



PET in Breast Cancer Imaging

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After an initial overview of the most well established tracer ^{18}F -FDG PET and its combination with CT and MRI in early and metastatic breast cancer, the session will then focus on new tracers like ^{18}F -fluorothymidine (FLT) for proliferation imaging, ^{18}F -fluoroestradiol (FES) for estrogen receptor imaging and ^{18}F -fluoromisonidazole (FMISO) for hypoxia imaging. Their roles at the time of diagnosis and initial staging as well as imaging methods for response assessment will be discussed. Differences in the diagnostic accuracy and clinical utility between tracers in different intrinsic subtypes of breast cancer together with the roles of tracers throughout the different stages of breast cancer will be touched upon. Besides ^{18}F , also the radioisotope ^{89}Zr with its longer half-life will be discussed in light of its utility for immuno-PET and targeted HER2-imaging. ^{89}Zr -labelled atezolizumab, for example, can be a useful radiotracer prior to immunotherapy for patient stratification and during immunotherapy for response assessment. Targeted HER2 imaging using ^{89}Zr -labelled trastuzumab, for example, can aid in imaging tumor heterogeneity and patient stratification for different targeted treatments. Advantages of combining PET with CT and MRI will be discussed. Towards the end of the session, hyperpolarised ^{13}C -MRI using ^{13}C -labelled pyruvate, a novel metabolic imaging technique free of ionizing radiation and a possible alternative to ^{18}F -FDG PET will be introduced.

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