

**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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- 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.
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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

Yes  No **Will treatment be directly provided by you?** (*check one*)

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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- 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.
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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

Yes  No **Will treatment be directly provided by you?** (*check one*)

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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- 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.
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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
    - Yes  No **Will treatment be directly provided by you?** (*check one*)
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: \_\_\_\_\_

**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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- 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.
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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*)
  - 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
  - Yes  No **Will treatment be directly provided by you?** (*check one*)
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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- 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.
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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  NoIf 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

Yes  No **Will treatment be directly provided by you?** *(check one)*
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: \_\_\_\_\_

