NHS National Services Scotland

INDICATIONS FOR THE USE OF ^{18}F FDG PET CT IN PANCREATIC AND HEPATOBILIARY CANCER

Background

Original guidance on the use of PET CT in this cancer group was originally produced in 2016 following evidence from the PET-PANC study (Ghaneh et al. 2016) and publication of the revised Evidence-based guidelines for the use of PET-CT in the United Kingdom (RCR, 2016). This revision is part of planned routine review of PET CT guidelines taking into account available evidence and current clinical guidelines. As a result of this review there has been no significant change to the previous guidance.

As in all instances, PET CT should only be considered where the result is likely to directly influence individual patient outcomes and management.

Routine indications

- Patients with biopsy proven or highly suspected pancreatic ductal adenocarcinoma (PDAC) who are being considered for radical surgery following staging with CT/MRI +/- EUS.

Non-Routine

- Patients with potentially resectable hepatobiliary malignancy (cholangiocarcinoma, gallbladder carcinoma and HCC) with equivocal findings for metastatic disease on staging CT/MRI in whom the confirmation of metastatic disease would alter radical management.

Future Considerations

This guidance will be reviewed on an ongoing basis to incorporate any significant changes to the current evidence base.

NSD610-005.13 V3
Published September 2021
Review June 2025

References

NICE Guideline [NG85] Pancreatic cancer in adults:diagnosis and management. Published Feb 2018

Ghaneh P et al. PET-PANC: multicentre prospective diagnostic accuracy and health economic analysis study of the impact of combined modality 18fluorine-2-fluoro-2-deoxy-d-glucose positron emission tomography with computed tomography scanning in the diagnosis and management of pancreatic cancer. Health Technol Assess.

Evidence-based indications for the use of PET-CT in the United Kingdom 2016. (RCR, RCPL, RCPSG, RCPE, BNMS, ARSAC) Published: May 2016

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.