

# **ACRIN 6665**

Malignant GI Stromal Tumors:  
Treatment Monitoring with PET

**CRF Set**

**TA**

**ACRIN**  
**PET Imaging/Primary and Recurrent**  
**Operable Malignant GIST**  
**Technical Assessment Form**

If this is a revised or corrected form,  
 indicate by checking box.

ACRIN Study 6665

Case #

**PLACE LABEL HERE**

Institution

Institution No.

Patient's Name

Patient's I.D. No.

**Instructions:** The TA form is to be completed by the Technologist at the ACRIN site for each time point specified in the protocol, i.e., question 1 on the form. The completed form is faxed to R. Badawi, Ph.D., Dana Farber Cancer Institute. The original paper form is mailed to the ACRIN Headquarters. PET images are to be transmitted as defined in Appendix VIII. Please see attached instructions (page 3) for image transfer and data submission address. All dates must be reported as mm-dd-yyyy. All time fields must be reported in military format, i.e., 1:00pm = 13:00 hrs. Code all questions unless otherwise specified.

**PET TIME-POINT INFORMATION**

1. **{1}** **Protocol Imaging time point** (if Q1 is code 4, complete Q4 and sign and date form)
- 1 Baseline PET (pre-Gleevec therapy)
  - 2 Week 1 PET (at 24 hrs to 7 days post-initiation of Gleevec therapy)
  - 3 Week 4 or week 8 PET (prior to surgery)
  - 4 PET imaging not done, specify time point and complete item 4  
 (i.e., baseline, week 1, week 4 or week 8)  
 {2} \_\_\_\_\_

2. **Date of PET imaging**         {3}
- mm dd yyyy

3. **Date of PET image transfer**         {4}
- mm dd yyyy

4. **{5}** **Was PET imaging completed?**
- 1 No\*
  - 2 Yes
  - 99 Unknown

**{6}** \*If No, provide reason:

- 1 Scheduling problem
- 2 Equipment failure
- 3 Patient refusal
- 4 Medical reason
- 5 Injection site complications
- 6 Claustrophobia
- 7 Other, specify {7} \_\_\_\_\_
- 99 Unknown

5. **{8}** **Location of injection site**

- 1 Right antecubital
- 2 Right wrist
- 3 Left antecubital
- 4 Left wrist
- 5 Right foot
- 6 Left foot
- 7 Other, specify {9} \_\_\_\_\_
- 99 Unknown

6. **{10}** **Primary tumor site**

- 1 Stomach
- 2 Small Intestine
- 3 Colon
- 4 Other, specify {11} \_\_\_\_\_

**PET Data Acquisition and Pre-processing**

(Patient's weight /height are measured on the day of imaging, not verbally relayed by the patient)

7. **{12}** **Patient voided immediately pre-imaging?**

- 1 No
- 2 Yes

8. **{13}** **Patient voided immediately post-imaging?**

- 1 No
- 2 Yes

9. **Duration of patient fasting pre-PET imaging**

**{14}**     hours (recorded up to the time of FDG injection)

10. **Blood glucose at start of PET imaging** (record value measured before FDG injection)

**{15}**       mg/dl

11. **Patient weight (measured on day of scan)**

**{16}**      kg

12. **Patient height (measured)** **{17}**    cm

13. **{18}** **Any radiotracer infiltration at injection site noted?**

- 0 None
- 1 Minor (estimated to be less than 20% of dose)
- 2 Severe (estimated to be more than 20% of dose)

14. **Dose assay** **{19}**     mCi

15. **Time of dose assay (military time)** **{20}**   :

16. **Time of injection (military time)** **{21}**   :

## PLACE LABEL HERE

17. {22} Number of bed positions scanned

17a. {23} mm Overlap of bed positions

18. IF INTERLEAVED EMISSION-TRANSMISSION SCANS USED:

18a. {24} Minutes duration of transmission scan per bed

18b. {25} Minutes duration of emission scan per bed

19. IF NON-INTERLEAVED EMISSION-TRANSMISSION SCANS USED:

19a. {26} Minutes duration of transmission scan

20. Emission scan

{27} : start time (military time)

{28} : finish time (military time)

21. {29} Emission scan dead time correction applied

- 1 No
- 2 Yes

22. {30} Transmission scan processing used

- 1 Segmentation
- 2 Emission-subtraction
- 3 Segmentation and emission subtraction
- 4 Other, specify {31}

