiple metastases. CONCLUSION: The 3-year-survival-rate following surgery would have exceeded 70% if the selection of patients had included an additional PET-examination. The correct selection of patients is requested in the daily routine as well
as in the clinical implementation of neoadjuvant therapies to prevent a selection-bias from a suboptimal restaging without PET.