CME Session 10
Oncology and Theranostics Committee
Tuesday, October 22, 09:45 - 11:15

Session Title
Joint EANM-SNMMI Guideline on the Role of 2-[18F]FDG PET/CT in No Special Type Breast Cancer

Chairpersons
Lioe-Fee de Geus-Oei (Leiden, The Netherlands)
David Groheux (Paris, France)

Programme

09:50 - 10:10 **David Groheux** (Paris, France): FDG-PET/CT in staging

10:10 - 10:30 **Gary Cook** (London, UK): FDG-PET/CT in assessing treatment response

10:30 - 10:50 **Elizabeth Dibble** (Providence,RI, USA): FDG-PET/CT in assessing recurrence

10:50 - 11:10 **Lioe-Fee de Geus-Oei** (Leiden, The Netherlands): Other developments and future applications of FDG-PET

Educational Objectives

1. Role of FDG PET/CT depending on breast cancer subtype
2. Recommendations for performing FDG PET/CT according to clinical indication
3. Diagnostic accuracy of FDG PET/CT compared to conventional imaging modalities
4. When and how to use FDG PET/CT to assess response to therapy
5. When to perform FDG PET/CT to assess recurrence

Summary
Female breast cancer is one of the most common cancers worldwide and continues to be an important cause of mortality. FDG PET/CT is commonly used in the clinical management of patients with breast cancer, with significant impact on clinical management (either surgery, systemic therapy and radiation therapy).
Currently, there is robust evidence supporting the usefulness of FDG PET/CT in the initial staging of patients with locally advanced and metastatic breast cancer, in the early assessment of treatment response and in the early detection of recurrence. The importance of FDG PET/CT in no special type breast cancer is mainly because of superior diagnostic accuracy compared to conventional imaging modalities (bone scan and CT).
This session will focus on no special type breast cancer subtype, as being the most common subtype and associated with high FDG avidity. It is organized following the same structure as the recently published “Joint EANM-SNMMI guideline on the role of 2-[18F]FDG PET/CT in no special type breast cancer”, endorsed by other relevant societies (ACR, ESSO, ESTRO, EUSOBI/ESR, and EUSOMA) and provides an international, state-of-the-art, and multidisciplinary overview.
Other developments and future applications of FDG-PET will also be discussed in a comprehensive and critical manner.

Key Words
FDG; PET; breast cancer; staging; treatment response; recurrence