
Updated Practice Guideline for Somatostatin Receptor Scintigraphy

In the current medical environment, policy makers, accreditation agencies, and third-party payers are increasingly looking for standardization of medical practice. One way of making medical practice more uniform is the acceptance of standards and guidelines. The SNM has been developing practice guidelines since the mid-1990s; these are updated periodically. Each such update involves review of the recent literature, several revisions among the authors, public comment through the SNM Web site, review by the SNM Committee on Guidelines, and approval by the SNM Board of Directors. The revised guideline is published in the *Journal of Nuclear Medicine Technology* and on the SNM Web site.

There are several improvements in the updated version of the SNM Practice Guideline for Somatostatin Receptor Scintigraphy that appears this month in the *Journal of Nuclear Medicine Technology* (1). The revised guideline takes into consideration the European Association of Nuclear Medicine guideline (2) and therefore is a step toward SNM's goal of harmonizing its practice with that of other professional societies.



We reorganized the grouping of neuroendocrine and other neoplasms and disorders according to their level of somatostatin receptor expression (i.e., high vs. low), similar to the grouping used by the European Association of Nuclear Medicine and adapted from the World Health Organization classification of tumors. However, this classification, which is based on histologic differentiation and grade, is difficult to correlate with somatostatin receptor expression, as all these features may not be directly related. Nevertheless, we believed the new grouping would be more practical—that is, would help users decide whether somatostatin receptor scintigraphy might be helpful for a given patient.

The revision now incorporates references within the text (as is customary in any scientific publication). This change has strengthened the guideline in the direction of using

evidence-based data rather than expert opinion.

As for the procedure itself, the recommended administered activity for children has been reduced from 5 to 3 MBq/kg, and information has been added on SPECT/CT, including acquisition and processing suggestions (e.g., a 5.0-mm slice thickness with 2.5-mm collimation for CT attenuation correction; iterative reconstruction with ordered-subsets expectation maximization for reconstruction; and low-count processing for areas of low tracer activity). The task force strongly encourages the judicious use of SPECT/CT for the areas of concern, for more accurate lesion localization, and for any otherwise unexplainable activity seen on planar or SPECT images, while keeping radiation exposure considerations in mind.

Thanks to all the task force members for their hard work. Thanks also to all those who commented. Their valuable feedback has improved the quality of this document.

REFERENCES

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2. Bombardieri E, Ambrosini V, Aktolun C, et al. ¹¹¹In-pentetreotide scintigraphy: procedure guidelines for tumour imaging. *Eur J Nucl Med Mol Imaging*. 2010; 37:1441–1448.

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