

Small Cell Lung Cancer Radiation Therapy Physician Worksheet (As of 19 January 2018)

This worksheet is to be used for curative or palliative treatment of primary small cell lung cancer. If the treatment is for PCI (Prophylactic Cranial Irradiation), then please use the appropriate PCI worksheet. If the treatment is for metastases from lung 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.	What is the stage of the cancer? <input type="checkbox"/> Limited <input type="checkbox"/> Extensive
2.	If extensive stage, what is the response following chemotherapy? <input type="checkbox"/> Complete response (CR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> Progressive disease (POD)
3.	a. What is the clinical T-stage? <input type="checkbox"/> TX <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
	b. What is the clinical N-stage? <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3
	c. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	a. What is the treatment intent? <input type="checkbox"/> Definitive (curative) <input type="checkbox"/> Palliative (for relief of symptoms)

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5.	What is the treatment plan?		
	Phase 1	Phase 2 (if applicable)	Phase 3 (if applicable)
	<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> Complex (77307)
	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal
	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)
	<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)	<input type="checkbox"/> Tomotherapy (IMRT)
	<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D	<input type="checkbox"/> Tomotherapy Direct/3D
	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy
	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy
	Number of fractions: _____	Number of fractions: _____	Number of fractions: _____
6.	Will the patient be receiving concurrent chemotherapy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the area to be treated abutting or overlapping a previously irradiated area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will respiratory motion management be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will hyper-fractionation (BID) be used?		<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:		