

**Technology and Equipment Committee**

**PET Scanner**

**Material Presented by**

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Comments from R. Edward Coleman, MD  
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- 1) Capacity at 3000 and the threshold at 2400 sounds reasonable.
- 2) Prior authorization constraints are reducing the number of studies at Duke by 5% to 7%, and most of those disallowed are "borderline" cases. Medicare and Medicaid are not yet requiring prior authorization.
- 3) Duke's service runs 12 hours a day 5 days a week.
- 4) The wait time for a study is ten days to two weeks right now, but the PET/CT replacing the PET-only scanner installed in the 1980s begins service this week. The effect should be to increase the volume and reduce the wait time significantly.
- 5) Has not encountered a "one study per patient" limit. Has heard of it being applied in other states, but not here.
- 6) Anticipates that the study resulting from the operation of the National Oncology PET Registry (now available on line and soon in print) will be a recommendation to Medicare that PET scans be approved for all cancers and all indications. The recommendation will be forwarded soon, and Medicare will take 6 to 9 months to evaluate it and decide what to do. If the recommendation were approved in total, the number of studies performed would increase dramatically and swiftly. Suspect that it will be approved piecemeal: first by Medicare and then by other payors.
- 7) Given the pressure on the service, Duke is doing only one or two treatment planning studies each week (studies which involve positioning the patient as if for the LINAC and transferring the information to Radiation Oncology electronically).