



# CLINICAL GUIDELINES

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## Oncology Imaging Guidelines

Version 1.0

Effective February 1, 2021



eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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| <b>Oncology Imaging Guidelines</b>                                                             |            |
|------------------------------------------------------------------------------------------------|------------|
| <b>Abbreviations for Oncology Guidelines</b>                                                   | <b>3</b>   |
| <b>ONC-1: General Guidelines</b>                                                               | <b>5</b>   |
| <b>ONC-2: Primary Central Nervous System Tumors</b>                                            | <b>22</b>  |
| <b>ONC-3: Squamous Cell Carcinomas of the Head and Neck</b>                                    | <b>37</b>  |
| <b>ONC-4: Salivary Gland Cancers</b>                                                           | <b>44</b>  |
| <b>ONC-5: Melanomas and Other Skin Cancers</b>                                                 | <b>51</b>  |
| <b>ONC-6: Thyroid Cancer</b>                                                                   | <b>64</b>  |
| <b>ONC-7: Small Cell Lung Cancer</b>                                                           | <b>73</b>  |
| <b>ONC-8: Non-Small Cell Lung Cancer</b>                                                       | <b>80</b>  |
| <b>ONC-9: Esophageal and GE Junction Cancer</b>                                                | <b>88</b>  |
| <b>ONC-10: Other Thoracic Tumors</b>                                                           | <b>95</b>  |
| <b>ONC-11: Breast Cancer</b>                                                                   | <b>105</b> |
| <b>ONC-12: Sarcomas – Bone, Soft Tissue and GIST</b>                                           | <b>112</b> |
| <b>ONC-13: Pancreatic Cancer</b>                                                               | <b>127</b> |
| <b>ONC-14: Upper GI Cancers</b>                                                                | <b>136</b> |
| <b>ONC-15: Neuroendocrine Cancers and Adrenal Tumors</b>                                       | <b>149</b> |
| <b>ONC-16: Colorectal and Small Bowel Cancer</b>                                               | <b>164</b> |
| <b>ONC-17: Renal Cell Cancer (RCC)</b>                                                         | <b>174</b> |
| <b>ONC-18: Transitional Cell Cancer</b>                                                        | <b>182</b> |
| <b>ONC-19: Prostate Cancer</b>                                                                 | <b>189</b> |
| <b>ONC-20: Testicular, Ovarian and Extragonadal Germ Cell Tumors</b>                           | <b>200</b> |
| <b>ONC-21: Ovarian Cancer</b>                                                                  | <b>207</b> |
| <b>ONC-22: Uterine Cancer</b>                                                                  | <b>215</b> |
| <b>ONC-23: Cervical Cancer</b>                                                                 | <b>222</b> |
| <b>ONC-24: Anal Cancer &amp; Cancers of the External Genitalia</b>                             | <b>229</b> |
| <b>ONC-25: Multiple Myeloma and Plasmacytomas</b>                                              | <b>240</b> |
| <b>ONC-26: Leukemias, Myelodysplasia and Myeloproliferative Neoplasms</b>                      | <b>247</b> |
| <b>ONC-27: Non-Hodgkin Lymphomas</b>                                                           | <b>253</b> |
| <b>ONC-28: Hodgkin Lymphoma</b>                                                                | <b>263</b> |
| <b>ONC-29: Hematopoietic Stem Cell Transplantation</b>                                         | <b>268</b> |
| <b>ONC-30: Medical Conditions with Cancer in the Differential Diagnosis</b>                    | <b>273</b> |
| <b>ONC-31: Metastatic Cancer, Carcinoma of Unknown Primary Site, and Other Types of Cancer</b> | <b>279</b> |
| <b>ONC-32: Medicare Coverage Policies for PET</b>                                              | <b>296</b> |

## Abbreviations for Oncology Guidelines

|                |                                                |                 |                            |
|----------------|------------------------------------------------|-----------------|----------------------------|
| <b>ACTH</b>    | adrenocorticotrophic hormone                   |                 |                            |
| <b>AFP</b>     | alpha-fetoprotein                              | <b>AP</b>       | anteroposterior            |
| <b>betaHCG</b> | beta human chorionic gonadotropin              |                 |                            |
| <b>CA 125</b>  | cancer antigen 125 test                        | <b>CA 19-9</b>  | cancer antigen 19-9        |
| <b>CA 15-3</b> | cancer antigen 15-3                            | <b>CA 27-29</b> | cancer antigen 27-29       |
| <b>CBC</b>     | complete blood count                           |                 |                            |
| <b>CEA</b>     | carcinoembryonic antigen                       | <b>CNS</b>      | central nervous system     |
| <b>CR</b>      | complete response                              |                 |                            |
| <b>CTA</b>     | computed tomography angiography                | <b>DCIS</b>     | ductal carcinoma in situ   |
| <b>DLBCL</b>   | diffuse large B cell lymphomas                 |                 |                            |
| <b>DRE</b>     | digital rectal exam                            | <b>EGD</b>      | esophagogastroduodenoscopy |
| <b>ENT</b>     | ear, nose, throat                              | <b>EOT</b>      | end of therapy             |
| <b>ERCP</b>    | endoscopic retrograde cholangiopancreatography |                 |                            |
| <b>ESR</b>     | erythrocyte sedimentation rate                 | <b>EUA</b>      | exam under anesthesia      |
| <b>EUS</b>     | endoscopic ultrasound                          |                 |                            |
| <b>FDG</b>     | fluorodeoxyglucose                             | <b>FNA</b>      | fine needle aspiration     |
| <b>FUO</b>     | fever of unknown origin                        |                 |                            |
| <b>GE</b>      | gastroesophageal                               | <b>GI</b>       | gastrointestinal           |
| <b>GU</b>      | genitourinary                                  |                 |                            |
| <b>GTR</b>     | gross total resection                          | <b>HG</b>       | high grade                 |
| <b>HIV</b>     | human immunodeficiency disease                 |                 |                            |
| <b>HRPC</b>    | hormone refractory prostate cancer             | <b>hypermet</b> | hypermetabolic             |
| <b>IFRT</b>    | Involved field radiation therapy               | <b>inv</b>      | invasive                   |
| <b>LAR</b>     | low anterior resection                         | <b>LCIS</b>     | lobular carcinoma in situ  |
| <b>LDH</b>     | lactate dehydrogenase                          | <b>LFT</b>      | liver function tests       |
| <b>LND</b>     | Lymph node dissection                          |                 |                            |
| <b>MALT</b>    | mucosa associated lymphoid tissue              | <b>maint</b>    | maintenance                |

|               |                                                             |              |                               |
|---------------|-------------------------------------------------------------|--------------|-------------------------------|
| <b>MEN</b>    | multiple endocrine neoplasia                                | <b>MG</b>    | myasthenia gravis             |
| <b>MGUS</b>   | monoclonal gammopathy of unknown significance               |              |                               |
| <b>MIBG</b>   | I-123 metaiodobenzylguanidine scintigraphy                  |              |                               |
| <b>MRA</b>    | magnetic resonance angiography                              | <b>MRI</b>   | magnetic resonance imaging    |
| <b>MUGA</b>   | 'multiple gated acquisition' cardiac nuclear scan           |              |                               |
| <b>MWA</b>    | microwave ablation                                          |              |                               |
| <b>NaF</b>    | Sodium Fluoride                                             |              |                               |
| <b>NET</b>    | Neuroendocrine tumor                                        |              |                               |
| <b>NCCN®</b>  | National Comprehensive Cancer Network                       |              |                               |
| <b>NHL</b>    | non-Hodgkin's lymphoma                                      | <b>NPC</b>   | nasopharyngeal carcinoma      |
| <b>NSABP</b>  | National Surgical Adjuvant Breast and Bowel Project         |              |                               |
| <b>NSAIDS</b> | nonsteroidal anti-inflammatory drugs                        |              |                               |
| <b>NSCLC</b>  | non-small cell lung cancer                                  |              |                               |
| <b>NSGCT</b>  | non-seminomatous germ cell tumor                            | <b>PA</b>    | posteroanterior               |
| <b>PCI</b>    | prophylactic cranial irradiation                            |              |                               |
| <b>PET</b>    | positron emission tomography                                | <b>COG</b>   | Children's Oncology Group     |
| <b>PSA</b>    | prostate specific antigen                                   | <b>RFA</b>   | radiofrequency ablation       |
| <b>RPLND</b>  | retroperitoneal lymph node dissection                       |              |                               |
| <b>SqCCa</b>  | squamous cell carcinoma                                     | <b>SCLC</b>  | small cell lung cancer        |
| <b>SIADH</b>  | syndrome of inappropriate secretion of antidiuretic hormone |              |                               |
| <b>TCC</b>    | transitional cell carcinoma                                 |              |                               |
| <b>TLH</b>    | total laparoscopic hysterectomy                             |              |                               |
| <b>TNM</b>    | tumor node metastasis staging system                        |              |                               |
| <b>TSH</b>    | thyroid-stimulating hormone                                 |              |                               |
| <b>TURBT</b>  | trans-urethral resection of bladder tumor                   |              |                               |
| <b>VIPoma</b> | vasoactive intestinal polypeptide                           | <b>WLE</b>   | wide local incision           |
| <b>WB-MRI</b> | whole body MRI                                              |              |                               |
| <b>WM</b>     | Waldenstrom's macroglobulinemia                             | <b>WBXRT</b> | Whole brain radiation therapy |

## **ONC-1: General Guidelines**

**ONC-1.0: General Guidelines**

**ONC-1.1: Key Principles**

**ONC-1.2: Phases of Oncology Imaging and General Phase-Related Considerations**

**ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology**

**ONC-1.4: PET Imaging in Oncology**

**ONC-1.5: Unlisted Procedure Codes in Oncology**

**ONC-1.6: Predisposition Syndromes**

## ONC-1.0: General Guidelines

- A recent clinical evaluation (within 60 days) (history and physical examination, laboratory studies, non-advanced imaging studies) or meaningful contact (telephone call, electronic mail or messaging) should be performed prior to considering advanced imaging, unless the patient is undergoing guideline-supported scheduled off therapy surveillance evaluation or cancer screening. The clinical evaluation may include a relevant history and physical examination, including biopsy, appropriate laboratory studies, and non-advanced imaging modalities.
- Routine imaging of brain, spine, neck, chest, abdomen, pelvis, bones, or other body areas is not indicated except where explicitly stated in a diagnosis-specific guideline section, or if one of the following applies:
  - ◆ Known prior disease involving the requested body area
  - ◆ New or worsening symptoms or physical exam findings involving the requested body area (including non-specific findings such as ascites or pleural effusion)
  - ◆ New finding on basic imaging study such as plain x-ray or ultrasound
  - ◆ New finding on adjacent body area CT/MRI study (i.e., pleural effusion observed on CT abdomen)
- Conventional imaging performed prior to diagnosis should not be repeated unless there is a delay of at least 6 weeks since previous imaging and treatment initiation or there are new or significantly worsening clinical signs or symptoms
- Repeat PET/CT requests should be forwarded for Medical Director review.

| Phase                                                                                                | Imaging Timeframe                                                                                    |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| After definitive local therapy of primary tumor (surgery or radiation therapy)                       | ◆ Follow surveillance guidelines                                                                     |
| During adjuvant chemotherapy                                                                         | ◆ Follow surveillance guidelines                                                                     |
| After ablative therapy                                                                               | ◆ See disease-specific guidelines                                                                    |
| During chemotherapy or immunotherapy for measurable disease                                          | ◆ Every 2 cycles (generally every 6 to 8 weeks)                                                      |
| During endocrine/hormonal therapy                                                                    | ◆ Every 3 months                                                                                     |
| Measurable metastatic disease being monitored off therapy                                            | ◆ Every 3 months                                                                                     |
| Minimal metastatic disease on maintenance therapy                                                    | ◆ Every 3 months                                                                                     |
| Surveillance for history of metastatic disease with complete response and being observed off-therapy | ◆ Imaging typically not indicated beyond 5 years from completion of treatment for metastatic disease |

- Brain imaging is performed for signs or symptoms of brain disease
  - ◆ MRI Brain without and with contrast (CPT® 70553) is the recommended study for evaluation of suspected or known brain metastases. If a non-contrast CT head shows suspicious lesion, MRI brain may be obtained to further characterize the lesion
  - ◆ CT without and with contrast (CPT® 70470) can be approved when MRI is contraindicated or not available, or if there is skull bone involvement

- ◆ Certain malignancies including, but not limited to melanoma, lung cancer and renal cell cancer have indications for brain imaging for asymptomatic patients
- ◆ If stage IV disease is demonstrated elsewhere or if systemic disease progression is noted, refer to disease specific guidelines
- ◆ Initiation of angiogenesis therapy is not an indication for advanced imaging of the brain in asymptomatic patients (Avastin/Bevacizumab; < 3% risk of bleeding and < 1% risk of serious bleeding)
- Bone Scan:
  - ◆ Primarily used for evaluation of bone metastases in patients with solid malignancies.
  - ◆ Indications for bone scan in patients with history of malignancy include – bone pain, rising tumor markers, elevated alkaline phosphatase or in patients with primary bone tumor.
  - ◆ For evaluation of suspected or known bony metastases, CPT® 78306 (Nuclear bone scan whole body), may be approved.
  - ◆ Radiopharmaceutical Localization scan SPECT (CPT® 78803 or CPT® 78831) or SPECT/CT (CPT® 78830 or CPT® 78832) may be approved as an add-on test for further evaluation of a specific area of interest.
  - ◆ CPT® codes 78300 (Nuclear bone scan limited), 78305 (Nuclear bone scan multiple areas) or 78315 do not have any indications in oncology nuclear medicine imaging.
- Bone scan supplemented by plain x-rays are the initial imaging modalities for suspected malignant bone pain. For specific imaging indications, see also:
  - ◆ **ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology**
  - ◆ **ONC-31.5: Bone (including Vertebral) Metastases**
  - ◆ **ONC-31.6: Spinal Cord Compression**
  - ◆ **ONC-31.7: Carcinoma of Unknown Primary Site**
- Delay PET/CT for at least 12 weeks after completion of radiation treatment, unless required sooner for imminent surgical resection. PET/CT requests < 12 weeks from completion of radiation treatment should be forwarded for Medical Director review.
- PET/CT may be considered prior to biopsy in order to determine a more favorable site for biopsy when a prior biopsy was nondiagnostic or a relatively inaccessible site is contemplated which would require invasive surgical intervention for biopsy attempt.
- Unless specified in diagnosis-specific guideline section PET/CT Imaging is NOT indicated for:
  - ◆ Infection, inflammation, trauma, post-operative healing, granulomatous disease, rheumatological conditions
  - ◆ Concomitantly with separate diagnostic CT studies
  - ◆ Distant or diffuse metastatic disease
  - ◆ Metastatic disease in the central nervous system (CNS)
  - ◆ Lesions less than 8 mm in size
  - ◆ Follow up after localized therapy (i.e. radiofrequency ablation, embolization, stereotactic radiation, etc.)

- ◆ Rare malignancies, due to lack of available evidence regarding the diagnostic accuracy of PET in rare cancers
- ◆ Surveillance
  - Serial monitoring of FDG avidity until resolution.
  - PET/CT avidity in a residual mass at the end of planned therapy is not an indication for PET/CT imaging during surveillance.
  - Residual mass that has not changed in size since the last conventional imaging does not justify PET imaging
- Unless otherwise specified for a specific cancer type, once PET has been documented to be negative for a given patient's cancer or all PET-avid disease has been surgically resected, PET should not be used for continued disease monitoring or surveillance.
- Advanced imaging is not indicated for monitoring disease in individuals who choose to not receive standard oncologic therapy, but may be receiving alternative therapies or palliative care and/or hospice. All advanced imaging indicated for initial staging of the specific cancer type can be approved once when the patient is considering initiation of a standard therapeutic approach (surgery, chemotherapy, or radiation therapy).
- Indications for PET/CT imaging using non-FDG radiotracers are listed in diagnosis-specific guidelines. The indications may be as follows:
  - ◆ Covered:
    - $^{18}\text{F}$ -FDG
    - $^{68}\text{Ga}$  Gallium DOTATATE (NETSPOT®) for low grade neuroendocrine tumors for localization of somatostatin receptor positive neuroendocrine tumors in adult and pediatric population
    - $^{11}\text{C}$  Choline for prostate cancer
    - $^{18}\text{F}$ -Fluciclovine (AXUMIN®) for prostate cancer
  - ◆ Not covered:
    - $^{18}\text{F}$ -Na Fluoride PET bone scan
    - $^{68}\text{Ga}$  PSMA PET scan
    - PET/CT imaging using isotopes other than those specified above
- Octreotide scan:
  - ◆ Specific for low and intermediate grade neuroendocrine tumors which express specific cell surface somatostatin receptors. See cancer specific guidelines for recommended use.
  - ◆ One of the following codes may be approved when Octreotide scan is requested:
    - ◆ CPT® 78802 (Radiopharmaceutical localization of tumor whole body single day study)
    - ◆ CPT® 78804 (Radiopharmaceutical localization of tumor whole body two or more days)
    - ◆ In addition to one of the above CPT codes, CPT® 78803 (Radiopharmaceutical localization of tumor SPECT), SPECT CPT® 78831, or hybrid SPECT/CT (CPT® 78830 or 78832) may be approved as an add-on test for further evaluation of a specific area of interest.



## ONC-1.1: Key Principles

| AGE APPROPRIATE GUIDELINES                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age of Individual                                                                                          | Appropriate Imaging Guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ≥ 18 years old at initial diagnosis                                                                        | <ul style="list-style-type: none"> <li>Adult Oncology Imaging Guidelines, except where directed otherwise by a specific guideline section</li> </ul>                                                                                                                                                                                                                                                                                                                                        |
| < 18 years old at initial diagnosis                                                                        | <ul style="list-style-type: none"> <li>Pediatric Oncology Imaging Guidelines, except where directed otherwise by a specific guideline section</li> </ul>                                                                                                                                                                                                                                                                                                                                    |
| 15 to 39 years old at initial diagnosis (defined as Adolescent and Young Adult (AYA) oncology individuals) | <ul style="list-style-type: none"> <li>When unique guidelines for a specific cancer type exist only in either Oncology or Pediatric Oncology, AYA individuals should be imaged according to the guideline section for their specific cancer type, regardless of the individual's age</li> <li>When unique guidelines for a specific cancer type exist in both Oncology and Pediatric Oncology, AYA individuals should be imaged according to the age rule in the previous bullet</li> </ul> |

- Conventional Imaging (mostly CT, sometimes MRI or bone scan) of the affected area(s) drives much of initial and re-staging and surveillance. PET is not indicated for surveillance imaging unless specifically stated in the diagnosis-specific guideline sections
- Brain imaging is performed for signs or symptoms of brain disease
  - ◆ MRI Brain without and with contrast (CPT® 70553) is the recommended study for evaluation of suspected or known brain metastases. If a non-contrast CT head shows suspicious lesion, MRI brain may be obtained to further characterize the lesion
  - ◆ CT without and with contrast (CPT® 70470) can be approved when MRI is contraindicated or not available, or if there is skull bone involvement
  - ◆ Certain malignancies including, but not limited to melanoma, lung cancer and renal cell cancer have indications for brain imaging for asymptomatic patients
  - ◆ If stage IV disease is demonstrated elsewhere or if systemic disease progression is noted, refer to disease specific guidelines
  - ◆ Initiation of angiogenesis therapy is not an indication for advanced imaging of the brain in asymptomatic patients (Avastin/Bevacizumab; < 3% risk of bleeding and < 1% risk of serious bleeding)
- Patients receiving cardiotoxic chemotherapy (such as doxorubicin, trastuzumab, pertuzumab, mitoxantrone, etc.) may undergo cardiac evaluation – at baseline and for monitoring while on active therapy.
  - ◆ eviCore guidelines support using Echocardiography (CPT® 93306, CPT® 93307, or CPT® 93308) rather than MUGA scan for determination of LVED and/or wall motion EXCEPT in one of the circumstances described previously in **CD-3.4: MUGA Study – Cardiac Indications.**
  - ◆ The timeframe should be determine by the provider, but no more often than baseline and at every 6 weeks.
  - ◆ May repeat every 4 weeks if cardiotoxic chemotherapeutic drug is withheld for significant left ventricular cardiac dysfunction.
  - ◆ If the LVEF is < 50% on echocardiogram than follow up can be done with MUGA at appropriate intervals.

- ◆ See also: **CD-12.1: Oncologic Indications for Cancer Therapeutics-Related Cardiac Dysfunction (CTRCD)**
- Adults (≥18 years) with a diagnosis of Li-Fraumeni Syndrome (LFS) may be screened for malignancy with a Whole Body MRI (CPT® 76498) on an annual basis. Annual Brain MRI (CPT® 70553) may be performed as part of Whole Body MRI or as a separate exam. Due to lack of standardization of technique, interpretation, and availability of Whole Body MRI, individuals with LFS are encouraged to participate in clinical trials.
- CTA or MRA of a specific anatomic region is indicated when requested for surgical planning when there is suspected vascular proximity to proposed resection margin.

### **Use of Contrast**

- CT imaging should be performed with contrast for known or suspected body regions, unless contraindicated.
  - ◆ Shellfish allergy is not a contraindication to contrast. Patients with known shellfish allergy do not have contrast reaction any more often than other atopic individuals or patients with other food allergies.
  - ◆ For iodinated contrast dye allergy, either CT scans without contrast or MRI scans without and with contrast are indicated.
  - ◆ If CT scanning is considered strongly indicated in a patient with known contrast allergy, CT with contrast may be considered to be safely performed following prednisone premedication over a 24 hour period prior to the study.
- For patients with renal insufficiency which precludes contrast use, CT without contrast appropriate disease-specific areas should be offered. Further imaging (such as MRI) may be indicated if noncontrast CT results are inconclusive.
- Severe renal insufficiency, i.e. an eGFR less than 30, is a contraindication for an MRI using a gadolinium-based contrast agent (GBCA) as well. In patients with eGFR greater than 40, GBCA administration can be safely performed. GBCA administered to patients with acute kidney injury or severe chronic kidney disease can result in a syndrome of nephrogenic systemic fibrosis (NSF), but GBCAs are not considered nephrotoxic at dosages approved for MRI.
- Gadolinium deposition has been found in patients with normal renal function following the use of gadolinium based contrast agents (GBCAs).
  - ◆ The U.S. Food and Drug Administration (FDA) is investigating the risk of brain deposits following repeated use of GBCAs.
  - ◆ The FDA has noted that, “It is unknown whether these gadolinium deposits are harmful or can lead to adverse health effects.” and have recommended:
    - To reduce the potential for gadolinium accumulation, health care professionals should consider limiting GBCA use to clinical circumstances in which the additional information provided by the contrast is necessary.
    - Health care professionals are also urged to reassess the necessity of repetitive GBCA MRIs in established treatment protocols.

**Radiation Exposure**

- The use of MRI in place of CT scans to reduce risk of secondary malignancy is not supported by the peer-reviewed literature. Unless otherwise specified in the Guidelines, MRI in place of CT scans for this purpose alone is not indicated. In some instances (i.e., testicular cancer surveillance), MRI may be considered inferior to CT scans.

## **ONC-1.2: Phases of Oncology Imaging and General Phase-Related Considerations**

| <b>Phases of Oncology Imaging</b>       | <b>Definition</b>                                                                                                                                                                                                                                                    |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Screening                               | Imaging requested for patients at increased risk for a particular cancer in the absence of known clinical signs or symptoms                                                                                                                                          |
| Suspected Diagnosis                     | Imaging requested to evaluate a suspicion of cancer, prior to histological confirmation                                                                                                                                                                              |
| Initial work-up and Staging             | Imaging requested after biopsy confirmation and prior to starting specific treatment                                                                                                                                                                                 |
| Treatment response or Interim Restaging | Imaging performed during active treatment with chemotherapy, endocrine therapy or maintenance therapy                                                                                                                                                                |
| Restaging of locally treated lesions    | Imaging performed to evaluate primary or metastatic lesions with ablation using radiofrequency, radioactive isotope, microwave or chemotherapy                                                                                                                       |
| Restaging / Suspected Recurrence        | Imaging requested when there is suspicion for progression or recurrence of known cancer based on clinical signs/symptoms, laboratory tests or basic imaging studies                                                                                                  |
| Surveillance                            | Imaging performed in individuals who: <ul style="list-style-type: none"> <li>◆ Are asymptomatic or have chronic stable symptoms, and</li> <li>◆ Have no clinical suspicion of change in disease status, and</li> <li>◆ Are not receiving active treatment</li> </ul> |

### **General phase-related considerations:**

- Conventional imaging performed prior to diagnosis should not be repeated unless there is a delay of at least 6 weeks since previous imaging and treatment initiation or there are new or significantly worsening clinical signs or symptoms
- Repeat PET/CT requests should be forwarded for Medical Director review.

| Phase                                                                          | Imaging Timeframe                                                                       |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| After definitive local therapy of primary tumor (surgery or radiation therapy) | ◆ Follow surveillance guidelines                                                        |
| During adjuvant chemotherapy or endocrine therapy                              | ◆ Follow surveillance guidelines                                                        |
| After ablative therapy                                                         | ◆ See disease-specific guidelines                                                       |
| During chemotherapy or immunotherapy for measurable disease                    | ◆ Every 2 cycles (generally every 6 to 8 weeks)                                         |
| During endocrine/hormonal therapy for measurable disease                       | ◆ Every 3 months                                                                        |
| Metastatic disease on maintenance therapy                                      | ◆ Every 3 months                                                                        |
| Measurable metastatic disease being monitored off therapy                      | ◆ Every 3 months for up to 5 years after completion of treatment for metastatic disease |

### **ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology**

- This section does not apply to PET imaging. PET imaging considerations can be found in **ONC-1.4: PET Imaging in Oncology**
- **Bone Scan:**
  - ◆ Primarily used for evaluation of bone metastases in patients with solid malignancies.
  - ◆ Indications for bone scan in patients with history of malignancy include – bone pain, rising tumor markers, elevated alkaline phosphatase or in patients with primary bone tumor.
  - ◆ For evaluation of suspected or known bony metastases, CPT® 78306 (Nuclear bone scan whole body), may be approved.
  - ◆ Radiopharmaceutical Localization scan SPECT (CPT® 78803) or SPECT/CT (CPT® 78830 or CPT® 78832) may be approved as an add-on test for further evaluation of a specific area of interest.
  - ◆ CPT® codes 78300 (Nuclear bone scan limited), 78305 (Nuclear bone scan multiple areas) or 78315 do not have any indications in oncology nuclear medicine imaging.
- **Octreotide scan:**
  - ◆ Specific for low and intermediate grade neuroendocrine tumors which express specific cell surface somatostatin receptors. See cancer specific guidelines for recommended use.
  - ◆ One of the following codes may be approved when Octreotide scan is requested:
    - CPT® 78802 (Radiopharmaceutical localization of tumor whole body single day study)
    - CPT® 78804 (Radiopharmaceutical localization of tumor whole body two or more days)
  - ◆ In addition to one of the above CPT codes, CPT® 78803 (Radiopharmaceutical localization of tumor SPECT), SPECT CPT® 78831, or hybrid SPECT/CT (CPT® 78830 or 78832) may be approved as an add-on test for further evaluation of a specific area of interest.
- **Bone marrow imaging:**
  - ◆ This study is rarely performed for evaluation of the entire bone marrow in conditions like myeloproliferative disorders, sickle cell bone infarct or ischemia, avascular necrosis or myeloma
  - ◆ The correct CPT code for this study is CPT® 78104 (Diagnostic Nuclear Medicine Procedures on the Hematopoietic, Reticuloendothelial and Lymphatic System)
- **Brain imaging SPECT with Technetium-99m or thallium-201 (CPT® 78803):**
  - ◆ Immunocompromised patients with mass lesion detected on CT or MRI for differentiation between lymphoma and infection
  - ◆ In distinguishing recurrent brain tumor from radiation necrosis
- Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s):

- ◆ CPT® 78800, CPT® 78801, CPT® 78802, CPT® 78804, CPT® 78803, CPT® 78831 (SPECT), or CPT® 78830 or CPT® 78832 (SPECT/CT)
  - ◆ For evaluation of fever of unknown origin and osteomyelitis
  - ◆ For suspected infections such as infected central lines, grafts or shunts
- Gallium Isotope Scan:
- ◆ Radiopharmaceutical Localization of tumor (CPT® 78800, CPT® 78801, CPT® 78802, CPT® 78803, or CPT® 78804), SPECT CPT® 78831, or hybrid SPECT/CT CPT® 78830 or 78832
  - ◆ This may be rarely used in place of PET/CT scan when PET/CT scan not available and PET/CT is indicated by guidelines for lymphoma, sarcoma, melanoma or myeloma

## **ONC-1.4: PET Imaging in Oncology**

**NOTE:** Some payors have specific restrictions on PET imaging, and those coverage policies may supersede the recommendations for PET imaging in these guidelines.

- CPT codes:
  - ◆ PET imaging in oncology should use PET/CT fusion imaging (CPT® 78815 or CPT® 78816) Unbundling PET/CT imaging into separate PET and diagnostic CT codes is otherwise not supported.
  - ◆ The decision whether to use skull base to mid-femur (“eyes to thighs”) procedure code for PET (CPT® 78812 or CPT® 78815) or whole body PET (CPT® 78813 or CPT® 78816) is addressed in the diagnosis-specific guideline sections.
  - ◆ ‘Limited area’ protocol is done infrequently, but may be considered, and is reported with PET (CPT® 78811) or for PET/CT, (CPT® 78814) and should be forwarded for Medical Director review.
- Radiotracers:
  - ◆ Unless specified otherwise, the term “PET” refers to <sup>18</sup>F-FDG-PET and PET/CT fusion studies
  - ◆ Indications for PET/CT imaging using non-FDG radiotracers are listed in diagnosis-specific guidelines. The indications may be as follows:
    - Covered:
      - <sup>18</sup>F-FDG
      - <sup>68</sup>Gallium DOTATATE (NETSPOT®) for low grade neuroendocrine tumors for localization of somatostatin receptor positive neuroendocrine tumors in adult and pediatric population
      - <sup>11</sup>C Choline for prostate cancer
      - <sup>18</sup>F-Fluciclovine (AXUMIN®) for prostate cancer
    - Not covered:
      - <sup>18</sup>F-Na Fluoride PET bone scan
      - <sup>68</sup>Ga PSMA PET scan
      - PET/CT imaging using isotopes other than those specified above



| Most Common Isotopes  |                                                                                                           |                            |                                                                                                                                |                                 |
|-----------------------|-----------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| CPT/<br>HCPCS<br>Code | Code Description                                                                                          | Brand or<br>common<br>name | FDA<br>approved?                                                                                                               | Code<br>reviewed by<br>eviCore? |
| A9552                 | fluorine-18 (F-18)<br>fluorodeoxyglucose<br>(FDG), diagnostic, per<br>study dose, up to 45<br>millicuries | FDG                        | Yes, to assess<br>abnormal glucose<br>metabolism                                                                               | No                              |
| A9580                 | Sodium fluoride f-18,<br>diagnostic, per study<br>dose, up to 30 millicuries                              | N/A                        | Yes, for bone<br>imaging                                                                                                       | No                              |
| A9587                 | Gallium GA-68, dotatate,<br>diagnostic, 0.1 millicurie                                                    | NETSPOT®                   | Yes, for localization<br>of somatostatin<br>receptor positive<br>neuroendocrine<br>tumors in adult and<br>pediatric population | No                              |
| C9461                 | Choline C 11, diagnostic,<br>per study dose                                                               | N/A                        | Yes, for suspected<br>prostate cancer<br>recurrence                                                                            | No                              |
| A9588                 | <sup>18</sup> F-Fluciclovine                                                                              | AXUMIN®                    | Yes, for suspected<br>prostate cancer<br>recurrence                                                                            | No                              |

- Unless specified in diagnosis-specific guideline section PET/CT Imaging is NOT indicated for:
- ◆ Infection, inflammation, trauma, post-operative healing, granulomatous disease, rheumatological conditions
  - ◆ Concomitantly with separate diagnostic CT studies
  - ◆ Distant or diffuse metastatic disease
  - ◆ Metastatic disease in the central nervous system (CNS)
  - ◆ Lesions less than 8 mm in size
  - ◆ Follow up after localized therapy (i.e. radiofrequency ablation, embolization, stereotactic radiation, etc.)
  - ◆ Rare malignancies, due to lack of available evidence regarding the diagnostic accuracy of PET in rare cancers
  - ◆ Surveillance
    - Serial monitoring of FDG avidity until resolution.
    - PET/CT avidity in a residual mass at the end of planned therapy is not an indication for PET/CT imaging during surveillance.
    - Residual mass that has not changed in size since the last conventional imaging does not justify PET imaging
  - ◆ Unless otherwise specified for a specific cancer type, once PET has been documented to be negative for a given patient's cancer or all PET-avid disease has been surgically resected, PET should not be used for continued disease monitoring or surveillance.

- PET/CT may be indicated if:
  - ◆ Conventional imaging (CT, MRI or bone scan) reveals findings that are inconclusive or negative, with continued suspicion for recurrence
  - ◆ The patient is undergoing salvage treatment for a recurrent solid tumor with residual measurable disease on conventional imaging and confirmed repeat negative PET imaging will allow the patient to transition from active treatment to surveillance.
  - ◆ PET/CT may be considered prior to biopsy in order to determine a more favorable site for biopsy when a prior biopsy was nondiagnostic or a relatively inaccessible site is contemplated which would require invasive surgical intervention for biopsy attempt.
- PET/CT for rare malignancies is not covered by eviCore guidelines due to lack of available evidence regarding diagnostic accuracy of PET/CT in the majority of rare cancers. Conventional imaging studies should be used for initial staging and treatment response for these diagnoses. PET/CT can be approved if all of the following apply:
  - ◆ Conventional imaging (CT, MRI or bone scan) reveals equivocal or suspicious findings
  - ◆ No other specific metabolic imaging (MIBG, octreotide, technetium, etc.) is appropriate for the disease type
  - ◆ The submitted clinical information describes a specific decision regarding the patient's care that will be made based on the PET/CT results
  - ◆ These requests will be forwarded for Medical Director review
- Delay PET/CT for at least 12 weeks after completion of radiation treatment, unless required sooner for imminent surgical resection. PET/CT requests < 12 weeks from completion of radiation treatment should be forwarded for Medical Director review.
- PET mammography (PEM, generally reported with CPT® 78811) is considered experimental and investigational at this time.

## **ONC-1.5: Unlisted Procedure Codes in Oncology**

- eviCore authorizes requests for CT or MRI associated with image-directed biopsy or radiation therapy treatment planning for some payors.
- eviCore does not routinely authorize requests for PET associated with image-directed biopsy or radiation therapy treatment planning.
- There is often no unique procedure code for a service performed solely for treatment planning purposes. AMA instructions in the CPT state that if no specific code exists for a particular service, the service is reported with an unlisted code.
- Advanced imaging being used for radiation therapy treatment planning should not be authorized using any of the diagnostic imaging codes for CT, MRI or PET. In the absence of written payor guidelines, advanced imaging performed in support of radiation therapy treatment planning should be reported with:
  - ◆ **CPT® 76498 for Unlisted MRI** – when MRI will be used for treatment planning of radiation therapy to be delivered ONLY to the brain, prostate and cervix. The use of this code for radiation treatment planning of any other cancers/body parts not listed above, may be reviewed on a case-by-case basis and should be sent for Medical Director Review.
  - ◆ **CPT® 76497 for Unlisted CT** – may NOT be used for radiation treatment planning. CT imaging performed in support of radiation therapy treatment planning is bundled in with the concurrent radiation treatment authorization codes and a separate authorization for treatment planning is not required.
  - ◆ **CPT® 78999 for Unlisted procedure, nuclear medicine (PET)** – eviCore does not perform prior authorization for this CPT code for any payor. This code may not be reviewed or offered as an alternative recommendation to the provider.
  - ◆ Imaging associated with image-directed biopsy should be reported with the corresponding interventional codes. See also: **Preface-4.2: CT-, MR-, or Ultrasound-Guided Procedures**.
  - ◆ For advanced imaging used solely for the purpose of Surgical planning, see: **Preface-4.3: Unlisted Procedures/Therapy treatment planning**

## **ONC-1.6: Predisposition Syndromes**

For predisposition syndrome screening in adult patients, see: **PEDONC-2: Screening Imaging in Cancer Predisposition Syndromes**

## References

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**ONC-2: Primary Central Nervous System Tumors****ONC-2.1: Primary Central Nervous System Tumors – General Considerations****ONC-2.2: Low Grade Gliomas****ONC-2.3: High Grade Gliomas****ONC-2.4: Medulloblastoma and Supratentorial Primitive Neuroectodermal Tumors (sPNET)****ONC-2.5: Ependymoma****ONC-2.6: Central Nervous System Germ Cell Tumors****ONC-2.7: CNS Lymphoma (also known as Microglioma)****ONC-2.8: Meningiomas (Intracranial and Intraspinal)****ONC-2.9: Spinal Cord Tumors (Benign and Malignant)****ONC-2.10: Choroid Plexus Tumors**

This guideline section applies to primary CNS tumors only. For imaging guidelines in metastatic brain cancer, see the appropriate diagnosis-specific section or **ONC-31.3: Brain Metastases** for imaging guidelines.