23. {32} Emission acquisition mode

- 1 2D
- 2 3D

24. Reconstruction algorithm used

(complete all that apply)

- {33}  1 FORE
- {34}  2 RAMLA: Number of iterations: {35}
- {36}  3 OSEM: Number of iterations: {37}  
Number of subsets: {38}
- {39}  4 3DRP
- {40}  5 FBP

25. Filter used for reconstruction

25a. {41} Filter dimensions

- 1 2D filter
- 2 3D filter

Institution

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25b. {42} Filter properties

- 1 Hann
- 2 Shepp
- 3 Gaussian
- 4 Ramp
- 5 Other, specify {43}

25c. Filter cutoff {44} .

25d. {45} Cutoff units

- 1 Pixel<sup>-1</sup>
- 2 Nq
- 3 FWHM (mm)
- 4 Other, specify {46}

26. {47} Scatter Correction applied?

- 1 No\*
- 2 Bergstrom
- 3 Model-based
- 4 Energy-window
- 5 Tail-fit
- 6 Other specify, {48}

If No\*, specify reason {49}

27. {50} Random Correction applied?

- 1 No\*
- 2 Delayed window subtraction
- 3 Tail fit
- 4 Other specify, {51}

If No\*, specify reason {52}

28. Pixel size of reconstructed images {53} mm

29. Slice thickness of reconstructed images

{54} mm

PLACE LABEL HERE

Institution

Institution No.

Patient's Name

Patient's I.D. No.

**F-18-FDG Procurement**

**30. {55} F-18-FDG Source**

- 1 Synthesized
- 2 Purchased

If synthesized\*, complete Q31, if F-18-FDG is purchased\*\*, complete 32.

**31. \*If F-18-FDG is synthesized, provide the following**

31a. Method {56} \_\_\_\_\_

**31b. {57} Pyrogen test result**

- 1 Passed
- 2 Failed
- 98 Not done

31c. Radiochemical purity test result: {58} | | | | %

{59} Not done

**32. \*\*If F-18-FDG is purchased, provide the name of the pharmacy licensed to provide F-18-FDG**

{60} \_\_\_\_\_

COMMENTS: {61} \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

{62} \_\_\_\_\_

PRINT NAME OF PERSON COMPLETING FORM

{63} | | | | | | | | | |  
DATE FORM COMPLETED

PLACE LABEL HERE

Institution

Institution No.

Patient's Name

Patient's I.D. No.

**Image transmission via internet:**

1. If transmitted by FTP, the following conventions and procedures must be observed. The primary folder on the FTP site is named 6665. A sub-folder must be created under 6665 with the institution acronym or ACRIN institution number as the folder name. Under this subfolder, individual subfolders must be created for each case to be submitted, with the folder name being the ACRIN case number. Do not send compressed or encrypted files. All patient identifying information must be scrubbed from the file header and/or image. If identification or clinical information needs to be sent for purposes of image review, it should be sent in an e-mail to the designated review site. When images (PET, CT) are transmitted via FTP, an e-mail should be sent to ACRIN headquarters specifying the case number sent, the institution it was sent from, and the number of images submitted. This e-mail should be sent to [alevering@phila.acr.org](mailto:alevering@phila.acr.org) and copied to [rwelsh@phila.acr.org](mailto:rwelsh@phila.acr.org).

FTP images via internet to:

Host: <ftp://xray.acrin.org> or <ftp://206.137.103.34>

Userid: 6665

Password: gist

2. Data Form and CT Scan Reports Submission

- A. Fax completed TA form to:  
R. Badawi, Ph.D.  
Dana-Farber Cancer Institute  
Fax: 617-632-3581

The patient identifiers (initials) should not appear on the form. The ACRIN Case #, protocol #, Institution # and name should appear in the header.

- B. Mail the completed TA form and CT Scan Reports to:

ACRIN 6665 Data Management  
American College of Radiology  
1101 Market Street, Suite 1400  
Philadelphia, PA 19107

The data form should have all identifiers marked: ACRIN Case #, Institution name, Institution # and patient initials.



**ACRIN  
PET Imaging/Primary and Recurrent  
Operable Malignant GIST  
Core Lab PET Semi-Quantitative  
Assessment Form**

If this is a revised or corrected form, indicate by checking box.

