

68Ga-PSMA PET/CT REQUEST FORM

PROCAN-I DATABASE

Patient Details (or Label)		
Surname:	Given Name:	MRN:
DOB:	Address:	
Telephone:	Date of Prostate Cancer Diagnosis:	/ /

Requesting Practitioner Details		
Name:	Signature:	Date: / /
Practice Address:		Provider No:
Email Address:		Copies of report to:
Telephone:		

Please fill in all blank cells in EITHER the staging or restaging column AND the reason for PSMA scan column below

REASON FOR PSMA SCAN	
<input type="checkbox"/> Pre-surgery or pre-radiotherapy	<input type="checkbox"/> Evaluation of extent of metastatic cancer
<input type="checkbox"/> Rising PSA post surgery	<input type="checkbox"/> Rising PSA post radiotherapy
<input type="checkbox"/> Other:	

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	Current ADT: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No
	Prior/Current Chemotherapy: <input type="checkbox"/> Yes, Date: / / <input type="checkbox"/> No

Other Comments:

Clinical Urgency: Next Available or Urgent - Before / /

POST ⁶⁸Ga-PSMA PET Management Plan

The managing clinician should document a management plan as if the PSMA PET scan was not available. The plan should outline whether the planned treatment will be single modality or mult-modality, as well as the extent of any planned procedure/s. It will also indicate if the intent of treatment is targeted/localized or systemic.

Q1 Management Plan Intent		
<input type="checkbox"/> Targeted / localised	<input type="checkbox"/> Systemic therapy	<input type="checkbox"/> Surveillance
Q2 Current assessment/ opinion of the patient (based on clinical opinion and results of conventional imaging, e.g. CT scan, bone scan etc)		
<input type="checkbox"/> No evidence of active disease	<input type="checkbox"/> Biochemical recurrence	
<input type="checkbox"/> Disease confined to prostate (/ bed)	<input type="checkbox"/> Oligometastatic (1-3 lesions) disease	
<input type="checkbox"/> Polymetastatic (≥4 lesions) disease		
Q3 Please specify the management plan for this patient. <u>Number</u> in the order to be given. If two treatments are to be given concurrently, use the same number:		
Radiotherapy	Androgen deprivation therapy	Chemotherapy/systemic therapy
Surgery		

	Surveillance (with imaging)	Surveillance (no imaging)
Other (specify)		
Q4 is RADIOTHERAPY planned? <input type="checkbox"/> Yes (<i>complete section below</i>) <input type="checkbox"/> No (<i>go to next question</i>) If YES, what is the proposed radiotherapy plan? (<i>please tick appropriate option</i>) <input type="checkbox"/> SBRT <input type="checkbox"/> Prostate +/- seminal vesicles <input type="checkbox"/> Prostate bed <input type="checkbox"/> Pelvic nodes <input type="checkbox"/> Palliative <input type="checkbox"/> Other (specify)		
Q5 Is ANDROGEN DEPRIVATION THERAPY (ADT) planned (or currently administered)? <input type="checkbox"/> Yes (<i>complete section below</i>) <input type="checkbox"/> No (<i>go to next question</i>) If YES, what is the proposed ADT plan? (<i>please tick appropriate option</i>) <input type="checkbox"/> Continue current ADT <input type="checkbox"/> Commence ADT (specify type) <input type="checkbox"/> Change ADT regimen (specify type) <input type="checkbox"/> Discontinue current ADT		
Q6 Is CHEMOTHERAPY planned (or currently administered)? <input type="checkbox"/> Yes (<i>complete section below</i>) <input type="checkbox"/> No (<i>go to next question</i>) If YES, what is the proposed chemotherapy plan? (<i>please tick appropriate option</i>) <input type="checkbox"/> Continue current chemotherapy <input type="checkbox"/> Commence chemotherapy (specify type) <input type="checkbox"/> Change chemotherapy regimen (specify type) <input type="checkbox"/> Discontinue current chemotherapy		
Q7 Is SURGERY planned?		

