MedPOINT MANAGEMENT	**Clinical Protocol:** Tumor Positron Emission Tomography (PET) and PET-CT	
	ORIGINAL EFFECTIVE DATE: 02/21/2012	**REVIEWED/REVISED DATE(S):** 06/18/2019 08/13/2021 09/08/2022 11/15/2023 07/24/2025
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PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Tumor Imaging Positron Emission Tomography (PET) and PET-CT.

INDICATIONS

I. Positron emission tomography (PET), with or without simultaneous computed tomography (PET-CT), for tumor imaging may be indicated for **1 or more** of the following:

II. Cancer or neoplasm, initial evaluation or staging needed (from diagnosis through initial staging), as indicated by **ALL** of the following:
   a. Additional imaging information required to assess **1 or more** of the following:
      i. Anatomic extent of tumor, if results will assist with selection of optimal antitumor treatment
      ii. Appropriateness of patient for invasive diagnostic or therapeutic procedure
      iii. Optimal anatomic location for invasive procedure
   b. PET or PET-CT not yet performed (prior to initiation of treatment)
   c. Solid tumor malignancy, biopsy-proven or strongly suspected
   d. Treatment not yet initiated
   e. Tumor Type is:
      i. Adrenal Cancer / Anal Cancer / Bladder Cancer / Bone Cancer Primary / Brain and Spinal Cord Cancer / Breast Cancer / Cervical Cancer / Colorectal Cancer / Esophageal or gastroesophageal junction cancer / Gallbladder cancer and cholangiocarcinoma / Gastric Cancer / Head and neck cancer (nonthyroid, non-central nervous system) / Hodgkin lymphoma / Kidney cancer / Liver Cancer / Lung cancer, non-small and small cell / Lung nodule, solitary / Melanoma / Multiple Myeloma / Neuroblastoma / Neuroendocrine cancer / Non-Hodgkin Lymphoma / Ovarian Cancer / Pancreatic cancer / Paraneoplastic syndrome, including neurologic syndrome / Pleural mesothelioma, malignant / Skin Cancer, nonmelanoma (basal and squamous cell) / Soft Tissue Sarcoma, including GIST / Teticular Cancer / Thymus Cancer / Thyroid Cancer / Unknown Primary

III. Cancer or neoplasm, subsequent evaluation or staging needed (after completion of initial treatment through monitoring for recurrence), as indicated by **ALL** of the following:
   a. Additional imaging required to assess **1 or more** of the following:
      i. Residual disease, suspected, after completion of initial treatment (restaging)
      ii. Recurrent disease, suspected, well after completion of treatment (monitoring), as indicated by **1 or more** of the following:
         1. Abnormal findings on physical examination
         2. Abnormal laboratory tests or other imaging studies
         3. New symptoms
   b. Tumar Type is:
      i. Anal Cancer / Bladder Cancer / Bone Cancer Primary / Brain and Spinal Cord Cancer / Breast Cancer / Cervical Cancer / Colorectal Cancer / Endometrial Cancer / Esophageal or gastroesophageal junction cancer / Gastric Cancer / Head and neck cancer (nonthyroid, non-central nervous system) / Hodgkin lymphoma / Kidney cancer / Liver Cancer / Lung cancer, non-small and small cell / Lung nodule, solitary / Melanoma / Multiple Myeloma / Neuroendocrine cancer / Non-Hodgkin Lymphoma / Ovarian Cancer / Skin Cancer, nonmelanoma (basal and squamous cell) / Soft Tissue Sarcoma, including GIST / Teticular Cancer / Thyroid Cancer

RECOMMENDED RECORDS

Please submit history and physical and/or progress notes, relevant radiology, and lab tests. If suggested by consultant, please include consult notes.

CITATION

MCG Care Guidelines 29th Edition, 3/04/2025 MCG Releases 29th Edition of Care Guidelines with Updates for Observation Care and Cellular Therapy - MCG Health

CLINICAL PROTOCOL REVISION HISTORY

Revised By:	Ashley Gonzalez, UM Project Coordinator; Konstantin Yengoyan, Supervisor, Clinical Operations	**Date:** 07/24/25	
Approved By:	Dr. Shenoda Y.A Abd Elmaseh, Assistant Medical Director	**Date:** 01/29/2026	**Signature** Shenoda Abd Elmaseh,
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