PREOPERATIVE AND INTRAOPERATIVE USE OF SPECT/CT FOR RADIOGUIDED SURGERY

RENATO VALDES OLMOS
**ADDITIONAL VALUE**
**SPECT-CT**

**MELANOMA**

35% (30/85)

12 ADDITIONAL SNs in 7 PATIENTES TUMOR (+) IN 2

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**ADDITIONAL VALUES**
**SPECT-CT**

\[ N = 403 \]

with SPECT/CT (N=149)
without SPECT/CT (N=254)

detected SN = 2.4 vs 1.87

SN (+) = 0.34 vs 0.21

4-year interval free of disease

= 93.9% vs 79.2%
SPECT-CT

DOES MODIFY MANAGEMENT

SPECT-CT COST-EFFECTIVENESS IN MELANOMA

N=254 WITH SPECT/CT $\rightarrow$ € 1,620

REDUCTION 30.5%

N=149 WITHOUT SPECT/CT $\rightarrow$ € 2,330

SHORTER OPERATIVE TIME & HOSPITAL STAY DURATION

LESS COMPLICATIONS (4% vs 8%)

ADDITIONAL VALUE
SPECT-CT

BREAST CANCER
42% (48/134)

INCISION ADJUSTMENT
and/or (19) ADDITIONAL SNs
(AXILARY, INTERPECTORAL, INTRAMAMMARY)
4 TUMOR (+) SN

MELANOMA ABDOMINAL WALL

MELANOMA ABDOMINAL WALL
MELANOMA ABDOMINAL WALL

MELANOMA BACK
SPECT-CT

MUST BE PERFORMED IN ADDITION TO (DELAYED) LYMPHOSCINTIGRAPHY

INTERPRETATION TOGETHER WITH LYMPHOSCINTIGRAPHY

IMPROVES ANATOMICAL SN RECOGNITION

MAY DETECT ADDITIONAL SNs (IN OTHER NODE GROUPS OR IN THE VICINITY OF THE INJECTION SITE)

ABLE TO CLARIFY INTERPRETATION

DON'T FORGET DYNAMIC STUDY (MELANOMA)