## **ONC-2.1: Primary Central Nervous System Tumors – General Considerations**

- Primary brain tumors presenting only with uncomplicated headache are very uncommon. Most primary brain tumors present with specific CNS symptoms.
- Histologic confirmation is critical. Therapeutic decisions should not be made on radiographic findings alone, except for the following:
  - ◆ Medically fragile patients for whom attempted biopsy carries excess medical risk, as stated in writing by both the attending physician and surgeon.
  - ◆ Brain stem tumors or other sites where the imaging findings are pathognomonic and the risk of permanent neurological damage is excessive with even a limited biopsy attempt.
- For evaluation of known or suspected spinal cord compromise, see: **ONC-31.6: Spinal Cord Compression**
- For suspected brain tumors in neurofibromatosis, see: **PEDONC-2: Screening Imaging in Cancer Predisposition Syndromes**
- Rare tumors occurring more commonly in the pediatric population should be imaged according to the imaging guidelines in: **PEDONC-4: Pediatric Central Nervous System Tumors**

| Indication                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Characterization and follow up of all brain tumors                     | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ CT Head without and with contrast (CPT® 70470) can be approved when MRI is contraindicated or not available, or there is skull bone involvement</li> <li>◆ CT Head (contrast as requested) can be approved for preoperative planning when requested by the operating surgeon</li> </ul> |
| Preoperative planning or to clarify inconclusive findings on MRI or CT | <ul style="list-style-type: none"> <li>◆ MRA Head (CPT® 70544) or CTA Head (CPT® 70496)</li> </ul>                                                                                                                                                                                                                                                                                           |
| Within 24 to 72 hours following brain tumor surgery                    | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                         |
| Clinical deterioration or development of new neurological features     | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                         |

**MR Spectroscopy in Brain Tumors (MRS, CPT® 76390)**

**NOTE:** Some payors have specific restrictions on MR Spectroscopy, and those coverage policies may supersede the recommendations for MRS in these guidelines

- MRS is only supported for use in brain tumors of specified histologies where diagnostic accuracy has been established in peer-reviewed literature
  - ◆ See diagnosis-specific guidelines for MRS indications
- MRS is considered investigational/experimental for all other histologies and indications not listed in a diagnosis-specific guideline section. These requests should be forwarded for Medical Director review

**PET Brain Imaging (CPT® 78608 and CPT® 78609)**

**NOTE:** Some payors have specific restrictions on PET Brain Metabolic Imaging, and those coverage policies may supersede the recommendations for this study in these guidelines.

- PET Brain Metabolic Imaging (CPT® 78608) is only supported for use in brain tumors of specified histologies where diagnostic accuracy has been established in peer-reviewed literature
  - ◆ See diagnosis-specific guidelines for PET indications below.
  - ◆ According to Medicare NCD 220.6.17, FDG-PET may be approved once for initial treatment strategy and three times for subsequent treatment strategy for brain tumors. See: **ONC-32.3: Brain PET** for details.
- PET Brain metabolic imaging (CPT® 78608) is considered investigational/experimental for all other histologies and indications not listed in a diagnosis-specific guideline section and should be forwarded for Medical Director review
- PET Brain perfusion imaging (CPT® 78609) is not indicated in the evaluation or management of primary CNS tumors, and is nationally non-covered by Medicare per NCD 220.6.17.
- Body PET studies (CPT® 78811, CPT® 78812, and CPT® 78813) and fusion PET/CT studies (CPT® 78814, CPT® 78815, or CPT® 78816) are not indicated in the evaluation or management of primary CNS tumors



## **ONC-2.2: Low Grade Gliomas**

These tumors are defined as having a WHO histologic grade of I or II (out of IV), can occur anywhere in the CNS, and includes the following tumors:

- Pilocytic Astrocytoma
- Fibrillary (or Diffuse) Astrocytoma
- Optic Pathway Gliomas
- Pilomyxoid Astrocytoma
- Oligodendroglioma
- Oligoastrocytoma
- Oligodendrocytoma
- Subependymal Giant Cell Astrocytoma (SEGA)
- Ganglioglioma
- Gangliocytoma
- Dysembryoplastic infantile astrocytoma (DIA)
- Dysembryoplastic infantile ganglioglioma (DIG)
- Dysembryoplastic neuroepithelial tumor (DNT)
- Tectal plate gliomas
- Cervicomedullary gliomas
- Pleomorphic xanthoastrocytoma (PXA)
- Any other glial tumor with a WHO grade of I or II

| Indication                                                                                                                                                                                                                                                                                                                                                                                                              | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) if not already done</li> <li>◆ MRI Spine without and with contrast (Cervical-CPT® 72156, Thoracic-CPT® 72157, Lumbar-CPT® 72158)</li> <li>◆ MRI Spine with contrast only (Cervical-CPT® 72142, Thoracic-CPT® 72147, Lumbar-CPT® 72149) can be approved if being performed immediately following a contrast-enhanced MRI Brain</li> </ul> |
| After initial resection or other treatment (XRT, etc.)                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                               |
| For patients undergoing chemotherapy treatment                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) every 2 cycles</li> <li>◆ Patients with spinal cord involvement at diagnosis can have MRI without and with contrast of the involved spinal region on the same schedule as MRI brain</li> </ul>                                                                                                                                           |
| <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ Determine need for biopsy when transformation to high grade glioma is suspected based on clinical symptoms or recent MRI findings</li> <li>◆ Evaluate a brain lesion of indeterminate nature when the PET findings will be used to determine whether biopsy/resection can be safely postponed</li> </ul>                                          | <ul style="list-style-type: none"> <li>◆ PET Brain metabolic imaging (CPT® 78608)</li> </ul>                                                                                                                                                                                                                                                                                                                                       |
| <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ Distinguish low grade from high grade gliomas</li> <li>◆ Evaluate a brain lesion of indeterminate nature when the MRS findings will be used to determine whether biopsy/resection can be safely postponed</li> <li>◆ Distinguish radiation-induced tumor necrosis from progressive disease within 18 months of completing radiotherapy</li> </ul> | <ul style="list-style-type: none"> <li>◆ MR Spectroscopy (CPT® 76390)</li> </ul>                                                                                                                                                                                                                                                                                                                                                   |
| Surveillance                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) every 3 months for 2 years, then every 6 months for 3 years, then annually</li> <li>◆ Patients with spinal cord involvement at diagnosis can have MRI spine without and with contrast (Cervical-CPT® 72156, Thoracic-CPT® 72157, Lumbar-CPT® 72158) on the same schedule as MRI Brain</li> </ul>                                         |

### ONC-2.3: High Grade Gliomas

These tumors are defined as having a WHO histologic grade of III or IV (out of IV can occur anywhere in the CNS (though the majority occur in the brain), and include the following tumors:

- Anaplastic astrocytoma
- Glioblastoma multiforme
- Diffuse intrinsic pontine glioma (DIPG, or “brainstem glioma”)
- Gliomatosis cerebri
- Gliosarcoma
- Anaplastic oligodendroglioma
- Anaplastic ganglioglioma
- Anaplastic mixed glioma
- Anaplastic mixed ganglioneuronal tumors
- Any other glial tumor with a WHO grade of III or IV

| Indication                                          | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging                                     | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) if not already done</li> <li>◆ MRI Spine without and with contrast (Cervical-CPT® 72156, Thoracic-CPT® 72157, Lumbar-CPT® 72158) <ul style="list-style-type: none"> <li>■ MRI Spine with contrast only (Cervical-CPT® 72142, Thoracic-CPT® 72147, Lumbar-CPT® 72149) can be approved if being performed immediately following a contrast-enhanced MRI Brain</li> </ul> </li> </ul> |
| Immediately following partial or complete resection | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                  |
| Immediately following radiation therapy (XRT)       | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) once within 2 to 6 weeks following completion of treatment, and then go to surveillance imaging</li> </ul>                                                                                                                                                                                                                                                                         |
| For patients undergoing chemotherapy treatment      | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) every 2 cycles</li> <li>◆ Patients with spinal cord involvement at diagnosis can have MRI without and with contrast of the involved spinal region on the same schedule as MRI brain</li> </ul>                                                                                                                                                                                     |

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Distinguish low grade from high grade gliomas</li> <li>◆ Evaluate a brain lesion of indeterminate nature when the MRS findings will be used to determine whether biopsy/resection can be safely postponed</li> <li>◆ Distinguish radiation-induced tumor necrosis from progressive disease within 18 months of completing radiotherapy</li> </ul>                                                                                       | <ul style="list-style-type: none"> <li>◆ MR Spectroscopy (CPT® 76390)</li> </ul>                                                                                                                                                                                                                                                                                         |
| <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Distinguish radiation-induced tumor necrosis from progressive disease</li> <li>◆ Evaluate inconclusive MRI findings when the PET findings will be used to determine need for biopsy or change in therapy, including a change from active therapy to surveillance</li> <li>◆ Evaluate a brain lesion of indeterminate nature when the PET findings will be used to determine whether biopsy/resection can be safely postponed</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET Brain metabolic imaging (CPT® 78608) <ul style="list-style-type: none"> <li>■ PET Brain is not indicated in gliomas occurring in the brain stem due to poor uptake and lack of impact on patient outcomes</li> </ul> </li> </ul>                                                                                            |
| Surveillance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553) every 3 months for 3 years and every 6 months thereafter</li> <li>◆ Patients with spinal cord involvement at diagnosis can have MRI spine without and with contrast (Cervical-CPT® 72156, Thoracic-CPT® 72157, Lumbar-CPT® 72158) on the same schedule as MRI Brain</li> </ul> |

## **ONC-2.4: Medulloblastoma and Supratentorial Primitive Neuroectodermal Tumors (sPNET)**

Medulloblastoma and sPNET imaging indications in adult patients are identical to those for pediatric patients. See: **PEDONC-4.4: Medulloblastoma (MDB), Supratentorial Primitive Neuroectodermal Tumors (sPNET), and Pineoblastoma** for imaging guidelines.

## **ONC-2.5: Ependymoma**

Ependymoma imaging indications in adult patients are identical to those for pediatric patients. See: **PEDONC-4.8: Ependymoma** for imaging guidelines.

## **ONC-2.6: Central Nervous System Germ Cell Tumors**

Central nervous system germ cell tumor imaging indications in adult patients are identical to those for pediatric patients. See: **PEDONC-4.7: CNS Germinomas and Non-Germinomatous Germ Cell Tumors (NGGCT)** for imaging guidelines.

**ONC-2.7: CNS Lymphoma (also known as Microglioma)**

| Indication                                                                                                                                                                                                                                                                                                                                                                        | Imaging Study                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging                                                                                                                                                                                                                                                                                                                                                                   | <u>All of the following are indicated:</u> <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ MRI Cervical spine without and with contrast (CPT® 72156)</li> <li>◆ MRI Thoracic spine without and with contrast (CPT® 72157)</li> <li>◆ MRI Lumbar spine without and with contrast (CPT® 72158)</li> </ul> |
| Extra-neural evaluation to confirm CNS primary<br><br>*Patients with CNS Lymphoma that is metastatic should be imaged according to: <ul style="list-style-type: none"> <li>◆ <b>ONC-27: Non-Hodgkin Lymphomas</b> for patients age ≥ 18 years</li> <li>◆ <b>PEDONC-5.3: Pediatric Aggressive Mature B-Cell Non-Hodgkin Lymphomas (NHL)</b> for patients age ≤ 17 years</li> </ul> | <u>Any or all of the following are indicated:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ PET/CT (CPT® 78815) can be approved for evaluation of inconclusive findings on CT imaging</li> </ul>                                                       |
| Treatment Response                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of all positive disease sites every 2 cycles</li> </ul>                                                                                                                                                                                                                               |
| Surveillance                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of all positive disease sites every 3 months for 2 years, then every 6 months for 3 years, then annually thereafter</li> </ul>                                                                                                                                                        |



**ONC-2.8: Meningiomas (Intracranial and Intraspinal)**

| Indication                                                                                                                       | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging of Intracranial Meningioma                                                                                       | <u>Any or all of the following are indicated:</u> <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ CT Head (contrast as requested)</li> </ul>                                                                                                                                                                                                                                                                                                                                                        |
| Initial staging of Intraspinal Meningioma                                                                                        | <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of appropriate spinal region (Cervical, Thoracic and Lumbar)</li> <li>◆ CT without and with contrast of the appropriate spinal region (Cervical, Thoracic and Lumbar)</li> </ul>                                                                                                                                                                                                                                                                     |
| Treatment Response                                                                                                               | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of all positive disease sites every 2 cycles</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Surveillance for Grade I (low grade) and Grade II (atypical) meningioma (completely resected, partially resected and unresected) | <ul style="list-style-type: none"> <li>◆ <u>Intracranial Meningioma:</u> MRI Brain without and with contrast (CPT® 70553) at 3, 6, and 12 months, then annually for 5 years</li> <li>◆ <u>Intraspinal Meningioma:</u> MRI without and with contrast CPT® 72156 (Cervical spine), CPT® 72157 (Thoracic spine), CPT® 72158 (lumbar spine) OR CT without and with contrast CPT® 72127 (Cervical spine), CPT® 72130 (Thoracic spine), CPT® 72133 (Lumbar spine) of the involved spinal level at 3, 6 and 12 months, and then annually for 5 years</li> </ul> |
| Surveillance for Grade III (malignant or anaplastic) meningioma                                                                  | <ul style="list-style-type: none"> <li>◆ <u>Intracranial Meningioma:</u> MRI Brain without and with contrast (CPT® 70553) every 3 months for 3 years, and then every 6 months thereafter</li> <li>◆ <u>Intraspinal Meningioma:</u> MRI or CT without and with contrast of the involved spinal region every 3 months for 3 years and then every 6 months thereafter</li> </ul>                                                                                                                                                                            |

## **ONC-2.9: Spinal Cord Tumors (Benign and Malignant)**

- See also: **ONC-2.2: Low Grade Gliomas** and **ONC-2.3: High Grade Gliomas** for imaging guidelines of low grade and high grade gliomas of the spinal cord
- See also: **PEDONC-4.9: Malignant Tumors of the Spinal Cord** for imaging guidelines for other malignant spinal cord tumors
- See also: **PEDPN-2.1: Neurofibromatosis 1** and **PEDPN-2.2: Neurofibromatosis 2** for spinal tumors in patients with Neurofibromatosis 1 or 2
- See also: **ONC-31.6: Spinal Cord Compression** for known secondary malignancy involving the spine/spinal canal/spinal cord

## **ONC-2.10: Choroid Plexus Tumors**

Choroid Plexus Tumor imaging indications in adult patients are identical to those for pediatric patients. See: **PEDONC-4.13: Choroid Plexus Tumors** for imaging guidelines.

## References

1. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2020 – April 30, 2020 Central Nervous System Cancers, available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/cns.pdf](https://www.nccn.org/professionals/physician_gls/pdf/cns.pdf). Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Central Nervous System Tumors Cancer V2.2020. – April 30, 2020 ©2020 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.
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## **ONC-3: Squamous Cell Carcinomas of the Head and Neck**

**ONC-3.0: Squamous Cell Carcinomas of the Head and Neck – General Considerations**

**ONC-3.1: Squamous Cell Carcinomas of the Head and Neck – Suspected/Diagnosis**

**ONC-3.2: Squamous Cell Carcinomas of the Head and Neck – Initial Work-up/Staging**

**ONC-3.3: Squamous Cell Carcinomas of the Head and Neck – Restaging/Recurrence**

**ONC-3.4: Squamous Cell Carcinomas of the Head and Neck – Surveillance/Follow-up**

## **ONC-3.0: Squamous Cell Carcinomas of the Head and Neck – General Considerations**

- Patients with esthesioneuroblastoma should be imaged according to this guideline section
- For evaluation of squamous cell carcinoma from an unknown primary to the cervical lymph nodes, CT Neck (CPT® 70491) and CT Chest (CPT® 71260) are indicated. CT scans of the abdomen and pelvis are not routinely indicated, unless there are signs/symptoms related to these areas.
- Imaging of the CNS (head, spine) is indicated only to evaluate specific signs or symptoms or if concern for base of skull invasion suggesting spread to those areas
- Stage III/IV disease encompasses any primary tumor larger than 4 cm or documented lymph node positive disease

### **ONC-3.1: Squamous Cell Carcinomas of the Head and Neck – Suspected/Diagnosis**

- See also: **NECK-5.1 – Neck Masses - Imaging** for imaging guidelines for evaluation of suspected malignancy in the neck
- PET may be considered prior to biopsy in order to determine a more favorable site for biopsy when a prior biopsy was nondiagnostic or a relatively inaccessible site is contemplated which would require invasive surgical intervention for biopsy attempt

## ONC-3.2: Squamous Cell Carcinomas of the Head and Neck – Initial Work-up/Staging

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Imaging Study                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Stages of Disease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) or MRI Orbits/Face/Neck (OFN) without and with contrast (CPT® 70543)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ Lymph system imaging (lymphoscintigraphy, CPT® 78195) is indicated for sentinel lymph node evaluation when nodes are not clinically positive</li> </ul>           |
| Nasal cavity and paranasal sinuses (bony erosion or skull base and intracranial involvement)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><u>One of the following studies is indicated:</u></p> <ul style="list-style-type: none"> <li>◆ CT Maxillofacial with contrast (CPT® 70487)</li> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> </ul>                                                                                                |
| Nasopharyngeal (NPC) Cancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543) is the preferred study <ul style="list-style-type: none"> <li>■ CT Neck (CPT® 70491) and/or CT Maxillofacial (CPT® 70487) with contrast can be approved if contraindication to MRI</li> </ul> </li> <li>◆ Chest x-ray or CT Chest with contrast (CPT® 71260)</li> </ul> |
| <p><u>For any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Known stage III or IV disease</li> <li>◆ Prior to start of primary chemoradiotherapy and have not undergone definitive surgical resection</li> <li>◆ Nasopharyngeal primary site</li> <li>◆ Inconclusive findings on conventional imaging (CT, MRI)</li> <li>◆ In order to direct laryngoscopy/exam under anesthesia for biopsy</li> <li>◆ Pulmonary nodule(s) ≥ 8 mm in size</li> <li>◆ Cervical lymph node biopsy positive for squamous cell carcinoma and no primary site identified on CT or MRI of neck and chest</li> <li>◆ Inconclusive findings suggestive of disease outside the head and neck area</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                      |
| Signs or symptoms of abdominal metastatic disease, including elevated liver function tests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> </ul>                                                                                                                                                                                                                                                                                    |
| Any head and neck cancer with neurological findings or suspicion of skull base invasion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                         |



### **ONC-3.3: Squamous Cell Carcinomas of the Head and Neck – Restaging/Recurrence**

| Indication                                                                                                                                            | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Following complete resection and/or radical neck dissection                                                                                           | See: <b><u>ONC-3.4: Surveillance/Follow-up</u></b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| Following primary chemoradiotherapy or radiation therapy in individuals who have not undergone surgical resection of primary tumor or neck dissection | <u>Any one of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) or MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ PET/CT scan (CPT® 78815), no sooner than 12 weeks (3 months) post completion of radiation therapy. <ul style="list-style-type: none"> <li>■ If post-treatment PET/CT scan is negative, further surveillance imaging is not routinely indicated.</li> </ul> </li> </ul> |
| Induction chemotherapy response                                                                                                                       | <ul style="list-style-type: none"> <li>◆ CT neck with contrast (CPT® 70491) or MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ PET not indicated to assess response to induction chemotherapy</li> </ul>                                                                                                                                                                                                                               |
| Suspected local recurrence                                                                                                                            | <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) or MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                                                                                                          |
| Biopsy proven local recurrence                                                                                                                        | <u>Either one of the following:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) <b>or</b> MRI Orbits/Face/Neck without and with contrast (CPT® 70543) <b>AND</b> CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                             |
| Inconclusive conventional imaging (CT or MRI)                                                                                                         | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                       |
| If new symptoms or chest previously involved                                                                                                          | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                       |

### **ONC-3.4: Squamous Cell Carcinomas of the Head and Neck – Surveillance/Follow-up**

| Indications                                                                                                                                                                                                                                                                            | Imaging Study                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individuals treated with surgical resection of primary site and/or neck dissection (with or without postoperative radiation therapy)                                                                                                                                                   | <p><u>Once within 6 months of completing all treatment:</u></p> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) <b>or</b> MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ CT with contrast of any other involved body area</li> </ul> |
| Individuals treated with definitive radiation therapy or combined chemoradiation, and post-treatment imaging is negative                                                                                                                                                               | Further surveillance imaging is not routinely indicated                                                                                                                                                                                                                                  |
| If post-treatment imaging shows residual abnormalities                                                                                                                                                                                                                                 | <p><u>One of the following, once within 6 months of prior imaging:</u></p> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) OR</li> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> </ul>                                              |
| <p><u>After initial post-treatment study, for any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Nasopharyngeal primary site</li> <li>◆ Physical exam unable to visualize deep-seated primary site</li> </ul>                                                      | <p><u>Annually for 3 years:</u></p> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) <b>or</b> MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> </ul>                                                                                         |
| <ul style="list-style-type: none"> <li>◆ CT Chest is not indicated for surveillance. Individuals with smoking history may undergo annual low dose CT cancer screening if criteria are met (See: <b><u>CH-33: Lung Cancer Screening</u></b> in the Chest Imaging Guidelines)</li> </ul> |                                                                                                                                                                                                                                                                                          |

## References

1. Pfister DG, Spencer S, Adelstein D et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2020 – June 9, 2020 Head and Neck Cancers, available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf). Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Head and Neck Cancer V2.2020 – June 9, 2020. ©2020 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.
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## **ONC-4: Salivary Gland Cancers**

**ONC-4.0: Salivary Gland Cancers – General Considerations**

**ONC-4.1: Salivary Gland Cancers – Suspected/Diagnosis**

**ONC-4.2: Salivary Gland Cancers – Initial Work-up/Staging**

**ONC-4.3: Salivary Gland Cancers – Restaging/Recurrence**

**ONC-4.4: Salivary Gland Cancers – Surveillance/Follow-up**

## **ONC-4.0: Salivary Gland Cancers – General Considerations**

- Salivary gland tumors may originate within the parotid, submandibular, sublingual or minor salivary glands in the mouth.
- Histological subtypes include mucoepidermoid, acinic, adenocarcinoma, adenoid cystic carcinoma, malignant myoepithelial tumors and squamous cell carcinoma. Lymphoma and metastatic squamous carcinoma can also occur in the parotid gland.
- Over 80% of parotid gland tumors are benign. A bilateral parotid tumor is most likely Warthin's tumor.
- The role of PET in salivary gland tumors has yet to be established.

**ONC-4.1: Salivary Gland Cancers – Suspected/Diagnosis**

See: **NECK-11** and **NECK-5.1** for evaluation of salivary gland masses, salivary gland stones and neck masses.

## ONC-4.2: Salivary Gland Cancers – Initial Work-up/Staging

| Indication                                                                             | Imaging Study                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Biopsy-proven malignancy (only if none of these imaging studies has already been done) | <u>One of the following can be approved:</u> <ul style="list-style-type: none"> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ CT Neck without contrast (CPT® 70490)</li> </ul> |
| Skull base invasion                                                                    | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                        |
| Abnormalities on chest x-ray or if lymphadenopathy in neck                             | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                     |
| Pulmonary nodule(s) ≥ 8mm in size                                                      | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                     |

**ONC-4.3: Salivary Gland Cancers – Restaging/Recurrence**

| Indication                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients with unresected disease receiving systemic therapy (chemotherapy)      | <u>One of the following may be approved every 2 cycles:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) and any other sites of disease</li> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543) and any other sites of disease</li> </ul>                                                  |
| Recurrence or progression suspected based on new or worsening signs or symptoms | <u>One of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> </ul> <u>In addition, for all patients:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> </ul> |
| All other patients                                                              | <ul style="list-style-type: none"> <li>◆ No routine advanced imaging indicated</li> </ul>                                                                                                                                                                                                                                                |



**ONC-4.4: Salivary Gland Cancers – Surveillance/Follow-up**

| Indication                                                                   | Imaging Study                                                                                                      |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Total surgical resection                                                     | ◆ No routine advanced imaging indicated                                                                            |
| Unresectable or partially resected disease, including those treated with XRT | ◆ Either CT Neck (CPT® 70491) or MRI Orbits/Face/Neck (CPT® 70543) once within 6 months of completion of treatment |

## References

1. Pfister DG, Spencer S, Adelstein D et al. National Comprehensive Cancer Network (NCCN) Guidelines Version 2.2020 – June 9, 2020 Head and Neck Cancers, available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/head-and-neck.pdf](https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf). Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines™) for Head and Neck Cancer V2.2020 – June 9, 2020. ©2020 National Comprehensive Cancer Network, Inc. All rights reserved. The NCCN Guidelines™ and illustrations herein may not be reproduced in any form for any purpose without the express written permission of the NCCN. To view the most recent and complete version of the NCCN Guidelines™, go online to NCCN.org.
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**ONC-5: Melanomas and Other Skin Cancers****ONC-5.0: Melanoma – General Considerations****ONC-5.1: Melanoma – Suspected/Diagnosis****ONC-5.2: Melanoma – Initial Work-up/Staging****ONC-5.3: Melanoma – Restaging/Recurrence****ONC-5.4: Melanoma – Surveillance/Follow-up****ONC-5.5: Non-Melanoma Skin Cancers – General Considerations****ONC-5.6: Non-Melanoma Skin Cancers – Initial Work-up/Staging****ONC-5.7: Non-Melanoma Skin Cancers – Restaging/Recurrence****ONC-5.8: Non-Melanoma Skin Cancers – Surveillance/Follow-up****ONC-5.9: Ocular Melanoma**

## **ONC-5.0: Melanoma – General Considerations**

- Melanomas can metastasize in an unpredictable fashion.

**ONC-5.1: Melanoma – Suspected/Diagnosis**

| Indication | Imaging Study                                                      |
|------------|--------------------------------------------------------------------|
| All        | ♦ Imaging is not indicated until histologic diagnosis is confirmed |

## ONC-5.2: Melanoma – Initial Work-up/Staging

| Indication                                                                                                                                                                                  | Imaging Study                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 0 or Ia (in situ or disease < 1 mm)                                                                                                                                                   | <ul style="list-style-type: none"> <li>◆ Routine advanced imaging is not indicated</li> </ul>                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>◆ Stage Ib (<math>\leq 1</math> mm with ulceration or high mitotic rate)</li> <li>◆ Stage II (lesions &gt; 1 mm thick, but node negative)</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT with contrast or MRI without and with contrast of specific areas, only if signs or symptoms indicate need for further evaluation</li> <li>◆ Lymph system imaging (lymphoscintigraphy, CPT® 78195) is indicated for sentinel lymph node (SLN) evaluation</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Stage III (sentinel node positive, palpable regional nodes)</li> <li>◆ Stage IV (metastatic)</li> </ul>               | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) <u>OR</u></li> <li>◆ CT Chest with contrast (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                    |
| <ul style="list-style-type: none"> <li>◆ Head or neck primary site</li> <li>◆ Palpable lymphadenopathy in the neck</li> <li>◆ Mucosal melanoma of the head or neck region</li> </ul>        | <p>In addition to above initial staging imaging, if PET/CT not performed:</p> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> </ul>                                                                                                                                           |
| <ul style="list-style-type: none"> <li>◆ Primary site of melanoma is unknown and CT Chest and Abdomen/Pelvis are negative</li> </ul>                                                        | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                          |

### **ONC-5.3: Melanoma – Restaging/Recurrence**

All recurrences should be confirmed histologically, except when excessive morbidity from a biopsy may occur, such as a biopsy requiring craniotomy.

| Indication                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patients receiving chemotherapy, with measurable disease                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 2 cycles (commonly every 6 to 8 weeks)</li> </ul>                                                                                                                                                                             |
| All in situ recurrences                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>♦ Restaging imaging is not needed after adequate aggressive local therapy (see Surveillance below)</li> </ul>                                                                                                                                                                                                |
| Documented or clinically suspected (see top of page regarding biopsy morbidity) recurrence at: <ul style="list-style-type: none"> <li>♦ Primary site</li> <li>♦ In-transit disease</li> <li>♦ Regional lymph nodes</li> <li>♦ Metastatic site</li> </ul>      | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>♦ MRI Brain without and with contrast (CPT® 70553)</li> <li>♦ PET/CT (CPT® 78815 or CPT® 78816) if inconclusive conventional imaging or isolated metastatic based on results of conventional imaging, initially</li> </ul> |
| Brain imaging is indicated for: <ul style="list-style-type: none"> <li>♦ New discovery of metastatic disease or progression of metastatic disease</li> <li>♦ Signs or symptoms of CNS disease</li> <li>♦ If considering Interleukin (IL-2) therapy</li> </ul> | <ul style="list-style-type: none"> <li>♦ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                |

### ONC-5.4: Melanoma – Surveillance/Follow-up

| Indication                                  | Imaging Study                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 0, IA, IB and IIA Melanomas           | <ul style="list-style-type: none"> <li>◆ No routine advanced imaging indicated</li> </ul>                                                                                                                                                                                                                                                                       |
| Stage IIB, IIC, IIIA and IIIB Melanomas     | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 6 months for 2 years, then annually for 3 years</li> </ul>                                                                                                                                                                                |
| Stage IIIC and IV Melanomas                 | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 3 months for 2 years, then every 6 months for 3 years</li> <li>◆ MRI Brain without and with contrast (CPT® 70553) annually for 3 years</li> </ul>                                                                                         |
| Mucosal Melanoma of the head or neck region | <p>In addition to above stage-based surveillance imaging, the following may be obtained once within 6 months of completing all treatment:</p> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491) or MRI Orbits/Face/Neck without and with contrast (CPT® 70543)</li> <li>◆ CT with contrast of any other involved body area</li> </ul> |
| Liver metastases treated with focal therapy | <ul style="list-style-type: none"> <li>◆ See also: <b><u>ONC-31.2: Liver Metastases</u></b></li> </ul>                                                                                                                                                                                                                                                          |



## **ONC-5.5: Non-Melanoma Skin Cancers – General Considerations**

- Advanced Imaging is generally not indicated for basal cell and squamous cell skin cancers
- PET/CT scan is not indicated for evaluation of non-melanoma skin cancers unless specified within the guidelines below (e.g. Merkel cell carcinoma)
- Merkel cell carcinoma is an unusual skin cancer with neuroendocrine-like histologic features, which has a high propensity (25% to 33%) for regional lymph node spread and occasionally, metastatic spread to lungs.
- Merkel cell carcinoma may present as a primary cancer or as a skin metastasis from a noncutaneous primary neuroendocrine carcinoma (i.e., small cell lung cancer), therefore conventional imaging is indicated initially to confirm the absence of metastasis prior to considering PET scan.

## **ONC-5.6: Non-Melanoma Skin Cancers – Initial Work-up/Staging**

| Indication                                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Body area with unexplained signs or symptoms                                              | <ul style="list-style-type: none"> <li>♦ CT with contrast of that body area</li> </ul>                                                                                                                                                                                                                                                                                                                                                           |
| Perineural invasion or local regional extension (i.e. bone; deep soft tissue) involvement | <p><u>One of the following may be approved of the primary site:</u></p> <ul style="list-style-type: none"> <li>♦ MRI without contrast or without and with contrast</li> <li>♦ CT (contrast as requested)</li> </ul>                                                                                                                                                                                                                              |
| Skin lesion may be a dermal metastasis from distant primary                               | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>♦ PET/CT (CPT® 78815 or 78816) is indicated if conventional imaging (CT or MRI) is unable to identify a primary site</li> </ul>                                                                                                                                                                                            |
| Squamous cell carcinoma head or neck skin with regional lymphadenopathy                   | <ul style="list-style-type: none"> <li>♦ CT Neck (CPT® 70491) and CT Chest (CPT® 71260) with contrast</li> </ul>                                                                                                                                                                                                                                                                                                                                 |
| Merkel Cell carcinoma                                                                     | <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast of other involved body area(s)</li> <li>♦ PET/CT (CPT® 78815 or 78816) if inconclusive conventional imaging</li> <li>♦ Lymph system imaging (lymphoscintigraphy, CPT® 78195) for sentinel lymph node evaluation</li> <li>♦ MRI Brain with and without contrast (CPT® 70553)</li> </ul> |

**ONC-5.7: Non-Melanoma Skin Cancers – Restaging/Recurrence**

All recurrences should be confirmed histologically, except when excessive morbidity from a biopsy may occur, such as a biopsy requiring craniotomy.

| Indication                                                                         | Imaging Study                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Recurrence where planned therapy is more extensive than simple wide local excision | ♦ CT with contrast of the primary and recurrent site(s)                                                                                                                                                                          |
| Recurrence of Merkel cell carcinoma                                                | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast<br>♦ MRI Brain without and with contrast (CPT® 70553)<br>♦ PET/CT (CPT® 78815 or 78816) if no metastatic disease on any of the previous imaging studies |

**ONC-5.8: Non-Melanoma Skin Cancers – Surveillance/Follow-up**

| Indication                                 | Imaging Study                                                                                                                                                                                                                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Merkel cell cancer – only if node positive | <ul style="list-style-type: none"><li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 6 months for 5 years</li><li>◆ Add CT Neck with contrast (CPT® 70491) if known prior neck disease or scalp/facial/neck disease</li></ul> |
| All others                                 | <ul style="list-style-type: none"><li>◆ Routine advanced imaging for surveillance is not indicated</li><li>◆ Imaging indicated only for signs and symptoms of recurrent disease</li></ul>                                                                     |

## ONC-5.9: Ocular Melanoma

### General Considerations

- Approximately 95% of ocular melanomas arise from the uvea (iris, ciliary body and choroid) and 5% arise from the conjunctiva or orbit.
- Treatment is directed to the affected eye with systemic therapy reserved only for known metastatic disease.
- The most common site of metastatic disease is the liver.
- Surveillance of the affected eye is with clinical examination only; advanced imaging is supported for surveillance of systemic metastatic disease based on individual risk factors. See Risk categories below for surveillance recommendations.

| Ocular Melanoma Risk Categories                                               |                                         |                                                                                                 |
|-------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------|
| Low Risk                                                                      | Medium Risk                             | High Risk                                                                                       |
| T1                                                                            | T2 and T3                               | T4                                                                                              |
| Class IA                                                                      | Class IB                                | Class 2                                                                                         |
| Spindle cell histology                                                        | Mixed Spindle and Epitheloid cells      | Epitheloid cell histology                                                                       |
| No extraocular extension                                                      | No extraocular extension                | Extraocular extension present                                                                   |
| No ciliary body involvement                                                   | No ciliary body involvement             | Ciliary body involvement present                                                                |
| Chromosome mutations:<br>Disomy 3<br>EIF1AX mutation<br>Gain of chromosome 6p | Chromosome mutations:<br>SF3B1 mutation | Chromosome mutations:<br>BAP1 mutation<br>PRAME mutation<br>Monosomy 3<br>Gain of chromosome 8q |

| Indication                           | Imaging Study                                                                                                                                                                                                                                                                                                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial staging                      | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI orbits/face/neck without and with contrast (CPT® 70543)</li> </ul>                                                             |
| Neurological signs/symptoms          | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                   |
| Restaging/Suspected Recurrence       | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI orbits/face/neck without and with contrast (CPT® 70543)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul> |
| Surveillance for Low Risk disease    | <ul style="list-style-type: none"> <li>◆ No routine surveillance imaging</li> </ul>                                                                                                                                                                                                                                    |
| Surveillance for Medium Risk disease | <u>Annually for 10 years:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen with contrast (CPT® 74160) or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                           |
| Surveillance for High Risk disease   | <u>Every 3 months for 2 years, every 6 months for 3 years, then annually up to year 10:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen with contrast (CPT® 74160) or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                             |

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## **ONC-6: Thyroid Cancer**

**ONC-6.0: Thyroid Cancer – General Considerations**

**ONC-6.1: Thyroid Cancer – Suspected/Diagnosis**

**ONC-6.2: Thyroid Cancer – Initial Work-up/Staging**

**ONC-6.3: Thyroid Cancer – Restaging/Recurrence**

**ONC-6.4: Thyroid Cancer – Surveillance/Follow-up**



## **ONC-6.0: Thyroid Cancer – General Considerations**

- PET for initial staging for anaplastic thyroid cancer is currently not recommended before conventional imaging since recommendations for PET are derived from observational studies and clinical trials with other methodological limitations.
- Patients with measurable metastatic disease that are RAI refractory may be followed with conventional imaging, PET-CT scan is reserved for inconclusive findings.
- Whole body thyroid nuclear scan is coded with CPT® 78018. If CPT® 78018 is obtained and found to be positive, CPT® 78020 may be approved as an add-on test to evaluate the degree of iodine uptake.
- Single photon emission computed tomography (SPECT) imaging – Radiopharmaceutical Localization of Tumor SPECT (CPT® 78803 or 78831) or SPECT/CT Hybrid study (CPT® 78830, or 78832) may complement planar and pinhole imaging and can be approved as an add-on wherever radioiodine scans are indicated.

