



PET Six-Month Monitoring Report 2010-1

Evidence from Primary Studies and Systematic Reviews and Recommendations from Clinical Practice Guidelines January to June 2010

A. Raifu and the Program in Evidence-based Care Disease Site Group Reviewers

Program in Evidence-based Care (PEBC), Cancer Care Ontario (CCO)

Report Date: April 15, 2011

**The complete PET Six-Month Monitoring Report
consists of a Summary and a Full Report**

For further information about this report, please contact:

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For information about the PEBC and the most current version of all reports, please visit the
CCO Web site at <http://www.cancercare.on.ca/> or contact the PEBC office at:
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SUMMARY

Question

What is the role of positron emission tomography (PET) in the clinical management of patients' with cancer, with respect to:

- Diagnosis and staging
- Assessment of treatment response
- Detection and restaging of recurrence
- Evaluation of metastasis?

The outcomes of interest are survival, quality of life, prognostic indicators, time until recurrence, or safety recurrence, safety outcomes (e.g., avoidance of unnecessary surgery), and change in clinical management.

Target Population

The target population for this report is adult patients with suspected or diagnosed cancer(s) (The cancer is not limited to those cancers with approved or Ontario Health Insurance (OHIP)-insured services).

Methods

Full articles and abstracts published between January 1, 2010 and June 31, 2010 were systematically searched through MEDLINE and EMBASE for evidence from primary studies and systematic reviews (see Appendix 1 and 2, respectively). The search strategies used are available on request from the PEBC. In addition, clinical practice guidelines published in 2010 were also searched for with the search terms "PET" and "positron emission tomography" through the National Guidelines Clearinghouse (<http://www.guideline.gov/>) and the SAGE Inventory of Cancer Guidelines (<http://www.cancerguidelines.ca/Guidelines/inventory/index.php>) databases.

Results

Thirty-two primary studies and five systematic reviews were extracted from the search. Two of the primary studies are randomized clinical trials (RCT). There were also two non-randomized controlled trials (NRCT), 16 prospective cohort studies, one case-control study, and 14 retrospective studies. Ten clinical practice guidelines were extracted from the two databases.

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