

Method to Determine the Standard Deviation of SUV Parameters

Giulia Maria Rita De Luca (✉ g.deluca@antoniuziekenhuis.nl)

Sint Antonius Ziekenhuis <https://orcid.org/0000-0002-7485-2914>

Jan Habraken

Sint Antonius Ziekenhuis

Original research

Keywords: Standard Uptake Value, PET quantification, variation in Standard Uptake Value

Posted Date: November 20th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-108387/v1>

License:   This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

1 **Method to determine the standard deviation of SUV parameters**

2

3 Giulia M.R. De Luca¹, Jan B.A. Habraken¹

4 ¹ Department of Medical Physics, St. Antonius Hospital, Nieuwegein, Netherlands

5

6 Corresponding author: Giulia M. R. De Luca, g.deluca@antoniuziekenhuis.nl

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31 **Abstract**

32 Some of the parameters used for the quantification of Positron Emission Tomography (PET) images
33 are the Standardized Uptake Value (SUV)Max, SUVMean and SUVPeak. In order to assess the
34 significance of an increasing or decreasing of these parameters for diagnostic purposes it is relevant
35 to determine their standard deviation. In this study we present a method to determine the range of
36 statistical variation of the SUV in PET images.

37 Our method is based on dividing an original dataset into subsets of shorter time-frames. The variation
38 between the SUV parameters of the subsets is used to estimate the standard deviation of the of the
39 original acquisition. This method was tested on images of a NEMA quality phantom with acquisition
40 time of 150 s per bed position and foreground to background activity ratio of F¹⁸-2-fluoro-2-deoxy-D-
41 glucose (FDG) of 10:1. This original dataset has been reconstructed with different reconstruction
42 lengths, generating new data subsets. The SUVMax, Mean and Peak were calculated for each image
43 in the subsets. Their standard deviation has been calculated per subset for the different spheres
44 included in the phantom. The variation of each subset has then been used to estimate the expected
45 variation between images at 150 s reconstruction length.

46 We report the largest standard deviation of the SUV parameters for the smallest sphere, and the
47 smallest variation for the largest sphere. The expected variation at 150 s reconstruction length does
48 not exceed 6% for the smallest sphere and 2% for the largest sphere, but we report an higher
49 coefficient of variation (up to 30%) for shorter reconstruction lengths. We also report significant
50 differences in the variation of SUV parameters for the larger spheres. With the presented method we
51 are able to determine the standard deviation of SUV parameters only due to and the statistical
52 variation. The method enables us to evaluate the effect of parameter selection and lesion size on the
53 standard deviation, and therefore to evaluate its relevance on the total variation of the SUV value
54 between studies.

55

56 **Introduction**

57 Positron Emission Tomography (PET) has become an indispensable diagnostic tool over the last
58 decades. Computed Tomography (CT) is added to the PET modality for the purpose of attenuation
59 correction and furthermore PET-CT imaging provides a combined view of functional and morphological
60 information.

61 The radio-ligand FDG has ensured the success of PET-imaging. The glucose component of the
62 molecule provides a higher uptake of FDG in malignant than in healthy cells [1], the fluor-18
63 component provides the detectability in the PET-CT system.
64 PET-CT images can be reported visually by the nuclear medicine physician, however an important
65 advantage of PET imaging is that the uptake can be quantified in absolute measures.
66 Quantification of FDG PET enables the staging of cancer and the comparison of follow-up studies to
67 track the evolution of cancer and response to tumour therapy [2].

68
69 The proposed framework for PET Response Criteria in Solid Tumours (PERCIST) suggests to
70 consider a 30% change in Standardized Uptake Value (SUV) as significant variation of tumour activity
71 between images of the same patient [3]. The most used methods of the SUV parameter are the
72 SUVMax and the SUVMean. In the SUVMax only the voxel with the highest uptake is considered,
73 while in the SUVMean all the voxels in a certain region or volume are taken into account. The
74 SUVMax has a low inter and intra observer variability but a high technical statistical variation. The
75 SUVMean on the other hand has a lower technical variation but a higher inter and intra observer
76 variability, since the borders of the volume are a determining factor of the result.
77 The SUVPeak is introduced as a “best of both worlds” parameter, it calculates the voxels in a limited
78 volume around the voxel with the maximum value.

79
80 When comparing images of the same patient acquired at different moments in time, a certain degree
81 of variability of the SUV parameters is unavoidable, such as patient preparation, biological variability
82 and technical variability. Limiting the variations and standardizing the process as much as possible is
83 therefore essential. The goal is to control and minimize the inter and intra observer variability as well
84 as the technical variability between images as much as possible. Studies shown that limiting the
85 variation in image reconstruction, uptake time and scanner characteristics can limit the effect of
86 technical variability to less than 10% of the SUV [4, 5, 6].

87 Knowledge of the significance of the difference between intra-patient quantifications parameters, when
88 the images are acquired with the same scanner and software reconstruction, is crucial to provide a
89 reliable interpretation of the data. In this study we present a method to estimate the standard deviation
90 of the SUV parameters on different SUV parameters and lesion sizes of images acquired with the

91 same scanner and reconstructed with the same method. The basics of the method is that one PET
92 acquisition is divided into a number of time-frames and that the variation between the SUV
93 quantification of the separate time-frames is used to estimate the standard deviation of the total
94 acquisition. The proposed method determines the standard deviation of SUV parameters such that the
95 relevance of technical statistical SUV changes in clinical practice can be established in the context of
96 other fluctuations. The variation that we quantify in this paper adds to other technical, biological and
97 physical factors affecting the quantification of FDG PET images, as for example listed in [4]. In our
98 method the biological factors, variations in blood glucose, contrast factors and paravenous
99 administration of FDG are not included. Furthermore, because we use a single acquisition and we only
100 later split it in subsets and reconstruct them with the same software, the possible variability in PET
101 calibration, synchronization, image and scan reconstruction parameters is not present. We quantify the
102 variability of the SUV parameters between subsets of images derived from the same acquisition and
103 reconstructed in the same way. In comparison with test-retest method, our framework compares
104 images with less variable conditions and we focus on the impact of the reconstruction on images from
105 the same subset. With this method we want to quantify a degree of technical variability that is scanner-
106 and reconstruction-specific and that might have a relative larger impact in images with small lesions,
107 low photon counts and/or high noise.

108 The method is described, validated and applied on a 150 s acquisition of the image quality phantom
109 with a foreground to background activity ratio of 10:1 as example of application. The values and
110 standard deviations of the SUVMax, SUVMean and SUVpeak of the several spheres in the phantom
111 are presented and discussed.

112

113 Our method gives insight in the variation of the several SUV parameters and can be used routinely on
114 a specific scanner-reconstruction software combination to give an insight in the technical variation of a
115 determined SUV quantification. Knowledge about the technical variation of the parameter enables a
116 sharper definition on whether a change is significant or not.

