

# Multiple Myeloma/Plasmacytoma 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.

<b>Referring Physician Name:</b> _____		
<b>Physician Phone:</b> ( _____ )	<b>ext.</b> _____	<b>Fax:</b> ( _____ )
<b>CPSO No:</b> _____		
<b>Patient Name:</b> _____		
SURNAME	FIRST NAME	MIDDLE
<b>OHIP Number:</b> _____		
<b>Telephone:</b> ( _____ )		<b>Postal Code:</b> _____
<b>Date of birth:</b> _____ / _____ / _____		<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
YYYY	MM	DD

### Relevant Clinical History:

Please provide the most recent and relevant imaging report(s) and other relevant clinical history.

The following documents must be attached to this requisition:

- Relevant Imaging Studies within the previous 3 months (i.e. CT, US, MR, Other)
- Consult Note or Referral Letter; including relevant lab work/pathology, if relevant

### 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.

- |   | <b>Fax no.</b> |
|---|----------------|
| • Hamilton – McMaster University Medical Centre | (905) 521-2358 |
| • Hamilton – St. Joseph's Healthcare Hamilton   | (905) 308-7215 |
| • Ottawa – Ottawa General                       | (613) 737-8752 |
| • 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 |
| • Windsor – Windsor Regional Hospital           | (519) 254-4759 |

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Complete sections A & B

Patient Name: \_\_\_\_\_

**Section A - Indication** (choose only one)

**PLASMACTYOMA – PET for patients with presumed solitary plasmacytoma on conventional work-up, who are candidates for curative intent radiotherapy.**

**Location of solitary/isolated plasmacytoma:**

Bone       Extramedullary site, (specify location): \_\_\_\_\_

**SMOLDERING MYELOMA – PET for workup of patients with smoldering myeloma; and negative or equivocal skeletal survey**

**Diagnosis:**

Smoldering myeloma

**Skeletal Survey Results:**

Negative       Equivocal (specify location): \_\_\_\_\_

**NON-SECRETORY/OLIGOSECRETORY MYELOMA/POEMS – PET for the baseline staging and/or response assessment of patients with non-secretory or oligosecretory myeloma or POEMS**

**Diagnosis:**

Non-secretory Myeloma

Oligosecretory

POEMS

**Reason for PET:**

Baseline Staging

Response Assessment; \*Date of previous PET scan \_\_\_\_\_

YYYY-MM-DD

*\*Please note: previous PET scan must be a minimum of 3-4 months prior to the current request*

**NEWLY-DIAGNOSED SECRETORY MULTIPLE MYELOMA – PET for the workup of patients with newly-diagnosed secretory multiple myeloma; and negative or equivocal skeletal survey**

**Date of Diagnosis:** \_\_\_\_\_  
YYYY-MM-DD

**Recent Therapy:**

No

Yes (specify):

Steroids

Systemic Therapy

Radiotherapy

**Skeletal Survey Results:**

Negative

Equivocal (specify location): \_\_\_\_\_

**Clonal bone marrow plasma cells:**

<10%

10-59%

≥60%

Pending

**International Staging System (ISS):**

Stage I

Stage II

Stage III

Pending

**Cytogenetics:**

High risk [17p, t(4;14), t(14;16)]

Standard Risk

Pending

**SlimCRAB features**

Hypercalcemia (serum calcium >2.75 mmol/L)

Yes

No

Unknown

Renal Failure (CrCl <40 mL/min or serum Cr >177 umol/L)

Yes

No

Unknown

Anemia (Hb >20g/L below normal limit or less than 100 g/L)

Yes

No

Unknown

Bone disease (one or more osteolytic lesions on x-ray, CT)

Yes

No

Unknown

Clonal bone marrow plasma results ≥60%

Yes

No

Unknown

Involved: uninvolved serum free light chain ratio ≥100

Yes

No

Unknown

MRI >1 focal lesion

Yes

No

Unknown

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**Complete sections A & B**

**Patient Name:** \_\_\_\_\_

**Section B – Select Management Plan**

**(if you didn't have access to a PET scan, how would you treat this patient based on the results of the current conventional work-up)**

Pre-PET Treatment Plan (select all that apply):

Radiation (specify type and dose):

a.  Curative                       Palliative

b. Dose: \_\_\_\_\_ Gy

Systemic Therapy, (specify both regimen & number of cycles)

a. Regimen: \_\_\_\_\_

b. Number of Cycles: \_\_\_\_\_

Kyphoplasty/Vertebroplasty

Bisphosphonates

Stem Cell Transplant

Clinical Trial, (specify the protocol or SOC Name or Number): \_\_\_\_\_

Observation

Other, please describe \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_