Conclusion: T and N descriptors by themselves seem to be bad predictors of metastastic disease in non-small cell lung cancer.

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Correlation with Dual time PET-CT and enhanced CT in evaluation of mediastinal metastatic nodes
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Objectives: The purpose of our study was to compare the diagnostic efficacies of helical dynamic CT and integrated PET/CT for the prediction of mediastinal nodal metastasis in stage IIIB non-small cell lung cancer (NSCLC).

Patient and Methods: Sixty one patients (M: F = 48:13, age range 41-79 ) with NSCLC underwent lobectomy or pneumonectomy were included. In enhanced CT, the diagnostic criteria of metastatic mediastinal nodes were over 10mm (measured by short axis) lymph node without definite calcifications. In integrated PET/CT, nodes were regarded as positive for malignancy when they showed over 2.5 ( in 1 per 100/SUV2h)x100/SUV index was acquired by this equation RI (Retention Index) = (SUV hr) in maximum standardized uptake value with a discrete margin and regarded as positive for malignancy when they showed over 2.5 ( in 1 per 100/SUV2h)x100/SUV.

Results: Of the 61 patients, 23 (37%) had positive mediastinal nodes. The sensitivity, specificity for mediastinal nodal metastasis prediction on enhanced CT by size criteria alone were 72%, 69%, respectively, whereas those on integrated PET/CT were 92%, 97% by determined the initial SUV and retention index.

Conclusions: In NSCLC (operable cases, stage, I, II IIIA), preoperative nodal staging by contrast enhanced CT scan, but mediastinal nodal metastasis than PET/CT, whereas PET/CT shows excellent specificity and sensitivities.