

Patient Demographics:

Patient First Name: _____ Patient Last Name: _____

Sex: M F Province: _____ Postal Code: _____ Phone: (_____) _____ - _____

OHIP Number: _____ Date of Birth: _____

REFERRING PHYSICIAN INFORMATION

Surname _____ First Name: _____ Referring Physician's Stamp: _____

Referring Physician's Signature: _____

Billing #: _____

Tel: _____ Fax: _____

Email (optional): _____

CC 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.

PREP PHASE 3 - FORM A: Eligibility criteria checklist and data collection form

Key Eligibility Criteria - Complete Section A and B

- Section 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 Informed consent obtained **AND** Age ≥18 years

Q2 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)

Q3 Patient falls into one of the following pre-defined Cohorts (**check one**)

0. **Initial Staging.** 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 and/or 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. **When other cohorts do not apply**, and 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 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. Please note that KMH will contact you upon completing the study to fill out a Post MD Scan Form.

*BF: biochemical failure RP: Radical prostatectomy; XRT: radiotherapy; ADT: androgen deprivation therapy

Q4 Yes No Prior primary treatment for prostate cancer with curative intent (**check all that apply for cohort 1-8**)

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

Q5 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

Q6 Conventional imaging (CI) with bone scan and CT scan obtained as per protocol (**check one, which should match Q3**)

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

Q7 Yes No Karnofsky performance status 70 or better (ECOG 0,1)

Section 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 'appropriately' 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.

Note: Please provide the most recent and relevant detailed clinic note(s), imaging report(s) (e.g. CT, MRI, US), and pathology report, if applicable. Please fax completed forms and supporting documentation to KMH.

For **Cohort 7** patients, the following document must also be faxed: PET Access Program Request Form.

Patients fitting **Cohort 8** will require **Post MD Scan Form** to be completed by referring physician. KMH will be reaching out to you upon completion of the PET scan to complete this form and email back to KMH.