KMH POSITRON EMISSION TOMOGRAPHY (PET)

TO BE COMPLETED BY THE REFERRING PHYSICIAN

Tel.: (905) 855-1860 • Toll Free: 1-877-564-5227 • Fax: (905) 855-1863 • Toll Free Fax: 1-877-564-3297 • www.kmhlabs.com

REGISTRY INDICATIONS

☐ Anal Canal Cancer - Eligibility for PET for the initial staging of patients with T2-T4 squamous cell carcinoma of the anal canal with or without evidence of nodal involvement on conventional anatomical imaging. (Complete sections A - C)

Section A (select TNM stage based on conventional imaging)

Clinical T Stage: ☐ T1 ☐ T2 ☐ T3 ☐ T4

Clinical N Stage: ☐ NX ☐ N0 ☐ N1a ☐ N1b ☐ N1c

Clinical M Stage: ☐ M0 ☐ M1

Section B (select reason for PET scan)

☐ Confirm anatomic stage based on conventional imaging (select stage):

☐ Stage II ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IV

OR

☐ Where imaging is equivocal:

Specify location(s) of interest for PET (e.g., where imaging result was equivocal):

☐ Ano-rectum ☐ Lymph Nodes ☐ Elsewhere (specify):_____

Section C (select management plan)

If you didn't have access to PET, your action would be (choose from both i and ii):

i) Treatment Intent:

☐ Curative ☐ Palliative

ii) Treatment Options (select all that apply):

☐ Biopsy, (please indicate site): _____

☐ Radiation

☐ Chemotherapy, (specify number of cycles):_____

☐ Surgery

☐ Sarcoma (Complete sections A & B)

☐ Section A - Indication (choose one only)

☐ **Diagnosis (Plexiform Neurofibromas) - PET in patients with suspicion of malignant transformation of plexiform neurofibromas.**

☐ **Initial Staging - PET in patients with high grade (≥ Grade 2), or ungradable, soft tissue or bone sarcomas, with negative or equivocal findings for nodal or distant metastases on conventional imaging, prior to curative intent therapy.**

Diagnosis: ☐ High Grade (≥ Grade 2) **soft tissue** sarcoma ☐ Ungradable **soft tissue** sarcoma

☐ High Grade (≥ Grade 2) **bone** sarcoma ☐ Ungradable **bone** sarcoma

Histology: _____ Site of disease: _____

Nodal metastases: ☐ Negative ☐ Equivocal, (specify site): _____

Distant metastases: ☐ Negative ☐ Equivocal, (specify site): ☐ Lung ☐ Liver ☐ Other, (specify site): _____

☐ **Re-Staging - PET in patients with history of treated sarcoma with suspicion of, or confirmed, recurrent sarcoma (local recurrence or limited metastatic disease) being considered for curative intent or salvage therapy.**

Choose 1: ☐ Local recurrence (specify location): _____

☐ Suspected ☐ Histologically Confirmed (specify histology): _____

☐ Limited Metastases (specify location): ☐ Lung ☐ Liver ☐ Other, (specify site): _____

☐ Suspected ☐ Histologically Confirmed (specify histology): _____

☐ Section B - Select Management Plan - If you did not have access to PET, your action would be (choose from both i and ii):

i) Treatment Intent: ☐ Curative ☐ Palliative ☐ Observation

ii) Treatment Options (select all that apply):

☐ Biopsy, (indicate site): _____

☐ Sugery, (specify type): ☐ Amputation

☐ Resection of local recurrence

☐ Metastasectomy (specify location): _____

☐ Other (specify): _____

☐ Radiofrequency Ablation

☐ Radiation

☐ Systemic Therapy, (specify type): ☐ Neoadjuvant ☐ Adjuvent ☐ Other (specify): _____

☐ Other (specify): _____

Note: Please provide the most recent and relevant imaging report(s) (e.g. CT, MRI, US), and digital images (CD/DVD), and pathology report(s), if applicable. As radiation therapy & chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last round of therapy, if possible.

