

# PSMA-PET for Recurrent Prostate Cancer (PREP Phase 2)

## Requisition to PET Centre

TO BE COMPLETED BY THE REFERRING PHYSICIAN

### Eligibility for PSMA-PET for patients with recurrent prostate cancer

The following indication is a part of the Ontario PET Registry. Completion of post scan information 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.

#### Patient Demographics:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex:  M  F Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

OHIP Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
vc YYYY-MM-DD

#### Referring Physician Information:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

CPSO: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ ext.: \_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_  
(Optional)

#### Regional Centre the Referring Physician is associated with:

- |  |  |
|--|--|
| <input type="checkbox"/> Toronto Sunnybrook Cancer Centre        | <input type="checkbox"/> London Health Sciences Centre               |
| <input type="checkbox"/> Toronto Princess Margaret Cancer Centre | <input type="checkbox"/> Ottawa Regional Cancer Centre               |
| <input type="checkbox"/> Hamilton St. Joseph's Healthcare        | <input type="checkbox"/> Thunder Bay Regional Health Sciences Centre |

#### Copy PET/CT report to clinician/ physician:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Institution: \_\_\_\_\_

#### Fax Instructions

Fax the following three documents for ALL patients:

- 1) PSMA PET PREP Phase 2 Requisition
- 2) PREP Phase 2 Form A- Eligibility
- 3) PREP Phase 2 Signed Centre-Specific Consent

For Cohort 7 patients, the following documents must also be faxed:

- 4) PREP Phase 2 PET Access Program Request Form
- 5) Supporting documentation

Fax the entire package to the PET Centre for consideration of appointment.

London – St. Joseph's Health Care London	(519) 646-6135
Toronto – Princess Margaret Cancer Centre	(416) 946-2144
Toronto – Sunnybrook Health Sciences Centre	(416) 480-5218
Hamilton – St. Joseph's Healthcare Hamilton	(905) 308-7215
Ottawa – The Ottawa Hospital, General Campus	(613) 737-8752
Thunder Bay – Regional Health Sciences Centre	(807) 684-5907

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

# PREP Phase 2

## FORM A: Eligibility criteria checklist and data collection form

Version 5.2, Mar 2, 2021

Patient OHIP Number: \_\_\_\_\_ Date Form A completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Initials: \_\_\_\_\_ (FML) (dd / mmm / yyyy)

Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd / mmm / yyyy)

### Key Eligibility Criteria (complete A and B)

<b>A) INCLUSION CRITERIA (if all boxes have been ticked 'Yes', the patient is eligible to participate)</b> Please tick all of the following that is applicable or true to the patient	
Q1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Written informed consent obtained
Q2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Male, Age ≥ 18 years
Q3 Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient falls into one of the following pre-defined cohorts ( <b>check one</b> ) <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> High risk disease at the time of RP characterized by node positive disease (pN+) or PSA &gt;0.1 ng/mL within 3 months after surgery</li> <li>2. <input type="checkbox"/> Biochemical failure following radical prostatectomy (<i>most recent PSA must be &gt;0.1 ng/ml</i>)</li> <li>3. <input type="checkbox"/> Biochemical failure post radical prostatectomy + adjuvant or salvage radiotherapy</li> <li>4. <input type="checkbox"/> Biochemical failure while on hormone therapy after primary treatment</li> <li>5. <input type="checkbox"/> Biochemical failure following treatment for disease identified on previous PSMA PET, <b>specify treatment administered for disease:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Surgery, Date: ____/____/____ (dd/mm/yyyy)</li> <li><input type="checkbox"/> Radiation, Start date: ____/____/____ (dd/mm/yyyy)</li> <li><input type="checkbox"/> Androgen deprivation therapy (1<sup>st</sup> or 2<sup>nd</sup> line), Start date: ____/____/____ (dd/mm/yyyy)</li> <li><input type="checkbox"/> Systemic therapy, Start date: ____/____/____ (dd/mm/yyyy)</li> </ul> </li> <li>6. <input type="checkbox"/> Biochemical failure following primary radiotherapy (<i>most recent PSA must be 2ng/ml over nadir per Phoenix Definition</i>)</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>7. <input type="checkbox"/> [18F]DCFPyL PET/CT is being requested as a problem-solving tool where confirmation of site of disease and/or disease extent may impact clinical management over and above the information provided by conventional imaging. Attach a completed PET Access Program Request Form with your submission.</li> </ol>
Q4 Yes <input type="checkbox"/> No <input type="checkbox"/>	Prior primary treatment for prostate cancer with curative intent ( <b>check one</b> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Radical prostatectomy Surgery Date: ____/____/____ (dd/mm/yyyy)</li> <li><input type="checkbox"/> Primary radiotherapy for localized prostate cancer Treatment Completion Date: ____/____/____ (dd/mm/yyyy)</li> </ul> <p><b>OR</b> <input type="checkbox"/> Patient request as part of Cohort 7</p>
Q5 Yes <input type="checkbox"/> No <input type="checkbox"/>	Suspected persistent or recurrent disease defined as one of the following ( <b>check one</b> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> a) High-risk disease at the time of prostatectomy characterized by node positive disease or persistently detectable PSA &gt;0.1 ng/mL within 3 months of surgery.</li> <li><input type="checkbox"/> b) BF with current management defined as rising PSA measured on two occasions at least 1 month apart. <i>*If prior radical prostatectomy, most recent PSA must be &gt;0.1 ng/ml. If prior primary radiotherapy, most recent PSA must be 2ng/ml over nadir (Phoenix Definition).</i></li> </ul> <p><b>OR</b> <input type="checkbox"/> Patient request as part of Cohort 7</p>
Q6 Yes <input type="checkbox"/> No <input type="checkbox"/>	PSA measured within 3 months of enrollment (required for all cohorts). Date: ____/____/____ Value (ng/ml) _____

