

age and Analysis Group held a "PET Town Hall Meeting" in Baltimore to hear presentations from about 20 clinical investigators on the value of FDG studies in evaluating patients with colorectal cancer, lymphoma, head and neck cancer, melanoma and brain tumors. The data presented were primarily obtained with dedicated PET systems. However, several investigators brought clinical data obtained with FDG dual-head coincidence detection studies. (See "Impressions of the HCFA Town Hall Meeting," below.)

"There were quite a few referring physicians at this meeting, mainly surgeons and oncologists. The unanimous opinion was that the medical community wants to use FDG imaging in oncology for staging tumors," said James K. O'Donnell, jr., MD, director of the Division of Nuclear Medicine at the University Hospitals of Cleveland, who presented FDG data on colorectal cancer.

Impact of Dual-Head FDG Studies on Patient Management

James M. Mountz, MD, PhD, professor of radiology in the Division of Nuclear Medicine at

the University of Alabama at Birmingham Medical Center, presented a case report in which a dual-head FDG study detected a focal hepatic mass at an early stage of metastatic disease when an x-ray computed tomography (CT) study showed no evidence of such metastasis (Figure 1). These postoperative evaluations were done 6 mo after the primary colon tumor was removed. Because of the FDG study, this patient was scheduled to undergo surgical resection of the solitary liver metastasis.

"The studies reported at the PET Town Hall Meeting emphasized changes in clinical management, both as a result of early detection of limited metastatic disease and identification on follow-up of disease recurrence after therapy," said Mountz.

Evaluating Head and Neck Cancer

Professor Jean-Noel Talbot, MD, ScD, of the nuclear medicine service at Hôpital Tenon in Paris, presented results of dual-head FDG coincidence imaging in 63 patients with head and neck cancer. Talbot's group has used FDG stud-

Commentary: Impressions of the HCFA Town Hall Meeting



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On January 20 and 21, 1999, a historic event took place in the quest for reimbursement for PET procedures. Physicians, patients, industry leaders, political advocates and bureaucratic representatives met together at the Health Care Financing Administration (HCFA) headquarters in Baltimore to discuss PET imaging—both in terms of clinical data and their own personal experiences. Although the meeting was initiated by HCFA, its form and

content were the result of efforts on the part of several individuals who committed their time, energy and financial resources to bring PET advocates together to discuss their experiences with PET.

HCFA invited the PET community to present clinical data in support of five indications: colorectal cancer, melanoma, head and neck cancer, lymphoma and brain tumor. This was a public forum, and discussion on other indications and aspects of PET were also welcomed. HCFA representatives commented that they were impressed by the sheer number of PET supporters in attendance and the quality of data presented by the clinicians who perform PET scans as part of their daily practice. Of the more than 160 people who attended the conference, ten were cancer patients who described how PET was instrumental in the management of their disease.

A panel of experts from the payer community also attended. They listened as various clinicians—from both the U.S. and Europe—presented their papers demonstrating PET's effectiveness in the diagnosis and management of various cancers. The

panel expressed a desire for more control groups in the study protocols and more data relating to "outcomes," a word that was oft-used by the panel. The different perspectives between payers and providers became apparent in the discussions that took place after data were presented.

I was personally pleased that a large number of PET supporters were given the chance to interact personally with HCFA representatives. These representatives indicated that they would take the information presented at the meeting and consider expanding coverage for PET. We are encouraging a timely response in the form of additional indications that would be covered for PET. Overall, the clinical data presented by PET practitioners was well-received and very clearly demonstrated the benefits of using PET.

This meeting is only the beginning of a new cohesive effort in the PET community to push forward for PET reimbursements by mobilizing patient advocacy groups, physicians, politicians and industry. It was a vivid demonstration of how the entire PET community can pull together and make a difference. An upcoming event to be held this month in Washington, DC, will educate members of Congress and their staffs about the benefits of PET imaging. We do not want to lose the momentum. We will continue to seek your involvement and help.

—Ruth Tesar, CNMT

Ruth Tesar, CNMT, is the president of the Institute of Clinical PET and the vice president of P.E.T.Net Pharmaceutical Services, an FDG distribution network based in Norcross, GA.