



**ACRIN
PET Imaging Pre and Post Treatment
Locally Advanced NSCLC
PET Technical Assessment Form**

If this is a revised or corrected form, indicate by checking box.

ACRIN Study 6668

PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

Instructions: The TA form is to be completed by the Technologist at the RTOG site for each time point specified in the protocol, i.e., question 1 on the form. PET images are to be transmitted as defined in section 10 of the protocol. Please see attached instructions (page 4) for image transfer and data submission address. All time fields must be reported in military format, i.e., 1:00pm = 13:00 hrs. Code all questions unless otherwise specified.

PET TIME-POINT INFORMATION

1. Protocol Imaging time point

- Baseline PET
- Post-treatment PET
- Other treatment timepoint, specify: _____

2. Was PET imaging completed?

- No* (If no, complete 2a and 2b, then sign and date form)
- Yes (proceed to Q3 and continue with form)

2a. *If No, provide reason:

- Scheduling problem
- Equipment failure
- Patient refusal
- Medical reason
- Injection site complications
- Claustrophobia
- Other, specify: _____
- Unknown

2b. If PET imaging not done, specify missed timepoint.

(i.e., baseline or post treatment PET)

3. Date of PET Imaging:

____ - ____ - ____ (mm-dd-yyyy)

4. Date of PET image submission:

____ - ____ - ____ (mm-dd-yyyy)

5. Location of injection site

- Right antecubital
- Right wrist
- Left antecubital
- Left wrist
- Right foot
- Left foot
- Other, specify: _____
- Unknown

PET Data Acquisition and Pre-processing

(Patient's weight /height are measured on the day of imaging, not verbally relayed by the patient)

6. Patient voided immediately pre-imaging?

- No
- Yes

7. Patient voided immediately post-imaging?

- No
- Yes

8. Duration of patient fasting pre-PET imaging

____ hours (recorded up to the time of FDG injection)

9. Blood glucose at start of PET imaging

(record value measured before FDG injection)

____.____ mg/dl

10. Patient weight (measured on day of scan)

____ kg

11. Patient height _____ cm

(measured on the day of scan)

12. Any radiotracer infiltration at injection site noted?

- None
- Minor (estimated to be less than 20% of dose)
- Severe (estimated to be more than 20% of dose)

13. Dose assay _____ mCi

14. Time of dose assay (military time) _____

15. Time of injection (military time) _____

16. Has the scanner used for this study been qualified by ACRIN?

- No
- Yes, provide date: _____ (mm-yyyy)

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

17. Type of scanner used for this exam?

17a. Vendor _____

17b. Model name and/or number

18. Number of bed positions scanned

19. Type of transmission scan used? (check one)

- CT (complete 19a, 19b, and 19c)
- Interleaved transmission (complete 19d)
- Non-interleaved transmission (define below; complete 19d)
 - PET emission first
 - Transmission first

19a. KVP

MAS

Slice thickness (mm)

19b. Oral contrast used?

- No
- Yes (define below)
 - "Positive" contrast agent
 - "Negative" contrast agent

19c. IV contrast used?

- No
- Yes

19d. Minutes duration of transmission scan per bed position

20. Transmission scan processing used

- Segmentation
- CT
- Segmentation and emission subtraction
- Other, specify: _____

21. Emission scan

21a. Minutes duration of emission scan per bed

21b. start time (military time)

21c. finish time (military time)

22. Emission acquisition mode

- 2D
- 3D

23. Pixel size of reconstructed images mm

24. Slice thickness of reconstructed images

mm

25. Date of last scanner calibration:

_____ - _____ - _____ (mm-dd-yyyy)

26. Daily scanner QC run on date of study? (check one)

- No
- Yes



Revision

ACRIN Study 6668
PLACE LABEL HERE

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

F-18-FDG Procurement

27. F-18-FDG Source

- Synthesized
- Purchased

If synthesized*, complete Q28a-c, if F-18-FDG is purchased**, complete 29.

28. *If F-18-FDG is synthesized, provide the following:

28a. Method: _____

28b. Pyrogen test result

- Passed
- Failed
- Not done

28c. Radiochemical purity test result: %
 Not done

29. **If F-18-FDG is purchased, provide the name of the pharmacy licensed to provide F-18-FDG

COMMENTS: _____

Signature of person responsible for the data¹

_____-_____-_____
Date form completed ³ (mm-dd-yyyy)

Signature of person entering data onto the web²

Institution _____ Institution No. _____

Participant Initials _____ Case No. _____

Image transmission via internet:**1. FTP Transfer**

Digitally generated image files in DICOM v3.0 and scanned film diagnostic images can be transmitted to the ACRIN Image Management Center (IMC) via FTP directly to the image archive. For the PET imaging, processes are in place to collect the vendor specific image files. For further assistance in utilizing the electronic image submission option or for questions regarding image transfer, contact Rex Welsh (rwelsh@phila.acr.org; 215-574-3215) or Anthony Levering (alevering@phila.acr.org; 215-574-3244).

2. Removal of Confidential Participant Information

If DICOM is being used, please note that the header record on DICOM formatted image data, which often contains information identifying the participant by name, MUST be scrubbed before the image is transferred. This involves replacing the Participant Name tag with the ACRIN Institution ID or number, replacing Participant ID stage with the ACRIN case number, and putting the study number into the Other Participant ID tag. This can be performed using a customized software program or using a program available from ACRIN. Contact Rex Welsh (rwelsh@phila.acr.org) or Anthony Levering (alevering@phila.acr.org).

3. PET Data Submission Instructions

<http://www.acrin.org/petcorelab.html>

4. CD Transfer

In the event that either DICOM capability or transfer of scrubbed image headers are not available, images may also be sent on a CD or other electronic medium for the ACRIN IMC to transfer to the image archive. Please contact ACRIN prior to sending the media to confirm compatibility, particularly before your first case (rwelsh@phila.acr.org).

5. Plain Film Images

Plain film images for the PET scans are not acceptable for this study. Plain film images for submission of other images (CT scans, radiotherapy simulation films, and port films) are acceptable.