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Aim/Introduction: With rapid spread of the new SARS-CoV-2 Coronavirus (Covid-19) and high prevalence of pulmonary involvements leading to respiratory failure, clinical needs for thorax CTs have dramatically increased in our hospital. The Nuclear Medicine department is equipped with a hybrid SPECT/CT camera ideally located at an extremity of the department, close to the Emergency Room (ER). **Materials and Methods:** In this context, and owing to the close collaborations between all imaging departments already set up, we decided to deploy a “Covid-19” CT in Nuclear Medicine, dedicated to ER out-patient workflow, another “Covid-19” CT in the Neuroradiology department being deployed for in-patient workflow, the remaining CTs in the Radiology department being reserved for non-Covid patients. This deployment required to take into account several strategic issues. First, creating 3 distinct pathways would help reducing internal spread of the infection. Regulation of these pathways was ensured by a senior radiologist with a dedicated phone number. Then, we thought preferable for ER patients to be scanned as close as possible from the ER department, without using the elevator to reach the Neuroradiology CT. Nuclear Medicine technologists were rapidly formed to the disinfection procedures and were paired with Radiology technologists. **Results:** This organization was set up in only 24 hours thanks to the collaboration between technologists, physicians, physicist, radiation protection specialist, biomedical engineer and staff: a contrast media injector was connected to the SPECT/CT, all necessary CT protocols were programmed and validated on a phantom to ensure dose level conformity and DACS integration, and written declaration of this activity was performed to the Nuclear Security Agency (ASN) as the CT from the SPECT/CT does not have an authorization for diagnostic examinations, but a temporary derogation could be obtained if technical performances and medical organization were clearly stated. During 10 weekdays (08:00-18:00) of deployment at the pandemic peak, 111 CT scans were performed on the SPECT/CT, including 50% thorax CT angiographies and 50% thorax CT without contrast. A typical Covid-19 lung pattern was found in 63% of patients and pulmonary embolism was diagnosed in 11% of patients who underwent thorax CT angiography. **Conclusion:** In the context of an epidemic emergency, multidisciplinary cooperation between imaging professionals allowed us to arm a dedicated “Covid-19” CT in Nuclear Medicine within 24 hours and to optimize patient pathways. This reactive organization is a pledge for increased collaborations especially when healthcare pathways are essential for population safety. **References:** <https://ebulletin.radiologie.fr/covid19>

EP-236

The Novel Coronavirus: Our Experience in Facing an Invisible Enemy

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Aim/Introduction: Early this year, Chinese authorities identified a new type of coronavirus that was causing a disease named COVID-19. It disseminated quickly, and immediate action was needed to control the further spread of the infection. Many Governments imposed severe restrictions on people's and on companies' actions. After almost two months of lockdown, we had to prepare our Nuclear Medicine Department for a new reality. This paper aims to share the implemented measures and policies. **Materials and Methods:** We defined our action in three axes: 1)people; 2)spaces/infrastructures; 3)practices; and three moments: A.before; B.during and C.after the procedure (diagnostic or therapeutic). Each of these axes has branches: 1.1)social distancing; 1.2)epidemiological and health questionnaire; 1.3)communication and welfare; 2.1) definition of entrances and routes; 2.2)signs and posters regarding handwashing, respiratory etiquette and COVID-19 alert symptoms; 3.1)assessment of the procedure urgency level; 3.2)patient appointment order; 3.3)procedures' time slot; 3.4)infection prevention and control; 3.5)remote meetings and reporting. **Results:** Due to the universal application of the three basic rules of radioprotection: time, distance, and shielding, we believe that somehow the adoption of the above-mentioned special measures in Nuclear Medicine Departments might have been easier. Regarding people axis, social distancing among patients and staff was implemented as a rule of thumb, as well as the use of personal protective equipment (for staff: head cap, goggles, and disposable gown, face mask, and gloves, the latter two were indicated for outpatients not tested for COVID-19). Waiting rooms were rearranged to increase distances between people and members of staff avoided having meals together. Patients were contacted by phone before the procedures, to ascertain the presence of any symptoms, and to be informed about dedicated entrances and routes. Confirmed or suspected COVID-19 patients were managed according to institutional and national rules. The urgency level of the procedure was carefully assessed by both the referring physician, the patient himself, and the Nuclear Medicine physician, with non-urgent tests postponed. Inpatients who tested negative for COVID-19 were the first in the daily agenda, followed

by non-suspected outpatients, with positive inpatients for last. Suspected outpatients were advised to seek first for being tested for coronavirus. The time slot per patient was increased to allow cleaning and disinfection procedures after each patient. **Conclusion:** The preparedness for the current coronavirus outbreak required the review of procedures as well as the adoption of special measures to assure health professionals and public safety, to prevent infection transmission and spread. **References:** None

