

Decision Summary

CMS determines that the evidence is not adequate to conclude that the use of FDG PET for the initial staging of post-surgical thyroid cancer of cell types that are known to concentrate I-131 poorly is reasonable and necessary for the diagnosis or treatment of the illness or injury or to improve the functioning of a malformed body member in the population specified in the request for national coverage.

CMS determines that the evidence is adequate to conclude that the use of FDG PET for staging of thyroid cancer of follicular cell origin previously treated by thyroidectomy and radioiodine ablation with serum Tg > 10 ng/ml and negative I-131 WBS is reasonable and necessary for the diagnosis or treatment of the illness or injury or to improve the functioning of a malformed body member in the population specified.

CMS determines that the evidence is not adequate to conclude that the use of FDG PET for re-staging of previously treated thyroid cancer of medullary cell origin with an elevated serum calcitonin and negative standard imaging tests is reasonable and necessary for the treatment or diagnosis of the illness or injury or to improve the functioning of a malformed body member in the population specified in the request for national coverage.

CMS determines that the use of FDG PET for identifying patients with metastatic thyroid cancer who are at highest risk for death over the following three years is for informational purposes only and not for changing patient management, and, therefore, is not reasonable and necessary for the diagnosis or treatment of the illness or injury or to improve the functioning of a malformed body member in the population specified in the request for national coverage.

Other uses of FDG PET for thyroid cancer were not addressed and remain noncovered.

Therefore, we intend to issue a national coverage determination announcing these decisions.