

# Doporučení pro provedení SPECT a SPECT/CT myokardu

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## GUIDELINES

**EANM procedural guidelines for radionuclide myocardial perfusion imaging with SPECT and SPECT/CT: 2015 revision**

A large number of minor changes have been described in more detail in the fully revised version available at:

<http://eanm.org/publications/guidelines/index.php?navId=37>

 **105 stran**
















1. Patient information and preparation
2. Radiopharmaceuticals and CT contrast agents
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12. Data analysis of left ventricular function
13. Data analysis of hybrid imaging
14. Reports and image display.

## EANM procedural guidelines for radionuclide myocardial perfusion imaging with SPECT and SPECT/CT: 2015 revision

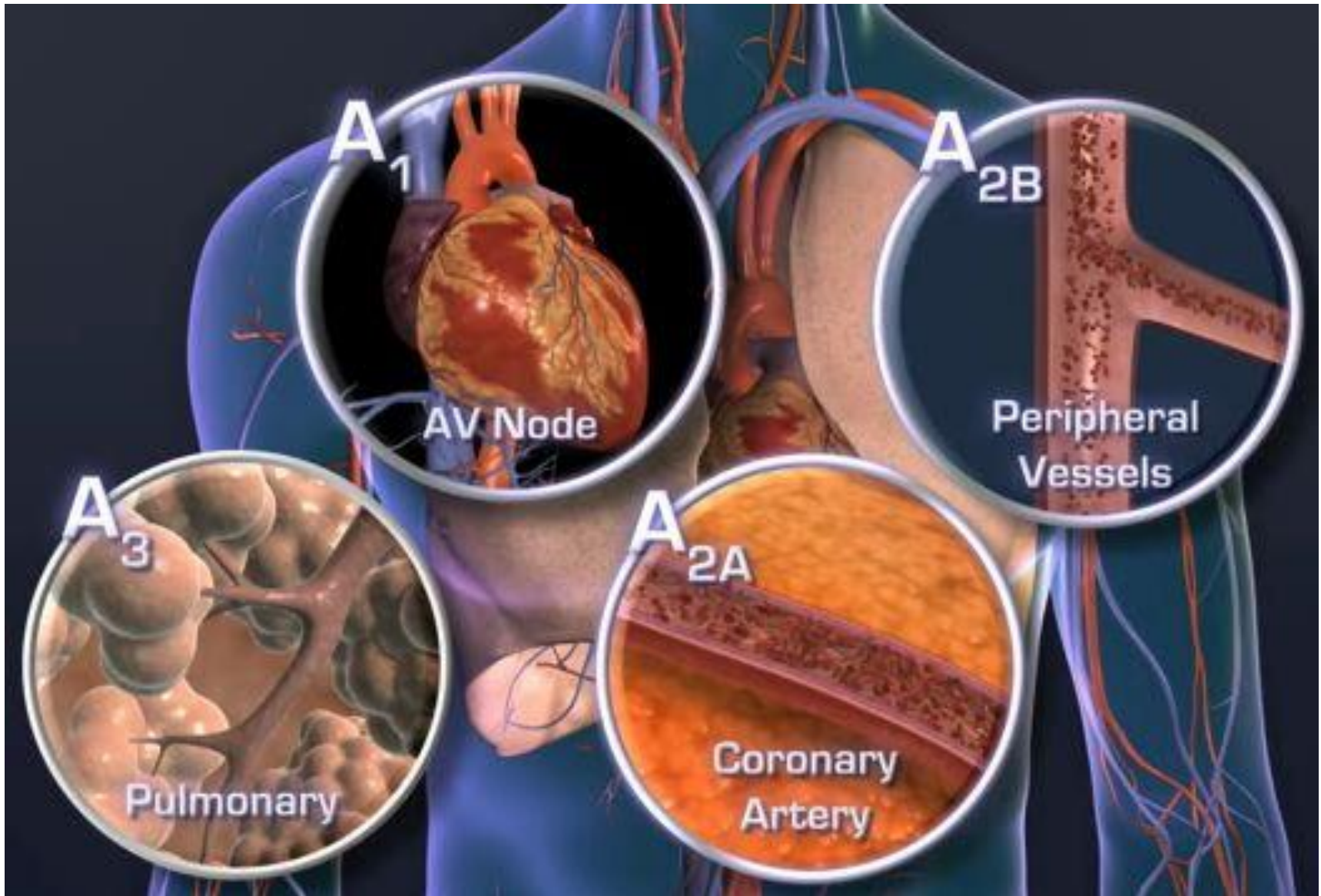
Hesse B, et al. **2005**



Verbene HJ, et al. **2015**

- ☐  EANM procedural guidelines for radionuclide myocardial perfusion imaging with SPECT and SPECT/CT: 2015 revision
  -  Abstract
  -  Preamble
  -   **The selective coronary vasodilator regadenoson**
  -   Radiation exposure: new ICRP models
  -  Instrumentation: dedicated cardiac systems
  -  Instrumentation: SPECT/CT hybrid systems
  -   Coronary CT contrast agents
  -  Reconstruction methods
  -   Data analysis of hybrid imaging
  -  References

# Regadenoson: selektivní $A_{2A}$ adenosin



# Kombinace farmakologické a nízké úrovně fyzické zátěže

**LBBB: Yes**

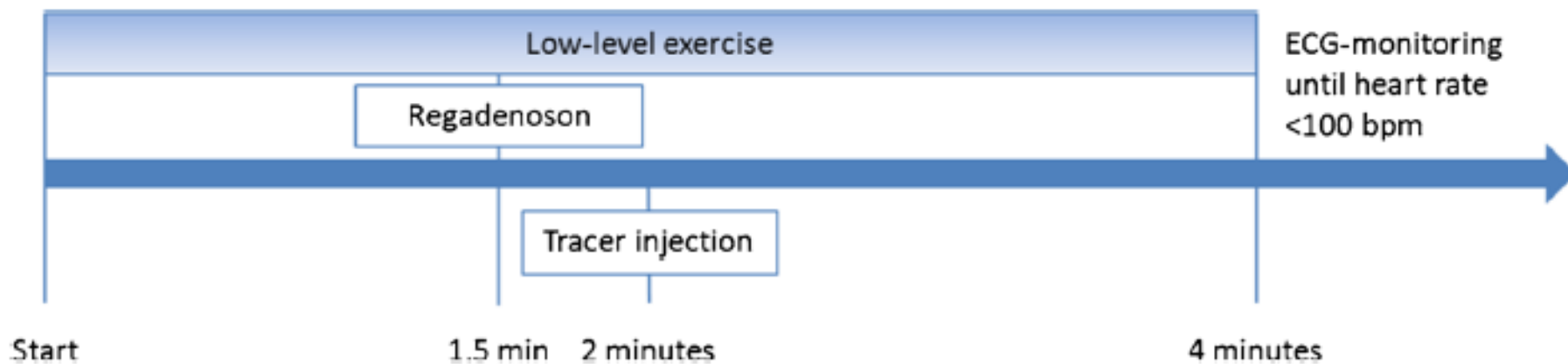


Vasodilator without low level ergometry

**LBBB: No**



Vasodilator with low level ergometry


















## Radiation exposure: new ICRP models

The International Commission on Radiological Protection (ICRP) má nové fantomy pro výpočet absorbované dávky, nové váhové faktory a nový biokinetický model, současné **efektivní dávky pro dospělé jsou:**

