



Scottish Clinical Imaging network

Scottish Clinical Imaging Network (SCIN)

INDICATIONS FOR THE USE OF ^{18}F -FDG PET/CT
IN OESOPHAGEAL AND OESOPHAGOGASTRIC
JUNCTION (OGJ) CANCER

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Indications for the use of ¹⁸F-FDG/PET CT in Oesophageal and Oesophagogastric Junction (OGJ) in Scotland

Background

This guideline 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 Managed Clinical Networks (MCN) have endorsed this protocol.

The original document was designed to complement existing SIGN guidance (SIGN, 2006) and the HTA - Overview of the clinical effectiveness of positron emission tomography imaging in selected cancers (Facey et al, 2007) with revision in 2020. 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 previous version of this document.

There is insufficient evidence to support FDG-PET/CT in routine staging of all newly diagnosed patients with oesophageal or OGJ cancers. Although there is ongoing interest in the use of FDG-PET/CT in monitoring response to treatment there remains insufficient evidence to justify its routine use at this present time.

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

- Patients deemed suitable for radical concurrent chemoradiotherapy, radical radiotherapy or surgery should proceed to FDG-PET/CT on the basis of primary staging and following MDT assessment
- FDG-PET/CT should be considered in patients with clinically suspected recurrent disease in whom CT and/or endoscopy are equivocal/negative following MDT assessment or when radical treatment of recurrent disease is being considered

Indications for the use of 18F-FDG PET/CT in Gastric Cancer

There is currently insufficient evidence to recommend the routine use of FDG PET/CT in the staging of patients with gastric cancer being considered for treatment with radical intent.

- FDG PET/CT could be considered in patients with equivocal findings for metastatic disease on standard staging techniques where the confirmation of metastatic disease would alter patient management to a non-curative pathway.

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Future Considerations

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

References

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