117

118 **Material and methods**

119 **Image acquisition and reconstruction**

120 A NEMA NU2–2007 image quality phantom was imaged on a Philips Gemini TF PET/CT system
121 (Philips Healthcare, Andover, MA). PET reconstructions were made using scanner’s default ordered
122 subset expectation maximization (OSEM) reconstruction algorithm with 33 subsets, 3 iterations, matrix
123 size of 144×144 , and voxels of $4 \times 4 \times 4$ mm. No Gaussian filter was applied. The reconstruction
124 corrected for geometrical response and detector efficiency (normalization), random coincidences,
125 scatter, and attenuation. Data were stored in list-mode, to be able to reconstruct different acquisition
126 times. All list-mode reconstructions were decay-corrected to the start time of the acquisition.
127 The phantom acquisitions were made according to the requirements for the EANM/EARL FDG-
128 PET/CT accreditation [7]. The phantom was composed by a fillable torso compartment acting as
129 background, by a cylindrical insert in the centre of the torso compartment and by 6 fillable spheres of
130 different diameters (10 mm, 13 mm, 17 mm, 22 mm, 28 mm and 37 mm) placed around the central
131 insert. The fillable torso compartment and the spheres have been filled with a solution of water and
132 F^{18} -FDG. At the starting moment of the scan the activity concentration was 2.10 MBq/ml in the torso
133 background compartment and 20.04 MBq/ml in the spheres, resulting in a sphere to background ratio
134 of 9.6:1 (aim is 10:1). [8]

135

136 The original dataset was acquired with 150 s frame duration. The total acquisition time was 10
137 minutes. An attenuation corrected reconstruction was performed at different reconstruction lengths,
138 varying from 4 s to 30 s, generating as many images as possible per subset, without using the same
139 coincidences by varying the starting time of the reconstruction. For example, for the first subset (4 s
140 reconstruction length), the first image was reconstructed using the coincidences recorded between 0
141 and 4 seconds, the second image by using the coincidences recorded between 5 and 8 seconds and
142 so on, varying the starting moment of the reconstruction, generating a total of 37 images. The longest
143 frame length was 30 s, generating a subset of 5 images. A total of 14 subsets was generated, of
144 respectively 4s, 6s, 8s, 10s, 12s, 15s, 17s, 19s, 20s, 22s, 24s 26s, 28s and 30s acquisition length.
145 The Philips reconstruction software automatically corrected each reconstruction for the decay of F^{18}
146 (half-life of 109.7 minutes [9]), compensating the time difference between the start of the study and the
147 start of the reconstruction by using an opportune scaling factor.

148

149 **Image analysis**

150

151 The datasets were analysed using a Python 3.7.0 script (default, Jun 28 2018, 08:04:48) [MSC v.1912
152 64 bit (AMD64)]. Different SUV parameters were calculated in each image of the subsets:

- 153 • SUVMax 2D: the maximum in the central 2D plane of each sphere. The algorithm fitted the
154 sphere, found its central plane, and then found the maximum voxel value in this 2D central
155 plane.
- 156 • SUVMax 3D: maximum of the complete sphere. The algorithm fitted the sphere and found the
157 maximum voxel value in the 3D volume;
- 158 • SUVMean 2D: the average value in the central 2D plane of each sphere. The algorithm fitted
159 the sphere, found its central plane and calculated the average value of this 2D central plane.
- 160 • SUVMean 3D: the average value of each 3D sphere. The algorithm fitted the sphere and
161 calculated the average value of the 3D volume. The SUVMean 2D and 3D were calculated
162 considering the complete 2D central plane or 3D volume, respectively, without using
163 thresholding techniques based on pixel values or on a percentage of the maximum value.
- 164 • SUVPeak: the average value within a 1 cm³ sphere centred in the maximum value of the
165 sphere [10]. The algorithm fitted the sphere, found the maximum voxel value in the 3D
166 volume, used this voxel as the centre of a spherical Region of Interest (ROI) of 1 cm³ and
167 calculated the average value within the sphere.

168

169 The SUV values were calculated per each image in a subset. The SUV values population has been
170 tested for normality with a Kolmogorov-Smirnov test and all subsets matched the characteristics of a
171 normal distribution. The SUV parameters of the different images in a subset were averaged and their
172 standard deviation was calculated. The coefficient of variation of the SUV parameters was calculated
173 as the standard deviation divided by their average value multiplied by 100.

174

175 In our measurements we can assume a random sampling model, with no correlations, for independent
176 and identically distributed random measurements. The different subsets do not differ in activity nor
177 voxel dimensions and the quantification of the SUV parameters has been done by using the same ROI
178 dimension. We can therefore describe the ratio of the standard deviations SD of two independent
179 repetitions of PET measurements as:

180

181

$$\frac{SD1}{SD2} = \left(\frac{RL1}{RL2}\right)^{-\frac{1}{2}} \quad (1)$$

182

183 With SD1 and SD2 being the standard deviations and RL1 and RL2 being the reconstruction lengths.

184 [5]. By using the measured variation of the SUV values in a subset as SD1 and the length of the

185 reconstruction of the specific subset as RL1, it is possible to estimate the variation SD2 between

186 repetitions of scans at the total acquisition time RL2=150 s.

187

188 Since we divided our acquisition into 14 different subsets, we could calculate 14 different estimations

189 of the SD2, using the described method above. We validated our method by testing whether the value

190 of the estimated SD2 was independent of the acquisition length of the images in the subset.

191 The results were tested to verify if a significant difference between the spheres was present. The

192 population of two adjacent spheres (10 mm and 13 mm, 13 mm and 17 mm, 17 mm and 22 mm, 22

193 mm and 28 mm, 28 mm and 37 mm) were tested by using a two-sample t-test assuming unequal

194 variances with a significance level alpha=0.05.

195

196 **Results**

197

198 The method that we describe in this paper for estimating the variation of SUV parameters between

199 PET images includes three main steps:

- 200 • acquisition of a dataset of a specific length
- 201 • generation and reconstruction of subsets
- 202 • estimation of the variation in the original dataset by using the subsets, according to Formula 1.

203 As an example for this method we used a 150 s acquisition for the original dataset, then we divided it

204 in 14 subsets and estimated the SUV parameters. The aimed foreground to background activity ratio

205 was 10:1.