- $^{99m}\text{Tc}$ -tetrofosmin (stress and rest): 0.0058 and 0.0063 mSv/MBq, respectively
- $^{99m}\text{Tc}$ -sestamibi (stress and rest): 0.0066 and 0.0070 mSv/MBq, respectively
- $^{201}\text{Tl}$ -chloride (redistribution): 0.102 mSv/MBq.

Tyto hodnoty jsou **přibližně o 20% nižší** než při kalkulaci předchozími metodami

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# Instrumentation

1. Dual-detector variable camera in a 90° configuration
2. Dedicated cardiac systems: Cadmium zinc telluride (CZT)

The D-SPECT® (Spectrum Dynamics) utilises nine small rectangular detectors placed along a 90° arc. Each detector rotates around its own axis. All detectors together register photons from an area comparable to a traditional 180° acquisition.

Discovery NM530c (GE Healthcare) uses a stationary, multiplepinhole design with 19 holes, each with its own CZT detector. The collimators are arranged such that the area of the chest including the heart can be imaged.

Clinical evaluations of both systems have demonstrated performance similar to that of traditional systems, but with shorter imaging times or lower administered activities.



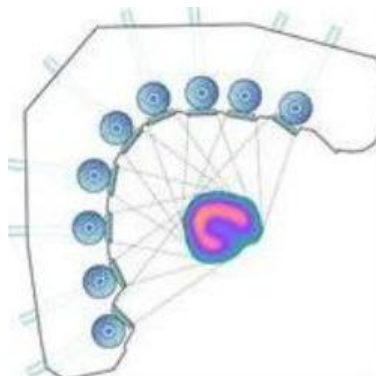
# D-SPECT™ Cardiac Scanner

Dynamic SPECT  
(D-SPECT)

Spectrum-Dynamics  
Haifa, Israel

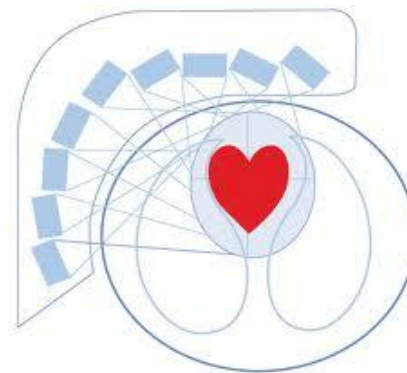


CZT technologie



9 detektorů












# GE Discovery NM 530c



19 detektorů

**Výrazná redukce aplikovaných aktivit: efekt.dávka pod 1 mSv**



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## Instrumentation: SPECT/CT hybrid systems

- For **calcium scoring (CACs)**, at least 4-slice CT is required, but **≥ 6-slice** is recommended
- For **coronary CT angiography (CCTA)**, at least a 16-slice scanner is required, but a **≥ 64-slice** multidetector-row CT is recommended, with an imaging capability for slice width of 0.4–0.6 mm and temporal resolution of 500 ms or less; **≤ 350 ms** is preferred

