

Diagnostic Value of PET in Cardiac Sarcoidosis

TO THE EDITOR: With interest we read the report of Yamagishi et al. (1) comparing the diagnostic value of PET with that of ^{201}Tl and ^{67}Ga myocardial scintigraphy in 17 patients in whom cardiac sarcoidosis was diagnosed according to the guidelines of the Japanese Ministry of Health and Welfare. The authors concluded that "... PET is the most useful method both for the identification of cardiac involvement of sarcoidosis and for the assessment of cardiac sarcoidosis disease activity."

Although PET has great potential in the diagnosis and management of this condition, particularly for patients who have had a pacemaker or cardioverter defibrillator implanted, one cannot reach the conclusion the authors did on the basis of a study of 17 patients comparing PET with techniques (^{201}Tl and ^{67}Ga myocardial scintigraphy) that have been reported to have very limited sensitivity for the diagnosis of cardiac sarcoidosis.

The diagnostic value of PET should rather be assessed in a larger, prospective study using cardiac MRI, PET, and ^{111}In -octreotide to evaluate a mixed population of sarcoidosis patients. The experience of Vignaux et al. (2) and our own experience with cardiac MRI in, respectively, 106 and 95 (3,4) sarcoidosis patients has demonstrated a high diagnostic accuracy for cardiac MRI and value in monitoring the response to medical treatment. ^{111}In -Octreotide has been reported to be of value in the diagnosis and monitoring of the activity of pulmonary sarcoidosis (5) and is currently being evaluated in a prospective study of cardiac sarcoidosis by our group.

REFERENCES

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Jan-P. Smedema, MD, MMed (Int), FCP (SA)
Marinus J.P.G. van Kroonenburgh, MD, PhD
Gabriel Snoep, MD
Sebastian C.A.M. Bekkers, MD
Anton P. Gorgels, MD, PhD
University Hospital Maastricht
Maastricht, The Netherlands

Re: Fischman and Thrall Editorial, "Who Should Read . . . PET Studies"

TO THE EDITOR: I had to laugh at the mental image conjured by these ivory tower academics who live in the heady world of "integrated subspecialty" everything (1).

I am very blessed to have trained in the Department of Radiation Oncology and Nuclear Medicine at Hahnemann University with Luther Brady, MD. Dr. Brady had the vision to see an integrated world of diagnostic studies helping oncologists to form a proper assessment of the patient. He led the research seeking, then applying, innovative diagnostic and treatment techniques. He required his residents to appreciate the same.

For nearly 20 years, I have been in a large community-based oncology practice. My training and continuous education are what have allowed me to realize the potential that modern radiology gives the clinician. One cannot underemphasize the importance of understanding the studies that are ordered. As such, it requires an oncology team approach to apply the interpretation of radiology studies and put them into the clinical setting. That team isn't just radiologists but surgeons, medical oncologists, and radiation oncologists working in unison. I count myself lucky to work with such a team that *includes* excellent and dedicated radiologists. Like the blind men describing an elephant, all team members have useful perspectives and every experienced clinician has seen radiology misinterpretations when studies are done in a vacuum. Bringing diagnostic tools into the clinic is our job.

Over decades, radiation oncologists (formerly therapists) have been independently coordinating and interpreting diagnostic images, including nuclear scans. Presently, CT/intensity-modulated radiotherapy simulation for treatment planning demands some interpretation autonomy. Also, we are comparing sonograms to CT scans for prostate brachytherapy planning. The list goes on, yet Fischman and Thrall mention the treating clinician only in passing. I can only assume the "turf" question that causes them to designate radiology as the arbiter of diagnostic studies focuses on reimbursement issues. Outside of academia, the turf is changing.

Finally, to answer the question that titles the editorial of Fischman and Thrall, I humbly propose: *Every physician involved in the patient's care.* Put reimbursement issues aside and there is no turf, just responsible patient care.

REFERENCES

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Ted Yaeger, MD
Herbert D. Kerman Regional Oncology Center
Daytona Beach, Florida