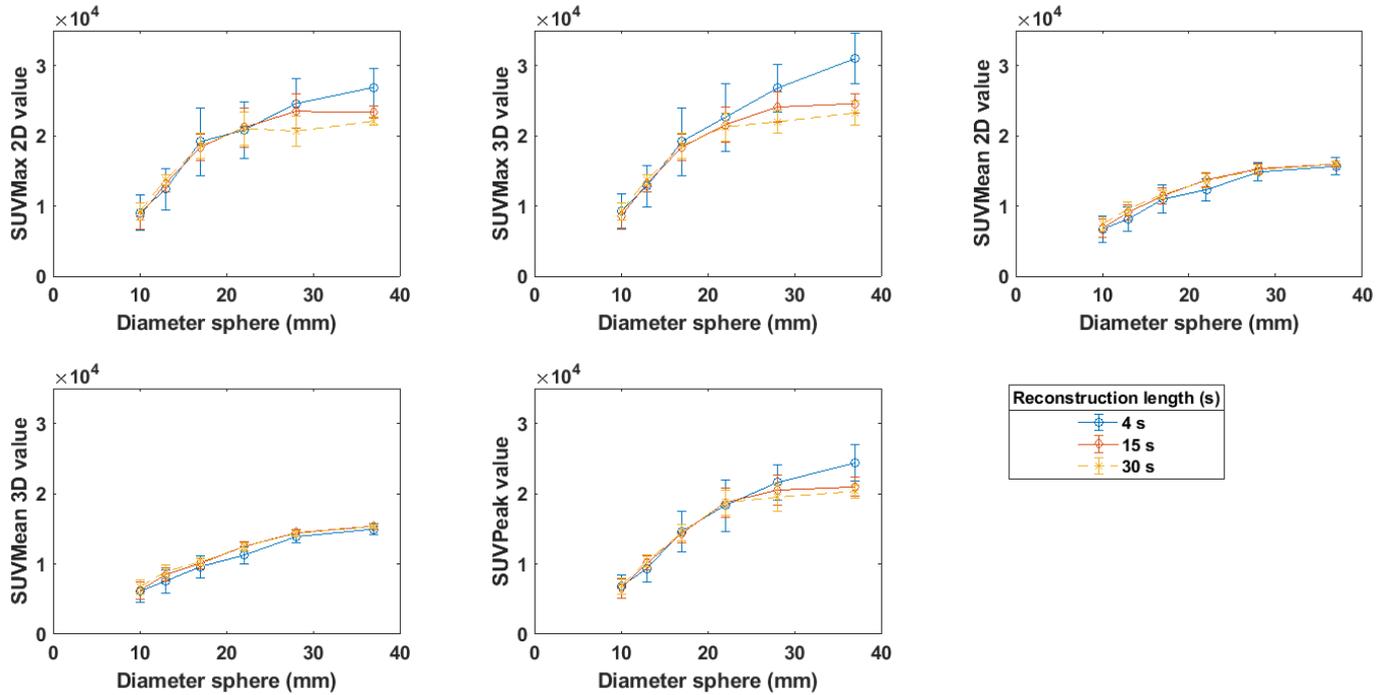
206

207 The SUVMax 2D and 3D, the SUVMean 2D and 3D and the SUVPeak were calculated for the 6

208 spheres in each image of a subset. Their values were averaged and their standard deviation was

209 estimated. In this way it was possible to plot the recovery curves based on each parameter, with their

210 standard deviation, for each reconstruction length. The results are shown in Fig. 1 for the 4 s, 15 s an
 211 30 s subsets.
 212

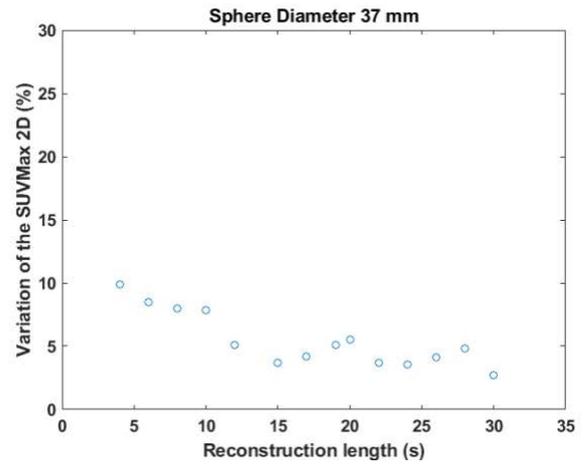
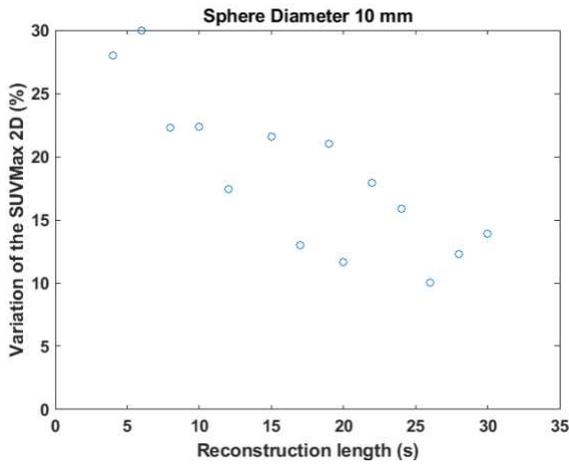


213
 214
 215 **Fig.1:** SUVMax 2D and 3D, SUVMean 2D and 3D and SUVPeak for spheres with different volume for
 216 4s, 15 s and 30 s reconstruction lengths.

217
 218 For the larger spheres, for the SUVMax and the SUVPeak parameters, the shorter acquisition lengths
 219 tend to have a higher average value, as shown for the three representative datasets in Fig.1.

220
 221 Fig. 2 to 6 show the variation of the measured SUV parameters. The coefficient of variation of the SUV
 222 is plotted as a function of the reconstruction length for the different spheres. We show the results for
 223 the spheres with 10 mm and 37 mm diameter as representative results.

224

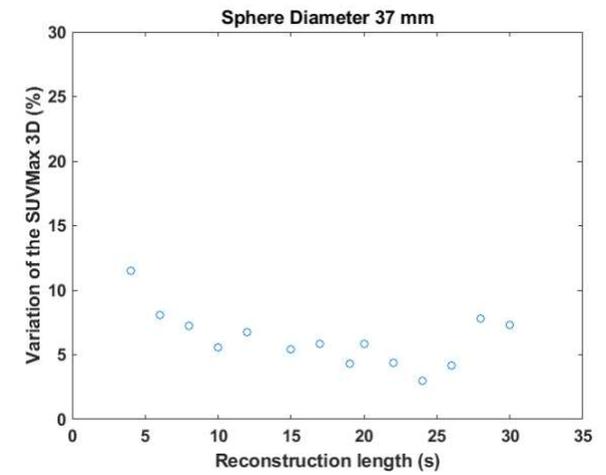
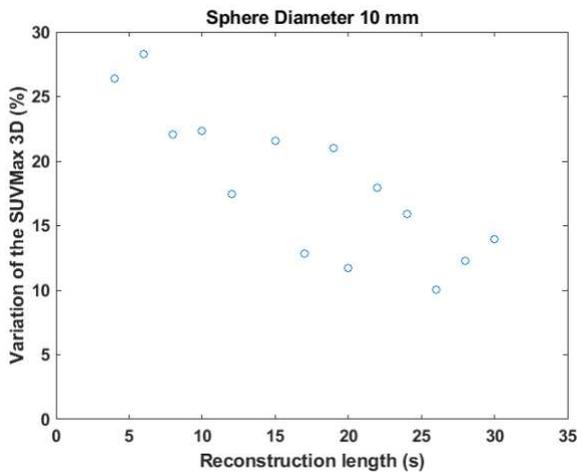


225

226

Fig.2: Coefficient of variation of the SUVMax 2D as a function of the reconstruction length.

227



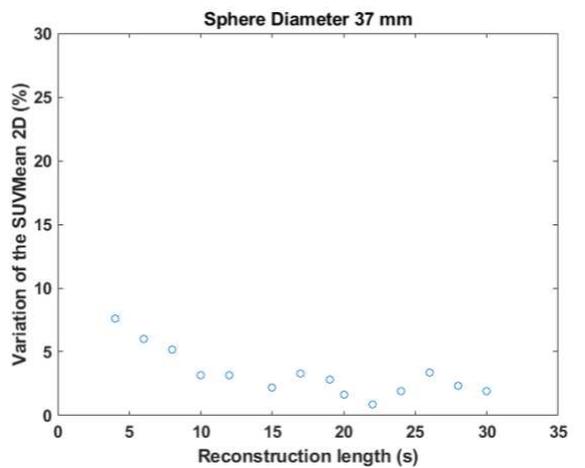
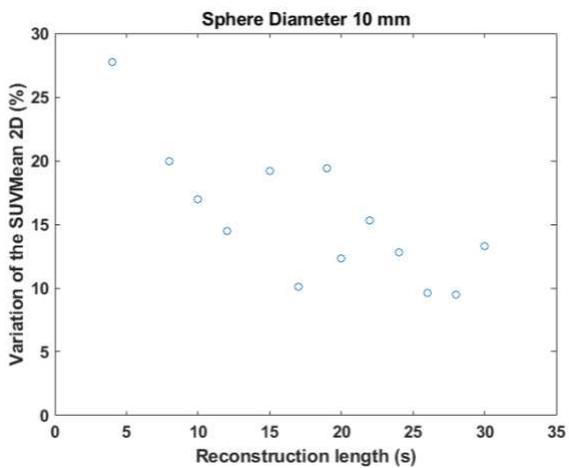
228

229

230

Fig.3: Coefficient of variation of the SUVMax 3D as a function of the reconstruction length.

