

# 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](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. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. What is the timing of radiation?  | <input type="checkbox"/> Adjuvant (postoperative) <input type="checkbox"/> Definitive (no surgery planned)<br><input type="checkbox"/> Neoadjuvant (preoperative) <input type="checkbox"/> Palliative (for relief of symptoms)<br><input type="checkbox"/> Local recurrence/persistence |
| 3. What is the T-stage?  | <input type="checkbox"/> T1 <input type="checkbox"/> T3<br><input type="checkbox"/> T2 <input type="checkbox"/> T4  |
| 4. What is the N-stage?  | <input type="checkbox"/> N0 <input type="checkbox"/> N1   |
| 5. If surgery was done, which of the following is present?                                 | <input type="checkbox"/> Negative margins<br><input type="checkbox"/> Positive margins<br><input type="checkbox"/> Gross residual disease<br><input type="checkbox"/> None of the above<br><input type="checkbox"/> N/A   |
|  |   |

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|     |   |   |
|-----|---|---|
| 6.  | What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy?<br><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)<br><input type="checkbox"/> 3D conformal<br><input type="checkbox"/> Rotational arc therapy<br><input type="checkbox"/> Stereotactic body radiation therapy (SBRT)<br><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)<br><input type="checkbox"/> Tomotherapy (IMRT)<br><input type="checkbox"/> Tomotherapy Direct/3D<br><input type="checkbox"/> Proton beam therapy | <input type="checkbox"/> Complex (77307)<br><input type="checkbox"/> 3D conformal<br><input type="checkbox"/> Rotational arc therapy<br><input type="checkbox"/> Stereotactic body radiation therapy (SBRT)<br><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)<br><input type="checkbox"/> Tomotherapy (IMRT)<br><input type="checkbox"/> Tomotherapy Direct/3D<br><input type="checkbox"/> Proton beam therapy |
|     | Number of fractions: _____  | Number of fractions: _____  |
| 7.  | a. Was chemotherapy given prior to starting radiation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |   |
|     | b. If yes, what is the response following chemotherapy?   |   |
|     | <input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR)<br><input type="checkbox"/> No response (NR) <input type="checkbox"/> Progressive disease (POD)  |   |
| 8.  | Is chemotherapy being delivered concurrently?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9.  | Is the area to be treated abutting, overlapping, or within a previously irradiated area?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. | Will daily image-guided radiation therapy (IGRT) be used?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 11. | Note any additional information in the space below.   |   |
|     |   |   |