micrometastatic LN in 3 patients, and 4) weak FDG uptake in mediastinal ipsilateral macrometastatic LN in 5 patients.

**Conclusions:** Before therapeutic decision, an abnormal mediastinal FDG uptake must be confirmed pathologically. In certain situations, SEM is also indicated when there is no abnormal uptake in the mediastinum.

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**Contribution of FDG-PET on staging and management of NSCLC planned for concomitant chemoradiotherapy**

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**Aims:** To investigate whether the addition of FDG-PET to standard evaluation procedure alters tumour stage, mainly by detection of occult distant metastases, and thus has an impact on the final treatment in patients planned for chemo-radiotherapy.

**Material and Methods:** In June 2003 we added FDG-PET to conventional evaluation of lung cancer in patients with NSCLC planned for high dose radiotherapy with concomitant chemotherapy.

The routine evaluation consisted of clinical examination, chest x-ray, CT-scan of thorax and upper abdomen, bronchoscopy and complementary imaging as needed. The evaluation of the clinical data and the CT-scan was performed in a conference with the participation of at least one experienced pulmonary oncologist and an experienced chest radiologist. Based on the routine evaluation, totally 53 patients (32 men, 20 women) were in stage IIB-III and thus were planned for concomitant chemo-radiotherapy. These patients underwent FDG-PET as the final part of the staging procedure.

**Results:** In a total of 53 patients, 10 patients (19%) were found to have distant metastases undiagnosed by routine evaluation. The initial management plan was altered in 8 cases (15%).

**Conclusion:** Adding FDG-PET to routine clinical evaluation is justified also in this clinical setting.