

PREP Phase 3

PET Access Program Request Form

V2.3, June 20, 2022

Patient OHIP Number: _____

Date Form A completed: ____/____/____
(dd / mmm / yyyy)

Patient Initials: ____ ____ ____ (FML)

Patient DOB: ____/____/____ (dd / mmm / yyyy)

*** Cohort 7 patients only, this completed form is required for cases submitted for consideration of enrollment***

Diagnosis: (please include topography, histology, and stage if known)

Has histology been confirmed? Yes No
If no, reason why histology not confirmed:

PET Scan Indication: (select all that apply)

- Initial Diagnosis
- Staging/Initial treatment planning
- Restaging
- Treatment response assessment
- Detection of Recurrence
- Other, (specify): _____

Provide the following information:

Gleason Score: <8 ≥ 8
PSA: <20ng/mL ≥20ng/mL
Clinical T Stage: < III ≥ III

Is disease localized to prostate? Yes No

Is the patient a candidate for radical therapy?

- No Yes (specify): Radical prostatectomy
 Radiotherapy within the next 3-6 months
 Other (specify) _____

Was this patient discussed at a Multidisciplinary Cancer Conference (MCC)? Yes No

If yes (answer the following two questions):

(and attach a copy of the multidisciplinary case conference discussion supporting the request for a PSMA PET scan)

1. Was there PET expertise in attendance? Yes No

2. Was a PSMA PET scan recommended? Yes No

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What is the clinical question to be answered with PSMA PET?

What will a PSMA PET scan demonstrate that cannot be proven by other means?

How will the PSMA PET scan impact clinical management of the patient?

1. If PSMA PET scan is positive then patient management would be...

2. If PSMA PET scan is negative then patient management would be...

The following documentation must be attached to this application. The review will not take place without this documentation.

- Clinic and/or consult notes outlining the patient's relevant medical and treatment history, including the problem that PET is being asked to address
(usually the most recent 2-3 clinic notes will suffice)

- Complete conventional diagnostic work-up **from the past three months**, including all imaging studies, pathology reports, bloodwork, etc. that are relevant to the application