

Impact of simulated reduced injected dose on the assessment of amyloid PET scans

Peter Young, Fiona Heeman, Jan Axelsson, Lyduine E. Collig, Anne Hitzel, Amirhossein Sanaat, Aida Niñerola-Baizan, Andrés Perissinotti, Mark Lubberink, Giovanni B. Frisoni, Habib Zaidi, Frederik Barkhof, Gill Farrar, Suzanne Baker, Juan Domingo Gispert, Valentina Garibotto, Anna Rieckmann & Michael Schöll on behalf of the AMYPAD consortium

Purpose: To investigate the impact of reduced injected doses on the quantitative and qualitative assessment of the amyloid PET tracers [18F]flutemetamol and [18F]florbetaben.

Methods: Cognitively impaired and unimpaired individuals (N = 250, 36% A β -positive) were included and injected with [18F]flutemetamol (N = 175) or [18F]florbetaben (N = 75). PET scans were acquired in list-mode (90–110 min post-injection) and reduced-dose images were simulated to generate images of 75, 50, 25, 12.5 and 5% of the original injected dose. Images were reconstructed using vendor-provided reconstruction tools and visually assessed for A β -pathology. SUVRs were calculated for a global cortical and three smaller regions using a cerebellar cortex reference tissue, and Centiloid was computed. Absolute and percentage differences in SUVR and CL were calculated between dose levels, and the ability to discriminate between A β - and A β + scans was evaluated using ROC analyses. Finally, intra-reader agreement between the reduced dose and 100% images was evaluated.

Results: At 5% injected dose, change in SUVR was 3.72% and 3.12%, with absolute change in Centiloid 3.35CL and 4.62CL, for [18F]flutemetamol and [18F]florbetaben, respectively. At 12.5% injected dose, percentage change in SUVR and absolute change in Centiloid were < 1.5%. AUCs for discriminating A β - from A β + scans were high (AUC \geq 0.94) across dose levels, and visual assessment showed intra-reader agreement of > 80% for both tracers.

Conclusion: This proof-of-concept study showed that for both [18F]flutemetamol and [18F]florbetaben, adequate quantitative and qualitative assessments can be obtained at 12.5% of the original injected dose. However, decisions to reduce the injected dose should be made considering the specific clinical or research circumstances.

Published: 28 October 2023

European Journal of Nuclear Medicine and Molecular Imaging

<https://doi.org/10.1007/s00259-023-06481-0>