## **ONC-6.1: Thyroid Cancer – Suspected/Diagnosis**

See: **NECK-8.1: Thyroid Nodule** for imaging guidelines for suspected thyroid malignancies

## ONC-6.2: Thyroid Cancer – Initial Work-up/Staging

| Follicular, Papillary and Hürthle Cell Carcinomas                                                                                                                                                                                                                                                                                                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ Fixation suggested by clinical exam and/or ultrasound</li> <li>◆ Substernal or bulky disease</li> <li>◆ Disease precluding full ultrasound examination</li> </ul>                                                                                                                                                       | <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ MRI Neck without contrast (CPT® 70540)</li> <li>◆ MRI Neck without and with contrast (CPT® 70543)</li> <li>◆ CT Neck without contrast (CPT® 70490)</li> <li>◆ CT Neck with contrast (CPT® 70491) can be approved if contrast study is necessary for complete pre-operative assessment and use of IV contrast will not delay post-operative use of RAI therapy.</li> </ul>                         |
| <u>Post-thyroidectomy to assess thyroid remnant and to look for iodine-avid metastases for one of the following:</u> <ul style="list-style-type: none"> <li>◆ Extent of thyroid remnant cannot be accurately ascertained from the surgical report or neck ultrasound</li> <li>◆ When the results may alter the decision to treat</li> <li>◆ Prior to administration of RAI therapy</li> </ul> | <ul style="list-style-type: none"> <li>◆ Whole body thyroid nuclear scan (CPT® 78018)</li> <li>◆ The following may be approved as an add-on test:               <ul style="list-style-type: none"> <li>■ CPT® 78020 to evaluate the degree of iodine uptake</li> <li>■ SPECT (CPT® 78803 or 78831), or SPECT/CT Hybrid study (CPT® 78830, or 78832)</li> </ul> </li> </ul>                                                                                              |
| Skeletal pain                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ Bone scan<br/>See also: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b></li> <li>◆ Whole body nuclear thyroid scan (CPT® 78018)</li> <li>◆ The following may be approved as an add-on test:               <ul style="list-style-type: none"> <li>■ CPT® 78020 to evaluate the degree of iodine uptake</li> <li>■ SPECT (CPT® 78803 or 78831), or SPECT/CT Hybrid study (CPT® 78830, or 78832)</li> </ul> </li> </ul> |
| Suspicious findings on CXR, US, or substernal extension of mass                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ CT Chest without contrast (CPT® 71250)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                              |
| All other patients                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ Routine preoperative advanced imaging is not indicated</li> </ul>                                                                                                                                                                                                                                                                                                                                                              |

| Medullary Thyroid Carcinomas                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients with positive lymph nodes or calcitonin level > 500 pg/mL | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen either with (CPT® 74160) or CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ Bone scan see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b></li> </ul> |
| Skeletal pain                                                          | ◆ Bone scan see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>                                                                                                                                                                                                                                                                                        |
| Inconclusive finding on conventional imaging                           | ◆ PET/CT (CPT® 78815)                                                                                                                                                                                                                                                                                                                                                         |

| Anaplastic Thyroid Carcinomas                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All                                          | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ Bone scan see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b></li> </ul> |
| Skeletal pain                                | ◆ Bone scan see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>                                                                                                                                                                                                                                                                                                        |
| Inconclusive finding on conventional imaging | ◆ PET/CT (CPT® 78815 or CPT® 78816)                                                                                                                                                                                                                                                                                                                                                           |

### ONC-6.3: Thyroid Cancer – Restaging/Recurrence

| Follicular, Papillary and Hürthle Cell Carcinomas                                                                                                                                                                                                                                                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Within 2 weeks (ideally 7 to 10 days) following the administration of Radioactive Iodine therapy dose                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Whole body thyroid nuclear scan (CPT® 78018)</li> <li>The following may be approved as an add-on test: <ul style="list-style-type: none"> <li>CPT® 78020 to evaluate the degree of iodine uptake</li> <li>SPECT (CPT® 78803 or 78831), or SPECT/CT Hybrid study (CPT® 78830 or 78832)</li> </ul> </li> </ul>                                                                                                                             |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>Recurrence documented by biopsy</li> <li>Increasing thyroglobulin level without Thyrogen® stimulation</li> <li>Thyroglobulin level &gt; 2 ng/mL or higher than previous after Thyrogen® stimulation</li> <li>Anti-thyroglobulin antibody present</li> <li>Evidence of residual thyroid tissue on ultrasound or physical exam after thyroidectomy or ablation</li> </ul> | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>Whole body thyroid nuclear scan (CPT® 78018)</li> <li>The following may be approved as an add-on test: <ul style="list-style-type: none"> <li>CPT® 78020 to evaluate the degree of iodine uptake</li> <li>SPECT (CPT® 78803 or 78831), or SPECT/CT Hybrid study (CPT® 78830 or 78832)</li> </ul> </li> <li>CT with contrast or MRI without and with contrast of any symptomatic body area</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>Negative radioiodine scan and rising thyroglobulin level</li> <li>Inconclusive findings on conventional imaging (including I-131 study)</li> </ul>                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |

| Medullary Thyroid Carcinoma                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medullary carcinoma with elevated calcitonin or CEA, or signs or symptoms of recurrence | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>CT Neck with contrast (CPT® 70491)</li> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen either with (CPT® 74160) or without and with contrast (CPT® 74170)</li> <li>Bone scan</li> </ul> See also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b> |
| Inconclusive conventional imaging with calcitonin ≥ 150 pg per mL                       | <ul style="list-style-type: none"> <li><sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                           |

| Anaplastic Thyroid Carcinoma                              | Imaging Study                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Anaplastic carcinoma with signs or symptoms of recurrence | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ Either CT Abdomen/Pelvis with contrast (CPT® 74177) <b>OR</b> MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Inconclusive conventional imaging                         | ◆ PET/CT (CPT® 78815)                                                                                                                                                                                                                                                                                                         |

## ONC-6.4: Thyroid Cancer – Surveillance/Follow-up

| Follicular, Papillary and Hürthle Cell Carcinomas                                                                                                   | Imaging/Diagnostic Study                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                                                                                        | <ul style="list-style-type: none"> <li>Neck ultrasound (CPT® 76536), chest x-ray, and laboratory studies every 6 months for the first year, then annually</li> </ul>                                                                                                                                                                                         |
| <u>For patients with any of the following:</u> <ul style="list-style-type: none"> <li>Node positive disease</li> <li>RAI-avid metastases</li> </ul> | <ul style="list-style-type: none"> <li>Whole body thyroid nuclear scan annually (CPT® 78018)</li> <li>The following may be approved as an add-on test: <ul style="list-style-type: none"> <li>CPT® 78020 to evaluate the degree of iodine uptake</li> <li>SPECT (CPT® 78803 or 78831), or SPECT/CT Hybrid study (CPT® 78830 or 78832)</li> </ul> </li> </ul> |

| Medullary Carcinomas | Imaging/Diagnostic Study                                                                                                                                                     |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients         | <ul style="list-style-type: none"> <li>CEA and calcitonin are required for monitoring medullary carcinomas</li> <li>Routine surveillance imaging is not indicated</li> </ul> |

| Anaplastic Thyroid Carcinomas | Imaging Study                                                                                                                                                                                                              |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                  | <u>Every 3 months for 2 years:</u> <ul style="list-style-type: none"> <li>CT Neck with contrast (CPT® 70491)</li> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> |

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**ONC-7: Small Cell Lung Cancer****ONC-7.0: Small Cell Lung Cancer – General Considerations****ONC-7.1: Small Cell Lung Cancer – Suspected/Diagnosis****ONC-7.2: Small Cell Lung Cancer – Initial Work-up/Staging****ONC-7.3: Small Cell Lung Cancer – Restaging/Recurrence****ONC-7.4: Small Cell Lung Cancer – Surveillance/Follow-up**

## **ONC-7.0: Small Cell Lung Cancer – General Considerations**

- Combined histologies of Small and Non-Small cell are considered Small cell lung cancer. Use this guideline for imaging recommendations for small and large cell high-grade (poorly differentiated) neuroendocrine tumors of the lung.
- Imaging is presently guided by traditional staging of limited or extensive disease.
  - ◆ Extensive stage is either metastatic disease or an extent which cannot be encompassed by a single radiotherapy portal.
  - ◆ Limited staging is confined to one side of the chest.
- Patients treated curatively for SCLC are at increased risk for developing a second lung cancer. If new lung nodule is seen on imaging without any evidence of other systemic disease, follow **ONC-31.1: Lung Metastases** for work-up of nodule.
- For carcinoid (low grade neuroendocrine tumors) of the lung, see: **ONC-15: Neuroendocrine Cancers and Adrenal Tumors**

**ONC-7.1: Small Cell Lung Cancer – Suspected/Diagnosis**

| Indication                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Abnormal chest x-ray or clinical suspicion remains high despite a normal chest x-ray in symptomatic patient</li> </ul> | <ul style="list-style-type: none"> <li>CT Chest without contrast (CPT® 71250)<br/><b>or</b></li> <li>CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                       |
| <ul style="list-style-type: none"> <li>Pulmonary nodule &lt; 8 mm in size noted on CT Chest</li> </ul>                                                        | <ul style="list-style-type: none"> <li>See: <b><u>CH-16.2: Incidental Pulmonary Nodules Detected on CT Images</u></b></li> </ul>                                                                                                                          |
| <ul style="list-style-type: none"> <li>Pulmonary nodule 8 mm (0.8 cm) to 30 mm (3 cm) seen on CT Chest or MRI Chest</li> </ul>                                | <ul style="list-style-type: none"> <li>See: <b><u>CH-16.4: PET</u></b></li> <li>If PET is Positive: Qualifies as initial staging PET/CT</li> <li><u>Biopsy is indicated prior to PET imaging for pulmonary masses ≥ 31 mm (3.1 cm) in size</u></li> </ul> |
| Mediastinal/Hilar Mass                                                                                                                                        | See also: <b><u>CH-2: Lymphadenopathy</u></b>                                                                                                                                                                                                             |
| Paraneoplastic syndrome suspected                                                                                                                             | See also: <b><u>ONC-30.3: Paraneoplastic Syndromes</u></b>                                                                                                                                                                                                |

## ONC-7.2: Small Cell Lung Cancer – Initial Work-up/Staging

| Indication                                                                                                                 | Imaging Study                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial staging                                                                                                            | <p><u>Any or all of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ Bone scan, if PET/CT not being done (See also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging</u></b> in Oncology)</li> </ul> |
| Confirm limited stage (non-metastatic) disease if initial staging imaging (CT and MRI) shows disease limited to the thorax | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                            |

### ONC-7.3: Small Cell Lung Cancer – Restaging/Recurrence

| Indication                                                                                                                                                            | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Treatment Response:</u> <ul style="list-style-type: none"> <li>◆ After every 2 cycles of chemotherapy</li> <li>◆ Following completion of chemoradiation</li> </ul> | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553) for measurable brain metastases being treated with systemic therapy</li> <li>◆ Bone scan (See also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ PET is not indicated for evaluation of treatment response in SCLC, but can be considered on a case-by-case basis. These cases should be forwarded for medical director review.</li> </ul> |
| Restaging (suspected recurrence)                                                                                                                                      | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ Brain MRI without and with contrast (CPT® 70553)</li> <li>◆ Bone scan (See: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ PET is not indicated for evaluation of recurrent SCLC, but can be considered on a case-by-case basis. These cases should be forwarded for Medical Director review.</li> </ul>                                                                                      |
| Complete or partial response to initial treatment, if prophylactic cranial irradiation (PCI) is planned.                                                              | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## **ONC-7.4: Small Cell Lung Cancer – Surveillance/Follow-up**

| Indication                                               | Imaging Study                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited stage SCLC                                       | <u>Every 3 months for one year, every 6 months for two years, and then annually:</u> <ul style="list-style-type: none"> <li>◆ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ For new nodules, see: <b><u>ONC-31.1: Lung Metastases</u></b></li> </ul>                               |
| Extensive stage SCLC                                     | <u>Every 2 months for one year, every 4 months for two years, every 6 months for two years, and then annually:</u> <ul style="list-style-type: none"> <li>◆ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ For new nodules, see: <b><u>ONC-31.1: Lung Metastases</u></b></li> </ul> |
| Screening for brain metastases, regardless of PCI status | MRI Brain without and with contrast (CPT® 70553) every 4 months for one year and then every 6 months for one year                                                                                                                                                                                                                                                            |

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**ONC-8: Non-Small Cell Lung Cancer****ONC-8.0: Non-Small Cell Lung Cancer – General Considerations****ONC-8.1: Non-Small Cell Lung Cancer – Asymptomatic Screening****ONC-8.2: Non-Small Cell Lung Cancer – Suspected/Diagnosis****ONC-8.3: Non-Small Cell Lung Cancer – Initial Work-up/Staging****ONC-8.4: Non-Small Cell Lung Cancer – Restaging/Recurrence****ONC-8.5: Non-Small Cell Lung Cancer – Surveillance/Follow-up**



## **ONC-8.0: Non-Small Cell Lung Cancer – General Considerations**

- Non-small cell lung cancer includes adenocarcinoma, squamous cell carcinoma, adenosquamous and large cell tumors.
- See: **ONC-15.6: Bronchopulmonary or Thymic Carcinoid – Initial Staging** for evaluation of low-grade neuroendocrine tumors (carcinoid) of the lung.
- See: **ONC-7: Small Cell Lung Cancer** for evaluation of high-grade small cell and large cell neuroendocrine tumors of the lung.
- PET/CT scan is generally not indicated for initial staging or restaging of NSCLC when multiple sites of extra-pulmonary metastases are found on conventional imaging (i.e., liver, bone and adrenal metastases, etc.).
- PET/CT may be considered to confirm solitary focus of extra-pulmonary metastatic disease (i.e., brain or adrenal) if the individual is being considered for an aggressive treatment for oligometastatic disease.

## **ONC-8.1: Non-Small Cell Lung Cancer – Asymptomatic Screening**

See: **CH-33: Lung Cancer Screening** for criteria for low-dose CT scan chest for lung cancer screening.

## ONC-8.2: Non-Small Cell Lung Cancer – Suspected/Diagnosis

| Indication                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Abnormal chest x-ray or clinical suspicion remains high despite a normal chest x-ray in symptomatic patient</li> </ul> | <ul style="list-style-type: none"> <li>CT Chest without contrast (CPT® 71250)<br/><b>or</b></li> <li>CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Pulmonary nodule &lt; 8 mm in size noted on CT Chest</li> </ul>                                                        | <ul style="list-style-type: none"> <li>See: <b><u>CH-16.2: Incidental Pulmonary Nodules Detected on CT Images</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Pulmonary nodule 8 mm (0.8 cm) to 30 mm (3 cm) seen on CT Chest or MRI Chest</li> </ul>                                | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)<br/>See: <b><u>CH-16.4: PET</u></b></li> <li><u>If PET is Positive</u>: Qualifies as initial staging PET/CT</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>Pulmonary mass 31 mm (3.1 cm) or greater seen on CT or MRI</li> </ul>                                                  | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815) can be approved prior to biopsy if one or more of the following applies: <ul style="list-style-type: none"> <li>Definitive treatment with resection or radiation will be utilized instead of biopsy if PET confirms limited disease</li> <li>Multiple possible biopsy options are present within the chest and PET findings will be used to determine the most favorable biopsy site</li> </ul> </li> <li>Biopsy is indicated prior to PET imaging for all other indications in pulmonary masses ≥ 31 mm (3.1 cm) in size</li> </ul> |
| Mediastinal/Hilar Mass                                                                                                                                        | See also: <b><u>CH-2: Lymphadenopathy</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Paraneoplastic syndrome suspected                                                                                                                             | See also: <b><u>ONC-30.3: Paraneoplastic Syndromes</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**ONC-8.3: Non-Small Cell Lung Cancer – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) with contrast</li> <li>♦ CT Abdomen (CPT® 74160) with contrast <ul style="list-style-type: none"> <li>■ CT Abdomen may be omitted if CT Chest report clearly documents upper abdomen through level of adrenals</li> </ul> </li> <li>♦ Bone scan, if PET/CT not <b>being done</b></li> </ul> <b>See also: <u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Stage I-IIIB</li> <li>♦ Stage IV confined to the chest region (including pleural/pericardial effusion)</li> <li>♦ Stage IV with oligometastatic disease on conventional imaging and patient is a candidate for aggressive surgical resection or other localized treatment of metastases with a curative intent</li> <li>♦ Conventional imaging is inconclusive</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815) if not already completed prior to histological diagnosis</li> </ul>                                                                                                                                                                                                                                                                                                                                          |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ All Stage II-IV disease</li> <li>♦ Stage I disease and considering surgical resection as primary therapy</li> </ul>                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>♦ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |
| Superior sulcus (Pancoast) tumor suspected                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ MRI Chest without and with contrast (CPT® 71552)</li> <li>♦ MRI Cervical spine without and with contrast (CPT® 72156)</li> <li>♦ MRI Thoracic spine without and with contrast (CPT® 72157)</li> </ul>                                                                                                                                                                                        |

## ONC-8.4: Non-Small Cell Lung Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I or II patients who undergo definitive local treatment with surgery, radiation, or radiosurgery                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Restaging imaging is not indicated. See also: Surveillance <b>ONC-8.5: Surveillance/Follow-up</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                 |
| Measurable disease, undergoing active treatment                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><u>Any or all of the following every 2 cycles:</u></p> <ul style="list-style-type: none"> <li>CT Chest with (CPT® 71260) <b>or</b> CT Chest without contrast (CPT® 71250)</li> <li>CT Abdomen with contrast (CPT® 74160) <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) may be substituted for known pelvic disease or pelvic symptoms</li> </ul> </li> <li>MRI Brain without and with contrast (CPT® 70553) for measurable brain metastases being treated with systemic therapy</li> </ul> |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>Locally advanced (Stage III, non-metastatic, unresectable)</li> <li>Inoperable tumor if chemotherapy or chemoradiation was the initial treatment modality</li> <li>Inadequately resected disease</li> <li>Suspected recurrence</li> </ul>                                                                                                                                                          | <p><u>Any or all of the following:</u></p> <ul style="list-style-type: none"> <li>CT Chest with (CPT® 71260) <b>or</b> CT Chest without contrast (CPT® 71250)</li> <li>CT Abdomen with contrast (CPT® 74160)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) may be substituted for known pelvic disease or pelvic symptoms</li> </ul>                                                                                                                                                                                        |
| Determine resectability following neo-adjuvant therapy                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>MRI Chest without and with contrast (CPT® 71552)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Newly identified lung nodule(s)                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>See: <b>ONC-31.1: Lung Metastases</b> for new nodule evaluation</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>Suspected/biopsy proven recurrence localized to the chest cavity</li> <li>Inconclusive findings conventional imaging</li> <li>To differentiate tumor from radiation scar/fibrosis</li> <li>Stage IV with oligometastatic disease on conventional imaging and patient is a candidate for aggressive surgical resection or other localized treatment of metastases with a curative intent</li> </ul> | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>Following a demonstrated adequate response to neoadjuvant therapy if intracranial disease will preclude surgery</li> <li>Documented recurrence/progression</li> <li>New or worsening neurological signs or symptoms</li> </ul>                                                                                                                                                                     | <ul style="list-style-type: none"> <li>MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**ONC-8.5: Non-Small Cell Lung Cancer – Surveillance/Follow-up**

| Indication                                                     | Study                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I-II                                                     | <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250) every 6 months for 5 years and then annually</li> </ul> <p>***Patients treated with radiation therapy and residual abnormality on imaging may undergo CT Chest every 3 months for the first year after therapy, every 6 months for 4 years, and then annually thereafter</p> |
| Stage III-IV (metastatic sites treated with definitive intent) | <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260) <b>or</b> CT Chest without contrast (CPT® 71250) every 3 months for 2 years, every 6 months for 3 years and then annually</li> </ul>                                                                                                                                                                                   |
| New lung nodule                                                | See: <b><u>ONC-31.1: Lung Metastases</u></b>                                                                                                                                                                                                                                                                                                                                                        |

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**ONC-9: Esophageal and GE Junction Cancer****ONC-9.0: Esophageal and GE Junction Cancer – General Considerations****ONC-9.1: Esophageal and GE Junction Cancer – Suspected/Diagnosis****ONC-9.2: Esophageal and GE Junction Cancer – Initial Work-up/Staging****ONC-9.3: Esophageal and GE Junction Cancer – Restaging/Recurrence****ONC-9.4: Esophageal and GE Junction Cancer – Surveillance/Follow-up**



## **ONC-9.0: Esophageal and GE Junction Cancer – General Considerations**

- Clinicians must describe esophageal cancer by cell type and in which third of the esophagus it occurs.
- Cancers of the upper and middle third are usually squamous cell and are highly associated with tobacco and alcohol abuse.
- Cancers of the gastroesophageal (GE) junction are treated as lower third cancers. Lower third cancers are usually adenocarcinomas; 62% of these arise in the setting of Barrett's esophagus, a condition associated with high body mass index (BMI).

## **ONC-9.1: Esophageal and GE Junction Cancer – Suspected/Diagnosis**

- See also: **NECK-3.1: Dysphagia** for imaging guidelines for evaluation of suspected esophageal malignancy

## **ONC-9.2: Esophageal and GE Junction Cancer – Initial Work-up/Staging**

| Indication                                                   | Imaging Study                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Biopsy proven                                                | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen with contrast (CPT® 74160)               <ul style="list-style-type: none"> <li>■ CT Abdomen/Pelvis with contrast (CPT® 74177) may be approved instead of CT Abdomen if there are pelvic signs or symptoms</li> </ul> </li> </ul> |
| Upper 1/3 or neck mass                                       | <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> </ul>                                                                                                                                                                                                                          |
| If no evidence of metastatic disease by conventional imaging | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                         |

### **ONC-9.3: Esophageal and GE Junction Cancer – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                                         | Imaging Study                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After primary chemoradiation therapy prior to surgery                                                                                                                                                                                              | ♦ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast                                                                                                                                                                               |
| Post-surgical resection                                                                                                                                                                                                                            | ♦ See: Surveillance <b><u>ONC-9.4: Surveillance/Follow-up</u></b>                                                                                                                                                                               |
| ♦ If conventional imaging is inconclusive or<br>♦ Salvage surgical candidate with recurrence and no metastatic disease documented by conventional imaging                                                                                          | ♦ PET/CT (CPT® 78815) <ul style="list-style-type: none"> <li>▪ PET imaging can be done as early as 6 weeks after completion of XRT if recent CT findings are inconclusive and PET findings will alter immediate care decision making</li> </ul> |
| <u>For any of the following:</u> <ul style="list-style-type: none"> <li>♦ Signs or symptoms of recurrence</li> <li>♦ Biopsy proven on follow-up endoscopy</li> <li>♦ Recurrence suggested by other imaging (i.e. CXR or barium swallow)</li> </ul> | ♦ CT Chest (CPT® 71260) <b>and</b> CT Abdomen (CPT® 74160) with contrast                                                                                                                                                                        |
| If previously involved or new signs or symptoms                                                                                                                                                                                                    | ♦ CT Pelvis with contrast (CPT® 72193) <b>and/or</b> CT Neck with contrast (CPT® 70491)                                                                                                                                                         |

## **ONC-9.4: Esophageal and GE Junction Cancer – Surveillance/Follow-up**

| Indication                    | Imaging Study                                                                                     |
|-------------------------------|---------------------------------------------------------------------------------------------------|
| Stage 0-IA (Tis, T1a) disease | ♦ No routine advanced imaging indicated                                                           |
| Stage IB (T1b) disease        | ♦ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast annually for 3 years            |
| Stage II-III disease          | ♦ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast every 6 months for 3 years      |
| Stage IV disease              | ♦ See: <b><u>ONC-1.2: Phases of Oncology Imaging and General Phase-Related Considerations</u></b> |

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**ONC-10: Other Thoracic Tumors****ONC-10.1: Malignant Pleural Mesothelioma – Suspected/Diagnosis****ONC-10.2: Malignant Pleural Mesothelioma – Initial Work-up/Staging****ONC-10.3: Malignant Pleural Mesothelioma – Restaging****ONC-10.4: Malignant Pleural Mesothelioma – Surveillance****ONC-10.5: Thymoma and Thymic Carcinoma – Suspected/Diagnosis****ONC-10.6: Thymoma and Thymic Carcinoma – Initial Work-up/Staging****ONC-10.7: Thymoma and Thymic Carcinoma – Restaging****ONC-10.8: Thymoma and Thymic Carcinoma – Surveillance**

## **ONC-10.1: Malignant Pleural Mesothelioma – Suspected/Diagnosis**

- See: **CH-9.1: Asbestos Exposure** for imaging guidelines for evaluation of suspected mesothelioma



## **ONC-10.2: Malignant Pleural Mesothelioma – Initial Work-up/Staging**

| Indication                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cytologically or pathologically proven | <ul style="list-style-type: none"><li>◆ CT Chest (CPT® 71260) <b>and</b> CT Abdomen (CPT® 74160) with contrast</li><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) may be approved instead of CT Abdomen if there are pelvic signs or symptoms</li><li>◆ PET/CT (CPT® 78815) if no evidence of metastatic disease or inconclusive conventional imaging</li></ul> |
| Preoperative planning                  | <ul style="list-style-type: none"><li>◆ MRI Chest without and with contrast (CPT® 71552)</li></ul>                                                                                                                                                                                                                                                                  |

**ONC-10.3: Malignant Pleural Mesothelioma – Restaging**

| Indication                                                   | Imaging Study                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signs or symptoms of recurrence                              | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) may be approved instead of CT Abdomen if there are pelvic signs or symptoms</li> </ul>                                                                     |
| Treatment with chemotherapy                                  | <u>Every 2 cycles:</u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) may be approved instead of CT Abdomen if there are pelvic signs or symptoms</li> </ul>                                              |
| Following induction chemotherapy prior to surgical resection | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen (CPT® 74160) with contrast</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) may be approved instead of CT Abdomen if there are pelvic signs or symptoms</li> <li>◆ PET/CT (CPT® 78815) if no evidence of metastatic disease</li> </ul> |
| Inconclusive Chest CT                                        | <ul style="list-style-type: none"> <li>◆ MRI Chest without and with contrast (CPT® 71552)</li> </ul>                                                                                                                                                                                                                        |

**ONC-10.4: Malignant Pleural Mesothelioma – Surveillance**

| Indication | Imaging Study                                                                                                              |
|------------|----------------------------------------------------------------------------------------------------------------------------|
| All        | ♦ CT Chest with contrast (CPT® 71260) and previously involved regions every 3 months for 2 years, then annually thereafter |

## **ONC-10.5: Thymoma and Thymic Carcinoma – Suspected/Diagnosis**

- See: **CH-20.1: Mediastinal Mass** for imaging guidelines for evaluation of suspected thymic malignancies
- See: **ONC-15.6: Bronchopulmonary or Thymic Carcinoid – Initial Staging** for imaging guidelines for thymic carcinoid

## **ONC-10.6: Thymoma and Thymic Carcinoma – Initial Work-up/Staging**

| Indication                                    | Imaging Study                                                                                               |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Encapsulated or invasive limited disease      | ♦ CT Chest with contrast (CPT® 71260)                                                                       |
| Extensive mediastinal involvement on Chest CT | ♦ CT Abdomen with contrast (CPT® 74160)<br>♦ CT Neck with contrast (CPT® 70491)                             |
| Inconclusive finding on CT                    | <u>One of the following:</u><br>♦ PET/CT (CPT® 78815)<br>♦ MRI Chest without and with contrast (CPT® 71552) |
| Preoperative planning                         | ♦ MRI Chest without and with contrast (CPT® 71552)                                                          |
| Thymic Carcinomas                             | ♦ Image according to <b><u>ONC-8: Non-Small Cell Lung Cancer</u></b>                                        |

## ONC-10.7: Thymoma and Thymic Carcinoma – Restaging

| Indication                                                    | Study                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adjuvant therapy following surgical resection                 | <ul style="list-style-type: none"> <li>◆ Follow surveillance imaging</li> </ul>                                                                                                                                                                                                                         |
| For suspected recurrence                                      | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                                                                 |
| Recurrence with extensive mediastinal involvement on chest CT | <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Neck with contrast (CPT® 70491)</li> </ul>                                                                                                                                                                 |
| Thymic carcinomas                                             | <ul style="list-style-type: none"> <li>◆ See: <b><u>ONC-8: Non-Small Cell Lung Cancer</u></b></li> </ul>                                                                                                                                                                                                |
| Inconclusive finding on CT                                    | <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> <li>◆ MRI Chest without and with contrast (CPT® 71552)</li> </ul>                                                                                                                                 |
| Metastatic disease on chemotherapy                            | <ul style="list-style-type: none"> <li>◆ CT Neck (CPT® 70491), CT Chest (CPT® 71260), and CT Abdomen (CPT® 74160) with contrast, every 2 cycles of therapy</li> <li>◆ Following induction chemotherapy prior to surgical resection, PET/CT (CPT® 78815) if no evidence of metastatic disease</li> </ul> |

**ONC-10.8: Thymoma and Thymic Carcinoma – Surveillance**

| Indication        | Study                                                                                                                             |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Thymoma           | ♦ CT Chest with contrast (CPT® 71260) and previously involved regions every 6 months for 2 years, then annually for next 10 years |
| Thymic carcinomas | ♦ CT Chest with contrast (CPT® 71260) every 6 months for 2 years and then annually for 5 years                                    |

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**ONC-11: Breast Cancer**

|                                                          |
|----------------------------------------------------------|
| <b>ONC-11.0: Breast Cancer – General Considerations</b>  |
| <b>ONC-11.1: Breast Cancer – Suspected/Diagnosis</b>     |
| <b>ONC-11.2: Breast Cancer – Initial Work-up/Staging</b> |
| <b>ONC-11.3: Breast Cancer – Restaging/Recurrence</b>    |
| <b>ONC-11.4: Breast Cancer – Surveillance/Follow-up</b>  |

## **ONC-11.0: Breast Cancer – General Considerations**

- Advanced imaging to evaluate for distant metastases is not indicated for pre-invasive or in-situ breast cancer (histologies such as DCIS and LCIS). Bone scan has a high concordance rate with PET for detecting bone metastases.
- Scintimammography and Breast Specific Gamma Imaging (BSGI) are considered experimental and investigational.
- PET is not indicated for the following:
  - ◆ Non-invasive breast cancers
  - ◆ Prior to lymph node sampling in a patient with clinical stage I, II, or operable IIIA disease
  - ◆ Obvious multi-organ metastatic disease is present on CT or MRI

## **ONC-11.1: Breast Cancer – Suspected/Diagnosis**

See: **BR-5: Breast MRI Indications** for imaging guidelines for evaluation of suspected breast cancer

## ONC-11.2: Breast Cancer – Initial Work-up/Staging

| Indication                                                                                                                                                                                  | Imaging Study                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Biopsy proven invasive breast cancer or carcinoma in-situ</li> <li>◆ Adenocarcinoma in axillary lymph node</li> </ul> | <ul style="list-style-type: none"> <li>◆ Bilateral Breast MRI (CPT® 77049)</li> </ul>                                                                                                                                                                                                         |
| Operable disease (stage I and II)                                                                                                                                                           | <ul style="list-style-type: none"> <li>◆ No advanced imaging needed</li> <li>◆ For planned sentinel lymph node (SLN) biopsy: Lymph system imaging (lymphoscintigraphy, CPT® 78195)</li> </ul>                                                                                                 |
| Clinical Stage III and Stage IV disease or for signs or symptoms of systemic disease (including elevated liver function tests or tumor markers)                                             | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) <b>and</b> CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Bone scan</li> </ul> See also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>           |
| Inconclusive CT and bone scan                                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                       |
| Bone pain                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>◆ Bone scan (see: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ See also: <b><u>ONC-31.5: Bone (including Vertebral) Metastases</u></b></li> <li>◆ See also: <b><u>ONC-31.6: Spinal Cord Compression</u></b></li> </ul> |

### ONC-11.3: Breast Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                                                                                 | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Biopsy proven local recurrence</li> <li>◆ Suspicion of recurrence with inconclusive mammogram and/or ultrasound (BIRADS 0)</li> <li>◆ Mammogram and ultrasound conflicts with physical exam</li> <li>◆ End of planned neoadjuvant chemotherapy to determine resectability</li> </ul> | Bilateral MRI Breast without and with contrast (CPT® 77049)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Elevated LFTs</li> <li>◆ Rising tumor markers</li> <li>◆ Signs or symptoms of recurrence</li> <li>◆ Biopsy proven recurrence</li> </ul>                                                                                                                                              | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Bone scan (See also: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Treatment response in patients with metastatic disease and measurable disease on imaging                                                                                                                                                                                                                                                                   | <u>Any or all of the following for patients being treated with <b>chemotherapy, every 2 cycles:</b></u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Bone scan (see also: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553) for patients receiving systemic treatment for brain metastases</li> </ul> <u>Any or all of the following for patients being treated with <b>endocrine/hormonal therapy, every 3 months:</b></u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Bone scan (See: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> </ul> |
| Inconclusive CT, MRI, and/or bone scan for suspected recurrence, and further characterization is needed to make treatment decisions                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Assessing for residual disease after surgery</li> <li>◆ Assessing response to neoadjuvant chemotherapy</li> <li>◆ After lumpectomy or mastectomy, prior to adjuvant therapy</li> </ul>                                                                                               | <ul style="list-style-type: none"> <li>◆ Neither PET nor CT are indicated for systemic restaging after neoadjuvant chemotherapy or after surgery</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Bone metastasis as the only site of stage IV disease (excluding brain metastases) and a prior bone scan has not been performed for serial comparison                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

**ONC-11.4: Breast Cancer – Surveillance/Follow-up**

| Indication                                                                          | Imaging Study                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measurable metastatic disease on maintenance therapy or being monitored off therapy | <u>Any or all of the following, every 3 months:</u> <ul style="list-style-type: none"><li>♦ CT Chest (CPT® 71260) <b>and</b> CT Abdomen/Pelvis (CPT® 74177) with contrast</li><li>♦ Bone scan (see also: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li></ul> |
| Asymptomatic non-metastatic disease                                                 | ♦ No advanced imaging indicated                                                                                                                                                                                                                                               |
| Breast imaging surveillance                                                         | ♦ See: <b>BR-5: Breast MRI Indications</b> for imaging guidelines                                                                                                                                                                                                             |

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**ONC-12: Sarcomas – Bone, Soft Tissue and GIST****ONC-12.1: Bone and Soft Tissue Sarcomas – General Considerations****ONC-12.2: Soft Tissue Sarcomas – Initial Work-up/Staging****ONC-12.3: Soft Tissue Sarcomas – Restaging/Recurrence****ONC-12.4: Soft Tissue Sarcomas – Surveillance/Follow-up****ONC-12.5: Gastrointestinal Stromal Tumor (GIST)****ONC-12.6: Bone Sarcomas – Initial Work-up/Staging****ONC-12.7: Bone Sarcomas – Restaging/Recurrence****ONC-12.8: Bone Sarcomas – Surveillance/Follow-up****ONC-12.9: Benign Bone Tumors – General Considerations****ONC-12.10: Benign Bone Tumors – Initial Work-up/Staging****ONC-12.11: Benign Bone Tumors – Restaging/Recurrence****ONC-12.12: Benign Bone Tumors – Surveillance/Follow-up**



## **ONC-12.1: Bone and Soft Tissue Sarcomas – General Considerations**

Sarcomas are tumors of mesenchymal origin, classified as high-, intermediate-, and low-grade (G) tumors (sometimes described as “spindle cell” cancers). They can arise in any bony, cartilaginous, smooth muscle, skeletal muscle, or cardiac muscle tissue.

