**Oncologic FDG PET Imaging Measure Technical Expert Panel (TEP)**

Meeting Minutes

March 6, 2025

**Attendees:** Kesav Raghavan, MD (TEP Chair), Cindy Yuan, MD, Olga Brooke, MD, Nadja Kadom, MD, FACR

**Absences:** Eric Roehren, MD, PhD, FACR (inadvertently left off meeting invitation)

**Staff:** Judy Burleson, MHSA, Samantha Shugarman, MS, Zach Smith, Brendon Alves

**Welcome and Introductions**

The technical expert panel (TEP) chair, Kesav Raghavan, MD, welcomed and thanked panelists for joining today's meeting. He explained that the meeting goal was to review the current ACRad 41: Use of Quantitative Criteria for Oncologic FDG PET Imaging measure specifications and determine whether updates or revisions are necessary before submitting them to the Centers for Medicare and Medicaid Services (CMS) Annual Call for Measures for use in the Merit-based Incentive Payment System (MIPS).

Sam presented an overview of ACR’s strategic plan, describing the leaders responsible for ensuring an increase in the number of radiology-focused measures in MIPS, given the removal of several measures or the points cap assigned to most radiology measures meeting CMS’ topped-out status. She also explained the decision by the Metrics Committee to form the TEP, which was based on a review and comments of the measure and its evidence by two nuclear medicine radiologists.

**Evidence Discussion:**

Sam shared a list of the evidence supporting the measure's numerator. The group discussed whether this evidence was up-to-date and whether new references should be incorporated into the list. Dr. Raghavan remarked that the measure was initially developed for nuclear medicine to standardize FDG PET CT reporting and ensure parameters such as serum glucose, uptake time, and SUV measurement were clearly defined across different institutions. Other than updating the ACR-SPR Practice Parameter for Performing FDG-PT/CT in Oncology reference to reflect the most recent version of the guidance from 2021, the panel agreed that new research would not alter the standard practice of reporting the numerator elements.

**Measure Specifications Discussion**

Dr. Yuan and other committee members raised concerns regarding specific aspects of the measure, especially in the context of pediatric patients and the role of the numerator’s evidence described below.

* **Serum Glucose:**

The panel considered whether serum glucose levels should remain part of the numerator. Some questioned its utility since elevated glucose is not typically a reason to cancel the imaging study unless it is exceptionally high (over 200-250 mg/dL). Dr. Yuan explained that measuring patients' blood glucose is standard practice and helps ensure the quality of the FDG PET CT exam. However, it was agreed that it has a limited impact on clinical decision-making. Ultimately, the

group decided to removeserum glucose from the required elements, as it does not significantly affect diagnostic outcomes, particularly in cases of chronically poorly controlled diabetes.

* Uptake Time:

Uptake time, the time interval between FDG injection and imaging, was acknowledged as an important element for comparison across studies. While some participants suggested that specifying an exact uptake time is too burdensome, they agreed that an approximate window (45 to 60 minutes) could be sufficient for final report standardization. ACR staff will update the measure to reflect this decision.

* Reference Background and SUV Measurement Types:

Panelists discussed how to handle the reporting of SUV measurement types and normalization methods and came to the following conclusions:

*Normalization Method.* They agreed that the measure should require that final reports include the practice's overall normalization method (e.g., body weight, lean body mass, or body surface area).

*SUV Measurement Type*. To clarify the type of SUV measurement used, the TEP decided that the final report should specify whether SUVmax, SUVmean, or another method was used in each final report. They also approved removing "volumetric" from the SUV measurement example to prevent the measure from being overly prescriptive about the type of SUV measurement required and allow for different acceptable measurement approaches (e.g., 2D, volumetric). The group also decided that the measure should require reports to contain the overall normalization method used by the practice (e.g., body weight, lean body mass, body surface area). One panelist suggested that separating this numerator element into three bullets would provide clarity regarding the criteria to meet the measure by focusing on 1) stating the overall normalization method used by the practice, 2) detailing the SUV measurement type (e.g., SUV max, SUV mean) for each reported value, and 3) reporting one reference background lesion. Due to meeting time constraints, the panel agreed to work on this suggestion via email.

**Next Steps**

According to today's discussion, ACR staff will include the agreed-upon revisions to the measure's specifications in track changes and updates to the evidence. The updated document will then be shared with the group for further comments and feedback.

**Action Items**

1. ACR staff will update the citation to the 2021 version of the Practice Parameter for Performing FDG-PT/CT in Oncology.
2. Sam will contact the other clinical expert, who was not on today's call, to receive feedback on the TEP's decisions.
3. ACR staff will find references that support reporting uptake time within an approximate window (e.g., within 45 - 65 minutes) rather than an exact number (as currently specified).