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Dear Distinguished Panel Members:

On behalf of the Medical Imaging & Technology Alliance, I respectfully request that the NCCN Panel on Non-Small Cell Lung Cancer (NSCLC) review the enclosed data for modification of the current guidelines regarding the use of ¹⁸F-Fluorodeoxyglucose Positron Emission Tomography with Computed Tomography (FDG PET/CT) in the evaluation of non-small cell lung cancer.

The NCCN has made recommendations for the evaluation of nodules suspicious for lung cancer based on both patient and radiologic factors within the current guidelines. In addition, the NCCN advocates the use of low-dose CT for select high risk patients. We request, however, the panel also consider a position statement of the Fleischner Society, an international, multidisciplinary medical society for thoracic radiology, which makes its own recommendations for the follow up of pulmonary nodules found incidentally for incorporation into the guidelines (1).

For patients with stage IIIA disease, the guidelines recommend restaging with CT +/- PET after induction therapy to exclude disease progression or interval development of metastatic disease. It is requested that the panel also include a statement mentioning FDG PET/CT can be used in lieu of contrast enhanced CT alone in those patients with allergies to iodinated intravenous contrast or poor renal function precluding the safe administration of iodinated intravenous contrast.

FDG PET/CT is currently not warranted in the routine surveillance and follow-up of patients with NSCLC, however, many benign conditions such as atelectasis, consolidation, and radiation fibrosis are difficult to differentiate from neoplasm on standard CT imaging and FDG PET/CT can be used to differentiate true malignancy in these settings (2). But, if FDG PET/CT is to be used as a problem solving tool in the post-radiation therapy patient, histopathologic confirmation of recurrent disease is needed given areas treated previously with radiation therapy can remain FDG avid for up to 2 years after treatment (3, 4). We ask a statement be placed in the guidelines to address this role.

The following articles are submitted in support of this proposed change. We would like to acknowledge the contributions of the NCCN panel members who also are coauthors or co-contributors to some of these publications.

Respectfully,

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References:

- 1) MacMahon, H, et al. Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans: A Statement from the Fleischner Society. *Radiology* (2005) 237:395-400
- 2) Cuaron J, et al. Role of FDG PET scans in staging, response assessment, and follow-up care for non-small cell lung cancer. *Frontiers in Oncology* (2013) 2, 1-7
- 3) Zhang X, et al. Positron emission tomography for assessing local failure after stereotactic body radiotherapy for non-small cell lung cancer. *Int. J. Radiat. Oncol. Biol. Phys.* (2012) 83, 1558-1565
- 4) Hoopes D J, et al. FDG-PET and stereotactic body radiotherapy (SBRT) for stage I non-small cell lung cancer. *Lung Cancer* (2007) 56, 229-234