Pre-Congress Symposium 4
Oncology & Theranostics Committee
Tuesday, October 5, 14:00-17:00

Session Title
Structured Reporting of Oncology PET-CT - Are we Ready for Template-Based Reporting?

Chairpersons
Lioe-Fee De Geus-Oei (Netherlands)
Christophe Deroose (Belgium)

Programme
14:00 - 14:20 Gopinath Gnanasegaran (London, United Kingdom): Essential Elements of PET-CT Reporting - An Overview
14:20 - 14:40 Carsten Kobe (Cologne, Germany): How to Report PET-CT in Lymphoma
14:40 - 15:00 Egesta Lopci (Milan, Italy): How to Report PET-CT in Lung Cancer
15:00 - 15:20 Sofia Carrilho Vaz (Lisbon, Portugal) How to Report PET-CT in GI and HPB Cancer
15:20 - 15:35 Break
15:35 - 15:55 Kambiz Rahbar (Münster, Germany): How to Report PET-CT in Prostate Cancer
15:55 - 16:15 Cristina Nanni (Bologna, Italy): How to Report PET-CT in Melanoma and Myeloma
16:15 - 16:35 Sona Balogova (Bratislava, Slovakia): How to Report PET-CT in Gynaecological Cancers
16:35 - 16:55 Valentina Ambrosini (Bologna, Italy). How to Report PET-CT in Neuroendocrine Tumour
16:55 - 17:00 Summary by Chairperson

Educational Objectives:
1. Essential Elements of $^{18}$F-FDG PET-CT Reporting
2. Structured reporting in specific cancer types
3. Reporting relevant and incidental findings

Summary:
Reporting scans in an accurate and structured way helps clinicians manage their patients. However, accurate reports depend on multiple factors such as:
1. Clinical history.
2. Primary clinical question.
3. Any other previous treatment or investigations.
4. Relevant history taking before injecting or scanning the patient.
Clinical information helps in providing an accurate and relevant report. PET-CT imaging is widely used in oncological practice. However, there is no consistent consensus or recommendation to incorporate a specific style or framework into clinical reports. The PET-CT report should include relevant clinical history
with a specific clinical question (confirmed or suspicious cancer, organ of interest, staging, treatment response or recurrence, etc.), and technical information such as injected, activity, blood glucose levels, and uptake period, and reconstruction methods used, etc. The study should mention PET-CT imaging volume (e.g. vertex to mid-thigh, the skull base to mid-thigh, whole body, and additional imaging). The reporting physician should compare the current imaging study with prior studies whenever possible. The body of the report should contain periodic information. Several formats have been described in the literature, such based on (a) anatomic sites - head and neck, thorax, abdomen, pelvis, and bones in an orderly fashion), (b) in order of most important and relevant findings, or a combination of both. The report should be precise and emphasize the intensity of uptake (mild, moderate, intense, SUV), measurements of lesions wherever possible. Should document relevant CT and PET-CT incidental findings, advice should be given regarding further evaluation and work up. Should communicate urgent incidental findings immediately (e.g., large pneumothorax impending pathologic fractures, spinal cord compression, etc.). Finally, the impression or conclusion should answer the clinical question and guide the clinician. The reporting physician should be aware of patterns, pitfalls, normal variants related to specific tracers and cancer types. Besides, their common sites of spread and comment on relevant information are deemed necessary in staging, upstaging, and management. This session with iniclude pearls and challenges of structured reporting with an emphasis related to specific cancer types.

**Key Words**
PET-CT, structured reporting, templates