ACRIN Study 6665  
**PLACE LABEL HERE**

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_  
Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

**Instructions:** Form is to be completed by the Core Lab Reader and sent to the ACR office. All dates must be reported as mm-dd-yyyy. All time fields must be reported in military format [i.e. 1:00pm = 13:00 hrs]. Code all questions unless otherwise specified.

**PET IMAGING REVIEW INFORMATION**

**1. Dates of PET images reviewed**

Baseline PET {1}

Week 1 PET {2}

Week 4 or week 8 PET {3}

If one or more PET studies not done, specify time point(s) (i.e., baseline, week 1, week 4 or week 8)

{4} \_\_\_\_\_

2. Reader ID {5}

3. Reader Name: {6} \_\_\_\_\_  
(print)

**Part III Semi-Quantitative Assessment**

**4. PET FDG uptake analysis (completed for baseline only)**

Lesion Number	ROI Number (1 = lesion, 2-5 = background)	Image Plane	Number of Pixels	Min (SUV) Simple	Max (SUV) Simple	Mean (SUV) Simple	Standard Deviation (SUV) Simple
1	1	{8}	{9}	{10}	{11}	{12}	{13}
	2	{15}	{16}	{17}	{18}	{19}	{20}
	3	{22}	{23}	{24}	{25}	{26}	{27}
	4	{29}	{30}	{31}	{32}	{33}	{34}
	5	{36}	{37}	{38}	{39}	{40}	{41}
2	1	{43}	{44}	{45}	{46}	{47}	{48}
	2	{50}	{51}	{52}	{53}	{54}	{55}
	3	{57}	{58}	{59}	{60}	{61}	{62}
	4	{64}	{65}	{66}	{67}	{68}	{69}
	5	{71}	{72}	{73}	{74}	{75}	{76}
3	1	{78}	{79}	{80}	{81}	{82}	{83}
	2	{85}	{86}	{87}	{88}	{89}	{90}
	3	{92}	{93}	{94}	{95}	{96}	{97}
	4	{99}	{100}	{101}	{102}	{103}	{104}
	5	{106}	{107}	{108}	{109}	{110}	{111}

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_

Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

**5. Complete the following question for 1 week time point.**

**{112}** Have new lesions been visualized since baseline imaging?

- 1 No
- 2 Yes\*\*\*

\*\*\*If yes, record new sites visualized during follow-up imaging in table 5a as lesion #4, 5, and 6 as necessary.

**5a. PET FDG uptake analysis (at 1 week time point)**

Lesion Number	ROI Number (1 = lesion, 2-5 = background)	Image Plane	Number of Pixels _____	Min(SUV) Simple ____.____	Max(SUV) Simple ____.____	Mean(SUV) Simple ____.____	Standard Deviation (SUV) Simple ____.____
<b>1</b>	1	{114}	{115}	{116}	{117}	{118}	{119}
	2	{121}	{122}	{123}	{124}	{125}	{126}
	3	{128}	{129}	{130}	{131}	{132}	{133}
	4	{135}	{136}	{137}	{138}	{139}	{140}
	5	{142}	{143}	{144}	{145}	{146}	{147}
<b>2</b>	1	{149}	{150}	{151}	{152}	{153}	{154}
	2	{156}	{157}	{158}	{159}	{160}	{161}
	3	{163}	{164}	{165}	{166}	{167}	{168}
	4	{170}	{171}	{172}	{173}	{174}	{175}
	5	{177}	{178}	{179}	{180}	{181}	{182}
<b>3</b>	1	{184}	{185}	{186}	{187}	{188}	{189}
	2	{191}	{192}	{193}	{194}	{195}	{196}
	3	{198}	{199}	{200}	{201}	{202}	{203}
	4	{205}	{206}	{207}	{208}	{209}	{210}
	5	{212}	{213}	{214}	{215}	{216}	{217}
<b>4***</b>	1	{219}	{220}	{221}	{222}	{223}	{224}
	2	{226}	{227}	{228}	{229}	{230}	{231}
	3	{233}	{234}	{235}	{236}	{237}	{238}
	4	{240}	{241}	{242}	{243}	{244}	{245}
	5	{247}	{248}	{249}	{250}	{251}	{252}
<b>5***</b>	1	{254}	{255}	{256}	{257}	{258}	{259}
	2	{261}	{262}	{263}	{264}	{265}	{266}
	3	{268}	{269}	{270}	{271}	{272}	{273}
	4	{275}	{276}	{277}	{278}	{279}	{280}
	5	{282}	{283}	{284}	{285}	{286}	{287}
<b>6***</b>	1	{289}	{290}	{291}	{292}	{293}	{294}
	2	{296}	{297}	{298}	{299}	{300}	{301}
	3	{303}	{304}	{305}	{306}	{307}	{308}
	4	{310}	{311}	{312}	{313}	{314}	{315}
	5	{317}	{318}	{319}	{320}	{321}	{322}

