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A Three-Year Randomized Controlled Trial in 6-Year-Old Children on Caries-Preventive Strategies in a General Dental Practice in the Netherlands.

Vermaire JH¹, Poorterman JH, van Herwijnen L, van Loveren C.

Author information

Abstract

A parallel-randomized controlled trial on caries-preventive strategies was conducted in a general dental practice with a mixed socioeconomic background patient population. The aim of this study was to test the hypothesis that, compared to regular care consisting of check-ups twice a year with professional fluoride applications and pit and fissure sealants in all permanent molars, a larger caries-preventive effect can be achieved by following a non-operative caries treatment and prevention (NOCTP) strategy or by following, in addition to regular care, an increased number of professional topical fluoride applications (IPFA). A total of 230 children (6.0 years \pm 3 months of age) were randomly assigned to the two experimental groups or the control group. After 3 years, 179 participants remained in the study (54 NOCTP, 62 IPFA and 63 control). The children were examined at baseline and at 3 years by the same experienced examiner, who was blinded for the allocation of the children. Caries was scored clinically at the D₃ level. Per protocol analysis revealed a mean DMFS increment after 3 years of 0.15 (95% CI -0.05 to 0.35) for NOCTP, 0.34 (95% CI 0.11 to 0.54) for IPFA and 0.47 (95% CI 0.26 to 0.68) for the control group. To account for missing data, multiple imputation was used, after which the mean DMFS increment was 0.11 (95% CI -0.05 to 0.27) for NOCTP, 0.29 (95% CI 0.11 to 0.46) for IPFA and 0.40 (95% CI 0.21 to 0.55) for the control group. Testing the differences with independent samples t test revealed a lower caries increment in the NOCTP group compared to the control group. ANCOVA was used to correct for differences in baseline dmfs, socioeconomic status and perceived dental hygiene burden. The Δ DMFS effect size between the NOCTP and the control group dropped, losing statistical significance ($p = 0.06$). Although the results in this study are promising, it has yet to be established in a larger study whether NOCTP has the ability to be effective in regular dental practice with a mixed socioeconomic status population. © 2014 S. Karger AG, Basel.

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Caries Research

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Vol. 48, No. 6, 2014

Issue release date: Published online first (Issue-in-Progress)

Section title: Original Paper

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A Three-Year Randomized Controlled Trial in 6-Year-Old Children on Caries-Preventive Strategies in a General Dental Practice in the Netherlands

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^aTNO Life Style - Behavioral and Societal Sciences, Leiden, ^bDepartment of Social Dentistry and Behavioral Sciences, Academic Center for Dentistry Amsterdam (ACTA), and ^cDepartment of Experimental Preventive Dentistry, Clinical Cariology and Microbiology, Academic Center for Dentistry Amsterdam (ACTA), Amsterdam, ^dCentrum voor Tandzorg, 's-Hertogenbosch, The Netherlands

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J Innate Immun 2013;5:555-564 (DOI:10.1159/000347172) **Fulltext PDF (166 Kb)**

Prognostic Value of Endotoxemia in Patients with Gram-Negative Bacteremia Is Bacterial Species Dependent
 Hurley J.C.* · Opal S.M.*
 *Rural Health Academic Center, Melbourne Medical School, University of Melbourne, †Infection Control Committees, Ballarat Health Services and St John of God Hospital, and ‡Division of Internal Medicine, Ballarat Health Services, Ballarat, Vic., Australia; †Infectious Disease Division, Alpert Medical School of Brown University, Providence, R.I., USA
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 - ¹²³I-Metaiodobenzylguanidine Scintigraphy
 - Positron Emission Tomography
 - Novel Imaging Techniques
- Results of the International Survey
- Recommendations for Specific Clinical Scenarios
 - Assessment of Patients with Suspected Neuroendocrine Tumors
 - Assessment of Patients with Documented Neuroendocrine Tumors
 - Molecular Imaging in the Management of Neuroendocrine Tumors
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Key Words

