

## Eligibility criteria for positron emission tomography / computed tomography (PET/CT)

Southern Cross will only reimburse the cost of PET/CT scans under a member's policy when the following criteria are met for that member (at least one of the indications described for each cancer condition below must apply).

### FDG-PET/CT scans

#### 1) Colorectal cancer (CRC)

- For pre-operative evaluation for patients with colorectal carcinoma (CRC) who are candidates for resection of metastases.
- For evaluation of patients with **colorectal carcinoma** and residual structural abnormality on conventional imaging following definitive treatment.
- Rising tumour markers with negative or equivocal findings on conventional imaging following definitive treatment for colorectal carcinoma, and further curative therapy is feasible should localised treatable recurrence be identified on PET/CT.
- For staging of histologically proven loco-regionally recurrent colorectal cancer where pelvic exenteration is being considered.

#### 2) Anal cancer

- For staging of locally advanced ( $\geq$  T2 +/- nodal positive) **anal squamous cell carcinoma**.
- For evaluation of distant disease in patients with residual or recurrent **anal squamous cell carcinoma** who are surgical candidates.

#### 3) Lung cancer

- For staging **non-small cell lung cancer** (NSCLC) prior to surgery or radiotherapy with curative intent.
- For staging of patients with limited disease **small cell lung cancer** on CT who are candidates for radical therapy (surgery or chemotherapy or radiotherapy).
- Where isolated pulmonary nodules are not amenable to FNA or which have failed pathological characterisation.

#### 4) Lymphoma

- For staging of early stage low grade non-Hodgkin's lymphoma to guide indication for radiation and appropriate treatment fields.
- For staging of **Hodgkin's disease**.
- For restaging of residual mass in Hodgkin's and non-Hodgkin's lymphoma following definitive treatment.
- For restaging of **Hodgkin's lymphoma** after 2 to 4 cycles of chemotherapy to inform management options for paediatric patients.
- For the assessment of response to salvage chemotherapy in patients who are candidates for stem cell transplantation.

#### 5) Head and neck cancer

- For restaging of residual neck masses in head and neck cancers following definitive treatment.
- For staging of locally advanced/node positive head and neck **squamous cell carcinoma (SCC)**.  
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- For metastatic **squamous cell carcinoma (SCC)** in cervical lymph nodes from an unknown primary with equivocal findings on conventional imaging, where the patient maybe a candidate for radical therapy.
- 6) **Oesophageal cancer**
- For staging of locally advanced **oesophageal and gastro-oesophageal junction cancer** and where radical treatment is being considered.
- 7) **Skin cancer**
- For the assessment of distant or nodal disease in patients with **melanoma** and radical dissection or radiotherapy is contemplated.
  - For staging prior to radical therapy for patients with biopsy proven **Merkel cell carcinoma**.
- 8) **Cervical, vaginal and vulval cancer**
- For staging for locally advanced (>FIGO Stage 1A) **cervical, vaginal and vulval cancer** where curative therapy is being considered.
  - For staging of histologically proven, loco-regionally recurrent, **cervical, vaginal or uterine cancer**, where pelvic exenteration is being considered.
- 9) **Ovarian cancer**
- For restaging of recurrent **ovarian and fallopian tube carcinoma** where cytoreductive/curative surgery is being considered.
- 10) **Sarcoma**
- For staging of patients with localised, intermediate or high grade sarcoma, where radical therapy is being considered.
  - For re-staging of residual masses in patients with Ewing's sarcoma or rhabdomyosarcoma to help plan local treatment.
- 11) **Gastrointestinal stromal tumour (GIST)**
- For re-staging of recurrent GIST before potentially curative resection.
- 12) **Neuroendocrine tumour**
- For staging and restaging of neuroendocrine tumour where curative surgery is considered and MR liver is negative or equivocal.
- 13) **Thyroid cancer**
- For the assessment of patients with suspected, recurrent **thyroid carcinoma** based on elevated thyroglobulin where conventional imaging is negative or equivocal.
- 14) **Hepatobiliary cancer**
- For pre-operative liver transplant staging in patients with hepatocellular carcinoma (HCC) approaching the limits of current size-number criteria for transplantation, including previous resection for HCC, and/or equivocal macrovascular invasion on imaging.
  - For the evaluation of patients with gall bladder or bile duct cancer which appears localised on conventional imaging and radical surgery is being considered.
- 15) **Testicular cancer**
- For the evaluation of residual disease in testicular cancer post treatment.

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## 16) Breast cancer

- For staging of cases with distant metastases.
- For restaging cases of loco-regional recurrence.
- For staging of advanced breast tumours (T3, N1+ or T4) for metastatic disease.

## 17) Adenocarcinoma of unknown origin

- For initial evaluation of adenocarcinoma of unknown origin.

## Non-FDG PET/CT scans

### 1) Glioma

- For a FET PET scan to guide biopsy or target delineation for radiotherapy planning in patients with heterogeneous tumours on MR scan.
- For a FET PET scan for differentiation of radionecrosis from recurrent glioma patients treated with radiotherapy.

### 2) Neuroendocrine tumour

- For a 68Ga-DOTATATE scan for staging and restaging of neuroendocrine tumour where curative surgery is considered and MR liver is negative or equivocal.
- For a 68Ga-DOTATATE scan for staging of neuroendocrine tumour where a patient is a candidate for PRRT or chemotherapy and would otherwise have a Tecktroyd scan.

### 3) Breast cancer

F-18 fluoride (NaF) PET/CT only

- For initial staging in high risk breast cancer (clinical Stage IIIA or higher).
- For initial or restaging of all stage disease with symptoms of bone pain or elevated alkaline phosphatase levels suggesting the presence of bone metastases.

### 4) Prostate cancer

Gallium or F-18 PSMA PET/CT only

- For staging of high risk and unfavourable\* intermediate risk prostate cancer before definitive local therapy.
- For restaging of PSA recurrence ( $\geq 0.2$ ng/ml).

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\*Definition of unfavourable intermediate risk prostate cancer is defined as any of the following:

- Gleason score 3+4=7 plus PSA 10+
- Gleason score of 4+3=7
- Greater than 50% positive biopsy cores