231

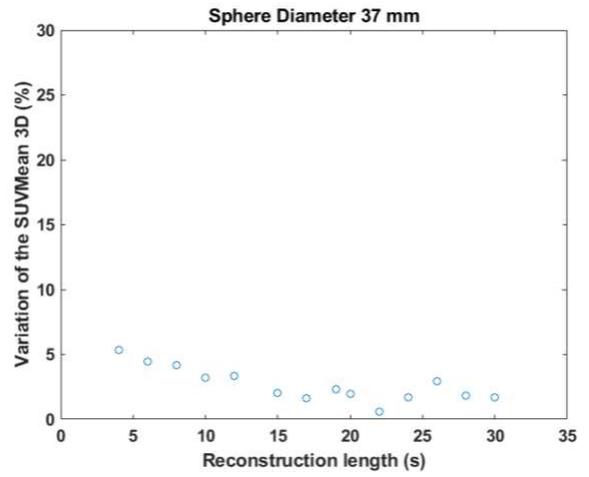
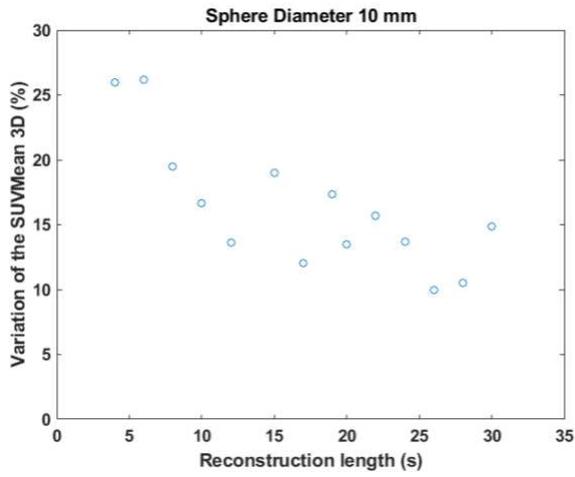


232

233

Fig.4: Coefficient of variation of the SUVMean 2D as a function of the reconstruction length.

234



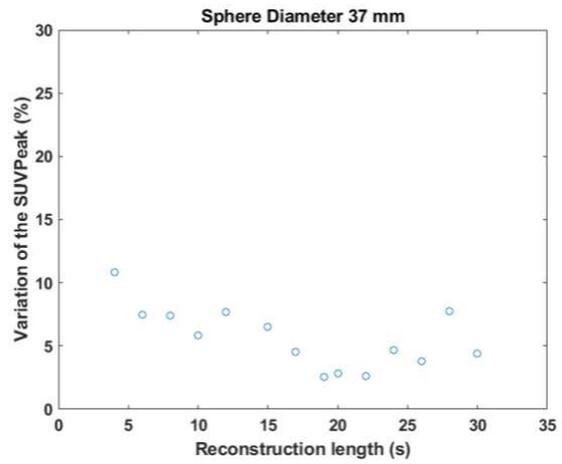
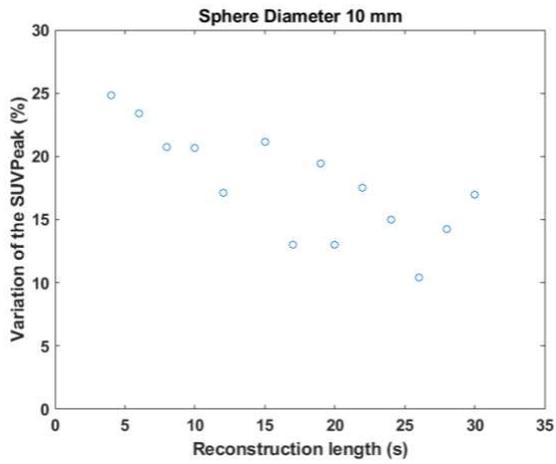
235

236

237

Fig.5: Coefficient of variation of the SUVMean 3D as a function of the reconstruction length.

238



239

240

Fig.6: Coefficient of variation of the SUVPeak as a function of the reconstruction length.

241

242 One of the goals of the methodology described in this article is to estimate the expected estimated SD

243 of the SUV parameters at a given acquisition length. In order to test the validity of the method Formula

244 1 was applied to derive the expected SD (SD_2) at reconstruction length 150 s ($RL_2=150$ s) from the

245 SD of the subsets (SD_1) at different reconstruction lengths (RL_1) according to:

$$SD_2 = SD_1 \left(\frac{RL_1}{RL_2} \right)^{\frac{1}{2}} \quad (2)$$

247

248 This formula was used to calculate the estimated SD of the SUV at reconstruction length $SD_2=150$ s
 249 using each subset of the dataset. The estimated SD (SD_2) of the SUVMax2D and 3D, SUVMean2D
 250 and 3D and SUVPeak at 150 s reconstruction length has been estimated for spheres of different
 251 diameters. The average estimated SD is summarized in Table 1. The difference between estimated
 252 SD of the SUV parameters for different spheres has been tested with a t-test. The spheres reporting a
 253 significant difference between them (p value t-test<0.05) are underlined and in bold in Tab.1.
 254

	$d_{\text{sphere}}=10\text{mm}$	$d_{\text{sphere}}=13\text{mm}$	$d_{\text{sphere}}=17\text{mm}$	$d_{\text{sphere}}=22\text{mm}$	$d_{\text{sphere}}=28\text{mm}$	$d_{\text{sphere}}=37\text{mm}$
Est. SD SUVMax 2D	<u>5.6±1.1%</u>	<u>3.8±1.2%</u>	3.4±0.8%	3.3±0.7%	<u>2.9±0.9%</u>	<u>1.6±0.3%</u>
Est. SD SUVMax 3D	<u>5.5±1.1%</u>	<u>3.8±1.2%</u>	3.4±0.8%	3.1±0.7%	<u>2.6±0.6%</u>	<u>1.9±0.6%</u>
Est. SD SUVMean 2D	<u>5.0±1.0%</u>	<u>3.7±1.1%</u>	<u>2.8±0.5%</u>	<u>2.2±0.4%</u>	<u>1.7±0.4%</u>	<u>0.9±0.3%</u>
Est. SD SUVMean 3D	<u>5.0±0.9%</u>	<u>3.6±0.9%</u>	<u>2.5±0.6%</u>	<u>1.6±0.3%</u>	<u>1.3±0.3%</u>	<u>0.8±0.2%</u>
Est. SD SUVPeak	<u>5.5±1.1%</u>	<u>3.6±0.8%</u>	<u>2.8±0.6%</u>	2.9±0.7%	2.8±0.8%	<u>1.7±0.6%</u>

255

256 **Tab.1:** Average estimated SD for SUV Max, Mean and Peak for different spheres.

