

**Post-PET Suspected Cancer Form**  
**National Oncologic PET Registry**

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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.**

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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. Has a tissue biopsy been performed of a suspicious site?  Yes  No
2. Did the PET scan enable you to avoid any tests or procedures?  Yes  No
3. 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

**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.

5. Name of person who completed the paper form:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Post-PET Unknown Primary Tumor/Paraneoplastic Syndrome Form**  
**National Oncologic PET Registry**

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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: \_\_\_\_\_

**Post-PET Initial Staging Form**  
**National Oncologic PET Registry**

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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).

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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 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** (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

- 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.

8. Name of person who completed the paper form:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Post-PET Restaging Cancer Form**  
**National Oncologic PET Registry**

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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).

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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  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*)

**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: \_\_\_\_\_

**Post-PET Suspected Cancer Recurrence Form**  
**National Oncologic PET Registry**

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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  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 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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# Post-PET Treatment Monitoring Form

## National Oncologic PET Registry

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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).

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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.
- 

- 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
- If treatment was selected above, please indicate if and how you will modify your therapeutic plan in light of the PET findings. (*you must check only one*)
  - Adjust the dose or duration of therapy
  - Switch to another therapy
  - No change in therapy
  - Not applicable – “Treatment” was not selected in question #1 above
- If PET were not available, would you have done some type of alternative assessment at this time?
  - Yes  No
- Did the PET scan enable you to avoid more tests or procedures?  Yes  No
- In light of the PET results, how has the prognosis for your patient changed? (*check one*)
  - Better  No change  Worse
- 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.
- Name of person who completed the paper form:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Referring Physician Information Sheet**

The purpose of the National Oncologic PET Registry (NOPR) is to prospectively examine how the use of PET scans impacts the management of patients with suspected or known cancer. This information will be used to develop guidelines for the effective use of PET in a variety of clinical situations and for future requests to the Centers for Medicare and Medicaid Services (CMS) to seek coverage for PET for cancer types and indications that are not covered outside of this registry.

Currently, CMS is providing coverage for PET performed for non-covered cancer types and indications under a new program known as “coverage with evidence development” (CED). As a condition of payment, CMS requires that you provide specific patient information before the PET scan and within 30 days after the PET scan. The information is entered into a secure database maintained by the NOPR and forwarded to CMS for payment determination.

Your participation in the research component is voluntary. You may choose not to participate. If you agree to participate, the NOPR investigators will also use the information you provide for research purposes. Your patient will also be asked to allow his or her information to be used for the same research purposes. Your patient’s data and PET information in the registry will be used for research only if both you and your patient provide consent. However, you or your patient may choose not to allow this information to be used for the research component of the NOPR. If you choose not to participate, your ability to request future PET scans will not be affected.

Whether or not you choose to participate, you will need to complete pre- and post-PET forms which are necessary for payment by CMS. If you choose to participate in the research study, the same information will become part of the research data. The Pre-PET Completion Form, which must be completed before or on the day of the PET scan, will ask you questions related to the reason for requesting the scan, the patient’s known or suspected cancer type and extent, and the intended management plan if PET were not available. The Post-PET Form, which must be completed and returned to the PET facility within 30 days after the PET scan, will ask you questions about the impact of the PET findings on your assessment of the patient’s disease status and your current management plan for the patient.

You and your patient will not directly benefit from participating in the research component at this time. Your participation will help to identify the most effective applications of PET in oncology patients. The information will be used by CMS and other health insurance providers to decide whether to pay for PET scans for a wider range of cancer types or cancer-related indications in the future. We hope that the decision may help patients with cancer in the future.

There are no direct risks or discomfort associated with your participation. However, the completion of the pre- and post-PET forms is a requirement for CMS reimbursement. Completion of the forms should take approximately 3 minutes for each form. Participation in the research component will not require additional time for you and your staff. Your patient will not know your answers and of your participation in the research.

The NOPR has implemented the necessary infrastructure to ensure security of all data submitted on the pre- and post-PET forms. However, we cannot guarantee total privacy. The information will be stored at the American College of Radiology Imaging Network (ACRIN). NOPR investigators will only have access to this information for research purposes, if you consent. All data collected through the NOPR will be made available to CMS for payment purposes regardless of whether consent is given for the research component. The staff at the PET facility where the scan will be performed will not be able to answer any questions concerning this research study. If you have any questions or require any assistance, you can contact the NOPR project manager toll free at 800-227-5463, ext.4859, or [pet\\_registry@phila.acr.org](mailto:pet_registry@phila.acr.org).

If you choose to participate and allow the information collected on the pre- and post-PET forms be used for the research component of the NOPR, please check the appropriate check box to indicate your participation in the NOPR research study on the Post-PET Form.