

This worksheet is to be used for curative or palliative treatment of endometrial cancer. If the treatment is for metastases from endometrial 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](http://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.**

<b>Patient name:</b>	
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>	____ / ____ / ____
1.	What is the pathology? <input type="checkbox"/> Endometrioid <input type="checkbox"/> Papillary serous <input type="checkbox"/> Clear cell <input type="checkbox"/> Carcinosarcoma
2.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What is the intent of treatment? <input type="checkbox"/> Palliative <input type="checkbox"/> Post-operative <input type="checkbox"/> Definitive or medically inoperable <input type="checkbox"/> Isolated locoregional recurrence after surgery
4.	What is the FIGO (International Federation of Gynecology and Obstetrics) stage? <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVB
5.	What is the grade of the endometrial cancer? <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3
6.	Are any of the following risk factors present? 1. Age is $\geq$ 60 years 2. Lymphovascular invasion 3. Lower uterine (cervical/glandular) involvement <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Continued on next page</b>	

7.	Will the patient be receiving concurrent chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	What is the treatment plan? <input type="checkbox"/> Brachytherapy <input type="checkbox"/> External beam radiation therapy (EBRT) <input type="checkbox"/> Brachytherapy and EBRT	
9.	If Brachytherapy is included in the treatment plan, then answer the following set of questions:	
	a. What is the dose rate? <input type="checkbox"/> Low dose rate (LDR) <input type="checkbox"/> High dose rate (HDR) <input type="checkbox"/> Electronic Brachytherapy	
	b. How many fractions will be rendered?	Fractions: _____
	c. What is the implant type?	
	<input type="checkbox"/> Tandem only <input type="checkbox"/> Tandem and ovoids <input type="checkbox"/> Vaginal cylinder only <input type="checkbox"/> Heyman capsules only <input type="checkbox"/> Ovoids only <input type="checkbox"/> Interstitial	
10.	IF EBRT is included in the treatment plan, then what EBRT technique will be used to deliver the radiation therapy? <i>Select a technique for each applicable phase, and fill in the number of fractions.</i>	
	Phase 1	Phase 2
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy
	Number of fractions: _____	Number of fractions: _____
11.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Note any additional information in the space below:	