



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Monoclonal Antibody Imaging

Benefit

This diagnostic test, also known as radioimmunoscinotography, uses radiolabeled antibodies directed against specific tumor cell markers. The labeled antibodies are injected and the member undergoes imaging 2-7 days later. The antibodies are expected to localize in metastatic areas. This test is available only for some cancers. If the PCP determines medical necessity it is in benefit.

Interpretation

The FDA has approved the following antibody imaging agents:

1. Indium-III capromab pendetide (Prostascint®) for imaging of pelvic lymph nodes newly diagnosed members with biopsy-proven prostate cancer, or in post-prostatectomy members in whom there is a high clinical suspicion of occult metastatic disease.
2. Indium-III Pentetreotide (Octreoscan®) for use in localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors.
3. Indium-III satumamab pendetide (CYT-103, OncoScint CR/OV®) for imaging of colorectal and ovarian carcinomas
4. Technetium-99m arcitumomab (IMMU-4, CEA-Scan®) for imaging of colorectal and ovarian carcinomas
5. Technetium-99m nofetumomab merpentan (Verluma®) for imaging in members who have biopsy-proven small cell lung carcinoma, but who have received no treatment.

Monoclonal antibody imaging using agents 3 or 4 may be used in treatment of members with known or suspected recurrent colorectal carcinoma:

- An elevated CEA with no evidence of disease on conventional imaging modalities, including CT scan, for whom second-look laparotomy would otherwise be performed, OR
- An isolated, potentially resectable recurrence; the detection of occult lesions would alter surgical management plans.

Monoclonal antibody imaging using agent 2 may be used for the localization of primary and metastatic neuroendocrine tumors bearing somatostatin receptors (i.e. pheochromocytoma).

This is not an all-inclusive listing.

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