

Rectal Cancer Radiation Therapy Physician Worksheet (As 14 April 2017)

This worksheet is to be used for curative or palliative treatment of rectal cancer. If the treatment is for metastases from rectal 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 timing of radiation?	
	<input type="checkbox"/> Neo-adjuvant (pre-operative) <input type="checkbox"/> Adjuvant radiation (post-operative) following local excision (e.g. Transanal, Kraske) <input type="checkbox"/> Adjuvant radiation (post-operative) following transabdominal resection (LAR or APR) <input type="checkbox"/> Initial primary treatment/ definitive (no surgery planned) <input type="checkbox"/> Local recurrence/ persistence	
2.	What is the clinical T stage?	
	<input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	<input type="checkbox"/> T3 <input type="checkbox"/> T4
3.	What is the nodal status?	
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> N/A	
4.	a. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If the patient has metastatic disease, is he/she planned to undergo surgical resection of the metastases?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Were any of the following high risk features evident on the pathologic specimen?	
	<input type="checkbox"/> Lymphovascular space invasion <input type="checkbox"/> Positive margins <input type="checkbox"/> Poorly differentiated tumors <input type="checkbox"/> No high risk features <input type="checkbox"/> N/A	
Continued on next page		

Rectal Cancer Radiation Therapy Physician Worksheet (As of 14 April 2017)

6.	What is the treatment intent?	
	<input type="checkbox"/> Definitive <input type="checkbox"/> Palliation	
7.	What external beam radiation therapy 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 I	Phase II
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
	Number of fractions: _____	Number of fractions: _____
8.	Will the patient receive concurrent chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	a. Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If IGRT will be used, will the patient be treated in the prone position on a belly board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Note any additional information in the space below.	