

Institut Kanser Negara
Somatostatin Receptor (SSTR) PET-CT Imaging Request Form
Ga-68 DOTA-peptide (DOTATATE, DOTATOC, DOTANOC)

Please fill up the relevant information with a copy of pathology & relevant imaging reports and fax or email the form to 03-83124377 or petct@nci.gov.my. Appointment will be given once completed form is submitted and vetted. Please call 03-83145501 for confirmation.

Patient's name:		Gender:	Ethnic group:
I/C No:	Date of birth:	Age:	Contact No:
Address:			
City / Town:	Postcode:	State:	

Appointment Date:

(to be filled by PET-CT staff)

Indication: (Please **v** in **one** of the most appropriate box or state clearly)

- Initial staging** after the histologic diagnosis of NET or prior to planned surgery for NET
- Diagnosis or **localization of unknown primary** tumour in patients with clinical and biochemical evidence suggestive of a NET without a prior histologic diagnosis or with known metastatic disease
- Evaluate **suspicious** clinical, laboratory or other equivocal imaging for **recurrence after primary curative resection** and to proceed for restaging in case of recurrence
- Theranosis for SSTR-targeted **PRRT** (including tumours other than NETs²)
 pre-treatment mid-treatment end-of-treatment follow-up
- Other^{1,2} (please state):

1. This scan has no proven value in monitoring somatostatin analogue treatment response as the change in receptor status does not necessarily indicate the treatment efficacy since dedifferentiation with loss of receptors is known to occur in tumour progression.

2. Tumours known to have high expression of SSTRs: a) Gastroenteropancreatic tumours, functioning and non-functioning; b) Sympathoadrenal system tumours; c) Medullary thyroid carcinoma; d) Pituitary adenoma; e) Medulloblastoma; f) Merkel cell carcinoma; g) Small-cell lung cancer (mainly primary tumours); g) Meningioma; h) Tumour-induced osteomalacia (paraneoplastic syndrome).

Clinical Summary:

Requests for Ga-68 DOTA-peptide PET/CT should be accompanied by a concise summary of the patient's history and investigation results as given in the following list:

i	Clinical history and current relevant symptoms
ii	Prior treatment (please provide the date of the procedure) <input type="checkbox"/> Surgery Date of procedure: <input type="checkbox"/> Radiotherapy Description: <input type="checkbox"/> Other: _____
iii	Histopathology findings (morphology, grading, mitotic count, Ki-67 index, synaptophysin etc.)

iv	Serum Chromogranin A (CgA) (please provide all available results and the dates) and 24hr 5-Hydroxyindoleacetic acid (5-HIAA), serum serotonin etc. (if available)
v	Past and current medications, time of commencement & cessation (somatostatin analogues, everolimus, sunitinib, chemotherapy etc.)
vi	Previous imaging findings (CT / MRI / bone scintigraphy / PET-CT & the dates)
vii	<p>Relevant medical history & co-morbidities (including past h/o carcinoid crisis, catecholamine crisis etc.)</p> <p><input type="checkbox"/> Concomitant diseases</p> <p><input type="checkbox"/> Drug allergy</p> <p><input type="checkbox"/> Pregnancy / Breast feeding</p> <p><input type="checkbox"/> Others</p>

Type of appointment required:

- Urgent Routine Early (preferred date): _____

Referring consultant / specialist:

<p>Name:</p> <p>Title:</p> <p>Hospital:</p> <p>Date of referral:</p> <p>Tel. No:</p> <p>Fax No:</p> <p>Email:</p>	<p>Specific request on CD/DVD DICOM scan images: (Please v)</p> <p><input type="checkbox"/> Yes, please pass on the CD/DVD to the patient upon completion of PET-CT procedure.</p> <p><input type="checkbox"/> No, the CD/DVD should only be sent to the hospital along with the study report.</p> <p>Signature & official stamp:</p>
---	---

*Referring doctor may be contacted to clarify request.

Check list:

- Completed form with specialist signature and official stamp
- Contactable phone number (patient and referring doctor)
- Pathology reports
- Imaging (CT, MRI, NM imaging) reports
- Imaging film or CD for patient to bring along during appointment

Patient preparation:

Patient does not need to fast and is allowed to take all their medications before the study.
In case that patient is on long-acting octreotide, this study is best performed just prior to the scheduled monthly dose.

Carcinoid syndrome, when present, may include the following symptoms: flushing (94%), diarrhea (78%), abdominal cramping (50%), valvular heart disease (50%), telangiectasia (25%), wheezing (15%), or edema (19%).

CgA for small intestinal, non-functional pancreatic, pulmonary, high grade GEP-NET, and metastases of unknown origin.

24-hour urine 5HIAA could be considered for small intestinal and pulmonary NET and for all tumors with carcinoid syndrome.

Pancreatic polypeptide is recommended for non-functional pancreatic NET.

Specific markers to assess functionality in patients with syndromes should be guided by the specific symptoms (e.g., urine or plasma 5HIAA for carcinoid syndrome, insulin for hypoglycemia etc).