BC CANCER
Provincial Health Services Authority

PSMA PET/CT REQUISITION

Molecular Imaging and Therapy – Kelowna
PET Reception: (250) 861-6456
PET Fax: (250) 861-6459

Current Date: _____
Referring Physician: _____
Phone: _____
Fax: _____

Clinical Trial Information (if applicable)
Clinical Trial Name: _____
Contact Person: _____
Phone Number: _____

For Department use only

Scan Date: _____ Time: _____
Indication #: _____ 1 ☐ 2 ☐
Details: _____
Routine: ☐ V-T: ☐ Other: _____
Date: _____ PET Dr. Initial: _____

Patient Information

Important:
Height: _____ Weight: _____ (kg / lb)

Mandatory:
PSA within last 3 months? **Value**: _____ **Date:** _____

Name: _____ Preferred Name: _____
Surname First Middle

Date of Birth: D_____ M_____ Y_____ PHN: _____

Home Address: _____

Home Phone: ( ) _____ Work: ( ) _____ Mobile: ( ) _____

Temporary Address: _____ Temporary Phone: ( ) _____

Family Physician: ( ) _____ Phone: ( ) _____

Patient Mobility: Ambulatory ☐ Wheelchair ☐ Stretcher ☐

Diagnosis/Pertinent History

Indication for PSMA PET/CT Imaging (select one or more criteria below 1 - 6):

☐ **1) Localized prostate cancer considered for definitive therapy when conventional imaging is equivocal for metastatic disease.**

☐ **2) NCCN high to very high risk localized prostate cancer with negative conventional imaging prior to consideration of curative intent therapy.**

☐ **3) Clinically oligometastatic or oligoprogressive disease on prior imaging, being considered for metastases-directed therapy.**

4) Localization of biochemical cancer Recurrent (BCR) or Persistent (BCP) prostate cancer following curative-intent therapy in the following settings*:

a. ☐ Pathologically node positive post RP with a PSA > 0.1 ng/mL at least 6 weeks after RP.
b. ☐ BCP with persistently elevated PSA > 0.1 ng/mL on first post RP PSA between 6 weeks and 3 months after Radical Prostatectomy when Gleason Grade Group (ISUP) 4-5.
c. ☐ BCR with a PSA > 0.2 ng/mL more than 6 weeks post Radical Prostatectomy when either PSA doubling time < 12 months OR Gleason Grade Group (ISUP) 4-5.
d. ☐ BCR with a PSA > 0.4 ng/mL more than 6 weeks post Radical Prostatectomy.
e. ☐ BCR post curative intent radiotherapy +/- adjuvant hormone therapy: i.e. a rise in PSA of ≥ 2 ng/mL above nadir.
f. ☐ BCR (Increase in PSA to ≥ 0.4 ng/mL) after prostatectomy and salvage radiotherapy +/- hormone therapy, where there is intent for further salvage therapy (e.g., SABR/metastases directed therapy).

☐ **5) Castration resistant PC with evidence of biochemical or imaging progression.** Treatment does not need to be discontinued before the PET scan. Progression is defined by any of the following: A minimum PSA of 2.0 ng/mL and 2 consecutive rises above the nadir and castrate levels of testosterone (<1.7 nmol/L), soft tissue disease progression on chest, abdomen, pelvis CT or MR (RECIST v1.1), or bone progression ≥ 2 new lesions on bone scan.

☐ **6) Clinical scenarios not included on this list but deemed appropriate after consensus at an appropriate BC Cancer Tumour Conference which includes expert imaging review. Describe below:**

_____

_____

_____

***Notes**: i) Conventional staging should be considered when appropriate in each setting of criteria 4, if the PSA is very high, but is not a requirement prior to requesting PSMA PET.*

ii) If the initial PSMA PET is negative, and no treatment is pursued, a second PSMA PET should not be requested for at least 6 months after the first scan unless recommended at appropriate BC Cancer Tumour Conference

Essential Information

Does patient require an interpreter? Y ☐ N ☐ **Language:** _____

Does patient have any drug allergies? Y ☐ N ☐ _____

CT scan within 3 months? Y ☐ N ☐ **Date:** _____

MRI scan within 3 months? Y ☐ N ☐ **Date:** _____

Nuclear Med scan within 3 months? Y ☐ N ☐ **Date:** _____

Previous PET or PET/CT scan? Y ☐ N ☐ **Location/date:** _____

Doctor's Signature: _____ **MSP No**: _____

Additional Copies of Report to: _____

BC Cancer – Kelowna
399 Royal Avenue
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www.bccancer.bc.ca