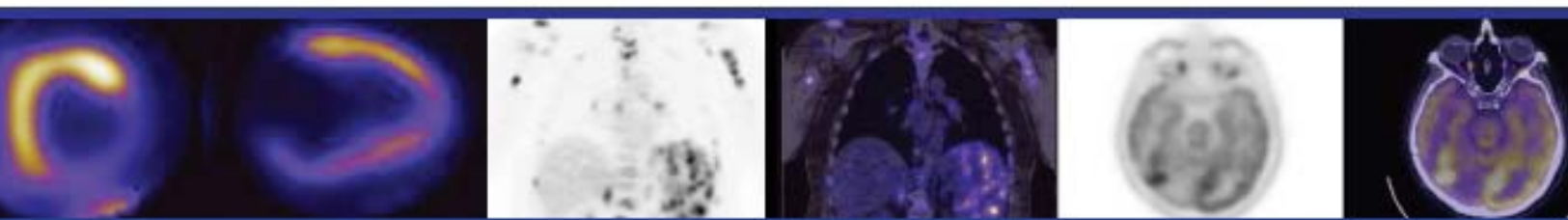


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Part I: NCCN Practice Guidelines Tabular Summary (DD 3/20/13) PET and PET/CT

NCCN guidelines were reviewed on 3/20/2013 for utilization of PET and PET/CT (available at: http://www.nccn.org/professionals/physician_gls/f_guidelines.asp). This tabular summary lists all of the practice guidelines, and indicates whether or not ¹⁸F-fluorodeoxyglucose (FDG) PET and PET/CT are included. The NCCN terminology corresponds to the terminology used by CMS (ie diagnosis/staging = initial treatment strategy; therapy monitoring/recurrence = subsequent treatment strategy; surveillance not recognized by CMS as an indication).

The NCCN wording and restrictions are stated. The language is not uniform and varies from panel to panel making the guidelines. NCCN is trying to address this but each guideline panel is independent from the others.

Type of Cancer	Diagnosis	Initial Staging	Planning XR therapy	Therapy Evaluation (interim)	Restaging after therapy	Suspected Recurrence	Follow-up Surveillance
1.ALL (2.2012): None							
2.AML: None							
3.Anal: PET/CT		consider					
4.Bladder: None							
5.Bone: PET							
Chordoma		consider					
Chondrosarcoma: None							
Ewing Sarcoma		x			consider		consider
Osteosarcoma		x			consider		consider (2B)
6.Breast: PET/CT If FDG+ for bone mets, bone scan or fluoride PET not needed							
Invasive		stage IIIA-IV optional (2B)		optional			
Inflammatory		Optional (2B)					

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7.CNS: FDG PET	Guide biopsy						
Anaplastic						consider	
Metastases		consider					
Lymphoma		consider (2B)					
Metastatic spine tumors		x					
8.Cervical: CT or PET/CT		x	x			x (multiple)	
9. CML: None							
10.Colon: PET/CT		Not indicated				Synchronous mets: Only if potentially surgically curable M1 disease	Not recommended
						Serial CEA elevation: consider and if neg again after 3 mo	
						Metachronous mets resectable: consider	
11.Rectal: see colon							
12.Esophageal: PET/CT or PET (PET/CT preferred)		If no evidence of M1 disease	x	Post chemorad: (2B)			
13.Gastric: PET/CT		If no evidence of M1 disease		as clinically indicated			
14.Head and neck (2.2012): PET/CT				at min 12 weeks			
Occult Primary	as indicated						
Nasopharynx		consider for stage III-IV					
Oral Cavity		consider for stage III-IV					
Oropharynx		consider for stage III-IV					
Hypopharynx		consider for stage III-IV					
Glottic Larynx		consider for stage III-IV					
Supraglottic Larynx		consider for stage III-IV					
Lip							
Ethmoid Sinuses							
Maxillary Sinuses							
Salivary Glands							
Mucosal Melanoma		x					
15.Hepatobiliary	Not adequate	Not adequate				Rising AFP:	