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The importance of being retrospective": medical directivities in COVID-19 time

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Aim/Introduction: More than 2 million people worldwide had tested positive for COVID-19, and more than 200,000 deaths are attributed to this virus. In order to minimize the diffusion of the infection through hospital operators, that are people with highest risk, we analyzed the efficient impact of medical directivities in our hospital unit. **Materials and Methods:** 66 operators have worked at our high volume PET center located in a red zone from February 2020 until today: 55 in the nuclear medicine unit, 11 in the radiopharmaceutical unit at cyclotron site. In this setting, in order to limit patients and especially operators' exposure, adoption of preventive measures was needed. Our directives were: everyday change of individual protection devices, use of alcohol solution for disinfection (hand and equipment), repeated sanification of ambients during the day, respect of social distancing and limitation of operators contact with patients to the minimum necessary. In addition, we set up a new entrance triage protocol in order to try to reduce the risk of contact with possible infective patients: nurses measured patients' temperature at their arrival, the head chief checked if the exam requests were appropriate, excluding suspected infective patients in which nuclear imaging tools were not necessary. All the operators underwent serology lab rapid tests on peripheral blood to check the presence of SARS-CoV-2019 IgG and IgM. **Results:** we reduced the number of PET performed every day from 70 before COVID time to around 40. Out of 66, 62 (94%) of our operators had negative tests not only for IgM but also for IgG. Only 4 operators resulted to have IgG positivity; of these, one had positive COVID nasopharyngeal swab (one before and one after blood test) while 2/4 were negative. **Conclusion:** Changing our daily clinical practise we have created a new filter in addition to the face mask, resulting in a free COVID-zone in our department until now. At this point the readers may be thinking that the limit of this study is its retrospective design. But this is the rhythm of the science (oh science, oh yeah): retrospective view is indeed

the real power of this study. We hope that a prospective design, to confirm these data, will not be possible thanks to the advent of a new definitive treatment and if you are now here, reading this study, maybe the dream has become truth. **References:** None

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Nuclear Medicine in the times of COVID-19 - expected and possible (unexpected) risks and new safety standards-single institution experience

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Aim/Introduction: The first cases of coronavirus disease (COVID-19) were seen in Wuhan, China, in late December 2019 before spreading globally. The current outbreak was officially recognized as a pandemic on 11 March 2020. The aim of this paper is to demonstrate the changed mode of operation, safety measures and procedures at the Center of Nuclear Medicine, Clinical Center Niš (CNM), the only nuclear medicine center in Serbia that had no work lockdown during the epidemic, and to propose a system of protective measures to be taken in the face of potential new pandemic waves. **Materials and Methods:** At the beginning of March, CNM had already scheduled all diagnostic and therapeutic procedures for March and April. Out of an average of 250 scintigraphies, 238 were scheduled for March and 88 for April. Twenty-six out of 34 treatment procedures were scheduled for the therapy unit. An epidemiological survey was conducted on all patients. More serious protective measures were introduced at the height of the coronavirus epidemic in the Republic of Serbia. PPE II was used when receiving the scan or treatment according to WHO guidelines. In addition to the standard epidemiologic survey conducted by telephone 1-2 days prior to admission to the hospital, blood samples were obtained from patients in order to test blood counts, CRP and LDH. **Results:** In March, 123/238 diagnostic procedures were performed (51%), while in April 35/88 (40%) diagnostic procedures were performed, exclusively bone scintigraphy. Twenty one out of 26 therapy procedures were performed in the therapy unit, mainly iodine treatment of differentiated thyroid carcinomas, whereas 4 patients were canceled due to the inability to import ¹⁷⁷Lu-DOTA-TATE, and one was canceled due to suspended traffic and inability to reach the hospital. The number of radioimmunology and complementary analyses had also dropped from an average of 5,000 a month to 910 in March and 93 in April. None of the staff involved in performing diagnostic or therapeutic procedures tested positive for Covid-19 disease. **Conclusion:** The emerging situation at the time of the pandemic requires additional protection of personnel working in nuclear medicine to