Yes (*complete section below*) **No** (*go to next question*)

If YES, what is the proposed surgical plan? (*please tick appropriate option*)

Prostatectomy

Regional node dissection

Distant node dissection

Other (specify)

POST ⁶⁸Ga-PSMA PET Management Plan

PROCAN-I Database

After the PSMA PET scan has been obtained, the findings will be provided to the managing clinician. It is expected that the PET scan will be compared with anatomical imaging during reporting, such that there is clear documentation of the location of all positive sites of disease. Any change to the management plan on the basis of the PET scan will be documented.

Patient Details (or label)		
Surname:	Given name:	DOB: / /
Referring Clinician:	Signature:	Date: / /

1. Will the patients <u>management be changed</u> as a result of the ⁶⁸Ga-PSMA PET scan?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <u>yes</u>, specify the new management plan. <u>Number</u> in the order to be given. If two treatments are to be given concurrently, use the same number:	If <u>no</u>, specify why:
Radiotherapy (focal/targeted)	<input type="checkbox"/> PSMA PET provided no new information to indicate a change in management
Androgen deprivation therapy	<input type="checkbox"/> PSMA PET provided new information indicating that a change in management may be appropriate, however there were other clinical reasons for not changing the planned management
Chemotherapy/systemic therapy	
Surgery	
Further imaging (other than PSMA)	

Biopsy

Surveillance

Palliation

Other (*Specify:*)

PSMA PET provided equivocal findings that could be not

further evaluated at this stage

Other (*specify:*)

2. Clinician's assessment / opinion of the patient following the ⁶⁸Ga-PSMA scan (based on clinical opinion, results of conventional

imaging AND the PSMA scan):

No evidence of active disease

Biochemical recurrence

Disease confined to prostate (/ bed)

Oligometastatic (1-3 lesions) disease

Polymetastatic (≥4 lesions) disease

3. Management Intent (please tick appropriate option)

Targeted / localised

Systemic therapy

Surveillance

4. Is RADIOTHERAPY planned?

Yes (*complete section below*)

No (*go to next question*)

If YES, what radiotherapy plan is now proposed post -PSMA scan? (*please tick appropriate option*)

SBRT

Prostate +/- Seminal vesicles

Prostate bed

Pelvic nodes

Palliative

Other (*specify:*)

If YES, how will the ⁶⁸Ga-PSMA scan change the radiotherapy management plan?

Higher dose

Lower dose

No change

Larger volume

Smaller volume

5. Is ANDROGEN DEPRIVATION THERAPY (ADT) planned (or currently administered)?

Yes (*complete section below*)

No (*go to next question*)

If YES, what ADT plan is now proposed post-PSMA scan? *(please tick appropriate option*

- Continue current ADT Discontinue current ADT
- Commence ADT (*specify type:*)
- Change ADT regimen (*specify type:*)

6. Is CHEMOTHERAPY planned (or currently administered)?

- Yes (*complete section below*) No (*go to next question*)

If YES, what chemotherapy plan is now proposed post-PSMA scan?

- Continue current chemotherapy Discontinue current chemotherapy
- Commence chemotherapy (*specify type:*)
- Change chemotherapy regimen (*specify type:*)

7. Is SURGERY planned?

- Yes (*complete section below*) No (*go to next question*)

If YES, how will the PSMA scan change the surgical plan?

