

# **PET/CT Imaging Request**

**Albury Wodonga Health - Albury Campus** Borella Rd, Albury 2640 **T** 02 6022 5200 **F** 02 6058 8399

Epworth Eastern Hospital Cnr Arnold St & Nelson Rd, Box Hill 3128 T 03 9236 1300 F 03 9236 1399

Frankston Surgical Centre (formally Frankston Private Hospital) 5 Susono Way, Frankston 3199 (24-28 Frankston-Flinders Rd) T 03 9238 8000 F 03 9770 1315 John Fawkner Private Hospital
Lower Ground 275 Moreland Rd,
Coburg 3058
T 03 8378 6100 F 03 8378 6150
Latrobe Regional Hospital
Princes Hwy, Traralgon 3844
T 1800 888 669 F 03 5173 8092
St John of God Specialist Centre
55 Kangan Dr, Berwick 3806
T 03 9709 6500 F 03 9709 6550

Patient Identification Or ID Sticker	PET scan results required by://
Surname:	Patient Information
First name:	Patient status at present OP or IP
Date of Birth: / /	Patient Type
Address:	If IP, where?
Phone No: (h)	
(m)	Diabetic
(w)	• Is patient claustrophobic? Yes or No
PET with Non-Diagnostic CT (attenuation correction)  ○ PET with localised diagnostic CT (please tick region/s) ○ Head ○ Neck ○ Chest ○ Abdo ○ Pelvis ○ Extremity  ○ PET with Whole Body Diagnostic CT (Head, Neck, Chest, Abdo, Pelvis) ○ Other (please specify modality and region e.g Ultrasound pelvis)	
PET Clinical Indication	
FDG DOTATATE PSMA FET Staging Restaging Other	
NaF Other Site of disease Histopath	
Clinical details	
Recent Comparison Imaging (Please attach results)	Recent biopsy/scope (Please attach results)
O CT Date/where:	Biopsy Date/where:
MRI Date/where	Scope Date/where:
Referring Consultant/Specialist	(Must be Specialist Referred for MC Rebate)
Doctor's name:	Provider No:
Phone contact:	Signature: / /
Address for Films & Report:	
Fax (if required):	

### All avid FDG cancers

- O 61612 Whole body FDG PET study for the initial staging of cancer, for a patient who is considered suitable for active therapy, if: (a) the cancer is a typically FDG-avid cancer; and
  - (b) there is at least 10% likelihood that a PET study result will inform a significant change in management for the patient. Applicable once per cancer
- O 61614 Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for active therapy if the cancer is typically FGD-avid cancer (R).

- O 61530 Whole body 68Ga-DOTA-somatostatin receptor agonist PET study for:
  - (a) staging of histologically confirmed neuroendocrine neoplasm (NEN) considered surgically incurable on conventional imaging,
  - (b) evaluation of somatostatin receptor expression of histologically confirmed and inoperable NEN, either locally advanced or metastatic, under consideration for peptide receptor radionuclide therapy (PRRT).
  - (c) evaluation of response to PRRT therapy, or d) evaluation of suspected recurrent or metastatic disease in known somatostatin receptor positive NEN.
- 061528 Whole body PSMA PET study, performed for the assessment of suitability for Lutetium 177 PSMA therapy in a patient with metastatic castrate resistant prostate cancer, after progressive disease has developed while undergoing prior treatment with at least one taxane chemotherapy and at least one androgen receptor signalling inhibitor.

# **PSMA** Prostate Ca

- O 61563 Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.
- 061564 Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior loco regional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation. Patients with a PSA increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels; or rising PSA serum after a radical prostatectomy.

### Alzheimer's Disease

of 1560 Performed for diagnosis if clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal, and the patient has not had this service performed for diagnosis or management in the previous 12months. Applicable not more than 3 times per lifetime.

### **Breast**

- 61524 Whole body 18F-FDG PET study performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
- 061525 Whole body 18F-FDG PET study performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

- O 61620 Initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma.
- 61622 Assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma.
- 61628 Restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma.
- O 61632 Assess response to second-line chemotherapy when stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma.

- O 61538 Evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.
- 61559 Study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.

# Head and neck

- O 61598 Staging of biopsy-proven newly diagnosed or recurrent head and neck cancer.
- O 61604 Evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy.

Metastatic SCC unknown primary O 61610 Evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.

# Lung

- O 61523 Evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.
- 61529 Staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.

### **Upper GIT**

61577 Staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy.

O 61541 Evaluation (following initial therapy) of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.

- 061571 Primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater, prior to planned radical radiation therapy or combined modality therapy with curative intent.
- O 61575 Staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent.
- of 1565 Evaluation (following initial therapy) of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.

of 61553 Evaluation (following initial therapy) of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.

# Sarcoma

- 61640 Initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.
- O 61646 Evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.

# **DOTATATE** Whole body Ga-DOTA-peptide PET study

61647 Staging of a suspected gastro-entero-pancreatic (GEP) neuroendocrine tumour. Assessment of resectability of metastatic GEP neuroendocrine tumour.

### MEDICARE NON-REBATABLE INDICATIONS

· Brain FET-PET for primary or metastatic disease



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