

Scans Overused in Early Melanoma, Studies Show

BY BRUCE JANCIN

MAUI, HAWAII — Fluorodeoxyglucose PET/CT is not routinely indicated for early-stage melanoma, contrary to widespread belief, according to Dr. Jeffrey E. Gershenwald.

"The use of FDG-PET/CT scanning for early-stage disease has become quite rampant in America, particularly in the community setting," said Dr. Gershenwald of M.D. Anderson Cancer Center, Houston.

There is a popular belief among physicians that PET/CT is a viable noninvasive



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DR. GERSHENWALD

alternative to sentinel lymph node biopsy for staging purposes in patients initially classified with stage I or II melanoma. Not so, he said at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

Ten comparative studies published from 1999 to 2008 have collectively shown PET/CT to have poor sensitivity (0%-20%) in identifying what were subsequently identified at surgery as positive sentinel lymph nodes.

The sophisticated imaging method's weakness lies in an inability to reliably detect small-volume disease, said Dr. Gershenwald, who is vice chair of the task force charged with developing the 7th edition of the American Joint Committee on Cancer melanoma staging system.

In the most recent of these studies, investigators in India reported that preoperative PET/CT had a mere 14% sensitivity for positive sentinel nodes in 52 patients initially classified as stage I or II. In contrast, lymphoscintigraphy had a sensitivity of 100% (Melanoma Res. 2008;18:346-52).

The booming popularity of PET/CT in patients with early-stage melanoma is based upon extrapolation from several reports that PET/CT scanning is a more sensitive indicator of metastatic melanoma than conventional imaging methods in the setting of recurrent or advanced disease.

Although PET/CT is certainly worth considering as a complement to conventional staging in patients with ad-

vanced melanoma, it's important to recognize that PET/CT has a significant false-positive rate in this setting because of nonspecific FDG uptake, he said.

This can have a variety of causes, including an inflammatory state, reactive lymphadenopathy, a recent surgical wound, or recently exercised skeletal muscle.

Indeed, investigators at Duke University found whole-body PET to have a

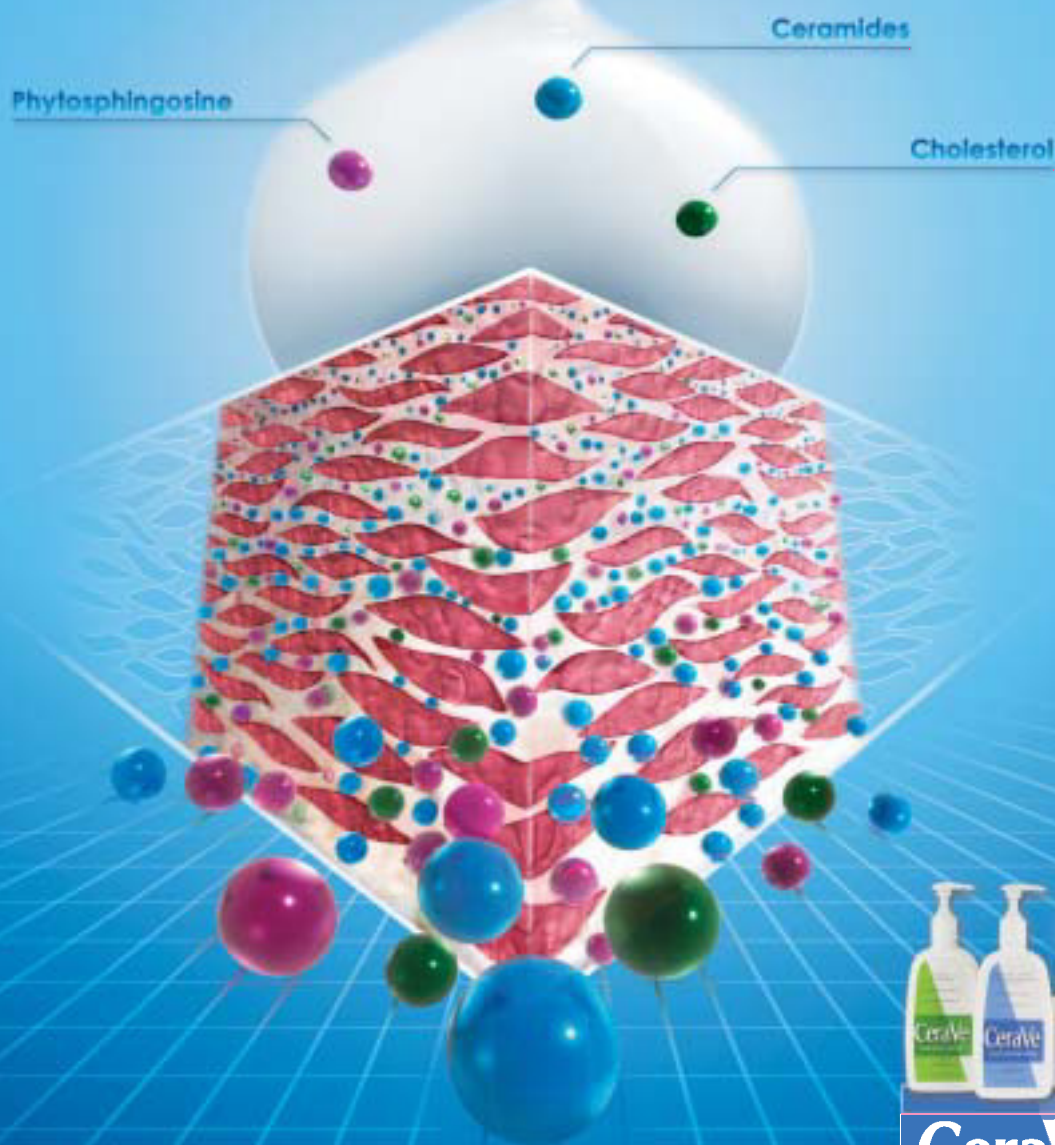
56.5% false-positive rate for identification of areas of metastatic disease in 95 patients with clinical stage III melanoma (Cancer 2000;89:1019-25).

On the other hand, some false-positive PET/CT findings are clinically important, such as the serendipitous detection of a second primary cancer like an occult thyroid malignancy.

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