

PSMA PET-CT Imaging Request Form

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)

- Primary staging in high-risk prostate cancer **prior to** clinical decision-making for **treatment with curative intent** (i.e. radical prostatectomy or external beam radiotherapy)
(High-risk prostate cancer is defined as: $\geq T2c$ or, Gleason ≥ 8 or, PSA ≥ 20 ng/mL or, when bone scintigraphy finding is equivocal)
- Evaluation scan for biochemical recurrence or biochemical persistence in a patient **previously treated with curative intent** (i.e. radical prostatectomy or external beam radiotherapy)
(Biochemical recurrence or biochemical persistence is defined as: patient after radical prostatectomy (having PSA > 0.4 ng/ml) or post radiation therapy (having PSA > 2 ng/ml), with or without ADT (including surgical castration), along with rapid rise of PSA having doubling time of $< 6-9$ months.)
- Theranosis for **PSMA-radioligand therapy**
 - pre-treatment mid-treatment end-of-treatment follow-up
- Targeted biopsy after previous negative biopsy in patient with high suspicion of prostate cancer
- Other (please state):

Other than those stated above, this scan has no proven value in monitoring systemic treatment for metastatic prostate cancer.

Clinical Summary:

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

i	Current relevant symptoms
ii	Prior treatment (e.g. prostatectomy, EBRT, please provide the date of the procedure) <ul style="list-style-type: none"> <input type="checkbox"/> Radical prostatectomy Date of procedure: <input type="checkbox"/> External beam radiotherapy Description: <input type="checkbox"/> Other: _____

iii	Gleason score and HPE
iv	PSA kinetics (please provide all available PSA results and the dates), in particular on information for pre-treatment PSA, PSA nadir, PSA progression, PSA doubling time, PSA response
v	Past and current prostate cancer medications, time of commencement & cessation (e.g. ADT or other androgen receptor (AR)-targeted treatments, recent history of chemotherapy etc.)
vi	Previous imaging findings (CT / MRI / bone scintigraphy / PET-CT & the dates)
vii	Relevant co-morbidities (e.g. h/o allergies to ferosemide or contrast agent, renal failure, other non-prostate malignancies etc.)

Type of appointment required:

- Urgent
 Routine
 Early (preferred date): _____

Referring consultant / specialist:

Name: Title: Hospital: Date of referral: Tel. No: Fax No: Email:	Specific request on CD/DVD DICOM scan images: (Please v) <input type="checkbox"/> Yes, please pass on the CD/DVD to the patient upon completion of PET-CT procedure. <input type="checkbox"/> No, the CD/DVD should only be sent to the hospital along with the study report. Signature & official stamp:
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*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)
- Gleason score and 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, is allowed to take all his medications and should stay well-hydrated before the study.