- Prostatectomy Regional node dissection
- Distant node dissection Other (*specify:*)

8. Did the PSMA scan reveal LOCAL disease not previously known about?

- Yes No

If YES, please tick ONE of the following boxes:

- Unequivocally involved. No further investigation required.
- Confirmed by biopsy Confirmed by other imaging, (*specify:*)
- Confirmed by clinical follow-up Confirmed by therapy response
- No further investigation planned due to other imaging or clinical findings

<input type="checkbox"/> CT (body) scan (staging/restaging)	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> CT other sites (<i>specify:</i>)	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> Bone scan (whole body)	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> MRI pelvis	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> MRI other sites (<i>specify:</i>)	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> FDG PET scan	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (<i>specify:</i>)	<input type="checkbox"/> Now required	<input type="checkbox"/> No longer required	<input type="checkbox"/> N/A
		<input type="checkbox"/> No longer required	
		<input type="checkbox"/> No longer required	
		<input type="checkbox"/> No longer required	

12. Will the PSMA scan change your plans for biopsy?

<input type="checkbox"/> Yes - eliminates the need for biopsy	<input type="checkbox"/> No – no biopsy was planned
<input type="checkbox"/> Yes – changes biopsy site (<i>specify:</i>)	<input type="checkbox"/> No – will proceed to planned biopsy
<input type="checkbox"/> Yes – requires additional biopsy/s (<i>specify:</i>)	

13. Compared to your Pre-PSMA assessment, is the disease extent:

<input type="checkbox"/> More extensive	<input type="checkbox"/> Unchanged
<input type="checkbox"/> Less extensive	<input type="checkbox"/> Unsure / equivocal

14. In light of the PSMA PET results, how has the patient’s prognosis changed? :

<input type="checkbox"/> Better	<input type="checkbox"/> Unchanged
<input type="checkbox"/> Worse	<input type="checkbox"/> Unsure / equivocal

15. What would be your preferred imaging modality for the ongoing assessment of this patient? (please NUMBER in order of

preference. Any, or all, boxes may be numbered):

CT: abdo/pelvis

Bone scan

FDG PET/CT

CT: chest/abdo/pelvis

MRI pelvis

Ga68 PSMA PET/CT

**CT: other sites
(specify:)**

**MRI other (specify:
)**

Other (specify:)

Supplemental Table 1: Type of Radiotherapy Planned Pre and Post ⁶⁸Ga-PSMA PET/CT

Planned radiotherapy	PRIMARY STAGING					BF				
	Pre ⁶⁸ Ga-PSMA		Post ⁶⁸ Ga-PSMA		p value	Pre ⁶⁸ Ga-PSMA		Post ⁶⁸ Ga-PSMA		p value
	n=	%	n=	%		n=	%	n=	%	
SBRT	1	2%	2	4%	ns	15	11%	34	25%	p=0.011
Prostate + SV	27	57%	28	60%	ns	4	3%	4	3%	ns
Prostate bed	4	9%	6	13%	ns	98	72%	68	50%	p<0.001
Pelvic nodes	5	11%	6	13%	ns	12	9%	60	44%	p<0.001
Palliative	0	0%	0	0%	ns	0	0%	3	2%	ns
Other	5	11%	5	11%	ns	0	0%	17	13%	P=0.002
not stated / incomplete	5	11%	0	0%	ns	7	5%	0	0%	
Total	47	100%	47	100%		136	100%	186*	100%	

*Note some patients planned for more than 1 type of radiotherapy

Supplemental Table 2: Surgery Management Intent Plan Pre and Post ⁶⁸Ga-PSMA PET/CT

Type of surgery planned	PRIMARY STAGING					BF				
	Pre ⁶⁸ Ga-PSMA		Post ⁶⁸ Ga-PSMA		p value	Pre ⁶⁸ Ga-PSMA		Post ⁶⁸ Ga-PSMA		p value
	n=	%	n=	%		n=	%	n=	%	
Prostatectomy	26	48%	23	43%	ns	0	0%	0	0%	ns
Regional node dissection	1	2%	0	0%	ns	1	50%	8	61%	ns
Prostatectomy + regional node dissection	26	48%	33	61%	ns	0	0%	0	0%	ns
Distant node dissection	0	0%	0	0%	ns	0	0%	0	0%	ns
other	0	0%	0	0%	ns	0	0%	4	31%	ns
not stated / incomplete	1	2%	0	0%		1	50%	1	8%	
Total	54	100%	56	100%		2	100%	13	100%	