

Patient Name/RIS Label:

DOB:

For Medicare funded studies please select from the Medicare stipulated indications for PET scans listed below:

68Ga-DOTA Peptide Studies

Neuroendocrine (68Ga-DOTA-Peptide study)

- Gastro-entero-pancreatic Neuroendocrine:** Biochemically suspected gastro-entero-pancreatic NET with –ve or equivocal conventional imaging OR surgically amenable gastro-entero-pancreatic NET identified conventionally but to exclude additional sites of disease.

18FDG Studies

Brain:

- Brain Tumour:** To evaluate suspected residual or recurrent malignant brain tumour based on anatomical imaging, after definitive therapy (or ongoing chemotherapy), in patients suitable for further active Tx.

Breast:

- Breast Staging:** Staging of locally advanced (Stage III) breast Ca, potentially suitable for active therapy.
- Breast Restaging:** Evaluation of suspected metastatic or locally/regionally recurrent breast Ca, suitable for active therapy.

Head & Neck:

- Head and Neck Ca Staging:** Biopsy proven newly diagnosed or recurrent Ca.
- Head and Neck Ca Post Tx:** Evaluation of suspected residual disease considered suitable for further Tx.

Unknown 1^o

- SCC:** Evaluation of metastatic SCC with unknown primary site involving cervical nodes.

Lung:

- Solitary Pulmonary Nodule:** if: (a) the nodule is considered unsuitable for transthoracic fine needle aspiration biopsy; (b) failed attempt at pathological characterisation.

- Non Small Cell Lung Ca:** Staging of proven NSCLC, if curative surgery or radiotherapy is planned.

Lymphoma:

- Hodgkin's or Non-Hodgkin's Lymphoma Staging:** Newly diagnosed or previously untreated Hodgkin's or Non-Hodgkin's Lymphoma.

- Hodgkin's or Non-Hodgkin's Lymphoma Response:** during or after first line Tx (within 3 months of completion, excluding indolent NHL).

- Hodgkin's or Non-Hodgkin's Lymphoma Restaging:** following confirmation of recurrence (excluding indolent NHL).

- Hodgkin's or Non-Hodgkin's Lymphoma Response:** to second line chemotherapy when considering stem cell Tx (excluding Indolent NHL).

Colorectal:

- Colorectal Ca:** Following initial treatment, for the evaluation of suspected residual, metastatic or recurrent disease in a patient considered suitable for active Tx.

Oesophageal:

- Oesophageal or GEJ Ca Staging:** in patients suitable for Tx.

Cervix:

- Uterine Cervix Staging:** Histological proven FIGO stage IB2 or greater, prior to radiotherapy or combine Tx with curative intent.

- Uterine Cervix Recurrence:** Confirmed local recurrence, when considered suitable for salvage chemo/radiotherapy or surgery.

Ovarian:

- Restaging Ovarian Ca:** Post initial Tx ? residual, metastatic or recurrent disease, but suitable for Tx.

Melanoma:

- Melanoma:** ? metastatic disease or recurrence post initial Tx, but suitable for active therapy.

Sarcoma:

- Staging:** Biopsy proven bone or soft tissue sarcoma, excluding GIST, potentially curable.

- Restaging:** Suspected residual or recurrent disease (excluding GIST) after initial Tx, suitable for further Tx.

Other Cancers:

- Staging:** Initial staging of cancer, for a patient who is considered suitable for active therapy, if: (a) the cancer is a typically FDG avid cancer; and (b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient. Applicable once per cancer diagnosis (R).

- Restaging:** Following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is a typically FDG avid cancer (R).

Other Indication:

- Other Tumour/Indication** (Non-Medicare funded – these indications may attract a charge. There is a discount for Pension and Concession card holders) **Please specify indication.**

Monash Health Imaging Use Only

Safety Checklist

Pregnancy Check N/A

Patient states "NOT" pregnant? Confirmed

bHCG Result & Date (if applicable):

ID Check

Correct Patient (Please tick 3 Patient Identifiers before commencing examination)

Full name DOB Address ID Bracelet Ward / Relative identified patient

Correct Procedure (Patient verification & clinical history) Yes No

Technologist:

Your Specialist has recommended you use Monash Health.
You may choose another PET service provider but please discuss this with your Specialist first.