

## **PET and PET•CT in Melanoma**

**1. Are PET and/or PET•CT useful in the evaluation of patients with melanoma?**

Yes. FDG PET and PET•CT are useful for staging and restaging patients with melanoma.

**2. Should I refer all patients for a staging PET or PET•CT study?**

Generally no. Most studies suggest that the most appropriate patient population to refer for staging PET or PET•CT are those with stage III or stage IV disease, which are generally those primary lesions that are >1.5 mm in thickness.

**3. Are PET and/or PET•CT useful for evaluating the primary lesion?**

Generally no. Because almost all melanoma is cutaneous and easily accessible, PET and/or PET•CT are not performed to evaluate the primary lesion.

**4. How helpful are PET and/or PET•CT for restaging?**

They are very helpful, particularly in patients with subtle soft-tissue metastases that may not even be identifiable by CT.

**5. Do I need to scan the entire body or just neck through pelvis?**

This is somewhat controversial, but most centers will scan melanoma patients from head to toe because it is one tumor type that can metastasize to almost any location in the body.

**6. Is melanoma FDG avid?**

Yes, it is probably the most FDG avid tumor cell type. There are no reported cases of a non-FDG avid melanoma.

Source: Data courtesy of Dr. Todd Blodgett, University of Pittsburgh Medical Center