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PRRT Therapy Referral Form

Canopy Imaging Molecular Imaging & Therapy Centre
4 Murray Place, Camberley, Hastings 4120
P 06 873 1166 E hawkesbay@canopyimaging.co.nz
See our Privacy Policy

Patients name

Address

Phone no.

E-mail

DOB NHI ACC

Insurance ◯ Yes ◯ No Provider

Referring Practitioner

Name NZNM provider #

Phone no. Date

Please send all therapy related correspondence to:

Signature

Diagnosis

NET Primary Site:

◯ Pancreas ◯ Small intestine ◯ Other

Ki67 (highest sample)

ECOG Performance status

Functional tumour: ◯ Yes ◯ No Family history: ◯ Yes ◯ No

Chromogranin A Date

24 hr Urine 5HIAA Date

Other tumour marker Date

Current tumour related symptoms:

Diarrhoea ◯ Yes ◯ No Frequency

Flushing ◯ Yes ◯ No Frequency

Other

Reason for Referral:

◯ Radiological progression ◯ Biochemical progression

◯ Uncontrolled symptoms (despite medical management) ◯ Other

Allergies

Other medical history

Current medications and dosages

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Octreotide injection dose and interval — Dose

Date of last octreotide LAR

Latest imaging — Gatate PET-CT Date

FDG PET-CT Date

Other imaging ◯ Yes ◯ No — Details

Kindly attach:

◯ Recent Blood Results (FBC, U&E, LFT, Chromogranin A, 5HIAA, other tumour markers)
◯ Most recent clinical letter (past and current medical history)
◯ Most recent echocardiogram report (where available)

Eligibility criteria for PRRT Therapy

PRRT will be administered following assessment of suitability by a Nuclear Medicine Specialist and managed in close collaboration with the patient's medical oncologist. The following criteria should be met in order to be suitable for PRRT.

Inclusion criteria

1. PRRT recommended by the National NET MDM
2. Inoperable locally advanced or unresectable metastatic NET
3. Significant tumour SSTR expression on PET-CT (Krenning score 3-4, i.e. >liver uptake)
4. No evidence of macroscopic, SSRT-negative, areas of discordant FDG avid disease
5. Phaeochromocytoma / paraganglioma / neuroblastoma: has failed or unsuitable for I-131 MIBG
6. If previously treated with PRRT: evidence of therapeutic benefit (symptoms or oncologic control)
7. No evidence of clinically significant carcinoid heart disease (symptomatic right heart failure, moderate – severe tricuspid / pulmonary regurgitation stenosis)
8. ECOG performance status > 2
9. Expected survival > 6 months
10. Adequate haematological, renal and hepatic functions as defined by:
    - Platelet count > 50 x 1009 /L
    - Haemoglobin ≥ 80 g/L (transfusion permissible)
    - Albumin ≥ 25 g/L (unless long-standing owning to chronic condition)
    - eGFR ≥ 40ml/min