Pancreatic Cancer
Radiation Therapy Physician Worksheet
(As of 14 April 2017)

This worksheet is to be used for curative or palliative treatment of pancreatic cancer. If the treatment is for metastases from pancreatic cancer, please use the appropriate metastatic worksheet.

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) requests must be submitted by phone.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ /_____ / _____
1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
2.	What is the timing of radiation?	
	☐ Adjuvant (postoperative) ☐ Neoadjuvant (preoperative) ☐ Local recurrence/persistence	☐ Definitive (no surgery planned) ☐ Palliative (for relief of symptoms)
3.	What is the T-stage?	
	☐ T1 ☐ T3 ☐ T2 ☐ T4	
4.	What is the N-stage?	☐ N0 ☐ N1
5.	If surgery was done, which of the following is present?	
	☐ Negative margins ☐ Positive margins ☐ Gross residual disease ☐ None of the above ☐ N/A	

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6.	What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy? *Select a technique for each applicable phase, and fill in the number of fractions.*	
	Phase 1	Phase 2
	☐ Complex (77307) ☐ 3D conformal ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy (IMRT) ☐ Tomotherapy Direct/3D ☐ Proton beam therapy	☐ Complex (77307) ☐ 3D conformal ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy (IMRT) ☐ Tomotherapy Direct/3D ☐ Proton beam therapy
	Number of fractions: _____	Number of fractions: _____
7.	a. Was chemotherapy given prior to starting radiation?	☐ Yes ☐ No
	b. If yes, what is the response following chemotherapy?	
	☐ Complete response (CR) ☐ Partial response (PR) ☐ No response (NR) ☐ Progressive disease (POD)	
8.	Is chemotherapy being delivered concurrently?	☐ Yes ☐ No
9.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?	☐ Yes ☐ No
10.	Will daily image-guided radiation therapy (IGRT) be used?	☐ Yes ☐ No
11.	Note any additional information in the space below.	