

	<b>Clinical Protocol:</b> Tumor Imaging Positron Emission Tomography (PET) and PET-CT	
	<b>ORIGINAL EFFECTIVE DATE:</b> 02/21/2012	<b>REVIEWED/REVISED DATE(S):</b> 06/18/2019 08/13/2021
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## PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Tumor Imaging Positron Emission Tomography (PET) and PET-CT.

## INDICATIONS

Positron emission tomography (PET), with or without simultaneous computed tomography (PET-CT), for tumor imaging may be indicated for **1 or more** of the following:

Cancer or neoplasm, initial evaluation or staging needed (from diagnosis through initial staging), as indicated by **ALL** of the following:

- Additional imaging information required to assess **1 or more** of the following:
  - Anatomic extent of tumor, if results will assist with selection of optimal antitumor treatment
  - Appropriateness of patient for invasive diagnostic or therapeutic procedure
  - Optimal anatomic location for invasive procedure
- PET or PET-CT not yet performed (prior to initiation of treatment)
- Solid tumor malignancy, biopsy-proven or strongly suspected
- Treatment not yet initiated
- Tumor Type is:
  - Adrenal Cancer / Anal Cancer / Bladder Cancer / Bone Cancer Primary / Brain and Spinal Cord Cancer / Breast Cancer / Cervical Cancer / Colorectal Cancer / Esophageal or gastroesophageal junction cancer / Gallbladder cancer and cholangiocarcinoma / Gastric Cancer / Head and neck cancer (nonthyroid, non-central nervous system) / Hodgkin lymphoma / Kidney cancer / Liver Cancer / Lung cancer, non-small and small cell / Lung nodule, solitary / Melanoma / Multiple Myeloma / Neuroblastoma / Neuroendocrine cancer / Non-Hodgkin Lymphoma / Ovarian Cancer / Pancreatic cancer / Paraneoplastic syndrome, including neurologic syndrome / Pleural mesothelioma, malignant / Skin Cancer, nonmelanoma (basal and squamous cell) / Soft Tissue Sarcoma, including GIST / Teticular Cancer / Thymus Cancer / Thyroid Cancer / Unknown Primary

Cancer or neoplasm, subsequent evaluation or staging needed (after completion of initial treatment through monitoring for recurrence), as indicated by **ALL** of the following:

- Additional imaging required to assess **1 or more** of the following:
  - Residual disease, suspected, after completion of initial treatment (restaging)
  - Recurrent disease, suspected, well after completion of treatment (monitoring), as indicated by **1 or more** of the following:

- Abnormal findings on physical examination
- Abnormal laboratory tests or other imaging studies
- New symptoms
- Tumor Type is:
  - Anal Cancer / Bladder Cancer / Bone Cancer Primary / Brain and Spinal Cord Cancer / Breast Cancer / Cervical Cancer / Colorectal Cancer / Endometrial Cancer / Esophageal or gastroesophageal junction cancer / Gastric Cancer / Head and neck cancer (nonthyroid, non-central nervous system) / Hodgkin lymphoma / Kidney cancer / Liver Cancer / Lung cancer, non-small and small cell / Lung nodule, solitary / Melanoma / Multiple Myeloma / Neuroendocrine cancer / Non-Hodgkin Lymphoma / Ovarian Cancer / Skin Cancer, nonmelanoma (basal and squamous cell) / Soft Tissue Sarcoma, including GIST / Testicular Cancer / Thyroid Cancer

## RECOMMENDED RECORDS

Please submit history and physical and/or progress notes, relevant radiology, and lab tests. If suggested by consultant, please include consult notes.

## CITATION

MCG, Ambulatory Care, 24<sup>rd</sup> Edition, “Tumor Imaging Positron Emission Tomography (PET) and PET-CT”; 6/24/2020