Eligibility criteria for positron emission tomography / computed tomography (PET/CT)

Southern Cross will only reimburse the cost of FDG-PET/CT and non-FDG PET/CT scans under a member’s policy when the following criteria are met for that member.

FDG-PET/CT scans

The cost of FDG-PET/CT will be reimbursed when used for at least one of the indications described for each cancer condition below.

1) Non small cell lung cancer (NSCLC)
   - For staging prior to radiotherapy or surgery with curative intent.
   - For the evaluation of isolated pulmonary nodules that cannot be biopsied by fine needle aspiration (FNA) or have failed pathological characterisation.

2) Small cell lung cancer (SCLC)
   - For further staging of patients with clinical stage T1-2 M0 after standard staging evaluation where chemotherapy and radiotherapy is being considered.

3) Colorectal cancer (CRC)
   - For preoperative evaluation of patients being considered for resection of hepatic/lung metastases.
   - For restaging of colorectal cancer in patients who develop symptoms or signs of metastatic disease following definitive treatment.

4) Lymphoma
   - For staging of newly diagnosed lymphoma.
   - For restaging of residual mass after definitive treatment of lymphoma.

5) Head and neck cancer
   - For staging of newly diagnosed head and neck cancers with suspected metastatic disease.
   - For restaging of residual neck masses in head and neck cancers following definitive therapy.

6) Oesophageal cancer
   - For staging of locally advanced oesophageal cancer or gastro-oesophageal junction cancer.

7) Malignant melanoma
   - For the evaluation of local and regional disease spread in patients with high risk melanoma being considered for definitive surgical resection (American Joint Committee on Cancer (AJCC) Stages III & IV).
   - For restaging of metastatic melanoma which is being considered for non-palliative therapy.

8) Cervical cancer
   - For staging of advanced cervical cancer prior to surgery, chemotherapy and/or radiotherapy.

(Continued on following pages)
9) **Ovarian cancer**
   - For restaging of ovarian cancer with suspected residual, metastatic or recurrent disease in patients being considered for definitive therapy.

10) **Thyroid cancer**
   - For restaging of recurrent disease following initial definitive therapy.

11) **Evaluation of cancer of unknown primary**
   - For the evaluation of metastatic lymph nodes from cancer of unknown primary.

12) **Testicular cancer**
   - For the evaluation of post treatment residual mass in patients with advanced germ cell tumours.

13) **Breast cancer**
   - For staging of cases with distant metastases.
   - For restaging cases of loco-regional recurrence.
   - For staging of advanced breast tumours (T3, N1+ or T4) for metastatic disease.

14) **Gastrointestinal stromal tumours (GIST)**
   - For staging or restaging of gastrointestinal stromal tumours.

**Non-FDG PET/CT scans**

The cost of **18F-FET PET/CT** will be reimbursed when used for at least one of the indications described for the cancer condition below:

**Brain cancer**
- For the differentiation between high and low grade gliomas.
- For the differentiation of recurrent tumours from radiation necrosis

The cost of **F-18 flouride (NaF) PET/CT** will be reimbursed when used for at least one of the indications described for each cancer condition below:

1) **Breast cancer**
   - For initial staging in high risk breast cancer (clinical Stage IIIA or higher).
   - For initial or restaging of all stage disease with symptoms of bone pain or elevated alkaline phosphatase levels suggesting the presence of bone metastases.

2) **Prostate cancer**
   - For staging of high risk prostate cancer defined as:
     - Stage T1 and PSA > 20 or
     - Stage T2 and PSA >10 or
     - Gleason Score >=8 or T3,T4 disease or
     - any disease stage with symptoms strongly suggestive of bone metastases.

The cost of F-18 flouride (NaF) PET/CT will **not** be reimbursed for monitoring treatment response.

(Continued on next page)
We will also reimburse the cost of FDG PET/CT or Non-FDG PET/CT for cancers outside of the above criteria where:

- the services are considered medically necessary to evaluate or stage the particular condition, provided that the specialist documents the reason the services are medically necessary

and

- a second specialist endorses the opinion in writing. The second specialist endorsement must come from a different specialty to the referring specialist and be either a surgeon, medical oncologist or radiation oncologist (but not the radiologist providing the PET/CT scan).