| Cancer | Diagnosis | Initial | XRT | Therapy | Restaging | Suspected | Surveillance |
|----------------|-------------------|---|----------|----------------------|--|---------------------------------------|--------------|
| Туре | | Staging | Planning | Evaluation (interim) | After Therapy | Recurrence | |
| ALL | | | | (| ······································ | | |
| AML | | | | | | | |
| Anal | | consider | Х | | | | |
| Bladder | | | | | | | |
| Primary Bone | | | | | | | |
| Chordoma | | consider | | | | | |
| Chondrosarcoma | | | | | | | |
| Ewing Sarcoma | | Х | | | Х | | consider |
| Osteosarcoma | | Х | | | Х | | consider |
| Breast | | | | | | | |
| Noninvasive | | | | | | | |
| Invasive | | Stage IIIA-IV: optional | | | optional | | |
| Inflammatory | | X | | | optional | | |
| CNS | Guide Bx | | | | | | |
| Anaplastic/GBM | | | | | | consider | |
| Metastases | | consider | | | | | |
| Lymphoma | | consider | | | | | |
| Spinal mets | | Х | | | | | |
| Cervical | | Х | Х | | | Х | |
| CML | | | | | | | |
| Colorectal | No | Special Circumstances (see guideline) | | No | No | Special Circumstances (see guideline) | No |
| Esophageal | | Х | Х | | Х | | Х |
| Gastric | | Х | Х | | Х | | |
| Head/Neck | Occult Primary | X (for stage III/IV) | | | Х | | |
| Hepatobiliary | _ | _ | | | | | |
| HCC | Not adequate | Consider | | | | | |
| Gallbladder | | Emerging evidence | | | | | |
| CholangiocA | | Emerging evidence | | | | | |
| Hodgkin | | Х | Х | Х | Х | | No |
| Lymphoma | | | | | | | |
| Kidney | | | <u> </u> | | | | |

| Mesothelioma | | V /b of one | V | | | | |
|-----------------|----------------|---------------------------------|---------|-----------|-------------------------|---------------|---|
| iviesotnelloma | | X (before | Х | | | | |
| | | pleurodesis) | | | | | |
| Melanoma | | X | | | | X | X |
| | | (see document for | | | | | |
| | | notes regarding | | | | | |
| | | specific stages) | | | | | |
| Myeloma | | X (if negative skeletal survey) | | | Х | X | |
| Amyloidosis | | | | | | | |
| Waldenstrom | | | | | | | |
| Myelodysplastic | | | | | | | |
| Neuroendocrine | X (occult | Х | | | Х | | |
| | primary, | (Pheochromocytoma, | | | (Pheochromocytoma, | | |
| | poorly | Paraganglioma only) | | | Paraganglioma only) | | |
| | differentiated | | | | | | |
| | only) | | | | | | |
| Non-Hodgkin | , | Х | Х | X (DLBCL) | X | | |
| Lymphoma | | | | , , | | | |
| Basal / | | | | | | | |
| Squamous Skin | | | | | | | |
| Cancer | | | | | | | |
| DFSP | | | | | | | |
| Merkel Cell | | As clinically indicated | | | As clinically indicated | | |
| NSCLC | >8 mm | X | helpful | | Possibly (difficult to | | |
| | noncalcified | | | | interpret) | | |
| | lung nodule | | | | , , | | |
| Occult Primary | Warranted in | | | | | | |
| , | Selected | | | | | | |
| | Scenarios | | | | | | |
| Ovarian | | If changes | | | X | Х | Х |
| | | management | | | | | |
| Pancreatic | | Does not replace CE | helpful | | | | |
| AdenoCA | | CT | | | | | |
| Penile | | Consider if palpable | | | | | |
| | | inguinal nodes | | | | | |
| Prostate | | FDG: Not routine | | | | FDG: not | |
| | | NaF: accepted | | | | routine | |
| | | ar. accepted | | | | NaF: accepted | |
| | | | | | | Consider C11 | |
| | | | | | | Consider CII | 1 |

| | | | | | choline | |
|--------------|--------------------------------|---|-----------------|-------------------------|----------------|-------------------------|
| SCLC | X (if limited stage suspected) | Х | | | | |
| Soft Tissue | | | | | | |
| Sarcomas | | | | | | |
| Ext/Trunk | Useful under certain | | | | | |
| | circumstances | | | | | |
| RMS | X | | | | | |
| RP/Desmoid | | | | | | |
| GIST | Consider | | If CT ambiguous | | | |
| Testicular | | | | | | |
| Seminoma | | | | X (residual mass >3 cm) | | As clinically indicated |
| Nonseminoma | | | | No | | No |
| Thymic | Optional | | | | | |
| Thyroid | | | | | | |
| Papillary | | | | | Consider for | |
| Follicular | | | | | RAI neg, Tg>2- | |
| Hurthle Cell | | | | | 5 ng/ml | |
| Anaplastic | X | | | X | | |
| Uterine | | | | | | |
| Endometrial | As clinically indicated | | | | | |
| Sarcoma | X | | | | As clinically | |
| | | | | | indicated | |
| Vulvar | As needed | Х | | | As clinically | |
| | | | | | indicated | |
| | | | | | based on | |
| | | | | | symptoms or | |
| | | | | | exam findings | |