

Post-PET Unknown Primary Tumor/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 for assessing **a metastatic cancer of unknown primary origin/a suspected paraneoplastic syndrome**. (auto fill reason 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. Was a suspected primary cancer site identified? Yes No
2. Was a tissue biopsy or surgical excision performed of a suspected primary? 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 (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

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: _____