



INDICATIONS FOR PET/CT SCAN IN ONCOLOGY

Insured Services (OHIP)

Solitary pulmonary nodule (SPN)

- Solitary pulmonary nodule for which a diagnosis could not be established by a needle biopsy due to:
 - Unsuccessful attempted needle biopsy;
 - The SPN is inaccessible to needle biopsy;
 - or
 - The existence of a contra-indication to the use of needle biopsy.

Non-small cell lung cancer (NSCLC)

- NSCLC for which curative surgical resection is being considered based on negative standard imaging tests.
- or
- For clinical stage III NSCLC which is being considered for potentially curative combined modality therapy with radical radiotherapy and chemotherapy.

Small cell lung cancer (SCLC)

- Limited disease SCLC where combined modality therapy with chemotherapy and radiotherapy is being considered.

Thyroid cancer

- Thyroid cancer for which standard imaging studies, including I-131 scan and/or neck ultrasound, are negative or equivocal, and recurrent or persistent disease is suspected on the basis of an elevated and/or rising thyroglobulin level(s).

Germ cell tumours

- Germ cell tumour for which recurrent or persistent disease is suspected on the basis of:
 - Elevated tumour marker(s) (beta human chorionic gonadotrophin (HCG) and/or alpha fetoprotein) in the presence of negative or equivocal standard imaging studies;
 - or
 - The presence of a residual mass after primary treatment for seminoma when curative surgical resection is being considered.

Colorectal cancer

- Colorectal cancer for which standard imaging studies are negative or equivocal and recurrent disease after surgical resection is suspected on the basis of elevated and/or rising carcinoembryonic antigen (CEA) level(s)

Lymphoma

- For the evaluation of residual mass(es) following chemotherapy in a patient with Hodgkin or non-Hodgkin lymphoma when further potentially curative therapy (such as radiation or stem cell transplantation) is being considered.
- or
- For the assessment of response in early stage Hodgkin lymphoma following two or three cycles of chemotherapy when chemotherapy is being considered as the definitive single modality therapy.

Please note: the list of the insured indications funded through OHIP is the responsibility of the Ministry of Health and Long-Term Care. This list is current as of April 2011. You may also make any PET referrals to KMH via the PET Scans Ontario Website. For the most up-to-date information, please visit:

**<http://www.petscansontario.ca>, or
<http://health.gov.on.ca/en/public/publications/ohip/pet.aspx>**



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PET Registry & PET Access Program

The following PET/CT scans are not currently covered by OHIP, however patients may apply to the PET Registry. Please contact KMH at 1-877-564-5227 for more information.

PET Access Program: This program offers a case-by-case review for patients who are not eligible for OHIP insured services, the PET Registry, and where conventional diagnostic tests have not answered the clinical question. Please contact KMH at 1-877-564-5227 for more information.

Esophageal cancer

- For the staging of patients who are being considered for potentially curative therapy (esophagectomy + neoadjuvant chemotherapy)

Melanoma

- For the staging of melanoma patients with localized “high risk” tumours with potentially resectable disease; or for the evaluation of patients with melanoma and isolated metastasis at the time of recurrence when metastectomy is being contemplated

Pancreatic cancer

- For staging if the patient is a candidate for potentially curative surgical resection (pancreatectomy) as determined by conventional staging

Testicular cancer

- For the assessment of completeness of responses in patients with seminoma and residual mass(es) after chemotherapy/radiotherapy and biopsy is not possible or is inconclusive

- **PET Access Program will consider granting a PET scan request if results will affect patient care management.**