

Mobile route PET/CT services and interim solutions

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PET/CT may change diagnosis and treatment in cancer patients. First year experience of using FDG PET/CT for diagnosis in lung cancer and in cases with an unknown primary tumor, and for response evaluation in lymphomas and colorectal cancer show a change in staging and treatment plan in 25-33% of cases.

A cancer center that would like to start to provide this effective and future-oriented high-quality health service has two options

- Invest at least 25 Million NOK in buildings and fixed PET/CT equipment

- Pay around 100.000 NOK per scanning day for a mobile route PET/CT service with weekly, fortnightly or monthly visits. Each scanning day 8-12 patients are examined.

The reimbursement (refusjon) for a PET examination in Norway is 20.000 NOK according to Nasjonalt kunnskapsenter for helsetjenesten.

In today's difficult healthcare environment it is important to win the support of the hospital management and the Regional Health Authority before starting a new imaging service. This support is normally only won by financial arguments.

A step-wise approach is recommended, where a mobile route PET/CT service is used during the first years of operation. When the service has grown to more than around 500 PET/CT exams per year it is time to plan for investing in a fixed system. At the current reimbursement level this approach can be cost neutral or even profitable for the hospital. This approach also contributes to an equal and high-quality cancer care in all parts of the country as a mobile PET/CT service may serve any location where the clinical needs are high.