

GASTROINTESTINAL (GI) Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Referring Physician Name: _____

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

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: (_____) Postal Code: _____

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

Fax Instructions

Please fax the completed request form, (page 1 and 2), along with the required supporting documentation to the PET Centre of choice for appointment.

- | | Fax no. |
|---|----------------|
| • Hamilton – McMaster University Medical Centre | (905) 521-2358 |
| • Hamilton – St. Joseph's Healthcare Hamilton | (905) 308-7215 |
| • Ottawa – Ottawa General | (613) 737-8752 |
| • Windsor – Windsor Regional Hospital | (519) 254-4759 |
| • London – St. Joseph's Health Care London | (519) 646-6135 |
| • Mississauga – KMH Cardiology Centres Inc. | (905) 855-1863 |
| • Mississauga – MyHealth Centre | (888) 761-9156 |
| • Sudbury – Health Sciences North | (705) 671-7384 |
| • Toronto – Princess Margaret Cancer Centre | (416) 946-2144 |
| • Toronto – Sunnybrook Health Sciences Centre | (416) 480-5218 |
| • Toronto – Hospital for Sick Children | (416) 813-6043 |
| • Thunder Bay – Regional Health Sciences Centre | (807) 684-5907 |

ESOPHAGEAL/GE JUNCTION CANCER – PET for staging of patients with esophageal/GE Junction cancer being considered for curative therapy and/or repeat PET on completion of pre-operative/neoadjuvant therapy, prior to surgery. The patient must be eligible for surgery based upon conventional imaging.

Purpose: (choose 1)

- Baseline staging, **OR**
 Repeat PET/CT scan on completion of pre-operative/neoadjuvant therapy, prior to surgery, **OR**
 Re-staging (locoregional recurrence)

Esophageal Cancer – Clinical Stages:

- TX T0 Tis T1 T1a T1b T2 T3 T4 T4a T4b
 NX N0 N1 N2 N3
 M0 M1

Attach CT report and endoscopic US report and provide images to the PET Centre.

Physician Signature: _____ Date: _____

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Indications: (choose only one)

Patient Name: _____

COLORECTAL CANCER (STAGING/RE-STAGING) – PET for patients with apparent limited metastatic disease (e.g., organ-restricted liver or lung metastases; or limited local recurrence) who are being considered for radical intent therapy.

Note: As chemotherapy may affect the sensitivity of the PET scan, it is strongly recommended to schedule PET at least 6 weeks after last chemotherapy, if possible.

The patient must have:

- Histologic confirmation of colorectal cancer, **AND**
- Presumptive pre-PET apparent limited metastatic disease or local recurrence, **AND**
- Patient has **no** significant comorbidities that would preclude radical intent therapy, if clinically indicated.

Attach the relevant diagnostic imaging reports; and provide images to the PET Centre.

Other information regarding eligibility: _____

COLORECTAL CANCER (RECURRENCE) – PET where recurrent disease is suspected on the basis of elevated and/or rising carcinoembryonic antigen (CEA) level(s) after surgical resection with negative or equivocal imaging work-up.

The patient must have:

- Received primary therapy, **AND**
- Recent imaging (CT or MRI) that is **negative or equivocal**, **AND**
- Elevated Biomarker: Biomarker : _____ Value 1 : _____ Value 2 : _____

Attach the most recent biomarker results & the relevant diagnostic imaging reports; and provide images to the PET Centre.

Other information regarding eligibility: _____

***ANAL CANAL CANCER (STAGING) - PET for the initial staging of patients with clinical stage II-IV squamous cell carcinoma of the anal canal with or without evidence of nodal involvement on conventional anatomical imaging.**

Complete Sections A, B, and C

A) Select TNM stage based on conventional imaging

- Clinical T Stage: T1 T2 T3 T4
- Clinical N Stage: NX N0 N1a N1b N1c
- Clinical M Stage: M0 M1

B) Reason for PET (choose 1):

- Confirm anatomic stage based on conventional imaging (select stage):
- Stage II Stage IIIA Stage IIIB Stage IV

OR

- Clarify equivocal conventional imaging, specify location(s) of interest for PET:
- Ano-rectum Lymph Nodes Elsewhere (specify): _____

C) If you didn't have access to PET, your action would be (choose from both i and ii):

- i) Treatment Intent: Curative Palliative
- ii) Treatment Options (select all that apply):
- Biopsy, (please indicate site): _____
 - Radiation
 - Chemotherapy, (specify number of cycles): _____
 - Surgery

Attach relevant diagnostic imaging reports (CT, US, MR, Other) & provide images to the PET Centre); consult note or referral letter; and the pathology report

Physician Signature: _____ **Date:** _____