



# Selective Internal Radiation Therapy (SIRT) Radiation Therapy Physician Worksheet (As of 09 June 2017)

This worksheet is to be used for treatment of the liver using Yttrium-90 (Y-90) also known as SIRT (selective internal radiation therapy). If external beam radiation therapy is being planned for treatment of the liver, please use the Liver 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](http://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.**

<b>Patient name:</b>		
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>	____ / ____ / ____	
<b>The diagnostic procedure to determine if there is lung shunting should not be requested as SIRT, or billed using a therapeutic isotope procedure such as SIRT.</b>		
1.	<p>For what diagnosis is SIRT being utilized?</p> <p><input type="checkbox"/> Primary liver cancer <i>(please skip forward to question #3)</i></p> <p><input type="checkbox"/> Metastases to liver</p> <p><input type="checkbox"/> Other</p>	
2.	<p>a. What is the primary cancer?</p> <p><input type="checkbox"/> Colorectal cancer</p> <p><input type="checkbox"/> Neuroendocrine cancer</p> <p><input type="checkbox"/> Other cancer: Specify: _____</p>	
	<p>b. Is the liver metastases the dominant site of metastases?</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
3.	<p>Is the liver involvement resectable or treatable using a simpler ablative technique?</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
4.	<p>What is the patient's ECOG performance status?</p> <p><input type="checkbox"/> 0   Fully active, able to carry on all pre-disease performance without restriction.</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> 3   Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.</p> <p><input type="checkbox"/> 4   Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.</p>	
	<p>5. Is life expectancy greater than three (3) months?</p> <p style="text-align: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
	<b>Continued on the next page</b>	

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6.	<p>a. Has the patient been treated using SIRT in the past? <i>If no is selected, skip forward to question #7.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>b. If SIRT has been used in the past, how much time has passed since the last SIRT treatment?</p>	
	<input type="checkbox"/> 45 or more days ago <input type="checkbox"/> less than 45 days ago	
	<p>c. If SIRT was utilized 45 days or more ago, what was the outcome of the prior treatment?</p>	
	<input type="checkbox"/> The liver involvement is stable as a result of prior SIRT <input type="checkbox"/> The liver involvement decreased as a result of prior SIRT <input type="checkbox"/> There has been necrosis of the liver component with or without shrinkage as a result of prior SIRT <input type="checkbox"/> There has been improvement in liver function test results as a result of prior SIRT <input type="checkbox"/> There has been improvement in performance status or pain as a result of prior SIRT <input type="checkbox"/> None of the signs of improvement have occurred as a result of prior SIRT	
7.	<p>Is one or more of these conditions present?</p> <ul style="list-style-type: none"> <li>• Ascites</li> <li>• Liver failure</li> <li>• Childs-Pugh status late B or C</li> <li>• Prior external beam radiation to the liver</li> <li>• Prior extensive liver resection</li> <li>• Prior bilio-enteric anastomosis</li> <li>• Current or prior (within previous 2 months) capecitabine chemotherapy</li> <li>• Obstructed bile duct</li> <li>• Extensive portal vein thrombosis</li> <li>• Portal or biliary stent in place</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p>How many sessions/infusions of SIRT are being requested?</p>	<p>_____ sessions/infusions</p>
9.	<p>Note any additional information in the space below.</p>	