Eviti Imaging:
Biliary Tract Cancer

Version: 1.0

Effective Date: 1/1/2026

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Please note the following:

For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Please refer to the CMS website at http://www.cms.gov for additional information.

For Medicaid members/enrollees, circumstances when state Medicaid coverage provisions conflict with the coverage provisions within this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Biliary Tract Imaging

Discussion

This imaging guideline provides a standardized framework for the use of diagnostic and surveillance imaging in the management of common adult malignancies, specifically biliary tract. The goal is to ensure timely, evidence-based imaging that supports accurate staging, treatment planning, response assessment, and post-treatment surveillance.

Guiding Principles

- Follow evidence-based practices from major guidelines (e.g., NCCN, ESMO, ACR Appropriateness Criteria)
- Ensure imaging aligns with the clinical context and stage of disease
- Minimization of unnecessary radiation exposure
- Promote timely and cost-effective imaging utilization
- Incorporate multidisciplinary collaboration in imaging decisions

Imaging Guidelines

This guideline applies to the following patients:

1. At least 18 years of age with confirmed or suspected diagnoses of biliary tract; AND
2. All phases of oncologic care, including one of the following:
   a) Initial staging
   b) Treatment response evaluation
   c) Post-treatment surveillance
   d) Detection of recurrence or progression; AND
3. All imaging modalities used in oncology care, including but not limited to the following:
   a) Computed Tomography (CT) (neck, chest, abdomen, pelvis, neck, or site-specific)
   b) Magnetic Resonance Imaging (MRI) (including site-specific protocols such as pelvis MRI, brain MRI, liver MRI)
   c) Fluorodeoxyglucose Positron Emission Tomography/CT (FDG-PET/CT)
   d) PET/MRI
   e) Somatostatin Receptor PET/CT (SSTR-PET/CT)
   f) Nuclear Medicine (e.g., bone scan, PSMA PET)
   g) Single Photon Emission Computed Tomography/CT (SPECT/CT) (e.g., octreotide SPECT/CT for neuroendocrine tumors)

Notes:

1. The concurrent utilization of multiple advanced imaging modalities—such as PET/CT and MRI—is not routinely warranted and should be considered only when each modality is expected to provide distinct and clinically relevant information that will directly impact patient management. The selection of the most appropriate imaging study should be individualized, taking into account tumor type, clinical presentation, prior imaging, and other patient-specific factors. Imaging requests will be evaluated on a case-by-case basis to ensure clinical necessity, appropriateness, and the potential to influence therapeutic decision-making.

2. When PET imaging is clinically indicated, the appropriate radiotracer should be selected based on tumor type and clinical scenario.

Biliary Tract Imaging

Imaging in hepatobiliary malignancies other than hepatocellular carcinoma—including intrahepatic, perihilar, and distal cholangiocarcinoma and gallbladder carcinoma—is essential for diagnosis, staging, treatment planning, and surveillance.
The main objectives are to define the extent of primary tumor and biliary involvement, assess vascular and adjacent organ invasion, identify regional lymphadenopathy, and detect distant metastases.

MRI with MRCP and contrast-enhanced CT remain the cornerstones of evaluation, providing complementary anatomic and ductal detail. PET/CT may be used selectively when conventional imaging is equivocal, or to assess occult metastatic disease.

Biliary Tract Recommendations			
Clinical Scenario	**Recommended Modality**	**Frequency/Timing**	**Purpose/Notes**
Initial Staging	MRI abdomen/pelvis (liver protocol with magnetic resonance cholangiopancreatography (MRCP))	Once at diagnosis	Defines biliary anatomy, level of obstruction, and local tumor extent; preferred for ductal mapping
	Multiphasic contrast-enhanced CT abdomen/pelvis (pancreas or liver protocol)	Once at diagnosis	Evaluates vascular invasion, nodal disease, and extrahepatic spread
	CT chest	Once at diagnosis	
	FDG-PET/CT, when clinically indicated due to inconclusive or inadequate findings on conventional imaging	As clinically indicated	Identifies occult metastases or clarifies indeterminate findings on CT/MRI; routine use of PET scan in the pre-operative setting has not been established

Treatment Monitoring - Curative	MRI with magnetic resonance cholangiopancreatography ± contrast-enhanced CT	Once before resection, transplantation, or biliary intervention	Defines resectability, vascular and biliary anatomy, and guides stent or drainage planning
Treatment Monitoring - Non-Curative	Multiphasic contrast-enhanced CT or MRI abdomen/pelvis (pancreas or liver protocol) + CT Chest	Every 3 months during active therapy	Monitor disease response and detect progression; imaging should be performed prior to any intervention (e.g., stenting or drainage) whenever possible, as post-procedural changes can obscure tumor extent NCCN does not specify intervals
Surveillance	CT chest/abdomen/pelvis ± MRI abdomen/MRCP	Every 3–6 months for 2 years, then every 6–12 months up to 5 years	Evaluate local recurrence, hepatic metastases, or biliary obstruction.
Suspected Recurrence	MRI abdomen/pelvis (liver protocol with magnetic resonance cholangiopancreatography) + CT chest	As clinically indicated	Evaluate new or enlarging lesions, local recurrence, or ductal obstruction.
	Multiphasic contrast-enhanced CT abdomen/pelvis (pancreas or liver protocol) + CT chest		Detect distant recurrence or clarify equivocal findings.
	PET/CT, when clinically indicated due to inconclusive findings		

Notes:

1. MRI with MRCP is the preferred initial and follow-up modality for cholangiocarcinoma and gallbladder carcinoma.
2. CT with multiphasic contrast complements MRI by defining vascular and nodal involvement.
3. PET/CT may identify occult metastases but is not routinely indicated for initial staging.
4. Imaging intervals should be individualized based on stage, resection status, and clinical course.
5. Cross-sectional chest imaging is recommended at baseline and surveillance for pulmonary metastases.[1]

Revision and Review History

No.	Description	Date
1	Original Effective Date:	1/1/2026
2	Policy Annual Review Dates:	
3	Department Owner:	Medical Affairs
4	NH Advisory Committee Approval Dates:	
5	Revision Changes:	

References

[1] National Comprehensive Cancer Network Guidelines: Biliary Tract Cancers. https://www.nccn.org/professionals/physician_gls/pdf/btc.pdf. Accessed December 15, 2025.