

**Department of Nuclear Medicine, St. Vincent's University Hospital**

**National Peptide Receptor Radionuclide Therapy (PRRT) Tumour Conference  
Referral Form for the treatment of unresectable or metastatic, progressive, well differentiated  
(G1 and G2), somatostatin receptor positive- gastroenteropancreatic neuroendocrine tumours  
(GEP- NETs) in adults**

**PATIENT DETAILS**

Surname: First Name:

Date of Birth: Sex:

Address: Tel. No.:

MRN:

Email Address:

**CLINICAL INFORMATION**

Referring Consultant: Referral Hospital:

Referring Consultant Contact No.:

Referring Consultant Email address:

NET Tumour Conference<sup>1</sup> presentation [ Y / N ]    CUH / MUHC     SVUH     UHG

Date of Tumour Conference:

Conclusion: .....

NET history:  
.....  
.....

Primary site of disease:

Histology: Grade:

Sites of metastatic disease:

Previous Surgery (>12 weeks): Date:

Previous Chemotherapy or targeted therapy (>12 weeks): Date:

Previous Radiotherapy (>12 weeks): Date:

Previous TACE or Radioembolisation (>12 weeks): Date:

<sup>1</sup> Patients must be discussed at regional NETS tumour conferences prior to referral to PRRT.

Previous PRRT:

Date:

Cumulated dose:

Does the patient have symptoms related to a neuro-hormonal syndrome or prior history of neuro-hormonal syndrome? [ Y / N ]

Is there a history of carcinoid heart disease? [ Y / N ] If YES, please include NYHA class:

Medications:

- SSA (name and dose):

Date of last SSA injection:

SSA interval (weeks):

- Other medications: .....

.....

ECOG score:  0  1  2

**DIAGNOSTIC IMAGING**

<sup>68</sup>Ga-DOTATOC PET/CT (within the last 6 months) Date: \_\_ / \_\_ / \_\_\_\_ Significant Uptake: [ Y / N ]  
(Known Tumour site uptake > Liver)

Date of most recent anatomic staging: Date: \_\_ / \_\_ / \_\_\_\_ Confirmed progression: [ Y / N ]

**BLOODS**

FBC: Date: \_\_\_\_\_ U+E: Date: \_\_\_\_\_ LFT: Date: \_\_\_\_\_

Hb: \_\_\_\_\_ (>8g/dl) GFR: \_\_\_\_\_ (>40 ml/min) Bilirubin: \_\_\_\_\_ (<63µmol/L)

WCC: \_\_\_\_\_ (>2x10<sup>9</sup>/l) Creatinine: \_\_\_\_\_ (<150 µmol/L) ALP: \_\_\_\_\_ (<130IU/L)

Neutrophils: \_\_\_\_\_ (>1x10<sup>9</sup>/l) ALT: \_\_\_\_\_ (<50IU/L)

Platelets: \_\_\_\_\_ (>75x10<sup>9</sup>/l) GGT: \_\_\_\_\_ (<73IU/L)

Albumin: \_\_\_\_\_ (>35g/l)

Consultant Signature: \_\_\_\_\_

MCRN: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**THIS SECTION TO BE COMPLETED AFTER DISCUSSION AT PRRT Tumour  
Conference**

PRRT Tumour Conference date:

OUTCOME:

**NET CLINICIAN'S CHECK LIST FOLLOWING Tumour Conference DISCUSSION**

Has procedure been explained to patient? [ Y / N ]

Has the patient been given the information leaflet? [ Y / N ]

Is the patient pregnant? [ Y / N ]

Pregnancy Test? [ Y / N ]

LMP: \_\_\_ / \_\_\_ / \_\_\_

Has the patient (both male and female) been advised to avoid pregnancy? [ Y / N ]

Form of Birth Control (please note that this applies to both male and female patients):

Is the patient breastfeeding? [ Y / N ]

Is the patient self-sufficient? [ Y / N ]

Is the patient continent? [ Y / N ]

Does the patient have a stoma bag? [ Y / N ]

Consultant Signature: \_\_\_\_\_

MCRN: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_