Zentralklinik Bad Berka

Clinic for Nuclear Medicine
Chief physician Dr. med. F. C. Robiller
99437 Bad Berka

Phone 03 64 58 – 5 21 01
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Mail nuk@zentralklinik.de

REGISTRATION FOR PEPTIDE RECEPTOR RADIONUCLIDE THERAPY (PRRT)

Patient's name _____ Email address _____

Date of Birth (D|M|Y) _____ Residential address _____

Name of the referring physician _____

Phone _____

Fax _____

Diagnosis

We require the following documents from the patient for evaluation:

☐ Completed questionnaire (see appendix)

☐ Previous imaging (PET / CT, CT, MRI etc.) - Report and CD

In case no current imaging is available, this can of course be performed in our clinic.
If so, please provide a short feedback.

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1. GENERAL INFORMATION

Patient's name _____
Date of Birth (D|M|Y) _____
Complete address _____
_____

Patient speaks English
◯ Yes
◯ No

Patient speaks German
◯ Yes
◯ No

Patient speaks Russian
◯ Yes
◯ No

Primary Care physician

Name
Address _____
_____
Mail _____

Oncologist nearby

Name _____
Address _____
_____
Mail _____

NET-Oncologist

Name _____
Address _____
_____
Mail _____

Ga-68 Receptor PET/CT has been performed

◯ No
◯ Yes
Date
Institution / City

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2. ONCOLOGIC DIAGNOSIS AND CLINICAL COURSE OF DISEASE

Please provide information as completely as possible

Neuroendocrine Tumor

First Diagnosis established in (M|Y)

Immunohistochemistry
Staining for Chromogranin A, Synaptophysin

Site of the Primary e.g. pancreas, midgut

Histopathology detailed grading

Tumor Proliferation Rate Ki-67 index

Course of disease/summary of previous treatments

Please complete in chronological order (from / to)

Surgical Interventions

◯ No
◯ Yes
Date
PT
Metastases

Biotherapy (octreotide, interferon etc.)

◯ No
◯ Yes from to
Specify

Chemotherapy

◯ No
◯ Yes from to

Molecular targeted therapy
(everolimus, kinase inhibitors)

◯ No
◯ Yes from to
Specify

Regional therapy (e.g. RFA, TACE, SIRT)

◯ No
◯ Yes
Date
Type

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3. PAST MEDICAL HISTORY

(e.g. major surgery, infections, cardiovascular events etc.)

Renal diseases	◯ No	◯ Yes	
Diabetes	◯ No	◯ Yes	First diagnosis
Oral medication	◯ No	◯ Yes	
Insulin	◯ No	◯ Yes	
Hypertension	◯ No	◯ Yes	First diagnosis
Biophosphonate therapy	◯ No	◯ Yes	

4. CURRENT MEDICATION

List all your medications in detail and how often you are taking them per day.

Somatostatin analogs

Octreotide (e.g. Sandostatin LAR)	◯ No	◯ Yes
Lanreotide (e.g. Somatuline)	◯ No	◯ Yes

Other _____

Dosing mg _____

Dosing interval (in weeks) _____

Last injection on (D|M|Y) _____

Subcutaneous dosing _____ µg/day last on (D|M|Y) _____ at (time) _____

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5. CLINICAL SYMPTOMS

Height _____ cm Weight _____ kg

◯ weight loss kg in months
◯ weight gain kg in months
◯ constant

Flush	◯ no flushing (G0)	◯ <1× per week (G1)	◯ 1–5× per week (G2)
	◯ >1–5× per day (G3)	◯ >5× perday / permanent (G4)	
Diarrhea	◯ normal consistency	◯ 3–5× per day (G1)	◯ 5–10× per day (G2)
Dyspnea	◯ No	◯ Yes	
Dyspnea upon exertion	◯ No	◯ Yes	
Edema	◯ No	◯ Yes (pretibial)	
Pain	◯ No	◯ Yes	

Major site of pain

VAS
0 = no pain
10 = strongest pain

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
1 2 3 4 5 6 7 8 9 10

6. KARNOFSKY-INDEX

Karnofsky-Index _____ %

100 %	Normal, no complaints; no evidence of disease
90 %	Able to carry on normal activity; minor signs or symptoms of disease
80 %	Normal activity with effort, some signs or symptoms of disease
70 %	Cares for self; unable to carry on normal activity or do active work
60 %	Requires occasional assistance, but is able to care for most personal needs
50 %	Requires considerable assistance and frequent medical care
40 %	Disabled; requires special care and assistance
30 %	Severely disabled; hospitalization is indicated, although death not imminent
20 %	Very sick; hospitalization is necessary; active supportive treatment is required

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7. BLOOD TESTS

Date _____

◯ Blood counts	Hb _____	RBC	_____	WBC	_____	PLT	_____
		TSH	_____	fT3	_____	fT4	_____
◯ Renal parameters		Creatinine	_____	GFR	_____		
◯ Liver enzymes		ALT (GOT)	_____	AST (GPT)	_____	GGT	_____
◯ Liver function test		Albumin _____ (g/l)		INR/PT	_____	Bilirubin	_____

8. TUMOR MARKERS

CgA	_____ µg/l	(normal _____)	date	_____
Serotonin	_____ µg/l	(NB _____)	date	_____

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