



Gran Cancun

Chairman: José Antonio Serna, Ivan Vega

- 08:30 – 09:00 Pearls and pitfalls in interpretation of abdominal PET/CT
Antonio Rodríguez
- 09:00 – 09:30 Technological advances in radioguided surgery and the sentinel node procedure
Renato Valdés
- 09:30 – 09:45 Coffee Break / Exhibit hall

Chairman: Erik Mittra, Guillermina Ferro

- 09:45 – 10:45 **Plenary Session II**
Development of perspective radiopharmaceuticals
Dae Yoon Chi
- 10:45 – 11:00 Coffee Break / Exhibit hall

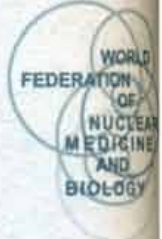
Chairman: M. Eftekhari, Lorraine Fig.

- 11:00 – 11:30 PET/CT in cervix carcinoma (Primag staging?)
Ivan Vega
- 11:30 – 12:00 Sentinel node in gynecology cancers. $\left\{ \begin{array}{l} \text{Blue dye?} \\ \text{Radionuclide?} \\ \text{SPECT/CT} \\ \text{Lateral views} \end{array} \right.$
Sergi Vidal Sicart
- 12:00 – 12:15 Coffee Break / Exhibit hall

Chairman: Abdelhamid Elgazzar, Alicja Hubalewska Dydejczyk

- 12:15 – 12:45 Imaging Pleural Malignancies: State of the Science
Victor Gerbaudo
- 12:45 – 13:15 Potential of recent technological developments in multi-modality imaging.
Brian Hutton
- 13:15 – 14:45 Lunch

Friday, 29th



Cozumel A

Chairman: Lorraine Fig, Pablo Pichardo

- 08:30 – 09:00 Cancer theragnostics with bioactive molecules; from peptides to microbes
Jung-Joon Min
- 09:00 – 09:30 ¹¹C-acetate. It's uses in breast, lung and other indications.
Oswaldo Garcia
- 09:30 – 09:45 Coffee Break / Exhibit hall

Chairman: Andrew Scott, Pablo Ros

- 09:45 – 10:45 **Plenary Session IV**
Gran Cancun
- 10:45 – 11:00 Coffee Break – Exhibit hall

Chairman: Ivan Diaz

- 11:00 – 11:30 Optimising tomographic reconstruction for nuclear medicine: strategies and limitations.
Andrew Todd-Pokropek
- 11:30 – 12:00 The role of Y-90 Microspheres in primary & metastasic liver tumours
R V Parameswaran
- 12:00 – 12:15 Coffee Break – Exhibit hall

Chairman: B.R. Mittal

- 12:15 – 12:45 Molecular Imaging in lung cancer.
Jasna Mihailovic
- 12:45 – 13:15 Radionuclide bone pain palliation, experience in Iran
M. Eftekhari
- 13:15 – 14:45 Lunch

Saturday, 30th

Radionuclide bone pain palliation, experience in Iran

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Metastasis related bone pain is one of the most debilitating symptoms in patients with advanced malignancies. It is seen in more than 70% of patients with advanced breast and prostate cancers and more than 30% of advanced lung, bladder and thyroid malignancies.

Bone metastases can cause complications of various degrees, which can result in pain, hypercalcemia, loss of function after pathologic fractures, and neurologic symptoms from nerve compression that influence the quality of life. Bone pain is the most common type of pain caused by cancer and it can be focal or multifocal, localized or diffuse, light or severely disabling. The management of patients with metastatic bone pain must be a multidisciplinary approach and includes the use of analgesia, radiotherapy, surgery, chemotherapy, hormone treatment, radioisotopes and bisphosphonates. Analgesia, with non-steroidal anti-inflammatory drugs, is the first option in most patients, progressing to stronger opioids as the intensity of pain rises. These drugs produce unwanted side effects such as nausea, sedation, and constipation. Local external radiotherapy or surgery can be used for localized metastatic disease and hemibody radiotherapy might be suitable for patients with disease extending to one region of the body. In patients with widespread painful bone involvement, bone-seeking radiopharmaceuticals provide a promising pain-control strategy. A number of bone seeking agents, such as Strontium-89 (Sr-89), Phosphorus-32 (P-32), Samarium-153 (Sm-153), Lutetium-177 (Lu-177), Rhenium-186 (Re-186) and Rhenium-188 (Re-188) have been tested and employed for this purpose. The response rate to radionuclide therapy has been shown to be 40-95% (average of 70%), depending on the type of radiopharmaceutical administered, underlying cancer, age, number of metastases, and some other determinants. The exact mechanism of radionuclide pain palliation is still to be determined; however, a cytotoxic effect on normal bone cells, inhibiting the release of pain mediators and shrinkage of metastatic lesions leading to a decrease in stimulation of the mechanical pain receptors have been suggested as the possible mechanism of their efficacy. Iran has a history of therapeutic radiopharmaceutical production for more than three decades. In this review, we present our experiences using locally produced radiopharmaceuticals for management of patients with metastatic bone pain.