ITW

ACRIN 6695

Perfusion Imaging as a Cancer Biomarker (GOG-0262)

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

ACRIN Study 6695

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Participant Initials _____ **Case No.** _____

Please mail (with corresponding media) or fax this completed ITW to ACRIN
For further information or questions, please contact the ACRIN Imaging staff:

ACRIN
American College of Radiology
1818 Market Street - Suite 1600 - Philadelphia, PA 19103
Fax: 1-215-923-1737
imagearchive@acr.org

1. Time point: [1]

- ○ **Qualification Phantom Imaging (Complete Q2, Q3, Contact Info section)**
- ○ **T0**
- ○ **T1**
- ○ **T2**
- ○ **OTHER Imaging** _____ [2]
  (Complete Q10 and Contact Info section)

2. Mode of Image transmission: [3]

- ○ **CD/ DVD**
- ○ **Electronic Transfer (TRIAD)**

3. Date of Imaging: [4] _____ - _____ - _____ *mm-dd-yyyy*

Nonenhanced/ Eligibility CT Scan (T0 only)

4. Was the nonenhanced CT Scan performed/submitted? [5]

- ○ **No**
- ○ **Yes**
  - **a. Series #** _____ [6] **Image #'s** _____ [7]
  - **b. Series #** _____ [8] **Image #'s** _____ [9]
  - **c. Series #** _____ [10] **Image #'s** _____ [11]
  - **d. Series #** _____ [12] **Image #'s** _____ [13]
  - **e. Series #** _____ [14] **Image #'s** _____ [15]
  - **f. Series #** _____ [16] **Image #'s** _____ [17]

Comments: _____ [18]

5. Did you send a screencapture image of the tumor with measurements? [19]

- ○ **No**
- ○ **Yes** **a. Series #** _____ [20] **Image #'s** _____ [21]

This image is representative of tumor used for perfusion CT

Comments: _____ [22]

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Perfusion CT Scan

6. Was targeted localization non-enhanced CT scan done prior to acquiring Perfusion CT? [23]

- ○ No
- ○ Yes
  - a. Series # _____ [24] Image #'s _____ [25]
  - b. Series # _____ [26] Image #'s _____ [27]
  - c. Series # _____ [28] Image #'s _____ [29]

Comments: _____ [30]

7. Was the CT perfusion scan performed/submitted? [31]

- ○ No
- ○ Yes a. Series # _____ [32] Image #'s _____ [33]

Comments: _____ [34]

8. Was targeted localization non-enhanced CT scan done prior to acquiring repeat Perfusion CT? [35]

- ○ No
- ○ Yes
  - a. Series # _____ [36] Image #'s _____ [37]
  - b. Series # _____ [38] Image #'s _____ [39]
  - c. Series # _____ [40] Image #'s _____ [41]

Comments: _____ [42]

9. Was repeat CT perfusion scan perform submitted? [43]

- ○ No
- ○ Yes

Comments: _____ [44]

Contrast Enhanced RECIST scan

10. Was a RECIST scan performed/submitted as part of this imaging? [45]

- ○ No
- ○ Yes
  - a. Series # _____ [46] Image #'s _____ [47]
  - b. Series # _____ [48] Image #'s _____ [49]
  - c. Series # _____ [50] Image #'s _____ [51]
  - d. Series # _____ [52] Image #'s _____ [53]
  - e. Series # _____ [54] Image #'s _____ [55]
  - f. Series # _____ [56] Image #'s _____ [57]

Comments: _____ [58]

Contact Information section

Screencaptured anonymized dose report/patient protocol as well as a screencapture of the targeted tumor must be included.

Comments: _____ [59]

_____ **Name of Person(s) Completing This Form** [60]

_____ - _____ - _____ *mm-dd-yyyy* **Date Form Completed** [61]

_____ **Email:** [62]

_____ **Phone:** [63]

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