

PET/CT SCAN REQUISITION AND ELIGIBILITY CHECKLIST

Principal Investigator: Dr. François Bénard (BC Cancer)

Protocol # H17-00909

Study Title: Evaluation of the safety and sensitivity of ⁶⁸Ga-DOTATOC PET/CT for imaging NET patients

Dear Physician,

A ⁶⁸Ga-DOTATOC PET/CT for imaging NET patients is conducted under a clinical trial. Please note that this **clinical trial involves 2 PET/CT scans**, one using ¹⁸F-FDG and one using ⁶⁸Ga-DOTATOC. In order to establish your patient's trial eligibility, please fully complete the 2-page form below and fax to the PET Scan Department.

Functional Imaging Department – Vancouver Centre

Phone: (604)707-5951 Fax: (604)877-6245

Current Date: _____

Referring Physician: _____

Phone: _____

Fax: _____

Appointment Date: _____ Time: _____

Patient Notified on: _____ Notified by: _____

(for Dept use only)

Incomplete Referrals Will Be Returned

Patient Information

Important: Height _____ Weight _____ (kg / lb)

Name: _____ Preferred Name: _____

Surname First Middle

Date of Birth: D _____ M _____ Y _____ PHN: _____ Sex: Male / Female

Home Address: _____

Home Phone: () _____ Work: () _____ Mobile: () _____

Temporary Address: _____ Temporary Phone: () _____

Family Physician: _____ Phone: () _____

Patient mobility: ambulatory / wheelchair / stretcher

Diagnosis/Pertinent History:

(include recent surgery, chemotherapy, radiotherapy):

Specific Indication for PET/CT Request

Essential Information

Does patient require an interpreter?	Y	N
Does patient have any drug allergies?	Y	N
Does patient have IV contrast allergies?	Y	N
Does the patient have claustrophobia?	Y	N
CT scan within 3 months?	Y	N
MRI scan within 3 months?	Y	N
Nuclear Med scan within 3 months?	Y	N
Previous PET or PET/CT scan?	Y	N

Additional Information

Language: _____

Performed at: _____

Performed at: _____

Performed at: _____

Performed at: _____

Subject Eligibility Checklist

INCLUSION CRITERIA: Check "Yes" to <u>all</u> that apply	Yes	No
1. Subject is aware of the clinical trial, involving two PET/CT scans, and is able to provide written informed consent	<input type="checkbox"/>	<input type="checkbox"/>
2. WHO performance status 0-2	<input type="checkbox"/>	<input type="checkbox"/>
3. Subject is able to undergo PET/CT scan	<input type="checkbox"/>	<input type="checkbox"/>
<i>Patients must require imaging for either staging or re-staging of:</i>		
1. Gastrointestinal tumour, functioning and non-functioning	<input type="checkbox"/>	<input type="checkbox"/>
2. Pancreatic neuroendocrine tumour, functioning and non-functioning	<input type="checkbox"/>	<input type="checkbox"/>
3. Pulmonary neuroendocrine tumour, functioning and non-functioning	<input type="checkbox"/>	<input type="checkbox"/>
4. Sympathoadrenal system tumours (phaeochromocytoma, paraganglioma, neuroblastoma, ganglioneuroma)	<input type="checkbox"/>	<input type="checkbox"/>
5. Medullary thyroid carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
6. Pituitary adenoma	<input type="checkbox"/>	<input type="checkbox"/>
7. Medulloblastoma	<input type="checkbox"/>	<input type="checkbox"/>
8. Merkel cell carcinoma	<input type="checkbox"/>	<input type="checkbox"/>
9. Small cell lung cancer (mainly primary tumours)	<input type="checkbox"/>	<input type="checkbox"/>
10. Meningioma	<input type="checkbox"/>	<input type="checkbox"/>
11. Any other NET / tumour with potential for overexpression of somatostatin receptors	<input type="checkbox"/>	<input type="checkbox"/>
EXCLUSION CRITERIA: If any boxes are checked "Yes" patient is not eligible to participate	Yes	No
1. Medically unstable (eg. acute illness, unstable vital signs)	<input type="checkbox"/>	<input type="checkbox"/>
2. Unable to lie supine for the duration of imaging (30 minutes)	<input type="checkbox"/>	<input type="checkbox"/>
3. Exceeds safe weight limit of the PET/CT bed (204.5 kg) or unable to fit through the PET/CT bore (diameter 70cm)	<input type="checkbox"/>	<input type="checkbox"/>
4. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's Signature: _____ **MSP No:** _____

Additional Copies of Report to: _____