# SPECT

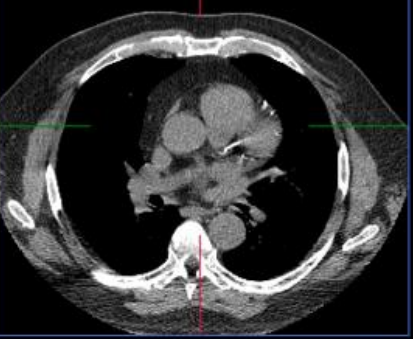


# SPECT/CT

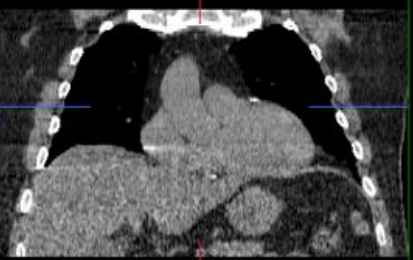




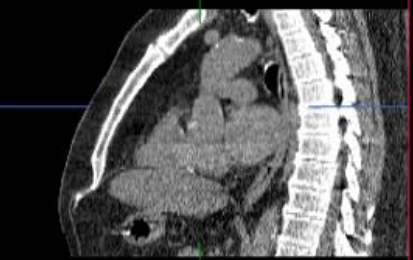
Transverse  
MPR



Coronal  
MPR

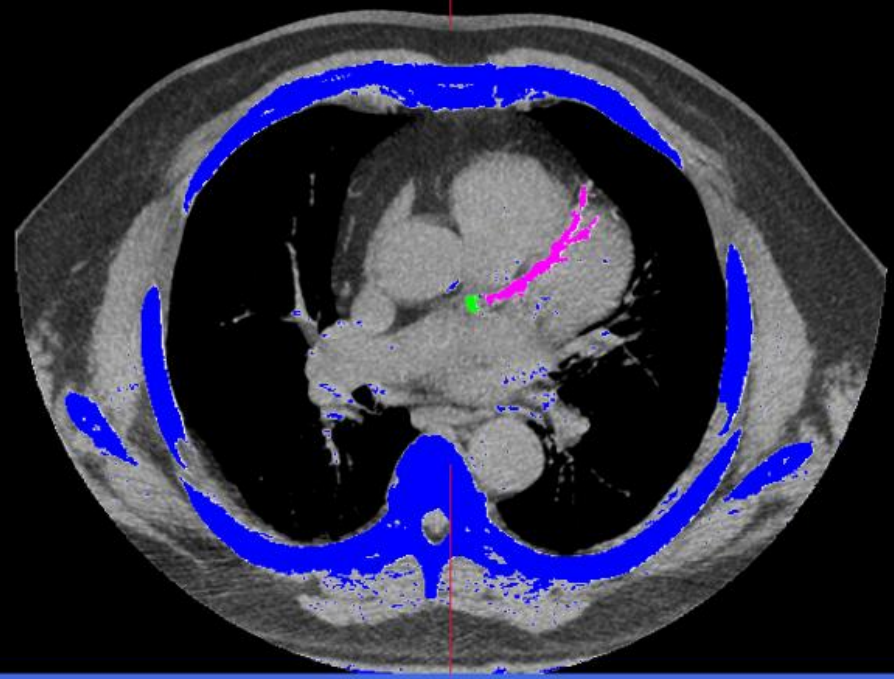


Sagittal  
MPR



Transverse  
Thin MIP  
5 Slices

130 HU

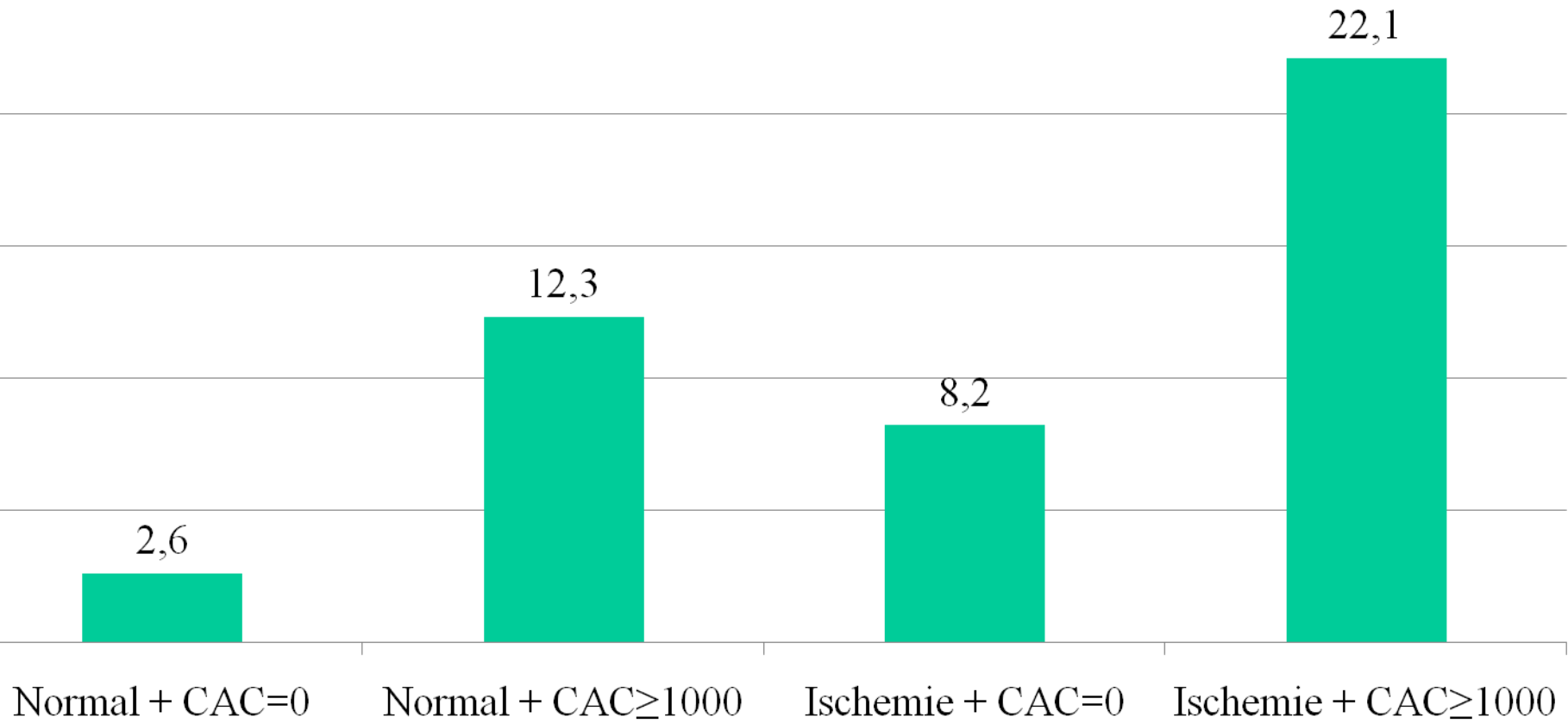


Vessel	Lesions	Volume (mm <sup>3</sup> )	Agatston Score
LM	1	191.3	255
LAD	10	1227.7	1595
LCX	9	188.4	194
RCA	14	611.7	754
<b>Total</b>	<b>34</b>	<b>2219.1</b>	<b>2798</b>

