

### Clinical implementation of the optimized dose regimen.

Assuming that the quadratic relation is valid for a specific setting, the new relation between FDG dose and body mass can easily be obtained following a simple procedure. The starting point is the dose regimen that is currently being used in the clinic. Assuming a fixed scan time per bed position and a linear relation between body mass ( $m$ , in kg) and FDG dose ( $A_{lin}$ , in MBq), this can be written as:

$$A_{lin} = c \cdot m \quad (i)$$

with  $c$  the FDG dose per kg. The new, quadratic dose regimen can be described by:

$$A_q = h \cdot m^2 \quad (ii)$$

with  $h$  the FDG dose per kg squared and  $A_q$  the FDG dose in MBq. A nuclear medicine expert has to determine up to which maximum body mass  $m_T$  the image quality is considered adequate in the old dose regimen. By requiring that for  $m_T$  the dose in the quadratic regimen is identical to the corresponding dose for the linear model  $A_T$ , equation (ii) can be solved directly to give:

$$A_q = h \cdot m^2 = \left( \frac{A_T}{m_T^2} \right) \cdot m^2 \quad (iii)$$

Note that, using equation (i) and the fact that  $A_T = c \cdot m_T$ , equation (iii) can also be rewritten to exemplify the relation between the linear dose and the quadratic dose as shown in equation (iv):

$$A_q = \left( \frac{A_T}{m_T^2} \right) \cdot m^2 = \left( \frac{m}{m_T} \right) \cdot A_{lin} \quad (iv)$$

Which equals equation (8) in the paper.

In the new dose regimen, a patient with a body mass equal to the threshold body mass  $m_T$  will receive the same FDG dose as in the old dose regimen. Patients with a body mass higher than  $m_T$  will receive a higher dose, while patients with a body mass lower than  $m_T$  will receive less FDG than in the old dose regimen.