257 The data were statistically analysed to verify if the difference between the estimated SD of the SUV
 258 parameters was significant between spheres (same parameter, different sphere diameter, so
 259 difference between columns in Tab.1) and between SUV parameters (different SUV parameter, same
 260 sphere diameter, so difference between rows in Tab.1).

261 Concerning the differences between spheres, we report that the difference between the estimated SD
 262 of the SUV parameters of the sphere with $d=10$ mm and $d=13$ mm and with $d=28$ mm and $d=37$ mm is
 263 significant for SUVMax, Mean and Peak. For SUVPeak, the difference between the estimated SD of

264 the sphere with $d=13$ mm and $d=17$ mm is also significant. The difference between estimated SD of
265 the SUVMean 2D and 3D is significant between each sphere diameter.

266 Concerning the differences between SUV parameters, we report no significant difference between the
267 estimated SD of the SUV parameters of the two smaller spheres ($d=10, 13$ mm). The values of the
268 SUVMean 3D are significantly lower than the values of the SUVMax 2D, 3D and SUVPeak for the four
269 larger spheres ($d=17, 22, 28, 37$ mm). The SUVPeak significantly differs from SUVMax 2D and 3D for
270 $d=17$ mm and for SUVMean 2D and 3D for $d=22, 28, 37$ mm.

271

272 **Discussion**

273 This study describe a methodology to estimate the standard deviation of different SUV parameters and
274 lesion sizes of images acquired with the same scanner and reconstructed with the same method. This
275 method divides the total acquisition into subsets at different timeframes and estimates the standard
276 deviation of the total acquisition using the standard deviation between the timeframes. The method
277 was tested on a 150 s acquisition with a foreground to background activity ratio of 10:1. The article
278 shows how subsets of an original scan can be used to estimate the variation between images at
279 different reconstruction lengths. The measured results were compared with their estimation calculated
280 according to a formula proposed in [5]. The measured data are generally in accordance with the
281 estimation performed by used the other subsets and Formula 1. Because of this we could use the
282 available measured variations to estimate the expected variation at reconstruction length 150 s.

283

284 In Fig. 1 the calculated values of the SUV parameters are shown for all spheres and for all acquisition
285 lengths of the timeframes in the subset. We report higher average SUV values for shorter acquisition
286 lengths. This can be explained by the fact that at shorter acquisition lengths, when the images are
287 noisier, the chance is bigger that a single voxel or group of voxels will have a higher value due to the a
288 higher statistical variation. This effect occurs with the SUVMax and the SUVPeak, but not at the
289 SUVMean where all the voxels in the regions are used for the calculation.

290

291 Fig. 2 to 6 show the coefficient of variation of the SUV parameters as a function of the reconstruction
292 length for the different spheres. This test can provide an expectation of the variation for noisier images
293 (images with high standard deviation between voxels) or for small lesions. In our case we observe that

294 the variation is higher for shorter reconstruction lengths, suggesting that the contribution of the
295 technical variation might be higher, for example, for images acquired with a shorter acquisition time or
296 with a low counts emitter. The higher variation at shorter reconstruction lengths reaches values up to
297 30%, in our case, for the sphere with 10 mm diameter. This suggests that, when performing
298 quantification of PET images on small lesion, the effect of the technical variability evaluated with this
299 method might not be negligible when compared with the variation used for diagnostical purposes. Our
300 method might also be used to define the minimal required acquisition length: when the technical
301 statistical variation of the SUV has become negligible to the test-retest variation, a longer acquisition
302 time might not add value.

303

304 In Table 1 we report the result of the estimated standard deviation of the SUV quantifications. We
305 report significant differences in variation for different sphere dimensions. The difference is always
306 significant for each SUV parameter for the smallest (diameter of 10 mm) and the largest (diameter of
307 37 mm) sphere. The difference is significant between all spheres for the SUVMean. The values are
308 typically ranging from 5% to 1%, for the 10 mm sphere to the 37 mm. We notice that this is in
309 accordance with the range reported for simulated data [11]. The maximum expected variation between
310 images, for any estimated parameter, did not exceed the 6% for the smallest object (sphere of
311 diameter 10 mm) and the 2% for the largest object (sphere of diameter 37 mm) for an acquisition
312 length of 150 s. This provides an indication of the contribution of the technical variation when the same
313 scanner is used, with equal reconstruction length and activity, and can be compared with the variation
314 measured in FDG PET test-retest studies reporting a typical variation of approximately 10% [14, 15,
315 16]. In our study the variation is smaller due the fact that we do not have to deal with other factors, as
316 for example repositioning of the patient or phantom and reinjection of the activity, as in test-retest
317 studies.

318 Nevertheless, it is important to notice that the value of the estimated standard deviation calculated for
319 our scanner and reconstruction method is not directly translatable to other centres. The variability in
320 the calculation of SUV parameters inhibits the direct comparison of these values. [17] Other factors
321 introducing variation of the technical components are reconstruction protocols, analysis methods and
322 scan duration, and their influence is too prominent for a direct comparison of the absolute values of the
323 variation. [18] A simple method as the one described in this article can be routinely implemented to

324 identify the contribution of the technical variation between PET images, in order to take into account of
325 it during quantifications and comparisons of images for diagnostic purposes.

326

327 The SUV parameters (Max, Mean and Peak) presents some significant differences for the same
328 sphere diameter. For what concerns the smaller spheres ($d=10, 13$ mm), the averaging step
329 introduced in the calculation of SUVMean and Peak does not provide a significant difference in SD in
330 our measurements, suggesting that the variation in quantification of SUV for small lesions does not
331 decrease compared with the use of SUV Max. For larger lesions the difference between the variation
332 in SUV Mean 3D and SUV Peak is significant. This suggests that the dimension of the ROI used for
333 the averaging has a crucial effect on the SUV quantification and that a too large ROI might flatten the
334 results. Our definition of SUVMean was based on the knowledge of the objects that were measured
335 because the ROI was defined as a sphere of diameter equal to the diameter of the imaged sphere.
336 This is not always possible during the analysis of images for diagnosis purposes. In that case another
337 definition of SUVMean must be used and the variation between measurements might be expected to
338 increase [10, 12, 13]. Other factors present in clinical practice, as glucose blood levels, velocity of
339 FDG uptake in the lesions or weight recording can increase the SUV variation in diagnostic images of
340 patients. [19, 20, 21]

341

342 Another method to estimate the variation between images would be to acquire a dataset with long
343 acquisition time in comparison with the acquisition time used for diagnostic and generate subsets of
344 the long acquisition. This could be a more direct way to measure the variation, possibly less
345 susceptible to low photon statistics as we report in images reconstructed with a short reconstruction
346 length. A similar approach has been shown in [5] for SUVMax and Mean for reconstruction length of 5
347 minutes with variation between 11.2% to 1.2% depending on the filter, type of acquisition (2D or 3D)
348 and parameter (Max or Mean) used.

349

350 For this study we worked with a foreground to background activity ratio of 10:1. In order to further
351 verify the method with other uptakes it would be possible to repeat the study with other ratio's, as for
352 example 5:1 and 2.5:1. Furthermore, the acquisitions could be repeated after a certain amount of

353 hours in order to analyse the variation with other levels of noise. As previously discussed, a higher
354 coefficient of variation is to be expected for noisier images.

