

## Clinical Indications for PET/CT

Kent and Medway Cancer Network

April 2008

Clinical/diagnostic problem	Recommendation	Comment
<b>PET/CT may be requested in the following circumstances</b>		
Colorectal Cancers		<p>Indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any suspicion of colorectal recurrence when there is other overwhelming evidence that further treatment will be beneficial to the patient, for example metastatectomy</li> </ul>
Lymphoma		<p>Indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Base line scan and subsequent scan to evaluate residual disease</li> </ul>
Lung Cancers		<p>Indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment of suitability for radical treatment</li> <li><input type="checkbox"/> Differentiation of benign Vs malignant lesions where anatomical imaging or biopsy are inconclusive or there is a relative contraindication to biopsy</li> </ul>
Upper GI Cancers		<p>Indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment for operability/radical treatment for cancers of the oesophagus and oesophago-gastric junction.</li> </ul> <p>(The PET-CT Reference Group is looking into the possibility of submitting patients into a clinical trial on this topic.)</p> <p>Not indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Currently no agreement for routinely requesting PET/CT for cancers below the oesophago-gastric junction</li> </ul>
CNS Cancers		<p>Indicated:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grading of Glioma</li> <li><input type="checkbox"/> Assessment of recurrent residual disease</li> </ul>

		in the setting of radiotherapy or surgical change
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**Discretionary circumstances for requesting PET/CT – discuss with ARSAC holder**

Breast Cancers		Indicated: <input type="checkbox"/> Assessment & localisation of brachial plexus lesions – radiation effects versus malignant infiltration.
Gynae Cancers		Indicated: <input type="checkbox"/> No specific criteria
H&N (excluding thyroid) Cancers		Indicated: <input type="checkbox"/> Lymph node metastasis – unknown primary <input type="checkbox"/> Local & distant staging before radical surgery
Melanoma		Indicated: <input type="checkbox"/> Detection of metastasis – if sentinel node mapping for nodal disease is not performed
Musculoskeletal Cancers		Indicated: <input type="checkbox"/> Grading and staging of malignancy
Testicular Cancer		Indicated: <input type="checkbox"/> Assessment of recurrent disease from seminomas or teratomas <input type="checkbox"/> Assessment of residual masses
Thyroid		Indicated: <input type="checkbox"/> Assessment of patients with elevated thyroglobulin and negative iodine scans for recurrent disease

**There will be no prior approval process for PET/CTs requested under discretionary circumstances, if the referral has been discussed and agreed at an appropriate MDT and signed off by an ARSAC holder. All cases in this category, will audited by the PET/CT Clinical Reference Group at six monthly intervals.**