Scottish Clinical Imaging network

NHS National Services Scotland

INDICATIONS FOR THE USE OF ^{18}F-FDG PET/CT IN THE MANAGEMENT OF GYNAECOLOGICAL CANCER

Background

This guidance is based on best available evidence and has been produced with the assistance of experts from across NHS Scotland. The SCIN PET-CT Working Group and the three Regional Cancer Advisory Groups have endorsed this protocol.

Original guidance was produced in 2008 with subsequent review in 2016. This review is part of a planned revision of PET CT guidelines and takes into account latest evidence, clinical guidelines and expert opinion. There have been no significant alterations to the routine indications in the original document.

There is no role at present for the use of ^{18}F-FDG PET CT for initial staging in vulval, endometrial or ovarian malignancies.

As with all cases, PET referrals should only be considered where the outcome of the investigation will directly influence individual patient management and treatment.

Routine Indications

- In patients with stage 1B or 2A cervix cancer (greater than 2 cm) who are being considered for radical hysterectomy and pelvic lymph node dissection (RHND)
- Cases being selected for Concomitant Chemo-Radiation Therapy (CCRT) are recommended to undergo PET/CT because of the significant risk of extra pelvic disease which, if detected, will change patient management
- When exenteration is proposed for locally relapsed disease to identify those patients who are not suitable surgical candidates
- In patients with pelvic relapse after surgery who are being considered for CCRT
- In suspected recurrence where conventional imaging is equivocal

Future Considerations

There is ongoing interest in the use of ^{18}F-FDG PET CT in assessing disease response to CRT, however, at present there is insufficient evidence to justify its routine use. This guidance will be reviewed on an ongoing basis to incorporate any change in evidence base.

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