

T4

ACRIN 6678
FDG - PET/CT Tumor Response
PET/CT Local Technical
Assessment Form
Visit B3 - Post-Chemotherapy Cycle 2
(Within 3 days before Cycle 3)

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

VISIT: B3

1. Protocol time point ^[1]

- Post-chemotherapy Cycle 2
 (Group B, within 3 days before Cycle 3)

2. Was PET imaging completed? ^[2]

- No* (complete Q2a, then sign and date form)
 Yes (proceed to Q3 and continue with form)

2a. *If No, provide reason: ^[3]

- 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:

- Unknown ^[4]

3. Date of PET imaging: ^[5]

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

4. Duration of participant fasting pre-PET imaging: ^[6]

____ hours (up to time of FDG injection;
 if unknown record 99)

5. Blood glucose at start of PET imaging ^[7]

(record value measured before FDG injection)

____.____ mg/dl

6. Participant weight (measured on day of scan) ^[8]

____.____ kg

7. Participant height _____ cm ^[9]

(measured on the day of scan)

8. Dose assay _____ mCi ^[10]

9. Time of dose assay (military time) _____ ^[11]

10. Time of injection (military time) _____ ^[12]

11. Location of injection site ^[13]

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

- Unknown ^[14]

12. Any radiotracer infiltration at injection site noted? ^[15]

- 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? ^[16]

- No
 Yes
 Unknown

14. Participant voided immediately post-imaging? ^[17]

- No
 Yes
 Unknown

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Part II: Image Acquisition**Transmission Scan**

15. **Type of transmission scan** (*check one*)^[18]
- 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?**^[19]

- No
- Yes, define below^[20]
 - Positive contrast
 - Negative contrast

16b. Was IV contrast used?^[21]

- No
- Yes

17. kVp _____^[22]18. mAs _____^[23]19. Slice Thickness _____ . _____ mm^[24]20. Minutes duration of transmission scan per bed position? _____ minutes^[25]**21. Transmission scan processing used:**^[26]

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

_____^[27]**VISIT: B3****PET Emission Scan**22. Emission start time: _____^[28]
(military format)23. Emission stop time: _____^[29]
(military format)24. _____ Number of bed positions scanned^[30]25. Emission acquisition mode^[31]

- 2D
- 3D

26. Pixel Size of Reconstruction image _____ . _____ mm^[32]27. Thickness of Reconstructed images _____ . _____ mm^[33]**Part III: Scanner / F-18-FDG Procurement****28. PET or PET/CT Scanner used for this exam:**Vendor _____^[34]Model name and/or number _____^[35]**29. Date of last PET scanner calibration:**_____ - _____ - _____ (mm-dd-yyyy)^[36]**30. Daily scanner QC run on date of study?** (*check one*)^[37]

- No
- Yes

31. Has the scanner used for this study been qualified by ACRIN?^[49]

- No
- Yes, provide date:

_____ - _____ (mm-yyyy)^[50]

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32. F-18-FDG Source [38]

- Synthesized (If synthesized, complete Q31a, b, and c)
- Purchased (If purchased, complete Q32)

VISIT: B3

32a. Method: _____ [39]

32b. Pyrogen test result [40]

- Passed
- Failed
- Not done

32c. Radiochemical purity test result: [41]

_____._____%

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

_____ [42]

34. Are there any adverse events related to imaging to report for this timepoint? [43]

- No (Sign and date form)
- Yes (Complete Q33a and submit adverse event reporting form (AE))

34a. Does this event meet the criteria of a serious adverse event? [44]

- No
- Yes

COMMENTS: _____

_____ [45]

Signature of person responsible for the data [46]

_____-_____-_____
Date form completed (mm-dd-yyyy) [47]

Signature of person entering data onto the web [48]