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(2.2012): PET/CT						Not adequate	
Gallbladder		Emerging evidence					
Cholangiocarcinoma		Emerging evidence					
16.Hodgkin's Lymph: PET/CT		x	x	x	x (multiple)		Not recommended
17.Kidney: PET	Not recommended	Not recommended				Not recommended	
18.Malignant Pleural Mesothelioma		x before pleurodesis					
19.Melanoma: PET/CT		Stage I-II: only to evaluate symptoms				x	
		x Stage III-IV			Stage IIB-IV: every 3-12 mo	x	
20.Multiple Myeloma: PET/CT		x					As clinically indicated
21.Systemic amyloidosis: none							
22.Waldenstrom: none							
23.Myelodysplastic Syndromes: none							
24.Neuroendocrine (1.2012): FDG-PET	Unknown primary: consider FDG-PET						Not recommended
25.Non-Hodgkin's Lymphoma: PET/CT		x	x	x	x		
CLL/SLL		Not helpful but can guide biopsy if Richter transformation					
FCC		Useful in selected cases			x		
Non-gastric MALT		Useful in selected cases					
Nodal marginal zone		Useful in selected cases					
Splenic marginal zone		Useful in selected cases					
Mantle cell		Useful in selected cases					
Diffuse large B-cell		x essential			X (multiple)		

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Burkitt		Useful in selected cases					
Lymphoblastic		Useful in selected cases					
AIDS-related B-cell		X essential					
Primary cutaneous B-cell		x useful in selected cases					
Peripheral T-cell		x essential		x	X (multiple)		
Mycosis fungoides		Useful in selected cases					
Adult T-cell		Useful in selected cases					
Extranodal NK/T-cell		x essential				Not well established	
Post-transplant lympho-proliferative		Useful in selected cases					
T-cell prolymphocytic leukemia		Useful in selected cases					
26.Basal and Squamous Cell (2.2012): none							
27.Dermatofibrosarcoma(2.2012): none							
28.Merkel Cell (1.2012): PET/CT		As clinically indicated					
29.Non-small Cell Lung: PET/CT	>8mm solid non-calcified nodule:						
	Risk assessment: FDG avidity	x	x				Not indicated
30.Occult Primary	Not recommended warranted in some situations						
31.Ovarian		If PET/CT changes management			As clinically indicated	As clinically indicated (2B)	As clinically indicated (2B)
32.Pancreatic (2.2012): PET/CT role unclear			x				
33.Penile: PET/CT needs larger studies							
34.Prostate: FDG and fluoride are investigational							
35.Small Cell Lung		If limited stage is suspected	x				Not recommended

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Lung neuroendocrine		optional					
36.Soft Tissue Sarcoma (3-2012): PET							
Extremity/trunk		Useful under certain circumstances		x			
Retroperitoneal/abdominal							
GIST		consider		if CT is ambiguous		x	
Rhabdomyosarcoma		May be useful					
Desmoid tumors							
37.Testicular (1.2012)							
Seminoma					Residual mass > 3cm and normal markers: PET at ~ 6 weeks post-therapy		As clinically indicated
Non-Seminoma		Not indicated			Limited predictive value for residual masses		
38.Thymic Malignancies: PET/CT	Mediastinal mass optional	optional					
39.Thyroid: FDG PET/CT							
Papillary						Consider for ¹³¹ I neg./Tg > 2-5ng/ml	
Follicular						Consider for ¹³¹ I neg./Tg > 2-5ng/ml	
Hurthle						Consider for ¹³¹ I neg./Tg > 2-5ng/ml	
Medullary							
Anaplastic		consider					
40.Uterine Neoplasms							
Endometrial							
Uterine sarcoma		Based on symptoms or clinical suspicion of mets					As clinically indicated

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