

**T2**

**ACRIN 6678**  
**FDG - PET/CT Tumor Response**  
**PET/CT Local Technical**  
**Assessment Form**  
**Visit A2 and B1 - Pre-Chemotherapy and**  
**Visit C2 Pre-Treatment**

If this is a revised or corrected form, please  box.

ACRIN Study 6678  
**PLACE LABEL HERE**

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_  
 Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

**Instructions:** This form is to be completed, by the Radiologist or Technologist, for the protocol-specified PET scan performed at this timepoint. All images are to be transmitted to ACRIN as detailed in the study protocol. All times must be reported in military format (i.e., 2:45pm = 1445 hours).

**Part I: Exam Data**

1. **Protocol time point** <sup>[1]</sup>
  - Visit A2/C2 and B1 (Groups A and B within 1-7 days before the start of Chemotherapy Cycle 1; Group C pre-treatment)
2. **Was PET imaging completed?** <sup>[2]</sup>
  - No\* (complete Q2a, then sign and date form)
  - Yes (proceed to Q3 and continue with form)

2a. \*If No, provide reason: <sup>[3]</sup>

  - Scheduling problem
  - Equipment failure
  - Participant refusal
  - Medical reason
  - Injection site complications
  - Claustrophobia
  - Blood glucose level (per protocol specifications)
  - Participant withdrew consent
  - Progressive disease
  - Participant death
  - Other, specify: \_\_\_\_\_ <sup>[4]</sup>
  - Unknown
3. **Date of PET imaging:** <sup>[5]</sup>  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm-dd-yyyy)
4. **Duration of participant fasting pre-PET imaging:** <sup>[6]</sup>  
 \_\_\_\_\_ hours (up to time of FDG injection; if unknown record 99)
5. **Blood glucose at start of PET imaging** <sup>[7]</sup>  
 (record value measured before FDG injection)  
 \_\_\_\_\_ mg/dl
6. **Participant weight** (measured on day of scan) <sup>[8]</sup>  
 \_\_\_\_\_ kg

**VISIT: A2/C2 AND B1**

7. **Participant height** \_\_\_\_\_ cm <sup>[9]</sup>  
 (measured on the day of scan)
8. **Full activity in syringe before injection**  
 \_\_\_\_\_ mCi <sup>[51]</sup>
- 8a. **Residual activity in syringe after injection**  
 \_\_\_\_\_ mCi <sup>[52]</sup>
9. **Time of dose assay (military time)** \_\_\_\_\_ <sup>[11]</sup>
10. **Time of injection (military time)** \_\_\_\_\_ <sup>[12]</sup>
11. **Location of injection site** <sup>[13]</sup>
  - Right antecubital
  - Right wrist
  - Left antecubital
  - Left wrist
  - Right foot
  - Left foot
  - Other, specify: \_\_\_\_\_ <sup>[14]</sup>
  - Unknown
12. **Any radiotracer infiltration at injection site noted?** <sup>[15]</sup>
  - None
  - Minor (estimated to be less than 20% of dose)
  - Severe (estimated to be more than 20% of dose)
13. **Participant voided immediately pre-imaging?** <sup>[16]</sup>
  - No
  - Yes
  - Unknown
14. **Participant voided immediately post-imaging?** <sup>[17]</sup>
  - No
  - Yes
  - Unknown

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**Part II: Image Acquisition****Transmission Scan**

15. Type of transmission scan (check one) <sup>[18]</sup>
- CT (complete Q16 thru 19, then skip to Q21)
  - Interleaved (go to Q20)
  - Non-interleaved, PET emission first (go to Q20)
  - Non-interleaved, transmission first (go to Q20)

**16. CT transmission scan:**

16a. Was Oral contrast used? <sup>[19]</sup>

- No
- Yes, define below <sup>[20]</sup>
  - Positive contrast
  - Negative contrast

16b. Was IV contrast used? <sup>[21]</sup>

- No
- Yes

17. kVp     <sup>[22]</sup>

18. mAs     <sup>[23]</sup>

19. Slice Thickness   .    mm <sup>[24]</sup>

20. Minutes duration of transmission scan per  
 bed position?    minutes <sup>[25]</sup>

21. Transmission scan processing used: <sup>[26]</sup>

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

\_\_\_\_\_ <sup>[27]</sup>

**VISIT: A2/C2 AND B1****PET Emission Scan**

22. Emission start time:      <sup>[28]</sup>  
 (military format)

23. Emission stop time:      <sup>[29]</sup>  
 (military format)

24.    Number of bed positions scanned <sup>[30]</sup>

25. Emission acquisition mode <sup>[31]</sup>

- 2D
- 3D

26. Pixel Size of Reconstruction image   .    mm <sup>[32]</sup>

27. Thickness of Reconstructed images   .    mm <sup>[33]</sup>

**Part III: Scanner / F-18-FDG Procurement**

28. PET or PET/CT Scanner used for this exam:

Vendor \_\_\_\_\_ <sup>[34]</sup>

Model name and/or number \_\_\_\_\_ <sup>[35]</sup>

29. Date of last PET scanner calibration:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (mm-dd-yyyy) <sup>[36]</sup>

30. Daily scanner QC run on date of study? (check one) <sup>[37]</sup>

- No
- Yes

31. Has the scanner used for this study been qualified  
 by ACRIN? <sup>[49]</sup>

- No
- Yes, provide date:

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**VISIT: A2/C2 AND B1****32. F-18-FDG Source** <sup>[38]</sup>

- Synthesized (If synthesized, complete Q32a, b, and c)
- Purchased (If purchased, complete Q33)

**32a. Method:** \_\_\_\_\_ <sup>[39]</sup>

**32b. Pyrogen test result** <sup>[40]</sup>

- Passed
- Failed
- Not done

**32c. Radiochemical purity test result:** <sup>[41]</sup>

\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_. %

**33. Purchased: name of licensed pharmacy providing F-18-FDG:**

\_\_\_\_\_ <sup>[42]</sup>

**34. Are there any adverse events related to imaging to report for this timepoint?** <sup>[43]</sup>

- No (Sign and date form)
- Yes (Complete Q34a and submit adverse event reporting form (AE))

**34a. Does this event meet the criteria of a serious adverse event?** <sup>[44]</sup>

- No
- Yes

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ <sup>[45]</sup>

\_\_\_\_\_  
 Signature of person responsible for the data <sup>[46]</sup>

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Date form completed (mm-dd-yyyy) <sup>[47]</sup>

\_\_\_\_\_  
 Signature of person entering data onto the web <sup>[48]</sup>