



# Primary Central Nervous System (CNS) Lymphoma Radiation Therapy Physician Worksheet (As of 31 January 2017)

This worksheet is to be used for curative or palliative treatment of primary central nervous system (CNS) lymphoma.

|   |   |   |
|---|---|---|
| <b>Patient name:</b>  |   |   |
| <b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b> | ____ / ____ / ____  |   |
| 1.  | a. Has the patient received chemotherapy? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |   |
|   | b. If the patient has received chemotherapy, what was the response?<br><input type="checkbox"/> Complete response (CR)<br><input type="checkbox"/> Partial response (PR)<br><input type="checkbox"/> No response (NR)<br><input type="checkbox"/> Progressive disease (POD) |   |
| 2.  | Will the patient be receiving concurrent chemotherapy? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>  |   |
| 3.  | 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)  | <input type="checkbox"/> Complex (77307)                              |
|   | <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"/> Proton beam therapy  | <input type="checkbox"/> Proton beam 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"/> Tomotherapy  | <input type="checkbox"/> Tomotherapy                                  |
|   | Number of fractions: _____  | Number of fractions: _____  |
| 4.  | Will daily image-guided radiation therapy (IGRT) be used? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>   |   |

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5. Note any additional information in the space below:

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