PET/CT SCAN REQUISITION AND ELIGIBILITY CHECKLIST

Principal Investigator: Dr. François Bénard (BC Cancer Agency) **Protocol #** H16-01551

Study Title: 18F-DCFPyL Positron Emission Tomography / Computed Tomography (PET/CT) for Assessment of Recurrent Prostate Cancer

Dear Physician,

An ^{18}F-DCFPyL (PSMA) PET scan for assessment of recurrent prostate cancer is conducted under a clinical trial. In order to establish your patient's trial eligibility, please fully complete the 2-page form below and fax to the PET Scan Department

To:	**Dr. François Bénard**	**To Fax #**	**604-877-6245**

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

Essential Information

			Additional Information
Does patient require an interpreter?	Y	N	Language: _____
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	**Performed at:** _____
MRI scan within 3 months?	Y	N	**Performed at:** _____
Nuclear Med scan within 3 months?	Y	N	**Performed at:** _____
Previous PET or PET/CT scan?	Y	N	**Performed at:** _____

Subject Eligibility Checklist

INCLUSION CRITERIA: ***Check "Yes" to all that apply***	**Yes**	**No**
1. Subject is aware of the clinical trial, consent form and has been provided an information package	☐	☐
2. Subject must have an ECOG performance status of 2 or less.	☐	☐
Patients must meet at least one of the following criteria to be eligible.		

3. Known PC with a BR after initial curative therapy with radical prostatectomy, with a documented history of failure of PSA to fall to undetectable levels (PSA persistence) or undetectable PSA after radical prostatectomy with a subsequent detectable PSA that increased on 2 or more determinations (PSA recurrence). The patient may have received treatment following documentation of PSA persistence or PSA recurrence. The most recent PSA measurement must be greater than 0.4 ng/mL.	☐	☐
4. Subjects with findings on other examinations (such as plain x-ray, CT, MRI or bone scintigraphy and others) that are suspicious for metastatic disease but not conclusively diagnostic of metastatic disease.	☐	☐
5. Known PC with BR after initial curative therapy with radiation therapy (including brachytherapy), with a PSA level >2 ng/mL above the nadir after radiation therapy.	☐	☐
6. Castration resistant PC with a minimum PSA of 2.0 ng/mL with 2 consecutive rises above the nadir and castrate levels of testosterone (<1.7 nmol/L). Treatment does not need to be discontinued before the 18F-DCFPyL scan.	☐	☐
7. Known PC with BR after initial curative-intent non-standard local therapy (example high frequency ultrasound, cryoablation, focal laser ablation, etc.), with a PSA level >2 ng/mL above the nadir after therapy.	☐	☐
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)	☐	☐
2. Unable to lie supine for the duration of imaging (30 minutes)	☐	☐
3. Exceeds safe weight limit of the PET/CT bed (204.5 kg) or unable to fit through the PET/CT bore (diameter 70cm)	☐	☐

Pre-Scan Assessment:

1. Current assessment of disease extent based on available information:
   - ☐ Asymptomatic PSA relapse with no known disease localization
   - ☐ Localized relapse
     - ☐ Prostate bed
     - ☐ Regional nodes
   - ☐ Metastatic disease:
     - ☐ Distant nodes
     - ☐ Lungs
     - ☐ Bones
     - ☐ Other (specify): _____

2. Current treatment plan:
   - ☐ Radiotherapy
     - ☐ Prostate bed alone
     - ☐ Prostate + regional nodes
     - ☐ Regional nodes alone
     - ☐ Solitary/oligometastatic disease
   - ☐ Systemic therapy
     - ☐ Docetaxel chemotherapy
     - ☐ Enzalutamide
     - ☐ Abiraterone
     - ☐ Ra-223 dichloride
     - ☐ Other androgen deprivation therapy (specify):_____
     - ☐ Other (specify): _____
   - ☐ Surgery
     - ☐ Surgical castration
     - ☐ Resection of localized relapse
   - ☐ Active surveillance
   - ☐ Palliative/supportive care

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

Additional Copies of Report to: _____