

# Use of PET in Oncology at The Brooklyn Hospital Center

	D <sub>1</sub> - 18F	D <sub>2</sub> - 18F	D <sub>3</sub> - 18F	D <sub>4</sub> - 18F	D <sub>5</sub> - 18F	D <sub>6</sub> - 18F
↓		+	+	+		
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Please see reverse side for notes.

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1. PET is non-covered for “diagnosis” of breast cancer. However, PET *is* covered for initial treatment strategy nodal metastasis of unknown primary origin or in a potentially caused by an occult breast cancer.
2. PET is non-covered for initial staging for axillary lymphoma.
3. Patient must have prior CT or MRI negative extrapelvic covered indication for initial treatment strategy evaluation covered indication (e.g., because CT or MRI was not performed extrapelvic metastatic disease) can be entered on NCI.
4. Includes colon and rectum. Does not include anus.
5. Includes lip, oral cavity, pharynx, larynx, nasal cavity, and paranasal sinuses.
6. Includes Hodgkin’s lymphoma.
7. Nasopharyngeal, ocular and vulvar/vaginal melanoma locations.
8. PET is non-covered for initial staging of regional lymphoma. PET is covered for detection of distant metastatic disease melanoma.