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# ONCOLOGY REFERRAL FORM FOR PET SCAN

When is scan required: \_\_\_\_\_

Date of Next Review with specialist: \_\_\_\_\_

## Patient Details

## Patient Contact Details

Surname \_\_\_\_\_

Home Phone Number \_\_\_\_\_

First Name \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email address \_\_\_\_\_

Austin UR \_\_\_\_\_

Alternative Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Suburb \_\_\_\_\_

Gender Male  Female  Claustrophobia Yes  No

Overseas Patient Yes  No

**Inpatient** Yes  No

Diabetes Yes  No

Concession/Pension Card Yes  No

## Clinical Indication – Please indicate by a tick in the appropriate box ♦ See reverse for more detailed description of indications

<input type="checkbox"/> MALIGNANT BRAIN TUMOUR <input type="checkbox"/> HEAD & NECK CANCER <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> METASTATIC SCC in cervical nodes of unknown primary <input type="checkbox"/> OESOPHAGEAL/GASTRO-OESOPHAGEAL JUNCTION <input type="checkbox"/> SOLITARY PULMONARY NODULE <input type="checkbox"/> NON-SMALL CELL LUNG CARCINOMA <input type="checkbox"/> OVARIAN CARCINOMA <input type="checkbox"/> COLORECTAL CARCINOMA <input type="checkbox"/> Staging GEP Neuro Endocrine Tumours with <sup>68</sup> Ga DOTA Peptide <input type="checkbox"/> PROSTATE CANCER - PSMA PET <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <small>*see reverse page for more information</small> <input type="checkbox"/> UNFUNDED (No Medicare Item Number) <small>This will attract a charge, see reverse page for more information</small>	<input type="checkbox"/> HODGKIN'S (HL) or NON-HODGKIN'S LYMPHOMA (NHL) <input type="checkbox"/> Initial staging of Lymphoma <input type="checkbox"/> Restaging following recurrence <input type="checkbox"/> Assessing response to first line therapy during or within 3 months of completing treatment <input type="checkbox"/> Assessing response to second line treatment <input type="checkbox"/> BREAST <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> SARCOMA <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> UTERINE CERVIX <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> MALIGNANT MELANOMA <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> RARE CANCER
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Radiotracer:  FDG  <sup>68</sup>Ga-PSMA  <sup>68</sup>Ga-GATATE/DOTATATE  Other(Specify): \_\_\_\_\_

## Reasons for PET Scan (please provide imaging results at the time of booking)

Primary Site: \_\_\_\_\_

Suspected/Known Metastasis: Yes  No  Where: \_\_\_\_\_

Relevant prior imaging: Yes  No  Modality: \_\_\_\_\_ Where performed: \_\_\_\_\_

Last Chemotherapy/Radiotherapy Treatment: \_\_\_\_\_

**Additional Clinical History** (e.g. recent infections/treatments/surgical findings)

Is the patient on a Clinical Trial: Yes  No

Site ID: \_\_\_\_\_ Patient Trial ID: \_\_\_\_\_

Trial Name/No: \_\_\_\_\_

Is Scan SOC? Yes  No  Visiting Time Point: \_\_\_\_\_

## Specialist Details & Report Distribution (Must be signed by a Consultant at the time of booking)

Referring Specialist \_\_\_\_\_

Provider No. \_\_\_\_\_

Mobile \_\_\_\_\_

Signature \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

Preferred mechanism of electronic transfer of report: HealthLink  Medinexus  Other: \_\_\_\_\_

Additional copy of report to: \_\_\_\_\_

Email address \_\_\_\_\_

Preferred mechanism of electronic transfer of report: HealthLink  Medinexus  Other: \_\_\_\_\_

# ONCOLOGY REFERRAL FORM FOR PET SCAN

## Medicare Schedule

Below is a detailed list of the indications that are on the Medicare Schedule.

Please ensure that one indication box is ticked on the front page of the referral.

There is an out-of-pocket fee payable on the day of the scan, if the indication does not meet the Medicare criteria or when the patient is not eligible for a Medicare card. Please contact the department for the fee payable.

### INDICATIONS

- **Solitary pulmonary nodule**
- Staging of **non-small cell lung cancer (NSCLC)** being considered for surgery or radiotherapy
- Restaging of **colorectal carcinoma** in patients considered for active therapy
- **Brain** – suspected residual or recurrent brain tumour after definitive therapy (or during chemotherapy), in patients who are suitable for further active therapy
- Evaluation of metastatic squamous cell carcinoma to cervical nodes from **unknown primary tumour**
- Initial staging of newly diagnosed or previously untreated **Hodgkin's/Non-Hodgkin's Lymphoma**
- Assess response to first-line therapy either during treatment or within 3 months of completing definitive treatment for **Hodgkin's/Non-Hodgkin's Lymphoma**
- Assess response to second-line chemotherapy when stem cell transplantation is being considered for **Hodgkin's/Non-Hodgkin's Lymphoma**
- Restaging following confirmed recurrence of **Hodgkin's / Non-Hodgkin's Lymphoma**
- Staging of **oesophageal or GEJ carcinoma** in patients being considered for active therapy
- Staging of **head and neck carcinoma**
- Restaging of **head and neck carcinoma**, after definitive treatment considered for active therapy
- Restaging of **ovarian cancer** in patients being considered for active therapy
- Staging of histologically proven carcinoma of the **uterine cervix** (FIGO Stage  $\geq$  IB2) prior to planned radical RT or combined modality therapy with curative intent
- Restaging of local recurrent carcinoma of the **uterine cervix** considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent
- Metastatic or recurrent **malignant melanoma** being considered for active therapy
- Initial staging for biopsy proven bone or soft tissue **sarcoma** (excluding GIST) considered to be potentially curable
- Restaging of **sarcoma** with suspected residual or recurrent disease following definitive therapy, to determine suitability for subsequent therapy with curative intent (excluding GIST)
- Staging of suspected **gastro-entero-pancreatic neuroendocrine tumour**, amenable to surgery, and for purposes of excluding metastases
- Staging of locally advanced (Stage III) **breast cancer** in a patient considered potentially suitable for active therapy
- The evaluation of suspected metastatic or suspected locally or regionally recurrent **breast carcinoma** in a patient considered suitable for active therapy
- Whole body prostate-specific membrane antigen **PSMA PET** study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent. (Applicable once per lifetime)
- Whole body prostate-specific membrane antigen **PSMA PET** study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who: (a) has undergone prior locoregional therapy; and (b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation. (Applicable twice per lifetime)
- Initial staging of eligible **rare cancer** types, for a patient who is considered suitable for active therapy, if:
  - (a) the eligible cancer type is: (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons/year), for example: anal, bladder, HPB/pancreas, mesothelioma, gastrointestinal, gynecological, testicular and unknown primary; and
  - (ii) a typically FDG-avid cancer; and
  - (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient.Applicable once per cancer diagnosis.

Patients are free to take their referral to a diagnostic imaging provider of their choice. Please discuss with your doctor first. Referral forms may be downloaded from <http://www.austin.org.au>

*Prof Andrew Scott MD, FRACP, FAHMS; Prof Christopher Rowe MD, FRACP; Dr Sam Berlangieri FRACP; Associate Prof Sze Ting Lee PhD, FRACP; Dr Aurora Poon FRACP; Dr Andrew Tauro FRACP; Dr Raef Boktor MD, FRACP, DDU; Dr Robin Low FRACP, DDU; Associate Prof Eddie Lau FRANZCR.*