

Chronic Leukemias and myelodysplastic-proliferative disorders

EviCore guidelines align with NCCN, ASCO Choosing Wisely Campaign, and ACR appropriateness criteria, which do not routinely recommend advanced imaging for chronic myeloid leukemia, myelodysplastic syndromes, and myeloproliferative disorders. In the interest of patient safety such that infectious and iatrogenic complications are assessed in a timely manner, EviCore guidelines provide flexibility for approval of advanced imaging for specific localizing symptoms, and a separate guideline section for imaging related to stem cell transplantation.

The remainder of this discussion focuses on the guidelines for Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)

Suspected/Diagnosis (whenever applicable)

- Diagnosis is by flow cytometry and biopsy. Aligned with the NCCN no imaging is supported.

Initial staging

- EviCore guidelines are aligned with the NCCN and do not support routine advanced imaging for CLL/SLL. However, in the interest of patient safety, to recognize mass effect as assess risk of tumor lysis syndrome prior to treatment, CT imaging of the chest, abdomen and pelvis are supported. CT neck may be added if neck symptoms, per EviCore's general oncology guidelines. (Shah 2024)

Restaging

- Routine imaging is not supported unless there is bulky nodal disease, as noted in 'initial staging' section. For Bulky nodal disease, treatment response imaging with CT is supported Q2 cycles or for signs and symptoms of disease progression.
- There is no data-supported benefit to routine monitoring with PET/CT, and PET/CT is significantly more radiation than CT alone. PET/CT is supported only for signs and symptoms of Richter's transformation to high grade lymphoma, where the diagnosis can be made without invasive procedure using this modality (Shah 2024, ASCO 2021; ASCO 2014)

Surveillance

- There is no benefit to advanced imaging for surveillance of patients without bulky nodal disease at diagnosis, and there is a risk of increased radiation exposure and invasive pursuit of incidental findings. In patients with bulky disease at diagnosis, flexibility is provided for surveillance imaging Q6months x 2 years to assess for mass effect or progression (Shah 2024, ASCO 2014 and 2021)

References

1. Shah N, Bhatia R, Altman J, et al. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Myeloid Leukemia Version 2.2024 — December 5, 2023. All rights reserved. Accessed [March 12, 2024]. To view the most recent and complete version of the guideline, go online to NCCN.org.
2. Baden LR, Swaminathan S, Almyroudis N, et al. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Prevention and Treatment of Cancer-Related Infections © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed [March 12, 2024]. To view the most recent and complete version of the guideline, go online to NCCN.org.
3. American Society of Hematology. Choosing Wisely: Don't perform baseline or routine surveillance computed tomography (CT) scans in patients with asymptomatic, early-stage chronic lymphocytic leukemia (CLL). 2014. <https://www.choosingwisely.org/clinician-lists/american-society-hematology-baseline-or-routine-surveillance-ct-scans-for-asymptomatic-early-stage-chronic-lymphocytic-leukemia-cll/>
4. ASCO. (2021). *Choosing Wisely*. Retrieved from <https://old-prod.asco.org/news-initiatives/current-initiatives/cancer-care-initiatives/value-cancer-care/choosing-wisely>