355

356 **Conclusion**

357 In this study we present a method to estimate the standard deviation of different SUV parameters. We
358 used the method to estimate the standard deviation of different SUV parameters for different lesion
359 sizes of images acquired with the same scanner and reconstructed with the same method. The
360 method shows that the variation of SUVMax, SUVMean and SUVPeak varies as a function of the
361 dimension of the objects in the imaged phantom and ranges between 5 and 6% for the smallest
362 sphere (diameter of 10 mm) and between 0.9 and 2% for the largest sphere (diameter of 37 mm). The
363 coefficient of variation reaches values up to 30% for shorter acquisition lengths, suggesting that the
364 variation might become not negligible for noisier images with low counts. The difference between SUV
365 parameters (Max, Mean and Peak) was not significant for the smaller spheres.

366 The variation in SUVMean 3D was significantly lower for the larger spheres in comparison with the
367 variation of the other parameters. Our method can be used routinely to provide insight into the
368 variation of a SUV quantification between images acquired with the same scanner and reconstruction
369 parameter.

370

371 **Availability of data and materials**

372 The datasets used and/or analysed during the current study are available from the corresponding
373 author.

374 **Key words**

375 Standard Uptake Value, PET quantification, variation in Standard Uptake Value

376 **Acknowledgements**

377 The authors thank Ronald Boellaard, Amsterdam University Medical Centres, Location VUMC, for
378 reading the manuscript and providing valuable feedback. The authors thank Olga Beregovaya, St.
379 Antonius hospital, for her help with the measurements and the reconstructions.

380 **Funding**

381 Not applicable

382 **Author information**

383 Department of Medical Physics, St. Antonius Hospital, Nieuwegein, Netherlands

384 **Contributions**

385 The authors read and approved the final manuscript.

386 **Corresponding author**

387 Correspondence to G. M. R. De Luca, g.deluca@antoniuziekenhuis.nl

388 **Ethics declarations**

389 Not applicable

390 **Consent for publication**

391 Not applicable

392 **Competing interests**

393 The authors declare that they have no competing interests.

394 **Bibliography**

395 [1] Warburg O., "On the origin of cancer cells", Science 1956; 123:309–314

396 [2] C.J. Hoekstra et al., "Monitoring response to therapy in cancer using [18F]-2-fluoro-2-deoxy-D-
397 glucose and positron emission tomography: an overview of different analytical methods", European
398 Journal of Nuclear Medicine June 2000 vol 27(6)

399 [3] Walh R.L., "From RECIST to PERCIST: Evolving Considerations for PET Response Criteria in
400 Solid Tumors", J Nucl Med May 2009 vol 50 (1) 122S-150S

401 [4] Boellaard R., "Standards for PET image acquisition and quantitative data analysis. J Nucl Med.
402 2009 vol 50(suppl 1) 11S–20S.

403 [5] Doot R.K. et al., "Instrumentation factors affecting variance and bias of quantifying tracer uptake
404 with PET/CT", Med Phys. 2010 vol 37 6035–6046.

405 [6] Fahey F.H. et al., "Variability in PET quantitation within a multicenter consortium. Med Phys. 2010
406 vol 37 3660–3666.

407 [7] R. Boellaard et al., "FDG PET/CT: EANM procedure guidelines for tumour imaging: version 2.0",
408 European Journal of Nuclear Medicine and Molecular Imaging 2015 vol 42 328–354

409 [8] A. Kaalep et al., "EANM/EARL FDG-PET/CT accreditation - summary results from the first 200
410 accredited imaging systems", European Journal of Nuclear Medicine and Molecular Imaging 2018 Mar
411 vol 45(3) 412-422

412 [9] A.S. Keverling Buisman, "Handboek Radionucliden", BetaText v.o.f., 2015

413 [10] Joo Hyun O., “Practical PERCIST: A Simplified Guide to PET Response Criteria in Solid Tumors
414 1.0”, Radiology. August 2016 vol 280(2) 576–584

415 [11] Boellaard R. “Effects of Noise, Image Resolution, and ROI Definition on the Accuracy of Standard
416 Uptake Values: A Simulation Study”, J Nucl Med 2004 vol 45 1519–1527

417 [12] Abgral R. et al., “Comparison of prognostic value of tumor SUL-peak and SUV-max on
418 pretreatment FDG-PET/CT in patients with HNSCC”, J Nucl Med May 2013 vol 54(2) 513

419 [13] Julyan, P.J., “SUVpeak: a new parameter for quantification of uptake in FDG PET”, Nucl Med
420 Com April 2004 vol 25(4) 407

421 [14] Lodge M.A., “Repeatability of SUV in Oncologic 18F-FDG PET”, J Nucl Med. Apr 2017 58(4) 523–
422 532

423 [15] Weber W.A. et al., “Reproducibility of metabolic measurements in malignant tumors using FDG
424 PET” J Nucl Med 1999 vol 40 1771–1777.

425 [16] Nahmias C. et al., “Reproducibility of standardized uptake value measurements determined by
426 18F-FDG PET in malignant tumors. J Nucl Med. 2008 vol 49 1804–1808.

427 [17] Pierce L.A. et al., “A Digital Reference Object to Analyze Calculation Accuracy of PET
428 Standardized Uptake Value”, Radiology 2015 vol 277 (2)

429 [18] Syahir M. et al, “Impact of PET/CT system, reconstruction protocol, data analysis method, and
430 repositioning on PET/CT precision: An experimental evaluation using an oncology and brain phantom”,
431 Med Phys. 2017 44 vol 12 6413–6424.

432 [19] V. Kumar et al., “Variance of Standardized Uptake Values for FDG-PET/CT Greater in Clinical
433 Practice than Under Ideal Study Settings” Clin Nucl Med. 2013 Mar; 38(3): 175–182.

434 [20] Lodge M.A. et al., “A PET study of 18FDG uptake in soft tissue masses” Eur J Nucl Med.
435 1999;26:22–30

436 [21] Fahey F.H. et al., “Variability in PET quantitation within a multicenter consortium” Med Phys.
437 2010;37:3660–3666

