

Pankind 2026 Scientific Meeting

Poster Abstract Form

⁶⁸Ga- FAPI- 46 PET/CT Versus ¹⁸F- FDG PET/CT for Pancreatic Cancer: A Feasibility Study

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Introduction: Pancreatic Cancer is a rare and aggressive disease that often carries a poor prognosis. ¹⁸F-FDG PET/CT scans can be non-specific in pancreatic cancer due to low or heterogenous glucose-metabolism in pancreatic cancer and proximity to highly glycolytic normal tissue, limiting ¹⁸F-FDG in detecting and monitoring pancreatic cancer. ⁶⁸Ga- FAPI is a new novel PET radiotracer that binds to fibroblast activation proteins that are over expressed in stromal tumours. This study evaluates the feasibility of ⁶⁸Ga- FAPI in pancreatic cancer by comparing uptake, lesion detection, and diagnostic value with ¹⁸F- FDG in PET/CT imaging.

Methods: Ten participants with suspected or confirmed pancreatic cancer underwent both ⁶⁸Ga- FAPI and ¹⁸F- FDG PET/CT. Imaging was assessed for uptake, lesion detection, and diagnostic value.

Results: Mean SUVmax of primary lesion was higher for ⁶⁸Ga- FAPI compared with ¹⁸F- FDG in participants with an identifiable primary lesion (n = 9) (13.8 [range 6.2-19.6] vs. 7.0 [range 0.0–12.5]). ⁶⁸Ga- FAPI identified additional lesions in three participants, resulting in imaging-based upstaging. Clinicians considered FAPI more diagnostically useful in five participants and equivalent in the remainder, based on comparison of lesion detection, delineation, and staging impact. Increased uptake was also seen in areas of presumed inflammation. No adverse events were reported.

Conclusion: This feasibility study shows that ⁶⁸Ga- FAPI PET/CT is safe, demonstrates higher uptake than ¹⁸F-FDG, and can reveal additional lesions that influence staging. Imaging-based upstaging was observed in three participants, supporting further investigation of FAPI as a complementary tool in pancreatic cancer imaging.

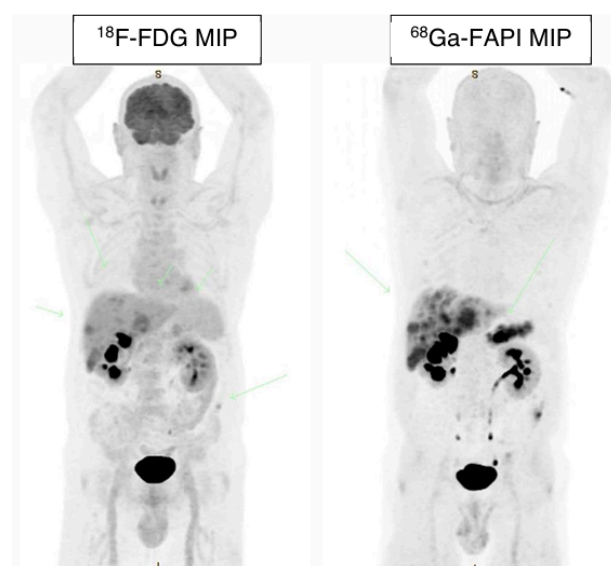


FIGURE 2 | 61-year-old male with pancreatic cancer in the distal body of the pancreas. ¹⁸F-FDG shows multiple hepatic lesions; however, ⁶⁸Ga-FAPI identifies greater tumour volume with heterogeneous intense lesions throughout the entire liver. ⁶⁸Ga-FAPI also has greater radiopharmaceutical uptake in the pancreas and in a lesion in a non-specific region of the distal descending colon. MIP: Maximum Intensity Projection.

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