Head and Neck 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

✓ **Primary tumor site being treated:** ☐ Oral Cavity ☐ Oropharynx ☐ Hypopharynx ☐ Nasopharynx ☐ Glottic Larynx ☐ Supraglottic Larynx ☐ Paranasal Sinus ☐ Other

T Stage:
☐ TX
☐ T0
☐ Tis
☐ T1
☐ T2
☐ T3
☐ T4

N Stage:
☐ NX
☐ N0
☐ N1
☐ N2
☐ N3

Does patient have distant metastasis (M1)?
☐ Yes ☐ No

✓ **Positive margins:** ☐ Yes ☐ No ☐ Unknown

✓ **Treatment intent :** ☐ Curative ☐ Palliative ☐ Unknown

✓ **Reason for palliative treatment:** _____

✓ **Treatment timing:** ☐ Pre-operative ☐ Post-operative ☐ Definitive ☐ Recurrence

✓ **Adverse risk factors:** ☐ Positive node ☐ pT3 or pT4 ☐ Perineural invasion ☐ Vascular tumor embolism ☐ Other

✓ **List all post-operative risk factors:** _____

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

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