

Head & Neck 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, (pages 1, 2, and 3), 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	(800) 416-9840
• 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: _____

Head & Neck Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: (choose only one)

Patient Name: _____

BASELINE STAGING NASOPHARYNGEAL CANCER

The patient must have:

- No metastases in chest and abdomen (by negative CT chest **and** negative CT or US abdomen)

Attach CT/US reports and provide images to PET Centre.

Other information regarding eligibility: _____

BASELINE STAGING NODE POSITIVE (N1-N3) H&N CANCER – where PET will impact radiation therapy (e.g., radiation volume / dose).

The patient must have:

- Presumptive pre-PET nodal stage of N1, N2, or N3

Attach Head and Neck CT/MRI reports and provide images to PET Centre.

Other information regarding eligibility: _____

UNKNOWN H&N PRIMARY – PET for the evaluation of metastatic squamous cell carcinoma in neck nodes when the primary disease site is unknown after standard radiologic and clinical investigation. (Please note a panendoscopy is NOT required prior to the PET scan)

The patient must have:

- Histologic confirmation of squamous cell carcinoma, **AND**
 Negative ENT physical exam for primary tumour, **AND**
 Negative CT and/or MRI of the neck

Attach the pathology report, the ENT physical exam report, the CT/MRI report & provide images to the PET Centre.

Other information regarding eligibility: _____

RESTAGING H&N CANCER AFTER CHEMORADIOTHERAPY – PET to assess patients with N1-N3 metastatic squamous-cell carcinoma of the H&N after chemoradiation, if HPV negative; or patients who have residual neck nodes ≥ 1.5 cm on re-staging CT performed 10-12 weeks post therapy for HPV positive disease

Complete Sections A, B, and C

- A) Histologic confirmation of squamous cell carcinoma
 Presumptive pre-PET nodal stage of N1, N2, or N3

Human Papillomavirus (HPV) status: HPV Positive HPV Negative

- B) Patient is at least 10-12 weeks post **final** chemoradiation treatment
 Re-staging CT performed 10-12 weeks post therapy
 Residual neck node(s) ≥ 1.5 cm; as seen on post-chemoradiation CT

- C) Patient has **no** significant comorbidities that would preclude surgery (neck dissection) if clinically indicated.

Attach the pathology report and the post therapy CT report and provide images to the PET Centre.

Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____

Head & Neck Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Indications: *(choose only one)*

Patient Name: _____

THYROID – PET where recurrent or persistent disease is suspected on the basis of elevated and/or rising tumour markers (e.g., thyroglobulin) with negative or equivocal conventional imaging work-up.

The patient must have:

- Received primary therapy, **AND**
- Recent imaging (US neck **or** I-131 scan) that is **negative or equivocal, AND**
- Biomarkers that are **elevated:** Biomarker : _____ Value 1 : _____ Value 2 : _____

Attach the 2 most recent biomarker results, and the imaging reports; and provide images to PET centre.

Other information regarding eligibility: _____

ANAPLASTIC THYROID – PET for the staging of histologically proven anaplastic thyroid cancer with negative or equivocal conventional imaging work-up.

Complete Sections A, B, and C:

- A) Recent conventional imaging work-up that is **negative or equivocal** for distant metastases
- B) Treatment Intent: Curative Palliative
- C) Treatment Options *(select all that apply):*
 Surgery Neoadjuvant Therapy Adjuvant Therapy Other (specify): _____

Attach the imaging reports and provide images to PET Centre.

Other information regarding eligibility: _____

MEDULLARY THYROID – PET for the baseline staging of histologically proven medullary thyroid cancer being considered for curative intent therapy; OR where recurrent disease is suspected on the basis of elevated and/or rising tumour markers (e.g., calcitonin) with negative or equivocal conventional imaging work-up.

Complete Sections A, B, C, D, and E:

- A) Reason for PET *(choose 1):* Baseline Staging Suspected Recurrent Disease
- B) Recent conventional imaging work-up that is **negative or equivocal**
- C) Biomarkers that are **elevated:** Biomarker : _____ Value 1 : _____ Value 2 : _____
- D) Treatment Intent: Curative Palliative
- E) Treatment Options *(select all that apply):*
 Surgery Neoadjuvant Therapy Adjuvant Therapy Other (specify): _____

Attach the imaging reports; and provide images to PET centre.

For suspected recurrent disease, also attach the 2 most recent biomarker results.

Other information regarding eligibility: _____

Physician Signature: _____ **Date:** _____