# 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. | Currently on hold | |
| **4.** Patients with suspicious findings for **distant** metastases. Findings on examinations (such as CT, MRI or bone scintigraphy) that are suspicious, but not conclusively diagnostic, of metastatic disease.<br>• **However, patients newly diagnosed, with untreated prostate cancer, CAPRA score 6-10, or stage cN1, will be NOT be eligible.** | ☐ | ☐ |
| **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 **and 2 consecutive rises** above the nadir and castrate levels of testosterone (<1.7 nmol/L). **Subjects MUST be on hormone therapy**. | ☐ | ☐ |
| **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 PET/CT bed (204.5 kg) or unable to fit through 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: _____