Esophagus Cancer
Radiation Therapy Physician Worksheet
(As of 26 January 2017)

This worksheet is to be used for curative or palliative treatment of esophagus cancer. If the treatment is for metastases from esophagus 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.

Patient name:		
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 location of the tumor?	
	☐ Cervical ☐ Upper thoracic ☐ Mid thoracic ☐ Lower thoracic/GEJ	
3.	What is the clinical or pathologic T-stage?	
	☐ T1a ☐ T2 ☐ T4a ☐ T1b ☐ T3 ☐ T4b	
4.	What is the clinical or pathologic N-stage?	
	☐ N0 ☐ N1 ☐ N2 ☐ N3	
5.	What is the treatment intent?	
	☐ Preoperative (neo-adjuvant) ☐ Definitive (no surgery planned) ☐ Postoperative (adjuvant) ☐ Palliative (for relief of symptoms)	

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6.	What is the treatment plan? ☐ External beam radiation therapy (EBRT) ☐ Brachytherapy ☐ Brachytherapy and EBRT		
7.	If EBRT is included in the treatment plan, then answer the following set of questions: a. What is the treatment technique? *Select a technique for each applicable phase and fill in the number fractions.*		
	Phase 1	Phase 2	Phase 3
	☐ 3D conformal	☐ 3D conformal	☐ 3D conformal
	☐ Complex treatment (77307) (DVH not medically necessary)	☐ Complex treatment (77307) (DVH not medically necessary)	☐ Complex treatment (77307) (DVH not medically necessary)
	☐ Intensity modulated radiation therapy (IMRT)	☐ Intensity modulated radiation therapy (IMRT)	☐ Intensity modulated radiation therapy (IMRT)
	☐ Proton beam therapy	☐ Proton beam therapy	☐ Proton beam therapy
	☐ Rotational arc therapy	☐ Rotational arc therapy	☐ Rotational arc therapy
	☐ Stereotactic body radiation therapy (SBRT)	☐ Stereotactic body radiation therapy (SBRT)	☐ Stereotactic body radiation therapy (SBRT)
	☐ Tomotherapy	☐ Tomotherapy	☐ Tomotherapy
	Fractions: _____	Fractions: _____	Fractions: _____
8.	If brachytherapy is included in the treatment plan, then answer the following set of questions: a. What is the dose rate? ☐ Low dose rate (LDR) ☐ High dose rate (HDR)		
	b. How many fractions will be rendered?		☐ Yes ☐ No
9.	Will the patient receive concurrent chemotherapy?		☐ Yes ☐ No
10.	Is the area to be treated abutting or overlapping a previously irradiated area?		☐ Yes ☐ No
11.	Will daily image-guided radiation therapy (IGRT) be used?		☐ Yes ☐ No

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12.	Note any additional information in the space below: