

**⁶⁸Ga-DOTATATE PET Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN**

The following indications are part of the Ontario PET Registry. Completion of a post scan form is required following the PET scan. Together the pre and post scan information will provide vital data to build evidence for use of PET for this indication. Please accurately complete both the pre and post scan forms.

Referring Staff Physician Name: _____

Staff Physician Phone: (_____) _____ **ext.** _____ **Fax:** (_____) _____ **CPSO No:** _____

Staff Physician email: _____

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: (_____) _____ **Postal Code:** _____

Date of birth: _____ / _____ / _____
YYYY / MM / DD **Gender:** M F Other

IMPORTANT NOTE FOR PATIENTS TREATED WITH SOMATOSTATIN: *It is recommended that PET be scheduled just prior (e.g. 0-7 days) to the monthly dose of long acting octreotide or if patients are switched to short acting somatostatin, the dose be deferred until after the scan.*

Complete sections A, B, C & D

Section A – NET Demographics

- **NET Grade:** Grade 1 Grade 2 Grade 3 Unknown
- **Ki-67 score:** Low (<6%) Intermediate (6-10%) High (>10%); specify: _____ Unknown
- **Differentiation:** Poorly Differentiated Moderately Differentiated Well Differentiated Unknown
- **Site of Primary (or suspected Primary) Disease:** Small Bowel Pancreas Lung
 Other (specify): _____
- **Metastases:** Suspected Confirmed N/A
- **Operability:** Operable Non-Operable Unknown
- **Classification:** Functional Non-Functional Unknown

Section B – Prior Octreotide Scan

- **Octreotide Scan Performed:** Yes, date of scan: _____ / _____ / _____ No (continue to Section C)
YYYY / MM / DD
- **Overall Octreotide Scan Results:** Positive Negative Equivocal
- **If overall Octreotide scan results are positive/equivocal, complete the following questions:**
 - **Primary Tumor/ Local recurrence:** Yes No Equivocal
 - **Nodal Metastases:** Yes No Equivocal
 - **Distant Metastases:** Yes No Equivocal

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Complete sections A, B, C & D

Patient Name: _____

Section C – Choose ONLY ONE Indication

DIAGNOSIS (NET) – PET for identification of primary tumour when there is clinical suspicion of Neuroendocrine Tumour (NET), and primary tumour site is unknown or uncertain. Patients should have no definitive evidence of disease on CT & elevated biochemical markers (e.g., 5-HIAA ± elevated Chromogranin A)

INITIAL STAGING (NET) – PET for the staging of patients upon initial diagnosis of Neuroendocrine Tumour.

RE-STAGING (NET) – PET for the re-staging of patients with Neuroendocrine Tumour (NET).

- When surgery (e.g., de-bulking, focal ablation, liver directed therapy) or PRRT is being considered; **OR**
 Where conventional imaging is negative or equivocal at time of clinical and/or biochemical progression

Indicate if patient had prior ⁶⁸Ga-DOTATATE PET: Yes; date of PET scan: _____ No

***OTHER (requires case-by-case review through the PET Access Program)** – PET as a problem-solving tool in patients with Neuroendocrine Tumour (NET) when confirmation of site of disease and/or disease extent may impact clinical management.

Section D – If PET were NOT available, what is your Current Management Plan (choose from i, ii, and iii)

Choose the most appropriate treatment option(s) according to the current CT/MR staging data.

i) Treatment Intent: Curative Palliative Observation

ii) Treatment Options (select all that apply):

Surgery: Curative
 De-bulking

Liver Directed Therapy: Embolization
 Other, (specify): _____

Somatostatin Analogues

Other Systemic Therapy, (specify type): Chemotherapy (specify): _____

Targeted Agents (specify): _____

Other (specify): _____

Peptide Receptor Radiotherapy

Other (specify): _____

iii) Was this treatment plan presented at a Multi-disciplinary Cancer conference (MCC): Yes No

• If no, will this treatment plan be presented at an upcoming MCC: Yes No

The following documents should be attached to this requisition:

- Relevant Imaging Studies within the previous 3 months (i.e. CT, US, MR, Other)
(Provide Digital Images to the patient to take with them to the PET Centre, to enable direct comparison to PET)
- Consult Note or Referral Letter (outlining the relevant clinical history)
- Pathology Report

Physician Signature: _____ Date: _____

Fax Instructions

Fax the completed request form, (pages 1 and 2), along with the required supporting documentation to:

- Toronto – Princess Margaret Cancer Centre (416) 946-2144

*PET Centre Use Only: PET Access Program - PET Centre must fax these requests to PET Scans Ontario for review (416) 217-1327