

IMAGING GUIDELINES FOR MEDICAL NECESSITY

Eviti Imaging: Pancreatic Cancer

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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.

Pancreatic Cancer 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 pancreatic cancer. 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 pancreatic cancer; 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.

Pancreatic Cancer Imaging

Imaging for pancreatic cancer plays a critical role in diagnosis, staging, treatment planning, and surveillance. The principal objectives are to determine resectability, evaluate local vascular involvement, assess nodal and distant metastases, and monitor treatment response.

The NCCN Guidelines emphasize the use of high-quality, contrast-enhanced cross-sectional imaging—particularly pancreas-protocol CT or MRI—as the cornerstone of initial evaluation. PET/CT may be used selectively when conventional imaging is inconclusive or for clarification of equivocal findings. Post-treatment surveillance should be tailored to the disease stage and treatment intent (surgical vs. non-surgical).

These recommendations apply to pancreatic ductal adenocarcinoma (PDAC) and related exocrine malignancies.

Pancreatic Cancer Recommendations			
Clinical Scenario	Recommended Modality	Frequency/Timing	Purpose/Notes
Initial Diagnosis/ Staging	Pancreas-protocol CT (multiphase contrast-enhanced) of chest/abdomen/pelvis	Once at diagnosis	Primary modality for assessing local invasion, vascular involvement, nodal disease, and metastases
	MRI abdomen (pancreatic protocol) ± magnetic resonance cholangiopancreatography (MRCP), when CT is inconclusive or patient has contrast allergy	As indicated	Clarifies indeterminate hepatic or biliary findings; alternative to CT when needed
	PET/CT, when clinically indicated due to inconclusive or inadequate findings on conventional imaging	As indicated	Detects occult metastatic disease when conventional imaging is equivocal and can be considered in patients with high-risk features (markedly elevated CA19-9 large tumor/LN)
Treatment Monitoring	Pancreas-protocol CT (multiphase contrast-	Every 3 months during active systemic therapy to	CT/MRI pancreatic protocol may not be necessary for

	<p>enhanced) of chest/abdomen/pelvis</p> <p>MRI abdomen (pancreatic protocol)</p> <p>± magnetic resonance cholangiopancreatography (MRCP)</p> <p>PET/CT, when clinically indicated due to inconclusive or inadequate findings on conventional imaging – or to assess response to neoadjuvant chemotherapy</p>	<p>assess resectability, baseline after curative surgery, or treatment monitoring of advanced disease</p>	<p>following advanced disease.</p> <p>NCCN does not specify interval for treatment evaluation</p>
Surveillance	CT chest/abdomen/pelvis	As clinically indicated every 6 months for first 2 years, then every 12 months up to 5 years	<p>Detect recurrence or metastases; individualized per clinical risk.</p> <p>NCCN does not define optimal intervals</p>
Suspected Recurrence/Progression	CT chest/abdomen/pelvis	As clinically indicated	Evaluate for local recurrence or metastatic progression
	PET/CT (when clinically indicated due to inconclusive or inadequate findings on conventional imaging)		Clarify equivocal findings or identify occult recurrence.
	MRI liver (liver protocol)		Characterize indeterminate hepatic lesions

Notes:

1. Pancreas-protocol CT (multiphase contrast-enhanced) remains the standard imaging modality for diagnosis and staging.
2. MRI provides complementary soft-tissue characterization, particularly for small lesions or indeterminate liver findings.
3. PET/CT is not recommended for routine staging or surveillance but may be appropriate in select cases with equivocal CT/MRI findings and high-risk disease.
4. EUS is recommended for tissue diagnosis and may assist in assessing vascular involvement when cross-sectional imaging is indeterminate.
5. Post-treatment surveillance should reflect the intent of therapy and clinical context, balancing early detection of recurrence with patient performance status.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: Pancreatic Cancer.
https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf. Accessed December 17, 2025.