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Progression or pseudo-progression: A review of nuclear imaging of post-treatment glioblastoma

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Glioblastoma is a brain tumor in adults with poor median survival despite multimodality treatment. Efficacy of therapy for glioblastoma is assessed by clinical response and imaging features, mainly on magnetic resonance imaging (MRI). There is a subset of treated patients with imaging features in keeping with “progressive disease” but who then show stabilization or resolution despite no change in their treatment regime. It is thought that the “pseudo-progression” is due to non-tumoral factors and incorrect diagnosis could lead to an inappropriate change of effective therapy. Conventional MRI is inadequate for differentiating tumor progression from pseudo-progression and nuclear imaging is increasingly being shown to be more sensitive and specific, especially with the development of new biomarkers such as ¹¹C-methionine (C-Met), O-(2-[¹⁸F] fluoroethyl)-L-tyrosine (18F-FET) and 3,4-dihydroxy-6-[¹⁸F]-fluoro-L-phenylalanine (18F-FDOPA). This is a review of the current research into radiological assessment of post-treatment GBM with nuclear medicine, specifically differentiating between tumor progression and pseudo-progression.

Biography

Sarah Abdulla is a 4th year radiology registrar at the Norwich Radiology Academy, a centre with a track record in research. She completed her medical education at Cambridge University and University College London. She has published in Clinical Radiology and is currently a reviewer for a peer-reviewed journal.

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