

<b>Subject: Brain PET, (78608)</b>		<b>Original Effective Date:</b> 12/13/17
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**DESCRIPTION OF PROCEDURE/SERVICE/PHARMACEUTICAL**

PET scans are based on the principal of nuclear technology. The majority of Brain PET scans are considered Metabolic PET, performed using the radiotracer FDG (Flourine-18-deoxyglucose) which is a lab created molecule similar to glucose. A less common type of Brain PET scan is Amyloid PET which uses a radiotracer that binds to amyloid deposits in the brain, and is sometimes requested in the evaluation of dementia. The PET scanner is comprised of cylindrical “detectors” which detect gamma rays being emitted from the radioisotope. Computers interpret this data and transform it into an image.

Attenuation is a term used to describe the loss of detectable photons. The reasons for increased or decreased detection of the photons are extremely complicated but can be due to many factors such as different tissue densities, body surface, and body habitus. To address the issue of attenuation, CT is routinely performed to produce a map of different tissue densities within the body which can then be used to correct for differences in photon absorption. All PET scans employ some type of attenuation correction. Today’s scanners predominantly use CT.

Glucose is utilized for cellular metabolism. Using a radiolabeled glucose molecule (FDG), cells with higher metabolism will have increased uptake of the FDG molecule compared to surrounding tissue. Many tumor cells have increased metabolism and therefor show increased FDG uptake. Other processes with increased rates of metabolism such as infection, inflammation, and sites of active tissue repair (surgical or traumatic wounds, fractures, chemotherapy) will also have higher uptake of FDG. Conversely, all cancers are not rapidly growing and in addition some types of tumors do not have high concentrations of the transport molecule needed for uptake of FDG so these would show low FDG avidity on PET.

Some tissues have a higher physiologic metabolism when compared to others. Increased FDG uptake is normally seen in brain tissue, laryngeal muscles, salivary glands, thymic tissue, breast, heart, liver, uterus,

testes, brown fat cells, and bone marrow. Colonic activity is known to be extremely variable in location and intensity and can make interpretation difficult. Uptake can be falsely low in small lesions, generally less than 1cm. Finally, FDG is excreted from the body in the urine. This means there is expected increased uptake in the renal collecting system and bladder which makes detecting local tumors or tumors in close proximity to this system extremely difficult.

## RECOMMENDATIONS

### Brain Tumor

- Inconclusive imaging findings and PET will be used to clarify the need for biopsy or change in therapy
- Post treatment evaluation to determine residual tumor versus radiation necrosis

### Seizure

Pre-surgical evaluation for refractory seizures

### Dementia/Cognitive Decline

Pet imaging (Metabolic PET and Amyloid PET) is considered investigational for the evaluation of dementia.

All other indications for Brain PET are non-covered.

## ADDITIONAL INFORMATION

The above medical necessity recommendations are used to determine the best diagnostic study based on a patient's specific clinical circumstances. The recommendations were developed using evidence based studies and current accepted clinical practices. Medical necessity will be determined using a combination of these recommendations as well as the patient's individual clinical or social circumstances.

- Tests that will not change treatment plans should not be recommended.
- Same or similar tests recently completed need a specific reason for repeat imaging.

## REFERENCES USED FOR DETERMINATIONS

1. American College of Radiology. (2016). ACR Appropriateness Criteria® Retrieved from <https://acsearch.acr.org/list>.
2. Kuzniecky, R.I. (2005). Neuroimaging of epilepsy: Therapeutic implications. *NeuroRx*, 2(2), 384-393. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1064999/pdf/neurorx002000384.pdf>
3. Chen, W. (2007). Clinical applications of PET in brain tumors. *Journal of Nuclear Medicine*, 48, 1468-1481. doi: 10.2967/jnumed.106.037689.

4. Smirniotopoulos JG, Cornelius RS, Antuaco EJ, , et al, Expert Panel on Neurologic Imaging, American College of Radiology Appropriateness Criteria, Epilepsy,
5. Widjaja, E., & Raybaud, C. (2008). Advances in neuroimaging in patients with epilepsy. Neurosurgical Focus, 25(3), E3. Retrieved from <http://www.lucignani.it/download/Epi/Epi5.pdf>.

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CPT	Description
78608	Brain PET