Scottish Clinical Imaging network

NHS National Services Scotland

INDICATIONS FOR USE OF ^{18}F-FDG PET/CT IN THE MANAGEMENT OF PATIENTS WITH COLORECTAL CANCER

^{18}F-FDG PET/CT has been shown in many studies to be more accurate than standard staging investigations using CT scanning for the detection of occult metastatic disease with previous guidance produced 2008 (revised 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 PET/CT in the routine staging of all newly diagnosed colorectal tumours. All patients with metastatic colorectal cancer (mCRC) being considered for treatments with surgery or non-surgical therapy (chemotherapy and/or radiotherapy) are discussed and imaging reviewed at a colorectal cancer multidisciplinary team (MDT) meeting. Despite increasing interest in the use of PET CT to assess disease 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

- In patients with oligometastatic disease (either at primary presentation or during follow-up) who are being considered for treatment with curative intent following appropriate conventional imaging and MDT discussion. A PET/CT scan should be considered prior to the administration of cytoreductive chemotherapy.

- In patients with either rising CEA levels or clinically suspected local/presacral relapse where conventional imaging is negative/inconclusive

- In the staging of anal cancer where PET CT would directly influence the patient's management

Future Considerations

These guidelines will be reviewed on an ongoing basis to incorporate any change in existing evidence base, particularly with regards to disease response assessment.

References

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Colorectal cancer
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