

## What is the National Oncologic PET Registry (NOPR)?

For several years, Medicare has provided coverage for FDG-PET for a number of cancers and indications, but many other cancers and some indications (e.g. treatment monitoring) remained noncovered. With the opening of the NOPR, essentially all of these other cancers and indications will be covered for patients who have Medicare as their primary insurance. This coverage is provided by CMS under a new program known as "coverage with evidence development." This program requires that referring physicians provide certain additional information to the PET facility when such a study is requested, as well as additional information after the PET scan has been complete. The PET facility will submit this information to the NOPR database. The data submitted from PET facilities across the country will be used to assess the impact of PET on referring physicians' intended patient management. Ultimately, the goal of this data collection is to obtain standard Medicare coverage for all remaining cancer imaging indications, or as many as possible.

### Who is eligible to participate?

Medicare beneficiaries who are referred for PET for essentially all oncologic indications that are not currently reimbursable under Medicare are eligible to participate in the NOPR.

### How does the referring office participate?

The referring physician must agree to complete Pre- and Post-PET data collection forms that include approximately 5 questions regarding the patient's planned management.

- The Pre-PET Form must be completed by the referring physician and returned to the PET facility prior to the patient's PET scan. A blank Pre-PET Form can be downloaded from the NOPR Web site and sent to the PET facility at the time of patient referral. If the form is not submitted with the referral, a patient-specific form will be emailed to the PET facility for delivery to the referring physician. The Pre-PET Form can be returned to the PET facility via FAX, mail, or hand delivery.
- After the PET scan is performed, a patient-specific Post-PET Form will be emailed to the PET facility for delivery to the referring physician for completion within 30 days. The physician will indicate on the Post-PET Form whether consent for use of the response data in future NOPR research has been given or withheld. All data will be sent to CMS, but the dataset used by NOPR investigators for research will contain only the data of patients and physicians when both have consented to have the data included. This form can also be returned to the PET facility via FAX, mail, or hand delivery.

### What is covered?

Cancers and indications not currently eligible for reimbursement from the Centers for Medicare and Medicaid Services (CMS).

**SEE NEXT PAGE FOR A LIST OF INDICATIONS**

### Is the NOPR research and who is conducting the research

The NOPR data collection is considered research and the only entity considered to be engaged in research is the NOPR itself. The PET facility and staff, as well as referring physicians and their staff are not considered to be engaged in research. The American College of Radiology IRB has approved the NOPR, and the Federal Office of Human Research Protections has indicated that the procedures of NOPR are in compliance with applicable regulations relating to the protection of human subjects. In order for the NOPR to use the collected data for research purposes, BOTH the patient and the referring physician must give their consent (since both are research subjects). Patients will be provided with an information sheet either before their appointment or when they arrive for their PET scan. They will be asked to tell the PET facility staff whether or not they consent; the usual requirement for written consent documentation has been waived. Referring physicians will provide their consent for use of the data in research by way of checkbox on the Post-PET form. Please note that the collected data will be sent to CMS as a condition of payment for the PET scan: the required consents are only for the additional use of the data in research by the NOPR.

### How do I learn more?

Please visit: [www.shields.com](http://www.shields.com) or [www.cancerpetregistry.org](http://www.cancerpetregistry.org)

