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PREDICTIVE VALUE OF ^{18}F -FDG PET/CT IN VISCERAL FAT ACTIVITY FOR DETECTION OF EPITHELIAL OVARIAN CANCER

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Aim: To assess functional visceral fat activity evaluated by ^{18}F -fluorodeoxyglucose positron emission tomography/computed tomography as predictor of metastases of epithelial ovarian cancer.

Materials and methods: We assessed 53 patients with histologically confirmed epithelial ovarian cancer, who underwent ^{18}F - fluorodeoxyglucose positron emission tomography/computed tomography after a surgical treatment and courses of chemotherapy. Sex, primary tumor location, tumor grade, stage and histology were recorded. Functional visceral fat activity was measured by maximum standardized uptake value using ^{18}F -fluorodeoxyglucose positron emission tomography/computed tomography and tested as a predictor of later metastases in eight abdominal locations and pelvis in the adjusted regression models. We also report best areas under curve for maximum standardized uptake value with the corresponding sensitivity and specificity.

Results: In both adjusted for regression models and ROC analysis, ^{18}F -fluorodeoxyglucose accumulation in epigastric region (cutoff SUV_{max} 1.18; sensitivity 64%; specificity 64%; AUC 0.669; $p = 0.035$), could predict later metastases of epithelial ovarian cancer patients, as opposed to sex, primary tumor location, tumor grade, stage and histology.

Conclusions: Functional visceral fat activity SUV_{max} is significantly associated with later lymph node metastases of epithelial ovarian cancer patients and can be used as their predictor. ^{18}F - fluorodeoxyglucose accumulation in visceral fat predicts later lymph node metastases in epithelial ovarian cancer. Functional visceral fat activity assessed by ^{18}F -fluorodeoxyglucose positron emission tomography/computed tomography is significantly associated with lymphatic metastases. Furthermore, it is a useful factor for the prediction of lymphatic metastases and the implementation of the results into practical medicine will help practitioners in choosing tactics and controlling in epithelial ovarian cancer patients.

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