

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

Patients name							
Address							
			Phone no.				
E-mail							
DOB	NHI		ACC				
Insurance	○ Yes	○No	Provider				
Referring Practition	ner						
Name			NZNM provider #				
Phone no.			Date				
Please send all therapy related correspondence to:							
Signature							
Diagnosis							
NET Primary Site: O 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 marke	er			Date			
Current tumour rela	ted symp	toms:					
Diarrhoea	○Yes	○No	Frequency				
Flushing	○ Yes	○No	Frequency				
Other							
Reason for Referral: Radiological progression Uncontrolled symptoms (despite medical management)			Other				
Allergies							
Other medical history							
Current medications and dosages							



Octreotide injection dose and interval

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			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 clinicoMost recent echoo	-1		rent medical history) nere 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