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.
   - 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
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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.

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   **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 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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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: ____________________

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

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