Subspecialty Expertise Sets Stanford Radiology Apart

Our radiologists are internationally renowned experts with subspecialty training in PET/CT. In addition to excellence in patient care, the Nuclear Medicine and Molecular Imaging Clinic thrives to advance science through translational research aimed at improving outcomes of cancer, brain disorders and cardiac disease.

Andrew Quon, MD

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Ross McDougall MD, PhD

Emeritus Professor of Radiology and Medicine

Location

Stanford Hospital

300 Pasteur Drive, Stanford, CA 94305

Services: PET/CT & Nuclear Medicine -

2nd Floor H2200 - Directly above the Cafeteria

Self-parking is to your left immediately after crossing Welch Road. Continue forward for Valet and Drop-off at the Fountain Entrance. Please visit ***stanfordhospital.org/future*** *for detailed instructions on construction-related traffic and parking changes.*

Scheduling a PET/CT Scan

Stanford Radiology Scheduling Center

Phone: 650-723-6855 Fax: 650-723-6036

Appointments are available Monday thru Friday.

For more information, go to:

http://imaging.stanfordhospital.org

www.petct.stanfordhospital.com

Your appointment is scheduled for:

Date: _____

☐Sun ☐Mon ☐Tue ☐Wed ☐Thur ☐Fri ☐Sat

Time: _____

STANFORD HOSPITAL & CLINICS

Department of Radiology

PET/CT

Stanford Medicine Imaging

A powerful tool for you and your patients

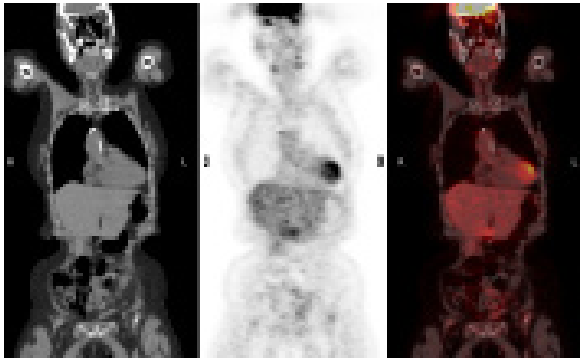
The Stanford Advantage

The world-renowned faculty and staff of the Stanford PET/CT and Molecular Imaging Program at Stanford (MIPS) are committed to being at the forefront of diagnostic molecular imaging. Stanford is the epicenter of innovative 3D recontructive techniques as well as the development of new radiotracers for imaging.

The PET/CT scanner at Stanford combines two state of the art imaging modalities. By monitoring cellular glucose metabolism, PET provides very sensitive information regarding the function and malignant potential of lesions. CT meanwhile provides exquisitely detailed anatomical information about the location, size, and shape of various lesions but cannot differentiate benign lesions from malignant lesions with the same accuracy as PET. The combined PET/CT scanner merges PET and CT images together and enables physicians to pinpoint with greater precision the location of a malignancy and ultimately stage the patient more accurately.

Innovation and Building a Bridge to the Community at Stanford

In September of 2010, Stanford Medicine Imaging underwent a major expansion with the opening of the new Nuclear Medicine and Molecular Imaging Clinic. The expansion includes two additional state-of-the-art PET/CT scanners as well as two SPECT/CT scanners. Access to these technologies and Stanford faculty is a priority of the PET/CT Program. The infrastructure within the PET/CT division is designed for maximal scheduling availability, reliable delivery of reports, and access to faculty for case discussion.



How PET Works

PET scanning utilizes a radioisotope tracer that is an analog to glucose, called fluorodeoxyglucose (FDG). FDG accumulates within malignant cells because of their high rate of glucose metabolism. Once injected with this agent, the patient is imaged on the whole body PET scanner to reveal malignant lesions which may have been overlooked or difficult to characterize by conventional CT, X-ray, or MRI.

The Procedure

Patients referred for PET/CT scanning will be required to spend approximately two hours at Stanford. Patients are first injected with a very small amount of the FDG radiotracer. The patient then waits approximately 45-60 minutes prior to scanning to allow for the FDG to adequately target and bind to possible malignant cells within the body. The actual scan takes ap proximately 35-45 minutes with the patient lying flat within the scanner.

The Benefit of PET in Oncology

Clinical research data has proven that PET is superior to conventional imaging in the diagnosis, staging, and surveillance (restaging) of various types of cancers. Recently, the Centers for Medicare & Medicaid Services (CMS) expanded to include many more tumor types and reaffirmed its role in preexisting covered tumor types.

Centers for Medicare & Medicaid Services (CMS): Expanded List of Cancers and Indications for PET/CT

Initial Staging[1] and Restaging/Treatment Monitoring[2]
Non-small cell lung cancer
Colorectal cancer
Esophageal cancer
Head & Neck cancer
Lymphoma
Ovarian cancer
Myeloma
Thyroid[3]

Initial Staging Specifically for Detection of Distant Metastatic Disease and Treatment Monitoring
Cervical cancer
Breast cancer
Melanoma

Initial Staging Only
Brain cancers
Small cell lung cancer
Soft Tissue Sarcoma
Pancreas
Testes
All other Solid Tumors

All other cancers and indications not listed above may be covered by the Coverage with Evidence Development (CED) Program which is administered by CMS and Stanford Medical Center is an active participant

[1] New terminology to be used will be: *"Initial Treatment Strategy"*
[2] New terminology to be used will be: *"Subsequent Treatment Strategy"*
[3] Thyroid covered for follow-up imaging only after a negative I-131 scan and rising Tg levels
Adapted from: Centers for Medicare and Medicaid Services ***www.cms.hhs.gov*** *4/6/2009*