PSMA PET/CT SCAN REQUISITION

Molecular Imaging and Therapy Phone: 250-519-5754 Fax: 250-519-5458

INCOMPLETE REFERRALS WILL BE RETURNED - *Mandatory fields highlighted in red*

Current Date:

Referring Physician:

Phone: **Fax:**

For MIT Department use only

Scan Date:_____ Time:_____

Indication #:_____ 1 ☐ 2 ☐

Details:_____

Routine: ☐ V-T: ☐ Other:_____

Date:_____ PET Dr. Initial:_____

PATIENT INFORMATION

Last Name: First Name: Preferred Name:

CST Cerner MRN: PHN: ☐ Out of Province ☐ Self-pay

DOB: DD MON YYYY Gender: ☐ Out Patient ☐ In Patient Location:

Home Address: City: Postal Code:

Phone: Mobile: Weight: kg Height: cm

Family Physician: Phone:

REQUESTED EXAM DATE:

(If left blank, earliest date possible will be booked)

PSA within last 3 months? **Value:** (ng/mL) **Date:**

Priority: ☐Urgent ☐Routine ☐Timed

Special Instructions / Notes to Scheduler:

Diagnosis / Pertinent History:

Indication for PSMA PET/CT Imaging *(Select one or more criteria below 1-6)*:

☐ 1) **Localized prostate cancer considered for definitive therapy when conventional imaging is equivocal for metastatic disease.**

☐ 2) **NCCN high to very high risk localized prostate cancer with negative conventional imaging prior to consideration of curative intent therapy.**

☐ 3) **Clinically oligometastatic or oligoprogressive disease on prior imaging, being considered for metastases - directed therapy.**

4) **Localization of biochemical cancer Recurrent (BCR) or Persistent (BCP) prostate cancer following curative-intent therapy in the following settings*:**

☐ a) Pathologically node positive post RP with a PSA > 0.1 ngl/mL at least 6 weeks after RP.

☐ b) BCP with persistently elevated PSA ? 0.1 ng/mL on first post RP PSA between 6 weeks and 3 months after Radical Prostatectomy when Gleason Grade Group (ISUP) 4-5.

☐ c) BCR with a PSA > 0.2 ng/mL more than 6 weeks post Radical Prostatectomy when either PSA doubling time < 12 months OR Gleason Grade Group (ISUP) 4-5.

☐ d) BCR with a PSA > 0.4 ng/mL more than 6 weeks post Radical Prostatectomy.

☐ e) BCR post curative intent radiotherapy +/- adjuvant hormone therapy: i.e. a rise in PSA of ≥ 2 ng/mL above nadir.

☐ f) BCR (Increase in PSA to ≥ 0.4 ng/mL after prostatectomy and salvage radiotherapy +/- hormone therapy, where there is intent for further salvage therapy (e.g., SABR/metastases directed therapy).

☐ 5) **Castration resistant PC with evidence of biochemical or imaging progression.** Treatment does not need to be discontinued before the PET scan. Progression is defined by any of the following: A minimum PSA of 2.0 ng/mL and 2 consecutive rises above the nadir and castrate levels of testosterone (<1.7 nmol/L), soft tissue disease progression on chest, abdomen, pelvis CT or MR (RECIST v1.1), or bone progression ≥ 2 new lesions on bone scan.

☐ 6) **To determine eligibility for PSMA-targeted radioligand therapy.**

☐ 7) **Clinical scenarios not included on this list but deemed appropriate after consensus at an appropriate BC Cancer Tumour Conference which includes expert imaging review. Describe below:**

***Notes:**

i) *Conventional staging should be considered when appropriate in each setting of criteria 4, if the PSA is very high, but is not a requirement prior to requesting PSMA PET*

ii) *If the initial PSMA PET is negative, and no treatment is pursued, a second PSMA PET should not be requested for at least 6 months after the first scan unless recommended at appropriate BC Cancer Tumour Conference*

If Clinical Trial requested:

Clinical Trial Name: Radiotracer: Contact: Phone:

CT scan within 3 months?	Y ☐ N ☐	Possibility of pregnancy?	Y ☐ N ☐	
MRI scan within 3 months?	Y ☐ N ☐	Interpreter required?	Y ☐ N ☐	Language:
NM scan within 3 months?	Y ☐ N ☐	Drug Allergies?	Y ☐ N ☐	Drug/Reaction:
Previous PET or PET/CT scan?	Y ☐ N ☐	Claustrophobic?	Y ☐ N ☐	

Doctor's Signature: MSP No:

Additional Copies of Report to:

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