

## **Indications for FDG PET in Cardiac Sarcoid (CS) Ontario Special Access Program**

- 1. In patients with biopsy proven or clinical diagnosis of pulmonary/systemic sarcoidosis and one or more *abnormal* initial screening tests to screen for cardiac involvement.**

Abnormal screening test is defined as **one or more** of the following:

- abnormal ECG defined as complete left or right bundle branch block and/or presence of unexplained pathological Q waves in 2 or more leads
- abnormal echo defined as RWMA and/or wall aneurysm and/or basal septum thinning and/or LVEF < 50%
- abnormal Holter defined as sustained or non-sustained VT
- cardiac MRI suggestive of cardiac sarcoid

**OR**

- 2. In young patients (age < 60 years) with unexplained, new onset, significant conduction system disease, to screen for CS as underlying etiology.**

- Defined as sustained 2nd degree or 3rd degree AV block

**OR**

- 3. In patients with idiopathic sustained ventricular tachycardia (VT), to screen for CS as underlying etiology.**

- idiopathic VT is defined as VT **not** fulfilling any of following criteria
  - i. Typical outflow tract VT
  - ii. Fascicular VT
  - iii. VT secondary to other structural heart disease (coronary artery disease, any cardiomyopathy other than idiopathic).

**OR**

- 4. In patients with proven CS to follow response to treatment with steroids and/or immunosuppressants.**

**As a condition of approval for cardiac FDG PET investigation of sarcoidosis, all patients require a clinical referral to a cardiac sarcoidosis specialist, who is also involved with the MOH PET Cardiac Sarcoidosis Registry.**

**Please forward any questions or concerns regarding the above indications to [cardiacfdgpet@ottawaheart.ca](mailto:cardiacfdgpet@ottawaheart.ca)**