

Attachment 4 – Ontario PET Access Program

If a patient is **not** a candidate for any of the clinical trials or registry studies, the patient might still be able to receive a funded PET scan in Ontario through the Ontario PET Access Program.

The Ontario PET Access Program is a review process established by the MOHLTC to assess requests for PET scans in cases where conventional diagnostic tests have not answered the clinical question (referring physicians will generally need to provide evidence of this within the application). Through the review process, applications for a funded PET scan are assessed on a case-by-case basis by an expert panel consisting of a radiologist, a nuclear medicine physician, and an oncologist. If on review it is determined that a PET scan would be appropriate, the PET Access Program Office located at Hamilton Health Sciences is notified and arrangements will be made for the patient's referral to an appropriate Ontario PET Centre.

***Please Note:** Before requesting a PET scan under the Ontario PET Access Program, it is advisable for physicians to first review the information on the clinical trials (Section 1) and registries (Section 2). If eligible, the patient should be offered enrolment to one of the clinical studies or registry studies. The Ontario PET Access Program should only be considered for patients who do **not** meet the criteria for any of the clinical trials or the registry studies.*

Application Procedure for the Ontario PET Access Program

The procedure for requesting a PET scan under the Ontario PET Access Program is as follows:

- **Verify that the patient is not a candidate for any of the clinical trials or registry studies;**
- Complete the *Ontario PET Scan Access Program Request* and *Patient Consent Form* (see following pages). These application forms must be completed for a patient to be considered for a PET scan under the Ontario PET Access Program. The *Ontario PET Scan Access Program Request* must be signed by the referring physician and the patient must sign the *Patient Consent Form* so that his/her personal health information can be forwarded to the Ministry of Health and Long-Term Care and to Cancer Care Ontario for the purposes of the review process described above, and
- Include the following documents with the application (*the review cannot occur without these documents*):
 - A brief summary of the patient's medical history, and
 - Recent consult letters either to or from other physicians that describe the relevant medical circumstances of the patient or provide a brief written account of the patient's relevant medical history including the problem that PET is being asked to address;
 - Recent diagnostic reports that are relevant to the application, and
 - Provide an opinion of what PET might demonstrate that cannot be proven by other means, and
 - Provide an opinion of what difference the information provided by PET may make to the management of the case, and
- Fax the completed forms and all additional reports/documents in support of a PET scan to the Provider Services Branch at **(613) 536 -3184**.

<p>Please note that failure to submit results of previous diagnostic tests may delay the review of the application.</p>
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If you have any questions about the Ontario PET Access Program, please call: 1-888-359-8807.

Ontario PET SCAN Access Program Request

TO BE COMPLETED BY THE REQUESTING PHYSICIAN

This Ontario PET Access Program request should be considered only for patients who do not meet the criteria for any of the clinical trials or the registry studies.

Referring Physician's Name: _____

Referring Physician's Telephone: _____ and Fax: _____

Provider Number: _____

Patient Name: _____

OHIP Number --

Telephone: _____

Date of birth: ____/____/____ Sex: M F
 YYYY MM DD

Postal Code _____

Indications for the PET scan

You must attach reports and provide the dates:

- Attach a brief summary of the patient's medical history
- Attach a copy of the reports from all relevant imaging studies

Please note that failure to submit results of previous diagnostic tests may delay the review of the application.

- List all relevant imaging studies
- | | |
|--|--|
| 1. Date of: ____/____/____
YYYY MM DD | <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> MRI |
| 2. Date of: ____/____/____
YYYY MM DD | <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> MRI |
| 3. Date of: ____/____/____
YYYY MM DD | <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> MRI |
| 4. Date of: ____/____/____
YYYY MM DD | <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> MRI |
| 5. Date of: ____/____/____
YYYY MM DD | <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> MRI |

Please **fax** this form, the patient consent form and any additional documents in support of a PET scan to Provider Services Branch at (613) 536-3184.

Should you have any questions about this form or the program, please call 1-888-359-8807.

Ontario PET SCAN Access Program Request – Patient Consent

TO BE COMPLETED & SIGNED BY THE PATIENT or PARENT/GUARDIAN

Patient Consent

(To be completed and signed by the patient)

I, _____, consent to my physician disclosing personal health information to the Ministry of Health and Long-Term Care relevant to my medical condition that might qualify me for a diagnostic assessment using Positron Emission Tomography (PET). My medical information will be reviewed by an expert panel to determine whether I qualify for one of the current clinical studies or PET registry studies and if not, whether a PET scan would be potentially helpful in the management of my medical condition.

Signature of patient

Date

Patient Consent for minor child

(To be completed and signed by parent/legal guardian of patient)

I, _____, (name of parent/guardian) am the parent/ legal guardian of _____ (name of child). I consent to the above-named physician disclosing personal health information to the Ministry of Health and Long-Term Care relevant to the medical condition that might qualify my child for a diagnostic assessment using Positron Emission Tomography (PET). My child's medical information will be reviewed by an expert panel to determine whether he/she qualifies for one of the current clinical studies or PET registry studies and if not, whether a PET scan would be potentially helpful in the management of his/her medical condition.

Name of parent/guardian

Signature of parent/guardian or patient

Date