

Hybrid imaging: which road to go?

To the Editor: Most timely, in their recent editorial P. Grammaticos et al. discuss extensively two major issues of PET/CT, which are of common concern [1]: a) The role, and the responsibilities, of the two disciplines Nuclear Medicine and Radiology in running this new equipment; and b) the advantages and disadvantages of PET/CT over PET and CT.

The availability of accurately aligned anatomical (CT) and functional (PET) images has a significant impact in oncology, and algorithms to align CT and PET images acquired on different scanners. These procedures have generally been successful for a variety of organ systems in a number of indications. For the brain, a combined PET/CT ad hoc approach is certainly of no essential advantage in clinical routine. In addition, the economy of a combined PET/CT image should be discussed, as the acquisition times of PET and CT are quite contrary and the CT is not effectively used. One may also raise the question of whether magnetic resonance tomography (MRT)/PET, which is currently facing market, will even cause a greater discussion in the political scenario than PET/CT already does: Is PET/MRT a part of Nuclear Medicine? Should MRT/PET replace PET/CT etc.?

In agreement with Ell and von Schulthess (2002) we think that PET/CT is neither only PET nor only CT, but is a completely new imaging tool that can change not only the use of

PET but also the use of CT [2]. It will not replace PET or CT. It should also broaden the view of both nuclear medicine specialists and radiologists fostering further multidisciplinary approaches on a collegial rather than a competitive basis.

Nuclear Medicine is and should remain an independent specialty [3] and nuclear medicine physicians should independently deal with the PET cameras as part of the PET/CT equipment.

Bibliography

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The nuclear medicine physician should be responsible for the hybridic PET/CT equipment and the radiologist act as an advisor

To the Editor: We read with great interest the editorials in English and in Greek in *Hell J Nucl Med* 2007; 10 (2): 74-76 and 164-168, according to which the nuclear medicine physician should be responsible for the PET/CT equipment and the radiologist should be called as advisor only in cases that CT is to be used. The Administrative Board of the League of Greek Private Nuclear Medicine Physicians (LGP-NMP) discussed this matter thoroughly and decided unanimously that we fully agree with the above editorials of your esteemed Journal. Nuclear medicine physicians are educated for six months in a department of radiology, while the radiologists are not educated in subjects related to nuclear medicine, also nuclear medicine physicians are responsible for choosing whether a CT scan is necessary. Not to mention

that a CT scan gives high doses of radiation to the patients and according to statistics from our city, less than 10% of the patients who are referred for a PET scan have not already performed a related CT scan. We think that the right solution will serve not only the patients but also all members involved in the above decision.

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