



INDICATIONS FOR THE USE OF ^{18}F -FDG PET CT IN MALIGNANT MELANOMA IN SCOTLAND

Background

Original guidance for the use of FDG PET CT in the context of Melanoma was first produced in 2016. This updated document is part of a planned guideline review process. During this time period there has been no significant change in the available evidence base to suggest material change to the guidance. There has, however, been updated clinical guidance produced from SIGN (SIGN 146 Cutaneous Melanoma, 2017) and due to the low level of evidence on this topic it was considered more appropriate to align the indications with the current clinical consensus guideline.

There is currently insufficient evidence to support the use of PET CT in the routine staging or follow up of patients with melanoma as supported by the most recent NICE (2015) Melanoma guidance as well as SIGN 146 Cutaneous Melanoma (2017).

As with all cases, PET referrals should only be considered where the outcome of the investigation will directly influence individual patient management and treatment. Given the low number of patients likely to benefit, Multidisciplinary Team (MDT) discussion is advised to ensure appropriate use.

Non-routine Indications

- PET-CT should only be considered for patients with indeterminate findings on CT or for patients who are being considered for major surgical resection, after discussion with the specialist multidisciplinary team.

Future Considerations

These guidelines will be reviewed on an ongoing basis in order to incorporate any significant changes to the existing evidence base.

References

Scottish Intercollegiate Guidelines Network (SIGN). Cutaneous melanoma. Edinburgh: SIGN; 2017. (SIGN publication no. 146). [January 2017]. Available from URL: <http://www.sign.ac.uk>

Melanoma: assessment and management. NICE guideline Published: 29 July 2015 www.nice.org.uk/guidance/ng14

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.