

## Jasna Mihailovic, Stanley J. Goldsmith and Ronan P. Killeen (eds) *FDG PET/CT in Clinical Oncology: Case Based Approach with Teaching Points*

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The structure of the book can be understood from the title. *FDG PET/CT in Clinical Oncology: Case Based Approach with Teaching Points* is a collection of clinical cases in which the authors seek to demonstrate the undoubted value of FDG PET/CT in diagnosis, staging and follow-up of patients with cancer. To reach this goal, the editorial structure is simple. The book is organized as an atlas, with the figures as a major component and without introductory chapters to extensively evaluate either technical and methodological or nosological issues.

Each case, introduced by a clinical history, is enriched by PET/CT scans, frequently highlighting MIP images and transverse sections. CT and/or other morphostructural information is taken in account to arrive at the clinical interpretation, with the diagnosis based mainly on the impressions derived from FDG PET. Each case ends with a Teaching Point that provides a substantial summary of the most important individual and general reflections derived from that patient. Interestingly, the book is mainly based on clinical cases acquired and analysed over a 2-month period by the authors Jasna Mihailovic (Associate Professor and Head of Nuclear Medicine at the University, Novi Sad) and Ronan Killeen (Consultant in Radiology and Nuclear Medicine at the St. Vincent University Hospital, Dublin), supervised by Stanley Goldsmith, one of the most authoritative figures in

the field of nuclear medicine in America (Professor of Radiology and Medicine at the Weill Cornell Medical College, New York).

The book consists of 453 pages divided into five sections and 29 chapters, presenting 100 clinical cases. The first section, entitled "Diagnosis", includes three chapters evaluating cases of solitary pulmonary nodule, unknown primary, and unexpected malignancy. The following nine chapters (part II) evaluate the extent of disease in patients affected with different neoplasms. A similar approach is adopted in the following two sections, of which the first discusses the evaluation of patients during follow up (part III, chapters 13–22) and the second is entitled "Response to Treatment" (part IV, chapters 23–28). Part V (entitled "Neuro Section") comprises a chapter (chapter 29) on brain tumours. A brief updated bibliography, although not fully critical, is provided at the end.

In conclusion this text, organized to reflect problems that physicians face in their daily practice, clearly demonstrates the pivotal role of FDG PET in diagnosis, staging and follow-up of patients with cancer. *FDG PET/CT in Clinical Oncology* is of interest mainly to residents in nuclear medicine and radiology, but it may also be of interest to practitioners working in diagnostic imaging and all clinicians who are interested in better understanding the questions that can be answered by FDG PET in daily clinical practice.

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