- Gastroenteropancreatic neuroendocrine tumors
- Molecular imaging
- Somatostatin receptor scintigraphy
- Positron emission tomography

Abstract

Molecular imaging modalities have become an important part of the diagnostic and therapeutic armamentarium for both diagnosis and therapy of neuroendocrine tumors (NET). The characteristic metabolic pathways of these tumors allow for visualization. In this review, we discuss the current status of molecular imaging studies, present and future, in various centers globally, and finally mention the challenges of these modalities in specific clinical scenarios (SRS) continues to have a central role in the management of NET as it is also widely available. However, in the context of molecular imaging studies, many NET experts prefer PET techniques due to their technical advantages, but also because of the high resolution of the disease, in patients with skeletal metastases. Carbon-11 (¹¹C)-5-hydroxy-L-tryptophan (5-HTP) PET is

inferior to that of ⁶⁸Ga-DOTA PET. Glucagon-like-peptide-1 (GLP-1) receptor imaging seems promising for localization of the primary in benign insulinomas, but is currently available only in a few centers. Fluorine-18 (¹⁸F)-fluorodeoxyglucose (¹⁸F-FDG) PET was initially thought to be of limited value in NET, due to their usually slow-growing nature. However, according to subsequent data, ¹⁸F-FDG PET is particularly helpful for visualizing the more aggressive NET, such as poorly differentiated neuroendocrine carcinomas, and well-differentiated tumors with Ki67 values >10%. According to limited data, ¹⁸F-FDG-avid tumor lesions, even in slow-growing NET, may indicate a more aggressive disease course. When a secondary malignancy has already been established or is strongly suspected, combining molecular imaging techniques (e.g. ¹⁸F-FDG PET and ⁶⁸Ga-DOTA PET) takes advantage of the diverse avidities of different tumor types to differentiate lesions of different origins. All the above-mentioned molecular imaging studies should always be reviewed and interpreted in a multidisciplinary (tumor board) meeting in combination with the conventional cross-sectional imaging, as the latter remains the imaging of choice for the evaluation of treatment response and disease follow-up.

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Key Words

- Gastroenteropancreatic neuroendocrine tumors
- Molecular imaging
- Somatostatin receptor scintigraphy
- Positron emission tomography

Introduction

Neuroendocrine tumors (NET) represent a very heterogeneous group of neoplasms despite having a shared origin from neuroendocrine cells. Although they are characterized by relatively slow tumor growth, they have malignant potential and, in fact, many of them are diagnosed only after distant metastases have developed. The primary tumor is most commonly located in the gastrointestinal (GI) tract or the pancreas, in which case the tumors are collectively referred to as

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Vol. 99, No. 2, 2014

Issue release date: July 2014

Section title: At the Cutting Edge

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 (DOI:10.1159/000358727) Fulltext PDF (251 Kb)

Combination of Cross-Sectional and Molecular Imaging Studies in the Localization of Gastroenteropancreatic Neuroendocrine Tumors

Toumpanakis C.^a · Kim M.K.^b · Rinke A.^c · Bergsetuen D.S.^d · Thirlwell C.^e · Khan M.S.^f · Salazar R.* · Oberg K.^g

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Abstract
 Molecular imaging modalities exploit aspects of neuroendocrine tumors (NET) pathophysiology for both diagnostic imaging and therapeutic purposes. The

