

Soft Tissue Sarcoma Radiation Therapy Worksheet (As of 19 January 2018)

4.	What is the patient's ECOG performance status?	<input type="checkbox"/> 0	Fully active, able to carry on all pre-disease performance without restriction.
		<input type="checkbox"/> 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		<input type="checkbox"/> 2	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		<input type="checkbox"/> 3	Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
		<input type="checkbox"/> 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

5.	What treatment will be used?
	<input type="checkbox"/> External beam radiation therapy (EBRT) <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Brachytherapy and EBRT

6.	If EBRT is being used, what is the treatment plan?			
	<i>Select a technique for each applicable phase and fill in the number of fractions.</i>			
		Phase 1	Phase 2	Phase 3
		<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal
		<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> Complex (77307)
		<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"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy
		<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"/> Tomotherapy	<input type="checkbox"/> Tomotherapy	<input type="checkbox"/> Tomotherapy	
	Fractions: _____	Fractions: _____	Fractions: _____	

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7.	If brachytherapy is being used, 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)	
	b. If HDR, how many fractions will be rendered?	Fractions: _____
	c. If HDR, how many applications will be used?	Applications: _____
8.	Is the area to be treated abutting or overlapping a previously irradiated area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Note any additional information in the space below:	