Sarcomas occur in both adult and pediatric patients, but some are more common in one age group than the other. Unless specified below, patients age  $\geq 18$  years old should be imaged according to this guideline section.

Exceptions include:

- Rhabdomyosarcoma patients of all ages should be imaged according to guidelines in **PEDONC-8.2: Rhabdomyosarcoma**
- Osteogenic sarcoma (Osteosarcoma) patients of all ages should be imaged according to guidelines in **PEDONC-9.3: Osteogenic Sarcoma (OS)**
- Ewing sarcoma and Primitive Neuroectodermal Tumor patients of all ages should be imaged according to guidelines in **PEDONC-9.4: Ewing Sarcoma and Primitive Neuroectodermal Tumors (ESFT)**
- Kaposi’s sarcoma patients of all ages should be imaged according to guidelines in **ONC-31.10: Kaposi’s Sarcoma**

## ONC-12.2: Soft Tissue Sarcomas – Initial Work-up/Staging

| Indication                                                                                                                                                                                                                                                                                                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retroperitoneal or intraabdominal primary site                                                                                                                                                                                                                                                                                                                  | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ Either CT Abdomen/Pelvis with contrast (CPT® 74177) <b>or</b> MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul>                                                                                                                                                                        |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Extremity or trunk primary site</li> <li>♦ Head or neck primary site</li> <li>♦ Other histologies documented to have propensity for lymphatic spread and deep-seated tumors</li> </ul>                                                                                                    | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ MRI without and with contrast of involved area</li> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> </ul>                                                                                                                                                                                                                                                                      |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Angiosarcoma</li> <li>♦ Alveolar soft part sarcoma</li> <li>♦ Clear cell sarcoma</li> <li>♦ Epithelioid sarcoma</li> <li>♦ Hemangiopericytoma</li> <li>♦ Leiomyosarcoma</li> <li>♦ Other histologies documented to have propensity for lymphatic spread and deep-seated tumors</li> </ul> | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ MRI without and with contrast of involved area</li> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ Either CT Abdomen/Pelvis with contrast (CPT® 74177) <b>or</b> MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul>                                                                                                              |
| Myxoid round cell liposarcoma                                                                                                                                                                                                                                                                                                                                   | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>♦ MRI without and with contrast of involved area</li> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ Either CT Abdomen/Pelvis with contrast (CPT® 74177) <b>or</b> MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast</li> <li>♦ MRI Cervical/Thoracic/Lumbar spine without and with contrast (CPT® 72156, CPT® 72157, and CPT® 72158)</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Angiosarcoma</li> <li>♦ Alveolar soft part sarcoma</li> <li>♦ All patients with signs/symptoms of brain metastases</li> </ul>                                                                                                                                                             | <ul style="list-style-type: none"> <li>♦ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                               |

| Indication                                                                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Grade of tumor in doubt following biopsy</li> <li>◆ Conventional imaging suggests solitary metastasis amenable to surgical resection</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                 |
| Desmoid Tumors                                                                                                                                                                                                               | <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT without contrast or with contrast of the affected body part</li> <li>◆ MRI without contrast or without and with contrast of the affected body part</li> <li>◆ Imaging of lung, lymph node, and metastatic site for these tumors is not indicated</li> </ul>                                                                                                                                           |
| Dermatofibrosarcoma Protuberans (DFSP)                                                                                                                                                                                       | <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT without contrast or with contrast of the affected body part</li> <li>◆ MRI without contrast or without and with contrast of the affected body part</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for               <ul style="list-style-type: none"> <li>■ pulmonary symptoms</li> <li>■ abnormal chest x-ray</li> <li>■ sarcomatous differentiation</li> </ul> </li> </ul> |

### ONC-12.3: Soft Tissue Sarcomas – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ After preoperative radiotherapy</li> <li>◆ After surgical resection</li> <li>◆ After adjuvant radiotherapy</li> </ul>                                                                                          | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of affected body area</li> <li>◆ CT without contrast or with contrast can be added if demonstrated bone involvement</li> <li>◆ Chest or lymph node imaging is not indicated if no abnormality on previous imaging</li> </ul>                                                                                                                                                               |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Differentiate tumor from radiation or surgical fibrosis</li> <li>◆ Determine response to neoadjuvant therapy</li> <li>◆ Confirm oligometastatic disease prior to curative intent surgical resection</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |
| Chemotherapy response for patients with measurable disease                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>◆ CT with contrast or MRI without and with contrast of affected body area every 2 cycles</li> </ul>                                                                                                                                                                                                                                                                                                                        |
| Local recurrence suspected                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>◆ Repeat all imaging for initial workup of specific histology and/or primary site</li> </ul>                                                                                                                                                                                                                                                                                                                               |
| Preoperative planning prior to resection                                                                                                                                                                                                                                             | <u>Any or all of the following:</u> <ul style="list-style-type: none"> <li>◆ MRI without contrast or without and with contrast of involved area</li> <li>◆ CT (contrast as requested) of involved area</li> </ul>                                                                                                                                                                                                                                                 |
| Dermatofibrosarcoma Protuberans (DFSP)                                                                                                                                                                                                                                               | <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ CT without contrast or with contrast of the affected body part</li> <li>◆ MRI without contrast or without and with contrast of the affected body part</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for: <ul style="list-style-type: none"> <li>■ pulmonary symptoms</li> <li>■ abnormal chest x-ray</li> <li>■ sarcomatous differentiation</li> </ul> </li> </ul> |

## ONC-12.4: Soft Tissue Sarcomas Surveillance/Follow-up

| Indication                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retroperitoneal/intra-abdominal primary site                           | <p><u>Any or all of the following every 3 months for 2 years, then every 6 months for 2 more years, then annually:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast or MRI without and with contrast of any other involved body areas</li> </ul>                                                                                                                          |
| Extremity, trunk, or Head/Neck primary site, low grade Stage I disease | <p><u>Any or all of the following every 6 months for 5 years, then annually thereafter:</u></p> <ul style="list-style-type: none"> <li>♦ Chest x-ray <ul style="list-style-type: none"> <li>▪ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) is indicated for new findings on CXR or new/worsening pulmonary signs/symptoms</li> </ul> </li> <li>♦ CT with contrast, MRI without contrast, or MRI without and with contrast of primary site if primary site not easily evaluated by physical exam</li> </ul> |
| Extremity, trunk, or Head/Neck primary site, Stages II-IV disease.     | <p><u>Any or all of the following every 3 months for 2 years, then every 6 months for 2 more years, then annually:</u></p> <ul style="list-style-type: none"> <li>♦ CT with contrast, MRI without contrast, or MRI without and with contrast of primary site</li> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ CT with contrast or MRI without and with contrast of any other involved body areas</li> </ul>                                                                              |
| Desmoid tumors                                                         | <p><u>One of the following every 6 months for 3 years, then annually:</u></p> <ul style="list-style-type: none"> <li>♦ CT without contrast or with contrast of the affected body part</li> <li>♦ MRI without contrast or without and with contrast of the affected body part</li> </ul>                                                                                                                                                                                                                                   |
| Dermatofibrosarcoma Protuberans                                        | <ul style="list-style-type: none"> <li>♦ No routine imaging unless clinical signs/symptoms of recurrence</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                       |

## **ONC-12.5: Gastrointestinal Stromal Tumor (GIST)**

### **General Considerations**

GISTs are mesenchymal neoplasms of the gastrointestinal (GI) tract, mostly found in the stomach and upper small bowel, commonly metastasizing to the liver and abdominal cavity and primarily treated with surgery.

| Indication              | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Suspected/Diagnosis     | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                                                                            |
| Initial Work-up/Staging | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260 ) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ MRI Abdomen without and with contrast (CPT® 74183) is indicated for evaluation of liver lesions that are equivocal on CT imaging or for preoperative assessment of liver</li> <li>◆ PET is indicated for evaluation of inconclusive findings on conventional imaging</li> </ul> |
| Restaging/Recurrence    | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) if prior evidence of chest disease or signs or symptoms of chest disease</li> <li>◆ PET is indicated for evaluation of inconclusive findings on conventional imaging</li> </ul>                                                                                        |
| Treatment Response      | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) if prior evidence of chest disease or signs or symptoms of chest disease</li> <li>◆ PET is indicated for evaluation of inconclusive findings on conventional imaging</li> </ul>                                                                                        |
| Surveillance/Follow-up  | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) every 6 months for 5 years, then annually</li> </ul>                                                                                                                                                                                                                                                                  |

## ONC-12.6: Bone Sarcomas – Initial Work-up/Staging

| Indication     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chondrosarcoma | <p><u>Any or all of the following:</u></p> <ul style="list-style-type: none"> <li>◆ MRI without contrast or without and with contrast of involved area</li> <li>◆ CT (contrast as requested) of involved area</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |
| Chordoma       | <p><u>Any or all of the following:</u></p> <ul style="list-style-type: none"> <li>◆ MRI without contrast or without and with contrast of involved area</li> <li>◆ CT (contrast as requested) of involved area</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), and Lumbar spine (CPT® 72158) without and with contrast</li> <li>◆ Bone scan (see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ PET may be approved for inconclusive conventional imaging</li> </ul> |

## **ONC-12.7: Bone Sarcomas – Restaging/Recurrence**

| Indication     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chondrosarcoma | <u>Any or all of the following, after completion of radiotherapy or every 2 cycles of chemotherapy:</u> <ul style="list-style-type: none"> <li>◆ MRI without contrast or without and with contrast of involved area</li> <li>◆ CT (contrast as requested) of involved area</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> </ul>                                                                                                 |
| Chordoma       | <u>Any or all of the following, after completion of radiotherapy or every 2 cycles of chemotherapy:</u> <ul style="list-style-type: none"> <li>◆ MRI without contrast or without and with contrast of involved area</li> <li>◆ CT (contrast as requested) of involved area</li> <li>◆ Bone scan (see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ PET may be approved for inconclusive conventional imaging</li> </ul> |



## ONC-12.8: Bone Sarcomas – Surveillance/Follow-up

| Indication                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Grade I Chondrosarcoma</li> <li>◆ Intracompartmental Chondrosarcoma</li> </ul>                                              | <p><u>Any or all of the following every 6 months for 2 years, then annually for 10 years:</u></p> <ul style="list-style-type: none"> <li>◆ Plain x-ray of primary site               <ul style="list-style-type: none"> <li>■ MRI without and with contrast is indicated for new findings on plain x-ray or new/worsening clinical symptoms.</li> </ul> </li> <li>◆ Chest x-ray               <ul style="list-style-type: none"> <li>■ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>◆ Grade II or III Chondrosarcoma</li> <li>◆ Clear Cell Chondrosarcoma</li> <li>◆ Extracompartmental Chondrosarcoma</li> </ul> | <p><u>Any or all of the following every 6 months for 5 years, then annually for 10 years:</u></p> <ul style="list-style-type: none"> <li>◆ Plain x-ray of primary site               <ul style="list-style-type: none"> <li>■ MRI without and with contrast is indicated for new findings on plain x-ray or new/worsening clinical symptoms.</li> </ul> </li> <li>◆ Chest x-ray or CT Chest with (CPT® 71260) <b>or</b> CT Chest without contrast (CPT® 71250)</li> </ul>                                                                                                           |
| Chordoma                                                                                                                                                             | <p><u>Any or all of the following every 6 months for 5 years, then annually until year 10:</u></p> <ul style="list-style-type: none"> <li>◆ Plain x-ray of primary site               <ul style="list-style-type: none"> <li>■ MRI without and with contrast is indicated for new findings on plain x-ray or new/worsening clinical symptoms.</li> </ul> </li> <li>◆ Chest x-ray               <ul style="list-style-type: none"> <li>■ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms</li> </ul> </li> </ul> |

## **ONC-12.9: Benign Bone Tumors – General Considerations**

- Variety of diagnoses, including osteoid osteochondroma, chondroblastoma, desmoplastic fibroma, Paget's disease, osteoid osteoma and others
- Plain x-ray appearance is diagnostic for many benign bone tumors and advanced imaging is generally unnecessary except for preoperative planning
- MRI without and with contrast is the primary modality for advanced imaging of bone tumors, and can be approved to help narrow differential diagnoses and determine whether biopsy is indicated
- Some benign bone tumor types carry a risk of malignant degeneration over time, but routine advanced imaging surveillance has not been shown to improve outcomes for these patients
- MRI without and with contrast can be approved to evaluate new findings on plain x-ray new/worsening clinical symptoms not explained by a recent plain x-ray
- There are no data to support the use of PET/CT in the evaluation of benign bone tumors, and PET requests should not be approved without biopsy confirmation of a malignancy
- Other benign bone tumor patients of all ages should be imaged according to guidelines in **PEDONC-9.2: Benign Bone Tumors**

**ONC-12.10: Benign Bone Tumors – Initial Work-up/Staging**

| Indication                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Giant Cell Tumor of Bone (GCTB) | <u>Any or all of the following:</u> <ul style="list-style-type: none"><li>◆ MRI without contrast or without and with contrast of involved area</li><li>◆ CT (contrast as requested) of involved area</li><li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li><li>◆ Bone scan (see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li></ul> |
| Enchondroma                     | ◆ MRI without contrast or without and with contrast of primary site                                                                                                                                                                                                                                                                                                                   |

**ONC-12.11: Benign Bone Tumors – Restaging/Recurrence**

| Indication                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Giant Cell Tumor of Bone (GCTB) | <u>Any or all of the following, after completion of radiotherapy or every 2 cycles of chemotherapy:</u> <ul style="list-style-type: none"><li>◆ MRI without contrast or without and with contrast of involved area</li><li>◆ CT (contrast as requested) of involved area</li><li>◆ Bone scan (see also: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li></ul> |
| Enchondroma                     | Generally no indication for this benign tumor unless symptoms                                                                                                                                                                                                                                                                                                                       |

**ONC-12.12: Benign Bone Tumors – Surveillance/Follow-up**

| Indication                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Giant Cell Tumor of Bone (GCTB) | <p><u>Any or all of the following every 6 months for 2 years, then annually thereafter:</u></p> <ul style="list-style-type: none"> <li>◆ Plain x-ray of primary site <ul style="list-style-type: none"> <li>■ MRI without and with contrast is indicated for new findings on plain x-ray or new/worsening clinical symptoms.</li> </ul> </li> <li>◆ Chest x-ray <ul style="list-style-type: none"> <li>■ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul> </li> </ul> |
| Enchondroma                     | Plain films of primary site                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## References

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**ONC-13: Pancreatic Cancer****ONC-13.0: Pancreatic Cancer – General Considerations****ONC-13.1: Pancreatic Cancer – Screening Studies for Pancreatic Cancer****ONC-13.2: Pancreatic Cancer – Suspected/Diagnosis****ONC-13.3: Pancreatic Cancer – Initial Work-up/Staging****ONC-13.4: Pancreatic Cancer – Restaging/Recurrence****ONC-13.5: Pancreatic Cancer – Surveillance/Follow-up**

### **ONC-13.0: Pancreatic Cancer – General Considerations**

- This guideline refers only to adenocarcinoma of the exocrine pancreas, which accounts for over 90% of pancreatic malignancies. This guideline may also be used for cancer of the Ampulla of Vater.
- Neuroendocrine and carcinoid tumors of the pancreas are not included in this guideline, see: **ONC-15: Neuroendocrine Cancers and Adrenal Tumors**



## ONC-13.1: Pancreatic Cancer – Screening Studies for Pancreatic Cancer

- Detailed history of any known inherited syndrome in the patient and detailed family history in first and second degree relatives, including the age and lineage, is essential to guide screening recommendations. See table below for age- and risk-specific screening recommendations
- New onset of diabetes in patients older than 50 has been recognized as a potential indicator of the development of pancreatic cancer. Approximately 1% of patients in this category are diagnosed with cancer within 3 years. A prediction model has been established which identifies those patients at greatest risk for pancreatic malignancy. The scoring system, known as ENDPAC (Enriching New-Onset Diabetes for Pancreatic Cancer) is based on 3 discriminatory factors, including change in blood glucose, change in weight, and age of onset at the time of the new diagnosis of diabetes. A score of > 3 imparts an elevated risk of pancreatic cancer (3.6%), and these patients should be screened. Screening is not indicated at this time for scores of 0-2.

| Indications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Imaging Study                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Age 50 or 10 years earlier than the youngest affected family member when BOTH of the following are met:</u> <ul style="list-style-type: none"> <li>◆ First- or second-degree relative affected with pancreatic cancer <b>AND</b></li> <li>◆ Known mutation carrier of one of the following genes: <ul style="list-style-type: none"> <li>■ Lynch Syndrome</li> <li>■ BRCA1, BRCA2 (Familial Breast and Ovarian syndrome)</li> <li>■ PALB2 mutation</li> <li>■ ATM (Ataxia-Telangiectasia)</li> </ul> </li> </ul>         | <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183) at baseline, repeat annually</li> </ul>        |
| <u>Age 50 or 10 years earlier than the youngest affected family member for ANY of the following:</u> <ul style="list-style-type: none"> <li>◆ Individuals with 2 relatives with pancreatic adenocarcinoma where one is a first-degree relative</li> <li>◆ Individuals with 3 or more relatives with pancreatic cancer</li> <li>◆ Familial Atypical Multiple Melanoma and Mole Syndrome (FAMM-mutations in CDKN2A gene, p16, or multiple tumor suppressor-1 gene)</li> <li>◆ Hereditary Pancreatitis (PRSS1 Gene)</li> </ul> | <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183) at baseline, repeat annually</li> </ul>        |
| Peutz-Jeghers Syndrome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183) starting at age 30, repeat annually</li> </ul> |

| Indications                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Screening MRI reveals cystic lesion of the pancreas                                                                                                                                                                                                                            | ♦ Repeat MRI Abdomen without and with contrast (CPT® 74183) in 6 months                                                                                                 |
| Screening MRI reveals indeterminate solid lesion                                                                                                                                                                                                                               | ♦ Repeat MRI Abdomen without and with contrast (CPT® 74183) in 3 months                                                                                                 |
| Screening MRI reveals pancreatic stricture                                                                                                                                                                                                                                     | ♦ Repeat MRI Abdomen without and with contrast (CPT® 74183) in 3 months                                                                                                 |
| <u>For any of the following:</u> <ul style="list-style-type: none"> <li>♦ Familial Adenomatous Polyposis Syndrome (APC gene)</li> <li>♦ Von Hippel-Lindau disease</li> <li>♦ Neurofibromatosis Type 1</li> <li>♦ Tuberous sclerosis</li> <li>♦ Li-Fraumeni syndrome</li> </ul> | ♦ Advanced imaging is not routinely indicated for screening for pancreatic cancer                                                                                       |
| New onset diabetes in adults with ENDPAC score of $\geq 3$                                                                                                                                                                                                                     | ♦ CT Abdomen without and with contrast (CPT® 74170) or MRI Abdomen without and with contrast (CPT® 74183) at baseline; if negative, can be repeated once after 6 months |

**ONC-13.2: Pancreatic Cancer – Suspected/Diagnosis**

| Indication                                                                                    | Imaging Study                                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| For any suspected symptoms only                                                               | ◆ Ultrasound (CPT® 76700 or CPT® 76705)                                                                          |
| Symptoms and abnormal lab(s), or physical exam findings, or abnormal ultrasound/ERCP          | ◆ CT Abdomen without and with contrast (CPT® 74170) <b>or</b> MRI Abdomen without and with contrast (CPT® 74183) |
| Preoperative studies for potentially resectable tumors without confirmed histologic diagnosis | ◆ See also: <b><u>ONC-13.3: Pancreatic Cancer – Initial Work-up/Staging</u></b>                                  |

**ONC-13.3: Pancreatic Cancer – Initial Work-up/Staging**

| Indication                                                          | Imaging Study                                                                                                                                                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                        | <ul style="list-style-type: none"><li>◆ CT Chest with contrast (CPT® 71260)</li><li>◆ CT Abdomen/Pelvis with (CPT® 74177) or CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li><li>◆ EUS</li></ul> |
| Preoperative planning or CT insufficient to determine resectability | <ul style="list-style-type: none"><li>◆ MRI Abdomen without and with contrast (CPT® 74183)</li></ul>                                                                                                          |
| No evidence of metastatic disease on CT or MRI                      | <ul style="list-style-type: none"><li>◆ PET/CT (CPT® 78815)</li></ul>                                                                                                                                         |

### **ONC-13.4: Pancreatic Cancer – Restaging/Recurrence**

| Indication                                                                                                                                                                               | Imaging Study                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>For any of the following:</u> <ul style="list-style-type: none"> <li>◆ After neoadjuvant chemoradiation</li> <li>◆ Post-operative baseline</li> <li>◆ Suspected recurrence</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with (CPT® 74177) or CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ CT with contrast of other involved or symptomatic areas</li> <li>◆ PET/CT (CPT® 78815) for inconclusive conventional imaging post chemoradiation</li> </ul> |
| Unresectable disease or metastatic disease on chemotherapy                                                                                                                               | <u>Every 2 cycles of treatment (commonly every 6 to 8 weeks):</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with (CPT® 74177) or CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ CT with contrast of other involved or symptomatic areas</li> </ul>                        |
| Unexplained elevated liver enzymes or inconclusive recent CT abnormality                                                                                                                 | <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                                                                                                                         |
| If complete surgical resection was initial therapy                                                                                                                                       | <ul style="list-style-type: none"> <li>◆ See also: <b><u>ONC-13.5: Pancreatic Cancer – Surveillance/Follow-up</u></b> for surveillance imaging</li> </ul>                                                                                                                                                                                                      |

**ONC-13.5: Pancreatic Cancer – Surveillance/Follow-up**

| Indication   | Imaging Study                                                                                                                                                                                  |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients | <u>Every 3 months for 2 years, then annually:</u> <ul style="list-style-type: none"><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>◆ CT Chest with contrast (CPT® 71260)</li></ul> |

## References

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**ONC-14: Upper GI Cancers****ONC-14.1: Hepatocellular Carcinoma (HCC) – General Considerations****ONC-14.2: Hepatocellular Carcinoma (HCC) – Suspected/Diagnosis****ONC-14.3: Hepatocellular Carcinoma (HCC) – Initial Work-up/Staging****ONC-14.4: Hepatocellular Carcinoma (HCC) – Restaging/Recurrence****ONC-14.5: Hepatocellular Carcinoma (HCC) – Surveillance/Follow-up****ONC-14.6: Gallbladder and Biliary Tumors – Initial Work-up/Staging****ONC-14.7: Gallbladder and Biliary Tumors – Restaging/Recurrence****ONC-14.8: Gallbladder and Biliary Tumors – Surveillance/Follow-up****ONC-14.9: Gastric Cancer – Initial Work-up/Staging****ONC-14.10: Gastric Cancer – Restaging/Recurrence****ONC-14.11: Gastric Cancer – Surveillance/Follow-up**



## **ONC-14.1: Hepatocellular Carcinoma (HCC) – General Considerations**

- Diagnosis: A biopsy is not always required for the diagnosis of Hepatocellular carcinoma (HCC). A dedicated triple-phase CT or MRI may be obtained. MRI with contrast is the test of choice for the evaluation of liver masses and offers soft tissue contrast resolution superior to CT as well as the possibility of using two different contrast agents, one of which is more blood flow based and the other which also is blood flow based and demonstrates hepatobiliary function (Eovist). Classical imaging findings include:
  - ◆ Arterial phase hyperenhancement
  - ◆ Venous phase washout appearance
  - ◆ Capsule appearance
  - ◆ Threshold growth
- For patients who are high risk for developing HCC (cirrhosis, chronic Hepatitis B or current or prior HCC), if the liver lesion is > 1 cm with 2 classic enhancements on triple-phase CT or MRI, the diagnosis is confirmatory and biopsy is not needed.
- For lesions less than 1 cm or with less than 2 classical enhancements or for any liver lesions in patients who are not high risk, a biopsy is needed for histological confirmation.
- PET/CT scan is not indicated for diagnosis or staging of Hepatocellular carcinoma

## **ONC-14.2: Hepatocellular Carcinoma (HCC) – Suspected/Diagnosis**

- See: **AB-26.1: Chronic Liver Disease, Cirrhosis and Screening for HCC**
- See: **AB-29.1: Liver Lesion Characterization**

### **ONC-14.3: Hepatocellular Carcinoma (HCC) – Initial Work-up/Staging**

| Indication   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients | <ul style="list-style-type: none"><li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li></ul> <p><u>One of the following:</u></p> <ul style="list-style-type: none"><li>◆ CT Abdomen with contrast (CPT® 74160)</li><li>◆ CT Abdomen without and with contrast (CPT® 74170)</li><li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177) or without and with contrast (CPT® 74178)</li><li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li></ul> |

## **ONC-14.4: Hepatocellular Carcinoma (HCC) – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ After initial therapy</li> <li>◆ For suspected recurrence or new liver lesions</li> <li>◆ Individuals receiving systemic therapy (every 2 cycles)</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Hepatocellular Carcinoma treated with embolization                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>◆ CTA Abdomen (CPT® 74175) can be approved immediately prior to embolization</li> </ul> <p><u>One of the following, immediately prior to and 1 month post-ablation:</u></p> <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183)</li> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> </ul> <p>See also: <b><u>ONC-31.2</u></b> for imaging studies indicated prior to and post-embolization</p>                                                |
| Hepatocellular Carcinoma awaiting liver transplant                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>◆ See: <b><u>AB-42.1: Liver Transplant, Pre-Transplant</u></b> for imaging guidelines</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                    |

## **ONC-14.5: Hepatocellular Carcinoma (HCC) – Surveillance/Follow-up**

| Indication                                                                                                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Hepatocellular Carcinoma:</u> <ul style="list-style-type: none"> <li>◆ Treated with surgical resection</li> <li>◆ Treated with embolization</li> </ul> | <u>Every 3 months for 2 years, then annually:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> <u>And ONE of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177) or without and with contrast (CPT® 74178)</li> <li>◆ MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Hepatocellular Carcinoma treated with liver transplant                                                                                                    | <ul style="list-style-type: none"> <li>◆ See: <b><u>AB-42.3: Liver Transplant, Post-transplant</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## **ONC-14.6: Gallbladder and Biliary Tumors – Initial Work-up/Staging**

| Indication                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                  | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Inconclusive findings on conventional imaging | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                     |

## **ONC-14.7: Gallbladder and Biliary Tumors – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ After initial therapy</li> <li>◆ For suspected recurrence or new liver lesions</li> <li>◆ Patients receiving systemic chemotherapy (every 2 cycles)</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| <u>Inconclusive findings on conventional imaging</u>                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                        |

## **ONC-14.8: Gallbladder and Biliary Tumors – Surveillance/Follow-up**

| Indication                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                    | <p><u>Every 6 months for 2 years, and then annually up to year 5:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> <p><b>And ONE of the following:</b></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160)</li> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Biliary carcinoma treated with liver transplant | See: <b><u>AB-42.3: Liver Transplant, Post-transplant</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



**ONC-14.9: Gastric Cancer – Initial Work-up/Staging**

| Indication                                                                       | Imaging Study                                                                                                                                |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                     | <ul style="list-style-type: none"><li>◆ CT Chest with contrast (CPT® 71260)</li><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li></ul> |
| Gastric cancer ≥ T2 or higher with no metastatic disease by conventional imaging | <ul style="list-style-type: none"><li>◆ PET/CT (CPT® 78815)</li></ul>                                                                        |

**ONC-14.10: Gastric Cancer – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After initial therapy and any suspected recurrence                                                                                                                                                                             | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260 ) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                      |
| New liver lesion(s) and primary site controlled                                                                                                                                                                                | <ul style="list-style-type: none"> <li>♦ CT Abdomen (CPT® 74170) or MRI Abdomen without and with contrast (CPT® 74183)</li> <li>♦ CT Chest with contrast (CPT® 71260)</li> </ul> |
| <u>One of the following:</u> <ul style="list-style-type: none"> <li>♦ After neoadjuvant therapy for presumed surgically resectable disease or</li> <li>♦ Post curative chemoradiation being treated without surgery</li> </ul> | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260 ) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                      |
| Inconclusive findings on conventional imaging                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)</li> </ul>                                                                                                          |

**ONC-14.11: Gastric Cancer – Surveillance/Follow-up**

| Indication                                                                                                                                                                                                                                                               | Imaging Study                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Stage I (treated with resection alone)                                                                                                                                                                                                                                   | ◆ No routine imaging unless clinical signs/symptoms of recurrence                             |
| <u>Any of the following:</u> <ul style="list-style-type: none"><li>◆ Stage I treated with systemic therapy</li><li>◆ Stages II-III</li><li>◆ Stage IV - Metastatic disease (post definitive treatment of all measurable disease or being observed off therapy)</li></ul> | ◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) annually for 5 years |

## References

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## **ONC-15: Neuroendocrine Cancers and Adrenal Tumors**

**ONC-15.1: General Considerations**

**ONC-15.2: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Suspected/Diagnosis**

**ONC-15.3: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Initial Work-up/Staging**

**ONC-15.4: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Restaging/Recurrence**

**ONC-15.5: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Surveillance**

**ONC-15.6: Bronchopulmonary or Thymic Carcinoid – Initial Staging**

**ONC-15.7: Bronchopulmonary or Thymic Carcinoid – Restaging/Recurrence**

**ONC-15.8: Bronchopulmonary or Thymic Carcinoid – Surveillance**

**ONC-15.9: Adrenal Tumors – Suspected/Diagnosis**

**ONC-15.10: Adrenal Tumors – Initial Work-up/Staging**

**ONC-15.11: Adrenal Tumors – Restaging/Recurrence**

**ONC-15.12: Adrenal Tumors – Surveillance**

**ONC-15.13: Adrenocortical Carcinoma**

## **ONC-15.1: General Considerations**

This guideline includes low-grade or well-differentiated carcinoid and endocrine tumors of the lung, thymus, pancreas, gastrointestinal tract or unknown primary site; including insulinoma, glucagonoma, VIPoma, gastrinoma, somatostatinoma and others as well as catecholamine-secreting tumors of the adrenal gland such as pheochromocytoma, paraganglioma, adrenocortical carcinoma, and others.

- For poorly-differentiated or high-grade small cell or large cell neuroendocrine tumors arising outside the lung or from an unknown primary site see: **ONC-31.8: Extrathoracic Small Cell and Large Cell Neuroendocrine Tumors**
- For poorly-differentiated or high grade neuroendocrine tumors of the lung, refer to **ONC-7: Small Cell Lung Cancer**
- Neuroblastoma, ganglioneuroblastoma, and ganglioneuroma occurring in adults should be imaged according to **PEDONC-6: Neuroblastoma**
- Many are associated with Multiple Endocrine Neoplasia (MEN) familial syndromes. – See: **PEDONC-2.8: Multiple Endocrine Neoplasias (MEN)** for screening recommendations
- Somatostatin receptor-based imaging is more sensitive and specific for evaluation of well-differentiated neuroendocrine tumors and may be performed using <sup>111</sup>In DTPA Octreotide scintigraphy or <sup>68</sup>Gallium-labeled DOTATATE PET/CT scan. This study is not part of evaluation of poorly-differentiated or high grade neuroendocrine tumors, which are imaged according to: **ONC-31.8: Extrathoracic Small Cell and Large Cell Neuroendocrine Tumors**

## ONC-15.2: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Suspected/Diagnosis

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Systemic symptoms strongly suggestive of functioning neuroendocrine tumor</li> <li>◆ Suspicious findings on other imaging studies</li> <li>◆ <u>Unexplained elevation in any of the following:</u> <ul style="list-style-type: none"> <li>■ Chromogranin A</li> <li>■ 5HIAA</li> <li>■ Insulin</li> <li>■ VIP</li> <li>■ Glucagon</li> <li>■ Gastrin</li> <li>■ Substance P</li> <li>■ Serotonin</li> <li>■ Somatostatin</li> </ul> </li> </ul> | <p><u>Any or all of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or without and with contrast (CPT® 74178) <ul style="list-style-type: none"> <li>■ If CT inconclusive, MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast is indicated</li> </ul> </li> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> <li>◆ CT with contrast or MRI without and with contrast of any other symptomatic body areas</li> </ul> |
| <ul style="list-style-type: none"> <li>◆ Continued suspicion with negative/inconclusive CT scan or MRI</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>■ CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>■ CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li>◆ <sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                       |

### **ONC-15.3: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carcinoid, pancreatic neuroendocrine tumors                                                                                                                                                                                                                                                                                                  | <p><u>If not already done:</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or without and with contrast (CPT® 74178) <ul style="list-style-type: none"> <li>■ If CT inconclusive, MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast is indicated</li> </ul> </li> <li>◆ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> </ul> |
| Inconclusive CT or MRI scans                                                                                                                                                                                                                                                                                                                 | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>■ CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>■ CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li>◆ <sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                              |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Markers fail to normalize after complete resection AND CT/MRI and somatostatin-receptor based study are negative</li> <li>◆ Biopsy-proven neuroendocrine tumor of unknown primary site AND CT/MRI and somatostatin-receptor based study are negative</li> </ul> | <ul style="list-style-type: none"> <li>◆ FDG-PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                        |



## ONC-15.4: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Restaging/Recurrence

| Indication                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All after surgical resection                                                                                  | <ul style="list-style-type: none"> <li>See: Surveillance below</li> </ul>                                                                                                                                                                                                                                                                                                                                           |
| Unresectable/metastatic disease on treatment with somatostatin analogues                                      | <ul style="list-style-type: none"> <li>CT of involved body area no more frequently than every 3 months</li> </ul>                                                                                                                                                                                                                                                                                                   |
| Unresectable/metastatic disease on treatment with chemotherapy                                                | <ul style="list-style-type: none"> <li>CT of involved body area every 2 cycles (6 to 8 weeks)</li> </ul>                                                                                                                                                                                                                                                                                                            |
| Progression of symptoms or elevation of tumor markers                                                         | <ul style="list-style-type: none"> <li>CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul> <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Continued suspicion for recurrence with negative or inconclusive CT scan or MRI                               | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li><sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                  |
| To assess candidacy for peptide receptor radionuclide therapy (PRRT) with Lutetium <sup>177</sup> Lu-dotatate | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li><sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                  |

## **ONC-15.5: Gastrointestinal/Pancreatic Neuroendocrine Cancers – Surveillance**

| Indication                                                                                                                                                                                                       | Imaging Study                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any of the following: <ul style="list-style-type: none"> <li>◆ Appendix carcinoid <math>\leq 2</math> cm, completely resected</li> <li>◆ Rectal carcinoid <math>&lt; 1</math> cm, completely resected</li> </ul> | <ul style="list-style-type: none"> <li>◆ Advanced imaging is not routinely indicated for surveillance</li> </ul>                                                                            |
| Rectal carcinoid 1-2 cm, completely resected                                                                                                                                                                     | <ul style="list-style-type: none"> <li>◆ MRI Pelvis (CPT® 72197) without and with contrast once at 12 months post resection. If clear, no further surveillance imaging indicated</li> </ul> |
| All other neuroendocrine tumors of the bowel (small/large)                                                                                                                                                       | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis (CPT® 74177) once at 3 to 12 months postoperatively and annually for 3 years and then every 2 years up to year 10</li> </ul>     |
| Neuroendocrine tumors of the upper abdomen (i.e., pancreas, stomach)                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ CT Abdomen (CPT® 74160) once at 3 to 12 months postoperatively then annually for 3 years and then every 2 years up to year 10</li> </ul>           |
| Unresected primary tumors being monitored with observation alone                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ CT Abdomen (CPT® 74160) once at 3 to 12 months from initial diagnosis then annually for 3 years and then every 2 years up to year 10</li> </ul>    |
| Measurable metastatic disease on maintenance treatment or off therapy                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ CT of involved body area no more frequently than every 3 months</li> </ul>                                                                         |

## **ONC-15.6: Bronchopulmonary or Thymic Carcinoid – Initial Staging**

| Indication                                                                                                                                                                                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial diagnosis                                                                                                                                                                                                                                                                                                                            | <p><u>If not already done:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen with contrast (CPT® 74160) or without and with contrast (CPT® 74170) <ul style="list-style-type: none"> <li>■ If CT inconclusive, MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast is indicated</li> </ul> </li> </ul>                     |
| Inconclusive CT or MRI scans                                                                                                                                                                                                                                                                                                                 | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>■ CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>■ CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li>◆ <sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul> |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Markers fail to normalize after complete resection AND CT/MRI and somatostatin-receptor based study are negative</li> <li>◆ Biopsy-proven neuroendocrine tumor of unknown primary site AND CT/MRI and somatostatin-receptor based study are negative</li> </ul> | <ul style="list-style-type: none"> <li>◆ FDG-PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                           |

## **ONC-15.7: Bronchopulmonary or Thymic Carcinoid – Restaging/Recurrence**

| Indication                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All after surgical resection                                                    | <ul style="list-style-type: none"> <li>See: Surveillance below</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      |
| Unresectable/metastatic disease on treatment with somatostatin analogues        | <ul style="list-style-type: none"> <li>CT of involved body area no more frequently than every 3 months</li> </ul>                                                                                                                                                                                                                                                                                                                              |
| Unresectable/metastatic disease on treatment with chemotherapy                  | <ul style="list-style-type: none"> <li>CT of involved body area every 2 cycles (6 to 8 weeks)</li> </ul>                                                                                                                                                                                                                                                                                                                                       |
| Progression of symptoms or elevation of tumor markers                           | <ul style="list-style-type: none"> <li>CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> <li><u>ONE of the following:</u> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast</li> </ul> </li> </ul>                             |
| Continued suspicion for recurrence with negative or inconclusive CT scan or MRI | <ul style="list-style-type: none"> <li><u>ONE of the following:</u> <ul style="list-style-type: none"> <li>Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li><sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul> </li> </ul> |

## **ONC-15.8: Bronchopulmonary or Thymic Carcinoid – Surveillance**

| Indication                                                            | Imaging Study                                                                                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carcinoid tumors of lung or thymus                                    | ♦ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250) once at 3 to 12 months post resection and then annually for 3 years and then every 2 years up to year 10     |
| Unresected primary tumors being monitored with observation alone      | ♦ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250) once at 3 to 12 months from initial diagnosis then annually for 3 years and then every 2 years up to year 10 |
| Measurable metastatic disease on maintenance treatment or off therapy | ♦ CT of involved body area no more frequently than every 3 months                                                                                                                            |

### **ONC-15.9: Adrenal Tumors – Suspected/Diagnosis**

See: **AB-16.1: Adrenal Cortical Lesions** for imaging guidelines for evaluation of suspected adrenal malignancies

If concern for genetic predisposition syndrome such as MEN, neurofibromatosis, or Von Hippel-Lindau disease, see screening recommendations in **PEDONC-2: Screening Imaging and Cancer Predisposition Syndromes**.

