Central Nervous System Primary 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 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

☐ Brain Tumor (Primary)

✓ Type of tumor being treated: ☐ Glioma – Low Grade ☐ Glioma – High Grade ☐ Ependymoma – Low Grade ☐ Anaplastic Ependymoma ☐ Meningioma – Low Grade ☐ Meningioma – High Grade ☐ Medulloblastoma/Supratentorial PNET ☐ Other _____

✓ What surgery has been performed: ☐ Biopsy Only ☐ Subtotal Resection ☐ Total Resection

✓ Initial or Recurrent Tumor: ☐ Initial Brain Tumor ☐ Recurrent Brain Tumor ☐ Unknown

☐ CNS Lymphoma (Primary)

✓ Did patient receive chemotherapy: ☐ Yes ☐ No ☐ Unknown

✓ Chemotherapy response: ☐ Complete response ☐ Partial response ☐ No response ☐ Unknown ☐ Not Applicable

✓ What is the patient's performance status? (ECOG Scale)

- ☐ 0 – Fully active, able to carry on all pre-disease performance without restriction
- ☐ 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature
- ☐ 2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
- ☐ 3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
- ☐ 4 – Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair

☐ Spinal Tumor (Primary)

✓ Is the tumor amenable to surgery: ☐ Yes ☐ No ☐ Unknown

✓ Tumor causing intractable pain: ☐ Yes ☐ No ☐ Unknown ✓ Tumor causing spinal cord compression: ☐ Yes ☐ No ☐ Unknown

☐ Other Primary CNS Tumor

✓ Why is the patient receiving radiation treatment? _____

✓ What is the treatment intent/timing: ☐ Primary ☐ Adjuvant radiation therapy ☐ Unknown ☐ Other

✓ Is treatment for initial or recurrent tumor: ☐ Initial Tumor ☐ Recurrent Tumor ☐ Unknown

Treatment Planning Information

✓ **What is the prescription radiation dose for the ENTIRE course of external beam treatment?** **Gy**

Initial Treatment Phase – 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

Note: IMRT treatment requests may be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a 3D-CRT vs IMRT comparison plan, tissue constraints including all values/doses for all organs at risk and target goals of the plan.

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Initial Treatment Phase (continued)

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 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