Clinical summary

- Female 78 year-old with a cystic pancreatic neoplasm
- For staging PET/CT
PET/CT findings

- PET/CT shows a metabolically active carcinoma in the body of the pancreas with the area of maximal uptake in the solid component of the tumour.
- No FDG avid locoregional or distant metastases.
- Right sided hydronephrosis and hydroureter of uncertain cause.

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Clinical summary

- Female 61 year-old with newly diagnosed pancreatic carcinoma
- For staging PET/CT
PET/CT findings

- PET/CT scan findings are consistent with the known carcinoma in the head and neck of pancreas, with dilatation of the distal pancreatic ducts.
- No evidence of FDG-avid locoregional or distant metastatic disease.
Clinical summary

- Male 59 year-old presents for staging of pancreatic carcinoma
- CT reported to show multiple liver lesions
- For staging PET/CT
PET/CT scan findings are consistent with the known carcinoma in the neck of pancreas, with multiple small liver metastases.
Clinical summary

• Male 66 year-old with a mass in the head of pancreas diagnosed as neuroendocrine tumour (NET)

• For staging PET/CT
PET/CT is not diagnostic of a metabolically active malignancy in the head of the pancreas. However, this is consistent with the diagnosis of neuroendocrine tumour as it has an intrinsically low metabolic activity.
Teaching points

• FDG PET may be appropriate for staging of pancreatic carcinoma.

• FDG PET sensitivity is low for N staging but may complement conventional imaging modalities for M staging.


• FDG PET has a poor sensitivity for detection of neuroendocrine tumour (\(^{111}\)In-octreotide is more sensitive).

• \(^{68}\)Ga-octreotate PET may be more sensitive (refer to Non-FDG tracers section).


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