T2

ACRIN 6695

Perfusion Imaging as a Cancer Biomarker (GOG-0262)
T2 CT/ Perfusion Imaging *8-10 Days into Cycle 2*

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

ACRIN Study 6695
PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Part I. Imaging Visit Details *Completed by Research Nurse/ ACRIN RA*

1. Date of Visit: _____-_____-_____ *mm-dd-yyyy* [1]

2. Was imaging initiated? [2]

O **No,** *check reason, then initial and date form* [3]
- O **Scheduling problem**
- O **Participant death**
- O **Equipment failure**
- O **Participant refusal**
- O **Medical reason**
- O **Injection site complications**
- O **Claustrophobia**
- O **Adverse event**
- O **Participant withdrew consent**
- O **Other, specify:** _____ [4]

O **Yes**

3. Weight: [5] _____ O **kg** [6] O lb

4. Height: [7] _____ O **cm** [8] O in

5. Has the scanner used for this study been qualified by ACRIN? [9]
O **No** — **If no, provide reason** _____ [10]
O **Yes**

Part II. Preparation Step *Completed by the Technologist*

6. Target lesion as identified in prior (T0) scan:

Non-enhanced CT eligibility scan
Series #_____ [90] **Image #**_____ [91] ***to*** **Series #**_____ [92] **Image #**_____ [93]
Perfusion CT scan
Series #_____ [94] **Image #**_____ [95] ***to*** **Series #**_____ [96] **Image #**_____ [97]

7. Target lesion as identified in prior (T1) scan:

Targeted Localization Scan
Series #_____ [98] **Image #**_____ [99] ***to*** **Series #**_____ [100] **Image #**_____ [101]
Perfusion CT scan
Series #_____ [102] **Image #**_____ [103] ***to*** **Series #**_____ [104] **Image #**_____ [105]

Part III. Perfusion CT Scan *Completed by the Technologist*

8. Was a targeted localization done? [33]
NOTE: Perform localization at 1/3 of dose

O **No**

O **Yes,** *provide details:*
- **a. Helical Scan?** [34] O **No** O **Yes**
- **b. Scan must be done with free breathing, please confirm:** [35] O **Not confirmed** O **Confirmed**
- **c. Dose-Length Product:** [36] _____ O **mGy-cm** [37]
- **d. $CTDI_{vol}$:** [38] _____ O **mGy** [39]
- **e. Series #**_____ [40] **Image #**_____ [41] ***to*** **Series #**_____ [42] **Image #**_____ [43]

9. Was IV contrast administered? [44]

O **No**

O **Yes,** *provide details:*
- **a. Brand Name:** _____ [45]
- **b. Concentration:** [46] O **300** O **320** O **350** O **370** O **Other,**_____ [47]
- **c. Location of Injection:** [48] O **antecubital vein** O **Other, specify;**_____ [49]
- **d. Dose given:** _____ [50] O **mL** [51] O **other,**_____ [52]
- **e. Rate of injection:** _____ [53] O **mL/sec** [54] O **other,**_____ [55]
- **f. Time given:** ___ ___ : ___ ___ *hh:mm* [56]

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10. Was the CT perfusion scan performed? [57]

O **No**

O **Yes,** *provide details:*

a. Series #_____ [58] **Image #**_____ [59] ***to*** **Series #**_____ [60] **Image #**_____ [61]

b. Scan performed per 6695 protocol: [62] O **No** O **Yes**

c. Dose-Length Product: _____ [63] O **mGy-cm** [64]

d. CTDI$_{vol}$: [65] _____ O **mGy** [66]

Part IV. Contrast-Enhanced RECIST scan *Completed by the Technologist*

11. Was a RECIST scan performed as part of this imaging? [67]

RECIST scan should be done per standard site protocol, EXCEPT contrast dose must be reduced by the amount already given to the participant for the CT perfusion (Q8d)

O **No**

O **Yes,** *provide details:*

a. Contrast Dose given: [68] _____ O **mL** [69]
O **other,**_____ [70]

b. Rate of injection: [71] _____ O **mL/sec** [72]
O **other,**_____ [73]

c. Time given: [74] ___ ___ : ___ ___ *hh:mm*

d. Helical Scan? [75] O **No** O **Yes**

e. Scan must be done with breath hold, please confirm: [76]
O **Not confirmed** O **Confirmed**

f. Dose-Length Product: [77] _____ O **mGy-cm** [78]

g. CTDI$_{vol}$: [79] _____ O **mGy** [80]

Part V. Exam Radiation Dose and AE Assessment *Completed by the Technologist*

12. Total dose-length product for entire exam: [81] _____ O **mGy-cm** [82]

13. Total CTDI$_{vol}$ for entire exam: [83] _____ O **mGy** [84]

14. Did the participant experience any adverse events during imaging? [85]

O **No**

O **Yes**

_____ [86]
Initials of Technologist

_____ [87]
Initials of Radiologist

_____ [88]
Initials of Research Nurse/ ACRIN RA

_____ - _____ - _____ [89]
Date Form Completed

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