

Gynecology Oncology Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: (choose only one)

Patient Name: _____

STAGING CERVICAL CANCER – PET for the staging of patients with locally advanced cervical cancer.

Complete Sections A, B, and C

A) Reason for PET (choose only one):

- CT/MRI shows positive or indeterminate pelvic nodes (>7mm, and/or suspicious morphology), **OR**
 CT/MRI shows borderline or suspicious para-aortic nodes, **OR**
 CT/MRI shows indeterminate or suspicious distant metastases (e.g., chest nodules)

B) Histology: Squamous Cell Carcinoma Adenocarcinoma Other (specify): _____

C) Clinical Stage: IA IB IIA IIB IIIA IIIB IVA IVB

Attach the CT/MRI reports & provide images to the PET Centre.

Other information regarding eligibility: _____

RECURRENT GYNECOLOGIC CANCER – PET for the re-staging of patients with recurrent gynecologic malignancies under consideration for radical salvage therapy (e.g., pelvic exenteration).

Complete Sections A, B, C, and D

A) Reason for PET (choose all that apply):

- PET after failed attempt at biopsy to establish a diagnosis of recurrence, **OR**
 PET to guide biopsy, **OR**
 PET to exclude extra-pelvic metastatic disease prior to salvage therapy

B) Primary Disease Site: Endometrial Cervical Vaginal Vulvar

Histologic confirmation of recurrence: Yes No

C) Patient has **no** significant comorbidities that would preclude surgery (pelvic exenteration) if clinically indicated.

D) Patient must have no metastases in chest and abdomen (negative or equivocal CT chest **and** abdomen)

Attach CT/MRI/US reports & provide images to the PET Centre.

Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____