

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: _____

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0968. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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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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 or stable disease
- No response
- 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.
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Post-PET Suspected Cancer 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 cancer.**

-
- 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.
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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 for assessing **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 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 (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.
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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 (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 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 cancer is? (*check 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. 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 only
 - Regional by direct extension or lymph node involvement or both
 - Metastatic (distant) with a single suspected site
 - Metastatic (distant) with multiple suspected sites
 - 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

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

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