

⁶⁸Ga-DOTATATE PET 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.

Referring Physician Name: _____

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

Physician email: _____

Patient Name: _____
SURNAME FIRST NAME MIDDLE

OHIP Number: _____

Telephone: (_____) _____ **Postal Code:** _____

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

IMPORTANT NOTE FOR PATIENTS TREATED WITH SOMATOSTATIN: *It is recommended that PET be scheduled just prior (e.g. 0-7 days) to the monthly dose of long acting octreotide or if patients are switched to short acting somatostatin, the dose be deferred until after the scan.*

Complete sections A, B, C & D

Section A – NET Demographics

- **NET Grade:** Grade 1 Grade 2 Grade 3 Unknown
- **Ki-67 score:** Low (<6%) Intermediate (6-10%) High (>10%); specify: _____ Unknown
- **Differentiation:** Poorly Differentiated Moderately Differentiated Well Differentiated Unknown
- **Site of Primary (or suspected Primary) Disease:** Small Bowel Pancreas Lung
 Other (specify): _____
- **Metastases:** Suspected Confirmed N/A
- **Operability:** Operable Non-Operable Unknown
- **Classification:** Functional Non-Functional Unknown

Section B – Prior Octreotide Scan

- **Octreotide Scan Performed:** Yes, date of scan: _____ / _____ / _____ No (continue to Section C)
YYYY / MM / DD
- **Overall Octreotide Scan Results:** Positive Negative Equivocal
- **Primary Tumor/ Local recurrence:** Yes No N/A
- **Nodal Metastases:** Yes No Equivocal
- **Distant Metastases:** Yes No Equivocal

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Complete sections A, B, C & D

Patient Name: _____

Section C – Indication (choose only one)

- DIAGNOSIS (NET)** – PET for identification of primary tumour when there is clinical suspicion of Neuroendocrine Tumour (NET), and primary tumour site is unknown or uncertain.
- STAGING (NET)** – PET for the staging of patients upon initial presentation of Neuroendocrine Tumour (NET).
- RE-STAGING (NET)** – PET for the re-staging of patients with Neuroendocrine Tumour (NET).
 When surgery or PRRT is being considered; **OR**
 Where conventional imaging is negative or equivocal at time of clinical and/or biochemical progression
- Please indicate if patient had prior ⁶⁸Ga-DOTATATE PET: **Yes**; date of PET scan: _____ **No**
- *OTHER** – PET as a problem-solving tool in patients with Neuroendocrine Tumour (NET) when confirmation of site of disease and/or disease extent may impact clinical management.

Section D – Select Pre-PET Management Plan (choose from i, ii, and iii)

(If you did not have access to ⁶⁸Ga-DOTATATE PET, your action would be)

- i) Treatment Intent: Curative Palliative Observation
- ii) Treatment Options (select all that apply):
- Biopsy, (indicate site): _____
- Surgery: Curative
 De-bulking
- Liver Directed Therapy: Embolization
 Other, (specify): _____
- Systemic Therapy, (specify type): Somatostatin Analogues
 Chemotherapy
 Targeted Agents (specify): _____
 Other (specify): _____
- Peptide Receptor Radiotherapy)
 Other (specify): _____
- iii) Was this treatment plan presented at a Multi-disciplinary Cancer conference (MCC): Yes No
 • If no, will this treatment plan be presented at an upcoming MCC: Yes No

The following documents should be attached to this requisition:

- Relevant Imaging Studies within the previous 3 months (i.e. CT, US, MR, Other)
(Provide Digital Images to the patient to take with them to the PET Centre, to enable direct comparison to PET)
- Consult Note or Referral Letter (outlining the relevant clinical history)
- Pathology Report

Physician Signature: _____ **Date:** _____

Fax Instructions

Fax the completed request form, (pages 1 and 2), along with the required supporting documentation to:

- Toronto – Princess Margaret Cancer Centre (416) 946-2144