


INAHTA


INAHTA PET SURVEY 2003/04

Preliminary results



INAHTA


- Update to INAHTA's 1999 joint report on PET first suggested in June 2002.
- Australian Dept of Health and Ageing volunteered to coordinate.
- Survey form first sent out to all INAHTA agencies in January 2003.
- Follow-up requests in April 2003, September 2003 and March 2004.
- 28 responses from separate agencies in 19 countries (including 5 'null responses')—80% response rate.
- 7 'no responses' (including Germany and United States (CMS)).



INAHTA

Scanner distribution


Country / region	No. of dedicated scanners	Scanners per 1m population
Belgium	13	1.26
Denmark	6	1.2
Austria	9	1.13
France	50	0.83
United States (VHA)	6	0.83
Australia	13	0.65
Sweden	5	0.57
Israel	3	0.46
Canada	10	0.39
Finland	2	0.38
Spain	13	0.33
United Kingdom	16	0.28
Netherlands	4	0.25



INAHTA


Indications reviewed

Indication	No. of agencies	Agencies
Oncology		
Head and neck cancer	12	AETMIS, AETS, AETSA, CAHTA, CEDIT, DACEHTA, ICTAHC, Lund, MSAC, SMM, VHA, ZonMw
Lung cancer	11	AETMIS, AETS, AETSA, CAHTA, CEDIT, DACEHTA, ICTAHC, MSAC, NHS, VHA, ZonMw
Colorectal cancer	10	AETMIS, AETS, AETSA, CAHTA, CEDIT, DACEHTA, ICTAHC, MSAC, VHA, ZonMw
Lymphoma	9	AETMIS, AETS, AETSA, CAHTA, CEDIT, ICTAHC, MSAC, NHS, ZonMw
Melanoma	8	AETMIS, AETS, AETSA, CAHTA, CEDIT, DACEHTA, ICTAHC, MSAC
Solitary pulmonary nodule	7	AETS, AETSA, CAHTA, DACEHTA, MSAC, SMM, VHA
Breast cancer	4	AETMIS, DACEHTA, VHA, ZonMw
Brain tumour	3	AETMIS, MSAC, SMM
Thyroid cancer	3	AETS, AETSA, CAHTA
Glioma	2	AETMIS, MSAC
Oesophageal cancer	2	MSAC, ZonMw
Tumours of the central nervous system	2	AETS, AETSA
Cervical cancer	1	MSAC
Gastric cancer	1	MSAC
Ovarian cancer	1	MSAC
Prostate cancer	1	AETMIS
Sarcoma	1	MSAC
Neurology		
Epilepsy	6	AETMIS, AHFMR, CEDIT, DACEHTA, MSAC, SMM
Dementia / Alzheimer's disease	4	AETMIS, DACEHTA, SMM, VHA
Cardiology		
Myocardial viability / perfusion	5	AETMIS, AHFMR, DACEHTA, MSAC, SMM

 **INAHTA**

Planned reviews

Indication	Agency	Details
Colorectal cancer	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
Epilepsy	MSAC	A second systematic review is being undertaken to consider new evidence to emerge since the original MSAC review in 2000.
	ICTAHC	
Glioma	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
Head and neck cancer	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
	Lund	Diagnosis of residual or recurrent disease; unknown primary tumours; prediction of therapy outcome.
Lymphoma	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
	AETSA	
	Lund	Prediction of therapy outcome.
Melanoma	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
Oesophagogastric cancer	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
	ICTAHC	
Ovarian cancer	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
	ICTAHC	
Sarcoma	MSAC	Prospective protocol study (multi-centre single arm) into PET's impact on patient management.
	ICTAHC	
Non-small cell lung cancer	DACEHTA	Randomised study of mediastinal staging +/- PET; planned total of 430 patients; accrual until December 2004; publication in 2006 after follow-up.
Thyroid cancer	ICTAHC	
Breast cancer	ICTAHC,	
	UETS	
Dementia	ICTAHC	
Cardiology	AETS	
	ICTAHC	Ischaemic heart disease
Pancreatic carcinoma	AETS	
Tumours of unknown origin	AETSA	

-  **INAHTA**
- All respondents have some form of public reimbursement for clinical PET scans, whether according to prescribed indications or on a 'case-by-case' basis.
 - Several countries with dedicated scanners had not undertaken reviews of PET indications, while one without (Norway), has.
 - Some of the more unusual indications for which scans were performed include: myeloma; testicular cancer; chronic skeletal infection; tumours of the liver, pancreas and spleen.
 - Countries with the highest annual throughputs include: Belgium (10,273 in 2002); Australia (8,146 in 2003); Canada (4,700 in 2002); United States (VHA—3,721 in FY 2001).
 - Significant shift to PET/CT.
 - Planned expansions of PET services include:
 - Ontario: at least 3 hospitals planning to install PET or PET/CT in the near future.
 - Denmark: a third PET scanner/cyclotron facility planned for Odense in 2005.
 - France: Total dedicated PET scanners expected to increase to around 65 from current total of around 50.
 - Israel: 10 scanners to be installed in the near future to meet requirement of 1 scanner per 600,000 population.
 - Netherlands: 8 scanners to become operational in near future (including at least one PET/CT scanner).