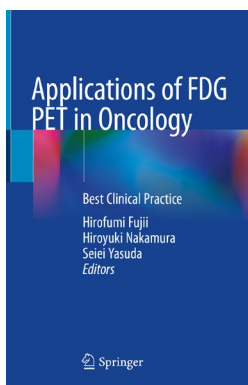


Book shelf

Applications of FDG PET in Oncology: Best Clinical Practice

Fujii, Nakamura, Yasuda

REVIEW INFO

Publisher:
Springer

ISBN:
978-981-15-8422-0

RRP:
£109.99 / eBook £63.99

RAD Magazine price:
£87.99/ eBook £51.19*

*Prices correct as at
January 18, 2023, please
call (01371) 812960 for
current prices.

REVIEW

Book reviewed by Dr Wai Lup Wong, consultant radiologist, Mount Vernon Cancer Centre, Northwood.

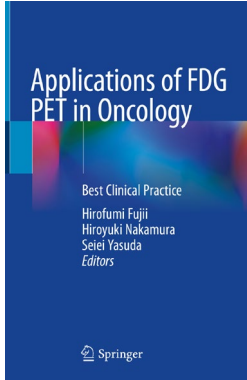
The book provides a detailed and insightful perspective in 147 pages and nine chapters on the current usage of clinical FDG PETCT in Japan through the eyes of 15 Japanese authors. It is always of interest to have the opportunity to consider and reflect on the similarities and variation in how PETCT is practised in other jurisdictions beyond the UK. Perhaps it comes as no surprise that there are many similarities when comparing Japanese practice with UK practice. Firstly, drawing from chapter 1 which describes in detail the national five-yearly Japanese Radioisotope Association Survey of all Japanese PETCT facilities, it is interesting to note that Japan, like the UK, has seen a progressive increase in the clinical use of FDG PETCT; comparing 1987 with later years, 45 scans were performed in the whole of Japan in 1987 compared with 147 in 1992, 464 in 1997, 2,223 in 2002, 32,812 in 2007, 45,142 in 2012 and 56,686 scans in 2017. Also, as in the UK the majority of FDG PETCTs were carried out for assessment of cancer or suspected cancer; more than 97 per cent.

There are, however, some differences in practice. Of most interest for me is perhaps chapter 1.6, which describes in detail the use of FDG PETCT in health screening programmes in healthy people. Here, the authors provide a balanced argument of the benefits of the detection of curable cancers against risks of radiation exposure. There are other differences. From my understanding, universal healthcare, available to all Japanese citizens and long-term foreign residents, does not cover the use of FDG PETCT for grading neuroendocrine tumours. In addition, FDG is only funded for the evaluation of response to treatment for lymphoma not for other solid tumours. Thought-provokingly, PETMR is covered for use in 12 kinds of tumours including head and neck and breast cancer. The authors acknowledge the presence of variation in guideline recommendations between different jurisdictions, including when comparing the current

review continues ...

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REVIEW*... review continued*

Japanese guidance to US guidance. It would be interesting if the authors had elaborated on the reasons for this and explained the extent to which the way Japanese guidance is developed may have contributed to this.

As in any book I found some annoyances, albeit minor and few. Specifically, some of the vocabulary is somewhat different from what we would normally use in the UK. Having said that, a minimal amount of consideration overcomes the challenge. For example, chapter 1 considers 'Differential diagnosis of already known lesions', which I assumed here is characterisation of lesions. Chapter 1.4 refers to 'Intramural production of PET drugs', which I took to assume meant in-house production of FDG.

So, overall, what do I think of the book? It would make an interesting read for the inquisitive PETCT scholar, and it would be an invaluable tool for the reader who is interested in comparing PETCT practices across various jurisdictions.

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