No Calcium

# SPECT + CAC vs. SPECT alone

- 695 pacientů, kardiální příhody (%)/rok



# EANM procedural guidelines for radionuclide myocardial perfusion imaging with SPECT and SPECT/CT

<http://eanm.org/publications/guidelines/index.php?navId=37>

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# Prone pozice



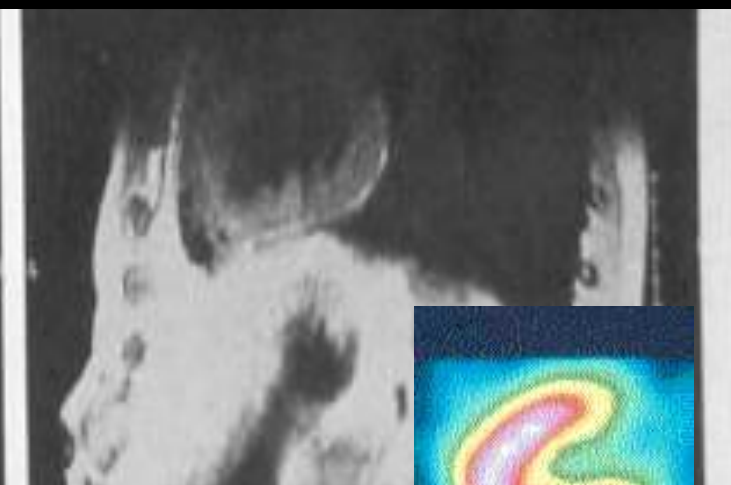
MR

SUPINE

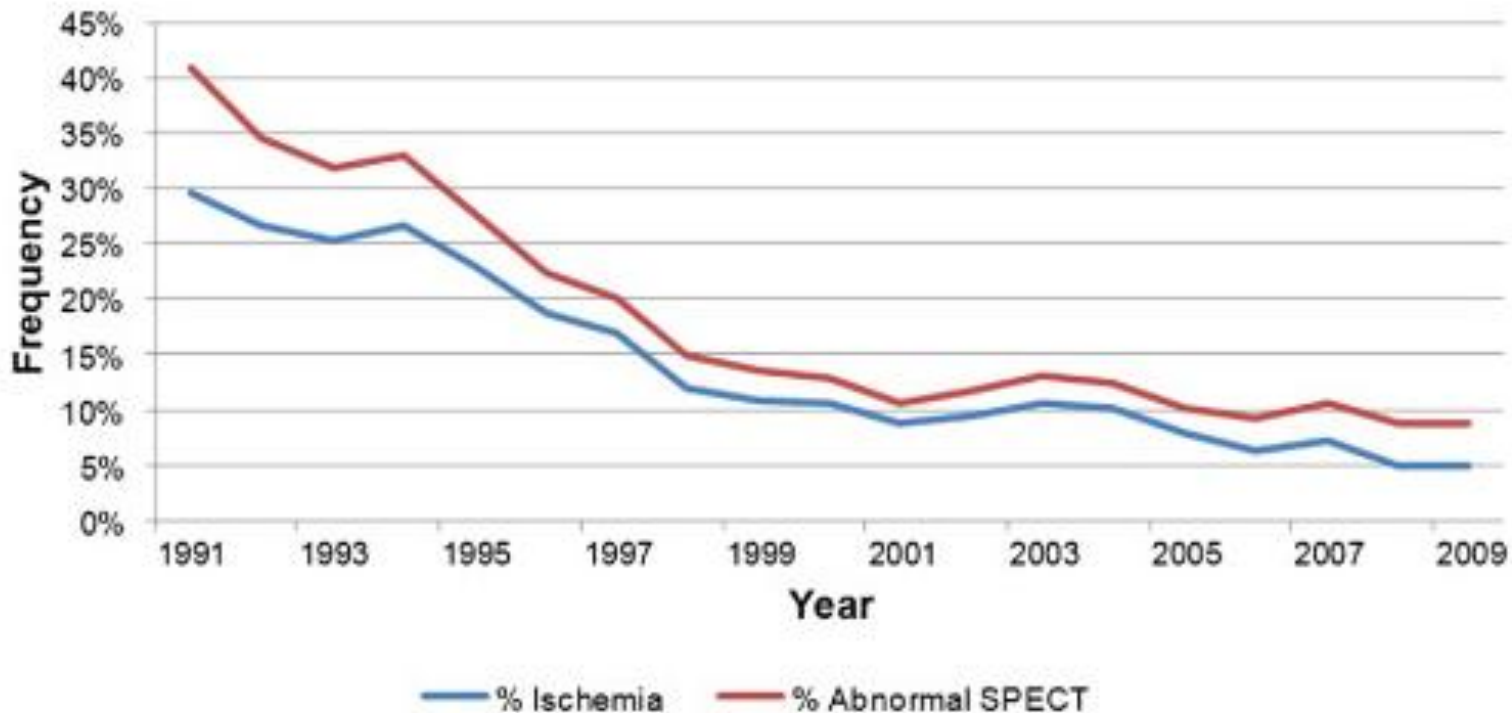
PRONE



SPECT

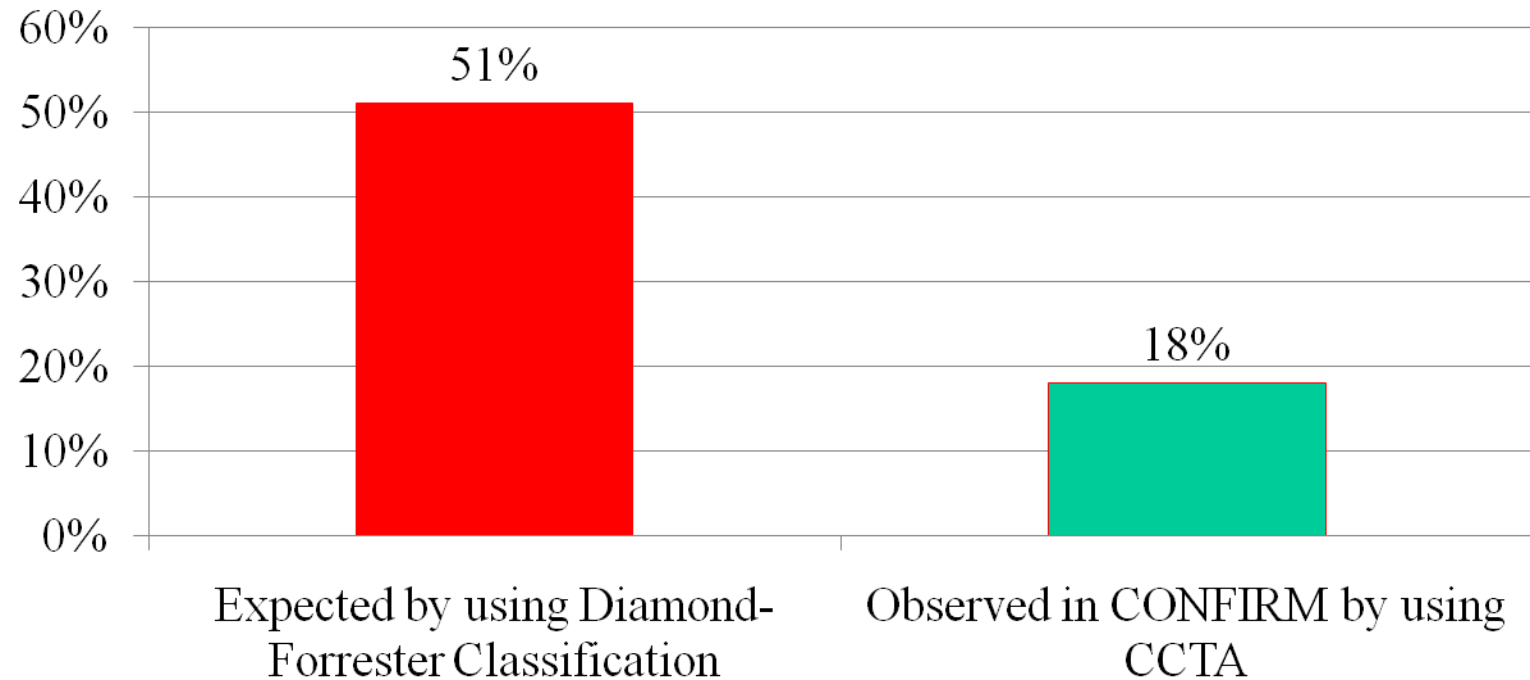


# Rozanski A, et. Al. Temporal Trends in the Frequency of Inducible Myocardial Ischemia During Cardiac Stress Testing : 1991 to 2009