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_

Participant Initials \_\_\_\_\_ Case No. \_\_\_\_\_

6. Complete the following question at pre-surgery time point.

{323} Have new lesions been visualized since week 1 imaging?

- 1 No
- 2 Yes\*\*\*

\*\*\*If yes, record new sites visualized during follow-up imaging in table 6a as lesion #4, 5, and 6 as necessary.

6a. PET FDG uptake analysis (at pre-surgery time point)

Lesion Number	ROI Number (1 = lesion, 2-5 = background)	Image Plane	Number of Pixels _____	Min(SUV) Simple ____.____	Max(SUV) Simple ____.____	Mean(SUV) Simple ____.____	Standard Deviation (SUV) Simple ____.____
1	1	{325}	{326}	{327}	{328}	{329}	{330}
	2	{332}	{333}	{334}	{335}	{336}	{337}
	3	{339}	{340}	{341}	{342}	{343}	{344}
	4	{346}	{347}	{348}	{349}	{350}	{351}
	5	{353}	{354}	{355}	{356}	{357}	{358}
2	1	{360}	{361}	{362}	{363}	{364}	{365}
	2	{367}	{368}	{369}	{370}	{371}	{372}
	3	{374}	{375}	{376}	{377}	{378}	{379}
	4	{381}	{382}	{383}	{384}	{385}	{386}
	5	{388}	{389}	{390}	{391}	{392}	{393}
3	1	{395}	{396}	{397}	{398}	{399}	{400}
	2	{402}	{403}	{404}	{405}	{406}	{407}
	3	{409}	{410}	{411}	{412}	{413}	{414}
	4	{416}	{417}	{418}	{419}	{420}	{421}
	5	{423}	{424}	{425}	{426}	{427}	{428}
4***	1	{430}	{431}	{432}	{433}	{434}	{435}
	2	{437}	{438}	{439}	{440}	{441}	{442}
	3	{444}	{445}	{446}	{447}	{448}	{449}
	4	{451}	{452}	{453}	{454}	{455}	{456}
	5	{458}	{459}	{460}	{461}	{462}	{463}
5***	1	{465}	{466}	{467}	{468}	{469}	{470}
	2	{472}	{473}	{474}	{475}	{476}	{477}
	3	{479}	{480}	{481}	{482}	{483}	{484}
	4	{486}	{487}	{488}	{489}	{490}	{491}
	5	{493}	{494}	{495}	{496}	{497}	{498}
6***	1	{500}	{501}	{502}	{503}	{504}	{505}
	2	{507}	{508}	{509}	{510}	{511}	{512}
	3	{514}	{515}	{516}	{517}	{518}	{519}
	4	{521}	{522}	{523}	{524}	{525}	{526}
	5	{528}	{529}	{530}	{531}	{532}	{533}

COMMENTS: {534}

{535}

PRINT NAME (PERSON COMPLETING FORM)

{536}  -  -   
DATE FORM COMPLETED



**ACRIN  
PET Imaging/Primary and Recurrent  
Operable Malignant GIST  
Supplemental PET Technical  
Assessment Form**

If this is a revised or corrected form, indicate by checking box.

**PLACE LABEL HERE**

Institution

Institution No.

Patient's Name

Patient's I.D. No.

**Instructions:** Form is to be completed by R. Badawi upon receipt of TA form, CT images PET images and CT report. The completed form is mailed to the ACRIN data management center for each time point. Dates are reported as mm-dd-yyyy.

