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

This worksheet is to be used for curative or palliative treatment of gastric cancer. If the treatment is for metastases from gastric 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.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ /_____ / _____

1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
2.	a. What is the treatment intent?	
	☐ Pre-operative (neo-adjuvant) ☐ Post-operative (adjuvant) ☐ Definitive treatment ☐ Palliation	
	b. If post-operative is the treatment intent, what is the pathological T stage?	
	☐ T1 ☐ T2 ☐ T3 ☐ T4	
	c. If post-operative is the treatment intent, what is the pathological N stage?	
	☐ N0 ☐ N1	
	d. If post-operative is the treatment intent, does the patient have any of the following risk factors? 1. Poor differentiation 2. Lymphovascular invasion 3. Perineural invasion 4. Age < 50	☐ Yes ☐ No

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3.	What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy? *Select a technique for each applicable phase, and fill in the number of fractions.*		
	Phase 1	Phase 2	
	☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy	☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Tomotherapy	
	Number of fractions: _____	Number of fractions: _____	
4.	Will the patient receive concurrent chemotherapy?		☐ Yes ☐ No
5.	Will daily image-guided radiation therapy (IGRT) be used?		☐ Yes ☐ No
6.	Note any additional information in the space below.		

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