

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).

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- A copy of the PET report is attached for your convenience.
 - After reviewing the 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.
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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 NoIf 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 listed below.
 - Treatment** (if treatment is selected, then also complete the following)
 - 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
 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: _____
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