

## GALLIUM 68 PSMA PET-CT INFORMATION and PREPARATION

IMPORTANT: PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS CLOSELY

A PSMA PET-CT scan is used to stage prostate cancer in patients who have had a positive prostate biopsy, or in patients who have had their prostate removed but now present with increasing levels of PSA (a prostate activity marker) in their blood indicating that their cancer may have recurred.

PSMA stands for Prostate Specific Membrane Antigen and is a peptide (a very small protein) that is expressed on

the surface of prostate cancer cells. In a PSMA PET-CT scan a molecule which specifically binds to this peptide is linked to a radioactive isotope known as Gallium 68. When this compound is injected it will bind to any cells in the body which express PSMA on their surface.

By this method either primary or recurrent prostate cancer can be accurately located and staged allowing for more targeted therapy.

Have you had any previous imaging?	YES	NO
<i>If YES, where and when?</i>		
Do you have or have you ever had Prostate Cancer?	YES	NO
<i>If YES, when was it diagnosed?</i>		
Have you had any treatment such as surgery for Prostate Cancer?	YES	NO
<i>If YES, please describe?</i>		
Do you know what your current PSA level is?	YES	NO

Nuclear Medicine procedures, including PET-CT rarely have any side effects. There is a small chance that you may experience an unusual taste or smell at the time of the injection, but allergic reactions such as skin rash or redness are virtually unheard of.

Gallium 68 has a very short half life and has virtually decayed to background levels by 6 hours after the initial injection. You will be radioactive after your injection so it is recommended you avoid contact with small children and pregnant women for that period.

The procedure for the Gallium 68 PSMA PET-CT has been explained to me by the Nuclear Medicine staff, and I have been given the opportunity to ask any questions.

**I give my consent to the administration of the radioactive Gallium 68 PSMA and the PET-CT scan.**

Parent Name <i>(or guardian)</i>	Signature	Date
Nuclear Medicine Technologist	Signature	Date

### OFFICE USE ONLY

#### PATIENT ID CHECKLIST

NAME confirmed       DOB confirmed       GENDER confirmed       ADDRESS confirmed

#### PROCEDURE CHECKLIST

CONSENT confirmed       TIME OUT