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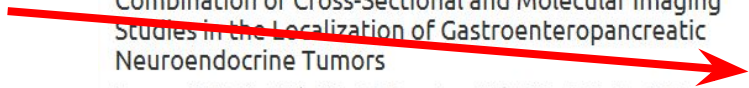
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Horm Res 2006;65:120-125
- Somatostatin Receptor Subtypes 2 and 5 Are Associated with Better Survival in Well-Differentiated Endocrine Carcinomas
Neuroendocrinology 2009;89:223-230
- Established Clinical Use of Octreotide and Lanreotide in Oncology
Chemotherapy 2001;47(suppl 2):40-53
- Somatostatin and Other Peptide Receptors as Tools for Tumor Diagnosis and Treatment
Neuroendocrinology 2004;80(suppl 1):51-56
- An Orthotopic Model of Pancreatic Somatostatin Receptor (SSTR)-Positive Tumors Allows Bimodal Imaging Studies Using 3T MRI and Animal PET-Based Molecular Imaging of SSTR Expression
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Neuroendocrinology 2008;87:233-242
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Many different imaging techniques are used to localize GEP-NET. Cross-sectional (anatomical) imaging modalities, such as ultrasound, computed tomography (CT), and magnetic resonance imaging (MRI) have been used to localize primary lesions and to stage the extent of the disease. In addition, endoscopic techniques, such as endoscopic ultrasound, have been used with great success to identify lesions that may otherwise have been missed on imaging modalities [5].

Molecular (functional) imaging studies, which are based on NET pathophysiology and especially the presence of SSTR-2 and SSTR-5, have proven superior to standard anatomic imaging in terms of more accurate disease staging and selection of eligible patients for certain treatments. Somatostatin receptor scintigraphy (SRS) is the most established functional imaging for NET worldwide, although its value may be limited by several factors, such as its relatively low resolution for small tumors and background binding in normal tissues. It seems that those limitations have been overcome recently by the introduction of newer analogs and chelators [such as DOTA-[Tyr3]-octreotide (TOC)] suitable as tracers for positron emission tomography (PET) imaging. Also, traditional PET scanning using fluorine-18-fluorodeoxyglucose PET (¹⁸F-FDG PET) could be useful in NET with higher Ki67 [6]. Many studies are investigating whether those new imaging modalities alone or in combination are able to provide more precise information about disease extent, patients' response to treatment, and disease course, taking into account the heterogeneity of NET.

In this review, we summarize the available molecular imaging studies and present data for newer techniques of imaging GEP-NET. We also report on the current use of molecular imaging in NET centers globally, evaluating data gathered by questionnaire. Finally, we recommend the techniques most appropriate in specific clinical scenarios.

Methods

An electronic literature search of the PubMed database was performed using the following search terms: 'somatostatin receptor scintigraphy' (Title/Abstract), 'OctreoScan' (Title/Abstract), '¹²³I MIBG' (Title/Abstract), 'PET scan' (Title/Abstract), 'FDG-PET' (Title/Abstract), '⁶⁸Gallium-PET' (Title/Abstract), 'neuroendocrine tumor' (Title/Abstract), and 'carcinoid' (Title/Abstract). Only full articles published in peer-reviewed journals and in English were included.

A Web-based survey was constructed comprising of 14 questions with multiple choice answers, gathering information on: (1) the local availability of biomarkers and molecular imaging studies, (2) the choice of appropriate diagnostic modalities for different types of NET, and (3) intervals for follow-up assessments. It was