# Diamond-Forrester Classification overestimates likelihood of angiographically “significant CAD”

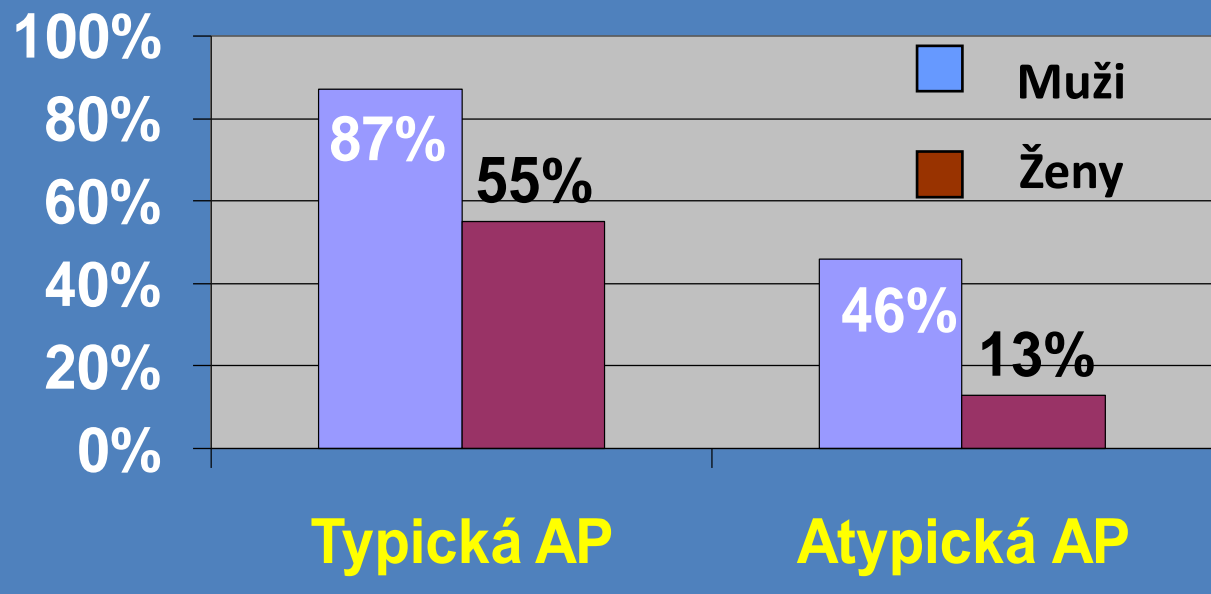
Overall Obstructive CAD prevalence in patients with NonAng, AtypAng, and TypAng (n= 8106)



Cheng et al. CONFIRM. Circulation 2011

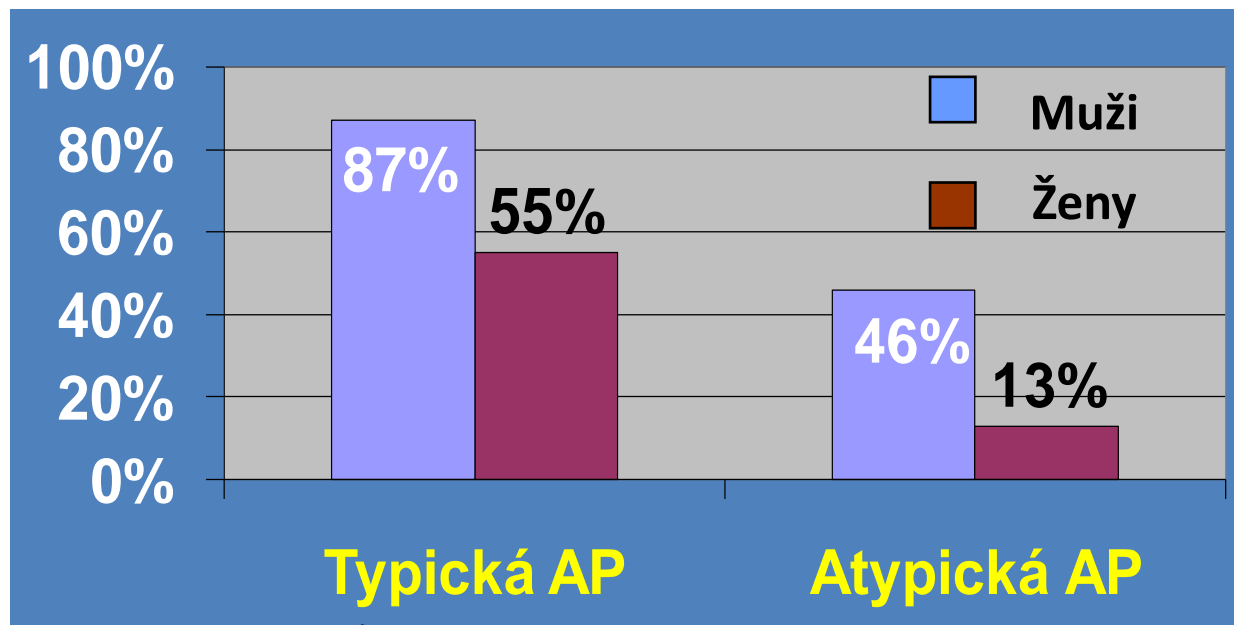
**Předtestová  
pravděpodobnost  
ICHS  
Věk: 40-49 let**

*Diamond GA, Forrester JS.  
N Engl J Med 1979*



# Předtestová pravděpodobnost ICHS Věk: 40-49 let

*Diamond GA, Forrester JS.  
N Engl J Med 1979*



Souhrn Doporučených postupů ESC  
pro diagnostiku a léčbu stabilní ischemické  
choroby srdeční – 2013.