## ONC-15.10: Adrenal Tumors – Initial Work-up/Staging

| Indication                                                                                                                                                          | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>For any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Pheochromocytoma</li> <li>◆ Paraganglioma</li> <li>◆ Paraganglioneuroma</li> </ul> | <p><u>If not already done:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul> <p><u>One of the following (if not already done):</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> <li>◆ CT with contrast or MRI without and with contrast of any other symptomatic body areas</li> </ul> |
| Continued suspicion with negative/inconclusive CT scan or MRI                                                                                                       | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>■ CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>■ CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li>◆ <sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                            |
| All above studies done and negative/inconclusive                                                                                                                    | <ul style="list-style-type: none"> <li>◆ FDG-PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**ONC-15.11: Adrenal Tumors – Restaging/Recurrence**

| Indication                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If surgery is primary therapy                                                   | <ul style="list-style-type: none"> <li>CT Abdomen (CPT® 74160) one time within first year post resection then go to surveillance recommendations</li> </ul>                                                                                                                                                                                                                                                         |
| Recurrence, progression of symptoms, or elevation of tumor markers              | <ul style="list-style-type: none"> <li>CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul> <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Continued suspicion for recurrence with negative or inconclusive CT scan or MRI | <p><u>ONE of the following:</u></p> <ul style="list-style-type: none"> <li>Octreotide scan (any one of the following): <ul style="list-style-type: none"> <li>CPT® 78802 (single day study - with add on CPT® 78803 or 78830)</li> <li>CPT® 78804 (two day study - with add on CPT® 78831 or 78832)</li> </ul> </li> <li><sup>68</sup>Gallium-labeled DOTATATE PET/CT scan (CPT® 78815)</li> </ul>                  |
| All above studies done and negative/inconclusive                                | <ul style="list-style-type: none"> <li>FDG-PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                      |



**ONC-15.12: Adrenal Tumors – Surveillance**

| Indication                                                                           | Imaging Study                                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| All patients                                                                         | ♦ CT Abdomen with contrast (CPT® 74160) and CT of other involved body areas with contrast annually for 10 years |
| Measurable metastatic disease being observed off therapy or on maintenance treatment | ♦ CT of involved body area no more frequently than every 3 months                                               |

**ONC-15.13: Adrenocortical Carcinoma**

| Indication                                                                          | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging                                                                     | <ul style="list-style-type: none"> <li>◆ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul> <u>One of the following (if not already done):</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Suspected recurrence                                                                | <ul style="list-style-type: none"> <li>◆ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul> <u>ONE of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul>                       |
| Surveillance after complete response to definitive treatment                        | <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160) and CT of other involved body areas with contrast annually for 5 years</li> </ul>                                                                                                                                                                                                                                                                           |
| Measurable metastatic disease on maintenance therapy or being monitored off therapy | Every 3 months: <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of other involved body areas</li> </ul>                                                                                                                                                                                                                                                                  |

## References

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**ONC-16: Colorectal and Small Bowel Cancer****ONC-16.0: Colorectal Cancer – General Considerations****ONC-16.1: Colorectal Cancer – Suspected/Diagnosis****ONC-16.2: Colorectal Cancer – Initial Work-up/Staging****ONC-16.3: Colorectal Cancer – Restaging/Recurrence****ONC-16.4: Colorectal Cancer – Surveillance/Follow-up****ONC-16.5: Small Bowel Cancer – Initial Work-up/Staging****ONC-16.6: Small Bowel Cancer – Restaging/Recurrence****ONC-16.7: Small Bowel Cancer – Surveillance/Follow-up**

## **ONC-16.0: Colorectal Cancer – General Considerations**

- Neuroendocrine tumors of the bowel are covered in: **ONC-15: Neuroendocrine Cancers and Adrenal Tumors**
- Appendiceal adenocarcinoma (including pseudomyxoma peritonei) follows imaging guidelines for colorectal cancer
- For squamous cell carcinoma of the rectum, see: **ONC-24: Anal Carcinoma**

## **ONC-16.1: Colorectal Cancer – Suspected/Diagnosis**

- See: **AB-22: GI Bleeding** or **AB-25.1: CT Colonography (CTC)** for imaging guidelines for evaluation of suspected colorectal malignancies
- See: **AB-13.3** for advanced imaging to evaluate **Abnormal Findings on Endoscopy/Colonoscopy**

## ONC-16.2: Colorectal Cancer – Initial Work-up/Staging

| Indication                                                                                                                                                                                                                                                                                               | Imaging Study                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carcinoma within a polyp that is completely removed                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>◆ No advanced imaging needed</li> </ul>                                                                                                                                                                          |
| Invasive adenocarcinoma                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> </ul>                                                                                                                              |
| Further evaluation of an inconclusive liver lesion seen on CT                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                  |
| <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ Isolated metastatic lesion(s) on other imaging and patient is a candidate for aggressive surgical resection or other localized treatment to metastasis for curative intent</li> <li>◆ Inconclusive conventional imaging</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                 |
| Rectal adenocarcinoma                                                                                                                                                                                                                                                                                    | <u>In addition to above, for preoperative planning:</u> <ul style="list-style-type: none"> <li>◆ Endorectal ultrasound (CPT® 76872)</li> <li>◆ MRI Pelvis without and with contrast (CPT® 72197) or MRI Pelvis without contrast (CPT® 72195)</li> </ul> |

### ONC-16.3: Colorectal Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Imaging Study                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete resection                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>See Surveillance below</li> </ul>                                                                                                                                                                                                                                                                                                     |
| Recurrence suspected                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> </ul>                                                                                                                                                                                                                                                     |
| After completion of planned neoadjuvant therapy                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><u>Patients without metastatic disease, when requested by operating surgeon for operative planning:</u></p> <ul style="list-style-type: none"> <li>CT with contrast or MRI without and with contrast of all operative sites</li> </ul> <p><u>All other patients:</u></p> <ul style="list-style-type: none"> <li>No advanced imaging since surgery is “planned”</li> </ul> |
| Unresected primary disease or metastatic disease on chemotherapy                                                                                                                                                                                                                                                                                                                                                                                                 | <p><u>Every 2 cycles of chemotherapy treatment and at the completion of chemoradiotherapy:</u></p> <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT with contrast of other involved or symptomatic areas</li> </ul>                                                              |
| Further evaluation of an inconclusive liver lesion seen on CT                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                                                                                                                                         |
| <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>Postoperative elevated or rising CEA or LFTs with negative recent conventional imaging</li> <li>Isolated metastatic lesion(s) on other imaging and patient is a candidate for aggressive surgical resection or other localized treatment to metastasis for curative intent</li> <li>Differentiate local tumor recurrence from postoperative and/or post-radiation scarring</li> </ul> | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                        |
| New or worsening pelvic pain and recent CT imaging negative or inconclusive                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>MRI Pelvis without and with contrast (CPT® 72197)</li> </ul>                                                                                                                                                                                                                                                                          |



**ONC-16.4: Colorectal Cancer – Surveillance/Follow-up**

| Indication                                                                                                                                                                   | Imaging/Lab Study                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Colon and rectal adenocarcinoma:</u></b><br>♦ <b>Stage I</b>                                                                                                           | ♦ No routine advanced imaging indicated                                                                                                                                                                                                                                                                                 |
| <b><u>Colon and rectal adenocarcinoma:</u></b><br>♦ <b>Stage II-III</b>                                                                                                      | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast after completion of surgery and then annually for 5 years                                                                                                                                                                                      |
| <b><u>Colon and rectal adenocarcinoma:</u></b><br>♦ <b>Stage IV</b> - Metastatic disease (post definitive treatment of all measurable disease or being observed off therapy) | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 6 months for 2 years and then annually for 3 years                                                                                                                                                                                       |
| Rectal cancer treated with transanal excision alone                                                                                                                          | ♦ Endorectal ultrasound (CPT® 76872) every 6 months for 5 years<br>♦ MRI Pelvis without and with contrast (CPT® 72197) may be obtained for:<br>■ Abnormal findings on ultrasound<br>■ Endorectal ultrasound is not feasible<br>■ New signs/symptoms concerning for local recurrence                                     |
| Pseudomyxoma peritonei                                                                                                                                                       | <u>One of each of the following, every 3 months for first year, then every 6 months for 4 more years:</u><br>♦ CT Chest with (CPT® 71260) or CT Chest without contrast (CPT® 71250)<br>♦ CT Abdomen/Pelvis with contrast (CPT® 74177) or MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast |

### **ONC-16.5: Small Bowel Cancer – Initial Work-up/Staging**

This section provides imaging guidelines for small bowel adenocarcinoma arising from the duodenum, jejunum, and ileum.

| Indication                                          | Imaging/Lab Study                                                                                                                                                                                                                   |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carcinoma within a polyp that is completely removed | ◆ No advanced imaging needed                                                                                                                                                                                                        |
| Invasive adenocarcinoma                             | ◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast<br>■ MRI Abdomen without and with contrast (CPT® 74183) and MRI Pelvis without and with contrast (CPT® 72197) if CT is inconclusive or cannot be performed |

**ONC-16.6: Small Bowel Cancer – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                                                                                                                                         | Imaging Study                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete resection                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>See Surveillance below</li> </ul>                                                                                                    |
| Recurrence suspected                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> </ul>                                                    |
| Unresected primary disease or metastatic disease on chemotherapy                                                                                                                                                                                                                                                                                   | Every 2 cycles of chemotherapy: <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> |
| Further evaluation of an inconclusive liver lesion seen on CT                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                        |
| One of the following: <ul style="list-style-type: none"> <li>Postoperative elevated or rising CEA or LFTs with negative recent conventional imaging</li> <li>Isolated metastatic lesion(s) on other imaging and patient is a candidate for aggressive surgical resection or other localized treatment to metastasis for curative intent</li> </ul> | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)</li> </ul>                                                                                                       |

**ONC-16.7: Small Bowel Cancer – Surveillance/Follow-up**

| Indication                                                                                                         | Imaging/Lab Study                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Stage I-III                                                                                                        | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast after completion of surgery, and then annually for 5 years |
| Stage IV - Metastatic disease (post definitive treatment of all measurable disease, or being observed off therapy) | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast every 6 months for 2 years and then annually for 3 years   |

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**ONC-17: Renal Cell Cancer (RCC)**

|                                                                    |
|--------------------------------------------------------------------|
| <b>ONC-17.0: Renal Cell Cancer (RCC) – General Considerations</b>  |
| <b>ONC-17.1: Renal Cell Cancer (RCC) – Suspected/Diagnosis</b>     |
| <b>ONC-17.2: Renal Cell Cancer (RCC) – Initial Work-up/Staging</b> |
| <b>ONC-17.3: Renal Cell Cancer (RCC) – Restaging/Recurrence</b>    |
| <b>ONC-17.4: Renal Cell Cancer (RCC) – Surveillance</b>            |

## **ONC-17.0: Renal Cell Cancer (RCC) – General Considerations**

- PET is not routinely indicated for initial diagnosis, staging or restaging of renal cell cancer.
- Data is lacking on improvements in outcomes of renal cell cancer survivors based upon surveillance imaging schedules.
- A minority of adult patients with renal cell cancer (RCC) will have translocations in TFE3 or TFEB, which have a different natural history than “adult type” RCC. Patients of any age with TFE3 or TFEB translocated RCC should be imaged according to guidelines in **PEDONC-7.4: Pediatric Renal Cell Carcinoma (RCC)**.
- Patients of any age with Wilms tumor should be imaged according to guidelines in section **PEDONC-7.2: Unilateral Wilms Tumor (UWT)** or **PEDONC-7.3 Bilateral Wilms Tumor (BWT)**.

**ONC-17.1: Renal Cell Cancer (RCC) – Suspected/Diagnosis**

| Indication                                                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>♦ Solitary renal mass suspicious for renal cell cancer</li></ul> | <ul style="list-style-type: none"><li>♦ See: <b><u>AB-35.1: Indeterminate Renal Lesion</u></b> for imaging guidelines for evaluation of suspected renal malignancies</li><li>♦ Chest x-ray</li><li>♦ CT chest with contrast with (CPT® 71260) or without contrast (CPT® 71250) may be obtained for one of the following:<ul style="list-style-type: none"><li>■ New chest x-ray abnormalities</li><li>■ Pulmonary symptoms</li><li>■ Histologically confirmed renal cell cancer</li></ul></li></ul> |



**ONC-17.2: Renal Cell Cancer (RCC) – Initial Work-up/Staging**

| Indication                                                                                                                                                                     | Imaging Study                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                                                                                                                   | <u>If not done previously:</u> <ul style="list-style-type: none"> <li>♦ CT Chest with (CPT® 71260) or without contrast (CPT® 71250)</li> <li>♦ CT Abdomen/Pelvis, contrast as requested</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Extension of tumor into the vena cava by other imaging</li> <li>♦ Inconclusive findings on CT</li> </ul> | <ul style="list-style-type: none"> <li>♦ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                             |
| Bone pain                                                                                                                                                                      | <ul style="list-style-type: none"> <li>♦ Bone scan (See: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> </ul>                                                              |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Signs/symptoms of brain metastases</li> <li>♦ IL-2 therapy being considered</li> </ul>                   | <ul style="list-style-type: none"> <li>♦ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                               |

**ONC-17.3: Renal Cell Cancer (RCC) – Restaging/Recurrence**

| Indication                                                     | Imaging Study                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unresectable disease or metastatic disease on systemic therapy | <u>Every 2 cycles of treatment (commonly every 6 to 8 weeks):</u> <ul style="list-style-type: none"><li>◆ CT Chest with contrast (CPT® 71260)</li><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>◆ CT with contrast of other involved or symptomatic areas</li></ul> |
| Recurrence suspected                                           | ◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)                                                                                                                                                                                                         |

## ONC-17.4: Renal Cell Cancer (RCC) – Surveillance

| Indication                                              | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I RCC, on active surveillance of renal mass <1 cm | <p><u>One of the following, once within 6 months of surveillance initiation and annually:</u></p> <ul style="list-style-type: none"> <li>♦ CT Abdomen without and with contrast (CPT® 74170)</li> <li>♦ MRI (CPT® 74183) Abdomen without and with contrast</li> <li>♦ Also see: <b><u>AB-35.1: Indeterminate Renal Lesion</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Stage I RCC, on active surveillance of renal mass ≥1 cm | <p><u>One of the following, every 3 months for year 1, every 6 months for years 2 and 3 and annually thereafter:</u></p> <ul style="list-style-type: none"> <li>♦ CT Abdomen without and with contrast (CPT® 74170)</li> <li>♦ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Stage I or II RCC, post-ablation therapy                | <p><u>One of the following, at 1 to 6 months post-ablation and then annually for 5 years:</u></p> <ul style="list-style-type: none"> <li>♦ CT Abdomen without and with contrast (CPT® 74170)</li> <li>♦ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Stage I RCC, after partial or radical nephrectomy       | <p><u>One of each of the following, 3 to 12 months post-resection:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> <li>♦ CT Abdomen with (CPT® 74160) or CT Abdomen without contrast (CPT® 74150) or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> <p><u>Annually for 3 years:</u></p> <ul style="list-style-type: none"> <li>♦ Chest x-ray or CT Chest with (CPT® 71260) or CT Chest without (CPT® 71250) contrast</li> <li>♦ Abdominal imaging with any ONE of the following: <ul style="list-style-type: none"> <li>■ Abdominal ultrasound (CPT® 76770 or CPT® 76700)</li> <li>■ CT Abdomen with (CPT® 74160) or CT Abdomen without (CPT® 74150) contrast</li> <li>■ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> </li> </ul>                                                             |
| Stage II RCC, post-nephrectomy                          | <p><u>One of each of the following, 3 to 6 months post-resection:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> <li>♦ CT Abdomen with (CPT® 74160) or CT Abdomen without (CPT® 74150) contrast or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> <p><u>One of each of the following, every 6 months for 3 years, then annually to year 5:</u></p> <ul style="list-style-type: none"> <li>♦ Chest x-ray or CT Chest with (CPT® 71260) or CT Chest without (CPT® 71250) contrast</li> <li>♦ Abdominal imaging with any ONE of the following: <ul style="list-style-type: none"> <li>■ Abdominal ultrasound (CPT® 76770 or CPT® 76700)</li> <li>■ CT Abdomen with (CPT® 74160) or CT Abdomen without (CPT® 74150) contrast</li> <li>■ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> </li> </ul> |

| Indication                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Stage III RCC, post-nephrectomy</li> <li>◆ Stage IV RCC, not receiving therapy, no measurable disease</li> </ul> | <p><u>One of each of the following, 3 to 6 months post-resection:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> <li>◆ CT Abdomen with (CPT® 74160) or CT Abdomen without contrast (CPT® 74150) or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> <p><u>One of each of the following, every 3 months for 3 years, then annually to year 5:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with (CPT® 71260) or CT Chest without contrast (CPT® 71250)</li> <li>◆ CT Abdomen with (CPT® 74160) or CT Abdomen without contrast (CPT® 74150) or MRI Abdomen without and with contrast (CPT® 74183)</li> </ul> |
| <p>Metastatic disease on a break from therapy with persistent measurable disease</p>                                                                                                          | <p><u>Any or all of the following, every 3 months:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ CT with contrast of other involved or symptomatic areas</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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**ONC-18: Transitional Cell Cancer****ONC-18.0: Transitional Cell Cancer – General Considerations****ONC-18.1: Transitional Cell Cancer – Suspected/Diagnosis****ONC-18.2: Transitional Cell Cancer – Initial Work-up/Staging****ONC-18.3: Transitional Cell Cancer – Restaging/Recurrence****ONC-18.4: Transitional Cell Cancer – Surveillance/Follow-up**

## **ONC-18.0: Transitional Cell Cancer – General Considerations**

- Transitional cell cancers can include: tumors of the bladder, ureters, prostate, urethra, or renal pelvis. For primary cancer of the kidney, see: **ONC-17: Renal Cell Cancer (RCC)**.
- Most common histology of bladder cancer is transitional cell (TCC) or urothelial carcinoma (UCC). Rare histologies include squamous cell (imaged according to **ONC-18: Transitional Cell Cancer**) or small cell (imaged according to **ONC-31.8: Extrathoracic Small Cell and Large Cell**)
- Urachal cancer is rare type of bladder cancer; the most common histology is adenocarcinoma. These are imaged according to muscle invasive bladder cancer.
- PET not routinely indicated in transitional cell cancer with exception noted below in **ONC-18.2: Transitional Cell Cancer – Initial Work-up/Staging**

**ONC-18.1: Transitional Cell Cancer – Suspected/Diagnosis**

See: **AB-39: Hematuria and Hydronephrosis** for imaging guidelines for evaluation of suspected transitional cell malignancies



**ONC-18.2: Transitional Cell Cancer – Initial Work-up/Staging**

| Indication                                                                                                                                                                                       | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                                                                                                                                     | <u>One of the following:</u> <ul style="list-style-type: none"> <li>♦ CT Abdomen/Pelvis without and with contrast (CPT® 74178)</li> <li>♦ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast if contraindication to CT contrast</li> <li>♦ CT Abdomen/Pelvis without contrast (CPT® 74176) with retrograde pyelogram or renal ultrasound (CPT® 76770 or CPT® 76775) in patients who cannot receive either CT or MRI contrast</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Muscle invasive bladder carcinoma</li> <li>♦ Urethral carcinoma</li> <li>♦ Urothelial carcinoma of the prostate</li> </ul> | <ul style="list-style-type: none"> <li>♦ CT Chest without (CPT® 71250) or CT Chest with contrast (CPT® 71260)</li> </ul>                                                                                                                                                                                                                                                                                                                                            |
| Patients without metastatic disease, when requested by operating surgeon for operative planning                                                                                                  | <ul style="list-style-type: none"> <li>♦ CT with contrast or MRI without and with contrast of all operative sites</li> </ul>                                                                                                                                                                                                                                                                                                                                        |
| To evaluate inconclusive findings on conventional imaging                                                                                                                                        | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                             |

**ONC-18.3: Transitional Cell Cancer – Restaging/Recurrence**

| Indication                                     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| After definitive surgery                       | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen/Pelvis without and with contrast (CPT® 74178) for post-operative baseline</li> </ul>                                                                                                                                                                                               |
| Recurrence suspicion                           | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or with and without contrast (CPT® 74178)</li> <li>◆ CT Chest with contrast (CPT® 71260) for any of the following: <ul style="list-style-type: none"> <li>■ Signs/symptoms of pulmonary disease</li> <li>■ Abnormal chest x-ray</li> <li>■ Prior involvement of the chest</li> </ul> </li> </ul> |
| After neoadjuvant therapy and before resection | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) and CT Urogram (CPT® 74178)</li> </ul>                                                                                                                                                                                                                                                                    |
| Monitoring therapy for metastatic disease      | <p><u>Every 2 cycles of therapy:</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) for any of the following: <ul style="list-style-type: none"> <li>■ Signs/symptoms of pulmonary disease</li> <li>■ Abnormal chest x-ray</li> <li>■ Prior involvement of the chest</li> </ul> </li> </ul>  |

**ONC-18.4: Transitional Cell Cancer – Surveillance/Follow-up**

| Indication                                                                                                                                                                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any of the following: <ul style="list-style-type: none"> <li>◆ Low grade lesions</li> <li>◆ High grade Ta lesion ≤ 3 cm</li> <li>◆ Papillary urothelial neoplasm of low malignant potential</li> </ul>                          | <ul style="list-style-type: none"> <li>◆ Advanced imaging is not routinely indicated for surveillance</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Any of the following: <ul style="list-style-type: none"> <li>◆ Recurrent high grade Ta lesions</li> <li>◆ Superficial and minimally invasive (Tis and T1) transitional cell carcinoma of the bladder or upper tracts</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Urogram (CPT® 74178) every 2 years for 10 years <ul style="list-style-type: none"> <li>■ MR Urogram (CPT® 74183 and CPT® 72197) may be obtained for renal insufficiency or CT dye allergy</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                              |
| Non-muscle-invasive transitional carcinoma of the bladder treated with cystectomy                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ CT urogram (CPT® 74178) at 3 months post-cystectomy, and then annually for 5 years <ul style="list-style-type: none"> <li>■ MR Urogram (CPT® 74183 and CPT® 72197) may be obtained for renal insufficiency or CT dye allergy</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                              |
| Muscle invasive lower and upper genitourinary tumors                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or without and with contrast (CPT® 74178) every 6 months for 2 years, then annually for 3 more years <ul style="list-style-type: none"> <li>■ MR Urogram (CPT® 74183 and CPT® 72197) may be obtained for renal insufficiency or CT dye allergy</li> </ul> </li> <li>◆ Chest x-ray <ul style="list-style-type: none"> <li>■ CT Chest with contrast (CPT® 71260) if abnormal signs/symptoms of pulmonary disease or abnormal chest x-ray</li> </ul> </li> </ul>                       |
| Urethral cancers (high risk T1 or greater) and urothelial carcinoma of the prostate                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) or MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast every 6 months for 2 years and then annually <ul style="list-style-type: none"> <li>■ MR Urogram (CPT® 74183 and CPT® 72197) may be obtained for renal insufficiency or CT dye allergy</li> </ul> </li> <li>◆ Chest x-ray <ul style="list-style-type: none"> <li>■ CT Chest with contrast (CPT® 71260) if abnormal signs/symptoms of pulmonary disease or abnormal chest x-ray</li> </ul> </li> </ul> |

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## **ONC-19: Prostate Cancer**

**ONC-19.0: Prostate Cancer – General Considerations**

**ONC-19.1: Suspected Prostate Cancer**

**ONC-19.2: Prostate Cancer – Initial Work-up/Staging**

**ONC-19.3: Prostate Cancer – Restaging/Recurrence**

**ONC-19.4: Prostate Cancer – Follow-up On Active Surveillance**

**ONC-19.5: Surveillance/Follow-up For Treated Prostate Cancer**

## ONC-19.0: Prostate Cancer – General Considerations

- The natural history of prostate cancer is highly variable. Therapeutic options may include surgery and radiation therapy along with Active Surveillance (also called expectant management or deferred treatment).
- PET/CT scans using  $^{18}\text{F}$ -FDG,  $^{18}\text{F}$ -Na Fluoride, and  $^{68}\text{Ga}$  PSMA radiotracers are considered investigational and experimental for all indications for prostate cancer.
- PET/CT scan using newer radiotracers such as  $^{11}\text{C}$  Choline and  $^{18}\text{F}$ -Fluciclovine (AXUMIN®) have emerging data in restaging previously treated prostate cancer. Performance of these PET/CT scans in detecting early recurrence is poor at low PSA values of  $<1$  ng/mL. False positive rate is high and histological confirmation of positive sites is recommended. Hence, its use is restricted to the evaluation of a rising PSA after conventional imaging is negative. Coverage may vary with individual health care plan.
  - ◆ Additionally, while detection of low-volume recurrence after treatment of prostate cancer may influence therapeutic decisions; there is lack of evidence on how this approach has any meaningful impact on overall survival.
- As laser prostate ablation is considered investigational and experimental at this time, advanced imaging for treatment planning and/or surveillance of laser prostate ablation is not indicated.
- As high intensity focused ultrasound prostate ablation is considered investigational and experimental at this time, and advanced imaging for treatment planning and/or surveillance of high intensity focused ultrasound prostate ablation is not indicated.
- MR Spectroscopy (CPT® 76390) is considered investigational and experimental in the evaluation of prostate cancer at this time.
- Based on the local extent of tumor, PSA level and Gleason score, prostate cancer patients can be classified into risk groups as below:

| Prostate Cancer – Risk Categories |         |               |             |
|-----------------------------------|---------|---------------|-------------|
| Risk Category                     | T stage | Gleason score | PSA (ng/ml) |
| Very low                          | T1c     | $\leq 6$      | $< 10$      |
| Low                               | T1-T2a  | $\leq 6$      | $< 10$      |
| Intermediate                      | T2b-T2c | 7             | 10-20       |
| High                              | T3a     | 8 to 10       | $> 20$      |
| Very High                         | T3b-T4  | 8 to 10       | $> 20$      |

**3D Rendering of MRI for MRI / Ultrasound Fusion Biopsy:**

- When specific target lesion(s) is (are) detected on mpMRI prostate and classified as PIRADS 4 or 5, then 3D Rendering at independent workstation (CPT® 76377, 3D rendering requiring image post-processing on an independent workstation) for the radiologist to generate prostate segmentation data image set for target identification on MRI/TRUS fusion biopsy is approvable either as subsequent separate standalone request or as retrospective request for medical necessity.
- If there is no target lesion identified on MRI then 3D rendering and MRI/TRUS fusion biopsy is not generally indicated. The urologist may request MRI/TRUS fusion biopsy of a PIRADS 1-3 lesion. Then approval of 3D rendering at independent workstation (CPT® 76377) can be considered on a case-by-case basis. These cases should be referred for Medical Director review.
- The 3D rendering for the TRUS component of the fusion is a part of the UroNav Fusion Equipment Software and an additional 3D code CPT® 76376 or CPT® 76377 should not be approved.

## ONC-19.1: Suspected Prostate Cancer

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Age 45-75 years and ONE of the following: <ul style="list-style-type: none"> <li>■ PSA &gt;3 ng/ml</li> <li>■ Very suspicious DRE</li> </ul> </li> <li>◆ Age &gt;75 years and ONE of the following: <ul style="list-style-type: none"> <li>■ PSA ≥4 ng/ml</li> <li>■ Very suspicious DRE</li> </ul> </li> <li>◆ At least one negative/non-diagnostic TRUS biopsy and any of the following: <ul style="list-style-type: none"> <li>■ Continued increase in PSA</li> <li>■ Abnormal DRE</li> <li>■ Need for confirmatory MR/US fusion biopsy</li> </ul> </li> </ul> | <p>Any of the following:</p> <ul style="list-style-type: none"> <li>◆ Transrectal ultrasound (CPT® 76872)</li> <li>◆ TRUS-guided biopsy (CPT® 76942)</li> <li>◆ MRI Pelvis without and with contrast (CPT® 72197) or MRI Pelvis without contrast (CPT® 72195) may be performed if an MR/US guided fusion biopsy is feasible/planned at the requesting facility</li> <li>◆ MRI/US fusion biopsy (CPT® 77021 and CPT® 76942)</li> </ul> |
| <ul style="list-style-type: none"> <li>◆ PIRADS 4 or 5 lesion identified on recent diagnostic MRI Pelvis (CPT® 72195 or CPT® 72197) and planning for biopsy to be done by MRI/TRUS fusion technique</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ 3D Rendering (CPT® 76377)</li> <li>◆ CPT® 76376 should not be separately reimbursed (See: <b><u>Preface-4.1: 3D Rendering</u></b> for additional details)</li> </ul>                                                                                                                                                                                                                         |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Multifocal (3 or more lesions) high-grade prostatic intraepithelial neoplasia (PIN)</li> <li>◆ Atypia on biopsy</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>◆ Extended pattern rebiopsy within 6 months by TRUS-guided biopsy (CPT® 76942)</li> </ul>                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>◆ Focal PIN (1-2 lesions)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><u>One of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ MRI Pelvis without contrast (CPT® 72195)</li> <li>◆ MRI Pelvis without and with contrast (CPT® 72197)</li> <li>◆ MRI/US fusion biopsy (CPT® 77021 and CPT® 76942)</li> <li>◆ MRI guided biopsy (CPT® 77021)</li> </ul>                                                                                                                   |



## ONC-19.2: Prostate Cancer – Initial Work-up/Staging

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Imaging Study                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Tumor not clinically palpable (T1a, T1b or T1c)</li> <li>◆ T2a (palpable tumor limited to less than one half of one side)</li> <li>◆ Gleason score of 6 or less</li> <li>◆ Gleason Grade 1</li> <li>◆ PSA &lt;10 ng/ml</li> </ul>                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>◆ Advanced imaging is not routinely indicated for initial staging</li> <li>◆ MRI Pelvis without and with contrast (CPT® 72197) may be obtained if treatment is planned (surgery and/or radiation therapy)</li> </ul>            |
| <p><b><u>Pelvic</u></b> imaging for any one of the following:</p> <ul style="list-style-type: none"> <li>◆ Clinical stage T3 or T4 disease (palpable disease outside of the prostate capsule)</li> <li>◆ Clinical stage T2b (tumor involving &gt; 50% of one lobe) or stage T2c (tumor involving both lobes)</li> <li>◆ Gleason score ≥ 7</li> <li>◆ PSA &gt; 10 ng/ml</li> <li>◆ Nomogram predicts &gt;10% probability of pelvic lymph node involvement</li> </ul>                                                                 | <p><b><u>Any one of the following can be approved:</u></b></p> <ul style="list-style-type: none"> <li>◆ CT Pelvis with contrast (CPT® 72193)</li> <li>◆ MRI Pelvis without and with contrast (CPT® 72197)</li> </ul>                                                   |
| <p><b><u>Abdominal</u></b> imaging for any of the following:</p> <ul style="list-style-type: none"> <li>◆ PSA ≥ 20 ng/mL</li> <li>◆ Gleason score ≥ 8</li> <li>◆ Clinical stage ≥T3 or greater (palpable disease outside of the prostate capsule)</li> <li>◆ At least 2 of the following are present: <ul style="list-style-type: none"> <li>■ Clinical stage T2b (tumor involving &gt; 50% of one lobe) or stage T2c (tumor involving both lobes)</li> <li>■ Gleason score ≥ 7</li> <li>■ PSA &gt; 10 ng/mL</li> </ul> </li> </ul> | <p><b><u>Any one of the following can be approved:</u></b></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen with contrast (CPT® 74160) and MRI Pelvis without and with contrast (CPT® 72197)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> |
| <p><b><u>Any of the following:</u></b></p> <ul style="list-style-type: none"> <li>◆ Bone pain</li> <li>◆ Gleason score ≥ 7</li> <li>◆ PSA ≥ 20 ng/ml</li> <li>◆ Clinical state ≥ T3 or greater (palpable disease outside of the prostate capsule)</li> <li>◆ Clinical Stage T2b (tumor involving &gt; 50 % of one lobe) or stage T2c (tumor involving both lobes) and with PSA &gt; 10 ng/ml</li> </ul>                                                                                                                             | <ul style="list-style-type: none"> <li>◆ Bone scan (See: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>◆ If neurological compromise, see: <b><u>ONC-31.5: Bone (Including Vertebral) Metastases</u></b></li> </ul>                        |
| <p>PET/CT scans with any radiotracers are considered experimental/investigational for initial evaluation of prostate cancer.</p>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                        |

### ONC-19.3: Prostate Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>For any of the following:</u> <ul style="list-style-type: none"> <li>◆ Obvious progression by DRE with plans for prostatectomy or radiation therapy</li> <li>◆ Repeat TRUS biopsy for rising PSA shows progression to a higher Gleason's score with plans for prostatectomy or radiation therapy</li> <li>◆ New finding on most recent CT that was inconclusive</li> </ul>                  | <ul style="list-style-type: none"> <li>◆ MRI Pelvis without and with contrast (CPT® 72197)</li> </ul>                                                                                                                                                                                                                                                                                                                                 |
| <u>Patients with prior radical prostatectomy and any of the following:</u> <ul style="list-style-type: none"> <li>◆ Palpable anastomotic recurrence</li> <li>◆ PSA remains &gt; 0.2 after at least 2 PSAs</li> <li>◆ Initial undetectable PSA increasing on 2 consecutive PSAs</li> </ul>                                                                                                      | <u>Any of the following can be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ Bone scan (See: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> <li>◆ Chest x-ray <ul style="list-style-type: none"> <li>■ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul> </li> </ul> |
| <u>Patients with prior Radiation Therapy and any of the following:</u> <ul style="list-style-type: none"> <li>◆ Clinical suspicion of relapsed disease</li> <li>◆ PSA increasing on at least 2 consecutive values above post-XRT baseline</li> </ul>                                                                                                                                           | <u>Any of the following can be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ Bone scan (See: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> <li>◆ Chest x-ray <ul style="list-style-type: none"> <li>■ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul> </li> </ul> |
| <u>Patients treated with hormonal therapy:</u> <ul style="list-style-type: none"> <li>◆ PSA rising on 2 consecutive measurements</li> </ul>                                                                                                                                                                                                                                                    | <u>Any of the following can be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ Bone Scan (See: <b>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</b>)</li> <li>◆ Chest x-ray</li> <li>◆ CT Chest with (CPT® 71260) or without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul>                                           |
| <u>ALL of the following:</u> <ul style="list-style-type: none"> <li>◆ Prior treatment with prostatectomy and/or radiation therapy <b>and</b></li> <li>◆ Consecutive rise in PSA <b>and</b></li> <li>◆ PSA ≥1 ng/mL <b>and</b></li> <li>◆ Recent CT scan and bone scan are negative for metastatic disease <b>and</b></li> <li>◆ Individual is a candidate for salvage local therapy</li> </ul> | <u>ONE of the following:</u> <ul style="list-style-type: none"> <li>◆ <sup>11</sup>C Choline PET/CT scan (CPT® 78815 or CPT® 78816)</li> <li>◆ <sup>18</sup>F-Fluciclovine PET/CT scan (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                          |

| Indication                                                                                                                                                                          | Imaging Study                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Hormone Refractory Prostate Cancer (HRPC):</u> <ul style="list-style-type: none"><li>◆ Receiving treatment with chemotherapy</li><li>◆ Receiving anti-androgen therapy</li></ul> | <ul style="list-style-type: none"><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) and CT scan of any involved body part every 2 cycles (6 to 8 weeks)</li><li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) and CT scan of any involved body part every 3 months</li></ul> |
| Prior to start of Xofigo (Radium-223) therapy                                                                                                                                       | ◆ One time CT Chest/Abdomen/Pelvis with contrast (CPT® 71260 and CPT® 74177)                                                                                                                                                                                                   |

## **ONC-19.4: Prostate Cancer – Follow-up On Active Surveillance**

Active surveillance is being increasingly utilized in prostate cancer. This therapeutic option involves regimented monitoring of an individual with known diagnosis of low risk prostate cancer for disease progression, without specific anticancer treatment. While being treated with active surveillance, an individual is generally considered a potential candidate for curative intent treatment approaches in the event that disease progression occurs.