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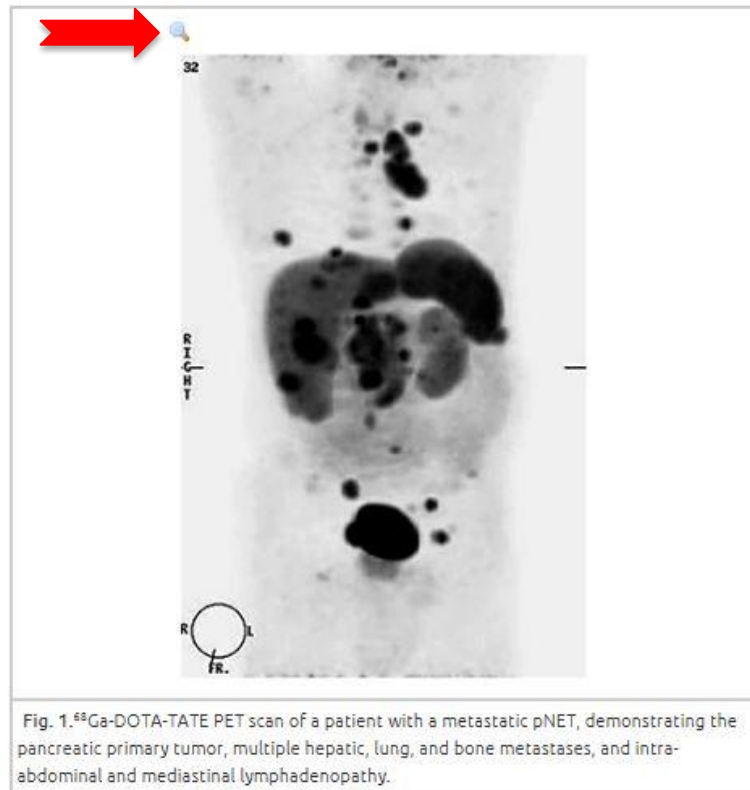
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^{68}Ga -DOTA-TATE PET (fig. 1) seems to be superior to ^{18}F -FDG PET in the detection of G1- and G2-grade NET, with median SUV_{max} values for ^{68}Ga -DOTA-TATE PET of 29 and 15.5, respectively, compared with values for ^{18}F -FDG PET of 2.9 and 10.5. In contrast, there is a much higher uptake of ^{18}F -FDG than ^{68}Ga -DOTA-TATE in high-grade (G3) NET (SUV_{max} of 11.7 for FDG vs. 4.4 for DOTA-TATE) [26]. Only one small study has compared ^{68}Ga -DOTA-NOC with ^{18}F -DOPA directly; in this study, ^{68}Ga -DOTA-NOC revealed more lesions and more occult primary tumors [27]. Compared with CT, ^{68}Ga -DOTA-NOC PET has demonstrated a higher sensitivity (80 vs. 100%, respectively) and specificity (98 vs. 100%) in the detection of NET bone metastases [30]. Finally, Kabasakal et al. [31] compared ^{68}Ga -DOTA-TATE and ^{68}Ga -DOTA-NOC in the same NET patient group. Both tracers demonstrated physiologic uptake in SSTR-2-expressing organs (e.g. pituitary, salivary, thyroid, and prostate glands), but the physiologic uptake in pituitary and salivary glands was much higher for ^{68}Ga -DOTA-TATE than ^{68}Ga -DOTA-NOC. Although the tracers seem to have similar diagnostic accuracy, ^{68}Ga -DOTA-TATE seems to provide a significantly higher lesion uptake than ^{68}Ga -DOTA-NOC [31].

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Novel Imaging Techniques

A number of new agents are currently under investigation. In a study by Gotthardt et

This article was developed independently by members of a working group of the Knowledge Network. This program involved meetings and collaboration between clinicians working in the field of NET around the world, which was organized and funded by Ipsen. Editing assistance was provided by Watermeadow Medical and funded by Ipsen. The authors were fully responsible for the concept and all content, for all editorial decisions, and for approval of the final version.

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Combination of Cross-Sectional and Molecular Imaging Studies in the Localization of Gastroenteropancreatic Neuroendocrine Tumors

Toumpanakis C.^a · Kim M.K.^b · Rinke A.^c · Bergestuen D.S.^d · Thirlwell C.^e · Khan M.S.^f · Salazar R.^g · Oberg K.^f

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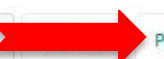
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Abstract

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References



Abstract

Molecular imaging modalities exploit aspects of neuroendocrine tumors (NET) pathophysiology for both diagnostic imaging and therapeutic purposes. The characteristic metabolic pathways of NET determine which tracers are useful for their visualization. In this review, we summarize the diagnostic value of all available molecular imaging studies, present data about their use in daily practice in NET centers globally, and finally make recommendations about the appropriate use of those modalities in specific clinical scenarios. Somatostatin receptor scintigraphy (SRS) continues to have a central role in the diagnostic workup of patients with NET, as it is also widely available. However, and despite the lack of prospective randomized studies, many NET experts predict that Gallium-68 (⁶⁸Ga)-DOTA positron emission tomography (PET) techniques may replace SRS in the future, not only because of their

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