

# Metastases (Non-Bone/Brain) Radiation Therapy Physician Worksheet (As of 22 December 2017)

This worksheet is to be used for treatment of metastases to sites other than bone and brain. If treatment is for Bone or Brain Metastases, please use the appropriate worksheet. If treatment is for Oligometastatic disease, complete the 'Oligometastatic' physician worksheet.

<b>Patient name:</b>									
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>	____ / ____ / ____								
1.	What is the site of the primary cancer? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Bladder</div> <div style="width: 50%;"><input type="checkbox"/> Colorectal</div> <div style="width: 50%;"><input type="checkbox"/> Lung</div> <div style="width: 50%;"><input type="checkbox"/> Prostate</div> <div style="width: 50%;"><input type="checkbox"/> Breast</div> <div style="width: 50%;"><input type="checkbox"/> Head/neck</div> <div style="width: 50%;"><input type="checkbox"/> Melanoma</div> <div style="width: 50%;"><input type="checkbox"/> Sarcoma</div> <div style="width: 50%;"><input type="checkbox"/> Cervical</div> <div style="width: 50%;"><input type="checkbox"/> Kidney</div> <div style="width: 50%;"><input type="checkbox"/> Pancreas</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>								
<b><i>If treatment is for Bone or Brain Metastases, complete the appropriate physician worksheet.</i></b>									
2.	What is the location of the metastasis (site 1)? <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Lung</div> <div><input type="checkbox"/> Other: _____</div> </div> <div><input type="checkbox"/> Liver</div>								
3.	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">           a. Are you treating another area for this patient?         </div> <div> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </div> </div> <div style="margin-top: 5px;">           b. If another area is being treated, what is the location of the metastasis?  <i>Select the location of the metastasis for each additional site being treated.</i> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Site 2</th> <th style="width: 50%;">Site 3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Lung</td> <td><input type="checkbox"/> Lung</td> </tr> <tr> <td><input type="checkbox"/> Liver</td> <td><input type="checkbox"/> Liver</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 70%;">           c. Will the sites be treated concurrently?         </div> <div> <input type="checkbox"/> Yes   <input type="checkbox"/> No         </div> </div>	Site 2	Site 3	<input type="checkbox"/> Lung	<input type="checkbox"/> Lung	<input type="checkbox"/> Liver	<input type="checkbox"/> Liver	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Site 2	Site 3								
<input type="checkbox"/> Lung	<input type="checkbox"/> Lung								
<input type="checkbox"/> Liver	<input type="checkbox"/> Liver								
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____								
<b><i>Continued on next page</i></b>									

# Metastases (Non-Bone/Brain) Radiation Therapy Physician Worksheet (As of 22 December 2017)

4.	What is the external beam radiation therapy (EBRT) treatment technique? <i>Select the treatment technique for each site, and fill in the number of gantry angles and fractions.</i>		
	Site 1	Site 2	Site 3
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <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"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <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"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
	Fractions: _____	Fractions: _____	Fractions: _____
	Gantry angles: _____	Gantry angles: _____	Gantry angles: _____

5.	a. 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.
	b. If ECOG performance status is 3 or 4, is it expected that the ECOG status will improve as a result of this treatment?		<input type="checkbox"/> Yes

6.	Will the patient receive concurrent chemotherapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	------------------------------	-----------------------------

7.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	--	------------------------------	-----------------------------

8.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	------------------------------	-----------------------------

**Continued on next page**

# Metastases (Non-Bone/Brain) Radiation Therapy Physician Worksheet (As of 22 December 2017)

9. Note any additional information in the space below.