PSMA-PET for Prostate Cancer
Requisition to PET Centre
TO BE COMPLETED BY THE REFERRING PHYSICIAN

Eligibility for PSMA-PET for patients with 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.

Referring Physician Name: _____

Physician Phone: (_____)_____-_____ext.:_____ Fax: (_____)_____-_____CPSO No:_____

Institution Referring Physician is associated with:_____

Patient Name:_____
SURNAME FIRST NAME MIDDLE

OHIP Number:_____

Telephone: (_____)_____Postal Code: _____

Date of Birth:_____ Gender: ☐ M ☐ F ☐ Other
YYYY-MM- DD

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 Requisition
2) PREP Phase 3 Form A- Eligibility
3) Supporting documentation (minimum last clinic note, most recent PSA, most recent prostate pathology)

***Where access to PSMA-PET is provided through the PREP Trial, informed consent will be required & will be facilitated by the PET Centre*

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

4) PREP Phase 3 PET Access Program Request Form

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

London – London Health Sciences Centre, Victoria Hospital	(519) 667-6734
Hamilton – St. Joseph's Healthcare Hamilton	(905) 308-7215
Mississauga – KMH Cardiology & Diagnostic Centre	(905) 855-1863
Mississauga – MyHealth Centre	(888) 761-9156
Ottawa – The Ottawa Hospital, General Campus	(613) 737-8752
Sudbury – Health Sciences North	(705) 671-7384
Thunder Bay – Regional Health Sciences Centre	(807) 684-5907
Toronto – Princess Margaret Cancer Centre	(416) 946-2144
Toronto – Sunnybrook Health Sciences Centre	(416) 480-5218
Windsor – Windsor Regional Hospital	(519) 254-4759

Physician Signature: _____ Date: _____

PREP Phase 3

FORM A: Eligibility criteria checklist and data collection form

Version 11, Jun 3, 2024

Patient OHIP Number: _____ Date Form A completed: _____/_____/_____ (dd / mmm / yyyy)

Patient Initials: ____ ____ ____ (FML)

Patient DOB: _____/_____/_____ (dd / mmm / yyyy)

Key Eligibility Criteria (complete A and B)

A) INCLUSION CRITERIA (if all boxes have been ticked 'Yes', the patient is eligible to participate) Please tick all of the following that is applicable or true to the patient	
Q1 Yes ☐ No ☐	Written informed consent obtained
Q2 Yes ☐ No ☐	Age ≥ 18 years
Q3 Yes ☐ No☐	Histologic confirmation of prostate cancer from prostate: Gleason Grade Group: ❑ 1 (3+3) ❑ 2 (3+4) ❑ 3 (4+3) ❑ 4 (4+4) ❑ 5 (5+3/4/5)
Q4 Yes ☐ No ☐	Patient falls into one of the following pre-defined Cohorts **(check one)** 0. ☐ Initial staging of high-risk prostate cancer. Meets at least 1 high risk criteria and plan for radical (curative) therapy High risk criteria: ❑ PSA>20 ❑ Gleason Grade Group ≥4 ❑ Clinical T3 1. ☐ Node positive disease (pN+) or detectable PSA >0.1 ng/mL within 3 months of RP 2. ☐ BF (rising PSA and >0.1ng/ml) following RP 3. ☐ BF (rising PSA and >0.1ng/ml) post RP + adjuvant or salvage XRT 4. ☐ BF (rising PSA and >0.1ng/ml) while on salvage ADT after prior RP (with or without adjuvant or salvage RT) 5. ☐ BF (rising PSA and >0.1ng/ml) after treatment for PSMA PET/CT identified disease 6. ☐ BF (rising PSA and >2ng/ml) following primary XRT 7. ☐ PSMA 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.) 8. ☐ Rising PSA and/or progression on conventional imaging despite prior second line hormone therapy or chemotherapy for castrate resistant prostate cancer BF: biochemical failure RP: Radical prostatectomy; XRT: radiotherapy; ADT: androgen deprivation therapy
Q5 Yes ☐ No ☐	Prior therapy for prostate cancer ☐ Prior primary treatment for prostate cancer with curative intent (check all that apply) ❑ RP (Date: _____/_____/_____ dd/mmm/yyyy) ❑ primary XRT (Date: _____/_____/_____ dd/mmm/yyyy) ❑ adjuvant or salvage XRT (Date: _____/_____/_____ dd/mmm/yyyy) ❑ prior systemic therapies (Date: _____/_____/_____ dd/mmm/yyyy)* ❑ Androgen Deprivation ❑ Abiraterone ❑ ARAT ❑ Chemotherapy *Date that continuous salvage systemic therapy (usually ADT) was first commenced **OR** ☐ Cohort 0 request: Planned treatment pre PSMA PET/CT: ❑ RP ❑ XRT❑ Other _____ **OR**

PREP Phase 3

FORM A: Eligibility criteria checklist and data collection form

Version 11, Jun 3, 2024

Patient OHIP Number: _____ Date Form A completed: _____/_____/_____ (dd / mmm / yyyy)

Patient Initials: ____ ____ ____ (FML)

Patient DOB: _____/_____/_____ (dd / mmm / yyyy)

	☐ Cohort 7 or Cohort 8 request
Q6 Yes ☐ No ☐	PSA measured within 3 months of enrollment (required for all cohorts). Date: _____/_____/_____ (dd/mm/yyyy) Value (ng/ml) _____ Estimated PSA doubling time ❑ <6 months ❑ ≥6 months
Q7 Yes ☐ No ☐	Conventional imaging (CI) with bone scan and CT scan obtained as per protocol (check one) ☐ Cohort 0 – CI optional ☐ Cohort 1-6 - PSA ≤10 ng/mL – CI optional ☐ Cohort 1-6 - PSA >10 ng/mL – 0-4 metastasis on CI completed within 3 months of registration ☐ Cohort 7 - CI completed within 3 months of registration **(Required regardless of PSA value)** ☐ Cohort 8 - CI completed within 3 months of registration – any number of metastases **(Required)** If CI completed, number of metastases demonstrated: ☐ none ☐ 1-4 ☐ >4
Q8 Yes ☐ No ☐	Karnofsky performance status 70 or better (ECOG 0,1).

B) EXCLUSION CRITERIA (if all boxes have been ticked 'No' the patient is eligible to participate) Please tick all of the following that is applicable or true to the patient:	
Q1 Yes ☐ No ☐	Prostate cancer with significant sarcomatoid or spindle cell or neuroendocrine small cell components.
Q2 Yes ☐ No ☐	Prior PSMA PET scan within 6 months of enrollment
Q3 Yes ☐ No ☐	Institution of or change in systemic therapy within 6 weeks prior to PSMA PET/CT request
Q4 Yes ☐ No ☐	Patient cannot lie still for at least 60 minutes or comply with imaging

IF ALL boxes have been ticked 'Yes' for INCLUSION CRITERIA and 'No' for EXCLUSION CRITERIA, the patient is eligible to participate. If one or more boxes have NOT been ticked, the patient is unable to participate.

Person who completed this form (if other than physician): _____

Confirmation of Eligibility:
Upon review of the inclusion / exclusion criteria, I confirm that the patient is eligible for participation in this study.

_____ _____ _____
Physician Name Signature Date

The date of registration is considered the date on which this form is entirely completed and signed by the physician.