T0

ACRIN 6695

Perfusion Imaging as a Cancer Biomarker (GOG-0262)
Baseline Eligibility CT/Perfusion Imaging

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** O lb [6]

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

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

6. Was a prior RECIST scan done? [11]
O **No,** *Note: It is recommended the pt has RECIST following CT perfusion*
O **Yes**

Part II. Nonenhanced CT Scan *Completed by the Technologist*

7. Was oral contrast administered? [12]

O **No**

O **Yes,** *provide details:*
- **Type:** [13] O **Positive** O **Negative**
- **Contrast Brand:** _____ [14]
- **Amount:** _____ [15] O mg/mL [16] O other, ____ [17]
- **Time given:** ___ ___ : ___ ___ *hh:mm* [18]

8. Was the non-enhanced CT Scan performed? [19]

O **No**

O **Yes,** *provide details:*
- **a. Helical Scan?** [20] O **No** O **Yes**
- **b. Scan must be done with free breathing, please confirm:** [21] O **Not confirmed** O **Confirmed**
- **c. Dose-Length Product:** [22] _____ O **mGy-cm** [23]
- **d. $CTDI_{vol}$:** [24] _____ O **mGy** [25]

Part III. Eligibility Assessment *Must be Performed by Radiologist*

9. Did the participant have a target lesion at least 1cm in both long and short axis? [26]

O **No,** *Pt should not continue to CT Perfusion. Initial and date form*

O **Yes,** *provide details:*
- **a. Cranial-caudal dimension (z-axis):** _____ **mm** [27]
- **Long axis:** _____ **mm** [28]
- **Short axis:** _____ **mm** [29]
- **@ Series #** _____ [30] **Image #** _____ [31]

10. Was the attenuation of at least 50% of the target lesion >10 HU? [32]

O **No,** *Pt should not continue to CT Perfusion. Initial and date form*
O **Yes**

"Copyright 2011"

T0

ACRIN 6695

Perfusion Imaging as a Cancer Biomarker (GOG-0262)
Baseline Eligibility CT/Perfusion imaging

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

ACRIN Study 6695

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

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

11. 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]

12. 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: [56] ___ ___ : ___ ___ *hh:mm*

13. 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 V. Contrast-Enhanced RECIST Scan *Completed by the Technologist*

14. Was a RECIST scan performed as part of this imaging? [67]
If the patient has already had a RECIST scan, it should not be repeated.

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 (Q12d)

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

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

16. Total $CTDI_{vol}$ for entire exam: [83] _____ O **mGy** [84]

17. 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**

"Copyright 2011"