

PET-CT Imaging Specialists



WAKE RADIOLOGY OUTPATIENT IMAGING

PET-CT RADIOLOGISTS

All PET-CT imaging performed at Wake Radiology is interpreted by one of our five PET-CT imaging specialists who are board certified by the American College of Radiology. Our PET-CT Imaging Center in Cary is the only outpatient center of its kind in the Triangle.

PET-CT Physician Hotline: 919-233-7280

PET-CT Scheduling & Reports: 919-854-2190

Anti-Tumor Treatment Strategies for the Whole Body*

- F18 FDG (fluorodeoxyglucose) imaging studies
 - Standard PET-CT (Skull to Thigh)
 - Whole Body PET-CT (Vertex to Toes) for known or suspected lower extremity tumors that may be present in melanoma, cutaneous (T-cell) lymphoma, or multiple myeloma
 - Limited PET-CT of Head and Neck, Chest or Head
- Indications
 - Initial treatment strategy for diagnosis or initial staging of newly diagnosed cancer
 - Subsequent treatment strategy for restaging after completion of therapy, monitoring response during treatment, or suspected recurrence of previously treated cancer

Bone-Specific Imaging**

- F18 NaF (sodium fluoride) imaging studies
 - Whole Body PET-CT (Vertex to Toes)
- Indications
 - Detection and evaluation of metastatic bone cancer commonly associated with carcinoma of the breast, prostate, thyroid, kidney and lung
 - Evaluating metastatic bone disease
 - Initial staging for patients at risk for bone metastases
 - Excluding bone disease when this is required prior to initiation of potentially curative therapy
 - Following patients with bone dominant metastases to evaluate effectiveness of systemic therapy and exclude new metastases at critical anatomic sites



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Brain-Specific Imaging

- F18 imaging studies
 - FDG PET-CT to monitor brain tumor response to treatment or to differentiate Alzheimer's versus frontotemporal dementia based on metabolic uptake*
 - Amyvid PET-CT to estimate beta-amyloid neuritic plaque density in patients who are being evaluated for Alzheimer's disease and other causes of cognitive decline***

* CMS now covers FDG PET-CT (fluorodeoxyglucose to trace glucose metabolism) for anti-tumor treatment strategies for most oncologic conditions. As of June 11, 2013, the coverage with evidence development (CED) for these studies has ended, removing the prospective data collection requirement through the National Oncologic PET Registry (NOPR).

** The CED requirement for Na-F18 PET-CT bone imaging remains in place. This requires prospective data collection for all Medicare patients by the NOPR.

*** CMS final decision for coverage of Amyvid (florbetapir) PET-CT brain imaging is expected in October 2013. Reimbursement for non-Medicare patients may be assisted by Lilly's Reimbursement Support Program.

