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PET confirmed as valuable cancer diagnostic and disease-staging tool

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The recent release of data by the National Oncologic PET Registry (NOPR) showing that positron emission tomography (PET) produced scans revealing disease at a molecular level, which then caused physicians to change treatment plans for more than one-third of participating patients, has corroborated decades of nuclear medicine research.

“These data only confirm what SNM members have known for some time: molecular imaging is a powerful tool in diagnosing, treating, and monitoring disease and is capable of dramatically changing the course of patient care,” said SNM President Alexander J. McEwan, M.D., professor and chair of the Department of Oncology, Faculty of Medicine, at the University of Alberta and director of oncologic imaging at Cross Cancer Institute in Edmonton, Canada. “SNM has been a large endorser of NOPR since its inception nearly two years ago. Many of our members have taken part in the study, and we’re gratified to see these results released.”

The NOPR project marked one of the first times that the Centers for Medicare and Medicaid Services (CMS) extended procedure-specific coverage conditioned on collection of patient data into a registry. For PET indications currently not covered for payment, including—but not limited to—brain, cervical, small cell lung, pancreatic, ovarian and testicular cancers, referring physicians completed short surveys prior to and following PET scans. These surveys were then submitted electronically to the NOPR database. With data analysis support from

the American College of Radiology Imaging Network Biostatistics Center at Brown University, NOPR investigators assessed the effect of PET on referring physicians' plans of intended patient management across a wide spectrum of cancer indications and reported their findings to CMS.

"The launching of the registry was a milestone for cancer patients," said Peter S. Conti, M.D., Ph.D., professor of radiology, clinical pharmacy and biomedical engineering at the University of Southern California, Los Angeles, and former president of SNM. "PET advances will continue to provide new dimensions in imaging cancer as the medical community integrates advances made in molecular and cellular biology, chemistry, physics, pharmacology, engineering and computer sciences."

Nearly 1,200 participating facilities in the NOPR contributed PET scan data from nearly 23,000 patients involved in the study. Analysis of registry data reported that PET is associated with a 36.5 percent change in the treatment or no-treatment decision. In response to this positive data, NOPR has formally asked CMS to reconsider the current National Coverage decision on PET and to end the data collection requirements for diagnosis, staging and restaging. Medicare will review the data and issue their decision regarding reimbursement for PET scans covered only through the NOPR.

Because the findings are representative of Medicare patients for whom PET would be ordered if it were covered by CMS for the expanded indications, SNM joins with NOPR in calling for CMS to raise its restrictions on reimbursement.

"NOPR afforded oncologists and nuclear medicine physicians a unique opportunity to make PET available to Medicare beneficiaries and to improve our understanding of the role of PET in oncology practice," said SNM member Barry Siegel, M.D., co-chair of the NOPR Working

Group. “Based on the results, Medicare should strongly consider opening up the coverage to include diagnosis, staging, and restaging for all cancers.”

Source: Society of Nuclear Medicine