HERCA MedInspector Workshop, November 6-8, 2018 Stockholm, Sweden

EANM initiatives related to radiation protection in nuclear medicine

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EANM President 2017-2018



EANM & Radiation Protection (1)

- Multi-stakeholder Meeting on Justification & Optimisation in the Medical Field, 10th of March 2016
- DoMoRe track at the EANM Congress, plenary sessions, guidelines,...
- EANM Internal Dosimetry Task Force > Manual on Dosimetry (Vienna 2017)
- Radiation Protection Committee founded in 2016
- EURAMED (European Alliance on Radiation protection in Medicine)
 - Joint initiative EANM, ESR, EFOMP, EFRS and ESTRO
 - Founded in 2016 as a joint initiative
 - Legal entity since 2017
- Medirad Proposal accepted in 2017





EANM & Radiation Protection (2)

- Basic Safety Standards Directive > publications
 - The conflict between treatment optimization and registration of radiopharmaceuticals with fixed activity posology in oncological nuclear medicine therapy, C. Chiesa et al
 - Dosimetry in clinical radionuclide therapy: the devil is in the detail, F. Giammarile et al.
 - ...
- New EANM Board position: Scientific Liaison Officer
- Pipeline: Accreditation for Quantitative SPECT (EARL), Innovation on Instrumentation Platform,...
- European Commission DG Energy, Meeting of the Working Party on Medical Exposures (WP MED), 13 November, 2018
- European Nuclear Medicine Guide > optimisation
- EANM referral Guidelines / clinical decision support > justification



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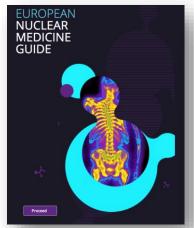




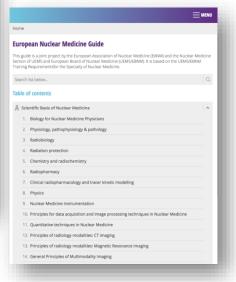














Knowledge of fundamental biological processes is essential for effective clinical practice in nuclear medicine and to inspire future developments in our discipline. This chapter provides a very concise description and explanation of selected biological processes that are mainly explored by nuclear medicine. The authors are aware that many biological themes and concepts are not addressed in the chapter due to space constraints. Cell proliferation and apoptosis are included, since they regulate physiological growth and homeostasis of all organs and their alterations promote the pathogenesis of many diseases. Angiogenesis, hypoxia, and glucose metabolism are related to delivery of nutrients, oxygen, and energy production in normal and cancer cells. The interaction of cell surface receptors with their natural ligands triggers a number of cellular response to external stimuli in both normal and pathological tissues. Finally, metastatic dissemination and immune evasion of cancer cells may provide targets for innovative diagnostic and therapeutic approaches in nuclear medicine.

Cell cycle

Comment

Replication of normal cells occurs through a series of temporally ordered events that constitute the cell cycle. In the presence of growth-promoting signals, cells leave the quiescent phase (G0) and enter the first phase of the cell cycle (G1) during which they prepare for DNA replication. In the following S phase, DNA replication occurs, and the correct duplication and assembly of DNA is ensured in the subsequent G2 phase. Finally, cells enter the fourth phase of mitosis (M) that leads to cell division and formation of two identical daughter cells. Cell cycle progression is regulated by positive and negative feedback loops involving cyclin-dependent kinases (CDKs), cyclins, CDK inhibitors, and CDK substrates (1). Cyclins are key regulatory proteins that are expressed and degraded at specific times during each cell cycle. They bind to and activate CDKs that in turn trigger phosphorylation of distinct sets of substrates and allow cell cycle progression. This process is negatively regulated by CDK inhibitors that bind to CDK-cyclin complexes and inhibit their protein kinases activity. The

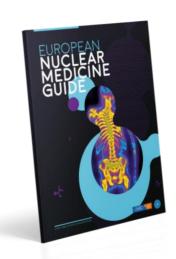
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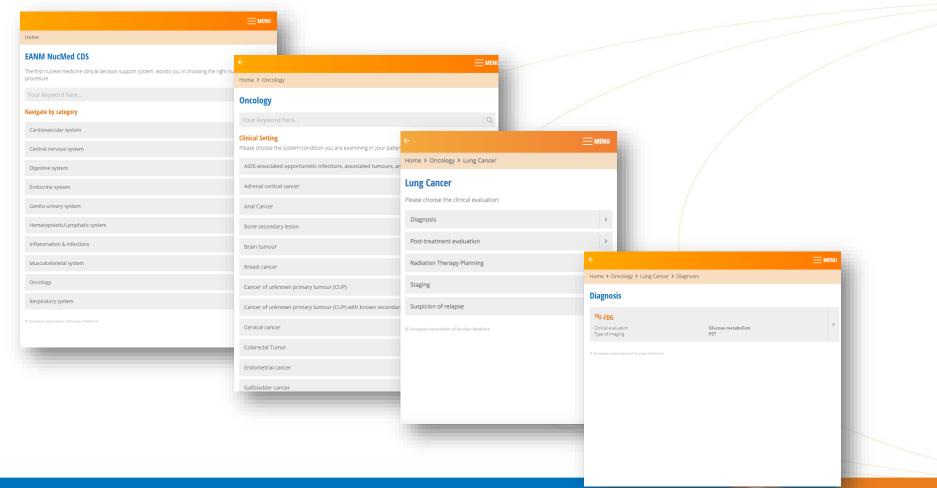


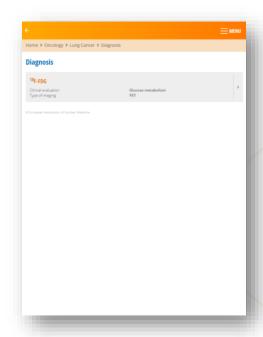


I am examining a patient with suspected lung cancer – which is the most suitable nuclear medicine procedure for diagnosis?













NUCLEAR

• [18F]-Fluoro-2-deoxy-2-d-glucose, also known as: o [18F]-FDG o FDG 10.1.2 Uptake mechanism /biology of the tracer

o [18F]-Fluorodeoxyglucose

FDG is a glucose analogue which accumulates in tissue in proportion to the amount of glucose utilization. Increased consumption of glucose is characteristic of most cancers and is mostly related to overexpression of the GLUT glucose transporters and increased hexokinase activity. Once inside the cell, FDG is phosphorylated by the enzyme hexokinase and trapped.

10.1.3 Indications

FDG PET/CT has become one of the cornerstones of patient management in oncology.

Indications for FDG PET/CT include, but are not limited to, the following:

- · Differentiation between benign and malignant lesions;
- . Searching for an unknown primary tumour when metastatic disease is discovered as the first manifestation of cancer or when the patient presents with a para-neoplastic syndrome:
- · Staging patients with known malignancies;
- · Monitoring the effect of therapy on known malignancies;
- · Determining whether residual abnormalities detected on physical examination or on other imaging studies following treatment represent tumour or post-treatment fibrosis or
- · Detecting tumour recurrence, especially in the presence of elevated tumour markers;
- · Selection of the region of tumour most likely to yield diagnostic information for biopsy;
- . Guiding radiation therapy planning.
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