438

439

440

441

442

443

444

445

446

447

448

449

450

Figures

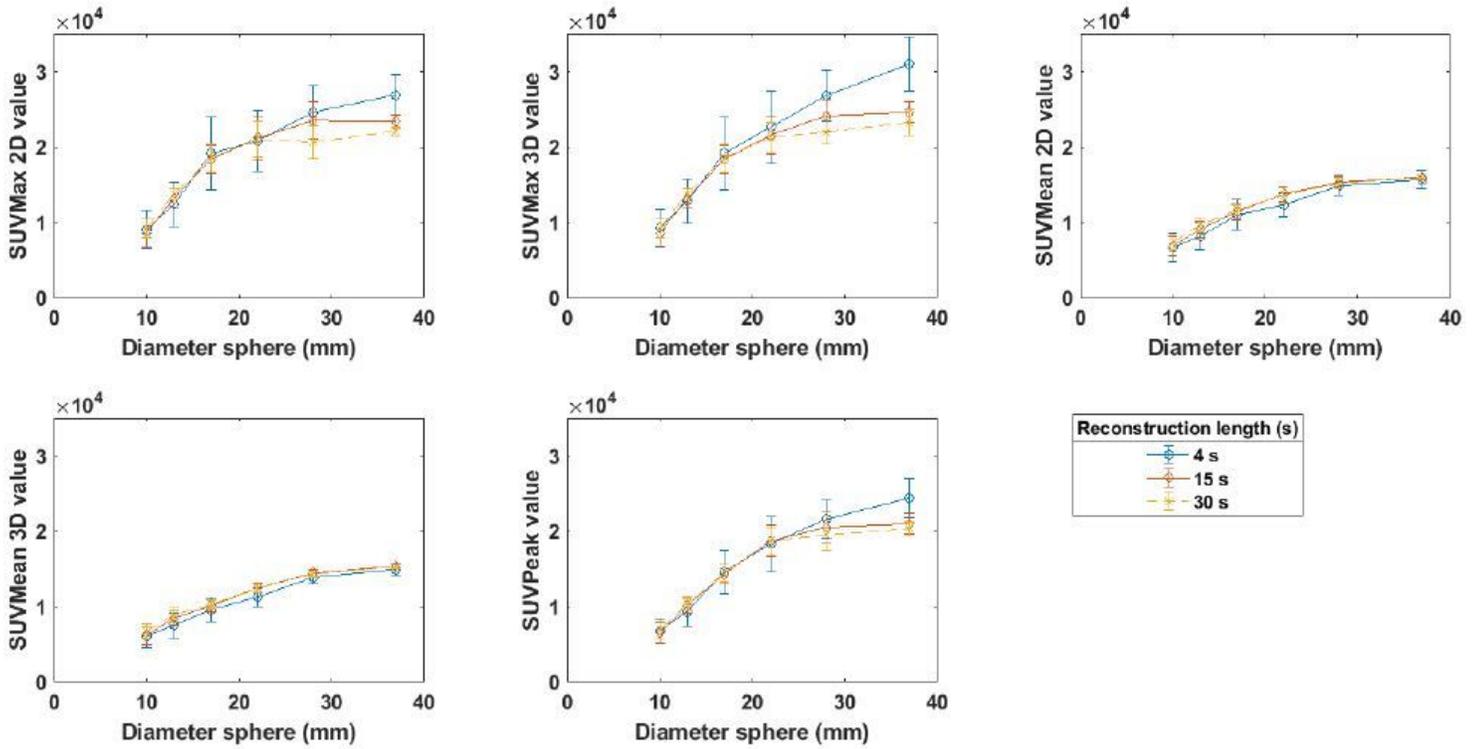


Figure 1

SUVMax 2D and 3D, SUVMean 2D and 3D and SUVPeak for spheres with different volume for 215 4s, 15 s and 30 s reconstruction lengths.

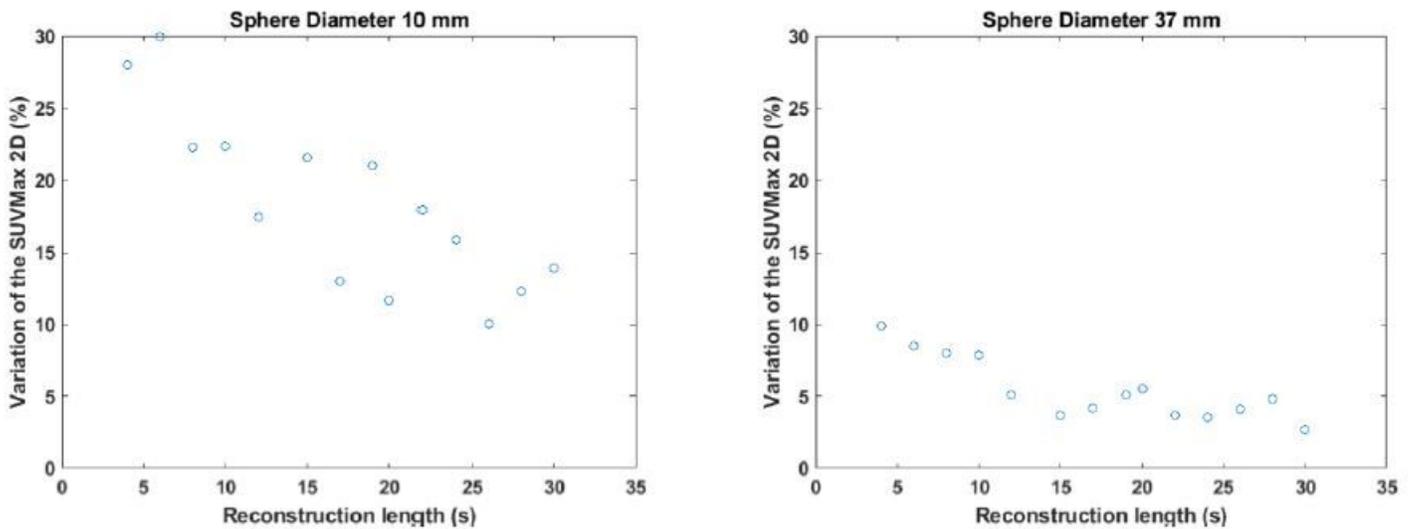


Figure 2

Coefficient of variation of the SUVMax 2D as a function of the reconstruction length.

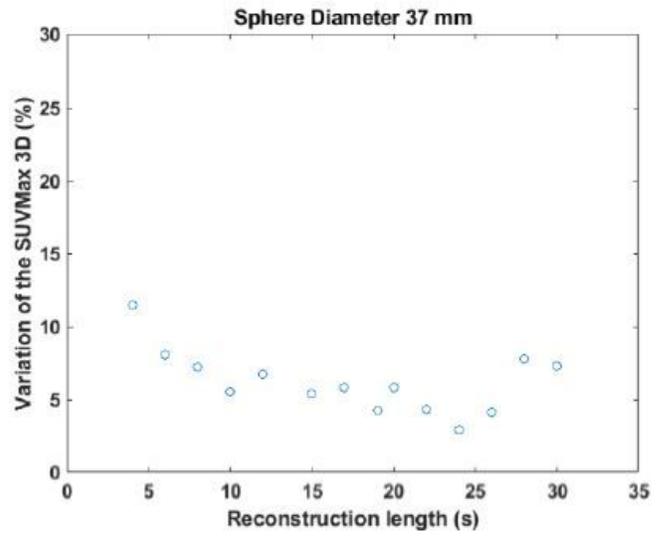
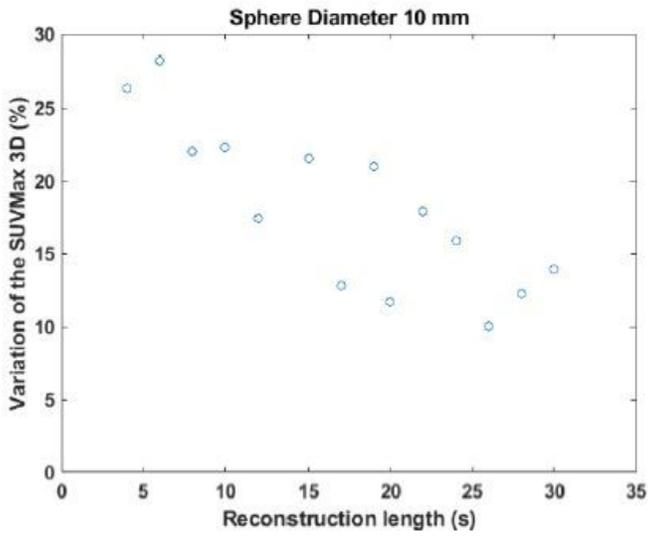


Figure 3

Coefficient of variation of the SUVMax 3D as a function of the reconstruction length.

