

Sanjiv Sam Gambhir, MD, PhD

*Chief, Nuclear Medicine Division Director,
Molecular Imaging Program at Stanford Professor of
Radiology*



Dr. Gambhir received his training at the University of California Los Angeles in the Medical Scientist Training Program. He has been involved with basic science PET research and clinical

PET imaging for over 15 years and was head of the Crump Institute for Molecular Imaging at UCLA prior to moving to Stanford in 2003. His work on patient management with FDG PET helped lead to Medicare reimbursement for the procedure and his decision models are used worldwide by health care policymakers. Dr. Gambhir is the head of Nuclear Medicine and has an active laboratory focused on developing new cancer imaging tracers for PET.

Andrew Quon, MD

Assistant Professor of Radiology



Dr. Quon was instrumental in the development of the nationally renowned PET and PET/CT program at UCLA Medical Center. He is an expert in the field of multimodality fusion imaging

and has given presentations and received awards at major Radiology and Nuclear Medicine conferences for his work on PET/CT imaging.

Physicians who wish to learn more information about PET/CT imaging at Stanford are encouraged to contact Dr. Andrew Quon at aquon@stanford.edu.

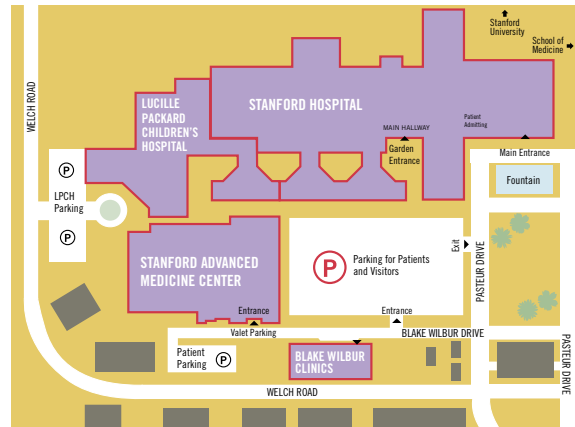
Stanford Hospital

300 Pasteur Drive, Stanford, CA 94305

Services: PET/CT & Nuclear Medicine - 2nd Floor

Directions:

- Enter through the Garden Entrance
- Turn right down hallway towards the gift shop
- Turn left at gift shop
- Take Escalators to the 2nd floor
- Turn right when exiting escalators
- Turn right at main hallway



Scheduling a PET/CT Scan

Stanford Radiology Scheduling Center

Phone: 650-723-6855

Fax: 650-723-6036

Appointments are available Monday thru Saturday.

For more information, go to:

<http://imaging.stanfordhospital.org>

www.petct.stanfordhospital.com

Your appointment is scheduled for:

Date: _____
Sun Mon Tue Wed Thur Fri Sat
Time: _____

PET/CT

Stanford Medicine Imaging



A powerful tool for you and your patients

The Stanford Advantage

The world-renowned faculty and staff of the Stanford PET/CT and Molecular Imaging Program at Stanford (MIPS) are committed to being at the forefront of diagnostic molecular imaging. Stanford is the epicenter of innovative 3D reconstructive techniques as well as the development of new radiotracers for imaging.

Every PET/CT scan is reviewed and correlated by both a Nuclear Medicine expert in PET Imaging and a Radiologist specially trained in Body Radiology at a daily joint review session. An integrated PET/CT report that synthesizes the data from both exams is produced from each PET/CT scan.

The PET/CT scanner at Stanford combines two state of the art imaging modalities. By monitoring cellular glucose metabolism, PET provides very sensitive information regarding the function and malignant potential of lesions. CT meanwhile provides exquisitely detailed anatomical information about the location, size, and shape of various lesions but cannot differentiate benign lesions from malignant lesions with the same accuracy as PET. The combined PET/CT scanner merges PET and CT images together and enables physicians to pinpoint with greater precision the location of a malignancy and ultimately stage the patient more accurately.

Innovation and Building a Bridge to the Community at Stanford

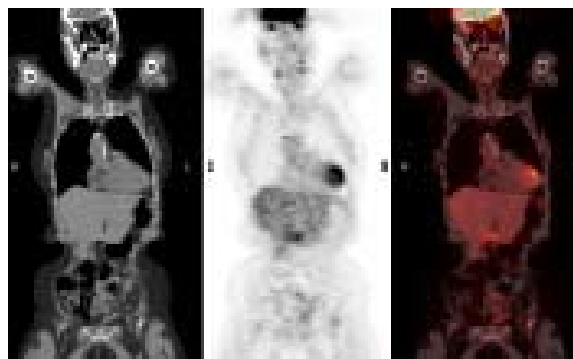
In September of 2010, the Stanford Nuclear Medicine Division underwent a major expansion with the opening of the new Nuclear Medicine and Molecular Imaging Center. The expansion includes two additional state-of-the-art PET/CT scanners as well as a second SPECT/CT scanner. This state-of-the-art facility is designed for maximal scheduling availability, reliable delivery of reports, and access to faculty for case discussion.

How PET Works

PET scanning utilizes a radioisotope tracer that is an analog to glucose, called fluorodeoxyglucose (FDG). FDG accumulates within malignant cells because of their high rate of glucose metabolism. Once injected with this agent, the patient is imaged on the whole body PET scanner to reveal malignant lesions which may have been overlooked or difficult to characterize by conventional CT, X-ray, or MRI.

The Procedure

Patients referred for PET/CT scanning will be required to spend approximately two hours at Stanford. Patients are first injected with a very small amount of the FDG radiotracer. The patient then waits approximately 45-60 minutes prior to scanning to allow for the FDG to adequately target and bind to possible malignant cells within the body. The actual scan takes approximately 35-45 minutes with the patient lying flat within the scanner.



The Benefit of PET in Oncology

Clinical research data has proven that PET is superior to conventional imaging in the diagnosis, staging, and surveillance (restaging) of various types of cancers. Recently, the Centers for Medicare & Medicaid Services (CMS) expanded to include many more tumor types and reaffirmed its role in preexisting covered tumor types.

Centers for Medicare & Medicaid Services (CMS): Expanded List of Cancers and Indications for PET/CT

Initial Staging¹ and Restaging/Treatment Monitoring²

Non-small cell lung cancer
Colorectal cancer
Esophageal cancer
Head & Neck cancer
Lymphoma
Ovarian cancer
Myeloma
Thyroid³

Initial Staging Specifically for Detection of Distant Metastatic Disease and Treatment Monitoring

Cervical cancer
Breast cancer
Melanoma

Initial Staging Only

Brain cancers
Small cell lung cancer
Soft Tissue Sarcoma
Pancreas
Testes
All other Solid Tumors

All other cancers and indications not listed above may be covered by the Coverage with Evidence Development (CED) Program which is administered by CMS and Stanford Medical Center is an active participant

¹ New terminology to be used will be: "Initial Treatment Strategy"

² New terminology to be used will be: "Subsequent Treatment Strategy"

³ Thyroid covered for follow-up imaging only after a negative I-131 scan and rising Tg levels
Adapted from: Centers for Medicare and Medicaid Services www.cms.hhs.gov 4/6/2009