**PET TIME-POINT INFORMATION**

1. **{1}** Protocol Imaging time point (if Q1 is coded 4, complete Q4 and sign/date form)
- 1 Baseline PET (pre-Gleevec therapy)
  - 2 Week 1 PET (at 24 hrs to 7 days post-initiation of Gleevec therapy)
  - 3 Week 4 or week 8 PET (prior to surgery)
  - 4 PET imaging not done, specify time point and complete item 4  
(i.e., baseline, week 1, week 4 or week 8)  
**{2}**

2. Date of PET imaging         **{3}**  
mm dd yyyy

3. Date of PET image transfer         **{4}**  
mm dd yyyy

**PET IMAGING DATA QUALITY ASSESSMENT**

4. **{5}** Image quality (If image quality is suboptimal, or inadequate code reason)

- 1 Adequate
- 2 Suboptimal\*

- {6}**
- 1 Entire study not complete
  - 2 Noisy images
  - 3 Patient motion
  - 4 Radiotracer infiltration
  - 5 TA form incomplete
  - 6 SUVs cannot be calculated  
(specify reason)  
**{7}** \_\_\_\_\_
  - 7 Other, specify **{8}** \_\_\_\_\_

- 3 Inadequate

- {9}**
- 1 Entire study not complete
  - 2 Noisy images
  - 3 Patient motion
  - 4 Radiotracer infiltration
  - 5 TA form incomplete
  - 6 SUVs cannot be calculated  
(specify reason)  
**{10}** \_\_\_\_\_
  - 7 Other, specify **{11}** \_\_\_\_\_

5. If image quality suboptimal or inadequate, complete the following

- 5a. **{12}** Originating site contacted
- 1 No
  - 2 Yes

- 5b. Contact date         **{13}**  
mm dd yyyy

- 5c. Originating site contact person **{14}** \_\_\_\_\_

**CT IMAGING INFORMATION**

6. **{15}** CT imaging performed

- 1 No
- 2 Yes\*

(\*If yes, complete 7, 8 & 9)

7. Date of CT imaging         **{16}**  
mm dd yyyy

8. **{17}** CT report received

- 1 No
- 2 Yes

9. **{18}** CT image received in following format

- 0 Not received
- 1 Digital, DICOM
- 2 Digital, not DICOM
- 3 Hardcopy

COMMENTS: **{19}** \_\_\_\_\_

**{20}** \_\_\_\_\_

SIGNATURE (PERSON COMPLETING FORM)

**{21}**         **DATE FORM COMPLETED**



**ACRIN**  
**PET Imaging/Primary and Recurrent**  
**Operable Malignant GIST**  
**Core Lab PET Imaging Evaluation Form**

ACRIN Study 6665

Case #

**PLACE LABEL HERE**

Institution

Institution No.

Patient's Name

Patient's I.D. No.

If this is a revised or corrected form, indicate by checking box.

**Instructions:** Form is to be completed by the Core Lab Reader(s) and sent to the ACR office. All dates must be reported as mm-dd-yyyy. All time fields must be reported in military format [i.e. 1:00pm = 13:00 hrs]. Code all questions unless otherwise specified.

**PET IMAGING REVIEW INFORMATION**

**1. Dates of PET images reviewed**

Baseline PET {1} --  
 Week 1 PET {2} --  
 Week 4 or week 8 PET {3} --

If one or more PET studies not done, specify time point(s) (i.e., baseline, week 1, week 4 or week 8) {4}

**2. {5} Reader ID**

**3. {6} Reader Name**  
 1 Annick D. Van den Abbeele, M.D.  
 2 Barry A. Siegel, M.D.  
 3 Other, specify {7}

**Part I (Blinded Qualitative Assessment)**

**Date PET images reviewed at Core Lab**  {8}

**Uptake scale \***

- 0 Not imaged, cannot evaluate
- 1 Definitely normal
- 2 Probably normal
- 3 Indeterminate
- 4 Probably abnormal
- 5 Definitely abnormal

**Change in uptake scale\*\* (compare to baseline)**

- 0 No uptake
- 1 Marked decrease in uptake
- 2 Slight decrease in uptake
- 3 No change in uptake
- 4 Slight increase in uptake
- 5 Marked increase in uptake

**Change in lesion volume\*\*\***

- 0 Lesion borders not visible, cannot evaluate
- 1 Marked decrease in lesion volume
- 2 Slight decrease in lesion volume
- 3 No change in lesion volume
- 4 Slight increase in lesion volume
- 5 Marked increase in lesion volume