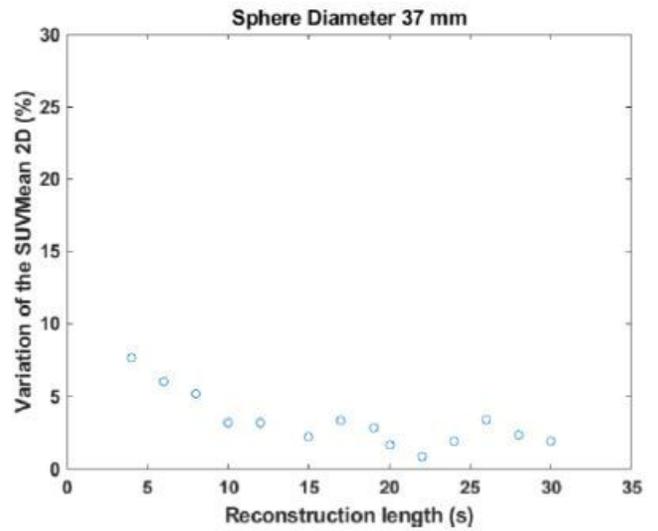
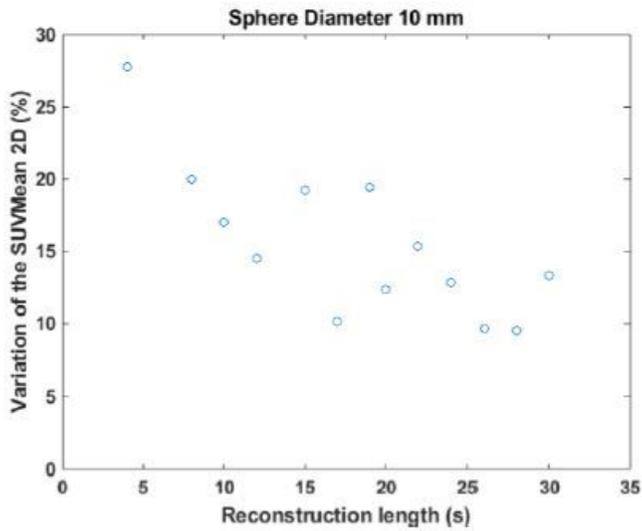


Figure 4

Coefficient of variation of the SUVMean 2D as a function of the reconstruction length.

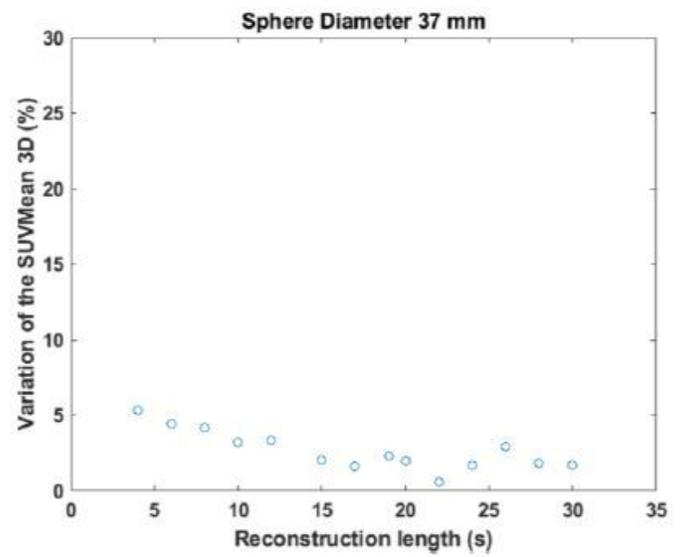
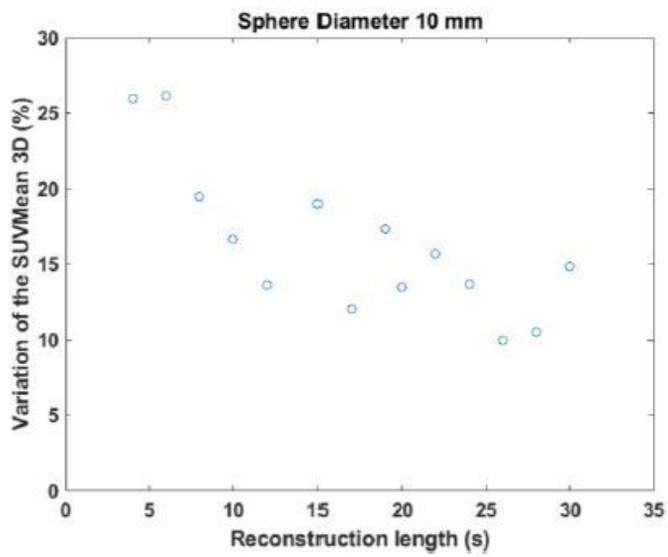


Figure 5

Coefficient of variation of the SUVMean 3D as a function of the reconstruction length.

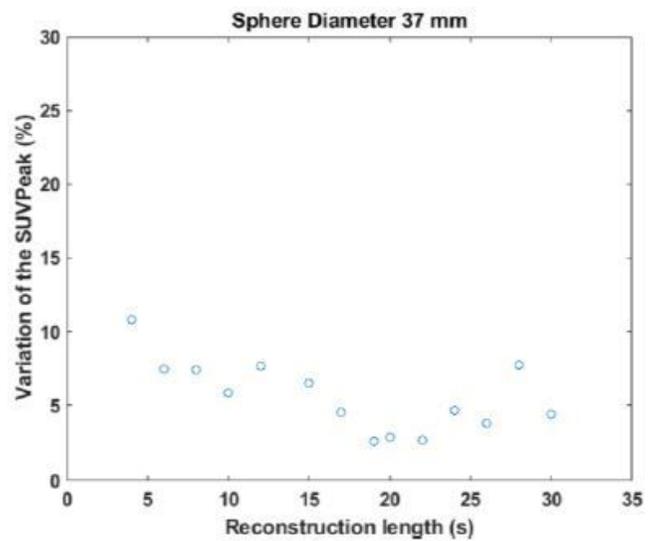
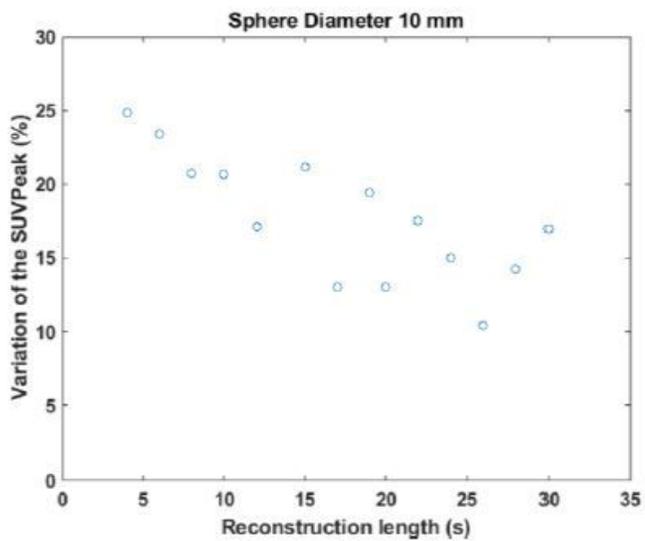


Figure 6

Coefficient of variation of the SUVPeak as a function of the reconstruction length.