It is important to distinguish active surveillance from watchful waiting (or observation), which is generally employed in patients with limited life expectancy. Watchful waiting involves cessation of routine monitoring and treatment is initiated only if symptoms develop.

Current active surveillance guidelines suggest the following protocol:

- PSA every 6 months
- Digital Rectal Exam (DRE) every 12 months
- Repeat TRUS-guided prostate biopsy every 12 months
- Repeat mpMRI (CPT® 72195 or CPT® 72197) no more often than every 12 months

| Indication                                                                                                                                                                                                                                                | Imaging/Lab Study                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Routine monitoring on active surveillance protocol                                                                                                                                                                                                        | ◆ MRI Pelvis without (CPT® 72195) or without and with contrast (CPT® 72197) at initiation of active surveillance, and every 12 months thereafter |
| For any of the following: <ul style="list-style-type: none"> <li>◆ Progression is suspected based on DRE changes or rising PSA and a recent TRUS biopsy was negative</li> <li>◆ Repeat TRUS biopsy shows progression to a higher Gleason score</li> </ul> | ◆ MRI Pelvis without (CPT® 72195) or MRI Pelvis without and with contrast (CPT® 72197)                                                           |

**ONC-19.5: Surveillance/Follow-up For Treated Prostate Cancer**

| Indication | Imaging Study                                                                                                                                                                                                                 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Stages | <ul style="list-style-type: none"><li>◆ PSA and DRE every 6 months, even in patients with metastatic disease.</li><li>◆ Advanced imaging is not routinely indicated for patients being monitored on or off therapy.</li></ul> |

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## **ONC-20: Testicular, Ovarian and Extragonadal Germ Cell Tumors**

**ONC-20.0: Testicular, Ovarian and Extragonadal Germ Cell Tumors – General Considerations**

**ONC-20.1: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Initial Work-up/Staging**

**ONC-20.2: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Restaging/Recurrence**

**ONC-20.3: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Surveillance**



## **ONC-20.0: Testicular, Ovarian and Extragenital Germ Cell Tumors – General Considerations**

- This section applies to primary germ cell tumors occurring outside the central nervous system in patients age > 15 years at the time of initial diagnosis. Patients age ≤ 15 years at diagnosis should be imaged according to pediatric guidelines in: **PEDONC-10: Pediatric Germ Cell Tumors**
- These guidelines are for germ cell tumors of the testicle, ovary and extragenital sites as well as malignant sex cord stromal tumors (granulosa cell and Sertoli-Leydig cell tumors).
- Requests for imaging must state the histologic type of the cancer being evaluated.
- Classified as pure seminomas (dysgerminomas, 40%) or Non-seminomatous germ cell tumors (NSGCT, 60%).
  - ◆ Pure seminomas are defined as pure seminoma histology with a normal serum concentration of alpha fetoprotein (AFP). Seminomas with elevated AFP are by definition Mixed.
  - ◆ Required for TNM staging are the tumor marker levels indicated by “S” (TNMS)
  - ◆ Mixed tumors are treated as NSGCTs, as they tend to be more aggressive.
  - ◆ The NSGCT histologies include:
    - Yolk-Sac tumors
    - Immature (malignant) teratomas
    - Choriocarcinomas (< 1%)
    - Embryonal cell carcinomas (15% to 20%)
    - Endodermal Sinus Tumors (ovarian)
    - Combinations of all of the above (Mixed)
- MRI in place of CT scans to reduce risk of secondary malignancy is not supported by the peer-reviewed literature. CT scans are indicated for surveillance and are the preferred modality of imaging to assess for recurrence.
- PET/CT Scan is not indicated for evaluation of non-seminomatous germ cell tumors
- Active surveillance in testicular cancer refers to treatment with surgery (orchiectomy) alone without any additional post-operative treatment such as chemotherapy or radiotherapy

## **ONC-20.1: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                    | Imaging Study                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Orchiectomy/oophorectomy is both diagnostic and therapeutic                                                                                                                                                   | <u>All patients, following orchiectomy or oophorectomy:</u><br>♦ CT Abdomen/Pelvis with contrast (CPT® 74177) |
| <u>For any of the following:</u><br>♦ Non-seminoma histology<br>♦ Ovarian germ cell tumor<br>♦ Abdominal lymphadenopathy noted on CT scan<br>♦ Abnormal CXR or signs/symptoms suggestive of chest involvement | ♦ CT Chest with contrast (CPT® 71260)                                                                         |
| Extragonadal Germ Cell Tumor                                                                                                                                                                                  | ♦ CT Chest with contrast (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)                        |

## **ONC-20.2: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Restaging/Recurrence**

| Indication                                                                                                  | Imaging Study                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment response for stage II-IV patients with measurable disease on CT                                   | ♦ CT with contrast of previously involved body areas every 2 cycles                                                                                      |
| Seminoma with residual mass > 3 cm after completion of chemotherapy                                         | ♦ PET/CT (CPT® 78815)                                                                                                                                    |
| End of therapy evaluation for NSGCT post chemotherapy or post retroperitoneal lymph node dissection (RPLND) | ♦ CT Abdomen/Pelvis with contrast (CPT® 74177)                                                                                                           |
| Recurrence suspected, including increased tumor markers                                                     | ♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast<br>♦ Ultrasound (CPT® 76856 or CPT® 76857) of the remaining gonad if applicable |
| Unexplained pulmonary symptoms despite a negative CXR, or new findings on CXR                               | ♦ CT Chest with contrast (CPT® 71260)                                                                                                                    |
| All others                                                                                                  | ♦ See Surveillance below                                                                                                                                 |

## ONC-20.3: Testicular, Ovarian and Extragonadal Germ Cell Tumors – Surveillance

| Indication                                                                                                                                                      | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I Seminoma treated with orchiectomy alone (no radiotherapy or chemotherapy, also called active surveillance)                                              | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) at 3, 6 and 12 months post-orchiectomy, then every 6 months for years 2 and 3, and then annually until year 5</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Stage I Seminoma treated with radiotherapy and/or chemotherapy                                                                                                  | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) annually for 3 years</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Stage IIA Seminomas treated with radiotherapy or chemotherapy                                                                                                   | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) once at 3 months then once at 6 to 12 months after completion of therapy, then annually until year 3</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Stage IIB, IIC, and III Seminomas treated with chemotherapy                                                                                                     | <p><u>For patients with ≤ 3 cm residual mass:</u></p> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) every 4 months for 1 year, every 6 months for 1 year and then annually for 2 additional years</li> </ul> <p><u>For patients with &gt; 3 cm residual mass and negative PET scan:</u></p> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) at 6 and 12 months after completion of therapy, then annually until year 5</li> </ul> <p><u>For patients with thoracic disease at diagnosis:</u></p> <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260) every 2 months for 1 year, then every 3 months for 1 year, then annually until year 5</li> </ul> |
| Stage IA Non-Seminomatous germ cell tumors treated with orchiectomy alone (without risk factors)                                                                | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) every 6 months for 2 years and then annually for year 3</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Stage IB Non-Seminomatous germ cell tumors treated with orchiectomy alone (with risk factors – lymphovascular invasion or invasion into spermatic cord/scrotum) | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) every 4 months for 1 year, then every 6 months for 2 years, then annually until year 4</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Stage IA/IB Non-Seminomatous germ cell tumors treated with chemotherapy                                                                                         | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) annually for 2 years</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Indication                                                                                                                                                                                                                         | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage II-III Non-Seminomatous germ cell tumors with complete response to chemotherapy +/- post-chemotherapy RPLND                                                                                                                  | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) once at 6, 12, 24 and 36 months after completion of therapy</li> </ul> <p><u>For patients with thoracic disease at diagnosis:</u></p> <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260) every 6 months for 2 years, then annually until year 4</li> </ul> |
| Stage IIA or IIB Non-Seminomatous germ cell tumors with post-primary RPLND complete resection +/- adjuvant chemotherapy                                                                                                            | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) or CT Abdomen with contrast (CPT® 74160) once at 3 to 4 months after completion of therapy</li> </ul>                                                                                                                                                                                                                       |
| All ovarian germ cell tumors <ul style="list-style-type: none"> <li>Dysgerminoma</li> <li>Embryonal tumor</li> <li>Endodermal sinus tumor</li> <li>Mature or immature teratoma</li> <li>Non-gestational choriocarcinoma</li> </ul> | <ul style="list-style-type: none"> <li>No routine imaging unless elevated tumor markers or clinical signs/symptoms of recurrence</li> </ul>                                                                                                                                                                                                                                                                     |
| Sex cord stromal tumors (male and female)                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>No routine advanced imaging indicated unless elevated tumor markers or clinical signs/symptoms of recurrence</li> </ul>                                                                                                                                                                                                                                                  |
| Extragenital germ cell tumors                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>CT of the involved region every 3 months for one year and every 6 months for one year.</li> </ul>                                                                                                                                                                                                                                                                        |

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## **ONC-21: Ovarian Cancer**

**ONC-21.0: Ovarian Cancer – General Considerations**

**ONC-21.1: Screening for Ovarian Cancer**

**ONC-21.2: Ovarian Cancer – Suspected/Diagnosis**

**ONC-21.3: Ovarian Cancer – Initial Work-up/Staging**

**ONC-21.4: Ovarian Cancer – Restaging/Recurrence**

**ONC-21.5: Ovarian Cancer – Surveillance**

## **ONC-21.0: Ovarian Cancer – General Considerations**

- Ovarian cancers include: epithelial ovarian cancers, ovarian cancers of low malignant potential and mixed Müllerian tumors, primary peritoneal and fallopian tube cancers.
- Germ cell tumors and sex cord stromal tumors (granulosa cell tumors), are imaged according to **ONC-20: Testicular, Ovarian and Extragonadal Germ Cell Cancer**.



## ONC-21.1: Screening for Ovarian Cancer

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Imaging/Lab Study                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>High Risk Factors:</u> <ul style="list-style-type: none"> <li>◆ Family history of BRCA 1 or BRCA 2 mutations</li> <li>◆ Family history of ovarian cancer</li> <li>◆ Hereditary ovarian cancer syndrome that includes ovarian, breast, and/or endometrial and gastrointestinal cancers [Lynch II syndrome] in multiple members of two to four generations</li> <li>◆ Low parity</li> <li>◆ Decreased fertility</li> <li>◆ Delayed childbearing</li> </ul> | <ul style="list-style-type: none"> <li>◆ Ovarian cancer screening is considered experimental &amp; investigational and is not recommended.</li> <li>◆ Genetic counseling is recommended for women with an increased-risk family history (USPSTF, 2015)</li> </ul> |
| Known BRCA-1 or BRCA-2 mutation                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ Transvaginal ultrasound (CPT® 76830), combined with CA-125 for ovarian cancer screening may be considered annually starting at age 30, until risk-reducing salpingo-oophorectomy is performed</li> </ul>                 |

## **ONC-21.2: Ovarian Cancer – Suspected/Diagnosis**

- See: **PV-5.3: Complex Adnexal Masses** for imaging guidelines for evaluation of suspected ovarian malignancies
- Staging of ovarian cancer is primarily surgical and routine imaging is not indicated pre-operatively, unless it is obtained to evaluate specific signs/symptoms.
- To differentiate the origin of pelvic masses that are not clearly of ovarian origin, see: **PV-5.1: Suspected Adnexal Mass.**

| Indication                                                                                                                                                                                                                                                                                                                                                               | Imaging/Lab Study                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Pelvic symptoms (pelvic pain, abdominal bloating)</li> <li>◆ Palpable pelvic mass</li> </ul>                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>◆ Transvaginal (TV) ultrasound imaging (CPT® 76830) and/or Pelvic ultrasound (CPT® 76856 or CPT® 76857) is the initial study of choice</li> </ul>                                                          |
| Ultrasound shows a complex and/or solid adnexal mass                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>◆ See: <b><u>PV-5.3: Complex Adnexal Masses</u></b></li> </ul>                                                                                                                                             |
| Ultrasound shows complex and/or solid adnexal mass suspicious for ovarian malignancy AND any of the following signs/symptoms concerning for metastatic disease: <ul style="list-style-type: none"> <li>◆ Ascites</li> <li>◆ Abdominal symptoms (distension, tenderness)</li> <li>◆ Elevated CA-125</li> <li>◆ Elevated LFTs</li> <li>◆ Obstructive uropathy**</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Abdomen and Pelvis with contrast (CPT® 74177)</li> <li>◆ **CT Abdomen/Pelvis without and with contrast (CT Urogram – CPT® 74178) may be approved only for symptoms of obstructive uropathy</li> </ul> |

**ONC-21.3: Ovarian Cancer – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                                                          | Imaging Study                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical stage II disease or higher                                                                                                                                                                                                                 | <ul style="list-style-type: none"><li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>♦ CT Chest with contrast (CPT® 71260) if abnormal signs/symptoms of pulmonary disease or abnormal chest x-ray</li></ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"><li>♦ Primary peritoneal disease with biopsy-proven malignancy consistent with ovarian carcinoma</li><li>♦ Elevated tumor markers with negative or inconclusive CT imaging</li></ul> | <ul style="list-style-type: none"><li>♦ PET/CT (CPT® 78815)</li></ul>                                                                                                                                                |

## ONC-21.4: Ovarian Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Completely resected or definitively treated with chemotherapy and normal(ized) tumor markers                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>◆ No advanced imaging needed</li> </ul>                                                                                                                                                                                                                                                                                                                        |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Unresected disease</li> <li>◆ Unknown preoperative markers</li> <li>◆ Difficult or abnormal examination</li> <li>◆ Elevated LFTs</li> <li>◆ Rising tumor markers (CA-125, inhibin)</li> <li>◆ Signs or symptoms of recurrence</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) for any of the following: <ul style="list-style-type: none"> <li>■ Known prior thoracic disease</li> <li>■ New or worsening pulmonary symptoms</li> <li>■ New or worsening CXR findings</li> <li>■ Rising tumor markers (CA-125, inhibin)</li> </ul> </li> </ul> |
| <u>Monitoring response to treatment (every 2 cycles, or ~every 6 to 8 weeks)</u>                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) for any of the following: <ul style="list-style-type: none"> <li>■ Known prior thoracic disease</li> <li>■ New or worsening pulmonary symptoms</li> <li>■ New or worsening CXR findings</li> </ul> </li> </ul>                                                   |
| <ul style="list-style-type: none"> <li>◆ CT negative or inconclusive and CA-125 continues to rise or elevated LFTs</li> <li>◆ Conventional imaging failed to demonstrate tumor or if persistent radiographic mass with rising tumor markers</li> </ul>                                                         | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                               |

**ONC-21.5: Ovarian Cancer – Surveillance**

| Indication                                                                          | Imaging Study                                                                                                             |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Stages I-III                                                                        | ♦ Advanced imaging is not routinely indicated for surveillance                                                            |
| Measurable metastatic disease on maintenance therapy or being monitored off therapy | Every 3 months:<br>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)<br>♦ CT with contrast of previously involved body areas |

## References

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**ONC-22: Uterine Cancer****ONC-22.0: Uterine Cancer – General Considerations****ONC-22.1: Uterine Cancer – Suspected/Diagnosis****ONC-22.2: Uterine Cancer – Initial Work-up****ONC-22.3: Uterine Cancer – Restaging/Recurrence****ONC-22.4: Uterine Cancer – Surveillance**

## **ONC-22.0: Uterine Cancer – General Considerations**

- Gestational trophoblastic neoplasia (GTN) – see: **PV-16.1: Molar Pregnancy and Gestational Trophoblastic Neoplasia (GTN)**
- Most common cell type is adenocarcinoma. Uterine sarcomas are also imaged according to this guideline.
- Staging of uterine cancer is primarily surgical. Advanced imaging is not routinely indicated pre-operatively for laparoscopic/minimally invasive surgery unless initial staging criteria are met. Pelvic and para-aortic lymphadenectomy can still be performed.



## **ONC-22.1: Uterine Cancer – Suspected/Diagnosis**

- See: **PV-2.1: Abnormal Uterine Bleeding** for imaging guidelines for evaluation of suspected uterine malignancies

## ONC-22.2: Uterine Cancer – Initial Work-up

| Indication                                                                                                                                                                                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Extra-uterine disease suspected</li> <li>Bulky uterine tumor</li> <li>High grade (grade 3) tumor</li> </ul>                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>MRI Pelvis without and with contrast (CPT® 72197) or CT Pelvis with contrast (CPT® 72193)</li> </ul>                                                                                                                                                                                                                              |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>Abdominal symptoms or abnormal examination findings</li> <li>Elevated LFTS</li> <li>Other imaging studies suggest liver involvement</li> </ul>                                                                                                                           | <u>One of the following may be approved:</u> <ul style="list-style-type: none"> <li>CT Abdomen with contrast (CPT® 74160)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) if being completed in the same imaging session as CT Pelvis</li> </ul>                                                                                                                   |
| <u>Any of the following histologies:</u> <ul style="list-style-type: none"> <li>Papillary serous</li> <li>Clear cell</li> <li>Carcinosarcoma</li> <li>Soft tissue sarcoma of the uterus</li> <li>Leiomyosarcoma</li> <li>Undifferentiated sarcoma</li> <li>Endometrial stromal sarcoma</li> <li>Poorly differentiated endometroid</li> </ul> | <ul style="list-style-type: none"> <li>CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                 |
| Tumors detected incidentally or incompletely staged surgically AND any of the following high risk features: <ul style="list-style-type: none"> <li>Myoinvasion &gt; 50%</li> <li>Cervical stromal involvement</li> <li>Lymphovascular invasion</li> <li>Tumor &gt; 2 cm</li> </ul>                                                           | <ul style="list-style-type: none"> <li>CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Considering fertility sparing surgery for well-differentiated Stage IA (grade 1) uterine cancer</li> <li>Poor surgical candidate (due to medical comorbidities) considering medical therapy</li> </ul>                                                                                                | <ul style="list-style-type: none"> <li>MRI Pelvis without and with contrast (CPT® 72197) or CT Pelvis with contrast (CPT® 72193)</li> <li>Transvaginal ultrasound (CPT® 76830) if MRI is contraindicated</li> <li>Chest x-ray               <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260) if chest x-ray is abnormal</li> </ul> </li> </ul> |
| Inconclusive findings on conventional imaging                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                               |

### ONC-22.3: Uterine Cancer – Restaging/Recurrence

| Indication                                                                                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Unresected disease</li> <li>◆ Medically inoperable disease</li> <li>◆ Incomplete surgical staging</li> <li>◆ Difficult or abnormal examination</li> <li>◆ Elevated LFTs or rising tumor markers</li> <li>◆ Signs or symptoms of recurrence</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) <ul style="list-style-type: none"> <li>■ MRI Pelvis (CPT® 72197) without and with contrast if CT is inconclusive</li> </ul> </li> </ul>                                                                          |
| <p>Monitoring response to chemotherapy (every 2 cycles, ~every 6-8 weeks) for:</p> <ul style="list-style-type: none"> <li>◆ Unresected primary disease</li> <li>◆ Metastatic disease</li> </ul>                                                                                                | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Chest with contrast (CPT® 71260) for: <ul style="list-style-type: none"> <li>■ New/worsening pulmonary symptoms</li> <li>■ Abnormal chest x-ray findings</li> <li>■ Known prior pulmonary involvement</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>◆ Inconclusive findings on conventional imaging</li> </ul>                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>◆ PET/CT scan (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                     |

**ONC-22.4: Uterine Cancer – Surveillance**

| Indication                                                                                                                                                                                                                                                                                              | Imaging Study                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I-III of uterine carcinoma                                                                                                                                                                                                                                                                        | Advanced imaging is not routinely indicated for surveillance                                                                                                                   |
| Measurable metastatic disease on maintenance therapy or being monitored off therapy                                                                                                                                                                                                                     | Every 3 months: <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved body areas</li> </ul> |
| All stages of uterine sarcoma: <ul style="list-style-type: none"> <li>◆ Soft tissue sarcoma of the uterus</li> <li>◆ Leiomyosarcoma</li> <li>◆ Adenosarcoma</li> <li>◆ Carcinosarcoma</li> <li>◆ Rhabdomyosarcoma</li> <li>◆ Undifferentiated sarcoma</li> <li>◆ Endometrial stromal sarcoma</li> </ul> | CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) every 3 months for 2 years, every 6 months for 3 years, and then every 1-2 years until year 10          |

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**ONC-23: Cervical Cancer****ONC-23.0: Cervical Cancer – General Considerations****ONC-23.1: Cervical Cancer – Suspected/Diagnosis****ONC-23.2: Cervical Cancer – Initial Work-up/Staging****ONC-23.3: Cervical Cancer – Restaging/Recurrence****ONC-23.4: Cervical Cancer – Surveillance**

## **ONC-23.0: Cervical Cancer – General Considerations**

- Primary histology for cervical cancer is squamous cell. Other, less common histologies are adenosquamous and adenocarcinoma. If biopsy is consistent with one of these less common histologies, it is necessary to clarify that tumor is not of primary uterine origin.
- If the primary histology is uterine in origin, follow imaging recommendations for uterine cancer, see: **ONC-22: Uterine Cancer**.

**ONC-23.1: Cervical Cancer – Suspected/Diagnosis**

| Indication | Imaging Study                               |
|------------|---------------------------------------------|
| All        | Biopsy should be performed prior to imaging |



## ONC-23.2: Cervical Cancer – Initial Work-up/Staging

| Indication                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage IB1 or higher stages                                             | <p><u>Any of the following combinations, not both:</u></p> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) <ul style="list-style-type: none"> <li>■ MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast if CT contrast allergy or inconclusive CT findings</li> </ul> </li> </ul> |
| Any size cervical cancer incidentally found in a hysterectomy specimen | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Abdomen (CPT® 74183) and Pelvis (CPT® 72197) without and with contrast if CT contrast allergy or inconclusive CT findings</li> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) if inconclusive conventional imaging</li> </ul>                                                                                                                    |

### ONC-23.3: Cervical Cancer – Restaging/Recurrence

| Indication                                                                                                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Difficult or abnormal examination</li> <li>◆ Elevated LFTs</li> <li>◆ Signs or symptoms of recurrence</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast if CT contrast allergy or inconclusive CT findings</li> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) for inconclusive conventional imaging</li> </ul>                                                                                                                                                      |
| If primary therapy was surgery                                                                                                                            | <ul style="list-style-type: none"> <li>◆ See Surveillance guidelines: <b><u>ONC-23.4: Cervical Cancer – Surveillance</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |
| If primary therapy radiation therapy ± chemotherapy (no surgery)                                                                                          | <p>Any of the following, not both:</p> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) at least 12 weeks after completion of treatment</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) <ul style="list-style-type: none"> <li>■ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast if CT contrast allergy or inconclusive CT findings</li> </ul> </li> </ul> |
| Unresectable disease or metastatic disease on systemic treatment                                                                                          | <p>Every 2 cycles of treatment (commonly every 6 to 8 weeks):</p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of other involved or symptomatic areas</li> </ul>                                                                                                                                                                                                                            |

**ONC-23.4: Cervical Cancer – Surveillance**

| Indication   | Imaging Study                         |
|--------------|---------------------------------------|
| All patients | ♦ No routine advanced imaging needed. |

## References

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## **ONC-24: Anal Cancer & Cancers of the External Genitalia**

**ONC-24.0: Anal Carcinoma – General Considerations**

**ONC-24.1: Anal Carcinoma – Suspected/Diagnosis**

**ONC-24.2: Anal Carcinoma – Initial Work-up/Staging**

**ONC-24.3: Anal Carcinoma – Restaging/Recurrence**

**ONC-24.4: Anal Carcinoma – Surveillance**

**ONC-24.5: Cancers of External Genitalia – General Considerations**

**ONC-24.6: Cancers of External Genitalia – Initial Work-up/Staging**

**ONC-24.7: Cancers of External Genitalia – Restaging/Recurrence**

**ONC-24.8: Cancers of External Genitalia – Surveillance**

## **ONC-24.0: Anal Carcinoma – General Considerations**

- Most are squamous cell carcinomas, although some transitional and cloacogenic carcinomas are seen.
- Adenocarcinoma of the anal canal is managed as rectal cancer according to **ONC-16: Colorectal and Small Bowel Cancer**
- Squamous cell carcinoma of the perianal region (up to 5 cm radius from the anal verge) are imaged according to anal carcinoma guidelines.
- Bowen's disease and Paget's disease of the perianal and perigenital skin are considered non-invasive/in-situ conditions and do not routinely require advanced imaging. See: **ONC-5.6: Non-Melanoma Skin Cancers – Initial Work-up/Staging**.

**ONC-24.1: Anal Carcinoma – Suspected/Diagnosis**

| Indication | Imaging Study                                    |
|------------|--------------------------------------------------|
| All        | ♦ Advanced imaging prior to biopsy is not needed |

**ONC-24.2: Anal Carcinoma – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                                        | Imaging Study                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All patients                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> </ul> <u>One of the following:</u> <ul style="list-style-type: none"> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT Abdomen with contrast (CPT® 74160) and MRI Pelvis without and with contrast (CPT® 72197)</li> </ul> |
| <ul style="list-style-type: none"> <li>♦ Stage II-III Squamous Cell Carcinoma of the Anal Canal and no evidence of metastatic disease by conventional imaging</li> <li>♦ Inconclusive findings on conventional imaging</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                      |



**ONC-24.3: Anal Carcinoma – Restaging/Recurrence**

| Indication                                                                                                                                                                            | Imaging Study                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage I and II patients                                                                                                                                                               | <ul style="list-style-type: none"> <li>See: <b><u>ONC-24.4 for surveillance guidelines</u></b></li> </ul>                                                                                                                                                                                                        |
| Stage III and IV patients                                                                                                                                                             | <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177) every 2 cycles (generally 6 to 8 weeks) during treatment and at the end of planned chemotherapy treatment</li> <li>CT Chest (CPT® 71260) if chest x-ray is abnormal or if symptoms of chest involvement</li> </ul>           |
| <ul style="list-style-type: none"> <li>Difficult or abnormal examination</li> <li>Elevated LFTs</li> <li>Signs or symptoms of recurrence</li> <li>Biopsy proven recurrence</li> </ul> | <ul style="list-style-type: none"> <li>CT Chest (CPT® 71260) with contrast</li> </ul> <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Inconclusive findings on conventional imaging                                                                                                                                         | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                            |

**ONC-24.4: Anal Carcinoma – Surveillance**

| Indication     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For all stages | <ul style="list-style-type: none"><li>♦ CT Chest (CPT® 71260) with contrast or CT Chest without contrast (CPT® 71250) annually for 3 years</li><li>♦ ONE of the following annually for three years:<ul style="list-style-type: none"><li>▪ CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>▪ CT Abdomen with contrast (CPT® 74160) and MRI Pelvis without and with contrast (CPT® 72197)</li></ul></li></ul> |

## **ONC-24.5: Cancers of External Genitalia – General Considerations**

- These imaging guidelines are applicable for squamous cell carcinomas arising from the vulva, vagina, penis and scrotum

**ONC-24.6: Cancers of External Genitalia – Initial Work-up/Staging**

| Indication                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For stage II or higher                        | <u>One of the following:</u> <ul style="list-style-type: none"><li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>♦ CT Abdomen with contrast (CPT® 74160) and MRI Pelvis without and with contrast (CPT® 72197)</li><li>♦ CT Chest with contrast (CPT® 71260) is indicated only for:<ul style="list-style-type: none"><li>▪ Signs/symptoms suggestive of chest involvement</li><li>▪ Abnormal findings on chest X-ray</li></ul></li></ul> |
| Inconclusive findings on conventional imaging | ♦ PET/CT (CPT® 78815)                                                                                                                                                                                                                                                                                                                                                                                                                             |

## **ONC-24.7: Cancers of External Genitalia – Restaging/Recurrence**

| Indication                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>◆ Difficult or abnormal examination</li> <li>◆ Elevated LFTs</li> <li>◆ Signs or symptoms of recurrence</li> <li>◆ Biopsy proven recurrence</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) with contrast</li> </ul> <p><u>And any one of the following:</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast</li> </ul> |
| Individuals receiving systemic treatment                                                                                                                                                      | <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177) every 2 cycles (generally 6 to 8 weeks) during treatment and at the end of planned chemotherapy treatment</li> <li>◆ CT Chest (CPT® 71260) if chest x-ray is abnormal or if symptoms of chest involvement</li> </ul>                     |
| Inconclusive findings on conventional imaging                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                        |

**ONC-24.8: Cancers of External Genitalia – Surveillance**

| Indication                                 | Imaging Study                                                                                                                                                    |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ♦ All stages of vulvar and vaginal cancers | ♦ Routine advanced imaging is not indicated for asymptomatic surveillance                                                                                        |
| ♦ Penile Cancer: stage I-IIIA              | ♦ Routine advanced imaging is not indicated for asymptomatic surveillance                                                                                        |
| ♦ Penile cancer: stages IIIB and higher    | ♦ CT Abdomen/Pelvis with contrast (CPT® 74177) every 3 months for year 1, and then every 6 months for year 2, then no further routine advanced imaging indicated |

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**ONC-25: Multiple Myeloma and Plasmacytomas****ONC-25.0: Multiple Myeloma and Plasmacytomas – General Considerations****ONC-25.1: Multiple Myeloma and Plasmacytomas – Suspected/Diagnosis****ONC-25.2: Multiple Myeloma and Plasmacytomas – Initial Work-up/Staging****ONC-25.3: Multiple Myeloma and Plasmacytomas – Restaging/Recurrence****ONC-25.4: Multiple Myeloma and Plasmacytomas – Surveillance**



## **ONC-25.0: Multiple Myeloma and Plasmacytomas – General Considerations**

- Multiple myeloma (MM) is a neoplastic disorder characterized by the proliferation of a single clone of plasma cells derived from B cells which grows in the bone marrow and adjacent bone, producing skeletal destruction.
- Multiple myeloma group of disorders can be classified as below, which influence imaging modality of choice.

| Condition                                                           | Monoclonal protein | Bone marrow plasma cells | CRAB criteria** |
|---------------------------------------------------------------------|--------------------|--------------------------|-----------------|
| Solitary Plasmacytoma (biopsy proven tumor containing plasma cells) | < 3 gm/dL          | Absent                   | Absent          |
| Monoclonal Gammopathy of Unknown Significance (MGUS)                | < 3 gm/dL          | < 10%                    | Absent          |
| Smoldering Myeloma (SMM) (stage I MM or asymptomatic MM)            | ≥ 3 gm/dL          | 10% - 60%                | Absent          |
| Multiple Myeloma (MM)                                               | ≥ 3 gm/dL          | ≥ 10%                    | Present         |

\*\*CRAB criteria = hypercalcemia, renal insufficiency, anemia, lytic bony lesions

- Diagnosis and monitoring of response to therapy is primarily with laboratory studies that include urine and serum monoclonal protein levels, serum free light chain levels, LDH and beta-2 microglobulin. Routine advanced imaging to monitor response to treatment is not indicated.
- PET scans have not been shown to significantly alter therapeutic decisions and may only provide prognostic information.
- Rarely, (< 5%), an individual may have Nonsecretory Myeloma, which does not produce measurable M-protein. These patients require imaging as primary method to monitor disease.
- For myeloma-like and lymphoma-like disease, see: **ONC-27: Non-Hodgkin Lymphomas**.
- Other conditions that may present with Monoclonal Gammopathy include:
  - ◆ **POEMS syndrome**: Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal protein and Skin Changes – these patients may also have sclerotic bone lesions and Castleman's disease
  - ◆ **Waldenstrom's Macroglobulinemia**: IgM monoclonal protein along with bone marrow infiltration of small lymphocytes. See: **ONC-27: Non-Hodgkin Lymphomas** for imaging recommendations.
  - ◆ **Light chain Amyloidosis**: light chain monoclonal protein in serum or urine with clonal plasma cells in bone marrow, systemic involvement of the kidneys, liver, heart, gastrointestinal tract or peripheral nerves due to amyloid deposition. See: **ONC-25: Multiple Myeloma and Plasmacytomas** for imaging recommendations.

