T1

ACRIN 6695

Perfusion Imaging as a Cancer Biomarker (GOG-0262)
T1 CT/ Perfusion Imaging *18-21 Days into Cycle 1*

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 in next column* [3]

O **Scheduling problem**
O **Participant death**
O **Equipment failure**
O **Participant refusal**
O **Medical reason**
O **Injection site complications**
O **Other, specify:** _____ [4]
O **Claustrophobia**
O **Adverse event**
O **Participant withdrew consent**

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]

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

7. 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]

8. 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]

9. 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]

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Participant Initials _____ **Case No.** _____

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

Performed starting from the 3rd pt enrolled at a site until 15 pts total from all sites have been enrolled into this arm.

10. Was a targeted localization done? [106]
NOTE: Perform localization at 1/3 of dose

O **No**
O **Yes,** *provide details:*
- **a. Helical Scan?** [107] O **No** O **Yes**
- **b. Scan must be done with free breathing, please confirm:** [108] O **Not confirmed** O **Confirmed**
- **c. Dose-Length Product:** [109] _____ O **mGy-cm** [110]
- **d. CTDI$_{vol}$:** [111] _____ O **mGy** [112]
- **e. Series #** ____ [113] **Image #** ____ [114] ***to*** **Series #** ____ [115] **Image #** ____ [116]

11. Was IV contrast administered? [117]

O **No**
O **Yes,** *provide details:*
- **a. Brand Name:** _____ [118]
- **b. Concentration:** [119] O **300** O **320** O **350** O **370** O **Other,** _____ [120]
- **c. Location of Injection:** [121] O **antecubital vein** O **Other, specify;** _____ [122]
- **d. Dose given:** [123] _____ _____ O **mL** [124] O **other,** _____ [125]
- **e. Rate of injection:** [126] _____ O **mL/sec** [127] O **other,** _____ [128]
- **f. Time given:** ___ ___ : ___ ___ *hh:mm* [129]

12. Was the CT perfusion scan performed? [130]

O **No**
O **Yes,** *provide details:*
- **a. Series #** ____ [131] **Image #** ____ [132] ***to*** **Series #** ____ [133] **Image #** ____ [134]
- **b. Scan performed per 6695 protocol:** [135] O **No** O **Yes**
- **c. Dose-Length Product:** [136] _____ O **mGy-cm** [137]
- **d. CTDI$_{vol}$:** [138] _____ O **mGy** [139]

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

13. 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 and 11d)

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:** ___ ___ : ___ ___ *hh:mm* [74]
- **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*

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

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

16. 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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