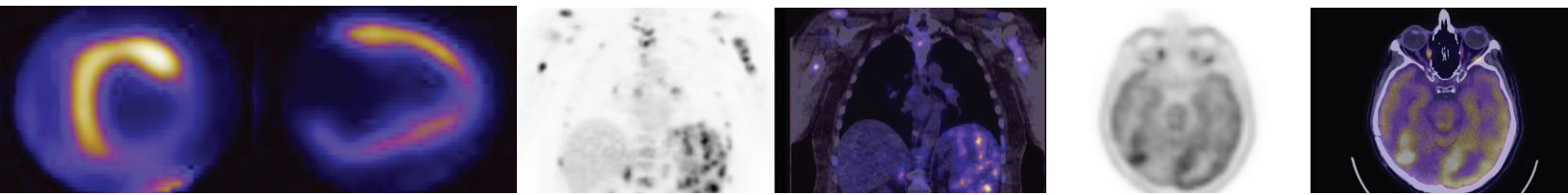


# PET PROS

PET Professional Resources and Outreach Source



## Part III: NCCN Practice Guidelines

### Focus Areas for PET/CT Evidence Development

The following list of PET/CT applications are suggested focus areas for evidence development and future inclusion in NCCN practice guidelines.

**Bladder cancer** – detection of metastases in patients with muscle invasive cancer (staging)

**Breast cancer** – detection of metastases in patients with locally advanced disease (staging); detection of metastases in patients with locally recurrent disease (recurrence); evaluation of response to chemotherapy, especially in patients with predominantly skeletal metastases (response to therapy)

**Colorectal cancer** – detection of potentially resectable hepatic metastases in patients with locally advanced colon cancer or rectal cancer (staging)

**Head and Neck Cancers** – detection of metastases in patients with primary tumors of the ethmoid sinus, maxillary sinus, salivary gland, lip, oral cavity, oropharynx, larynx, hypopharynx (staging)

**Hodgkin Disease/Lymphoma** – follow-up/surveillance every 6-12 months during the first 2-5 years (follow-up/surveillance)

**Hepatocellular Cancer** – characterization of indeterminate liver mass, especially when biopsy is too risky (diagnosis); detection of metastases in patients with cholangiocarcinoma (staging)

**Kidney Cancer** – detection of metastases in patients with locally advanced disease (staging)

**Neuroendocrine Tumors** – detection of occult primary lesion when octreotide scan is negative (diagnosis); detection of metastases when octreotide scan is negative (staging); detection of recurrence when octreotide scan is negative and tumor markers are elevated (recurrence)

**Non-Hodgkin's Lymphoma** – evaluation of extent of disease for all intermediate grade lymphomas (staging); follow-up/surveillance every 6-12 months during the first 2-5 years for all intermediate to high-grade lymphomas (follow-up/surveillance)

**Non-Small Cell Lung Cancer** – re-staging after completion of primary chemotherapy and/or radiation (re-staging)

**Pancreatic Adenocarcinoma** – evaluation of indeterminate pancreatic mass (diagnosis)

**Prostate Cancer** - detection of metastatic disease when PSA > 20 ng/mL and CT and bone scan are negative (staging); detection of recurrent disease following prostatectomy or radiation when PSA > 10 ng/mL and CT and bone scan are negative (recurrence)

**Small Cell Lung Cancer** – Identification of carcinoid and atypical carcinoid metastases when octreotide scan is negative (staging); identification of metastases in patients with elevated tumor markers or recurrent symptoms following primary therapy when octreotide scan is negative (recurrence)

Soft Tissue Sarcoma – Identification of metastases in resectable GIST (staging)

Testicular Cancer - Identification of metastases in patients with clinical stage I seminoma (staging); identification of metastases in patients with seminoma and rising tumor markers following primary therapy (recurrence); identification of residual disease in patients with non-seminoma and residual mass with rising tumor markers following primary therapy (recurrence)

Uterine Neoplasms – Identification of metastases in endometrial cancer (staging); identification of metastases in uterine sarcoma (staging)