**ONC-25.1: Multiple Myeloma and Plasmacytomas – Suspected/Diagnosis**

| Indication | Imaging Study           |
|------------|-------------------------|
| All        | ◆ X-ray skeletal series |

## **ONC-25.2: Multiple Myeloma and Plasmacytomas – Initial Work-up/Staging**

| Indication                                                                                                                                                                                                                                                                                                                                                                                           | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Abnormal skeletal survey</li> <li>◆ Abnormal myeloma labs</li> <li>◆ Signs/symptoms of multiple myeloma</li> </ul>                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ Whole body low-dose skeletal CT scan (CPT® 76497)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <u>If skeletal CT is negative, inconclusive, or not feasible</u>                                                                                                                                                                                                                                                                                                                                     | <u>Any one of the following:</u> <ul style="list-style-type: none"> <li>◆ MRI Bone Marrow Blood Supply (CPT® 77084)</li> <li>◆ MRI Cervical (CPT® 72141), Thoracic (CPT® 72146), Lumbar spine (CPT® 72148), and Pelvis (CPT® 72195) without contrast</li> <li>◆ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), Lumbar spine (CPT® 72158), and Pelvis (CPT® 72197) without and with contrast</li> <li>◆ CT contrast as requested of a specific area to determine radiotherapy or surgical candidacy, or for suspected extrasosseous plasmacytoma</li> </ul> |
| <u>For any of the following (after the tests listed above are completed):</u> <ul style="list-style-type: none"> <li>◆ Determining if a plasmacytoma is truly solitary</li> <li>◆ Suspected extrasosseous plasmacytomas</li> <li>◆ Suspected progression of MGUS or SMM to a more malignant form and CT/MRI imaging are negative</li> <li>◆ Inconclusive or negative conventional imaging</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

### **ONC-25.3: Multiple Myeloma and Plasmacytomas – Restaging/Recurrence**

| Indication                                                                                                                                                                                                                                                                                                                                  | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Extra-osseous plasmacytoma response to initial therapy                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>♦ CT contrast as requested <b>or</b> MRI without contrast, <b>or</b> MRI without and with contrast of any previously involved area</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Laboratory tests fail to normalize with treatment                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>♦ CT contrast as requested <b>or</b> MRI without contrast or MRI without and with contrast of symptomatic areas</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Known spine involvement with new neurological signs/symptoms or worsening pain                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>♦ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), Lumbar spine (CPT® 72158) without and with contrast</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Suspected relapse/recurrence</li> <li>♦ Suspected progression of MGUS or SMM to a more malignant form</li> <li>♦ To determine therapy response with inconclusive labs</li> </ul>                                                                                      | <u>One of the following:</u> <ul style="list-style-type: none"> <li>♦ Whole body low-dose skeletal CT scan (CPT® 76497)</li> <li>♦ MRI Bone Marrow Blood Supply (CPT® 77084)</li> <li>♦ MRI Cervical (CPT® 72141), Thoracic (CPT® 72146), Lumbar spine (CPT® 72148), and Pelvis (CPT® 72195) without contrast</li> <li>♦ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), Lumbar spine (CPT® 72158), and Pelvis (CPT® 72197) without and with contrast</li> <li>♦ MRI without contrast, or MRI without and with contrast for any previously involved bony area or symptomatic area</li> </ul> |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Negative PET will allow change in management from active treatment to maintenance or surveillance.</li> <li>♦ Determine additional therapies in refractory disease or non-secretory disease. These requests will be forwarded for Medical Director review.</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Stem cell transplant recipients                                                                                                                                                                                                                                                                                                             | <u>One of the following, once before transplant and once after transplant:</u> <ul style="list-style-type: none"> <li>♦ Whole body low-dose skeletal CT scan (CPT® 76497)</li> <li>♦ MRI Bone Marrow Blood Supply (CPT® 77084)</li> <li>♦ MRI Cervical (CPT® 72141), Thoracic (CPT® 72146), Lumbar spine (CPT® 72148), and Pelvis (CPT® 72195) without Contrast</li> <li>♦ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), Lumbar spine (CPT® 72158), and Pelvis (CPT® 72197) without and with contrast</li> </ul>                                                                           |

## **ONC-25.4: Multiple Myeloma and Plasmacytomas – Surveillance**

| Indication                                                                                   | Study                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>◆ Plasmacytomas</li><li>◆ Smoldering myeloma</li></ul> | <p>Any one of the following annually for 5 years:</p> <ul style="list-style-type: none"><li>◆ Whole body low-dose skeletal CT scan (CPT® 76497)</li><li>◆ Skeletal survey annually</li></ul> |
| Multiple myeloma after treatment and/or after stem cell transplant                           | <ul style="list-style-type: none"><li>◆ Advanced imaging is not routinely indicated for surveillance in asymptomatic individuals</li></ul>                                                   |

## References

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## **ONC-26: Leukemias, Myelodysplasia and Myeloproliferative Neoplasms**

**ONC-26.1: Leukemias, Myelodysplasia and Myeloproliferative Neoplasms – General Considerations**

**ONC-26.2: Acute Leukemias**

**ONC-26.3: Chronic Myeloid Leukemias, Myelodysplastic Syndrome and Myeloproliferative Disorders**

**ONC-26.4: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)**

## **ONC-26.1: Leukemias, Myelodysplasia and Myeloproliferative Neoplasms – General Considerations**

- PET imaging is considered investigational and experimental for all indications in acute lymphoblastic leukemia, acute myeloid leukemia, and chronic myeloid leukemia.
- Routine advanced imaging is not indicated in the evaluation and management of Hairy cell leukemia in the absence of specific localizing clinical symptoms.



## **ONC-26.2: Acute Leukemias**

- Imaging indications for acute lymphoblastic leukemia in adult patients are identical to those for pediatric patients. See: **PEDONC-3.2: Acute Lymphoblastic Leukemia (ALL)** for imaging guidelines.
- Imaging indications for acute myeloid leukemia in adult patients are identical to those for pediatric patients. See: **PEDONC-3.3: Acute Myeloid Leukemia (AML)** for imaging guidelines.

### **ONC-26.3: Chronic Myeloid Leukemias, Myelodysplastic Syndrome and Myeloproliferative Disorders**

- Routine advanced imaging is not indicated in the evaluation and management of chronic myeloid leukemias, myelodysplastic syndromes or myeloproliferative disorders in the absence of specific localizing clinical symptoms or clearance for hematopoietic stem cell transplantation.
- See: **ONC-29: Hematopoietic Stem Cell Transplantation** for imaging guidelines related to transplant.
- For work-up of elevated blood counts, see: **ONC-30.3: Paraneoplastic Syndromes – General Considerations**

## **ONC-26.4: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)**

- PET imaging is not indicated in the evaluation of CLL/SLL with the exception of suspected Richter's transformation (see Suspected transformation, below)
- CLL/SLL is monitored with serial laboratory studies. Routine advanced imaging is not indicated for monitoring treatment response or surveillance, except when initial studies reveal bulky disease involvement.
- Bulky disease is defined as lymph node mass > 5 cm or spleen > 6 cm below costal margin

| Indication                                                                                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis                                                                                                                                                                                                                                                                                                                     | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                                              |
| Treatment Response                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ For patients with bulky nodal disease at diagnosis, CT with contrast of previously involved area(s) every 2 cycles of therapy</li> <li>◆ Routine imaging is not indicated for patients without bulky nodal disease at diagnosis</li> </ul>                                                                                                                                                                                              |
| End of Therapy Evaluation                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>◆ For patients with bulky nodal disease at diagnosis, CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                                                                                                                          |
| Suspected progression                                                                                                                                                                                                                                                                                                                         | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                   |
| Suspected transformation (Richter's) from a low grade lymphoma to a more aggressive type based on one or more of the following: <ul style="list-style-type: none"> <li>◆ New B symptoms</li> <li>◆ Rapidly growing lymph nodes</li> <li>◆ Extranodal disease develops</li> <li>◆ Significant recent rise in LDH above normal range</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                          |
| Surveillance                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>◆ For patients with bulky nodal disease at diagnosis, every 6 months for two years, then annually:               <ul style="list-style-type: none"> <li>■ CT Chest with contrast (CPT® 71260)</li> <li>■ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>■ CT with contrast of previously involved area(s)</li> </ul> </li> <li>◆ Routine imaging is not indicated for patients without bulky nodal disease at diagnosis</li> </ul> |

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**ONC-27: Non-Hodgkin Lymphomas****ONC-27.1: Non-Hodgkin Lymphomas – General Considerations****ONC-27.2: Diffuse Large B Cell Lymphoma (DLBCL)****ONC-27.3: Follicular Lymphoma****ONC-27.4: Marginal Zone Lymphomas****ONC-27.5: Mantle Cell Lymphoma****ONC-27.6: Burkitt's Lymphomas****ONC-27.7: Lymphoblastic Lymphomas****ONC-27.8: Cutaneous Lymphoma and T Cell Lymphomas**

## **ONC-27.1: Non-Hodgkin Lymphomas – General Considerations**

- Lymphoma is often suspected when patients have any of the following:
  - ◆ Bulky lymphadenopathy (lymph node mass > 5 cm in size), hepatomegaly or splenomegaly
  - ◆ The presence of systemic symptoms (fever, drenching night sweats or unintended weight loss of > 10%, called “B symptoms”)
- See: **ONC-31.11: Castleman’s Disease (Unicentric and Multicentric)** for guidelines covering Castleman’s disease.
- See: **ONC-26.4: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)** for guidelines covering Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL).

| Indication                                                                                                                                                                                                                                                                                                                               | Imaging Study                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Biopsy proven lymphoma or suspected lymphoma with one of the following: <ul style="list-style-type: none"> <li>◆ Bulky lymphadenopathy (LN mass &gt; 5 cm)</li> <li>◆ Hepatomegaly</li> <li>◆ Splenomegaly</li> <li>◆ B symptom: Unexplained fever, drenching night sweats, unintended weight loss &gt; 10% total body weight</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast               <ul style="list-style-type: none"> <li>■ MRI without and with contrast for individuals who cannot tolerate CT contrast due to allergy or impaired renal function</li> </ul> </li> </ul> |
| Signs or symptoms of disease involving the neck                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> </ul>                                                                                                                                                                                                                                |
| Signs or symptoms suggesting CNS involvement with lymphoma.                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ See: <b><u>ONC-2.7: CNS Lymphoma (also known as Microglioma)</u></b></li> </ul>                                                                                                                                  |
| Known or suspected bone involvement with lymphoma                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of symptomatic or previously involved bony areas               <ul style="list-style-type: none"> <li>■ Bone scan is inferior to MRI for evaluation of known or suspected bone involvement with lymphoma</li> </ul> </li> </ul>                |
| Determine a more favorable site for biopsy when a relatively inaccessible site is contemplated                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)               <ul style="list-style-type: none"> <li>■ PET/CT is not medically necessary for all other indications prior to histological confirmation of lymphoma</li> </ul> </li> </ul>                                                   |

## ONC-27.2: Diffuse Large B Cell Lymphoma (DLBCL)

- Grey zone lymphomas, primary mediastinal B cell lymphomas, grade 3 (high) follicular lymphoma and double-hit or triple-hit lymphomas should also be imaged according to these guidelines
- Post-transplant lymphoproliferative disorder (PTLD) or viral-associated lymphoproliferative disorder can rarely occur following solid organ or hematopoietic stem cell transplantation, or in primary immunodeficiency. These disorders may be treated similarly to high grade NHL when altering immunosuppressive regimens is unsuccessful, are highly FDG-avid, and should be imaged according to this section.
- PET/CT scan is not generally supported for interim restaging (monitoring response to treatment) due to increased false-positive results. Treatment intensification based on positive interim PET/CT scan does not improve outcomes. Any positive findings noted on an interim PET/CT scan should be biopsied before changing treatment.

| Indication                                              | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis                               | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                               |
| Treatment Response                                      | <u>Any or all of the following may be approved every 2 cycles of therapy:</u> <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT is not indicated for monitoring response, but can be considered in rare circumstances when CT did not show disease (e.g bone). These cases should be forwarded for Medical Director review.</li> </ul>                |
| End of Chemotherapy and/or Radiation Therapy Evaluation | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) may be approved at the end of chemo and again at the end of radiation</li> <li>◆ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                     |
| Suspected or Biopsy-Confirmed Recurrence                | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT can be considered in rare circumstances (e.g. bone involvement). These cases should be forwarded for Medical Director review.</li> </ul> |
| CAR-T cell therapy                                      | <u>Once before treatment and once 30-60 days after completion of treatment:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                          |
| Surveillance                                            | <ul style="list-style-type: none"> <li>◆ <u>Stage I and II:</u> <ul style="list-style-type: none"> <li>■ No routine advanced imaging indicated</li> </ul> </li> <li>◆ <u>Stage III and IV:</u> <ul style="list-style-type: none"> <li>■ CT with contrast of previously involved area(s) every 6 months for two years, then no further routine advanced imaging</li> </ul> </li> </ul>                          |

### ONC-27.3: Follicular Lymphoma

This section applies to follicular lymphomas with WHO grade of 1 (low) or 2 (intermediate). Grade 3 (high) follicular lymphomas should be imaged according to

#### **ONC-27.2: Diffuse Large B Cell Lymphoma (DLBCL)**

| Indication                                                                                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis                                                                                                                                                                                                                                                                                                                     | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> <p>If radiation therapy is being considered for stage I or II disease:</p> <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul> |
| Treatment Response                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>♦ CT with contrast of previously involved area(s) every 2 cycles of therapy</li> </ul>                                                                                                                                                                                                                                               |
| End of Therapy Evaluation                                                                                                                                                                                                                                                                                                                     | <p><u>One of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ CT with contrast of previously involved area(s)</li> <li>♦ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                        |
| Suspected Recurrence                                                                                                                                                                                                                                                                                                                          | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast of previously involved area(s)</li> </ul>                                                                                                       |
| Suspected transformation (Richter's) from a low grade lymphoma to a more aggressive type based on one or more of the following: <ul style="list-style-type: none"> <li>♦ New B symptoms</li> <li>♦ Rapidly growing lymph nodes</li> <li>♦ Extranodal disease develops</li> <li>♦ Significant recent rise in LDH above normal range</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                     |
| Surveillance                                                                                                                                                                                                                                                                                                                                  | <p><u>For all stages, every 6 months for two years, then annually:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast of previously involved area(s)</li> </ul>                                                                                       |



## ONC-27.4: Marginal Zone Lymphomas

- MALT lymphomas in any location should also be imaged according to these guidelines
- Splenic Marginal Zone Lymphoma is diagnosed with splenomegaly, peripheral blood flow cytometry and bone marrow biopsy. Splenectomy is diagnostic and therapeutic. PET scan is not routinely indicated prior to splenectomy.

| Indication                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> <p>If radiation therapy is being considered for stage I or II disease:</p> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                               |
| Treatment Response        | <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s) every 2 cycles of therapy</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |
| End of Therapy Evaluation | <p><u>One of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                      |
| Suspected Recurrence      | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT can be considered in rare circumstances (e.g. bone involvement). These cases should be forwarded for Medical Director review.</li> </ul>                                                                                     |
| Surveillance              | <p><u>For all stages of nodal marginal zone lymphoma, the following is indicated every 6 months for two years, then annually:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> </ul> <p><u>All stages of extranodal marginal zone lymphoma:</u></p> <ul style="list-style-type: none"> <li>◆ No routine advanced imaging indicated</li> </ul> |

**ONC-27.5: Mantle Cell Lymphoma**

| Indication                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul> <p>If radiation therapy is being considered for stage I or II disease:</p> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                           |
| Treatment Response        | <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s) every 2 cycles of therapy</li> <li>◆ PET/CT is not indicated for monitoring treatment response, but can be considered in rare circumstances when CT did not show disease (e.g. bone). These cases should be forwarded for Medical Director review</li> </ul>                                                                 |
| End of Therapy Evaluation | <p><u>One of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                  |
| Suspected Recurrence      | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT can be considered in rare circumstances (e.g. bone involvement). These cases should be forwarded for Medical Director review.</li> </ul> |
| Surveillance              | <p><u>All Stages of Disease:</u></p> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) every 6 months for 2 years</li> </ul>                                                                                                                                                                                                              |

## ONC-27.6: Burkitt's Lymphomas

| Indication                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                              |
| Treatment Response        | <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s) every 2 cycles of therapy</li> <li>◆ PET/CT is not indicated for monitoring treatment response, but can be considered in rare circumstances when CT did not show disease (e.g. bone). These cases should be forwarded for Medical Director review.</li> </ul>                                                        |
| End of Therapy Evaluation | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) may be approved at the end of chemo and again at the end of radiation</li> <li>◆ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                    |
| Suspected Recurrence      | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT can be considered in rare circumstances (e.g bone involvement). These cases should be forwarded for Medical Director review.</li> </ul> |
| Surveillance              | <u>All Stages of Disease:</u> <ul style="list-style-type: none"> <li>◆ No routine advanced imaging indicated</li> </ul>                                                                                                                                                                                                                                                                                       |

## **ONC-27.7: Lymphoblastic Lymphomas**

- Patients with lymphoblastic lymphoma (even those with bulky nodal disease) are treated using the leukemia treatment plan appropriate to the cell type (B or T cell). Imaging indications in adult patients are identical to those for pediatric patients. See: **PEDONC-3.2: Acute Lymphoblastic Leukemia (ALL)** for imaging guidelines.

## ONC-27.8: Cutaneous Lymphoma and T Cell Lymphomas

- Includes Primary Cutaneous B Cell Lymphomas, Peripheral T-Cell Lymphomas, Mycosis Fungoides/Sézary Syndrome, Anaplastic Large Cell Lymphoma, Primary Cutaneous CD30+T Cell Lymphoproliferative Disorders

| Indication                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                              |
| Treatment Response        | <ul style="list-style-type: none"> <li>◆ CT with contrast of previously involved area(s) every 2 cycles of therapy</li> <li>◆ PET/CT is not indicated for monitoring treatment response, but can be considered in rare circumstances when CT did not show disease (e.g. bone). These cases should be forwarded for Medical Director review</li> </ul>                                                         |
| End of Therapy Evaluation | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) may be approved at the end of chemo and again at the end of radiation</li> <li>◆ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                    |
| Suspected Recurrence      | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT with contrast of previously involved area(s)</li> <li>◆ PET/CT can be considered in rare circumstances (e.g bone involvement). These cases should be forwarded for Medical Director review.</li> </ul> |
| Surveillance              | <ul style="list-style-type: none"> <li>◆ <u>Stage I and II:</u> <ul style="list-style-type: none"> <li>■ No routine advanced imaging indicated</li> </ul> </li> <li>◆ <u>Stage III and IV:</u> <ul style="list-style-type: none"> <li>■ CT with contrast of previously involved area(s) every 6 months for two years, then no further routine advanced imaging</li> </ul> </li> </ul>                         |

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**ONC-28: Hodgkin Lymphoma****ONC-28.1: Hodgkin Lymphoma – General Considerations****ONC-28.2: Classical Hodgkin Lymphoma****ONC-28.3: Nodular Lymphocyte – Predominant Hodgkin Lymphoma**

## ONC-28.1: Hodgkin Lymphoma – General Considerations

- Lymphoma is often suspected when patients have any of the following:
  - ◆ Bulky lymphadenopathy (lymph node mass > 5 cm in size), hepatomegaly or splenomegaly
  - ◆ The presence of systemic symptoms (fever, drenching night sweats or unintended weight loss of > 10%, called “B symptoms”)
- Patients with AIDS-related lymphoma should be imaged according to the primary lymphoma histology
- The **Deauville Criteria** are internationally accepted criteria, which utilize a five-point scoring system for the FDG avidity of a Hodgkin's lymphoma or Non-Hodgkin's lymphoma tumor mass as seen on FDG PET.
  - ◆ Score 1: No uptake above the background
  - ◆ Score 2: Uptake ≤ mediastinum
  - ◆ Score 3: Uptake > mediastinum but ≤ liver
  - ◆ Score 4: Uptake moderately increased compared to the liver at any site
  - ◆ Score 5: Uptake markedly increased compared to the liver at any site
  - ◆ Score X: New areas of uptake unlikely to be related to lymphoma

| Indication                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evaluation of suspected or biopsy proven lymphoma                                              | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast               <ul style="list-style-type: none"> <li>■ MRI without and with contrast for individuals who cannot tolerate CT contrast due to allergy or impaired renal function</li> </ul> </li> </ul> |
| Signs or symptoms of disease involving the neck                                                | <ul style="list-style-type: none"> <li>◆ CT Neck with contrast (CPT® 70491)</li> </ul>                                                                                                                                                                                                                                |
| Signs or symptoms suggesting CNS involvement with lymphoma.                                    | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ See: <b><u>ONC-2.7: CNS Lymphoma (also known as Microglioma)</u></b></li> </ul>                                                                                                                                  |
| Known or suspected bone involvement with lymphoma                                              | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast of symptomatic or previously involved bony areas               <ul style="list-style-type: none"> <li>■ Bone scan is inferior to MRI for evaluation of known or suspected bone involvement with lymphoma</li> </ul> </li> </ul>                |
| Determine a more favorable site for biopsy when a relatively inaccessible site is contemplated | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)               <ul style="list-style-type: none"> <li>■ PET/CT is medically unnecessary for all other indications prior to histological confirmation of lymphoma</li> </ul> </li> </ul>                                                     |



## ONC-28.2: Classical Hodgkin Lymphoma

| Indication                                              | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis                               | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815 or CPT® 78816)</li> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                                                                                     |
| Treatment Response                                      | <u>One of the following, not both:</u> <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815 or CPT® 78816) as frequently as every 2 cycles</li> <li>CT with contrast of previously involved areas as frequently as every 2 cycles</li> </ul>                                                                                                                                                                                                                                                                                                              |
| End of Chemotherapy and/or Radiation Therapy Evaluation | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815 or CPT® 78816) may be approved at the end of chemo and again at the end of radiation (after 12 weeks of completion of radiation therapy)</li> <li>CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                                     |
| Suspected Recurrence                                    | <u>Any or all of the following may be approved:</u> <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                                                                                                       |
| Surveillance                                            | <u>Any or all of the following may be approved at 6, 12, and 24 months after completion of therapy:</u> <ul style="list-style-type: none"> <li>CT Chest with contrast (CPT® 71260)</li> <li>CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>CT with contrast of previously involved area(s)</li> </ul> <p>In addition to the above studies:</p> <ul style="list-style-type: none"> <li>A single follow-up PET/CT may be approved &gt; 12 weeks after radiation therapy if end of therapy PET/CT report documents Deauville 4 or 5 FDG avidity</li> </ul> |

## **ONC-28.3: Nodular Lymphocyte – Predominant Hodgkin Lymphoma**

| Indication                                                                                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial Staging/Diagnosis                                                                                                                                                                                                                                                                                                                     | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815 or CPT® 78816)</li> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> </ul>                                                                                                                                                                                                                                                                                                                       |
| Treatment Response                                                                                                                                                                                                                                                                                                                            | <p><u>One of the following, not both:</u></p> <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815 or CPT® 78816) as frequently as every 2 cycles</li> <li>♦ CT with contrast of previously involved areas as frequently as every 2 cycles</li> </ul>                                                                                                                                                                                                                                                                                                                  |
| End of Chemotherapy and/or Radiation Therapy Evaluation                                                                                                                                                                                                                                                                                       | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815 or CPT® 78816) may be approved at the end of chemo and again at the end of radiation (after 12 weeks of completion of radiation therapy)</li> <li>♦ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                                         |
| Suspected Recurrence                                                                                                                                                                                                                                                                                                                          | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast of previously involved area(s)</li> </ul>                                                                                                                                                                                                                                                                                                         |
| Suspected transformation (Richter's) from a low grade lymphoma to a more aggressive type based on one or more of the following: <ul style="list-style-type: none"> <li>♦ New B symptoms</li> <li>♦ Rapidly growing lymph nodes</li> <li>♦ Extranodal disease develops</li> <li>♦ Significant recent rise in LDH above normal range</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Surveillance                                                                                                                                                                                                                                                                                                                                  | <p><u>Any or all of the following may be approved at 6, 12, and 24 months after completion of therapy:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest with contrast (CPT® 71260)</li> <li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ CT with contrast of previously involved area(s)</li> </ul> <p>In addition to the above studies:</p> <ul style="list-style-type: none"> <li>♦ A single follow-up PET/CT may be approved &gt; 12 weeks after radiation therapy if end of therapy PET/CT report documents Deauville 4 or 5 FDG avidity</li> </ul> |

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## **ONC-29: Hematopoietic Stem Cell Transplantation**

### **ONC-29.1: General Considerations for Stem Cell Transplant**

## **ONC-29.1: General Considerations for Stem Cell Transplant**

### **Transplant types:**

Allogeneic (“allo”): The donor and recipient are different people, and there are multiple types depending on the source of the stem cells and degree of match between donor and recipient. This is most commonly used in diseases originating in the hematopoietic system, such as leukemias and lymphomas, and bone marrow failure syndromes or metabolic disorders. Common types are:

- ◆ Matched sibling donor (MSD or MRD): Donor and recipient are full siblings and HLA-matched
- ◆ Matched unrelated donor (MUD): Donor and recipient are HLA matched but not related to each other
- ◆ Cord blood: Donor stem cells come from frozen umbilical cord blood not related to the recipient, sometimes from multiple different donors at once
- ◆ Haploidentical transplant (haplo): Donor is a half-HLA match to the recipient, usually a parent

Autologous (“auto”): The donor and recipient are the same person. The process involves delivery of high dose chemotherapy that is ablative to the bone marrow, followed by an infusion of one’s own harvested stem cells.

Allogeneic HSCT results in a much greater degree of immunosuppression than autologous HSCT because of the need to allow the new immune system to chimerize with the recipient’s body. Immune reconstitution commonly takes more than a year for individuals who receive allogeneic HSCT, and individuals remain at high risk for invasive infections until that has occurred.

## **Pre-Transplant Imaging in HSCT:**

- Pre-transplant imaging in HSCT generally takes place within 30 days prior to transplant and involves a reassessment of the individual's disease status as well as infectious disease clearance

| Indication                      | Imaging                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Immediate pre-transplant period | <ul style="list-style-type: none"> <li>◆ Chest x-ray               <ul style="list-style-type: none"> <li>■ CT Chest with contrast (CPT® 71260) or CT Chest without contrast (CPT® 71250) for new findings on CXR, or new/worsening signs/symptoms.</li> </ul> </li> <li>◆ CT Sinus (CPT® 70486) if clinically indicated</li> </ul>                           |
| Assess cardiac function         | <ul style="list-style-type: none"> <li>◆ Echocardiogram (CPT® 93306, CPT® 93307 or CPT® 93308)               <ul style="list-style-type: none"> <li>■ MUGA scan (CPT® 78472) may be indicated in specific circumstances, see: <b><u>CD-12.1: Oncologic Indications for Cancer Therapeutics-Related Cardiac Dysfunction (CTRCD)</u></b></li> </ul> </li> </ul> |
| Assess pulmonary function       | ◆ Pulmonary function tests                                                                                                                                                                                                                                                                                                                                    |
| Assess primary disease status   | ◆ See disease-specific guideline                                                                                                                                                                                                                                                                                                                              |

**Post-Transplant Imaging in HSCT:**

- There are many common complications from HSCT, including infection, graft versus host disease, hepatic sinusoidal obstruction syndrome, restrictive lung disease, among others.
- Disease response generally takes place at ~Day +30 (autos and some allos) or ~Day +100 (allos) post-transplant.

| Indication                                                                                        | Imaging                                                                          |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Assess known or suspected HSCT complications                                                      | ◆ Site-specific imaging should generally be approved                             |
| Assess primary disease status post-transplant                                                     | ◆ See disease-specific guidelines for end of therapy evaluation and surveillance |
| Individuals receiving tandem auto transplants (2-4 autos back-to-back, spaced 6 to 8 weeks apart) | ◆ Guideline recommended imaging can be repeated after each transplant            |
| Suspected Bronchiolitis obliterans with organizing pneumonia (BOOP)                               | ◆ CT Chest without contrast (CPT® 71250)                                         |

## References

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## **ONC-30: Medical Conditions with Cancer in the Differential Diagnosis**

|                                                |
|------------------------------------------------|
| <b>ONC-30.1: Fever of Unknown Origin (FUO)</b> |
| <b>ONC-30.2: Unexplained Weight Loss</b>       |
| <b>ONC-30.3: Paraneoplastic Syndromes</b>      |

### **ONC-30.1: Fever of Unknown Origin (FUO)**

- FUO is defined as a persistent fever  $\geq 101^{\circ}\text{F}$  and  $\geq 3$  weeks with unidentified cause.
- While fever is a classic “B” symptom of advanced lymphoma, a cancer- related fever presenting in isolation without any other signs or symptoms of neoplastic disease is rare.

| Indication                                                                                                                       | Imaging Study                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In addition to physical examination, based on suspected location, one can consider:                                              | <ul style="list-style-type: none"> <li>◆ Chest x-ray</li> <li>◆ Echocardiogram (CPT® 93306)</li> <li>◆ Abdominal ultrasound (CPT® 76700)</li> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                           |
| Above studies (including PE/ENT exam, pelvic exam, and DRE with laboratory studies) have failed to demonstrate site of infection | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s): CPT® 78800, 78801, or 78802, CPT® 78804, CPT® 78803 or 78831 (SPECT), or CPT® 78830, or 78832 (SPECT/CT)</li> </ul> |
| “B” symptoms                                                                                                                     | ◆ See: <b><u>ONC-27: Non-Hodgkin Lymphomas</u></b>                                                                                                                                                                                                                                                                                        |
| Any CNS sign/symptom accompanied by fever                                                                                        | ◆ MRI Brain without and with contrast (CPT® 70553)                                                                                                                                                                                                                                                                                        |
| All patients                                                                                                                     | ◆ PET is not indicated in the work-up of patients with FUO                                                                                                                                                                                                                                                                                |

## ONC-30.2: Unexplained Weight Loss

- Unintentional weight loss is defined as loss of  $\geq 10$  lbs. or  $\geq 5\%$  of body weight over 6 months or less, without an identifiable reason.

| Potential causes of weight loss and initial evaluation |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| Dysphagia and early satiety                            | Endoscopy and/or barium swallow                        |
| Panhypopituitarism or hyperthyroidism                  | Endocrine evaluation, including tests for TSH and ACTH |
| Hypogonadism                                           | Endocrine evaluations for gonadal function             |
| Occult GI bleeding                                     | Serial tests for heme in stools                        |
| Depression and early dementia                          | Detailed neurological examination                      |

Advanced imaging, as follows, may be indicated if the initial evaluations did not identify the cause of weight loss.

| Indication                                                                                | Imaging Study                                                            |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Any abnormality of pituitary hormones                                                     | ◆ MRI of the sella turcica without and with contrast (CPT® 70553)        |
| Elevated thyroglobulin level                                                              | ◆ Nuclear thyroid scan, or<br>◆ Thyroid ultrasound (CPT® 76536)          |
| Rule out renal, hepatic pathologies                                                       | ◆ Abdominal ultrasound (CPT® 76700)                                      |
| Rule out cardiac pathologies                                                              | ◆ Echocardiogram (CPT® 93306)                                            |
| For non-smokers                                                                           | ◆ Chest x-ray should be performed initially                              |
| For current or former smokers                                                             | ◆ CT Chest with contrast (CPT® 71260)                                    |
| If all of the above do not identify cause of weight loss                                  | ◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast |
| PET is <b>not</b> appropriate in the work-up of individuals with unexplained weight loss. |                                                                          |

## **ONC-30.3: Paraneoplastic Syndromes**

### **General Considerations**

- Paraneoplastic syndromes are metabolic and neuromuscular disturbances. These syndromes are not directly related to a tumor or to metastatic disease. There may be a lead time between initial finding of a possible paraneoplastic syndrome and appearance of the cancer with imaging. Limited studies suggest annual imaging for 2 years after diagnosis of possible paraneoplastic syndrome may detect cancer, however benefit after 2 years is not well documented.
- The following are the most common symptoms of paraneoplastic syndromes known to arise from various malignancies:
  - ◆ Hypertrophic Pulmonary Osteoarthropathy: Often presents as a constellation of rheumatoid-like polyarthritis, periostitis of long bones, and clubbing of fingers and toes
  - ◆ Amyloidosis
  - ◆ Hypercalcemia
  - ◆ Hypophosphatemia
  - ◆ Cushing's Syndrome
  - ◆ Somatostatinoma syndrome (vomiting, abdominal pain, diarrhea, cholelithiasis)
  - ◆ Syndrome of inappropriate antidiuretic hormone secretion (SIADH)
  - ◆ Polymyositis/dermatomyositis
  - ◆ Opsoclonus
  - ◆ Paraneoplastic sensory neuropathy
  - ◆ Subacute cerebellar degeneration
  - ◆ Eaton-Lambert syndrome (a myasthenia-like syndrome)
  - ◆ Second event of unprovoked thrombosis
  - ◆ Disseminated Intravascular Coagulation
  - ◆ Migratory thrombophlebitis
  - ◆ Polycythemia
  - ◆ Chronic leukocytosis and/or thrombocytosis
  - ◆ Elevated tumor markers

See also: **PN-6: Muscle Disorders** in the Peripheral Nerve Disorders Guidelines

See also: **ONC-25: Multiple Myeloma and Plasmacytomas** for evaluation of possible multiple myeloma.

| Indication                                                                                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial evaluation                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> </ul>                                                                                                                                                                                                                                                                            |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Abnormality on conventional imaging difficult to biopsy</li> <li>◆ Inconclusive conventional imaging</li> <li>◆ Documented paraneoplastic antibody and conventional imaging fails to demonstrate primary site</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                 |
| Subsequent evaluation for known paraneoplastic syndrome                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast may be repeated every 6 months for 2 years after initial imaging for Lambert-Eaton Myasthenia syndrome</li> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast may be repeated every 6 months for 4 years for all other paraneoplastic syndromes</li> </ul> |
| Systemic mastocytosis                                                                                                                                                                                                                                                                          | <p>Any one of the following:</p> <ul style="list-style-type: none"> <li>◆ CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ MRI Abdomen (CPT® 74183) and MRI Pelvis (CPT® 72197) without and with contrast is indicated</li> <li>◆ PET/CT scan is not indicated for evaluation of mastocytosis</li> </ul>                                                                                       |
| First episode of unprovoked DVT/VTE                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ Imaging to evaluate for malignancy is not indicated</li> </ul>                                                                                                                                                                                                                                                                                               |
| Second unprovoked DVT/PE                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>◆ Imaging may be considered in the setting of a negative work-up for inherited thrombophilia and antiphospholipid syndrome</li> </ul>                                                                                                                                                                                                                          |
| In addition thyroid US is recommended for elevated CEA, and upper/lower endoscopy is recommended for elevated CEA or CA 19-9.                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                       |

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## **ONC-31: Metastatic Cancer, Carcinoma of Unknown Primary Site, and Other Types of Cancer**

**ONC-31.1: Lung Metastases**

**ONC-31.2: Liver Metastases**

**ONC-31.3: Brain Metastases**

**ONC-31.4: Adrenal Gland Metastases**

**ONC-31.5: Bone (including Vertebral) Metastases**

**ONC-31.6: Spinal Cord Compression**

**ONC-31.7: Carcinoma of Unknown Primary Site**

**ONC-31.8: Extrathoracic Small Cell and Large Cell  
Neuroendocrine Tumors**

**ONC-31.9: Primary Peritoneal Mesothelioma**

**ONC-31.10: Kaposi's Sarcoma**

**ONC-31.11: Castleman's Disease (Unicentric and Multicentric)**

- Guideline sections **ONC-31.1: Lung Metastases** through **ONC-31.5: Bone (including Vertebral) Metastases** should only be used for patients with metastatic cancer in the following circumstances:
- ◆ The primary diagnosis section does not address a particular metastatic site that is addressed in these sections
  - ◆ The cancer type is rare and does not have its own diagnosis-specific imaging guidelines

### **ONC-31.1: Lung Metastases**

| Indication                                                                                                                                                                                                                                            | Imaging Study                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New or worsening signs or symptoms suggestive of metastatic lung involvement or new or worsening chest x-ray abnormality                                                                                                                              | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260)</li> <li>◆ CT Chest without contrast (CPT® 71250) can be approved if there is a contraindication to CT contrast or only parenchymal lesions are being evaluated</li> </ul> |
| Chest wall or brachial plexus involvement                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ MRI Chest without and with contrast (CPT® 71552)</li> </ul>                                                                                                                                                    |
| <u>One of the following and no diagnosis-specific guideline regarding PET imaging:</u> <ul style="list-style-type: none"> <li>◆ Lung nodule(s) ≥ 8 mm</li> <li>◆ Confirm solitary metastasis amenable to resection on conventional imaging</li> </ul> | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815)</li> <li>◆ When primary cancer known, PET request should be reviewed by primary cancer guideline</li> </ul>                                                                                |
| Previous or current malignancy and pulmonary nodule(s) that would reasonably metastasize to the lungs                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ CT Chest with contrast (CPT® 71260) at 3, 6, 12 and 24 months from the first study</li> </ul>                                                                                                                  |



