Austin HEALTH
Department of Molecular Imaging and Therapy

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WHOLE BODY PET SCAN REQUEST

When is scan required: _____ Date of Next Review with specialist: _____

Patient Details

Surname _____
First Name _____
Date of Birth _____
Austin UR _____
Address _____
Suburb _____

Gender Male ☐ Female ☐
Inpatient Yes ☐ No ☐

Patient Contact Details

Home Phone Number _____
Mobile Phone Number _____
Email address _____
Alternative Contact person _____
Phone Number _____

Claustrophobia Yes ☐ No ☐
Diabetes Yes ☐ No ☐
Overseas Patient 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

- ☐ **MALIGNANT BRAIN TUMOUR**
- ☐ **HEAD & NECK CANCER** ☐ Staging ☐ Restaging
- ☐ **METASTATIC SCC** in cervical nodes of unknown primary
- ☐ **OESOPHAGEAL/GASTRO-OESOPHAGEAL JUNCTION**
- ☐ **SOLITARY PULMONARY NODULE**
- ☐ **NON-SMALL CELL LUNG CARCINOMA**
- ☐ **OVARIAN CARCINOMA**
- ☐ **COLORECTAL CARCINOMA**
- ☐ **Staging GEP Neuro Endocrine Tumours with ^{68}Ga DOTA Peptide**
- ☐ **PROSTATE CANCER - PSMA PET** ☐ Staging ☐ Restaging
  *see reverse page for more information
- ☐ **UNFUNDED** (No Medicare Item Number)
  This will attract a charge, see reverse page for more information

- ☐ **HODGKIN'S (HL) or NON-HODGKIN'S LYMPHOMA (NHL)**
  - ☐ Initial staging of Lymphoma
  - ☐ Restaging following recurrence
  - ☐ Assessing response to first line therapy during or within 3 months of completing treatment
  - ☐ Assessing response to second line treatment
- ☐ **BREAST** ☐ Staging ☐ Restaging
- ☐ **SARCOMA** ☐ Staging ☐ Restaging
- ☐ **UTERINE CERVIX** ☐ Staging ☐ Restaging
- ☐ **MALIGNANT MELANOMA** ☐ Staging ☐ Restaging
- ☐ **RARE CANCER**
  *see reverse page for more information

Radiotracer: ☐ FDG ☐ ^{68}Ga-PSMA ☐ ^{68}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:

WHOLE BODY MEDICARE INDICATIONS

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 ≥ 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.

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; Dr Reza Garzan FRACP

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