

NZ National Indicators for PET-CT

Type	Revised NI List circulated on 03/02/2014
Colorectal	1. Pre-operative evaluation of patients with colorectal carcinoma (CRC) who are candidates for resection of metastases
	2. Evaluation of patients with colorectal carcinoma and residual structural abnormality on conventional imaging following definitive treatment
	3. 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
Anal	4. Staging of locally advanced (>= T2 +/- node positive) anal squamous cell carcinoma
	5. Evaluation of distant disease in patients with residual or recurrent anal squamous cell carcinoma who are surgical candidates
Lung	6. Staging of patients with non-small cell lung cancer (NSLC) prior to surgery or radiotherapy with curative intent
	7. Staging of patients with limited disease small cell lung cancer on CT who are candidates for radical therapy (surgery or chemo-radiotherapy)
	8. Isolated pulmonary nodules not amenable to fine needle aspiration (FNA) or which have failed pathological characterisation
Lymphoma	9. Staging of early stage Non Hodgkin's lymphoma to guide indication for radiation and appropriate treatment fields
	10. Staging of Hodgkin's Disease
	11. Restaging of residual mass in Hodgkin's and Non Hodgkin's lymphoma following definitive treatment
	12. Re-staging of Hodgkin's lymphoma after 2-4 cycles of chemotherapy to inform management options for paediatric patients
	13. Assessment of response to salvage chemotherapy in patients who are candidates for stem cell transplantation
Head& Neck	14. Restaging of residual neck masses in patients with head and neck cancers following definitive treatment
	15. Staging of locally advanced/node positive head and neck squamous cell carcinoma (SCC)
	16. Metastatic squamous cell carcinoma (SCC) in cervical lymph nodes from an unknown primary with equivocal findings on conventional imaging, where the patient may be a candidate for radical therapy
Oesophagus	17. Staging of locally advanced oesophageal and gastro-oesophageal junction cancer and radical treatment is being considered
Skin	18. Assessment of distant nodal or metastatic disease in patients with melanoma and radical dissection or radiotherapy is contemplated
	19. Staging prior to radical therapy for patients with biopsy proven Merkel cell carcinoma
Cervical	20. Staging of locally advanced (>FIGO Stage 1A) cervical (includes vaginal and vulval) cancer where curative therapy is being considered
	21. Staging of histologically proven, loco-regionally recurrent, cervical, vaginal or uterine cancer, where pelvic exenteration is being considered
Ovarian	22. Restaging of recurrent ovarian and fallopian tube carcinoma where cytoreductive/curative surgery is being considered
Epilepsy	23. Detection of focal hypometabolism in refractory partial epilepsy
Sarcoma	24. Staging of patients with localised, intermediate or high grade sarcoma, where radical therapy is being considered
	25. Re-staging of residual masses in patients with Ewings sarcoma or rhabdomyosarcoma to help plan local treatment
GIST	26. Re-staging of recurrent gastrointestinal stromal tumour (GIST) before potentially curative resection
Neuroendocrine Tumour	27. 68Ga-DOTATATE or FDG PET scan for staging and restaging of neuroendocrine tumour where curative surgery is considered and MR liver is negative or equivocal
Thyroid	28. Assessment of patients with suspected, recurrent thyroid carcinoma based on elevated thyroglobulin where conventional imaging is negative or equivocal
Glioma	29. FET PET scan to guide biopsy or target delineation for radiotherapy planning in patients with heterogeneous tumours on MR scan.
	30. FET PET scan for differentiation of radionecrosis from recurrent glioma in patients treated with radiotherapy
Hepatobiliary	31. Pre-op 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
	32. Evaluation of patients with gallbladder or bile duct cancer which appears localised on conventional imaging and radical surgery is being considered
Graft Infection	33. Evaluation of suspected vascular graft infection where conventional imaging is equivocal
Testicular Cancer	34. Evaluation of residual disease in testicular cancer post treatment

Watch list:

Oesophagus - Restaging of locally advanced oesophageal and gastro-oesophageal junction cancer being considered for radical treatment

Ovarian – Initial staging PET-CT in patients with known bulky ovarian cancer (FIGO 3C) being taken for radical de-bulking surgery

Cervical – Restaging (at 3-6 months) of initially locally advanced cervical cancer radically treated with chemo-radiotherapy and who would be amenable to radical surgical salvage if a central residual focus of cancer is detected.

Chronic lymphocytic leukaemia with suspected Richter's transformation - to identify involved node(s) for confirmatory biopsy or to exclude Richter's transformation.