**4. Primary tumor and metastatic disease uptake assessment as visualized on PET imaging only**

LESION #	ANATOMIC SITE	BASILINE UPTAKE SCALE* (0 TO 5)	WEEK 1 UPTAKE SCALE* (0 TO 5)	WEEK 1 CHANGE IN UPTAKE SCALE** (0 TO 5)	WEEK 1 CHANGE IN LESION VOLUME*** (0 TO 5)	PRE-SURGERY UPTAKE SCALE* (0 TO 5)	PRE-SURGERY CHANGE IN UPTAKE SCALE** (0 TO 5)	PRE-SURGERY CHANGE IN LESION VOLUME*** (0 TO 5)
{9}	{10} * {11}	{12}	{13}	{14}	{15}	{16}	{17}	{18}
{19}	{20} * {21}	{22}	{23}	{24}	{25}	{26}	{27}	{28}
{29}	{30} * {31}	{32}	{33}	{34}	{35}	{36}	{37}	{38}
{39}	{40} * {41}	{42}	{43}	{44}	{45}	{46}	{47}	{48}
{49}	{50} * {51}	{52}	{53}	{54}	{55}	{56}	{57}	{58}
{59}	{60} * {61}	{62}	{63}	{64}	{65}	{66}	{67}	{68}
{69}	{70} * {71}	{72}	{73}	{74}	{75}	{76}	{77}	{78}
{79}	{80} * {81}	{82}	{83}	{84}	{85}	{86}	{87}	{88}

**COMMENTS:** {89}

**PLACE LABEL HERE**

Institution

Institution No.

Patient's Name

Patient's I.D. No.

**Part II (Unblinded Qualitative Assessment)**

**Uptake scale \***

- 0 Not imaged, cannot evaluate
- 1 Definitely normal
- 2 Probably normal
- 3 Indeterminate
- 4 Probably abnormal
- 5 Definitely abnormal

**Change in uptake scale\*\* (compare to baseline)**

- 0 No uptake
- 1 Marked decrease in uptake
- 2 Slight decrease in uptake
- 3 No change in uptake
- 4 Slight increase in uptake
- 5 Marked increase in uptake

**Change in lesion volume\*\*\***

- 0 Lesion borders not visible, cannot evaluate
- 1 Marked decrease in lesion volume
- 2 Slight decrease in lesion volume
- 3 No change in lesion volume
- 4 Slight increase in lesion volume
- 5 Marked increase in lesion volume

**5. Primary tumor and metastatic disease uptake assessment as visualized on PET and CT imaging**

LESION #	ANATOMIC SITE 1 Stomach 2 Small Intestine 3 Colon 4 Mesenteric nodes 5 Retroperitoneal nodes 6 Liver 7 Other, specify*	BASILINE UPTAKE SCALE* (0 TO 5)	WEEK 1 UPTAKE SCALE* (0 TO 5)	WEEK 1 CHANGE IN UPTAKE SCALE** (0 TO 5)	WEEK 1 CHANGE IN LESION VOLUME*** (0 TO 5)	PRE-SURGERY UPTAKE SCALE* (0 TO 5)	PRE-SURGERY CHANGE IN UPTAKE SCALE** (0 TO 5)	PRE-SURGERY CHANGE IN LESION VOLUME*** (0 TO 5)
{90}	{91} * {92}	{93}	{94}	{95}	{96}	{97}	{98}	{99}
{100}	{101} * {102}	{103}	{104}	{105}	{106}	{107}	{108}	{109}
{110}	{111} * {112}	{113}	{114}	{115}	{116}	{117}	{118}	{119}
{120}	{121} * {122}	{123}	{124}	{125}	{126}	{127}	{128}	{129}
{130}	{131} * {132}	{133}	{134}	{135}	{136}	{137}	{138}	{139}
{140}	{141} * {142}	{143}	{144}	{145}	{146}	{147}	{148}	{149}
{150}	{151} * {152}	{153}	{154}	{155}	{156}	{157}	{158}	{159}
{160}	{161} * {162}	{163}	{164}	{165}	{166}	{167}	{168}	{169}

**6. Provide date(s) of CT images reviewed for the unblinded qualitative assessment.**

{170} 1

{171} 2

{172} 3

{173} 4

{174} 5

COMMENTS: {175}

{176} \_\_\_\_\_  
 PRINT NAME (PERSON COMPLETING FORM)

{177}              
 DATE FORM COMPLETED