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REGISTRY INDICATIONS

☐ Multiple Myeloma/Plasmacytoma (Complete sections A & B)

☐ Section A - Indication (choose one only)

☐ **Plasmacytoma - PET for patients with presumed solitary plasmacytoma on conventional work-up, who are candidates for curative intent radiotherapy.**

Location of solitary/isolated plasmacytoma: ☐ Bone ☐ Extramedullary site, (specify location): _____

☐ **Smoldering Myeloma - PET for workup of patients with smoldering myeloma and negative or equivocal skeletal survey.**

Diagnosis: ☐ Smoldering myeloma Negative or Equivocal Skeletal Survey Results: ☐ Negative ☐ Equivocal

☐ **Non-Secretory/Oligosecretory Myeloma/POEMS - PET for the baseline staging and/or response assessment of patients with non-secretory or oligosecretory myeloma or POEMS.**

Diagnosis: ☐ Non-secretory myeloma ☐ Ogliosecretory ☐ POEMS

Reason for PET: ☐ Baseline Staging ☐ Response Assessment; *Date of previous PET scan _____ YYYY-MM-DD

please note: previous PET scan must be a minimum of 3-4 months prior to the current request.

☐ **Newly-Diagnosed Secretory Multiple Myeloma - PET for the workup of patients with newly-diagnosed secretory multiple myeloma; and negative or equivocal skeletal survey.**

Date of Diagnosis: _____ YYYY-MM-DD

Recent Therapy: ☐ No ☐ Yes (specify): ☐ Steroids ☐ Systemic Therapy ☐ Radiotherapy

Skeletal Survey Results: ☐ Negative ☐ Equivocal, (specify location): _____

Clonal bone marrow plasma cells: ☐ <10% ☐ 10-59% ☐ ≥60% ☐ Pending

International Staging System (ISS): ☐ Stage I ☐ Stage II ☐ Stage III ☐ Pending

Cytogenetics: ☐ High Risk [17p, t(4;14), t(14;16)] ☐ Standard Risk ☐ Pending

SlimCRAB features

Hypercalcemia (serum calcium >2.75 mmol/L)	☐ Yes	☐ No	☐ Unknown
Renal Failure (CrCl <40 mL/min or serum Cr >177 umol/L)	☐ Yes	☐ No	☐ Unknown
Anemia (Hb >20g/L below normal limit or less than 100 g/L)	☐ Yes	☐ No	☐ Unknown
Bone disease (one or more osteolytic lesions on x-ray, CT)	☐ Yes	☐ No	☐ Unknown
Clonal bone marrow plasma results ≥60%	☐ Yes	☐ No	☐ Unknown
Involved: uninvolved serum free light chain ratio ≥100	☐ Yes	☐ No	☐ Unknown
MRI >1 focal lesion	☐ Yes	☐ No	☐ Unknown

☐ Section B - Select Management Plan - If you did not have access to PET, how would you treat this patient based on the results of the current conventional work-up.

Pre-PET Treatment Plan (select all that apply):

☐ Radiation (specify type and dose):
- a. ☐ Curative ☐ Palliative
- b. Dose: _____ Gy

☐ Systemic Therapy, (specify both regimen & number of cycles):
- a. Regimen _____
- b. Number of Cycles: _____

☐ Kyphoplasty/Vertebroplasty

☐ Bisphosphonates

☐ Stem Cell Transplant

☐ Clinical Trial, (specify the protocol or SOC Name or Number): _____

☐ Observation

☐ Other, please describe: _____

Note: Please provide the most recent and relevant imaging report(s) (e.g. CT, MRI, US), and digital images (CD/DVD), and pathology report(s), if applicable. As radiation therapy & chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last round of therapy, if possible.

