BC CANCER
Provincial Health Services Authority

# 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 $^{68}$Ga-DOTATOC PET/CT for imaging NET patients

**Dear Physician,**

A $^{68}$Ga-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 $^{18}$F-FDG and one using $^{68}$Ga-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** | | | 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 <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 | ☐ | ☐ |
| **2.** WHO performance status 0-2 | ☐ | ☐ |
| **3.** Subject is able to undergo PET/CT scan | ☐ | ☐ |
| ***Patients must require imaging for either staging or re-staging of:*** | | |
| **1.** Gastroenteropancreatic tumours (e.g. carcinoids, gastrinoma, insulinoma, glucagonoma, VIPoma, etc.), functioning and non-functioning | ☐ | ☐ |
| **2.** Sympathoadrenal system tumours (phaeochromocytoma, paraganglioma, neuroblastoma, ganglioneuroma) | ☐ | ☐ |
| **3.** Medullary thyroid carcinoma | ☐ | ☐ |
| **4.** Pituitary adenoma | ☐ | ☐ |
| **5.** Medulloblastoma | ☐ | ☐ |
| **6.** Merkel cell carcinoma | ☐ | ☐ |
| **7.** Small cell lung cancer (mainly primary tumours) | ☐ | ☐ |
| **8.** Meningioma | ☐ | ☐ |
| **9.** Any other NET / tumour with potential for overexpression of somatostatin receptors | ☐ | ☐ |
| **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) | ☐ | ☐ |
| **4.** Pregnancy | ☐ | ☐ |

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

Additional Copies of Report to: _____