Cor et Vasa

<http://www.kardio-cz.cz/doporucene-postupy-ceske-kardiologicke-spolecnosti-460/>

Věk	Typická angina		Atypická angina		Neanginózní bolest na hrudi	
	Muži	Ženy	Muži	Ženy	Muži	Ženy
30-39	59	28	29	10	18	5
40-49	69	37	38	14	25	8
50-59	77	47	49	20	34	12
60-69	84	58	59	28	44	17
70-79	89	68	69	37	54	24
> 80	93	76	78	47	65	32

<10% pacientů se susp. ICHS má pomocí SPECT zobrazenou ischemii

Př.: Pacienti s 50% pravděpodobností ICHS (*Diamond-Forrester*)

- 20% z nich má  $\geq 50\%$  stenózu na CT koronarografii\*
- 90% z nich má  $\geq 50\%$  stenózu na invazivní koronarografii\*\*
- 57% z nich má abnormální FFR\*\*\*
- 77% z nich má ischemii na SPECT (kolateralizace)\*\*\*\*
- **$0.20 \times 0.90 \times 0.57 \times 0.77 = 8\%$**

\* Cheng (*CONFIRM*) *Circulation* 2011

\*\* Budoff et al (*ACCURACY*) *JACC* 2008


\*\*\* Tonono et al (*FAME*) *JACC* 2010

\*\*\*\* Zhou et al *EJR* 2014 (*Meta anylysis*)

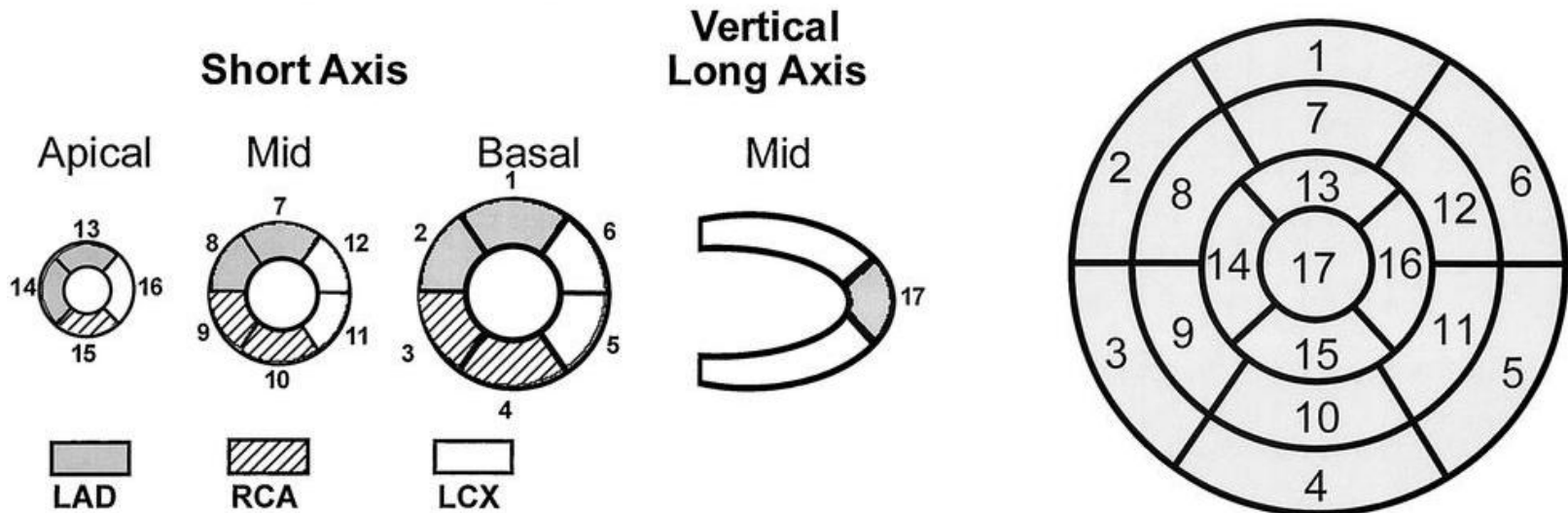
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# Kvantitativní analýza perfuze



- 5ti stupňová škála (0 = normal, 4 = absent)
- sumační zátěžové skóre (**SSS**), sumační klidové skóre (**SRS**) a sumační rozdílové skóre (**SDS**)

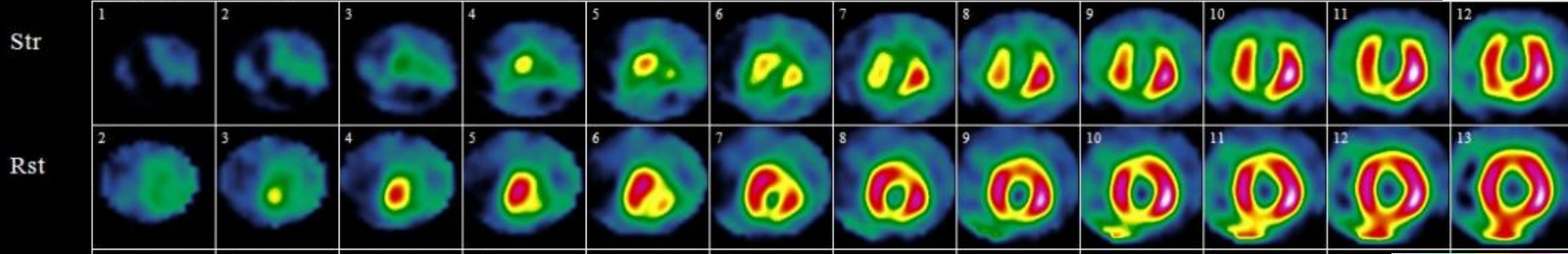
$$\text{score normalized to \%LV} = \frac{\text{score (i. e., SSS, SDS or SDS)}}{68} * 100$$



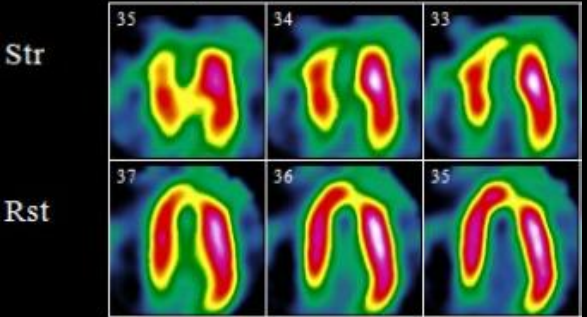
# 68letý muž, námahová AP, RBBB. SKG: 90% stenóza RIA a RD, multi PCI

STRESS\_FBP\_SA 07-Apr-2016 07:40:57 SSS: 18  
 REST\_FBP\_SA 07-Apr-2016 10:14:20 SRS: 5  
 Reversibility 07-Apr-2016 07:40:57  
 68 yo Male