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ACCESS INDICATIONS

Pre-approval required only by PET Imaging Centre

☐ Head & Neck Cancer: Restaging H&N Cancer After Chemoradiotherapy

PET to assess patients with N1, N2, or N3 metastatic squamous-cell carcinoma of the head and neck, after chemoradiation, if HPV negative; or patients who have residual neck nodes of 1.5cm or greater on re-staging CT performed 10-12 weeks post therapy for HPV positive disease. **(Complete sections A - C for patients after chemoradiation, if HPV negative; or who are HPV positive.)**

Section A:
- ☐ Histologic confirmation of squamous cell carcinoma
- ☐ Presumptive pre-PET nodal stage of N1, N2, or N3

Human Papillomavirus (HPV) status: ☐ HPV positive ☐ HPV negative

Section B:
- ☐ Patient is at least 10-12 weeks post **final** chemoradiation treatment
- ☐ Re-staging CT performed 10-12 weeks post therapy
- ☐ Residual neck node(s) ≥ 1.5cm: as seen on post-chemoradiation CT

Section C: ☐ Patient has **no** significant comorbidities that would preclude surgery (neck dissection), if clinically indicated.

☐ Head & Neck Cancer: Baseline Staging Node Positive (N1-N3)

Where PET will impact radiation therapy (e.g., radiation volume /dose)

The patient must have: ☐ Presumptive pre-PET nodal stage of N1, N2 or N3

☐ Anaplastic Thyroid - PET for the staging of histologically proven anaplastic thyroid cancer with negative or equivocal conventional imaging work-up. (Complete sections A - C)

Section A: ☐ Recent conventional imaging work-up that is negative or equivocal for distant metastases

Section B: Treatment Intent: ☐ Curative ☐ Palliative

Section C: Treatment Options (select all that apply) : ☐ Surgery ☐ Neoadjuvant Therapy ☐ Adjuvant Therapy ☐ Other (specify): _____

Attach the imaging reports and provide images to PET Centre. **Other information regarding eligibility:** _____

☐ Medullary Thyroid - PET for the baseline staging of histologically proven medullary thyroid cancer being considered for curative intent therapy; OR where recurrent disease is suspected on the basis of elevated and/or rising tumour markers (e.g., calcitonin) with negative or equivocal conventional imaging work-up. (Complete sections A - E)

Section A: Reason for PET (choose 1): ☐ Baseline Staging ☐ Suspected Recurrent Disease

Section B: ☐ Recent conventional imaging work-up that is negative or equivocal

Section C: ☐ Biomarkers that are elevated: Biomarker: _____ Value 1: _____ Value 2: _____

Section D: Treatment Intent: ☐ Curative ☐ Palliative

Section E: Treatment Options (select all that apply) : ☐ Surgery ☐ Neoadjuvant Therapy ☐ Adjuvant Therapy ☐ Other (specify): _____

Attach the imaging reports and provide images to PET Centre. For suspected recurrent disease, also attach the 2 most recent biomarker results.

Other information regarding eligibility: _____

☐ Cervical Cancer Staging - PET for the staging of patients with Locally Advanced Cervical Cancer.

(Complete sections A - C)

Section A: Reason for PET (choose only one):
- ☐ CT/MRI shows positive or indeterminate pelvic nodes (>7mm, and/or suspicious morphology), **OR**
- ☐ CT/MRI shows borderline or suspicious para-aortic nodes, **OR**
- ☐ CT/MRI shows indeterminate or suspicious distant metastases (e.g., chest nodules)

Section B: Histology: ☐ Squamous Cell Carcinoma ☐ Adenocarcinoma ☐ Other (specify): _____

Section C: Clinical Stage: ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB

☐ Gynecologic Cancer Recurrence - PET for the re-staging of patients with recurrent gynecologic malignancies under consideration for radical salvage therapy (e.g., pelvic exenteration). (Complete Sections A - D)

Section A: Reason for PET (choose all that apply):
- ☐ PET after failed attempt at biopsy to establish a diagnosis of recurrence; **OR**
- ☐ PET to guide biopsy; **OR**
- ☐ PET to exclude extra-pelvic metastatic disease prior to salvage therapy

Section B: Primary Disease Site: ☐ Endometrial ☐ Cervical ☐ Vaginal ☐ Vulvar

Histologic confirmation of recurrence: ☐ Yes ☐ No

Section C: ☐ Patient has **no** significant comorbidities that would preclude surgery (pelvic exenteration), if clinically indicated.

