Post-PET *Restaging Cancer* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **restaging of (cancer type). (auto fill cancer type from Pre-PET Form).**

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- **This form must be completed and entered into the NOPR database within 30 days of the PET scan.**

1. Compared to your Pre-PET assessment, your impression of the overall extent of disease is? *(choose one)*
   - ❑ More extensive
   - ❑ No change
   - ❑ Less extensive
2. Did the PET scan show evidence of cancer activity that was not previously documented?
   ❑ Yes ❑ No
   a. If yes, is some type of tissue biopsy planned of the area? ❑ Yes ❑ No
3. Your Post-PET working clinical staging is: (select *only* one)
   - ❑ No evidence of disease / In remission
   - ❑ Low probability of local recurrence (including regional lymph nodes) or metastases
   - ❑ Local recurrence (including regional lymph nodes)
   - ❑ Metastatic disease with single site
   - ❑ Metastatic disease with multiple sites
4. Did the PET scan enable you to avoid more tests or procedures? ❑ Yes ❑ No
5. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must check only one)*
   - ❑ **Observation** (with close follow-up)
   - ❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
   - ❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).
     Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment below.
   - ❑ **Treatment (see additional required responses below)**

     Treatment Goal: *(check one)*
     - ❑ Curative
     - ❑ Palliative

     Type(s): *(check all that apply)*
     - ❑ Surgical
     - ❑ Chemotherapy (including biologic modifiers)
     - ❑ Radiation
     - ❑ Other
     - ❑ Supportive care

     Will treatment be directly provided by you? *(check one)*
     - ❑ Yes
     - ❑ No

6. I have read the Referring Physician Information Statement and:

- ❑ I do give my consent for the inclusion of data collected for this patient in NOPR research.
- ❑ I do NOT give my consent for the inclusion of data collected for this patient in NOPR research.

7. **NAME OF PERSON WHO COMPLETED THE PAPER FORM**

First Name: _____ Last Name: _____ Date _____

PHYSICIAN ATTESTATION OF DATA ACCURACY

By signing below I verify that, to the best of my knowledge, the information on this form is accurate.

Physician Signature: _____ Date _____

Printed Name of Physician: _____

Post-PET *Suspected Cancer Recurrence* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **a suspected recurrence of (cancer type). (auto fill cancer type from Pre-PET Form).**

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- **This form must be completed and entered into the NOPR database within 30 days of the PET scan.**

1. Compared to your Pre-PET assessment, your impression of the overall extent of disease is: *(choose one)*
   - ❑ More extensive
   - ❑ No change
   - ❑ Less extensive
2. Did the PET scan show evidence of cancer activity that was not previously documented?
   - ❑ Yes ❑ No

   If yes, is some type of tissue biopsy planned of the area? ❑ Yes ❑ No
3. Your Post-PET working clinical summary staging is: *(select only one)*
   - ❑ No evidence of disease / In remission
   - ❑ Low probability of local recurrence (including regional lymph nodes) or metastases
   - ❑ Local recurrence (including regional lymph nodes)
   - ❑ Metastatic disease with single site
   - ❑ Metastatic disease with multiple sites
4. Did the PET scan enable you to avoid more tests or procedures? ❑ Yes ❑ No
5. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must check only one)*
   - ❑ **Observation** (with close follow-up)
   - ❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
   - ❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).

     Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment below.
   - ❑ **Treatment (see additional required responses below)**

     Treatment Goal: *(check one)*
     - ❑ Curative
     - ❑ Palliative

     Type(s): *(check all that apply)*
     - ❑ Surgical
     - ❑ Chemotherapy (including biologic modifiers)
     - ❑ Radiation
     - ❑ Other
     - ❑ Supportive care

     Will treatment be directly provided by you? *(check one)*
     - ❑ Yes
     - ❑ No

6. I have read the Referring Physician Information Statement and:

   ❑ I do give my consent for the inclusion of data collected for this patient in NOPR research.

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Physician Signature: _____ Date _____

Printed Name of Physician: _____

PRA Disclosure Statement

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Post-PET *Treatment Monitoring* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **treatment response monitoring of (cancer type) to chemo/radiation/or other therapy** **(auto fill from Pre-PET data form the cancer type and treatment type).**

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- **This form must be completed and entered into the NOPR database within 30 days of the PET scan.**

1. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must check only one)*
   - ❑ **Observation** (with close follow-up)
   - ❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
   - ❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).

     Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment below.
   - ❑ **Treatment (see additional required responses below)**

     Treatment Goal: *(check one)*

     ❑ Curative
     ❑ Palliative

     Type(s): *(check all that apply)*

     ❑ Surgical
     ❑ Chemotherapy (including biologic modifiers)
     ❑ Radiation
     ❑ Other
     ❑ Supportive care

     Will treatment be directly provided by you? *(check one)*

     ❑ Yes
     ❑ No

2. What is your current impression (in light of the PET findings) of your patient's response to currently ongoing therapy? (*check one)*

   ❑ Clearly responding
   ❑ Partial response
   ❑ No response or stable disease
   ❑ Progressive disease

3. Please indicate if and how you will modify your therapeutic plan in light of the PET findings. *(You must check only one)*

   ❑ Continue and complete currently ongoing therapy
   ❑ Modify dose or schedule of currently ongoing therapy
   ❑ Switch to another therapy or add another mode of therapy
   ❑ Stop therapy and switch to supportive care

4. If PET were not available, would you have done some type of alternative assessment at this time?
   ❑ Yes ❑ No
5. Did the PET scan enable you to avoid more tests or procedures?
   ❑ Yes ❑ No
6. In light of the PET results, how has the prognosis for your patient changed? *(check one)*
   ❑ Better ❑ No change ❑ Worse
7. I have read the Referring Physician Information Statement and:

   ❑ I do give my consent for the inclusion of data collected for this patient in NOPR research.

