



# INDICATIONS FOR THE USE OF $^{18}\text{F}$ -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  $^{18}\text{F}$ -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  $^{18}\text{F}$ -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.

## References

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Scottish Intercollegiate Guidelines Network (SIGN) (2013, revised 2018) Guideline 135 – Management of Epithelial Ovarian Cancer.

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## NOTE

*This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.*