## ONC-31.2: Liver Metastases

Ablation of liver metastases or primary HCC may be performed utilizing chemical, chemotherapeutic, radiofrequency, or radioactive isotope methods. **Regardless of the modality of ablation, PET is not indicated for assessing response to this mode of therapy.**

| Indication                                                                                                                                                                                                                                                                                              | Imaging Study                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New or worsening signs or symptoms suggestive of metastatic liver involvement or new elevation in LFTs.                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>♦ CT Abdomen with (CPT® 74160) or without and with contrast (CPT® 74170)</li> </ul>                                                                                                   |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>♦ Considering limited resection</li> <li>♦ Inconclusive CT findings</li> </ul>                                                                                                                                                      | <ul style="list-style-type: none"> <li>♦ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                       |
| <u>One of the following and no diagnosis-specific guideline regarding PET imaging:</u> <ul style="list-style-type: none"> <li>♦ Confirm solitary metastasis amenable to resection on conventional imaging</li> <li>♦ LFT's and/or tumor markers continue to rise and CT and MRI are negative</li> </ul> | <ul style="list-style-type: none"> <li>♦ PET/CT (CPT® 78815)           <ul style="list-style-type: none"> <li>■ When primary cancer known, PET request should be reviewed by primary cancer guideline</li> </ul> </li> </ul> |
| Monitoring of liver metastases that have been surgically resected                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>♦ Review according to primary cancer guideline</li> </ul>                                                                                                                             |

| Indication                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Evaluation for hepatic artery chemotherapy infusion or chemoembolization with radioactive spheres (TheraSphere or SIR Spheres) for liver metastases or primary liver tumors: | <ul style="list-style-type: none"> <li>◆ CTA Abdomen (CPT® 74175) can be approved immediately prior to procedure</li> </ul> <p><u>One of the following studies may be approved PRE-treatment based upon provider preference:</u></p> <ul style="list-style-type: none"> <li>◆ Liver Imaging Planar (CPT® 78201) or with liver flow (CPT® 78202)</li> <li>◆ Radiopharmaceutical Localization Limited Area (CPT® 78800)</li> <li>◆ Liver Imaging SPECT (CPT® 78803)</li> </ul> <p><u>One of the following studies may be approved POST-treatment based upon provider preference:</u></p> <ul style="list-style-type: none"> <li>◆ Liver Planar Imaging (CPT® 78201) or with liver flow (CPT® 78202)</li> <li>◆ Radiopharmaceutical Localization Limited Area (CPT® 78800)</li> <li>◆ Liver Imaging SPECT (CPT® 78803)</li> </ul> <p>Please note: liver-lung shunt calculation is included in the pre-treatment Liver Scan and does not require additional Lung Perfusion Scan</p> |
| Monitoring of ablated liver metastases or primary tumors                                                                                                                     | <p><u>One of the following, immediately prior to ablation, 1 month post-ablation, then every 3 months for 2 years, and then annually</u></p> <ul style="list-style-type: none"> <li>◆ CT Abdomen without and with contrast (CPT® 74170)</li> <li>◆ MRI Abdomen without and with contrast (CPT® 74183)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### ONC-31.3: Brain Metastases

| Indication                                                                                                                                                                                                                                                                                    | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual with cancer and signs or symptoms of CNS disease or known brain metastasis with new signs or symptoms.                                                                                                                                                                             | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| To determine candidacy for SRS, and a diagnostic thin-slice MRI brain has not been performed in the preceding 30 days                                                                                                                                                                         | <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Stereotactic radiosurgery planning                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ Unlisted MRI for treatment planning purposes (CPT® 76498)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Monitoring of brain metastases treated with surgery or radiation therapy                                                                                                                                                                                                                      | <p><u>Post-treatment, then every 3 months for 1 year and every 6 months thereafter:</u></p> <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> </ul> <p>***Individuals treated with stereotactic radiosurgery alone may have MRI Brain without and with contrast (CPT® 70553) every 2 months for the first year and then every 6 months thereafter</p> <p>PET Metabolic Brain (CPT® 78608) and MR Spectroscopy (CPT® 76390) are considered investigational and experimental for evaluation of metastatic brain cancer</p> |
| Brain metastases treated with radiation therapy, with recent MRI Brain indeterminate in distinguishing radiation necrosis vs. tumor progression                                                                                                                                               | <ul style="list-style-type: none"> <li>◆ MRI Perfusion imaging (CPT® 70553)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Brain metastases treated with radiation therapy, with recent MRI Brain and MR Perfusion studies both unable to distinguish radiation necrosis vs. tumor progression                                                                                                                           | <ul style="list-style-type: none"> <li>◆ PET Metabolic Brain (CPT® 78608)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><u>Any of the following:</u></p> <ul style="list-style-type: none"> <li>◆ Solitary brain metastasis suspected in patient with prior diagnosis of cancer <u>and no diagnosis-specific guideline regarding PET imaging</u></li> <li>◆ Brain metastases and no known primary tumor</li> </ul> | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> <li>◆ Mammography for female patients</li> <li>◆ PET/CT (CPT® 78815 or CPT® 78816) is indicated for any of the following: <ul style="list-style-type: none"> <li>■ Inconclusive conventional imaging</li> <li>■ Confirm either stable systemic disease or absence of other metastatic disease</li> <li>■ When primary cancer known, PET request should be reviewed by primary cancer guideline</li> </ul> </li> </ul>                            |

| Indication                                                                                                            | Imaging Study                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Primary brain tumors                                                                                                  | See: <b><u>ONC-2: Primary Central Nervous System Tumors</u></b> |
| MR Spectroscopy (CPT® 76390) is considered investigational and experimental for evaluation of metastatic brain cancer |                                                                 |

## ONC-31.4: Adrenal Gland Metastases

| Indication                                                                                                                                                                                                                                 | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Differentiate benign adrenal adenoma from metastatic disease                                                                                                                                                                               | <ul style="list-style-type: none"> <li>See: <b><u>AB-16.1: Adrenal Cortical Lesions</u></b></li> </ul>                                                                                                                                                                                                                                                                                                      |
| <u>Known cancer and no known systemic metastases:</u> <ul style="list-style-type: none"> <li>New adrenal mass</li> <li>Enlarging adrenal mass</li> <li>Inconclusive findings on recent CT scan</li> </ul>                                  | <u>If not done previously, any of the following may be obtained:</u> <ul style="list-style-type: none"> <li>CT Abdomen without contrast (CPT® 74150)</li> <li>CT Abdomen without and with contrast (CPT® 74170, adrenal protocol)</li> <li>MRI Abdomen without contrast (CPT® 74181)</li> <li>MRI Abdomen without and with contrast (CPT® 74183)</li> <li>CT-directed needle biopsy (CPT® 77012)</li> </ul> |
| For any of the following: <ul style="list-style-type: none"> <li>Biopsy is not feasible or is non-diagnostic</li> <li>Isolated metastasis on conventional imaging and patient is a candidate for aggressive surgical management</li> </ul> | <ul style="list-style-type: none"> <li>PET/CT (CPT® 78815) may be approved if supported by primary cancer guidelines</li> </ul>                                                                                                                                                                                                                                                                             |
| Known extra-adrenal malignancy and undiagnosed adrenal mass being monitored off treatment                                                                                                                                                  | See: <b><u>ONC-1.2: Phases of Oncology Imaging and General Phase-Related Considerations</u></b>                                                                                                                                                                                                                                                                                                             |

### **ONC-31.5: Bone (including Vertebral) Metastases**

Patients with Stage IV cancer with new onset back pain can forgo a bone scan (and plain films) in lieu of an MRI with and without contrast of the spine.

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Any of the following in a patient with a current or prior malignancy:</u> <ul style="list-style-type: none"> <li>◆ Bone pain</li> <li>◆ Rising tumor markers</li> <li>◆ Elevated alkaline phosphatase</li> </ul>                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>◆ Bone scan (see: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>) supplemented by plain x-rays is the initial diagnostic imaging study of choice</li> </ul>                                                                                                                                                                                                                                                                                         |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Any patient with stage IV cancer with new onset back pain</li> <li>◆ Bone scan is not feasible or readily available</li> <li>◆ Continued suspicion despite inconclusive or negative bone scan or other imaging modalities</li> <li>◆ Neurological compromise</li> <li>◆ Soft tissue component suggested on other imaging modalities or physical exam</li> <li>◆ Differentiate neoplastic disease from Paget's disease of bone</li> <li>◆ Suspected leptomeningeal involvement</li> </ul> | <u>Any of the following may be approved:</u> <ul style="list-style-type: none"> <li>◆ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), and Lumbar spine (CPT® 72158) without and with contrast</li> <li>◆ CT Cervical (CPT® 72127), Thoracic (CPT® 72130), and Lumbar spine (CPT® 72133) without and with contrast can be approved <b><u>if MRI is contraindicated or not readily available</u></b></li> <li>◆ CT without contrast can be approved if there is a contraindication to CT contrast</li> </ul> |
| Monitoring untreated spinal metastases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast or CT without and with contrast of the involved spinal level every 3 months for 1 year.</li> </ul> <p><b>**Imaging beyond 1 year is based on any new clinical signs/symptoms</b></p>                                                                                                                                                                                                                                                  |
| Monitoring metastases within the spine treated with surgery and/or radiation therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>◆ MRI without and with contrast or CT without and with contrast of the involved spinal level once within 3 months post treatment and then every 3 months for 1 year.</li> </ul> <p><b>**Imaging beyond 1 year is based on any new clinical signs/symptoms</b></p>                                                                                                                                                                                                     |

| Indication                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Leptomeningeal involvement with cancer                                    | <p><u>On active treatment:</u></p> <ul style="list-style-type: none"> <li>◆ MRI Brain without and with contrast (CPT® 70553)</li> <li>◆ MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), and Lumbar spine (CPT® 72158) without and with contrast every 2 cycles</li> </ul> <p><u>Once treatment completed:</u></p> <ul style="list-style-type: none"> <li>◆ Routine advanced imaging not indicated for surveillance in asymptomatic individuals</li> </ul> |
| Bone pain when both bone scan and either CT or MRI are inconclusive       | <ul style="list-style-type: none"> <li>◆ <sup>18</sup>F-FDG-PET/CT (CPT® 78815 or CPT® 78816) on a case-by-case basis</li> </ul> <p><b>NOTE:</b> <sup>18</sup>F-NaF PET imaging (sodium fluoride, or “PET bone scan”) is investigational.<br/>See: <b><u>ONC-1.4: PET Imaging in Oncology</u></b></p>                                                                                                                                                       |
| Suspected metastatic bone disease and negative work-up for myeloma        | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) with contrast</li> </ul>                                                                                                                                                                                                                                                                                                                                  |
| No prior cancer history with suspected pathologic fracture on plain x-ray | <ul style="list-style-type: none"> <li>◆ See: <b><u>ONC-31.7: Carcinoma of Unknown Primary Site</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                          |
| Signs/symptoms concerning for spinal cord compression                     | <ul style="list-style-type: none"> <li>◆ See: <b><u>ONC-31.6: Spinal Cord Compression</u></b></li> </ul>                                                                                                                                                                                                                                                                                                                                                    |

## ONC-31.6: Spinal Cord Compression

| Indication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Imaging Study                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Any of the following in a current or former cancer patient:</u></p> <ul style="list-style-type: none"> <li>Any patient with stage IV cancer with new onset back pain</li> <li>New back pain persisting over two weeks</li> <li>Back pain that is rapidly progressive or refractory to aggressive pain management</li> <li>Signs or symptoms of neurological compromise at the spinal cord level</li> <li>Unexpected, sudden loss of bowel or bladder control</li> <li>Sudden loss of ability to ambulate</li> <li>Complete loss of pinprick sensation corresponding to a specific vertebral level</li> <li>Loss of pain at a site that had previously been refractory to pain management</li> </ul> | <p><u>Any or all of the following may be approved:</u></p> <ul style="list-style-type: none"> <li>MRI Cervical (CPT® 72156), Thoracic (CPT® 72157), and Lumbar spine (CPT® 72158) without and with contrast</li> <li>Post myelogram CT of the Cervical (CPT® 72126), Thoracic (CPT® 72129), and Lumbar spine (CPT® 72132)</li> </ul> |
| <p>Any current or former cancer patient with radicular symptoms suggestive of nerve root involvement but not consistent with cord compression and one of the following:</p> <ul style="list-style-type: none"> <li>Unilateral weakness</li> <li>Unilateral change of reflexes</li> <li>Pain unrelieved by change in position</li> <li>Age &gt; 70 years</li> <li>Unintentional weight loss</li> <li>Night pain</li> </ul>                                                                                                                                                                                                                                                                                 | <p><u>One of the following:</u></p> <ul style="list-style-type: none"> <li>MRI without and with contrast of involved spinal level</li> <li>MRI without contrast of the involved spinal level</li> <li>CT without contrast of the involved spinal level if MRI contraindicated</li> </ul>                                             |



## **ONC-31.7: Carcinoma of Unknown Primary Site**

### **General Considerations**

- Defined as carcinoma found in a lymph node or in an organ known not to be the primary for that cell type (e.g., adenocarcinoma arising in the brain or in a neck lymph node).
- This guideline also applies to a pathologic fracture that is clearly due to metastatic neoplastic disease in a patient without a previous cancer history.
- Detailed history and physical examination including pelvic and rectal exams and laboratory tests to be performed before advanced imaging.
- Patients presenting with a thoracic squamous cell carcinoma described as metastatic appearing on chest imaging, or in lymph nodes above the clavicle, should undergo a detailed head and neck examination by a clinician skilled in laryngeal and pharyngeal examinations, especially in smokers.
- Patients with suspected unknown primary carcinomas based on only suspicious lytic bone lesions should be considered for serum protein electrophoresis (SPEP); urine protein electrophoresis (UPEP) and serum free light chains prior to consideration of extensive imaging

| Indication                                                                             | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carcinoma found in a lymph node or in an organ known not to be primary                 | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Neck with contrast (CPT® 70491) if cervical or supraclavicular involvement</li> <li>◆ CT with contrast or MRI without and with contrast of any other symptomatic site</li> <li>◆ For female patients: <ul style="list-style-type: none"> <li>■ Diagnostic (not screening) mammogram and full pelvic exam</li> <li>■ MRI Bilateral Breasts (CPT® 77049) if pathology consistent with breast primary and mammogram is inconclusive</li> </ul> </li> </ul> |
| Sebaceous carcinoma of the skin (can be associated with underlying primary malignancy) | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ CT Neck with contrast (CPT® 70491) if cervical or supraclavicular involvement</li> <li>◆ CT with contrast or MRI without and with contrast of any other symptomatic site</li> </ul>                                                                                                                                                                                                                                                                        |
| Axillary adenocarcinoma                                                                | <ul style="list-style-type: none"> <li>◆ Diagnostic (not screening) mammogram and full pelvic exam</li> <li>◆ MRI Bilateral Breasts (CPT® 77049) if pathology consistent with breast primary and mammogram is inconclusive</li> <li>◆ If the above are non-diagnostic for primary site: <ul style="list-style-type: none"> <li>■ CT Neck (CPT® 70491), CT Chest (CPT® 71260), and CT Abdomen with contrast (CPT® 74160)</li> <li>■ CT with contrast or MRI without and with contrast of any other symptomatic site</li> </ul> </li> </ul>                                             |
| Carcinoma found within a bone lesion                                                   | <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ Bone Scan (see: <b>ONC-1.5</b>)</li> <li>◆ CT with contrast or MRI without and with contrast of any symptomatic site</li> </ul>                                                                                                                                                                                                                                                                                                                            |
| Above studies have failed to demonstrate site of primary                               | <ul style="list-style-type: none"> <li>◆ PET/CT (CPT® 78815 or CPT® 78816)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Post-treatment surveillance                                                            | <ul style="list-style-type: none"> <li>◆ Advanced imaging is not indicated for routine surveillance of asymptomatic individuals after treatment completion</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                 |

## **ONC-31.8: Extrathoracic Small Cell and Large Cell Neuroendocrine Tumors**

All poorly-differentiated or high-grade, small cell and large cell neuroendocrine tumors arising outside the lungs or of unknown primary origin are imaged according to these guidelines.

| Indication                 | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial staging            | <p><u>Any or all of the following are indicated:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ MRI Brain without and with contrast (CPT® 70553) should be performed for symptoms of CNS involvement and for poorly differentiated neuroendocrine cancers of the neck or extrapulmonary thorax.</li> <li>♦ PET/CT (CPT® 78815) if no evidence of metastatic disease or conventional imaging is inconclusive for determining localized vs. distant metastatic disease</li> </ul> |
| Restaging during treatment | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis (CPT® 74177) and any known sites of disease with contrast every 2 cycles</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                            |
| Suspected Recurrence       | <p><u>Any or all of the following are indicated:</u></p> <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>♦ MRI brain without and with contrast (CPT® 70553)</li> <li>♦ Bone scan (See: <b><u>ONC-1.3: Nuclear Medicine (NM) Imaging in Oncology</u></b>)</li> <li>♦ <b><u>PET imaging is generally not indicated</u></b> but can be considered for rare circumstances. These requests should be forwarded for Medical Director review.</li> </ul>                                          |
| Surveillance               | <ul style="list-style-type: none"> <li>♦ CT Chest (CPT® 71260) and Abdomen/Pelvis with contrast (CPT® 74177) every 3 months for 1 year, then every 6 months for 4 additional years and then annually</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |

**ONC-31.9: Primary Peritoneal Mesothelioma**

| Indication               | Imaging Study                                                                                                                                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial staging          | <ul style="list-style-type: none"><li>♦ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177)</li><li>♦ PET/CT (CPT® 78815) if there is no evidence of metastatic disease or conventional imaging is inconclusive</li></ul> |
| Recurrence/<br>Restaging | <ul style="list-style-type: none"><li>♦ If there is known prior disease, CT Chest (CPT® 71260) and Abdomen/Pelvis with contrast (CPT® 74177)</li><li>♦ PET for inconclusive finding on conventional imaging</li></ul>                        |
| Surveillance             | <ul style="list-style-type: none"><li>♦ CT Abdomen/Pelvis with contrast (CPT® 74177) every 3 months for 2 years, then every year of life</li></ul>                                                                                           |

**ONC-31.10: Kaposi's Sarcoma**

| Indication       | Imaging Study                                                                                                                                                                                                                                                                                                                                             |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kaposi's Sarcoma | <ul style="list-style-type: none"><li>◆ Advanced imaging is not generally indicated since disease is generally localized to skin.</li><li>◆ CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) can be approved at initial diagnosis. If initial scans are negative then future imaging would be based on signs or symptoms.</li></ul> |

**ONC-31.11: Castleman's Disease (Unicentric and Multicentric)**

| Indication                                                                                                                                                                   | Imaging Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial staging                                                                                                                                                              | <ul style="list-style-type: none"> <li>◆ Either CT Chest (CPT® 71260) and CT Abdomen/Pelvis with contrast (CPT® 74177) <b>or</b> PET/CT (CPT® 78815)</li> <li>◆ CT Neck with contrast (CPT® 70491) if cervical or supraclavicular involvement</li> <li>◆ If CT scans were utilized initially and suggested unicentric disease, and surgical resection is being considered, PET/CT (CPT® 78815) can be approved to confirm unicentric disease.</li> <li>◆ If unicentric disease is surgically removed, proceed to Surveillance section.</li> </ul> |
| <u>Restaging:</u> <ul style="list-style-type: none"> <li>◆ Multicentric disease or surgically unresected unicentric disease on chemotherapy</li> </ul>                       | <u>One of the following every 2 cycles:</u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                |
| <u>Any of the following:</u> <ul style="list-style-type: none"> <li>◆ Suspected recurrence</li> <li>◆ Recurrent B symptoms</li> <li>◆ Rising LDH/IL-6/VEGF levels</li> </ul> | <u>One of the following:</u> <ul style="list-style-type: none"> <li>◆ CT Chest (CPT® 71260) and Abdomen/Pelvis with contrast (CPT® 74177)</li> <li>◆ PET/CT (CPT® 78815)</li> </ul>                                                                                                                                                                                                                                                                                                                                                               |
| Surveillance                                                                                                                                                                 | <ul style="list-style-type: none"> <li>◆ CT with contrast of involved areas no more than every 6 months up to 5 years</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                  |

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**ONC-32: Medicare Coverage Policies for PET****ONC-32.1: Oncologic FDG PET****ONC-32.2: Oncologic Non-FDG PET****ONC-32.3: Brain PET****ONC-32.4: Cardiac PET****ONC-32.5: PET for Infection and Inflammation**



## **ONC-32.1: Oncologic FDG PET**

The complete coverage policy is found in the Medicare National Coverage Determinations (NCD) Manual, Section 220.6.17:

(see: [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf) )

### **220.6.17 – Positron Emission Tomography (FDG PET) for Oncologic Conditions**

#### **General**

FDG ( $^2$ -[F $^{18}$ ] fluoro-2-deoxy-D-glucose) PET is a minimally invasive diagnostic imaging procedure used to evaluate glucose metabolism in normal tissue, as well as in diseased tissues, in conditions such as cancer, ischemic heart disease, and some neurologic disorders. FDG is an injected radionuclide (or radiopharmaceutical that emits sub-atomic particles, known as positrons, as it decays. FDG PET uses a positron camera (tomograph) to measure the decay of FDG. The rate of FDG decay provides biochemical information on glucose metabolism in the tissue being studied. As malignancies can cause abnormalities of metabolism and blood flow, FDG PET evaluation may indicate the probable presence or absence of a majority of cancer types based upon observed differences in biologic activity compared to adjacent tissues.

The Centers for Medicare and Medicaid Services (CMS) was asked by the National Oncologic PET Registry (NOPR) to reconsider section 220.6 of the National Coverage Determination (NCD) Manual to end the prospective data collection requirements under Coverage with Evidence Development (CED) across all oncologic indications of FDG PET imaging. The CMS received public input indicating that the current framework of prospective data collection under CED be ended for all oncologic uses of FDG PET imaging

#### **1. Framework**

Effective for claims with dates of service on and after June 11, 2013, CMS is adopting a coverage framework that ends the prospective data collection requirements by NOPR under CED for all oncologic uses of FDG PET imaging. CMS is making this change for all NCDs that address coverage of FDG PET for oncologic uses addressed in this decision. This decision does not change coverage for any use of PET imaging using radiopharmaceuticals ammonia N- $^{13}$ , or rubidium- $^{82}$  (Rb- $^{82}$ ).

#### **2. Initial Anti-Tumor Treatment Strategy**

CMS continues to believe that the evidence is adequate to determine that the results of FDG PET imaging are useful in determining the appropriate initial anti-tumor treatment strategy for beneficiaries with suspected cancer and improve health outcomes and thus are reasonable and necessary under §1862(a)(1)(A) of the Social Security Act (the “Act”).

Therefore, CMS continues to nationally cover **ONE** FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary’s treating physician determines that the FDG

PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy:

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

See the table at the end of this section for a synopsis of all nationally covered and non-covered oncologic uses of FDG PET imaging.

### **Initial Anti-Tumor Treatment Strategy Nationally Covered Indication**

**Effective: June 11, 2013**

- CMS continues to nationally cover FDG PET imaging for the initial anti-tumor treatment strategy for male and female breast cancer only when used in staging distant metastasis.
- CMS continues to nationally cover FDG PET to determine initial anti-tumor treatment strategy for melanoma other than for the evaluation of regional lymph nodes.
- CMS continues to nationally cover FDG PET imaging for the detection of pre-treatment metastasis (i.e., staging) in newly diagnosed cervical cancers following conventional imaging.

### **Initial Anti-Tumor Treatment Strategy Nationally Non-Covered Indication**

**Effective: June 11, 2013**

- CMS continues to nationally non-cover initial anti-tumor treatment strategy in Medicare beneficiaries who have adenocarcinoma of the prostate.
- CMS continues to nationally non-cover FDG PET imaging for diagnosis of breast cancer and initial staging of axillary nodes.
- CMS continues to nationally non-cover FDG PET imaging for initial anti-tumor treatment strategy for the evaluation of regional lymph nodes in melanoma.
- CMS continues to nationally non-cover FDG PET imaging for the diagnosis (no biopsy result) of cervical cancer related to initial anti-tumor treatment strategy.

## **3. Subsequent Anti-Tumor Treatment Strategy**

### **Subsequent Anti-Tumor Treatment Strategy Nationally Covered Indication,**

**Effective: June 11, 2013**

**THREE** FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

#### 4. Synopsis of Coverage of FDGPET for Oncologic Conditions, Effective: June 11, 2013

Effective for claims with dates of service on and after June 11, 2013, the chart below summarizes national FDG PET coverage for oncologic conditions. Additional details may be obtained at

[https://www.cms.gov/medicare/coverage/determinationprocess/downloads/petforsolidtumorsoncologicdxcodesattachment\\_NCD220\\_6\\_17.pdf](https://www.cms.gov/medicare/coverage/determinationprocess/downloads/petforsolidtumorsoncologicdxcodesattachment_NCD220_6_17.pdf)

| FDG PET for Solid Tumors and Myeloma Tumor Type | Initial Treatment Strategy (formerly “diagnosis” & “staging”) | Subsequent Treatment Strategy (formerly “restaging” & “monitoring response to) treatment”) |
|-------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Colorectal                                      | Cover                                                         | Cover                                                                                      |
| Esophagus                                       | Cover                                                         | Cover                                                                                      |
| Head and Neck (not thyroid or CNS)              | Cover                                                         | Cover                                                                                      |
| Lymphoma                                        | Cover                                                         | Cover                                                                                      |
| Non-small cell lung                             | Cover                                                         | Cover                                                                                      |
| Ovary                                           | Cover                                                         | Cover                                                                                      |
| Brain                                           | Cover                                                         | Cover                                                                                      |
| Cervix                                          | Cover with exceptions                                         | Cover                                                                                      |
| Small cell lung                                 | Cover                                                         | Cover                                                                                      |
| Soft tissue sarcoma                             | Cover                                                         | Cover                                                                                      |
| Pancreas                                        | Cover                                                         | Cover                                                                                      |
| Testes                                          | Cover                                                         | Cover                                                                                      |
| Prostate                                        | <b>Non-cover</b>                                              | Cover                                                                                      |
| Thyroid                                         | Cover                                                         | Cover                                                                                      |
| Breast (male and female)                        | Cover with exceptions                                         | Cover                                                                                      |
| Melanoma                                        | Cover with exceptions                                         | Cover                                                                                      |
| All other solid tumors                          | Cover                                                         | Cover                                                                                      |
| Myeloma                                         | Cover                                                         | Cover                                                                                      |
| All other cancers not listed                    | Cover                                                         | Cover                                                                                      |

**Invasive Breast Cancer:**

Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of known or suspected metastatic disease. All other indications for initial anti-tumor strategy for breast cancer are nationally covered.

- ◆ Prior to surgical lymph node sampling: **NOT indicated**
- ◆ Metastatic disease or suspicious lesions seen on CT and/or bone scan: **Indicated**
- ◆ After completion of surgical lymph node sampling in place of CT scans: **Indicated**

**Melanoma:**

Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

- ◆ Prior to surgical lymph node sampling: **NOT indicated**
- ◆ Metastatic disease or suspicious lesions seen on CT and/or bone scan: **Indicated**
- ◆ After completion of surgical lymph node sampling in place of CT scans: **Indicated**

**Cervix:**

Nationally non-covered for the initial diagnosis (before biopsy) of cervical cancer related to initial antitumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

**5. CPT codes for FDG-PET scan for Oncologic Conditions**

The decision whether to use skull base to mid-femur (“eyes to thighs”: procedure code for PET (CPT® 78812 or CPT® 78815) or whole body PET (CPT® 78813 or CPT® 78816) is addressed in the diagnosis-specific guideline sections. Requests requiring CPT® code redirection should be forwarded to Medical Director for review.

## **ONC-32.2: Oncologic Non-FDG PET**

### **PET/CT Scan using non-FDG Radiotracers:**

- Medicare National Coverage Determination for PET (NCD 220.6.17) has recently included coverage of PET-CT scans with three new non-FDG radiotracers. Local Medicare contractors have the authority to make coverage decisions about oncologic studies performed with other agents.

Additional details are available at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1755OTN.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1753OTN.pdf>

- PET/CT scan using non-FDG radiotracers is reported with the same CPT codes (CPT® 78815 and CPT® 78816)
- Either FDG or non-FDG PET/CT scan may be approved to assess the disease status, both may not be obtained simultaneously.
- As with FDG PET/CT scan, Medicare NCD allows coverage for ONE non-FDG PET/CT scan for initial anti-tumor strategy (except for newly diagnosed prostate cancer as noted above) and THREE additional non-FDG PET/CT scans for subsequent anti-tumor treatment strategy. Coverage of more than three non-FDG PET/CT scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

### **<sup>11</sup>C Choline for Prostate cancer**

- COVERED FOR:
  - ◆ Subsequent treatment strategy for patients with prostate cancer who have a rising PSA after prior treatment
- NOT COVERED FOR:
  - ◆ Initial treatment strategy for newly diagnosed prostate cancer
  - ◆ Surveillance of patients with localized/advanced prostate cancer, who have completed definitive therapy or are receiving maintenance therapy

### **<sup>18</sup>F-Fluciclovine (AXUMIN®) for Prostate cancer**

- COVERED FOR:
  - ◆ Subsequent treatment strategy for patients with prostate cancer who have a rising PSA after prior treatment
- NOT COVERED FOR:
  - ◆ Initial treatment strategy for newly diagnosed prostate cancer
  - ◆ Surveillance of patients with localized/advanced prostate cancer, who have completed definitive therapy or are receiving maintenance therapy

**<sup>68</sup>Gallium DOTATATE (NETSPOT®) for Neuroendocrine tumors**

- COVERED FOR:
  - ◆ Initial treatment strategy for newly diagnosed low-grade neuroendocrine tumors
  - ◆ Subsequent treatment strategy for low-grade neuroendocrine tumors
- NOT COVERED FOR:
  - ◆ Surveillance of patients with localized/advanced low-grade neuroendocrine tumors, who have completed definitive therapy or are receiving maintenance therapy

**<sup>18</sup>F Na Fluoride PET/CT Scan for Bone Metastases:**

- PET/CT using F-18 sodium fluoride (NaF-18) has been studied to identify bone metastases. At this time, Medicare NCD **excludes** coverage for PET/CT scan using Na fluoride radiotracer.

**Coverage with Evidence Development (CED):**

- CED is a program designed to make PET/CT available to Medicare beneficiaries while at the same time gathering data regarding PET's effectiveness.
- Under CED, Medicare will reimburse the claim if the beneficiary is enrolled in, and the PET provider is participating in, a qualifying prospective clinical trial or registry.
- Full details regarding qualifying clinical trials, including the list of required scientific integrity standards and relevance to the Medicare population are available in the Medicare NCD Manual, Section 220.6.17.
- Qualifying research trials must be registered on the [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov) website by the principal sponsor/investigator, prior to the enrollment of the first study subject.

**National Oncologic PET Registry (NOPR):**

- Providers can meet Medicare's requirements for CED by submitting PET data to the National Oncologic PET Registry (NOPR).
- A participating hospital or imaging center must submit information to the NOPR for all Medicare PET that falls under CED. This information includes pre- and post-study forms completed by the referring provider, as well as the final radiology report.
- Providers cannot bill Medicare for the services until the NOPR notifies the facility that all required information has been received.
- Imaging facilities cannot submit data to the NOPR for studies performed for covered indications.

### **ONC-32.3: Brain PET**

- CPT® 78608 is used to report FDG PET metabolic brain studies for dementia, seizure disorders, and dedicated PET tumor imaging studies of the brain. See: **ONC-2.2: Low Grade Gliomas** and **ONC-2.3: High Grade Gliomas** for indications of this study.
- CPT® 78609 is used to report PET brain perfusion studies that are not performed with FDG. These scans are nationally noncovered by Medicare.
- CPT® 78811 (Limited PET) or CPT® 78814 (Limited PET/CT hybrid) are used to report Amyloid PET brain studies (these are not metabolic studies).
- **Amyloid-beta(Aβ) PET Brain Studies:**
  - ◆ Medicare will reimburse for brain PET, performed with the radiopharmaceuticals that detect levels of amyloid in the human brain, only through CED.
  - ◆ Examples of these radiopharmaceuticals include Amyvid™ (florbetapir F<sup>18</sup>), Neuraceq™ (florbetaben F<sup>18</sup>) and Vizamyli™ (flutemetamol F<sup>18</sup>).
  - ◆ CMS will cover one PET Aβ scan per patient through CED
  - ◆ For CMS, approval with Coverage with Evidence Development (CED) is available for patients enrolled in clinical trials approved by CMS. See the following link for a list of the CMS approved clinical trials:  
<https://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/Amyloid-PET.html>
- **FDG PET for Dementia and Neurodegenerative Diseases**
  - ◆ Medicare covers FDG PET for individuals with a recent diagnosis of dementia and documented cognitive decline of at least six months who meet diagnostic criteria for both Alzheimer's disease (AD) and Frontotemporal dementia (FTD).
  - ◆ The individual must have been evaluated for specific alternate neurodegenerative diseases or other causative factors, but the etiology of the symptoms remains unclear.
  - ◆ Other conditions must also be met. For the complete coverage policy, see the Medicare National Coverage Determinations (NCD) Manual, Section **220.6.13\***.
  - ◆ Medicare also covers FDG PET for individuals with mild cognitive impairment or early dementia when the study is performed in the context of a CMS-approved clinical trial. Requirements are detailed in Section **220.6.13** of the NCD Manual\*.
  - ◆ All other uses of FDG PET for patients with a presumptive diagnosis of dementia-causing neurodegenerative disease for which CMS has not specifically indicated coverage continue to be noncovered. Examples of noncovered indications described in the NCD include: possible or probable AD, clinically typical FTD, dementia of Lewy bodies, and Creutzfeldt-Jacob disease.  
\*[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)

➤ **FDG PET for Refractory Seizures**

- ◆ Medicare covers FDG PET for pre-surgical evaluation for the purpose of localizing a focus of refractory seizure activity.
- ◆ The complete coverage policy is found in the Medicare National Coverage Determinations (NCD) Manual, Section 220.6.9:  
[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)



## **ONC-32.4: Cardiac PET**

### **➤ PET Myocardial Perfusion**

- ◆ Medicare covers PET for myocardial perfusion with rubidium (Rb-<sup>82</sup>) or ammonia (N-<sup>13</sup>) when one of the following conditions is met:
  - PET is performed in place of, but not in addition to, a SPECT, or
  - An individual has had an inconclusive SPECT. In these cases, the PET must be considered necessary in order to determine what medical or surgical intervention is required to treat the individual
- ◆ PET myocardial perfusion is reported with either CPT® 78491 or CPT® 78492.
- ◆ The complete coverage policy is found in the Medicare National Coverage Determinations (NCD) Manual, Section 220.6.1:  
[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)

### **➤ PET Myocardial Viability**

- ◆ Medicare covers FDG PET for myocardial viability as a primary or initial diagnostic study prior to revascularization surgery, or following an inconclusive SPECT scan.
  - The study must be performed on a full or partial ring PET scanner.
  - When PET is performed following an inconclusive SPECT, Medicare will not cover a follow-up SPECT exam if the results of the PET are inconclusive.
  - PET myocardial viability is reported with CPT® 78459.
  - The complete coverage policy is found in the Medicare National Coverage Determinations (NCD) Manual, Section 220.6.8:  
[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)

## **ONC-32.5: PET for Infection and Inflammation**

- Medicare does not cover FDG PET for the following indications:
  - ◆ Chronic osteomyelitis
  - ◆ Infection of hip arthroplasty
  - ◆ Fever of unknown origin
  - ◆ The complete coverage policy is found in the Medicare National Coverage Determinations (NCD) Manual, Section 220.6.16:  
[http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1\\_Part4.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf)