

Definition of optimal post-injection scan times in terms of maximization of the patient-based sensitivity, on a lesion basis, on the T / B contrast, and on the intra- and inter-observer diagnostic reproducibility.

- Patient-based sensitivity maximization: patient-based sensitivity was identical for 1 to 4 hours (94.7%) while it was less than 24 hours (85.3%)
- lesion-based sensitivity maximization: lesion-based sensitivity was identical for times 1 and 2 for all lesion categories while it was less than 24 h for lymph node and lung lesions
- maximization of the T / B contrast: no significant differences between times 1 and 4 were observed while the average value at 24 was significantly lower
- maximization of diagnostic reproducibility intra-Observer patient-based and lesion- based: the three times are superimposable
- maximization of diagnostic reproducibility inter-Observer patient-based and lesion-based: the sensitivity at 1 hour and at 4 hours is equal, while the sensitivity to 24 hours is considerably lower

In conclusion

- on the basis of the results obtained it can be said that the detection at 1 hour and 4 hours can be superimposed in terms of diagnostic yield. In fact, no differences were observed between the two times regarding to the patient-based sensitivity, on a lesion basis, of the T / B contrast, and of the intra- and inter-observer diagnostic reproducibility from the statistical point of view.
- on the other hand, 24-hours detection is certainly inadequate for diagnostic purposes as it is characterized by lower sensitivity both on patient-based and lesion-based and a significantly lower T/B ratio