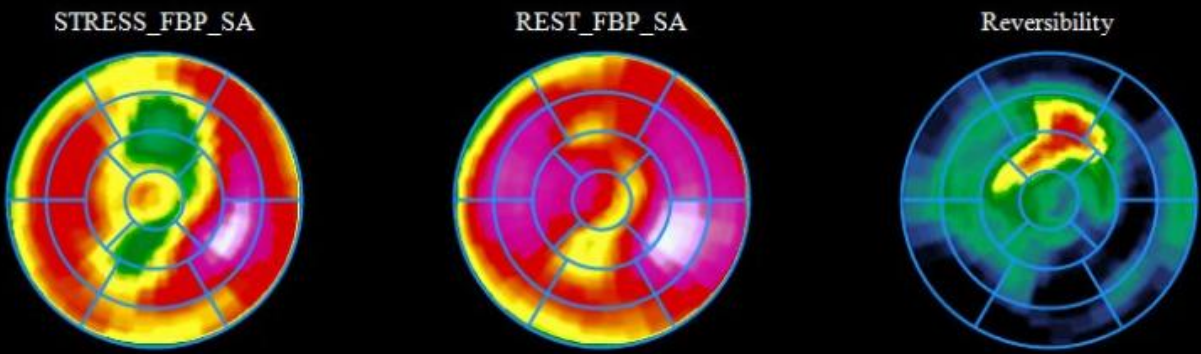
SA (Apex → Base)



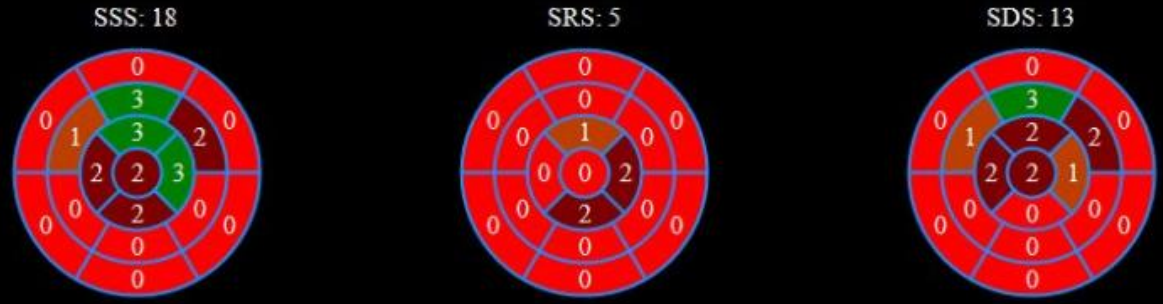
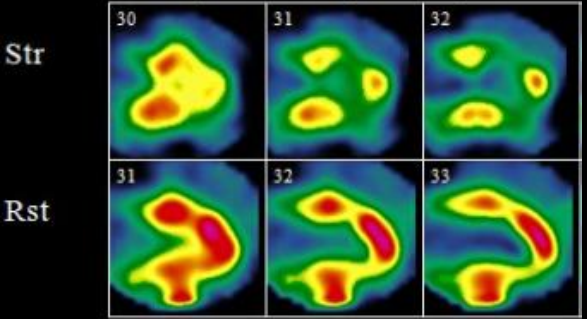
HLA (INF → ANT)



Raw Map

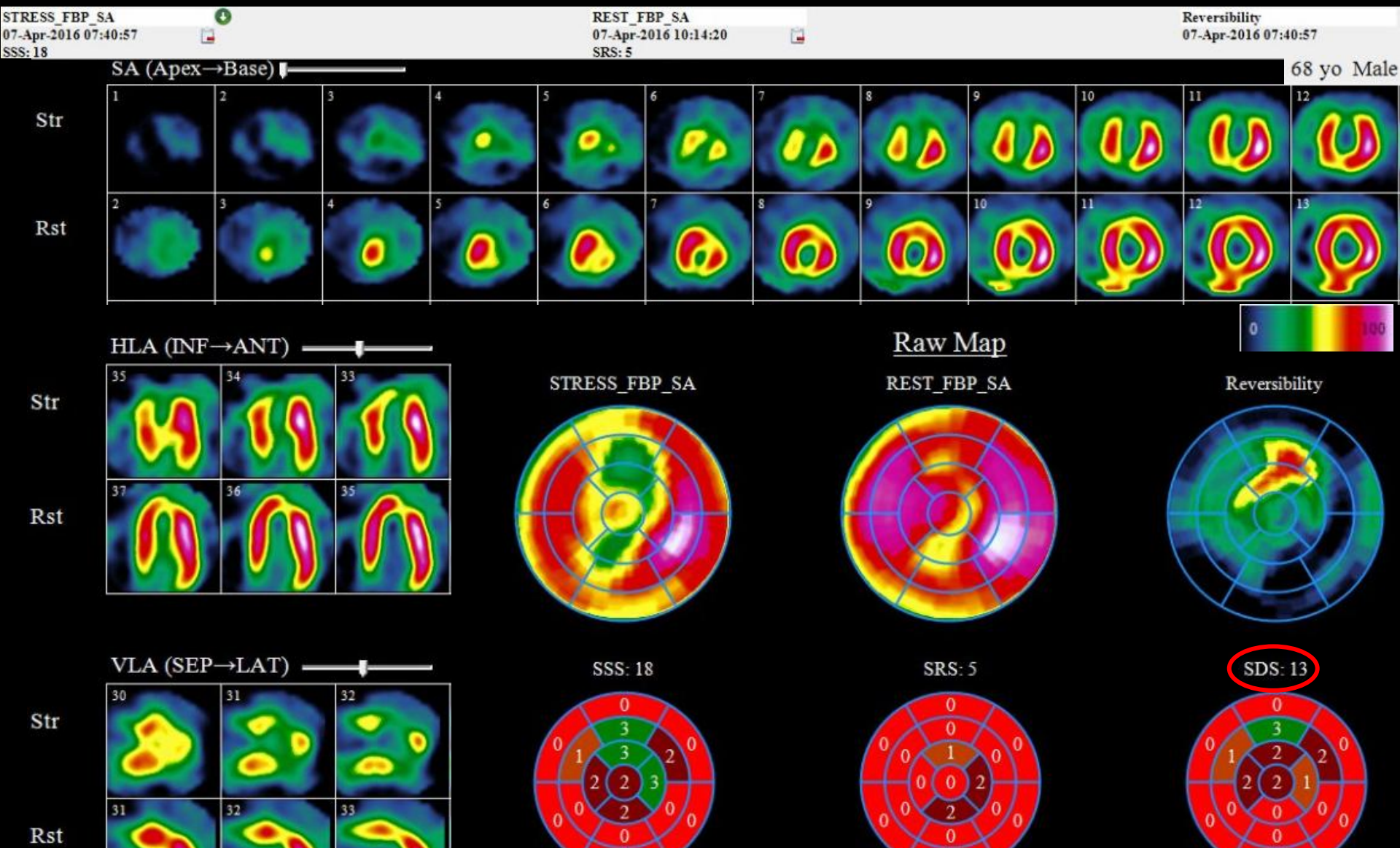


VLA (SEP → LAT)



