



# Anal Cancer Radiation Therapy Treatment Plan Checklist

NIA has provided this checklist to assist you in gathering the clinical and treatment plan information needed to request a medical necessity review. The most efficient way to submit a review request is via [www.RadMD.com](http://www.RadMD.com) or call the NIA Call Center. Additional clinical information may be requested (i.e., radiation therapy consultation, comparison plan, clinical treatment plan notes, pathology report, recent imaging report, treatment prescription, prior treatment summary, etc.).

General Information		
Patient Name:	DOB:	Health Plan ID:
Radiation Oncologist:		
Radiation Therapy Facility:		
Treatment Planning Start Date (i.e., Initial Simulation):		Anticipated Treatment Start Date:
Patient Clinical Information		
<b>T Stage:</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>N Stage:</b> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2  <b>Does patient have distant metastasis (M1)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Treatment Intent:</b> <input type="checkbox"/> Curative <input type="checkbox"/> Palliative <input checked="" type="checkbox"/> <b>Reason for palliative treatment:</b> <input checked="" type="checkbox"/> <b>Treatment Timing:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Pre-Operative <input type="checkbox"/> Post-Operative <input checked="" type="checkbox"/> <b>Margin Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Close <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>Is this a recurrent tumor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Is chemotherapy planned:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Planning Information		
<input checked="" type="checkbox"/> <b>What is the prescription radiation dose for the ENTIRE course of external beam treatment?</b>		Gy
Initial Treatment Phase – Select Therapy		
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT <input type="checkbox"/> SRS/SBRT <input type="checkbox"/> Proton <input type="checkbox"/> HDR Brachytherapy <input type="checkbox"/> LDR Brachytherapy <input type="checkbox"/> Other _____		
<b>Fractions:</b> _____		
<b>IMRT ONLY:</b> <input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> Other		
<b>SBRT ONLY:</b> <input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Tomotherapy <input type="checkbox"/> CyberKnife <input type="checkbox"/> Gamma Knife <input type="checkbox"/> Other		
<b>IGRT:</b> <input type="checkbox"/> None (Select for Port Films) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> At what frequency will IGRT be performed: <input type="checkbox"/> Daily <input type="checkbox"/> 1 time per week <input type="checkbox"/> other _____		



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### Boost Phase 1 – Select Therapy

- 2-Dimension     3D Conformal     IMRT     SRS/SBRT     Proton
- HDR Brachytherapy     LDR Brachytherapy     Other \_\_\_\_\_

Fractions: \_\_\_\_\_

#### IMRT ONLY:

- ✓ Which technique will be used?  Linac Multi-Angle     Compensator-Based     Helical     Arc Therapy     Other

#### SRS/SBRT ONLY:

- ✓ Which technique will be used?  Linac Multi-Angle     Tomotherapy     CyberKnife     Gamma Knife     Other

IGRT:  None (Select for Port Films)  
 Yes

- ✓ At what frequency will IGRT be performed:  Daily     1 time per week     other

### Boost Phase 2 – Select Therapy

- 2-Dimension     3D Conformal     IMRT     SRS/SBRT     Proton
- HDR Brachytherapy     LDR Brachytherapy     Other \_\_\_\_\_

Fractions: \_\_\_\_\_

#### IMRT ONLY:

- ✓ Which technique will be used?  Linac Multi-Angle     Compensator-Based     Helical     Arc Therapy     Other

#### SRS/SBRT ONLY:

- ✓ Which technique will be used?  Linac Multi-Angle     Tomotherapy     CyberKnife     Gamma Knife     Other

IGRT:  None (Select for Port Films)  
 Yes

- ✓ At what frequency will IGRT be performed:  Daily     1 time per week     other \_\_\_\_\_