### Where are the participating sites?

**Baystate MRI & Imaging Center  
PET Imaging Services**  
3300 Main Street  
Springfield, MA 01107

**South Shore Hospital  
PET Imaging Services**  
55 Fogg Road  
S. Weymouth, MA 02190

**UMass Memorial  
MRI & Imaging Center  
PET Imaging Services**  
214 Shrewsbury Street  
Worcester, MA 01604

**UMass Memorial  
MRI & Imaging Center  
PET Imaging Services**  
275 Nichols Road  
Fitchburg, MA 01420

# CANCERS AND INDICATIONS ELIGIBLE FOR ENTRY IN THE NOPR

INDICATIONS	DIAGNOSIS	INITIAL STAGING	TREATMENT MONITORING	RESTAGING/SUSPECTED RECURRENCE
Lip, Oral Cavity, and Pharynx (140-149)	C	C	✓	C
Esophagus (150)	C	C	✓	C
Stomach (151)	✓	✓	✓	✓
Small Intestine (152)	✓	✓	✓	✓
Colon (153) and Rectum (154)	C	C	✓	C
Anus (154)	✓ <sub>1</sub>	✓ <sub>1</sub>	✓	✓ <sub>1</sub>
Liver and intrahepatic bile ducts (155)	✓	✓	✓	✓
Gallbladder & extrahepatic bile ducts (156)	✓	✓	✓	✓
Pancreas (157)	✓	✓	✓	✓
Retroperitoneum and peritoneum (158)	✓	✓	✓	✓
Nasal cavity, ear, and sinuses (160)	C	C	✓	C
Larynx (161)	C	C	✓	C
Lung, non-small cell (162)	C	C	✓	C
Lung, small cell (162)	✓	✓	✓	✓
Pleura (163)	✓	✓	✓	✓
Thymus, heart, mediastinum (164)	✓	✓	✓	✓
Bone/cartilage (170)	✓	✓	✓	✓
Connective/other soft tissue (171)	✓	✓	✓	✓
Melanoma of skin (172)	C	C <sup>2</sup>	✓	C
Female breast (174)	NC <sup>3</sup>	C <sup>2</sup>	C	C
Male breast (175)	NC <sup>3</sup>	C <sup>2</sup>	C	C
Kaposi's sarcoma (176)	✓	✓	✓	✓
Uterus, unspecified (173)	✓	✓	✓	✓
Cervix (180)	✓	C <sup>4</sup>	✓	✓
Uterus, body (182)	✓	✓	✓	✓
Ovary and uterine adnexa (183)	✓	✓	✓	✓
Prostate (185)	✓	✓	✓	✓
Testis (186)	✓	✓	✓	✓
Penis and other male genitalia (187)	✓	✓	✓	✓
Bladder (188)	✓	✓	✓	✓
Kidney and other urinary tract (189)	✓	✓	✓	✓
Eye (190)	✓	✓	✓	✓
Primary Brain (191)	✓	✓	✓	✓
Thyroid (193)	✓	✓	✓	C <sup>5</sup>
Lymphoma (200-202)	C	C	✓	C
Myeloma (203)	✓	✓	✓	✓
Leukemia (204-208)	✓	✓	✓	✓
Solitary Pulmonary Nodule	C	NA	NA	NA
Other or not listed	✓	✓	✓	✓

✓ Eligible for entry in NOPR

C Not eligible for entry in NOPR – nationally covered indication.

NC Not eligible for entry in NOPR – nationally non-covered indication.

NA Not applicable

- Some Medicare carriers include anal cancer in their coverage of “colorectal cancer;” for PET facilities served by those carriers, PET for anal cancer diagnosis, initial staging, or restaging/suspected recurrence would be a covered indication.
- Does not cover initial staging for axillary lymph nodes for breast cancer patients and regional lymph nodes for melanoma patients.
- PET is non-covered for “Diagnosis” of breast cancer to evaluate a suspicious breast mass. However, a patient with suspected breast cancer is eligible for entry in NOPR for the indications (1) “Diagnosis: Unknown Primary Site” in a patient with axillary nodal metastasis but no evident primary breast cancer by conventional evaluation and (2) “Diagnosis: Paraneoplastic Syndrome.”

4. Patient must have prior CT or MRI negative for extrapelvic metastatic disease to qualify as a covered indication. Patients who do not qualify for covered indication (e.g., because CT or MRI not done or because either showed extrapelvic metastatic disease) can be entered on NOPR.

5. To qualify as a covered indication, thyroid cancer must be of follicular cell origin and been previously treated by thyroidectomy and radioiodine ablation and have a serum thyroglobulin > 10ng/ml and negative I-131 whole body scan. Patients who do not qualify for covered indication (e.g., because tumor of other than follicular cell origin or thyroglobulin not elevated) can be entered on NOPR.

General Note: PET imaging of the brain with CPT code 78608 for diagnosis, initial staging, treatment. Monitoring or restaging/suspected recurrence of any type of cancer is covered only under NOPR.