Perf: 0: Normal 1: Equivocal 2: Abnormal 3: Severe 4: Absent

**68letý muž, námahová AP, RBBB. SKG: 90% stenóza RIA a RD, multi PCI**



**SDS 13: 13/68 = 19% ischemického myokardu**

# Závěr

- Doporučené postupy EANM pro SPECT myokardu **2005 vs. 2015: výrazná evoluce v zobrazování**
- 2015 Updated procedural guidelines for SPECT and SPECT/CT:
  - **Regadenoson**
  - **Dedikované kardiologické CZT kamery**
  - **Hybridní SPECT/CT**

<http://www.asnc.org/guidelinesandstandards>

- [SPECT: Stress, Protocols, and Tracers - 2016](#)

## ASNC IMAGING GUIDELINES



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# ASNC imaging guidelines for SPECT nuclear cardiology procedures: Stress, protocols, and tracers

Milena J. Henzlova, MD,<sup>a</sup> W. Lane Duvall, MD,<sup>b</sup> Andrew J. Einstein, MD,<sup>c</sup>  
Mark I. Travin, MD,<sup>d</sup> and Hein J. Verberne, MD<sup>e</sup>

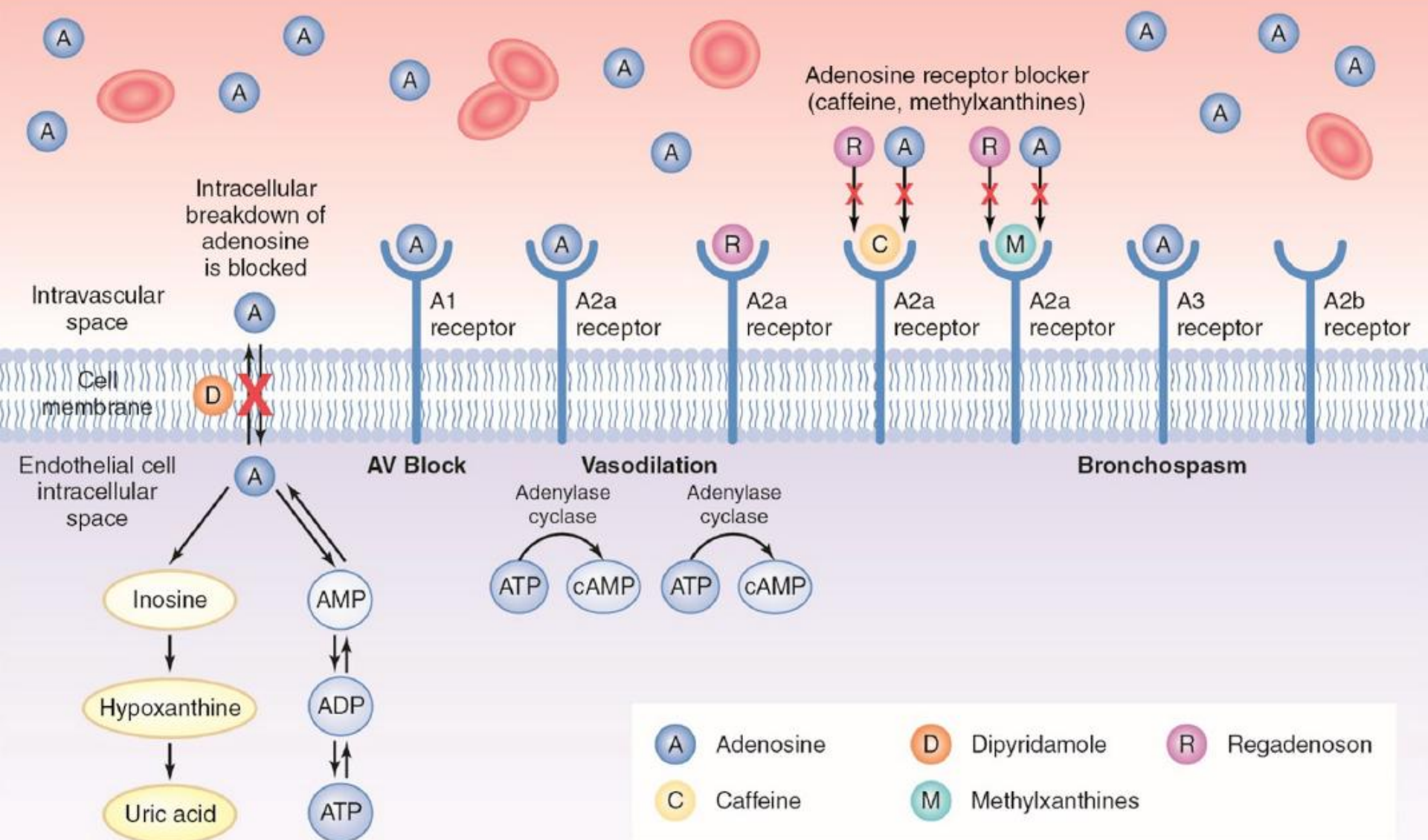


Figure 1. Mechanism of action of coronary vasodilators. *ADP*, Adenosine diphosphate; *AMP*, adenosine monophosphate; *ATP*, adenosine triphosphate; *AV*, atrioventricular; and *cAMP*, cyclic adenosine monophosphate.

<http://www.asnc.org/guidelinesandstandards>

- [SPECT: Stress, Protocols, and Tracers](#) - 2016

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- [First-Pass Radionuclide Angiography \(FPRNA\)](#) - 2009 - Extended through 2015
- [Equilibrium Radionuclide Angiocardiography \(ERNA\)](#) - 2009- Extended through 2015
- [Single Photon Emission Computed Tomography](#) - 2010 ←