Section D: ☐ Patient must have no metastases in chest and abdomen (negative or equivocal CT chest **and** abdomen)

Note: Please provide the most recent and relevant imaging report(s) (e.g. CT, MRI, US), and digital images (CD/DVD), and pathology report(s), if applicable. As radiation therapy & chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last round of therapy, if possible.

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ACCESS INDICATIONS

Pre-approval required by CCO

☐ **Paraneoplastic Neurological Syndromes (PNS)** - **PET for the evaluation of patients with suspected paraneoplastic neurologic syndromes with negative conventional imaging, with or without positive onconeuronal antibodies.** **(Complete sections A - D)**

Section A: Initial Investigations

Is classic PNS suspected?

☐ Yes ☐ No

Are onconeural antibodies detected?

☐ No
☐ Yes, (please specify):
☐ Anti-Hu ☐ Anti-Yo ☐ Other, (specify): _____

Has an EEG been performed?

☐ No
☐ Yes: ☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

Has a MRI Brain been performed?

☐ No
☐ Yes: ☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

Section B: Completed Image Based Screening

Conventional Imaging Work-up Completed

☐ CT: ☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

☐ Mammography: ☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

☐ Ultrasound: ☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

☐ Other, (specify): _____
☐ Positive (specify location): _____
☐ Negative
☐ Equivocal (specify location): _____

Section C: Management Plan

Current therapy:

(specify): _____

_____

_____

_____

If the PET scan is positive for malignancy, does the patient have significant comorbidities which would preclude treatment of the underlying tumour?

☐ No
☐ Yes, (specify): _____

_____

Planned therapy, if the PET scan is negative for malignancy:

(specify): _____

_____

Section D: Additional Pertinent Information

(for example, detailed management plan if imaging findings or patient management may be perceived as out of the ordinary): _____

_____

_____

_____

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ACCESS INDICATIONS

Pre-approval required by CCO

☐ Mesothelioma - PET for the staging of patients with histologically proven mesothelioma.

The patient must have:

- ☐ Histologic confirmation of malignant mesothelioma
- ☐ No distant metastases on pre-PET staging
- ☐ Patient has no significant comorbidities that would preclude radical intent therapy, if clinically indicated.

☐ Resectable Pancreatic Cancer

Attach CT report.

Purpose: ☐ Staging

Pancreatic Cancer - Clinical Stages.

☐ T1 ☐ T2 ☐ T3 ☐ T4	☐ NX ☐ N0 ☐ N1	☐ M0 ☐ M1

☐ Other Cancer Access Program

Diagnosis: *(please include topography, histology, clinical stage and pathological stage, if known).*

_____

_____

PET/CT Scan Indications (check all that apply)

- ☐ Diagnosis
- ☐ Staging
- ☐ Prognostic value
- ☐ Risk stratification/response assessment
- ☐ Response-adapted therapy
- ☐ Surveillance/recurrence
- ☐ Restaging
- ☐ Treatment Planning
- ☐ Other, (please specify): _____

If PET/CT scan is positive, then patient management would be...

_____

_____

_____

If PET/CT scan is negative, then patient management would be...

