



PET INFO

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Specialty Radiopharmaceutical Order Information

	☰ Dose	☰ Days/times available	☰ Preps	☰ Incubation time
1	F-18 FDG	Mon- Fri: 8:00am - 6:00pm Weekends @1305: 8:00am - 5:00pm	4hr fast, no vigorous exercise, no diabetic meds during fast, FBG <200 mg/dl	60 min incubation 30 min arrival before injection
2	F-18 PSMA PYL (prostate cancer)	Mon-Fri 8:30am - 6:00pm <i>First scan time: 9:30am</i> <i>Last scan time: 6:00pm</i> 1st Sat: 11am - 2pm <i>First scan time: 12:00pm</i> <i>Last scan time: 2:00pm</i> 2nd, 3rd, 4th Sat: 9:00am- 2pm <i>First scan time: 10:00pm</i> <i>Last scan time: 2:00pm</i> <i>*No PSMA PYL 5th Saturdays</i>	No exercise 24 hours prior	60 mins incubation 45 min arrival time prior to injection
3	Ga-68 PSMA (prostate cancer)	Mon-Fri 8:00am - 5:00pm <i>First scan time: 9:00am</i> <i>Last scan time: 6:00pm</i>	No prep	60 min SBTT 45 min arrival before injection

4	F-18 Florbetaben (Amyloid/FBB)	Mon-Fri 11:30 - 6:30pm <i>First scan time: 1pm</i> <i>Last scan time: 8:00pm</i>	No prep	90 min incubation 45-minute arrival before injection
5	F-18 Fluciclovine ("Axumin")	Mon: 2:30pm - 6:00pm <i>First scan time sbtt: 4:00pm</i> <i>Last scan time sbtt: 7:00pm</i> <i>First scan time brain: 3:30pm</i> <i>Last scan time brain: 6:30pm</i> Fri: 1:30pm - 4:30pm) <i>First scan time sbtt: 2:30pm</i> <i>Last scan time sbtt: 5:30pm</i> <i>First scan time brain: 2:00pm</i> <i>Last scan time brain: 5:00pm</i>	4hr fast, exercise okay	30 mins brain 45 min arrival before injection
6	Ga-68 Dotatate	Mon-Fri 8:00am - 5:00pm <i>First scan time: 9:00am</i> <i>Last scan time: 6:00pm</i>	No prep	60 min SBTT, 60 mins dynamic acquisition for brain 45 min before injection
7	FDOPA (+carbidopa)	Monday only 2:00pm - 5:00pm <i>First scan time: 3:30pm</i> <i>Last scan time: 6:30pm</i>	 DO NOT CALL! Our clinical staff call with preps (<i>you can see our nurses' notes in encounters or notes in chart review</i>)	30 min arrival, pt administered carbidopa by nurses, 1hr wait, then injected with 90 min incubation <i>(1 + half hours before injection, 3 hours total before scan time)</i>
8	Flortaucipir ("tau")	Mon-Tue-Thur-Fri: 2:15 -7:00pm <i>First scan time: 3:35pm</i> <i>Last scan time: 8:20pm</i> Weds: 3:15 - 7:00pm <i>First scan time: 4:35pm</i> <i>Last scan time: 8:20pm</i>	No prep	80 mins incubation 45 min arrival before injection

9	F-18 FES (fluoroestradiol)	Wed & Thurs 11:45 - 5:30 pm <i>First scan time sbtt: 1:05pm</i> <i>Last scan time sbtt: 7:50pm</i>	No preps	80 mins SBTT, 90 mins dynamic acquisition for brain (meaning injected on table) 45 min arrival before injection
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? FAQs

Patient FAQs:

**Situations can be patient dependent; these are just the usual responses. As always, escalate any additional questions to techs or the chief pet tech Doug 😊*

1. Can I have acupuncture before FDG PETCT appt?

- Per NucMed radiologists, not allowed due to uptake in muscles.

2. What if patients have a continuous glucose pump?

- Most glucose monitors have a "nighttime" or "basal" setting. Patients should put their monitors into this setting 4 hours before appt. They do not need to take them off. However, if it gives them a bolus injection within the 4-hour fast period while the monitor is in night/basal mode, the exam will need to be rescheduled.

3. Why are these appointments time sensitive?

- These appointments are time-sensitive because the radioactive tracer used in the scan has a short half-life. The radiotracers are made off-site and transported to us, so it is crucial to image quality that the dose is still active enough. If the tracer decays too much to be effective, it may require rescheduling.

4. Why do I have to fast?

- It is to ensure your blood glucose level is adequate to have a quality exam. This is important because the tracer used in the scan mimics glucose. If a patient eats beforehand, elevated glucose levels in the body can compete with the tracer, reducing its uptake in tissues and leading to poor image quality or inaccurate results.
- If a patient is not fasted completely, there is a high possibility of rescheduling.

5. How long will I be in the scanner?

- In general, most SBTT exams take roughly 20-25 mins
- Whole bodies take ~30-35 mins.
- Ga68 PSMA takes ~35 mins. PYL PSMA prostates take ~20 mins
- Dotatate brains are 60 mins on the scanner, no incubation
 - *Can be dependent on patient height.*

6. If I'm extremely claustrophobic, how long will my head be in the scanner?

- a. For SBTT, your head will be in the scanner for about 6-8 mins. For whole body, it will be about 10-15 mins
7. When should I take my anti-anxiety meds?
- a. Please wait until you are on site, the technologists will instruct you on when to take
8. Do I have to drink oral contrast?
- a. Patients will be given 1 liter of flavored oral contrast and are instructed to drink as much as they can tolerate. Prostate and brain exams (like FBB and dotatate brain) do not have to drink oral.
9. How long will I be "radioactive" for? What precautions should I take?
- a. Patients are radioactive (or "hot") after receiving the PET injection for approximately 12 hours after the scan. Because of this, they should stay at least 3 ft. from children or pregnant women out of an abundance of caution. However, they do not need to go out of their way to avoid people. On site, the technologists will go over precautions more in-depth.

SPC FAQs

1. Do I need to call the techs if I'm scheduling an FDG for tomorrow?
 - a. If you are scheduling an appt for the next day and it is after 3pm, please call techs to inform them to order another FDG dose. Orders for the next day usually get placed around 4pm/5pm.
2. Does head and neck protocol comment need additional time?
 - a. No, okay to leave as it.
3. Keep an eye on the date of when exams were protocolled!
 - a. The techs usually ask that exams protocolled over a month from appt date be updated to ensure no changes.

PET- Specific Provider Info

	☰ Provider	☰ Info
1	William I. Kuhel, MD	Will request PETCT + CT neck soft tissues w contrast, okay to link as long as CT tech available (usually will have head & neck protocol, no additional time needed)
2	Anna Nordvig, MD	Frequently requests ASL with her PETMRs, <i>which can only be performed at DHK</i> . If unsure/unclear if ASL is requested, check priors or ask to have protocolled
3	Sonja Blum, M.D., Ph.D.	Also frequently requests ASL. Sometimes may just be listed as "yes" to ASL sequences in ordering comments on rx
4	Scott T. Tagawa, MD	<i>Almost</i> always prefers Ga68 PSMA instead of F18 PSMA PYL. Please ensure protocol matches rx request