   ❑ I do NOT give my consent for the inclusion of data collected for this patient in NOPR research.

8. **NAME OF PERSON WHO COMPLETED THE PAPER FORM**

First Name: _____ Last Name: _____ Date _____

PHYSICIAN ATTESTATION OF DATA ACCURACY

By signing below I verify that, to the best of my knowledge, the information on this form is accurate.

Physician Signature: _____ Date _____

Printed Name of Physician: _____

Post-PET *Suspected Leukemia* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

You previously indicated that the PET scan was done for assessing ***whether a suspicious lesion is leukemia***.

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

2. Has a tissue biopsy been performed of a suspicious site? ❑ Yes ❑ No

3. Did the PET scan enable you to avoid any tests or procedures? ❑ Yes ❑ No

4. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must check only one)*

❑ **Observation** (with close follow-up)

❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests

❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).
Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.

❑ **Treatment (see additional required responses below)**
Treatment Goal: *(check one)*
- ❑ Curative
- ❑ Palliative

Type(s): *(all that apply)*
- ❑ Surgical
- ❑ Chemotherapy (including biologic modifiers)
- ❑ Radiation
- ❑ Other
- ❑ Supportive care

Will treatment be directly provided by you? *(check one)*
- ❑ Yes
- ❑ No

4. I have read the Referring Physician Information Statement and:

❑ I do give my consent for the inclusion of data collected for this patient in NOPR research.

❑ I do NOT give my consent for the inclusion of data collected for this patient in NOPR research.

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First Name: _____ Last Name: _____ Date: _____

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Physician Signature: _____ Date _____

Printed Name of Physician: _____

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Post-PET *Paraneoplastic Syndrome* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

You previously indicated that the PET scan was done to detect occult leukemia in a patient with a ***suspected paraneoplastic syndrome***. **(auto fill reason from Pre-PET Form)**

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Was leukemia (or another primary cancer site) identified by PET? ❑ Yes ❑ No

2. Was a tissue biopsy or surgical excision performed of a suspected tumor? ❑ Yes ❑ No

3. Did the PET scan enable you to avoid any tests or procedures? ❑ Yes ❑ No

4. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must check only one)*

   ❑ **Observation** (with close follow-up)

   ❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests

   ❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).
   Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.

   ❑ **Treatment (see additional required responses below)**

   Treatment Goal: *(check one)*

   ❑ Curative
   ❑ Palliative

   Type(s): *(check all that apply)*

   ❑ Surgical
   ❑ Chemotherapy (including biologic modifiers)
   ❑ Radiation
   ❑ Other
   ❑ Supportive care

   Will treatment be directly provided by you? *(check one)*

   ❑ Yes
   ❑ No

5. I have read the Referring Physician Information Statement and**:**

   ❑ I Do give my consent for the inclusion of data collected for this patient in NOPR research.

   ❑ I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.

6. NAME OF PERSON WHO COMPLETED THE PAPER FORM:

First Name: _____ Last Name: _____ Date:_____

PHYSICIAN ATTESTATION OF DATA ACCURACY

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Physician Signature: _____ Date _____

Printed Name of Physician: _____

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Post-PET *Initial Staging* Form
National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **initial staging of leukemia**.

- After reviewing the PET report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Compared to your Pre-PET assessment, your impression of the extent of the patient's leukemia is? *(check one)*
   - ❑ More extensive
   - ❑ No change
   - ❑ Less extensive
2. Did the PET scan, show evidence of leukemic involvement that was not previously documented?
   ❑ Yes ❑ No
   a. If yes, is some type of tissue biopsy planned of the area? ❑ Yes ❑ No
3. Are any more tests or imaging or biopsies planned before starting treatment? ❑ Yes ❑ No
4. Did the PET scan enable you to avoid any tests or procedures? ❑ Yes ❑ No
5. Your Post-PET working clinical summary staging is? *(you must check only one)*
   - ❑ No evidence of disease / In remission
   - ❑ Localized disease only
   - ❑ Systemic disease
   - ❑ Unknown or uncertain
6. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? *(you must choose only one)*
   - ❑ **Observation** (with close follow-up)
   - ❑ **Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
   - ❑ **Tissue Biopsy** (surgical, percutaneous, or endoscopic).
     Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.
   - ❑ **Treatment (see additional required responses below)**

     Treatment Goal: *(check one)*
     - ❑ Curative
     - ❑ Palliative

     Type(s): *(check all that apply)*
     - ❑ Surgical
     - ❑ Chemotherapy (including biologic modifiers)
     - ❑ Radiation
     - ❑ Other
     - ❑ Supportive care

     Will treatment be directly provided by you? *(check one)*
     - ❑ Yes
     - ❑ No

7. I have read the Referring Physician Information Statement and:

   ❑ I do give my consent for the inclusion of data collected for this patient in NOPR research.

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