_____

_____

_____

Has histology been confirmed? ❍Yes ❍ No

If no, reason why histology not confirmed:

_____

_____

How would PET/CT scan influence the clinical management of this patient? (check all that apply)

- ☐ Determine whether treatment or observation
- ☐ Determine whether to give curative or palliative treatment
- ☐ Determine whether surgery or chemotherapy/radiotherapy/combination
- ☐ If chemotherapy, determine single vs. combined treatment modality
- ☐ Determine whether to alter current therapy (continue, add, change dose or type)
- ☐ Other, (please specify): _____

What will a PET/CT scan demonstrate that cannot be proven by other means?

_____

_____

_____

Note: Please provide the most recent and relevant imaging report(s) (e.g. CT, MRI, US), and digital images (CD/DVD), and pathology report(s), if applicable. As radiation therapy & chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last round of therapy, if possible.

PET/CT – Patients Instructions

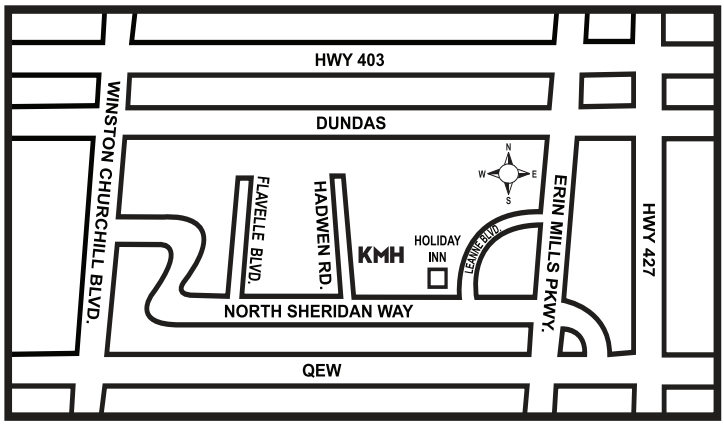
1. Please provide **accurate and current patient demographic information**, especially day and home telephone numbers, so we may contact the patient to book their appointment.
2. Reason for performing the test, relevant clinical information, as well as, reports from relevant previous diagnostic tests and surgical interventions must accompany the requisition to ensure the correct protocol is assigned by our Nuclear Medicine Physician.
3. To ensure a diagnostic examination, **the patient needs to fast for 6 hours prior to their appointment**. Drinking water is allowed and encouraged within fasting period. No exercise 48 hours prior to your PET Scan. For afternoon appointments, patients are permitted to have a light breakfast before the 6-hour fast.
4. A 12-hour fast may be required for specific cardiac indications of which the patient will be informed at the time of booking his/her appointment.

For patients with Diabetes:

5. Hyperglycemia (blood glucose level > 10-11 mmol/L) can significantly interfere with tumor imaging and lead to a suboptimal study. **Reasonable glycemic control should be achieved before referring diabetic patients for this test.**
6. Oral hypoglycemic medication (diabetic pills) should be discontinued the day of the test. Consideration will be made to schedule patients on oral hypoglycemic medication in the morning.
7. Patients can continue their routine administration of insulin with a light breakfast. (Referring physician may advise patients taking long acting insulin separately from their short acting insulin to only take short acting insulin if appropriate). Consideration will be made to schedule patients on insulin in the early afternoon.

Please follow the instructions below for the best test results:

1. Do not eat or drink anything except water 6 hours prior to your appointment. No chewing gum, candies and mints allowed the day of the test. No exercise 48 hours prior to your PET Scan. The test will take approximately 2 hours.
2. Drink 2-4 glasses of water before your appointment time.
3. Wear warm, loose, comfortable clothing, preferably without metal zippers or buttons on the day of your test.
4. Bring a list of all prescription medication(s) you are currently taking.
5. You may take all your medications (EXCEPT diabetic medications) with water on the day of the test.
6. If you are diabetic, please follow specific instructions given to you by your referring physician.
7. If you are claustrophobic, you may ask your doctor to give you a sedative to use prior to the study. Please arrange to have a designated driver after use of sedatives.



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