

# PSMA-PET for Recurrent Prostate Cancer (PREP Phase 2)

## PET Access Program Request Form

V2.2, Feb 18, 2021

Patient OHIP Number: \_\_\_\_\_

Date Form A completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd / mmm / yyyy)

Patient Initials: \_\_\_\_ \_\_\_\_ \_\_\_\_ (FML)

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd / mmm / yyyy)

**\* Cohort 7 patients only, this completed form is required for cases submitted for consideration of enrollment\***

**Diagnosis:** *(please include topography, histology, and stage if known)*

**Has histology been confirmed?**  Yes  No  
**If no, reason why histology not confirmed:**

**PET Scan Indication:** *(select all that apply)*

- Initial Diagnosis
- Staging/Initial treatment planning
- Restaging
- Treatment response assessment
- Detection of Recurrence
- Other, (specify): \_\_\_\_\_

**Provide the following information:**

Gleason Score:  <8  ≥ 8  
PSA:  <20ng/mL  ≥20ng/mL  
Clinical T Stage:  < III  ≥ III

**Is disease localized to prostate?**  Yes  No

**Is the patient a candidate for radical therapy?**

- No  Yes (specify):  Radical prostatectomy  
 Radiotherapy within the next 3-6 months  
 Other (specify): \_\_\_\_\_

**Does this patient have negative conventional workup (CT and bone scintigraphy)?**

- Yes  No *(specify number & location of positive findings):*  
Total Lesions on CT and/or Bone scan: \_\_\_\_\_  
Location(s) of Positive Findings: \_\_\_\_\_

**Was this patient discussed at a Multidisciplinary Cancer Conference (MCC)?**  Yes  No

**If yes (answer the following two questions):**

*(and attach a copy of the multidisciplinary case conference discussion supporting the request for a PSMA PET scan)*

1. Was there PET expertise in attendance?  Yes  No

2. Was a PSMA PET scan recommended?  Yes  No

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**What is the clinical question to be answered with PSMA PET?**

**What will a PSMA PET scan demonstrate that cannot be proven by other means?**

**How will the PSMA PET scan impact clinical management of the patient?**

**1. If PSMA PET scan is positive then patient management would be...**

**2. If PSMA PET scan is negative then patient management would be...**

**The following documentation must be attached to this application. The review will not take place without this documentation.**

- Clinic and/or consult notes outlining the patient's relevant medical and treatment history, including the problem that PET is being asked to address  
*(usually the most recent 2-3 clinic notes will suffice)*
- Complete conventional diagnostic work-up **from the past three months**, including all imaging studies, pathology reports, bloodwork, etc. that are relevant to the application